



2026 CDISC China Interchange

CDISC 360i Phase 2: Lessons Learned and Road Ahead

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1. The Burning Platform
2. CDISC Mission and 360i Goals
3. 360i Phase 1 Achievements & Findings
4. 360i Phase 2 Scope & Approach



The Burning Platform

The industry struggles to absorb the wave of AI, data, and regulatory change on the people, technology, and process infrastructure it has today.

Three forces are converging — and within this convergence lies a transformative opportunity to rewire how we develop therapies.



“Clinical development is no longer constrained by science— but by our ability to connect data, people, and processes.”

Industry Evolution

Converging Force:

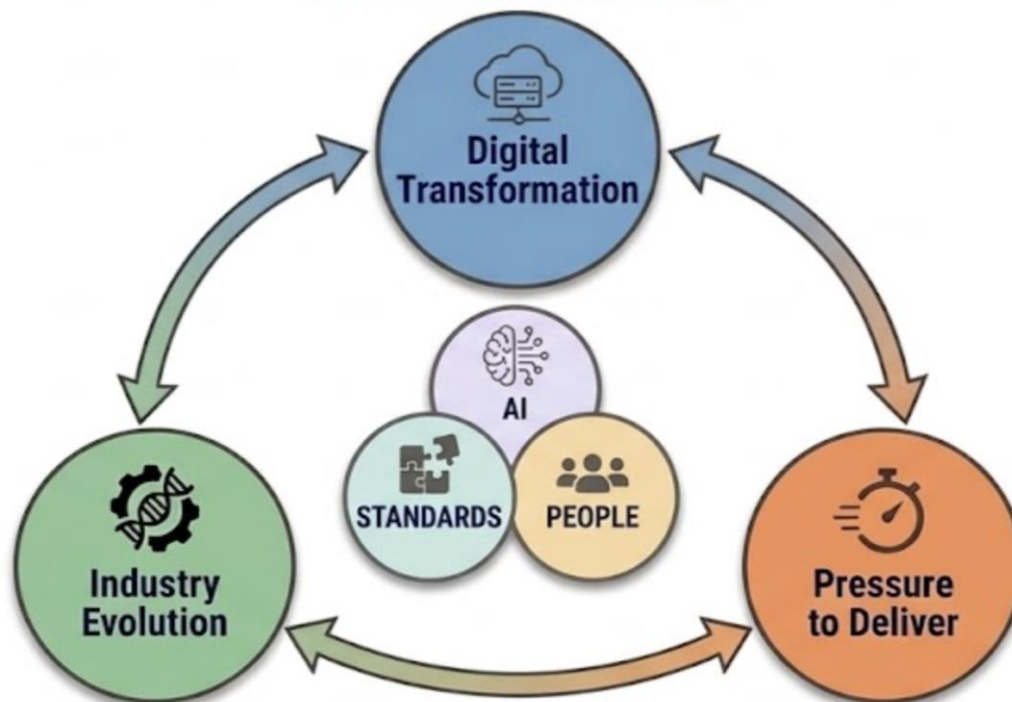
R&D has become a competitive race. Portfolio decisions are strategic differentiators.

Opportunity (Standards):

Standards and interconnected information provide the competitive infrastructure to make faster, better-informed decisions.

The Clinical Transformation Trifecta

THE CONVERGING FORCES



Digital Transformation

Converging Force:

Two decades of digitizing paper without transforming the data flow. AI is maturing faster than the infrastructure can support.

Opportunity (AI):

Development of a connected infrastructure enabled by a fundamental shift in people and processes will set the foundation to utilize AI to its potential

Pressure to Deliver

Converging Force:

Significant growth in data volume and complexity per study without an increase in resources limits the ability to scale and rapidly deliver results

Opportunity (People):

Those who standardize and create well-structured connected information will realize significant and exponential returns. Every connected trial makes the next one faster, cheaper, and higher quality.

Standards: The Foundation of Trustworthy AI

If we have AI we don't need standards, right?

Yes, you absolutely need data standards—even (or especially) when using AI. AI **does not replace** the need for data standards—it **relies** on them. Think of AI as the engine, and data standards as the quality fuel it needs to run safely, smoothly, and at scale.

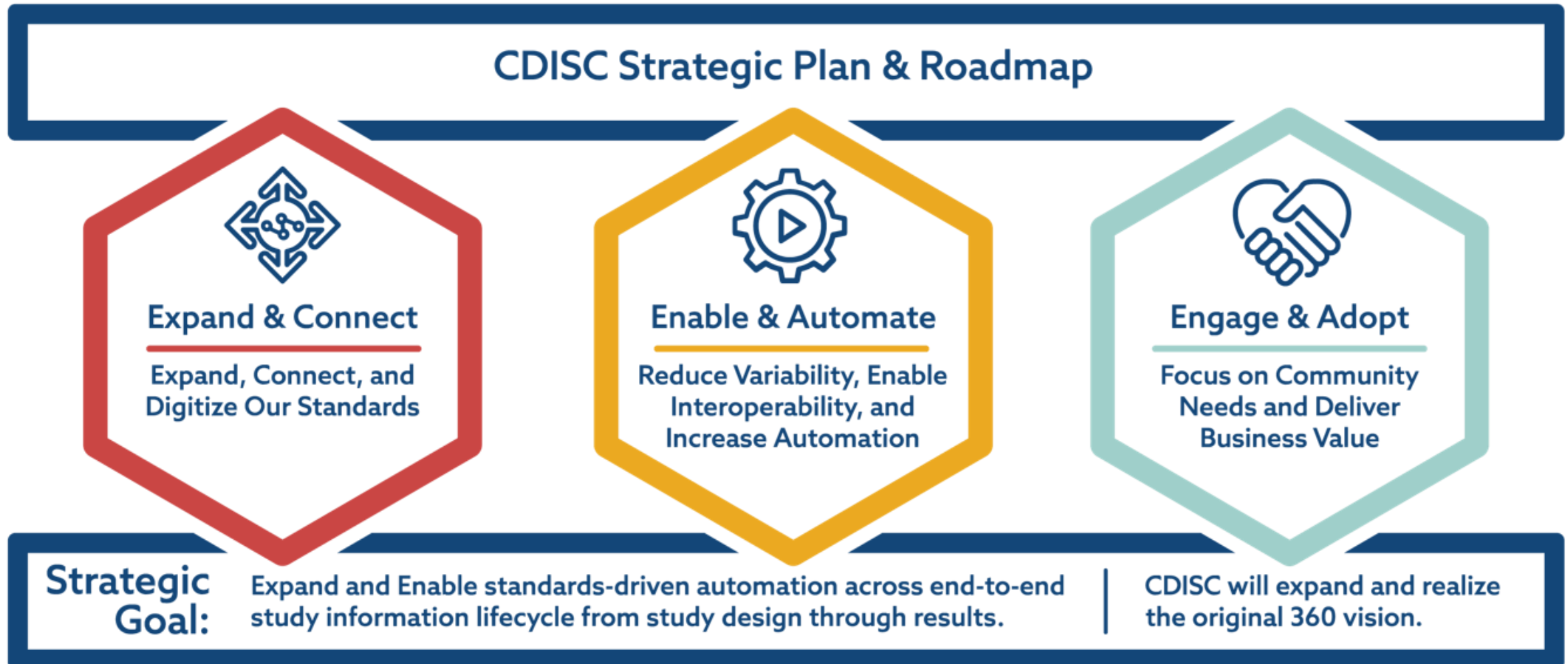
What type of data standards do we need to support AI?

