

## ***Connecting to win – who is here?***

*Wednesday 12.00 – 12.30*

***Serena Di Cosimo, MD, PhD***  
***DigiCore Academic Research Manager***



# In this room is a team that can WIN!



**~20 countries, ~40 centres, ~80 delegates**

-  1 centre, 2 delegates
-  1 centre, 1 delegate
-  1 centre, 1 delegate
-  3 centres, 9 delegates
-  1 centre, 1 delegate
-  2 centres, 2 delegates
-  1 centre, 1 delegate
-  3 centres, 3 delegates
-  4 centres, 11 delegates
-  1 centre, 2 delegates



-  12 centres, 24 delegates
-  1 centre, 2 delegates
-  1 centre, 2 delegates
-  1 centre, 3 delegates
-  2 centres, 2 delegates
-  1 centre, 1 delegate
-  3 centres, 9 delegates
-  1 centre, 1 delegate
-  1 centre, 1 delegate
-  1 centre, 3 delegates

# We have a good representation of EU countries at this symposium

-  King Albert II Institute, Cliniques universitaires Saint-Luc
-  CHUV Lausanne
-  Uni. Hosp. for Tumours, SMUHC
-  CCC Munich LMU, German Centre for Infection Research, Charite Berlin
-  Vejle Hospital, Denmark
-  START Madrid, Vall d'Hebron
-  Tartu Uni. Hospital CC
-  Kuopio University Hospital, Tays Centre, iCAN Digital Precision Cancer Medicine Flagship
-  Institut de Cancérologie GODINOT, AHPH Hôpital Saint-Louis, UniCancer, Institut Curie
-  Trinity St. James

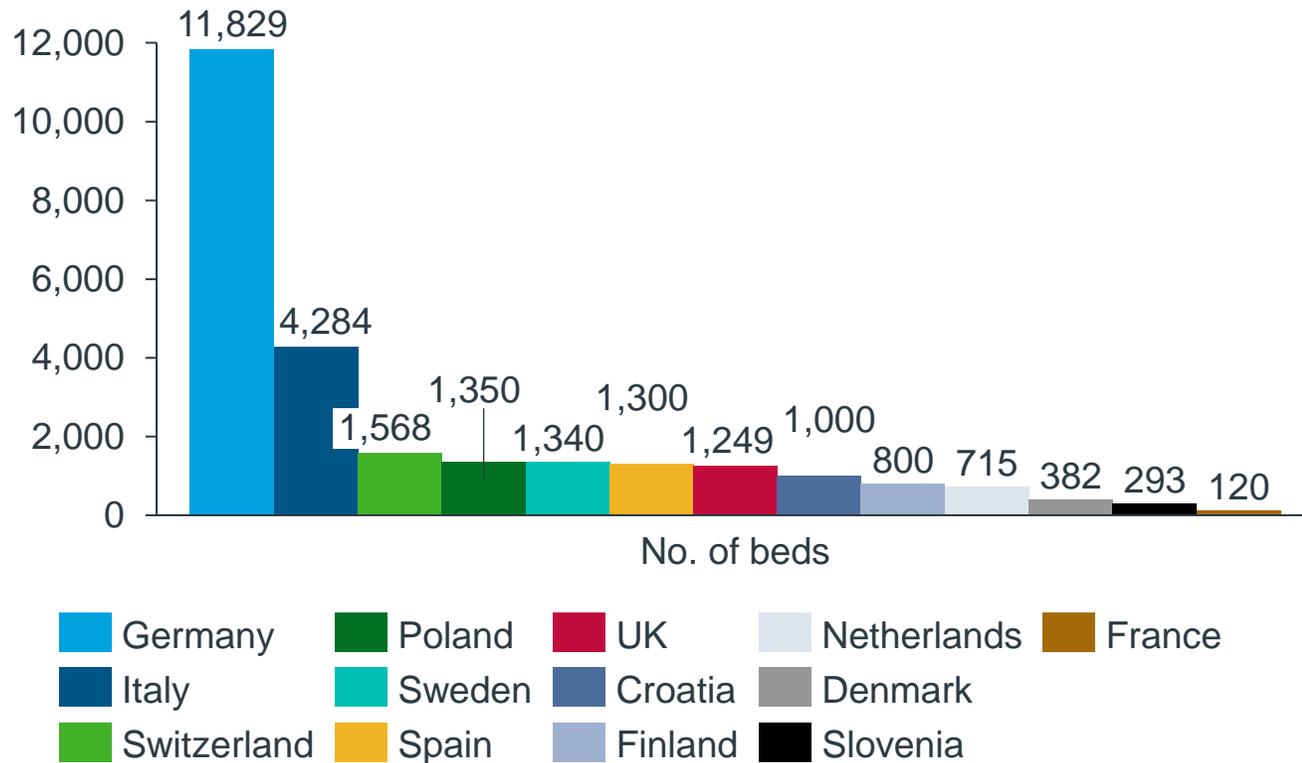
-  12 cancer institutes across Italy
-  Maastricht UMC
-  Institute for Cancer Research, Oslo University Hospital CCC
-  Sklodowska-Curie National Research Institute of Oncology
-  MPN Cancer Mission, Karolinska Institute, Swedish National Precision Oncology Program Uppsala
-  Institute of Oncology Ljubljana
-  LTHT, Edinburgh Cancer Research Centre
-  Instituto Nacional de Cancerologia - Bogota
-  FALP, Chile
-  MMCI

