

“I need the numbers now!”

Programming ad hoc requests in a project centric environment

Michaela Kohring

- Challenges of ad hoc requests;
- Specification;
- Centralized data preparation;
- Central TFL library;
- Implementation;
- Validation;
- Oversight;





- Short timelines;
- Explorative analyses;
- Changing priorities;
- Standard packages (CTR etc.) need to be delivered in parallel;
- Topics may vary from request to request depending on the purpose (authority questions, publication, reimbursement etc.);
- None of your customer has time to wait for the results;

- centralized specification

Ad-hoc requests for Programming - R0556

Boehringer Ingelheim

View

Alert Me

Manage: Edit Item, Delete Item, Version History, Manage Permissions

Actions: Copy Item, Move Item, Export Item

Request ID	R0556	Not Started
Specification is draft	No	
Priority	High	

context
Context category
Context topic
Research question
Requestor
Role of requestor
Statistician
Date of request (requestor)
Date of request (statistician)
TMM/TM-MA/TAH approval
Date of approval
Name of approver
Timeline for request
Nature of timeline
Timeline for request confirmed by PROG and STAT
Similar requests or similar tables in existing document
Project code
Data snapshot
Included studies
Includes safety data
Endpoints from list
Other endpoints
Timeframe
Use blinded data only
Patient populations
Treatment columns
Treatment assignment
Imputation rules
Dictionary version

- The specification for ad hoc requests is stored in a central location, shareroom list including mandatory information;
- Dedicated programmers track incoming new requests;
- Each request is assigned to a responsible programmer;
- All information around the request is maintained in the shareroom entry, e.g. first / second programmer, status of ad hoc (in progress, validation outstanding, etc.);

- centralized specification

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PROs:

- Status tracking is centralized, i.e. progress of requests can be followed up with simple tools;
- Workload of programmers can be figured out;
- Information is not spread over different trial and projects, documents, folders, etc.;

- centralized data preparation

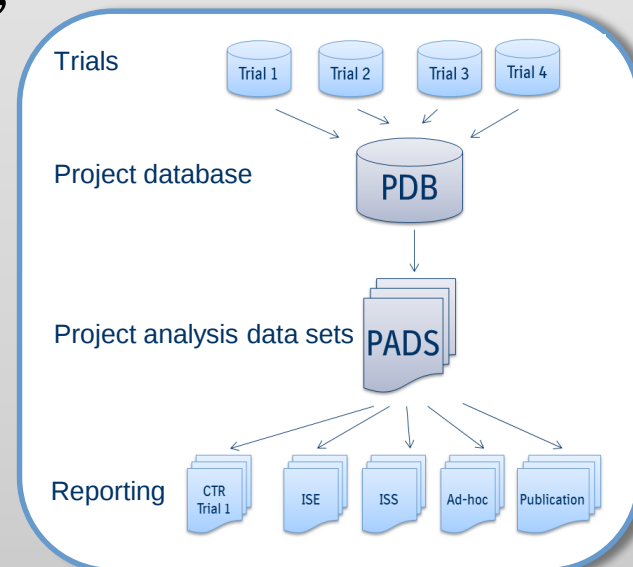
In Progress

- PCA (project centric approach) – all data derivation will be provided by the project team for trials and projects in analysis datasets (ADS);
- All information is collected in a central project ADS plan;
- Each derivation done at any time point can be found in one document;

