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Introducing PIONEER: a project to harness big data in prostate cancer research

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1 ESSAY

2 Introducing PIONEER: a project to harness big data in prostate cancer 3 research

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48 **Abstract:**

49 PIONEER (Prostate Cancer Diagnosis and Treatment Enhancement through the power of big
50 data in Europe) is a European network of excellence for big data in prostate cancer, consisting
51 of 32 private and public stakeholders from 9 countries across Europe. Launched by the
52 Innovative Medicines Initiative 2 and part of the Big Data for Better Outcomes Programme
53 (BD4BO), the overarching goal of PIONEER is to provide high-quality evidence on prostate
54 cancer management by unlocking the potential of big data.

55 The project has identified critical evidence gaps in prostate cancer care, via a detailed
56 prioritisation exercise including all key stakeholders. By standardising and integrating
57 existing high quality and multidisciplinary data sources from prostate cancer patients
58 across different stages of the disease, rich big data will be assembled into a single
59 innovative data platform for research. Based on a unique set of methodologies, PIONEER
60 aims at advancing the field of prostate cancer care with particular focus on improving
61 prostate cancer-related outcomes, health system efficiency by streamlining patient
62 management, and the quality of health and social care delivered to all prostate cancer
63 patients and their families. The literature suggests there is underuse of effective
64 treatments and overuse of ineffective treatment. For example, androgen deprivation
65 therapy is sometimes overused in situations where it is not recommended. It is therefore
66 crucial to identify the best treatment option for the individual patient.

67 **Introduction**

68

69 Prostate cancer is the second most common cancer in men by incidence in Europe, with
70 450,000 new cases diagnosed in 2018. Prostate cancer incidence varies five-fold, with the
71 highest incidence in Northern and Western Europe, and the lowest in Central and Eastern
72 Europe. The estimated incidence is highest in Ireland (189.3 per 100,000), whereas Albania
73 (37 per 100,000) and Romania (47.2 per 100,000) have the lowest incidence (1). In 2018, the
74 estimated numbers of death of prostate cancer were 107,300 for Europe (40 European
75 countries), and 81,500 for 28 member countries of the European Union (1). Total annual
76 estimated costs for treatment of prostate cancer in the first year following diagnosis is
77 approximately €117 million in the UK. The figure is two- to three-fold higher in France and
78 Germany (2). This economic burden associated with prostate cancer is predicted to
79 dramatically increase in the coming years due to aging of the population, as around 85% of
80 all cases of prostate cancer are diagnosed in men over the age of 65 years (1, 3, 4). Despite
81 these numbers, up to now the level of funding for research is relatively low. For example, in
82 2018/2019, Cancer Research UK spend £13 million on prostate cancer research out of their
83 total annual budget of £442 million (5). Therefore, progress made in prostate cancer research
84 is limited when compared to other major cancer types. (1) For example, mortality statistics of
85 Cancer Research UK indicate the mortality rate of breast cancer has been steadily declining,
86 while the prostate cancer mortality rate is still on the rise (5).

87

88 Currently, several critical questions remain unresolved regarding the screening, diagnosis and
89 treatment of prostate cancer patients, relating to various observations in prostate cancer
90 epidemiology. First, prostate cancer incidence is variable across different European countries
91 (37 to 189 per 100,000) (1). The differences in incidence rates of different racial and ethnic
92 background confirms the involvement of genetic factors. However, environmental factors
93 may also be implicated as the differences are also observed among men of the same genetic

94 heritage who live in different European countries. Furthermore, inequalities in prostate
95 cancer survival are also observed across the European Union. Estonia and Latvia have the
96 highest mortality rates (37.3 per 100,000 and 35.7 per 100,000 respectively), whereas the
97 mortality rates are the lowest in Spain and Italy (13.2 per 100,000 and 10.7 per 100,000
98 respectively) (1).

99

100 A variety of risk factors have been scrutinized for prostate cancer, including metabolic
101 syndrome, obesity, dietary and genetics (6). However, the evidence on risk factors for
102 prostate cancer remains inconclusive and, importantly, knowledge is lacking regarding patient
103 characteristics (including molecular characterization) for optimal stratification of patients at
104 time of diagnosis (6). Several diagnostic and prognostic tests for prostate cancer based upon
105 molecular biomarkers have emerged, leading to a real challenge how to assess and prioritise
106 these biomarkers (7). . Moreover, the variable pattern of prostate cancer screening and
107 Prostate-specific antigen (PSA) testing across countries hinders a meaningful interpretation
108 of available epidemiologic studies on the main risk factors for prostate cancer. Lithuania is
109 among the few countries in the world where there is a national prostate cancer screening
110 programme since 2006 (8). However, prostate cancer screening is considered one of the most
111 controversial topics in urology, as there are different thresholds for screening frequency and
112 intervals, and PSA thresholds for biopsy (9). This lack of knowledge means that safe
113 identification of the candidates for active surveillance is suboptimal and similarly, predicting
114 which patients will respond better to specific treatments remains difficult (6, 10).

