



Information Exchange and Data Transformation (INFORMED) Initiative

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Disclosures

None



#bigdata



90%

OF THE WORLD'S DATA WAS CREATED
IN THE LAST 4 YEARS!

About 3 quintillion bytes of data per day

The 4 v's of #bigdata

Volume

- Large repositories

Velocity

- Increasing trajectory

Variety

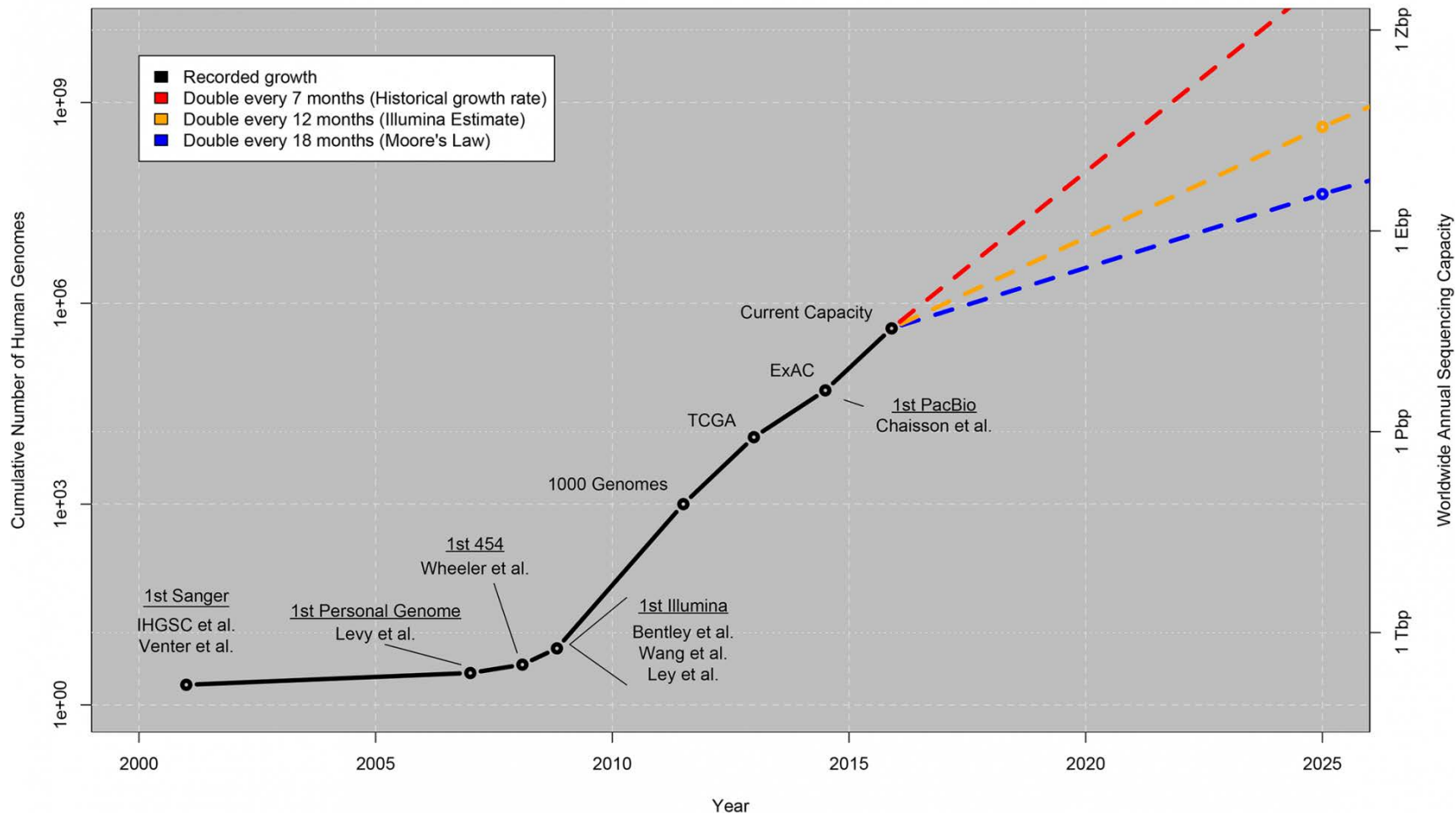
- Clinical trials, omics, biometrics, EHRs, unstructured content