In short, enabling AI **requires a layered and evolving set of data standards** ranging from general frameworks to technical, **semantic**, ethical, and domain-specific norms, all ensuring AI's data is high-quality, trustworthy, interoperable, and aligned with regulations.

Good data leads to good AI, while bad data leads to bad AI

Realizing CDISC's Mission

*CDISC's **vision** is to amplify data's impact to advance research by...
creating connected standards across the study information lifecycle to enable accessible,
interoperable, and reusable data for more meaningful and effective research*



Five Year Vision: CDISC 2030

By end of 2030, all CDISC standards are digital, linked, and easily consumable by users and systems.

- Digital, connected standards create the trusted foundation required for scalable automation and responsible AI.
- Digital standards empower experts across the clinical research ecosystem, reducing manual burden, increasing transparency, and enabling better, faster decisions for patients



Digital

Structured, machine-readable standards that reduce manual effort



Linked

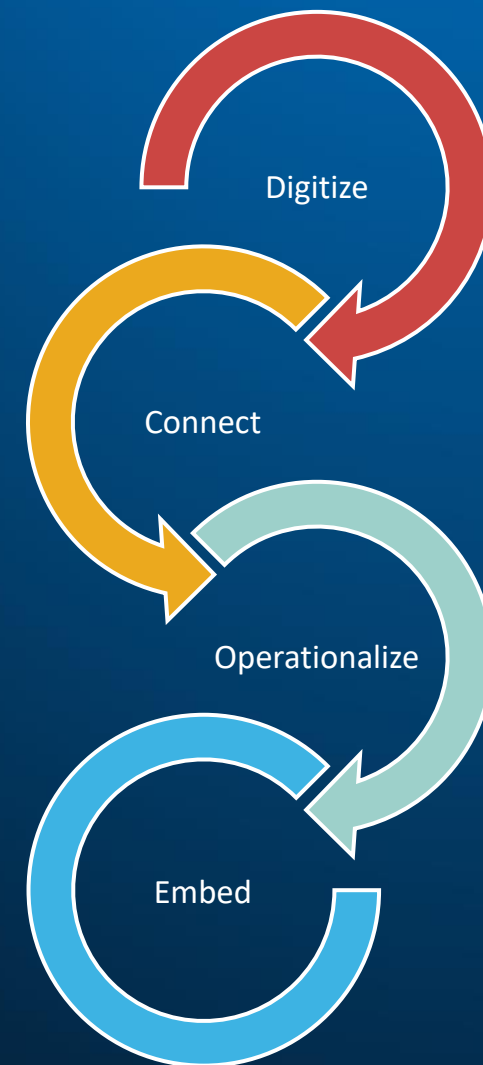
Unified semantic backbone that provides clarity and context



Accessible

Embedded in workflows to support informed, confident decisions

Path to 2030





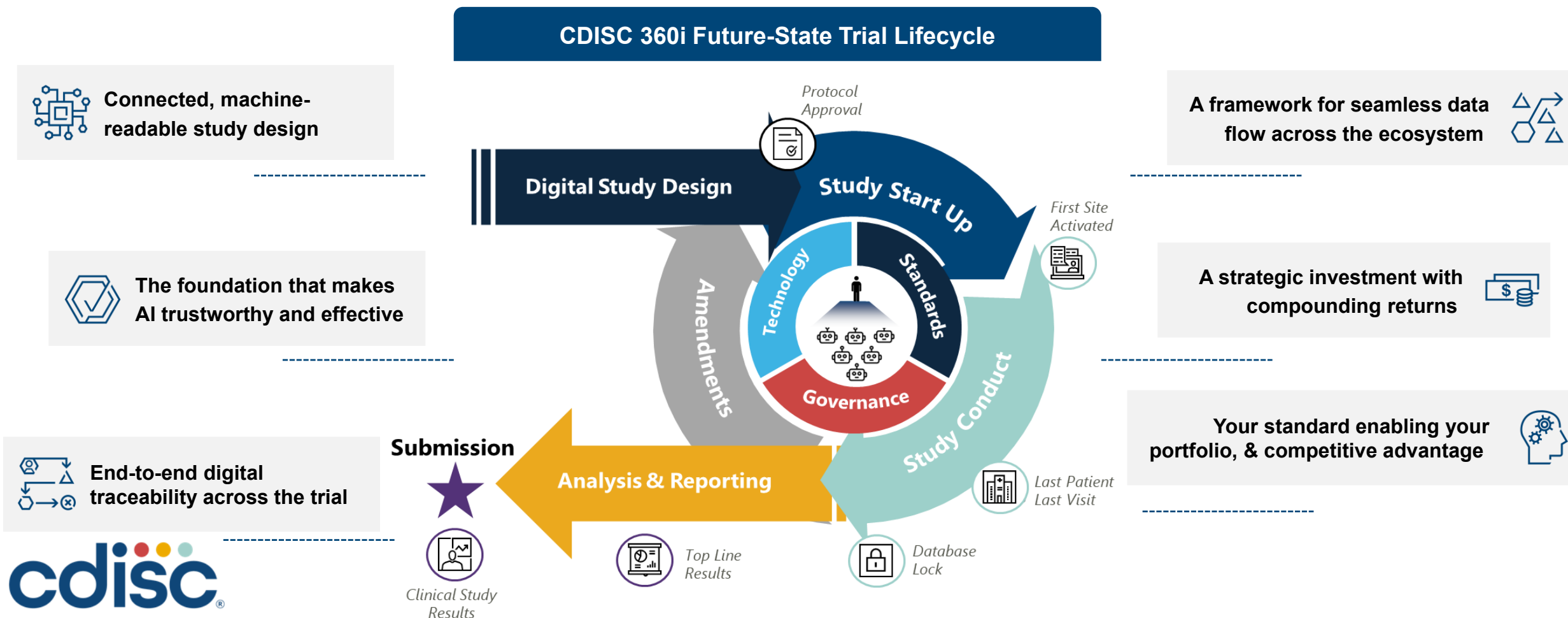
CDISC 360i: Digital Standards that Power a Connected Clinical Development Ecosystem

What is CDISC 360i?

Standards are the foundation of automation. You cannot automate what you cannot standardize. Better data, better AI.



- **CDISC** has been the clinical research standard for over 25 years. 360i is the evolution of those standard from document to digital
- **CDISC 360i** is a digital implementation of the standards: seamless digital data flow throughout the entire clinical trial — from the moment a protocol is written through when a data point is analyzed. Eliminating manual, error prone handling. Enabling automation and AI at every step.

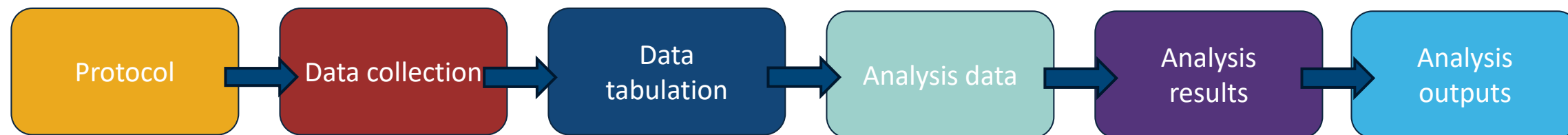




360i Goals

- Define and digitalize end to end standards from study design endpoints through the analyses
- Leverage those standards to accelerate the study design and build phase of the trial
- Demonstrate the automated data flow from raw data source to the generation of the targeted result





VISIT/NUM	Visits	Study Day	Cycle	Treatment	AEs	Prior BrCA Treatments
1	Baseline					x
2	Week 1	1	1	x	x	
3	Week 3	15	2	x	x	
4	Week 5	29	3	x	x	

