Workgroup OKRs + Phenotype Phebruary, Session 3

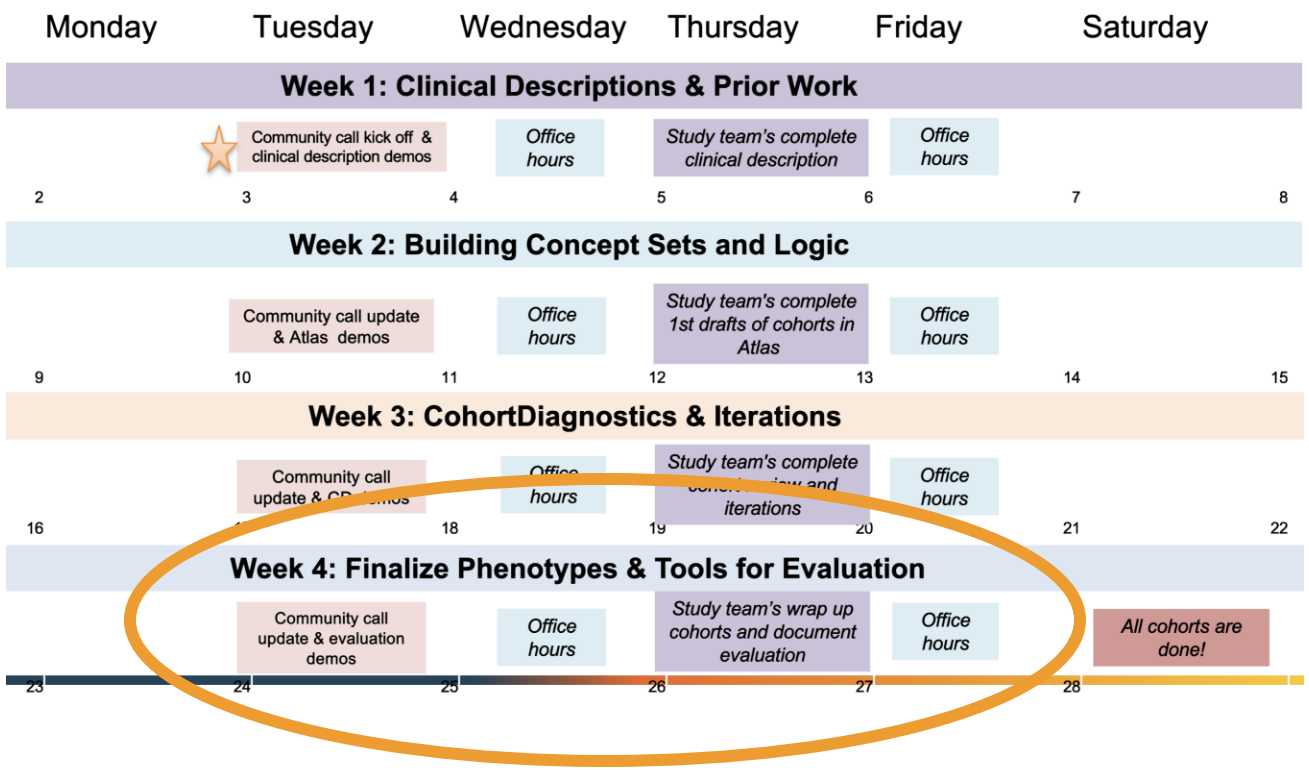
OHDSI Community Call
Feb. 18, 2025 • 11 am ET

Upcoming Community Calls

Date	Topic
Feb. 18	Third Week of 2025 Workgroup OKRs/Phenotype Phebruary
Feb. 25	Fourth Week of 2025 Workgroup OKRs/Phenotype Phebruary
Mar. 4	Vocabulary Release Update, Winter 2025
Mar. 11	Book of OHDSI 2.0 Brainstorm and Planning Session

Feb. 25 Community Call

Phenotype Phebruary 2025 Calendar



Workgroup OKRs:

- Africa Chapter
- CDM Survey
- Clinical Trials
- GIS
- Health Equity
- Medical Device
- Natural Language Processing
- Oncology
- Rare Disease
- Surgery and Perioperative Medicine
- Themis

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to **Phuc Phan Thanh** on successfully completing his PhD journey at Taipei Medical University.

OHDSI Shoutouts!

Congratulations to **Anthony Sena** on successfully earning his Master of Science in Analytics at Georgia Tech

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

iCAN mNSCLC Studyathon 2025

📍 **March 25-28, Helsinki, Finland**

Exploring the Real-World Treatment Landscape of mNSCLC

In this studyathon, we will **characterize real-world treatment patterns of metastatic NSCLC**, with a focus on **the adoption and impact of immune checkpoint inhibitors (ICIs) across different regions.**

🔗 **Study GitHub Repository:** https://github.com/ohdsi-studies/MNSCLCStudyathon

📌 **If you're interested in contributing, please reach out:**

- **Asieh Golozar** – golozar@ohdsi.org
- **Kimmo Porkka** – kimmo.porkka@helsinki.fi
- **Eric Fey** – eric.fey@hus.fi

Global Symposium: Oct. 7-9

The 2025 OHDSI Global Symposium will return to the Hyatt Regency Hotel in New Brunswick, N.J., on Oct. 7-9, 2025.

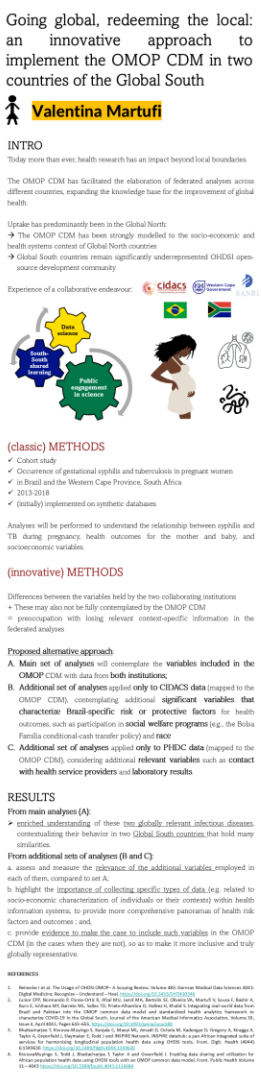
More details will be shared when available.

