DTRA
DECENTRALIZED TRIALS & RESEARCH ALLIANCE

DTRA Initiatives

Monthly ‘all hands’ meeting

March 30, 2023

DTRA INITIATIVES AGENDA

- Welcome & Agenda - Claudine
- 1B KPIs: User case review - Anna
- Update from team 2C Data & Technology Strategy – Toni
- Update from team 4C Data Connectivity – Munther/Moulik
- Content Council Update– Jane
- DTRA updates
  - Circles
  - Clubhouse events

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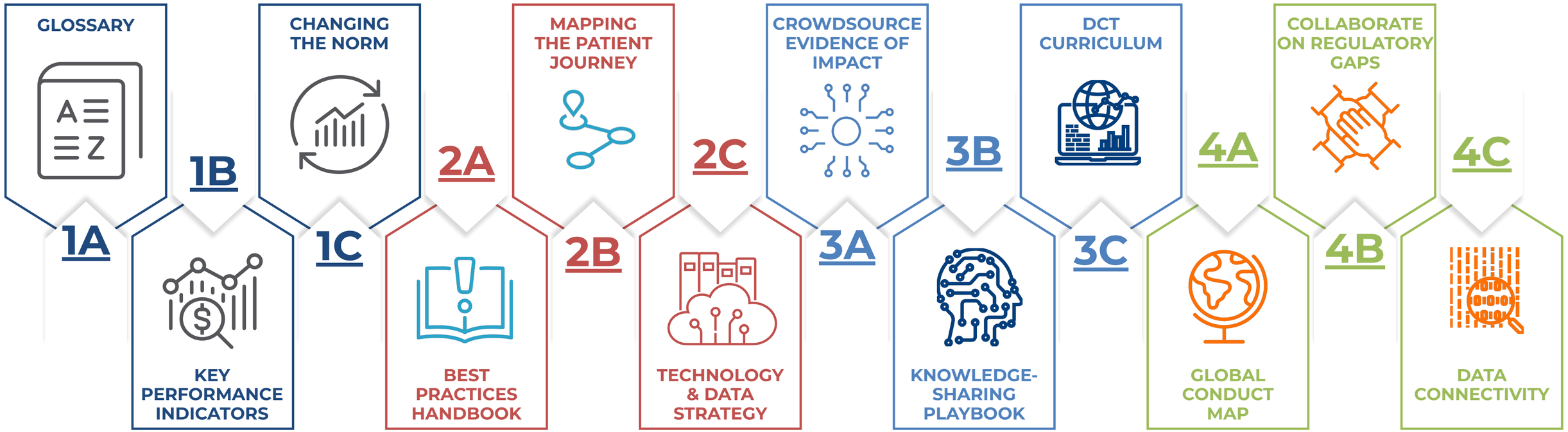
DTRA INITIATIVES AGENDA

Initiative Overview



The 12 Priorities delve deeper into each of the Priorities to identify the framework to pursue our shared goals and develop strategic solutions. Click on each Initiative for more information, or access at www.dtra.org.

Initiative Teams

12

Priorities

315

Leaders in Decentralized Research

125

Global Organizations

Volunteers from our Member Organizations are assembled on Initiative Teams to work together to achieve a deliverable that contributes to the larger goal of the Priority.

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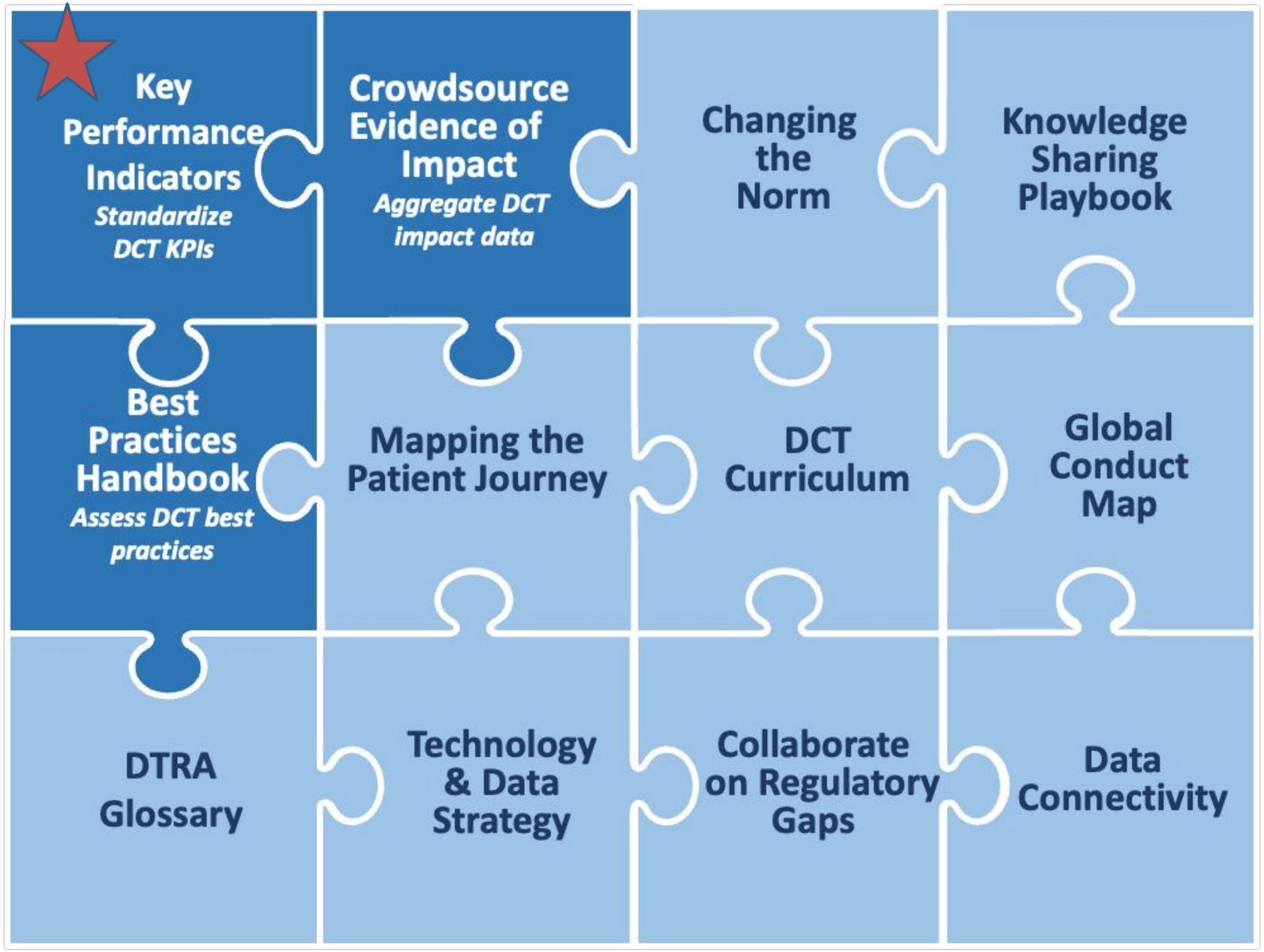
MEASURING SUCCESS WITH DCTs



