



University  
of Glasgow

**NHS**  
Greater Glasgow  
and Clyde

# SHIP: trials update

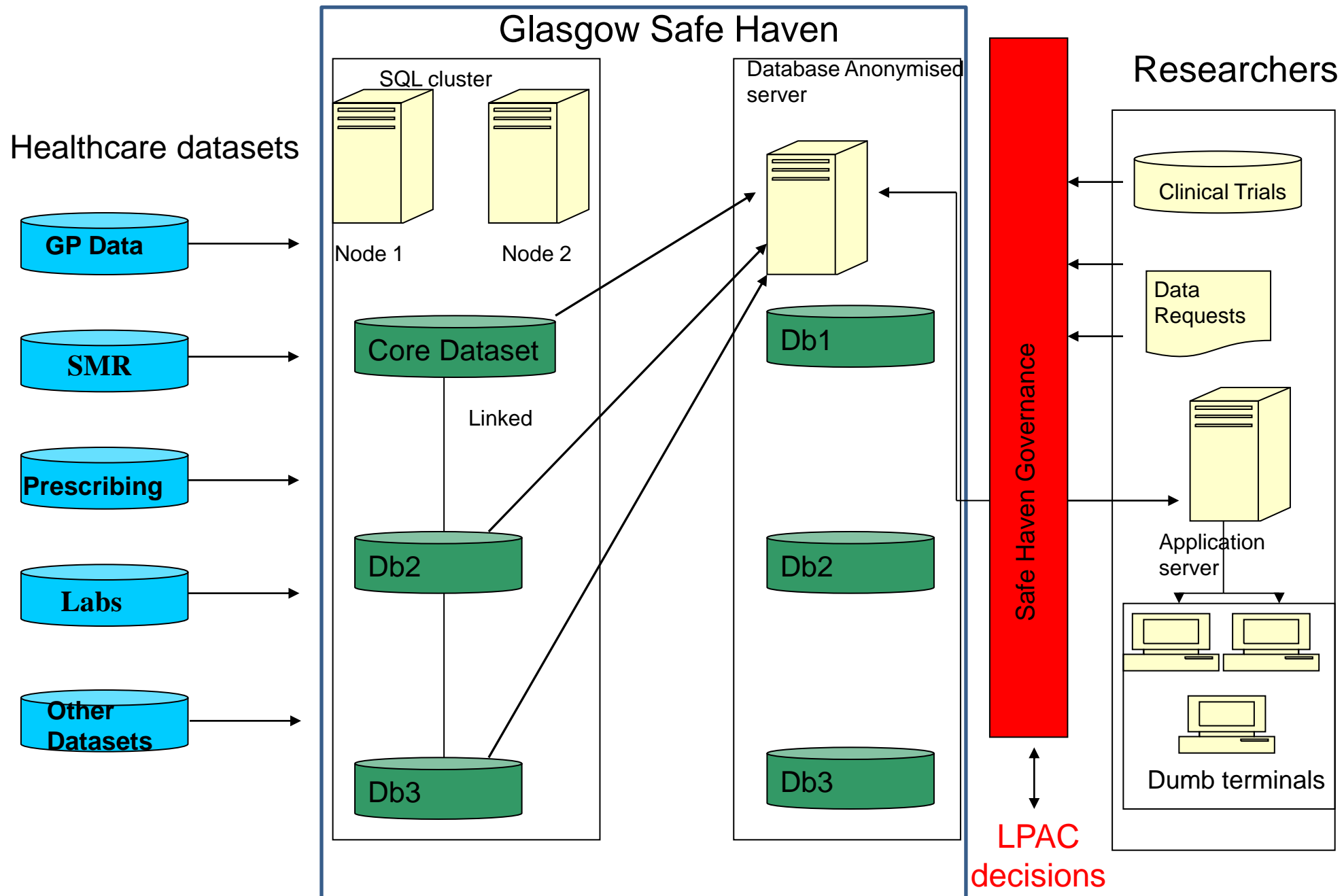
*Ian Ford*

