



Society for Clinical Data Management
DATA DRIVEN

Theme:
Capabilities | Collaboration |
Change on the way to Clinical Data Science

SCDM **Live**

India conference

2nd - 3rd December 2022
Radisson Blu Hotel, Bengaluru

CASE STUDIES

Framework and Roles

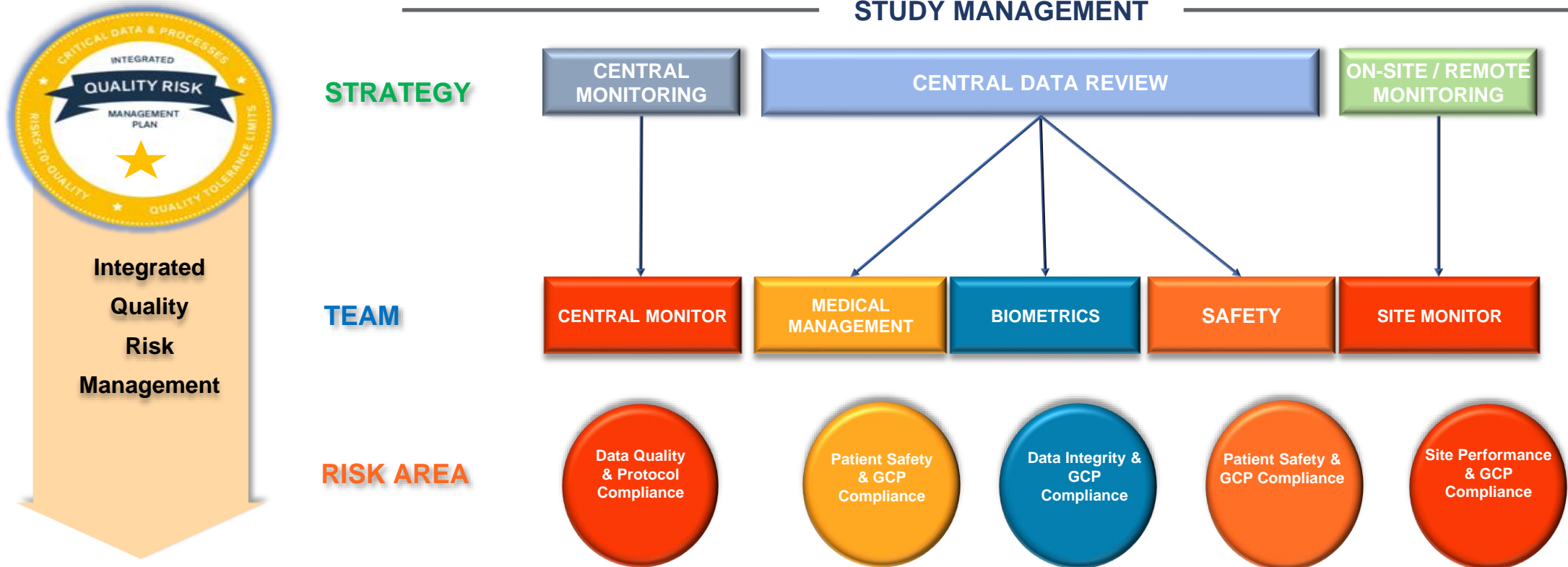
Risk Based Quality Management- Integrated QM

- **Risk Management**
 - Web-based RACT
 - IQRM Planning Tool
 - QTL
- **Central Monitoring Solutions**
 - CMCR Patient Level
 - Key Risk Indicators (KRI)
 - CMCR Study Surveillance



