



# CDISC Italian User Network 2020

Milan, Italy | 07 October 2020

**cdisc**

# CDISC SEND

## *Data Standardization and Exploration*

# Agenda

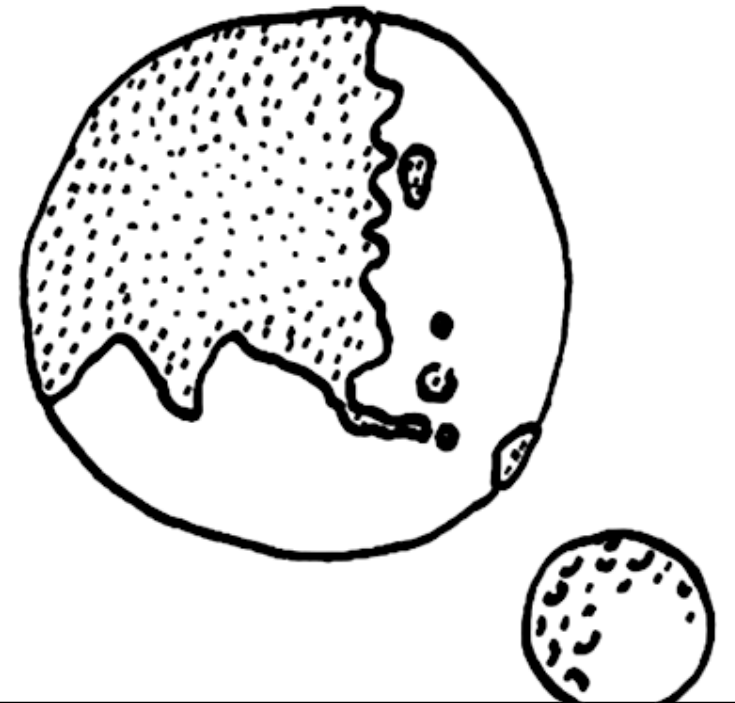
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## CDISC Standards and FDA Submission Requirements

SEND v3.0 and SEND v3.1 Overview

SEND Data Standardization Process

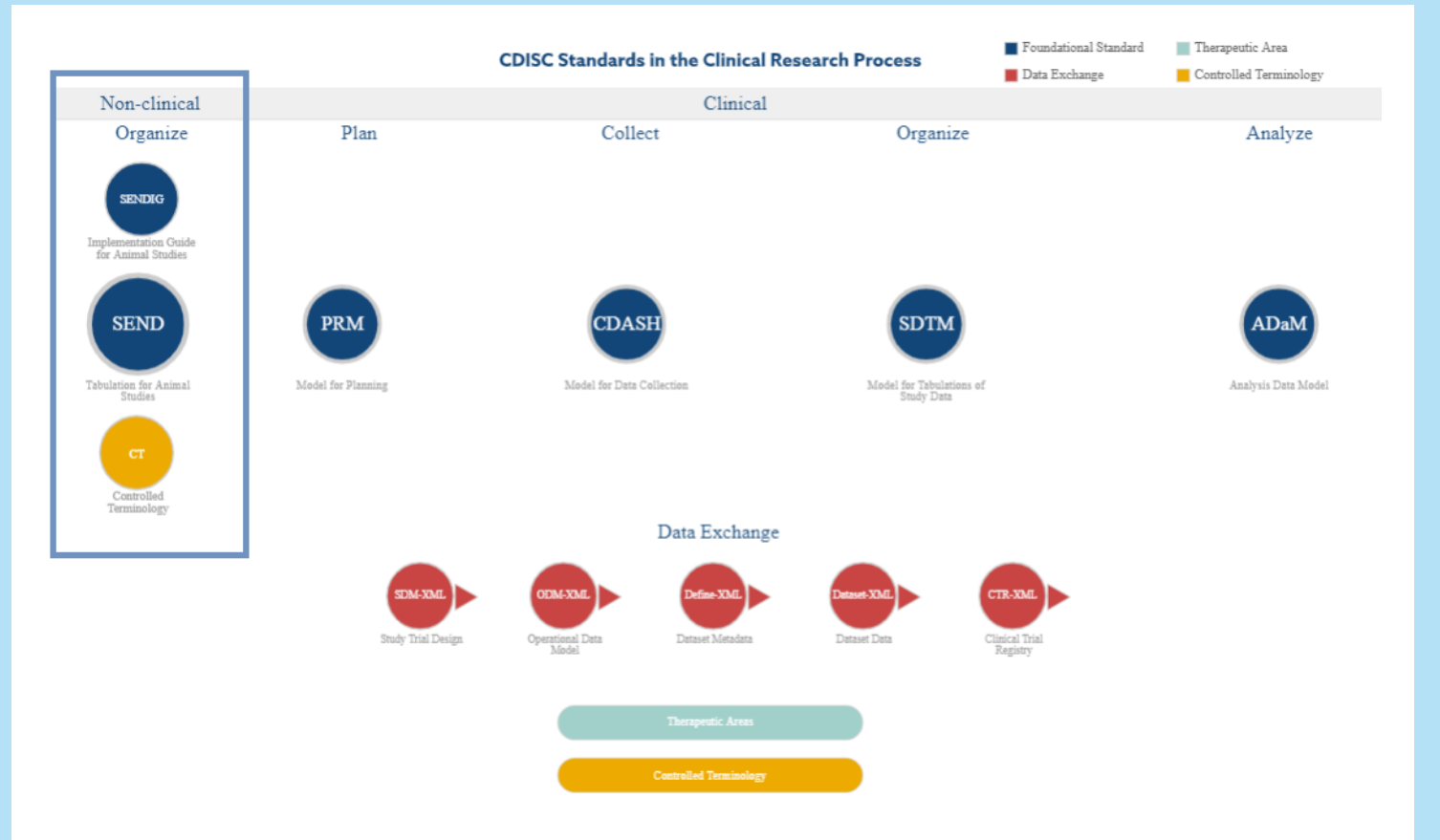
Standardised Data kick-start for Data Exploration



