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**BIAS**
*Biometristi dell' Industria ASsociati*

# I SEMINARI BIAS
# Data Visualization in Clinical Research

**Friday, May 29th, 2015**

sismec

SAS Institute Italia
Via C.R. Darwin, 20/22 - Milano

| Time | Title | Speaker |
|---|---|---|
| 09:00 – 09:30 | Registration + Welcome coffee | |
| 09:30 – 09:40 | Welcome<br>• BIAS Committee<br>• SAS | |
| 09:40 – 10:20 | ⁄⁄⁄Xã˘ æ⁄Òç] ‖¦ æą} • ⁄⁄⁄<br>a designerly approach to information visualization | ⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄Giorgio Uboldi<br>(Politecnico di Milano) |
| 10:20 – 11:00 | Making the complicated obvious | Dieter Haering<br>(Novartis) |
| 11:00 – 11:20 | *Coffee Break* | |
| 11:20 – 12:00 | Graphical and Analytical Tools for the Systematic Analysis of Safety Data in Clinical Trials | Pantelis Vlachos<br>(Cytel) |
| 12:00 – 12:40 | Converting SAS/GRAPH Plots and Annotate to ODS Graphics | Philip R. Holland<br>(Holland Numerics) |
| 12:40 . 13:40 | *Lunch* | |
| 13:40 – 14:20 | Data visualization in clinical research: what writing guidelines say | Andrea Rossi<br>(Eli Lilly) |
| 14:20 – 15.00 | Data standards, flexible processes and visual analysis: an integrated system to manage clinical data and much more... | Marco Pergher (Aptuit)<br>Simona Scartoni (Menarini) |
| 15:00 – 15:20 | *Coffee Break* | |
| 15:20 – 16:00 | Fraud Detection in Clinical Trial: A Graphical Tool | Giulia Zardi<br>(Cros NT) |
| 16:00 – 16:30 | Panel Discussion and Final Remarks | BIAS Committee |

**The seminar will be held in English**
**Participation is free of charge for SSFA members**
**Fee for non-members is 200 Euros + VAT**
**Fee for UKUO GE‛members is 100 Euros + VAT**

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Please confirm your participation to the BIAS Committee by 20 May 2015.

e-mail          ssfaseg@tin.it

Please be so kind to comply with the above date as the registration is allowed to no more than 60 participants. Due to this limited number, no more than 5 participants per company will be accepted. Any further participant of the same company will be put in a waiting list.

# REGISTRATION FORM

## Data Visualization in Clinical Research

**PROFESSIONAL INFORMATION:**

FIRST NAME_____LAST NAME _____

JOB TITLE _____

COMPANY _____

ADDRESS _____

ZIP CODE _____CITY _____COUNTRY_____

TELEPHONE _____FAX _____

E-MAIL_____

**SSFA MEMBER:          YES** ☞          **NO** ☞

**If not SSFA member, please fill in the following section.**

**SISMEC MEMBER:          YES** ☞          **NO** ☞

**COMPANY DATA FOR INVOICING**

COMPANY NAME _____

ADDRESS _____

ZIP CODE _____CITY_____COUNTRY _____

TAX CODE No._____

VAT No. _____

REASON FOR PAYMENT TO BE REPORTED IN THE INVOICE _____

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Data collected will be processed manually or with the aid of electronic tools and will be stored via an electronic system in full compliance with the provisions of the current regulations. Data may be processed by the event Secretary and Sponsor and, without prejudice to Art. 7 of the above law, may be communicated to third parties for services related to the event organization in full compliance with the law.
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Date ……………..…...                          Signature…………………………………………………………..

The certificate of attendance will be handed out at the end of the seminar