New Adopters/Community Members

OHDSI Community Call
July 12, 2022 • 11 am ET
<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>July 12</td>
<td>New Adopter Introductions and Q&amp;A</td>
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<tr>
<td>July 19</td>
<td>Workgroup Updates</td>
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<td>July 26</td>
<td>CDM Update Process</td>
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Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?
OHDSI Shoutouts!

Congratulations to the team of Erica Voss, Saberi Rana Ali, Arun Singh, Peter Rijnbeek, Martijn Schuemie, and Daniel Fife on the publication of Hip Fracture Risk After Treatment with Tramadol or Codeine: An Observational Study in Drug Safety.

OHDSI Shoutouts!

Drugs Safety
https://doi.org/10.1177/0049712521101574

Original Research Article

Hip Fracture Risk After Treatment with Tramadol or Codeine: An Observational Study

Erica A. Voss1,2,3,† · Saberi Rana Ali1 · Arun Singh1,2 · Peter Rijnbeek1,3 · Martijn J. Schuemie1,2,3 · Daniel Fife1

Accepted: 20 May 2022 © The Author(s) 2022

Abstract

Introduction Hip fractures among older people are a major public health issue, which can impact quality of life and increase mortality within the year after they occur. A recent observational study found an increased risk of hip fracture in subjects who were new users of tramadol compared with codeine. These drugs have somewhat different indications. Tramadol is indicated for moderate to severe pain and can be used for an extended period; codeine is indicated for mild to moderate pain and cough suppression.

Objective In this observational study, we compared the risk of hip fracture in new users of tramadol or codeine, using multiple databases and analytical methods.

Methods Using data from the Clinical Practice Research Datalink and three US claims databases, we compared the risk of hip fracture after exposure to tramadol or codeine in subjects aged 50–89 years. To ensure comparability, large-scale propensity scores were used to adjust for confounding.

Results We observed a calibrated hazard ratio of 1.10 (95% calibrated confidence interval 0.99–1.24) in the Clinical Practice Research Datalink database, and a pooled estimate across the US databases yielded a calibrated hazard ratio of 1.06 (95% calibrated confidence interval 0.97–1.16).

Conclusions Our results did not demonstrate a statistically significant difference between subjects treated for pain with tramadol compared with codeine for the outcome of hip fracture risk.

1 Introduction

Hip fractures are a major public health issue, particularly for older persons [1]. These fractures of the upper portion of the femur, are classified per anatomical location; femoral-neck, intertrochanteric, or subtrochanteric [2]. Hip fractures are associated with a 25% reduction in life expectancy and approximately 17% of patients who experience fractures spend their remaining life in a nursing facility [3]. Globally, hip fractures affect 18% of women and 6% of men and rank among the top ten causes of disability [4, 5]. Measures that reduce the risk of hip fracture are therefore important to patient welfare.
Congratulations to the team of Ines Reinecke, Mirko Gruhl, Martin Pinnau, Fatma Betül Altun, Michael Folz, Michaèle Zoch, Franziska Bathelt, and Martin Sedlmayr on the publication of An OHDSI ATLAS Extension to Support Feasibility Requests in a Research Network in Volume 295 of Studies in Health Technology and Informatics.
Congratulations to the team of Anthony Molinaro and Frank DeFalco on the publication of Empirical assessment of alternative methods for identifying seasonality in observational healthcare data in BMC Medical Research Methodology.

**Empirical assessment of alternative methods for identifying seasonality in observational healthcare data**

Anthony Molinaro and Frank DeFalco

**Abstract**

**Background:** Seasonality classification is a well-known and important part of time series analysis. Understanding the seasonality of a biological event can contribute to an improved understanding of its causes and help guide appropriate responses. Observational data, however, are not comprised of biological events, but timestamped diagnosis codes the combination of which (along with additional requirements) are used as proxies for biological events. As there exist different methods for determining the seasonality of a time series, it is necessary to know if these methods exhibit concordance. In this study we seek to determine the concordance of these methods by applying them to time series derived from diagnosis codes in observational data residing in databases that vary in size, type, and provenance.

**Methods:** We compared 8 methods for determining the seasonality of a time series at three levels of significance (0.01, 0.05, and 0.1), against 10 observational health databases. We evaluated 61,467 time series at each level of significance, totaling 1,841,621 evaluations.

