

# FDA's Study Data Policy Framework and relationship to CDEs

Helena Sviglin (she/her), FDA CDER Office of Strategic Policy

Data Standards Staff

Helena.Sviglin@fda.hhs.gov

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#### **Current Contributions:**

FDA

Works at FDA CDER Office of Strategic Programs as an epidemiologist. She joined FDA in 2010

Her current contributions include leadership in maintaining of some of the guidance documents in the FDA CDER/CBER Study Data Policy Framework (which she will be discussing today).

She is a data scientist with a strong background in statistics and has made substantial contributions to the vision and current structure of the Framework.

I AM NOT A LAWYER



Helena Sviglin (she/her), FDA CDER Office of Strategic Programs



# FDA CDER and CBER Study Data Policy Framework Overview

# Providing Regulatory Submissions in Electronic Format — Submissions Under Section 745A(a) of the Federal Food, Drug, and Cosmetic Act

Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

December 2014
Electronic Submissions





Search for FDA Guidance Documents | FDA (fda.gov/regulatory-information/search-fda-guidance-documents)

<u>Study Data Standards Resources | FDA</u> (<u>fda.gov/industry/fda-data-standards-advisory-board/study-data-standards-resources</u>)

"Parent" Guidance

#### FDA CBER and CDER's Study Data Policy Framework



Binding Guidance (sitting under 745A(a))

- eStudy Data
- Real World Data
- eCTD

Incorporated by reference into Binding Guidance

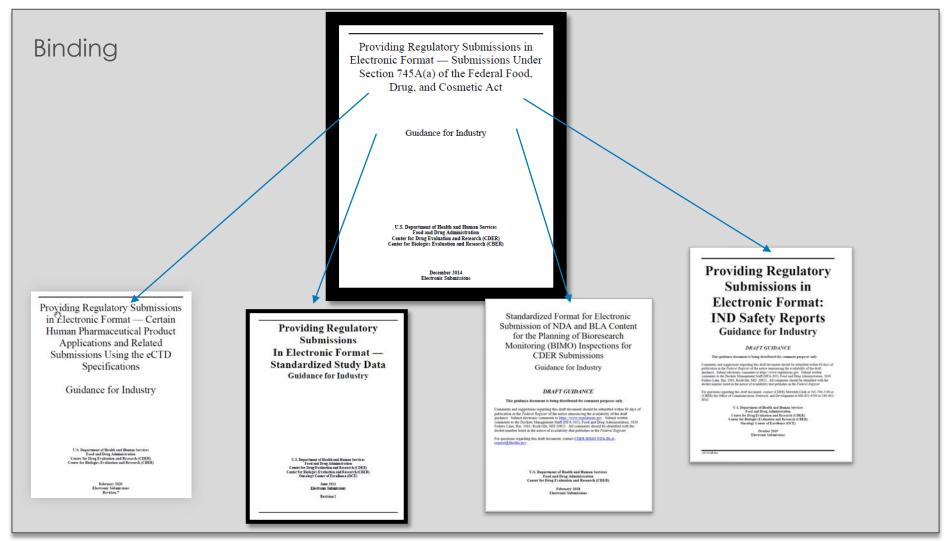
- Technical Conformance Guides (TCGs)
- FDA Data Standards Catalog (Catalog)
- Certain Technical Specifications (Tech Specs)