115

116 Meaningful engagement of all key stakeholders is lacking in the processes that define the
117 most important prostate cancer research questions that urgently need answers. The key
118 stakeholders include clinicians, pharmaceutical companies, payers, and most importantly
119 patients (11, 12). Ultimately, this negatively impacts research findings as the current focus in
120 prostate cancer management may not be reflective of all different stakeholders.

121

122 Furthermore, knowledge gained in clinical practice (including knowledge informed by real life
123 data) is not effectively implemented, with variability within and across European countries.
124 PIONEER will collect data from different prospective and retrospective cohorts; patient
125 registries; electronic health records; clinically recorded imaging data; patient encounters;
126 problem lists; medication lists and histories; cancer therapy data; pathology reports, and;
127 health-related quality of life outcomes. Ineffective implementation of knowledge gained in
128 clinical practice, may lead to inequality in prostate cancer care, increased risk of short-term
129 and long-term harms of interventions recommended to patients, as well as excess costs
130 related to inappropriate management. A recent systematic review has identified geographical
131 inequalities in the management of prostate cancer, and has highlighted that a better
132 understanding of the complex social, environmental, and behavioural reasons for these
133 variations is required (13).

134

135 **PIONEER's vision**

136

137 The vision of PIONEER is to transform the management and clinical practice of prostate cancer

138 across all disease stages (Stage I to IV) towards a data-driven and outcome-driven, value-
139 based, and patient-centric health-care system. By applying advanced big data analytics, and
140 developing a data platform of unparalleled scale, quality and diversity, PIONEER will empower
141 meaningful improvement in clinical practice, prostate cancer disease-related outcomes, and
142 health economic outcomes across the European health care landscape. PIONEER aims to bring
143 together data from various sources including clinical, epidemiology, genetics, and health
144 economics data. PIONEER will assemble, standardise, harmonise and analyse data from
145 diverse populations of prostate cancer patients across different stages of the disease to
146 provide evidence-based data for improving decision-making by key stakeholders (12).
147 PIONEER brings together world-leading experts in clinical research, epidemiology, genetics,
148 urology, big data science, health-economic research, private partners (EFPIA), and health-
149 technology assessment.

150

151 **Objectives of PIONEER**

152

153 PIONEER has developed 8 individual work packages (WPs): project management and
154 coordination (WP 1), 4 core research themes (WP 2-5) and 3 cross-cutting support themes
155 (WP 6-8) (**Box 1**).

156

157 **Approach and methodology**

158 PIONEER will leverage existing valuable clinical prostate cancer datasets by bringing together
159 a complementary group of world-leading clinical, epidemiology, genetics, urology, big data
160 science, health economics, and health technology assessment (HTA) research experts,
161 together with patient organisations, such as UCAN, Europa Uomo, and European Alliance for
162 Personalised Medicine (EAPM) (12). The academic part of PIONEER is coordinated by the
163 European Association of Urology (EAU), and their Guidelines Office, with financial support
164 from the European Commission through the Innovative Medicines Initiative 2 (IMI2) (14),
165 complemented by contributions from pharmaceutical industries and private partners of the
166 European Federation of Pharmaceutical Industry Associations (EFPIA). In addition, the
167 PIONEER consortium will build upon previous successful IMI projects and the other
168 components of the BD4BO IMI2 framework (15). (**Figure 1**)

169 PIONEER has developed a dual approach, in order to use prostate cancer big data to develop
170 an outcome-driven, value-based, and patient-centric healthcare system. First, PIONEER will
171 identify critical evidence gaps in prostate cancer by combining the knowledge of academic
172 and industry professionals and patients, thus enabling to focus the PIONEER working plan on
173 a consensus list of research priorities and questions. Then, PIONEER will integrate, analyse,
174 standardise and harmonise existing data from high quality and multidisciplinary data sources
175 from prostate cancer patients across different stages of the disease into a single data
176 platform (15, 16). To achieve this, PIONEER will use readily available, successful workbench
177 and tools, such as tranSMART, OHDSI and the SAS open Platform, based on suitable data
178 harmonisation techniques (OMOP Common Data Model) and advanced analytical methods.
179 The advanced analytical methods may include machine learning, predictive modelling, multi-
180 omics data integration methods, data visualisations as developed by The Hyve in the IMI1

181 funded project EMIF (the European Medical Information Framework) (17) and by the
182 European Institute for Systems Biology and Medicine (EISBM (18)) and the Data Science
183 Institute at Imperial College London (DSI-ICL (19)) in the IMI1 U-BIOPRED (20) and eTRIKS (21)
184 projects.

