

*News Roundup [abridged Versions Appear In The Paper Journal]*

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### **[Online accessible database of clinical cases of unknown origin](#)**

Dear Sir,

the initiative is very interesting, but we think that not only oncology could benefit from such a project.

Many patients suffer from pathologies with a difficult nosographic classification. This fact may cause these patients a damage which can sometimes lead to death without a certain diagnosis. Autopsy does not always help to define the etiopathogenesis of the illness; furthermore, these results are rarely published. The final consequence is often a medical record buried in an archive from which data may only be retrieved with difficulty. In order to prevent the dispersion of such information we think that the creation of a Web accessible database filled by the international medico-scientific community with clinical cases of unknown or uncertain nosographic origin could lead to the identification of new clinical entities or new variants of known diseases.

The NCRI's initiative and our project, that we call ODUCC – Online Database of Unknown Clinical Cases, remind us of the concept of ‘collective intelligence’, a suggestive theory developed by P. Levy which aims at establishing a cyberspace anthropology that finds its vital substance in the advent of the Internet: “Nobody knows everything. Everyone knows something. Knowledge resides in humanity.” (1)

The introduction of Information Technologies (IT) into Economics has favoured the emergence of new theories related to Knowledge Management (KM) that can be transferred to the health care sector. Following one of the most reliable theories in the economic field, the intellectual capital present within an organization can be subdivided into human capital, organizational capital and client capital. Human capital can be defined as the knowledge that individuals acquire in order to produce goods, services or ideas in circumstances related to their activities. Organizational capital is that which creates human capital and that can be used and reused in order to create value. Client capital is the organization’s capacity to loyalize its clients. (2)

The initiative that you mention and the implementation of our proposal would impede the dissipation of human capital by realizing a permanent knowledge-base that can be re-evaluated and re-utilized by the whole international scientific community. Its realization would also allow the organizational capital to be preserved and increased over time by making possible the creation of further human capital, so realizing a virtuous cycle of knowledge construction as asset for the medico-scientific community. (3) The final aim of the project is the increase of the client capital, which, in the health world, means the possibility of treating, and therefore of loyalizing, a larger number of patient-clients.

Although the implementation of the ODUCC project is far from simple and requires a multidisciplinary approach, the current progress of IT, KM and Data Mining, effective in carrying out data cross-correlations to determine analogies among apparently un-correlated clinical cases, could lead to its realization.

## References

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Competing interests:  
None declared

**Competing interests:** No competing interests