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Big Data and its added value in clinical research





Big data and its added value in clinical research

Pictured above: Ulcerative Colitis

Bart Vannieuwenhuyse September 2019 | Janssen Clinical Innovation

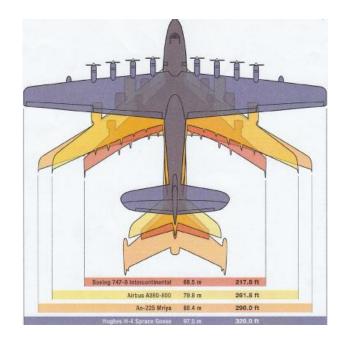
"The patients are waiting!"

To eliminate disease through developing highly innovative medical solutions for people around the world



Dr. Paul Janssen

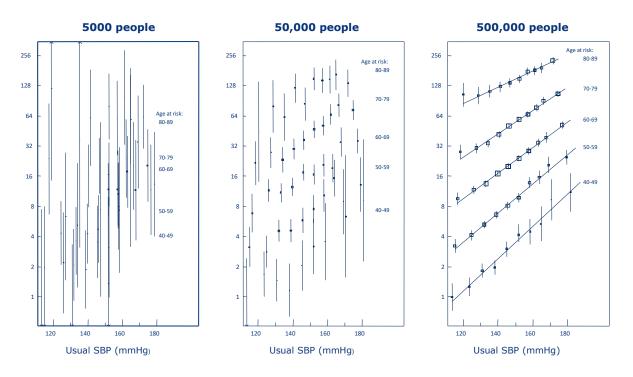
Bigger = Better ??





Howard Hughes' plane only flew one mile ...

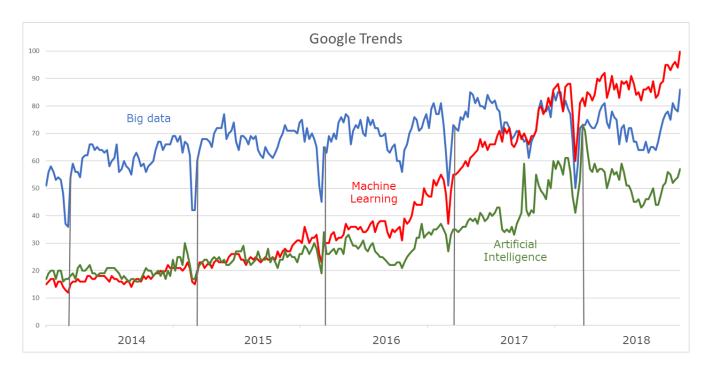
Power in numbers ...



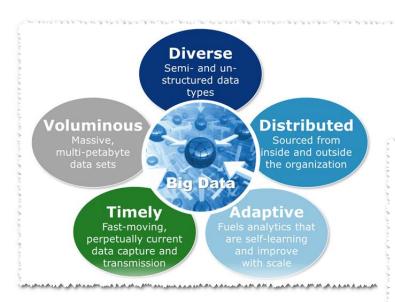
The Prospective Studies Collaboration: Lewington et al. 2002



Machine Learning has overtaken Big Data

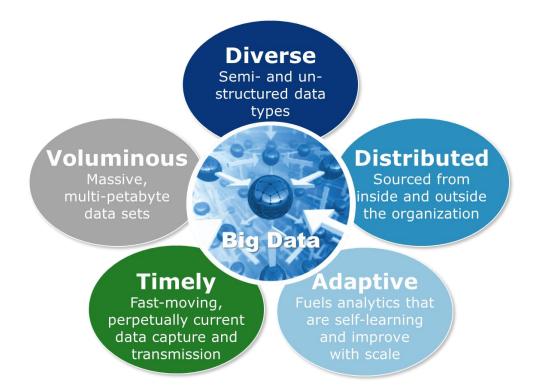


Big data vs Real World Data



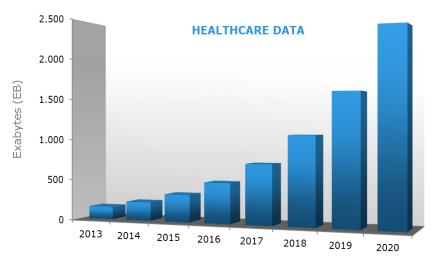
- RWE is generated using data typically collected in usual health care settings. RWE is most commonly generated using a range of non-interventional (observational) studies, including:
 - Primary data collections such as registries collecting prospective and/or retrospective data, or surveys collecting cross-sectional or retrospective information.
 - Analyses of secondary data that includes (electronic) medical records, insurance claims data, and government databases which provide data typically used for retrospective analyses.

