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# Data Integrity When Using Disparate Systems – Challenges and Solutions

A CRO Case Study

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# State of Clinical Research Technologies

- The growing number of potential data sources and analytics tools to mine them now offer an unmissable opportunity to glean useful clinical information for sponsors and CROs\*
- But data sources like CTMS, EDC, eSource, and others are disparate, difficult and expensive to connect.
- So what's the missing link?  
New technology that connects both old and new – and yet to come – data sources for ultimate interoperability and insights into the data seamlessly.

\*PharmaTimes September 2019



# Challenges Facing Research Organizations

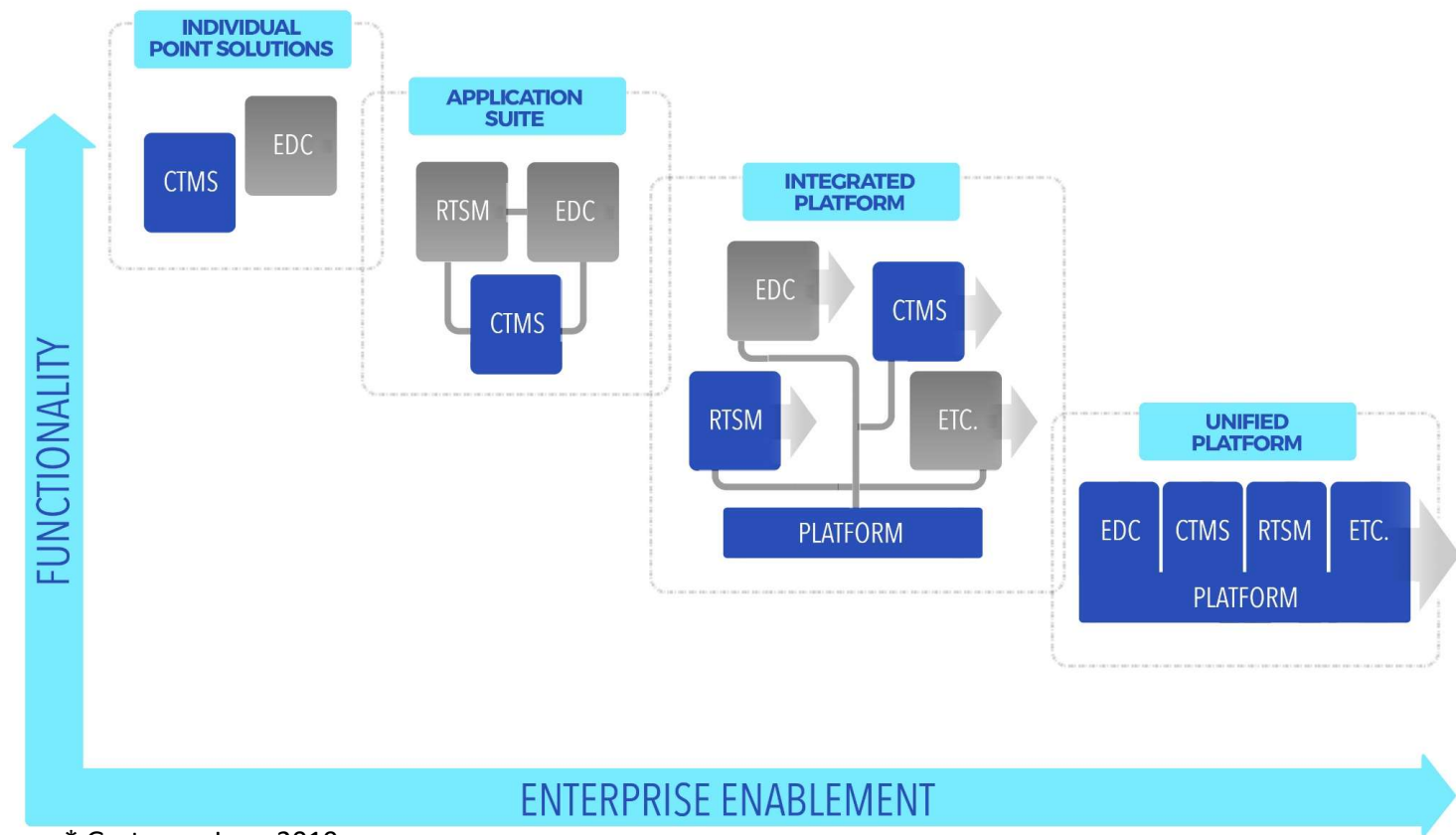
Today every company is a **digital company** trying to keep up

