



Approaches to maximize benefits of technology, data and agile techniques in clinical research

Phuse SDE
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Presenting today on behalf of GSK Biostatistics and Tech



Samantha Warden

VP, Head Clinical Programming &
Business Excellence, GSK

- Influencer in the field of pharmaceutical data science and analytics.
- Career spans three decades, bringing depth and perspective of not only how we manage, analyse and share data, but why we do it.
- Passionate about enabling the data to tell its story to support great decision making as well as innovative design to optimize resources and maximize results.
- Leads GSK's Clinical Programming and Business Excellence function with teams across Europe, US and Asia.
- Previously worked as a technology consultant to the industry, and held leadership positions at CROs, biotech and pharma companies in the UK and Switzerland.
- She is married with three grown up children and a dog and in her spare time enjoys running, sailing and international cuisine

Education & Certifications

- *Sam holds an MBA, and a Bachelor of Science in Biology from the University of Manchester*
- *She is a regular contributor at phuse*

Top 5 Strengths*

Responsibility, Arranger, Futuristic,
Learner, Activator

*CliftonStrengths



Disclaimer

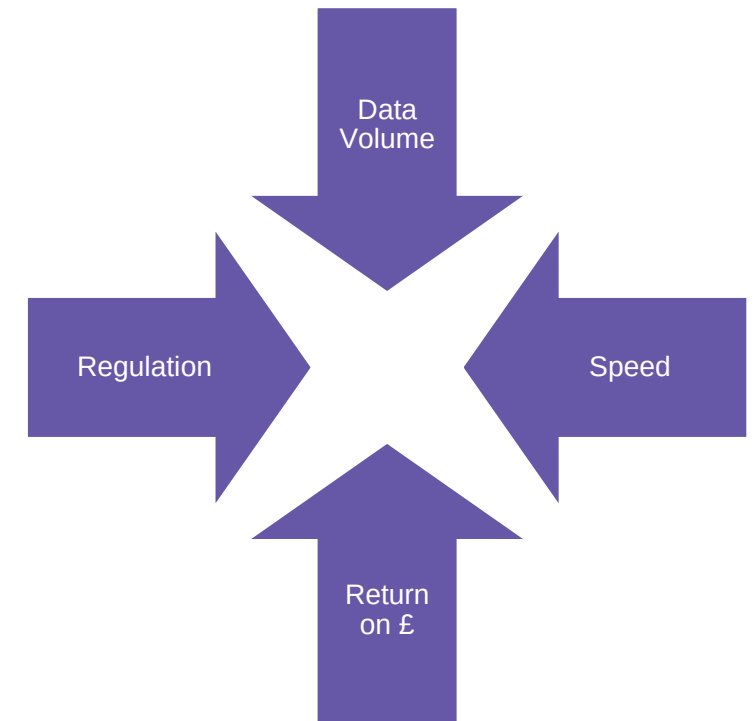
- This presentation is for informational purposes only and should not be construed as professional guidance or advice. The views and opinions expressed in this presentation are those of the presenters and do not necessarily reflect the views or policies of GSK.

Background

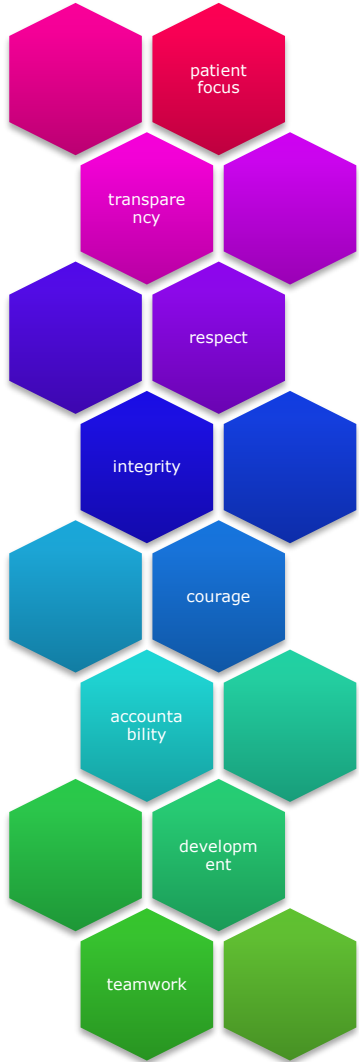
In 2020, GSK embarked on an ambitious journey spanning technology, data and workflow to create a future-fit data and analytics capability for GSK

The Clinical Programming community is witnessing an inflection point in clinical data analytics with more traction to use new programming languages, dynamic data visualization tools, and to unravel the clinical evidence leveraging data from various sources and using AI/ML

External	Industry	Internal
• Increase in regulation • Aging population • Global pandemic • Economic Crisis • Data scientist skillset is becoming a «literacy» skill	• New competitors (Google, Apple, Samsung) • Connected health (data volumes) • Personalized medicine (targeting right treatment at right time for the individual) • Wellness vs Illness	• Size & Scale • Technical platforms • AI/ML • War for talent



Our Ambition



Empower project facing teams with the right **instruments** to transform **data into action** so that we can get ahead of disease together

- Agility in exploration, rigour in delivery
- Enabling computers to mimic (or improve on) human behavior
- Focusing humans to gain insights based on data
- Compliant with regulations & aligned to goals

How have we approached this?

