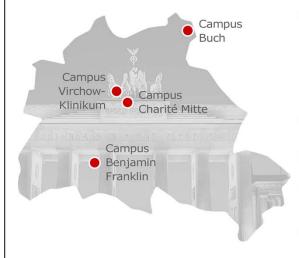


CHARITÉ UNIVERSITY HOSPITAL, BERLIN





€1.3 billion in revenues/ €158 million in outside funding

7,300 students

3,200 beds/Avg. stay: 6.4 days

3,700 doctors and researchers

740,000 cases

4 sites/607,200 m²

CHARITÉ UNIVERSITÄTSMEDIZIN BERLIN

CLINICAL RESEARCH DATA REPOSITORY WITH SAP HANA

3 20.04.2016

The Charité University Hospital Berlin is one of the largest University Hospitals in Europe.

It has a yearly revenue of 1.3 Billion Euros of which 158 million euros comes from outside funding.

There are 3,200 beds at the Charité and the average stay is 6.4 days.

There are around 3,700 doctors and researchers and around 740,000 cases per year.

The Charite is spread over 4 sites across Berlin in the center, Mitte and Virchow-Klinikum to the South, Campus Benjamin Franklin and to the North Campus Buch.

Altogether the area of the sites equals $607,200 \text{ m}^2$

GAPS IN THE TRANSLATIONAL CHAIN Basic science Gap 1 Clinical Trials Gap 2 Improvement of public health

Systems Medicine

- Translation into better prevention, diagnosis and treatment of disease
- Advent of new technologies (omics, imaging, stem cells, bioinformatics etc.)

CHARITÉ UNIVERSITÄTSMEDIZIN BERLIN

CLINICAL RESEARCH DATA REPOSITORY WITH SAP HANA

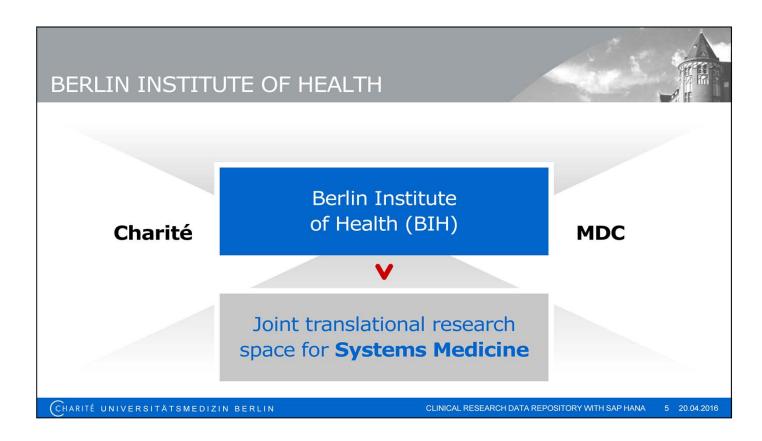
4 20.04.2016

I will now present the scenario where big data is becoming both a challenge and a benefit at the Charité

Currently there are two main gaps in the translational chain between basic science to clinical trials and eventually the gap of translating the results from the clinical trials into improving public health.

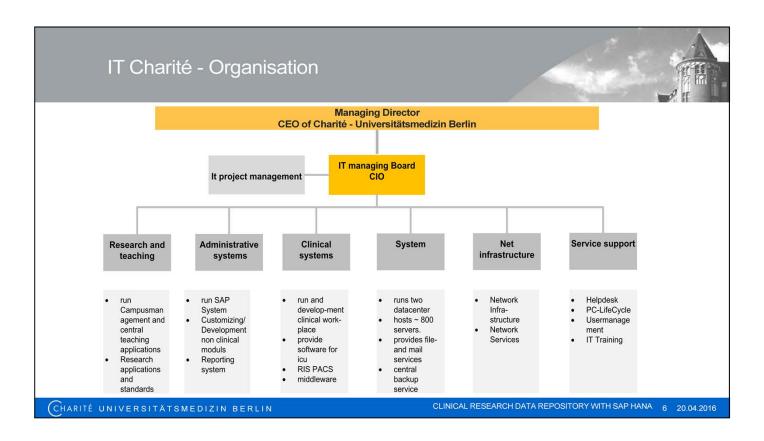
The first gap is interesting at the Charite as we have so many patients that we have a large amount of potential candidates for clinical trials.

