



Setting the
Global Standard
for Clinical Data

SDTM Underlying Principles, FAQS

**CLINICAL DATA INTERCHANGE
STANDARDS CONSORTIUM**

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Topicality (1)

- Topicality defines domain
 - What are you collecting data about?
 - Medication use, Interventions
 - Illness, Events
 - Regardless of how much data you collect
 - Just because you choose to collect less data does not change the topicality
 - Regardless of importance to your study
 - Just because you do not care about the details, only Y/N, does not change the topicality

Topicality (2)

- It is not just about your study/application
- SDTM designed to facilitate:
 - Standard data transfer to FDA
 - Loading data to JANUS
 - Mining
- Data should not be different because of specific study/application needs

Topicality (3)

- How to determine topicality
 - Pre-defined Domains
(SDS v3.1 section 10.3.1)
 - Questionnaires
 - If it does not match an existing event or intervention, it is probably a finding

Topicality (4)

- Do you smoke? Y / N
 - Topicality = substance use, intervention

DOMAIN = SU

SUTRT = TOBACCO

SUDECOD = NICOTINE

SUOCCUR = Y

You might have thought this is a finding
(SDS v3.1 sections 6.1.3, 9.2.3)

Topicality (5)

- Highest Tox Grade, by Visit/Cycle

Nausea	1	2	3	4	5
Headache	1	2	3	4	5

– Topicality = adverse events, events

DOMAIN	= AE	AEOCCUR	= Y
AECAT	= TOXICITY	AETOXGR	= 2
AETERM	= NAUSEA		

You might have thought this is a finding

Domains vs. CRF (1)

- CRF does not equal SDTM domain
- CRF domain can be split into SDTM:
 - Multiple domains
 - Comments
 - SUPPQUAL
 - RELREC
- CRF domains can be collapsed into SDTM domains

Domains vs. CRF (2)

- Some CRF variables can be excluded from SDTM

– Page not done?

– Does the subject have any past major conditions other than disease studied?

Yes, list the condition(s) below

1 _____

2 _____

Content (1)

- SDTM specifies structure, does not direct content
- SDTM provides vehicle for representing content
- Science & Regulation determine content

Content (2)

- **COMMENTS**

- Only submit if you have comments

- Comments on a separate comments page

- DOMAIN = CO

- RDOMAIN =

- COVAL = comment text

- Comment variable in original domain

- DOMAIN = CO

- RDOMAIN = AE (for AE comments)

- COVAL = comment text

Content (3)

- SUPPQUAL
 - Only include variables that cannot be included in existing model
 - AETRTEM, Treatment Emergent
 - Usually needs to be submitted
 - If only for ITT, SAFETY, PPROT, COMPLT
 - Can now be one SUPPQUAL / Domain
 - xx_supp
 - New in SDS v3.1.1

Content (4)

- RELREC

- Only include if you need/want to identify relationships between records

- (Science and/or Regulation)

- Discontinuation due to AE? AE SEQ #: ____

- If not submitting, annotate “not entered in database”

- But why did you collect it?

- SAE forms, Labs, Con Meds

- Complicated, but simplest to handle all cases

- Resolves many-many-many relationships

FAQs – Core Variables (1)

- Required
 - Data is useless without
 - STUDYID, USUBJID, topic variable
- Permissible
 - Optional
 - Include only if you collected the data
 - Can vary study-by-study

FAQs – Core Variables (2)

- Expected
 - Variable must be in dataset
 - Varies depending on domain
 - AESTDTC, expected
 - MHSTDTC, permissible
 - Can have Nulls, but not usually all Nulls...
 - ...But need to consider context
 - AESTDTC = Null for all AECAT = TOXICITY
(example used on slide 6)

FAQs – Inclusion/Exclusion

- List of all I/E questions defined in TI
- IE only includes exceptions
 - At trial start
 - During trial
 - Include in IE with appropriate IECAT and timing variables

FAQs – Text \geq 200 Chars

- Comments
 - COVAL – first 200 chars
 - COVAL1 – second 200 chars
 - COVAL2 – third 200 chars, and so on...
- Domains
 - Domain variable – first 200 chars
 - SUPPQUAL, QVAR = x1 – second 200 chars
 - SUPPQUAL, QVAR = x2 – third 200 chars, ...

FAQs – Misc

- RACEOTH – SC
- AETRTEM – SUPPQUAL
- Should not have nulls in QVAL
 - But deleting Null value records is a leap of faith