



CDISC 2019 Europe Interchange

Amsterdam, Netherlands | 6-10 May

Pacemaker Guy: De-Mystifying a Business Use Case for SDTM and Medical Device Domains

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Pacemaker Guy: De-Mystifying a Business Use Case for SDTM and Medical Device Domains

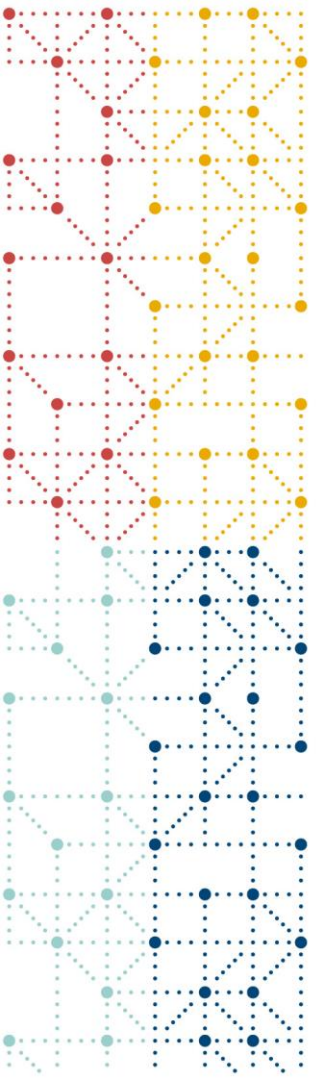
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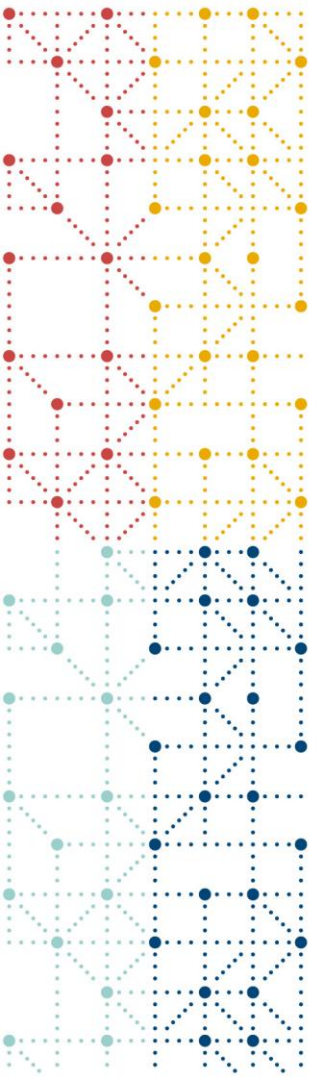
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Agenda

1. The Need
2. The Solution
3. Implementation
4. Conclusion



The Need

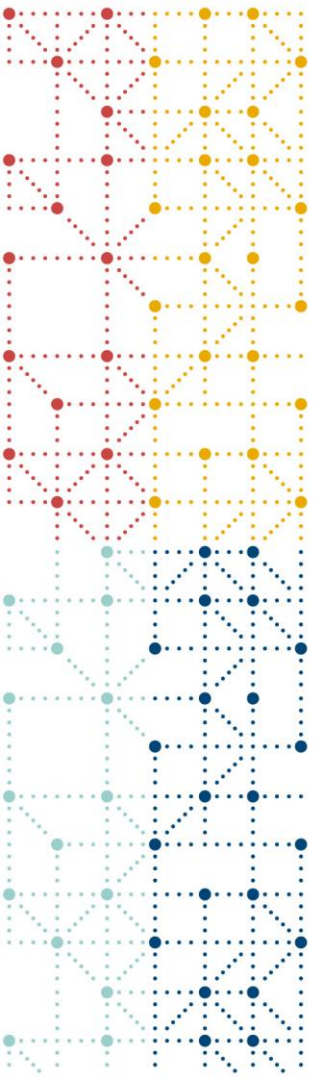


The Need

- In 2014 a CDRH statistician did a presentation in 2014 at an AdvaMed Statistical Issues conference (Nair 2014).
- The statistician listed six areas where CDRH was having issues with medical device submissions:
 1. Hard to identify and determine the impact of protocol deviations
 2. Lack of data traceability
 3. The impact of missing data
 4. Lack of accountability for all subjects in a clinical trial
 5. Lack of code lists for variables
 6. Lack of standards for electronic data

