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## Article:

Nikiphorou, E, Buch, MH orcid.org/0000-0002-8962-5642 and Hyrich, KL (2017) Biologics registers in RA: methodological aspects, current role and future applications. Nature Reviews Rheumatology, 13 (8). pp. 503-510. ISSN 1759-4790
https://doi.org/10.1038/nrrheum.2017.81
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Fig 1


Fig 2

## Strengths

## Real-life setting

- Good reflection of routine clinical practice
- Good generalizability
- Unselected population, reflects real-world patients

| Greater power than clinical trials |
| :--- |
| to detect rare events |
| - Large number of patients |
| - Long observation period |
| Can be used to study multiple outcomes <br> and address several research questions |
| Can conduct 'add-on' studies to examine <br> further aspects of disease or treatment |
| Possibility for linkage to external sources |

Allows predictive analyses, such as

- Associations between patient and disease characteristics
- Specific outcomes in both the short-term and long term


## Challenges

## Expensive

- Often extend over many years
- May require web-based systems for data capture and input
- Needs high levels of administrative support
- Requires meticulous data collection and recording (difficult to sustain)

Less accurate than clinical trials for monitoring efficacy

- Subject to confounding by indication, owing to lack of randomization
- Study validity can be threatened by lack of control group
- Missing data

Often 'isolated'

- May require linkage to external sources
- May require combination with other datasets to increase power

Risk of multiple confounders (requiring advanced analytical techniques for accurate data interpretation)

Associations but no causal-links can be established between exposure variables and outcomes

Results may be affected by channelling bias

