

WITH STANDARDS – UNLOCK THE POWER OF DATA



2022

CHINA
INTERCHANGE

29-30 JULY | VIRTUAL EVENT

State of the CDISC Standards

Amy Palmer, Head of Standards Development



Meet the Speaker

Amy Palmer

Title: Head of Standards Development

Organization: CDISC

Amy Palmer is the Head of Standards Development at CDISC. Amy has been with CDISC since 2013. She is a member of the CDISC Technical Leadership Team and leads the Global Governance Group. Amy has over 26 years' experience working in clinical research. She has been involved in the development of multiple therapeutic area user guides as well the foundational standards and has been working with CDISC standards since 2010.

Amy has a BS from Mary Washington College and an MPH from the University of Montana.



Agenda

1. CDISC 2021 Development Highlights
2. New and Ongoing Standards Development Activities



CDISC Standards Development in 2021



2021 Foundational Standards Publications

SENDIG v3.3.1

Published 30 March 2021

SEND Conformance Rules v4.0

Published 29 July 2021

Define-XML v2.1 Conformance Rules

Published 30 March 2021

CDASH SAE Supplement v2.0

Published 21 April 2021

CDASH v1.2

CDASHIG v2.2

} Published 28 September 2021

SDTM v2.0 and Conformance Rules

Published 29 November 2021

SDTMIG v3.4 and Conformance Rules

ADaMIG v1.3 and Conformance Rules

ADaMIG OCCDS v1.1 and Conformance Rules

ADaMIG Medical Devices v1.0 and Conformance Rules

ADaMIG Non-compartmental Analysis v1.0 and Conformance Rules

2021 Therapeutic Area User Guides Publications

Type 1 Diabetes

COVID-19

Crohn's Disease

Pancreatic Cancer



2021 Other Standards Publications

Vaccination
Administration
v1.0

Quarterly
Controlled
Terminology
Releases

SDTM Metadata
Submission
Guidelines v2.0

QRS
Supplements

HL7 FHIR to
CDISC
Mapping

CDISC
Glossary v16.0

Vaccination Administration v1.0

- Goal to create a global core data standard that will enable the success of various vaccine credentialing and vaccine 'passport' applications to foster rapid and comprehensible sharing of essential information for uses such as safe international travel
- Developed in Collaboration with the Learning Health Community
- Consolidating key data element recommendations from the European eHealth Network, the World Health Organization and US Centers for Disease Control
- Relevant standards developed through ISO, HL7, and CDISC have been applied and harmonized



HL7 FHIR to CDISC Mapping

- Fast Healthcare Interoperability Resources (FHIR) is a new standard published by HL7 for exchanging healthcare information electronically
- Goal of mapping is to achieve greater interoperability and exchange of data from Electronic Health Records (EHRs) to clinical research submission-ready datasets
- Scope: Adverse Events, Medications, Concomitant Medications, Demographics, Medical History, Procedures, Vital Signs, Laboratory Test Results
- Mappings jointly balloted by CDISC and HL7 using their respective governance processes



Metadata Submission Guidelines



Study Data Tabulation Model Metadata Submission Guidelines (SDTM-MSG): Human Clinical Trials

Version 2.0 (Final)



- The Guidelines and the Sample Submission Package illustrate the components recommended for the submission of SDTM data
- The Sample Submission Package consists of new or revised datasets, annotated CRF, submission components and a study data reviewer's guide
- ADaM MSG Internal Review Planned for Q2 2022



New and Ongoing Standards Development Activities

Foundational Standards and Therapeutic Areas Planned to be Published in 2022

ADaM
Examples of
Traceability

ADaM Oncology
Examples

ADaM popPK
Implementation
Guide

SDTMIG-
Medical Devices
Conformance
Rules

ODM v2.0

Pediatrics User
Guide v1.0

Rare Diseases
TAUG v1.0

TCM –
Acupuncture
TAUG v1.0

<https://www.cdisc.org/standards/in-development>

Rare Diseases User Guide

- Collaboration with National Organization for Rare Disorders (NORD)
- Document scope includes cross-cutting concepts, endpoints, questionnaires, terminology
- Public review anticipated Fall 2022



