Pediatrics User Guide – Summary of Scoping

John Owen, Head of Partnerships & Development, CDISC Richard Marshall, Lead Developer, CDISC

cdisc

TUE 21 SEP 11:00AM-11:45AM ET

Today's Agenda

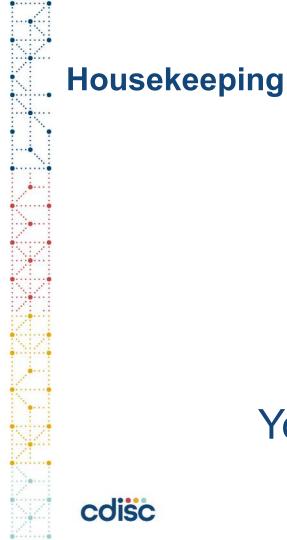
1. Housekeeping

2

- 2. Feature Presentation + Q&A
- 3. Upcoming Learning Opportunities & Events

Housekeeping

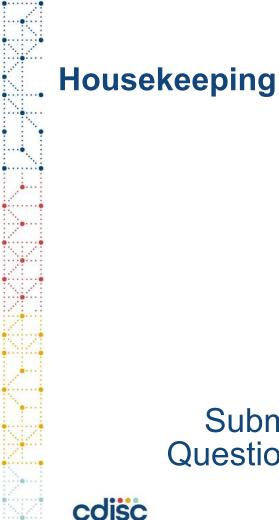
3





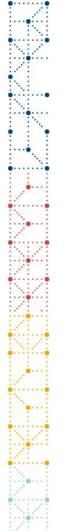
You will remain on mute



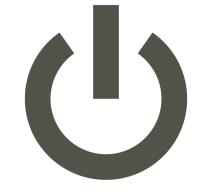




Submit questions at any time via the Questions tool on your GoToWebinar app



Housekeeping



Audio issues?

Shut down & restart GoToWebinar app



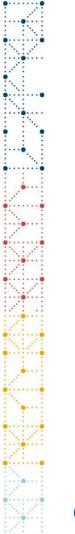


Housekeeping



A recording of this webinar and the slides will be available in the **Members Only** section of CDISC website





Today's Presenters

John Owen

Head of Partnerships & Development CDISC

Richard Marshall Lead Developer CDISC





John Owen, Head, PMO, CDISC Richard Marshall, Lead Developer, CDISC 2021-09-21





- Global Clinical Data Standards Development Organization
- Founded in 1997 (all volunteers)
- Incorporated in 2000 as a non-profit organization



Why is CDISC Important?

- By bringing together a global community of experts to develop and advance data standards of the highest quality, CDISC creates clarity in clinical research.
- Together, we enable the accessibility, interoperability, and reusability of data for more meaningful and efficient research that has greater impact on global health.





Why Standardize with CDISC?

Global standard for all types of clinical research

- Create familiarity know where to find things, understand what they mean
- Allow software systems to be built on CDISC
- Facilitate meaningful data sharing (academia, public health)
- Connect to EHR data through BRIDG
- Widely adopted due to requirements by global regulatory agencies (FDA, PMDA and NMPA) and endorsement by others (CFDA, EMA)
- Data sharing accelerates research progress

Developed and maintained through open consensus-based process

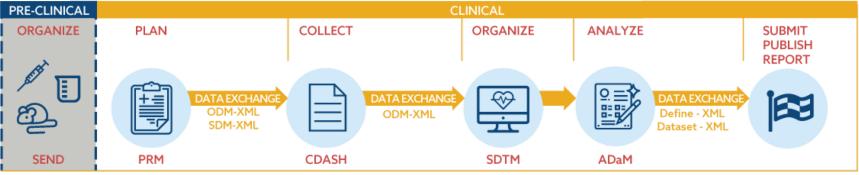
- Developed by subject matter experts
- Widely vetted during open public review, training and implementation
- Feedback from implementation informs further development

Support Semantic Interoperability

cdisc

CDISC Standards in the Research Process

Clinical Research Process

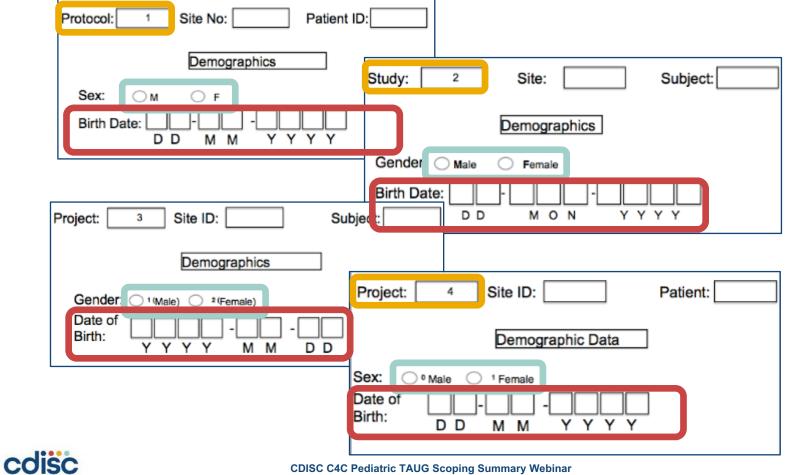


Controlled Terminology	
Define-XML	
TAUGs	
Data Transport Standards	



CDISC C4C Pediatric TAUG Scoping Summary Webinar

Unnecessary Variability...



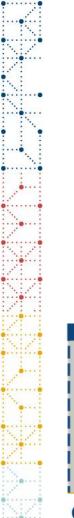
.........

Name fo			Study	/ #2 –	dmg.:	xpto 💽	Name for demographics		
Subject				ID	GEND	ER	dataset varies		
is never				A1	Male	Э			
• the same		- demog.xpt		A2	Male	e			
	Č.			A3	Fema	le	Gender or	N	
	SUBJID	SEX		A4	Fema	le	Sex - do		
	0001	М		A5	Male		these mean	Study #4 – a	axd222.xpt
	0002	F					the same thing?	USUBID	SEX
	0003	F	S	Study #	≠3 – d	mgph.xpt		00011	0
2	0004	М		PT	ID	GENDER •	e e e e e e e e e e e e e e e e e e e	00012	1
• • • 4	0005	F		000	01	° 1		00013	° 1
2				000	02	1		00014 💽	0
N				000	03	2			
5.21		lale or		000	04	2	0	What do the	
		ale, M or F,		000	05	1		numeric codes mean?	
cdi	10	2, or 0 or	CI	DISC C4C P	ediatric TA	AUG Scoping Sum		Joues means	

