

Uncovering Exposures Responsible for Birth Season – Disease Effects: A Global Study

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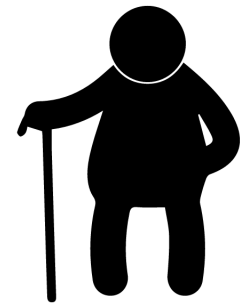
OHDSI 3rd Annual Symposium
Washington DC, October 18, 2017

Purpose

- Two types of effects
- Latent (not readily apparent at birth)
 - Birth season effects
- Overt (readily apparent at birth)
 - Pharmacological drug exposure effects
- Develop informatics methods for using Electronic Health Record data to study these effects



Birth Season

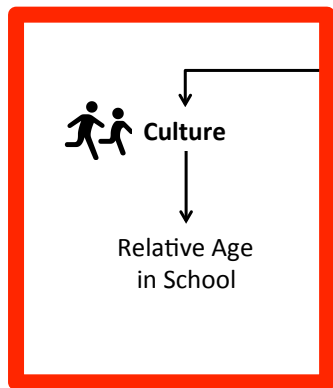
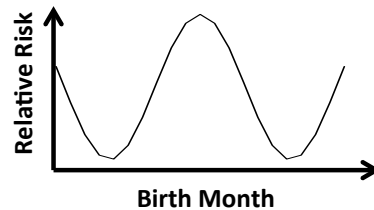


Lifetime Disease Risk

Demographics

Location	Total Number of Patients	% Female	Age	Koppen-Geiger Climate	In- / Out-patient	OMOP CDM Version
New York City: Columbia University Medical Center	1,749,400	54.67%	38 (22, 58)	Cfa	In-patient	V. 4
New York City: Mount Sinai Medical Center	1,169,599	58.03%	53 (36, 66)	Cfa	Both	None
Nashville, Tennessee: Vanderbilt University	3,051,997	51.07%	44 (25, 61)	Cfa	Both	None
Seattle, Washington	1,770,510	50.57%	48 (34, 64)	Csb	Both	None
Taiwan: All areas within Taiwan (99.99% of total population in Taiwan)	909,689	51.07%	35 (20, 50)	Aw	Both	V. 5
Suwon, South Korea: Ajou University School of Medicine	1,848,692	48.26%	42 (28, 57)	Dwa	Both	V.4
	10,499,887					

Factors Influencing Birth Month - Disease Relationships



Min. Temperature
Max. Temperature
Sunshine Hours

Relative Humidity
Rainfall in Inches
Days of Precipitation

Fine
Air Particulates

PM 2.5

Criteria Gases

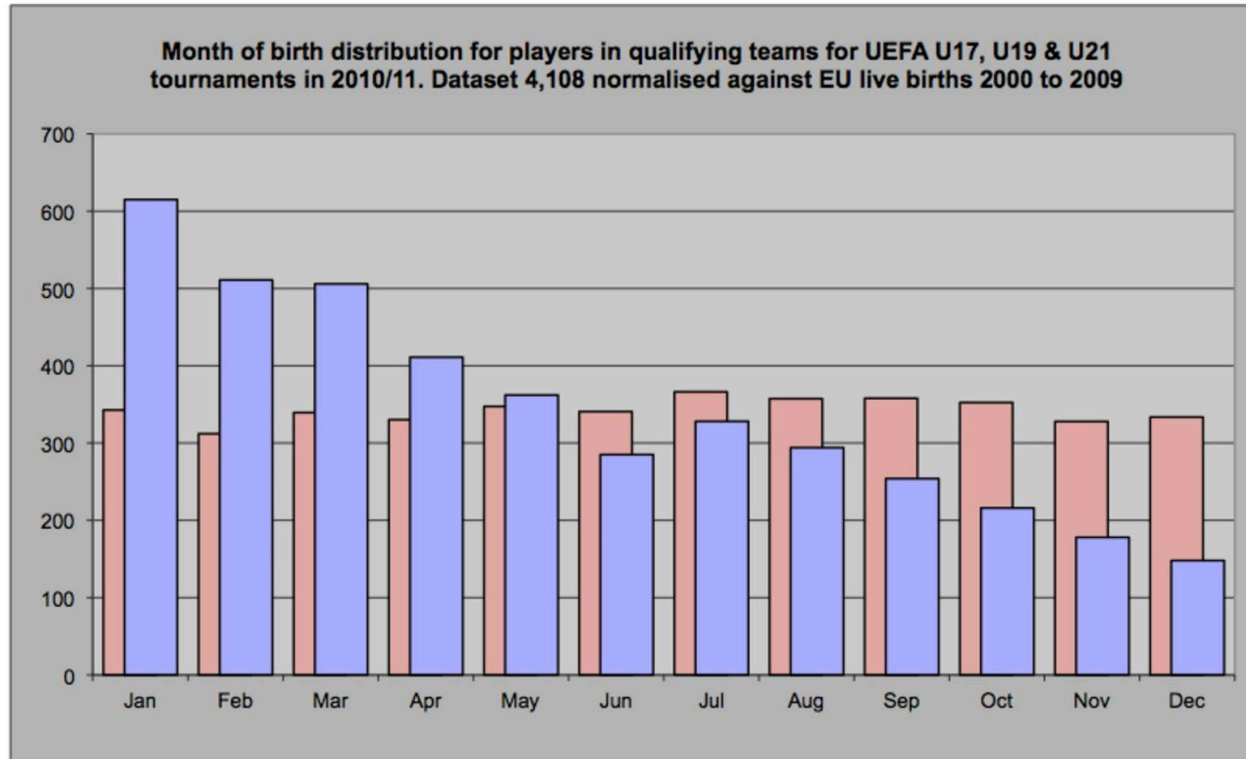
Ozone (O₃)
Carbon Monoxide (CO)
Nitrogen Dioxide (NO₂)
Sulfur Dioxide (SO₂)

What is Relative Age?

Relative Age Effect

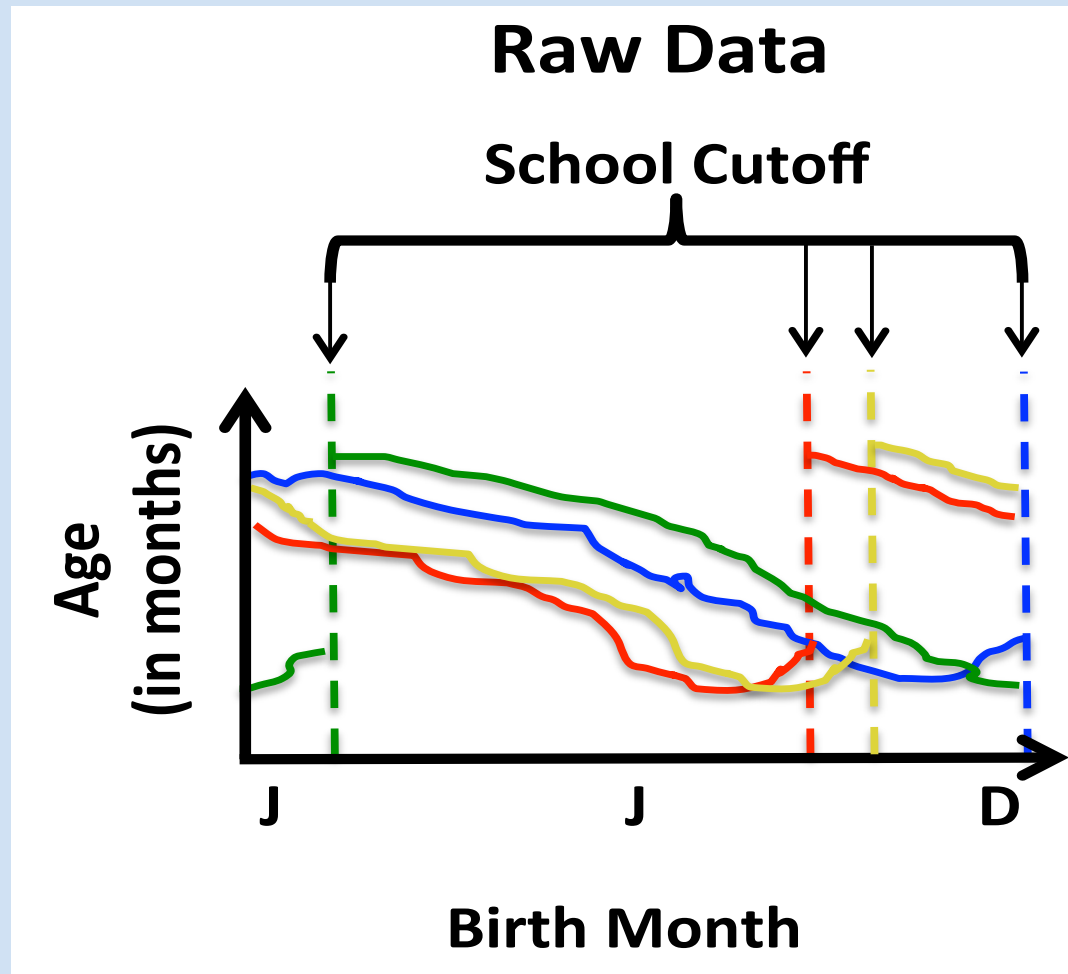
- Age relative to school grade – inadvertently effects the birth month distribution
 - Sports base their cutoff on Jan. 1
 - IOC
 - FIFA
 - AFC
 - CAF
 - CONCACAF
 - CONMEBOL
 - OFC
 - UEFA
 - Older children have the advantage in most competitive sports