The Need

	CDRH Issue	CDRH Reviewer Request
Data Traceability	Lack of data traceability; Means cannot assess data validity	<ul style="list-style-type: none">• Provide mechanism to trace each data point from the study report back to the CRF
Trial Data Issues		<ul style="list-style-type: none">• Include electronic datasets in PMA submission• AE listings for medical reviewers• Analysis dataset(s) and raw data to validate results• Analysis datasets to support key effectiveness/safety analyses• Basic demographic variables and important covariates in analysis datasets• Define/README file for datasets and program files• Document datasets and code sufficiently



The Solution

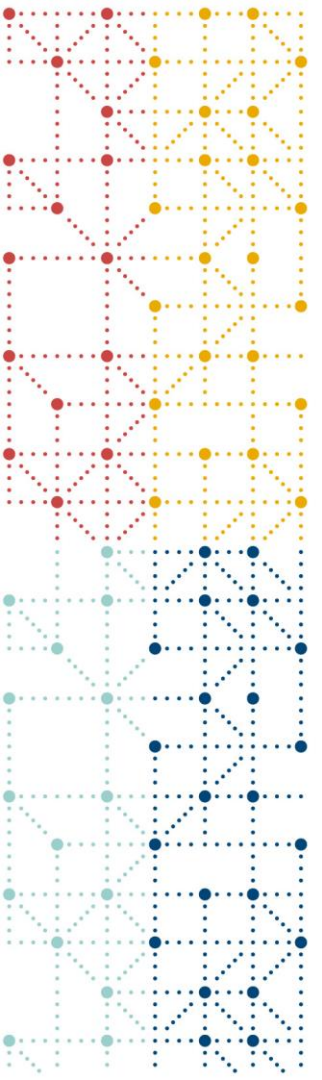


The Solution

- The CDISC Medical Device team took the presentation by the CDRH statistician and annotated it with all of the ways that CDISC standards could solve the problems that CDRH is experiencing with data submitted to them.
- The annotated solutions was presented as a poster at the CDISC International Interchange in 2015 (Nair et al 2015).

