

Towards implementing the OMOP CDM across five European biologic registries

Edward Burn^{1,2}, Lianne Kearsley-Fleet³, Kimme L. Hyrich^{3,4}, Martin Schaefer⁵, Doreen Huschek⁵, Anja Strangfeld⁶, Jakub Závada⁶, Markéta Lagová⁶, Delphine S. Courvoisier⁷, Christoph Tellenbach⁸, Kim Lauper^{3,7}, Carlos Sanchez-Piedra⁹, Nuria Montero⁹, Jesús-Tomás Sánchez-Costa⁹, Daniel Prieto-Alhambra^{1,10}

¹NDORMS, University of Oxford, UK, ²Fundació Institut Universitari per a la recerca a l'Atenció Primària de Salut Jordi Gol i Gurina (IDIAPJGol), Barcelona, Spain, ³Centre for Epidemiology Versus Arthritis, The University of Manchester, Manchester Academic Health Science Centre, Manchester, UK, ⁴National Institute of Health Research Manchester Biomedical Research Centre, Manchester University NHS Foundation Trust, Manchester, UK, ⁵Epidemiology Unit, German Rheumatism Research Center Berlin, Berlin, Germany, ⁶Institute of Rheumatology, Prague, Czech Republic, ⁷Division of Rheumatology, University Hospitals of Geneva, Switzerland, ⁸Swiss Clinical Quality Management in Rheumatic Diseases, Zurich, Switzerland ⁹Research Unit, Spanish Society of Rheumatology, Madrid, Spain, ¹⁰GREMPAL Research Group, Idiap Jordi Gol and CIBERFes, Universitat Autònoma de Barcelona and Instituto de Salud Carlos III, Barcelona, Spain

Towards implementing the OMOP CDM across five European biologic registries

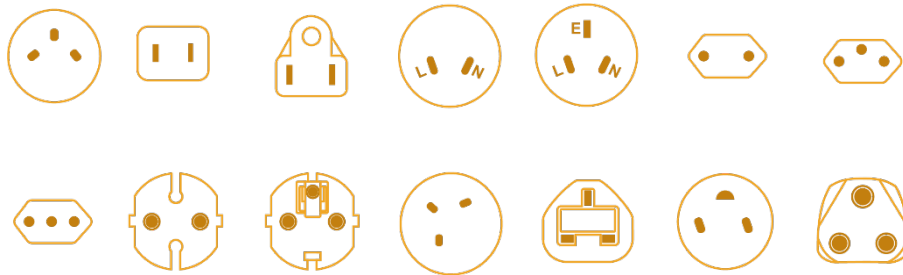
Potential value of a common data model

Implementing the OMOP CDM

Current approach

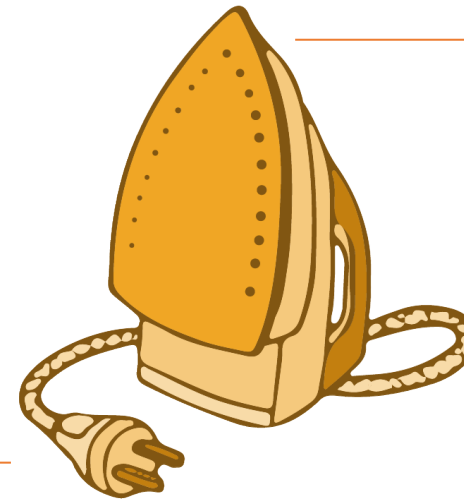
- New, script based input data mapping for every study

The data...