#OHDSISocialShowcase This Week

Monday

Going global, redeeming the local: an innovative approach to implement the OMOP CDM in two countries of the Global South

(Valentina Martufi, Emma Kalk, Enny S. Cruz, Juliana Araújo Prata de Faria, Adalton do Anjos Fonseca, Maurício L. Barreto, Maria Yury Travassos Ichihara, Jessica Gammon, Nicki Tiffin, Chris Fourie, Danilo Luis Cerqueira Dias, Denise Moraes Pimenta, Tsaone Tamuhla, Andrew Boulle, Themba Mutemaringa, Juan-Paul Hynek, Muzzammil Ismail, Julio Barbour Oliveira, Ricardo Felix Monteiro Neto, Júlia Pescarini, Fernanda Revoredo de Sousa, Marianne Costa e Silva Lage, Adam Loff, Melvin Moodley, Elzo Pereira Pinto Junior)



Going global, redeeming the local: an innovative approach to implement the OMOP CDM in two countries of the Global South

Valentina Martufi

INTRO

Today more than ever, health research has an impact beyond local boundaries.

The OMOP CDM has facilitated the elaboration of federated analyses across different countries, expanding the knowledge base for the improvement of global health.

Uptake has predominantly been in the Global North:
→ The OMOP CDM has been strongly modelled to the socio-economic and health-systems context of Global North countries
→ Global South countries remain significantly underrepresented OHDSI open-source development community

Experience of a collaborative endeavour:

(classic) METHODS

- ✓ Cohort study
- ✓ Occurrence of gestational syphilis and tuberculosis in pregnant women
- ✓ in Brazil and the Western Cape Province, South Africa
- ✓ 2013-2018
- ✓ (initially) implemented on synthetic databases

Analyses will be performed to understand the relationship between syphilis and TB during pregnancy, health outcomes for the mother and baby, and socioeconomic variables.

(innovative) METHODS

Differences between the variables held by the two collaborating institutions
+ These may also not be fully contemplated by the OMOP CDM
= preoccupation with losing relevant context-specific information in the federated analyses

Proposed alternative approach:

A. Main set of analyses will contemplate the variables included in the OMOP CDM with data from both institutions;
B. Additional set of analyses applied only to CIDACS data (mapped to the OMOP CDM), contemplating additional significant variables that characterize Brazil-specific risk or protective factors for health outcomes, such as participation in social welfare programs (e.g., the Bolsa Família conditional-cash transfer policy) and race
C. Additional set of analyses applied only to PHDC data (mapped to the OMOP CDM), considering additional relevant variables such as contact with health service providers and laboratory results

RESULTS

From main analyses (A):

➢ enriched understanding of these two globally relevant infectious diseases, contextualizing their behavior in two Global South countries that hold many similarities.

From additional sets of analyses (B and C):

a. assess and measure the relevance of the additional variables employed in each of them, compared to set A;
b. highlight the importance of collecting specific types of data (e.g. related to socio-economic characterization of individuals or their contexts) within health information systems, to provide more comprehensive panoramas of health risk factors and outcomes ; and,
c. provide evidence to make the case to include such variables in the OMOP CDM (in the cases when they are not), so as to make it more inclusive and truly globally representative.

Acknowledgments: This collaboration was funded by the Bill & Melinda Gates Foundation

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AMMO BAR

Why synthetic databases?
generated from the databases stored and curated by CIDACS and the PHDC, they allow for the utilization of cloud-based resources provided by the OHDSI community whilst ensuring the protection of the data from these two populations.

- **What we will study**

To explore the relationship between syphilis, prematurity/low birth weight and infant mortality, in addition to standard regression methods, we will use statistical approaches to decompose the direct and indirect effects of syphilis during pregnancy and infant mortality, such as inverse probability weighting based on the counterfactual structure and marginal models. Finally, to assess the impact of TB on birth outcomes, we will apply logistic regression adjusted for selected variables.

- **What data we will use to study this**

Data sources

In Brazil variables are being mapped from the following databases: the live-births information system (SINASC), the mortality information system (SIM), the single registry for social welfare programs (CadÚnico), the gestational syphilis and tuberculosis compulsory notification systems (SINAN), and the hospitalizations information system (SIH). In South Africa, the PHDC is mapping variables from multiple electronic health data sources used to generate an individual-level population database, namely: laboratory, administrative, pharmacy and disease-specific registers.

- **Why Brazil and South Africa**

two Global South countries that hold many similarities – including global economic standing, colonial history, and stark levels of racial, socioeconomic and health inequalities –, as well as many differences – such as health systems organization, post-colonial dynamics, and epidemiological profile.

- **Gestational syphilis variables being mapped to the OMOP CDM**

- **Tuberculosis during pregnancy variables being mapped to the OMOP CDM**

Valentina Martufi, Emma Kalk, Enny S. Cruz, Juliana Araújo Prata de Faria, Adalton do Anjos Fonseca, Maurício L. Barreto, Maria Yury Travassos Ichihara, Jessica Gammon, Nicki Tiffin, Chris Fourie, Danilo Luis Cerqueira Dias, Denise Moraes Pimenta, Tsaone Tamuhla, Andrew Boulle, Themba Mutemaringa, Juan-Paul Hynek, Muzzammil Ismail, Julio Barbour Oliveira, Ricardo Felix Monteiro Neto, Júlia Pescarini, Fernanda Revoredo de Sousa, Marianne Costa e Silva Lage, Adam Loff, Melvin Moodley, Elzo Pereira Pinto Junior

