



# The utility of REDCap and Cbioportal in collecting and analyzing oncological patient's clinical data

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## Thank you

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## What kind of data do we want for our research?

- Demographic (Age, Sex, Martial statues, number of children, address)
- Oncological Diagnosis
- Medical history
- Treatment (Surgical, Radiotherapy, Medical)
- Molecular findings (pathogenic variations,
- Immunohistochemistry, somatic variations, expression data)
- Research data

### Statues

 Machar – The work environment of the Hadassah Medical center. Contains electronic medical records spanning 40 years. Some fields are tabulated but most of the information is in free text. One person at a time one patient at a time.

 TriNetX – An interface allowing anonymized data interrogation for some fields. One person at a time.

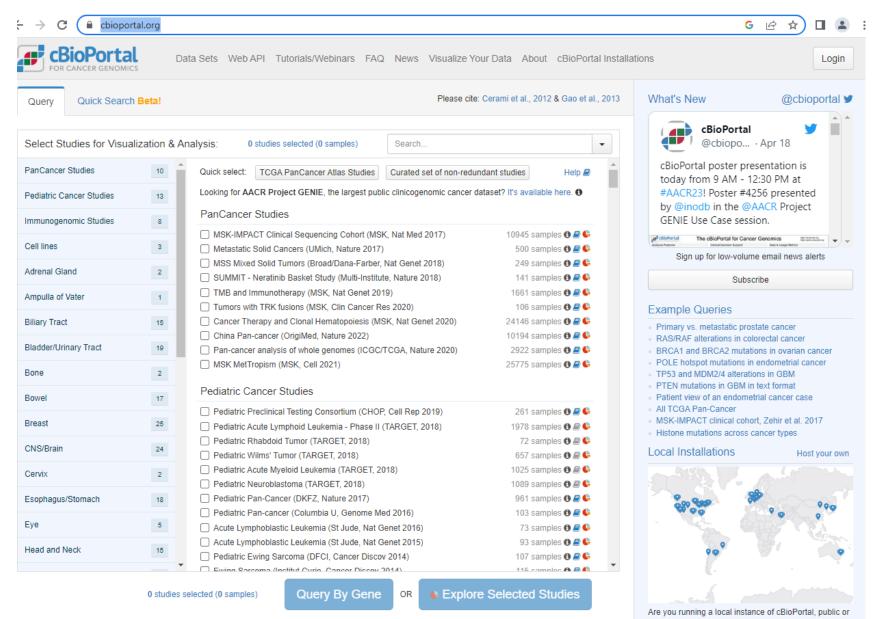
### Aim

A graphical interphase that automatically captures data from the Machar and research, allows entry of new fields, multiple users can work simultaneously, easy to use.