**Results:** Across all databases and levels of significance, concordance ranged from 20.2 to 40.2%. Across all databases and levels of significance, the proportion of time series classified seasonal ranged from 49.1 to 89.3%. For each database and level of significance, we computed the difference between the maximum and minimum proportion of time series classified seasonal by all methods. The median within-database difference was 54.8, 34.7, and 39.8% for p < 0.01, 0.05, and 0.1, respectively.

**Conclusion:** Methods of binary seasonality classification when applied to time series derived from diagnosis codes in observational health data produce inconsistent results. The methods exhibit considerable discord within all databases, implying that the discord is a result of the difference between the methods themselves and not due to the choice of database. The results indicate that researchers relying on automated methods to assess the seasonality of time series derived from diagnosis codes in observational data should be aware that the methods are not interchangeable and thus the choice of method can affect the generalizability of their work. Seasonality determination is highly dependent on the method chosen.

**Keywords:** Achilles, ARMA, CASTOR, Classification, Common data model, Cyclical, Observational, data, OHDSI, OMOP CDM, R, Seasonality, Time series
OHDSI Shoutouts!

Congratulations to the team of Gayathri Delanerolle, Robert Williams, Ana Stipancic, Rachel Byford, Anna Forbes, Sneha Anand, Declan Bradley, Ruby Tsang, Siobhan Murphy, Ashley Akbari, Stuart Bedston, Ronan Lyons, Rhiannon Owen, Jillian Beggs, Antony Chuter, Domnique Balharry, Mark Joy, Aziz Sheikh, F.D. Richard Hobbs, and Simon de Lusignan on the publication of Methodological issues for using a common data model (CDM) of COVID-19 vaccine uptake and important adverse events of interest (AEIs): the Data and Connectivity COVID-19 Vaccines Pharmacovigilance (DaC-VaP) United Kingdom feasibility study in JMIR Formative Research.

Methodological issues for using a common data model (CDM) of COVID-19 vaccine uptake and important adverse events of interest (AEIs): the Data and Connectivity COVID-19 Vaccines Pharmacovigilance (DaC-VaP) United Kingdom feasibility study.

Gayathri Delanerolle; Robert Williams; Ana Stipancic; Rachel Byford; Anna Forbes; Sneha Anand; Declan Bradley; Ruby Tsang; Siobhan Murphy; Ashley Akbari; Stuart Bedston; Ronan Lyons; Rhiannon Owen; Jillian Beggs; Antony Chuter; Domnique Balharry; Mark Joy; Aziz Sheikh; F.D. Richard Hobbs; Simon de Lusignan

ABSTRACT

Background:

The Data and Connectivity COVID-19 Vaccines Pharmacovigilance (DaC-VaP) UK-wide collaboration was created to monitor vaccine uptake and effectiveness and provide pharmacovigilance using routine clinical and administrative data. To monitor these, pooled analyses may be needed. However, variation in terminologies present a barrier as, England uses the Systematised Nomenclature of Medicine Clinical Terms (SNOMED CT), while the rest of the UK uses the Read2 terminology in primary care. The availability of data sources is not uniform across the UK.
Congratulations to the team of Yae Won Tak, Seng Chan You, Jeong Hyun Han, Soon-Seok Kim, Gi-Tae Kim and Yura Lee on the publication of **Perceived Risk of Re-Identification in OMOP-CDM Database: A Cross-Sectional Survey** in the Journal of Korean Medical Science.

Identifying who has long COVID in the USA: a machine learning approach using N3C data


Summary
Background Post-acute sequelae of SARS-CoV-2 infection, known as long COVID, have severely affected recovery from the COVID-19 pandemic for patients and society alike. Long COVID is characterised by evolving, heterogeneous symptoms, making it challenging to derive an unambiguous definition. Studies of electronic health records are a crucial element of the US National Institutes of Health’s RECOVER Initiative, which is addressing the urgent need to understand long COVID, identify treatments, and accurately identify who has it—the latter is the aim of this study.