Schedule of Activities

[illegible]

eCRF

VS (Vital Signs) - [STDTMD 3.3]					
Variable	Where Condition	Label / Description	Type	Rate	Length or Display Format
VISORRES VS		Result or Finding in Original Units	text	Result Qualifier	8
		VSTESTCD = "TEMP" (Temperature)	Temperature	float	8

- *SDTM*
Define.XML
- *Mapping*
Specifications

Dataset	Description	Class	Structure	Paragon	Keywords
ADME	Adverse Event Analysis	ADVERSE EVENT ANALYSIS	One Record per Subject per reported Adverse Event	Analysis	STUDIED, UNSTUDIED, ADECDIC, AESTETIC, AETERM, ASEQ
ADOL	Laboratory Test Results, Anal	BASIC DATA STRUCTURE	One Record per Subject per Test (plus 2 tests per calcium test)	Analysis	STUDIED, UNSTUDIED, ADTM, ADT, LABCD, VESITEMN, VISIT, LBSPID, PARAMC, LBTESTCD, LBSPIC, LBREFID, MODULE, USSEQ
ADSL	Subject Level Analysis Dataset	SUBJECT LEVEL ANALYSIS DATASET	One Record per Subject	Analysis	STUDIED, UNSTUDIED

- *ADaM*
Define.XML
- *Mapping*
Specifications

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"dataset": "ADAE",
"variable": "TRTEMPL",
"comparator": "EQ",
"value": {
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}
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"label": "Treatment-Emergent Adverse Event"