## cBioportal

https://www.cbioportal.org/

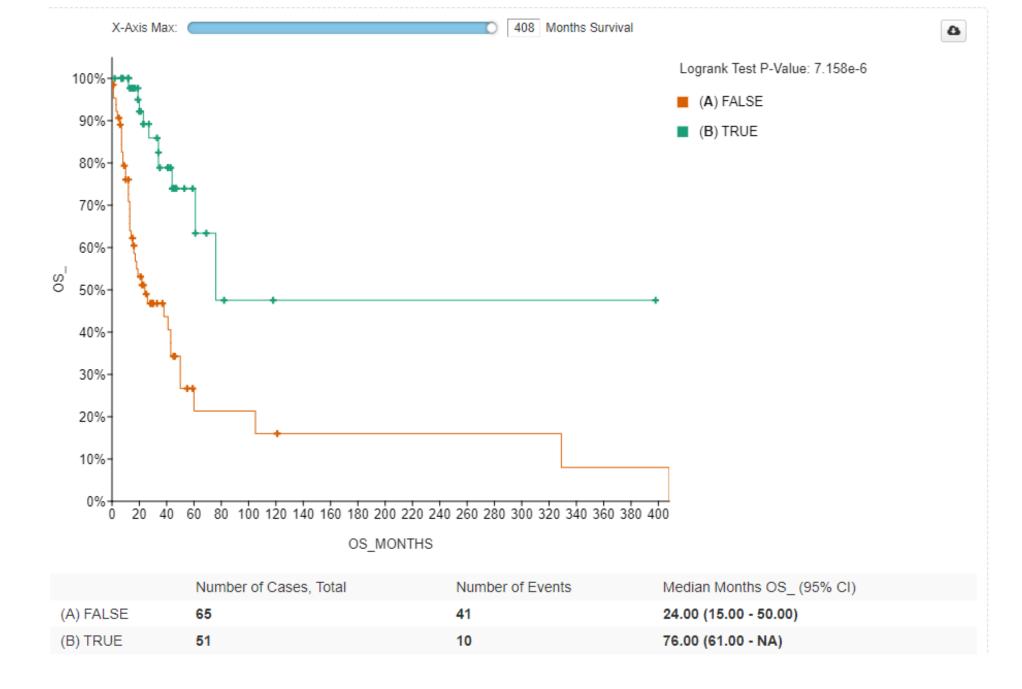




The cBioPortal for Cancer Genomics provides **visualization**, **analysis** and **download** of large-scale cancer genomics data sets. Please adhere to <u>the TCGA publication guidelines</u> when using TCGA data in your publications.

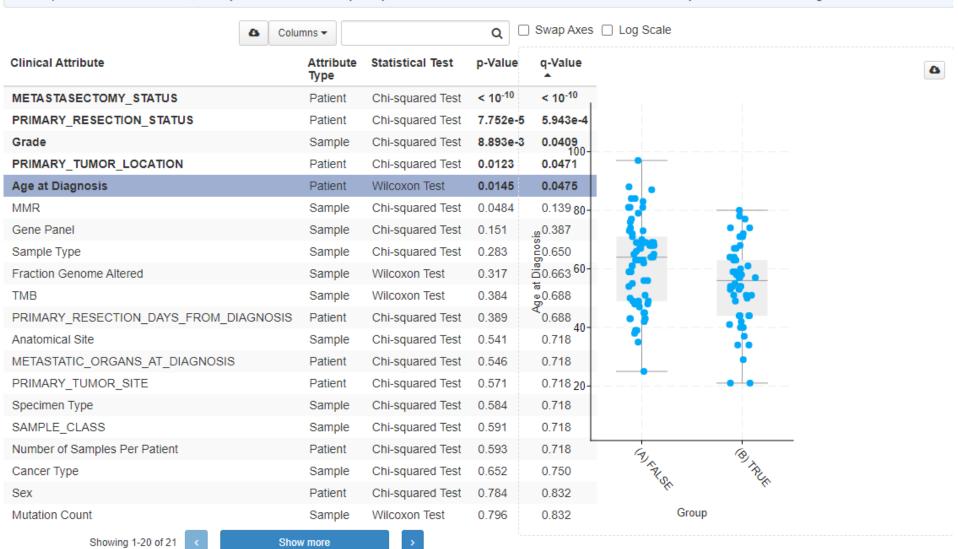
Please cite Gao et al. Sci. Signal. 2013 & Cerami et al. Cancer Discov. 2012 when publishing results based on cBioPortal.

