



# 2025 Phenotype Phebruary Closing session



# Phenotype Phebruary **2025**: what we aimed to achieve

Following the footsteps of Dry January:

Help 14 study leads and the teams create and evaluate all cohort definitions for their studies



# 2025 Phenotype Phebruary team & study leads

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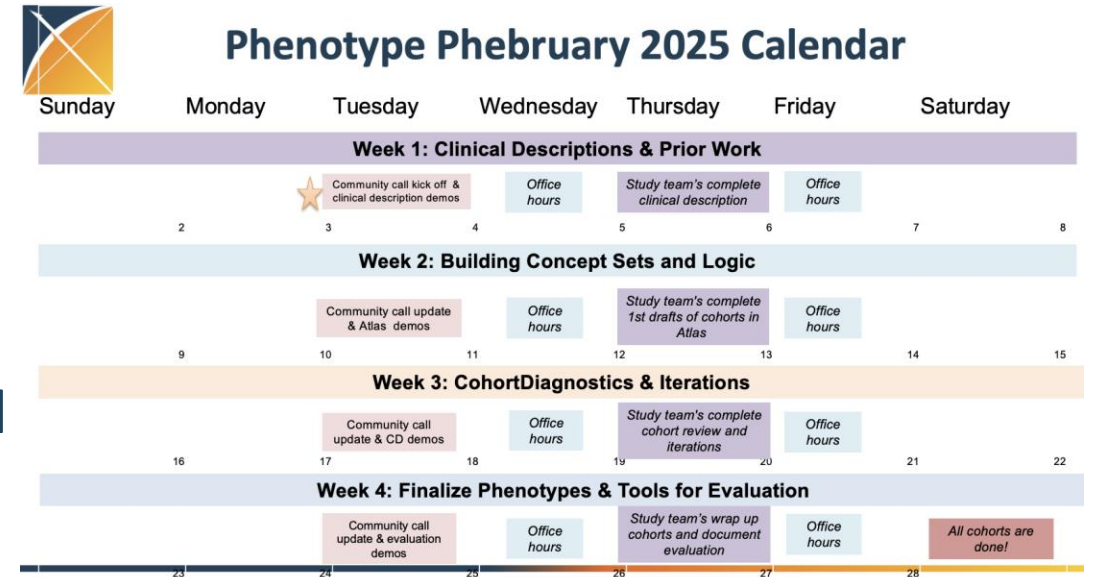
**Michelle Hribar**





# Phenotype Phebruary 2025: what we achieved

- **3** Atlas and CD demos, **20+** sessions
- Clinical descriptions for **13** studies written
- **63** cohort definitions re-used from PL/os
- **165** cohort definitions built
- **118** cohort definitions built and publicly shared
- **2** cohort diagnostics run on results.ohdsi.org
- **40+** collaborators reviewed literature, built cohorts, reviewed cohort diagnostics or attended calls



[https://results.ohdsi.org/app/26\\_PhenotypePhebruary2025](https://results.ohdsi.org/app/26_PhenotypePhebruary2025)