Veracity

- Uncertainty re: data quality/integrity

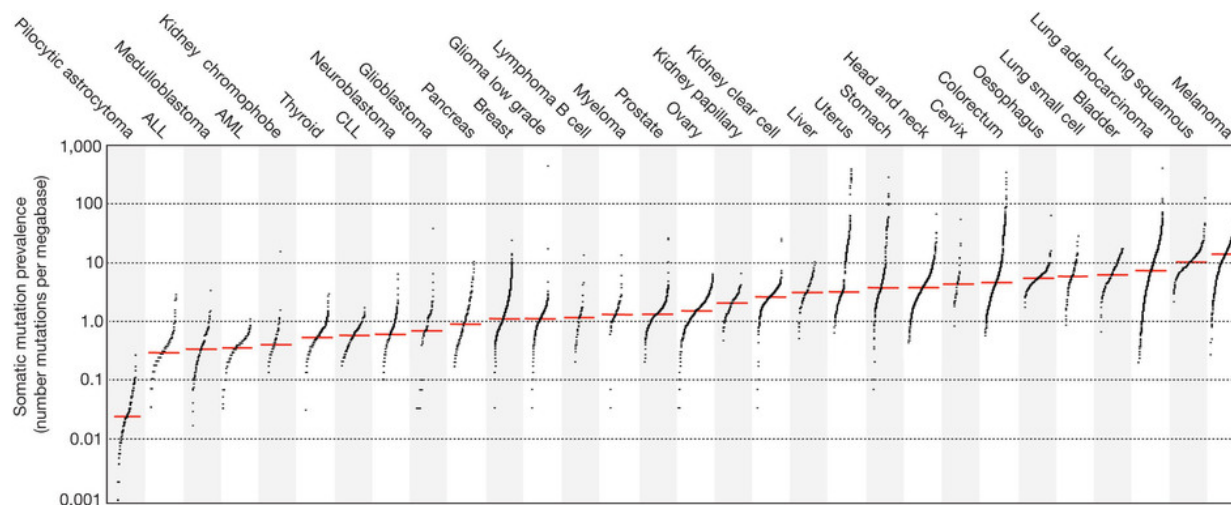
Velocity greater than anticipated

Growth of DNA Sequencing

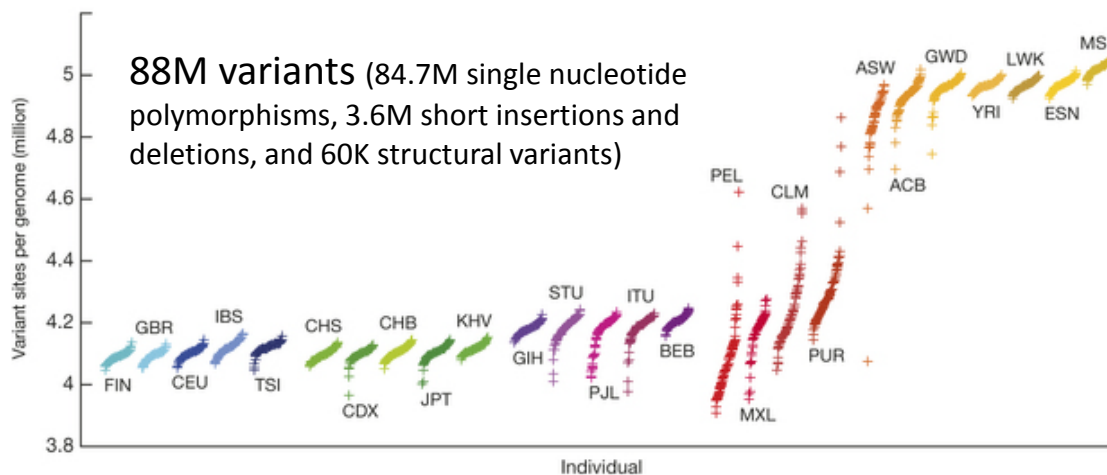


Large amount of diversity

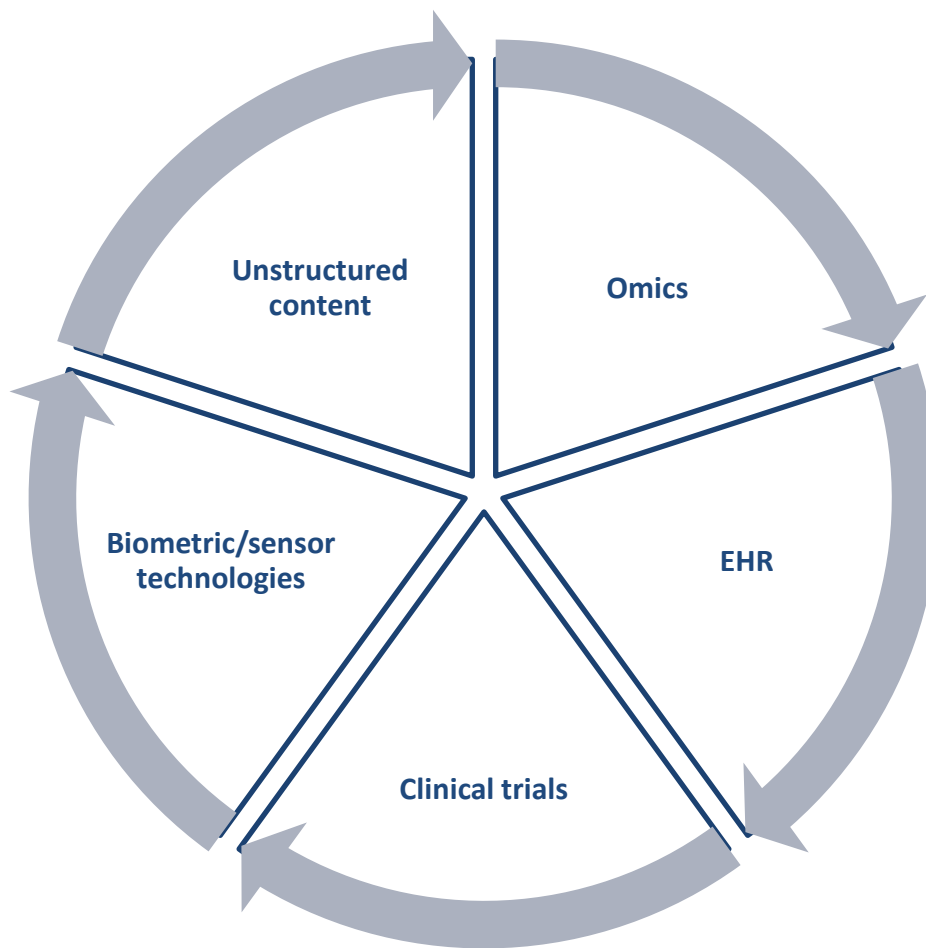
Tumor



Individual



Leveraging #bigdata requires breaking siloes





Why?

We are nearing the limits of siloed approaches

“Driver” mutations in NSCLC:

	Adenocarcinoma	Squamous-cell carcinoma
EGFR	5-15%*	<5%†
ALK	5-15%	<5%
HER2	<5%	0
BRAF	<5%	0
KRAS	>15%	<5%
PIK3CA	<5%	<5%
AKT1	0	<5%
MAP2K1	<5%	0
MET	<5%	<5%

Pao W, et al. Lancet Oncol. 2011 Feb;12(2):175-80.

	Frequency
Mutations	
KRAS	32.2%
EGFR	11.3%
NF1	8.3%
BRAF	7.0%
MET exon 14 skipping	4.3%
RIT1	2.2%
ERBB2	1.7%
HRAS, NRAS, MAP2K1	1.7%
Translocations	
ROS1	1.7%
ALK	1.3%
RET	0.9%
Amplifications	
MET	2.2%
ERBB2	0.9%

Devarakonda S, et al. Lancet Oncol. 2015 Jul;16(7):e342-51.



Clear recognition

Key investments in President's 2016 budget to launch the Precision Medicine initiative

INVESTMENT	AGENCY	OBJECTIVES
\$130M	NIH	To develop, in collaboration with other agencies, a voluntary national research cohort of a million or more volunteers. <ul style="list-style-type: none"> Sources of information will include medical records, environmental and lifestyle data, patient-generated information, and personal device and biometric sensor data.
\$70M	NCI	To scale up efforts to identify genomic drivers in cancer and apply that knowledge in the development of more effective approaches to cancer treatment.
\$10M	FDA	To acquire additional expertise and advance the development of high-quality curated databases to support the regulatory structure needed to advance innovation in precision medicine and protect public health.
\$5M	ONC	To develop interoperability standards and requirements that address privacy and enable secure exchange of data across systems for the voluntary national research cohort initiative.

M indicates million; NCI, National Cancer Institute; NIH, National Institutes of Health; ONC, Office of the National Coordinator for Health.

The White House
Office of the Press Secretary

For Immediate Release July 29, 2015

Executive Order -- Creating a National Strategic Computing Initiative

EXECUTIVE ORDER

<https://www.whitehouse.gov/the-press-office/2015/07/29/executive-order-creating-national-strategic-computing-initiative>