Relative Age Effect



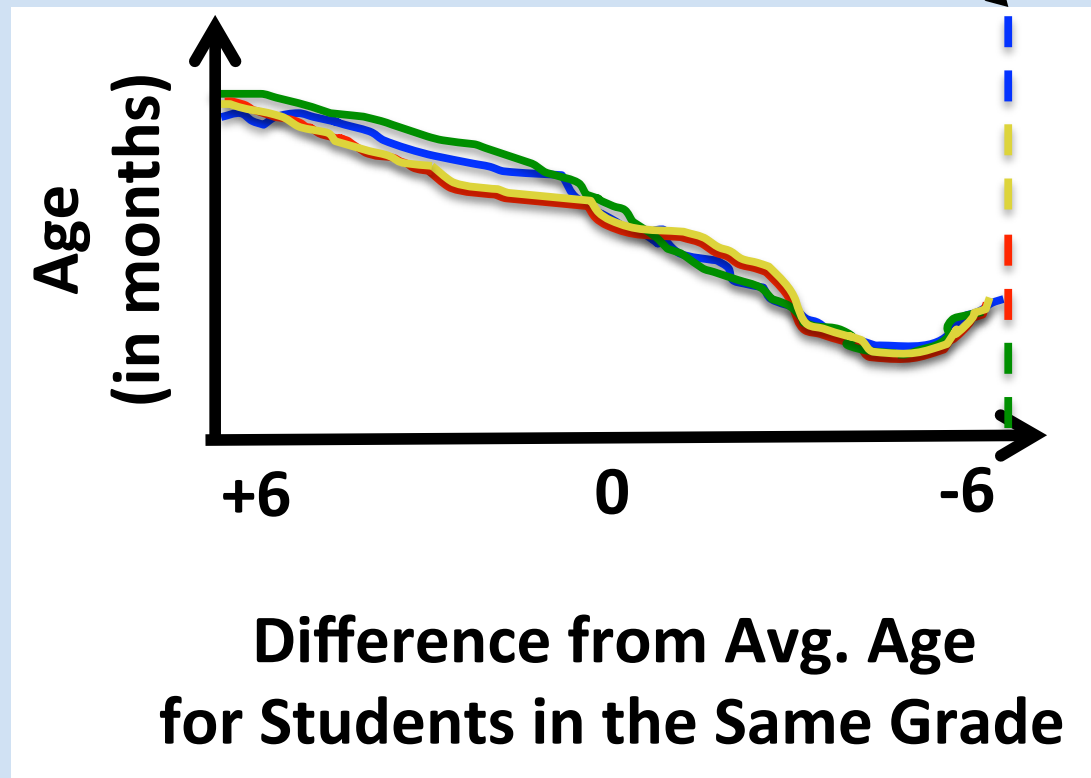
https://en.wikipedia.org/wiki/File:Month_of_birth_distribution_UEFA_youth_tournaments_2010.pdf

