

SAS Programming approach for adjustment of treatment switching using Two-Stage Method

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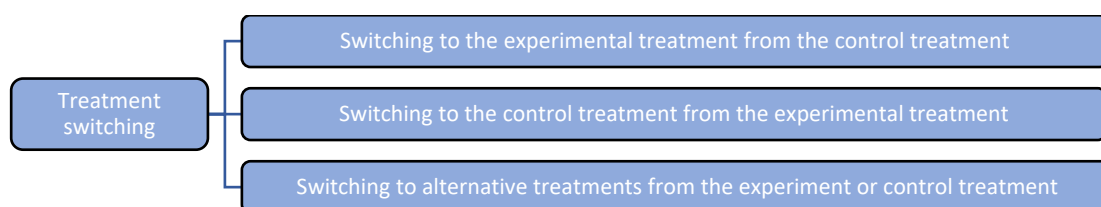
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ABSTRACT

Overall survival (OS) is an ideal primary end point for the majority of Phase III clinical studies in oncology. Treatment switching happens frequently in oncology randomized controlled trials. Some control participants switch from the control treatment to the experimental treatment or new anti-cancer therapy after progression of disease (PD), which causes a bias in analyses for endpoints measured after treatment switch. In that instance, the treatment effect of the investigational drug may be underestimated. The two-stage method is one of the methods generally used for estimating the treatment effect taking treatment switching in to consideration. The development of statistical programming deliverables, which include analysis dataset and outputs, along with our learnings using the “two-stage method” proposed by Latimer et al., will be explained in this paper.

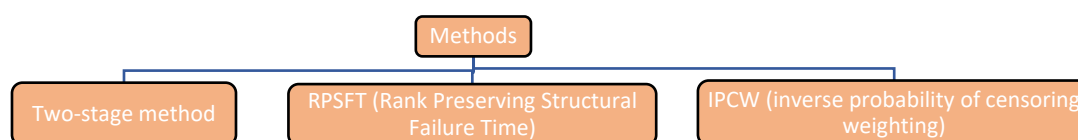
INTRODUCTION

Treatment switching happens frequently in oncology trials. The most common types of treatment switching include:



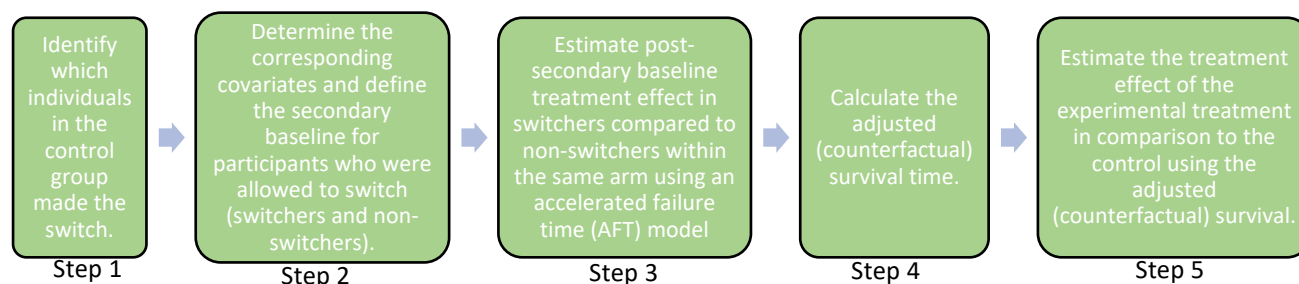
The bias in analyses for endpoints measured in the control treatment may partially represent the effect of the experimental treatment because of the treatment switch outcome in the control treatment. In that case, the actual treatment effect can be underestimated by the observed OS difference.

Across the industry, the following methods are used for estimating the treatment effect after adjustment for the switch.



TWO-STAGE METHOD

The two-stage method is used in oncology trials where treatment switching occurs among participants only after disease progression. The method involves first estimating the effect associated with switching treatments and then using this estimated effect to derive counterfactual survival times for switchers. The method involves the following steps:



ASSUMPTIONS

The following are the primary assumptions for using the two-stage method:

1. No confounders that are unmeasured.
2. OS data follow a parametric distribution, as need to fit a parametric accelerated failure time (AFT) model.
3. It is expected that switching will occur quickly after the PD.

This paper explains the development of statistical programming deliverables, which include an analysis dataset and outputs, as well as our lessons learned for switching to the experimental treatment from the control treatment using the "two-stage method." An illustrative scenario based on a SAS dummy ADTTE (Time to Event) dataset will be used throughout the paper to help with understanding the concept. The snippet of the dummy ADTTE is shown below:

USUBJID	TRT01P	TRT01PN	RACE	ETHNIC	PARAM	PARAMCD	PARAMN	STARTDT	ADT	AVAL	CNSR	ECOGPD	PDSTARDT	NEWPD1DT
Study_100000013	Control	2	Race2	Ethnic2	Overall_Survival	OS	1	07SEP2020	26DEC2020	110	0	0	15OCT2020	.
Study_100000014	Experimental	1	Race2	Ethnic2	Overall_Survival	OS	1	30AUG2020	19JAN2021	142	0	.	.	.
Study_100000015	Control	2	Race2	Ethnic2	Overall_Survival	OS	1	07MAY2020	26AUG2020	111	1	0	18JUN2020	.
Study_100000016	Experimental	1	Race2	Ethnic2	Overall_Survival	OS	1	11OCT2020	17JAN2021	98	0	.	.	.
Study_100000017	Control	2	Race2	Ethnic2	Overall_Survival	OS	1	07MAR2020	18AUG2020	164	0	0	21MAR2020	11APR2020
Study_100000018	Experimental	1	Race1	Ethnic1	Overall_Survival	OS	1	14DEC2020	02JUL2021	200	0	.	.	.
Study_100000019	Control	2	Race1	Ethnic1	Overall_Survival	OS	1	16OCT2020	30MAR2021	165	1	1	03DEC2020	.
Study_100000020	Experimental	1	Race1	Ethnic1	Overall_Survival	OS	1	07JAN2021	27APR2021	110	0	.	.	.
Study_100000021	Control	2	Race1	Ethnic1	Overall_Survival	OS	1	02DEC2020	19APR2021	138	0	0	31DEC2020	09FEB2021
Study_100000022	Experimental	1	Race2	Ethnic2	Overall_Survival	OS	1	13JUL2020	08FEB2021	210	1	.	.	.
Study_100000023	Control	2	Race2	Ethnic2	Overall_Survival	OS	1	17FEB2020	06SEP2020	202	0	0	22FEB2020	01MAR2020

ADOS2STG (ANALYSIS DATASET OF 2-STAGE OS) DATASET

The ADOS2STG dataset is derived using the ADTTE dataset with overall survival data as an input (the appendix contains a dummy ADTTE). Below, we explained the dataset derivation and provided the specification.

Please refer to the specifications and the dataset derivation together for ease of understanding:

Dataset	Description	Class	Structure	Keys	Documentation	Location
ADOS2STG	Analysis Dataset of 2-Stage OS	BASIC DATA STRUCTURE	One record per subject per parameter	USUBJID, PARAMCD	All randomized subjects with available measurements.	ados2stg.xpt

Variable Name	Variable Label	Type	Length/Format	Define Derivation
USUBJID	Unique Subject Identifier	Char	16	ADSL.USUBJID
RACE	Race	Char	5	ADSL.RACE
ETHNIC	Ethnicity	Char	7	ADSL.ETHNIC
TRT01P	Planned Treatment for Period 01	Char	12	ADSL.TRT01P
TRT01PN	Planned Treatment for Period 01 (N)	Integer	1	ADSL.TRT01PN
ECOGPD	ECOG Performance Status at Progression	Integer	1	ECOG Performance Status at Progression
NEWPD1DT	Start Date of Subsequent Trt	Integer	Date9.	Start Date of Subsequent Treatment date
PDSTARDT	Tm to Evnt Crossover Origin Dt for Subj	Integer	Date9.	Date of Progression
TTPROG	Time to Progression (Days)	Integer	8	PDSTARDT-RANDDT+1
CRODT	Crossover Date	Integer	Date9.	For subjects in Control arm only, CRODT= NEWPD1DT
CROTRT	Crossover Trt Grp	Char	70	If CRODT and PDSTARDT are valued and CRODT greater than or equals to PDSTARDT then CROTRT equals to 'Crossover Experimental drug or other Subsequent Therapies'; else if CRODT is missing, then CROTRT equals to 'No Crossover'

CROTRTN	Crossover Trt Grp (N)	Integer	8	1 = 'Crossover Experimental drug or other Subsequent Therapies' 2 = 'No Crossover'
ELIGFL	Eligibility Flag for Indirect Switch	Char	1	ELIGFL='Y' for Control subjects with disease progression.
ACFA	Acceleration Factor (Overall)	float	8	Obtaining ACFA: Fit a parametric survival model based on Log-normal distribution for modelling time-to-event data (from disease progression to ADTTE.ADT where ADTTE.PARAMCD='OS' for subjects with ELIFGL='Y' in Control arm), with Race, Ethnicity, ECOG Performance Status, and time to progression. Take exponential of ESTIMATE from the ODS PARAMETERESTIMATES.
PARAM	Parameter	Char	110	"Overall Survival - Observed " "Overall Survival - Adjusted for Switching Treatments (Secondary Baseline: Time of Progression)"
PARAMCD	Parameter Code	Char	8	"OS" = "Overall Survival - Observed" "OS2STG" = "Overall Survival - Adjusted for Switching Treatments (Secondary Baseline: Time of Progression)"
PARAMN	Parameter (N)	Integer	8	1 = "Overall Survival - Observed" 2 = "Overall Survival - Adjusted for Switching Treatments (Secondary Baseline: Time of Progression)"
AVAL	Analysis Value	Integer	8	If PARAMCD= "OS" then AVAL=ADTTE.AVAL; If PARAMCD="OS2STG" then derive as follows: For subjects in the Experimental arm and in Control arm without switching treatment, AVAL= (ADT-STARTDT+1); For subjects in Control arm switching treatment (i.e., CRODT not equal to Missing and TRT01PN equals to 2), AVAL= (ADT – CRODT) × (1/ACFA) + (CRODT - STARTDT+1); ADTTE.RANDDT
STARTDT	Time-to-Event Origin Date for Subject	Integer	Date9.	ADTTE.RANDDT
ADT	Analysis Date	Integer	Date9.	ADTTE.ADT
CNSR	Censor	Integer	1	ADTTE.CNSR

All randomized subjects with available measurements were included in the ADOS2STG dataset.
ADOS2STG is an ADaM basic data structure class dataset with one record per subject per parameter.