- revolutionised GSK's statistical computing environment to make it a data science platform
- training our teams to leverage multi-lingual programming approaches (mostly R so far)
- Building agile ways of working
- Experimenting with pushing the boundaries of workflow by deploying agile methodologies

Maximizing Benefits

- Create a clear North Star
- Identify the benefits and commit to them
 - Accelerated delivery (holistic view, driven with metrics/KPIs)
 - Released reliance on proprietary software (bold decisions)
 - Reduced cost of delivery (holistic view, accompanied by budget target)
 - Quality paramount (culture & KPIs)
- Strong Tech-business partnership
- Build in slices, and iterate
 - SPACE platform
 - SPACE apps
 - Automation
 - Process & Organization



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Technology

From presentations by Eileen Ching & Saurin Mehta

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▶ Adopting New Ways of Working

Moving FROM

- 🐎 Creation of static tables/listings/figures delivered to medical writers, repeating this process with new/updated requests
- 🐎 Publishing study results and submission packages to downstream consumers with multiple manual steps
- 🐎 Two separate clinical reporting environments running different processes; monolithic, slow, complex and rely on legacy tools
- 🐎 Having to go to different environments to run SAS, R, Python, etc.
- 🐎 Disparate environments and tools for clinical and non-clinical Biostatistics and data scientists



Moving TO

- 🚗 Dynamic dashboards allow medical writers to explore data and find the data visualizations they need
- 🚗 Publishing study results and submission packages to downstream systems with an easy-to-use and more automated tool
- 🚗 A statistical computing environment powered by modern data science platform with redesigned business processes
- 🚗 A single platform with multilingual support that lets you use the right tool for the job
- 🚗 A single unified, flexible, and scalable platform for GxP/regulated and non-GxP/exploratory work

