

Why is CDASH needed to map eCRF data to SDTM?

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Meet the Speaker

Dr. Anna Tsutsui

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Dr. Tsutsui has 10 years of experience working in Japanese information technology and global pharmaceutical companies. Following her retirement, she attended Osaka University Graduate School of Medicine for her doctoral studies and obtained a Doctor of Philosophy degree in Health Science. She assumed her current position after a one-year postdoctoral fellowship at Osaka University Hospital.

She has been a member of the SDTM team of the CDISC Japan User Group since 2013.





Disclaimer and Disclosures

- The views and opinions expressed in this presentation are those of the author(s) and do not necessarily reflect the official policy or position of CDISC.
- The author(s) have no real or apparent conflicts of interest to report.

This presentation is based on deliverables from the Regulatory sub-team, a sub-team in the SDTM team at the CDISC Japan User Group.







Agenda

1. Introduction

- 2. Benefits of CDASH
- 3. CDISC eCRF Portal



Introduction



Background (1)

CDASH, Clinical Data Acquisition Standards Harmonization

Model for data collection ullet

SDTM, Study Data Tabulation Model

Model for tabulation of study data (submitted to regulatory authorities) ۲



Based on CDISC: Standards, https://www.cdisc.org/standards



(CRF)





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Background (2)

CDASH, Clinical Data Acquisition Standards Harmonization

Model for data collection

SDTM, Study Data Tabulation Model

• Model for tabulation of study data (submitted to regulatory authorities)

Non-CDASHbased **CRF**







Background (3)

CDASH, Clinical Data Acquisition Standards Harmonization

Model for data collection

SDTM, Study Data Tabulation Model

• Model for tabulation of study data (submitted to regulatory authorities)





Case report forms

(CRF)





CDASH vs Corporate Standards?

The SDTM can be implemented from data that have any structure. Therefore:



Objective

The SDTM is widely used for regulatory submissions.

The CDASH, however, is less widely used than the SDTM.

This presentation aims to:

- review the benefits of CDASH and
- introduce new free resources such as the "CDISC eCRF Portal"

to encourage the adoption of CDASH-based CRF.





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Benefits of CDASH



Differences in costs

Non-CDASH-based CRFs often need more complex mapping and, therefore, more resources for mapping specification and programming.

An ARO reported that

it took about the following number of months* to convert data into SDTM:

- Seven months for the first trial with non-CDASH-based CRF data
- Two months for the second trial with CDASH-based CRF data
 - * Unit: full-time equivalent (FTE)

Jentoft et al. (2022)

ARO, Academic Research Organization





CDISC Website

"SDTM and CDASH: Why You Need Both"

(https://www.cdisc.org/kb/articles/sdtm-and-cdash-why-you-need-both)

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=	Articles	SDTM and CDASH: Why You Need Both
Õ	Examples Collection	
A	Known Issues	CDASH and SDTM are each optimized for different purposes, and the philosophy behind each drives the design SDTM represents cleaned, final CRF data organized in a predictable format that facilitates data
	eCRF Portal	transmission, review and reuse. CDASH collects the data in a user-friendly, EDC/CRF-friendly way that maximizes data quality and flows smoothly into SDTM. While most of the data is the same in both
9		standards, each standard is designed for different purposes; therefore, differences do exist, both in philosophy and implementation. 14 of 31

SDTM and CDASH: Why You Need Both (1)

Each standard is designed for different purposes; therefore, differences do exist, both in philosophy and implementation.

- Missing Data
- Non-Standard Variables
- Human vs Machine Readable Data
- Data Organization
- Horizontal vs. Vertical Data
- EDC CRF
- Metadata Content
- Unavailable Variables
- Benefits of Using Both CDASH and SDTM

CDISC: SDTM and CDASH: Why You Need Both https://www.cdisc.org/kb/articles/sdtmand-cdash-why-you-need-both





Example: Missing Data

SDTM assumes the data is clean.

• If a subject had no AEs, they will not be represented in the AE dataset.

CDASH assumes that the absence of evidence is not evidence of absence.

• It only means that no AE data was received, which must be verified.



SDTM and CDASH: Why You Need Both (2)

CDASH

Guides data collection so that data flow easily from the collection into SDTM, which **contributes to data traceability, integrity, and quality**.

Benefits of Using Both CDASH and SDTM

- Optimizes the site's data requirements and structure for transmission, analysis, review, and reuse
- Minimizes programming and validation resources and increases quality when transferring data from capture to tabulation

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CDISC: SDTM and CDASH: Why You Need Both https://www.cdisc.org/kb/articles/sdtm-and-cdash-why-you-need-both



Situations in Academia in Japan

Even among specific institutions, *

* Members of the CDISC expert liaison committee of the ARO council, TG3 (Topic Group 3) of the National University Hospital Clinical Research Promotion Initiative (NUH–CRPI), and Metropolitan Academic Research Consortium (MARC).

27 out of 41 institutions had not yet implemented the CDISC Standards.

Among other institutions, CDASH was the most implemented standard.

