

US INTERCHANGE 26-27 OCTOBER | AUSTIN



Meet the Speaker

Amy Palmer

Title: Head of Standards Development Operations

Organization: CDISC

Amy Palmer is the Head of Standards Development Operations 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 28 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 Standards Development Publications
- 2. New and Ongoing Standards Development Activities



CDISC Standards Development Publications



Foundational Standards Publications

SDTM v2.0 and Conformance Rules
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

All documents simultaneously published 29 November 2021 on CDISC Website and in CDISC Library



TAUGs and Other Publications

ADaM Examples of Traceability

Type 1 Diabetes – Screening, Staging and Monitoring of Pre-clinical Type 1 Diabetes **Quarterly Controlled Terminology Releases**

QRS Supplements

CDISC Glossary v16.0





Standards and Therapeutic Area User Guides in Development

ADaM Oncology Examples ADaM Metadata Submission Guidelines ADaM popPK Implementation Guide

ODM v2.0

SENDIG – DART v1.2

SEND Tumor Combinations

SENDIG -Dermal Ocular v1.0

SENDIG – GeneTox v1.0 SDTMIG-Medical Devices Conformance Rules

Tobacco Implementation Guide v1.0

Safety User Guide v1.0 Pediatrics User Guide v1.0 Rare Diseases TAUG v1.0

COVID TAUG v2.0 TCM – Acupuncture TAUG v1.0

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



Foundational Standards Development Highlights

ADaM – Planning for a consolidated ADaMIG

SDS – Multiple Subject Participations – DM and DC domains

CDASH – Aligning with SDTMIG v3.4 including GF and CP domains

SEND – Implementing new domains including IS, CP, PI, OE, and SX

Medical Devices – Addressing how to represent multiple device components



Domain Scope Changes Across SDTMIG v3.2 through SDTMIG v3.4



Gv3.2

- IS domain scoped for <u>study</u> <u>therapy</u>-induced subject immune response.
- LB domain scoped to include other non-host microorg and subject immune response assessments.
- MB domain scoped to include some non-host microorg identification tests only.



Gv3.3

- IS domain scoped for study therapy-induced subject immune response.
- LB domain scoped to include other subject immune response assessments but no non-host microorg tests.
- MB domain scope broadened to include all detection, identification, quantification, and other characteristics assessments of non-host microorg, via direct detection methods and indirect, inducedhost/subject immune response.



Gv3.4

- IS domain scoped for any antigen (incl. therapy and microorg) induced subject immune response.
- LB domain no longer contains non-host microorg or subject immune response assessments.
- MB domain contains "direct" detection, identification, quantification, and other characteristics assessments of non-host microorg. It no longer contains microorg inducedsubject/host immune assessments.



Domain Scope Changes Affect CDISC CT

- The change in the LB, MB, and IS domain scope will result in the deprecation of approximately 400 antibody TEST and TESTCD values from both the LB and MB domains, and instead,
- These terms will be remodeled in the IS domain, using IS domain standard variables including but not limited to: ISTESTCD, ISBDAGNT (Binding Agent), and ISTSTDTL (Test Detail)
- Changes announced at the CT Webinar on 2022-10-04
 - https://www.cdisc.org/events/webinars
- Announcements/presentations at public meetings
- Topic integration into CDISC education courses

Note: There is no plan to immediately deprecate the affected antibody LBTEST-CD/MBTEST-CD terms. Deprecation will happen in December 2023.



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

Public Review anticipated Q1 2023



Topics of interest:
Diagnosis – Genetic
Testing; Family History; in
vivo and ex vivo gene
therapies



Pediatrics User Guide

Publication planned December 2022



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



DRAG N: An IMI-Funded Project

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



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



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



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CDISC eCRF PORTAL

- The eCRF Portal provides machine readable eCRFs
 - 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
 - 54 eCRFs to date (Oct 2022)

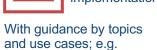


- Formedix offers the Ryze platform at no cost
- Used as a base to create OpenClinica and REDCap CRFs

Tobacco Implementation Guide (TIG) v1.0

- · Proactively designed to reflect use cases unique to tobacco studies
- A single, comprehensive implementation guide for tobacco studies







Key scientific concepts and maps



Data Collection (CDASH eCRFs, ODM-XML)



