



2025 Phenotype Phebruary Kick Off



Phenotype Phebruary 2025 and Guidelines 2025

- **Welcome and kick off and introduction of the team**
 - Azza Shoaibi, Lana Shubinsky, Anna Ostropolets, Gowtham Rao
 - AND the 14 study leads
- **Mission of 2025 Phenotype Phebruary**
 - One-month focused effort for the community to come together and advance the science of Phenotype Development and Evaluation



2025 Phenotype Phebruary team

Guideline-driven study leads

Chungsoo Kim

Anna Ostropolets

Kevin Haynes

Chang Hoon Han & Seng Chan You

Asieh Golozar

Christopher Mecoli

Oleg Zhuk

Tatiana Skugarevskaya

Masha Khitrin

Vlad Korsik

Cindy Cai

Chen Yanover & Vanessa Rouach

Bohdan Khilchevskiy

Michelle Hribar

From the phenotype working group

Azza Shoaibi

Gowtham Rao

Anna Ostropolets

Lana Shubinsky

Community collaborators

<https://forms.office.com/r/i7jMDxmdPC>

Link for you to participate!!





Objective – deliver first step of Guidelines 2025

To finalize as many phenotypes as possible for the **Guideline-driven** studies, ensuring they are **ready for analysis** and **available in the OHDSI Phenotype Library** for broader community re-use.



Phenotype Phebruary 2025 Calendar

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Week 1: Clinical Descriptions & Prior Work

- Week 1 – Clinical Description:**

A session is planned to discuss clinical descriptions. Participants are expected to use a Gen AI prompt (developed by @Gowtham_Rao) that extracts necessary information to form a phenotype. This step also includes a literature search and an exploration of existing phenotype definitions (for example, checking for pre-existing definitions of AKI or obesity management).

- Week 2 – Concept Set and Logic Building:**

The second week focuses on creating the concept sets and building the logical framework of the phenotype. Here, many participants already familiar with tutorial work on concept sets building are expected to contribute. The study leads are expected to be fully engaged.

- Weeks 3–4 – Evaluation and Iteration:**

The final two weeks are dedicated to evaluating the developed phenotypes using tools such as cohort diagnostics. Iterations and refinements will be made based on these diagnostics. There is also mention of showcasing additional tools and validation approaches during these weeks.

Study team's complete clinical description

Office hours

6

7

8

Concepts and Logic

Study team's complete 1st drafts of cohorts in Atlas

Office hours

13

14

15

Review & Iterations

Study team's complete cohort review and iterations

Office hours

20

21

22

Tools for Evaluation

Study team's wrap up cohorts and document evaluation

Office hours

All cohorts are done!

<https://forums.ohdsi.org/t/ohdsi-phenotype-phebruary-and-workgroup-updates/20940/69>

Community call update & evaluation demos

Office hours

23

24

25

26


27

28



Collaboration location

< All teams




Workgroup - Phenotype Development ...

▼ Main Channels

- General
- AMIA 2023
- Mission, Area of focus and priorities
- Office Hours
- OHDSI Phenotype Library
- VA Cipher and OHDSI Phenotype Library i...


► Hidden channels

 **General** Posts Files Edit | Data partner sig... amia-symposium-tem... +

+ New Upload Edit in grid view Share Copy link Sync Add shortcut to OneDrive Download Open in SharePoint


Documents > General > **Phenotype Phebruary 2025**

Name	Modified	Modified By	
presentations	Yesterday at 8:38 AM	Azza Shoaibi	
Week 1	Yesterday at 9:25 AM	Anna Ostroplets	
	4 days ago	Azza Shoaibi	
	5 minutes ago	Chungsoo Kim	
	Sunday at 4:17 AM	Gowtham Rao	



Phenotype Phebruary 2025

General phenotype-phebruary

 **Gowtham_Rao** 3d Feb 1

Recording [Youtube Playlist Phenotype Phebruary 2025](#)

Kicking Off 2025 Phenotype Phebruary!

Dear OHDSI Community,

We are beyond excited to launch **2025 Phenotype Phebruary!** For the past three years, February has been one of the most thrilling times for our community—a month where we come together to focus on the crucial science of **phenotype development and evaluation**.

Looking back, the past three Phebruarys have brought remarkable achievements:

- ✔ Dozens of new phenotypes added to our library
- ✔ Over **50 new collaborators** joining our mission
- ✔ **Two peer-reviewed publications** advancing the field
- ✔ Key clinical insights into critical health conditions
- ✔ **Tens of educational sessions** and engaging community calls
- ✔ A deeper understanding of the challenges and opportunities in phenotype science

5h ago

OHDSI Guidelines 2025

OHDSI 2025 Guideline-driven evidence phenotype needs 28Jan2025

Search Excel

File Home Insert Share Page Layout Formulas Data Review View Help Draw

Comments Catch up Editing Share

E3 Patients with obesity (Adults with BMI ≥ 30 kg/m2 or ≥27 with at least one weight related comorbid condition (hypertension, diabetes, dyslipidemia))