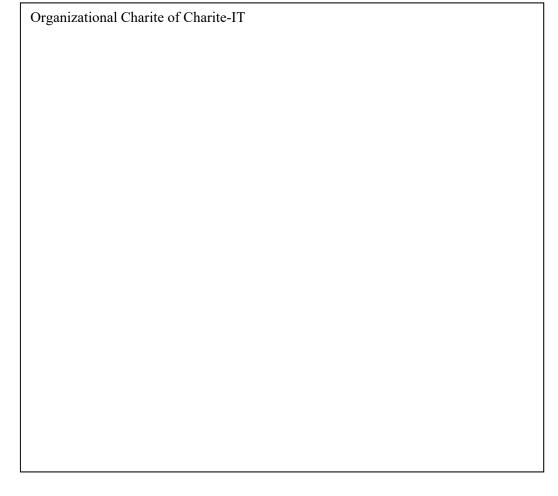
And then second gap is translating these clinical trials in to improving public health

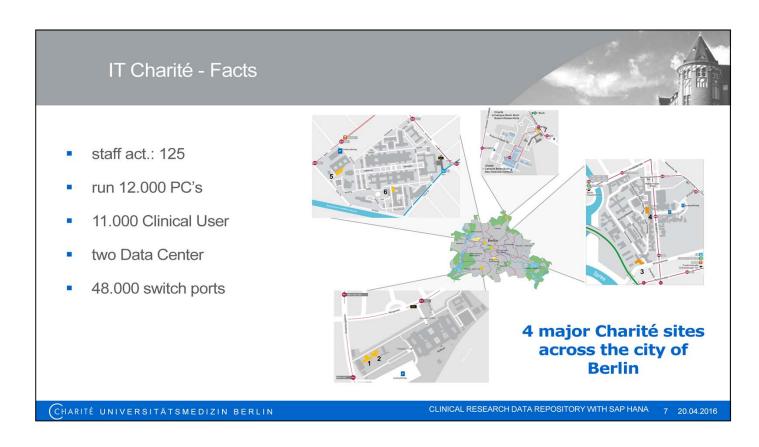


The Berlin Institute of Health (BIH) is one way of closing these two gaps.

It is the creation of a joint translational space for Systems Medicine for researchers from both the Charite and the MDC.





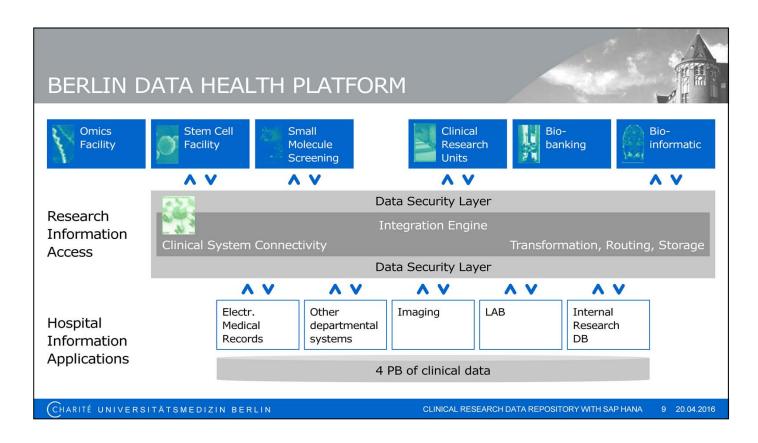


KPIs from Charité-IT

THE IT ARCHITECTURE AT CHARITÉ **User Access InMemory Applications** Add Departmental Systems Clinical Data Translational Research Translational Research Biobank Death Registry **Transcriptome** Therapeutic **Tumor Documentation** Metabolism Diagnostic Proteome Pathology Genome Telemonitoring/Patient Medical Device Data **Public Databases** e.g. Druglist e.g. Genom Atlas e.g. PubMed e.g. HapMap CHARITÉ UNIVERSITÄTSMEDIZIN BERLIN CLINICAL RESEARCH DATA REPOSITORY WITH SAP HANA 8 20.04.2016

Here is the IT architecture at the Charité which shows how all the different data repositories are all brought together in to the InMemory databases on the right hand side is the clinical data, the middle is the new data from research and the BIH and then on the left is the systems which are supported by the individual departments, such as the Bio bank and tumor documentation.

