

caMATCH

**A Patient-Centered
Clinical Trials
Matching System**

Presenter

Michael Hogarth M.D.

caMATCH Panel

Joan Schreiner, Sue Dubman, John Park, M.D.



A solution for two problems?

□ Patients:

- Increasingly seek information through the Internet
- Are left with “foraging” for trials by going to multiple locations/sites, each with its own way of searching.

□ Clinical Investigators:

- Study accrual is a challenge
- Online mechanisms for accrual are almost exclusively based on a ‘billboard’ approach
 - hoping someone will find them on the Web



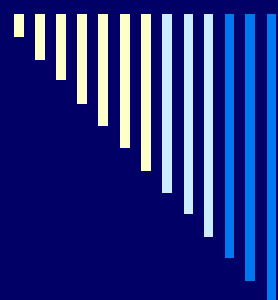
A unique opportunity

- Alignment of 'goals/interests' in a medical process
- Why this project has attracted excitement and contribution by each participant
- **THIS IS A KEY ISSUE FOR PROCESS CHANGE IN MEDICINE!!!**



The concept

- Create a registry of patients
- Create a registry of available clinical trials
- Two premises:
 - Patients interested in trials will self-report their detailed medical histories into a HIPAA compliant registry
 - Clinical investigators will enter their clinical trials into an online system that can match patients
- Matching -- the system implements a tool for matching patient records to trials using the trial criteria and patient information

