



EHDEN

EUROPEAN HEALTH DATA & EVIDENCE NETWORK

Development and validation of patient-level prediction models for adverse health outcomes amongst adult RA patients initiating first-line treatment of methotrexate monotherapy

a multinational real-world cohort analysis including 164,734 subjects

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on behalf of European Health Data and Evidence
Network (EHDEN) RA Research Group



OHDSI
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS





DISCLOSURES


- Joel Swerdel and Patrick Ryan are full-time employees of Janssen Research & Development, a pharmaceutical company of Johnson & Johnson, and shareholders in Johnson & Johnson.
- Katerina Chatzidionysiou is a consultant of AbbVie, Pfizer and Lilly.
- Daniel Prieto-Alhambra reports research grants from AMGEN, UCB Biopharma and Les Laboratoires Servier.
- Peter Rijnbeek reports research grants from Janssen Research & Development.
- Cynthia Yang, Ross Williams, Meghna Jani, Talita Duarte-Salles have nothing to disclose.



BACKGROUND

- EULAR guidelines recommend the initiation of methotrexate (MTX) monotherapy as soon as possible after the diagnosis of RA.
- Evaluating patient-level risks for adverse health outcomes after MTX initiation would allow clinicians to provide more personalised care.

EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update

Josef S Smolen ¹, Robert B M Landewé,^{2,3} Johannes W J Bijlsma,⁴
Gerd R Burmester,⁵ Maxime Dougados,⁶ Andreas Kerschbaumer ¹, Iain B McInnes,⁷
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<https://ard.bmj.com/content/annrheumdis/early/2020/01/22/annrheumdis-2019-216655.full.pdf>

The objective of this study was to develop and validate prediction models for adverse health outcomes in RA patients initiating first-line MTX monotherapy.

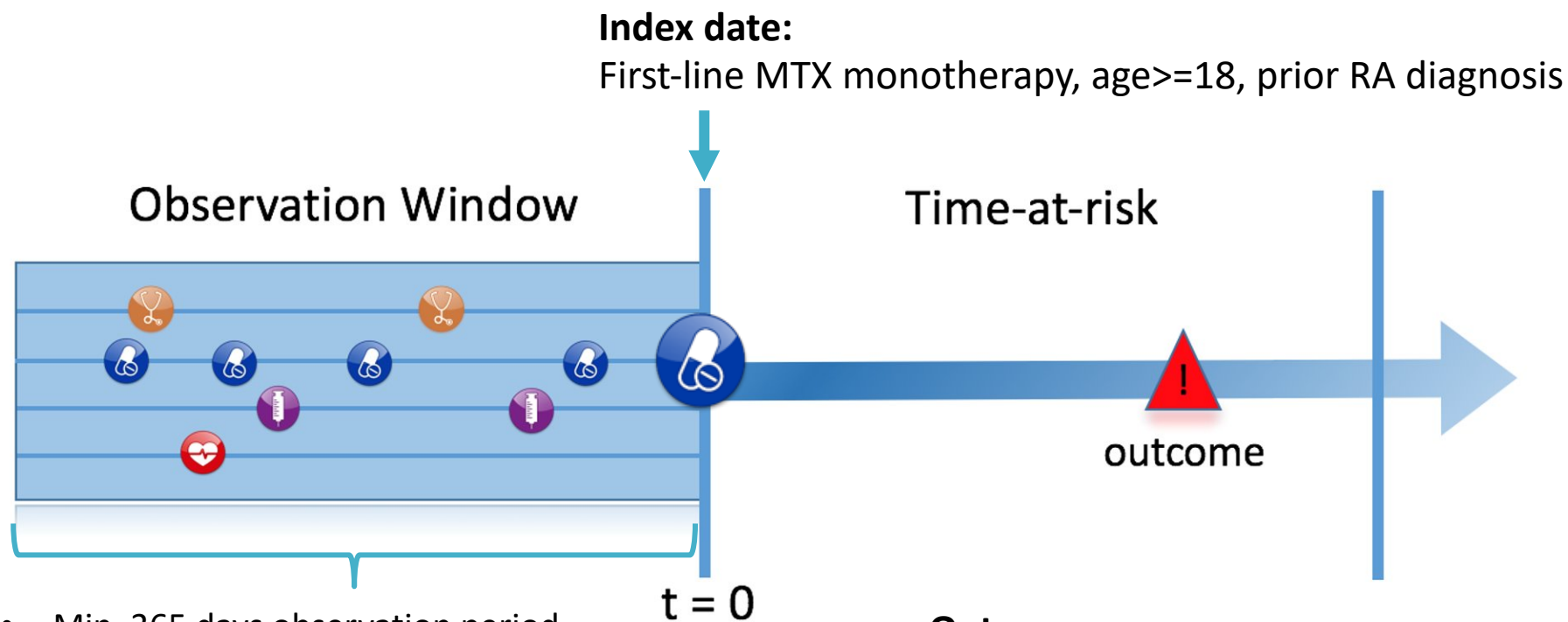
- The European Health Data Network (EHDEN) and Observational Health Data Sciences and Informatics (OHDSI) initiatives organized a **5-day study-a-thon** to get from **study design** to **study results**.
- A multi-disciplinary team consisting of 40 clinical, academic, and data partners joined forces.