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DTRA Initiatives
1B KPIs: Use case/deep dive with CATORI Study

Co-Leads: Anna Yang (Roche/Genentech), Shelly Barnes (UBC)

Mar 30, 2023

DTRA 1B KPIs

Problem:

Different organizations tracking and reporting inconsistent quantitative and qualitative measurement of DCT impact; Impacts speed of stakeholders working together and limits benchmarking or aggregation to drive uptake

Deliverable:

Establish clear DCT Benchmarks that highlight the productivity and impact of DCTs following the standard language from the definition's glossary

Actions

- **KPIs were posted to internal DTRA Community in Q2 ‘2022**
- **Feedback requested from DTRA members**
- **KPIs being applied in a ‘Use Case’**

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DTRA Team 1B: Final Draft for KPIs for DCTs

FOR DTRA INTERNAL MEMBERS ONLY

	Stakeholder	Metric	Calculation Method	Scope of Metric
1	Patient, sites	Likelihood to engage in a DCT	Net Promoter Score (NPS), a metric that uses customers' likelihood to recommend a product, service, or organization as a score for your customer experience. The scale is rated from 0 (not at all likely) to 10 (extremely likely). - Promoters: score of 9 or 10 - Passives: score of 7 or 8 - Detractors: score of 0 to 6 NPS = Total % of promoters – total % of detractors	- Eligible patient prior to joining a CT - Patient enrolled in standard CT, eligible for DCT
2	Patient, sites, Sponsor	Patient drop out % - for a "patient decision"	% of patients who have been randomized / intent to treat (at least 1 visit) and has left the trial due to "patient decision"	All DCT, split to distinguish full DCT vs hybrid DCT
3	Patient, sites, Sponsor	Number of adverse events reported per number of randomized participants	Total number of AE and SAE reported per number of randomized participants	All DCT
4	Sites, Sponsor	Speed: enrollment rate	Number of patients enrolled per month / site or Period between first patient enrolled to last patient or met the LPI or not (Y/N) + margin by which you have met the LPI	All DCT, calculate it at trial level, site level and sponsor
5	Sites, Sponsor	Variance vs target population group	For each domain (geographic, ethnicity, disease types, age, commute…) and per study: - Define target - Calculate gap (in % pts) Geography: +/- 50 miles from a PI Ethnicity: 25% enrolled are categorized as part of the ethnic "minorities" Commute: >1hour	All DCT
6	Sites, Sponsor	Referral base increase due to patients engaged in DCT	Gap of referred patient pool (within total HCP patient pool)	Investigator site participating in DCT
7	Sponsor	More patients/site: % of total patients enrolled per site	Average number of patients enrolled in CT per site	All DCT
8	Sponsor	Database lock timelines	Database lock - LPLV (telehealth visit in the case of DCT)	All DCT
9	Sponsor	Protocol deviations number	% of patient having at least one protocol deviation (different level of severity)	All DCT
10	Patients	Re-inclusion of patient in CT due to DCT facility	% of additional eligible patients that can be reached	All DCT

- **Plans for the document**: Release internally first to DTRA community on May 4, 2022 with the intention to release to the public at the end of 2022.
- **Directions for use:** Please run these metrics through a DCT use case and provide feedback on if metric makes sense and/or if additional context for use is needed. Please provide feedback via Basecamp and the co-leads, Shelly Barnes (UCB) and Anna Yang (Roche), will meet to review feedback. Thank you!

DTRA DECENTRALIZED TRIALS & RESEARCH ALLIANCE

DTRA Team 1B: Final Draft for KPIs for DCTs

FOR DTRA INTERNAL MEMBERS ONLY

KPIs assess operational performance and effectiveness of DCTs

ENROLLMENT

1. Likelihood to engage in a DCT — PATIENT, SITE

4. Enrollment rate — SITE, SPONSOR

5. Variance vs Target Population Group — SITE, SPONSOR

6. Referral Base Increase — SITE, SPONSOR

7. More patients per site — SPONSOR

10. Re-inclusion of Patient in CT due to DCT — PATIENT

OPERATIONS

2. Dropout % due to Patient Decision — PATIENT, SITE, SPONSOR

3. Number of AE per Randomized Participants — PATIENT, SITE, SPONSOR

9. Protocol Deviation #s — SPONSOR

8. Database lock times — SPONSOR

STAKEHOLDER

PATIENT
SITE
SPONSOR

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CONSOLIDATED METRICS AS OF MARCH 30, 2022