# We have access to patients

## No. of beds across each participating country in "Connect to Win"

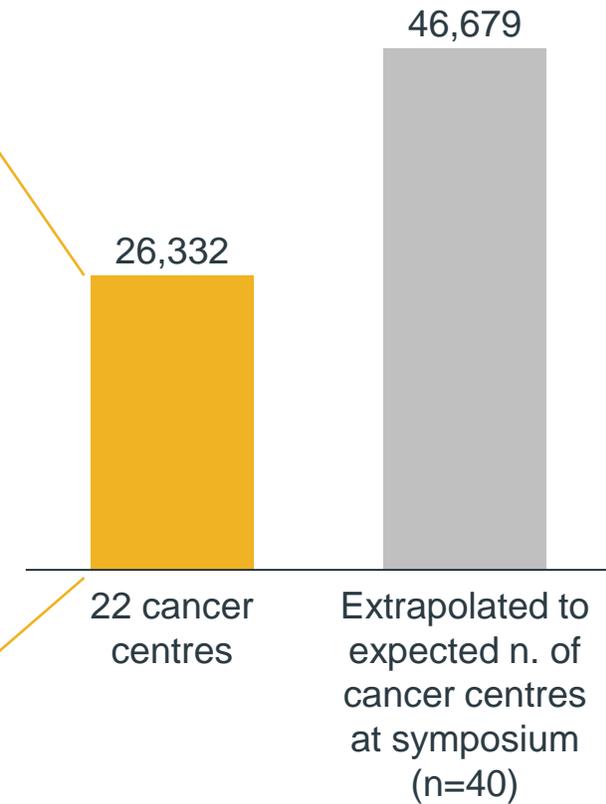


No. of patient beds (total 26,332) across countries represented in this symposium



Data not available for some cancer centres within each country and Data not available for Chile, Columbia, Estonia, Ireland & Norway cancer centres represented in this symposium

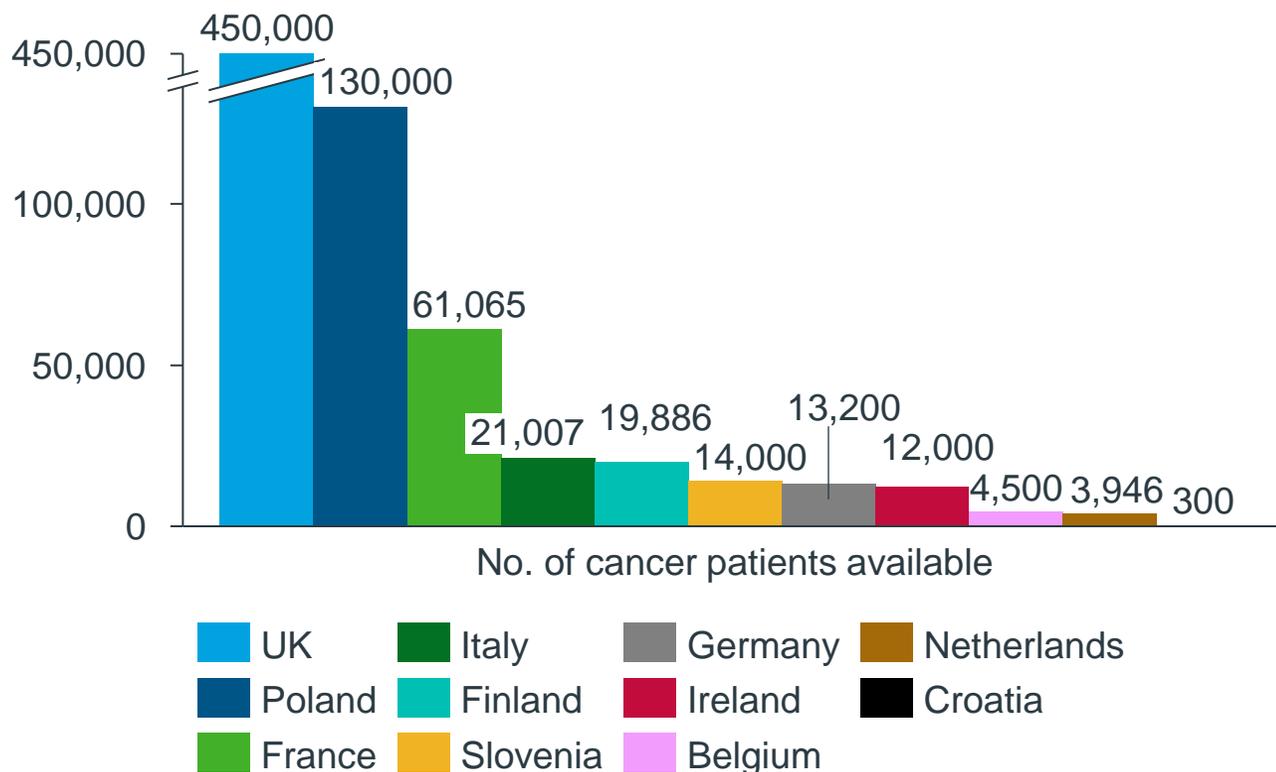
No. of patient beds (actual vs. extrapolated)



