



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

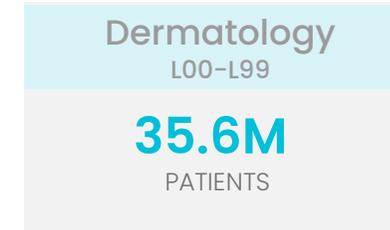
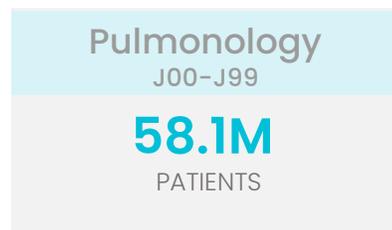
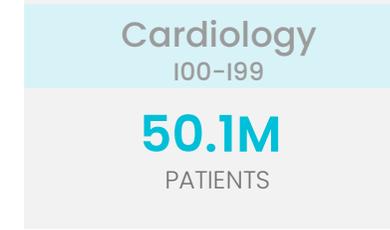
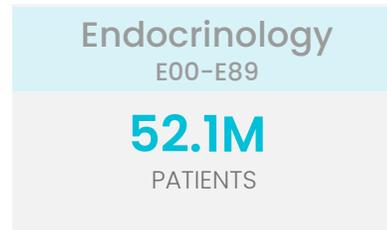
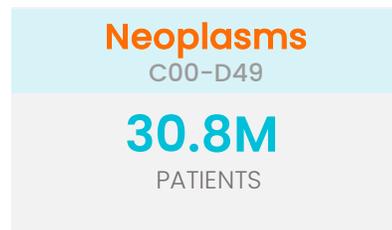
18,500+

Opportunités
d'essais cliniques

300+

Recherches
peer-reviewed

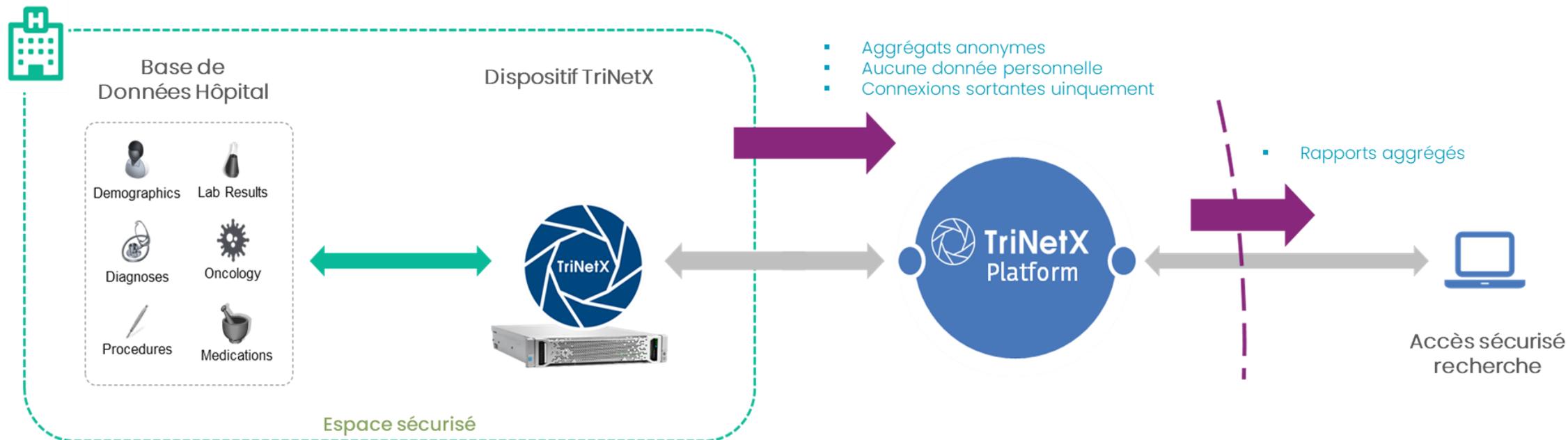
A travers toutes les aires thérapeutiques



