

# Using technology for decision science and patient benefit

21 February 2018

University of Manchester Research IT

Dr Dónal Landers

Director – digitalECMT /CRUK Manchester Institute/ iDecide Programme



CANCER  
RESEARCH  
UK



Digital  
Experimental  
Cancer  
Medicine  
Team

# digitalECMT Mission statement

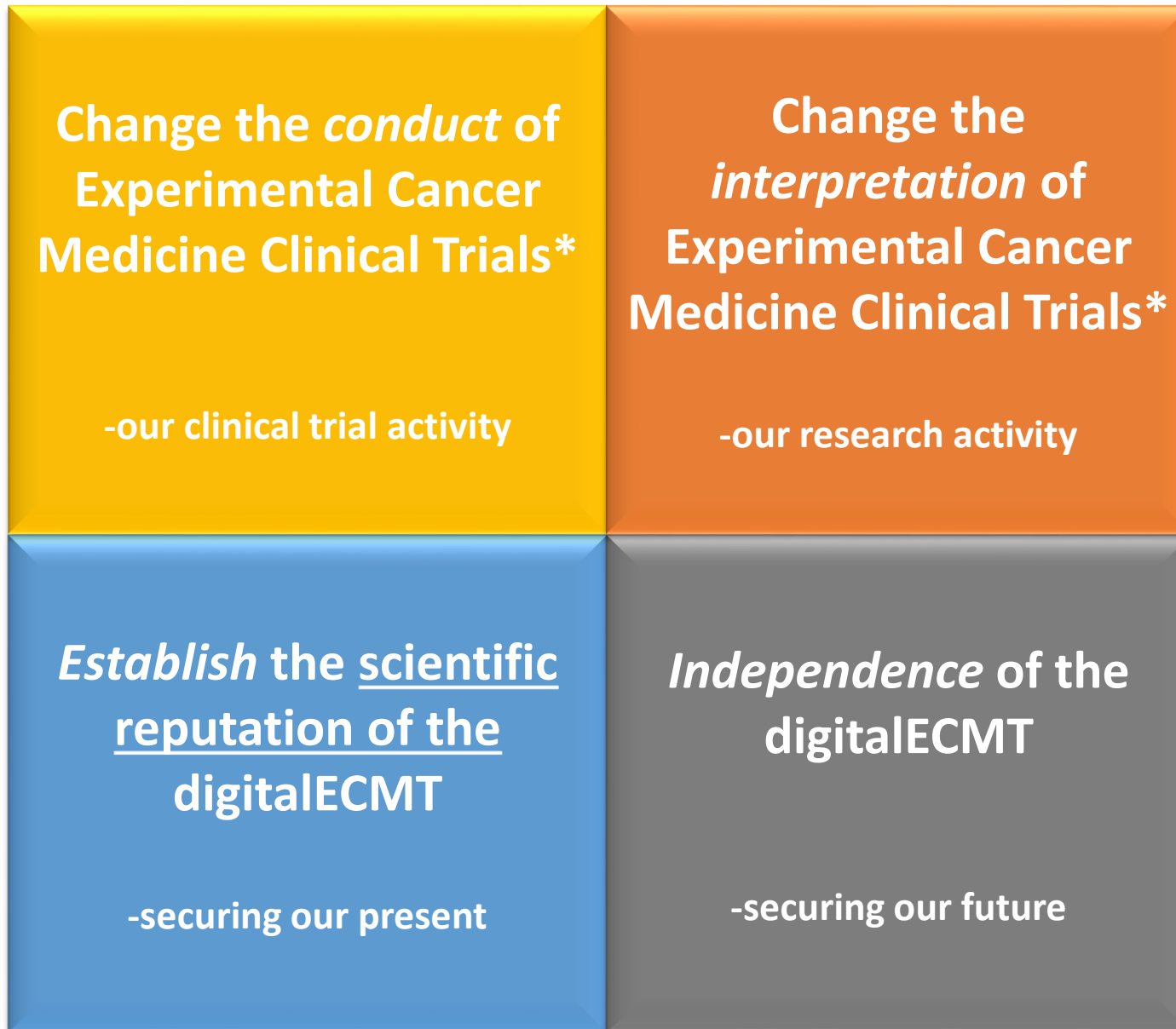
## Mission

“We innovate and apply digital science to transform early clinical trial decision-making and the patient’s role”

How is this achieved?

