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cancer research group

Reshaping the future of patient care

National Cancer Policy Forum Institute of Medicine February 27-28, 2012



Reconfigured Cooperative Group System

ALLIANCE - CALGB, NCCTG, ACOSOG

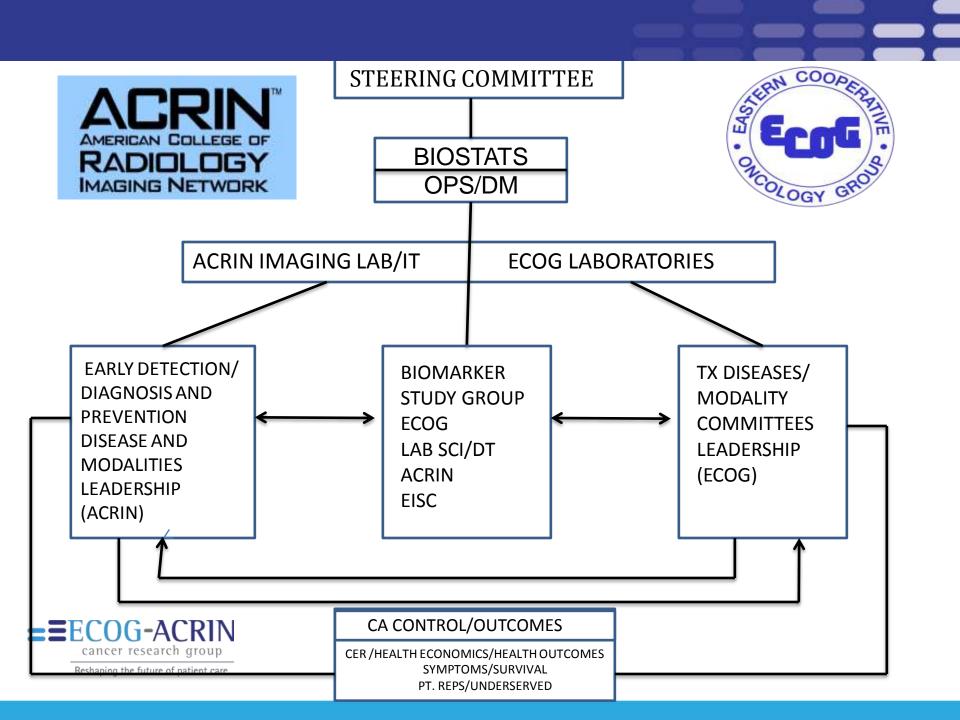
COG – Children's Oncology Group

ECOG – ACRIN Cancer Research Group

NRG – NSABP, RTOG, GOG

SWOG





Cooperative Group Environment

Cross Section of Health Care System

- Academic Centers
- Large Community Practices
- Smaller Community Practices
- Biomedical Scientists
- Geographically Dispersed
- Include international sites/scientist



Historical Perspective

- Group trials focused on clinical endpoints
- Data almost exclusively from CRF's
- Individual Group database
- Local systems to manage operations
- Ad hoc interfaces for reporting
- Local IT systems for tissue banks



Historical Perspective

Toward Development of Integrated IT platforms

- Adoption of common data elements
- Establishment of CTSU
- Initiate process of common electronic data capture system



Cooperative Group RDE Project:

Clinical Data Management System Procurement Timeline

- Oct 2005: Proposal for a common system presented by Group Statisticians to Coalition Board
- Feb 2006: Approved in principle and for funding by Coalition Board.
 Formal technical and business evaluation initiated
- Jan April 2007: Three vendors analyzed in depth
- Aug 2007: Specifications presented to CTMS Steering Committee
- Sep 2007: Final requirements specifications forwarded to NCI
- Aug 2008: Award announced to Medidata, Inc.