Consensus Driven Standards Development Proces **CDISC Data Standards Experts** Scope Model **Volunteers from CDISC Member Organizations** Develop Review Subject Matter Experts from **Industry, Academia, Regulatory Authorities, Patient Groups, Publish Research Consortia, Other SDOs**



cdisc

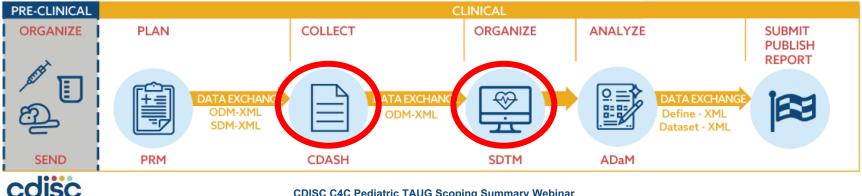


Pediatrics User Guide

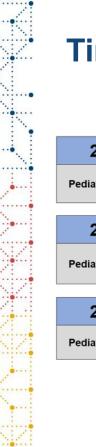


- CDISC, in collaboration with IMI's Connect4Children (c4c) Project, is developing a Pediatrics User Guide
- The User Guide builds on existing CDISC standards, and will consist of data collection and data tabulation examples for use in **cross-cutting** pediatric clinical trials.

Clinical Research Process



CDISC C4C Pediatric TAUG Scoping Summary Webinar



Timelines

2020	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pediatrics TAUG												
2021	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pediatrics TAUG				Stage 0				Stage 1			Stage 2	
0000									1			
2022	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pediatrics TAUG	Stage 2		Stage 3a		w	2	Stage 3b		1		Stage 3c	w3

Stage 0	Scoping and Planning
Stage 1	Identification/Modeling of Concepts
Stage 2	Standards Development
Stage 3a	Internal Review
Stage 3b	Public Review
Stage 3c	Publication
w	Public Webinars 1 - Scoping Results 2 - Public Review 3 - Publication

TAUG Deliverable Feb 2023 (M58) Submission required April 2023 (M60)





Scoping

- Ensure that the project is well defined with clear and achievable deliverables
- Perform background research to develop the initial scope



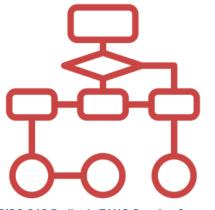




Concept Modeling

Illustrate in more detail the information that will be included in the proposed standard

- Develop concept maps to aid in semantic understanding
- Develop terminology and questionnaires, ratings and scales



