I-O Optimise: A novel multinational real-world research platform in thoracic malignancies

**Title of article**

I-O Optimise: A novel multinational real-world research platform in thoracic malignancies

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**Article URL**


**Associate website**

www.io-optimise.com

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**Rationale & objective**

**Rationale**

The increasing pace of change in the lung cancer treatment landscape highlights the need for ongoing rapid insights from routine clinical practice that can inform clinical and reimbursement decisions.

**Objective**

I-O Optimise is an ongoing collaborative initiative aimed at developing a multinational research platform that will leverage existing real-world data sources to provide continuous insights into the evolving lung cancer treatment landscape.

**Overarching research topics**

- Epidemiology and clinical outcomes
- Treatment patterns
- Safety
- Healthcare resource utilization
- Patient-reported outcomes
- Far-reaching data capture (from 2005 up to the present day)
- Variety of data source types (registry data alone, linked electronic medical record and registry data, hospital electronic medical record data alone, and data recorded in an electronic case report form) and practice coverage (single hospital, all public hospitals in one region, multiple hospitals across a country, and national registries)
- Broad spread of variables captured (clinical characteristics at baseline and over time, patterns of treatment used, clinical outcomes)

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**Methodology flow**

1. **Data source identification and selection**
   - Based on:
     - Geography
     - Catchment area
     - Disease coverage
     - Incidence
     - Research experience

2. **Initial assessment**
   - Based on:
     - Ability to address research objectives
     - Population coverage and representativeness
     - Ability to link to other data sources
     - Level of engagement

3. **Full assessment**
   - In-depth qualitative, quantitative and operational assessments

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**Current status (as of 31 October 2018)**

- **7 Data sources completed full assessment and onboarded**
- **Data from >45,000 patients with non-small cell lung cancer, small cell lung cancer and mesothelioma per year**
- **Sites across Denmark, Norway, Portugal, Spain, Sweden and the UK**
- **Broad spread of variables captured (clinical characteristics at baseline and over time, patterns of treatment used, clinical outcomes)**
- **Variety of data source types (registry data alone, linked electronic medical record and registry data, hospital electronic medical record data alone, and data recorded in an electronic case report form) and practice coverage (single hospital, all public hospitals in one region, multiple hospitals across a country, and national registries)**
- **Far-reaching data capture (from 2005 up to the present day)**

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