Key Design Principles



Cloud-native



Flexible



Extensible



Multilingual



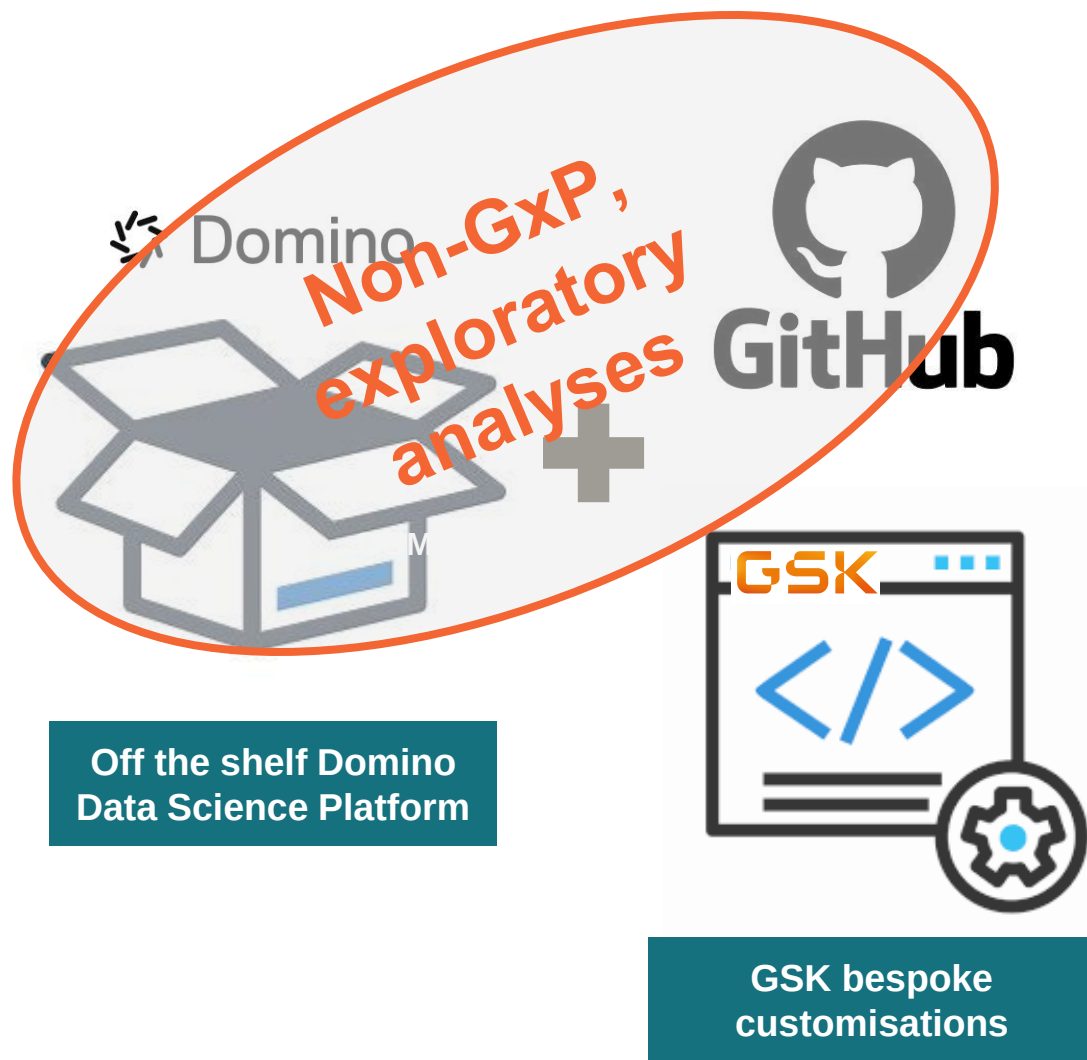
Scalable



Usable



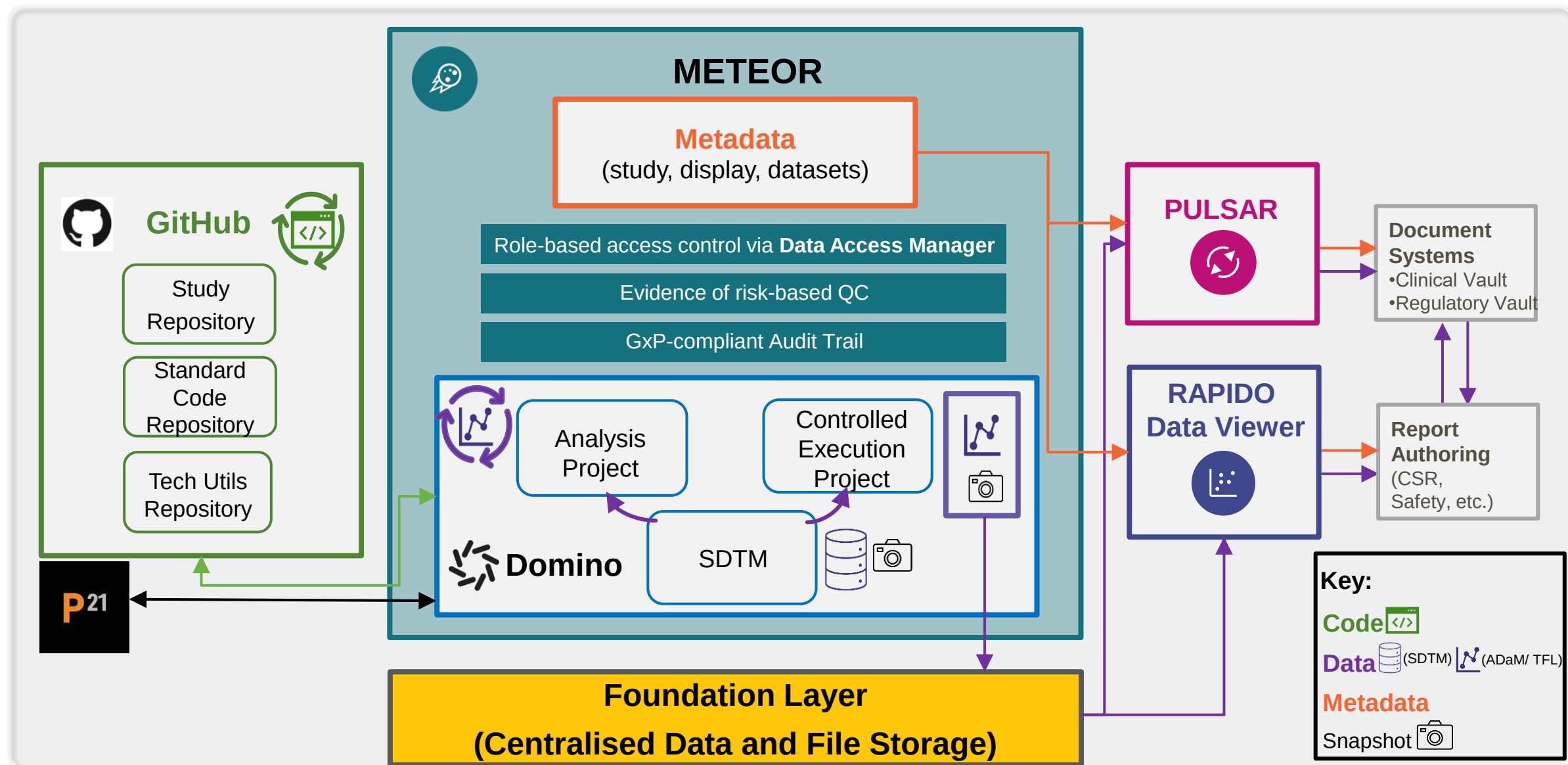
Modern SCE Powered by Domino



METEOR (GxP)

- Domino® Data Science Platform is a cloud-based, open, flexible, scalable, and multi-lingual platform for programmers, statisticians, and data scientists.
- Key features that will power SCE:
 - **Detailed logging** throughout the programming and execution process
 - Robust dataset features like **versioning**, **snapshots**, and **sharing** between projects/planned analyses
 - Using **multiple languages** within one project, under the same process, with integrated IDEs
 - **Flexibility** in how we do our work combined with **necessary controls** for GxP compliance: the freedom of “dev”, with the control of “prod” in one place
 - Robust **security model** with granular access controls and “read-only” user type
 - **Powerful APIs** that allow us to build our SCE and workflows upon the foundational capabilities provisioned out of the box
 - Domino Platform fits with our **cloud-first, data fabric, and data platform architecture strategy**.