# We take care of cancer patients

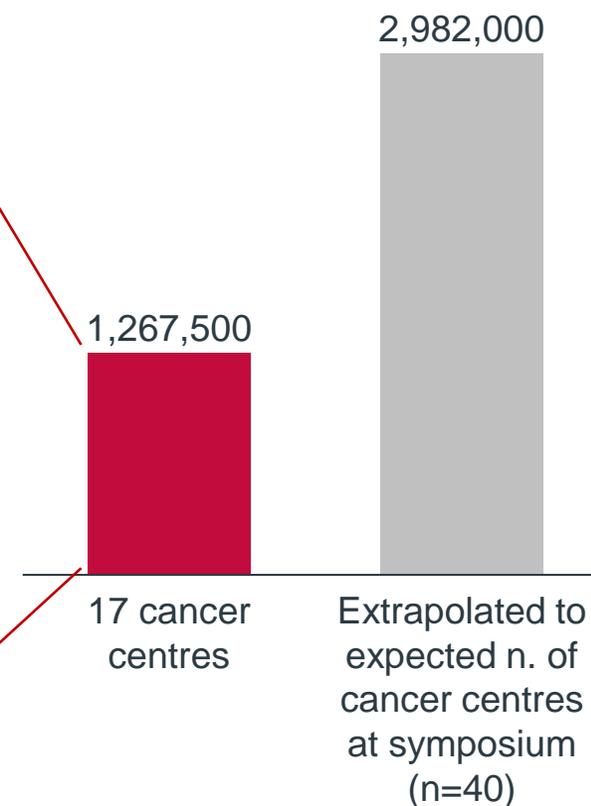
## Cancer consultations across participating countries in "Connect to Win"

Estimated no. of cancer patients represented from 17 cancer centres



Data not available for some cancer centres within each country and no data available for Switzerland, Denmark, Spain, Estonia, Norway, Sweden, Columbia, or Chile

Estimated total n. of cancer patients (actual & extrapolated)

