

#### **RWD** Lineage Initiative

A traceability standard to trust SDTM generated from RWD for regulatory decision-making



#### **Meet the Speakers**

Tasha Nagamine

Title: CTO

#### **Organization:** Droice Labs

Tasha is an entrepreneur and seasoned technologist with 10+ years of experience in AI, research, and tech strategy. She brings deep expertise in RWD to build data-driven products that have processed over 100 million patient lives. Tasha received her BS in physics from Brown University and left a PhD in AI/deep learning at Columbia University to start Droice.

#### Anita Umesh, Ph.D.

Title: Biomedical Data Standards Specialist

Organization: Roche/Genentech

Anita is a member of Roche/Genentech's Data Standards and Governance Group. Originally trained as a molecular biologist/biochemist with research experience in cardiovascular science and clinical informatics experience in oncology, she contributes to the Data Tabulation efforts to develop modeling strategies of complex oncology and molecular data into SDTM. She has volunteered on a number of CDISC groups since 2016.



#### **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. Introducing the RWD Lineage Initiative
- 2. Real-World Data & Data Reliability
- 3. Lineage & Traceability for Reliable RWE
- 4. CDISC Initiative: RWD Lineage

## Introducing the RWD Lineage Initiative

CDISC standard for lineage to provide the reliability required by FDA to use RWE as primary evidence



#### **Introducing RWD Lineage**



#### **Project Goal**

Create a CDISC data exchange standard for lineage metadata that is supplied along with RWD-derived SDTM, which provides the data reliability required by FDA to use RWE as primary evidence.



#### **Real-World Data & Data Reliability**

Real-world data (RWD) presents both FDA & sponsors with unique challenges in data quality & reliability



#### **Reliability in RWD: Challenges**





# **Reliability in RWD: Challenges**



# FDA: SDTM is the Standard for RWD/RWE



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

Guidance for Industry

December 2023



# FDA: SDTM is the Standard for RWD/RWE



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

Guidance for Industry

December 2023 "Currently, and absent a waiver, sponsors submitting clinical and nonclinical study data (including those derived from RWD sources) in submissions subject to section 745A(a) of the FD&C Act are <u>required to use the formats</u> <u>described in the Study Data Guidance and</u> <u>the supported study data standards listed in</u> <u>the Catalog</u>."



# FDA: No Lowered Quality Standards for RWD/RWE



Real-World Data: Assessing Electronic Health Records and Medical Claims Data to Support Regulatory Decision-Making for Drug and Biological Products Guidance for Industry

July 2024



# **FDA: No Lowered Quality Standards for RWD/RWE**



"For all study designs, it is important to ensure the <u>reliability</u>... of the data used to help support a regulatory decision. For the purposes of this guidance, the term <u>reliability includes accuracy</u>, completeness, and traceability."

**SDTM** 

		MH			
 USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
 001	1	HISTORY OF MYOCARDIAL	Y	Y	
 001	2	TYPE 2 DIABETES	Y	N	
 001	3	HYPERTENSION	Y	Y	
 •••				•••	
 002	15	HYPERTENSION	Y	Υ	
 			•••	•••	
 003	27	HYPERTENSION	Y	N	
 			•••		



**SDTM** 

		MH			
 USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
 001	1	HISTORY OF MYOCARDIAL	Y	Y	
 001	2	TYPE 2 DIABETES	Υ	N	
 001	3	HYPERTENSION	Y	Y	
 002	15	HYPERTENSION	Y	Y	
 			•••	•••	
 003	27	HYPERTENSION	Υ	N	
 •••	•••				



"FDA must have access to records and may inspect and copy all records pertaining to a clinical investigation in accordance with 21 CFR 312.62, 312.68, 812.140, and 812.145. All relevant information in the EHR pertaining to the clinical investigation must be made available to FDA for review upon request (21 CFR 312.62(b), 312.68, 812.140(a), and 812.145).20 This information should be made available and viewable to FDA as original records in the EHR or as certified copies."



**SDTM** 

			MH			
	USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
•••	001	1	HISTORY OF MYOCARDIAL	Y	Y	
	001	2	TYPE 2 DIABETES	Y	N	
	001	3	HYPERTENSION	Y	Υ	
	002	15	HYPERTENSION	Υ	Y	
	003	27	HYPERTENSION	Υ	N	
				•••	•••	



"Sponsors must ensure that they are able to submit patient-level data for any RWD that have been analyzed as part of the clinical study included in a marketing application when required under 21 CFR 314.50 and 601.2... If certain RWD are owned and controlled by other entities, sponsors should have agreements in place with those entities to ensure that relevant **patient-level data can be provided to FDA and that source data<sup>15</sup> necessary to verify the RWD are made available for inspection as applicable**."