CASE STUDIES

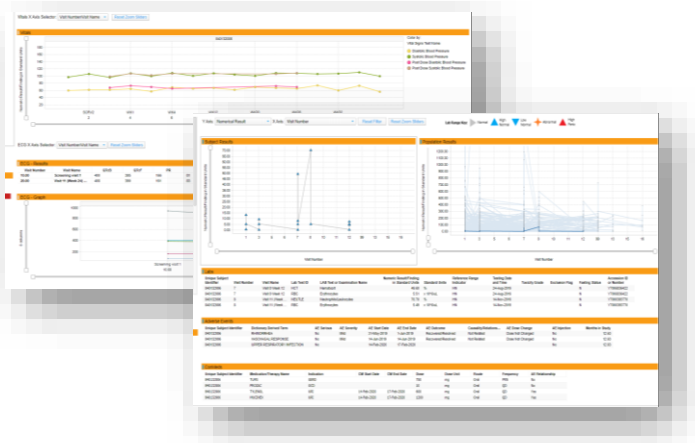
Cross-Functional Approach



Tools used for the case studies : RBQM Dashboards – Patient, Site & Study Levels

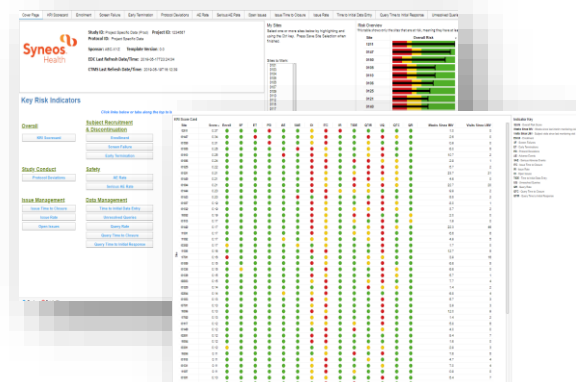
1 CMCR – Patient Level

- Patient Safety & Site Compliance
- EDC + 3rd Party Data Sources
- Benefits:
 - Performed with 72 hours of data availability
 - Ability to visualize data in meaningful ways
 - Statistical models with adjustable weighting & thresholds to improve sensitivity
 - Prevents repetitive site / patient issues as soon as possible



2 Key Risk Indicators

- Site Operational Performance
- 14 standard KRIs (EDC + CTMS)
- Benefits:
 - Identify site performance trends that may impact overall data quality
 - Ability to see issues across sites that may indicate country or regional risks
 - Track resolution of KRIs as corrective actions applied



3 CM-SSD

- Study level risks including QTLs
- EDC + 3rd Party Data Sources
- Benefits:
 - Protocol specific analytics customized by indication
 - Ability to identify patterns across countries, regions or study
 - Potential to identify misconduct early before any impact to PP analyses



Case Study - 1

Eligibility - Inclusion criterion #6: Renal - serum creatinine $\leq 1.5 \times \text{ULN}$ or calculated creatinine clearance or glomerular filtration rate $> 50 \text{ mL/min/1.73m}^2$ for subjects with creatinine levels above institutional normal

• Capability

The subject level CMCR dashboard offers a comprehensive solution to review subject clinical profile, MH, Con Meds etc.

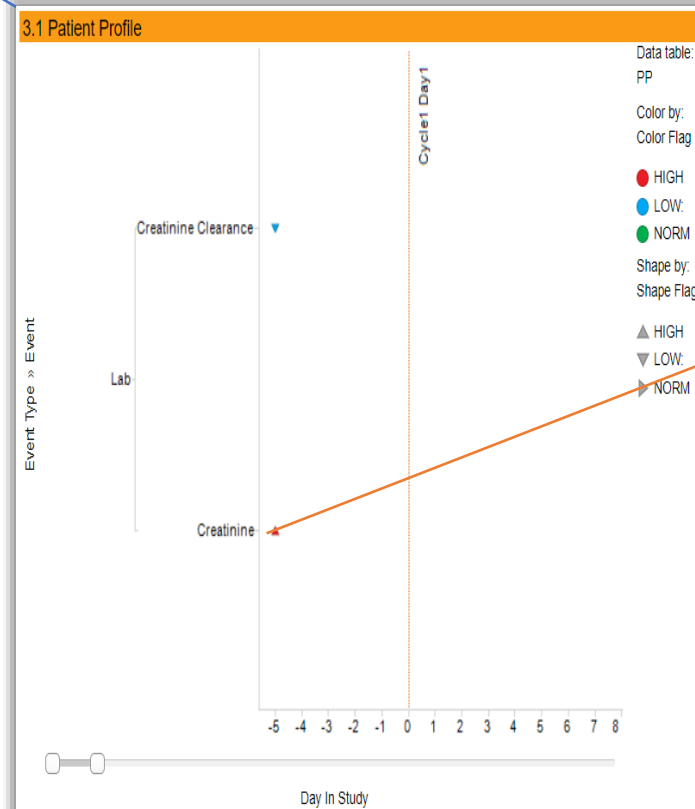
The High/Low flags are setup to easily detect criteria that require further review.

