

Mind the Gaps: Automating Multiple Imputation in Clinical Trial Workflows PL022

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PL022

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Evolving FDA Requirement Prompt MI Macro Creation

Past Practice

- FDA only required sensitivity analyses in TFLs
- MI was implemented within TFL programs

New Requirement

- FDA now requests standalone MI ADaM datasets
- Must be transparent, auditable, and ADaM-compliant

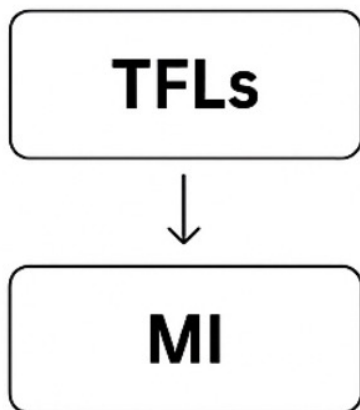
Implication

- Need for a standardized macro that outputs MI ADaM datasets
- Ensures regulatory readiness, consistency, and reusability



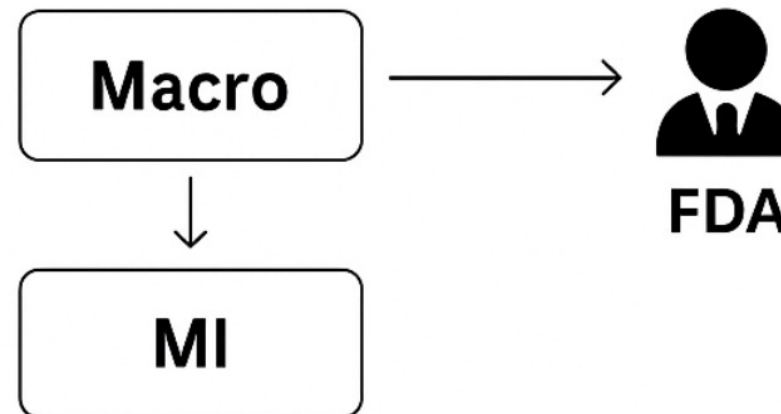
Benefits of the MI Macro

Old Workflow



- MI datasets derived within TFL programs
- Endpoint-specific coding, repeated for each study
- Risk of inconsistencies across endpoints and studies
- Time-consuming and harder to audit for regulatory review

New Workflow with Macro



- MI datasets generated centrally, separate from TFLs
- Reusable and easily adapted to new studies
- Standardized derivation across endpoints and studies
- Transparent, auditable pipeline, FDA-ready outputs
- Reduces coding effort

Applications

- Sensitivity analyses
 - Supports robustness checks of treatment effects under different missing data assumptions
- Handling missing PRO/clinician assessments
 - Ensures unbiased evaluation of key outcomes
- Adaptable to multiple endpoints
 - Adaptable to generate MI datasets across diverse efficacy and safety endpoints



Agenda

- ◆ **Demonstration of sensitivity analysis from MI ADaM Datasets**
 - Example tables
 - Using PROC MIXED and PROC MIANALYZE
- ◆ **Macro for Automated MI Dataset Generation**
 - Stepwise workflow of %run_MI_pipeline
 - Benefits: reproducibility, transparency, and efficiency
- ◆ **Conclusion and Takeaways**
 - Bridging gaps between original ADaM and TFLs
 - Regulatory and cross-study consistency



Sensitivity Analysis from MI ADaM datasets

Example 1:

Illustrative Results (Mock Data):

Visit	Dose 2	Dose 1
Week 12	-1.32 (-2.76, 0.32)	-0.12 (-1.3, 0.03)
Week 24	-1.40 (-2.82, -0.17)	-0.03 (-2.4, 0.41)
Week 36	-1.45 (-2.67, -0.14)	-0.21 (-3.0, -0.01)
Week 52	-1.46 (-3.05, -0.28)	-0.06 (-2.9, 0.82)



Sensitivity Analysis from MI ADaM datasets (cont.)