Endpoints from list	201 HbA1c 204 FPG in mg/dL
Other endpoints	

26	INDHBA1C	X1245 ADS - INDHBA1C.	1 r ptr an ep ac 1 r ptr an ep
27	INDFPG	X1245 ADS - INDFPG.	

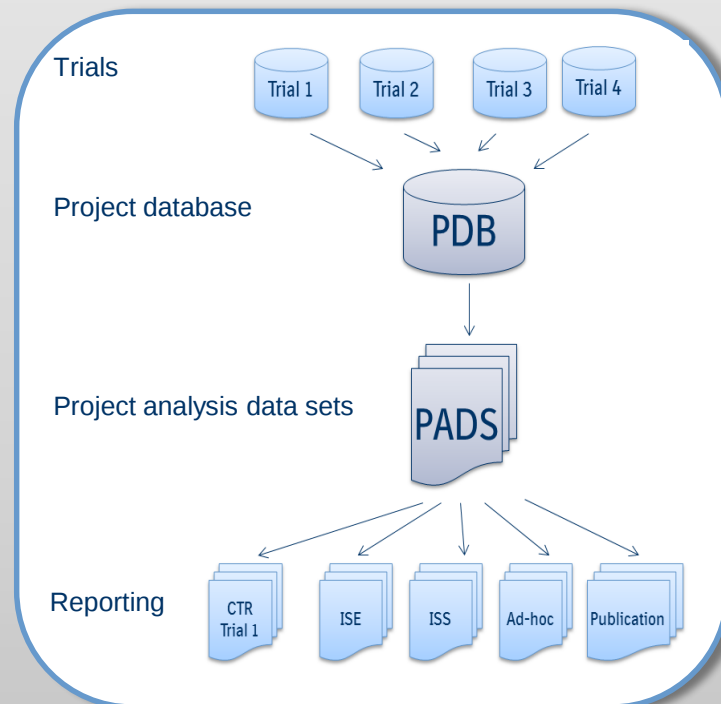
	A	B	C	D	E
Variable	Description		Type	Length	Format
ANATYP	Analysis type code		char	16	\$16.
ANATYPDC	Analysis type decode		char	40	\$40.



In Progress

- centralized data preparation

- PROs:
 - All derivation ever implemented is stored in a central place;
 - In case a derivation, population set etc. is not available for a specific study, the programs can be easily amended for additional studies;
 - Variables are stable throughout the whole project – the derivation of e.g. baseline eGFR is always the same and doesn't differ between the trials;
 - Same holds true for variable naming, a specific variable will always contain the same information throughout the project;

