

The Best of Both Worlds:

AI and Human-in-the-Loop Processing in TLF Design, Production, and Validation



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Our vision is to transform biometrics from manual, document-based processes to fully autonomous, AI-driven analysis and reporting where **natural language commands generate complete submission-ready outputs**

Today's Reality: The Clinical Statistics Challenge



Time Burden

Statisticians spend up to 50% of time on coding and formatting instead of analysis



Document Chaos

Critical metadata scattered across PDFs, Word docs, and spreadsheets



Disconnected Workflows

Email-based reviews, version control chaos, manual reconciliation



Scaling Limitations

Growth requires proportional headcount increases

Imagine This Future State...



Statistician

Generate all Phase III efficacy tables for the cardiovascular study, include subgroup analyses by age and gender, format for FDA submission, and create executive summary for the steering committee.

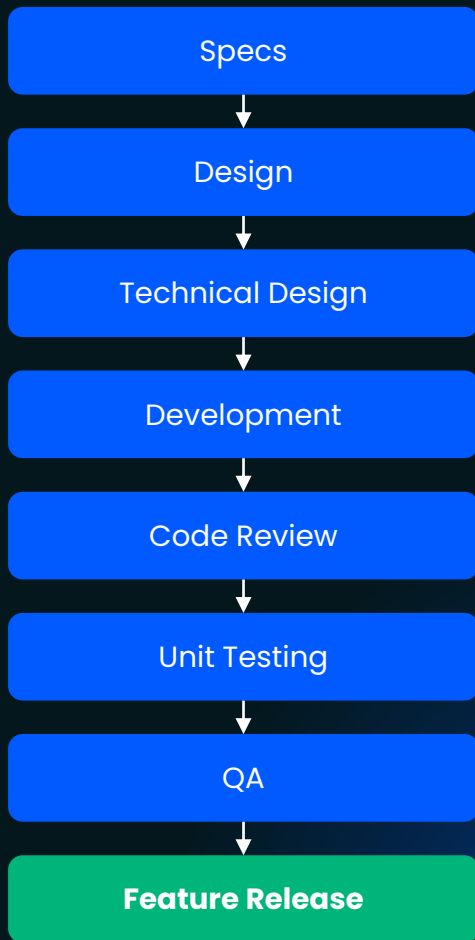


Verify Agent

- ✓ Analyze 47 protocol-defined endpoints across 3,247 patients
- ✓ Generate 23 efficacy tables with automated subgroup stratification
- ✓ Apply FDA formatting standards
- ✓ Create executive dashboard with key findings
- ✓ All outputs ready for review in 12 minutes
- ✓ Steering committee summary highlights 15% relative risk reduction ($p < 0.001$)

How?

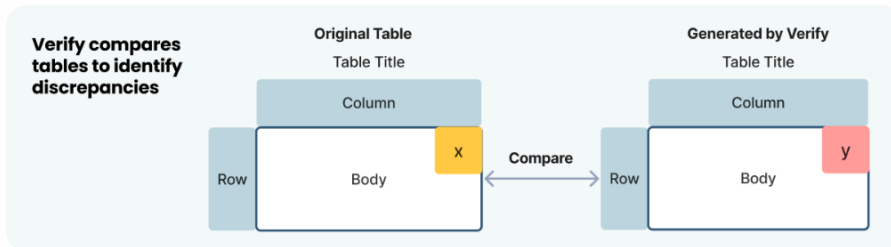
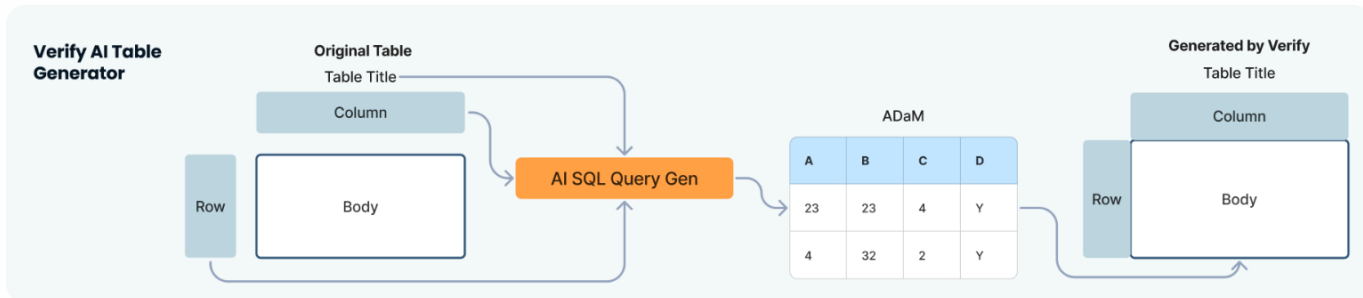
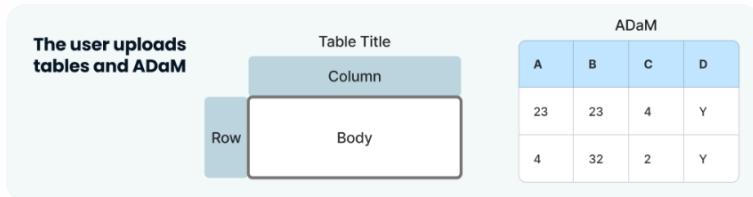
Following the same **procedures** of the software development space with some adaptations.