• CM Review

Central Monitors to note High Flag for serum creatinine value and Low flag for calc creatinine clearance value

• CM action

- Escalation to CL/ CRA / MM
- Query the site to confirm the lab values in EDC
- Create a 'potential' PD in CTMS



Site	Score	Enroll	SF	ET	PD
2203-20...	0.44	●	●	●	●
2203-45...	0.34	●	●	●	●
2203-20...	0.31	●	●	●	●
2203-20...	0.30	●	●	●	●
2203-11...	0.29	●	●	●	●
2203-44...	0.29	●	●	●	●
2203-11...	0.27	●	●	●	●
2203-20...	0.26	●	●	●	●
2203-20...	0.26	●	●	●	●
2203-20...	0.26	●	●	●	●
2203-43...	0.25	●	●	●	●
2203-20...	0.24	●	●	●	●
2203-10...	0.22	●	●	●	●
2203-20...	0.22	●	●	●	●
2203-20...	0.22	●	●	●	●
2203-42...	0.22	●	●	●	●
2203-43...	0.22	●	●	●	●
2203-20...	0.21	●	●	●	●
2203-20...	0.20	●	●	●	●
2203-45...	0.20	●	●	●	●
2203-20...	0.19	●	●	●	●
2203-42...	0.18	●	●	●	●
2203-10...	0.18	●	●	●	●

