

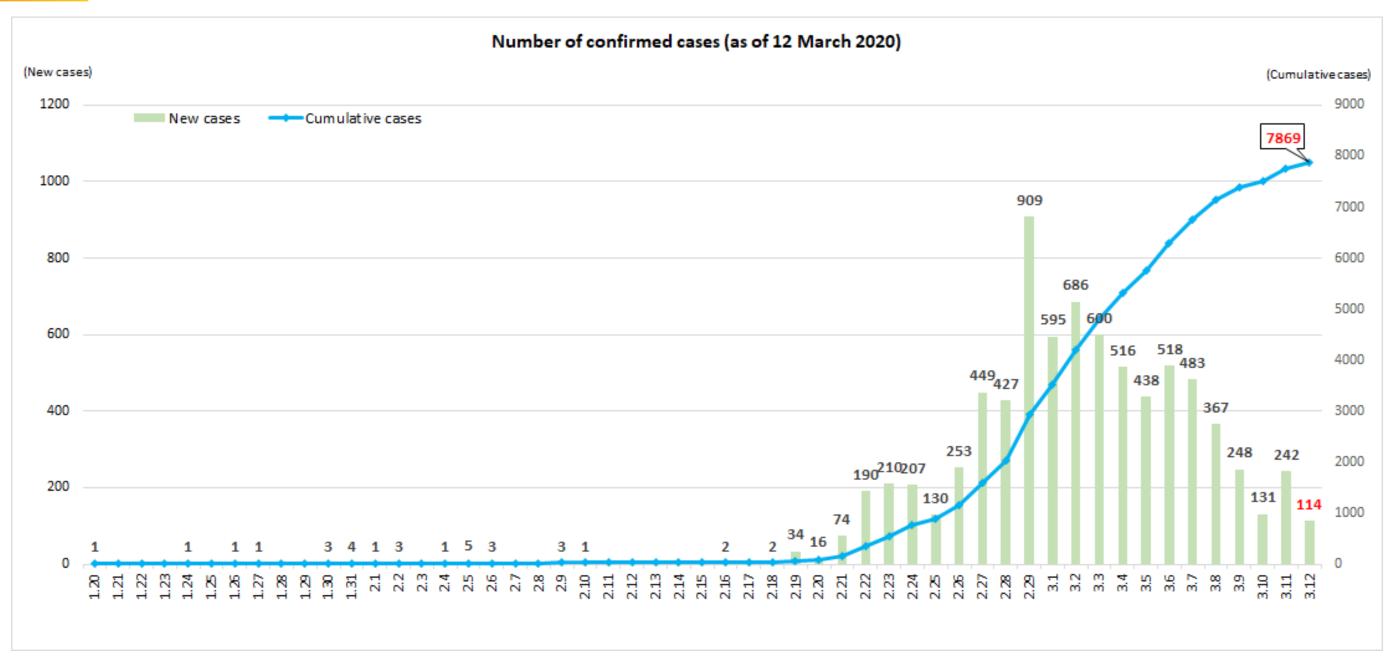


#opendata4covid19 Korea

Seng Chan You, Ajou University



COVID-19 Pandemic in Korea



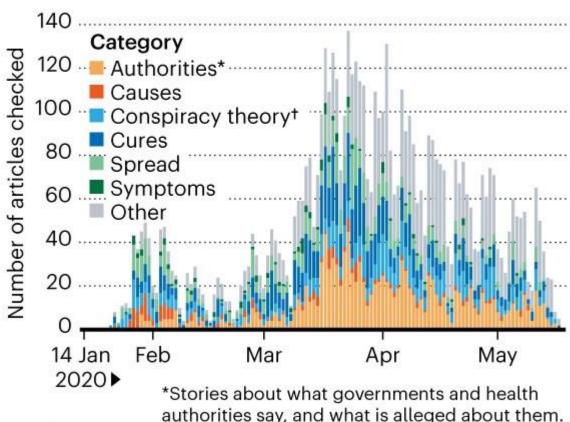


onature

Epic battle against coronavirus misinformation

A FACT-CHECKING FRENZY

Fact-checkers have worked overtime correcting COVID-19 falsehoods. One alliance has collated more than 6,000 examples of fact-checks across a broad range of categories since 14 January. Data as of 19 May.



authorities say, and what is alleged about them.

