

# Being Best in Class Accelerating Clinical Trials by Leveraging Metadata to Reduce Database Build Time

RALPH RUSSO

**SCDM Live**  
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# Being Best in Class – Accelerating Clinical Trials by Leveraging Metadata to Reduce Database Build Time

Session Chai: Ralph Russo – Pfizer

Speaker 1: Alain Monroy – Pfizer

Leveraging Automations and Production Metadata to Expedite Study Build

Speaker 2: Ian Fleming – Medidata Solutions

Using graph-based metadata structures to drive next-generation clinical data management

Speaker 3: Stephen Benham – Formedix

How metadata automation accelerates clinical trials, and was leveraged to expedite COVID-19 trials

# Leveraging Automations and Production Metadata to Expedite Study Build

**Alain Monroy - Pfizer**

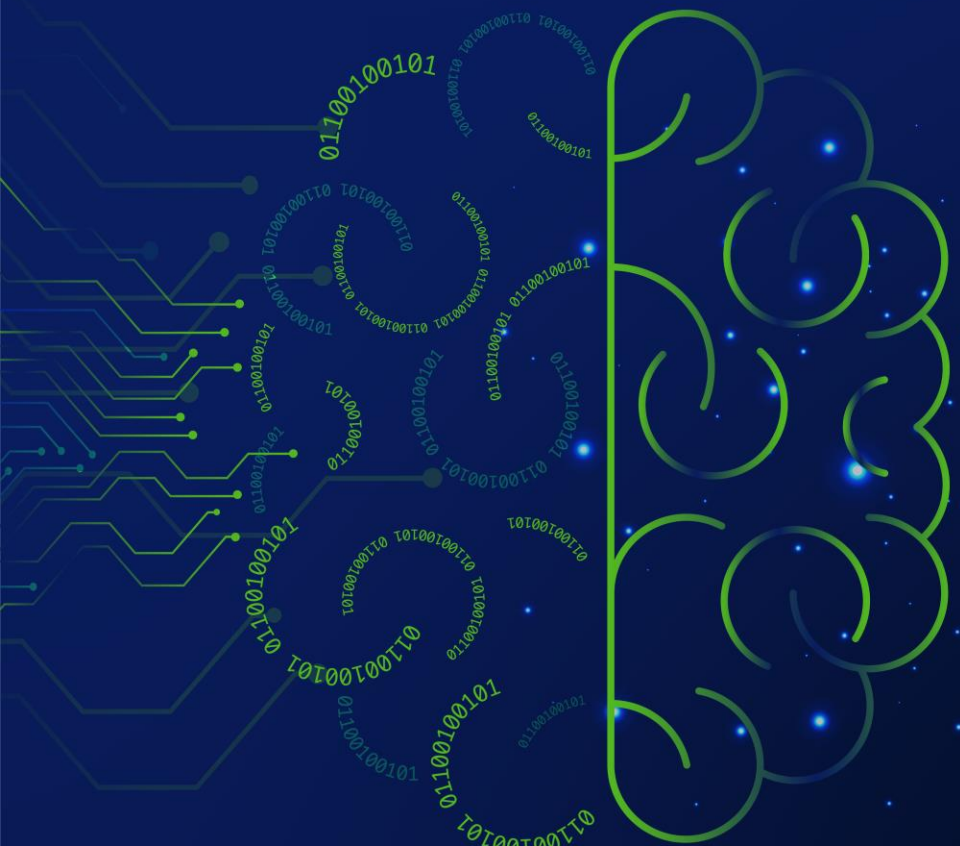
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# Present Challenges

Discordance between protocols and existing Standards



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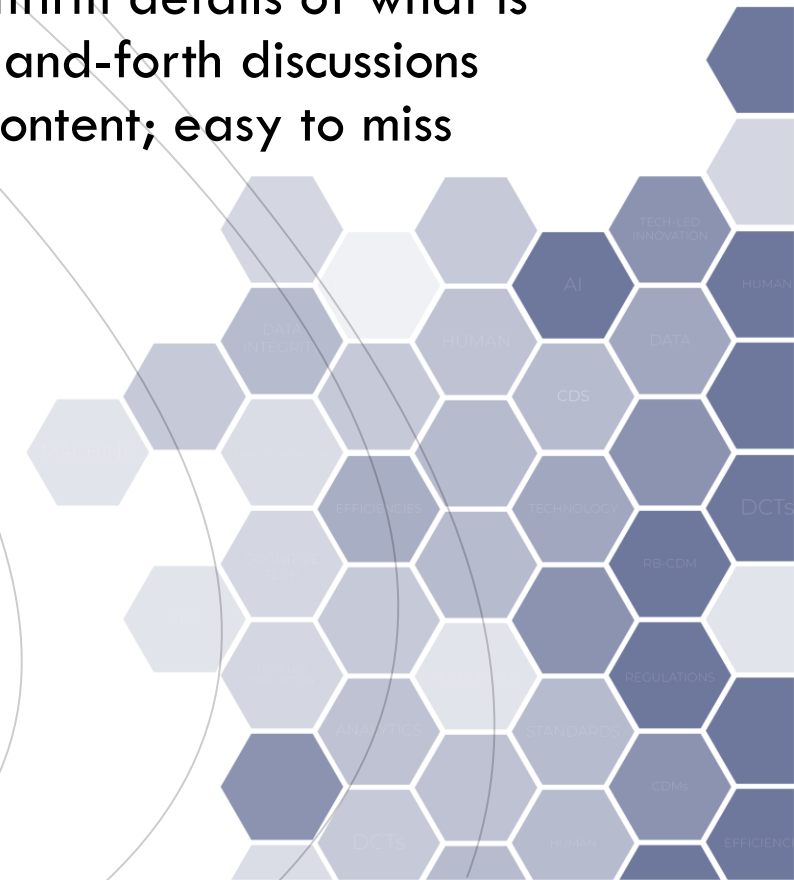


# Present Challenges

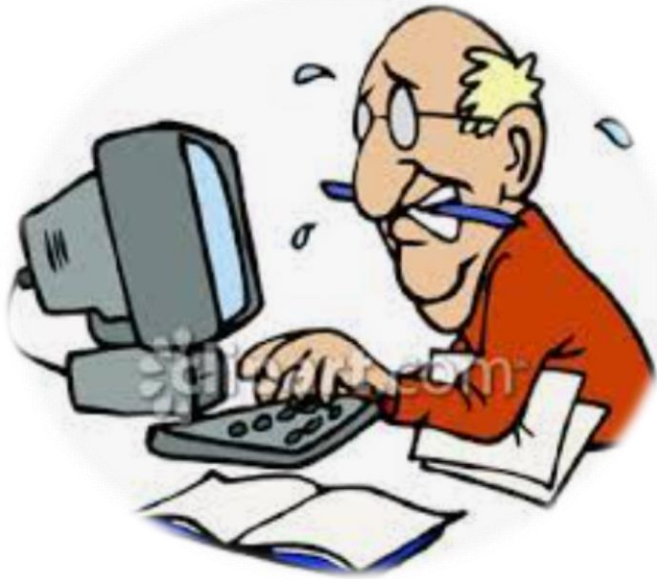
Manual, time-consuming work to create specs. Requires several team meetings to confirm details of what is needed; back-and-forth discussions on metadata content; easy to miss details