Case Study - 2

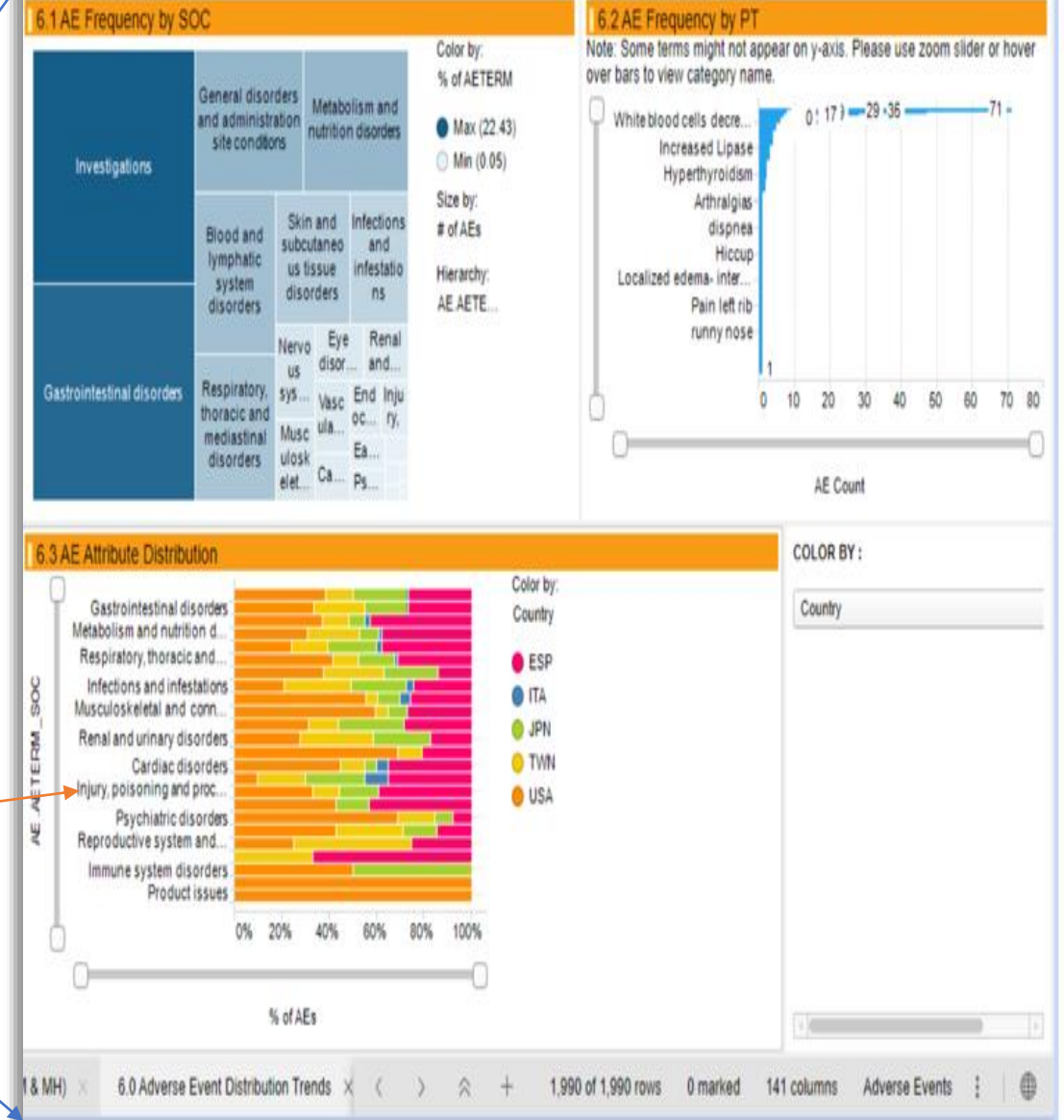
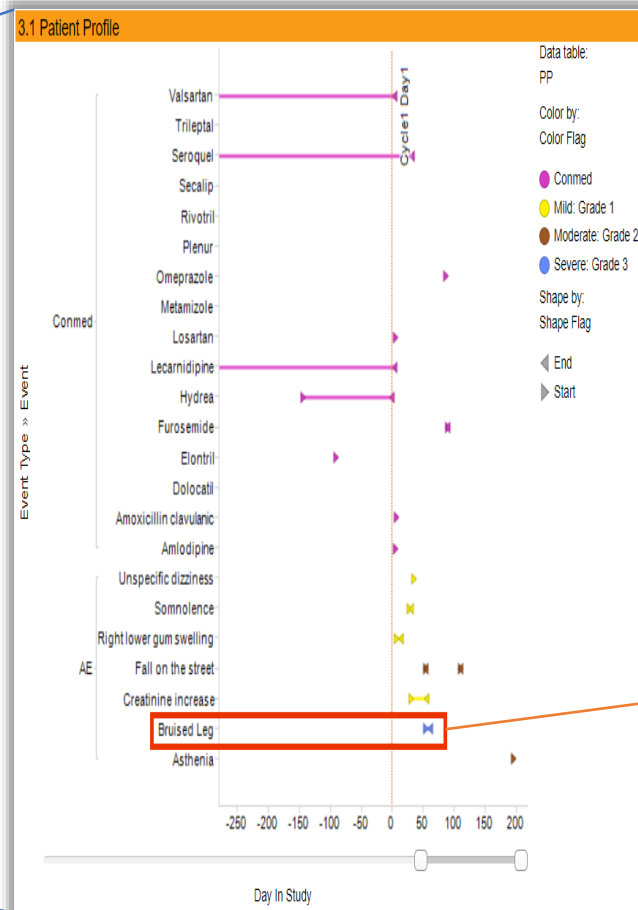
AEs, CMs, Study Drug - Correlation

