

実際のCCDM認定テキスト試験-試験の準備方法-完璧なCCDM試験復習赤本



BONUS!!! JPNTTest CCDMダンプの一部を無料でダウンロード: https://drive.google.com/open?id=1Sp1J_FyX3U172vviOhF3tbf7Pxwn7lBe

合格テストを準備する過程で、CCDMガイド資料とサービスがあなたを支援します。時間とエネルギーを節約して、タイムスケジュールの調整、関連する書籍や文書の検索、権限のある人への問い合わせを行うことができます。私たちの学習教材は確かに有効で高効率なので、CCDM試験のワンショットに本当に合格したい場合は、私たちを選択する必要があります。私たちのCCDMトレーニングエンジンの多くの利点を活用して、あなたの強さを強化するのに役立つ、CCDM学習教材の使用プロセスをご覧ください。

我々社のチームは顧客のすべてのために、改革政策に伴って最新版の信頼できるSCDMのCCDMをリリースされて喜んでいきます。我々社はCCDM問題集のクオリティをずっと信じられますから、試験に失敗するとの全額返金を承諾します。また、受験生の皆様は一発的に試験に合格できると信じます。もし運が良くないとき、失敗したら、お金を返してあなたの経済損失を減らします。

>> CCDM認定テキスト <<

CCDM試験復習赤本、CCDM日本語認定

CCDM認定を取得する意欲のある人には、主にオフィスワーカーが含まれます。彼らはより高い地位に着き、

ハンサムな給料、さらには豊かな未来を手に入れることを期待しています。これらの要件はすべて、当社の CCDM試験材料が満たすことができます。CCDM学習教材は、試験の合格に役立ちます。CCDM試験トレントを購入する前に、CCDM試験ガイドのいくつかの質問と回答を含むCCDM試験問題のJPNTTestデモを無料でダウンロードできます。

SCDM CCDM 認定試験の出題範囲:

トピック	出題範囲
トピック 1	Testing Tasks: This section measures the skills of Data Managers and involves creating test plans, generating test data, executing validation and user acceptance testing, and documenting results to ensure systems and processes perform reliably and according to specifications.
トピック 2	Design Tasks: This section of the CCDM exam measures skills of Data Managers and covers how to design and document data collection instruments, develop workflows and data flows, specify data elements, CRF forms, edit checks, reports, database structure, and define standards and procedures for traceability and auditability.
トピック 3	Review Tasks: This section measures the skills of Data Managers and involves reviewing protocols, CRFs, data tables, listings, figures, and clinical study reports (CSRs) for consistency, accuracy, and alignment with data handling definitions and regulatory requirements.
トピック 4	Coordination and Project Management Tasks: This domain evaluates the skills of a Clinical Systems Analyst in coordinating data management workload, vendor selection, scheduling, cross-team communication, project timeline management, risk handling, metric tracking, and preparing for audits.
トピック 5	Data Processing Tasks: This section measures skills of Clinical Systems Analysts and focuses on handling, transforming, integrating, reconciling, coding, querying, updating, and archiving study data while maintaining quality, consistency, and proper privileges over the data lifecycle.

SCDM Certified Clinical Data Manager 認定 CCDM 試験問題 (Q13-Q18):

質問 # 13

Query rules were tested with test data for each logic condition within each rule. Which of the following types of testing was conducted?

- A. Black box testing
- B. User box testing
- C. White box testing
- D. T box testing

正解: A

解説:

Testing query rules with test data inputs to confirm expected outputs without examining the underlying program logic is an example of black box testing.

According to the GCDMP (Chapter: Data Validation and System Testing), black box testing is a functional testing approach used to verify that the system performs correctly from the end-user's perspective. In this method, testers input various conditions and observe outputs to ensure the system behaves as intended - for instance, that edit checks trigger correctly when data fall outside predefined limits.

In contrast, white box testing involves examining internal logic, code, and algorithm structures. Because data managers typically validate edit checks through data-driven test cases rather than code inspection, black box testing is the appropriate and industry-standard method. This ensures compliance with validation documentation standards as outlined in FDA 21 CFR Part 11, Section 11.10(a) and ICH E6 (R2) system validation expectations.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Database Validation and Testing, Section 4.1 - Testing Approaches (Black Box and White Box) FDA 21 CFR Part 11 - System Validation Requirements ICH E6 (R2) GCP, Section 5.5.3 - Computerized Systems Validation

質問 # 14

A relational database has tables for PATIENT_DEMOGRAPHY and VITAL_SIGNS data collected during a visit. The primary key for the VITAL_SIGNS table is a composite key that includes the unique patient identifier, visit number, and vital signs parameter name. The two tables are joined on the patient identifier. What will be the number of records in the result set?

- A. One record per patient per visit
- B. One record per visit
- C. One record per patient per visit per vital sign parameter
- D. One record per patient

正解: C

解説:

In a relational database structure, each record in a table is uniquely identified by a primary key. In this case, the VITAL_SIGNS table uses a composite primary key consisting of:

Patient Identifier,

Visit Number, and

Vital Signs Parameter Name.

This means each record represents a unique measurement of a specific parameter (e.g., blood pressure, pulse) for a patient at a specific visit.

When joining PATIENT_DEMOGRAPHY and VITAL_SIGNS tables on the patient identifier, the result set will include one record for every combination of patient, visit, and parameter - i.e., one record per patient per visit per vital sign parameter.

Therefore, option C correctly describes the expected number of records.