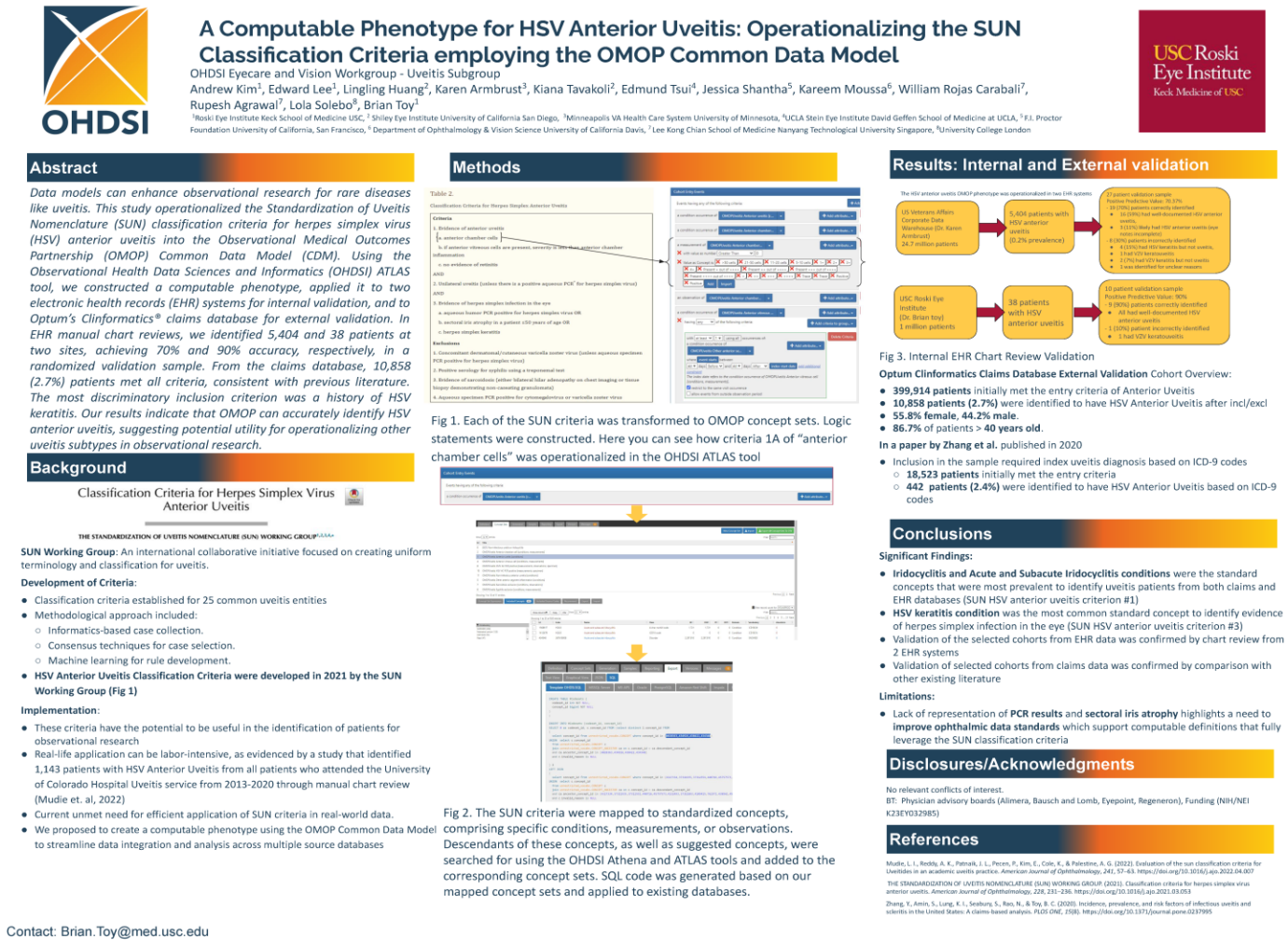
Partner institutions:
CIDACS-IGM/FIOCRUZ-BA, WC-PHDC, SANBI-UWC, Precision Data

#OHDSISocialShowcase This Week

Tuesday

A Computable Phenotype for HSV Anterior Uveitis: Operationalizing the SUN Classification Criteria

(Brian Toy, Edward Lee, Andrew Kim, Edmund Tsui, Jessica Shantha, Kareem Moussa, Karen Armbrust, William Rojas Carabali, Rupesh Agrawal, Kiana Tavakoli)



A Computable Phenotype for HSV Anterior Uveitis: Operationalizing the SUN Classification Criteria employing the OMOP Common Data Model

OHDSI Eyecare and Vision Workgroup - Uveitis Subgroup

Andrew Kim[1], Edward Lee[1], Lingling Huang[2], Karen Armbrust[3], Kiana Tavakoli[2], Edmund Tsui[4], Jessica Shantha[5], Kareem Moussa[6], William Rojas Caraball[7], Rupesh Agrawal[7], Lola Solebo[8], Brian Toy[1]

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Abstract

Data models can enhance observational research for rare diseases like uveitis. This study operationalized the Standardization of Uveitis Nomenclature (SUN) classification criteria for herpes simplex virus (HSV) anterior uveitis into the Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM). Using the Observational Health Data Sciences and Informatics (OHDSI) ATLAS tool, we constructed a computable phenotype, applied it to two electronic health records (EHR) systems for internal validation, and to Optum's Clinformatics® claims database for external validation. In EHR manual chart reviews, we identified 5,404 and 38 patients at two sites, achieving 70% and 90% accuracy, respectively, in a randomized validation sample. From the claims database, 10,858 (2.7%) patients met all criteria, consistent with previous literature. The most discriminatory inclusion criterion was a history of HSV keratitis. Our results indicate that OMOP can accurately identify HSV anterior uveitis, suggesting potential utility for operationalizing other uveitis subtypes in observational research.

Background

Classification Criteria for Herpes Simplex Virus Anterior Uveitis

THE STANDARDIZATION OF UVEITIS NOMENCLATURE (SUN) WORKING GROUP

SUN Working Group: An international collaborative initiative focused on creating uniform terminology and classification for uveitis.