• AE and CM inconsistency

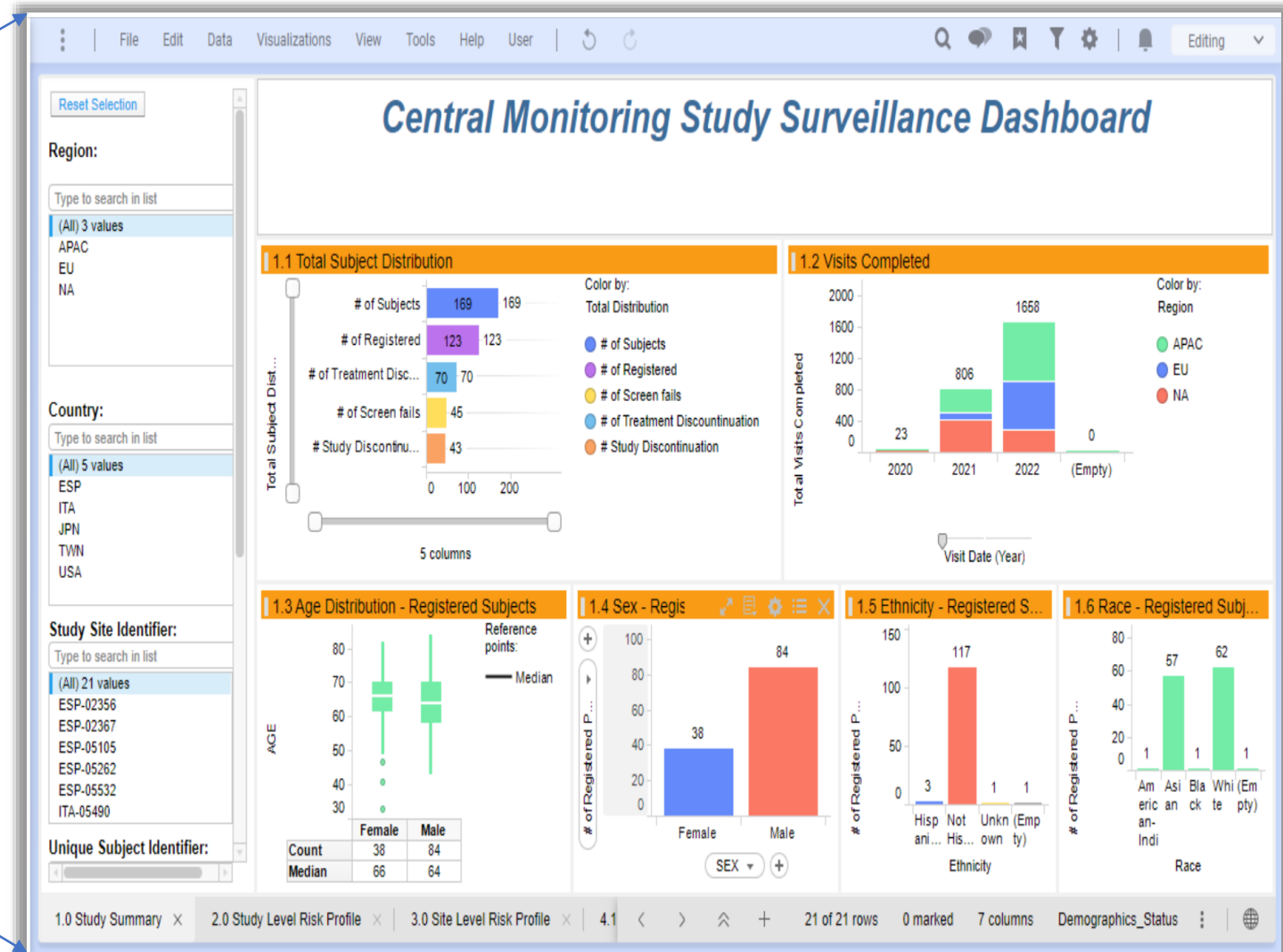
- AE with Grade 3 severity, but no record of associated CMs

