# Data management in health technologies Keynote

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Sven Trelle, CTU Bern

02.03.2021

BIG DATA
CAN GENERATE
BIG BRAINSTORMS



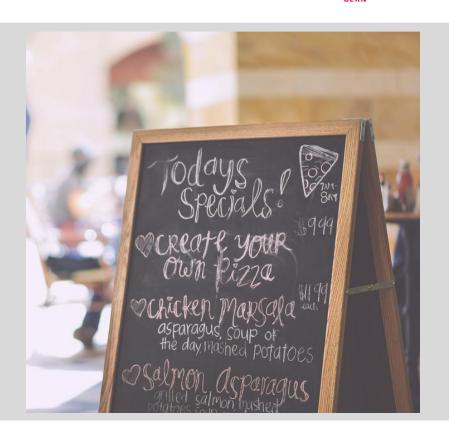
### Menu

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### Topics to be covered

- Regulatory framework
- Other requirements and standards
- Some aspects of good science in the 21<sup>st</sup> century ...



### Disclaimer



- All content based on CTUinterpretation of the Human Research Act, its ordinances, and related documents (e.g. Botschaft, Erläuterungen etc.)
- Interpretation of the act and its ordinances not 100% harmonized across different authorities
- Although all content was checked carefully: Errors and Omissions Excepted (E&OE)



## Human Research Act (HRA)



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## Scope

### Art. 2 Scope

<sup>1</sup> This Act applies to research concerning human diseases and concerning the structure and function of the human body, which involves:

- a. persons,
- b. deceased persons;
- c. embryos and foetuses;
- d. biological material;
- e. health-related personal data.
- <sup>2</sup> It does not apply to research which involves:
  - a. IVF embryos in accordance with the Stem Cell Research Act of 19 December 2003<sup>1</sup>;
  - b. anonymised biological material;
  - anonymously collected or anonymised health-related data.

### **Human Research Act**

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Development over time

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2010

Constitution

2011

 Human Research Act (HRA) Explanation in «Botschaft»

2014

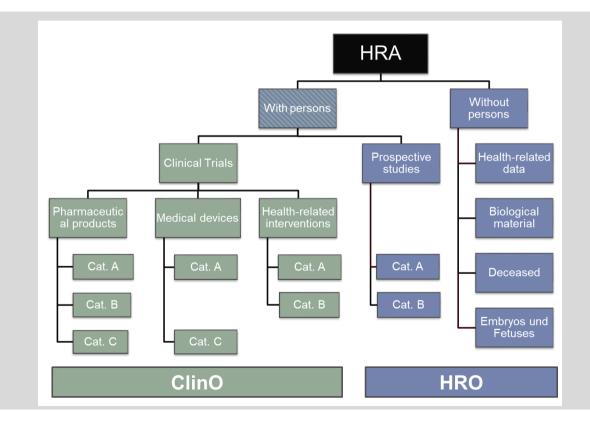
- ClinO
- HRO
- OV-HFG
- Explanation in «Erläuterungen»
- Rütsche B (Hrsg). Humanforschungs-gesetz (HFG).
  Bern: Stämpfli. 2015.

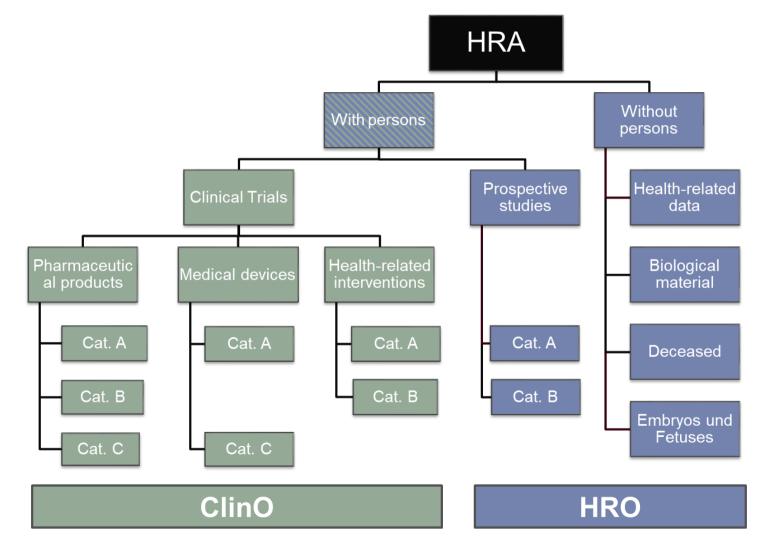
### **Human Research Act**

### Overview



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# Federal Act on Data Protection (FADP) Sensitive personal data



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#### Art. 3 Definitions

The following definitions apply:

. .