cdisc

CDISC C4C Pediatric TAUG Scoping Summary Webinar

Standards Development

	Height								D	ata C	ollec	tion								
· · · · · · · · · · · · · · · · · · ·	HEIGHT_VSORRES	VSORRES why	ere VSTESTCE	D="HEIGHT"	1															
	Height Unit HEIGHT_VSORRES	J VSORRESU	where VSTES	STCD-"HEIGH	ar Pre-populat	rd		cm <fron< td=""><td>n Units codelist></td><td></td><td></td><td></td><td>L</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></fron<>	n Units codelist>				L							
Record the height percentile.	Height Percentil		here VSTESTO	ICD-"HGTPC						_	4									Data Tabu
Record the weight result in kg.	Weight WEIGHT_VSORRES	VSORRES wh	ere VSTESTCI	(D="WEIGHT	a					=										
	Weight Unit WEIGHT_VSORRES	U VSORRESU	where VSTES	STCD-"WEIG	HT Pre-popula	fed		kg <fron< td=""><td>m Units codelist></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>[m</td></fron<>	m Units codelist>											[m
Record the weight percentile.	WGTPCTL_VSORR		here VSTEST	icd-"Wgtpc	n:					CDA	ASH		L							
Record the BMI result.	BMI_VSORRES	SORRES where	/STESTCD= *	'BMI'							10.11									77
Record the BMI percentile.	BMIPCTL_VS0				_															
		to weat																		
lect the criteria used to determine BMI percentiles.					veight and he I weight perce				the CRF. The VSANMETH	value "CD)C Weight	for Age Per	rcentiles" in	dicates tha	t the height	percentile	was calculated using CDC criter	ia.		SDTM
cord the criteria used to determine BMI percentile.	BMI Percenti BMIPCTL_VSA What was th BMIPCTL_VSA	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7:	Show he Show BN Shows s	neight and BMI and BI systolic bl	l weight perce MI percentile lood pressure	entile valu as record observat	ues as re ded on th ition.	ecorded on the CRF. In n	row 6, the VSANMETH valu	lue "CDC B	BMI Percen	ntiles" indica	ates that th	e BMI pero	entile was ca	lculated us	ing CDC criteria.		uas calculate	
	BMI Percenti BMIPCTL_VSA What was th BMIPCTL_VSA	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9:	Show he Show BM Shows s Shows s and Bloo Diastolic	neight and BMI and BI systolic bl systolic bl pod Institu ic blood p	I weight perce MI percentile lood pressure lood pressure ite publication pressure observe	entile valu as record observat percenti n. rvation.	ues as re ded on th ition. iles baser	ecorded on the CRF. In n	row 6, the VSANMETH valu	lue "CDC B	BMI Percer	ntiles" indica ressure. The '	ates that the	e BMI perc H value is "	entile was ca NHLBI Blood	ilculated us I Pressure P	ing CDC criteria.	percentile w		ed based on a Nationa
cord the criteria used to determine BMI percentile.	BMI Percenti BMIPCTL VSA What was th BMIPCTL VSA Vital Sign Bo VSPOS Systolic Bloo	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 8: Row 9: Row 10:	Show he Show BM Shows s Shows s and Bloo Diastolic	neight and BMI and BI systolic bl systolic bl pod Institu ic blood p	I weight perce MI percentile lood pressure lood pressure ite publication pressure observe	entile valu as record observat percenti n. rvation.	ues as re ded on th ition. iles baser	ecorded on the CRF. In n	row 6, the VSANMETH valu	lue "CDC B	BMI Percer	ntiles" indica ressure. The '	ates that the	e BMI perc H value is "	entile was ca NHLBI Blood	ilculated us I Pressure P	ing CDC criteria.	percentile w		ed based on a Nationa
cord the criteria used to determine BMI percentile.	BMI Percenti BMIPCTL VSA What was th BMIPCTL VSA Vital Sign Bo VSROS Systolic Bloo SYSBP VSORR	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 8: Row 9: Row 10: <i>vs.xpt</i> Row STUD	Show he Show BM Shows s Shows s and Bloc Diastolic Shows d	neight and BMI and BI systolic bl systolic bl bod Institu ic blood p diastolic b	I weight perce MI percentile lood pressure lood pressure ute publication pressure obser plood pressure USUBJID	entile valu as record observat percenti n. rvation. re percent	lues as re ded on th ition. iles based itile based	ecorded on the CRF. In mediated on the su	row 6, the VSANMETH valu ibject's height, age, sex, ar ibject's height, age, sex, ar VSTEST	lue "CDC B ind systolic ind diastoli	BMI Percen c blood pr lic blood p vsorres	ntiles" indica ressure. The '	ates that the VSANMETH e VSANMET	e BMI perc H value is " [H value is VSSTRESN	entile was ca NHLBI Blooc 'NHLBI Bloo	ilculated us I Pressure P d Pressure	ing CDC criteria.	percentile w e percentile v		ed based on a Nationa ed based on a NHLBI
cord the oriteria used to determine BMI percentile.	BMI Percenti BMIPCTL VSA What was th BMIPCTL VSA Vital Sign 80 VSRV5 Systolic Bloo SYSBP VSORB Systolic Bloo	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: vs.xpt Row STUD 1 CDIS	Show he Show BM Shows s and Bloc Diastolic Shows d	eight and BMI and BI systolic bl bod Institu ic blood p diastolic b DMAIN VS CC	I weight perce MI percentile lood pressure lood pressure ute publication ressure obser olood pressur USUBJID 1 DISC01-2001	entile valu as recorce observat percenti n. rvation. re percent vsseq v 1	ues as re ded on th ition. iles based tile based 'SGRPID 1	ecorded on the CRF. In mediated on the su ed on the su ed on the su VSTESTCD WEIGHT	ow 6, the VSANMETH valu ibject's height, age, sex, ar ibject's height, age, sex, ar vsrest Weight	lue "CDC B ind systolic ind diastoli	BMI Percen c blood pr lic blood p <u>VSORRES</u> 62	ntiles" indica ressure. The ' pressure. The	VSANMETH VSANMETH e VSANMET VSSTRESC 62	e BMI perc H value is " [H value is VSSTRESN 62	entile was ca NHLBI Blooc 'NHLBI Bloo	ilculated us I Pressure P d Pressure	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH	percentile w percentile v VSLOBXFL Y	was calculat VISITNUM 1	ed based on a Nationa ed based on a NHLBI VSDTC 2018-12-21
cord the oriteria used to determine BMI percentile.	BMI Percenti BMIPCTL VSA What was th BMIPCTL VSA Vital Sign Bo VSROS Systolic Bloo SYSBP VSORR	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: <i>vs.xpt</i> Row STUD 1 CDIS: 2 CDIS:	Show he Show BM Shows s and Bloc Diastolic Shows d	eight and BMI and BI systolic bl bod Institu ic blood p diastolic b DMAIN VS CC VS CC	I weight percettile MI percentile lood pressure lood pressure ute publication pressure observing plood pressure usuBJID 1 DISC01-2001 DISC01-2001	entile valu as record observat percenti n. rvation. re percent vsseq v 1 2	ues as re ded on th titon. iles based tile based (SGRPID 1	ecorded on the CRF. In med on the su ed on the su vstestcD WEIGHT WTAPCTL	ow 6, the VSANMETH valu ibject's height, age, sex, ar ibject's height, age, sex, ar vsrtst Weight Weight Weight-for-Age Percentile	lue "CDC B ind systolic ind diastoli	BMI Percen c blood pr lic blood p vsorres 62 85	ntiles" indica ressure. The ' pressure. The VSORRESU kg	VSANMETH VSANMETH VSANMET VSSTRESC 62 85	e BMI perc H value is " I'H value is VSSTRESN 62 85	NHLBI Blood NHLBI Blood NHLBI Blood VSSTRESU	ilculated us I Pressure P d Pressure	ing CDC criteria.	percentile w percentile v VSLOBXFL Y Y	was calculat	ed based on a Nationa ed based on a NHLBI vsptc 2018-12-21 2018-12-21 2018-12-21