185 Statistical analyses will be facilitated by utilising the KPMG (Klynveld Peat Marwick Goerdeler)
186 Data Observatory within the DSI-ICL (19), thus enabling the analysis of complex datasets in a
187 way that uncovers new insights in an immersive and multi-dimensional environment. To
188 achieve this, the PIONEER statistical team will use the eTRIKS Analytical Environment (21),
189 OHDSI R package open source (22) and SAS analytics software solutions (23).

190 **Prioritisation of the most important questions in the field of prostate cancer**

191
192 The EAU Prostate Cancer Guideline panel and other prostate cancer Key Opinion Leaders
193 were contacted to identify the most important questions in the field of prostate cancer. Forty-
194 four viable questions were identified. Afterwards, the PIONEER consortium performed a
195 prioritisation survey among two stakeholder groups: healthcare professionals including
196 pharmaceutical companies and prostate cancer patients.

197
198 In total, 73 healthcare professionals and 57 patients participated in round one of the surveys.
199 The results were analysed by calculating the percentage of respondents scoring each question
200 as not important, important or critically important.. Twelve additional questions were
201 proposed during the first round. For the second round the patients' surveys were also
202 translated into French, German, Italian and Spanish. 49 healthcare professionals and 169
203 patients (including 53 English; 19 French; 31 German; 53 Italian; 13 Spanish) participated in
204 round two of the surveys. These 56 questions (44 questions from round one and 12 additional
205 questions from round two) were then re-ordered according to the highest percentage for
206 "critically important". The questions covered all stages of prostate cancer focusing on various
207 aspects of the condition including screening, diagnosis, risk stratification including the
208 genomic profile, treatment, and complications of treatment. The detailed results will be
209 presented in a separate publication, but in meantime are being used to inform PIONEER
210 consortium, so that the stakeholder groups' priorities are met in an accountable and
211 transparent way.

212

213

214 **WP1: Project management and administration**

215

216 PIONEER WP1 ensures the efficient management of the consortium, the progress of the
217 project towards the planned objectives and deliverables. Implementation of an appropriate
218 governance structure that allows efficient interaction of the different stakeholders, including
219 management bodies as well as external scientific and ethical advisory boards, and preparation
220 of decision-making by the management bodies are crucial aspects of the consortium
221 management. Given the large number of academic organizations, institutes and private
222 companies participating in PIONEER (n=32), a major portion of coordination work will be
223 required to ensure an appropriate flow of information between the different WPs, to facilitate
224 internal communication between the participants and to coordinate external stakeholder
225 interactions supporting dissemination and communication (**elaborated below in WP7:**

226 **Dissemination and communication).** Furthermore, the linkage of PIONEER with other
227 programmes of the BD4BO initiative and sustainability of the project's outcomes beyond the
228 project duration are integral objectives.

229

230 **WP2: Disease understanding and outcome definition**

231

232 The aim of WP2 is to develop standardised definitions and measurements of prostate cancer
233 outcomes and diagnostic, predictive, prognostic, and therapeutic factors (DPPTs) across the different
234 stages of prostate cancer care, and to consider the opinions of key stakeholders in this process (**Box**
235 **1: PIONEER Research Objectives**).

236

237 To date, many prostate cancer outcomes and DPPTs have been arbitrarily defined and, in the
238 case of DPPTs, have mainly been investigated in single cohorts. Even in Randomized
239 controlled trial (RCT) data, heterogeneity of outcome definition and measurement limits
240 critical appraisal and statistical synthesis of data across sources. This means that analyses
241 cannot harness the power and precision of all available data. Healthcare providers must
242 choose from a wide array of diagnostic tools and treatment modalities but due the lack of
243 consensus on the most important prostate cancer-related outcomes and DPPTs, clinical
244 practice decision-making is more dauntingly complex than it should be. This contributes to
245 unacceptable inequalities for prostate cancer patients observed throughout Europe.
246 Therefore, confirmation of the effectiveness of treatments, or the accuracy of diagnostic
247 tests, or the utility of predictive biomarkers, can be known with confidence only if the prostate
248 cancer outcomes and DPPTs become standardised. These standardised definitions will be thus
249 applied to the large studies contributing data to the PIONEER platform (including data from
250 patients with different lifestyles and from a range of healthcare systems), in order to identify
251 outcomes that will allow to discern which patient will benefit most from what treatments,
252 and to facilitate both drug development and more appropriate patient care.

253

254 The objectives of WP2 are to reach a consensus for each stage of prostate cancer on which
255 outcomes are the most important for stakeholder groups including healthcare professionals
256 and patients, how they should be defined and measured, what DPPTs are the most important
257 for various stakeholders, and how they should be defined and measured.