Adjusting for Relative Age



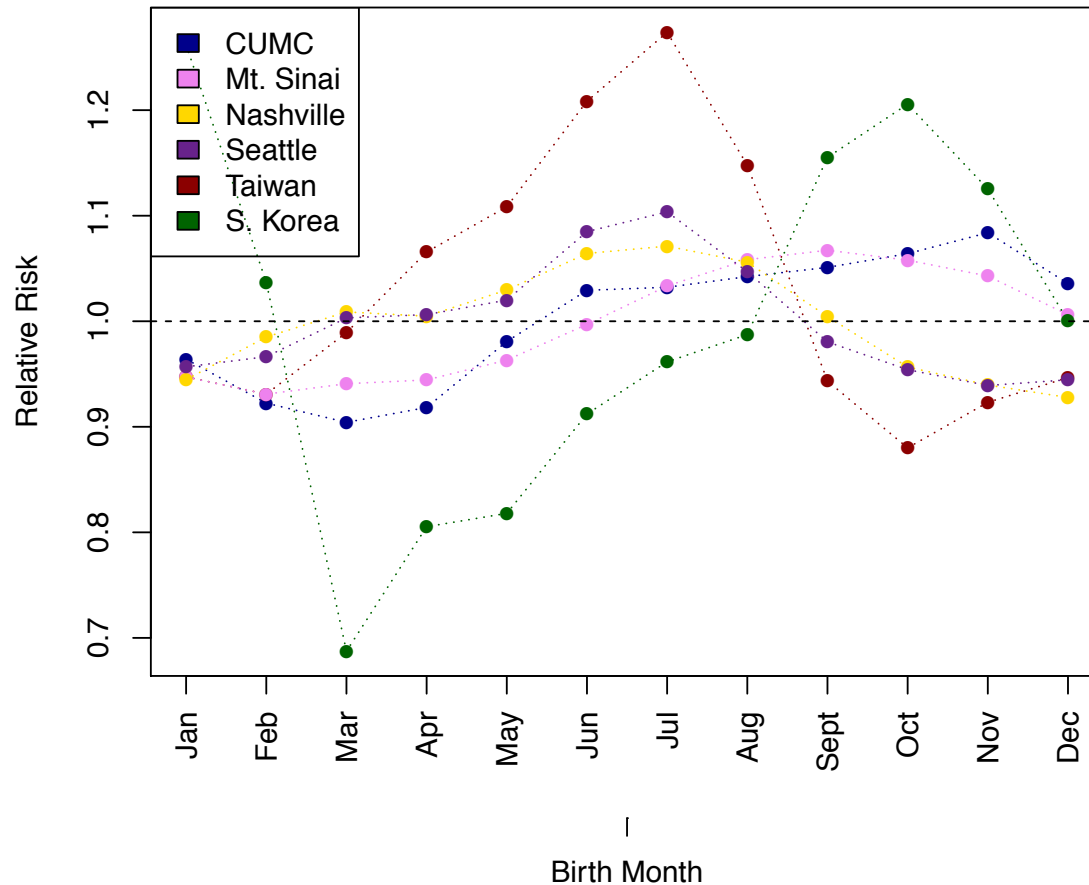
Adjusting for Relative Age

All Curves Are Adjusted



Un-Adjusted

Attention deficit hyperactivity disorder

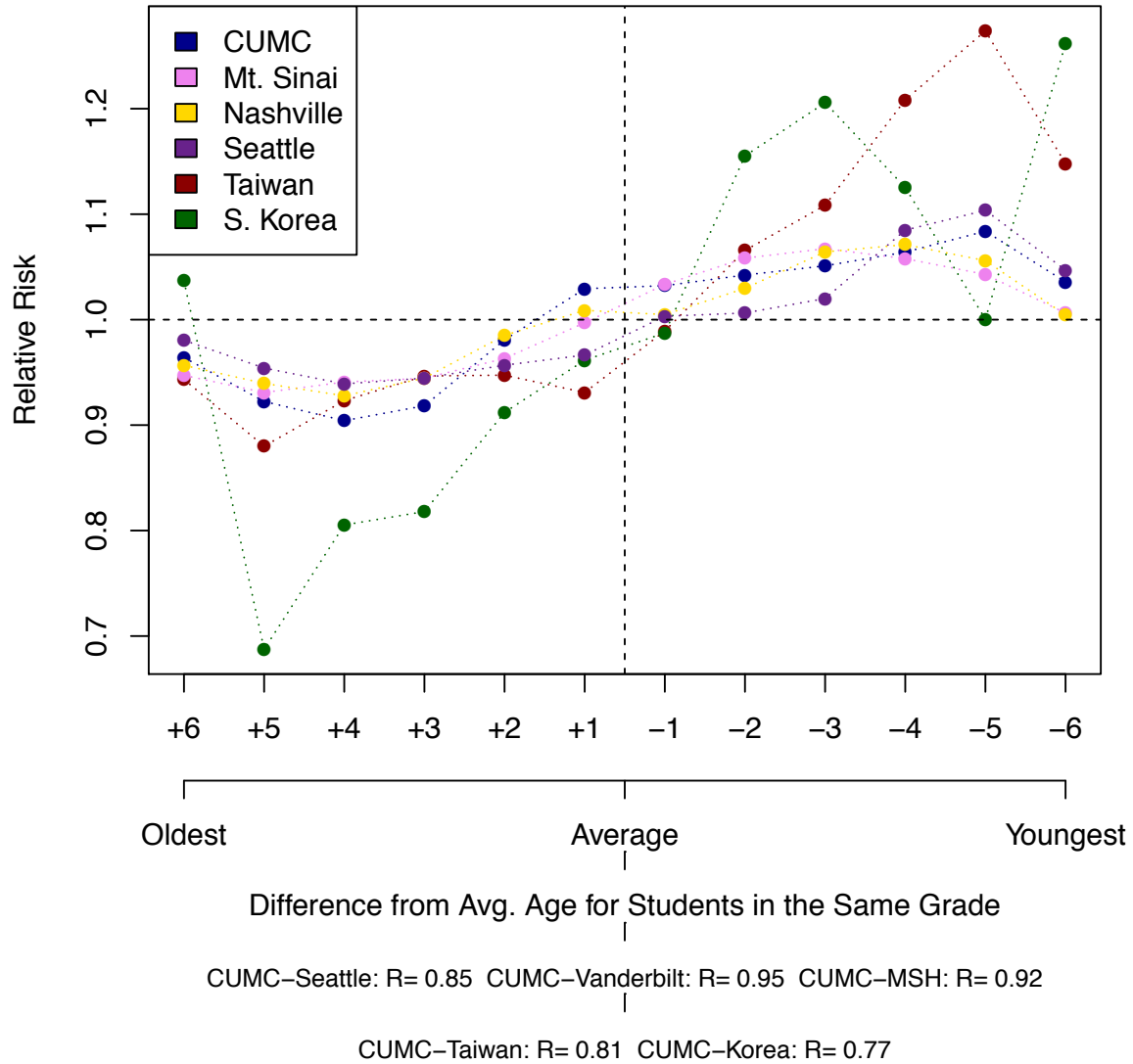


CUMC–Seattle: R= -0.01 CUMC–Vanderbilt: R= -0.07 CUMC–MSH: R= 0.92

CUMC–Taiwan: R= 0.03 CUMC–Korea: R= 0.55

Adjusted

Attention deficit hyperactivity disorder



Relative Age and ADHD - Literature

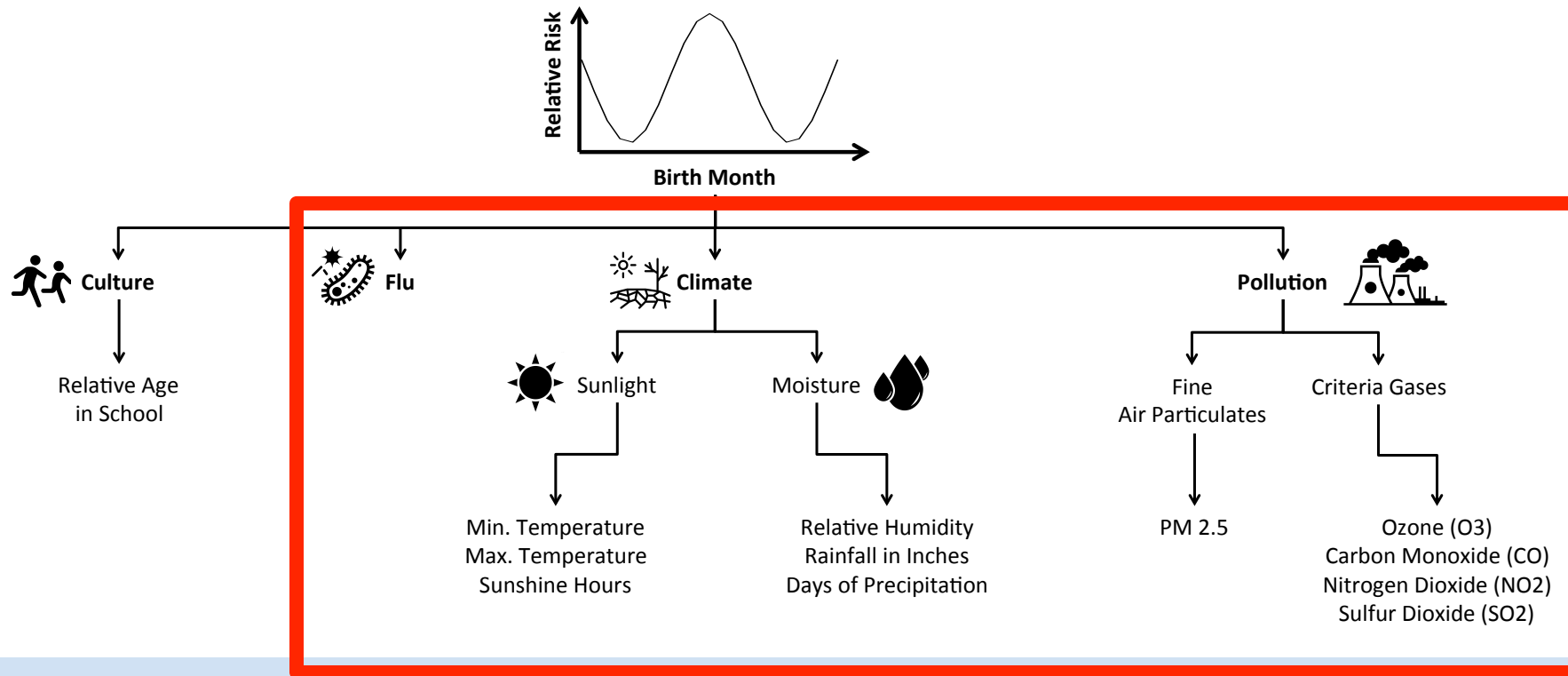
- **“Relative age, as an indicator of neurocognitive maturity, is crucial in the risk of being diagnosed with ADHD and receiving ADHD medication among children and adolescents. Our findings emphasize the importance of considering the age of a child within a grade when diagnosing ADHD and prescribing medication for treating ADHD”** –Chen 2016
- **“Relative age among classmates affects academic performance among boys and girls into puberty, as well as children’s risk of being prescribed stimulants for ADHD. This should be taken into account when evaluating children’s performance and behavior in school to prevent unnecessary stimulant prescribing.”** – Zoega 2012
- **“Since ADHD is an underlying neurological problem where incidence rates should not change dramatically from one birth date to the next, these results suggest that age relative to peers in class, and the resulting differences in behavior, directly affects a child's probability of being diagnosed with and treated for ADHD”** –Evans 2006
- **“CONCLUSIONS. ADHD diagnosis is likely to be influenced by a child's social and school environment as well as exogenous child characteristics. Concerns that increased pressures for school performance are associated with increased ADHD diagnoses may be justified.”** – Schneider 2006