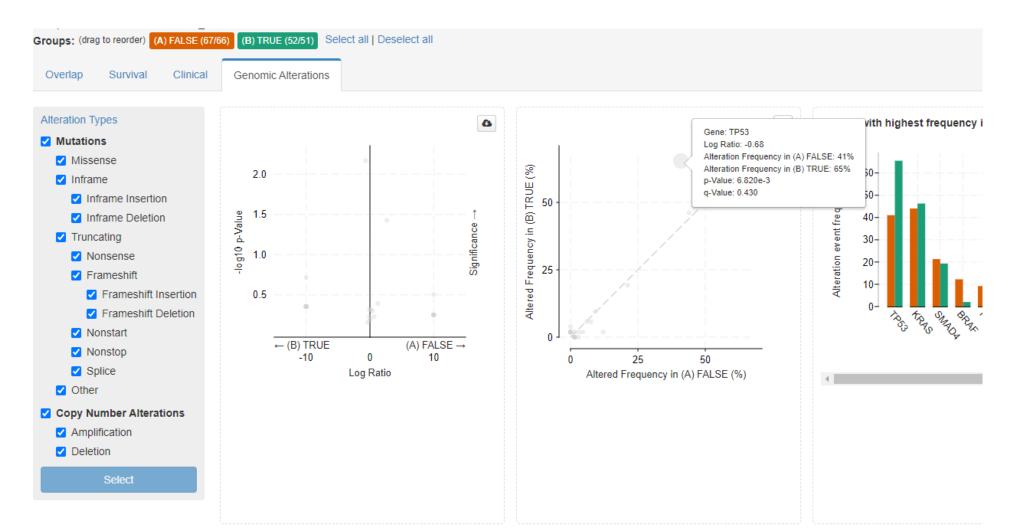
Please cite: Cerami et al., 2012 & Gao et al., 2013 Download Query Select Studies for Visualization & Analysis: 0 studies selected (0 samples) Search... • Select all listed studies (4) Bowel Lung 1 Bowel 2 Other Colorectal Adenocarcinoma Metastatic Colorectal Cancer (Hadassah Medical Center, 2017-2021) 119 samples 🐧 🖨 📞 Lung hadassah\_elcap 1279 samples 🛈 🗐 📞 Other SELECTALL Cancer of Unknown Primary → MIXED CANCER TYPES ☐ GENIE BPC NSCLC v2.0-public 2004 samples 6 🗐 🕒 ☐ Hadassah FoundationOneCDx 566 samples 🛈 🗐 📞



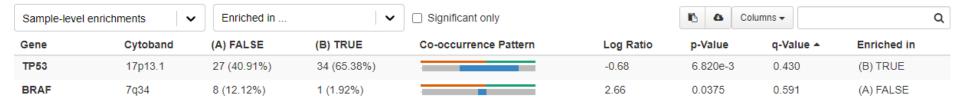
## Metastatic Colorectal Cancer (Hadassah Medical Center, 2017-2021) Groups from METASTASECTOMY\_STATUS Groups: (drag to reorder) (A) FALSE (67/66) (B) TRUE (52/51) Select all | Deselect all | Overlap Survival Clinical Genomic Alterations

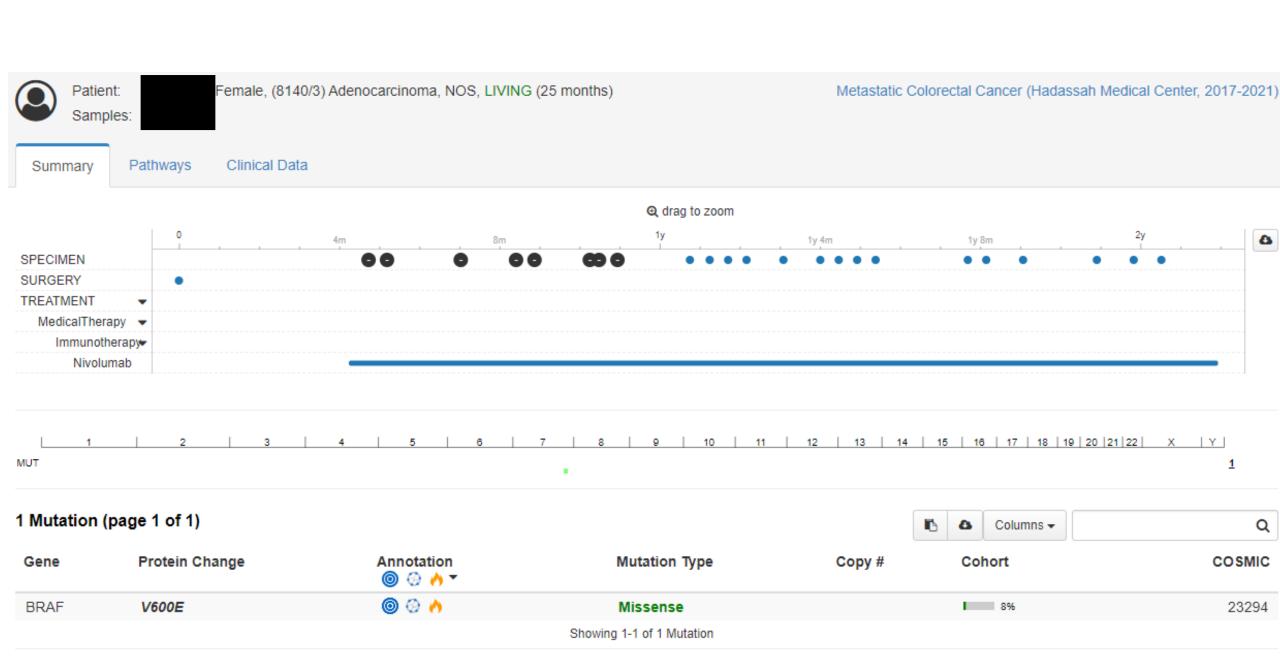
1 Interpret all results with caution, as they can be confounded by many different variables that are not controlled for in these analyses. Consider consulting a statistician.

