

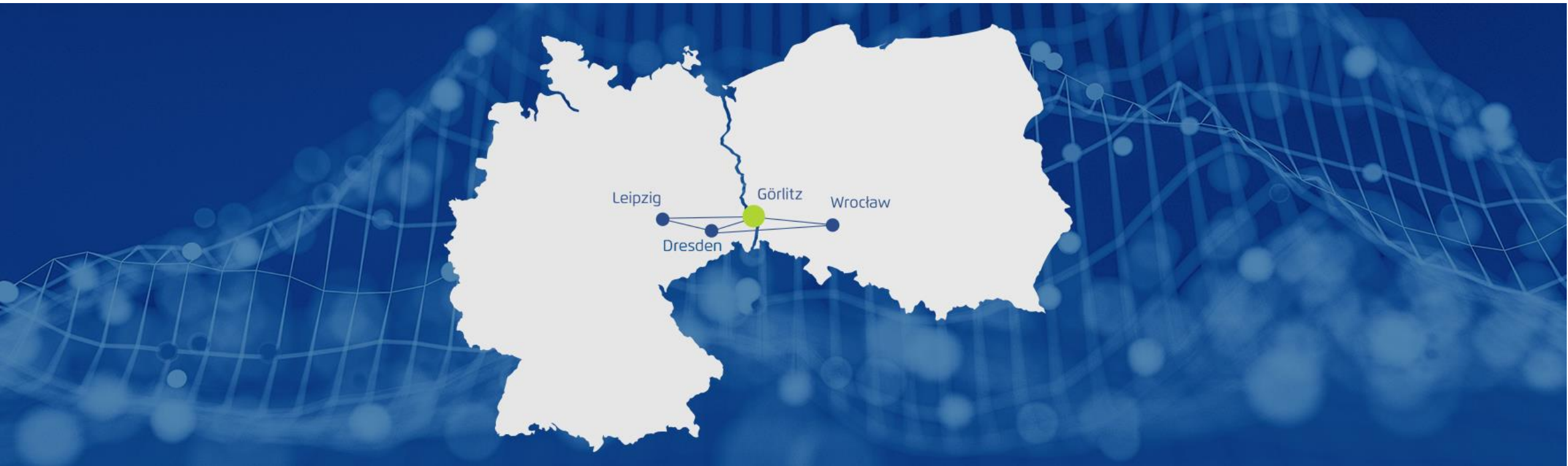
The Center for Advanced Systems Understanding

