



OHDSI2024 Mad Minutes & Logistics

OHDSI Community Call
Oct. 15, 2024 • 11 am ET



Upcoming Community Calls

Date	Topic
Oct. 15	Global Symposium Mad Minutes/Final Logistics
Oct. 22	No Meeting due to Global Symposium
Oct. 29	Welcome to OHDSI
Nov. 5	Meet The 2024 Titans
Nov. 12	Next Steps in Evidence Dissemination
Nov. 19	Evidence Network in Action: Semiglutide Study
Nov. 26	Collaborator Showcase Honorees
Dec. 3	Recent OHDSI Publications
Dec. 10	How Did We Do In 2024?
Dec. 17	Holiday-Themed Final Call of 2024



Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?





OHDSI Shoutouts!



Congratulations to the team of **Benjamin Readhead, Eyal Klang, Undina Gisladdottir, Maxence Vandromme, Li Li, Yakeel Quiroz, Joseph Arboleda-Velasquez, Joel Dudley, Nicholas Tatonetti, Benjamin Glicksberg and Eric Reiman** on the publication of **Heparin treatment is associated with a delayed diagnosis of Alzheimer's dementia in electronic health records from two large United States health systems** in *Molecular Psychiatry*.

Molecular Psychiatry

www.nature.com/mp

ARTICLE OPEN

Check for updates

Heparin treatment is associated with a delayed diagnosis of Alzheimer's dementia in electronic health records from two large United States health systems

Benjamin Readhead^{1,11}, Eyal Klang^{2,3,11}, Undina Gisladdottir^{4,11}, Maxence Vandromme², Li Li⁵, Yakeel T. Quiroz⁶, Joseph F. Arboleda-Velasquez⁷, Joel T. Dudley^{1,2}, Nicholas P. Tatonetti^{4,8,9,11}, Benjamin S. Glicksberg^{2,11} and Eric M. Reiman^{1,10,11}

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Recent studies suggest that heparan sulfate proteoglycans (HSPG) contribute to the predisposition to, protection from, and potential treatment and prevention of Alzheimer's disease (AD). Here, we used electronic health records (EHR) from two different health systems to examine whether heparin therapy was associated with a delayed diagnosis of AD dementia. Longitudinal EHR data from 15,183 patients from the Mount Sinai Health System (MSHS) and 6207 patients from Columbia University Medical Center (CUMC) were used in separate survival analyses to compare those who did or did not receive heparin therapy, had a least 5 years of observation, were at least 65 years old by their last visit, and had subsequent diagnostic code or drug treatment evidence of possible AD dementia. Analyses controlled for age, sex, comorbidities, follow-up duration and number of inpatient visits. Heparin therapy was associated with significant delays in age of clinical diagnosis of AD dementia, including +1.0 years in the MSMS cohort ($P < 0.001$) and +1.0 years in the CUMC cohort ($P < 0.001$). While additional studies are needed, this study supports the potential roles of heparin-like drugs and HSPGs in the protection from and prevention of AD dementia.

Molecular Psychiatry; <https://doi.org/10.1038/s41380-024-02757-5>



Three Stages of The Journey

Where Have We Been?

Where Are We Now?

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Upcoming Workgroup Calls



Date	Time (ET)	Meeting
Tuesday	12 pm	CDM Vocabulary Subgroup
Wednesday	9 am	Psychiatry
Wednesday	1 pm	Perinatal & Reproductive Health
Wednesday	4 pm	Joint Vulcan/OHDSI Meeting
Wednesday	7 pm	Medical Imaging
Thursday	8 am	India Community Call
Thursday	9 am	OMOP CDM Oncology Vocabulary/Development Subgroup
Thursday	9:30 am	Themis
Thursday	7 pm	Dentistry
Friday	10 am	GIS-Geographic Information System
Friday	10:30 am	Open-Source Community
Friday	11:30 am	Steering
Monday	9 am	Vaccine Vocabulary
Monday	11 am	Data Bricks User Group



NEI/OHDSI Session: Oct. 30, 12 pm ET



National Eye Institute
Research Today...Vision Tomorrow

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OHDSI Research Opportunities: Harnessing Healthcare Databases for Improved Outcomes



October 30, 2024

12:00 PM to 1:00 PM ET

Scheduled Speakers

Michelle Hribar

Cindy Cai

Patrick Ryan



@OHDSI

www.ohdsi.org

#JoinTheJourney



ohdsi



2024 APAC Symposium

Dec. 4-8 • Marina Bay Sands & National University of Singapore (NUS)

Registration is OPEN!

