



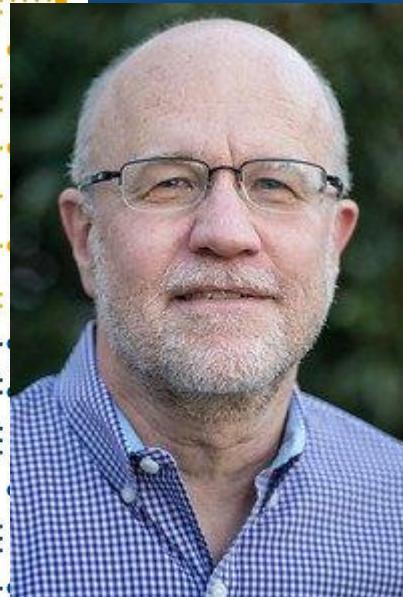
## ICH M11, What Does this Really Mean to TMF?

Presented by William Illis, Novartis & TransCelerate

# Meet the Speaker

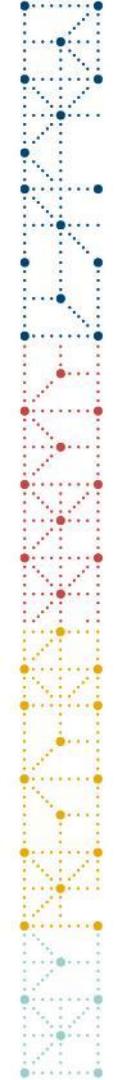
## Bill Illis

Workstream Lead, DDF  
TransCelerate Biopharma  
&  
Executive Director, Technology & Scientific Computing  
Advanced Quantitative Sciences  
Novartis



*Bill is all in on innovating the way clinical trials work for the benefit of patients worldwide. For the past several years he has led the Digital Data Flow initiative at the pharmaceutical industry consortium, TransCelerate. Recognizing the foundational nature of clinical trial protocols, this work is centered removing analog inefficiencies by building transformative industry-wide interoperability through the development and adoption of digital protocol standards in collaboration with CDISC.*

*Focused on sustainable and impactful innovation Bill has over 25 years of industry experience leading the design and implementation of impactful changes in teams, line functions and enterprise programs in the areas across healthcare R&D*



# 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.*



# Agenda



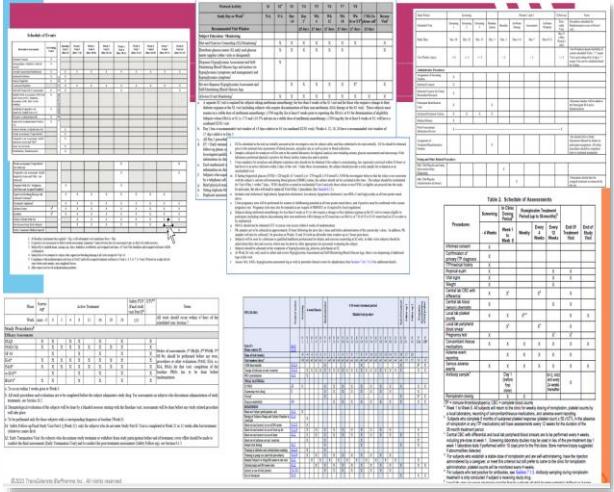
ICH/M11

DDF/USDM

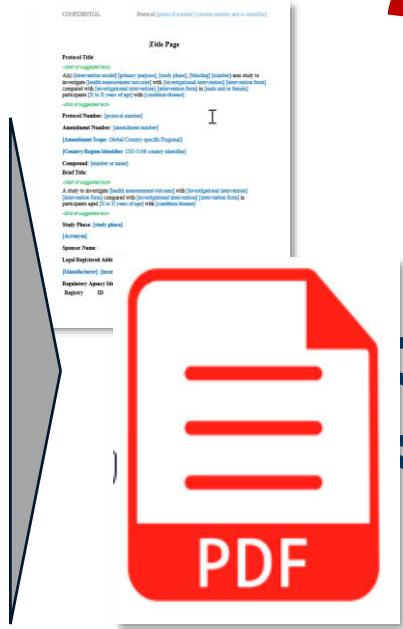
TMF

# Clinical Study Protocols

## Broken...



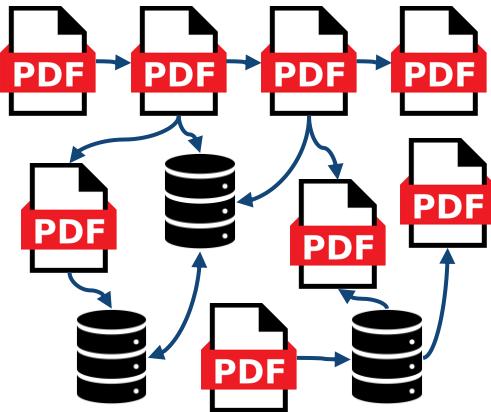
This section displays a collage of various clinical study protocol documents, including tables, forms, and text sections, illustrating the complexity and volume of the protocols.



