

## **Session 1: Treatments of COVID19**

Understanding treatments of COVID19 is of paramount importance. ICODA's first driver project (DP1) focusses on summary level data from key trials and publicly available data sources. We will first present the data assets and tools available in the workbench. Second, we'll gather several experts in the community to discuss key challenges we face and how to solve for them.





#### **SPEAKERS**

- Névine Zariffa
  - Member of Executive Leadership Team ICODA & scientific lead of DP1 Founder NMD Group LLC
- Jonas Häggström
   Chair ICODA Statistical Expert Group
   VP Global Health Cytel
- Jaap Mandema
   Core member of DP Project Team
   Chief Innovation Officer Certara

#### **PANEL MEMBERS**

- Phil Ambery
   Member DP1 Community Advisory Group (CAP)

   Global Clinical Leader AstraZeneca
- Ben Kramer
   Member DP1 Community Advisory Group (CAP)

   VP Medical Affairs Genentech
- Peter Mesenbrink
   Member ICODA Statistical Expert Group & of R&D Alliance
   Data Sharing SteerCo & DP1 CAP
   Executive Director Biostatistics Novartis

### **Agenda**



How is the Data Research Lab being constructed?

What data assets and tools are available now and soon?

**Example of what can be done now:** 

High Dose Steroid

Panel discussion

Please capture your questions and comments in the Q&A box

### The International COVID-19 Data Alliance



**Vision** 



To unite data from international clinical trials, biomedical and health research to enable discoveries that benefit all people, everywhere, by reducing the harm of the COVID-19 pandemic

Mission



To build a trustworthy international partnership and enduring analysis infrastructure to support a rapid response to the current COVID-19 and future pandemics across the world

### **A Data Research Lab**



Discover data	Search relevant data sources from around the world
Request access	Request data from multiple datasets through a single mechanism
Analyse data	The Workbench provides a secure environment for analysis with a range of tools available
Federated access	If data cannot travel, federated analysis and re-combination of results can be facilitated
Collaborate	Teams of authorised researchers can work together in dedicated workspaces

### Making the Data Research Lab <u>Trustworthy</u>



#### A neutral cloud environment for scientific collaboration

- Secure, multi-tenanted project Workspaces
- Encouraging a project-based data commons model

#### Tools and workflow for Open Science

- Emphasis on FAIR data curation, standards and re-use
- Bringing existing code and tools integrate and extend

#### Governance and security

- GDPR as the governance and security model
- Access and traceability of results and methods
- Project lead has audit on all transactions and use of data

## Flexibility in data access allows more data contributors to participate



We enable data contributors to select from a menu of options to choose the approach that best aligns with their governance rules:

Level 0	Data is hosted and accessed through the Workbench.	commitment from Pharma contributors for treatment RCTs Summary Level Data (DP1)
Level 1	Data is hosted locally by data custodian.  If approved, the data extract is de-identified and transferred to the W	orkbench for analysis.
Level 2	Data is hosted locally by data custodian.  Data stays in the local environment. If approved, federated compute and analysis executed locally. Authorised results are transferred to	

### How we deliver our mission



GLOBAL REPRESENTATION	<ul> <li>Partners from around the world, including from low- and middle-income countries (LMICs)</li> <li>Supporting reciprocity between data contributors and analysts</li> </ul>
COLLABORATION	<ul> <li>Learn from and bring together existing initiatives</li> <li>Work in partnership with data stewards, data contributors and data users</li> </ul>
FACILITATE OPEN RESEARCH	<ul> <li>Develop interoperable technology infrastructure and tools</li> <li>Focus on globally applicable data &amp; model standards, and enable high quality reproducible research</li> </ul>
BUILD A TRUSTWORTHY ECOSYSTEM	<ul> <li>Embedding public involvement and community engagement</li> <li>Robust Information Governance model based on the '5 safes' framework</li> </ul>
DRIVER PROJECT DELIVERY MODEL	<ul> <li>Led by research questions, demonstrating value through use cases</li> <li>Scaling over time, building the number of partners, projects and available datasets</li> </ul>

#### Possible research areas



## Disease and Population

Transmission patterns

Can we predict local outbreaks

What are the risk factors associated with severe outcomes?

