

Untangling the Knot - Implementing Analysis Results Standards (Using SAS®)

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ABSTRACT

In his 2019 PhUSE paper¹ Chris Decker suggested moving from traditional TFL programming to generating analysis results data. Analysis results standards, which define how results data are stored as well as the associated metadata, support the separation of results generation from results presentation. Some of the benefits include avoiding to create results multiple times for multiple outputs, better documentation, traceability to the underlying data, reusability, and potential for automation when creating outputs for multiple stakeholders. This paper attempts to present the metadata for a possible analysis results standard and to show how they could be used for the automated creation of tables.

INTRODUCTION

Analysis Results Standards define how results and associated metadata can be stored. They support the separation of results generation from results presentation. Chris Decker suggested in his 2019 PhUSE paper making this separation and moving from traditional TFL programming to generating analysis results data. But why? He provides some excellent reasons:

- Imbalance of analysis vs. results presentation: Most of the effort that goes into CSR outputs is formatting, not results creation. Because every study is different, it is difficult to use validated programs to generate result displays.
- Reusability of results for scenarios other than CSR generation: Stakeholders other than Biostatisticians and Reviewers, who are interested in the CSR results, must parse the TFL section manually for results they need, instead of accessing results directly and formatting them for their own needs.
- Lack of machine readability: One reason why there is so little automation in TFL generation is that results are not machine readable. Lack of machine readability means that a human reviewer is required in order to understand what a specific number presented in an output means, and thus no automated processes can access results. It also prevents searching for results across multiple trials.
- Transparency: Stakeholders must trust that the producer of the SAP, CSR, and outputs has generated the results as described, and that those results were verified following an appropriate QC process.

When separating results generation from their presentation, an increase in efficiency can be expected. One of the many many reasons is that rather bulky output programs can be split up into modular units for each of the two tasks². Modularization may not be beneficial when every TFL program is a unique piece of code, only generated for one task. However, with the implementation of a standard analysis result structure, complexity is reduced for both steps:

- When creating results, the way results are displayed is unimportant.
- When producing the display, how the results were generated is unimportant.

Because suddenly results generating sub-routines and results displaying sub-routines get more generic, it might prove beneficial to split them further up into modules. These modules in turn will be simpler, thus

¹ Chris Decker: Analysis Results that Saves Trees - #killTFLs, Paper DH12, PhUSE US Connect 2019

² In software development this process is known as code refactoring, which refers to the possibility to re-structuring code used in software without changing its functionality, leading to simpler and better readable code, which in turn is easier to maintain and to extend. (Wikipedia: Code Refactoring)

easier to validate, and there is a good chance that result displays can be produced with less effort for both initial programming and quality control.

On the other hand, the current focus on formatting generates most of the effort of output programming and prevents the results from being machine readable. This poses a risk to quality because of the discrepancy between the huge effort of QC and the time and budget restrictions for delivering the output. In addition, the variety of output designs makes it impossible to develop tools to automate this step.

How can we overcome this conundrum? Over the last twenty years standardization of data formats has brought tremendous benefits to the collection and exchange of data. CDISC standards for data collection, tabulation, and analysis have greatly improved transparency and efficiency of the drug approval process, allowing for an increasing amount of automation in the collection and downstream extraction, transformation, and loading of data. TFL production is simply next in line and well ripe for standardization. But instead of standardizing outputs, having a solid standard for results data and metadata can overcome most of the limitations listed above. This paper presents an early proof of concept for generating and using analysis results standards. Because of the limitations of the author, SAS[®] is used for these first steps. It needs to be stated up-front that it is not a requirement to use SAS[®] for generating and using of analysis results data and metadata, but it might prove beneficial for the portion of the audience that is heavily SAS[®] focused.

To prove his point, the author uses his own draft of analysis results metadata and data, as so far, no standard has been developed. The results presented in the example tables stem from manufactured data which were created without any regard for internal consistency. Thus, the individual results might not appear to be meaningful. This does not mean that the intended process or the tools did not work.

SEPARATING CONTENTS FROM PRESENTATION

The concept behind analysis results standards is the idea of separating contents from presentation. Although achieving this is not trivial, it is backed up by a software development principle that has proven incredibly successful for the development of the Internet. As an example, in the clinical submission process the principle is used in storing metadata for data collection and analysis data in XML format. Define.xml files are text files and, although XML is generally considered human readable, are on their own not easy for a human to process. However, when XML is combined with a style sheet it provides well-structured information.

When separating analysis results data from their presentation the following is possible:

- Simplification of data analyses by use of standardized, validated tools.
- Support of analysis results with metadata to increase transparency.
- Using standardized and validated tools for generating specific forms of output, which leads to an increase in reliability and reduction of costs.

The focus is on broadening the use of the results of the analyses for a clinical study, while increasing efficiency, transparency, and reliability. Separating contents from presentation also allows for reusing results data, where required, and abstain from creating the same result multiple times for different tables or figures.