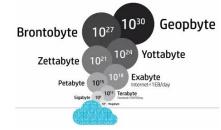
Big Data Defined



Explosion of healthcare data

Healthcare data growth is one of the fastest across many industries. A 48% annual growth rate will lead to 2,314 Exabytes of data in 2020.





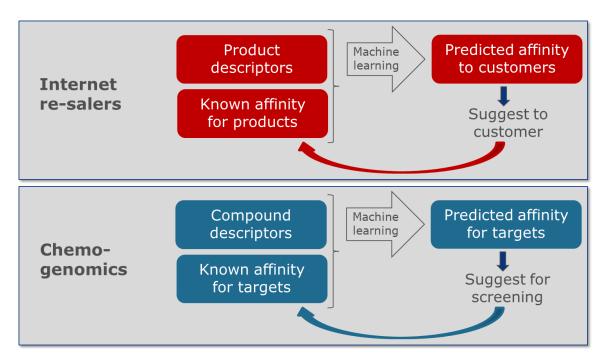
Enterprise Strategy Group 2011, Research report: North American Healthcare Provider Information

Opportunities for Real/Big data

Launch / Post-Discovery Development launch In-silico drug design Biomarker discovery Predictive modelling Trial design and Disease insight feasibility analysis generation **EHR-facilitated** recruitment Analysis treatment Prospective cohort pathways selection Collection clinical & economic evidence Ongoing efficiency & safety monitoring



Developing in-silico drug design





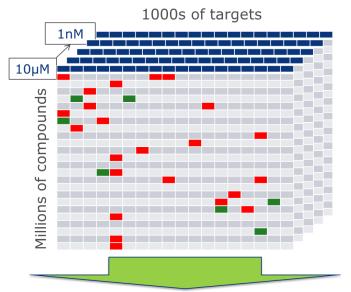
>100M data points with biochemical activities of tested compounds available for training



>100M training points



New IMI project in which 10 pharma companies collaborate



Identify and select compounds with good biochemical activity for target(s) of interest.



Challenges in trial execution



The percentage of studies that complete enrolment on time: 18% in Europe, 7% in the US

Potential improvement through use of Real World Data



\$

1/3 of protocol amendments are avoidable, at a cost of \$0.5m



Almost

half of all trial delays
caused by patient
recruitment problems



Only 1/3 of the sites engaged in a multicentre study manage to enrol the requisite number of patients

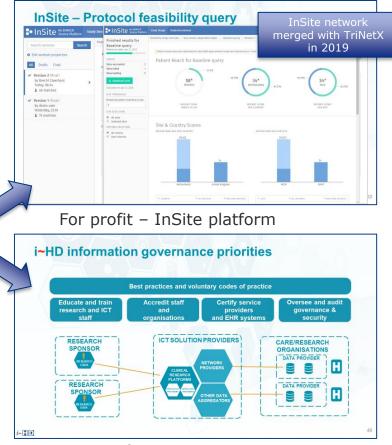


50% of today's clinical trials fail to achieve the target recruitment

Source: IMI-EHR4CR project

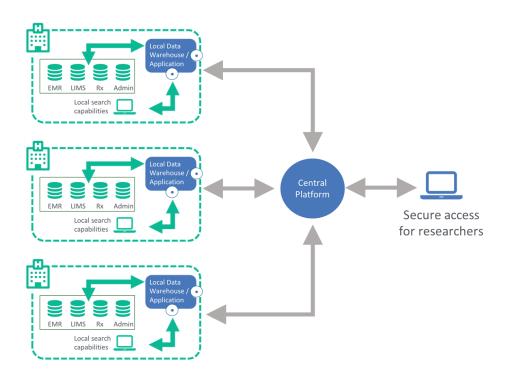
EHR4CR

EHROR The EHR4CR project For more information: ■ EHR4CR – Electronic Health Records for Clinical Research http://www.ehr4cr.eu/ + 4+1 year project (2011-2016), 35 partners, budget >17M€ □ Objectives & Scope + Provide a platform for trustworthy re-use of EHR data to support innovation in clinical research and healthcare operations. + Securely reusing health data for optimising clinical trials + 7 pilot sites across Europe Status + Extended into 2016 for making the transition to a sustainable platform + Initiated a Champion Programme, connecting hospitals to an operational platform, building up experience with pharma + The European Institute for Innovation through Health Data - an independent governance body 25 i~ | | D