	A	B	C	D	E	F	G	H	
1		OHDSI 2025 Guideline-driven evidence collaborati							
2		Guideline-driven evidence topic	Study Lead	Analytic use case	Indication	Exposures (Target / Comparator)	Phenotypes required	Outcomes	Cohort-based features
3	1	Obesity management - Cardiovascular outcomes in obesity medications	Chungsoo Kim	Estimation	Patients with obesity (Adults with BMI ≥ 30 kg/m2 or ≥27 with at least one weight related comorbid condition (hypertension, diabetes, dyslipidemia))	orlistat, phentermine/topiramate ER, naltrexone ER/bupropion ER, liraglutide (Saxenda), semaglutide (Wegovy), tirzepatide (Zepbound)		Cardiovascular outcomes (4P MACE, 3P MACE, AMI, stroke, heart failure, CV death, all-cause death)	
4	2	Community acquired pneumonia management	Anna Ostroplets	Characterization - treatment pathways	1. Patients with community-acquired pneumonia who are initially managed in outpatient settings 2. Hospitalized patients with CAP	1. systemic glucocorticosteroids (oral and injectable separately) 2. antibiotics stratified based on form and class: oral cephalosporins, injectable cephalosporins, oral macrolides, oral penicillines, oral tetracyclines, injectable tetracyclines, fluoroquinolones, penems 3. oxygen therapy			
5	3	Ulcerative colitis treatment pathways	Kevin Haynes	Characterization - treatment pathways	Ulcerative colitis	tofacitinib, TNFa antagonists, thiopurine, 5-aminosalicylates			
6	4	Antithrombotic use post-PCI	Chang Hoon Han & Seng Chan You	Estimation	acute coronary syndrome post-PCI	ticagrelor, prasugrel		cardiovascular outcomes (AMI, ischemic stroke, hemorrhagic stroke); major bleeding events	
7	5	Bladder cancer treatment	Asieh Golozar	Characterization - treatment pathways	Stage IVb bladder cancer				
8					Rheumatoid arthritis, lupus, Sjogrens, dermatomyositis, systemic sclerosis - we will need to review the phenotypes	Treatments: methotrexate, mycophenolate, azathioprine, rituximab, corticosteroids (can narrowly focus on prednisone and methylprednisolone only), tofacitinib, baricitinib, hydroxychloroquine, intravenous immunoglobulin (IVIG), tacrolimus, cyclophosphamide. A key epidemiologic hurdle to overcome is that medications are often used in quick cessation (changed every 3 months based on response) and combinations of medications are often used. I imagine there are lessons learned from the OHDSI HTN studies where similar prescription patterns are present. Hydroxychloroquine and IVIG are good to incorporate because prior data demonstrates there should be NO		infection (Oriniges, PCP, PML), malignancy (both individual cancer types and composite 'all cancer'). Historically we have used data sources such as SEER to standardize cancer codes, but will be very helpful to interact with oncology working group to see how things are mapped/grouped. We do not need immense granularity - that is, 'breast cancer' is likely sufficient, we do not need to know ER/PR/HER2 status. PML I note was previously phenotyped from a SOS challenge with MS, so hopefully we can	




OHDSI Conceptual Framework

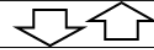
Phenotype Development Evaluation and Curation

Step 1: Clinical Description

What	Develop consensus on target clinical idea Document unambiguous clinical description
Tools	OHDSI Phenotype Library Structured clinical description template
How	Overview, Presentation, Diagnostic Evaluation, Therapy plan, Prognosis, Disqualifiers, Strengtheners

Step 2: Phenotype Development

What	Develop one or more candidate phenotype algorithms
Tools	OHDSI Atlas,  PHOEBE, APHRODITE
How	Develop and iterate initial concept set, implement temporal logic as entry, inclusion, exit, era criteria



Step 4: Phenotype Curation

What	Catalog and archive for future retrieval the submitted phenotype definitions along with meta data
Tools	OHDSI Phenotype Library, Discussion forums
How	Meet library submission requirements

Step 3: Phenotype Evaluation

What	Review population level summary statistics, patient level profiles and measurement error operating characteristics
Tools	Cohort Diagnostics, Cohort Explorer, PheValuator
How	Apply definitions and tools on one or more data source and review results



ORIGINAL ARTICLE |  Open Access |  

Standardised and Reproducible Phenotyping Using Distributed Analytics and Tools in the Data Analysis and Real World Interrogation Network (DARWIN EU)

Francesco Dernie, George Corby, Abigail Robinson, James Bezer, Nuria Mercade-Besora, Romain Griffier, Guillaume Verdy, Angela Leis, Juan Manuel Ramirez-Anguila, Miguel A. Mayer ... See all authors

First published: 12 November 2024 | <https://doi.org/10.1002/pds.70042> | Citations: 1

