



## **Governing the Ungovernable: Can a CRO Effectively Govern Its Standards?**

Presented by Angelo Tinazzi, Senior Director, Statistical Programming, PBS, Cytel Inc.



# Meet the Speaker

Angelo Tinazzi

**Title:** Senior Director, Statistical Programming

**Organization:** Cytel Inc.

30 years of experience across Italy, the UK, and Switzerland.

Angelo leads data standards initiatives at Cytel, advising clients and internal teams on best practices for regulatory submissions to health authorities. He also supports application development and automation initiatives within Cytel's PBS Statistical Programming Group.

Additionally, he authors the Cytel Good Data Submission Doctor blog series.

Angelo is a CDISC ADaM Authorized Instructor and a member of the CDISC European Coordinating Committee, where he leads the Italian-speaking User Network.

# 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.*
- *I have no real or apparent conflicts of interest to report.*
- ***Spoiler: although there's no “magic” in my presentation, and no AI involved in my presentations, I will offer practical insights into the complexities of CRO data standard governance. Sponsors are also welcome to join to see what life looks like from the other side of the barricades!***



## Agenda

1. The “Status Quo” of Data Governance in the Pharma Industry
2. What Truly Matters in CRO Data Governance?
3. The Cytel–PBS Approach to Data Governance
4. Conclusions



# The Pharma Industry Data Governance “Status Quo”

PHUSE White Paper on Best Practice  
Shared Sponsor / CROs Experience(s)

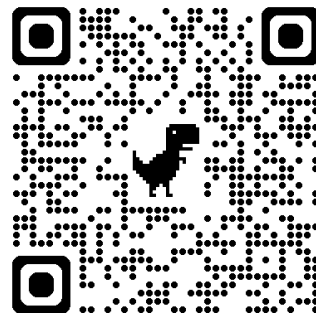
# The Pharma Industry Data Governance “Status Quo”

## What is Clinical Standards Data Governance?

*A standard is a group of related assets such as forms, edit checks, datasets, mappings and terminologies. Using CDISC standards as a guide, **you can design and refine organizational standards according to your company’s internal governance process.** A standards management team is required to create the standards and ensure compliance with regulatory requirements.*

*Standards management teams lead the development and management of standardized content. They work with key stakeholders on data standards governance and support the technical **implementation** of standards and their **ongoing maintenance**.*

Ref: “The Complete Guide to CDISC Standards Management”, Certara White Paper, 2024



# The Pharma Industry Data Governance “Status Quo”

## What is Clinical Standards Data Governance? Key Characteristics

### Organizational Structure

Employee working exclusively on data standards vs employee support standards

Dedicated



Federated



Combination



### Composition

Diverse functional representation, different roles

Stat Prog



Biostat



Specialist



DM



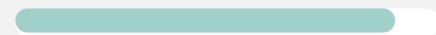
### What is Standardized?

Governed Standards

ADaM



TFLs



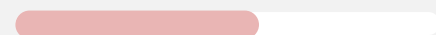
SDTM



CDASH



SAP



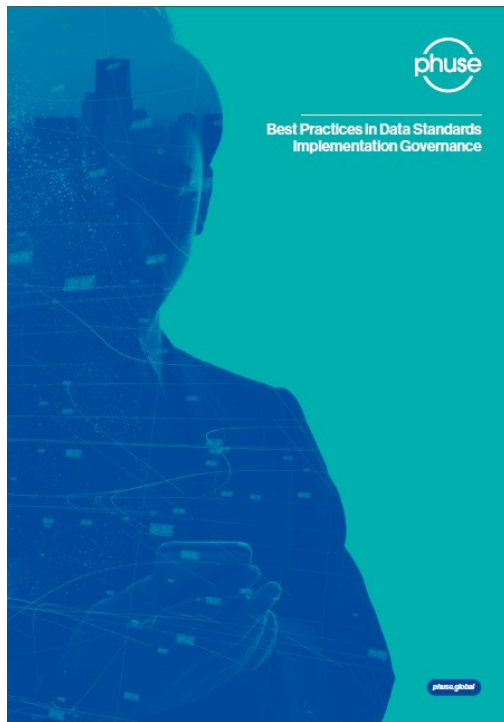
### Key Items to set-up

- Scope
- Process
- Governance Model
- Technology (MDR?)
- “People” Engagement



# The Pharma Industry Data Governance “Status Quo”

## PHUSE White Paper on Best Practice in Data Standards Governance



- How organizations are currently governing data standards? And how they are organized?
- Survey **14Feb2022-15Mar2022**
- Informal Discussion at **PHUSE CSS 2022 / 2023**
- Overview of Survey Results at PHUSE US 2023
- White Paper Published **Oct 2024**
- **48% centralized standards governance**
- **Significant variability in governance models**
- Sponsor **More Governance**
- CRO **More Automation**
- Lack of Resources
- **CRO-specific challenges: sponsor demands vs regulatory compliance**

