

Discover IQVIA's Oncology Collaboration with Guardian Research Network (GRN)

Gain access to complete electronic medical record (EMR) data on more than 2M oncology patients from community hospital systems

A collaboration to advance cancer research

IQVIA's collaboration with Guardian Research Network (GRN) joins robust oncology data and unparalleled real world evidence expertise to guide clinical development decision making, support the regulatory submission process, inform economic evaluations, and engage physicians.



Finding the right information for your study is critical. Ensuring your study demonstrates your product's value and drives better patient outcomes is equally essential. IQVIA's collaboration with GRN brings together a combination of unparalleled, clinically-rich oncology data, advanced analytics, scientific/medical expertise, and regulatory knowledge needed to navigate the clinical development pathway and demonstrate product value.

Studies start sooner. Evidence gaps are filled quicker. And drugs, diagnostics, or devices get to market faster.

About Guardian Research Network (GRN)



GRN, a non-profit organization, is a nationwide consortium of regional community health

systems with experienced cancer research programs. GRN translates data into cures by harmonizing widely diverse patient data to accelerate next generation oncology trials.

With more than 2M cancer patients across 21 cancer types, GRN strives to increase participation in data-driven precision medicine trials, employ real world data for clinical research, and improve patient access to novel therapies. To ensure success for those involved in trials, GRN integrates all parts of the patient record, including unstructured data in physician notes, molecular sequencing, radiological images, pathological information, and lab results. With its experienced clinicians and technology acumen, GRN digs deeper into rich oncology datasets, enables faster patient identification and enrollment, refines analytics with strong data science expertise, and increases the probability of successful outcomes by enabling opportunities for its partners and their patients.

"We're pleased to work with an industry-leading organization who has and will continue to pave the way with real world data and evidence. At the end of the day, we're all working towards the same goal – improving treatments and outcomes for cancer patients."

— Mark L. Watson, M.D., Ph.D.,
Chief Operating Officer,
Guardian Research Network

Key GRN database statistics



2M+
oncology patients



48.3M+
specialty, pathology
& radiology
reports studied



85
hospitals



Full patient
history in
network



40,000+
patients enrolled
in clinical trials



420M
clinical notes
interpreted



37
cancer
centers



Institutional
Review Board
(IRB) approval
for observational
studies



44,300
network physicians



103M+
clinical procedures
analyzed



529
surgery
centers



727M+
ICD diagnoses



245
analytic studies



2,200+
outpatient clinics

An overview of GRN's data network

STRUCTURED DATA

A comprehensive EMR/EHR system captures patient demographics and clinical characteristics, longitudinal treatments, surgery, radiation, genomic sequencing, lab results, and hospitalization, and provides complete mortality and hospice information. These data are collected in near real-time, thus providing a deep understanding of evolving oncology practices, treatment patterns, and outcomes.

PHYSICIAN NOTES

Using natural language processing (NLP) and clinical data curation, all details of the patient record can be abstracted. Clinically-verified patient review allows for nuances in unstructured data, such as notes, to be reviewed and captured to enable judgment, timing, and other qualitative considerations to be factored into a decision. This process fills vital data gaps and can be used to capture essential clinical endpoints, such as disease progression and treatment response rates which are sparsely recorded in real world data (RWD).

PATHOLOGY REPORTS AND TISSUE SAMPLES

Insights into detailed patient and tumor characteristics compiled from pathology reports provide more accurate staging and histological details on patient diagnoses. Availability of tissue samples, including immunohistochemistry genetic testing, allows for biomarker discovery, testing companion diagnostics, and identification of previously untested markers. Because specimens are prospectively consented and collected under a separate and distinct IRB protocol, DNA and whole-exome sequencing from paraffin-embedded, surgical tumor specimens can be securely linked with clinical data on mutation status, side effects, treatment response, and more.

- Tumor morphology and histology
- Labs, specialized tests, and imaging
- Advanced & molecular biomarkers
- Genetic profiles & genomic sequencing
- First, second, third line, etc., course of treatment
- Patient characteristics and status
- Telehealth, pharmacy, insurance, and hospice details

SCANS / IMAGES

Access to scans and images for assessing disease progression and metastatic sites, and evaluating patient response to treatment using Response Evaluation Criteria in Solid Tumors (RECIST) and other response evaluation criteria needed to understand comparative effectiveness of targeted therapies.

Answer pressing business questions with complete EMR data to support oncology product development from discovery to commercialization



Clinical trial enrollment and optimization

- Can we test the clinical relevance of our study hypotheses?
- How can we refine our study population using molecular and genomic information?
- Will there be enough patients to meet the trial eligibility criteria?



Regulatory-grade RWD to support clinical research

- Can we accurately identify an external control cohort for our single arm trial?
- Does the dataset include the appropriate endpoints for assessing clinical effectiveness?
- Can the data be pooled at the patient level to help evaluate rare cancer subtypes?



In-depth insights for precision oncology development

- Can we access tissue samples to understand biomarkers driving patient response?
- Are we able to test the efficacy of our companion diagnostic test?
- Which specific patients are most likely to benefit from our technology?



