

How Agile R you?

Presentation No: TT05

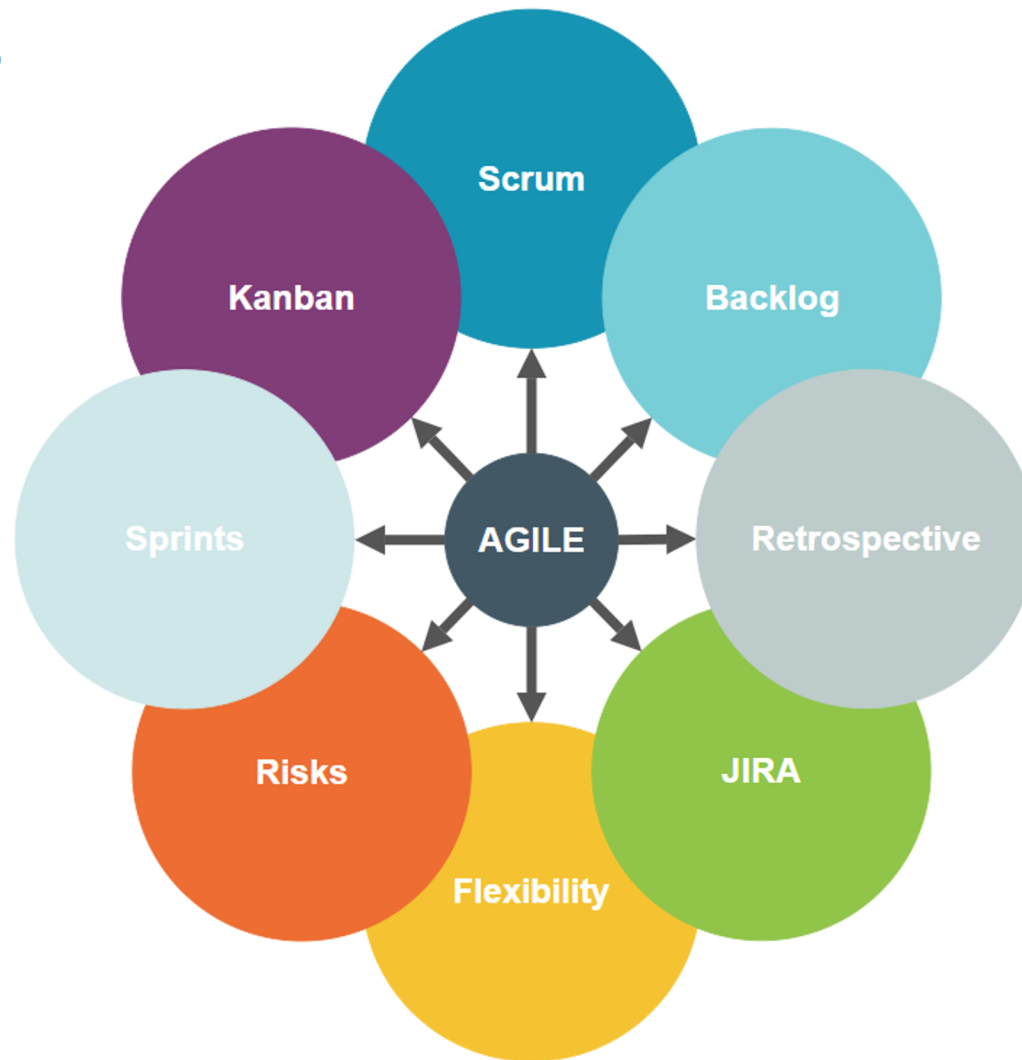
Rachel Linacre



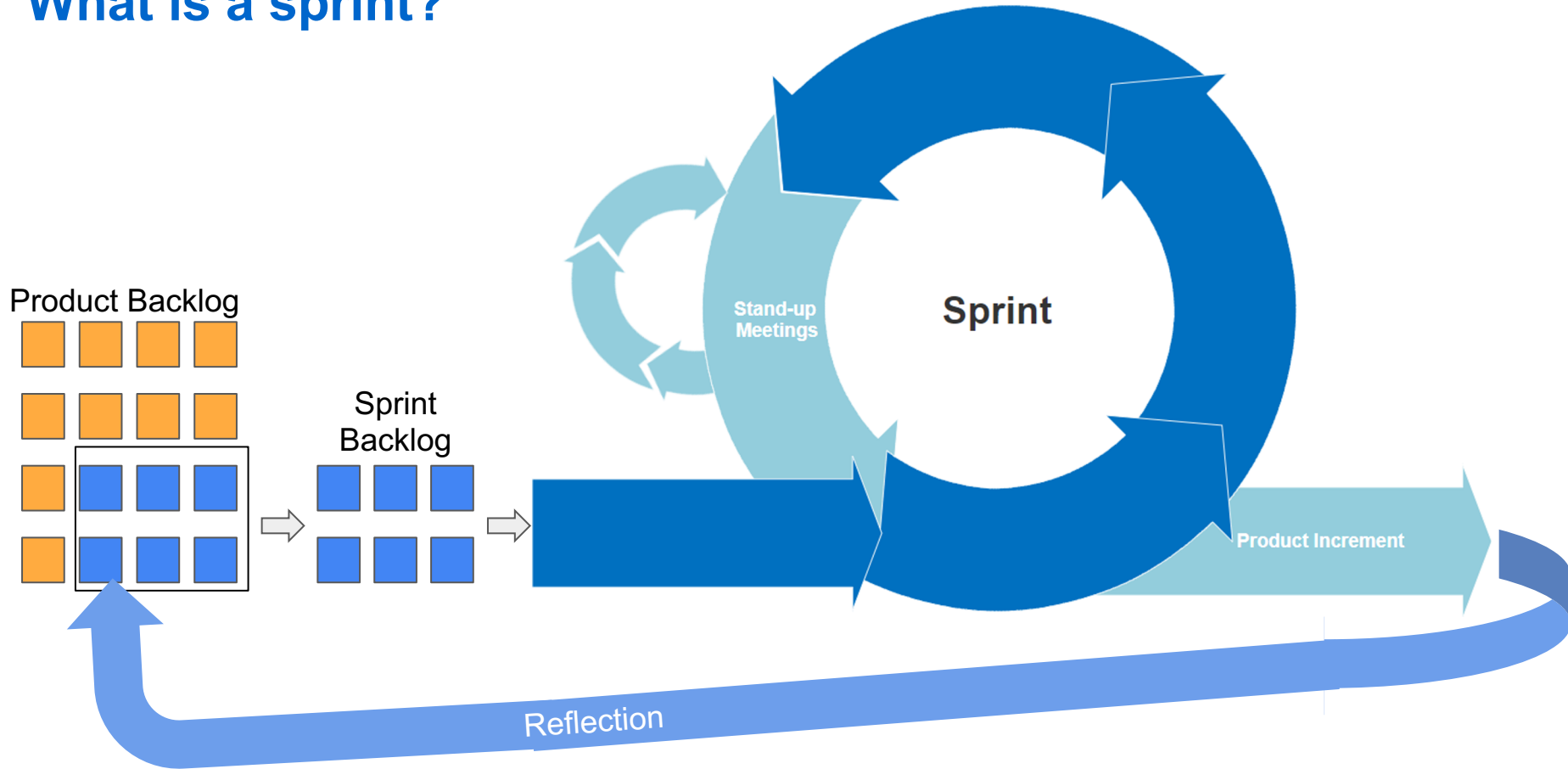
Overview

- What is Agile?
- My experience of working in an Agile study team
- My experience of programming across environments, new programming languages and tools