# CDISC Standards

## Standard for the Exchange of Nonclinical Data

- CDISC stands for Clinical Data Interchange Standard Consortium
  - supported by pharmaceutical companies, biotech companies, CROs / service providers, and technology providers
- CDISC has established WW industry standards to support
  - electronic acquisition
  - exchange
  - submission and archival
  - of clinical (SDTM / ADaM) and pre-clinical (SEND) trials data and metadata for medical and biopharmaceutical product development
- CDISC SEND is an implementation of the CDISC Standard Data Tabulation Model (SDTM) for non-clinical toxicology and safety pharmacology studies and is intended to:
  - provide an accurate standardized electronic representation of information included in study report





# What is SEND?

## Standard for Exchange of Nonclinical Data (SEND)

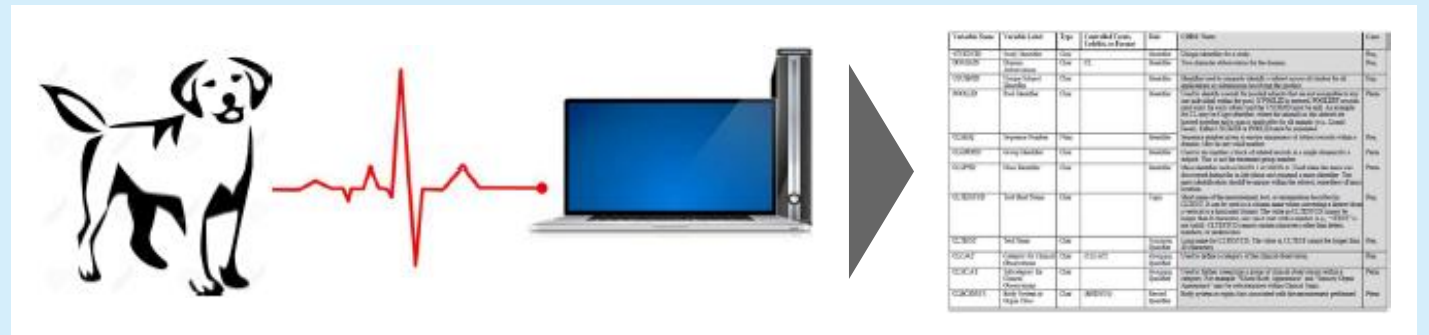
### SEND Includes

- Study Design
- Individual animal details
- Dosing Informations
- Collected and derived individual results and observations

### SEND Does Not Include

- Audit trails
- Analyses
  - No descriptive statistics
  - No incidence counts
  - No group comparative statistics
- Interpretations and conclusions

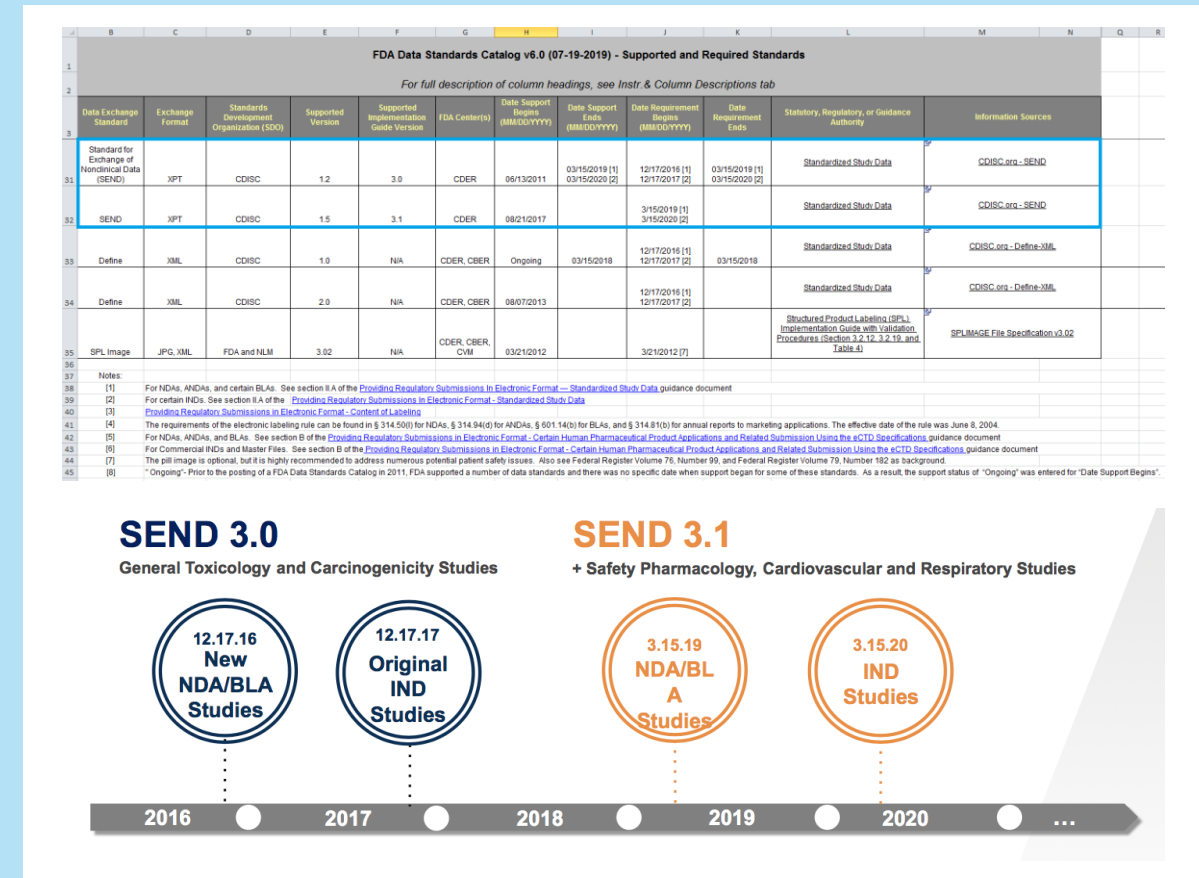
- SEND is built around the concept of observations collected about subjects included in a nonclinical study
- Test results, examinations, and observations are represented in a series of SEND domains through a list of variables