<sup>15</sup>For the purposes of this guidance, source data include all information in original records and certified copies of original records of clinical findings, observations, or other activities in a clinical investigation used for reconstructing and evaluating the investigation.



dr<u>ua</u>

**SDTM** 

		МН			
 USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
 001	1	HISTORY OF MYOCARDIAL	Y	Y	
 001	2	TYPE 2 DIABETES	Y	N	
 001	3	HYPERTENSION	Y	Y	
 002	15	HYPERTENSION	Y	Υ	
 			•••	•••	
 003	27	HYPERTENSION	Υ	N	
 •••					



Real-World Data: Assessing Electronic Health Records and Medical Claims Data to Support Regulatory Decision-Making for Drug and Biological Products Guidance for Industry

- July 2024

"...sponsors should evaluate the completeness, accuracy, and plausibility of the data, including <u>verifying data against its</u> <u>original source</u> (e.g., discharge notes, pathology reports, registry records)..."

"...subject matter experts' **review of medical records** (including structured and unstructured data) may be a preferred reference standard for validation of clinical events identified by diagnosis codes or automated algorithms..."



#### **SDTM**

		MH			
 USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
 001	1	HISTORY OF MYOCARDIAL	Y	Y	
 001	2	TYPE 2 DIABETES	Υ	N	
 001	3	HYPERTENSION	Y	Υ	
 	•••				
 002	15	HYPERTENSION	Υ	Υ	
 	•••				
 003	27	HYPERTENSION	Y	N	

		Medical History Category MHCAT Hidden/pre-populated	RISK FACTORS
		Medical History Subcategory MHSCAT Hidden/pre-populated	HISTORY OF CARE
		Hypertension HYPERTENSION_MHTERM MHTERM Hidden/pre-populated	HYPERTEN
aCRF	Indicate if the subject has ever been diagnosed with hypertension	Has the subject ever had hypertension? HYPERTENSION_MHOCCUR MHOCCUR Where MHTERM = "HYPERTENSION"	● Yes ○ No
			<from codelist="" ny=""></from>
	Record the start date of the medical event or condition.	What was the medical condition or event start date? HYPERTENSION_MHSTDAT MHSTDTC	02/04/2023
	Indicate if the condition is ongoing at the time the history is collected.	Is the event ongoing at the time of collection of this history? HYPERTENSION_MHONGO MHENRTPT where MHENTPT = Date of Collection	● Yes ○ No
cdisc			<from codelist?<="" ny="" td=""></from>

**SDTM** 

			MH			
	USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
•••	001	1	HISTORY OF MYOCARDIAL	Y	Y	
	001	2	TYPE 2 DIABETES	Υ	N	
	001	3	HYPERTENSION	Υ	Υ	
	002	15	HYPERTENSION	Υ	Y	
					•••	
	003	27	HYPERTENSION	Υ	N	

- Mapping specs (with or without rationale as comments)
- Define.xml (e.g., value-level metadata, explanation of oddities within the SDTM dataset, whether variables and variable values were derived vs. assigned in protocol vs. collected)
- Identifiers within SDTM dataset and variables such as --XFN that can be used to point back to source data within the EDC or image
- cSDRG providing a description of where source data ended up in SDTM
- Programs/code (not submitted to HAs for SDTM)

# Individual data points are not directly traceable back to source



Traditional

lineage

**SDTM** 

		MH			
 USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
 001	1	HISTORY OF MYOCARDIAL	Y	Y	
 001	2	TYPE 2 DIABETES	Y	N	
 001	3	HYPERTENSION	Y	Y	
 002	15	HYPERTENSION	Y	Y	
 				•••	
 003	27	HYPERTENSION	Y	N	

Traditional	
lineage	

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	SPECS						
Source	Source	Target	Target	Description			
table	column	domain	field				
PT_DX	ICD10	MH	MHTERM	Map value to MHTERM			
VITALS	VITAL,	MH	MHTERM	MHTERM = "HYPERTENSION" and MHOCCUR = "Y" if VITAL =			
	VALUE			BP and VALUE (systolic) > 120 or VALUE (diastolic) > 100			

MAPPINGS			
VALUE	MHTERM		
110	HYPERTENSION		
111.0	HYPERTENSION		

# Individual data points are not directly traceable back to source



N > 10,000 (EHR)

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Individual data points are not directly traceable back to source

#### Lineage & Traceability for Reliable RWE

Lineage that enables traceability of individual data points from SDTM to source RWD can enable reliability for RWD

**SDTM** 

		MH			
 USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
 001	1	HISTORY OF MYOCARDIAL	Y	Y	
 001	2	TYPE 2 DIABETES	Υ	N	
 001	3	HYPERTENSION	Y	Y	
 •••			•••	•••	
 002	15	HYPERTENSION	Υ	Y	
 003	27	HYPERTENSION	Υ	N	
 			•••		



#### **SDTM**

MIH NIH								
 USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR				
 001	1	HISTORY OF MYOCARDIAL	Υ	Y				
		INFARCTION						
 001	2	TYPE 2 DIABETES	Υ	N				
 001	3	HYPERTENSION	Υ	Y				
 002	15	HYPERTENSION	Υ	Υ				
 003	27	HYPERTENSION	Υ	N				

