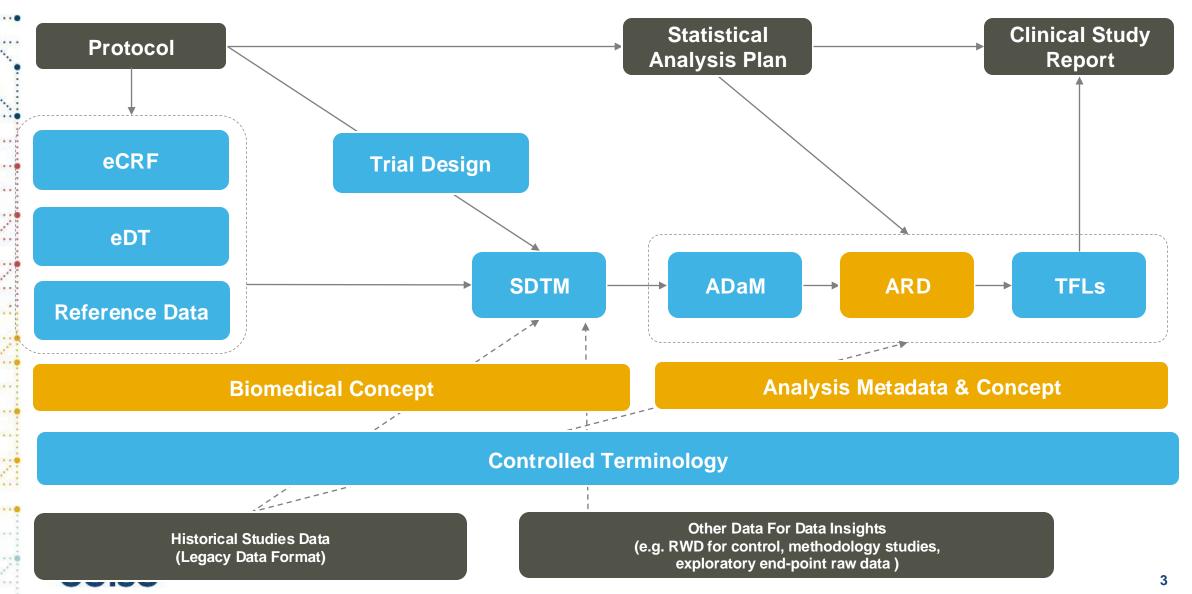


Linked/Connected Metadata for Clinical Trials Enable Automation & Use/Re-Use





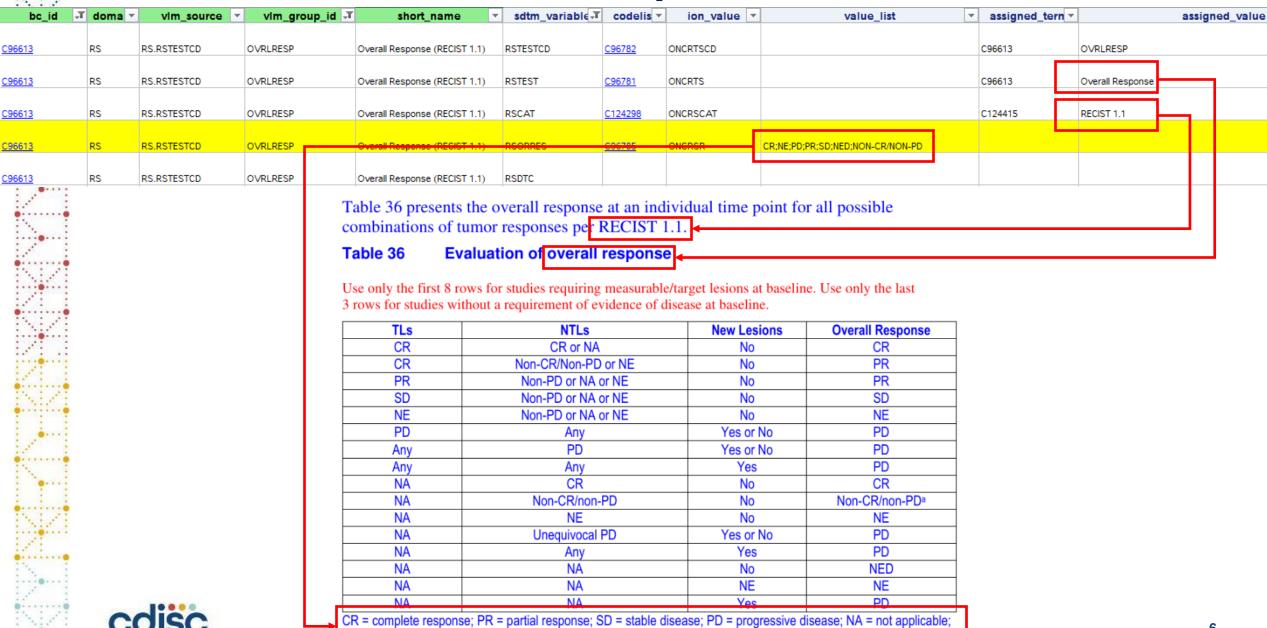
Biomedical Concepts: Use Case

Terminology Consistency from Protocol to SDTM

Response Evaluation Criteria in Solid Tumors Response Evaluation Criteria in Solid Tumors Response RecIST 1.1; Overall Response R	package_date ▼	short_name	▼ bc_id ▼	ncit_code ~	parent_bc_id	bc_categories ,T	definition	example_set
Response in Target Lesion C94534 C9554 C95554 C95655 Response Evaluation Criteria in Solid Tumors Response Response Agualatine or quantitative measurement of the response of a Agualatine or quantitative measurement of the response of a Response in Non-Target Lesion C94535 C9555 C9565 Response Evaluation Criteria in Solid Tumors Response RECIST 1.1786 RESPONSE	023-07-06	Matted Tumor Mass Present	C94525	C94525 C	82547			
Response in Non-Target Lesion C94513 C94513 C59995 Response Evaluation Criteria in Solid Tumors Response Evaluation Criteria in Solid Tumors Statistics or quantitative measurement of the response of a non-larget Lesion to the therapy. CR. PR. SD. PD. NA. N. Response in Non-Target Lesion Code 13 C94513	123-07-06	Response in Tarret Lesion	C04534	C94534	50005	Evaluation Criteria in Solid Tumors Version 1.1;Disease Response	The state of the s	SD-PP-CP-PD
Response in Non-Target Lesion C94535 C94535 C50995 Response Proceedings of the CR: PR: SD: PD: NA: Nassessment Text Disease Response Respo	123-07-06	Response in Target Lesion	<u>C94534</u>	<u>C94534</u> <u>C</u>	<u>.50995</u>	Assessment Test, Disease Response, RECIST 1.1, Target	target lesion(s) to the therapy.	SD,PR,CR,PD
