

CDISC Italian User Network 2020 7 October 2020





PROTOCOL DEVIATIONS AND QUALITY IN VACCINES TRIALS

Overview of GSK processes from data collection to ADaM dataset

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This work is sponsored by GlaxoSmithKline Biologicals SA

gsk

Definition

– PROTOCOL DEVIATION

A variation from processes or procedures defined in a protocol. Deviations usually do not preclude <u>the overall</u> <u>evaluability of subject data for either efficacy or safety</u>, and are often acknowledged and accepted in advance by the sponsor.

NOTE: Good clinical practice recommends that deviations be summarized by site and by category as part of the report of study results so that the possible <u>importance</u> of the deviations to the findings of the study can be assessed.

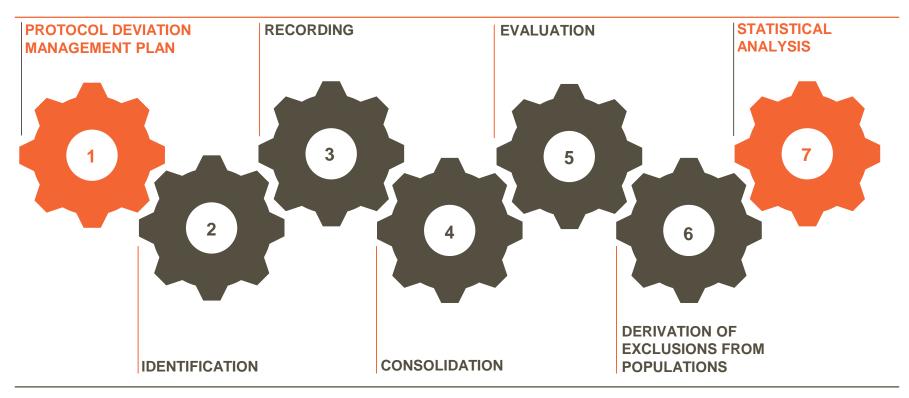
- PROTOCOL VIOLATION

A significant departure from processes or procedures that were required by the protocol. Violations often result in <u>data that are not deemed evaluable for a per protocol analysis</u>, and may require that the subject(s) who violate the protocol be discontinued from the study.

References: https://www.cdisc.org/standards/semantics/glossary/term/protocol-violation https://www.cdisc.org/standards/semantics/glossary/term/protocol-deviation ICH E3 Q&A (R1) 06JUL2012: https://database.ich.org/sites/default/files/E3_Guideline.pdf

PROCESS OVERVIEW





1) PROTOCOL DEVIATION MANAGEMENT PLAN

Study treatment not administered per

ves

Defines which deviations have to be collected and groups them in categories and subcategories



PGM, SDR



device

device

Wrong study

treatment/administration/dose protocol

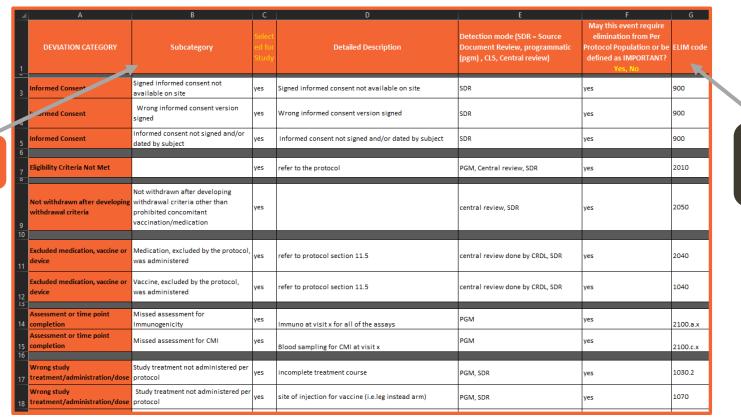
site of injection for vaccine (i.e.leg instead arm)

1070

yes

1) PROTOCOL DEVIATION MANAGEMENT PLAN

Defines which deviations have to be collected and groups them in categories and subcategories



CODE TO EXCLUDE SUBJECT FROM SPECIFIC ANALYSIS POPULATIONS

CATEGORIZATION

OF PROTOCOL

DEVIATIONS

How deviations are detected and collected

CDASH implementation guide:

«Sponsors must employ a robust and systematic method for recording protocol deviations; this may include the use of a dedicated CRF for this purpose, or the intentional inclusion of data collection fields throughout the entire set of CRFs that will detect protocol deviations.

The DV domani metadata and example CRF were developed as a guide that sponsors could use for designing a Protocol Deviations CRF and associated database, should they choose to do so. »

«If a sponsor decides to use a DV CRF, the sponsor should not rely on this CRF as the only source of protocol deviation information for a study. Rather, **they should also utilize monitoring, data review, and programming tools** to assess whether there were protocol deviations in the study that may affect the usefulness of the datasets for analysis of efficacy and safety»



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In this process PDs are not collected through CRF

CDASHIG v2.1



How deviations are detected and recorded

MANUAL PDs



At sites, deviations are collected in EXCEL spreadsheets

(one per country). For example a site can report that a 2 components vaccine has not been reconstituted correctly.