```

Analysis
Results
Metadata

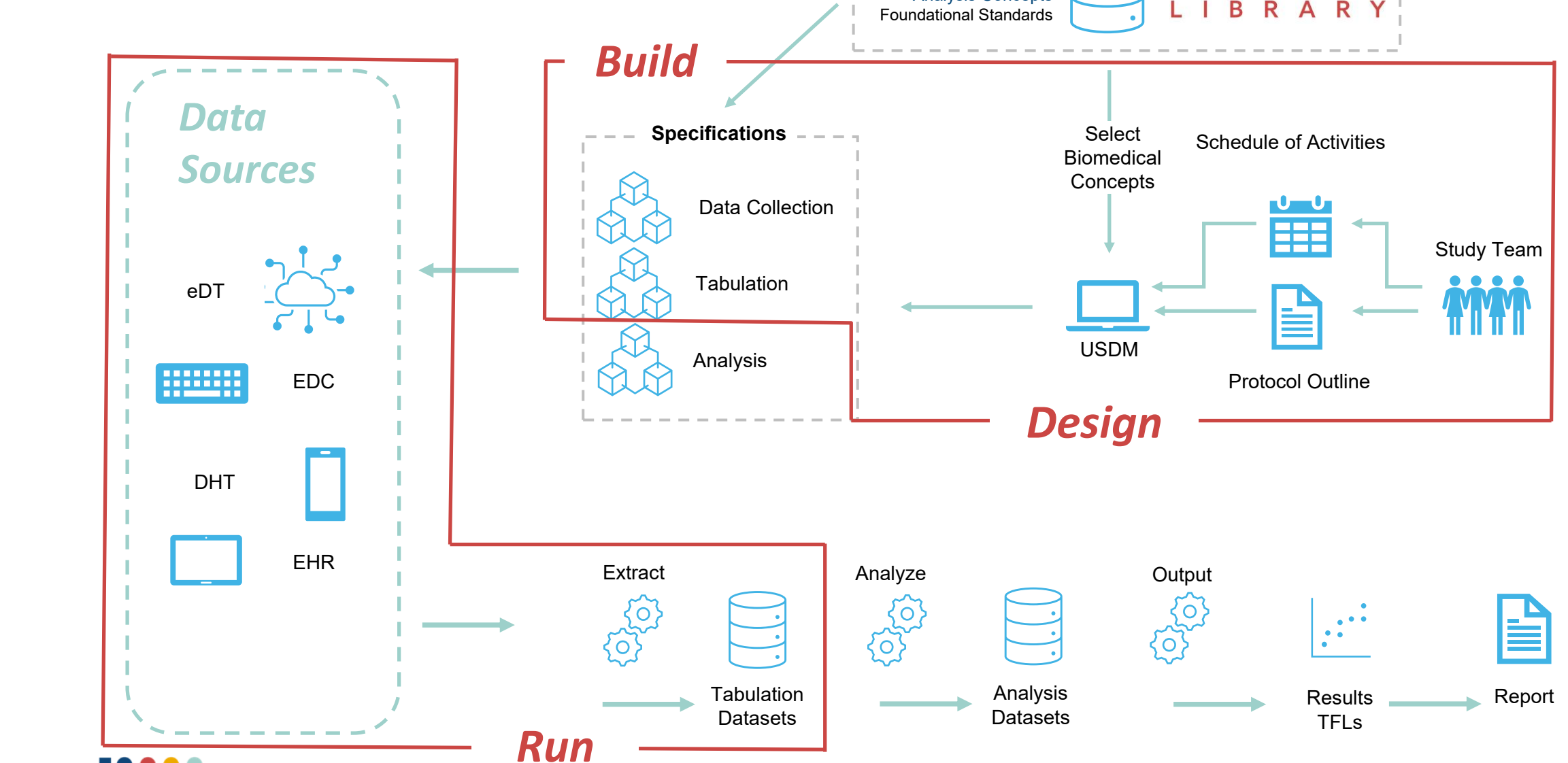
result_id	statistic_id	value
AniResult_01_TRT	AniStat_HIR	0.64
AniResult_01_TRT	AniStat_Q1_UCL	0.45
AniResult_01_TRT	AniStat_Q3_UCL	0.91
AniResult_01_TRT	AniStat_PVAL	0.02
AniResult_02_AGE	AniStat_HIR	1.03
AniResult_02_AGE	AniStat_Q1_UCL	1.00
AniResult_02_AGE	AniStat_Q3_UCL	1.06
AniResult_02_AGE	AniStat_PVAL	0.07

Analysis
Results
Dataset



360i Phase 1 Achievements & Findings

360i Phase 1 Focus



360i Phase 1 – Consolidated Learnings

Achievements



- Digital Schedule of Activities linked to biomedical concepts via USDM
- Automated generation demonstrated for SDTM Datasets, define.xml, CRFs & annotated CRFs

Challenges



- Concept linking is insufficient
- Lack of study-specific operational metadata
- Some elements are missing (concept grouping, forms metadata, ...)



Insights

Gaps are operational – not conceptual

To scale automation, we need

- Concept groupings
- Operational Metadata
- Transformation logic (tool agnostic)

Operational details need to be standardized and machine-readable



360i Phase 2 Scope & Approach



360i Phase 2: Operationalizing the Vision

