



# Unifying patient data to personalize medicine

## CHALLENGE

Siloed systems and data quality issues make it difficult for cancer centers to use data to improve patient outcomes. Patient records, such as diagnosis and treatment data, often come in unstructured physician notes and stem from multiple systems. These inconsistencies lead to duplicate patient records, and data issues prevent researchers from answering critical questions: What treatments are more effective for patients with a specific molecular mutation of low grade diffuse tumor? Are there specific drugs that work better than others in these cases?

## SOLUTION

### Integrated data asset to accelerate patient cohorting

This data asset includes electronic health records (EHRs), tumor registries, genomics panels, ICD-O, natural language processing (NLP) outputs, internal curated datasets, and molecular assay databases.

### Accurate patient data to streamline analysis

With standardized disease patient records from across sources, researchers have consistent, accurate patient datasets. This means they can pull together cohorts of people with specific diagnoses and tumor variants for retrospective studies on patient and treatment outcomes.

### Appropriate and secure data access

Fine-grained permissions allow data owners to make both PHI and obfuscated data available to different users depending on the individual needs.

## IMPACT

- Researchers now identify patient cohorts in 30 minutes (versus weeks).
- Ongoing work is reducing the time it takes to collect data for a study from months to a few days.