Developed a campaign to deploy the application worldwide.

Determined which audiences to target for CURE ID including professional societies, academics, universities and private practitioners.

Identified and encouraged disease experts to serve as moderators and develop disease-specific communities.

Maintained and updated the newsfeed regularly.

Added informative content to improve user appeal, publication options, breaking news on infectious diseases, etc., to encourage use.

Incorporated data and guidelines into the application.

Analyzed incoming data and identified opportunities for literature mining.

Achieved timely responses to discussion posts from disease experts and reviewed case submissions.

Researched ways to improve the collection of real-world data from healthcare providers to aid in the planning of future clinical trials of drugs for additional indicators of public health significance and high unmet needs.

Coordinated and streamlined drug development efforts, identifying potential barriers to FDA approval of indications with limited or no financial interest.

CURE DRUG REPURPOSING COLLABORATORY

The CURE Drug Repurposing Collaboratory (CDRC) is a public–private partnership initiated in June 2020 by the Critical Path Institute (C-Path) and the U.S. Food and Drug Administration (FDA) in partnership with the National Center for Advancing Translational Sciences (NCATS), part of the National Institutes of Health (NIH).

Convened by C-Path, the public–private partnership will promote and manage the platform, as well as it’s individual and organizational participants. CDRC focuses on capturing relevant real-world clinical outcome data through the CURE ID platform. The objective is to accelerate the identification and development of potentially effective drugs for patients with diseases that lack adequate approved treatment options with the goal of helping identify drug candidates for additional study and potentially drug labeling in the future.

The Collaboratory has successfully achieved the following:

- Developed a campaign to deploy the application worldwide.
- Determined which audiences to target for CURE ID including professional societies, academics, universities and private practitioners.
- Identified and encouraged disease experts to serve as moderators and develop disease-specific communities.
- Maintained and updated the newsfeed regularly.
- Added informative content to improve user appeal, publication options, breaking news on infectious diseases, etc., to encourage use.
- Incorporated data and guidelines into the application.
- Analyzed incoming data and identified opportunities for literature mining.
- Achieved timely responses to discussion posts from disease experts and reviewed case submissions.
- Researched ways to improve the collection of real-world data from healthcare providers to aid in the planning of future clinical trials of drugs for additional indicators of public health significance and high unmet needs.
- Coordinated and streamlined drug development efforts, identifying potential barriers to FDA approval of indications with limited or no financial interest.

C-Path invites you to get involved with the CDRC:

- Join as an Institutional Partner
- Become a CURE ID Curator
- Contribute your dataset to the CURE ID database
- Participate as a CURE ID Clinical Champion
- Become a CURE ID Social Media Ambassador
COVID-19 EHR DATA EXTRACTION

Through the receipt of an $8.3 million grant from the HHS Office of the Assistant Secretary for Planning and Evaluation’s (ASPE) Patient Centered Outcomes Research Trust Fund, CURE ID is expanding to receive case reports extracted via automated data collection from electronic health records (EHRs) worldwide using the “Edge Tool.”

The primary institutional partners for the EHR expansion effort include Johns Hopkins University School of Medicine, the Society of Critical Care Medicine’s (SCCM) VIRUS Registry, Emory School of Medicine, and the Infectious Diseases Data Observatory (IDDO)/Oxford University. The Edge Tool is an open-source tool that enables sites to map their EHR to the common data model, OMOP, and then extract pertinent data variables to share with CURE ID. This is expected to lead to the inclusion of hundreds of thousands of cases of drug repurposing in CURE ID with data being contributed by dozens of health systems. The blue arrows in the data flow chart reflect data extracted using the Edge Tool, while the gold arrows reflect data not using the Edge Tool.

PARTNERS & COLLABORATORS

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