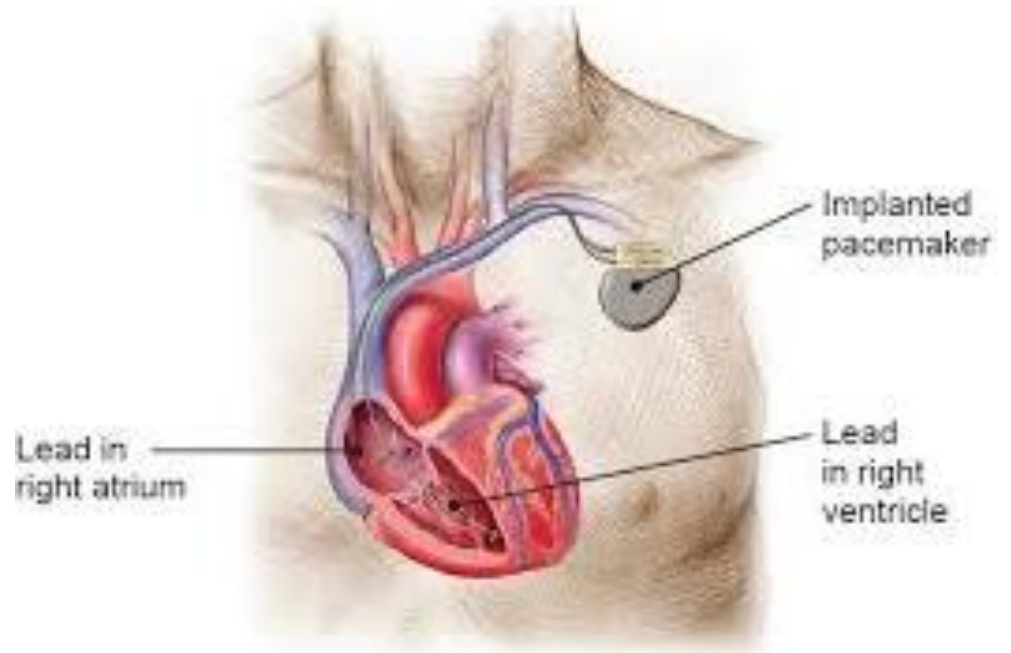
The Solution

	CDRH Reviewer Request	CDISC Solution
Data Traceability	<ul style="list-style-type: none">• Provide mechanism to trace each data point from the study report back to the CRF	<ul style="list-style-type: none">• ADaM, SDTM, associated define-xml and CDASH-conformant CRFs are specifically designed for this: hyperlink each variable to associated algorithm(s), source dataset(s), controlled terms and annotated CRF(s)
Trial Data Issues	<ul style="list-style-type: none">• Include electronic datasets in PMA submission• AE listings for medical reviewers• Analysis dataset(s) and raw data to validate results• Analysis datasets to support key effectiveness/safety analyses• Basic demographic variables and important covariates in analysis datasets• Define/README file for datasets and program files• Document datasets and code sufficiently	<ul style="list-style-type: none">• SDTM and ADaM provide subject- and device-level tabulation and analysis datasets• Data transmitted in SAS transport files• Standardized AE data support listings from data visualization tools• ADaM defines key effectiveness / safety analyses and datasets, and permits inclusion of any/all relevant variables• ADaM datasets are “one proc away” from running analyses• Define-xml provides structure to document all datasets



Implementation

Pacemaker



Implementation

- Pacemaker Guy

- “Pacemaker Guy”, was randomized to a single blind study (STUDYID= CDISCLWO), testing the new design “Right Ventricle Pacing Lead.”
- The marketed pacemaker has a stable generator of a cardiac pacemaker with 2 leads (right atrium and right ventricle).
- Surgery to implant the pacemaker went as planned.
- On Day 8, subject complains of fatigue. EKG and examination detects bradycardia.
 - Further testing detects the “study” lead has migrated.
- The next day the subject is admitted for an unscheduled hospitalization and surgery to reposition the lead.
- During the replacement surgery, the surgeon replaces the lead.



Implementation

- Pacemaker Guy (continued)

- The clinical site should return the lead that was replaced to manufacturer for engineering review to determine if it malfunctioned.
- On Day 10, the subject was discharged, and examinations are satisfactory.
- Returns on Day 18 and all is fine.

Implementation

- The paper that accompanies this presentation shows how to implement the SDTM Medical Device and Core domains.
 - SDTM Medical Device Domains implemented include:
 - DI, DO, DU, DX, DR, DE and DT
 - SDTM Core Domains implemented include:
 - DM, DS, AE, PR, CE, HO, HE, EG

Implementation

Schedule of Events

		Visit 1	Visit 2
		Screening	Implant Procedure
		Day -1 > 1	Day 2
SDTM Domain	Study Assessments		
DS	Informed Consent	X	
DS	Randomization	X	
PR	Procedure for Pacemaker		X
DI/DO/DT	The device as is at the site	X	
DU/DX/DR/DT	The device as implanted in the subject		X

Implementation

The Device Identifiers (DI) domain identifies each device and component uniquely, and this is done by creating SPDEVID.

SPDEVID	DIPARMCD	DIPARM	DIVAL
LWO001	DEVTYPE	DEVICE TYPE	IMPLANTABLE PACING SYSTEM
LWO001	MANUF	MANUFACTURER	RELIABLE CARDIOVASCULAR SOLUTIONS, INC.
LWO003-01	DEVTYPE	DEVICE TYPE	IMPLANTABLE PACEMAKER PULSE-GENERATOR
LWO003-01	MODEL	MODEL	RELIABLE PM GENERATOR
LWO002-01	DEVTYPE	DEVICE TYPE	RV PACKING LEAD
LWO002-01	MODEL	MODEL	RELIABLE RV ELECTRODE
LWO002-02	DEVTYPE	DEVICE TYPE	RA PACKING LEAD
LWO002-02	MODEL	MODEL	RELIABLE RA ELECTRODE
LWO002-03	DEVTYPE	DEVICE TYPE	RV PACKING LEAD
LWO002-03	MODEL	MODEL	RELIABLE RV ELECTRODE

Implementation

- The Device In-Use (DU) domain contains data describing settings for devices as used with individual subjects.