Cooperative Group RDE Project: Procurement Timeline (cont'd)

- Sept 2008: Protests to US GAO from all three unsuccessful finalists; automatic 100-day stay of all work under contract
- Dec 2008: GAO determined solicitation not sufficiently clear about government's license requirements; recommended solicitation be amended. Final proposal revisions solicited from offerors in the competitive range in support of a new award determination
- Jul 2010: Litigation continues unabated
- April 2011: Program officially initiated



Background for the Initiative

- The National Cancer Institute (NCI) Cancer Therapy and Evaluation Program (CTEP) purchased licensing rights from Medidata Solutions (Medidata) to use and distribute Medidata Rave®
 - Rave is a Clinical Data Management System (CDMS) software application, to facilitate the conduct of clinical research throughout the NCI-supported clinical research enterprise
 - Rave is a web-based system for capturing, managing and reporting clinical research data that enables the user to record patient information using forms customized per study (visit, lab and adverse event data)
 - Program officially initiated April 1, 2011



Collaboration Across the Stakeholders

- Program is managed by CTEP with the assistance of the CTSU and Medidata
- Eight priority one working groups were established in November 2010 to provide a collaborative forum for the review and discussion of project wide implementation decision points
 - ~260 participants from the stakeholders in the working groups
- Stakeholder groups have dedicated hundreds of hours over the past year both to the working groups and training!



Training- what does it take to deploy Rave?

- Over 250 group representatives participated in a 2 day classroom introduction to Rave
- ~ 300 group representatives are currently engaged in training on Rave being offered via classroom, webinar and eLearning
 - Metrics include:
 - ~120 reps trained in Study Design and Study Build
 - 64 instructor led webinars to date
 - 36 classroom sessions held to date lasting 2-5 days

Training for the groups will continue through August 2012!



The GBC Reporting Tool- A Web-Based Catalog of NCI Cooperative Group Trial Biospecimens



Dave Billiter, MBA, PMP, Mark Watson, MD, PhD, and the NCI Group Banking Committee Informatics Subcommittee











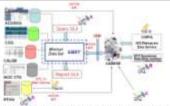


BACKGROUND

The NCI Cooperative Group Banks provide an unparalleled resource of bigspecimens associated with multi-institutional. Phase II / III therapeutic trials. A past limitation to more generalized use of this unique and highly valuable biospecimen resource has been the lack of a comprehensive inventory across all nine NCI-funded cooperative groups and their corresponding biorepositories.

One charge of the informatics Subcommittee of the NOI Group Banking Committee (GBC) is to achieve Cooperative Group Bank. harmonization by establishing common vocabularies for biospecimen data exchange. Accordingly, the GBC has developed the Group Bank Reporting Tool (GBC-RT), a web-accessible data warehouse that integrates the inventories of over ten, diverse cooperative group banks into a single data source. When fully operational, the GBC-RT will be connected with the NCI Cooperative Group Bank public web site, and will greatly facilitate and accelerate the search and utilization of Cooperative Group trial biospecimens for novel translational cancer research.

APPROACH



Although some Group Banks are migrating to caGrid-enabled systems, each bank currently uses a unique system and data model for biospecimen tracking. Therefore, a set of ETL tools and web services were developed to allow each bank to map a minimum set of common data elements for periodic migration to a central data warehouse (GBRT). The data store has a web-based user interface for query and data reporting (A). Plans to caGrid-enable the data warehouse will allow for future points of integration with the NCI's Biospecimen Resource Locator II and clinical trial annotation services (B). and create a caGrid-accessible data service (C). Once potentially suitable specimens are identified across the Group Banks, investigators use a common Request for Specimens form to make requests from specific banks (D).

DATA MAPPING





To ensure caBIG# compatibility, the GBC-RT uses the Common Biospecimen Model- CBM V0.9 (A)-for mapping individual Group Bank data elements to a common. minimal data set (8). A web-based interface (C) allows bank administrators to specify data mappings from their data to the CBM, to allow regular, semi-automated data upload.