- c. sensitive personal data: data on:
  - 1. ...
  - 2. health, the intimate sphere or the racial origin,
  - 3. social security measures,
  - 4.

. . .

# Human Research Ordinance (HRO)



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### Data storage

### Art. 5 Storage of health-related personal data and biological material

<sup>1</sup> Any person who stores health-related personal data for research must take appropriate operational and organisational measures to protect it, and in particular:

- a. restrict the handling of the health-related personal data to those persons who require this data to fulfil their duties;
- b. prevent unauthorised or accidental disclosure, alteration, deletion and copying of the health-related personal data;
- c. document all processing operations which are essential to ensure traceability.

2 ...

### Proportionality principle

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- HRO Art. 5, Para. 2, Let. a
- HRO in-line with data protection regulations e.g. Datenschutzgesetz
   Bern (KDSG) Art. 5
  - <sup>3</sup> Die Personendaten und die Art des Bearbeitens müssen für die Aufgabenerfüllung geeignet und notwendig sein.
- Concerns mainly access to identifying information (names, contact details, AHV No. etc.)
- But applies also to the data as such

### Laissez-faire?

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### **Practice**



## Views on data protection/privacy Personal experience only!



- Clinician-researchers are relatively liberal (naïve) when it comes to data protection and clinical research
- Informal proof: CTU Bern regularly receives datasets with directly identifying information e.g. names, date of birth (at least monthly) and there is lack of understanding on the other side if we reject these datasets and ask them to de-identify

### Storage

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### HRO Art. 5, Para. 2, Let. b



b. prevent unauthorised or accidental disclosure, alteration, deletion and copying of the health-related personal data

- Location of storage: central storage/server
- Access: user management
- Internal standards and defined processes: quality management and standard operation procedures
- Prospective studies (data entry): dedicated study management system with a data model
  - Frontend i.e. electronic case report forms
  - Backend i.e. relational database

### Storage

## $u^{b}$



### HRO Art. 5, Para. 2, Let. c

- c. document all processing operations which are essential to ensure traceability.
- Internal standards and defined processes: quality management and standard operation procedures
- Audit trail or version control: who, when, what

# Simply administrative burden? Complaints everywhere



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FMH Aktuell

Repräsentative Befragung der Ärzteschaft im Auftrag der FMH

# Der administrative Aufwand der Ärzteschaft nimmt weiter zu

Bruno Trezzinia, Beatrix Meyerb, Melanie Ivankovicc, Cloé Jansd, Lukas Golderc

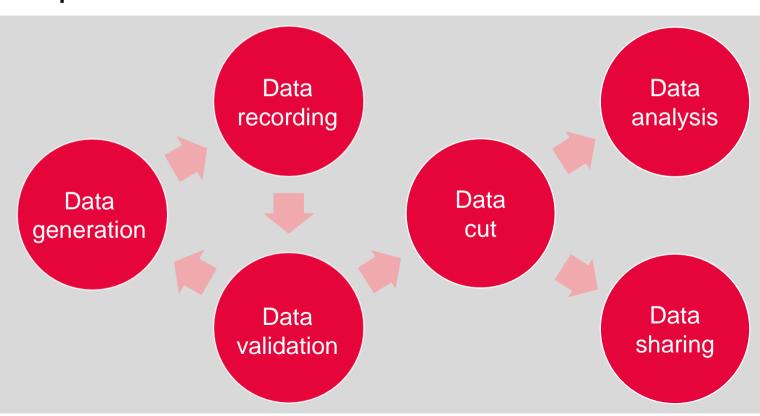
- Dr. phil., wissenschaftlicher Mitarbeiter, Abteilung Stationäre Versorgung und Tarife, FMH; Leiterin Abteilung Stationäre Versorgung und Tarife, FMH;
- <sup>c</sup> Junior Projektleiterin gfs.bern; <sup>d</sup> Leiterin operatives Geschäft gfs.bern; <sup>e</sup> Co-Leiter gfs.bern

