## JMP Clinical® 4.0

adds Ways to **Explore Clinical Trials Data Visually** 



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**SAS Institute** 







# JMP Clinical is Parts of the JMP Family for Statistical Discovery

### **JMP**



This is the JMP product you've known and loved

for more than 20 years. It's the standard for visual data analysis right on the desktop. JMP links statistics with graphics, making information accessible in ways a spreadsheet never could. JMP empowers you to enjoy one breakthrough after another.

### JMP Pro



JMP Pro includes everything you'll find in JMP, plus

powerful new capabilities designed for advanced analytic users who need data mining techniques to create robust predictive models. If you have large data volumes, want to engage in data mining or build predictive models that generalize well, then JMP Pro is for you.

### JMP Clinical



JMP Clinical software shortens the drug

development process by streamlining safety reviews of clinical trials data. It helps clinicians and biostatisticians migrate into the modern review environment using CDISC data. Intuitive dashboards create a visual framework for rigorous statistical analysis.

### JMP Genomics



The desktop solution for analysis and

visualization of genomics data, JMP Genomics combines the power of the JMP statistical discovery platform with industryleading SAS Analytics and customized applications tailored for vast genomic data sets





### What is JMP® Clinical?

- JMP Clinical software from SAS shortens the drug development process by streamlining both internal safety reviews during preclinical, clinical trials and final evaluation by the Food and Drug Administration (FDA).
- JMP Clinical creates reports from standard Clinical Data Interchange Standards Consortium (CDISC) and Standard for Exchange of Non-Clinical Data (SEND) data, facilitating communication between (pre-) clinicians and biostatisticians at the sponsor organization and, subsequently, between sponsors and FDA reviewers.
- It targets Pharmacovigilance sector by using the 4 industry standards algorithms for signal detection in the disproportionality analysis
- It dynamically links advanced statistics and graphics, enabling sophisticated analysis in a user-friendly environment.
- Interactive graphs offer multiple views of patient profiles and reveal hidden patterns in drug-drug, drug-adverse events interactions.



# JMP® Clinical is the *de facto* standard for clinical data analysis software.

- It uses standard data (CDISC: SDTM & ADaM; SEND)
- It follows standard reporting recommended by medical authorities reviewer guidance (ICH-E3)
- It is based on industry standard tools (JMP and SAS)
  - JMP is the most widely used review tool at the FDA (40% of medical reviewers at CDER/CBER)
  - JMP is used at the EMEA in Pharmacovigilance
  - JMP is widely used in clinical groups at sponsors
  - SAS is the standard analysis and reporting tool of biostatistics groups at sponsors





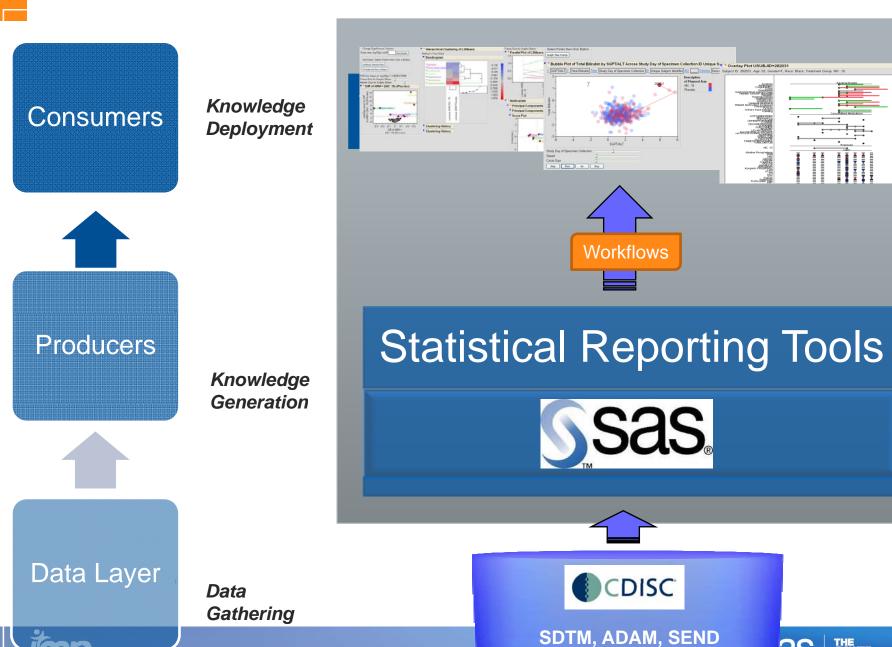
# JMP® Clinical

Highly Visual Interactive Graphics Intuitive



Scalable Validated Powerful Analytics

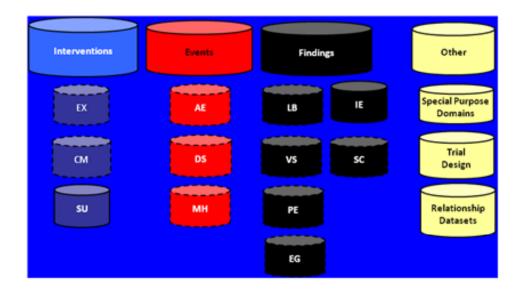
### JMP® Clinical Platform



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### **SDTM** data example



### Interventions

- EX Exposure
- CM Concomitant Medications
- SU Substance Use

### Events

- AE Adverse Events
- DS Disposition
- MH Medical History

### Findings

- LB Laboratory Tests
- VS Vital Signs
- PE Physical Examinations
- EG ECG Tests
- IE Inclusion/Exclusion Exceptions
- SC Subject Characteristics

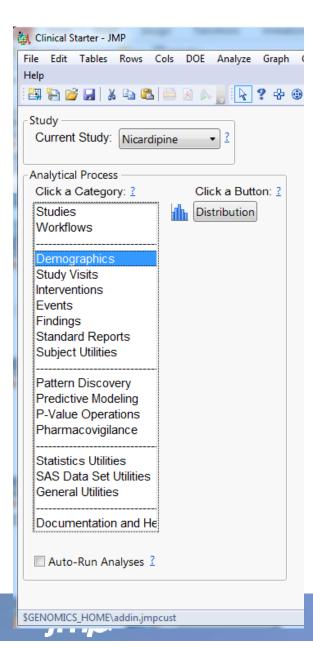
### Others – Special Purpose Domains

DM – Demographics



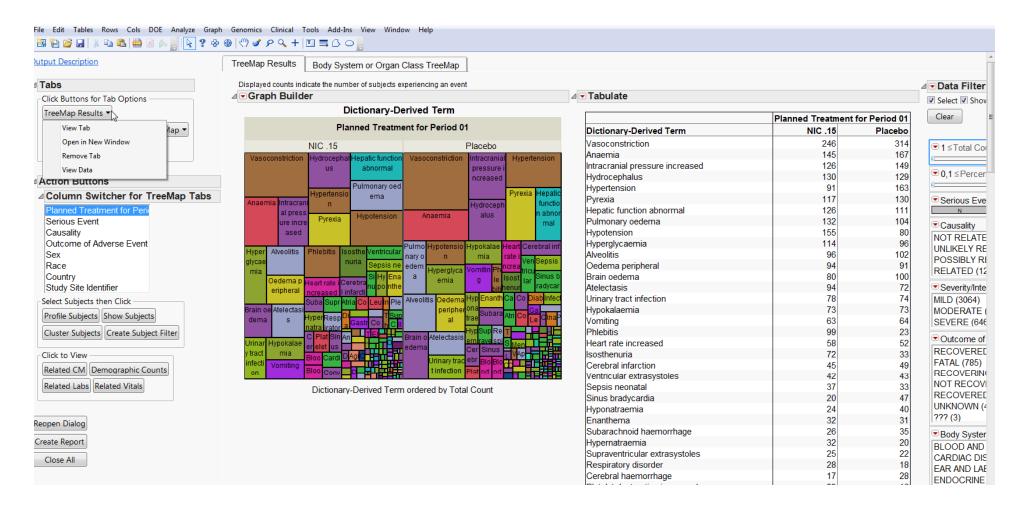


### JMP® Clinical Processes on the shelf



- JMP Clinical has all processes in place to go through a standard clinical review process.
- Based on the availability of the different data domains, you will be able to graphically review :
  - Interventions, Events, Findings, Special
  - All Graphics linked to the data, with drill-down options and patient profiles

