Breakout Session III: Evolving Role of Pathology, Tissue and Biospecimen Data in Predictive Oncology and Analytics

-Data, algorithms, impact to patient = 3 buckets from 2016 breakouts

-In the data space what to we need to do next given where we are now , from computational pathology perspective?

-Discussions around standardizations and data commons are one example

- Current state of where we are now – ID of future state what makes it better than current state

-Roadblocks – what needs to be overcome to make progress towards future state

-What to do next – how to get started?

Current Resources

- Within healthcare system, huge amount of data is available but difficult to access universally
- Healthcare systems have huge silos of data
- Data registries currently working to consolidate data
- Private data may be more accessible than government data

Key Opportunities

- Clinical data, data analytics are correlated
- Development of common definitions within an interchange standard
- Standardization of data formatting, annotation, collection
- Community is in position to ID questions which need to be asked of the data
- Extensible data annotation
- Processes to facilitate access to data, establishment of ‘less-common’ disease networks

Challenges and Roadblocks

- Missing data/access to data in friendly format
- Data annotation – building consensus among consortia on common data elements/metadata standards
- Collecting relevant EMR data/External access to data
- Time/money
- Regulations/compliance/IRBs
- No universal definition of quality
- Trust in sharing data
- Mechanism of acquisition of data
- Lack of long term records of data
- Not always enough biospecimen data/tissue samples

Next Steps

- Define resources and processes to get access to data across systems
- Define ways to share long-term data
- Create linkages to nonlocal data
- Get outcome data
- Study potential incentives to better annotate and share (financial, etc.)