



Automation in Biostatistics at Novo Nordisk

LI05

Matthew Phelps
Statistical Programming Specialist, Novo Nordisk A/S
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Views and opinions expressed are those of the speaker and not necessarily Novo Nordisk.

1. Why automation?
2. What is automation?
3. How do we work?
4. What do we do?

Agenda

1. Why automation?

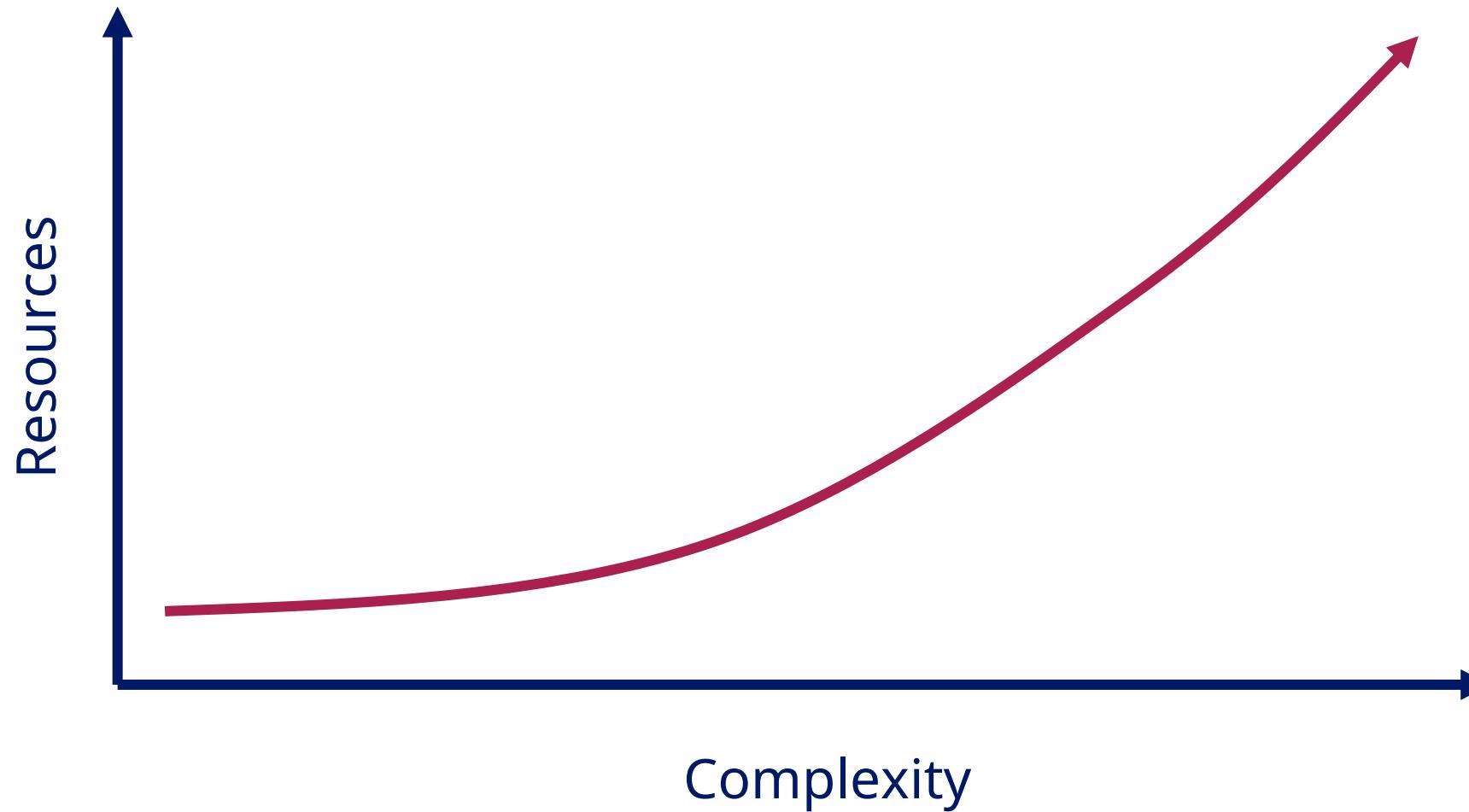
2. What is automation?