- Every day **new tools** and solutions become available
- Increasingly **complex** study protocols
  - ePRO & **Wearables** adding to the **data deluge**
- Increasing **sponsor involvement**
- More stringent **privacy** demands from regulators and patients
- Too many **unconnected solutions**
  - High error rate
  - Inconsistent Audit logs
- Need to reduce time and labor – **More with less**



# Category Solutions

E-Clinical Platform Integration – A Key Differentiator



\* Gartner – June 2019



# Case Study

Present a real life scenario that mirrors many scenarios in the industry – achieving data integrity when there are disparate and disorganized systems in the data stack:

- One CRO's goals to achieve seamless interoperability
- Requisite capabilities for interoperability
- The challenges that they faced when it was time to step up in terms of transparent connectivity – full data visibility and support.
- The solution to their problem, results, and a solution to the industry in terms of best-in-class data integration.



# Situation

Organization with limited staff wanted to expand CRO service in new therapeutic areas to increase revenues and better serve its customers.

- The organization had already developed **a proprietary** medical imaging system (PACS)
- Pre-existing **off-the-shelf technology** for CTMS, EDC and medical imaging analytics
- Multitude of Radiology Sites (**onsite and remote**)
- Sought to use **best-in-breed** tools to provide competitive service both in terms of speed and quality



# Challenges

- EDC Study data was being manually collected, collated, and entered into multiple systems
- Remote Site Image Data was often late, missing, or inaccurate demographic data that resulted in post transfer queries
- Sponsors had to wait for project status data to be gathered, entered into Excel forms, and checked for quality before they could see reports
- Data transcription errors were causing significant project and reporting delays
- Certain derivations such as “best overall response” were manually determined wasting valuable staff time





# Project Goal

Formulate technology framework to achieve seamless interoperability while using disparate systems:

- Review and identify best-in-breed tools that fit the required feature set and above all fit budget
- Design data flow and implement data controls to reduce error and minimize workload
- Identify interoperability features so that:
  - They are reusable across all future studies
  - Must be extendable to new and emerging technologies
  - Option to introduce new tools or replace old ones



# Mandatory capabilities for Interoperability

Flexible middleware architecture is key

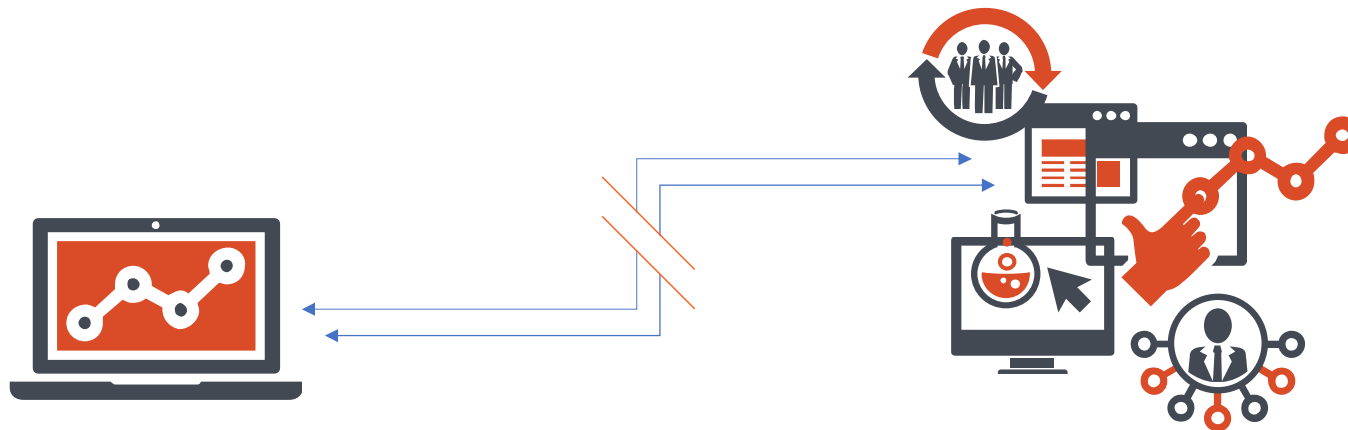
- Modular “Connectors”
  - Enable Real-time interoperability with ANY third-party tool through “Connector” suite
- Configurable “Clinical Rules Engine”
  - Eliminate duplication of data by capturing and transmitting eSource data
  - Auto-populate electronic study forms directly from appropriate eSource (e.g. Electronic Medical Record entries)
  - Reduce transcription errors and improve the quality of data
  - Encourage entering source data at the point of care
  - Facilitate remote monitoring of data to reduce the number of onsite visits
- Data Warehouse
  - Serves to harmonize and standard disparate data
  - Scalable & validated
  - Must be secure and easily manage GDPR requirements and obligation





# Challenges

In short, using its pre-existing tools to provide the new service turned out to be cumbersome, costly, inefficient, and error-prone.





