The SCRUM-Japan Registry for Oncology Agent Development and CDISC Standardization

Yoshihiro Aoyagi, Wataru Okamoto, Atsushi Ohtsu
Nation-wide genome screening consortium: SCRUM-Japan
(n=4,800: 2015/02-2017/03)

More than 240 participating institutions

SCRM-Japan

Collaboration with 15 pharma

Molecular-profile based IND reg. trials:

LC (24 trials)

<table>
<thead>
<tr>
<th>Agent</th>
<th>Type</th>
<th>Place</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT LAW</td>
<td>monotherapy</td>
<td>Pfizer</td>
<td>completed</td>
</tr>
<tr>
<td>RT I-5 &amp; I-6</td>
<td>combination</td>
<td>Ito</td>
<td>completed</td>
</tr>
<tr>
<td>NSCLC</td>
<td>combination</td>
<td>Osaka</td>
<td>ongoing</td>
</tr>
<tr>
<td>ADH</td>
<td>monotherapy</td>
<td>AstraZeneca</td>
<td>ongoing</td>
</tr>
<tr>
<td>NSCLC</td>
<td>combination</td>
<td>Kyorin</td>
<td>ongoing</td>
</tr>
<tr>
<td>FC17</td>
<td>small molecules</td>
<td>Pfizer</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI (CRC)</td>
<td>combination</td>
<td>Eisai</td>
<td>ongoing</td>
</tr>
<tr>
<td>CDE</td>
<td>small molecules</td>
<td>Pfizer</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI (CRC)</td>
<td>combination</td>
<td>AstraZeneca</td>
<td>ongoing</td>
</tr>
<tr>
<td>PI-001</td>
<td>small molecules</td>
<td>Pfizer</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI (CRC)</td>
<td>combination</td>
<td>Eisai</td>
<td>ongoing</td>
</tr>
<tr>
<td>IRT</td>
<td>small molecules</td>
<td>Pfizer</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI (CRC)</td>
<td>combination</td>
<td>AstraZeneca</td>
<td>ongoing</td>
</tr>
</tbody>
</table>

Molecular-profile based IND reg. trials:

GI (11 trials)

<table>
<thead>
<tr>
<th>Agent</th>
<th>Type</th>
<th>Place</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>GI</td>
<td>combination</td>
<td>Eisai</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>AstraZeneca</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>Eisai</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>AstraZeneca</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>Eisai</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>AstraZeneca</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>Eisai</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>AstraZeneca</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>Eisai</td>
<td>ongoing</td>
</tr>
<tr>
<td>GI</td>
<td>combination</td>
<td>AstraZeneca</td>
<td>ongoing</td>
</tr>
</tbody>
</table>

 pan-cancer panel

(OCP) analysis

More than 240 participating institutions

Collaboration with 15 pharma
**Enrollment status & gene analysis results: SCRUM-Japan**
(n= 4,800 : 2015/02-2017/03)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lung cancer</strong></td>
<td></td>
</tr>
<tr>
<td>non-sq NSCLC</td>
<td>1,887</td>
</tr>
<tr>
<td>Squamous</td>
<td>246</td>
</tr>
<tr>
<td><strong>GI cancers</strong></td>
<td>2,667</td>
</tr>
<tr>
<td>Esophagus</td>
<td>241</td>
</tr>
<tr>
<td>Gastric</td>
<td>757</td>
</tr>
<tr>
<td>Small intestine</td>
<td>50</td>
</tr>
<tr>
<td>Colorectal</td>
<td>1,011</td>
</tr>
<tr>
<td>HCC</td>
<td>52</td>
</tr>
<tr>
<td>Biliary tract</td>
<td>167</td>
</tr>
<tr>
<td>Pancreas</td>
<td>270</td>
</tr>
<tr>
<td>NET</td>
<td>39</td>
</tr>
<tr>
<td>GIST</td>
<td>57</td>
</tr>
<tr>
<td>Others</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,800</td>
</tr>
</tbody>
</table>