Some of our team members, January 2020, Barcelona.



PROBLEM DEFINITION



- Min. 365 days observation period
- No record of any other inflammatory arthritis or any cancer
- No record of the outcome of interest in the preceding 90 days

Outcomes:

- Serious Infections in the next 90 days
- Myocardial Infarction in the next 2 years
- Stroke in the next 2 years



- Health data from claims and electronic health records were used from:
 - 6 European countries (Spain, Estonia, Netherlands, Germany, France, UK)
 - USA (7 databases)
 - Australia
 - Japan
- All data standardized to the OMOP Common Data Model to enable common analytics.



MODEL DEVELOPMENT AND VALIDATION

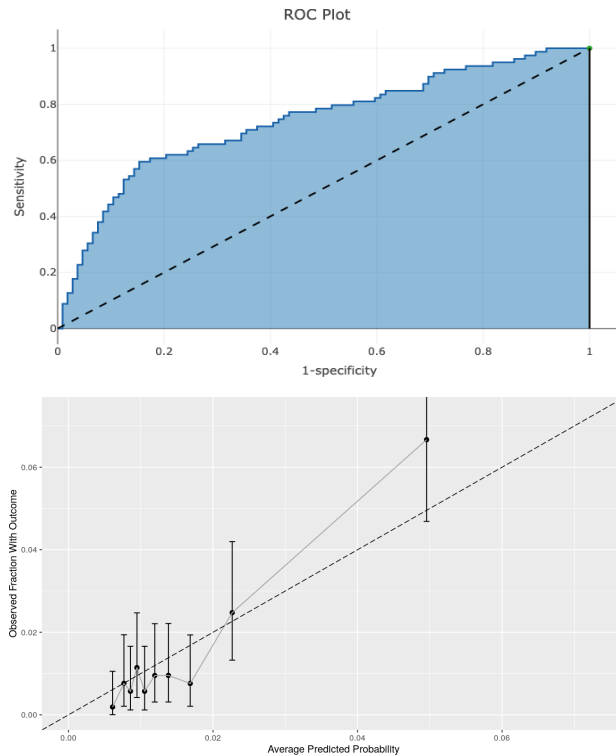
- Model development on 21,307 patients from OPTUM (USA claims, 88m patients, 2001-2019).
- Large-scale data-driven approach using logistic regression with LASSO regularisation (12,011 potential predictors):
 - Model training on 75% of the patients
 - Internal validation on 25% of the patients
- External validation (AUROC, calibration) on 143,427 patients from 14 databases.



INTERNAL VALIDATION (OPTUM USA)