Rare Diseases User Guide Scope

- Diagnosis
 - Newborn Screening Tests
 - Genetic Testing
 - Biochemical Tests
 - Special Lab Tests
 - Clinical Criteria
- Study Conduct
 - Inclusion/Exclusion Criteria
 - Withdrawals/Discontinuations
- Demography
 - Date of Birth and Age
 - Sex
 - Ethnicity and Race
 - Date of Death
- Family History
- Prior/Concomitant Medications & Procedures
- Study Treatment
- Endpoints
- Safety Assessments
 - Adverse Events

Pediatrics User Guide



Areas of Focus

- Information about the subject (e.g., demography, vital signs, diet and nutrition, body system assessments)
- Information about the subject's family (e.g., medical conditions, medications, substance use)
- Pregnancy and Birth
- Study Conduct
- QRS

DRAGON: An IMI-Funded Project

Develop AI-enhanced tools for evaluating COVID patients' *CT scans* and *clinical data* to provide accurate diagnoses and predict patient outcome.

cdisc's Role



EHR data harmonization design and mapping support to feed data to AI

COVID-19 User Guide v2.0 Imaging Guide

Considerations for using CDISC standards for observational research

CDISC Basic: abridged CDASH & SDTM for non-submission research

Tobacco Implementation Guide (TIG) v1.0

Non-proprietary, consensus-based, freely available standards for use in studies of tobacco products



An overview of standards and general implementation

With guidance by topics and use cases; e.g.

- OMB Forms
- Nonclinical
- Clinical Studies



Key scientific concepts and maps



Data Collection
(CDASH eCRFs,
ODM-XML)



Data Tabulation
(SEND, SDTM
Human Clinical,
Define-XML)



Analysis
(ADaM, Analysis
Results, Define-XML)



Common Language (*Controlled Terminology*)



Measures of Adherence (*Conformance Rules*)



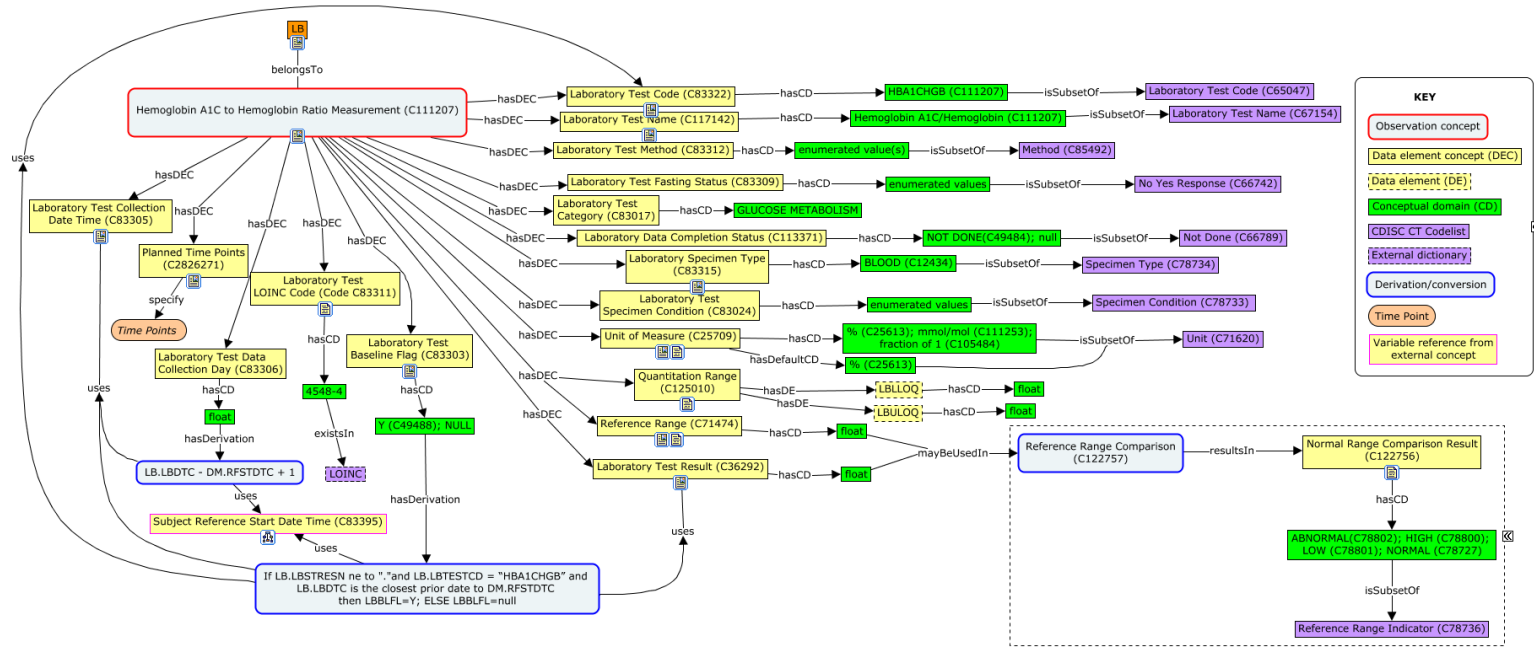
Accessible in platforms which optimize use (including *CDISC website, CDISC Library*)