*Robertson Centre for Biostatistics  
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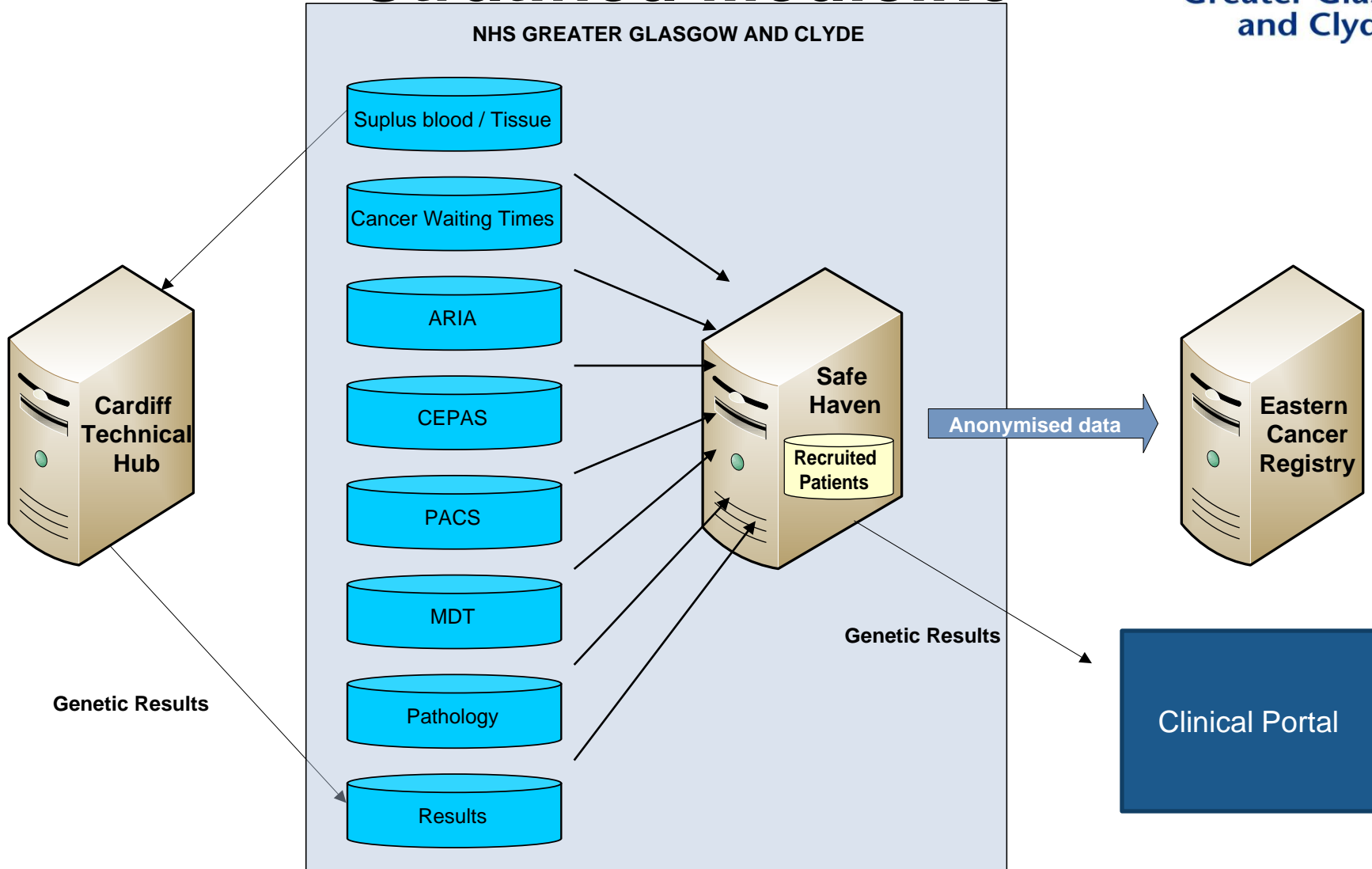