Evolution of the disease population segments?

## Vaccines and Prophylaxis

How to measure immunity?

Speeding up vaccine development

Do some vaccines work better than others in patient segments?

Do some vaccines work better than others in patient segments?

#### **Diagnostics**

How well do the tests perform?

#### **Treatments**

When should I administer treatment?

How quickly to treatments work?

Which treatments work best in the elderly? Renally impaired?...

Which patients benefit best from a particular treatment

RCT results: What is the safety and efficacy of each treatment studied?

How well do RCT trials translate to real-world setting?

### Outcomes and residual unmet need

What are the risk factors linked to severe outcomes?

Long term health consequences of COVID infection

#### Other?

Host virus genome interactions?

# Summary-level Data from RCTs allow numerous investigations quickly



Randomised Controlled Trials (RCTs) offer a key source of definitive evidence for medical practice.

- Start with the highest grade trials (regulatory application or wide-scale medical practice)
- Data from graduated arms of platform trials.

### **Enriched Summary-level data**

- Vivli and other data repositories are best for individual patient-level data (IPLD)
- Summary-level data (SLD) is not as entangled with privacy concerns, are readily useable, and can be of value to many research questions
- Beyond the text fields of ClinicalTrial.gov, press-releases and publications, we augment & enrich SDL by deploying a Data Dictionary Strategy to enable aggregation and tooling.

#### Data is available now and more to come soon



#### **Data Commitment:**

- Publicly available summary-level data is updated weekly by Certara in curated digitised form so it's readily useable
- A dozen pharmaceutical companies of the R&D Alliance have committed enriched summaries of the data from their randomised controlled trials (RCTs). We expect 5-8 trials by the end of 2020.
- Platform trial study teams are being approached and are receptive

#### **Tools:**

Researchers can use ICODA supplied tools, or create their own.

## **COVID-19 Enriched Summary Level Data Dictionary In- hospital Setting Enables Aggregated Data Research**



#### **Study Information**

- Study name
- Study design
- Treatment arms (inc duration and dosing)
- Countries
- Inclusion/exclusion criteria
- Dates of First/last patient, first public release of information, link to any publications

#### **Baseline Variables**

- Age (by fixed intervals),
- Sex
- Race
- Ethnicity
- Duration of symptoms prior to enrollment
- Comorbidities at the time of entry to the trial
- Supplemental oxygen at time of randomization
- Oxygen saturation level
- Respiratory rate
- Smoking history
- Meds at entry
- COVID19 disease severity at presentation
- ...

#### **Efficacy Endpoints\***

Number of patients and/or time to and/or duration

- 8-point scale
- NEWS and NEWS2 score
- Improvement based on 8point scale and NEWS and NEWS2 Score
- Mechanical ventilation
- Oxygen use
- Non-invasive Ventilation/High-Flow Oxygen Use
- Mechanical Ventilation/ECMO
- Hospitalization
- Fever
- Viral clearance
- CRP
- D-dimer
- Serum ferritin
- Discharge/Ready for Discharge

#### **Safety Endpoints\***

Number of patients with

- Aes Overall
- Specifically overall
  - Cardiac
  - Gastrointestinal
  - infections and infestations
  - Metabolism
  - Renal
  - respiratory
- CTC Grade 4 AEs
- SAEs

#### Time to

- CTC Grade 4 AE
- Death

## Exposure and Retention\*

- Number of patients remaining in the trial
- Number of patients remaining on study drug

