### Open source tools for clinical research in a diabetes clinic

### Iztok Štotl

University Medical Centre Ljubljana

Peter Beck

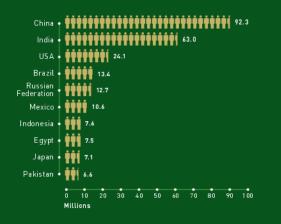
JOANNEUM RESEARCH Forschungsgesellschaft mbH





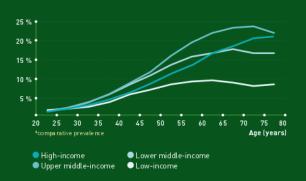
### More than **371 million** people have diabetes.

TOP 10 COUNTRIES/TERRITORIES FOR PEOPLE WITH DIABETES (20-79 YEARS)



# **4 out of 5** people with diabetes live in **low- and middle-income** countries.

PREVALENCE" [%] ESTIMATES OF DIABETES (20-79 YEARS) BY INCOME GROUP AND AGE



#### The number of people with diabetes is **increasing** in every country.

TOP 10 COUNTRIES/TERRITORIES FOR PREVALENCE" (%) OF DIABETES (20-79 YEARS)

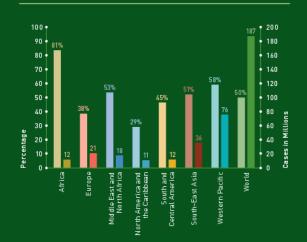
COUNTRY /TERRITORY	PREVALENCE (%)
1 Federated States of Micronesia	37.2
2 Nauru	30.1
3 MarshallIslands	27.1
4 Kiribati	25.5
5 Tuvalu	24.8
6 Kuwait	23.9
7 Saudi Arabia	23.4
8 Qatar	23.3
9 Bahrain	22.4
10 Vanuatu	22.0
'comparative prevalence	

#### Half of people who die from diabetes are under the age of 60.

DEATHS ATTRIBUTABLE TO DIABETES BY AGE (20-79 YEARS)

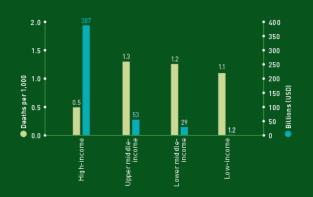
#### Half of people with diabetes don't know they have it.

UNDIAGNOSED PERCENTAGE AND UNDIAGNOSED CASES OF DIABETES (20-79 YEARS) BY REGION



# **4.8 million** people **died** and **471 billion USD** were **spent** due to diabetes in 2012.

HEALTHCARE EXPENDITURES AND DEATHS PER 1,000 DUE TO DIABETES BY INCOME GROUP



#### Source od data: IDF Diabetes World Atlas; http://www.idf.org/

### Different IT problems in clinical diabetology

- Standardisation of Electronic Medical Record (still a lot of work to do)
- Hospital and ambulatory information systems (mostly proprietary and closed source)
- Telemedicine, PHR and different medical gadgets (insulin pumps, sensors ...)
- Data management in Clinical research
- Computerised diabetes registries





University medical centre Ljubljana, Department of Endocrinology, Diabetes and Metabolic Diseases

Small department with inpatient and outpatient diabetes clinic

Own servers:

- Centos
- KVM virtualisation
- Apache/Tomcat in different VM's



## Clinical data for research

- Different data sources
  - laboratories
  - bedside data
  - different departments
  - multicentric/international research
- Strict regulations
- Complex research protocols
- Monitoring of research progress
- Long term archiving of data





15010

NSILE

L LISIA

8 TIZIV

B LISIA

15032

# Simple electronic forms (.xls, .mdb, ..)

- + easy to develop
- + low price

- not practical for complex protocols
- bad for big research teams, multicentric studies
- without tracking changes, not compliant with regulations
- not flexibile enough, lack of support for different data formats
- archiving not complete (signatures, modifications tracking)



### "Tailored" - custom made applications

- + web/desktop applications
- + everything can be customised
- time consuming
- \$\$\$ price to high for small research teams
- bad reusability
- public clouds not an option (privacy, regulations)
- propriatary solutions (expensive, lock-in ...)



