

IDEAL4RWE – the RWE Training Programme in DIGICORE




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November 13, 2023

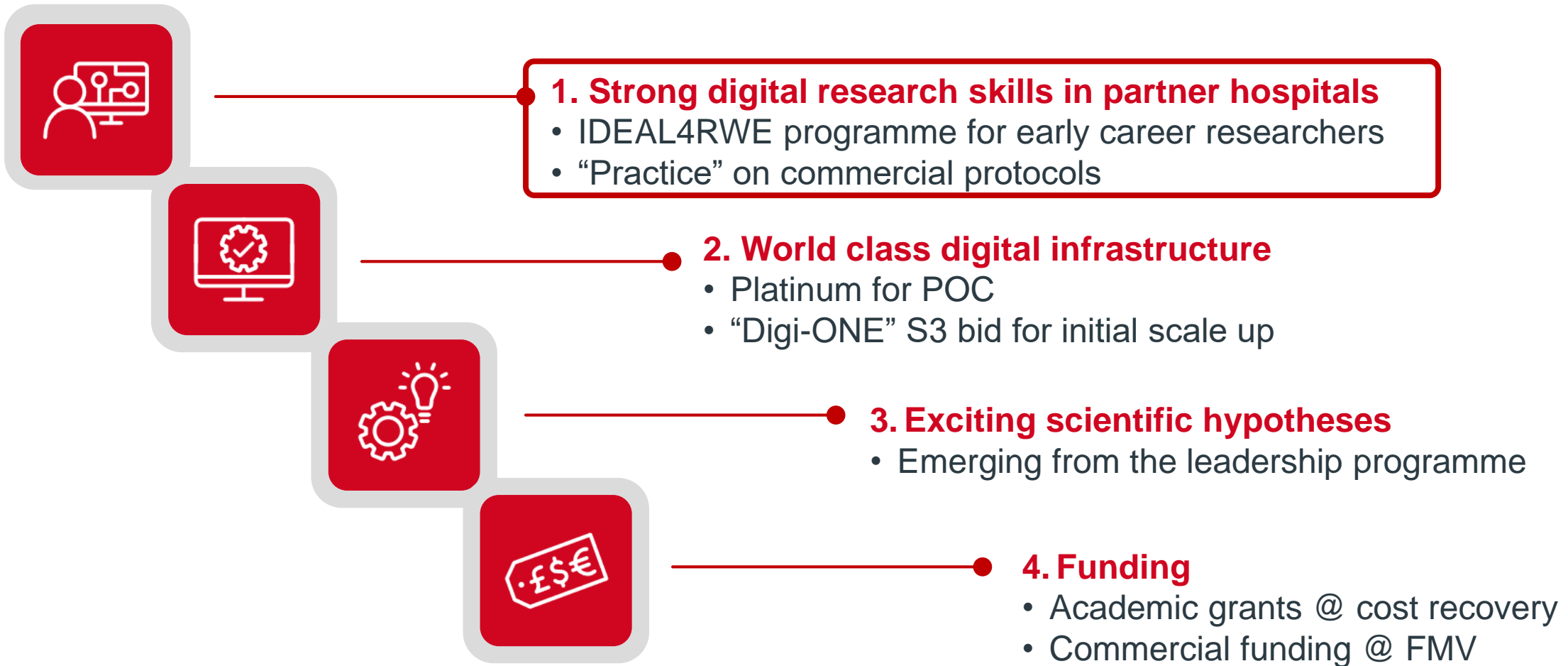


Objectives for today



	(Re-) introduction to IDEAL4RWE	10 mins
	Study team presentations	30 mins
	Reflections and lessons learned	10 mins
	Next steps – announcing a new training programme	10 mins

What does it take for DIGICORE to succeed in its mission?



IDEAL4RWE is a first-of-its kind skills and leadership development programme

Training

Team activity

Recruitment

Jan-Apr 2022

Awareness building and recruitment:

- Centres
- Direct to potential participants

150+ centres invited

Basic training and team formation – light

Apr-May 2022

101 RWE basics

Teams form

0 Individuals sign to learn more



May-Jul 2022

102 Application training

Teams develop simple RWE study concepts

1 Short team application

c.50 applicants from 30 centres join training

Advanced training & protocol – intensive

Jul 2022- Q3 2023

103 Leadership training

201 Advanced RWE technical training

Teams refine and drive pilot RWE programmes with PoC study funding from IQVIA

2 Protocol & Data model

3 Poster & Output

25 individuals selected for leadership training
4 studies / teams (3 funded) from 20 centres