Clinical Reporting in Modern SCE



The Modern SCE is ...



Multilingual

Use the right tool for the job, including open-source



Extensible

Integration and automation; extensible through API



Compliant

Automatic versioning and audit; traceability and reproducibility



Unified

Diverse use cases and workflows in the same environment

turbocharged by ...



Agile Ways of Working

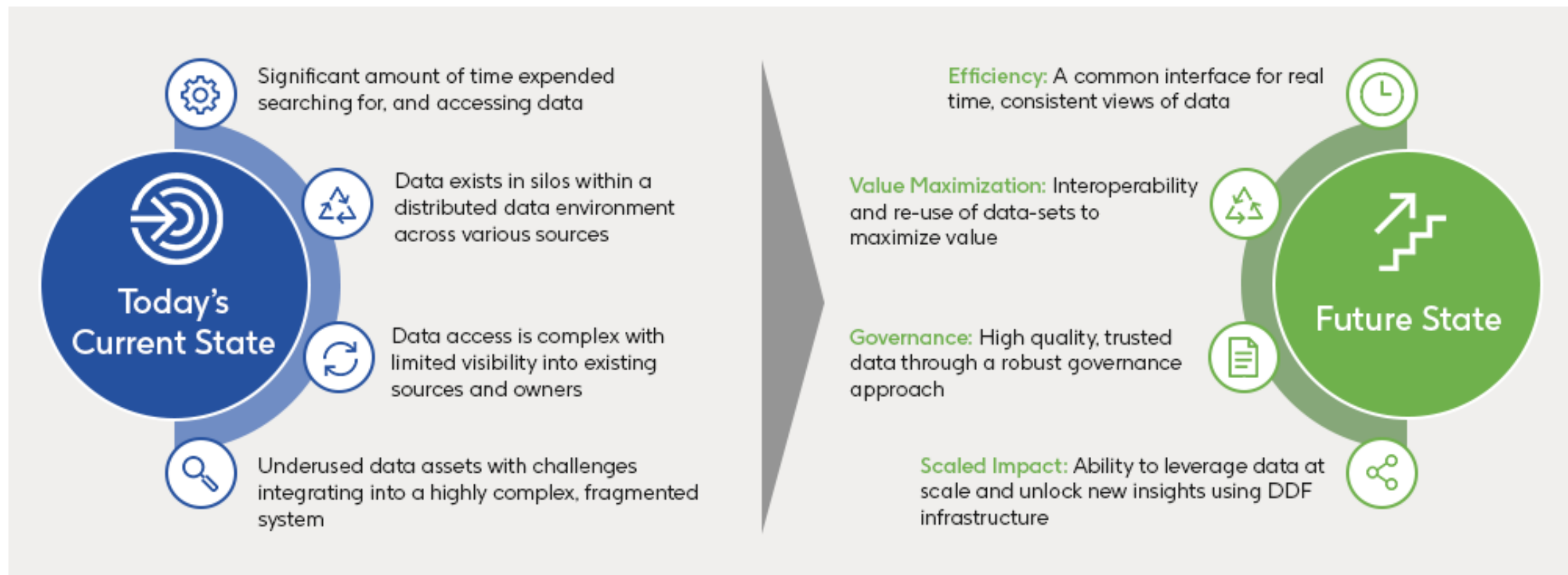
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Data