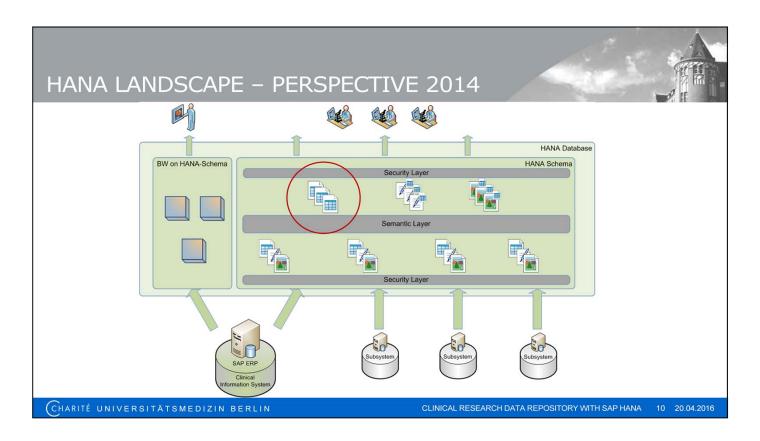
Finally the public databases are added into the InMemory database so that data from the external resources are accessible to researchers and other users of the InMemory applications



The data layer is where the data from the research groups are combined with the data from the clinical side.

This is where you can begin to see the large amounts of data that are currently held within the hospital (currently 4PB) and how this will rapidly increase when the data from the research groups are also brought into the environment.

This middle layer will also be involved in the ciphering of the data, so that data protection standards are adhered to.

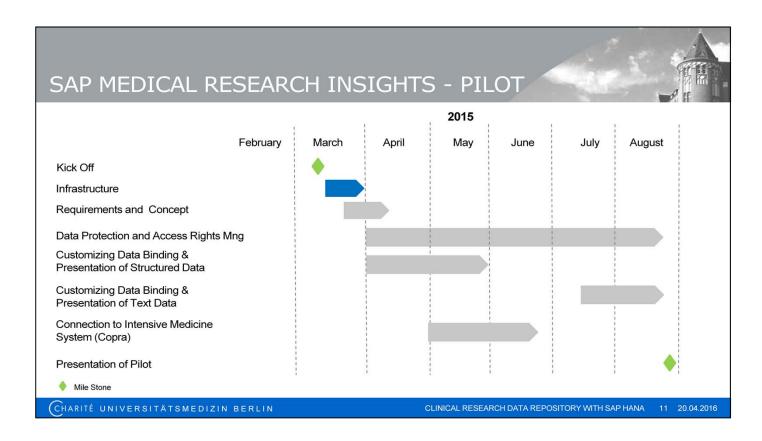


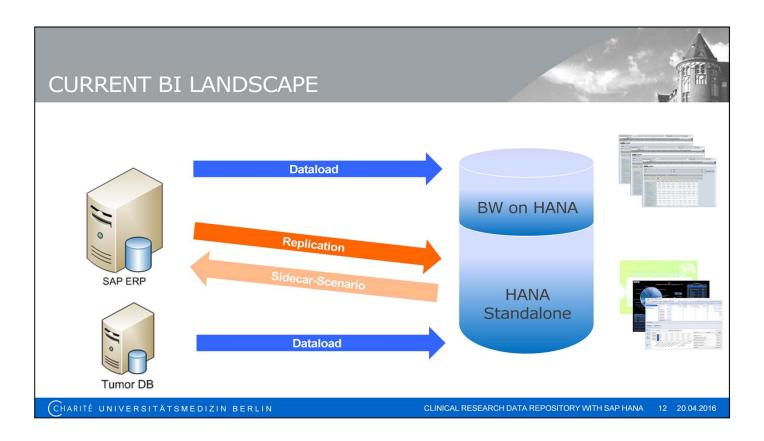
The future HANA landscape at the Charité is that as well as having a BW on HANA schema there will also be another schema for the medical information gateway.