SYSTEM FEATURES

- · Microsoft .NET 3.5 (ASP.NET) Framework
- SQL Server 2008 Database
- · Business Objects 2008 Reporting Engine
- · Secure Web Services for Data Upload
- + Role-Based User Sign-On and Access / Functionality
- CBM-based data model / caDSR-based permissible values.
- . Transaction Log and Full Auditing Capability
- . Drill-down and Fittering Report Functionality

QUERY AND REPORTING



Role-based access provides users with a list of pre-defined query options (feff) which can be refined using a set of controlled vocabularies for specific query parameters (center). The results of each query (right) can be exported and gives reference to the specific group bank(s) that may be contacted directly about specific biospecimen

PUBLIC ACCESSIBILITY



To further promote biospecimen accessibility, the GBC-RT will be integrated within the public-facing NCI Cooperative Group Bank website, which is also currently under development.

FUTURE GOALS

- caGrid Connectivity
- Biospecimen Annotation with Clinical Trial (Protocol) Information Using NCI Enterprise Data Services
- Development of a Common Biospecimen Submission and Tracking Tool

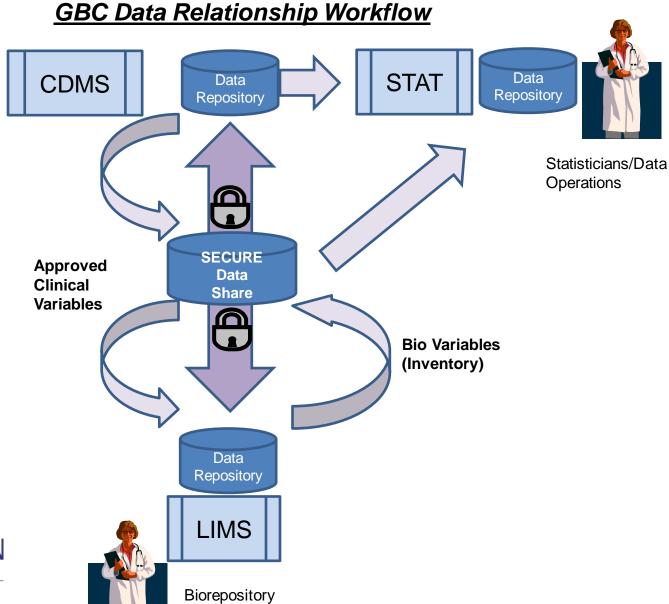
ACKNOWLEDGEMENTS

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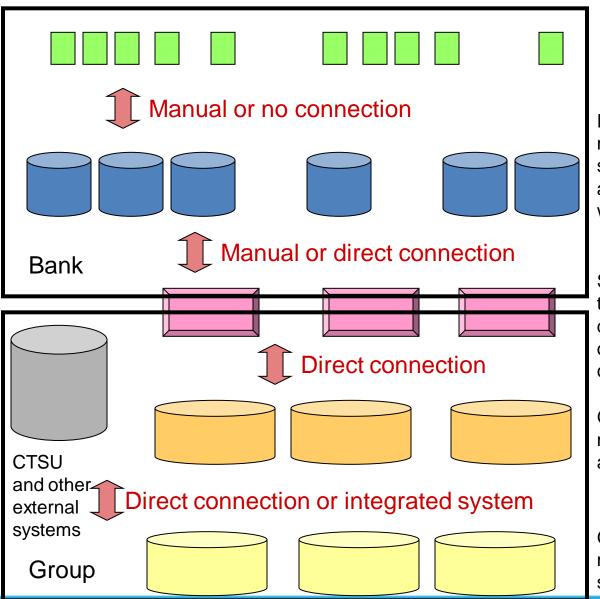
Data Manager, CRA, etc.