From presentations by Jorine Putter & Laura Zupko



Enabling Data Centricity and Access

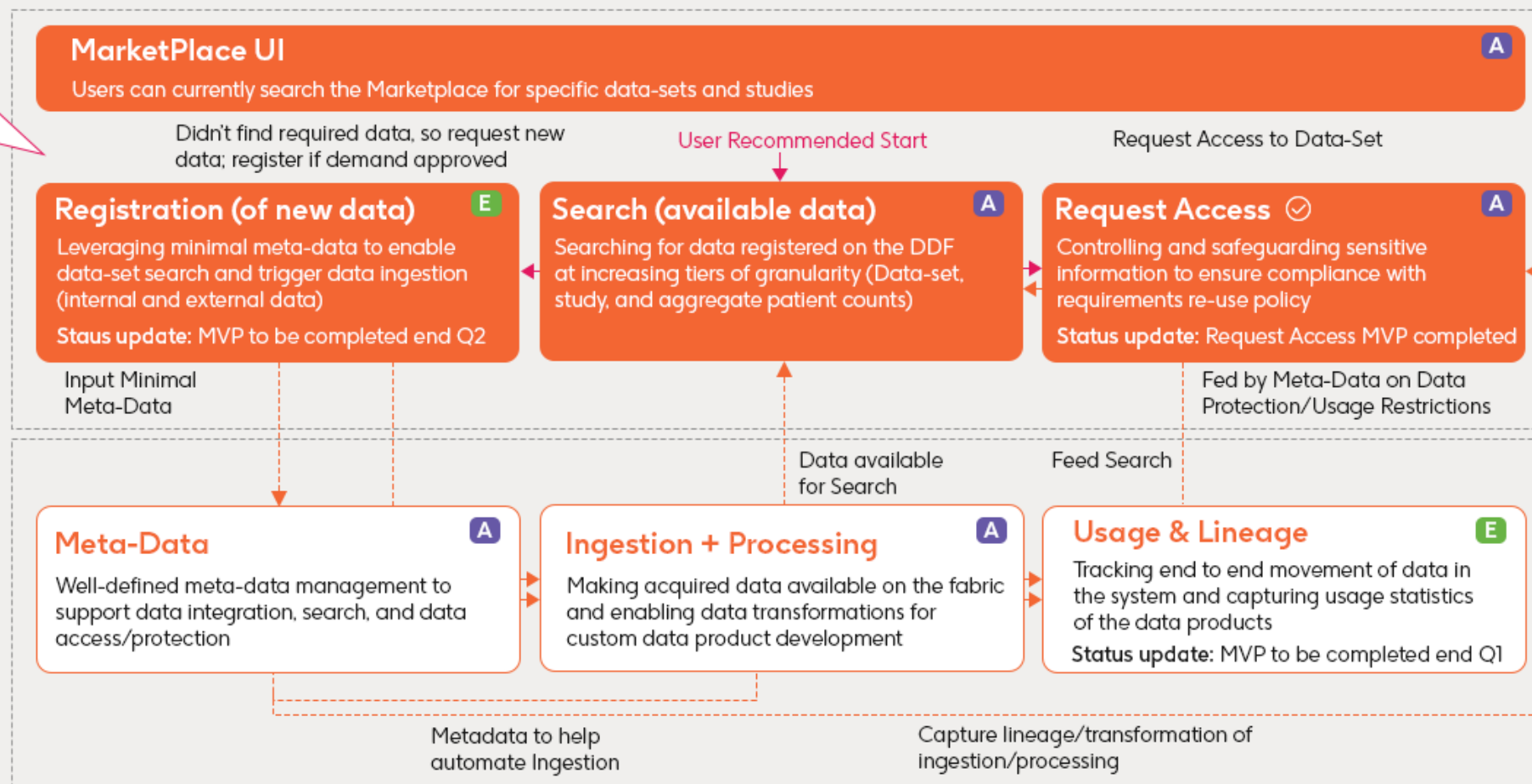


Solution

DDF is working towards automating registration, access, and data flow capabilities

User-facing Foundational Capabilities

Enabler of Foundational Capabilities (back-end)



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Agile techniques

From presentations by Sheetal Patel & Manesh Patel



Project Orbit



*Better collaboration
among pipeline
teams*



*Better use of
modern
technology*

Project Orbit will; **transform** the way we work in clinical study reporting, strengthen our ability to use **new capabilities**, and deliver results at a **faster pace** - with a highly **engaged team**

*Ability to deliver key
study results within hours
of DBF*



*Greater job satisfaction for
programmers providing leadership
and technical career pathways*



Always Improving
Mindset

Collaborative
Workflow &
Tracking Tools

Better Workload
Forecasting and
Transparency

New
Enhanced Roles

Being & Doing Agile can move us

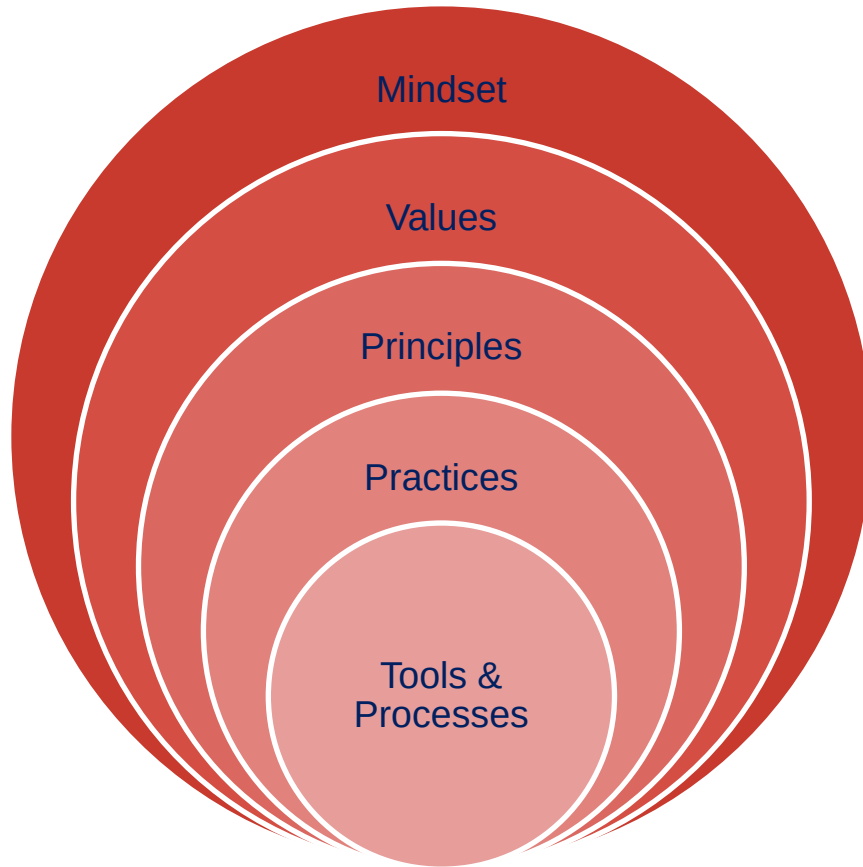
Empowering us to flourish by developing leadership, culture and practices