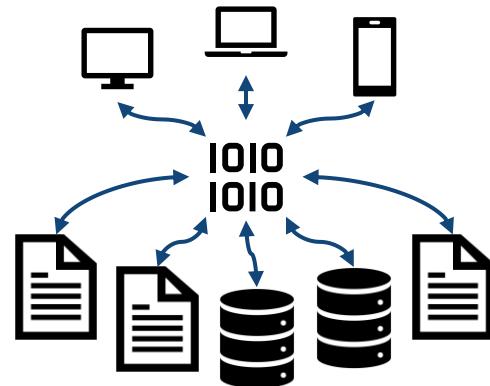
# Why Digital Data Flow? – The Vision

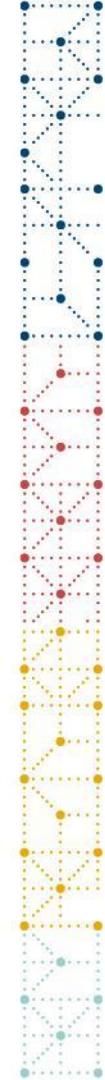
*Break the Document Paradigm*

From document-first



To data-first





# ICH M11 / (CeSHarP) Clinical electronic Structured Harmonized Protocols

## Protocols

- Important document that describes the processes and procedures directing the conduct and analysis of a clinical study
- **Format and core content** of study protocols vary from sponsor to sponsor, making interpretation difficult for its users (Medical Writers, monitors, Study Sites, Regulators, ethicists...)
- Regulators receive protocols in many different formats

## Problem

- No internationally harmonized standard template for the format and content to support **consistency** across sponsors and **exchange of protocol information.**
- Lack of harmonisation contributes to **inefficiencies** and **difficulties** in reviewing and assessing clinical protocols by regulators, sponsors, ethical oversight bodies, investigators, and other stakeholders.

Source: [ICH M11: A Critical Enabler for Clinical Trial Transformation](#), EMA, Noemi Manet, 21-May-2025

# M11 Deliverables

## Guideline

Provides background, purpose, and scope as a guideline



## Template

Provides written format for the Interventional Clinical Trial Protocol Template



## Technical Specifications

Provides technical representation aligned with the guideline and template



## Guideline

- Explains the need, outlines development

## Template

- Specifies headers, common text, instructions, data fields, and terminologies.

## Technical Specification

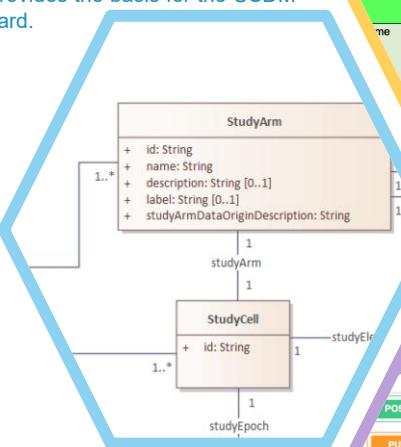
- open, nonproprietary standard to enable electronic exchange of clinical protocol information

Source: <https://www.ich.org/page/multidisciplinary-guidelines>

# The USDM Standard

## Logical Model

The UML logical model (a class diagram) that provides the basis for the USDM standard.

