## {carver} Clinical Analysis Report and Visualization Ensemble in R

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## Background



Purpose



**Initial Scope** 

Development of an open-source tool and package to enable generation of identified reports and figures for clinical review and direct inclusion in submissions to regulatory agencies To develop a package to generate interactive forest and volcano plots for adverse events and FDA Medical Queries (FMQs) analysis outputs for inclusion in submissions to the FDA

This work started in a PHUSE working group as a collaboration with the American Statistical Association and the

FDA



Collaboration

Now officially recognized by COSA as being open-source projects focused on implementing or developing CDISC standards to drive innovation in the CDISC community.



### **Analysis Results Standards and Visualizations**

- Analysis Results, when visualizations and summaries are used together, allow us to make inferences from a large amount of clinical data at once.
- Interactive graphs can go a step further by allowing the user to dive into each individual data point if required.





## **Prerequisites and References**

Input data should be classified by domain/TA, and follow SDTM/ADaM IG standards:

- Labels, Variable Naming convention
- Code list
- Data types & Formats
- Derivation rules

Domain Specific Prerequisites; e.g., ADAE – SOC, Term, FMQ variables, Flag Variables, Grouping Variables

Referenced guidance: FDA TLF Integrated Guide, TAUGs, CDISC Standards for Adverse Event and FMQ mapping terms.

CDISC Pilot data is pre-loaded in the app for testing/exploratory purposes



### **Methods – Using R**



## **Shiny Interface**

carver

This package uses the {golem} framework to build the Shiny interface which consists of multiple reusable modules. Users can easily add or customize the existing modules to add or modify specific reports as per their need

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Tables and Figures can be generated interactively with customizable filters to drill down and enable interaction between multiple domains. Reports can be downloaded with intermediate datasets for QC Shiny is easily scalable and distributable – easily deployed on R studio Connect or other options at Enterprise level; removing dependency on R installation. Can greatly speed up decision making by giving the end user direct access to all the results

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## **Programming Flow**





### **Outcomes**

- Carver R package generates several safety and efficacy reports:
  - Demographic summaries
  - Adverse Events graphs and summaries (includes FMQs)
  - Survival, Time to Event Graphs
  - Vaccine TA Graphs
  - Generic Summary and Categorical Analysis
- RMarkdown templates for each report with minimal intervention required from user.
- Reports can be saved in multiple formats, along with data for QC and validation.
- The Shiny application includes interactive plots, ability to drill down to patient level and explore data on the fly.

https://github.com/pfizer-opensource/carver.git





### **Demonstration**



## **Future Enhancements and Scope**

### Input Capture

Save Report specific user inputs/filters for reproducibility
Using saved inputs and outputs for QC

### Additional Reports

- TA Specific Analysis
- Generic OCCDS and BDS analysis reports
- Identify reports used commonly across industry

### Submission

- Bundling selected reports
- By embedding study-specific data, entire application can be used as part of submission package.

Release to CRAN for wider usage Collaborate with variety of users



### Conclusion

- Use of open-source for regulatory submissions or clinical reviews.
- Package customizable to make it company specific or use their enterprise servers (which makes data pipelines secure)
- Carver does not aim to be an exhaustive solution, but to cover the more commonly used regulatory reports.
- The scope of reports can be expanded via support and collaboration across industry.



# Q & A

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### **Example Reports - Backup**

#### Demographic Characteristics - Safety population

nde	rEthnicity		Placebo (N=86)	Xanomeline Low Dose (N=84)	Xanomeline High Dose (N=84)	Total (N=254)
	HISPANIC OR LATINO	Age (Years), n (%)				
		<65	1 ( 1.16%)	2 ( 2.38%)	1 ( 1.19%)	4 ( 1.57%)
		65-80	0	1 ( 1.19%)	0	1 ( 0.39%)
		>80	1 ( 1.16%)	1 ( 1.19%)	0	2 ( 0.79%)
		n	2	4	1	7
		Mean (SD)	74.5 (16.26)	65.5 (12.37)	56.0 (-)	66.7 (12.68
		Median (range)	74.5 (63.0, 86.0)	62.0 (56.0, 82.0)	56.0 (56.0, 56.0)	63.0 (56.0, 86.0)
		(Q1,Q3)	(68.8, 80.2)	(56.0, 71.5)	(56.0, 56.0)	(56.0, 75.0)
		Race, n (%)				
		WHITE	2 ( 2.33%)	4 ( 4.76%)	1 ( 1.19%)	7 ( 2.76%)
		ВМІ				
		n	2	4	1	7
		Mean (SD)	23.1 (2.76)	27.4 (4.41)	23.5 (-)	25.6 (3.99)
		Median (range)	23.1 (21.2, 25.1)	26.5 (23.6, 33.0)	23.5 (23.5, 23.5)	24.2 (21.2, 33.0)
		(Q1,Q3)	(22.2, 24.1)	(24.0, 29.9)	(23.5, 23.5)	(23.6, 27.0)
	NOT HISPANIC ( LATINO	ORAge (Years), n (%)				
		<65	8 ( 9.30%)	3 ( 3.57%)	4 ( 4.76%)	15 ( 5.91%)

The denominator to calculate percentages is N, the Number of Participants in the full analysis set, within each treatment group \*n is the Number of Participants with non-missing AGE Page 1 of 4

#### Forest plot for Risk Ratio of Any Adverse Events



🔹 Placebo (N=69) 🔺 Xanomeline High Dose (N=79) 📕 Xanomeline Low Dose (N=77) 🔶 Significantly Higher 🔶 Significantly Lower = Placebo -vs-Xanomeline High Dose = Placebo -vs-Xanomeline High Dose



### **Example Reports - Backup**

#### Subject Profile





Volcano plot for Risk Ratio of Any Adverse Events