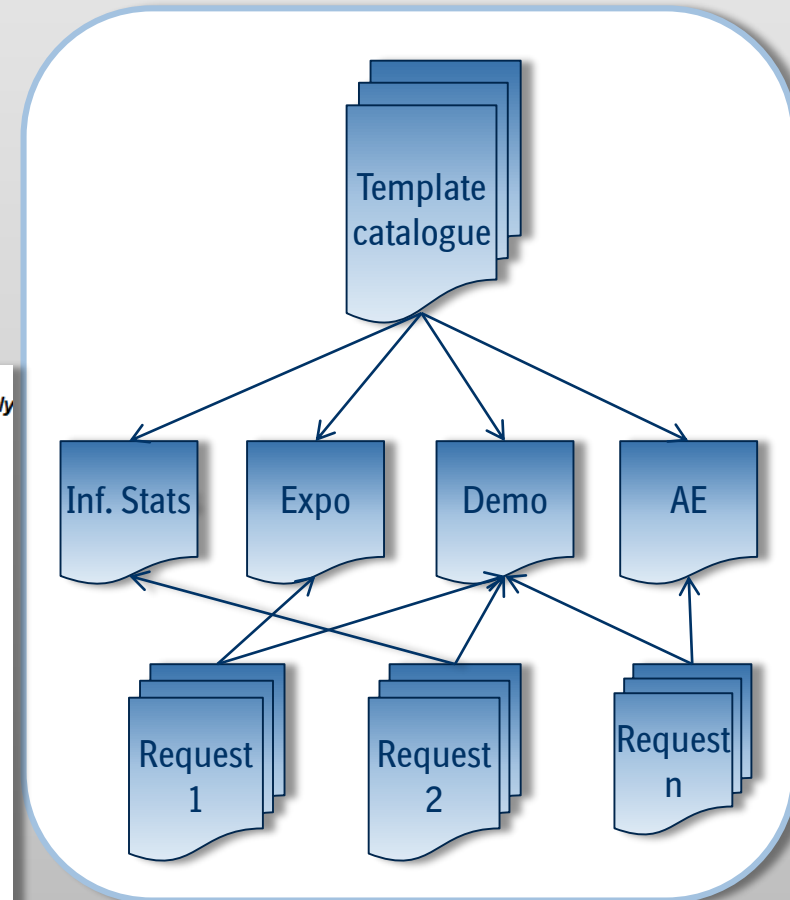


In Progress

- Inside PCA all trials and projects use the same TFL shell catalogues;
- Customers (statisticians) can select, what they need, from the central documents;

6.105.1.1 **EmpatDESC1**: Descriptive statistics for <HbA1c (%)> <over time/at week 24> -- <patient analysis>

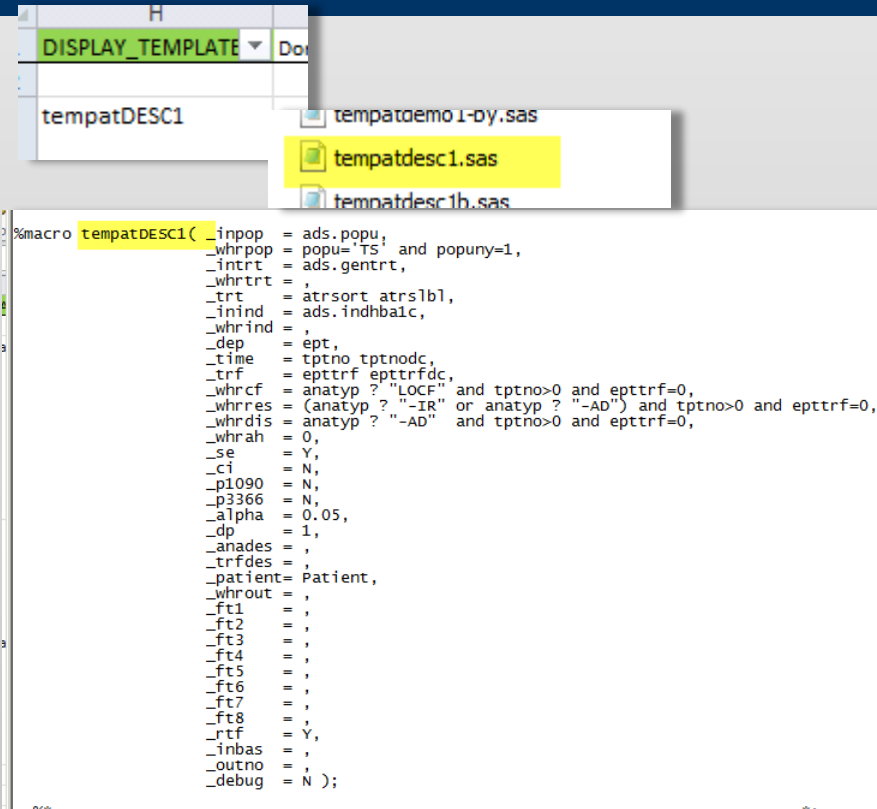
Imputation rule	<Placebo>	<Empa 10mg>	<Empa 25mg>	<Empa 25mg OL>
Number of patients	xxx	Xxx	xxx	xxx
Observed cases				
→ Baseline				
→ Values at visit				
→ N (%)	xxx (-xx.x)	xxx (-xx.x)	xxx (-xx.x)	xxx (-xx.x)
→ Mean	xx.x	xx.x	xx.x	xx.x
→ SD	xx.x	xx.x	xx.x	xx.x
→ SE	xx.x	xx.x	xx.x	xx.x
→ Min	xx.x	xx.x	xx.x	xx.x
→ Q1	xx.x	xx.x	xx.x	xx.x
→ Median	xx.x	xx.x	xx.x	xx.x
→ Q3	xx.x	xx.x	xx.x	xx.x
→ Max	xx.x	xx.x	xx.x	xx.x
→ Lower 95% CI limit	xx.x	xx.x	xx.x	xx.x
→ Upper 95% CI limit	xx.x	xx.x	xx.x	xx.x
→ Week 6				
→ Values at visit				