Methods Using the National COVID Cohort Collaborative’s (N3C) electronic health record repository, we developed XGBoost machine learning models to identify potential patients with long COVID. We defined our base population (n=793,604) as any non-deceased adult patient (age ≥18 years) with either an International Classification of Diseases-10 Clinical Modification COVID-19 diagnosis code (U07.1) from an inpatient or emergency visit, or a positive SARS-CoV-2 PCR or antigen test, and for whom at least 90 days have passed since COVID-19 index date. We examined demographics, health-care utilisation, diagnoses, and medications for 97,955 adults with COVID-19. We used data on these features and 397 patients from a long COVID clinic to train three machine learning models to identify potential long COVID among all patients with COVID-19, patients hospitalised with COVID-19, and patients who had COVID-19 but were not hospitalised. Feature importance was determined via Shapley values. We further validated the models on data from a fourth site.

Findings Our models identified, with high accuracy, patients who potentially have long COVID, achieving areas under the receiver operator characteristic curve of 0.92 (all patients), 0.90 (hospitalised), and 0.85 (non-hospitalised). Important features, as defined by Shapley values, include rate of health-care utilisation, patient age, dyspnoea, and other diagnosis and medication information available within the electronic health record.

Interpretation Patients identified by our models as potentially having long COVID can be interpreted as patients warranting care at a specialty clinic for long COVID, which is an essential proxy for long COVID diagnosis as its definition continues to evolve. We also achieve the urgent goal of identifying potential long COVID in patients for clinical trials. As more data sources are identified, our models can be retrained and tuned based on the needs of individual studies.

*Corresponding authors
Members are listed at the end of the Article
Department of Medicine, UNC Chapel Hill School of Medicine, Chapel Hill, NC, USA (E A Pfaff, P); Patient Technologies, Denver, CO, USA (A T Girvin, T D Bennett, A Bhatia, I A Brooks, R A Deer, J P Dekermanjian, S E Jolley, M Kahn, K Kostka, J A McMurry, R Moffitt, A Walden, C G Chute, M A Haendel)

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May 15, 2022
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OHDSI Shoutouts!

Any shoutouts from the community? Please share and help promote and celebrate OHDSI work!

Have a study published? Please send to sachson@ohdsi.org so we can share during this call and on our social channels. Let’s work together to promote the collaborative work happening in OHDSI!
Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?
## Upcoming Workgroup Calls

<table>
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<tr>
<th>Date</th>
<th>Time (ET)</th>
<th>Meeting</th>
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<tr>
<td>Tuesday</td>
<td>12 pm</td>
<td>Common Data Model Vocabulary Subgroup</td>
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<tr>
<td>Tuesday</td>
<td>3 pm</td>
<td>OMOP CDM Ontology Outreach/Research Subgroup</td>
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<tr>
<td>Wednesday</td>
<td>7 am</td>
<td>Medical Imaging</td>
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<td>Wednesday</td>
<td>11 am</td>
<td>Open-Source Community</td>
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<tr>
<td>Wednesday</td>
<td>12 pm</td>
<td>FHIR and OMOP Terminologies Subgroup (ZOOM)</td>
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<td>Wednesday</td>
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<td>Natural Language Processing</td>
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<td>Thursday</td>
<td>10 am</td>
<td>Data Quality Dashboard</td>
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<td>Thursday</td>
<td>12 pm</td>
<td>FHIR and OMOP Oncology Subgroup</td>
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<td>Thursday</td>
<td>1 pm</td>
<td>OMOP CDM Ontology Vocabulary/Development Subgroup</td>
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<td>Friday</td>
<td>9 am</td>
<td>GIS – Geographic Information Systems</td>
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<td>Friday</td>
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<td>Education</td>
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<tr>
<td>Monday</td>
<td>10 am</td>
<td>Healthcare Special Interest Group</td>
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[www.ohdsi.org/upcoming-working-group-calls](www.ohdsi.org/upcoming-working-group-calls)
Join OHDSI Workgroups

OHDSI’s central mission is to improve health by empowering a community to collaboratively generate the evidence that promotes better health decisions and better care. We work towards that goal in the areas of data standards, methodological research, open-source analytics development, and clinical applications.

Our workgroups present opportunities for all community members to find a home for their talents and passions, and make meaningful contributions. We are always looking for new collaborators. Learn more about these workgroups by checking out this page. Any workgroup that provided a community call update is highlighted in the top section.