Preliminary Dates To Know

Oct. 7-24: Collaborator Showcase Submission Review

Oct. 31: Notification of Acceptance

Symposium Agenda

Dec. 4: Tutorial at NUS

Dec. 5-6: Main Conference at Marina Bay Sands

Dec. 7-8: Datathon at NUS

ohdsi.org/APAC2024





The Center for Advanced Healthcare Research Informatics (CAHRI) at Tufts Medicine welcomes:



Vipina Keloth, PhD

Associate Research Scientist in Biomedical Informatics and Data Science at Yale University School of Medicine

‘Exploring the realm of large language models for information retrieval in the biomedical domain’

October 31, 2024, 11am-12pm EST

Virtually via [Zoom](#)

Please contact Marty Alvarez at malvarez2@tuftsmedicalcenter.org for calendar invite or questions.

TuftsMedicine
Tufts Medical Center



#OHDSISocialShowcase

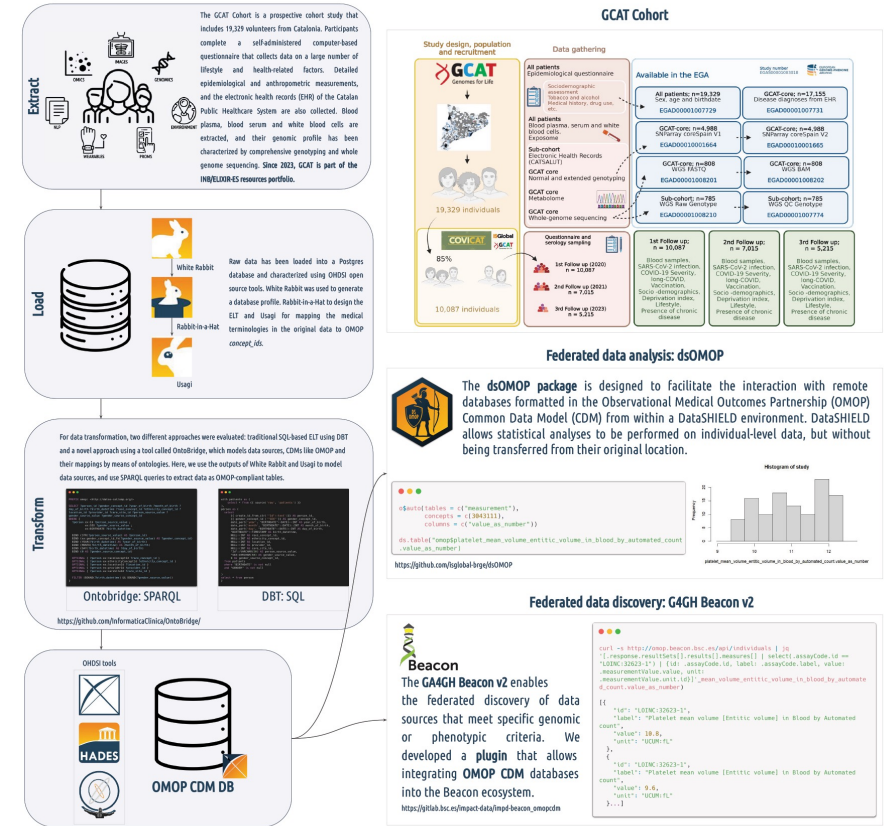
MONDAY

DATOS-CAT: Leveraging OMOP CDM for the standardization, integration and analysis of population-based biomedical data in Catalonia

(Judith Martinez-Gonzalez, David Sarrat-González, Ramon Mateo-Navarro, Guillem Bracons Cucó, Aikaterini Lymperidou, Marta Huertas, Sergi Aguiló-Castillo, Salvador Capella-Gutiérrez, Rafael de Cid, Santiago Frid, Juan R González and Alberto Labarga)

DATOS-CAT: Leveraging OMOP CDM for the standardization, integration and analysis of population-based biomedical data in Catalonia

Judith Martinez-Gonzalez^{1,2}, David Sarrat-González², Ramon Mateo-Navarro^{1,3}, Guillem Bracons Cucó¹, Aikaterini Lymperidou^{1,4,5}, Marta Huertas^{1,5}, Sergi Aguiló-Castillo^{2,4}, Salvador Capella-Gutiérrez^{2,4}, Rafael de Cid^{1,4,6}, Santiago Frid¹, Juan R González² and Alberto Labarga^{2,4}
¹Institute for Bioengineering of Catalonia (IBEC). ²Barcelona Supercomputing Center (BSC). ³Barcelona Institute for Global Health (ISGlobal). ⁴Genomes for Life- GCAT lab-Germans Trias i Pujol Research Institute (IGTP). ⁵Centre for Genomic Regulation (CRG). ⁶Spanish National Bioinformatics Institute (INB/ELIXIR-ES). ⁷Hospital Clinic de Barcelona. ⁸Grup de Recerca en Impacte de les Malalties Cròniques i les seves Trajectòries (GRIMTra).