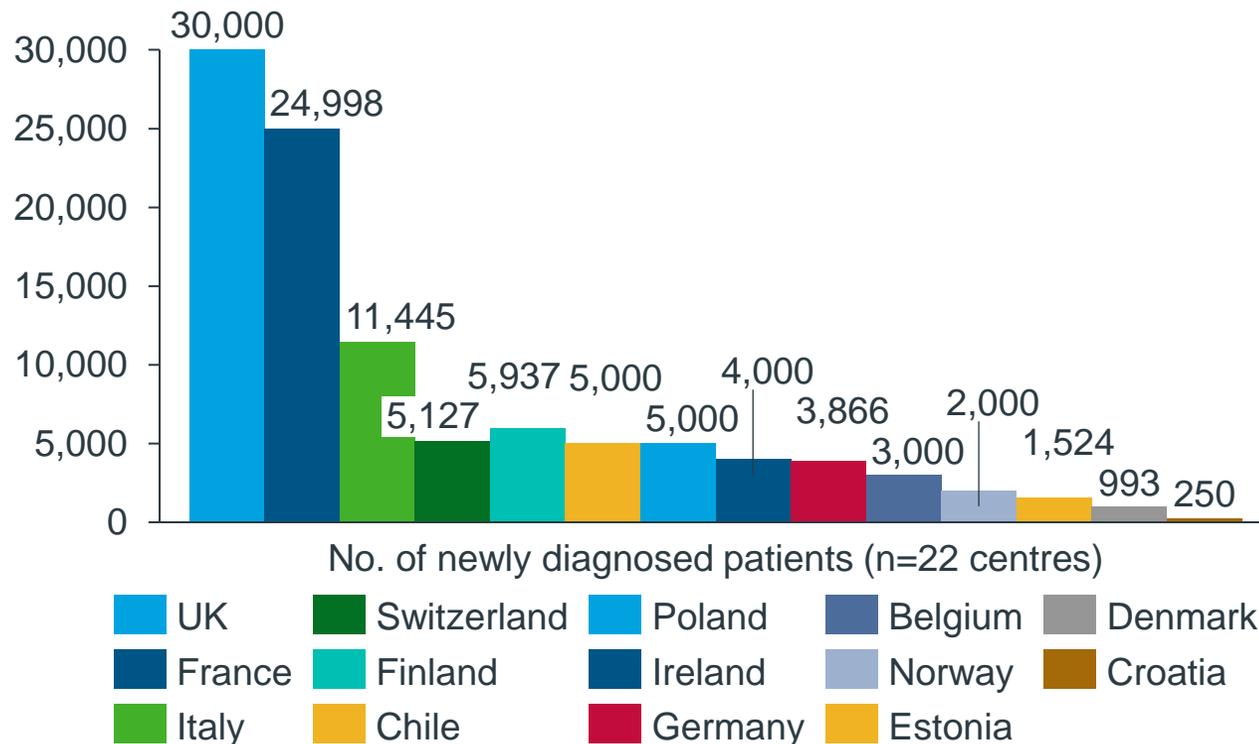


# We diagnose cancer

## New diagnosis across participating countries in "Connect to Win"

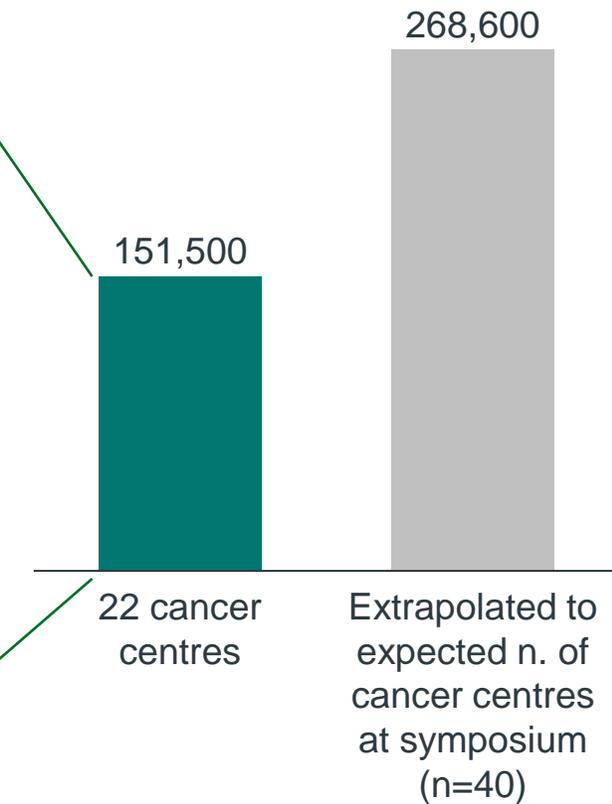


Estimated no. of newly diagnosed patients from 22 cancer centres



Data not available for some cancer centres within each country and no data available for Spain, Slovenia, Columbia)

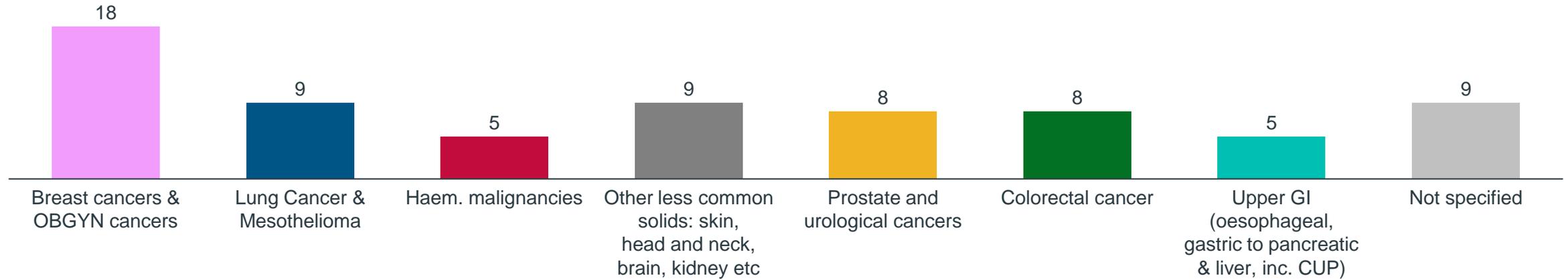
Estimated no. of annual newly diagnosed patients (actual vs. extrapolated)