See an area where you want to contribute? Please Join The Journey!

Join Our Workgroup Efforts!

Form To Join Workgroups In MSTeams
Weekly Workgroup Meeting Schedule

www.ohdsi.org/ohdsi-workgroups/
INTRODUCTION
3:08 – Welcome to the European OHDSI Journey (Peter Rijnbeek, Chair, Department of Medical Informatics, Emanus MC)
13:00 – Journey of OHDSI: Where Have We Been? (George Hipsocak, Vivian Beaumont Allen Professor and Chair, Biomedical Informatics, Columbia University Medical Center)

34:45 – A CRUISE AROUND THE OHDSI EUROPE COMMUNITY (moderated by Nigel Hughes, Janssen Research and Development)
37:00 – Estonia: Conversion of Estonian health data into the OMOP CDM (Marek Oja, Institute of Computer Science, University of Tartu)
42:59 – Finland: The Finnish OMOP data network (FinOMOP) (Javier Gracia-Tabuenca, Tampere University of Technology)
49:33 – Denmark: Transforming Danish Registries to the OMOP Common Data Model: use-case on the Danish colorectal cancer group (DCCG) database (Adamania Touschina, Center for Surgical Science, Zealand University Hospital)
57:04 – Norway: Norwegian registries onto OMOP Common Data Model: mapping challenges and opportunities for pregnancy studies (Elmir Hurley, University of Oslo)
1:04:25 – Germany: OHDSI Germany: A recap after one year (Michelle Zoch, Technische Universität Dresden)
1:12:43 – Italy: The Italian national node of OHDSI Europe (Lucia Sacchi, University of Pavia)
1:17:45 – Greece: An update from the Greek National Node (Pantelis Natsiavas, Centre for Research &amp; Technology Hellas)
1:23:07 – Ukraine: Integration prospects of the Ukrainian healthcare system with OMOP CDM (Marila Kolesnysk, ScForce)
1:29:40 – Israel: The journey from isolated EHRs to unified CDM network (Guy Livne, Israel Ministry of Health)
1:34:30 – France: Semantic harmonization of the French National healthcare database (SNDS) (Lorien Benda, Health Data Hub)
1:40:40 – Panel discussion including all European collaborators listed above.

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www.ohdsi.org
#JoinTheJourney

ohdsi.org/2022-european-symposium/
Titan Awards Nominations Are Open

Nominations for the 2022 Titan Awards are now OPEN! Please use the form below to nominate an individual or institution for a top contribution to the OHDSI community this past year!

**2022 Nomination Form**

To recognize OHDSI collaborators (or collaborating institutions) for their contributions towards OHDSI's mission, the OHDSI Titan Awards were introduced at the 2018 Symposium and have been handed out at the U.S./Global Symposium each year since. Annually, community members are invited to nominate individuals or institutions they feel have made significant contributions towards advancing OHDSI’s mission, vision and values. Once nominations are submitted, the OHDSI Titan Award Committee will select the award winners. Award winners will be announced before the networking reception at the annual symposium. The award categories, as well as all previous recipients, can be found below.

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**Titan Award for Data Standards** – to recognize extraordinary contributions by an individual, organization, or team in development or evaluation in community data standards, including OMOP common data model and standardized vocabularies

- 2021 – Maxim Moiseev, The Hyve-Emanuel University Medical Center
- 2020 – Clay Blocker, Janisian Research and Development
- 2019 – Oncology Workgroup (Michael Gurley, Northwestern Univ.; Rimma Belenkyaya, Memorial Sloan Kettering Cancer Center; Robert Miller, Tufts CTSI)
- 2018 – Vocabulary Team (Christian Reich, IQVIA; Anna Ostropoleks, Columbia Univ.; Dmitry Dymshyts, Odyssey Data Services)

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ohdsi.org/titan-awards
Latest OHDSI Newsletter Is Available

Community Updates

Where Have We Been?

- The 2022 OHDSI European Symposium brought together more than 350 collaborators on the Steam Ship Rotterdam for our first in-person event since the start of the COVID pandemic. Learn more about the symposium and some of its outputs later in this newsletter.
- The OHDSI community and SNOMED International formalized their long-time relationship with a five-year collaborative agreement that will benefit both of their user communities. The collaboration provides OHDSI and its user community with comprehensive ontologies on specific healthcare domains and content such as devices, social determinants of health, disease severity scores and modifiers of cancers, as well as better concept definitions and resolutions of composite concepts in large-scale observational research.