siloes data → #bigdata → #smartdata

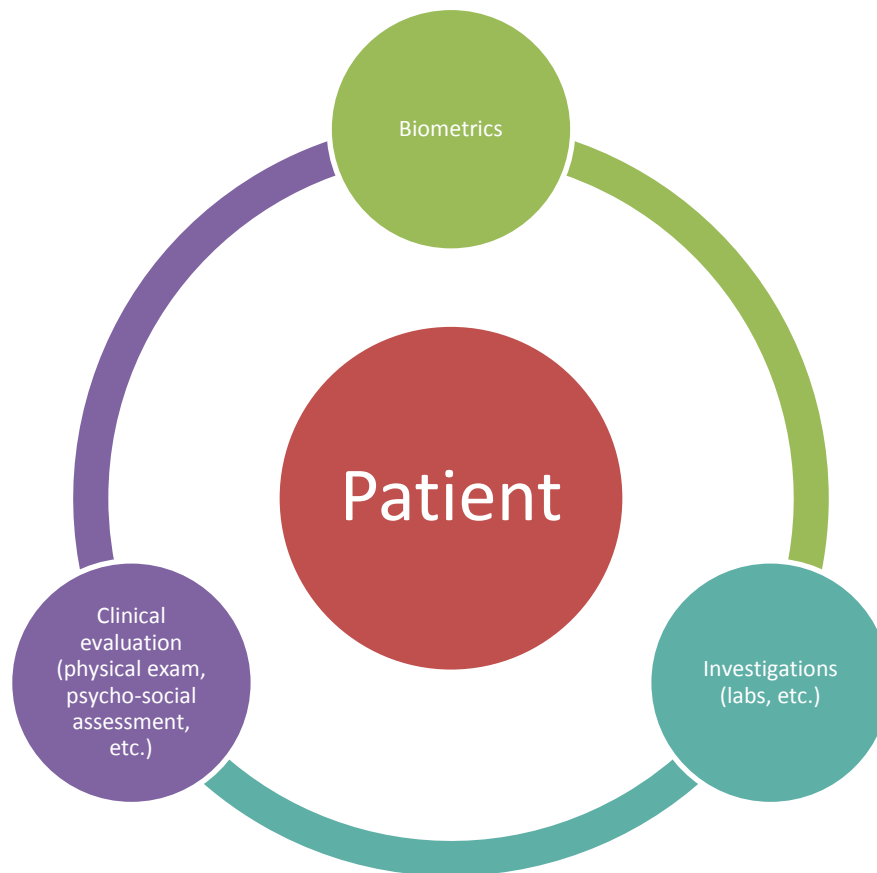
Reductionist

- One-gene one-drug
- Trials with strict eligibility criteria
- Leap of faith clinical development



Holistic

- Pragmatic trials
- Multiomics
- Systems biology
- Predictive analytics





In the near future, #bigdata will simply be called data



Information Exchange and Data Transformation

I N F O R M E D

Building capabilities and infrastructure to **optimize** data analysis, **enable** new data explorations, and serve as a platform for **dialogue** and stakeholder engagement to advance regulatory science and FDA's mission of protecting and **promoting** the public health

FDA's strategic priorities for regulatory science

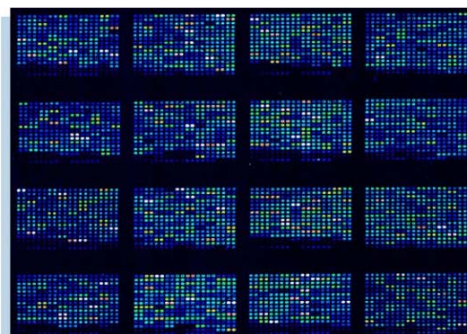


FDA's regulatory scientists have a unique ability to facilitate development of knowledge and clinical evaluation tools needed for successful translation of discoveries into viable products.

FDA will collaborate with others to help develop the new tools and approaches needed to catalyze the development of personalized medicine.



Expansion and improvement of the existing IT infrastructure would enhance and augment these ongoing activities.