# FDA Submission Requirements

## Study Data for Submission to CDER and CBER

- FDA will no longer accept non-standardized and non-electronic submissions for studies started (Protocol Signature) after:
  - December 17 2016 for NDA's and BLA's
  - December 17 2017 for IND's.
- Data standards enable FDA to
  - Modernize and streamline the review process,
  - Enable more consistent use of analysis tools to better view drug data and highlight areas of concern.
- FDA accepts electronic submissions that provide study data using the standards, formats, and terminologies described in the FDA Data



## FDA Submission Requirements

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### Study Data for Submission to CDER and CBER

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- Additional regulatory considerations:
  - The SEND version required for your submission is determined by the **study start date** (protocol signature date)
  - if you are including non-GLP studies in a regulatory submission, a **SEND package** is also required
  - If you have legacy studies in your submission, **an abbreviated TS file** (Trial Summary file) is required for each one
- What about PMDA and EMA?



EMA does not have formal plans to adopt CDISC standardized format



PMDA (Pharmaceuticals and Medical Devices Agency) will require drug makers to submit electronic data in CDISC standard format beginning 01 October 2016, with a 3.5 year transitional period

## Agenda

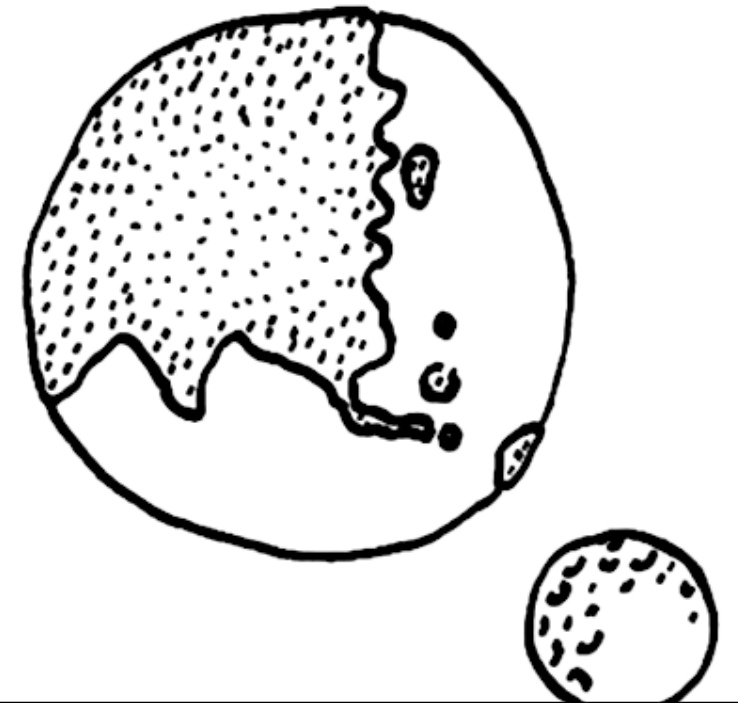
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CDISC Standards and FDA Submission Requirements

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## SEND 3.0 vs SEND 3.1

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### SEND Model Comparison

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- SEND 3.0 was the first version accepted by FDA for nonclinical submissions and was designed to support:
  - General Toxicology
    - GLP / Non-GLP
    - Single-Dose / Repeat-Dose
  - Carcinogenicity studies
- SEND 3.1 (released by CDISC on June 27, 2016) expands on the previous version & supports the following study types:
  - General Toxicology
    - GLP / Non-GLP
    - Single-Dose / Repeat-Dose
  - Carcinogenicity studies
  - Safety Pharmacology
    - Cardiovascular studies
    - Respiratory studies

