

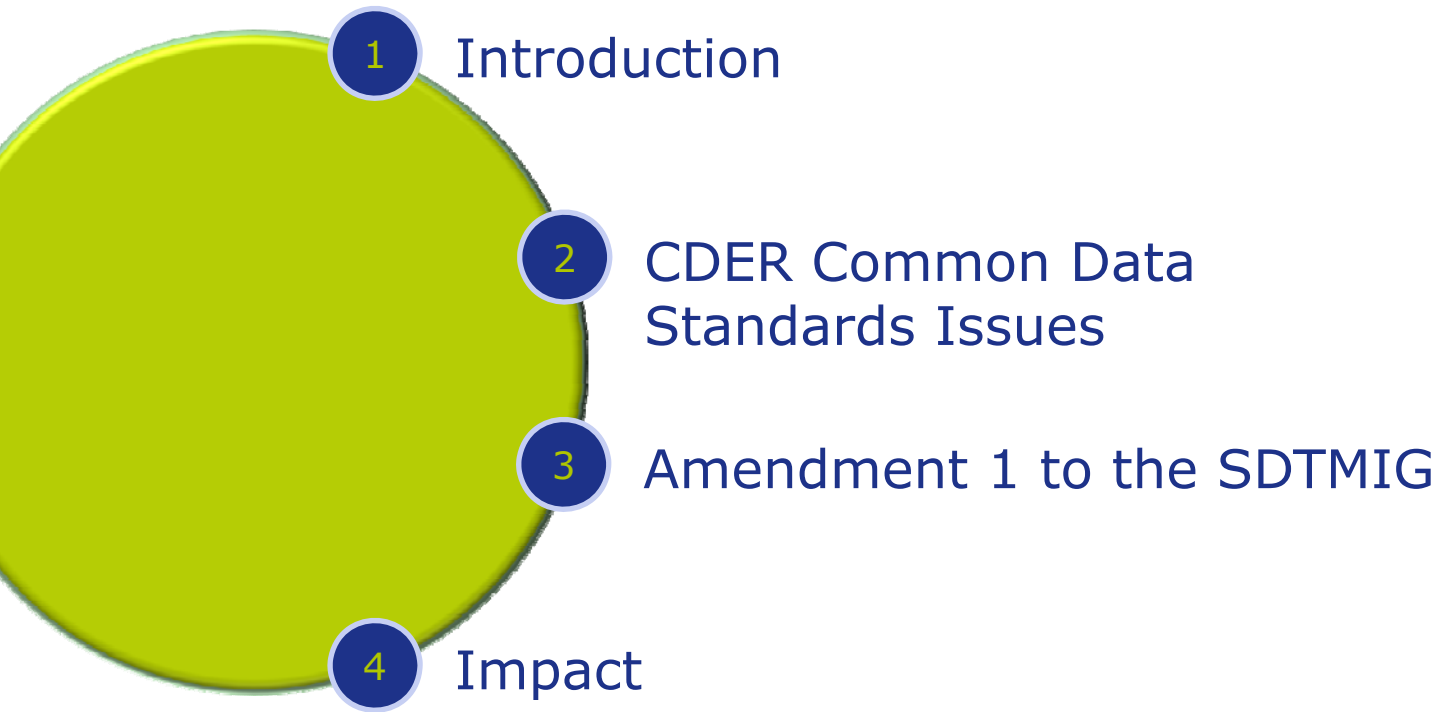
FDA CDER Common Data Standards Issues

Evolution of the SDTM data standard

Presented by Peter Van Reusel



Strength *through Collaboration*



1

Introduction

2

CDER Common Data
Standards Issues

3

Amendment 1 to the SDTMIG

4

Impact

Introduction

- May-2011: CDER published Common Data Standards Issues Document v1.0 on the FDA website
- Dec-2011: v1.1 is published

The screenshot shows the FDA U.S. Food and Drug Administration website. The header includes the FDA logo and navigation links: Home, Food, Drugs, Medical Devices, Vaccines, Blood & Biologics, Animal & Veterinary, Cosmetics, Radiation-Emitting Products, and Tobacco Products. A search bar and an 'A-Z Index' link are also present. The main content area is titled 'Drugs' and includes links for 'Share', 'Email this Page', 'Print this page', and 'Change Font Size'. The left sidebar contains a table of contents for the 'Development & Approval Process (Drugs)' section, with 'Forms & Submission Requirements' selected. The main content area is titled 'Study Data Standards for Submission to CDER' and includes a paragraph explaining the purpose of the resources. It also lists two key documents: 'CDER Data Standards Common Issues Document (PDF - 115KB)' and 'Study Data Specifications'.

FDA U.S. Food and Drug Administration

A-Z Index Search go

Home | Food | Drugs | Medical Devices | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Radiation-Emitting Products | Tobacco Products

Drugs [Share](#) [Email this Page](#) [Print this page](#) [Change Font Size](#)

Home > Drugs > Development & Approval Process (Drugs) > Forms & Submission Requirements

Development & Approval Process (Drugs)
Forms & Submission Requirements
Electronic Submissions to CDER
CDER Data Standards Program
Electronic Common Technical Document (eCTD)
Electronic Regulatory Review

Study Data Standards for Submission to CDER

These resources are intended to assist submitters in the preparation and submission of standardized study data to CDER.