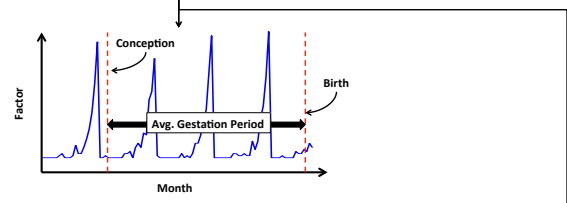
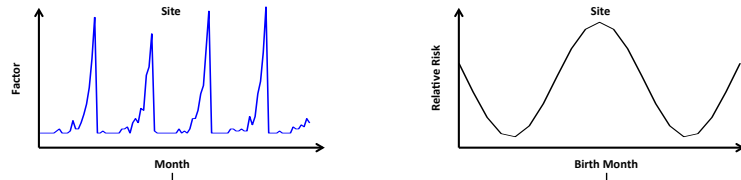
Attention Problems Are Due To School Cutoff Periods and Relative Age Effect



The Average Difference was 17.97% Between Peak High and Low Months!

Factors Influencing Birth Month - Disease Relationships

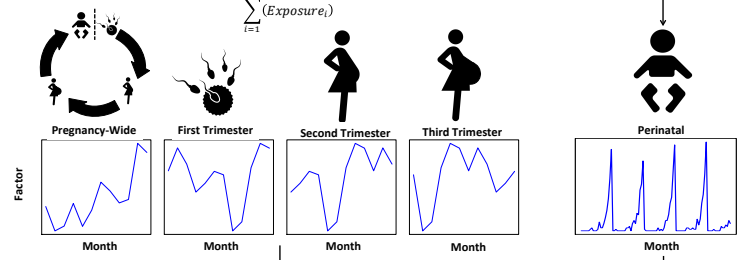




Compute Conception Month
Using Birth Month and Average Gestation Period Per Site

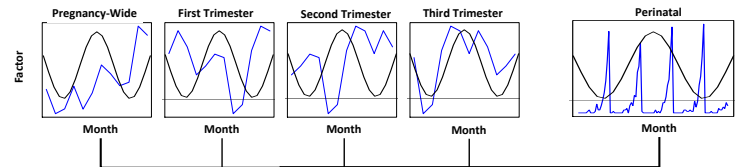
Sum Exposure Across Each Trimester and Entire Pregnancy

$$\sum_{i=1}^3 (Exposure_i)$$



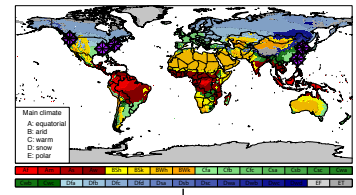
Correlate Each Birth Month – Disease Risk Curve
With Cumulative Trimester-Level Exposure and Entire
Pregnancy-Level Exposure For Each Factor

Correlate Each Birth Month –
Disease Risk Curve With Exposure
Level At Birth
For Each Factor

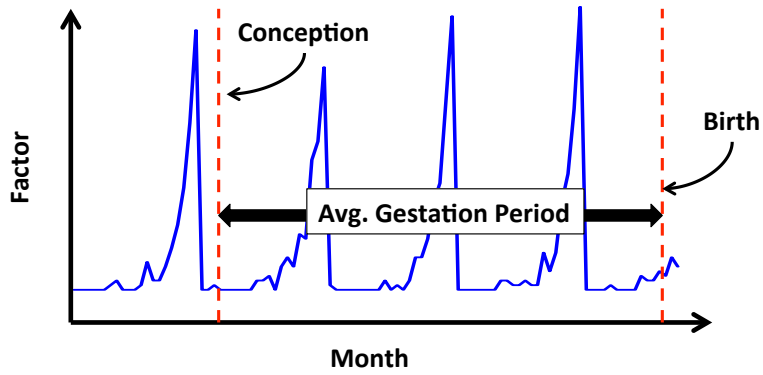
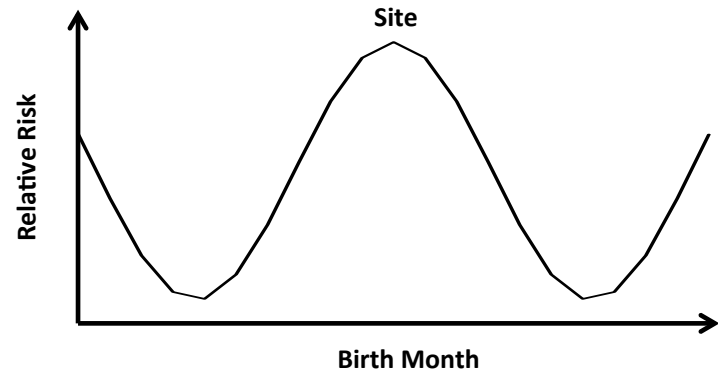
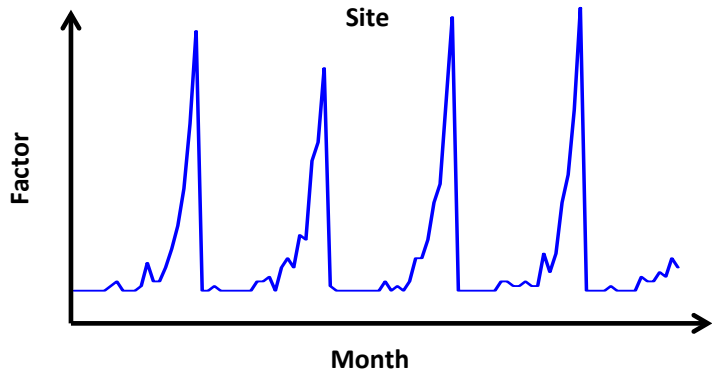


For Each Developmental Time-Point,
Calculate A Summary Correlation Statistic Using the
DerSimonian-Laird (DSL) Random-Effect Meta-Analytical Approach