---

**Non-sq NSCLC**

**Sq NSCLC**

**CRC**

**Gastric cancer**

---


Takashima T, Kato T, Yoshino T et al. ASCO 2016
Information of IND registration trials are available in HP: SCRUM-Japan

http://epoc.ncc.go.jp/scrum/
No. of pts enrolled into IND- registration studies: umbrella/basket type for rare fractions (as of December 2016)

<table>
<thead>
<tr>
<th>Disease</th>
<th>gene</th>
<th>agents</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSCLC</td>
<td>ROS1 fus</td>
<td>ROS1 inhibitors</td>
<td>44</td>
</tr>
<tr>
<td>NSCLC</td>
<td>RET fus</td>
<td>RET inhibitors</td>
<td>41</td>
</tr>
<tr>
<td>NSCLC</td>
<td>ALK fus</td>
<td>ALK inhibitors</td>
<td>6</td>
</tr>
<tr>
<td>NSCLC</td>
<td>ERBB2 mut/amp</td>
<td>Anti-HER2</td>
<td>8</td>
</tr>
<tr>
<td>NSCLC</td>
<td>BRAF mut</td>
<td>BRAF+MEK inhibitors</td>
<td>3</td>
</tr>
<tr>
<td>NSCLC</td>
<td>MET amp/ex14 skip</td>
<td>capmatinib</td>
<td>8</td>
</tr>
<tr>
<td>NSCLC</td>
<td>PIK3CA mut</td>
<td>PI3k pathway inhibitor</td>
<td>1</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td><strong>111</strong></td>
</tr>
<tr>
<td>CRC</td>
<td>BRAF mut</td>
<td>BRAF+EGFR inhibitor</td>
<td>15</td>
</tr>
<tr>
<td>CRC</td>
<td>MSI-H</td>
<td>Ati-PD-1 Ab</td>
<td>5</td>
</tr>
<tr>
<td>CRC</td>
<td>FGFR1 amp</td>
<td>FGFR inhibitor</td>
<td>1</td>
</tr>
<tr>
<td>CRC</td>
<td>HER2 amp</td>
<td>HER2 ADC</td>
<td>2</td>
</tr>
<tr>
<td>CRC-Gastric</td>
<td>AKT1 mut</td>
<td>AKT-inhibitor</td>
<td>2</td>
</tr>
<tr>
<td>Gastric</td>
<td>HER2 amp</td>
<td>HER2ADC</td>
<td>1</td>
</tr>
<tr>
<td>Gastric</td>
<td>MET amp</td>
<td>MET inhibitors</td>
<td>2</td>
</tr>
<tr>
<td>Gastric</td>
<td>FGFR2 amp</td>
<td>FGFR inhibitor</td>
<td>1</td>
</tr>
<tr>
<td>Gastric</td>
<td>ROS1 fus</td>
<td>ROS1 inhibitor</td>
<td>1</td>
</tr>
<tr>
<td>Esophageal</td>
<td>PIK3CA mut</td>
<td>AKT inhibitor</td>
<td>2</td>
</tr>
<tr>
<td>Esophageal</td>
<td>FGFR3-TACC3 fus</td>
<td>FGFR inhibitors</td>
<td>1</td>
</tr>
<tr>
<td>Biliary</td>
<td>FGFR2 mut</td>
<td>FGFR inhibitor</td>
<td>1</td>
</tr>
<tr>
<td>Biliary-HCC</td>
<td>PTEN loss</td>
<td>AKT inhibitor</td>
<td>2</td>
</tr>
<tr>
<td>NEC</td>
<td>PI3K mut</td>
<td>AKT inhibitor</td>
<td>1</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td><strong>37</strong></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td><strong>148</strong></td>
</tr>
</tbody>
</table>

New drug application for PMDA Japan: in preparations

<table>
<thead>
<tr>
<th>Target</th>
<th>drug</th>
<th>No. of pts</th>
<th>ORR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROS1 fus</td>
<td>Crizotinib</td>
<td>127</td>
<td>77%</td>
</tr>
<tr>
<td>RET fus</td>
<td>Vandetanib</td>
<td>17</td>
<td>53%</td>
</tr>
<tr>
<td>BRAF mut</td>
<td>Dabrafenib+ trametinib</td>
<td>57</td>
<td>63%</td>
</tr>
</tbody>
</table>

