|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| cid:image001.png@01CE8EB0.21494000    Meeting Notes | | | | | | | |
|  | | |  |  | |  | | |
|  | | | | | | | |
| Meeting Date | 10/06/2015 | | | | | | |
| Meeting Time | 1:00pm | | | | | | |
| Project Name | Shire Rare Disease HAE Targeting | | | | | | |
| Meeting Purpose | Internal Kick-off Part 2 | | | | | | |
| Attendees | Dai, Dong (Plymouth Meeting 2); Cai, Yong (Plymouth Meeting 2); Nguyen, John (Plymouth Meeting 2); Daniel, Anu K.(Plymouth Meeting 2); Rigg, John (London); Pitcher, Ashley (London); | | | | | | |
|  | | | | | | | |
| |  | | --- | | Agenda |  |  | | --- | | * Internal Kick-off Part 2 |  |  | | --- | |  | | | | | | | | |
|  | | |  | |  | | |
| Brief Meeting  Summary | | | | | | | |
| * Data from Experian will arrive on 10/07 for Shire’s list (~1,700 HAE patients); in order to increase the number of HAE patients, we will include patients from IMS Data (patients with HAE ICD-9 & HAE Tx + patients with Tx used for HAE only) * For HAE patients, we will look back at LRx and Dx data to identify the 1st exposure date to HAE (the earliest of either 1st HAE ICD-9 or 1st HAE Tx); these patients need to have prior activity for at least 24 months in IMS data. However, if the 1st exposure is prior to Jan. 2010, we will likely ignore these patients, due to large suppliers that were added to Dx data in 2010. Furthermore, if by chance, we have a big pool of patients who had their 1st exposure after January 2013, we should select this pool of HAE patients for our study, so we can have a 3-year look-back, which would better than a 2 year look-back. * Both LRx and Dx are open databases, we need to decide what eligibility/stability rules we want to apply (if any). If we don’t apply stability/eligibility rules, we might consider including stability/eligibility adjusted covariates in the model. For counting frequencies, we could express things in terms of proportions (# of occurrences divided by the eligible look-back period). However, it will be more difficult for Yes/No variables. Regardless of which eligibility/stability rules we pick, every patient needs to be scored using the final model. * We need to decide on what is an appropriate number of non-HAE patients in the modeling data set * Modeling approach: CHAID, SVM and Random Forest are possible approaches – at this stage, only these 3 approaches will be mentioned to client; under-sampling should definitely be used * We will use probabilities to know which patients are most likely to have HAE and present results to Shire, based on a cut-off value * Since one patient might have exposure to more than 1 HCP, the following options will be presented for Shire to choose from   1. either have an HCP **specialty hierarchy** (prioritize certain specialties over others, and pick one HCP per patient)   2. OR pick one HCP with the **largest exposure** to this patient (based on the # of Rxs/claims)   3. OR pick one HCP with the **most recent exposure** to this patient (based on the date of the most recent Rx/claim)   4. OR report **all HCPs** in the IMS database who appear to be treating this patient | | | | | | | |
| Action items | | Person responsible | | | | | Deadline |
| Discuss with Shire how physicians should be reported (among the 4 current possibilities) | | Nadea | | | | | 10/07 during kick-off |
| Send Clinical code to Yong, Dong and John | | Nadea | | | | | 10/09 |
| Send to Nadea the methodology explaining how we select HAE cohort and determine their first exposure to HAE | | Yong, Dong, John | | | | | 10/09 |
| Pull the HAE exposure date for all patients in the HAE cohort | | Yong and Dong | | | | | 10/13 |
| Send to the team the methodology document with the following 3 parts:   1. building the modeling dataset (cohort selection/predictors/lookback/eligibility/etc) 2. modeling techniques (high level overview) 3. model application/physician scoring/reporting | | Yong, Dong, John | | | | | 10/21 |
| Decide what eligibility/stability rules to apply | | Yong, Dong, John | | | | | 10/16 |
| Decide # of non-HAE aptients | | Yong, Dong, John | | | | | 10/16 |
| Send to the team papers about SVM as well as information about a weight function in SVM that could be included in the model | | Ashley/John | | | | | 10/09 |
| Set up a methodology walk-through meeting with the client for the week of 10/26 | | Nadea | | | | | 10/09 |