

The Future of Evidence-Based Medicine

A Framework for Unlocking the Power of Real-World Data for Healthcare Utilization

March 2025

Key Takeaways

Abundant Data, Untapped Potential

Healthcare generates vast amounts of data, but it must be refined for real-world use.

AI-Powered Insights

Transform real-world data into real-world evidence using AI-driven tools.

Secure & Compliant

Ensure data usability while maintaining security and regulatory compliance.

Better Decisions, Better Care

Leverage real-world evidence to drive smarter, more impactful healthcare decisions.

Quality First

Evaluate data integrity and reliability before applying advanced analytics.

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Executive Summary

The volume of available healthcare data has grown tremendously over the past decade, presenting myriad opportunities to improve healthcare delivery by applying advanced analytics to high-quality real-world data (RWD) across the care continuum. Today, healthcare and life sciences organizations have much to gain by transforming diverse, rapidly growing data into actionable real-world evidence (RWE).

Despite the clinical, operational, and financial benefits of harnessing healthcare data, various challenges related to security, privacy, and governance limit the spread of information across sectors and institutions. Today, only 14%¹ of clinical decisions are supported by evidence, contributing to a critical evidence gap throughout the US healthcare system and around the world. To foster a culture where personalized, evidence-based medicine is the norm, organizations need access to RWD and a robust and sustainable framework for data quality assurance.

Despite significant investments in cloud-based information technology (IT) infrastructures that store and manage data, many organizations struggle to realize the full value of their data. Atropos Health provides a way for clinicians and researchers to overcome the challenges of rapidly accessing high-quality healthcare data for decision-making. The Atropos Evidence™ Network comprises over 300 million patient records that members can utilize to generate novel, publication-grade RWE, enabling them to execute rapid, evidence-backed decisions that improve healthcare delivery for all.

With Atropos Health, members gain a framework for evaluating and ensuring that data is high quality and fit for purpose. Advanced evidence generation tools employ artificial intelligence (AI) technology to overcome industry-wide barriers related to time and cost, enabling access to on-demand information with reliability, accuracy, and transparency.

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The State of Healthcare Data

Nearly 15 years after the Affordable Care Act transformed access to electronic health data, RWE has become the currency of value in healthcare.

Today, health system and life sciences leaders can leverage RWE to answer clinical and operational questions in countless therapeutic areas. From optimizing trial design to opening new market opportunities, the explosion of RWD sources such as electronic health records (EHRs), insurance claims, patient registries, and wearable health devices offers an unprecedented opportunity to transform healthcare delivery with reliable decisions based on evidence.

With mass amounts of RWD now readily available, AI and machine learning (ML) offer a critical path forward for turning RWD into actionable RWE. In doing so, leaders across the healthcare industry can harness the value of their own data—and national data—to achieve common goals, supporting evidence-based actions at the point of care and optimizing the drug discovery, development, and commercialization process.

Understanding the Current Data Landscape

Today, the quantity and diversity of healthcare data types offer unprecedented opportunities to apply this data to decision-making in key areas, such as clinical trial design, the development of life-changing medications like GLP-1s and other advanced therapeutics, care pathways, personalized medicine, and more. In a complex health system comprising numerous interconnected people, sectors, and institutions, digital health data can be used to gain unprecedented insights into real-world populations and identify associations between exposures, interventions, and outcomes² for individual patients.

For health systems and the life sciences industry, complete and structured data represents a valuable commodity.³ With the accelerating volume of RWD comes an opportunity to increase quality care and precision medicine by applying advanced technology to this data to create RWE and improve health outcomes for diverse patient populations. For instance, data holders can source RWD for social determinants of health (SDOH)—nonmedical factors that impact patient health beyond

clinical settings—and uncover critical gaps in care delivery with novel medical knowledge.

In practice, a unified approach to healthcare data structure could broaden data-driven research, treatments, investments, and care decisions. Data-supported physician assistance tools such as Clinical Decision Support and AI can also be a crucial engine⁴ for helping clinicians and researchers formulate empirical insights that strengthen the speed, inclusivity, and accuracy of precision medicine. While achievable, these goals depend on the ability to verify the quality of data and apply structured sets within a rigorous methodological framework that makes it easy for applications running on the data to deliver accurate results.