Pending Feedback from DTRA Community

	Stakeholder	Metric	Scope of Metric
1	Patient, sites	Likelihood to engage in a DCT	Eligible patient prior to joining a CT Patient enrolled in standard CT, eligible for DCT
2	Patient, sites, Sponsor	Patient drop out % for a “patient decision”	All DCT, split to distinguish full DCT vs Hybrid DCT
3	Patient, sites, Sponsor	Number of adverse events reported per number of randomized participants	All DCT
4	Sites, Sponsor	Speed - Enrollment Rate	All DCT, calculated at a trial level, site level, and sponsor
5	Sites, Sponsor	Variance Vs. target population group	All DCT
6	Sites, Sponsor	Referral base increase due to patient engagement in DCT	Investigator sites participating in DCT
7	Sponsor	More patients/site - % of total patient enrolled per site	All DCT
8	Sponsor	Database lock timelines	All DCT
9	Sponsor	Protocol deviations number	All DCT
10	Sponsor	Re-inclusion of patient in CT due to DCT facility	All DCT

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DTRA 1B KPIs

Use Case: CATORI

CATORI is a Genentech-sponsored observational study looking to define the current care pathways available for American Indian or Alaskan natives requiring specialty care (oncology, neurology or ophthalmology)

Hybrid trial (n=150)

- Has both brick & mortar sites and virtual site
- Open to patients anywhere - no need to live on tribal land/close to a physical site to participate

More information available at: https://www.catoristudy.com/

DTRA DECENTRALIZED TRIALS & RESEARCH ALLIANCE

CONSOLIDATED METRICS

	Stakeholder	Metric	Scope of Metric	
1	Patient, sites	Likelihood to engage in a DCT	Eligible patient prior to joining a CT Patient enrolled in standard CT, eligible for DCT	
2	Patient, sites, Sponsor	Patient drop out % for a “patient decision”	All DCT, split to distinguish full DCT vs Hybrid DCT	
3	Patient, sites, Sponsor	Number of adverse events reported per number of randomized participants	All DCT	Not applicable
4	Sites, Sponsor	Speed - Enrollment Rate	All DCT, calculated at a trial level, site level, and sponsor	
5	Sites, Sponsor	Variance Vs. target population group	All DCT	Not applicable
6	Sites, Sponsor	Referral base increase due to patient engagement in DCT	Investigator sites participating in DCT	
7	Sponsor	More patients/site - % of total patient enrolled per site	All DCT	
8	Sponsor	Database lock timelines	All DCT	
9	Sponsor	Protocol deviations number	All DCT	
10	Sponsor	Re-inclusion of patient in CT due to DCT facility	All DCT	Modified to be an analog metric

All 10 KPIs may not be applicable in every trial

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DEEP DIVE INTO METRICS

	Stakeholder	Metric
1	Patient, sites	**Likelihood to engage in a DCT**

Calculation Method

Team 1B: use net promoter score (NPS)-type calculation.

CATORI application:

- Transcelerate Study Participant Feedback Questionnaire (SPFQ)
- Measured through surveying patients
  - some 0-4 scale questions
  - some Y/N questions
- Captured at predefined time intervals
- This method is not unique to DCTs - captured in traditional trials

DEEP DIVE INTO METRICS

	Stakeholder	Metric
2	Patient, sites, Sponsor	**Patient drop out % for a “patient decision”**

Calculation Method

Team 1B: calculate the % of patients who have been randomised / intent to treat (at least 1 visit) and has left the CT for a "patient decision"

CATORI application:

- Will survey Curebase virtual site(s)
- Calculate % of patients who leave the DCT due to “patient decision”

DEEP DIVE INTO METRICS

	Stakeholder	Metric	Calculation Method
3	Patient, sites, Sponsor	**Number of adverse events reported per number of randomized participants**	Team 1B: Total number of AE and SAE reported per number of randomised participants **CATORI application:** ● Not applicable because safety information is not collected (non-interventional setting)

Not applicable

DEEP DIVE INTO METRICS

	Stakeholder	Metric	Calculation Method
4	Sites, Sponsor	**Speed - Enrollment Rate**	Team 1B: ● Number of patients enrolled per month / site **or** ● Period between first patient enrolled to last patient **or** ● Met the LPI or not (Y/N) + margin by which you have met the LP ***CATORI application:*** ● Collected through Sponsor (GNE) or CRO (Curebase) ● Rate of enrollment at virtual site vs physical site (patients per month)

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DEEP DIVE INTO METRICS

	Stakeholder	Metric	Calculation Method
5	Sites, Sponsor	**Variance Vs. target population group**	Team IB: For each domain (geographic, ethnicity, disease types, age, commute) and per study: - Define target (*eg: want to enroll 15% AA)* - Calculate gap (*eg: we historically enroll only 5% AA)* ***CATORI application:*** ● Not applicable because CATORI is a study dedicated to enrolling minority patients - there is no variance to be targeted

Not applicable

DTRA DECENTRALIZED TRIALS & RESEARCH ALLIANCE

DEEP DIVE INTO METRICS

	Stakeholder	Metric	Calculation Method
6	Sites, Sponsor	**Referral base increase due to patient engagement in DCT**	Team 1B: Gap of referred patient pool (within total HCP patient pool) ***CATORI application:*** ● Collected by CRO (Curebase) ● Comparison of: ○ Distance from a brick & mortar site to a brick & mortar patient (traditional distance) ○ Distance from a brick & mortar site to a virtual patient **because the virtual patient can come from a geographically unlimited location** (DCT distance)

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DEEP DIVE INTO METRICS

	Stakeholder	Metric	Calculation Method
7	Sponsor	**More patients/site - % of total patient enrolled per site**	Team 1B: Average number of patients enrolled in CT per site ***CATORI application:*** ● Collected by sponsor (GNE) or CRO (Curebase)

DTRA DECENTRALIZED TRIALS & RESEARCH ALLIANCE

DEEP DIVE INTO METRICS

	Stakeholder	Metric	Calculation Method
8	Sponsor	**Database lock timelines**	Team 1B: Database lock - LPLV (telehealth visit in the case of DCT) ***CATORI application:*** ● Collected through Sponsor (GNE)

