



Explore real-world, real-time global data

Le réseau de recherche TriNetX, un atout collaboratif supplémentaire pour la recherche régionale



Un partenariat pour soutenir l'attractivité & la notoriété de votre établissement

1. Favoriser l'accès des patients à l'innovation
2. Faciliter la recherche Clinique
3. Renforcer la recherche sur données
4. Développer les collaborations de recherche

TriNetX – Connecte le monde de la recherche en santé

30

Pays

250M+

Patients

240+

Etablissements
de santé

40+

Partenaires
industriels

15K

Utilisateurs de la
plateforme

Aujourd'hui

Dans le réseau de recherche TriNetX

Origines & développement



Société issue du programme EHR4CR IMI 1, le plus grand réseau opérationnel de recherche (EU)

2019



Suivi de pharmacovigilance en temps réel (US)

2022



Données d'oncologie de qualité réglementaire (EU)

2022

En unissant nos forces, nous pouvons faire avancer la recherche

DONNEES



TriNetX



WIN-WIN

Opportunités d'essais cliniques
Outils d'analyse
Données de recherche mondiales

L'échelle de
RWD avec
TriNetX

sert la
communauté
de recherche

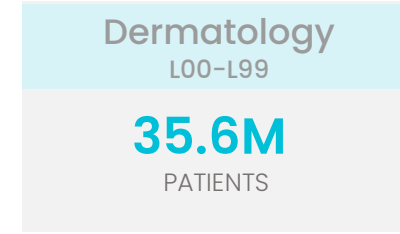
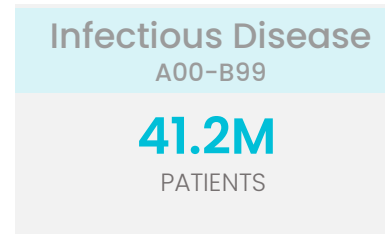
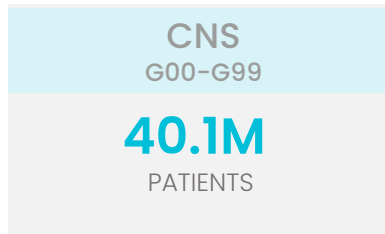
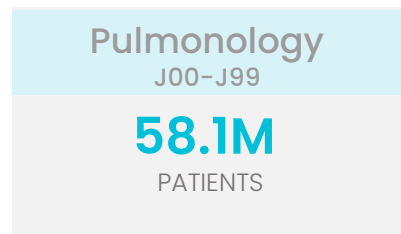
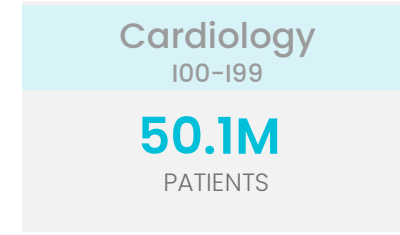
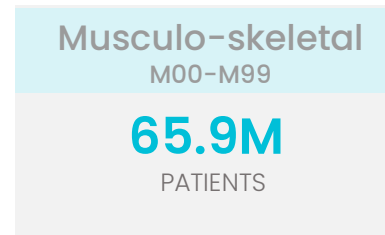
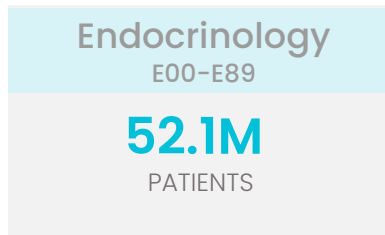
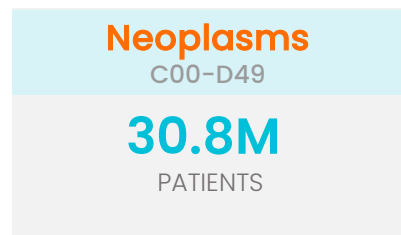
18,500+

Opportunités
d'essais cliniques

300+

Recherches
peer-reviewed

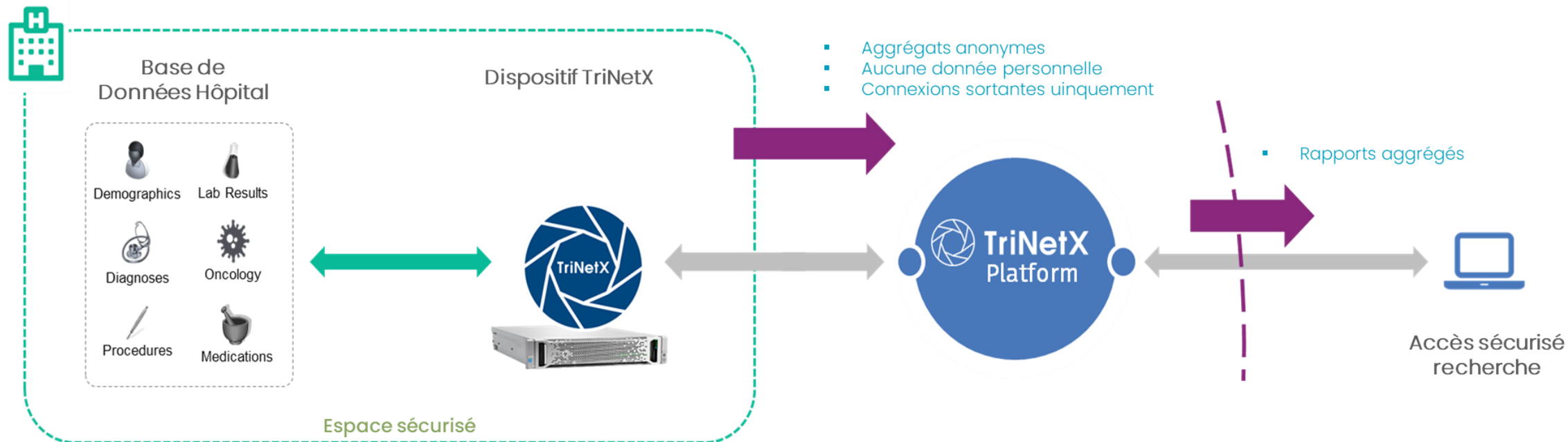
A travers toutes les aires thérapeutiques



Updated 11-Oct-2022 by Jan Horak

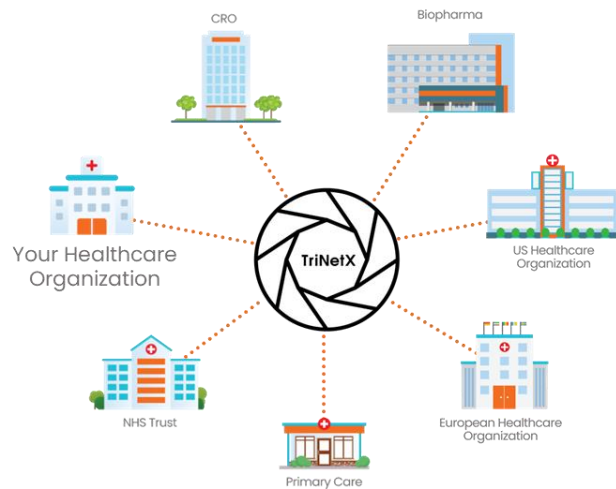
De manière fédérée – conforme aux réglementations

8

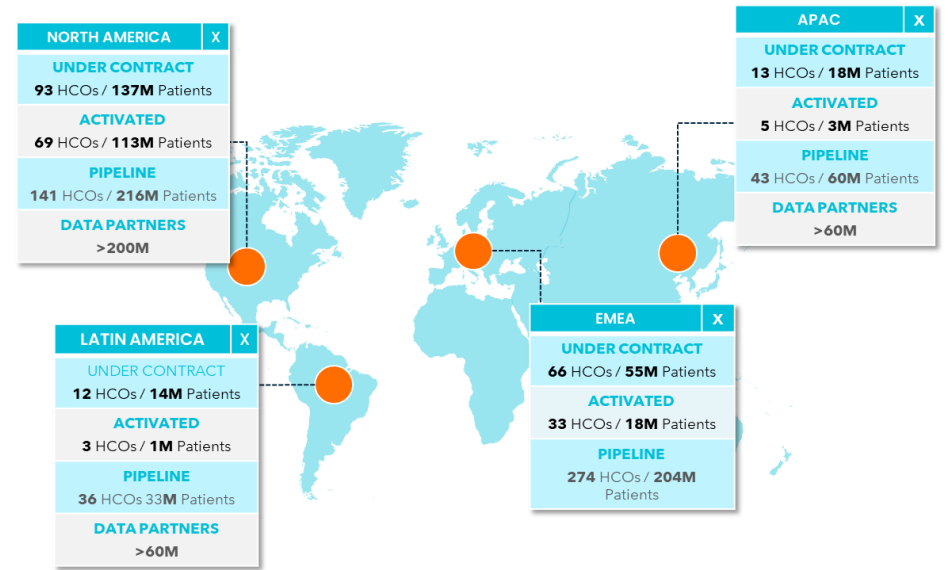


- Aucune donnée personnelle n'est transmise en dehors de l'espace sécurisé.
- L'anonymisation consiste en une agrégation (addition) des termes ou points de données, résultant en un nombre N pour lequel il est impossible de réidentifier un individu.
- Le processus d'anonymisation produit des "N" conformes aux trois critères définis par l'avis du G29 (pas d'individualisation de la donnée, pas de corrélation possible et pas d'inférence possible).