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



Analysis (ADaM, Define-XML)

- Product Description
- Nonclinical
- · Clinical Studies



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)



Learn More About the Tobacco Implementation Guide

Session 8: Closing Plenary, Global Regulatory Presentations and Panel Discussion

Thursday, 15:30 – 17:30

Ballroom A

FDA-CTP and CDISC Project to Develop Tobacco Related Standards to Achieve Efficiencies for All Stakeholders

16:00 - 16:30

Christine Connolly, CDISC; and Amy Malla, FDA-CTP





Digital Data Flow Phase 2 Overview

Enhancements/bug fixes from DDF Phase 1

Updates to accommodate Biomedical Concepts to facilitate EDC Automation

Updates to add additional structured elements enabling export and population of the TransCelerate Common Protocol Template

Updates to the model in order to cater for more complex study designs

Updates from Connectathon feedback (still being collated)

Deliverable		Development Format(s)	Final Format(s)	Official CDISC Standard
1.	User Stories	WIKI	Integrated into Implementation Guide as user narratives	No
2.	Visual Diagram: Relationships Among Standards	.cmap, .pdf	.pdf	No
3.	Unified Study Definition Model (USDM) Class Diagram	.png, .eapx. .xmi	.png, .eapx. .xmi	Yes
4.	CDISC Controlled Terminology	.xls	NCI EVS vocabulary formats (.OWL, .html, .pdf, .txt, .xls)	Yes
5.	Application Programming Interface (API) Specification	.json, .yaml	.json, .yaml	Yes
6.	USDM Implementation Guide	WIKI	.pdf	Yes



Digital Data Flow Phase 2

Session 5: Track B - Trial Design

Thursday, 8:30 – 10:30

Ballroom B

TransCelerate Digital Data Flow: An Update on DDF Phase 2

8:30 - 9:00

Mikkel Traun, Novo Nordisk A/S and Vijay Reddi, Roche Products Ltd



COSMoS Conceptual & Operational Standards Metadata Services

Pragmatic Implementation of Biomedical Concepts

- Reduce variability by extending foundational standards
 - explicit variable relationships
 - improved semantics
 - operational metadata
- Light-weight curation and governance process
- Biomedical Concepts available via CDISC Library APIs
- End goal is to reduce variability in standards implementations, increase metadata-driven automation

Biomedical Concepts and COSMoS Presentations

Session 2: Second Opening Plenary - CDISC Looking Ahead Wednesday, 11:00 - 12:30
Ballroom A

Biomedical Concepts Vision and Value for the Community Bess Leroy and Jon Neville, CDISC

Session 6, Track B - Business Optimization & Technical Topics Thursday, 11:00 – 13:00 Ballroom B

COSMoS Technical Implementation, API Layer and Use Cases Lex Jansen & Linda Lander, CDISC







2022 - SEP

· CORE in GitHub

Transition to Open-Source

· Start of CORE Roadmap Board

CORE To Date

2022 - JUL

Next Phase

- Virtual Private Cloud Evaluation Deployment
- End Microsoft engagement



5 sprints



2021 - APR

EU Interchange
• First notice



2021 - JUL

Kick-off

- Kick-off meeting
- · Start Microsoft engagement
- Sprint 0

2022 - APR

EU Interchange

- CDISC-Provided Cloud Evaluation Deployment
- Rules Authoring Tool
- 210 of 336 executable rules in SDTMIG 3.4



• Initiation of SDTMIG 3.2, 3.3, SENDIG, ADaMIG

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Learn More About CORE

Session 2: Second Opening Plenary - CDISC Looking Ahead

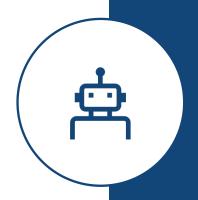
Wednesday, 11:00 - 12:30

Ballroom A

CDISC Conformance Rules and the CORE Engine

Progress and Roadmap

Peter Van Reusel, CDISC Chief Standards Officer





Analysis Results Standards



Unnecessary variation in analysis results reporting



Limited CDISC standards to support analysis results and associated metadata



CDISC has been working towards creating standards to support, consistency, traceability, and reuse of results data