Example 2: Dose 2

Illustrative Results (Mock Data)

Visit	Estimate	95% CI	p-value	Interpretation
Week 12	-1.32	(-2.76, 0.32)	0.124	Not significant
Week 24	-1.40	(-2.82, -0.17)	0.026	Significant
Week 36	-1.45	(-2.67, -0.14)	0.030	Significant
Week 52	-1.46	(-3.05, -0.28)	0.011	Significant



Sensitivity Analysis from MI ADaM datasets (cont.)

Example 2: Dose 2 vs Dose 1

Illustrative Results (Mock Data)

Visit	Estimate	95% CI	p-value	Interpretation
Week 12	-0.13	(-2.76, 0.16)	0.062	Not significant
Week 24	-0.17	(-2.82, -0.07)	0.043	Significant
Week 36	-0.52	(-2.67, -0.14)	0.036	Significant
Week 52	-0.89	(-3.05, -0.28)	0.001	Significant



Sensitivity Analysis Workflow

Step 1 – PROC MIXED (per imputation)

- Purpose: Estimate treatment effect at each imputed dataset
- Produces LSMeans and treatment differences for each imputation

Step 2 – PROC MIANALYZE (pooling)

- Combine results using Rubin's rules, the standard method for pooling estimates across multiple imputed datasets.

Step 3 – Formatting



LSMeans & Treatment Differences (Per Imputation)

```
ODS OUTPUT LSMEANS=LSMEANS_ DIFFS=DIFFS_;
```

```
PROC MIXED DATA=ANA;
```

```
  BY PARAMCD IMPUTN AVISITN AVISIT;
```

```
  CLASS TRT COVAR1 COVAR2 COVAR3;
```

```
  MODEL CHG = TRT COVAR1 COVAR2 COVAR3 BASE / SOLUTION;
```

```
  LSMEANS TRT / CL DIFF;
```

```
RUN;
```



Pooled LSMeans (MIANALYZE)

```
ODS OUTPUT PARAMETERESTIMATES=LSMEANS_ANALYZE;
```

```
PROC MIANALYZE DATA=LSMEANS_  
  BY TRT PARAMCD AVISITN AVISIT;  
  MODELEFFECTS ESTIMATE;  
  STDERR STDERR;
```

```
RUN;
```



Pooled Treatment Differences (MIANALYZE)

```
ODS OUTPUT PARAMETERESTIMATES=DIFFFS_ANALYZE;
```

```
PROC MIANALYZE DATA=DIFFFS_;  
  BY PARAMCD AVISITN AVISIT;  
  MODELEFFECTS ESTIMATE;  
  STDERR STDERR;
```

```
RUN;
```



Sensitivity Analysis: MI ADaM Requirement

◆ **The Problem: Missing Data in Clinical Trials**

- Patient dropouts, missed visits, or incomplete assessments
- If ignored, missing data can bias results and reduce power

◆ **Traditional Approaches**

- Complete case analysis → discards patients with missing data
- Last Observation Carried Forward (LOCF) → unrealistic, may bias estimates

◆ **The Solution: Multiple Imputation (MI)**

- Fills in missing values with plausible estimates
- Creates multiple complete datasets
- Analyzes each dataset, then combines results



Pipeline Overview

Build a reusable SAS macro pipeline:

Input: ADSL + efficacy ADaM (e.g., ADXXXS)

- Step 1: Data exclusions (1st Macro: getflagforMI)
- Step 2: Impute missing values (2nd Macro: %getMIRecords)
- Step 3: Derive analysis variables (3rd Macro: get_MI_vars)
- Step 4: Wrap in master macro (Master Macro: run_MI_pipeline)
- Output: MI-ready ADaM datasets



Step 1: Data exclusions

1st Macro: %getflagforMI:

Intercurrent events (ICEs) in Multiple Imputations:

- Prohibited medication → treatment discontinuation
- Discontinuation due to adverse event (AE)
- Temporary treatment interruptions (other reasons)
- Sporadic missing observations before discontinuation
- Surgery related to underlying disease
- No post-baseline data (except AE-related discontinuation)
- ...and other ICEs as specified in the SAP



1st Macro: %getflagforMI

```
%macro getflagforMI
```

```
(INDS=, OUTDS=, PARAMN=, AVISITN=, TABNAME=);
```

```
DATA PROHIBMD;
```

```
SET PROHIBMD1;
```

```
ICE2FL = SUBSTR(PROHIBMD, 1, 1);
```

```
RUN;
```

```
%mend getflagforMI;
```



Step 2: Impute missing values

2nd macro: getMIRecords

Covariates Parameterization:

- Some key categories of covariates commonly included in MI models:
 - Age
 - Geographic region
 - Baseline weight, height, and BMI
 - Prior biologic failure status
 - Baseline corticosteroid use
 - Baseline disease severity scores



2nd macro: getMIRecords

```
%macro getMIRecords
```

```
(DSOUT=, AVISITN=, SEED=, MIN_SCORE=, MAX_SCORE=);
```

```
PROC TRANSPOSE DATA=MI_TEMP OUT=MI PREFIX=V;
```

```
  BY USUBJID TRT COVAR1 COVAR2 COVAR3;
```

```
  ID AVISITN;
```











```
  VAR AVAL;
```

```
RUN;
```



Output data set for MI

Illustrative Results (Mock Data):

	 usubjid	 TRT01P	 covar1	 covar2	 covar3	 V1	 V5	 V7	 V8	 V10
1	AAA-BBB-CCCC-103388-128	Dose 1	2	1	1	4	0	3	2	0
2	AAA-BBB-CCCC-105397-130	Dose 2	1	2	1	4	6	3	3	1
3	AAA-BBB-CCCC-106388-131	Dose 2	2	2	1	8	10	10	2	10
4	AAA-BBB-CCCC-116387-141	Dose 1	1	1	1	8		6	7	6
5	AAA-BBB-CCCC-309387-334	Dose 1	2	1	2	11	10	13		
6	AAA-BBB-CCCC-518387-543	Dose 1	1	2	2	8	5	9	11	



intermittent missing Imputation Using PROC MI

```
PROC MI DATA = IN_MONO OUT = MONOTONE
  NIMPUTE = 100 SEED = &SEED. MINMAXITER = 500
  MINIMUM = &MIN_SCORE. MAXIMUM = &MAX_SCORE.;

EM CONVERGE = 0.001 MAXITER = 3000;

MCMC CHAIN = MULTIPLE IMPUTE = MONOTONE
  INITIAL = EM(CONVERGE = 0.01 MAXITER = 1000000)
  NBITER = 5000;

VAR TRT COVAR1 COVAR2 COVAR3 &VISITS.;

RUN;
```



Monotone/consecutive missing Imputation Using PROC MI

```
PROC MI DATA = MONOTONE OUT = &DSOUT.
```

```
    SEED = &SEED. NIMPUTE = 1 MINMAXITER = 5000000
```

```
    MIN = &MIN_SCORE_STR.
```

```
    MAX = &MAX_SCORE_STR.;
```

```
BY _IMPUTATION_;
```

```
CLASS TRT01PN COVAR1 COVAR2 COVAR3;
```

```
VAR TRT01PN COVAR1 COVAR2 COVAR3 &VISITS.;
```

```
MONOTONE REG;
```

```
RUN;
```



Output data set

Illustrative Results (Mock Data):