†Any category that involves a conspiracy theory.





Lancet, NEJM retract controversial COVID-19 studies based on Surgisphere data

The NEW ENGLAND JOURNAL of MEDICIN

CORRESPONDENCE

Retraction: Cardiovascular Disease, Drug Therapy, and Mortality in Covid-19. N Engl J Med. DOI: 10.1056/NEJMoa2007621.

TO THE EDITOR: Because all the authors were not SreyRam Kuy, M.D., M.H.S. granted access to the raw data and the raw data could not be made available to a third-party auditor, we are unable to validate the primary data sources underlying our article, "Cardiovascular Disease, Drug Therapy, and Mortality in Covid-19." We therefore request that the article be retracted. We apologize to the editors and to readers of the Journal for the difficulties that this has caused.

Mandeep R. Mehra, M.D.

Brigham and Women's Hospital Heart and Vascular Center Boston, MA mmehra@bwh.harvard.edu

Sapan S. Desai, M.D., Ph.D.

Surgisphere Chicago, IL

Baylor College of Medicine

Timothy D. Henry, M.D.

Amit N. Patel, M.D.

University of Utah

Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

This letter was published on June 4, 2020, at NEJM.org.

1. Mehra MR, Desai SS, Kuy S, Henry TD, Patel AN. Cardiovascular disease, drug therapy, and mortality in Covid-19. N Engl J Med. DOI: 10.1056/NEJMoa2007621.

DOI: 10.1056/NEJMc2021225

Correspondence Copyright © 2020 Massachusetts Medical Society.



Retraction—Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

https://doi.org/10.1016/

Published Online After publication of our Lancet Article, several concerns were raised with respect to the veracity of the data 50140-6736(20)31324-6 and analyses conducted by Surgisphere Corporation and its founder and our co-author, Sapan Desai, in our publication. We launched an independent thirdparty peer review of Surgisphere with the consent of Sapan Desai to evaluate the origination of the database elements, to confirm the completeness of the database, and to replicate the analyses presented in the paper.

Our independent peer reviewers informed us that Surgisphere would not transfer the full dataset, client contracts, and the full ISO audit report to their servers for analysis as such transfer would violate client agreements and confidentiality requirements. As such, our reviewers were not able to conduct an independent and private peer review and therefore notified us of their withdrawal from the peer-review process.

We always aspire to perform our research in accordance

We all entered this collaboration to contribute in good faith and at a time of great need during the COVID-19 pandemic. We deeply apologise to you, the editors, and the journal readership for any embarrassment or inconvenience that this may have

MRM reports personal fees from Abbott, Medtronic, Janssen, Roivant, Triple Gene, Mesoblast, Baim Institute for Clinical Research, Portola, Bayer, NupulseCV, FineHeart, and Leviticus. FR has been paid for time spent as a committee member for clinical trials, advisory boards, other forms of consulting, and lectures or presentations; these payments were made directly to the University of Zurich and no personal payments were received in relatio to these trials or other activities since 2018, Before 2018 FR reports grants and personal fees from SJM/Abbott, grants and personal fees from Servier, personal ees from Zoll, personal fees from Astra Zeneca, personal fees from Sanofi, grants and personal fees from Novartis, personal fees from Amgen, personal fees from BMS, personal fees from Pfizer, personal fees from Fresenius, personal fees from Vifor, personal fees from Roche, grants and personal fees from Bayer, personal fees from Cardiorentis, personal fees from Boehringer Ingelheim, other from Heartware, and grants from Mars. ANP declares no

*Mandeep R Mehra, Frank Ruschitzka, Amit N Patel mmehra@bwh.harvard.edu

Prof. Chambers (Chair of Center for Open Science and Member of the UK Reproducibility Network Steering Group) Said:

"The failure to resolve such basic concerns about the data during the course of normal peer review raises serious questions about the standard of editing at the Lancet and NEJM. If these journals take issues of reproducibility and scientific integrity as seriously as they claim, then they should forthwith submit themselves and their internal review processes to an independent inquiry."



