Town Hall Meeting

WITH DR. RUTH O'HARA
SENIOR ASSOCIATE DEAN FOR RESEARCH

MAY 27, 2022
10:00 - 11:00 AM

We'll start shortly....
Today’s Panelists:

- Dr. Ruth O’Hara, Senior Associate Dean for Research – School of Medicine, Professor, Dept of Psychiatry
- David Strick, Director of Safety & Emergency Management, with an update on COVID-related policies
- Eric Langenderfer, TDS, on Investigational Drug Services (IDS) – Digital Transformation
Covid Update

SoM Research Town Hall

David Strick, Ph.D.
Buildings

- Buildings have opened. The main entrances should be open during business hours (certain buildings will remain locked).

- We are continuing to have our housekeeping staff clean high touchpoints in our buildings (railings, door knobs, conference rooms, kitchens, restrooms).
Masking

- Masking in most our buildings is highly encouraged (not required). Personal choice whether to wear masks.

- **Exceptions**
  - Buildings that have clinical activities occurring where masking is required.
  - SHC/SCH spaces – masking is required.
  - Face coverings are required in classes/classrooms; however, individuals may remove face coverings while speaking.
I’m positive for Covid – what do I do

- Enter your positive test into healthcheck.stanford.edu
  - Include the positive test date.
  - Include your contacts in the 48 hours before you became symptomatic or 48 hours before testing positive if you are asymptomatic.
  - Include what buildings you were present and the dates
  - Include date your symptoms started.

- Healthcheck will issue you a return-to-work date.
- Medical support team may call.
- Return to work for individuals with hospital duties is different from the University. HRT
- All of this information applies to (My husband/wife/partner is positive with Covid)
Reporting requirements if you have clinical duties

If you have clinical duties at SHC

Positive Intake Questionnaire (smartsheet.com)
Isolation and Test out (University Only)

- **Isolation Period**
- 10 days You will not need a test to come back to Stanford and start working.
- If you would like to return at 7 days
  - Fully Vaccinated
  - Fever-free for 48 hours with improving symptoms
  - An employee whose job requires an on-site presence
  - Rapid-tested (Antigen test) negative on day 7
  - Have to email employeecovidclearance@stanford.edu to request permission.
Covid Testing

- Not required for vaccinated individuals.
  - Unvaccinated individuals must test twice weekly.
- Limited to two test a week.
- Color Test Kit Pickup points
  - 3145 Porter Dr. (concierge desk)
  - LKSC
- 8 free antigen test available from government
NEW COVID TEST KIT PICKUP LOCATION
IN MED CAFÉ

Questions:
somemergency@stanford.edu
Questions

David Strick, djstrick@stanford.edu

somemergency@stanford.edu (reaches myself and my emergency management team)
Test Kit Pickup & Dropoff Locations

**ACSR**
341 Galvez St, Stanford
Front Desk
Pick Up/Drop-Off: 6AM - 10PM (M-Th)
6AM - 8PM (F) 9AM - 7PM (Sat-Sun)
*Kit Drop Box: Available during pickup hours

**AFDC (Dining Commons)**
489 Arguello Way, Stanford
Pick Up: 8AM - 5PM (M-F)
Nearby Kit Drop Box: Escondido Rd Turnaround

**AOERC**
285 Santa Teresa St, Stanford
Front Desk
Pick Up/Drop-Off: 6AM - 10PM (M-Th)
6AM - 8PM (F) 9AM - 7PM (Sat-Sun)
*Kit Drop Box: 24/7

**Stanford Redwood City**
900 Warrington Ave, Redwood City
Stanford Recreation & Wellness Front Desk
Pick Up: 9AM - 6PM (M-F)
*Kit Drop Box: 24/7 @ Cardinal Hall/Warrington

**Hopkins Marine Station**
120 Ocean View Blvd, Pacific Grove
Monterey Boat Works Lecture Room
Pick Up: 10AM - 12PM (First Wed of the month)
Drop-Off: 10AM - 12PM (Mon & Fri)

**Additional Dropbox Locations**

- **Escondido Road Turnaround**
  Between Stern & Crothers Halls, Stanford
  Curbside Drop Box