Development of Criteria:

- Classification criteria established for 25 common uveitis entities
- Methodological approach included:
  - Informatics-based case collection.
  - Consensus techniques for case selection.
  - Machine learning for rule development.
- **HSV Anterior Uveitis Classification Criteria were developed in 2021 by the SUN Working Group (Fig 1)**

Implementation:

- These criteria have the potential to be useful in the identification of patients for observational research
- Real-life application can be labor-intensive, as evidenced by a study that identified 1,143 patients with HSV Anterior Uveitis from all patients who attended the University of Colorado Hospital Uveitis service from 2013-2020 through manual chart review (Mudie et. al, 2022)
- Current unmet need for efficient application of SUN criteria in real-world data.
- We proposed to create a computable phenotype using the OMOP Common Data Model to streamline data integration and analysis across multiple source databases

Methods

Fig 1. Each of the SUN criteria was transformed to OMOP concept sets. Logic statements were constructed. Here you can see how criteria 1A of "anterior chamber cells" was operationalized in the OHDSI ATLAS tool

Fig 2. The SUN criteria were mapped to standardized concepts, comprising specific conditions, measurements, or observations. Descendants of these concepts, as well as suggested concepts, were searched for using the OHDSI Athena and ATLAS tools and added to the corresponding concept sets. SQL code was generated based on our mapped concept sets and applied to existing databases.

Results: Internal and External validation

Fig 3. Internal EHR Chart Review Validation

Optum Clinformatics Claims Database External Validation Cohort Overview:

- **399,914 patients** initially met the entry criteria of Anterior Uveitis
- **10,858 patients (2.7%)** were identified to have HSV Anterior Uveitis after incl/excl
- **55.8% female, 44.2% male**.
- **86.7%** of patients > **40 years old**.

In a paper by Zhang et al. published in 2020

- Inclusion in the sample required index uveitis diagnosis based on ICD-9 codes
  - **18,523 patients** initially met the entry criteria
  - **442 patients (2.4%)** were identified to have HSV Anterior Uveitis based on ICD-9 codes

Conclusions

Significant Findings:

- **Iridocyclitis and Acute and Subacute Iridocyclitis conditions** were the standard concepts that were most prevalent to identify uveitis patients from both claims and EHR databases (SUN HSV anterior uveitis criterion #1)
- **HSV keratitis condition** was the most common standard concept to identify evidence of herpes simplex infection in the eye (SUN HSV anterior uveitis criterion #3)
- Validation of the selected cohorts from EHR data was confirmed by chart review from 2 EHR systems
- Validation of selected cohorts from claims data was confirmed by comparison with other existing literature

Limitations:

- Lack of representation of **PCR results** and **sectoral iris atrophy** highlights a need to **improve ophthalmic data standards** which support computable definitions that fully leverage the SUN classification criteria

Disclosures/Acknowledgments

No relevant conflicts of interest.

BT: Physician advisory boards (Alimera, Bausch and Lomb, Eyepoint, Regeneron), Funding (NIH/NEI K23EY032985)

References

Mudie, L. I., Reddy, A. K., Patnaik, J. L., Pecen, P., Kim, E., Cole, K., & Palestine, A. G. (2022). Evaluation of the sun classification criteria for Uveitides in an academic uveitis practice. *American Journal of Ophthalmology, 241*, 57–63. https://doi.org/10.1016/j.ajo.2022.04.007

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Zhang, Y., Amin, S., Lung, K. I., Seabury, S., Rao, N., & Toy, B. C. (2020). Incidence, prevalence, and risk factors of infectious uveitis and scleritis in the United States: A claims-based analysis. *PLOS ONE, 15*(8). https://doi.org/10.1371/journal.pone.0237995

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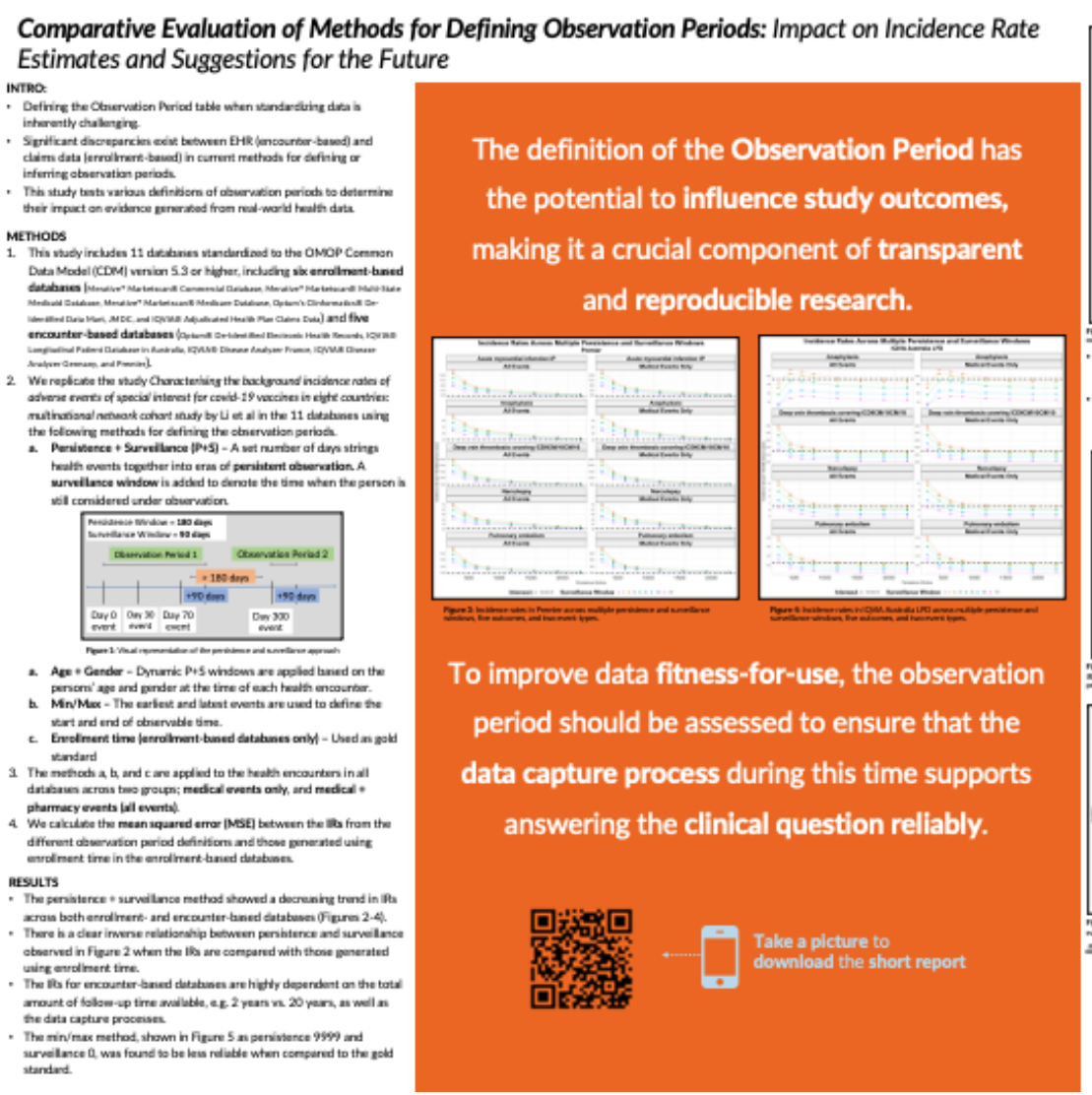
#OHDSISocialShowcase This Week