Where Are We Now?

- A new tool to track OHDSI publications, citations, new authors and more has been developed by Paul Nagy and his team, This tool is available on the front page of the OHDSI web site.
- OHDSI had a record total of 139 submissions for the upcoming OHDSI 2022 Collaborator Showcase. The scientific review committee will go over each submission in July and notify accepted authors by August 3. Submissions came in the form of posters, software demos, and oral presentations. Thank you to everybody who submitted brief reports for our October global symposium.

- The OHDSI Social Showcase has returned to highlight the Collaborator Showcase research presented at the European Symposium. Please follow our Twitter and LinkedIn feeds to learn more about the exciting work happening within our community.

June Publications


The Journey Newsletter (July 2022)

Our community gathered together for the first time since the COVID pandemic for the 2022 European Symposium, while leaders in our open-source community provided tutorials on four tools that can aid global research. OHDSI and SNOMED formalized an important agreement that will aid collaboration opportunities around the world, and our community publications and presentations from June are linked below. All that, as well as community updates and plenty more, are available in our latest newsletter.

European Symposium Recap

The 2022 OHDSI European Symposium was held June 24-26 on the SS Rotterdam in the Netherlands. More than 350 collaborators gathered together for the community’s first in-person symposium since the COVID pandemic to connect, share research, and learn from each other. Among the topics during the symposium was the use of the CMOP-COMD tool development, and future research. The first day included a collaborator showcase which featured both posters and podium presentations to highlight OHDSI’s research achievements, and interactive demonstrations of OHDSI’s open-source software tools.

OHDSI, SNOMED International Formalize 5-Year Agreement To Open New Research Opportunities For Research Communities

The OHDSI community and SNOMED International have formalized their long-time relationship with a five-year collaborative agreement that will benefit both of their user communities.

Collaborator Spotlight: Nicole Pratt

The work that has been generated in LEGEND and EUMADES is important clinically. It can help to update clinical guidelines and provides robust evidence for medication regulations. In addition, these landmark studies have also provided critical insights into which methodologies are appropriate under which conditions--especially the value of empirical calibration.

Nicole Pratt, a longtime collaborator with the OHDSI community who was recently named one of eight new SPIE Fellows for 2022, is the Deputy Director of the Quality Use of Medicines and Pharmacy Research Centre at the University of South Australia. She is a member of the Drug Utilisation Subcommittees (DUSC) of the Australian Department of Health Pharmaceutical Benefits Advisory Committee (PBAC).
Welcome to OHDSI!
The Observational Health Data Sciences and Informatics (or OHDSI, pronounced "Odyssey") program is a multi-stakeholder, interdisciplinary collaborative to bring out the value of health data through large-scale analytics. All our solutions
Job Openings

Professor Dani Prieto-Alhambra and his team at the University of Oxford will be hiring two Research Assistants in Health Data Sciences.

The application deadline is August 8, 2022.

The link and more information will be available on the community calls page.
Assistant professor Brianne Oliveri-Mui announced an opening for a Postdoctoral Fellow to work at the Roux Institute at Northeastern University.

If you are interested, please reach out to Dr. Mui at b.mui@northeastern.edu.

The link and more information will be available on the community calls page.
Registration is OPEN for #OHDSI2022!

The 2022 OHDSI Symposium will be held Oct. 14-16 at the Bethesda North Marriott Hotel & Conference Center.

www.ohdsi.org/ohdsi2022symposium
An Introductory Journey From Data To Evidence

OHDSI2022 Tutorial • Saturday, Oct. 15 • Bethesda, Md.

