the user’s behavior upon navigating the site. **RESULTS:** Since the site began to get involved on 10 July and consequently now know about 18237 patients, with a monthly average of 1.661 hits. More than 65 countries accessed the site, the majority coming from the USA, UK and Portugal. Brazil leads with 93%. The rate of return of people who frequently accessed the site was 24.7%, and a total of 1,048,000 were identified. The number of visits to the website is still low, however, considering that the HTA field is a recent one in Brazil, its growth has been gradual. On an international level, new dissemination strategies are necessary in order to create greater visibility and promotion of the network.

**PRA46**

**DESCRIPTION OF TREATMENT PATHWAYS IN CHRONIC DISEASES USING LARGE GENERAL PRACTITIONER LONGITUDINAL DATA: THE EXAMPLE OF PHARMACOTHERAPY IN PARKINSON’S DISEASE IN THE UNITED KINGDOM**

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**OBJECTIVES:** Identifying treatment pathways based on administrative data or electronic medical records is generally a complex task, as many incidental events may hide the key trends. The purpose of this study was to propose a transparent methodology for defining treatment pathways using a large longitudinal real life database. The application of two alternative algorithms with different variants in Parkinson’s disease was illustrated. **METHODS:** In the present method, a new treatment pathway was assumed to start when a pre-specified number of consecutive prescriptions of a drug from the same PD drug class or combination of classes (rashagline, selegiline, dopa, and levodopa) were prescribed within a two-week period, and the selection criteria were applied to the patients who were followed for at least 3,6 months, including those who had never taken PD drugs. The same criteria were applied to all patients identified to link additional patients into the platform using a HIPAA-compliant database. **CONCLUSIONS:** The results suggest that this large sample of MF patients is comparable to prior estimates of the key clinical domains spanning multiple geographic regions when conducting RWE studies. This additional information was to support the protocol development team in creating the final protocol in a timely manner and in reviewing client-provided templates.

**PRA47**

**MAPPING A CLINICAL TRIAL TO REAL-WORLD EVIDENCE: A SYSTEMATIC APPROACH TO IDENTIFYING OBSERVATIONAL DATA SOURCES FOR OBSERVATIONAL RESEARCH**

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**OBJECTIVES:** Observational studies are often planned on an ad hoc basis, with the risk that methods are inconsistent and that aims overlap rather than complement each other. Our objective was to develop a systematic approach for identifying observational data sources for an integrated global programme of real-world evidence gathering, to support an important new indication for an antiplatelet drug. **METHODS:** Systematic literature and Web searches, supplemented with email and telephone contact with data owners, were used to identify and characterize registries, pharmaceutical companies, and academic institutions that are likely to have access to a detailed longitudinal data repository of the target patient population. **RESULTS:** Over 2700 publications were screened. 30 were identified as possibly relevant. 380 data sets were examined (clinical trials, access claims, electronic claims and medical records). Of these, 12 were registered as a clinical trial (patient population, outcomes, and length of follow-up [2-3 years]). Selection criteria included accessibility, availability of inpatient, outpatient, cardiac event, and drug, and generalizability. **RESULTS:** Over 2700 publications were screened. 30 were identified as possibly relevant. 380 data sets were examined (clinical trials, access claims, electronic claims and medical records). Of these, 12 were registered as a clinical trial (patient population, outcomes, and length of follow-up [2-3 years]). Selection criteria included accessibility, availability of inpatient, outpatient, cardiac event, and drug, and generalizability. **RESULTS:** Over 2700 publications were screened. 30 were identified as possibly relevant. 380 data sets were examined (clinical trials, access claims, electronic claims and medical records). Of these, 12 were registered as a clinical trial (patient population, outcomes, and length of follow-up [2-3 years]). Selection criteria included accessibility, availability of inpatient, outpatient, cardiac event, and drug, and generalizability.