



The Journey to Reliable Evidence- Update

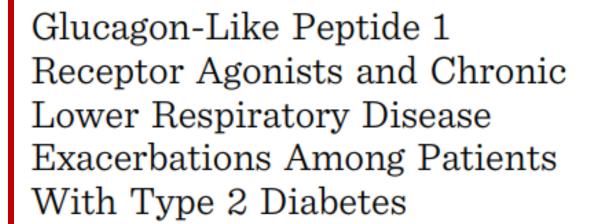
OHDSI Community call- March 2022
Asieh Golozar



Original Study

Diabetes Care Volume 44, June 2021



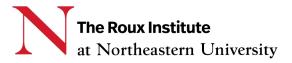


Diabetes Care 2021;44:1-9 | https://doi.org/10.2337/DC20-1794

Michael J. Daniels, 5 Yu-Jung J. Wei, 1,2 and Almut G. Winterstein 1,2

Yasser Albogami, 1,2,3 Kenneth Cusi,4







Fully Reproduced Study

Same data + same analysis

Plus

- Diagnostics
- Sensitivity analyses
- Different data
- Different population
- Different geography
- Different methods
- Meta-analysis



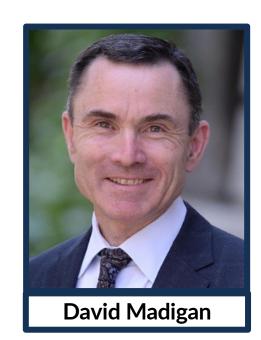
Hans Holbein the Younger Portrait of an English Dame 1540-43



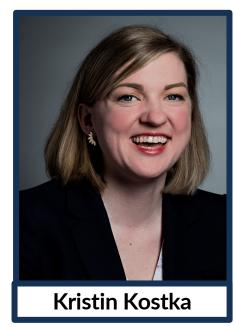


OHDSI Reproducibility Service

A team of experts available on-demand to provide consults to execute this systematic process

























What is a good candidate for reproducibility?

- Any observational research with impact on human lives
- The question is not easily amenable to clinical trials
- Many patients involved





Our approach

Identification of the reproducibility candidate

Initial assessment

- Data
- Methodology
- Details

1. Call for collaboration

- 2. Protocol and phenotype development
- 3. Analytic package
- 4. Execution

Dissemination

Other permutations

- Diagnostics
- Sensitivity analyses
- Different data
- Different population
- Different geography
- Different methods
- Meta-analysis





OHDSI Center Reproducibility Services PoC:

Original Investigation

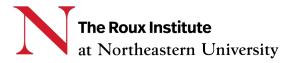
December 21, 2021

Association of Rivaroxaban vs Apixaban With Major Ischemic or Hemorrhagic Events in Patients With Atrial Fibrillation

Wayne A. Ray, PhD¹; Cecilia P. Chung, MD, MPH²; C. Michael Stein, MB, ChB^{2,3}; et al

Author Affiliations

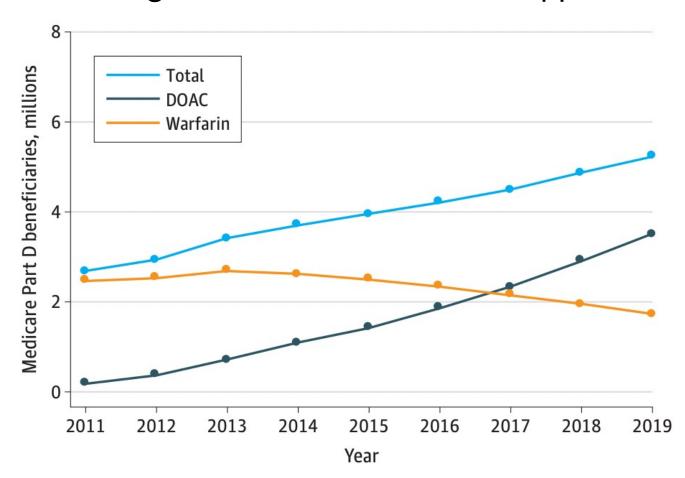
JAMA. 2021;326(23):2395-2404. doi:10.1001/jama.2021.21222