Wednesday

Comparative Evaluation of Methods for Defining Observation Periods in Healthcare Databases and Their Impact on Incidence Rate Estimates

(Clair Blacketer, Patrick Ryan, Martijn Schuemie, Peter Rijnbeek)



Comparative Evaluation of Methods for Defining Observation Periods: *Impact on Incidence Rate Estimates and Suggestions for the Future*

INTRO:

- Defining the Observation Period table when standardizing data is inherently challenging.
- Significant discrepancies exist between EHR (encounter-based) and claims data (enrollment-based) in current methods for defining or inferring observation periods.
- This study tests various definitions of observation periods to determine their impact on evidence generated from real-world health data.

METHODS

1. This study includes 11 databases standardized to the OMOP Common Data Model (CDM) version 5.3 or higher, including **six enrollment-based databases** (Marketscan® Commercial Database, Marketscan® Multi-State Medicaid Database, Marketscan® Medicare Database, Optum's De-identified De-identified Clinformatics® Data Mart, JMDC, and IQVIA® Adjudicated Health Plan Claims Data) **and five encounter-based databases** (Optum® De-identified Electronic Health Records, IQVIA® Longitudinal Patient Database in Australia, IQVIA® Disease Analyzer France, IQVIA® Disease Analyzer Germany, and Premier).
2. We replicate the study *Characterising the background incidence rates of adverse events of special interest for covid-19 vaccines in eight countries: multinational network cohort study* by Li et al in the 11 databases using the following methods for defining the observation periods.
   a. **Persistence + Surveillance (P+S)** – A set number of days strings health events together into eras of **persistent observation.** A **surveillance window** is added to denote the time when the person is still considered under observation.

   b. **Age + Gender** – Dynamic P+S windows are applied based on the persons' age and gender at the time of each health encounter.
   c. **Min/Max** – The earliest and latest events are used to define the start and end of observable time.
   d. **Enrollment time (enrollment-based databases only)** – Used as gold standard
3. The methods a, b, and c are applied to the health encounters in all databases across two groups; **medical events only**, and **medical + pharmacy events (all events).**
4. We calculate the **mean squared error (MSE)** between the IRs from the different observation period definitions and those generated using enrollment time in the enrollment-based databases.

RESULTS

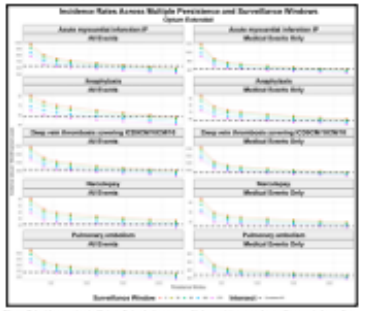
- The persistence + surveillance method showed a decreasing trend in IRs across both enrollment- and encounter-based databases (Figures 2-4).
- There is a clear inverse relationship between persistence and surveillance observed in Figure 2 when the IRs are compared with those generated using enrollment time.
- The IRs for encounter-based databases are highly dependent on the total amount of follow-up time available, e.g. 2 years vs. 20 years, as well as the data capture processes.
- The min/max method, shown in Figure 5 as persistence 9999 and surveillance 0, was found to be less reliable when compared to the gold standard.

The definition of the **Observation Period** has the potential to **influence study outcomes,** making it a crucial component of **transparent** and **reproducible research.**

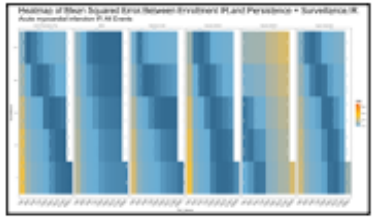
To improve data **fitness-for-use,** the observation period should be assessed to ensure that the **data capture process** during this time supports answering the **clinical question reliably.**

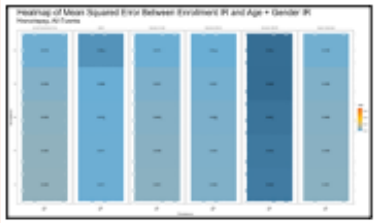
Take a picture to download the short report

RESULTS CONT.



- P+S IR patterns differ based on the clinical context of the encounter-based data, whether it primary includes hospital encounters or primary-care encounter.
- The age + gender approach, while showing some alignment with the gold standard, did not perform as well, particularly for rare outcomes like narcolepsy and anaphylaxis.