Companion Dx application for regulatory approval

RT-PCR&FISH for RET fusion gene
SCRUM-Japan Data Center

- **Clinical information**
- **Follow-up information**
- **Genome data** (.bam, .vcf)
- **Clinical info (.csv)**
- **De-identified dataset**

**External DB**
- COSMIC
- UniProt
- Oncomine KB
- Clinical Trial

**Clinical Samples**
- Hospitals
- Institutions (20 GI centers)
- LC-SCRUM, GI-SCREEN office

**Clinical Samples**
- Pharmas (15 companies)

**Data Storage**
- SCRUM-Japan Data Portal

**Data Portal**
- SCRUM-Japan Data Center

**Data Center**
- Genes data
- CLIA-certified Laboratories

**Data Center**
- Clinical info (.csv)

**Data Center**
- De-identified dataset

**Data Center**
- Disease Registries
- Integrated DB (interpretation, open access)
- AGD (raw data, controlled access)

**Data Center**
- Researchers
SCRUM-Japan Data Portal

Custom filtering
- CRC
- BRAF
- mut
- alive

Browsing target cases

Patient distribution: image

Genome database for Japanese

Downloading clinico-genome data files

- No. of data access in one month
  - Access: 5632
  - Industry: 5025
  - Academia: 607
  - Download: 53
New oncology agent/biomarker development platform with SCRUM-Japan

- **Japan Agency for Medical Research and Development**
- **Frequency of genomic alterations by cancer type**
- **Regional distribution of the relevant patient**
- **Data sharing with academia/industry**
- **On-line data access**

**SCRUM-Japan registry**

- **Clinical-genome database with CDISC based**
- **Proposing trial design**
- **Making natural history data as a control in efficacy data (ORR, OS/PFS) for CTD application**
  - external control
  - internal control
- **Discussion for regulatory evaluation**
- **Providing control data for examination for the approval**
- **CTD application and evaluation**
- **Approval for new agents**
- **Education/ training for precision medicine**

**SCRUM-Japan**

- **Collaboration with 240 hospitals and 15 pharms focusing on rare fractions in Lung/GI cancers**
- **Secondary analyses**
- **Making natural history data as a control in efficacy data (ORR, OS/PFS) for CTD application**
  - external control
  - internal control
- **Discussion for regulatory evaluation**
- **Providing control data for examination for the approval**
- **CTD application and evaluation**
- **Approval for new agents**
- **Education/ training for precision medicine**

**Next new agent development by pharma/academia**

- **Providing new agents**
- **Using clinical/genome data**
- **Secondary analyses**

**New biomarker research**

- **Liquid biopsy**
- **Immune genome panel**

**Making natural history data as a control in efficacy data (ORR, OS/PFS) for CTD application**
- external control
- internal control

**More than 2,000 patients enrolled per year**
**Associated with a total of 35 IND registration trials**

**International collaboration**

- **LUNG-MATCH (UK)**

**Proposing trial design**

- **Clinical-genome database with CDISC based**

**New oncology agent/biomarker development platform with SCRUM-Japan**

- **Liquid biopsy**
- **Immune genome panel**

- **New biomarker research**
- **Next new agent development by pharma/academia**
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**Making natural history data as a control in efficacy data (ORR, OS/PFS) for CTD application**
- external control
- internal control

**Discussion for regulatory evaluation**

- **Providing control data for examination for the approval**
- **CTD application and evaluation**
- **Approval for new agents**
- **Education/ training for precision medicine**

**New oncology agent/biomarker development platform with SCRUM-Japan**
Prospective cohort study for orphan-fractionated cancers (SCRUM-Japan Registry)

◆ Objective
To collect clinical data prospectively and create an external control group database which is useful for examination for the approval of new drug

◆ Data collection for efficacy

Following data collection in each line of therapy
- ORR: Objective Response Rate
- DoR: Duration of Response
- DCR: Disease Control Rate
- PFS: Progression Free Survival
- TTF: Time to Treatment Failure
- OS: Overall Survival

