

# **OUTLINES:**

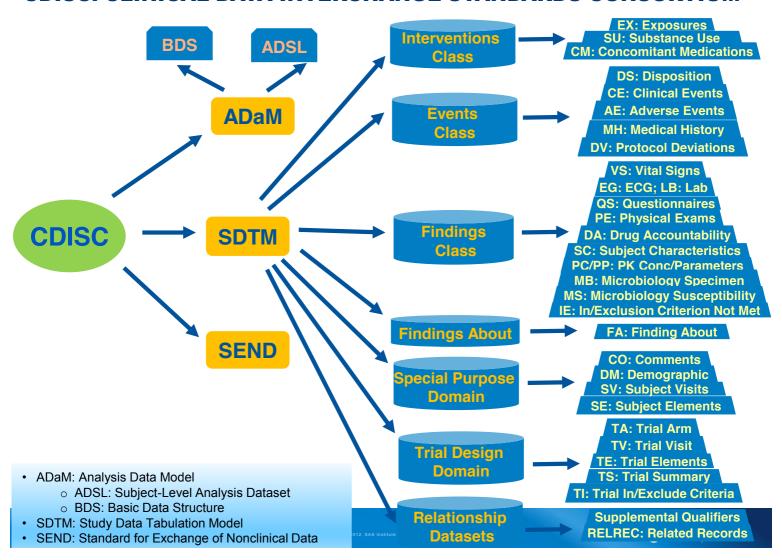
- > CDISC Standard
  - > SDTM
  - > ADaM
- > Interactive Standardized TLFs
  - > Tables
  - ➤ <u>L</u>ists
  - > Figures
- > Conclusion

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# DATA STANDARDIZATION SSAS CDISC CDISC

#### CDISC: CLINICAL DATA INTERCHANGE STANDARDS CONSORTIUM



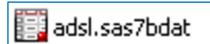
## BASIC RULES FOR CDISC VARIABLES

- ➤ The *Variable Name* 8 characters
- > The Variable Label 40 characters
- ➤ The data *Type*



## **SDTM AND ADAM**

## **ADaM**



## SDTM

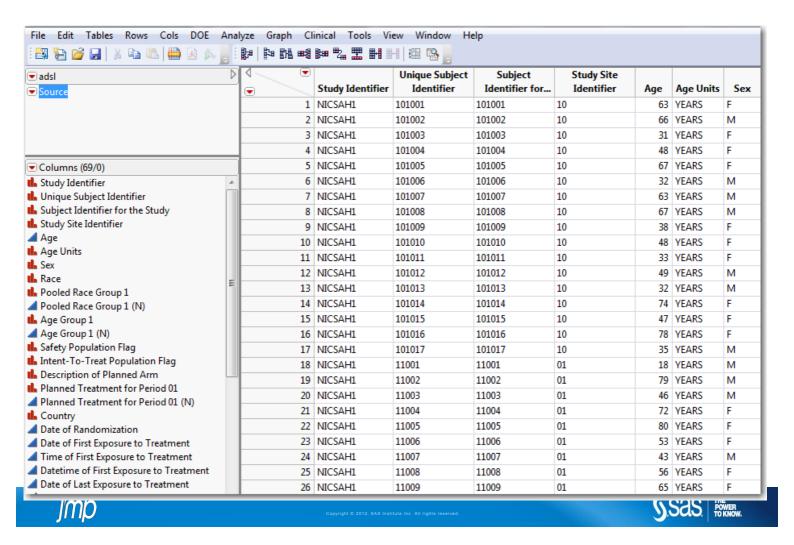
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- cm.sas7bdat
- 🏥 dm.sas7bdat
- 🏥 ds.sas7bdat
- 🧱 eg.sas7bdat
- 📆 eggrp.sas7bdat
- ex.sas7bdat
- lb.sas7bdat
- 📆 lbgrp.sas7bdat
- mh.sas7bdat
- sv.sas7bdat
- vs.sas7bdat