#### Essay

#### PLOS MEDICINE

### Could an Open-Source Clinical Trial Data-Management System Be What We Have All Been Looking For?

Greg W. Fegan, Trudie A. Lang\*

#### Difficulties in Meeting the Demands of Regulators and Guidelines

In Europe, it is a legal requirement to conduct clinical trials in accordance with the International Conference on Harmonisation's guidelines on good clinical practice (see http://www.ich. org/). A recent editorial reported that this directive has led to a decline in the number of trials being conducted by independent academic groups [1]. One

#### Box 1. An Introduction to Open-Source Software: Definitions and Required Reading

- 1. Ten Things You Didn't Know about Open Source (http://www.tectonic. co.za/view.php?id=1465)
- 2. Definition of Open-Source Software
  - a. Free redistribution
  - b. Source code
  - c. Derived works

absence of guidance from regulatory agencies such as the European Medicines Agency and United States Food and Drug Administration about how to evaluate the many competing systems available, and indeed what the actual requirements are for trials where the data will be needed for a regulatory submission. This is particularly important with respect to trials evaluating products for neglected diseases, which are often carried out





Vanderbilt	University
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Standard/LTS

OpenClinica, LLC

Community/Enterprise

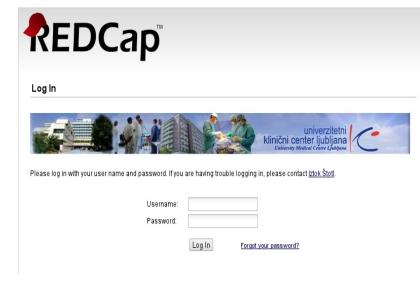
Available only for noncommercial research purposes

Apache/PHP/MySql

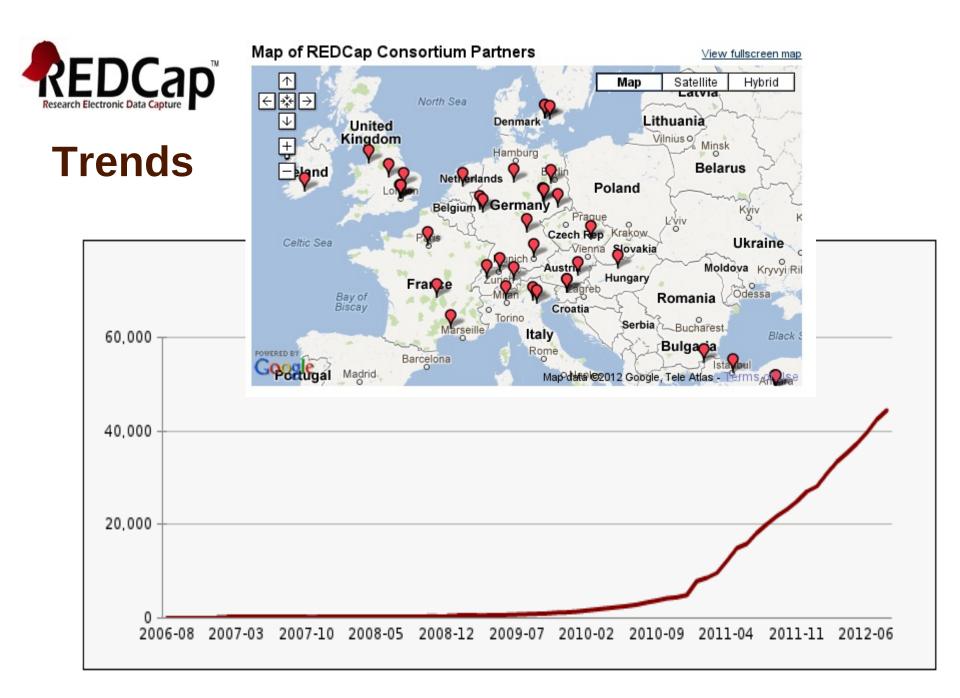
Lesser General Public License

Tomcat/J2EE/Postgres or Oracle

Certifikate FDA 21 part 11







# **CRF (clinical research form) editor**

urrent instrument: <b>Prvi vprasalnik</b>		Preview instrument
	Add Question Add Matrix of Questions	
🥜 🗙 Demografski podatki		
	Add Question Add Matrix of Questions	
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Spol	⊖ Ženski	
* must provide value	○ Moški	reset
	Add Question Add Matrix of Questions	