- **CDER Data Standards Common Issues Document (PDF - 115KB)** - The goal of this document is to communicate general CDER preferences and experiences regarding the submission of standardized data to aid sponsors in the creation of standardized datasets. The document is not intended to replace the need for sponsors to communicate with review divisions regarding data standards implementation approaches or issues, but instead, it is designed to compliment and facilitate the interaction between sponsors and divisions.
- **Study Data Specifications** - Study specifications for submitting animal and human study datasets in electronic format

Source:

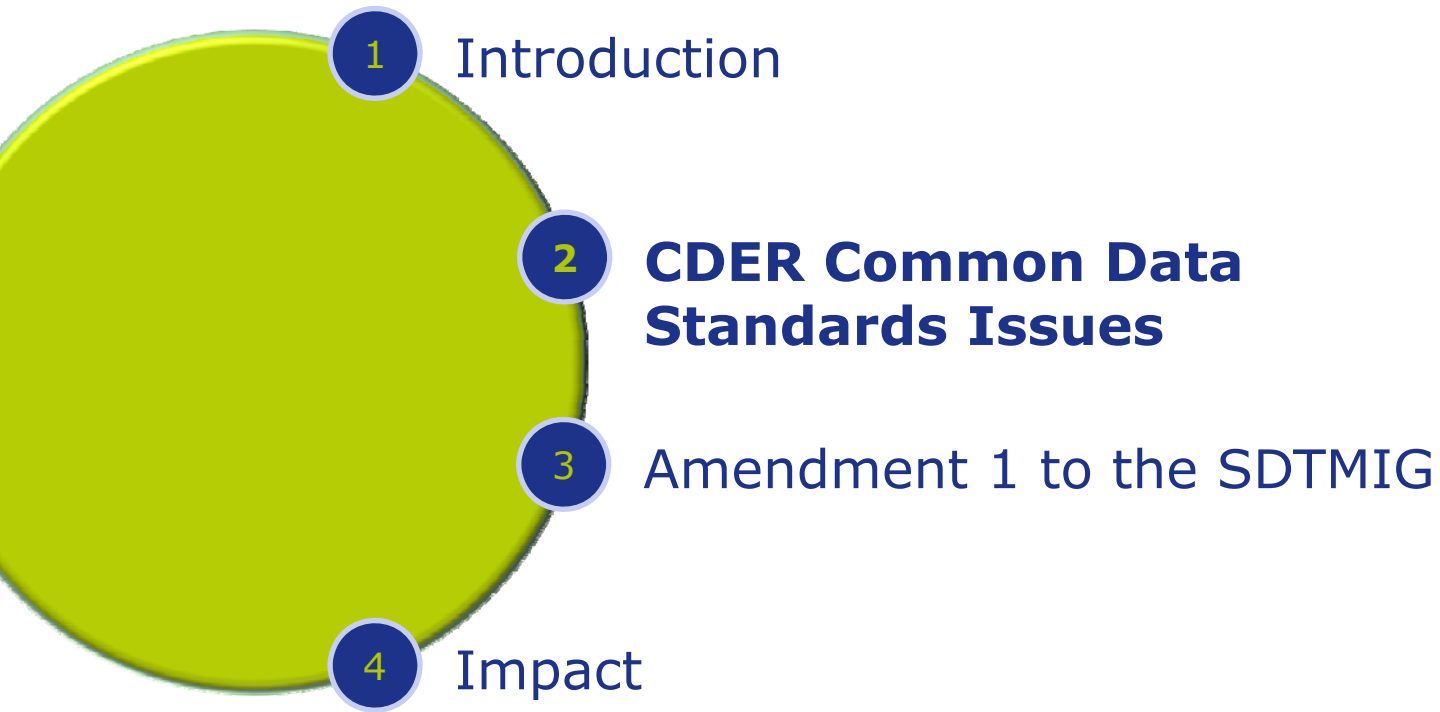
<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/ucm248635.htm>

Introduction

- Dec-2011: Amendment 1 to the SDTM V1.2 and SDTMIG V3.1.2 has been posted on the CDISC website

The screenshot displays the CDISC website interface. At the top, the CDISC logo is accompanied by the tagline "Strength Through Collaboration". A navigation bar includes links for ABOUT, STANDARDS & INNOVATIONS, RESOURCES, NEWS, EDUCATION & EVENTS, MEMBERSHIP, and MEMBERS ONLY. On the left, a sidebar titled "STANDARDS & INNOVATIONS" lists various standards including ADaM, BRIDG Model, CDASH, Define.XML, Healthcare Link Initiative, LAB, Operational Data Model, Protocol, SEND, and CDISC SHARE. The main content area features the heading "Study Data Tabulation Model" and a sub-heading "Amendment 1 to the Study Data Tabulation Model (SDTM) v1.2 and the SDTM Implementation Guide: Human Clinical Trials V3.1.2 Open for Public Review". Below this, a paragraph states: "The Submissions Data Standards Team is pleased to release this amendment for public review." Another paragraph follows: "This document includes additional variables related to human clinical trials added at the request of FDA CDER and is being posted for comment and for trial use in advance of the next formal release of the SDTM and SDTMIG. Please provide review comments using the spreadsheet provided below by 6 June 2011." At the bottom of the main content area, a link reads "Amendment 1 to SDTM V1.2 and SDTM IG V3.1.2 (doc)". On the right side of the page, there are two sections: "Become a CDISC Member (Fee Based)" with a "Become A Member" link, and "Member Log-in" which includes input fields for "user name" and a password (represented by dots), a "Log In" button, and a "forgot your password?" link.

Source: <http://www.cdisc.org/sdtm>



General Considerations

- Sponsors should refer to the latest version of SDTMIG
- Sponsors should refer to Amendment 1 to SDTM V1.2
- Sponsors should ensure that every data variable's codelist, origin and derivation is clearly and easily accessible in define file
- Include variables EPOCH, ELEMENT, and ETCD for every subject-level observation
- SDTM should be consistent with submitted analysis datasets

Traceability SDTM and ADaM

- Understanding relationship between the analysis results, the analysis datasets and the SDTM domains
- Establishing the path between an element and its immediate predecessor
- Two levels:
 - Metadata traceability
 - Relationship between an analysis result and analysis dataset(s)
 - Relationship of the analysis variable to its source dataset(s) and variable(s)
 - Data point traceability
 - Predecessor record(s)

Traceability SDTM and ADaM

Table 1 Demographic Data - Per-Protocol

	Treatment 1	Treatment 2
Baseline body mass index (BMI) [kg/m**2]		
N	167	167
Mean	29.06	29.04
SD	4.84	4.80
Min	20.3	16.0
Median	28.69	28.47
Max	40.1	41.2
Baseline BMI (categorical) [N (%)]		
<25 kg/m**2	41 (24.6%)	71 (21.1%)
25-30 kg/m**2	60 (35.9%)	130 (38.7%)
>=30 kg/m**2	66 (39.5%)	135 (40.2%)

• Patient Demographics - Part I

Patient X5 Page 4 (Demo_V1a for Visit 1a) Page 1 of 1.