# SEND 3.1

## What is changing

- SEND 3.1 improve the standard model for the collection of Cardiovascular and Respiratory endpoints
  - Test results previously collected in Vital Signs are now placed in Safety Pharmacology domains
- New variables were added to relevant domains to improve completeness on specific topics (e.g. unscheduled test results and nominal timepoint)

Domain	SEND 3.0			SEND 3.1		
	EG	VS	CV	EG	RE	VS
Test / data type						
ECG Mean Heart Rate	X			X		
PR Interval	X			X		
QRS Duration	X			X		
QT Interval	X			X		
QTc Interval	X			X		
RR Interval	X			X		
Body Temperature		X				X
Diastolic Blood Pressure		X	X			
Heart Rate		X	X			
Mean Arterial Pressure		X	X			
Minute Volume		X			X	
Oxygen Saturation		X				X
Pulse Pressure		X	X			
Respiratory Rate		X			X	
Systolic Blood Pressure		X	X			
Tidal Volume		X			X	

# SEND Data Model

Where is your data?

## Study Design

Trial Elements

Trial Sets

Trial Arms

Trial Summary

## Animal Details

Demographics

Subject Characteristics

## Animal Disposition

Disposition

## In-Life observations

Body Weight

Body Weight Gain

Clinical Observations

Food and Water Consumption

Laboratory Test Results

Palpable Masses

ECG Test Results

Tumour Findings

Exposure

Vital Signs

Cardiovascular Test Results

Respiratory Test Results

Pharmacokinetics Concentrations

Pharmacokinetics Parameters

Pool Definition

Supplemental Qualifiers

Comments

Related Records

Subject Elements

## Post mortem observations

Macroscopic Findings

Microscopic Findings

Organ Measurements

## Unscheduled deaths Status and Causes

Death Diagnosis

# SEND Roadmap

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## Future Implementations

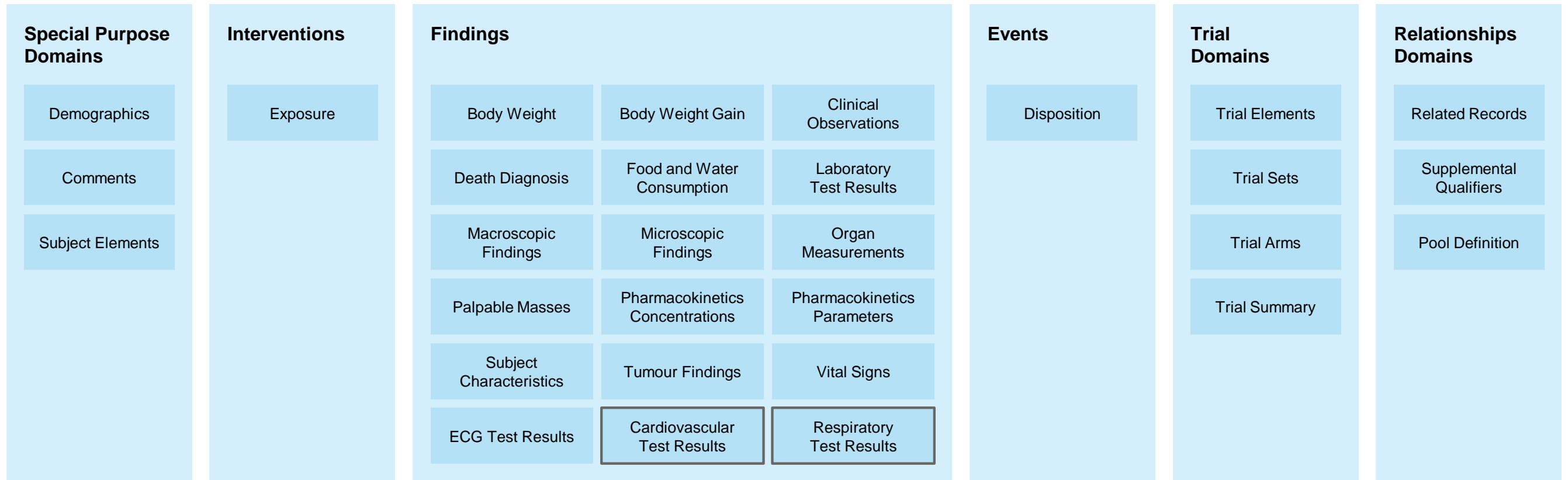
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- DART (Developmental and Reproductive Toxicology)
  - extends the SEND standard into Reproductive Toxicology by supporting study data typically found in embryo-fetal development (EFD) toxicity studies (DART IG 1.1)
  - Fertility, Postnatal Development – Multi-generational will be covered in future releases
- Genetox
  - *In vivo* micronucleus
  - Comet test (*in vivo*) Single Cell Gel Electrophoresis assay
  - *In vitro* micronucleus
  - Ames tests (*in vitro*) Mutagenic bacterial test named for Bruce Ames
- Dermal / Ocular – add domains
  - Local irritation assessments (IA)
  - Allocation to Treatment (AT)
- Safety Pharmacology
  - Addition of CNS domain
- The timing of Standard FDA adoption is a process separate from standards development