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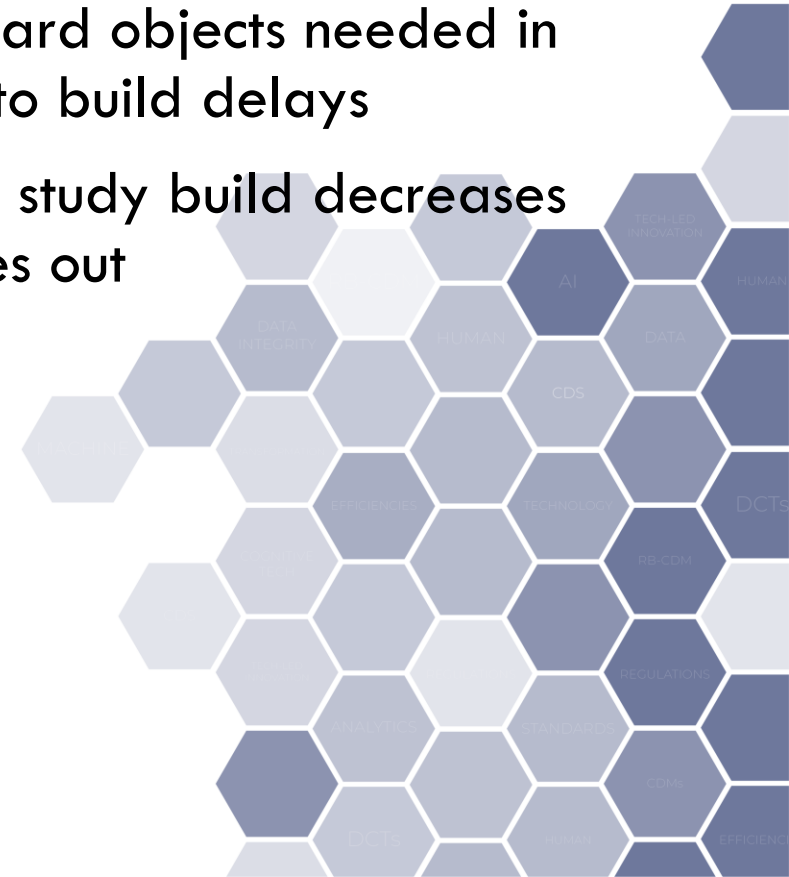
# Present Challenges



- Manual study design and programming based on specs
- Development of new standard objects needed in the study might contribute to build delays
- Manual work on specs and study build decreases quality and pushes timelines out



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# 1- Automated study builds using Time and Events spec

Based on the study Time and Events specs, automatically generate:

- Study visits
- Standards forms and corresponding Standards edit checks added within those visits
- Copies of Standards forms and edit checks also included in those visits following correct sequence
- Some Standards dynamics



# 1- Automated study builds using Time and Events spec

## Benefits:

- a. Full time and events build programmatically
- b. Visits listed in sequence as indicated in the protocol and so are the forms within each of those visits.
- c. Standards forms needed in the study and corresponding edit checks inserted automatically
- d. Copies of Standards forms needed in the study also create programmatically along with corresponding edit checks
- e. Standards dynamics generated via automation
- f. Process can be used repetitive during prototyping until the study reaches UAT (this is due to CDMS limitation)

## Overall Evaluation:

- Significantly reduces the programming activity since a great part is done automatically
- Not too difficult to implement. Main prerequisites would be only to have robust Standards and T&E specs in a format that allows to be read programmatically.

## Challenges not addressed yet:

- T&E and CRF Specs still done fully manual
- Design and programming work within forms and fields continues fully manual

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# Automation Demo

Demo Part 1: [View here](#)

Demo Part 2: [View here](#)

Demo Part 1: [View here](#)

Demo Part 2: [View here](#)

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## 2- Mining metadata from production studies

- Metadata mining uses production studies metadata to identified design trends within same TAs.
- Applies a scale (0-100) to fields and field responses indicating their probability to be used in specific TA.



## 2- Mining metadata from production studies

### Benefits:

- This approach utilizes the similarities of studies from the same TA to 'predict' CRF content/design
- Reduces programming work even further by making more accurate predictions of fields and fields choices to be used (less deletion operations)
- CRF spec could be partially created in this case.

### Overall Evaluation:

- Reduces programming activities further through content prediction
- Not too difficult to implement since additional requirement would be to have access to production studies metadata and compile them

### Challenges not addressed yet:

- T&E still done fully manual
- CRF Specs partially automated, but still requires significant design work.
- Design and programming work within forms and fields reduced, but great part still manual.

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# 3- Harmonizing protocol design and Standards EDC objects

Protocol visits, forms and even fields terminology coming from and controlled at Standards level.

# 3- Harmonizing protocol design and Standards EDC objects

## Benefits:

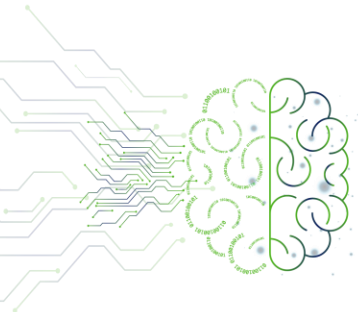
- Lists the visits and forms available to include in the protocol which uniquely correspond to actual visits and forms in Standards
- Early identification of new objects to be added to Standards.
- Full automation of T&E specs
- Almost full automation of CRF specs
- Close to full automation of CRF design
- Reduction in the number of amendments

## Overall Evaluation:

- Significantly more complex to implement; it requires full alignment of protocol and Standards
- Reduces programming activities to the minimum since protocol and Standards objects are associated since the early protocol stage
- More accurate than utilizing AIs. No prediction to be made; objects mentioned in the protocol mapped to Standards.



# Q&A



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# Using graph-based metadata structures to drive next-generation clinical data management

**Ian Fleming- Medidata Solutions**

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# Why Data Shapes?



Design → Collection → Tabulation → Analysis

Each step in the process has its own set of tools and own metadata representation

Based on graphs

- Dimensionality is fit-to-purpose
- Easy to construct and evolve

Data shapes can provide a persistent set of metadata throughout the study



# What is a Data Shape?

A set of **technical constraints** that defines the relationships and value level details for a collection of data

Aligned with **activities** or “data to be collected” as defined in the protocol

Can be considered a **micro-schema**

Conceptual/  
logical model

- Physical model details can be added



# Constraint Types

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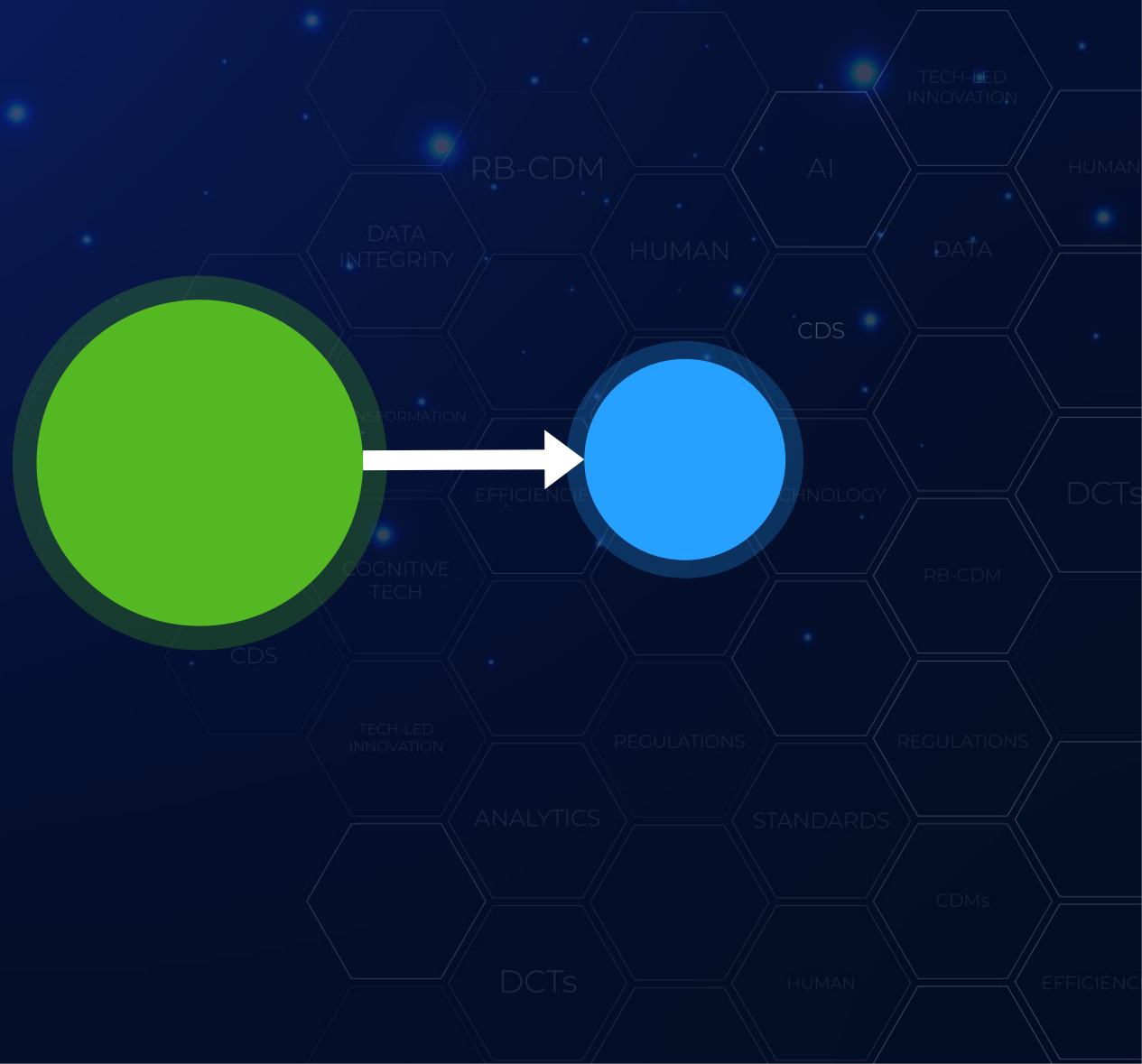
## Property/relationship