Direct Oral Anticoagulant Therapy in Patients with Atrial Fibrillation

- Widespread use
- Increasing rate of DOACs use since approval



Oral Anticoagulant Use

- What about the choice of DOACs for patients with atrial fibrillation?
- DOACs have not been compared directly in randomized trials
- Evidence on the comparative benefit and/or risk of DOACs comes from
 - indirect comparison of trial data
 - observational data using US claims
- Choice of DOACs is driven by clinical preference, local practices and insurance coverage
- A randomized trial with head-to-head comparison of all DOACs would be lengthy and expensive
 - ~85,000 patients should be followed up for at least 5 years to observe a 10% difference in major bleeding events





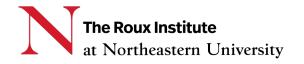
Editorial

December 21, 2021

Informing the Choice of Direct Oral Anticoagulant Therapy in Patients With Atrial Fibrillation

Enrico G. Ferro, MD^{1,2,3}; Dhruv S. Kazi, MD, MSc, MS^{1,2,3}; Peter J. Zimetbaum, MD^{1,2,3,4}

Another approach could reexamine the observational data using more sophisticated methods for causal inference that are less susceptible to bias from residual confounding or immortal time (like the target trial emulation approach, which uses observational data to emulate pragmatic comparative effectiveness trials).¹⁷





Ray et al. JAMA 2021

Design: Active comparator, new-user cohort

design

Data source: Medicare beneficiaries

Study population (T& C): atrial

fibrillation/flutter patients who initiated

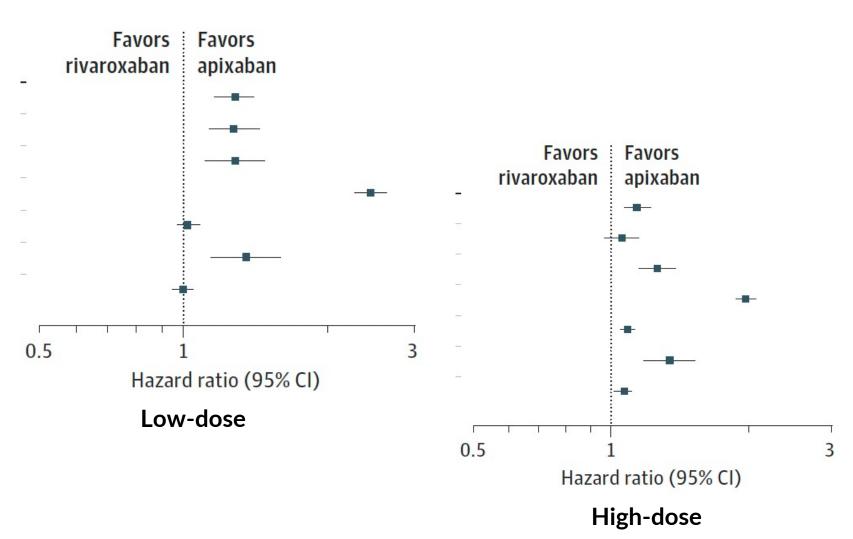
treatment between 2013 & 2018

Outcomes (O): Major ischemic and

hemorrhagic events

Analysis:

- Inverse probability of treatment weighting using propensity scores to balance the characteristics between the groups
- Cox-Proportional hazard & Poisson models



