Agenda

• OHDSI News
• APAC Study Quarterly Updates Part II
  – Comparison of mortality, morbidities & healthcare resources utilisation between patients with and without a diagnosis of COVID-19 by Ivan Lam Chun Hang
  – Treatment, utilisation and safety of medicines for multiple sclerosis (TELEMUS) by Nicole Pratt
OHDSI APAC Study 2
Comparison of mortality, morbidities & healthcare resources utilisation between patients with and without a diagnosis of COVID-19

APAC community call
28 July 2022
Progress since last community call

• Performed Cohort Diagnostic
• Revision on protocol
  – Definition of outcomes cohorts (AESI following COVID-19, Phenotype Phebruary)
  – Sub-group analyses to perform
  – Abstract submitted to OHDSI Symposium 2022
• Study package development
  – Support from IQVIA to develop initial study package
Table 1. Cumulative number of patients with COVID-19 identified between December 1st, 2019 to December 1st, 2021

<table>
<thead>
<tr>
<th>Databases</th>
<th>1 Dec 19</th>
<th>1 Jun 20</th>
<th>1 Dec 20</th>
<th>1 Jun 21</th>
<th>1 Dec 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Open claims</td>
<td>1,590</td>
<td>671,082</td>
<td>4,095,481</td>
<td>9,170,119</td>
<td>13,327,004</td>
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<td>Italy LPD</td>
<td>31</td>
<td>4,800</td>
<td>18,990</td>
<td>34,559</td>
<td>37,684</td>
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<td>France LPD</td>
<td>15</td>
<td>17,178</td>
<td>66,647</td>
<td>107,265</td>
<td>116,697</td>
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<td>UK IMRD</td>
<td>3</td>
<td>2,577</td>
<td>12,140</td>
<td>29,889</td>
<td>29,889</td>
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<td>Germany DA</td>
<td>2</td>
<td>3,174</td>
<td>19,732</td>
<td>57,126</td>
<td>65,641</td>
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</table>
Upcoming plans

• Initial package development
  – HKU team will finalise the definitions and settings

• Pilot study (Mid to late August)
  – Preliminary results on short and medium term outcomes

Inclusion Period
(1 year)
1 Dec 19 – 1 Dec 20

Short term outcome
(6 months)
30 June 21

Medium term outcome
(6-12 months)
1 Dec 21
Pilot Study

• Focus on the main analysis on clinical outcomes, may not perform all the subgroup analyses

• Include the following databases
  – IQVIA: France LPD, Germany DA, Italy LPD, UK IMRD, US Open claim
  – Local: Hong Kong Hospital Authority
  – OHDSI Collaborators: South Korea HIRA
Thank You!
Treatment, utilisation and safety of medicines for Multiple Sclerosis (TELEMUS)

*Telemus is Eurymus’ son, a prophet and a master at reading signs*

nicole.pratt@unisa.edu.au
MS Phenotype

Culpepper:
Earliest occurrence of MS diagnosis, requiring ≥3
[MS-related occurrences of any combination of inpatient or outpatient diagnosis
OR
specific disease-modifying therapies (DMT)]
within a 1-year time period

1. Determine overlap between diagnosis and treatment
2. In the absence of diagnostic information:

- Must be treated by a neurologist (*provider specialty*).
- Magnetic resonance imaging of the brain and/or spinal cord (*procedure*)
Disease-modifying therapies (DMT)

3. Explore 3x medicine condition (particularly for medicines that have 6mth/12month dosing schedules or limited dose eg alemtuzumab, ocrelizumab)

4. Explore inclusion of rituximab mitoxantrone cladribine (others) may be problematic if we are unable to use diagnoses as they can be used for multiple indications (eg cancer)
Has the increased use of High Efficacy treatments earlier in the treatment pathway led to better outcomes for patients diagnosed with MS?

Escalation approach v early High-Efficacy treatment approach

DELIVER-MS study TREAT-MS study

Mini-tutorial (building treatment pathways) by Ty Stanford
Progress: Developing Study Package

1. Cohorts
   – Generate cohorts with and without diagnosis
   – Evaluate treatment schedules for the 3x medicine condition
     • particularly for medicines that have 6/12month dosing schedules or limited dose eg alemtuzumab (12 months), ocrelizumab (6 months)

2. Characterization
   – Characteristics of initiators over time
   – Trends in use over time

3. Cohort Pathways
   • Overall
   • By Calendar Era
   • By Traditional/Early aggressive approaches
Thank you!

• Fortnightly meetings at 11am Korean Time on Wednesday