#### **DATA DICTIONARY**

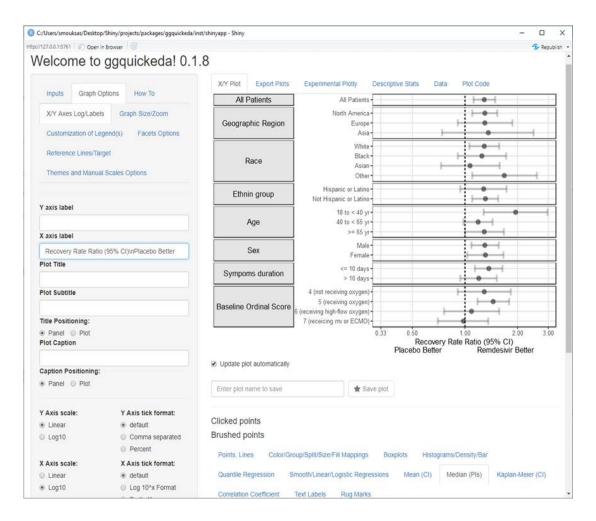


Microsoft Excel Worksheet Efficacy, safety and exposure endpoints

- Baseline, Day 3, 7, 14/15, 28/29 and latest follow up time of the trial.
- By subgroups such as demog, lab based, and comorbidities

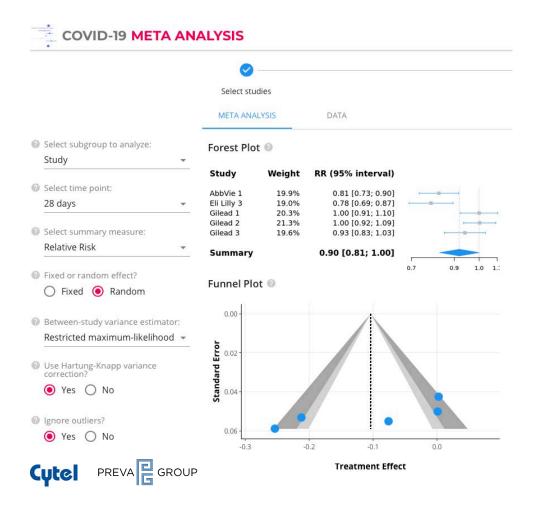
# Tools to enable a quick understanding of the data: Visualization App





## Tools to enable analysis of data across trials: **Meta-Analysis App**





@ICODA research

#### CODEX



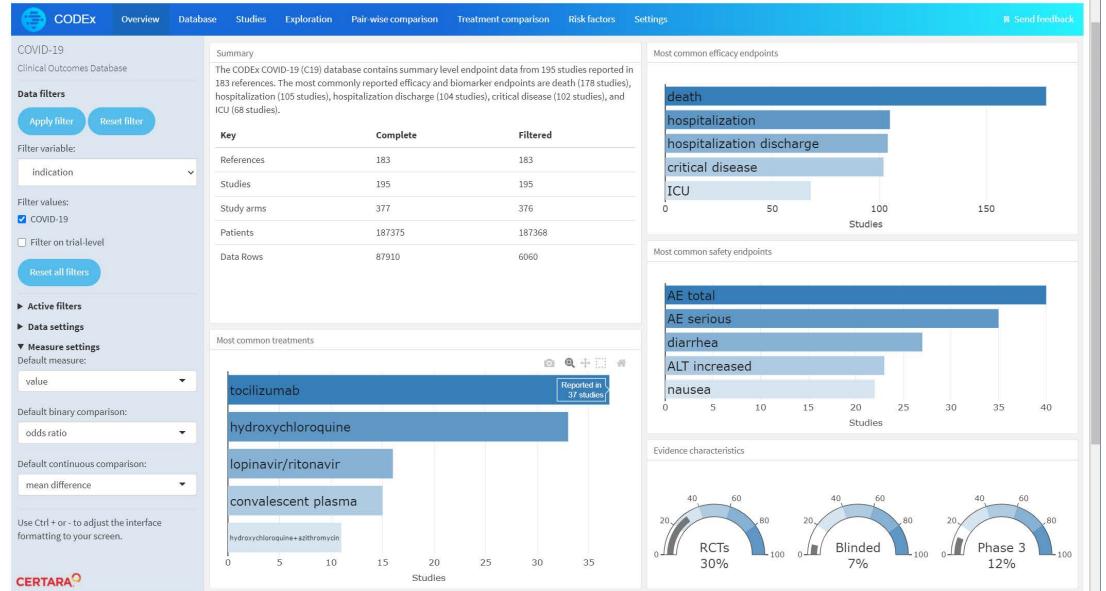
- Curated and Augmented Publicly Available Data Sources
  - publications, pre-pub, press releases, clintrial.gov, regulatory documents and others
  - patient population characteristics, concomitant treatments, statistical analyses and results (efficacy/safety/biomarkers/vital) signs)
- Currently 59 RCTs (>40 K patients) and 136 Cohort studies (>147 K patients)
- Tools for Descriptive visual analytics, meta-analysis and network meta-analysis