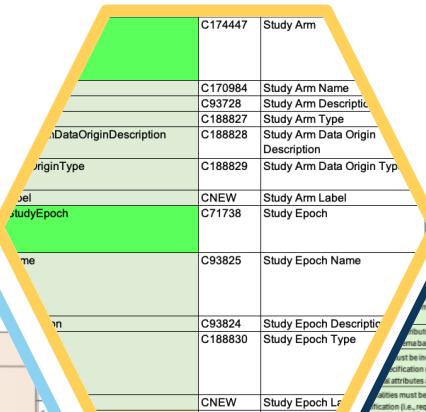


## API Specification

Provides the means to exchange a single study between machines using a JSON API

## CDISC Controlled Terminology

Provides further semantics, complementing the UML model.  
Includes the definition of classes, attributes, and value sets



## CORE Rules

Specification of the rules that define USDM compliance



## Implementation Guide

## Guidance on using the USDM model and ensuring conformance with the standard



## **Unified Study Definitions Model Implementation Guide (USDM-IG)**

Version 2.0 (Draft for Internal Review)

Prepared by the  
DDE Team

Notes to Reader

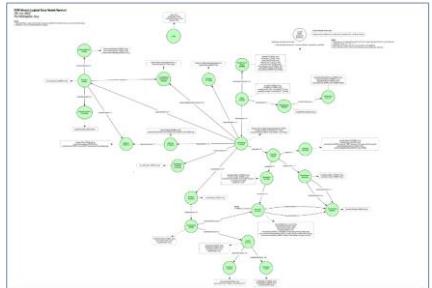
- This is the draft version 2.0 of the Unified Study Definitions Model Implementation Guide (USDM-IG v2.0). It is intended for Internal Review only and is not a final version.



ets Interchange Standards Consortium, Inc. All rights reserved.

# CDISC DDF / USDM, Phases One to Four

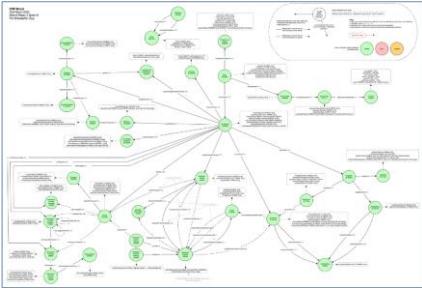
Phase One



25 Classes

- Solid foundation
- The protocol document was an external entity into which the structured content could be exported

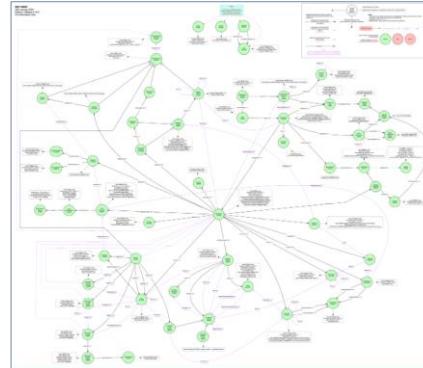
Phase Two



35 Classes

- Focused on the structured elements of the protocol, e.g. the Schedule of Activities (SoA) & Biomedical Concepts (BCs)
- The protocol document still an external entity

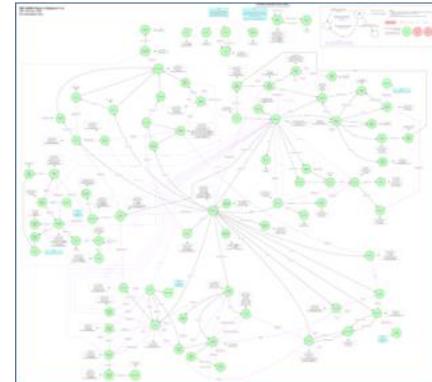
Phase Three



58 Classes

- Now contains structured and unstructured elements
- The entire protocol document can be held within the USDM
- Allows for the protocol document to be generated from the model

Phase Four



89 Classes

- **Aligned with ICH M11**
- Support for complex studies, interventional & observational studies, and medical devices
- Maximise content re-use and support for multiple document templates
- Extension mechanism to provide flexibility

# ICH and CDISC MOU (Memorandum of Understanding)

As a collaboration between ICH and CDISC, the goals of the agreement are to:

- Use a unified governance process and terminology services for the long-term support of ICH **controlled terminologies**
- Curate and maintain ICH controlled terminologies
- Follow a robust process for the public review and publication of ICH terminologies
- Ensure the terminologies are freely available to the public following public review



## Scope

For ICH members to adopt and implement a clinical information standard it is critical that all terminology components, including but not limited to definitions described in the technical specification, are part of a greater international controlled terminology resource managed by an internationally recognized standards development organization (SDO). CDISC has been identified by ICH as a reputable SDO with the qualifications and capabilities to support the maintenance and facilitation of the governance process for ICH controlled terminology.