CR. PR. SD. PD. NA. N Response Caudation Criteria in Solid Tumors Version 1.1.Decade Response An assessment of the overall response of the disease to the therapy. CR. PR. SD. PD. NA. N Response Evaluation Criteria in Solid Tumors Version 1.1.Tumor Identifier in Solid Tumors Version 1.1.T	023-07-06	Response in Non-Target Lesion	<u>C94535</u>	<u>C94535</u> <u>C</u>	:5099 <u>5</u>	Evaluation Criteria in Solid Tumors Version 1.1; Disease Response		CR; PR; SD; PD; NA; NE; NED
223-07-06 Tumor Fragmentation C96642 C96643 C96643 C96643 C96643 C96643 C96664 C966664 C9	222.07.06	Correll Basesses	506613	506613	SECONE.	Evaluation Criteria in Solid Tumors Version 1.1; Disease Response		CD, DD, CD, DD, NA, NE, NED
Tumor Status C96643 C96643 C96684 C96684 C96684 C96685 C96686		·				Response Evaluation Criteria in Solid Tumors;Response Evaluation Criteria in Solid Tumors Version 1.1,Tumor Identifier	A finding indicating that a tumor mass has been divided into two or	
Dogs-17-06 Longest Diameter C9684 C9684 C25285 Of BC C96613 Ogs-17-06 Longest Perpendicular C96885 C96885 C96685 Ogs-17-06 Longest Perpendicular C96885 C96685 C96685 Of BC C96613 Ogs-17-06 Longest Perpendicular C96885 C96685 C96685 Of BC C96685 Of BC C96613 Ogs-17-06 Longest Perpendicular C96685 C96685 Of BC C96	323-07-00	Turnor Fragmentation	<u>C30042</u>	<u>C50042</u>	02347	Peanage Fundation Criteria in Calid Turners Peanage	more tuniors.	TARGET
Longest Diameter C96684 C96685 C966	2023-07-06	Tumor Status	<u>C96643</u>	<u>C96643</u> <u>C</u>	171082	Specializations		PRESENT;ABSENT;UNEQUIVOCAL;EQUIVOC
2023-07-06 Longest Perpendicular C96685 C96685 (12:15:17)	2023-07-06	Longest Diameter	<u>C96684</u>	<u>C96684</u> <u>C</u>	<u> 25285</u>	of BC C96613	of a circular or spheroid object that connects two points on	12;15;17;TOO SMALL TO MEASURE
SDTM	2023-07-06	Longest Perpendicular	<u>C96685</u>	<u>C96685</u>				12;15;17
						SDTM		
Protocol								



