

Clinical Data Management in Prostate Cancer

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131503

Prostate Cancer

Prostate cancer is one of the most common malignancies in men and a leading cause of illness and death in industrialized countries.

All patients with metastatic disease become un-responsive to hormonal therapy with time. Tumors treated with anti-androgen therapy eventually become androgen-independent and start to grow again.

In cases where the disease continues to progress even though testosterone ablation by surgical or hormonal treatment has been achieved, the disease is referred to as Hormone-Refractory Prostate Cancer (HRPC).

- Recently, the scientific community's demand for open sharing of data from these trials has encouraged sharing of patient-level data from clinical trials.
- One such clinical trial data sharing platforms is the **Project Data Sphere** which aims at making raw data from cancer clinical trials available for research. The database currently holds data from the comparator arms of 55 cancer clinical trials.
- There are many potential benefits for the sharing of clinical trial data.
- With trial data, available to the scientific community, trial results can be *examined, reproduced and combined* with other data to conduct meta-analyses.
- Comparing treatments, outcomes and other disease-related patterns by meta-analysis can help gain a better understanding of the disease under investigation.



APPLY FOR ACCESS

WHAT IF YOU COULD

have the opportunity to help accelerate cancer research and make a difference in the lives of patients?

<https://www.projectdatasphere.org/projectdatasphere/html/home>

Prostate Cancer DREAM Challenge

Using the proven DREAM methodology, Project Data Sphere, LLC (PDS) and Sage Bionetworks conducted the Prostate Cancer DREAM Challenge (PCDC) in 2015. The PCDC used curated data from four phase III trials studying metastatic Castrate Resistant Prostate Cancer (mCRPC) from the *Project Data Sphere* platform.



Participants were asked to predict overall survival for mCRPC using patients clinical variables at baseline, and to predict treatment discontinuation for mCRPC patients treated with docetaxel due to adverse events. More DREAM solvers participated in the PCDC than any other DREAM Challenge to date, and the best performing teams produced exciting improvements on existing prognostic models.

PDS is excited to make the PCDC data available to the entire research community for further research during the Public Leaderboard period. After registering for access, users can access the PCDC data, develop their own prognostic models, and submit those models on the PCDC Synapse page for scoring.

<https://www.projectdatasphere.org/projectdatasphere/html/pcdc>

Development of prostate cancer research database with the clinical data warehouse technology for direct linkage with electronic medical record system

Why ?

- Most of the previous research database is completed by manual entry of physicians or clinical research coordinators or data entry staffs.
- This data entry method is very labor intensive and cumbersome, so it usually fails to capture relevant data at early times.

CMC nU (oracle 11 g)



