



## **Towards a more data driven TMF: Integration of the TMF Reference Model with Digital Data Flow, ICH M11 and other CDISC standards**

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# Meet the Speakers



Nick Hargaden

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Business owner for eTMF and CTMS applications. Global head of TMF Operations managing in house and vendor teams. 25 years in application of computerized systems to speed drug development and improve quality including IRT, TMF, RBQM, eCOA.

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25 year experience in clinical computerized systems. Longstanding Member of the TMF Reference Model Steering Committee. Chair of the CDISC TMF Standards Working Group.

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# Disclaimer and Disclosures

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



# Agenda

1. From Documents to Digital Assets
2. The Data Driven Approach to TMF
3. Benefits of a Data Driven Approach
4. Conclusions and Next Steps



# From Documents to Digital Assets

Current and future state of TMF as an information management discipline

# A brief history

1996

•TMF requirement is formalized in the ICH GCP Consolidated Guideline

2004

•V1 of Study Data Tabulation Model (SDTM) is released by CDISC

2009

•TMF Reference Model group formed

2010

•V1.0 of the TMF reference model released

2018

•Transcelerate BioPharma Inc. launch the Digital Data Flow (DDF) initiative  
•TMF Reference Model EMS v1.0. released

2021

•CDISC joins the DDF effort to develop the data model (USDM) and associated standards