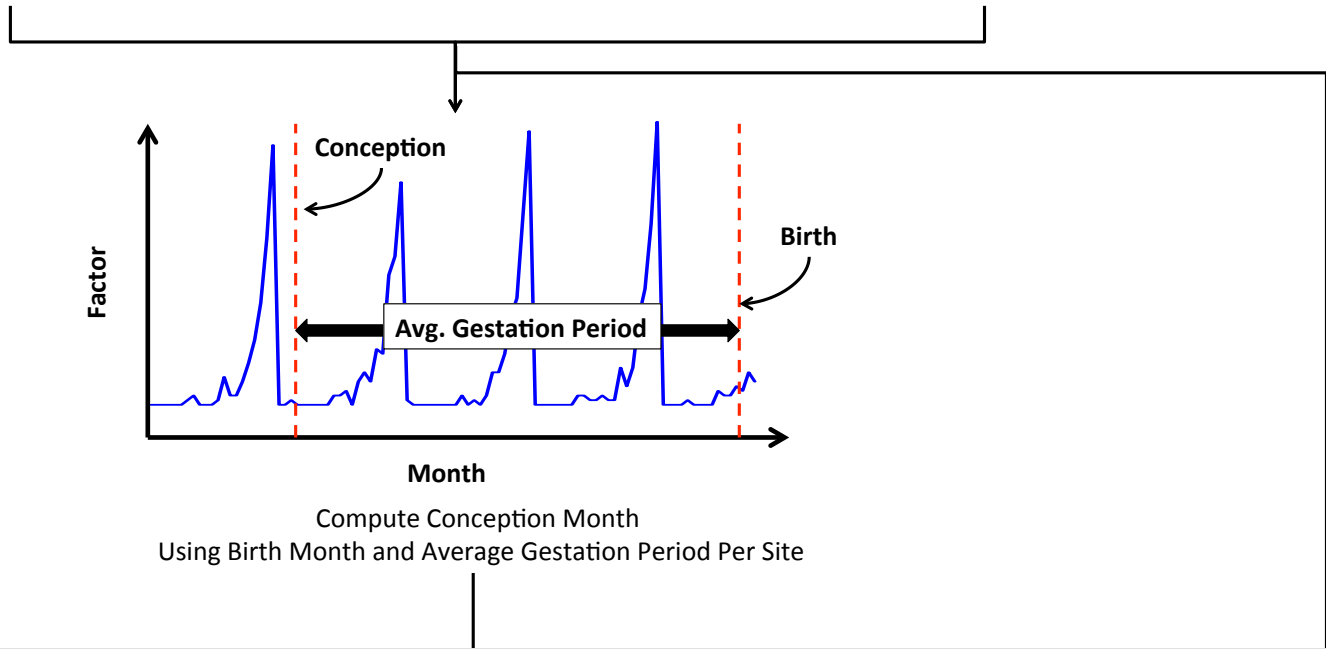
Collaborator Sites



List of Birth Month – Disease
Relationships Tied to Culture/Flu/
Climate/Pollutant Factor And
Developmental Period

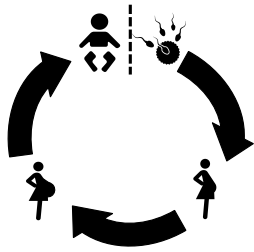


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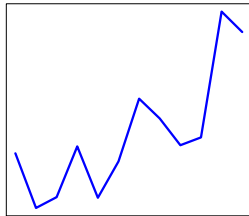


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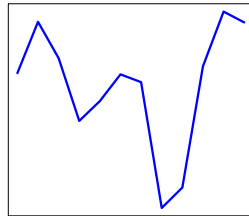
Pregnancy-Wide



Month



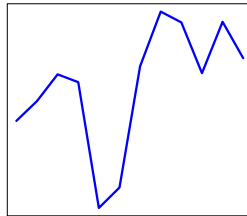
First Trimester



Month



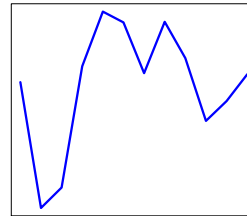
Second Trimester



Month



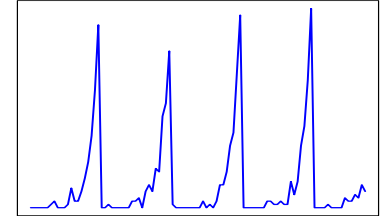
Third Trimester



Month



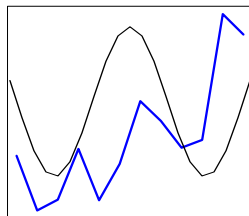
Perinatal



Month

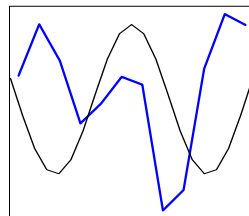
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Pregnancy-Wide



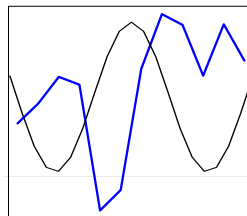
Month

First Trimester



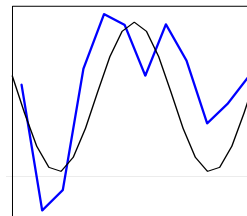
Month

Second Trimester



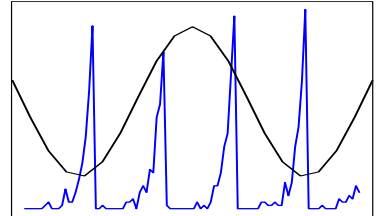
Month

Third Trimester



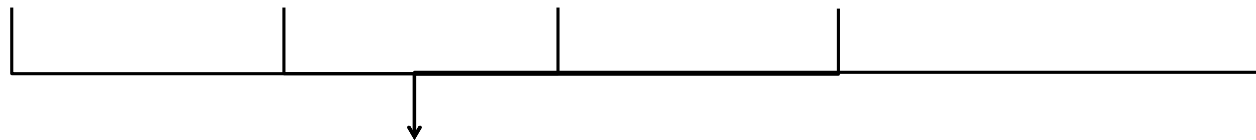
Month

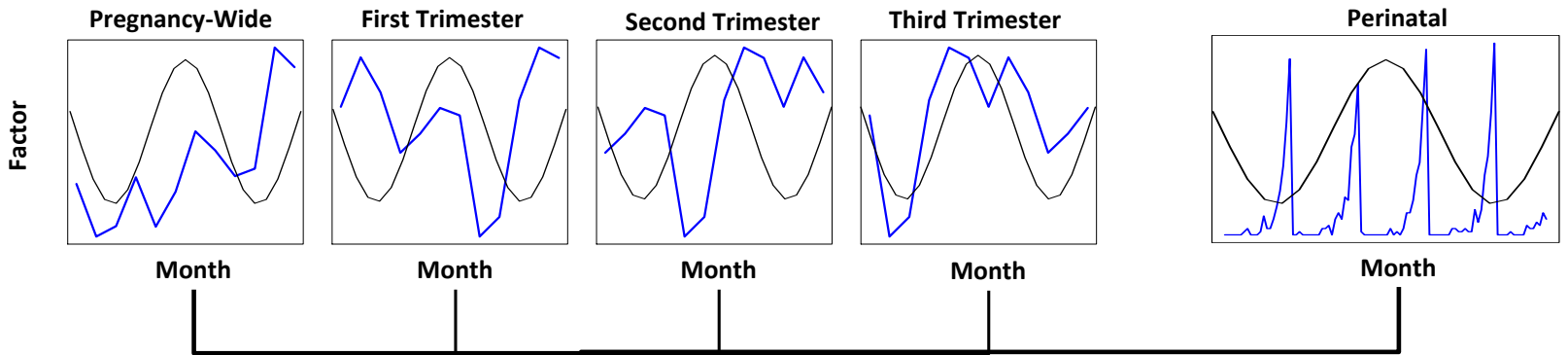
Perinatal



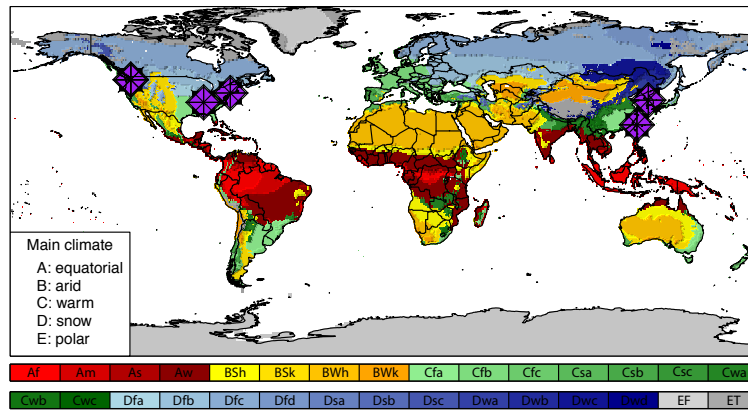
Month

Correlate Each Birth Month – Disease Risk Curve
With Exposure
Level At Birth
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For Each Developmental Time-Point,
Calculate a Summary Correlation Statistic Using the DerSimonian-Laird (DSL)
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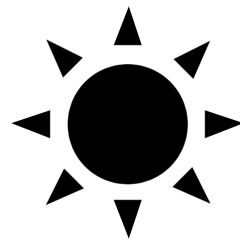