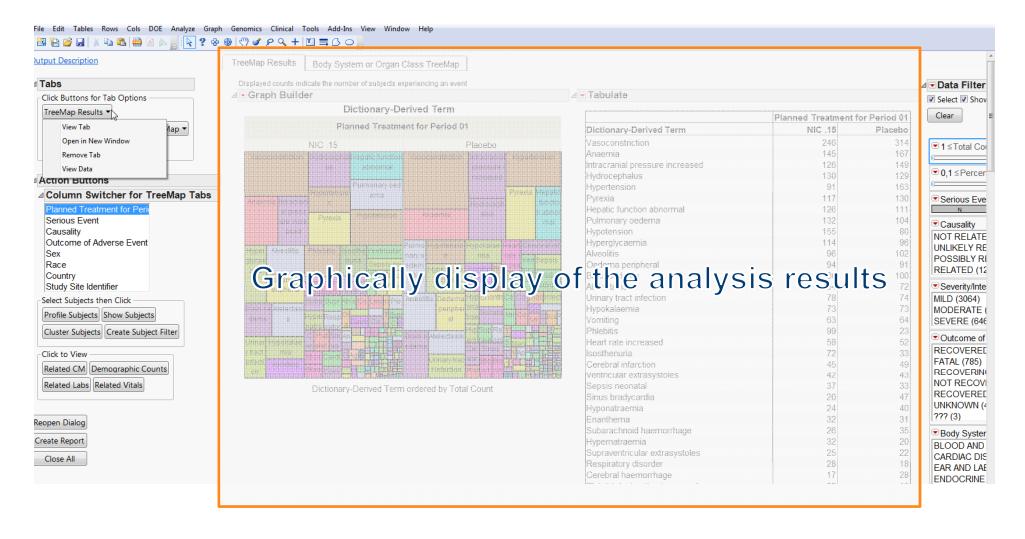








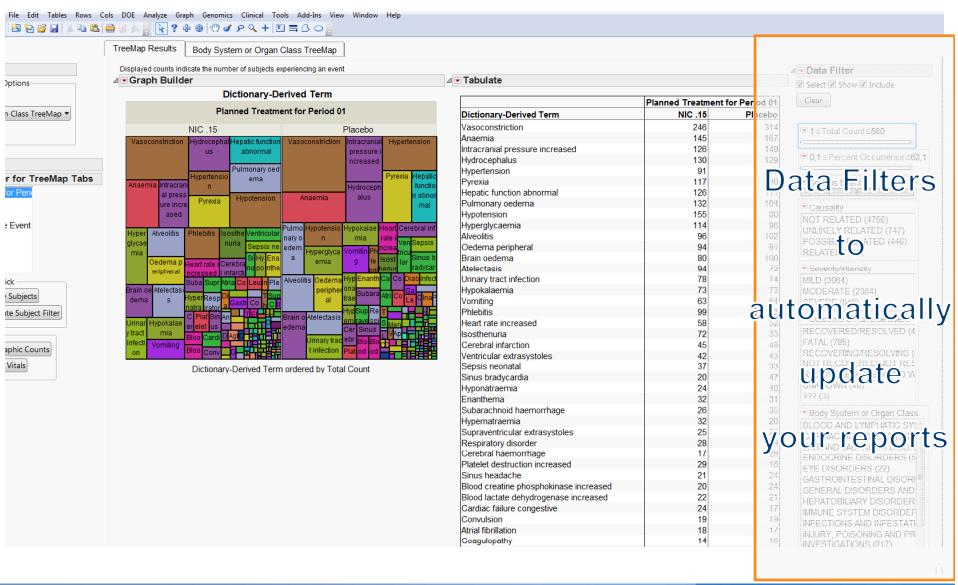








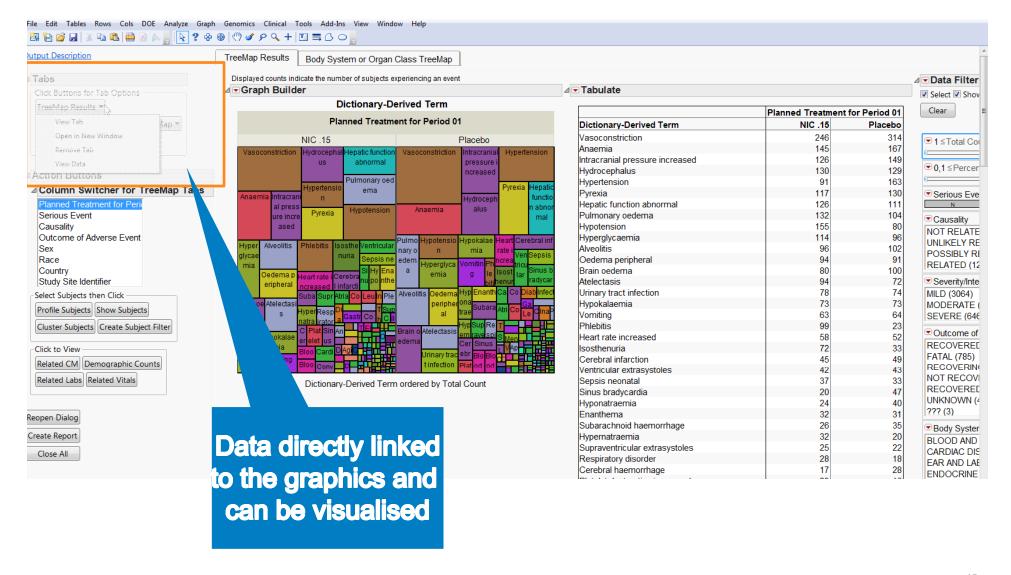
## Reports display when a process is run