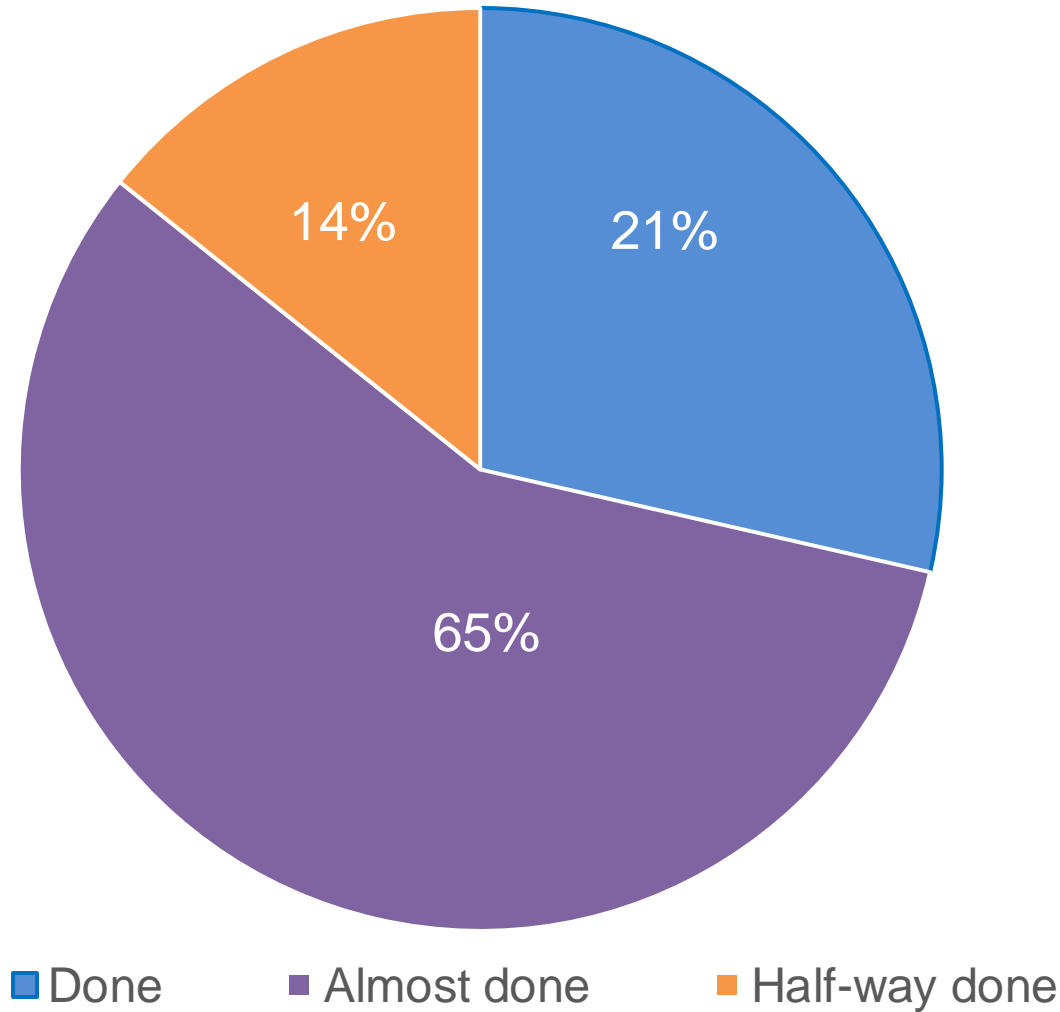
Phenotype Phebruary content location:

Phenotype development and evaluation WG -> Files -> Phenotype Phebruary 2025



# Phenotype Phebruary 2025: what we achieved

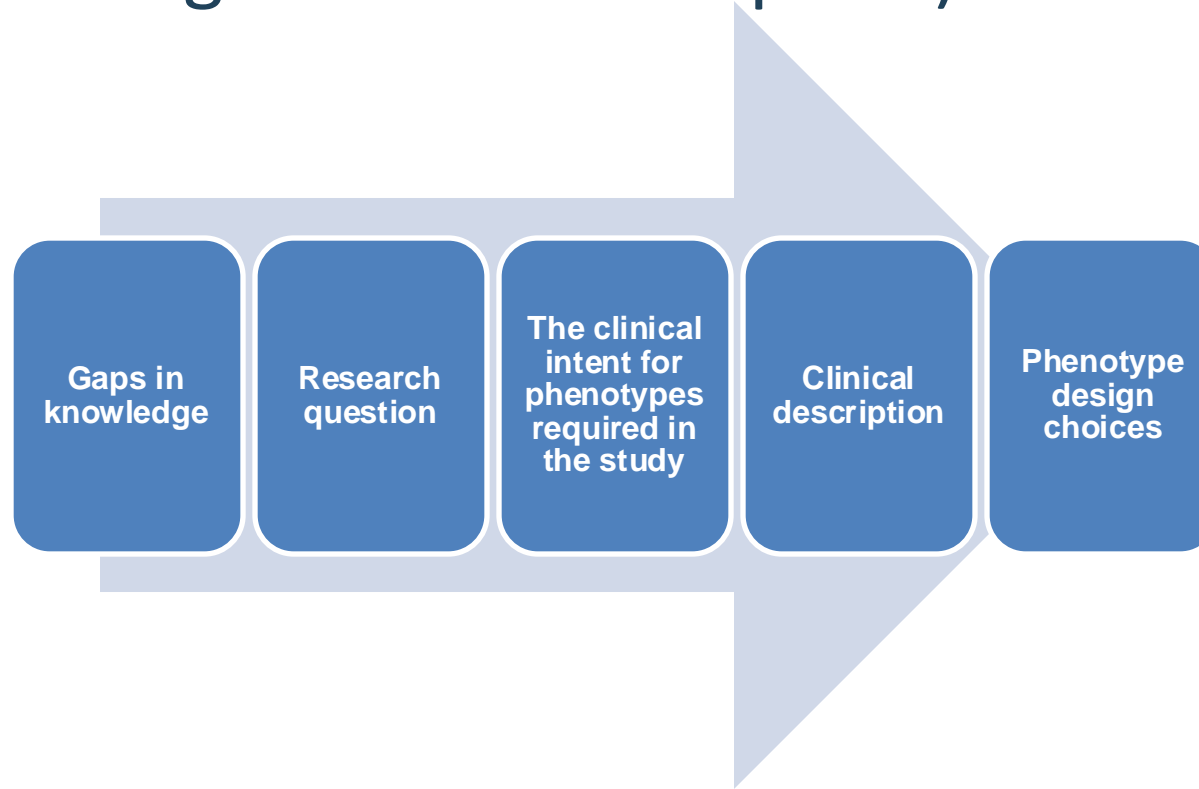
Phenotyping for ~85%  
of studies is done or  
almost done