An institute crossing borders

Michael Bussmann



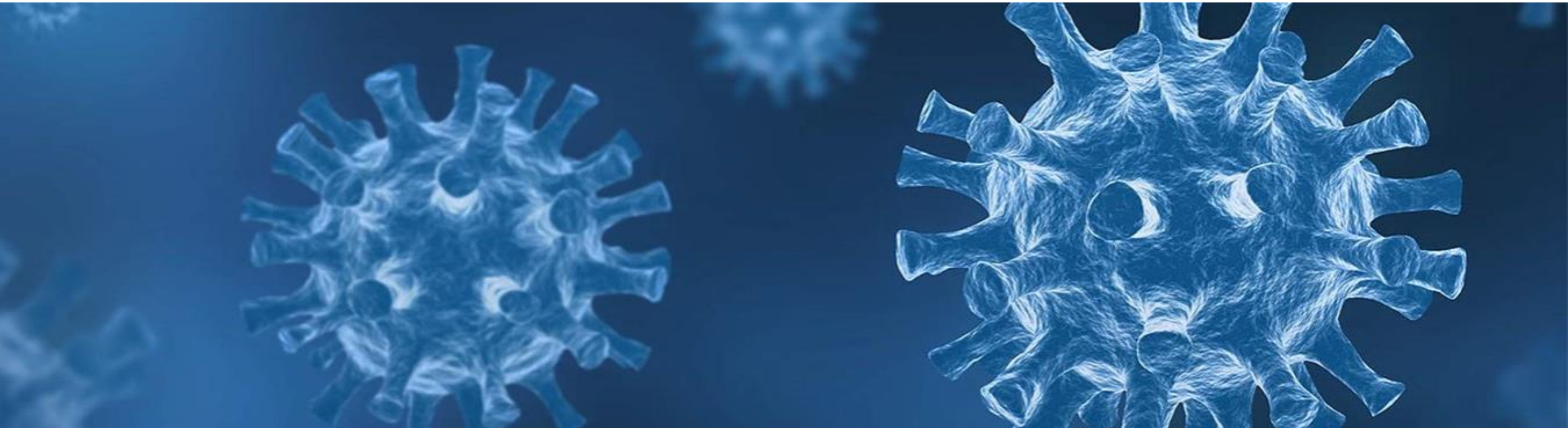
www.casus.science



Data science and the COVID-19 pandemic

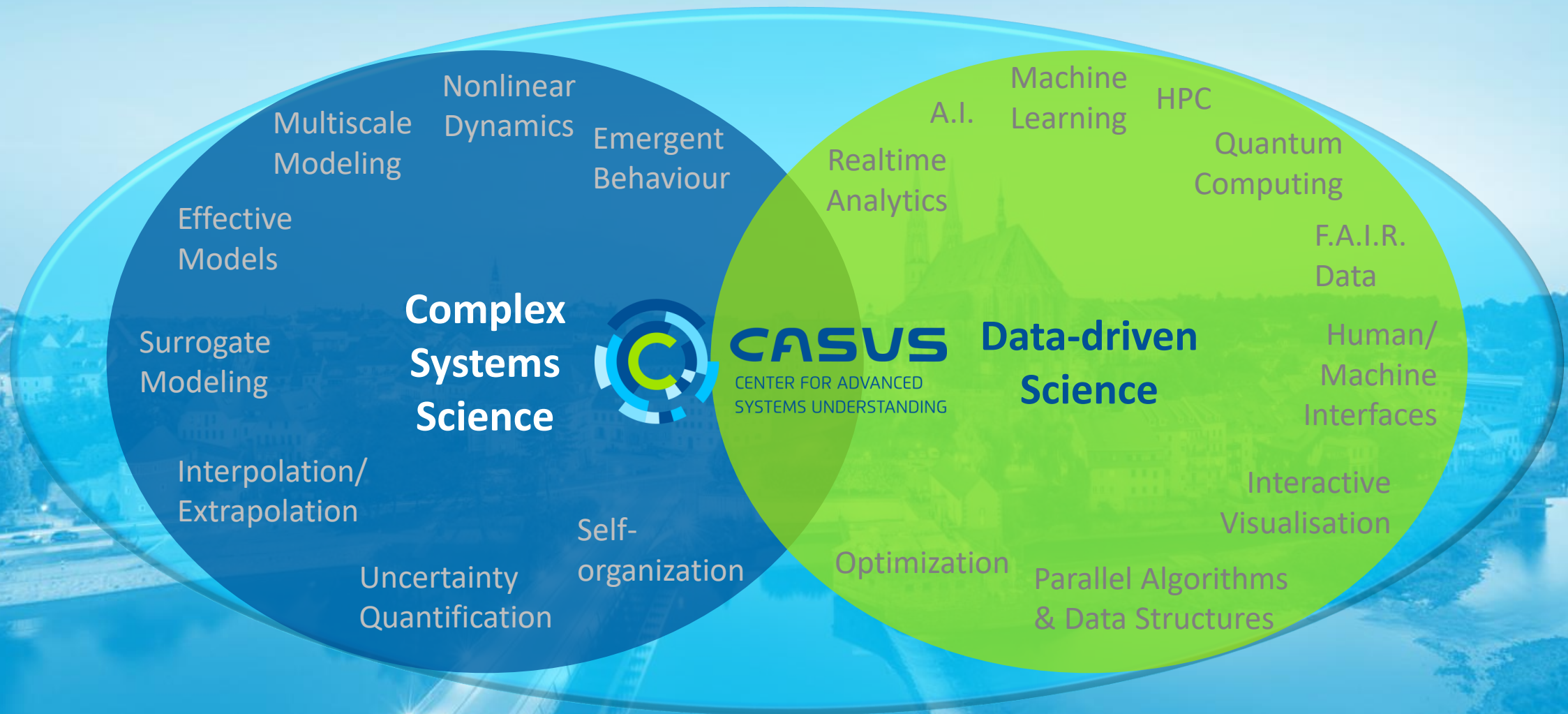
What have we learned so far?

- The Covid-19 pandemic was a global phenomenon in which science and scientists played an important role
- Data availability, access and openness were seen by many as decisive, yet were far from optimum
- Sustainable solutions to cope with future disruptive events are needed more than ever



Understanding complex systems through data

Excellency in method research enables excellent science



Domain knowledge + digital method excellency + sustainability

Interdisciplinary, diverse research teams as the key to success

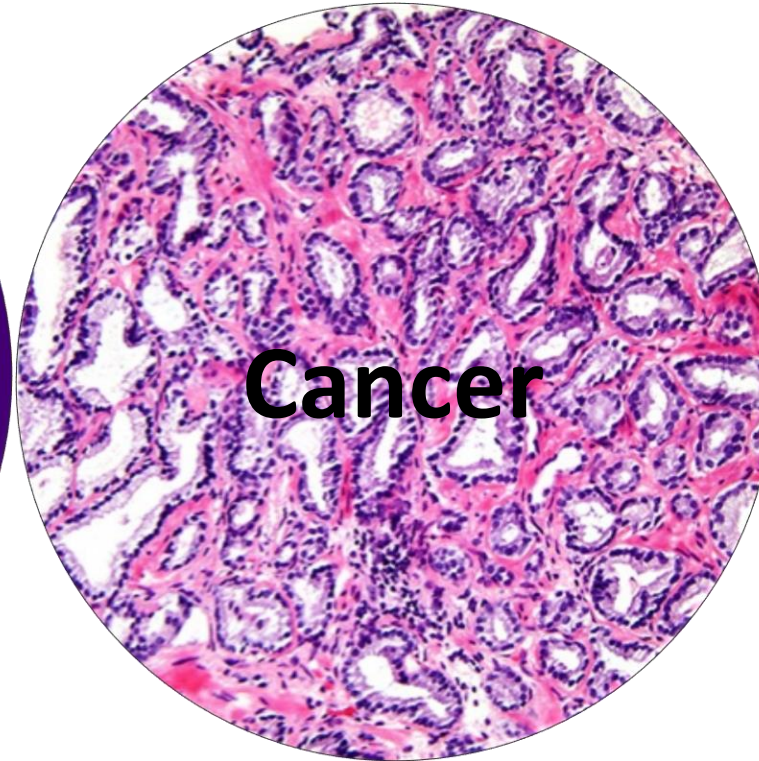


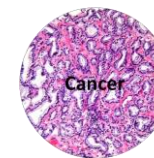
Key ingredients

- **Interdisciplinary research teams** include domain scientists, data scientists, computer scientists and mathematicians
- **Young investigator groups** draw new connections between research areas
- **A dedicated team of research software scientists** provides professional, sustainable software solutions
- **Collaborative funding** supports joint positions between research teams and with strategic partners