Updated 11-Oct-2022 by Jan Horak

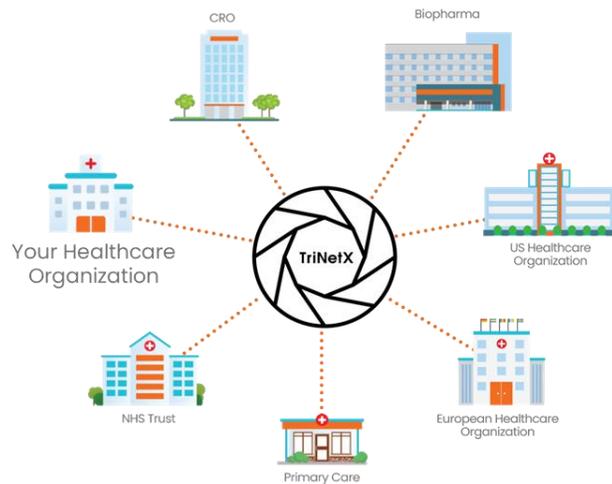
De manière fédérée – conforme aux réglementations

8

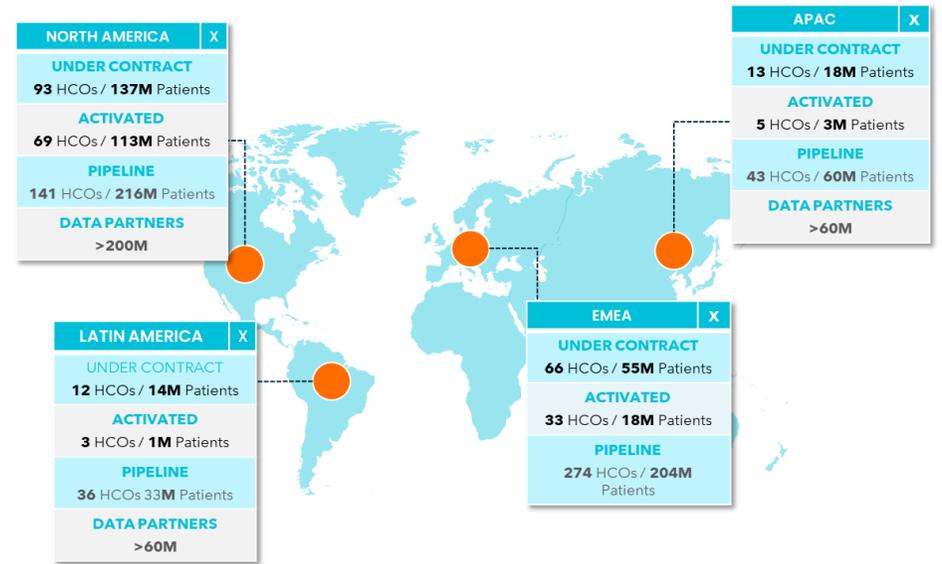


- Aucune donnée personnelle n'est transmise en dehors de l'espace sécurisé.
- L'anonymisation consiste en une agrégation (addition) des termes ou points de données, résultant en un nombre N pour lequel il est impossible de réidentifier un individu.
- Le processus d'anonymisation produit des "N" conformes 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