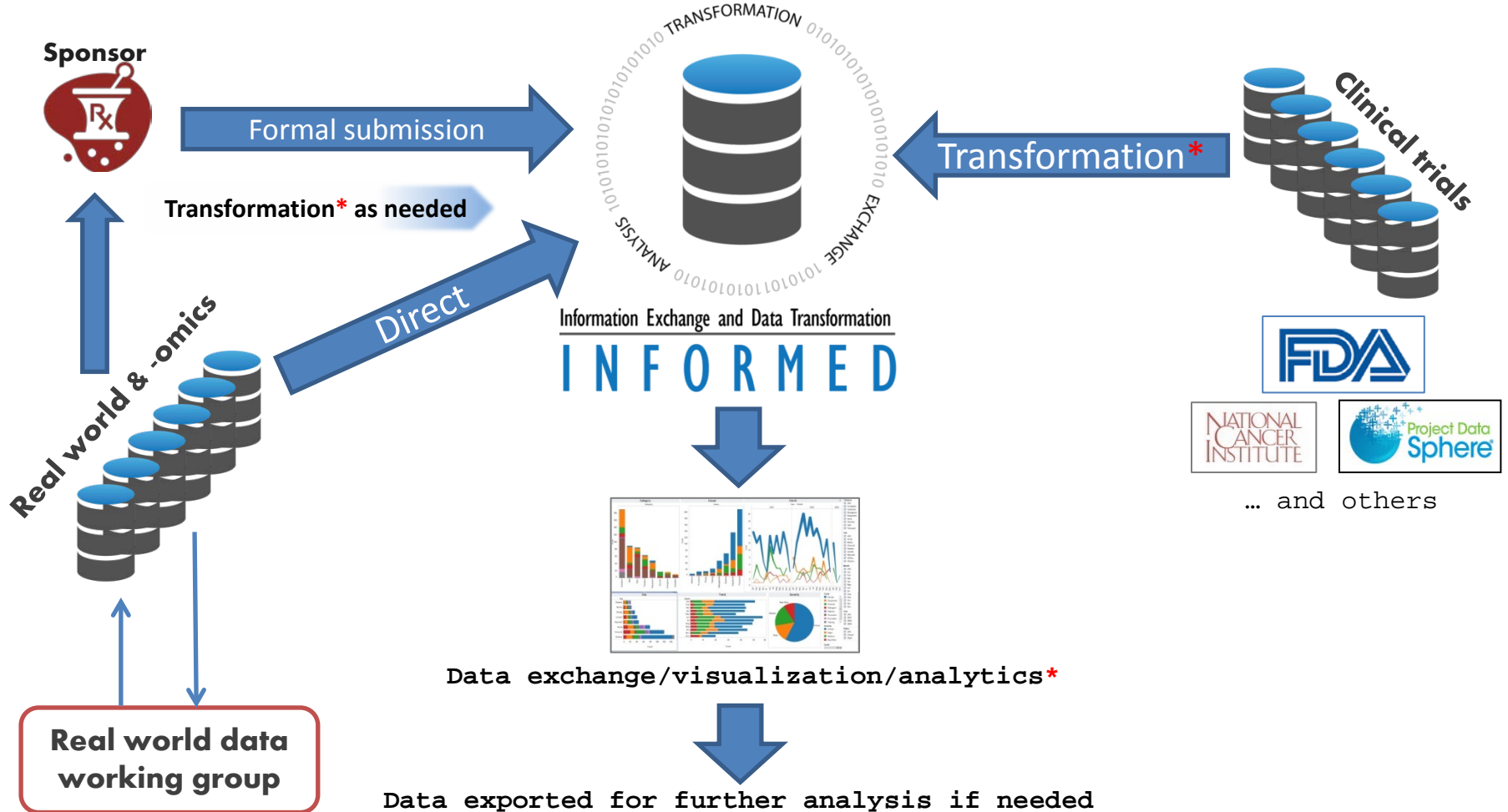




INFORMED: 3 components

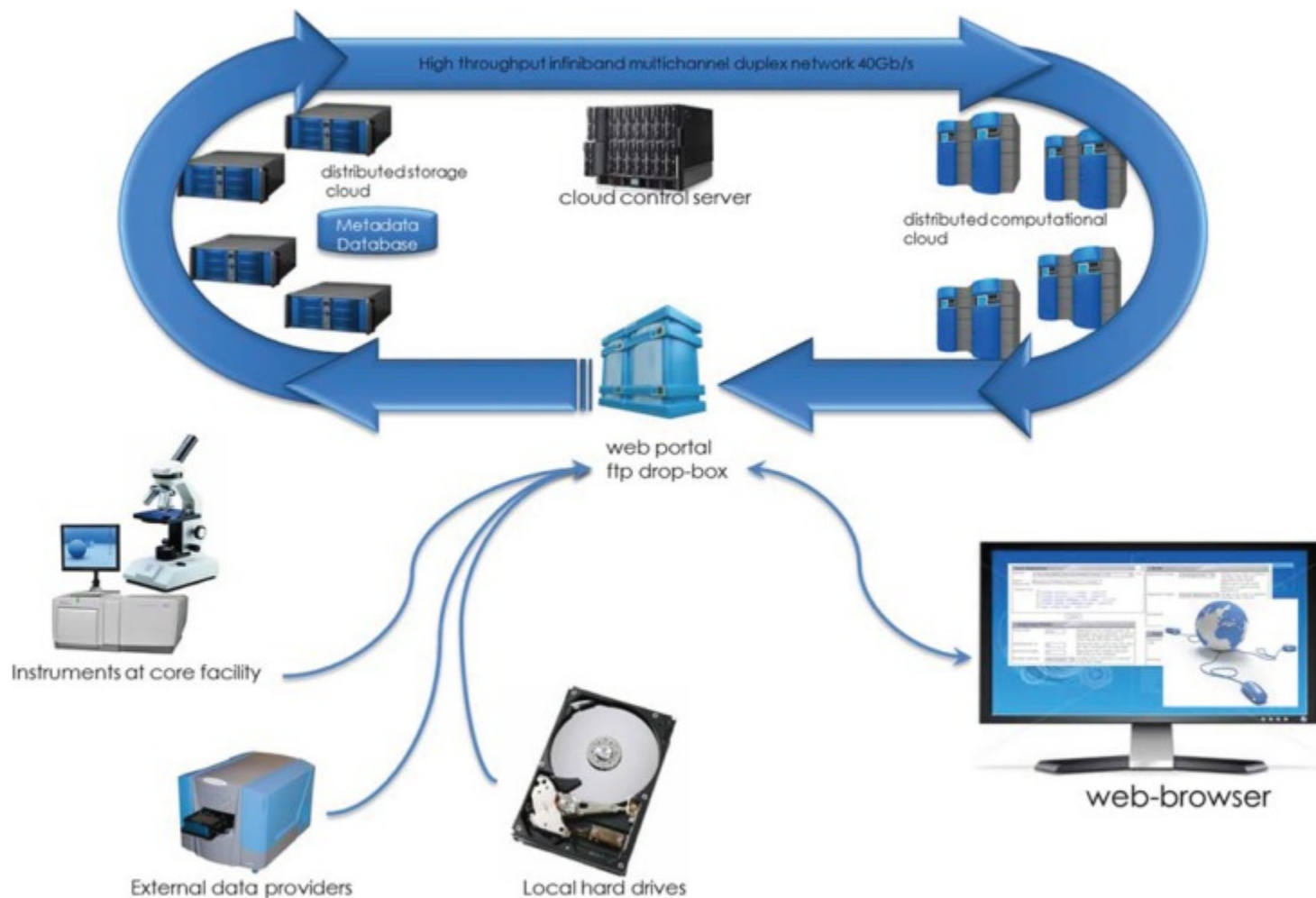
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- 1.** Transformation of FDA's existing clinical trial datasets into a common standard;
 - 2.** Development of a big data environment for storage and mining of transformed datasets; and
 - 3.** Incorporation of diverse pipelines of data (e.g. electronic health records, biometric monitoring devices, unstructured content [e.g. social media], omics) into the big data environment

INFORMED: Framework



*Technology and software development

High-Performance Integrated Virtual Environment (HIVE)

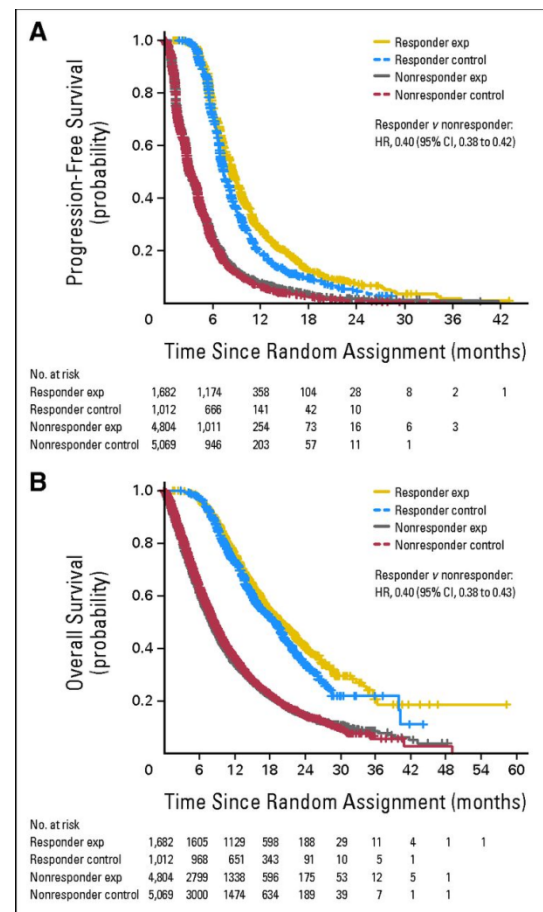
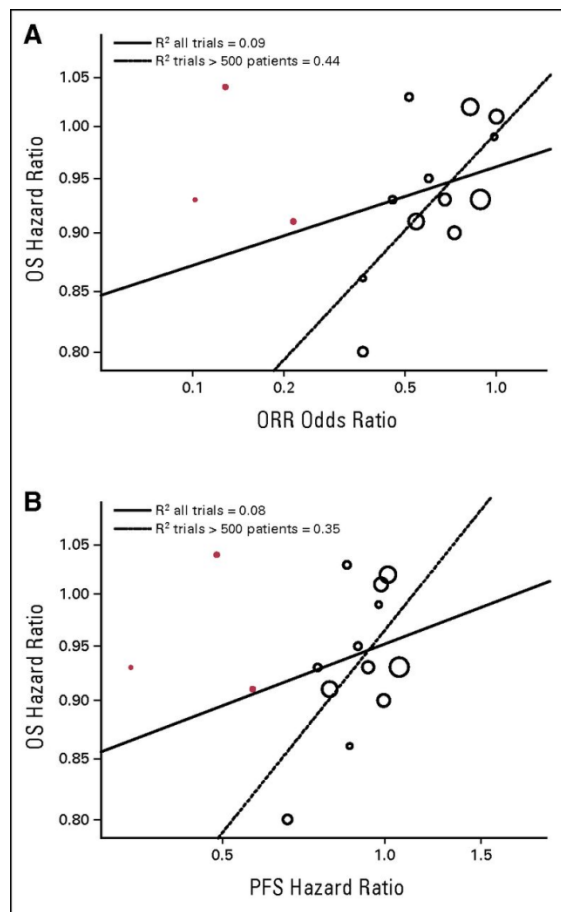
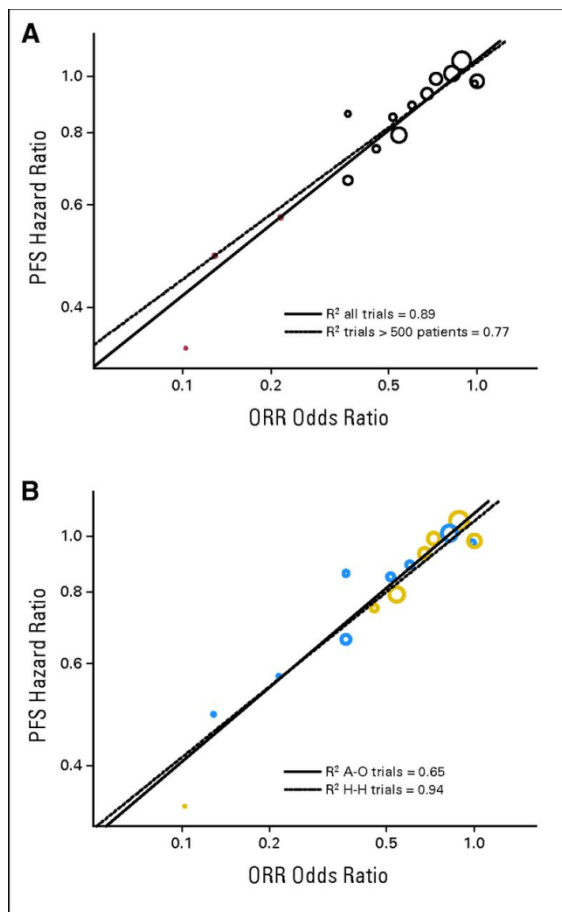