[1] Obón-Santacana, M. et al. GCAT/Genomes for life: a prospective cohort study of the genomes of Catalonia. *BMJ Open* 8, 2018
 [2] Rambla J. et al. Beacon v2 and Beacon networks: A "lingua franca" for federated data discovery in biomedical genomics, and beyond. *Hum. Mutat.*, 43, 791-799, 2022.
 [3] Marcon, Y. et al. Orchestrating privacy-protected big data analyses of data from different resources with R and DataSHIELD. *PLoS Computational biology*, 17(3), 2021.

Code available at <http://github.com/DATOS-CAT>





#OHDSISocialShowcase

TUESDAY

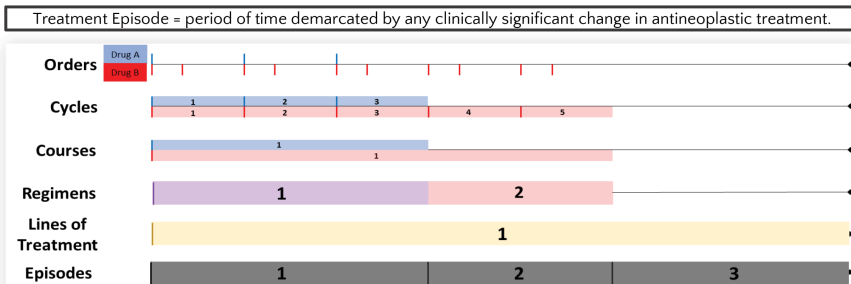
Expanding the Episode concept in the Observational Medical Outcomes Partnership Common Data Model (OMOP CDM) Oncology Module: drug Order, Cycle, Course, Regimen and Line of Treatment

(Judith Martinez-Gonzalez, David Sarrat-González, Ramon Mateo-Navarro, Guillem Bracons Cucó, Aikaterini Lymperidou, Marta Huertas, Sergi Aguiló-Castillo, Salvador Capella-Gutiérrez, Rafael de Cid, Santiago Frid, Juan R González and Alberto Labarga)

Expanding the Episode concept in the Observational Medical Outcomes Partnership Common Data Model (OMOP CDM) Oncology Module: drug Order, Cycle, Course, Regimen and Line of Treatment.

Background: In the OMOP CDM Oncology Module extension, Treatment Episodes distinguish various treatment strategies as recorded in the HemOnc database. Such temporal delimitation is necessary when utilizing electronic health record (EHR) data for real-world evidence generation, since the EHR is build for clinical rather than research purposes. Clear data concept definitions can also facilitate a broader academic "standardization" when it comes to defining oncology treatment lines.

Here, we propose an extension of the data model building on the Treatment Episode concept:



Individual drug perspective: Order, Cycle & Course

Drug order: Date of administration of medication.

Drug cycle: Time period after Drug Order in which medication is biologically active, for example 21 days for chemotherapy.

Drug course: Repeating and consecutive cycles of same drug. Starts with first Drug Cycle and ends with last Drug Cycle.

Drug Orders, Cycles and Courses are unique for each drug and directly describes the active drug period with respect to both anti-neoplastic effect and toxic side-effects, i.e., the time in which the drug is believed to be biologically active with regards to acute effects (Cycles) and late or accumulated effects (Courses).

Multiple drug perspective: Regimen & Line of Treatment

Drug regimen: Combination of drug courses that are overlapping in time. The addition or discontinuation of a Drug Course denotes a new regimen.

Line of treatment (LoT): expands the Regimen concept by considering the cancer diagnosis and treatment intent. LoT operates with a single diagnosis, which correspond to the overarching Disease Episode in the OMOP CDM. A patient with syn/meta-chronous cancers may receive 1st LoT for both. By incorporating treatment intent, LoT can be coupled with the dynamic and extent Disease Episodes in the OMOP CDM. The line of treatment increases whenever a regimen with a new drug is initiated. The line of treatment continues until next line of treatment, death, or censoring.

