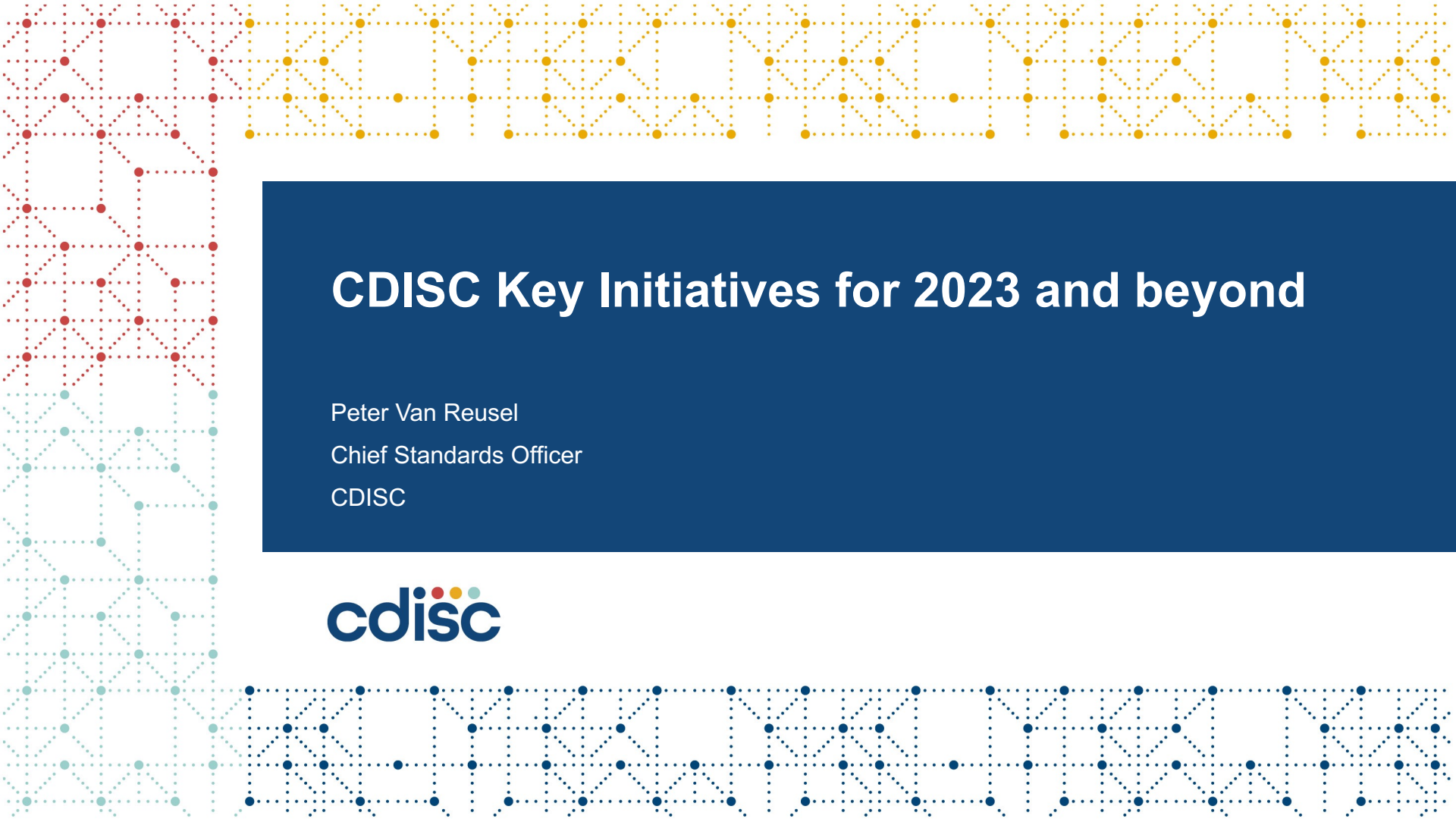




CDISC Key Initiatives for 2023 and beyond

Peter Van Reusel
Chief Standards Officer
CDISC





Meet the Speaker

Peter Van Reusel

Title: Chief Standards Officer

Organization: CDISC

Peter Van Reusel provides executive leadership to the development and implementation of clinical standards in line with CDISC's strategy and operational plans, working closely with the President and CEO, as well as CDISC staff and stakeholders. He has over 20 years' experience in senior roles in pharma and at CROs, providing standards expertise and carrying out other standards work in various organizational settings. A long-time, CDISC-authorized instructor, Peter has helped significantly in developing CDISC training courses.

He previously served as CDISC's European Liaison, shepherding relationships with key European regulatory, academic, and biopharma stakeholders. Peter is also an active PHUSE collaborator.