# We have access to a diverse range of cancers

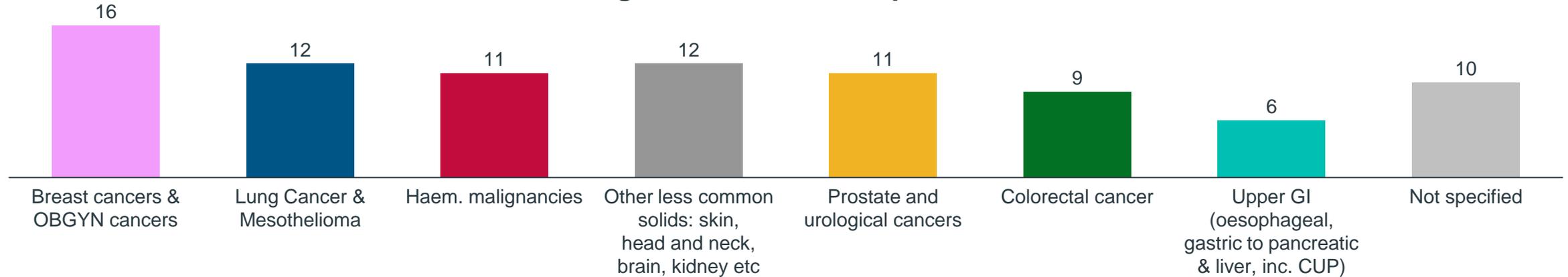


### No. of cancer centres interested in specific cancers



*Note that some cancer centres will be interested in multiple cancers*

### No. of delegates interested in specific cancers



*Does not include data for delegates that are from commercial organisations or Patient groups*

# And in the room, we have a range of research capabilities...

*Examples of research interest across select centres:*



Centre	Pre-clinical	Clinical	Translational	Real-world research
King Albert II Institute, Cliniques universitaires Saint-Luc			✓ Targeted therapies, Tumours hypoxia Immunotherapy	
FALP Chile		✓	✓	✓ Epidemiology
Vejle Hospital, Denmark		✓ Clinical trials	✓ genomics	
Tartu Uni. Hospital CC			✓ Targeted therapies, ✓ Immunotherapy	
Tays Centre		✓	✓	
Kuopio University Hospital	✓ genomics		✓ Imaging, Gene therapy	
Institut Curie		✓ Clinical trials	✓ genomics	
GODINOT				
Charite, Berlin		✓ Clinical trials	✓	✓ Epidemiology
Trinity St. James	✓	✓	✓ Targeted therapies	
Regina Elena National Cancer Institute, Rome		✓ Clinical trials	✓ Diagnostic therapies	
Fondazione IRCCS Candiolo	✓	✓	✓ Diagnostic therapies	
Ospedale San Raffaele, Milan, Italy			✓ Immunotherapy	
IFOM, Italy	✓			
Karolinska Institutet			✓ Immunotherapy	✓ Epidemiology

# There are many centres who are already leading on major research programmes



## 5 programs of research at this institute:

1. **Genomics Oncology:** Gersom platform to decode tumours
2. **Health Big data:** analyzes conventional clinical data and integrates them with others deriving from the omics sciences
3. **Car-T therapies**
4. **Forza:** build operational infrastructure across 28 centres to foster clinical & translational research
5. **Transcan:** funding of new translational research projects between EU partners.