To unlock the full value of their healthcare data, leaders must first overcome certain challenges associated with managing and organizing patient data across the data lifecycle.⁵ For many organizations, the pathway to data governance is challenging and limits their ability to realize the full value of their proprietary data.

Ensuring Quality Alongside Quantity

In the rapidly evolving ecosystem of healthcare data, the sheer volume of data does not guarantee its quality. Because evidence-backed decision-making requires access to complete and accurate RWD, organizations need to implement robust quality management processes to ensure the reliability of RWE generated on that data.

According to the World Health Organization, quality data comprises several key characteristics⁶: accuracy and validity, reliability, completeness, readability,

timeliness and punctuality, accessibility, meaning or usefulness, confidentiality, and security. At various stages, interference with collection, coding, and standardization processes can impact the quality of data and render it unusable. As such, RWD requires not only a suitable methodological framework, but also a reliable scoring solution that can help organizations measure and improve the quality of their datasets.

Addressing the Evidence Gap

To improve health outcomes through evidence-based practice,⁷ every clinical decision must be backed by high-quality evidence. Currently, only 14%⁸ of daily medical decisions meet this condition, creating a critical gap between evidence and practice in healthcare.⁹ Clinical trials, including randomized controlled trials, remain the gold standard of evidence generation. These trials typically address specific questions in controlled environments and generate information that lacks data derived from real-world environments.

Generating personalized RWE requires a detailed understanding of not only the data's quality, but also the idiosyncrasies and exclusions inherent in its underlying source. Clinical trials produce evidence applicable to only about 5% to 10% of the population,¹⁰ excluding individuals with comorbidities, high-risk backgrounds, and other circumstances that impact health status. Patients with two or more chronic conditions account for 71% of healthcare-related spending but only 21% of clinical trial participants.¹¹ While EHRs and other digital records can be used to support both cross-sectional and longitudinal studies,¹² this requires extensive resources and expensive research settings.

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The Imperative for Improved Data Utilization and Knowledge Sharing

While recent industry developments have marked a pivotal age in the collection and harnessing of healthcare data, leaders still require strategies for managing data in a rapid, transparent, reliable, and cost-effective way.

Given the variability in data quality among institutions, standards such as the Observational Medical Outcomes Partnership Common Data Model¹³ work to standardize the structure and content of observational data across clinical domains.

RWD proves extremely valuable in nearly every healthcare setting. Biopharmaceutical organizations use RWD across the drug development lifecycle, making evidence-backed decisions from preclinical to post-clinical development and into the commercial phase. Payers use RWD to assess and validate value-based contracts, calculate risk adjustment, and capture longitudinal views of patients. Likewise, providers rely on this holistic patient view to make informed, personalized care decisions for every individual.

Reimagining Real-World Evidence Generation

To meet the demand for high-quality, individualized care, every clinical decision, pathway, and research inquiry should be built and backed by personalized, real-world evidence.¹⁷ Within healthcare systems, physicians can leverage analytics from RWD sources in the clinical workflow and make evidence-based decisions at the point of care. Beyond care settings, RWE provides crucial support for pharmacy program design and clinical education and research.

In recent years, many organizations have propelled the utilization of healthcare data using cloud-first strategies: John Snow Labs,¹⁴ one of several emerging healthcare AI companies, uses a cloud-based infrastructure¹⁵ to deliver evidence-based medical information in response to natural language queries. Likewise, the cloud-based data storage company Snowflake¹⁶ applies AI to healthcare analytics—operating on Amazon Web Services, Microsoft Azure, and Google Cloud Platform.

When it comes to increasing the usability of both proprietary and external data, the use of a logical and transparent scoring methodology is essential for measuring data quality in a consistent manner.

Within the data landscape, quantitative evaluation metrics for datasets and the ability to evaluate fit-for-purpose assessments represent the **two most significant gaps for RWE in healthcare.**

Within the data landscape, quantitative evaluation metrics for datasets and the ability to evaluate fit-for-purpose assessments represent the two most significant gaps for RWE in healthcare. To ensure high-quality RWD, organizations require structured metrics for evaluating both the quality of data within a structured dataset and its ability to answer clinical questions within a specific context.