DEEP DIVE INTO METRICS

	Stakeholder	Metric	Calculation Method
9	Sponsor	**Protocol deviations number**	% of patient having at least one protocol deviation (different level of severity) ***CATORI application:*** ● Collected through Sponsor (GNE)

DEEP DIVE INTO METRICS

	Stakeholder	Metric	Calculation Method
10	Sponsor	**Re-inclusion of patient in CT due to DCT facility**	Team 1B: % of additional eligible patients that can be reached ***CATORI application:*** ● Collected through CRO (Curebase) ● Analogue measure to determine what other support mechanisms this patient population needs to be able to participate ● We will measure the use of: Transportation support, Reimbursement support, Tech access support (ie providing a device, wifi access, etc), CRC data entry for participants who chose that option

Analog Measurement

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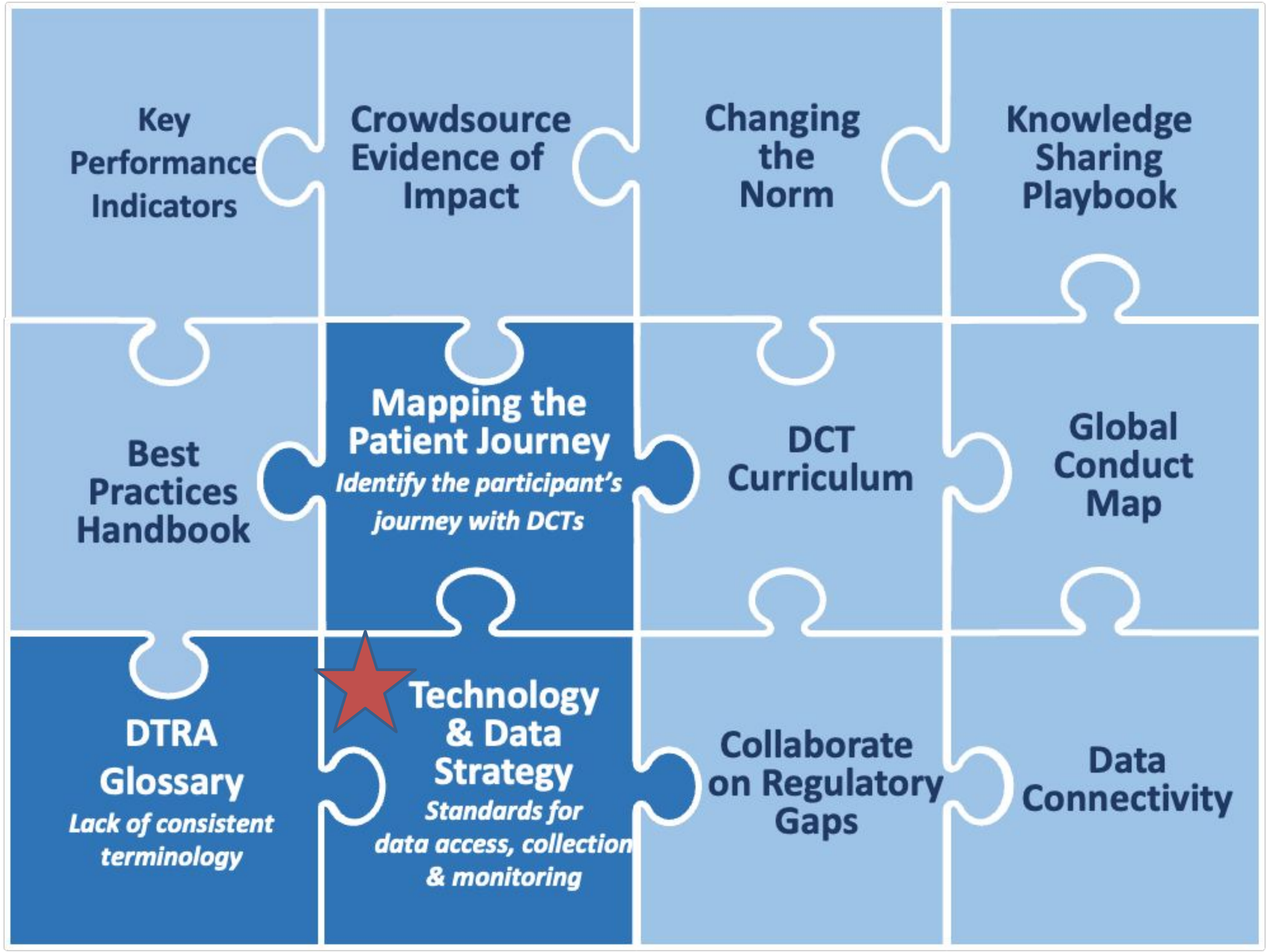
DTRA Initiative 1B KPIs

DEEP DIVE INTO METRICS

Questions?

SETTING FOUNDATIONAL DCT STANDARDS



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2C Priority Initiative

Status Updates

March 2023

DTRA Initiative 2C Technology & Data Strategy

Deliverable:

'DCT Clinical Data Strategy' framework that outlines modern data requirements, data flow, data channels, data curation and insight generation to improve end-to-end data accessibility, reliability, integrity, and traceability across study phases

Key Initiatives/Focus Areas – 3 of 4 Completed, with a

Focus Area	DTRA Definition Provided	Notes
DCT Technology	Outline of established (and novel) technologies used to support decentralized trial execution	2C initiative
User Ecosystem	Outline of relevant users/personas that can comprise the execution of decentralized trials	2C initiative
Privacy, Ethical & Legal Considerations	Outline of key considerations (globally) related to data capture and data use in decentralized trials	2C initiative + input/feedback from interested 4C
Data Capture & Accessibility	Outline of different data capture methods/modes and associated accessibility requirements required for effective execution of clinical trial activities in a remote setting	2C initiative + input/feedback from interested 4C