3. How do we work?

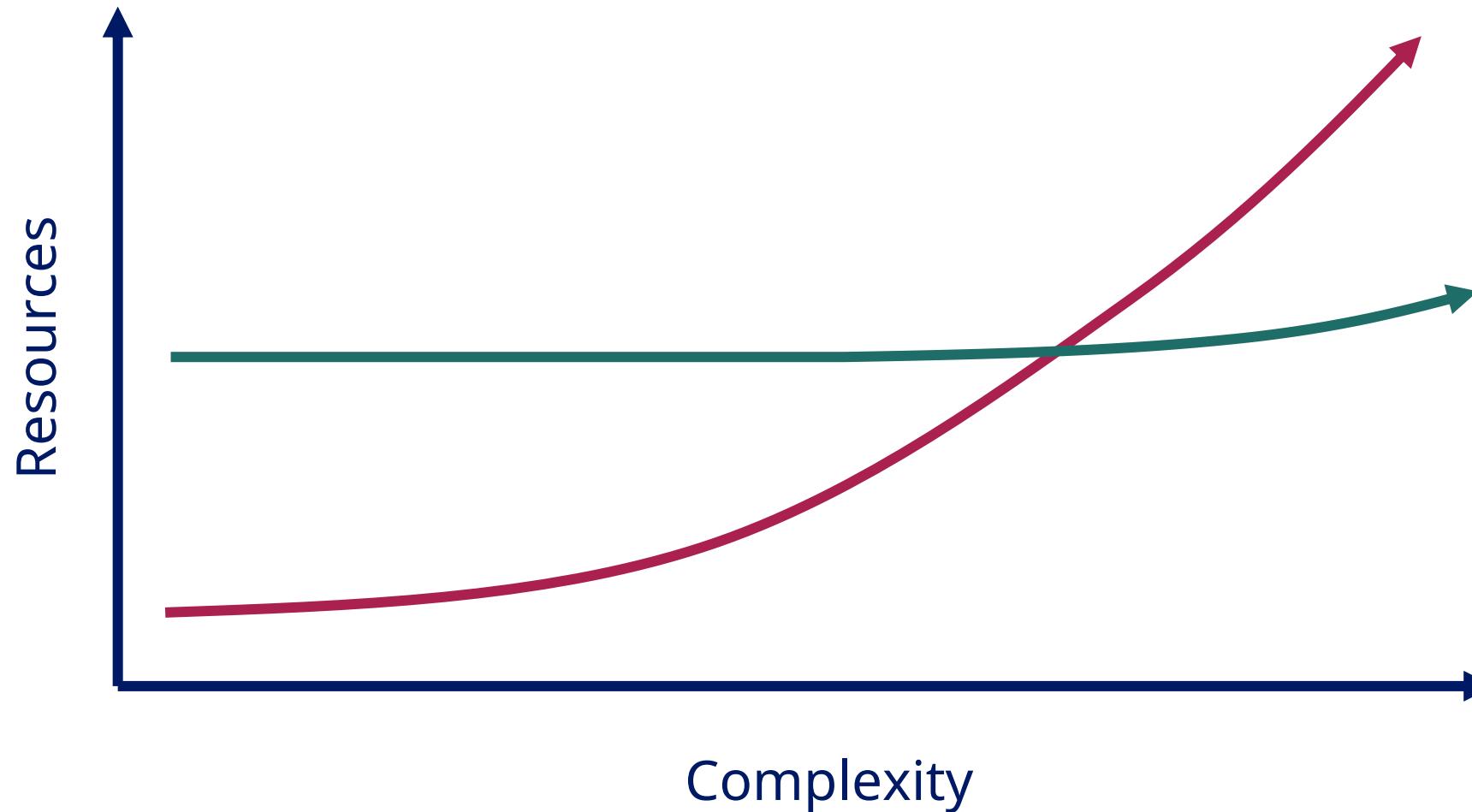
4. What do we do?

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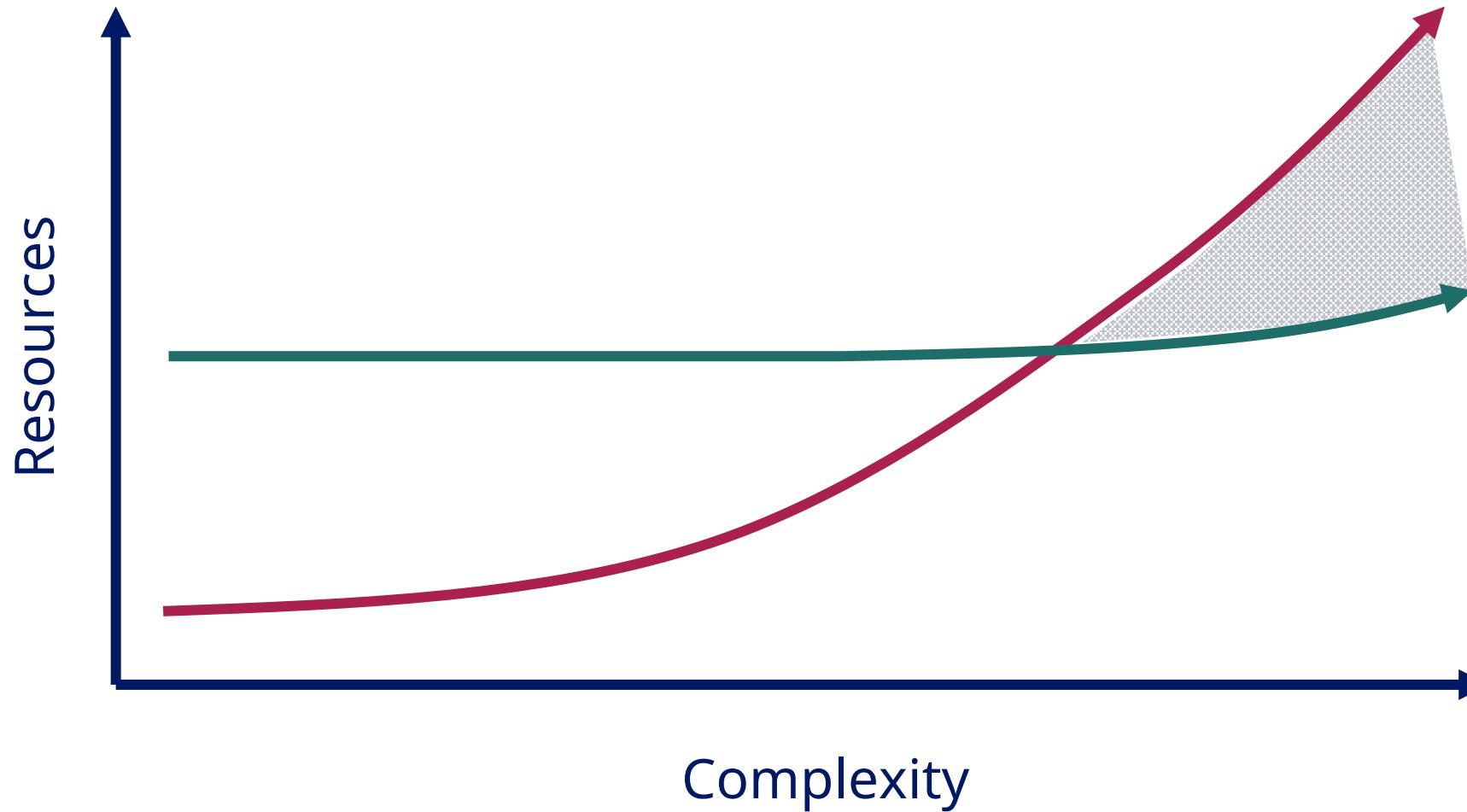
Increasing complexity