Atropos Health is a pioneer in translating RWD to publication-grade observational research studies. To bridge the gap in measuring data quality, the company deploys two data scoring solutions: the Real World Data Score® (RWDS) and Real World Fitness Score® (RWFS).¹⁸

Real World Data Score® (RWDS)

As a general dataset evaluation, the RWDS assesses the quality and completeness of data across various metrics. Data holders can then use this information to improve data quality and refine their assets.

Real World Fitness Score® (RWFS)

When applying their data to specific questions, data users can rely on the RWFS to evaluate fit for purpose. Designed as an attribute score, the RWFS assesses how well question criteria are represented within a given dataset—ensuring alignment between clinical questions and the datasets used to answer them.

For those asking clinical questions on RWD, having confidence in the quality and appropriateness of an underlying dataset is critical for evidence-based decision-making. In an era when certain datasets may provide a limited or biased perspective, the RWDS provides a critical mechanism for inspecting—and verifying—data quality. Where the chaotic nature¹⁹ of EHR data and other

RWD sources can spur uncertainty around the value and usability of data, these scoring solutions accomplish the pivotal step of ensuring that RWD can generate actionable RWE.

[View our Data Scorecard](#)

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Leveraging Personalized Real-World Evidence to Improve Outcomes

Alongside quality and fidelity, considerations around time, labor, and cost inhibit many organizations from maximizing the use of their own data.

Atropos Health empowers organizations to extract actionable insights from RWD, overcoming traditional financial and resource barriers through access to the Atropos Evidence Network—a vast, federated healthcare data network.

Access to high-quality data enables clinicians and researchers to generate evidence for informed decision-making in healthcare delivery and the life sciences. Members of the Atropos Evidence Network can receive answers to clinical and operational questions in the form of a Prognostogram, which uses transparent and peer-reviewed methods to produce credible observational research studies with previously unavailable insights.

In settings where speed and cost savings are paramount, access to data and automation tools like those from Atropos Health is key. Clinicians can accelerate clinical research, unlock speed to insights for clinical-financial-operational return on investment, and bypass long deliberations about protocol feasibility by making decisions based on RWE.

Strengthening the Bridge from Data to Evidence

Atropos Health helps healthcare and life sciences organizations improve outcomes and expedite pivotal research by delivering RWE with unprecedented and unrivaled transparency, accuracy, quality, and speed.

Leveraging automation solutions from Atropos Health, clinicians and researchers can ask and receive answers to clinical questions at the point of care in under 48 hours.



100K

unique conditions and medications pulled from curated data sources



300M

de-identified patient records available to generate RWE insights



40+

clinical specialties backed by reliable RWE

In 2024, RWE helped clinicians at Stanford Health Care save over \$400,000 in one year.

For health systems, Atropos Health provides the information and technological capability to discover best practices, monitor outcomes according to specific patient demographics, and measure the success of interventions in real time. When physicians submit a query, they have the choice to run questions on local data, the Atropos Evidence Network, or both. Receiving publication-grade observational research²⁰ for every submission, users gain real-world insights and transparency into the methodology.

For data holders, Atropos Health delivers visibility and transparency around data quality and fitness. Operating on a federated model,²¹ the Atropos Evidence Network enables organizations to keep proprietary data within its current cloud environment while unlocking an objective measure of their data quality. GENEVA OS™ installs within existing IT infrastructures to ensure that individual datasets stay secure and within organizations' control. Data stays within its native environment, helping data holders optimize the utilization of RWD. Atropos Evidence Network members receive a Data Quality Scorecard with recommendations for improving their datasets.

Atropos Health helps key stakeholders in the pharmacy space optimize cost savings and clinical outcomes. Currently, health system pharmacists contend with considerable financial and operational strain²² caused by an increase in hospital drug, labor, and supply expenses, compounded with rising rates of burnout among pharmacists. With RWE, pharmacy leaders can mitigate both financial and operational challenges, saving millions of dollars with cost-effective formulary decisions and alleviating administrative burden with access to tailored programming. In 2024, RWE helped clinicians at Stanford Health Care save over \$400,000 in one year.²³ Prognostograms generated for Stanford allowed the organization to bridge evidence gaps, evaluating formulary design and provisioning cost-effective care.

[Explore How RWE Can Reduce Healthcare Costs](#)

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Forging a Future of Integrated, Personalized Healthcare Experiences

The availability of large and high-quality healthcare datasets represents a pivotal lever for health equity²⁴ that goes beyond the confines of traditional controlled trials, which often do not include populations such as seniors, children, and polymorbid individuals.