Innovative Approach for Output Validation

Within the Verify Platform:

- Dedicated interface to inspect, validate, and flag discrepancies
- Embedded automation to identify mismatches and inconsistencies
- Integrated mechanism for programmers to document and communicate issues





**How can we leverage and
reuse the metadata acquired
in one trial many times over?**

What Should the Human-Machine Partnership Look Like?



Humans

- **Endpoint definition**, characterization
- Study conceptualization and design
- **Review, coalesce, interpret**
- Drive **continuous process improvement** for AI algorithms



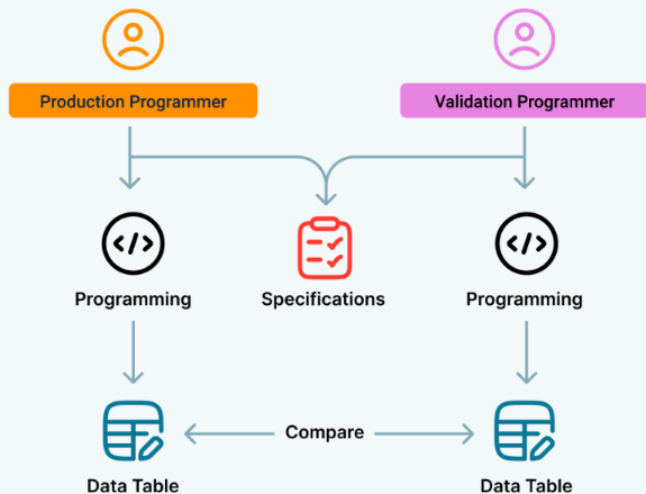
Verify AI

- **Parse and understand** multiple document types
- **Automate review** with NLP, NER, RAG
- **Generate TLFs automatically** with HITL
- **Continually self-improve** AI models and algorithms

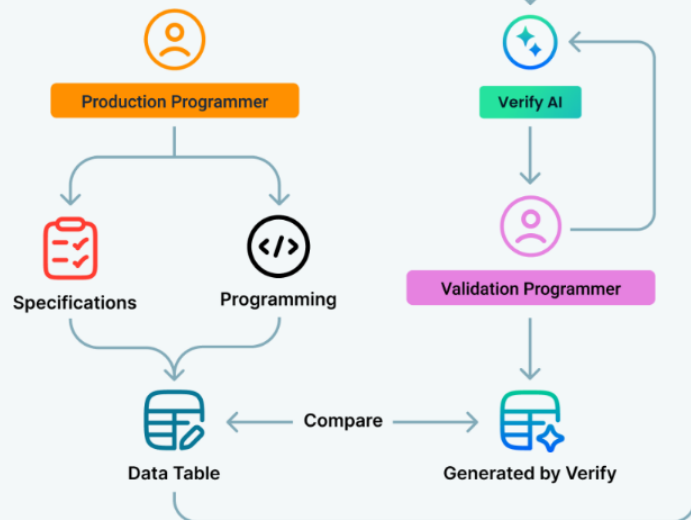
AI & Human Interaction

Verify empowers validation programmers with a **metadata-driven** solution to efficiently validate TLFs, significantly reducing time, costs, and errors in validation processes of clinical outputs

Current Process



AI Workflow Process



☒ Show Table Schema

Schema not available. Please load a file first.