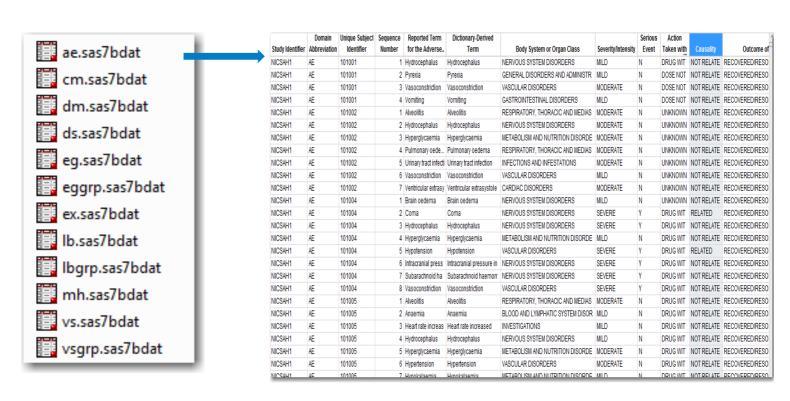


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#### **ADAM: ANALYSIS DATA MODEL**



#### **SDTM: STUDY DATA TABULATION MODEL**



**CDISC: Clinical Data Interchange Standards Consortium** 





# INTERACTIVE RESULTS SSAS TABLES TABLES

#### **CLASSIC DEMOGRAPHICS TABLE REPORT:**

#### Contains Nonbinding Recommendations

#### 7.2.1.2 Demographics

The reviewer should include appendix tables in a format similar to that illustrated in Table 7.2.1.2.1 (showing percent distribution within treatments of patients by age, gender, and race as well as weight in various groups), providing overall demographic information for phase 1 and phase 2 to 3 study pools separately. It may be appropriate to provide demographic displays for subsets within these larger pools at other points in the review.

#### FDA Reviewer Guidance 2005

Patient Population By Age Group Table 7.2.1.2.1 of the GRP

	3	Descrip Planne					
	NIC .15		Pla	cebo	All		
	N	%	N	%	N	%	
AgeGroup					-		
39 or less	114	12.58	108	11.92	222	24.50	
40-64	267	29,47	286	31.57	553	61.04	
65 & older	68	7.51	63	6.95	131	14.46	
All	449	49.56	457	50.44	906	100.00	

Patient Population By Gender Table 7.2.1.2.1 of the GRP

		Descrip Planne					
	NI	C .15	Pla	cebo	All		
	N	%	N	%	N	%	
Gender	-0		- C	3 0	-0		
Female	281	31.02	297	32.78	578	63.80	
Male	168	18.54	160	17.66	328	36.20	
All	449	49.56	457	50.44	906	100.00	

Patient Population By Race Table 7.2.1.2.1 of the GRP

	1	Descrip Planne					
	NIC .15		Pla	cebo	All		
	N	%	N	%	N	%	
Race							
ASIAN	8	0.88	7	0.77	15	1.66	
BLACK	79	8.72	60	6.62	139	15.34	
OTHER	21	2.32	30	3.31	51	5.63	
WHITE	341	37.64	360	39.74	701	77.37	
All	449	49.56	457	50.44	906	100.00	

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#### **MODERN DEMOGRAPHICS TABLE REPORT: SAME**

#### **Subject Population by Age Group**

	Plan	ned Treatme				
	N	IC .15	Pla	acebo		
Age Group	Count	Column %	Count	Column %	Count	% of Total
Age 39 or younger	113	25.3%	107	23.5%	220	24.39%
Age 65 and older	68	15.2%	63	13.8%	131	14.52%
Age between 40 and 64	266	59.5%	285	62.6%	551	61.09%
All	447	100.0%	455	100.0%	902	100.00%

#### Subject Population by Sex

	Plan	ned Treatme				
	N	IC .15	Pla	acebo		
Sex	Count	Column %	Count	Column %	Count	% of Total
F	281	62.9%	297	65.3%	578	64.08%
М	166	37.1%	158	34.7%	324	35.92%
All	447	100.0%	455	100.0%	902	100.00%

#### ■ Subject Population by Race

	Plan	ned Treatme				
	N	IC .15	Pla	acebo		
Race	Count Column %		Count	Column %	Count	% of Total
ASIAN	8	1.8%	7	1.5%	15	1.66%
BLACK OR AFRICAN AMERICAN	78	17.4%	60	13.2%	138	15.30%
OTHER	21	4.7%	29	6.4%	50	5.54%
WHITE	340	76.1%	359	78.9%	699	77.49%
All	447	100.0%	455	100.0%	902	100.00%





