

# GInAS/GSRS Meeting

## CDER Informatics Initiatives and the IDMP

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November 16, 2018

## FDA DISCLAIMER

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The views and opinions presented here represent those of the speaker and should not be considered to represent advice or guidance on behalf of the U.S. Food and Drug Administration.

# Selected CDER Standardization Topic Areas



- Product Quality/Chemistry & Manufacturing Controls (PQ/CMC)
- Real-world evidence (RWE)
- IDMP implementation
- E2B IND Safety Reports

# PQ/CMC INITIATIVE

# PQ/CMC



- The PQ/CMC project is aimed at developing and implementing structured data standards for quality/CMC submissions to marketing applications
  - Benefits: Consistent high-quality computable data requiring no human interpretation; hi-tech quality assessments; and Improved crisis response
  - Involves CDER, CBER and CVM
  - Includes IDMP harmonization (where feasible)
  - Topic informally broached in ICH with interest expressed
  - This first phase includes over 150 data elements within eCTD Module 3 (CMC), analyzed and defined, with new controlled terms proposed where appropriate

# PQ/CMC Public Meeting

- Public Meeting on PQ/CMC standardized data conducted on Oct 19
  - Objectives: to share progress on the standardization effort, provide perspective on FRN comments (over 480), and solicit stakeholder inputs
- Next steps
  - Development & testing of appropriate combination of technologies (e.g. FHIR)
  - Proof of concept using Quality Specification to inform next steps for the full scope
  - Development of draft guidance

# **REAL-WORLD EVIDENCE (RWE)**

# FDA CDER Definitions



- **Real World Data** are data relating to patient health status and/or the delivery of health care routinely collected from a variety of sources.
- **Real World Evidence** is the clinical evidence regarding the usage and potential benefits or risks of a medical product derived from analysis of RWD.

**RWD** include data derived from electronic health records (EHRs), claims and billing data, data from product and disease registries, patient-generated data including in home-use settings, and data gathered from other sources that can inform on health status, such as mobile devices.

**RWE** can be generated using many different study designs, including but not limited to, randomized trials, such as large simple trials, pragmatic clinical trials, and observational studies (prospective and/or retrospective).



# Wide Spectrum of Potential Uses of RWD/RWE in Clinical Studies



*Randomized interventional*

*Interventional  
non-randomized*

*Non-randomized /  
non-interventional*

## ***Traditional Randomized Trial Using RWD Elements***

RWE to assess  
enrollment  
criteria / trial  
feasibility

eCRF + selected  
outcomes identified  
using EHR/claims  
data

RWE to support  
site selection

Mobile technology  
used to capture  
supportive endpoints  
(e.g., to assess  
ambulation)

## ***Trials in Clinical Practice Settings***

### ***Pragmatic RCTs***

Pragmatic  
RCT using  
eCRF (+/- eHR  
data)

Pragmatic RCT  
using claims  
and eHR data

Single arm  
study using  
external  
control

## ***Observational Studies***

### ***Prospective data collection***

Registry trials/study  
Prospective Cohort  
Study

### ***Using existing databases***

Case – Control  
Retrospective  
Cohort Study (HC)

***Increasing reliance on RWD*** →



***Traditional  
RCTs***



***RWE / pragmatic  
RCTs***



***Observational  
cohort studies***



# 21<sup>st</sup> Century Cures: Expectations



Section 3022 of the Cures Act states:

- FDA shall establish a program to evaluate the potential use of real world evidence (RWE) to support:
  - Approval of new indication for a drug approved under section 505(c)
  - Satisfy post-approval study requirements
- Program will be based on a framework that:
  - Categorizes sources of RWE and gaps in data collection
  - Identifies standards and methodologies for collection and analysis
  - Describes the priority areas, remaining challenges and potential pilot opportunities that the program will address

Framework for program implementation will be developed in consultation with stakeholders.