Education and Outreach (including *webinars, formal training*)



Biomedical Concept Update



Biomedical Concepts: Approach that Separates the Concepts and Data Models

Concept Model

- Create hierarchical concept model
- Create semantics
- Create concept codes
- Add synonymous concepts

Search Constants | Class Hierarchy | Multi-val Hierarchy | Component Hierarchy | System Hierarchy | Method Hierarchy

Row	Category or Name	Component	Property	Timing	System	Scale	Method	ExUnits	DocSection	Rank	Code
1	Microbiology										LP31755-9
2	Microorganism										LP14559-6
3	Bacteria										LP98185-9
4	Bacteria										LP14662-9
34	Bacteria biotype Isolate										LP180118-4
36	Bacteria identified										LP37205-9
338	Bacteria genes										LP135277-4
359	Bacteria identification tests										LP40282-3
388	Antibody coated bacteria										LP14527-8
395	Actinobacillus sp										LP28877-6
396	Actinobacillus sp identified XXX										LP49251-9
398	Actinobacillus pleuropneumoniae 1 AB BM Ser-Plas										LP41629-9
399	Actinobacillus pleuropneumoniae 1 AB BM Ser-Plas										LP47652-9
402	Actinobacillus pleuropneumoniae 5 AB BM Ser-Plas										LP47653-8
405	Actinobacillus pleuropneumoniae 5 AB BM Ser-Plas										LP47654-6
408	Actinobacillus pleuropneumoniae 7 AB BM Ser-Plas										LP47655-3
411	Actinobacillus pleuropneumoniae bioser 2 XXX										LP47656-1
413	Actinobacillus pleuropneumoniae Ab BM Ser...										LP46416-1
418	Actinobacillus pleuropneumoniae Isolate										LP46415-3
420	Actinobacillus pleuropneumoniae XXX										LP47657-9
422	Actinobacillus suis Isolate										LP47658-7

Data Model

- Add relationships
- Add operational metadata
- Add specializations
- Add concept code

vs.spt, Vital Signs — Findings, Version 3.2. One record per vital sign measurement per time point per visit per subject, Tabulation

Variable Name	Variable Label	Type	Controlled Terms, CodeList or Format	Role	CDISC Notes	Core
STUDYID	Study Identifier	Char		Identifier	Unique identifier for a study.	Req
DOMAIN	Domain Abbreviation	Char	VS	Identifier	Two-character abbreviation for the domain.	Req
USUBJID	Unique Subject Identifier	Char		Identifier	Identifier used to uniquely identify a subject across all studies for all applications or submissions involving the product.	Req
VSSEQ	Sequence Number	Num		Identifier	Sequence Number given to ensure uniqueness of subject records within a domain. May be any valid number.	Req
VSGRPID	Group ID	Char		Identifier	Used to tie together a block of related records in a single domain for a subject.	Perm
VSSPID	Sponsor-Defined Identifier	Char		Identifier	Sponsor-defined reference number. Perhaps pre-printed on the CRF as an explicit line identifier or defined in the sponsor's operational database.	Req
VSTESTCD	Vital Signs Test Short Name	Char	(VSTESTCD)	Topic	Short name of the measurement, test, or examination described in VSTEST. It can be used as a column name when converting a dataset from a vertical to a horizontal format. The value in VSTESTCD cannot be longer than 8 characters, nor can it start with a number (e.g., "TEST"). VSTESTCD cannot contain characters other than letters, numbers, or underscores. Examples: SYSBP, DIABP, BMI.	Req

Analysis Results Current State



- Static results created for Clinical Study Report
- Expensive to generate and only used once, no or limited reusability
- ARM v1.0 describes *metadata* about displays (PDF) and results (at high level), no formal analysis and results model or results data
- Limited traceability

Analysis Results Future State



Why is CDISC doing CORE?