Visit Date 11-Dec-2007 Blank Comment

PATIENT DEMOGRAPHICS - Part I **DSCAT = "PROTOCOL MILESTONE"**

Informed consent was obtained on **DSSTDTCT**

Gender **SEX** 1 = male, 2 = female

Date of birth **BRTHDTCT** Age **AGEU** years (Age is automatically calculated when screen is saved and closed)

Height cm

Weight kg

Waist circumference cm

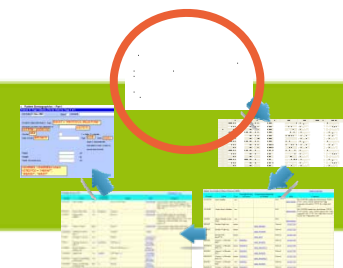
VSORRES / VSORRESU where VSTESTCD = "HEIGHT", "WEIGHT", "WAIST"

	STUDYID	USUBID	SUBID	BMI	BMIGR1	BMIGRIN	BMIGR2	BMIGR2N
2	9999-0001	9999-0001-000001	000001	27.77777778 <30 kg/m**2			1 25-<30 kg/m**2	2
3	9999-0001	9999-0001-000002	000002	25.503615702 <30 kg/m**2			1 25-<30 kg/m**2	2
4	9999-0001	9999-0001-000003	000003	26.175194521 <30 kg/m**2			1 25-<30 kg/m**2	2
5	9999-0001	9999-0001-000004	000004	35.15625 >=30 kg/m**2			2 >=30 kg/m**2	3
6	9999-0001	9999-0001-000005	000005	30.96858131 >=30 kg/m**2			2 >=30 kg/m**2	3
7	9999-0001	9999-0001-000006	000006	29.69716395 >=30 kg/m**2			2 >=30 kg/m**2	3
8	9999-0001	9999-0001-000007	000007	25.85646281 <30 kg/m**2			1 25-<30 kg/m**2	2
9	9999-0001	9999-0001-000008	000008	30.103806228 >=30 kg/m**2			2 >=30 kg/m**2	3
10	9999-0001	9999-0001-000009	000009	32.280962693 >=30 kg/m**2			2 >=30 kg/m**2	3
11	9999-0001	9999-0001-000010	000010	28.87613797 <30 kg/m**2			1 25-<30 kg/m**2	2
12	9999-0001	9999-0001-000011	000011	29.37287363 <30 kg/m**2			1 25-<30 kg/m**2	2
13	9999-0001	9999-0001-000012	000012	26.74862608 <30 kg/m**2			1 25-<30 kg/m**2	2
14	9999-0001	9999-0001-000013	000013	32.718619889 >=30 kg/m**2			2 >=30 kg/m**2	3
15	9999-0001	9999-0001-000014	000014	28.719723193 <30 kg/m**2			1 25-<30 kg/m**2	2
16	9999-0001	9999-0001-000015	000015	32.270420377 >=30 kg/m**2			2 >=30 kg/m**2	3

Variable	Label	Type	Controlled Terminology	Origin	Role	Comment
STUDYID	Study Identifier	text	Protocol, CRF Page 1	IDENTIFIER		The STUDYID variable has a fixed format 'XXXX-YYYY', where 'XXXX' indicates the 4-digit compound code and the 'YYYY' the 4-digit study code
DOMAIN	Domain Abbreviation	text	Assigned	IDENTIFIER		
USUBID	Unique Subject Identifier	text	Protocol	IDENTIFIER		The USUBID variable has a fixed format 'XXXX-YYYY-ZZZZZ', where 'XXXX' indicates the 4-digit compound code, 'YYYY' the 4-digit study code and 'ZZZZZ' the 5-digit patient code
VNSQ	Sequence Number	integer	Derived	IDENTIFIER		Sequence number (automatically generated) to ensure uniqueness within a dataset for a subject
VSTESTCD	Visit Sign Test Short Name	text	Assigned	TOPIC		
VSTEST	Visit Sign Test Name	text	Derived	ANALYSIS		
VSPIS	Visit Sign Position of Subject	text	CRF Page 12	RECORD QUALIFIER		
VSORRES	Result or Finding in Original Units	text	Derived, CRF Page 2, 12	RESULT QUALIFIER		
VSORRESU	Original Units	text	CRF Page 2, 12	VARIABLE QUALIFIER		
VSTESTSC	Character Result Finding in Std Format	text	Derived	RESULT QUALIFIER		
VSTESTSN	Numeric Result Finding in Standard Units	float	3.1	RESULT QUALIFIER		