REDCap™	
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Data Collection	📕 Demographie
Identifikacijska številka 1	
Data Collection Instruments:	🥜 Editing existing
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📆 Calendar	Datum rojstva
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🖷 Data Import Tool <u>n</u> Data Comparison Tool	Form Status
📃 Logging	Complete?
🗅 File Repository 🚨 User Rights	Lock this record for
Record Locking Customization	If locked, no user will be Lock/Unlock privileges u
E-signature and Locking Mgmt	Loon on princaco o
🖄 Graphical Data View & Stats	
🛃 Data Quality	
I API	
n Report Builder	
Help & Information	
Help & FAQ	
Video Tutorials	

👷 Suddest a New Feature



Jniverzitetni klinični center Ljubljana linični oddelek za endokrinologijo, diabetes in bolezni presnove

#### Angiografije diabetes 2012/1

Demographics	Share this instrument		😵 <u>VIDEO: Basic data entry (16 mir</u>
		🔁 Download PDF of	- select PDF download option -
🥔 Editing existing Iden	tifikacijska številka 1 🛫		
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		Save and go t	to Next Form
		Cancel	]
		Delete Reco	ord

# **Additional features**

Redcap:

- Tablet computers
- Data Transfer Service (DTS) push or pull data
- Randomisation module
- Very friendly user interface
- Surveys

### Openclinica:

- Very good REST/SOAP infrastructure / easy customisation
- Discrepancy management (GUI entry and WS)
- CDISC ODM



#### Trenutna telesna višina v cm : Refresh Plot

Katere vrste športa ali rekreacije se navadno udeležujete ?:	Refresh Plot
--	--------------

View as Bar Chart 🔻

Missing

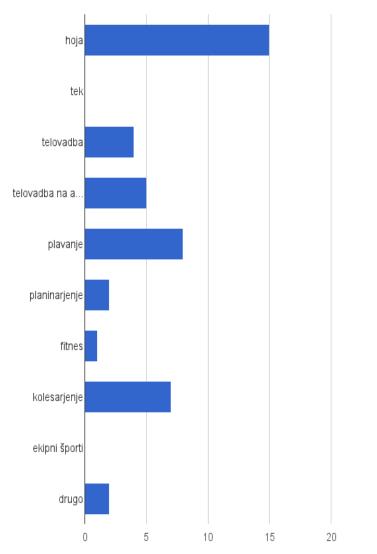
15 (42.9%)

Unique

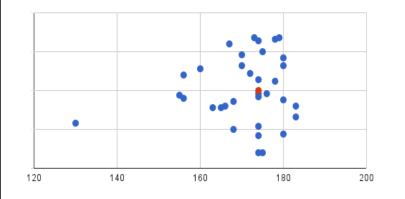
1

Т	4-1									F	Percentil	e		ſ	
	otal N)	Missing	Unique	Min	Max	Mean	StDev	.05	.10	.25	.50 Median	.75	.90		Total (N)
3	34	1 (2.9%)	19	130.00	183.00	170 71	10.39	142.50	156.00	166 50	174.00	178.00	180.00		20
	/ 4	1 12.0 101	15	150.00	105.00	179.71	10.55	142.00	100.00	100.00	114.00	170.00	100.00		

Counts/frequency: hoja (15, 75%), tek (0, 0%), telovadba (4, 20%), telovadba na aparatih doma (Orbitrek, sobno kolo) (5, 25%), plavanje (8, 40%), planinarjenje (2, 10%), fitnes (1, 5%), kolesarjenje (7, 35%), ekipni športi (0, 0%), drugo (2, 10%)