> Implementation Status on CDISC Standards

> > Nagai et al. (2022)

N of sites (%) Category 27(65.9%) Not implemented **CDASH** 6(14.6%) **CDASH**, SDTM 3(7.3%)SDTM 2(4.9%)SDTM, ADaM 2(4.9%)**CDASH, SDTM, ADaM** 1(2.4%)N, number







CDISC eCRF Portal



CDISC eCRF Portal (1)

Consists of ready-to-use, CDASH-compliant, annotated eCRFs to use as is or import to an EDC system for customization.

Available at https://www.cdisc.org/kb/ecrf

cdisc	Sign in Search	○ Q
Home / Knowledge Base / e0	CRF Portal	
🙆 Dashboard	Search eCRF Portal Q Apply	
E Articles	eCRF Portal	
② Examples Collection	The eCRE Portal consists of ready-to-use, CDASH-compliant, annota	ted eCREs available in DDE
A Known Issues	HTML and XML, to use as is or import to an EDC system for customiz and are not meant to imply that any particular layout or collection pla	zation. The eCRFs are examples an is preferable over another.
🗭 eCRF Portal	The following information is applicable to the CDASHIG v2.1 eCRFs: To facilitate broad use, these eCRFs were developed based upon dat rather than features or limitations of any specific EDC system. The fo	CDISC: eCRF Portal, a management best prantips://www.cdisc.org/kb/ecr illowing guiding principles were
	followed: The Controlled Terminology publication from December 2019 The lange of the controlled Terminology publication from December 2019	was used. 21 of 31

CDISC eCRF Portal (2)

- 66 of eCRFs available (as of June 13, 2023)
- CDASHIG version 2.1
- Controlled Terminology:
 December 2019



CDISC: eCRF Portal, https://www.cdisc.org/kb/ecrf

Demographics CDASHIG v2.1

- Meets the basic needs of most users.
- Facilitates data reuse and reduces the time needed to develop eCRFs.
- Promote data quality by encouraging users to implement similar questions/answers as well as apply the same data assumptions.

CDISC: Introducing the eCRF Portal (newsletter) (2021).



Example: Demographics	Download (zip file)
Demographics Preview Overview eCRF Considerations eCRF Preview Download	DM_Excel
Form DM - Demographics DM - Demographics What is the subject's date of birth? Set Date 01 Jan 2000 What is the subject's age? What is the age unit used? Years	xml (incl. xlsx), html, and pdf formats
What is the sex of the subject? Choose Do you consider yourself Choose Hispanic/Latino or not Choose Hispanic/Latino? Choose Which of the following five racial designations best describes you? Choose	DM_PDF
(More than one choice is acceptable.) What was the other race?	23 of 31

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	1	Summary		
	2	Property	Current value	
	3	Name	CDASH IG2.1 CRFs	
	4	Version	1	
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Collaboration with REDCap and OpenClinica

EDC, Electronic Data Capture

The eCRF data are integrated in the library in their EDC systems, which are widely used in academic institutions.

The details are reported in the following research articles:

- Cheng, A , et. al. Making Clinical Data Acquisition Standards Harmonization (CDASH) Electronic Case Report Forms Available on the **REDCap** Shared Data Instrument Library. Journal of the SCDM. 2022 12; 2(3).
- Tran, G & Collins, C. Dissemination of CDASH eCRFs via the CDISC Electronic Case Report Form (eCRF) Portal and the OpenClinica Electronic Data Capture system. Journal of the SCDM. 2023 6; 3(1)1.

(SCDM, Society for Clinical Data Management. https://www.jscdm.org/)



REDCap Shared Data Instrument Library

Users can import a CDASH-based eCRF into each project in a short time.

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REDCap Shared Library



The REDCap Shared Library is a repository for REDCap data collection instruments and forms that can be downloaded and used by researchers at REDCap partner institutions. Curated instruments highlighted with a star * have been approved for inclusion by the REDCap Library Oversight Committee (REDLOC) after review for research relevance, accuracy in function and coding (see guidelines), and copyright issues. Other instruments and forms are shared by individuals or groups from consortium institutions on "as-is" basis.

You may search below for any available data collection instruments. If you got to this site directly, you will not be able to view the actual shared instruments themselves. This public view listing is for reference only and helps protect the authors' copyright. You will also not see instruments that have been shared locally by REDCap end users if they have not gone through the formal REDLOC curation process. If you arrived here from the REDCap application, you will have the options to view instruments as a webpage, view instruments as a PDF, and import the instruments directly into REDCap. If you wish, you may

download a list of all library instruments in the second second and utilize an instrument from the REDCan Shared Library please cite the

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Summary



Summary

CDASH guides data collection, which would promote cost reduction as well as data traceability, integrity, and quality.

The ready-to-use CDASH-based eCRFs are available at the **CDISC eCRF Portal** and the shared library of **OpenClinica** and **REDCap**.



For academic institutions that have not yet adopted the CDISC standards, **CDASH**, rather than SDTM, can be the first step in adopting them.



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