Variable	Label	Type	Controlled Terminology	Computation, Algorithm or Method	Origin	Role	Comment
STUDYID	Study Identifier	text			DM	IDENTIFIER	The STUDYID variable has a fixed format 'XXXX-YYYY', where 'XXXX' indicates the 4-digit compound code and the 'YYYY' the 4-digit study code
USUBID	Unique Subject Identifier	text			DM	IDENTIFIER	The USUBID variable has a fixed format 'XXXX-YYYY-ZZZZZ', where 'XXXX' indicates the 4-digit compound code, 'YYYY' the 4-digit study code and 'ZZZZZ' the 5-digit patient code
SUBID	Subject Identifier for the Study	text			DM	IDENTIFIER	
HEIGHT	Baseline Height (cm)	integer		ADSL HEIGHT	Derived	ANALYSIS	
WEIGHT	Baseline Weight (kg)	integer		ADSL WEIGHT	Derived	ANALYSIS	
BMI	Baseline BMI (kg/m**2)	integer		ADSL BMI	Derived	ANALYSIS	
BMIGR1	Category 1 of Baseline BMI	text	BMIGR1	ADSL BMIGR1	Derived	ANALYSIS	
BMIGRIN	Category 1 of Baseline BMI (N)	integer	BMIGRIN	ADSL BMIGRIN	Derived	ANALYSIS	
BMIGR2	Category 2 of Baseline BMI	text	BMIGR2	ADSL BMIGR2	Derived	ANALYSIS	
BMIGR2N	Category 2 of Baseline BMI (N)	integer	BMIGR2N	ADSL BMIGR2N	Derived	ANALYSIS	
BMIGR3	Category 3 of Baseline BMI	text	BMIGR3	ADSL BMIGR3	Derived	ANALYSIS	
BMIGR3N	Category 3 of Baseline BMI (N)	integer	BMIGR3N	ADSL BMIGR3N	Derived	ANALYSIS	

Traceability SDTM and ADaM

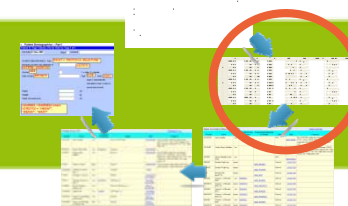


- Analysis Results

Table 1 Demographic Data - Per-Protocol

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Baseline body mass index (BMI) [kg/m**2]		
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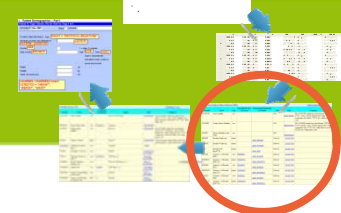
Traceability SDTM and ADaM



- Analysis Dataset

	STUDYID	USUBJID	SUBJID	BMI	BMIGR1	BMIGR1N	BMIGR2	BMIGR2N
2	9999-0001	9999-0001-000001	000001	27.777777778	<30 kg/m**2	1	25-<30 kg/m**2	2
3	9999-0001	9999-0001-000002	000002	25.503615702	<30 kg/m**2	1	25-<30 kg/m**2	2
4	9999-0001	9999-0001-000003	000003	26.175194521	<30 kg/m**2	1	25-<30 kg/m**2	2
5	9999-0001	9999-0001-000004	000004	35.15625	>=30 kg/m**2	2	>=30 kg/m**2	3
6	9999-0001	9999-0001-000005	000005	30.968858131	>=30 kg/m**2	2	>=30 kg/m**2	3
7	9999-0001	9999-0001-000006	000006	39.697163916	>=30 kg/m**2	2	>=30 kg/m**2	3
8	9999-0001	9999-0001-000007	000007	25.826446281	<30 kg/m**2	1	25-<30 kg/m**2	2
9	9999-0001	9999-0001-000008	000008	30.103806228	>=30 kg/m**2	2	>=30 kg/m**2	3
10	9999-0001	9999-0001-000009	000009	32.280962683	>=30 kg/m**2	2	>=30 kg/m**2	3
11	9999-0001	9999-0001-000010	000010	28.876133787	<30 kg/m**2	1	25-<30 kg/m**2	2
12	9999-0001	9999-0001-000011	000011	29.372397383	<30 kg/m**2	1	25-<30 kg/m**2	2
13	9999-0001	9999-0001-000012	000012	26.714852608	<30 kg/m**2	1	25-<30 kg/m**2	2
14	9999-0001	9999-0001-000013	000013	32.718619869	>=30 kg/m**2	2	>=30 kg/m**2	3
15	9999-0001	9999-0001-000014	000014	28.719723183	<30 kg/m**2	1	25-<30 kg/m**2	2
16	9999-0001	9999-0001-000015	000015	32.270420377	>=30 kg/m**2	2	>=30 kg/m**2	3

Traceability SDTM and ADaM

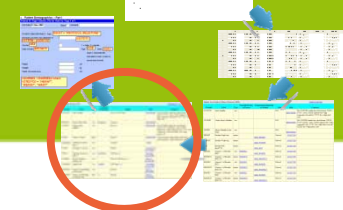


- ADaM define.xml

Computational Algorithms (ADSL.BMI)	
Reference Name	Computation Method
ADSL.BMI	Continuous variable, calculated using $ADSL.WEIGHT / (ADSL.HEIGHT * 0.01) ** 2$ value at visit 3 if visit 3 data not available, the last data collected before randomisation
Computational Algorithms (ADSL.HEIGHT)	
Reference Name	Computation Method
ADSL.HEIGHT	equal to VS.VSSTRESN when VS.VSTESTCD="HEIGHT"
Computational Algorithms (ADSL.WEIGHT)	
Reference Name	Computation Method
ADSL.WEIGHT	equal to VS.VSSTRESN when VS.VSTESTCD="WEIGHT" and VS.VISITNUM=30 if visit 3 data not available, the last data collected before randomisation