# SDTM Standard Model and SEND IG

SDTM 1.5 → SEND IG 3.1

## General Observations Domains



SDTM 1.5 Standard Model    SEND IG 3.1



## Agenda

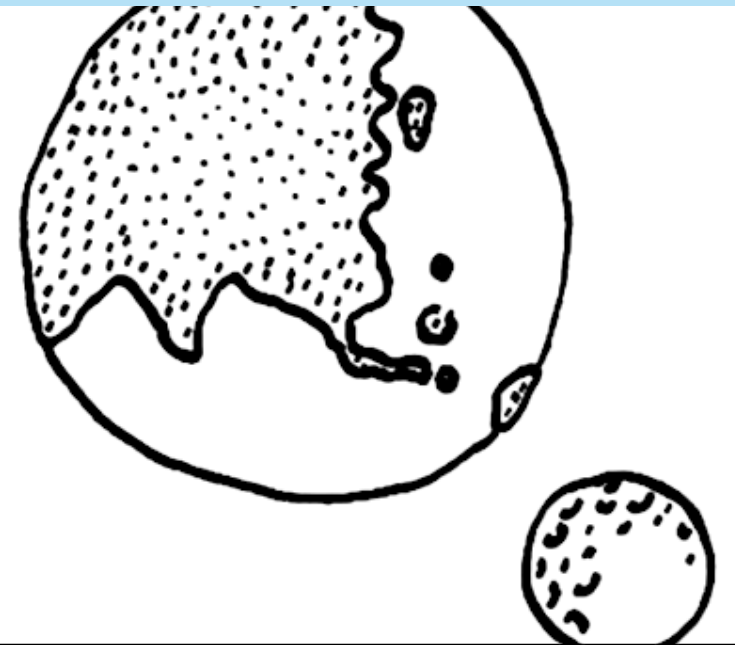
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## Evotec: SEND-ready Organisation

Data Standardisation Service for Nonclinical Studies and more

- SEND Data Standardisation Service Deliverables (SEND Package) for **studies internally** and **externally** executed:
  - SEND Standardised datasets in XPT format
  - Define.XML files compliant with CDISC specifications
  - Study Data Reviewer's Guide (nSDRG)
  - SEND dataset and define.xml validation reports generated by Pinnacle21 validator
- 3<sup>rd</sup> Party SEND Verification Service Deliverables:
  - Discrepancies between SEND datasets and Study Report
  - Discrepancies between SEND datasets and FDA standards requirements
  - SEND dataset and define.xml validation reports generated by Pinnacle21 validator
  - Suggestion how to solve SEND conformance issues identified by Verification Service
- ~80 SEND Packages standardised: 100% Successful Submission



Submission Successful

# Evotec: SEND-ready Organisation

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## Evotec Standardisation Framework

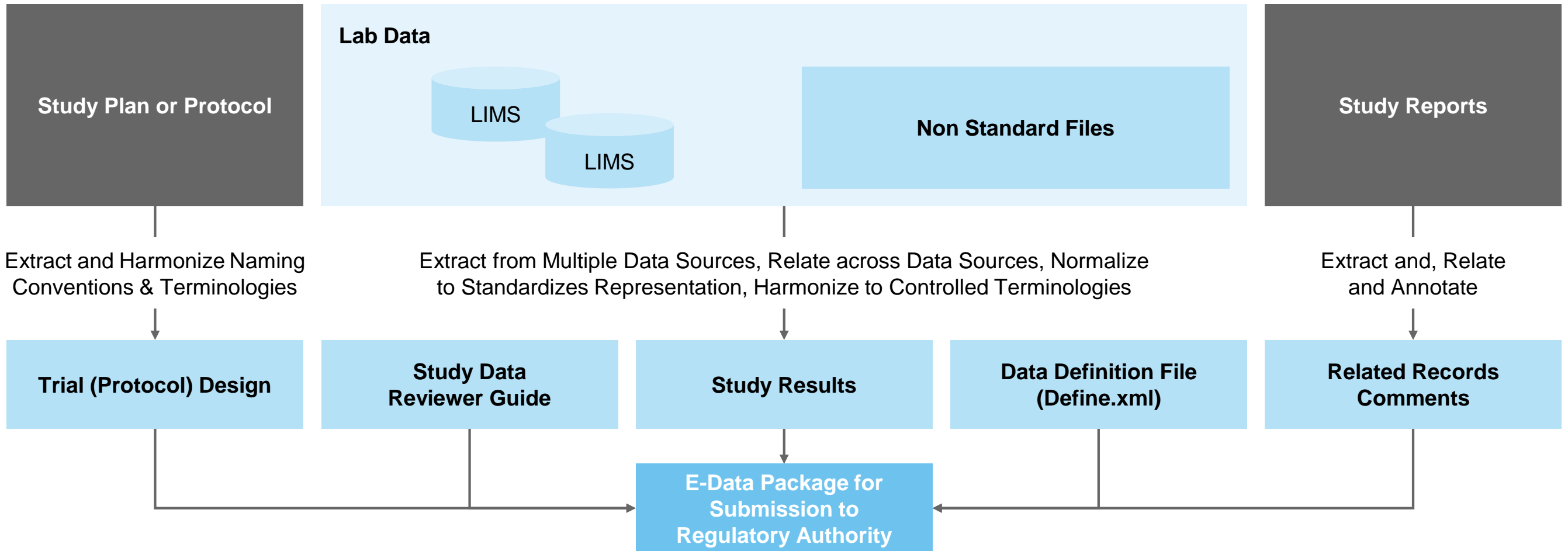
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### Why an internal solution?