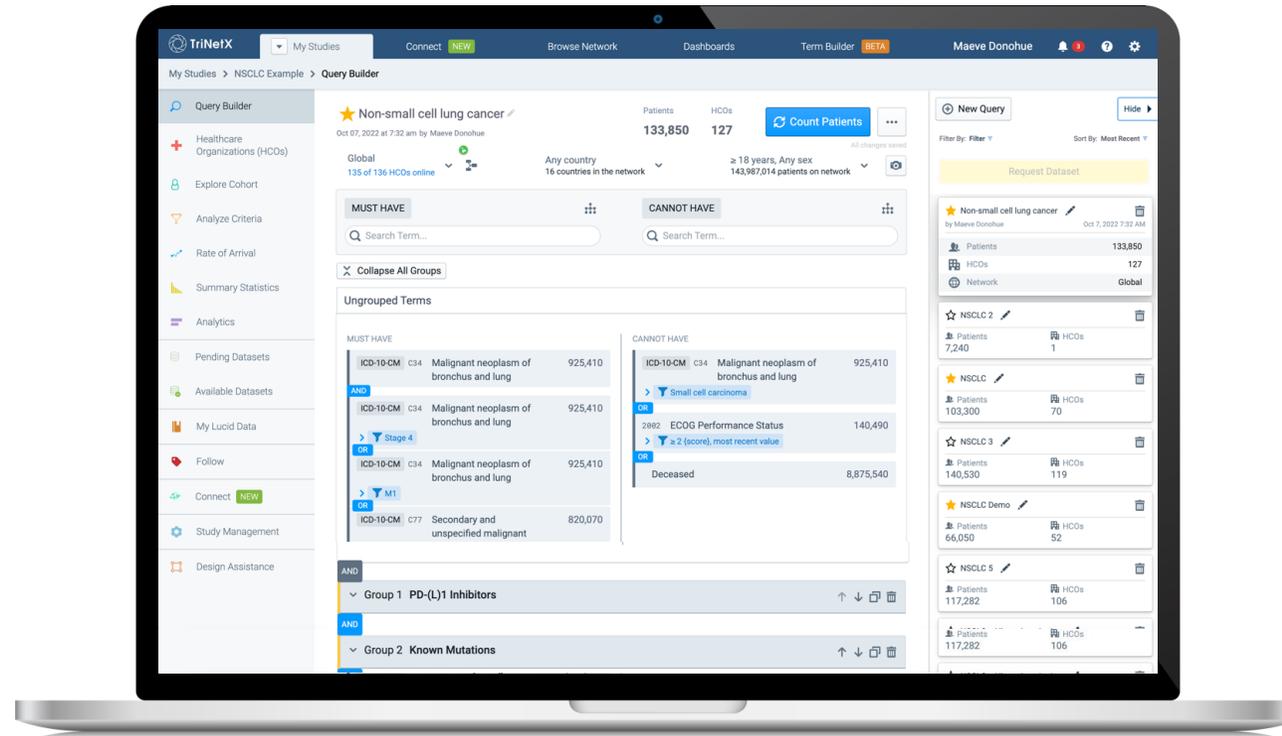
Données
harmonisées



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 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. The table is organized by ICD-10 and includes checkboxes for 'Show ICD-9 terms', 'Show Terms with Zero Patients', and 'Show Deprecated'. A large 'CONFIDENTIAL' watermark is visible across the right side of the interface.

| 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.



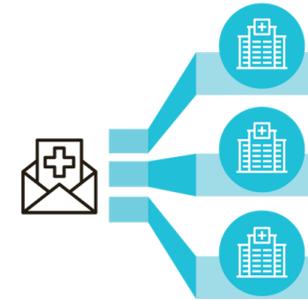
Study Opportunity



Identify Sites with Patients



Send Requests



Sites Respond



Attirer plus d'essais cliniques avec TriNetX Connect

15

Le sponsor crée une opportunité d'essai clinique

Le sponsor propose l'opportunité aux sites sélectionnés

Les sites sélectionnés répondent à l'opportunité d'essai proposée

Le dialogue entre les sites et les sponsors est facilité par la plateforme



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

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 gravida. Lorem ipsum dolor sit amet, id mi ...

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 sit 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 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

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

Site Selection - Confirmed (Awarded / Approved)

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

Therapeutic Areas: Pulmonology

Indication: copd

Investigator Specialty: Not Specified

Open Study

Response Desired in 10 Months, on Apr 05, 2021

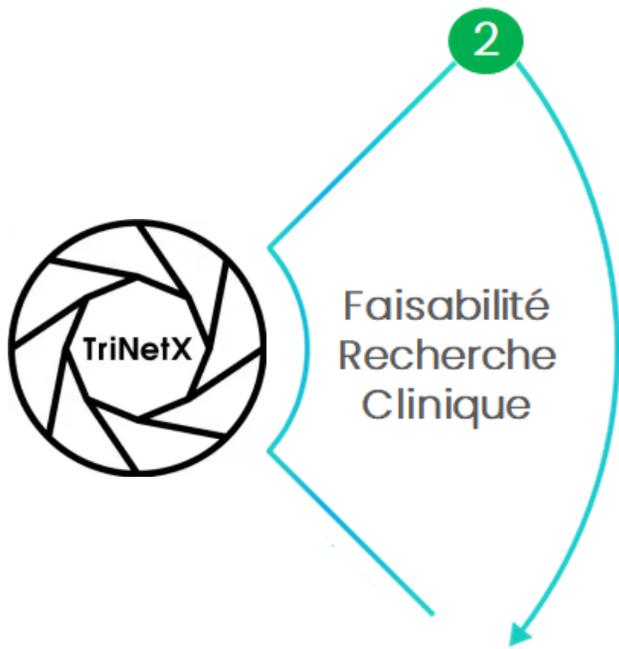
Not Interested | Interested

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 |
| 1 | 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 |
| 1 | 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 <ul style="list-style-type: none"><input type="checkbox"/> Design clinical trial<input type="checkbox"/> Assess feasibility of clinical trial<input type="checkbox"/> Identify clinical trial sites<input checked="" type="checkbox"/> Recruit trial subjects | Other Scientific Research <ul style="list-style-type: none"><input type="checkbox"/> Conduct health economics and outcomes research (HEOR)<input type="checkbox"/> Explore patient populations<input type="checkbox"/> Conduct other secondary research |
|---|--|