WEIGHT	Baseline Weight (kg)	integer		ADSL.HEIGHT	Derived	ANALYSIS
				ADSL.WEIGHT		
BMI	Baseline BMI (kg/m**2)	integer		ADSL.BMI	Derived	ANALYSIS
BMIGR1	Category 1 of Baseline BMI	text	BMIGR1L	ADSL.BMIGR1	Derived	ANALYSIS
BMIGR1N	Category 1 of Baseline BMI, (N)	integer	BMIGR1N	ADSL.BMIGR1N	Derived	ANALYSIS
BMIGR2	Category 2 of Baseline BMI	text	BMIGR2L	ADSL.BMIGR2	Derived	ANALYSIS
BMIGR2N	Category 2 of Baseline BMI, (N)	integer	BMIGR2N	ADSL.BMIGR2N	Derived	ANALYSIS
BMIGR3	Category 3 of Baseline BMI	text	BMIGR3L	ADSL.BMIGR3	Derived	ANALYSIS
BMIGR3N	Category 3 of Baseline BMI, (N)	integer	BMIGR3N	ADSL.BMIGR3N	Derived	ANALYSIS

Traceability SDTM and ADaM



- SDTM define.xml and aCRF

Value Level Metadata (ValueList.VS.VSTESTCD)

Source Variable	Value	Label	Type	Controlled Terminology	Origin	Role	Comment
VSTESTCD	DIABP	DIASTOLIC BLOOD PRESSURE	text		CRF Page 13		
VSTESTCD	HEIGHT	HEIGHT	text		CRF Page 9		
VSTESTCD	PULSE	PULSE RATE	text		CRF Page 13		
VSTESTCD	SYSBP	SYSTOLIC BLOOD PRESSURE	text		CRF Page 13		
VSTESTCD	WAIST	WAIST CIRCUMFERENCE	text		CRF Page 9		
VSTESTCD	WEIGHT	WEIGHT	text		CRF Page 9		

VSSEQ	Sequence Number	patient code
VSTESTCD	Vital Signs Test Short Name	Sequence number (automatically generated) to ensure uniqueness within a dataset for a subject
VSTEST	Vital Signs Test Name	
VSPOS	Vital Signs Position of Subject	
VSORRES	Result or Finding in Original Units	
VSORRESU	Original Units	
VSSSTRESC	Character Result/Finding in Std Format	
VSSSTRESN	Numeric Result/Finding in Standard Units	

• Patient Demographics – Part I
Patient X5 Page 4 (Demo_V1a for Visit 1a) Page 1 of 1.

Visit Date **11-Dec-2007** Blank ☐ Comment

PATIENT DEMOGRAPHICS - Part I **DSCAT = "PROTOCOL MILESTONE"**

Informed consent was obtained on **DSTERM / DSDECOD** **DSSTDTC**

Gender **SEX** ☐ 1 = male, 2 = female

Date of birth **BRTHDTC** Age **AGE** years **AGEU**
(Age is automatically calculated when screen is saved and closed)

Height cm

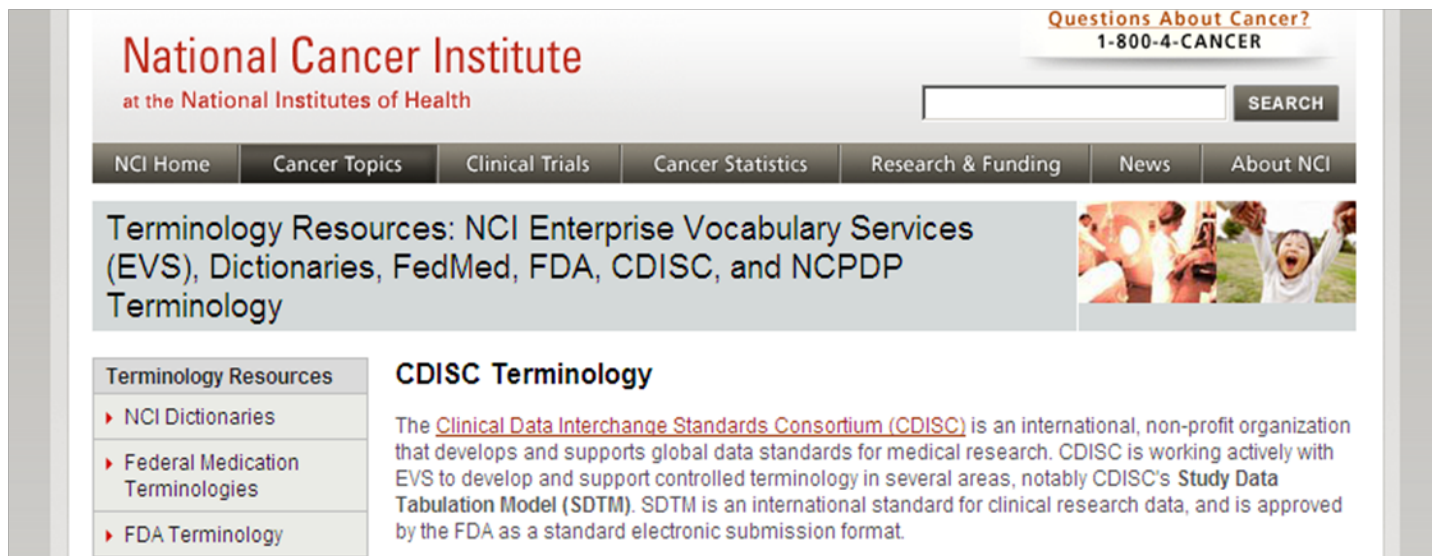
Weight kg

Waist circumference cm

VSORRES / VSORRESU where VSTESTCD = "HEIGHT", "WEIGHT", "WAIST"

Controlled Terminology

- Use existing CDISC terminology
- If available CDISC terminology is insufficient, sponsors should create their own terminology
- Documentation on sponsor-specific terminology should be included in define.xml



The screenshot shows the National Cancer Institute website. At the top, it says "National Cancer Institute at the National Institutes of Health". There is a search bar and a "SEARCH" button. Below the navigation bar, there is a section titled "Terminology Resources: NCI Enterprise Vocabulary Services (EVS), Dictionaries, FedMed, FDA, CDISC, and NCPDP Terminology". To the right of this section is a small image of people celebrating. Below the main heading, there is a sidebar with "Terminology Resources" including "NCI Dictionaries", "Federal Medication Terminologies", and "FDA Terminology". The main content area is titled "CDISC Terminology" and contains text about the Clinical Data Interchange Standards Consortium (CDISC) and its role in developing global data standards for medical research, specifically mentioning the Study Data Tabulation Model (SDTM).