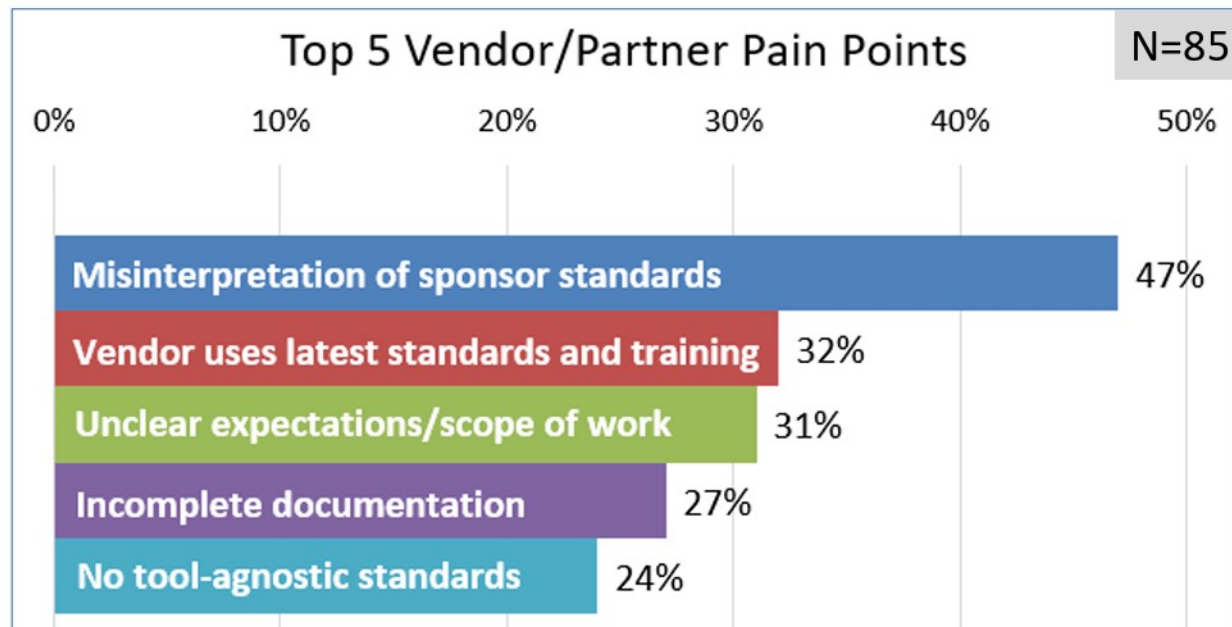


# The Pharma Industry Data Governance “Status Quo”

## PHUSE White Paper on Best Practice in Data Standards Governance



### Main “pain” points

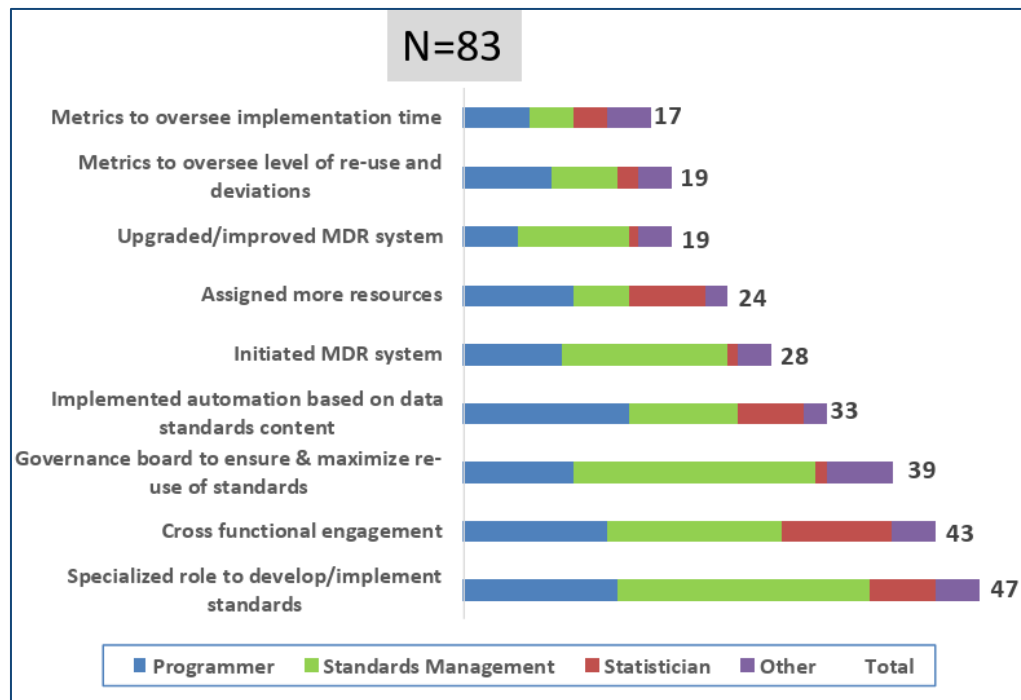


Ref: Data Standards Governance and Implementation Across Industry: Key Challenges and Benefits, G. Mahadevan and M. Baldwin – PHUSE US 2023

# The Pharma Industry Data Governance “Status Quo”

## PHUSE White Paper on Best Practice in Data Standards Governance

### Actions That Improved Development / Implementation Time



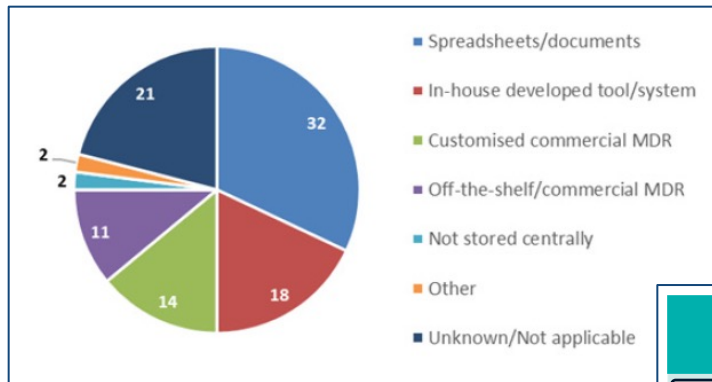
Ref: Data Standards Governance and Implementation Across Industry: Key Challenges and Benefits, G. Mahadevan and M. Baldwin – PHUSE US 2023

# The Pharma Industry Data Governance “Status Quo”

## PHUSE White Paper on Best Practice in Data Standards Governance



### Standards Metadata Libraries/Repositories



Primary Standards Metadata Storage Method	N	
	CRO	Pharma/Biotech
Spreadsheets/documents	12	18
In-house developed tool/system	10	8
Customised commercial MDR	1	13
Off-the-shelf/commercial MDR	2	9
Other	2	0
Not stored centrally	0	2
Unknown/not applicable	16	2

Ref: PHUSE Data Standards White Paper (PHUSE White Paper 2024)

# The Pharma Industry Data Governance “Status Quo”

## Shared Sponsor/CRO Experiences for Improving the Use of and Adherence to Standards

### Sponsor 1 - Reference 6

- Big Pharma
- Dedicated end-to-end SMEs to projects

### Sponsor 2 - Reference 4 / 5

- Growing Biotech
- The importance of setting expectations
- Different CRO mapping approaches

### Sponsor 3 – Reference 4

- Big Pharma
- Centralized Governance “Body”
- Dedicated SMEs

### Global CRO – Reference 8

- Use of MDR
- Governance Process, approval requests, etc.