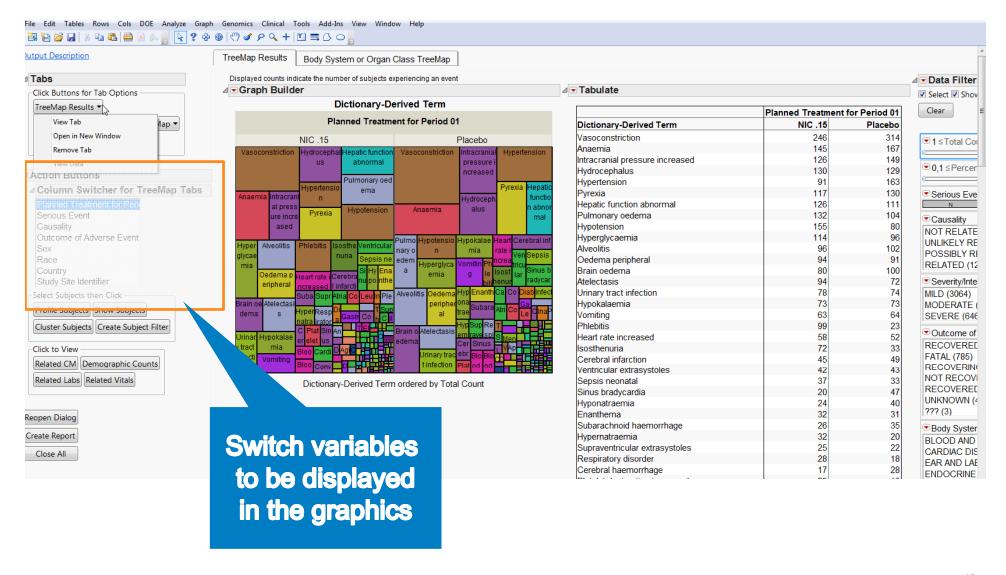








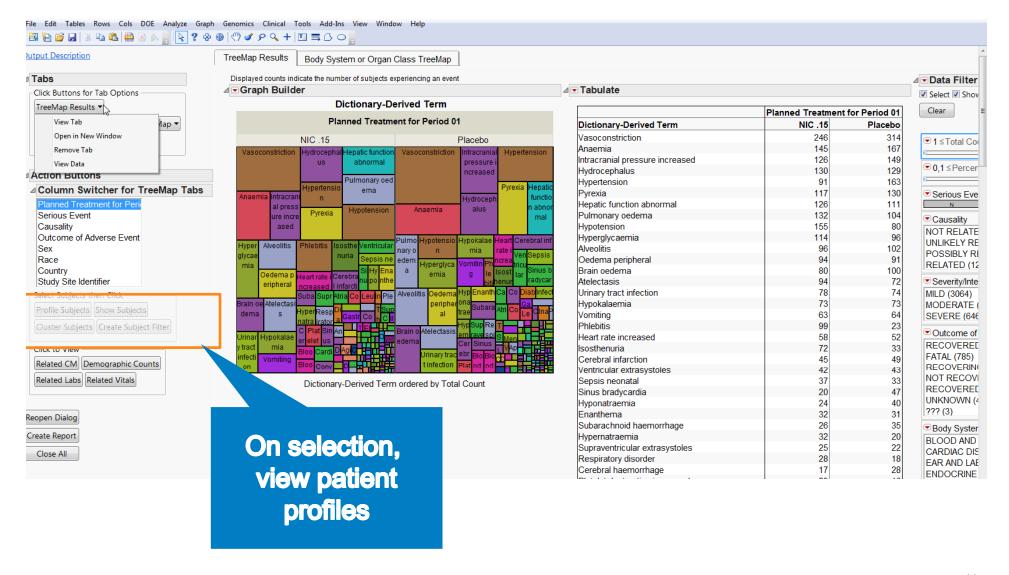








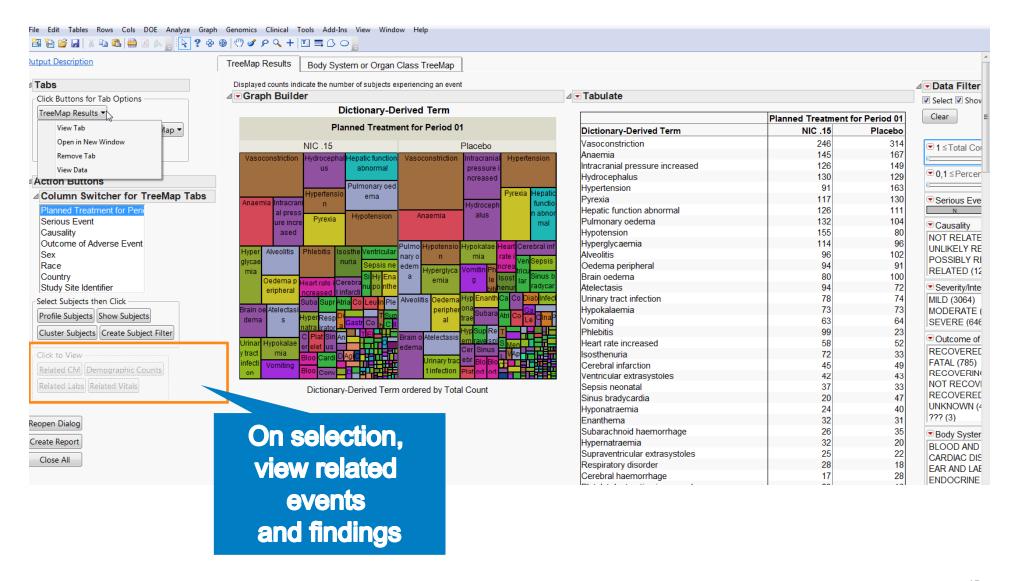








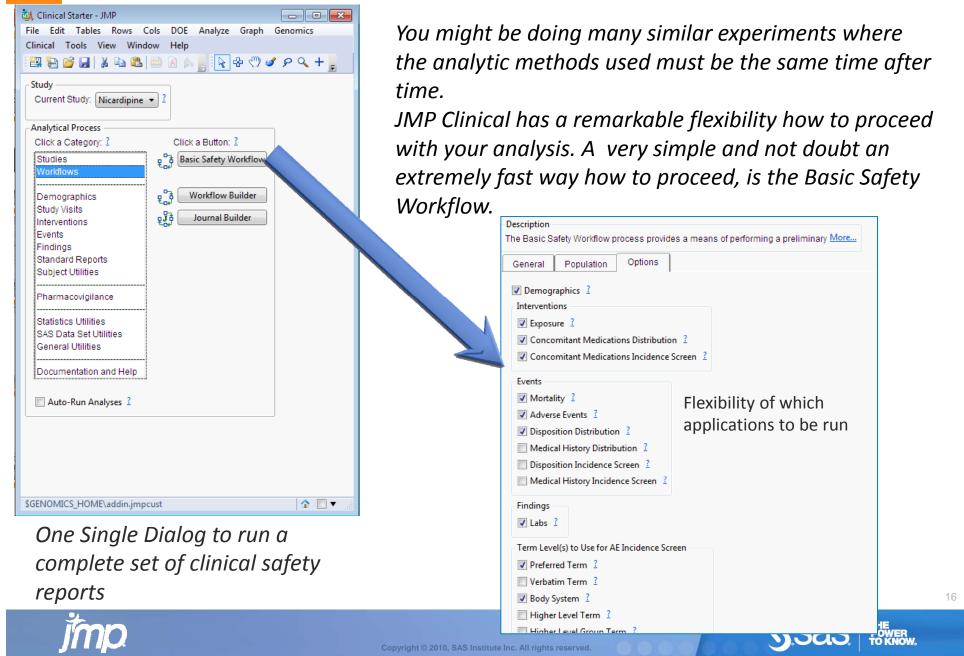








### **Fast Getting Started: Basic Safety Workflow**



A complete set of reports that embrace the clinical safety review process

🛂 Journal: BasicWorkFlow\_Nica... 👝 📧 💌 File Edit Tables Rows Cols DOE Analyze Graph Genomics Clinical Tools View Window Help 题 B . R & Ø Q + □ ■ C C . Open Workflow Builder Dialog Reopen BasicSafetyWorkflow Dialog Demographics Distribution Results Interventions **Events** Findings Close All Other Windows 







### Benefits for producers and consumers

# JMP Clinical streamlines the clinical reporting and reviewing process by:

- Faster and easier safety review process by delivering unparalleled flexibility, point and click and drill down functionalities for exploring prominent results in more detail.
- Lower cost-to-market via better decision making on safety outcomes: JMP Clinical reduces the false discovery rate, by mitigating the risk of over-reporting adverse events.
- Spending time more efficiently in the safety review process: more time spend by exploring patterns and predicting outcomes in clinical trials data – and less time programming or manipulating data tables.