A quite common example can be found with adverse events reporting:

Figure 1: Overall number of subjects experiencing AEs

| FRA Health Sciences Protocol: Test Drug Study 1 | | DEMO Paper DS-130 | | Page 1 of 1 |
|--|---------------------|----------------------|---------------|-------------|
| Table 14.3.2.1 Overall Summary of Treatment Emergent Adverse Events (Safety Analysis Set) | | | | |
| Characteristic | Treatment A (N=100) | Treatment B (N=100) | Total (N=200) | |
| Any Adverse Events | 95 (95.0) | 95 (95.0) | 190 (95.0) | |
| Any Serious Adverse Events | 14 (14.0) | 15 (15.0) | 29 (14.5) | |
| Any Adverse Events with Outcome of Death | 60 (60.0) | 67 (67.0) | 127 (63.5) | |
| n = Number of Subjects; IP = Investigational Product | | | | |
| Notes: For each category, subjects are included only once, even if they experienced multiple events in that category. Treatment-emergence is defined as any AE starting after first IP dose or with an increase in severity after first IP dose. | | | | |
| Data: ADSE, ADYS, Program: t_test_overall.sas, Output: t_14_03_02_01_test_overall.rtf, Created on 2021-02-24T08:50, Page 1 of 1 | | | | |

| Table 14.3.2.2 Treatment Emergent Adverse Events by System Organ Class and Preferred Term (Safety Analysis Set) | | | |
|---|---------------------|---------------------|---------------|
| System Organ Class Preferred Term [n (%)] | Treatment A (N=100) | Treatment B (N=100) | Total (N=200) |
| Any Adverse Events | 95 (95.0) | 95 (95.0) | 190 (95.0) |

| Table 14.3.2.3 Serious Treatment Emergent Adverse Events by System Organ Class and Preferred Term (Safety Analysis Set) | | | |
|---|---------------------|---------------------|---------------|
| System Organ Class Preferred Term [n (%)] | Treatment A (N=100) | Treatment B (N=100) | Total (N=200) |
| Any Serious Adverse Events | 14 (14.0) | 15 (15.0) | 29 (14.5) |

| Table 14.3.2.4 Treatment Emergent Adverse Events with Outcome of Death by System Organ Class and Preferred Term (Safety Analysis Set) | | | |
|---|---------------------|---------------------|---------------|
| System Organ Class Preferred Term [n (%)] | Treatment A (N=100) | Treatment B (N=100) | Total (N=200) |
| Any Adverse Events with Outcome of Death | 60 (60.0) | 67 (67.0) | 127 (63.5) |

The first line in AE tables counting the overall number of subjects with adverse events is often repeated in an additional table presenting an overview over the different analysis subgroups.

The example below shows how vital signs results are presented not only in the vital signs table, but also in the demography table. Traditionally, this requires producing identical results in two programs, which requires to QC them and in addition to check that they are reported consistently.

Figure 2: Demographics and Vital Signs Results

| FRA Health Sciences Protocol: Test Drug Study 1 | | DEMO Paper DS-130 | | Page 2 of 2 |
|---|---------------------|----------------------|------------------|-------------|
| Table 14.1.2.3 Demographic Characteristics (Safety Analysis Set) | | | | |
| Characteristic | Treatment A (N=100) | Treatment B (N=100) | Total (N=200) | |
| Height (m) | | | | |
| n | 100 | 100 | 200 | |
| mean (std) | 1.77 (0.099) | 1.78 (0.098) | 1.77 (0.099) | |
| median | 1.77 | 1.78 | 1.78 | |
| min, max | 1.6, 1.9 | 1.6, 1.9 | 1.6, 1.9 | |
| Weight (kg) | | | | |
| n | 100 | 100 | 200 | |
| mean (std) | 88.23 (23.253) | 85.03 (23.402) | 86.67 (23.429) | |
| median | 91.70 | 86.95 | 89.40 | |
| min, max | 45.1, 125.6 | 45.2, 124.3 | 45.1, 125.6 | |
| BMI (kg/m ²) | | | | |
| n | 100 | 100 | 200 | |
| mean (std) | 29.896 (1.8929) | 29.796 (1.8930) | 29.846 (1.8889) | |
| median | 29.905 | 29.850 | 29.875 | |
| min, max | 26.6, 32.9 | 26.7, 32.0 | 26.6, 32.0 | |
| BMI = Body Mass Index | | | | |
| Data: ADSE, ADYS, Program: t_demo01.sas, Output: t_14_01_02_01_demo01.rtf, Created on 2021-02-24T08:49, Page 2 of 2 | | | | |