- cardinality
- object type

---

## Value

- literal type
- Range
- Enumeration
- string
- language



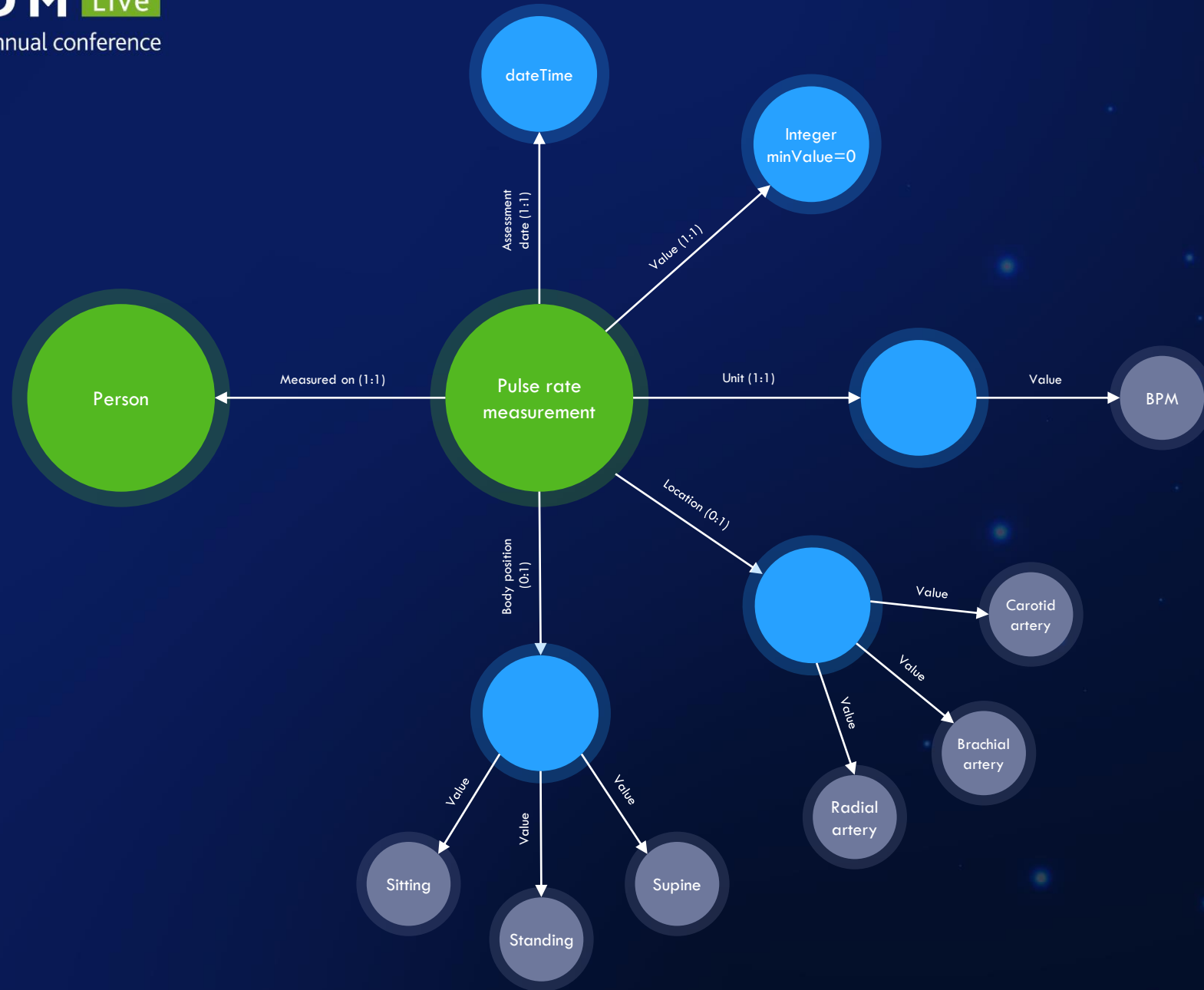
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# Shapes Constraints Language (SHACL)

A **W3C standard** for describing constraints for graph structures

**Machine readable** with **human readable** annotations for rich semantics

Based in **RDF**, the standard for the semantic web

**FAIR** by design



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# Pulse Rate Measurement in SHACL Code

```
2 mds:PulseRateMeasurement a sh:NodeShape ;
3
4     skos:prefLabel "Pulse rate measurement"@en ;
5     sh:property
6         mds:AssessmentDate ,
7         mds:BodyPosition ,
8         mds:AnatomicalLocation ,
9         mds:PulseRateMeasurementValue ,
10        mds:PulseRateMeasurementUnit .
11
12 mds:AssessmentDate a sh:PropertyShape ;
13     skos:prefLabel "Assessment date"@en ;
14     sh:path mdo:assessmentDate ;
15     sh:datatype xsd:dateTime ;
16     sh:minCount 1 ;
17     sh:maxCount 1 .
18
19 mds:BodyPosition a sh:PropertyShape ;
20     skos:prefLabel "Body position"@en ;
21     sh:path mdo:bodyPosition ;
22     sh:in ( ncit:C62167 ncit:C62166 ncit:C62122 ) .
23
24 mds:AnatomicalLocation a sh:PropertyShape ;
25     skos:prefLabel "Location"@en ;
```

# Pulse Rate Measurement via GraphQL

```
1 {
2   shape(uri:"mds:PulseRateMeasurement"){
3     id
4     labels {
5       type
6       text
7     }
8     properties {
9       labels {
10        type
11        text
12      }
13      path {
14        uri
15      }
16      datatype {
17        uri
18      }
19      minCount
20      maxCount
21      maxExclusive {
22        ...on Literal {
23          value
24        }
25      }
26      in {
27        ...on Resource {
28          uri
29        }
30      }
31      hasValue {
32        ...on Resource {
33          uri
34        }
35      }
36    }
37  }
38 }
```

Query

```
1 {
2   "data": {
3     "shape": {
4       "id": "https://k.mdsol.com/s/PulseRateMeasurement",
5       "labels": [
6         {
7           "type": "preferred",
8           "text": "Pulse rate measurement"
9         }
10      ],
11      "properties": [
12        {
13          "labels": [
14            {
15              "type": "preferred",
16              "text": "Assessment date"
17            }
18          ],
19          "path": {
20            "uri": "https://k.mdsol.com/o/assessmentDate"
21          },
22          "datatype": {
23            "uri": "http://www.w3.org/2001/XMLSchema#dateTime"
24          },
25          "minCount": 1,
26          "maxCount": 1
27        },
28        {
29          "labels": [
30            {
31              "type": "preferred",
32              "text": "Body position"
33            }
34          ],
35          "path": {
36            "uri": "https://k.mdsol.com/o/bodyPosition"
37          },
38          "minCount": 0,
39          "maxCount": 1,
40          "in": [
```