Two focus areas in digital health – Cancer & Infectious Diseases

Combining domain knowledge with digital expertise





PIONEER

Largest European Database for patient data on prostate cancer



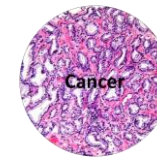
AI-support for better clinical decision making in prostate, lung and breast cancer



Database on lung cancer screening effectiveness

Big Data and real world evidence in Prostate Cancer

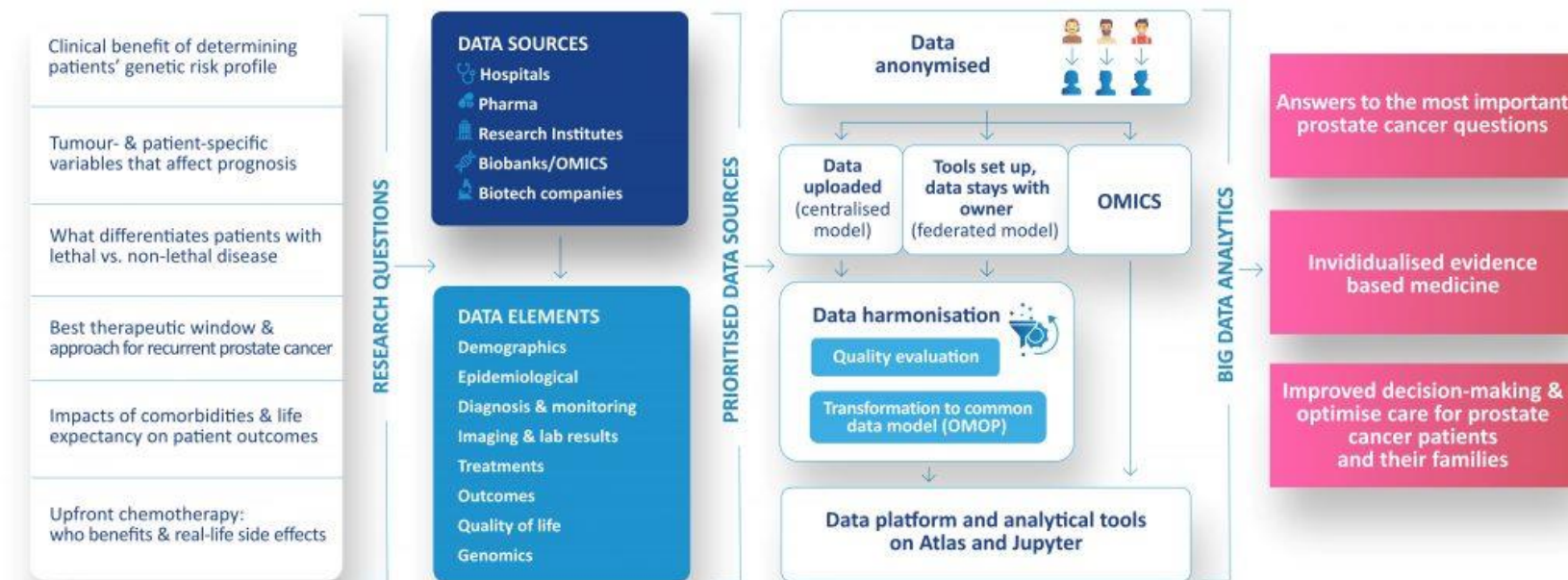
100,000,000 patient records



BIG DATA PLATFORM

THE EUROPEAN NETWORK OF EXCELLENCE FOR BIG DATA IN PROSTATE CANCER

Together we can ensure each individual patient receives the right treatment for them at the right time.