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

Count Patients

Centre Hospitalier

Any age, Female (119,500 patients on network)

MUST HAVE

- ICD-10-CM c58 Malignant neoplasm of breast (230)
- T2 AND Her2 positive
- RxNorm 224985 trastuzumab (120)

CANNOT HAVE

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

+ Create a New Group

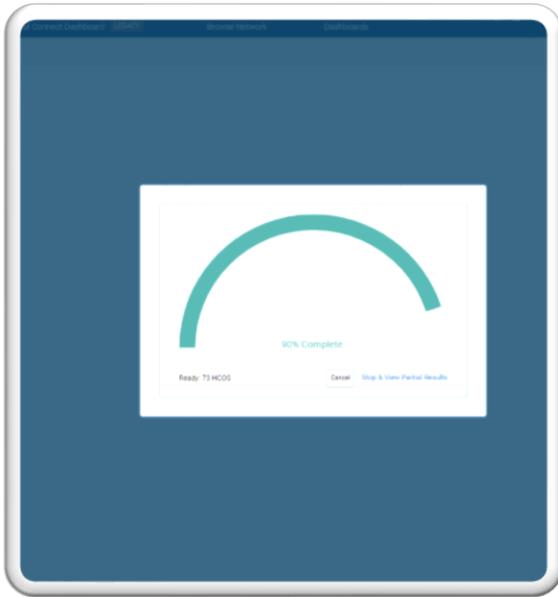
Critères d'Inclusions et d'exclusion

The screenshot shows the TriNetX Query Builder interface with filter settings for 'BCa cohort build > Query Builder > Filters for ICD-10-CM C50 Malignant neoplasm of breast'. The filters are:

- Age at Event:** Specify an age or an age range. Between (including) 18 and 60 years.
- Oncology Details:**
 - Stage at Diagnosis:** T2 (checked)
 - Histology/Behavior:** Adenocarcinoma, nos
 - Cancer Properties:** Her2 positive (checked)
- Primary/Secondary Priority:** Unknown priority, Primary priority, Secondary priority
- Data Source:** HCO, EHR, NLP, TriNetX

18 - 60 years AND T2 AND Her2 positive

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

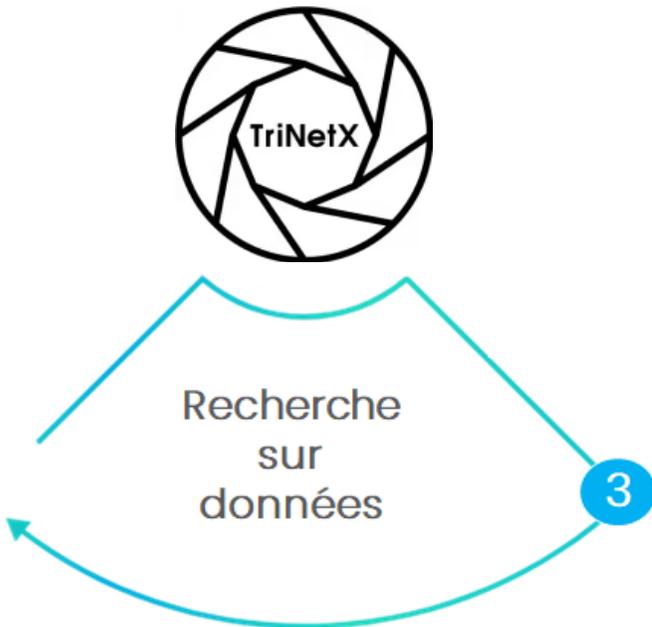
| MUST HAVE | CANNOT HAVE |
|--|-------------|
| ICD-10-C... c50 Malignant neoplasm of breast > 18 - 60 yea... | |

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 |
|------|------------------|-----------|

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

The screenshot shows a dashboard with several analysis cards. The 'Compare Outcomes' card is highlighted with an orange border. Other cards include 'Analyze Outcomes', 'Treatment Pathways', 'Competing Risks', 'Incidence and Prevalence', 'Advanced Explore Cohort', 'Patient Clustering', 'Burden of Illness', 'Analyze Cohort Metrics', 'Notebook API', 'Bring Your Own Model', and 'Logistic Regression'.