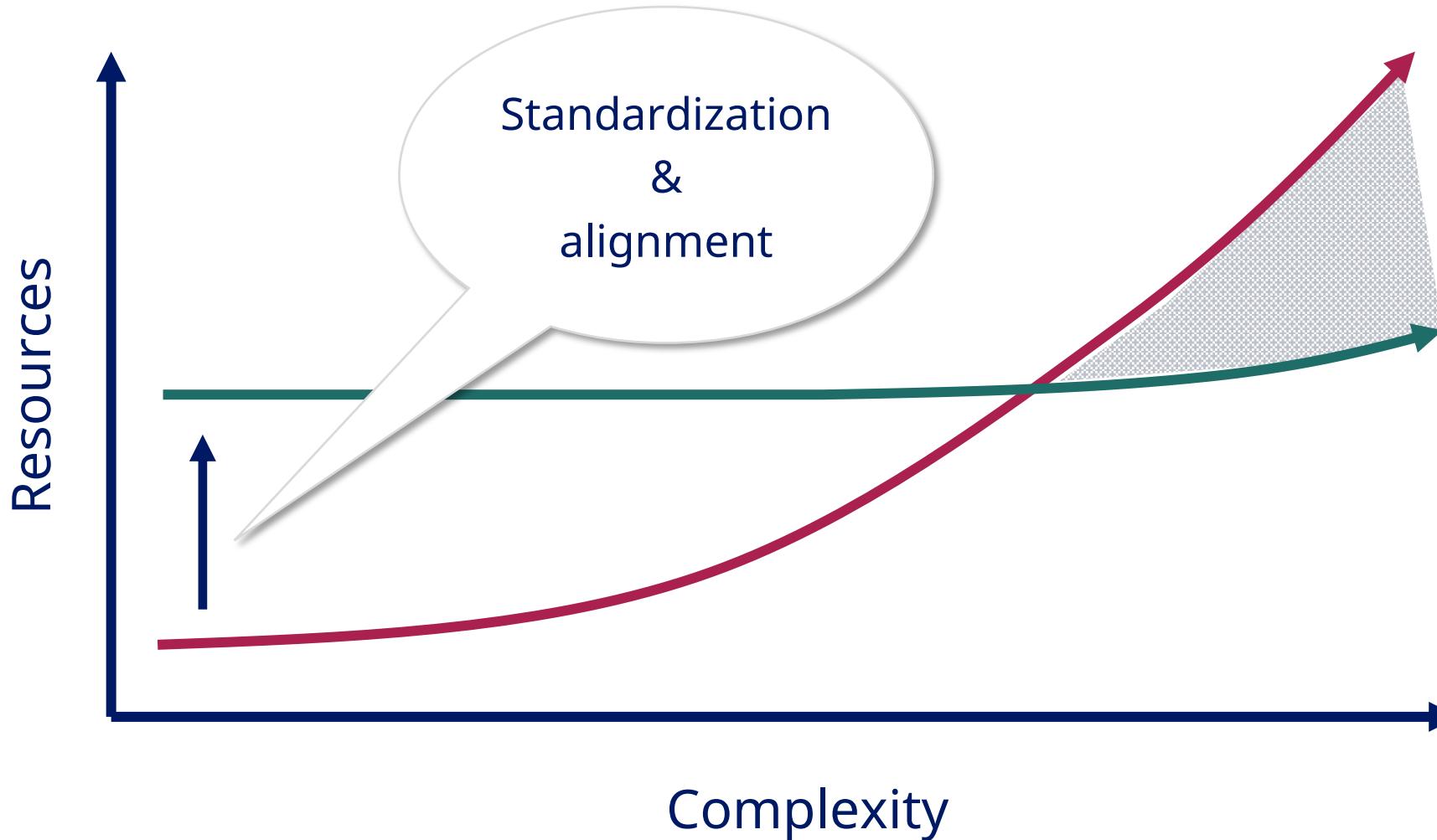
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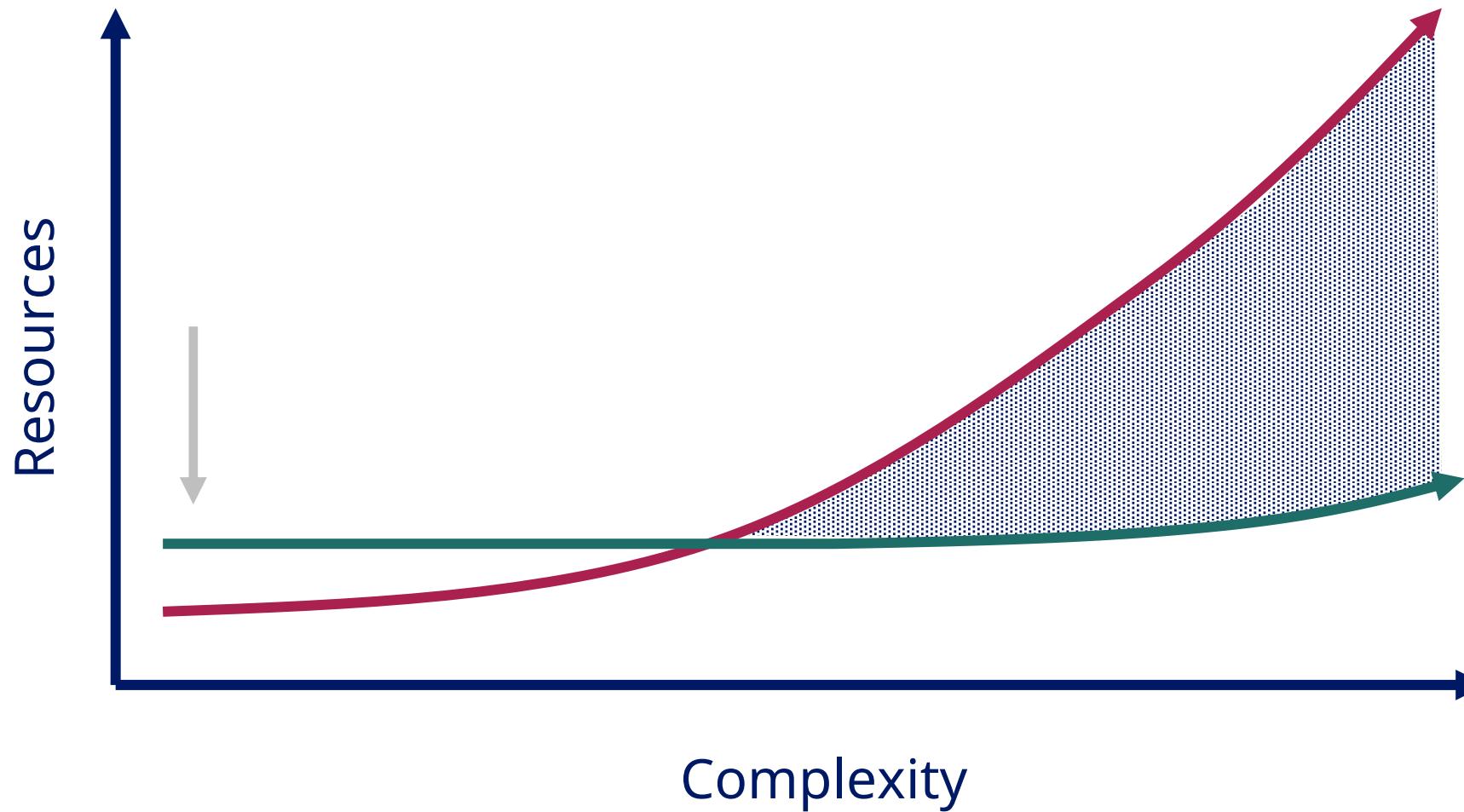
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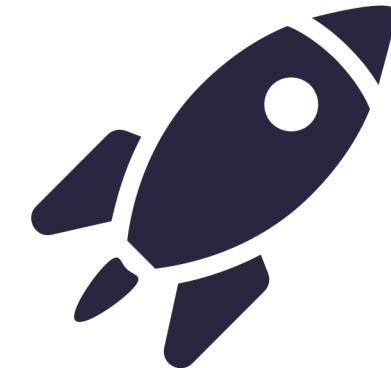


