

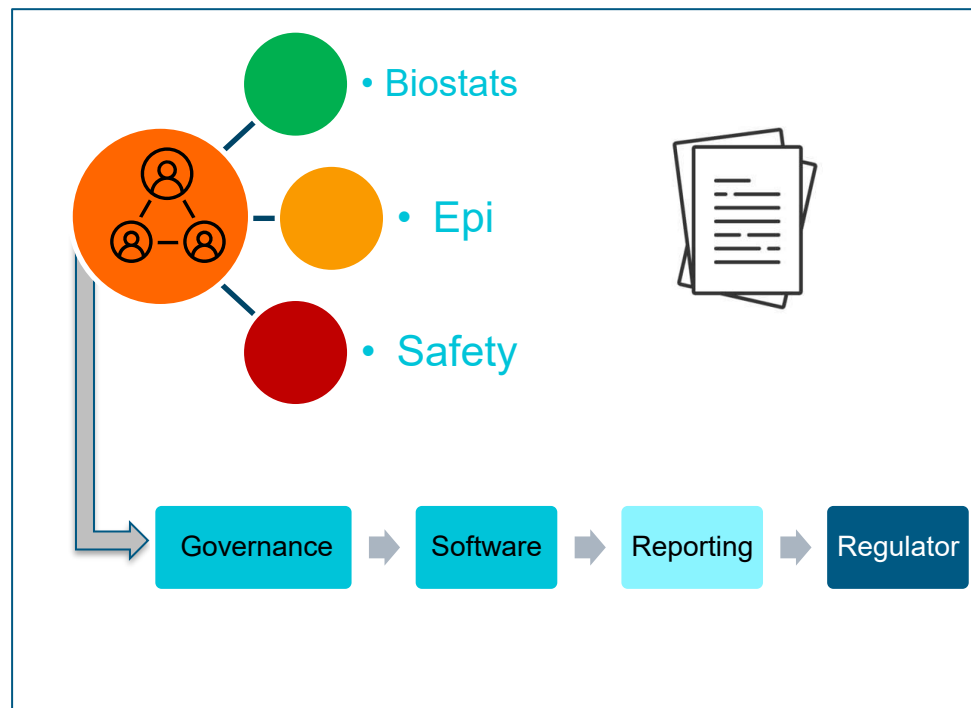
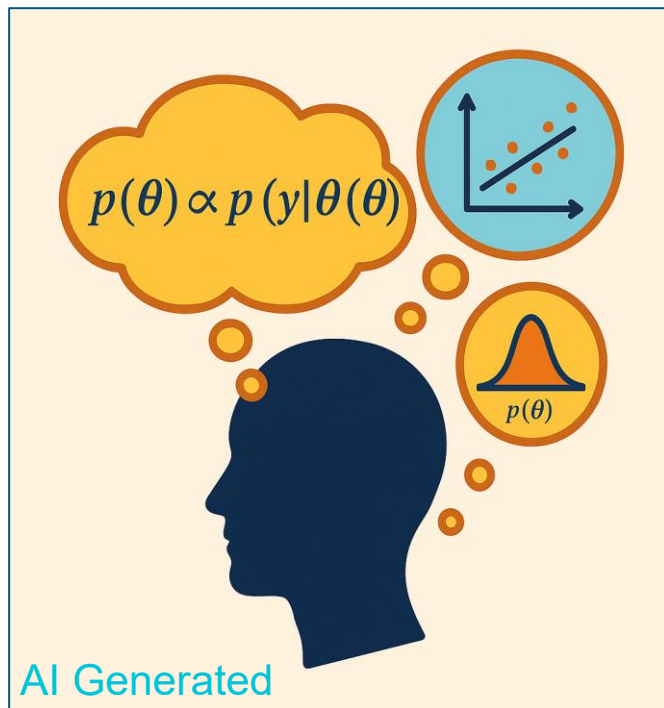


