

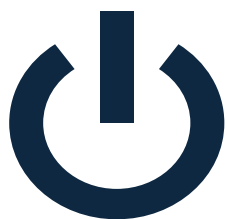
Fund Once, Reuse Often:
Making Clinical Data Reusable by
Design with Standards in Mind



Housekeeping



You will remain on **mute**



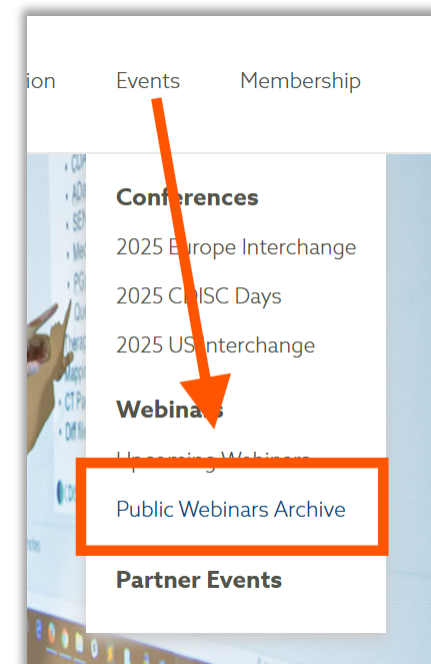
Audio Issues?

First, close & restart your Teams App, check your local internet connection strength



Submit questions at any time via the Q&A section on your Teams app

A **recording of this webinar** and a PDF of the slides will be available in the Public Webinar Archive on the CDISC website.





Speakers



Chris Decker, President & CEO, CDISC



Aaron Mann, CEO, Clinical Research Data Sharing Alliance (CRDSA)



Meredith Zozus, PhD, FACMI, Professor and Division Chief, Director of Clinical Research Informatics, UT Health San Antonio



Alex Cheng, PhD, Assistant Professor, Department of Biomedical Informatics, Vanderbilt University (REDCap)



Frank Rockhold, PhD, Professor of Biostatistics and Bioinformatics, Duke University School of Medicine



Agenda

1. CDISC Introduction & Vision
2. Spotlight: Clinical Research Data Sharing Alliance (CRDSA)
3. Spotlight: REDCap Enabling Academic Research
4. Panel: Academic Leaders Designing "Shareable from Day One" Studies



Introduction To CDISC



Global, nonprofit standards development organization (SDO)

- 501(c)(3) non-profit
- Founded by volunteers in 1997

For consensus-based, research data standards development

- Established, documented development process
- Required by regulators and embedded in sponsors

With a Vision 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***



Providing Regulatory Submissions in Electronic Format — Submissions Under Section 745A(a) of the Federal Food, Drug, and Cosmetic Act

Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

December 2014
Electronic Submissions

<https://www.fda.gov/media/88120/download>

Providing Regulatory Submissions In Electronic Format — Standardized Study Data Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Oncology Center of Excellence (OCE)

June 2021
Electronic Submissions
Revision 2

<https://www.fda.gov/media/82716/download>

STUDY DATA TECHNICAL CONFORMANCE GUIDE

Technical Specifications Document

This Document is incorporated by reference into the following Guidance Document(s):

Guidance for Industry *Providing Regulatory Submissions in Electronic Format – Standardized Study Data*

For questions regarding this technical specifications document, contact CDER at cdcr-edata@fda.hhs.gov or CBER at cber-edata@fda.hhs.gov.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

August 2021

<https://www.fda.gov/media/147233/download>

The screenshot shows the PMDA (Pharmaceuticals and Medical Devices Agency) website. The main content area displays 'New Drug Review with Electronic Data' and includes a section for 'Accumulation and utilization of data'. The sidebar on the right contains various navigation links such as 'Business and Related Services', 'Regulatory Services', and 'Public Comments'.

<https://www.pmda.go.jp/english/review-services/reviews/0002.html>

CDISC Standards are required for submission to USA FDA and Japan PMDA, can be used for patient-level data submission to EU EMA, and are recognized by China NMPA and Korea MFDS

