

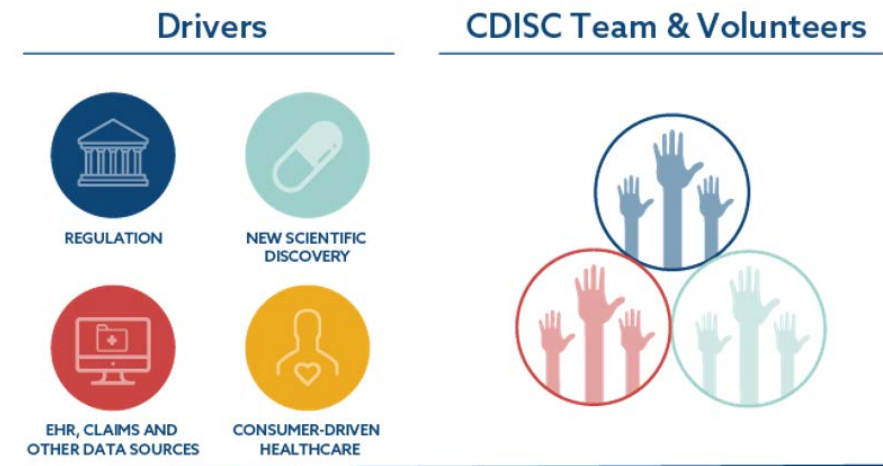
CDISC MDUFA V Presentation

Presented by
John Owen, Head of Partnerships and Development, CDISC

27th October 2020



What is CDISC?



Non-profit standards development organization

Community consensus standards development for clinical & translational research

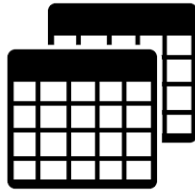
Ongoing global research support in the Americas, Europe, Japan, China, India, Korea and other regions

Standards downloaded in 90+ countries

CDISC Foundational Standards



Data Collection
CDASH



Data Organization
SDTM



Data Analysis
ADaM



Data Transfer
XML

Controlled Terminology

CDISC Medical Device Standards

Study Reference

**Device Identifiers
(DI)**

Consistent unique sponsor-defined identifier that links data across domains.

Device
Characteristics

**Device Properties
(DO)**

Important unvarying device characteristics that are not identifiers

**Device-In-Use
(DU)**

Measurements and settings intentionally set that may vary between uses of a device

Device
Treatment

**Device Exposure
(DX)**

Subject's exposure to a medical device under study

Events

**Device Events
(DE)**

Reportable device-related occurrences such as malfunctions and calibrations

**Tracking and Disposition
(DT)**

Physical locations of device, either at each movement or just final status

Representing
Relationships

**Device-Subject Relationship
(DR)**

Look-up table providing single consistent link between each device and subject

CDRH Challenges

Trial Data Issues

Data Traceability

Missing data

Patient Accountability

Missing coding tools

Protocol Deviations

Trial Data Issues

CDRH Reviewer Requests	CDISC Solutions
<ul style="list-style-type: none">• Include electronic datasets in PMA submission	<ul style="list-style-type: none">• SDTM and ADaM provide subject-and device-level tabulation and analysis datasets• Data transmitted in SAS transport files
<ul style="list-style-type: none">• Adverse Event listings for medical reviewers	<ul style="list-style-type: none">• Standardized AE data support listings from data visualization tools
<ul style="list-style-type: none">• Study endpoints analysis dataset(s) and raw data to minimize complicated manipulations and merges required to validate results• Include basic demographic variables and important covariates in analysis datasets	<ul style="list-style-type: none">• ADaM defines key effectiveness/safety analysis datasets, and permits inclusion of any/all relevant variables• ADaM datasets are “one proc away” from running analyses
<ul style="list-style-type: none">• Define/README file for datasets and program files• Document datasets and code sufficiently	<ul style="list-style-type: none">• Define-xml provides structure to document all datasets

Source: Presentation by Dr. Rajesh Nair, CDRH, 2014 2014, AdvaMed meeting;
Poster by Dr. Nair, Kit Howard, Carey Smoak, Fred Wood, 2015, CDISC US Interchange

Takeaway Points

Can reduce review timelines (FAIR data) and increase efficiency in the submission/review process