Personnel



Relevant Data Components



Some banks have legacy data sets of biospecimen collections

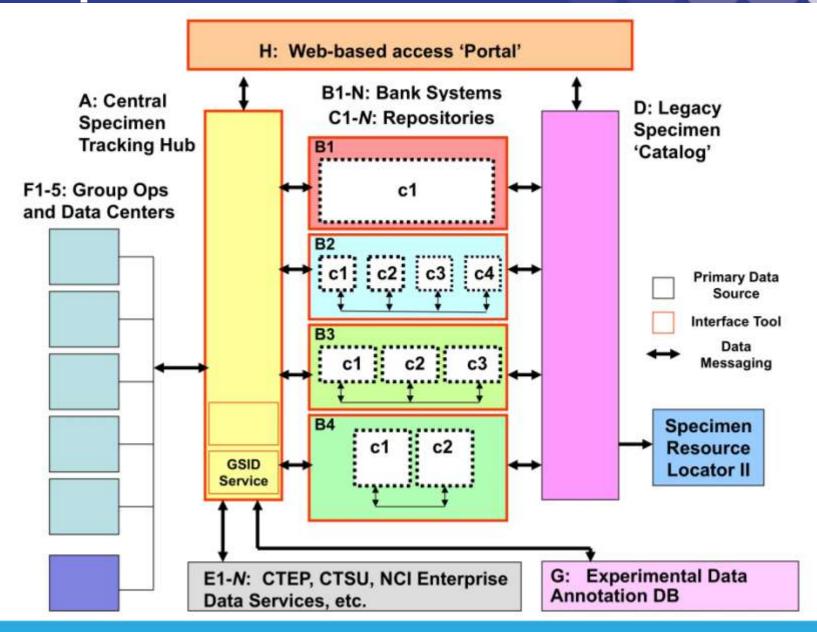
Each bank has its own biospecimen management system. Some systems integrate multiple banks and some systems are integrated with institutional systems

Some groups use 'specimen tracking systems' which connect data entry at clinical sites with trial operations systems and in some cases, bank inventory systems

Group CTMS (Trial operation management systems)- enrollment and tracking

Group CDMS (Clinical data management)- data annotation and statistics

Proposed GBC Informatics Network



Current Challenges/Opportunities

Increasing role of correlative science in group trials

- Multiple data streams contribute to study database
- Complex analysis/modeling
- Interface to promote and support scientific collaboration
- Cooperative group realignment is driving reconfiguration of Group IT infrastructure



Unique Opportunity in Cooperative Groups

Biosamples / Images associated with structured clinical information

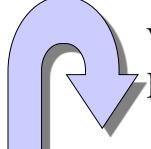
- Diverse patient population from a network committed to team science
- Clinical information collected in the context of trials is structured by the CRF
- Adoption of CDE's
- Track record of long term follow up



Diagnostic's in 2017

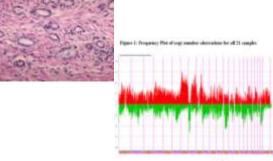
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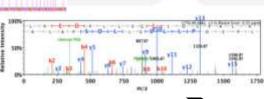
Convergence of large, diverse, scaled, fused non-linear data streams



Vetted by Domain
Knowledge Expertise

Integrating Information in Disease x Outcome Categories





Facilitated by Machine Learning

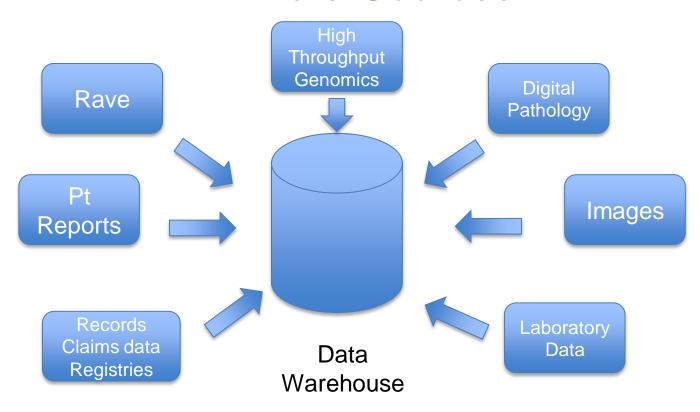
ECOG-ACRIN Vision

Integrated Data Warehouse

- CRF data
- Imaging data
- Tissue/Specimen repository inventory
- Digital pathology
- "Omics"