Analytical
method

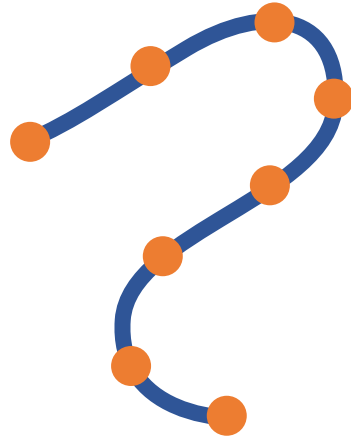
Link to data



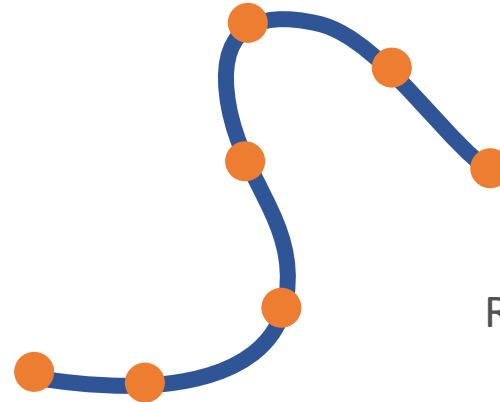
Journey to RWE using a CDM

- Data standardisation enables systematic research

Patient-level data
in source system



Patient-level data in
Common data model

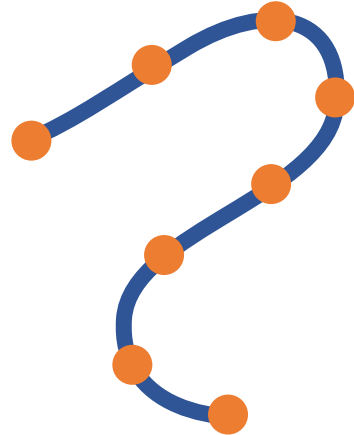


Reliable evidence

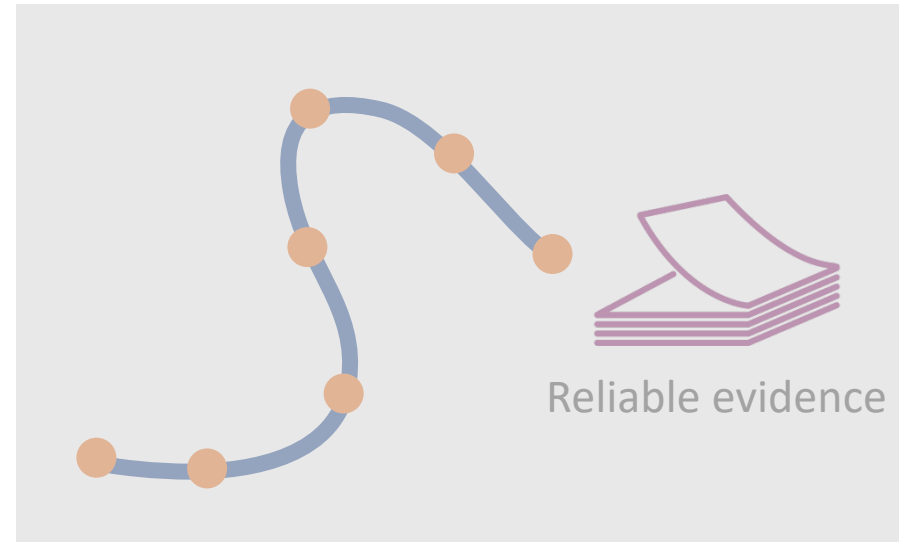
Journey to RWE using a CDM

- Data standardisation enables systematic research

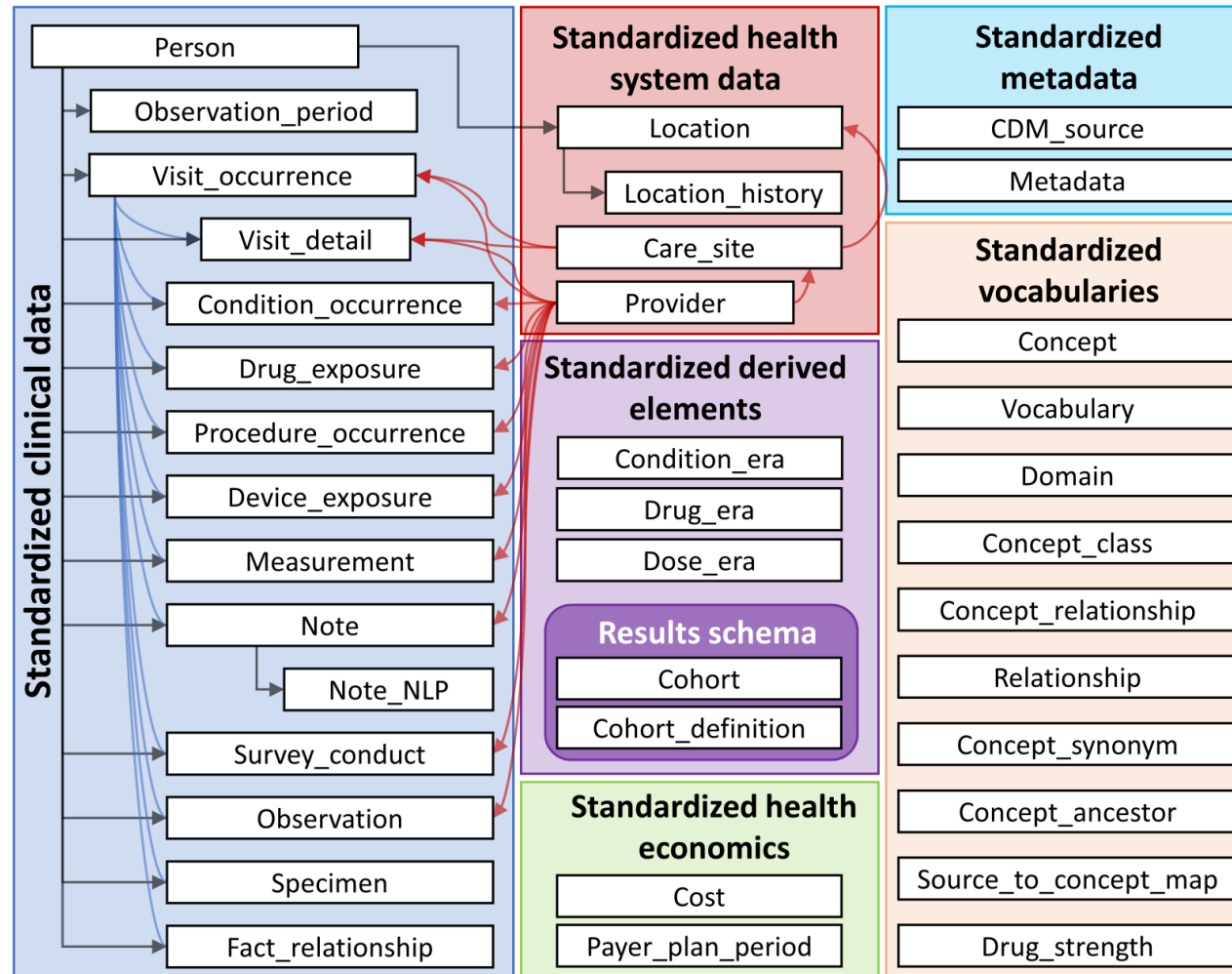
Patient-level data
in source system