Therapeutic Area Partnerships

Autoimmune/Respiratory



Cardiovascular



Endocrine/Gastro



Infectious



Interoperability
Platforms/Repositories



Mental Health

Neuro

Oncology

Pediatric

Rare





CDISC Vision and Value of Connected Information

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

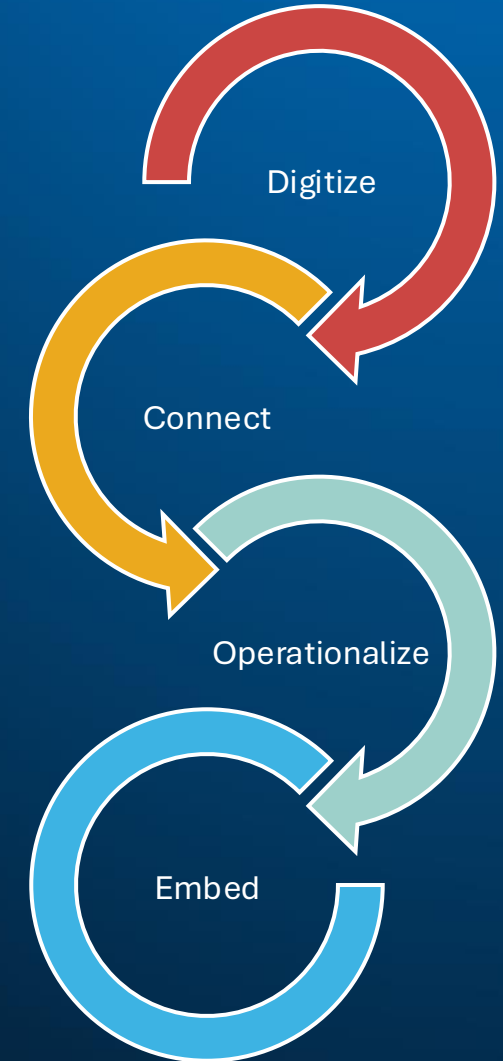
Unified semantic backbone that provides clarity and context



Accessible

Embedded in workflows to support informed, confident decisions

Path to 2030



Value Of A Connected World

Transition standards use from necessary requirement to valuable enabler through connected and ready to use implementable standards.

Patients

Easier access to trials, better engagement in those trials, and faster life saving products to market

Researchers

Reduce barrier to entry and cost for standards through ready to use implementable standards & open-source tools

Sponsors

Protocol driven research automating the metadata & data pipeline reducing time to study results & increasing quality

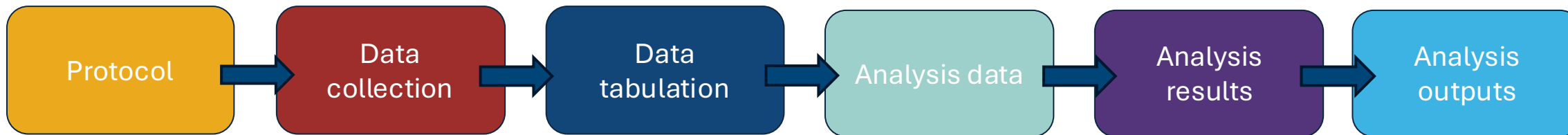
Regulators

Reduced variability & clickable traceability from analysis to the collected data increasing confidence in decisions

Technologists

Provide machine readable and interoperable inputs and outputs for easier adoption by software solutions

Using Digital Assets to Enable Seamless Data Flow



Conceptual Biomedical Concepts (BC)

BC CRF Implementation

BC SDTM Implementation

Analysis Concepts

VISITNUM	Visits	Study Day	Cycle	Treatment	AEs	Prior BCs/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

Variable	Where Condition	Label / Description	Type	Role	Length or Display Format
VISITNUM	VISITNUM = 1	Visit Number	Text	Result	1
STUDYDAY	VISITNUM = 1	Study Day	Text	Result	1
TREATMENT	VISITNUM = 1	Treatment	Text	Result	1
AE	VISITNUM = 1	Adverse Event	Text	Result	1
PRIORBC	VISITNUM = 1	Prior Biomedical Concepts/Treatments	Text	Result	1

eCRF

Variable	Where Condition	Label / Description	Type	Role	Length or Display Format
TEMP	VISITNUM = 1	Temperature	Text	Result	8

- SDTM Define.XML
- Mapping Specifications

Dataset	Description	Class	Structure	Purpose	Keys
ADAE	Adverse Events (Active Dataset)	ADVERSE EVENT ANALYSIS	One Record per Subject per reported Adverse Event.	Analysis	STUDID, VISUBID, ASTDT, AEDMCO, AESTDT, AETRM, AESSQ
ADLB	Laboratory Test Results (Active Dataset)	BASIC DATA STRUCTURE	One Record per Subject per Visit per Test (plus 2 tests per calcium test)	Analysis	STUDID, VISUBID, ADTM, ADT, LBDT, VISITNUM, VISIT, LBSPID, PARAMCD, LBTESTCD, LBPRIC, LBREFID, MODALC, LBSEQ
ADSL	Subject Level Analysis Dataset	SUBJECT LEVEL ANALYSIS DATASET	One Record per Subject	Analysis	STUDID, VISUBID

- ADaM Define.XML
- Mapping Specifications

```

    "level": 1,
    "order": 1,
    "condition": {
      "dataset": "ADAE",
      "variable": "TRTEFL",
      "comparator": "EQ",
      "value": [
        "y"
      ]
    },
    "id": "Dss01_TEA",
    "label": "Treatment-Emergent Adverse Event"
  