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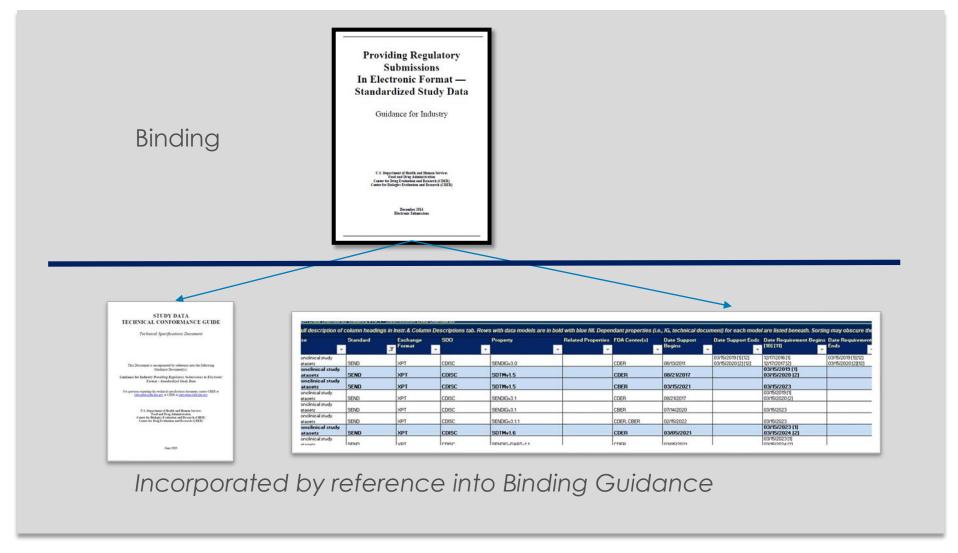
## How FDA communicates technical requirements for submitting study data













# FDA Data Standards Catalog (Catalog)

#### **GUIDANCE DOCUMENT**

#### **Data Standards Catalog**

#### DECEMBER 2023

Final Level 2 Guidance



Issued by: Center for Biologics Evaluation and Research

Center for Devices and Radiological Health Center for Drug Evaluation and Research Center for Food Safety and Applied Nutrition

Center for Veterinary Medicine

Download the Final Guidance

<u>Data Standards Catalog | FDA</u>

#### **Submit Comments**

Submit comments on this guidance document electronically via docket ID: <u>FDA-2013-S-0610</u> - Specific Electronic Submissions Intended For FDA's Dockets Management Staff (i.e., Citizen Petitions, Draft Proposed Guidance Documents, Variances, and other administrative record submissions)



#### The FDA Data Standards Catalog Structure



The contents of the Catalog are housed in a spreadsheet with multiple tabs:

- Instructions
- Column Descriptions
- Submission Data Standards
- Submission Data Terminologies
- Abbreviations
- Change History

#### The FDA Data Standards Catalog History



- Debuted in 2013 with version 1.0
- Currently in version 10.2 (Dec 2023)
- It debuted in 2013 but is not limited 745A(a)

#### Let's take a look at the Catalog





#### Data Standards Catalog | FDA

#### Here are all SDTM data models currently on the Catalog



DA Data Standards Catalog v10.2											
Full description of column headings in Instr.& Column Descriptions tab. Rows with data models are in bold with blue fill. Dependant properties (i.e., IC											
Jse	Standard	Exchange Format	spo _\7	Property	Related Propertin	FDA Center(s)					
Clinical study datasets	SDTM	XPT	CDISC	SDTMv1.1		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMIGv3.1.1		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMIGv3.1.2		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMIG Version 3.1.2 Amendment 1		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMv1.3		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMIGv3.1.3		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMv1.4		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMIGv3.2		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMv1.7		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMIGv3.3		CDER, CBER					
Vonclinical study latasets	SDTM	XPT	CDISC	SDTMv1.8		CDER					
Vonclinical study latasets	SDTM	XPT	CDISC	SENDIG-ARv1.0		CDER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMv2.0		CDER, CBER					
Clinical study datasets	SDTM	XPT	CDISC	SDTMIGv3.4		CDER, CBER					

#### Here are the terminology versions for SDTM, ADaM, and SEND



7270 11	A Data Stan dards Catalog v10.2 - Submission Data Terminologies  or full description of column headings, see Instr. & Column Descriptions tab													
Use V	Terminolc V	Organization(s	Accepta Version	FDA Cent	Date Supp Begins	Date Supp Ends	Date Requirem  Begins [10]	Date Requiren V	Examples of Use					
General Clinical Data	CDISC	EVS	2011-06-10 or later	CBER, CDER	06/13/2011		12/17/2016 [1] 12/17/2017 [2]		Use CDISC Submission value					
General Clinical Data	CDISC	EVS	All Previous Versions	CBER, CDER	Ongoing				Use CDISC Submission Valu Do not use for studies initiate after 2011-06-13.					
Ion Clinical Data	CDISC	EVS	All Previous Versions	CDER					SEND Data					



