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**Discover the Remarkable End-to-End Strategy behind  
Merck KGaA new Standard Library**

Presented by Catherine Laugel, PhD, Senior Data Standards Expert,  
DMMI, Merck KGaA



# Meet the Speaker

Catherine Laugel

**Title:** Senior Data Standards Expert

**Organization:** Merck KGaA

- At Merck: Reference for data collection Standards, involved in study set-up and co-leading a trans functional Governance group for the review and approval of Merck KGaA Standard Library.
- 13+ years' experience in end-to-end data management of clinical trials, including database design, data collection and quality control, in both CRO and pharma companies.
- Education : PhD in Organic Chemistry in Fundamental Research from Strasbourg (France) and 2 years post-doctoral position in Berlin (Germany).
- Hobbies : If time permits between work and my 2 kids, spending remaining energy in training for triathlon !





# 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.*



## Agenda

1. Overview of Merck Standard Team's new strategy to create CRF
2. Example of impact assessment on a Form
3. Detailed steps in our new process
4. Conclusion : advantages of this new process of creation of CRFs



# Overview of Merck Standard Team's new strategy to create CRF

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## Previously



Data Collection Expert designed CRF without any SDTM annotation.

SDTM Expert was involved at a later stage and many issues were discovered during SDTM mapping step, critical during submissions.

End-to-End strategy



# Overview of Merck Standard Team's new strategy to create CRF

## Previously

Data Collection Expert designed CRF without any SDTM annotation.

SDTM Expert was involved at a later stage and many issues were discovered during SDTM mapping step, critical during submissions.



## Now !

Data Collection Expert and SDTM Expert are responsible & accountable for data & SDTM collection, **build in the same time**, leading simultaneously to annotated CRF & defined structures.

End-to-End strategy





# Our Aim



Previously

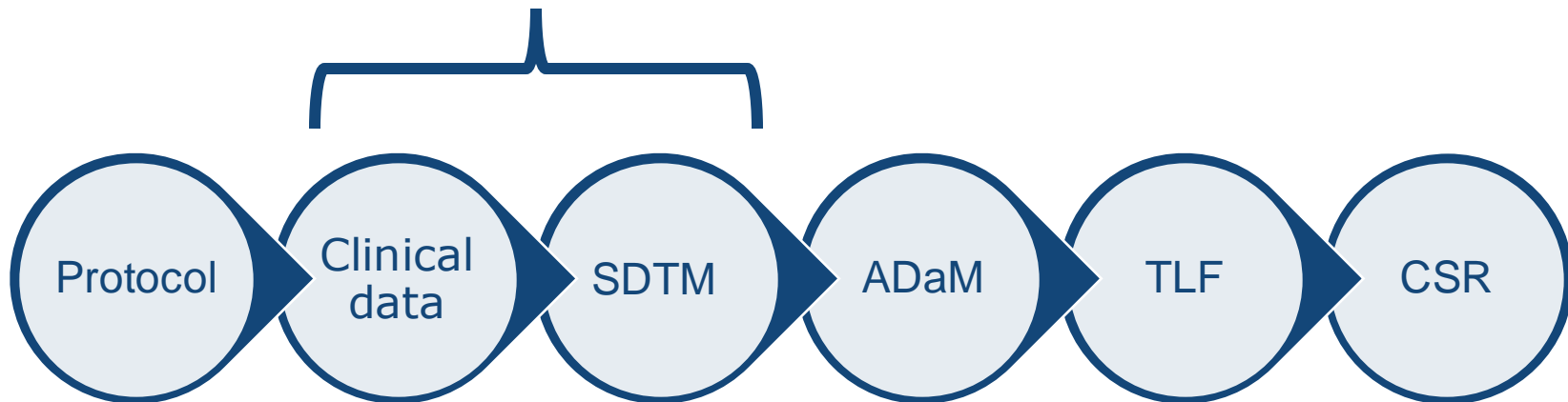


OUR AIM



# Our Vision : End to End Process, connecting the elements together

*Collection and SDTM linking*



# What we want to achieve with our new strategy of data collection?

Have an end to end strategy from protocol to downstream

Use CDASH for the data collection and SDTM if not available in CDASH

Standardization at Merck but also with other organizations

Reduce time to create data submission

Increase quality score (data fitness)

A better enhanced design to help the site in data entry to avoid data error

Speed up the study build (in the future)