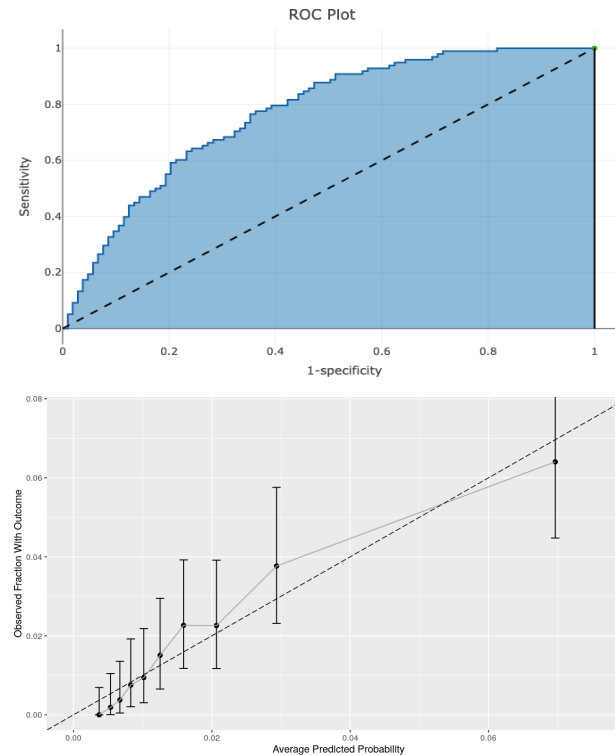
- Serious Infection:

- 5,251 patients
- 79 outcome events (1.5%)
- 92 predictors included
- AUROC of 0.75



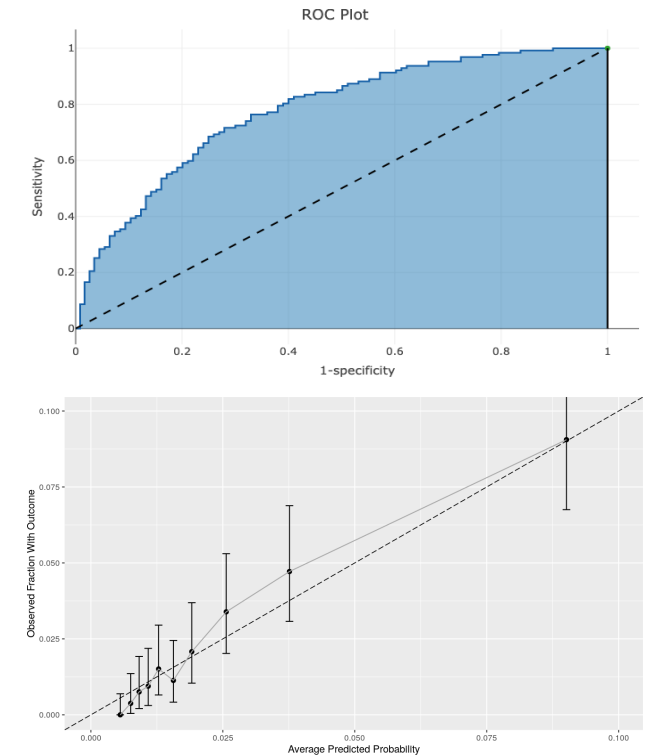
- Myocardial Infarction:

- 5,308 patients
- 98 outcome events (1.8%)
- 78 predictors included
- AUROC of 0.77



- Stroke:

- 5,301 patients
- 127 outcome events (2.4%)
- 70 predictors included
- AUROC of 0.78

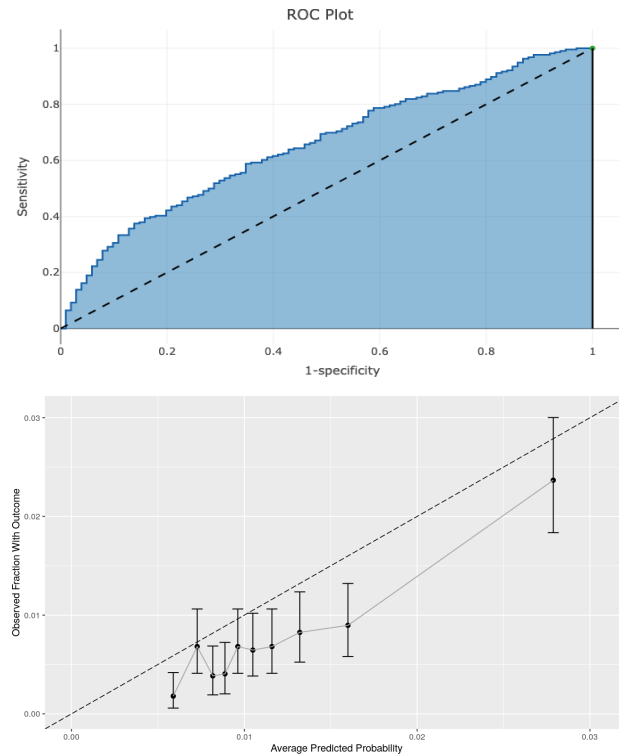




EXTERNAL VALIDATION (CCA-E USA)