cord the oriteria used to determine BMI percentile.	BMIPCTL VSA What was th BMIPCTL VSA Vital Sign Bo VsR05 Systolic Bloo SYSBP VS0RR Systolic Bloo SYSBP VS0RR	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: vs.xpt Row STUD 1 CDIS: 2 3 CDIS:	Show he Show BN Shows s and Bloc Diastolic Shows d Diastolic Shows d	eight and BMI and BI systolic bl systolic bl ood Institu ic blood p diastolic b DMAIN VS CC VS CC	I weight percet MI percentile lood pressure lood pressure ute publication pressure obser olood pressur USUBJID 1 DISC01-2001 DISC01-2001 DISC01-2001	entile valu as record e observat e percenti n. rvation. re percent vvsseq v 1 2 3	ues as re ded on th ition. illes based tille based 'SGRPID 1 1 2	ecorded on the CRF. In me ed on the su ed on the su VSTESTCD WEIGHT WTAPCTL HEIGHT	ow 6, the VSANMETH valu ibject's height, age, sex, ar ibject's height, age, sex, ar Weight Weight-for-Age Percentile Height	lue "CDC B ind systolic ind diastoli	BMI Percen c blood pr lic blood p vsorres 62 85 152	ntiles" indica ressure. The ' pressure. The VSORRESU	VSANMETH VSANMETH VSANMETH VSSTRESC 62 85 1.52	e BMI perc H value is " I'H value is VSSTRESN 62 85 1.52	NHLBI Blood	ilculated us I Pressure P d Pressure	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH CDC Weight for Age Percentiles	percentile w percentile v VSLOBXFL Y Y	was calculat	ed based on a Nationa ted based on a NHLBI <u>vsDrc</u> 2018-12-21 2018-12-21 2018-12-21
cord the oriteria used to determine BMI percentile. Here the position of the subject at the time of test. Record the systolic blood pressure result.	BMIPCTL VSA What was th BMIPCTL VSA Vital Sign Bo Vsaco Systolic Bloo SYSBP VSOR Systolic Bloo SYSBP VSOR	Rows 1, 3: Rows 2, 4: Rows 2, 4: Row 5-6: Row 7: Row 8: Row 9: Row 10: <i>vs.xpt</i> Row STUD 1 CDIS: 2 CDIS: 3 CDIS: 4 CDIS:	Show he Show B ^I Shows s Shows s and Bloc Diastolic Shows d	eight and BM and BM and BM systolic bl systolic bl bod Institu ic blood p diastolic b VS CC VS CC VS CC	I weight percettile MI percentile lood pressure lood pressure stree publication pressure obsei blood pressure DISC01-2001 DISC01-2001 DISC01-2001 DISC01-2001	entile valu as record e observat percenti n. rvation. re percent 1 2 3 4	ues as re ded on th ition. iiles based tille based rsgRPID 1 1 2 2	ecorded on the CRF. In median the CRF. In median the sured on the sured weight with APCTL HEIGHT HTAPCTL	ow 6, the VSANMETH valu ibject's height, age, sex, ar ibject's height, age, sex, ar VSTEST Weight Weight-for-Age Percentile Height Height-For-Age Percentile	lue "CDC B ind systolic ind diastoli	BMI Percen c blood pro- lic blood p VSORRES 62 85 152 50	ntiles" indica ressure. The ' pressure. The vsorressure. kg cm	vSANMETH vSANMETH vSANMETH vSSTRESC 62 85 1.52 50	e BMI perc H value is " "H value is "H value is 62 85 1.52 50	NHLBI Blood NHLBI Blood NHLBI Blood VSSTRESU kg m	ilculated us I Pressure P d Pressure	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH	percentile w percentile v VSLOBXFL Y Y Y Y	was calculat	ed based on a Nationa ed based on a NHLBI vsDrc 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21
cord the ofteria used to determine BMI percentile. elect the position of the subject at the time of test. Record the systolic blood pressure result.	BMIPCTLVSA What was th IMIPCTLVSA Vital Sign Bo Vital Sign Bo Vital Sign Bo Vital Sign Bo Systolic Bloo Systolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo	Rows 1, 3: Rows 2, 4: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: vs.xpt Row STUD 1 CDIS' 2 CDIS' 3 CDIS' 5 CDIS'	Show he Show B ^I Shows s Shows s and Bloc Diastolic Shows d Diastolic Shows d	eight and BI BMI and BI systolic bl systolic bl ood Institu ic blood p diastolic b VS CC VS CC VS CC VS CC VS CC VS CC	I weight percettile MI percentile lood pressure ite publication pressure obsei olood pressure versure obsei olood pressure versure obsei olocol 2001 versure obsei versure obsei olocol 2001 versure obsei versure versure obsei versure versure v	entile valu as record observat percenti n. rvation. re percent 1 2 3 4 5	ves as re ded on th ition. illes based stille based 'SGRPID 1 1 2 2 3	ecorded on the CRF. In me ed on the su ed on the su VSTESTCD WEIGHT WTAPCTL HEIGHT HTAPCTL BMI	ow 6, the VSANMETH valu ibject's height, age, sex, ar ubject's height, age, sex, ar VSTEST Weight Weight-for-Age Percentile Height-for-Age Percentile Bejdy Mass Index	lue "CDC B ind systolic ind diastoli	BMI Percen c blood pro- lic blood p VSORRES 62 85 152 50 26.8	ntiles" indica ressure. The ' pressure. The VSORRESU kg	vsanmeri vsanmeri vsanmeri vsstresc 62 85 1.52 50 26.8	e BMI perc H value is " TH value is 02 85 1.52 50 26.8	NHLBI Blood NHLBI Blood NHLBI Blood VSSTRESU	Iculated us I Pressure P d Pressure VSRESCAT	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH CDC Weight for Age Percentiles CDC Height for Age Percentiles	percentile w percentile v VSLOBXFL Y Y Y Y Y Y	was calculat	ed based on a Nationa ted based on a NHLBI VSDTC 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21
cord the otheria used to determine BMI percentile. elect the position of the subject at the time of test. Record the systolic blood pressure result.	BMI Percenti BMIPCTL VSA What was th BMIPCTL VSA Vital Sign Bo Systolic Bloo SYSEP VSOR Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: Vs.xpt 1 CDIS 2 CDIS 3 CDIS 4 CDIS 5 CDIS 6 CDIS	Show he Show BN Shows si and Bloc Diastolic Shows d CO1 N CO1 N CO1 N CO1 N CO1 N CO1 N CO1 N CO1 N	eight and BI Systolic bl systolic bl ood Institu ic blood p diastolic b VS CC VS CC VS CC VS CC VS CC VS CC VS CC	I weight percettile MI percentile lood pressure ite publication pressure observation pressure observation plocod pressure usuBJID 1 Disco1-2001 Disco1-2001 Disco1-2001 Disco1-2001 Disco1-2001	entile valu as record e observat percenti n. rvation. rvation. rvation. e percent 1 2 3 4 5 6	ues as re ded on th titon. iles based tile based 'SGRPID 1 1 2 2 3 3 3	ecorded on the CRF. In n ed on the su ed on the su VSTESTCD WEIGHT WTAPCTL HEIGHT HTAPCTL BMI BMIAPCTL	ow 6, the VSANMETH valu ibject's height, age, sex, ar ubject's height, age, sex, ar <u>VSTEST</u> Weight Weight-for-Age Percentile Body Mass index BM-for-Age Percentile	Iue "CDC B Ind systolic Ind diastoli	BMI Percer c blood pr lic blood p vsorres 62 85 152 50 26.8 94	vressure. The vressure. The vressure. The vressure. The kg/m2 kg/m2	ates that the VSANMETH vVSANMETH vVSANMETH vVSSTRESC 62 85 1.52 50 26.8 94	e BMI perc H value is " H value is " H value is C VSSTRESN 62 85 1.52 50 26.8 94	NHLBI Blood NHLBI Blood VSSTRESU kg m kg/m2	ilculated us I Pressure P d Pressure	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH CDC Weight for Age Percentiles	Percentile w vsLoBXFL Y Y Y Y Y Y Y Y Y	visitnum 1 1 1 1 1 1 1 1 1 1	ed based on a Nationa ed based on a NHLBI vsDrc 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21