Clinical data warehouse

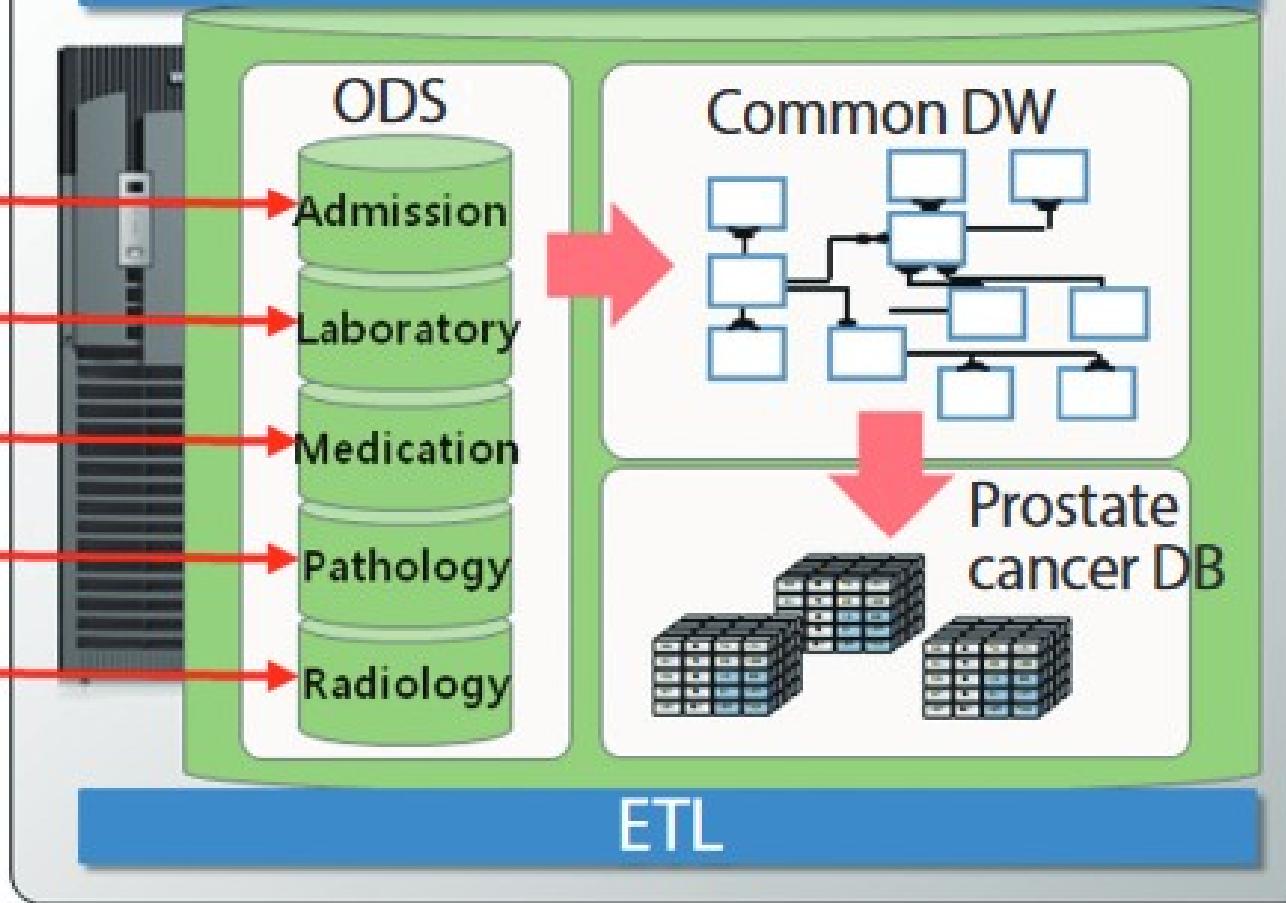


Fig. 1. Clinical data warehouse for electronic medical record link. CMC, catholic medical center; ODS, operational data store; DW, data warehouse; DB, database; ETL, extraction transaction loading .

The CDW is the method to develop clinical database that is optimized for distribution, mass storage and complex query processing.

- To access and extract research information with less effort.
- Comprehensive views of clinical data for specific purpose.
- Quality data collection, and decision support capability by quick and efficient access to patient information and linkage to multiple operational data sources.
- Accurate and high quality prostate cancer patients' data can be collected from EMR system and feeds them to central prostate cancer registry system.
- All eligible patients with newly diagnosed prostate cancer can be electronically transferred into the prostate cancer registry database from EMR system.
- All registered patient information will be periodically updated