Agenda

- CDISC Key Initiatives
- CORE : CDISC Conformance Rules

Data Sources



EDC



eDT



EHR



DHT

Data Standards
Biomedical Concepts
Analysis Concepts
Foundational Standards



cdisc
LIBRARY
Formalizing Standards

Standards Selection



Collection Metadata



Specify Collection Standards



Tabulation Metadata



Specify Tabulation Standards

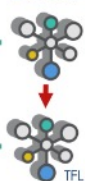


Analysis Metadata



Specify Analysis Standards

Endpoints



Study Build



Protocol Outline
(Hypothesis)

Study Build



CDASH
Operational Database



Extract Transform Load



SDTM
Tabulation Datasets



Create ADaM Datasets



ADaM
Analysis Datasets



Analysis Results Dataset

Endpoints



Clinical Study Reports

Study Execution

Data Sources



EDC



eDT



EHR

DHT

DHT



Data Standards
Biomedical Concepts
Analysis Concepts
Foundational Standards

Library



Standards
Selection

BCs

DDF



M11

Protocol
Outline
(Hypothesis)

Study Build

Endpoints



ARS



Collection
Metadata



Specify
Collection
Standards



Tabulation
Metadata



Specify
Tabulation
Standards



Analysis
Metadata



Specify
Analysis
Standards

Study Build

CORE

Dataset
JSON



Operational
Database



Extract
Transform
Load



Tabulation
Datasets



Create ADaM
Datasets



Analysis
Datasets



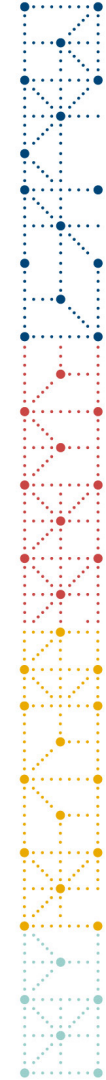
Analysis
Results
Dataset

Endpoints



Clinical
Study
Reports

Study Execution



Foundational Standards Development 2023 Highlights

ADaM – Planning for a consolidated ADaMIG

SDS – Multiple Subject Participations – DM and DC domains

CDASH – Aligning with SDTMIG v3.4 including GF and CP domains

SEND – Implementing new domains including IS, CP, PI, OE, and SX

Medical Devices – Addressing how to represent multiple device components

The diagram illustrates the high-level architecture of the CDISC-Driven Data-Driven Solution (CDDDS). It shows the flow of data from various sources through a central solution component to downstream systems.

Study Design Data Sources: Includes Sponsor Clinical Data, External Public Study Data, Real World Data, and Additional Sources.

Study Design Data: The central data repository, which feeds into the CDDDS.

CDISC-Driven Data-Driven Solution (CDDDS): The core solution component, which is divided into two main parts:

- Study Builder:** Processes data from the Study Design Data and outputs Common Temporal Information and Study Design Data.
- Study Design Repository:** Stores and manages the Study Design Data.

Data Mapping (CDM to System) and Deployment Engine: These components process the Study Design Data to generate downstream systems.

Downstream Clinical and Operational Systems: Includes RDM, CDR, SAR, EDC, CTMS, IPMS, RT, ETIM, PMS, GDF Compliance System, and Existing Non-compliance System.

Legend:

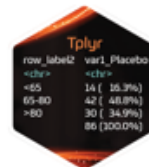
- All System (Red)
- GDF Compliance (Blue)
- GDF Compliance System (Green)
- Multiple possible vendors (Yellow)



CDISC Open-Source Alliance (COSA)

Community Driven Development

Supports and promotes open-source software projects that create tools for implementing or developing CDISC standards to drive innovation in the CDISC community



<https://cosa.cdisc.org>

CDISC Biomedical Concepts

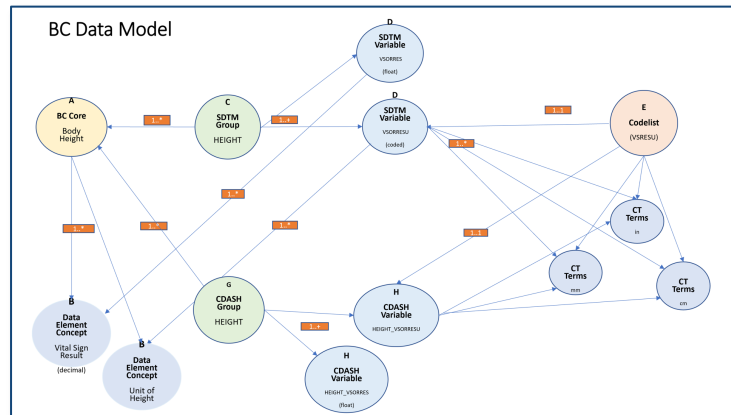
A pragmatic, iterative approach to creating biomedical concepts with a focus on providing tangible value for the CDISC community

Key Objectives:

- Reduce variability in standards implementations
- Increase metadata-driven automation
- Reduce barriers to operational implementation

Key Components:

- Conceptual layer
- Implementation layer
- Logical data model



CDISC Biomedical Concepts: Semantics

Representation of a BC in a specific standard with implementation details such as value level metadata, formats, terminology – alignment across standards



Biomedical Concepts Initial Use Cases

Assessments	Screening	Weeks from starting treatment pathway ³							
	-2 ¹	0 ²	2 ²	3 ²	6 ²	6 ² +	9 ²	16 ² +	17 ²
Informed consent	X								
Blood Tests ⁴	X							X	
ECG	X								
Medical History	X								
Physical and neurological assessment	X								
modified Toronto Clinical Neuropathy Score (mTCNS)	X								
Douleur Neuropathique 4 (DN4)	X								
Suicidal risk questionnaire	X								
Concomitant Medications	X	X	X	X	X	X	X	X	X
Vital Signs ⁵	X							X	
Pregnancy Test (for women of child bearing potential)	X ⁶			X	X		X	X	
Randomisation (treatment allocation)	X ⁶								
Dispense Study Medication	X		X	X	X	X	X	X	
Pain Diaries ⁷	X	X	X	X	X	X	X	X	
Tolerability scale	X ⁸				X			X	
Brief Pain Inventory-Modified Short Form (BPI-MSF)	X ⁸				X			X	
Insomnia Severity Index (ISI)	X ⁸				X			X	
Neuropathy Pain Symptom Inventory (NPSI)	X ⁸				X			X	
Hospital Anxiety and Depression Scale (HAD5)	X ⁸				X			X	
RAND Short Form 36 (RAND SF-36)	X ⁸				X			X	
EQ-5D-5L	X ⁸				X			X	
Client Service Receipt Inventory (CSRI)	X ⁸				X			X	
Pain Catastrophising Scale (PCS)	X ⁸								
Adverse Events Assessment	X	X	X	X	X	X	X	X	X
Compliance Assessment	X	X	X	X	X	X	X	X	X
Patient Global Impression of Change (PGIC)								X	

Retrieve a list of assessments
for a study

VS (Vital Signs) - [SDTMIG 3.1.2]

Related Supplemental Qualifiers Dataset: SUPPV (Supplemental Qualifiers for VS)					
Variable	Where Condition	Label / Description	Type	Length or Display Format	Controlled Terms or ISO Format
VSORRES VLM		Result or Finding in Original Units	text	30	
	VSTESTCD = "DIABP" (Diastolic Blood Pressure)	Diastolic Blood Pressure in Orig U	integer	2	
	VSTESTCD = "FRMSIZE" (Body Frame Size)	Body Frame Size - Orig	text	6	Size • "SMALL" • "MEDIUM" • "LARGE"
	VSTESTCD = "HEIGHT" (Height)	Height in Orig U	float	5.1	

Publish BC content as Define-XML
document including value level
metadata

Why Analysis Results Standards

Data Collection
CDASH



Data Aggregation
SDTM



Analysis
ADaM



Results
???

Table 4.2.2: HbA1c Longitudinal Repeated Measures Analysis Results Metadata

Metadata Field	Metadata
DISPLAY IDENTIFIER	Table 4.2.1/Figure 4.2.1
DISPLAY NAME	Mean Change from Baseline in HbA1c (Percent) Longitudinal Repeated Measures Analysis, 24-Week Short-term Double-blind Treatment
RESULT IDENTIFIER	Treatment difference results (LSMean, confidence interval, p-value)
PARAM	HbA1c (%)
PARAMCD	HBA1C
ANALYSIS VARIABLE	CHG (Change from baseline)
ANALYSIS REASON	SPECIFIED IN SAP
ANALYSIS PURPOSE	PRIMARY OUTCOME MEASURE
ANALYSIS DATASET	ADHBA1C



Analysis Results Standards Key Objectives



Leverage analysis results metadata to drive the automation of results



Support storage, access, processing, traceability and reproducibility of results



Develop a logical model that describes analysis results and associated metadata



User Guide to illustrate and exercise model with common safety displays

Analysis Results Standard

- ARS COSA Hackathon is completed
 - Readout at CDISC US Interchange
 - Readout at COSA spotlight December
- ARS model / schema complete
- Public Review scheduled Oct 6
- Planning to implement 4 example TFLs in ARS
- Release as example implementation package
- Ideating eTFL Portal

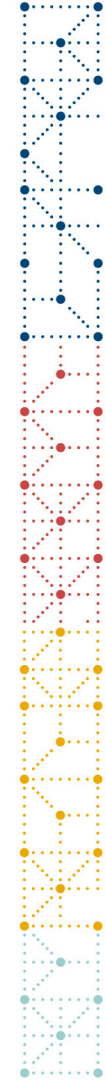


STANDARD SAFETY TABLES AND FIGURES: *INTEGRATED GUIDE*

Center for Drug Evaluation and Research (CDER)
Biomedical Informatics and Regulatory Review Science
(BIRRS) Team

Please email ONDbiomedicalinformatics@fda.hhs.gov with any questions.