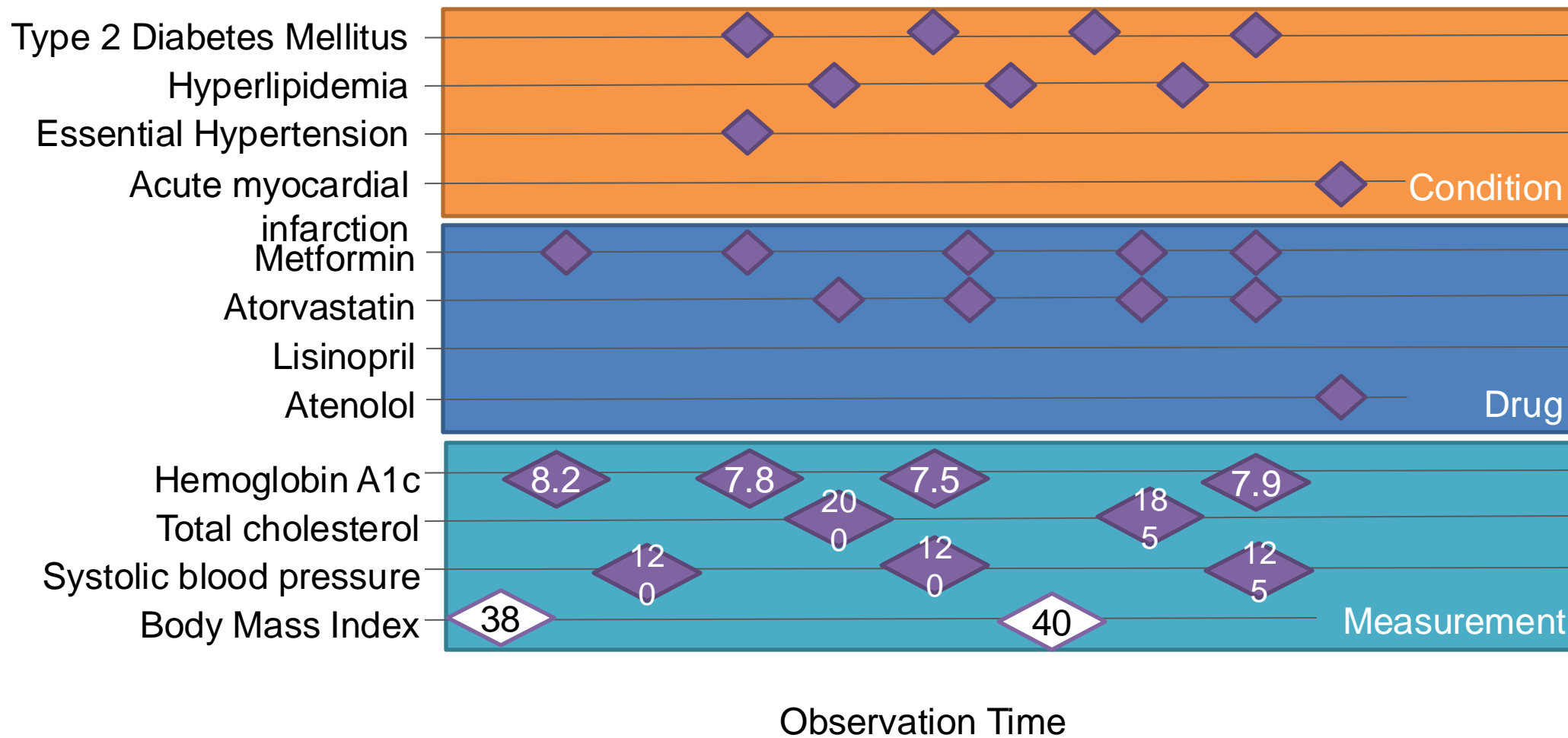
# Main learnings #1

- Explicitly specifying clinical ideas that one wants to study (e.g., through clinical description) is crucial



# What we *HAVE*?

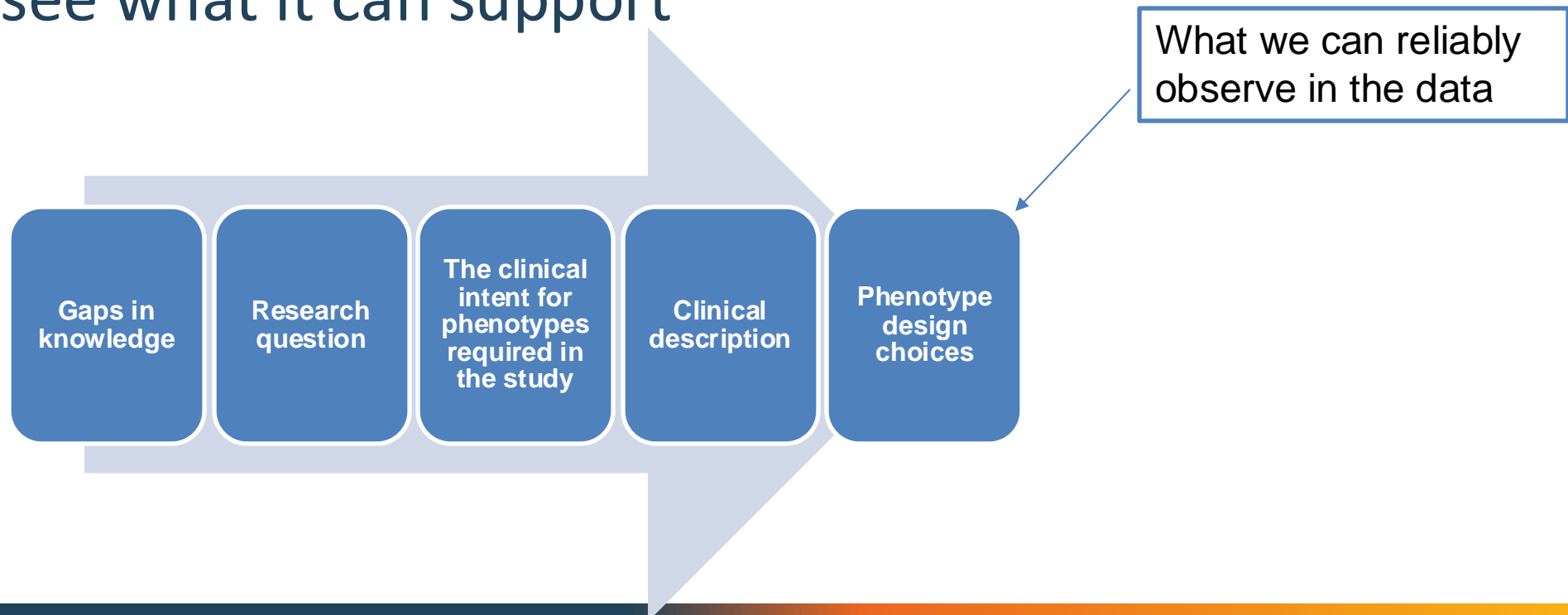
## Observational data for a single person





