



Setting the  
Global Standard  
for Clinical Data

**TMF Workshop  
Berlin July 1-2005**

**CLINICAL DATA INTERCHANGE  
STANDARDS CONSORTIUM**

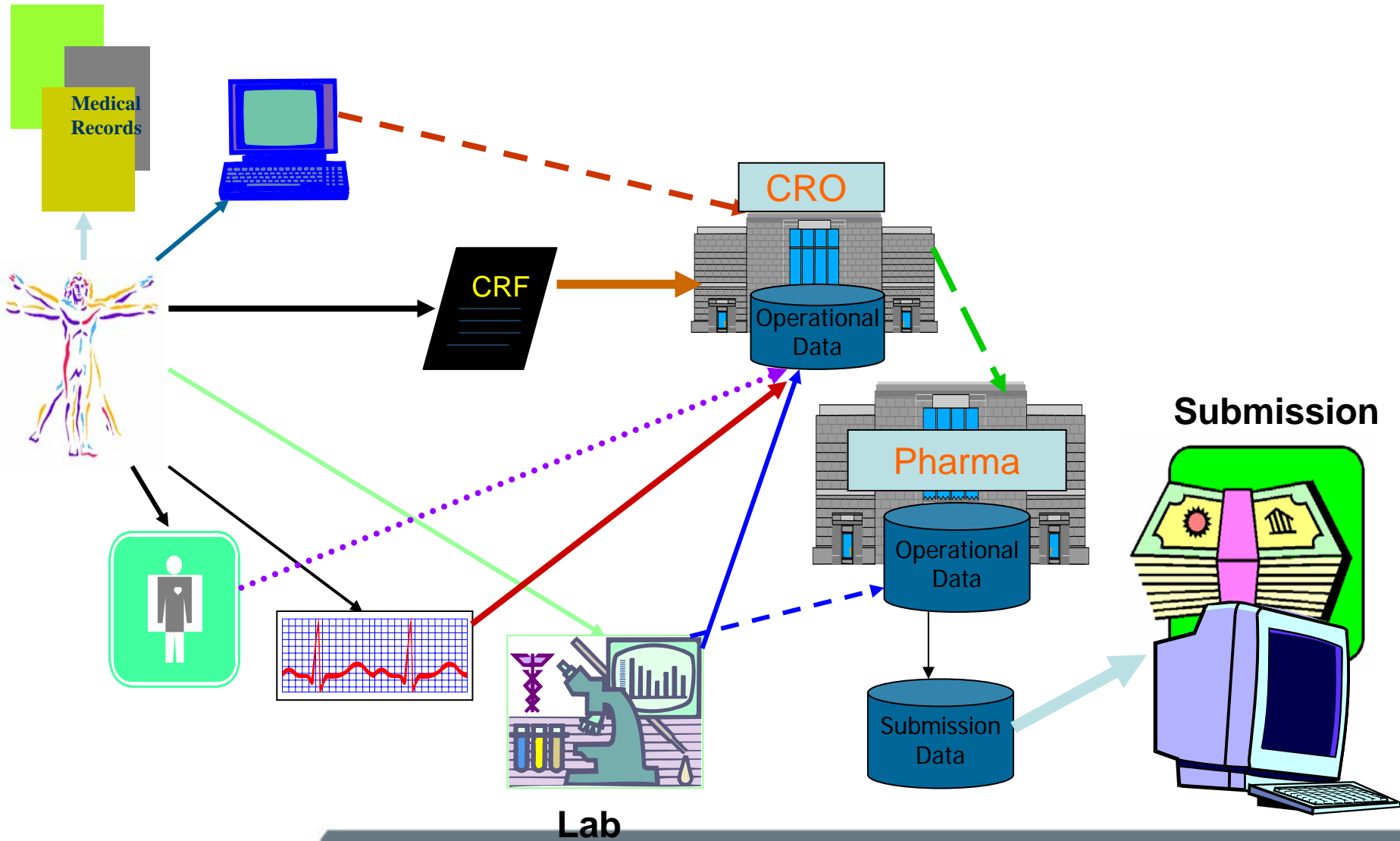
**Udo Siegmann  
Board of Directors, CDISC**

**Sen. Dir. Acc. Management  
PAREXEL**

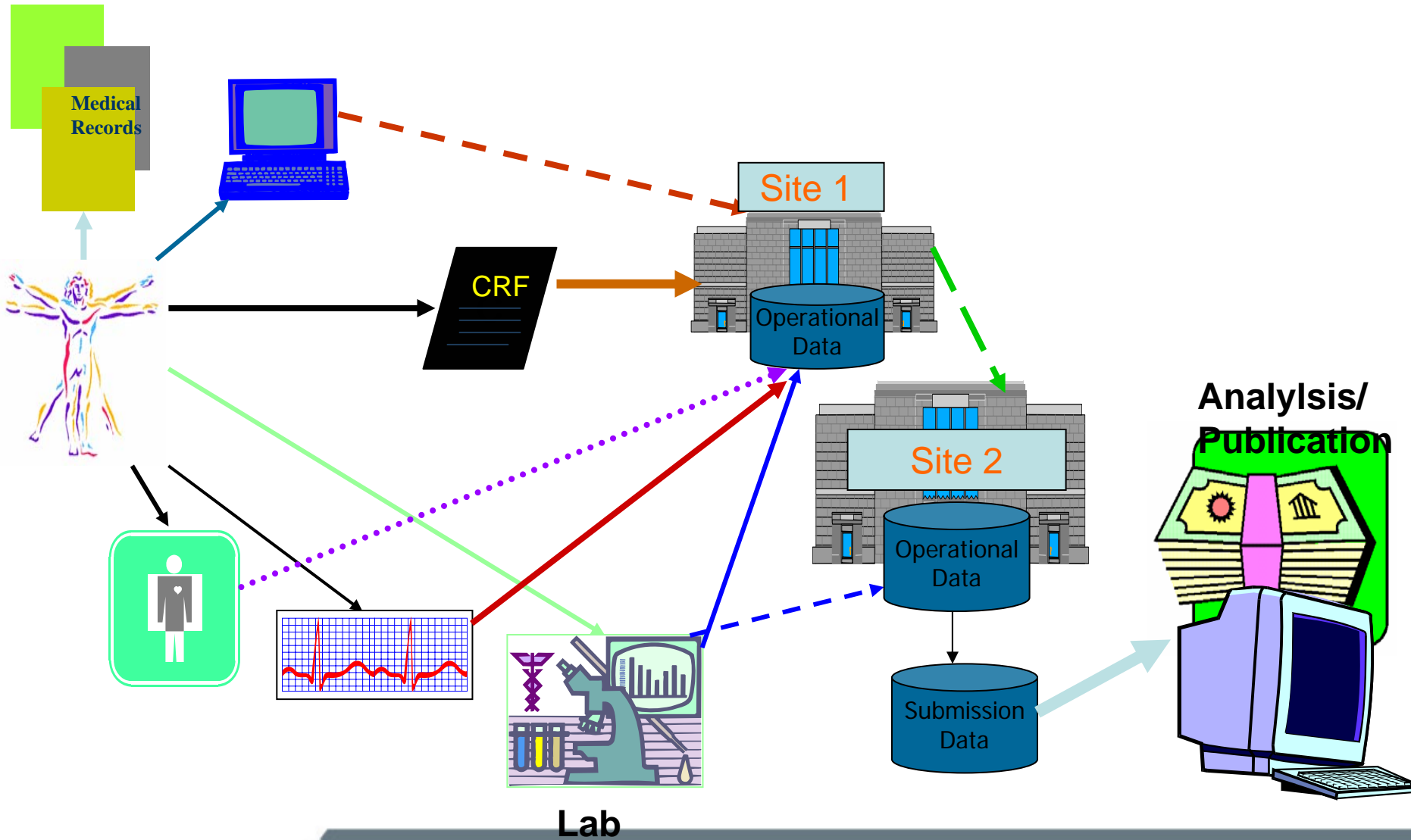
## Facts about PAREXEL

- Full service CRO (Clinical Research Organisation)
- Involved in more than 500 clinical trials (Phase I – IV) per year
- Annual Revenue 500+ MIO \$
- WW employees 5000+
- 57 Offices in 36 countries
- 55% of staff and revenue in Europe
- > 1000 employees in data management and statistics

