

- **Partner with 6 of the top 20 as identified by Pharmaceutical Executive Magazine and top CROs**
- **Over 35 Years of Experience as a Pharmaceutical FSP**
- **Average tenure of core team approximately 18 yrs.**
- **Experis delivers services in:**
 - **Clinical/Statistical Programming**
 - **Biostatistics**
 - **PK/PD Support**
 - **Application Development and Support**
 - **Project Management and Operations**
 - **Drug Safety**
 - **Data Anonymization**
 - **Pharmacovigilance**





Accel2R

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Accelerate your transition to R





Clinical organizations wanting to optimize the clinical trial process are experiencing pain transitioning teams to R.

- Significant SAS to R technology learning chasm
- No R training exists for the Clinical programmer
- Traditional eLearning is ineffective
- COVID-19 has radically impacted traditional learning



Significant SAS to R
technology learning chasm

Experienced SAS
developers have spent
many years honing their
skills and R is radically
different.



No R training exists for the
Clinical programmer

Available R training is
generic and doesn't
immediately apply to
the Clinical programmer



Traditional eLearning is
ineffective

Self paced learning can
present challenges if not
supported and managed.



COVID-19 has radically
impacted traditional learning

Organizations can't
deploy Instructors.

Heavy emphasis on
optimizing virtual
learning.

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Accelerated Learning Program

Curriculum maps SAS tasks
to R

Clinical focus

Virtual Lab for hands-on
coding

Learner AI/Guided Learning



Curriculum maps SAS tasks
to R

Side by side examples
of SAS and R to
accelerate familiarity-
based learning



Aligns to clinical activities

Learning activities are aligned to key clinical submission tasks.



Virtual Lab for hands-on coding

Hands-on development experience with 24x7 individual virtual lab with complete R environment.



Guided learning
program/Learner AI

Quick Identification of
learning challenges

DEMO



Clinical Team Enablement

- Chi-Square, ANOVA, and Survival Analysis statistics
- SDTM data set builds from raw data
- ADaM data set builds from SDTM
- Creating tables, listings, and figures



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Clinical Team Enablement

Demographic Table

Sponsor: Experis

Study: ABC

Table 1.0
Analysis of Demographic Characteristics
Safety Population

Variable	ARM A (N=20)	ARM B (N=21)	ARM C (N=21)	ARM D (N=23)	Tests of Association* Value (P-value)
Age					
N	20	21	21	23	1.036 (0.381)
Mean (SD)	53.1 (11.9)	47.4 (16.3)	45.7 (14.4)	49.7 (14.3)	
Median	52.5	46.0	46.0	48.0	
Q1 - Q3	47.8 - 60.0	35.0 - 61.0	38.0 - 53.0	39.0 - 60.5	
Range	31 - 73	22 - 73	19 - 71	21 - 75	
Age Group					
18-29 years	0 (0.0%)	3 (14.3%)	3 (14.3%)	1 (4.3%)	8.572 (0.739)
30-39 years	3 (15.0%)	4 (19.0%)	3 (14.3%)	6 (26.1%)	
40-49 years	5 (25.0%)	6 (28.6%)	7 (33.3%)	5 (21.7%)	
50-65 years	9 (45.0%)	4 (19.0%)	6 (28.6%)	8 (34.8%)	
>65 years	3 (15.0%)	4 (19.0%)	2 (9.5%)	3 (13.0%)	
Sex					
Male	15 (75.0%)	10 (47.6%)	12 (57.1%)	16 (69.6%)	4.057 (0.255)
Female	5 (25.0%)	11 (52.4%)	9 (42.9%)	7 (30.4%)	
Race					
White	19 (95.0%)	18 (85.7%)	18 (85.7%)	20 (87.0%)	5.952 (0.745)
Black or African American	1 (5.0%)	1 (4.8%)	3 (14.3%)	1 (4.3%)	
Asian	0 (0.0%)	1 (4.8%)	0 (0.0%)	1 (4.3%)	
Unknown	0 (0.0%)	1 (4.8%)	0 (0.0%)	1 (4.3%)	

Program: Table1_0.R

NOTE: Denominator based on number of non-missing responses.

*Pearson's Chi-Square tests will be used for categorical variables
and ANOVA tests for continuous variables.

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Survival Analysis

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Clinical Team Enablement

Sponsor: Experis

Study: ABC/BBC

Table 5.0
Analysis of Time to Initial PSGA Success* in Weeks
Safety Population

	ARM A (N=36)	ARM B (N=38)	ARM C (N=38)	ARM D (N=38)
Number of patients with PSGA <= 1	5	11	16	11
Number of Censored Subjects (PSGA > 1)	31	26	21	26
Kaplan-Meier estimates				
25th percentile (weeks)	-	12	8	16
95% Confidence Interval**	(-, -)	(6, -)	(6, 16)	(6, -)
Median (weeks)	-	-	-	-
95% Confidence Interval**	(-, -)	(-, -)	(16, -)	(-, -)
75th percentile (weeks)	-	-	-	-
95% Confidence Interval**	(-, -)	(-, -)	(-, -)	(-, -)
Results of Proportional Hazards Regression Analysis				
Hazard Ratio (Each Treatment Group - ARM A)***	-	2.51	3.71	2.37
P-value	-	0.089	0.011	0.109
95% CI of Hazard Ratio	-	(0.87, 7.21)	(1.36, 10.13)	(0.82, 6.83)

Program: Figure1.R

* Success: PSGA <= 1: PSGA > 1

** Based on R survival package ggcoxph() function

*** Based on proportional hazards model with treatment indicator variables as explanatory variables

Note: The end-point is cure of the disease (PSGA <= 1).