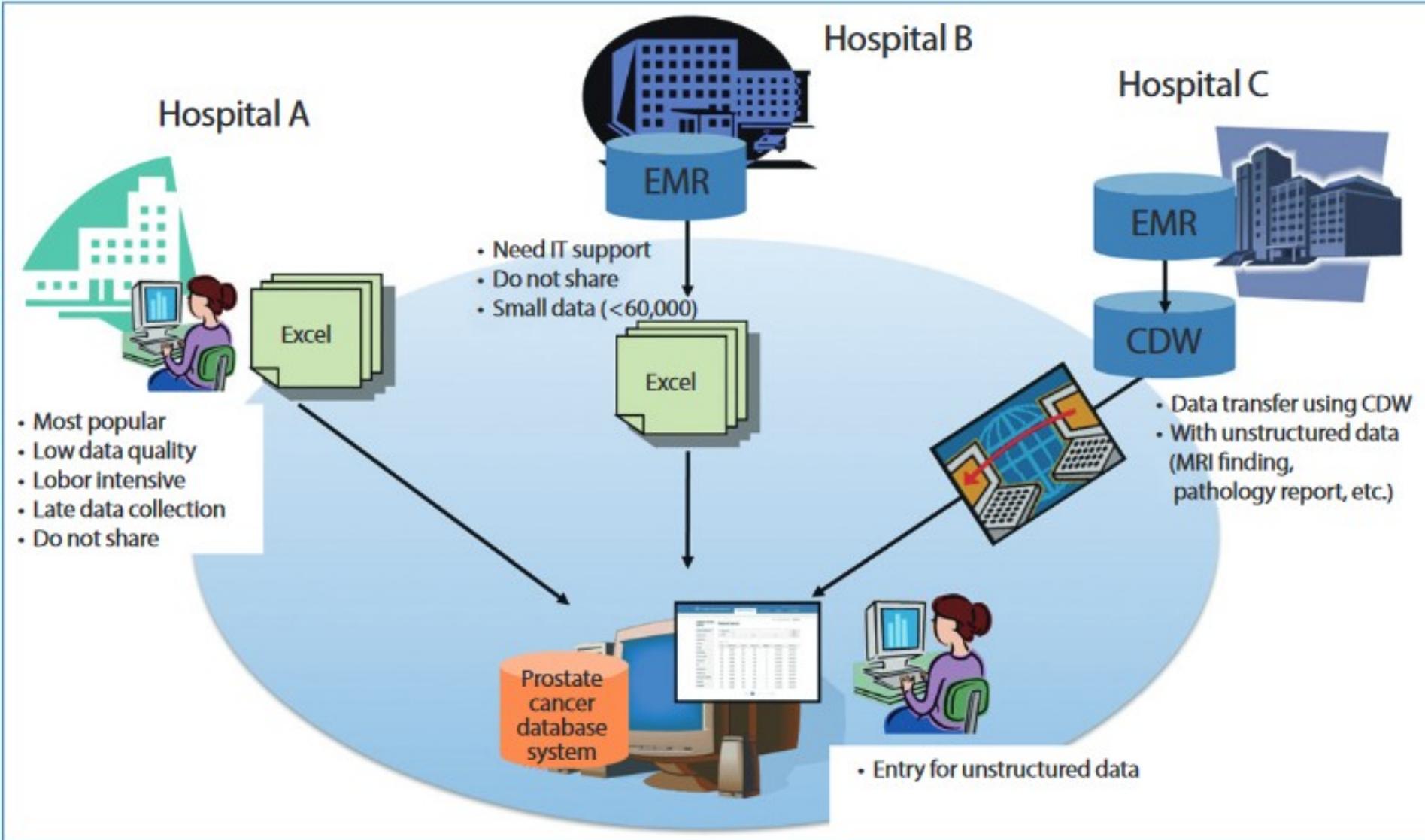


Fig. 2. Integrated prostate cancer database system

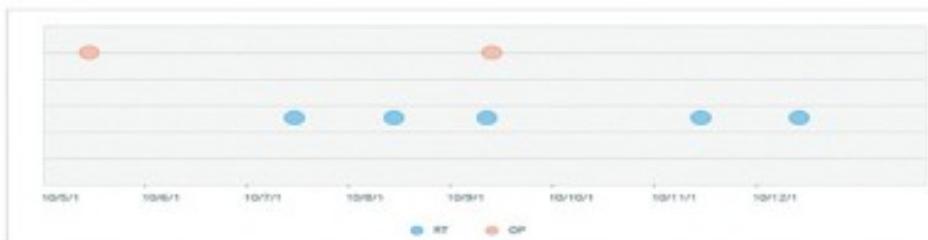
[Patient Dashboard](#) [Patient Info](#) [Laboratory](#) [Survey](#) [Image](#) [Pathology](#) [Cancer stage](#) [Operation](#) [RT](#) [Medication](#) [Follow-up](#) [Risk Assessment](#) [Survival](#) [BIOBANK](#)


Patient Info

Initial	Birth	Age at OP	Diag date	OP date	preOP PSA	Recent PSA	TNM stage
HKO	1962	48	2010-06-22	2010-08-08	234	013	pT2 (b)

Patient enroll / query

- [Patient Dashboard](#)
- [Patient info](#)
- [Laboratory](#)
- [Survey](#)
- [Image](#)
- [MRI](#)
- [CT](#)
- [TRUS](#)
- [Pathology](#)
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**Patient Search****1. PSA Graph****2. Medication****3. Therapy****Fig. 3.** Patient characteristics by treatment.