Version Date: August 2022



Digital Health Technologies (DHT)

Increased industry
focus on digital
health technologies



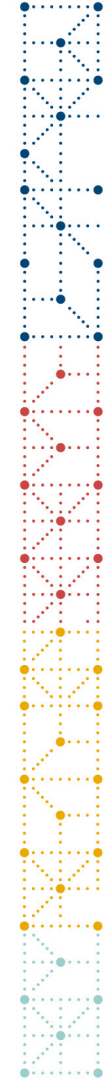
FDA | CDER | Small Business and Industry Assistance **INDUSTRY NEWS**

FDA to Host Digital Health Technologies for Drugs Public Workshop

The U.S. Food and Drug Administration is hosting the virtual public workshop “Understanding Priorities for the Development of Digital Health Technologies to Support Clinical Trials for Drug Development and Review” on March 28th and 29th, 2023. The workshop will focus on understanding the priorities and challenges of developing Digital Health Technologies (DHTs) to support clinical drug trials.

The workshop will be convened by the Robert J. Margolis, MD, Center for Health Policy at Duke University under a cooperative agreement with FDA.

For more information on the Digital Health Technologies virtual public workshop and to register, please visit [FDA's Meeting's, Conferences & Workshops \(Drugs\)](#).



CDISC Digital Health Technologies (DHT) Team

Purpose:

- To explore and enhance standardization of digital health technologies data

Goals:

- Increase our collective knowledge of digital health technologies and related data;
- In collaboration with a diverse group of stakeholders;
- To determine how CDISC standards can further support use of DHTs; and to
- Develop and publish new supporting standards

CDISC Digital Health Technologies (DHT)

Standardize

- Key concepts
- Device attributes, and
- Endpoints
- With supporting best practices