Key Deliverables

Digital Protocol & Impact Analysis Reporting: Machine-readable protocol model with automated amendment and impact analysis

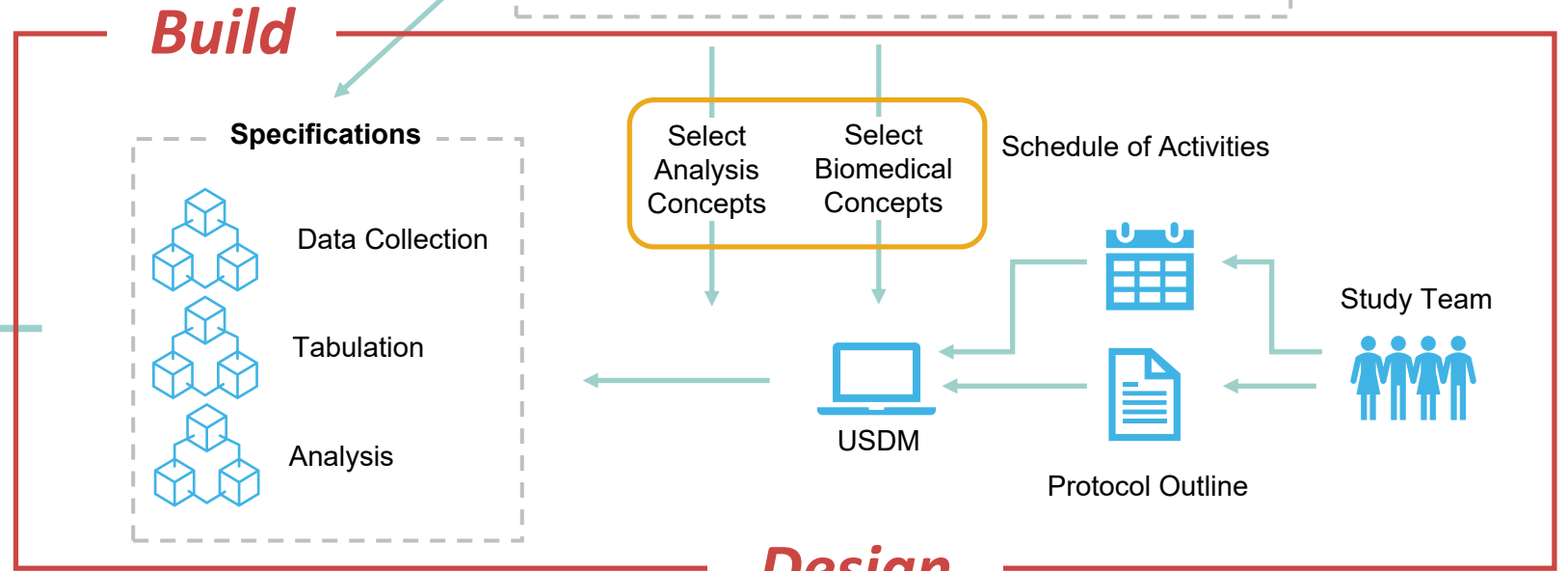
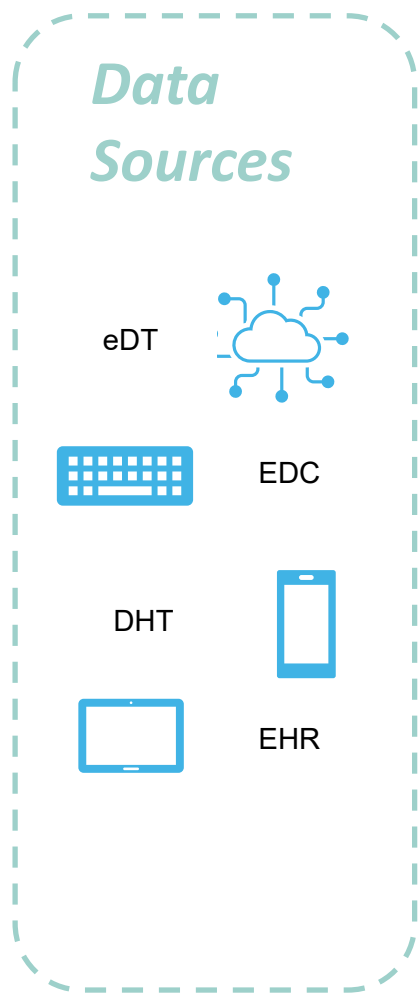
Automated eCRFs, Define & Dataset Generation: Generation of eCRFs, Define.xml and datasets integrated with study workflows

Digital Data Transfer Agreement Model: Technical DTA model and standardized template aligned with the digital protocol

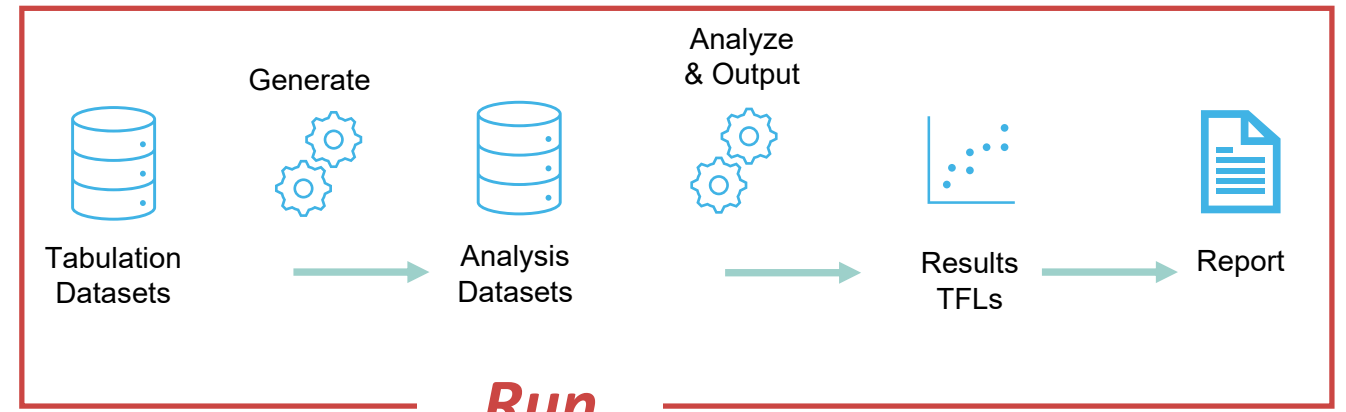
Standardized Analysis Concept Model: Configurable, machine-readable analysis concepts driving automated analysis artifacts



360i Phase 2 Focus



Design



Content Scope

Disease endpoints to exercise the AC/DC Model

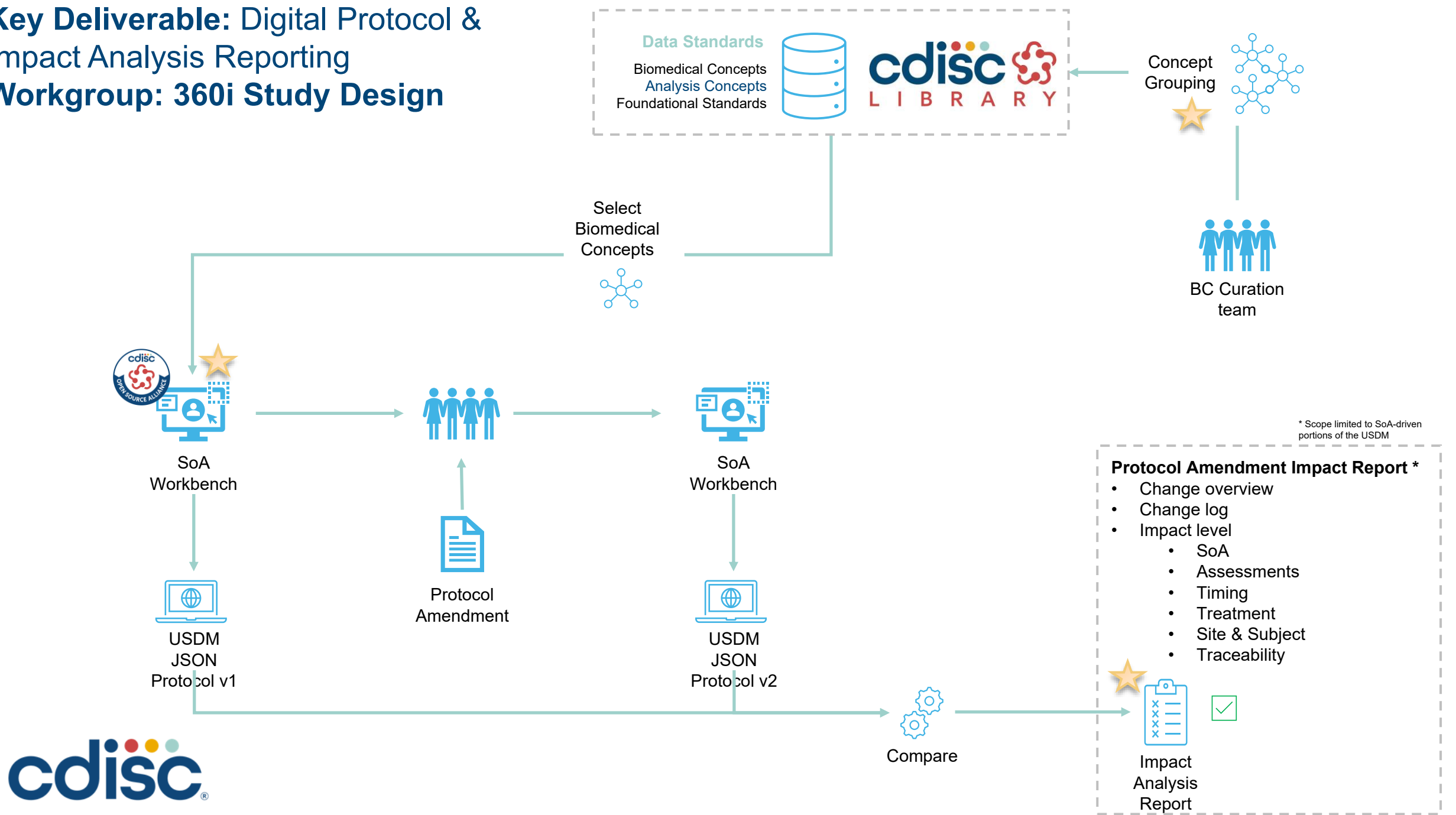
- Breast Cancer: Response Evaluation Criteria in Solid Tumors
 - Progression free survival
- Alzheimer's Disease: Alzheimer's Disease Assessment Scale-Cognitive Subscale
 - Change over time

Safety concepts to illustrate biomedical concept groupings, CRF generation, Define.xml generation, data transfer agreements, and summary statistics

- Demography
- Death Details
- Adverse Events
- Disposition
- Labs
- Vital Signs