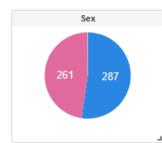


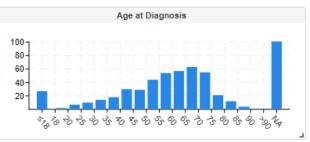


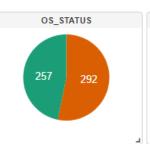
#### Genomic Alterations

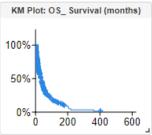












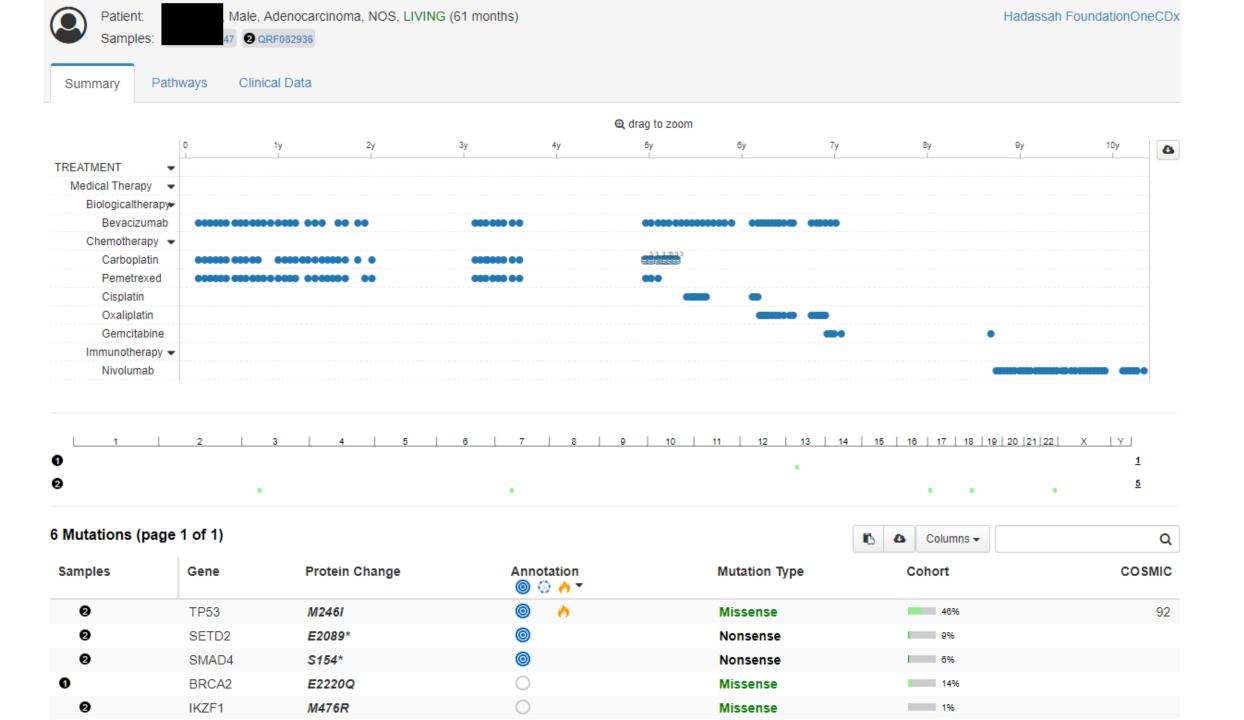
TUMOR_SITE			
	#	Freq ▼	
Lung, NOS	□ 96	17.5%	٨
■ Breast, NOS	□ 61	11.1%	
■ NA	□ 45	8.2%	
Pancreas, NOS	□ 36	6.6%	
Colon, NOS	□ 31	5.6%	
Brain, NOS	□ 28	5.1%	
Thyroid gland	□ 21	3.8%	
Stomach, NOS	□ 16	2.9%	
Rectum, NOS	□ 15	2.7%	
Extrahepatic bile duct	12	2.2%	
Prostate gland	□ 12	2.2%	*
Search			