Leader (Bayer) & Co-Leads

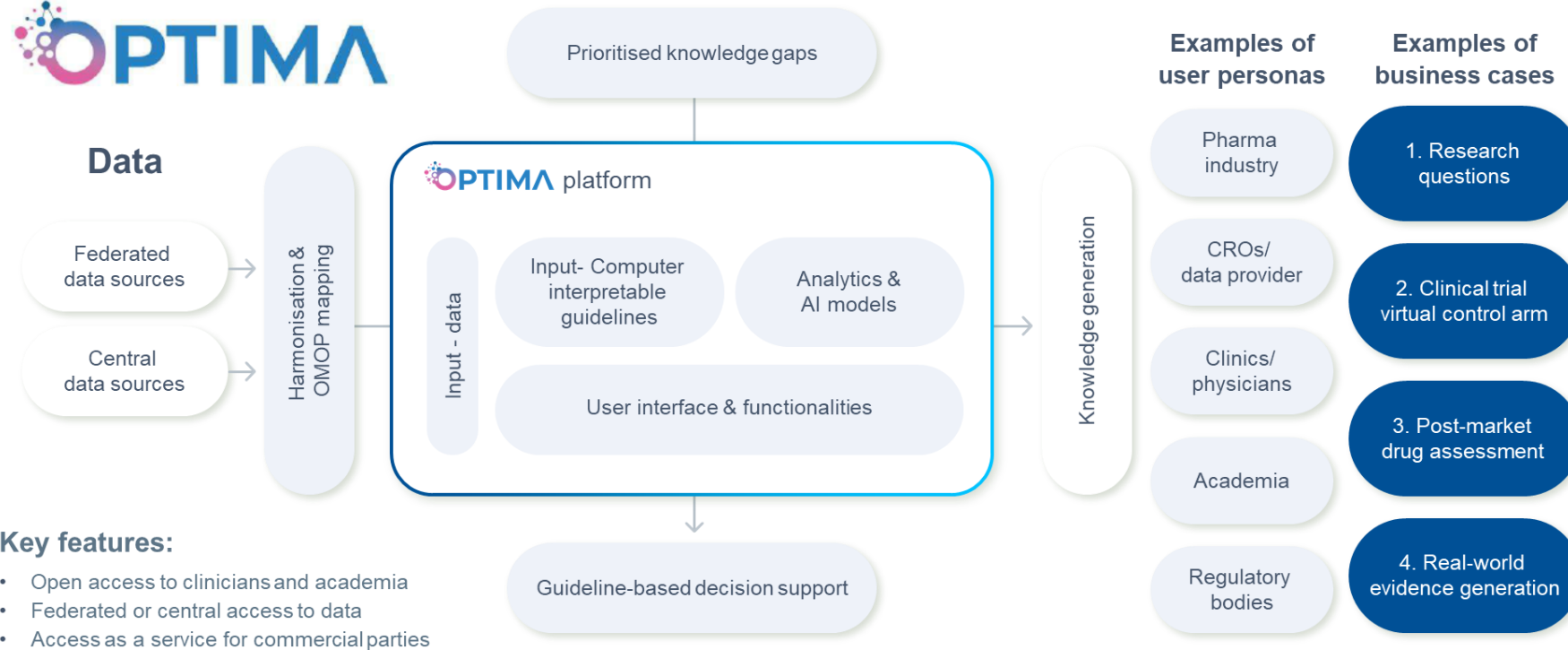
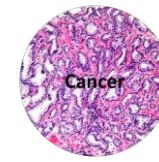


Partners



Tackling cancer through real world data and AI

AI-augmented decision support for clinical cancer treatment



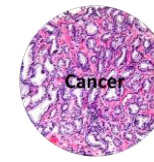
Key features:

- Open access to clinicians and academia
- Federated or central access to data
- Access as a service for commercial parties



Tackling cancer through real world data and AI

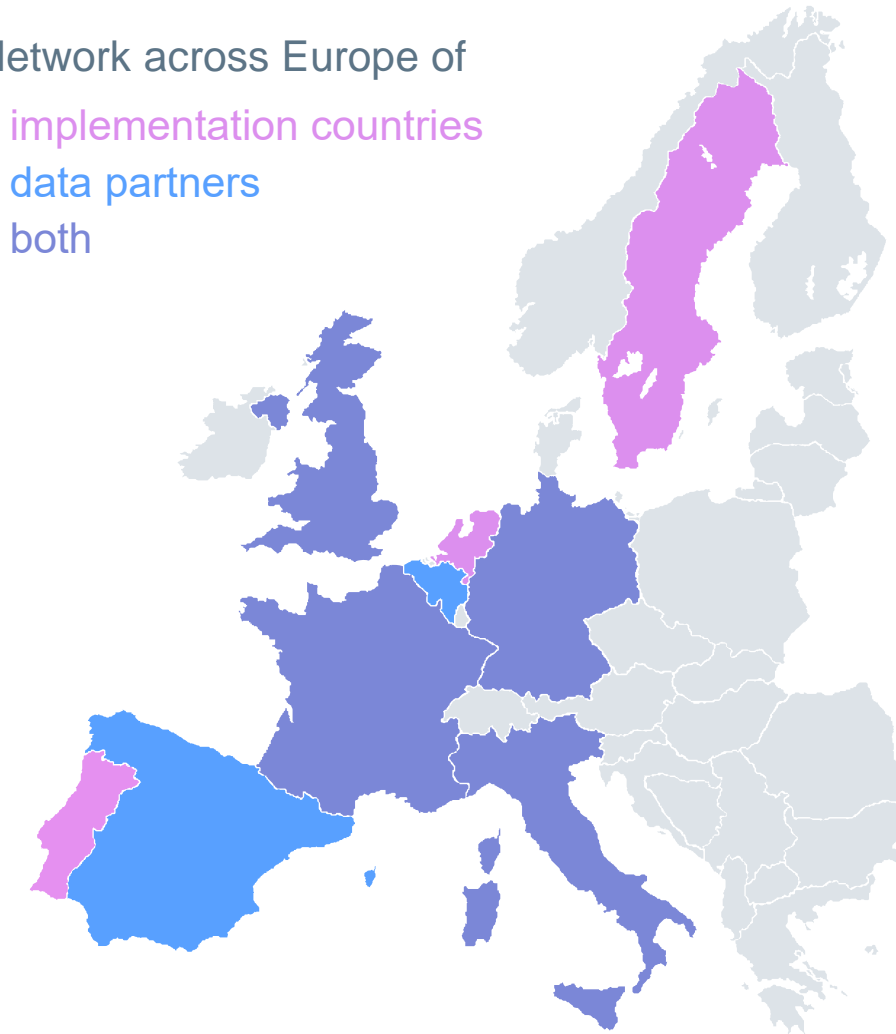
Federated data and a central analytics hub at HZDR