Scope

June - October



Partner

- Expert organization partnership
- Announcement in October



Develop

Start in November



Deliver

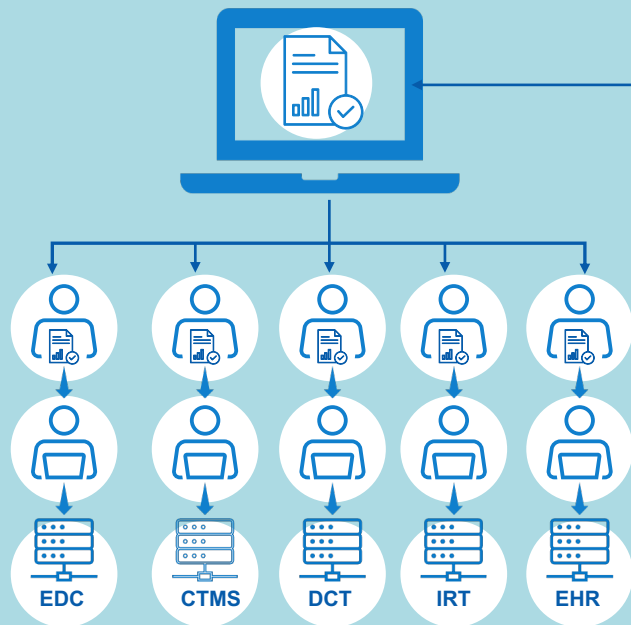
By Q4 2024

Staged releases preferred

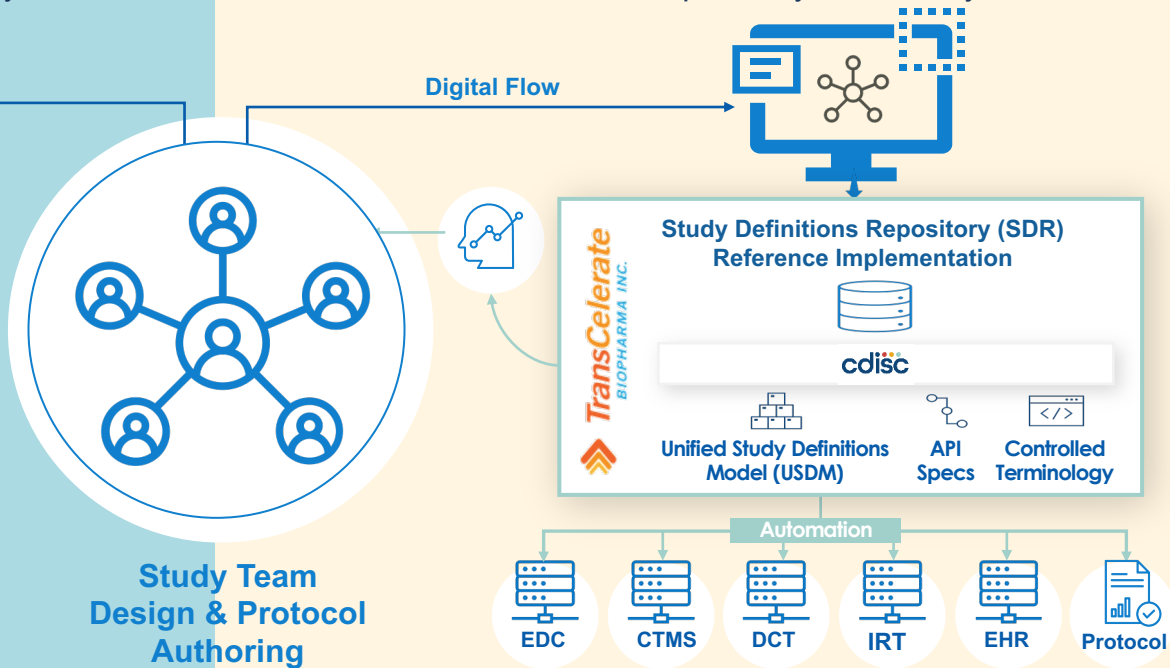
Digital Data Flow (DDF) Initiative

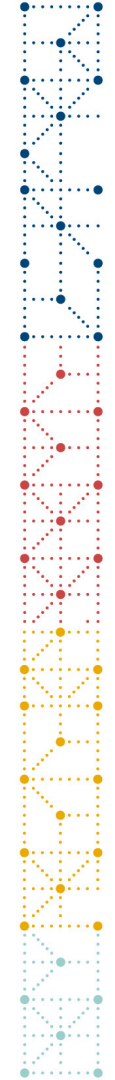
Write Once, Read Many

TODAY: Document-based paradigm for protocol creation, interpretation, and transcription into consuming systems



TOMORROW: Digital paradigm for protocol creation, with fully automated data flow and interoperability between systems





SAS v5 XPT format is the current standard for exchanging tabular datasets

- Currently Mandated by regulatory agencies
- Limitations of XPT v5
 - Numeric limitations, antiquated format
 - Stores data in its own numeric way
 - Character limitations, no UTF-8 encoding
 - No support for characters from other languages
 - String & Column limitations (variable names > 8, labels > 40, data > 200)
 - No metadata extensibility
- Considered outdated and antiquated
- Technology 'stigma'

Dataset-JSON Pilot



Milestone 1: Short Term

- Pilot submissions using JSON format with existing XPT ingress/egress to carry the same data
- Same content, different suitcase, no disruption to business process on either side
- In parallel, evaluate how FDA toolset can support JSON format and identify tool upgrade roadmap

➔ **Success Criteria: Accept Dataset-JSON as a transport format option (in addition to existing XPT format)**

Milestone 2: Long Term

- Enhance the CDISC SDTM and ADaM standards beyond XPT limitations (e.g. Variable names > 8, labels > 40, data > 200)
- New Define-XML / Define-JSON based on ODM v2.0
- Enhanced conformance rules
- Collaborate with FDA to develop plan to retool their environment to natively consume JSON

➔ **Success Criteria: accept advanced Dataset-JSON as the only transport format option and deprecate XPT**

