Update on OHDSI Standardized Vocabularies

OHDSI Community Call
Aug. 29, 2023 • 11 am ET

Upcoming Community Calls

Date	Topic
Sept. 5	DARWIN EU® Progress and Roadmap
Sept. 12	OHDSI 2023 Global Symposium Conference & Activities Preview
Sept. 19	Journal Club: 11th Revision of the ENCePP Guide on Methodological Standards in Pharmacoepidemiology
Sept. 26	Publications Presentation
Oct. 3	Workgroup Reports, pt 1
Oct. 10	Workgroup Reports, pt 2
Oct. 17	Symposium Week! Final Logistics
Oct. 24	Welcome to OHDSI

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to the team of **Qiong Wu, Martijn J. Schuemie, Marc A. Suchard, Patrick Ryan, George M. Hripcsak, Charles A. Rohde, and Yong Chen** on the publication of **Padé approximant meets federated learning: A nearly lossless, one-shot algorithm for evidence synthesis in distributed research networks with rare outcomes** in the *Journal of Biomedical Informatics* .

ELSEVIER

Journal of Biomedical Informatics

Available online 19 August 2023, 104476

In Press, Journal Pre-proof What's this?

Original Research

Padé approximant meets federated learning: A nearly lossless, one-shot algorithm for evidence synthesis in distributed research networks with rare outcomes

Qiong Wu [a], Martijn J. Schuemie [b c d], Marc A. Suchard [b d e], Patrick Ryan [b c f], George M. Hripcsak [f g], Charles A. Rohde [h], Yong Chen [a b]

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https://doi.org/10.1016/j.jbi.2023.104476 Get rights and content