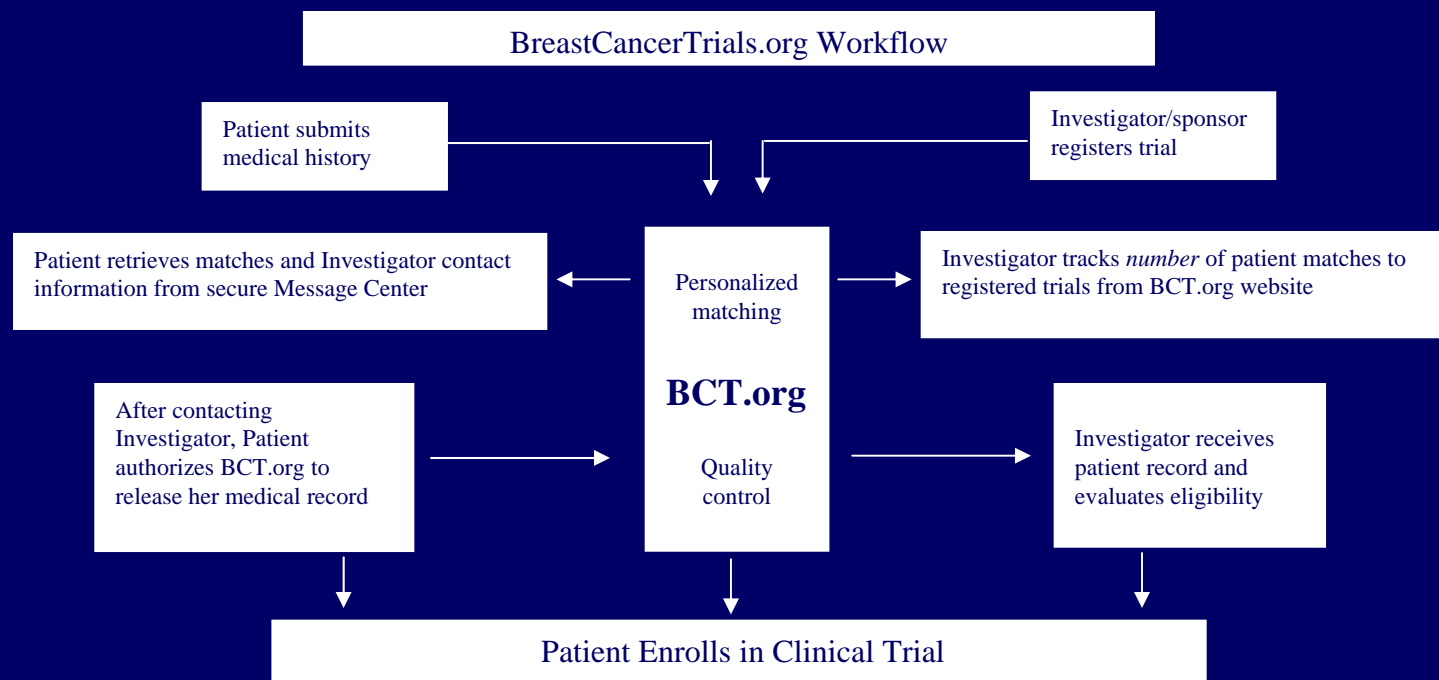


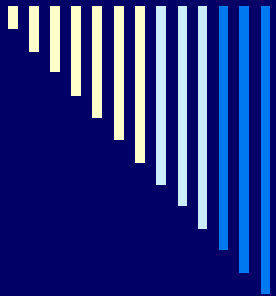
The evolution of caMATCH



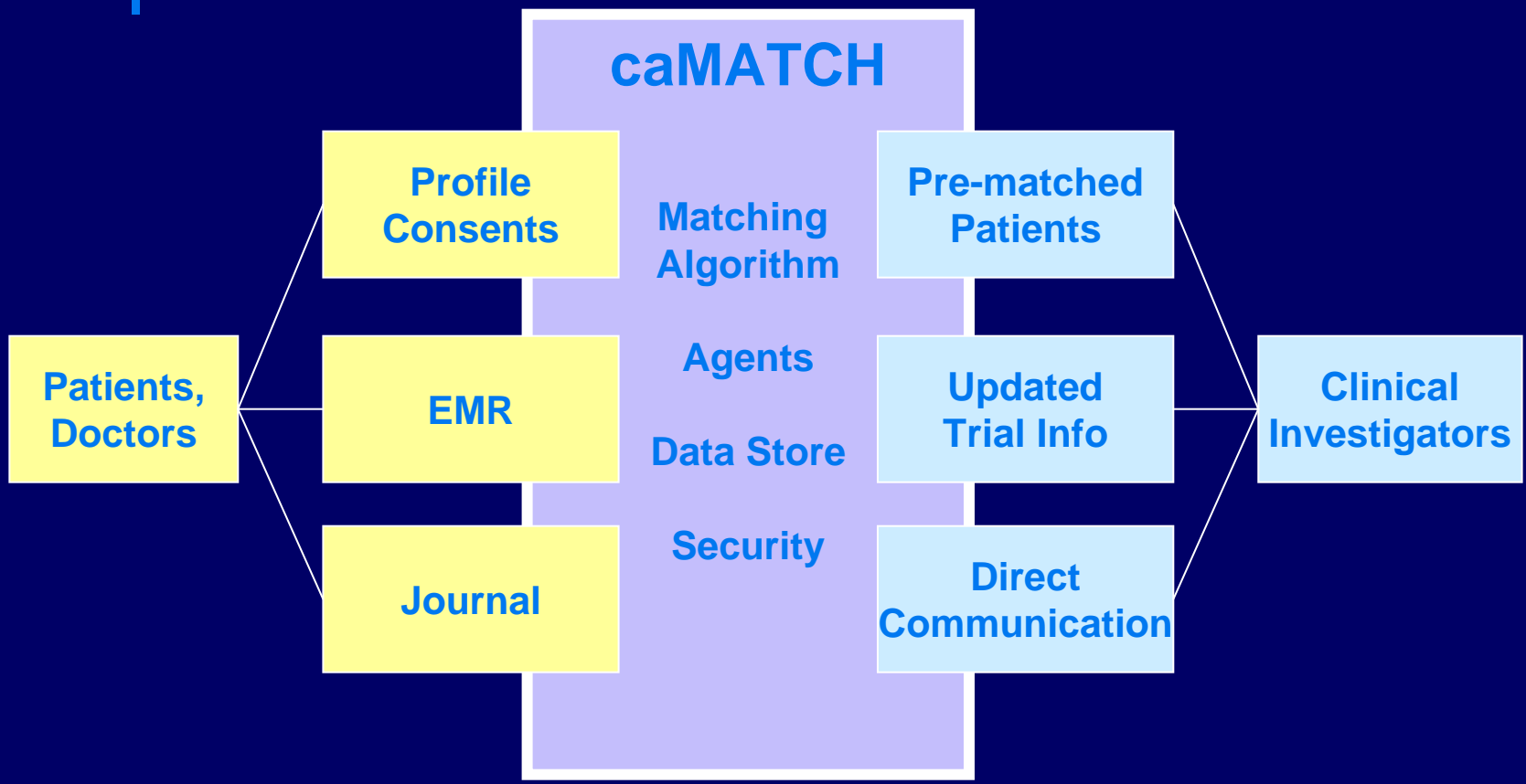
- BreastCancerTrials.org (1997-2003)
 - Conceived of the notion of 'online matching' between patients and investigators in the domain of breast cancer
- A partnership between two patients and three UCSF/BCOE clinical investigators
 - Concept initiated by two breast cancer survivors and advocates: Joanne Tyler and Joan Schreiner
 - UCSF approached as hosting organization.
 - UCSF researchers John Park and Debu Tripathy agreed to sponsor project
 - UCSF staff member Ellyn Cohen assigned as project coordinator/manager
- Prototype completed in 2003