Project examples

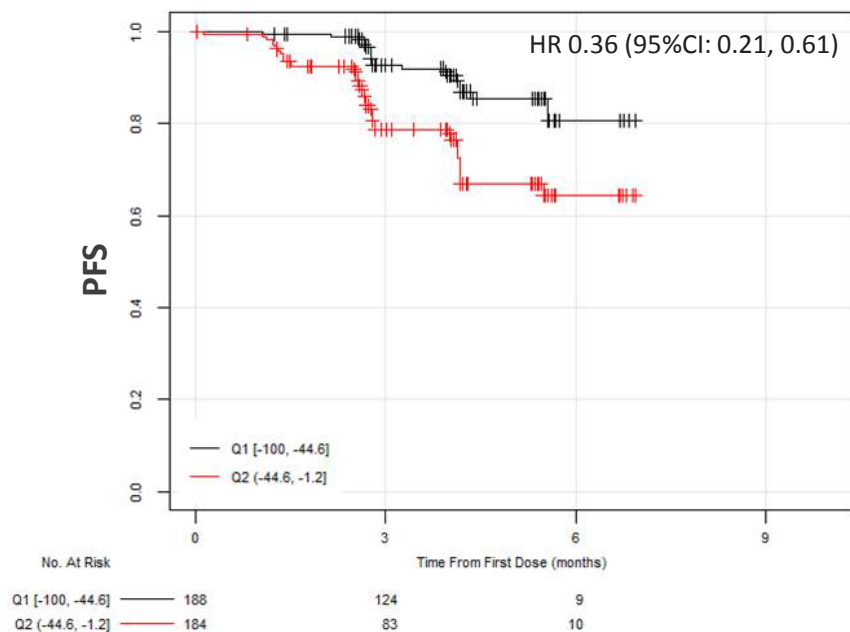
Building on pervious experience and developing
new hypotheses

Efficacy endpoints in non-small cell lung cancer (NSCLC)



Multi-dimensional model to capture tumor kinetics

Depth of tumor response



Pazdur index

- Response (depth, velocity)
- Time: pre-specified landmarks (t_1, t_2, \dots)
- Fidelity: % patients on treatment at t_x
- Other (work in progress)

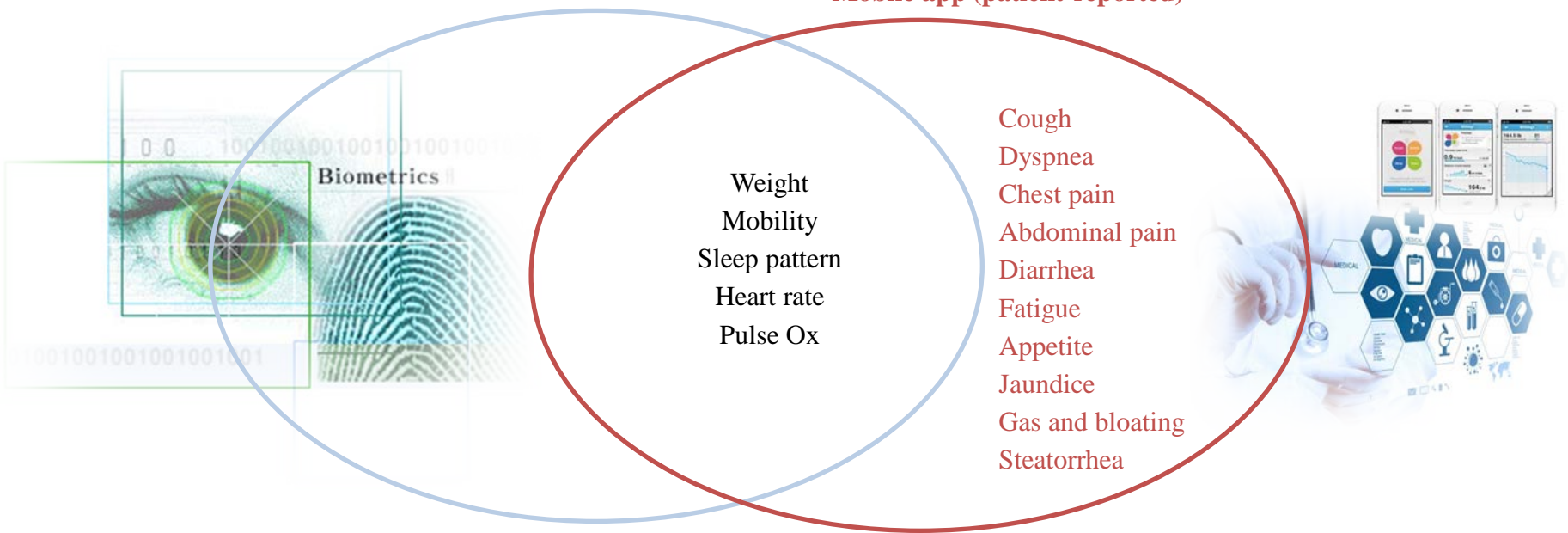
Exploratory pooled analysis of two single arm trials in advanced NSCLC treated with next generation TKI

Patients with >0% decrease in tumor size from baseline based on independent radiology review