Open Science

- Open science promotes a more accurate verification of scientific results. By combining the tools of science and information technologies, scientific enquiry and discovery can be sped up for the benefit of society
- Open science reduces duplication in collecting, creating, transferring and re-using scientific material
- Open science results in great innovation potential and increased consumer choice from public research
- Open science **promotes citizens' trust in science**. Great citizen engagement leads to active participation in scientific experiments and data collection



A new initiative for the collaborative research against COVID-19

★ OHDSI virtual study-a-thon to support COVID-19 response, to take place 26-29Mar2020….Collaborators wanted!

General



9d

Team:

In light of the current uncertainty around COVID-19, we have decided to cancel the in-person OHDSI EU Symposium, which was scheduled to take place 27-29Marc2020 in Oxford, UK. An announcement about this is available here 26. In lieu of this large meeting event, we have decided to coordinate a virtual OHDSI study-athon to take place over the same period that will be focused on generating real-world evidence that can inform the current COVID-19 pandemic response.

We expect there are many ways the OHDSI community can contribute to the current situation:

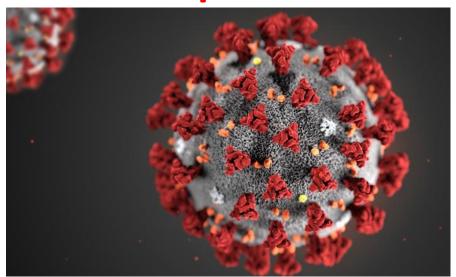
- Characterisation of symptoms and complications of viral diseases
- Prediction of adverse outcomes amongst patients with virus-related hospitalization
- Comparative safety of treatments being considered/used for potential use in COVID-19



#opendata4covid19

Background

- Background
 - Rapid spread of COVID-19 around the globe, declaration of pandemic by WHO
 - Insufficient real-world data and evidence for government to implement policies
 - South Korea decided to share the world's first de-identified COVID-19 nationwide patient data with domestic and international researchers.







#OHDSICOVID19

OHDSI COVID-19 International Study-A-Thon

Follow our COVID19 Updates

www.ohdsi.org/ covid-19-updates

- OHDSI (
- in /company/ohdsi

#JoinTheJourney

The meeting will begin shortly.

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



#opendata4covid19 Objective and Launch

Objective

 Korea's nationwide patient Big Data sharing shall help humanity as a whole overcome the disease and produce evidence for effective policy enforcement.

Launch of the project

- In the regular briefing on March 27 (Fri), the Central Disaster and Safety Countermeasures Headquarters (CDSCHQ) announced the launch of the Global Research Collaboration Project on COVID-19
- Website address: https://covid19data.hira.or.kr



#opendata4covid19 Data attribute

Scope

- The list of patients of COVID-19 (using submitted claims data) is connected to their history of healthcare service use for the past 3 years, and the entire dataset is de-identified.
 - As of May 15, 2020, the total number of claims is 476,508, and the total number of patients is 234,427 (confirmed cases 7,590 patients).
 - Data secured for this project will be updated on a regular basis
- All data has been provided in two format
 - Original HIRA data format
 - OMOP CDM version 5.3



#opendata4covid19

Research Process

- Distributed research network model
 - Before transferring results, researchers should submit 1-page research proposal, written data use agreement, IRB approval/waiver
 - Prior to any form of formal release of research outcome, the content must be shared with MoHW and HIRA of Korea. (disclosure shall be free of charge)





#opendata4covid19

Together with international researchers

- Status of application (as of May 8)
 - 380 projects have applied from 32 countries
 - Topics include characteristics of COVID-19, correlation between underlying conditions and fatality rate, and machine learning analysis to predict severity level of patients
 - In the beginning, CDM analysis was the most popular. Recently, demand for SAS analysis is growing among Korean researchers.
 - To date, 116 projects submitted analysis codes among a total of 380 (CDM: 27 projects, SAS: 49 projects, R: 40 projects)

Korea	The U.S.	The U.K.	Israel	Canada	Italy	Australia	Else
154	123	19	13	12	10	5	44



#opendata4covid19 Challenges

- Adoption and application of a new research method where researchers from all around the world can join and carry out collaboration for specific
- Diversifying analysis tools
 - How to apply open-source analysis tools (R, Python, etc.) on HIRA's
 closed intranet environment to open and share data