This schema will bring together data from SAP ERP and also the other subsystems we use e.g the tumor DB and the bone bank.

The data will go through a security level where the data is anonymised and then it will be semantically analyzed through implementations such as ones that will be described in the following slides.

This slides leads into talking about MRI and using the road map as a guide



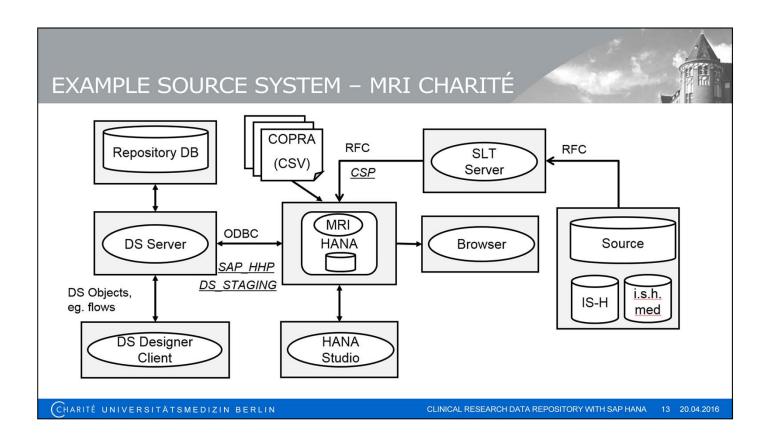


Sidecar scenarios allow for much quicker solutions without completely changing our BI landscape e.g

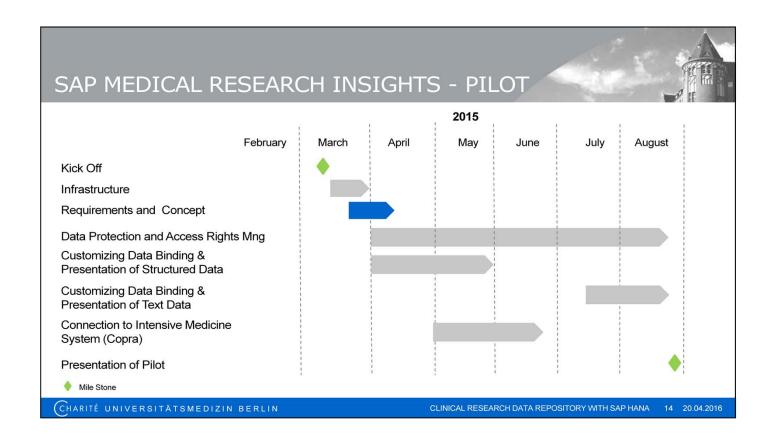
Sidecar-Scenario → Search in 493Mio Datasets → Oracle DB 17,5 hours → SAP HANA DB 5sec

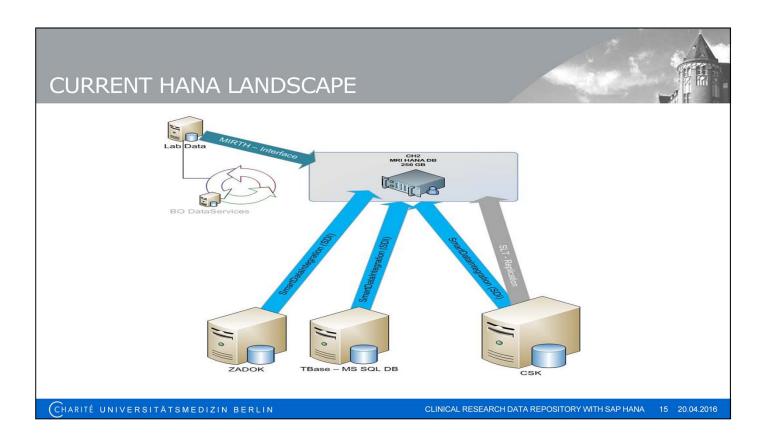
Example via Transaction SE16H:

-like SE16 but much better →selection on all Fields, multiselection, output in ALV



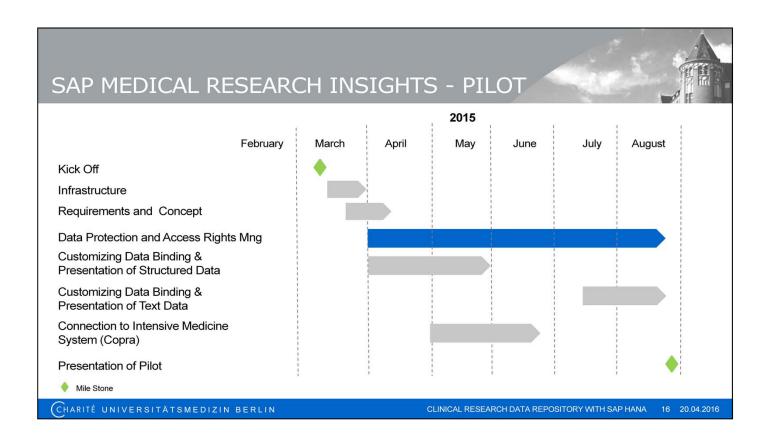
Data loading from TBASE into HANA

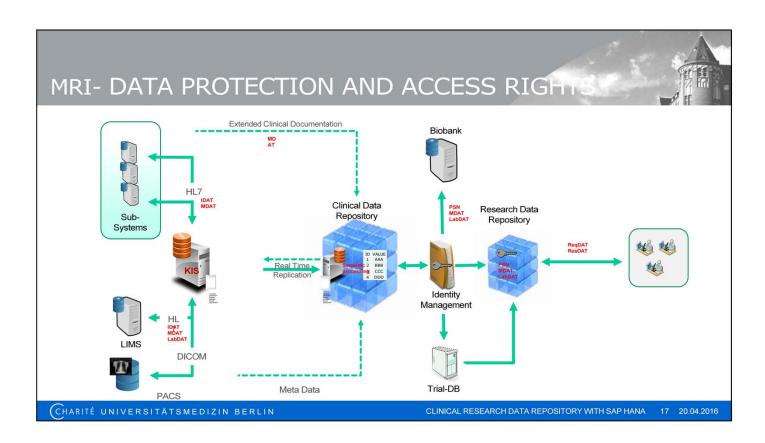


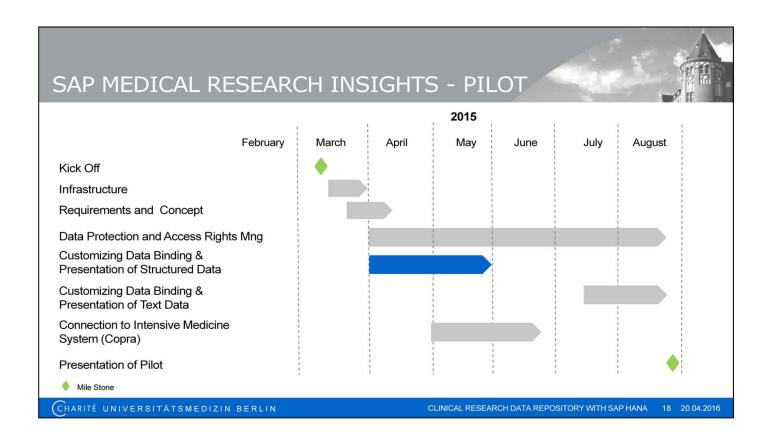


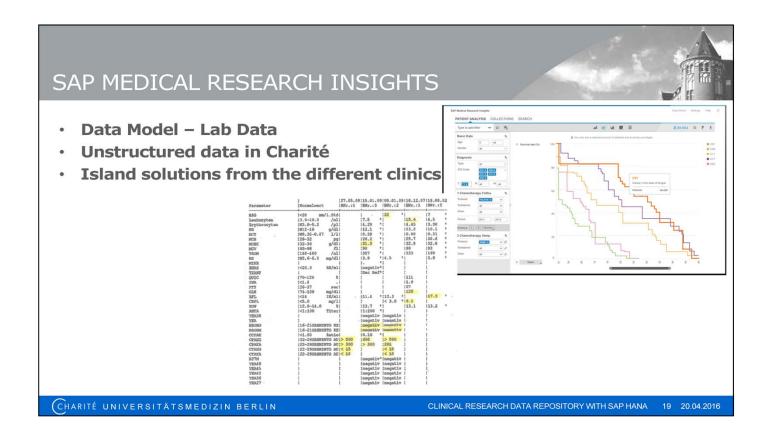
Data loading from TBASE into HANA project 65