The derivation of the key variables is explained in the paper, and the full ADaM program is provided in the appendix.

Step 1: Identify which individuals in the control group made the switch:

CRODT:

CRODT is the cross-over date for subjects who started subsequent treatment in the Control arm only, i.e., CRODT = NEWPD1DT.

CROTRT and CROTRTN:

CROTRT is derived to know if there is a crossover from Control arm to subsequent therapy.

```

if crodt ne . and pdstartdt ne . and crodt >=pdstartdt then do;
    CROTRT = "Crossover Experimental drug or other Subsequent Therapies";
    CROTRTN =1;
end;
else do;
    CROTRT = "No Crossover";
    CROTRTN=2;
end;

```

ELIGFL:

Eligibility Flag is derived as 'Y' for Control subjects with disease progression.

Step 2: Determine the corresponding covariates and define the secondary baseline for participants who were allowed to switch (switchers and non-switchers):

Covariates can be identified based on the protocol needs. For the analysis purpose of this paper, we are using below as the baseline and secondary baseline covariates:

1. Baseline covariates: Race (RACE), Ethnicity (ETHNIC).
2. Secondary baseline covariates: ECOG Performance Status (ECOGPD) and Time to Progression (TTPROG).

TTPROG:

Time to Progression is derived as PDSTARDT-RANDDT+1.

Step 3: Estimate post-secondary baseline treatment effect in switchers compared to non-switchers within the same arm using an accelerated failure time (AFT) model:

Acceleration Factor (ACFA):

In overall survival (OS) analysis, the acceleration factor quantifies the effect of a covariate (i.e., treatment) on the rate at which time to an event occurs, such as death.

- < 1: The event is accelerated, so the individual is expected to experience the event sooner.
- > 1: The event is decelerated, so the individual is expected to experience the event later.
- = 1: No effect; the survival time is unaffected by the covariate.

We apply ACFA to adjust the OS for participants who switched from the control to the experimental treatment.

We can determine the ACFA for our dataset by fitting a parametric acceleration failure time in lognormal distribution model to the post progression survival and controlling for covariates at baseline and secondary baseline.

For illustration purpose the parametric lognormal distribution model is fitted using the PROC LIFEREG method.

```
%let class_vars =race ethnic ecogpd;
%let model_vars = race ethnic ecogpd ttprog;
ods output parameterestimates=parests(where=(parameter eq "CROTRT" and upcase(level1) ne "NO
CROSSOVER") keep=parameter level1 estimate lowercl uppercl)
convergencestatus=converge(where=(status eq 0) keep=status);

/*Run lifereg*/
proc lifereg data=acfadata order=internal;
  where eligfl="Y";
  class crotrt &class_vars.;
  model aval_pd * cnsr(1) = crotrt &model_vars. /distribution=lognormal;
run;

ods output close;
ods listing;

data acfactor(drop=estimate lowercl uppercl);
  merge parests(drop=parameter level1 in=a) converge(in=b);
  acfa=exp(estimate);
  mgvar='OSSEN';
```

Based on dummy ADTTE, the acceleration factor is **1.14**.

Step 4: Calculate the adjusted (counterfactual) survival time:

AVAL:

For the participants who switched, the ACFA is applied inversely to calculate the adjusted survival time (AVAL).

1. For subjects in Control arm who switched treatment,

$$\text{AVAL} = (\text{ADT} - \text{CRODT}) \times (1/\text{ACFA}) + (\text{CRODT} - \text{STARTDT} + 1) \text{ in days.}$$

2. For subjects who did not switch, the treatment AVAL is same as ADTTE.AVAL.

Below is a snippet of the ADOS2STG dataset, which also highlights changes in AVAL for crossover subjects:

USUBJID	RACE	ETHNIC	TRT01P	TRT01PN	ECOGPD	NEWPD1DT	PDSTARTD	TTPROG	CRODT	CROTRT	CROTRTN	ELIGFL	ACFA	PARAM	PARAMCD	PARAMN	AVAL	STARTDT	ADT	CNSR
Study_100000015	Race2	Ethnic2	Control	2	0	.	18JUN2020	43	.	No Crossover	.	2 Y	1.142596654	Overall Survival - Observed	OS	1	111	07MAY2020	26AUG2020	1
Study_100000015	Race2	Ethnic2	Control	2	0	.	18JUN2020	43	.	No Crossover	.	2 Y	1.142596654	Overall Survival - Adjusted for Switching Treatments (Secondary Baseline: Time of Progression)	OS2STG	2	111	07MAY2020	26AUG2020	1
Study_100000016	Race2	Ethnic2	Experimental	1	.	.	.	.	.	No Crossover	.	2	1.142596654	Overall Survival - Observed	OS	1	98	11OCT2020	17JAN2021	0
Study_100000016	Race2	Ethnic2	Experimental	1	.	.	.	.	.	No Crossover	.	2	1.142596654	Overall Survival - Adjusted for Switching Treatments (Secondary Baseline: Time of Progression)	OS2STG	2	98	11OCT2020	17JAN2021	0
Study_100000017	Race2	Ethnic2	Control	2	0	11APR2020	21MAR2020	15	*****	Crossover Experimental drug or other Subsequent Therapies	.	1 Y	1.142596654	Overall Survival - Observed	OS	1	164	07MAR2020	18AUG2020	0
Study_100000017	Race2	Ethnic2	Control	2	0	11APR2020	21MAR2020	15	*****	Crossover Experimental drug or other Subsequent Therapies	.	1 Y	1.142596654	Overall Survival - Adjusted for Switching Treatments (Secondary Baseline: Time of Progression)	OS2STG	2	148.9	07MAR2020	18AUG2020	0

ANALYSIS RESULTS

Step 5: Estimate the treatment effect of the experimental treatment in comparison to the control using the adjusted (counterfactual) survival:

The ADOS2STG dataset, as derived in the previous section, is used as input to generate the table and figure outputs.

