



OHDSI COVID-19 study-a-thon and evaluation of safety of hydroxychloroquine in RA patients

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on behalf of OHDSI community



OHDSI: a global open science community



OHDSI Collaborators:

- 2,770 users
- 25 workgroups
- 18,700 posts on 3,250 topics

OHDSI Network:

- 152 databases
- 18 countries
- approx. 600M patient records

OHDSI's Mission: To improve health by empowering a community to collaboratively generate the evidence that promotes better health decisions and better care



OHDSI COVID-19 Study-a-thon kickoff

26Mar2020 3amEST

**OHDSI**
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

COVID19 Study-A-Thon

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#OHDSICovid19

OHDSI COVID-19 International Study-A-Thon

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COVID19 Updates
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covid-19-updates](http://www.ohdsi.org/covid-19-updates)
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#JoinTheJourney

Collaborating to design and execute observational research and
generate real-world evidence to inform the global pandemic

March 26-29, 2020



▶ ⏮ 🔊 0:14 / 59:52 #OHDSICovid19 • www.ohdsi.org/covid-19-updates CC HD [] [] [] []



Tracking our collaboration

26Mar2020 3amET

OHDSI COVID-19 Study-a-thon Study Tracker

| Analytic use case | Study | Lit Review and protocol development | Phenotype development and evaluation | Study package development | Study execution across network | Clinical review and dissemination |
|-------------------------|--|-------------------------------------|--------------------------------------|---------------------------|--------------------------------|-----------------------------------|
| Characterization | | | | | | |
| | COVID-19 positive patients | | | | | |
| | COVID-19 +ve subgroup analyses | | | | | |
| | Influenza, symptoms, and complications | | | | | |
| | Invasive treatments for respiratory distress | | | | | |
| | other questions? | | | | | |
| Prediction | | | | | | |
| | 1) Who presenting with flu, symptoms, or complications will be admitted to hospital? | | | | | |
| | 2) Who sent home with symptoms will progress to require hospitalization? | | | | | |
| | 3) Who admitted to hospital will require intensive care services or die? | | | | | |
| | other questions? | | | | | |
| Estimation | | | | | | |
| | Effects of hydroxychloroquine | | | | | |
| | Effects of IL6 and JAK inhibitors | | | | | |
| | Effects of HIV protease inhibitors | | | | | |
| | Effects of HepC protease inhibitors | | | | | |
| | Effects of ACE inhibitors | | | | | |
| | other questions? | | | | | |

To be done

Completed



Where did we end up by 29Mar2020 7pmET?

OHDSI COVID-19 Study-a-thon Study Tracker

| Analytic use case | Study | Lit Review and protocol development | Phenotype development and evaluation | Study package development | Study execution across network | Clinical review and dissemination |
|-------------------------|--|-------------------------------------|--------------------------------------|---------------------------|--------------------------------|-----------------------------------|
| Characterization | | | | | | |
| | COVID-19 positive patients | Completed | Completed | Completed | To be done | To be done |
| | COVID-19 +ve subgroup analyses | Completed | Completed | In progress | In progress | In progress |
| | Influenza, symptoms, and complications | Completed | Completed | Completed | In progress | In progress |
| | Invasive treatments for respiratory distress | Completed | Completed | Completed | In progress | In progress |
| | other questions? | In progress | In progress | In progress | In progress | In progress |
| Prediction | | | | | | |
| | 1) Who presenting with flu, symptoms, or complications will be admitted to hospital? | Completed | Completed | Completed | To be done | To be done |
| | 2) Who sent home with symptoms will progress to require hospitalization? | Completed | Completed | Completed | To be done | To be done |
| | 3) Who admitted to hospital will require intensive care services or die? | Completed | Completed | Completed | To be done | To be done |
| | other questions? | In progress | In progress | In progress | In progress | In progress |
| Estimation | | | | | | |
| | Effects of hydroxychloroquine | Completed | Completed | Completed | To be done | Completed |
| | Effects of IL6 and JAK inhibitors | Completed | Completed | Completed | In progress | In progress |
| | Effects of HIV protease inhibitors | Completed | Completed | Completed | In progress | In progress |
| | Effects of HepC protease inhibitors | Completed | Completed | Completed | In progress | In progress |
| | Effects of ACE inhibitors | Completed | Completed | Completed | In progress | In progress |
| | other questions? | In progress | In progress | In progress | In progress | In progress |