```

Analysis Results Metadata

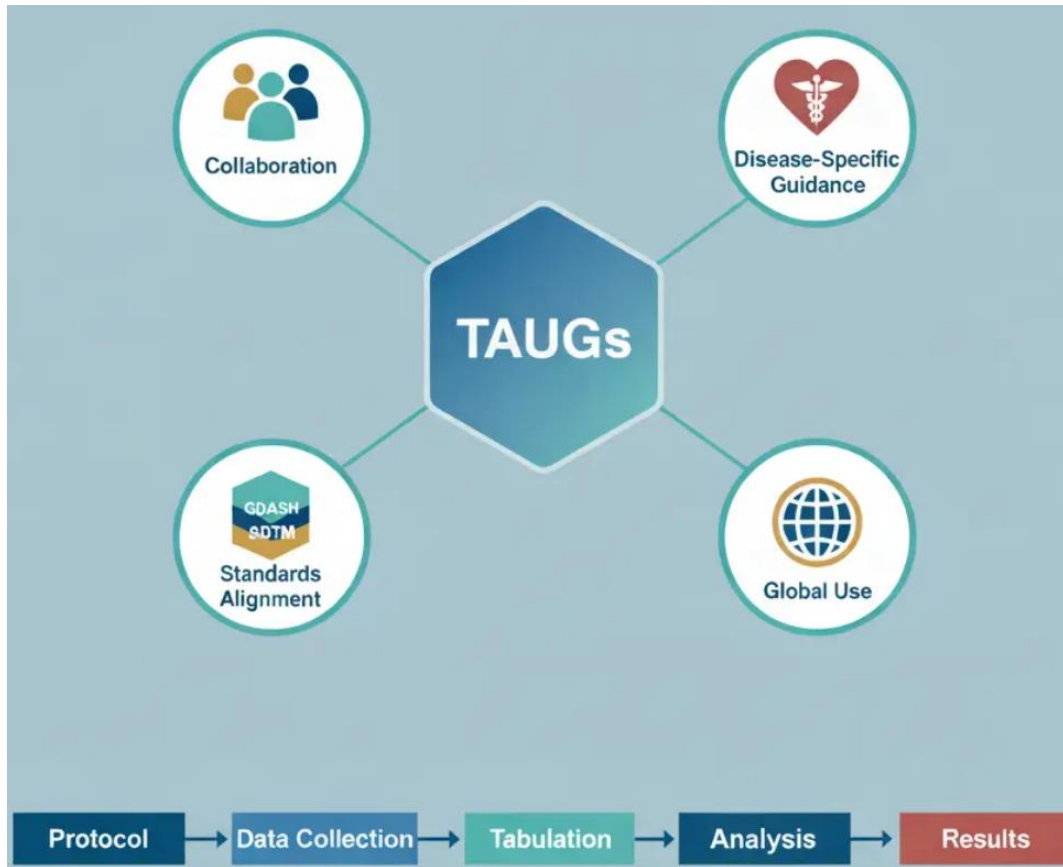
result_id	statistic_id	value
AnlResult_01_TRT	AnlStat_HR	0.64
AnlResult_01_TRT	AnlStat_CI_LCL	0.45
AnlResult_01_TRT	AnlStat_CI_UCL	0.91
AnlResult_01_TRT	AnlStat_PVAL	0.02
AnlResult_02_AGE	AnlStat_HR	1.03
AnlResult_02_AGE	AnlStat_CI_LCL	1.00
AnlResult_02_AGE	AnlStat_CI_UCL	1.06
AnlResult_02_AGE	AnlStat_PVAL	0.07

Analysis Results Dataset



Therapeutic Area Users Guides (TAUGs)

Standardizing Therapeutic Knowledge Across Research



CDISC TAUGs bridge foundational data standards and disease-specific research

Data Consistency: Ensure data consistency from clinical data collection through data tabulation and analysis across 45+ disease areas