258

259 First, for the outcomes standardisation work we will update and integrate existing Core
260 Outcome Set (COS) developed using the COMET and ICHOM processes (24-26). We will
261 involve both groups in this task and create an up-to-date COS for use within PIONEER and for
262 future effectiveness trials and clinical audit. We will also survey which DPPTs already exist for
263 the different stages of prostate cancer care (i.e. screening, diagnostic, staging and treatment
264 activities) and assess which ones have discriminatory and predictive value. For all reviews we
265 will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA)
266 guidelines (27). These systematic reviews will map current practice and complexities involved
267 in diagnosis, prognosis and management of men with prostate cancer and overview the
268 outcomes currently used in research.

269

270 In addition to assessing published literature in our systematic reviews, we will also evaluate
271 the data collected in the different data resources of PIONEER. This process will result in a

272 structured database of verbatim outcome names, definitions and measures. The outcomes
273 database will be categorised according to the generic Williamson Clarke taxonomy (28), with
274 additional prostate cancer specific outcomes and definitions provided (**elaborated below in**
275 **WP4: Data platform**). This will structure and homogenise the available COSs.

276

277 Second, the group will prioritise the identified outcomes and DPPTs for each stage based on
278 the preferences of different stakeholders involved (i.e. patients and their
279 family/partner/carer, HTAs, payers/insurance groups, pharmaceutical industry, etc.) using a
280 modified Delphi consensus-building process as advocated by the COMET initiative (29), and
281 demonstrated in other prostate cancer specific studies (24, 30).

282

283 The last step will be to identify how to measure the identified COS and DPFs. Currently,
284 selecting an appropriate outcome measure instrument is challenging given the
285 comprehensive list of outcome sets WP2 is developing. There is often no single best
286 measurement defined for the different outcomes so the optimal definition for clinician
287 reported outcomes (e.g. progression or recurrence) may need to be based on consensus. In
288 addition, the optimum tools to be used for patient reported outcomes (e.g. urinary function,
289 quality of life) may rest on the assessment of the tool's content validity within the target
290 population, then on other psychometric properties, and the assessment of its feasibility in
291 research and practice. Ultimately, WP2 aims to develop a pragmatic way to select the
292 appropriate definitions and measurements.

293

294 The final definitions and measurements will be used as a) the basis of harmonisation of the
295 outcomes definitions data within PIONEER datasets, and b) the COSs recommended to be
296 collected as a minimum in future routine data collection, observational studies and clinical
297 trials. The WP2 has already made substantial progress in standardising and harmonising
298 outcomes for the interventions of patients with localized and locally advanced prostate
299 cancer. The PIONEER WP2 first identified all reported outcomes (such as overall survival,
300 prostate cancer specific survival) from clinical trials of interventions by conducting systematic
301 reviews. This was followed by expert group consensus meetings with clinicians, patients,
302 academics and industry representatives, where the identified outcomes from clinical trials
303 were discussed in detail, to standardize terminology and to recommend core-outcomes set
304 for localized prostate cancer, that can be used for future research including clinical trials and
305 studies. The WP2 will develop core-outcomes sets for non-localized prostate cancer as well.
306 WP2 is currently working on the systematic review protocol of diagnostic and prognostic
307 factors for all stages of prostate cancer.

308

309 **WP3: Data access and sources**

310

311 WP3 aims to identify, approach and negotiate appropriate data access agreements with a variety of
312 potential holders of high-quality, prostate cancer-based datasets across European (and non-
313 European) patient populations (**Box 1: PIONEER Research Objectives**). WP3 will collect,
314 standardise and harmonise existing prospective and retrospective data into a single innovative data
315 platform developed by WP4 (**elaborated below in WP4: Data platform**). To effectively implement the
316 WP3 workplan, subgroups were formed within WP3.

317 As part of the initial proposal for the PIONEER consortium, 27 potential data providers were
318 identified. This number has since grown to over 60 data sources and is expected to continue
319 to grow as new sources are identified. Potential data contributors include large clinical
320 practices and medical centres, life sciences companies, data aggregators and
321 payers/governments.

322 WP3 will contact biomedical institutes and hospitals holding clinical data, assess their
323 willingness to participate by obtaining a signed letter of intent and collect information about
324 the contents of their database(s) by filling in a data contributor Fact Sheet. These Fact Sheets
325 form the basis for the 'clinical fingerprint' (omics data type relevant to prostate cancer) used
326 in the EMIF central metadata catalogue developed by The Hyve (WP4) (17).