Faciliter et développer Recherche clinique | RWE | Collaboration



Un écosystème d'établissements de santé, d'entreprises biopharmaceutiques et de CROs pour améliorer la recherche Clinique.



Une implantation permettant l'utilisation de données anonymes globales pour mener des études en vie réelle.

Points clefs du Réseau Mondial de Recherche en Santé TriNetX



Architecture
Fédérée



Sécurité
Compliance



Hardware
local



Toutes sources
de données



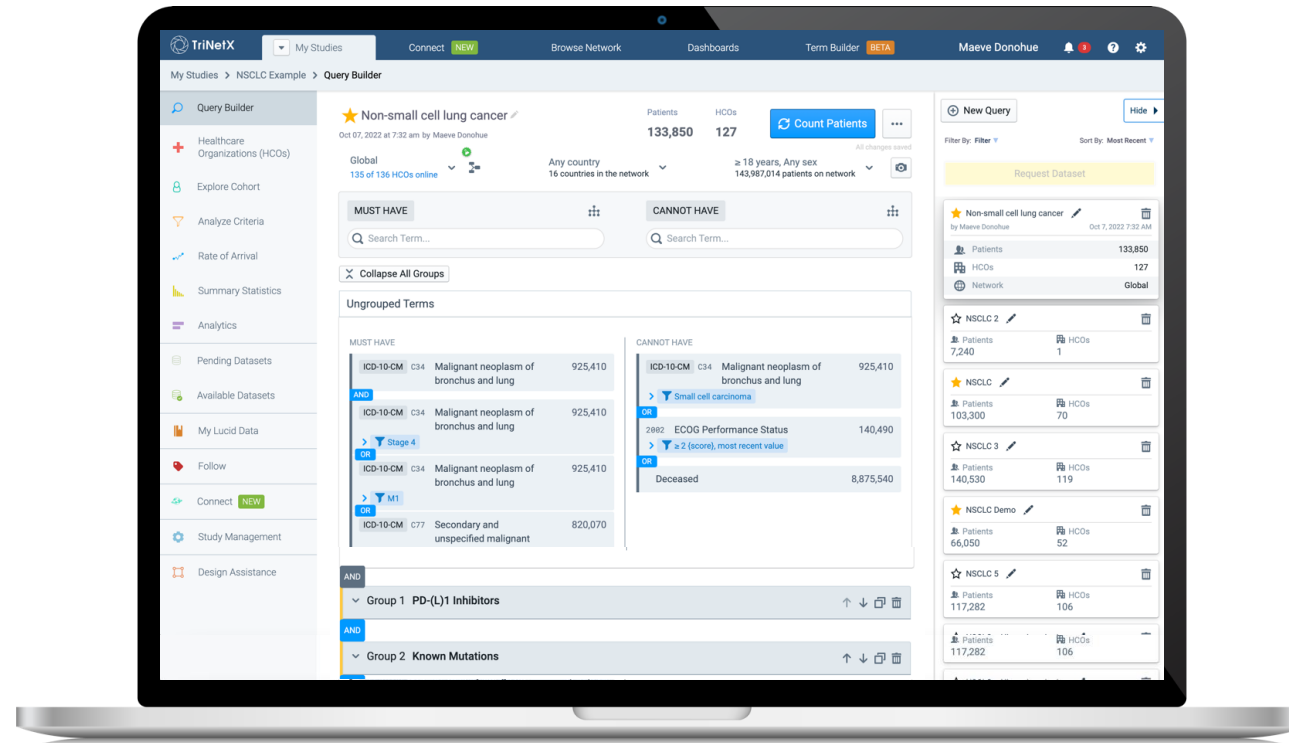
Données
harmonisées



Interface
Self-Service

1. Architecture fédérée
2. Conformité réglementaire RGPD, HIPAA...
3. Serveur physique situé derrière le pare-feu
4. Finalité exclusive Recherche
5. Flux d'information sortant anonyme
6. Certification ISO 27001:2013
7. Ingestion tous types de source de données
8. Données standardisées et harmonisées
9. Licences utilisateurs - interface intuitif