Centrally, deviations are collected in EXCEL spreadsheet.

For example while reviewing data listings the study Physician can spot deviations such as "administration of forbidden Concomitant Medication".

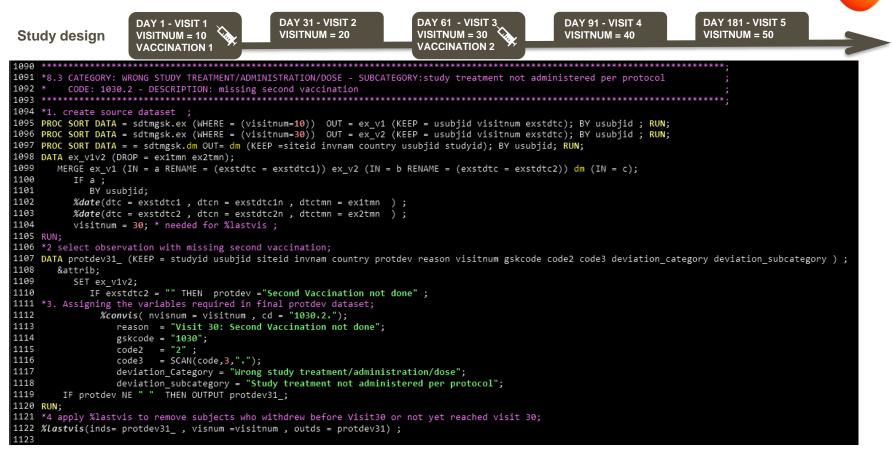


Statistical Analysts, at specific timepoints (when study is ongoing and before analysis), perform checks with SAS on **SDTM** snapshot data.

For example, check if vaccinations are out of the allowed window in SAP (from SDTM ex.EXDTC)

PROGRAMMATIC PDs

Programmatic PDs, example 1



Programmatic PDs, example 1

	FIUgi	amm	alic FDS, Exam	ible i								
	Stud	ly des	ign VISITNUM VACCINAT	= 10		Y 31 - V ITNUM			DAY 61 · VISITNUI VACCINA	M = 30 💊 VISITNUM = 40	DAY 181 - VISIT 5 VISITNUM = 50	
	1092 *	8.3 CAT COD	EGORY: WRONG STUDY E: 1030.2 - DESCRIF	TREATMENT/ADM TION: missing	MINISTRA g second	TION/D vacci	OSE - nation	SUBCATEGO	RY:study t	creatment not administered per protoco	ol ; ;	
Obs	STUDYID	CO 🔺	CENTE INVESTIGATOR.	USUBJID	GSKCODE	CODE2	CODE3	CODE	ELIM_CODE	DEVIATION_CATEGORY	DEVIATION_SUBCATEGORY	REASONL
	207489	BEL		207489-000130	1030	2	030	1030.2.030	1030.2	WRONG STUDY TREATMENT/ADMINISTRATION/DOSE	STUDYTREATMENT NOT ADMINIS	Visit 30: Second Vaccination not d
2	207489	BEL		207489-000096	1030	2	030	1030.2.030	1030.2	WRONG STUDY TREATMENT / ADMINISTRATION / DOSE	STUDYTREATMENT NOT ADMINIS	Visit 30: Second Vaccination not d
3	207489	DEU		207489-000361	1030	2	030	1030.2.030	1030.2	WRONG STUDY TREATMENT / ADMINISTRATION / DOSE	STUDYTREATMENT NOT ADMINIS	Visit 30: Second Vaccination not d
4	207489	DEU		207489-000201	1030	2	030	1030.2.030	1030.2	WRONG STUDY TREATMENT/ADMINISTRATION/DOSE	STUDY TREATMENT NOT ADMINIS	Visit 30: Second Vaccination not d
5	207489	DEU		207489-000355	1030	2	030	1030.2.030	1030.2	WRONG STUDY TREATMENT/ADMINISTRATION/DOSE	STUDY TREATMENT NOT ADMINIS	Visit 30: Second Vaccination not d
6	207489	DEU		207489-000362	1030	2	030	1030.2.030	1030.2	WRONG STUDY TREATMENT/ADMINISTRATION/DOSE	STUDY TREATMENT NOT ADMINIS	Visit 30: Second Vaccination not d
	207489	DEU		207489-000327	1030	2	030	1030.2.030	1030.2	WRONG STUDY TREATMENT/ADMINISTRATION/DOSE	STUDY TREATMENT NOT ADMINIS	Visit 30: Second Vaccination not d
	1107 D 1108 1109 1110 * 1112 * 1113 1114 1115 1116 1117 1118 1119 1120 R 1121 *	ATA pro &attr SE 3. Assi IF p UN; 4 apply	<pre>ib; T ex_v1v2; IF exstdtc2 = "" T gning the variables</pre>	<pre>dyid usubjid HEN protdev required in = visitnum sit 30: Secon 30"; ; N(code,3,"."' egory = "Wroi category = "9 0UTPUT proto subjects who </pre>	<pre>siteid ="Secon final p , cd = " nd Vacci); ng study Study tr dev31_; o withdr</pre>	invnam d Vacc: rotdev 1030.2 nation treatmen eatmen	count inatio datas ."); not d ment/a t not t not	n not don et; one"; dministra administe sit30 or	e" ; tion/dose" red per pr	otocol";	n_category deviation_subca	ategory) ;

