101191967 - GREG

Testing, improving, and co-creating Guidance and Tools for Real World Evidence Generation and Use for Decision-Making in Europe

WP3 – RWE for Health Technology Assessment

D3.1 HTA Expert Forum

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Contents

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Definitions

Participants of the GREG Consortium are referred to herein according to the following codes:

1. Erasmus Universitair Medisch Centrum Rotterdam (EMC)
2. The Chancellor, Masters and Scholars of The University of Oxford (UOXF)
3. SYNAPSE Research Management Partners SL (SYNAPSE)
4. National Institute for Health and Care Excellence (NICE)
5. GETREAL Institute (GetReal)
6. Societe Europeenne De Cardiologie (ESC)
   6.1. Region Uppsala (REGION UPPSALA)
7. Erasmus Universiteit Rotterdam (EUR)
8. Stichting European Health Data and Evidence Network (EHDEN-F)
9. Stichting Eupati Foundation (EUPATI)
10. Instituto Aragones De Ciencias De La Salud (IACS)
11. University Of Galway (GALWAY)
12. The Hyve BV (THE HYVE)
13. University Of Dundee (UNIVDUN)
14. Universidade De Aveiro (UAVR)
15. Direktoratet for medisinske Produkter (NOMA)
16. Novo Nordisk A/S (NOVO)
17. Sanofi-Aventis Recherche & Developpement (SARD)
18. Bayer Aktiengesellschaft (BAYER)
19. Edwards Lifesciences Belgium BV (EW)
20. Medtronic Bakken Research Center B.V. (MDT)
21. Mölnlycke Health Care AB (MHC)
22. Institut De Recherches Internationales Servier (IRIS)
23. Pfizer Inc (PFIZER INC)
24. W. L. Gore & Associati S.R.L. (GORE S.R.L.)
    24.1. W. L. Gore et Associés S.A.R.L. (Gore S.A.R.L.)
    24.2. W. L. Gore & Associates BV (GORE BV)
25. Bristol-Myers Squibb Company Corp (BMS)
26. Boehringer Ingelheim International GmbH (BII GMBH)
27. Janssen Cilag SA (JCSPAIN)
28. GlaxoSmithKline Research & Development Limited (GSK)
29. AMGEN (AMGEN)
30. Sanofi US Services Inc. (Sanofi US Inc)
31. Sanofi-Aventis gulf F.Z.E. (SANOFI Gulf)
32. Sanofi Winthrop Industrie (SWI)
33. Sanofi Pasteur SA (Sanofi P SA)
34. Aventis Pharma Limited (Sanofi Pharma)
35. Sanofi Pasteur Limited Canada (Sanofi P L)
36. Edwards Lifesciences Sarl (EW SARL)
37. Edwards Lifesciences LLC (EW LLC)
38. Pfizer Hellas S.A. (Pfizer Hellas)
39. Pfizer AB (Pfizer AB)
40. Janssen Research & Development, LLC (JRDLLC)

41. Medical Device Business Services Inc (MDBSI)
42. Edwards Lifesciences SRL (EW SRL)
43. Edwards Lifesciences SL (EW SL)
44. Edwards Lifesciences SAS (EW SAS)
45. Edwards Lifesciences GmbH (EW GMBH)
46. Medtronic, Inc. (MDT Inc)
47. Medtronic France (MDT FR)
48. Medtronic Italia S.p.A. (MDT IT)
49. Medtronic Ltd (MDT LTD)
50. Pfizer R&D UK Limited (PFIZER R&D UK)
51. Pfizer Limited (PFIZER LTD)
52. Actelion Pharmaceuticals Ltd (ACTELION)
53. Medical Devices & Diagnostics Global Services, LLC (MDDGB)
54. The University of Edinburgh (UEDIN)

Grant Agreement (GA)	The agreement signed between the beneficiaries and the IHI for the undertaking of the GREG project (101191967)
Project	The sum of all activities carried out in the framework of the Grant Agreement.
Consortium	The GREG consortium, comprising the above-mentioned legal entities hereby referred as Participants of the GREG consortium.
Consortium Agreement (CA)	Agreement concluded amongst GREG beneficiaries for the implementation of the Grant Agreement (GA). Such an agreement shall not affect the parties' obligations to the Community and/or to one another arising from the GA.