- **LBRE - 340 Bonair**
  340 Bonair Siding, Stanford
  Outside Front Entrance

- **EVGR**
  735 Campus Drive, Stanford
  Outside EVGR Housing Service Center

- **Li Ka Shing Center**
  291 Campus Drive, Stanford
  Outside Entrance facing Campus Drive

- **Maples Pavilion Turnaround**
  655 Campus Drive, Stanford
  Curbside Drop Box

- **Oval**
  20 Palm Drive, Stanford
  Curbside Drop Box next to FedEx Box

- **Stanford Research Park #1**
  1070 Arastradero Ave, Palo Alto
  Outside Building Entrance

- **Stanford Research Park #2**
  3165 Porter Drive, Palo Alto
  Outside Building Entrance next to UPS Box

* Courier service to the Color Lab: 12PM & 5PM (M-F) and 5PM (Sat-Sun)

Stanford University faculty, staff, postdocs and students may also utilize Stanford Medicine Color testing sites across the Bay Area. Please bring your Stanford ID to pick up test kits.
Investigational Drug Services (IDS) – Digital Transformation

Research Town Hall
Project Overview and Progress

May 27th, 2022
Agenda

• Project Background

• Governance Structure Overview

• Live Areas: Head & Neck Oncology and Thoracic Oncology

• Future Go-Live Sequencing Matrix
## Operational Improvements

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Purpose/Current State</th>
<th>Improvement Activities</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility, Equipment &amp; Storage</strong></td>
<td>Optimize physical infrastructure to better meet IDS needs and growth</td>
<td>• Consultancy assessment</td>
<td>• FY21 – refresh space to optimize workflows</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Development of 3 stage plan</td>
<td>• FY22 -&gt; rebuild pharmacy to match upcoming USP/BOP regs</td>
</tr>
<tr>
<td><strong>Staffing Model</strong></td>
<td>Grow &amp; develop IDS resources to better match research demand across enterprise</td>
<td>• New positions</td>
<td>• Recruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Leader</td>
<td>• Activate ambulatory sites (RWC, CCSB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quality, Finance</td>
<td>• Develop team with standard competencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Team (Main, RWC, CCSB)</td>
<td></td>
</tr>
<tr>
<td><strong>Information Technology</strong></td>
<td>Move Stanford’s current paper-based drug research process to EPIC</td>
<td>• Alignment with TDS and SOM (Todd Ferris, MD)</td>
<td>• 18 month project for analysis, development, and activation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identification of suitable path (EPIC)</td>
<td>• Approved Capital project</td>
</tr>
</tbody>
</table>
Investigational Drug Service Digital Transformation

Stanford Health Care is enabling electronic Investigational Medication ordering and workflows to improve patient safety

- Consistency with Standard of Care workflows across the enterprise, especially clinical decision support, charting, drug management and administration
- Integrations with existing clinical research and pharmacy systems
- Total scope of 400+ clinical research studies

Timeline: FY Q1 2022 – 2023

Benefits of Integration
- **Patient Safety**: Standardized workflows to reduce human error
- **Improved operational efficiency**: eliminating the need for duplicate entry in disparate systems
- **One source of truth**: updates in upstream systems automatically populate downstream systems
IDS Project Governance

Executive Steering Committee

Vision: Management guidance at the executive level (SHC + SOM)

IDS Operational Steering Committee

Strategy: Clinical and operational governance (SHC + SOM)

IDS Core Project Leadership

Execution: Technical delivery mechanisms

Clinical Council

TDS Workstreams

PFS Revenue Cycle

PMO

TDS Application Teams

Epic (Vendor)
## SHC Head & Neck Oncology Pilot

### Key:
- Clinic/ITA
- Clinic/CTRU
- Level One/Clinic/ITA

### First Patient Visits for Head & Neck oncology treatment plans!

<table>
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<tr>
<th>Date</th>
<th>Study Details</th>
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<tbody>
<tr>
<td>14/15</td>
<td>CUE-101: IRB #52744 (Clinic/CTRU)</td>
</tr>
<tr>
<td>16</td>
<td>BNT: IRB # 59536 (Clinic/ITA)</td>
</tr>
<tr>
<td>17</td>
<td>ENT 0082: IRB 59070 (Clinic/ITA)</td>
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<td>24</td>
<td>R2810: IRB # 53304 (Clinic/ITA)</td>
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<td>28</td>
<td>Magro: IRB #60946 (Level One/Clinic/ITA)</td>
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<tr>
<td>29</td>
<td>Magro: IRB #60946 (Level One/Clinic/ITA)</td>
</tr>
<tr>
<td>30</td>
<td>RP1: IRB # 56440 (Clinic/ITA)</td>
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</table>