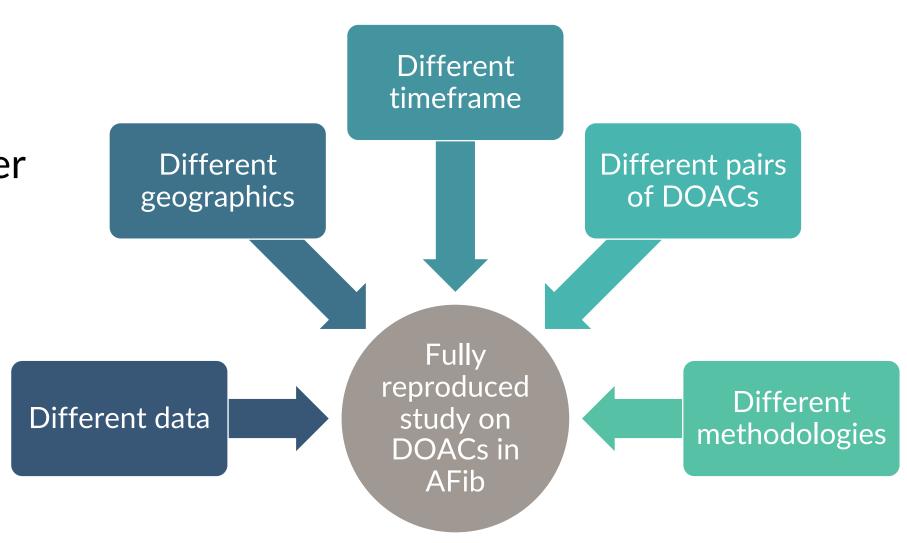
Finding: treatment with rivaroxaban compared with apixaban was associated with a significantly increased risk of major ischemic or hemorrhagic events

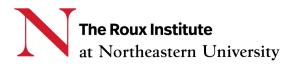




Ray et al. JAMA 2021

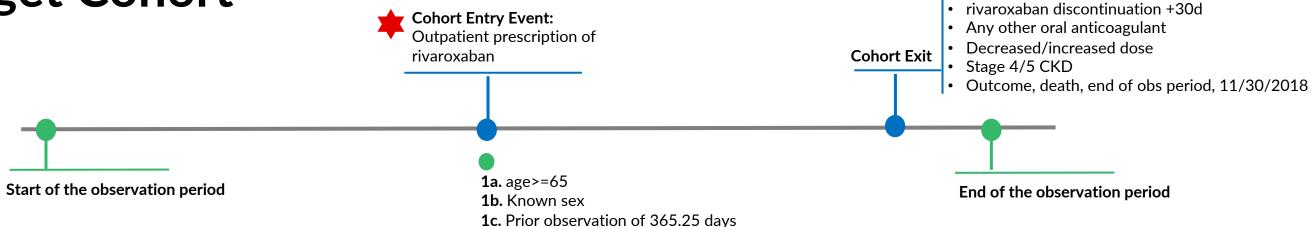
- A single measure for clinical impact
 - benefits and harms of anticoagulation for patients with atrial fibrillation assessed together
- Evaluation of multiple doses
 - Standard and reduced
- Large sample size
- One data
- One method
- One anticoagulant pair







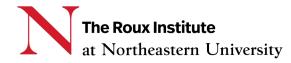
Target Cohort



- **2.** 1 OP visit [-365;-1] + 1 drug exposure [-365;-1]
- **3.** No hospice [-364;0] + no terminal illness [-364;0]
- 4. No nursing home [-364;0] except IP + NS [-364;0 after and length of visit <30d No IP with length of visit>30d [-364;0]

5. Rivaroxaban 15 or 20 mg [0;0]

- 6. No other oral anticoagulants [-364;0] + no rivaroxaban [-364;-1] + no 2 occurrences of any of 3 ICD/CPT codes 7 days apart [-364;-30] + no subcutaneous anticoagulant with ICD/CPT code within 30d prior [-364;-30]
 - 7. Afib/Aflutter[-89;0]
- 8. No mitral valve stenosis [-364;0]
- **9.** No hyperthyroidism, open coronary artery bypass graft/open cardiac valve surgery [-29;0]
- **10**. No DVT/PE, hip or knee replacement, femur/tibia/patella fracture, thrombectomy, chronic hypercoagulable state [-29;0]
- **11.** No stage 4 or 5 CKD [-364;0]
- 12. No stroke/systemic embolism [-29;0]
- 13. No anticoagulant-related bleeding hospitalization [-29;0]





So far

- ~800k patients on Apixaban or Rivaroxaban in Open Claims
- Similar demographics and baseline characteristics to Ray's cohorts

- Full protocol development and execution
- Call for collaboration

