Feed-back from experience of use of ADAM recommendations in CP-PK

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Because health matters

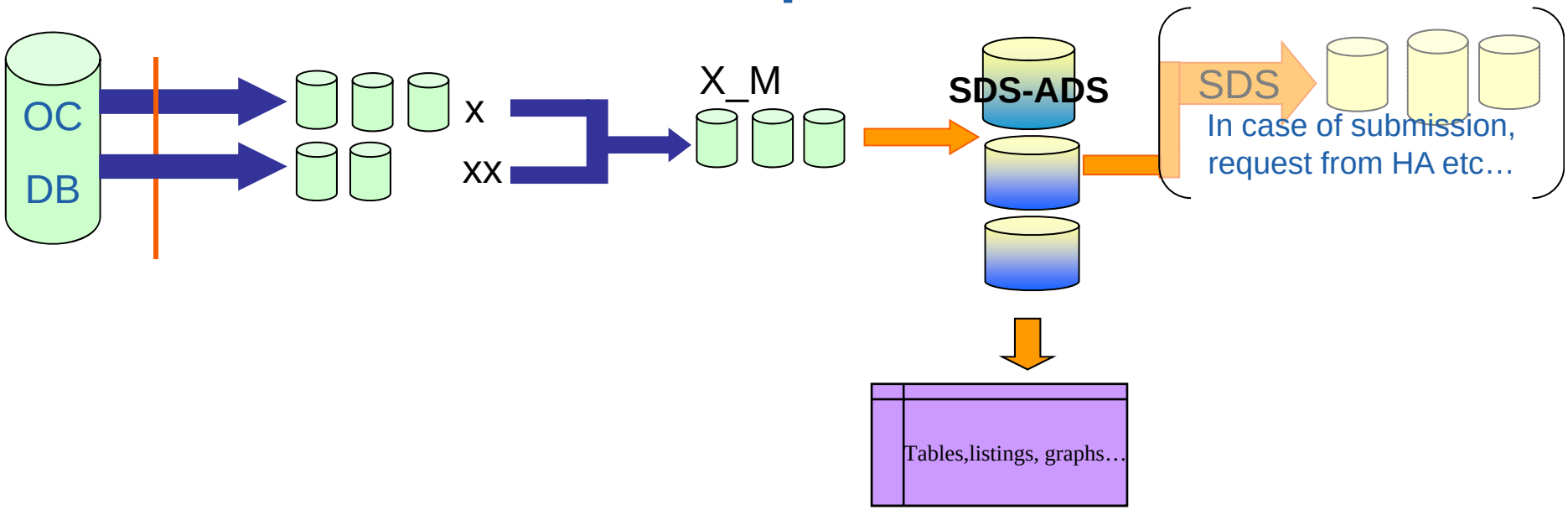
Plan

- Standard Model followed in B&P at S-A
- Overview on standard data flow from raw data to derived data
- Applied on all Phase I studies
- Some adjustments necessary
- Pending issues
- Conclusion

Standard Model for stat analyses followed in B&P at S-A

- **Current standard data model = SDTM + ADaM**
  - ► Mix between rules from ADaM and SDTM ; generally ADAM rules are applied on SDTM (example : SAE split into 2 records 1 AE and 1 SAE applied on SDS var)
  - ► based on CDISC version : SDTM V1.2 & SDTMIG V3.1.2
  - ► And Statistical Analysis Dataset Model(AdaM) General Considerations Version 2.0
- **Resulted structure = ADS/SDS**
- **Created from views extracted from OC**

Presentation of simplified data flow



Deliverables for KRM & CSR

- As a conquence, model ADaM is not applied directly
- No production of “pure” ADS according to ADaM

Use on Phase I studies

- All KRM / CSR on Phase I studies are produced based on this model, although few projects will be submitted finally
- ~100 DBL a year
- But it allows to have a ready-to-give format in case of submission (interest on Phase I studies focussed on safety, PK, PK-PD and ECG)

Some adjustements necessary for all the studies

- Some standard ADS are not created because not used for any analysis (so far)
  - ADSL : relevant for HV?
  - ADES : not used
  - ADRAND (but could be shortly)
- Some other ADS necessary
  - ADEM : dataset defining treatment emergence periods
  - VERY IMPORTANT to identify pieces of time with treatment emergent for it.
  - No existing ADS found to define these analysis key variables

Microsoft Excel Worksheet

Some 1st Trial Design implementation

- TI : created by data management
- VISLB : could correspond to TV
- TA, TE, TS : nothing done so far
- But … in investigation, and use of some items from TDM in ADS (cf EPOCH)

Issues, concerns, points

- **EPOCH, EPOCHN versus PERIOD, PERIODN, SPERIOD, SPERIODN ➔ refer to presentation GUF 17NOV2008 on how to interpret EPOCH in all studies, especially in interaction studies**
  - Still pending
- **Add a fake parameter ALT+TBILI to flag hepatotoxicity (Hy Law)**
  - **A new record is created when both tests exist with LBTESTCD=’ALTTBILI’.**
  - **The timing variables will be equal to the first abnormal value between both parameters .**
  - **Only the PCSA variables will be filled in and all others like LBSTRESN will be null.**
  - **The variable LBDRVFL(derived flag) will be =’Y’ to inform that the record is created/derived.**

CONCLUSION

- Experience on combined ADS-SDS
- ADAM model used as a basis to define target for pool of safety (necessary to add variables)