# What Truly Matters in CRO Data Governance

Current Challenges with Standards and Data Submissions

What Might Be Unique at a CRO Like Cytel?



# What Truly Matters in CRO Data Governance

## Current Challenges with Standards and Data Submissions

- **Continuously Evolving Standards**
- **Interpretation Variability**
- Versions Alignment for Future **Data Integration**
- **Global Harmonization**
  - Ongoing **Regulatory Refinement** e.g., FDA
  - Individual agency/division **Preferences**

# What Truly Matters in CRO Data Governance

## Current Challenges with Standards and Data Submissions

### Ongoing Regulatory Refinement ... and individual agency/division preferences

For clinical studies, submit two separate domains for lab results. The LB domain should contain SI units in LBSTRESU for the SI results in the LBSTRESC and LBSTRESN fields. An additional custom domain called LC structured identically to LB should

For subjects with multiple screenings and no subsequent enrollment, include the primary screening in DM with additional screenings in a custom domain with a structure similar to DM.

Only AEs that begin after xxxxx administration should be reported in AE, otherwise they should be reported in MH

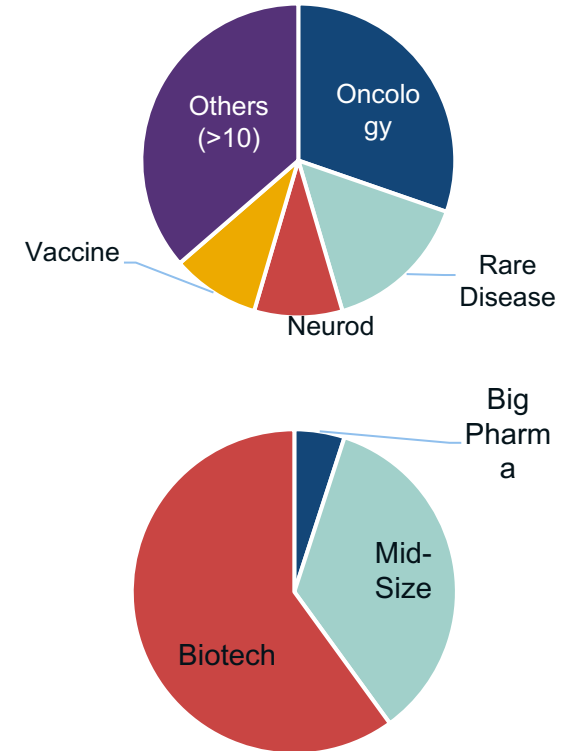




# What Truly Matters in CRO Data Governance

## What Might Be Unique at a CRO Like Cytel? (Service Group Only)

- Sponsor-Specific Standards vs. **Lack of Direction**
- Multiple Standards **Versions**
- **Multiple Therapeutic Areas and Indications**
- Sponsor Size: Big Pharma vs. Mid-Size vs. Biotech
- **Partial** vs Full “Portfolio” Involvement
- Decisions need to be made quickly
- Greater Exposure to Innovative Trial Designs?
- **MDR too cumbersome?**
- **Sponsor Audit-Findings**

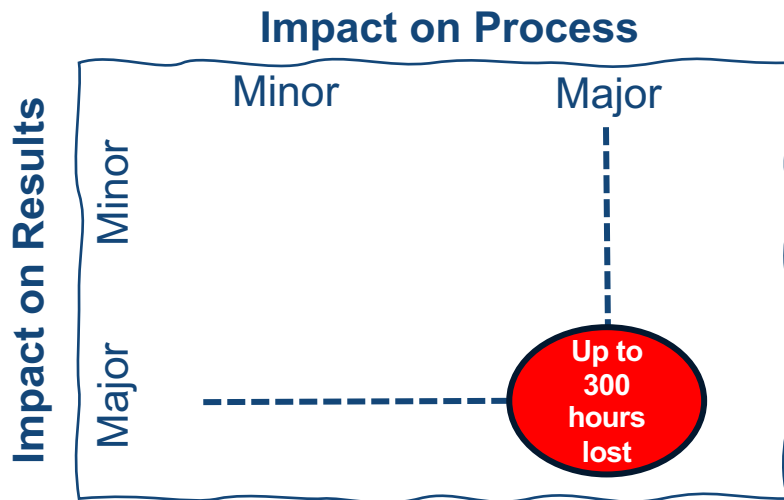


# What Truly Matters in CRO Data Governance

What Might Be Unique at a CRO Like Cytel?