Dataset-JSON Pilot: draft Timeline





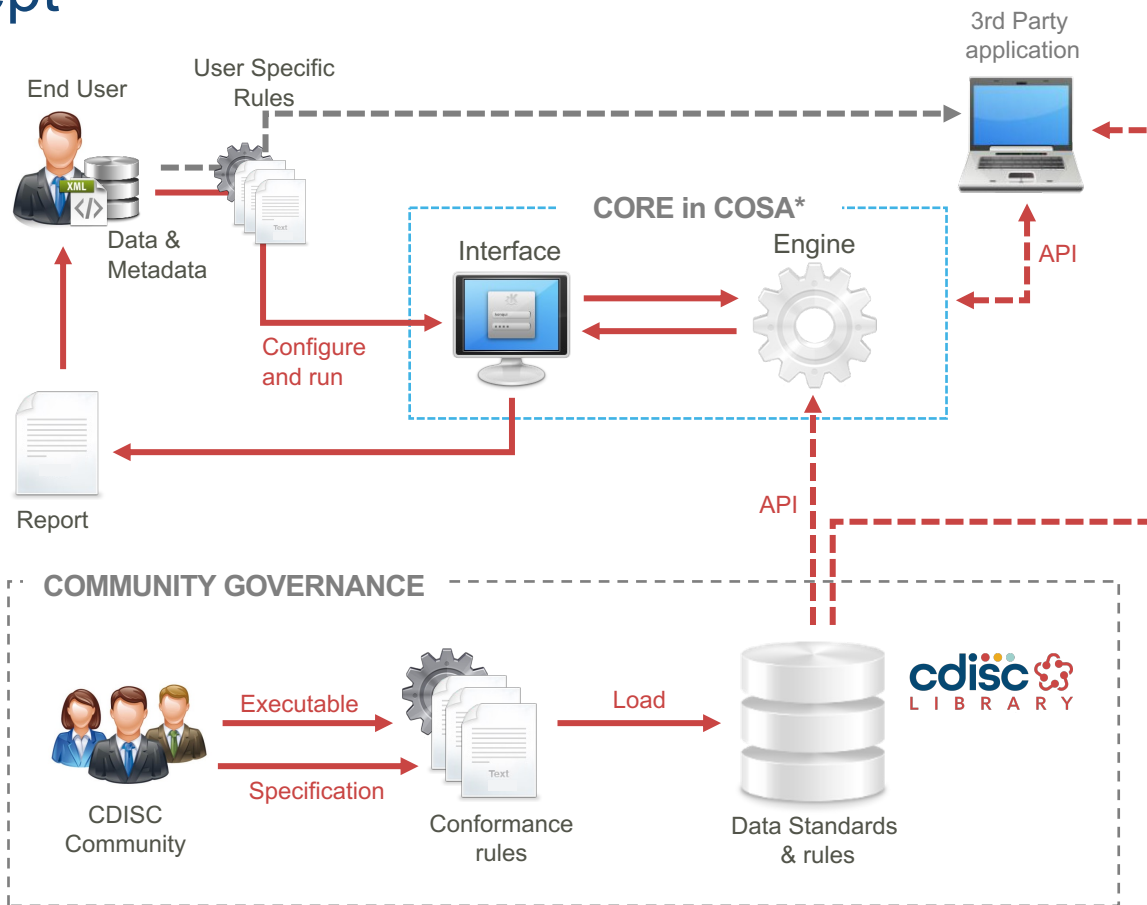
Conformance Rules - CORE

The Challenge

A single source of truth for all conformance rules

Consistency across conformance rule implementations

CORE Concept



* CDISC Open-Source Alliance

CORE Rules Governance



Rules Governance Team

(CDISC; FDA; Community)

Rule Specifications



Provide
rule
specs



Provide
validation
rules



Propose
new /
updated
rule
specs

Rules Gov Team Activities

- Receive specifications
- Load to central catalog

Rules Gov Team Activities

- Govern specs content
- Curate content
- Mark rules for dev.
- Prioritize rules for dev.

Central Specifications
Catalog



Freely Available

CORE Rules (executable)

Rules Gov Team Activities

- Govern CORE Rules dev. process
- Assign Rules for development
- Review/approve Rules for release