- *Through innovation and the application of digital science we enable better clinical trial decision-making and we change the patient participation in early clinical trials*

# Four important strategic objectives



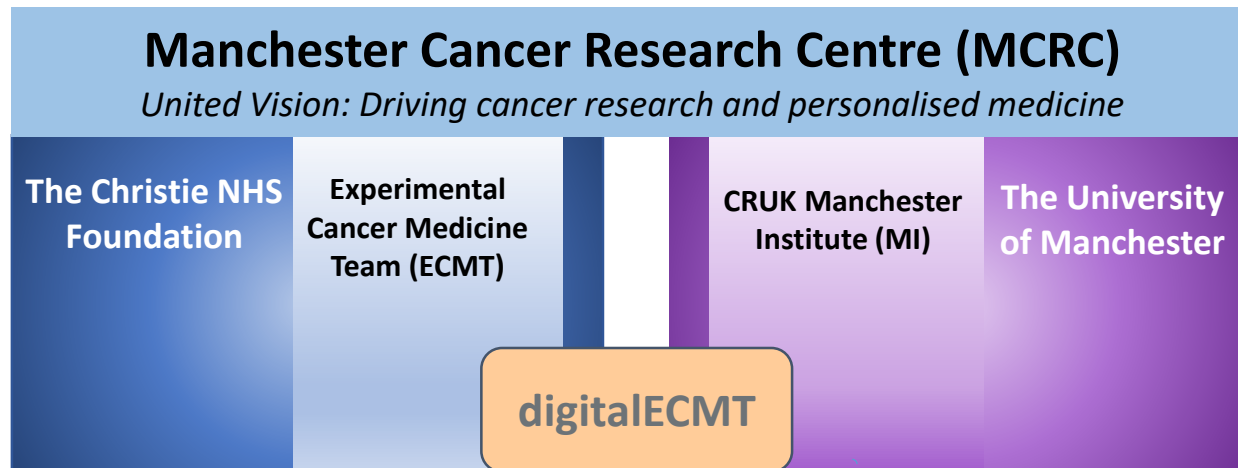
\*Defined by CRUK/NIHR as Phase I and non-randomised Phase II

# Engaging patients, driving decisions

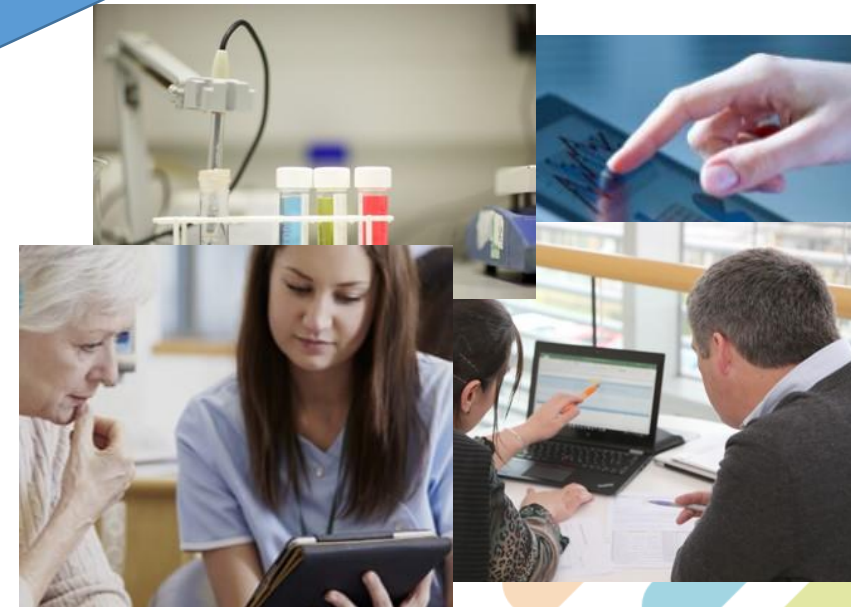
- Digital Experimental Cancer Medicine Team (ECMT) delivers iDecide
- iDecide research programme – an innovative 5-year collaboration between AstraZeneca, the University of Manchester Institute of Cancer Sciences, the Centre for Cancer Biomarker Sciences and the Christie NHS Foundation Trust