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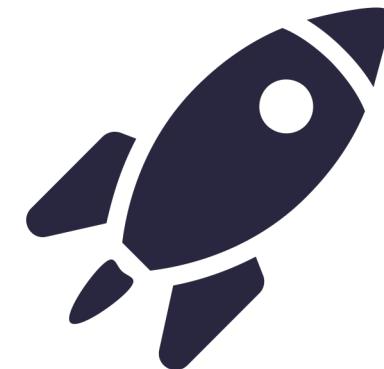
Moonshot

- Submit **4 days after Last Patient Last Visit**



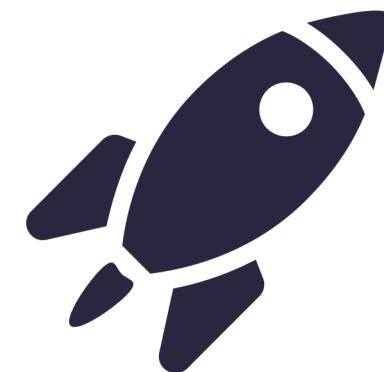
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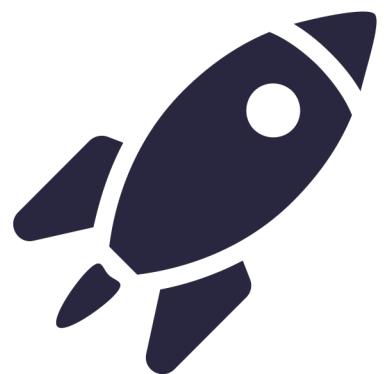
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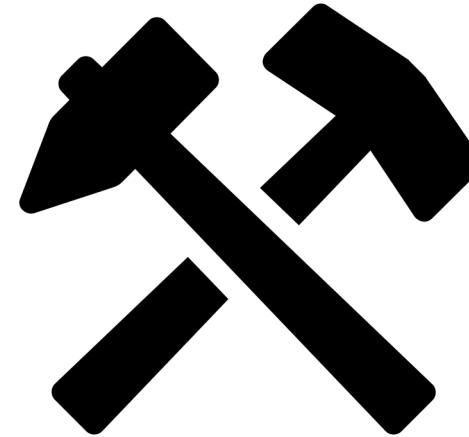
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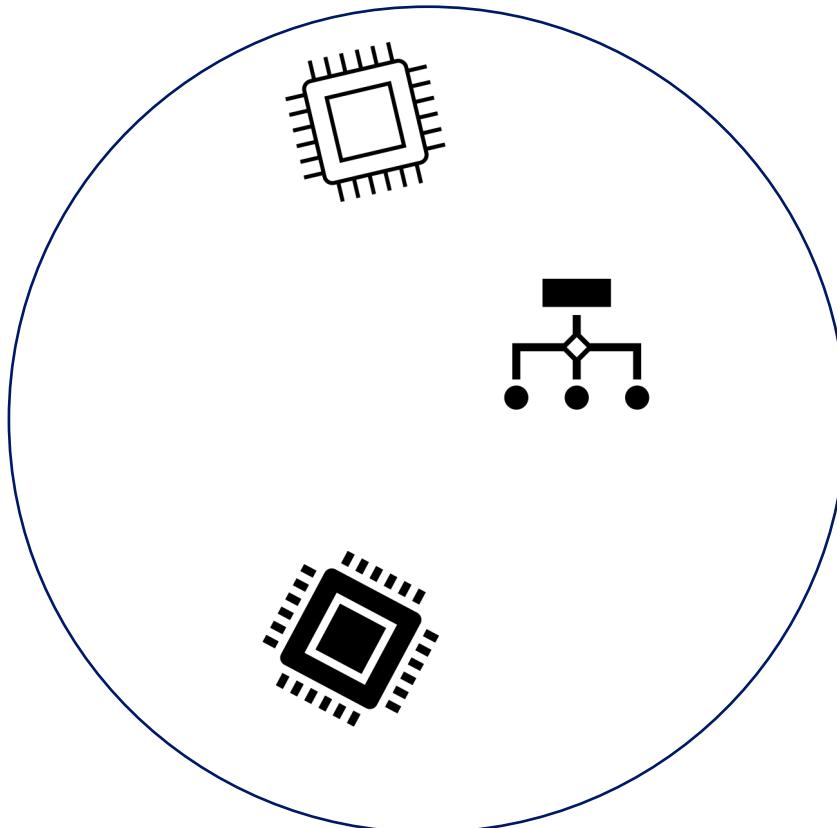
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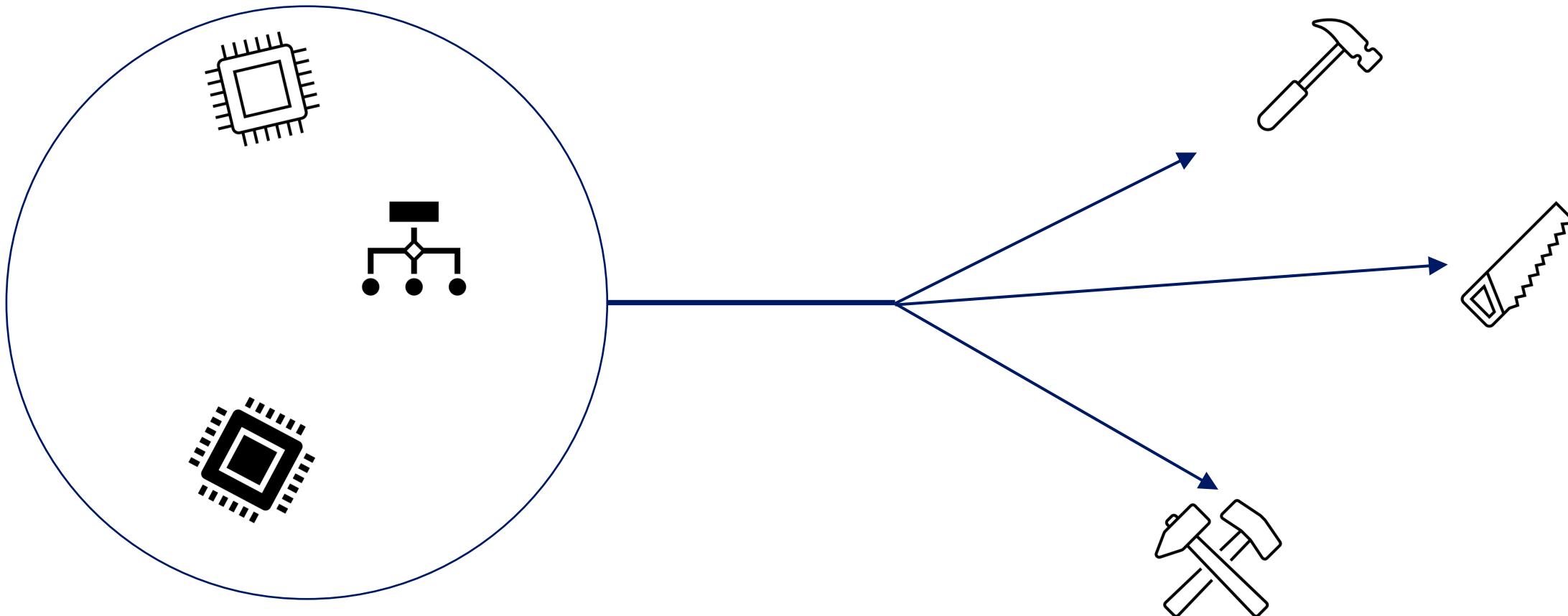
Tools vs.