Real world evidence means data regarding the usage, or the potential benefits or risks, of a drug derived from sources other than *traditional clinical trials*

# FDA has Embraced RWE for Safety

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Intussusception Risk after Rotavirus Vaccination in U.S. Infants

W. Katherine Yih, Ph.D., M.P.H., Tracy A. Lieu, M.D., M.P.H., Martin Kull David Martin, M.D., M.P.H., Cheryl N. McMahon-Walraven, M.S.W. Richard Platt, M.D., Nandini Selvam, Ph.D., M.P.H., Mano Selvan Grace M. Lee, M.D., M.P.H., and Michael Nguyen, M.D.

ABSTRACT

**BACKGROUND**  
International postlicensure surveillance after vaccination with a pentavalent vaccine and association among infants

**METHODS**  
The study included data from three U.S. health plans that the Food and Drug Administration exposures from 2004 through diagnostic codes. Medical record review and the status was used a self-controlled risk analysis. The secondary analysis used person-time.

**RESULTS**  
The analyses included 507,53,638 first doses and 103, analysis of RV1 was lower

Annals of Internal Medicine

ORIGINAL RESEARCH

## Outcomes of Dabigatran and Warfarin for Atrial Fibrillation in Contemporary Practice

A Retrospective Cohort Study

Alan S. Go, MD; Daniel E. Singer, MD; Sengwee Toh, ScD; T. Craig Cheatham, PharmD, MS; Marsha E. Reichman, PhD; David J. Graham, MD, MPH; Mary Ross Southworth, PharmD; Rongmei Zhang, PhD; Rima Izem, PhD; Margie R. Goulding, PhD; Monika Houstoun, PharmD; Katrina Mott, MS; Sue Hee Sung, MPH; and Joshua J. Gagnon, PharmD, ScD

**Background:** Dabigatran (150 mg twice daily) has been associated with lower rates of stroke than warfarin in trials of atrial fibrillation, but large-scale evaluations in clinical practice are limited.

**Objective:** To compare incidence of stroke, bleeding, and myocardial infarction in patients receiving dabigatran versus warfarin in practice.

**Design:** Retrospect

years; HR, 0.89 [CI, 0.72 to 1.09]) but were less likely to have intracranial bleeding (0.39 vs. 0.77 events per 100 person-years; HR, 0.51 [CI, 0.33 to 0.79]) and more likely to have myocardial infarction (0.77 vs. 0.43 events per 100 person-years; HR, 1.88 [CI, 1.22 to 2.90]). However, the strength and significance of the association between dabigatran use and myocardial infarction varied in sensitivity analyses and by exposure definition (HR range, 1.13 [CI, 0.78 to 1.64] to 1.43 [CI, 0.99 to 2.08]). Older

INVESTIGATION

## Angioedema of Drugs That Target Aldosterone System

Houstoun, PharmD; Mary Ross Southworth, PharmD; Izem, PhD; Lingling Li, PhD; Carolyn McCloskey, MD, MPH; Zornberg, MD, MS, ScD; Sean Hennessy, PharmD, PhD

ma events (3301 for and 915 for B-blocker-up period. The cases were 1.79 (95% CI, 0.62-5.55) cases for B-blocker-person-years were 4.38 (1.88-9.63) cases for B-blockers, the adjusted 2.81-3.27 for ACEIs, and 2.85 (95% CI,

Diabetes Care Volume 41, January 2018

39

WILEY

## Prospective Postmarketing Surveillance of Acute Myocardial Infarction in New Users of Saxagliptin: A Population-Based Study

Sengwee Toh,<sup>1</sup> Marsha E. Reichman,<sup>2</sup> David J. Graham,<sup>2</sup> Christian Hampp,<sup>2</sup> Rongmei Zhang,<sup>3</sup> Melissa G. Butler,<sup>4</sup> Aarthi Iyer,<sup>1</sup> Malcolm Rucker,<sup>1</sup> Madelyn Pimentel,<sup>1</sup> Jack Hamilton,<sup>5</sup> Samuel Lendle,<sup>5</sup> and Bruce H. Fireman,<sup>5</sup> for the Mini-Sentinel Saxagliptin-AMI Surveillance Writing Group\*

Diabetes Care 2018;41:39-48 | <https://doi.org/10.2337/dc17-0476>

Peter M. Wahl, Cheryl N. McMahon-Walraven, Richard Platt, and Daniel A. Salmon

\* Correspondence to Dr. W. Katherine Yih, Department of Population Medicine, Harvard Medical School and Harvard Pilgrim Health Care Institute, 133 Brookline Avenue, 6th Floor, Boston, MA 02215 (e-mail: katherine\_yih@harvardpilgrim.org).