#### **MODERN DEMOGRAPHICS TABLE REPORT: NEW**

#### **Subject Population by Age**

	_	Planned Tre	Planned Treatment for Period 01					
		NIC .15	Placebo	All				
Age	N	447	455	902				
_	Mean	49.70	50.25	49.98				
	Std Dev	13.92	13.75	13.83				
	Min	18	18	18				
	Quantiles25	39	40	40				
	Median	49	50	50				
	Quantiles75	60	60	60				
	Max	86	108	108				

#### Subject Population by Treatment

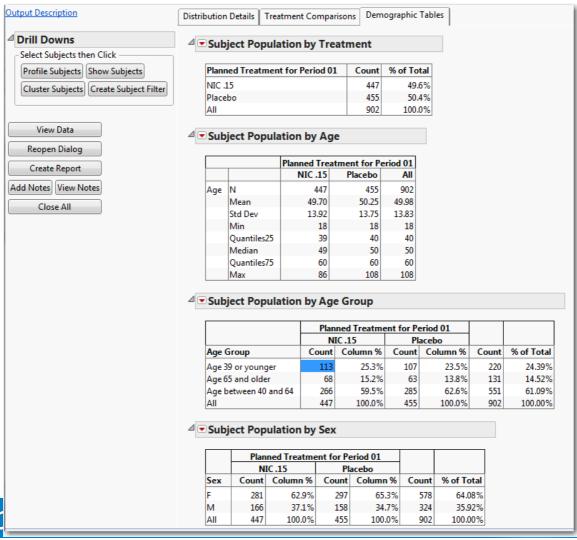
Planned Treatment for Period 01	Count	% of Total
NIC .15	447	49.6%
Placebo	455	50.4%
All	902	100.0%

#### ¹ ■ Subject Population by Study Site

		Plan	ned Treatme				
		N	NIC .15		Placebo		
Country	Study Site Identifier	Count	Column %	Count	Column %	Count	% of Total
USA	01	25	5.6%	26	5.7%	51	5.65%
	02	16	3.6%	16	3.5%	32	3.55%
	03	11	2.5%	12	2.6%	23	2.55%
	04	14	3.1%	12	2.6%	26	2.88%
	05	2	0.4%	2	0.4%	4	0.44%
	06	3	0.7%	4	0.9%	7	0.78%

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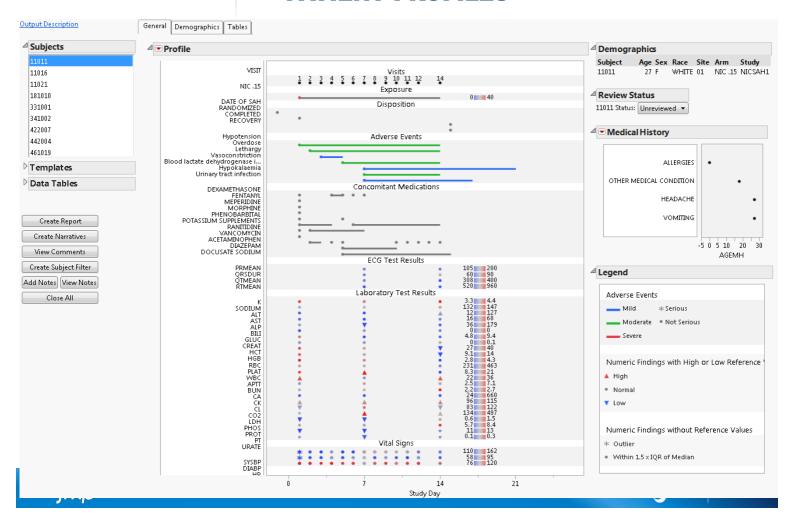
#### INTERACTIVE MODERN DEMOGRAPHICS TABLE REPORT