The OHDSI Journey: Where Are We Going?
Patrick Ryan

OMOP Common Data Model and Vocabulary
Clair Blacketer

ETL – A Source Database Into OMOP CDM
Melanie Philofsky

Creating Cohort Definitions
Asieh Golozar

Phenotype Evaluations
Gowtham Rao

Characterization
Kristin Kostka

Estimation
Martijn Schuemie

Prediction
Jenna Reps

The OHDSI Journey: Where Do We Go From Here?
George Hripcsak
# Workgroup Activities

**Saturday, Oct. 15, and Sunday, Oct. 16**

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<th>End Time (ET)</th>
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<td>FHIR-OMOP: Terminologies Subgroup, Part 1</td>
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<td>FHIR-OMOP: Increasing the Value of Data Through a Rich Set of Attributes</td>
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<th>Sunday, Oct 16</th>
<th>800</th>
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<th>All-Hands Workgroup Meeting</th>
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<td>CDM and Data Quality</td>
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Mapping concepts from the Netherlands Cancer Registry to the OMOP-CDM - experiences and challenges

Lead: Chiara Attanasio

Events in the NCR rely heavily on post-coordination. This is not supported in the OMOP-CDM.

CONCLUSIONS

To be prior the medical record view, we have mapped 75% of the our cancer events from the NCR, but which we need an a complete record views, this only 36 of these were

Within the OHDSI goals, we will not be able to map all cancers to the NCR, but we can map 50% of the cancer cases, with the remaining cases

We have already done 94% of the OMOP-CDM mapping, and are in the process of mapping the remaining 56 cancer cases to the OMOP-CDM.
The journey from central operational data-lake to Medica Centers CDM network

Lead: Guy Livne

Anonymize EHR data from country-wide Hospitals network combined to one CDM
15 years of history records

@OHDSI www.ohdsi.org

#OHDSISocialShowcase This Week

TUESDAY

Lead: Guy Livne
Divergence between clinical and pathological N category is associated with long-term oncological outcomes – but not in the way we would suspect.

Informativeness of clinical lymph node metastasis staging for patients undergoing curative intended surgery for colorectal cancer: A national multi-register study

Lead: Andreas Weinberger Rosen
Concept extraction from Dutch clinical text

**THURSDAY**

**Lead: Tom Seinen**

Extracting concepts from Dutch clinical text

**METHODS**
- Dataset: Dutch patients with 20 million patient EHRs from 1996 to 2011
- Text processing: 2000-2009 kept while removing characters, stopwords, and characters with 1-2 letters
- Concept extraction: HealthConcepts + 2 levels of refinement

**RESULTS**
- High recall and F1-score for conditions, cultural factors, and body parts
- Low recall and F1-score for medications

**CONCLUSION**
- 2000-2009 kept while removing characters, stopwords, and characters with 1-2 letters
- Concept extraction: HealthConcepts + 2 levels of refinement
- High recall and F1-score for conditions, cultural factors, and body parts
- Low recall and F1-score for medications

**FUTURE STEPS**
- Quantitative evaluation and validation of the concept extraction framework
- Use of data from:
  - PhenX lexicon
  - ClinicalThesaurus
  - ICDS + CodedVOC
  - Effects of spelling correction and concept extraction
  - Comparative analysis of concepts with the NLP results
#OHDSISocialShowcase This Week

**OHDSI Italia:** the Italian national node of OHDSI Europe

**Lead:** Lucia Sacchi

## OHDSI Italia: the Italian national node of OHDSI Europe

**Members:**

- **30 people**
- **20 institutions**
- **14 data partners**

...and it's just the beginning!

### Kick-off: June 15th 2022

**1st Goal:** OHDSI Italia paper in 2023

- Lucia Sacchi (University of Pavia, DIMIR [Department for Biomedical Informational Research])
- Stefano Greco (University of Pavia, DBM)
- Matteo Gobetti (Biostatistician)

---

**OBJECTIVES:**

- Promote OHDSI in Italy
- Encourage dissemination events
- Build a core team and data partners for the national node

- Promote national projects
- KTT
- Italian national clinical trials
- OHDSI Italian Working Group

- OHDSI national core values
- OHDSI data sharing

- Unite the Italian OHDSI community
- Engage Italian terminologies and codes in OHDSI

- National code e.g. ICD codes for drug development

- Define common administrative procedures
  - SOP approval
  - EC approval
  - ADR guidances for public entities
  - Internal SOP / IO

---

**FRIDAY**

**OHDSI Italia: the Italian national node of OHDSI Europe**

**Lead:** Lucia Sacchi
Where Are We Going?

Any other announcements of upcoming work, events, deadlines, etc?
Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?