The Atropos Evidence Network streamlines access to vast amounts of high-quality data via automation tools that allow members to receive publication-grade observational research studies in minutes, not months. Network members benefit from multimodal networks²⁵ in specific therapeutic areas. These networks leverage unique data and intelligence from partnering organizations to expand the Atropos Evidence Network—increasing the speed, inclusivity, and accuracy of shared decision-making. Amid a landscape where socioeconomic factors create vast gaps in medical evidence, tools capable of producing

RWE specific to diverse patient profiles are fundamental to meeting population needs. Females,²⁶ older adults,²⁷ and racial and ethnic minorities²⁸ have a long history of underrepresentation in randomized controlled studies, creating dire gaps in access, cost, and quality for marginalized patients. RWE generation provides a monumental vehicle for addressing health disparities—from rural and multi-hospital health systems, where centralized platforms can guide clinical efforts using SDOH,²⁹ to vulnerable communities.

Creating an Evidence-Driven Culture for Healthcare

Atropos Health is dedicated to driving evidence-based medicine by helping organizations build a strong foundation of high-quality RWD and improve clinical and operational outcomes. This helps providers take full advantage of their local data and/or national data, leveraging AI solutions to generate evidence-based decisions and pathways that benefit the entire care continuum.

Members have access to a suite of evidence generation tools, including Green Button™ and ChatRWD®, an AI copilot that utilizes data from the Atropos Evidence Network to answer questions on a conversational chat interface. The user experience resembles a peer-to-peer interaction: researchers and healthcare professionals receive novel reports run on a vast network of RWD. This is crucial for expanding the culture of evidence for decision-making between physicians and other key stakeholders throughout the healthcare industry to encourage collaboration and improve healthcare for all.

Atropos Health Solution Categories and Product Names

PLATFORM

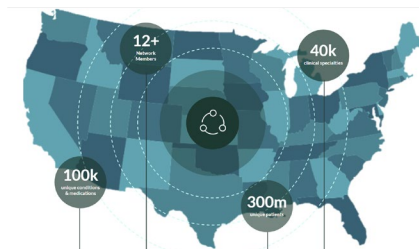
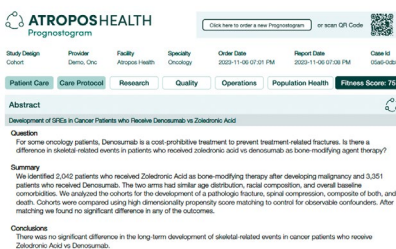
GENEVA OS™ (Generative Evidence Acceleration Operating System)

EVIDENCE GENERATION TOOLS

Alexandria™
 ChatRWD™
 Green Button™
 Forge™

DATA

Atropos Evidence™ Network
 Data Quality Scoring



While the potential cost savings associated with a scalable data framework are numerous, the platform unlocks optimal cost savings related to the development of evidence-based care pathways, medication research, and length of stay in clinical settings. In a 12-month

retrospective analysis, clinical reviewers from Atropos Health and a large academic medical center (AMC) examined the impact of Green Button, the first platform to answer healthcare questions in 48 hours with a novel retrospective observational study.

During a one-year period, this Q&A-style tool for evidence generation generated a sizable fiscal return.

By leveraging Atropos Health solutions, the AMC generated a potential annualized cost savings of over \$3 million—this includes



\$576,000

in medication cost savings



\$1,196,000

in research savings



\$1,617,000

in patient throughput and care management³⁰

Beyond a single institution, the platform has **converted over 10,000 clinical questions** into publication-grade observational studies. These studies have **saved over \$100 million** in expedited analytics and maximized RWD assets, medication cost savings, and more.

Harnessing the potential of AI and large language models (LLMs) to transform healthcare delivery, tools such as ChatRWD and Green Button enable the rapid generation of RWE. With Green Button, clinicians and researchers submit a clinical question and receive publication-grade observational research studies alongside access to the Atropos Health clinical team. From end to end, solutions such as Green Button and ChatRWD enable data-driven insights for every facet of the healthcare industry.