# Implementing Innovative Safety Evaluation Methods: Overcoming challenges and sharing successes

**Naomi Givens, PSI Conference 2025**

In collaboration with Dooti Roy & the Safety Implementation Working Group

# Exciting New Methodology for Safety Data – now what?



# Safety Implementation Working Group

## Within existing Benefit Risk SIG



CSL Seqirus

Cytel



# Brainstorming Kick-Off Meeting(s)



People and Culture



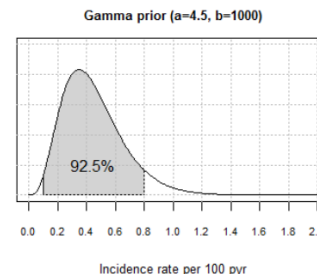
Tools and Packages



Industry Guidance & Regulatory requirements



Cross Association Collaboration



Background Rates & Decision Rules

Table 7. Deaths, Safety Population, Pooled Analyses<sup>a</sup>

	Drug Name Dosage X N = XXX	Drug Name Dosage Y N = XXX	Active Control N = XXX	Placebo N = XXX	Risk Difference (%) (95% CI) <sup>b</sup>
<b>Deaths</b>					
Total deaths	n (%)	n (%)	n (%)	n (%)	X (Y, Z)
Cause of death 1	n (%)	n (%)	n (%)	n (%)	X (Y, Z)
Cause of death 2	n (%)	n (%)	n (%)	n (%)	X (Y, Z)
<b>Treatment-emergent deaths<sup>c</sup></b>					
Cause of death 1	n (%)	n (%)	n (%)	n (%)	X (Y, Z)
Cause of death 2	n (%)	n (%)	n (%)	n (%)	X (Y, Z)
<b>Nontreatment-emergent deaths<sup>d</sup></b>					
Cause of death 1	n (%)	n (%)	n (%)	n (%)	X (Y, Z)
Cause of death 2	n (%)	n (%)	n (%)	n (%)	X (Y, Z)
Cause of death 3	n (%)	n (%)	n (%)	n (%)	X (Y, Z)

<sup>a</sup>Source: protocol-specified source, datasets, and/or reference look-uses.

<sup>b</sup>Duration = [e.g., X week double-blind treatment period or median and a range indicating pooled trial durations].

<sup>c</sup>Difference is shown between treatment arms (a p-value difference is shown between Drug Name dosage X vs. placebo).

<sup>d</sup>Treatment-emergent AE, defined as (definition), MedDRA version X.

<sup>e</sup>Defined as [e.g., deaths beyond the protocol-defined treatment-emergent adverse event period in the same trial or deaths from other trials with drug].

Abbreviations: AE, adverse event; MedDRA, Medical Dictionary for Regulatory Activities; N, number of patients in treatment arm; n, number of patients with adverse event.

Templates & code for ISS

# Consolidation of Brainstorming

## 2025 Focus



### Successful adoption - considerations beyond the science

- How to get new methodology and process improvements adopted in companies
- Best practice for 'getting to yes', including senior stakeholder management, engaging developers and end-users
- Successful adoption pathways

### Aggregate safety process - how to operationalise?

- Share experiences of and develop guidance for the implementation of aggregate safety review and reporting to FDA

# Consolidation of Brainstorming

## Beyond 2025

### Operationalising ISS reporting

- Share experiences of ISS reporting, develop an ISS template

### Background rate generation - benefits and pitfalls

- Partner with Epidemiology colleagues to educate on contextualisation of data to get to a suitable background rate
- Promote the use of the statistician skillset to generate operating characteristics and sensitivity analyses

### Use of tools/ visualisations - for us and our colleagues

- Share tools companies have developed and encourage release of them as open-source packages
- Share experience of 'interactive' tool being used in a submission

### Safety estimands

- Efficacy estimands are well established and should also be applied to key safety endpoints but is it happening?
- Share knowledge/experiences

### Safety speak

- Can we speak a common language across disciplines, Safety, Epi and Biostats? How can we influence/advocate

# Turning Safety Inventions → Innovations

**Motivated by observation** that although a multitude of novel methodologies are being published in safety, broad scale adoption remains low and tenacious.

**Goal is to create a comprehensive guide** by the end of 2025 which acts as a North Star for inventors and ultimately contributes to more successful innovations

**Deep dive into the life-cycle of selected novel safety inventions**, focusing on product development, value proposition, reception, barriers to uptake and learnings

**Bring community awareness across regions (EU/US)** and drive communal uptake of safety focused inventions. Right science at the right time.

**Workstream:** Dooti Roy (Lead), Arnab Sarkar, Brian Waterhouse, Benjamin Knoeferl, Michael Colopy

# Operationalising the FDA Final Rule: compliance on anticipated events in clinical trials



## 2025 Goal

- Review case studies on aggregate safety reporting process implementation
- Develop process maps and guidance on roles/responsibilities and outsourcing
- Share best practice and tools

## Current Status & Next Steps

- Initial proposal drafted & key contributors identified
- Key topics and deliverables outlined
- Begin case study collection and analysis
- Draft initial process map and roles and responsibilities chart



**Workstream: Matthias Trampisch (Lead), Marianna Grinberg, Barbara Hendrickson, Greg Ball**

*"We are a community dedicated to leading and promoting the use of statistics within the healthcare industry for the benefit of patients."*



# Working Group Members

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**Co-Leads:** Naomi Givens and Dooti Roy

**Workstream Leads:** Dooti Roy (Invention to Innovation)

Matthias Trampisch (Operationalising the FDA Final Rule)

**Working Group Members:**

Greg Ball	Glen Colopy
Mike Colopy	Mac Gordon
Marianna Grinberg	Jackie Hee
Barbara Hendrickson	Leah Isakov
Benjamin Knoeferl	Rosanne Lane
Florence Le Maulf	Serene Jiang
Kevin Roberts	Arnab Sarkar
Brian Waterhouse	

# Summary

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- We have formed group of statisticians and safety scientists with a broad range of experience to share best practice and develop guidance for the implementation of novel methodologies in safety assessment and evaluation.
- We have a goal to improve the conversion rate of inventions to innovations, ultimately benefiting patients.
- If you have enthusiasm for the subject and some time that you can dedicate to the working group **don't hesitate to get in touch!**