☐ Show Relevant ADaM Data

Instructions

Uploading SAS7BDAT Files

1. Enter the ADaM file type (e.g., ADSL, ADAE, ADTTE)
2. Specify relevant ADaM columns that are important for your analysis
3. If on Windows and encountering issues, check "Specify temporary folder" and provide a path
4. Click the 'Browse files' button to select your SAS7BDAT file
5. Once selected, click 'Load Selected File' to load the data

Running Queries

Manual SQL Query

1. Enter your SQL query in the text area
2. Click 'Execute Query' to see the results

Natural Language Query (TLF Explanation)

Beaoncure Explain TLF demo

Step 1: Upload ADaM File

Enter ADaM file type (e.g., ADSL, ADAE, ADTTE)

ADAE

Relevant ADaM Columns

Enter relevant ADaM column names as a Python list:

["USUBJID", "TRT01P", "AGE", "SEX", "RACE", "SAFFL", "ITTFL"]

☐ Specify temporary folder (helpful for Windows issues)

Upload a SAS7BDAT file

 Drag and drop file here
Limit 200MB per file • SAS7BDAT

Browse files

Step 2: Execute SQL Query

Chat about your SQL query and TLF creation

Enter the SQL query you want to understand:

SELECT TRT01P, COUNT(*) as N FROM ADSL WHERE SAFFL='Y' GROUP BY TRT01P

Set SQL Query Context

No relevant ADaM data available. Please specify relevant columns when loading the file.

Execute & Show TLF

Chat with LLM

Ask your question:

e.g., How does this query create the patient counts by treatment group?

Send Message

Clear Chat

Verify's Parsing

AI-Enabled Parsing and Results Metadata Extraction



Drag & Drop

Create Project

1 File 2 Info 3 Analysis 4 Share

+ Add files

Category	Files	Size
Project name	0 files	0 kb
LoT	0 files	0 kb
Mock Shell	0 files	0 kb
ADaM	0 files	0 kb
Tables & listings	0 files	0 kb
Figures	0 files	0 kb

Drag & Drop
Study output folder here

Verify will sort the files for you!

Next

Parse & Ingest

Table 14.1.1.13

Treatment Emergent Adverse Event Leading to Discontinuation of Study Drug

Organ Class and Preferred Term Treatment Related Safety Population

	Treatment				Treatment				Total	M
	Mild	Mod.	Sev.	Total	Mild	Mod.	Sev.	Total		
Any TEAEs	1 (1.8%)	0 (0.0%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)	1	
Infection	1 (1.8%)	0 (0.0%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)	1	
Bronchitis viral	1 (1.8%)	0 (0.0%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)	1	

N = number of subjects in the specified group, or the total sample; this value is the denominator for the percentage calculation. Subjects are only counted once per event in each row.

BEACONCURE CONFIDENTIAL SDTM Creation: 09OCT2021 (00:55) Source Data: adae Table Generation: 09OCT2021

AI-Enabled Output Generation with HITL Feedback

Programmer-Generated Table

N=5

Table 14.3.2.5.2
BE-0552543 Protocol A1234567
Treatment-Emergent Adverse Events by System Organ Class (Treatment Related, Immunogenicity Sub-study Analysis Set)

	Placebo (N=9)	BE-0552543 100mg QD (N=5)	BE-0552543 200mg QD (N=11)
Number of Subjects Evaluable for AEs			
Number (%) of Subjects: by SYSTEM ORGAN CLASS	n (%)	n (%)	n (%)

Verify-Generated Table

N=6

Table 14.3.2.5.2
BE-0552543 Protocol A1234567
Treatment-Emergent Adverse Events by System Organ Class (Treatment Related, Immunogenicity Sub-study Analysis Set)

	Placebo (N=9)	BE-0552543 100mg QD (N=6)	BE-0552543 200mg QD (N=11)
Number of Subjects Evaluable for AEs			
Number (%) of Subjects: by SYSTEM ORGAN CLASS	n (%)	n (%)	n (%)

Compare &
Decide:
Update TLF title or
subset

ADAM Dataset

N=6

Unique Subject Identifier	Full Analysis Set Population Flag	Safety Population Flag	Per-Protocol Population Flag	Completers Population Flag	Randomized Population Flag	Immunogenicity Substudy Analysis Flag	Description of Planned Arm	Planned Arm Code	Description of Actual Arm	Actual Arm Code
USUBJ	FASFL	SAFFL	PPROTFL	COMPLFL	RANFL	ISSFL	ARM	ARMCD	ACTARM	ACTARMCD
A1234567 1001 10015001	Y	Y	Y	Y	Y	Y	BE-0552543 100mg QD	D	BE-0552543 100mg QD	D
A1234567 1001 10015002	N	N	N	N	N	N	SCREEN FAILURE	SCRNFALL	SCREEN FAILURE	SCRNFALL
A1234567 1001 10015003	Y	Y	Y	Y	Y	N	Placebo	A	Placebo	A
A1234567 1001 10015004	Y	Y	Y	Y	Y	Y	BE-0552543 100mg QD	D	BE-0552543 100mg QD	D
A1234567 1001 10015005	Y	Y	Y	Y	Y	Y	BE-0552543 100mg QD	D	BE-0552543 100mg QD	D
A1234567 1001 10015006	Y	Y	Y	Y	Y	Y	BE-0552543 100mg QD	A	BE-0552543 100mg QD	A
A1234567 1001 10015007	Y	Y	Y	Y	Y	Y	BE-0552543 100mg QD	D	BE-0552543 100mg QD	D
A1234567 1001 10015008	Y	Y	Y	Y	Y	Y	BE-0552543 100mg QD	D	BE-0552543 100mg QD	D
A1234567 1001 10015009	Y	Y	Y	Y	Y	Y	BE-0552543 100mg QD	D	BE-0552543 100mg QD	D