Data Sources





Guiding Principals

- Embrace relevant standards
- Deep annotation
- Query interface
- Data derived from ECOG-ACRIN specimens/images added to warehouse



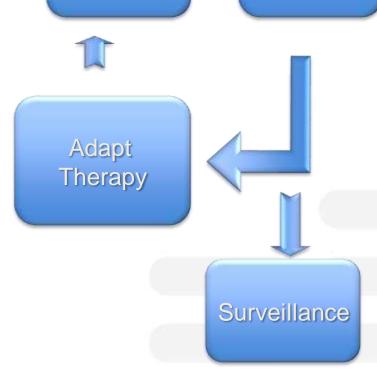
Diagnostics and the clinical care path



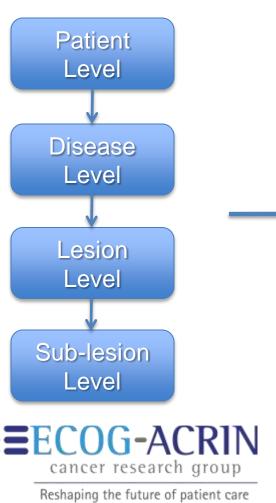
Data Sources

- History
- Physical Exam
- Laboratory /Pathology
- •Genetics/Expression Profile
- Imaging





Informatics Structure



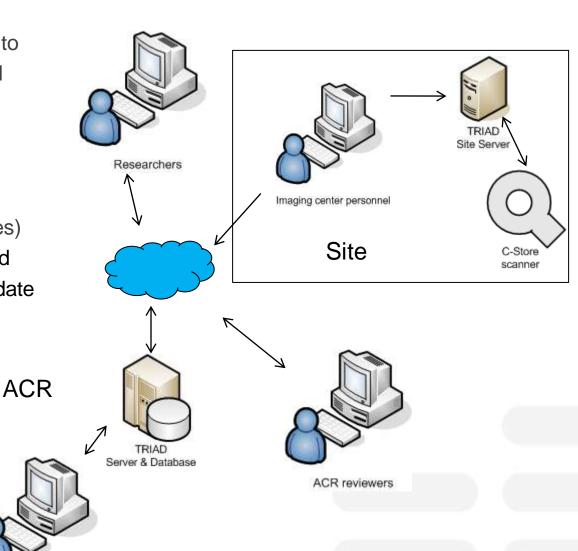
Time line relative to care path



Triad

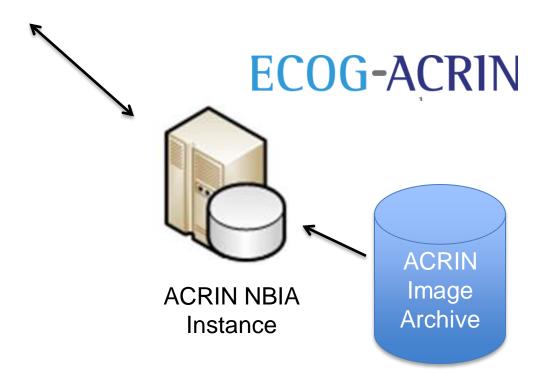
ACRIN HQ Staff

- Standards-based tool developed to facilitate the exchange of medical images and support clinical trials workflow.
- GCP compliant
- In production at over 200 sites
- Over 100,000 cases (23 terabytes)
- AIRP improved non-DICOM and large-file support (e.g. accommodate Pathology studies)
- Integration with Medidata RAVE