USUBJID	SPDEVID	DUTESTCD	DUTEST	DUORRES	DUORRESU	DULOC
CDISCLWO-018-03	LWO002-01	SIGW	ELECTRICAL SIGNAL WIDTH	0.3	MS	HEART, VENTRICLE
CDISCLWO-018-03	LWO002-01	SIGAMP	ELECTRICAL SIGNAL AMPLITUDE	1.5	VOLTS	HEART, VENTRICLE

Implementation

- The Device Exposure (DX) domain details a subject's exposure to a medical device under study

USUBJID	SPDEVID	DXTRT	DXLOC	DXSTDTC	DXENDTC
CDISCLWO-018-03	LWO003-01	IMPLANTABLE PACEMAKER PULSE-GENERATOR	CHEST	6/9/2015	
CDISCLWO-018-03	LWO002-01	RV PACING LEAD	HEART, VENTRICLE	6/9/2015	6/16/2015
CDISCLWO-018-03	LWO002-02	RA LEAD	HEART, ATRIUM	6/9/2015	
CDISCLWO-018-03	LWO002-03	RV PACING LEAD	HEART, VENTRICLE	6/16/2015	

Implementation

- The Device Event (DE) domain details a medical device malfunction and may or may not be related to an adverse event in a subject.

USUBJID	SPDEVID	DETERM	DECAT	DEACNDEV	DESTDTC
CDISCLWO-018-03	LWO002-01	LOW IMPEDANCE	EQUIPMENT FAILURE	EXPLANTED	6/16/2015
CDISCLWO-018-03	LWO002-01	INSULATION ABRASION	EQUIPMENT FAILURE	EXPLANTED	6/16/2015
CDISCLWO-018-03	LWO002-01	LEAD DISLODGEEMENT	EQUIPMENT FAILURE	EXPLANTED	6/16/2015

Implementation – Disposition (DS) records

This data capture the status of the subject's study participation at various pre-defined time points, as well as the timing of pre-defined protocol milestones. In this example, the dates of the informed consent and randomization milestones are captured, as well as the subject's participation at the end of each epoch.

USUBJID	DSTERM	DSDECOD	DSCAT	DSSTDTC	EPOCH
CDISCLWO-018-03	INFORMED CONSENT OBTAINED	COMPLETED	PROTOCOL MILESTONE	2015-06-02	
CDISCLWO-018-03	COMPLETED	COMPLETED	DISPOSITION EVENT	2015-06-02	SCREENING
CDISCLWO-018-03	RANDOMIZED	RANDOMIZED	PROTOCOL MILESTONE	2015-06-02	
CDISCLWO-018-03	COMPLETED	COMPLETED	DISPOSITION EVENT	2015-06-09	PROCEDURE
CDISCLWO-018-03	COMPLETED	COMPLETED	DISPOSITION EVENT	2015-06-023	FOLLOW-UP

Implementation - Procedures (PR) records

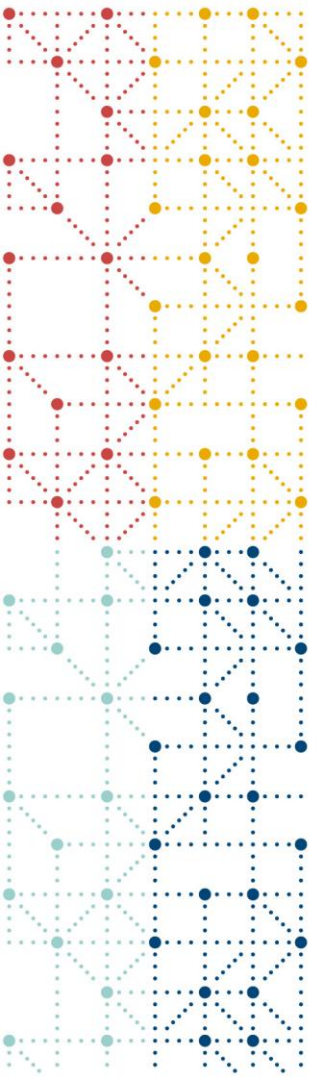
The procedures domain captures data about any medical procedures conducted during the study. In this use case, the surgeries that implant and explant the pacemaker go into the PR domain as well as the radiograph.