Patient-level data in
Common data model



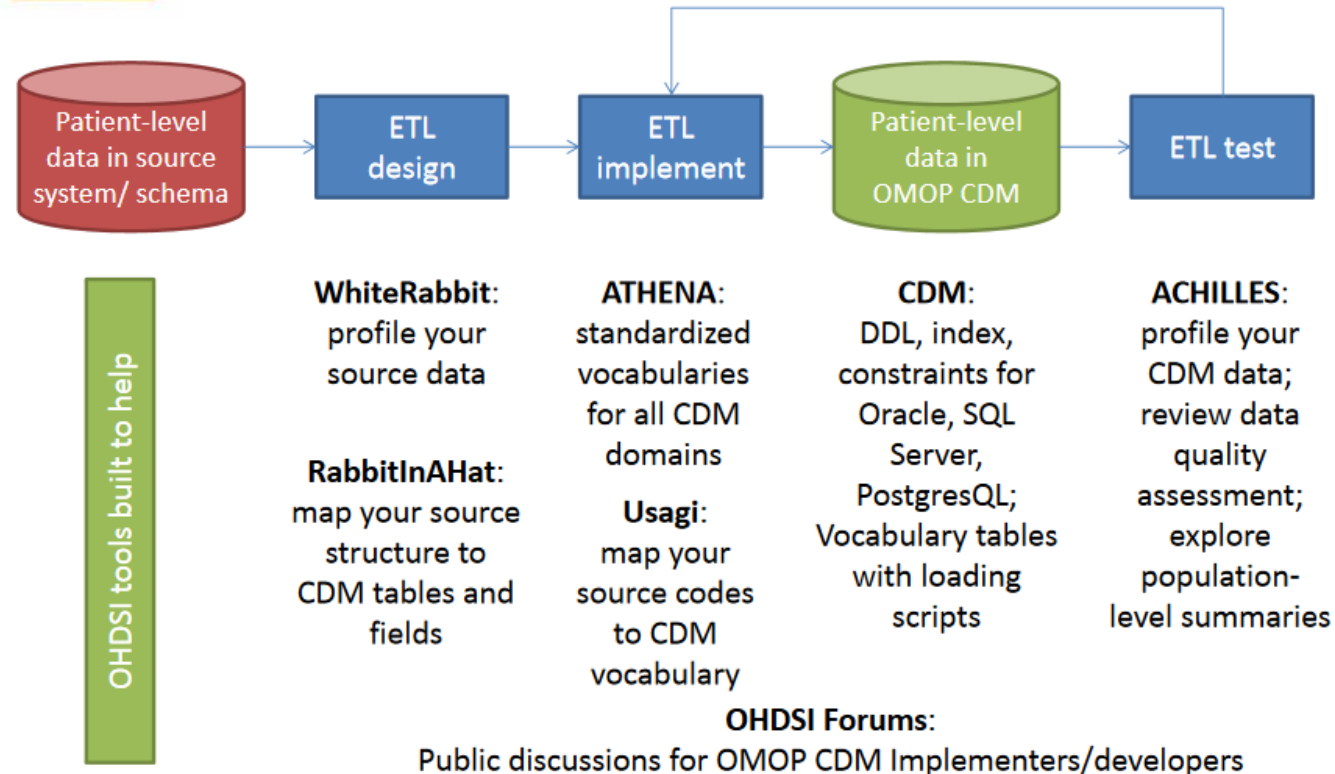
CDM version 6.0



Getting to mapped data



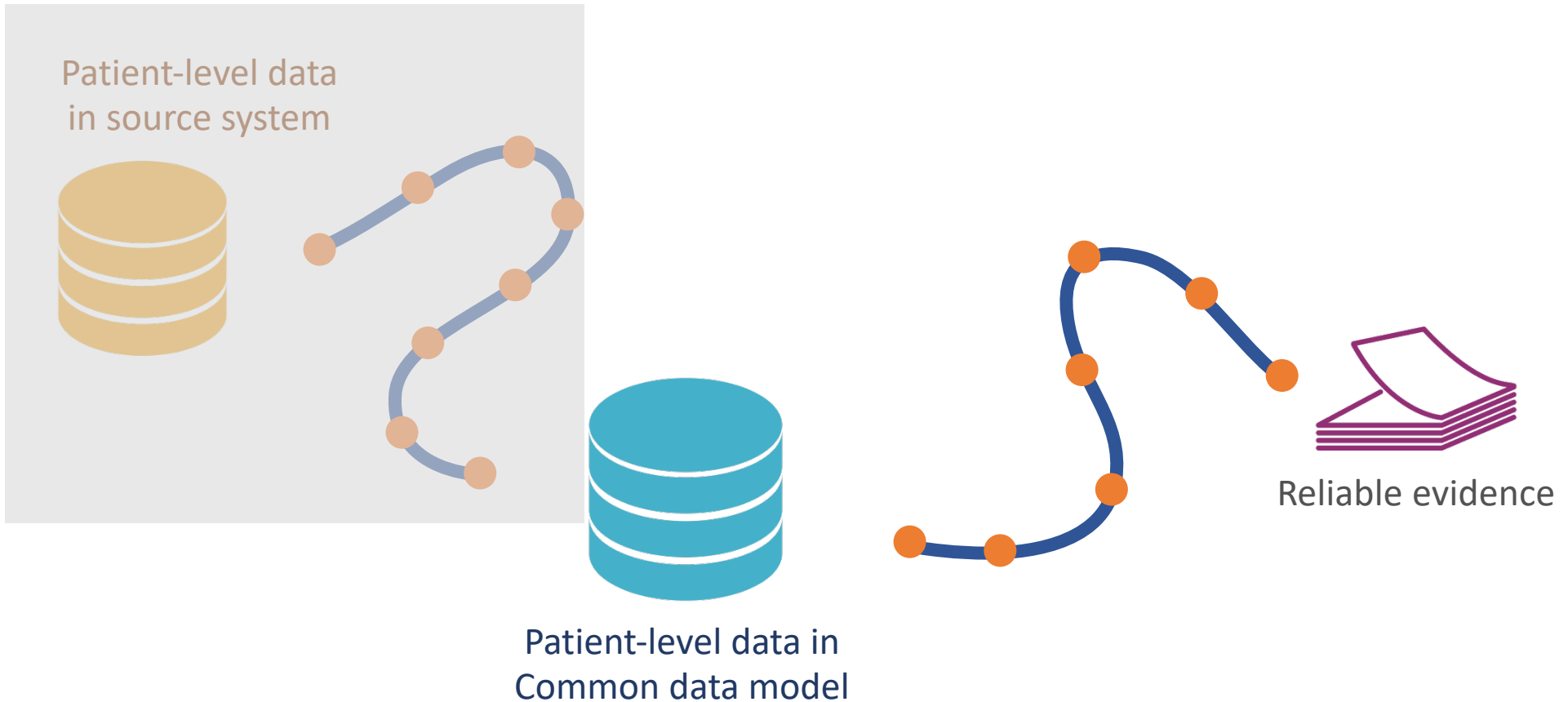
Tools to help you map data



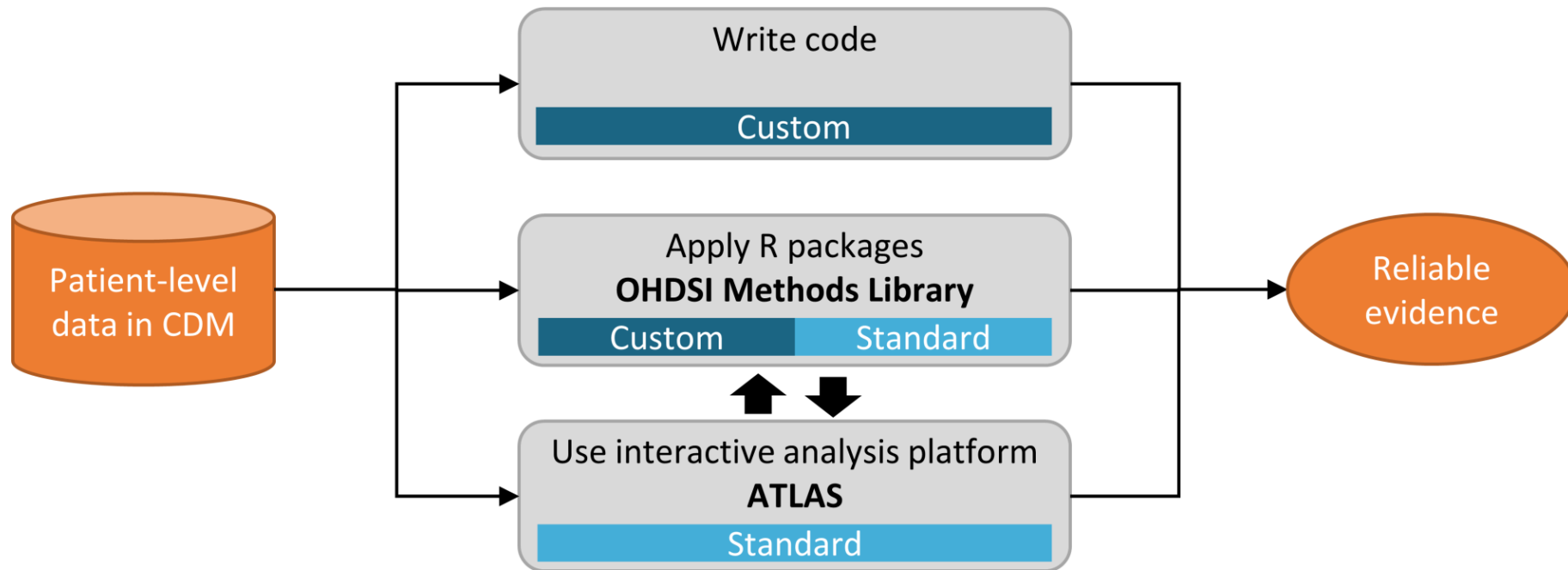
<http://github.com/OHDSI>

Journey to RWE using a CDM

- Data standardisation enables systematic research



Using the CDM



Towards implementing the OMOP CDM across five European biologic registries

Potential value of a common data model

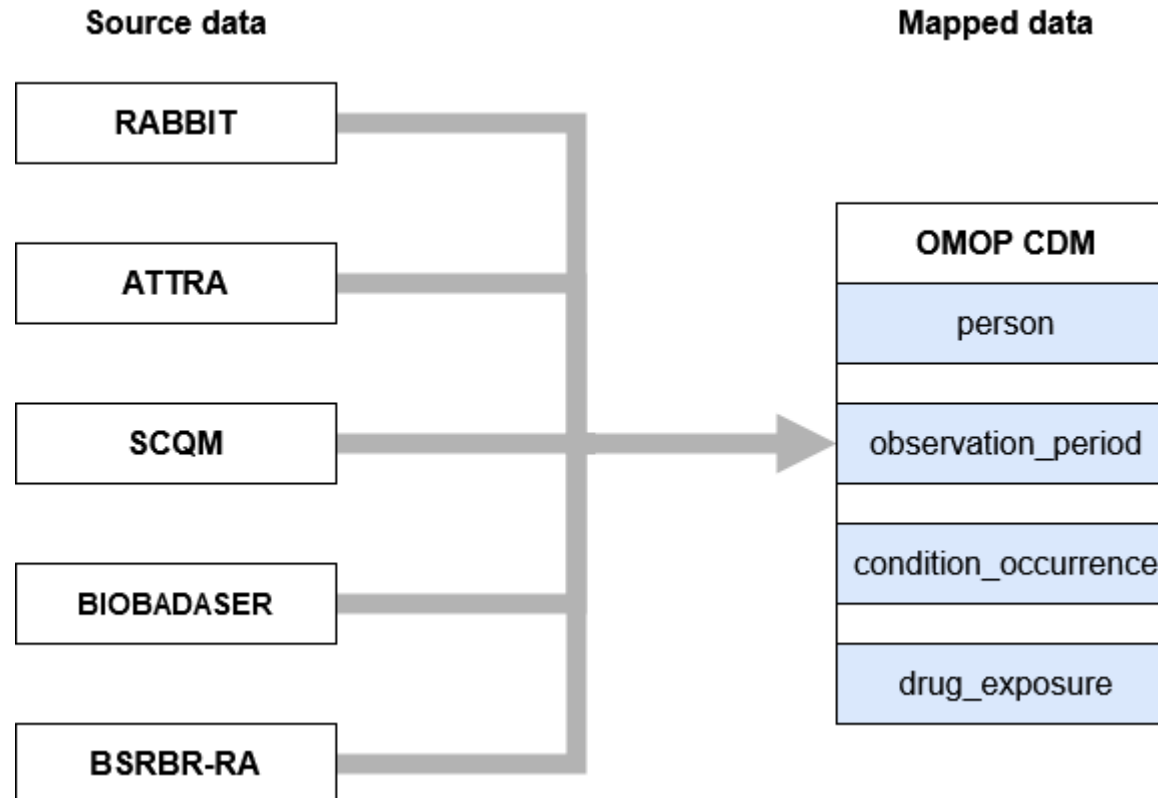