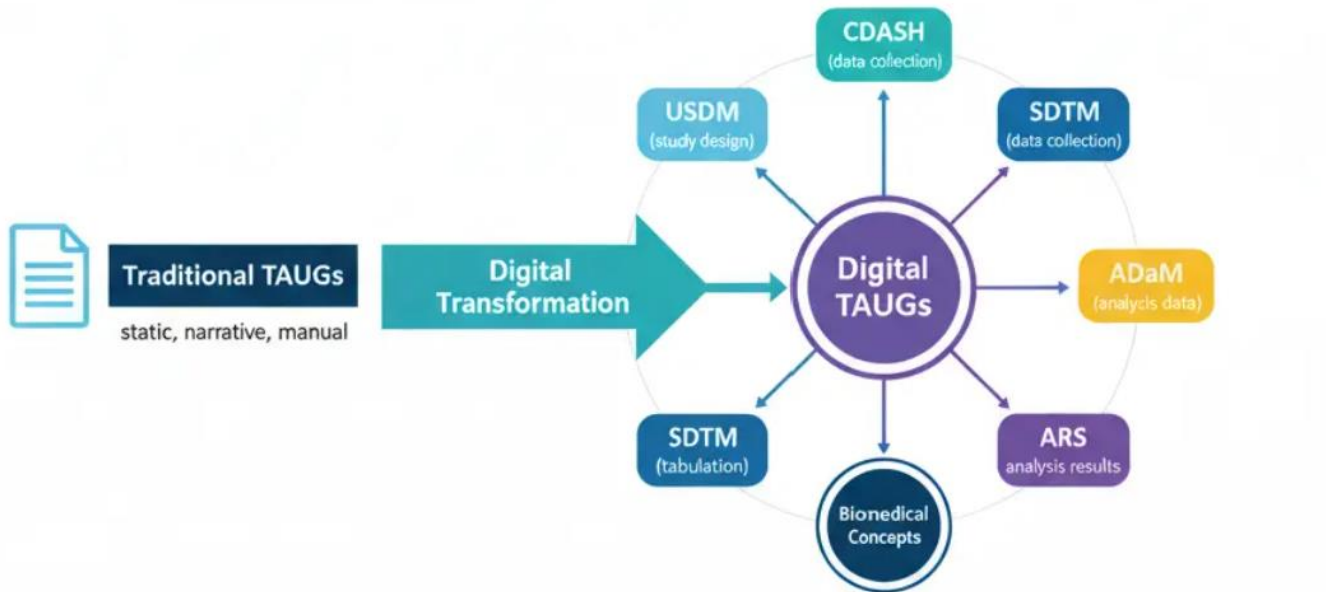
Built with global collaboration: Pharmaceutical companies, regulators, and disease experts jointly partner on TAUGs

Used worldwide: TAUGs inform regulatory submissions, accelerate data sharing, and enable cross-study comparisons.

Rich, validated reference content: TAUGs capture disease-specific metadata, examples, and CDISC standard mappings.



Transforming Therapeutic Knowledge into Digital Intelligence



Biomedical Concepts Anchor Clinical Meaning



Automation



AI readiness



Faster Research



Interoperability

Digitizing TAUGs connects the full research lifecycle:

Using Biomedical Concepts and linked metadata (CDISC 360i model), Digital TAUGs connect protocol design, data collection, tabulation, analysis, and results

Enables automation and AI:

Machine-readable standards allow systems to automatically configure data flow, analyses, and study artifacts.

FAIR and future-proof:

Digital TAUGs enable Findable, Accessible, Interoperable, and Reusable content for automated research and meta-analysis.

Accelerates discovery:

Reduces time and cost from study design to results, supporting faster progress in therapeutic innovation

Funding digital TAUGs shifts research dollars from manual data wrangling to faster answers, higher-quality evidence, and greater patient impact.



Thank You!



Spotlight: Clinical Research Data Sharing Alliance (CRDSA)

Delivering collaborative solutions

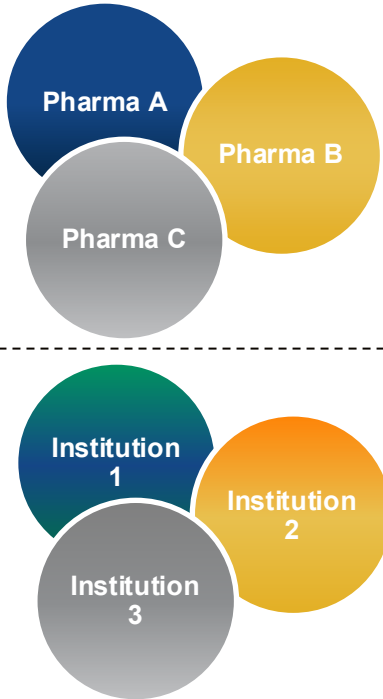


Collaborating Organizations



The problem

Data Contributors



Data Platforms



and many more...

