



# Statistical Review and Data Standards: It's Gettin' Better All The Time

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Office of Biostatistics

FDA/OMPT/CDER

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# Disclaimer

This presentation reflects the views of the speaker and should not be construed to represent FDA's views or policies

# It's Getting' Better



- Our Shared Mission
- It's Getting' Better
  - Submission
  - Review
  - Science/Standards
  - Awareness
  - Collaboration
- Challenges

# Our Shared Mission



- ... responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, ....
- ... responsible for advancing the public health by helping to speed innovations that make medicines more effective, safer, and more affordable and by helping the public get the accurate, science-based information they need to use medicines and foods to maintain and improve their health...

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# Submission: PDUFA V

## FINAL ESTUDY DATA GUIDANCE + 2 YEARS



Adopted from Fitzmartin, 2017

# Submission: PDUFA VI



## 5. Enhancing Capacity to Support Analysis Data Standards for Product Development and Review

- FDA will develop the staff capacity to efficiently review and provide feedback to sponsors on the readiness of submitted analysis data sets and programs for statistical review.
- ... support pre- and post-submission discussion of standardized datasets and programs, and maintain the knowledge of and engage in collaborations about standards models used in the design, analysis and review of clinical and non-clinical studies.

# Review:

## Data Review Committee (DRC)



*From the OB/SPC Data Review Committee Charter*

- Describe and assess OB practice for the receipt and handling of review data
- Develop necessary OB-wide Standard Operating Procedures (SOPs)
- Collaborate with internal data standards organizations
- Liaise with outside organizations and activities (e.g., CDISC, PhUSE, PharmaSUG, TransCelerate, CPath Institute, CFAST, DIA, HL7, SCDM and ASA) to influence and improve ...
- Develop external communication plans for data policies
- Coordinate with the OB Training Committee to provide periodic reassessment of OB training needs.