Protocol Specialization



NE = not evaluable; NED = no evidence of disease; NTL = non-target lesion; TL = target lesion.

CDASH Specialization

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CDASH Specialization

Forn	Form RS - Disease Response													
1 F	1 RS - Disease Response													
1.8	Overall Response	OVRLRESP_RSORRES PRI Partial Response (PR) Stable Disease (SD) NON-CRNON-PDI Non Complete Response/Non Progressive Disease (NON-CR/NON-PD) PDI Progressive Disease (PD) NEDI Not Evaluable (NE) NEDI No Evidence of Disease (NED)												



GSK's Value Level Definition (VLD)

- GSK's VLDs are similar with CDISC Biomedical Concept (BC)/SDTM Specialization.
- We believe VLD/BCs will fill gaps in the current standards by adding semantics, variable relationships, and the detailed metadata needed to generate CRFs or Define-XML.

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Summary

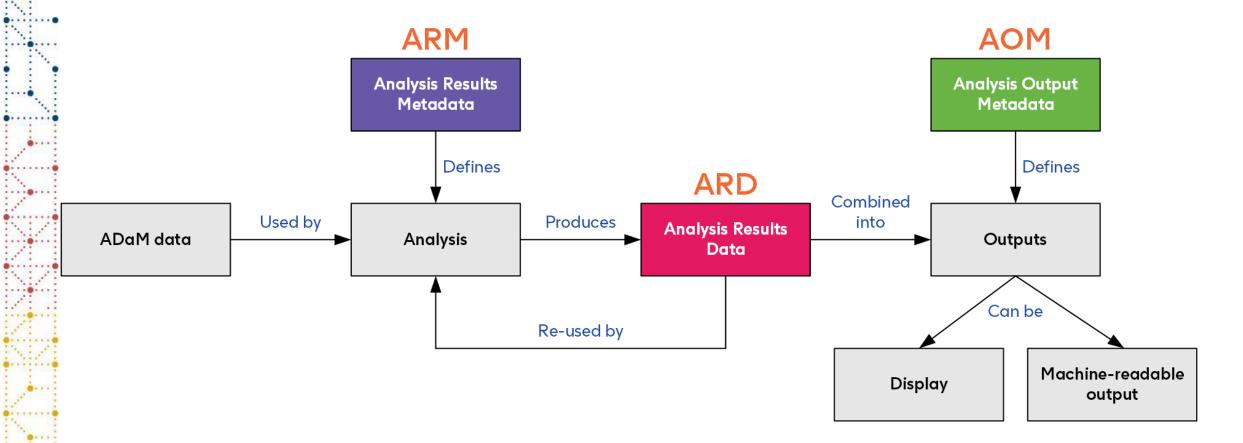
- SDTM specializations can be used to develop upstream standards using a metadata driven approach:
 - Protocol
 - CDASH
 - Review models
 - External data
- Incorporating BCs into e2e standards:
 - Ensures consistency
 - Accelerates timelines
 - Reduces conformance errors
 - Allows powerful impact assessments
 - Converting existing "concepts" to CDISC BCs





Analysis Metadata & Concepts

Our vision





Benefits and principle

Increased

- Traceability
- Transparency
- Automation
- Consistency
- Flexibility

WORM Write Once, Read Many

- Any analysis defined once
- Any analysis executed once
- Any analysis validated once
- Re-use analyses across outputs
- Re-use analyses across analyses