La Plateforme de recherche TriNetX

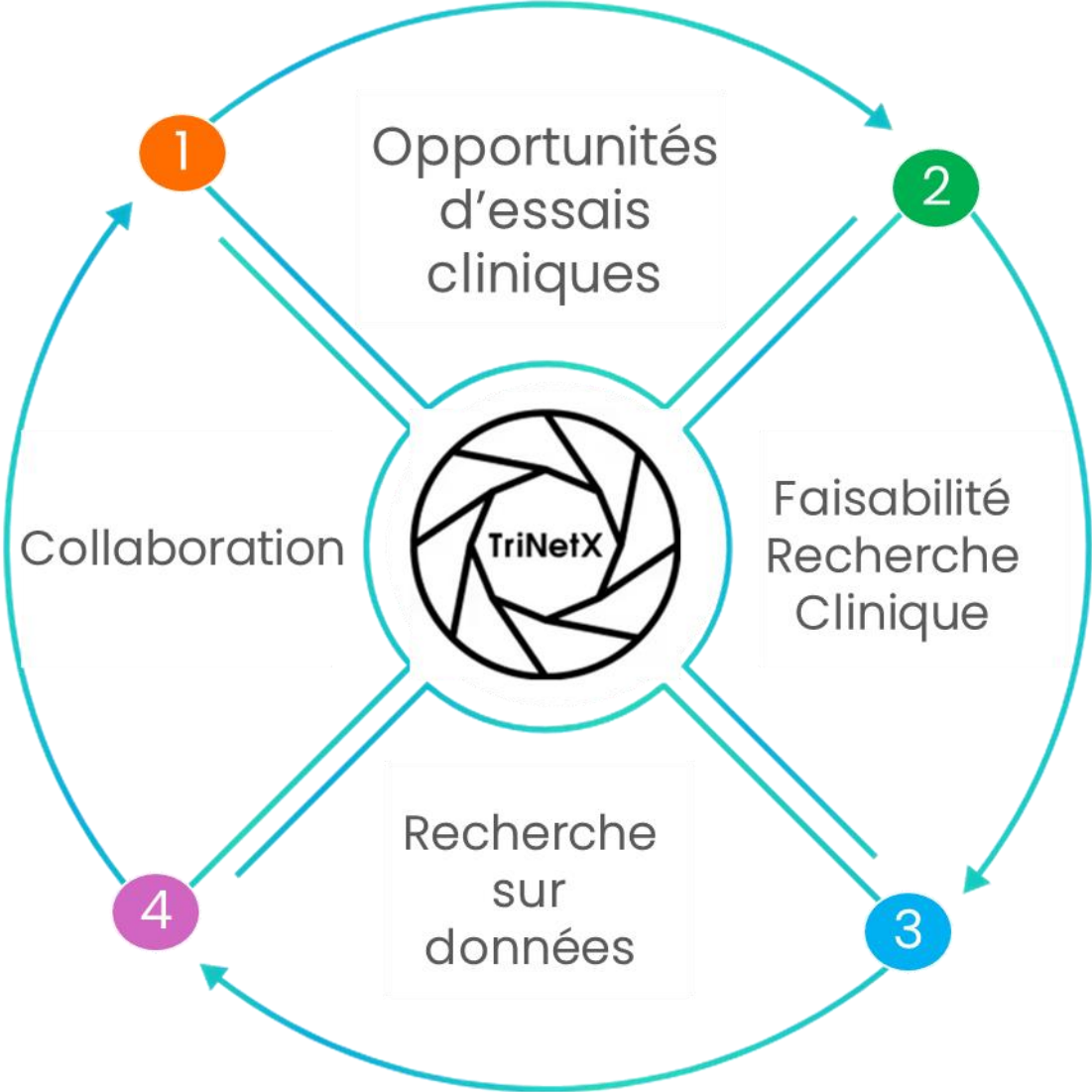


Un outil pour construire et analyser des populations

The screenshot shows the TriNetX Query Builder interface. The top navigation bar includes 'My Studies', 'Connect NEW', 'Trial Connect Dashboard LEGACY', 'Browse Network', and 'Dashboards'. The left sidebar contains various tools like 'Query Builder', 'Healthcare Organizations (HCOs)', 'Explore Cohort', 'Analyze Criteria', 'Rate of Arrival', 'Summary Statistics', 'Analytics', 'Pending Datasets', 'Available Datasets', 'Follow', 'Trial Connect LEGACY', 'Connect NEW', 'Study Management', and 'Design Assistance'. The main area is titled 'Query Builder' and shows a search for 'Diagnoses: ICD-10'. Below the search bar, there are filters for 'Research' (76 of 76 HCOs online), 'Any country' (4 countries in the network), and 'Any age / Any sex' (109,679,494 patients on network). A row of category buttons is highlighted with an orange box, including 'Dx Diagnoses', 'Oncology', 'Procedures', 'Medications', 'Labs', 'Genomics', 'Visits', and 'Follow'. Below this, a table lists ICD-10 codes and their corresponding patient counts. At the bottom right, there are buttons for 'Add To Query' and 'Cancel'.

ICD-10-CM	Diagnoses: ICD-10	Patients
<input type="checkbox"/>	ICD-10-CM	83,408,096
<input type="checkbox"/>	ICD-10-CM A00-B99 Certain infectious and parasitic diseases	15,944,244
<input type="checkbox"/>	ICD-10-CM C00-D49 Neoplasms	11,799,573
<input type="checkbox"/>	ICD-10-CM D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	9,404,485
<input type="checkbox"/>	ICD-10-CM E00-E89 Endocrine, nutritional and metabolic diseases	23,910,215
<input type="checkbox"/>	ICD-10-CM F01-F99 Mental, Behavioral and Neurodevelopmental disorders	19,470,130
<input type="checkbox"/>	ICD-10-CM G00-G99 Diseases of the nervous system	18,548,801
<input type="checkbox"/>	ICD-10-CM H00-H59 Diseases of the eye and adnexa	11,467,088

Etre partenaire de recherche avec TriNetX



Attirer plus d'essais cliniques avec TriNetX Connect

Une entreprise des sciences de la vie partenaire de TriNetX recherche des établissements membres du réseau, ayant des patients éligibles à son protocole, afin de proposer une opportunité d'essai clinique.



Study Opportunity



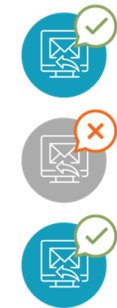
Identify Sites with Patients



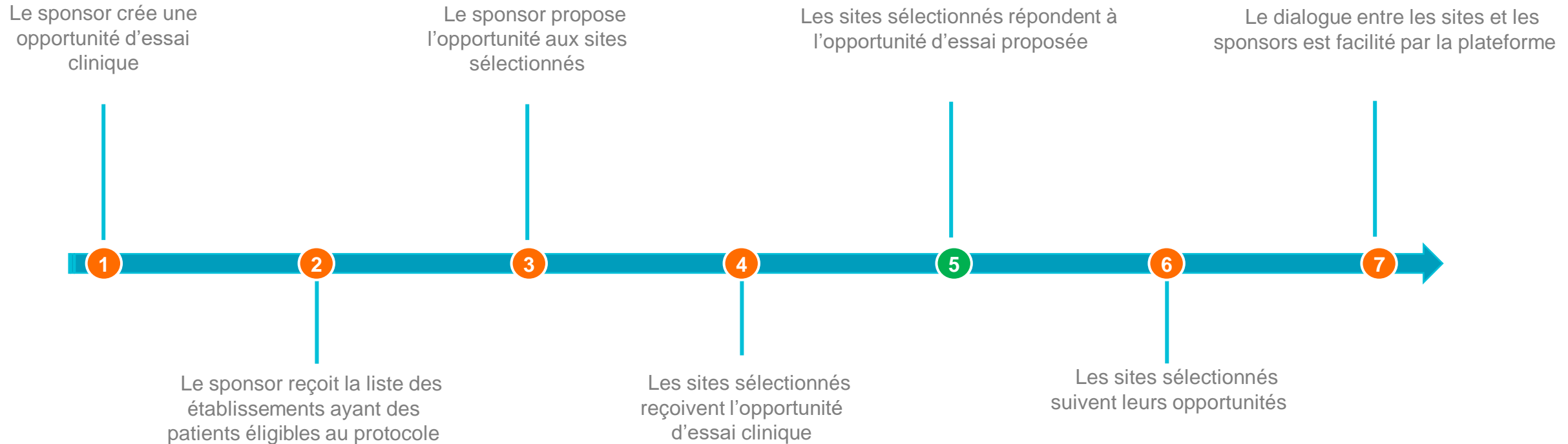
Send Requests



Sites Respond



Attirer plus d'essais cliniques avec TriNetX Connect



Le sponsor propose l'opportunité aux sites sélectionnés

3

Review opportunity

SITE SELECTION | NEUROLOGY | ALZHEIMER'S | PHASE 2 | ID 12-12345

Stage IIIB or Stage IV Non-Small Cell Lung Cancer Not Responding to Standard Therapy for Advanced or Metastatic Cancer

Opportunity Details

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Target Enrollment Period 20 Dec 20 to 01 Jan 21 (flexible)	Target Enrollment (Patients per site) No less than 1234	Expiration Date 12-APR-21
Last Patient Last Visit Date Unknown	First Patient First Visit Date Unknown	Follow-up steps Referral to CRO for site selection

Study Identifying Information

TriNetX Study ID TNX12345	Study Title Lorem ipsum dolor site amet consectetur adipiscing elit phasellus id mi sodales	
Study Identifier Lorem ipsum dolor sit	NCT Number NCTID-123456	EudraCT Number ECTID-123456
Study Status Lorem ipsum dolor sit	Sponsor Lorem ipsum dolor sit	Posting Org Lorem ipsum dolor sit

Study Summary

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus id mi sodales velit dictum vehicula. Phasellus laoreet sit amet magna sit laoreet sit amet magna sit amet gravida. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus id mi sodales laoreet sit amet magna sit velit dictum vehicula. Phasellus laoreet sit amet magna sit amet gravida. Lorem ipsum dolor sit amet, laoreet sit amet magna sitconsectetur adipiscing elit. Phasellus id mi sodales velit dictum ... vehicula. Phasellus laoreet sit amet magna sit laoreet sit amet magna sit amet gravida. Lorem ipsum dolor sit amet, id mi ...

Target Population

Indication Lorem ipsum dolor sit ametcing elit	Primary Therapeutic Area Lorem ipsum dolor sit ametcing elit	Secondary Therapeutic Area Lorem ipsum dolor sit
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Cancel

Send Opportunity

Message to HCOs

Edit message

Are you interested in collaborating with [Sponsor Name] on this opportunity?

Selected HCOs

- Healthcare Org 123
- Another HCO
- Healthcare Organization Y
- Healthcare Org A
- Another Healthcare Org

Attached files

- filename1.pdf
- another_file.pdf

Query

Full query name here

Contacts

- Contact Name, Title
- Contact Name, Title

Un message par défaut sera envoyé aux établissements sélectionnés pour démarrer la conversation. Il peut être personnalisé.

Les sites reçoivent l'opportunité du sponsor

4

TriNetX Site Selection
Expires in 21 Days on April 17, 2020

TNX-12345 -New Marketplace Opportunity

Are you interested in a **Phase III** trial opportunity in **therapeutic area / indication** with

[Open Opportunity](#)

[Sponsor name] will initiate CDA process if you are interested in this opportunity

Opportunity Title
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do

Opportunity Description
The purpose of this request is to determine something about something that will help us to research a therapeutic area with a medication that has the potential for helping lots of people and we think we would make a great team to do this study together because of your experience.