# Review: Analysis Review Files



## **SS07 : Overview and Application of the HCV Vertical Resistance Analysis Template**

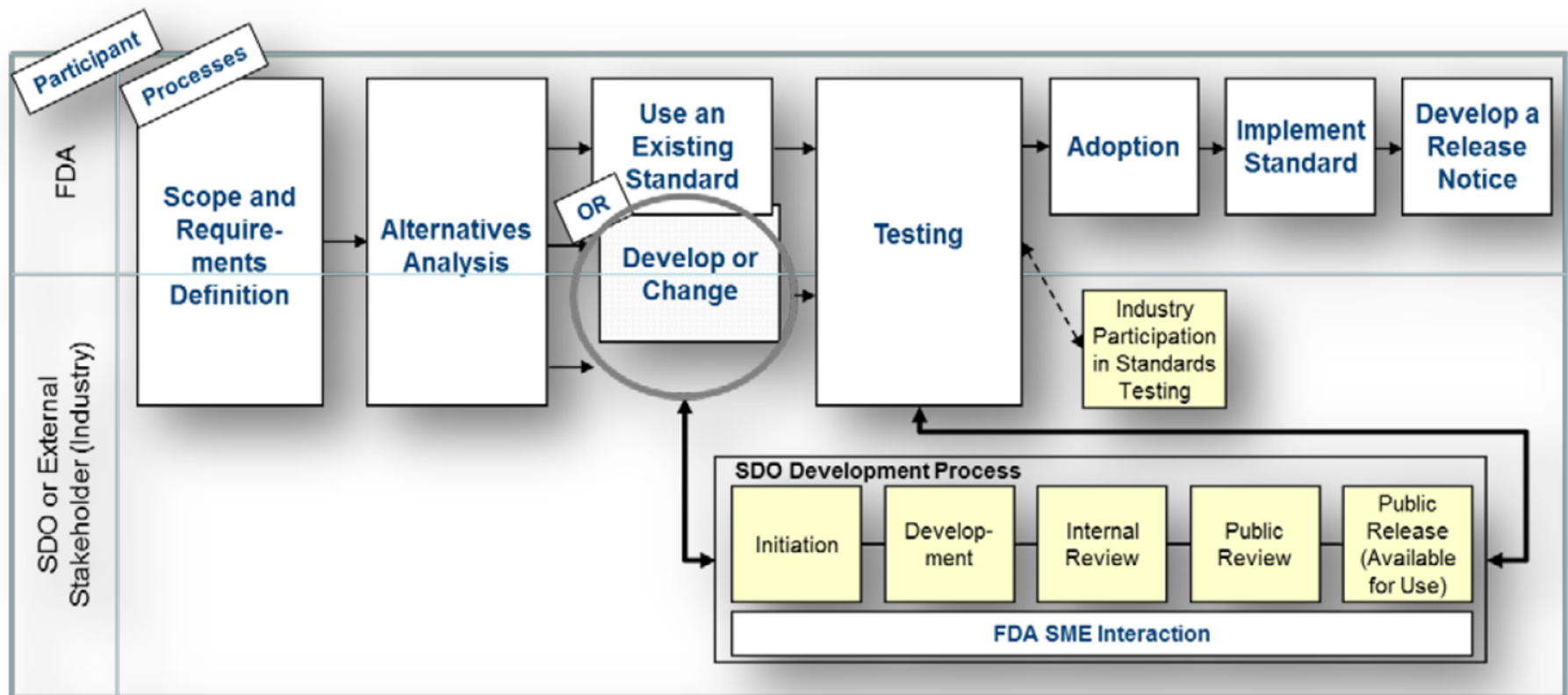
**Yan Xie, Abbvie**

Tuesday, 4:00 PM - 4:20 PM, Location: Key Ballroom 10

FDA proposed a new hepatitis C (HCV) vertical resistance draft template on March 2016, which is quite different from the existing guidance for submitting HCV resistance data. The new vertical template is not published yet and is still under review, but FDA encourages and expects the sponsors to submit the resistance data using the new template. Compared to the previous horizontal template, the new vertical template is more advanced because: 1. it is compatible with current SDTM and ADaM standards, 2. it reduces numerous variables by applying the streamlined and simplified vertical format, 3. it can hold the Next Generation Sequencing (NGS) data, and 4. it can hold multiple targets and HCV subtypes in one dataset. The variables in the new vertical template include three categories of variables, subject level characteristics, pharmacogenomics results, and phenotypic results. ...

# Science/Standards: Therapeutic Areas and Analysis

Figure 1. Collaborative Standard Development Process



# Science/Standards: COAs & the CDISC QRS Team



[HOME](#) / [FOUNDATIONAL](#) / [QUESTIONNAIRES, RATINGS AND SCALES \(QRS\)](#)

## Questionnaires, Ratings and Scales (QRS)

Each QRS instrument is a series of questions, tasks or assessments used in clinical research to provide a qualitative or quantitative assessment of a clinical concept or task-based observation. The QRS team develops [Controlled Terminology](#) and [SDTM](#) (tabulation) supplements; the ADQRS Team develops [ADaM](#) (analysis) supplements.

Questionnaires, Ratings, and Scales (QRS) are represented in SDTMIG 3.2 and earlier versions in the Questionnaires (QS) domain or in custom domains. Two draft domains have been proposed for ratings and scales other than questionnaires, the Functional Tests (FT) and Clinical Classifications (CC) findings domains. The FT domain is being readied for inclusion in SDTMIG v3.3.

# Science/Standards: PRO CTCAEs



NIH **NATIONAL CANCER INSTITUTE**  
Division of Cancer Control & Population Sciences

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## Healthcare Delivery Research Program

Home Data, Tools, and Initiatives Funding Opportunities Research Portfolio Events and Media About

Measurement Tools

- HealthMeasures
- Multidisciplinary Treatment Planning (MTP) Questionnaire
- Patient-Reported Outcomes Version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE™)**

Overview

The PRO-CTCAE Measurement System

Instrument & Form Builder

Terms of Use

Development Team

PRO-CTCAE Scientific Leadership at NCI

Resources

Data, Tools, and Initiatives Measurement Tools

### Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events (PRO-CTCAE™)

This site was designed to provide you with information about the PRO-CTCAE, a patient-reported outcome measurement system developed by the National Cancer Institute to capture symptomatic adverse events in patients on cancer clinical trials.

The site includes an overview of the methods used to develop this measurement system, and resources and references for further information.