Potential reduction of the efforts in programming, data cleaning and reconciliation

**Cost & time saving**

## WHAT ?



Reduce the time to DB lock eventually

# How we operate to make an improvement ?

Look at the Form in detail to see what can be improved

Impact assessment based on ongoing studies

Look at the industry practice

Consider the medical requirement

Consider the sites side (more guidance, help with data entry, less data collection, less burden on site)

Consider the Sponsor side (reconciliation, programming, cleaning)

## HOW ?



Check the downstream impact for the analysis

Use CDASH for the data collection or SDTM if not available in CDASH

QC checks on CDASH/SDTM – work on QC automation

Leveraging in the near future the metadata repository for the forms build

Present the proposal to the study team

Post study implementation upgrade to standards post CCSG approval



## Example of impact assessment on a Form

# Forms Updated - Split & Merged lesions details removed

6.6 Short axis for nodal lesion (Diameter (mm))	<input type="radio"/> [!_TLSHORTC0] <input type="radio"/> [!_TLSHORT1] mm <sup>3</sup> <input type="radio"/> Too small to measure (5 mm to be used for calculation) <input type="radio"/> Not Evaluable
6.7 PET Result (PET Result)	<input type="radio"/> [!_TLPETR] <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Applicable
6.8 Has the lesion split or merged? (Has the lesion split or merged?)	<input type="radio"/> [!_TLSM] <input type="radio"/> No <input type="radio"/> [!_TLSM_GC] <input type="radio"/> [!_TLSMCO] Yes, specify: <input type="radio"/> Split <input type="radio"/> Merge <input type="radio"/> [!_TLNUM_GC] Lesion numbers: [!_TLNUM1] [!_TLNUM2] [!_TLNUM3] [!_TLNUM4] [!_TLNUM5]

## How to make an improvement?

- **Impact analysis** - split reporting represents only **0.029%** of the total number of lesions
- **Look at industry standard** - Not collected in industry standards good practices (e.g. EORTC, other Sponsors...). **EORTC guidance doesn't describe that merged/split lesions need to be followed up** separately with more details, details not present in EORTC CRF.
- **No impact in analysis**
- **Dynamism can be used**
  - ✓ More convenient for sites (resolving major issues that were flagged by KAIZEN initiative)
  - ✓ Faster cleaning
  - ✓ Remove reconciliation effort between Imaging and Tumor Assessments

- Split detailed information (Lesion numbers) removed from CRF
- Instructions (eCCGs) to be provided to sites for the reporting of the sum of split lesions in the initial lesion

	Tumor/Lesion ID	Anatomical Location	Side	Location Detail	Subcategory	Procedure Identifier	Lesion Assessment Date	Method	Not Done	Reason	Result	Lesion split or merged
1	TL01	Spinal Cord	Right	SIDE DETAIL 1	Node/Nodal Mass	001_PET SCAN_7 AUG 2023	7 AUG 2023	PET SCAN	<input type="checkbox"/>	-	2 mm	No
2	TL02	Anus	Right	SIDE DETAIL 2	Node/Nodal Mass	002_CT SCAN WITHOUT CONTRAST_7 AUG 2023	7 AUG 2023	CT SCAN WITHOUT CONTRAST	<input type="checkbox"/>	-		
3	TL03	Axilla	Left	SIDE DETAIL 3	Metastasis	003_X-RAY_8 AUG 2023	8 AUG 2023	X-RAY	<input type="checkbox"/>	-		
4	TL04	Thyroid Gland	Left	SIDE DETAIL 4	Metastasis	004_PHOTOGRAPHY_9 AUG 2023	9 AUG 2023	PHOTOGRAPHY	<input type="checkbox"/>	-		
5	TL05	Bone	Not Applicable	SIDE DETAIL 5	Node/Nodal Mass	001_PET SCAN_7 AUG 2023	7 AUG 2023	PET SCAN	<input type="checkbox"/>	-	6 mm	

