**Supplementary Table 2. Survey item: Please tell us how likely you think these environmental changes are to occur by the year 2020.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **U.S. Respondents, count (n=8)** | | | | **European Respondents, count (n=6)** | | | | | |
|  | Very Unlikely | Unlikely | Likely | Very Likely | | Very Unlikely | Unlikely | Likely | Very Likely |
| Standardization of outcomes definitions across electronic health records | 0 | 3 | 1 | 2 | | 2 | 1 | 2 | 1 |
| Registration of all prospective observational studies with requirements for a priori analysis plans (similar to clinicaltrialsregister.eu) | 0 | 2 | 4 | 0 | | 1 | 1 | 4 | 0 |
| Manufacturers actively engage with HTA bodies, P&R authorities and/or payers in the design and implementation of CER/RE studies that compare their new drugs to existing alternatives | 1 | 3 | 2 | 0 | | 0 | 3 | 2 | 1 |
| Widespread acceptance of methodological standards in CER/RE by the research community | 0 | 0 | 5 | 1 | | 0 | 3 | 2 | 0 |
| Widespread acceptance of methodological standards in patient reported outcome measures by the research community | 0 | 0 | 5 | 1 | | 0 | 5 | 1 | 0 |
| Harmonisation of methodological standards in relative effectiveness at a European level |  |  |  |  | | 1 | 4 | 1 | 0 |
| Widespread acceptance of results from CER/RE studies by HTA bodies, P&R authorities and/or payers in their coverage decisions | 0 | 0 | 5 | 1 | | 1 | 2 | 3 | 0 |
| Staff within your organisation and manufacturers organisations are well trained to evaluate the design, conduct and/or analysis of clinical studies, including ways to analyse subgroups, adjust for bias in observations studies, etc. 1 | 0 | 1 | 3 | 2 | | 0 | 2 | 4 | 0 |

The wording above represents that used in the US, the EU wording was identical apart from as indicated in the following point.1. Staff within HTA bodies, P&R authorities and/or payers and manufacturers; organizations are well-trained to evaluate the design, conduct and/or analysis of clinical studies, including ways to analyze subgroups, adjust for bias in observational studies, etc.