Conclusion: In our proposed definition, Treatment Episodes correspond to Drug Regimen changes as depicted above. Clarifications and further definitions are still needed. Clear concept definitions are necessary but can enable both studies of classic oncology treatments while simultaneously enabling novel and granular real-world data analyses. Next, we aim at integrating surgical and radiotherapeutic procedures and supportive drug treatment in the concepts, in addition to defining criteria for dose alterations. We will publish all code as open source when it has been validated.



Andreas Henriksen¹, Juho Lähteenmaa², Cecilie Koefoed-Nielsen¹, Samu Eränen³, Andrea Roncadori⁴, Ilaria Massa² & Andreas Bjerrum¹
¹Department of Oncology, Copenhagen University Hospital, Rigshospitalet, Denmark, ²Helsingin Yliopistollinen sairaala "HUS", Finland, ³IRCCS Istituto Romagnolo per lo Studio Dei Tumori (IRST) "Dino Amadori", Meldola, Italy



#OHDSISocialShowcase

WEDNESDAY

Is it necessary to include SNOMED CT national extensions in ATHENA? Struggling with adaptation from BIFAP data model to OMOP CDM

(Juan Ignacio Díaz-Hernández, Hermenegildo Martínez-Alcalá, Cristina Justo-Astorgano, Ana Llorente, Arturo Álvarez, Miguel Ángel Macía)

SNOMED CT drug mapping to RxNorm has challenges. Use of SNOMED CT SNS extension completes drug information retrieval.

Title: Is it necessary to include SNOMED CT national extensions in ATHENA? Struggling with adaptation from BIFAP data model to OMOP CDM.

Background: The Database for Pharmacoepidemiological Research in the Public Area (BIFAP) is an initiative of the Spanish Agency of Medicines and Health Products (AEMPS). During the process of transforming the original data model to OMOP CDM, an important work of standardization to SNOMED CT was carried out; specifically, the standardization of drug dispensations to the SNOMED CT Drug Extension for Spain (SNOMEDCT_DES) were done using both National Code and description in the SNOMEDCT_DES.



11
Regional Health Systems integrated



>22 Million
of patients

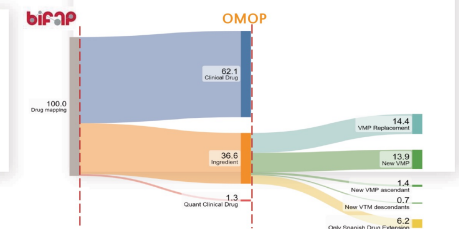


>2.2 Billion
of drug dispensation records

Result 1: Situation of drug retrieval after standardization in OMOP using SNOMEDCT_DES.

Class	Records	Patients	Codes	%Records
Clinical Drug	1,516,001,644	266,367,772	36,735	62.1%
Ingredient	889,272,573	196,085,150	18,350	36.4%
Quant Clinical Drug	35,158,055	7,102,233	1,261	1.4%
Clinical Drug Form	759	697	1	0.0%

Result 2: Error types identified in drug retrieval.



Discussion

- Pharmaceutical dispensations in BIFAP are standardized to SNOMEDCT_DES using the official references by national code (dependent on Spanish Health Authorities), retrieving the same information as Clinical Drug information.
- Therefore, the assignment of the 36.4% of unmapped to Clinical Drug in RxNorm would create unnecessary duplication within BIFAP. As it would have to contemplate not only its initial mapping but also the necessary mechanisms for subsequent retrieval.

Suggestions:

- Propose the incorporation of the SNOMEDCT_DES as an incorporated vocabulary for Drug Domain in ATHENA.
- Collaboration with CIMA (responsible for the SNOMEDCT_DES) to enhance the consistency between SNOMEDCT_DES and SNOMED CT international edition.
- Collaboration with CIMA and the Spanish SNOMED CT National Center for the creation and proposal of non-existing VMPs following the international SNOMED CT model.



Juan Ignacio Díaz-Hernández, Hermenegildo Martínez-Alcalá, Cristina Justo-Astorgano, Ana Llorente, Arturo Álvarez, Miguel Ángel Macía





#OHDSISocialShowcase

THURSDAY

Deployment approach for first phase of OMOP CDM harmonization and network study participation at CuSL

(Lars Halvorsen, Joëlle Thonnard, Aline Van Maanen, Cédric Van Marcke, Audrey Timmermans, Yannick Barussaud, Alix Collard, Emma Gesquire, Ben Burke, Mahsa Maleki Nazari, Shirah Cashriel)

The “OMOPisation” of cancer data at *Cliniques universitaires Saint-Luc* has reached a milestone, enabling the participation in a first network study.