The probability of remaining diseased (PSGA > 1) defines the survival function

Note: A subject who is not cured by the end of 12 weeks or is lost

to follow provides a censored observation for the analysis.

"-" = Not Applicable

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Survival Figure

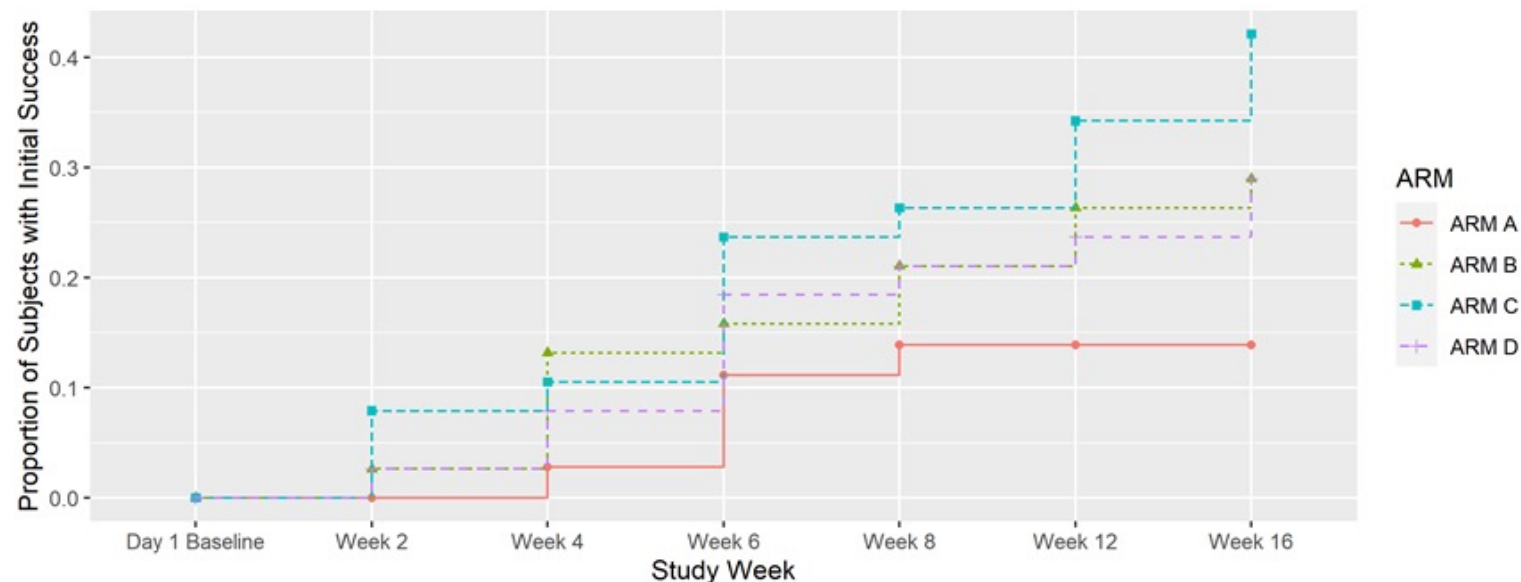
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Clinical Team
Enablement

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Study: ABC/BBC

Figure 5.0
Kaplan-Meier Plot for Time to Initial PSGA Success (PSGA ≤ 1)
Safety Population



```
Program: Figure1.R
* Success: PSGA <= 1: PSGA > 1
** Based on R survival package ggsurvplot() function
*** Based on proportional hazards model with treatment indicator variables as explanatory variables
Note: The end-point is cure of the disease (PSGA <= 1).
    The probability of remaining diseased (PSGA > 1) defines the survival function
Note: A subject who is not cured by the end of 12 weeks or is lost
    to follow provides a censored observation for the analysis.
"--" = Not Applicable
```

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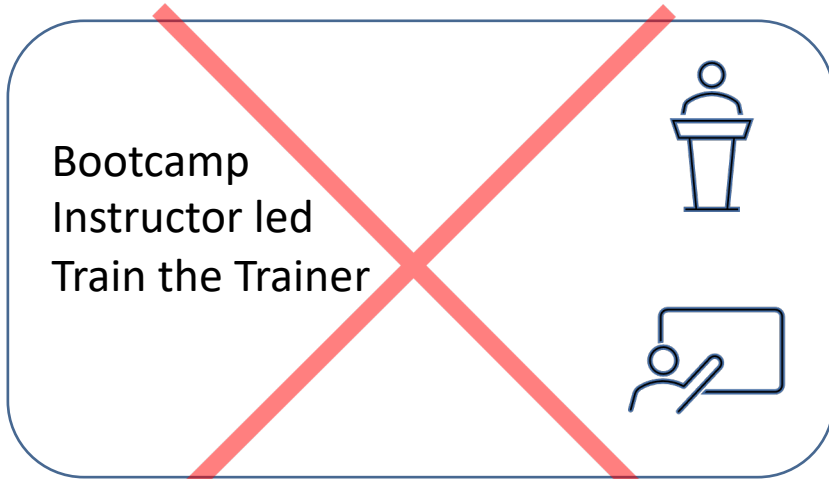


B:OMARIN



4.65/5 Learner
Satisfaction Rating

100% Learner
feedback aligns to
clinical work



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Guided Learning Program

- 80+ Learning Hours / 10 Courses
- Side by side SAS to R learning
- Clinical specific exercises
- Virtual Lab
- Learner AI
- New Curriculum additions
- Guided Learner Program
- Base + Monthly pricing

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Organizational Targets

“Accelerated Learning with
business in mind”

2x work readiness improvement



50% reduction in labor training costs

50% learning & retention improvement



Improve team performance

100% Investment protection



Save money

Accel2R

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Special Offer

Complementary license
with 5 user purchase



Trial Learner Program

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Q &A

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