Non-profit – iHD institute

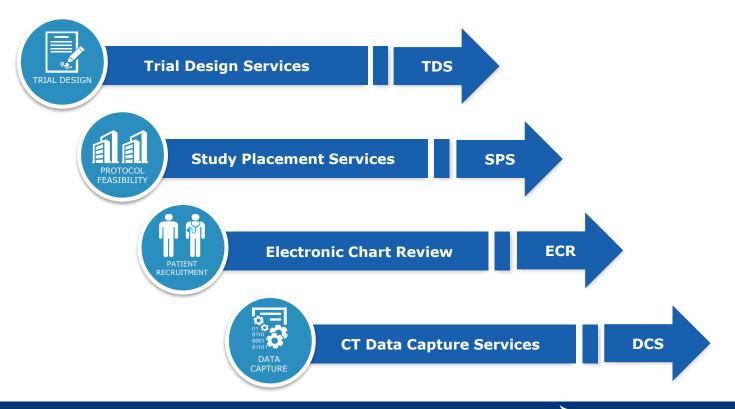
Stimulating the flow of data through federated networks



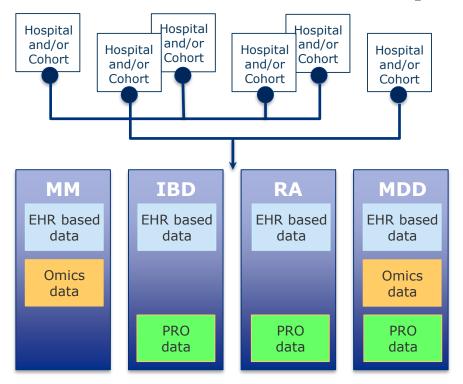
Benefits of federated networks

- Data remains under the control of the data owner
- Locally required legal and ethical approvals apply
- No patient level data leaves the owner's site, only aggregated counts, thereby ensuring patient privacy
- GDPR 'Privacy by Design'
- Analysis is "brought to the data" rather than creating central data repository
- Use of common data model allows for efficient search / analysis across multiple data sets
- Requires close collaboration with data owners which builds trust

Using federated data in clinical research



From "broad" to "deep" data



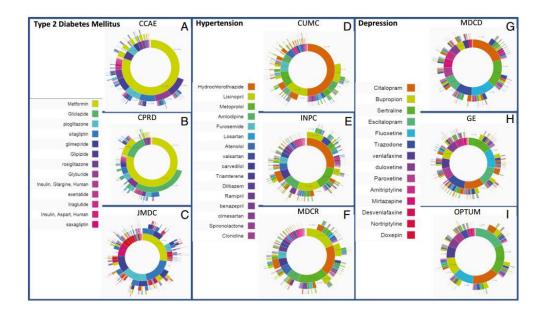
The broad network of RWD sources (hospitals, cohorts, other) can serve as starting point for enrichment (deepening).

By disease area, original RWD can be enriched based on the needs for (clinical) research, thereby creating a so called "T-shaped" data ecosystem (combining broad and deep data)

True open science collaboration



Power of distributed data --



Collaboration with 11 data sets representing **255Mio** subjects

Characterizing treatment pathways at scale using the OHDSI network

George Hripcsak^{a,b,c,1}, Patrick B. Ryan^{c,d}, Jon D. Duke^{c,e}, Nigam H. Shah^{c,f}, Rae Woong Park^{c,e}, Vojtech Huser^{c,b}, Marc A. Suchard^{c,l,b}, Martipi J. Schuemie^{c,d}, Frank J. DeFalco^{c,e}, Aldler Perotte^{c,c}, Juan M. Banda^{c,f}, Christian G. Reich^{c,f}, Lis M. Schillino^{c,e}, Michole Patric^c, and David Madican^{c,c}

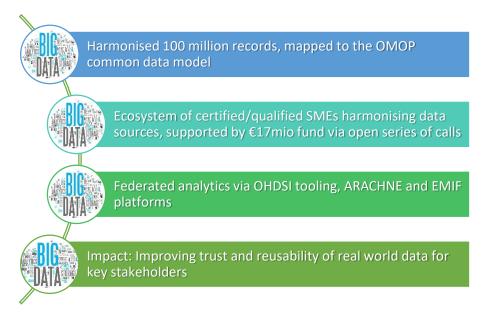




New IMI project









Conclusions

- Big data offers opportunities along the full product life cycle
- Specific analytical skills and methods are required
- Analysis and approaches to big data need to take patient / subject privacy challenges into account
- Federated approaches can help to mitigate privacy challenges





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