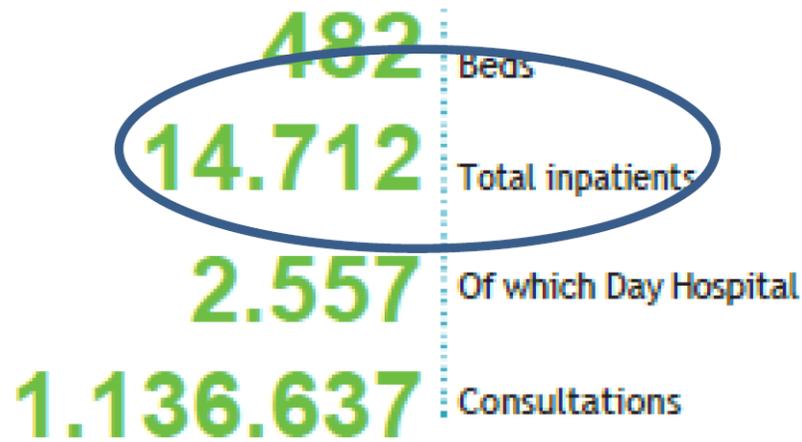


## Collaborative programs to promote innovation

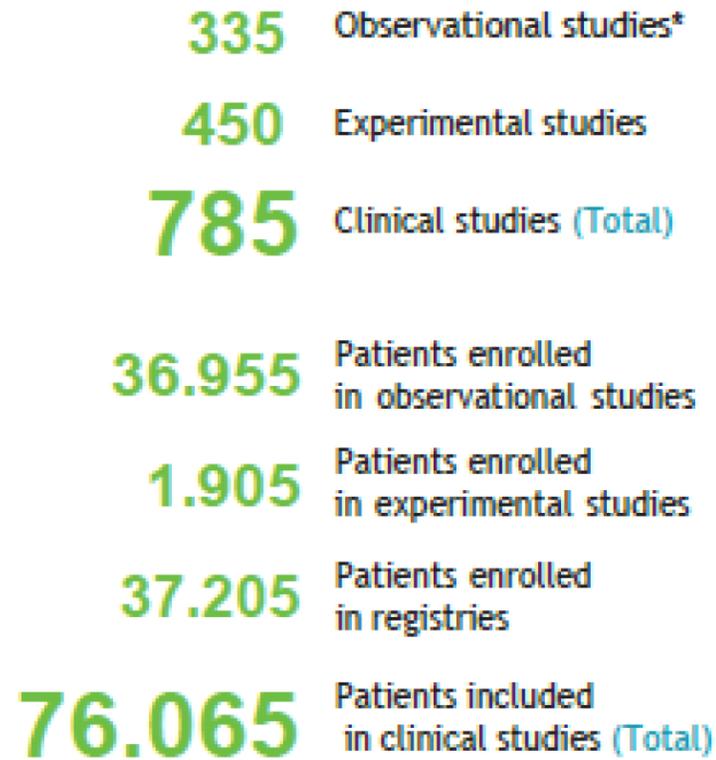
1. A new therapeutic strategy against triple negative breast cancer
2. A protein is scrutinised to better understand and treat telomeres
3. Leukemia: On the trail of cancerous cells
4. Mitochondrial DNA: Another target for radiotherapy?
5. Understanding how radiotherapy kills cells
6. 3D printing for Oncology
7. A new ally against cancer: Is there bacteria in our intestines?

# With major results and high visibility

## HEALTHCARE DATA



## RESEARCH DATA



## SCIENTIFIC ACTIVITY



And we also have commercial delegates or patient advocate groups supporting DIGICORE



**Melanoma Patient Network Europe**

# DIGICORE is a new independent Public-Private Partnership in European Cancer Real World Evidence



## Members



“Network of networks” with >150 cancer centres, >300K new Dx per year inside an EEIG

## Benefits and rationale

- ❑ For **Cancer Centres**, **pool cancer data across sites for improved translational research**
  - › Improving patient outcomes #1
  - › Academic research/ publication #2
  - › More efficient trials
  - › Trial and RWE research funding
- ❑ For **Patients**, **broader trial access** and in future **better outcomes**
- ❑ For **IQVIA**, **drive commercial multi-centre, international RWE projects** in precision oncology and **drive precision trial recruitment**
- ❑ For **illumina**, **grow clinical evidence base for molecular diagnostic tests** in improving outcomes and **accelerate reimbursement** for all vendors



# What sorts of science will DIGICORE support?

## 1. Real World Evidence & outcomes research

- Use routine EMR to drive international outcomes research and advanced real world evidence such as external comparators (controls to single arm trials)

## 2. Digital precision trial screening

- Semi-automate trial screening to make it easier to recruit to trial, especially in precision oncology and so democratise trial access
- *Example: EGFR exon 20 mutation recruitment*

## 3. Biomarker validation and clinical benefit research

- Drive large scale Mendelian randomisation research and decision impact studies on large NGS panels linked to clinical data
- *Example: who will / won't respond to cis-platin or radiotherapy?*