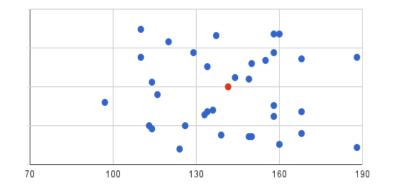
Lowest values: 130, 155, 156, 156, 160 Highest values: 180, 180, 180, 183, 183



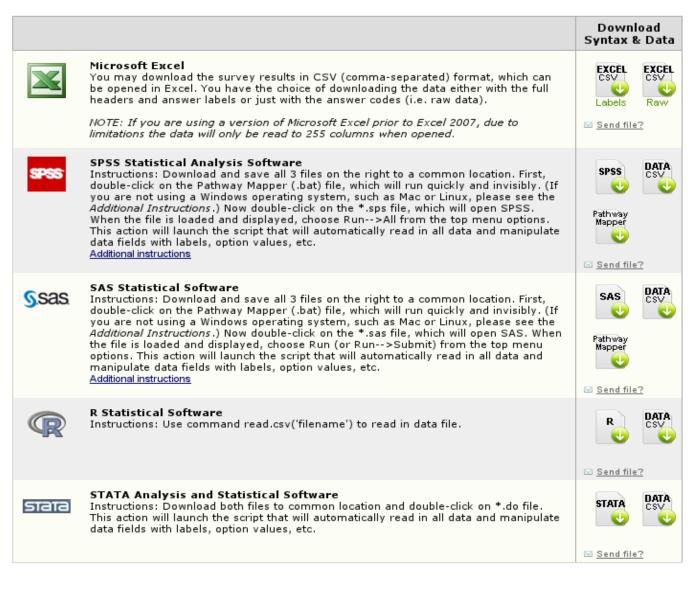
#### Trenutna telesna teža v kg: Refresh Plot

Tatal									F	Percentile	9		
Total (N)	Missing	Unique	Min	Max	Mean	ean StDev	.05	.10	.25	<b>.50</b> Median	.75	.90	
34	<u>1 (2.9%)</u>	22	97.00	188.00	141.62	22.69	103.50	111.50	122.00	141.50	158.00	168.00	1

Lowest values: 97, 110, 110, 113, 114 Highest values: 168, 168, 168, 188, 188



### **Data export**



NSB 2011 (Nos-01) | Change Study/Site

**OpenClinica**<sup>®</sup>

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Open Source for Cinical Research

Alerts & Messages Instructions Info Icon Key Statuses Not Started <u>(1</u> Scheduled Data Entry 8 Started 0 Stopped Skipped Z Completed Signed F Locked X Invald Actions ٩ Vew s Edit X Remove 3 Restore ED Reassign 1 Sign View Al Icons

Home | Subject Matrix | Notes & Discrepancies | Study AuditLog | Tasks 🔻

View Subjects in NSB 2011 🚱

Study Subject ID	Subject Status	Site ID	OID	Sex	Secondary ID	Prvi pregled	Kontroln: obisk	Po porodu	Action	IS	
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24042023	avaiabe	Poliklinika - NSB 2011	SS_24042023	f		Subject: 24	4042023	X	٩)	X )	
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24042045	avai ab e	Poliklinika - ∿SB 2011	SS_24042045	f			🔁 ×4		٩	X	E
24042123	avai ab c	Poliklinika NSB 2011	SS_24042123	f	-		🔁 x3		٩	X	
24042146	avai ab e	Poliklinika - ∖SB 2011	SS_24042146	f					٩	X	
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24042137	avai ab e	Poliklinika - NSB 2011	SS 24042137	f		8	13 13	8	٩	X	
24042087	avaiab e	Poliklinika - NSB 2011	SS_24042087	ſ	F		🔁 x4		٩	X	
24042140	avai ab e	Poliklinika - NSB 2011	SS_24042140	f		8		8	٩	X	
24042166	avalabe	Poliklinika - NSB 2011	SS_24042166	ť		8	🔁 x2		٩	X	
24042081	avaiabe	Poliklinika -	SS_24042081	f			🔁 x3	8	٩	X	

60

Study Subject Id

# Conclusions

+

- Excelent stabillity
- Very good support/very active community
- Low cost of ownership