### JMP® Clinical

**Data Analysis Workflow Live Demonstration** 





# **The Study Design**

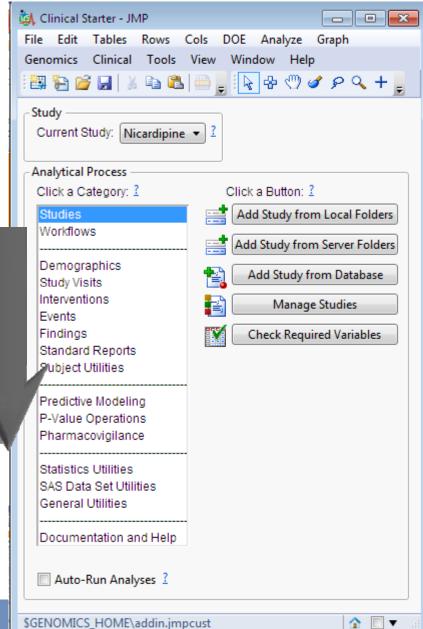
### The Clinical Study used is the following:

- Nicardipine treatment of 906 subjects that had Subarachnoid Hemorrhage.
- All the patients were included in a randomized double-blind placebocontrolled study; 449 patients received Nicardipine while 457 received the placebo.
- Patients in each group were balanced with regard to prognostic factors for overall outcome.
- Nicardipine and the placebo were delivered continuously at 0.15 mg for up to 14 days and patients were followed for up to 120 days following administration of the drugs.
- Results are formatted according to the CDISC Study Tabulation Model.





### JMP® Clinical Starter Menu

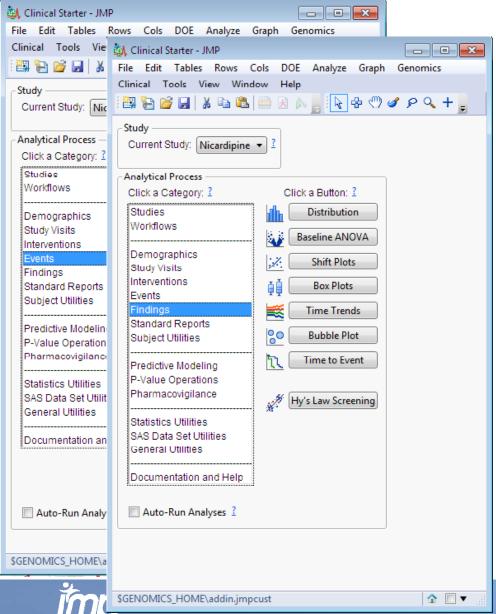


JMP Clinical comes with its JMP Clinical Starter.

This dialog enables you to quickly view and access all JMP Clinical, workflows, and applications.

The order of this menu is important. *It follows roughly the order described in* the ICH-E3 reviewer guidance

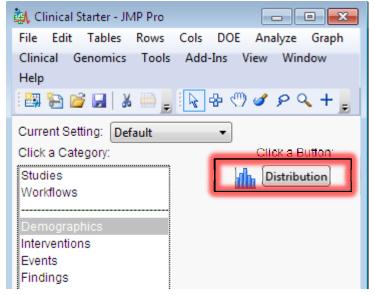
### JMP® Clinical Starter Menu



JMP Clinical comes with its JMP Clinical Starter.

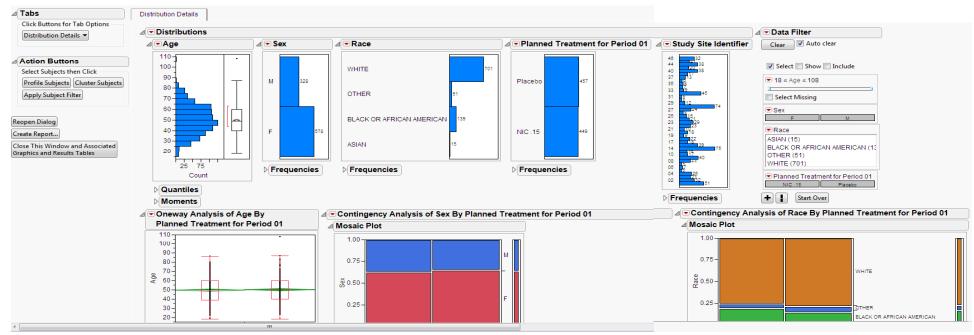
This dialog enables you to quickly view and access all JMP Clinical, workflows, and applications.

The Applications are ordered in categories and subcategories for the ease of use

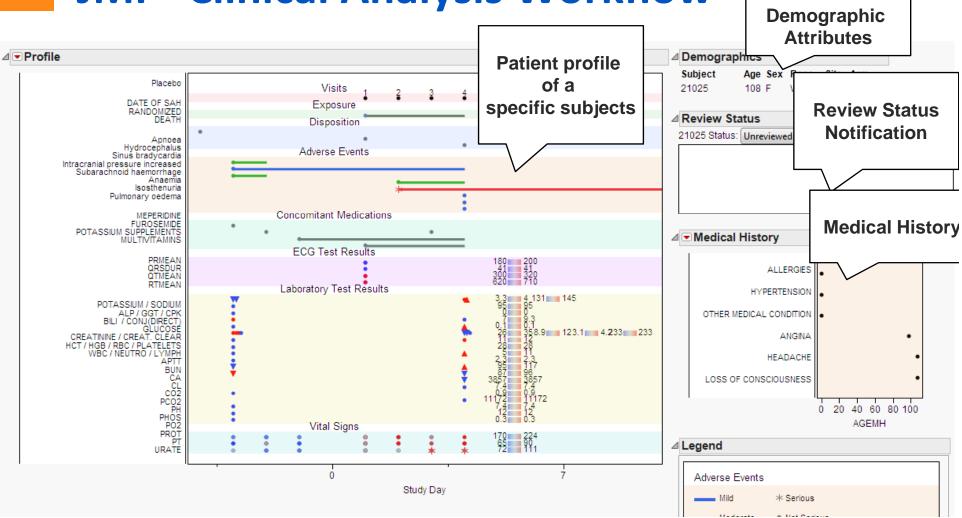


Visualize relationships between demographic characteristics and treatment groups

One would need to check for consistency in the demographics distributions to evaluate any significant deviation among age, sex ,race groups and sites within the different treatment groups











Subject: 101001

Randomized Arm: Placebo

Investigator: 101A

**Patient Narratives** 

Subject 101001 was a 63-year-old white female. Her medical history included headache associated with sah (1988), hypertension with this sah (1988), vomiting associated with sah (1988) and hypertension prior to sah (1981). She began dosing with 40 mg/h of placebo on 21JAN1988 (Day 1). The subject discontinued the trial on 18FEB1988 (Day 29) due to death.

