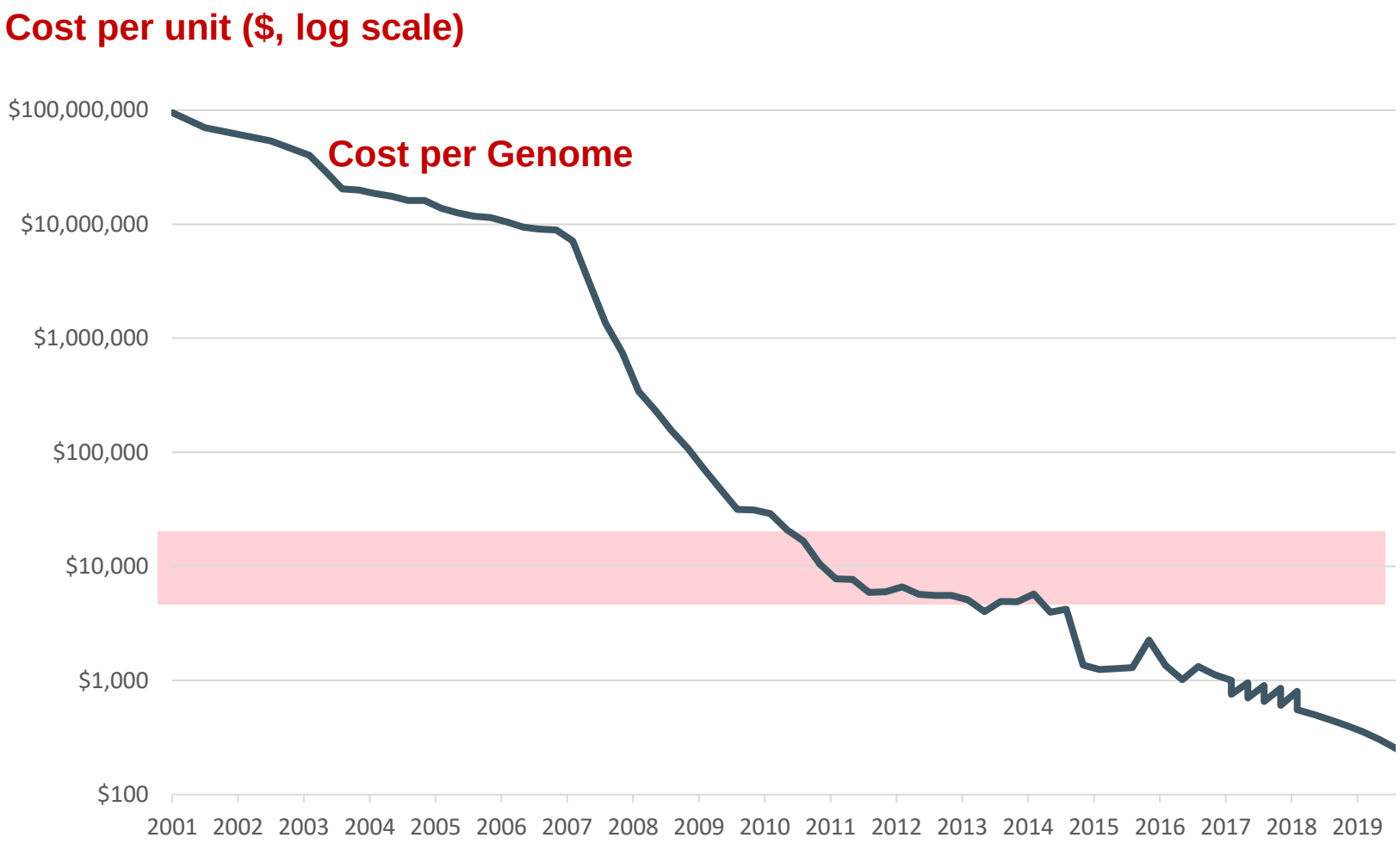
Technology overview

Wednesday 3rd Nov 15.30-16.00 Dr Piers Mahon, DIGICORE Commercial Research Manager

A wise man said…

“Healthcare is the last industry that has not adopted digital technology in any major way”

The cost of a Genome is now 10x the cost of a clinical record



Cost per Clinical Record

Typical cost in a large scale post-approval safety study or national registry **via manual retype methods**

Source: Genome costs: National Institutes of Health, US; study costs: IQVIA internal data, IQVIA analysis of 2 national cancer registry budgets

To change that we need to digitise research – and you have help from the world leaders in clinical and bio- informatics

World class clinical informatics

+

World class bioinformatics

=

World class end to end technology solutions for precision oncology

With that technology we can reach the exciting ‘Platinum’ level research use cases like these

1. Breakthrough designation drug external comparators run in reusable networks

- High effect size drugs require external comparators
- EC are really hard projects to deliver without digital tools
- Pharma with concentrated portfolios rich in innovative products willing to invest in reusable RWE infrastructure for their portfolios

Use DIGICORE to source EU data for ECs for regulators and HTA

2. Next indication expansion via off-label case series (Drug rediscovery 2.0)

- Most precision oncology drugs have indication agnostic MoA, but indication specific labels
- Use off-label and compassionate use case series to probe next-indication choice and de-risk label expansion trials

Use DIGICORE to create an ethical and compliant off-label observatory

3. Enrich network for A.E/ PRO data

- Enrich real world data with key A.E. information (grade 3+, blood derived low grade, perhaps PROs)
- Use to establish clinical benefit of “lower tox, better patient experience drugs” (a classic 2nd to market drug positioning)

Expand the basis of competition in cancer from survival to quality of life

4. Platform trials and large panel MDX validation

- Study “screen fails” in platform trials in real world using digital tools to work out what biomarkers drive clinical response in SoC
- Use evidence to expand access to large panel tests and so improve care

Build a consortium of pharma to drive large panel adoption and catalyse platform trials

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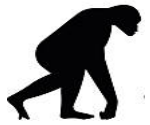
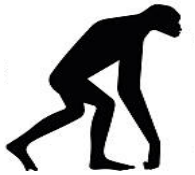
We have three talks to give you a taste of what is possible





1 **4Cs of IG**

- Consents
- Contracts
- Controls
- Chef dés donné

2 **Patient finding ready**

High quality “top 20” inclusion/ exclusion criteria

3 **Minimal Data Models**

Minimal disease record like OSIRIS in a common data model like OMOP

4 **Advanced Outcomes**

Complement rich activity data in hospital EHRs with pragmatic, validated real world outcomes

5 **Molecular Research Ready**

Mobilise routine molecular data out of PDFs into federated, compliant networks

6 **Precision Pragmatics**

Compliant network fit for everything from digital pragmatic trials to discovery -omics, with medical device grade software

Richard Child
Director, Strategic Operations at IQVIA

Julien Guérin
Head of Health Data Factory, Institut Curie

Dr. Volker Liebenberg
Head of Medical Affairs EMEA Illumina

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Our speakers..