## Main learnings #2

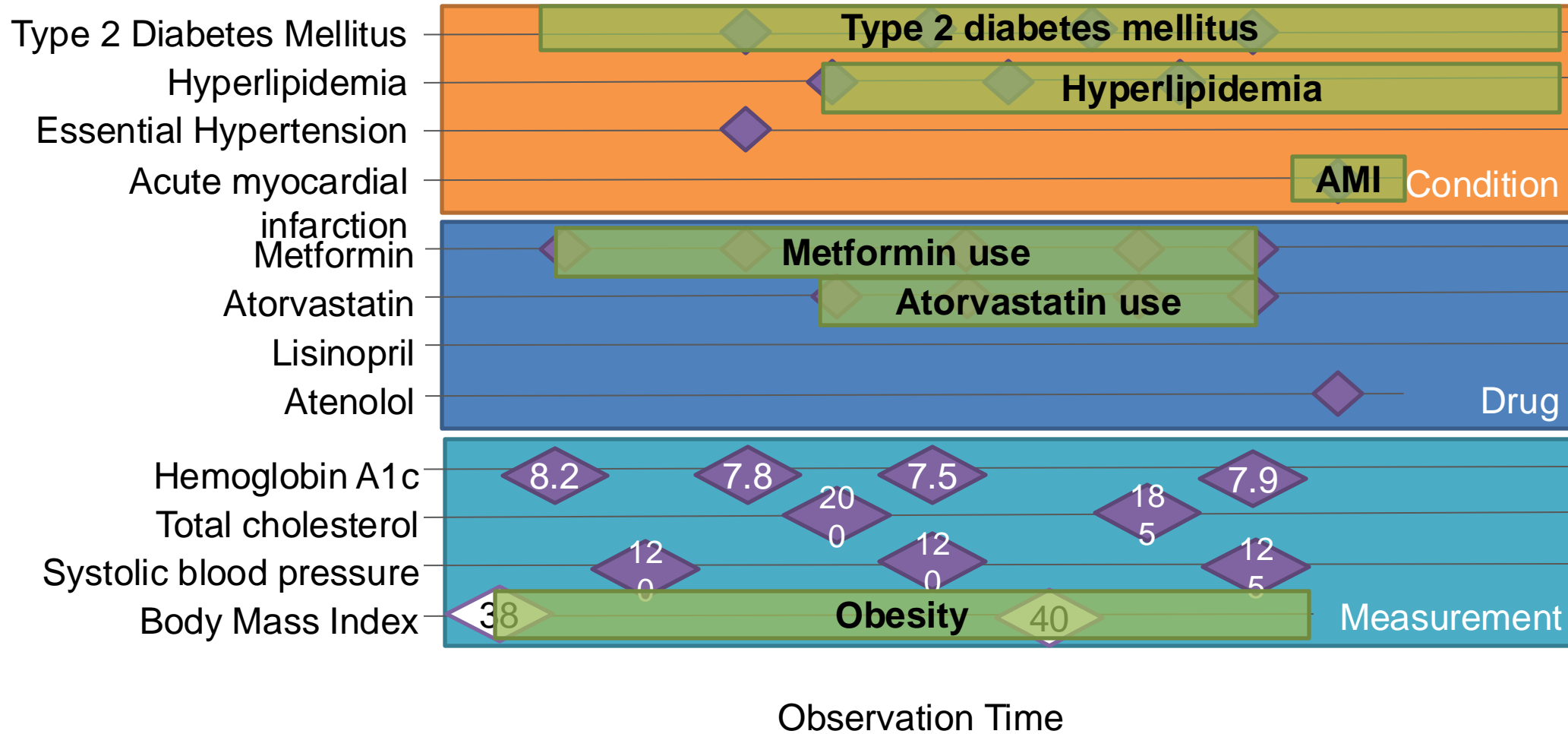
- We rely on our clinical knowledge when asking for specific patient populations. We should also listen to the data to see what it can support