Response

# Schema Mapping

We can generate physical models off of the shape syntax

## Clinical Models

- EDC
- SDTM
- ADaM
- FHIR
- OMOP

## Infrastructure

- GraphQL Schema
- Avro
- RDBMS DDL
- XML
- JSON

# EDC Mapping



Vital Signs 1

Form Not Done

Assessment Date (dd/MMM/yyyy) / /

DAY

Systolic Blood Pressure

Systolic Blood Pressure Unit **MMHG**

Diastolic Blood Pressure

Diastolic Blood Pressure Unit **MMHG**

Pulse

Pulse Unit **BEATS/MIN**

Body Position

# EDC Mapping as RDF/SHACL



```
2 mds:PulseRateMeasurement a sh:NodeShape ;
3
4 mdo:mapping mdmap:PulseRate-EDC-Freebird .
5
6 mdmap:PulseRate-EDC-Freebird a mdo:ShapeMapping ;
7
8 skos:prefLabel "Mapping from the pulse rate measurement shape to an EDC form" ;
9 mdo:mappingReference <https://k.mdso1.com/d/freebird/edc/v2/> ;
10 mdo:mappingTarget <https://k.mdso1.com/d/freebird/edc/v2/itemGroup/pulseRate> ;
11 mdo:propertyMapping
12 [
13     mdo:property mds:AssessmentDate ;
14     mdo:mappingTarget <https://k.mdso1.com/d/freebird/edc/v2/item/visitDate> ;
15 ],
16 [
17     mdo:property mds:BodyPosition ;
18     mdo:mappingTarget <https://k.mdso1.com/d/freebird/edc/v2/item/pulsePosition> ;
19 ],
20 [
21     mdo:property mds:PulseRateMeasurementValue ;
22     mdo:mappingTarget <https://k.mdso1.com/d/freebird/edc/v2/item/pulse> ;
23 ],
24 [
25     mdo:property mds:PulseRateMeasurementUnit ;
26     mdo:mappingTarget <https://k.mdso1.com/d/freebird/edc/v2/item/pulseUnit> ;
27 ] .
```

# EDC Mapping as GraphQL

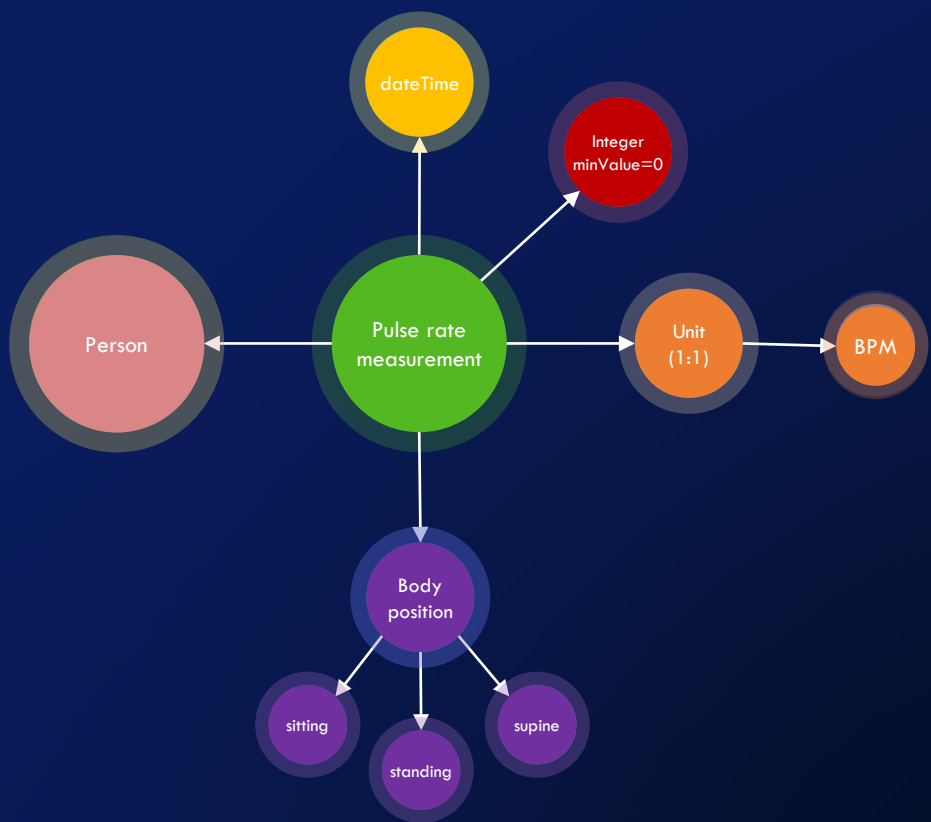
```
1 query{
2   shape(uri:"mdu:PulseRateMeasurement"){
3     labels{
4       text
5     }
6     mappings {
7       reference
8       propertyMappings {
9         target
10        property {
11          id
12        }
13      }
14    }
15  }
16 }
```

Query

```
1 {
2   "data": {
3     "shape": {
4       "labels": [
5         {
6           "text": "Pulse rate measurement"
7         }
8       ],
9       "mappings": [
10        {
11          "reference": "https://k.mdsol.com/d/freebird/edc/v2/",
12          "target": "https://k.mdsol.com/d/freebird/edc/v2/itemGroup/pulseRate",
13          "propertyMappings": [
14            {
15              "target": "https://k.mdsol.com/d/freebird/edc/v2/item/visitDate",
16              "property": {
17                "id": "https://k.mdsol.com/s/AssessmentDate"
18              }
19            },
20            {
21              "target": "https://k.mdsol.com/d/freebird/edc/v2/item/pulsePosition",
22              "property": {
23                "id": "https://k.mdsol.com/s/BodyPosition"
24              }
25            },
26            {
27              "target": "https://k.mdsol.com/d/freebird/edc/v2/item/pulse",
28              "property": {
29                "id": "https://k.mdsol.com/s/PulseRateMeasurementValue"
30              }
31            },
32            {
33              "target": "https://k.mdsol.com/d/freebird/edc/v2/item/pulseUnit",
34              "property": {
35                "id": "https://k.mdsol.com/s/PulseRateMeasurementUnit"
36              }
37            }
38          ]
39        }
40      ]
41    }
42  }
43 }
```