Your Eligible Patients
60

Target Enrollment per Site
50 - 100

Target Enrollment Period
30 - 120 Days

First Patient First Visit
01 Aug 2020 - 01 Oct 2020

Last Patient Last Visit
Unknown

STUDY IDENTIFYING INFORMATION

TriNetX Study ID
TNX 12345

Study Identifier
N/A

Pour les Nouvelles Opportunités, vous recevrez une notification par e-mail

Un bref message du sponsor est inclus en haut de l'e-mail

Les étapes de suivi post-acceptation sont mises en évidence

Les détails de l'opportunité et les propriétés de l'essai sont indiqués dans le corps de l'e-mail

Les sites évaluent, répondent et suivent l'opportunité

5

Stage IIIB or Stage IV Non-Small Cell Lung Cancer Not Responding to Standard Therapy for Advanced or Metastatic Cancer

Date Sent: Mar 22, 2021 | Response Desired By: Apr 05, 2021 | Patient Count: 220

Site Selection - Confirmed (Awarded / Approved)

Full Protocol Title: Not Specified

Therapeutic Areas: Pulmonology

Summary: Default Study created by System

Additional Information: Requires Virtual Trial Capabilities

NCT #: N/A | eudra CT #: N/A | Share Study | Open Study

Your Patients: 220 | Sponsor Target Enrollment Per HCO: 1-10 Patients | Phase: III | Study Status: Site Selection

First Patient First Visit: Not Specified | Enrollment Period: 2-6 Months | Last Patient Last Visit: Not Specified

Response Desired in 10 Months, on Apr 05, 2021

Not Interested | Interested

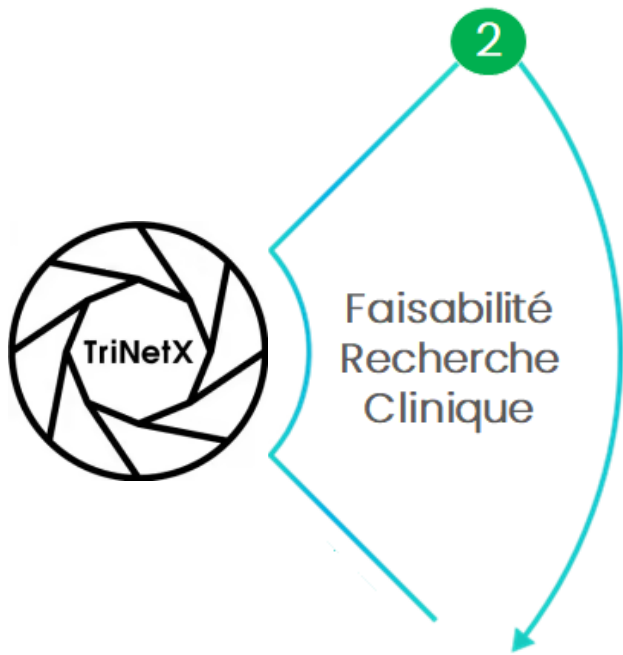
Sponsor Contact: Jacqui | jacqueline.kostealec@trinetx.com | Email Sponsor

6

MESSAGES	OPPORTUNITY DETAILS	STATUS	NOTES	EXPIRATION DATE	RECEIVED	POSTING ORG
1	SITE SELECTION NEUROLOGY ALZHEIMER'S PHASE 2 ID 12-12345 Gantenerumab Administration in Participants With ... [EDITED]	No response	Action Needed: Update status	10 FEB 21	02 JAN 21	Astrazeneca
3	SITE SELECTION NEUROLOGY ALZHEIMER'S PHASE 2 ID 12-12345 Gantenerumab Administration in Participants With ... [EDITED]	Contacting PIs		02 FEB 21	02 JAN 21	Roche
4	SITE SELECTION NEUROLOGY ALZHEIMER'S PHASE 2 ID 12-12345 Gantenerumab Administration in Participants With ... [EDITED]	Interested		10 FEB 21	02 JAN 21	Novartis
3	SITE SELECTION NEUROLOGY ALZHEIMER'S PHASE 2 ID 12-12345 Gantenerumab Administration in Participants With ... [EDITED]	Not selected	Reason: Opportunity no longer available	EXPIRED	02 JAN 21	Astrazeneca
1	CRO PRE-AWARD NEUROLOGY ALZHEIMER'S PHASE 2 ID 12-12345 Gantenerumab Administration in Participants With ... [EDITED]	Declined	Reason: No available PI	EXPIRED	02 JAN 21	Roche
3	RECRUITMENT ... NEUROLOGY ALZHEIMER'S PHASE 2 ID 12-12345 Gantenerumab Administration in Participants With ... [EDITED]	Exporting IDs		02 FEB 21	02 FEB 21	Novartis
	SITE SELECTION NEUROLOGY ALZHEIMER'S PHASE 2 ID 12-12345 Gantenerumab Administration in Participants With ... [EDITED]		Retracted by [posting org name]			

Aperçu des opportunités, statuts, dates importantes et sponsor

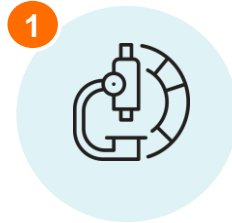
Mener des faisabilités **plus rapidement**



Vous souhaitez réaliser une faisabilité pour initier un essai à promotion interne ou pour répondre à la sollicitation d'un industriel / d'un partenaire académique.

ex : patientes âgées de 18 à 60 ans, non diabétiques, atteintes d'un cancer du sein, HER2+, stage T2, traitées avec trastuzumab.

Définition de la finalité / population



Création de la cohorte avec critères I/E



Exécution de la requête



Analyse du résultat des patients éligibles



Définir la finalité et la population cible

My Studies Filter By: Created By Me

Create New Study

Created by on Mar 28, 2023

*Study Name (required) Enter a descriptive name for the study

Study Name
Etude clinique cancer du sein chez les patientes non diabétiques

*Research Purpose ⓘ (required)

Clinical Trial Research	Other Scientific Research
<input type="checkbox"/> Design clinical trial	<input type="checkbox"/> Conduct health economics and outcomes research (HEOR)
<input type="checkbox"/> Assess feasibility of clinical trial	<input type="checkbox"/> Explore patient populations
<input type="checkbox"/> Identify clinical trial sites	<input type="checkbox"/> Conduct other secondary research
<input checked="" type="checkbox"/> Recruit trial subjects	

Study Identifying Information (optional)

Target Population (optional)

Study Protocol (optional)

Créer et exécuter la cohorte avec critères I/E

ex : patientes âgées de 18 à 60 ans, non diabétiques, atteintes d'un cancer du sein, HER2+, stage T2, traitées avec trastuzumab.

The screenshot shows the TriNetX Query Builder interface. The main area displays a list of criteria under 'MUST HAVE' and 'CANNOT HAVE' sections. The 'MUST HAVE' section includes 'ICD-10-CM c58 Malignant neoplasm of breast' (230) and 'RxNorm 224985 trastuzumab' (120). The 'CANNOT HAVE' section includes 'ICD-10-CM E88-E13 Diabetes mellitus' (63,200). A blue box highlights the 'Count Patients' button. A red box highlights the criteria list. A red arrow points from the criteria list to a red box at the bottom containing the text 'Critères d'Inclusions et d'exclusion'.

Nombre de patients: 119,500

Centre Hospitalier

Any age, Female

119,500 patients on network

MUST HAVE

CANNOT HAVE

Ungrouped Terms

ICD-10-CM c58 Malignant neoplasm of breast 230

T2 AND Her2 positive

RxNorm 224985 trastuzumab 120

ICD-10-CM E88-E13 Diabetes mellitus 63,200

+ Create a New Group

Critères d'Inclusions et d'exclusion

The screenshot shows the TriNetX Query Builder interface with various filter settings. The 'Age at Event' filter is set to 'Between (including) 18 and 60 years'. The 'Oncology Details' filter is set to 'Stage at Diagnosis' with 'T2' selected. The 'Histology/Behavior' filter is set to 'Acinar cell carcinoma'. The 'Cancer Properties' filter is set to 'Breast' with 'Her2 positive' selected. The 'Primary/Secondary Priority' filter is set to 'Unknown priority'. The 'Data Source' filter is set to 'HCO'. A red box highlights the 'Age at Event' filter. A red box highlights the 'Stage at Diagnosis' filter. A red box highlights the 'Cancer Properties' filter. A red arrow points from the 'Age at Event' filter to the 'Age at Event' filter. A red arrow points from the 'Stage at Diagnosis' filter to the 'Stage at Diagnosis' filter. A red arrow points from the 'Cancer Properties' filter to the 'Cancer Properties' filter. A red arrow points from the 'Primary/Secondary Priority' filter to the 'Primary/Secondary Priority' filter. A red arrow points from the 'Data Source' filter to the 'Data Source' filter.

