

CDISC-Compliant ISS Submission: A Use Case



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Disclaimer



All the information presented here is based on a specific use case and may not necessarily align with the requirements of regulatory authorities in a different submission.

Agenda



- Introduction
- ISS Strategy
- ISS Deliverables
- Key Messages

Introduction



Legacy study conversion

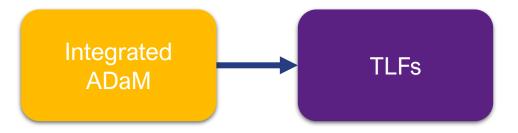
- Phase I trials converted to SDTM
- Phase II trials converted to SDTM and ADaM, and reproduction of main endpoints

Support ISS preparation

ISS Introduction

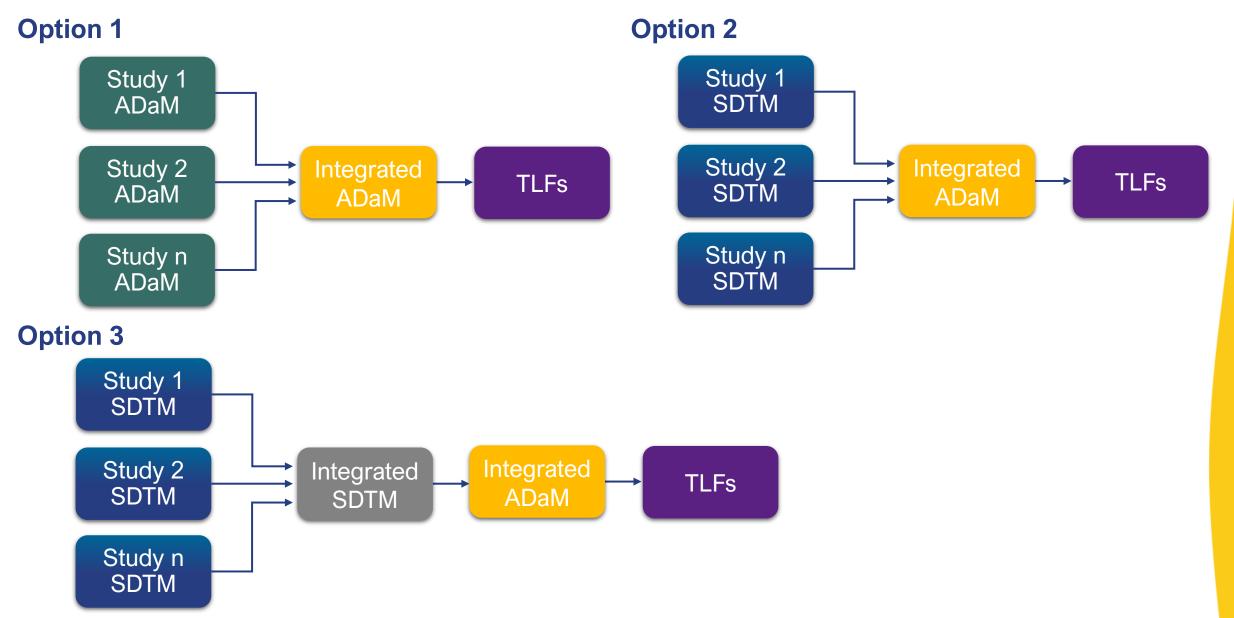


- Integrated Summary of Safety (ISS)
 - Required regulatory submission document
 - Safety analyses based on pool of clinical trials
 - Different integration strategies