## The “Cost” of a CAPA



- CAPA Handling
- Discussion
- Corrections / re-run
- Change in Process
- Re-training of the team (>100)



# The Cytel–PBS Approach to Data Governance

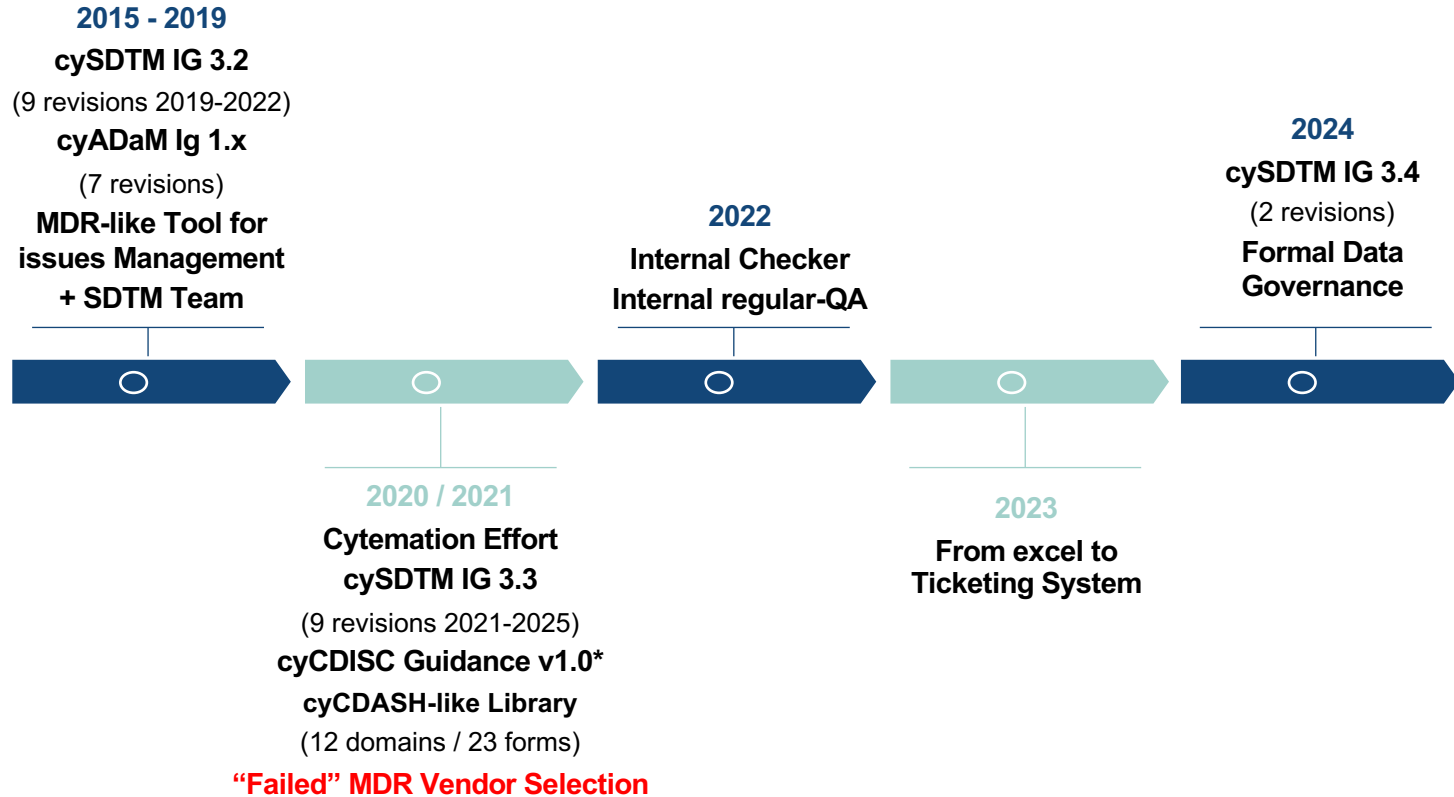
Our Data Governance Journey

Automation / Cytemation Approach

Anything “Magic”?

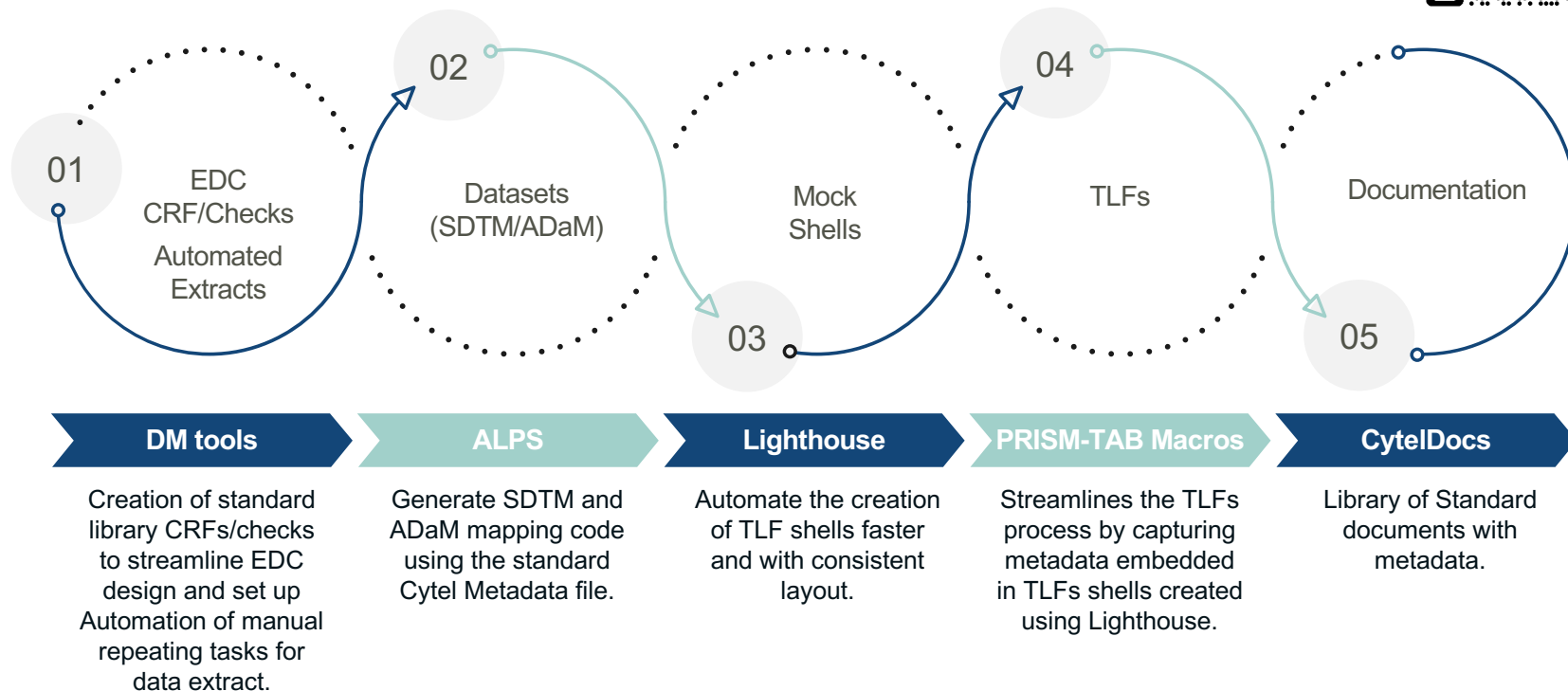
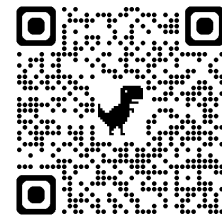
# The Cytel–PBS Approach to Data Governance