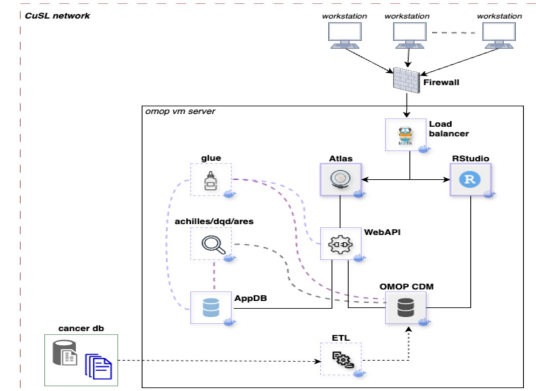
Title: Deployment approach for first phase of OMOP CDM harmonization and network study participation at CuSL

Background: The Cliniques universitaires Saint-Luc (CuSL) has been working to set up an on-premise OMOP CDM data warehouse (DWH) as a member of the European DigiONE project supported by the Digital Institute for Cancer Outcomes Research (DIGICORE) consortium^{1,2}. We have now reached a milestone by having an initial deployment in place for participation in a first network study, with the processes in place to extend the data set further for additional upcoming network studies.

Methods:

- A secure, access-controlled server has been implemented on the hospital infrastructure, initially set up on a Virtual Machine (VM) using dummy data for test/validation, and now validated and prepared for replication on a production VM.
- To ensure security and control, the entirety of the deployment configuration is maintained within a private GitHub repository. When setting up the deployment, it is cloned directly onto the server, where the copied Git working directory assumes a pivotal role, acting as the workspace for Docker Compose operations.
- The core components are encapsulated within open-source Docker containers⁴. Management of the deployment lifecycle is conducted using docker compose commands, which provides a convenient interface for starting, stopping, and updating the various components of the toolkit. The deployment methodology is designed with collaboration and revision management in mind.
- Technical challenges, such as Atlas configuration and R repository access, were resolved. Since all components are managed via Docker, updates and configurations can be systematically scripted to maintain consistency in future deployments.

Figure 1: CuSL phase 1 deployment architecture.



Results:

- The OMOP CDM database and related tools have been successfully deployed on a secured server within the hospital infrastructure.
- The ETL pipeline processes data from a cancer database, incorporating an initial subset from the 36 MEDOC (Minimal Essential Description Of Cancer) variables³ in view of performing 2 to 3 initial network studies.
- Out of 2309 ICD-O3 morphology/topology definitions, 1991 were mapped to OMOP condition concepts, with the remainder unaligned due to gaps in the OMOP vocabulary or imprecise source coding.
- The current setup is prepared for expansion to include additional data types like treatments and biomarkers for future network studies.

Conclusion: The deployment strategy strikes a balance between openness and control, providing a comprehensive, transparent, and secure analytical environment for OHDSI's tools. With the first milestone reached, being the successful set up and deployment of an OMOP'ed dataset, it will enable the participation in a first network study, as well as the expansion of the OMOP CDM data set to allow participation in additional studies, and to allow further usage of OMOP CDM for other projects at CuSL.



Lars Halvorsen¹, Joëlle Thonnard², Aline Van Maanen¹, Cédric Van Marcke¹, Audrey Timmermans³, Yannick Barussaud⁴, Alix Collard², Emma Gesquire², Ben Burke⁵, Mahsa Maleki Nazari⁶, Shirah Cashriel⁷

AFFILIATIONS
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²Cliniques universitaires Saint-Luc, Brussels, Belgium

REFERENCES
¹ The OHDSI initiative of cancer data at Cliniques universitaires Saint-Luc, Saint-Tommas' Hospital, Ghent, Austria, Universitat de Girona, Spain, OHDSI Europe Symposium 2021
² OHDSI Europe Symposium 2021
³ MEDOC: Minimal Essential Description Of Cancer
⁴ Docker: Open Platform for Container Technology
⁵ Docker: Open Platform for Container Technology
⁶ Docker: Open Platform for Container Technology
⁷ OHDSI Europe Symposium 2021





#OHDSISocialShowcase

FRIDAY

Trends over time in medicines with suggested shortages in Europe in Europe

(Marta Pineda-Moncusi, Mees Mosseveld, Edward Burn, Dani Prieto-Alhambra, Theresa Burkard)

Trends over time in medicines with suggested shortages in Europe

Analysing the trends in the utilization of essential medications over time and monitoring their use can greatly contribute to the global endeavour to address drugs shortages.