	# _Imputation_	⚠ usubjid	# covar1	# covar2	# covar3	# V1	# V5	# V7	# V8	# V10	⚠ trt01p
1	98	AAA-BBB-CCCC-116387-141	1	1	1	8	7.2781936003	6	7	6	Dose 1
2	99	AAA-BBB-CCCC-116387-141	1	1	1	8	6.9781741418	6	7	6	Dose 1
3	100	AAA-BBB-CCCC-116387-141	1	1	1	8	5.4424562037	6	7	6	Dose 1
4	98	AAA-BBB-CCCC-309387-334	2	1	2	11	10	13	9.7853881611	10.491747918	Dose 1
5	99	AAA-BBB-CCCC-309387-334	2	1	2	11	10	13	8.8348846975	8.1436826434	Dose 1
6	100	AAA-BBB-CCCC-309387-334	2	1	2	11	10	13	10.34312456	9.0405676548	Dose 1
7	98	AAA-BBB-CCCC-518387-543	1	2	2	8	5	9	11	12.22748155	Dose 1
8	99	AAA-BBB-CCCC-518387-543	1	2	2	8	5	9	11	9.8059165761	Dose 1
9	100	AAA-BBB-CCCC-518387-543	1	2	2	8	5	9	11	5.7494342083	Dose 1



Monotone Logistic Model for Binary Endpoint

```
PROC MI DATA = MONOTONE OUT = &DSOUT  
SEED = &SEED. NIMPUTE = 1 MINMAXITER = 5000000;  
  BY _IMPUTATION_;  
  
  CLASS RESPONDER TRT01PN COVAR1 COVAR2 COVAR3;  
  VAR RESPONDER TRT01PN COVAR1 COVAR2 COVAR3 &VISITS.;  
  MONOTONE LOGISTIC (RESPONDER = TRT01PN COVAR1 COVAR2  
  COVAR3 &VISITS.);  
  
RUN;
```



Step 3: Derive analysis variables

3rd Macro: get_MI_vars

Adds:

- Change from baseline (CHG)
- Percent change (PCHG)
- Negative percent change (PIMP)
- Labels visits, treatment periods
- Creates analysis-ready ADaM structure



3rd Macro: get_MI_vars

```
%macro get_MI_vars(paramn=);  
    if nmiss(AVAL, BASE) = 0 then do;  
        CHG = AVAL - BASE;  
        if BASE > 0 then PCHG = (AVAL - BASE) / BASE * 100;  
        if PCHG ne . then PIMP = -PCHG;  
    end;  
  
run;  
  
%mend get_MI_vars;
```



Step 4: Master controller macro for MI pipeline

```
%MACRO RUN_MI_PIPELINE( PARAMN=, AVISITN=, SEED=,  
                        MIN_SCORE=, MAX_SCORE=, INDS=);  
  
%GETFLAGFORMI( INDS=&INDS, OUTDS=STEP1OUT,  
               PARAMN=&PARAMN, AVISITN=%STR(&AVISITN) );  
  
%GETMIRECORDS( DSOUT=PARAM_MI_ANX_&PARAMN,  
               PARAMN=&PARAMN, AVISITN=%STR(&AVISITN),  
               MIN_SCORE=&MIN_SCORE,  
               MAX_SCORE=&MAX_SCORE,  
               SEED=&SEED );  
  
%GET_MI_VARS( PARAMN=&PARAMN );  
  
%MEND RUN_MI_PIPELINE;
```



Executing Multiple Imputation Workflow:

```
%RUN_MI_PIPELINE(  
  INDS      = ADXXX,  
  PARAMCD   = ANXIETY,  
  MIN_SCORE = 0,  
  MAX_SCORE = 21,  
  AVISITN   = 1 5 7 8 10,  
  SEED      = 123456  
);
```



Conclusion

- Automated SAS macros streamline MI for ADaM
- Flexible, transparent, and reproducible
- Facilitates regulatory submissions and cross-study consistency
- By generating MI datasets, we 'mind the gaps' between the original ADaM data and the TFL outputs, ensuring complete and consistent analyses.



Thank You!

Any questions?

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