*The Manchester collaboration... brings together AstraZeneca and clinicians at Europe's largest cancer hospital, University of Manchester scientists and Cancer Research UK."*

Professor Andrew Hughes, Clinical Lead for Manchester Experimental Cancer Medicine

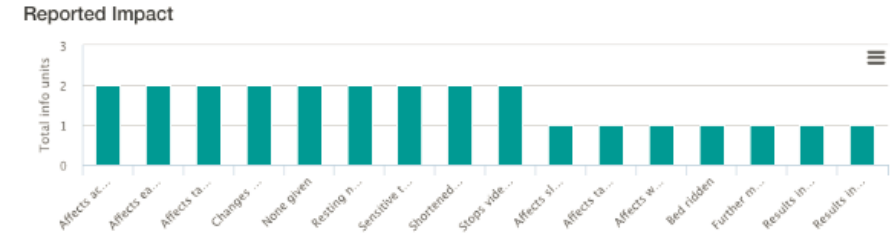
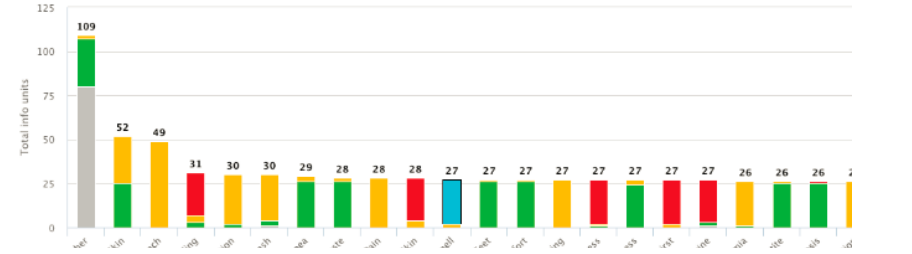
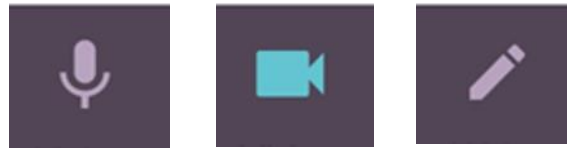
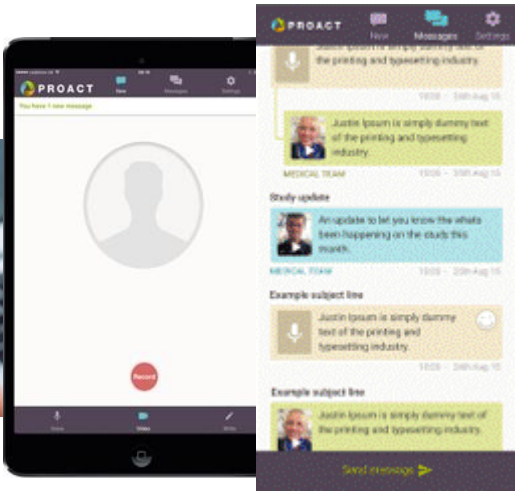


Innovation and application of digital science to transform early clinical trial decision-making and the patient's role