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

The screenshot shows the 'Select Outcomes' configuration screen. The 'Run' button is highlighted with a green box. The 'Deceased' outcome is selected in the search results. The 'Measures of Association' and 'Kaplan-Meier Analysis' options are highlighted with orange boxes and arrows.

| Measure | Details | Options |
|--|---|---|
| <input checked="" type="checkbox"/> Measures of Association What's this? | Comparison <input checked="" type="checkbox"/> Risk Ratio with 95% CI <input checked="" type="checkbox"/> Risk Difference with 95% CI and T-Test <input checked="" type="checkbox"/> Odds Ratio with 95% CI | <input type="checkbox"/> Patients at Risk for Outcome What's this? <input type="checkbox"/> Exclude patients with outcomes prior to the window |
| <input checked="" type="checkbox"/> Kaplan-Meier Analysis What's this? | Test <input checked="" type="checkbox"/> Perform Log-Rank Test <input checked="" type="checkbox"/> Perform Hazard Ratio Test What's this? Censoring <input checked="" type="checkbox"/> Censor patients after last fact in their record | <input type="checkbox"/> Patients at Risk for Outcome What's this? <input type="checkbox"/> Exclude patients with outcomes prior to the window |

Revue des résultats de l'analyse

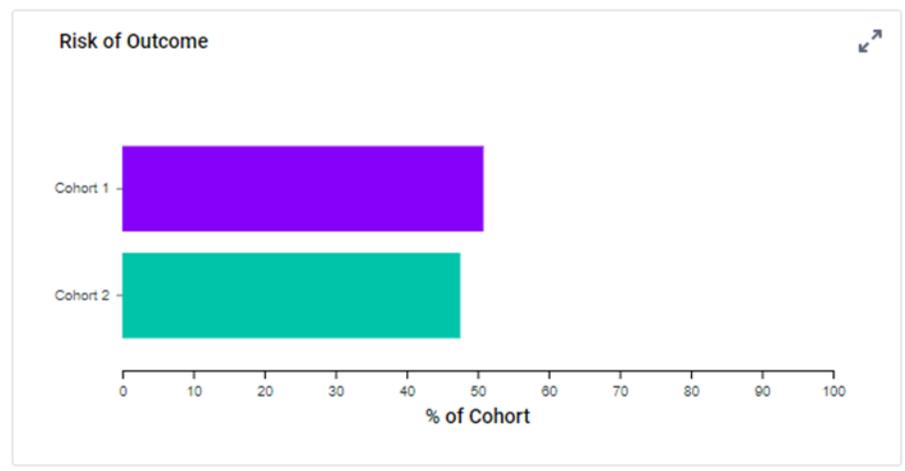
ex : différences de pronostic à 5 ans liées au genre dans le cancer du poumon en termes de survie et de troubles psychiatriques ?

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 |
| 3.254% | (1.846%,4.661%) | 4.528 | < 0.0001 | 1.068 | (1.038,1.099) | 1.139 |