List of abbreviations

Abbreviation	Explanation
AI	Artificial Intelligence
AQUAS	Agency for Health Quality and Assessment, Catalonia
CAR-T	Chimeric Antigen Receptor T-cell
CDA	Canada's Drug Agency
CDM	Common Data Model
DMC	Danish Medicines Council
EMA	European Medicines Agency
FIMEA	Finnish Medicines Agency
HTA	Health Technology Assessment
HTD	Health Technology Developer
JAZMP	Agency for Medicinal Products and Medical Devices of the Republic of Slovenia
JCA	Joint Clinical Assessment
OECD	Organisation for Economic Cooperation and Development
PLEG	Post-Launch Evidence Generation
RWD	Real-World Data
RWE	Real-World Evidence
TLV	Dental and Pharmaceutical Benefits Agency, Sweden
WP	Work Package

Executive Summary

The GREG HTA Expert Forum has been established by Work Package 3 (WP3) with 10 experts who bring a range of health technology assessment (HTA) experience across medicines and medical devices, and real-world evidence (RWE) processes and geographies. The aim of the HTA Expert Forum is to act as an advisory board to GREG throughout the lifetime of the project, to elicit HTA body needs for RWE guidance, critique recommendations emerging from GREG and advise on development of GREG outputs.

The first meeting of the HTA Expert Forum generated strong support for the GREG project and candid discussion about the challenges of using real-world data (RWD) and RWE in HTA. It was emphasized that GREG needs to produce guidance that can be applied by HTA bodies in their own decision-making context at different stages of the health technology life cycle.

The experts considered the living library, a repository of documents on RWE submitted to, and reported, in HTA, including EU Joint Clinical Assessments, to be a valuable tool. The Chimeric Antigen Receptor T-cell (CAR-T) research study will be useful to bring together post-launch evidence generation plans and approaches from a range of HTA bodies into one repository.

It was agreed that data availability, access and quality remain an issue in HTA and research is needed to understand the potential loss of quality when using a common data model. Likewise, there are methodological developments, such as quantitative transportability methods that need further exploration in HTA. The risk of bias with RWE and consideration of uncertainty need further work within the HTA decision-making context, recognising that this requires development of methods and HTA assessor capabilities.

This first meeting of the HTA Expert Forum demonstrated the value of engagement with this crucial stakeholder group. The Forum brings expertise about use of RWE in HTA across the life cycle of medicines and medical devices and individuals are willing to contribute to the work of GREG moving forward to ensure that the guidance developed addresses their needs in decision-making. This shows that the Forum is a highly valuable mechanism for engagement with HTA experts to deliver relevant HTA RWE guidance by WP3 and provide insights to the wider project.

1 Introduction

The GREG project aims to develop and disseminate guidance and tools for real-world evidence (RWE) generation over the life cycle of medicines, medical devices and medicine-device combinations. This guidance is intended to support all decision-makers, including health technology developers, regulators and health technology assessment (HTA) bodies, in Europe. A key element of GREG is the co-creation of RWE guidance and tools that are deemed necessary by decision-makers. Hence iterative engagement with each decision-making group throughout the lifetime of the project is important.

In terms of HTA, the GREG consortium includes three HTA Partners (NICE, IACS, NOMA), ESC who are part of the EC Stakeholder Network and individuals such as Facey (UOXF) and Kent (EUR) who have held/hold roles with HTA bodies. However, the Grant Agreement recognises that wider engagement with a range of HTA bodies, in the form of an HTA Expert Forum is crucial to ensure effective stakeholder engagement that will improve the impact of Project outputs.

The HTA Expert Forum is intended to act as an external advisory board to WP3 to:

- discuss existing HTA body RWE guidance and gaps that might exist
- understand more clearly how RWE was assessed in published HTAs, and planned in post-launch evidence generation (PLEG)
- explore potential topics for development of methodologies in GREG use cases,
- discuss outputs emerging from GREG
- determine factors influencing RWE acceptability
- advise on development of draft guidance from GREG and its dissemination.

This Deliverable provides an overview of the establishment of the HTA Expert Forum and findings from its first meeting.

2 Methods

From summer 2025, invitations to the GREG HTA Expert Forum were issued to HTA experts assessing RWE, or those who work at a senior level in their organization and wish to support use of RWE in HTA decision-making.