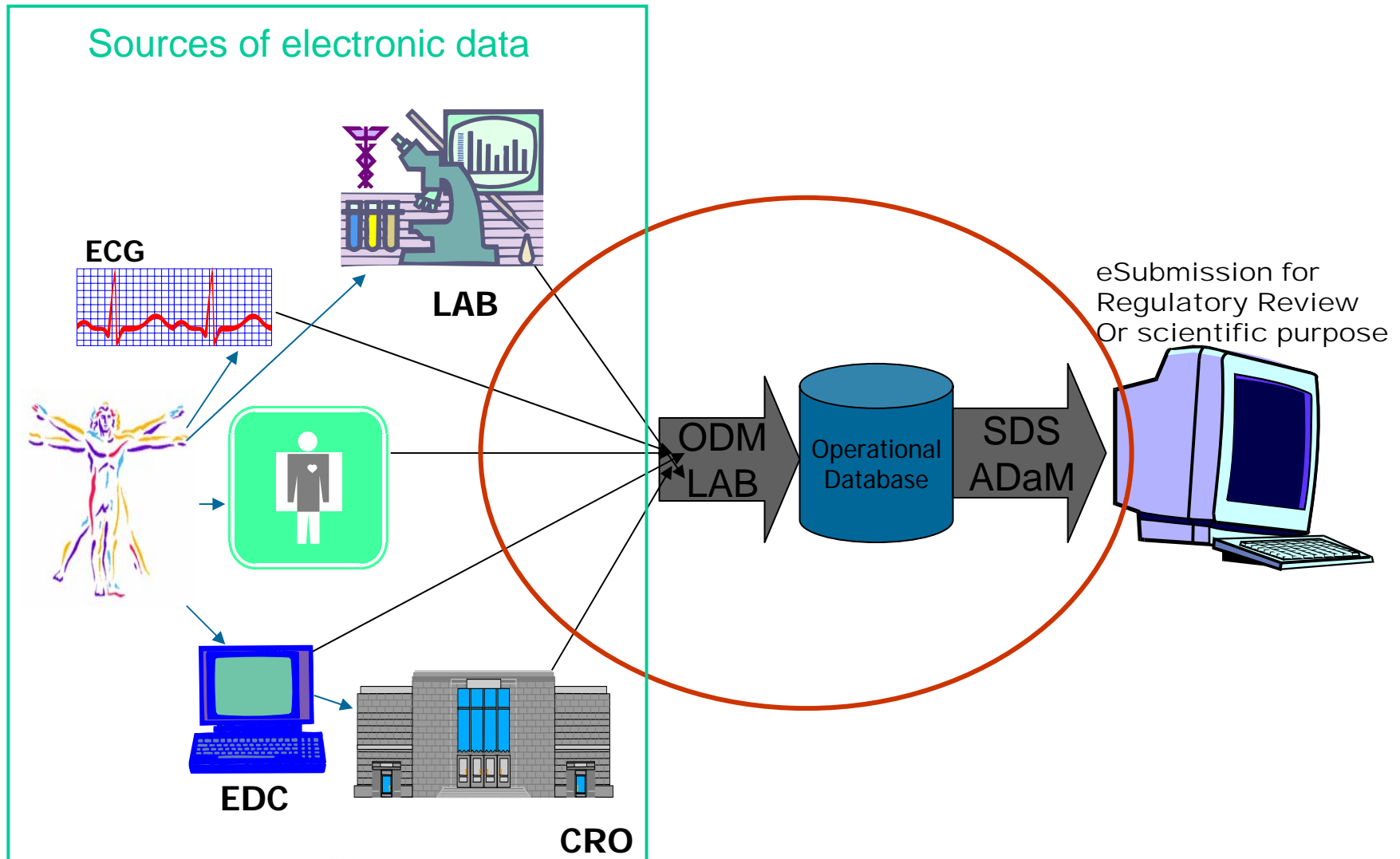
# The Current State of Data Transfer



# Academic research



# The Future: Standards to Facilitate Data Flow ....from Source to Reviewers



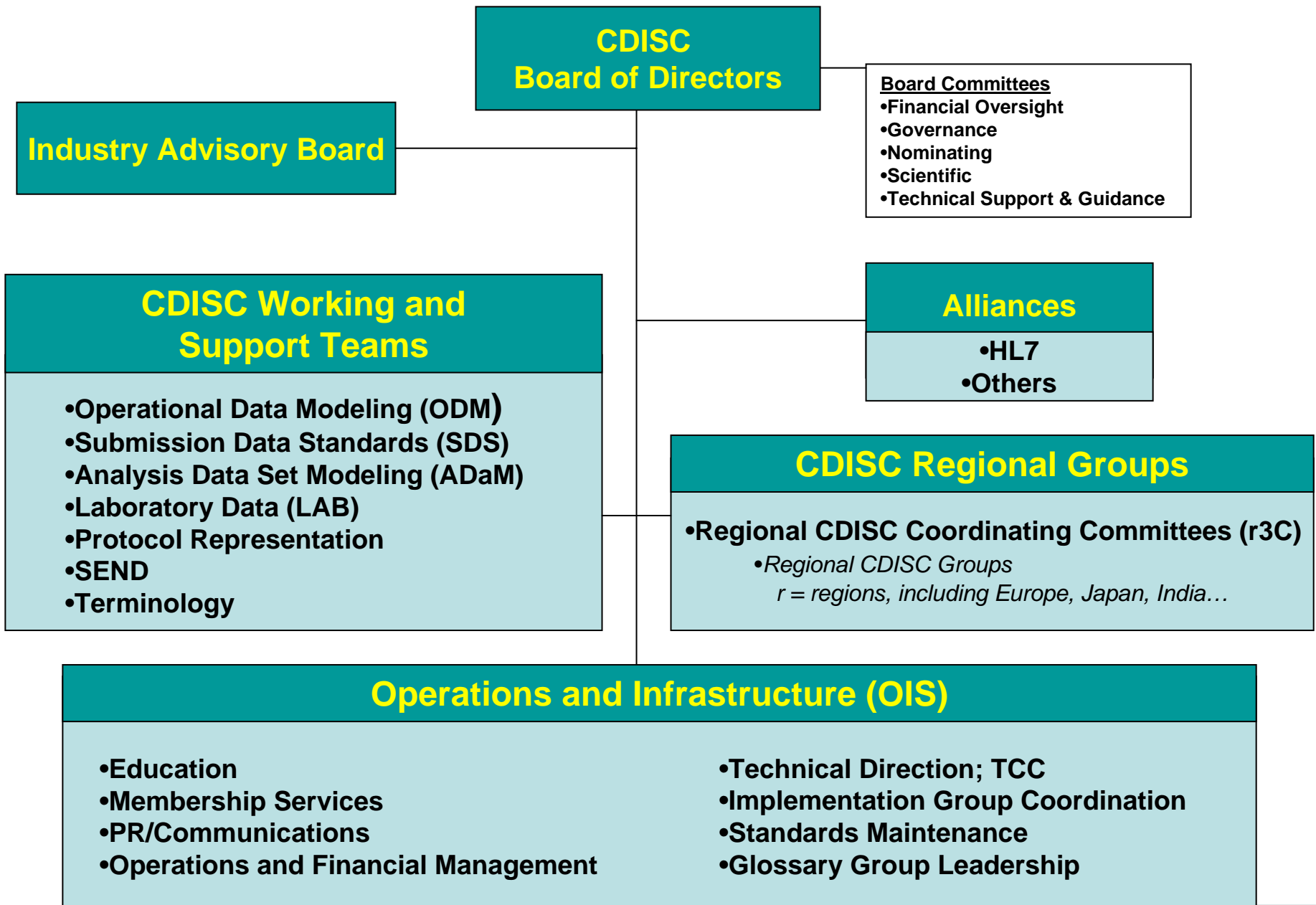
# Clinical Data Interchange Standards Consortium

***CDISC is an **open, multidisciplinary, non-profit** organization committed to the development of worldwide industry standards to support the electronic **acquisition, exchange, submission and archiving** of clinical trials data and metadata for medical and biopharmaceutical product development.***