cord the oriteria used to determine BMI percentile. elect the position of the subject at the time of test. Record the systelic blood pressure result. Record the diastolic blood pressure result.	BMI Percenti BMIPCTL VSA What was th BMIPCTL VSA Vital Sign Bo Vsac Systolic Bloo SYSBP VSOR Systolic Bloo SYSBP VSOR Diastolic Bloo DIABP, VSOR Diastolic Blo DIABP, VSOR Diastolic Blo	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: Vs.xpt 1 2 CDIS 3 4 CDIS 6 CDIS 7	Show he Show BM Shows s Shows s and Bloc Diastolic Shows d Coll N Coll N Coll N Coll N Coll N Coll N Coll N Coll N	eight and BMI and BI systolic bl systolic bl ood Institu ic blood p diastolic b VS CC VS CCC VS CC VS	I weight percentile lood pressure lood pressure ite publication pressure observation observation of the publication pressure observation plscol-2001 DISC01-2001 DISC01-2001 DISC01-2001 DISC01-2001 DISC01-2001	entile valu as record e observat percenti n. rvation. e percenti 1 2 3 4 5 6 7	ues as re ded on th titon. illes based title based 'SGRPID 1 1 2 2 3 3 3 4	ecorded on the CRF. In re- ed on the su ed on the su WEIGHT WTAPCTL HEIGHT HTAPCTL BMI BMIAPCTL SYSBP	ow 6, the VSANMETH valu abject's height, age, sex, ar ubject's height, age, sex, ar VSTEST Weight Weight-for-Age Percentile Height-for-Age Percentile Body Mass Index BMI-for-Age Percentile BMI-for-Age Percentile	lue "CDC B ind systolic ind diastoli	BMI Percer c blood pr lic blood p vsorres 62 85 152 50 26.8 94 105	ntiles" indica ressure. The ' pressure. The vsorressure. kg cm	ates that the VSANMETH VSANMETH VSANMETH VSSTRESC 62 85 1.52 50 26.8 94 105	e BMI perc H value is " TH value is CH val	NHLBI Blood NHLBI Blood NHLBI Blood VSSTRESU kg m	Iculated us I Pressure P d Pressure VSRESCAT	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH CDC Weight for Age Percentiles CDC Height for Age Percentiles CDC BMI Percentiles	percentile w percentile v vsLOBXFL Y Y Y Y Y Y Y Y	was calculat 1 1 1 1 1 1 1 1 1 1 1 1 1	ed based on a Nationa ed based on a NHLBI vsptc 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21
cord the otheria used to determine BMI percentile. elect the position of the subject at the time of test. Record the systolic blood pressure result.	BMI Percenti BMIPCTL VSA What was the BMIPCTL VSA What was the BMIPCTL VSA Vital Sign Bo VSROS Systolic Bloo Disstolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: Vs.xpt 1 CDIS 2 CDIS 3 CDIS 5 CDIS 6 CDIS 7 CDIS 8 CDIS	Show he Show BM Shows s Shows s and Bloc Diastolic Shows d Coll M Coll M Coll M Coll M Coll M Coll M Coll M Coll M	eight and BMI and Bf systolic bl systolic bl sodd Institu ic blood p diastolic b VS CC VS	I weight perce MI percentile lood pressure lood pressure oblood pressure bilood pressure bilood pressure visual publication pressure obset bilood pressure visual publication piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001	entile valu as record e observate percenti n. rvation. re percent vysseq vs 1 2 3 4 5 6 7 7 8	ues as re ded on th tition. illes based title based 'SGRPID 1 1 2 2 3 3 3 4 4 4	ecorded on the CRF. In re- ed on the su ed on the su WEIGHT WTAPCTL HEIGHT HTAPCTL BMI BMIAPCTL SYSBP SBPPCTL	ow 6, the VSANMETH valu ibject's height, age, sex, ar ubject's height, age, sex, ar <u>VSTEST</u> Weight-for-Age Percentile Body Mass Index BM-for-Age Percentile Systolic Blood Pressure S&P Percentile	Iue "CDC B Ind systolic Ind diastolic VSPOS N SITTING	BMI Percer c blood pr lic blood p vsorres 62 85 152 50 26.8 94 105 50 105 50	ntiles" indica ressure. The oressure. The kg cm kg/m2 mmHg mmHg	vsanmeri vvsanmeri vvsanmeri vvsanmeri so so 26.8 94 105 50	e BMI perc H value is " TH value is 11.52 50 26.8 94 105 50	NHLBI Blood NHLBI Blood NHLBI Blood kg m kg/m2 mmHg	Iculated us I Pressure P d Pressure VSRESCAT	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH CDC Weight for Age Percentiles CDC Height for Age Percentiles	Percentile w Percentile w Y Y Y Y Y Y Y Y	visitnum 1 1 1 1 1 1 1 1 1 1	ed based on a Nationa ted based on a NHLBI VSDTC 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21
cord the oriteria used to determine BMI percentile. elect the position of the subject at the time of test. Record the systelic blood pressure result. Record the diastolic blood pressure result.	BMI Percenti BMIPCTL VSA What was th BMIPCTL VSA Vital Sign Bo Systolic Bloo SYSBP VSORP Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo Diastolic Bloo	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: Vs.xpt Row 5: CDIS: 4 CDIS: 5 CDIS: 6 CDIS: 7 CDIS: 8 CDIS: 9 CDIS:	Show he Shows s Shows s and Bloc Diastolic Shows d Shows d Shows d Shows d CO1 0 CO1	eight and BMI and Bf systolic bl bood Institu color blood p diastolic b VS CC VS CCC	I weight perce MI percentile lood pressure lood pressure of pressure observed pressure blood pressure usubjication pressure observed polication piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001	entile valu as record e observat e percenti n. rvation. e percent 1 2 3 4 5 6 7 8 9	ues as re ded on th tition. iiles based title based (SGRPID) 1 1 2 2 3 3 4 4 5	ecorded on the CRF. In re- ed on the su ed on the su VSTESTCD WEIGHT WTAPCTL HEIGHT HTAPCTL BMI BMIAPCTL SYSBP SISPPCTL DIABP	ow 6, the VSANMETH valu abject's height, age, sex, ar ubject's height, age, sex, ar weight Weight Weight for. Age Percentile Body Mass Index Body Mass Index BMI-for-Age Percentile BMI-for-Age Percentile BMI-for-Age Percentile Databilic Biodo Pressure S&P Percentile	Iue "CDC B Ind systolic Ind diastolic VSPOS N SITTING	BMI Percer c blood pr lic blood p vsorres 62 85 152 50 26.8 94 105 50 63	vressure. The vressure. The vressure. The vressure. The kg/m2 kg/m2	vsanmeri vvsan v v v v v v v v v v v v v v v v v v v	e BMI perce H value is " H value is CH value is 62 85 1.52 50 26.8 94 105 50 63	NHLBI Blood NHLBI Blood VSSTRESU kg m kg/m2	Iculated us I Pressure P d Pressure VSRESCAT	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH CDC Weight for Age Percentiles CDC Height for Age Percentiles CDC BMI Percentiles NHLBI Blood Pressure Percentiles	Percentile w Percentile w Y Y Y Y Y Y Y Y Y Y Y	was calculat 1 1 1 1 1 1 1 1 1 1 1 1 1	VSDTC 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21
cord the oriteria used to determine BMI percentile. elect the position of the subject at the time of test. Record the systelic blood pressure result. Record the diastolic blood pressure result.	BMI Percenti BMIPCTL VSA What was th IMMIPCTL VSA Vital Sign Bo VSDO Systolic Bloo Isrsep VSDRB Diastolic Bloo Diaste VSDRB Diastolic Bloo Diaste VSDRB Diastolic Bloo Diaste VSDRB Diastolic Bloo Diaste VSDRB Diastolic Bloo Diaste VSDRB	Rows 1, 3: Rows 2, 4: Rows 5-6: Row 7: Row 8: Row 9: Row 10: Vs.xpt 1 CDIS 2 CDIS 3 CDIS 5 CDIS 6 CDIS 7 CDIS 8 CDIS	Show he Shows s Shows s and Bloc Diastolic Shows d Shows d Shows d Shows d CO1 0 CO1	eight and BMI and Bf systolic bl bood Institu color blood p diastolic b VS CC VS CCC	I weight perce MI percentile lood pressure lood pressure oblood pressure bilood pressure bilood pressure visual publication pressure obset bilood pressure visual publication piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001 piscon-2001	entile valu as record e observate percenti n. rvation. re percent vysseq vs 1 2 3 4 5 6 7 7 8	ues as re ded on th tition. iiles based title based (SGRPID) 1 1 2 2 3 3 4 4 5	ecorded on the CRF. In re- ed on the su ed on the su WEIGHT WTAPCTL HEIGHT HTAPCTL BMI BMIAPCTL SYSBP SBPPCTL	ow 6, the VSANMETH valu ibject's height, age, sex, ar ubject's height, age, sex, ar <u>VSTEST</u> Weight-for-Age Percentile Body Mass Index BM-for-Age Percentile Systolic Blood Pressure S&P Percentile	Iue "CDC B Ind systolic Ind diastolic VSPOS N SITTING	BMI Percer c blood pr lic blood p vsorres 62 85 152 50 26.8 94 105 50 105 50	ntiles" indica ressure. The oressure. The kg cm kg/m2 mmHg mmHg	vsanmeri vvsanmeri vvsanmeri vvsanmeri so so 26.8 94 105 50	e BMI perc H value is " TH value is 11.52 50 26.8 94 105 50	NHLBI Blood NHLBI Blood NHLBI Blood kg m kg/m2 mmHg	Iculated us I Pressure P d Pressure VSRESCAT	ing CDC criteria. Percentiles", indicating that the Percentiles", indicating that the VSANMETH CDC Weight for Age Percentiles CDC Height for Age Percentiles CDC BMI Percentiles	Percentile w Percentile w Y Y Y Y Y Y Y Y Y Y Y	was calculat VISITNUM 1 1 1 1 1 1 1 1 1 1 1 1 1	ed based on a Nationa ted based on a NHLBI VSDTC 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21 2018-12-21