In Progress

- central TFL macro library

- Due to PCA in ADS standardized macros for output creation can be used;
- Programs to create outputs are set up as macros;
- The programs are stored in a central place;
- Standardized setup – data building, parameter names, result datasets for validation;
- In case an adaption is needed, this will be straight forward due to the standardized way of programming in the template macros;
- The use of macros is supported by technical documentation;



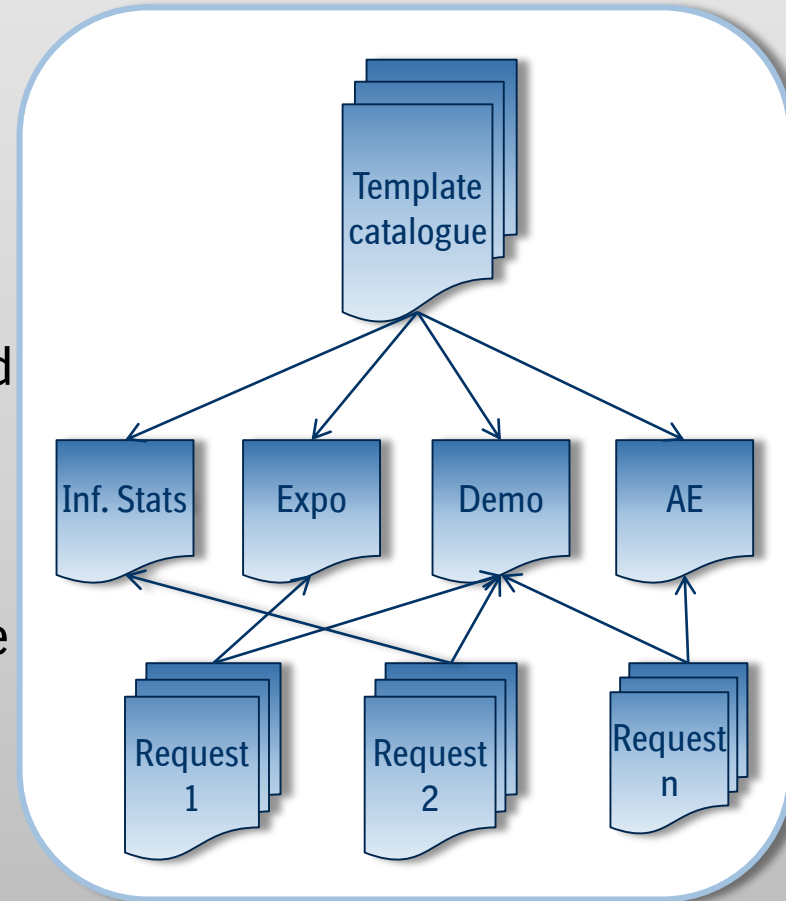
```

%macro tempatDESC1(
  _inpop = ads.popu,
  _whrpop = popu='TS' and popuny=1,
  _intrt = ads.gentr,
  _whrrt = ,
  _trt = atrsort atrs1b1,
  _inind = ads.indhbalc,
  _whrind = ,
  _dep = ept,
  _time = tptno tptnadc,
  _trf = epttrf epttrfcd,
  _whrcf = anatyp ? "LOCF" and tptno>0 and epttrf=0,
  _whrrres = (anatyp ? "-IR" or anatyp ? "-AD") and tptno>0 and epttrf=0,
  _whrdis = anatyp ? "-AD" and tptno>0 and epttrf=0,
  _whrrah = 0,
  _se = Y,
  _ci = N,
  _p1090 = N,
  _p3366 = N,
  _alpha = 0.05,
  _dp = 1,
  _anades = ,
  _trfdes = ,
  _patient = Patient,
  _whrout = ,
  _ft1 = ,
  _ft2 = ,
  _ft3 = ,
  _ft4 = ,
  _ft5 = ,
  _ft6 = ,
  _ft7 = ,
  _ft8 = ,
  _rtf = Y,
  _inbas = ,
  _outno = ,
  _debug = N );
  