Initially submitted December 6, 2011; accepted for publication February 15, 2012.

Check for updates

afety within the stem

Jennifer Neison<sup>1</sup> | ley Wang<sup>2</sup> | ling<sup>8</sup> | inah Katcoff<sup>5</sup> | Lin<sup>10</sup> | Ryan M. Carnahan<sup>1</sup> 

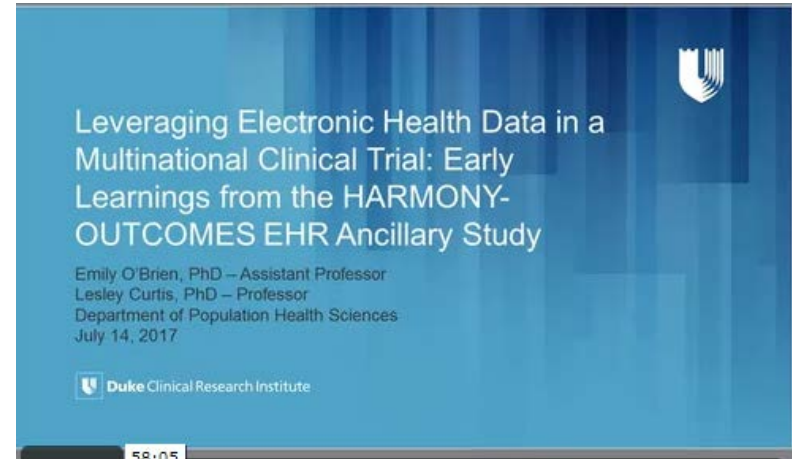
-blockers, ACEIs or approximately 3-fold the number of ex. The risk for angioth ACEIs or aliskiren.

Pharmacoepidemiol Drug Saf. 2018;27:30-37

# Demonstration Projects: Assessing Data Fitness



- **Collaboration between Duke Clinical Research Institute and GlaxoSmithKline**
- **Supported by FDA**
- **Assessing EHR ability to:**
  - **Facilitate recruitment**
  - **Populate baseline characteristics**
  - **Identify clinical endpoints**



**July 14, 2017: Leveraging Electronic Health Data in a Multinational Clinical Trial: Early Learnings from the HARMONY-Outcomes EHR Ancillary Study**

<http://www.rethinkingclinicaltrials.org/grand-rounds-7-14-17/>

Effect of Albiglutide, When Added to Standard Blood Glucose Lowering Therapies, on Major Cardiovascular Events in Subjects With Type 2 Diabetes Mellitus – [NCT02465515](https://clinicaltrials.gov/ct2/show/study/NCT02465515)