Response

# SDTM Mapping



	USUBJID	VSDTC	VSTEST	VSORRES	VSORRESU	VSTRESN	VSTRESU	VSPOS
	01-701-1015	5/7/14		68	mmHg			STANDING
	01-701-1015	5/7/14		66	mmHg			STANDING
	01-701-1015	5/21/14		67	mmHg			SUPINE
	01-701-1015	5/21/14		65	mmHg			STANDING
	01-701-1015	5/21/14		63	mmHg			STANDING
	01-701-1015	6/18/14		63	mmHg			SUPINE
	01-701-1015	6/18/14		57	mmHg			STANDING
	01-701-1015	6/18/14		71	mmHg			STANDING
	01-701-1015	7/2/14	Diastolic Bl	61	mmHg	68	68 mmHg	SUPINE
	01-701-1015	7/2/14	Diastolic Bl	59	mmHg	66	66 mmHg	SUPINE
	01-701-1015	7/2/14	Diastolic Bl	59	mmHg	67	67 mmHg	STANDING
	01-701-1015	7/2/14	Diastolic Bl	55	mmHg	65	65 mmHg	STANDING
	01-701-1015	12/26/13	Diastolic Bl	58	IN	63	63 mmHg	STANDING
	01-701-1015	12/26/13	Diastolic Bl	57	IN	63	63 mmHg	STANDING
	01-701-1015	12/26/13	Diastolic Bl	57	mm	57	57 mmHg	SUPINE
	01-701-1015	12/26/13	Diastolic Bl	62	mm	71	71 mmHg	STANDING
	01-701-1015	12/26/13	Diastolic Bl	57	mm	61	61 mmHg	SUPINE
	01-701-1015	12/26/13	Diastolic Bl	62	mm	59	59 mmHg	STANDING
	01-701-1015	12/26/13	Diastolic Bl	62	mm	55	55 mmHg	STANDING
	01-701-1015	12/26/13	Diastolic Bl	65	IN	147.32	147.32 cm	STANDING
	01-701-1015	12/26/13	Pulse Rate	65	BEATS/MIN	57	57 BEATS/MIN	STANDING
	01-701-1015	12/31/13	Pulse Rate	62	BEATS/MIN	62	62 BEATS/MIN	SUPINE
	01-701-1015	12/31/13	Pulse Rate	60	BEATS/MIN	65	65 BEATS/MIN	STANDING
	01-701-1015	12/31/13	Pulse Rate	56	BEATS/MIN	56	56 BEATS/MIN	STANDING
	01-701-1015	12/31/13	Pulse Rate	60	BEATS/MIN	60	60 BEATS/MIN	STANDING
	01-701-1015	12/31/13	Pulse Rate	57	BEATS/MIN	57	57 BEATS/MIN	STANDING
	01-701-1015	12/31/13	Pulse Rate	56	BEATS/MIN	56	56 BEATS/MIN	SUPINE
	01-701-1015	1/2/14	Pulse Rate	59	BEATS/MIN	59	59 BEATS/MIN	STANDING
	01-701-1015	1/2/14	Pulse Rate	59	BEATS/MIN	59	59 BEATS/MIN	STANDING
	01-701-1015	1/2/14	Pulse Rate	59	BEATS/MIN	61	61 BEATS/MIN	STANDING
	01-701-1015	1/2/14	Pulse Rate	59	BEATS/MIN	65	65 BEATS/MIN	STANDING
	01-701-1015	1/14/14	Pulse Rate	61	BEATS/MIN	61	61 BEATS/MIN	SUPINE
	01-701-1015	1/14/14	Pulse Rate	65	BEATS/MIN	58	58 BEATS/MIN	STANDING
	01-701-1015	1/14/14	Pulse Rate	61	BEATS/MIN	61	61 BEATS/MIN	SUPINE
	01-701-1015	1/14/14	Pulse Rate	65	BEATS/MIN	62	62 BEATS/MIN	STANDING
	01-701-1015	1/14/14	Pulse Rate	61	BEATS/MIN	59	59 BEATS/MIN	STANDING
	01-701-1015	1/16/14	Pulse Rate	58	BEATS/MIN	67	67 BEATS/MIN	SUPINE
	01-701-1015	1/16/14	Pulse Rate	61	BEATS/MIN	69	69 BEATS/MIN	STANDING
	01-701-1015	1/16/14	Pulse Rate	62	BEATS/MIN	65	65 BEATS/MIN	STANDING
	01-701-1015	1/16/14	Pulse Rate	62	BEATS/MIN	55	55 BEATS/MIN	STANDING
	01-701-1015	1/30/14	Pulse Rate	59	BEATS/MIN	56	56 BEATS/MIN	SUPINE
	01-701-1015	1/30/14	Pulse Rate	62	BEATS/MIN	57	57 BEATS/MIN	STANDING
	01-701-1015	1/30/14	Pulse Rate	62	BEATS/MIN	60	60 BEATS/MIN	STANDING
	01-701-1015	1/30/14	Pulse Rate	59	BEATS/MIN	57	57 BEATS/MIN	STANDING
	01-701-1015	2/1/14	Pulse Rate	67	BEATS/MIN	54	54 BEATS/MIN	STANDING
	01-701-1015	2/1/14	Pulse Rate	69	BEATS/MIN	53	53 BEATS/MIN	SUPINE
	01-701-1015	2/1/14	Pulse Rate	65	BEATS/MIN	52	52 BEATS/MIN	STANDING
	01-701-1015	2/12/14	Pulse Rate	55	BEATS/MIN			SUPINE
	01-701-1015	2/12/14	Pulse Rate	56	BEATS/MIN			STANDING
	01-701-1015	2/12/14	Pulse Rate	57	BEATS/MIN			STANDING
	01-701-1015	3/5/14	Pulse Rate	57	BEATS/MIN			SUPINE
	01-701-1015	3/5/14	Pulse Rate	60	BEATS/MIN			STANDING
	01-701-1015	3/5/14	Pulse Rate	57	BEATS/MIN			STANDING
	01-701-1015	3/26/14	Pulse Rate	54	BEATS/MIN			SUPINE
	01-701-1015	3/26/14	Pulse Rate	53	BEATS/MIN			STANDING
	01-701-1015	3/26/14	Pulse Rate	52	BEATS/MIN			STANDING

# SDTM Mapping as RDF/SHACL



```
29 mds:PulseRateMeasurement a sh:NodeShape ;
30
31     mdo:mapping mdmap:PulseRate-SDTM33-Freebird .
32
33
34 mdmap:PulseRate-SDTM33-Freebird a mdo:ShapeMapping ;
35     mdo:mappingReference <https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/3-3> ;
36     mdo:mappingTarget <https://k.mdsol.com/d/cdisc/controlledTerminology/sdtmct/C66741.C49677> ;
37     mdo:propertyMapping
38     [
39         mdo:property mds:AssessmentDate ;
40         mdo:mappingTarget <https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/V5.VSDTC> ;
41     ],
42     [
43         mdo:property mds:BodyPosition ;
44         mdo:mappingTarget <https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/V5.VSPOS> ;
45     ],
46     [
47         mdo:property mds:PulseRateMeasurementUnit ;
48         mdo:mappingTarget <https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/V5.VSORRESU> ;
49     ],
50     [
51         mdo:property mds:PulseRateMeasurementValue ;
52         mdo:mappingTarget <https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/V5.VSORRES> ;
53     ] .
```

# SDTM Mapping via GraphQL

```
1 query{
2   shape(uri:"mds:PulseRateMeasurement") {
3     labels {
4       text
5     }
6     mappings {
7       reference
8       propertyMappings {
9         target
10        property {
11          id
12        }
13      }
14    }
15  }
16 }
```

Query

```
1 {
2   "data": {
3     "shape": {
4       "labels": [
5         {
6           "text": "Pulse rate measurement"
7         }
8       ],
9       "mappings": [
10        {
11          "reference": "https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/3-3",
12          "target": "https://k.mdsol.com/d/cdisc/controlledTerminology/sdtmct/C66741.C49677",
13          "propertyMappings": [
14            {
15              "target": "https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/V5.VSDTC",
16              "property": {
17                "id": "https://k.mdsol.com/s/AssessmentDate"
18              }
19            },
20            {
21              "target": "https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/V5.VSPOS",
22              "property": {
23                "id": "https://k.mdsol.com/s/BodyPosition"
24              }
25            },
26            {
27              "target": "https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/V5.VSORRES",
28              "property": {
29                "id": "https://k.mdsol.com/s/PulseRateMeasurementValue"
30              }
31            },
32            {
33              "target": "https://k.mdsol.com/d/cdisc/dataTabulation/sdtmig/V5.VSORRESU",
34              "property": {
35                "id": "https://k.mdsol.com/s/PulseRateMeasurementUnit"
36              }
37            }
38          ]
39        }
40      ]
41    }
42  }
43 }
```

Response

# Analytics and Beyond

- 
- Schema mapping to ADaM
- 
- Automated Analysis Generation
- 
- Integrated Quality Checks and Processing Logic
- 
- Measurement specific Data Pipelines





# The Future of Working with Shapes

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**Libraries** – RDF allows for the construction of relevant collections

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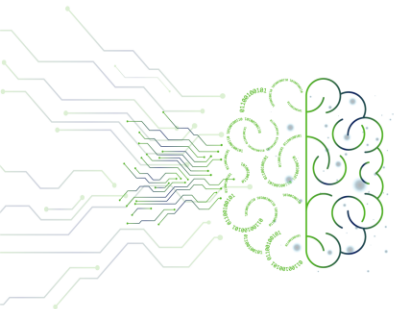
**Versioning**- DCAT and/or PAV ontologies provide robust versioning capabilities

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Easier to understand semantics will lead to **Democratization** to a broader user base

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Enabling new and enhanced **User Experiences**



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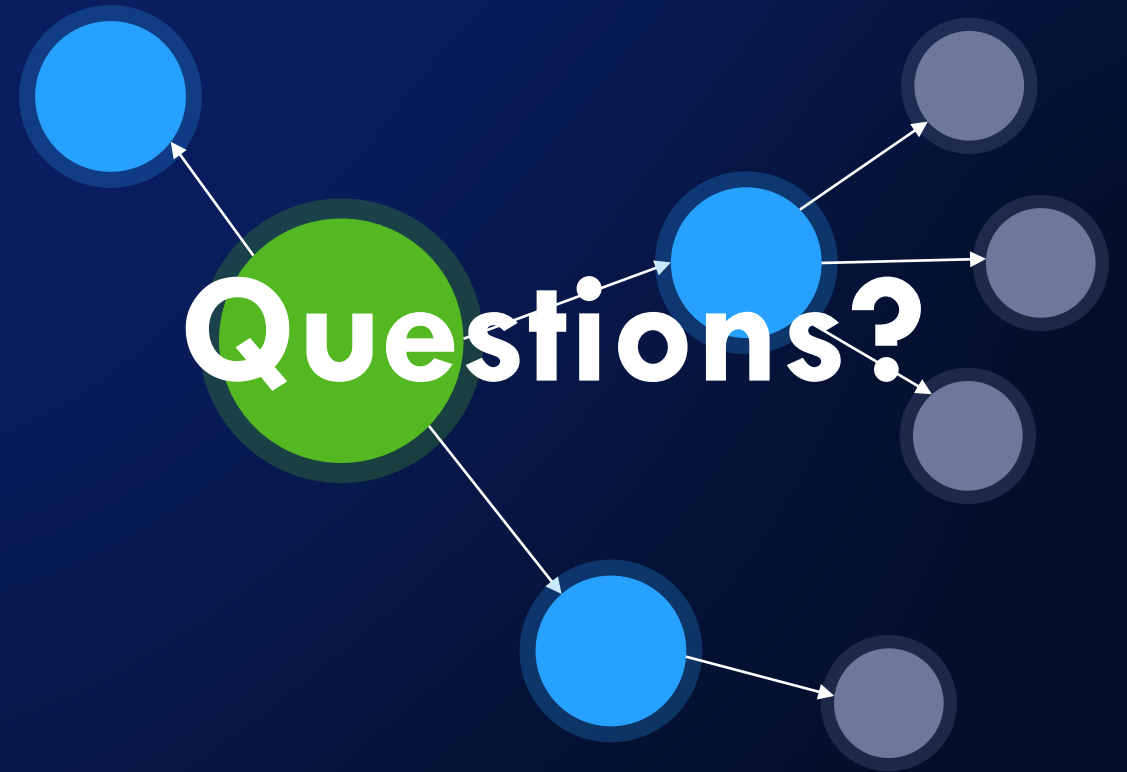