### Technical Go-Live 11/18

- 10 Total Studies
- 14 Treatment Arms
- 10 Patients
Project Name: Investigational Drug Services Transformation (PRJ0197859) Head & Neck Oncology Pilot
Project Manager: Eric Langenderfer
Report finalized: 12/6/21

ISSUES & RESOLUTIONS

<table>
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<tr>
<th>Issue</th>
<th>Status</th>
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<tr>
<td>Lab Orders Expirations</td>
<td>Resolved 11/22</td>
</tr>
<tr>
<td>Manually re-entered today to avoid patient care delays</td>
<td></td>
</tr>
<tr>
<td>Global issue resolved in PROD by end of day</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Test order for 11/23 patient visit</td>
<td>Resolved 11/23</td>
</tr>
<tr>
<td>Manually removed from patient’s plan due to gender (male)</td>
<td></td>
</tr>
<tr>
<td>Look-Alike Sound-Alike Medications Updated in PROD based on new naming convention established by providers, nursing, and IDS pharmacy</td>
<td>Resolved 11/24</td>
</tr>
</tbody>
</table>

Executive Summary

On 11/22/2021 The Investigational Drug Services (IDS) Project supported its first patient visits for a Head & Neck oncology pilot. 2 patients were scheduled on 2 studies across 3 separate locations (Clinic, ITA, and CTRU). The CTRU patient visit was canceled for clinical reasons, so CTRU’s first patient will be on December 7th. On 11/23/2021 the project continued with 4 patients across all locations. Engaged clinical areas and users comprised the Cancer Center Trials Office (CCTO), CTRU, ITA, Nursing, IDS Pharmacy, Clinics, Research Coordinators, and Principal Investigators and APPs.

Following the first week of go-live, research patient visits proceeded on normal cadence and without reported issues. Support line and the elbow support were available on as-needed basis and during first patient visit in applicable areas (CTRU 11/29/2021).

Day of Pilot

Day 11

Initial Feedback

What Went Well
- In-person support (Andera, Vinh, Melissa, Pooja)
- Epic Beacon ordering avoided delays experienced previously on paper
- Clearer communication in Epic (fewer calls with questions)
- Scanning Research Kits
- Kickoff Meeting immediately before validation starts
- “Move records to PROD a few days before First Patient Visit, very nice to see and review it in advance”
- Validation meetings with the entire group

EBIs (Even Better Ifs)
- Flowsheets for CTRU and Vial assignments need optimization.
- Consent forms (on paper) need to be sent over to the treating area (ITA or CTRU) and could be forgotten in the future
- Initial confusion around verifying pre-medications
- Notifications to start preparing drug
- Additional IDS views need additional context added
- Felt like less control with new process because there is no paper
- Initial lab orders expiration issue which was resolved
- “Too many people involved in the validation process makes it inefficient”
- Not enough meetings with the PI in the beginning of build
- Pharmacy and Nursing need to review intake form first before build

Accomplishments

- Labs Orders expiration issue was resolved systematically (process resolution), and with final patient-level updates.
- The Pregnancy Test question was resolved. This was manually removed from the plan due to the patient’s gender (Male).
- Additional lab rounding / leadership awareness was provided throughout the day, including involvement with the Beaker (Epic Laboratory application) team and lab leadership.
- All labs and medications performed and administered correctly utilizing new process, including the first use of Schedulable Labs in Beacon plan.
- Proposed enhancement and optimization opportunities have been identified in several areas and we will work with project governance to prioritize beyond the initial go-live support period.

Upcoming Activities

- Support as needed – all locations have experienced first patient visits using Beacon at this point.
- Optimization efforts throughout the next several months
- Sharing Lessons Learned from pilot with next upcoming go-live for Thoracic Oncology

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[Logo: Stanford Medicine Technology & Digital Solutions]

Tracking starts next week | Complete | On Track | On Notice | Needs Attention
First Patient Visits for Head & Neck oncology treatment plans!

Technical Go Live 11/18

Key:

“… BTW, I have been really happy with the investigational beacon plans since we launched. Give my kudos to the whole team.”