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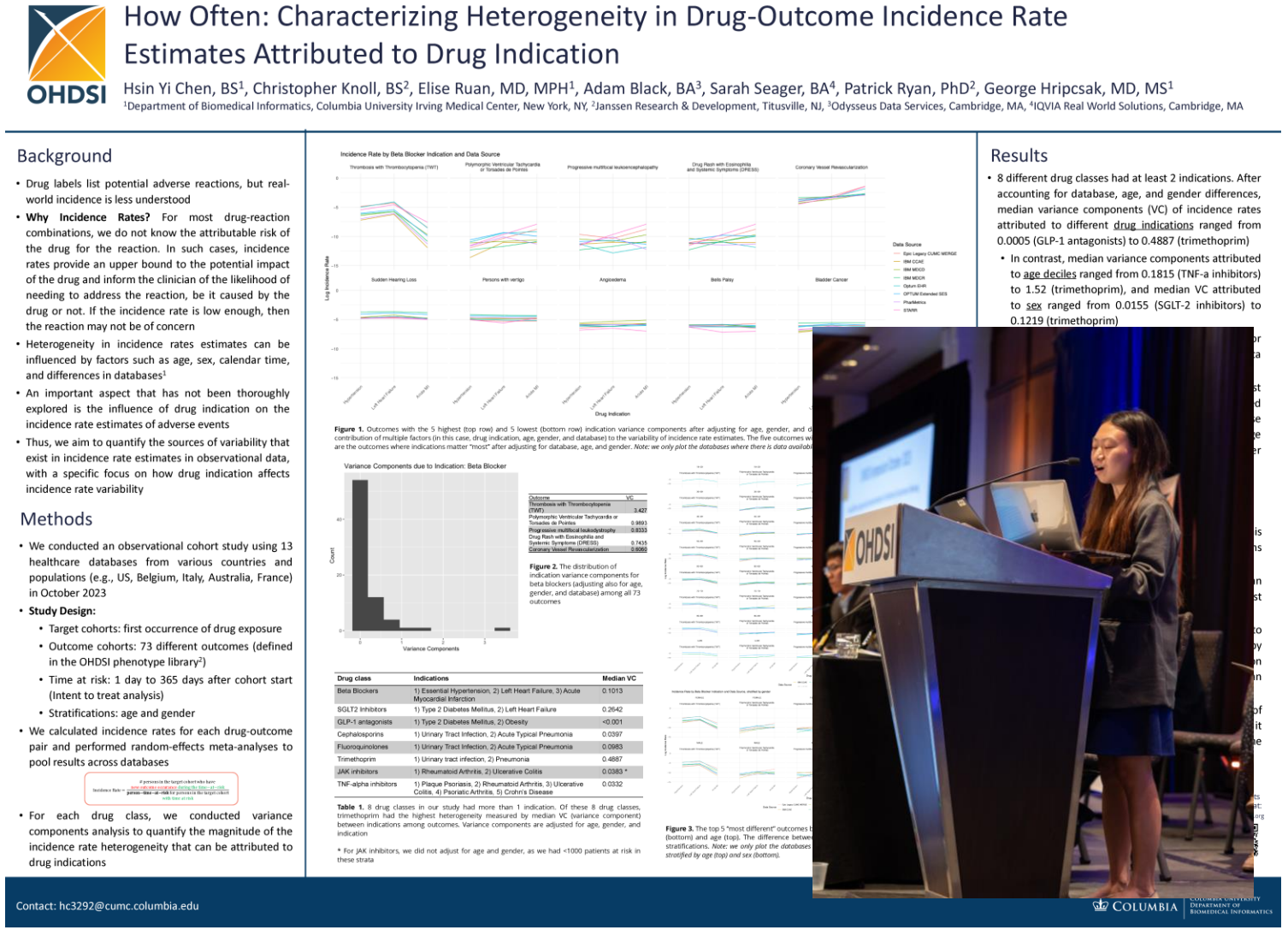
#OHDSISocialShowcase This Week

Thursday

How Often: Large Scale Incidence Rate Calculation of Health Outcomes for Drugs Nested by Indication

(Hsin Yi Chen, Christopher Knoll, Elise Ruan, Adam Black, Sarah Seager, Patrick Ryan, George Hripcsak)



How Often: Characterizing Heterogeneity in Drug-Outcome Incidence Rate Estimates Attributed to Drug Indication

Hsin Yi Chen, BS[1], Christopher Knoll, BS[2], Elise Ruan, MD, MPH[1], Adam Black, BA[3], Sarah Seager, BA[4], Patrick Ryan, PhD[2], George Hripcsak, MD, MS[1]
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Background

- Drug labels list potential adverse reactions, but real-world incidence is less understood
- **Why Incidence Rates?** For most drug-reaction combinations, we do not know the attributable risk of the drug for the reaction. In such cases, incidence rates provide an upper bound to the potential impact of the drug and inform the clinician of the likelihood of needing to address the reaction, be it caused by the drug or not. If the incidence rate is low enough, then the reaction may not be of concern
- Heterogeneity in incidence rates estimates can be influenced by factors such as age, sex, calendar time, and differences in databases[1]
- An important aspect that has not been thoroughly explored is the influence of drug indication on the incidence rate estimates of adverse events
- Thus, we aim to quantify the sources of variability that exist in incidence rate estimates in observational data, with a specific focus on how drug indication affects incidence rate variability

Methods

- We conducted an observational cohort study using 13 healthcare databases from various countries and populations (e.g., US, Belgium, Italy, Australia, France) in October 2023
- **Study Design:**
  - Target cohorts: first occurrence of drug exposure
  - Outcome cohorts: 73 different outcomes (defined in the OHDSI phenotype library[2])
  - Time at risk: 1 day to 365 days after cohort start (Intent to treat analysis)
  - Stratifications: age and gender
- We calculated incidence rates for each drug-outcome pair and performed random-effects meta-analyses to pool results across databases

$$\text{Incidence Rate} = \frac{\text{\# persons in the target cohort who have time-at-risk observation during the time-at-risk for persons in the target cohort with time-at-risk}}{\text{person-time-at-risk for persons in the target cohort with time-at-risk}}$$

- For each drug class, we conducted variance components analysis to quantify the magnitude of the incidence rate heterogeneity that can be attributed to drug indications

Incidence Rate by Beta Blocker Indication and Data Source

Thrombosis with Thrombocytopenia (TWT) | Polymorphic Ventricular Tachycardia or Torsades de Pointes | Progressive multifocal leukoencephalopathy | Drug Rash with Eosinophilia and Systemic Symptoms (DRESS) | Coronary Vessel Revascularization

Sudden Hearing Loss | Persons with vertigo | Angioedema | Bells Palsy | Bladder Cancer

Log Incidence Rate

Data Source: Epic Legacy CUMC MERGE; IBM CCAE; IBM MDCD; IBM MDCR; Optum EHR; OPTUM Extended SES; PharMetrics; STARR