Patient- and biometrically-captured experience in oncology

Biometrics/wearables

Mobile app (patient-reported)



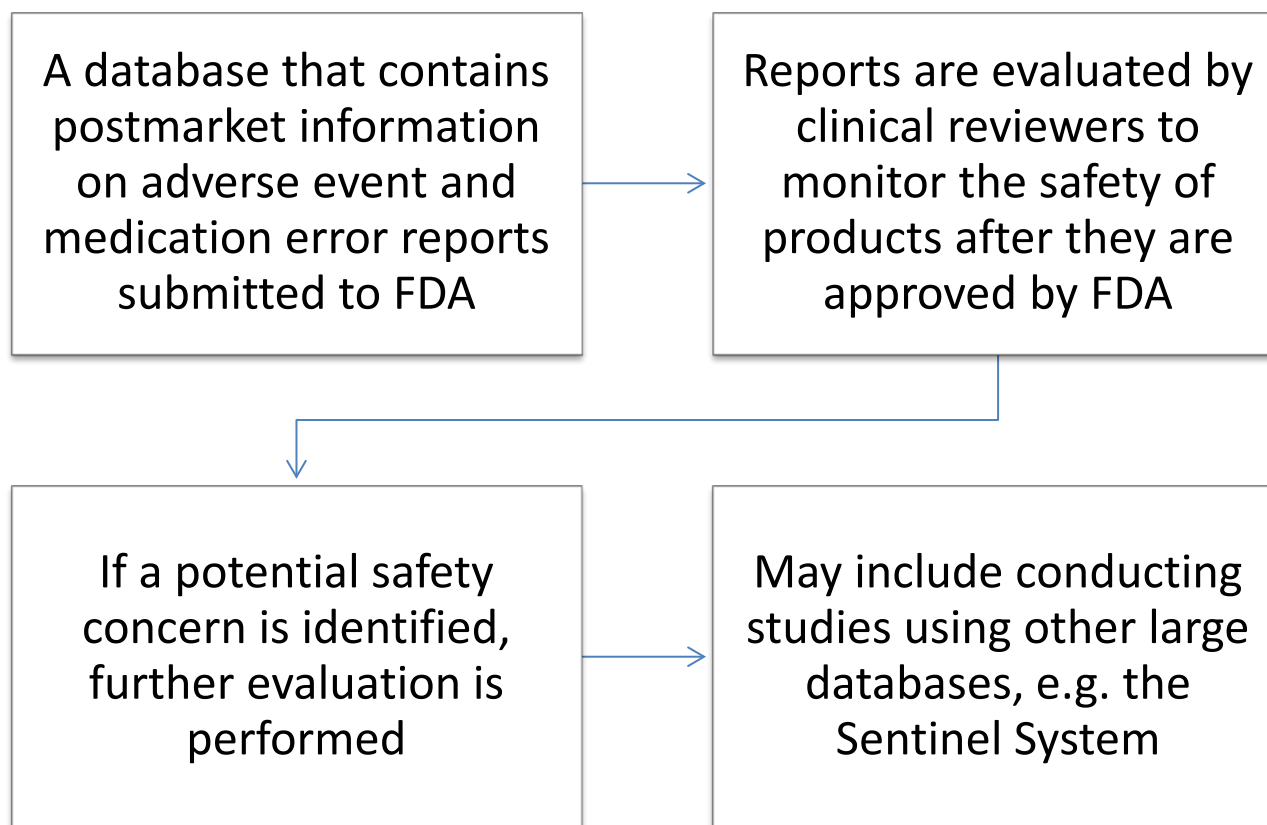


“Real world” data

- FDA Adverse Event Reporting System (FAERS)
- Sentinel Initiative
- Medicare Claims
- Patient registries
 - Usually via formal submissions

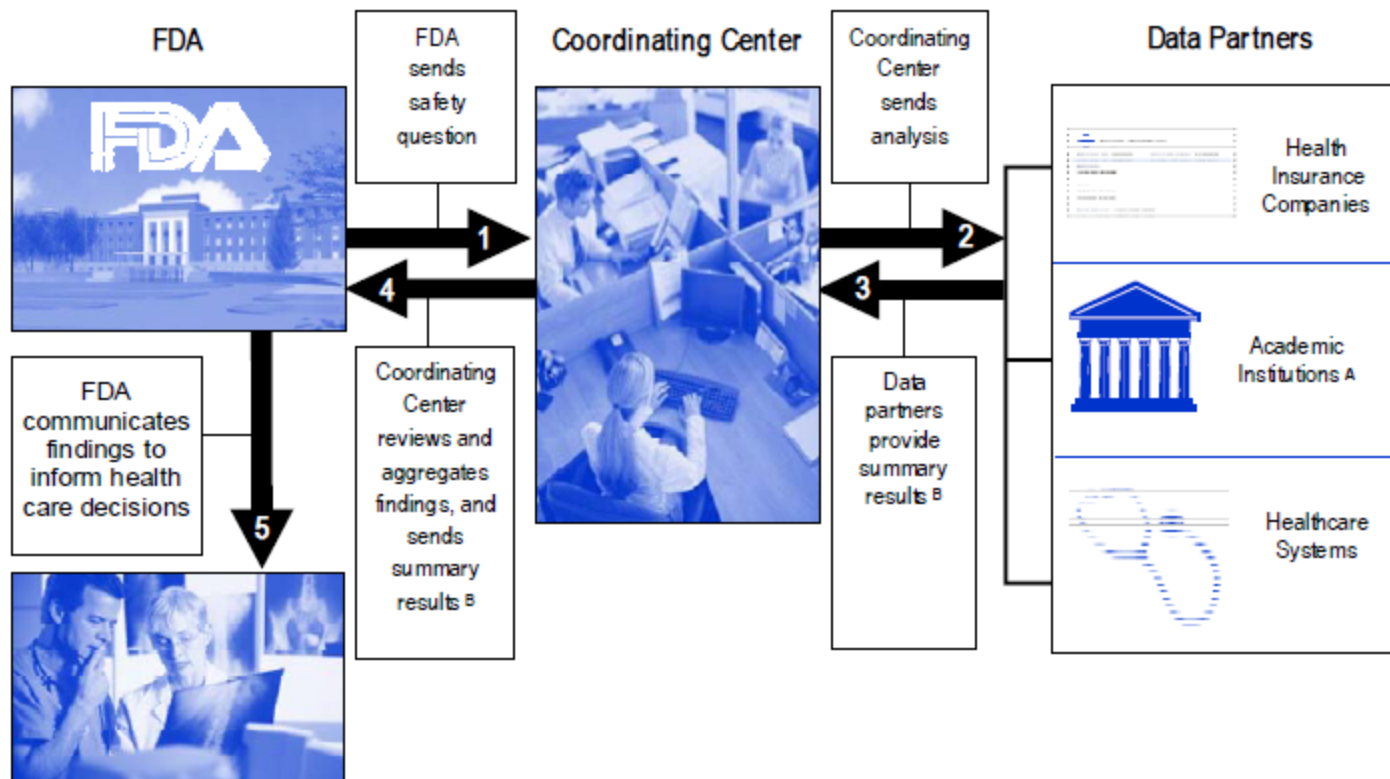


FDA Adverse Event Reporting System (FAERS)





- Section 905 of the Food and Drug Administration Amendments Act (FDAAA), which became law in September 2007, mandates FDA to develop an enhanced ability to monitor the safety of drugs after these products reach the market using “active surveillance”
- In May 2008, HHS announced the launch of FDA’s Sentinel Initiative
- Based primarily on billing codes
 - International Classification of Disease codes (ICD)
 - The Current Procedural Terminology (CPT) codes



- A. Only those academic institutions with electronic healthcare data will receive safety questions for evaluation.
- B. Data partners will provide summary results from analyses conducted within their secure data environments. Those summary results will not include directly identifiable health information.