| FRA Health Sciences Protocol: Test Drug Study 1 | | DEMO Paper DS-130 | | Page 1 of 2 |
|---|---------------------|----------------------|---------------------|----------------------|
| Table 14.3.4.3 Vital Signs by Visit (Safety Analysis Set) | | | | |
| Parameter Visit | Treatment A (N=100) | | Treatment B (N=100) | |
| | Value | Change from Baseline | Value | Change from Baseline |
| Height, standing (m) | | | | |
| n | 100 | | 100 | |
| mean (std) | 1.77 (0.099) | | 1.78 (0.098) | |
| median | 1.77 | | 1.78 | |
| min, max | 1.6, 1.9 | | 1.6, 1.9 | |
| Week 2 | | | | |
| n | 89 | 89 | 80 | 80 |
| mean (std) | 1.79 (0.094) | 0.03 (0.137) | 1.77 (0.096) | -0.01 (0.135) |
| median | 1.80 | 0.03 | 1.79 | -0.01 |
| min, max | 1.6, 1.9 | -0.3, 0.3 | 1.6, 1.9 | -0.3, 0.3 |
| Week 4 | | | | |
| n | 83 | 83 | 65 | 65 |
| mean (std) | 1.78 (0.101) | 0.02 (0.137) | 1.77 (0.088) | -0.01 (0.125) |
| median | 1.78 | 0.04 | 1.78 | -0.02 |
| min, max | 1.6, 1.9 | -0.3, 0.3 | 1.6, 1.9 | -0.2, 0.2 |
| Week 8 | | | | |
| n | 69 | 69 | 55 | 55 |
| mean (std) | 1.77 (0.095) | 0.01 (0.126) | 1.78 (0.092) | 0.01 (0.132) |
| median | 1.77 | 0.00 | 1.80 | 0.02 |
| min, max | 1.6, 1.9 | -0.3, 0.3 | 1.6, 1.9 | -0.3, 0.3 |
| BMI = Body Mass Index | | | | |
| Data: ADYS, Program: t_vital01.sas, Output: t_14_03_04_01_vital01.rtf, Created on 2021-02-24T08:50, Page 1 of 2 | | | | |

ANALYSIS RESULTS STANDARDS

The work on CDISC Analysis Results Standards has just started its work and CDISC formed a team mid of 2020. Because no tangible results have been developed yet, for the purpose of this paper all data or metadata definitions presented in this paper are my own development and can deviate from the final standard substantially. For purpose of presentation metadata do also not strictly adhere to the analysis results metadata standard.

Analysis results standards provide information on how analysis results and their metadata - analysis metadata and output metadata - are structured.

Analysis Results Data contain results together with the necessary key variables and qualifiers to uniquely identify each result stored in the result dataset and link them to metadata.

Analysis Results Metadata describe analysis results and displays:

- Analysis Metadata: Describe data source, data item, selection, and method as well as which additional variables were used for grouping results.
- Display Metadata: Describe the display: Purpose, analyses included, and other associated metadata.

For the analysis results data and metadata structures I purposely used names different from standard

CDISC variable names to avoid confusion.

ANALYSIS RESULTS DATA

Analysis results data contain the contents of tables and some figures in a standard format. Such a format is suggested below. The key concept is the analysis, a collection of results produced by a statistical procedure or sub-routine. A table could consist of multiple analyses, like a demography table consists of results for different variables (age, sex, race, ethnicity, and a variety of baseline characteristics).

Table 1: Analysis Results Data Structure

| Variable Name | Label | Variable Type | Description |
|---------------|----------------------------|---------------|--|
| SPONSOR | Sponsor | Character | Name of the Sponsor |
| PROTOCOL | Protocol | Character | Title of the Protocol |
| ANAID | Analysis | Character | Analysis Identifier |
| TRTVAL | Treatment Value | Character | Treatment Value that represents the treatment arm or a collection of treatment arms used to summarize data |
| ACATzz | Analysis Category zz Value | Character | Value of Analysis Category zz (01-99). The name of the associated ADaM variable can be found in Analysis Results Metadata, variable ACATzzNM |
| STATCODE | Statistics Code | Character | Code to identify the statistic that describes the results. |
| RESULT | Result | Value | Value of the statistic identified in field STATCODE |

A macro or sub-routine to generate analysis results should as a minimum consist of:

- One statistical procedure or sub-routine to generate the results.
- Code to transpose the results to the analysis results data structure.
- The metadata required to describe the results.

The tool should make all statistics calculated by the procedure or sub-routine available as analysis results. Especially for more complex analyses this allows the recipient of the data to independently vet whether the results can be used or not.

ANALYSIS METADATA

Analysis metadata describe the different analyses sufficiently for a stakeholder to enable the independent verification of the results, thus increasing transparency.