- **Adequacy of routine health data for inclusion as endpoints in trials**
    - WOSCOPS adjudicated outcomes vs. record linkage\*\*\*
    - PROSPER cancers vs. record linkage\*
  - **Additional linkages for WOSCOPS and PROSPER cohorts**
    - Extended follow-up of PROSPER\*\*\*
    - WOSCOPS linkage to HRG data for economics analyses\*\*\*
    - Biomarker papers using extended outcomes
      - NTBNP in WOSCOPS\*\*\*
      - BP variability in PROSPER, predictors of BP variability\*\*\*
  - **To do**
    - WOSCOPS 20 years
    - PROSPER, WOSCOPS linkage to SCI-DC
- \*\*\*Papers in submission or about to be submitted

- **Generic data query and analysis tools**
  - **Standard format to define study**
    - CDISC SDTM
    - Standard controlled terminology - same for all studies
    - Easy merging of data
    - Standard, validated eCRF screens
    - Reusable data validations, statistical analysis, reports
- **Trial recruitment and feasibility query tool**
  - Investigate study feasibility
  - Identify potential participants in primary/secondary care
- **Pilot of DataSHIELD implementation with Glasgow e-science hub**



# Stratified Medicine

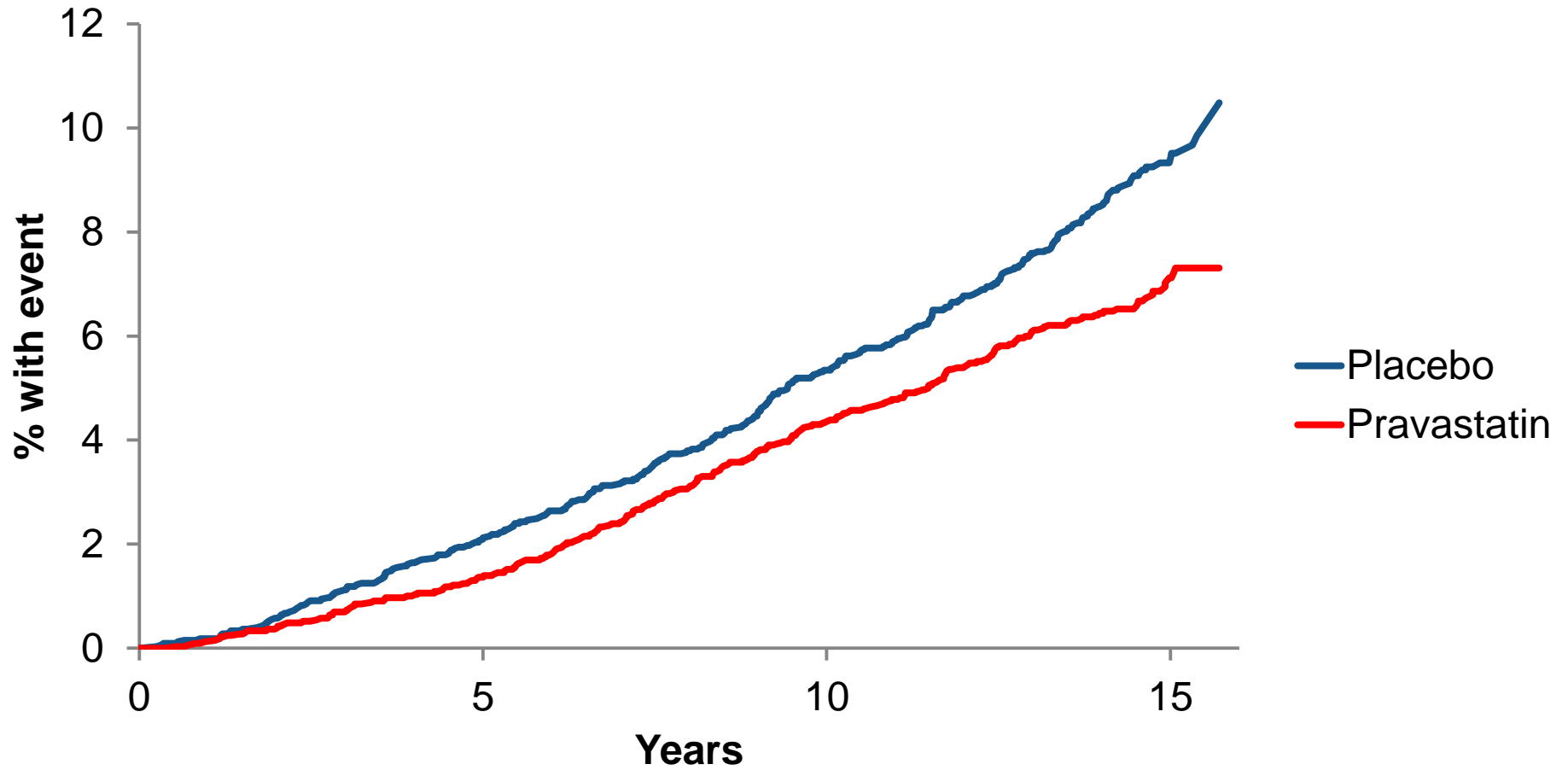


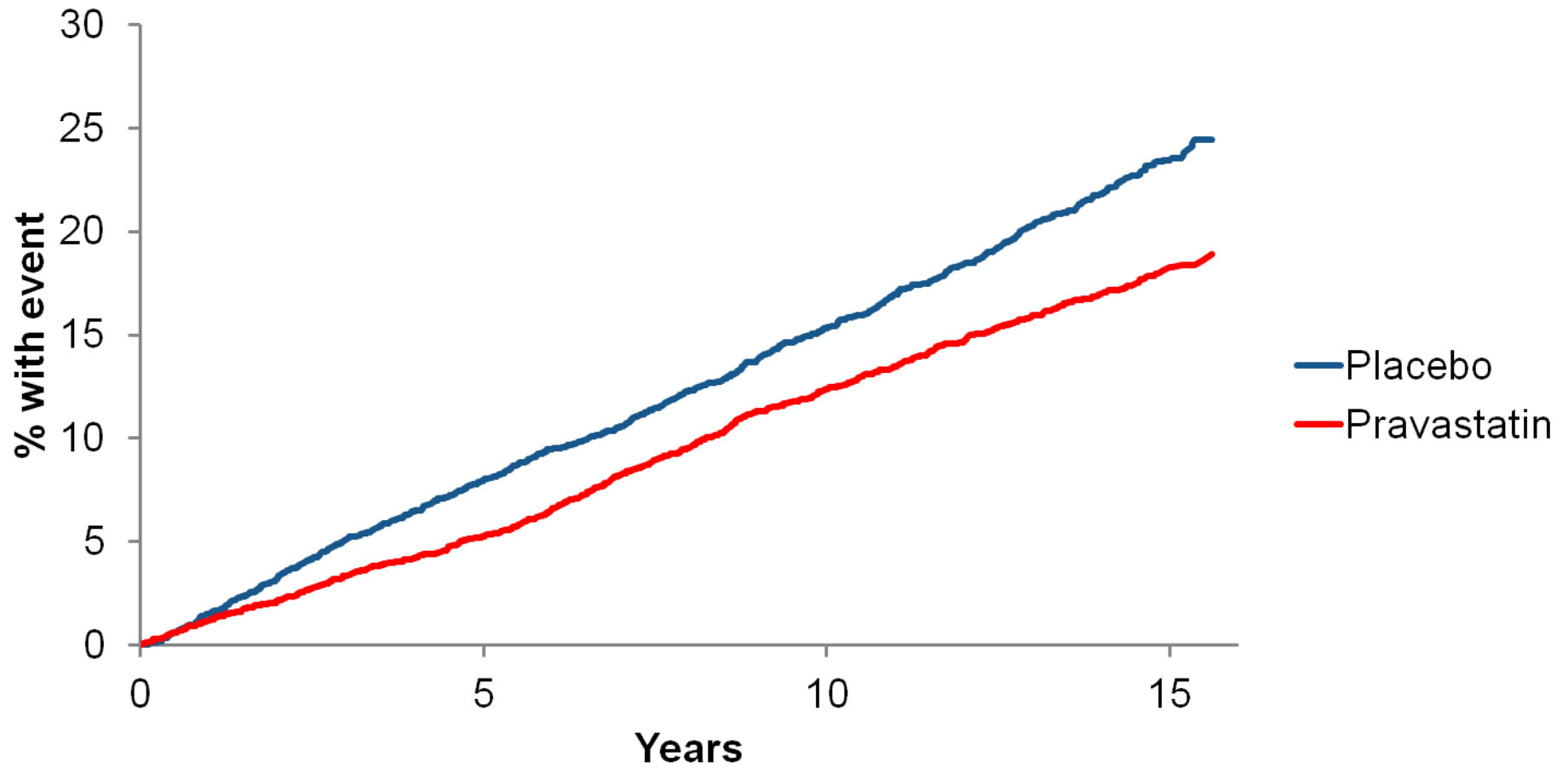


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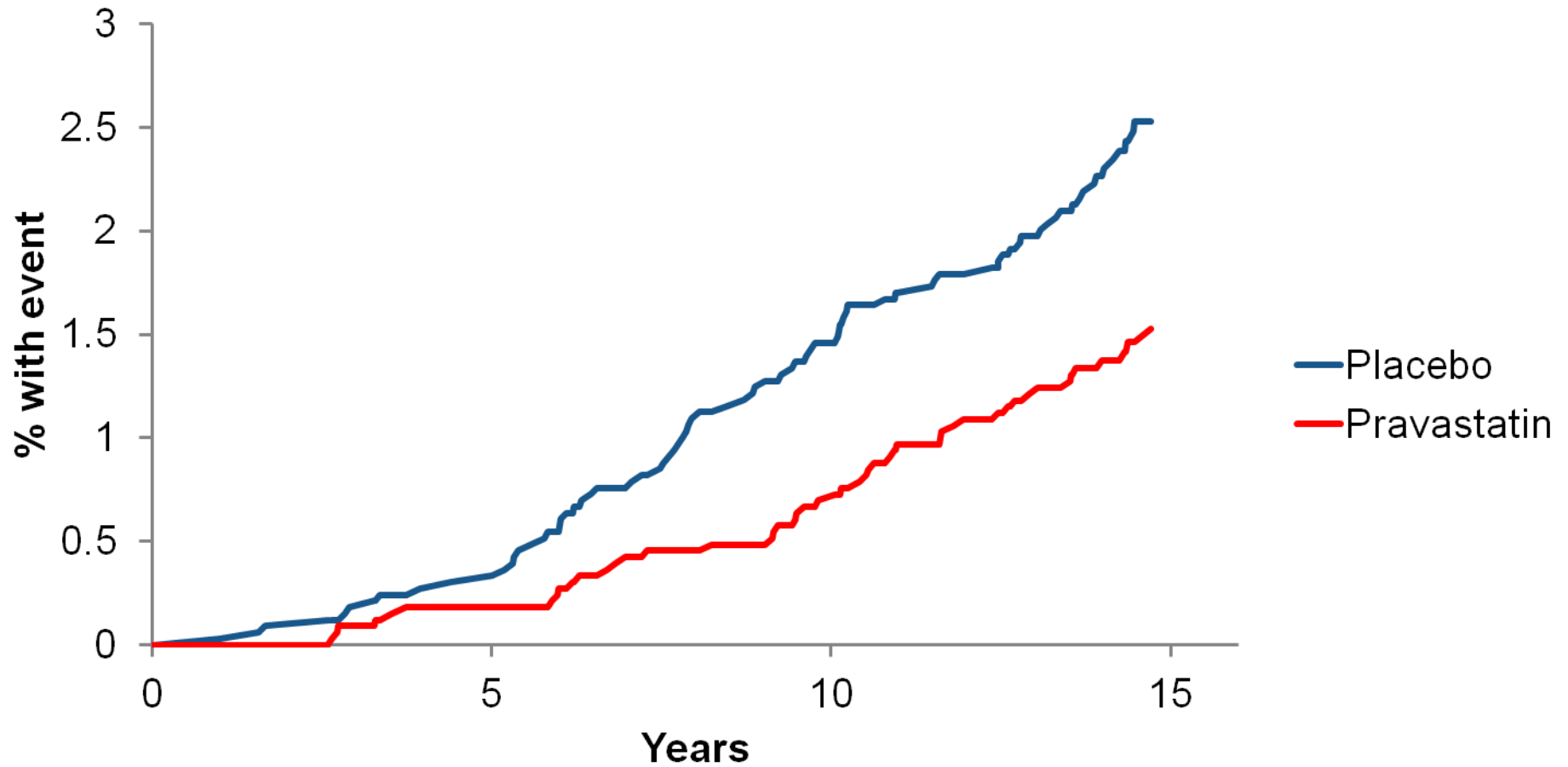