We anticipate that the CDISC work will support sponsor submissions of analysis results in a standard format that aligns with the FDA effort to standardize safety tables and figures



Analysis Results Standards Presentations

Session 5: Track C - CDISC Fundamentals

Thursday, 8:30 - 10:30

Bluebonnet

CDISC Analysis Results Standards - Approach and Development Update

Bhavin Busa, Independent; and Andrew Miskell, Eli Lilly and Company

Session 7: CDISC Special Topics

Thursday, 14:00 - 15:00

Ballroom A

Advancing Pre-Market Safety Analytics

14:30 - 15:00

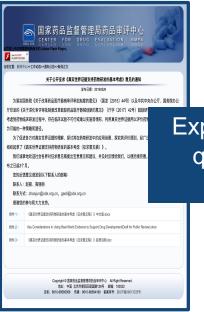
Dr. Vaishali Popat, FDA-CDER; and Bess LeRoy, CDISC





RWD and the Regulatory Environment

China's NMPA



http://www.cde.org.cn/news.do?method=I

argeInfo&id=23a2b4cbe0807fe2

US FDA



EU EMA



Exploring and promoting the use of highquality RWD in decision-making as a strategic goal



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



https://www.ema.europa.eu/en/document s/regulatory-procedural-guideline/emaregulatory-science-2025-strategicreflection en.pdf

Japan's PMDA



Utilization of Real World Data - PMDA's approaches -

23rd March, 2021

Health-related data are guthered 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 modical products, while RWD are not obtained in the same manner as well-designed clinical trials conducted to evaluate medical products.

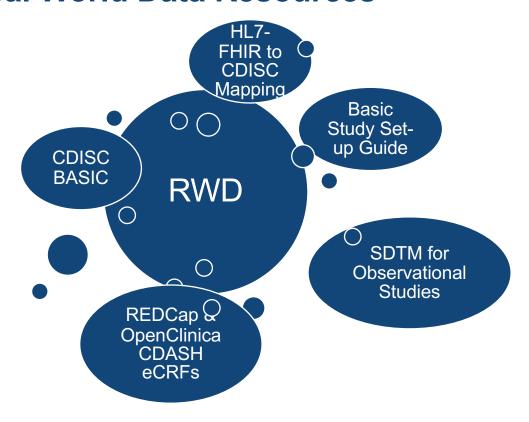
At PMDA, we have already had some experiences of utilizing such existing data for evaluating benefit-risk balance in the regulatory process. For example, in the case of tarcolimas, RWD was utilized in its approval for an indication supplement of initial treatment for interstitial pneumonia associated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



CDISC Real World Data Resources





Why CDISC BASIC?

Shared data is hard to use if it is not in standard format

CDISC Standards were developed specifically for clinical research

Barriers to adopting CDISC standards

- Overwhelming (sheer volume)
- Siloed (separate standards for collection, tabulation, analysis, metadata)
- Originally written for those who worked with data in the pharmaceutical industry full time



Aim of CDISC BASIC: Lower Barriers to Using CDISC



Reduce volume by concentrating on most common data



Present collection and tabulation in an integrated manner



Write for an audience new to CDISC and less immersed in data handling



Link to other resources

REDCap and OpenClinica CRFs

CDISC resources such as

- eCRF Portal
- Knowledge Base
- •Free educational courses and webinars

Specific CDISC Standards for more detail, when needed



Learn More About CDISC Basic

Session 4: Track B - Real World Data

Wednesday, 16:00 – 17:30

Ballroom B

CDISC BASIC Introduction

17:00 - 17:30

Diane Wold and Gary Walker, CDISC





CDISC Volunteer Spotlight

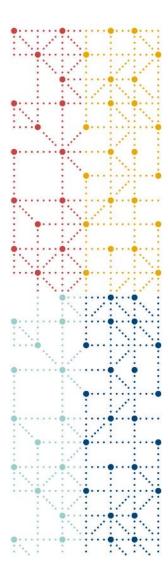
CDISC's strength derives from the diverse perspectives of our community of volunteers

- Interviewed by CDISC Communications
 - Why volunteer?
 - Tips for those using CDISC Standards
 - What did you want to be when you grew up?
- Published monthly

https://www.cdisc.org/volunteer/spotlight







Thank You!