Supports cross-company integrated analyses, e.g., to identify safety signals

Can increase ability to perform *ad hoc* analyses internally

Easier to perform cross-study comparisons when the data structure is consistent

Allow connections to other data sources (Including RWD)

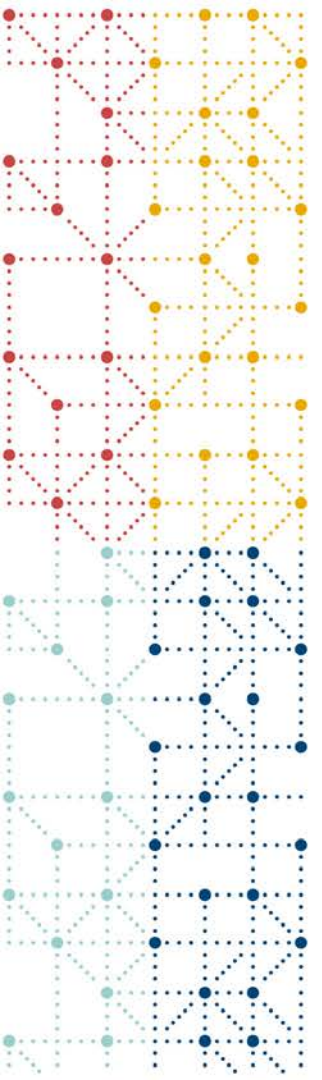
Can develop standard review tools based in a consistent, predictable data structure

Some device companies are early adopters of CDISC standards



Thank You!





Additional Slides: CDRH Challenges

Issue: Lack of data traceability means cannot assess data validity

CDRH Reviewer Requests

- Provide mechanism to trace each data point from the study report back to the CRF

CDISC Solutions

- ADaM, SDTM, associated define-xml and CDASH-conformant CRFs are specifically designed for this: hyperlink each variable to associated algorithm(s), source dataset(s), controlled terms and annotated CRF(s)

Source: Presentation by Dr. Rajesh Nair, CDRH, 2014 2014, AdvaMed meeting; Poster by Dr. Nair, Kit Howard, Carey Smoak, Fred Wood, 2015, CDISC US Interchange

Issue: Missing data may impact validity of conclusions, choice of statistical model

CDRH Reviewer Requests

- Show why and when data are missing (missed visits, value not recorded, etc.)
- No undisclosed data omissions; justify all data omissions
- Clearly note all imputed data

CDISC Solutions

- SDTM and ADaM define-xml:
 - Origin of each variable is defined as collected, derived or imputed
 - Algorithms for all derivations and imputations included
 - Can show what data were included or omitted and why
- CDASH can indicate what data were missing, with associated dates

Source: Presentation by Dr. Rajesh Nair, CDRH, 2014 2014, AdvaMed meeting; Poster by Dr. Nair, Kit Howard, Carey Smoak, Fred Wood, 2015, CDISC US Interchange

Issue: Hard to determine accountability for all subjects

CDRH Reviewer Requests

- Provide patient accountability charts with discussions of missing data

CDISC Solutions

- CDASH and SDTM: Subject Disposition domain captures status of each subject at each defined time point, which can be used to produce accountability charts; see also “Missing Data” slide

Source: Presentation by Dr. Rajesh Nair, CDRH, 2014 2014, AdvaMed meeting; Poster by Dr. Nair, Kit Howard, Carey Smoak, Fred Wood, 2015, CDISC US Interchange

Missing coding tools

Issue: Hard to identify, determine impact

CDRH Reviewer Requests

- Include Proc Format program that creates the format catalog

CDISC Solutions

- Controlled Terminology contains standard "formats"
- define-XML contains customized ones and external terms

*Source: Presentation by Dr. Rajesh Nair, CDRH, 2014 2014, AdvaMed meeting;
Poster by Dr. Nair, Kit Howard, Carey Smoak, Fred Wood, 2015, CDISC US Interchange*

Protocol Deviations

Issue: Hard to identify, determine impact

CDRH Reviewer Requests

- Summary tables by type of deviation (major/minor)
- Protocol deviations by investigational site

CDISC Solutions

- SDTM: designed to facilitate summary table production;
- CDASH: defines deviation data capture, including narratives; facilitates categorization

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