6.1. CEE MYELOMA TRIAL ANALYTICS: METHODOLOGY

MPE asked the consultancy Consilium Scientific to collect available data on all registered myeloma trials, which recruited patients in Central and Eastern Europe (CEE) between January 2001 and September 2020. More specifically, the objective was to inform the characteristics of all registered trials in MM that include patients from CEE, the publications associated with these trials and the Centres in CEE countries running myeloma trials.

The geographical scope included in the analytics were Albania, Armenia, Azerbaijan, Belarus, Bosnia & Herzegovina, Bulgaria, Croatia, the Czech Republic, Estonia, Georgia, Hungary, Kosovo, Latvia, Lithuania, Macedonia, Moldova, Montenegro, Poland, Romania, Russia, Serbia, Slovakia, Slovenia and Ukraine.

6.1.1. TRIAL IDENTIFICATION

18 global trial registries [See table 3] were searched using 'myeloma' as a keyword and full trial data sets were downloaded during the last week of September 2020.

Table 4 List of global registries

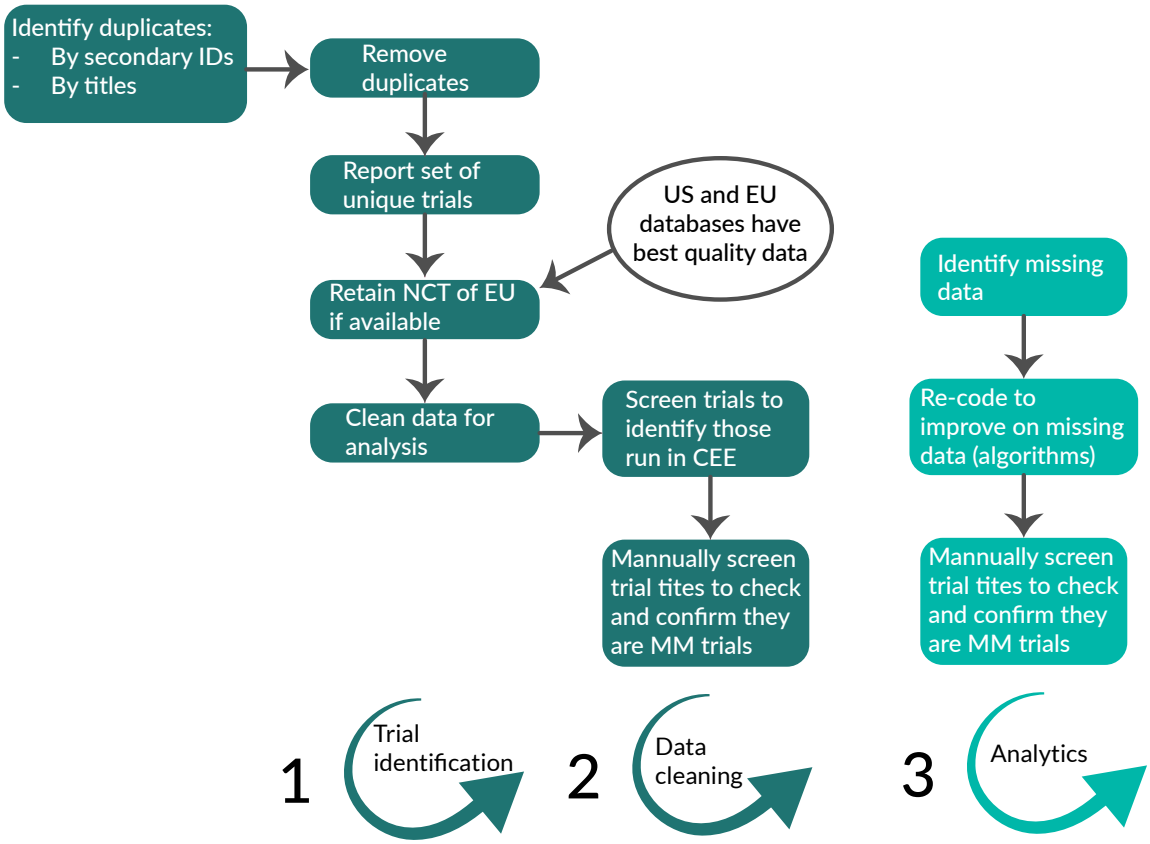
	Registry name	Geography
1	ClinicalTrials.gov	USA
2	Australian New Zealand Clinical Trials Registry (ANZCTR)	Australia and New Zealand
3	Brazilian Clinical Trials Registry (ReBec)	Brasil
4	Chinese Clinical Trial Registry (ChiCTR)	China
5	Clinical Research Information Service (CRiS)	Republic of Korea
6	Clinical Trials Registry - India (CTRI)	India
7	Cuban Public Registry of Clinical Trials (RPCEC)	Cuba
8	EU Clinical Trials Register (EU-CTR)	European Union
9	German Clinical Trials Register (DRKS)	Germany
10	Iranian Registry of Clinical Trials (IRCT)	Iran
11	ISRCTN (UK)	United Kingdom
12	Japan Primary Registries Network (JPRN)	Japan
13	Lebanese Clinical Trials Registry (LBCTR)	Lebanon
14	Thai Clinical Trials Registry (TCTR)	Thailand
15	The Netherlands National Trial Register (NTR)	The Netherlands
16	Pan African Clinical Trial Registry (PACTR)	African continent
17	Peruvian Clinical Trial Registry (REPEC)	Peru
18	Sri Lanka Clinical Trials Registry (SLCTR)	Sri Lanka

APPENDICES

6.1.2. DATA CLEANING AND ANALYTICS

Publicly available data on the WHO trial portal is of poor quality. Outdated data, missing values, data entry errors and poor formatting are commonplace, with duplicates not appropriately managed. Data cleaning and data completion were performed [See Figure 4].