The Agile Onion

Being Agile



Doing Agile



Move towards a learning organization

Requires structure & cultural change

Can be adopted in a Command & control culture

Growth Mindset

Psychological Safety

Servant Leadership

Empowerment

Transparency

Iterative way of working

Cross functional teams

Continuous Improvement

Implementing Agile in Your Organization

Agile mindset principles

- Start small and recognize success
- Celebrate any failures as opportunities to learn
- Be vulnerable
- Feedback

Create your North Star

Define outcomes

Rretrospectives for continuous improvement

Make it your **priority**

- Reinforce when this works

Don't be afraid



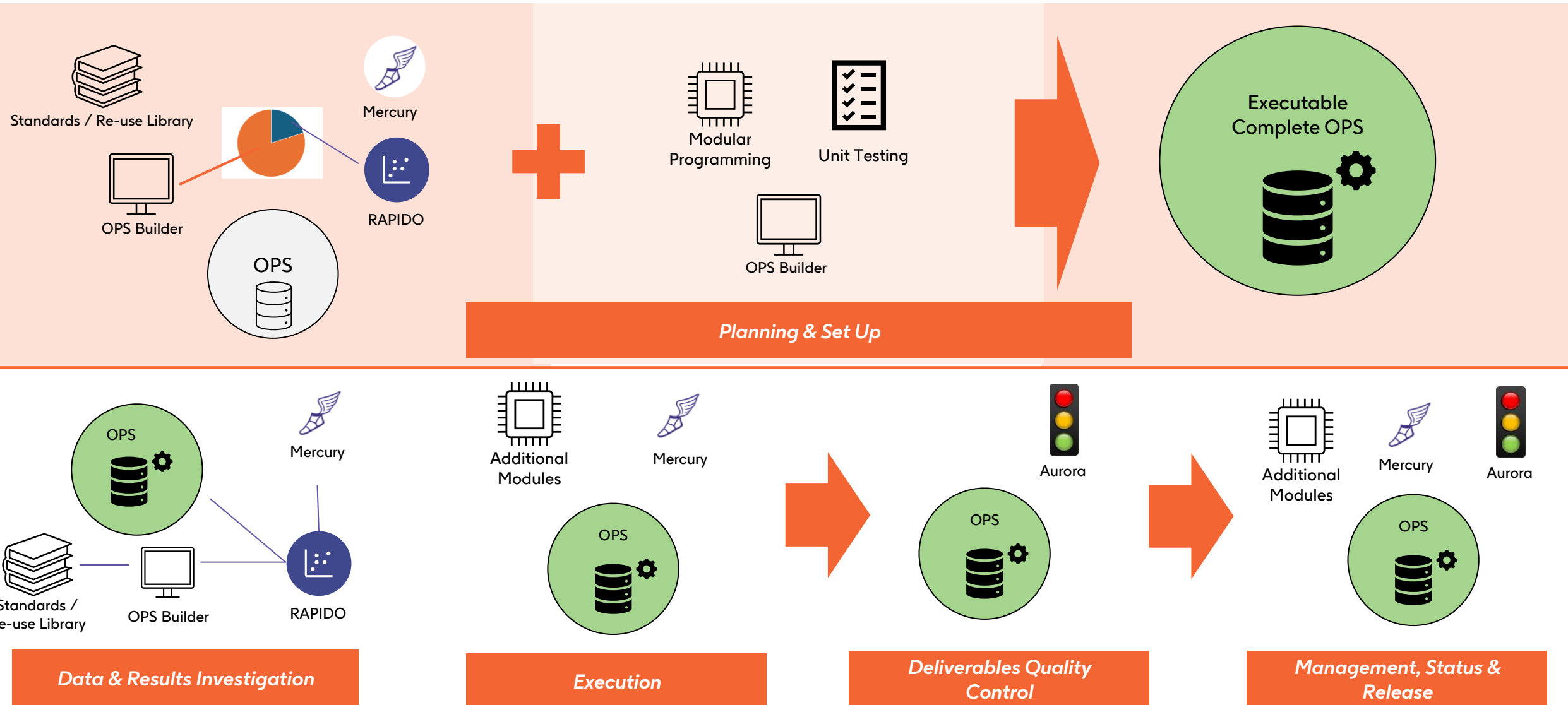
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**..and iterations across technology, data and
people/process**

