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Hospitals to share cancer treatment data

The European CODE platform gathers data on the treatment of cancers. In Belgium, the St-Luc clinic in Namur is involved. Questions remain about the sustainability of the project.

Being able to determine the most appropriate treatment for each cancer patient while ensuring the financial viability of the healthcare system is the goal of the Collaboration for Oncology Data in Europe (CODE) collaborative platform. The platform has just been launched in Belgium for healthcare professionals and cancer treatment centers.

It was developed by IQVIA (American company specializing in health information technology), in collaboration with the Foundation against cancer, the Sciensano Cancer Center (the former Scientific Institute of Public Health) and SIO (Society of Oncology Nurses).

A hundred hospitals in Europe are involved in the project, including one in Belgium, the Saint-Luc clinic in Namur (Bouge). Others should follow. The Belgian Foundation against Cancer is part of the project's support committee, but it has no financial interest insists Dr. Didier Vander Steichel, director of the Foundation. "The potential of the tool convinced us to participate."

Precision oncology

With the increasing complexity of treatment protocols, we have seen the arrival of targeted treatments, of which immunotherapy is an example. This "precision oncology" involves integrating a large amount of patient data to customise the treatment strategy.

Clinical studies certainly exist, but they only show part of the reality. Two categories of patients are excluded from clinical studies: **children and very old patients.** Many are therefore treated on the basis of extrapolations of clinical studies carried out in younger patients. With the CODE platform, however, it will be possible to access real-world data that will enable us to understand the actual drug treatment for a particular cancer.

Quick and easy access to this data offers several advantages.

- Firstly, for an oncologist in a hospital, it is interesting to know if his work is in a similar direction to that of his colleagues in Europe
- Secondly, he will be able to keep abreast of the developments, sometimes very fast, in the field.

Everyone wins, whether it is the practitioner, the patient or the public authorities, who are confronted with a cancer medicine that is ever more expensive.

The tool also offers three operational advantages

→ One: the software does not require double recording of data, it is a data extraction system without the need to re-enter data. This avoids any administrative burden.

→ Two: it costs nothing to hospitals because everything is supported by the IT provider.

→ Finally, three: the system conforms with the GDPR standards for the protection of privacy and medical confidentiality.

Ensuring its sustainability

Several challenges remain, however, according to Didier Vander Steichel. On the one hand, in his opinion, the scope should be extended to include non-drug treatments, such as surgical treatments or radiotherapy. On the other hand, we should integrate molecular biology data.

In addition, CODE, which is a private sector initiative, should be interconnected with all existing data software, if only to avoid duplicating the cancer registry, which collects epidemiological data, or with the "health data" network initiated by the public authorities. "The managers of the official network will rightly ask the question of the durability of the tool, it is a question that will have to be settled," warns Dr. Vander Steichel.

Another question: how to **regulate the use of anonymised data** outside academia? "If the pharmaceutical sector has devoted significant resources to it, it is because it is part of a commercial strategy, but we must not demonize it, but we must make sure that things are done in a clear and transparent way," recommends Didier Vander Steichel. "We are only one piece of the puzzle," an official of IQVIA puts into perspective. "Through this sharing of information, we are striving to achieve the critical mass needed for the treatment of rare cancers," he says.

Two future scenarios present themselves:

→ Either we integrate CODE in the existing environment, knowing that the system **will not replace the cancer registry** but that it will nevertheless ensure the durability of the tool.

→ Or the public authorities take over the tool. It remains to be seen at what level: Belgian or European? "Belgium is only a tiny piece on the international scene," says Dr. Vander Steichel.

Cancer treatment is currently at a crossroads, he said. "Efforts will have to be made from all sides, public authorities must propose reimbursement systems that are better adapted to the needs of patients, and the industry will have to make efforts to be transparent. Because citing research costs is a little too brief a response. Industry will have to justify itself more to come up with a justifiable price. "