CDISC C4C Pediatric TAUG Scoping Summary Webinar

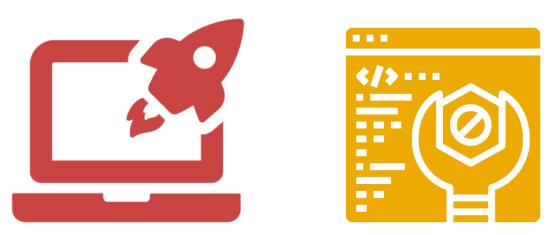
Internal and Public Reviews

- The internal review ensures that all CDISC teams and appropriate collaborative groups and subject matter experts have the opportunity to review the draft standard.
- During the public review, commenting is open to the public
- Both of these stages involve:
 - Releasing the draft standard for review
 - Resolving issues and updating the draft standard
 - Submitting remaining/additional terminology requests
 - Obtaining Global Governance Group (GGG) approval to proceed to the next stage





Publication and Maintenance





Questionnaires, Ratings, and Scales (QRS)

- QRS Development has its own standards development process:
 - Identification by scoping team
 - · Check if QRS exists in current QRS library
 - Submit request for new QRS development
 - CDISC requests copyright permissions
 - If permission is granted, the QRS moves into development of its own supplement
 - After development, the QRS supplements pass thorough the Internal and Public Review quality gateway processed
 - Publication of the QRS supplement on the CDISC website
- Goal: Identify up to 10 standard QRS related to pediatric trials
- These will be listed as QRS of interest in the TA user guide

