ABSTRACT:
The FDA Guidance: Providing Regulatory Submissions in Electronic Format – Submissions under Section 745A(a) of the Federal Food, Drug, and Cosmetic Act, refers to a study guide that should accompany the data in submissions to the Agency. In 2013 a suggested template for this document (named Study Data Reviewer Guide or SDRG) was developed in collaboration with Industry. Last year, the OCS reported internally on reviewer feedback on the SDRG from JumpStart sessions – which are conducted at the beginning of a review. This year OCS has been evaluating SDRG helpfulness by interviewing reviewers that have completed a review that was supported by a SDRG. Further evaluations are being considered.

BACKGROUND:
Study data has a life cycle that begins well before submission to an Agency. The Study Data Reviewer Guide (SDRG) serves as the roadmap to the study data in ways that the Define.xml does not adequately document. Some of data documentation gaps that the SDRG addresses are:
- SDTM mapping decisions (does an event get captured as an AE or as a sign and symptom in the CE domain?)
- Sponsor-defined (custom) domains (are all the MRI interpretations in the Physical Exam (PE) domain or are they separated into their own dataset?)
- Sponsor-defined controlled terminology (Did the sponsor use MedDRA or their own dictionary?)
- Does the analysis data come from the SDTM data or was it derived separately? (This can have an impact on the reconciliation of analysis data to the tabulation data and the CSR)

CONCLUSION:
The SDRG was developed to complement the define.xml to enable the reviewers to understand the data representations included in a submission. Uptake of the SDRG has been robust and there are many SDRG documents that serve as best practices in implementation. We summarize the issues that limit the usefulness of the SDRG; these issues generally result in information requests to the sponsor, and can impact review time. When an application does not have an SDRG, reviewers are encouraged to advocate for an SDRG in their future applications.

RESULTS AND DISCUSSION:
- CDER approximates that 450 NDAs were received in 2013 and 2014 (BLAs not included in this count). Each application has multiple sequence folders in the eCTD structure.
- 15 weeks of submissions from late 2013 through 2014 to the CDER Electronics Document Room (EDR) were randomly selected to evaluate for the presence of an SDRG-type document in each study data folder.
- Within those 15 weeks, 550 eCTD study data folders were manually evaluated for an SDRG-type document located in the same folder as the datasets in m5.
- 98/550 folders had an SDRG-type document
- 52/98 of these folders supported with an SDRG-type document had a completed review (indicated by a regulatory decision posted in the Document Archiving, Reporting, and Regulatory Tracking System (DARRTS).
- 10/52 SDRG-type documents had a Clinical reviewer who was available and willing/able to answer 6 questions about their experience.
- 44/98 of SDRG-type documents were loosely based on the recommended SDRG template. The format for the rest of the documents differed widely.
- All Reviewers had located the SDRG in the m5 folder and had read and referred to the document in the course of their review. The usefulness of the SDRG-like documents varied depending on their quality.

1 U.S. Food and Drug Administration/CDER/OTS/OCS