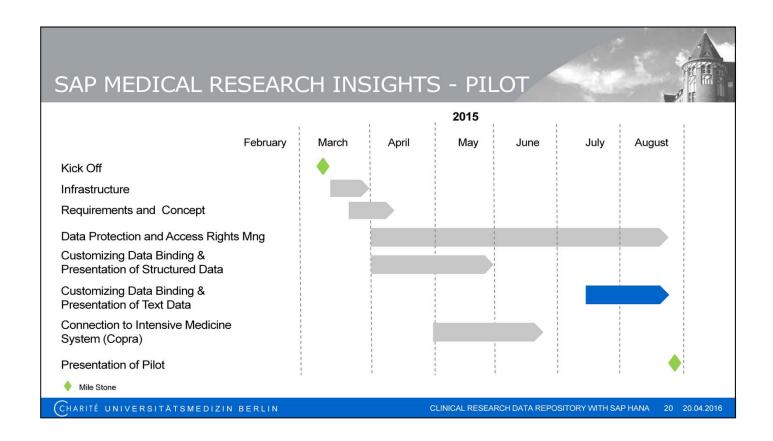
Health Level-7 or **HL7** refers to a set of international standards for transfer of clinical and administrative data between software applications used by various healthcare providers. These standards focus on the application layer, which is "layer 7" in the OSI model.