We provide researchers with a useable snapshot of available data from which they can form full research proposals.

#ICODAforum

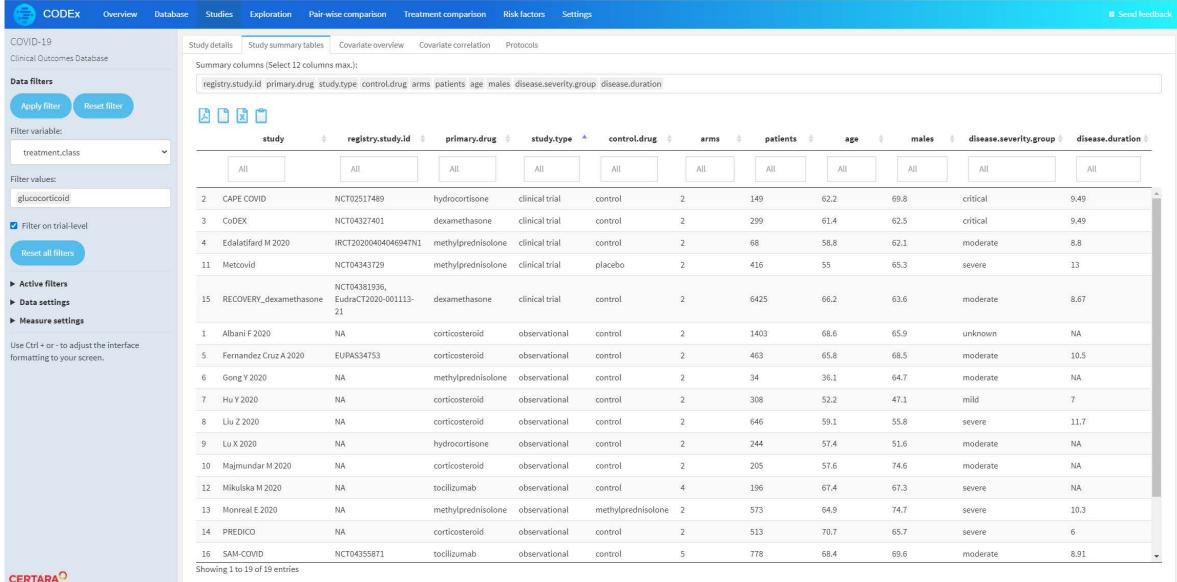
# CODEx provides web-based access, exploration and analysis of data





# Cohort and RCT studies that evaluate a certain treatment (for example corticosteroids) can be quickly identified and reviewed