# Ian Fleming

Director, Product Management

Data Platform

Semantics, Knowledge Graphs, GraphQL API



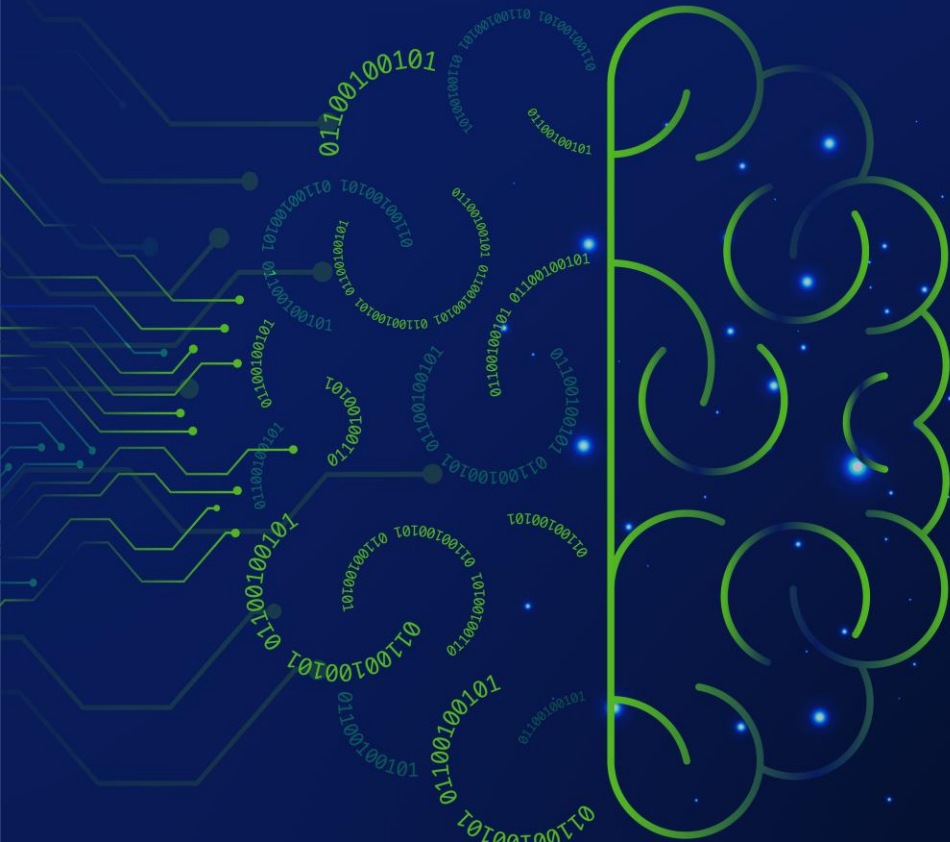
# How metadata automation accelerates clinical trials, and was leveraged to expedite COVID-19 trials

**Steven Benham | Formedix Booth 210**

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September 11-14, 2022



# Current challenges around metadata automation





# How we can improve things?

- Enhanced Metadata Management.
- Implement Standardization.
- Compliance.
- Automation.