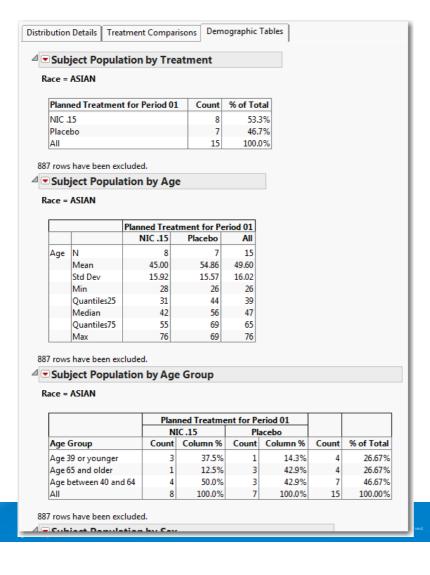
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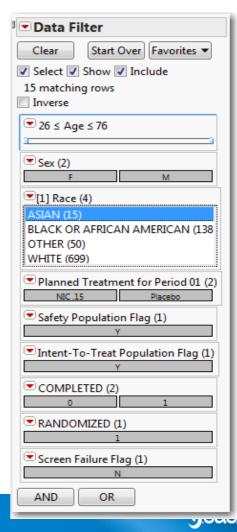
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# REPORT LISTS: INDIVIDUAL INFORMATION LIST PATIENT PROFILES