***The CDISC mission is to lead the development of **global, vendor-neutral, platform-independent** standards to improve data quality and accelerate product development in our industry.***

# CDISC History

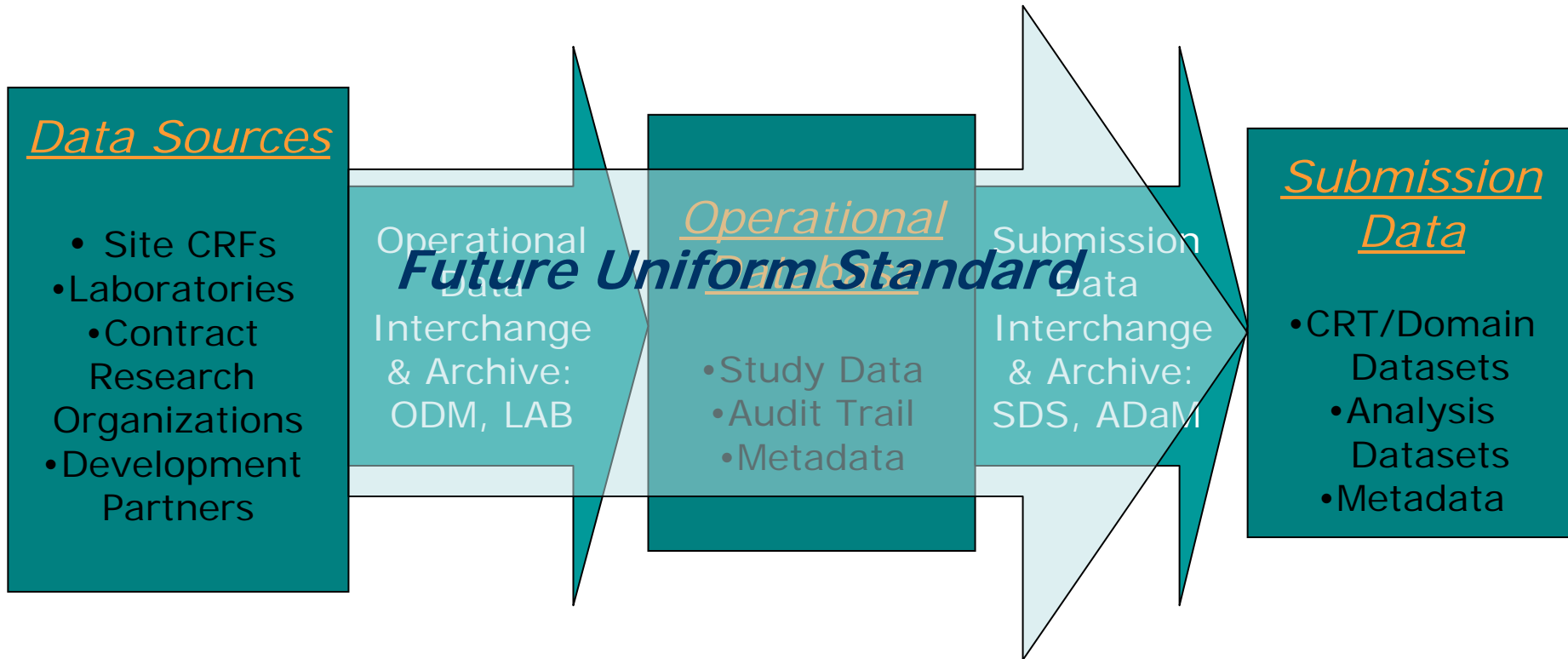
- Started as 'grass roots' volunteer group in Fall 1997 with 25 attendees at first meeting
- Invited to form DIA SIAC in 1998
- Independent, non-profit organization formed in February 2000
- >150 Corporate Memberships, of which ~50 are Corporate Sponsors (e.g. global pharmaceutical companies, CROs and technology providers)
- Originally two working teams (Nomenclature and Modeling); Modeling split modeling into four teams; Nomenclature to Glossary Group
- Models developed by consensus-based process





# CDISC Standards Development

# Evolution of CDISC Standards



ODM = Operational Data Model/Std  
LAB = Laboratory Data Model/Std

SDS = Submission Data Standards  
ADaM = Analysis Data Models

# Current CDISC Teams

- Submission Data Standards (SDS)
- Operational Data Modeling (ODM)
- Clinical Laboratory Standards (LAB)
- Analysis Dataset Modeling (ADaM)
- Standards for the Exchange of Non-Clinical Data (SEND)
- Protocols
- Terminology

# Available CDISC Standards

[www.cdisc.org](http://www.cdisc.org)

- **Operational Data Model (ODM)**
  - Production Version 1.2
  - XML schema
- **Laboratory Data Model (LAB)**
  - Production Version 1.0.1
  - Implementations through SAS, ASCII, XML/ODM and HL7 V3 RIM message
- **Submissions Data Tabulation Model (SDTM)**
  - Production Version
  - Referenced as specification in FDA Guidance as of 21 July 04
- **Standards for the Exchange of Non-clinical Data (SEND)**
  - Based upon CDISC SDS V3.1
  - Included in SDTM model now referenced in FDA Guidance
  - Pilot and Implementation Guide in progress
- **Analysis Dataset Models (ADaM)**
  - Guidelines and Examples of Standard Datasets for Submissions
- **Protocol Representation Model**
  - HL7-CDISC Collaboration
  - Spreadsheet of protocol elements with definitions; documentation; initial HL7 model

# Global Activities



# Global CDISC Activities



- Europe CDISC Coordinating Committee (E3C) and Europe CDISC Group (ECG)
  - Initiated 2002 in Frankfurt
  - ~40 companies represented from ~ 10 countries
  - 1<sup>st</sup> € CDISC Interchange May 2004 (~ 100 attendees and speakers from FDA and EMEA);
  - 2<sup>nd</sup> €-Interchange April 2005, 120 attendees
  - 3<sup>rd</sup> €-Interchange April 2006, Berlin

# €3C and European CDISC Group

- Leader: Udo Siegmann
- E3C ~ 8 individuals (originally focused regionally, but now have working groups similar to Japan) with focus on:
  - Regulatory
  - Education
  - Membership
  - PR/Communications
  - Case Studies
- For modeling/standards, European members are on CDISC Teams (SDS, ODM, LAB, Protocol Representation, Terminology)
- Active EU participation on CDISC Technical Coordinating Committee and on CDISC Board of Directors and Industry Advisory Board

# J3C and Japan CDISC Group

- **Japan CDISC Coordinating Committee (J3C) and Japan CDISC Group (JCG)**
  - Leader: Yoshio Tsukada
  - J3C organized to support:
    - Education
    - Modeling
    - PR/Communications
  - JCG includes representatives of more than 40 companies operating in Japan
  - Meetings with MHLW, KIKO in 2003
  - Presentations and Training in 2004 and 2005 and Interchange planned for May 2005





# Global CDISC Activities



- **India CDISC Coordinating Committee (I3C)**
  - Initiated mid-2003 with I3C meeting
  - December presentations for academic conference
    - International Symposium on CLINICAL DATA MANAGEMENT
    - Institute of Bioinformatics & Biotechnology, University of Pune, Pune, India
  - CDISC Day planned for December 2004
- **Australian CDISC Group**
  - Association of Regulatory and Clinical Scientists (ARCS) Workshops – June 2004
  - CDISC Group currently being formed

# Top 5 Benefits of Using CDISC Models

*BioPharma Only*

**Percent Agree**

**International**

1. **Decreased personnel time spent on data transfers (82%)**
2. **Facilitated data exchange among partnering companies (80%)**
3. **Facilitated regulatory reviews of submissions (75%)**
4. **Decreased cost of data transfer (75%)**
5. **More efficient eClinical Trial processes overall (73%)**

**N. America**

1. **Facilitated data exchange among partnering companies (75%)**
2. **Decreased personnel time spent on data transfers (74%)**
3. **Decreased cost of data transfer (71%)**
4. **Improved data quality earlier in the process (67%)**
5. **More rapid agreement on standards within a company (65%)**