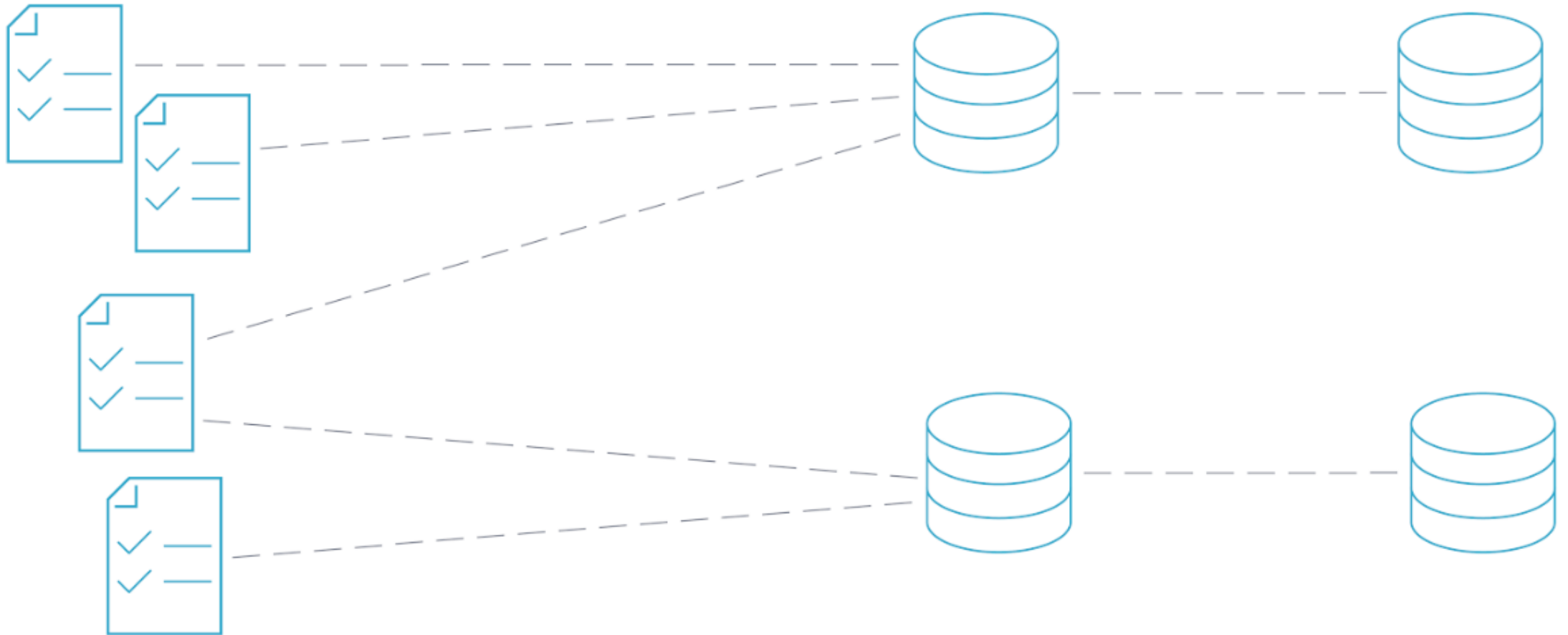


# End-to-end standards

Forms

Datasets

Datasets



# End-to-end standards

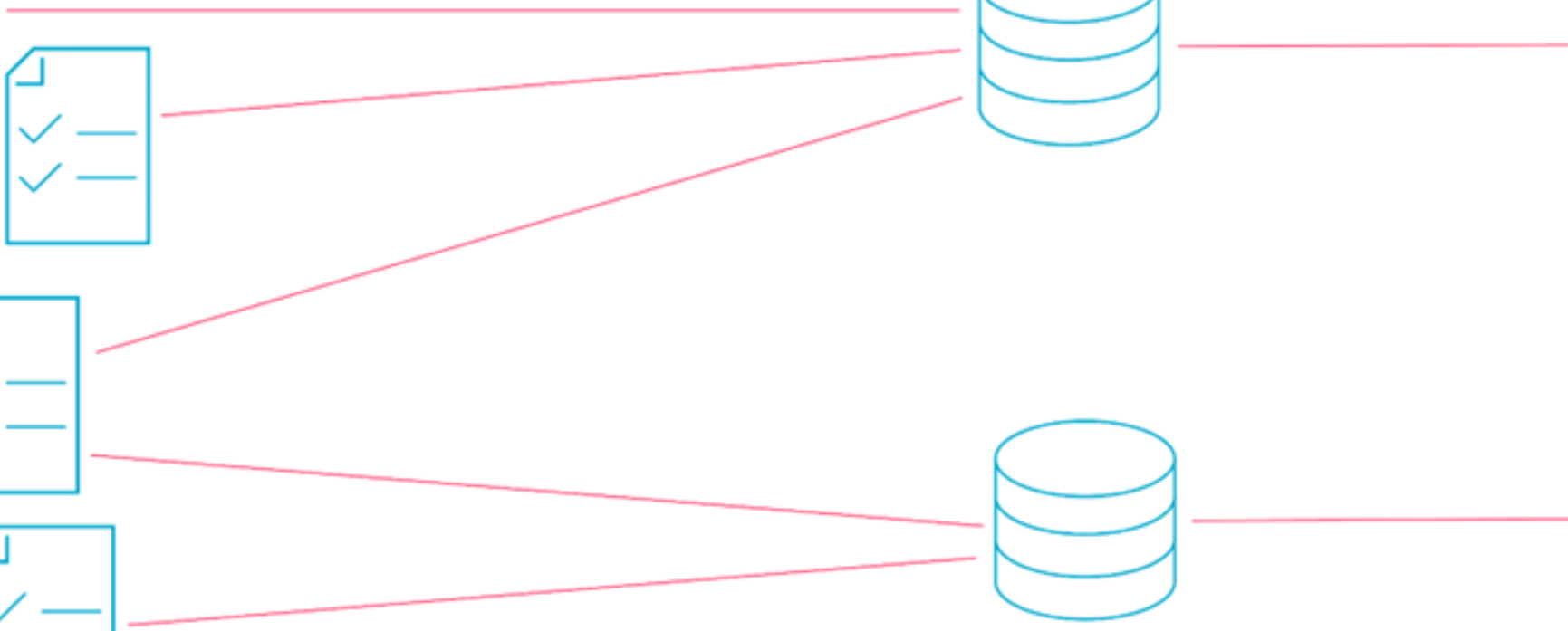
**Forms**

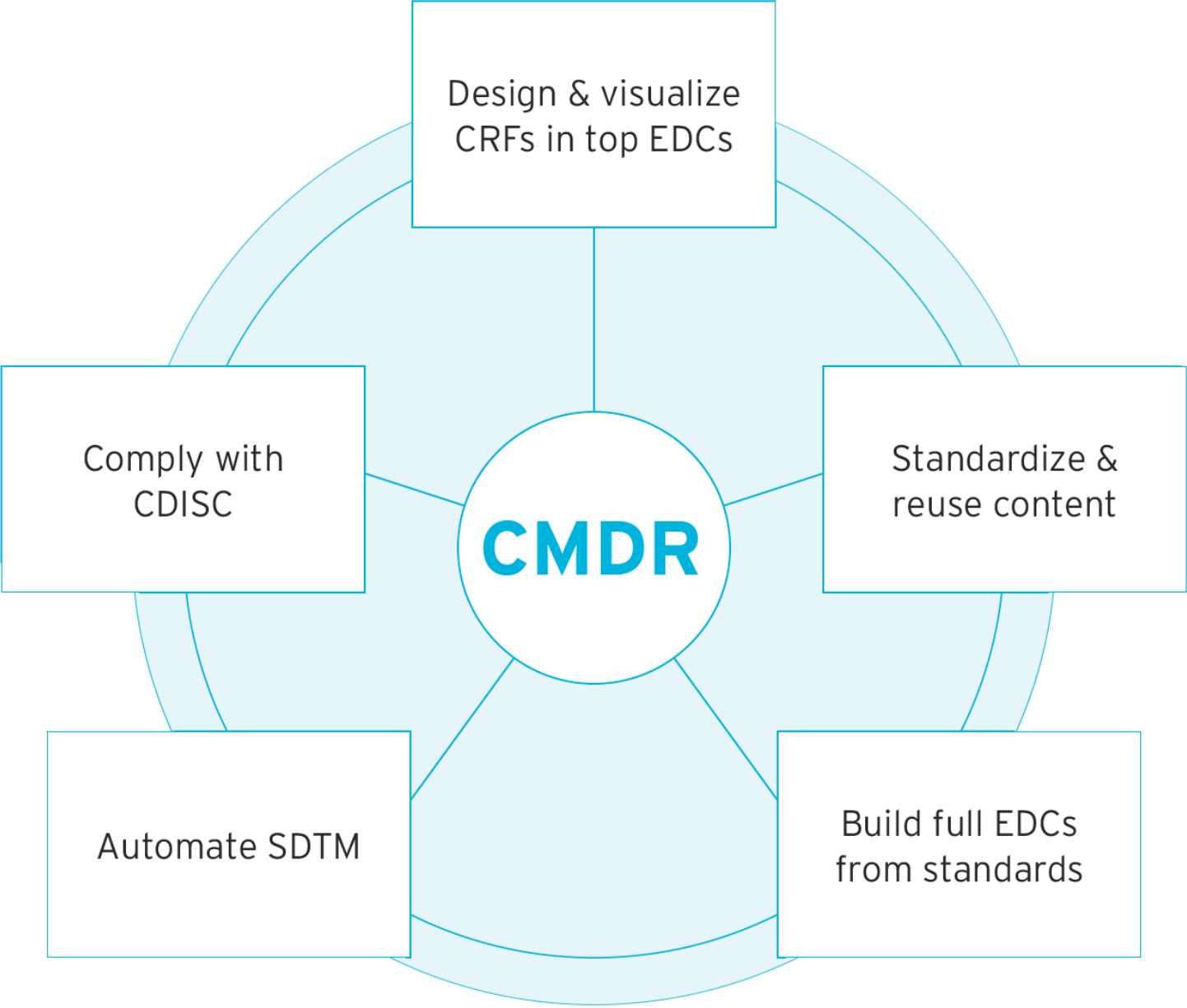


**Datasets**



**Datasets**





# Standardization in trials

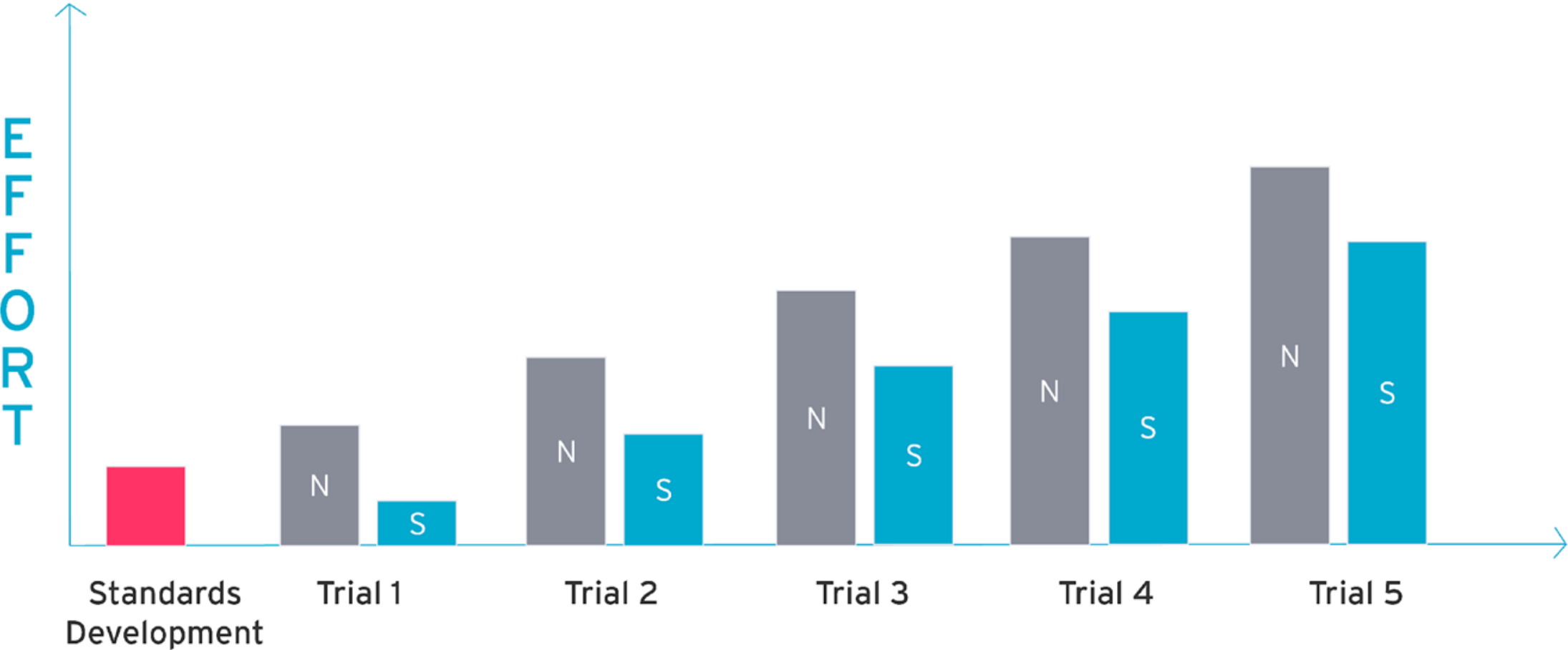
Establish approved metadata content...