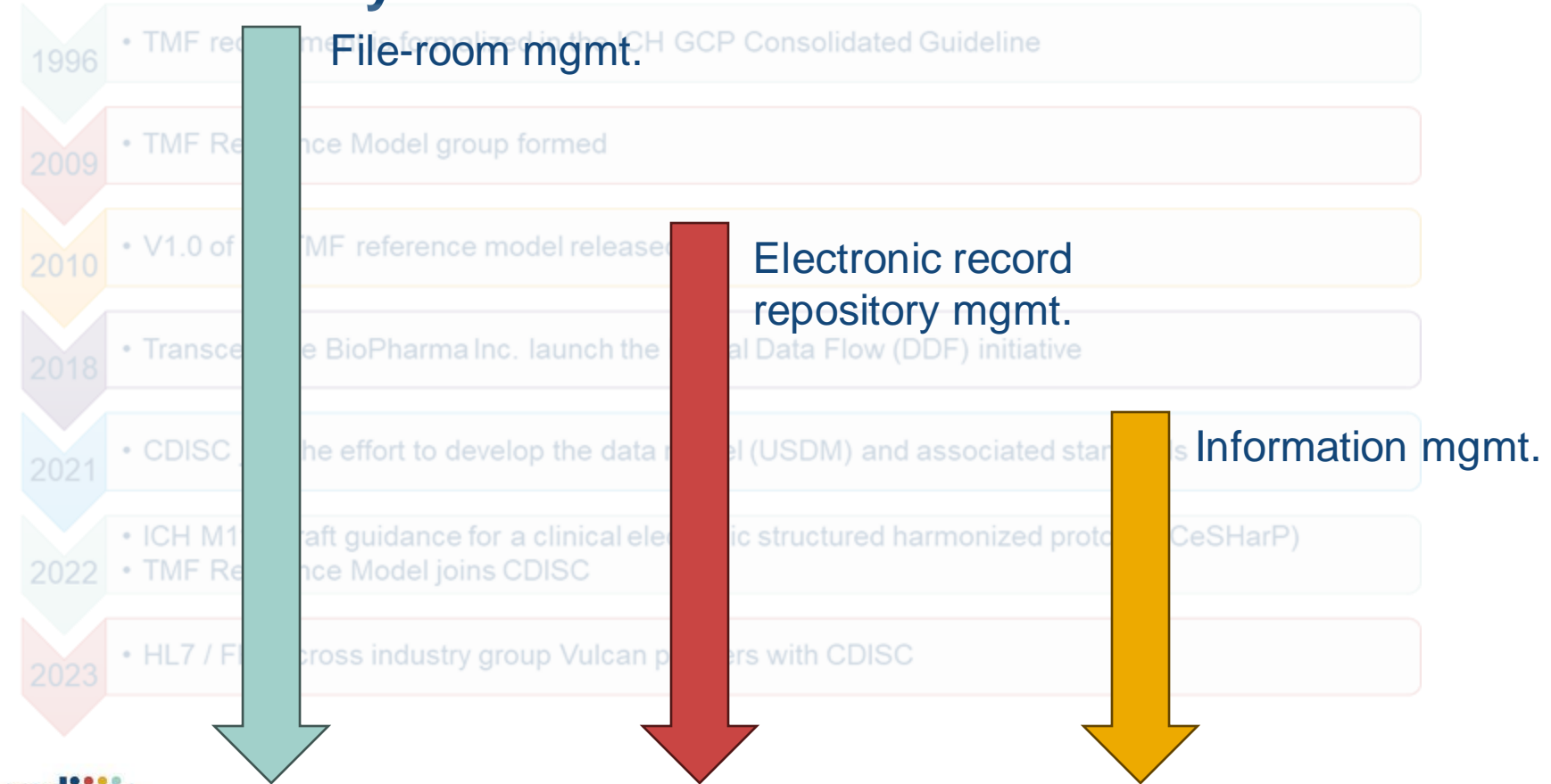
2022

•ICH M11 - draft guidance for a clinical electronic structured harmonized protocol (CeSHarP)  
•TMF Reference Model joins CDISC

2023

•HL7 / FHIR cross industry group Vulcan partners with CDISC

# A brief history





# Digital Assets and the TMF - Examples

MVR



- Dates
- Attendees
- Scope of review
- Findings
- actions

Site Temp  
Logs



- Readings
- Dates
- Acceptable ranges per protocol

Protocol



- Participant selection
- Visit schedule
- Schedule of assessments





# The Data Driven Approach

Initiatives and application to eTMF systems



# ICH M11: Clinical electronic Structured Harmonised Protocol (CeSHarP)

- Regulator driven guideline for a structured protocol standard that allows for digitization
- Standardizes content and format for trial information such as names, addresses, phase, amendment history and description, trial population, storage and handling information, blinding information, safety and AE information
- Tools will be used to develop and maintain the digital protocol
- No more word documents!

|   |  |
|---|--|
| Term (Variable)   | Committees   |
| Data Type   | List   |
| Topic, Value or Header  | D  |
| Definition  |  |
| User Guidance   |  |
| Conformance   | Required/Multiple  |
| Cardinality   |  |
| Relationship content from ToC representing the protocol hierarchy | Trial Design   |
| Relationship (reference to high level conceptual model)           |  |
| Value   | No, Data Monitoring Committee  |
| Business rules  | <b>Value Allowed:</b> Yes<br><b>Relationship:</b> n/a<br><b>Concept:</b> n/a |
| Duplicate field in other sections                                 |  |

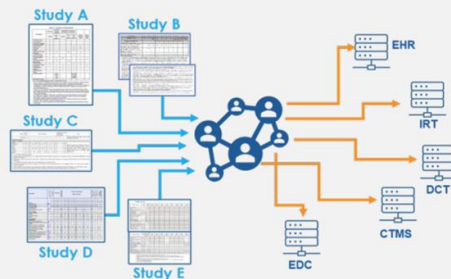
# Digital Data Flow

- Digital data flow (DDF) aims to distribute digital protocol information to downstream systems
- This way each system is using the same version of the protocol design
- This information can be used to configure each clinical system and maintain the configuration as the protocol evolves
- Eventually systems will also be able to exchange information using DDF and associated standards

## VISION: From Documents to Data: Write Once, Read Many Times

### TODAY

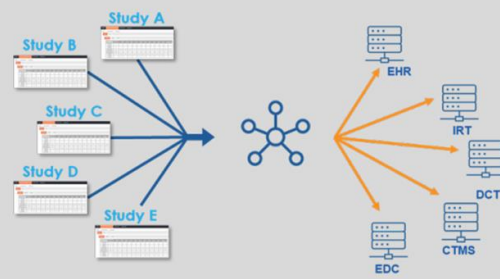
Many-to-many manual process; Document-based paradigm for protocol creation, interpretation, and transcription into consuming systems