## Relationship to CDEs and data models/terminologies





# Study Data Technical Conformance Guide (sdTCG)

Study Data Technical
Conformance Guide Technical Specifications
Document | FDA

#### STUDY DATA TECHNICAL CONFORMANCE GUIDE



Technical Specifications Document

This Document is incorporated by reference into the following Guidance Document(s):

Guidance for Industry Providing Regulatory Submissions in Electronic Format – Standardized Study Data

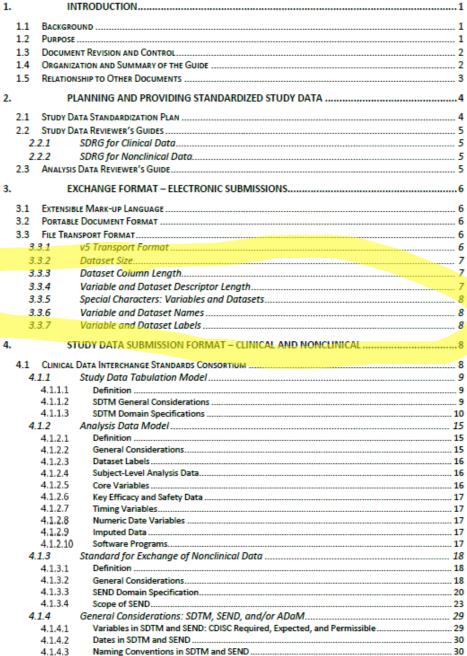
For questions regarding this technical specifications document, contact CBER at cber-edata@fda.hhs.gov or CDER at cder-edata@fda.hhs.gov

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research (CBER)
Center for Drug Evaluation and Research (CDER)

Mar 2024 Sviglin December 2023 17

Study Data Technical
Conformance Guide Technical Specifications
Document | FDA

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#### DM Domain (Demographics)

In the DM domain, each subject should have only one single record per study.

Screen failures, when provided, should be included as a record in DM with the ARM, ARMCD, ACTARM, and ACTARMCD field left blank. For subjects who are randomized in treatment group but not treated, the planned arm variables (ARM and ARMCD) should be populated, but actual treatment arm variables (ACTARM and ACTARMCD) should be left blank.<sup>27</sup>

For subjects with multiple enrollments within a single study, the primary enrollment should be submitted in DM. Additional enrollments should be included in a custom domain with a similar structure to DM. Clarifying statements in the RG would be helpful.

For subjects with multiple screenings and no subsequent enrollment, include the primary screening in DM with additional screenings in a custom domain with a structure similar to DM.

For subjects with multiple screenings and subsequent enrollment, include the enrollment in DM with screenings in a custom domain with a structure similar to DM.

Study Data Technical
Conformance Guide Technical Specifications
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#### LB Domain (Laboratory)

The size of the LB domain dataset submitted by sponsors is often too large to process (See section 3.3.2). This issue can be addressed by splitting a large LB dataset into smaller datasets according to LBCAT and LBSCAT, using LBCAT for initial splitting. If the size is still too large, then use LBSCAT for further splitting. For example, use the dataset name lb1 (file name 'lb1.xpt') for chemistry, dataset name lb2 (file name 'lb2.xpt') for hematology, and dataset name lb3 (file name 'lb3.xpt') for urinalysis. Splitting the dataset in other ways (e.g., by subject or file size) makes the data less

useable. Sponsors should submit these smaller files in addition to the larger non-split standard LB domain file. Sponsors should submit the split files in a separate sub-directory/split that is clearly documented in addition to the non-split standard LB domain file in the SDTM datasets directory (See section 7).

For clinical studies, please submit two separate domains for lab results. The LB domain should contain SI units in LBSTRESU for the SI results in the LBSTRESC and LBSTRESN fields. An additional custom domain called LC structured identically to LB should contain conventional units in --STRESU for the results in conventional units in the --STRESC and --STRESN variables. It is ideal if both conventional and SI units come directly from the lab vendor.

There is no expectation to submit the new LB variables found in SDTMv2.0 and SDTMIGv3.4, which may support individual parts of a LOINC. These new variables should only be submitted in LB datasets when it is medically or scientifically appropriate to do so.





## Relationship to CDEs and dataset structures?





#### **Questions?**