BCa cohort build > Query Builder > Filters for ICD-10-CM C50 Malignant neoplasm of breast

Go to Age at Event Oncology Primary/Secondary Priority

Show Terms with Zero Patients Save Cancel

Age at Event Clear Filter

In order to protect patient privacy, if you use this filter only patients currently aged 90 or younger will be returned

Specify an age or an age range

Between (including) 18 and 60 years

Oncology Details Clear Filter

Stage at Diagnosis

Filter...

Summary stage

Trm stage

T

T0

T1

T2

T3

Histology/Behavior

Filter...

Acinar cell carcinoma

Adenoca. in adenoma, polyp

Adenoca. with metaplasia

Adenocarcinofibroma

Adenocarcinoma, nos

Adenoid cystic & cribriform ca.

Adenosquamous carcinoma

Cancer Properties

Filter...

Breast

Estrogen receptor

Progesterone receptor

Her2

Her2 positive

Her2 negative

Primary/Secondary Priority Clear Filter

Unknown priority

Primary priority

Secondary priority

Data Source Clear Filter

Filter...

HCO

EHR

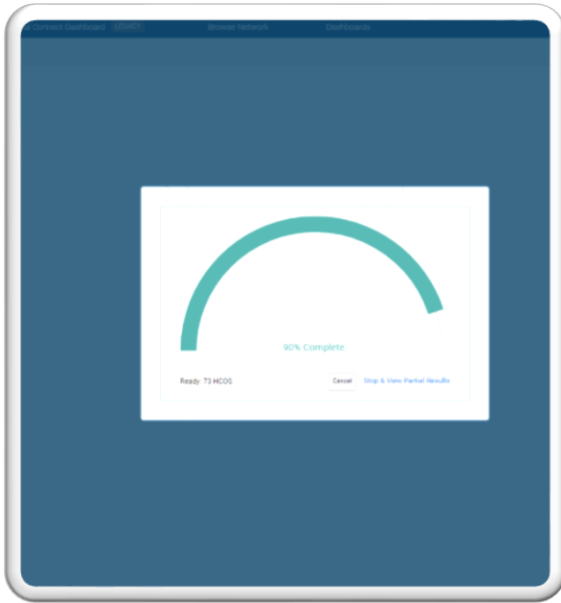
NLP

TriNetX

18 - 60 years AND T2 AND Her2 positive

Clear All Filters

Exécuter la requête et évaluer le N patients éligibles



Analyze Criteria View

	Patients	
Network	260,000	
Base Population	99,500	(-100%)
Population Any age / Any sex	99,500	(0%)
✓ Must Have: ICD-10-C... C50 Malignant neoplasm of breast [HER2 positive]	20,500	(-99%)
✓ Must Have: ICD-10-C... C50 Malignant neoplasm of breast [T2]	230	(-85%)
✓ Must Have: RxNor... 224905 Trastuzumab	90	(-38%)
✓ Cannot Have: ICD-10-C... E08-E13 Diabetes mellitus	80	(-25%)
	80	Patients

These terms were selected in base population

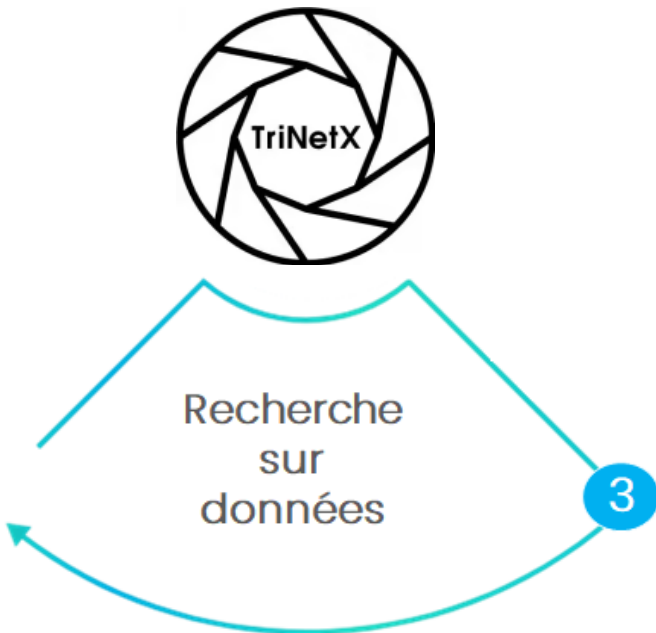
MUST HAVE	CANNOT HAVE
ICD-10-C... c50 Malignant neoplasm of breast > 18 - 60 yea...	

Generated by TriNetX

Analyser, comparer & publier

Vous avez une question de recherche à laquelle vous souhaitez répondre en utilisant vos données / les données agrégées globales du réseau TriNetX.

ex : différences de pronostic à 5 ans liées au genre dans le cancer du poumon en termes de survie et de troubles psychiatriques ?



- Sélection du réseau d'étude LOCAL – GLOBAL
- Création cohorte(s) avec critères I/E



- Définition des analyses
- Execution de la requête



- Analyse des résultats



- Publication des résultats

Sélection du réseau et définition des cohortes

My Studies > Oncology Training > Query Builder

★ Lunk K demo Man
Feb 17, 2022 at 1:48 pm by Olivier Denquin

Patients 13,350 HCOs 47 Count Patients

Research 76 of 76 HCOs online

Any country 4 countries in the network

Any age, Male 50,489,186 patients on network

MUST HAVE CANNOT HAVE

Search Term... Search Term...

Collapse All Groups

Group 1

1A Unnamed Group

MUST HAVE CANNOT HAVE

C34	Malignant neoplasm of bronchus and lung	495,588
C34	Malignant neoplasm of bronchus and lung	495,588
>	Stage 4	
OR		
C77	Secondary and unspecified malignant neoplasm of lymph nodes	369,489
OR		
C7B	Secondary neuroendocrine tumors	21,613
OR		
C79	Secondary malignant neoplasm of other and unspecified sites	622,198
OR		
C78	Secondary malignant neoplasm of respiratory and digestive organs	445,657

Relationship Any instance of Group 1B occurred on or after any instance of Group 1A