Der administrative Dokumentationsaufwand hat sich für die Spitalärzteschaft

### Traceability

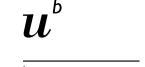
# In practice



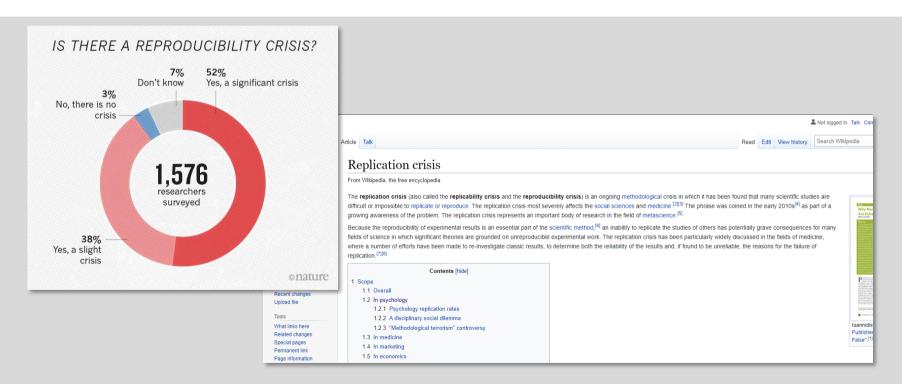


### Reproducibility etc.

### Scientific research



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Baker M 2006 and https://en.wikipedia.org/wiki/Replication\_crisis

### **Terminology**



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- Reproducibility
- Replicability
- Robustness (sensitivity)
- Generalizability

		Da	nta
		Same	Different
(epoo)	Same	Reproducible	Replicable
Analysis (code)	Different	Robust	Generalisable

Kirstie Whitaker (<a href="https://youtu.be/NDNYPDm1-2c">https://youtu.be/NDNYPDm1-2c</a>)

### Simple trials?

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### What do we mean by simple, though?



# WHY DO WE NEED SOME LARGE, SIMPLE RANDOMIZED TRIALS?

#### SALIM YUSUF\* RORY COLLINS AND RICHARD PETO

Clinical Trial Service Unit, Radcliffe Infirmary, Oxford, UK

The criteria for a good trial are similar in many serious diseases: first and foremost, ask an 'important' question and, secondly, answer it 'reliably'. These two very general criteria obviously require further elaboration, but even as they stand they can suggest some surprisingly specific consequences for clinical trial design. Particularly, they can be used to suggest both the possibility and the desirability of large, simple randomized trials of the effects on mortality of various widely practicable treatments for common conditions.

There are six main steps in the argument leading to this conclusion. First, the identification of

Yusuf S et al. 1996: Stat Med 3; 409-22-

# How clinical research is organized The problem with trust and good intentions





## Quality control and assurance Trials versus (?) observational



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- Dedicated personnel at sites
- Embedded in routine practice
- Regular monitoring of the data
- Feedback and contact with sites
- Reporting

### **GARFIELD-AF** register

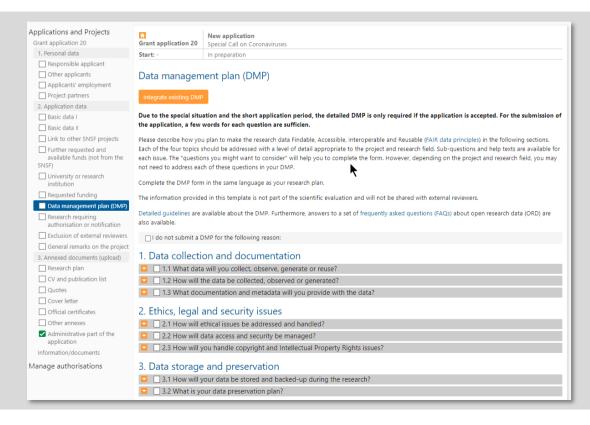
Aims: The value of data obtained depend critically upon robust quality standards (including source data verification [SDV] and training); features that are commonly absent from registries.

**Conclusion:** The quality standards in GARFIELD-AF have the potential to inform a future 'reference' for registries.

### Documentation and planning

### Plans, plans, plans ...





# (Internal) Data Management (Quality) Plan A (version) controlled document



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#### Template for a Data Management Quality Plan

#### 1. Purpose of Data Management Quality Plan

The purpose of a data management quality plan (DMQP) is to document the life cycle of data collected and the measures to assure the quality of the data throughout its life cycle. It outlines how data will be generated, collected, documented, preserved, and shared during a research project, and after it is completed.