- The proposed system can provide visualization integrating valuable information from different data sources.
- Researchers interpret clinical effectiveness in place and can be the turning point in uncovering new insights and knowledge about a patient or a disease.
- This database system could provide the infrastructure for collecting data on the quality of prostate cancer care.
- The large database system, like J-CaP and CaPSURE, can provide valuable real-world information and would help advance clinical management of prostate cancer patients in the future.

First Year Annual Report

Organization of Services and Analysis of Existing Clinical Data

Source : <http://www.nPCA.org.uk>

- NHS providers should ensure that **multiparametric MRI is more widely available** to decrease the likelihood of unnecessary re-biopsy and to improve staging and treatment decision making for patients with potentially curable disease where indicated.
- The **availability of high-dose rate brachytherapy should be increased** for men with intermediate and high-risk localized or locally advanced prostate cancer.
- The availability of personal support services including cancer advisory centers, sexual function and continence advice, and psychological counselling should be improved.
- Patients with prostate cancer **should have access to a CNS** with an appropriate background in uro-oncology.
- NHS providers **should ensure that patients have access to a joint clinic** with a surgeon, an oncologist and a CNS to discuss their treatment options.

Second Year Annual Report – Further analysis of existing clinical data and preliminary results from the NPCA Prospective Audit 2015

Source : <http://www.nPCA.org.uk>

- The initial results of the NPCA Prospective Audit(2015) demonstrates its potential to evaluate practice and outcomes of prostate cancer services. However, there is a **need for further improvements in Trust participation, case ascertainment and data completeness**
- The collection of complete and accurate staging data is a key priority. **More complete collection of data on nodal and metastatic disease** will help to better distinguish between men with locally advanced and advanced (metastatic) disease
- **Clinical practice is gradually falling in line with current recommendations** which advocate that patients with low-risk disease are offered active surveillance – in order to avoid over-treatment – and those with locally advanced disease are offered radical treatment – in order to avoid under-treatment
- **Length of stay after radical prostatectomy is reducing** and only 22% of patients diagnosed between 2010 and 2013 stayed longer than three days in hospital
- There was **considerable regional variation in the treatment of men with locally advanced disease** diagnosed between 2010 and 2013. This variation may partly reflect problems in identifying men who had radical treatments and partly differences in actual treatment

What is the solution ?

- Researchers who provide timely access to clinical trial data are meeting their duty to trial participants and funders as well as helping to ensure that physicians and patients do not have to make decisions based on partial evidence.
- In the future, access to de-identified patient data within a specified time frame should be a precondition for receiving public funding, and breach of the agreement should lead to cessation of funding until data are shared.

Data Analysis Tools

SEER*Stat is a software used to analyze SEER data.

Joinpoint is a software used to analyze trends in data.

DevCan is a software used to calculate lifetime risks of getting or dying from cancer.

HD*Calc is a software that generates summary measures for evaluating and monitoring health disparities

Caisis - An Open Source, Web-based, Patient Data Management System to Integrate High Quality Research with Patient Care

- PCCTC offers **Caisis**, a web-based clinical oncology data management system fully integrating research with patient care.
- For over a decade, collaboration with over 25 institutions has allowed Caisis to develop and evolve in an environment of constant feedback and scrutiny.
- Accordingly, Caisis clinical trial management and electronic data capture tools can be customized to fit the scale and complexity of each new project.