Table 2 Analysis Metadata Structure

| Variable Name | Label | Variable Type | Description |
|---------------|---------------------|---------------|--|
| SPONSOR | Sponsor | Character | Sponsor name |
| PROTOCOL | Protocol | Character | Protocol title |
| DATA | Dataset | Character | ADaM dataset name |
| ANAID | Analysis | Character | Analysis ID |
| POPUL | Population | Character | Population name |
| WCLAUSE | Filter | Character | Analysis where clause |
| AVAR | Variable | Character | Analysis variable name (provide if required) |
| POPVAR | Population Variable | Character | Population variable name |
| TRTVAR | Treatment Variable | Character | Treatment variable name |
| TRTGPzz | Treatment Group zz | Character | Treatment group zz (01-99).Treatment group code(s) as stored in treatment variable. Comma-separate in case more than one treatment group is used for analysis, e.g. for a sub-total or a total ("TRT A", "TRT B", "TRT A", "TRT B"). |
| TRTVALzz | Treatment Value zz | Character | Treatment value zz (01-99).Treatment value code used in the analysis (e.g. "TRT A", "TRT B", "TOTAL") |

| Variable Name | Label | Variable Type | Description |
|---------------|---------------------------|---------------|---|
| ACATzzNM | Analysis Category zz Name | Character | Name of analysis by-group or class variable zz. |
| METHOD | Analysis method | Character | Analysis Method used to generate results (e.g. PROC SUMMARY, MIXED MODEL, LINEAR REGRESSION ANALYSIS, T-TEST) |
| DESCR | Description | Character | Description of the analysis |
| OUTNAME | Output Dataset Name | Character | Name of the dataset the analysis results are stored in. |

Most of the information in the analysis metadata would conveniently be provided by the sub-routine or the macro generating the analysis results. The information could be extended with the quality control status, associated dates, and the programmers and qc programmers names.

DISPLAY METADATA

Display metadata allow stakeholders as a minimum to find a specific display and to identify the analyses presented therein.

Table 3 Display Metadata Structure

| Variable Name | Label | Variable Type | Description |
|---------------|------------------|---------------|---|
| SPONSOR | Sponsor | Character | Sponsor name |
| PROTOCOL | Protocol | Character | Protocol title |
| DISPLAID | Display ID | Character | Display ID |
| ANAzz | Analysis zz | Character | Analysis ID(s) presented in the display, in the order of appearance |
| PROGNAME | Program Name | Character | Name of the program which generated the display |
| OUTFNAME | Output File Name | Character | Name of the display file |
| TITLEzz | Title zz | Character | Title zz (01-99) |
| FNOTEzz | Footnote zz | Character | Footnote zz (01-99) |
| DESCR | Description | Character | Description of the display |

ANNOTATING THE SAP WITH ANALYSIS AND DISPLAY INFORMATION

An interesting insight while writing this paper was that with analysis result data and metadata it might be possible to shift the annotations from TFL shells to the Statistical Analysis Plan (SAP), because it already describes analyses in sufficient detail. TFL shells can be viewed as more detailed instructions for programmers (and as illustrations for sponsor statisticians and medical writers) on how to create specific displays. But most of the information codified in shells is already present in the SAP. Below some examples:

12.0 Statistical Methods

Unless otherwise indicated, continuous variables will be summarized with the following descriptive statistics: n (number of observations), (arithmetic) mean, standard deviation (SD), first and third quartiles (Q1 and Q3), minimum (min) value, median, and maximum (max) value. The median, minimum and maximum values will be displayed to the same level of precision as the raw data, the mean to a further decimal place and the SD to two additional decimal places – up to 4 decimal places total.

Categorical data will be summarized with frequencies and percentages. Percentages by categories will be based on the number of subjects exposed within a treatment. Percentages will be rounded to one decimal place, except 100% will be displayed without any decimal places and percentages will not be displayed for zero counts.

All analyses will use SAS version 9.4 or higher. No inferential analyses (ie, hypothesis testing, confidence intervals) will be performed for any variable. For each summary table, corresponding supportive listing(s) will be provided.

The statistical methods section of the SAP describes in detail which descriptive statistics for both continuous and categorical data are to be presented in descriptive tables.

12.4 Demographic and Baseline Characteristics

12.4.1 Demographics Template: T-DM01 Safety: TDEMOG01 mITT: TDEMOG02 Per Protocol: TDEMOG03

Demographics will be summarized by randomized treatment group and overall for the Safety, mITT, and Per Protocol sets. The following characteristics will be summarized.

- Sex (female) DEMOG01-01 DEMOG02-01 DEMOG03-01
- Race (White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other) DEMOG01-02 DEMOG02-02 DEMOG03-02
- Ethnicity (Hispanic or Latino, Not Hispanic or Latino, Prefer Not to Provide, Not Reported, Unknown) DEMOG01-03 DEMOG02-03 DEMOG03-03
- Age (years) DEMOG01-04 DEMOG02-04 DEMOG03-04
- Weight (kg) VITAL01-01 VITAL02-01 VITAL03-01
- Height (m) DEMOG01-05 DEMOG02-05 DEMOG03-05
- Any Concomitant Psychological Treatment (yes/no) CGIS01-01 CGIS02-01 CGIS03-01
- Clinical Global Impressions Severity (CGI-S) of Depression (at Day 1 before infusion)

For categorical parameters, the denominators for the percentages are the number of subjects who had the parameter assessed.