# 148	Freq ▼ 27.0% 25.1% 6.2% 4.7% 2.9% 2.2%
138 34 26 16	25.1% 6.2% 4.7% 2.9%
34 26 16	6.2% 4.7% 2.9%
☐ 26 ☐ 16	4.7% 2.9%
☐ 16	2.9%
12	2.2%
12	2.2%
12	2.2%
11	2.0%
□ 6	1.1%
<u>6</u>	1.1%
	6

	Mutated Genes (566	profiled samples)	
<b>▼</b> Gene	# Mut	#	Freq ▼
TP53	300	□ 260	45.9%
KMT2D	122	□ 103	18.2%
KRAS	102	□ 99	17.5%
ATM	117	□ 96	17.0%
MED12	99	□ 95	16.8%
APC	122	□ 94	16.6%
BRCA2	93	□ 79	14.0%
TSC2	80	□ 78	13.8%
DNMT3A	101	□ 74	13.1%
NF1	79	□ 68	12.0%
MAP3K1	77	□ 67	11.8% ▼
Search			_

	CNA Genes	(277 profiled sa	amples)		
<b>▼</b> Gene	Cytoband	CNA	#	Freq ▼	
CDKN2A	9p21.3	HOMDEL	□ 95	34.3%	4
CDKN2B	9p21.3	HOMDEL	□ 85	30.7%	ı
MTAP	9p21.3	HOMDEL	□ 50	18.1%	
MYC	8q24.21	AMP	25	9.0%	
EGFR	7p11.2	AMP	□ 21	7.6%	
CCND1	11q13.3	AMP	□ 18	6.5%	
FGF19	11q13.3	AMP	□ 15	5.4%	
MDM2	12q15	AMP	□ 14	5.1%	
RB1	13q14.2	HOMDEL	□ 13	4.7%	
FGF4	11q13.3	AMP	□ 13	4.7%	
TEK	9p21.2	HOMDEL	□ 12	4.3%	-

Treatment by Patient		
Treatment	# ▼	
Palonosetron	□ 152	_
Carboplatin	□ 143	
Fluorouracil	□ 113	
Oxaliplatin	□ 108	
Leucovorine	□ 108	
Paclitaxel	□ 104	
Irinotecan	□ 103	
Gemcitabine	□ 100	
Bevacizumab	□ 100	
Cisplatin	□ 99	
Zolendronic Acid	□ 61	*



## REDCap



153 (1.8M)

Users

31.9k

ABOUT

PARTNERS

RESOURCES

SOFTWARE

#### **ABOUT**

REDCap was created in 2004 at Vanderbilt University. It originally supported a small group of clinical researchers who needed a secure data collection tool that met HIPAA compliance standards. REDCap quickly became their go-to method for supporting both single and multi-site research studies.

