

- Yes, that is something we need to tackle and standardize CRFs within selected areas.
- Question (Shauna Hillman): Is the point of this activity to reassess the CDEs that already exist or do we determine which ones we should standardize?
 - It is more the latter; the workgroups will help with that decision.
- Methodology:
 - In the current methodology we created a diagram to address the issues of our previous process and show how our new process will be different. We were originally focused on harmonization for elements used on CRFs. We started with a set of content and that content was created by compiling 400 CRFs and cutting them into individual data elements. Once we distilled it down, we had a set of content that the community reviewed. We have had a number of challenges such as the content not reflecting our needs, the human readable content was inconsistent, and code values were not always numeric.
 - In the proposed methodology we will utilize the lessons learned from the various CRF projects and pull those ideas to develop a set of improved standards. In the content group, we do plan to start talking about the type of content we should be addressing first. Once we identify what that content would be, we would want to see what this group is currently using in Rave and how you are capturing the content.

Discussion

- Angela Smith: Is there room in this project to incorporate Clinical Data Acquisition Standards Harmonization (CDASH) standards, especially the data that goes to FDA? In our experience from Cancer Research and Biostatistician (CRAB), having to translate all that data on our SWOG forms to a model that maps NCTN to FDA takes a large amount of time. It would really help to have standards that comply with those FDA requirements.
 - Dianne Reeves: I am involved with this activity and we can walk through and look at what those standards are but I agree this is a good point. Clinical Data Interchange Standards Consortium (CDISC) has 16 basic domains and if we have issues with the choice list and questions, they are willing to negotiate with us for a common ground.
 - Mike Montello: We would like to minimize administrative burden where we can and this seems like a great place, so adding those requirements to our standards will be helpful.
 - Angela Smith: Medidata has an ALS with CDASH forms on it and may be worthwhile to look into.
- Angela Smith: In the presentation, it was mentioned that there might be exceptions to some of the rules but our goal would be to minimize the number of exceptions. Will these decisions be part of the governance or decided upfront at the content committee meetings?
 - Mike Montello: Exceptions will arise during our entire process and that is perfectly fine. We are going to have cross representation but we need to ensure we have appropriate communication between our committees.
 - Shauna Hillman: It sounds like the content committee itself is going to be able to come up with the scope of magnitude of what we want to standardize. My only concern is that we need to make sure we have integration representatives on these committees.
 - Mike Montello: Yes, we do have integration representatives. We will make sure we include this into the scope