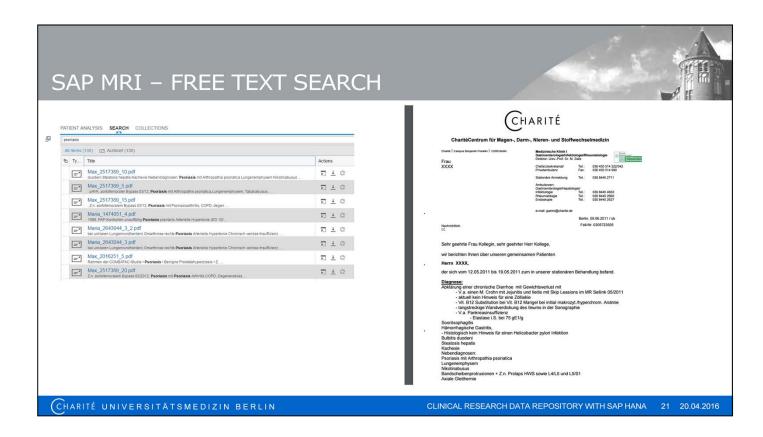


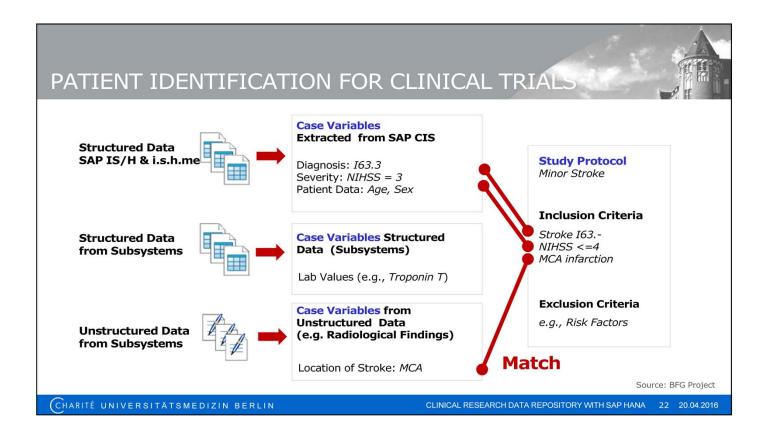




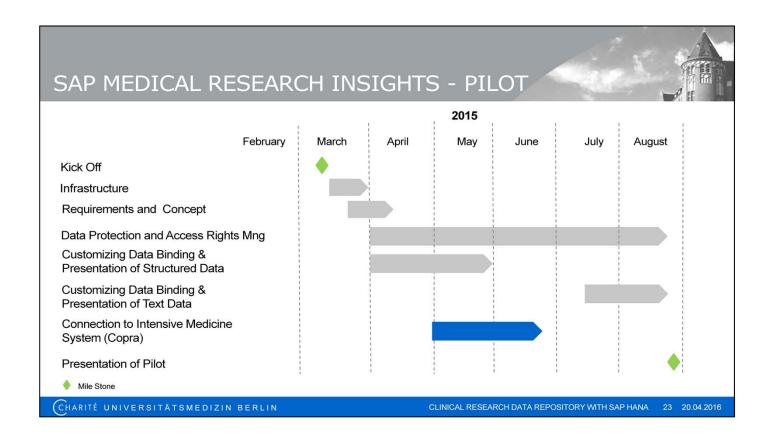


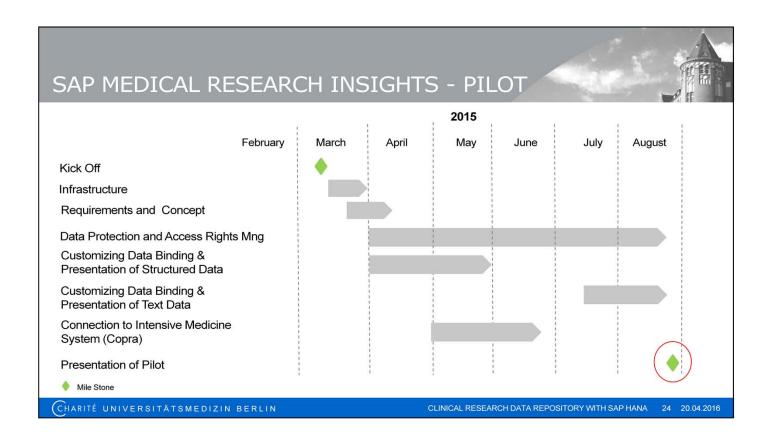


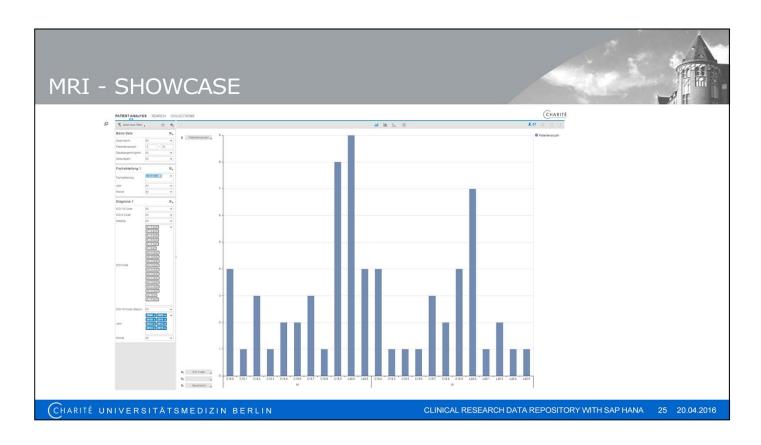




This slide presents how this implementation would work for a searching for candidates in a clinical trial. The data is drawn from the different sources and then certain inclusion or exclusion criteria are added and the patients are presented to the researcher







NEXT STEPS - MRI 2.0



- Evaluation of MRI 2.0 and foundation for health
- MRI 2.0 with Genome Mapping
 - see video from youtube: https://www.youtube.com/watch?v=6vYg2u6wvOQ

CHARITÉ UNIVERSITÄTSMEDIZIN BERLIN

MEDICAL INFORMATION GATEWAY ON HANA 26 20.04.2016

A tool for researchers to find particular groups of patients for studies