# Demonstration Projects: Assessing Data Fitness / Standards



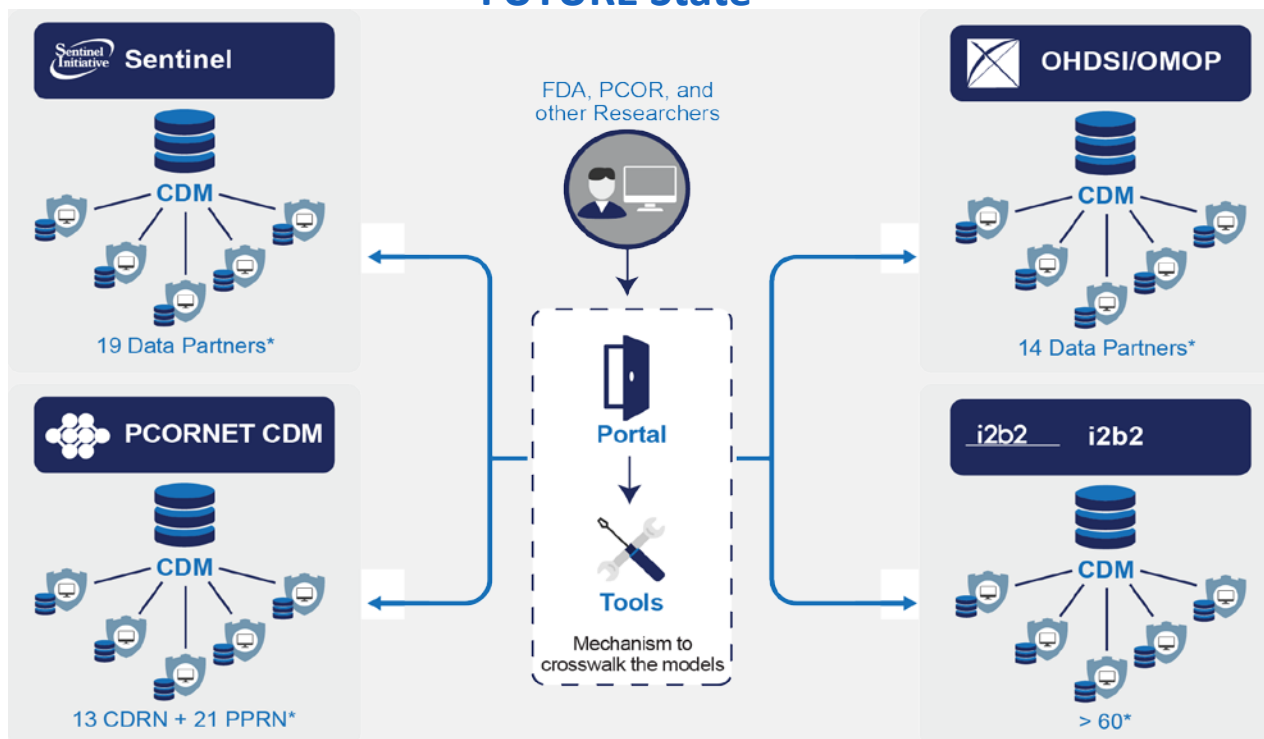
- OneSource: “enter the right clinical data once, use many times”
- FDA collaboration with Dr. Laura Esserman, UCSF
- Integration of standards based tools into the EHR to bring together health care and research
- Demonstration in breast cancer clinical trials