The HTA experts were identified by connections known to partners, particularly those involved in the RWE4Decisions learning network. Experts were selected for invitation to ensure representation from a range of HTA bodies (in terms of technologies assessed, processes used, RWE expertise, geography) and at an individual level, a balance of gender was sought. Follow-up emails were sent to non-responders and alternates invited if no response was received. By the time of the first meeting, ten experts from Europe and Canada had agreed to participate in the HTA Expert Forum for the duration of the project. Each submitted a Curriculum Vitae and signed the GREG Advisory Agreement laying out the terms of their engagement.

The ten members of the HTA Expert Forum from February 2026 are:

- Christian Dehlendorff, Chief Statistician, Danish Medicines Council (DMC), Denmark
- Clara Pons Duran, HTA Evaluation Technician, Catalunya Agency for Health Quality and Assessment, (AQUAS - devices) Spain
- Farah Husein, Director Science and Methods, Canada's Drug Agency (all technologies), Canada

- Isabelle Durand-Zaleski, Professor of Public Health, Director of Health Economic Research Unit, France
- Mark Sculpher, Professor of Health Economics, Centre for Health Economics, York, England
- Momir Radulovic, Executive Director, Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP), Slovenia
- Niklas Hedberg, Chief Pharmacist, Dental and Pharmaceutical Benefits Agency (TLV), Sweden
- Pier Paolo Olimpieri, (medicines monitoring registries), Italy
- Piia Rannanheimo, Chief Specialist, Finnish Medicines Agency (FIMEA), Finland
- Valerie Paris, Organisation for Economic Cooperation and Development, International

At the first meeting of the HTA Expert Forum it was agreed that the HTA forum would meet 2-4 times per year, mainly online, with no more than one face-to-face meeting per year. These meetings would seek to support open and frank discussion under the Chatham House Rule on topic(s)/question(s) of importance to GREG, and the named GREG contributing partners and Executive Committee would be observers, unless presenting.

Between meetings, the HTA Expert Forum may be asked by email to advise on specific issues or to provide feedback on outputs. They are also encouraged to feed comments into the project at any stage. As outlined in the Advisory Agreement, experts are not expected to undertake research or guidance development.

As a result, the Terms of Reference agreed with the HTA Expert Forum outlines:

<u>Broad activities of the HTA Forum</u>

- To facilitate knowledge exchange between members of the consortium and key HTA stakeholders.
- To elicit current and emerging needs for RWE across the lifecycle of medicines, devices, and drug-device combinations and quality requirements for RWE.
- To examine established RWE tools and templates being used for their suitability across stages of assessment, intervention types, and HTA settings.
- To engage in sandbox methods in a safe environment to evaluate and co-develop novel RWE methods and processes.
- To contribute to the shaping of the GREG Knowledge Base.

<u>The HTA forum may be asked to provide feedback on the following GREG deliverables</u>

- To advise on the design of a living library of case studies, and the HTA use cases performed as part of the GREG analytical projects[1].
- To consider the applicability, acceptability, and completeness of existing RWE guidance and tools identified by the GREG team in relation to different stages of HTA assessment and HTA settings.
- To comment on GREG recommendations for the use of real-world data (RWD) and generation of RWE in HTA guidance relating to medicines, medical devices, and drug-device combinations.
- To advise on tool generation (for example, checklists and templates) including provision of feedback on user-friendly interfaces that will support use of RWE in HTA decision-making processes.

[1]Use cases will address research questions that arise in HTA (and the regulatory setting) that have the potential to be addressed by RWE. A range of RWD sources will be considered, with application of a range of methods to generate relevant RWE. WP3 (and the HTA Expert Forum) will suggest topics for use cases, evaluate the suitability of the solution and identify good practice themes.

3 Results

The first HTA Expert Forum meeting was held on 23 February 2026. Two members were unable to attend the meeting, and so separate meetings were held with those individuals in that week. The meetings focussed on an overview of the project, and discussions about the living library, a repository of case studies using RWE to inform HTA, and HTA body needs for RWE guidance. Potential use cases, that is, analytical projects which will be done as part of GREG to explore methodological issues and test guidance, were presented but due to lack of time, were not fully discussed.

The following sections present a summary of the discussions with experts and key takeaways for WP3 work.

