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<b>CC</b>	A high default risk
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<b>D</b>	In default

**Note:** Credit ratings range from AAA to D and are further subdivided into a total of 20 ratings by the use of a plus (+) or minus (-) sign for ratings from AA to B.

# Minimizing Impact and Risk of Bad Data – Lessons from Other Industries

Sunil Gupta

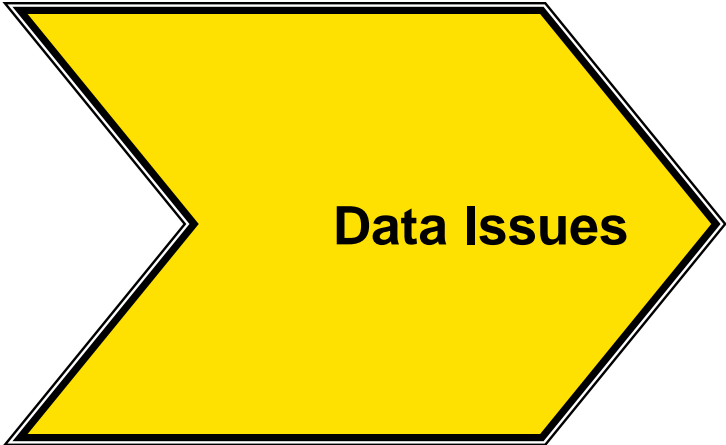
Gupta Programming

# Minimizing Impact and Risk of Bad Data

## Analysis of data issues

Rating	Definitions
High	
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# Minimizing Impact and Risk of Bad Data

## Effective methods and **SAS macros** to identify data issues

Rating	Credit rating for long-term bonds	Definitions
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**Data Issues**

**SAS Macros**

# Minimizing Impact and Risk of Bad Data

## Communicating and **monitoring improvements** in data issues

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**Data Issues**

**SAS Macros**

**Monitoring**

## Rating

### Credit rating for long-term bonds

### Definitions

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# Analysis of data issues:

## Identifying and quantifying the impact of bad data

# Bad data exists everywhere

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- ▶ Duplicate records exist
- ▶ Missing values in required variables
- ▶ Start dates are after stop dates
- ▶ Invalid value for variable
- ▶ Poor-quality data vs. Fraud data (Trimming, Cooking, Altering, Forgery)?
- ▶ Breaking business rules: data better or worse than expected