Hypertension | Left Heart Failure | Acute MI

Drug Indication

Figure 1. Outcomes with the 5 highest (top row) and 5 lowest (bottom row) indication variance components after adjusting for age, gender, and d… contribution of multiple factors (in this case, drug indication, age, gender, and database) to the variability of incidence rate estimates. The five outcomes w… are the outcomes where indications matter "most" after adjusting for database, age, and gender. *Note: we only plot the databases where there is data availabi…*

Variance Components due to Indication: Beta Blocker

Count

Variance Components

Outcome	VC
Thrombosis with Thrombocytopenia (TWT)	3.427
Polymorphic Ventricular Tachycardia or Torsades de Pointes	0.9893
Progressive multifocal leukoencephalopathy	0.8333
Drug Rash with Eosinophilia and Systemic Symptoms (DRESS)	0.7455
Coronary Vessel Revascularization	0.6065

Figure 2. The distribution of indication variance components for beta blockers (adjusting also for age, gender, and database) among all 73 outcomes

Drug class	Indications	Median VC
Beta Blockers	1) Essential Hypertension, 2) Left Heart Failure, 3) Acute Myocardial Infarction	0.1013
SGLT2 Inhibitors	1) Type 2 Diabetes Mellitus, 2) Left Heart Failure	0.2642
GLP-1 antagonists	1) Type 2 Diabetes Mellitus, 2) Obesity	<0.001
Cephalosporins	1) Urinary Tract Infection, 2) Acute Typical Pneumonia	0.0397
Fluoroquinolones	1) Urinary Tract Infection, 2) Acute Typical Pneumonia	0.0983
Trimethoprim	1) Urinary tract infection, 2) Pneumonia	0.4887
JAK inhibitors	1) Rheumatoid Arthritis, 2) Ulcerative Colitis	0.0383 *
TNF-alpha inhibitors	1) Plaque Psoriasis, 2) Rheumatoid Arthritis, 3) Ulcerative Colitis, 4) Psoriatic Arthritis, 5) Crohn's Disease	0.0332

Table 1. 8 drug classes in our study had more than 1 indication. Of these 8 drug classes, trimethoprim had the highest heterogeneity measured by median VC (variance component) between indications among outcomes. Variance components are adjusted for age, gender, and indication

* For JAK inhibitors, we did not adjust for age and gender, as we had <1000 patients at risk in these strata

Figure 3. The top 5 "most different" outcomes b… (bottom) and age (top). The difference betwe… stratifications. *Note: we only plot the databases … stratified by age (top) and sex (bottom).*

Results

- 8 different drug classes had at least 2 indications. After accounting for database, age, and gender differences, median variance components (VC) of incidence rates attributed to different drug indications ranged from 0.0005 (GLP-1 antagonists) to 0.4887 (trimethoprim)
  - In contrast, median variance components attributed to age deciles ranged from 0.1815 (TNF-a inhibitors) to 1.52 (trimethoprim), and median VC attributed to sex ranged from 0.0155 (SGLT-2 inhibitors) to 0.1219 (trimethoprim)

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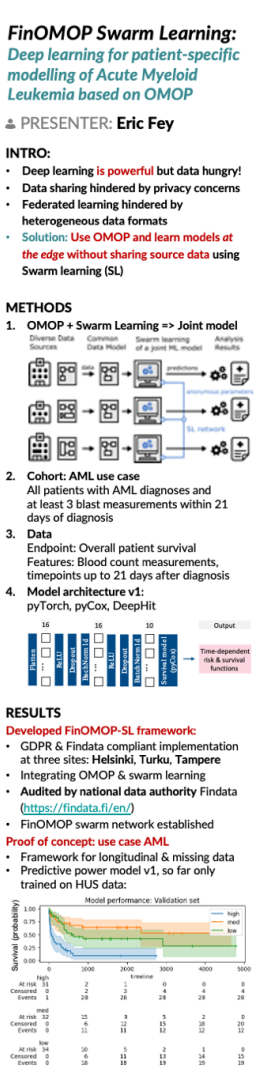
COLUMBIA | COLUMBIA UNIVERSITY DEPARTMENT OF BIOMEDICAL INFORMATICS