# Demonstration Projects: Harmonization of Common Data Models



## FUTURE State

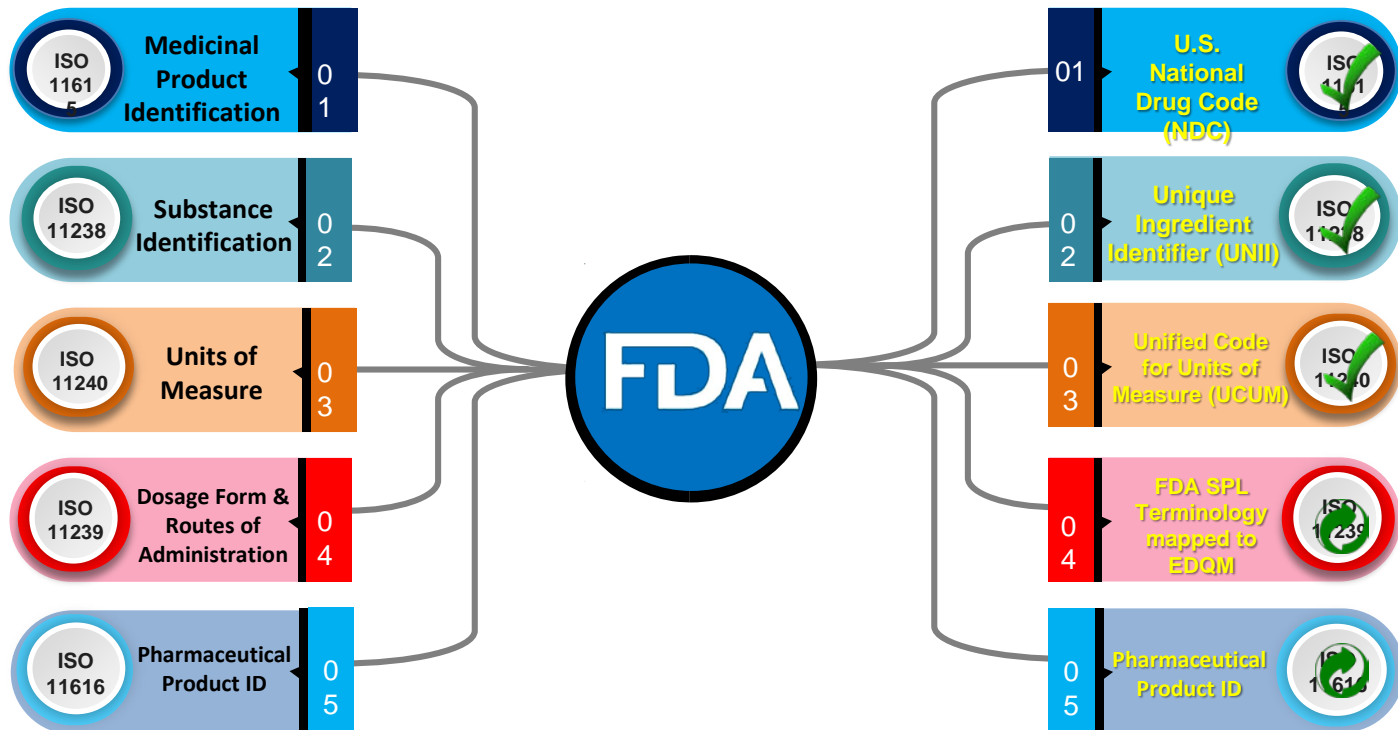


- **Using RWD analyses for Effectiveness Research**
  - **Brigham and Women's Hospital (Dr. Schneeweiss) and Harvard Medical School collaboration**
    - **Using a scalable analytics platform with Medicare and commercial claims databases, investigators will try to use RWD to replicate the findings of phase 3 or 4 randomized controlled trials relevant to regulatory science.**

# **FDA'S APPROACH TO IDMP**



# FDA's Approach to ISO IDMP Standards



ISO  
11615

# Medicinal Product Identification (MPID)

- **MPID Description**

- Data elements and structures for unique identification and exchange of regulated medicinal product information

- **U.S. National Drug Code (NDC)** is FDA's regional MPID

- First two segments of the NDC code will be used to represent MPID
- The full NDC will be used to represent the medicinal product at the package level (known as the PCID)
  - **Example:**

	labeler	product code	package code
NDC	0777	-3105	-02
	Dista Products	Prozac Capsules 20mg	Total 100

Regional Identifiers

- **MPID Exchange Standard (ISO/TS20443)**

- FDA uses SPL (HL7 v3 message) for labeling and drug listing and registration submissions, and does not currently have plans to change
  - FDA determined that the MPID required components are captured in the SPL label
  - Indication will be captured prospectively via regulatory submissions
- FDA is collaborating with EMA to develop and test HL7 Fast Healthcare Interoperability Resource (FHIR) for information exchange
  - Test will ensure adherence to the ISO (TS20443) technical specification, \*and\*
  - FDA will evaluate and determine steps necessary to accept FHIR messages as well as SPL

- **SubID Description**
  - Data elements and structures for unique identification and exchange of regulated information on substances
- ***Unique Ingredient Identifier (UNII)***, ISO 11238 compatible, used by FDA for many years to uniquely and unambiguously identify substances
- The Open Source Global Substance Registration System (GSRS) has been developed and is available at <https://tripod.nih.gov/ginas/#/>
  - **FDA-GSRS is in production** (approx. 150,000 entries)

- Collaboration to make GSRS a much richer system
  - EMA co-developing GSRS in their environment
  - Ensure that the systems remain synchronized as a global effort
- **Substance ID Exchange Standard**
  - Testing of a FHIR Substance Registration resource is planned for HL7 Connectathon in May 2019
  - Exploring the capability for Sponsors to register their own substances