Background

Shortage of essential medicines can severely impact patients' health, leading to higher mortality rates, increased incidents of adverse reactions and medication errors, and elevated treatment costs. This study aims to investigate the use of medicines with suggested shortages between 2010 and 2023 through the European Health Data & Evidence Network (EHDEN).

Results

👤 N=11,771,177 (UK) 👤 N=2,781,072 (NL)
👤 N=234,806,847 (US)

In October 2022, the EMA announced a shortage of the antibiotics' amoxicillin alone and in combination with clavulanate, attributed to an increment in demand:

- Use of amoxicillin alone (Figure 1a)
 - ↓ UK and NL in 2020 (due to COVID-19)
 - ↑ UK and NL in 2022 (surge in use)
- Use of amoxicillin with clavulanate (Figure 1b)
 - ↓ UK and NL except for a slight peak in 2022
 - ↓ US for both, alone or with clavulanate. (Figure 1)

Using a federated data network such as EDHEN offers the advantage of delivering a more comprehensive and generalisable representation of drug shortages in the European region.



Methods

- Study settings: descriptive study including all individuals present in:
 - Primary care CPRD Gold (UK) [2010 - 2023]
 - Primary care IPCI (NL) [2010 - 2023]
 - Primary and secondary care PharMetrics® Plus for Academics (US) [2017-2022]
- All databases were mapped to the OMOP CDM.

Exposure:

📦 24 drugs with suggested shortage 📦 32 alternative drugs

- Outcome: annual period prevalence (%; [95%CI]).

This analysis will also be conducted in multiple other data bases from the EHDEN network.

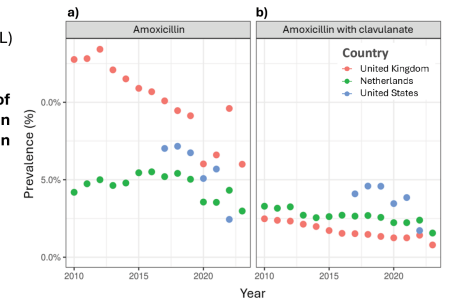


Figure 1. Annual period prevalence of amoxicillin a) alone and b) in combination with clavulanate

Interleukin inhibitor belatacept experienced high demand that outstripped production capacity, leading to a shortage between 2017 to 2023.

- Belatacept had too few counts in the data bases of the study, but we could observe, an alternative, systemic tacrolimus (Figure 2):

- ↑ UK and NL between 2010 and 2023
- ↑ US between 2017 and 2022

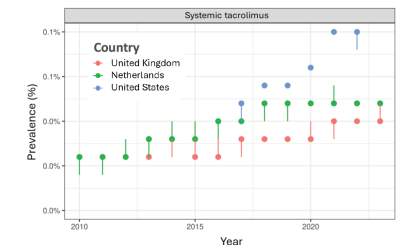


Figure 2. Annual period prevalence of systemic tacrolimus

Marta Pineda-Moncusi¹, Mees Mosseveld², Edward Burn, Dani Prieto-Alhambra^{1,3}, Theresa Burkard¹

¹ Centre for Statistics in Medicine, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS), University of Oxford, Oxford, U.K.

² Department of Medical Informatics, Erasmus University Medical Center, Rotterdam, The Netherlands

³ Department of Orthopaedic Surgery & Sports Medicine, Erasmus MC University Medical Centre Rotterdam, Rotterdam, The Netherlands





Job Opening

Senior Program Officer, Clinical AI Innovation, Gates Foundation

Senior Program Officer, Clinical AI Innovation [↗](#)

Apply

📍 Seattle, WA

🕒 Full time

🕒 Posted 6 Days Ago

📄 B020184

The Foundation

We are the largest nonprofit fighting poverty, disease, and inequity around the world. Founded on a simple premise: people everywhere, regardless of identity or circumstances, should have the chance to live healthy, productive lives. We believe our employees should reflect the rich diversity of the global populations we aim to serve. We provide an exceptional benefits package to employees and their families which include comprehensive medical, dental, and vision coverage with no premiums, generous paid time off, paid family leave, foundation-paid retirement contribution, regional holidays, and opportunities to engage in several employee communities. As a workplace, we're committed to creating an environment for you to thrive both personally and professionally.

Your Role

Are you passionate about using the power of AI to reduce inequality in low- and middle-income countries? Do you have experience working in developing countries on AI and digital health initiatives? If so, we want you to join our team at the largest nonprofit fighting poverty, disease, and inequity around the world.