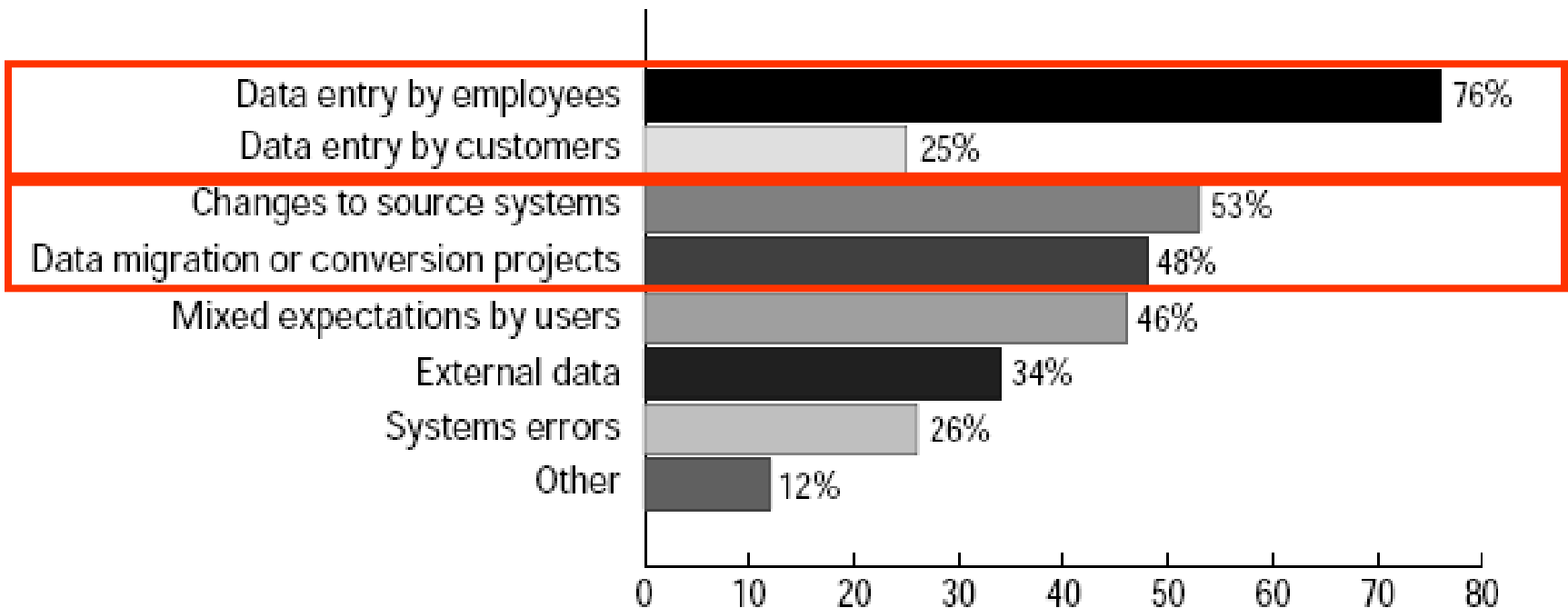


Across all industries, bad data costs companies more than \$ 600 billion per year.

For clinical trials, up to 5 % of raw data values may initially be erroneous.

# Sources of Data Quality Problems across all Industries

## Sources of Data Quality Problems



2001 survey by the Data Warehousing Institute

Check Data: Each Data Transfer, Data Conversion or Data Updates

# Most industries have a regulatory responsibility

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- ▶ Incorrect or Incomplete clinical data
- ▶ Critical variables may need to be:
  - ▶ Non-missing
  - ▶ Consist only of valid values
  - ▶ Be within a range
  - ▶ Or be consistent with other variables.
- ▶ Process using Edit Check Macros
  - ▶ Unit Testing
  - ▶ Universal principles

21 CFR Part 11

Prevent confusion and frustration.

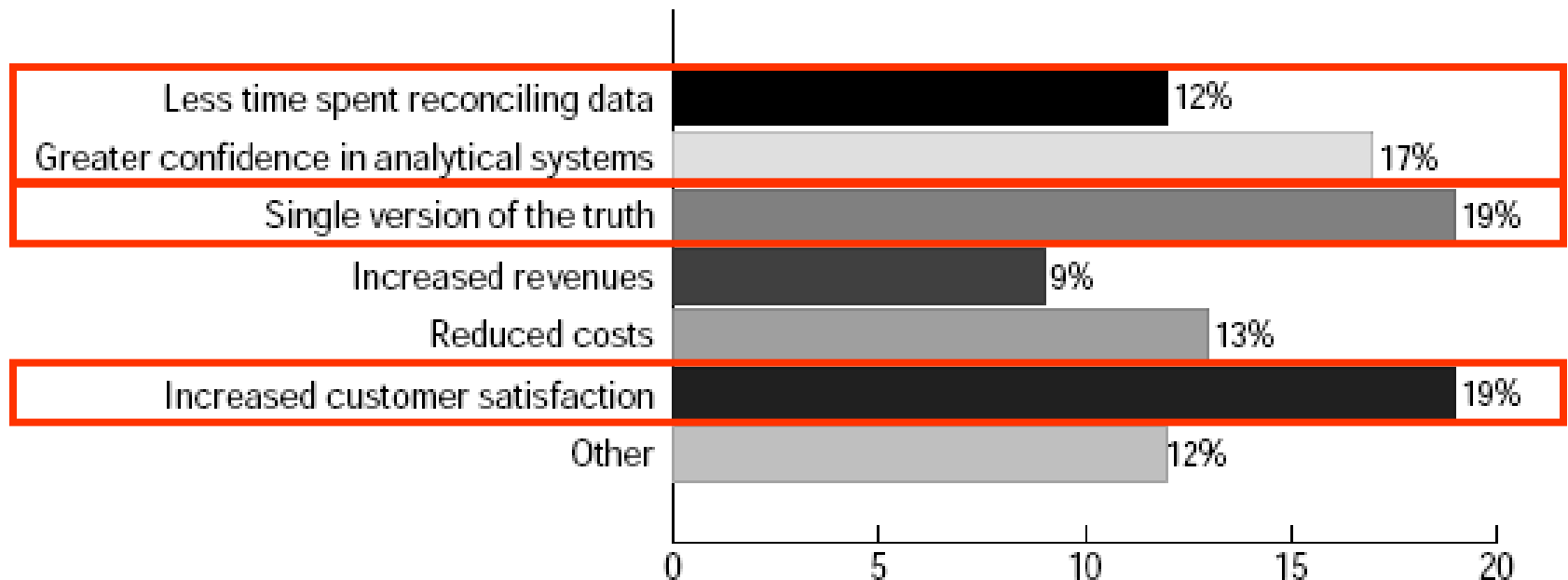
Prevent incorrect clinical study conclusion: Safety, Efficacy

Comply with safety requirements



# Benefits of High Quality Data across all Industries

## Benefits of High Quality Data



2001 survey by the Data Warehousing Institute

About \$20 to \$25 per case report form page or up to 15% of clinical research budget may be spent to ensure data quality.