We are here ▲

Mobilisation

Proof of concept study output for follow-on funds

DigiCore

This has been a substantial programme, and feedback has been excellent

The story in numbers

- **47 participants** signed up for phase 1
- **4 seminars** delivered on RWE technical content
- **4 teams** self-organised and working on studies
- **3 teams** awarded **€210k funding** by IQVIA (LAB decision)
- **2 “leadership retreats”** in Paris (Sept '22) and Frankfurt (March '23)
- **2** conference abstracts submitted
- Overall **feedback** received
 - “How likely to recommend?” **8.8/10**
 - “Net promoter score” **62%**



...a real opportunity to foster skills we are not used to using in daily practice

Clinician



I'm very impressed with the programme... I have learned a lot about myself and how I relate to others in meetings and my work environment

Data Scientist



the topics [covered]...made it possible to think critically through our own project/process

Clinician

We are grateful for the input and collaboration of our leadership advisory board



Prof David Cameron
(Edinburgh University)
– Co-chair



Prof Iwona Lugowska
(Oncology Institute,
Poland) – Co-chair



Prof Massimo di Maio
(Oncology
Department, Turin)



Prof Janne Vehreschild
(German Centre for
Infection Research)



Dr Sue Cheeseman
(Leeds Teaching
Hospital)



**Dr Anne-Sophie
Hamy-Petit**
(University of Paris)



Prof Andre Dekker
(Maastricht
Comprehensive
Cancer Centre)



**Gilliosa Spurrier
Bernard**
(Co-chair WECAN)



**Dr Mariana
Guergova-Kuras**
(IQVIA)



James Anderson
(DIGICORE)

TEAM PRESENTATIONS

Breast



TEAM PRESENTATIONS













Head and Neck

TEAM PRESENTATIONS

Prostate

What we learned: planned vs. actual patient numbers



Indication (team size)	Planned countries represented	Planned # patients	Actual countries represented	Actual # patients
 Breast		780		532 ↓
 Head and neck		530		272 ↓
 Prostate		1,010		554 ↓
 Colorectal		980		~550 (TBC) ↓



**Questions for the teams, the
organisers or the Leadership Advisory
Board**

Summary of key lessons learned through process



RWD CDM should be kept as simple as possible



A test run of data extraction even before the protocol completion



Obtain clear perspective and sign-off from data guardians



Genuine collaboration takes work



Leadership, decision-making and dispute-resolving approach



Announcement: 2 training programmes to support i3

1

MEDOC/ ETL training

To upskill hospital IT staff and data scientists to extract and configure data to MEDOC OMOP standard for cancer studies



2






IDEAL4OMOP

To give early career researchers (clinical and non-clinical) the skills they need to design and run cancer OMOP studies

Funding from i3 award budget, with additional contributions from IQVIA



1) MEDOC/ ETL training scope and approach

 Who?	<ul style="list-style-type: none"> • C. 30 Hospital IT staff and data scientists • SQL familiarity (but OMOP not needed) – could be clinician with coding skills or high-performing IT team member
 What?	<ul style="list-style-type: none"> • Training on basics of OMOP and MEDOC • Light-touch support in building a cancer OMOP instance in their hospital
 How?	<ul style="list-style-type: none"> • Virtual seminars basics of OMOP/ MEDOC (Q1-2, 2024) • In-person training event (aligned w/ OHDSI 2024 tbc) • Light touch peer-peer support
 When?	<ul style="list-style-type: none"> • Q1 2024 (recruitment) • Q2 2024 (seminars/ training) • Q3-Q4 2024 (light touch support)
 T&Cs?	<ul style="list-style-type: none"> • i3 hospital (travel funded by grant) • Other organisations (need to fund travel)

Aims
<p>By July 2024:</p> <ul style="list-style-type: none"> • A cohort of 30+ OMOP trained hospital IT staff, leading in-hospital implementation • A library of open source tools/ documentation for use by other hospitals (built off existing implementation guide)
<p>By end 2024 and beyond:</p> <ul style="list-style-type: none"> • Expanded number of DIGICORE members with basic OMOP instance (suitable for e.g., counts)