Similarly, the section describing the demographics table include sufficient detail about which data shall be presented in the table, and in which categories and in which order they shall be presented.

12.6.1 Adverse Events

A summary of adverse events, including the number of events reported, the number and percentage of subjects reporting at least one adverse event, the number and percentage of subjects with an treatment-emergent adverse event (TEAE), the number and percentage of subjects with a treatment-related TEAE, the number and percentage of subjects discontinuing due to an TEAE, and the number and percentage of subjects with at least one serious TEAE will be presented. Treatment-emergent adverse events are those which first occur or pre-existing conditions which increase in severity or relationship to study drug after the first dose of study drug. In reality all adverse events which change in severity or relationship to study drug are assigned a new start date and captured as a new record.

A breakdown of the number and percentage of subjects reporting each TEAE, categorized by preferred term (PT) coded according to the MedDRA dictionary, will be presented in descending frequency of PT. Note that subjects will only be counted once within each preferred term.

A summary of events reported, categorized by severity, will also be provided. Subjects with multiple events within a particular SOC or PT will be counted under the category of their most severe event within that SOC or PT.

Furthermore, summaries of treatment-related TEAEs, TEAEs leading to discontinuation, and TEAEs leading to either study treatment "dose reduced" or "dose interrupted" will be provided, grouped by preferred term. Treatment-related adverse events are those in the investigator's opinion may have been caused by the investigational product with reasonable possibility.

All adverse events (including non-treatment-emergent events) recorded on the CRF will be listed.

Template: T-AE01 TAE01 Template: T-AE03

Any AE: ADVERSE01-01

Any TEAE: ADVERSE02-01 TAE02 ADVERSE02-01, ADVERSE02-02

Any related TEAE: ADVERSE03-01 TAE03 ADVERSE03-01, ADVERSE03-02

Any discontinuing due to AE: ADVERSE04-01 TAE04 ADVERSE04-01, ADVERSE04-02

Any serious TEAE: ADVERSE05-01 TAE05 ADVERSE05-01, ADVERSE05-02,

TAE06 Any TEAEs leading to either "dose reduced" or "dose interrupted". ADVERSE05-01, ADVERSE05-02,

Template: T-AE05 TAE07

Any TEAE: ADVERSE06-01, ADVERSE06-02, ADVERSE06-03

Template: L-AE02

Finally, the section about adverse events describes the number of tables, their contents, and which data must be presented in which table.

The only missing part is a visual instruction on how to organize the output. Many sponsor organizations and some CROs developed output standards, which could be utilized in this case. The annotations in the green boxes point a developer to templates that are to be used as guidance.

Here lie great opportunities for automation: By selecting templates instead of laboriously generating TFL shells in a word processing program, the statistician can already provide metadata for the generation of TFL shells and result displays. Templates can be associated with programs for creating both TFL shells and statistical outputs. By adding study specific titles and footnotes, the statistician only adds to the metadata required for creating a shell or a display while writing the SAP. This relieves programmers from manually entering the same information in a manually written program.

UTILIZING RESULT DATA AND METADATA FOR TFL PRODUCTION

As discussed in the previous section, the first step would be to parse the SAP for displays and analyses, annotating them in the SAP's text. If an application for generating TFLs is available, these would be configured at this point to generate TFL Shells. The configurations provide the metadata that software would pick up and translate into analysis and display metadata, as well as picking the right sub-routine to prepare the analysis results. When using SAS®, macros would be an optimal candidate to fulfill this purpose.

```
data ana_meta01 ;
  length item $ 40 value $ 1000 ;

  %_items( Analysis, DEMOG01-01 ) ;
  %_items( Data, ADSL ) ;
  %_items( Description, %str(Counts and percentage for sex.) ) ;
  %_items( Population, Safety Set) ;
  %_items( Population Variable, SAFFL ) ;
  %_items( Where Clause, saffl eq 'Y' ) ;
  %_items( Treatment Variable, TRT01A ) ;
  %_items( Analysis Bygroup, SEXN SEX ) ;
  %_items( Analysis Statistics , n pct ) ;
  %_items( Analysis Type , CATEGORICAL ) ;
  %_items( Treatment Group 01, 'TRT A' ) ;
  %_items( Treatment Group 02, 'TRT B' ) ;
  %_items( Treatment Group 03, 'TRT A' 'TRT B' ) ;
  %_items( Treatment Value 01, 'TRT A' ) ;
  %_items( Treatment Value 02, 'TRT B' ) ;
  %_items( Treatment Value 03, 'TOTAL' ) ;
run ;
```