327 Once the data providers' intent to participate is confirmed, WP3 will begin to negotiate
328 appropriate Data Access Agreements (DAAs). The DAA templates are based on other IMI
329 project agreements (*i.e.* HARMONY (31)) modified by Pinsent Mason Associates (**Elaborated
330 below in WP8: Legal, ethical issues and governance**) to suit PIONEER data providers' needs.
331 To encourage participation in the PIONEER consortium, the DAAs outline the policies and
332 procedures under which their data can be accessed and analysed. The DAAs will also include
333 sections which satisfy country-specific General Data Protection Regulations (GDPRs), data
334 governance and value propositions tailored to each type of data provider. Suggested value
335 propositions include authorship, benchmarking, clinical decision-making, transparency
336 initiatives, technical support and networking opportunities. In exchange for signing the
337 agreements, data providers are given certain rights and privileges (*e.g.* the right to propose
338 research questions, request authorship and opting out of study participation) along with
339 accepting certain obligations (*e.g.* a commitment to participate in studies whenever
340 possible).

341 Upon signing the DAAs, WP3 will work to convert, harmonise and map the data sets into a
342 common data model similar to other IMI projects, *e.g.* EMIF, using a variety of approaches
343 and software while also maintaining security and consistency. The multiple data sets will be
344 linked to form the PIONEER platform used for subsequent analyses.

345 The overall objective of PIONEER is to establish a long-term sustainable research network,
346 with established policies and procedures for the access and analyses of big data from multiple
347 sources. WP3 is establishing data management plans to support this sustainability goal that
348 include options for data providers to continue their participation after the initial funding
349 phase or withdraw their participation and have their data appropriately decommissioned
350 from the PIONEER platform.

351 The biggest challenge is centred around the development of an appropriate data access
352 framework which will motivate contributors to participate, satisfy GDRP and privacy
353 regulations while allowing meaningful research collaborations.

354 **WP4: Data platform**

355

356 PIONEER WP4 will develop a pan-European data-sharing platform and adopt a two-pronged
357 approach to address the project needs: a) a platform that can access population-based

358 registry data such as electronic health records, and b) a platform that can handle rich clinical
359 and omics data for translational analysis by WP5 (**elaborated below in WP5: Data analytics**).
360 To achieve this, the project will build upon and use approaches developed in a number of
361 other IMI projects, such as IMI1 EMIF (17) and IMI1 eTRIKS (21).

362

363 For data integration and analysis of longitudinal prostate cancer registries, PIONEER will use
364 the OMOP and OHDSI (22) technology, while for cohort studies that also include omics data
365 besides deep phenotypic and clinical data, the tranSMART (32) technology will be used (**Figure**
366 **2**). Components from both technologies are still under development.

367

368 WP4 will also use the EMIF catalogue to facilitate centralised storage, management and
369 sharing of metadata of available prostate cancer data sets. It will provide a list of all the data
370 sources registered by PIONEER, through a portal and search tools, to enable potential data
371 users to discover data sources that are most relevant to their research needs, according to a
372 variety of data source and dataset descriptors, and to support the access request process.

373

374 All data will be harmonised (tranSMART) or standardised (OHDSI-OMOP) before being loaded
375 in the platform of choice (**Box 1: PIONEER Research Objectives**). The open-source/available
376 tools of the IMI1 eTRIKS and IMI1 EMIF projects will be used for harmonisation of data that
377 are loaded in tranSMART.

378

379 We have envisioned distinct possibilities depending on the nature of the data (centralised vs.
380 decentralised/federated). In particular, central installation of tranSMART and OMOP-ATLAS
381 will be chosen for data that may leave the source server or repository, while federated
382 installations of OMOP-ATLAS will be chosen for data that may not leave the data provider's
383 premises.

384

385 We envision that certain federated data sources contain omics information. Currently, there
386 is no existing platform that support federation of omics data and *de novo* development would
387 be beyond the resources and time available. If it becomes a clear need in PIONEER, we have
388 the choice to either adapt tranSMART to support federated analysis or support omics in the
389 federated OHDSI platform. Within OHDSI, there is a workgroup aimed at creating support for
390 analysis of genomics data.

391 **WP5: Data analytics**

392

393 PIONEER WP5 is in charge of planning, performing and evaluating the bioinformatics and
394 systems biology analyses to answer PIONEER research questions.

395 The team in WP5 will provide a unique toolkit of standard and cutting-edge analytical
396 methods for the analysis of big data, both from open-source and industry-developed methods
397 (**Box 1: PIONEER Research Objectives**). Research questions and core outcome sets have been

398 identified in PIONEER's survey conducted by WP2. Each of the research questions that
399 PIONEER will tackle will require different tools and analytic workflows that will be provided
400 by WP5, through the centralised tranSMART omics platform built by WP4 (**Figure 3**).

401 Data analytic workflows in WP5 are built around two main sources: open-source software
402 (mainly R packages) and commercial software (SAS) (23). Each source has its advantages and
403 limitations with regards to technical possibilities, user-friendliness, built-in visualisation
404 capabilities, etc. We envision that the different research questions will require different types
405 of analytical methods and that different sources will be better suited to meet those
406 requirements. It is also our expectation that open-source and commercial analytical methods
407 will feed each other to generate the best possible results for the benefit of the project and
408 the patients.