Questions About Cancer?
1-800-4-CANCER

National Cancer Institute
at the National Institutes of Health

NCI Home Cancer Topics Clinical Trials Cancer Statistics Research & Funding News About NCI

Terminology Resources: NCI Enterprise Vocabulary Services (EVS), Dictionaries, FedMed, FDA, CDISC, and NCPDP Terminology

Terminology Resources

- NCI Dictionaries
- Federal Medication Terminologies
- FDA Terminology

CDISC Terminology

The Clinical Data Interchange Standards Consortium (CDISC) is an international, non-profit organization that develops and supports global data standards for medical research. CDISC is working actively with EVS to develop and support controlled terminology in several areas, notably CDISC's **Study Data Tabulation Model (SDTM)**. SDTM is an international standard for clinical research data, and is approved by the FDA as a standard electronic submission format.

Source: <http://www.cancer.gov/cancertopics/cancerlibrary/terminologyresources/cdisc>

MedDRA and Common Dictionaries

- Sponsors should exactly follow spelling and case
- MedDRA version should be consistent across trials within the submission
- Dictionary name and version should be documented in define.xml

Controlled Terminology (External Dictionaries)	
ADVERSE EVENT DICTIONARY, Reference Name (Codelist.AEDICT_F)	
External Dictionary	Dictionary Version
MedDRA	13.1
DRUG DICTIONARY, Reference Name (Codelist.DRUGDICT_F)	
External Dictionary	Dictionary Version
WHO Drug	WHO-DD 10.SEP
ISO 8601, Reference Name (Codelist.ISO 8601)	
External Dictionary	Dictionary Version
ISO 3166, Reference Name (Codelist.ISO 3166)	
External Dictionary	Dictionary Version

SDTM Datasets

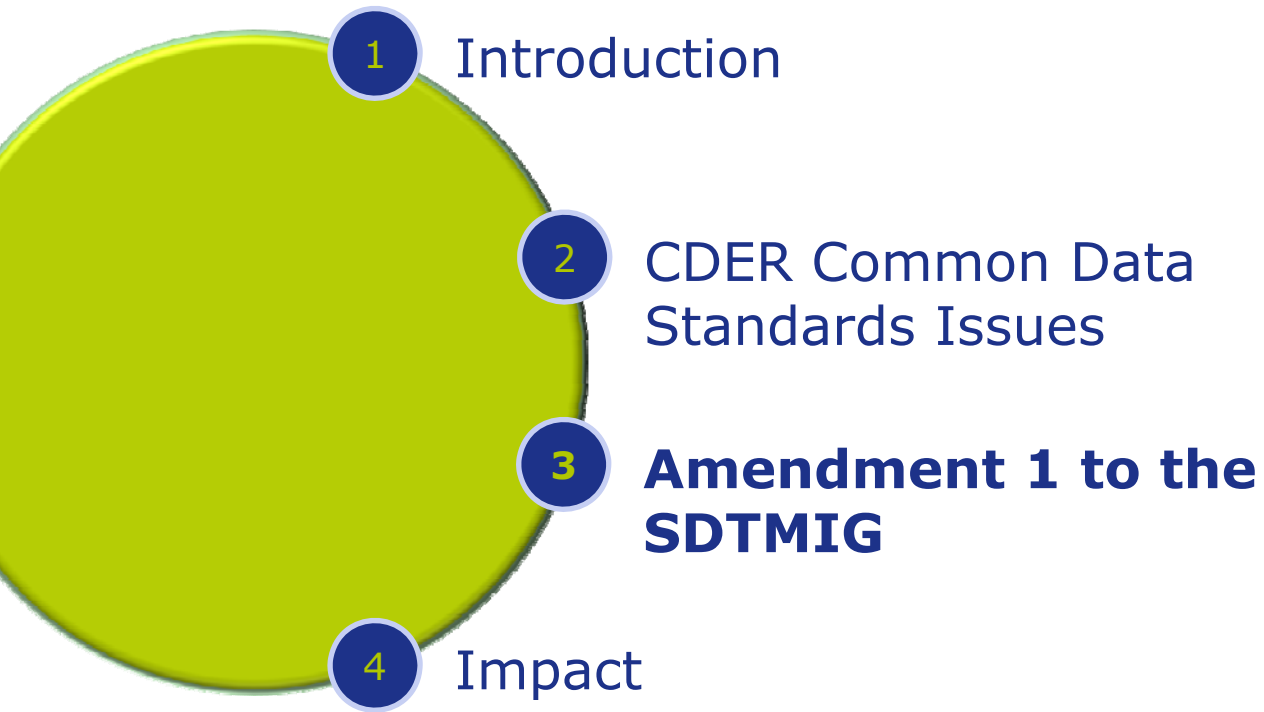
- SUPPQUAL
 - Should not be used as a waste basket
- DM
 - Strongly preferred to use additional variables in Amendment 1
- DS
 - EPOCH should be used to distinguish between multiple disposition events
 - If DEATH occurs, it should be documented in the last record with the associated EPOCH

SDTM Datasets

- AE
 - Provide variables for MedDRA hierarchy
 - Sponsors should include all AEs, not only the one caused by the study treatment
 - AESOC = MedDRA-defined, primary mapped SOC
 - AEBODSYS = SOC used for analysis
- Custom Domains
 - Only to be used for data that does not fit in a published domain
- LB
 - Ideal filesize < 400 megabytes
 - Larger files should be split according to LBCAT, LBSCAT; Non-split dataset should also be included
 - Discuss with your review division