• CM action

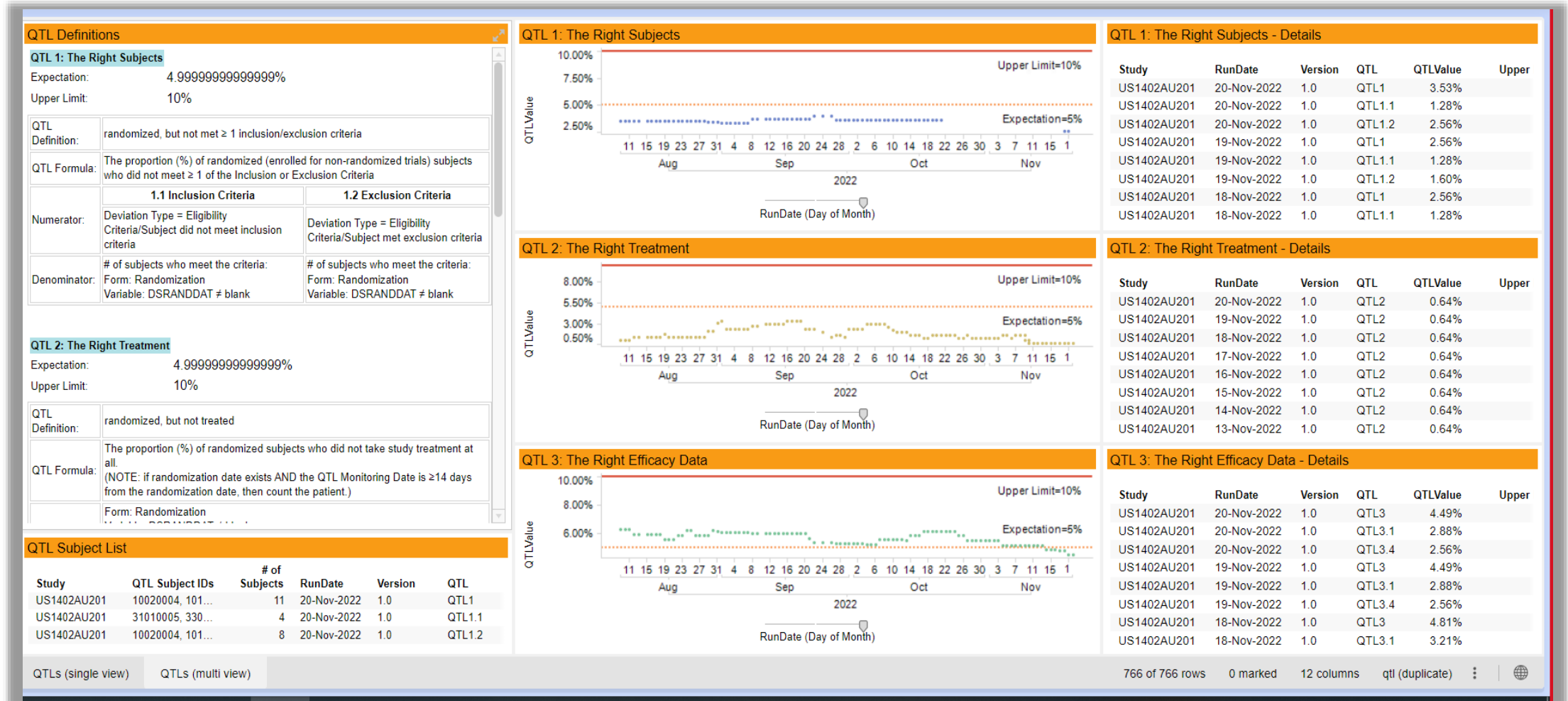
- Select ConMeds and AE in filter
- Review ConMeds/AEs for consistencies
- Raise query for confirmation
- Raise potential PD in CTMS
- Review other subjects at site that may have similar issue
- Site training



