

Generating Clinical Narratives Using Structured Content Principles

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for

SANOFI 

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Contents

- Background
- Key challenges to producing clinical narratives
- What is Structured Content Authoring/Management (SCA/SCM)?
- The Sanofi solution
- How does SCA/SCM help solve these challenges?
- The value statement
- What the future may hold



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Background

- Sanofi embarked on Content Reuse program in 2011
- EnCORE platform for established in 2012
- Narrative service established in 2013
- Many new capabilities continue to be added as the service matures
- Narratives constitute a significant portion of clinical content produced



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Challenges: Dependencies & Time Constraints

- Narratives cannot be finalized until after DBL ✓
- Limited time available between database lock (DBL) and clinical study report (CSR) finalization ✓
- Narratives written pre-DBL will likely require additional changes and review after DBL ✓
- Authoring time is proportional to the number of narratives to be written ✓

✓ Challenges addressed by SCM/SCA



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Challenges: Data Sources & Complexity

- Data come from multiple sources
 - ❑ SAS data sets
 - ❑ CIOMS / MedWatch safety reports
- Manual copy/paste of data points or tables required ✓
- Data availability may be delayed
- Changes to source data trigger re-review and potential edits to written narratives ✓

✓ Challenges addressed by SCM/SCA



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Challenges: Writing & Study Design Needs

- Some data needed as writing aid, but not to be included in the final narratives ✓
 - ❑ Need to keep them separate or remove before finalizing
- Some parts of narratives may be reused ✓
 - ❑ Events from prior analysis periods or crossover studies
- Narratives may need to be regenerated/revised to include additional events ✓
 - ❑ Interim CSRs or agency requests
- Concurrent authoring/review ✓

✓ Challenges addressed by SCM/SCA



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Challenges: Regulatory & Submission Needs

- Subject data may need to be anonymized ✓
- Narratives need to be grouped and ordered in a specific way, which could vary with underlying data changes
- Generating list of subjects requiring narratives
- End-to-end tracking from planning to submission

✓ Challenges CAN be addressed by SCM/SCA



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What is Structured Content?

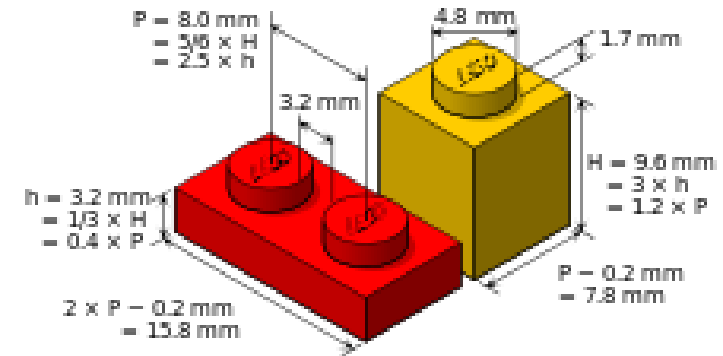


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- Unstructured content that has been analyzed and decomposed into smaller “chunks” or components

- Components can be: documents; sections; paragraphs; sentences; tables; graphics...

- Components are then classified according to their characteristics and behavior (metadata)

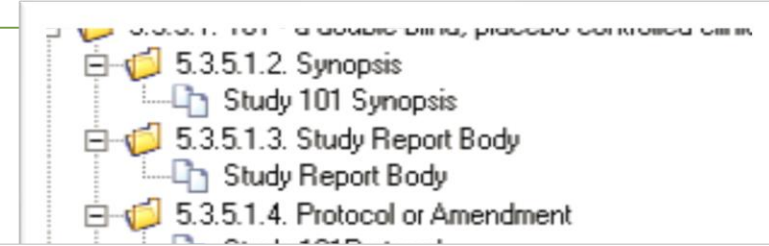


- Components can be created, managed, rearranged, and reused independently
- Document structures are constructed from components, often programmatically

What is Structured Content? (cont.)