## Our Data Governance Journey



# The Cytel-PBS Approach to Data Governance

## Automation / Cytemation Approach



# The Cytel–PBS Approach to Data Governance

## Anything “Magic”? Not really....

Lightweight yet structured governance model (no bureaucracy)

Established simple but stable standards

Flexible alignment with sponsor expectations

Foster a win–win partnership between sponsor and CRO

Cross-functional collaboration, DM, BS and PROG

Increased Number of SMEs

Targeted SMEs support involvement

- **Support at “start”** e.g., SDTM key mapping decision review
- **Support at the “end”** e.g., full SME CDISC package review for critical projects at final dry-run
- Dedicated **HelpDesk**

# The Cytel–PBS Approach to Data Governance

## Anything “Magic”? Not really....

Internal “Tools” for **Gap-analysis**

Checklists prior to final package production

**Regular review** common issues and requests (tool-driven approach)

Provide ongoing **re-training**

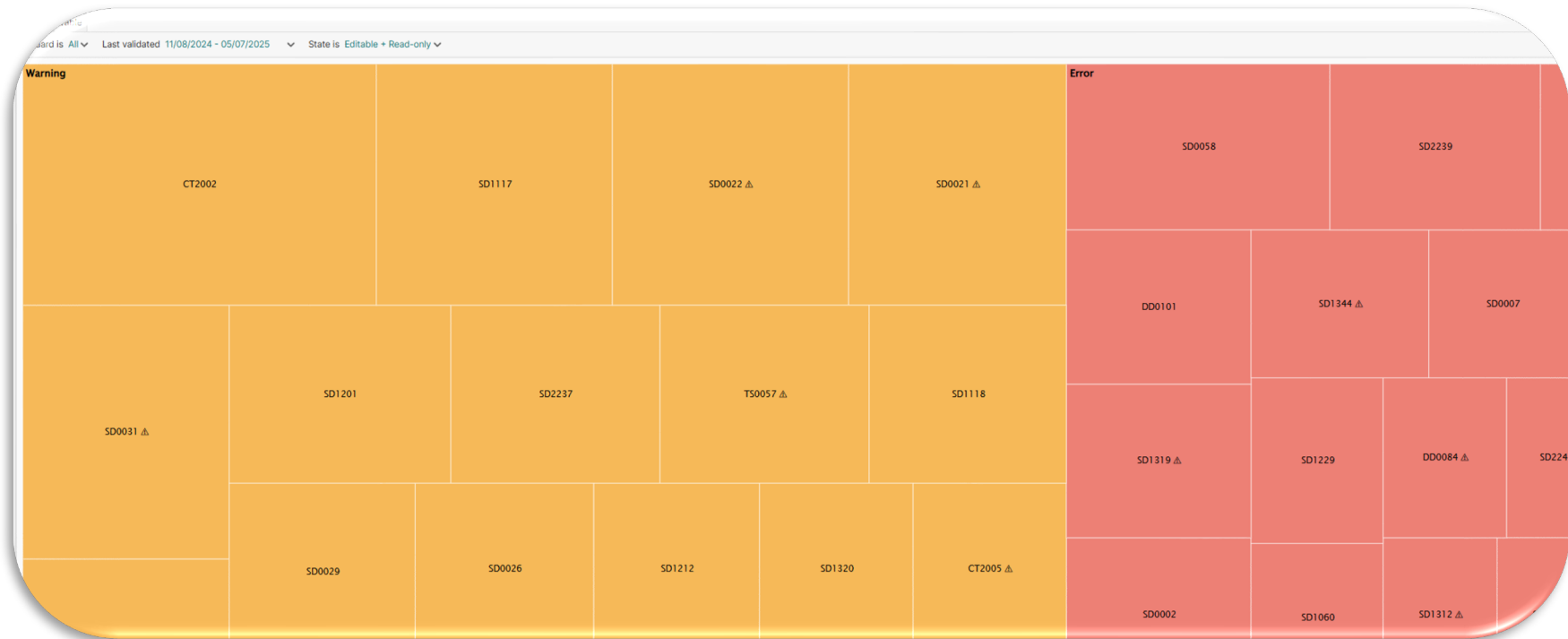
**Enhances Sponsor Understanding** of Standards