1B Unnamed Group

MUST HAVE CANNOT HAVE

1003	Targeted Therapy	1,919,538
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AND

Group 2

Request Dataset

Filter By: Filter Sort By: Most Recent

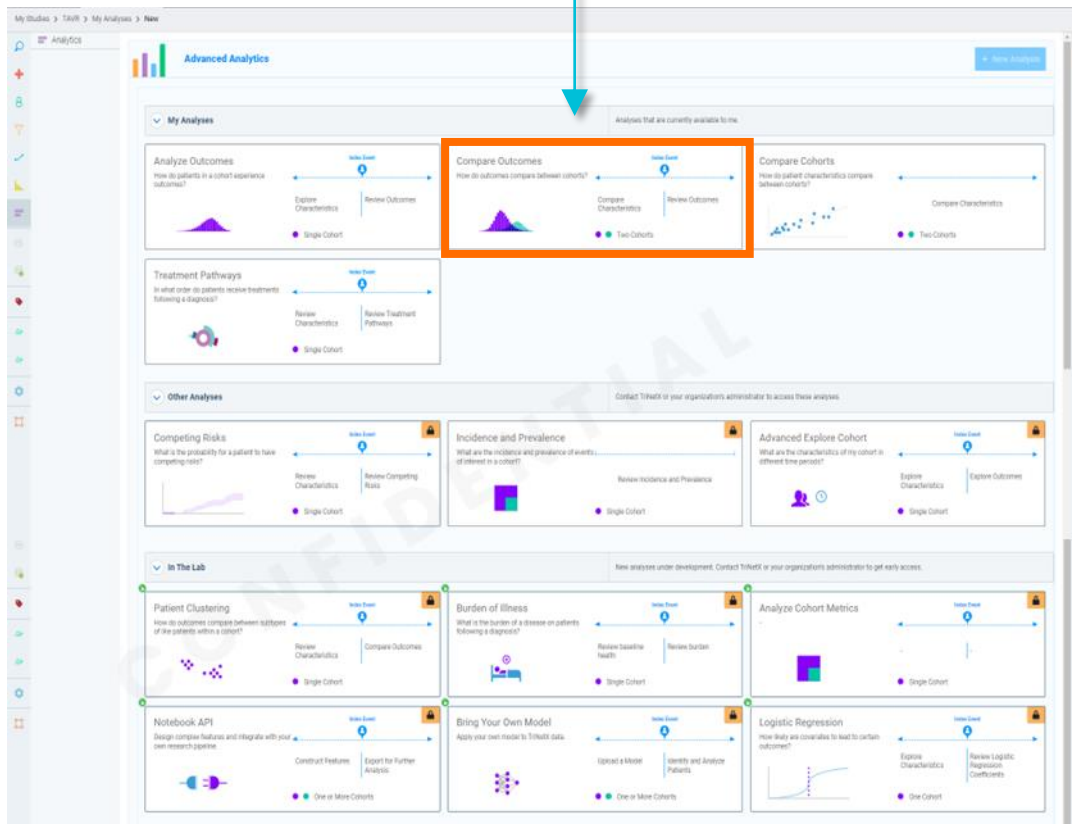
unnamed Patients 1,863 HCOs 43

★ Lunk K demo Man
by Olivier Denquin Feb 17, 2022 1:48 PM
Patients 13,350 HCOs 47 Network Research

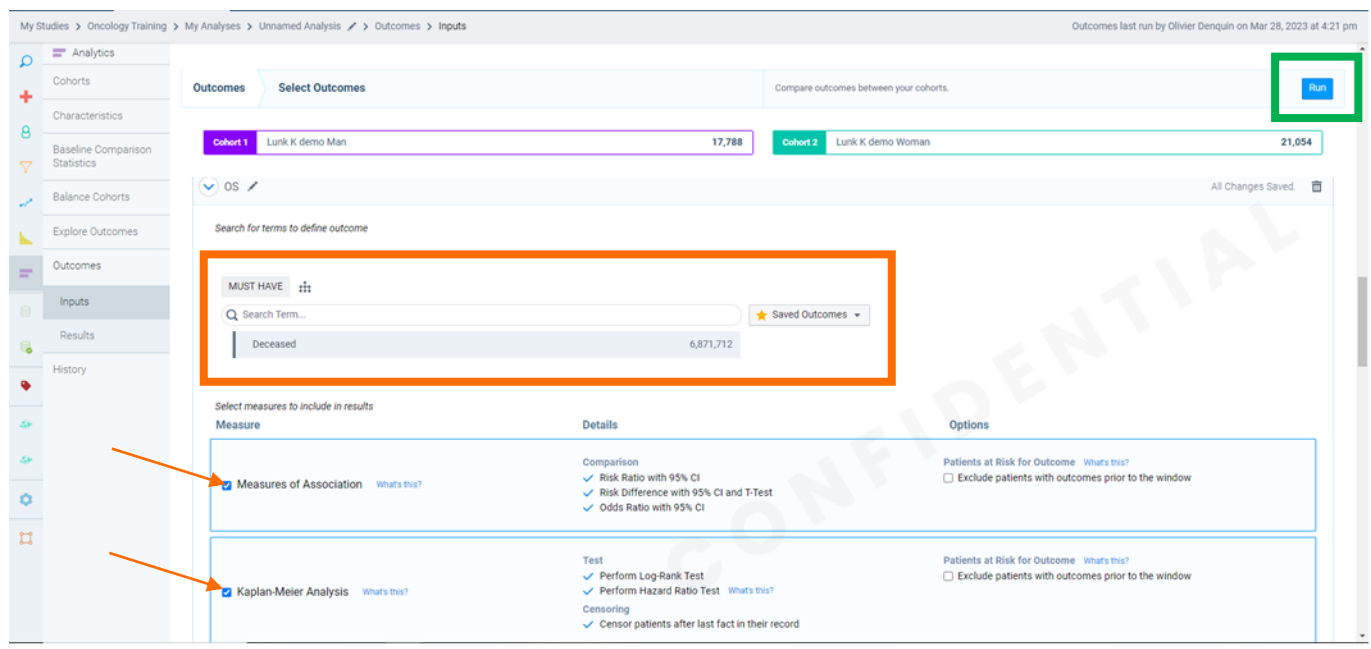
★ Lunk K demo Woman
Patients 15,848 HCOs 48

Définition et exécution de l'analyse

multiples options d'analyse intégrées



ex : différences de pronostic à 5 ans liées au genre dans le cancer du poumon en termes de survie et de troubles psychiatriques ?



Revue des résultats de l'analyse

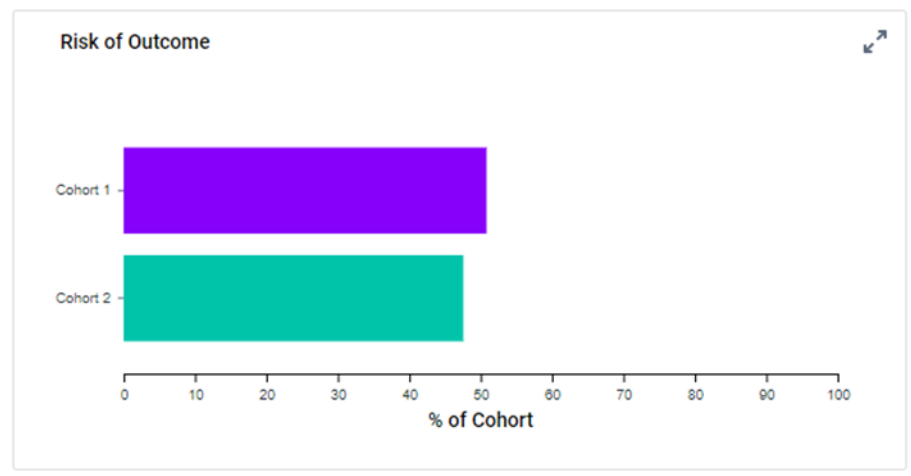
ex : différences de pronostic à 5 ans liées au genre dans le cancer du poumon en termes de survie et de troubles psychiatriques ?

Must Have Deceased

1a : Measures of Association

Cohort	Cohort Statistics		
	Patients in Cohort	Patients with Outcome	Risk
1 Lunk K demo Man	9,681	4,920	50.821%
2 Lunk K demo Woman	9,681	4,605	47.567%

Risk Difference			Risk Ratio		Odds Ratio		
Risk Difference	95 % CI	z	p	Risk Ratio	95 % CI	Odds Ratio	95 % CI
3.254%	(1.846%,4.661%)	4.528	< 0.0001	1.068	(1.038,1.099)	1.139	(1.077,1.205)



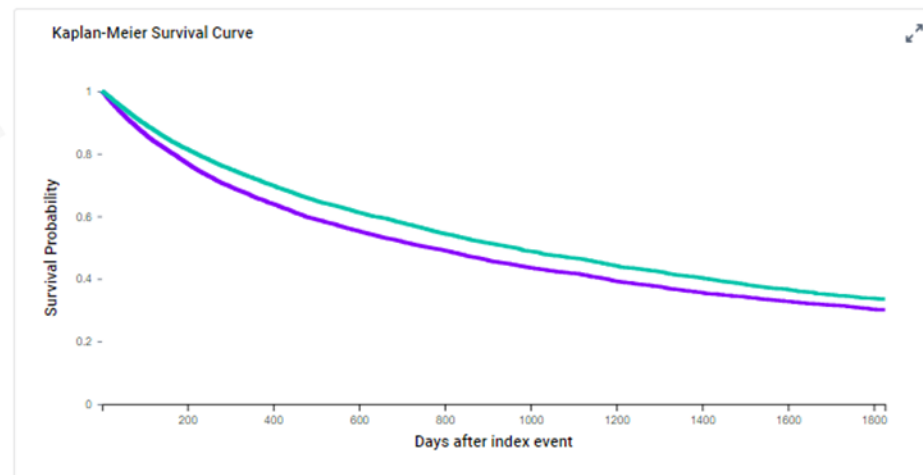
Revue des résultats de l'analyse

ex : différences de pronostic à 5 ans liées au genre dans le cancer du poumon en termes de survie et de troubles psychiatriques ?