- Keep SEND domain & related compliance requirements full knowledge
- Keep complete control of the standardisation process (no black box perception)
- Take advantage of a Flexible Solution to:
  - Promptly and independently adopt any new controlled terminology version
  - Promptly and independently adopt any new SEND standard version released
  - Capability to develop adapter (data-model focused) to:
    - integrate with any additional external legacy system
    - read raw data externally generated (format independent)
  - Capability to manage and adapt framework configuration in case of complex Study Design (time effective solution w/o 3<sup>rd</sup> Party dependency)

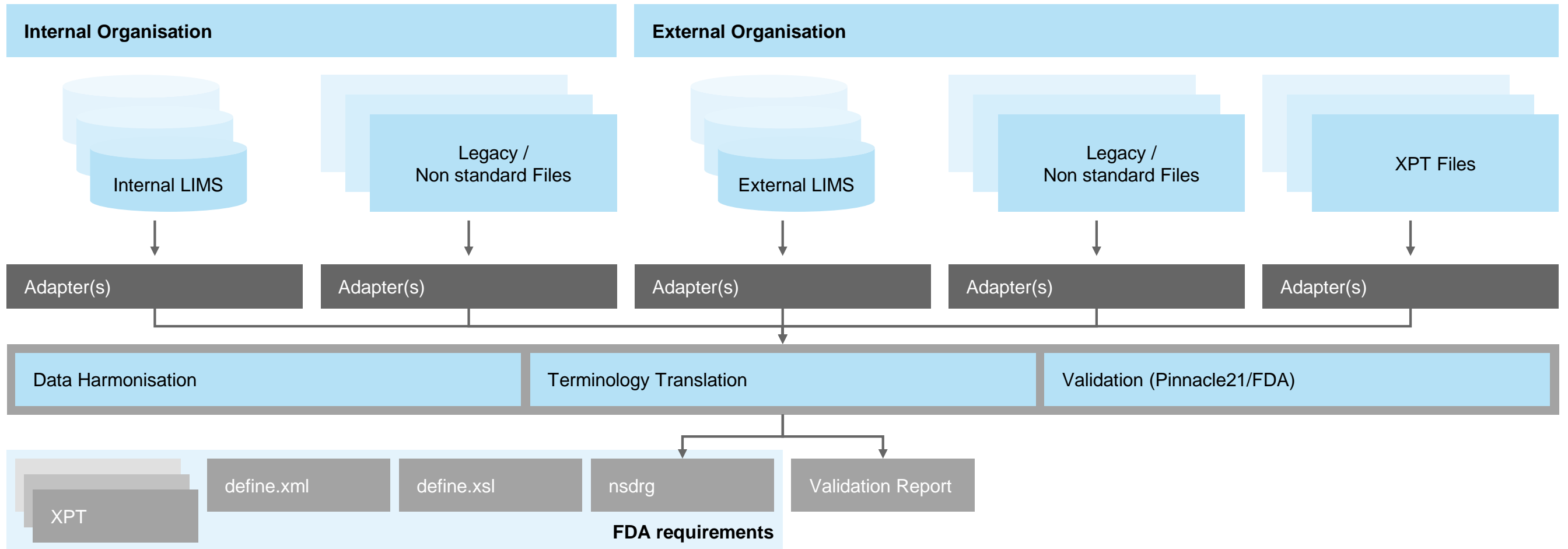
# Evotec SEND Framework

## Components of an e-Data Submission Package



# Evotec SEND Framework

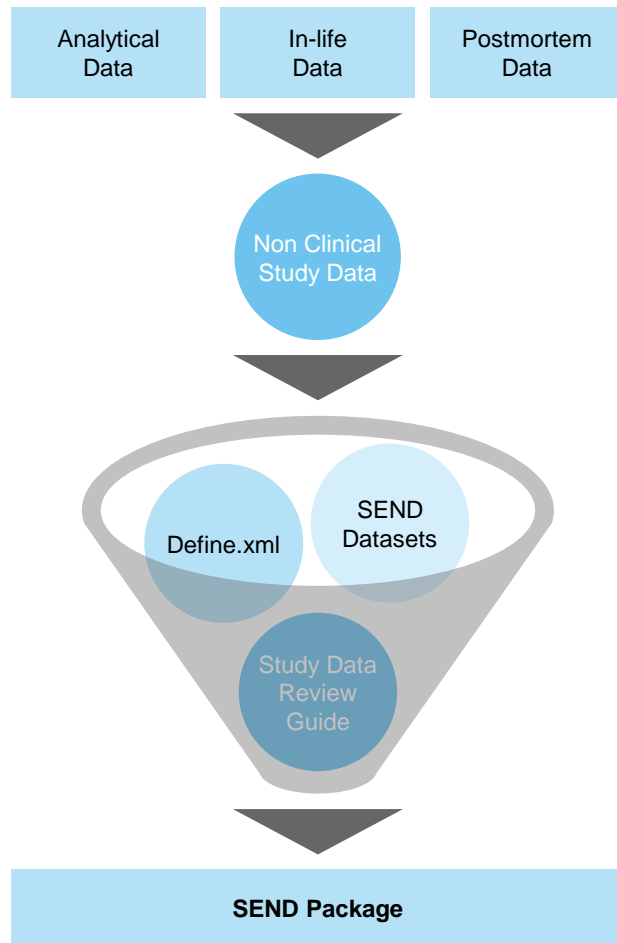
## Architecture for Harmonisation and Aggregation of Data





