# **OECI 2023 Oncology Days**



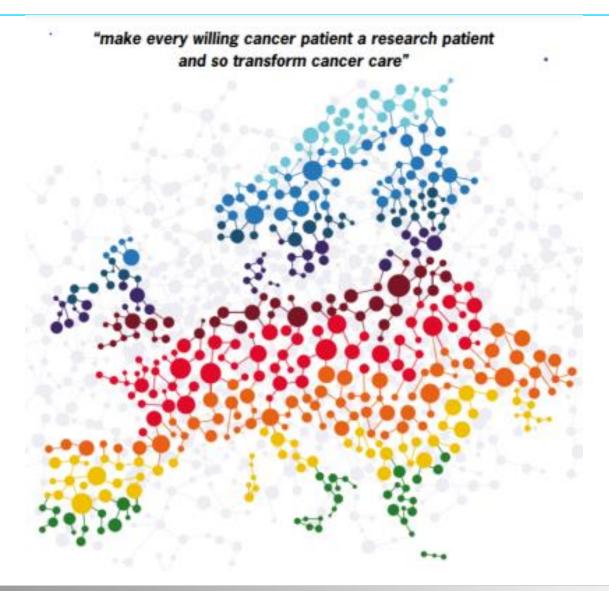
DIGICORE an added value for European Outcomes research studies

Update on DIGICORE development June 14, 2023

Prof. Gennaro Ciliberto DIGICORE President Scientific Director IRCCS National Cancer Center, Regina Elena, Rome, Italy