PT_DX						
PT_ID		TERM				
21962	110	Essential				
		hypertension				
21962	N18.3	Chronic kidney				
		disease, stage 3				



Source

**RWD** 

#### **SDTM**

			MH			
	USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR	
	001	1	HISTORY OF MYOCARDIAL	Y	Y	
	001	2	TYPE 2 DIABETES	Y	N	
	001	3	HYPERTENSION	Y	Y	
•••	002	15	HYPERTENSION	Y	Y	
			<b>†</b>	•••	•••	
	003	27	HYPERTENSION	Y	N	
					•••	

#### Source RWD

PT_DX					
PT_ID	ICD10	TERM			
21962	110	Essential			
		hypertension			
21962	N18.3	Chronic kidney			
		disease, stage 3			

VITALS				
Patno	Vital	Value		
19251	BP	150/110		
19251	BMI	28.3		

	NOTES						
PT_ID	TEXT						
19251							
	insulin, CHF, <mark>HTN</mark> , CKD3,						
19251							





No hypertension for USUBJID = 003 in these tables...



**SDTM** 

MH								
 USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR				
 001	1	HISTORY OF MYOC ARDIAL	Y	Y				
 001	2	TYPE 2 DIABETES	Υ	Ν				
 001	3	HYPERTENSION	Y	Υ				
 			•••					
 002	15	HYPERTENSION	Y	Y				
 003	27	HYPERTENSION	Υ	Ν				
 •••								

Source RWD

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... or any other table in source RWD

	MH						
	USUBJID	MHSEQ	MHTERM	MHPRESP	MHOCCUR		
	001	1	HISTORY OF MYOC ARDIAL	Υ	Υ		
			INFARCTION				
	001	2	TYPE 2 DIABETES	Υ	N		
	001	3	HYPERTENSION	Υ	Υ		True positive
•••	002	15	HYPERTENSION	Y	Y		True positive
•••							-
•••	003	27	HYPERTENSION	Υ	Ν		False negative

Interrogate source data to validate the accuracy of individual data points

Atomic lineage provides traceability of individual data points, including <u>coordinates</u> and <u>values</u>, from target SDTM to original source data



**SDTM** 



#### **Reliability in RWD: Challenges**







#### **CDISC Initiative: RWD Lineage**

An initiative to create a data exchange standard for lineage metadata that is supplied along with RWD-derived SDTM, which provides the data reliability required by FDA to use RWE as primary evidence

# Introducing RWD Lineage

#### Motivation

- To generate reliable RWD in SDTM for regulatory use, additional information is needed to audit source data and quantify the information loss and performance of data transformations.
  - Traceability + Quantitative Quality

#### Initial definition:

• RWD Lineage will be a standardized and comprehensive representation of data lineage for each source patient data element that specifies either 1) the location of the element in the output SDTM dataset (Positive Lineage), or 2) that the element was not used in the output analysis dataset (Negative Lineage).

#### Standards development:

- RWD Lineage and quality will be represented in a CDISC standard metadata model.
- collisis model will be a machine-readable data exchange standard



# Introducing RWD Lineage Team

- Team kickoff meeting: July 30, 2024
- 47 team members registered
- Participation from 37 unique organizations
- Six meetings to date
- Meets every other Tuesday on 11am Eastern (next meeting 5th Nov)
- https://wiki.cdisc.org/display/RWDLIN/RWD+Lineage



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# **RWD Lineage Use Cases**

Use cases collected from team members with a focus on submission to regulators for decision-making

- Pragmatic trials
- External control arms (ECA) Prospectively collected RWD (via EDC)
- Validation studies
- Natural history studies

https://wiki.cdisc.org/display/RWDLIN/Use+Cases



# **Project Scope: Initial Requirements**

- Enable Priority 1 dimensions of use cases
- Meet requirements in <u>FDA guidance</u>
- Compatible with current submission standards
- Low barrier for adoption and use by sponsors and regulators
  - e.g., start with current define.xml and expanding define.xml
- Support varied data models to accommodate variety of RWD





#### **Project Scope: Proposed Phases**

- Phase I: Reliability SDTM to source data that has been selected for use
- Phase II: Relevance Fit-for-purpose assessment (selected data back to raw source)
- Phase III: Implementation





#### **Project Timelines**



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#### Read More...

#### • FDA RWD/RWE Guidance for Industry

- <u>Real-World Data: Assessing Electronic Health Records and Medical Claims Data To</u> <u>Support Regulatory Decision-Making for Drug and Biological Products</u>
- <u>Real-World Data: Assessing Registries To Support Regulatory Decision-Making for Drug</u> and Biological Products
- Use of Electronic Health Record Data in Clinical Investigations
- Considerations for the Use of Real-World Data and Real-World Evidence To Support Regulatory Decision-Making for Drug and Biological Products
- Data Standards for Drug and Biological Product Submissions Containing Real-World Data
- PhUSE-US 2024
  - Transforming RWD for Regulatory Submissions: How to Use SDTM for RWD





#### Thank You!







Join us as a volunteer!