# Engaging patients – PROACT (Patient reported outcomes about clinical tolerability)





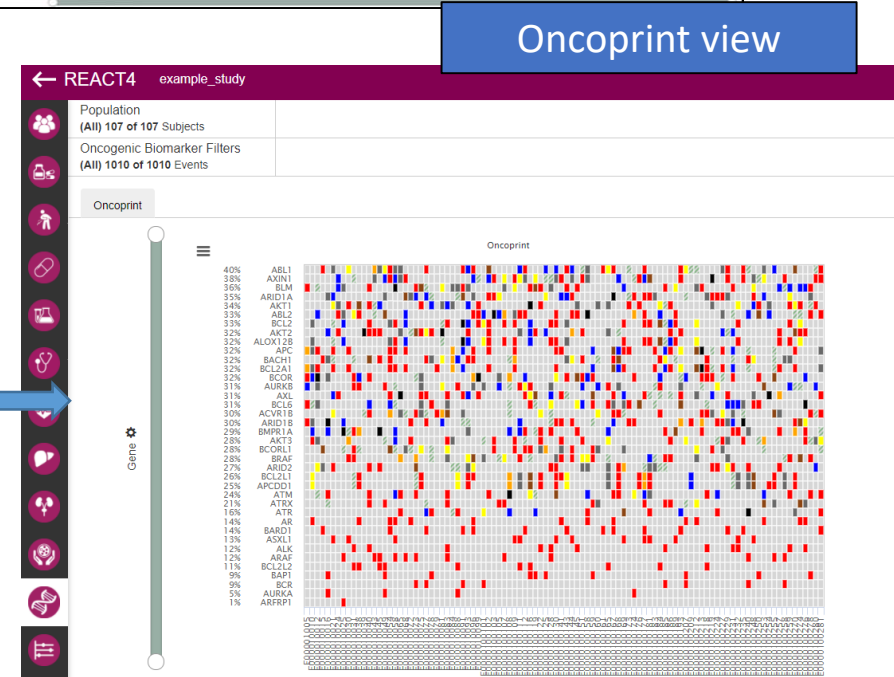
# Integrating clinical and genomic data - REACT



- REACT (REal Time Analytics for Clinical Trials) - an advanced visual analytics system
- Enables earlier understanding and interpretation of patient benefit-risk and agile study design
- REACT informed Tagrisso Ph2/Ph3 study designs (AstraZeneca)
- Previous sponsor studies have involved > 200,000 patients



- Population Summary
- Adverse Events
- Conmeds
- Labs
- Vital Signs
- Cardiac Function
- Liver Function
- Renal Function
- Tumour Response
- Oncogenic Biomarkers
- Timeline
- Single Subject
- Cohort Editor



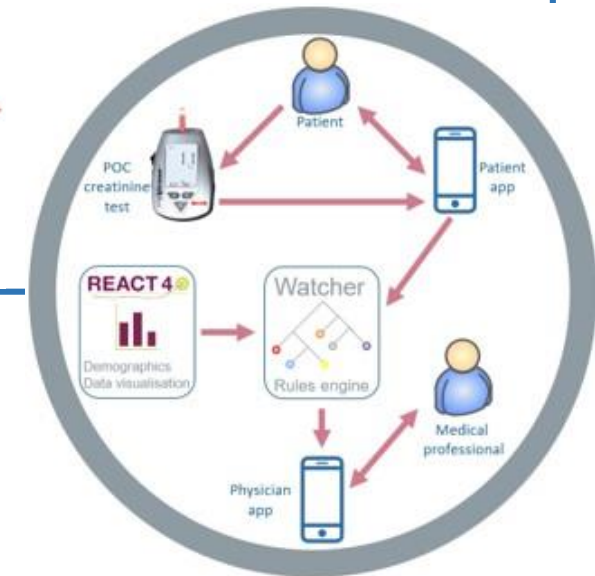
# Clinical algorithms – changing the conduct of early clinical trials



## Nephro-oncology – a hospital-in-the-home approach

- **Aim** – to allow patients with impaired but stable renal function access to early trials
- **Research questions** – can patients measure creatinine levels at home as part of renal function monitoring? Is the clinical algorithm reliable?