gs

Programmatic PDs, example 2



```
1204 * 8.4
             CATEGORY: STUDY PROCEDURES - SUBCATEGORY: DIARY PROCEDURES
1205 * 8.4.3 CODE 1160 DESCRITPION: missing post vaccination eDiary DAY1-DAY7
1207 *1. create source dataset from EX and CE;
1208 PROC SORT DATA = sdtmgsk.ex OUT= eX1 (KEEP = usubjid visitnum exstdy); BY usubjid visitnum ; RUN;,
1209 PROC SORT DATA = sdtmgsk.ce (WHERE = (ceevintx NE "VACCINATION TO DAY 1, 60 MINUTES" AND ceterm NOT CONTAINS "AECOPD" ))
1210
                     OUT = Ce2 (DROP = CESCAT CEGRPID CEHLT CELNKGRP CEMODIFY CEDECOD CESPID CEPTCD CEBODSYS CEBDSYCD CESTDY) NODUPKEY;
1211
                       BY usubiid visitnum cedy;
1212 RUN;
1213 DATA ce ex;
1214
      MERGE ex1 (IN = a ) ce2 (IN = b) ;
1215
          BY usubjid visitnum;
1216
       IF b OR a:
1217 RUN;
1218 *2 select observation within 7 days post vaccination;
1219 DATA ce ex2 (WHERE = ( STDY LT 7));
1220
          SET ce ex:
1221
             stdy = cedy - exstdy;
          IF cedy = . THEN protdev= "Missing solicited safety data";
1222
1223 RUN;
1224 DATA protdev43 (KEEP =usubjid reasonl protdev code gskcode code2 code3 deviation category deviation subcategory);
1225
       SET ce ex2;
1226
         WHERE protdev NE "";
1227
          %convis(nvisnum = visitnum, cd = "1160.");
1228
           reasonL = "Visit " || STRIP(visitnum) ||" : missing solicited data all days after vaccination (DAY1 - DAY7) ";
1229
           code2 = " ";
1230
              IF visitnum GE 100 THEN code3 = STRIP(PUT(visitnum, BEST.)) ;
              ELSE IF visitnum LT 100 then code3 = "0" ||STRIP(PUT(visitnum, BEST.)) ;
1231
1232
           gskcode = "1160";
1233
           deviation Category = "Study procedures";
           deviation subcategory = "Diary procedures";
1234
1235 RUN;
1236
```

Programmatic PDs, example 2



1206	******	CODE 1160 DESCRI	***********	*******	******	********	*****	**************	***************************************	****
		CENTE INVESTIGATOR				ODE3 CODE	_			
207489			207489-000066			1160.030		STUDY PROCEDURES		Visit 30 : missing solicited data all days after vaccination (DAY1 - DAY
207489			207489-000156			30 1160.030		STUDY PROCEDURES		Visit 30 : missing solicited data all days after vaccination (DAY1 - DAY
207489			207489-000061			30 1160.030		STUDY PROCEDURES		Visit 30 : missing solicited data all days after vaccination (DAY1 - DAY
207489			207489-000063			30 1160.030		STUDY PROCEDURES		Visit 30 : missing solicited data all days after vaccination (DAY1 - DAV
207489	BEL		207489-000062	1160	0	1160.030	1160	STUDY PROCEDURES	DIARY PROCEDURES	Visit 30 : missing solicited data all days after vaccination (DAY1 - DAV
207489	BEL		207489-000064	1160	0	30 1160.030	1160	STUDY PROCEDURES	DIARY PROCEDURES	Visit 30 : missing solicited data all days after vaccination (DAY1 - DAY
207489	BEL		207489-000065	4400						
1219 1220 1221	*2 sele DATA ce S	ct observation with: _ex2 (WHERE = (STD' ET ce_ex; stdy = cedy - exs' 5 cody - THEN ppo	in 7 days pos / LT 7)); tdy;	st vaccir	nation;	1160.030	1160	STUDY PROCEDURES	DIARY PROCEDURES	Visit 30 : missing solicited data all days after vaccination (DAY1 - D
1219 1220 1221 1222 1223	*2 sele DATA ce Si II RUN; DATA pro SET WH %	<pre>_ex2 (WHERE = (STD' ET ce_ex; stdy = cedy - exs: F cedy = . THEN pro' otdev43 (KEEP =usub; ce_ex2; ERE protdev NE ""; convis(nvisnum = vi: reasonL = "Visit " code2 = " "; IF visitnum GE 14 ELSE IF visitnum</pre>	in 7 days pos / LT 7)); tdy; tdev= "Missir jid reasonl sitnum, cd = STRIP(visi 20 THEN code3	st vaccir ng solici protdev "1160.") itnum) 3 = STRI	nation; ited saf code gs ; ; : mis :P(PUT(v	ety data"; kcode code: sing solic: visitnum,BE	code3 devi ted data al T.)) ;	ation_category de l days after vacc	DHARY PROCEDURES viation_subcategory ination (DAY1 - DAY)	
1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1230 1231	*2 sele DATA ce Si II RUN; DATA pr SET WH	_ex2 (WHERE = (STD [*] ET ce_ex; stdy = cedy - exs [*] F cedy = . THEN pro [*] otdev43 (KEEP =usub ce_ex2; ERE protdev NE ""; convis(nvisnum = vi: reasonL = "Visit " code2 = " " ; IF visitnum GE 10	in 7 days pos / LT 7)); tdy; tdev= "Missir jid reasonl sitnum, cd = STRIP(visi 20 THEN code: LT 100 then	st vaccir protdev "1160.") itnum) 3 = STRI code3	<pre>ited saf code gs ; ; " : mis (P(PUT(v = "0" </pre>	ety data"; kcode code: sing solic: visitnum,BE	code3 devi ted data al T.)) ;	ation_category de l days after vacc	viation_subcategory);