Determined under discussion with regulatory authorities

◆ Subjects for SCRUM registry

<table>
<thead>
<tr>
<th></th>
<th>Gene alteration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-sq NSCLC</td>
<td>RET fusion gene</td>
</tr>
<tr>
<td></td>
<td>MET ex14 skip / amplification</td>
</tr>
<tr>
<td>Sq NSCLC</td>
<td>FGFR1/2/3 amplification/fusion</td>
</tr>
<tr>
<td></td>
<td>PIK3CA mutation/amplification</td>
</tr>
<tr>
<td>CRC</td>
<td>BRAF V600E/non-V600E mutation</td>
</tr>
<tr>
<td></td>
<td>ERBB2 amplification</td>
</tr>
<tr>
<td></td>
<td>MET amplification</td>
</tr>
<tr>
<td></td>
<td>NTRK fusion</td>
</tr>
<tr>
<td></td>
<td>RSPO2/3 fusion</td>
</tr>
<tr>
<td></td>
<td>RNF43 mutation</td>
</tr>
<tr>
<td>Gastric cancer</td>
<td>FGFR2 amplification</td>
</tr>
<tr>
<td></td>
<td>MET amplification</td>
</tr>
<tr>
<td>Esophageal cancer</td>
<td>ERBB2 amplification</td>
</tr>
<tr>
<td></td>
<td>PIK3CA mutation/amplification</td>
</tr>
<tr>
<td>Biliary tract cancer</td>
<td>FGFR2 fusion</td>
</tr>
<tr>
<td></td>
<td>ERBB2 amplification</td>
</tr>
<tr>
<td></td>
<td>IDH1 mutation</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>BRCA2 mutation</td>
</tr>
<tr>
<td></td>
<td>PALB2 mutation</td>
</tr>
<tr>
<td></td>
<td>ATM mutation</td>
</tr>
</tbody>
</table>
Planned investigator-initiated IND registration study for rare fraction cancer associated with registry data collection: TRIUMPH study / SCRUM-Japan Registry

HER2 amplified CRC

Nationwide Cancer Genome Screening

SCRUM-Japan GI-SCREEN
20 participating centers

TRIUMPH study
7 participating centers
HER2 amplified CRC screened in SCRUM-Japan
(HER2 ≥ 4 copies)

Central labo

HER2
IHC
HER2 positive
eligible

ISH
ineligible

out of study for any reasons

13 non-participating centers
HER2 amplified CRC screened in SCRUM-Japan
(HER2 ≥ 4 copies)

TRIUMPH study
Investigational regimen

Natural history data (internal control)

SCRUM-Japan Registry
Natural history data (external control)

Regist
SCRUM-Japan Registry
Registry data collection/tabulation/analysis with CDISC
柳沢8

3行目の文は少し変えました。
要なら抜いてください。

申請するためだけに」という意味にしたほうがわかりやすいと思ったのでonlyを入れました。不

柳沢 由布子, 11/10/2017
SCRUM-Japan Registry
Registry data collection/tabulation/analysis with CDISC

Focus My presentation
(Scope of experiment in 2017)
How effective Using Hospital information System of Our Experiment (Previous study)

**Direct Data Transfer from Hospital Information System (HIS) to Sponsor for clinical trials**

Yoshihiro Aoyagi¹, Yuki Harada¹, Mirai Kikawa², Miyako Tanada², Nobuyuki Funami², Eri Sekine², Kyouichi Motomura³, Takako Kuwaki¹, Koichi Goto¹, Toshihiko Doi¹, Toshirou Nishida¹

¹) National Cancer Center Hospital East, 2) Novartis Pharma K.K. 3) Fujitsu Limited

**Background**

By directly transferring the data to the sponsor’s system from the HIS which retains the source data, it is expected:
- Provide clinical data faster to the sponsors
- No transcription errors
- Less frequent monitoring visits to the hospital by the sponsors

Increase the quality of clinical data, as well as efficiency and acceleration of clinical trial and safety review.