409 PIONEER will achieve its aims by performing the following tasks. First, we will write, evaluate
410 and circulate data analysis plans and standard operating procedures for data analysis. We will
411 explore and characterize the demographic and geographic data available to us through the
412 Data Observatory at the ICL and the visual capabilities of the data analysis platform. In this
413 process, we will constantly focus attention on the lookout for data error and outliers to seek
414 the cleanest and most reliable data possible. We will then perform initial analyses by
415 generating data descriptive statistics to assess the existing predictive models in our dataset
416 and decide on our benchmarks and internal validation schemes. This will allow us to use
417 advanced analytical methods with confidence, including but not limited to, multiple omics
418 data analysis (33), topology data analysis (34), regression modelling (e.g. OPLSDA method
419 (35)), genetic risks prediction (36), random forest machine learning (37), etc. As the databases
420 will be a collection from disparate populations and/or database sources, meta-analytic
421 techniques will be employed to account for between- and within-population variability and
422 heterogeneity (38, 39). Making sense of the results will be done with the help of knowledge
423 bases including gProfiler (40), MalaCards (41) and STRING (42). The various predictive models
424 will be combined into a predictive algorithm for the use of health specialists. We will
425 demonstrate the improvement of our newly developed models on the benchmarks and
426 related to the economic burden of prostate cancer management, and provide user-friendly
427 scores and evaluating schemes for the physicians and patients benefit [nomograms (43),
428 against over-diagnosis and over-treatment (44)]. Finally, we will provide recommendations
429 and guidance documents, disseminated to professional and patient organisations (e.g. EAU,
430 International Shared Decision-Making Group, Europa Uomo, Movember) in collaboration with
431 PIONEER WP7 (**elaborated below in WP7: Dissemination and communication**).

432 The list of analytical tools that are expected to be of use in PIONEER is still being refined.
433 However, there will be a heavy need for predictive modelling and machine learning (random
434 forests, linear modelling, support-vector machines, partial least square regressions).
435 Visualisation will be provided both at the level of the data platform (either in tranSMART or
436 OHDSI) directly and with dedicated software included in the SAS suite and in R packages. We
437 will also monitor and make use of developments in the broader computational systems
438 biology community as they become available to use. High-performance computing, bringing
439 big data analytics capabilities when needed to answer PIONEER research questions will be

440 provided through a SPARK infrastructure hosted at the DSI-ICL. Finally, WP5 will make use of
441 the developments, insights and experience of other research projects through partnerships,
442 research seminars and the projects members' experience, either from IMI projects [eTRIKS,
443 B4B (Brains for Brain), EMIF, parallel BD4BO IMI projects] or from the industry partners'
444 internal knowledge and developments.

445 **WP6: HTA regulator**

446
447 Through WP6, the PIONEER project will seek to develop, and also validate, a framework for
448 innovative technologies in prostate cancer using real-world evidence (**Box 1: PIONEER**
449 **Research Objectives**). The latter involves using various health data in real time to help
450 healthcare professionals make better and quicker decisions. Real-World data has been
451 defined as "an umbrella term for different types of healthcare data that are not collected in
452 conventional randomized controlled trials... including patient data, data from clinicians,
453 hospital data, data from payers and social data" (45).

454
455 Many HTA and payer groups think of real-world evidence as having much potential, but
456 alignment is still necessary. PIONEER will work with such bodies as well as regulators to
457 establish minimum evidence requirements while identifying, at an early stage, potential
458 uncertainties requiring extra data. On top of this, PIONEER will seek to develop reference
459 models for use in economic evaluations and, as a key objective, will explore whether it can
460 develop a core set of reference models for different stages of prostate cancer, or an
461 overarching modelling framework. This is necessary in order to explore the impact of new
462 technologies at single points along the pathway, as well as looking at treatment sequences,
463 as the disease progresses through its multiple stages.

464
465 Effective evaluation of the medical, social, economic and ethical issues of products in a
466 systematic, transparent, unbiased, robust manner will promote safe, effective, health policies
467 that are patient-focused and obtain best value - whether at the time of launch or their usage
468 in real-life circumstances. Adapted tools and openness to evidence produced by methods
469 other than classic RCTs will be helpful. In the case of adaptive clinical trials, real-world
470 evidence is crucial. Medical Adaptive Pathways to Patients, known as MAPPs, have been
471 tested in a European Medicines Agency (EMA) project, and will be used in PIONEER.

472
473 MAPPs are described as a prospectively planned process, starting with the early authorisation
474 of a medicine in a restricted patient population, followed by iterative phases of evidence
475 gathering and adaptations of the marketing authorisation to expand access to the medicine
476 to broader patient populations. The keywords here are the 'iterative phases of evidence
477 gathering', which should use real-world evidence to detect patient responses to new
478 therapies in a real-time setting.