List of Birth Month – Disease
Relationships Tied to Culture/Flu/
Climate/Pollutant Factor And
Developmental Period

DerSimonian-Laird (DL or DSL) Meta-Analysis Statistic

- Approach for Estimating Variance Between Studies
 - Data from >4 sites required for accurate estimation of inter-study heterogeneity
 - DSL works well with large sample sizes (Jackson et al. 2010)
- Effect statistic: Pearson's Correlation
- Effect sizes are weighted by sample size (i.e., N)
- “Random Effects” Approach
 - *Variance of synthesized effect statistic based on idea that studies included in the analysis are a random sample of all possible studies that could have been included*
- Implemented in R using the Schulze 2004 method

Relative Exposures
Vary Across Study Sites



NYC, NY

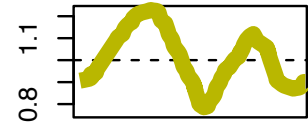
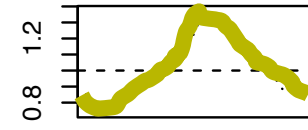
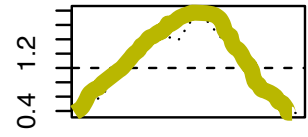
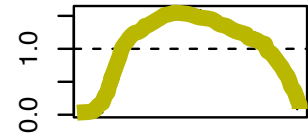
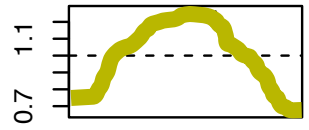
Nashville, TN

Seattle, WA

Taiwan

S. Korea

SUNLIGHT



NYC, NY

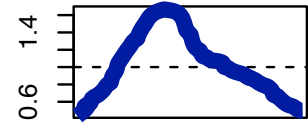
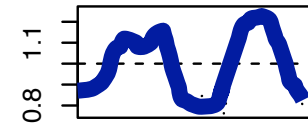
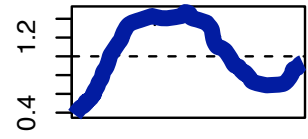
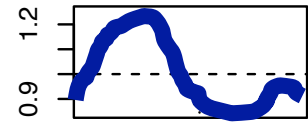
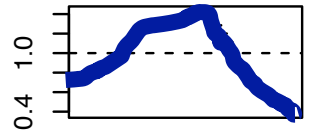
Nashville, TN

Seattle, WA

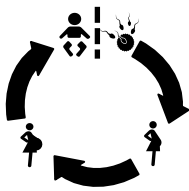
Taiwan

S. Korea

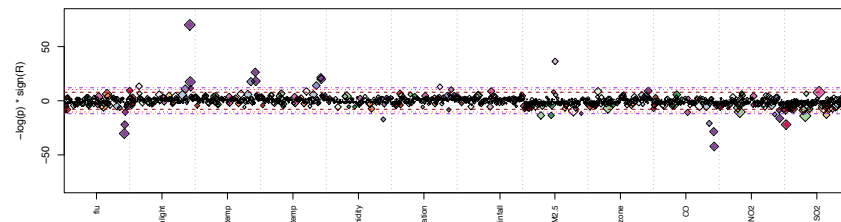
OZONE



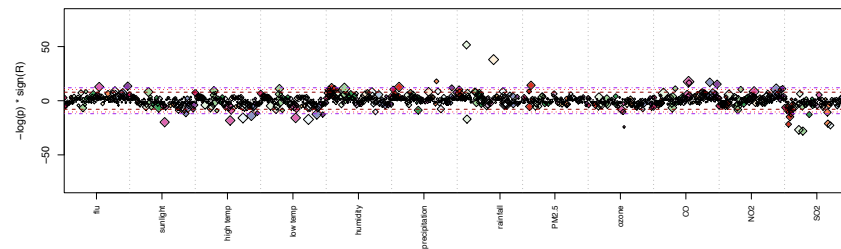
Results: Pooled Site-Wide Correlation



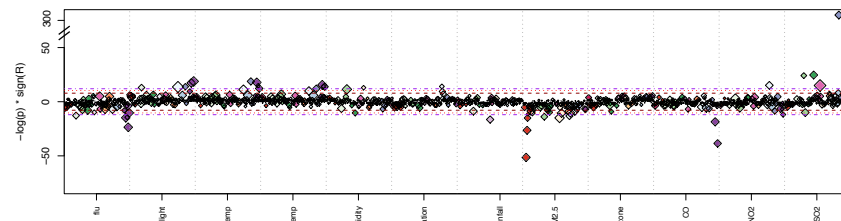
Pregnancy-Wide



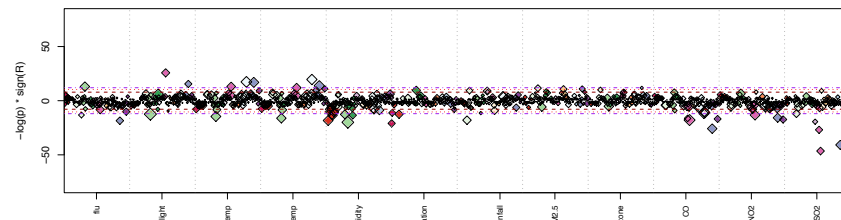
First Trimester



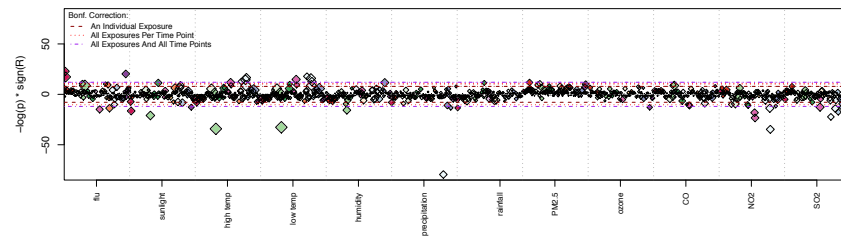
Second Trimester



Third Trimester



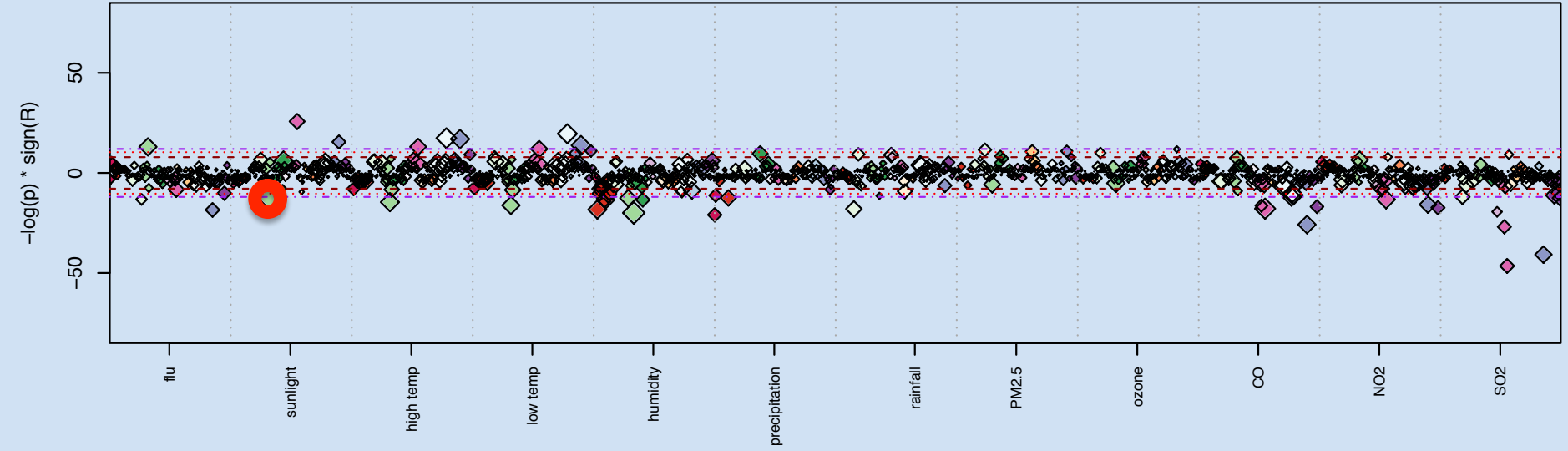
Perinatal



- blood
- circulatory
- digestive
- endocrine
- genitourinary
- infectious_and_parasitic_diseases
- injury
- mental
- musculoskeletal
- neoplasms
- nervous
- respiratory
- sense_organ
- skin
- symptoms