# Endpoint data from studies (for example steroids) can be summarized with a pair-wise meta-analysis



treatment	study	disease.severity.grou	p control.drug (	randomization	Odds Ratio	OR	95%-CI	Weight
corticosteroid glucocorticoid methylprednisolone glucocorticoid glucocorticoid hydrocortisone glucocorticoid methylprednisolone corticosteroid glucocorticoid glucocorticoid methylprednisolone methylprednisolone	Albani F 2020 Fernandez Cruz A 2020 Gong Y 2020 Hu Y 2020 Liu Z 2020 Lu X 2020 Majmundar M 2020 Mikulska M 2020 PREDICO SAM-COVID SAM-COVID Wang Y 2020 Zha L 2020	unknown moderate severe mild severe severe moderate severe moderate moderate moderate moderate moderate severe	control	no no no no no no no no no no no		1.59 0.51 1.00 3.28 0.51 0.76 1.22 1.71 0.84 1.58	[1.25; 2.03] [0.27; 0.97] [0.60; 1.67] [0.99; 10.90] [0.22; 1.19] [0.33; 1.72] [0.83; 1.80] [0.97; 3.02] [0.38; 1.88] [0.13; 18.81]	11.2% 6.8% 0.0% 0.0% 8.1% 5.0% 5.2% 9.5% 7.5% 5.3% 0.9% 0.0% 62.6%
hydrocortisone dexamethasone methylprednisolone methylprednisolone dexamethasone	CAPE COVID CoDEX Edalatifard M 2020 Metcovid RECOVERY_dexamethasone	critical critical moderate severe moderate	control control control placebo control	yes yes yes yes	0.1 0.51 2 10 death odds ratio		[0.20; 1.04] [0.51; 1.28] [0.02; 0.42] [0.65; 1.43] [0.74; 0.95] [0.53; 1.03]	5.2% 8.7% 1.9% 9.5% 12.2% 37.4%

## Result can be summarized by baseline patient characteristics (for example disease severity) if reported



treatment	study	control.drug	disease.severity.group	Odds Ratio	OR	95%-CI	Weight
hydrocortisone dexamethasone methylprednisolone dexamethasone	CAPE COVID CoDEX Metcovid RECOVERY_dexamethasone	control control placebo control	critical critical critical critical		0.46 0.81 0.74 0.60 0.64	[0.20; 1.04] [0.51; 1.28] [0.30; 1.83] [0.45; 0.79] [0.51; 0.80]	8.0% 14.3% 7.1% 18.3% 47.8%
methylprednisolone dexamethasone	Edalatifard M 2020 RECOVERY_dexamethasone	control control	moderate moderate		0.10 0.82 0.39	[0.01; 0.93] [0.70; 0.97] [0.05; 2.81]	1.6% 20.8% 22.4%
methylprednisolone methylprednisolone	Edalatifard M 2020 Metcovid	control placebo	severe severe		0.06 1.05 0.31	[0.01; 0.61] [0.54; 2.04] [0.02; 5.25]	1.4% 10.3% 11.7%
dexamethasone	RECOVERY_dexamethasone	control	mild/moderate	<b></b>		[1.00; 1.80] [1.00; 1.80]	18.1% 18.1%
				0.01 0.1 1 10 10 death odds ratio		[0.57; 1.02]	100.0%