# The Solution

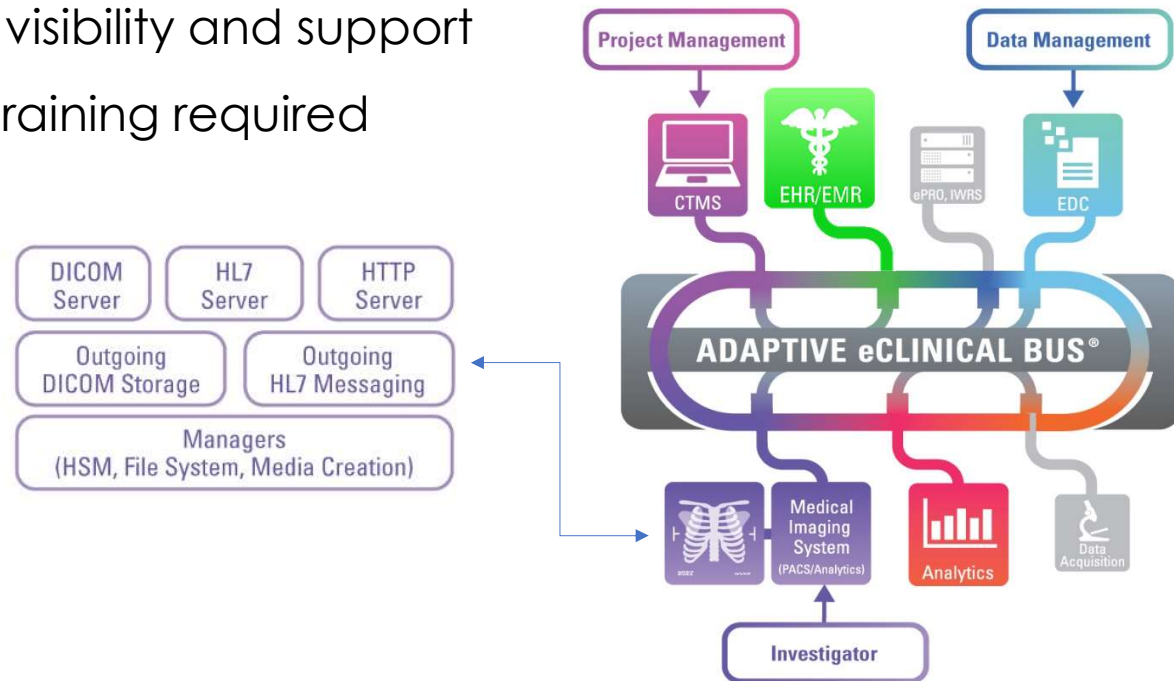
Integration of the validated Adaptive eClinical Bus<sup>®</sup> solution with CTMS, EDC and Image Analysis Tool - delivering Accurate, Real-time, Validated Information

- Integrate EDC, CTMS, and MI systems
  - mint Lesion<sup>™</sup>, MI Analytics
  - Clinical Conductor CTMS
  - Open Source EDC
  - Proprietary PACS
- SaaS Interoperability Platform by Adaptive Clinical Systems<sup>®</sup>
- CDISC native data



# The Solution

- No change to the underlying applications and processes
- Scalable and repeatable 'plug-and-play' connectors
- Full data visibility and support
- Minimal training required
- ALCOA





# Overall Results

- Seamless data interchange among all system components **by study**
- Study startup **reduced** to less than 2 weeks
- Data errors due to reentry were **eliminated**
- **Real-time, on-demand** Status reporting
- 100% **Audit Success** Rate
- **New clients** were acquired based on the ability to demonstrate integrated, cost-effective, accurate, and validated processes



# Quantifiable Improvements

- 70%** Reuse of design content regardless of EDC
- 68%** Reduction in study setup time
- 55%** Reduction in data management, data Reformatting, and aggregation
- 43%** Reduction in time spent verifying source data
- 27%** Reduction in resources



# Thank You



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