To be done
In progress
Results in, more to come
Completed



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The Journey Newsletter ▾ Past Events Upcoming Events

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COVID-19 Updates Page

The Observational Health Data Sciences and Informatics (OHDSI) international community will host a COVID-19 virtual study-a-thon this week (March 26-29) to inform healthcare decision-making in response to the current global pandemic.

Day 4

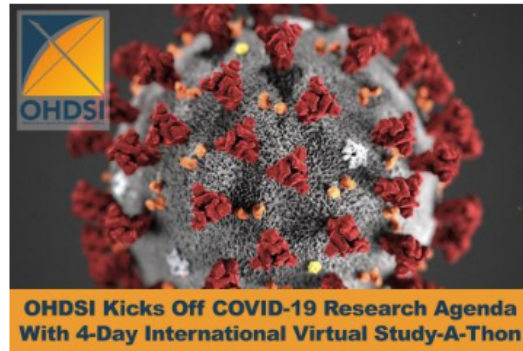
Early Call: [Video](#)

Global Call: [Video](#)

FINAL CALL: [Use This Link To Watch Live](#) (regardless of whether you registered)

Please take a look at the early calls, but we're going to save the exciting study-a-thon updates for our final call tonight! [This link will work for anybody](#), regardless of whether you registered for the study-a-thon. We are so excited to share our studies and early results with the world. Please share this link with people in your networks, so they can see the power of global collaboration in the OHDSI community.

Day 3 Updates



What have we done?

In only **88** hours, we have:

- Convened **351** participants brought together from **30** countries
- Held **12** Global Huddles, **>100** collaborator calls, **>13,000** chat messages
- Engaged **15** concurrent channels
- Reviewed **>10,000** publications
- Drafted **9** protocols
- Released **13** study packages
- Designed **355** cohort definitions
- Assembled a distributed data network with **37** partners signed on to execute studies

<https://www.ohdsi.org/covid-19-updates/>



3 things that we did in 4 days together that nobody has ever done before

- First large-scale characterization of COVID patients in US and Asia
- First prediction model externally validated on COVID patients to support triage to 'flatten the curve'
- Largest study ever conducted on the safety of hydroxychloroquine



Open collaboration requires FULL transparency in every step of the research process

- Study registered in ENCEPP with full protocol posted:
<http://www.encepp.eu/encepp/viewResource.htm?id=34498>
- Phenotype definitions and analysis specifications are both human-readable and computer-executable using ATLAS against any OMOP CDM:
<https://atlas.ohdsi.org/#/estimation/cca/6>
- Analysis source code freely available and directly downloadable:
<https://github.com/ohdsi-studies/Covid19EstimationHydroxychloroquine>
- Manuscript posted on Medrxiv while awaiting peer-review:
<https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v1>
- All analysis results available for public exploration through interactive R shiny application:
<http://evidence.ohdsi.org/Covid19EstimationHydroxychloroquine>



[5 comments](#)

Safety of hydroxychloroquine, alone and in combination with azithromycin, in light of rapid wide-spread use for COVID-19: a multinational, network cohort and self-controlled case series study