Country	Data provider	OPTIMA partner	Cancer type	OMOP mapping	Access type	Data type(s)	Number of people
France	INSERM*		All three	In progress	Federated	EHR	66 million
Germany	IQVIA (DA)*		All three	Complete	Federated	Ambulatory EMR	37 million
Belgium	IQVIA (LPD)*		All three	Complete	Federated	Ambulatory EMR	2 million
France	IQVIA (LPD)*		All three	Complete	Federated	Ambulatory EMR	7.8 million
Spain	SIDIAP	IDIAPJGoi	All three	Complete	Federated	EHR	6 million
Scotland	eDRIS	University of Aberdeen (UoA)	All three	No	Federated	EHR	5.4 million
UK	CPRD	Oxford University (UOXF)	All three	Complete	Federated and Central	EHR	21 million
Italy	SIMG (IQVIA)*		All three	Complete	Federated	EHR	2 million
Cancer registries and biobanks for AI model building							
Denmark	Danish registry* RKKP		All three	In progress	Federated	National registry	6 million
UK	Oxford University	Oxford University (UOXF)	All three	In progress	Federated and Central	Biobank linked to EHR	400.000
Estonia	Biobank	University of Tartu (TU)	All three	In progress	Federated	Cohort (EHR-XML)	198.000
Germany	Helios clinics	Helios Klinikum Emil von Behring (HC)	All three	No	Federated	Admin, EHR	163.264 patients
Germany	DKG	German Cancer Society (DKG)	Prostate, Breast	No	Federated	Cohort/QA data	100.000 patients
France	ICO	Institut de Cancerologie de l'Ouest (ICO)	All three	No	Federated	Cohort**	47.269 patients
Scotland	ICAIRD & DaSH	University of Aberdeen (UoA)	All three	No	Federated	EHR with imaging	11,708 patients
Czechia	MMCI*		All three	No	Federated	Cohort**	13.587 patients
Netherlands	EMC	Erasmus Universitair Medisch Centrum Rotterdam (EMC)	Prostate	In Progress	Federated/Central	EHR**	8.800 patients
UK	Barts Breast Cancer	Queen Mary University of London (QMUL)	Breast	No	Federated	EHRs, imaging, Seq**	2500 patients
EFPIA data							
US	OPTUM*		All	Complete	Federated	EHR	56 million
EU and Non EU	Pfizer	Pfizer	Breast	No	Central	Clinical trial; Non interventional, prospective	2000-3000
EU	AMGEN	AMGEN	Lung		Central	Cohort, prospective	1000
EU and non EU	AMGEN	AMGEN	Breast, PCa and Lung	No	Central	Clinical trial; Non interventional, prospective	2000
EU and non-EU	Roche	Roche	Breast and NSCLC	No	Federated	Non-interventional, prospective	~1,000
Total							>200M