**Regular assessment** of the impact of new regulatory guidelines, standards, and requirements



# The Cytel–PBS Approach to Data Governance

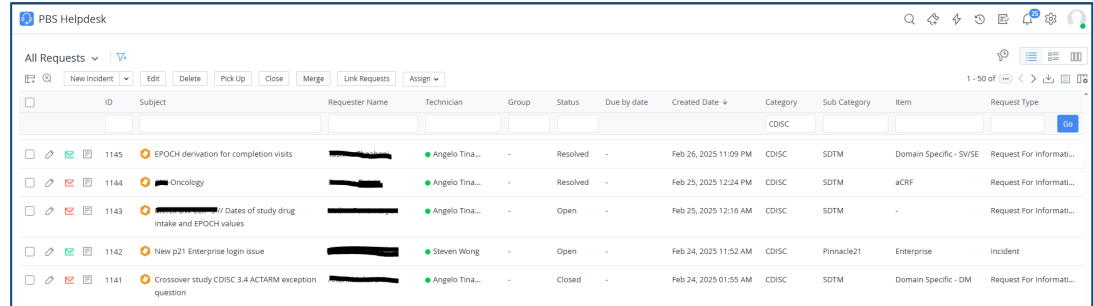
Anything “Magic”? Not exactly... Support Commercial Off-the-Shelves Tools – Insights into Top conformance Issues



# The Cytel-PBS Approach to Data Governance

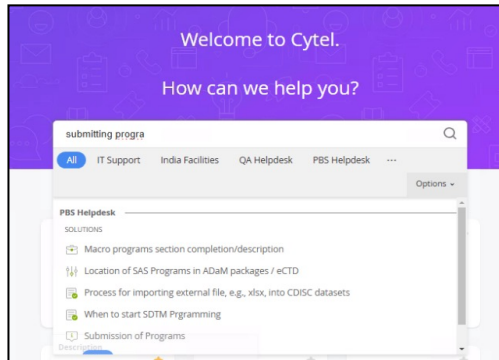
## Anything “Magic”? Not really....Ticketing System (HelpDesk)

**Ticketing system inspired  
by IT support models**

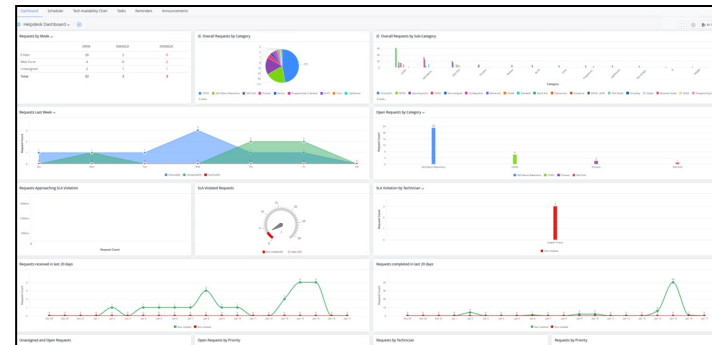


The screenshot shows the PBS Helpdesk interface. At the top, there's a search bar and navigation icons. Below that, a tab for 'All Requests' is selected. A toolbar contains buttons for 'New Incident', 'Edit', 'Delete', 'Pick Up', 'Close', 'Merge', 'Link Requests', and 'Assign'. A table lists requests with columns: ID, Subject, Requester Name, Technician, Group, Status, Due by date, Created Date, Category, Sub Category, Item, and Request Type. The table contains five rows of data, each with a checkbox on the left and a 'Go' button on the right.

ID	Subject	Requester Name	Technician	Group	Status	Due by date	Created Date	Category	Sub Category	Item	Request Type
1145	EPOCH derivation for completion visits	[Redacted]	Angelo Tina...	-	Resolved	-	Feb 26, 2025 11:09 PM	CDISC	SOTM	Domain Specific - SWSE	Request For Informat...
1144	Oncology	[Redacted]	Angelo Tina...	-	Resolved	-	Feb 25, 2025 12:24 PM	CDISC	SOTM	aCRF	Request For Informat...
1143	Dates of study drug intake and EPOCH values	[Redacted]	Angelo Tina...	-	Open	-	Feb 25, 2025 12:16 AM	CDISC	SOTM	-	Request For Informat...
1142	New p21 Enterprise login issue	[Redacted]	Steven Wong	-	Open	-	Feb 24, 2025 11:52 AM	CDISC	Pinnacle21	Enterprise	Incident
1141	Crossover study CDISC 3.4 ACTARM exception question	[Redacted]	Angelo Tina...	-	Closed	-	Feb 24, 2025 01:55 AM	CDISC	SOTM	Domain Specific - DM	Request For Informat...



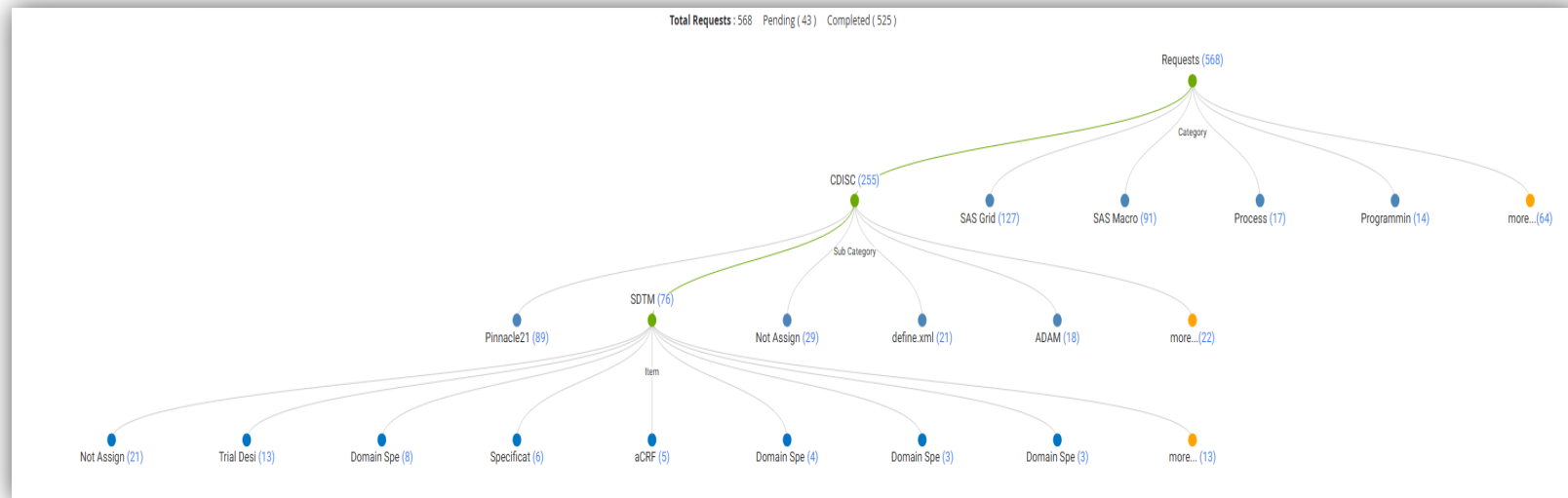
**Centralized knowledge sharing  
and documentation**