Most Common Integration Strategies

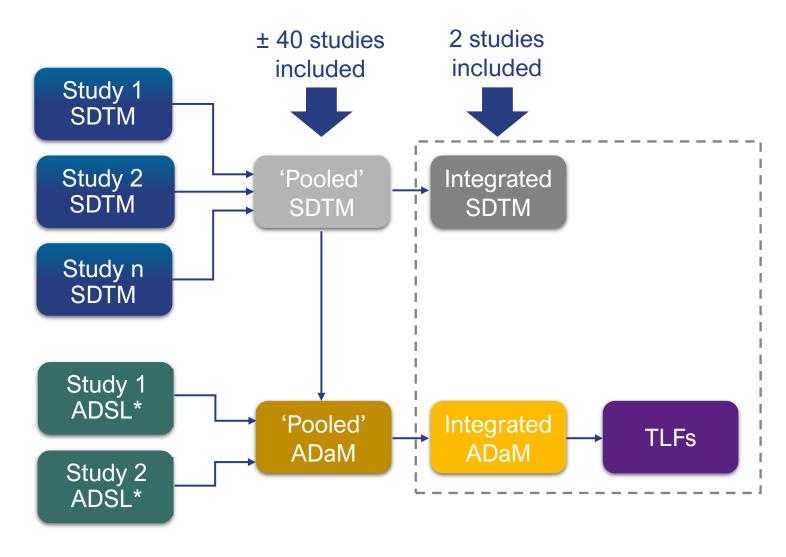




Our Integration Strategy



Approach according to Submission Data Management Plan / Study Data Standardization Plan



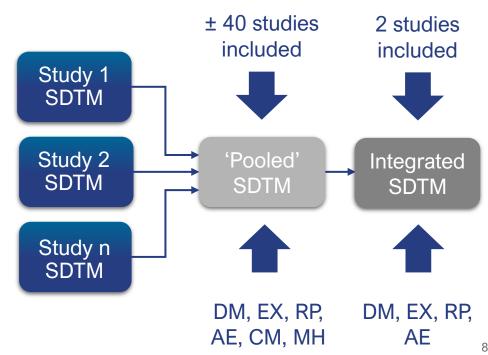


Harmonisation in 'Pooled' SDTM according to versions used in pivotal trial

- SDTM IG: version 3.2 and 3.3 → 3.2
- SDTM controlled terminology, e.g. ETHNIC, RPTESTCD
- Sponsor-defined terminology, e.g. ARM(CD), EXTRT, AEREL, QNAM
- MedDRA recoding: AE and MH
- WHODrug recoding: CM

Adherence to FDA Study Data Technical Conformance Guide

• 'Screen Failure', 'Not Assigned', and 'Not Treated' not specified as treatment arm



ADaM



No SAP

ADSL

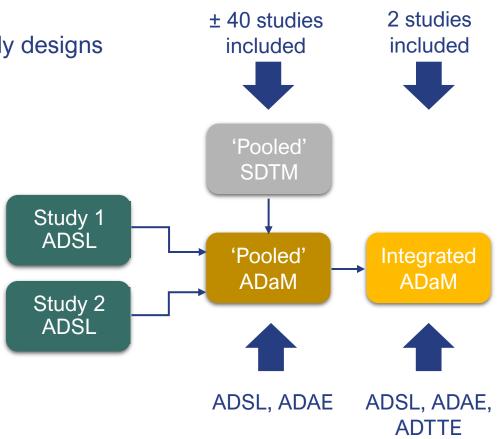
- Treatment variables
 - Challenging / time-consuming because of different study designs
- Subgroup variables

ADAE

- Treatment emergent derivation
- Flagging of Adverse Events of Special Interest (AESIs)
- First occurrence flags

ADTTE

Exposure years



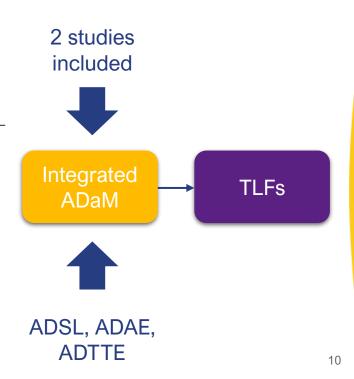
Tables and Listings



Table 1: Treatment-emergent adverse events (TEAEs) by system organ class and preferred term