**Corporate Sponsors**



## Corporate Members / Associate Members



# CDISC Collaborations

## afternoon session

# CDISC Principles

- Maintain a *global, multidisciplinary, cross-functional* composition for CDISC and its working groups.
- **Work with other professional groups to encourage that there is *maximum sharing of information and minimum duplication of efforts.***
- Provide *educational programs* on CDISC standards, models, values and benefits.
- Accomplish the CDISC goals and mission *without promoting any individual vendor or organization.*

# Collaborations

- Drug Information Association
  - eClinical SIAC
  - Fall Conference (October 2004)
- Controlled Terminology Task Force (NIH/NCI, VA, FDA, DCRI)
- U.S. CDM Group (SCDM)
- Europe (EMEA and CDM Groups: DMB, ACDM, INCDMA)
- Japan (KIKO, MHLW, JPMA)
- Australian CDM/Statistics Group (ARCS)
- **Health Level Seven (HL7)** – FDA, CDISC, HL7



# Health Level Seven (HL7)

- The world's leading standard for the electronic interchange of healthcare information
  - >20 Global affiliates
  - 16 years of operation
- American National Standards Institute (ANSI)-accredited Standards Development Organization (SDO); also, ISO standard
- Acknowledged by the Department of Health and Human Services (HHS) as the standard for healthcare information exchange

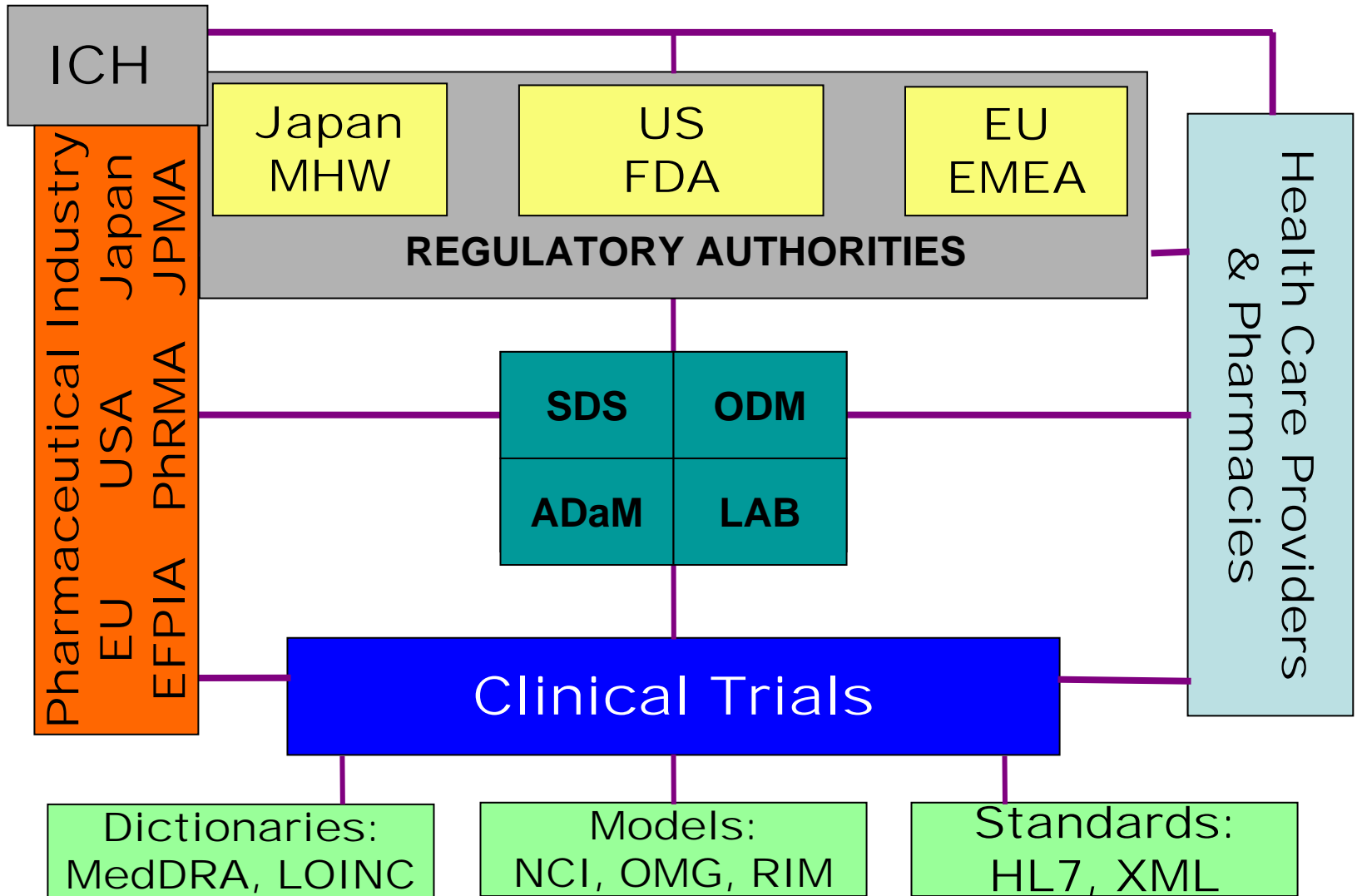




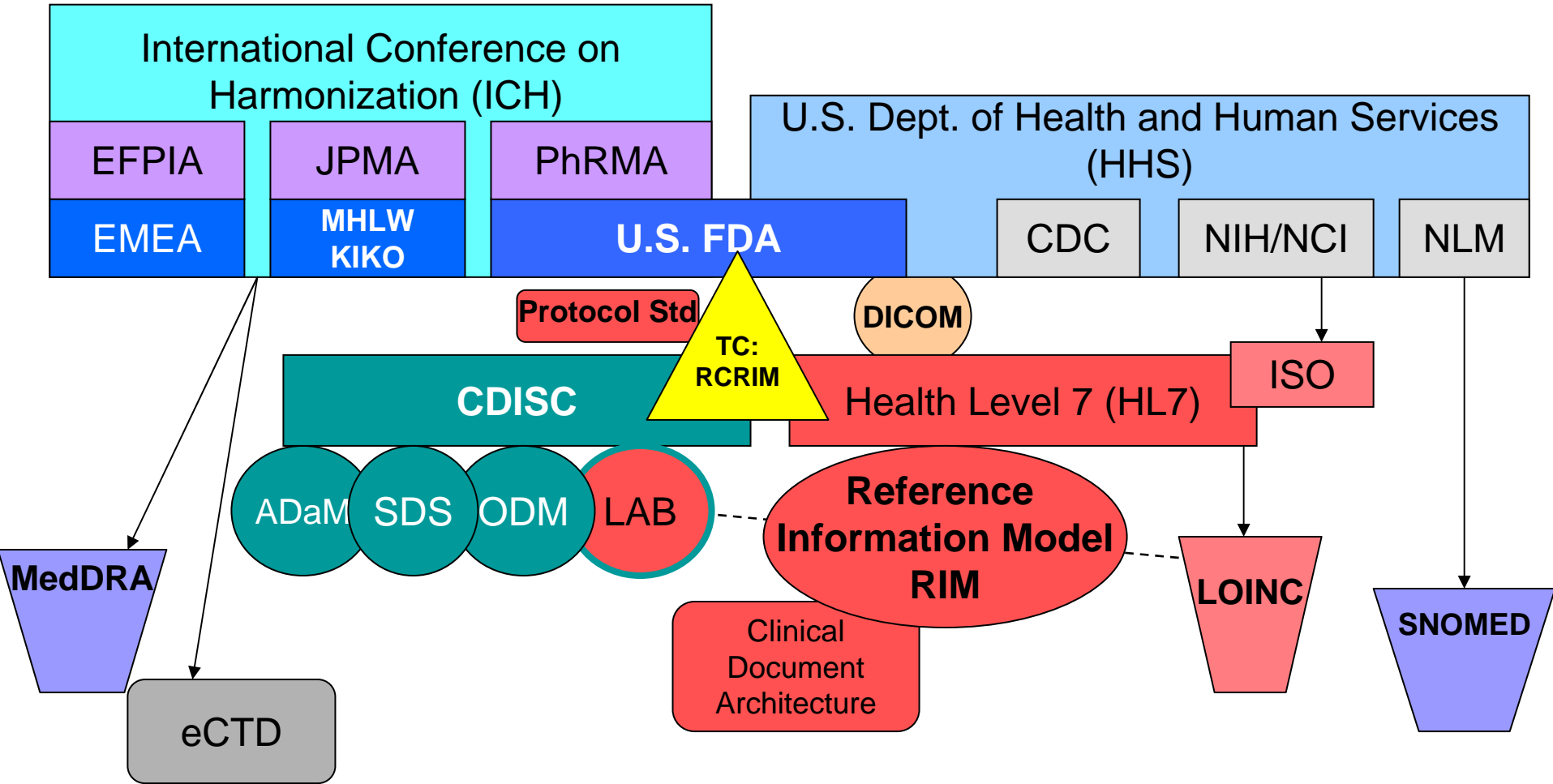
# CDISC, FDA, HL7

- Shared Purpose
  - To improve the quality of public health
  - To have **one** overarching standard model for data interchange for
    - healthcare information
      - **and**
    - clinical trial/clinical research data
- Domain Expertise Contributions
  - CDISC and FDA
    - Regulated clinical research data acquisition, review and archive requirements
  - HL7
    - Healthcare information exchange standards and methodology; accreditation process