### Other Significant Adverse Event (coded term [reported term]): HYDROCEPHALUS [HYDROCEPHALUS]

On 21JAN1988 (Day 1) the subject experienced a hydrocephalus (mild) which was considered a significant adverse event. At the time of the event, the subject was taking 40 mg/h of placebo and had been at this dose for 1 day. The significant AE occurred on the first day of dosing with any study medication. Trial medication had an action of drug withdrawn as a result of the event. It is not known from the case report form if therapeutic measures were administered to treat the event.

Adverse events that occurred within a ±3-day window of the onset of the significant AE included vasoconstriction (moderate) and vomiting (mild). Concomitant medications taken at the onset of the significant AE included potassium supplements, codeine compound 1/2, docusate sodium and multivitamins.

The investigator considered the AE to be not related to study medication. The final outcome of the event was reported as recovered/resolved on 02FEB1988 (Day 13).

### Other Significant Adverse Event (coded term [reported term]): PYREXIA [PYREXIA]

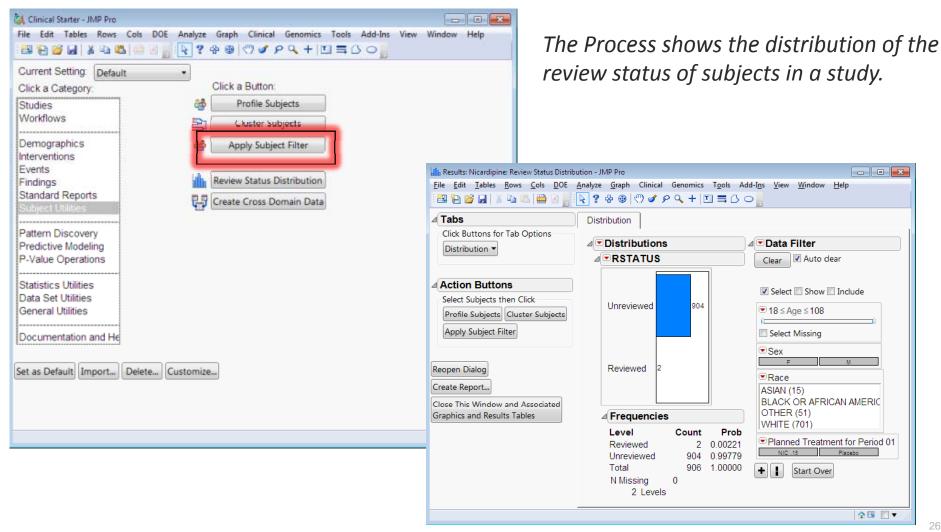
On 25JAN1988 (Day 5) the subject experienced a pyrexia (mild) which was considered a significant adverse event. At the time of the event, the subject was taking 40 mg/h of placebo and had been at this dose for 5 days. The significant AE occurred 4 days after the first dose of any study medication. Trial medication had an action of dose not changed as a result of the event. It is not known from the case report form if therapeutic measures were administered to treat the event.

Adverse events that occurred within a  $\pm 3$ -day window of the onset of the significant AE included vomiting (mild). Concomitant medications taken at the onset of the significant AE included potassium supplements, docusate sodium, multivitamins and codeine compound 1/2.

The investigator considered the AE to be not related to study medication. The final outcome of the event was reported as recovered/resolved on 31JAN1988 (Day 11).

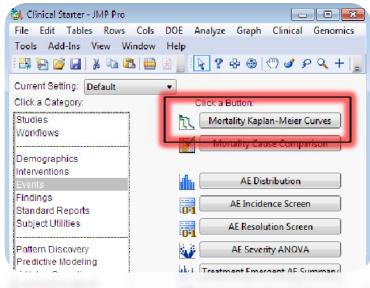






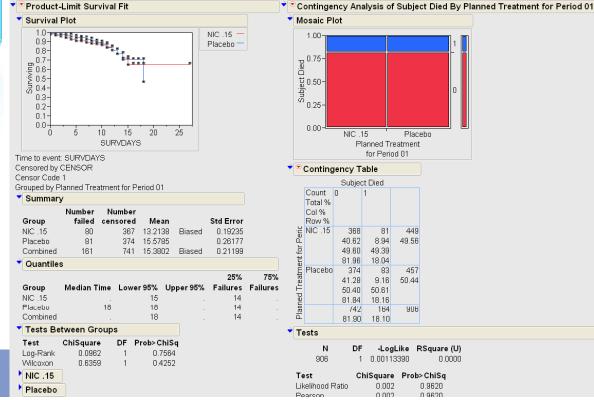




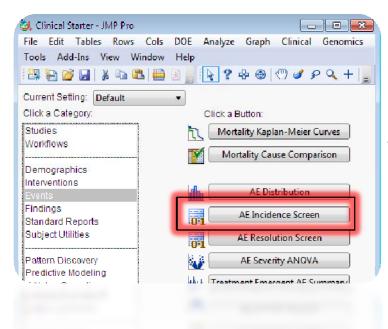


Visualize Relationships between Mortality Rate and treatment groups

It is Important to know if there are significant deviations in the mortality rate across treatment groups