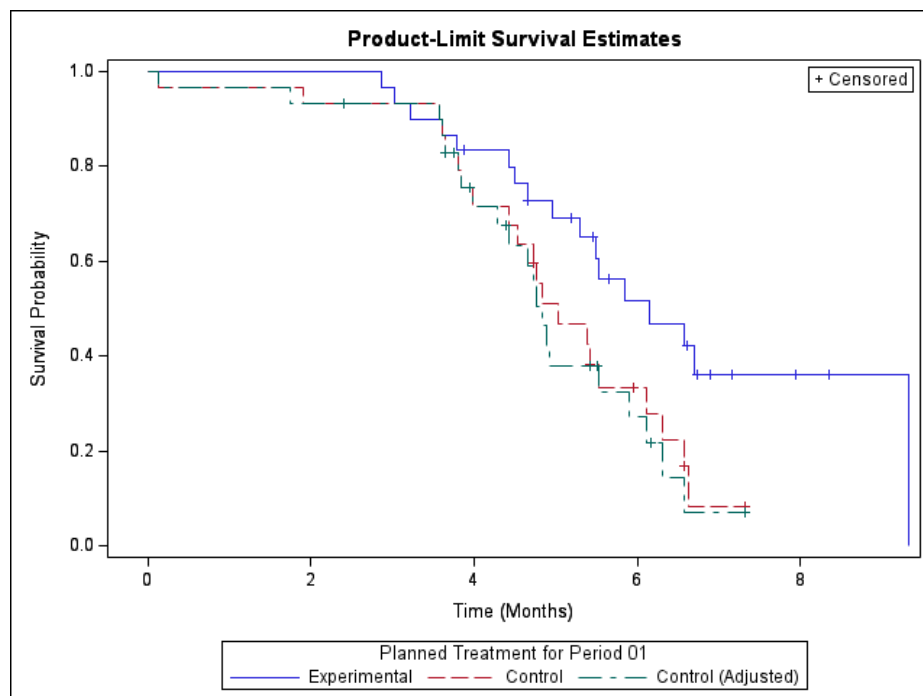
The Kaplan-Meier plot (Figure 1) below, which we created using the PROC LIFETEST procedure, indicates that the survival probability of the control arm is higher than that of the control (adjusted) arm. This is because, in the control arm, the overall survival is overestimated due to treatment switching by eligible participants. To mitigate and demonstrate this bias, we plotted the control (adjusted) arm, where the overall survival of the treatment switchers is adjusted by applying the acceleration factor inversely to the treatment switchers.

```

/*Kmplot, OS Rate at Month 6 in a (95% CI)*/
proc lifetest data= result method=KM alpha=0.05 timelist=6 outsurv=stat reduceout;
    time aval_m*CNSR(1);
    strata trt01pn/order=internal;
    format trt01pn trtfmt.;
    label trt01pn=Planned Treatment for Period 01;
run;
code 1: To output the Kaplan-Meier plot (figure 1)

```

Figure 1: Kaplan-Meier Analysis of Overall Survival



To gain a deeper understanding of the analysis results, we generated the table below (Table 1). From this table, we observe that the overall survival rate at 6 months, with a 95% Confidence Interval (CI) is, 33.49% (15.98, 52.07) for the control arm, whereas 27.11% (10.94, 46.30) for the control (adjusted) arm. Similarly, the event rate for control arm is 15.16 per 100 person-months, whereas the control (adjusted) arm has the event rate of 15.57 per 100 person - months.

These results demonstrate that the OS rate for the control arm is overestimated if the overall survival (OS) time is not adjusted. A more accurate estimate of the OS rate and event rate can be obtained by adjusting the overall survival time for treatment switchers, as demonstrated in the control (adjusted) arm.

**Table 1: Analysis of Overall Survival showing Survival Statistics
(Experimental vs Control vs Control (Adjusted))**

Stats	Experimental	Control	Control (Adjusted)
N	30	30	30
Events (%)	17 (56.7)	21 (70)	21 (70)
Person-Months	165.7	138.5	134.8
Event Rate/ 100 Person- Months (%)	10.25	15.16	15.57
OS Rate at Month 6 in % (95% CI)	51.65 (31.05, 68.88)	33.49 (15.98, 52.07)	27.11 (10.94, 46.30)