# THE DIGITAL INSTITUTE FOR CANCER OUTCOMES RESEARCH

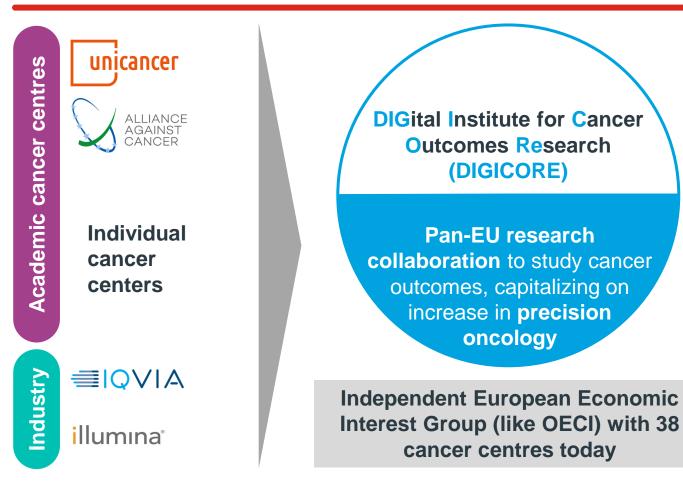




# DIGICORE is an international Consortium that aims to transform and digitise cancer outcomes research in Europe



### Members

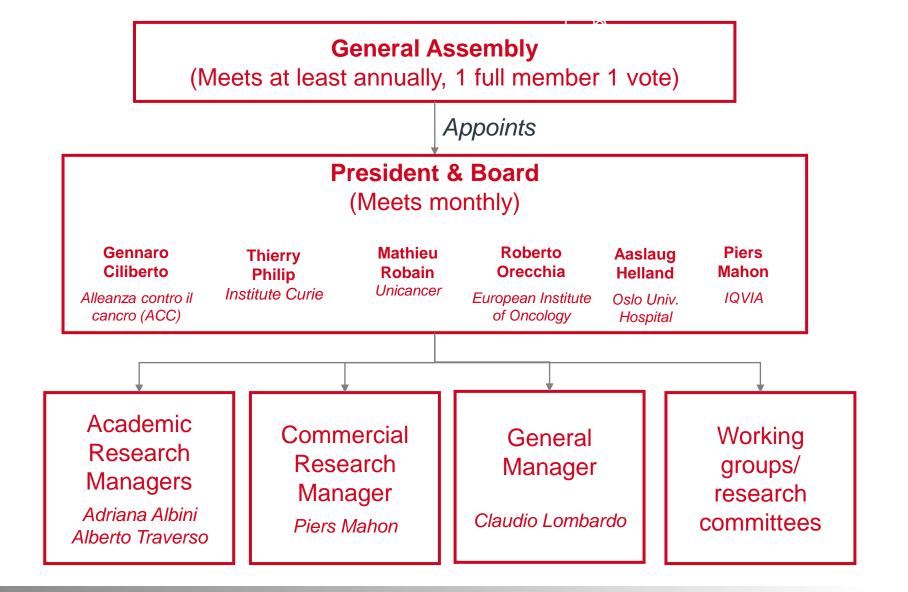


### **Benefits and rationale**

- For Cancer Centres, interoperability of cancer data across sites for improved translational research
- For **Patients**, broader trial access and in future better outcomes
- For Industrial Partners: drive commercial multi- centre, international RWE projects in precision oncology and drive precision trial recruitment
- Grow clinical evidence base for molecular diagnostic tests in improving outcomes and accelerate reimbursement for all vendors



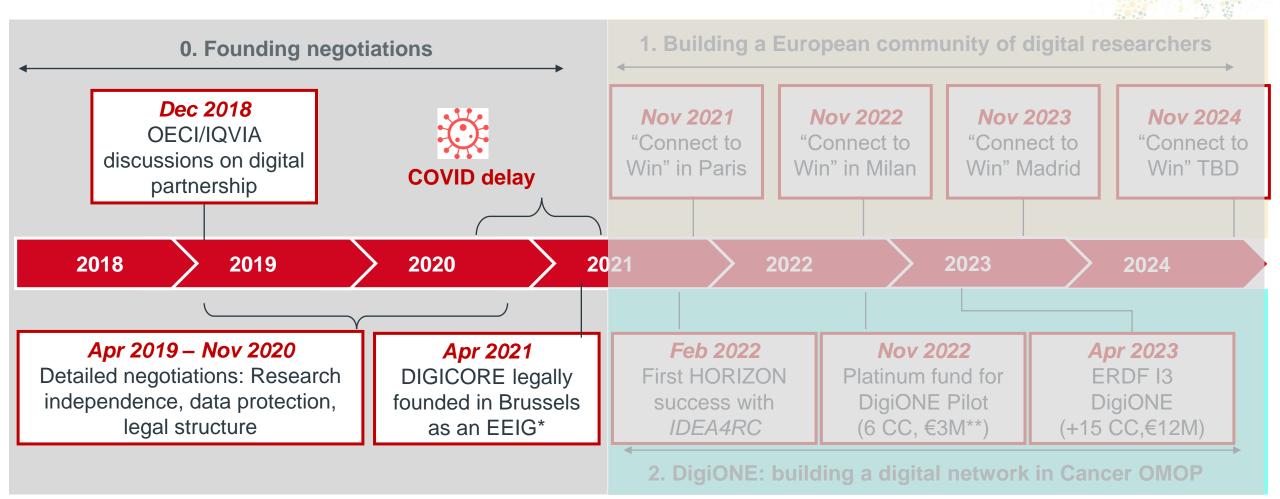
### **Our organization**



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- 1. Medical hypothesis neutrality no large pharma inside
- 2. Cancer centres retain full data control and autonomy over clinical decisions
- 3. Serve both academic and commercial research
- 4. Institutional research autonomy right to refuse any study, or propose one
- 5. Equality in research activity of Associate members and Full Members
- 6. Technical solutions will be **federated**, include a **common data model** but do not have to be implemented until / unless funded