ADC

A.Dimitrios Colevas, MD
Professor of Medicine, Stanford University
Thoracic Oncology Go-Live: May 2022

The first patient’s order signing!
Pictures from Day 1 – May 18th, 2022

The first patient’s order signing!
Pictures from Day 1 – May 18th, 2022

Tracy (Clinical Research Coordinator covering for Richard) and Andrea

Dr. Neal, Veronica, and Andrea
Pictures from Day 1 – May 18th

Working with the team!
Non-Oncology Pilot Activities

Several options (least-to-most build intensive):

• Direct medication ordering
• Personal Preference Lists
• User Panels
• 2 overall SmartSets
• Study-Specific SmartSets
• Therapy Plans
Cancer Go-Lives: CRGs and Volumes (25% buffer)

- Hematology, 50
- Breast, 28
- EDD, 24
- Thoracic, 16
- CNS, 11
- Gynecology & Lymphoma, 26
- Sarcoma, 18
- Genitourinary & Rad Onc, 15
- GI & Cutaneous, 19
- Endocrine, 5

2023 Go-Live Month

- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
Sequence of Future Areas

- Neurosciences
- Primary Care and Medical Specialties, and Gynecology
- Gastroenterology & Orthopedics
- Dermatology
- Pulmonary, Critical Care, and Emergency Med
- Cardiovascular
- Urology & Surgical Specialties
- Otolaryngology & Ophthalmology
- Psychiatry
- Other
Next Steps

• Incorporate feedback from pilot into upcoming releases

• Upcoming Activations:
  • Thoracic Oncology & Neuromuscular Pilot (April-May ’22)
  • Followed by CNS Oncology, Early Drug Development Oncology, Multiple Sclerosis, and Alzheimer’s Disease

• Global process overview and expectations

• Initial discussions and roll-out with upcoming areas

• Continue awareness campaign…
Questions?
Appendix
Head & Neck Oncology Workflows transitioning from Paper to Epic

Workflows for Investigational Drug Study Clinical Treatment - Using Beacon Protocol Orders - Section 1 of 4: Enrollment and Order Preparation

**Current Workflow - Paper Orders**
- Patient enrolled in research study by PFS
  - Clinical Research Coordinator: 1. Prepare study related documentation, 2. prepares research lab kit, 3. Enters lab kit order in an Epic orders only encounter, 4. Prepares paper orders to be signed by provider
  - Principal Investigator: Signed paper order set, Co-sign Epic order for Research Lab Kit, Consent patient
  - Clinical Research Coordinator: Email/Fax signed paper orders to IDS and ITA/CTRU, Sends study related documentation to supporting departments to coordinate care (unchanged workflows outside of Epic)

**Scenario 1 - Beacon walking in IDS/ITA**
- Patient enrolled in research study by PFS
  - Clinical Research Coordinator: Prepare study related documentation, Prepares research lab kit
  - Principal Investigator: Appy Beacon plan, Sign "schedule orders" for the pre clinic lab orders, Consent patient – sign and release Beacon pre-screening cycle
  - Clinical Research Coordinator: Visualizes IDS Beacon Treatment plan orders as started by the Principal Investigator, Sends study related documentation to supporting departments to coordinate care, Update research lab kit order details in Beacon – when modified these order need to be resigned by the provider (Add, delete and modify orders within a Beacon plan)

**Scenario 2 - Beacon Level 2 - clinic IDS/ITA**
- Patient enrolled in research study by PFS
  - Clinical Research Coordinator: Prepare study related documentation, Prepares research lab kit
  - Principal Investigator: Appy Beacon plan, Sign "schedule orders" for the pre clinic lab orders, Consent patient – sign and release Beacon pre-screening cycle
  - Clinical Research Coordinator: Visualizes IDS Beacon Treatment plan orders as started by the Principal Investigator, Sends study related documentation to supporting departments to coordinate care, Update research lab kit order details in Beacon – when modified these order need to be resigned by the provider (Add, delete and modify orders within a Beacon plan)