We used PROC PHREG to fit the Cox proportional hazards model and obtained the corresponding hazard ratio and Cox p-value, as shown in Table 2 below. The table displays the treatment effect of the experimental arm versus the control arm and control (adjusted) arm. The hazard ratio of 0.507 (experimental vs control) implies that the experimental arm has a 49.3% lower risk of an event occurring compared to the control arm. Similarly, the hazard ratio of 0.456 (experimental vs control (adjusted)) implies that the experimental arm has a 54.4% lower risk of an event occurring compared to the control (adjusted) arm. The Cox p-values of 0.0441 and 0.0212 in the two comparisons, demonstrate the effect of adjusting the overall survival time for treatment switchers.

```

/*Experimental vs Control*/
proc phreg data = result alpha=0.05;
  where trt01pn in (1,2);
  class trt01pn(ref='2');
  model aval_m*CNSR(1) = trt01pn/ r1 TIES=EFRON;
  ods output ParameterEstimates=stat1;
run;

/*Experimental vs Control (Adjusted)*/
proc phreg data = result alpha=0.05;
  where trt01pn in (1,3);
  class trt01pn(ref='3');
  model aval_m*CNSR(1) = trt01pn/ r1 TIES=EFRON;
  ods output ParameterEstimates=stat2;
run;

```

code 2: To output the Table 2 to show Treatment Effect

**Table 2: Analysis of Overall Survival showing Treatment Effect
(Experimental vs Control vs Control (Adjusted))**

Stats	Experimental vs. Control	Experimental vs. Control (Adjusted)
Hazard Ratio (95% CI)	0.507 (0.26, 0.98)	0.456 (0.23, 0.89)
Cox p-Value	0.0441	0.0212

CONCLUSION

Treatment switching is common in oncology trials, and the two-stage method, implemented through the ADOS2STG dataset with ADTTE as input, provides an effective solution to mitigate bias in treatment effect estimation. By identifying eligible treatment switchers, defining a secondary baseline, and selecting appropriate covariates, the acceleration factor is derived and applied inversely to accurately estimate the overall survival of the control (adjusted) arm.

This paper outlines the development of the ADOS2STG dataset, provides a clear implementation framework, and dataset specifications to support regulatory submissions in ADaM format.

To conclude, we emphasize the importance of meeting assumptions and selecting appropriate covariates. As demonstrated in the results section, the derived acceleration factor is applied inversely to treatment switchers, ensuring an accurate estimation of overall survival for the control (adjusted) arm.

ACKNOWLEDGMENTS

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REFERENCES

1. Latimer, N. R., Abrams, K. R., & Lambert, P. C. (2016). Treatment switching: Statistical and decision-making challenges and approaches. *International Journal of Technology Assessment in Health Care*, 32(3), 160–166. <https://doi.org/10.1017/S026646231600026X>
2. Latimer, N. R., Abrams, K. R., Lambert, P. C., & Wailoo, A. J. (2020). Improved two-stage estimation to adjust for treatment switching in randomized trials: G-estimation to address time-dependent confounding. *Statistical Methods in Medical Research*, 29(12), 3551–3570. <https://doi.org/10.1177/0962280220912524>

CONTACT INFORMATION

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APPENDIX:

```

%*-----*;;
%*                               Dummy ADTTE dataset                               *;;
%*-----*;;

data adtte;
  length USUBJID $16 TRT01P $12 RACE $5 ETHNIC $7 PARAM $16 PARAMCD $2 RANDDT $9 PDSTARDT $9
NEWPD1DT $9 STARTDT $9 ADT $9;
  input USUBJID $ TRT01P $ TRT01PN RACE $ ETHNIC $ RANDDT $ PDSTARDT $ NEWPD1DT $ ECOGPD PARAM $
PARAMCD $ PARAMN STARTDT $ ADT $ AVAL CNSR;
  label
    USUBJID='Unique Subject Identifier'
    TRT01P='Planned Treatment for Period 01'
    TRT01PN='Planned Treatment for Period 01 (N)'
    RACE='Race'
    ETHNIC='Ethnicity'
    RANDDT='Date of Randomization'
    PDSTARDT='Date of Progression'
    NEWPD1DT='Start Date of Subsequent Trt'
    ECOGPD='ECOG Performance Status at Progression'
    PARAM='Parameter'
    PARAMCD='Parameter Code'
    PARAMN='Parameter (N)'
    STARTDT='Time-to-Event Origin Date for Subject'
    ADT='Analysis Date'
    AVAL='Analysis Value'
    CNSR='Censor';

  datalines;
Study_100000001      Control      2      Race1      Ethnic1 29NOV2020      12DEC2020      .
      0      Overall_Survival      OS      1      29NOV2020      25APR2021      147      0
Study_100000002      Experimental  1      Race1      Ethnic1 14OCT2020      .
      .      Overall_Survival      OS      1      14OCT2020      21MAR2021      158      1
Study_100000003      Control      2      Race1      Ethnic1 16JUL2020      30JUL2020      .
      1      Overall_Survival      OS      1      16JUL2020      27SEP2020      73      1
Study_100000004      Experimental  1      Race2      Ethnic2 11MAY2020      .
      .      Overall_Survival      OS      1      11MAY2020      05NOV2020      178      0
Study_100000005      Control      2      Race2      Ethnic2 12APR2020      .
      .      Overall_Survival      OS      1      12APR2020      07AUG2020      117      0
Study_100000006      Experimental  1      Race2      Ethnic2 29NOV2020      06JAN2021      .
      0      Overall_Survival      OS      1      29NOV2020      05JUL2021      218      1
Study_100000007      Control      2      Race2      Ethnic2 28OCT2020      09JAN2021      .
      0      Overall_Survival      OS      1      28OCT2020      08MAY2021      192      0
Study_100000008      Experimental  1      Race2      Ethnic2 23MAY2020      26JUL2020      .
      0      Overall_Survival      OS      1      23MAY2020      10DEC2020      201      1
Study_100000009      Control      2      Race1      Ethnic1 08FEB2020      02APR2020      .
      1      Overall_Survival      OS      1      08FEB2020      18SEP2020      223      1
Study_100000010      Experimental  1      Race1      Ethnic1 11JUN2020      .
      .      Overall_Survival      OS      1      11JUN2020      11SEP2020      92      0
Study_100000011      Control      2      Race1      Ethnic1 18JUN2020      23JUN2020      .
      0      Overall_Survival      OS      1      18JUN2020      03DEC2020      168      0
Study_100000012      Experimental  1      Race1      Ethnic1 25DEC2020      .
      .      Overall_Survival      OS      1      25DEC2020      11JUN2021      168      0
Study_100000013      Control      2      Race2      Ethnic2 07SEP2020      15OCT2020      .
      0      Overall_Survival      OS      1      07SEP2020      26DEC2020      110      0
Study_100000014      Experimental  1      Race2      Ethnic2 30AUG2020      .
      .      Overall_Survival      OS      1      30AUG2020      19JAN2021      142      0
Study_100000015      Control      2      Race2      Ethnic2 07MAY2020      18JUN2020      .
      0      Overall_Survival      OS      1      07MAY2020      26AUG2020      111      1
Study_100000016      Experimental  1      Race2      Ethnic2 11OCT2020      .
      .      Overall_Survival      OS      1      11OCT2020      17JAN2021      98      0
Study_100000017      Control      2      Race2      Ethnic2 07MAR2020      21MAR2020
      11APR2020      0      Overall_Survival      OS      1      07MAR2020      18AUG2020
      164      0
Study_100000018      Experimental  1      Race1      Ethnic1 14DEC2020      .
      .      Overall_Survival      OS      1      14DEC2020      02JUL2021      200      0
Study_100000019      Control      2      Race1      Ethnic1 16OCT2020      03DEC2020      .
      1      Overall_Survival      OS      1      16OCT2020      30MAR2021      165      1
Study_100000020      Experimental  1      Race1      Ethnic1 07JAN2021      .
      .      Overall_Survival      OS      1      07JAN2021      27APR2021      110      0