**Purpose**

- To establish data extraction and transfer process
- To identify challenges and potential countermeasures of the implementation and the transfer process for practical use in clinical trials.

**National Cancer Center Hospital East**
- Plans for operation
- Validates the computerized system
- Provides the clinical data
- Evaluates this research

**Sponsor**
- Provides the clinical trial protocol
- Verifies the transferred data
- Identifies issues

**HIS vendor**
- Implements the computerized system
- Identifies issues
Computerized system implementation as per Novartis specification (1-7)

<table>
<thead>
<tr>
<th>System function</th>
<th>Details of function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Addition of clinical trial specific data</td>
<td>Adds clinical trial specific data not originally in LIMS</td>
</tr>
<tr>
<td>2. Addition of clinical trial specific data not originally in LIMS</td>
<td>Adds the protocol information (including code list)</td>
</tr>
<tr>
<td>3. Linking lab test results</td>
<td>Reflects clinical trial schedule</td>
</tr>
<tr>
<td>4. Conversion to transferrable data</td>
<td>Registers clinical trial subjects</td>
</tr>
<tr>
<td>5. Conversion to transferrable data</td>
<td>Links lab test results to subject’s visit schedule</td>
</tr>
<tr>
<td>6. Data export</td>
<td>Converts “2byte” characters to “1byte” characters acceptable to the sponsor system</td>
</tr>
<tr>
<td>7. Computerized system at NCCE</td>
<td>Exports as the data format as per the sponsor specification</td>
</tr>
</tbody>
</table>

Addition of clinical trial specific data

- Reflects the entered data on HIS
- Linking lab test results to subject’s visit schedule
- Export the data as per the sponsor specification
Handling of double-byte data

<table>
<thead>
<tr>
<th>EMR data (double-byte)</th>
<th>Converted to (single-byte)</th>
</tr>
</thead>
<tbody>
<tr>
<td>秒</td>
<td>s</td>
</tr>
<tr>
<td>溶血</td>
<td>Hemolysis</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>mg/dl</td>
<td>mg/dl</td>
</tr>
<tr>
<td>チウシ</td>
<td>(blank)</td>
</tr>
</tbody>
</table>

Data is recorded in Japanese which is **double-byte**; while sponsor requirement is ASCII format which allows **single-byte characters only**.

Although the conversion is needed for most of data, this kind of data is not needed to be transferred to Novartis. Therefore, this can be left as blank.

At the time of data extraction, the confirmation window after the data selection shows as below – the unit for APTT, "秒", is converted to "s".

**< Screen of eMedical Record >**
もしかしてこのスライドは不要？
柳沢 由布子, 11/10/2017
**Transferred data for this research**

- Clinical trial: Oncology phase I
- Number of patients: 16
- Transferred data: laboratory test results (hematology, biochemistry, urinalysis, etc.)
- For 16 patients, 148 visits → 6518 data points

**Result**

**Key benefits – high quality data with less efforts**

<table>
<thead>
<tr>
<th>EDC Process</th>
<th>Direct transfer process</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>73.7 hours</td>
<td>0.5 hour (data reconciliation)</td>
<td>- 73.2 hours for Novartis</td>
</tr>
<tr>
<td>65.2 hr (data review for entry error &amp; querying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 hr (normal ranges handling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.5 hr (SDV &amp; querying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>170 queries</td>
<td>6 queries</td>
<td>- 164 queries</td>
</tr>
<tr>
<td>Manual data entry to eCRFs</td>
<td>Data selection</td>
<td>Easier task for NCCE</td>
</tr>
</tbody>
</table>

- NO manual data entry
- NO query handling for data entry error
- NO data review and query handling for data entry error
- NO SDV
Next challenges for NCCE

We applied the experiment to SCRUM-Japan Registry collecting scheme using CDISC-ODM.
The Goal of This System

- Our system aims to convert disease registry data to CDISC standards in order to refer disease registry data as control group data for clinical trials when we submit new medicines/diagnostic agents to authorities in the reference.
The Method of Offering Data from Electric Medical Record to Case Data Base