Manual PDs, example



	A	В	С	D	E	F	G	Н	I			K	L
				Cubicat						mp		qui	
		Investigator_N	Center	Subject Numbe		Date_of_Devi	Deviation_Cateo			tar	nt_ re r_ lin	_	IM_cod
1	Country 🔻	ame 🔄	Numb 👻	- r 💌	Visit 💌	ation	ory 💌	Deviation_Subcatego 🔻	Deviation_Description	T PD			e 🖵
				207489-				MEDICATION, EXCLUDED BY THE PROTOCOL, WAS					
817	GERMANY			000255	Visit 4	13NOV2018	DEVICE*	ADMINISTERED	Influenza vaccination has been administered on 13/Nov/2018.				
914	GERMANY			207489- 000357	AECOPD 1	14APR2018	MEDICATION, VACCINE OR		Subject has taken Prednisolon (40mg/Every morning, Oral) For duration (14Apr2018 - 09May2018)				

-	А	В	С	D	E	F	G	н	I	J	К	L
1	Country	Investigator_N ame	Center Numb 👻	Subject _Numbe		Date_of_Devi ation ▼	Deviation_Cateo	Deviation Subcatego 🔻	Deviation Description	mpor tant_	re_e limin	
<u> </u>	Country	anie	NUTTL		VISIL	auvii	Oly 1	Deviation_Subcatego		PU	au *-	6
105	BELGIUM			207489- 000059			STUDY PROCEDURES*		An unblinded SC vaccinated the first 5 patients, but also took the temperature pre-vaccination of the first vaccine dose. Taking of the pre-vaccination temperature is a task for blinded staff as per the DOM			
180	BELGIUM			000059	VISICI	10WAR2018	PROCEDORES"	PROCEDURES	SPM.			
187	BELGIUM			207489- 000059		20MAR2018	STUDY PROCEDURES*	BIOLOGICAL SAMPLE SPECIMEN PROCEDURES	Plasma sample was not frozen with 2 hours of collection as requested per protocol. 15MAR2018: Time between collection (8h42) and freeze (12h00) is 3h18.			

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Statistical Analysts, at specific timepoints (when study is ongoing and before analysis), perform checks with SAS on **SDTM** snapshot data.

For example, check if vaccinations are out of the allowed window in SAP (from SDTM ex.EXDTC)