## 4. Biobanks & Discovery Research

- Drive large scale collection of well annotated samples with deep clinical records for discovery and diagnostic development programmes
- *Example: predicting hyperprogression in immunooncology*

## 5. Pragmatic digital trials

- Ultimately, drive pragmatic platform trials in precision oncology
- *Example: Cachexia – data items “from EMR” basket trial design (either automate eCRF extraction, or randomise in EMR)*



# With that said, we are here to “Connect”



## We are connecting to:

- Create new collaborations
- Identify common areas of research interest that we can work together on to achieve the Cancer Mission
- Identify where digital methods could improve research
- Improve patient outcomes
- Improve interdisciplinary thinking
- *And do so much more...*

# Over the next few days, we propose a challenge!

## Connecting to win

*Across every Coffee, Lunch and Dinner at “Connect-to-win” we propose you meet up to 3 delegates you haven’t previously met*

*3 new introductions*  
X  
*5 break sessions across 2.5 days*  
=  
**~15 new contacts & unlimited new opportunities to collaborate**



# Here's what's happening across the next 2.5 days...



## Wed 3<sup>rd</sup> Nov

**11.00 to 12.30 Introductions and context**

*Lunch*

**13.30 to 17.30 CET: Preparing for the European Cancer Mission**

.....  
*Dinner*

## Thurs 4<sup>th</sup> Nov

**08.30 – 13.00 Academic Real World Evidence Showcase**

*11.05 -11.20 Coffee break*

*12.45-13.45 Lunch*

**13.45-16.45 Commercial Real World Evidence Showcase**

*16.00-16.15 Coffee break*

**16.45-18.00 Transformative technologies & concepts to support the Cancer Mission**

.....  
*Evening drinks & Canapes*

## Friday 5<sup>th</sup> Nov

**08.30-13.00 DIGICORE Session**

- Open discussion to review HORIZON bids
  - *This session is designed for DIGICORE members, associate members and those in the process of applying for membership to plan for collaborative initiatives for the Cancer Mission and outline 2022 strategy.*
  - *Delegates from other centres are welcome as observers to understand the benefits of DIGICORE membership.*