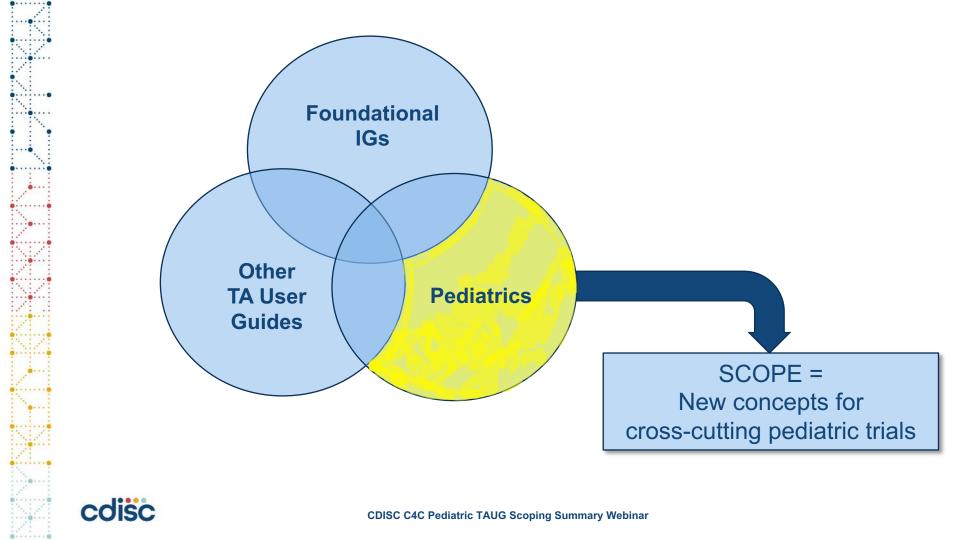


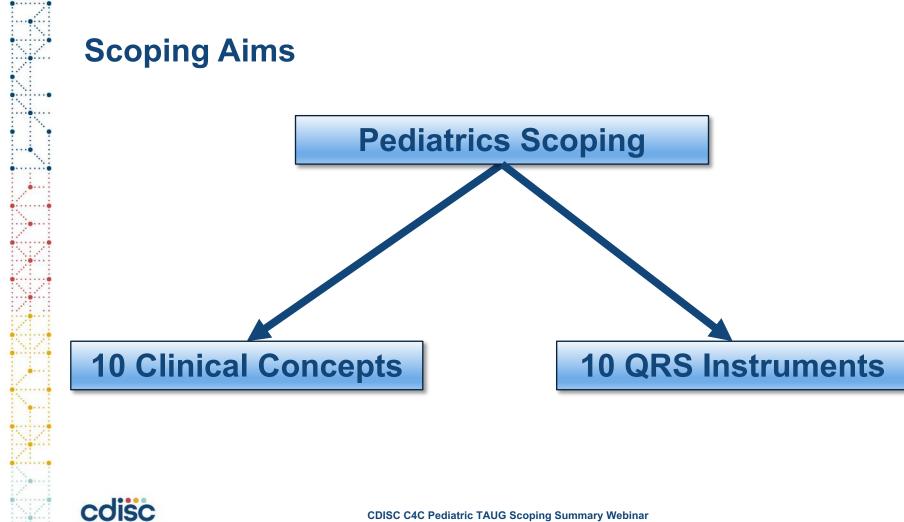
Terminology Development

- Terminology Development has its own standards development process
- Each TA team is assigned a terminology representative from NCI-EVS
 - This individual liaises with CT teams and TA teams
- Terminology development begins during internal review
 - Relatively stable model means less re-work
 - SMEs may be needed
- Terminology analysis can inform data modeling decisions and may change as terminology development proceeds
- CDISC Terminology is published on a quarterly cycle
 - Goal is to have all terminology published or in public review by the time the TAUG is published

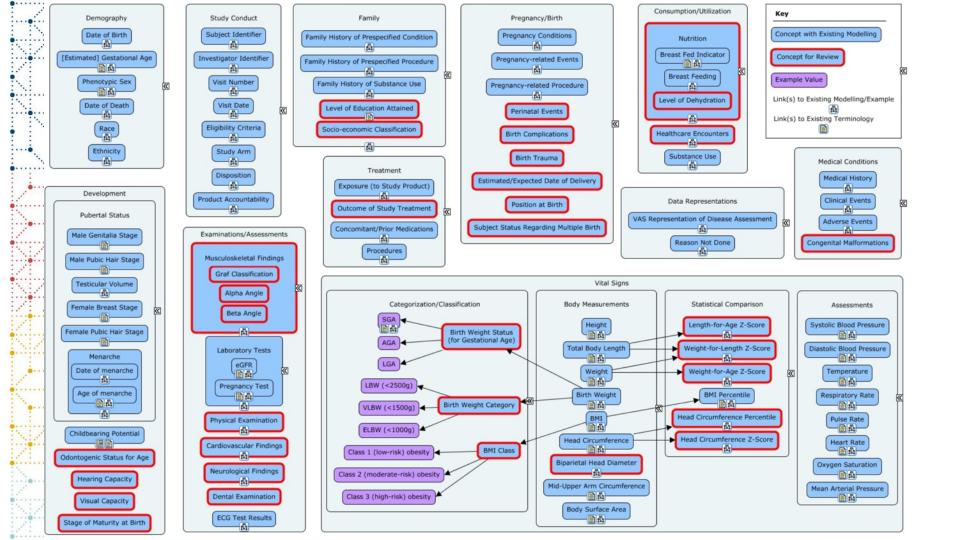


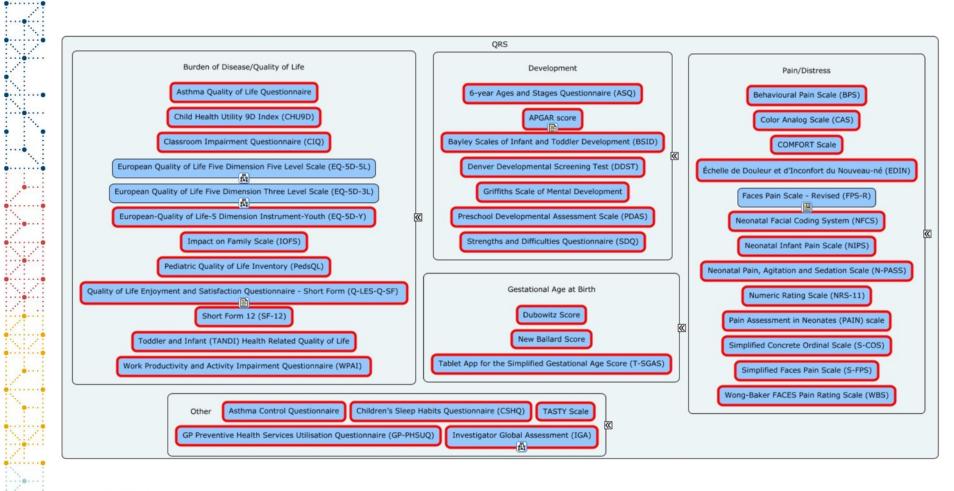
Deep Dive into Scoping





CDISC C4C Pediatric TAUG Scoping Summary Webinar



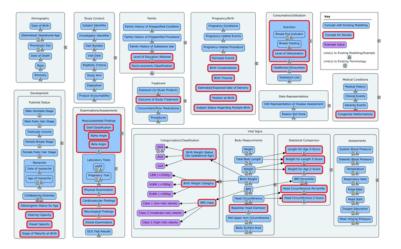






Concept Modeling

- Deep dive into areas bordered in red
- Identify where existing modelling/examples are fit for use
 - The User Guide will contain links to existing modelling/examples to avoid duplication
- Identify where new modelling/examples are needed
 - The User Guide will contain new modelling/examples
- Amend and finalize the scope based on the decisions above





QRS

- QRS Instruments identified during scoping currently under review by the c4c expert groups in order to prioritizes the development of the most cross-cutting QRS instruments used in pediatric trials
- Once the list is prioritized, these will be pushed through to the QRS Development team
- The QRS instruments will be published as separate supplements in the CDISC website
 - <u>https://www.cdisc.org/standards/foundational/qrs</u>





Want to get involved?