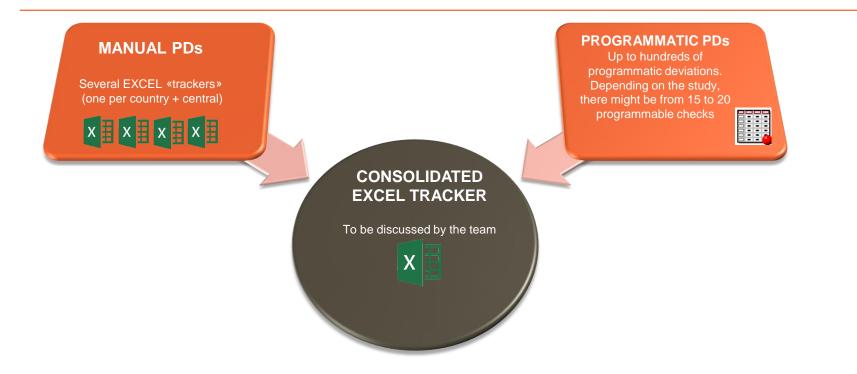


PROGRAMMATIC PDs

4) CONSOLIDATION

Combination of different sources into one unique document





4) CONSOLIDATION

Combination of different sources into one unique document

000453 2

000453 Visit 5

207489-

FRANCE

18MAR2019 COMPLETION* CONTACT*

MISSED ASSESSMENT

OR TIME POINT FOR EFFICACY AND

COMPLETION CULTURE

ASSESSMENT

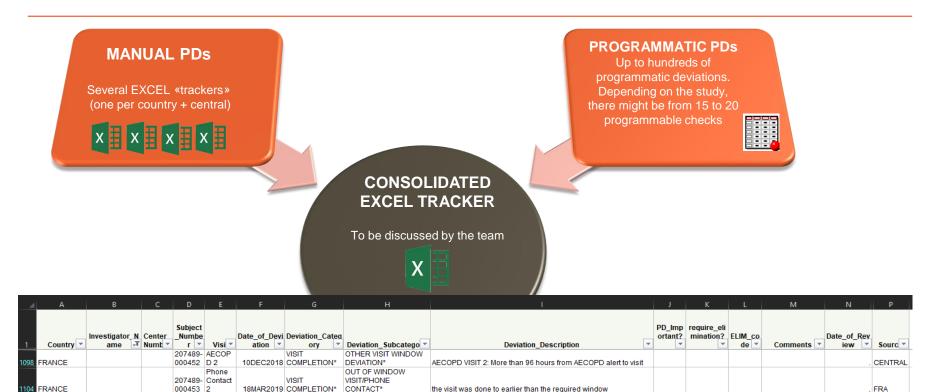


FRA

2100.b

Program

mable



the visit was done to earlier than the required window

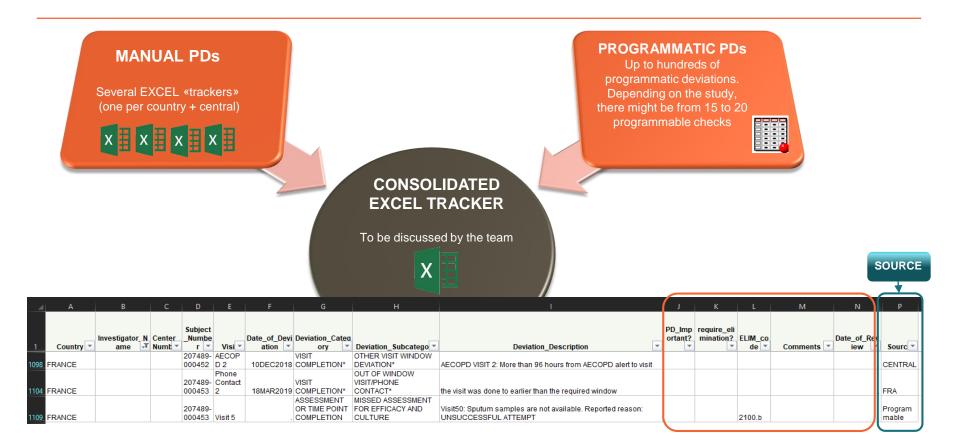
UNSUCCESSFUL ATTEMPT

Visit50: Sputum samples are not available. Reported reason:

4) CONSOLIDATION

Combination of different sources into one unique document





5)EVALUATION

Assessing if PDs are important or lead to elimination of the subject from any population