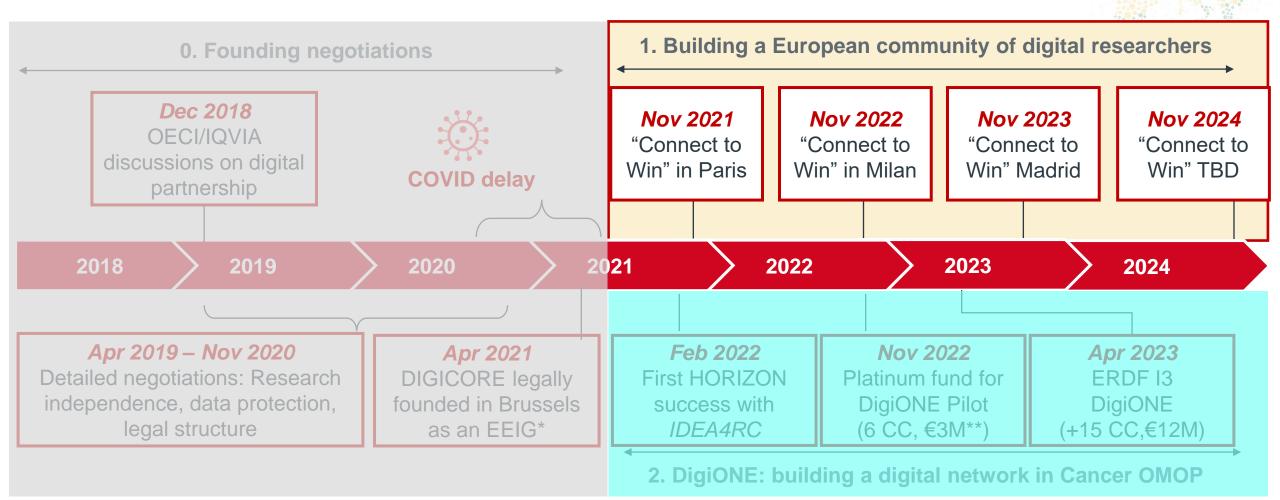
## Three chapters to DIGICORE's story so far



- \* European Economic Interest Grouping, same legal structure as OECI
- \*\* Funded by IQVIA and Illumina



## How are we doing on building a European community of digital researchers?



\* European Economic Interest Grouping, same legal structure as OECI

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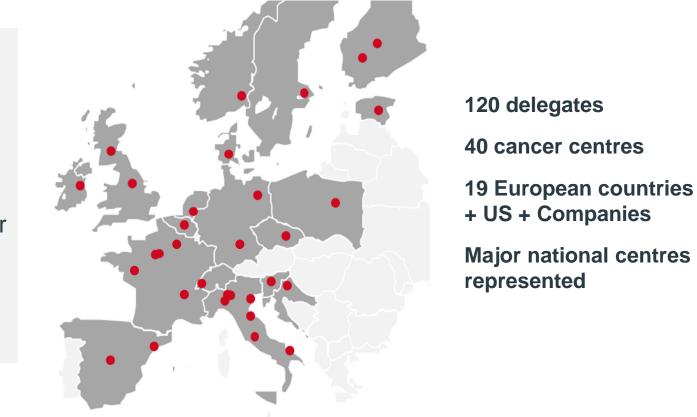


