



Real-World Evidence in Clinical Epidemiology and Public Health

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Message from the Guest Editors

Although randomized clinical trials (RCTs) generate the highest level of evidence on the efficacy of a given treatment, they are insufficient for several reasons: (i) frail individuals, such as children, pregnant women, elderly people and those with comorbidities or co-treatments, are usually excluded from RCTs for both ethical and methodological reasons; (ii) the treatment efficacy is affected by a low rate of adherence and therapeutic inertia in clinical practice with the consequence that guidelines based on RCTs are often disregarded in real life; and (iii) RCTs are not suitable for assessing the efficacy of an integrated healthcare pathway.

Therefore, there is growing interest in observational studies based on real-world data (RWD), i.e., the data relating to patient health status in a non-experimental setting routinely collected from a variety of sources, that could complement the results of RCTs. RWD and real-world evidence (RWE) are playing an increasing role in healthcare decisions, and they are used to monitor post-marketing long-term cost-effectiveness and safety, and to develop guidelines and decision support tools for the use of treatments in clinical practice.





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Message from the Editor-in-Chief

Addressing the environmental and public health challenges requires engagement and collaboration among clinicians and public health researchers. Discovery and advances in this research field play a critical role in providing a scientific basis for decision-making toward control and prevention of human diseases, especially the illnesses that are induced from environmental exposure to health hazards. *IJERPH* provides a forum for discussion of discoveries and knowledge in these multidisciplinary fields. Please consider publishing your research in this high quality, peer-reviewed, open access journal.

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