- Ensure each standard has a set of unambiguous, executable Conformance Rules
- Ensure consistency across Conformance Rule implementations
- Expedite the availability of executable Conformance Rules for new Foundational Standards
- Create executable Conformance Rules vetted by the CDISC standards development teams
- Develop an open-source engine that serves as a Reference Implementation
- Publish the Rules in the CDISC Library and the engine under the CDISC Open Source Alliance (COSA)



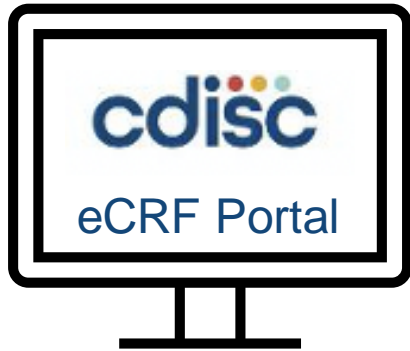
<https://www.cdisc.org/core>

CDASH eCRF Portal

- Out-of-the-box” solution for new users
- Meets the basic needs for many users, but also customizable
- Increase use of CDASH

Form DM - Demographics	
DM - Demographics	
What is the subject's date of birth?	<input type="text" value="Set Date"/> 01 Jan 2000
What is the subject's age?	<input type="text"/>
What is the age unit used?	<input type="text"/> Years
What is the sex of the subject?	<input type="text" value="Choose"/> ▾
Do you consider yourself Hispanic/Latino or not Hispanic/Latino?	<input type="text" value="Choose"/> ▾
Which of the following five racial designations best describes you? (More than one choice is acceptable.)	<input type="text" value="Choose"/> ▾
What was the other race?	<input type="text"/>
* Mandatory field	

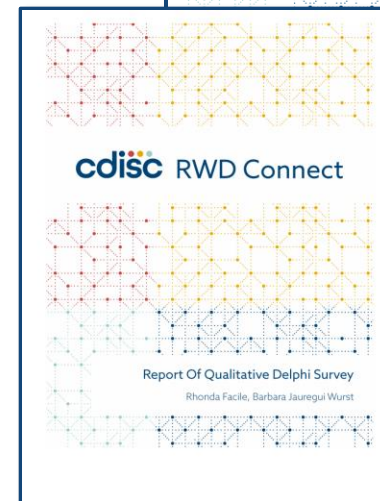
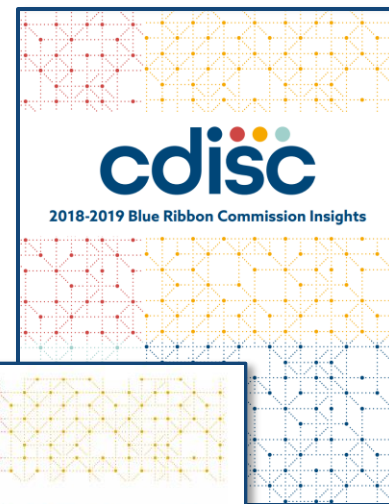
<https://www.cdisc.org/kb/ecrf>



- The eCRF Portal adds functionality to the CDASH model.
 - Visual representation of CRF layout with CDASH annotations
 - Machine-readable ODM format
- Includes CRFs from:
 - CDASH Implementation Guide v2.1
 - Crohn's Disease Therapeutic Area User Guide
 - Upcoming – COVID-19 Therapeutic Area User Guide
- Formedix offered the CDISC community MDR use at no cost