Rules
Development



Publish

CDISC Library

API



3rd Party
Applications



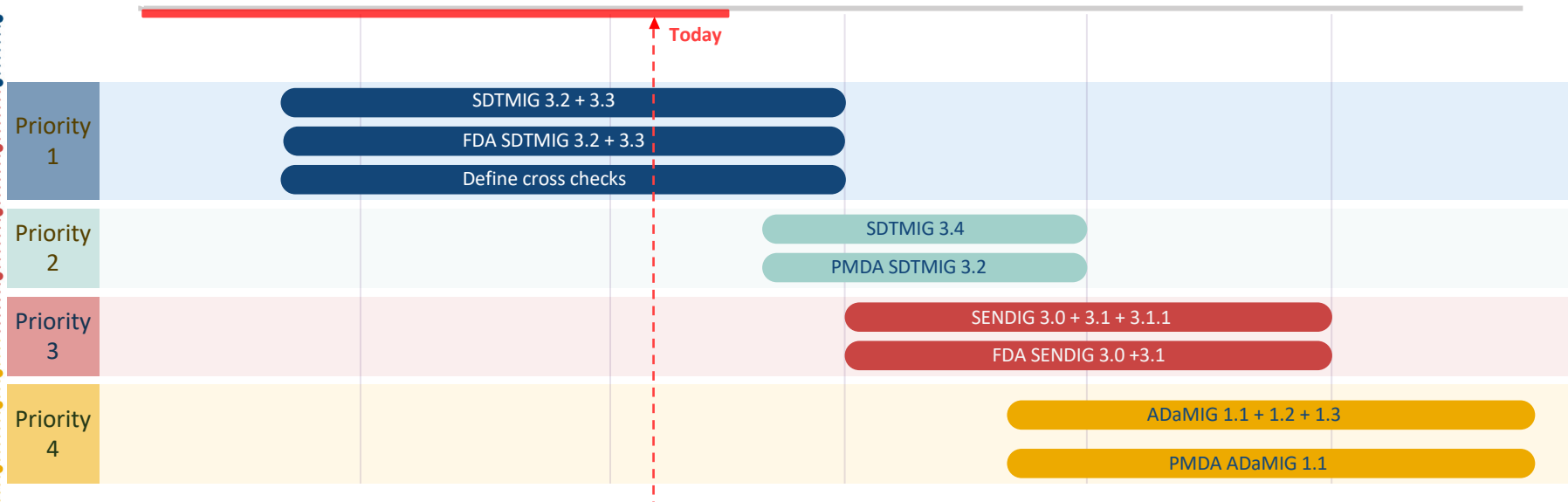
Rules Development Progress

Components	Status										
	OPEN	DONE	BLOCKED	UNIT TESTING	QC IN PROGRESS	READY TO PUBLISH	PUBLISHED	AWAITING QC	AUTHOR IN PROGRESS	BACK TO AUTHOR	T:
ADaMIG v1.0	312	0	0	0	0	0	7	2	0	0	321
ADaMIG v1.1	417	0	0	0	0	0	7	2	0	0	426
ADaMIG v1.2	589	0	0	0	0	0	7	2	0	0	598
ADaMIG v1.3	549	0	5	4	0	0	8	11	17	2	596
FDA SDTMIG v3.2	493	0	0	0	0	0	0	0	0	0	493
FDA SDTMIG v3.3	501	0	0	0	0	0	0	0	0	0	501
FDA SENDIG DART v1.1	350	0	0	0	0	0	0	0	0	0	350
FDA SENDIG v3.0	316	0	0	0	0	0	0	0	0	0	316
FDA SENDIG v3.1	330	0	0	0	0	0	0	0	0	0	330
FDA SENDIG v3.1.1	335	0	0	0	0	0	0	0	0	0	335
FDA SENDIG-AR v1.0	466	0	0	0	0	0	0	0	0	0	466
SDTMIG v3.2	169	35	11	0	1	0	192	0	7	2	417
SDTMIG v3.3	150	45	11	1	1	0	232	0	7	2	449
SDTMIG v3.4	6	59	45	10	3	0	277	2	40	1	443
SENDIG v3.0	259	0	0	0	2	0	3	0	0	0	264
SENDIG v3.1	174	2	2	3	2	5	7	96	11	1	303
SENDIG v3.1.1	307	0	0	0	2	0	3	0	0	0	312
SENDIG-DART v1.1	353	0	0	0	2	0	3	0	0	0	358
Total Unique Issues:	6076	141	74	18	13	5	746	115	81	8	7277

Statistieken 18 van 18.

[Bekijk in Jira](#)

Rules Development Priority



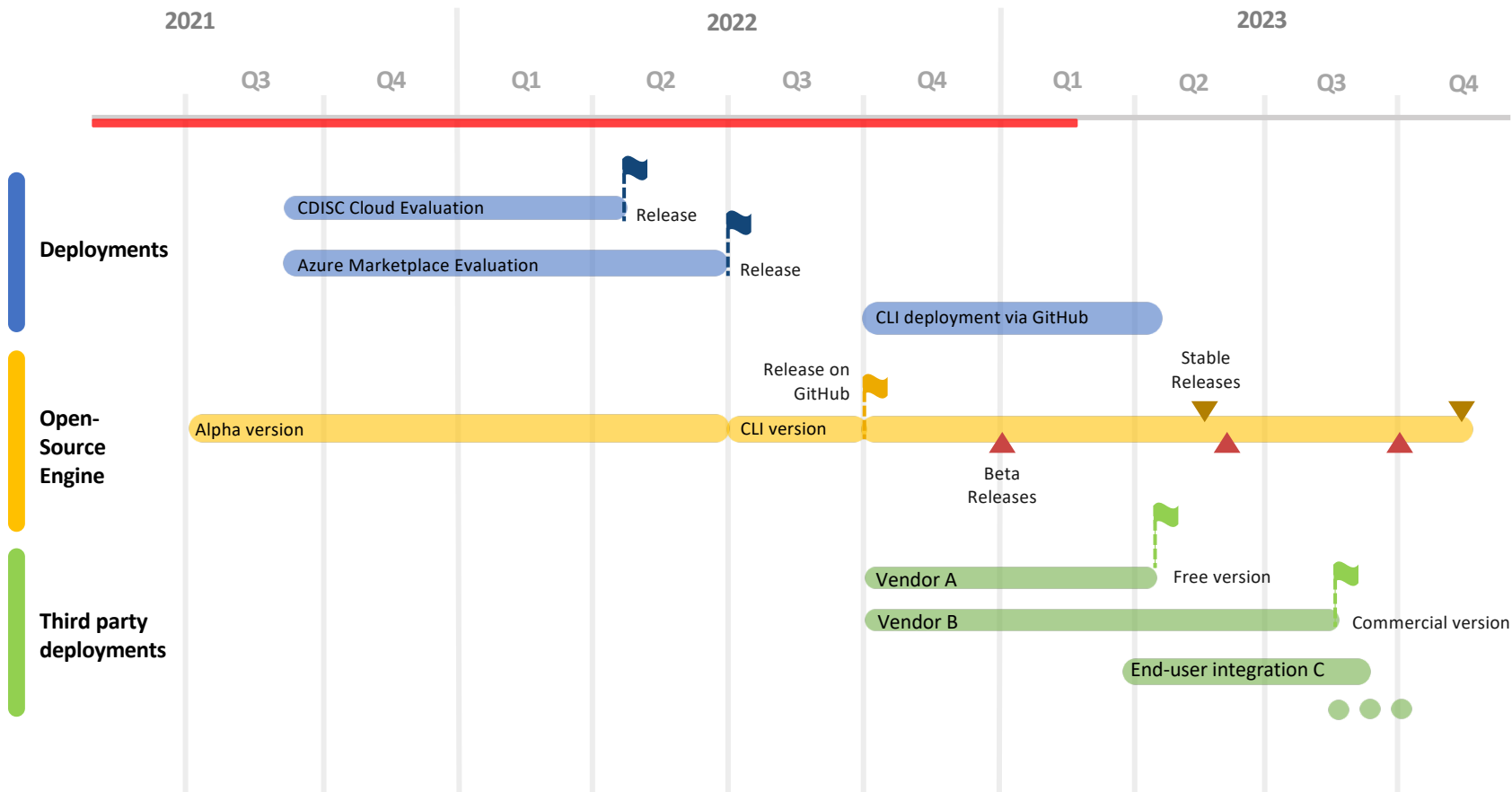
➡ *Timelines depend on community engagement*