**Dashboards for tracking issues and trends**

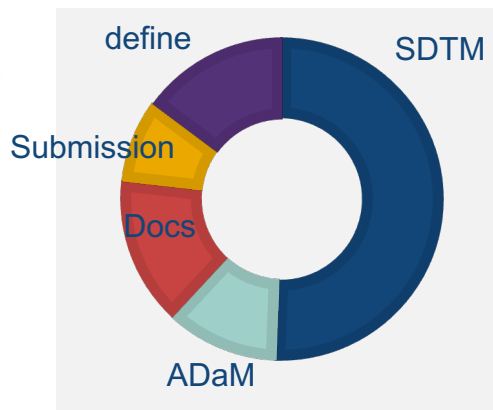
# The Cytel–PBS Approach to Data Governance

## Anything “Magic”? Not really....Ticketing System (HelpDesk)



# The Cytel–PBS Approach to Data Governance

Anything “Magic”? Not really....Ticketing System (HelpDesk)– Regular Insight into Requests



## Focus on SDTM

Top Ranked SDTM Requests

18%	10%	5%	3%	3%
Trial Design	LB	SV/SE	DM	DS

re-screening / multiple participation

Scope of “Laboratory Data” Domains e.g., LB vs IS vs MB

TA/Indications mapping e.g., oncology disease characteristics



# The Cytel–PBS Approach to Data Governance

## Anything “Magic”? Not really....Ticketing System (HelpDesk) – Regular Insight into Requests

Solution

PBS Helpdesk

**SDTM Mapping Specific - Oncology**  
ID : SOL-98 | Last Updated By : Angelo Tinazzi On Nov 29, 2023 06:41 PM  
Topic : CDISC

Some specific mapping for oncology studies

---Cancer Diagnosis---

- Date (MHSSTDTC) and name of cancer (MHTERM) in MH with specific MHCAT e.g., CANCER HISTORY
- Stage of disease such as TNM or any other in RS as this is considered clinical evaluation (see example in Lung TAUG)
- Histology Grading, etc. in MI (see example if Lung TAUG)
- Lesion at baseline in TU/TR (see example in various oncology TAUG such as Breast or Colorectal)
- Check use of MHEVDTP and TM/SM from IG 3.3 (example in Lung TAUG) e.g., MHEVDTP=DIAGNOSIS
- TM and SM can be used from SDTM IG 3.3. See also here example from Lung TAUG

ROW	STUDYID	DOMAIN	USUBJID	ISSEQ	ISREFID	ISTESTCD	ISTEST	ISDCAIGT	ISORRES	ISSTRSC	ISSPEC	ISMETHOD	VISITNUM	VISIT	ISDTC
1	COV-7	IS	COV-7-100	1	13668	SARZGGM	SARS-CoV-2 IgM Antibody	Tissue Transglutaminase	POSITIVE	POSITIVE	SERUM	ELISA	1	BASELINE	2020-02-21
2	COV-7	IS	COV-7-100	2	13668	SARZGGM	SARS-CoV-2 IgG Antibody	Tissue Transglutaminase	NEGATIVE	NEGATIVE	SERUM	ELISA	1	BASELINE	2020-02-21
3	COV-7	IS	COV-7-100	1	23433	SARZGGM	SARS-CoV-2 IgG/IgM Antibody	Tissue Transglutaminase	POSITIVE	POSITIVE	SERUM	ELISA	1	BASELINE	2020-02-22

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ROW	STUDYID	DOMAIN	USUBJID	ISSEQ	ISREFID	ISTESTCD	ISTEST	ISDCAIGT	ISORRES	ISSTRSC	ISSPEC	ISMETHOD	VISITNUM	VISIT	ISDTC
1	COV-7	IS	COV-7-100	1	13668	SARZGGM	SARS-CoV-2 IgM Antibody	Tissue Transglutaminase	POSITIVE	POSITIVE	SERUM	ELISA	1	BASELINE	2020-02-21
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3	COV-7	IS	COV-7-100	1	23433	SARZGGM	SARS-CoV-2 IgG/IgM Antibody	Tissue Transglutaminase	POSITIVE	POSITIVE	SERUM	ELISA	1	BASELINE	2020-02-22

SDTM Mapping Specific - Vaccine / COVID  
ID : SOL-104 | Last Updated By : Angelo Tinazzi On Nov 27, 2023 05:19 PM  
Topic : CDISC / SDTM

Some specific Mapping for Vaccine and COVID related items

---Virus Identification ---- (MB)

MBTESTCD = "SARSCOV2" / MBTEST = "Severe Acute Resp Syndrome Coronavirus 2". Second row is to further identify the variant following the initial detection