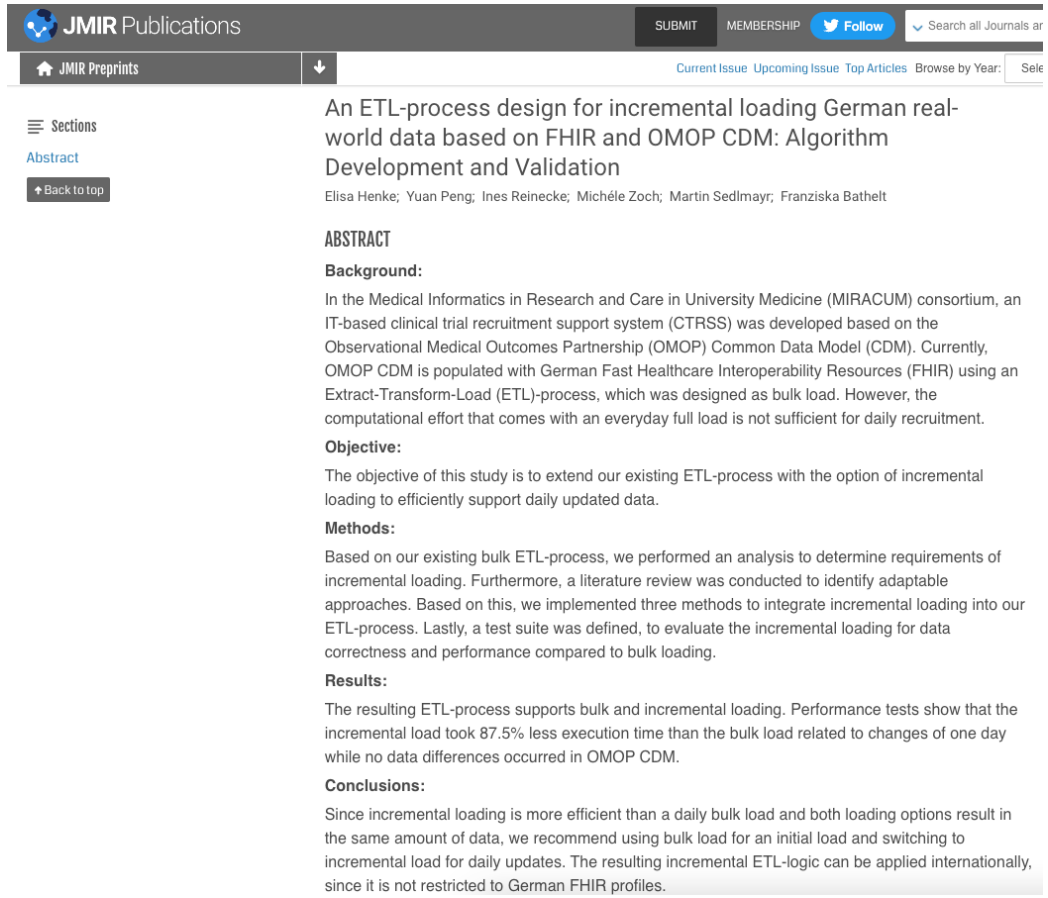
Abstract

Objective:

We developed and evaluated a novel one-shot distributed algorithm for evidence synthesis in distributed research networks with rare outcomes.

OHDSI Shoutouts!

Congratulations to the team of **Elisa Henke, Yuan Peng, Ines Reinecke, Michéle Zoch, Martin Sedlmayr, and Franziska Bathelt** on the publication of **An Extract-Transform-Load Process Design for the Incremental Loading of German Real-World Data Based on FHIR and OMOP CDM: Algorithm Development and Validation** in *JMIR Dermatology* .



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Sections

Abstract

Back to top

An ETL-process design for incremental loading German real-world data based on FHIR and OMOP CDM: Algorithm Development and Validation

Elisa Henke; Yuan Peng; Ines Reinecke; Michéle Zoch; Martin Sedlmayr; Franziska Bathelt

ABSTRACT

Background:

In the Medical Informatics in Research and Care in University Medicine (MIRACUM) consortium, an IT-based clinical trial recruitment support system (CTRSS) was developed based on the Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM). Currently, OMOP CDM is populated with German Fast Healthcare Interoperability Resources (FHIR) using an Extract-Transform-Load (ETL)-process, which was designed as bulk load. However, the computational effort that comes with an everyday full load is not sufficient for daily recruitment.

Objective:

The objective of this study is to extend our existing ETL-process with the option of incremental loading to efficiently support daily updated data.

Methods:

Based on our existing bulk ETL-process, we performed an analysis to determine requirements of incremental loading. Furthermore, a literature review was conducted to identify adaptable approaches. Based on this, we implemented three methods to integrate incremental loading into our ETL-process. Lastly, a test suite was defined, to evaluate the incremental loading for data correctness and performance compared to bulk loading.

Results:

The resulting ETL-process supports bulk and incremental loading. Performance tests show that the incremental load took 87.5% less execution time than the bulk load related to changes of one day while no data differences occurred in OMOP CDM.

Conclusions:

Since incremental loading is more efficient than a daily bulk load and both loading options result in the same amount of data, we recommend using bulk load for an initial load and switching to incremental load for daily updates. The resulting incremental ETL-logic can be applied internationally, since it is not restricted to German FHIR profiles.

OHDSI Shoutouts!

Congratulations to the team of **Jasmin Carus, Leona Trübe, Philip Szczepanski, Sylvia Nürnberg, Hanna Hees, Stefan Bartels, Alice Nennecke, Frank Ückert, and Christopher Gundler** on the publication of **Mapping the Oncological Basis Dataset to the Standardized Vocabularies of a Common Data Model: A Feasibility Study** in *Cancers*.

cancers MDPI

Article

Mapping the Oncological Basis Dataset to the Standardized Vocabularies of a Common Data Model: A Feasibility Study

Jasmin Carus [1,2,3,*], Leona Trübe [1], Philip Szczepanski [2], Sylvia Nürnberg [1], Hanna Hees [1], Stefan Bartels [3], Alice Nennecke [2], Frank Ückert [1] and Christopher Gundler [1,*]

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* Correspondence: j.carus@uke.de (J.C.); c.gundler@uke.de (C.G.)