```

Title:	Descriptive statistics for time difference between the date of last available haematocrit (%) OC-A
Program (link):	ru0455\labtdesc1001.sas
Output #:	3
Output (link):	ru0455\labtdesc1001-3.lst
Macro call:	<pre> %tempatdesc1(_WHRPOP = popu='TS' and popuny=1 ,_WHRRRT = analno=2080010 and atrsort in ('B00100' 'C00100' 'C00250' 'E00035') ,_ININD = inlab_c ,_WHRAH = 0 ,_WHRCF = anatyp ? "LOCF" and tptno>0 and epttrf=0 ,_WHRDIS = anatyp ? "-AD" and tptno>0 and epttrf=0 ,_WHRRRES = (anatyp ? "-IR" or anatyp ? "-AD") and tptno>0 and epttrf=0 ,_OUTNO = 3 ,_WHROUT = BY4ORD in (1.3 1.5 3.5) ,_FT1 = Baseline data of Haematocrit not considered.) </pre>

In Progress

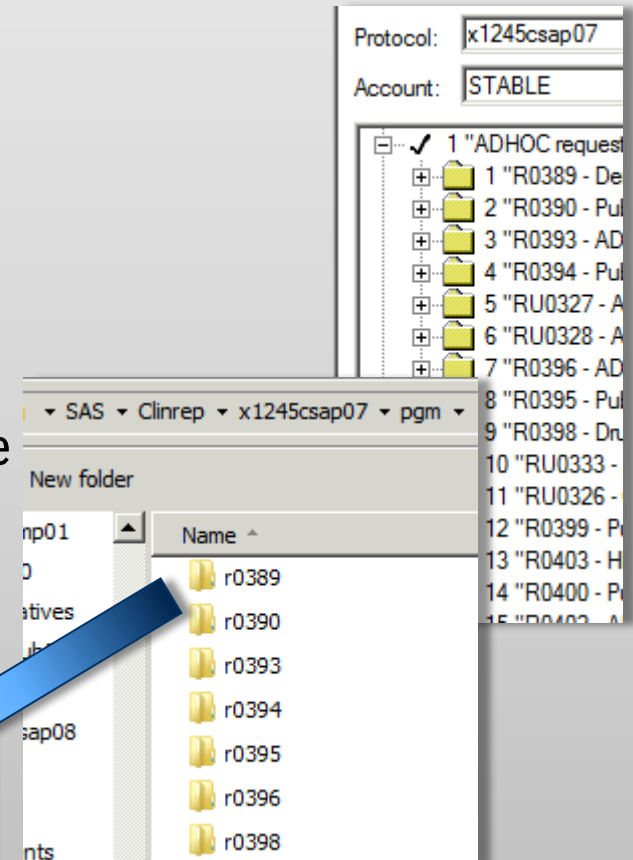
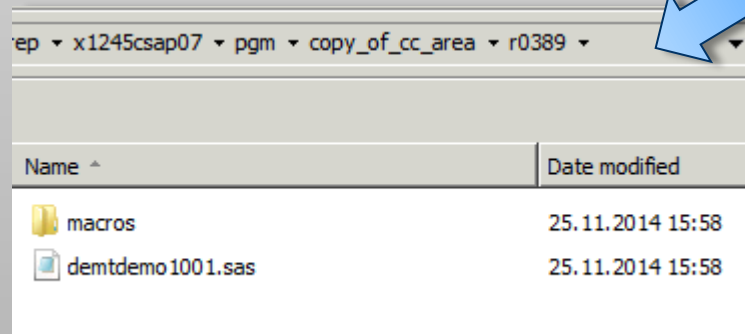
- Pros;
 - Programs are of high quality, double programmed several times on different data;
 - Easy to use due to standard parameters;
 - Implementation can be supported by standard tools;
 - Validation can be streamlined by categorization of effort, e.g. double programming, consistency check, source code review ;
 - Less time for discussions on layout needed;