 Jennifer C.E Lane, James Weaver, Kristin Kostka, Talita Duarte-Salles, Maria Tereza F.Abrahao, Heba Alghoul, Osaid Alser, Thamir M Alshammari, Patricia Biedermann, Edward Burn, Paula Casajust, Mitch Conover, Aedin C. Culhane, Alexander Davydov, Scott L. DuVall, Dmitry Dymshyts, Sergio Fernández Bertolín, Kristina Fišter, Jill Hardin, Laura Hester, George Hripcsak, Seamus Kent, Sajan Khosla, Spyros Kolovos, Christophe G. Lambert, Johan ver der Lei, Ajit A. Londhe, Kristine E. Lynch, Rupa Makadia, Andrea V. Margulis, Michael E. Matheny, Paras Mehta, Daniel R. Morales, Henry Morgan-Stewart, Mees Mosseveld, Danielle Newby, Fredrik Nyberg, Anna Ostropolets, Rae Woong Park, Albert Prats-Urbe, Gowtham A. Rao, Christian Reich, Jenna Reps, Peter Rijnbeek, Selva Muthu Kumaran Sathappan, Martijn Schuemie, Sarah Seager, Anthony Sena, Azza Shoaibi, Matthew Spotnitz, Marc A. Suchard, Joel Swerdel, Carmen Olga Torre, David Vizcaya, Haini Wen, Marcel de Wilde, Seng Chan You, Lin Zhang, Oleg Zhuk, Patrick Ryan, Daniel Prieto-Alhambra

doi: <https://doi.org/10.1101/2020.04.08.20054551>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

