WITH STANDARDS – UNLOCK THE POWER OF DATA



2022 JAPAN INTERCHANGE 13-14 JUNE | VIRTUAL EVENT



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# Slashing my first mapping, five years later!

The sub-team "Learn from the ancestors who mapped recklessly" in CJUG SDTM team



#### **Meet the Speaker**

Shizuko Takahara

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A data manager for over 20 years in pharmaceutical companies and academia.



#### **Disclaimer and Disclosures**

- The views and opinions expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of CDISC.
- Examples in this presentation are my current solutions, not the official CDISC view.
- No COI to disclose



#### Agenda

- 1. Background / Today's Object
- 2. Lesson 1 4
  - Image of the way of thinking at the time when CDISC mapping was started
  - Lessons learned from those reflections
- 3. Conclusion

#### **Background / Today's Object**



#### Background

#### What I want to say before today's presentation:

- In 2017, five years ago, I conducted the first CDISC/SDTM mapping of investigator-initiated clinical trial data for lung cancer at Kanazawa University without outsourcing.
- I was the only person in charge of CDISC in my university, and there was no one to instruct me. Also, at that time, there were almost no Japanese materials on SDTM.
- I am a leader of "Learn from your ancestors who mapped recklessly" in CJUG/SDTM team. However, the contents are confidential, so I will present my own case instead.





## **Today's Object**

#### What I want to say before today's presentation:

- Today's participants are professionals, and I think that only those who do not make such mistakes.
- I hope that it will be useful for your trainee education by knowing examples of how CDISC beginners thought and what mistakes they made.



#### Lesson 1

I just assigned the CRF image to the domain.



# I just assigned the CRF image to the domain









# Bad Case 1





#### Bad Case 2

Medical History of the Breast Cancer			
Diagnosis Date	22-Aug-2016		
TNM at Diagnosis	TZNIMO		
HER2 Score	3+		
<b>Operation Date</b>	3-0ct-2016		
Recurrence Date	22-Feb-2022		
Relapsed Organ	Bone, Liver		

I could not find the corresponding domain for the current disease history. Is there no choice but to create a domain?

> Since these are asking the doctor, they are QS in the expanded interpretation?

Asshat!! So, do you assign all

CRF items to QS?



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# Do not have an image linking a <u>CRF page</u> to a domain.

# You should have an image linking each <u>item</u> to a domain.



#### **Examples for Bad Case 1**





#### **Examples for Bad Case 2**

Medical History of the Breast Cancer		
Diagnosis Date	22-Aug-2016	
TNM at Diagnosis	T2N1MO	
HER2 Score	3+	
<b>Operation Date</b>	3-Oct-2016	
Recurrence Date	22-Feb-2022	
Metastatic Organ	Bone, Líver	

MH...MHTERM=Breast Cancer, MHSTDTC=
RS...RSCAT=AJCC V7 RSTESTCD=AJCC101, RSOCCUR=
MI...MITESTCD=HER2, MIOCCUR=
PR...PRTRT=Breast cancer surgery, PRSTDTC=
MH...MHTERM=Breast cancer recurrent, MHSTDTC=
TU...TUTESTCD=DRCRLTLC, TUOCCUR=



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Is the no moice but to creace domain? Since these arr asking the rector, they we QS in the expanded interpretation.

#### Lesson 2

I was swayed by my image of the domains.



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#### **Bad Case 4**

New Region I thought TU, TR, RS were for RECIST only.			
-	Response get Response	PR Non-CR/H	
	-	-	
	-	-	
Target	Líver S4	11mm	
	Lung R.S8	Fmm	
	Lung R.S7	25mm	





Lesson 2

# Do not swayed by your image of the

domains.

The worst thing you can do is just look at examples and think you understand.

 It is important to grasp the original image of the domain.
It is necessary to read SDTMIG carefully and search all over Terminology.



#### Lesson 3

I thought that if I couldn't find anything in the domain, I should use SUPPQUAL.



# Bad Case 1





Do not use SUPPQUAL easily!

# Essentially, do not use SUPPQUAL.

- Any measured items can be represented by one of the "Findings" domains.
- •At first, you should look for the appropriate one on the xxTESTCD.





If not, it is SUPP?



Do not use SUPPQUAL easily!

# Essentially, do not use SUPPQUAL.

- Not swayed by the item name.
- •See the essence of the data.
- Make every effort before creating a SUPPQUAL.





#### **Example for Bad Case 6**



#### Lesson 4

I thought they were "QS" because the doctor's judgments were human opinions.



#### Bad Case 2

Medical History of the Breast Cancer			
Diagnosis Date	22-Aug-2016		
TNM at Diagnosis	TZNIMO		
HER2 Score	3+		
<b>Operation Date</b>	3-0ct-2016		
Recurrence Date	22-Feb-2022		
Relapsed Organ	Bone, Liver		

I could not find the corresponding domain for the current disease history. Is there no choice but to create a domain?

> Since these are asking the doctor, they are QS in the expanded interpretation?

Asshat!! So, do you assign all

assign all CRF items to QS?





# "QS" is for <u>questionnaires</u>.

A findings domain that contains data for named, stand-alone instruments designed to provide an assessment of a concept.(SDTMIG V3.3)





#### Conclusions



# Conclusions(1)

- If you explain the CRF heading and the domain in relation to each other, the image is easy to get excited, but it gets confused when it is divided into multiple domains.
- If only typical examples are described for the domain, the image of the domain will precede it and other uses will be missed.
- It is important to look for what is not there, rather than creating a suppqual if it is not there.
- Beginners may misunderstand the underlying intent of the domain, and you need to correct them with on-the-job training, etc.





## Conclusions(2)

- The most important thing to do in order to create an SDTM, is to read the SDTMIG from end to end, and carefully search for the contents of the Controlled Terminology.
- Do not puff up your domains' image from a few information, for example, brief figures or SDTMIG examples.



## Thank You!

#### May your trainees have a wonderful CDISC life!