- Overview
- The PRO-CTCAE Measurement System
- Instrument & Form Builder
- Terms of Use
- Development Team
- PRO-CTCAE Scientific Leadership at NCI
- Resources
- Frequently Asked Questions

# Awareness: NIH/FDA Protocol



## <Title>

*The title should be easy to remember, recognizable by administrative support staff, and sufficiently different from other protocol titles to avoid confusion. Brevity with specificity is the goal.*

**Protocol Identifying Number: < Number>**

**Principal Investigator: < Principal investigator>**

**IND/IDE Sponsor: <Sponsor name, if applicable>**

***Do not include IND/IDE number***

*Sponsor means an individual or pharmaceutical or medical device company, governmental agency, academic institution, private organization, or other organization who takes responsibility for and initiates a clinical investigation.*

**Funded by: < NIH Institute & Center (IC)>**

**Draft or Version Number: v.<x.x>**

**<Day Month Year>**

*All versions should have a version number (v.0.x (for draft) or v.x.0 (for final); i.e., v0.1 for the first draft and v.1.0 for the first final version) and a submission date. Use the international date format (day month year) and write out the month (e.g., 23 June 2015).*



# Awareness: Data Transparency Initiatives



EMA continues to strengthen their position as the patients' advocate in Europe with another important deliverable that helps define the landscape and educate on the critical opportunities from data sharing. CDISC supports and embraces all moves towards greater transparency and structure of patient data through the use of global, freely available consensus-based clinical data standards that will facilitate data sharing to advance research at an optimum rate and more readily unlock cures.

**Rebecca D. Kush Founder, President and CEO, Clinical Data Interchange Standards Consortium (CDISC)**

# Awareness: TransCelerate Biopharma

FDA

EDC MUTUAL RECOGNITION

GCP MUTUAL RECOGNITION



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## Placebo and Standard of Care Data Sharing

### Rationale

The Placebo and Standard of Care (PSoC) Initiative was established to enable the sharing of data to maximize the value of clinical data collected historically in the placebo and standard of care control arms of clinical trials. For purposes of the PSoC sharing solution, placebo data is defined as any data generated from a control arm of a trial whereas the subject received only an inert substance. Standard of care data is defined as any data generated from a control arm of a trial whereas the subject received a marketed, active treatment. Our desired outcome is to establish a platform that enables TransCelerate Member Companies to enhance clinical trial designs, develop disease models, provide context for safety observations and improve their ability to recruit patients.

### Benefits

The PSoC solution will have the potential to significantly reduce the number of patients enrolled in clinical trials as it allows the reuse of data from previous studies. In addition to supporting reduced patient exposure in medical research, which is particularly important for rare diseases, it will decrease the time spent on cumulative trial execution speeding therapies to patients while saving millions of dollars for each company. It will also enable the improved interpretation of potential safety signals observed during clinical trials and allow for more accurate study design and power calculations through enhanced model based approaches.

# Awareness:

## Global – Europe, Japan, China

- EMA – Registries, Compliance, Data Transparency
- PMDA – Required CDISC Submission for regulatory review
- Global Data Standards Become a Hot Topic in China ... Linda Wang (C3C)
- CDISC & PhUSE User Groups and Meetings in Europe, Japan and China



# Collaboration:

## Constancy of Purpose



### *From W. Edwards Deming's 14 Points*

- Create constancy of purpose toward continual improvement of products and services ...
- Improve constantly and forever the system of production and service ...
- To stay in business requires that leaders spend time on innovation, research and education. They must constantly improve the design of their product and service

# Collaboration: Constancy of Purpose\*



\* The **SDS** (Submission **D**ata **S**tandards) Team (2004?)

# Collaboration: FDA's "Tom Sawyer Model"



**FDA**

Sponsors,  
CROs,  
Academic,  
Vendors,  
**FDA,**  
Etc.

# Collaboration: FDA/PhUSE



The 6th PhUSE and FDA Collaboration

**Computational  
Science  
Symposium**

March 19th–21st 2017

Silver Spring Civic Center, Silver Spring, Maryland, USA

A photograph of the Washington National Cathedral at night, illuminated with green and red lights. The cathedral's Gothic architecture is prominent, with its spires and arches clearly visible against the dark sky. The lights create a dramatic effect, highlighting the building's details.

Washington National Cathedral

[phuse.eu/css](http://phuse.eu/css)



# Collaboration: FDA/PhUSE



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Navigation trail: [PhUSE Wiki](#)

## PhUSE Wiki

### Welcome to the PhUSE Wiki

The PhUSE Wiki is an [PhUSE](#) /FDA/Industry collaboration to provide a medium to share information specifically relating to clinical trial informatics.

[CSS Working Groups](#)

[Annual Conference  
Edinburgh 2017](#)

[Good Programming  
Practice Guidance](#)

Welcome to the



Wiki



**Join a Working  
Group now!**



Currently 4,523 users are helping to **Share, Contribute and Advance** clinical informatics.