```


Study_100000021	Control	2	Race1	Ethnic1	02DEC2020	31DEC2020		
09FEB2021	0	Overall_Survival	OS	1	02DEC2020	19APR2021		
138	0							
Study_100000022	Experimental	1	Race2	Ethnic2	13JUL2020	.	.	
.	Overall_Survival	OS	1	13JUL2020	08FEB2021	210	1	
Study_100000023	Control	2	Race2	Ethnic2	17FEB2020	22FEB2020		
01MAR2020	0	Overall_Survival	OS	1	17FEB2020	06SEP2020		
202	0							
Study_100000024	Experimental	1	Race2	Ethnic2	19DEC2020	05FEB2021	.	
0	Overall_Survival	OS	1	19DEC2020	10MAY2021	142	1	
Study_100000025	Control	2	Race2	Ethnic2	16AUG2020	.	.	
.	Overall_Survival	OS	1	16AUG2020	08JAN2021	145	0	
Study_100000026	Experimental	1	Race2	Ethnic2	15APR2020	.	.	
.	Overall_Survival	OS	1	15APR2020	05NOV2020	204	0	
Study_100000027	Control	2	Race1	Ethnic1	29JAN2021	.	.	
.	Overall_Survival	OS	1	29JAN2021	03AUG2021	186	0	
Study_100000028	Experimental	1	Race1	Ethnic1	03DEC2020	.	.	
.	Overall_Survival	OS	1	03DEC2020	19APR2021	137	0	
Study_100000029	Control	2	Race1	Ethnic1	10APR2020	.	.	
.	Overall_Survival	OS	1	10APR2020	09AUG2020	121	0	
Study_100000030	Experimental	1	Race1	Ethnic1	16NOV2020	20DEC2020	.	
0	Overall_Survival	OS	1	16NOV2020	16APR2021	151	0	
Study_100000031	Control	2	Race2	Ethnic2	04JAN2021	08FEB2021		
10MAR2021	0	Overall_Survival	OS	1	04JAN2021	04JUL2021		
181	1							
Study_100000032	Experimental	1	Race2	Ethnic2	22JUN2020	.	.	
.	Overall_Survival	OS	1	22JUN2020	26DEC2020	187	0	
Study_100000033	Control	2	Race2	Ethnic2	07NOV2020	22NOV2020	.	
0	Overall_Survival	OS	1	07NOV2020	26MAY2021	200	0	
Study_100000034	Experimental	1	Race2	Ethnic2	20NOV2020	12MAR2021	.	
0	Overall_Survival	OS	1	20NOV2020	20JUL2021	242	1	
Study_100000035	Control	2	Race2	Ethnic2	12FEB2020	22MAR2020	.	
0	Overall_Survival	OS	1	12FEB2020	11JUN2020	120	1	
Study_100000036	Experimental	1	Race1	Ethnic1	18MAR2020	27APR2020	.	
0	Overall_Survival	OS	1	18MAR2020	27DEC2020	284	0	
Study_100000037	Control	2	Race1	Ethnic1	04JUN2020	10JUN2020	.	
0	Overall_Survival	OS	1	04JUN2020	23SEP2020	111	0	
Study_100000038	Experimental	1	Race1	Ethnic1	10OCT2020	.	.	
.	Overall_Survival	OS	1	10OCT2020	05JAN2021	87	0	
Study_100000039	Control	2	Race1	Ethnic1	09MAY2020	08JUN2020	.	
1	Overall_Survival	OS	1	09MAY2020	31AUG2020	114	1	
Study_100000040	Experimental	1	Race2	Ethnic2	24JUL2020	01OCT2020	.	
0	Overall_Survival	OS	1	24JUL2020	04APR2021	254	1	
Study_100000041	Control	2	Race2	Ethnic2	03JUL2020	14AUG2020	.	
0	Overall_Survival	OS	1	03JUL2020	15NOV2020	135	0	
Study_100000042	Experimental	1	Race2	Ethnic2	15NOV2020	18DEC2020	.	
0	Overall_Survival	OS	1	15NOV2020	06MAY2021	172	1	
Study_100000043	Control	2	Race2	Ethnic2	02JUL2020	20JUL2020		
22AUG2020	0	Overall_Survival	OS	1	02JUL2020	23NOV2020		
144	1							
Study_100000044	Experimental	1	Race2	Ethnic2	12JUN2020	16JUL2020	.	
0	Overall_Survival	OS	1	12JUN2020	08OCT2020	118	1	
Study_100000045	Control	2	Race1	Ethnic1	23MAY2020	.	.	
.	Overall_Survival	OS	1	23MAY2020	16SEP2020	116	0	
Study_100000046	Experimental	1	Race1	Ethnic1	21APR2020	.	.	
.	Overall_Survival	OS	1	21APR2020	04OCT2020	166	1	
Study_100000047	Control	2	Race1	Ethnic1	11JUL2020	23AUG2020		
13OCT2020	1	Overall_Survival	OS	1	11JUL2020	27JAN2021		
200	1							
Study_100000048	Experimental	1	Race1	Ethnic1	05OCT2020	24NOV2020	.	
0	Overall_Survival	OS	1	05OCT2020	21MAR2021	167	0	
Study_100000049	Control	2	Race2	Ethnic2	12SEP2020	24OCT2020	.	
0	Overall_Survival	OS	1	12SEP2020	03FEB2021	144	0	
Study_100000050	Experimental	1	Race2	Ethnic2	11MAY2020	25MAY2020	.	
0	Overall_Survival	OS	1	11MAY2020	23SEP2020	135	0	
Study_100000051	Control	2	Race2	Ethnic2	02FEB2020	03FEB2020		
13FEB2020	0	Overall_Survival	OS	1	02FEB2020	31MAR2020		
58	0							
Study_100000052	Experimental	1	Race2	Ethnic2	15AUG2020	.	.	
.	Overall_Survival	OS	1	15AUG2020	08MAR2021	205	1	