Simple Summary: Resident physicians and medical institutions in Germany are required to report diagnostics, treatments, progression, and follow-up information for tumor patients to the respective state cancer registries. The information is transmitted electronically according to a defined data scheme (oncological basis dataset [oBDS]). In this study, we first mapped oBDS elements to the standardized vocabularies, a metadata repository of the observational medical outcomes partnership (OMOP) common data model (CDM). The mapping of the oBDS to the standardized vocabularies promotes the semantic interoperability of oncological data in Germany and provides the opportunity to participate in network studies of observational health data sciences and informatics under the usage of federated analysis.

Abstract: In their joint effort against cancer, all involved parties within the German healthcare system are obligated to report diagnostics, treatments, progression, and follow-up information for tumor patients to the respective cancer registries. Given the federal structure of Germany, the oncological basis dataset (oBDS) operates as the legally required national standard for oncological reporting. Unfortunately, the usage of various documentation software solutions leads to semantic and technical heterogeneity of the data, complicating the establishment of research networks and collective data analysis. Within this feasibility study, we evaluated the transferability of all oBDS characteristics to the standardized vocabularies, a metadata repository of the observational medical outcomes partnership (OMOP) common data model (CDM). A total of 17,844 oBDS expressions were mapped automatically or manually to standardized concepts of the OMOP CDM. In a second step, we converted real patient data retrieved from the Hamburg Cancer Registry to the new terminologies. Given our pipeline, we transformed 1773.373 cancer-related data elements to the OMOP CDM. The mapping of the oBDS to the standardized vocabularies of the OMOP CDM promotes the semantic interoperability of oncological data in Germany. Moreover, it allows the participation in network studies of the observational health data sciences and informatics under the usage of federated analysis beyond the level of individual countries.

check for updates

Citation: Carus, J.; Trübe, L.; Szczepanski, P.; Nürnberg, S.; Hees, H.; Bartels, S.; Nennecke, A.; Ückert, F.; Gundler, C. Mapping the Oncological Basis Dataset to the Standardized Vocabularies of a Common Data Model: A Feasibility Study. *Cancers* **2023**, *15*, 4059. https://doi.org/10.3390/cancers15164059

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ohdsi.org/europe2023-showcase

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Transforming the EBMT dataset to OMOP-CDM 5.3 has been challenging. We have encountered technical and vocabulary challenges.

MONDAY

Automatic Data Import from OMOP to REDCap

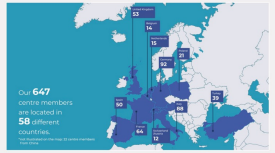
(Matteo Gabetta, Francesco Pozzoni, Mauro Bucalo, Cristiana Larizza, Nicola Barbarini)

Ongoing Transformation of the EBMT Registry to the OMOP CDM 5.3

Background: In April 2021, EBMT was granted funds from the EHDEN – Data Partner Call to map it's registry data onto the OMOP CDM. Members of the EBMT are centres and individuals, active in the field of transplantation of any kind of haematopoietic cells, or any other organisation involved in the care of donors and recipients of haematopoietic cells.

Patients 702,579

Transplants 826,418



Results & Discussion

- ETL design is completed (see Figure 1) and is being tested and iterated on.
- ETL design driven by data size (> 4 million records)
- Mappings through SQL queries (memory-efficient)

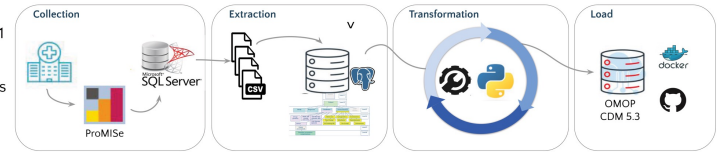
Encountered Issues

- Handling special characters in free text
- Custom concepts for very specific collected items
- Technical challenges due to DB size
- Genomic concepts
- Dates

Methods

The EBMT data is transformed to OMOP-CDM 5.3 through a custom-designed Extract-Transform-Load (ETL) process written primarily in the Python (v3.10) programming language. All transformations (source to PERSON, source to DEATH, etc.) are implemented in SQL and performed sequentially in an order predetermined based on table constraints and transformation dependencies.

Figure 1 ETL Process



Challenges: We have encountered technical challenges as well as vocabulary mapping challenges along the way. Dedicated functions and tools were developed to handle the technical hurdles. Where needed, custom vocabulary concepts are being created to ensure that the granularity of the source data can be maintained. We look forward to finalizing the work and collaborating with other EHDEN data-partners.