Network across Europe of

- implementation countries
- data partners
- both

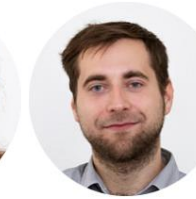




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Dr Ana Batista



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Dr Lennart Schüller



Dr Jiri Vyskocil

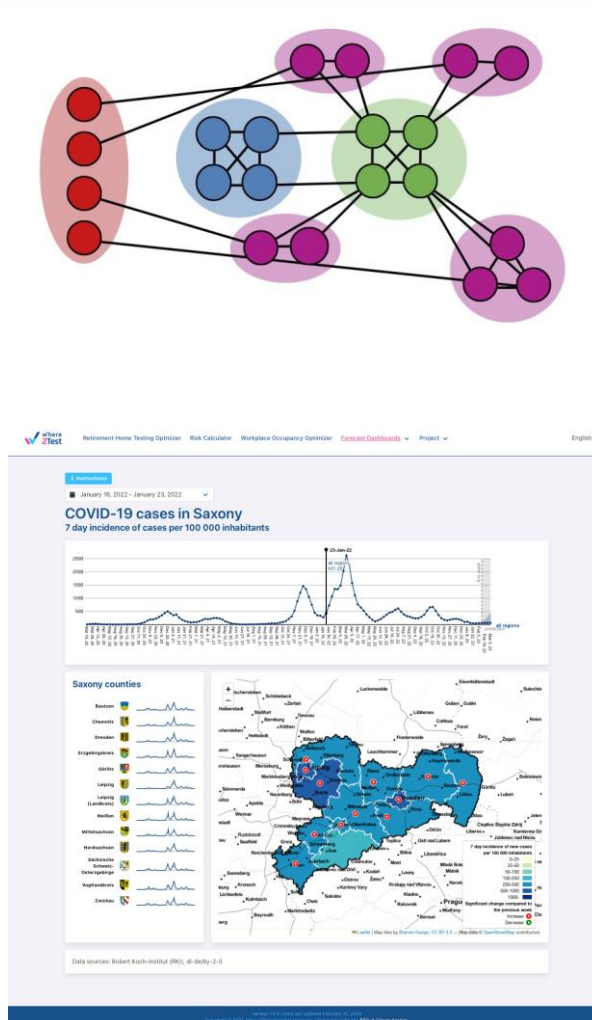


Dr Giuseppe Barbieri

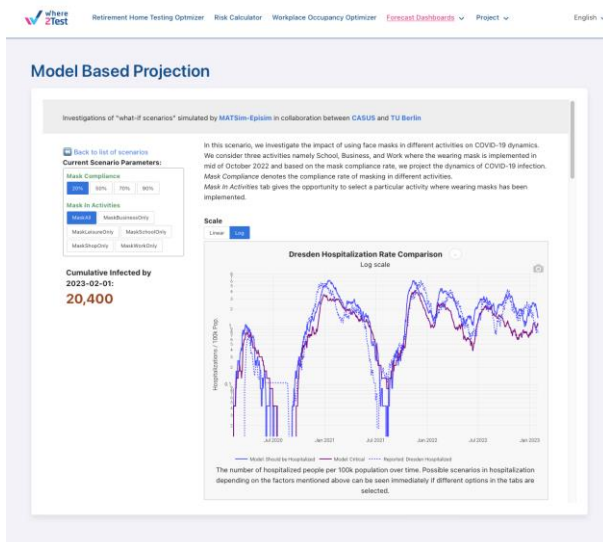
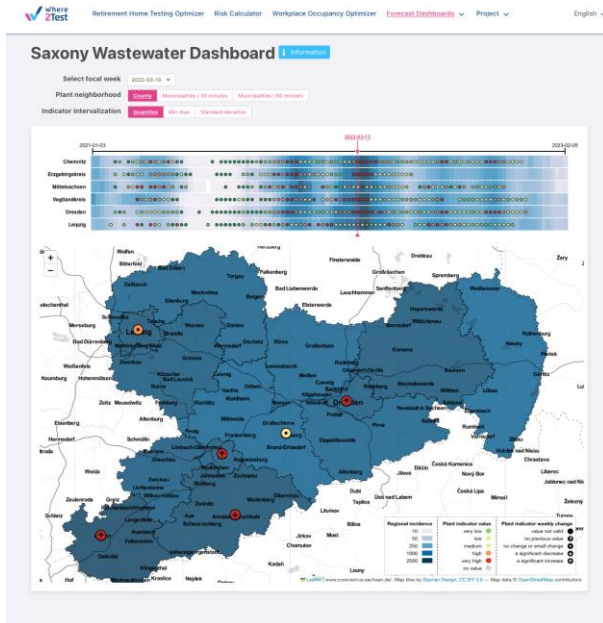


The Where2Test project

- Funded by the Saxon ministry of science, culture, and tourism (SMWK)
- Limited testing capacity emerged as a key constraint
- This problem was largely unstudied in the literature
- Focus on testing within organizations such as businesses, retirement homes, etc
- Developed both underlying network-based models and web applications for end users



The Where2Test platform



www.where2test.de

- COVID incid. dashboards Saxony & nearby regions
- Dashboard for wastewater monitoring in Saxony
- Workplace presence optimization app for institutions
- ODS integrating diverse regional and national data
- Adaptation of EpiSim COVID model for Dresden area



Wrocław
University
of Science
and Technology

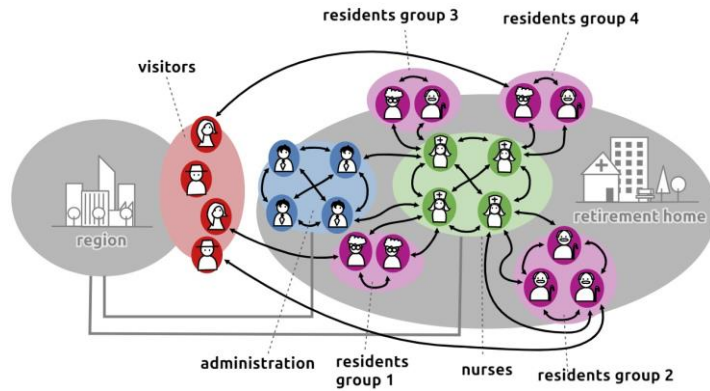


Key papers

Mertel et al. 2023. *Spatial & Spatiotemp. Epid.*

Davoodi et al. 2023. *PLoS ONE*

Batista et al. In revision. *Comp. & Ind. Eng.*



Retirement home app

- Very high mortality in RHs early in pandemic
- RHs test to identify outbreaks as quickly as possible
- Testing typically done by existing RH staff
- App calculates optimal grouping & testing schedule
- Developed collaboratively with RHs operated by Diakonisches Werk Löbau-Zittau

Calendar

Starting date Number of weeks

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Feb 27	Feb 28	Mar 1 group 1	Mar 2 group 2	Mar 3	Mar 4 group 3	Mar 5 group 1
Mar 6 group 2	Mar 7	Mar 8 group 3	Mar 9 group 1	Mar 10 group 2	Mar 11	Mar 12 group 3
Mar 13 group 1	Mar 14 group 2	Mar 15	Mar 16 group 3	Mar 17 group 1	Mar 18 group 2	Mar 19
Mar 20 group 3	Mar 21 group 1	Mar 22 group 2	Mar 23	Mar 24 group 3	Mar 25 group 1	Mar 26 group 2
Mar 27	Mar 28 group 3	Mar 29	Mar 30	Mar 31	Apr 1	Apr 2