Figure 4: Data cleaning and analytics process



Data quality was enhanced thanks to:

- the identification of registries that are not part of the WHO portal
- advanced algorithms on duplicates identification
- the identification of registries with best quality of data for analysis for duplicate records
- algorithms for pulling data from registries which are only relevant for analyses
- algorithms for data cleaning and standardisation across registries
- algorithms to identify trials
- algorithms to classify study sponsors and geographic regions
- manual review, which is essential to identify errors, inconsistencies and improve on missing values

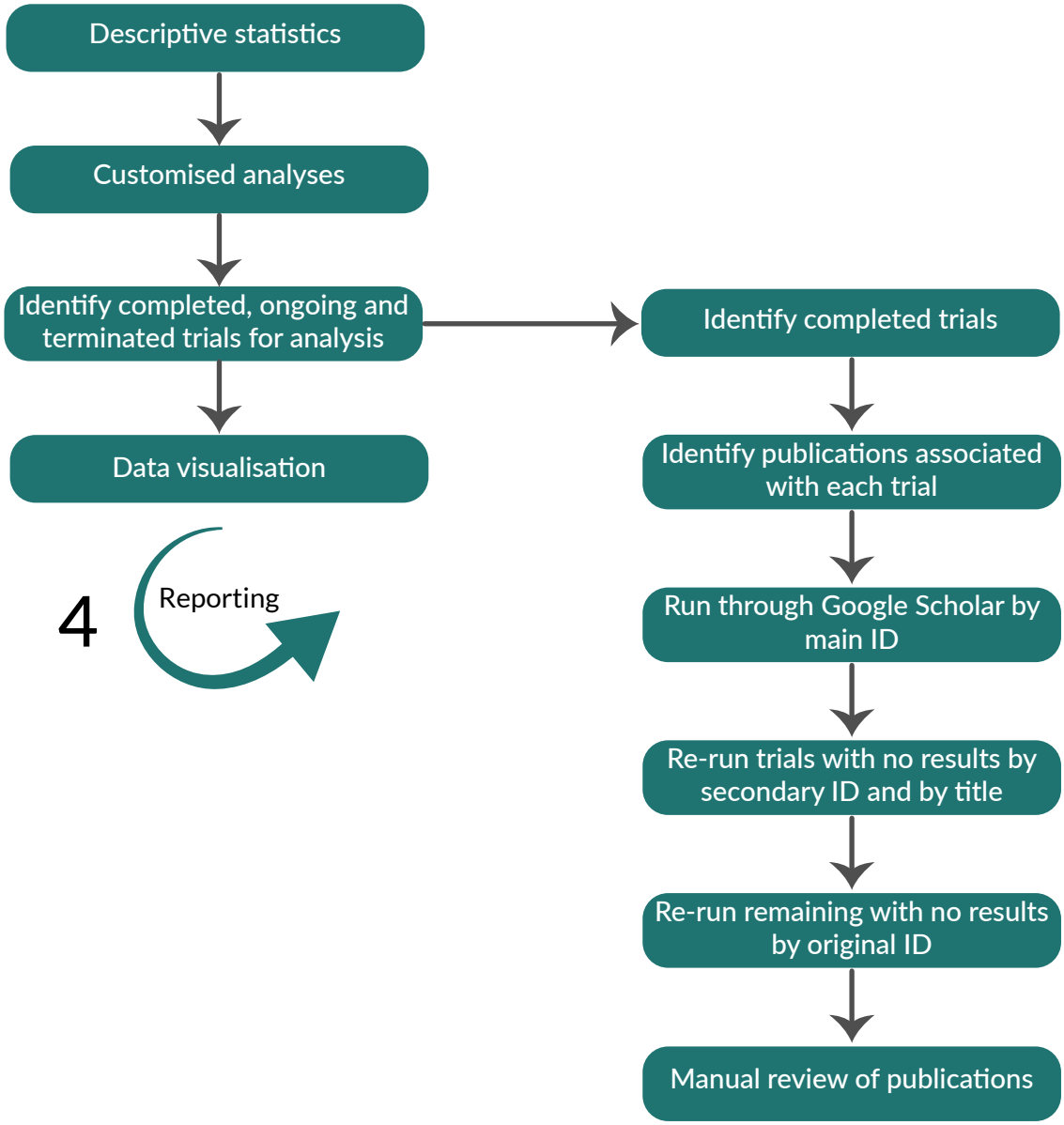
One example of an algorithm that the Consilium Scientific team developed allowed for automated data mining from a publication title to impute missing values in registries. In the example below, values in bold blue were picked up to complete the data set.

APPENDICES

A **Randomized, Open-Label, Phase 2 Study** of CNTO 328 (Anti-IL-6 Monoclonal Antibody) and VELCADE-Melphalan-Prednisone **Compared** With VELCADE-Melphalan-Prednisone for the **Treatment** of Previously Untreated Multiple Myeloma

6.1.3. DATA REPORTING

Figure 5: Data reporting process



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