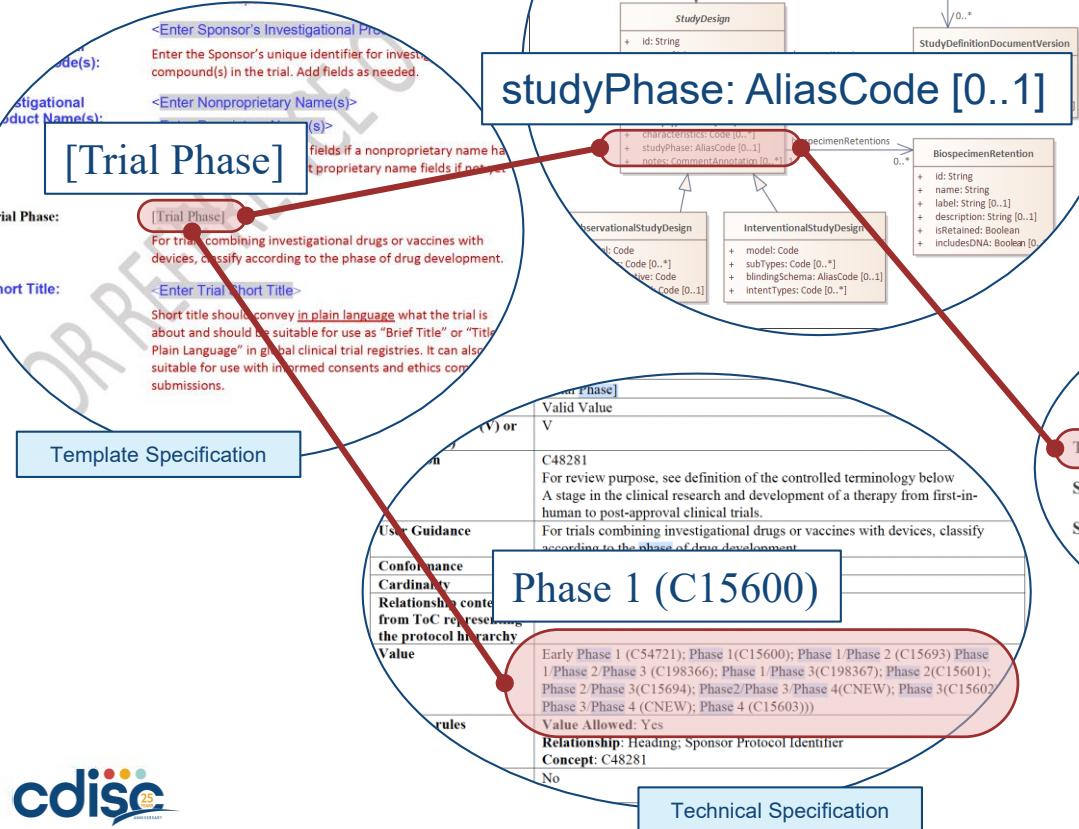
This Memorandum of Understanding (MOU) sets forth the roles and responsibilities of each party as they relate to the governance of the ICH terms and definitions developed in collaboration with CDISC. This MOU is intended to describe the goals, the high-level governance process, and how each party will collaborate. Specific projects (e.g., M11 controlled terminology) will be defined in detail as part of an annex to this MOU mutually agreed upon by CDISC and ICH.

## Goals

As a collaboration between ICH and CDISC, the goals of the agreement are to:

1. Use a unified governance process and terminology services for the long-term support of ICH controlled terminologies.
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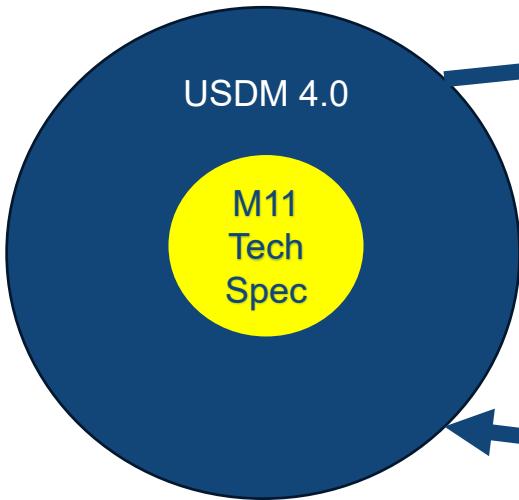
# M11 & USDM



The graphic shows the links between the Trial Phase field that is defined as part of the M11 Title Page to the M11 Technical Specification, on to the USDM and onwards to an implementation of USDM and M11