<https://onlinelibrary.wiley.com/doi/10.1002/pds.70042?af=R>



OHDSI Conceptual Framework

Phenotype Development Evaluation and Curation

Week 1

PDS Pharmacoepidemiology & Drug Safety

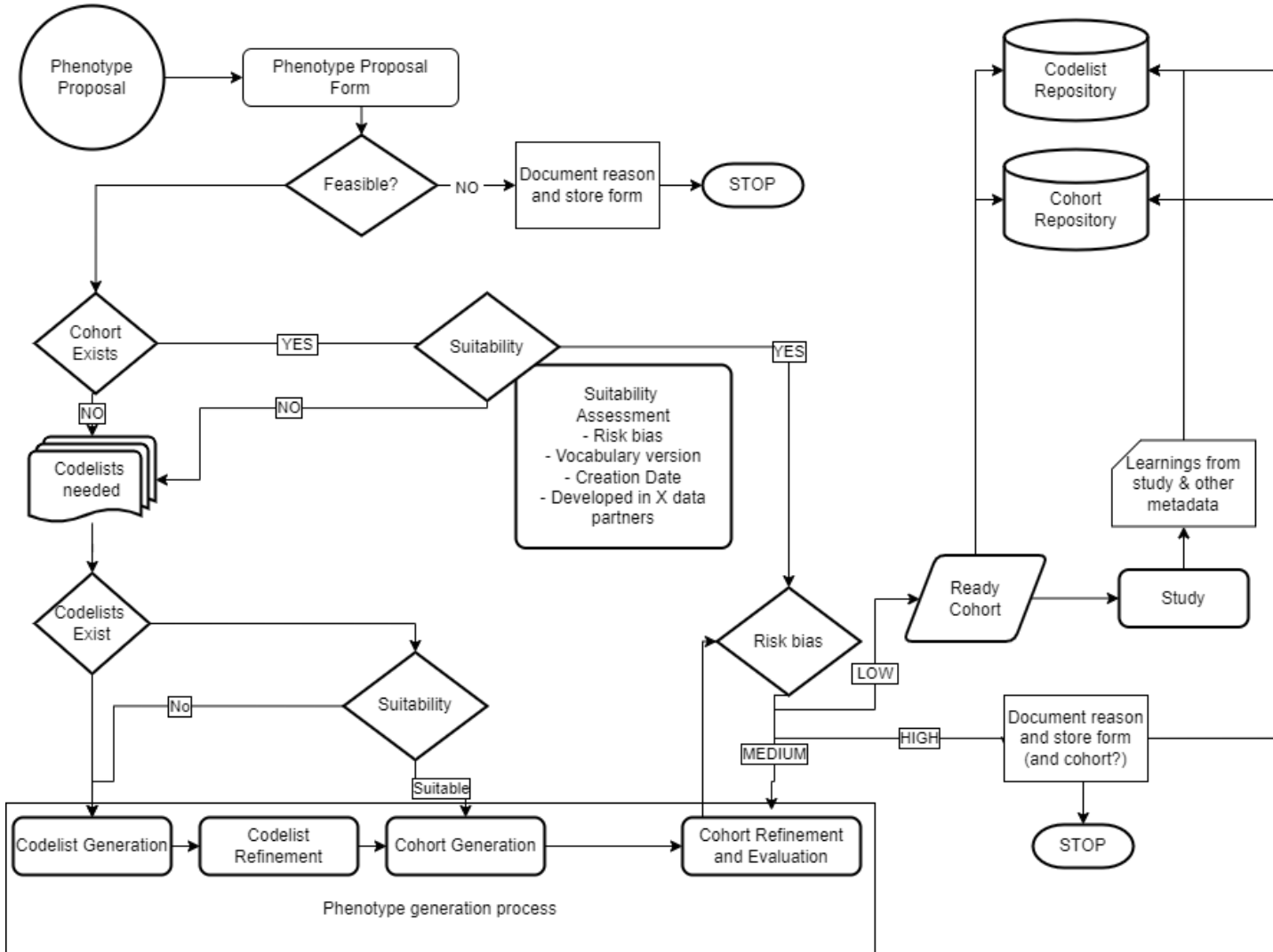
ispe Official Journal of the International Society for Pharmacoepidemiology

ORIGINAL ARTICLE | [Open Access](#) | [CC](#) [f](#)