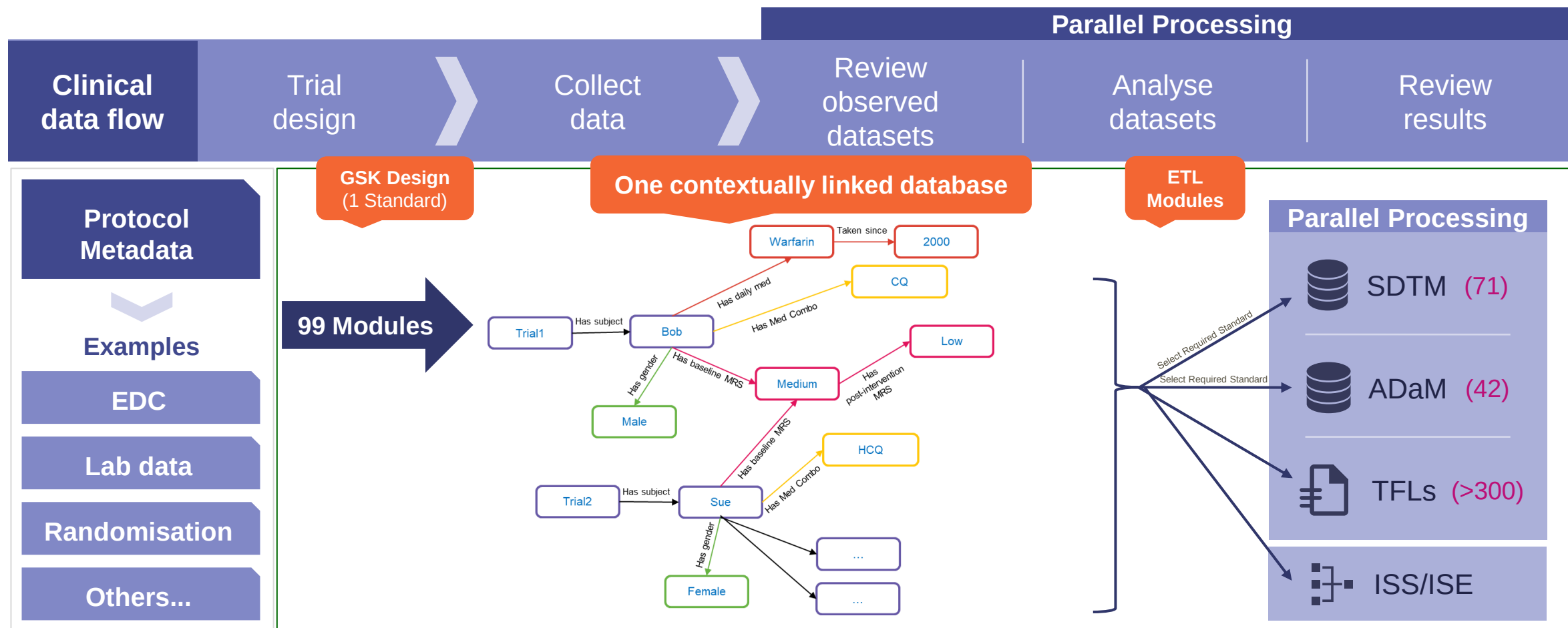
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Future User Journey for a Clinical Programmer

Technology progress



Clinical Linked Data (CLD)



MAIN DIFFERENCES FROM WHAT WE DO TODAY

- Output & ADaM specs, CDISC Data Standards, Reporting tools, Patient Level Data, Results Data, etc. **stored within the same contextually linked database**
- **Modular concept-based orchestration** (Biomedical & Analysis Concepts, contextual linked data standards, reporting tools, etc.) of our data pipelines
- **Automated ETL data pipelines to render contextually linked knowledge** for study reporting and regulatory artefacts

Automating data linkage to generate results

Simulation of Risk of ADEs Associated Repurposed Drugs for the Treatment of COVID-19 in Older Adults with Polypharmacy

TRHC's First Simulated COVID-19 Clinical Study

Clinical Study Statistics

PARTICIPANT DATA
198,322 drug claims data from 12,383 PACE participants were used in this simulated clinical study. Participant ages ranged from 55-89. Participant data showed an average of 11.8 (±5.7) drugs/day per participant, with a range of 0-47 drugs/day per participant.



Conducting a Simulated Clinical Study

REPURPOSED DRUGS USED
We tested the potential risks of using five drugs/drug combinations currently proposed for off-label use:

- hydroxychloroquine (HCQ)
- hydroxychloroquine + azithromycin (HCQ + AZ)
- chloroquine (CQ)
- chloroquine + azithromycin (CQ + AZ)
- lopinavir + ritonavir (LPV/r)

Using TRHC's MedWise™ solution software, our clinical study simulated the addition of these drugs in participant drug regimens.



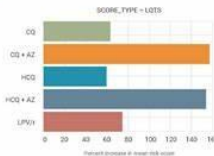
Baseline MRS and Post-Intervention MRS

COMPARISON OF RISK FOR INCREASED MRS
(Participant MedWise Risk Scores™ (MRS) at baseline (prior to simulated intervention) compared to MRS post-intervention with HCQ + AZ and LPV/r can be seen here. An increase in MRS was experienced in all tested drugs/drug combinations, most notably in HCQ+AZ and LPV/r).



Risk for Drug-Induced Long QT Syndrome and Repurposed Drug Implications

COMPARISON OF RISK FOR LQTS
COVID-19 repurposed drugs do not come without risk to participants, especially in those with polypharmacy and comorbidities. Seen here, the addition of these repurposed drugs to participant drug regimens increased participants' risk for drug-induced LQTS substantially. This condition can lead to sudden death, especially in the older adult population. Our clinical study validates that further research is needed to test the safety and efficacy of these drugs as therapeutic agents for the treatment of COVID-19.