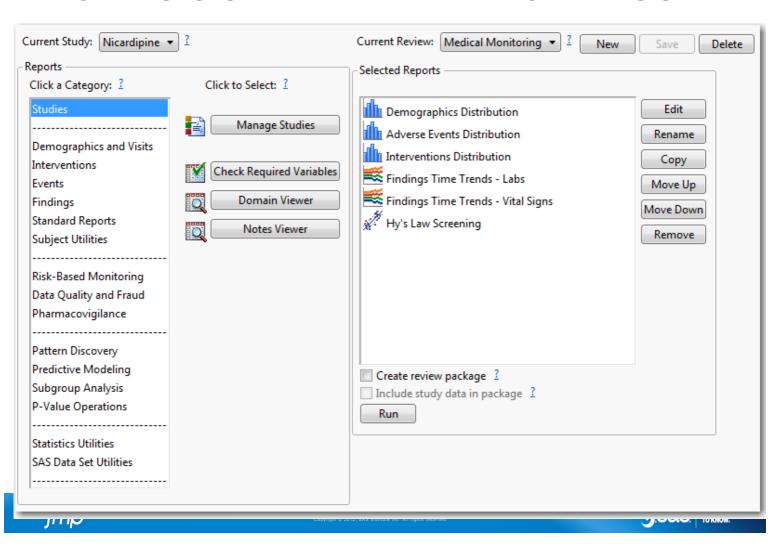
#### INTERACTIVE MODERN DEMOGRAPHICS TABLE REPORT



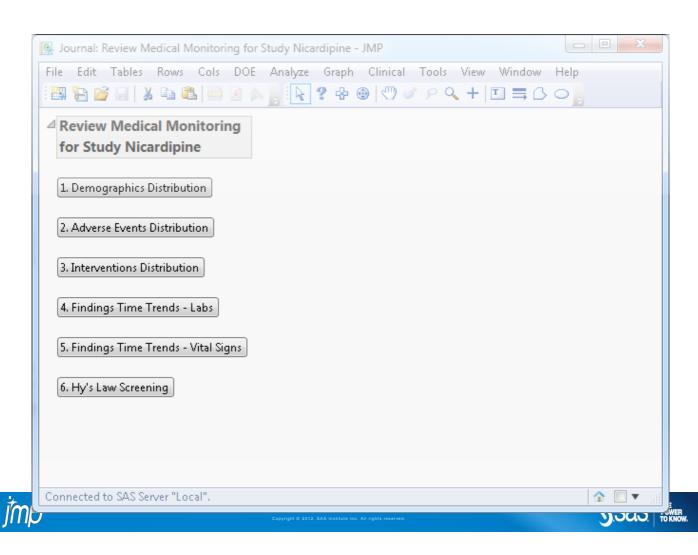


# INTERACTIVE RESULTS SSAS THE POWER TO KNOW.

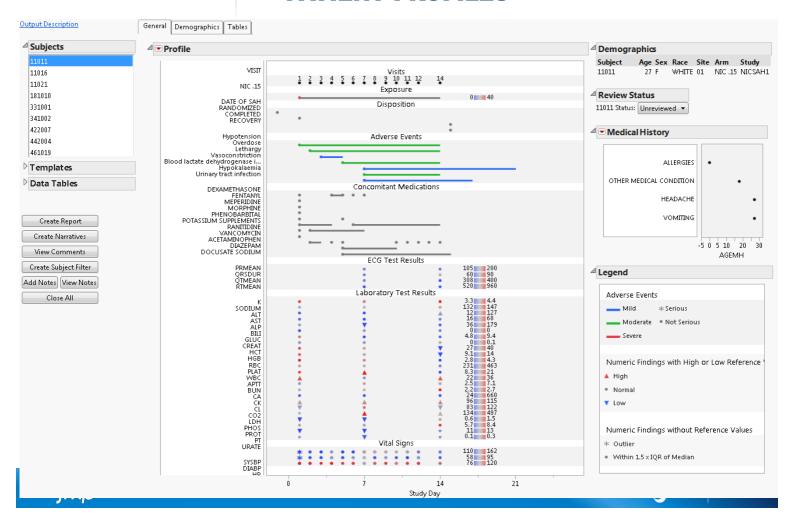
#### **REPORT LISTS: STANDARDIZED WHAT TO ANALYSIS**



#### REPORT LISTS: STANDARDIZED WHAT THE RESULTS ARE



# REPORT LISTS: INDIVIDUAL INFORMATION LIST PATIENT PROFILES



# REPORT LISTS: INDIVIDUAL INFORMATION LIST PATIENT AE NARRATIVE

Subject: 101004

Randomized Arm: NIC .15 Investigator Name: 101A

Drugs and Doses on Day of Event: On Treatment

Serious Adverse Event (coded term [reported term]): COMA [COMA]

Subject 101004 was a 48-year-old white female. Her medical history included focal deficit associated with sah (1988), headache associated with sah (1988), loss of consciousness associated with sah (1988), vomiting associated with sah (1988), other medical condition (1977), and allergies (start date unknown). The subject discontinued the trial on 31JAN1988 (Day 4) due to death.

On 28JAN1988 (Day 1) the subject experienced a coma (severe) which was considered a serious adverse event (SAE). Though the event was considered serious, no reasons were provided on the case report form. The subject was on treatment when the event occurred. It is not known from the case report form if therapeutic measures were administered to treat the event.

Adverse events that occurred within a +/- 3-day window of the onset of the SAE included brain oedema (mild), hydrocephalus (severe), hyperglycaemia (mild), hypotension (severe), intracranial pressure increased (severe), subarachnoid haemorrhage (severe), and vasoconstriction (severe). Concomitant medications taken at the onset of the SAE included: docusate sodium, phenobarbital, potassium supplements, and ranitidine.

The investigator considered the AE to be related to study medication. The event ended on 31JAN1988 (Day 4) with a final outcome of recovered/resolved.



# INTERACTIVE RESULTS SSAS GRAPHICS FOR EVERY REPORTS THE POWER TO KNOW.

## RISK BASED MONITORING (RBM)



# Position Paper: Risk-Based Monitoring Methodology

#### 1. Abstract

Current On-site Monitoring practices are frequency-based, conform to a prescribed monitoring visit schedule, and provide generalized quality control at investigational sites. Although this practice does provide a level of control, advances in risk-based approaches and technology provide an opportunity for a more holistic and proactive approach through Off-site and Central Monitoring and a targeted approach to On-site Monito RBM employs Centralized and Off-site mechanisms to operational cor entirely. Trans monitor important study parameters holistically and processes from uses adaptive On-site Monitoring to further support monitoring. The mechanisms to site processes, subject safety, and data quality. further support site processes, subject safety, and data quality.