3.1 Overview of GREG

Responding to a question about the **type of guidance that GREG will produce**, it was clarified that the project is designed to be flexible enough for this to be determined during its course based on needs that are identified. The first GREG use cases will focus on accessing a range of RWD sources and trialling a range of methods to generate RWE with the aim of producing guidance on these topics. This work will also lead to guidance on reporting to meet decision makers' needs.

It was clarified that although the IHI call for this project focussed on generating RWE guidance for health technology developers (industry), the Consortium saw an opportunity to provide guidance and tools for HTA and regulatory decision-makers as well. European patient and citizen communities will also be beneficiaries of GREG. It will be important to explain clearly why GREG is needed, how it will make a real difference to HTA decision-making and how it can build trust between health technology developers (HTDs) and decision makers.

The **use of, and alignment with, other initiatives** was discussed, including the data sources catalogue and repository of RWE studies hosted by the European Medicines Agency (EMA). It was clarified that the data catalogue will be used, but that while catalogues and guidance exist, this project aims to go further. Pilot RWE studies in DARWIN EU show that HTA bodies focus on what will help resolve uncertainties in their decision-making. Consequently, their RWE research questions are complex and the available RWD is often judged to be of insufficient quality, or an RWE study is considered infeasible. The aim is to enable more complex questions to be answered from RWD sources, to identify which RWD sources create which problems for which providers, to improve the quality of RWD and make RWE datasets fit-for-purpose. It was queried whether guidance would be developed relating to pragmatic trials.

There is variability in HTA body assessment of RWE. This is likely to be due to their different contexts. Some HTA bodies have expertise in RWD analytics and RWE assessment, some have published RWE guidance, but some have neither. Some HTA bodies can access health system data and for others, data may not be available or accessible for their purposes. Good guidance and training could reduce this variability in assessments.

Takeaway: GREG should ensure its guidance meets the needs of different types of HTA bodies and their RWE expertise, it does not duplicate other work and demonstrates the value of its guidance in HTA decision-making.

3.2 GREG Living library of case studies in HTA

All agreed that **documenting case studies showing how RWE studies have been assessed in HTAs is valuable,** and **PLEG cases could help an HTA body plan their own PLEG approach.**

HTA bodies differ in their approach to management of uncertainty in the context of complex decision-making and so seeing case studies that identify how RWE has been considered in other's decision-making process is helpful. It can help **illustrate how different types of uncertainty can be identified, quantified and translated into assessment outcomes.** GREG needs to consider RWE in this complex environment and perhaps a multi-dimensional decision-support repository could be developed, such as the 3-D decision cube in the Alzheimer's Disease ROADMAP project (heatmap of 65 RWD sources, 148 outcomes, 3 disease stages) (ROADMAP's Interactive Data Cube).

An HTA body has validated use of artificial intelligence (AI) to scrape HTA reports to review how it assessed RWE and will use the approach to compare to RWE assessments undertaken by a neighbouring HTA body.
It was suggested that the living library would be valuable if it could enable comparisons of RWE use across HTA bodies **to support more consistent approaches to RWE evaluation and use in decision-making.** The library is only a repository, but it can be used to generate learnings, ideally in collaboration with HTA bodies to take account of the many aspects that influence complex HTA decisions. The overarching aim is to improve the transparency of assessment of RWE submitted by health technology developers to HTA. It will also play an important role later in the life cycle to support RWE generation organised by an HTA body (and partners) in the post-launch phase.

CAR-T is a particularly good subject for a research study as RWD collection has been initiated by several jurisdictions in different ways, for different purposes: **for real-life and comparative effectiveness and to resolve uncertainties in cost-effectiveness.** For example: to determine if the promise of need for future treatment is delayed, and for how long (5, 10 or 20 years); to enable comparisons among different CAR-Ts to identify which works best (the DESCART public registry in France); and to resolve uncertainties in costings, such as resource use required with treatment delivery. The ASCERTAIN project, led by Erasmus University is developing new pricing, cost-effectiveness and reimbursement models and has considered CAR-T, so there may be some relevant learnings.

Given the range of sources from which data must be extracted for the research projects, verification of entries with each HTA body will add value. It will also be important to understand the evolution of their PLEG processes.

Including a research study on use of RWE in EU Joint Clinical Assessments (JCAs) is important as there is much interest in this topic.