# CDISC in the “World of Standards” 2000



# CDISC in the “World of Standards” Today



□ = Organization

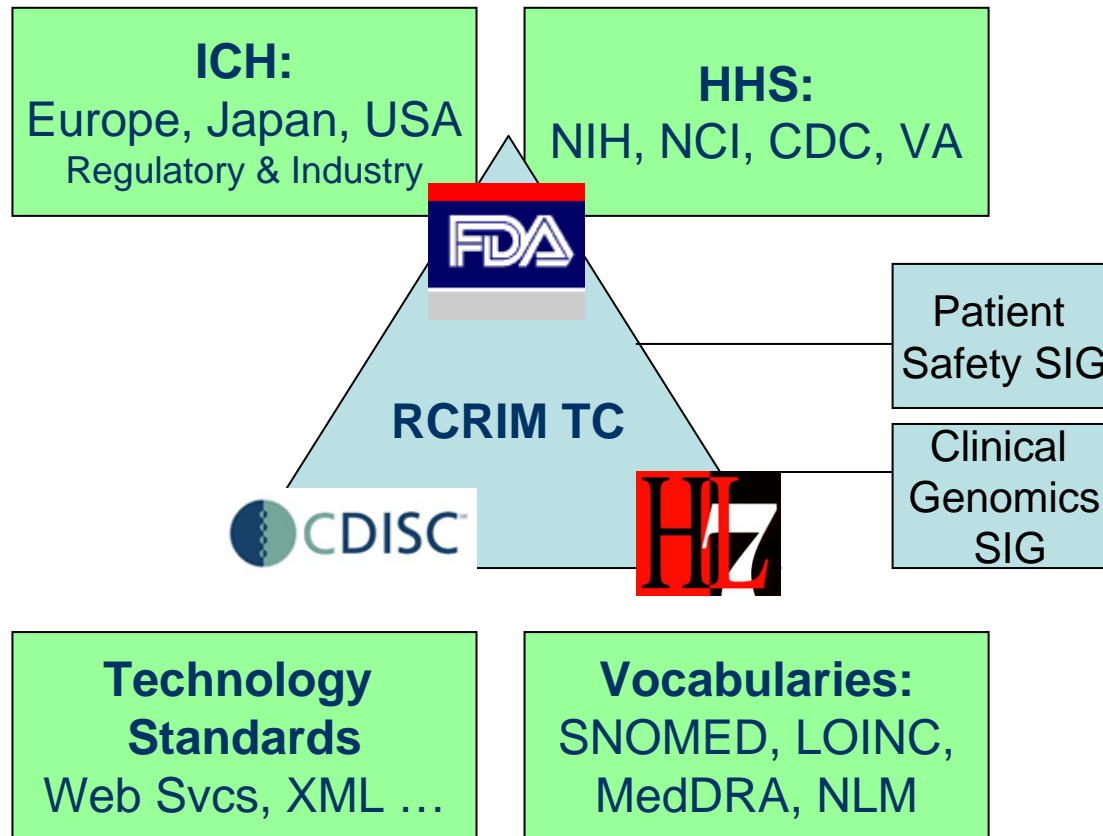
▽ = Dictionary, Codelist

○ = Standard

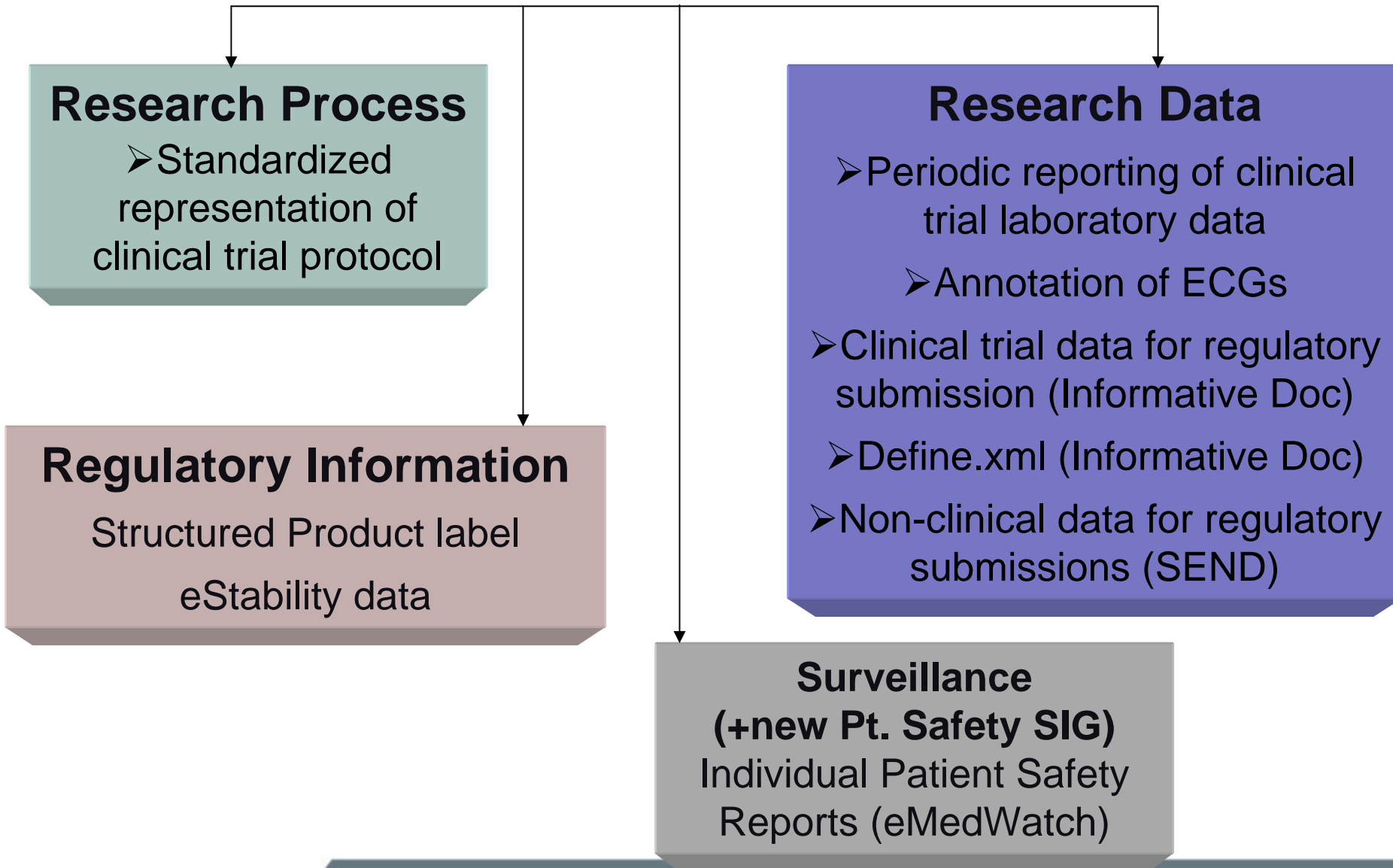
◌ = Model

▭ = Document Standard, or Architecture

# Key Participants in the Clinical Research Standards Process



# RCRIM: Current Initiatives



# High Level Goals for Standards

- Have one overarching information model to support both Healthcare and Clinical Research
- Ensure **interoperability** among the CDISC standards
- Develop interoperability between CDISC standards and the HL7 Reference Information Model (RIM)

# Interoperability

- Main Entry: **in-ter-op-er-a-bil-i-ty**

: ability of a system ... to use the parts or equipment of another system

Source: Merriam-Webster web site

- **interoperability**

: ability of two or more systems or components to exchange information and to use the information that has been exchanged.