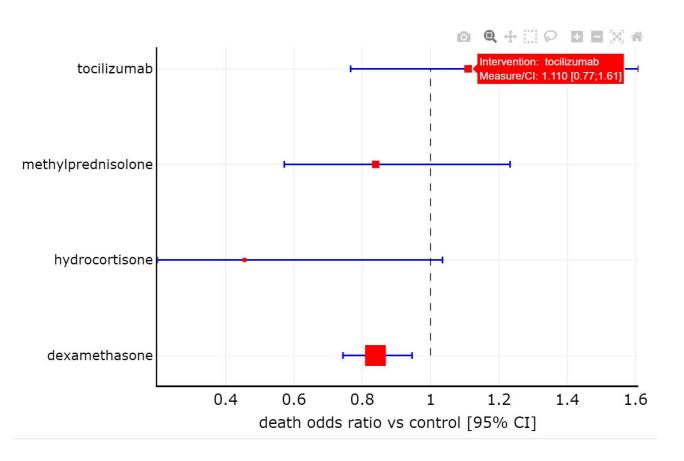
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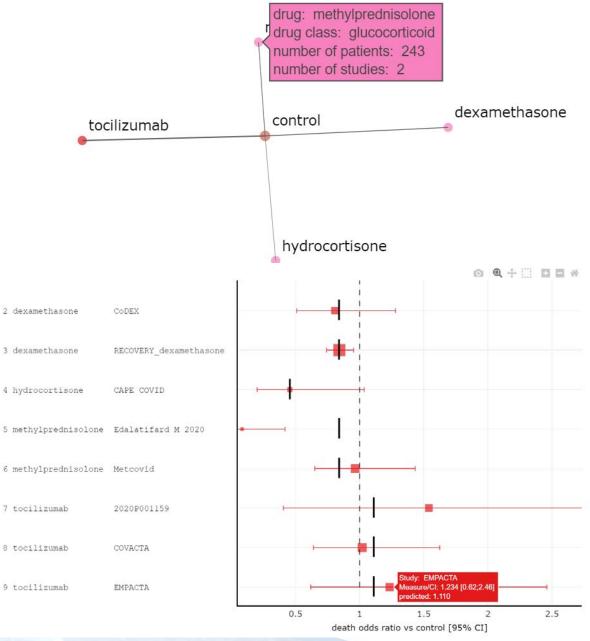
## Any endpoint that is reported (for example patients with critical disease) can be evaluated



treatment	study	baseline	time	control.drug	treatment.class	Odds Ratio	OR	95%-CI	Weight
tocilizumab tocilizumab	2020P001159 EMPACTA	0.00 0.00	28 28	placebo placebo	anti-IL-6 anti-IL-6		0.84 0.59	[0.37; 1.92] [0.33; 1.04]	11.7% 17.9%
				,			0.66	[0.41; 1.05]	29.6%
hydrocortisone	CAPE COVID	81.58	21	control	glucocorticoid	· <del></del>	0.58	[0.30; 1.12]	15.5%
dexamethasone	CoDEX	100.00	15	control	glucocorticoid		0.51	[0.30; 0.86]	19.0%
methylprednisolone	Edalatifard M 2020	0.00	3	control	glucocorticoid		0.13	[0.03; 0.68]	4.1%
dexamethasone	RECOVERY_dexamethasone	0.00	28	control	glucocorticoid	<b>=</b>	0.90	[0.79; 1.03]	31.9%
							0.59	[0.35; 0.99]	70.4%
						<del></del>	0.64	[0.45; 0.91]	100.0%
						0.1 0.51 2 10			

## Treatments evaluated in RCTs can be compared in a Network Meta-Analysis





### **Creating a Research Community: Bright Minds Together**



#### The Alliance also deploys:

- Analytic toolkits, developed by experts, with training and documentation
- Proportionate reviews of research proposals and outputs
- Regular workshops with examples of best practice, including feedback to and from data researchers
- Community feedback and support.

Visit our website to become a data contributor or request access to the data

## **Panel Discussion**

#### Phil Ambery

Member DP1 Community Advisory Group (CAP)

Global Clinical Leader AstraZeneca

#### **Ben Kramer**

Member DP1 Community Advisory Group (CAP) VP Medical Affairs Genentech

#### **Peter Mesenbrink**

Member ICODA Statistical Expert Group & of R&D Alliance Data Sharing SteerCo & DP1 CAP Executive Director Biostatistics Novartis



### **Topics**



What made you want to be a part of this initiative?

How did you convince your colleagues to contribute data?

What can we do in this sort of data research lab that we couldn't do before?

What are the key challenges we face? What do you think we can do about these?