Diakonie
Löbau-Zittau

Key papers

Davoodi *et al.* In review. *Ann. Operations Res.*
Davoodi *et al.* In review. *JMIR Aging*

Retirement Home Testing Optimizer

Parameters

Retirement home characteristics

Number of residents: 100

Number of employees: 30

Average number of contacts a resident has per day: 5

Test implementation

Testing station / workplace set up time [minutes]: 10

Resident testing time [minutes]: 10

Test strategy constraints

Maximum testing interval [days]: 5

Maximum size of testing group: 30

Maximum percentage of staff time dedicated to testing: 5

Recommended testing strategy

Groups

Individuals will be divided into 4 groups, with each group tested every 4 days

group 1 consists of 25 residents

group 2 consists of 25 residents

group 3 consists of 25 residents

group 4 consists of 25 residents

Summary

33 Outbreak detection time

12h

3.0 % of daily working time dedicated to testing

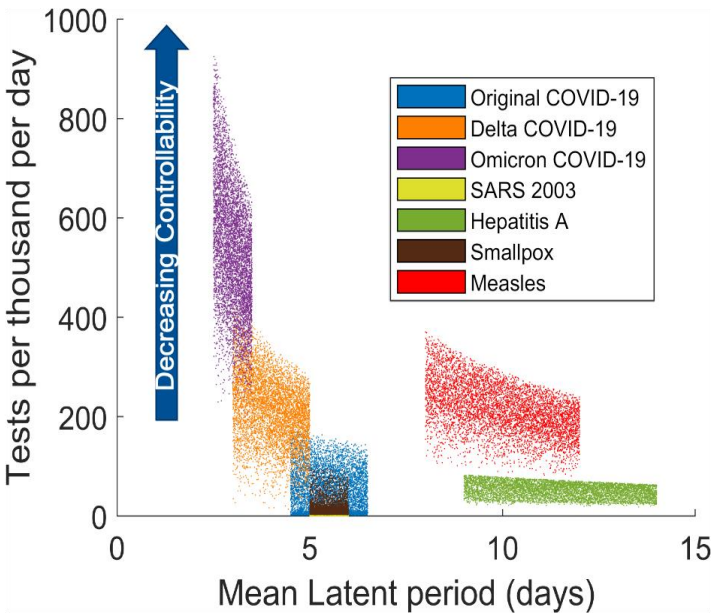
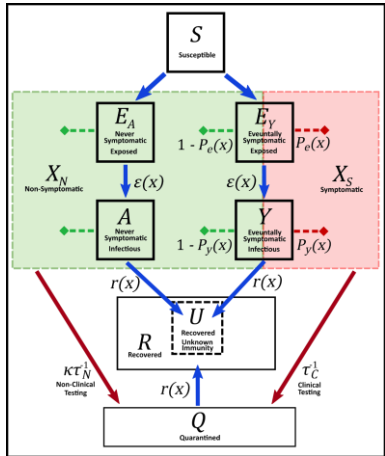
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Starting date Number of weeks

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Feb 6	Feb 7	Feb 8	Feb 9	Feb 10 group 1	Feb 11 group 2	Feb 12 group 3
Feb 13 group 4	Feb 14 group 1	Feb 15 group 2	Feb 16 group 3	Feb 17 group 4	Feb 18 group 1	Feb 19 group 2
Feb 20 group 3	Feb 21 group 4	Feb 22 group 1	Feb 23 group 2	Feb 24 group 3	Feb 25 group 4	Feb 26 group 1
Feb 27 group 2	Feb 28 group 3	Mar 1 group 4	Mar 2 group 1	Mar 3 group 2	Mar 4 group 3	Mar 5 group 4
Mar 6 group 1	Mar 7 group 2	Mar 8 group 3	Mar 9 group 4	Mar 10 group 1	Mar 11 group 2	Mar 12 group 3

Understanding outbreak controllability across diseases



The optimal control project

- From testing-focused work on COVID to a general model of epidemic control
- Allows direct comparisons across infectious diseases
- Identifies *combinations* of factors that make diseases more or less difficult to control
- For COVID, combination of short mean latent period + asymp transmission + large R_0 is key
- Omicron family is a “perfect storm” of these factors



Prof Dr Justin Calabrese



Dr Jeffrey Demers



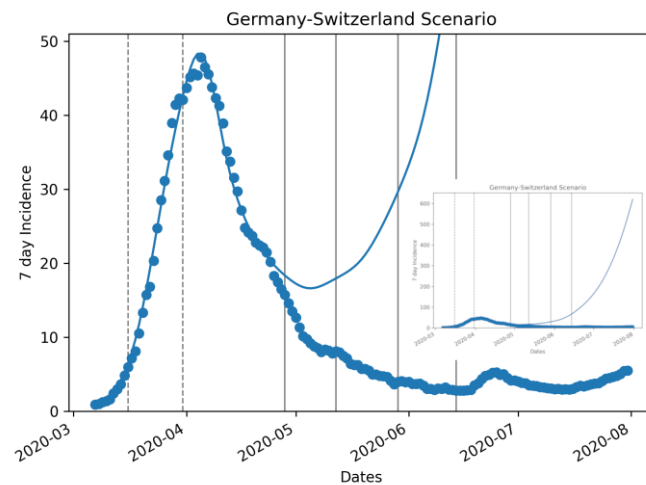
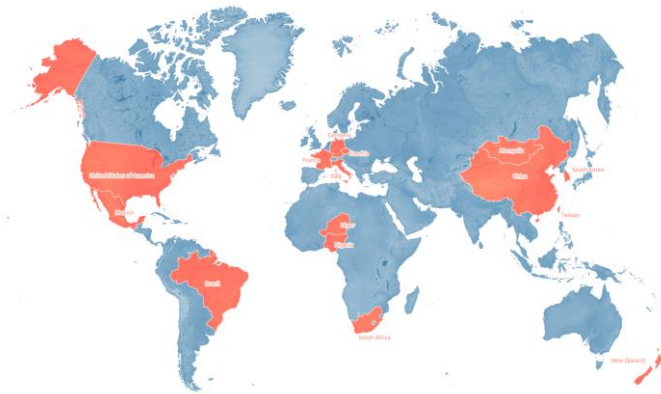
Key papers