Researchers

DM_extended_template_40_subjects_sample																		
TRIAL	SUBJID	SEX	RACE	AGE	AGEU	ETHNIC	COUNTRY	SITEID	STUDYID	USUBJID	ARMCD	ARM	BRTHDTG	RFSTDTG	RFENDTC	DOMAIN		
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rd_subj_NCT00554229	120	1		99			1 Brazil	3071	D4320C00014	D4320C00014-120.0						DM		
rd_subj_NCT00554229	140	1		11			98 Canada	3062	D4320C00014	D4320C00014-140.0						DM		
rd_subj_NCT00554229	217	1		13			8 India	3092	D4320C00014	D4320C00014-217.0						DM		
rd_subj_NCT00554229	46	1		11			98 Belgium	3003.0	D4320C00014	D4320C00014-46.0						DM		
demo_NCT00401323	090501-000-999-093	MALE	CAUCASIAN													DM		
demo_NCT00401323	090501-000-999-094	MALE	CAUCASIAN													DM		
demo_NCT00401323	090501-000-999-180	MALE	CAUCASIAN													DM		
demo_NCT00401323	090501-000-999-125	FEMALE	CAUCASIAN													DM		
demo_NCT00401323	090501-000-999-262	MALE	CAUCASIAN													DM		
demo_NCT00460285	223604008	Male	White or Caucasian					3604	20050251	20050251-223604008						DM		
demo_NCT00460285	22122003	Male	White or Caucasian					1222	20050251	20050251-22122003						DM		
demo_NCT00460285	221101008	Male	White or Caucasian					1101	20050251	20050251-221101008						DM		
demo_NCT00460285	221601008	Female	White or Caucasian					1601	20050251	20050251-221601008						DM		
demo_NCT00460285	221216007	Male	White or Caucasian					1216	20050251	20050251-221216007						DM		
demog_NCT00699374	A6181170_362	Female	White					A6181170	A6181170-A6181170_362							DM		
demog_NCT00699374	A6181170_74	Female	Asian					A6181170	A6181170-A6181170_74							DM		
demog_NCT00699374	A6181170_355	Male	Black					A6181170	A6181170-A6181170_355							DM		
demog_NCT00699374	A6181170_87	Male	Asian					A6181170	A6181170-A6181170_87							DM		
demog_NCT00699374	A6181170_238	Male	Asian					A6181170	A6181170-A6181170_238							DM		
dm_NCT00409188	329	M	WHITE	59 YEARS		NOT HISPANIC OR LATINO	POL	60	EMR63325-001		175	PLACEBO	Placebo	1952	2011-12-17T08:55	2012-04-28	DM	
dm_NCT00409188	258	M	WHITE	53 YEARS		NOT HISPANIC OR LATINO	POL	174	EMR63325-001		276	PLACEBO	Placebo	1959	2013-02-03T09:45	2013-06-16	DM	
dm_NCT00409188	442	F	ASIAN / PACIFIC ISLANDER	69 YEARS		NOT HISPANIC OR LATINO	USA	144	EMR63325-001		494	PLACEBO	Placebo	1943	2012-09-26T10:05	2013-02-06	DM	
dm_NCT00409188	215	F	LATINO / HISPANIC	59 YEARS		HISPANIC OR LATINO	BRA	13	EMR63325-001		73	PLACEBO	Placebo	1952	2012-07-10T13:15	2012-11-23	DM	
dm_NCT00409188	250	F	WHITE	59 YEARS		NOT HISPANIC OR LATINO	NLD	159	EMR63325-001		456	PLACEBO	Placebo	1950	2009-11-21T13:35	2010-01-09	DM	
dm_NCT00689221	31	F		3				1	18	70	EMD121974011	31	CONTRGRP	CONTROL GROUP	1957	2010-10-20T12:00	2011-05-23	DM
dm_NCT00689221	119	M		3				1	18	31	EMD121974011	119	CONTRGRP	CONTROL GROUP	1940	2010-01-28T08:30	2010-05-17	DM
dm_NCT00689221	80	F		3	57 YEARS			1	8	78	EMD121974011	80	CONTRGRP	CONTROL GROUP	1952	2010-05-01T09:00	2010-12-01	DM
dm_NCT00689221	213	M		3				1	18	113	EMD121974011	213	CONTRGRP	CONTROL GROUP	1961	2011-02-15T09:20	2011-09-18	DM
dm_NCT00689221	214	F		2	28 YEARS			1	10	55	EMD121974011	214	CONTRGRP	CONTROL GROUP	1980	2009-06-28T12:47	2010-07-31	DM
dm_NCT008446640	CA046-0148-0018	F		56	YEARS					CA046	CA046-CA046-0148-0018					DM		
dm_NCT008446640	CA046-0027-0002	F		72	YEARS					CA046	CA046-CA046-0027-0002					DM		
dm_NCT008446640	CA046-0065-0018	F		70	YEARS					CA046	CA046-CA046-0065-0018					DM		
dm_NCT008446640	CA046-0009-0018	F		75	YEARS					CA046	CA046-CA046-0009-0018					DM		
dm_NCT008446640	CA046-0128-0016	F		52	YEARS					CA046	CA046-CA046-0128-0016					DM		
dm_NCT01439568	558	M	White	57.6	Years	Non-Hispanic	UNITED STATES			I2V-MC-CX4C	I2V-MC-CX4C-0000-0558	SCRNFALL	SCREEN FAILURE			DM		
dm_NCT01439568	8	M	White	57.3	Years	Non-Hispanic	UNITED STATES			I2V-MC-CX4C	I2V-MC-CX4C-0000-0008	SCRNFALL	SCREEN FAILURE			DM		
dm_NCT01439568	91	F	White	59.7	Years	Non-Hispanic	UNITED STATES			I2V-MC-CX4C	I2V-MC-CX4C-0000-0091	Arm B	Carboplatin/Etoposide/Arm B	2289-08-21	2289-12-20	DM		
dm_NCT01439568	43	M	White	64.2	Years	Non-Hispanic	UNITED STATES			I2V-MC-CX4C	I2V-MC-CX4C-0000-0043	SCRNFALL	SCREEN FAILURE			DM		
dm_NCT01439568	47	F	White	66.1	Years	Non-Hispanic	UNITED STATES			I2V-MC-CX4C	I2V-MC-CX4C-0017-0047	Arm B	Carboplatin/Etoposide/Arm B	2289-08-02	2289-12-06	DM		