REDCap's developers firmly believed that nobody could know the research as well as the researcher. So a user-friendly web-based interface was introduced to put the researchers in total control of their work. No background knowledge or technical experience was needed to use REDCap; researchers could directly manage their own projects whenever and however they wished, through any browser on any device.

Vanderbilt was now able to invest minimal institutional resources yet still safely and reliably support an increasing number of research studies in REDCap. They explored ways to disseminate the now mature software, as well as to foster broader collaboration for future development.

In 2006, the REDCap consortium officially launched. The consortium began as a handful of nonprofit organizations interested in expanding REDCap's functionality through collaborative software development. Each partner site was given access to the codebase so that they could install their own REDCap system and offer it to their researchers as Vanderbilt had done for its own clinical researchers.

The consortium focused on building a strong community, with international participation right from the start. REDCap usage began to grow rapidly as organizations realized they could 1) fully customize their systems to meet their local security policies, 2) personalize features/functionality to address user needs, and 3) have direct input into the future direction of the software - all at no cost.

Over the next few years, consortium sites across the world found that REDCap empowered them to take control of their work in a way they couldn't with previous data collection tools. Researchers reported that the very process of using the software actually improved research, through REDCap's fundamental features/functionality (like the Project Setup checklist and Shared Library of pre-built

#### **DIVE DEEPER**

If you represent a not-for-profit institution and you seek to join the REDCap Consortium, then visit the Join page.

Learn more about our software or sign up for a free demonstration account of REDCap.

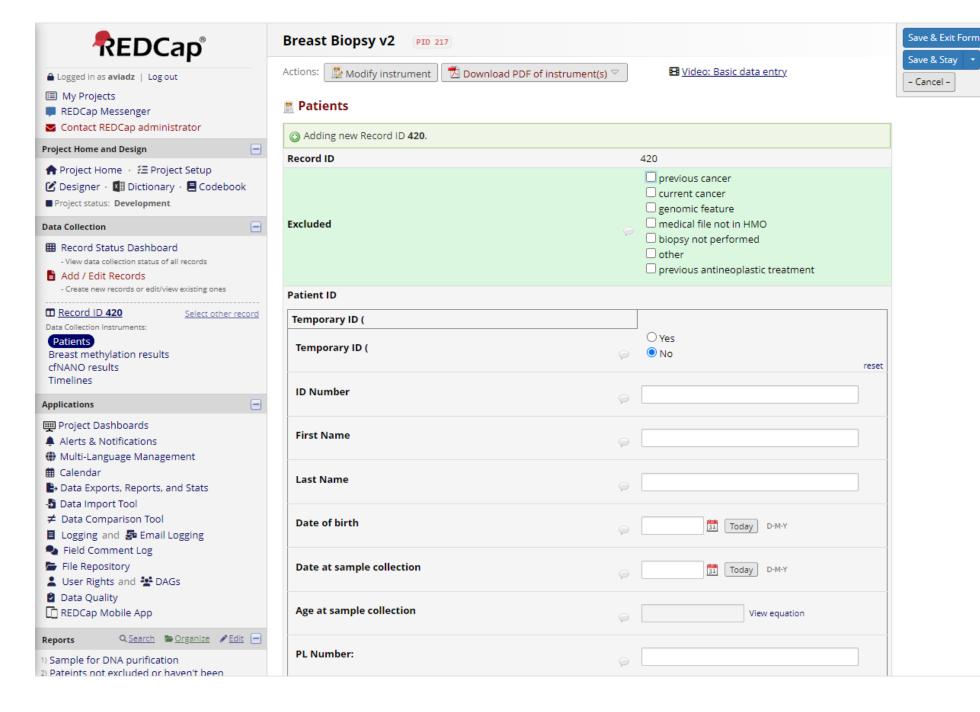
Learn more about REDCap's story and the REDCap Consortium, a community that collectively supports REDCap activities.