Tools vs. Infrastructure/frameworks



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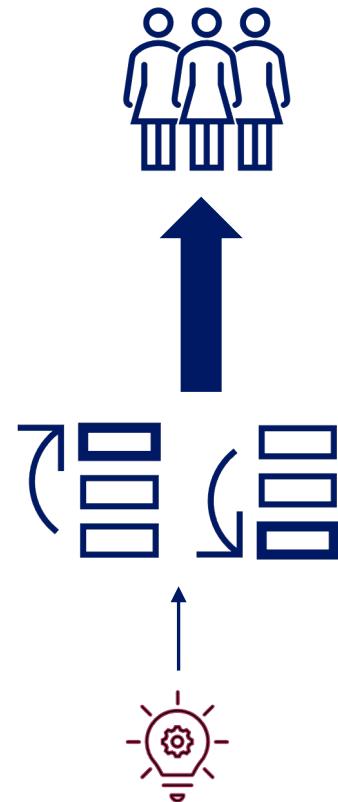
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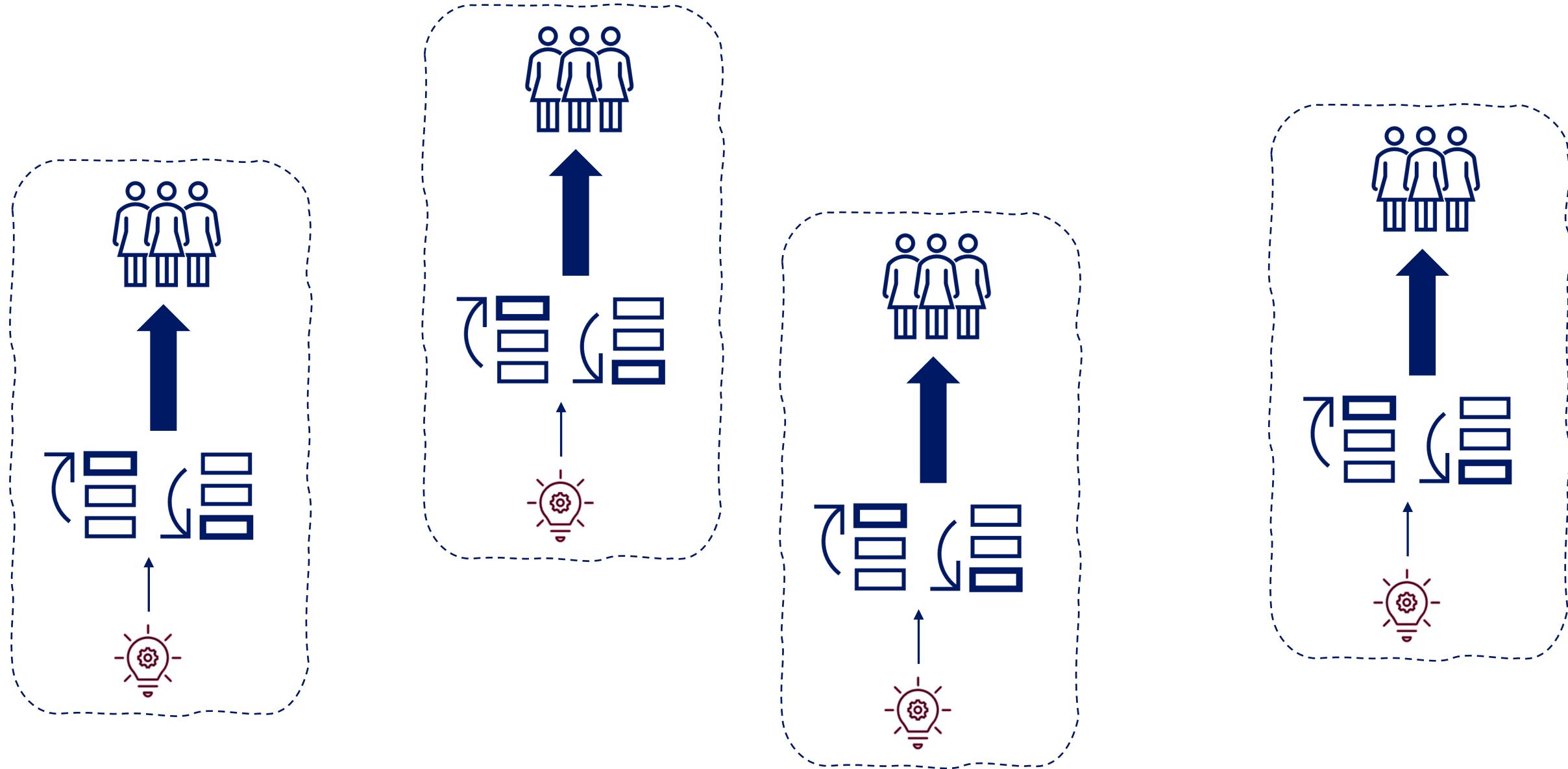
