
Planning DataFax Studies for CDISC Compliance

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Why Do We Need Data Standards? 1 of 3

- It takes approximately 15 years for a typical drug to go through the clinical development process!
- Such slowness is expensive, consuming both financial and human resources, which reduces the total research that can be done.
- An inefficient clinical development process is not just expensive but harmful to patients worldwide.

Why Do We Need Data Standards? 2 of 3

- Clinical trial designs have become larger and more complex over the past generation.
- The ability to electronically collect, archive, and manipulate large amounts of data with relative ease has led to more data being collected, which tends to make analyses increasingly complex and more time intensive to duplicate.
- Clinical trial documentation (e.g. Protocols, CSRs, SAPs, etc.) have correspondingly grown in length and complexity.

Why Do We Need Data Standards? 3 of 3

- Largest benefits are still primarily hypothetical.
- Perhaps the greatest potential benefit is easier meta-analyses. The FDA wants to be able to do sophisticated data mining on the ocean of clinical data it processes.
- It is hoped that better data standards will permit easier combination of clinical trial data with patient data. This is in its infancy.
- Personalized/genetic medicine will drive data to be used in a more sophisticated way.

What is CDISC? 1 of 3

- “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.”

CDISC Strength Through Collaboration

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CDISC is the Standard for Clinical Research

New: Quick Start Guide
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What's New

Influenza Therapeutic Area Data Standard User Guide v1 (TAUG-Influenza) Now Available for Public Review - Comments Due 20 October 2014

Diabetes Therapeutic Area Data Standard User Guide V1 Now Available

New Draft Standard Analysis Results Metadata v1.0 for Define-XML v2 - Now Available for Public Review - Comments Due 14 October 2014

News

CDISC July/August eNewsletter Available Here. "Sign-up for the CDISC monthly newsletter here"

CDISC Press Release: CDISC Announces Launch of CDISC eSHARE - CDISC Standards Now Electronically Accessible by Computer Applications

CDISC is pleased to announce the new CDISC Fellows Program. The first class of CDISC Fellows candidates is NOW open for nominations. Please submit your application by 30 September.

What is CDISC? 2 of 3

- CDISC has high-level cross-pollination with some of the largest pharmaceutical companies and CROs.
- CDISC's board of directors includes current executives from Sanofi, Quintiles, GlaxoSmithKline, and AstraZeneca.
- CDISC is part of growing ecosystem of interconnected groups working to streamline the clinical development process, e.g. C-Path, TransCelerate, IHE, etc.

What is CDISC? 3 of 3

- The Clinical Data Interchange Standards Consortium (CDISC) was founded in 1997.
- Development of standards has been driven primarily using collaborative, consensus-based working groups.
- Most important data standards – ODM, CDASH*, SDTM, ADaM – have been available for a decade.


SDTM

- Standard Data Tabulation Module
- Standard structure for data tabulations
- Observations described by a series of variables
- Collected in domains: collection of logically related observations with a common topic

Domains

- Currently 44+ domains
 - DM: Demographics
 - VS: Vital Signs
 - LB: Laboratory Test Results
 - CM: Concomitant Medications
 - AE: Adverse Events
 - Etc.

Laboratory CRF

Test Study		Haematology (HAE)	
 (Test Study) DF/Net 036 (HAE) 031	Visit Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		
Participant Identification #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		Sample Collection Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>dd MMM yy</small>	
Haematology <input type="checkbox"/> N/A at this visit <input type="checkbox"/> Not done Complete/update Deviation Log. ▶ End of form.			
<i>Instructions: For each result, if applicable, record a DAIDS Grade from 1-4. If result does not fall within grades 1-4, record as 0.</i>			
N/A	Haematology:	DAIDS Grade (1-4)	Comments:
<input type="checkbox"/>	1. Erythrocytes: <input type="text"/> <input type="text"/> <input type="text"/> x 10 ¹² /L	N/A	
<input type="checkbox"/>	2. Haemoglobin: <input type="text"/> <input type="text"/> <input type="text"/> g/dL	<input type="checkbox"/>	
<input type="checkbox"/>	3. Haematocrit: <input type="text"/> <input type="text"/> <input type="text"/> L/L	N/A	
<input type="checkbox"/>	4. Platelets: <input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L	<input type="checkbox"/>	
<input type="checkbox"/>	5. Leukocytes: <input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L	<input type="checkbox"/>	
<input type="checkbox"/>	6. Neutrophils (abs.): <input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L	<input type="checkbox"/>	
<input type="checkbox"/>	7. Lymphocytes (abs.): <input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L	<input type="checkbox"/>	
<input type="checkbox"/>	8. Monocytes (abs.): <input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L	N/A	
<input type="checkbox"/>	9. Eosinophils (abs.): <input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L	N/A	
<input type="checkbox"/>	10. Basophils (abs.): <input type="text"/> <input type="text"/> <input type="text"/> x 10 ⁹ /L	N/A	
<i>At Screening: Record all findings on Baseline Medical History Log, if applicable.</i>			
11	Are any findings adverse events? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Screening/Pre-enrolment) 11a. Complete/update Adverse Event CRF Record AE number(s): <i>Line through any unused boxes.</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	▶ End of form
Comments: _____ _____			
Version 1, 05-AUG-15			