- implementation

In Progress

- Dedicated environments are set up, which are only used for ad hoc programming;
- Standards for implementation – e.g. folder naming, template macro storage etc.;
- The implementation is supported by different tools, which e.g. create the standard folders and collect the relevant macros from the central storage;



Validation ongoing

- | VALIDATION CATEGORY | | Display Template |
|---------------------|---------------|------------------|
| A | tempatCONMED1 | |
| B | tempatCONMED1 | |
| A | tempatCONMED2 | |

Validation outstanding	

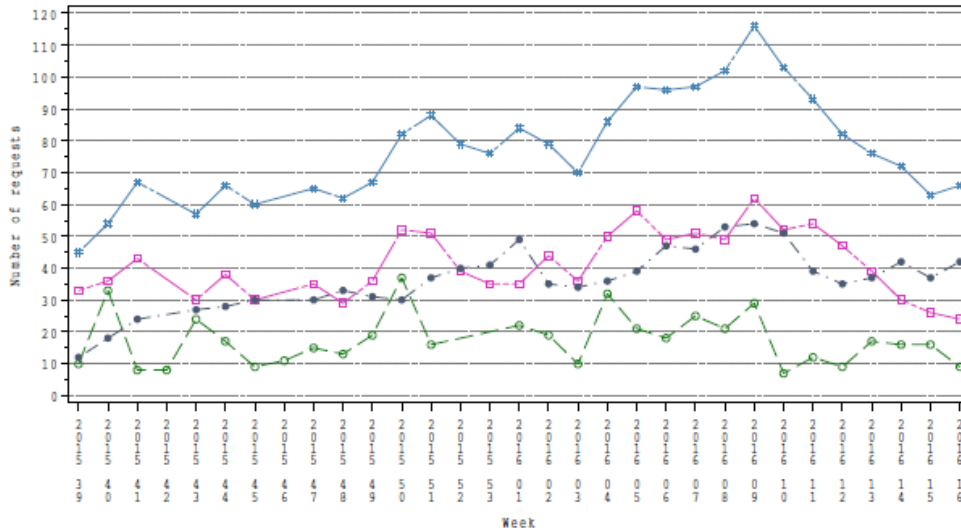
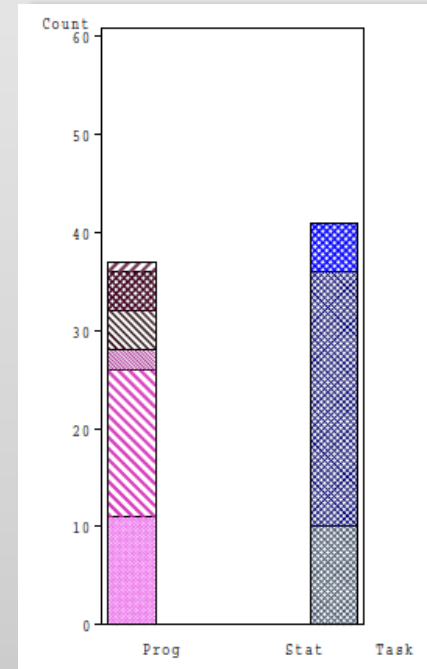
Clinrep ▾ x1245ctr01val ▾ pgm ▾ val_template ▾