Key Deliverable: Digital Protocol & Impact Analysis Reporting

Workgroup: 360i Study Design



360i Study Design

Main Activities

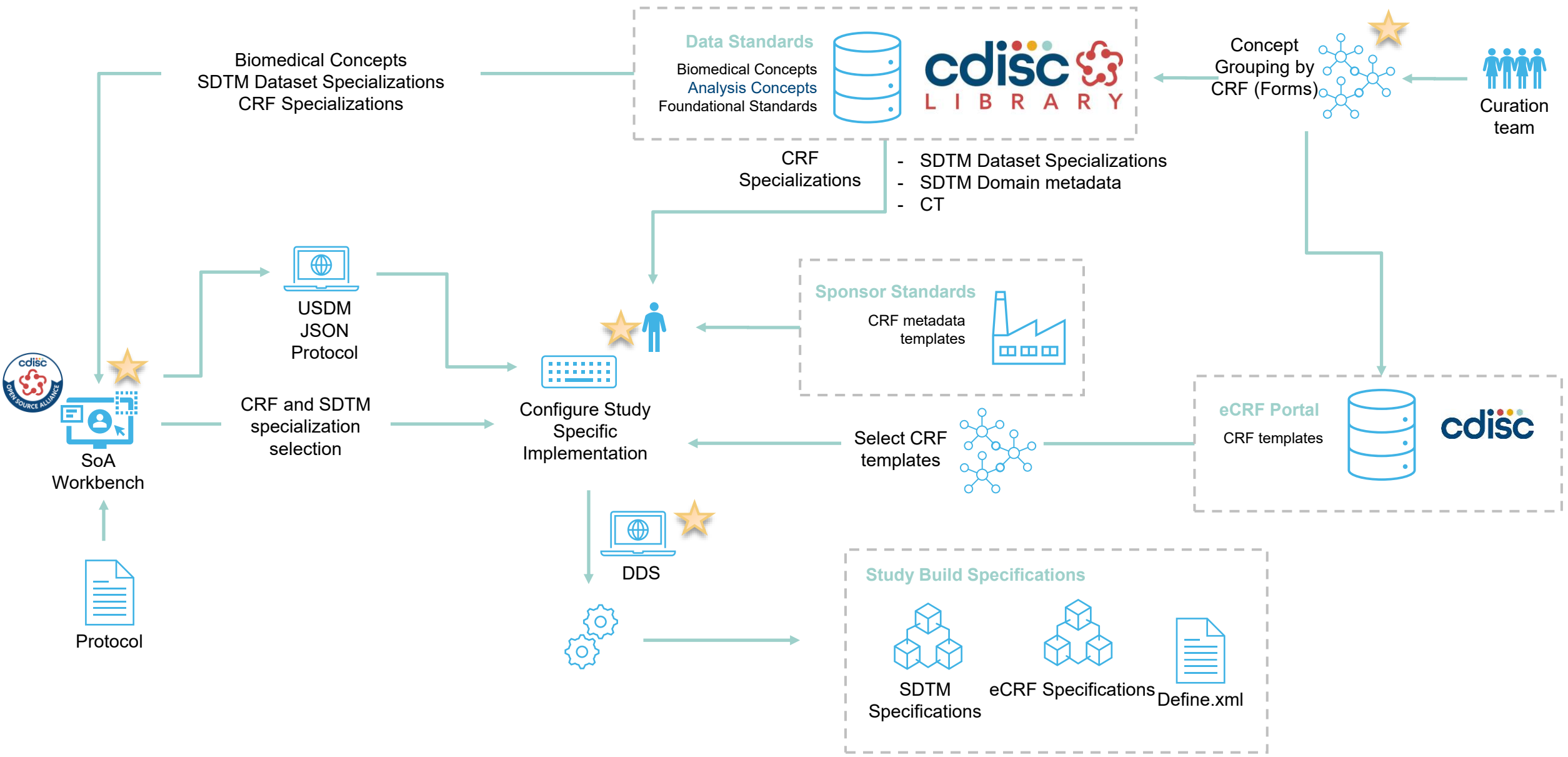
- Add and demonstrate BC groupings
- Develop and test the open-source SoA Workbench
- Generate protocol amendment impact assessment

Benefits

- User-friendly concept selection
- Easy USDM SoA authoring
- Clearer change impact leading to more efficient design

Key Deliverable: Automated eCRFs, Define & Dataset Generation

Workgroup: 360i eCRF & Define.xml Generation



360i eCRF & Define.xml Generation

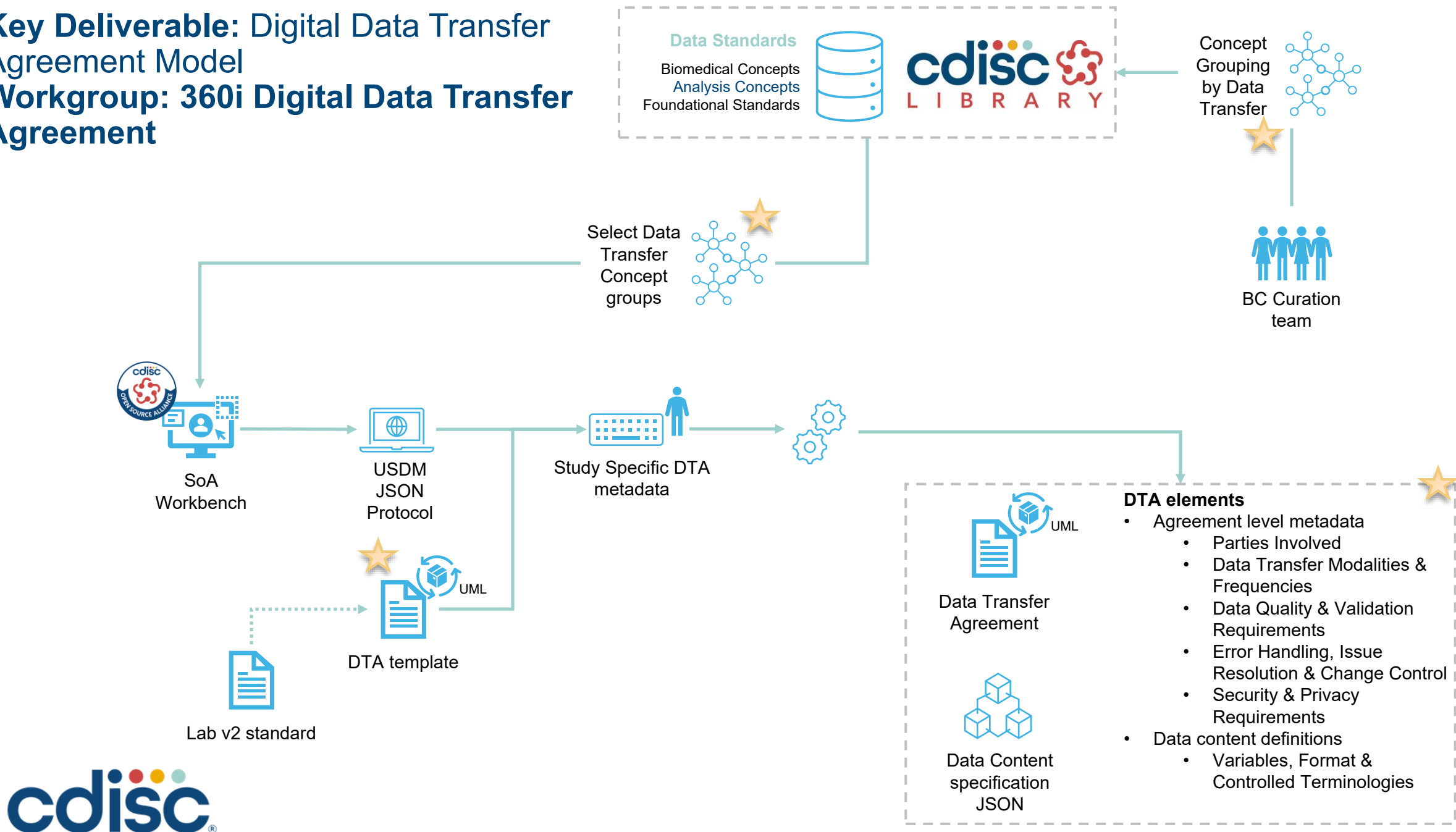
Main Activities

- Leverage Biomedical Concepts to:
 - Generate eCRFs from CRF Specializations
 - Select eCRF Templates from the eCRF Portal
- Demonstrate the full automation of Define-XML creation
- Develop Data Definition Specification (Define-JSON)

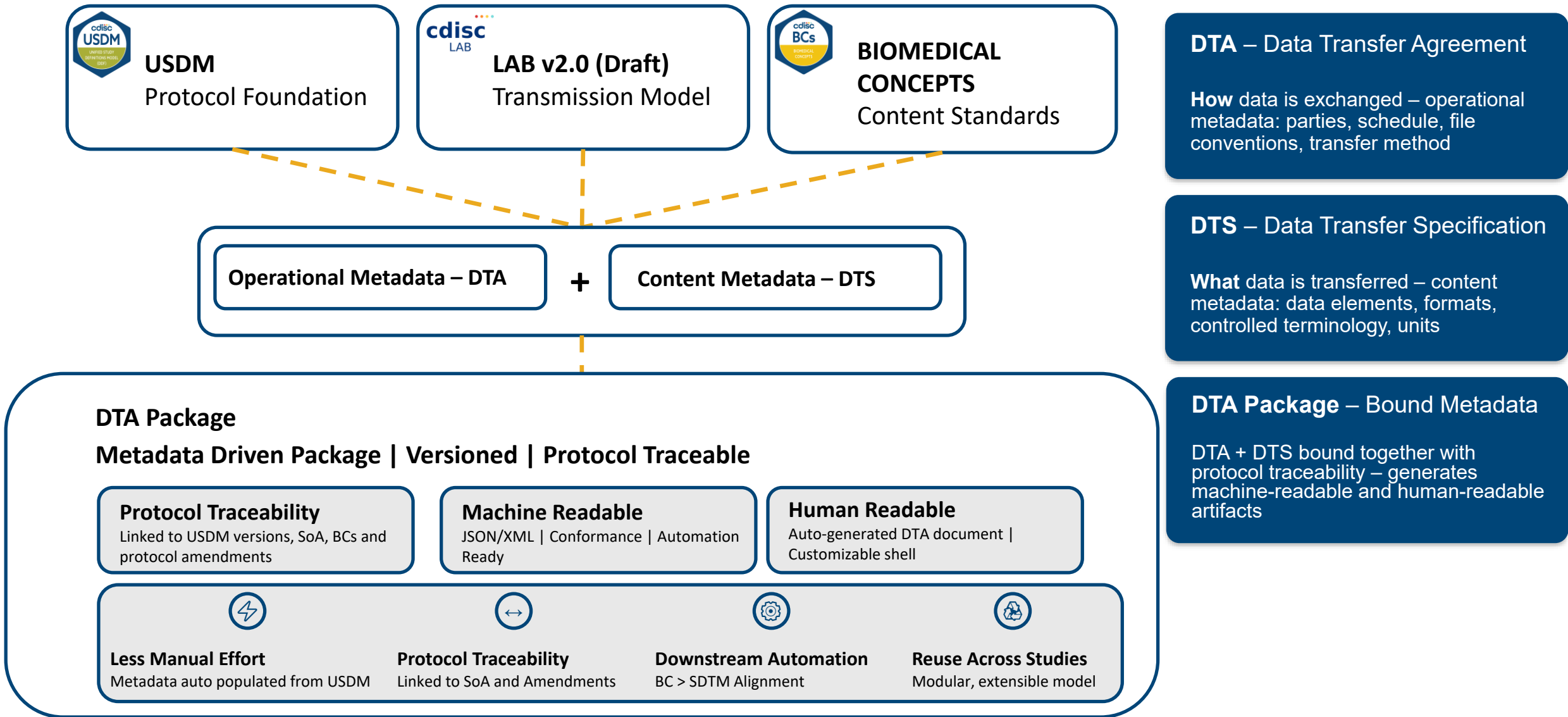
Benefits

- Consistent CRFs across studies with harmonized structure and terminology
- Reduced manual effort via template selection in the eCRF portal
- Automated Define-XML creation reduces documentation workload and errors, and improves traceability and stronger regulatory readiness