1b : Kaplan-Meier Analysis

Cohort	Patients in Cohort	Patients with Outcome	Cohort Statistics	
			Median Survival (Days)	Survival Probability at End of Time Window
1 Lunk K demo Man	9,681	4,920	765	30.107%
2 Lunk K demo Woman	9,681	4,605	960	33.511%

Log-Rank Test		
χ^2	df	p
59.936	1	< 0.0001



CONFIDENTIAL

Revue des résultats de l'analyse

ex : différences de pronostic à 5 ans liées au genre dans le cancer du poumon en termes de survie et de troubles psychiatriques?

Génère un rapport word complet, des extractions graphiques des analyses effectuées.



Mental disorders

Must Have Other anxiety disorders OR Depressive episode OR Bipolar disorder

3a : Measures of Association

Cohort	Cohort Statistics		
	Patients in Cohort	Patients with Outcome	Risk
1 Lunk K demo Man	9,681	3,031	31.309%
2 Lunk K demo Woman	9,681	4,101	42.361%

Risk Difference		z		Risk Ratio		Odds Ratio	
Risk Difference	95 % CI	z	p	Risk Ratio	95 % CI	Odds Ratio	95 % CI
-11.053%	(-12.403%,-9.703%)	-15.94	< 0.0001	0.739	(0.712,0.767)	0.62	(0.585,0.658)

Risk of Outcome

CONFIDENTIAL

Blood Cancer Journal www.nature.com/bcj

ARTICLE OPEN Check for updates

Impact of COVID-19 in patients with multiple myeloma based on a global data network

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The COVID-19 pandemic has represented a major cause of morbidity/mortality worldwide, overstressing health systems. Multiple myeloma (MM) patients show an increased risk for infections and they are expected to be particularly vulnerable to SARS-CoV-2 infection. Here we have obtained a comprehensive picture of the impact of COVID-19 in MM patients on a local and a global scale using a federated data research network (TriNetX) that provided access to Electronic Medical Records (EMR) from Health Care Organizations (HCO) all over the world. Through propensity score matched analyses we found that the number of new diagnoses of MM was reduced in 2020 compared to 2019 (RR 0.86, 95%CI 0.76–0.96) and the survival of newly diagnosed MM cases decreased similarly (HR 0.61, 0.38–0.81). MM patients showed higher risk of SARS-CoV-2 infection (RR 2.09, 1.58–2.76) and a higher excess mortality in 2020 (difference in excess mortality 9%, 4.4–13.2) than non-MM patients. By interrogating large EMR datasets from HCO in Europe and globally, we confirmed that MM patients have been more severely impacted by COVID-19 pandemic than non-MM patients. This study highlights the necessity of extending preventive measures worldwide to protect vulnerable patients from SARS-CoV-2 infection by promoting social distancing and an intensive vaccination strategies.

Blood Cancer Journal (2021)11:198 | <https://doi.org/10.1038/s41408-021-00588-z>

Blood Cancer Journal

Meeting Abstract | 2022 ASCO Annual Meeting I

LUNG CANCER—NON-SMALL CELL METASTATIC Ch

9079 Poster Session

Use of RET inhibitors among patients with advanced NSCLC: A real-world evidence analysis.

Shaheenah S. Dawood, Kaylen Brzozowski; Mediclinic City Hospital, Dubai, United Arab Emirates; TRINETX, Cambridge, MA

Background: RET rearrangements are found in approximately 1% to 2% of patients with NSCLC. Two selective RET inhibitors have been FDA approved based on phase 1/2 data showing significant activity among patients with advanced NSCLC that have RET rearrangements. The objective of this retrospective analysis was to look at the prognostic outcome associated with the use of selective RET inhibitors (sRETi) and multikinase inhibitors (MKIs) that have been used to target RET fusions among pts with NSCLC in the real-world setting. **Methods:** We utilized a federated network of de-identified health data representing approximately 84 million pt lives available through the TriNetX Research Network. We identified 1,215 pts with metastatic NSCLC treated with selpercatinib, pralsetinib, cabozantinib or vandetanib. Overall survival (OS) was evaluated with Kaplan Meier statistics and compared between patients treated with either sRETi (selpercatinib or pralsetinib) vs either MKI (cabozantinib or vandetanib). **Results:** Mean age among all anti-RET treated patients was 67.6 years. 518 pts (43%) were female and 697 (57%) were male. 531 (39.6%), 205 (15.3%) and 605 (45.1%) pts had received selpercatinib, pralsetinib, and either cabozantinib or vandetanib, respectively. 56.6% of pts receiving pralsetinib received prior selpercatinib. Among pts receiving sRETi, 39.7%, 6.4%, 11.2%, and 32.4% received sRETi in the 0-3, 3-6, 6-12, and 12+ months after metastatic diagnosis, respectively. Among pts receiving MKIs, 17.0%, 8.4%, 13.3%, and 44.9% received MKIs in the 0-3, 3-6, 6-12, and 12+ months after metastatic diagnosis. Median OS after treatment with MKIs and sRETi during any time frame was 16.3m and 25.0m, respectively (p < 0.01). Among pts treated with MKIs vs sRETi during the 0-3, 3-6, 6-12, and 12+ months after metastatic diagnosis, 1-year survival probability after treatment was 59.7% vs 55.9% (p = 0.39), 45.0% vs 83.1% (p < 0.01), 53.9% vs 82.2% (p < 0.01), and 57.7% vs 87.1% (p < 0.01), respectively. 30% of pts of all anti-RET treated patients had brain metastases, and median OS from index metastasis among pts with and without brain metastases was 31.4m and 63.1m respectively (p < 0.01). **Conclusions:** To our knowledge this is the first real world data set to show a > 8m improvement in OS with the use of sRETi compared to MKIs among pts with metastatic NSCLC. OS improvements may be more significant in pts treated in later lines of therapy with sRETi. Research Sponsor: None.

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Meeting Abstract | 2022 ASCO Annual Meeting I

DEVELOPMENTAL THERAPEUTICS—IMMUNOTHERAPY Ch

2594 Poster Session

Cancer PD1/PD-L1 inhibitor efficacy as stratified by smoking status: A population large database study.

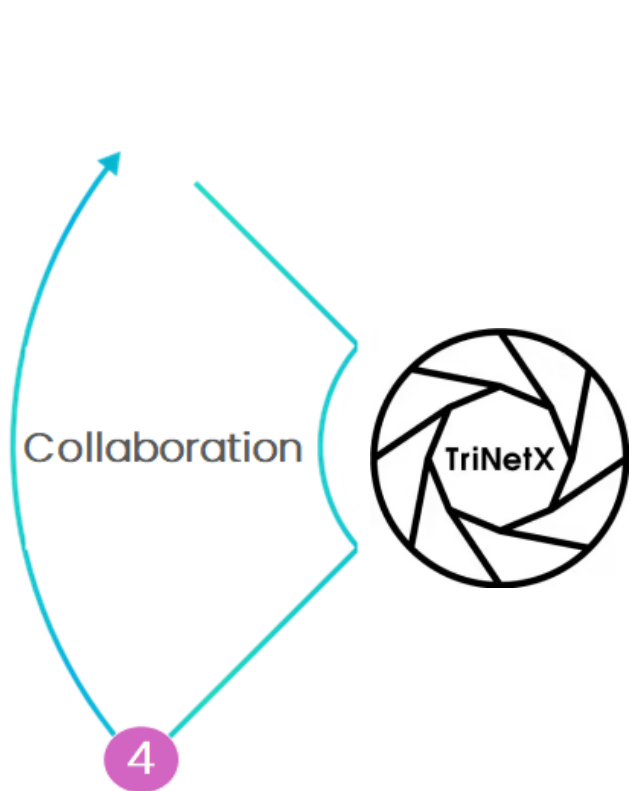
Zachary D. Urdang, SoHyee Park, Ramez Philips, Hee-Soon Juon, Jennifer Maria Johnson, Ubaldo E. Martinez-Outschoorn, Joseph M. Curry; Departments of Otolaryngology and Clinical/Experimental Pharmacology - Thomas Jefferson University, Philadelphia, PA; Department of Medical Oncology Division of Population Health, Thomas Jefferson University, Philadelphia, PA; Department of Otolaryngology, Thomas Jefferson University, Philadelphia, PA; Department of Medical Oncology Division of Population Science, Thomas Jefferson University, Philadelphia, PA; Department of Medical Oncology, Thomas Jefferson University, Philadelphia, PA; Department of Otolaryngology, Thomas Jefferson University, Philadelphia, PA