# SEND Package

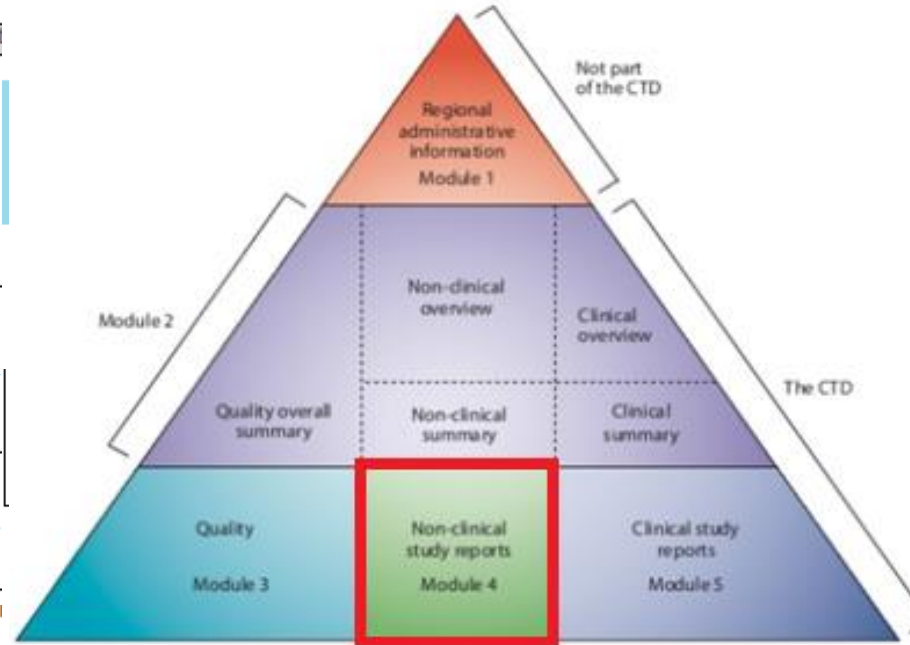
## Overview



STUDYID	DOM	Variable	Label
TEST0001	DM	STUDYID	Study Identifier
TEST0001	DM	DOMAIN	Domain Abbrev
TEST0001	DM	USUBJID	Unique Subject
TEST0001	DM	SUBJID	Subject Identifi Study
TEST0001	DM	RFSTDTC	Subject Referer Date/Time
TEST0001	DM	RFENDTC	Subject Referer Date/Time
TEST0001	DM	SITEID	Study Site Iden
TEST0001	DM	AGETXT	Age Range
TEST0001	DM	AGEU	Age Unit
TEST0001	DM	SEX	Sex
TEST0001	DM	SPECIES	Species
TEST0001	DM	STRAIN	Strain/Substrain

A T A Thirteen-Week Oral Toxicology Study in Dogs with C1234 followed by a Two-Month  
 Re Recovery Period (Study54321)

### 3.3 6 Scanner Decisions Related to Data Standards



The CTD triangle. The Common Technical Document is organized into five modules. Module 1 is region specific and modules 2, 3, 4 and 5 are intended to be common for all regions.

Da	Tal	Da	Co
SD1117	FDAN212	Duplicate records	LB, MA, MI, PP
21634			The variables considered for uniqueness by

RANCH	EPOCH	
	Prestudy	
	Treatment	
	Prestudy	
	Treatment	
	Prestudy	
	Treatment	
SITDY	BWDTC	BWDY
1		1
8		8
15		15
22		22
29		29
1		1
8		8
15		15
22		22
29		29
36		36
43		43
50		50
57		57
64		64
71		71
78		78
85		85
92		92

## Agenda

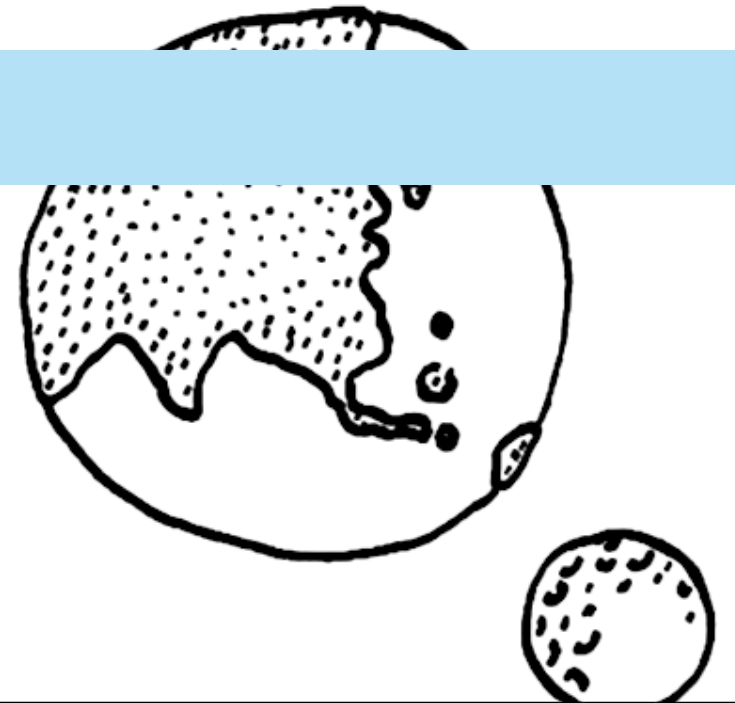
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# SEND Enlightening for Data Exploration