Name ^	Date
 vempaffcox6.sas	18.0
 vempaffforest1.sas	18.0
 vempaffforest3.sas	02.0
 vempaffforest4.sas	08.0
 vempafird1.sas	30.0

SAS Environment		Name
Libraries		
+	Ctrl	R0389_demtbase1001_3
+	Ctrl	R0390_demtbase1002_1
+	Ctrl	R0390_demtbase1002_2
+	Ctrl	R0390_demtbase1002_3

- oversight

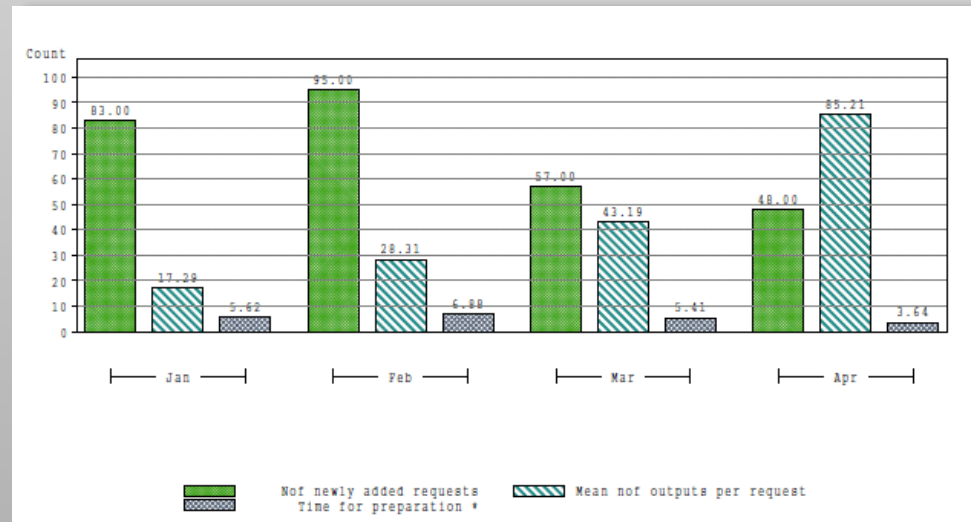
- Standard setup supports implementation of tracking tools based on sharepoint lists;
- Most ad hoc programming is covered by a dedicated project team;
- Centralized tracking more easily shows, what's going on, how is the status, do we need prioritization or additional resources;
- You learn to know, what is feasible to achieve with your standard ad hoc team ;



A	B	C	D	E	F	
PRIOSOF	timeline	Status	Draft specification	SHORTCONT	Request ID	
	2016-04-20	In Progress	No	Adcom	RU0865	Zv E
1	2016-04-20	In Progress	No	Other	RU0862	M B
1	2016-04-20	Draft sent out	No	Other	RU0867	Z B
1	2016-04-20	Not Started	No	Authority	RU0868	
2	2016-04-20	Draft sent out	No	Adcom	RU0852	Z
1	2016-04-24	In Progress	No	Other	RU0866	M B

- conclusion

- In PCA there are experts for each and every task, this leads to quick turnarounds, but you need to think of backup solutions to avoid bottlenecks due to unavailability of programmers;
- A standardized setup helps to bring in new programmers with less effort, starting with the more easy tasks like output implementation;
- Implementing PCA successfully needs frontloading, but it will help you in more stressful times later on;
- Experienced programmers can create several hundred outputs in less than one day;



Backup slides

- some numbers

- Over 1400 ad hoc requests in four years
- Standard wise 20 to 30 requests a month, up to ~ 90 within a month;
- Standard setup – dedicated programmers for ad hoc work, but they are not limited, too, escalation model available;
- ~ 70 ADS – from high performer (treatment, population) to low runners (MTT);
- ~ 300 different templates for all type of analyses;
- ~ 95 – 98 % of requests can be covered with PCA, this reduces the pressure and frees capacity for the remaining 2 %;