Source: IEEE Standard Computer Dictionary: A Compilation of IEEE Standard Computer Glossaries, IEEE, 1990]

Syntactic interoperability

Semantic interoperability

# Towards interoperability.....

HL7 Reference  
Information Model  
(RIM) V3  
Designed for healthcare

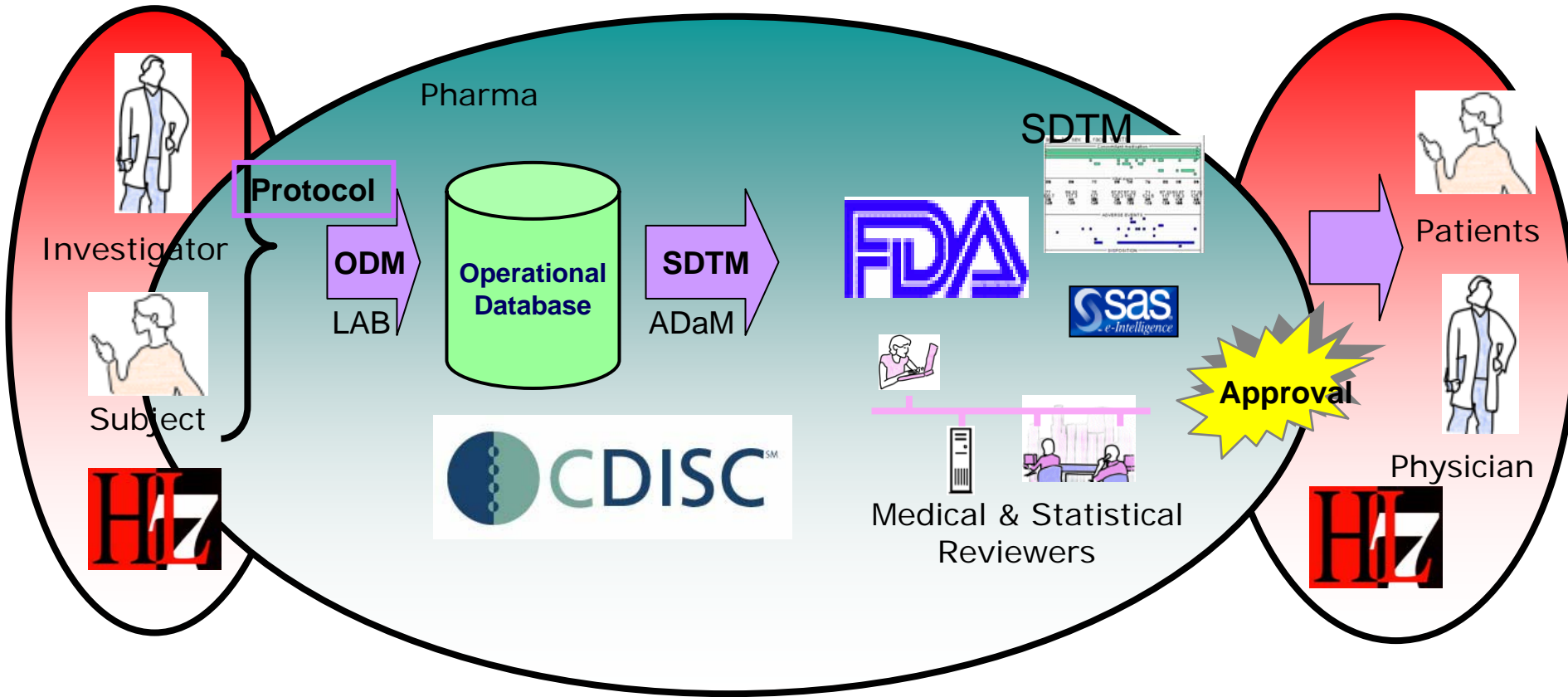
Problem Space  
(Domain) Model  
Developed for Clinical  
Research

CDISC Models



# End-to-End Seamless Integration

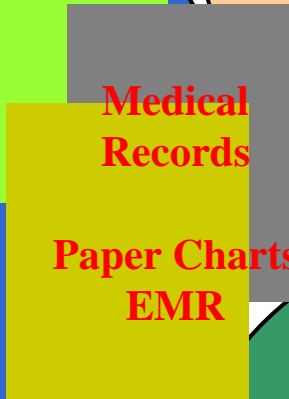
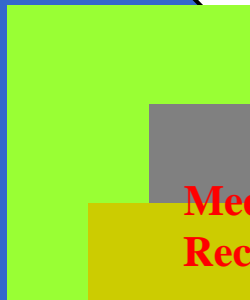
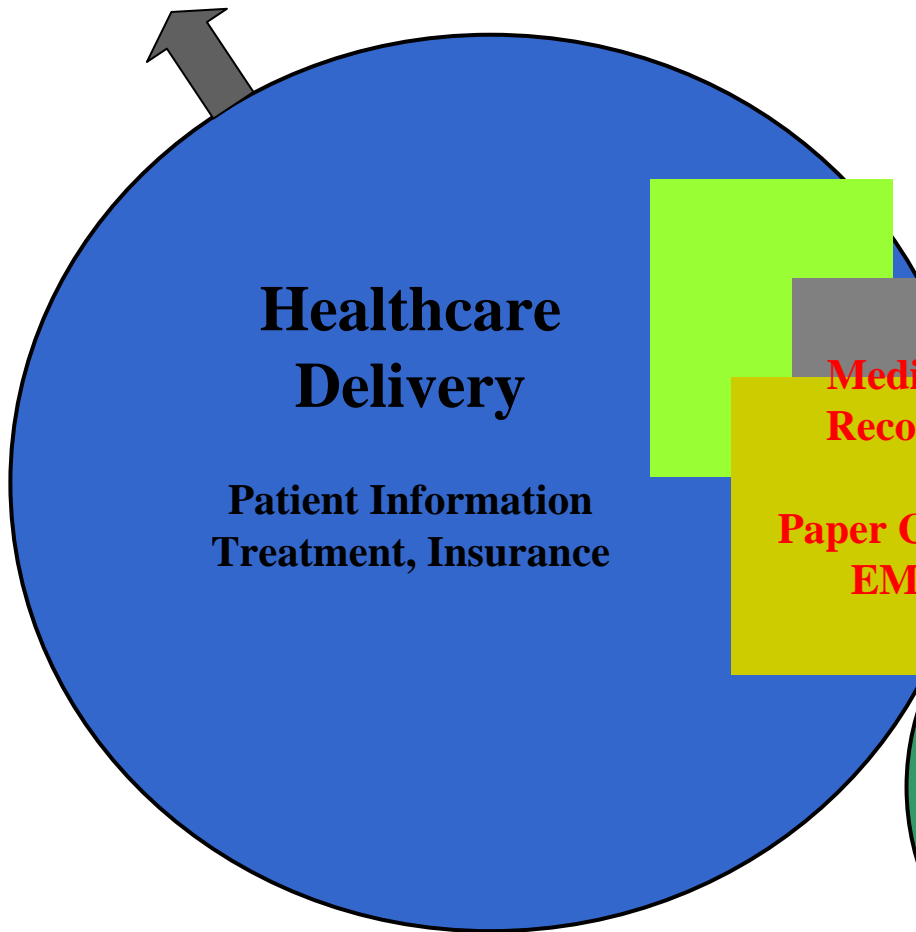
*Open Data Model - XML based, CDISC compliant*



