The advent of eROs and direct-to-patient reporting has enabled patients participating in registries to report their symptom or treatment experiences between physician visits, with minimal patient burden. These independent reporting approaches are often used to support patient retention over long follow-up periods, and/or to collect patient-reported data outside of typical physician visit schedules. When a patient is enrolled, the independent reporting of a physician (e.g., not working at the physician’s office and not entered by the registry site), the treating physician may not be aware of the patient’s responses and may need to either proactively ask for periodic submission of new task results or wait to obtain this information at the end of the study. The move toward independent reporting of PRO data introduces several competing concerns. First, physician knowledge of the PRO responses could potentially alter the natural confidence of experts, and an observer bias could influence the knowledge of the PRO response prompts him/her to alter the patient’s treatment. As a result, patient reporting independence may be preferred from a research purity perspective. However, any PRO response that may be a safety signal would carry ethical and clinical concerns, in such a case, reporting independence would not be preferred. If patient care is always paramount to the benefits of research, then it could be argued that the optimization of patient care is only possible when the physician has all available patient information (e.g., PROs) at his/her disposal, in as close to real-time as possible. In addition, some research indicates that patients are more likely to complete PROs when their physician is aware of and using the PRO data to inform treatment decisions. Further discussion will focus on sponsor and researcher responsibilities and requirements for conducting observed data collection, with the treating physician, drawing on examples from the literature and registry protocols.