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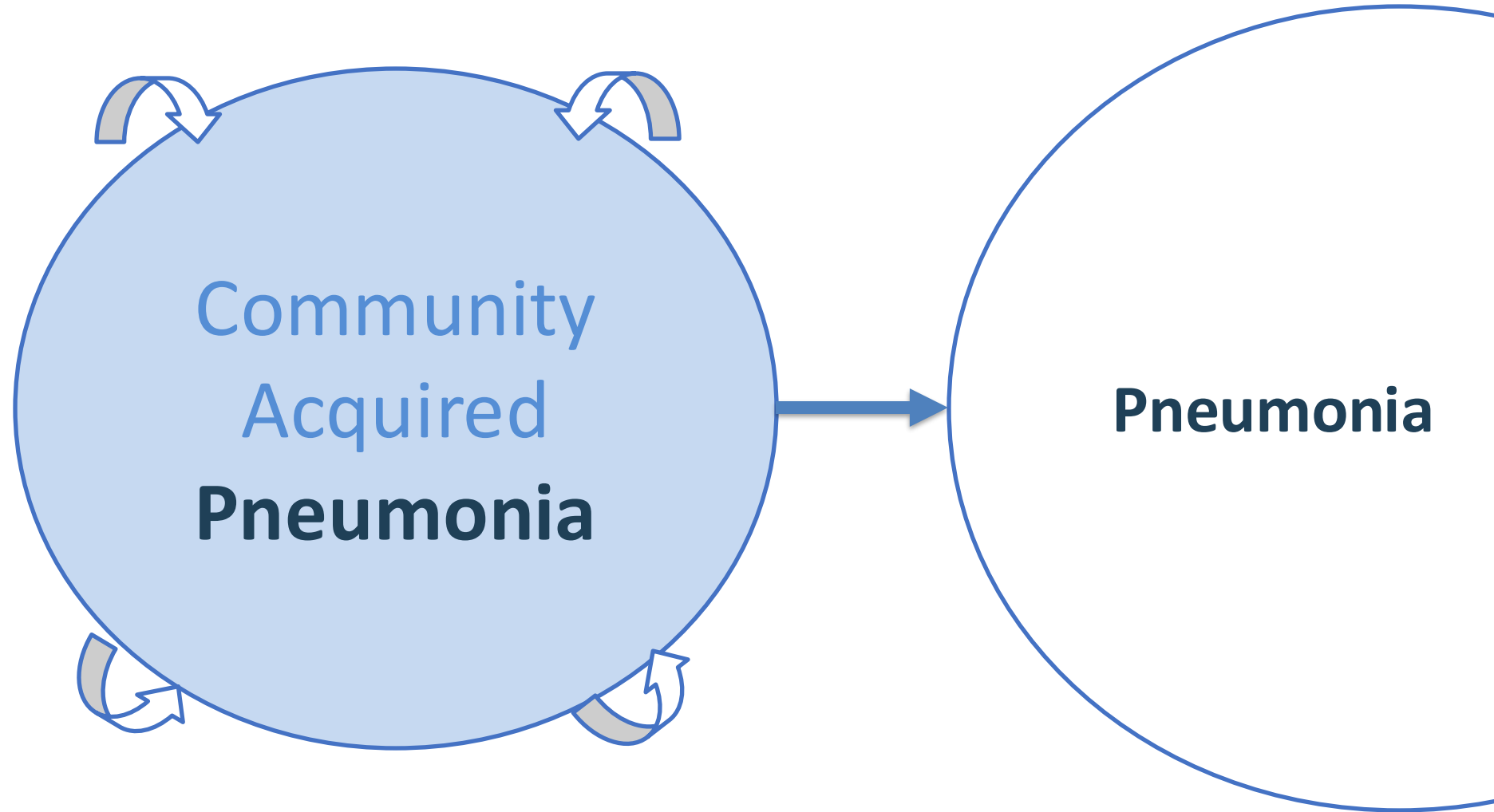
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Clinical descriptions: Minimizing the ambiguity





Pneumonia

**Community
acquired
pneumonia**

**Aspiration
pneumonia**

**Ventilator-
acquired
pneumonia**

**Health care-
associated
pneumonia**

condition setting

We need to be Specific for Community
Acquired Pneumonia

We need to create an unambiguous
definition of the condition settings by
including/excluding clearly encoded ones
and applying proper cohort rules.



Pneumonia

**Community
acquired
pneumonia**

Aspiration
pneumonia

Ventilator-
acquired
pneumonia

Health care-
associated
pneumonia

condition setting

Fungal

Viral

Protozoal

Bacterial

Unspecified

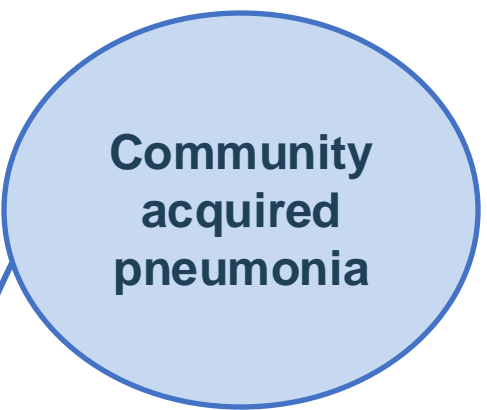
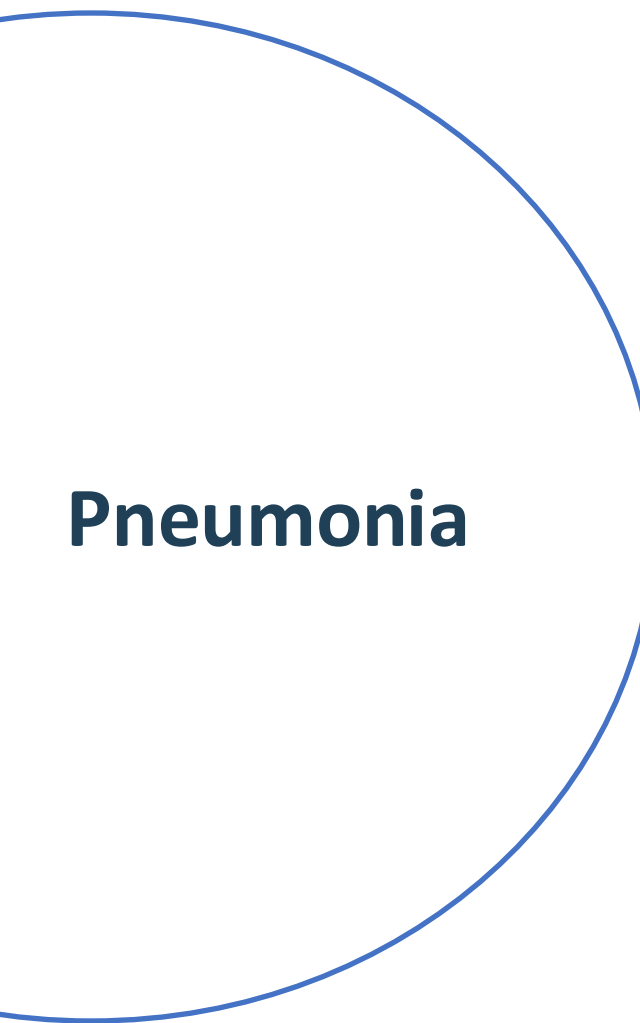
etiology