# Connect To Win: Second annual digital research planning conference taking place in Milan November 2022

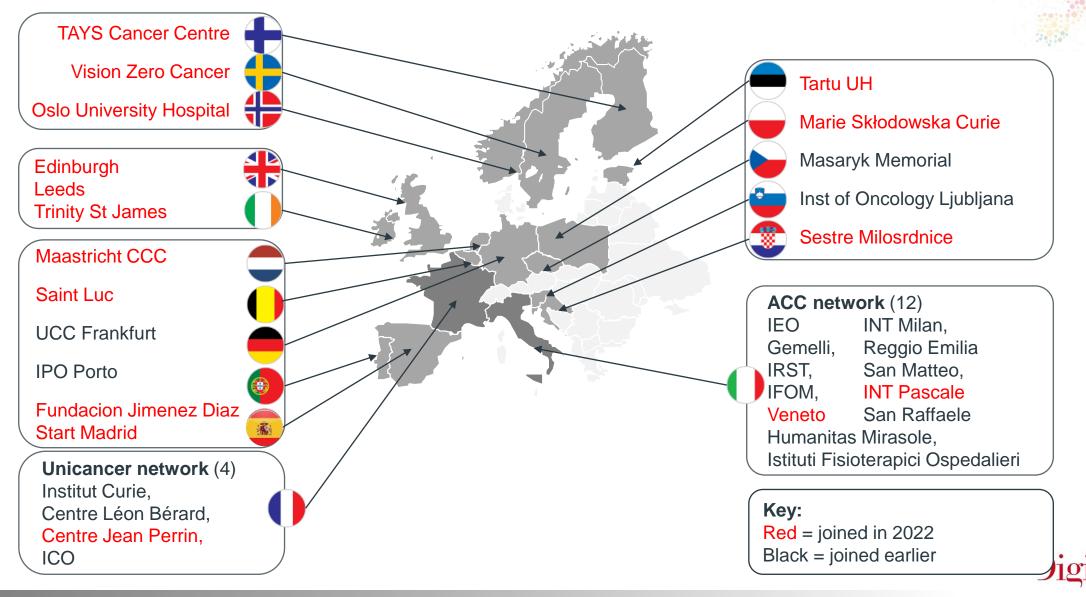
Connect2Win , Milan 7-9 Nov 2021

### **Objectives**

- Assess progress over last year
- Further grow the network
- Better define of our common operational model and timeline for first deliverables!
- Discuss how to best position DIGICORE for success



## In 2022 DIGICORE grew from 22 to 38 cancer centres in 17 countries



### Four elements to drive DIGICORE's future success and digitising the Beating Cancer Plans

1. Digitally skilled researchers	2. Common digital research infrastructure	3. Exciting scientific hypotheses	4. Funding
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# IDEAL4RWE training program and competition to address a skills gap and support proof of concept research involving emerging research leaders

<mark>ကို Who?</mark>	<ul> <li>Under 45, clinicians, data scientists etc. Interested in outcome research and ambitious to lead digital revolution in RWE</li> </ul>
? What?	<ul> <li>Training on both technical and leadership skills for RWE</li> <li>Based around an international proof-of-concept study</li> </ul>
How?	<ul> <li>Mix of training styles: Face-to-face and virtual</li> <li>Full programme involves "test" application – funding available</li> </ul>
🔊 When?	<ul> <li>Started in Q2 2022 - free "taster" programme</li> <li>RWE studies started in Q4 2022/Q1 2023</li> <li>Will Conclude in year 2023</li> </ul>

DIGICORE's research committees' structure is designed to complement national outcome research programmes and will be scaled this year

### Initiation

DIGICORE Board selected 3 research topic - Lung Cancer/ Breast Cancer/ Non-Hodgkin's Lymphoma - and invited members to nominate experts

# • Participation open to all members and associate members on equal basis

### Structure

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- At least **5 cancer centres** from at least **3 countries**
- **2 co-chairs** (from 2 different countries)
- Only clinicians from cancer centres can co-chair outcome research committees
- Open and democratic
- Some DIGICORE
   administrative support

(Over time, some core funding)