Reference (CCDM-Verified Sources):

SCDM GCDMP, Chapter: Database Design and Build, Section 5.2 - Primary and Foreign Key Relationships in Relational Models

CDISC SDTM Implementation Guide, Section 5.3 - Observation-Level Data Structures ICH E6(R2) GCP, Section 5.5.3 - Data Organization and Integration Principles

質問 # 15

An external organization has been hired to manage SAE follow-up for a large study. Which of the following would be used as guidance for exchange of the SAE data between the EDC system and the vendor's safety management system?

- A. Individual Case Safety Report
- B. Medical Document for Regulatory Activities
- C. Submission Data Tabulation Model
- D. Biomedical Research Domain Model

正解: A

解説:

The Individual Case Safety Report (ICSR) is the standard format used globally for the exchange of Serious Adverse Event (SAE) data between clinical data management systems (EDC) and safety management systems.

According to ICH E2B(R3) and Good Clinical Data Management Practices (GCDMP, Chapter: Safety Data Management and SAE Reconciliation), the ICSR provides the data structure and content standards for electronic transmission of safety data, including patient demographics, event details, outcomes, and product information. It ensures interoperability between systems by defining standardized message elements and controlled terminologies.

Other options are not applicable:

A. Medical Document for Regulatory Activities (MDRA) is not a recognized standard.

B. Biomedical Research Domain Model (BRIDG) provides conceptual modeling but not data exchange guidance.

D. SDTM is used for regulatory submission datasets, not real-time SAE exchange.

Thus, option C (Individual Case Safety Report) is correct, as it defines the internationally accepted electronic format for SAE data exchange between safety and clinical databases.

Reference (CCDM-Verified Sources):

SCDM GCDMP, Chapter: Safety Data Management and SAE Reconciliation, Section 4.3 - SAE Data Exchange and Standards

ICH E2B(R3): Electronic Transmission of Individual Case Safety Reports FDA Guidance for Industry: Providing Regulatory Submissions in Electronic Format - Postmarketing ICSRs (2014)

質問 # 16

In the transfer of obligations for a double-blind, multi-center trial, a sponsor has maintained the task of creating the randomization schedule. Who at the sponsor company should create the randomization schedule?

- A. The CRO biostatistician
- B. The sponsor's project statistical programmer
- C. The sponsor's project biostatistician
- **D. A sponsor's biostatistician not on the project**

正解: D

解説:

In a double-blind clinical trial, the randomization schedule must be generated by an independent biostatistician not directly involved in study operations or data management to preserve study blinding and integrity.

According to ICH E9 and the GCDMP (Chapter: Regulatory Requirements and Compliance), randomization generation and blinding must be handled in a way that prevents bias or unintentional unblinding of study personnel. The sponsor's biostatistician not assigned to the project (Option C) is the appropriate person because they have the necessary statistical expertise but remain operationally independent from study execution.

A project biostatistician (Option D) or programmer (Option A) directly involved in data analysis could inadvertently compromise blinding. The CRO biostatistician (Option B) should not perform this function if the sponsor retains randomization responsibility.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Regulatory Requirements and Compliance, Section 6.4 - Randomization and Blinding ICH E9 - Statistical Principles for Clinical Trials, Section 5.4 - Randomization Procedures and Blinding FDA Guidance for Industry: Adaptive Design Clinical Trials for Drugs and Biologics, Section 4.3 - Maintaining Blinding Integrity

質問 # 17

A Data Manager is drafting a report for clinical operations staff for support in responding to questions about milestone-based site payments. Which is the most important information to display?

- A. Milestones met by month, by type
- B. Milestones met by month, by site
- **C. Expected versus actual milestones met to date, by site**
- D. Milestones included in the last payment by site, by patient

正解: C

解説:

When reporting milestone-based site payment information, the most critical information to include is expected versus actual milestones met to date, by site.

According to the Good Clinical Data Management Practices (GCDMP, Chapter: Project Management and Communication), effective reporting must support operational and financial decision-making by presenting performance indicators in a clear, actionable format. Site payments in clinical studies are typically tied to specific milestones such as subject enrollment, visit completion, or data cleaning achievements.

By comparing expected (planned) versus actual (achieved) milestones per site, the Data Manager provides clinical operations staff with an accurate view of site progress and payment eligibility. This allows for identification of delayed sites, forecasting of upcoming payments, and early intervention for underperforming centers.

While milestone summaries by month or type (options A and B) may be useful for trend analysis, they lack the operational detail required for financial tracking. Milestone data by patient (option D) is overly granular for site-level payment management.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Project Management and Communication, Section 6.2 - Data Reporting for Site Performance and Payments ICH E6 (R2) Good Clinical Practice, Section 5.18.4 - Communication and Monitoring Reports FDA Guidance for Industry: Oversight of Clinical Investigations - Site Management and Reporting

質問 # 18

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社会に入った後の私達は最もの責任があって、学習の時間は少なくなりました。IT領域により良く発展したいなら、SCDM CCDMのような試験認定資格を取得するのは重要なことです。周知のようにSCDM CCDMのような試験認定資格を手に入れると、会社の規則に沿う奨励があります。それで、速く我々JPNTestのSCDM CCDM

CCDM試験復習赤本: <https://www.jpntest.com/shiken/CCDM-mondaishu>

- BONUS!!! JPNTTest CCDMダンプの一部を無料でダウンロード: https://drive.google.com/open?id=1Sp1J_FyX3U172vviOhF3tbF7Pxwn7lBe

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