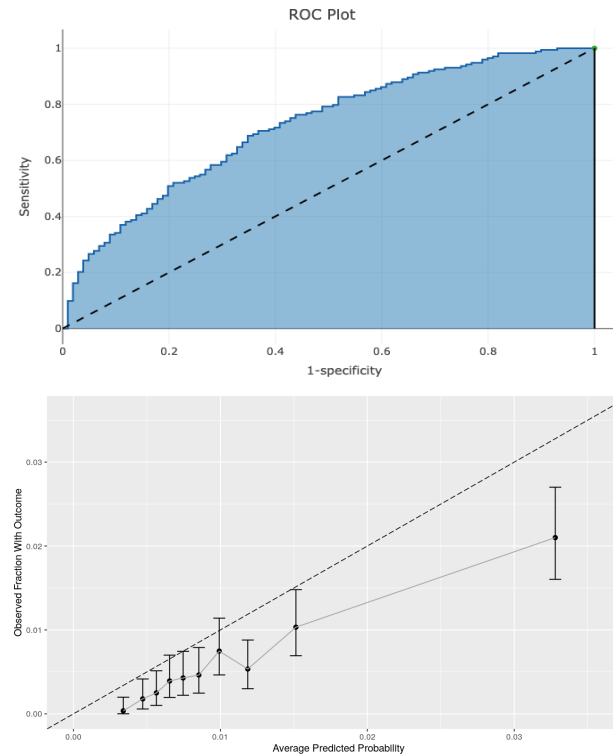
- Serious Infection:

- 27,877 patients
- 216 outcome events (0.8%)
- AUROC of 0.66



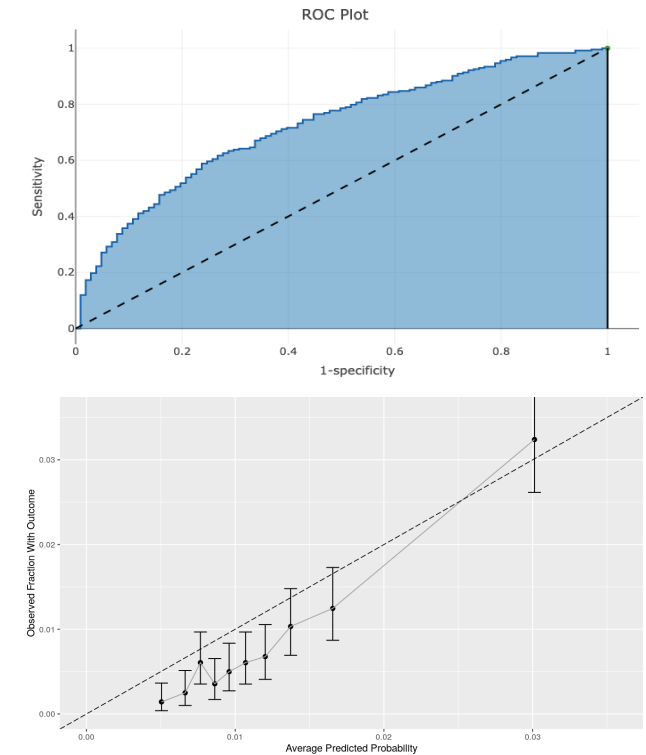
- Myocardial Infarction:

- 28,084 patients
- 173 outcome events (0.6%)
- AUROC of 0.73



- Stroke:

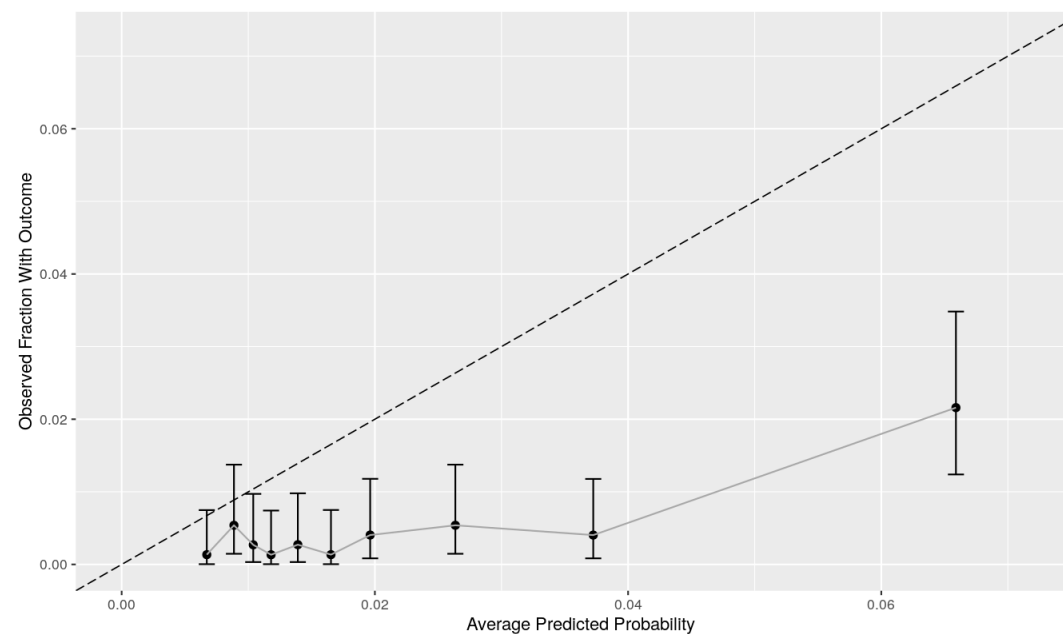
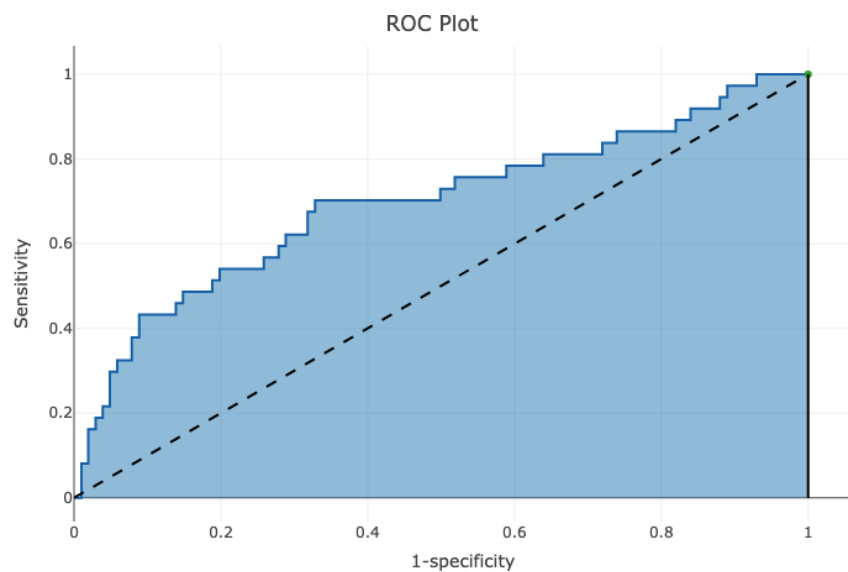
- 28,082 patients
- 243 outcome events (0.9%)
- AUROC of 0.73





EXTERNAL VALIDATION (IQVIA EHR GERMANY)

- Stroke:
 - 7,416 patients
 - 37 outcome events (0.5%)
 - AUROC of 0.70





Model	Internal AUROC	External AUROC median (min-max)
Serious Infection	0.75	0.67 (0.61-0.82)
Myocardial Infarction	0.77	0.68 (0.49-0.76)
Stroke	0.78	0.73 (0.63-0.79)

- Online results at: <https://data.ohdsi.org/ehdenRaPrediction/>.



CONCLUSIONS

- Models were developed that identify RA patients at risk of serious infection, myocardial infarction, and stroke at the initiation of first-line MTX monotherapy.
- The developed models generally had good transportability to other databases.
- These models would allow clinicians to provide more personalized care.
- Future work: development of parsimonious models.



ACKNOWLEDGEMENTS



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www.ehden.eu



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github.com/EHDEN



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