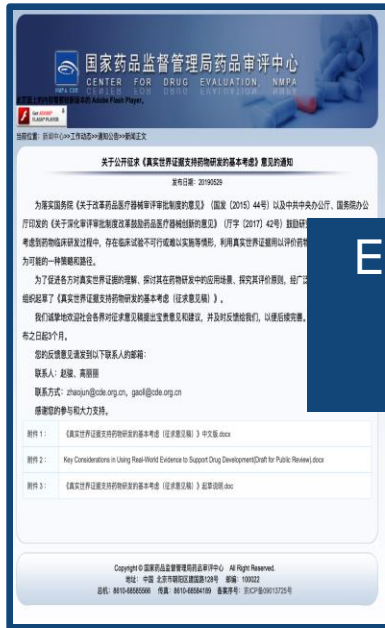
CDISC, Beyond Regulated Research

- CDISC standards are growing in use-cases beyond the original regulatory approvals use case
- The most important use case for CDISC to support is standardization of:
 - Academic research
 - Observational research
 - Patient-reported outcomes
 - EHR data – the largest source of clinical data
- Areas of Focus
 - User specific education
 - Visual, web-based, natural-language search
 - Success stories and case studies publication
 - Accessible training
 - Expand membership to new groups
 - Leverage the data sharing movement



RWD and the Regulatory Environment

China's NMPA



国家药品监督管理局药品审评中心
CENTER FOR DRUG EVALUATION NMPA
CHINA'S FOOD & DRUG ADMINISTRATION

关于公开征求《真实世界证据支持药物研发的基本考虑》意见的通知

发布日期: 2019/05/29

为落实国务院《关于改革药品医疗器械审评审批制度的意见》(国发〔2015〕44号)以及中共中央办公厅、国务院办公厅印发的《关于深化审评审批制度改革鼓励药品医疗器械创新的意见》(厅字〔2017〕42号)鼓励研考创新药物临床试验过程中,存在临床试验不可行或难以实施等情形,利用真实世界证据用以评价药物为可能的一种策略和路径。

为了促进各方对真实世界证据的理解,探讨其在药物研发中的应用场景,探究其评价原则,经广泛组织起草了《真实世界证据支持药物研发的基本考虑(征求意见稿)》。

我们诚挚地欢迎社会各界对征求意见稿提出宝贵意见和建议,并及时反馈给我们,以便后续完善。希于2019年6月30日前。

您的反馈意见请发送到以下联系人的邮箱:
联系人: 赵强、高朋朋
联系方式: zhaqun@cde.org.cn, gaopeng@cde.org.cn
感谢贵单位的参与和大力支持。

附件 1: 《真实世界证据支持药物研发的基本考虑(征求意见稿)》中文版.docx
附件 2: Key Considerations in Using Real-World Evidence to Support Drug Development(Draft for Public Review).docx
附件 3: 《真实世界证据支持药物研发的基本考虑(征求意见稿)》起草说明.doc

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December 2018
www.fda.gov

<http://www.cde.org.cn/news.do?method=argelInfo&id=23a2b4cbe0807fe2>

US FDA



FDA U.S. FOOD & DRUG ADMINISTRATION

FRAMEWORK FOR FDA'S REAL-WORLD

December 2018
www.fda.gov

<https://www.fda.gov/media/120060/download>

EU EMA

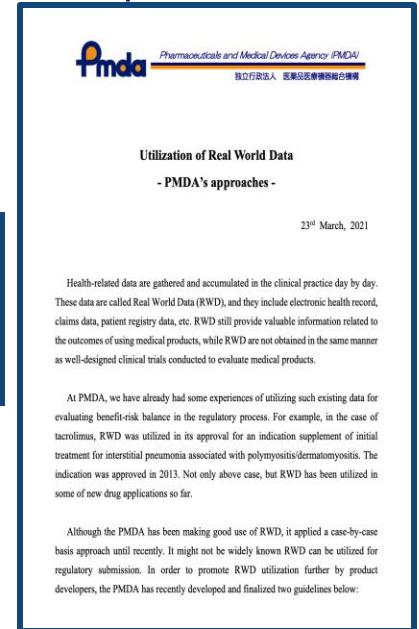


EUROPEAN MEDICINES AGENCY
SCIENCE. MEDICINES. HEALTH

Regulatory - procedural guideline/ema-regulatory-science-2025-strategic-reflection_en.pdf

https://www.ema.europa.eu/en/document/regulatory-procedural-guideline/ema-regulatory-science-2025-strategic-reflection_en.pdf

Japan's PMDA



Pmda Pharmaceuticals and Medical Devices Agency (PMDA)
独立行政法人 医薬品医療機器総合機構

Utilization of Real World Data - PMDA's approaches -

23rd March, 2021

Health-related data are gathered and accumulated in the clinical practice day by day. These data are called Real World Data (RWD), and they include electronic health record, claims data, patient registry data, etc. RWD still provide valuable information related to the outcomes of using medical products, while RWD are not obtained in the same manner as well-designed clinical trials conducted to evaluate medical products.