When content is structured, you can:

- Define which components are used and in what order within a structure (eg, for a document, or a submission)



NARRATIVE PATIENT (SubjectID 099333-032-002-006)

COMPOUND: (Product AnyDrug (91EXZ22) Product)

STUDY: (StudyNumber 6BE99333 (CureAll) StudyNumber)

ANALYSIS PERIOD: (Analysis Final Analysis)

SUMMARY OF EVENTS [VERBATIM (Preferred Term)]	EVENT START DATE	REASON(S) FOR NARRATIVE
(PT Worsening aortic stenosis (aortic stenosis) PT)	(AESTartDate 31-OCT-2011 at (time not reported))	On-treatment SAEs



- Enable automated or on-demand content reuse from elsewhere and/or allow de novo authoring
- Identify which components are optional and under what circumstances
- Enable editable and/or locked components



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Narrative Guidelines Viewed with a Structured Content Lens



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Specifically, narratives should include the following:

Read-only Information

Structure

- patient identifier
- age and sex of patient; general clinical condition of patient, if appropriate
- disease being treated (if this is the same for all patients, this information is not required) with duration (of current episode) of illness
- relevant concomitant/previous illnesses with details of occurrence/duration
- relevant concomitant/previous medication with details of dosage
- test drug administered, including dose, if this varied among patients, and length of time administered
- the nature, intensity, and outcome of the event
- the clinical course leading to the event
- an indication of timing relevant to study drug administration
- relevant laboratory measures
- action taken with the study drug (and timing) in relation to the event
- treatment or intervention
- post-mortem findings (if applicable)
- Investigator's and Sponsor's (if appropriate) opinion on causality

Conditional

Components
(1 per event)

What is SCA and SCM?

- Structured Content **Authoring** refers to the practice of and tools for writing content to predefined structure in order to promote consistency, reuse, and efficiency
 - ❑ Authoring tool can be ubiquitous MS Word or proprietary XML-based products.
- Structure Content **Management** refers to content management capabilities needed to provide an end-to-end feature set from content design, creation, management, and governance
 - ❑ Includes traditional content management capabilities such as versioning, audit trail, access control, etc.



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SCA/SCM: Key Features

- Component content management
 - ❑ Create, manage, and govern components
- Component assembly and authoring
 - ❑ Create document structures from components
 - ❑ Component-level authoring, review, and approval
- Content reuse
 - ❑ Exact, derivative, substitution
- Publishing:
 - ❑ Conditional inclusion/exclusion
 - ❑ Publish to Word, PDF, etc.
 - ❑ Apply business rules (eg, bookmarks)
 - ❑ Separation of content and presentation



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Sanofi Solution

Implemented enterprise-wide SCA/SCM system:

- SharePoint as the Content Management platform
- DITA and DITA Exchange for structured content
 - ❑ XML standard for structured content
- SAS and SharePoint automation for creating and managing narrative components
 - ❑ Create, import, and assemble components according to business rules
 - ❑ Publish in Word format and merge into a single document
 - ❑ Provide pre- and post-DBL authoring support