Calabrese & Demers. 2022. *J. Theor. Biol.*

Demers et al. 2023. *Infectious Disease Mod.*

Demers, Fagan & Calabrese. In prep.

Data-driven, cross-national analyses of outcomes



The COCAP project

- Pandemic played out differently in different nations
- Unprecedented amount of data available worldwide
- Combines epid + econ + behavioral models with multifaceted data across contrasting nations
- Goal: identify which interventions worked and why
- Emphasis on lessons for future pandemics



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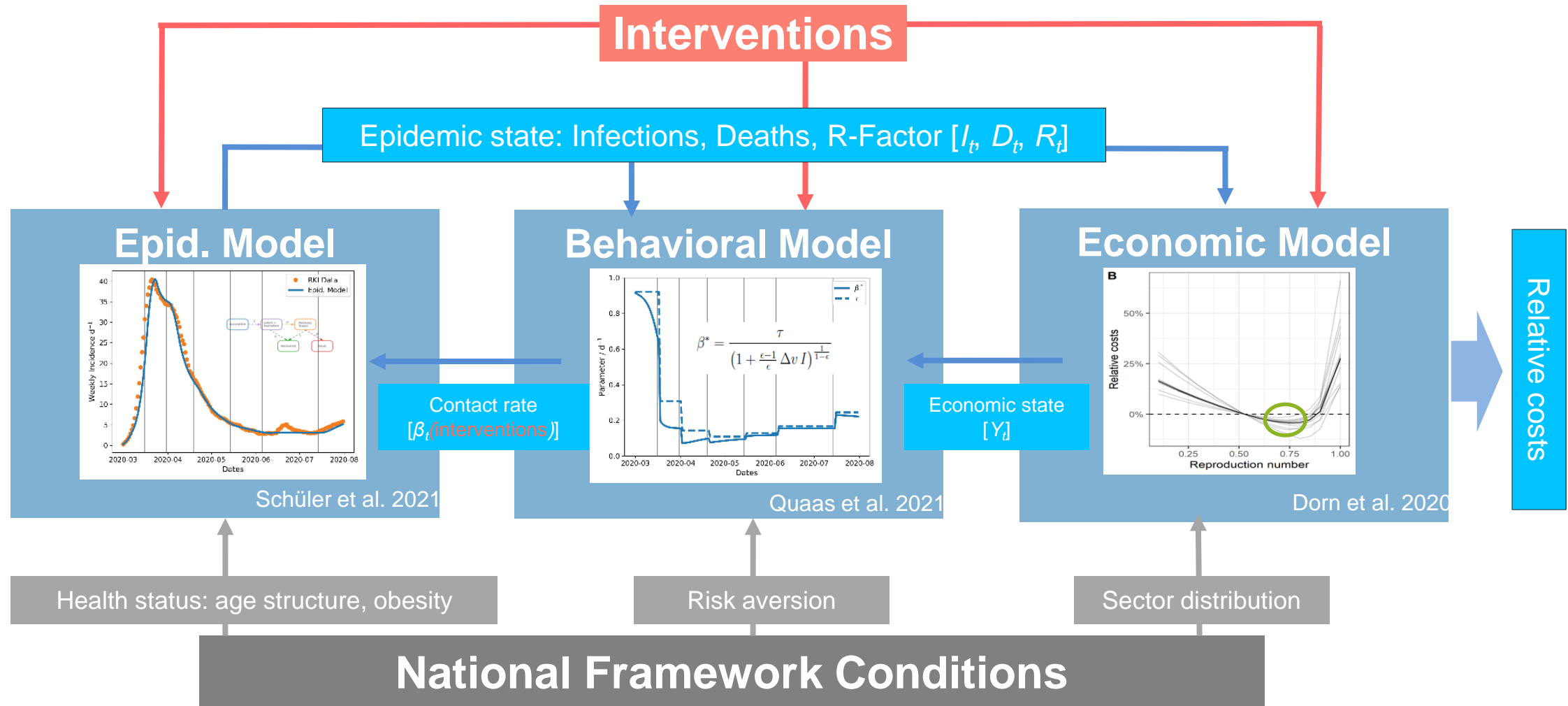
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Understanding outbreak controllability across diseases





CASUS

CENTER FOR ADVANCED
SYSTEMS UNDERSTANDING



**data-driven
science**



**understanding
complex systems**



**connecting researchers
across borders**