Study_100000053	Control	2	Race2	Ethnic2	22APR2020	02MAY2020	
26MAY2020	0	Overall_Survival	OS	1	22APR2020	04OCT2020	
165	0						
Study_100000054	Experimental	1	Race1	Ethnic1	04JUL2020	26JUL2020	.
0	Overall_Survival	OS	1	04JUL2020	27OCT2020	115	0
Study_100000055	Control	2	Race1	Ethnic1	12DEC2020	.	.
.	Overall_Survival	OS	1	12DEC2020	16DEC2020	4	0
Study_100000056	Experimental	1	Race1	Ethnic1	25SEP2020	27OCT2020	.
1	Overall_Survival	OS	1	25SEP2020	14FEB2021	142	1
Study_100000057	Control	2	Race1	Ethnic1	01MAR2020	06APR2020	
25APR2020	0	Overall_Survival	OS	1	01MAR2020	01AUG2020	
153	0						
Study_100000058	Experimental	1	Race2	Ethnic2	01JAN2021	22FEB2021	.
0	Overall_Survival	OS	1	01JAN2021	11JUN2021	161	0
Study_100000059	Control	2	Race2	Ethnic2	22JAN2021	16FEB2021	.
0	Overall_Survival	OS	1	22JAN2021	11MAY2021	109	0
Study_100000060	Experimental	1	Race2	Ethnic2	18SEP2020	23SEP2020	.
0	Overall_Survival	OS	1	18SEP2020	07APR2021	201	1

```
;
run;

data adtte;
set adtte;
/*Convert Dates from Charecter to Numeric*/
RANDDT1=input(RANDDT,date9.);
PDSTARDT1=input(PDSTARDT,date9.);
NEWPD1DT1=input(NEWPD1DT,date9.);
STARTDT1=input(STARTDT,date9.);
ADT1=input(ADT,date9.); ;
format RANDDT1 PDSTARDT1 NEWPD1DT1 STARTDT1 ADT1 date9.;
drop RANDDT PDSTARDT NEWPD1DT STARTDT ADT;
rename RANDDT1=RANDDT PDSTARDT1=PDSTARDT NEWPD1DT1=NEWPD1DT STARTDT1=STARTDT ADT1=ADT;

run;

%*-----*;
%* OS Stage 2 dataset *;
%*-----*;

/*Read adtte data to derive flags, add new derived variables*/
data adosapl;
set adtte;

/*CRODT*/
if trt01pn eq 2 and newpd1dt ne . then crodt = newpd1dt;
format crodt yymmdd10.;

/*CROTRT, CROTRTN*/
if crodt ne . and pdstardt ne . and crodt >=pdstardt then do;
CROTRT = "Crossover Experimental drug or other Subsequent Therapies";
crotrtn =1;
end;
else do;
CROTRT = "No Crossover";
crotrtn=2;
end;

/*TTPROG*/
if pdstardt ne . and randdt ne . then ttprog = pdstardt - randdt + 1;

/*ELIGFL*/
if not ((not missing(crodt) and not missing(pdstardt) and crodt < pdstardt) or trt01pn =
1 or pdstardt = .) then do;
eligfl = "Y";
end;

mgvar='OSSEN';

run;

proc sort; by mgvar; run;
```

```

/*Calculate Acceleration factors*/
data acfadata;
  set adosap1;
  if n(adtt, pdstardt)=2 then aval_pd = adtt - pdstardt + 1;
run;

%let class_vars =race ethnic ecogpd;
%let model_vars = race ethnic ecogpd ttprog;
ods output parameterestimates=parests(where=(parameter eq "CROTRT" and upcase(level1) ne "NO
CROSSOVER") keep=parameter level1 estimate lowercl uppercl)
convergencestatus=converge(where=(status eq 0) keep=status);

/*Run lifereg*/
proc lifereg data=acfadata order=internal;
  where eligfl="Y";
  class crotrt &class_vars.;
  model aval_pd * cnsr(1) = crotrt &model_vars. /distribution=lognormal;
run;

ods output close;
ods listing;

data acfactor(drop=estimate lowercl uppercl);
  merge parests(drop=parameter level1 in=a) converge(in=b);
  acfa=exp(estimate);
  mgvar='OSSEN';

proc sort; by mgvar; run;

/*Merge adosap1 and acfactor*/
data final;
  merge adosap1 acfactor;
  by mgvar;
run;

/*OS Observed dataset */
data final_os;
  length param $200. paramcd $8.;
  set final;
  param = "Overall Survival - Observed";
  paramcd = "OS";
  paramn = 1;
run;

/*OS Adjusted dataset */
data final_os2stg;
  length param $200. paramcd $8.;
  set final;
  param = "Overall Survival - Adjusted for Switching Treatments (Secondary Baseline: Time
of Progression)";
  paramcd = "OS2STG";
  paramn = 2;

/*For subjects in Control arm switching treatment*/

  if crodt ne . and trt01pn eq 2 then aval = (adtt-crodt)*(1/acfa) + (crodt-startdt+1);
run;

/*ados2stg Dataset*/
data ados2stg;
  RETAIN USUBJID TRT01P TRT01PN RACE ETHNIC ECOGPD NEWPD1DT PDSTARDT TTTPROG CRODT CROTRT
CROTRTN ELIGFL ACFA PARAM PARAMCD PARAMN AVAL STARTDT ADT CNSR;
  set final_os final_os2stg;
  keep usubjid trt01p trt01pn race ethnic ecogpd newpd1dt pdstardt ttprog crodt crotrt
crotrtn eligfl acfa param paramcd paramn aval startdt adt cnsr;
run;

proc sort data=ados2stg; by usubjid paramn; run;