**Scenario 3 - Beacon CRU**
- Patient enrolled in research study by PFS
  - Clinical Research Coordinator: Prepare study related documentation, Prepares research lab kit
  - Principal Investigator: Appy Beacon plan, Sign "schedule orders" for the pre clinic lab orders, Consent patient – sign and release Beacon pre-screening cycle
  - Clinical Research Coordinator: Visualizes IDS Beacon Treatment plan orders as started by the Principal Investigator, Sends study related documentation to supporting departments to coordinate care, Update research lab kit order details in Beacon – when modified these order need to be resigned by the provider (Add, delete and modify orders within a Beacon plan)
Head & Neck Oncology Workflows transitioning from Paper to Epic

**Workflows for Investigational Drug Study Clinical Treatment - Using Beacon Protocol Orders – Section 2 of 4: Lab and Clinic Appointments**

- **Scheduling**
  1. Lab draw appointment
  2. Clinic appointment
  3. ITA or CTRU appointment

- **Clinical Research Coordinator**
  Brings lab kit to collection location

- **Lab collection completed based on Research Lab Kit order**

- **Clinic Appointment with Principal Investigator**
  1. Clear patient for treatment
  2. Signs IDS orders in Beacon plan for C1D1

- **Clinical Research Coordinator**
  1. Email/Fax signed paper order to IDS and ITA/CTRU – patient cleared to treat
  2. Sends study related documentation to supporting departments to coordinate care

- **Principal Investigator**
  1. Completes documentation and LOS
  2. Signs visit

---

- **Scenario 1**
  - **Beacon, walk in Lab/ITA**

- **Scheduling**
  1. Walk in lab draw BW
  2. Clinic appointment
  3. ITA appointment

- **Clinical Research Coordinator**
  Brings lab kit to collection location

- **Walk in Lab collection (Beaker results clinic lab orders)**
  Collect “future” status orders with correct expected date

- **Clinic Appointment with Principal Investigator**
  1. Clear patient for treatment
  2. Signs IDS orders in Beacon plan for C1D1

- **Principal Investigator**
  1. Completes documentation and LOS
  2. Signs visit

---

- **Scenario 2**
  - **Beacon Level/1/clinic IDS/ITA**

- **Scheduling**
  1. Level 1 Lab draw appointment
  2. Clinic appointment
  3. ITA appointment

- **Clinical Research Coordinator**
  Brings lab kit to collection location

- **Level One Lab Collection (Beaker results clinic lab orders)**
  Collect “future” status orders with correct expected date

- **Clinic Appointment with Principal Investigator**
  1. Perform ECG
  2. Clear patient for treatment
  3. Sign IDS orders in Beacon plan for C1D1
  4. Prepare for in clinic medication

- **IDS pharmacy**
  Prepare clinic IDS drug
  1. Open the clinic schedule and select patient
  2. Release IDS clinic administered order from Beacon plan
  3. Second verify
  4. Dispense IDS medication

- **Principal Investigator**
  1. Administer and document in clinic administered IDS medication
  2. Complete documentation and LOS
  3. Sign visit

---

- **Scenario 3**
  - **Beacon/CTRU**

- **Scheduling**
  1. CTRU draw appointment
  2. Clinic appointment
  3. CTRU appointment

- **Clinical Research Coordinator**
  Brings lab kit to collection location

- **CTRU Lab Collection (Beaker results clinic lab orders)**
  Collect “future” status orders with correct expected date

- **Clinic Appointment with Principal Investigator**
  1. Clear patient for treatment
  2. Signs IDS orders in Beacon plan for C1D1

- **Principal Investigator**
  1. Completes documentation and LOS
  2. Signs visit
Head & Neck Oncology Workflows transitioning from Paper to Epic
Head & Neck Oncology Workflows transitioning from Paper to Epic

Workflows for Investigational Drug Study Clinical Treatment - Using Beacon Protocol Orders – Section 4 of 4: IDS Admin and Documentation

**Current Workflow - Paper Orders**
- RN - Infusion
  1. Receives IDS medication
  2. [ITA] Collect profiled SOC medications from Omnicell and ITA pharmacy (CTRU) Collect SOC medication from Omnicell using manual entry
  3. Document medication administration and patient care
  4. Follow study monitoring guidelines in paper orders

**Scenario 1 - Beacon work in lab/ITA**
- RN - Infusion
  1. Receives chem SOC medication from ITA pharmacy
  2. Retrieves additional medications from Omnicell and ITA pharmacy
  3. Document medication administration and patient care
  4. Follow study monitoring guidelines in Beacon treatment plan