Third Trimester

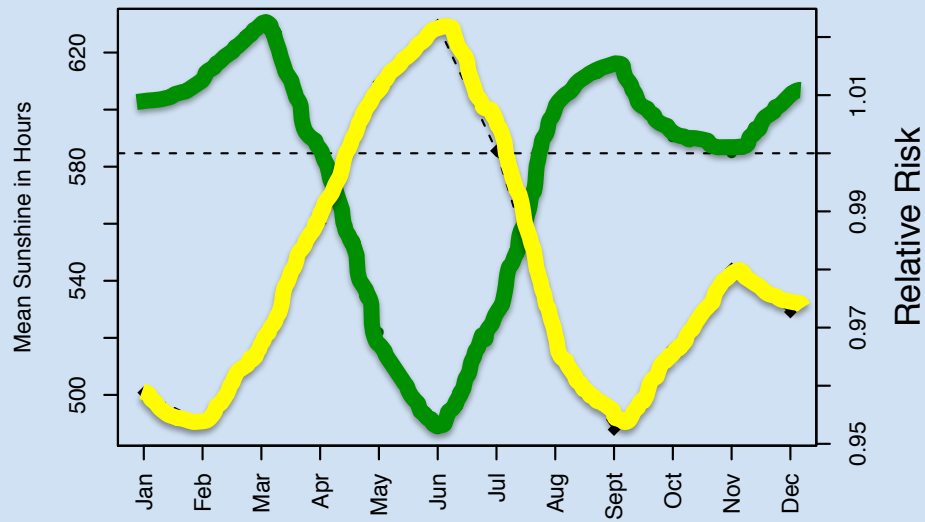


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- injury
- mental
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- nervous
- respiratory
- sense_organ
- skin
- symptoms

