

NASH PDB WG Update

Manal Abdelmalek, Mayo Clinic Michael Cooreman, Inventiva Pharmaceuticals



Chris Hoffman, PhD

IT & Operational Director



• Experience leading a set of research computing services and projects designed to facilitate research across the Berkeley campus.

• Expertise with complex challenges related to research involving highly sensitive data; campus-wide Research Data Management Programs; IRB; and Information Systems.



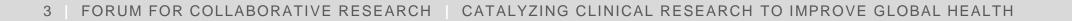


Zachary Rooney, MSCS

Research Associate



- Experience in Java, Python, C, Swift, MIPS, and in programming biomedical devices and in storing health data for patient and health care providers' use.
- Knowledge of programming languages, computer systems, and computer networking building a diverse portfolio with data structures, algorithms, and computer systems examples.





Margot Yann, PhD, M.Eng

Senior Computational and Data Science Research Specialist



• Experience in research and applications using Deep Neural Networks, Bayesian Networks, Multiagent Learning, and Game Theory—and processes at the forefront of artificial intelligence.

• Hands-on big-data experience in Natural Language Processing (NLP), Computer Vision, and Electronic Health Records (EHR) both in industry and academia.

• Wide background and expertise in AI & ML in healthcare.





Samantha Berman, MSc, BSc

Research Data Analyst



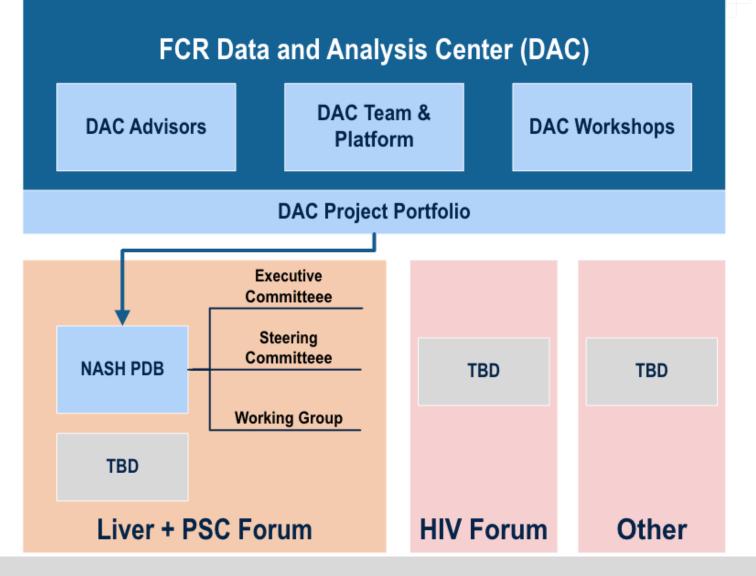
• Expertise in mathematical modeling and longitudinal public health studies.

• Experience integrating national health datasets, dozens of longitudinal health-related studies, and other social and environmental dataset.



DAC Organization Model







Importance & Value of Data Sharing



- Develop better tools to stratify patient populations/assess treatment benefits
- Promote development of biomarkers, simulation tools to improve clinical trial design; improve likelihood of success
- Reduce risk/increase confidence
- Reduce time, size and cost of phase 3 trials through optimization

Galson et al. Failure to fail smartly. Nat Rev Drug Disc 2021

Thompson & Parekh. Value of data sharing to advance drug development: a regulatory perspective. <u>TIRS</u> 2021



Liver Forum Placebo Arm DB Project



Neutral venue for data sharing and analysis that aims to facilitate responsible use of data through collaboration to honor patient contributions to clinical research.

- Aim: To combine the power of a PDB and novel analytics to advance regulatory science and increase the quality, efficiency and output of clinical trials to accelerate drug development
- Strategy: pooling placebo arms from all completed Phase 2 and Phase 3 NASH studies



Themes/questions NASH PDB Project

- Natural history of NASH in untreated trial patients
- Comparability of RCT patients to "real world" patients
- Predictors of disease improvement, stability, worsening
- Fluctuation in safety parameters in untreated patients
- Screen failures
- Application of AI/ML to paired biopsies
- Comparison of causal inference statistical methods
- Shared placebo arm in future trials
- Others?