## Dosage Form (DF) & Route of Administration (RoA)

- **DF & RoA Description**
  - Data elements and structures for unique identification and exchange of regulated information on pharmaceutical dose forms, units of presentation, routes of administration and packaging
- European Directorate for the Quality of Medicines (EDQM) terminology identified as the ISO 11239 compliant terminology set and maintenance organization
- FDA Terminology for SPL (SPL) is used in electronic content of labeling, and drug registration and listing; also used in CDISC Controlled Terminology
  - National Cancer Institute / Enterprise Vocabulary Service (NCI /EVS) curates the SPL terminology as part of the larger NCI terminology

## Dosage Form (DF) & Route of Administration (RoA)

- EDQM terminology is hierarchical and more granular
  - For example, 166 SPL DF terms vs ~536 EDQM BDF & PDF terms
- NCI / EVS added the entire EDQM terminology to the NCI terminology
- NCI / EVS and FDA mapped SPL to EDQM Terminology for DF and RoA
  - Currently, FDA and NCI/EVS are reviewing the mapping and gaps to determine next steps

Update: FDA is reviewing the standard for a potential higher level interpretation that would enable FDA terminology for SPL to become compliant; else no plans to transition for content of labeling at this time.

Note: Drug product nomenclature (i.e. container labels, carton labeling and prescribing information) will continue to use USP terminology as per FD&C Act.

## Units of Measurement

- **Units of Measurement Definition**
  - Data elements and structures for unique identification and exchange of units of measurement
- The ***Unified Code for Units of Measure (UCUM)*** was selected as the ISO 11240 compliant standard
  - UCUM is a system intended to include all units of measures being contemporarily used in international science, engineering, and business
  - Currently, FDA receives submissions that use the UCUM syntax standard for dosage strength in both content of product labeling and drug establishment registration and drug listing.



- PhPID Description** - *PhPID is a code generated by an algorithm that can be used to determine pharmaceutical equivalence of products*
- FDA is currently testing the generation of regional PhPIDs
- In May 2018, WHO/ UMC presented a conceptual proposal for validation and maintenance of global PhPIDs.
- Planning to participate at a technical and policy working group meeting in 4Q 2018.

PhPID\_SUB\_**L1** → Substance Term(s)

PhPID\_SUB\_**L2** → Substance Term(s)  
+ Strength + reference strength

PhPID\_SUB\_**L3** → Substance Term(s)  
+ Administrable Dose Form

PhPID\_SUB\_**L4** → Substance Term(s)  
+ Strength + reference strength  
+ Administrable Dose Form

# IDMP on FHIR

- In January, the EU endorsed using FHIR as the basis for the API for the Product Management Service
  - Makes FHIR the data standard that supports the exchange of information about medicinal products, substances, and related reference data in the EU
- HL7's BR&R workgroup presently sponsors the development of ISO IDMP 11238 (Substance Specification) and IDMP 11615 (Medicinal Product) resources
  - Medicinal Product resource development takes place in collaboration with HL7's Pharmacy work group
  - The goal is to harmonize IDMP and the existing product resources reflecting Pharmacy use cases
  - Initial work (ready for ballot) is expected to be completed for January 2019 HL7 WG meeting
  - IDMP resources are expected to be balloted for May 2019 meeting

# **E2B IND SAFETY REPORT**

# E2B IND Safety Report

- Primary Objective
  - Implement a digital framework for the electronic submission, review, and tracking of IND safety reports to improve FDA's ability to detect, track, and act upon safety signals that occur during the conduct of clinical trials.
- IND sponsors are required to report serious adverse reactions
  - Current process for submission and review of IND safety reports submitted as PDF files or on paper is inefficient, labor intensive, and poses significant challenges for safety signal detection and tracking
- CDER is conducting a pilot, with six participating sponsors, to create a digital framework for the electronic submission of IND safety reports using ICH E2B data standards
- CDER expects to implement the new digital framework and issue guidance in late FY2019
  - Need to identify and assign unique substance ID (UNII) during IND phase



**Thank you**