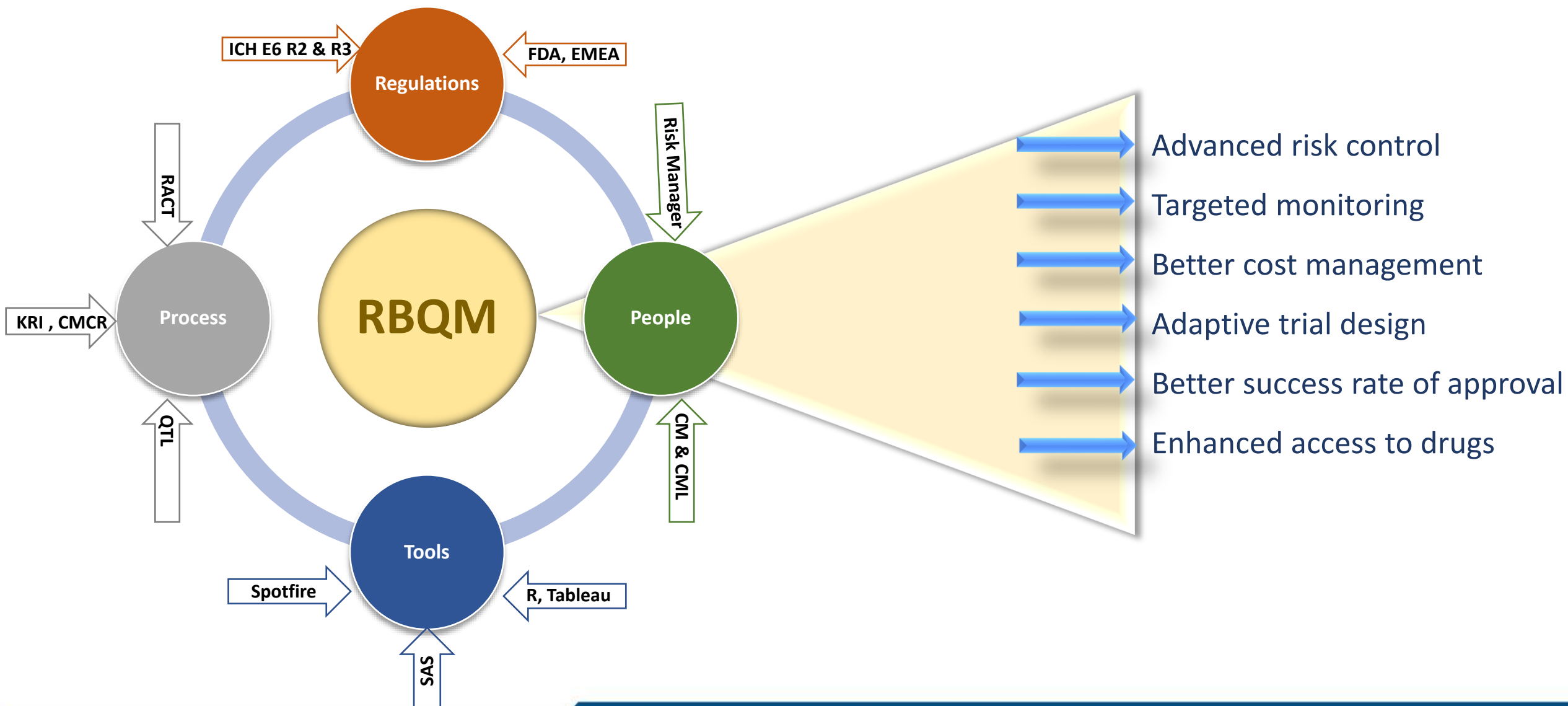
Central Monitoring Study Surveillance Dashboard



QTL Dashboard



A Way to future Trial Management



THANK YOU