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Featured Article:

## Open data in medicine

Clinical trials generate a vast amount of data for their pharma sponsors, but what is revealed to the scientific community is only a small, carefully curated fraction of those findings. Ultimately, this means that the information physicians are using to make treatment decisions is incomplete at best.

Despite a strong desire to keep much clinical trial data private, there's a move—albeit a slow one—to make the exchange of scientific data more open. The [Yale University Open Data Access Project](#), driven by academia, is one initiative. GSK created the [Clinical Study Data Request](#) site, and other companies are now also contributing. Even journals are committed to open data; *BMJ* refuses to publish papers if the investigators refuse to share data upon request.

Open sharing of trial data will enable researchers to create studies that are more relevant to medical practice. Investigators may discover new ways to enrich their trials by including the most relevant patients. Scientists can take a closer look at previous results to develop new hypotheses, recognizing patterns the original investigators overlooked.

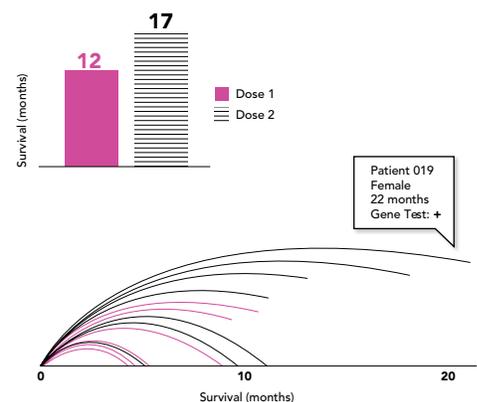
Data transparency will also contribute to keeping pharma honest. Years ago, I spoke with a scientist in the midst of a controversy regarding a drug. “We had the data, but not the information,” I was told. No one had done the analysis that would have made the safety issue apparent. With open data, independent scientists can mine for these signals, potentially saving lives.

On the other hand, open data may exacerbate an existing problem: Physicians already tell us there's too much information for them to learn it all.

To combat this info overload, pharma companies will need to be proactive in communicating information that's now being held back. This would allow them to retain some control over what physicians hear while also creating opportunities to translate raw

data into impactful, relevant stories with compelling visuals.

Sales reps currently present physicians with a snapshot of data, such as a chart showing a drug that increases survival by 17 months. With access to the underlying data, the information could be presented at the individual patient level. Animations could draw attention to the most salient points. Interactivity could empower physicians to discover the patients most likely to respond best to a treatment. In the figure here, the patient with the longest survival was genetically predisposed to respond to therapy; without open data, this information would remain hidden.



As the trend toward open data develops, we will need to think strategically about the best ways to leverage this open exchange to make it work for physicians, rather than overwhelm them. How will the visuals and engagements of tomorrow dial in to patient relevance for physicians? 



# WHAT'S TRENDING!

## AUGUST 2015 ISSUE

### AIRRx

The first FAA-authorized [drone delivery](#) in the United States took place last month in Wise, VA. The package? Prescriptions for health service-starved central Appalachia. The historic flight was part of the annual Remote Area Medical and Health Wagon health clinic. It's important to note that it wasn't Amazon marking this milestone, but [Flirtey](#), a small Australian startup with just the right amount of savvy to navigate a collaboration with local and national agencies, including the FAA, NASA, Wise County, and Virginia Tech. We're at the dawn of the Drone Age. How will drones be used next?



### NOVEL GAMEPLAY MECHANICS: THE BLIND PROTAGONIST

Small indie game developers continue to push the boundaries of interactivity. Novel experiences aren't restricted to running, jumping, and shooting. A couple of games currently in development feature blind protagonists. By adapting such unique storytelling elements, intriguing new gameplay opportunities are introduced.

In *Beyond Eyes*, users guide a blind girl through an unfamiliar world as she searches for a stray cat she has befriended. The world initially appears to be all white, but certain objects become highlighted as the user touches them. Players must rely on other senses to discover and navigate their mysterious environment. Sound is an important element, giving the player an idea of where certain objects are located. Challenges include deciding if the sound of cars is distant enough to safely cross the road.

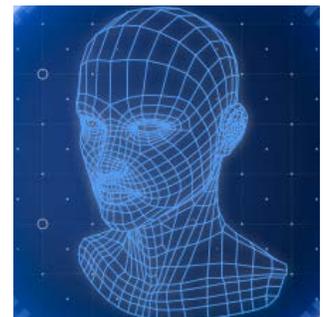
In the horror game *Perception*, players guide a young blind woman using objects to generate sound and help visualize the environment. But with every sound, there's a risk of attracting the wrong sort of supernatural attention.

These are 2 examples of games that challenge our expectations of gameplay mechanics. Are there elements of your brands or disease states that can be harnessed for new gaming experiences?

### PHARMACOGENETICS & PHARMACOGENOMICS

Genetic testing to predict treatment efficacy of some drugs in individual patients has been around for a while, but may not be used as often as it could. The [Lockheed Martin Healthcare Technology Alliance](#) plans to leverage advances in genomic research—along with many other aspects of health IT—with the goal of revolutionizing the way the healthcare industry securely computes, catalogs, and stores data to provide patients with better access to care.

It is apparent that more treatment decisions will be guided by genetic testing in the future. How will this affect the way we market specific treatments? Some brands already provide companion testing kits, although physicians sometimes perceive them as barriers to treatment use. How can new tech created by alliances of industry, government, and academia be more accessible?



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what's next