# One approach for Risk-Assessment and Validation

Program  
Complexity

H

M

L

		(Independent Programming)	Max Time To Validate
	Min Time To Validate (Use SAS Enterprise Guide)		

L

M

H

**Business Risk/Priority**

Track all datasets, tables, listings and figures. Do not underestimate the workload and complexity of processing financial data.

# How much Data needs to be Validated?

Which validation methods have worked for you?

100%

← All data in data set  
(most time consuming)

city = 'Simi Valley'

← **All data for sample subset  
(focused or random)**

SSN # = '101-01-1101'

← All data for selected  
customer (first or problem  
customer)

## Adaptive Strategies as an alternative to 100% validation

1. Start at 70% validation and increase or decrease percentage based on qc issues found from the first clinical study.
2. Validate based on risk category: High (90%), Median (80%), or Low (70%).

# For Data Issues in Tables: Prevent False Positive and Negative Findings

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	True Issue	False Issue
Issue Reported	Correct!	False Positive
Issue Ignored	False Negative	Correct!

Both False Positive and Negative can cause fatal problems.

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# Analysis of data issues:

## Establishing protocol criteria for clinical data acceptance testing example

# Understand the Clinical Data Process Flow

## Raw Data

Demog: Valid/~~Invalid~~ Data  
Vitals: Valid/~~Invalid~~ Data  
Labs: Valid/~~Invalid~~ Data  
AE: Valid/~~Invalid~~ Data

## As a result, in general:

- Keep invalid data in data sets
- Exclude invalid data in reports

## Edit Check Process

1. Identify Invalid Data based on DMP
2. Isolate Data Issue
3. Communicate finding to CDM



## Outcome

1. MONTHLY: Monitor Improvements in Invalid Data with e-mail notification to all team members
2. FINAL: Use Valid Data in Analysis data sets, Tables, Lists and Graphs

# Apply Data Acceptance Testing

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- Create Data Management Plan
- Generally a monthly process to refresh data
- Identify, isolate and report clinical data issues
- Make critical decision before database lock to accept or reject database



Similar to **Data** Acceptance Testing for software application.

# Check Data Compliance at all three levels

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- I. Background History checks
- II. Risk Profile checks
- III. Account Type checks

## Background History

**Low**

**Medium**

**High**

**Account Type**



# Solution involves four steps before Database Lock

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- ▶ 1. Specifying Requirements in Data Management Plan (DMP)
- ▶ 2. Developing and Testing Edit Check Macros
- ▶ 3. Communicating Results with Clinical Data Management (CDM) (Partnership)
- ▶ 4. Monitoring the Metrics of Data Issues



Using Edit Check Macros standardized our approach to validate the quality of raw clinical data.

# Specifying Requirements in Data Management Plan (DMP)

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1. All unique key variables are required.
  - ▶ Patient ID variable is non-missing and unique.
2. Confirm minimum and maximum values.
  - ▶ Vitals data set: valid temperature and blood pressure values within lower and upper range values.
3. Display all unique values of selected variables.
  - ▶ Demog data set: valid treatment (active, placebo).

continued ...

At a minimum, these types of data checks should be performed.

# Specifying Requirements in Data Management Plan (DMP)

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4. Confirm the logic between two variables.
  - ▶ Adverse Events data set: adverse event description, preferred term and system organ class need to be consistent.
  
5. Confirm the consistency between two clinical dates.
  - ▶ Adverse Events data set: Adverse start dates before or same day as adverse stop dates.
  
6. Are patient follow-up visit windows in compliance with the protocol?

At a minimum, these types of data checks should be performed.

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**Data Issues**

**SAS Macros**



**Effective  
methods and  
SAS macros to  
identify data  
issues:**

**Developing and  
testing edit  
check macros**

# Develop and Test Edit Check Macros

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- ▶ System Requirements
  - ▶ Unselect data checks
  - ▶ Easily modify data checks, Add new data checks
  - ▶ Display 'No records found' for no data issues
  - ▶ Display feedback from CDM on data issues
- ▶ Limited Programming Resources
  - ▶ SAS's ODS, Minimum SAS macro programming
  - ▶ Simple, task-oriented macros approach
  - ▶ Apply standard options to selected SAS Procedures

A traditionally lengthy SAS program of over 1,000 lines is easier to read with only 75 lines containing 75 edit check macro calls.