← 14.1.1.13

- 100 +

Table 14.1.1.13

Treatment-Emergent	Adverse Events and Preferred Term	Leading to Discontinuation of Study Drug		by System Organ Class
		Treatment Related	- Safety Population	

	Drug A (N=119)				Drug B (N=109)			
	Mild	Mod.	Sev.	Total	Mild	Mod.	Sev.	Total
Any TEAEs	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)
Infection	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)
Bronchitis viral	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)

N = number of subjects in the specified group, or the total sample. This value is the denominator for the percentage calculation. Subjects are only counted once per event in each row.

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Review the current alignment between table entity and ADaM column and values. Revise if necessary.

Table Entity

ADaM Column

ADaM Value(s)

Title

Treatment-Emergent

TRTEMFL ▼

Y



Leading to Discont...

AEACN

DRUG WI... ▼



Treatment Related

AEREL

RELATED ▼



Safety Population

SAFFL

Y



Column/Row Headers

Major (Treatment)

TRTA



Minor (Severity)

AESEV



Cancel

Save

Automate Reuse of Context-Rich Results Metadata

- **Human-in-the-loop (HITL) feedback**
 - Modify metadata alignment between table entities and ADaM
 - Alignment saved and applied to subsequent checks and analyses
- **Compatibility with CDISC ARS framework**
- Basis for **automated output generation**
- **Activity Log** automatically records changes
- Automated traceability from outputs to ADaM

Table 14.1.1.13
Leading to discontinuation of study drug

Title Entity Alignment

Source: Leading to discontinuation of study drug

Value: Y

	Drug A (N=119)					Total (N=219)			
	Mild	Mod.	Sev.	Total		Mild	Mod.	Sev.	Total
Any TEAEs	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)		1 (0.5%)	0 (0.0%)	2 (2.0%)	2 (2.0%)
Infection	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)		1 (0.5%)	0 (0.0%)	2 (2.0%)	2 (2.0%)
Bronchitis viral	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)		1 (0.5%)	0 (0.0%)	2 (2.0%)	2 (2.0%)

N = number of subjects in the specified group, or the total sample. This value is the denominator for the percentage calculations. Subjects are only counted once per event in each row.
BEACONCURE CONFIDENTIAL SDTM Creation: 090CT2021 (08:55) Source Data: adae Table Generation: 090CT2021

Table 14.1.1.13
Treatment Emergent Adverse Events Leading to Discontinuation of Study Drug by System Organ Class and Preferred Term (Treatment Related) - Safety Population

	Drug A (N=119)				Drug B (N=109)				Total (N=219)			
	Mild	Mod.	Sev.	Total	Mild	Mod.	Sev.	Total	Mild	Mod.	Sev.	Total
Any TEAEs	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)	1 (0.5%)	0 (0.0%)	2 (2.0%)	2 (2.0%)
Infection	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)	1 (0.5%)	0 (0.0%)	2 (2.0%)	2 (2.0%)
Bronchitis viral	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	2 (2.0%)	1 (0.5%)	0 (0.0%)	2 (2.0%)	2 (2.0%)

N = number of subjects in the specified group, or the total sample. This value is the denominator for the percentage calculations. Subjects are only counted once per event in each row.
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Evolution of Clinical Research Analytics:

Human-AI Integration



AI Processing Pipeline

- Document parsing
- Entity extraction
- Relationship mapping
- Automated validation checks
- Discrepancy identification



Human Review Interface

- Clear presentation of AI-identified elements
- Intuitive tools for reviewing and modifying metadata
- Feedback capture mechanisms
- Activity logging for audit trails



Learning Loop

- Capture of human decisions and corrections
- Integration of feedback into training data
- Continuous model improvement
- Performance monitoring and metrics

Verify Benefits and Outcomes



Speed

- Shorter Review Cycles
- Reduced Review Effort
- Enhanced Accuracy



Efficiency

- Reduced Spreadsheet Maintenance
- Fewer Email Chains
- Scalable Growth



Visibility

- Centralized Management
- Enhanced Executive Oversight
- Transparent Audit Trail

Thank You!

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