- How these enable us to get medicines to our patients faster

What is Agile?



What is a sprint?



Why Agile?

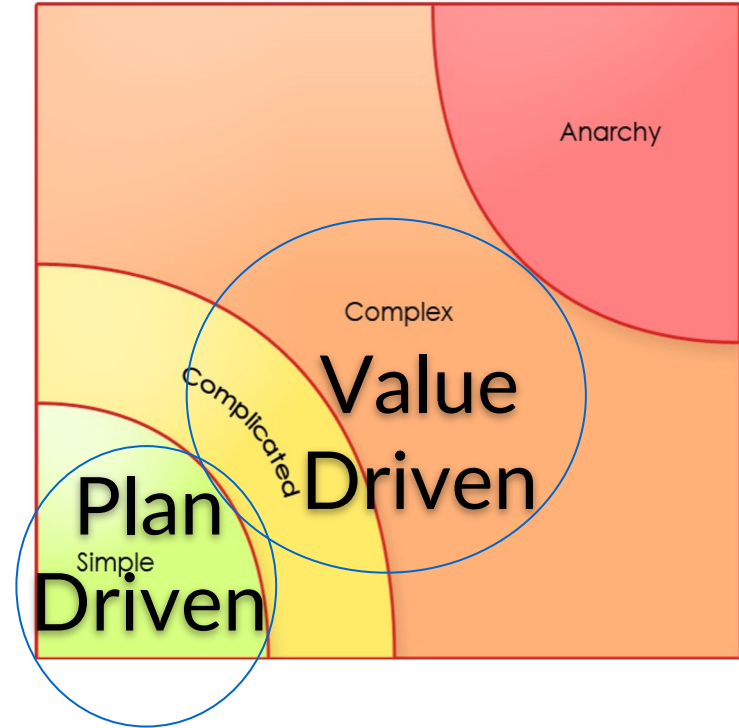
Value Driven vs Plan Driven

Value-driven delivery

- A combination of incremental **value adding** and **risk reducing** activities discovered throughout the project.