Key Deliverable: Digital Data Transfer Agreement Model
Workgroup: 360i Digital Data Transfer Agreement



DTA Framework



360i Digital Data Transfer Agreement

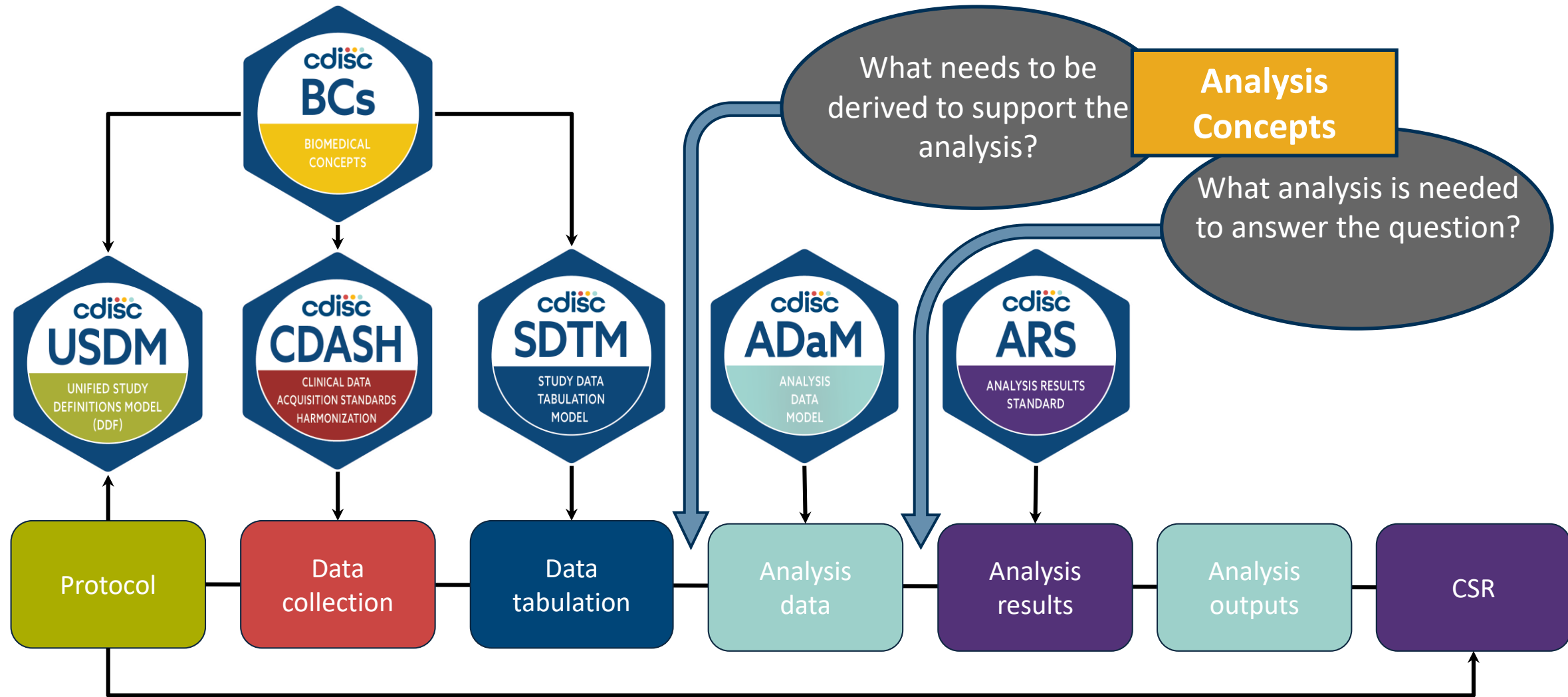
Main Activities

- Develop DTA industry standard template & specifications
- Add Data Transfer groupings to Biomedical Concepts
- Find and select data transfer BCs in the SoA Workbench
- Develop a study specific definitions utility

Benefits

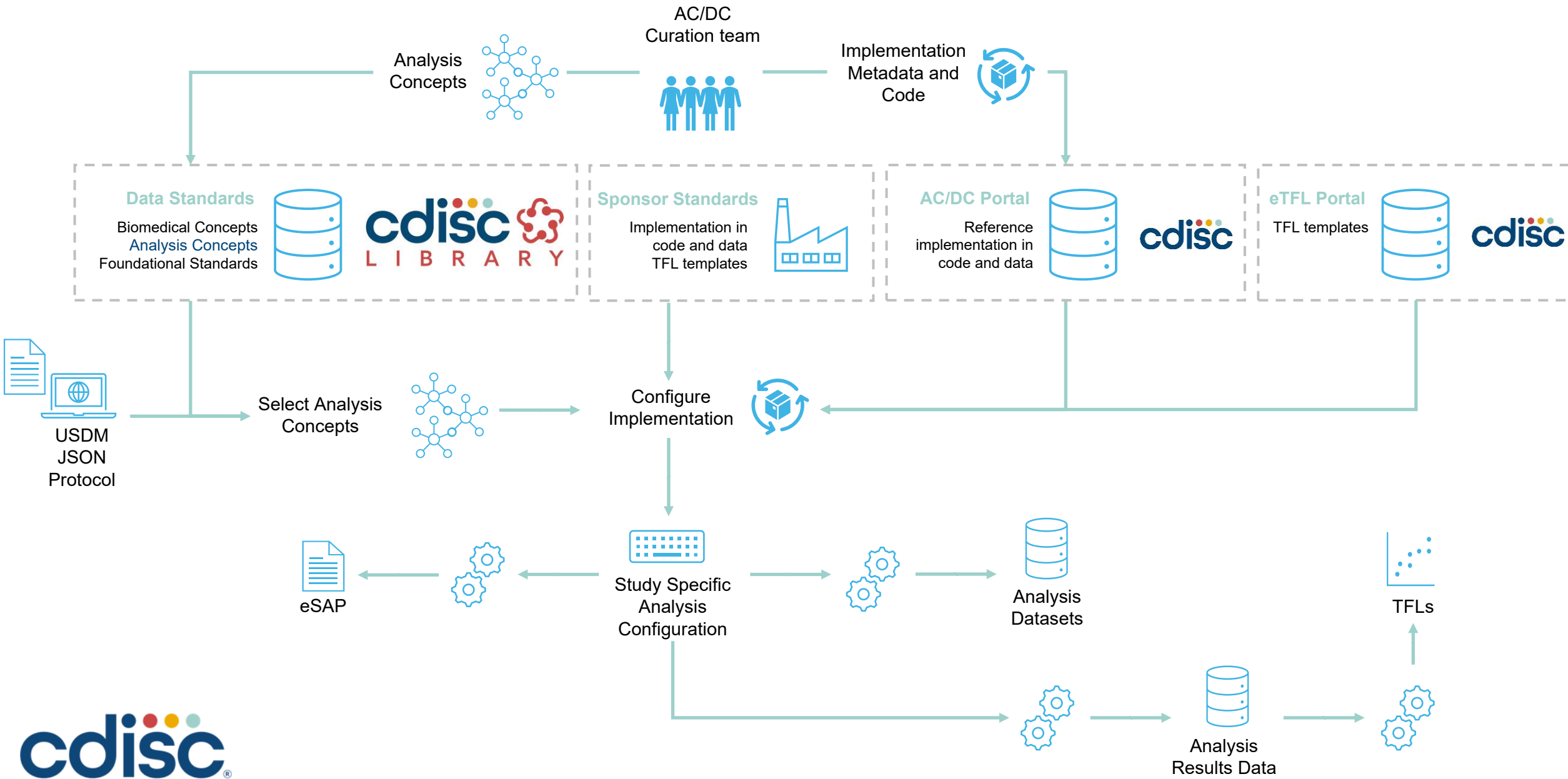
- Establish common DTA language and structure across the industry
- Provide faster, clearer, and more consistent data transfer agreements
- Reduce negotiation effort and automated specification generation

Where Analysis Concepts Fit



Key Deliverable: Standardized Analysis Concept Model

Workgroup: 360i AC/DC Automation



360i AC/DC Automation

Main Activities

- Develop AC/DC model
- Design study specific analysis configuration
- Create controlled terminology
- Generate eSAP
- Demonstrate automation from ADaM datasets through Analysis Results Datasets (ARD)

Benefits

- Allows exchange of analysis specifications
- Enforces precision in specifying analysis setting and assumptions