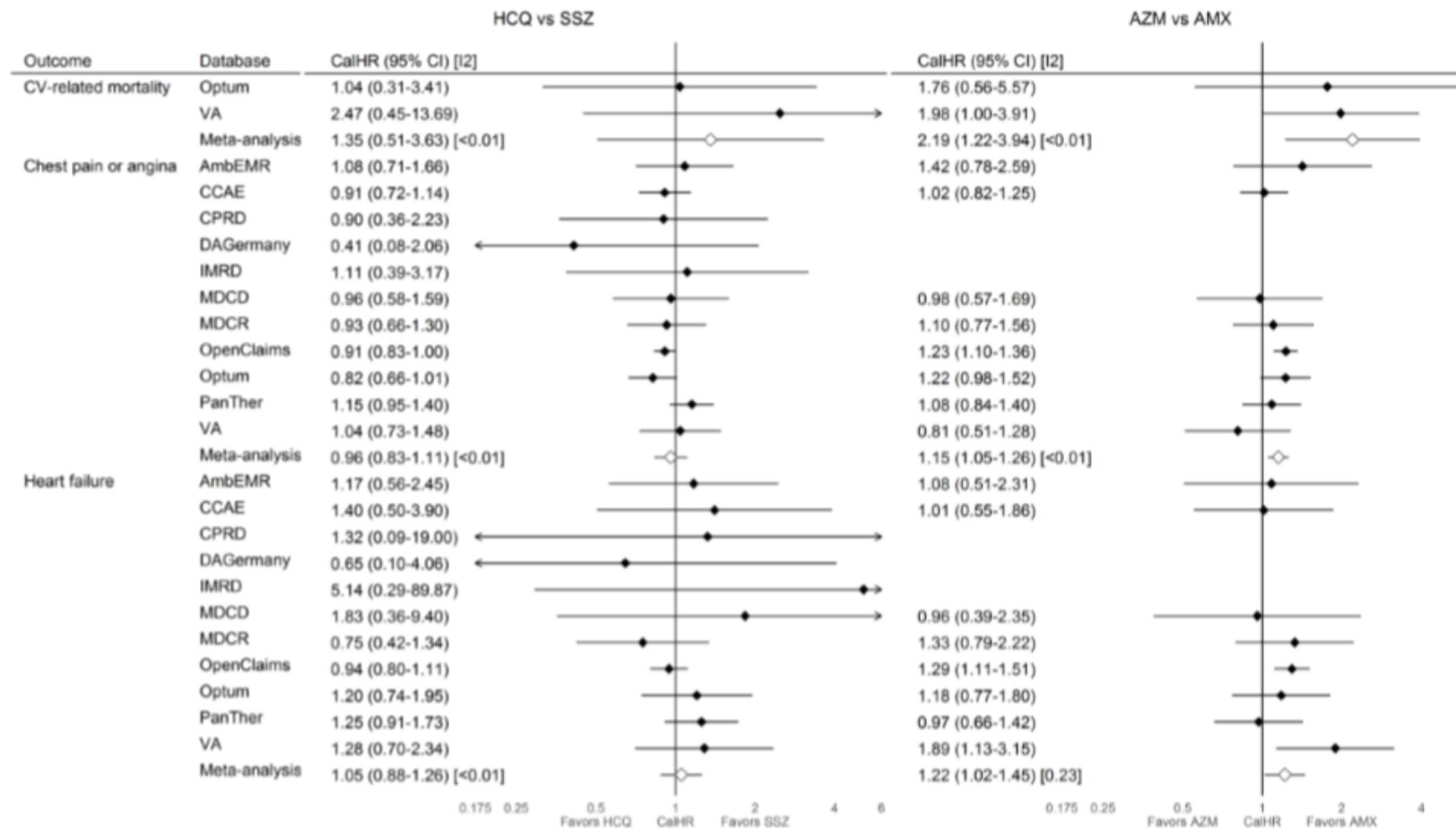


Methods

- New user cohort studies were conducted including 16 severe adverse events (SAEs).
- Rheumatoid arthritis patients aged 18+ and initiating hydroxychloroquine were compared to those initiating sulfasalazine and followed up over 30 days.
- Self-controlled case series (SCCS) were conducted to further establish safety in wider populations.
- Separately, SAEs associated with hydroxychloroquine - azithromycin (compared to hydroxychloroquine-amoxicillin) were studied.
- Data comprised 14 sources of claims data or electronic medical records from Germany, Japan, Netherlands, Spain, UK, and USA.
- Propensity score stratification and calibration using negative control outcomes were used to address confounding. Cox models were fitted to estimate calibrated hazard ratios (CalHRs) according to drug use.
- Estimates were pooled where $I^2 < 40\%$.



Figure 1. Source-specific and meta-analytic cardiovascular risk estimates for hydroxychloroquine vs sulfasalazine and azithromycin vs amoxicillin new users during 30-day follow-up



Key findings*

- HCQ appears safe in short term in RA, but long-term use may be associated with increased CV mortality
- HCQ+azithromycin increases 30-day risk of heart failure and cardiovascular mortality

HCQ=hydroxychloroquine; SSZ=sulfasalazine; AZM=azithromycin (plus concurrent hydroxychloroquine exposure); AMX=amoxicillin (plus concurrent hydroxychloroquine exposure); CalHR=calibrated hazard ratio; CI=confidence interval; I2=estimate heterogeneity statistic. Meta-analytic estimates reported where $I^2<0.4$. All database-specific estimates are reported in Appendix Table S7. AmbEMR=IQVIA Ambulatory EMR; CCAE=IBM Commercial Database; CPRD=Clinical Practice Research Datalink, DAGermany=IQVIA Disease Analyzer Germany; IMRD=IQVIA UK Integrated Medical Record Data; MDCD=IBM IBM Multi-state Medicaid; MDCR=IBM Medicare Supplemental Database; OpenClaims=IQVIA Open Claims; Optum=Optum Clinformatics Datamart; PanTher=Optum PanTherapeutic Electronic Health Record; VA=Veteran's Health Administration Database

<https://www.medrxiv.org/content/10.1101/2020.04.08.20054551v1>

*under peer review

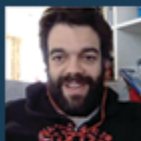


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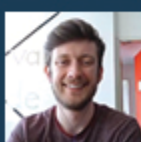
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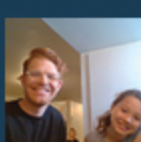
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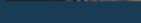
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COVID-19
Patient
trajectory