EBMT: Maria Paula Busto, Marina Atlija
Edence Health: Freija Descamps, Ben Burke

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Success factors to an OMOP CDM ETL: having the right people, planning that vocabulary mapping can have complexity, and proactively preparing to deal with data governance issues.

TUESDAY

European Health Data & Evidence Network – Learnings from Building out a Standardized International Health Data Network

(Erica A. Voss, Clair Blacketer, Sebastiaan van Sandijk, Maxim Moinat, Michael Kallfelz, Michel Van Speybroeck, Dani Prieto-Alhambra, Martijn J. Schuemie, Peter R Rijnbeek)

European Health Data & Evidence Network (EHDEN) – Learnings from Building out a Standardized International Health Data Network

Background: An ETL converts health data to the OMOP CDM. During EHDEN COVID-19 data call, 25 data partners (DPs) transformed health data to the OMOP CDM. This data call provided an opportunity to evaluate ETL development success factors based on timely development and network research involvement. This study investigates OMOP CDM conversion success.

Results

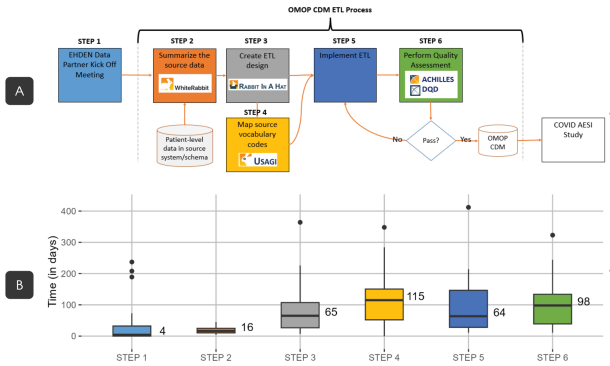

Figure 1 – OHDSI Extract, Transform, & Load (ETL) Development Process with 1A ETL process map, 1B box plots showing the length in days for each step

- 25 DPs participated in this EHDEN data call, representing 11 different countries, collectively covering more than 67 million patient records
- 21 of these DPs, the median time it took to complete the ETL process was 358 days, with the shortest time being 172 days and the longest being 622 days
- Of the 21 DPs, 52% had built their CDM in under 365 days, 43% participated in the COVID-19 AESI study [1], and 33% had both a timely study and participated in the COVID AESI study

Methods

- Each DP was expected to follow the current OMOP CDM ETL development process (Figure 1A).
- The process was tracked in 3 ways (1.) through surveys of DP, (2.) tracking data associated to ETL process, and (3.) DataQualityDashboard results.
- Success was measured as total days to transform source data into the OMOP CDM (success: < 365 days) and if a DP participated successfully in network research (COVID-19 AESI study [1])

[1] Voss EA, Shoaibi A, Yin Hui Lai L, et al. Contextualising adverse events of special interest to characterise the baseline incidence rates in 24 million patients with COVID-19 across 26 databases: a multinational retrospective cohort study. *EClinicalMedicine*. 2023;58:101932. doi:10.1016/j.eclinm.2023.101932

Erica A. Voss, Clair Blacketer, Sebastiaan van Sandijk, Maxim Moinat, Michael Kallfelz, Michel Van Speybroeck, Dani Prieto-Alhambra, Martijn J. Schuemie, Peter R Rijnbeek

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WEDNESDAY

Extending OMOP-CDM for registering tomography imaging metadata and subsequent annotation and curation processes

(Varvara Kalokyri, Haridimos Kondylakis, Stelios Sfakianakis, Katerina Nikiforaki, Simone Mazzetti, Nikolaos Tachos, Konstantinos Marias, Manolis Tsiknakis)

RT-CDM: Extending OMOP-CDM for Tomography Imaging Data

Varvara Kalokyri[1], Haridimos Kondylakis[1], Stelios Sfakianakis[1], Katerina Nikiforaki[1], Simone Mazzetti[2,3], Nikolaos Tachos[4], Dimitrios I. Fotiadis[4], Konstantinos Marias[1], Manolis Tsiknakis[1]