For this paper, a simple SAS® dataset serves as crude user interface. Macro %_items simply assigns the contents of the two positional parameters to two dataset variables (*item* and *value*) and outputs a new record, which results in a SAS dataset with two variables containing item and value pairs.

```
/* generate metadata */
%_genMeta(sponsor=PRA,protocol=Testdrug Study 01, confds=ana_meta01, outlib=anares, outds=adsl_ana,debug=N) ;
```

Macro %_genMeta uses dataset *ana_meta01* as input to generate the analysis metadata, and creates the first row of the analysis metadata dataset ADSL_ANA:

Table 4 Analysis Metadata

| SPONSOR | PROTOCOL | ANAID | DATA | POPUL | WCLAUSE | AVAR | POPVAR | TRTVAR | TRTGP01 | TRTGP02 | TRTGP03 | TRTVAL01 | TRTVAL02 | TRTVAL03 |
|---------|-------------------|------------|------|------------|--------------|------|--------|--------|---------|---------|-----------------|----------|----------|----------|
| PRA | Testdrug Study 01 | DEMOG01-01 | ADSL | Safety Set | saffl eq 'Y' | | SAFFL | TRT01A | 'TRT A' | 'TRT B' | 'TRT A' 'TRT B' | 'TRT A' | 'TRT B' | 'TOTAL' |
| PRA | Testdrug Study 01 | DEMOG01-02 | ADSL | Safety Set | saffl eq 'Y' | | SAFFL | TRT01A | 'TRT A' | 'TRT B' | 'TRT A' 'TRT B' | 'TRT A' | 'TRT B' | 'TOTAL' |
| PRA | Testdrug Study 01 | DEMOG01-03 | ADSL | Safety Set | saffl eq 'Y' | | SAFFL | TRT01A | 'TRT A' | 'TRT B' | 'TRT A' 'TRT B' | 'TRT A' | 'TRT B' | 'TOTAL' |
| PRA | Testdrug Study 01 | DEMOG01-04 | ADSL | Safety Set | saffl eq 'Y' | AGE | SAFFL | TRT01A | 'TRT A' | 'TRT B' | 'TRT A' 'TRT B' | 'TRT A' | 'TRT B' | 'TOTAL' |

| SPONSOR | PROTOCOL | ANAID | ACAT01NM | ACAT02NM | METHOD | DESCR | OUTDATA |
|---------|-------------------|------------|----------|----------|--------------|--|----------|
| PRA | Testdrug Study 01 | DEMOG01-01 | SEXN | SEX | SQL COUNT | Counts and percentage for sex. | ADSL_ADR |
| PRA | Testdrug Study 01 | DEMOG01-02 | RACEN | RACE | SQL COUNT | Counts and percentage for race. | ADSL_ADR |
| PRA | Testdrug Study 01 | DEMOG01-03 | ETHNICN | ETHNIC | SQL COUNT | Counts and percentage for ethnicity. | ADSL_ADR |
| PRA | Testdrug Study 01 | DEMOG01-04 | | | PROC SUMMARY | Summary statistics n, mean, std dev, median, min, max of age data by treatment group | ADSL_ADR |

The same configurations are used to generate the results:

```
/*generate result data*/
%_genSumStats(sponsor=PRA, protocol=Testdrug Study 1, confds=ana_meta01, lib=analysis, outlib=anares, outds=adsl_adr) ;
```

%_genSumStats is chosen to generate summary statistics for continuous and categorical data (for variable *age* in this case). Although in this example the macro was created to generate both statistics for continuous and categorical data, in a real application there might be two separate macros. In any way, in an application these macros would be called because the configuration for "Analysis Type" was "CONTINUOUS" or "CATEGORICAL". For other analysis types different macros would be called instead.

Table 5 Analysis Result Data for DEMOG01-01

| Sponsor | Protocol | ANALID | TRTVAL | ACAT01 | ACAT02 | STATCODE | RESULT |
|---------|------------------|------------|--------|--------|--------|-------------|--------|
| PRA | Testdrug Study 1 | DEMOG01-01 | TOTAL | 1 | F | COUNT | 101 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TOTAL | 1 | F | PERCENTAGE | 50.5 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TOTAL | 1 | F | DENOMINATOR | 200 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TOTAL | 2 | M | COUNT | 99 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TOTAL | 2 | M | PERCENTAGE | 49.5 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TOTAL | 2 | M | DENOMINATOR | 200 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT A | 1 | F | COUNT | 45 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT A | 1 | F | PERCENTAGE | 45 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT A | 1 | F | DENOMINATOR | 100 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT A | 2 | M | COUNT | 55 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT A | 2 | M | PERCENTAGE | 55 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT A | 2 | M | DENOMINATOR | 100 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT B | 1 | F | COUNT | 56 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT B | 1 | F | PERCENTAGE | 56 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT B | 1 | F | DENOMINATOR | 100 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT B | 2 | M | COUNT | 44 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT B | 2 | M | PERCENTAGE | 44 |
| PRA | Testdrug Study 1 | DEMOG01-01 | TRT B | 2 | M | DENOMINATOR | 100 |

For analysis DEMOG01-01, metadata specify that variables SEXN and SEX from dataset ADSL were utilized to subset the data for counts in each combination of these variables. The treatment value "TOTAL" was created from data within both treatment groups "TRT A" and "TRT B" stored in variable TRT01A. The denominator stems from the number of subjects in the safety population and a specific (combination of) treatment group(s).