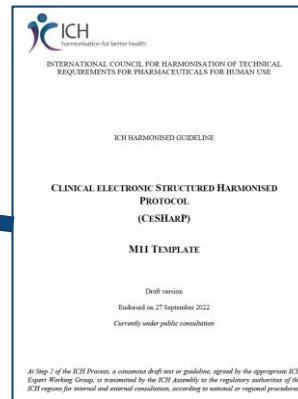
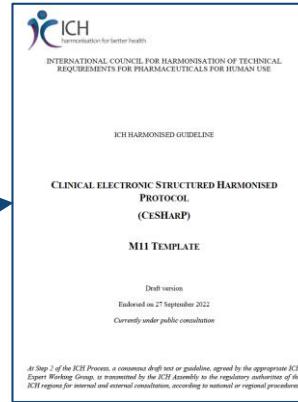
- A StudyDesign has a studyPhase
- studyPhase is an AliasCode
- AliasCode can store:
  - a single standard code (CDISC Trial Phase Response, C66737) using the Code class
  - And zero or more other alias codes (e.g. a sponsor phase code) using the Code class to provide flexibility

# ICH M11 and USDM



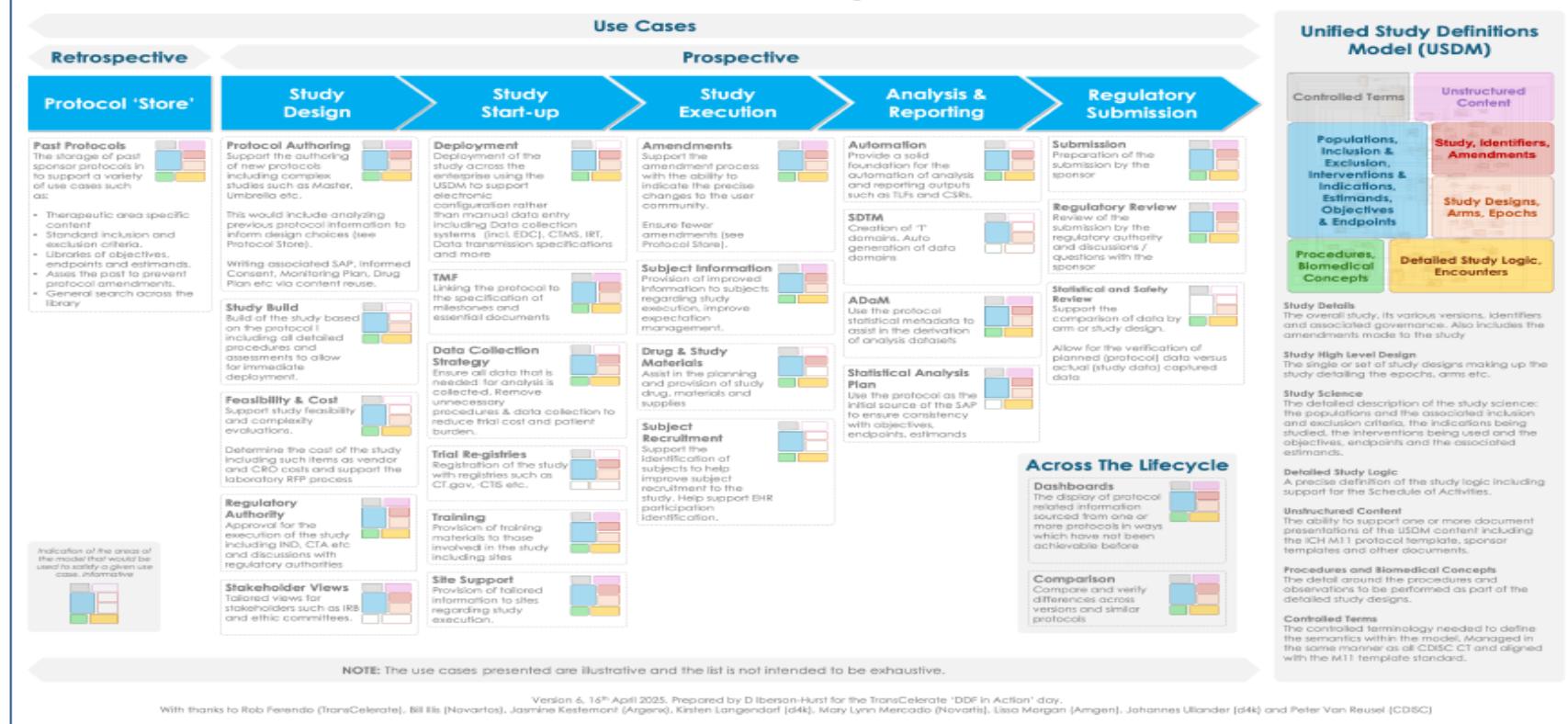
*Digital protocol can be published into M11 template*