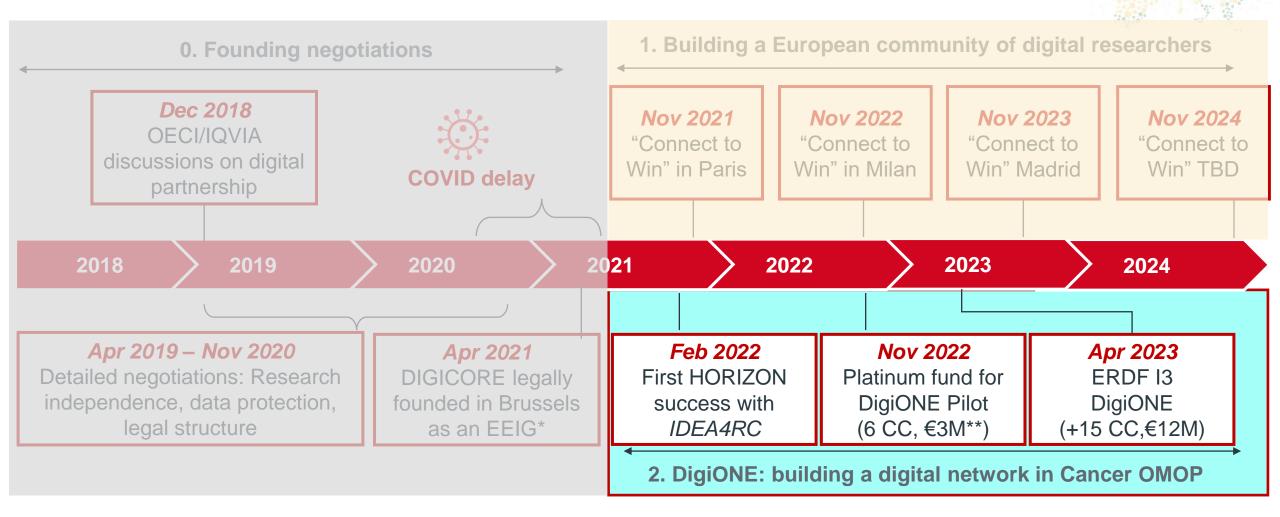


### **Benefits**

- International RWE research collaboration among top European RWE experts
- Attractive to research funders through international scale:
  - HORIZON/European funds
  - Life sciences industry



# How are we doing on building a common infrastructure?



- \* European Economic Interest Grouping, same legal structure as OECI
- \*\* Funded by IQVIA and Illumina

**Digi**Core

## We are participating as a junior partner in 4 HORIZON bids to date

#### **IDEA4RC**

#### HORIZON-HLTH-2021-TOOL-06-03

#### Project

• Intelligent Ecosystem to improve the governance, the sharing and the re-use of health Data for Rare Cancers (IDEA4RC)

#### Objectives

- Establish a 'Rare Cancer Data Ecosystem' to make possible the re-use of existing data (e.g. registries, biobanks, etc)
- Improve data system interoperability and leverage AI approaches to facilitate research in rare cancers and improve equality of care

#### DIGICORE role

Enlargement of

#### CCI4EU

#### The Digital Institute

#### HORIZON-MISS-2022-CANCER-01-02

COMPREHENSIVE CANCER INFRASTRUCTURE IN EUROPE (CCI4EU)

#### Coordinator: OECI

#### DIGICORE Role: Partner

Affiliated Entity: IFO 3° Parties: Vision Cancer Zero, IOV, Irst 'Dino Amadori', Institue de Cancérologie de l'Ouest

Project coordinator:

Istituto Nazionale dei Tumori di Milano

#### DIGICORE Activities :

- WP 2: Definition of criteria for Comprehensive Cancer Infrastructures (CCIs) using a Maturity Model
- ✓ WP 3: Mapping of the current status and criteria of CCIs in EU MSs/regions and clustering

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The Digital Institute for Cancer Outcomes Research



#### HORIZON-MISS-2021-CANCER-02

#### Project

 Quality of Life in Oncology: measuring what matters for cancer patients and survivors in Europe - EUonQoL

#### Objectives

EUonQoL aims to develop, pilot and validate the EUonQoL-Kit, a
patient-driven, unified system for the assessment of quality of life (QoL)
based on evaluations and preferences of cancer patients and survivors.
The EUonQoL-Kit will be developed from a patient perspective,
administered digitally, available in the EU27 and Associated countries
languages, and applicable in future, periodic surveys to contribute to
the EU's mission on cancer.