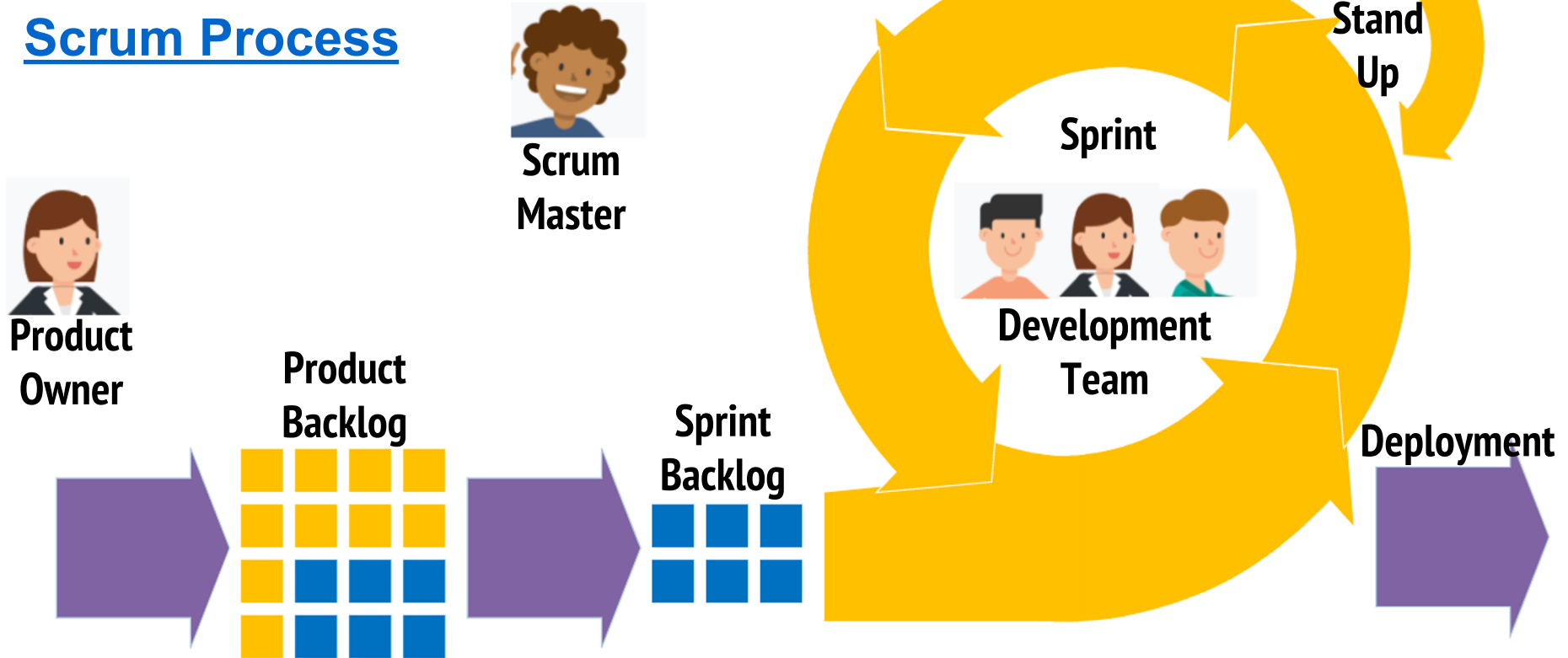
Plan-driven delivery

- Fixes requirements to facilitate accurate cost and schedule estimation for project **predictability**.



How did my study team use Agile?

Scrum Process



How did my study team use Agile?



Roche

Dashboards ▾

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Create

Search

Mass Balance (BP42081) VADs

Kanban board

QUICK FILTERS: [Only My Issues](#) [Recently Updated](#)

9 To Do

3 In Progress

0 Ready in QA

0 Done

PRISM-12487 Mass Balance (BP42081)

PRISM-12490
AAG

PRISM-12491
ADAE

PRISM-12494
ADEG

PRISM-12495
ADEX

PRISM-12496
ADLB

PRISM-12497
ADVS

PRISM-12498
ADDV

PRISM-12487 Mass Balance (BP42081)

PRISM-12488
ADSL

PRISM-12492
ADCM

PRISM-12493
ADMH

We're only showing recently modified issues.