- Device selection ✓
- Clinical algorithm implementation ✓
- Patient acceptability ✓
- Broader feasibility planned for 2018



# eTARGET - technology makes light work of hard decisions

21 February 2018

University of Manchester Research IT

Dr Julie Stevenson

Senior Business Analyst – digitalECMT/CRUK Manchester Institute



CANCER  
RESEARCH  
UK



Digital  
Experimental  
Cancer  
Medicine  
Team



# BACKGROUND



- TARGET\* program established in 2015 at The Christie
  - Provide recommendations for the clinical management of patients with advanced solid cancer
  - Tumour biopsy and circulating tumour DNA (ctDNA) are screened for genomic aberrations
  - Results are discussed with clinical data by the Molecular Tumour Board (MTB) once a month



\*Tumour ChAracterisation to Guide Experimental Targeted Therapy

<https://www.youtube.com/watch?v=jv1YBYDnb7E>

A Gupta (et al), Annals of Oncology 28 (Supplement 5): v573–v594, 2017 doi:10.1093  
M Krebs (et al), Journal of Clinical Oncology 2016 34:15\_suppl, TPS11614-TPS11614

# CHALLENGES FACED BY MTB

- MTB not co-located
  - The Christie, CRUK MI, Genomic Diagnostics Laboratory (GDL)
- Three separate reports per patient
  - On average 10 patients per meeting so a lot of “paper”
- Different organisations with different data storage systems
- Reports circulated two days prior to meeting
- Discussion is recorded in yet another document
- Data integration and interrogation done manually
  - Time-consuming
  - Transcription errors



# AIM

- To integrate clinical and genomic data from the TARGET trial to improve:
  - the running of the MTB meetings
  - data interrogation

## SOLUTION: eTARGET

Challenge	Solution
Members of MTB not co-located	Skype meeting – all looking at same view Web application
Too many reports per meeting	Single patient view bringing data together
Availability of data - reports circulated two days prior to meeting	Can upload data as soon as it becomes available Web application accessible 24/7
Discussion is recorded in yet another document	Captured within eTARGET
Data integrated manually	Automated extraction and integration

# PROGRESS

- **Phase I – Prototype completed end of May**
  - Database manually populated with clinical and genomic data
  - Some basic views of the data
- **Phase II – Ongoing**
  - Completed the views of the data
  - Established automated extraction of clinical and genomic data into database
  - Added functionality to capture significant variants and outcome of the meeting
  - Migrated the system to a secure managed production environment
  - Added functionality to specify user roles

# RESULTS

Challenge	Solution
Members of MTB not co-located	Skype meeting – all looking at same view Web application
Too many reports per meeting	Single patient view bringing data together
Availability of data - reports circulated two days prior to meeting	Can upload data as soon as it becomes available Web application accessible 24/7
Discussion is recorded in yet another document	Captured within eTARGET
Data integrated manually	Automated extraction and integration

## SUMMARY

- Developed a digital solution which integrates clinical and genomic data from disparate sources in different organisations
- Beta version has been supporting MTB meetings at The Christie since October 2017
- Further development planned

# ACKNOWLEDGEMENTS



- University of Manchester

- Rob Dunne



- CRUK Manchester Institute

- Mahmood Ayub (CEP)



- GDL, St Mary's Hospital

- Derek Barley



- The Christie

- Matt Krebs
- Jo Dransfield
- Elwyn Shing



- Microsoft

- Mike Westaway



- SCC

- James Complin (now at Microsoft)





Thank you

Engaging patients, driving decisions



Digital  
Experimental  
Cancer  
Medicine  
Team

[www.digitalecmt.org](http://www.digitalecmt.org)