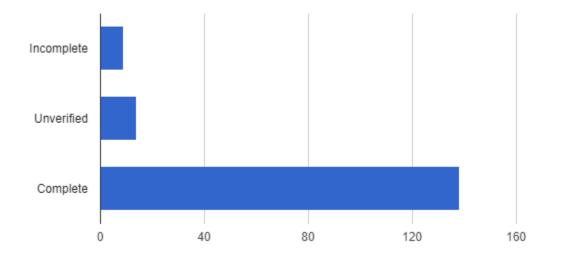
If you are already at a member institution, find your group on our world map or in our list of REDCap partners.

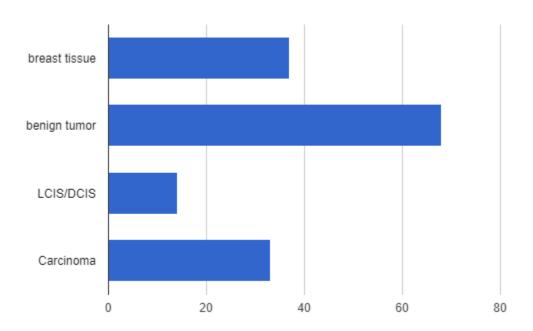
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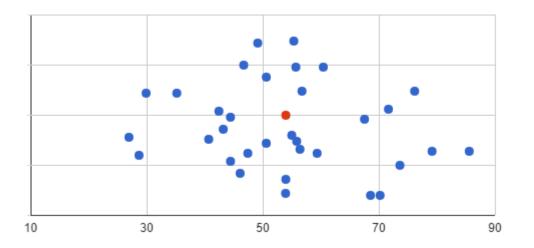
#### NEWEST FEATURE

File Repository Improvements: The File Repository page has been redesigned to make it easier to store, organize, and share the files in your projects.





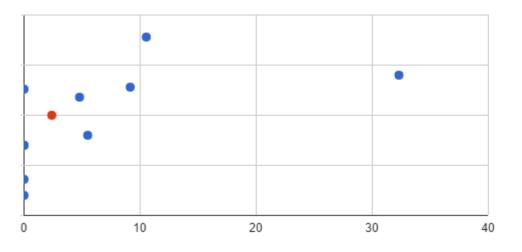




Age at sample collection (age\_at\_sample\_collection) Refresh Plot

Total										P	ercentile	•		
Count (N)	Missing*	Unique	Min	Max	Mean	StDev	Sum	0.05	0.10	0.25	<b>0.50</b> Median	0.75	0.90	0.95
33	0 (0.0%)	33	26.88	85.50	53.92	14.46	1779.2	29.34	36.22	44.37	53.90	60.35	73.16	77.29

Lowest values: 26.875181101140566, 28.608276236564294, 29.82664485467418, 35.116281192175975, 40.6139984622089 Highest values: 71.57447905615219, 73.55101975628064, 76.08917363121762, 79.08991971087703, 85.50198384178547



breast2(all T) (breast2\_all\_t) Refresh Plot

Total											Percent	ile		
Count (N)	Missing*	Unique	Min	Max	Mean	StDev	Sum	0.05	0.10	0.25	<b>0.50</b> Median	0.75	0.90	0.95
10	23 (69.7%)	6	0	32.30	6.22	10.02	62.24	0	0	0	2.39	8.23	12.71	22.50