# Confirm Edit Check Macros: Functional Requirements

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- ▶ Macros use basic macro programming techniques that are easy to understand
  - ▶ Quick development of new macros
  - ▶ Quick enhancements of existing macros
- ▶ Macros provide informative feedback in titles
  - ▶ Input data set name
  - ▶ Variables checked
  - ▶ Any subset condition applied

Data set name, variables checked and subset condition are important information for CDM to first confirm the data issue before taking any action.

# Confirm Edit Check Macros: Functional Requirements

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- ▶ Macros provide reference information in footnotes
  - ▶ Program name
  - ▶ Output file name
  - ▶ Date executed
  
- ▶ Macros display data issues
  - ▶ Patient and visit identification
  - ▶ Data values of variable checked
  - ▶ Supporting variables (if any)
  - ▶ One data issue/page
  - ▶ Findings saved to one RTF file



# Ideally Edit Check Macros have the right Balance

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**Right amount of balance between calling standard macros and programming capability.**

1. 80% of standard programming can be done in 20% of the time with edit check macros.
2. Leveraging your knowledge with SAS programming and data.
3. Self documenting since macro call contains all relevant information.
4. More compact code to see more tasks in limited window size.

## Design Strategy: One Edit Check Macro for each type of data issue (partial list)

Type of Data Issue	Brief Description
Acceptable Values	Values are one of the valid values for variable
Consistency Across Variables	Values are consistent across multiple variables
Consistency Across Data sets*	Values are consistent across multiple data sets
Non-Duplicate Records	Each record is unique and not duplicated
Required Value	Value is non-missing

\* May require extra programming step since most all edit check macros require single data set.

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**Data Issues**

**SAS Macros**

**Monitoring**



**Managing metrics  
on data acceptance  
testing for quicker  
decisions**

# Establish Metrics on Data Acceptance Testing

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- ▶ Unit: # of edit checks tested (based on DMP)
- ▶ Summary level measurement (Scope of issue – at least one failed patient out of x edit checks)  
= # of failed edit checks/Total # of edit checks
- ▶ Detail level measurement (Impact of issue – systematic or localized problem based on # of patients affected?)
  - ▶ Overall = # of failed records/(Total # of records x Total # of edit checks)
  - ▶ By edit check = # of failed records/Total # of records



Goal: To capture and monitor the correction of unexpected data.

## Results of Simple Example: 1 data set, 5 checks, 10 records

Checks	Fail	Pass	% Failed
1. Work History	1	9	10%
2. Credit Cards	2	8	20%
3. Tax Returns	2	8	20%
4. Loans	1	9	10%
5. Checking/401(k) Account	0	10	0%
<b>Total</b>	<b>6</b>	<b>44</b>	<b>12%</b>

# Monitor and Communicate Metrics on Data Acceptance Testing

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- ▶ Unit: 5 edit checks tested
- ▶ Summary level measurement (Scope)  
80% = 4 failed edit checks/5 edit checks
- ▶ Detail level measurement (Impact)
  - ▶ Overall 12% = 6 failed records/(10 records x 5 edit checks)
  - ▶ By edit check: 1. Work (10%), 2. Credit Cards (20%), 3. Tax (20%), 4. Loans (10%), 5. Accounts (0%)

# Analyze Possible Reasons for Poor Finance Data

**Summary:**  
**High**

**Global Scope**  
**Ex. 80%**  
**Summary, 12%**  
**Detail - incorrect age calculation**

**Low**

**Local Scope**  
**Ex. 20%**  
**Summary, 20%**  
**Detail - poor site**

**Detail:**

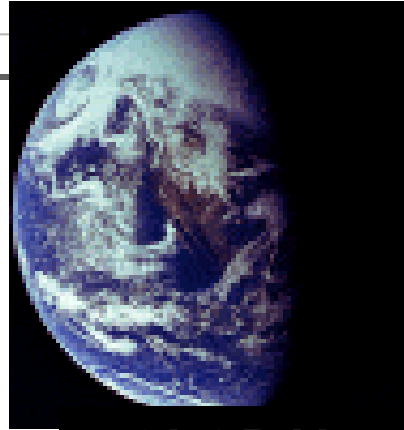
**Low**

**High**



# Analyze Possible Reasons for Poor Clinical Data

Summary:  
High



**GLOBAL  
SOLUTION**

Low



**LOCAL  
SOLUTION**

Detail:

Low

High

# **Minimizing Impact and Risk of Bad Data – Lessons from Other Industries**

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