"EUropean Best Information through Regional Outcomes in Diabetes" (EUBIROD)



Public health project in the field of diabetes sponsored by the European Union

**Goal:** to create extensive report on several regions in Europe in diabetes care

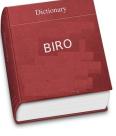




# **BIRO Core EU Dataset**

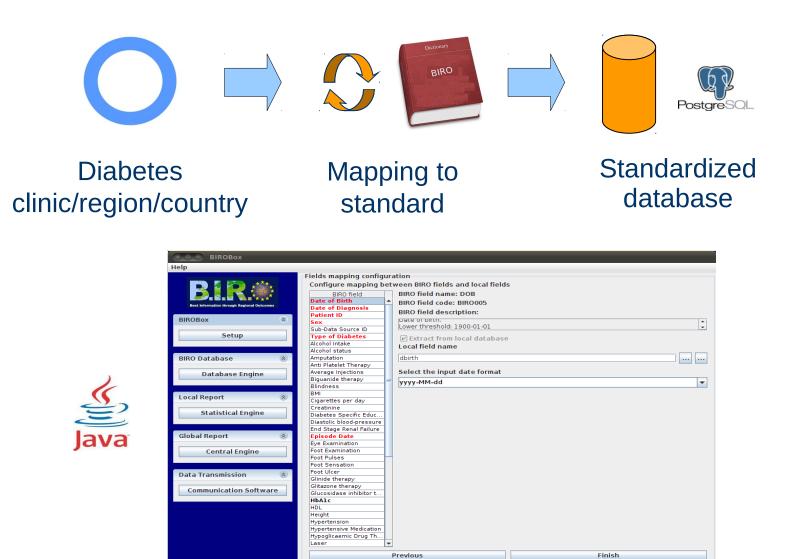
- **1. ID Patient**
- 2. ID Centre
- 3. Type of Diabetes
- 4. Sex
  - 5. Date of Birth
  - **6.** Date of Diagnosis
  - 7. Episode Date
  - 8. Smoking Status
- 9. N.Cigarettes (x day)
- 10. Alcohol Intake (g/x day)
- 11. Weight
- 12. Height
- 13. BMI
- **14. Systolic Blood Pressure**
- **15. Dyastolic Blood Pressure**
- 16. HbA1c
- 17. Creatinine
- **18. Microalbumin**
- **19. Total Cholesterol**
- 20. HDL
- **21. Tryglicerides**
- 22. Eye Examination
- 23. Retinopathy Status
- 24. Maculopathy Status

- **25.** Foot Examination
- 26. Foot Pulses
- 27. Foot vibration
- 28. End Stage Renal Failure
- 29. Renal Dyalisis
- **30. Renal Transplant**
- 31. Stroke
- 32. Foot Ulceration
- **33. Acute Myocardial Infarction**
- 34. Laser
- **35. Hypertension**
- 36. Blindness
- **37. Amputation**
- **38. Antihypertensive Medication**
- **39. Hypoglicemic Drug Therapy**
- 40. Oral Drug Therapy
- 41. Pump Therapy
- 42. Nasal Therapy
- 43. Average Injections (x day)
- 44. Self monitoring
- **45. Diabetes Specific Education**
- **46. Lipid Lowering Therapy**
- 47. Anti-platelet Therapy
- 48. Patient enrollment in DMP for diabetes