Implementing the OMOP CDM

Objective

- To map national biologic registry data collected from different European countries to the OMOP CDM.
- Five biologic registries are currently being mapped:
 1. The Czech biologics register (ATTRA)
 2. Registro Español de Acontecimientos Adversos de Terapias Biológicas en Enfermedades Reumáticas (BIOBADASER)
 3. British Society for Rheumatology Biologics Register for Rheumatoid Arthritis (BSRBR-RA)
 4. German biologics register 'Rheumatoid arthritis observation of biologic therapy' (RABBIT)
 5. Swiss register 'Swiss Clinical Quality Management in Rheumatic Diseases' (SCQM)

Methods

Data collected at baseline are being mapped first.



Results

A total of 64,901 individuals are included in the 5 registries being mapped to the OMOP CDM.

Registry	Number of individuals	Number of unique mapped baseline conditions	Number of unique mapped baseline medications
ATTRA	5,326	26	26
BIOBADASER	6,496	30	51
BSRBR-RA	21,695	17	802
RABBIT	13,062	108	78
SCQM	18,322	26	33

Discussion

Opportunities

- Facilitating collaboration
- Utilising existing tools for assessing data quality and running analyses

Challenges

- Difficulty in mapping source codes to standard concepts
- Need to retain an understanding of the source data at the analysis stage

Acknowledgements

- ATTRA: Jakub Závada, Markéta Lagová
- BIOBADASER: Carlos Sanchez-Piedra, Nuria Montero, Jesús-Tomás Sánchez-Costa
- BSRBR-RA: Lianne Kearsley-Fleet, Kimme L. Hyrich, Kim Lauper
- RABBIT: Martin Schaefer, Doreen Huschek, Anja Strangfeld
- SCQM: Delphine S. Courvoisier, Christoph Tellenbach, Kim Lauper