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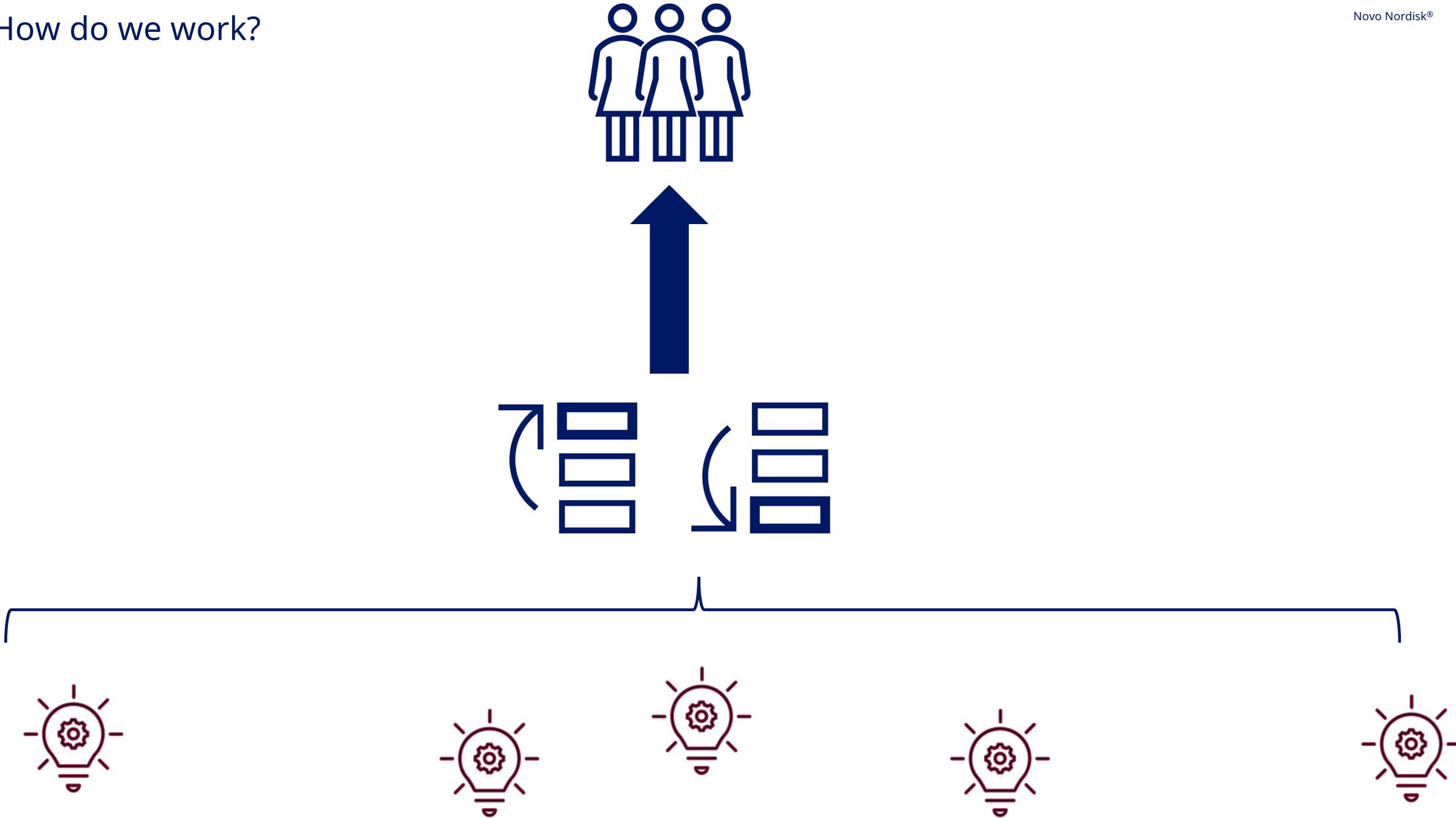
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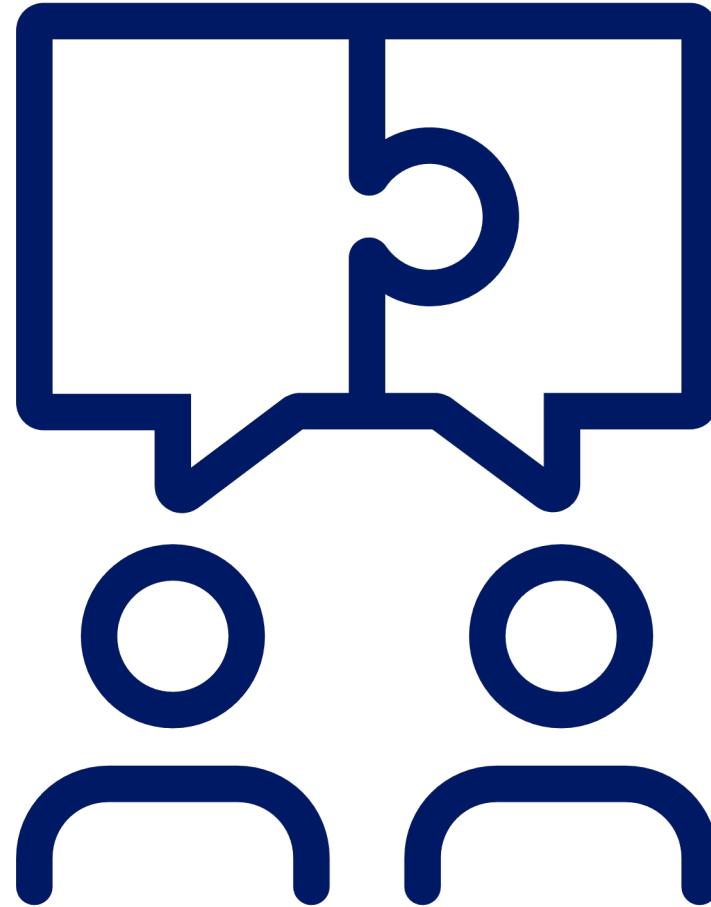