- Schedule of Activities (SoA) specified **inconsistently** in study protocols (e.g., sections, rows, columns, footnotes)
- **Manual** process to configure systems/tools
- **No reliable method** to synchronize updates from a single source of truth

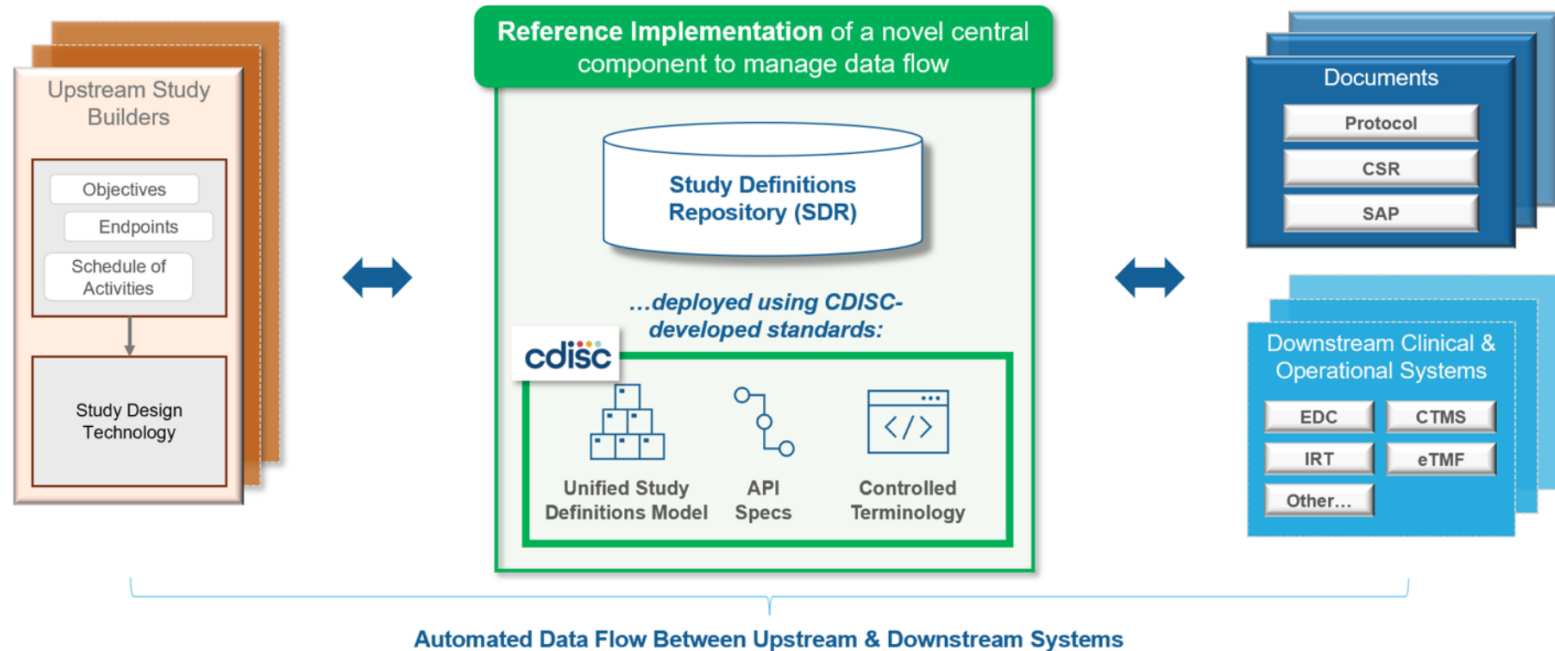
### TOMORROW

Digitalized one-to-many process; Digital paradigm for protocol creation, with fully automated data flow and interoperability between systems



- ✓ **Digitized design** specification per study
- ✓ **Consistent** method of study spec exchange
- ✓ Streamlined, **automated** start-up (reduce effort, cycle time, and complexity)
- ✓ **Improve** quality and compliance. Minimize protocol violations