1. **Metadata Management**
   - Output file
   - Definition file (Excel)
   - Import Definition file
   - Output template
   - Acquire medical record data (Test result, Treatment)
   - Progress management
   - Output XML file

2. **Import File**
   - eXChart
     - Import Definition file
     - Output template
     - Acquire medical record data (Test result, Treatment)
     - Progress management
     - Output XML file

3. **Import File**
   - NMGCP
     - Import definition file
     - Manage master
     - Manage event (visit)
     - Output ODM file

4. **Case Data Base (EDC)**
   - Output file
   - Exchange ODM
   - ODM File (Definition data)

5. **Electric Medical Record (Fujistu)**
   - XML file (case data)
   - Import File

6. **Cloud service**

7. **National Cancer Center Hospital East On-Premise Environment**

8. **Extremal Tool**
   - ODM reference tool
   - Refer ODM file

---

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The Method of Offering Data from Electric Medical Record to Case Data Base (Conclusion)

• Metadata management
  • Manage data collecting form of SCRUM-Japan trials by CDISC standards
  • Output data collecting form in Excel file format
  • Use desk top tool in order to exchange from Excel data collecting form to ODM (XML)

• Electric Medical Record System
  • Import data collecting form metadata (Excel or ODM) from metadata management, generate data collecting form

• Clinical Trials Management Systems
  • Import ODM, output case data in ODM format using collecting form
Operation Flow of Collecting Case Data

**Study Planning Process**
- **S1** Plan a research protocol
- **S2** Create EDC requirements definition

**Metadata Process**
- **M1** Create a CRF data specification for CDASH format
- **M2** Add information for each collecting systems

**Collection Process** (Electric Medical Record)
- **C1** Create CRF data collecting form in CDASH format
- **C2** Modify the created data collecting form
- **C3** Collect data using data collecting form
- **C4** Output the collected data

**Data Store Process** (case database)
- **D1** Create a data base structure for CDASH format
- **D2** Store the data in the database

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柳沢

題名「症例データ収集に関する運用フローの検討」の「検討」をとってもいいですか？

柳沢 由布子, 10/5/2017

青柳 吉博

はい。問題ありません

青柳 吉博, 10/24/2017

柳沢

「研究計画書」はResearch protocol? Pesearch Plan?

柳沢 由布子, 10/5/2017

青柳 吉博

Research protocolで問題ありません。

青柳 吉博, 10/24/2017
Operation Flow of Collecting Subject Data

Study Planning Process
- **S1**: Plan a research protocol
- **S2**: Create EDC requirements definition

Metadata Process
- **M1**: Create a CRF data specification for CDASH format
- **M2**: Add information for each collecting systems

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Data Store Process (case database)
- **D1**: Create a database structure for CDASH format
- **D2**: Store the data in the database

I explain metadata management in detail.
Considering of the Metadata Management process

• Process “M1”: Register below information in metadata management system and output them in Excel Form
  • Field
  • Code list
  • Study (Current Clinical Metadata enhancement is to be supported) Unit (tsClinical Metadata will be supported in this project)

• Process “M2”: Add below information in M1 and transfer to ODM using desktop tool.
  • Event (tsClinical Metadata is to be supported in future)
  • Method
  • Condition
検討するのですか？管理する内容ではいけませんか？また、管理プロセスの管理だと語呂が悪いので他の表現はありませんか？