CORE Engine is Open-Source

- Open-source framework
 - Listed in the COSA (CDISC Open-Source Alliance) directory
 - Permissive MIT open-source license
 - Provided via GitHub
- Free to all in CDISC community
- Very flexible implementation options



Engine and Deployments Overview

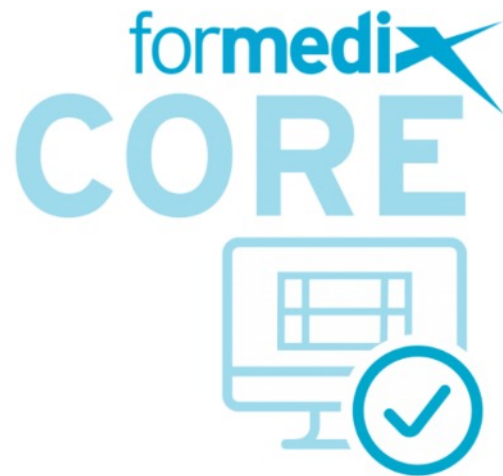


First vendor launch

Introducing Formedix CORE: a free-to-use desktop app incorporating the CDISC Open Rules Engine

Formedix CORE is a free, downloadable Windows desktop application that allows you to validate datasets using the [CDISC Open Rules Engine \(CORE\)](#). The application provides an easy way to run validations on local data and identify standards conformance issues.

DOWNLOAD CORE





Next Milestone

- The complete ruleset for
 - SDTM 3.2 and SDTM 3.3
 - Define.xml crosscheck rules
 - FDA validator rules v1.6 (that apply to SDTM 3.2 and SDTM 3.3)
 - FDA rejection rules
- CORE Engine Stable Release
 - Engine can run all the rulesets above
 - Thorough testing and validation documentation
- Purpose
 - Test with real study data and roll out rules governance process



*Implementers can integrate this stable version
Drive adoption and test with real study data*



CORE Future State

- Rules
 - Full set of executable rules for submission standards (SDTM, SEND, ADaM)
 - Including Regulatory-specific rules
 - Including Define.xml cross-check rules
 - ➔ *Continuing volunteer engagement is critical!*
- CORE is the Reference Engine
 - Engine with all basic functionality for full set of machine-executable rules
 - Includes a validation package
- CDISC will establish a CORE certification program
 - To verify output of different applications versus the CORE Reference Engine
 - CDISC conformance rules are the single version of the truth



*Rules are part of the Standards!
Expect Regulatory Agencies to mandate use of CDISC Conformance Rules*

How to sign up as a volunteer

- <https://www.cdisc.org/volunteer/form>

- Select CORE Rules Team

Select the CDISC Standards Development team that you would like to join. (Please choose one)

☒ CORE Rules



☐ DDF

☐ Safety User Guide

☐ ADaM

☐ CDASH

☐ Controlled Terminology

☐ QRS

☐ SDS

☐ SEND

☐ Data Exchange (ODM, Define-XML)

☐ Medical Devices

☐ Tobacco Implementation Guide

☐ Genomics Subteam

☐ Other...

Additional standards information can be found on our [Standards Page](#).

Relentless Collaboration





Thank you!

cdisc