We need to be Sensitive for Community
Acquired Pneumonia

We also want to maximize the
sensitivity by adding those with
etiologies of particular interest—
candidates for Antibiotics



We need to be Sensitive for Community Acquired Pneumonia



**Community
acquired
pneumonia**

Aspiration
pneumonia

Ventilator-
acquired
pneumonia

Health care-
associated
pneumonia



**Bacterial or
unspecified**

Fungal

Viral

Protozoal

Inpatient

Outpatient

w/ Antibiotic

w/o Antibiotic

w/o Antibiotic

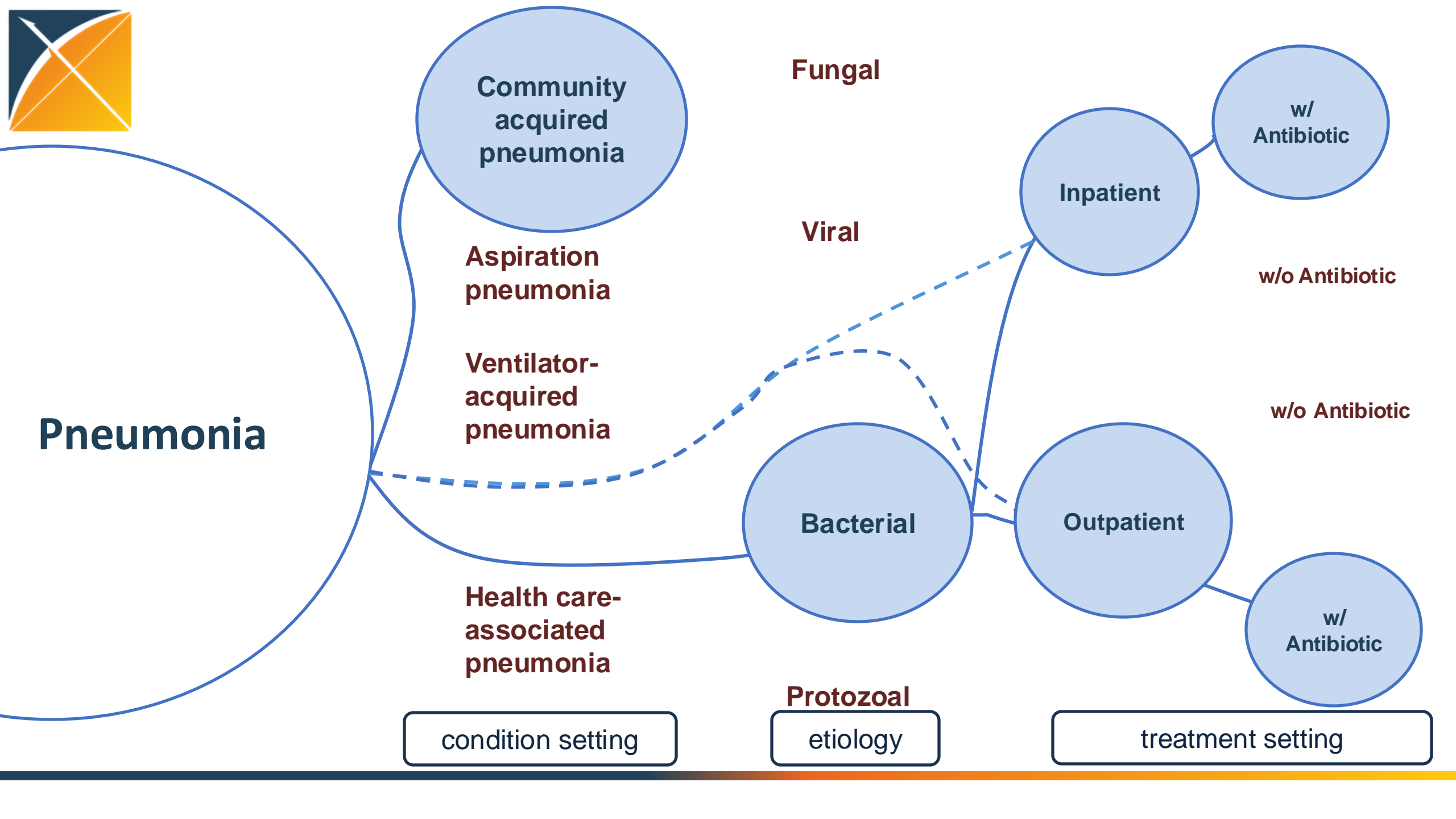
w/ Antibiotic

condition setting

etiology

treatment setting







Comparison of Pneumonia and Community-Acquired Pneumonia (Non-HCAI, Outpatient)