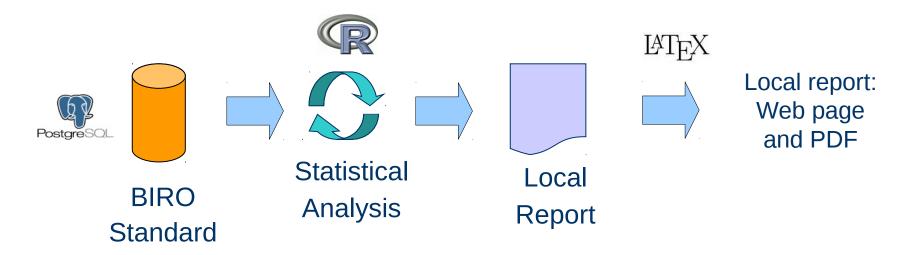


### N=48

#### **1. step:** Discard Heterogenity from primary sources



### 2. step: Local statistical analysis



	Statistical Engine Conf	iguration	
BIK	BIRO Database	birox	▼ Refresh
Best Information through Regional Outcomes	Centre ID	SI.1	
BIROBox	Centre name	[European Union].[Slovenia]	
Setup		transhear, erus di fasterus l	
BIRO Database 🛞	Start year	2012 *	
Database Engine	Duration (years)	1	
	Reference date	12-31 💌	
Local Report 🛞	Sub data sources	🗌 enable sub data sources	reporting
Statistical Engine			
Global Report 🛞			
Central Engine			
Data Transmission			
Communication Software			
Communication Software			
	Run St	atistical Engine	Browse Results

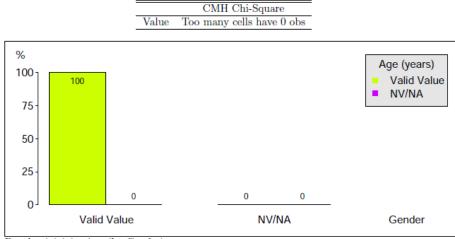


### Contents

1	Demographic characteristics 6
	1.1 Basic demographics
	1.1 Age (Classes)
2	Clinical characteristics 11
	2.1 Diabetes Status
	2.1.1 Type of diabetes
	2.1.2. Duration of diabetes (Classes)
	2.2 Risk Factors
	2.2.1.1. Weight (last episode in 12 months)
	2.2.1.1. Weight (last episode in 12 months)
	2.2.2 Lifestyle
	2.2.2.1 Smoking status (last episode in 12 months)
	2.2.3. Clinical measurements
	2.2.3. Systolic BP (last episode in 12 months)
	2.2.3.1. System BF (last episode in 12 months)
	2.2.3.3 Total cholesterol (last episode in 12 months)
	2.2.3.3 Total cholesterol (last episode in 12 months)
	2.2.3.4. HDL-cholesterol (last episode in 12 months)
	2.2.3.6 HbA1c (last episode in 12 months)
	2.3 Diabetes complications
	2.3 Diabetes complications
	2.3.1. Rethiopathy (inst episode in 12 months)
	2.3.2. End stage renariantie (inst episode in 12 months)
	2.3.4. Amputation (first episode in 12 months)
	2.3.4. Amplitation (first episode in 12 months)
	2.3.6. Myocardal infarction (first episode in 12 months)
	2.3.6. Myocardai marction (first episode in 12 months)
	2.5.7. Hypertension (first episode in 12 months)
3	Health System 500
	3.1. Structure (provider level)
	3.1.1 Type of Provider
	3.1.2 Average diabetes population
	3.2. Structural quality
	3.2.1 Hospital beds per 100,000 population
	3.2.2 Physicians employed per 100,000 population
	3.3. Processes (individual level)
	3.3.1. Foot examination
	3.3.1.1 Done (last episode in 12 months)
	3.3.2. Eye examination
	3.3.2.1 Done (last episode in 12 months)
	3.3.3 Measurements examination
	3.3.3.1 BP (last episode in 12 months)
	3.3.3.2 Lipids

Age	Valid Value (%)	NV/NA (%)	N (%)
Valid Value	$118156\ (100.0)$	0(0.0)	118156(100.0)
NV/NA	0(0.0)	0(0.0)	0(0.0)
TOTAL	118156(100.0)	$0(\ 0.0)$	118156(100.0)

Table 1.1.1.1 : Age (by Gender)