1 New row(s) Add 5 Row(s) 10 per add max 12 Column(s)

Sum of Diameter 20 mm

- Split
- Merge
- Not Applicable

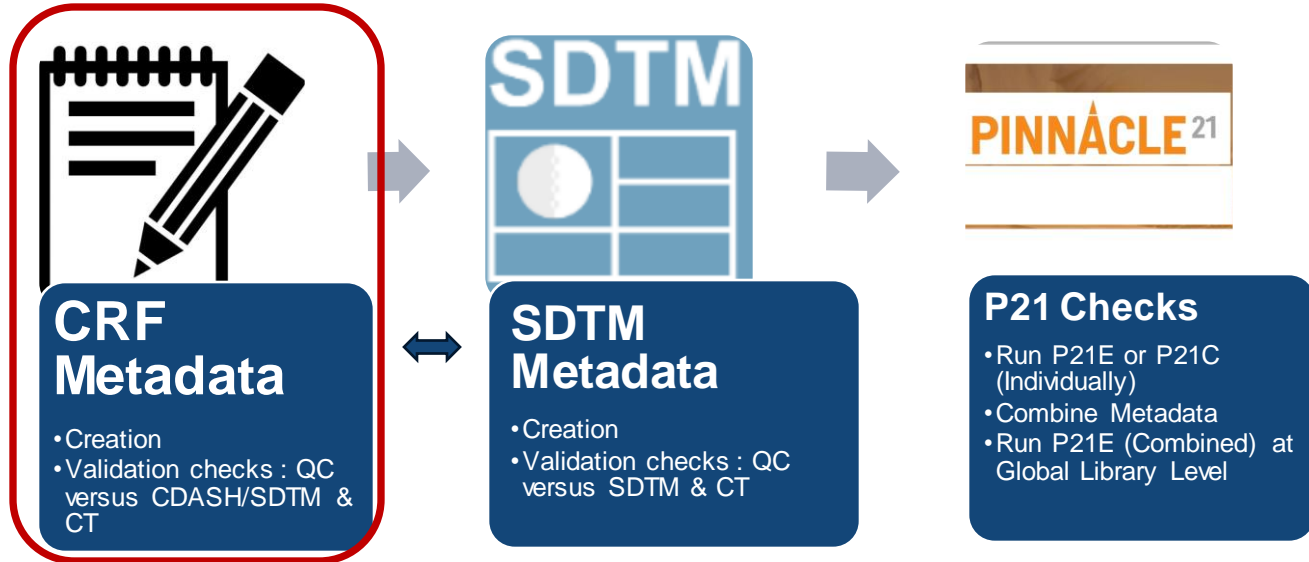


## Detailed steps in our new process



# Detailed steps in our new process

For today's presentation



# Detailed steps in our new process – CRF Metadata

## ❑ Creation of CRF Metadata

### ✓ Form Level Naming Convention

<FormOID> (CRF data) will be: <DOMAIN NAME> <G or M or S> <2-digits serial number>

Form Title = <FormOID>\_<Form Name>



## CRF Metadata

- Creation
- validation checks :  
QC versus  
CDASH/SDTM & CT

DOMAIN NAME = SDTM domain

'G' stands for Global. 'M' stands for Modification to Standards. 'S' stands for Study-Specific.

- Standard Forms without modifications will have the letter 'G'.
- Standard Forms with modifications will have the letter 'M'. However, if a standard Form gets modified after Go live, the letter 'G' remains the same, as FormOID are not modified post Go Live.
- New study-specific Forms will have the letter 'S'.

The 2-digits serial number indicates the # of unique forms within the same domain.

Example: **DMG01\_Demographics**.