Standardizing metadata provides pre-approved content for reuse across future studies. This equates to time savings, and better data quality and consistency. Plus, it's easier for stakeholders to find the latest approved content.



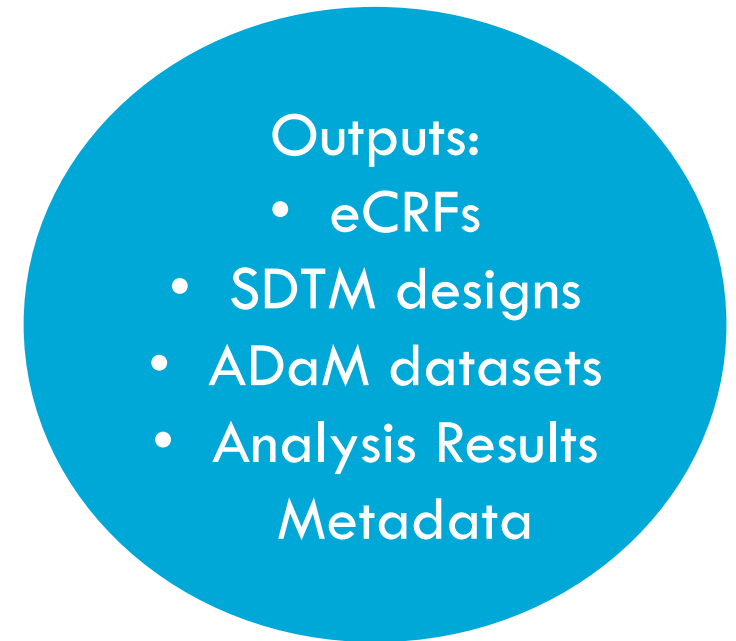
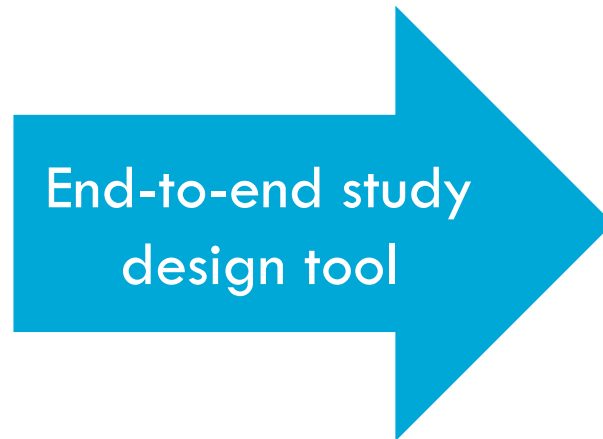


# Effort level – standardization VS no standardization



N = No Standardization  
S = Standardization

# Using CDISC to design an end-to-end trial



# Benefits of upfront compliance

- Fewer errors.
- Better quality metadata.
- Increased consistency across trials.
- Avoid submission delays.



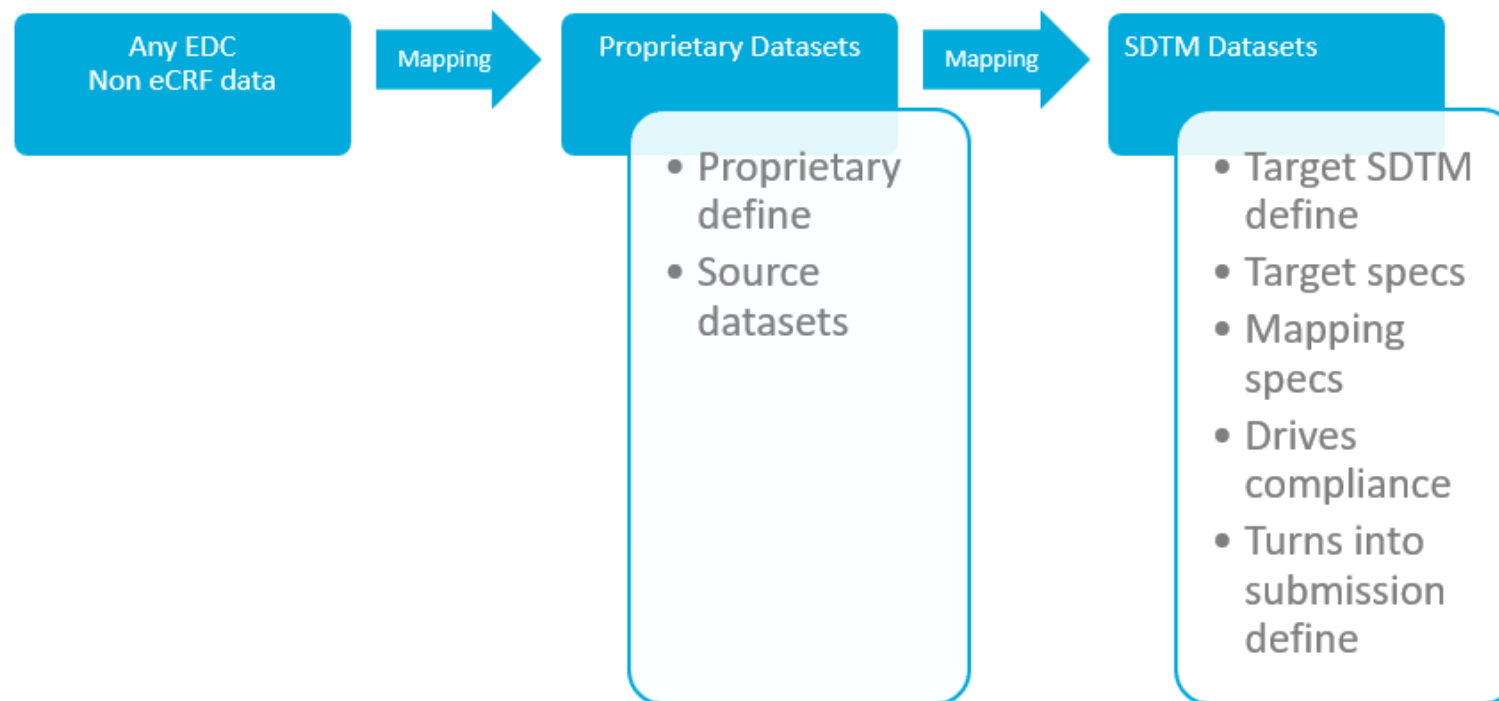
# Automation

- Design studies end-to-end.
- Updated designs are visible to all stakeholders at any point in the end-to-end process.
- Link studies to the EDC system.
- Generate SDTM datasets from EDC and other source data.



# Automated SDTM generation for COVID-19 trials

- A recent use case using enhanced SDTM metadata automation was for COVID-19 trials.
- Streamlined automation allowed SDTM generation to keep up with rapid changes in data and new findings.



Thank you - any questions?

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How Organizations are Leveraging  
Standardization in Clinical Trial Design & Build

6 October 2022