Atropos Health offers an unprecedented opportunity to leverage RWD to make evidence-based decisions that reduce financial burden while improving patient-centric care for every population. As data and new data sources

grow, partners like Atropos Health will be instrumental in forging a future where RWE fuels health innovation across the care continuum—empowering healthcare and life sciences organizations to meet evolving consumer needs, solve complex challenges, and improve outcomes.

For data holders, AI developers, health systems, and life sciences organizations alike, the path to evidence-based decision-making starts with a dedicated focus on high-quality data. As the industry continues to uncover the potential of AI and ML tools, assessing the completeness, accuracy, and reliability³¹ of structured datasets remains a crucial first step toward clinical and operational success.

06

References

1. Danner, M., M. Debrouwere, A. Rummer, K. Wehkamp, J. U. Rüffer, F. Geiger, R. Wolff, K. Weik, and F. Scheibler. 2022. "A Scattered Landscape: Assessment of the Evidence Base or 71 Patient Decision Aids Developed in a Hospital Setting." *BMC Medical Informatics and Decision Making* 22 (1): 44. <https://doi.org/10.1186/s12911-022-01777-x>.
2. Bastarache, L., J. S. Brown, J. J. Cimino, D. A. Dorr, P. J. Embi, P. R. O. Payne, A. B. Wilcox, and M. G. Weiner. 2021. "Developing Real-World Evidence from Real-World Data: Transforming Raw Data into Analytical Datasets." *Learning Health Systems* 6 (1): e10293. <https://doi.org/10.1002/lrh2.10293>.
3. American Medical Association (AMA). n. d. "3 Digital Health Trends That Are Transforming Patient Care." <https://www.ama-assn.org/practice-management/digital/3-digital-health-trends-are-transforming-patient-care>.
4. Bhasker, S., D. Bruce, J. Lamb, and G. Stein. 2023. "Tackling Healthcare's Biggest Burdens with Generative AI." McKinsey & Company. July 10. <https://www.mckinsey.com/industries/healthcare/our-insights/tackling-healthcares-biggest-burdens-with-generative-ai>.
5. AHIMA (American Health Information Management Association). 2022. "Healthcare Data Governance." Practice brief. January. <https://www.ahima.org/media/pmcb0fr5/healthcare-data-governance-practice-brief-final.pdf>.
6. World Health Organization. 2003. "Improving Data Quality: A Guide for Developing Countries." https://iris.who.int/bitstream/handle/10665/206974/9290610506_eng.pdf.
7. Bastarache et al. "Developing Real-World Evidence from Real-World Data."
8. Danner et al. "A Scattered Landscape."
9. Wolters Kluwer. 2024. "Bridging the Gap Between Evidence and Practice in Healthcare." Wolters Kluwer. November 21. <https://www.wolterskluwer.com/en/expert-insights/bridging-the-gap-between-evidence-and-practice-in-healthcare>.
10. Shah, Nigam. 2019. "Green Button, and the Informatics Consult Service." YouTube, 1:17. <https://www.youtube.com/watch?v=fuyVriaq5Vk>.
11. Agency for Healthcare Research and Quality (AHRQ). 2014. "Multiple Chronic Conditions Chartbook: 2010 Medical Expenditure Panel Survey Data." April. <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf>.
12. Bastarache et al. "Developing Real-World Evidence from Real-World Data."
13. Observational Health Data Sciences and Informatics (OHDSI). 2025. "Standardized Data: The OMOP Common Data Model." <https://www.ohdsi.org/data-standardization/>.
14. John Snow Labs. n.d. John Snow Labs: Healthcare AI & Data Science. <https://www.johnsnowlabs.com/>.
15. Oracle. 2023. "John Snow Labs Chooses OCI to Deploy Its AI Medical Chatbot." Oracle Cloud Infrastructure Blog. December 14. <https://blogs.oracle.com/cloud-infrastructure/post/john-snow-labs-oci-ai-medical-chatbot>.
16. Snowflake. n.d. Cloud Data Platform. <https://www.snowflake.com/en/>.
17. Gombar, S. 2024. "'Patients Like Mine' Technologies Must Rest on Solid Evidence." First Opinion. STAT. June 21. <https://www.statnews.com/2024/06/21/ehr-systems-patients-like-mine-technologies-health-tech-guidelines/>.
18. "Atropos Health Redefines Data Quality with Two Scoring Metrics, Bridging the Gap for Transparent Evaluation of Data Use in Evidence and Prediction Generation." 2024. Businesswire. February 13. https://www.businesswire.com/news/home/20240213116032/en/Atropos-Health-Redefines-Data-Quality-With-Two-Scoring-Metrics-Bridging-The-Gap-For-Transparent-Evaluation-of-Data-Use-In-Evidence-and-Prediction-Generation?utm_campaign=shareaholic&utm_medium=copy_link&utm_source=bookmark.
19. Bastarache et al. "Developing Real-World Evidence from Real-World Data."
20. Rudo, Julia. 2024. "AI Model Training, Testing, and Deployment Now Available on the Atropos Evidence Network." Atropos Health. Press release. December 12. <https://www.atroposhealth.com/ai-model-training-testing-and-deployment-now-available-on-the-atropos-evidence-network/>.
21. Hernandez, Maria. 2023. "Atropos Health Announces the Atropos Evidence Network and Data Fitness Scoring." Atropos Health. Press release. March 28. <https://www.atroposhealth.com/pr-evidence-network-data-score/>.

