

2020-07-31

Date

July 31st, 2020

Time

3:00pm - 3:45pm ET

Attendees

ACS CAN Mark Fleury, Devon Adams, Kelly Durden

MITRE Salim Semy, [Jennifer Holmes](#), Zach Lister, Rob Dingwell, [Caroline Potteiger](#)

Cancer Insights Sharon Alford, Tarun Kumar

Action items

- Kelly touch base with Robin about connection with the Grady Health System.
- Sharon make the introduction between ZS Associates and this team.
- Caroline Potteiger send Confluence permission information to the team.
- All brainstorm tasks for each Phase 1a bucket and send to Caroline.

Discussion notes in blue. Decisions in green. Action items in red.

Planned Agenda Topics

- **<Hold for hot topics from project team>**
 - [Mark will be out next week.](#)
- **Engagement Update**
 - Epic – very interested, seemed willing to partner if we identify a health center for Phase 1
 - [Epic can give feedback on the health center and if they have the ability to work well in this project.](#)
 - For the grant ACS CAN is applying to, an ideal partner health system would be in a redline area.
 - [The Grady Health System in Atlanta is one they are looking at. They use Epic and ACS CAN has a lot of projects with them.](#)
 - [Kelly will touch base with Robin to see where the connections with Grady are and if they're willing to partner if offered some money.](#)
 - [Caroline will be sending out a list of health systems we are talking with to Epic. Leave Grady off the list for now, until contact is made on our end first.](#)
 - [The fact that Epic is willing to partner on this use case is a compelling point for health systems to become involved.](#)
 - [As we iterate on the minimal eligibility criteria, Epic could add it to their system.](#)
 - TrialJectory – meeting scheduled for August 13th
 - Massive Bio – willing to provide a handful of patient records, has to look into de-identification process more
 - [Selene offered to reach out to St. Charles.](#)
 - CitiusTech - has expressed interest
 - Elsevier - has expressed interest
 - [Elsevier has the ViaOncology Pathways tool and is looking at ways to bring matching capabilities into the tool. This could include a branch in the pathway for when it is time to start looking for clinical trials.](#)
 - [They are discussing internally about this project.](#)
 - [Would act similar to an EHR.](#)
 - Other updates?
 - [Flatiron - reached out to Mark and wants to learn more.](#)
 - [MITRE has been interacting with them on the Pathways and Prior Auth use cases. Make sure everyone is kept in the loop.](#)
 - [Cancer Support Community - reached out and spoke to Mark.](#)
 - [They are an advocacy group. Not a great fit at this time, no immediate next steps.](#)
 - [NCI - expressed interest in learning more and would act as a matching service partner.](#)
 - [However, NCI matching would only focus on NCI sponsored trials.](#)
 - [BeTheMatch - couldn't find bandwidth to work on this project this year.](#)
 - [UCSF - Elly, Adam, and Lisa will be speaking about a UCSF partnership in August.](#)
 - [ZS Associates - Cancer Insights has worked with them. Sharon will make an introduction and see if there is an intersection between their work and ours.](#)
- **Phase 0 update**
 - Mike gave us more administrative access, last step is to label the trials
 - Add more trials?

- **Phase 1 update**
 - Planning in progress
 - Caroline to showcase Private Confluence page as a way to collaborate
 - Looks good for now. Caroline to send permission information to everyone so they can experiment with Confluence.
- **Proposed tasks for Phase 1a**
 - Tarun and Caroline came up with some "buckets" of tasks for Phase 1a and a few sub-tasks under each bucket
 - Review and add tasks?
 - 1A Protocol and Pilot Process
 - Draft study protocol and IRB submission
 - Process of de-identification
 - Plan out recruitment of patients – Mark to help?
 - Create a 1-pager targeted towards patients?
 - Are patients needed for this phase? Or just data?
 - If it's just data, all we need is access.
 - Option 1 - Cancer Insights patients can get their data and share it with us.
 - Would need a waiver of consent from the IRB to share this data. Must be de-identified.
 - Problem is that patients are giving us data, but we're not really giving much back.
 - Option 2 - find sources of existing data.
 - BreastCancerTrials.org may have data we can use.
 - Ciitizen - could be a source of data. Mark has spoken to them.
 - MITRE has also had discussions with Anil Sethi when this project was just beginning. We could revisit this.
 - Option 3 - find volunteers willing to share data.
 - ACS CAN has a lot of volunteers who would most likely be willing to share data.
 - However, to use ACS CAN's name, there would be many internal hoops to jump through, which would take a lot of time.
 - Plan out onboarding of patients
 - Generate mCODE records for these patients
 - PCT Technical Readiness for 1A
 - ?
 - Cancer Insights Integration
 - Map Cancer Insights data model to generate mCODE
 - Address gaps using FHIR Questionnaire
 - Create an agnostic interface
 - Integration with PCT component
 - Standards Documentation
 - Adjust documentation to be more trial matching service agnostic and patient portal agnostic
 - Develop a FHIR Implementation Guide for mCODE-enabling matching services
 - mCODE-enable Matching Services Suggestion: We may roll it into PCT Technical Readiness for 1A
 - Create Sandbox
 - Map matching service to mCODE