Study 1					Study 2				
				EAIR diff. est.					EAIR diff. est.
n (%) [m]	EAIR	n (%) [m]	EAIR	EAIR diff. (95% CI)	n (%) [m]	EAIR	n (%) [m]	EAIR	EAIR diff. (95% CI)
xx (xx.x) [xx]	xx.x	xx (xx.x) [xx]	xx.x	x.xx (x.xx;x.xx)	xx (xx.x) [xx]	XX.X	xx (xx.x) [xx]	xx.x	x.xx (x.xx;x.xx)
xx (xx.x) [xx]	xx.x	xx (xx.x) [xx]	xx.x	x.xx (x.xx;x.xx)	xx (xx.x) [xx]	xx.x	xx (xx.x) [xx]	xx.x	x.xx (x.xx;x.xx)
xx(xx.x)[xx]	XX.X	xx (xx.x) [xx]	XX.X	x.xx (x.xx;x.xx)	xx (xx.x) [xx]	XX.X	xx (xx.x) [xx]	XX.X	x.xx (x.xx;x.xx)
xx (xx.x) [xx]	XX.X	xx (xx.x) [xx]	xx.x	X.XX (X.XX;X.XX)	xx (xx.x) [xx]	XX.X	xx (xx.x) [xx]	XX.X	x.xx (x.xx;x.xx)
xx (xx.x) [xx]	xx.x	xx (xx.x) [xx]	xx.x	x.xx (x.xx;x.xx)	xx (xx.x) [xx]	xx.x	xx (xx.x) [xx]	XX.X	x.xx (x.xx;x.xx)
xx(xx.x)[xx]	XX.X	xx (xx.x) [xx]	XX.X	x.xx (x.xx;x.xx)	xx (xx.x) [xx]	XX.X	xx (xx.x) [xx]	XX.X	x.xx (x.xx;x.xx)
xx (xx.x) [xx]	XX.X	xx (xx.x) [xx]	XX.X	x.xx (x.xx;x.xx)	xx (xx.x) [xx]	XX.X	xx (xx.x) [xx]	XX.X	x.xx (x.xx;x.xx)
	(N=XXX) n (%) [m] xx (xx.x) [xx] xx (xx.x) [xx] xx (xx.x) [xx] xx (xx.x) [xx] xx (xx.x) [xx]	xx (xx.x) [xx]	Active dose 1 (N=XXX) n (%) [m] EAIR n (%) [m] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx]	Active dose 1 (N=XXX) n (%) [m] EAIR n (%) [m] EAIR xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x	Active dose 1 (N=XXX) Placebo (N=XXX) EAIR diff. est. n (%) [m] EAIR n (%) [m] EAIR EAIR diff. (95% CI) xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx.xx (x.xx,xxx) xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx.xx (x.xx,xxx) xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx.xx (x.xx,xxx) xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx.xx (x.xx,xxx) xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx.xx (x.xx,xxx) xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx.xx (x.xx,xxx) xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx.xx (x.xx,xxx)	Active dose 1 (N=XXX) EAIR diff. est. Active do (N=XXX) n (%) [m] EAIR n (%) [m] EAIR EAIR diff. (95% CI) n (%) [m] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx xx (xx.x) [xx]	Active dose 1 (N=XXXX) Placebo (N=XXXX) EAIR diff. est. Active dose (N=XXXX) n (%) [m] EAIR n (%) [m] EAIR EAIR diff. (95% CI) n (%) [m] EAIR xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x xx (xx.x) [xx] xx.x	Active dose 1 Placebo (N=XXX) EAIR diff. est. Active dose (N=XXX) n (%) [m] EAIR n (%) [m] EAIR EAIR diff. (95% CI) n (%) [m] EAIR n (%) [m] xx (xx.x) [xx] xx.x xx	Active dose 1

EAIR = Exposure-adjusted incidence rate.