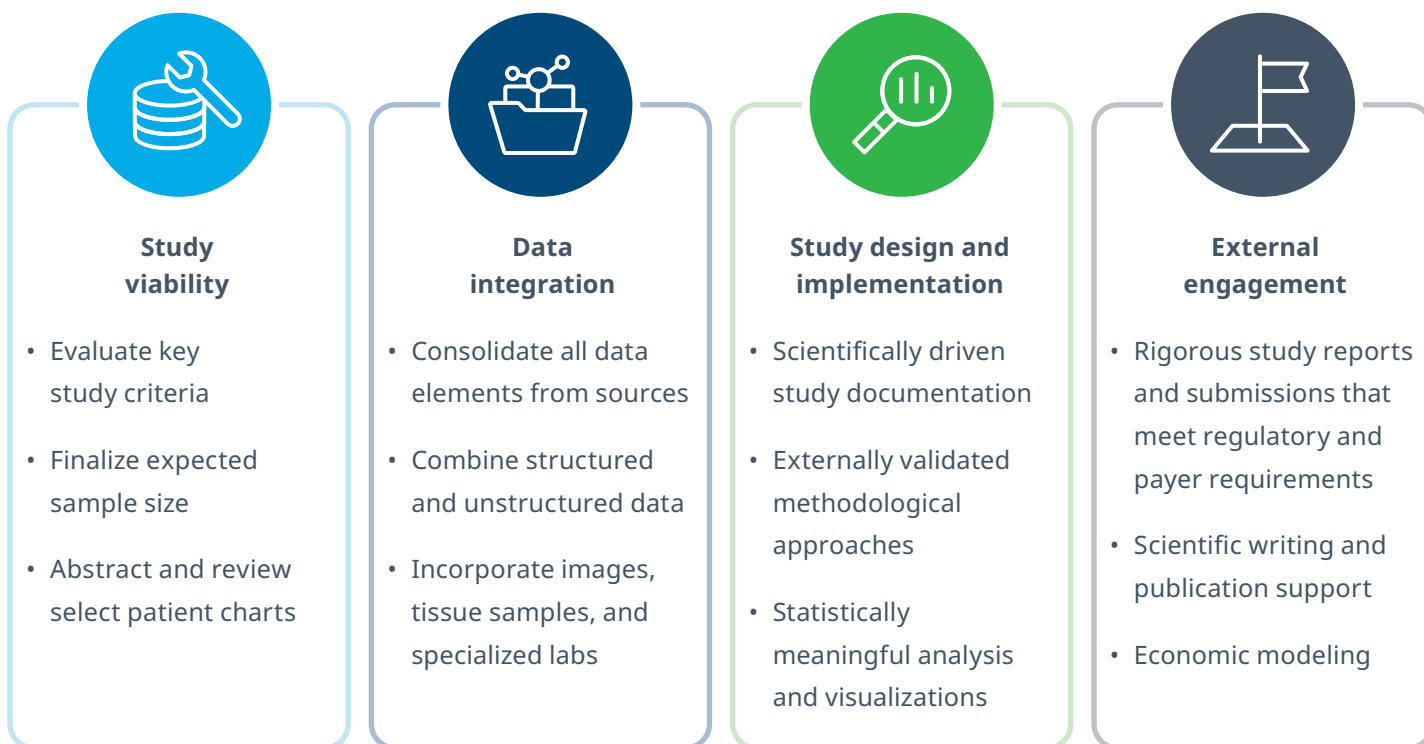
Comprehensive network coverage across care setting

- Am I able to track and follow patient activity across all settings of care?
- Will I be able to assess the safety profile of my medicine?
- What is the referral pattern and treatment pathway for these patients as their disease progresses?

Address critical gaps in oncology RWD sources with IQVIA™ and GRN

COMMON DATA GAPS	CLOSE THE DATA GAP WITH IQVIA AND GRN
Unavailability of non-oncology site based data	Includes data outside of oncology office, including inpatient and outpatient activity, non-oncologist interactions, and hospitalizations
Limited access to non-systemic modalities of care provided outside of the clinic setting	Access to surgery, radiation, labs, screening, and imaging given outside of physician clinics
Incomplete mortality information	Complete mortality information leveraging site-based input and reimbursement information, and linked to the social security index
Inability to harness unstructured data	Complete access to all unstructured data, including tissue samples, pathology reports, and imaging

From study concept to compelling evidence: IQVIA and GRN's proven process for delivering valuable oncology insights



Some commonly asked questions

- **How can IQVIA-GRN solutions be delivered?**
 - » Delivery can include patient-level data extracts, aggregated tables and reporting, and full retrospective studies.
- **Can findings based on this solution be published?**
 - » Yes, findings can be published either directly by the client or by working with IQVIA experts.
- **What time period of data is available?**
 - » The majority of activity for patients is for those active from 2009 onwards.
- **Do these data overlap with other commercially available sources?**
 - » Overlap of sites can be assessed, but the IQVIA-GRN solution is generally complementary to other available sources.