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1 Position Paper: Risk-Based Monitoring Methodology. TransCelerate Biopharma Inc, 2013 2 Risk-based Monitoring and fraud detection in clinical trials using JMP and SAS. Richard Zink 2014



### **INTERACTIVE GRAPHICS: RBM**

#### RISK INDICATORS: TRAFFIC-LIGHT SYSTEM AT SITE (OR COUNTRY) LEVEL

4	55/0 Cols 💌	Study Site			State		Overall Risk				
◉		Identifier	Country	City	ог	Monitor	Indicator	Indicator	Indicator	Indicator	Indicator
•	1	01	USA	New York	NY	Monitor G	0.518	0.441	0.056	0.607	0.603
•	2	02	AZU	Orlando	FL	Monitor F	0.257	0.637	0.448	0.218	0.047
•	3	03	USA	Indianapolis	IN	Monitor E	0.127	0.205	0.497	0.000	0.069
•	4	04	FRA	Paris	Ile-de	Monitor I	0.522	0.535	0.027	0.000	0.773
•	5	05	ПΑ	Milano	Lomb	Monitor H	1.729	1.288	3.660	2.120	1.498
•	6	06	USA	Philadelphia	PA	Monitor G	1.443	2,481	1.289	0.000	1.431
•	7	07	CHN	Guangzhou	Guan	Monitor K	1.367	1.682	1.107	0.000	1.709
•	8	08	GBR	Birmingham	Birmi	Monitor J	0.593	1.149	1.052	0.000	0.435
•	9	09	CAN	Montreal	Queb	Monitor A	0.301	0.400	0.629	0.356	0.178
•	10	10	USA	Baltimore	MD	Monitor G	0.287	0.687	0.432	0.000	0.158
•	11	12	DEU	Berlin	Berlin	Monitor H	0.483	0.881	1.346	0.008	0.299
•	12	14	CAN	Toronto	Ontag	Monitor A	0.437	0.552	0.850	1.368	0.000
•	13	16	AZU	Seattle	WA	Monitor B	0.662	0.597	1.282	0.669	0.589
•	14	17	USA	Los Angeles	CA	Monitor C	0.370	1.072	0.327	0.000	0.151
•	15	18	JPN	Osaka	Osak	Monitor L	0.529	0.548	1.155	0.109	0.556
•	16	19	CAN	Ottawa	Ontag	Monitor A	0.721	0.368	0.682	1.178	0.752
•	17	20	FRA	Marseille	Prove	Monitor I	0.152	0.286	0.382	0.027	0.088
•	18	21	ESP	Barcelona	Catal	Monitor I	0.379	0.420	0.169	0.000	0.520
•	19	22	CAN	Calgary	Alber	Monitor B	0.508	1.209	0.058	0.067	0.381
•	20	23	USA	Chicago	IL	Monitor E	0.174	0.136	0.095	0.225	0.188

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## **INTERACTIVE GRAPHICS: RBM**

#### **RISK INDICATORS: SUGGESTION ACTION**



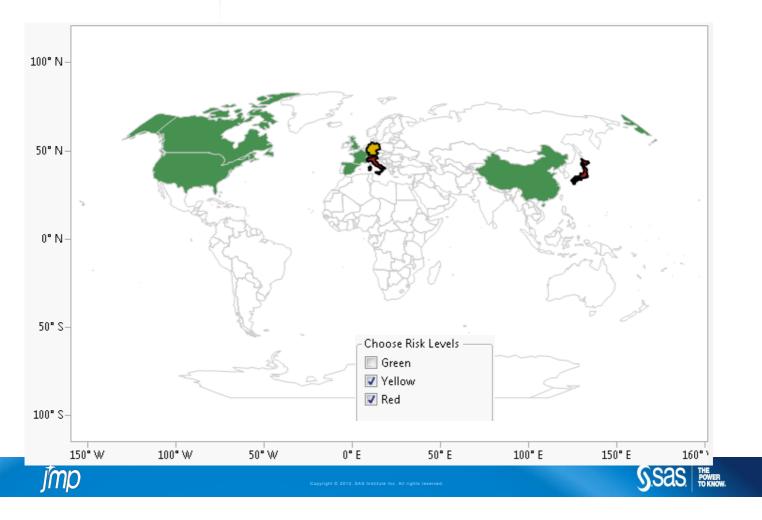


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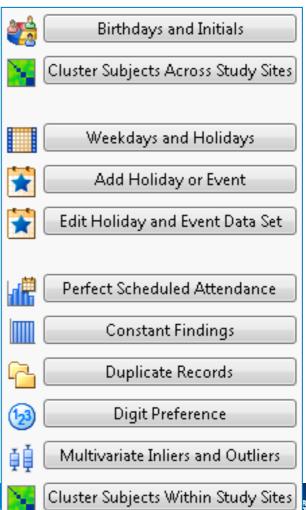