USUBJID	SPDEVID	PRTRT	PRDECOD	PRINDC	PRLOC	VISIT
CDISCLWO-018-03	LWO001	IMPLANTATION	IMPLANTATION	ATRIAL FIBRILLATION		PROCEDURE
CDISCLWO-018-03		RADIOGRAPH	RADIOGRAPHY	BRADYCARDIA	CHEST	UNSCHEDULED
CDISCLWO-018-03	LWO002-01	EXPLANTED	EXPLANTATION	LEAD ABRASION		UNSCHEDULED
CDISCLWO-018-03	LWO002-03	IMPLANTED	IMPLANTATION	IMPLANT REPLACEMENT LEAD		UNSCHEDULED

Implementation – Adverse Events (AE) records

After surgery is performed, subject develops a systemic infection. He returns to the site for the Day 8 follow-up visit, where fatigue, bradycardia, systemic infection and incision site pain are recorded as AEs. The subject is returned to surgery where the lead is replaced. No further AEs reported.

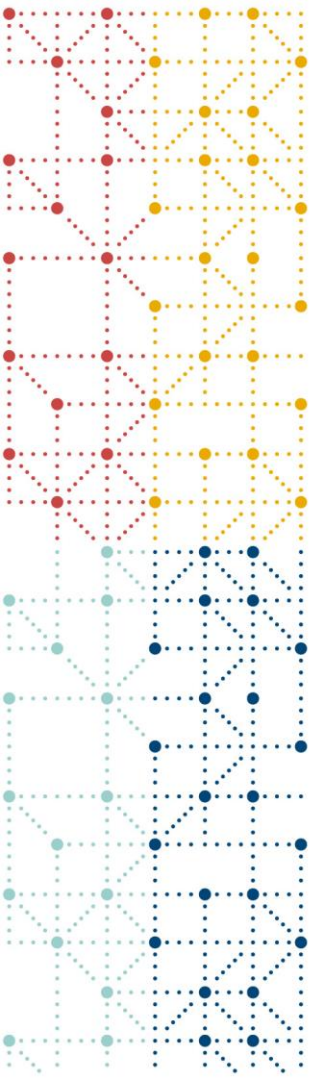
USUBJID	AETERM	AEDECOD	AESEV	AEOUT	AESTDTC	AEENDTC
CDISCLWO-018-03	INCISION SITE PAIN	INCISION SITE PAIN	MODERATE	RECOVERED/ RESOLVED	2015-06-11	2015-06-13
CDISCLWO-018-03	FATIGUE	FATIGUE	MILD	RECOVERED/ RESOLVED	2015-06-13	2015-06-17
CDISCLWO-018-03	BRADYCARDIA	BRADYCARDIA	MODERATE	RECOVERED/ RESOLVED	2015-06-13	2015-06-17
CDISCLWO-018-03	SYSTEMIC INFECTION	SYSTEMIC INFECTION	MODERATE	RECOVERED/ RESOLVED	2015-06-13	2015-06-30



Conclusion

Conclusion

- This presentation has demonstrated the need for implementing CDISC standards for Medical Device submissions to CDRH.
- We have shown that CDISC standards can provide solutions to problems that occur with Medical Device submissions to CDRH.
- We have illustrated using Pacemaker Guy how to implement SDTM for Medical Device submissions.
- Currently, the Center for Devices and Radiologic Health (CDRH) encourages (but does not requires) sponsors to submit data in CDISC conforming standards
 - <https://www.fda.gov/medicaldevices/deviceregulationandguidance/datastandardsmedicaldevices/default.htm>.
- This webpage lists the following reason for encouraging sponsors to submit CDISC conforming data:
 - https://www.cdisc.org/system/files/all/article/PDF/2014%20Business%20Case_Executive%20Summary.pdf



Thank You!

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