2C Team Members:

- ✔ PM: Open
- ✔ Co-lead: Toni Hofhine, CardieX
- ✔ Co-Lead: Kim Williams, Datacubed
- ✔ John Storey, MRN
- ✔ Charisa Scott, Amgen
- ✔ Camila Matheny, Medable
- ✔ Helen Greta, IQVIA

4C Team Members:

- ✔ Venkat Setti, AstraZeneca
- ✔ Sneha Sundet, Agios Pharmaceuticals
- ✔ John Graves, Equideum Health
- ✔ John Stuart,
- ✔ Eldawud Reem, Kearney
- ✔ Inez Jones, Oracle
- ✔ Kishori Khokarale, ZS
- ✔ 1A Glossary

Team Dependencies:

- ✔ 2B Patient Journey Maps
- ✔ 4B Regulatory Gaps
- ✔ 4C Data Connectivity

DTRA DECENTRALIZED TRIALS & RESEARCH ALLIANCE

DCT Technology & User Ecosystem - 2C Team

Overall Status:

Deliverable Timeline:
Completed on 31 January 2023

Challenge:
Deliver a comprehensive list of technology used in a decentralized trial. Identify the users/personas that intersect in a decentralized trial.

Draft Solution:
Identify key technology used by trial milestone, provide a definition, integrated trial roles with identified ecosystem users/personas.

Final Solution:
We challenged the final toolset of our deliverable. We agreed that using the milestone draft solution is a great template to build upon the Patient Journey template and create a new a 'layer' of DCT technology and User/Persona Ecosystem.

Work ahead:

Obtain the original Patient Journey template to map out our new 'layers', as though they were tabs in a notebook.

Regroup with the 1A Glossary Team on creating new definitions across the final milestones of a DCT.

DCT Technology & User/Personal Ecosystem Grid by Trial Milestone

	Trial Planning	Trial Startup		Patient Recruitment & Consent		Trial Conduct	Trial Close Out & Reporting
	Site Feasibility	**Trial Startup**	**Pre-trial / Prescreening**	**Patient Recruitment**	**Consent/Screening/Enrollment**	**Study Conduct**	**Study Close Out**
Definition	Site feasibility is the process of evaluating the possibility of conducting a clinical trial or study, at a particular site. The monitoring team conducting the feasibility, also ensures that the trial can be conducted at the pr… from an ethical and regulatory …erspe…	Start-up occurs after protocol development and includes various tasks that enable trial execution. This phase includes system identificatoin and set-up, development of key study materials (eg consent), and several activities to enable site readiness for patient enrollment such as regulatory submissions, investigator file …or…ati… ar… …ec… …f …dev…es/k…/sup…ies	Pre-trial or prescreening is the general identification of a patient population for any clinical trial.	Recruitment is the identification of patients for a specific IRB-approved clinical trial protocol using the inclusion/exclusion cr…eria.	Participant consent to study enrollment.	Conduct occurs from first patient in through last patient out.	Close out occurs at the time the database is locked followed by submissions and back to regulatory/ethics, statistical analysis, etc.
Actions	**Intersect with 1A glossary team**						
Integrated Trial Roles	Site, IRB & EC, Sponsor/CRO, Country Regulatory Designee	Site, Patient, Sponsor/CRO, IRB & EC, Country Regulatory Designee	Site, Patient, Country Regulatory Designee	Site, IRB & EC, Patient, Sponsor/CRO	Site, Patient	Site, Sponsor/CRO, Site Monitoring, Patient	Site, Sponsor/CRO, Country Regulatory Designee
User/Persona Ecosystem	Study or site startup team (CRA, PM, Feasibility Mgr, Patient Recruitment, Regulatory), IRB/EC, Study Management Team (CRO, Sponsor, SMO)	Site staff (CRC, PI, Sub-I, Pharma…st, Phlebotomist), Study Manageme… Team	Site… staff, Patie… …ec… …t, RW… RWE, Study Manag… …t Team	Site S…ff, Patien… …ecruit…ent, …C, Study Management Team	Site Staff, Technology Teams, Study Management Team, Patient Recruitment	Site Staff, Patient Recruitment, RWD/RWE, Study Management Team, Technology Teams	Site Staff, Regulatory, Study Management Team, Technology Teams, IRB/EC
DCT Technology	Router/WiFi Geomapping Investigator data bank (RWD patient populations and RWD secondary arms)	Site: eConsent, Prescreening, eSource, eISF, eCOA, IRT, Clinical Trial Payments, Telemedicine, CTMS, LMS Sponsor: CTMS, eTMF, EDC Patient: ePRO, sensors/mobile devices	Pre-screener for trial Direct to patient (diagnostics) Investigator data bank (RWD patient populations and RWD secondary arms)	Recruitment database	eConsent Remote consent (telemedicine) Direct/remote to patient (diagnostics) Lab reports to EDC/CTMS/IRT/RWD Medical device sensors (RPM) Virtual visits	eSource eQMS/CAPA Risk based monitoring Analytics (data lake/warehouse) Clinical Trial Payments, Telemedicine, Patient Compliance (alerts/reports)	eSource, CTMS, EDC, eTMF, eISF, eCOA, wearables/sensors Pharmacovigilence, eArchiving