Sample from 8 oncology trials, pre-harmonization

✓ Findable
✓ Accessible

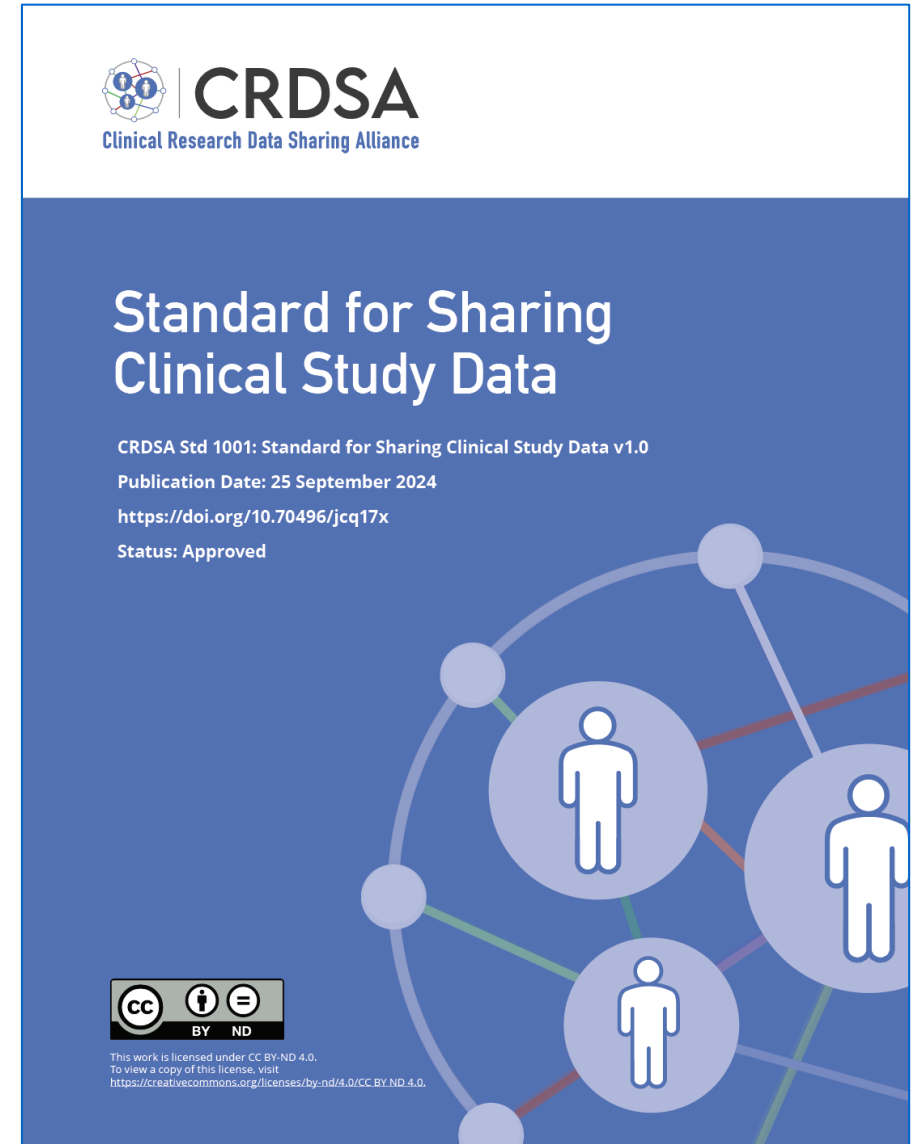
✗ Interoperable
✗ Reusable

- CRDSA Std 1001: Standard for Sharing Clinical Study Data (approved and published September 2024)

2.1 DATASETS

2.1.1 SDTM and ADaM formats

Anonymized raw datasets and analysis-ready datasets from interventional clinical trials **are to be shared in Study Data Tabulation Model (SDTM)** [5] and Analysis Data Model (ADaM) [6] data schema, respectively, because these models provide a standardized way to organize and structure clinical trial data. Doing so helps enable consistency across different studies, making it easier to compare and combine data from various sources.