22. Aufran, Lyris (Ed.). 2022. "McKinsey on Healthcare: Weathering the Storm. A Selection of Recent Articles." McKinsey & Company. December. https://www.mckinsey.com/~/_/media/mckinsey/industries/healthcare%20systems%20and%20services/our%20insights/mckinsey%20on%20healthcare%20weathering%20the%20storm/mckinsey-on-healthcare-weathering-the-storm.pdf.
23. webbed@meshagency.com. 2024. "Using Real World Evidence to Guide Clinical Outcomes and Reduce Costs of Care." Atropos Health. September 12. <https://www.atroposhealth.com/using-real-world-evidence-to-guide-clinical-outcomes-and-reduce-costs-of-care/>.
24. Centers for Disease Control and Prevention (CDC). 2024. "Social Determinants of Health." February 7. <https://www.cdc.gov/health-disparities-hiv-std-tb-hepatitis/about/social-determinants-of-health.html>.
25. "Scipher Medicine and Atropos Health Partner to Accelerate Precision Medicine and Expand the Immunology Multimodal Network." 2024. Businesswire. December 18. <https://www.businesswire.com/news/home/20241218870747/en/Scipher-Medicine-and-Atropos-Health-Partner-to-Accelerate-Precision-Medicine-and-Expand-the-Immunology-Multimodal-Network>
26. Cho, B., Y. Han, M. Lian, G. A. Colditz, J. D. Weber, C. Ma, and Y. Liu. 2021. "Evaluation of Racial/Ethnic Differences in Treatment and Mortality Among Women with Triple-Negative Breast Cancer." JAMA Oncology 7 (7): 1016–1023. <https://doi.org/10.1001/jamaoncol.2021.1254>.
27. Herrera, A. P., S. A. Snipes, D. W. King, I. Torres-Vigil, D. S. Goldberg, and A. D. Weinberg. 2010. "Disparate Inclusion of Older Adults in Clinical Trials: Priorities and Opportunities for Policy and Practice Change." American Journal of Public Health 100 Suppl 1 (Suppl 1): S105–S112. <https://doi.org/10.2105/AJPH.2009.162982>.
28. Pittalwala, I. 2017. "Understudied Racial Minority Groups Show Alarming High Rates of Obesity and Diabetes." University of California. Accessed June 10, 2023. <https://www.universityofcalifornia.edu/news/understudied-racial-minority-groups-show-alarming-highrates-obesity-and-diabetes>.
29. American Hospital Association. 2020. "Improving Quality in Breast Cancer Care: A Case Study of Parkland Health & Hospital System." American Hospital Association. https://www.aha.org/system/files/media/file/2020/11/TVI_Parkland_data_BreastCancer_ImproveQ_11-25-20.pdf.
30. Atropos Health. "From Data to Savings: Leveraging Real-World Evidence to Reduce Healthcare Costs." Atropos Health. June 2023. <https://app-na1.hubspotdocuments.com/documents/19654528/view/522689512?accessId=854f0b>
31. Jackson, M. L., R. Manickam, D. Derieg, S. Gombar, and Y. S. Low. 2024. "Quantifying Fit-for-Purpose in Real World Data: Data Grading and FITQ Scores." medRxiv. February 5. <https://doi.org/10.1101/2024.02.02.24302239>.

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