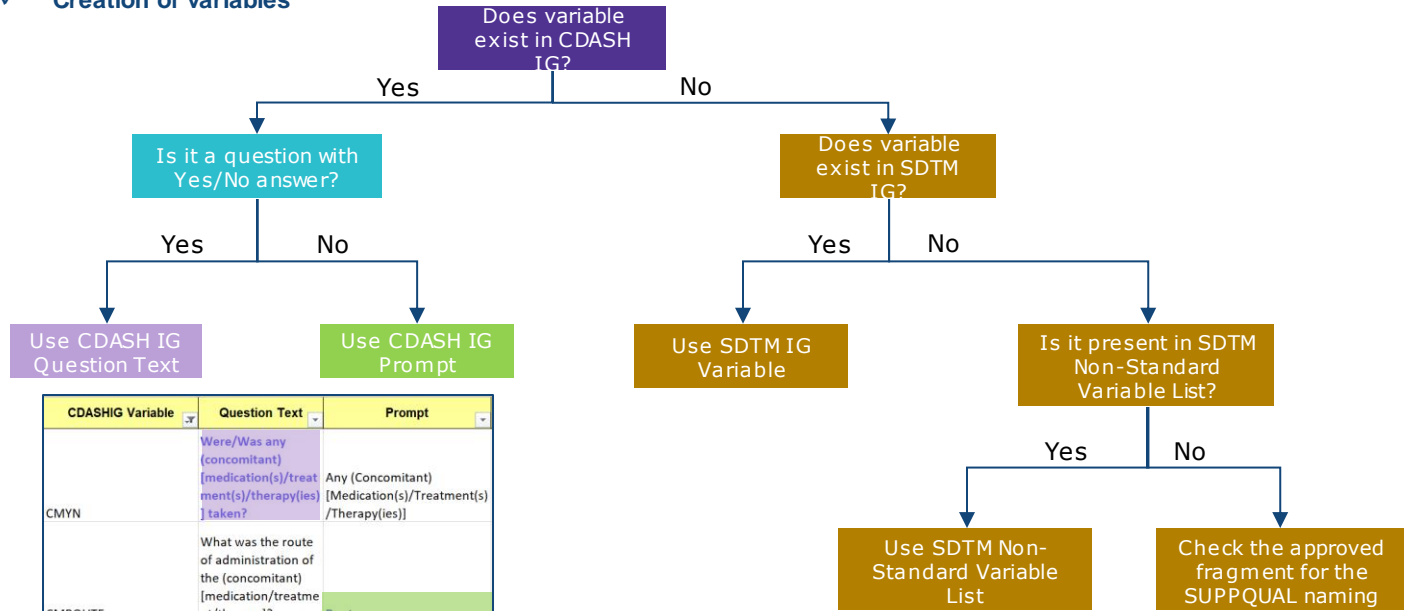
# Detailed steps in our new process - CRF Metadata

- ❑ Creation of CRF Metadata
- ✓ Creation of variables



## CRF Metadata

- Creation
- Validation checks : QC versus CDASH/SDTM & CT



CDASHIG Variable	Question Text	Prompt
CMYN	Were/Was any (concomitant) [medication(s)/treatment(s)/therapy(ies)] taken?	Any (Concomitant) [Medication(s)/Treatment(s)/Therapy(ies)]
CMROUTE	What was the route of administration of the (concomitant) [medication/treatment/therapy]?	Route

**Advantages of following CDASH/SDTM**  
Harmonization - Generic Labels that can be used in any trial

# Detailed steps in our new process – CRF Metadata

- ❑ Creation of CRF Metadata
- ✓ Creation of variables – Lab parameters (denormalized structure)

• Refer to SDTM Paired View File:

[https://www.cdisc.org/system/files/members/standard/terminology/SDTM\\_paired\\_view\\_2024\\_03\\_29.xlsx](https://www.cdisc.org/system/files/members/standard/terminology/SDTM_paired_view_2024_03_29.xlsx)

CDISC **LBTESTCD** will be used to create FieldOID, and CDISC **LBTEST** will be used for its corresponding PreText.



## CRF Metadata

- Creation
- Validation checks :  
QC versus CDASH/SDTM & CT

A	B	C	D	E	F	G	
Code	Coded Value Codelist Code	Coded Value Codelist Name	Coded Value for CDISC Submission	Decoded Value Codelist Code	Decoded Value Codelist Name	Decoded Value for CDISC Submission	
C64431	C65047	Laboratory Test Code	LBTESTCD	C67154	Laboratory Test Name	Albumin	
C147293	C65047	Laboratory Test Code	ALB	C67154	Laboratory Test Name	Albumin Clearance	
C74761	C65047	Laboratory Test Code	ALBCREAT	C67154	Laboratory Test Name	Albumin/Creatinine	
C150814	C65047	Laboratory Test Code	ALBEXR	C67154	Laboratory Test Name	Albumin Excretion Rate	
C158228	C65047	Laboratory Test Code	ALBGALB	C67154	Laboratory Test Name	Glycated Albumin/Albumin	
C74894	C65047	Laboratory Test Code	ALBLOB	C67154	Laboratory Test Name	Albumin/Globulin	
			<b>FieldOID (ALS)</b>				<b>PreText (ALS)</b>

FormOID	FieldOID	Field OID to be updated with LBTESTCD from CDISC	Ordinal	DraftFieldNumber	DraftFieldName	DraftFieldActive	VariableOID	PreText	PreText to be updated with LBTEST from CDISC
LBG01	ALB_LBORRES	ALB	6		ALB_LBORRES	TRUE	ALB_LBORRES	Albumin	Albumin
LBG01	ALT_LBORRES	ALT	7		ALT_LBORRES	TRUE	ALT_LBORRES	Alanine Aminotransferase (ALT)	Alanine Aminotransferase

# Detailed steps in our new process – CRF Metadata

- ❑ Creation of CRF Metadata
- ✓ Naming conventions for codelists

- If codelist is present in CDISC

The expectation is that the name of the codelists should include the **c-code** of the codelist in order to be able to link it back to CDISC.