Project coordinator: Istituto Nazionale dei Tumori di Milano





#### EU4H-2021-PJ2

#### Project

Building the EU Cancer and Health Genomics platform - CAN.HEAL

#### Objectives

• To develop an integrated approach to improve access of individuals and cancer patients to prevention, diagnosis and treatment of cancer through personalised medicine

#### DIGICORE' role

Development of decision support tools

The Digital Institute for Cancer Outcomes Research

Training and literacy initiatives addressed to patients and general public



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DIGICORE Activities :

WP 10: Data integration and Dissemination WP 13: Educational activities

**Digi**Core



# Platinum fund competition to support the development of a proof of concept network for advanced RWE research

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ੴ Who?	<ul> <li>Digitally-ambitious cancer centres needing investment</li> </ul>		
? What?	<ul> <li>An investment programme for advanced RWE technology – up to €3M</li> <li>€250K cash - €250K in-kind tech for 6 centres</li> </ul>		
How?	<ul> <li>Individual cancer centres express interest, access funding details, training materials, get bid prep support and advice</li> <li>Submit bids outlining their plans for needed upgrade</li> </ul>		
. S When?	<ul> <li>Expressions of interest end of June 2022- Full appl Sep 2022</li> <li>Awarded November 2022</li> <li>Started March 2023 (kick off meeting in Frankfurt)</li> </ul>		
⊊ ۲&Cs?	<ul> <li>Any OECI or similar can apply, but to receive funding</li> <li>Must become a member or associate of DIGICORE</li> <li>Must be willing to contract for commercial RWE</li> </ul>		

### Platinum was anticipated by the establishment of frameworks and selfassessment tools to help measure centre RWE readiness and plan improvements

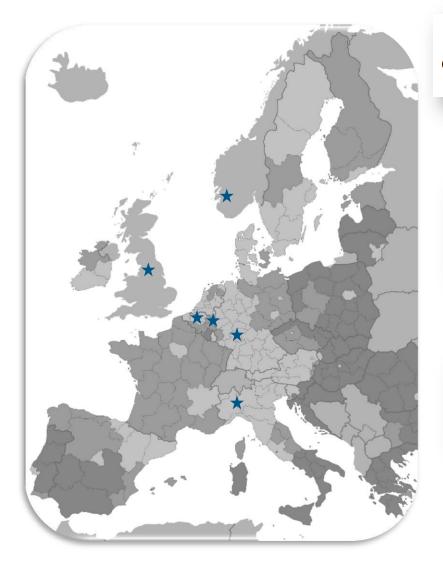
	Bronze Cancer Centres	Silver Cancer Centres	Gold Cancer Centres
1. Precision oncology research maturity	<ul> <li>MDX testing below NCCN guidelines</li> <li>Testing almost all "IHC + some Sanger"</li> <li>Very limited local precision expertise</li> <li>Don't recruit to Biomarker driven trials</li> </ul>	<ul> <li>Testing at / above NCCN guidelines</li> <li>Small panel the norm only in NSCLC</li> <li>Some but limited precision expertise</li> <li>Recruit rarely for SoC biomarker trials</li> </ul>	<ul> <li>Large Panel MDX standard of care</li> <li>Molecular tumour board pilots</li> <li>Lots of precision trials underway, especially in "new biomarkers"</li> </ul>
2. Routine clinical data digital research maturity	<ul> <li>No Data Warehouse, but core EMR exists</li> <li>Siloed Clinical Systems, very partial data</li> <li>Unstructured Data often paper based</li> <li>No Data Standardisation</li> <li>Traditional eCRF obs. studies only</li> </ul>	<ul> <li>Basic clinically focused Data Warehouse</li> <li>Core Clinical Systems integrated</li> <li>Identifiable Data, some standardisation</li> <li>Unstructured Data is digital, un-mapped</li> <li>Taking first steps in Database Research</li> </ul>	<ul> <li>A research ready local Data Warehouse</li> <li>All cancer data in (chemo, radio, path), with strong master data management</li> <li>Strong privacy norms (pseudo etc)</li> <li>Multi-site database research routine</li> </ul>
3. Pragmatic outcomes maturity	<ul> <li>Minimal routine outcomes in EMR (death in hospital, ER admissions only)</li> <li>Manual research processes established for date of death, but frequency of routine scans confounds RECIST</li> </ul>	<ul> <li>Outcomes interested but gaps remain</li> <li>Some communities of care track key outcomes, often outside of EMR</li> <li>Progression only well tracked where easy to measure (e.g. CA125 in ovarian)</li> </ul>	<ul> <li>Preparing for outcomes research at scale</li> <li>EMR captures progression and death</li> <li>Experimenting with routine digital outcomes – PROs tools, AI on scans etc</li> <li>Maybe pilots in liquid biopsy for relapse</li> </ul>
4. Information Governance & Delivery Maturity	<ul> <li>Not systematic on GDPR research reuse</li> <li>Very basic patient notifications on data, often limited to clinical use</li> <li>eCRF processes use traditional pathways of study specific consent</li> <li>Very limited capacity to support planning or commercial projects</li> </ul>	<ul> <li>GDPR foundations based on notification</li> <li>High Quality Patient Notification and Optout process cover research</li> <li>Aggregated data released without consent, consent needed for patient level</li> <li>Some spare capacity, but tends to be cancer specific and easily saturated</li> </ul>	<ul> <li>Strong secondary use consents the norm</li> <li>Secondary consents routine, and provide a broad basis for processing</li> <li>Strong processes for privacy management on patient level releases</li> <li>Large central data science teams with spare capacity for commercial studies</li> </ul>