Challenges with claims-based data

Clinical relevance



Missing data

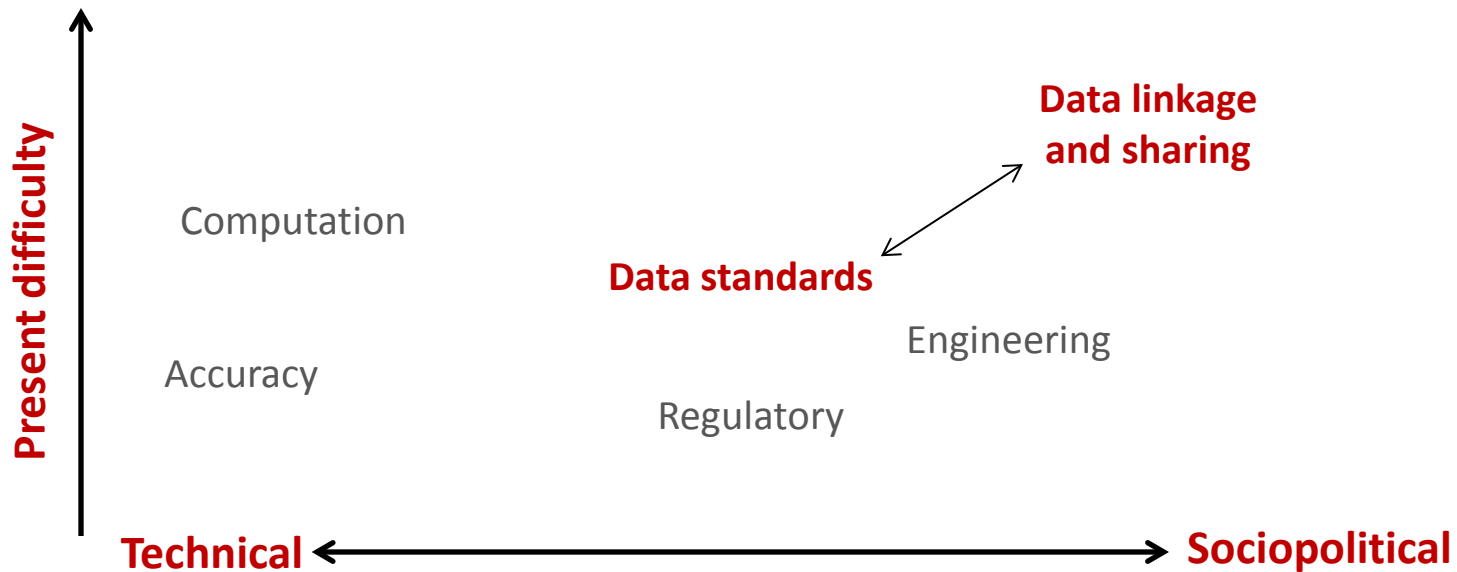
- Information on disease characteristics (e.g., stage, histology, molecular profile) and clinical outcomes (e.g., toxicity, response to treatment)

Real world data: beyond postmarket surveillance?

- Data on natural history of disease, available therapy definitions
- Incorporation of randomization into systems collecting population health data
 - Cluster-randomized studies
 - Individuals grouped into “clusters”
 - Can be a factorial design: multiple clusters and interventions
 - Inference made to the individual

Challenges

More than just technology



Avoid data standards proliferation



Data standards harmonization

Clinical Trials

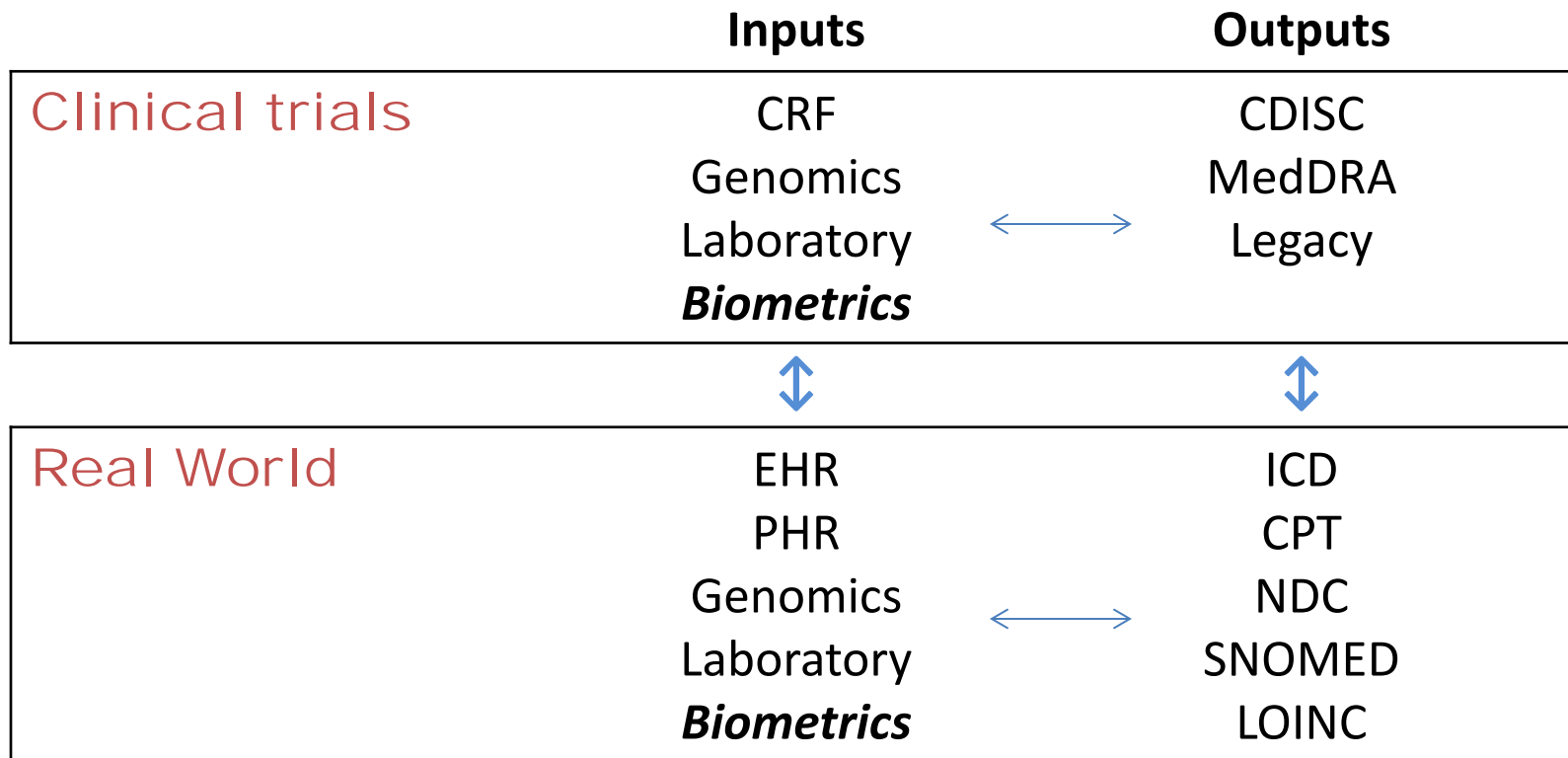
- Clinical Data Interchange Standards Consortium (CDISC)
- Coalition For Accelerating Standards and Therapies (CFAST)
 - Therapeutic area standards development with input from FDA and other stakeholders
 - Lung, breast, prostate, brain tumors

