Big Data : New and Emerging Big Data Strategies in Oncology

Bringing Value from Big Data Analytics into Clinical Practice

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Disclosure

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It takes a village to make a Big Data Analytics Resource System

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- wandardizations, fix y of key data element
- ign datab database, receiving load, to simplify answering use case q ing teams combine clinical, research and informatics doma
- So you want to build a Big Data Analytics Resource System ?

Most of your effort is going to be in building and improving ETL processes

- · It takes a multi-disciplinary community that wants to make it real
- · Invest in people with diverse skill sets
- Need commitment from leadership



University of Michigan – Radiation Oncology Analytics Resource



Be proactive on the Ethics of Access

- Acknowledge that data are people and can do harm
- Recognize that privacy is more than a binary value
- Develop a code of conduct for your organization, research community, or industry

Zook, Barocas, Pasquale, et al. Ten simple rules for responsible big data research. PLOS Computational Biology | https://doi.org/10.1371/journal.pcbi.1005399 March 30, 2017



Culture Shift: Standardize entry of Diagnosis and Staging -> Volume, Value



Data in the Electronic Medical Record



- Huge volume of text data available
- M-ROAR access (ie **velocity**) is fast (seconds)
- Potentially really valuable source of information
- The problem is variability ...
 - the solution is standardization

EMR Access + standardization -> Volume, Value

- : Automate harvesting regular data entered into notes in EMR
- Presentation standardizations improve harvest-ability







Culture Shift: Build templates in EMR with standardized schema for key data elements

Standardized schema designed to function with regular expressions
 Physician selection from drop down lists of standard values -> Fast, Easy, Accurate

Disease Site Information	
> Treatment Area= Primary <	
> Status= No Evidence of Disease <	
> KPS = 80 (range 0 - 100) <	
Toxicities	
> Dyspnea=0 (none) <	
P Cough=1 (symptomatic, non-narcotic medication only indicated) Attribution=possibly related <	
> Dysphagia=0 (none) Attribution=none <	_
> Chest Wall Pain=0 (none) <	
Fatigue=1 (mildfatigue over baseline) Attribution=possibly related <	

Requests for data tend to fall into three categories

Type of query	Typical value
Practice Quality Improvement (PQI)	Evidenced based approach to improving clinical processes and patient care
Translational Research	Provide data sets needed for publications and grants
Administrative Support	Ease access to data needed by front office e.g. Certificate of Need, Regulatory Groups, Institutional evaluation





SRS and SBRT Utilization Analytics





Value Categories

Practice Quality Improvement
Translational Research



EMR -> MROAR

- Batch processing possible
- Reduce work Integrate with treatment data



Patient Cohort Identification



How can I find a list of patients treated in a particular way?

Value Categories Practice Quality Improvement Translational Research Administrative Support



Treatment Timeline and Imaging Analytics





Can we use our historical DVH data when we are examining new treatment plans?

advances ASTRO

Incorporating Big Data into Treatment Plan Evaluation – Development of Statistical DVH Metrics and Visualization Dashboards

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Statistical DVH Dashboard

- Disease Site DVH Metric Summaries
- Practical Statistical Metrics
 Generalized Evaluation Metric . Weighted Experience Score
 - Difficulty Ranking Score Experienced based priorities :



Statistical DVH Dashboard – Plan Summary Panel







Producting dataset failure in early stage NSCLC transfer with SBRT using chiral processions dataset for the stage of the stage of the stage of the stage of the stage dataset of the stage of the dataset of the stage of the sta





- ML algorithms are data hungry: models and validation
- Need realistic representations of clinical distributions move from 10's to 1000's of patients
- Foundation for resolving differences between models







Community Science

Variability in data and processes undermines reaching the real potential of Big Data





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No one institution can be the solution for these issues





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No one institution can be the solution for these issues

Viable solutions from community of individuals solving issues in their institutions then collaborating on shared solutions





Summary

- AAPM Science Council FOREM Practical Big Data Workshop 2017
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S30 Sam Data Sorae, Kan Arken Kelagan

VAR[†]AN OElekta

summerilations and Normanilatures ation Oncology information Systems an Practices for Data Aggregation and Cuop taleconferences, oral and poster pr articipants will share their experience

Key Data
Template
Optimize

.

Analytics from Big Data fit readily into Clinical practice supporting Translational Research Practice Quality Improvement Administrative Support

Effort needed to build a Data Culture Clinical practice changes Support for access, extraction and curation

Community Science Development and publication of common standards Multi-institutional data sets