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Enabling Better Decision Making

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## Standardised Data improve Data Exploration

- Single-Study-oriented: allow to generate individual or group summarisation with scientifically relevant visualisation to identify trends and patterns within a study
  - What were the most prevalent histopathology findings observed in the study?
  - Is there a changing trend between treatment and recovery period?
- Multi-Study-oriented: cross-study visualisations and comparison for analysis purposes
  - If there were observed trends in what other studies has this finding been observed?

# SEND Enlightening for Data Exploration

## Severity Heatmap by Tissue and by Findings

What were the most prevalent histopathology findings observed in the study?



# SEND Enlightening for Data Exploration

## Multi Endpoint Line Graph

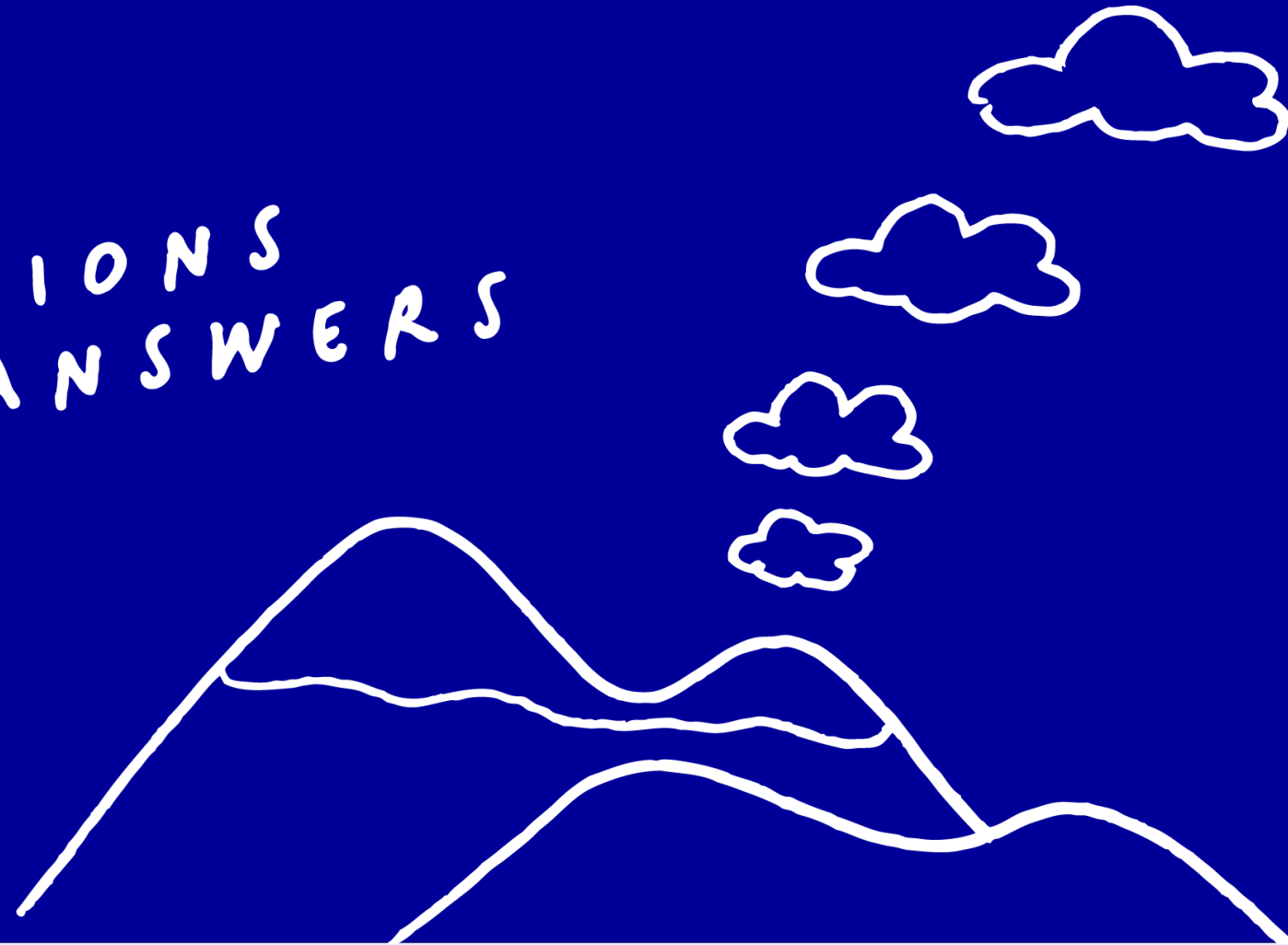
Which is the time course pattern of following multiple endpoints: Body Weight, Food Consumption and Activated Partial Thromboplastin Time?





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QUESTIONS  
AND ANSWERS





#RESEARCHNEVERSTOPS

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