

EUROPEAN COLORECTAL CANCER DAYS

Post conference workshop

Can we utilize real-world data to support colorectal cancer control?

Pavlík T., Májek O., Mužík J., Blaha M.

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Contributions at this workshop

1. Mužík J.: **Hospital-based data in regional and local strategies optimizing CRC control and management**
2. Blaha M.: **Automated research and mining of real-life hospital cancer care data**
3. Májek O.: **Can we utilize hospital-based data to improve the performance of CRC screening?**

Contribution 1: Hospital-based data in regional and local strategies optimizing CRC control and management

- ➔ I-COP project aims to combine and analyse
 - ➔ medical insurance records (*“hospital-based data”*)
 - ➔ and records from the Czech National Cancer Registry (*“population-based data”*).
- ➔ The project enables complex analyses for individual health care facilities.
- ➔ **The project enables complex view on health care given to oncology patients.**

My thoughts... what is important

➔ There is a limited information value with respect to be able to cover the regional and the whole population situation ...

... THIS SHOULD BE BORNE IN MIND

➔ Such data are necessary to obtain and analyse ...

... TO COMPLEMENT THE EVIDENCE COMING FROM RCTs

My questions

1. Who is the owner of the combined data?
2. Who can use the combined data and the analytical results?
3. What is the “fusion” rate? In other words, what is the percentage of data that cannot be fused?

Questions from audience?



Contribution 2: Automated research and mining of real-life hospital cancer care data

- ➔ I-COP project also aims to provide an educational and informational support for the oncologists.
- ➔ The I-COP Browser will provide interactive and user friendly environment for visualization of hospital data.
- ➔ The I-COP Browser will enable to see
 - ➔ aggregated as well as
 - ➔ detailed patient data.

My thoughts... what is important

➔ I see two important aspects:

... REAL-LIFE data × RECENT data

➔ There is a problem with data representativeness – CCCs are not fully representative of the whole cancer care...

... THE RESULTS SHOULD BE CAREFULLY DISCUSSED

➔ Simple benchmarking of individual results against population data can be misleading

... NEED FOR PROPER METHODOLOGY

My questions

1. What is the “maximum recency” of data, we can get?
2. Is the I-COP Browser really safe with respect to personal patient data safety?
3. What kind of users will be provided with the analyses and what kind of users will be given access to the Browser. What is the difference between these two groups?

Questions from audience?



Contribution 3: Can we utilize hospital-based data to improve the performance of CRC screening?

- ➔ Rich literature exists regarding use of hospital-based (administrative, claims) data for evaluation of CRC screening.
- ➔ However, mainly from the US Medicare database.
- ➔ Such data are also available in the Czech Republic.

...AND THEY CAN BE ANALYSED

My questions

1. There are hundreds of health care facilities that provide screening procedure. Is it possible to achieve such goal as the nationwide utilisation of administrative data?
2. What can be done to improve the sensitivity of administrative data for identification of procedures and outcomes?

Questions from audience?



Final comment

➔ **QUESTION:**

Can we utilize real-world data to support colorectal cancer control?

➔ **I hope we have convinced you that the ANSWER is ...**

**YES
WE
CAN**

Thank you for your attention!