The Senior Program Officer, Clinical AI Innovation is a key member of the AI team. This role will support several teams at the Foundation who are considering and investing in multiple applications of AI in Health, which is a high priority area for the Foundation. As such, this individual will be responsible for developing our overarching strategy to healthcare applications in AI; conceptualising, investing and managing investments in health applications of AI; providing advice and technical assistance to other program teams considering investment in this area; advocate for the safe, responsible use of AI as force multiplier to reducing inequality in health in LMICs.

What You'll Do

Develop the foundations' approach to AI and health

- Ensure we have an approach to evaluation of clinical AI applications/ use cases
- This would include existing and planned investment in multiple applications of AI in health across diagnostics, end user engagement, decision support and decision sciences for health
- Develop a clear understanding of specific ecosystem constraints and opportunities related to AI in health
- Identify a key set of partners and stakeholders in order to be successful in this focus area across the technical, advocacy, government, academic and funding spheres



Where Are We Going?

Any other announcements
of upcoming work, events,
deadlines, etc?

Please feel free to promote your
#OHDSI2024 workshop or workgroup activity!



Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?





2024 Global Symposium

Oct. 22-24 • Hyatt Regency Hotel • New Brunswick • N.J.

Registration is OPEN for the 2024 OHDSI Global Symposium. Collaborator Showcase notifications are taking place this week. Agendas and tutorial/workgroup schedules are posted.

Tuesday: Tutorials

Wednesday: Plenary/Showcase

Thursday: Workgroup Activities

ohdsi.org/OHDSI2024





2024 Global Symposium

Oct. 22-24 • Hyatt Regency Hotel • New Brunswick • N.J.



2024 Global Symposium Agendas, Floorplans,
Showcase Handout, Showcase Diagrams, Showcase
Voting Form, Symposium Evaluation

TUESDAY, OCTOBER 22 – TUTORIALS

[GLOBAL SYMPOSIUM – TUESDAY, OCTOBER 22 – TUTORIALS](#)

[TUESDAY, OCT. 22 – TUTORIALS FLOORPLAN](#)

WEDNESDAY, OCTOBER 23- SYMPOSIUM AND COLLABORATOR SHOWCASE

[GLOBAL SYMPOSIUM – WEDNESDAY, OCTOBER 23 – AGENDA](#)

[WEDNESDAY, OCT. 23- FLOORPLAN](#)

[COLLABORATOR SHOWCASE- LIST OF PRESENTERS](#)

[COLLABORATOR SHOWCASE – DATA, METHODS, CLINICAL POSTERS – BRUNSWICK BALLROOM DIAGRAM](#)

[COLLABORATOR SHOWCASE – SOFTWARE DEMOS, OPEN-SOURCE, COMMUNITY, LIGHTNING TALK POSTERS – GARDEN STATE ROOM DIAGRAM](#)

THURSDAY, OCTOBER 24 – WORKGROUPS

[GLOBAL SYMPOSIUM – THURSDAY, OCTOBER 24 – WORKGROUPS](#)

[THURSDAY, OCT. 24 – WORKGROUPS FLOORPLAN](#)

FORMS

[BEST CONTRIBUTION TO THE SHOWCASE – VOTING FORM](#)

[GLOBAL SYMPOSIUM EVALUATION FORM](#)

ohdsi.org/OHDSI2024



OHDSI2024 Conference Agenda

Time (ET)	Topic (Presenters)
7:30 - 8:15 am	Registration and Lite Breakfast (Atrium) Newcomer Orientation (Garden State)
8:30 - 9:15 am	State of the OHDSI Community (Regency Ballroom) Where Have We Gone and Where Are We Going? (George Hripcsak, Columbia University) Expand OHDSI Initiative for Eye Care and Ocular Imaging Challenge (Amberlynn Reed, National Eye Institute) Titan Awards (George Hripcsak, Columbia University & Marc Suchard, UCLA)
9:15 - 10:15 am	Plenary: Clinical Insights from LEGEND-T2DM (Regency Ballroom) Introduction to LEGEND-T2DM (Moderator: Aline Pedroso, Yale University) Comparative Effectiveness of Second-line Antihyperglycemic Agents (Arya Aminorroaya, Yale University) Effectiveness of First-line Antihyperglycemia Agents (Phyllis Thangaraj, Yale University) Comparative Safety of SGLT2 for Risk of Diabetic Ketoacidosis (Hannah Yang/Evan Minty, University of Calgary) Comparative Safety of GLP1-RA and the Risk of Thyroid Tumors (Daniel Moraes, University of Dundee)
10:15 - 10:35 am	Networking Break (Atrium)
10:35 - 11:20 am	Plenary: Value Proposition for Participating in OHDSI Network Studies like LEGEND-T2DM (Regency Ballroom) Introduction to OHDSI Evidence Network / Marketplace (Moderator: Clair Blacketer, Johnson & Johnson) Reflections from US Department of Veterans Affairs (Scott Duvall, VA) Reflections from SIDIAP (Spain) (Talita Duarte-Salles, IDIAP) Reflections from Taipei Medical University (Thanh-Phuc Phan, Taipei Medical University) Reflections from a Global Commercial Data Provider (Atif Adam, IQVIA)
11:20 am - 12:00 pm	Plenary Q&A: Lessons Learned on LEGEND-T2DM Journey (Regency Ballroom) (Moderator: Fan Bu, University of Michigan; Panelists: LEGEND-T2DM co-authors)
12:00 - 12:45 pm	Buffet Lunch (Atrium)