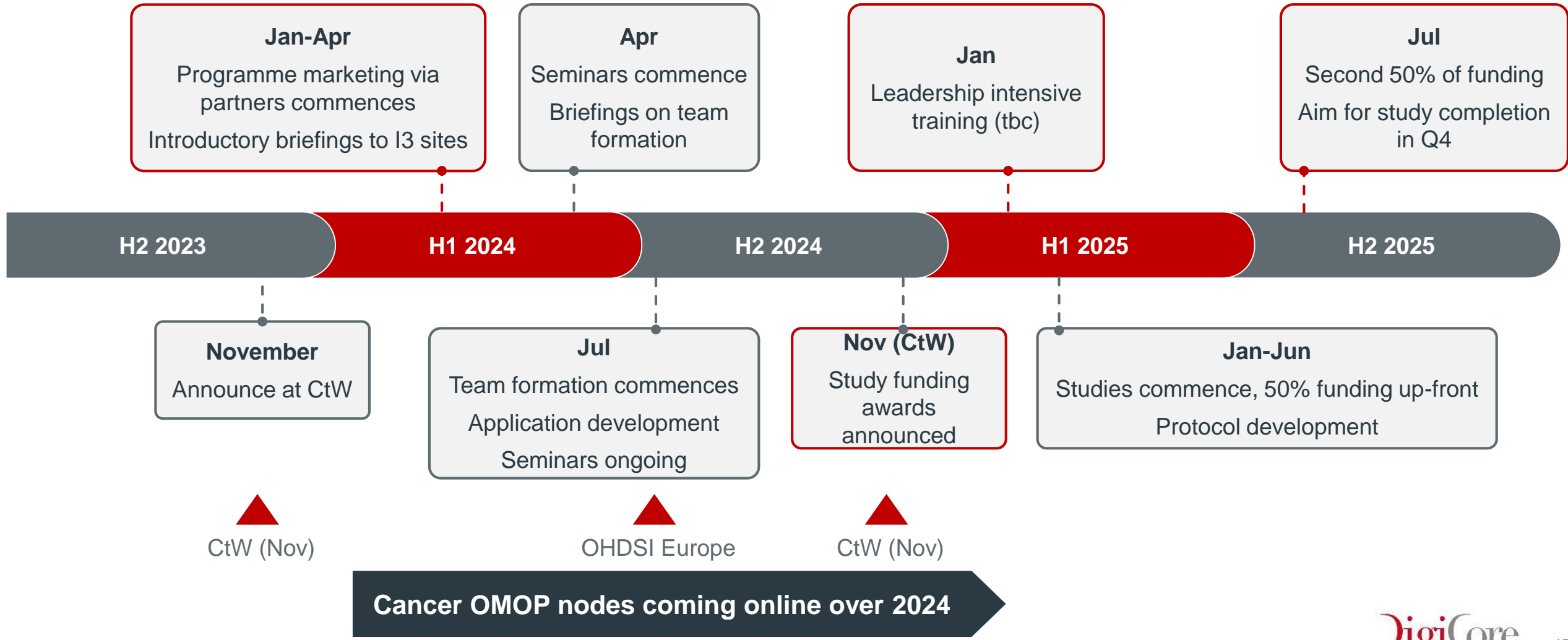
2) IDEAL4OMOP scope and approach

 Who?	<ul style="list-style-type: none"> • Under 45yr clinicians, data scientists etc. • Want to lead OMOP enabled oncology research
 What?	<ul style="list-style-type: none"> • Training on both technical and leadership skills • Delivery of an international proof-of-concept study
 How?	<ul style="list-style-type: none"> • Mix of training styles: Face-to-face and virtual • Funding available (can cover backfill) • Advisory board oversight <u>and allocation of funding</u>
 When?	<ul style="list-style-type: none"> • Recruitment and free introductory programme in Q1-2 2024 • RWE studies start in Q4 2024, conclude Q4 2025
 T&Cs?	<ul style="list-style-type: none"> • Cancer OMOP instance in place (or planned with funding) • For backfill study funding: centre must be DIGICORE member. Others can participate – but no funding • Balance of different tumour types (solid/ haem/ rare)

Aims
By June 2025
<ul style="list-style-type: none"> • A cohort of 30 future research leaders skilled in OMOP research
<ul style="list-style-type: none"> • c. 3 proof of concept studies delivering analytic outputs (IQVIA provides study fund of €300k, tbc)
<ul style="list-style-type: none"> • Increased awareness of DIGICORE



Indicative timeline for IDEAL4OMOP Cohort



Target audience for IDEAL4OMOP, and what's in it for them?

Target clinician (statistician/ epi) is research interested (but not research obsessed)

What is in it for them?

% clinicians in Cancer centre X



- Seed funding & training for pilot studies
- International peers in their disease (= HORIZON team ready)
- Deep methods expertise from partners
- Secretarial / coordination support



A unique opportunity to create large scale, fundable outcomes research consortia

We need your help: We are starting recruitment now!



If you or colleagues are interested in learning more:

- Expressions of interest to training@digicore-cancer.eu
- Speak to a member of the DIGICORE team
- Look out for introductory seminars coming soon