```

```

%*-----*
%*                               Results                               *
%*-----*

/*Adjust dataset to include 3 results */
data result;
  length trt01p $20;
  set ados2stg;
  if paramcd in ("OS", "OS2STG");
  if paramcd="OS2STG" and trt01pn=1 then delete; /*Remove experimental arm*/
  if paramcd="OS2STG" and trt01pn=2 then do; /*Rename control arm to adjusted contrtol arm*/
    trt01pn=3; trt01p="Control (Adjusted)";
  end;
  aval_m=aval/30.4367; /*aval converted to month*/
  label aval_m="Time (Months)";
run;

/*Format*/
proc format;
  value trtfmt
    1 = "Experimental"
    2 = "Control"
    3 = "Control (Adjusted)";
run;

/*N*/
proc freq data=result noprint;
  tables trt01pn/out=N_count(drop=percent);
  format trt01pn trtfmt.;
run;

/*Number of Events (%)*/
proc freq data=result noprint;
  tables trt01pn /out=event_count(drop=percent);
  where CNSR EQ 0;
  format trt01pn trtfmt.;
run;

/*Kmplot, OS Rate at Month 6 in %a (95% CI)*/
proc lifetest data= result method=KM alpha=0.05 timelist=6 outsurv=stat reduceout;
  time aval_m*CNSR(1);
  strata trt01pn/order=internal;
  format trt01pn trtfmt.;
  label trt01pn=Planned Treatment for Period 01;
run;

/*Person-Months*/
proc means data=result sum nway;
  var aval_m;
  class trt01pn;
  output out=des_stats sum=sum;
run;

/*Event Rate / 100 person time = number of events / person-time * 100*/
data rate;
  merge des_stats event_count;
  by trt01pn;
  rate=(count/sum)*100;
  keep trt01pn rate;
run;

/*HR and P Value from Cox regression Model*/

/*Experimental vs Control*/
proc phreg data = result alpha=0.05;
  where trt01pn in (1,2);
  class trt01pn(ref='2');
  model aval_m*CNSR(1) = trt01pn/ rl TIES=EFRON;
  ods output ParameterEstimates=stat1;
run;

```