Aspect	Pneumonia	Community-Acquired Pneumonia
Definition	An acute infection of the lung parenchyma characterized by inflammation of the alveoli, which may fill with fluid or pus, leading to symptoms such as cough, fever, chills, and difficulty breathing.	CAP that is not health care associated, nosocomial (developing ≥ 48 hours after hospital admission), or aspiration pneumonia, and has received outpatient treatment, is defined as an acute infection of the pulmonary parenchyma occurring in individuals <i>with no recent healthcare exposure, managed outside of hospital settings</i> .
Setting of Acquisition	Can occur in any setting: community, healthcare-associated, hospital-acquired, aspiration-related.	Exclusively acquired in the community, with no recent exposure to healthcare facilities, hospitalizations, or antibiotic treatments in the prior 90 days
Etiology	Broad range: bacterial, viral, fungal, aspiration, drug-induced.	Infectious origin only; typically, bacterial, excluding aspiration and drug-induced causes.
Radiographic Findings	Infiltrates, consolidation, ground-glass opacities—patterns vary by cause.	New infiltrates on chest X-ray typical for community-acquired infection without complex patterns.
Treatment Approach	Varies: antibiotics, antivirals, antifungals, supportive care depending on etiology.	Antibiotics are the mainstay for bacterial CAP



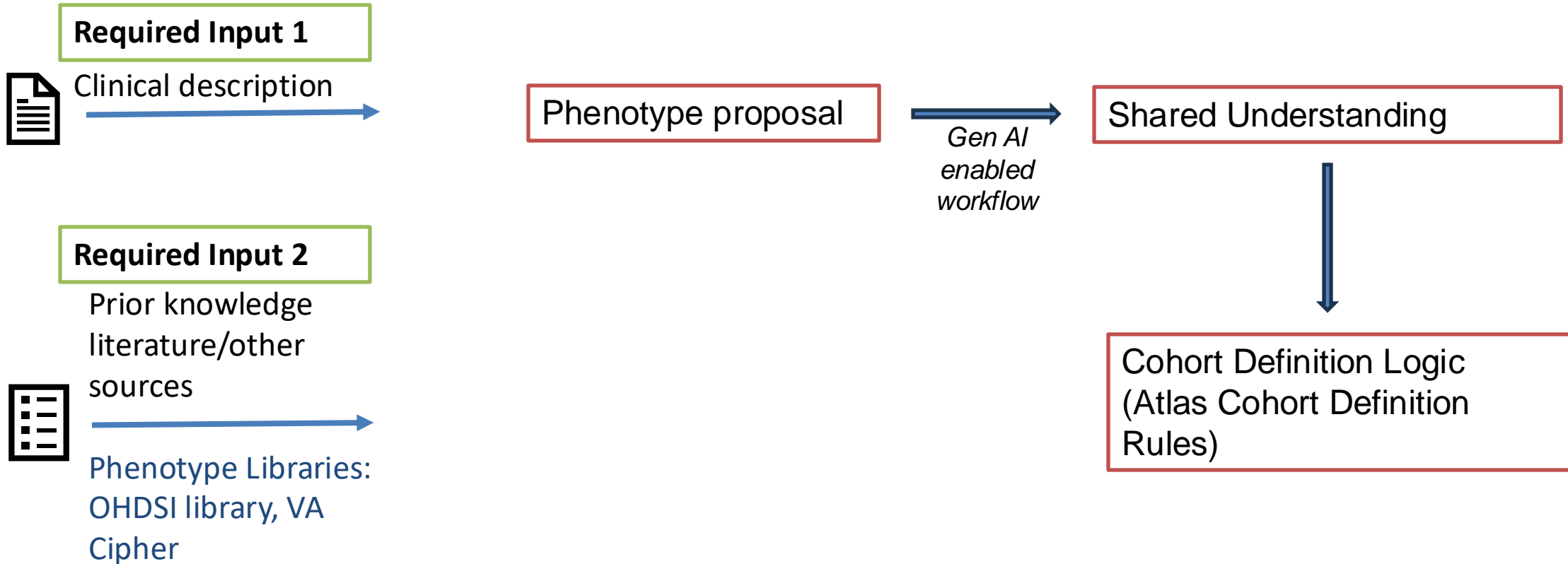
Community-Acquired Pneumonia (CAP) Overview

Community-Acquired Pneumonia (CAP) Overview

- **Definition:** Acute lung infection in individuals with no recent healthcare exposure, excluding nosocomial, aspiration, or healthcare-associated pneumonia.
- **Etiology:** Caused by *Streptococcus pneumoniae*, *Mycoplasma pneumoniae*, and respiratory viruses.
- **Symptoms:** Cough, fever, dyspnea, pleuritic chest pain, fatigue.
- **Diagnosis:** Chest X-ray (new infiltrates), sputum/blood cultures, PCR for viral detection.
- **Treatment:**
 - **Bacterial CAP:** Amoxicillin, doxycycline, macrolides.
 - **Viral CAP:** Antivirals (e.g., oseltamivir for influenza).
 - **Drug-induced CAP:** Discontinue causative drug, corticosteroids if needed.
- **Prognosis:** Generally favorable with outpatient care; improved with early intervention for drug-induced cases.
- **Pharmacovigilance Focus:** Monitoring for drug-induced CAP, identifying ADRs, and ensuring proper antibiotic stewardship.