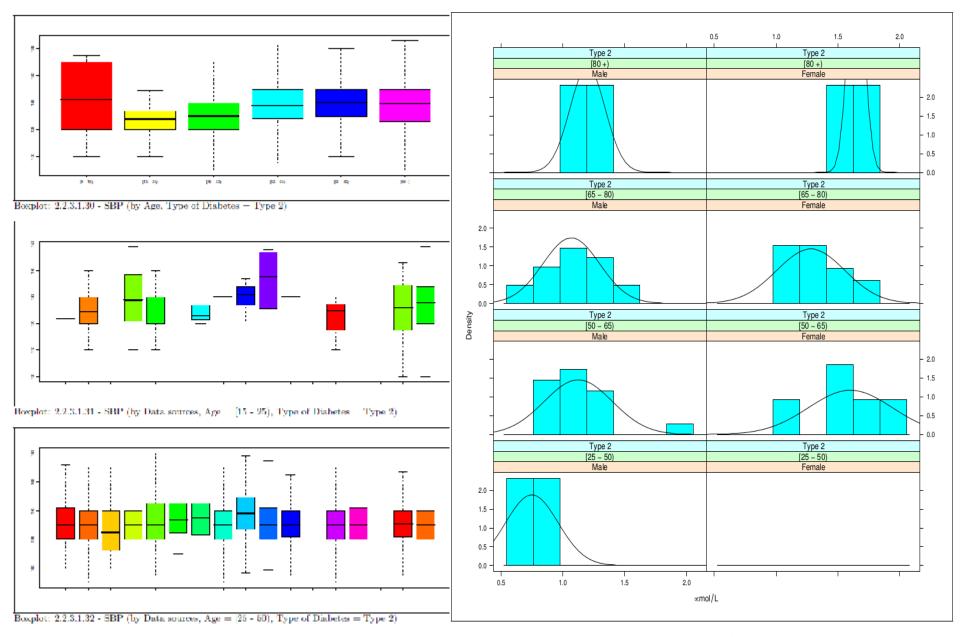


Barplot 1.1.1.1 - Age (by Gender)

Age	Male ( % )	Female ( $\%$ )	N ( % )
[0 - 15)	482(0.8)	490(0.9)	972(0.8)
[15 - 25)	1104(1.8)	1009(1.8)	2113(1.8)
[25 - 50)	8867(14.3)	6613(11.8)	15480(13.1)
[50 - 65)	22623(36.5)	16056(28.6)	38679(32.7)
[65 - 80)	23731 (38.2)	23834(42.5)	47565(40.3)
[80 +)	5249(8.5)	8097(14.4)	$13346\ (\ 11.3)$
TOTAL	62056(52.5)	56099(47.5)	$118155\ (100.0)$

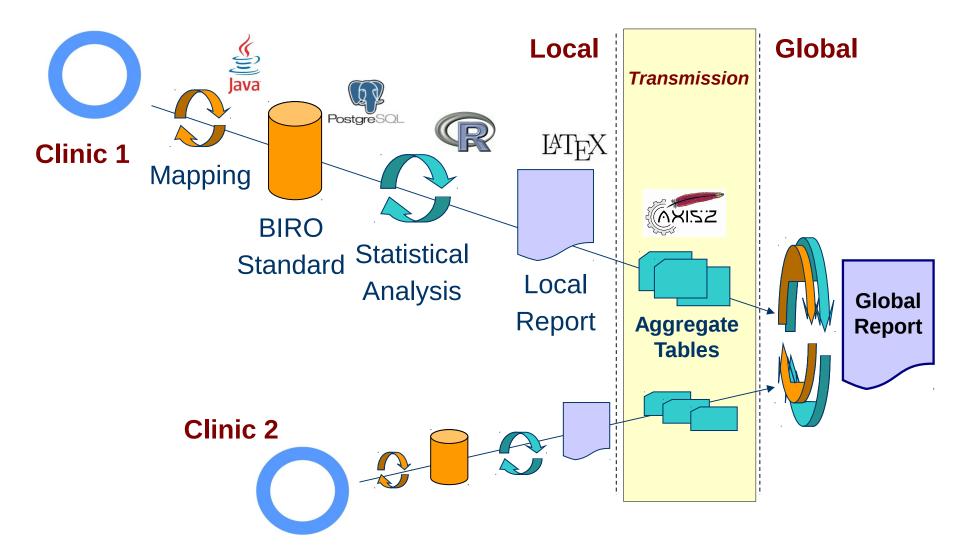
Table 1.1.1.2 : Age (by Gender)