ROW	STUDYID	DOMAIN	USUBJID	ISSEQ	ISREFID	ISTESTCD	ISTEST	ISDCAIGT	ISORRES	ISSTRSC	ISSPEC	ISMETHOD	VISITNUM	VISIT	ISDTC
1	COV-7	MB	COV-7-100	1	79101	1	SARSCOV2	Severe Acute Resp Syndrome Coronavirus 2	DETECTION	POSITIVE	POSITIVE	PHOTOPACHAEMAL FLUORESCENCE	1	SCREENING	2020-04-21/18
2	COV-7	MB	COV-7-100	2	79101	1	SARSCOV2	Severe Acute Resp Syndrome Coronavirus 2	IDENTIFICATION	SARSCOV2 DELTA N 4173	SARSCOV2 DELTA N 4173	QUANTITATIVE REAL-TIME TRANSCRIPTASE POLYMERASE CHAIN REACTION	1	SCREENING	2020-04-21/18

SDTM Mapping Specific - Vaccine / COVID  
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2	COV-7	IS	COV-7-100	2	13668	SARZGGM	SARS-CoV-2 IgG Antibody	Tissue Transglutaminase	NEGATIVE	NEGATIVE	SERUM	ELISA	1	BASELINE	2020-02-21
3	COV-7	IS	COV-7-100	1	23433	SARZGGM	SARS-CoV-2 IgG/IgM Antibody	Tissue Transglutaminase	POSITIVE	POSITIVE	SERUM	ELISA	1	BASELINE	2020-02-22

SDTM Mapping Specific - Vaccine / COVID  
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---Antibody Testing---- (IS)

ISTESTCD / ISTEST see here examples

ROW	STUDYID	DOMAIN	USUBJID	ISSEQ	ISREFID	ISTESTCD	ISTEST	ISDCAIGT	ISORRES	ISSTRSC	ISSPEC	ISMETHOD	VISITNUM	VISIT	ISDTC
1	COV-7	IS	COV-7-100	1	13668	SARZGGM	SARS-CoV-2 IgM Antibody	Tissue Transglutaminase	POSITIVE	POSITIVE	SERUM	ELISA	1	BASELINE	2020-02-21
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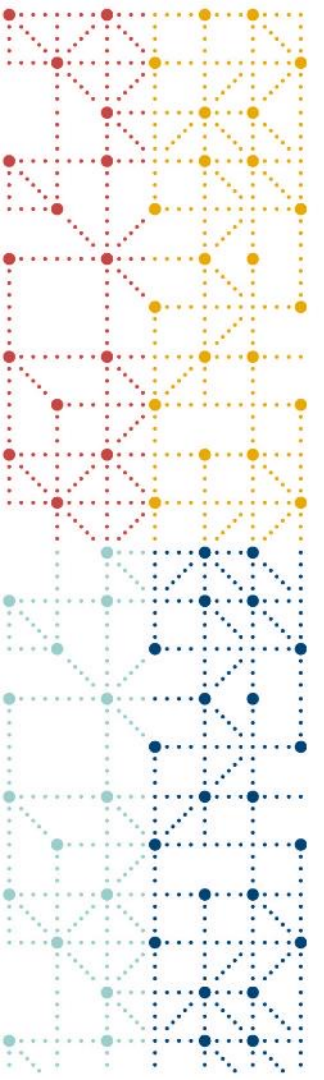
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Topic : CDISC / SDTM

Some specific Mapping for Vaccine and COVID related items

Also check CDISC COVID and Vaccine TAUG as well as CBER guidance

2025 Europe CDISC+TMF Interchange | #ClearDataClearImpact

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## Conclusions

# Conclusions

Anything Special in the end?

Flexibility

SME+SME+SME ...  
“Develop” SME

Learn (and Share)  
from requests .... and  
mistakes

Track Requests  
(Ticketing System)  
and Share Solutions

AI Soon to come....



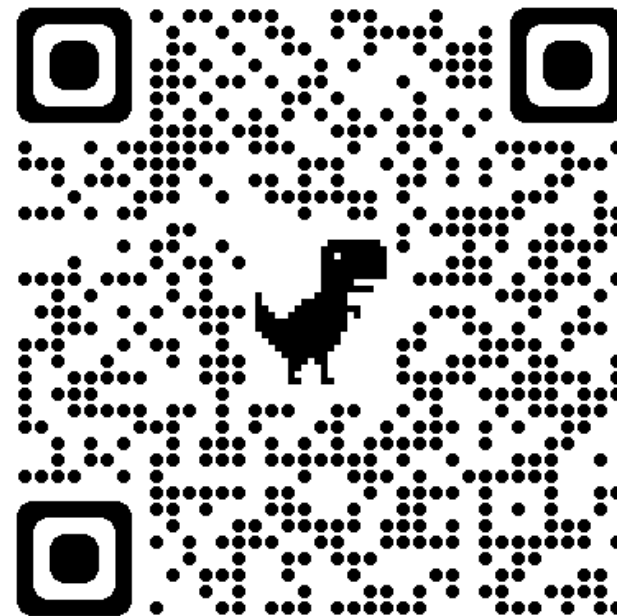
# Thank You!

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# References

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# Abstract

A recent **PHUSE White Paper**, reporting the outcome of an Industry survey, highlighted **significant variability in data governance structures among sponsors and CROs**, as well as challenges in governing the implementation of standards. These and other challenges are particularly pronounced in CROs, where governance must **balance regulatory compliance with sponsor and study-specific requirements, and preferences**.

At Cytel, we implemented a light yet effective governance structure supported by **cross-functional teams**. A **ticketing system**, inspired by IT support frameworks, enables efficient issue resolution, continuous improvement, and knowledge sharing. Subject Matter Experts provide specialized support, while dashboards track ticket trends, identifying recurring issues and misconceptions. **This enables proactive updates to processes, internal guidance, templates, and standards**.

This presentation will offer practical insights into the **complexities of CRO data governance**, showcasing how a structured yet flexible approach—backed by efficient tools and collaboration—streamlines operations, enhances quality, and ensures compliance with industry standards.