



- Wholly owned, not-for-profit subsidiary of ASCO
- Dedicated staff and governing board

Mission

Empowering the oncology community to improve quality of care and patient outcomes through transformational data analytics

Clifford A. Hudis, MD, FACP, FASCO
CEO, American Society of Clinical Oncology
Chairman, CancerLinQ Board of Governors

May, 2018

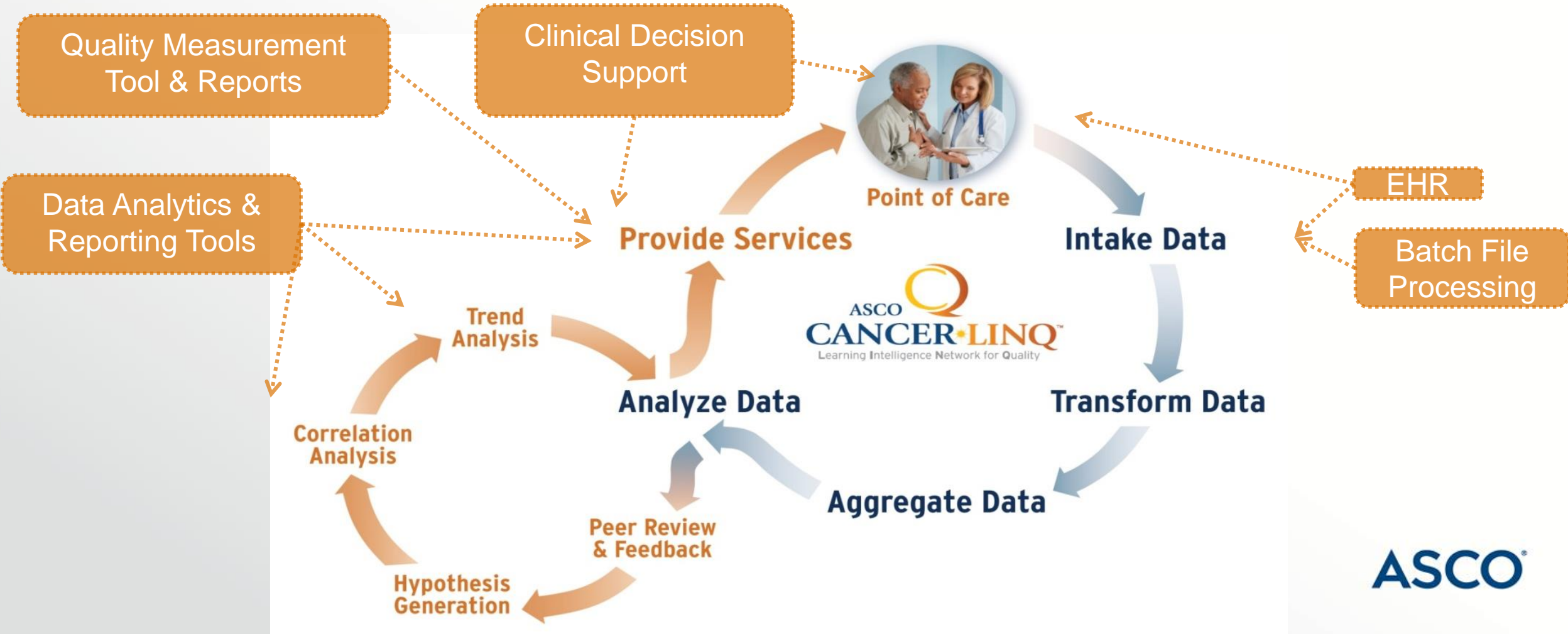


Origins of CancerLinQ:

“... a system in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation—with best practices seamlessly embedded in the delivery process and new knowledge captured as a by-product of the delivery experience”



CancerLinQ – Learning From The Real World



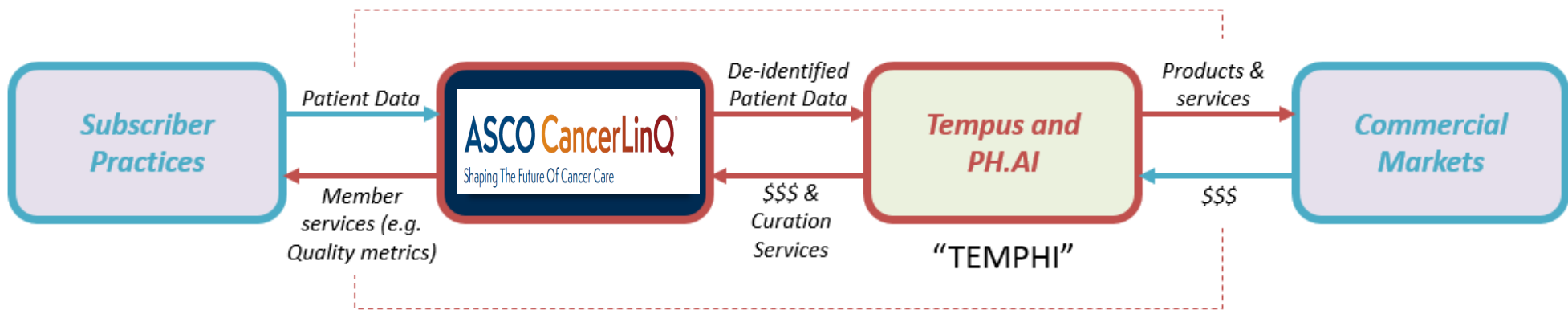
CancerLinQ is Community



CancerLinQ current status (Mar 2018)

- 97 signed healthcare organizations (> 130 separate sites of service)
 - Representing community practices, integrated delivery networks, academic medical centers, NCCN centers, NCI-designated cancer centers, etc.
- 43 live practices
- Total # of pts w/ a cancer dx in the data lake = ~1.2M
- Total # of pts in the clinical database = 846,860
- Total # of pts in the clinical database w/ a cancer dx = 684,837
- Patients from all 50 states, DC, Puerto Rico, USVI, Guam, American Samoa and Northern Mariana Islands, plus US Forces overseas
- Integrations in place w/ 5 different EHRs, 3 more in progress
- Delivery of quality improvement apps to subscribing practices
- CancerLinQ Discovery[®] available for research as of 10/1/17

Strategic Collaboration:



10-year exclusive commercial data license with guaranteed royalty

- CLQ continues to control the practice data and the technology that supports members
- CLQ is fully focused on member engagement and delivering quality metrics
- TEMPHI takes on data cleansing and commercial applications
- TEMPHI license fee covers most of CLQ's operating costs, with declining ASCO support
- Secondary research database is available for scholarly work
- Either side can end the relationship after 5 years

CancerLinQ Discovery™

An extension of CancerLinQ's QI-focused database designed to support hypothesis-based research

1. Key structured data elements → additional editorial/curation effort to ensure that those data elements exist in a canonical form
2. Uses natural language processing and manual curation to extract additional data from unstructured data
3. Initial area of focus: non-small cell lung cancer
4. Third parties can submit data requests to the CancerLinQ Discovery Research & Publications Committee for approval