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Janus Clinical Trials Repository: Modernizing the Review Process through Innovation

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Janus Clinical Trials Repository (CTR)





Janus Clinical Trials Repository

- Supports automated extraction, transformation, loading, management, and reviewer access to standardized clinical trials data to support the regulatory review of therapeutic biologic and drug products
- Incorporates data marts designed to address specific needs
- Enables queries to be run using various analytic tools from these data marts to meet individual reviewer needs
- Leverages pre-specified analysis scripts and analytic tools



CTR is Large Data

- CTR is designed to handle large data-sets
 - Is expected to grow into a very large data warehouse with many data marts.
 - $\circ~$ Expected to grow by a few TB's every year
- CTR primarily handles:
 - o Structured data
 - Low Velocity (~600 applications a year)
 - o Analysis and reporting requirements are in real-time



CTR - Big Data Vision

- CTR will evolve into a big data system in the future
- Integrate other data-sets
 - o To support the "personalized medicine" paradigm
 - o Post marketing data
 - o Other Data
- Explore no-SQL and Hadoop in the future



Facilitating Modernization of the Regulatory Review Process





Intersection of data, tools and technology





Data Warehouse and Data Marts





Improve Data Storage/Access

- Develop and implement a clinical trials data warehouse that supports the validation, transformation, loading, and integration of study data
- Support reviewer access to the data via a variety of analytic views (or data marts) and analytic tools



Why Do We Need a Clinical Trials Repository (CTR)?

- Clinical Trials Data will be easily accessible
 - o One-stop shopping
 - o Self-service
- Data will be more predictable
 - Consistent in format, content, definitions from study to study, sponsor to sponsor
- Data will be of higher quality
 - o Data validation service will help insure minimum level of quality data
- Improved productivity
 - Less time needed for routine data management tasks
 - More time to do the analysis & interpret results
- Support Standard Analyses / Reports
- Support Cross-study Analyses



Janus CTR and the 21st Century Drug Review Process

- True potential of standardized data is unleashed with Janus CTR
 - Study data automatically transformed into "views" that are more reviewer-friendly
 - Demographic and Treatment Assignment information in every dataset
 - Numeric Dates
 - Full MedDRA Hierarchy for all adverse events
 - o Data "curation" capabilities to
 - Correct misspellings; problems with coding (submitted data is not altered!)
 - Convert lab units to U.S. conventional units
 - Enables pooling of data within an application, across a drug class, or even across drug classes
 - Facilitates timely creation of custom "data marts" to support a variety of meta-analysis needs
- Janus CTR will piloted in early 2014 in to support the JumpStart Service (in parallel with tools currently used)
 - Study Data from applications enrolled in JumpStart will be loaded into CTR



Janus Clinical Trials Repository (CTR)





Janus Clinical Trials Repository

- Supports automated extraction, transformation, loading, management, and reviewer access to standard clinical trials data to support the regulatory review of therapeutic biologic and drug products
- Incorporates data marts designed to address specific needs, such as therapeutic areas, SDTM views for tools, etc.
- Enables queries to be run using various analytic tools from these data marts to meet individual reviewer needs
- Leverages pre-specified analysis scripts and analytic tools



Intersection of data, tools and technology





Analytic Tools

Tools	Overview
JReview	 Allows users to tabulate, visualize, and analyze safety and efficacy data Provides a catalogue of standard analyses with drill down capabilities, making it easy to obtain results and graphical displays of common analyses, such as Hy's Law (relies on availability of SDTM study data)
MAED (MedDRA Adverse Events Diagnostics)	 Allows dynamic and efficient review of adverse event data Performs over 200 Standardized MedDRA Queries and Adverse Events analyses on all levels of the MedDRA hierarchy in minutes
SAS Analysis Panels	 Provides standard analyses (Demographics, Disposition, Exposure, Adverse Events, and Liver Labs) in Excel or Word
JMP	 Combines powerful statistics with dynamic graphics to enable review process
FDA Investigator's Rapid Review Service (FIRRS)	 Assesses the sponsors' data management and coding quality Helps reviewers understand the contents of the data
NIMS (Non-clinical Information Management System)	 Enables dynamic study visualization, search, orientation, and analytics capabilities in the review of non-clinical data Enables cross-study metadata and study data searching across the data repository (across studies, class, findings, and finding types) Allows reviewers to see all findings for an individual animal in one place



CSC JumpStart Service

Starts a review by performing many standard analyses and identifying key information





not treated with the

study drug.

CSC JumpStart Service

- Provides a recommended sequence for using the outputs
- Allows reviewer to follow a safety signal from a high-level to the specific patient details with complementary tools



shortly after taking a

specific concomitant

medication.