Third Trimester Sunlight and Diabetes

South Korea

Type 2 diabetes mellitus

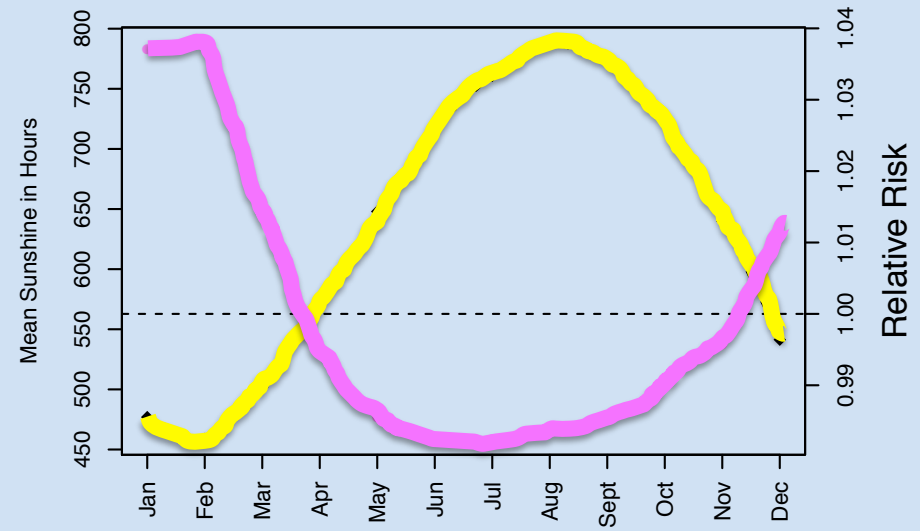


Correlation Between Birth Month – Sunshine

Korea: $R=-0.94$ $P=0$

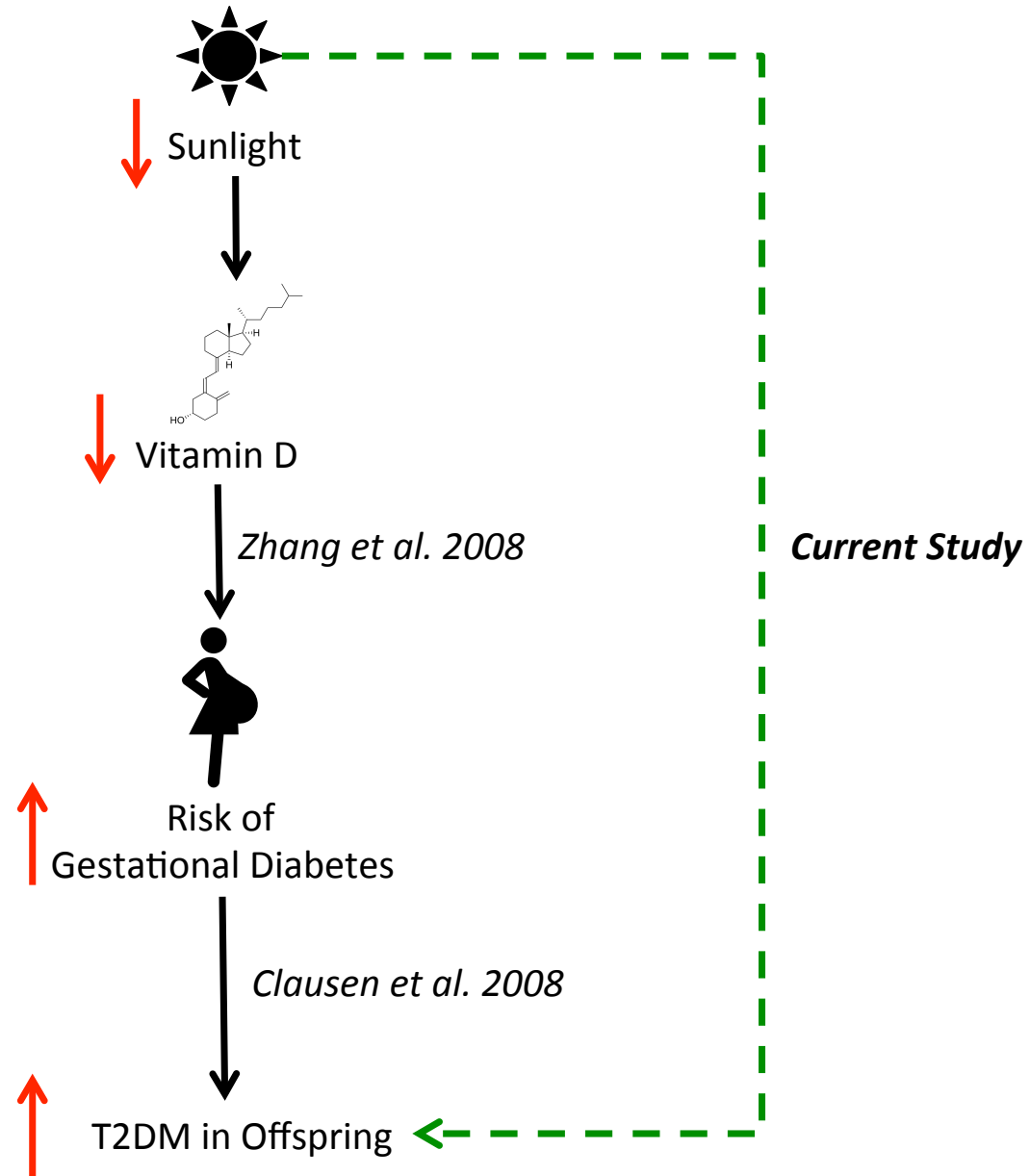
NYC, Mt Sinai

Type 2 diabetes mellitus

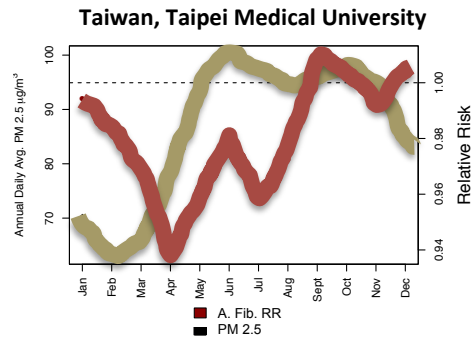
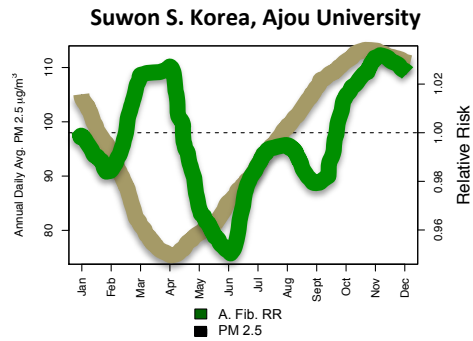
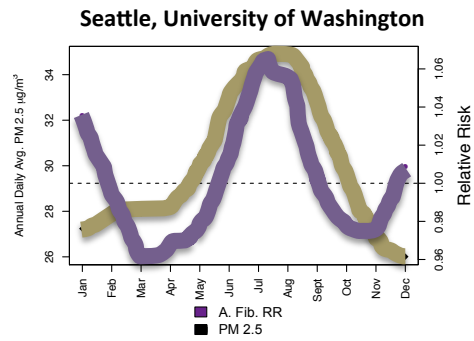
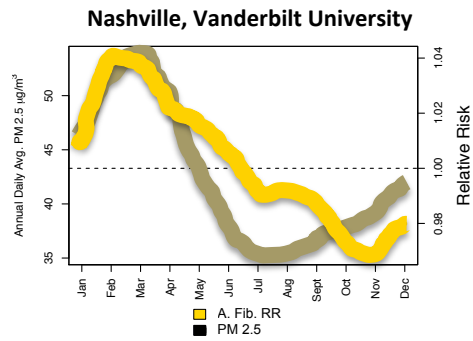
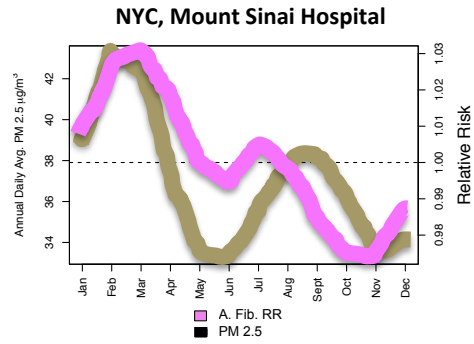
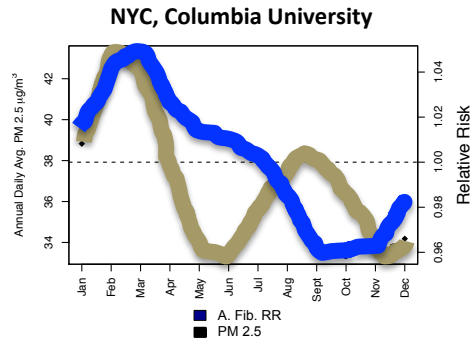


Correlation Between Birth Month – Sunshine

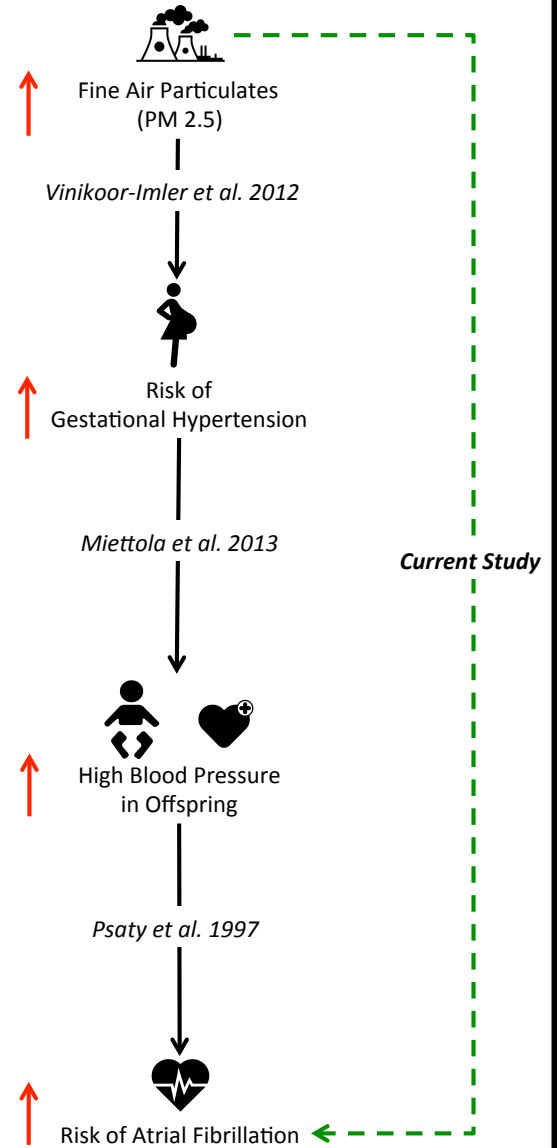
MSH: $R=-0.9$ $P=0$



A First Trimester Exposure and Atrial Fibrillation



B Mechanistic Pathway



Summary of Studies

- Climate is important in understanding disease susceptibility
- Birth Month – Disease Relationships Are Correlated with Certain Exposures During Specific Trimesters Across All Sites
- Results Fit With Known Biological Developmental Pathways

MR Boland, P Parhi, R Miotto, R Carroll, U Iqbal, P-A Nguyen, M Schuemie, SC You, D Smith, S Mooney, P Ryan, Y-C Li, RW Park, J Denny, JT Dudley, G Hripcsak, P Gentine, NP Tatonetti. Uncovering Exposures Responsible for Birth Season – Disease Effects: A Global Study. *J Am Med Inform Assoc.* **2017**; *In press.*

<https://academic.oup.com/jamia/article/doi/10.1093/jamia/ocx105/4265709/Uncovering-exposures-responsible-for-birth-season>

MR Boland, P Parhi, P Gentine, NP Tatonetti. Climate Classification is an Important Factor in Assessing Quality-of-Care Across Hospitals. *Scientific Reports.* **2017**; 7:4948.

<https://www.nature.com/articles/s41598-017-04708-3>

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- Andrew Gelman
- George Hripcsak
- Dennis Vitkup
- Pierre Gentine



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Vanderbilt University: Robert Carroll, Josh Denny

University of Washington: Don Smith, Sean Mooney

Taiwan: Usman Iqbal, Alex Nguyen, Martijn Schuemie, Jack Li

South Korea: Seng Chan You, Rae Woong Park

OHDSI: Patrick Ryan

Broad Institute: Konrad Karczewski

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School of Medicine
UNIVERSITY *of* PENNSYLVANIA

Questions?

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