CL\_<Code>\_<CDISC Submission Value>

Example: CL\_C66767\_ACN

Code	Codelist Code	Codelist Extensibility (Yes/No)	Codelist Name	CDISC Submission Value	CDISC Synonym(s)
C66767		No	Action Taken with Study Treatment	ACN	Action Taken with Study Treatment

- CL\_<Code>\_<CDISC Submission Value>\_Subset (if needed)

Example: CL\_C74457\_RACE\_WHITE

- If codelist (CL) is not present in CDISC and thus is sponsor defined (SP)

CL\_SP\_<Name of the codelist>

## Advantages of this naming convention

- Easy to track that CDISC terminology is used
- Automatic check via programming that codelist is per CDISC terminology: gain of time



## CRF Metadata

- Creation
- Validation checks : QC versus CDASH/SDTM & CT

# Detailed steps in our new process – CRF Metadata

## QC of CRF Metadata

Each variable and codelist from ALS are QCed versus CDASH, SDTM and CT thanks to programmed QC checks. Outputs of metadata validation checks are reviewed and metadata are updated accordingly, if applicable.



### CRF Metadata

- Creation
- Validation checks : QC versus CDASH/SDTM & CT

Check ID	Dataset	Message	Review Comment
QUES01	AE	Collection variable "AEREL_PT" in Form "AEG01" does not exist in CDASH or SDTM metadata for the domain. Review and correct as needed or document the deviation.	This is okay, as requested
QUES01	AE	Collection variable "AEREL_IMRT" in Form "AEG01" does not exist in CDASH or SDTM metadata for the domain. Review and correct as needed or document the deviation.	This is okay, as requested
QUES01	AE	Collection variable "AEACN_PT" in Form "AEG01" does not exist in CDASH or SDTM metadata for the domain. Review and correct as needed or document the deviation.	This is okay, as requested

### QC validation checks

ALS Form Name	SDTM Domain	ALS Variable Order	ALS Variable	ALS Pre Text	ALS SASLabel	SDTM Label	ALS Codelis	CDASH Question Text	CDASH Prompt	CDASH Codelis	ALS CDASH Status	Status of CDASH Question Text Vs ALS Pre Text	Status of CDASH Prompt Vs ALS Pre Text	Status of CDASH Variable Label Vs ALS SASLabel	Status of SDTM Variable Label Vs ALS SASLabel PreText	Status of CDASH Codelist Vs ALS Codelis
AEG01	AE	10	AEACN	Action Taken with Study Treatment	Action Taken with Study Treatment	Action Taken with Study Treatment	C06767	What action was taken with study treatment?	Action Taken with Study Treatment	C06767	FIELDROID Present	No Match	Match	Match	Match	Match