	Ti
•••	
	Pedia
	Pedia
ŚZ	Pedia

imelines

2020	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pediatrics TAUG												
2021	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pediatrics TAUG				Stage 0				Stage 1	W1		Stage 2	
2022	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pediatrics TAUG	Stage 2		Stage 3a		w:	2	Stage 3b				Stage 3c	W3

Stage 0	Scoping and Planning
Stage 1	Identification/Modeling of Concepts
Stage 2	Standards Development
Stage 3a	Internal Review
Stage 3b	Public Review
Stage 3c	Publication
	Public Webinars
w	1 - Scoping Results
	2 - Public Review
	3 - Publication

G Deliverable Feb 2023 (M58) mission required April 2023 (M60)



Why volunteer?

Volunteers gain professional experience Teams bring people together – Networking, etc.

Learn different things about standards and the development process

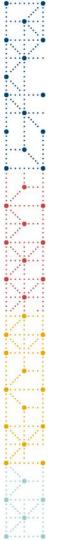
Volunteering strengthens the standards community

You get a chance to give back and make a difference

Unique opportunity to influence the standard development process







cdisc

Volunteer for a Standards Development Team!

Submit an inquiry

www.cdisc.org/volunteer

First Name * Las	st Name *	Organization *	Email *	Alternate Email
			This email will be	
			used for team mailing	-
			lists and Wiki/Jira	9
			account creation if	
			you do not already	
			have one.	
Select the CDISC Standards De) ADaM) CDASH	evelopment team 1 O SDS O SEN O XML	D		esults Standard Sub-Team
) Controlled Terminology) QRS	0	iecn lical Devices		
ditional standards information	0			

CDISC C4C Pediatric TAUG Scoping Summary Webinar



Thank You!



Pediatrics User Guide – Summary of Scoping

John Owen, Head of Partnerships & Development, CDISC Richard Marshall, Lead Developer, CDISC

cdisc

TUE 21 SEP 11:00AM-11:45AM ET

Questions & Answers

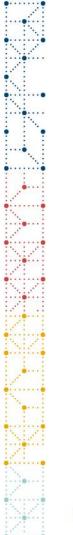


Audience Questions

In identifying QRS scales for development, will the team have a "backup list" in case some of the initial 10 do not receive copyright permission?







cdisc

Audience Questions



If someone is new to CDISC standards development, can he volunteer for the standards development?

41

Upcoming Learning Opportunities

New Virtual Training Methods

Blended Learning from CDISC

Online Resources <u>+ In-Person Instruction</u> More Personalized Learning

Classes Starting Soon!

cdisc

- Information available at: <u>www.cdisc.org</u>
- Register at: <u>https://learnstore.cdisc.org/</u>
- Contact us at: training@cdisc.org



CDISC Redefines Data Standards Training

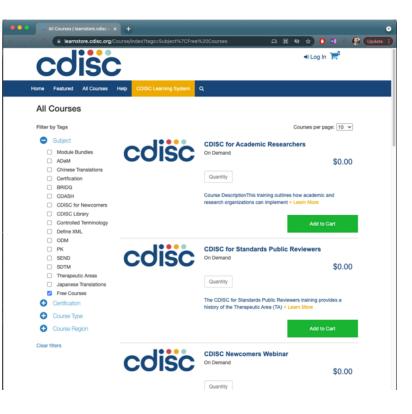
100% Instructor LedImmediate Feedback

Remote Convenience

cdisc

• Small Class Sizes

Free CDISC Courses



Http://learnstore.cdisc.org

.....

.....

....

· · · · · · · · ·



cdisc

2021 US INTERCHANGE

With Standards – Science Will Prevail!

Live Stream | 20-21 October

Conference & Trade Show

VIRTUAL EVENT!

Virtual

VIUIIV







Upcoming Webinars

2021 Hybrid US Interchange Sneak Peek

23 September 2021, 10 - 10:45am EDT

REGISTER NOW!

Join CDISC leaders for a preview of the upcoming hybrid US Interchange , which will take place 20 - 21 OCT in person in Washington, DC and online.

CDISC staff and community experts will introduce program highlights such as the CDISC Open Rules Engine (CORE) and the CDISC Open Source Alliance (COSA), regulatory topics, and more. Webinar attendees will get a look at the conference platform that will be available for both in-person and virtual attendees. We want all our attendees to experience the same great presentations, whether from seats in the conference rooms or from the comfort of their living rooms.

Panelist(s)

Sam Hume, Vice President, Data Science, CDISC Bernard Klinke, Virtual Experience Manager, CDISC Amy Palmer, Head of Standards Development, CDISC Andrea Vadakin, Sr. Director, Membership and Events, CDISC

Language

English



Controlled Terminology Updates for Q3 2021

30 September 2021, 11am - 12:30pm EDT

REGISTER NOW!

This quarterly webinar series addresses the latest Controlled Terminology release package as well as content currently in Public Review. Controlled Terminology is the set of codelists and valid values used with data items within CDISC-defined datasets. Controlled Terminology provides the values required for submission to FDA and PMDA in CDISC-compliant datasets.

Panelist(s)

Dr. Erin Muhlbradt, Clinical/Biomedical Information Specialist, Enterprise Vocabulary Services, National Cancer Institute

Language English

Upcoming Webinars

Digital Data Flow: Project Information and Call for Volunteers

5 October 2021, 11am - 12:30pm EDT

REGISTER NOW!

CDISC, in collaboration with TransCelerate's Digital Data Flow Project, is developing a reference architecture, which will serve as a standard model for the development of a Study Definitions Repository. The Repository is a novel central component aimed at facilitating the exchange of structured study definitions across clinical systems using technical and data standards.

Deliverables will include a logical data model, supporting Controlled Terminology, API specifications and related conformance tests.

Join us as we share project progress and how to get involved.

Read the press release announcing the project.

Panelist(s)

Dave Evans, CDISC President & CEO John Owen, CDISC Head of Partnership & Development Christine Connolly, CDISC Senior Project Manager

Language

English

cdisc

Controlled Terminology Updates for Q4 2021

21 December 2021, 11am - 12:30pm EST

REGISTER NOW!

This quarterly webinar series addresses the latest Controlled Terminology release package as well as content currently in Public Review. Controlled Terminology is the set of codelists and valid values used with data items within CDISC-defined datasets. Controlled Terminology provides the values required for submission to FDA and PMDA in CDISC-compliant datasets.

Panelist(s)

Dr. Erin Muhlbradt, Clinical/Biomedical Information Specialist, Enterprise Vocabulary Services, National Cancer Institute

Language

English

https://www.cdisc.org/events/webinar

Thank you!



Contact the Events inbox: <u>events@cdisc.org</u>



Contact Education inbox: training@cdisc.org



Contact Bernard directly: bklinke@cdisc.org