# Unified Study Definition Model (USDM) & Study Definitions Repository (SDR)



# NCI EVS – CDISC Controlled Terminology

- National Cancer Institute has partnered with CDISC to develop a controlled terminology library for all standards
- Controlled Terminology is composed of standard terms, code-lists, synonyms and definitions
- It allows us to easily understand what a particular data point is and to standardize on each data points nomenclature
- By using standard terms, we can better empower interoperability between systems and organizations and help ensure harmonization across all process zones of the reference model



| Term  | Submission Value | Synonyms                          | Definition  |
|---|------------------|-----------------------------------|---|
|  C142451 | protocol         | clinical protocol; study protocol | A document that describes the objective(s), design, methodology, statistical considerations, and organization of a trial. The protocol usually also gives the background and rationale for the trial, but these could be provided in other protocol referenced documents. Throughout the ICH GCP Guideline the term protocol refers to protocol and protocol amendments. NOTE: Present usage can refer to any of three distinct entities: 1) the plan (i.e., content) of a protocol, 2) the protocol document, and 3) a series of tests or treatments (as in oncology). [ICH E6 Glossary] |

Clinical Trial Protocol

Dashboard

Expand All

Data Collection

Data Tabulation

- SDTM v2.0
- SDTM v1.8
- SDTM v1.7
- SDTM v1.6
- SDTM v1.5
- SDTM v1.4
- SDTM v1.3
- SDTM v1.2
- SDTMIG v3.4
- SDTMIG-MD v1.1
- SDTMIG v3.3
- SDTMIG-AP v1.0
- SDTMIG v3.2
- SDTMIG-MD v1.0
- SDTMIG v3.1.3
- SDTMIG v3.1.2
- SENDIG v3.1.1
- SENDIG-AR v1.0
- SENDIG-DART v1.1
- SENDIG v3.1
- SENDIG v3.0

Data Analysis

QRS Instruments

Terminology

# SDTMIG v3.4

Status Effective Date Implements  
 Final 2021-11-29 SDTM v2.0

## Classes

- General Observations
- Interventions
- Events
- Findings
- Findings About
- Special-Purpose
- Trial Design
- Study Reference
- Relationship

## Data Sets

- TA
- TD
- TE
- TI
- TM
- TS
- TV

Trial Design TA

Name Structure  
 Trial Arms One record per planned Element per Arm

Description Status  
 A trial design domain that contains each planned arm in the trial. Final

## Trial Arms

| Ordinal ↑         | Name     | Label                               | Description  | Data Type | Role              | Core | Code List | Described Value Domain | Implements | Value List |
|-------------------|----------|-------------------------------------|--|-----------|-------------------|------|-----------|------------------------|------------|------------|
| <a href="#">1</a> | STUDYID  | Study Identifier                    | Unique identifier for a study.   | Char      | Identifier        | Req  |           |                        | STUDYID    |            |
| <a href="#">2</a> | DOMAIN   | Domain Abbreviation                 | Two-character abbreviation for the domain.   | Char      | Identifier        | Req  |           |                        | DOMAIN     | "TA"       |
| <a href="#">3</a> | ARMCD    | Planned Arm Code                    | ARMCD is limited to 20 characters and does not have special character restrictions. The maximum length of ARMCD is longer than that for other "short" variables to accommodate the kind of values that are likely to be needed for crossover trials. For example, if ARMCD values for a 7-period crossover were constructed using 2-character abbreviations for each treatment and separating hyphens, the length of ARMCD values would be 20. | Char      | Topic             | Req  |           |                        | ARMCD      |            |
| <a href="#">4</a> | ARM      | Description of Planned Arm          | Name given to an arm or treatment group.   | Char      | Synonym Qualifier | Req  |           |                        | ARM        |            |
| <a href="#">5</a> | TAETORD  | Planned Order of Element within Arm | Number that gives the order of the element within the arm.   | Num       | Timing            | Req  |           |                        | TAETORD    |            |
| <a href="#">6</a> | ETCD     | Element Code                        | ETCD (the companion to ELEMENT) is limited to 8 characters and does not have special character restrictions. These values should be short for ease of use in programming, but it is not expected that ETCD will need to serve as a variable name.  | Char      | Record Qualifier  | Req  |           |                        | ETCD       |            |
| <a href="#">7</a> | ELEMENT  | Description of Element              | The name of the element. The same element may occur more than once within an arm.  | Char      | Synonym Qualifier | Perm |           |                        | ELEMENT    |            |
| <a href="#">8</a> | TABRANCH | Branch                              | Condition subject met, at a "branch" in the trial design at the end of this element, to be included in this arm (e.g., "Randomization to DRUG X").   | Char      | Rule              | Exp  |           |                        | TABRANCH   |            |
| <a href="#">9</a> | TATRANS  | Transition Rule                     | If the trial design allows a subject to transition to an element other than the next element in sequence, then the conditions for transitioning to those other elements, and the alternative element sequences, are specified in this rule (e.g., "Responders go to washout").   | Char      | Rule              | Exp  |           |                        | TATRANS    |            |