Takeaway: The Living Library and associated research will be a valuable resource to document how RWE has been assessed in JCAs, HTAs and has been generated post-launch. Identifying how RWE has impacted resolution of uncertainties in complex decision-making will require collaborative work with HTA bodies.

3.3 HTA body RWE guidance needs

The priority lies in **addressing the practical aspects of using real-world evidence to support decision-making**.

It was highlighted that decision-makers want to better understand causes for differences in **real-life effectiveness** (outcomes) in their jurisdiction in the population that has been agreed for reimbursement, and the effect that has been demonstrated in a highly selected population in controlled, international clinical trials that are often conducted in specialised centres. This is because it has been observed that outcomes observed after the launch of a product often do not match those demonstrated in the HTA.

For the uncertainties that can be predicted to arise from the clinical research programme, **earlier and better planning for collection of RWD to generate RWE is needed.**

Data availability to regulators and HTA bodies needs to be improved. Standardised, structured formats are preferable and are being built in the **European Health Data Space**. AI and machine learning could be useful to create RWD from the many unstructured sources available in healthcare, but these approaches need careful evaluation. Issues of interoperability need to be considered. Collaboration is essential in some areas, such as in the field of rare diseases. Where HTA bodies are seeking to generate their own RWE, sharing some of the practicalities relating to overcoming issues in data access would be helpful. For this it is important to understand who holds the data and who can access it (for what purposes and how). For example, in the case of whole genome sequencing, it is necessary to document the patients' care pathways after sequencing. This requires individual approvals and contracts with every hospital visited since sequencing, which is unmanageable. This may be improved if a national genomic plan stipulating umbrella consent and contractual arrangements with hospitals is enacted, but it would be **helpful to know how other HTA bodies address data access, consent and contractual issues.**

Data quality is always a key issue. **EMA has applied data quality frameworks, but it is unclear whether these meet HTA need**s.

Given the widespread use of **federated analytics**, more research is needed to understand the **potential loss of quality when mapping data to a common data model** (CDM), and which CDM is best.

Practical challenges arise because HTA systems differ, with some integrated with payers (for example INESSS and NICE) and others with regulators (for example in the Nordics), which changes evidence needs. Furthermore, GREG guidance is intended to cover drugs, devices and combination products, and the regulatory access pathways differ for each of these types of technologies (and within technology group), and across jurisdictions. This affects the evidence that is generated and available for HTA. For devices, not only are regulatory requirements less stringent, but they often go on a more direct route to end users, perhaps at an earlier stage with local audits or data collection for early value assessment. **Guidance needs to take account of the differing needs for RWE at different life cycle stages of medicines and medical devices.**

As it is not feasible to undertake RWE studies in every jurisdiction, there may be a need to use RWE from other countries. However, this raises concerns about lack of validity to the local context. For estimation of treatment effects from a RWE study, **quantitative transportability approaches** exist, but they are not widely used in HTA. It would be valuable to understand when they are appropriate and reduce the barriers to more widespread use.

It is essential to understand the risk of bias and uncertainty in the RWE. A systematic and comprehensive consideration of how RWE characteristics impact uncertainty was proposed, e.g. using a Bayesian approach to quantification. **Risk of**

bias in RWE needs to be quantified and linked to frameworks that support decisions, rather than focusing on how decisions are made. In the regulatory context there is consideration of net clinical benefit, whereas in HTA it is the net health benefit. It was queried whether these can be brought together analytically as creation of a framework for documentation of combined uncertainty on the HTA or regulatory side would be valuable. However, it was noted that alignment may be difficult as decision-making becomes more political and this type of uncertainty evaluation is linked to economic modelling. Hence it is not applicable to JCAs, which is the current vehicle for collaborative assessment work in the EU. Under the EU HTA Regulation there is a voluntary group working on uncertainties, but they do not address decision-making. CDA is piloting GRADE-like statements to frame uncertainty in clinical evidence.

Not many HTA bodies have the expertise to quantify the uncertainty related to RWE. **Developing methods and capability around uncertainty analysis would be a valuable area for collaboration among HTA bodies (and regulators).** It was clarified that this did not only relate to economic modelling, but it could be a framework to support decision-making under uncertainty across HTA and regulation.