All content on this wiki is non-binding. All content expresses opinions of users and not necessarily that of their employer nor PhUSE. See our [Disclaimers](#) page.

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[Recent changes](#)  
[New Pages](#)  
[Popular Pages](#)

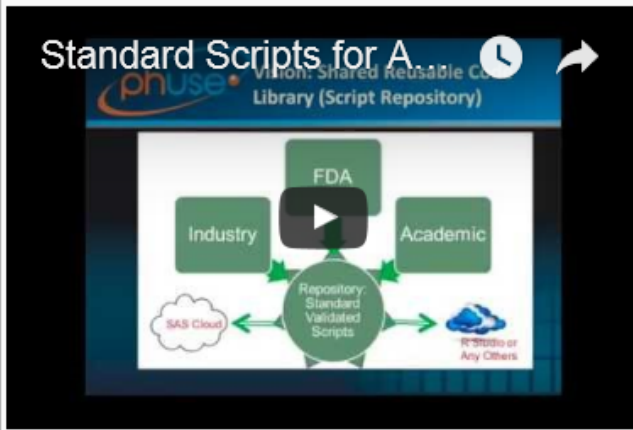
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[Therapeutic Areas](#)  
[Good Programming Practice](#)  
[Data Transparency](#)  
[QSPI](#)

# Collaboration: Standard Analyses and Code-Sharing



## Standard Scripts

### Working Group Overview

Name/Vision/Goals	Presentation
<p><b>Name</b></p> <ul style="list-style-type: none"> <li>Standard Analyses and Code Sharing (formerly Development of Standard Scripts for Analysis and Programming)</li> </ul> <p><b>Vision</b></p> <ul style="list-style-type: none"> <li>Leverage crowd-sourcing to improve the content and implementation of analyses for medical research, leading to better data interpretations and increased efficiency in the clinical drug development and review processes.</li> </ul> <p><b>Goals</b></p> <ol style="list-style-type: none"> <li>1. Establish and maintain a publicly available repository for storing program code to be used as analytical tools for medical research.</li> </ol>	

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- 5 Working Group Meeting Minutes
- 6 Conference Records
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  - 6.2 PhUSE/CSS 2016
  - 6.3 CDISC Interchange
  - 6.4 DIA Global
- 7 Closed Projects
- 8 Legacy Projects/Information
- 9 FDA Disclaimer
- 10 Disclaimer for Others

# Collaboration:



## ASA Section on Statistical Programming and Analysis (SSPA) ?

- *From the Charter of the SSPA Scientific Working Group (SWG) (Organized 2015)*
- **Scope and Key Responsibilities**
- Participate in the development and maintenance of standard Tables, Listings and Figures (TFLs) to be used in new drug submission or related documents to regulatory agencies with an objective to expedite the review process.
- Establish and maintain liaison with other scientific working groups (e.g., PhUSE, Transcelerate) as appropriate
- Participate in (and initiate, as necessary) broad discussions on [with] ... stakeholders
- . Developing tools (e.g., programs, modules) to achieve the objectives ...

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**What About PharmaSUG?**



# Challenges: 21<sup>st</sup> Century Cures



## Challenging Innovations:

### 21<sup>st</sup> Century Cures Act, PDUFA VI Legislation and Beyond

- Tutorials: Graphical Methods & Biosimilarity/Interchangeability
- The Opioid Abuse Epidemic
- Alternative Data Sources
- Novel Trial Designs / Anti-microbial Drugs
- Model-Based Decisions for Drug Development
- Immunotherapy Oncology Studies
- Communication as a tool to spread innovation
- Novel Statistical Methods in Oncology Studies

# Challenges:



## Constant Improvement / Change



### **FDA singles out Avicenna Alliance to form part of EU delegation**

Next week of 15 May -18 May, the Avicenna Alliance will have a busy week ahead. The FDA has invited the Avicenna Alliance to visit the FDA for high level talks on the future of regulation of in silico medicine will take place on 15 May [2017].





# Challenges: “Situational Awareness”



- What are the questions?
- What has changed?
- What needs to change?
- How do we make the right changes and in what order?
- Can we plan for and assess improvements?
- What are the benefits and risks?
- Who are the stakeholders?
- Who needs to be involved?
- How do we “socialize the deliverables”?
- How do we get involved? How do we stay relevant?
- How do we help each other continuously be aware of/thinking about where we are?
- How do we efficiently/effectively communicate?
- **Where do we find the time?**



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It's Gettin' Better All the Time... 

**THANK YOU FOR THAT!**