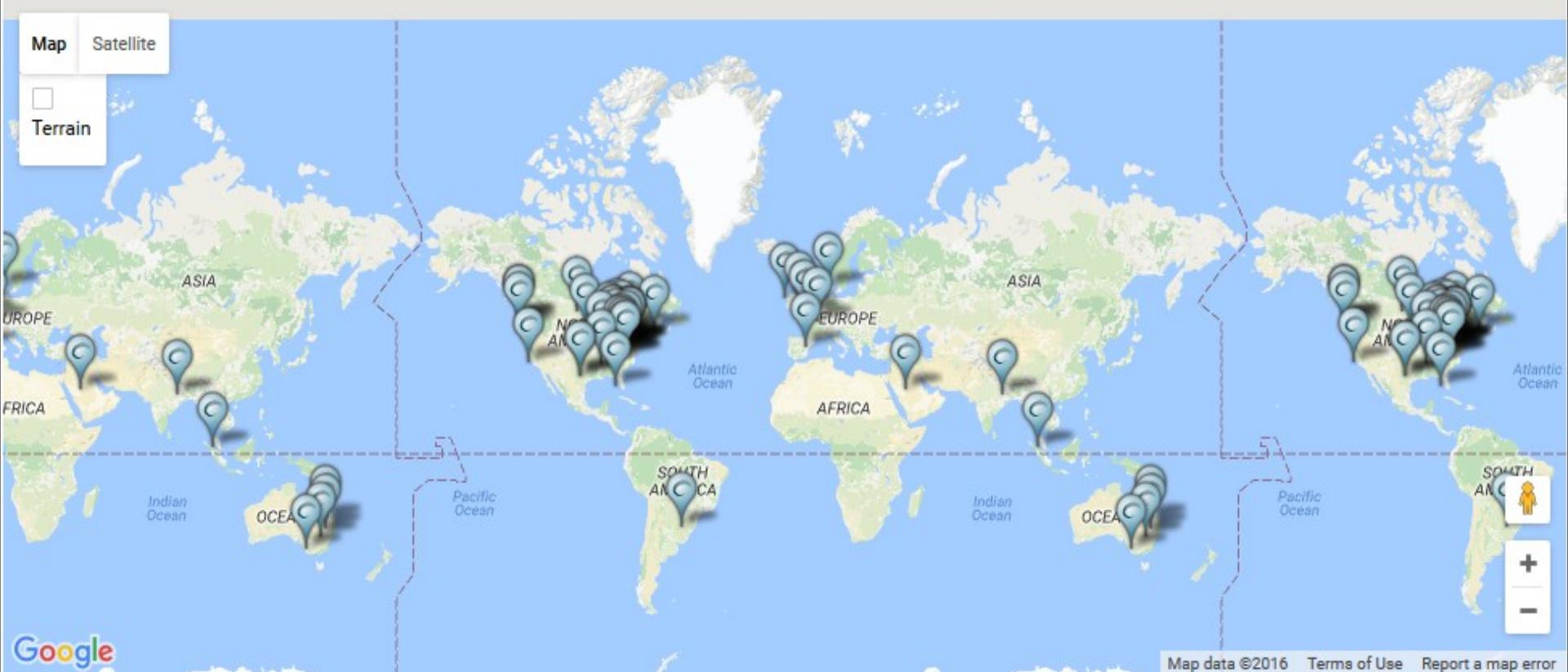


Fig. 4. A map of some of the institutions where the Caisis application is being utilized.

Source : <http://www.caisis.org/collaboration.html>

Flexible Forms for Data Collection

View: List All

Date Variable Value Quality
1-2-2012 PSA OUT

- Highly customizable forms
- Chronological summary of patient history
- Auditing of data collection and user activity
- Views configurable by disease
- Robust relational datamodel for structured data elements
- Extensive fields for granular research data
- Standard and configurable vocabulary

	<input type="checkbox"/> OR Details	urol
	<input checked="" type="checkbox"/> Orchietomy	Left
11-13-2012	<input checked="" type="checkbox"/> RADIOISOTOPE	

EFORMS DATA ANALYSIS MORE
Encounters Procedures Therapies Diagnostics

Medical Therapy for Samuel Adams

Protocol #	5000: FolFlri
During Operation On	04/12/2010 :
Pending	<input checked="" type="checkbox"/>
Start Date	03/22/2012 <input type="button" value="calendar"/>
	3/22/2012
Stop Date	03/29/2012 <input type="button" value="calendar"/>
	3/29/2012
Agent(s)	Oxaliplatin <input type="button" value="..."/>
Type	CHEMO
Indication	Chemotherapy <input type="button" value="..."/>
Intent	Adjuvant <input type="button" value="..."/>
Disease	Colon Cancer <input type="button" value="..."/>

Entered By: [redacted]