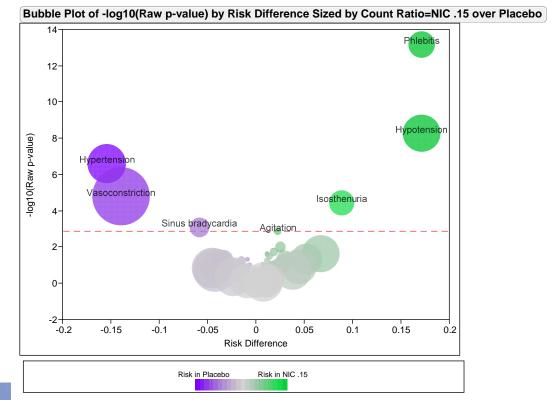




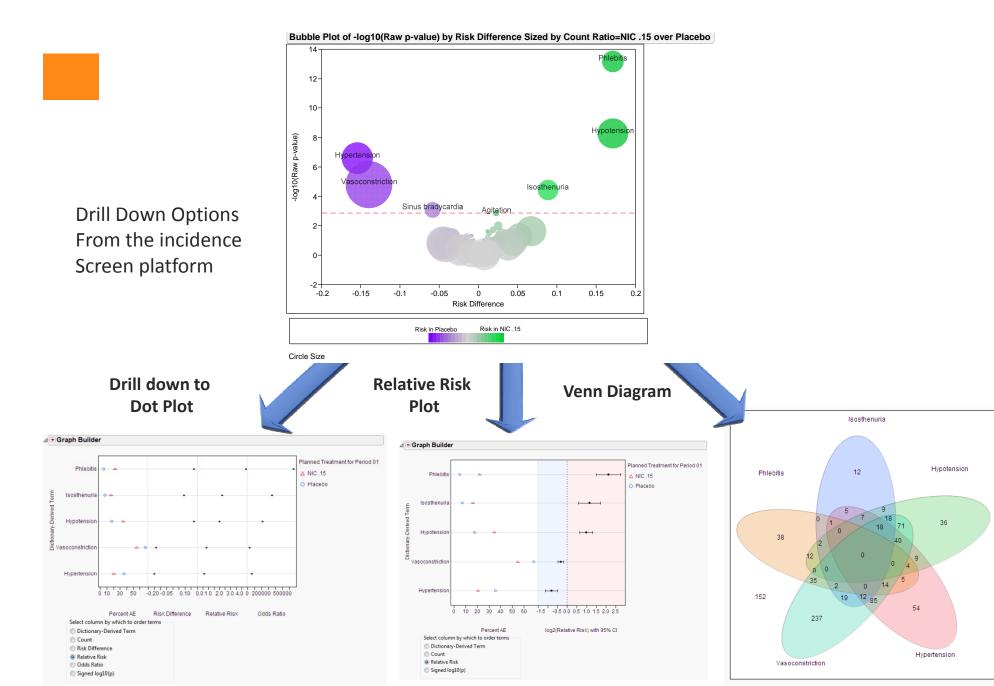


### Visualise significance analysis tests reports of Adverse **Events**

Once adverse events have been detected, it is important to find out if those are significant by means of Fisher's exact test or for more complex models, by Mixed Model Analysis.

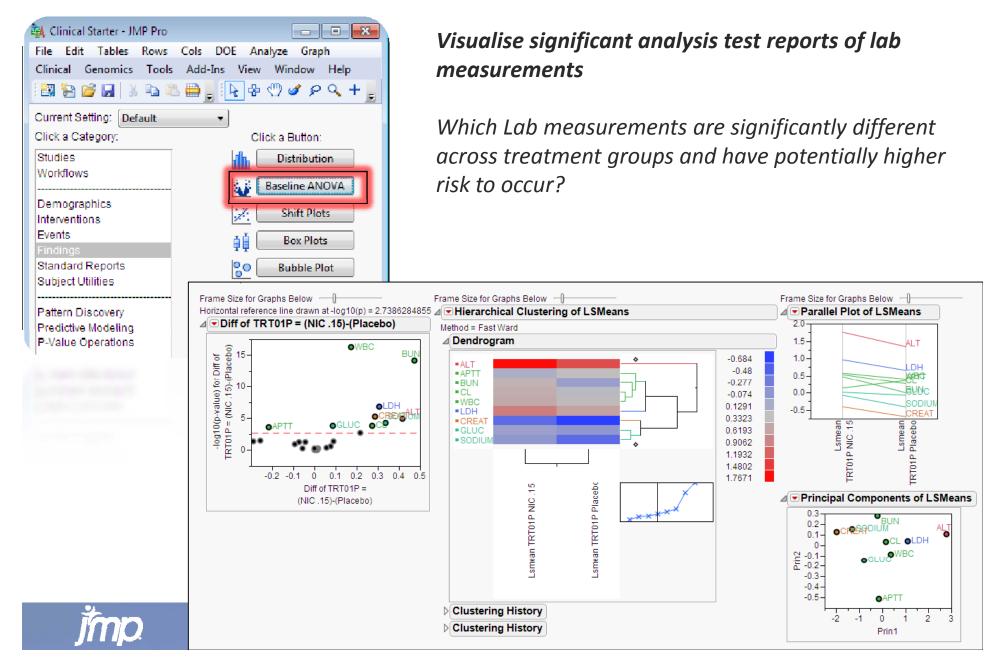


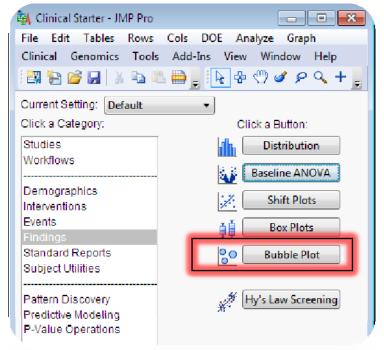






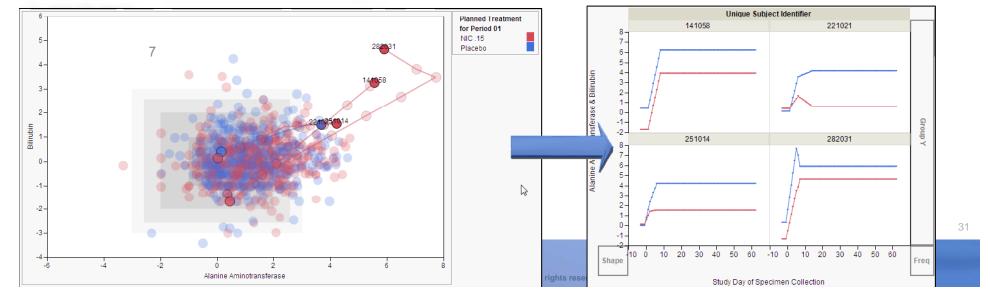


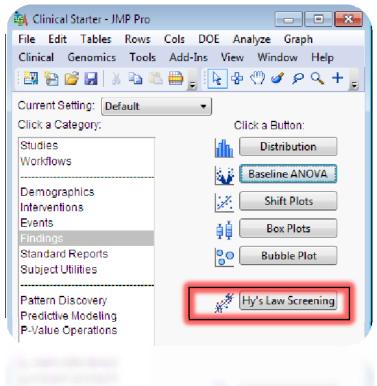




Monitor Animated Patients Laboratory Tests to detect Hy's Law Profiles

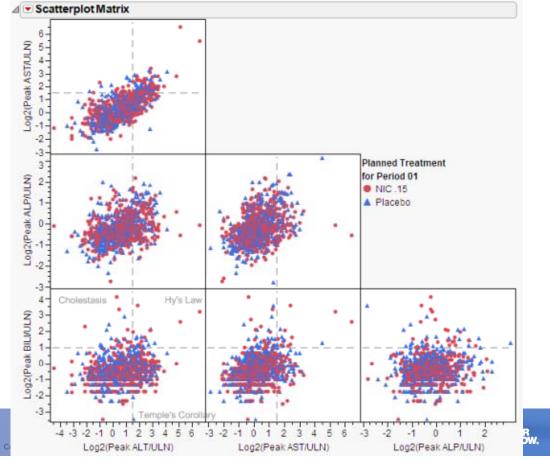
Quickly identify subjects with high risk of liver toxicity, meeting the criteria of Hy's Law.