# DigiONE Pilot: €3M for technology investment in proof of concept to automate and federated cancer outcome research under GDPR



- 1. Define a scalable common international minimum dataset for cancer (MEDOC) building from French OSIRIS
- 2. Achieve interoperability and high data quality on that dataset between 6 centres across Europe under GDPR
- **3. Federate those centres** to allow aggregated statistics like counts and to answer simple research questions, with appropriate information governance and contracting
- 4. Link routine molecular and clinical data (despite the format challenges on molecular PDFs)
- Work out how to scale up digitally less mature hospitals with a variety of technologies and vendors in DIGICORE's learning – by- doing community

## 6 DigiONE Posters to be presented at OHDSI EU Symposium July 2023



Conceptual architecture for the Digital Oncology Network for Europe - an OMOP based European federated, automated cancer care quality ecosystem

Olivier Bouissou<sup>1</sup>, Ismini Chatzitheofilou<sup>2</sup>, Gennaro Ciliberto<sup>3</sup>, Marco Denti<sup>4</sup>, Xosé Fernández<sup>5</sup>, Dennis Kadioglu<sup>6</sup>, Stelios Theophanous<sup>7</sup>, Joëlle Thonnard<sup>8</sup>, Alberto Traverso<sup>9</sup>, Piers Mahon<sup>3,5</sup>

Building a European cancer OMOP network in hospitals with limited OMOP experience using tiered and modular protocolised research Atif Adam<sup>1</sup> and Piers Mahon<sup>1,2</sup> <sup>1</sup>IQVIA Ltd. <sup>2</sup>Digital Institute for Cancer Outcomes Research (DIGICORE).

Data OMOPisation of cancer data at Cliniques universitaires Saint-Luc

Joëlle Thonnard<sup>1</sup>, Frédéric Calay<sup>1</sup>, Audrey Timmermans<sup>1</sup>, Cédric Van Marcke<sup>1</sup>, <sup>1</sup>Clinique universitaires Saint-Luc, Brussels, Belgium

The DigiONE FORGE Approach to Providing OMOP Oncology Data for Federated Analyses

Daniel Maier<sup>1,2</sup>, Fabienne A. U. Fox<sup>1</sup>, Abishaa Vengadeswaran<sup>3</sup>, Andrea Wolf<sup>4</sup>, Christian Brandts<sup>4</sup>, Daniel P. Brucker<sup>4</sup>, Holger Storf<sup>3</sup>, Jörg Janne Vehreschild<sup>1,5,6</sup>, Timo Schneider<sup>4</sup>, Dennis Kadioglu<sup>3,7</sup>