Real World

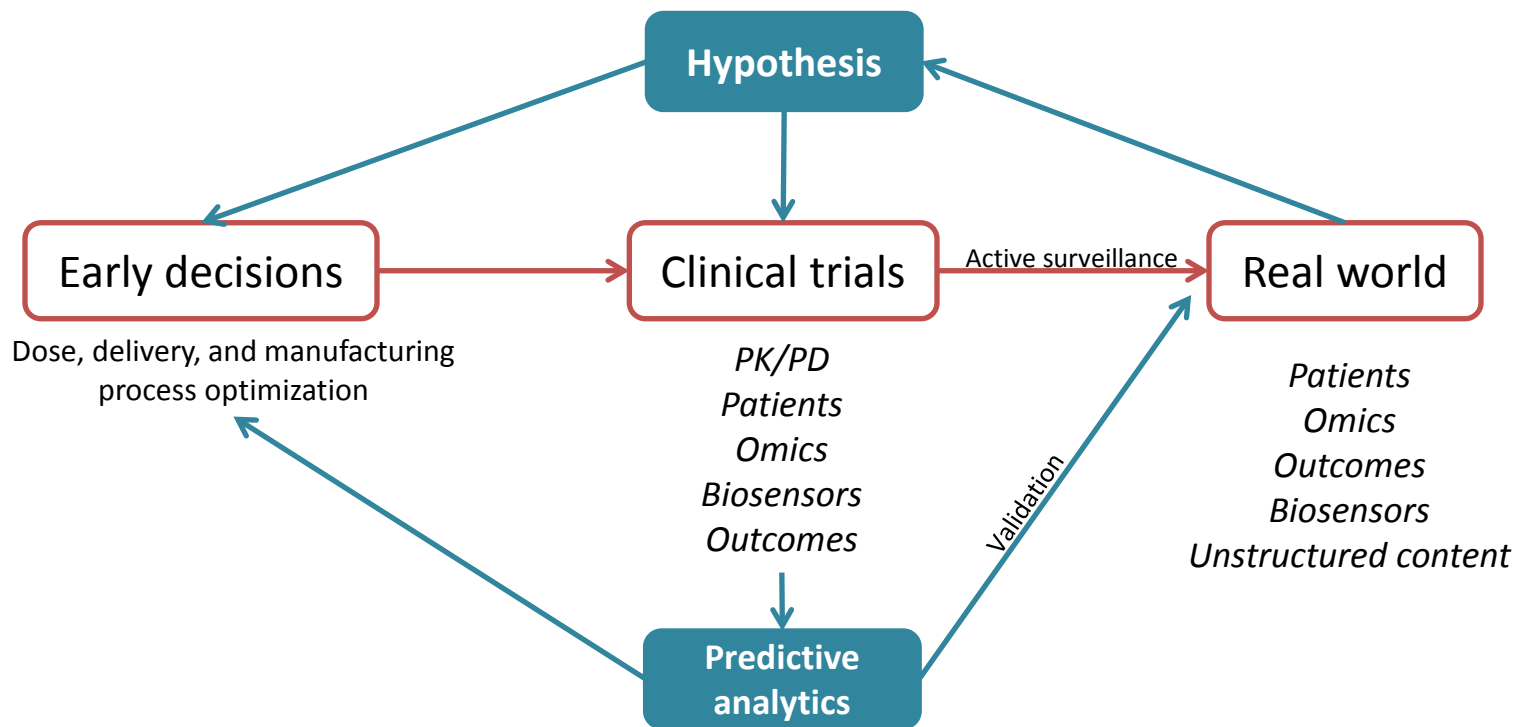
- Health Level Seven (HL7)
- Biomedical Research Integrated Domain Group (BRIDG) HL7 Work Group is working on developing a shared information model
- BRIDG includes CDISC, HL7, FDA, and NIH among its stakeholders



Harmonization



#bigpicture: product lifecycle

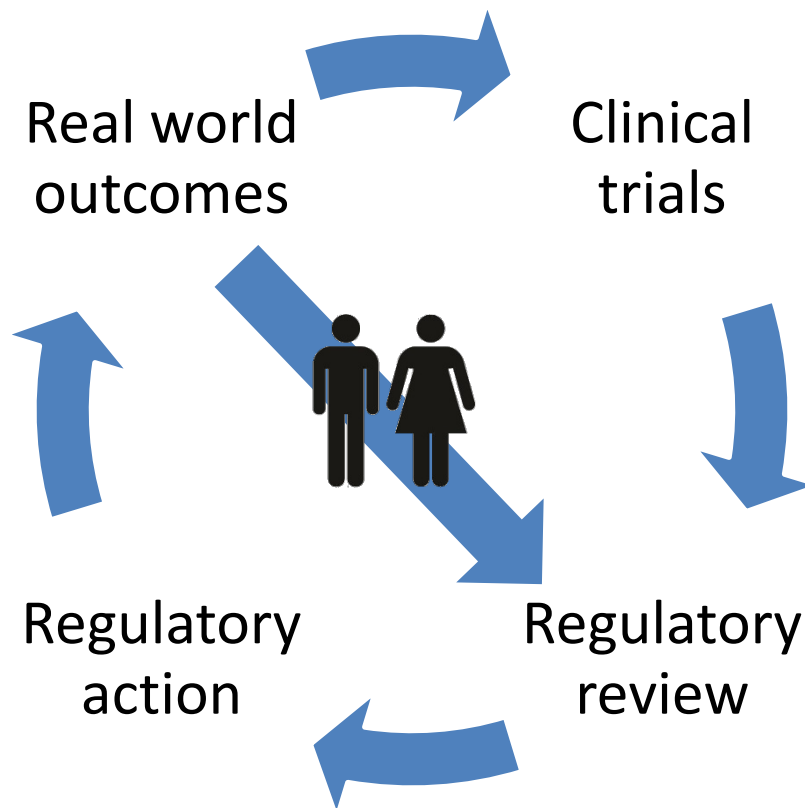


#biggerpicture

The learning health system (IOM)

A system where science, informatics, incentives, and culture are aligned for continuous improvement and innovation

Discovery as a product of the healthcare delivery experience





#thankyou