SDTM Variables

- Permissible variables that CDER expects to see
 - --BLFL (LB, VS, EG, Pharmacokinetics, Microbiology)
 - EPOCH
 - --DY and --STDY in SE and Findings
- No imputations allowed
- Dates in ISO 8601
 - Missing dates are missing dates
- USUBJID
 - No leading or trailing spaces allowed
 - should match across all datasets (SDTM, ADaM) on a character basis



Additions to SDTM V1.2/SDTMIG V3.1.2

- New variables in Demographics
- New variables in Events General Observation Class
 - Additional accomodation for MedDRA codings
 - Part of these previously used in SUPPQUAL

Additions to DM

Variable	Label
ACTARMCD	Actual Arm Code
ACTARM	Description of Actual Arm
RFXSTDTC	Date/Time of First Study Drug Exposure
RFXENDTC	Date/Time of Last Study Drug Exposure
RFPSTDTC	Date/Time of First Subject Contact
RFPENDTC	Date/Time of End of Subject Participation
DTHDTC	Date of Death
DTHFL	Subject Died Flag

Additions to DM

- ACTARMCD, ACTARM
 - Actual arm a subject participated in during the trial
 - Randomized subjects that are not treated
 - ACTARMCD/ACTARM= 'NOTTRT' / 'Not Treated'
- RFXSTDTC, RFXENDTC
 - Date/Time of first/last study treatment exposure
 - RFXSTDTC should match SESTDTC for first treatment element
 - RFXENDTC should match SEENDTC for last treatment element
- RFPSTDTC
 - Date/Time of informed consent
 - Should match entry in DS if this is documented as a protocol milestone

Additions to DM

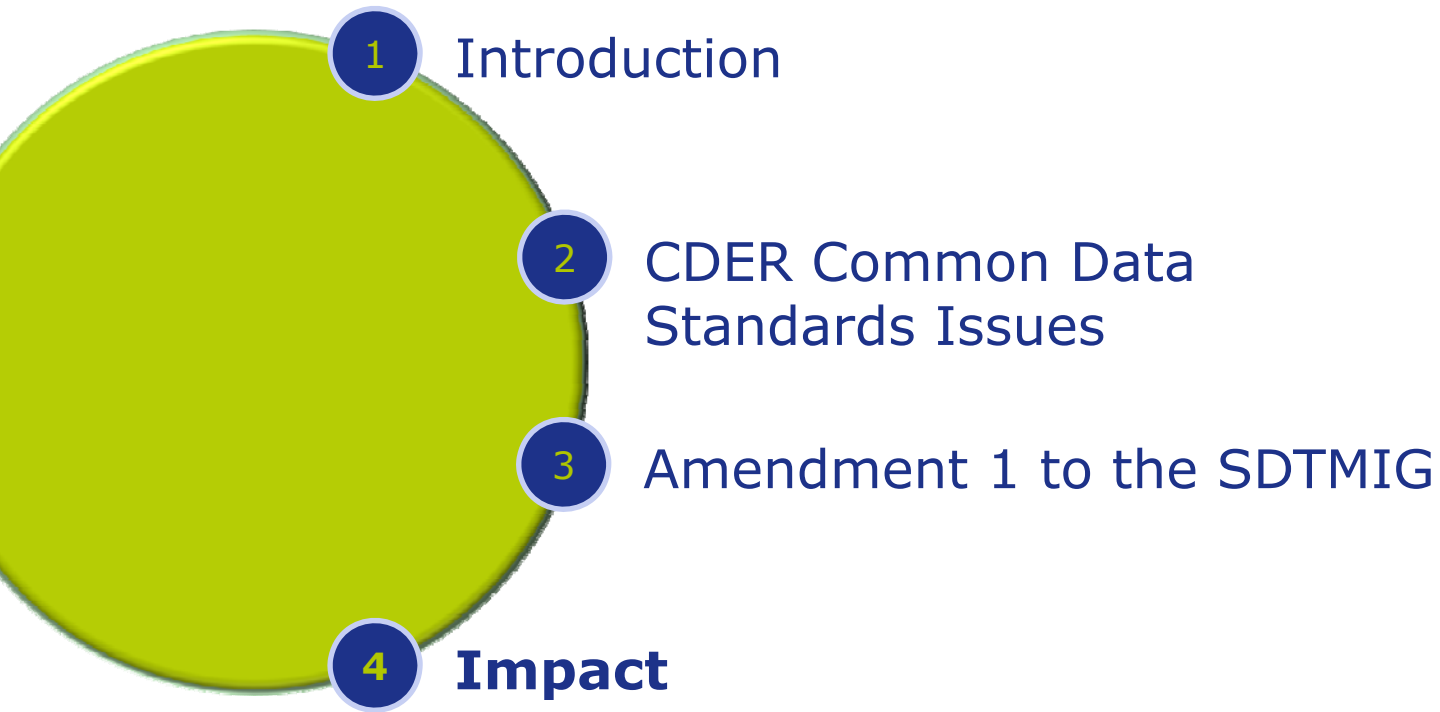
- RFPENDTC
 - Date/Time of end of participation
 - Last known date of participation FOR DATA
 - NOT the last date of participation in study
- DTHDTC, DTHFL
 - Date of death, Subject death flag

Additions to AE

Variable	Label
AETRTEM	Treatment Emergent Flag
AELLT	Lowest Level Term
AELLTCD	Lowest Level Term Code
AEPTCD	Preferred Term Code
AEHLT	High Level Term
AEHLTCD	High Level Term Code
AEHLGT	High Level Group Term
AEHLGTCD	High Level Group Term Code
AESOC	Primary System Organ Class
AESOCCD	System Organ Class Code
AEBDSYCD	System Organ Class Code