### CDASH compare



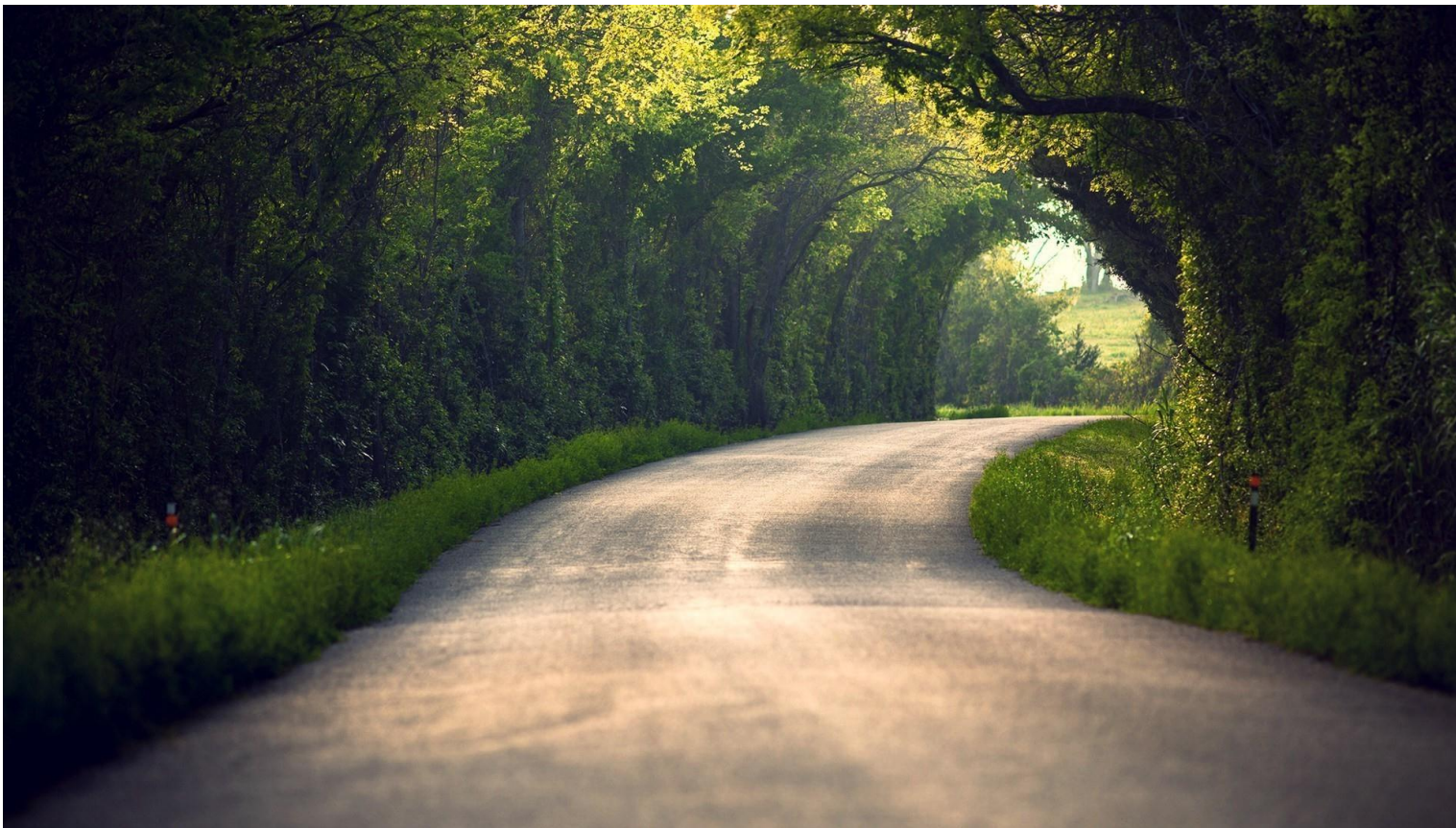


**Conclusion : Advantages of this new process  
of creation of CRFs**

# Conclusion : Advantages of this new process of creation of CRFs

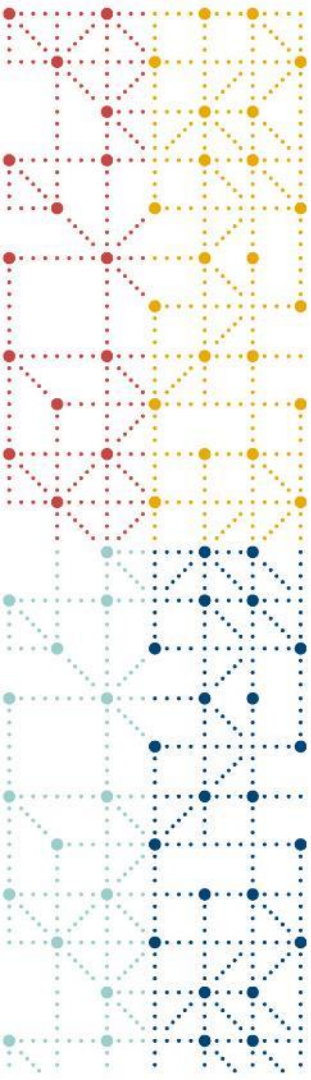


# Take Home Message





**Any question?**



**Thank You!**







**Back-up slides**



# Detailed steps in our new process – CRF Metadata

- ❑ Creation of CRF Metadata
- ✓ Creation of variables at study level
- Strategy is to share same variables within different Forms to mimic SDTM
  - If variables with same format (text) or same codelist, and same PreText : same FieldOID will be used.
- If not possible, the below guidance is applied
  - 2 variables PRTRT with different format (free text & codelist) or PreText, or same format with different codelists : use different FieldOIDs PRTRT and PRTRT\_X