- Establish common language to express derivations and analysis
- Analysis automation and reuse



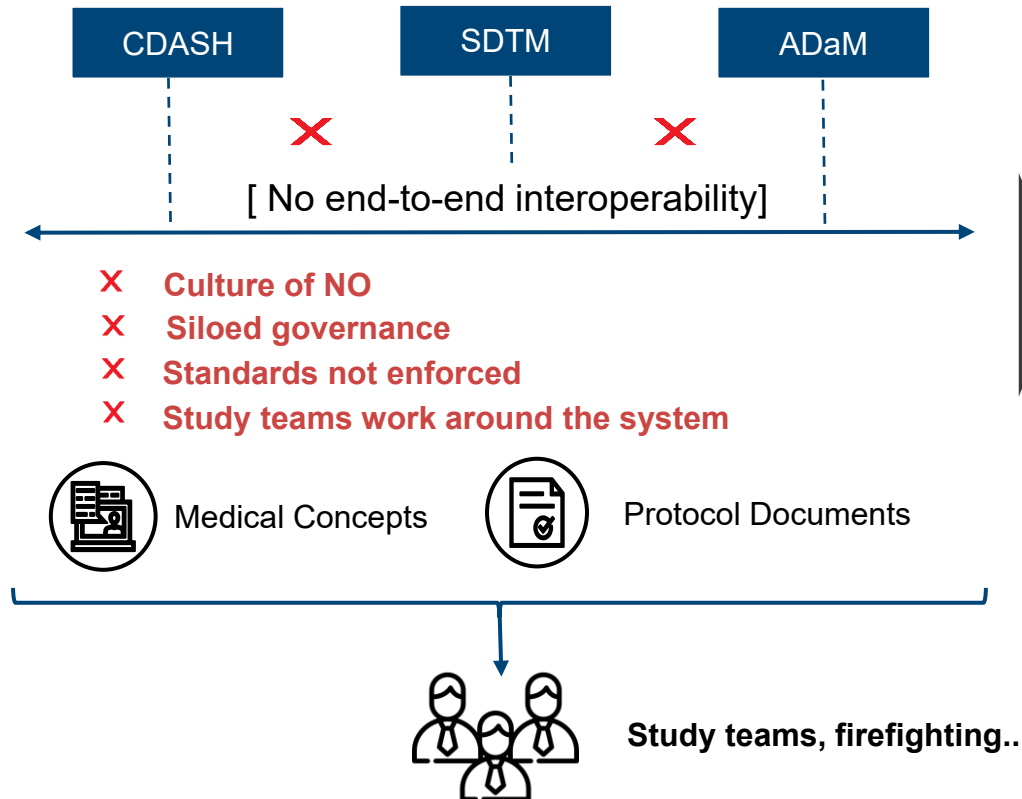
Connected Standards Future

From Disconnected Standards to a Connected Foundation

CDISC's original promise was standards. CDISC 360i's promise is the connected foundation that standards enable; with the study team at the center.

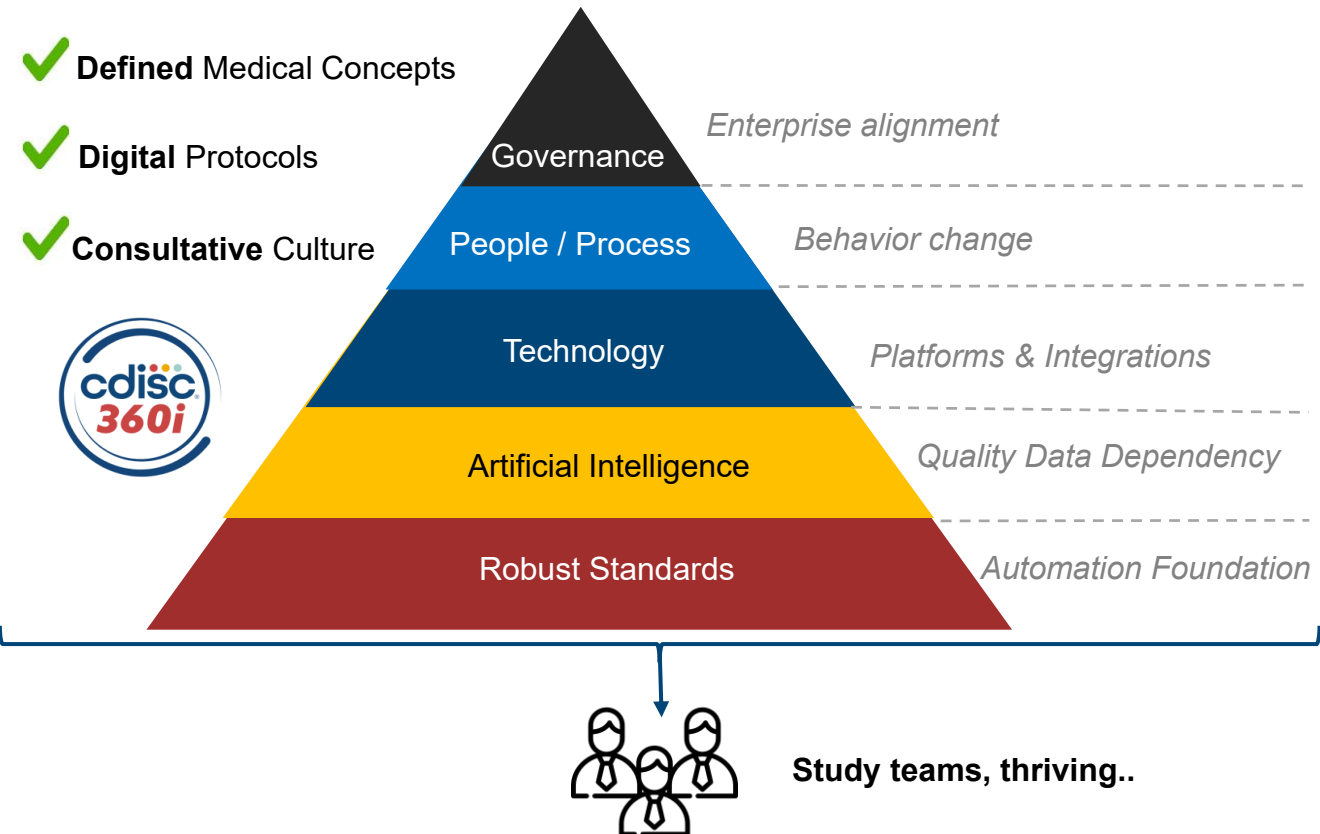
From – Today: Disconnected Information

- **Disconnected governance** — varying ownership models across the standards stack
- Standards exist but are **not enforced end-to-end**; no interoperability across the pipeline
- AI and automation **bolted on** after the fact, on an unstable foundation



To – CDISC 360i: Connected Foundation

- **Medical concepts** → **digital protocol** → **driving** downstream collection and analysis
- **End-to-end governance** across the full standards stack
- **People, process, governance, technology, AI** all working because the standards beneath them are connected
- **Study team at the center** — every layer serves them; 360i gets work off their plates





谢谢
Thank You!





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Education Learn CDISC From CDISC