OMOP for oncology data: a single-centre and network perspective

Stelios Theophanous<sup>1</sup>, Kieran Zucker<sup>2,3</sup>, Louise Hick<sup>1</sup>, Edward Bolton<sup>1</sup>, Majid Riaz<sup>2,4</sup>, Hayley Fenton<sup>2,4</sup>, John Corkett<sup>1</sup>, Sue Cheeseman<sup>1</sup>, Geoff Hall<sup>2,3</sup>

> Oslo University Hospital Participation in a European Cancer OMOP Network Olivier Bouissou<sup>1</sup>, Ingrid K. S. Hanto<sup>2</sup>, Elisabeth Ross<sup>1</sup> <sup>1</sup> Division of Technology and Innovation, Oslo University Hospital <sup>2</sup>Division of Cancer Medicine, Oslo University Hospital



## DIGICORE coordinated and awarded (subject to contract) €12m bid to the **ERDF I3 scheme to digitise another 15 hospitals to Cancer OMOP**

<u>DigiONE – I3: Digi</u>tal <u>Oncology Network for Europe</u>

WP1: Programme management

staff

opean Hospital raw EHR / sta supply digital research services

European

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WP2: Inter-regional advanced federated research infrastructure build Getting network hospitals to a common, interoperable digital maturity standard of high quality near real time data in Cancer -OMOP research data repositories (RDR) including molecular data and imaging ready for federated learning

Value chain 1 Lower cost, better private sector solutions for hospital interoperability

WP3: Clinical data automation tools Share know how and technology betw een private sector vendors across European regions to low er the cost of individual hospital research infrastructure build & interoperability

WP4: European molecular data interoperability & automation Dedicated workstream to extend specialised tools to release machine readable, GDPR appropriate data from routine Illumina, Thermofisher tests

WP5 Inter-regional readiness for **Research Service Engagement** Know-how transfer from digitally mature regions to less mature on:

- Hospital contracting and commercial offer development
- Hospital research delivery capacity development / methods
- Market engagement to potential research service customer groups

service customers SMEs and Φ ifescienc academics, Research Payers, a

Value chain 2End to end creation of an at-scale, multiregion European precision oncology digital research services value chain



### Summary

- 1. Growth higher than expected in little more than 2 years from foundation
- 2. Building a community of digital clinical young experts
- 3. Several RWE projects ongoing and more to come soon
- 4. Strong capability for fund raising
- 5. Building a large digital interoperable infrastructure for outcomes research

## **Benefits to centres from participating in DIGICORE**

### **Drive better research in Europe**

- Innovate collaboratively to develop new methods and digital infrastructure
- Access **cutting edge methods**, IP and tools that increase your competitiveness
- Statistical power for rare subgroup analysis
- Collaborate in precision oncology and making large panels "the EU normal"

### Access new funding streams

- Secure EU collaborative grant income for digital infrastructure, digital tools, specific studies
- Drive commercial research advanced RW studies, precision trials
- Propose **academic studies** to the grouping



## How to join **DIGICORE**

Contact DIGICORE (<u>info@digicore-cancer.eu</u>) for application information and introductory briefing (if required) Submit application form (<u>https://digicore-</u> <u>cancer.eu/Page.aspx</u> ?name=JOIN)

### Website instructions

### Join Now

#### **DIGICORE – EEIG Membership Application** Instructions and Form

Each Institution that wishes to apply for Membership in DIGICORE-EEIG must fill-out the **DIGICORE Application Form** 

Prior to filling in this form, the Applicant Institution shall verify that it meets the relevant requirements for membership set forth in the **DIGICORE-EEIG Statute**, and that it agrees to comply with the rules outlined in the DIGICORE-EEIG Statute.

#### Submitting procedure

 Fill in the form (page 3-4 below) as clear and legible as possible. Once completed, please make a copy of the document and preserve it for your own records. The original signed form must be sent to:

Prof. **Claudio Lombardo** c/o SOS Europe Srl Via delle Campanule, 74 16148 Genova - Italy



 Please send an electronic copy of the signed form to info@digicore-cancer.eu along with a copy of the Statute of the cancer centre/institute/organisation/company







# Thank you!