Setup: Previous DataFax Versions

Trial Week: 1 2 3 4

(HAE) 031

Participant Identification #: 1 2 3 4 5 6 7
 Initials: 1 2 3
 Sample Collection Date: 1 2 3 4 5 6
 dd MMM yy

Haematology 1 10 3 Not done → Complete/update Deviation Log. 1 2
 → End of form.

Instructions: For each result, if applicable, record a DAIDS Grade from 1-4. If result does not fall within grades 1-4, record as 0.

N/A	Haematology:	DAIDS Grade (1-4)	Comments:
13	1. Erythrocytes: 1 2 13 3 4 x 10 ¹² /L	N/A	14 1
14	2. Haemoglobin: 1 16 3 g/dL	17 1	18 1 19 2
20	3. Haematocrit: 1 21 2 3 L/L 1 22 2 3	N/A	23 1
24	4. Platelets: 1 25 2 3 x 10 ⁹ /L	26 1	27 1 28 2
29	5. Leukocytes: 1 2 34 4 5 x 10 ⁹ /L	31 1	32 1
33	6. Neutrophils (abs.): 1 2 34 3 4 x 10 ⁹ /L	35 1	36 1
37	7. Lymphocytes (abs.): 1 2 38 3 4 x 10 ⁹ /L	39 1	40 1 41 2
43	8. Monocytes (abs.): 1 2 43 3 4 x 10 ⁹ /L	N/A	44 1
46	9. Eosinophils (abs.): 1 2 46 3 4 x 10 ⁹ /L	N/A	47 1
48	10. Basophils (abs.): 1 49 2 3 x 10 ⁹ /L	N/A	50 1

At Screening: Record all findings on Baseline Medical History Log, if applicable.

11 Are any findings adverse events? 1 52 3 N/A (Screening) → End of form

11a. Complete/update Adverse Event CRF.
 Record AE number(s); Line through any unused boxes.
 52 2 53 2 54 2 55 2 56 2 57 2

Comments: 58 1

Version 59 1 60 1

Output: List View

- One row per record

	DFSTATUS	DFVALID	DFRASTER	DFSTUDY	DFPLATE	VISITNUM	SUBJID	SUBJINIT	VISDAT	LBPERF	dvtrig_1	lbna_1	lbres_1	lbcom_1	lbna_2	lbres_2	lbgrd_2	lbcom_2	dvtrig_2	lbna_3	lbres_3	lbres_3_2	lbcom_3
1	final	6	1222/01SP012	127	31	00100	0100001		27/MAR/12	0		0	04.93		0	13.9	0			0	0.43		
2	final	6	1235/0093016	127	31	00810	0100001		02/JUL/12	Not done	N	0			0					0			
3	final	6	1216/003M012	127	31	00100	0100003		28/MAR/12	0		0	4.62		0	14.2	0			0	0.43		

What CDISC Wants: SDTM Format

- One row per result

lb.xpt

Row	STUDYID	DOMAIN	USUBJID	LBSEQ	LBTESTCD	LBTEST	LBCAT	LBSCAT	LBORRES	LBORRESU	LBORNRL0	LBORNRH1	LBSTRESC
1	ABC	LB	ABC-001-001	1	ALB	Albumin	CHEMISTRY		30	g/L	35	50	3.0
2	ABC	LB	ABC-001-001	2	ALP	Alkaline Phosphatase	CHEMISTRY		398	IU/L	40	160	398
3	ABC	LB	ABC-001-001	3	ALP	Alkaline Phosphatase	CHEMISTRY		350	IU/L	40	160	350
4	ABC	LB	ABC-001-001	4	ALP	Alkaline Phosphatase	CHEMISTRY						374
5	ABC	LB	ABC-001-001	5	WBC	Leukocytes	HEMATOLOGY		5.9	10 ⁹ /L	4	11	5.9
6	ABC	LB	ABC-001-001	6	LYMLE	Lymphocytes	HEMATOLOGY	DIFFERENTIAL	6.7	%	25	40	6.7
7	ABC	LB	ABC-001-001	7	NEUT	Neutrophils	HEMATOLOGY	DIFFERENTIAL	5.1	10 ⁹ /L	2	8	5.1
8	ABC	LB	ABC-001-001	8	PH	pH	URINALYSIS		7.5		5.0	9.0	7.5

How to Achieve This in DataFax?