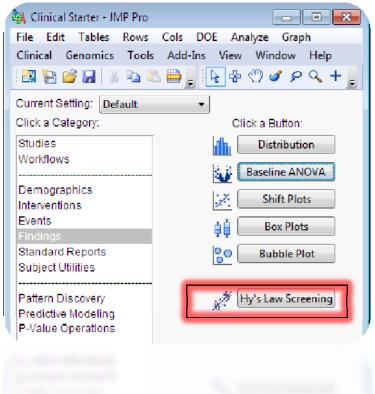


### Screen for Hy's Law Profiles

Quickly identify subjects with high risk of liver toxicity, meeting the criteria of Hy's Law and drill down to patient profiles

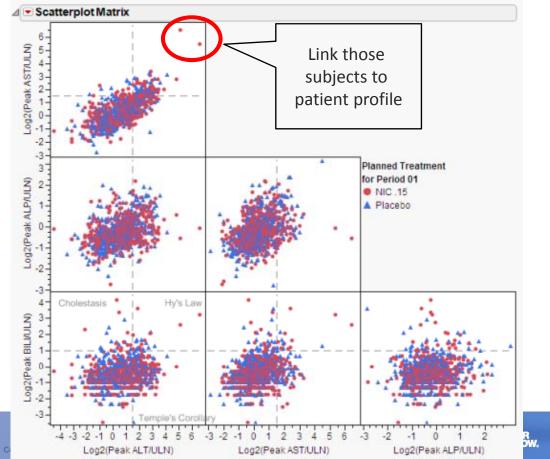






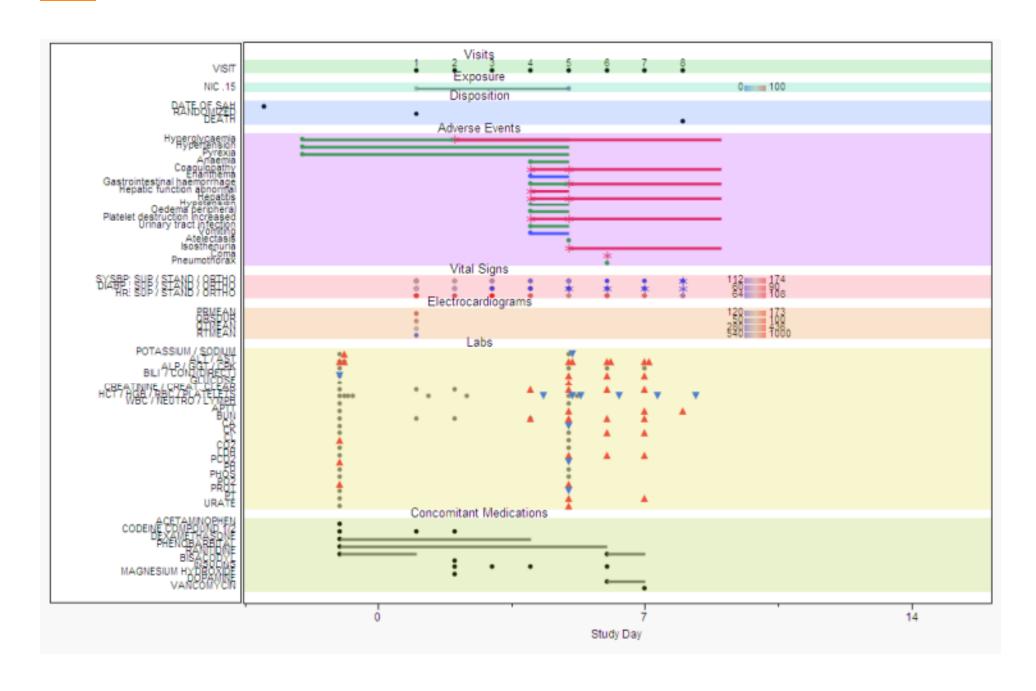
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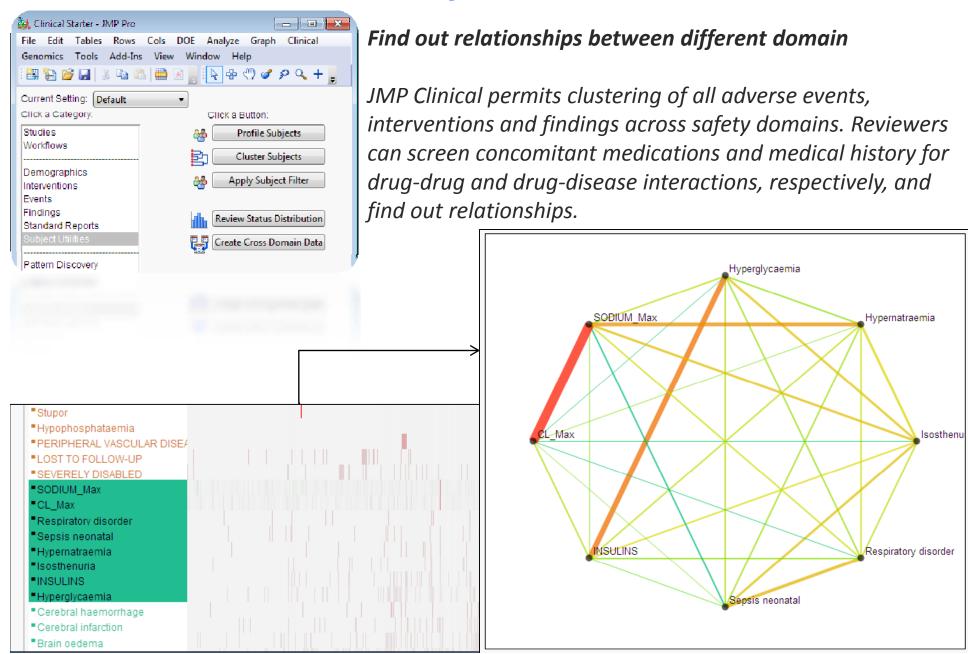
Quickly identify subjects with high risk of liver toxicity, meeting the criteria of Hy's Law and drill down to patient profiles