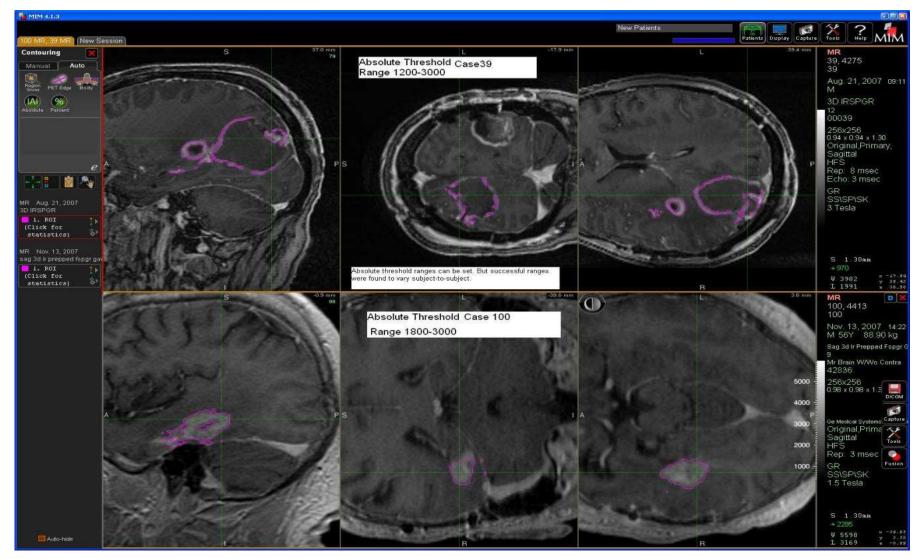






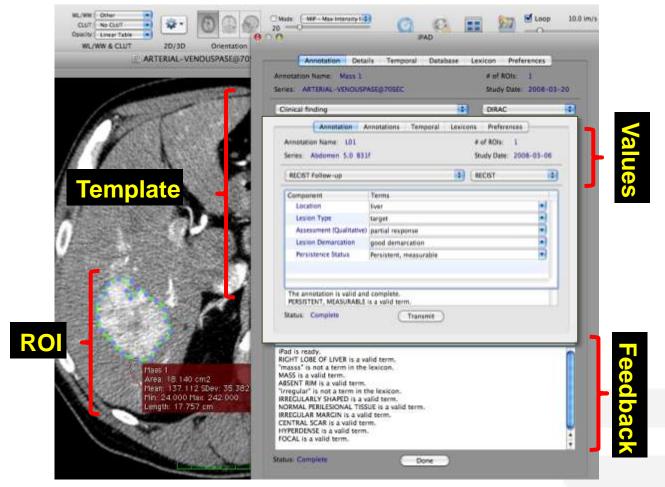


Annotated Functional Imaging

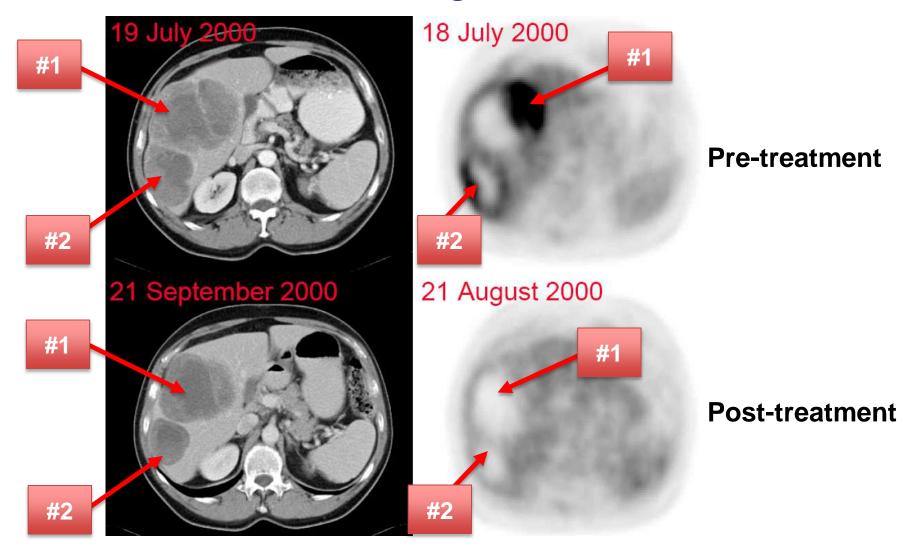




Annotation Image Markup (AIM standard) ePad implementation



Preserve lesion indexing across modalities / time



Pathology / Imaging linkage