How do we work?



How do we work?





How do we work?

Trial experience

FPFV – until DBL

Interviewer: [REDACTED]

Role of interviewee in the trial: Trial programmer

[REDACTED]

| | | | | |
|--|--|--|--|---|
| <p>Actions What happened? What did you do?</p> | <p>Joined 3-4 months into The trial – mock shells</p> | <p>mock-shells were already prepared ADaM programming of key data sets AEs, bleeding datasets physical Used the program master template and protocols as guidance</p> | <p>It was a tricky trial – data had to be transferred from two different trials - Was very problematic</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>I had a lot of consultants involved (up to 8-9) – a lot of work to both handle my own programming and the issues from the consultants</p> <p>[Introducing Azure and git helps a lot – has worked differently on later trials – did not have to work over time]</p> |
| <p>Thoughts What did you think?</p> | <p>Nice way to understand the trial if inexperienced but not so relevant otherwise</p> | <p>What is needed and why is it needed – was new? Was new trial prog. Asked my lead programmer – this was very helpful</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> |
| <p>Feelings What did you feel?</p> | | <p>Nice, I learned a lot. Now, we have the master ADaM templates + master model</p> | <p>Frustrated</p> | <p>Tough, tired, stressed that we would not make the timeline</p> |

How do we work?

Trial experience

FPFV – until DE

| | | | |
|------------------|-------------------------|------------------------------------|----|
| Actions | Joined 3-4 months into | mock-shells were already prepared | It |
| What happened? | The trial – mock shells | ADaM programming of key data sets | tr |
| What did you do? | | AEs, bleeding datasets physical | - |

Trial experience

FPFV – until DBL

| Thoughts What did you think? | FPFV – until DBL | |
|---|----------------------------------|----------------------------------|
| Actions What happened? What did you do? | | I looked at outputs from SAD and |
| Feelings | The same In DM ai In betwe | |
| | | <h1>Trial experience</h1> |

The same In DM a Trial experience

FPFV – until DBL

| | | | | | |
|--------------------------------|---------------------------------|------|---|---|--|
| Feelings What did you feel? | Thoughts What did you think? | Nice | Actions What happened? What did you do? | Joined 3-4 months into The trial – mock shells | mock-shells were already ADaM programming of AEs, bleeding datasets physical |
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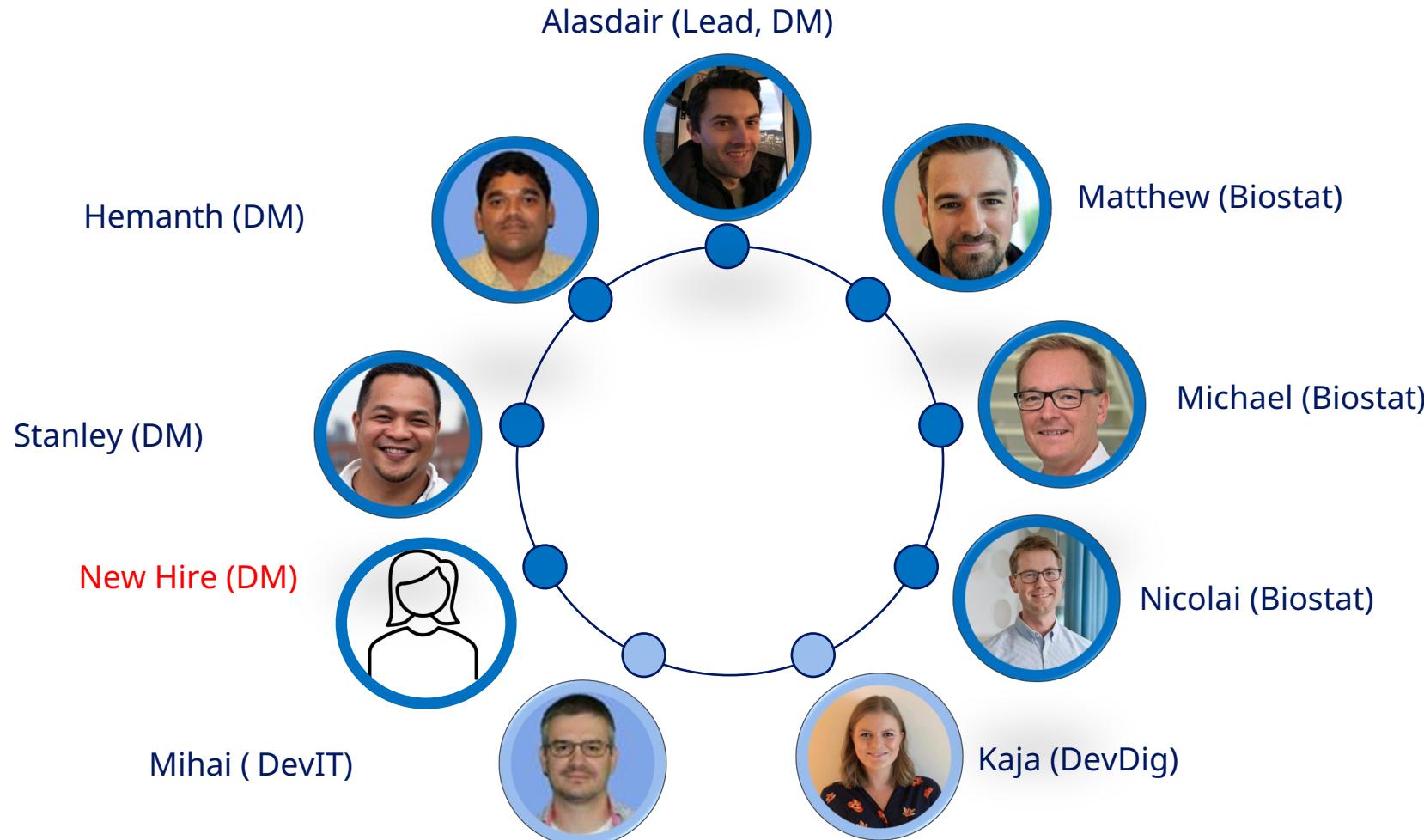
Trial experience

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Interviewer:
Role of interviewee in the trial: Trial stat
Trial ID:

How do we work?

Data Science Automation Group



● Full time allocation ○ Part time allocation

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Proposed activities

Data Management

Biostatistics

Kassandra (automated test data pipeline: EDC to TFL)

Automated query management solution

AMNOG dossier automation

Automated comparison of SDTM datasets between DBLs

Automation of safety narratives

Increased automation in coding of ConMeds

Framework for standard programming

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