Export

- Comma-Separated Values (CSV)
- Microsoft Excel (XLSX)
- Diff Report in Microsoft Excel (XLSX)

# CDISC TMF Exchange Mechanism Standard (EMS)



Standard developed specifically for TMF interoperability and artifact exchange



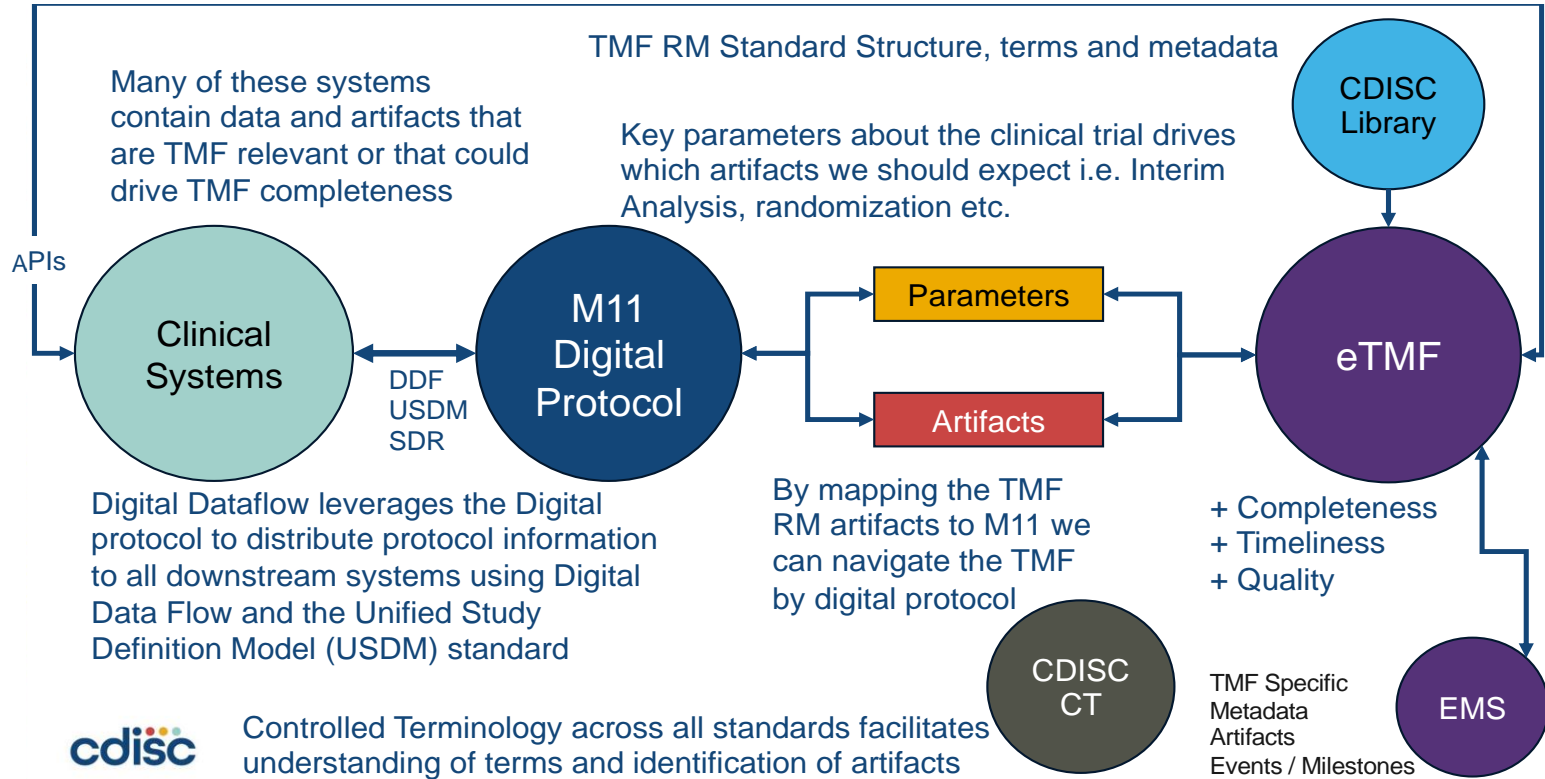
Is composed on a standard set of metadata and a mechanism for cross referencing files and and providing an inventory of what needs to be exchanged between two systems or organizations



