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Bundesministerium für Gesundheit

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Cancer Research Data Centre -Design, challenges, and analysis potential of linkage of care-related data. Kees Kleiheus-van Tol (ADT e. V.)

...for the project consortium as a whole

ENCR-IACR 2023 Scientific Conference: Pre-Conference Workshop





Agenda



- Project motivation
- Project goals
- > Use Case
- Schedule and project structure
- Project participants and cooperation partners
- Methodical implementation
- > Involvement of technical expertise
- > Added value for science and research





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 randomized controlled trials (RCT) = gold standard in medical research, but not suitable for all questions

 \rightarrow clinical practice guidelines are limited in their ability to make evidence-based recommendations on specific issues.

 recognizing and exploiting the potential of the synergy of data collections from clinical cancer registries (CCRs), certified centers of the German Cancer Society, centers of excellence in oncology, and statutory health insurers





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3



overarching aim:

Develop an IT infrastructure to Compile data collections from disparate data sources.

Subaim:

Generation of high-quality evidence for therapy-relevant questions.

ightarrow Testing on the basis of the use case Therapy of colorectal cancer

Addressing highly relevant questions for which there are no evidence-based recommendations in S3 guidelines, reconstructing confounding by indication, and synthesizing primary confounding by indication using AI.





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Introduction of the Treatment preference Forschungs principle into registry research.





None TX TX





Scheduled Work Steps - AI:

- Data preparation and feature engineering (identification of influencing factors)
- Simulation confounding by indication with ML methods → Derivation of propensity weights (weighting of influencing factors)
 - 1st approach: Random Forest
 - \circ $\,$ Parameter tuning with cross validation $\,$
- Data evaluation with ML and conventional statistical methods
- Comparison of results





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Data analysis for use case colon carcinoma



- Trial emulation under consideration of propensity weights
- Analysis of the following (and further) sample problems
- a) Adjuvant chemotherapy for colon carcinoma in patients over the age of 75 years
- b) Adjuvant chemotherapy for colon carcinoma in postoperative stage UICC II
- c) Adjuvant chemotherapy for rectum carcinoma following neoadjuvant treatment and surgery
- *d) Choice of systemic therapy depending on molecular subgroups and tumor location*
- e) Choice of laparoscopic and **robotic** surgery for colon and rectum cancer
- *f)* (reconstruction of) late lines of therapy for patients with metastatic colorectal cancer





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6

Schedule



	Jahr 1										Jahr 2									Jahr 3										
Arbeitspakete	22	2		3 6	23	23	33	23	3 0	23	č	3 8	23	23	t 7	24	4	54	4	4 2	t c	4 4	24	24	25	25	25	ы С	22	5 25
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1 Gesamtkonzeption und Koordination																														
2 Vertragsgestaltung (Weiterleitung, Kooperation)					М											1			T				1	T						
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6 Konzeptionsphase (Linkage, Transfer, Harmonisierung)								Μ																						
7 Abgestimmtes Datenschutzkonzept										M																				
8 Entwicklung und Betrieb Pseudonymisierung+Transfer																														
9 Workshop zur Vorstellung der etablierten Datenstruktur																							1	1						
10 Lokale Implementierung Pseudonymisierung+Datentransfer																														
11 Datenbereitstellung Testdatensätze																														
12 Datenbereitstellung KKR, AOK PLUS, DKTK, DKG																		Μ												
13 Datenharmonisierung durch ADT																										Μ				
14 Datenbereitstellung ADT an Auswertestellen														Μ																
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15 Datenaufbereitung und Feature Engineering (Testdaten)																М							_							
16 Datenaufbereitung und Feature Engineering (Realdaten)																														
17 Datenauswertung (Training und Performance-Tests)																														
18 Vergleich mit konventionellen statistischen Methoden																														
19 Bereitstellung der Propensity-Weights für Analysen																												N	1	
Datenauswertung Use Cases																														
20 Studienprotokoll und Ethikvoten																														
21 Statistischer Analyseplan												Μ											T							
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Ergebnisverwertung																														
23 Transfer in LL-Programm																														
24 Ergebnisvorstellung und Erstellung Publikation																														M
25 Nachnutzbares Toolkit der Dateninfrastruktur							T																							
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7

Projekt structure



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Project participants and cooperation partners



Project participants

- Association of German DKG-Certified Colorectal Cancer Centers (**addz e.V.**)
- Association of German Tumor Centers (ADT e.V.)
- Clinical Communication Platform (**CCP**) in the German Consortium for Translational Cancer Research (**DKTK**)
- German Cancer Research Center (DKFZ)
- German Cancer Society (**DKG**)
- Hessian State Examination and Investigation Office in Health Care, Dept.
 IV Hessian Cancer Registry
- Clinical Cancer Registry for Brandenburg and Berlin gGmbH
- Chemnitz Hospital non-profit GmbH Clinical Cancer Registry
 Chemnitz
- Southwest Saxon Tumor Center Zwickau e.V., Clinical Cancer Registry
 Zwickau
- Clinical Cancer Registry Dresden

- Clinical Cancer Registry Leipzig
- OnkoZert GmbH
- Medical Clinic 2, Goethe University Hospital Frankfurt/M., Department of Medicine
- University Medical Center Freiburg, Institute for Medical Bioinformation and Systems Medicine
- University of Regensburg, **Tumor Center Regensburg**, Center for Quality Assurance and Health Services Research
- TU Dresden, Center for Evidence-Based Health Care (**ZEGV**) and Independent Trusteeship (**THS**)

Cooperation partners

- AOK PLUS, The Health Insurance Fund for Saxony and Thuringia
- National Center for Tumor Diseases Dresden
- German ILCO e.V., national association
- Clinicians from Bochum and Bremen





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Methodological implementation





Illustration: Schematic representation of the project components.





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European 10 Commission

Methodological implementation



Basis of data:

Integrated care-related data

Methods:

- Occasional linkage of complementary databases (CCR, SHI, CCC, DKTK, Oncobox Research).
 - Bridgehead model
 - data linkage by SMPC
- Comprehensive data harmonization
- Use of modern machine learning and statistical methods



Data Flow Chart





Abbildung 3: Schematische Darstellung des konzipierten Pseudonymisierungsablaufs.





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Involvement of Expertise



Interdisciplinarity:

- Consideration/consultation of clinical expertise
- Involvement: physicians, patient representatives, self-help groups, guideline group "Colorectal Carcinoma"
- Legal support: Consideration of country-specific data protection regulations



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Added value for science and research



- **Sustainable Development Approach:**
- Implementation as a toolkit
 - → open-source licensed and documented under Creative Commons
- Conception of a Use&Access procedure for scientific use
 - → integration into the "ecosystem" of the different research data centers in Germany
 - \rightarrow open integration into the scientific community





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to all project participants and those interested!



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