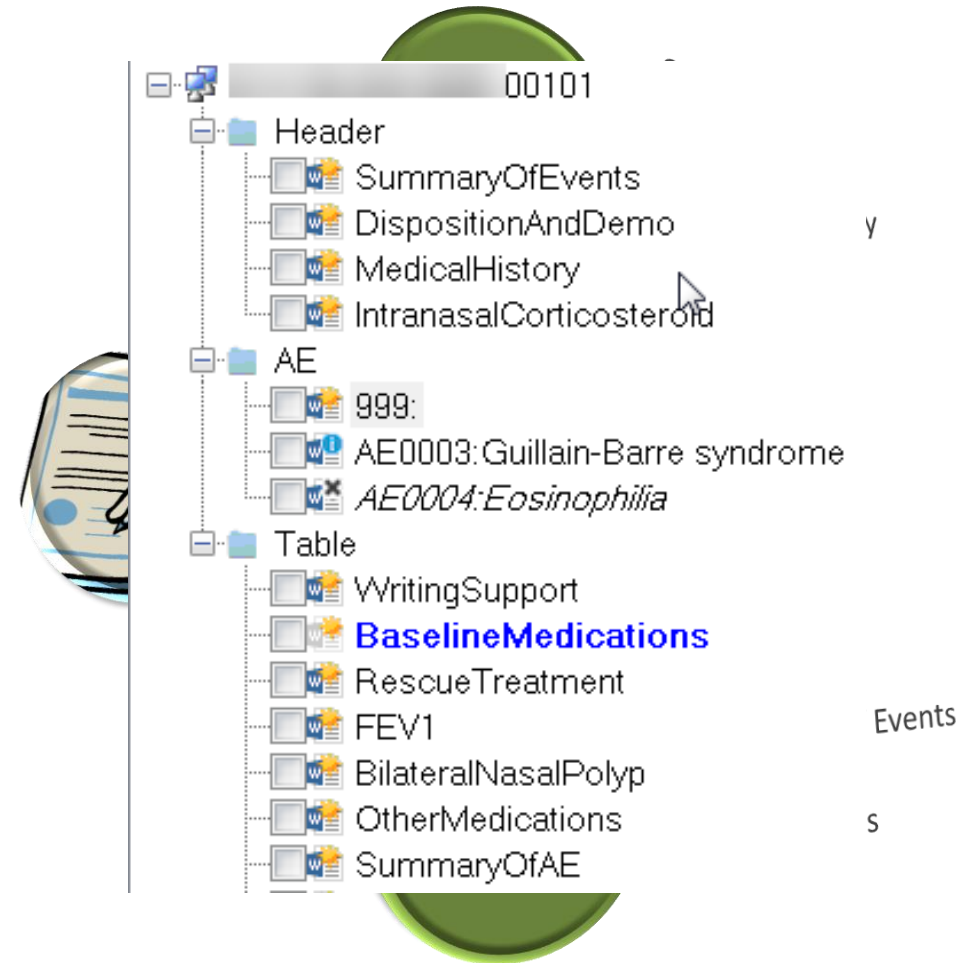
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Sanofi Solution (cont.)

High-level business process

- Create and import components into the system
- Assemble components into document structures (“maps”)
- Author and review at the component level
 - Include/exclude components
 - Lock some content for editing
- Reload components, as needed
- Publish as a single Word document for finalization



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Challenges Addressed by SCA/SCM

Time Constraints & Data Complexity Challenges

- Allows for staggered import of components as data become available for QC and/or authoring needs
- Allows for reloading of corrected data/content due to QC findings with reduced impact
- Allows for reloading of revised data/content post-DBL
 - ❑ Authoring could start pre-DBL
 - ❑ Read-only sections are simply overwritten
 - ❑ Authored content is reviewed and updated as needed
- Expedited review: read-only content no longer needs to be reviewed



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Challenges Addressed by SCA/SCM (cont.)

Writing & Study Design Challenges

- Include tables and other data for authoring aid ONLY
 - ❑ Remove from final publication via conditional publishing
- Reuse adverse event/ -of special interest (AESI) content
 - ❑ Include components from prior studies (eg, for crossover) or analysis periods
- Add new events with minimal rework
 - ❑ Lego brick approach: additional events can be imported as components due to agency requests or revised narrative criteria



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Challenges Addressed by SCA/SCM (cont.)

Regulatory & Submissions Challenges

- Apply predefined formatting per business rules
 - ❑ Auto-populate header with metadata such as study, product, subject identifier, etc.
 - ❑ Auto-apply styles for aiding in narrative compilation for submission
- Content tagging and conditional publishing (*future*)
 - ❑ Automatic and user-defined tagging of content
 - ❑ Redact/anonymize tagged content upon publishing