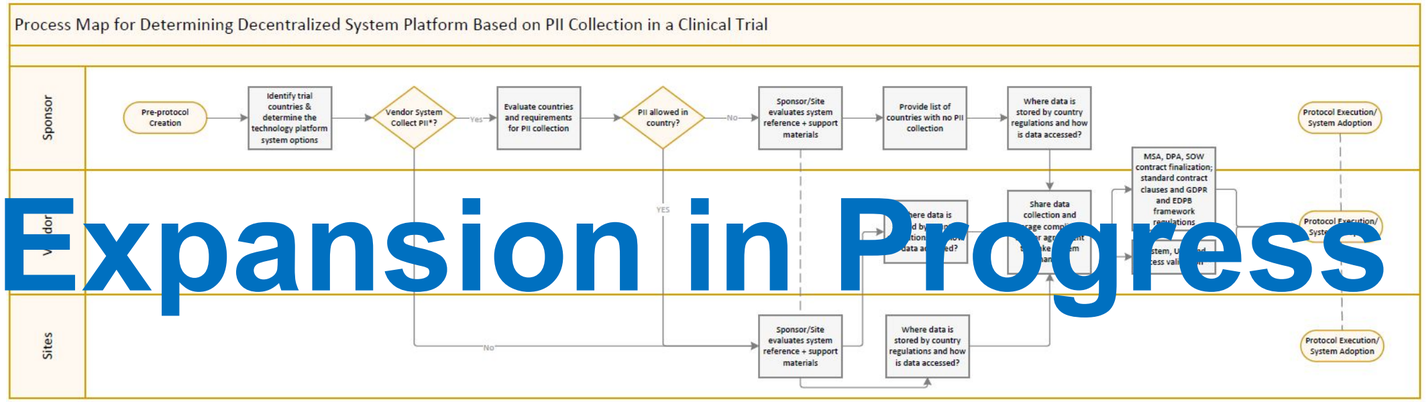
Template to Build Layers

DTRA DECENTRALIZED TRIALS & RESEARCH ALLIANCE

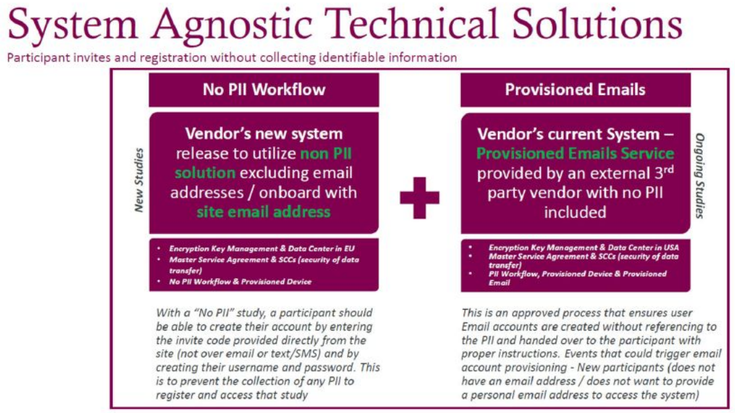
Privacy, Ethical, Legal Considerations - 2C + 4C Teams

Overall Status:

Deliverable Timeline:
Completed on 31 January 2023



Expansion in Progress



Challenge:
Deliver a solution that encompassed the global considerations for privacy, ethical, and legal data collection.

Solution:
Adopt the System Agnostic Technical Solutions concept donated to the DTRA by AstraZeneca on how PII data collection could be fully avoided in any region, and back track this process to develop a process map on how to identify across sponsor, vendor, and site where and what system platform is needed to be compliant.

We also challenged the final toolset of our process map deliverable. We agreed that this could use additional vetting to draw out more of the decision making.

Work ahead:

Expanding our scope to provide additional branches to ensure the process is inclusive of today's DCT environment where hybrid is a reality and PII can be accommodated.

Identifying where this intersects with the 4C team with their solution, with this possibly existing as a tool to determine how PII management is factored per trial/region.

DTRA Initiative 2C Technology & Data Strategy

Deliverable:

'DCT Clinical Data Strategy' framework that outlines modern data requirements, data flow, data channels, data curation and insight generation to improve end-to-end data accessibility, reliability, integrity, and traceability across study phases

Key Initiatives/Focus Areas – 3 of 4 Completed, with a

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Will need assistance to bring the 2C and 4C team members and others across DTRA together and execute this final jointly shared initiative. Moulik and Toni are able to provide guidance, but collectively, 2C and 4C may not have sufficient team members engaged to execute this final initiative.

2C Team Members:

- ✔ PM: Open
- ✔ Co-lead: Toni Hofhine, CardieX
- ✔ Co-Lead: Kim Williams, Datacubed
- ✔ John Storey, MRN
- ✔ Charisa Scott, Amgen
- ✔ Camila Matheny, Medable
- ✔ Helen Greta, IQVIA

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- ✔ Venkat Setti, AstraZeneca
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- ✔ John Graves, Equideum Health
- ✔ John Stuart,
- ✔ Eldawud Reem, Kearney
- ✔ Inez Jones, Oracle
- ✔ Kishori Khokarale, ZS
- ✔ 1A Glossary

Team Dependencies:

- ✔ 2B Patient Journey Maps
- ✔ 4B Regulatory Gaps
- ✔ 4C Data Connectivity

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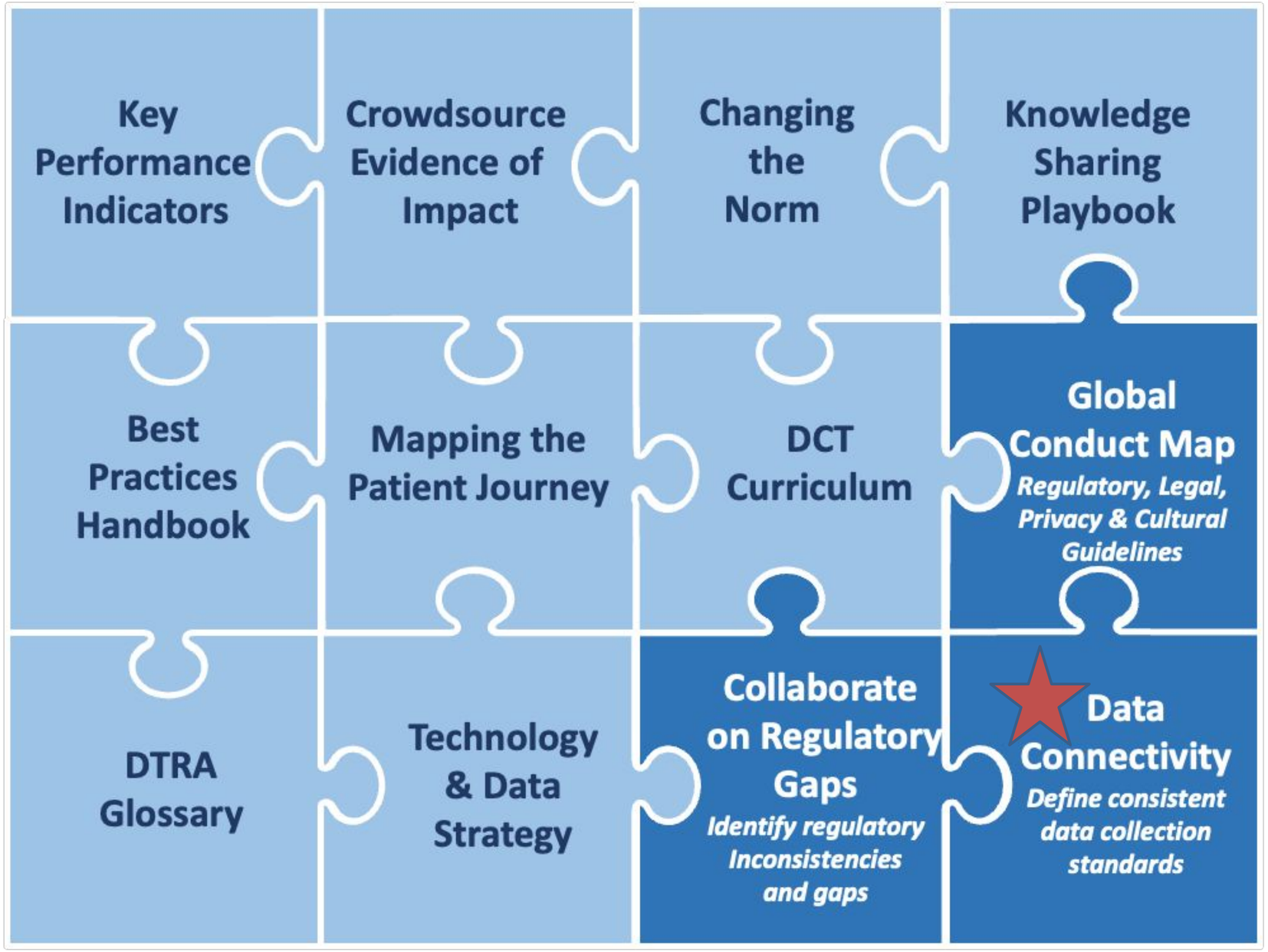
REMOVING BARRIERS TO ADOPTION



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Content Council

Operational Model and Scope

30 March 2023

Jane Myles

PROBLEM STATEMENT

- The DTRA is committed to maintaining current digital content aligned to Priority Areas and based on Initiative deliverables.

- As initiative deliverables are achieved and approved, the initiative teams will dissolve and/or evolve

- DTRA needs to establish a process / resource to curate and update digital content following the publication of initial deliverables.

CURRENT STATE

- Initiative teams are struggling with equitable commitment and contribution from members.
- Some initiative teams are nearing or at initial deliverable completion, and members want to move off the teams.

DESIRED FUTURE STATE

Deliverables are handed off and updates are managed by a small group to maintain up-to-date / relevant content

THE CONTENT COUNCIL

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CONTENT COUNCIL

Decision making review body to maintain current, relevant content.
Comprised of 7-10 engaged SMEs
Time Commitment - >1 d/m

Current Scope

Initiative collateral that has been developed / released as V1 to DTRA.org website

Expectations

- Review feedback asynchronously
- Bi-monthly meeting to make decisions
- Ensure content reflects current state knowledge / evidence
- Support adoption through relevant content

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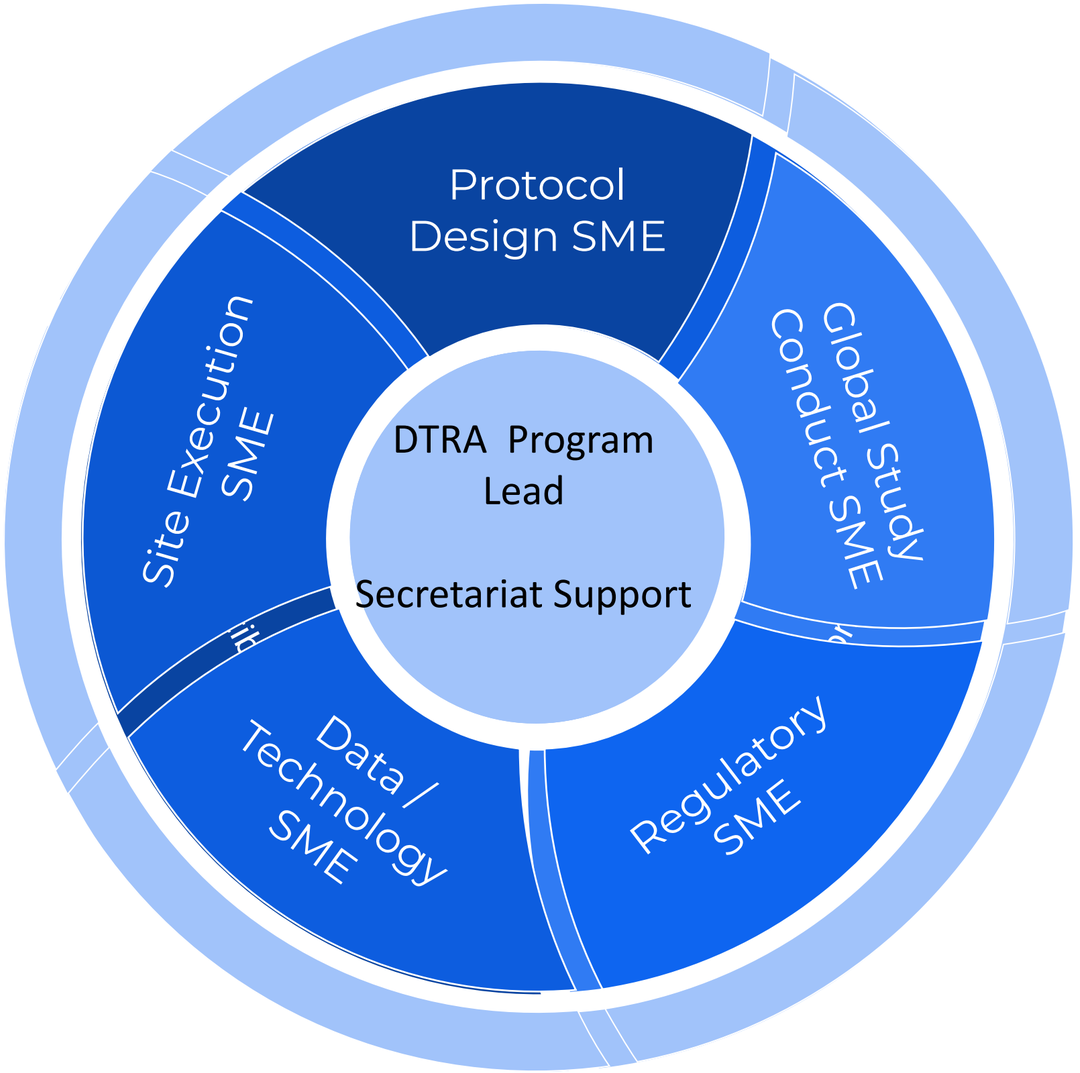
Proposed Structure