Doesn't AI solve all this?

Output:

- Per-domain status
- Confidence, mapping basis, and resolution method
- Transformation report (variable level)
- Cell-level provenance & audit trail
- source data quality findings
- downloadable bundle with the all reports inc. full per-cell audit

CONCORDIA

LLM settings

Enable LLM
Claude value resolution – lights up the LLM-resolved method family. Values that resolve deterministically (dictionary decode + governed value sets) don't need it; the LLM places the rest. Coverage depends on the data.

Enable LLM review
LLM input-data-quality findings (dataset QC) – shown on the Input-data-quality tab.

Pipeline options

Skip QC

About
Spec-driven clinical-data harmonization. The SpecRegistry loads domain specs from markdown – no vector DB, no retrieval latency.
5-agent pipeline: Ingest → Map → Harmonize → QC → Review.

API keys
Anthropic: Connected

Knowledge base
The specs the pipeline holds each dataset to – click a file to preview it.

▶ **DM – 23 specs**

▶ **AE – 30 specs**

▶ **System – 1 files**

Select a spec file to preview it.

✓ Ingest
✓ Map
✓ Harmonize
✓ QC
✓ Review

⌚ 495s elapsed

DM

STATUS
Success

DATASET COMPLETENESS
38.7% populated
21,544 of 55,640 cells - 61.3% empty at source

ROWS PROCESSED
2,140

61.3% of cells are empty at source (dataset completeness, 0-001/0-006) – not mapping failures.
Inputs: dm_NCT00000000.csv, ae_NCT00000000.csv · dictionary: data_dictionary.csv

Download domain bundle (ZIP)

 The full per-cell audit travels in this download – the real handoff into your data-management system.

AE

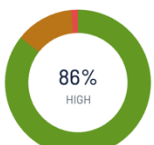
EXECUTION TIME
402 s

INPUT-DATA QUALITY
6 findings
3 high-severity
[View input-data quality →](#)

TOKEN USAGE
667,107

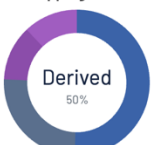
Harmonization summary
55,640 provenance cells · 26 variables

Confidence




● HIGH 86% ● MEDIUM 13% ● LOW 2%
of mapped cells

Mapping basis



● Derived ● Direct match ● Terminology ● Synonym ● Inference

Resolution method



● Rule-based 88% ● Model-assisted 12%

Harmonized data
Transformation report
QC 3
Input-data quality
Mapping

● HIGH ● MEDIUM ● LOW ● UNMAPPED

The Conf dot is a row rollup – it shows the row's lowest-confidence cell. Click any cell for that cell's own grade in the drawer.

Audit: all LOW / UNMAPPED LLM-derived
 Confidence:
Basis:
Variable:

Download filtered audit set (CSV)

55,640 of 55,640 provenance cells match the current filter – the CSV export above downloads this filtered set.

Dataset comparison (LLM off – Python deterministic)



CRDSA

CONCORDIA · CLINICAL-DATA HARMONIZATION

Harmonization Quality Report RUBRIC V1.2

An on-demand quality assessment of a Concordia release, specification set, or update.

EVALUATION TARGET	RUN MODE	RUBRIC VERSION	BLOCKING ISSUES
Active dev tree	Keyless (deterministic core)	v1.2	None — 0 hard failures
TRIGGERED BY	RUN COMPLETED	DATASETS	DOMAINS EVALUATED
Local CLI (manual) · SYNTHTRIAL_01	2026-06-24 01:12 UTC	follows SDTM structure	DM, AE

QUALITY PROFILE — PER PILLAR (NATIVE 0-100)

Decompose & routing	75	<div style="width: 75%;"></div>
Structural conformance	99	<div style="width: 99%;"></div>
Value accuracy	84	<div style="width: 84%;"></div>
Provenance & lineage	99	<div style="width: 99%;"></div>

TOTAL QUALITY SCORE **714 / 800**

SCORES BY DOMAIN — THIS RUN (KEYLESS (DETERMINISTIC CORE)) · RUBRIC V1.2

QUALITY PILLAR	DM	AE	AGGREGATE
Decompose & routing	75	75	150
Structural conformance <small>POST-PROCESSING</small>	98	100	198
Value accuracy	82	87	169
Provenance & lineage	100	97	197
Total (sum of points)	355	359	714
Max at today's bar	400	400	800

CONCORDIA · CLINICAL-DATA HARMONIZATION

Harmonization Quality Report RUBRIC V1.2

An on-demand quality assessment of a Concordia release, specification set, or update.