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Project Information & Systems Management / ... / PRISM-12493

ADMH

Details

Status: **IN DEVELOPMENT**
(View Workflow)

Priority: Medium

Component/s: None

Labels: None

Affects Version/s: None

Fix Version/s: None

Epic Link: None

People

Reporter: Rachel Linacre

Assignee: Rachel Linacre

Dates

Created: 09/Jul/21 4:14 PM

Updated: 1 hour ago

Description

Click to add description

Comments

There are no comments yet on this issue.

Sprint Do's and Don'ts



Do's

- Clear goals and success measurements
- Informative but precise backlog
- Prioritise tasks in backlog
- Leave out work where there are a lot of dependencies
- Capture as much detail of decisions made

Don'ts

- Overestimate
- Forget about quality
- Be afraid to leave work for the next sprint
- Ignore your team

Advantages/Disadvantages



Advantages

- Team Driven
- Stand-Ups keep focus
- Visibility of activities and hold-ups
- Resourcing
- More R opportunities

Disadvantages

- More meetings (though duration kept short)
- Working on many studies for short amounts of time
- More deadlines (though these are 'soft')

Experience of using different programming languages/environments



Experience of using different programming languages/environments

[HOME](#)[WHAT'S NEW](#)[USER GUIDE](#)[TLG CATALOG](#)[BIOMARKER CATALOG](#)[API REFERENCE](#)[RELEASE NOTES](#)

Agile-R by

TLG Catalog

Tables

Listings

Graphs

Built with ❤️ from Grav and Hugo

[TLG Catalog](#) > [TLG Catalog](#) > [Tables](#)

TABLES

- [Adverse Event Rate Adjusted for Patient-Years at Risk - All Occurrences \(AET05_ALL\)](#)
- [Adverse Event Rate Adjusted for Patient-Years at Risk - First Occurrence \(AET05\)](#)
- [Adverse Events \(AET02\)](#)
- [Adverse Events by Baseline Characteristic \(AET06\)](#)
- [Adverse Events by Baseline Characteristic, by SMQ and Preferred Term \(AET06_SMQ\)](#)
- [Adverse Events by Greatest Intensity \(AET03\)](#)
- [Adverse Events by Highest NCI CTCAE Grade \(AET04\)](#)
- [Adverse Events by Standardized MedDRA Query \(AET02_SMQ\)](#)
- [Adverse Events Related to Study Drug \(AET09\)](#)
- [Adverse Events Related to Study Drug by Standardized MedDRA Query \(AET09_SMQ\)](#)
- [Adverse Events Resulting in Death \(AET07\)](#)
- [ANCOVA for multiple end points \(AOVT01\)](#)
- [ANCOVA with single end point and customized table \(AOVT02\)](#)
- [Best Overall Response \(RSPT01\)](#)
- [Cochran–Mantel–Haenszel \(CMH\) Summary](#)
- [Concomitant Medications \(CMT01, GNEDrug legacy coding\)](#)
- [Concomitant Medications by Medication Class and Preferred Name \(CMT01A\)](#)
- [Concomitant Medications by Medication Class and Preferred Name \(CMT01B\)](#)
- [Concomitant Medications by Preferred Name \(CMT02_PT, WHODrug coding\)](#)
- [Cox Regression \(COXT01\)](#)
- [Deaths \(DHT01\)](#)
- [Demographics and Baseline Characteristics \(DMT01\)](#)
- [Disclosures Outputs](#)
- [Duration of Exposure for Risk Management Plan \(RMPT01\)](#)
- [Duration of Response \(DORT01\)](#)
- [ECG Abnormalities \(EGT02_1 & EGT02_2\)](#)



Analytical Environments

Name	Description	Action
DBeaver	Multiplatform database tool	Launch
Docker	Custom Docker Container	Launch
Jupyter	Jupyter development environment (Julia, Python, R)	Launch
RStudio	RStudio development environment (R and Python)	Launch
SAS	SAS development environment	Launch
ValidR	Validated R environment	Launch

My Analytical Environments

Name	Status	Created	Actions
ValidR_sggoo	AVAILABLE	Wed, 16 Jun 2021 12:48:50 GMT	Details Terminate

How does this help get medicines to patients faster?

Does Agile make you go faster?

Agile exposes weaknesses

... so teams and organisations can learn faster

... so people can make choices

... that may help them deliver faster

Acknowledgments



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Special thank you to Tim Barnett and Christine Leigh for their guidance and for the opportunity to trial this new way of working and to my study team for embracing it!

Many thanks also to Katie Withycombe for being my R mentor!



Doing now what patients need next