479 Meanwhile, many of those mobile applications that we are all now using are essentially
480 gathering real-world evidence on a daily basis. The more advanced health applications can
481 provide this while also running simultaneous comparative efficacy trials against existing
482 therapies. These applications could also solve issues surrounding data interoperability, given
483 that a data standard is already in place when using iOS or Android platforms. In theory, these

484 real-time datasets could then be sent, for example, as standard XML files to any internet
485 database in Europe and beyond.

486

487 At the time of writing, several national health databases have been providing an opportunity
488 to search, identify, and target (pseudo) anonymised patient data. These data can become
489 available to healthcare professionals offering them integrated real-time updates in the case
490 of national health records.

491 The practical benefit could be that such databases may allow a radical reduction in the
492 development time usually needed in RCTs. Through the stakeholder working group, PIONEER
493 will propose policy recommendations to develop this area in a structured manner.

494 **WP7: Dissemination and communication**

495 Through WP7, PIONEER will communicate information to the public about the project and its
496 implementation status by providing comprehensible, educational, and operable information
497 on PIONEER's outcomes to all relevant stakeholders including policy-makers as they play a
498 key role in shaping the research agenda, thus facilitating the implementation and adoption of
499 PIONEER's results (**Box 1: PIONEER Research Objectives**).

500 WP7 will ensure effective communication within the consortium. Effective internal
501 communication between consortium partners is of utmost importance. Each partner must be
502 informed on the progress of the entire project and share common goals and objectives. WP7
503 will coordinate communication activities with other relevant research and stakeholder
504 networks and provide for the dissemination of project developed platforms for use by the
505 wider scientific community.

506 Optimal and effective dissemination of PIONEER results is essential for the ultimate success
507 of the project. Our vision is that PIONEER outcomes will influence current (and future)
508 research agendas, clinical development processes, and reshape current clinical practices
509 based on up-to-date evidence derived from real-life data. To achieve these objectives,
510 PIONEER will require the support of all relevant stakeholder groups and to accomplish this,
511 an effective communication and dissemination strategy has been developed. This strategy
512 forms the base of all PIONEER communications directions and will be periodically revised to
513 reflect stakeholders' feedback relating to the different communication tools and channels.
514 Primarily, PIONEER dissemination approach is two-fold with the initial phase focused on
515 increasing general awareness of the project and the second phase geared towards tailored
516 messages delivered to specific stakeholder audiences.

517 The PIONEER project website has been developed and was launched during the projects kick-
518 off meeting (14th May 2018), under the registered domain <https://prostate-pioneer.eu>. In
519 addition, a PIONEER Twitter account was created in May 2018 (@ProstatePioneer).

520 Identification of PIONEER target audience is a key step for successful dissemination of the
521 project outcomes. Successful identification and engagement of all relevant stakeholders
522 could be a potential challenge. Knowing our target audiences involves knowing the specific
523 needs of the individual audience and not just the message we want to convey. To overcome

524 communication barriers, it is important to determine the medium through which PIONEER
525 will communicate with different target audiences and the timing of message delivery.
526 Information needs to be of good quality, timely, contextually relevant and appropriate to the
527 intended audience. Furthermore, the early involvement of all relevant stakeholders is a key
528 enabler: being actively involved in the design and prioritisation of the research questions
529 addressed throughout the project will help greatly in ensuring ongoing stakeholder
530 engagement enabling PIONEER to meet its objectives.

531 **WP8: Legal, ethical issues and governance**

532

533 In PIONEER WP8, we will be seeking to: (a) map best practices and related issues concerning
534 governance of big data solutions in healthcare, (b) consolidate learnings to assist the
535 development of a sustainable governance structure covering issues that may arise from the
536 use of big data collected from human participants (e.g. use of personal data, patient
537 confidentiality, patient consent and data ownership), (c) facilitate responsible use of data by
538 providing advice and guidance to assist all project participants to understand and hence be
539 better able to comply with relevant legal, regulatory and ethical requirements on privacy and
540 data protection; (d) coordinate the activities with other IMI2 BD4BO projects to share, test
541 and evaluate ideas; and (e) provide guidance on dealing with informed consent forms in the
542 event that the project includes prospective data gathering (**Box 1: PIONEER Research**
543 **Objectives**).

544 Currently, there are no universally accepted best practices for involvement of patients and
545 public in such initiatives, and there are still some unanswered questions to be addressed.
546 Following the existing debate on data protection and the role of patients in clinical research,
547 PIONEER will establish an Ethical Advisory Board. WP8 will identify the existing best practices
548 to involve not only co-participants and other stakeholders but also patients and their
549 organisations in the definition and solution of relevant ethical and legal issues. WP8 will
550 ensure respecting the privacy rights of the people whose personal data are processed, the
551 clinical profession duty of confidentiality and the protection of the interests of participants
552 and researchers (46).