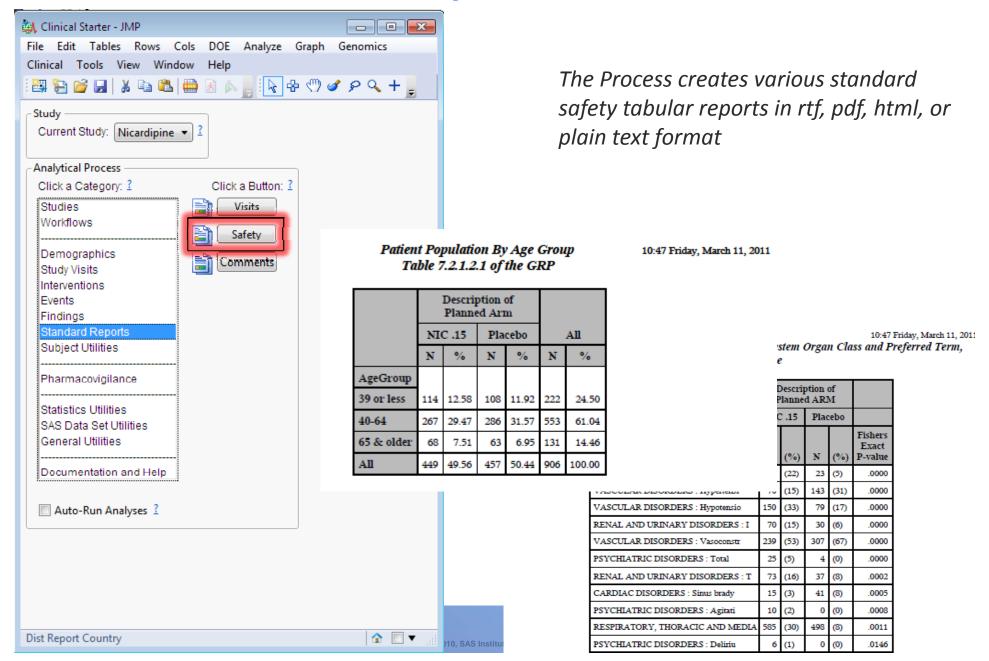


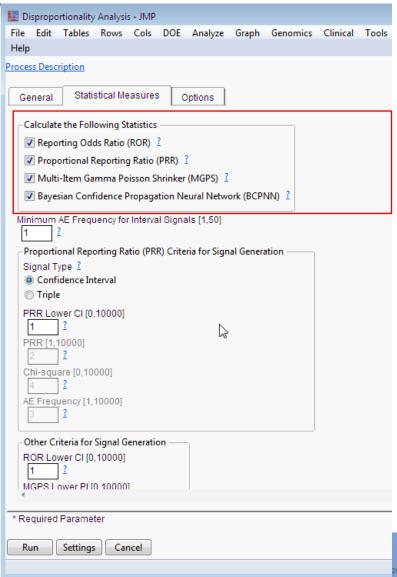


### JMP® Clinical Patient Profiler











The Disproportionality analysis in JMP Clinical includes the 4 industry standard disproportionality analyses used for signal detection. PRR, ROR, MGPS and BCPNN

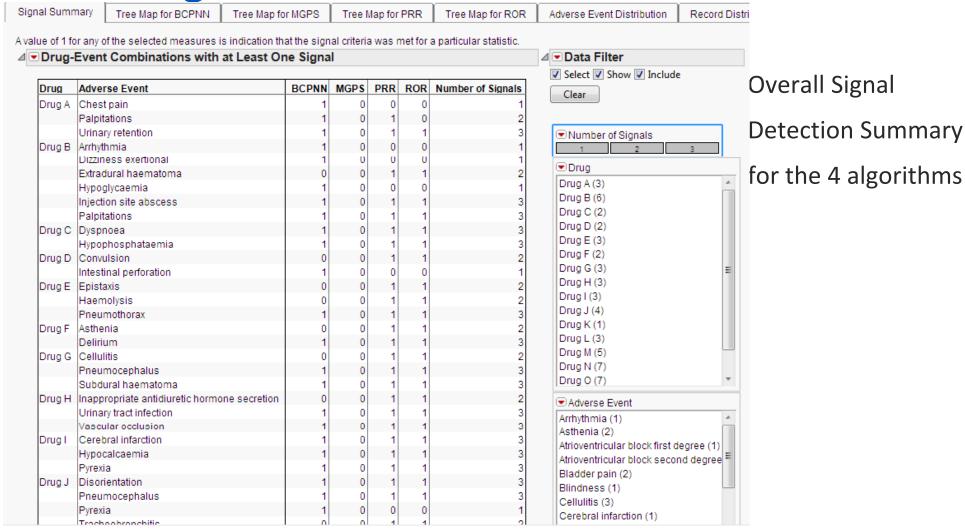


- Disproportionality analysis is associated to "Signal Detection" in Pharmacovigilance.
- Pharmacovigilance, abbreviated PV, is the pharmacological science to detect signal or adverse events (ae) once the drug is on the market (post-submission), similar to drug-ae surveillance.
- The Disproportionality analysis in JMP Clinical includes the 4 industry standard disproportionality analyses used for signal detection.















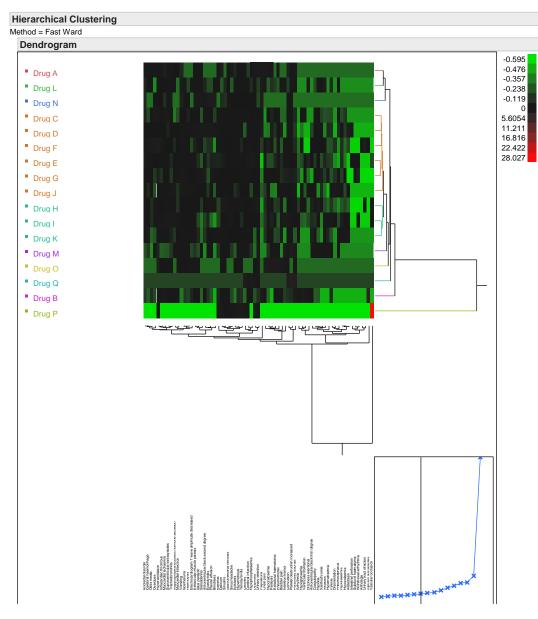


Tree Map view of overall AE frequency and signal detection category (here an example of BCPNN)

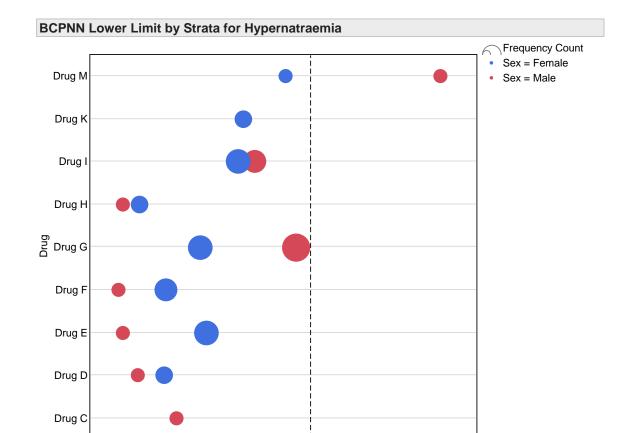








Views allowing to cluster either Drugs or AE with similar behavior



1.0

**BCPNN Lower Limit** 

Views allowing to compare AE frequency with Stratification variable



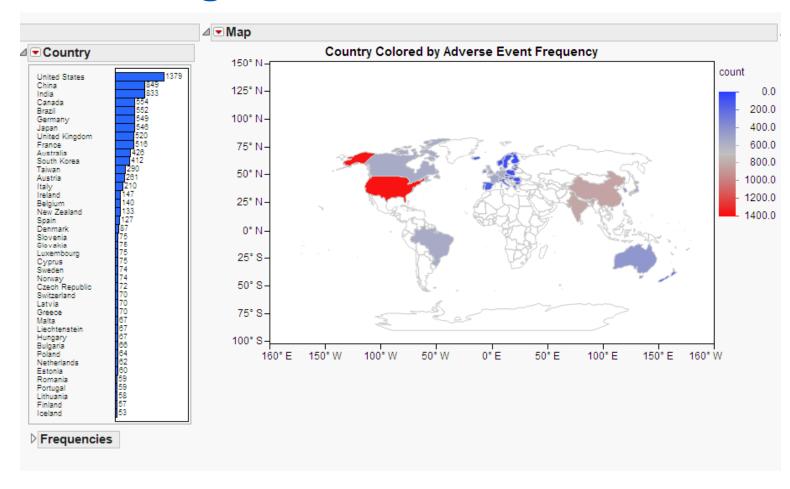
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1.5





Geographical distribution of AE frequency





### **Conclusion**

### JMP® Clinical is

- Intuitive, Interactive, Comprehensive, Highly Visual.
- Easy to use
- Platform embraced at all levels of safety review process
- Facilitates interpretation, communication and reporting
- Helps users to improve the safety review process better, faster, cheaper









For more information,

ask for a demo

or visit

http://www.jmp.com/software/clinical/

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