



WEBINAR EXECUTIVE SUMMARY BY IPSOS

**Real-World Evidence:
Empowering the
Patient**



Webinar overview

Traditional clinical frameworks often fail to capture the reality of a patient's lived experience, reducing patients to passive data points. This webinar discussed how real-world evidence (RWE) transitions patients from passive research subjects to active partners in healthcare innovation.

The Panel

Our panel for our recent **Real-World Evidence: Empowering the Patient** webinar came from across the healthcare spectrum to provide distinct perspectives on patient-centricity in healthcare.



Julie van Bavel

Outcomes Research Lead
MSD



Carlos Eisenberg

Patient Advocate
OPEN Voices



Anton Kolosov

Scientific Engagement
Officer
GSK



Neeyor Bose

APAC RWE Lead
Ipsos



Dr Chew Lee Ping

Senior Haematologist
Sarawak General Hospital



William Rogers

Global RWE Head
Ipsos

360° perspective

The power of advocacy

Survival does not end when a condition is “cured”. Patients face debilitating post-treatment burdens that standard objective clinical biomarkers fail to flag. Driven by the need for normalcy, with the support of peer networks and patient advocacy groups (PAGs), patients are proactively uncovering therapeutic solutions that lie outside the standard of care.

Patients are no longer passive numbers; they are active partners flattening medical knowledge asymmetry.



RWE does not begin in a database. It begins at a patient's desk at 2 PM, when they cannot keep their eyes open

**- CARLOS EISENBERG,
PATIENT ADVOCATE**



Patients are individuals who are shaped by factors beyond their disease

**- DR CHEW LEE PING,
SENIOR
HAEMATOLOGIST**

The clinical impact

Treating complex malignancies requires looking beyond the clinical chart to the broader socio-ecological reality. Patients face profound non-clinical burdens, including financial, psychological burden, and the fear of future planning.

The healthcare ecosystems must provide holistic, peer-to-peer reassurance to address the patient as a whole, not just the clinical data.



**Turning lived
experience into
evidence for better
healthcare decisions**

**- JULIE VAN BAVEL,
MSD**

The global access lens

Clinical trials demonstrate efficacy in strict, narrow cohorts but miss real-world unmet needs and patient preferences among diverse populations. While robust RWE is vital for Health Technology Assessment (HTA), the data must be made accessible in formats that both patients and decision-makers can actually act upon.

There is an urgent need to support advocacy groups in translating raw “lived experiences” into structured, meaningful insights that HTA agencies recognise as robust evidence for reimbursement decisions.

The R&D strategic vision

Traditional linear R&D pipelines are hitting a plateau – they are slower, cost more, and struggle to adequately address how heterogeneous diseases affect individuals differently. Patient insight strengthens relevance, evidence, and impact – driving better science and decision-making.

Integrating the patient voice early in the R&D paradigm reduces drug development timelines, lowers clinical attrition rates, and optimises real-world impact.



**Patient centricity is a
driver of strong R&D
and partnership**

**- ANTON KOLOSOV,
GSK**

Core takeaways

01

Direct-to-responder evidence generation ensures that the patient's lived experience is captured authentically without being diluted by systemic intermediaries.

02

Patient-centric RWE is a strategic necessity that de-risks early R&D pipelines, optimises clinical success, and provides the structured data needed to secure regulatory and funding approvals.



What is patient research without the patient?

- IPSOS

To learn more about Ipsos' approach to patient centricity, visit our [webpage](#) and reach out to our team at RWE@Ipsos.com