553 The timing of the PIONEER project coincides with the implementation of the GDPR, which
554 came into force in May 2018. This is the most significant change in data privacy law over the
555 past 20 years and creates a challenge to the project in that it allows for individual member
556 states to choose to apply or to derogate from certain aspects of the GDPR. One of these areas
557 is the secondary use of healthcare data for research purposes and means that the project
558 must understand and deal with differing compliance requirements in different member
559 states. We will be exploring ways to address this, including avoiding the transfer of personal
560 data by using a federated data model and/or by using anonymisation so as to take the
561 relevant data outside of the GDPR framework. Thus enabling implementation of a mixed
562 model in which part of the data, could be handled efficiently and securely in a centralised
563 data and knowledge management platform (46).

564

565 **Planned outcomes of PIONEER**

566

567 PIONEER will assemble, standardise, harmonise and analyse high-quality big data from diverse
568 populations of prostate cancer patients across different stages of the disease to provide
569 evidence-based data for improving decision-making by key stakeholders. This will lead to
570 meaningful improvement in clinical practice, prostate cancer disease-related outcomes, and
571 health-economic outcomes across the European healthcare system. Some of the planned
572 outcomes of PIONEER are listed below (Figure 3):

573

574 • Consensus on the most important prostate cancer outcomes (WP2: Disease
575 understanding and outcome definition)

576 • Identification of critical evidence gaps in prostate cancer (as detailed above under:
577 Prioritisation of the most important questions in the field of prostate cancer

578 • Standardisation of outcome definition and outcome measures outcomes

579 • New insights on improved stratification

580 • Improved standardized care pathways with known better predictable outcomes

581

582 **Challenges in PIONEER**

583 The PIONEER project may come across some important challenges. These challenges will not
584 only be of legal and ethical nature, but we will come across some methodological challenges
585 as well, such as data quality, data inconsistency, limitation of observational studies, and
586 analytics issues. The use of big data in medical research and in healthcare systems raises
587 complex ethical issues, which have significant implications for policy and legal frameworks.
588 This includes challenges ranging from consent, data privacy, cyber security, to wider social
589 aspects of the uses to which patient data may be subject. PIONEER has established an
590 appropriate framework (noting the potential for different applications of certain regulations
591 between different member states) to ensure that data access, release and linkage, and
592 governance of combined datasets of the consortium are addressed in a manner compliant
593 with legal, regulatory and ethical requirements, and that relevant WPs are handling data
594 accordingly so that patient trust.

595

596 **Future directions**

597

598 By 2023 the PIONEER project will deliver essential lessons for targeted care and management
599 of prostate cancer patients. It will house a central data hub supporting a network of
600 interdisciplinary personnel, to address critical scientific questions.

601 The success of this journey depends on several key factors, including logistical aspects (public
602 and private collaboration), data availability, access to data, data quality and harmonisation,
603 as well as the adoption of a new generation technology into the platform.

604 The project will highlight the benefits and power of big data to answer important clinical
605 questions. Transparency and strict legal oversight will guarantee for protection of patients'
606 privacy. Our aspiration is to include data from as many countries as possible to represent the
607 prostate cancer patient population worldwide.

608 The biggest challenges of PIONEER will likely be to maintain this work and platform accessible
609 to researchers and clinicians looking for answers to better manage their difficult patient cases.

610 Inclusion of the most appropriate outcome measures as well as relevant economic aspects,
611 can guide payers to make the right reimbursement decisions.

612 The potential of PIONEER is immense, with the key for success being a strong foundation. This
613 unique collaborative structure and outstanding commitment from all participants will
614 hopefully set a model for other similar big data projects for the benefits of patients,
615 healthcare professionals, and other relevant stakeholder.

616

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Box 1: PIONEER Research Objectives

PIONEER aims to optimise diagnosis and therapeutic management of prostate cancer patients across different stages of the disease and across multiple geographies by delivering valuable insights from clinical and real-world data and sharing best practices (all WPs).

- To improve disease understanding and deliver a core set of clinically relevant standardised prostate cancer-related outcomes (WP2 with WP3, WP4 and WP5).
- To develop a large and harmonised repository of prostate cancer data that can be used to improve evidence-based decision-making for all prostate cancer patients and enable a wide variety of data re-use scenarios (WP4 with WP3 and WP5).
- To provide unique tools for standardisation and analysis of complex prostate cancer data sets from a variety of sources, using different data models and different terminology, whilst taking into account different layers of information (e.g. genomic, transcriptomics, etc.) (WP3 and WP5, with WP4 contributing).
- To raise awareness, dissemination and widespread implementation of PIONEER results (WP6 and WP7 with all WPs).
- To address the barriers related to data sharing and data protection (WP8 with all WPs).