The analysis results data for the TOTAL treatment group of the continuous data of analysis DEMOG01-04 is presented below:

Table 6 Analysis Results Data for DEMOG01-04

| Sponsor | Protocol | ANALID | TRTVAL | ACAT01 | ACAT02 | STATCODE | RESULT |
|---------|------------------|------------|--------|--------|--------|--------------|-------------|
| PRA | Testdrug Study 1 | DEMOG01-04 | TOTAL | | | COUNT | 200 |
| PRA | Testdrug Study 1 | DEMOG01-04 | TOTAL | | | MEAN | 45.72 |
| PRA | Testdrug Study 1 | DEMOG01-04 | TOTAL | | | STDDEV | 18.63081146 |
| PRA | Testdrug Study 1 | DEMOG01-04 | TOTAL | | | MEDIAN | 43 |
| PRA | Testdrug Study 1 | DEMOG01-04 | TOTAL | | | 1ST QUANTILE | 29 |
| PRA | Testdrug Study 1 | DEMOG01-04 | TOTAL | | | 3RD QUANTILE | 62 |
| PRA | Testdrug Study 1 | DEMOG01-04 | TOTAL | | | MINIMUM | 18 |
| PRA | Testdrug Study 1 | DEMOG01-04 | TOTAL | | | MAXIMUM | 77 |
| PRA | Testdrug Study 1 | DEMOG01-04 | TRT A | | | COUNT | 100 |

Here, the associated metadata provide the user with the information that variable AGE was summarized.

Similar to analysis results, displays are to be configured by parsing the SAP for suitable information. Again, a crude SAS® dataset is used in this paper to present the configuration interface:

```

*** report the table *** ;
data rpt_demog01 ;
  length item $ 40 value $ 1000 ;

  %_items( Output ID, TDEMOG01 ) ;
  %_items( Analyses, DEMOG01-01 DEMOG01-02 DEMOG01-03 DEMOG01-04 VITAL01-01 DEMOG01-05 CGIS01-01) ;
  %_items( Program File , t_demog01.sas) ;
  %_items( Output File , t_14_01_02_01_demog01.rtf) ;
  %_items( Population , Safety Analysis Set ) ;
  %_items( Title 01, Table 14.1.2.3 Demographic Characteristics ) ;
  %_items( Title 02, (Safety Analysis Set)) ;
  %_items( Footnote 01, %str(BMI = Body Mass Index) ) ;
  %_items( Description , %str(Summary statistics for demographic characteristics Age, Sex, Race,
                             Ethnicity and baseline vital signs parameters weight, height, and BMI. )
        ) ;

run ;

```

And similar to generating analysis results data and metadata, a macro is called to generate display metadata:

```
%_reportOutput(sponsor=PRA,protocol=Testdrug Study 01,confds=rpt_demog01,outlib=anares,outds=displays) ;
```

Macro %_reportOutput generates the display metadata for specific outputs, requiring one call for each output.

Table 7 Display Metadata

| sponsor | protocol | DISPLAYID | DATA | PROGNAME | OUTFNAME | ANA01 | ANA02 | ANA03 | ANA04 | ANA05 |
|---------|-------------------|-----------|----------------------|------------------|------------------------------|------------|------------|------------|------------|------------|
| PRA | Testdrug Study 01 | TDEMOG01 | ADSL, ADVS, ADOSCGSI | t_demog_saf.sas | t_14_01_02_01_demog_saf.rtf | DEMOG01-01 | DEMOG01-02 | DEMOG01-03 | DEMOG01-04 | VITAL01-01 |
| PRA | Testdrug Study 01 | TDEMOG02 | ADSL, ADVS, ADOSCGSI | t_demog_mitt.sas | t_14_01_02_01_demog_mitt.rtf | DEMOG02-01 | DEMOG02-02 | DEMOG02-03 | DEMOG02-04 | VITAL02-01 |
| PRA | Testdrug Study 01 | TDEMOG03 | ADSL, ADVS, ADOSCGSI | t_demog_pp.sas | t_14_01_02_01_demog_pp.rtf | DEMOG03-01 | DEMOG03-02 | DEMOG03-03 | DEMOG03-04 | VITAL03-01 |