*Conversion of protocol document into digital (USDM) format*



# USDM in Action

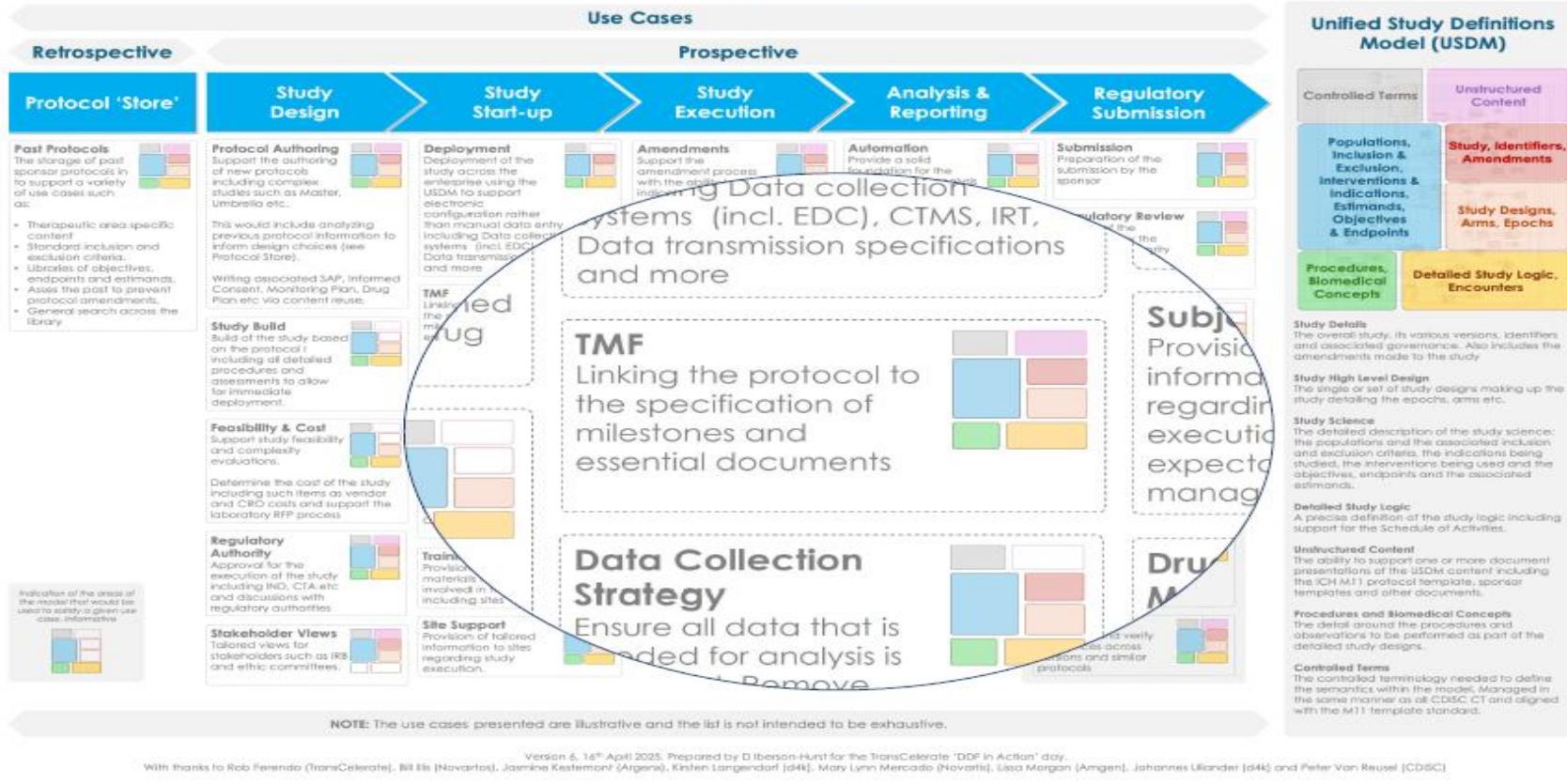
## Use Cases Supporting the DDF Vision



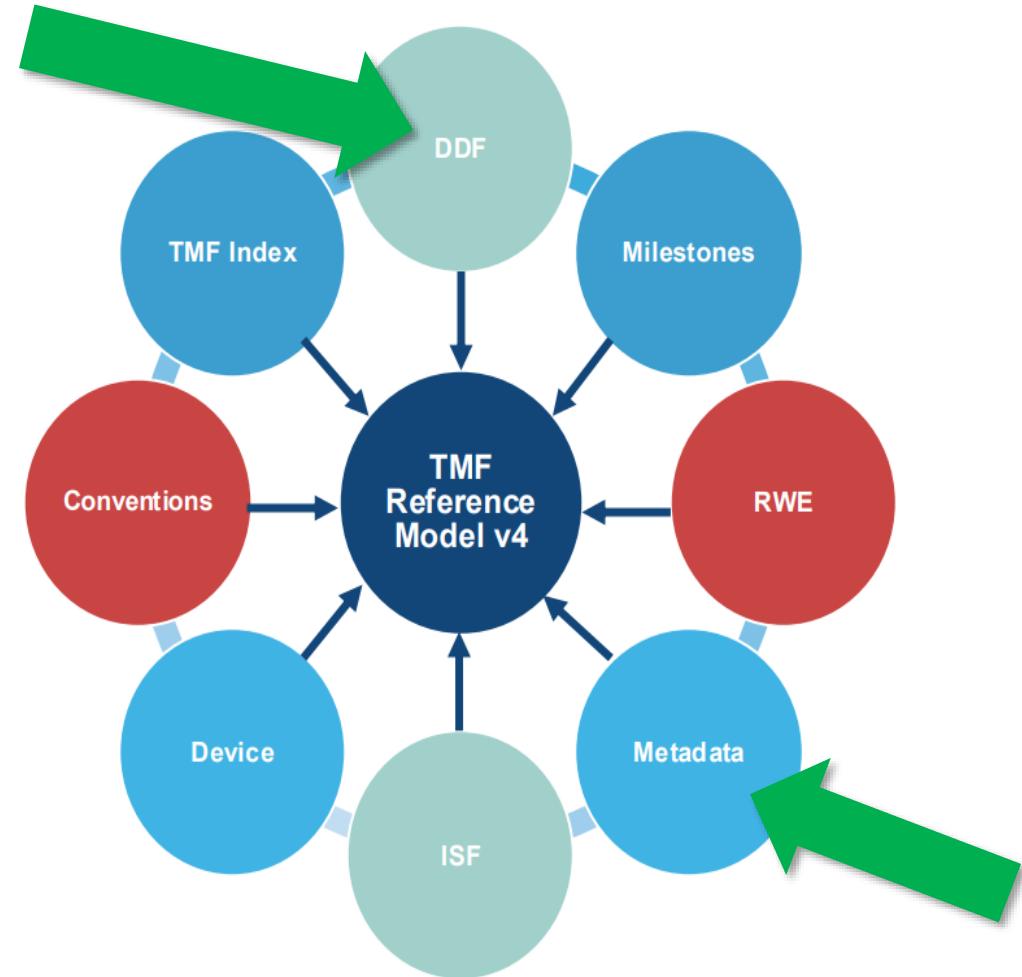
Source: [https://github.com/data4knowledge/usdm\\_m11\\_resources/blob/main/documents/infographics/use%20cases.png](https://github.com/data4knowledge/usdm_m11_resources/blob/main/documents/infographics/use%20cases.png), (Dave Iberson-Hurst)

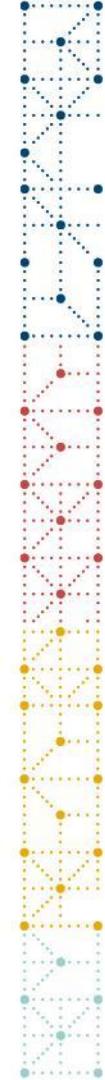
# USDM in Action

## Use Cases Supporting the DDF Vision



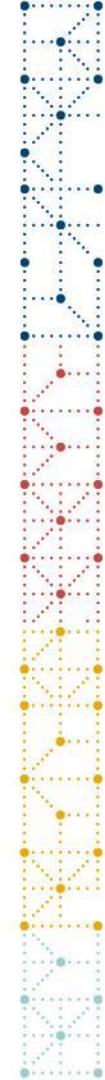
A vision for the Future:  
TMF Reference Model v4