- Asynchronous review
- Bi-monthly meetings
  - Structured agenda
  - DTRA chair
  - Clear decision making model
  - e.g. Prior initiative lead or PSC agress?
- Decision outputs to HighTouch for changes
  - Post website go-live
  - Within 5 business days of mtg



DTRA DECENTRALIZED TRIALS & RESEARCH ALLIANCE

Initial Scope (Q1 2023)

- **1A: Glossary updates**
  - *Feedback forms and input from IMI / CiteLine, etc*
- **1B: Metrics and KPIs**
  - *Feedback form input and any team feedback on utility / ease of use (Survey?)*
- **1C: Once whitepaper** *is in digestible form, Content Council will ensure information remains relevant. They can 'sunset' the information if it gets dated.*

- **2A: Best Practices Rubric**
  - *update versions of the rubric or sunset portions that become not useful*
- **2B - Patient Journey Maps and Template**
  - *Review Feedback from teams*

Q2 2023 Scope

- **3A: Evidence of impact**
  - *Library submissions (ie to journals / case studies with DTRA Secretariat Curation?)*
  - *Creation of a case study template?*

- **4A: Regulatory Conduct Map**
  Objective assessment tool for visualization in progress (TAG) but not yet begun

- **4B: Regulatory Gap Assessment**
  - *Specifically, focus on including links to any Regulatory guidelines a*

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CIRCLES: Functional Collaboration

DTRA CIRCLES

The Challenge

Enable deeper member engagement

- DTRA receives many inbound messages from colleagues at a member company asking to get involved

Help more colleagues connect with their peers from across the industry

- Shared learnings
- New opportunities

Proposed Solution

Micro-communities of functional leaders from across member organizations

First three areas of focus:

- Diversity Leads for DCT
- Patient Recruitment leads for DCT
- Data Management leads for DCT

Provide space for connecting and sharing

- Bi-Monthly or Quarterly meet-ups
- Online connections

DTRA CIRCLES

Who

Team members of DTRA Members who work on the functional challenges daily with

- DCT focus
- No level limitation
- From any region

- Share challenges
- Share solutions
- Ask questions

How

1. Complete Form to express interest
2. DTRA is helping ID best meeting time / cadence
3. DTRA will add you to a Slack channel for each Circle (e.g. Diversity / Data Mgt)
4. Ask for Volunteers from Circle to ‘lead’ each meeting

Outputs:

Shared lessons learned

- All-hands mtg (Oct)
- DTRA Annual Mtg (Nov)

DTRA - INITIATIVE OVERVIEW

Foundational Intiatives: DCT Standards			
1A	Glossary	PUBLISHED AND COMMUNICATED	**complete**
2B	Mapping the Patient Journey	3 Maps created and completed: Oncology, Rare Disease, & Vaccines	**complete**
2C	Data & Technology Strategy	3 of 4 areas of focus completed	**Q2**
Measuring Success with DCT			
1B	KPIs	version 1.0 published internal to DTRA for feedback	**Q1**
2A	Best Practices	version 1.0 rubric PUBLISHED Evaluation process to be finished	**Q1**
3A	Crowdsharing Evidence of Impact	Slide deck from 3A: Crowdsourcing Evidence workstream along with a document citing links to the publications that were referenced.	**complete**

Supporting DCT with Education and Adoption			
1C	Changing the Norm	Whitepaper completed.	**Q1**
3B	Knowledge Sharing Playbook	Spreadsheet populated with information Final graphic will be Tubestop	**Q2**
3C	DCT Curriculum	Module list created with specific details behind each one Overview module 1 outline completed	**Q2**
Removing Barriers			
4A	Global Conduct Insight Map	Spreadsheet APAC / EU / US: Regulatory is comprehensive Information on Privacy (just GDPR, China) Content visualization underway	**Q1**
4B	Regulatory Gaps	Completed gaps and added to 3C spreadsheet Team is being dissolved and migrated into the DTRA Regulatory Forum	**complete**
4C	Data Connectivity	Team meetings underway after the rescope	**Q2**

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COMING NEXT!

- **Look for the CoLabs Launch!**
- **Next meeting, April 27th**

Thank You!

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