Additions to AE

- AETRTEM
 - Treatment emergent flag: 'Y' or null
 - Derivation must be clearly documented in define.xml
- AELLT, AELLTCD, AEPTCD, AEHLT, AEHLTCD, AEHLGT, AEHLGTCD, AESOCCD
 - Promoted from SUPPQUAL (SDTMIG Appendix C5) into the parent domain
- AESOC
 - Primary system organ class
 - AEBODSYS should contain the SOC used in analysis
- AEBDSYCD
 - Body system code



Impact

1. Additional Variables in AE

- Low impact
- The majority of the added variables were previously included in SUPPAE
- Robust derivation logic needed for 'Treatment Emergent Flag'
- Difference between 'Primary System Organ Class' and 'System Organ Class' used for the analysis

Impact

2. Additional Value 'DEATH' in DS.DSTERM/DSDECOD

- Low impact
- Most sponsors are already using this rule
- Value may be derived from:
 - Death report
 - Survival status
 - Follow up report
 - AE outcome
 - End of study status

Impact

3. Additional Variables in DM

- Medium impact
- Clear distinction between planned and actual ARM/ARMCD in their source
- Additional (complex) derivations from EX, DS, SE

Impact

4. File Size Limitations

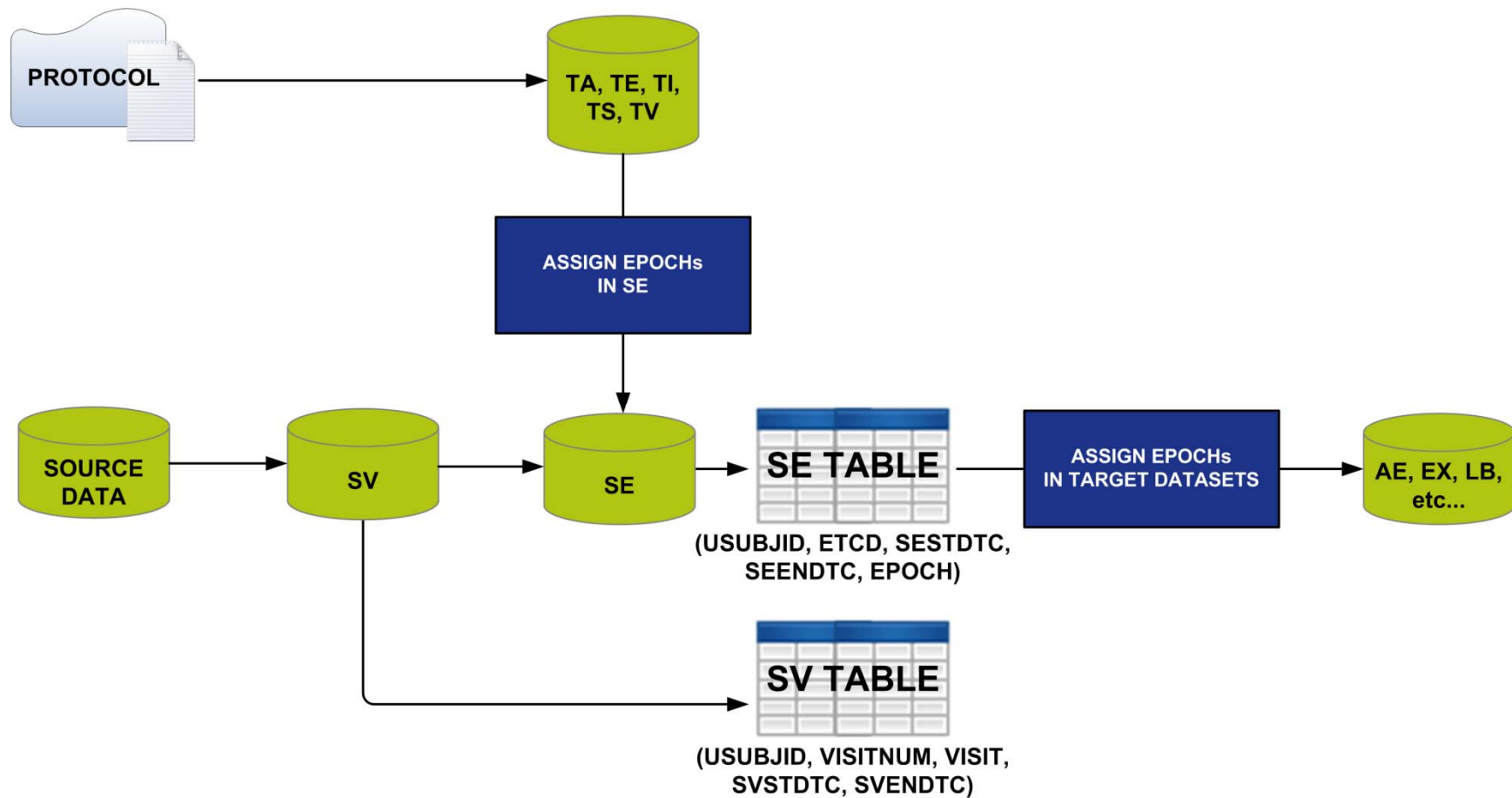
- Medium impact
- Contact FDA Review division, splitting may not be required
- Some additional QC steps are needed to ensure that splitting was done correctly
- Metadata in Define.xml needs to be provided for each split dataset. Includes value level metadata

Impact

5. Additional variable EPOCH in all domains

- High impact
- Due to the way in which EPOCH is derived (see next slides), generating and/or updating it, is a lengthy process
- Clear business rules for deriving EPOCHs will need to be determined at the beginning of a project

Deriving EPOCHs (1)



Summary

- Adding AE variables has a minor impact.
- Additional DM variables may require complex derivations.
- Deriving EPOCHs is a lengthy and complex process.
- Clear business rules need to be established for the derivations.
- Changing these derivation rules may have a high impact on timing and resources.

Conclusion



- SDTM is for collected data

Conclusion



- SDTM is analysis friendly



Thank you for your attention

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