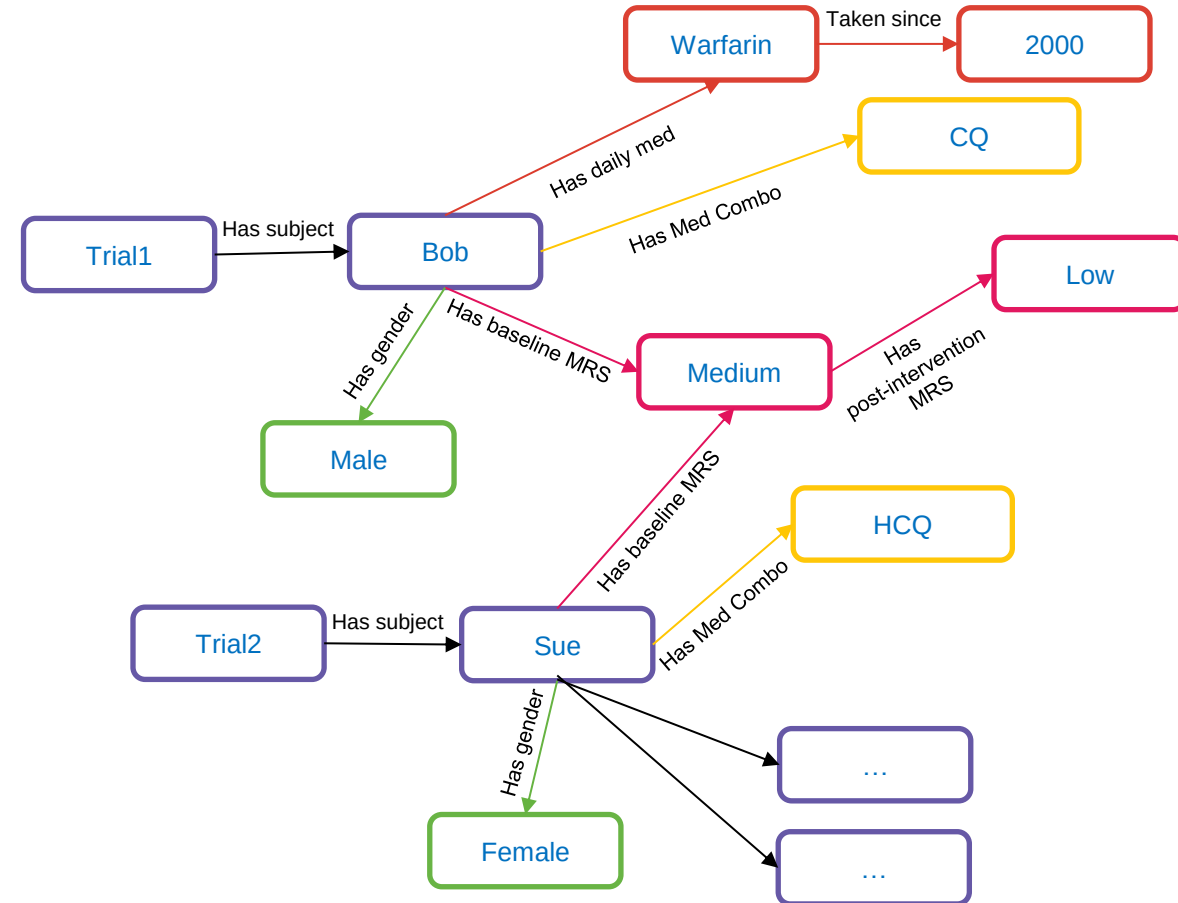


- Gender
- Age
- Medications taken daily

- Calculate patients on specific Medication Combinations

- Baseline Medwise Risk Score (MRS)
- Post-intervention MRS

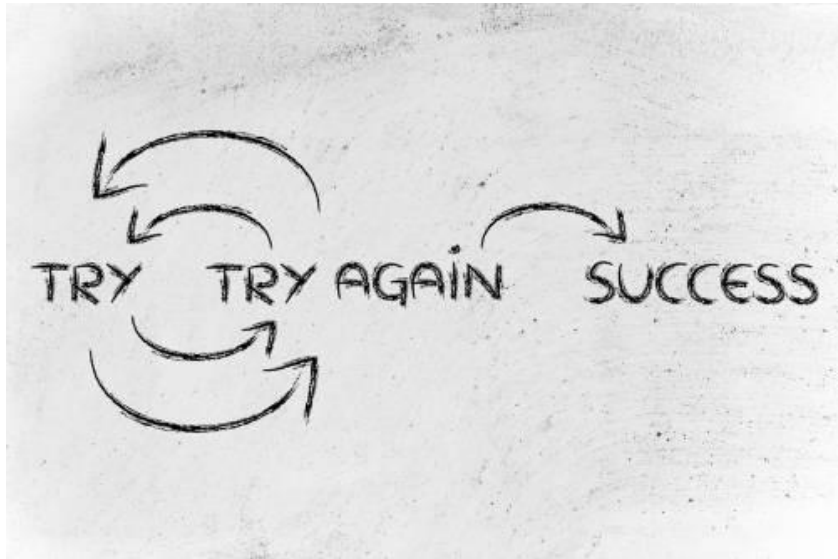
- Long QT Syndrome



...and we will carry on with process enhancements

Energized global teams which leverage their strengths

- More engaged at work
- More productive in their roles
- Happier and healthier



Cliftonstrengths

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Thank you
Any questions?

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