FRANK ROCKHOLD: Patients enter clinical trials because they either believe that their participation is going to improve research or that we’re going to learn something from the trial. The ultimate goal of the experiment is to improve medical science for others.

So if you start with that premise, the concept of open science seems to me fundamental to honoring that commitment that the patient makes when they enter the trial.

So that sort of serves as a basis for me. I think there are other benefits; I think you can enable new discoveries, I think it can use data from open science platforms to help confirm previous discoveries, although I think that’s a pretty rare phenomenon. And lastly, I think it strengthens the trust in clinical research. We all know from the pandemic that there’s a fundamental lack of trust in the clinical research process.

Ultimately, the data that we generate in trials, open science is a way to bring those, bring those to the front, and SOAR is obviously a critical part of that.

So SOAR was developed to help Bristol Myers Squibb get their clinical trials in the public domain. But it also, at the same time—and this is the part that was truly different from all the other platforms—incorporated Duke Cath data into the SOAR platform. So it was the first time an academic institution made their data publicly available.

I think the SOAR platform set itself apart because it allowed 40 years of Duke Cath Lab data that we put in the public domain for researchers to study, write papers, educate—a lot of the time, the data is used to educate medical students. There was a, I think a press press release came out in 2016 about the first time an academic institution made their data publicly available in a transparency website.

One of DCRI’s missions is generating information and transferring knowledge to patients and health care workers, and one of the primary ways to do that is to open up your datasets and make them available, so I think it's certainly fundamentally part of DCRI’s mission.

I think the other part of DCRI’s legacy is the understanding that data are important. Data are an asset. That's where the DCRI came from, basically, to say, you know, we need to computerize this and Eugene Stead was a visionary saying we need to computerize our information and analyze it and that's how we learn. And I think that's certainly honors that legacy.

I think that's what the DCRI is particularly good at is understanding how to frame relevant clinical questions to do research on. And one of the best ways to do that is to look at what we've done historically and look at data that are in the public domain, so I think SOAR is a way to contribute to that, not only for the DCRI itself, but for other people to utilize data to answer—ask different questions, answer different questions.