* agenda is subject to change

Time (ET)	Topic (Presenters)
12:45 - 1:30 pm	Plenary Panel: JACC-OHDSI Partnership (Regency Ballroom) (Moderators: Nicole Pratt, University of South Australia / Marc Suchard, UCLA; Panelists: Harian Krumholz, Yale University Seng Chan You, Yonsei University Yuan Lu, Yale University)
1:30 pm - 2:00 pm	Plenary Activity: OHDSI Scavenger Hunt - Form Your Network Study Dream Team (Regency Ballroom)
2:00 pm - 3:00 pm	Collaborator Showcase: Lightning Talks (Regency Ballroom) (Moderator: Linying Zhang, Washington University School of Medicine in St. Louis) 1) The missing link: Cross-species EHR data linkage offers new opportunities for improving One Health (Kathleen Mullen, University of North Carolina) 2) Comparing probabilistic and rule-based phenotype algorithms for hypotension and angioedema to the experience observed in randomized clinical trials (Joel Swerdei, Johnson & Johnson) 3) Exploring the interplay between metabolic syndrome and brain volume in depression: Basis for Phenotype-Based Classification (Sujin Gan, Ajou University) 4) Software demonstration: CohortConstructor – an R package to support cohort building pipelines (Edward Burn, University of Oxford) 5) A Oneshot and Lossless Federated Generalized Linear Mixed Effect Model (Jiayi Tong, Johns Hopkins University) 6) NCO-Calibrated DID Analysis: Addressing Unmeasured Confounding in Difference-In-Differences Analyses Using Negative Control Outcomes Experiments (Dazheng Zhang, University of Pennsylvania) 7) Health Trends Across Communities in Minnesota: a Statewide Dashboard Leveraging the OMOP CDM to Monitor the Prevalence of Health Conditions (Samuel Patnoe, HealthPartners Institute) 8) How Often: Large Scale Incidence Rate Calculation of Health Outcomes for Drugs Nested by Indication (Hsin Yi Chen, Columbia University)
3:00 pm - 5:00 pm	Collaborator Showcase: Posters and Software Demos • Data, Methods & Clinical Posters, #1-105 (Brunswick Ballroom, Lower Level) • Demos, Open-Source, Community, Lightning Talk Posters, #106-136 (Garden State Ballroom, Main Level)
5:00 pm - 6:00 pm	Closing: Collaborating on Evidence at Scale (Patrick Ryan, Johnson & Johnson/Columbia University) (Regency Ballroom)
6:00 pm - 8:00 pm	Game Night and Network Reception (Regency Ballroom)

* agenda is subject to change

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2024 Symposium Mad Minutes

Oct. 22-24 • Hyatt Regency Hotel • New Brunswick • N.J.

Katy Sadowski (122) – dbt for OMOP Phase I: dbt-synthea

Dmitry Dymshyts (23) – Evaluating the impact of different vocabulary versions on cohort definitions and CDM

Melanie Philofsky (24) – Dynamic Mapping Tools: Keeping Up to Date with Vocabulary Changes

Melanie Philofsky (48) – Leveraging the Power of OMOP for an Academic Medical Research Institution

Javier Gracia-Tabuenca (131) – CohortOperations: A Modular Web Tool for Enhanced Cohort Analysis on the OMOP-CDM

John Gresh (132) – Polites: A Tool for the Automation of OHDSI Implementations

Lance Eighme (44) – OMOP on a Data Lake: Addressing the Critical Need for Scalable Solutions in Healthcare Data Management with OHDSI Tools and AWS Services

Andy South (112) – Visualising OMOP concept relationships with omopcept

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The weekly OHDSI community call is held every Tuesday at 11 am ET.

Everybody is invited!

Links are sent out weekly and available at:
ohdsi.org/community-calls