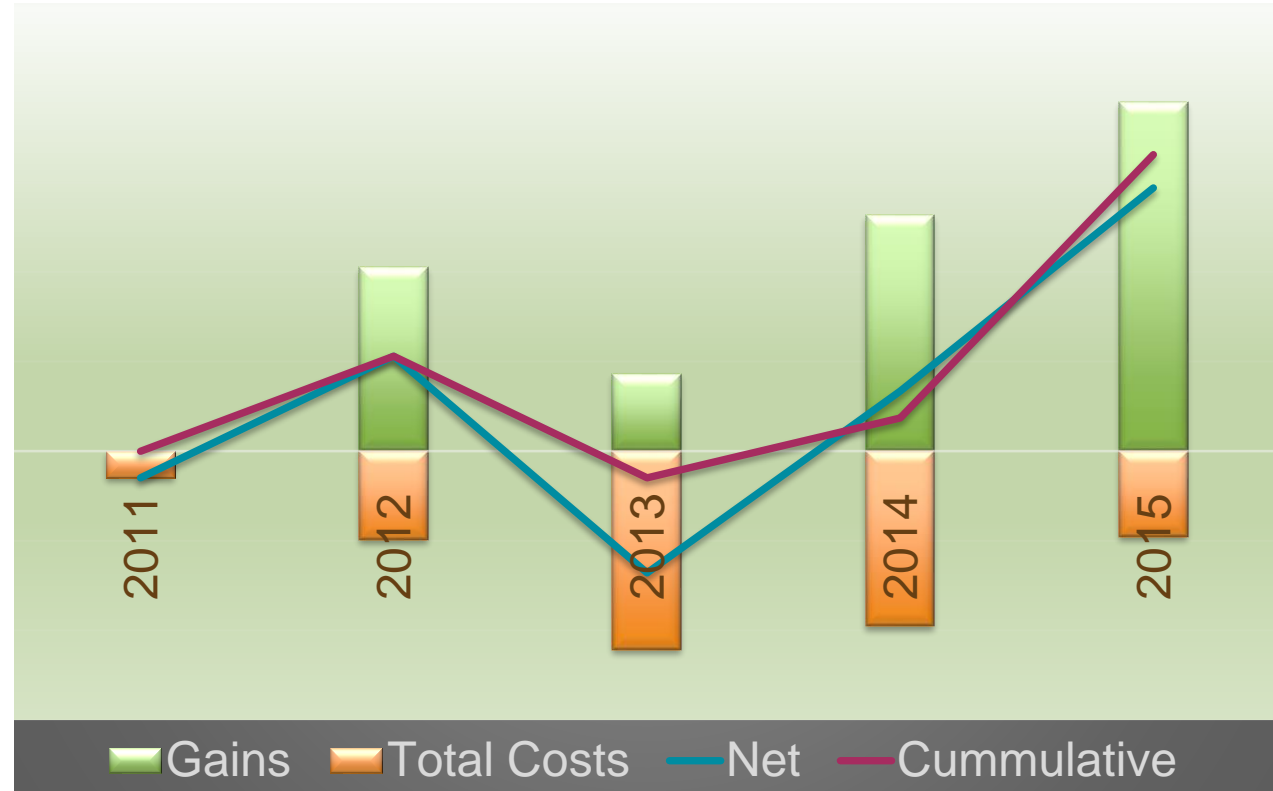
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The Value Statement: Quantitative

- Estimated time per narrative decreased from 6-8 hours to 2-3 hours; **66% reduction**
- Savings exceed total cost (incl. operations)

Year	# Narratives	% Change
2012	2,000	-
2013	854	- 58%
2014	1,788	109%
2015	5,108	186%
2016	3,841	-25%
2017	7,258	89%
2018*	12,374	70%



- Year-over-year double digit growth
- Producing thousands of narratives; increasingly with more complex and/or study specific needs

* Year to date



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The Value Statement: Qualitative

- Established standard narrative processes, templates, and libraries
- Improved quality
 - ❑ Eliminated 'cut and paste' & formatting errors
 - ❑ Consistent structure
 - ❑ Read-only content
- Quick turnaround to change requests
- Support multiple submissions a year



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The Future/Other Possibilities

- Single document authoring experience in MS Word while retaining the power and benefits of SCA/SCM
- Automated workflows for QC, review and approval
- Shopping cart like approach to narrative template underway
 - ❑ Standardize narrative content to make available as libraries
 - ❑ Allow users to build their own templates
- End-to-end automation
 - ❑ Structured content-enabled narrative template for almost fully automated generation of narratives
 - ❑ Machine learning and Artificial Intelligence



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Questions?



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Thank You

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