The group discussed that uncertainties are central to decision-making and are handled through deliberative processes in HTA and by committees such as CHMP for regulators. It was noted that even well-designed RWE leaves residual uncertainty and incorporating its consideration into decision-making is challenging. Participants asked whether the focus should be which uncertainties RWE can resolve and how to plan RWE earlier. It was emphasised that:

- uncertainties should be reduced along the development pathway
- strong trials may need little RWE, whereas weak trials may require large amounts of RWE that it may not be possible to generate
- the purpose of RWE must be clear
- pre-planning is often missing and late collection of RWE will not always resolve uncertainties and can lead to delays in addressing evidence needs that could have been anticipated.

Takeaways: HTA body RWE needs have to be considered in the context of differing HTA decision-making contexts across jurisdictions and access pathways for medicines vs devices. Characterisation of uncertainties in this decision-making context and the need for early planning of RWE generation is key. A range of detailed needs were raised including data availability, data quality in federated data analysis and transportability.

4 Discussion

Members of the HTA Expert Forum were carefully chosen to include the range of HTA processes across Europe for both medicines and medical devices. By the first meetings in February 2026, a diverse group of ten HTA experts had been recruited, well exceeding the Key Performance Indicator in the Grant Agreement "to include at least two HTA bodies across European Countries".

The first meeting of the HTA Expert Forum generated critical interest in the project and candid discussion about challenges in using RWD and RWE in HTA.

It was emphasized the GREG should align with and not overlap with other initiatives. It needs to produce guidance that can be applied by HTA bodies in their own decision-making context at different stages of the technology life cycle.

The living library is seen as a valuable tool both to document how RWE is submitted to, and reported, in HTA. The research study will be useful to bring together PLEG plans and approaches from a range of HTA bodies into one repository. The potential to use the living library to judge how RWE has been assessed will require engagement with HTA bodies to ensure their decision-making process is understood.

It was agreed that data availability, access and quality remain an issue in HTA, but this area is moving rapidly with the onset of the European Health Data Space and continuing work in other sectors to apply data quality frameworks. Although there is increased work with federated networks, research is needed to understand the potential loss of quality when using a common data model. Likewise, there are methodological developments, such as quantitative transportability methods that need further exploration in HTA.

The risk of bias with RWE and consideration of uncertainty need further work within the HTA decision-making context, recognising that this requires development of methods and HTA assessor capabilities.

5 Conclusion

The first meeting of the HTA Expert Forum and associated meetings with individual experts have demonstrated the value of engagement with this crucial stakeholder group. The Forum brings expertise about use of RWE in HTA across the life cycle of medicines and medical devices and individuals are willing to contribute to the work of GREG moving forward to ensure that the guidance developed addresses their needs in decision-making. This shows that the Forum is a highly valuable mechanism for engagement with HTA experts to deliver relevant HTA RWE guidance by WP3 and provide insights to the wider project.

Annexes

Annex 1: HTA Expert Forum Agenda

GREG: Testing, improving, and co-creating Guidance and Tools for Real-World Evidence Generation and Use for Decision-Making in Europe

HTA Expert Forum: 23 February 2026: 2.00pm-4.00pm CET

Meeting Objectives

- Introduce GREG and its work related to HTA
- Discuss HTA body's current needs for RWE guidance for medicines, medical devices and combination products, across the technology lifecycle
- Agree future ways of working

Agenda

Time (CET)	Item	Topic	Lead
2.00pm	1	Welcome and introductions	Karen Facey Senior HTA Advisor, University of Oxford
2:10	2	Overview of the GREG IHI Project • What are your impressions of the project?	Annika Jodicke Senior Researcher in Pharmacoepidemiology, University of Oxford
3 Our initial processes and priorities for input from HTA Expert Forum			
2:30	3a	Living Library of Case Studies in HTA – Cell Therapies • How would you use the living library?	Seamus Kent Assistant Professor, HTA Erasmus University
2:50	3b	• What are your RWE guidance needs? • What are the priority areas for guidance? • Any differences between drugs and devices? • Which tools would be useful?	Contribution from each participant All
3:35	3c	Use Cases – Testing methods on real data	Leonardo Koeser Scientific Adviser, NICE
3:50	4	Ways of working • <Terms of Reference> – Finalisation • Advisory Agreement • Involvement in future Project activities • Next meeting See also: https://www.youtube.com/watch?v=7UysRwCZ4Rg	Karen Facey
4:00pm	5	Meeting close	