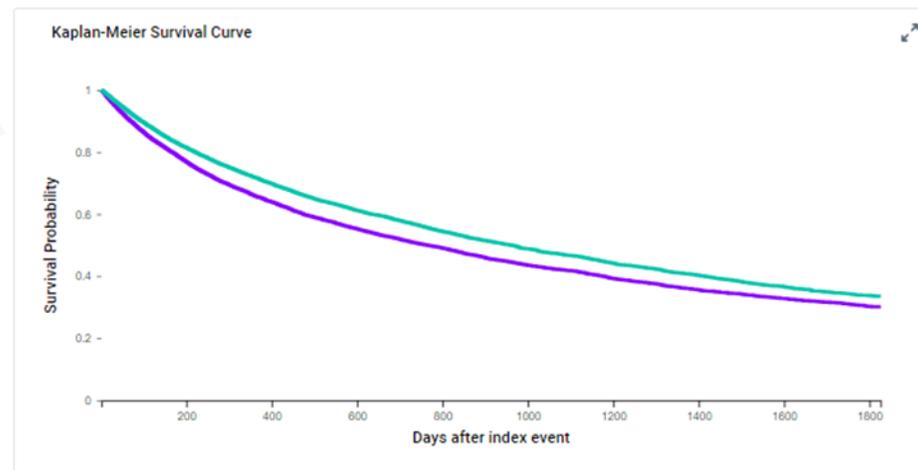
Revue des résultats de l'analyse

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

J. Martínez-López^{1,6,8}, G. Hernández-Ibarburu^{2,6}, R. Alonso^{1,6}, J. M. Sánchez-Pina¹, I. Zamanillo¹, N. López-Muñoz¹, Rodrigo Iníguez¹, C. Cuellar¹, M. Calbacho¹, M. L. Paciello¹, R. Ayala¹, N. García-Barrío³, D. Pérez-Rey², L. Meloni⁴, J. Cruz^{1,5}, M. Pedraza-Jiménez¹, P. Serrano-Balazote¹ and J. de la Cruz¹

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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.

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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.

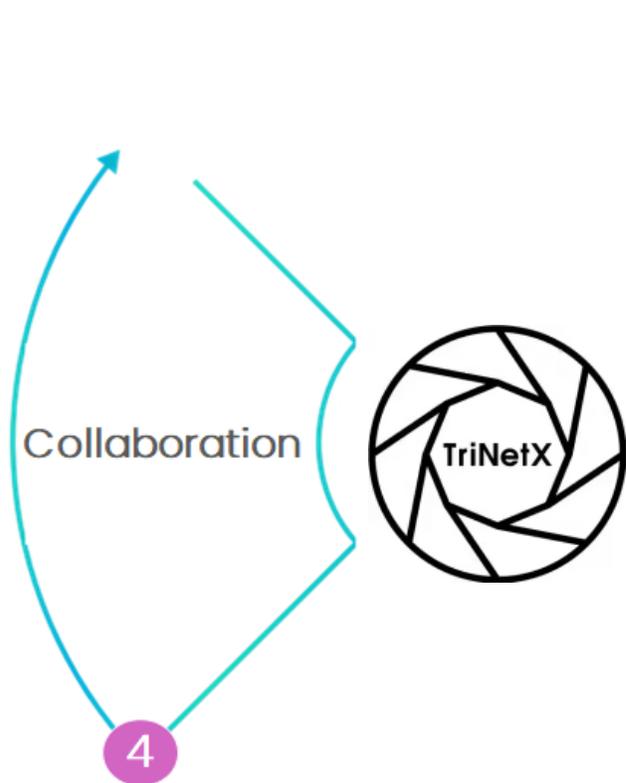
Zachary D. Urdang, SoHy Park, Ramez Philips, Hee-Soon Juon, Jennifer Maria Johnson, Ubaldo E. Martinez-Outschoorn, Joseph M. Curry; Departments of Otolaryngology and Clinical/Experimental Pharmacology - Thomas Jefferson University, Philadelphia, PA; Department of Medical Oncology Division of Population 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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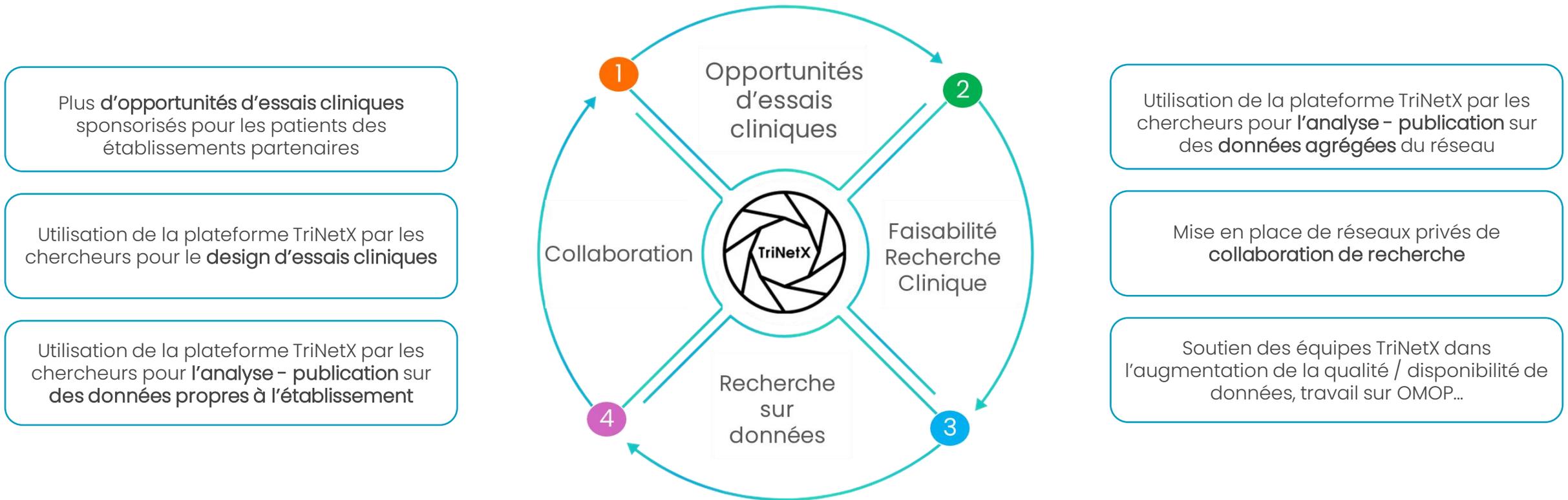
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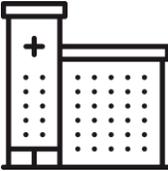
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Le partenariat pour l'hôpital en synthèse