*Slide designed by D. Iberson-Hurst, Assero*

# E-source

*Insurance Claims*

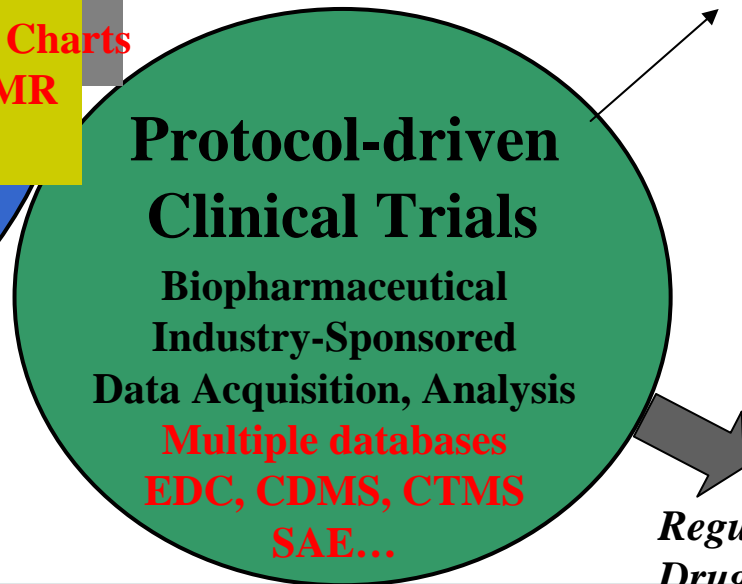


**Medical Records**

**Paper Charts  
EMR**



*Publications*



*Regulatory  
Drug Approval*

# The Current State of Clinical Information

- Healthcare information is found in paper medical records, in disparate databases, in hospital-based information systems--- there are islands of data
- Clinical research data may exist in additional databases and/or research notebooks
- Clinical trial data is collected on 3-part NCR forms (~80% of trials) or via a multitude of electronic data capture applications

# Single-source project

- Participants:
  - CDISC
  - Duke Clinic
  - Duke Clinical Research Institute (DCRI)
  - Technology partners: Microsoft, Arbortext, Topsail
  - Investigators
    - Liora Alschuler, Landen Bain, Rebecca Kush, MD, Meredith Nahm

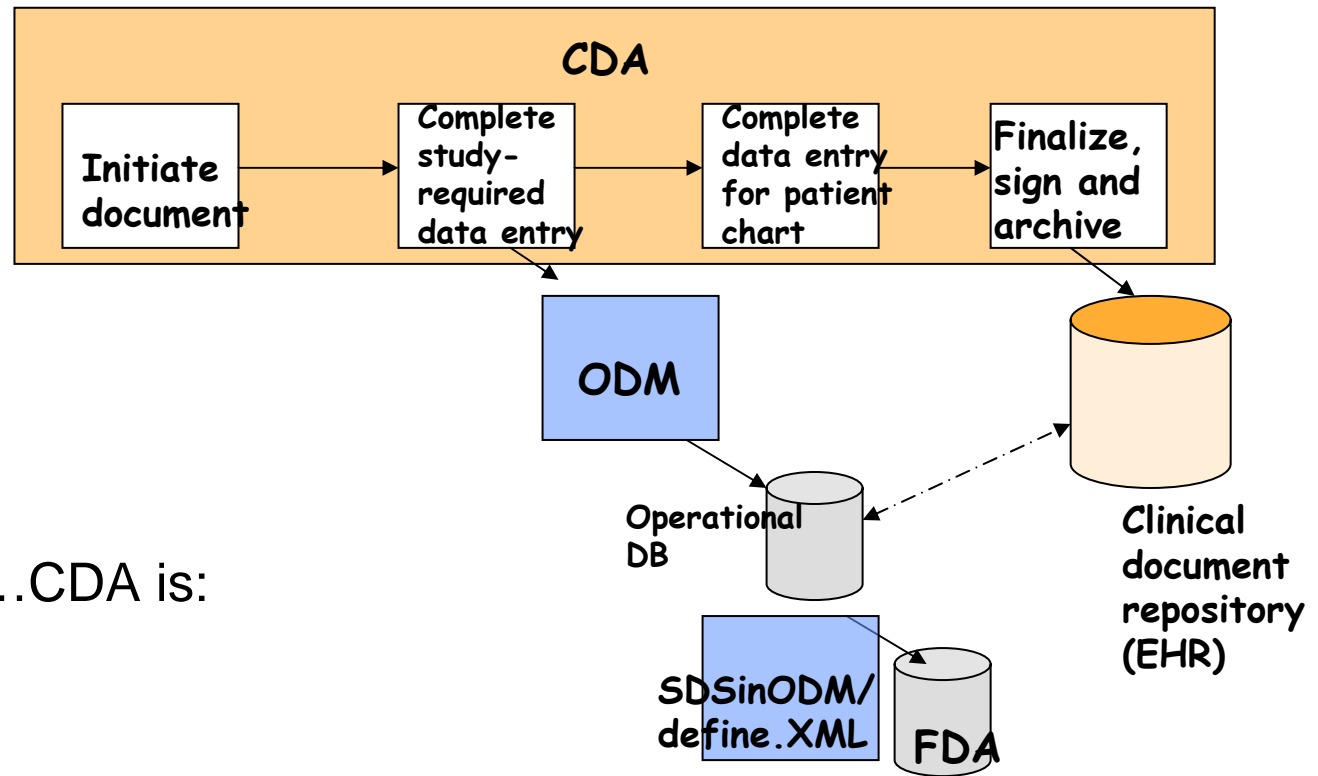
# HL7 CDA & CDISC ODM in SS PoC Trial

- Features:
  - contributes to patient chart, not the reverse, optimizes clinical workflow
  - no requirement to create/extract from EMR
  - fewer privacy and regulatory issues
  - can be driven from electronic protocol
  - uses HL7 CDA and CDISC ODM

# CDA & ODM in SS PoC

- System features/requirements:
  - multi-stage, incremental document creation
  - optimal re-use (minimal redundant entry)
  - minimal change to current workflow
  - create both ODM-compliant XML for trials and CDA-compliant XML for clinical records, mapping between ODM.xml and CDA.xml
  - low cost
  - rapid development
  - optimal use of technology partners, off-the-shelf technology

# Use of ODM & CDA in Single-source PoC



Why not ODM2CDA...CDA is:

- Comprehensive
- General
- Human readable
- Defined by abstract data model and controlled vocabulary



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- <component1>
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- <ItemDef OID="CDA2ODM.ID.044" Name="CLTESTCD"
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- <CodeList OID="CDA2ODM.CL.04" Name="CLTESTCD"
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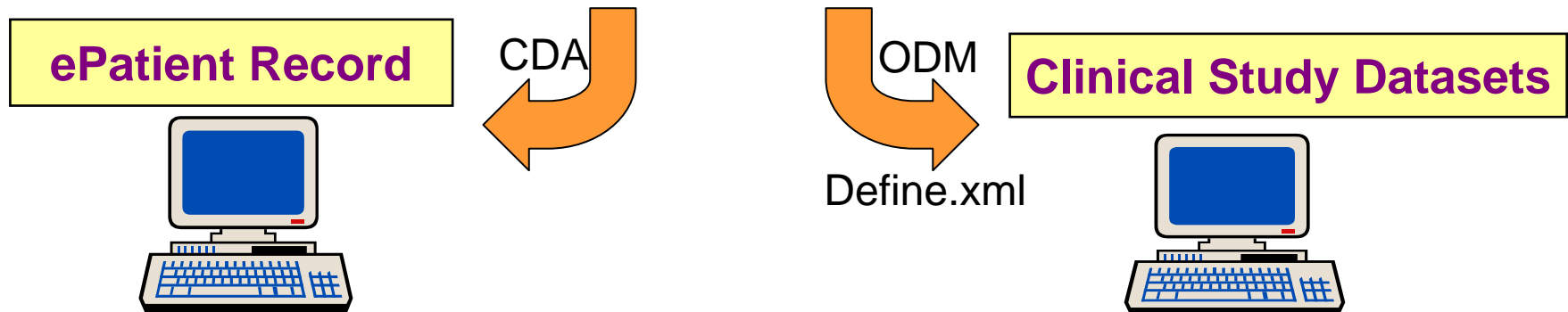
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# eProtocol