OR TIME POINT FOR EFFICACY AND

CULTURE

COMPLETION



-														
1 A	В	С	D	E	F	G	н	1	J	K	L	м	N	P
Country	Investigator_N ame J	Center Numb 🔻	Subject _Numbe	Visi 🔻	Date_of_Devi ation ▼	Deviation_Cated	Deviation_Subcatego 🔻	Deviation Description	PD_Imp ortant?	require_eli mination?	ELIM_co	Comments 🔻	Date_of_Rev	Sourc
FRANCE			207489- 000452	AECOP	100500010	VISIT COMPLETION*	OTHER VISIT WINDOW DEVIATION*	AECOPD VISIT 2: More than 96 hours from AECOPD alert to visit						CENT
FRANCE				Phone	10DEC2018	COMPLETION	OUT OF WINDOW	AECOPD VISIT 2. More than 96 hours from AECOPD aren to visit						CENTR
FRANCE			207489- 000453	Contact	18MAR2019	VISIT COMPLETION*	VISIT/PHONE	the visit was done to earlier than the required window						FRA
FRANCE			207489- 000453			ASSESSMENT OR TIME POINT	MISSED ASSESSMENT FOR EFFICACY AND	Visit50: Sputum samples are not available. Reported reason: UNSUCCESSFUL ATTEMPT			2100.b			Progra
								Is the deviation imp	oortan	t? Does	it requ	ire elimina	tion?	
POST pr	rotocol de	viatio	n revie	ew me	eeting			Is the deviation imp	oortan	t? Does	it requ	ire elimina	tion?	
POST pr	rotocol de	viatio	n revie	ew me	eeting	G	Н	Is the deviation imp	portant	₹ Does	it requ	ire elimina M	tion?	P
	B Investigator_N	C Center	D Subject Numbe	E	F	G		Is the deviation imp	J	K require_el	L	М		P
POST pr	B Investigator_N	С	D Subject _Numbe r v	E Visi 💌	F	i Deviation_Cateo ory	n Deviation_Subcatego 💌	Is the deviation imp	J PD_Imp	K require_el	L ELIM_CO		N	
A	B Investigator_N	C Center	D Subject Numbe	Visi •	F Date_of_Devi ation ▼	Deviation_Cated		1	J PD_Imp	K require_el mination?	L ELIM_co	М	N Date_of_Rev	Sour
A Country 💌	B Investigator_N	C Center	D Subject _Numbe r ♥ 207489- 000452	E Visi ▼ AECOP D 2 Phone	F Date_of_Devi ation ▼	VISIT	Deviation_Subcatego OTHER VISIT WINDOW DEVIATION* OUT OF WINDOW	Deviation_Description	PD_Imp ortant?	K require_el mination?	L ELIM_co	М	N Date_of_Rev iew ▼	Sour
Country	B Investigator_N	C Center	D Subject _Numbe r ♥ 207489- 000452	E Visi ▼ AECOP D 2 Phone Contact	F Date_of_Devi ation 10DEC2018	i Deviation_Cated ory visit	I Deviation_Subcatego OTHER VISIT WINDOW DEVIATION*	Deviation_Description	PD_Imp ortant?	K require_el mination?	L ELIM_co	М	N Date_of_Rev iew ▼	Sour

1109 FRANCE

207489-

000453 Visit 5

UNSUCCESSFUL ATTEMPT

Visit50: Sputum samples are not available. Reported reason:

YES

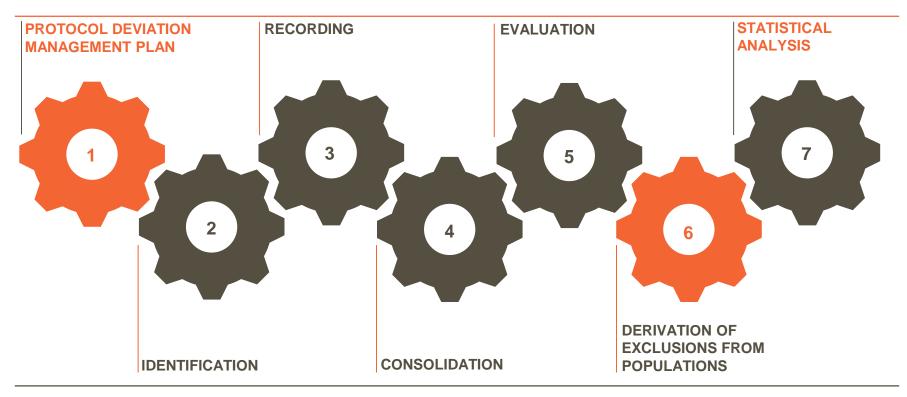
YES 2100.b

Program

09MAY2019 mable

PROCESS OVERVIEW





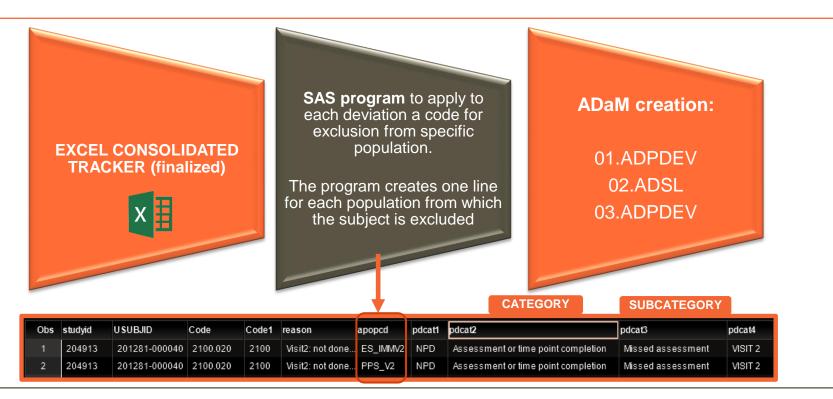


6) From EXCEL to analysis DERIVATION OF EXCLUSIONS FROM POPULATIONS

UPLOAD in Analysis Folder and ADaM creation

Old process

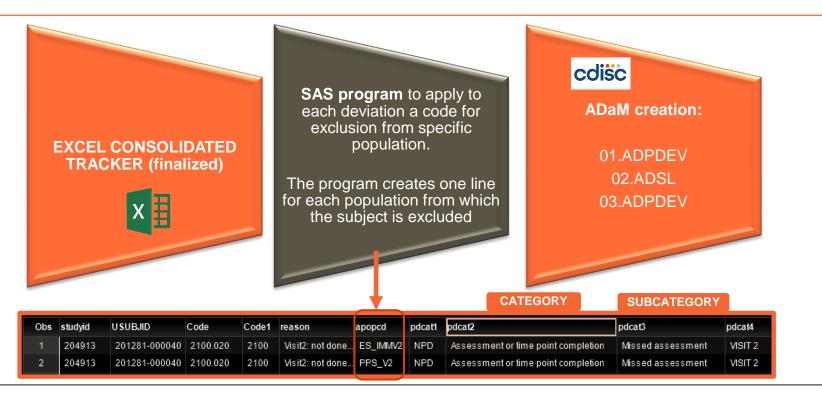




UPLOAD in Analysis Folder and ADaM creation

Old process

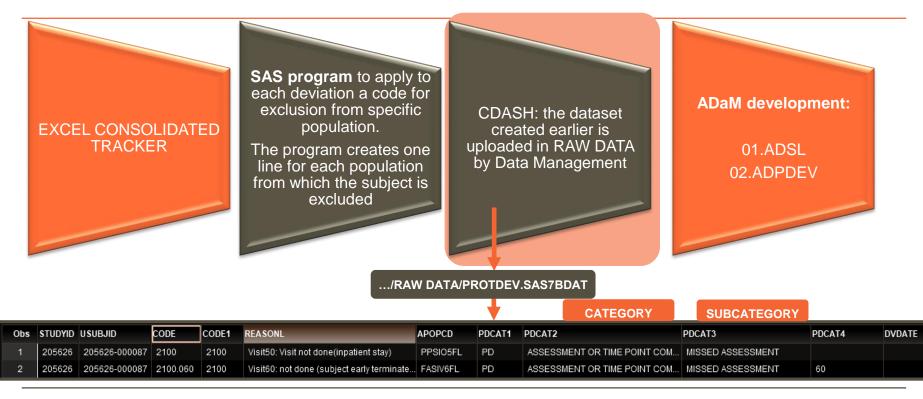




UPLOAD IN CLINICAL DATABASE

New process

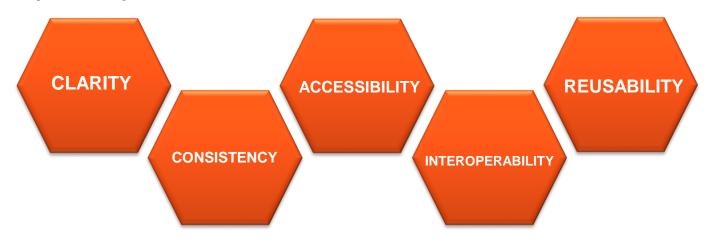




CDISC STANDARD COMPLIANCE



Why it is important to have PDs in raw data:



All advantages of working with a standard apply to this new process



WHAT'S NEXT?

#

1

1.

2.

	[read-only] [Protocol deviation category]	Category-subcategory	through Data Management
4	 If deviation is related to a sample, what is the sample? (read-only) [Sample RefId] 	[DVSREFID: DV.DVSREFID] [A:SERUM SAMPLE - VISIT 4] Serum sample - Visit 4 [A:SERUM SAMPLE - VISIT 5] Serum sample - Visit 5 [A:SERUM SAMPLE - VISIT 6] Serum sample - Visit 6	
5	 What is the protocol deviation description? [read- only] [Protocol deviation description] 	[DVTERM: DV.DVTERM] A200 ⁰⁰ 本	
6	 At what visit did the protocol deviation occur? [read- only] [VisiRNumber] 	Instrumt: DV.DVVISNUM] Deviation description (A:20) Safety Phone Call 1 (A:20) Safety Phone Call 2 (A:40) Visit 2 (A:30) Safety Phone Call 3 (A:40) Visit 2 (A:50) Safety Phone Call 4 (A:60) Visit 3 (A:60) Safety Phone Call 5 (A:90) Visit 4 (A:100) Safety Phone Call 5 (A:100) Safety Phone Call 6 (A:110) Safety Phone Call 8 (A:120) Safety Phone Call 9 (A:120) Safety Phone Call 9 (A:120) Safety Phone Call 10 (A:120) Safety Phone Call 10 (A:120) Safety Phone Call 12 (A:120) Safety Phone Call 13 (A:120) Safety Phone Call 13 (A:120) Safety Phone Call 12 (A:140) Visit 7 (A:140) Visit 7 (A:140) Visit 7 (A:140) Visit 90 (A:140) Visit 90 (A:160) Safety Phone Call 12 (A:170) Safe	in this case the set-up phase of eCRF and SDTM mapping according to PDMP and CDASHIG is important

Protocol deviation description

VisitNumber

Other subjects

_

BIO_MENB REC 2ND GEN-023 (205239): PROTOCOL DEVIATIONS (Protocol deviations) - Repeating Form [frmPROTOCOLDEVIATIONS]

Sample RefId

Protocol deviation category

[DVSPID : DV.DVSPID]

[DVREFID : DV.DVREFID] A100*

[DVCAT: DV.DVCAT]

Next step Collection of PDs through eCRF

Monitoring Report number

Protocol deviation identifier [hidden]

Monitoring Report number [read-only]

3.* What is the category of the protocol deviation?