Gen AI enabled workflow to capture shared understanding as target clinical description





Phenotype Phebruary 2025 Calendar

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Week 1: Clinical Descriptions & Prior Work



Community call kick off & clinical description demos

Office hours

Study team's complete clinical description

Office hours

2

3

Cohort Definition

6

7

8

OHDSI Phenotype Library

<input type="radio"/>	3	Cough or Sputum
<input type="radio"/>	4	Diarrhea
<input type="radio"/>	5	Dyspnea
<input type="radio"/>	6	Fever
<input type="radio"/>	7	Headache or Headache disorder
<input type="radio"/>	8	Altered smell or taste including Anosmia, Hyposmia or Dysgeusia
<input type="radio"/>	9	Sore throat
<input type="radio"/>	10	Nausea or Vomiting
<input type="radio"/>	11	Malaise and or fatigue
<input type="radio"/>	12	Rhinitis or common cold or Sinusitis
<input type="radio"/>	13	Myalgia (not explained by injury, ischemia or systemic inflammation)
<input type="radio"/>	14	Myalgia
<input type="radio"/>	19	Acute Typical Pneumonia
<input type="radio"/>	20	Bronchitis or Bronchiolitis
<input type="radio"/>	21	Acute respiratory distress syndrome (ARDS) or Acute Respiratory Failure
<input type="radio"/>	23	Inpatient Hospitalization (1Pe, 0Era)
<input type="radio"/>	24	Emergency room visits (0Pe, 0Era)
<input type="radio"/>	25	All cause mortality
<input type="radio"/>	26	Asthma or Chronic obstructive pulmonary disease (COPD)
<input type="radio"/>	27	Asthma without COPD

Seeking volunteers



Gowtham_Rao

33m

Seeking Volunteers: Help Create and Manage Tracking Spreadsheet

Hey everyone,

We are seeking volunteers to assist in converting the [OHDSI_2025_GuidelineDrivenEvidencePhenotypeNeeds_28Jan2025.xlsx](#) dataset from its current wide format to a long format. This restructuring is crucial for our ongoing efforts in the OHDSI 2025 **Guideline-driven Evidence Phenotype** initiative.

Objective:

Transform the dataset so that each row represents a single phenoc detailed in separate columns.

Target Long-Form Structure something like:

Each row should include the following columns

1. *phenotypeName* – The name of the phenotype.
2. *phenotypeType* – Classification such as indication, target, cc, *phenotype*, or *outcome*.
3. *needPhenotypeDevEval* – Indicates whether phenotype development and evaluation are needed (e.g., drug cohorts).
4. *similarCohortsInOhdsiPI* – References to any similar cohorts in the OHDSI Phenotype Library.
5. *canReuseCohortsInOhdsiPI* – Specifies if existing cohorts in the OHDSI Phenotype Library can be reused.
6. *linkToLiteratureSearch* – URLs or references to literature supporting the phenotype
7. *studyLeadsNeedPhenotype* – Names of study leads who require this phenotype.
8. *targetClinicalDescription* – A detailed clinical description of the phenotype.
9. *candidateCohortDefinitions* – Any candidate cohort definitions; track contributions from the community. Use a [table template](#) for this.

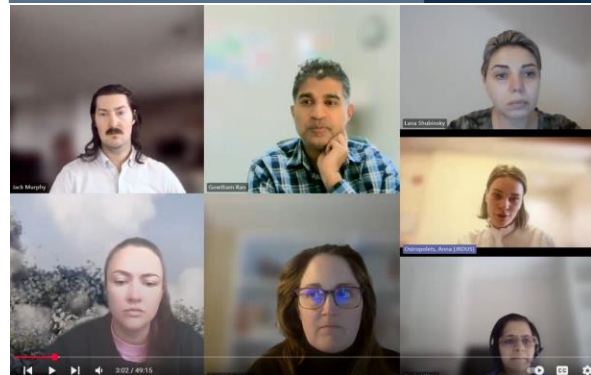


CIPHER: CENTRALIZED INTERACTIVE PHENOMICS RESOURCE

Developed by the U.S. Department of Veterans Affairs (VA), CIPHER is an online knowledge-sharing platform that aims to optimize electronic health records (EHR) data for use in research and clinical operations. The CIPHER knowledgebase contains:

- EHR-based phenotype definitions
- Data mappings
- Programming code
- Tools for visualizing data and generating phenotypes

[LEARN MORE >](#)



NIH National Library of Medicine
National Center for Biotechnology Information

PubMed®

Advanced

PubMed® comprises more than 37 million citations for biomedical literature from MEDLINE, life. Citations may include links to full text content from PubMed Central and publisher web sites.

Community contributor leaders - Thank you, Lana Shubinsky for helping us!!



<https://forms.office.com/r/i7jMDxmdPC>

<https://forums.ohdsi.org/t/ohdsi-phenotype-phebruary-and-workgroup-updates/20940/70>