Background: Delineating clinical factors that predict immune checkpoint inhibitor (ICI) cancer therapy response is a pressing need and smoking is a known factor. In this study we leveraged a large international (heavily US) database to perform the largest study to date for all cancers and major cancer subtypes. **Methods:** Utilizing the TriNetX electronic health records database with 84.3M patients we tested the hypotheses that ICI response stratifies based on smoking, and continued smoking after ICI. Queries were constructed using billing codes for all cancer types treated with an ICI with and without smoking. The smoking cohort was subsequently sub-stratified for continuing vs cessation of smoking after ICI. Next, using ICI therapy as the index event, odds ratios (OR) with 95% confidence intervals for death, and treatment related secondary outcomes were calculated between 0.5-5 years after ICI treatment. Statistics were calculated using TriNetX's integrated statistical platform before and after 1:1 propensity score matching (PSM) for smoking related co-morbidities. **Results:** The OR for death after ICI therapy for smokers (n 13336) vs non-smokers (n 38973) for any cancer type was 1.27(1.21-1.34) and decreased to 1.11(1.04-1.19) after PSM. Further sub-stratifying the smoking cohort for continued vs cessation of smoking yielded ORs of 1.13(1.03-1.24) and 1.12(1.01-1.24) before and after PSM respectively. Secondary outcomes included ablative surgery, chemotherapy, radiation, and secondary neoplasm. ORs for receiving chemotherapy, and developing secondary neoplasm were most consistently statistically significant across comparisons. **Conclusions:** Smoking adversely potentiates cancer outcomes after ICI therapy. PSM for smoking related comorbid conditions decreased the magnitude of this association although the findings remained clinically and statistically significant. This highlights the key role in smoking related co-morbid conditions as prognostic clinical characteristics. Furthermore, this suggests that smoking affects ICI on a mechanistic/biological level beyond increasing burden of medical comorbidities. Lastly, as smoking cessation also improved outcomes after PSM this further suggests that washout of smoke toxins has a mechanistic/biological effect on ICI activity. Research Sponsor: None.

Propensity score matching corrected	Alive	Deceased (between 0.5-5yrs after ICI)
Smoker	9,379	2,754
Non-Smoker	9,337	2,540
Odds ratio = 1.11(1.04-1.19)		

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Réseau collaboratif

TriNetX Pediatric Collaboratory Network
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- Easily identify subset of data for pediatric patients**
Presents a targeted cohort of pediatric patient data to streamline the query process.
- Streamline investigator-led multi-site research**
Makes it easy for researchers to identify and connect with other PCN members who have the desired patient population.
- Simplify connections between principal investigators**
Establishes centralized points of contact to streamline communications for potential collaboration.



Régional



Mondial

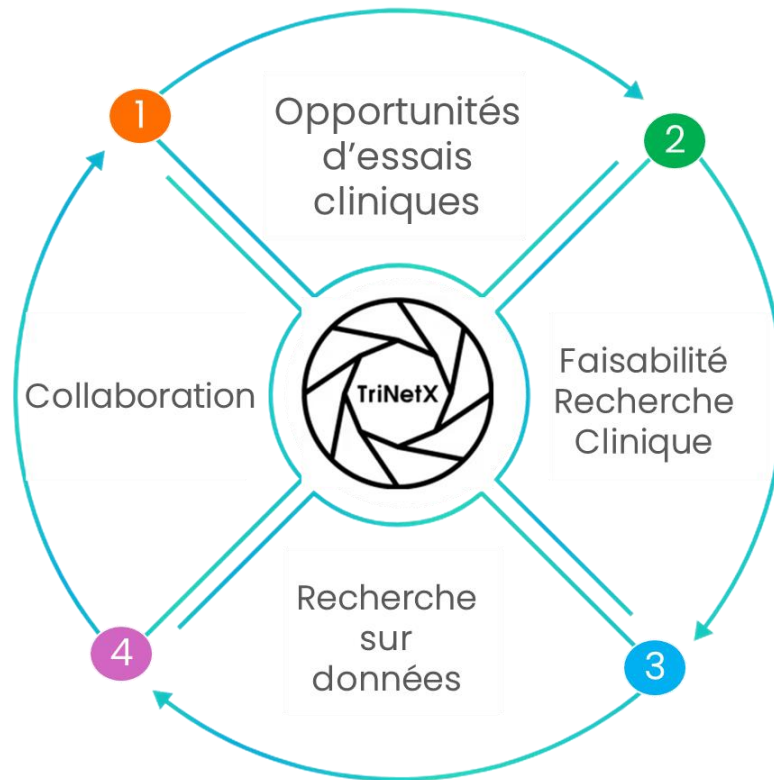
TriNetX

Le partenariat pour l'hôpital en synthèse

Plus d'opportunités d'essais cliniques sponsorisés pour les patients des établissements partenaires

Utilisation de la plateforme TriNetX par les chercheurs pour le **design d'essais cliniques**

Utilisation de la plateforme TriNetX par les chercheurs pour l'**analyse - publication** sur des données propres à l'établissement



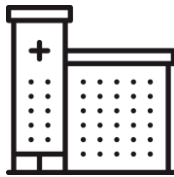
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Mise en place de réseaux privés de **collaboration de recherche**

Soutien des équipes TriNetX dans l'augmentation de la qualité / disponibilité de données, travail sur OMOP...

TriNetX

Le fonctionnement des partenariats



Etablissements de santé

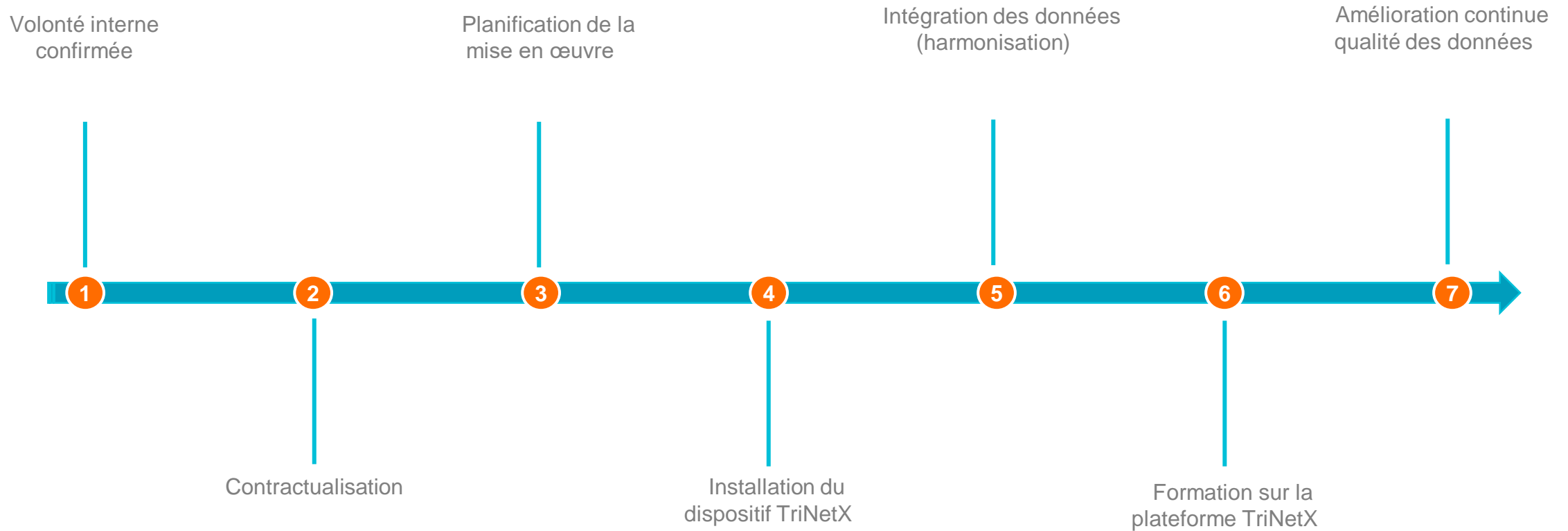
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