**Scenario 2 - Beacon Level 1/clinic IDS / ITA**
- RN - Infusion
  1. Receives chem SOC medication from ITA pharmacy
  2. Retrieves additional medications from Omnicell and ITA pharmacy
  3. Document medication administration and patient care
  4. Follow study monitoring guidelines in Beacon treatment plan

**Scenario 3 - Beacon CTRU**
- RN - Infusion
  1. Receives IDS medication and administers it on MAR
  2. Collect SOC medication from Omnicell – released from Beacon
  3. Document medication administration and patient care
  4. Follow study monitoring guidelines in Beacon treatment plan

**RN - post Infusion**
1. Monitor and document based on study requirements on paper orders
2. Collect post infusion research lab kit – paper CCTO lab slip
3. Complete documentation
4. Drop charges/complete charge slip for research sponsor

**Check Charges**
- CTRU – charging using paper charge lists
- PFS to audit test patients
# Program Background

## Research Digital Transformation - Investigational Drug Service, Clinical Trial Financials & Billing, and MyHealth Research Recruitment

<table>
<thead>
<tr>
<th>Project</th>
<th>Scope Overview</th>
<th>Sponsor</th>
</tr>
</thead>
</table>
| Investigational Drug Service Digital Transformation PRJ0197859 | - Convert 400+ Beacon/Research Protocols to Epic  
- Build 1000+ supporting medications  
- Standardize clinical trial workflows  
- Clinical Orders interfaces from Epic to Vestigo | Alison Kerr  
Deepak Sisodiya |
| OnCore: Clinical Trial Financials & Billing PRJ0090879 | - OnCore RPE* HL7 interface for study and patient enrollment  
- OnCore CRPC* HL7 interface for billing grids  
- Standardization of billing-related research workflows | Ruth O’Hara  
Ken Mahaffey  
Todd Ferris  
Elizabeth Anderson  
Jennifer Brown  
Noel Juaire |
| MyHealth Research Recruitment PRJ0198086 | - MyHealth Patient Recruitment  
- MyHealth Research Participation | Christopher Sharp  
Ruth O’Hara  
Katherine Connors |

*Diverging timelines – under development*
Sequencing Matrix will determine future go-live areas

Safety - frequency of reported events
1: No events (0%) reported since 2019
2: 1% to 25% of reported events
3: 26% to 50% of reported events
4: > 50% of reported events

Operational readiness
1: resource, training, or other issues will delay project
2: resource, training, or other issues that may delay project progression
3: some resource, training, or other issues but should not hinder project moving forward
4: no resource, training, or other issues to delay projects

Trial design / schedule of events complexity
1: Include complex study design (eg, phase 1) and schedule of events
2: unfamiliar with complex study design (eg, phase 1) or schedule of events
3: familiar with complex study design (eg, phase 1) or schedule of events
4: no trial or schedule of events complexity

Location dependency
1: Multiple locations for drug administration for all visits
2: Multiple locations for drug administration for some visits
3: Drug administration locations vary but patient does not switch on treatment day
4: One location for all drug administration visits

<table>
<thead>
<tr>
<th>IDS Scoring/Prioritization Matrix</th>
<th>Operational Readiness</th>
<th>Study Location Dependency</th>
<th>Trial Design / Schedule of Events Complexity</th>
<th>Frequency of Issues (SAFE events, etc.)</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Weighting</td>
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<td>20%</td>
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<tr>
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Total Number of Studies – 427*

Cancer - 254

- Hematology 17%
- Urologic Oncology 9%
- BMT 9%
- Breast Oncology 9%
- GI Oncology 8%
- Gynecologic Oncology 6%
- Head and Neck Oncology 6%
- Lymphoma 9%
- Medical Oncology 11%
- Thoracic Oncology 7%
- Sarcoma 6%
- Neuro Oncology 3%

Non-Cancer - 173

- Infectious Disease 12%
- Radiology 7%
- Surgery 3%
- Cardiology 10%
- Pulmonary 6%
- Other 16%
- Cystic Fibrosis 9%
- Dermatology 12%
- Endocrinology 4%
- Gastroenterology 3%
- Immunology 6%
- Neurology 7%
- Nephrology 5%

*427 Studies: Total number of studies remains a live target list and is subject to change as studies continually open and close across the enterprise.