## CRF Metadata

- Creation
- Validation checks : QC versus CDASH/SDTM & CT

FormOID	FieldOID	DataFormat	DataDictionaryName	ControlType	PreText
PRG03	PRTRT_IMG	\$40	CL_C85492_METHOD_IMAG	RadioButton (Vertical)	Method
PRS02	PRTRT_ENDO	\$20	CL_C85492_METHOD	RadioButton (Vertical)	Procedure Name
PRS03	PRTRT_FEED	\$20	CL_SP_ROUTE_FEED	DropDownList	Procedure Name
PRG02	PRTRT	\$200		LongText	Procedure Name
PRG05	PRTRT_RT	\$40	CL_SP_PRCAT	DropDownList	Procedure Name
PRG07	PRTRT	\$200		LongText	Procedure Name

# Detailed steps in our new process – CRF Metadata

## ❑ Creation of CRF Metadata

### ✓ Creation of variables

#### • Miscellaneous

- Use of –DAT (CDASH) and –TIM (CDASH) instead of DTC (SDTM)
- Ensure Format\$200 if free text (ie : AE, CM, PR Forms)

### ✓ Normalized structure vs denormalized structure



## CRF Metadata

- Creation
- Validation checks : QC versus CDASH/SDTM & CT

Use of normalized structure (Log)

Use SDTM XXTEST and XXORRES in table reporting (i.e.: PEG01 Form)

Log	PETEST	PEORRES
Log 1	Gynecological Examination	Normal/Abnormal
Log 2	Dental	Normal/Abnormal
Log 3	Ears, Nose, Throat	Normal/Abnormal

Use a denormalized structure (non-Log)

Use directly the value of SDTM XXTESTCD as FieldOID (i.e.: VSG01 Form)

SYSBP	120
SYSBPU	mmHg
DIABP	80
DIABPU	mmHg

# Detailed steps in our new process – SDTM Metadata

## ❑ Creation of SDTM Metadata

CRF is annotated with SDTM and then SDTM Metadata file is created based on CRF Metadata. A file with data examples is also prepared.



### SDTM Metadata

- Creation
- Validation checks : QC versus SDTM & CT

Order	Dataset	Name	Label	Type	Length	Digits	Format	Core	Codelist	Decoded Variable	VLM	Origin	Method	Comment
1	IE	STUDYID	Study Identifier	text	200			Required				Protocol		Identifier
2	IE	DOMAIN	Domain Abbreviation	text	2			Required	CL_C66734_DOMAIN			Assigned		Identifier
3	IE	USUBJID	Unique Subject Identifier	text	200			Expected				Derived	USUBJID	Identifier
4	IE	IESEQ	Sequence Number	float				Required				Derived	SEQ	Identifier
5	IE	IETESTCD	Inclusion/Exclusion Criterion Short Name	text	8			Required			IETEST	CRF		Topic
6	IE	IETEST	Inclusion/Exclusion Criterion	text	200			Required				Assigned		Synonym Qualifier
7	IE	IECAT	Inclusion/Exclusion Category	text	200			Required	CL_C66797_IECAT			CRF		Grouping Qualifier
8	IE	IEORRES	I/E Criterion Original Result	text	2			Required	CL_C66742_NY			Assigned		Result Qualifier
9	IE	IESTRESC	I/E Criterion Result in Std Format	text	2			Required	CL_C66742_NY		Y	Assigned		Result Qualifier
10	IE	VISITNUM	Visit Number	float				Permissible		VISIT		Assigned		Timing
11	IE	VISIT	Visit Name	text	200			Permissible				Assigned		Timing
12	IE	VISITDY	Planned Study Day of Visit	integer				Permissible				Protocol		Timing
13	IE	EPOCH	Epoch	text	200			Permissible	CL_C99079_EPOCH			Derived	EPOCH	Timing

## ❑ QC of SDTM Metadata

Each SDTM Metadata file is then QCed versus SDTM and CT thanks to programmed QC checks, similarly as for the previous check on CRF Metadata. What is present in Raw CRF Metadata needs to be present in SDTM Metadata : to facilitate mapping and annotation.

Outputs of metadata validation checks are reviewed and metadata are updated accordingly, if applicable.