Health pre-
COVID-19

Present with
symptoms

Tested for
COVID-19*

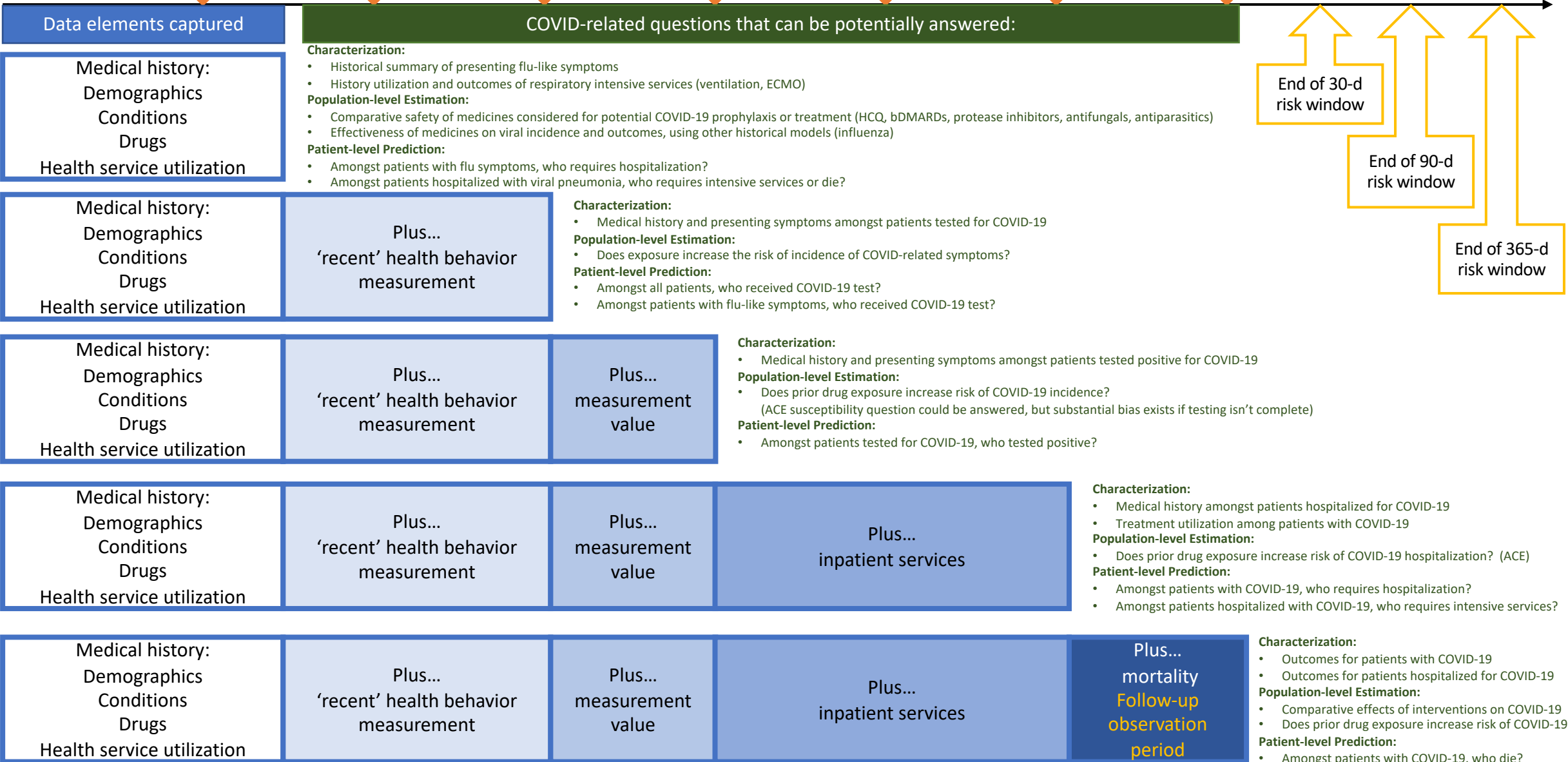
Result
obtained for
COVID-19 test

Hospitalization

Hospitalization
with intensive
services

Death

*Note: testing may take
place anytime before
symptoms through after
hospitalization, or may not
occur at all in COVID patients



End of 30-d
risk window

End of 90-d
risk window

End of 365-d
risk window