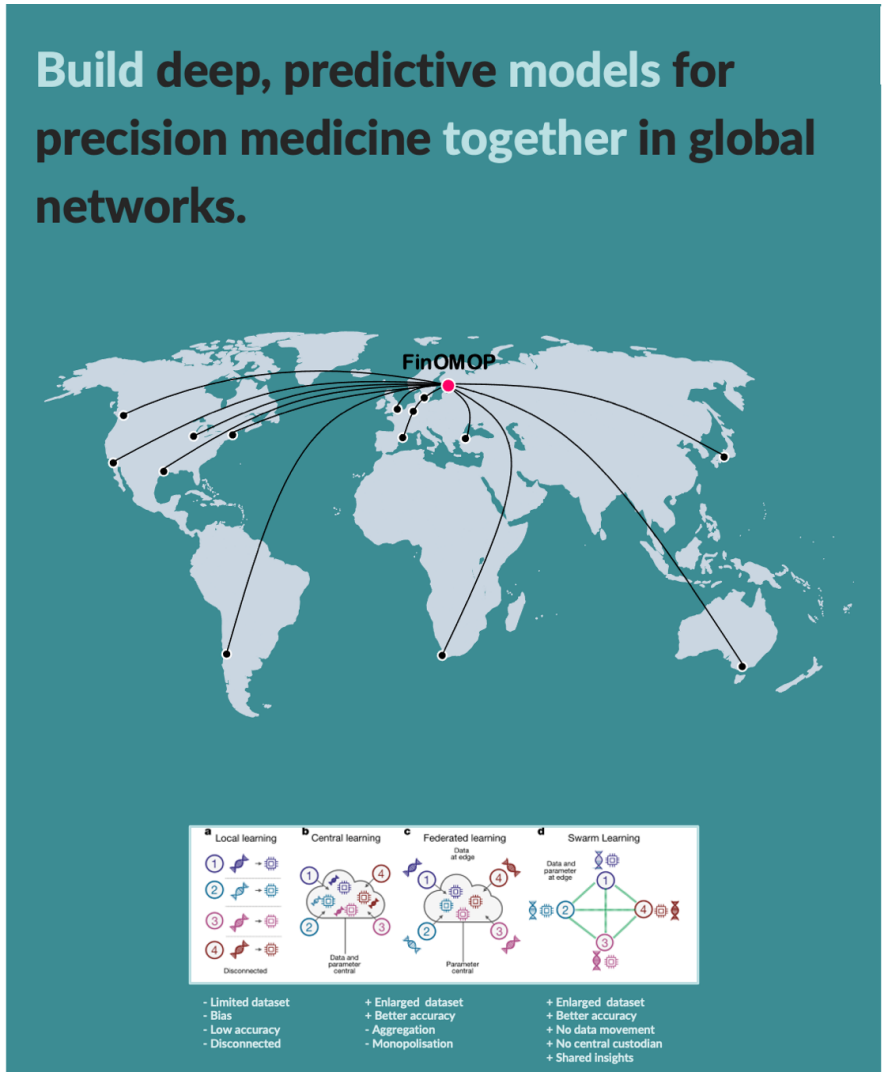
#OHDSISocialShowcase This Week

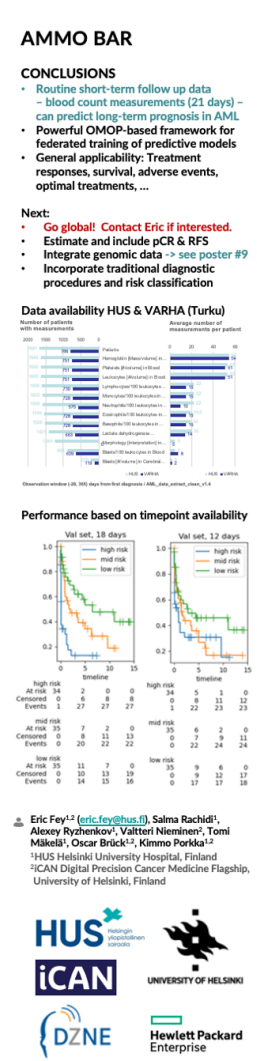
Friday

FinOMOP Swarm Learning - Deep learning for patient-specific modelling of Acute Myeloid Leukemia

(Salma Rachidi, Hartmut Schultze, Vytis Vadoklis, Perre Gustafsson, Johansson Markus, Kauko Tommi, Anna Hammais, Kukkurainen Sampo, Niemelä Sami, Tuomas Hakala, Alexey Ryzhenkov, Valtteri Nieminen, Tomi Mäkelä, Oscar Brück, Joachim Schultze, Tarja Laitinen, Arho Virkki, Kimmo Porkka, Eric Fey)







Where Are We Going?

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

Three Stages of The Journey

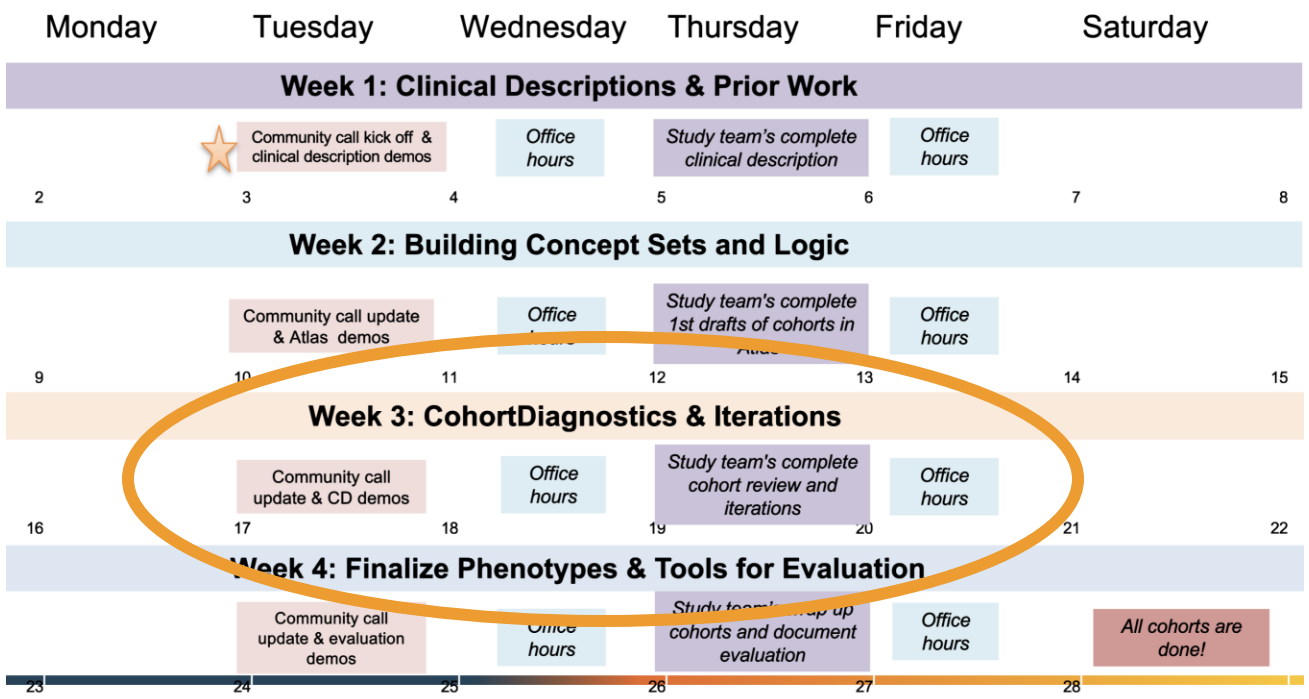
Where Have We Been?

Where Are We Now?

Where Are We Going?

Feb. 18 Community Call

Phenotype Phebruary 2025 Calendar



Workgroup OKRs:

- Databricks
- Dentistry
- Eye Care and Vision Research
- GenAI
- HADES
- Latin America
- Medical Imaging
- OHDSI APAC
- Psychiatry
- Transplant

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-2025