## TMF RM V4 Guiding Principles

- We don't make change for the sake of making change. There needs to be strong justification for a change that is driven by these Guiding Principles and that considers **digital systems**
- Create consistency across TMF RM V4 to facilitate future migration of content and align with our **goal of interoperability**
- Where practical, Zone & Section content is organized by the functional area that supports those records.
- Build for the **digital future**
- Align with industry and regulation
- Construct a Standard that ensures universal industry adoption
- Adapt the RM to a structure that has unique **Record Types as core elements**



# Conventions Driving Structure of TMF RM V4

- **Terminology Standardization** for Records and Documentation
  - Where relevant, the term **“document” should be replaced with “record”**
  - Keep the term “documentation” when it makes sense.
- Naming Conventions and Acronyms
  - Align Record Group names with ICH E6 R3 terms where possible, and Record Types with **Industry-standard names** including acronyms (i.e., Statistical Analysis plan = SAP)
  - If the Record Type name is repetitive to the Record Group, Zone or Section name, consider removing the repetitive aspect
- Creation of new Record Types
  - When the Record Type content is fundamentally different than any other record type consider creating a new record type

# M11 and TMF (1)

ICH M11

*standardizes what and how the protocol is written*

TMF

*standardizes where and how that protocol and its supporting evidence are filed*

# M11/USDM and TMF (2)

## ICH M11/ USDM

- *defines structure and data elements of the protocol*
- *detailing headings, variables, conformance rules*
- *ensures controlled terms for protocol content and amendments.*

## TMF

- *defines how clinical trial documents are organized and classified*
- *detailing artifacts, zones, sections, and associated metadata*
- *ensures completeness and inspection readiness.*

# M11, USDM and TMF Mapping (Examples)

## ICH M11 (Step 2, Draft)

## USDM v4 (Class / Attribute)

## TMF v3.3.1 Artifact/Section

“Study Identifier(s)” (e.g., EU CT, IND, IDE, jRCT, NCT, WHO/UTN), sponsor, version, amendments

Study & Identification  
(StudyIdentifier, Organization, StudyVersion, StudyAmendmens)

Trial Information (Protocol / Study Information, Versioning / Amendments)

Section Heading “Schedule of Activities”

Schedule of Activities  
(Activity, ScheduleTimeline, Procedures, BiomedicalConcept)

Protocol document / Schedule of Assessments sub-artifact

# M11/USDM and TMF Implementation Considerations

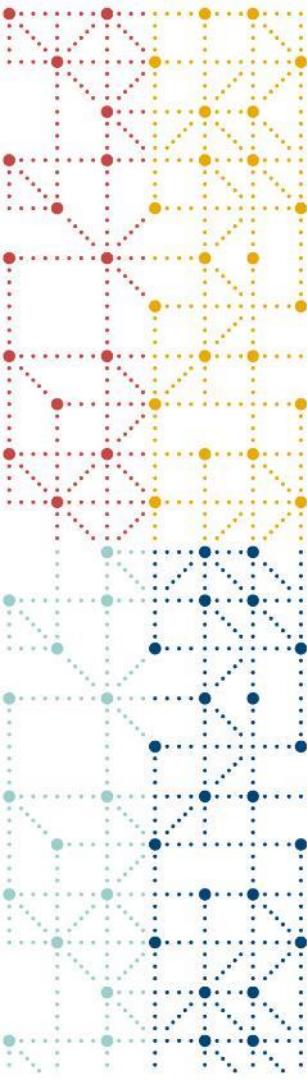
- Establish a **controlled vocabulary** to align M11 and protocol data elements with eTMF metadata fields (e.g., version, effective date, amendment number, primary reason for change).
- Define **filing rules** that distinguish global vs. local protocol artifacts and ensure version control e.g. “Country/Region-Specific Differences, addenda, local approvals.
- **Automate capture** of M11/USDM identifiers and amendment summaries into eTMF to reduce manual entry and errors.
- **Maintain cross-references** between protocol, approvals, registries, and site communications for end-to-end traceability.

# Working Toward a Digital Future

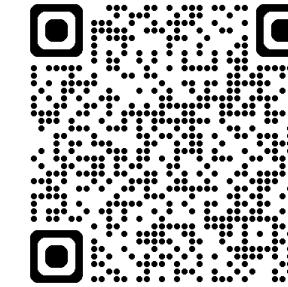


## Vision

*Together a coherent, compliant chain from protocol authoring through approvals to inspection-ready documentation.*



# Thank You!



[Digital Protocol Resources](#)



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