BCT.org model





caMATCH





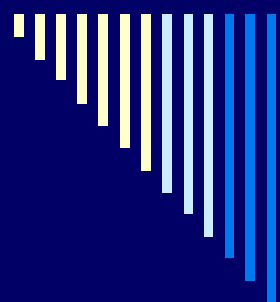
Highlights

- ❑ HIPAA Compliant - never provide identifiable data to investigators without patient consent.
- ❑ Patients or their advocates enter patient data into the registry
- ❑ Clinical Investigators enter protocols into the protocol registry
- ❑ An online message center provides a secure communications medium for participants
- ❑ A matching engine provides a high fidelity matching mechanism for patients and trials
- ❑ caMATCH architecture and future development
 - based on caBIG principles (Open Source, Open Development, NCI caCORE architecture).
 - Be architected to be fully integrated with caCORE.
 - Utilize HL7 messaging and be compliant with HL7 RIM, to the extent possible.



The evolution of caMATCH

- caMATCH (2003 – today)
 - NCI became interested in BCT.org and began a partnering with UCSF/BCOE to broaden its scope and functionality
 - caMATCH to ultimately be inclusive of all cancers as a *specialized* clinical trials matching system
 - Initial development and testing will focus on breast cancer and involve a trial of the system in the Bay Area.



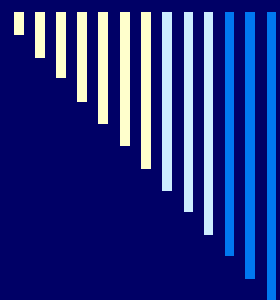
A Tri-partnership Project

- Patients and Patient Advocates
- UCSF Breast Cancer Center of Excellence
- National Cancer Institute (NCI)
 - Center for Bioinformatics
 - NCI Office of Communications
 - NCI Center for Cancer Research



Questions for the Panel

- Patients (Joan Schreiner)
 - What problem(s) does caMATCH address for you as a patient?
- Clinical Investigators (John Park, MD)
 - What problem(s) does caMATCH address for the clinical investigator?
- National Cancer Institute (Sue Dubman)
 - What problem(s) does caMATCH address/solve for the agency overseeing and funding a large portion of cancer research?



END