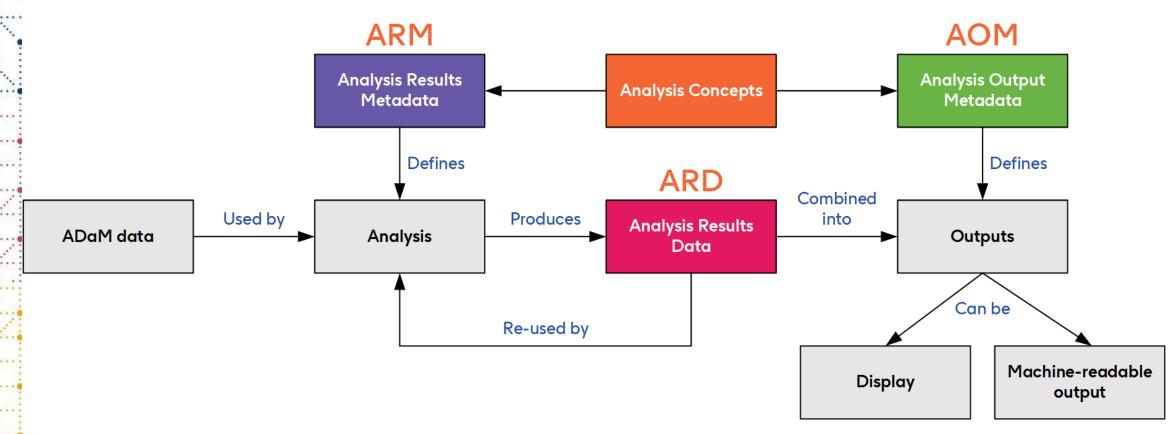


Links with other models

- Expands upon the principles behind CDISC Analysis Results Standard
- All data, metadata and results stored in a graph model
- The link with USDM, ODM and beyond:
 - USDM for expressing clinical trial design / events
 - ODM for expressing dataset structure and derivations
 - Extending ODM with Biomedical Concepts to connect USDM with CRFs, CDISC Datasets, FHIR and OMOP
 - Bridges ARS with ODM



Where analysis concepts come in



Enables re-use and ensures that only the main analysis in ARM and analysis concepts have direct references to ADaM data sets and variables



Which analysis concepts we defined

VariableGroup

- Links variables and codelists (e.g. PARAMN, PARAMCD and PARAM and their codelist)
- Defines whether a full matrix is produced during the analysis (e.g. total treatment column)

CodeList and its child CodeListItem

- Explicitly links the triplicate of numeric, code and decode
- Includes values not present in ADaM (e.g. aggregate values like total treatment)

WhereClause and its child RangeCheck

Defines re-usable where clauses (series of meaningful additive range checks)

Precision

Defines precision of numeric input



Analysis concepts in practice (at GSK)

Analysis: mean change from baseline of the lab parameter ALT by treatment, visit and timepoint in the safety analysis set

- mean: the analysis method (defined in ARM)
- change from baseline: the analysis variable CHG (defined in ARM)
- of the lab parameter: the domain ADLB (defined in ARM)
- ALT: subset of ADLB defined by the where clause PARAMCD EQ "ALT" (an Analysis Concept) and its input precision (an Analysis Concept)
- by treatment: by variable defined by a variable group (an Analysis Concept)
- visit: by variable defined by a variable group (an Analysis Concept)
- and timepoint: by variable defined by a variable group (an Analysis Concept)
- in the safety population: analysis set defined by the where clause SAFFL EQ "Y" and its label "Safety" (an Analysis Concept)



Analysis concepts discussion

Analysis concepts at GSK are part of our <u>operational model</u> and not a <u>conceptual model</u>. Looking at it conceptually, what should we as an industry define as analysis concepts?

- Is the analysis method part of an analysis concept?
- We explicitly define ADLB and CHG in ARM, not in a concept, should they be part of an analysis concept?
- Is the analysis set part of the analysis concept? Or is it perhaps a separate analysis concept? Or is it a subset or child of an overarching analysis concept?
- Are the by variables part of an analysis concept? Or are they separate concepts in a list of concepts to pick and choose from?
- The lab test ALT is a biomedical concept, do we really need a separate analysis concept?