Lowest values: 0, 0, 0, 0, 0

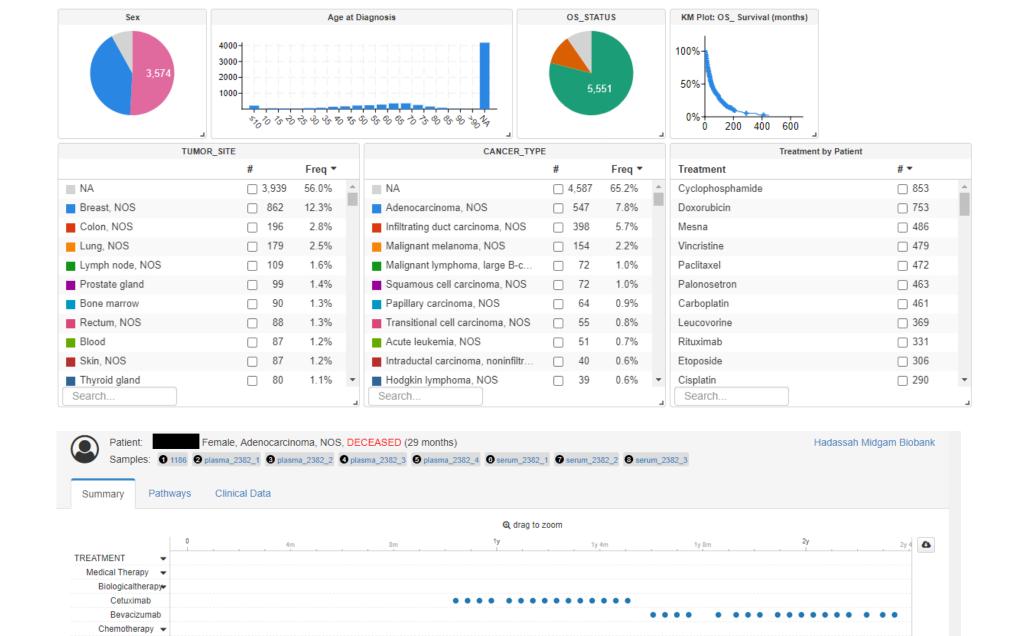
Highest values: 4.783106393, 5.484216066, 9.148394004, 10.53340576, 32.2952744

Record_id	Patient Demographic Data	Oncology Data	Tumor Properties Data	Cyto Medication Data	Procedure Data	Patients	Pathology Information From Midgam
1 (Patient_ID_Original	•	0					
2 (Patient_ID_Original	•	• +	• +	• +			
3 (Patient_ID_Original	•	• +	• +	(1)			
4 (Patient_ID_Original	•						
5 (Patient_ID_Original	•						
6 (Patient_ID_Original	•	• +	• +	• +			
7 (Patient_ID_Original	•						
8 (Patient_ID_Original	•	0		0		0	0
9 (Patient_ID_Original	•	• +	• +				
10 (Patient_ID_Origina	•	0					
11 (Patient_ID_Origina	•	• +	• +				
12 (Patient_ID_Origina	•	0		(*) (+)			
13 (Patient_ID_Origina	•	• +	• +	+			
14 (Patient_ID_Origina	•	• +	• +	(*)			
15 (Patient_ID_Origina	•	• +	• +				
16 (Patient_ID_Origina	•	(1)	(1)	(1)	0	0	0
17 (Patient_ID_Origina	•	0					
18 (Patient_ID_Origina	•	0	0	(1)			
19 (Patient_ID_Origina	•			(-)			
20 (Patient_ID_Origina	•	• +	• +				0
21 (Patient_ID_Origina	•	• +	• +				
22 (Patient_ID_Origina	•	0	0	0	0	0	0

On	Oncology Data (5)						
1	•	, C18.9,					
2	•	, C19.9c,					
3	•	, C19.9c, Grade IV					
4	•	, C19.9c,					
5	•	, C18.9, Grade IV					
		+ Add new					



•	o Me ta (83	edication $ abla$
1	•	2013-02- 24T08:52:17.510Z, FLUOROURACIL 5000MG INJ
2	•	2014-01- 19T09:16:53.883Z, CAMPTO 1 MG
3	•	2013-08- 11T07:57:33.620Z, CAMPTO 1 MG
4	•	2013-08- 11T12:01:10.917Z, AVASTIN 100MG
5	•	2013-12- 15T10:38:44.890Z, FLUOROURACIL 5000MG INJ
6	•	2013-02- 24T08:52:17.510Z, LEUCOVORINE 500MG INJ
7	•	2013-05- 05T07:37:12.377Z, CAMPTO 1 MG
8	•	2014-02- 02T11:16:03.813Z, AVASTIN 100MG



Irinotecan

## Conclusion and plans

 REDCap and Cbioportal are part of routine research and entering clinical care.

Much more work is needed to add various aspects to the platforms.

Integration across different medical and research disiplinaries