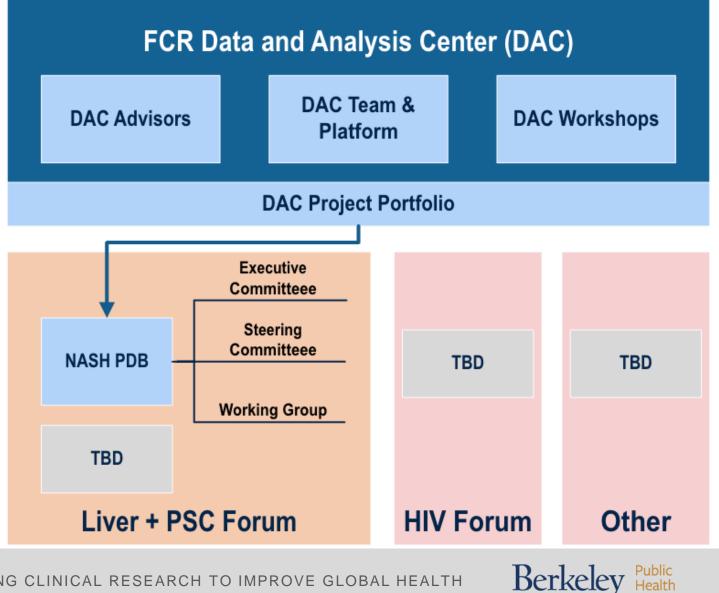


For Collaborative Research[™]

NASH PDB Project Governance



- Executive Committee
- Steering Committee
- Working Group
 - subgroups



Questions about data: Principles & Access to the database



- Support the Forum's projects by maximizing the impact of each data point, reduce drug development failure rate, and potentially decrease R&D costs
- Protect subject privacy
- Protect partner data
- Comply with relevant laws and policies
- Be transparent with Forum partners and stakeholders
- Direct Access to the database is restricted to:
 - FCR-DAC team
 - Regulatory authorities by invitation



Statistics sub-Working Group



- Open to statisticians from industry, regulatory agencies, academia
 - Assess the importance of baseline and time-varying factors in predicting spontaneous resolution vs. NASH progression
 - Identify novel baseline patient stratifications for these outcomes
 - Develop individualized machine learning predictive algorithms for these outcomes
 - Plan annual liver-specific statistical workshops

Outputs



- Published peer-reviewed papers
- Sponsor-specific requested analyses
- Potential placebo-arm patient contribution to new RCTs



NASH Placebo Arm Database



Challenges:

- Informed consent forms around data sharing
- Inclusion and exclusion criteria
- Proportional balance of data contribution per sponsor
- Country specific requirements and restrictions
- Protocol differences in terms of timing data periodicity of data
- Harmonization of data across clinical trials (C-DISC)



NASH Placebo Arm Database



Opportunities:

- Data driven clinical trial design for future trials
- Cost savings reduce the number of placebo patients needed in future trials
- Standardization of clinical trials
- Placebo sharing in future trials
- Understand:
 - Why the placebo groups differ so much?
 - Understanding rare events



NASH RCT Placebo Data Base Guidance for discussion



- The project
 - What are the next steps to build the database?
 - Commitment; clarity of scope
 - It is not easy, but once achieved invaluable
 - Many pros; any cons?
- A trove on information relevant for patients, healthcare providers, Health Authorities and drug developers
 - Understanding of the condition by patients, conversations with their physicians
 - Improve efficiency of clinical studies
 - External placebo data matched
 - Response to placebo in defined patient population as a known (a statistical prior)



NASH RCT Placebo Data Base Guidance for discussion

- Information knowledge
 - (natural) course of NAFLD/NASH
 - In a controlled environment Hawthorne effect
 - As a metabolic-immune liver disease
 - Symptoms, quality of life... is NASH really asymptomatic?

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- What influences effects in placebo arms?
 - Patient background
 - Setting of healthcare facility
 - Duration of treatment
 - Geography
 - History, duration of disease
 - Histological response: reader variability?
- Scientific-medical progress benefits society