## **INTERACTIVE GRAPHICS: RBM**

**RISK INDICATORS: MAPS** 



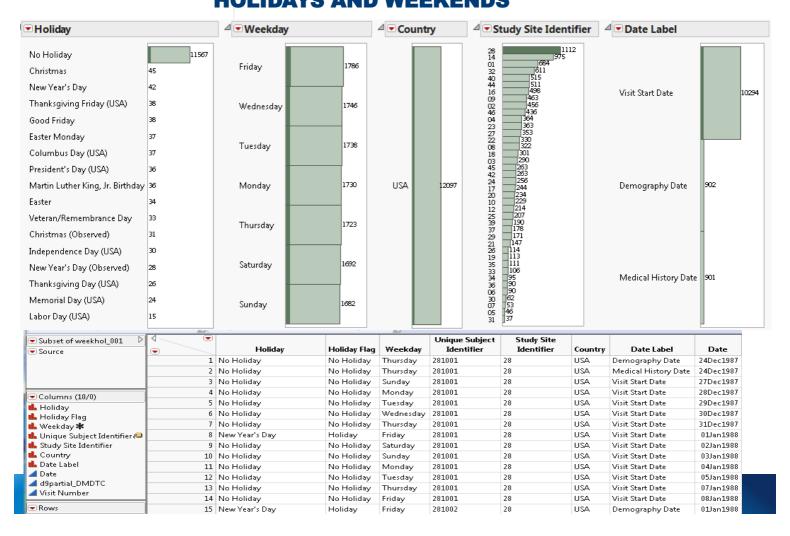
### **INTERACTIVE GRAPHICS: FRAUD DETECTION**



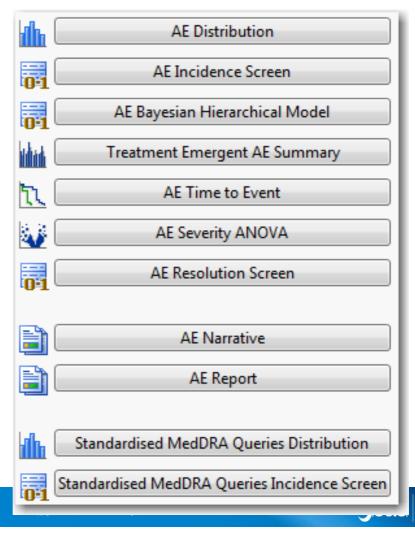


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# INTERACTIVE GRAPHICS: FRAUD DETECTION HOLIDAYS AND WEEKENDS



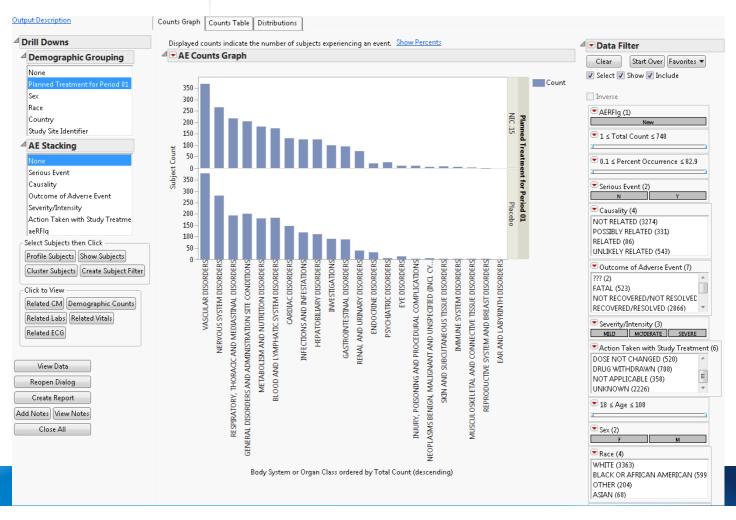
## **INTERACTIVE GRAPHICS: ADVERSE EVENTS**