こんな感じで訳しました。

tsclinical metada のエンハンスで対応をこのように意訳しました。
## Information in ODM

<table>
<thead>
<tr>
<th>Classification</th>
<th>Information in ODM</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Study</td>
<td>Basic information (e.g. study name)</td>
</tr>
<tr>
<td></td>
<td>Unit</td>
<td>Unit for the study</td>
</tr>
<tr>
<td>Metadata</td>
<td>Event</td>
<td>Designated events (e.g. Visit)</td>
</tr>
<tr>
<td></td>
<td>Form</td>
<td>Data collecting form <em>(implemented CDASH)</em></td>
</tr>
<tr>
<td></td>
<td>Field</td>
<td>Items included in data collecting form <em>(implemented CDASH)</em></td>
</tr>
<tr>
<td></td>
<td>Codelist</td>
<td>Code lists which are used by each items included in data collecting form <em>(implemented CDASH)</em></td>
</tr>
<tr>
<td>Method</td>
<td>Deriving expression obtained from collecting data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Condition</td>
<td>Conditional expression declared inputting condition for data collecting form</td>
</tr>
<tr>
<td></td>
<td>Presentation</td>
<td>Layout information for data collecting form <em>(This is appointed by ODM now but not defined yet.)</em></td>
</tr>
<tr>
<td>Administration</td>
<td>AdminData</td>
<td>Information of users or cites</td>
</tr>
<tr>
<td>Annotation</td>
<td>Association</td>
<td>Annotation to collected case data</td>
</tr>
<tr>
<td>Case data</td>
<td>ClinicalData</td>
<td>Collected case data</td>
</tr>
<tr>
<td>Reference data</td>
<td>ReferenceData</td>
<td>Normal range of clinical trial items</td>
</tr>
<tr>
<td>signature</td>
<td>ds:Signature</td>
<td>Digital signature data</td>
</tr>
</tbody>
</table>

This range is hopefully included in metadata management ODM.

This information has dispersion by each system especially.

Reference: Information from cites
柳沢4 試験名はstudy nameですか？
柳沢 由布子, 10/5/2017

青柳 吉博1 はい。そうですね。
青柳 吉博, 10/7/2017

柳沢5 表を大きくしたので色枠がずれてしまいました。間違っていたらなおしてください
柳沢 由布子, 10/5/2017

青柳 吉博2 確認しました。
青柳 吉博, 10/7/2017

柳沢6 ODMでとは「により」？「中で」？
柳沢 由布子, 10/6/2017

青柳 吉博3 によりです。
青柳 吉博, 10/7/2017
<table>
<thead>
<tr>
<th>Form Name</th>
<th>ID</th>
<th>Area Name</th>
<th>Code</th>
<th>Key Area</th>
<th>Key Segment</th>
<th>Key Sequence</th>
<th>Metadata</th>
<th>Key Sample</th>
<th>Key Sequence</th>
<th>Key Sample</th>
<th>Code</th>
<th>Sample</th>
<th>Description</th>
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SCRUM-Japan registry: current status (Conclusion)

- 15 Pharmas and more than 240 hospitals are participating in Japan
- A total of 35 IND registration trials (SIT and IIT) is referred to SCRUM Japan
- More than 4,500 samples have been already enrolled in nation-wide
- 3 new agents are in preparation for new agent approval
- On-time genome data sharing with Pharma & academia has been initiated
- Making a nation-wide registry for new agent trials have just started in collaboration with regulatory authorities
  - prospective cohort registry will start soon (07/2017)
  - New IITs with registry data as a comparative natural history data are being planned
  - Construct a collecting information system using electric health records

Activating new agent development and establishing precision medicine
# Acknowledgement

All patients, investigators/collaborators in all participating institutions & 15 industries & AMED, PMDA/MHLW

| Institution 1 | Institution 2 | Institution 3 | Institution 4 | Institution 5 | Institution 6 | Institution 7 | Institution 8 | Institution 9 | Institution 10 | Institution 11 | Institution 12 | Institution 13 | Institution 14 | Institution 15 | Institution 16 | Institution 17 | Institution 18 | Institution 19 | Institution 20 | Institution 21 | Institution 22 | Institution 23 | Institution 24 | Institution 25 | Institution 26 | Institution 27 | Institution 28 | Institution 29 | Institution 30 | Institution 31 | Institution 32 | Institution 33 | Institution 34 | Institution 35 | Institution 36 | Institution 37 | Institution 38 | Institution 39 | Institution 40 |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Astellas     | Astra-Zeneca | Amgen        | Elli-Lilly   | Eisai        | Ono Pharma   | Kyowa-Kirin  | Daiichi-Sankyo | Taiho        | Takeda       | Chugai       | Novartis     | Pfizer       | MSD          | Merck Serono | Fujitsu      | Japan Agency for Medical Research and Development | Ministry of Health, Labour and Welfare |