42 45 19 105 126 147 168 188 209 220 251 252 290 104 305 36 377 390 403 445



U.S. Food and Drug Administration Protecting and Promoting Public Health

Planned CTR Support of JumpStart Service



CTR Tools to Support JumpStart

- CTR Standard Analysis Reports (web-based application)
 - Standardized reports that support safety review, including safety reports supported by JumpStart
- Study & Standards Browser (web-based application)
- Ad Hoc Query Tool (web-based application)
- Data Curation



CTR Reports





- Over 60 standardized reports
- Includes MAED, FIRRS and standard analysis reports.
- Users can filter data prior to running each report



Study & Standards Browser

- Consolidates all study meta-data
 - Access summary information about the study (Study design, trial summary, explanation of codes used, location of specific variables, etc.)
 - o Study specific transforms, preferences and reports
 - o User defined tags for other meta-data

- Reviewer Log
 - Ability to go back in time and recreate analyses



Study & Standards Browser

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> C 🗋 localhost	8080/metadatabrow	ser2/index.html#Diabetes	_Actos_01-01-TL-OPI-	-516/650/study-protocol-ta	ab	\$
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lect A Study Diabetes_A	tos_01-01-TL-OPI-516					
III Study Summary	Trial Inclusion / Exclu	ision III Study Protocol	Study Define XML	Reviewer Preferences	& Reports 🛛 🗮 Reviewer Notes 🔄 Reviewer Log	
Study Flow						
Epoch∖Arm	SCREENING				TREATMENT	POST-TREATMENT
Glimepiride-Titration 1mg to 4mg) QD	1. SCREENING Condition : RANDOMIZED TO GLIMEPIRIDE				2. GLIMEPIRIDE Condition :	3. POST-TREATMENT Condition :
'ioglitazone-Titration 15mg to 45mg) QD	1. SCREENING Condition : RANDOMIZED TO PIOGLITAZONE				2. PIOGLITAZONE Condition :	3. POST-TREATMENT Condition :
Elements						
Name	Duration	Start Condition				End Condition
GLIMEPIRIDE	0	First dose of study medic	ation where subject is ran	domized to Glimepiride and Pi	ioglitazone-matched Placebo tablets.	72 weeks after start of element
PIOGLITAZONE	0	First dose of study medic	ation where subject is ran	domized to Pioglitazone and C	Jimepiride-matched Placebo capsules.	72 weeks after start of element
OST-TREATMENT	0	After final dose of study m	nedication			30 Days after final dose
	0	Informed concept obtained	d			Lip to 3 weaks after start of element

Study Visit occurrence

Visit\Arm	DEFAULT
SCREENING	0 Start Condition : Start of Screening Epoch
RANDOM WEEK 0	1 Start Condition : Start of the Treatment Period
VISIT 2 WEEK 4	2 Start Condition : 4 Weeks after the start of the Treatment Epoch
VISIT 3 WEEK 8	3 Start Condition : 8 Weeks after the start of the Treatment Epoch
VISIT 4 WEEK 16	4 Start Condition : 16 Weeks after the start of the Treatment Epoch
VISIT 5 WEEK 24	5 Start Condition : 24 Weeks after the start of the Treatment Epoch



Ad-Hoc Query Tool

- Allows reviewers to manipulate data by
 - Pooling of data across studies
 - o Filtering
 - o Sub-setting
 - Complex queries with logical operators
- Reviewers can create and download customized analysis ready datasets from the CTR
 - o From a single study
 - Across multiple studies
- Provides a framework for developing meta-analysis reports



Ad-Hoc Query Tool

		Query Builder - Google Chro	me	
ery Builder	× CTR Reports ×	🗋 Query Builder 🛛 🗙 🗋 Query Builder 🛛 🗙	AMRDEC SAFE - Safe Ac ×	
C a	iment SCTB Benorts & XML Editor	easy query builder 🕒 AMRDEC SAFE		
bo experi				
	J.S. Food and Drug Administration rotecting and Promoting Your Health	Query Builder	Save Ø Clear O Load Ø Execute	
	Selected Studies	Variables and Columns		
	App: NDA022350, CV181014	Add New Column or Variable	2	-
	App: NDA022350, CV181057		17 M	
	App: NDA021995, 036	Adverse Events Action Taken with Study Treatme	ent T X	
	App: NDA021073, AD_4833_EC444			
	App: NDA021995, 0431_051			
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	Domains and Tables	Conditions		
	Adverse Events	Select records where all of the following apply:	+ (+)	-
		Adverse Events.Action Taken with Study Treatme	ent starts with "DRUG"	
		[Add new condition]		
	Concomitant Medications			
	Death Diagnosis			
	Demographics			
	Disposition			
	`			9
1	Result Controls	Results		
	Graph type:	Show 10 • entries	Previous Next	_
	 Table 		Action Taken with Study Tree	-
	Scatter Plot	Age		
	 Line Chart Forest Plot 	30	DRUG IN LEKRUP LED DRUG INTERRUPTED	-
	Histogram	30	DRUG INTERRUPTED	_
	Box Plot	30	DRUG WITHDRAWN	_
	X axis:	32	DRUG INTERRUPTED	_
	Customers •	35	DRUG INTERRUPTED	



Timeline for Janus Clinical Trials Repository 2012 through 2014

Contractor Support through NCI/SAIC-Frederick





Future Directions

- CTR marks the first step to integration of diverse and bigger data
 - o CTR is designed to handle large data-sets
 - Is expected to grow into a very large data warehouse with many data marts.
 - o Expected to grow by a few TB's every year
- CTR will evolve into a big data system in the future
- Integrate other data-sets
 - To support the "personalized medicine" paradigm
 - Pre market and Post marketing data
 - Other Data (pharmacogenomics, large simple trials, therapeutic area specific databases
 - Support nonclinical data to clinical correlations



Conclusion

- Rapidly moving towards a modernized, integrated bioinformatics-based review environment
- High quality, standardized data
- Easy data analysis using leading practices
- Access to powerful, standard data-based review tools