	CMH Chi-Square	p.value	df
Value	1759.6126	0	5



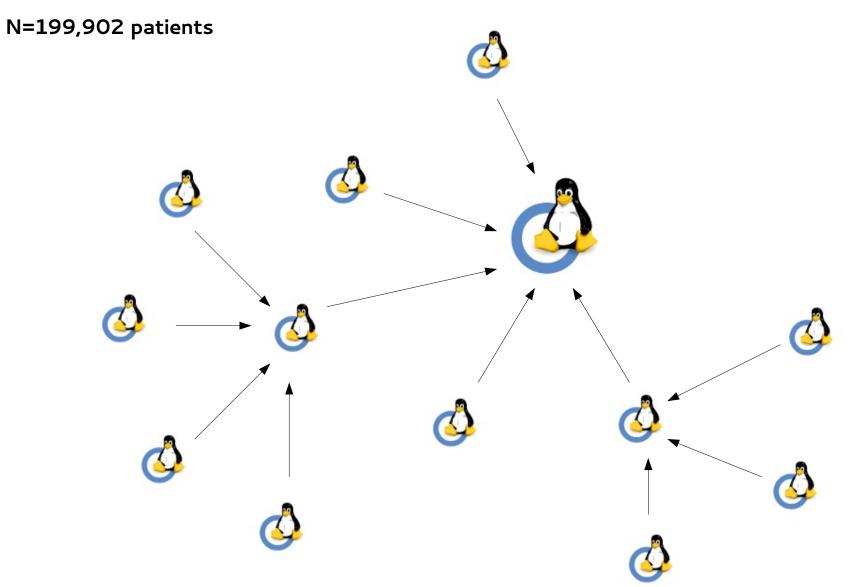
Trellis density plot: 2.2.3.4.2 - HDL \* Gender \* Age (Type of Diabetes = Type 2)

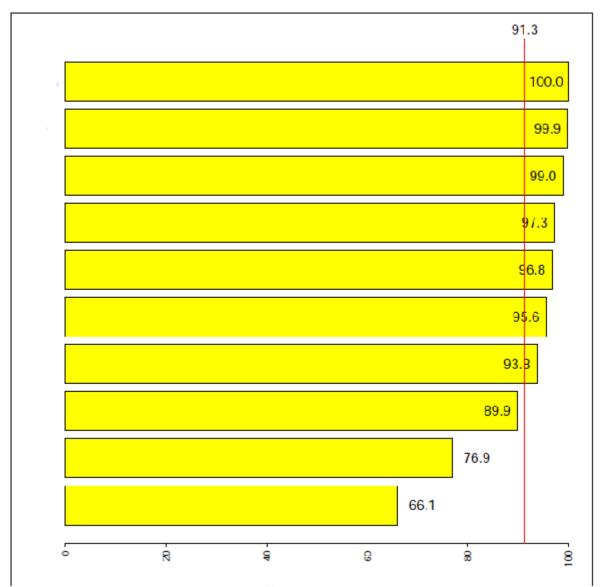
# The complete BIRO model www.biro-project.eu



#### Report 2010:

Centres from 19 european countries





Barplots: 5.2.4.239 - Adjusted Rates 5.2.4 % of subjects receiving at least one foot examination within the last 12 months

# **BIROX Linux**

- Solves problem of software distribution and upgrades
- VirtualBox Linux appliance based on Ubuntu
- Upgrades of software through repository/system update
- Includes:
  - BIROBox Java desktop Client
  - Preconfigured postgress database, R, LaTeX, Java
  - Documentation
  - Some additional tools





### Collaboration



Mediawiki: distribution of EHR data model proposal

# www.EndoDizbosi

**dotCMS** (opensource java CMS):

- distribution of clinical guideliness
- education materials
- events
- patient information site



Alfresco: paper forms repository



Moodle: education



### Open source development model

- easier debugging
- feature additions and customization for special needs
- transparency of patient data manipulation
- free as in beer ( othervise often very expensive and unaffordable to small departments)



# Questions ...