# What we WANT?

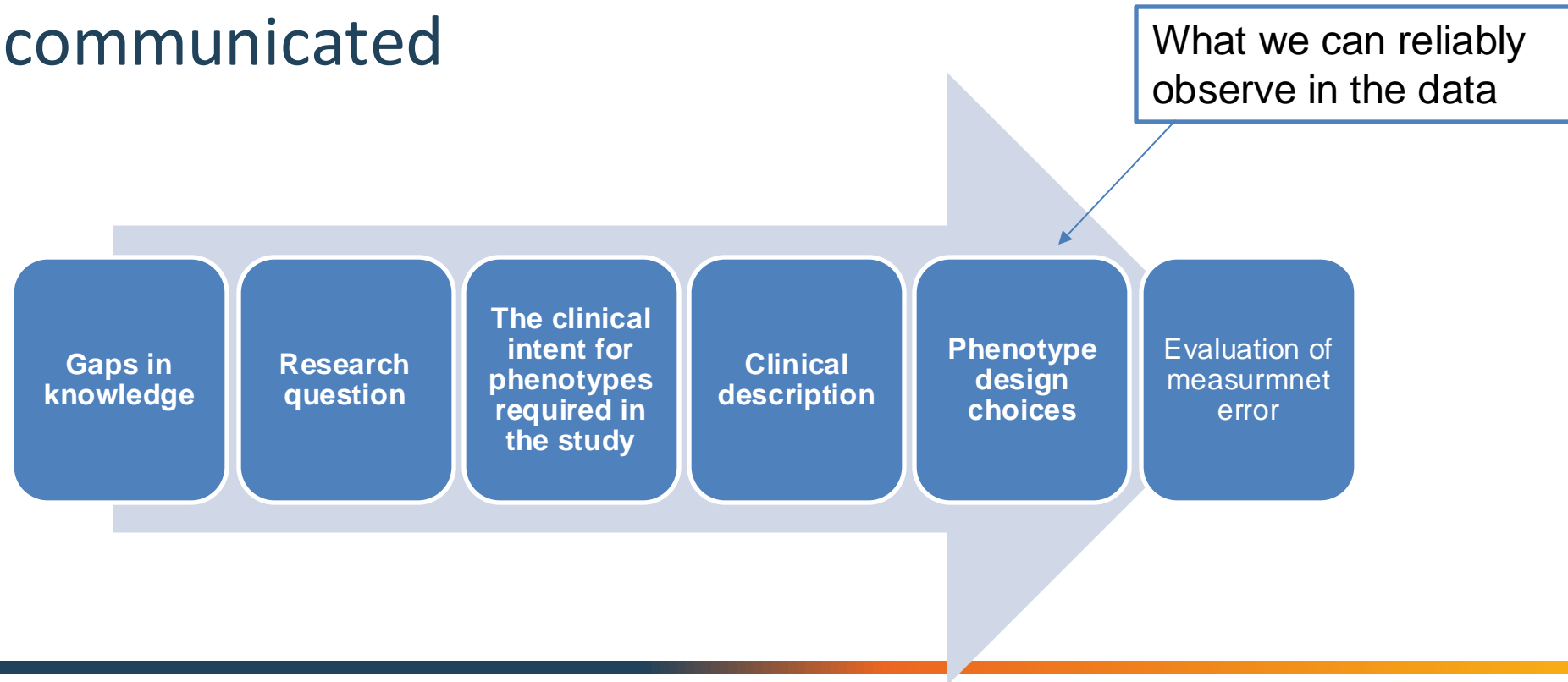
## Longitudinal health status for a single person