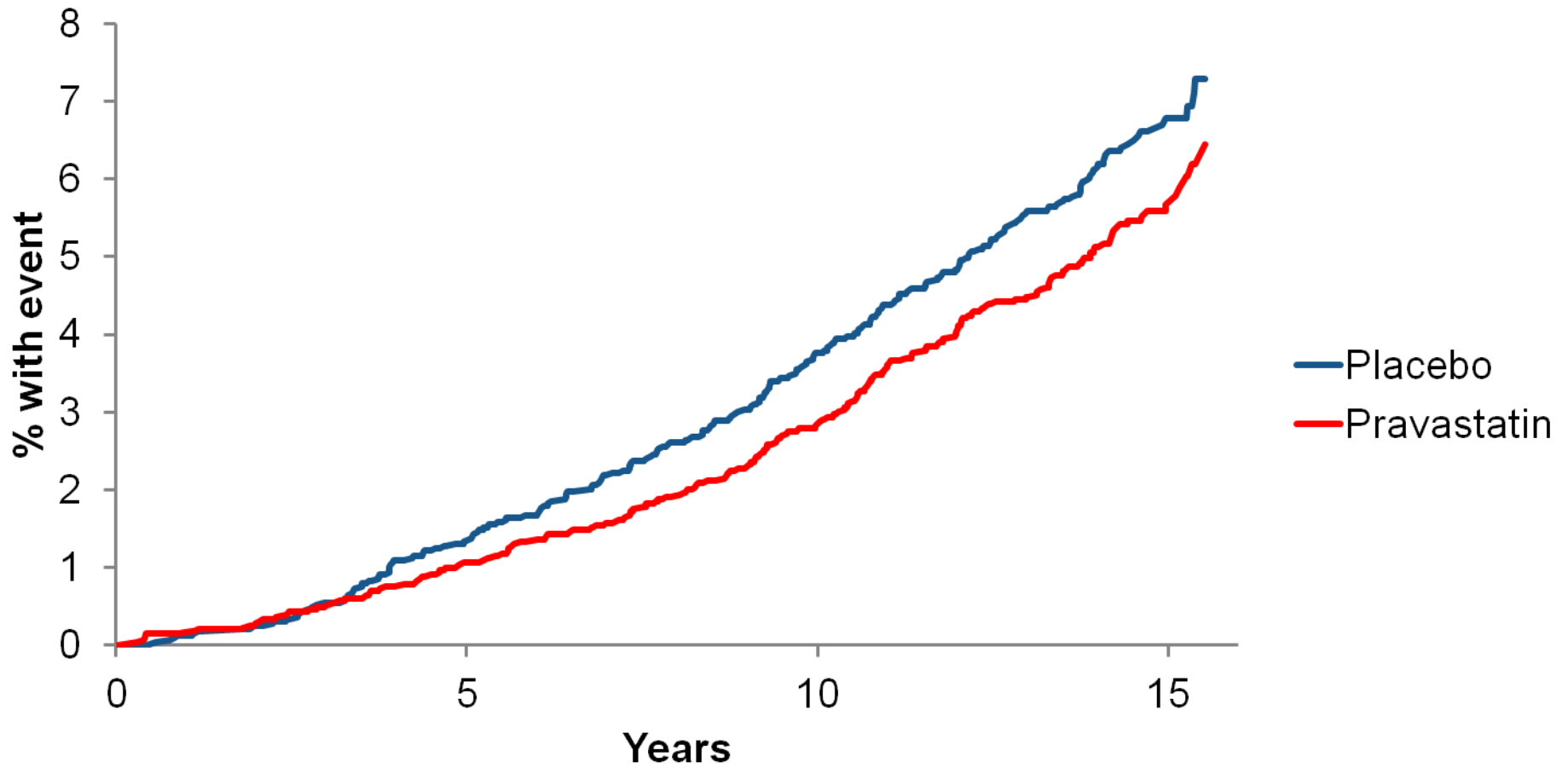
# Example: WOSCOPS economics analysis







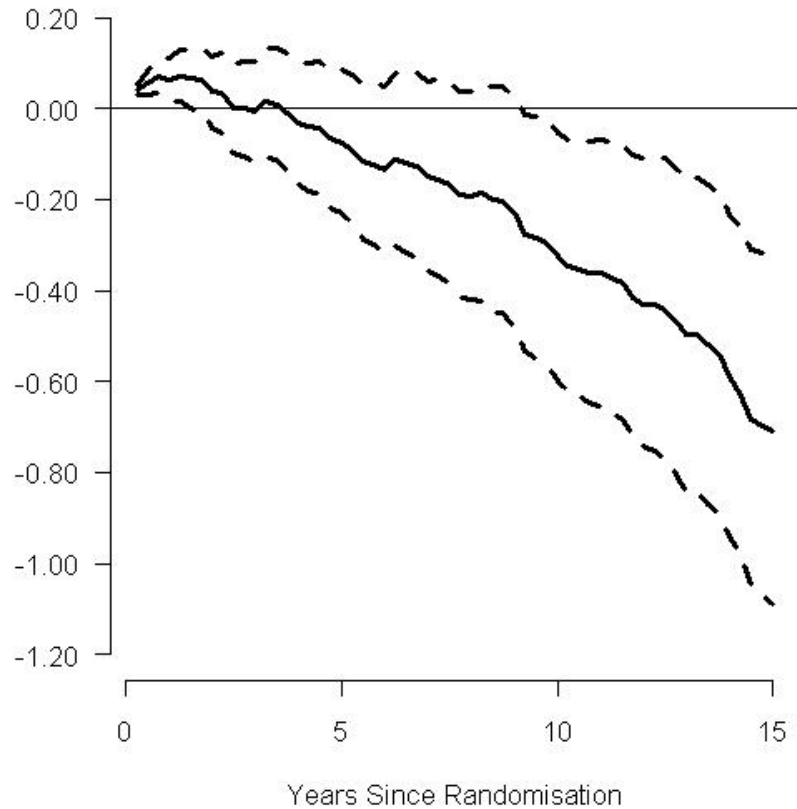




- **Treatment of 1000 patients for 5 years with pravastatin 40mg will, over 15 years:**
  - **Save the NHS £710,000**
  - **Gain 136 QALYs**
  - **Save 1836 days in hospital**



Acute CVD costs, on-costs, treatment and monitoring costs  
Cumulative Mean Cost Difference with 95% CI  
(Pravastatin - Placebo, £M/1000 people)



Cumulative Mean QALY Difference with 95% CI  
(Pravastatin - Placebo, /1000 people)