The following topics are specified in the DMQP:

- The nature and context of the research project
- The type of research data that is collected and produced
- The formats, metadata and standards used
- Storage, backups and data security
- Ethical and legal issues
- Access, sharing and reuse of data
- Archiving, storage and long-term preservation
- The roles and responsibilities of the various stakeholders

#### Table of content

4.

Abbrev	iations	2
Definiti	ons	2
Dynami	ic References	2
1.	Introduction	2
2.	Responsibilities	2
3.	Description of collected/generated data	2

5.	Clinical Data Management System- study specific implementation 2
5.1	Implementation of the study database in the Clinical Data Management System 2
5.1.1	Codebook development
5.1.2	Clinical Data Management System implementation
5.1.3	Medical coding
5.1.4	Data import
5.2	Verification of Clinical Data Management System setup and deployment
5.3	Change management
6.	Clinical Data Management System – infrastructure 2
6.1	Data storage2
6.2	Data back-up 2
6.3	Access to the data
6.4	Granting access to the productive version of the Clinical Data Management System and
	database2

7.	Data collection	2
7.1	Pre-requisites for data entry	2
7.1.1	Data entry guidelines	2
7.1.2	Training of users and training documentation	2
7.2	Entering data	2
8.	Quality control procedures	2
8.1	Real-time data validation	2
8.2	External data validation (offline checks)	2
8.3	Central data monitoring	2
8.3.1	Definition of Key Performance Indicators (KPIs)	2
8.3.2	Frequency	2
8.3.3	Reporting	2
8.3.4	Clinical Data Management System generated, automatic queries	2
8.3.5	Manual queries	2
8.3.6	Follow-up on (persisting) data discrepancies	2

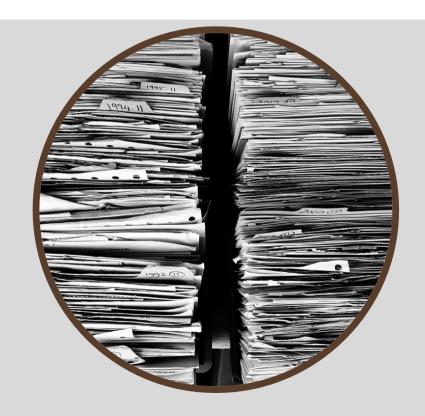
9.	Database closure
9.1	Pre-closure data checks
9.2	Quality assurance audit and database lock
9.3	Database unlock
10.	Data transfer and exports
10.1	Data requests and transfer2
10.2	Data exports2
10.3	Export validation2
10.4	Adverse event data reconciliation
11.	Clinical Data Management System archiving and provision of final materials to the sponsor
12.	Data preservation 2
13.	FAIR data sharing

13.	FAIR data sharing
13.1	Repository
13.1	Shared artifacts
13.2	Data request process
13.3	Ethics, legal and security issues
13.3.1	Data protection
13.3.2	Copyright and intellectual property

### (Data) Sharing



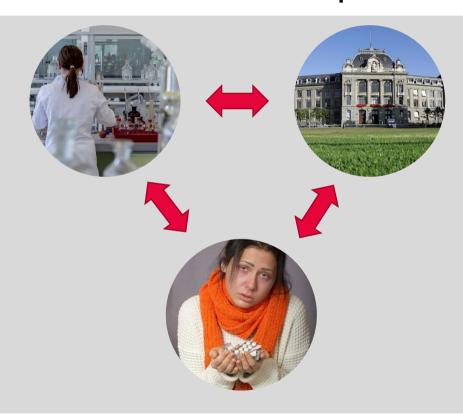
- Trial protocol
- Patient information and consent form
- Data Management Plan
- Statistical Analysis Plan
- Monitoring reports
- Documentation on protocol deviations
- (Narratives?)
- Data dictionary
- Data
- Statistical code
- ...



### Who controls access to data?

### Governance and data ownership





# Thank you for your attention!

Sven Trelle, CTU Bern

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# Workshop: Best Practice with Patient (Person) Data

- What is anonymized data?
- What is coded data?