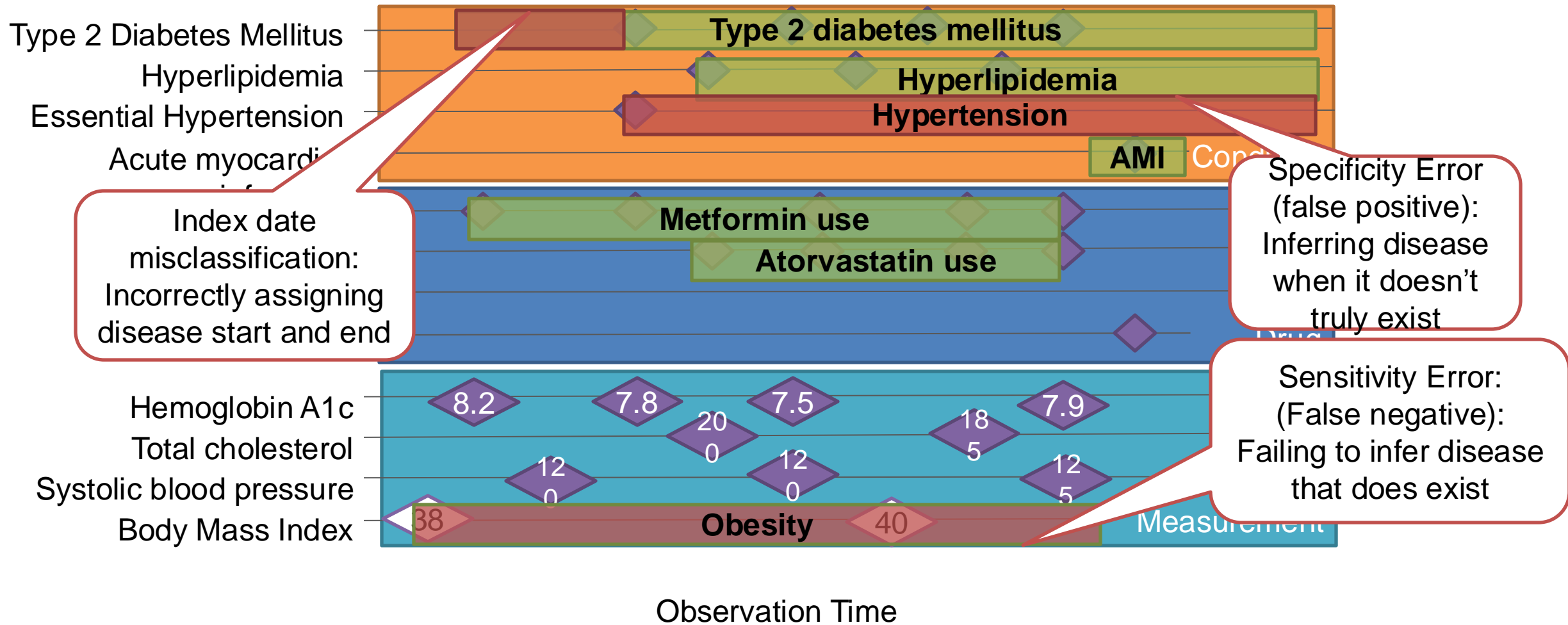


## Main learnings #3

- In an absence of objective criteria, choices are subjective, and measurement error is not easily described or communicated



# Potential errors from inference in disease phenotyping





## Main learnings #4

- ~20% of the cohorts were re-used from the Phenotype Library/other sources. We could have spent 100+ hours less if all of them were available