# INTERACTIVE GRAPHICS: ADVERSE EVENTS AE DISTRIBUTION



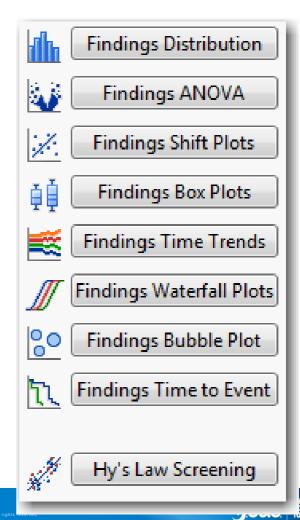
# INTERACTIVE GRAPHICS: ADVERSE EVENTS AE INCIDENCE SCREEN BUBBLE PLOT



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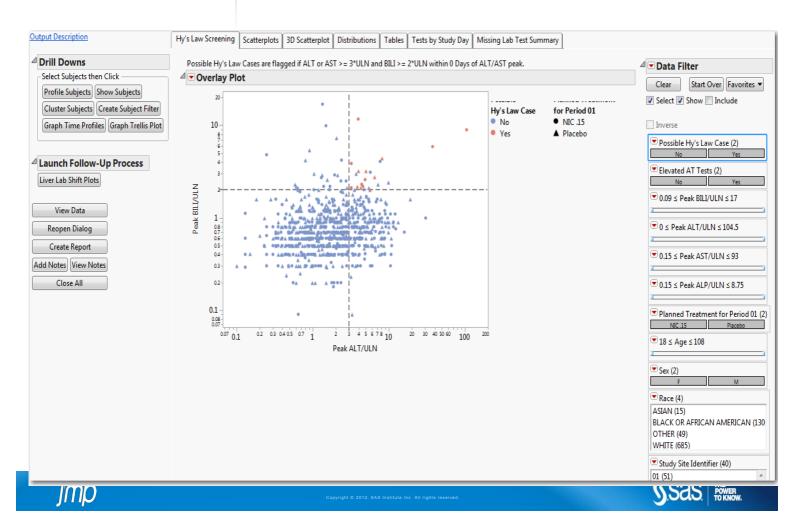
### **INTERACTIVE GRAPHICS: FINDINGS**

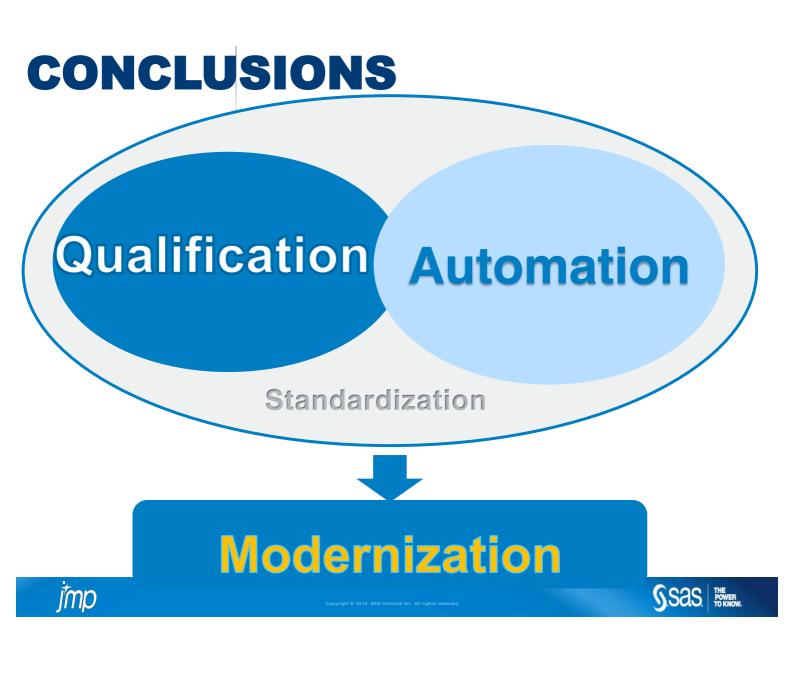


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## INTERACTIVE GRAPHICS: FINDINGS

#### **HY'S LAWS**





### JMP CLINICAL: CLINICAL TRIAL STUDY SOLUTION