Initial focus was on the transfer of files, but could also be used to transfer data points and study event information

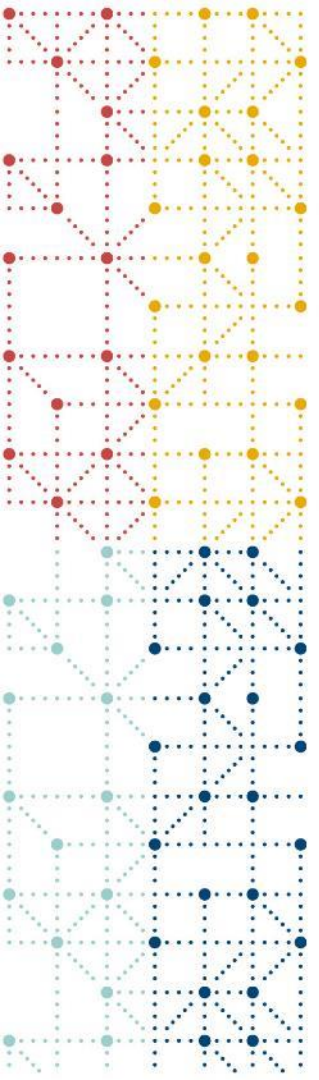


# The Data Driven Approach



Controlled Terminology across all standards facilitates understanding of terms and identification of artifacts





# Benefits of a Data Driven Approach

Implications and opportunities for the TMF community

# Opportunities

## Configuration

- Use the digital protocol to configure expected trial level elements such as countries, sites, events, milestones, and document lists in eTMF.

## Synchronization

- Automatic exchange of records data between systems using standard formats (e.g. RIM to eTMF).
- Exchange of event data and EDL automation.

## Completeness

- Remove the fundamental challenge of distributed filing, using synchronization.
- Create a comprehensive overview of trial status in eTMF.

# Opportunities

## Navigation and telling the story

- Completeness  $\neq$  a clear story
- Digital protocol as TMF TOC?
- ChatGPT for TMF – “asking your TMF questions”

## Contribute to trial health

- Sending TMF insights to other systems
- e.g. in risk mgmt. applications help create clusters of information for the assessment of trial events and drive proactive signal detection in risk based quality mgmt. (RBQM).

## TMF as oversight tool

- Holistic TMF could be a true oversight tool for clinical teams and sponsor quality functions throughout the trial, not just in inspection.
- TMF as a window into what is happening, as it happens



# Potential Benefits

Our industry is transitioning to a data driven paradigm

- Less reliance on document rendition of computerized activities
- Process transformation (cf. paper to eCRF change in data mgmt.)
- Vendor and sponsor agnostic data standards

The TMF is an extraordinary but under-utilized resource of rich information about trial conduct.

- The record repository model limits the TMF to the role of inspection support
- An information management model could facilitate a move to a true trial oversight tool and information hub



## Next Steps

Ongoing work and call to contribute

# What's Next

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Two TMF community papers will be released:

**Available soon:** A white paper outlining the current and future state of the data driven approach to clinical trial management and its implications for business processes and the TMF community.

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**In Q3:** a technical specification detailing the potential application of USDM to the reference model and how to align the exchange mechanism standard.

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# Thank You!

Special thanks to Aaron Grant, VP Solutions Consulting, Phlexglobal