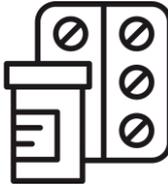
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Le fonctionnement des partenariats



Etablissements de santé

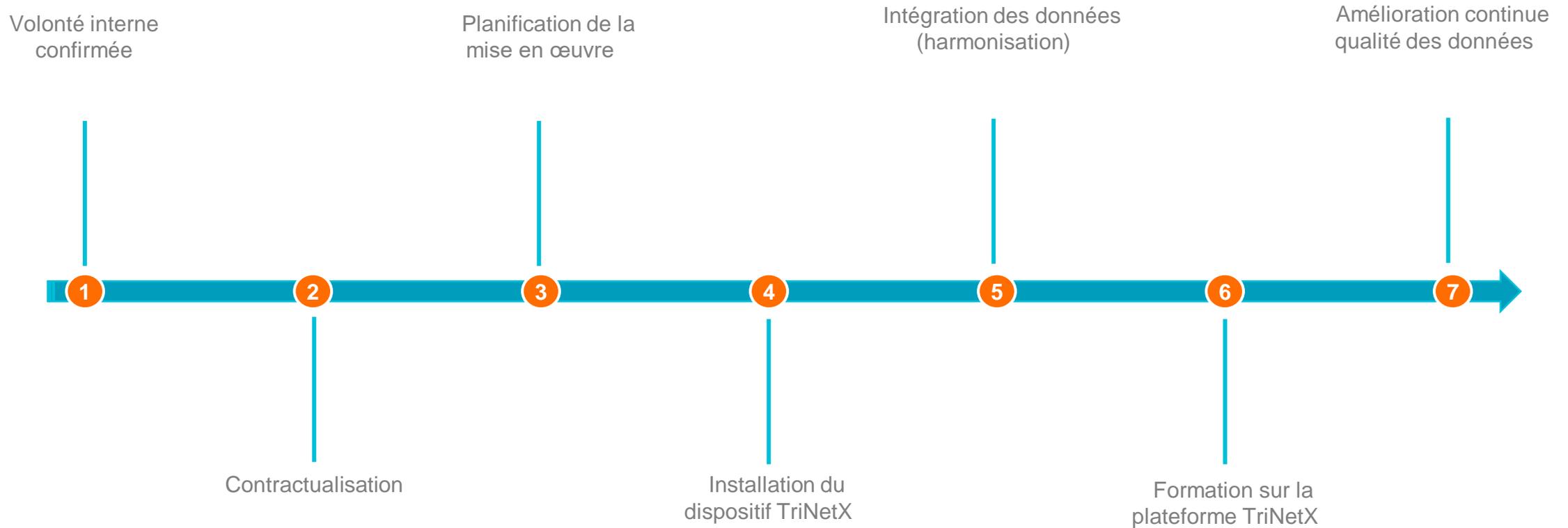
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