Standardized way to identify the patients of interest in the data

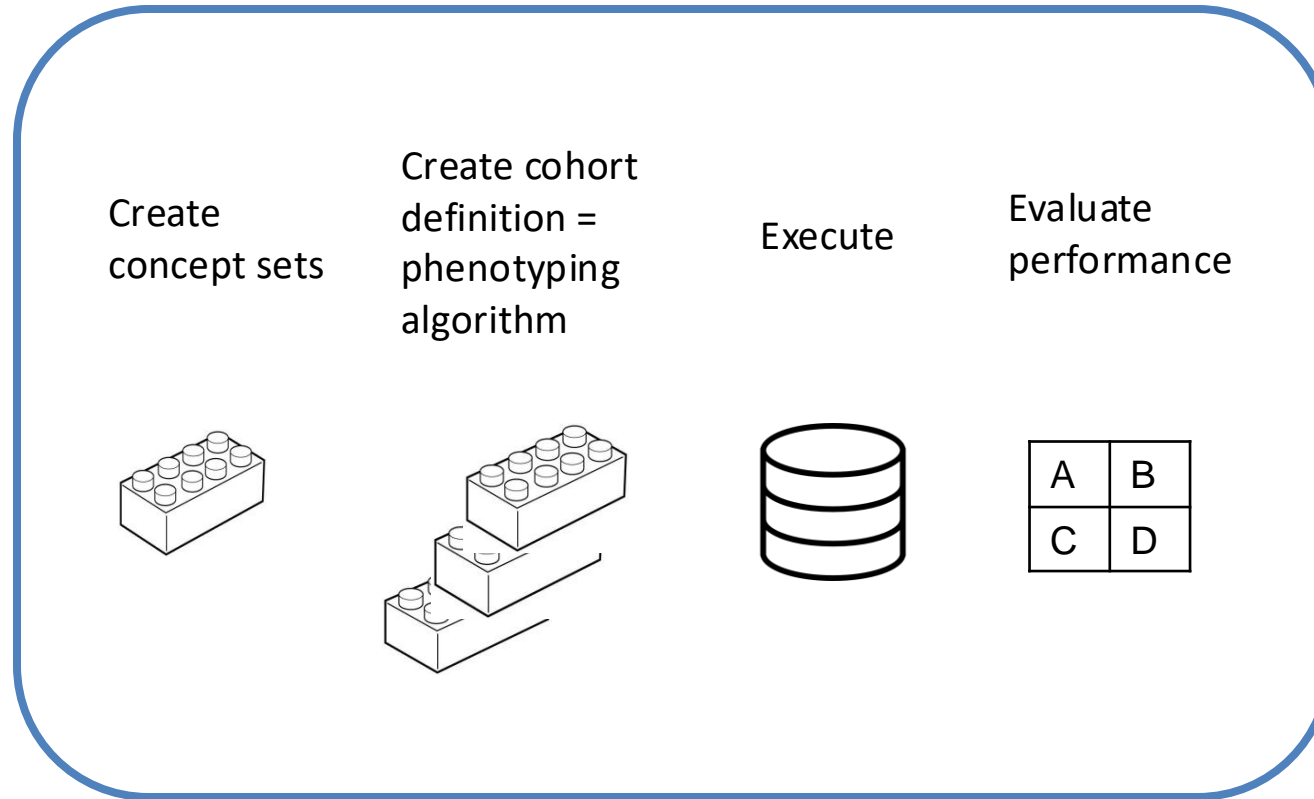
Link to demo Atlas
<https://atlas-demo.ohdsi.org/>

Required Inputs:


 Clinical description →


Prior knowledge literature/other sources →

(OHDSI library, CIPHER)



Expected Outputs:

{Cohort definition(s)} → 

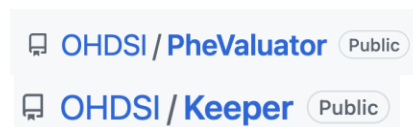
Evaluation report → 

Cohort → 

Link to the library repo

<https://ohdsi.github.io/PhenotypeLibrary/articles/CohortDefinitionsInOhdsiPhenotypeLibrary.html> ,

<https://phenomics.va.ornl.gov/web/>



PHOEBE 2.0:





Next steps

Study leads

1. Review phenotype names in working file

The screenshot shows a OneDrive file explorer interface. On the left, a sidebar displays a navigation pane for a workgroup named "Workgroup - Phenotype Develop...". Under "Main Channels", there are links for "General", "Covid Phenotype", "Long Covid", "Mission, Area of focus and priorities", "Office Hours", and "OHDSI Phenotype Library".

The main area shows the breadcrumb path: "Documents > General > Phenotype Phebruary 2025". Below this, a table lists files and folders:

Name	Modified
presentations	Yesterday at 8:38 AM
Week 1	Yesterday at 9:25 AM
kick off post.docx	4 days ago
OHDSI 2025 Guideline-driven evidence phenotype needs 28jan2025.xlsx	3 hours ago
tasks.xlsx	Sunday at 4:17 AM

Two red boxes highlight specific elements: one around the breadcrumb path and another around the file "OHDSI 2025 Guideline-driven evidence phenotype needs 28jan2025.xlsx".



Next steps

Study leads

1. Review phenotype names in working file
2. Create clinical descriptions for all of them. Review prior work and identify the cohorts that can be re-used vs those that need to be created from scratch

The screenshot shows a Microsoft Teams interface. On the left is a sidebar with a navigation pane. The main area displays a chat window for a team named 'General'. The chat window has a header with the team name and a 'Files' tab selected. Below the header is a toolbar with buttons for '+ New', 'Upload', 'Edit in grid view', 'Share', and 'Copy link'. The chat content shows a breadcrumb path: 'Documents > General > Phenotype Phebruary 2025 > Week 1'. Below this path is a file named 'Instructions week 1.docx' with a Word document icon. Two dark blue rounded rectangles are overlaid on the screenshot, one around the breadcrumb path and one around the file name.



Next steps

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3. Come to the office hours on Wednesday 10am EST
Friday. 9am EST

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Next steps

Anybody who wants to participate

1. Fill the form
2. Come to the office hours on Wednesday 10am EST
Friday 9am EST



Gowtham_Rao

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