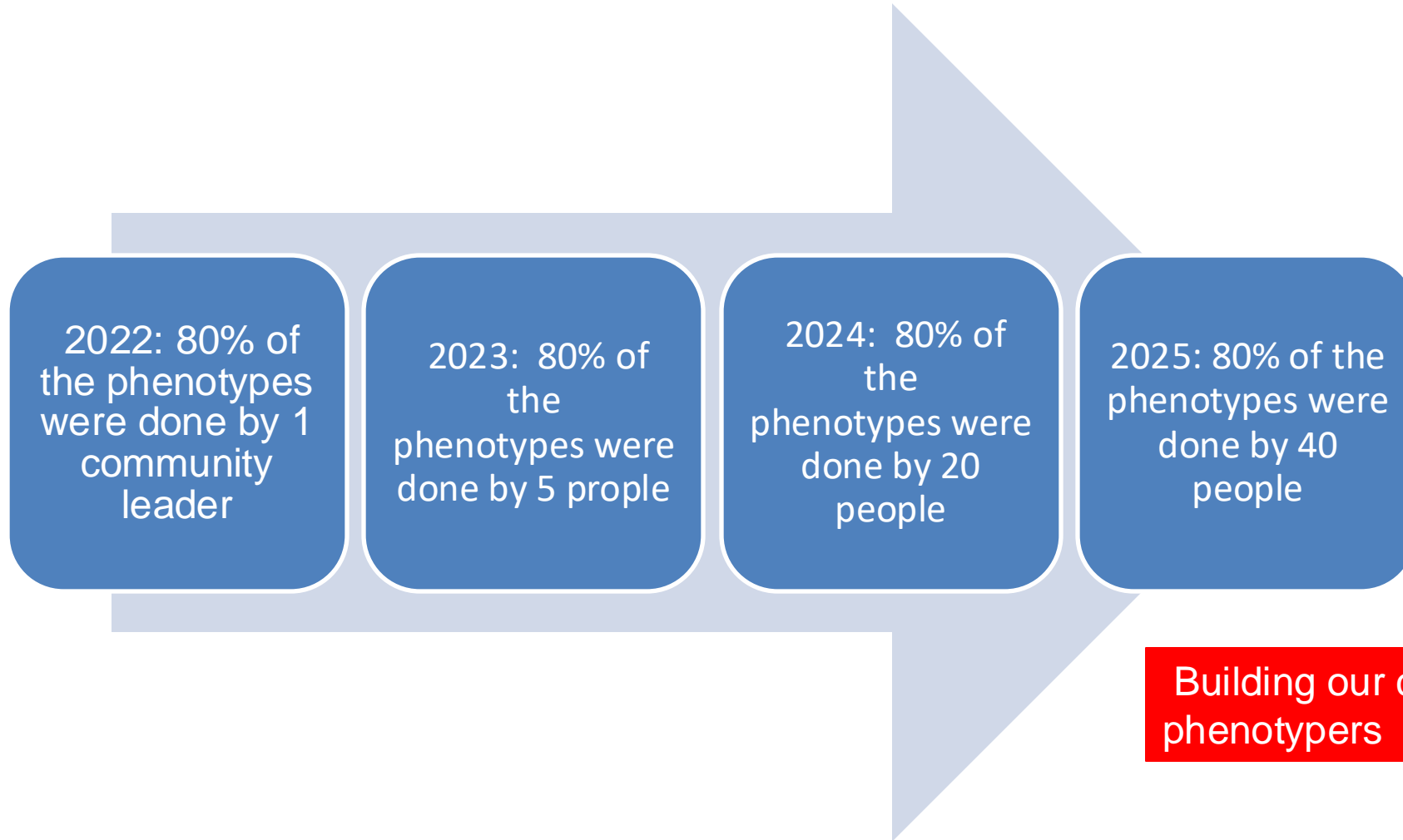


# Moving forward

- We can create Atlas shells for common cohort designs
- We can improve LLM prompts for clinical description
- We can create automated solutions for concept sets
- We can create a lightweight version of Cohort Diagnostics for easy exploration



# Final note of celebration



Building our community of phenotypers