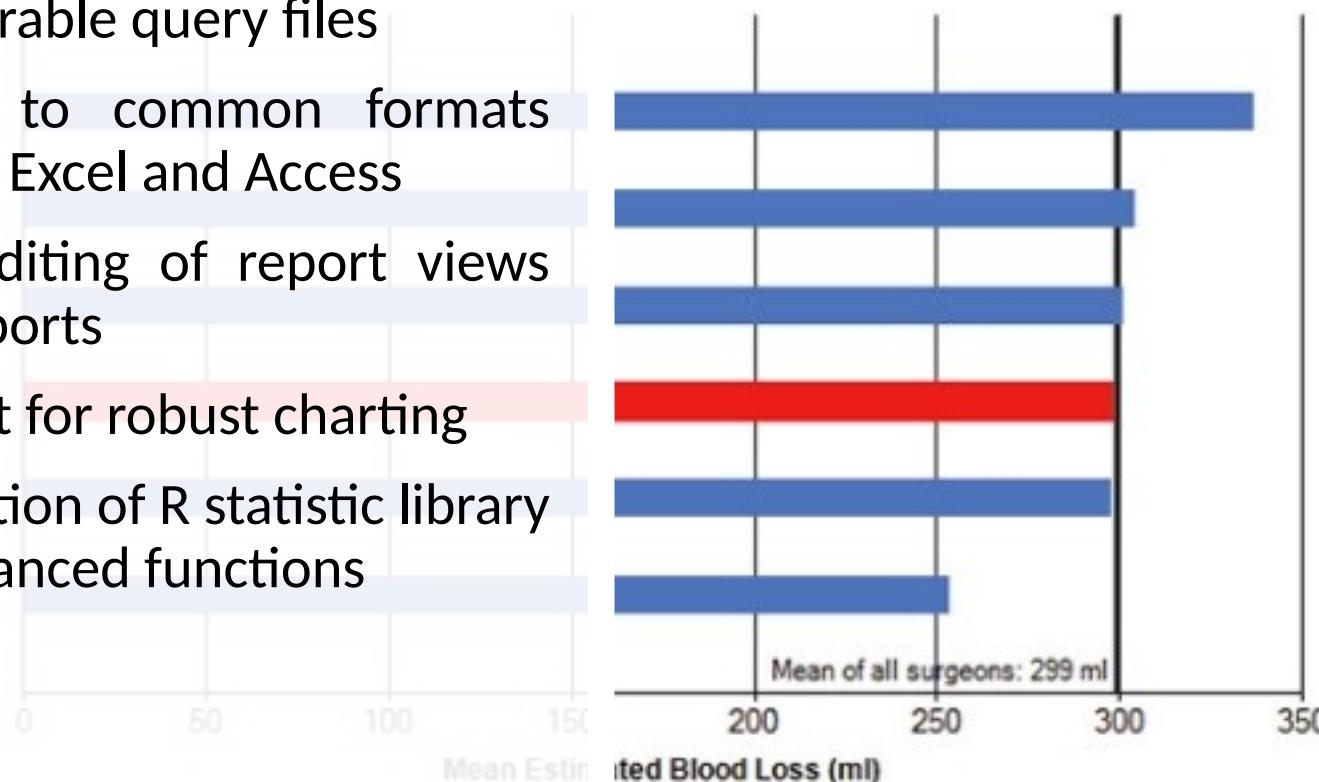
Data Analysis

Surgeon Measures • Perioperative Outcomes

Estimated Blood Loss

PRINT

- Rapid report creation using configurable query files
- Export to common formats such as Excel and Access
- Full auditing of report views and exports
- Support for robust charting
- Integration of R statistic library for advanced functions



Each bar in the graph above represents a surgeon in the database. Your personal results are in red.

→ Mean estimated blood loss during your surgeries, after adjustment: 298 ml (Ranked 3rd out of 6 surgeons, # sur

Protocol Manager

Frank Jackson

Study ID:

Start Date: 12/21/2009

- Patient study calendar that integrates the patient schedule and data entry
- Serious adverse event reporting
- Outcomes management for Biomarker, Soft Tissue, and Bone response
- Data entry customization by protocol
- Registration and Eligibility tracking



EFORMS



PROTOCOL MANAGEMENT



MORE

steride for the Treatment of Castrate Metastatic Prostate

Visit:



Eligibility



Baseline Data



Schedule

08.

Recent and Upcoming Visits

Next scheduled item is for 12/21/2009.

Dutasteride	Scheduled for
GNRH	Scheduled for
90-040 Bloods	Scheduled for
CMP	Scheduled for
CTC	Scheduled for
CBC	Scheduled for

The following items need to be scheduled

- 90-040 Bloods
- CBC
- CMP
- CTC
- Dutasteride
- Physical Exam

Item Status

Anticipated / Not Scheduled

Save

References

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Thank you !