At PMDA, we have already had some experiences of utilizing such existing data for evaluating benefit-risk balance in the regulatory process. For example, in the case of tacrolimus, RWD was utilized in its approval for an indication supplement of initial treatment for interstitial pneumonia associated with polymyositis/dermatomyositis. The indication was approved in 2013. Not only above case, but RWD has been utilized in some of new drug applications so far.

Although the PMDA has been making good use of RWD, it applied a case-by-case basis approach until recently. It might not be widely known RWD can be utilized for regulatory submission. In order to promote RWD utilization further by product developers, the PMDA has recently developed and finalized two guidelines below:

<https://www.pmda.go.jp/english/about-pmda/0004.pdf>

Draft FDA RWD and Registry Guidance

Data Standards for Drug and Biological Product Submissions Containing Real-World Data Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document or the Real-World Evidence Program, please email CDERMEDICALPOLICY-RealWorldEvidence@fda.hhs.gov.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

October 2021
Real-World Data/Real-World Evidence (RWD/RWE)

Real-World Data: Assessing Registries to Support Regulatory Decision-Making for Drug and Biological Products Guidance for Industry

Additional copies are available from:

*Office of Communications, Division of Drug Information
Center for Drug Evaluation and Research
Food and Drug Administration
10001 New Hampshire Ave., Hillandale Bldg., 4th Floor
Silver Spring, MD 20993-0002
Phone: 855-543-3784 or 301-796-3400; Fax: 301-431-6353
Email: druginfo@fda.hhs.gov*

<https://www.fda.gov/drugs/guidance-compliance-regulatory-information/guidances-drugs>
and/or

*Office of Communication, Outreach and Development
Center for Biologics Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave., Bldg. 71, Room 3128
Silver Spring, MD 20993-0002
Phone: 800-835-4709 or 240-402-8010
Email: ocod@fda.hhs.gov*

<https://www.fda.gov/vaccines-blood-biologics/guidance-compliance-regulatory-information-biologics/biologics-guidance>

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Oncology Center of Excellence (OCE)

November 2021
Real World Data/Real World Evidence (RWD/RWE)

RWD Guides and Resources

- Basic Implementation Guide
- Basic Study Set-up Guide
- Considerations for Using SDTM for Observational Studies
- REDCap & OpenClinica CDASH eCRFs with rules
- CDASH to SDTM Guide
- HL7-FHIR to CDISC Mapping
- Brief Overview of CDISC Model, Library and QRS

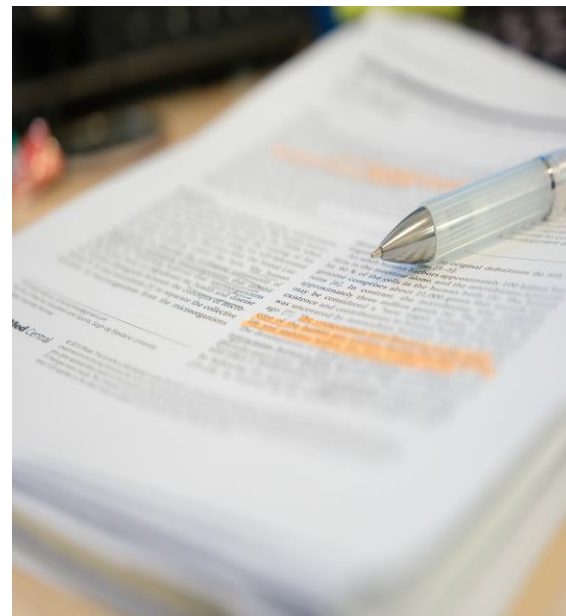


Journal of the Society for
Clinical Data Management

CDISC Focused Special Edition of JSCDM

Papers focused on CDISC implementation use cases in submissions.

- 24 Abstracts accepted
- Publication Q4 2022





Certification Program Highlights

Validate Skills

Assess Potential Hires

Provide Clients With Proven Expertise

Visit the CDISC website for more information
www.cdisc.org/education/cdisc-standardscertification



Thank You!

cdisc