EVALUATION TARGET	RUN MODE	RUBRIC VERSION	BLOCKING ISSUES
Active dev tree	Keyless (deterministic core)	v1.2	None — 0 hard failures
TRIGGERED BY	RUN COMPLETED	DATASETS	DOMAINS EVALUATED
Local CLI (manual) · ACAD_STRESS_01	2026-06-24 01:13 UTC	no standard applied	DM, AE

QUALITY PROFILE — PER PILLAR (NATIVE 0-100)

Decompose & routing	50	<div style="width: 50%;"></div>
Structural conformance	96	<div style="width: 96%;"></div>
Value accuracy	54	<div style="width: 54%;"></div>
Provenance & lineage	99	<div style="width: 99%;"></div>

TOTAL QUALITY SCORE **599 / 800**

SCORES BY DOMAIN — THIS RUN (KEYLESS (DETERMINISTIC CORE)) · RUBRIC V1.2

QUALITY PILLAR	DM	AE	AGGREGATE
Decompose & routing	50	50	100
Structural conformance <small>POST-PROCESSING</small>	93	100	193
Value accuracy	47	61	108
Provenance & lineage	98	99	197
Total (sum of points)	289	310	599
Max at today's bar	400	400	800

Dataset comparison (LLM on – Opus 4.8)





Spotlight: REDCap Enabling Academic Research



Panel Discussion

Final Panel Questions

- Please provide a little bit of your background and describe your thoughts on the value of standards in research? (Frank, Meredith)
- If you could correct one common misunderstanding about CDISC or standards in general in academic research, what would it be? (Alex, Meredith)
- Over the last two years, I've often heard the quote 'If we have AI we don't need standards'. Can you provide your thoughts on this comment and how AI and standards fit together? (Frank, Alex)
- What internal roles are essential for successful implementation of standards in an academic setting? (Alex, Meredith)
- What is one thing every academic researcher should do differently to improve their next trial? (Frank, Alex, Meredith, Aaron)



Call to Action



Trainings for Academia and Non-Profits

- **CDISC for Newcomers (Virtual)**
- **Designing TRUE Research in partnership with the Learning Health Community On-Demand Bundle**
- **CDASH in Action On-Demand Bundle**
- **SDTM in Action On-Demand Bundle**
- **Understanding USDM Virtual 24 - 26 June 2026 | 9:00am - 12:00pm EDT**
- **SDTM Theory and Application Virtual 26 June 2026 | 9:00am - 12:30pm EDT**
- **ADaM Core Theory and Application Virtual 10 July 2026 | 9:00am-12:00pm EDT**
- **Define XML Virtual 14 - 16 July 2026 | 9:00am-12:00pm EDT (15:00 - 18:00 CET)**

[Free On-Demand Trainings](#) | [CDISC For Academic Researchers](#)





FRED HUTCH
CURES START HERE™



대구가톨릭대학교의료원
DAEGU CATHOLIC UNIV. MEDICAL CENTER



Innovative Medicines Initiative



Advancing Research. Improving Lives.™



Population Health
Research Institute
HEALTH THROUGH KNOWLEDGE



国立がん研究センター
東病院
National Cancer Center Hospital East



MRCT
Multi Regional
Clinical Trials
The MRCT Center at Harvard



Discover more. Deliver better.



A Division of the Montreal Heart Institute



九州大学
KYUSHU UNIVERSITY



MEDICAL RESEARCH
INSTITUTE
OF NEW ZEALAND



Tohoku
University Hospital



Institute for
Advancement of
Clinical and
Translational Science (IACT)
Kyoto University Hospital



Zentrum
für Klinische Studien
Leipzig



DNDI
Best Science
for the Most Neglected



The world's childhood
cancer experts



一般社団法人 医療データ活用基盤整備機構
Institute of Health Data Infrastructure for All



NORD
National Organization
for Rare Disorders

Join CDISC's
Academic and Non-
Profit Member
Community to
collaborate, connect
and advance clinical
research standards
together.



Harvard University, University of Alabama at Birmingham, Vanderbilt
University Medical Center (VUMC), Wakayama Medical University Hospital,
Korea Institute of Toxicology, Massachusetts General Hospital, Memorial
Sloan Kettering Cancer Center, Seoul National University Hospital

Partner with CDISC to Ensure You Multiply the Impact of Your Investment in Research & Accelerate Progress



Fund and participate collaborative working groups developing disease-specific Digital TAUGs for more meaningful and efficient research

Engage with CDISC training for academic research teams to accelerate adoption and use

Sponsor harmonization pilots to educate and enable researchers

Grants – Incentivize CDISC-ready data as a condition of funding



Thank You!