# Please make use of your Welcome Pack



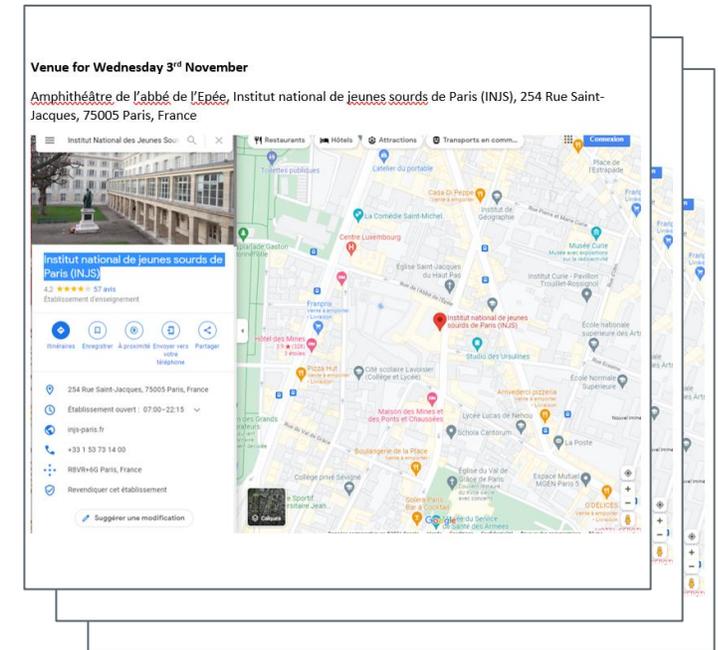
“Connect to win”  
agenda



+ Biography & contact details of  
attending delegates

			DigiCore The Digital Institute for Cancer Outcomes
<b>Dr Radoslaw Jadczak</b> <i>Director, Strategic Site solutions</i> Radoslaw.Jadczak@quintiles.com	IQVIA Poland	Other less common solids: skin.	Over 22 years combined experience in pharmaceutical industry on regional and global positions (Novo Nordisk, GSK) and in clinical research (IQVIA). Primary experience as Therapeutic Strategy Director in designing and delivering strategies for oncology studies and programs for many cancer indications and trial designs across Phase FIH to IIb, including adaptive designs and basket studies. 8 years experience in site relationship and now responsible for leading Early Phase Oncology Network in Europe (EPON)
<b>Ben Johnson</b> <i>Magazine Editor</i> ben.johnson@nature.com	Nature Medicine UK	Haematological malignancies	Ben is Magazine Editor at Nature Medicine, responsible for news and opinion content at the journal. Ben trained as a virologist, with a PhD from Public Health England and the University of Reading, UK, followed by a postdoc at Imperial College London. Ben joined open-access publisher BioMed Central in 2011 as an editor and then associate publisher and was Head of Communities & Engagement at Springer Nature from 2016-2021, running the Nature Research Communities and other online-engagement activities for researchers.
<b>Tomas Kazda</b> <i>Assoc. Prof., M.D., Ph.D.</i> tomas.kazda@mou.cz	Masaryk Memorial Cancer Institute, Brno, Czech Republic	Other less common solids: skin.	As a Director for Science & Research in our comprehensive cancer centre, I am responsible for the administration and development of both clinical as well as basic/translational research projects. Believing that one of the bases for further improvement is a detailed knowledge of the current state, I recognized RWE data as a crucial part of any research. My primary specialization is in the field of radiation oncology, focusing primarily on the central nervous system. As the Head of the Centre for brain tumours, I appreciated our recently published RWE data analysis of glioblastoma patients <a href="https://pubmed.ncbi.nlm.nih.gov/32719739/">https://pubmed.ncbi.nlm.nih.gov/32719739/</a> which makes addressing the unmet clinical needs of my patients more straightforward. Not only in the field of brain tumours, the challenge is to make the diverse information collected in the delivery of routine clinical care “ready for research” to connect other clinicians and translational researchers to win in beating cancer mission. Experience in radiation oncology, a technically oriented field, gives me a clear idea of the need to connect routine patient-oriented personal care with modern digitization systems including data mining or artificial intelligence approaches to get physicians back from computer workplaces to our patients’ perimeter.
<b>Iva Kirac</b> <i>Senior research associate</i>	University Hospital for Tumours, SMUHC Croatia	Colorectal cancer	I am a consultant in surgical oncology, did my PhD thesis in colorectal cancer risk genetics and have been collaborating in that line of research and in clinical interventions for pathway improvements such as preconditioning both within COST actions. Two most

+ Maps to venues for event &  
dinners



+ Dinner seating plans

+ much more...

# Please also be sure to register for the 1:1 clinics on topics that interest you to learn more



## 1-1 clinics on various topics...

Topic	Contact	Email address
Joining OEIC		<a href="mailto:info@oeci.eu">info@oeci.eu</a>
Joining DIGICORE		<a href="mailto:info@digicore.eu">info@digicore.eu</a>
Joining ORWIC (Ovarian cancer)	Mariana or Geoff Hall	<a href="mailto:Mariana.Kuras@iqvia.com">Mariana.Kuras@iqvia.com</a> <a href="mailto:G.Hall@leeds.ac.uk">G.Hall@leeds.ac.uk</a>
Joining the NSCLC Community	Robin Munro	<a href="mailto:Kirill.Dushkin@iqvia.com">Kirill.Dushkin@iqvia.com</a>
Haematology Community	Benedikt Maissenhaelter	<a href="mailto:Benedikt.Maissenhaelter@iqvia.com">Benedikt.Maissenhaelter@iqvia.com</a>
HDR high community	Volker Liebenberg Piers Mahon	<a href="mailto:Piers.mahon@iqvia.com">Piers.mahon@iqvia.com</a>
Care quality research club	Piers Mahon	<a href="mailto:Piers.mahon@iqvia.com">Piers.mahon@iqvia.com</a>
Patient finding and trial matching	Richard Child	<a href="mailto:Richard.child@iqvia.com">Richard.child@iqvia.com</a>
Cancer OMOP next steps	Christian Reich	<a href="mailto:Christian.reich@iqvia.com">Christian.reich@iqvia.com</a>
Biobanks and e-consents	Martin Zuenkeler	<a href="mailto:martin.zuenkeler@kairos.de">martin.zuenkeler@kairos.de</a>
Next steps for my Centre for RWE	Christian Reich Richard Child Will Sopwith	<a href="mailto:will.sopwith@iqvia.com">will.sopwith@iqvia.com</a>

Take a look at your Welcome pack for more details...

## Remember, success over the next 3 days is...



- *You'll realise that cancer mission will be different from previous models – i.e.. it will be funded in different ways*
- *We have the opportunity to completely re-engineer how we do research and place EU on the map*
- *Recognise that we all have a part to play and identify where we can use our strengths to contribute to the vision*
- *Come away with 2-3 research collabs that we didn't expect prior to attending this event*
- *Come away with 10 new relationships that we can use to design research in new ways*