SDTM and ADaM Define.XML



- No literature, specifications, examples
- General Define-XML v2.0 specifications used
- Main differences:
 - General study information
 - SDTM Define-XML:
 - No aCRF
 - "Predecessor" origin
 - ADaM Define-XML
 - No differences

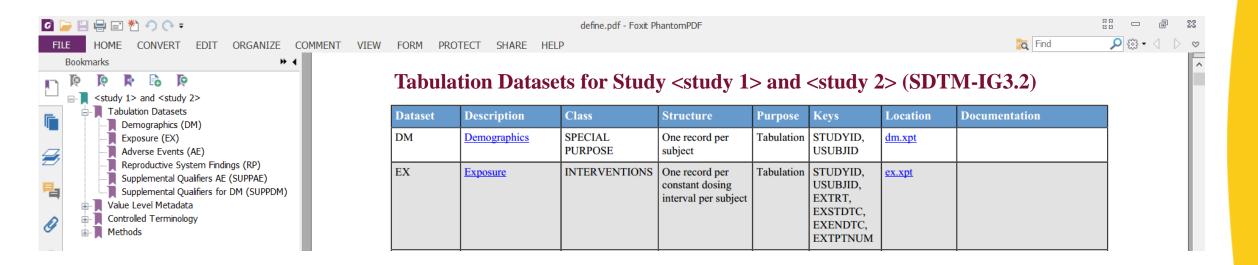
StandardSDTM-IG 3.2Study Name<study 1> and <study 2>Study DescriptionIntegrated Summary of Safety for <drug> in <indication>Protocol NameISS <indication>Metadata NameStudy <study 1> and <study 2> Data Definitions

Pinnacle 21 Validator Report						
	Issue Summary					
Source	Pinnacle 21 ID	Message	Severity	Found		
DM						
	SD1349	Inconsistent STUDYID		244		
DEFINE						
	DD0102	Invalid Annotated CRF document name		1		
	DD0105	Origin for Study Day variable 'AEENDY' is not set to Derived		1		
	DD0105	Origin for Study Day variable 'AESTDY' is not set to Derived		1		
	DD0105	Origin for Study Day variable 'DMDY' is not set to Derived		1		
	<u>DD0105</u>	Origin for Study Day variable 'EXENDY' is not set to Derived		1		
	DD0105	Origin for Study Day variable 'EXSTDY' is not set to Derived		1		
	DD0105	Origin for Study Day variable 'RPDY' is not set to Derived		1		
	DD0106	Origin for DOMAIN variable is not set to Assigned		4		
	<u>DD0107</u>	Origin for RDOMAIN variable is not set to Assigned		2		
	DD0108	Origin for STUDYID variable is not set to Protocol		6		

Define.PDF



- FDA request
- Java application "Apache Formatting Objects Processor" (FOP)¹ in combination with define XSL stylesheet
 - Converts XML to PDF
 - Working bookmarks and hyperlinks



icSDRG and iADRG



- Purpose:
 - Provide reviewers with additional context
- For integrated SDTM: Integrated Clinical Study Data Reviewer's Guide (icSDRG)
 - Proprietary version
 - Study data standards and dictionary versions
 - Description of integrated studies
 - Integration strategy with traceability flow diagram
 - Overview of integrated datasets and any special considerations (e.g. recoding)
 - Data conformance issues summary

icSDRG and iADRG



- For integrated ADaM: Integrated Analyis Data Reviewer's Guide (iADRG)
 - Preliminary PHUSE template for iADRG
 - In addition to icSDRG:
 - Analysis considerations, e.g. core variables, treatment variables, imputations, AESI flagging
 - Integrated analysis output programs

Integrated Analysis Data Reviewer's Guide Completion Guidelines

Version 1.0

Disclaimer: Any examples provided in this document should not be considered best practice for data pooling. Any questions from the sponsor should be directed to the agency review division.

Revision History

Version	Date	Summary
1.0	2023-09-01	Initial published version.

M5 Folder Structure for ISS



Per FDA Study Data Technical Conformance Guide

Folder	Files to be included
iss	N/A
analysis	N/A
adam	N/A
datasets	ISS ADaM datasets, as well as associated Define-XML/Define.PDF and iADRG
split	N/A
programs	Programs for ISS ADaM datasets and TFLs
misc	AESI file
tabulations	N/A
sdtm	N/A
datasets	ISS SDTM datasets, as well as associated Define-XML/Define.PDF and icSDRG

Key Messages



Carefully consider different integration strategies

• ISS SAP

Communication is the key

ISS Define.XML/Define.PDF and icSDRG/iADRG rather straightforward

Thank you! Any questions?

Further reading:



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