- Previous versions: mapping behind the scenes (e.g., in SAS)
- 2014.1: modules!
- Think of a module as a domain

Setup: 2014.1 Using Modules

(Test Study) DF/Net 036 (HAE) 031 Visit Number 1 2 3 4

Participant Identification #: 1 2 3 7 4 5 6 Sample Collection Date: 1 2 3 8 4 5 6 7

Header [1]

Haematology 51 N/A at this visit 52 Not done Complete/update Deviation Log. End of form.

Instructions: For each result, if applicable, record a DAIDS Grade from 1-4. If result does not fall within grades 1-4, record as 0.

N/A	Haematology:	DAIDS Grade (1-4)	Comments:
11	1. Erythrocytes: 12 $\times 10^{12}/L$	N/A	14
15	2. Haemoglobin: 16 g/dL	18	19
20	3. Haematocrit: 21 L/L	N/A	23
24	4. Platelets: 25 $\times 10^9/L$	27	28
29	5. Leukocytes: 30 $\times 10^9/L$	32	33
34	6. Neutrophils: 65 $\times 10^9/L$	37	38
39	7. Lymphocytes: 40 $\times 10^9/L$	42	43
44	8. Monocytes: 45 $\times 10^9/L$	N/A	47
48	9. Eosinophils: 46 $\times 10^9/L$	N/A	51
52	10. Basophils: 54 $\times 10^9/L$	N/A	55

At Screening: Record all findings on Baseline Medical History Log, if applicable.

FindingsAE [1]

11 Are any findings adverse events? 1 52 3 N/A (Screening/Pre-enrolment) End of form

11a. Complete/update Adverse Event CRF. Record AE number(s). Line through any unused boxes.

57 58 59 60 61 62

Comments: 63

VersionNumberDate [1] DevTrigger [1]

Version 64 65 66

Output: List View: Modules

	DFSTATUS	DFVALID	DFRASTER	DFSTUDY	DFPLATE	DFSEQ	DFPID	DFMNAME	DFMID	DFMREF	LBORRES	LBSTAT	LBTESTCD	LBTC	lbsna	DFCREATE	DFMODIFY
1	incomplete	1	1518R0015001	35	18	1010	000001	LB2	5195	1	Reactive	Unchecked	HIVELISA		Unchecked	15/05/05 14:11:43	15/05/05 14:13:40
2	incomplete	1	1518R0016002	35	21	1010	000001	LB2	5195	1	Negative	Unchecked	TRICH		Unchecked	15/05/05 14:23:28	15/05/05 14:23:28
3	incomplete	1	1518R0016002	35	21	1010	000001	LB2	5195	2	Negative	Unchecked	NGON		Unchecked	15/05/05 14:23:28	15/05/05 14:23:28
4	incomplete	1	1518R0016002	35	21	1010	000001	LB2	5195	3	Not detected	Unchecked	CHLAMYDI		Unchecked	15/05/05 14:23:28	15/05/05 14:23:28
5	incomplete	1	1518R0016002	35	21	1010	000001	LB2	5195	4	Negative	Unchecked	HBSAB		Unchecked	15/05/05 14:23:28	15/05/05 14:23:28
6	incomplete	1	1518R0016002	35	21	1010	000001	LB2	5195	5	Negative	Unchecked	HCSAB		Unchecked	15/05/05 14:23:28	15/05/05 14:23:28

- Much closer to what we need
- One row per result
- Pulls lab data from different plates
- Less mapping behind the scenes

DFexport: Modules, 1 of 2

- Data records are exported in ASCII plain text format

DFexport

DFexport — Client-side, command-line interface for exporting data by plate, field or module

Synopsis

```
DFexport [-S server] [-U username] [-C password] [-Mname moduleName | -Mnum moduleID |  
-Pnum [# | qc | reason | new | lost] ] [-status #, #-#] [-level #, #-#] [-visit #, #-#] [-site #, #-# |  
-patient #, #-#] [-plate #, #-#] [-create list] [-modify list] [-resolve list] [-Pattern string |  
-patternstring] [-expr string] [-ALL criteria | -ANY criteria] [-Fnum #, #-# | -Fname field-  
name_list | -Falias fieldalias list] [-joinALL plt#[moduleFields]... | -joinANY plt#[module-  
Fields]...] [-c | -j] [-d] [-p] [-z] [-h] [-H header_list] [-L lostcode] [-w | -a] [-o [outfile | -]] [-e  
errlog] {study#}
```


DFsas: Modules

- In the process of implementing this – coming soon!

Questions?