## eSource Single Source



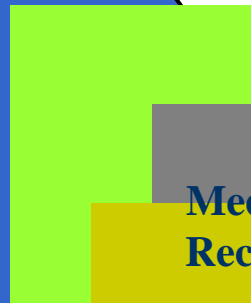
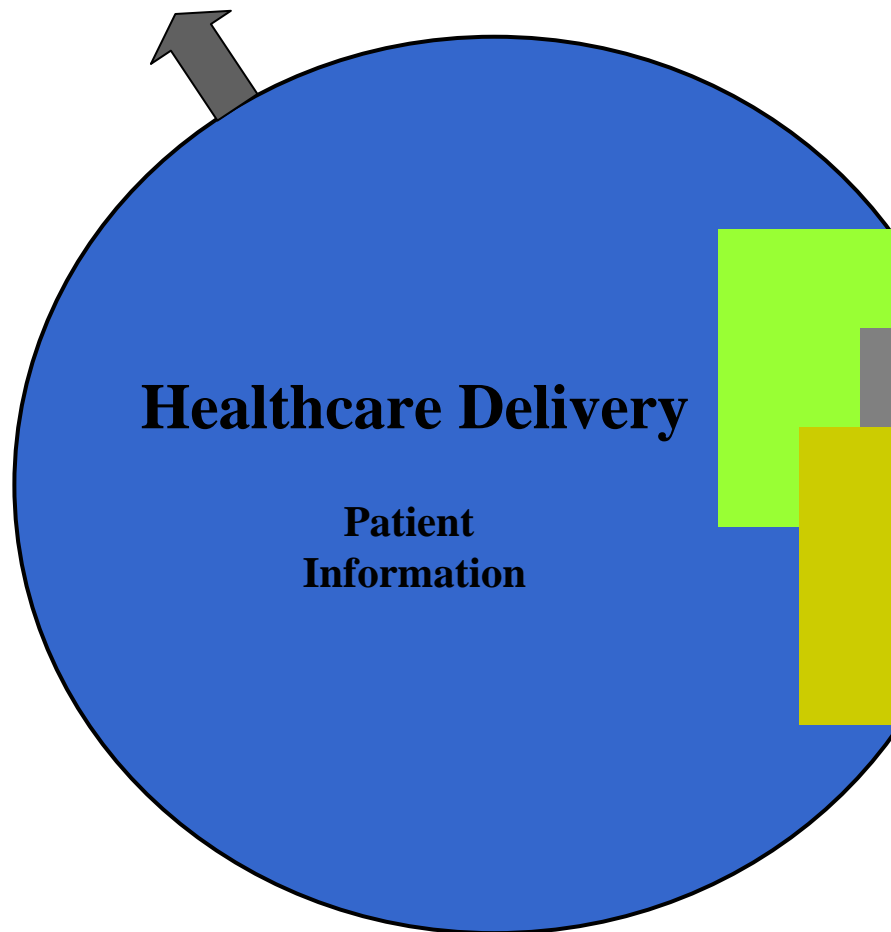
- Leverages healthcare (HL7) and research (CDISC) data interchange standards; tool interoperability
- Facilitates investigator workflow; eliminates transcription steps
- Compliance with 21CFR11 and HIPAA feasible
- **Enables the protocol (PLAN) to drive the entire process**

# Interchange Standards: Long-term Desired Outcomes (CDISC)

- A holistic approach to standards, facilitating data interchange from sites through regulatory submission, utilizing XML
- Standards for data acquisition supporting the population of a cross-trial warehouse within FDA
- HL7-CDISC models harmonized to yield value for both clinical research and healthcare – sharing of information between EMR and clinical trials
- Global adoption of CDISC data standards

*CDISC Meeting with FDA Commissioner 2003*

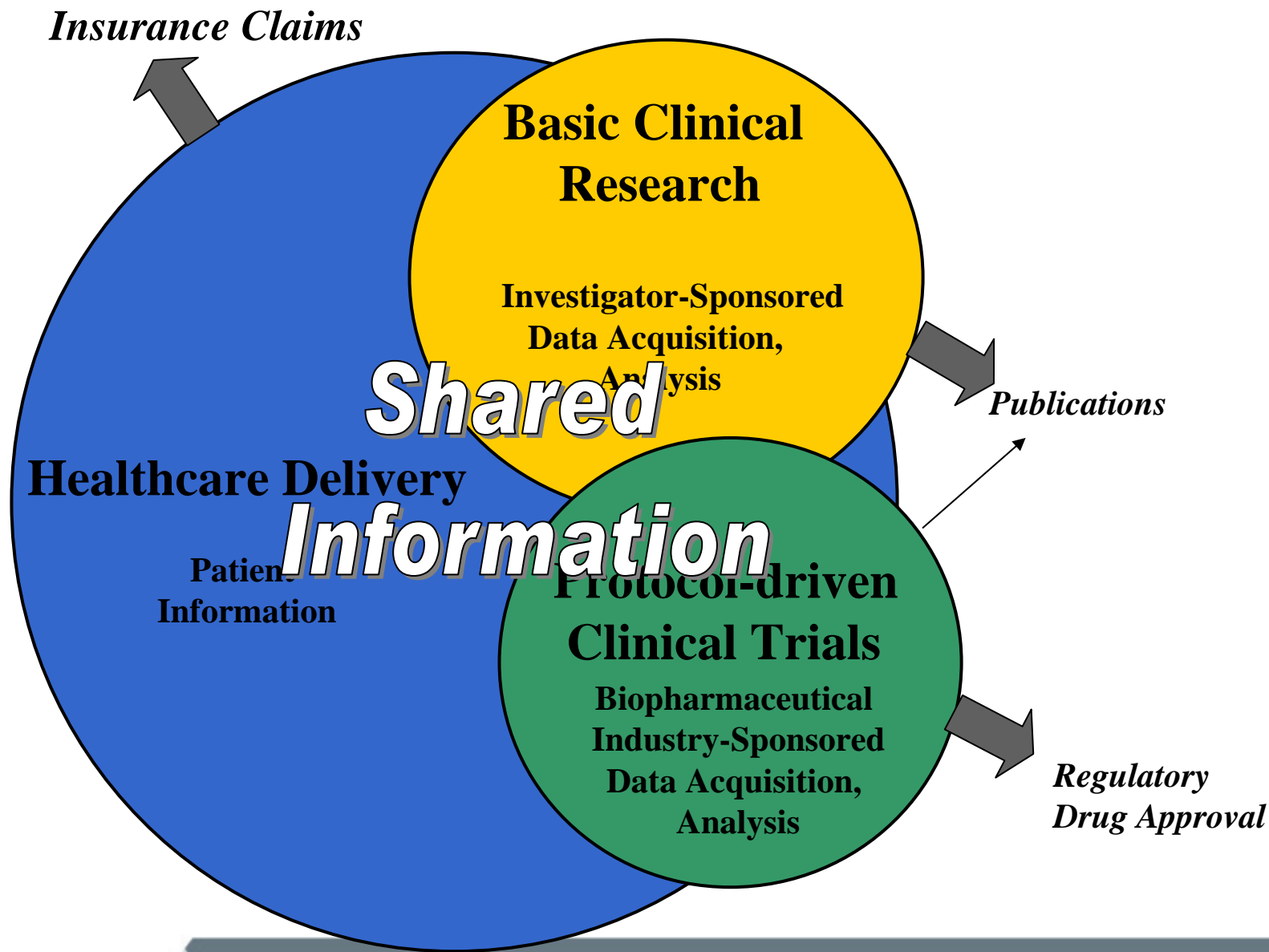
*Insurance Claims*



*Publications*



*Regulatory Drug Approval*



# CDISC braucht Sie:

- Registrierung Newsletter => [www.cdisc.org](http://www.cdisc.org)
- €-Interchange Berlin, 24.-27.4.05
- call for papers / Beiträge / success stories
- Sponsoren
  - Kompetenznetze / Verbände
  - IT Anbieter

# Information and Contacts

- For standards and information, see [www.cdisc.org](http://www.cdisc.org)
- eNewsletters available via e-mail; contact Shirley Williams [swilliams@cdisc.org](mailto:swilliams@cdisc.org) or sign up on the CDISC website.
- Technical questions: Julie Evans [jevans@cdisc.org](mailto:jevans@cdisc.org) or Public Discussion Forum
- Education and Membership: Frank Newby [fnewby@cdisc.org](mailto:fnewby@cdisc.org)
- [Udo.siegmann@parexel.com](mailto:Udo.siegmann@parexel.com)