| sponsor | protocol | DISPLAYID | ANA06 | ANA07 | TITLE01 | TITLE02 | FNOTE01 |
|---------|-------------------|-----------|------------|-----------|--|--------------------------------|-----------------------|
| PRA | Testdrug Study 01 | TDEMOG01 | DEMOG01-05 | CGSI01-01 | Table 14.1.2.3 Demographic Characteristics | (Safety Analysis Set) | BMI = Body Mass Index |
| PRA | Testdrug Study 01 | TDEMOG02 | DEMOG02-05 | CGSI02-01 | Table 14.1.2.4 Demographic Characteristics | (modified Intent-to-Treat Set) | BMI = Body Mass Index |
| PRA | Testdrug Study 01 | TDEMOG03 | DEMOG03-05 | CGSI03-01 | Table 14.1.2.5 Demographic Characteristics | (Per-Protocol Set) | BMI = Body Mass Index |

| sponsor | protocol | DISPLAYID | FNOTE02 | FNOTE03 | descr |
|---------|-------------------|-----------|---------|---------|---|
| PRA | Testdrug Study 01 | TDEMOG01 | | | Summary statistics for demographic characteristics Age, Sex, Race, Ethnicity and baseline vital signs parameters weight, height, and BMI. |
| PRA | Testdrug Study 01 | TDEMOG02 | | | Summary statistics for demographic characteristics Age, Sex, Race, Ethnicity and baseline vital signs parameters weight, height, and BMI. |
| PRA | Testdrug Study 01 | TDEMOG03 | | | Summary statistics for demographic characteristics Age, Sex, Race, Ethnicity and baseline vital signs parameters weight, height, and BMI. |

A call to a macro generating the desired output would be required but was not developed for the purpose of this paper. Such display macros would very likely be organized alongside templates, and would need to have components for the following tasks:

- Loading the analysis data from the analysis results dataset(s).
- For tables:
 - Format results according to the associated template.
 - Transpose the formatted results to the final output structure.
 - Generate the output using PROC REPORT.

- For figures, the required graphical procedure would be called.

The final output generated by the above-mentioned macros and a custom table program can be seen below:

| PRA Health Sciences Protocol: Testdrug Study 1 | | DEMO Paper DS-130 | | Page 1 of 2 |
|---|--------------------------|---|------------------|-------------|
| Safety: TDEMOG01 | | Table 14.1.2.3 Demographic and Characteristics (Safety Analysis Set) | | |
| Characteristics | Treatment A (N=100) | Treatment B (N=100) | Total (N=200) | |
| Sex [n (pct)] | | | | |
| Female | DEMOG01-01 45 (45.0) | 56 (56.0) | 101 (50.5) | |
| Male | 55 (55.0) | 44 (44.0) | 99 (49.5) | |
| Race [n (pct)] | | | | |
| American Indian or Alaska Native | 21 (21.0) | 15 (15.0) | 36 (18.0) | |
| Asian | DEMOG01-02 19 (19.0) | 23 (23.0) | 42 (21.0) | |
| Black or African American | 19 (19.0) | 19 (19.0) | 38 (19.0) | |
| Native Hawaiian or Other Pacific Islander | 20 (20.0) | 19 (19.0) | 39 (19.5) | |
| White | 21 (21.0) | 24 (24.0) | 45 (22.5) | |
| Ethnicity [n (pct)] | | | | |
| Hispanic or Latino | DEMOG01-03 48 (48.0) | 60 (60.0) | 108 (54.0) | |
| Not Hispanic or Latino | 52 (52.0) | 40 (40.0) | 92 (46.0) | |
| Age (Years) | | | | |
| n | 100 | 100 | 200 | |
| mean (std) | DEMOG01-04 48.4 (19.02) | 43.0 (17.92) | 45.7 (18.63) | |
| median | 47.0 | 40.0 | 43.0 | |
| min, max | 18, 77 | 18, 77 | 18, 77 | |
| BMI = Body Mass Index | | | | |
| Data: ADSL, ADVS, ADQSCGI, Program: t_demog01.sas, Output: t_14_01_02_01_demog01.rtf, Created on 2021-02-24T08:49, Page 1 of 2 | | | | |

CONCLUSION

Standardizing analysis results data would provide significant benefits to the industry. It would help with transparency and traceability to the results presentation, which is otherwise only available from the SAP and the code of the program that created the result display. It would add machine readability to the presentation of results, allowing for code-based searches of results across multiple studies. By supporting the separation of results generation from results display, one tool can be developed for results generation and another for results display, thus mitigating the imbalance of analysis vs results presentation. Additionally, it supports the reuse of results for scenarios other than CRS generation. Furthermore, it allows for quicker turn-around time of additional analysis requests because the tools are already available, and the project team does not need to adapt or alter already existing programs.

REFERENCES

Decker, Chris. 2019. "Analysis Results that Saves Trees - #killTFLs", Paper DH12, PhUSE US Connect 2019

Code Refactoring. Wikipedia. Available at: https://en.wikipedia.org/wiki/Code_refactoring

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