[Protocol Deviation ID]

PROTOCOL DEVIATIONS [sctPROTOCOLDEVIATIONS]



No more excel manual

in clinical database

trackers, PDs collected via

eCRF and directly available

Managed as normal data

Next step All deviations directly in SDTM



#	Monitoring Report	number	Protoco	deviation	category Samp	e RefId	Protocol deviation	description	VisitNumber	Other subjects	•	 No more excel manual
1	TOCOL DEVIATIONS		TIONEI									trackers, PDs collected via
1. 1	Protocol deviation ident [Protocol Deviation ID]		(110HS)	(DVSPID:D N10	V.DVSPID]						_	eCRF and directly available
2. 1	Monitoring Report num	er [read-only]		[DVREFID : A10 [@] *	DV.DVREFID]							in clinical database
1	What is the category of [read-only] [Protocol deviation cate		tion?	[DVCAT: DV		Category-	subcategory					 Managed as normal data through Data Management
5	If deviation is related to sample? <i>[read-only]</i> [Sample RefId]	a sample, what is	the	[A:SERUM [A:SERUM	DV.DVSREFID] SAMPLE - VISIT 4] Serum SAMPLE - VISIT 5] Serum SAMPLE - VISIT 6] Serum	sample - Visit 5						
0	What is the protocol de only] [Protocol deviation des		[read-	[DVTERM:D A200 [⊙] ★	V.DVTERM]							
	At what visit did the pro only] [VisitNumber]	tocol deviation occ	ur? [read-	[A:10] [A:20] [A:30] [A:40] [A:50] [A:50] [A:50] [A:70] [A:70] [A:70] [A:10] [A:10] [A:120] [A:130] [A:140]	Safety Phone Call 8 Visit 6	V	isit number		Devia	ion descripti		in this case the set-up phase of eCRF and SDTM mapping according to PDMP and
	SDTM.DV			[A:160]	Safety Phone Call 9 Safety Phone Call 10 Safety Phone Call 11							CDASHIG is important
	SDTM.DV		DVCEO	[A:160] [A:170]	Safety Phone Call 10 Safety Phone Call 11 Safety Phone Call 12				DIGEDM			CDASHIG is important
Obs	STUDYID DOMAIN		DVSEQ	[A:160] [A:170] DVSPID	Safety Phone Call 10 Safety Phone Call 11 Safety Phone Call 12 DVDECOD							
Obs 1	STUDYID DOMAIN 209538 DV	209538-000123	1	(A:160) (A:170) DV SPID 123	Safety Phone Call 10 Safety Phone Call 11 Safety Phone Call 12 DVDECOD INFORMED CONSENT -			NT DEVIATIONS	SUBJECT NUMB	ER IS INCORRECT		6/6 OF ICF.
	STUDYID DOMAIN 209538 DV 209538 DV	209538-000123 209538-000136	1	(A:160) (A:170) DV SPID 123 136	Safety Phone Call 10 Safety Phone Call 11 Safety Phone Call 12 DVDECOD INFORMED CONSENT - INFORMED CONSENT -	OTHER INFOR	RMED CONSENT/ASSE	NT DEVIATIONS NT DEVIATIONS	SUBJECT NUMBI SUBJECT'S FULL	FIRST NAME IS M	ISSINGON	6/6 OF ICF. I ICF, IT HAS BEEN ABBREVIATED WITH AN INITIAL ONLY.
Obs 1	STUDYID DOMAIN 209538 DV	209538-000123	1	(A:160) (A:170) DV SPID 123	Safety Phone Call 10 Safety Phone Call 11 Safety Phone Call 12 DVDECOD INFORMED CONSENT -	OTHER INFOR	RMED CONSENT/ASSE RMED CONSENT/ASSE	NT DEMATIONS NT DEMATIONS NT DEMATIONS	SUBJECT NUMBI SUBJECT'S FULL SUBJECT'S FULL	. FIRST NAME IS M . FIRST NAME IS M	ISSING ON ISSING ON	6/6 OF ICF.



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 - clarity, consistency, accessibility, interoperability, reusability
- better collect data through eCRF (new process)
- reduce mistakes due to excel and several tools used by several people
- perform data cleaning throughout the study
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Thank you!

Conflict of Interest: Angela Gambioli is an employee of GSK group of companies.