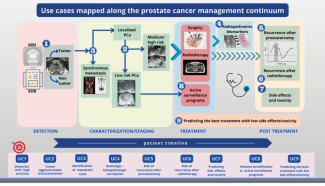
1. Motivation

ProCAncer-I EU project

- The largest dataset of **anonymized** prostate cancer (PCa) **mpMRI** images worldwide
- Develop robust **AI vendor-specific** and **vendor-neutral AI** models for **9 PCa clinical scenarios**

Challenges with the current OMOP-CDM model

- Locate datasets for **UC1** or to develop a **Lesion Segmentation, Vendor Specific** (e.g. Siemens) model:
  - For patients with **gleason score >= 3+3 and PIRADS>=3**, retrieve all the **T2w Axial** DICOM series from a **Siemens** scanner with **slice_thickness<=3** and their corresponding **lesion segmentations.**



2. Methods

- Clinical experts defined all clinical, imaging, pathology, and follow-up data that needed to be collected
- Existing approaches on the domain were reviewed along with existing OMOP-CDM extensions (**oncology extension, radiology extension**)
- Iterative discussions between **clinical experts** and **AI model experts** (defined a set of possible queries needed to be addressed)

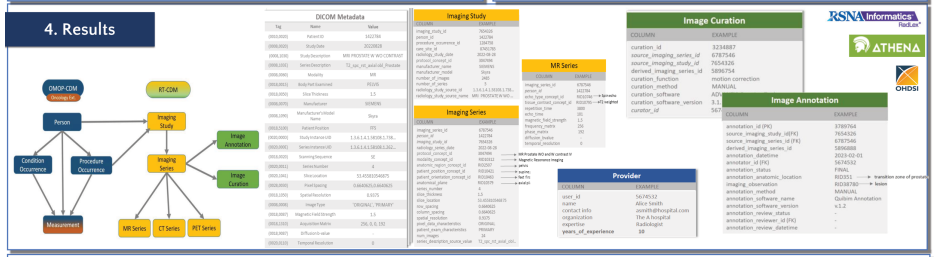
3. Contribution

Our proposed model:

1. Incorporates standardized imaging attributes for the most important DICOM tags as well as measurements derived from medical images for three types of tomography imaging
2. Extends the model for registering annotation and curation processes
3. Allows for utilizing direct annotations on medical images and all levels of the ontology hierarchy of the Radlex lexicon for deducing useful data.

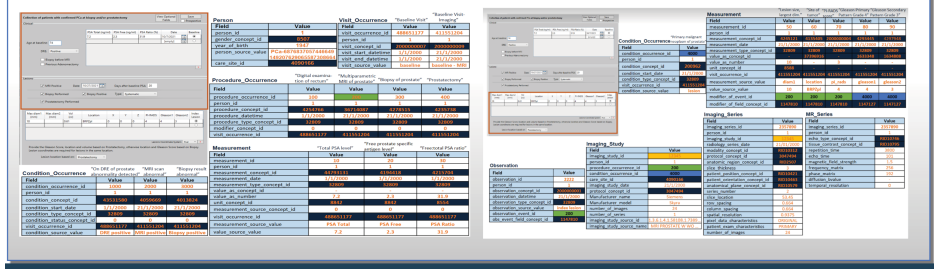
e.g., a lesion is a PI-RADS score=4 could be derived by exploiting the ontology, if lesion characteristics were coded by using Radlex annotations - enabling an image to be associated with specific lesion descriptors.

4. Results



5. OMOP & RT-CDM on Prostate Cancer

Data from more than 9.600 patients with more than 69.000 mpMRI series and 5.600.000 images, acquired from the ProCAncer-I platform have already been integrated using the **RT-CDM extension**



[1]Institute of Computer Science, Foundation of Research and Technology Hellas, Nik. Plastira 100, Heraklion, 70013, Crete, Greece
[2] Department of Surgical Sciences, University of Turin, Corso Dogliotti, 14, 10126 Turin (TO), Italy
[3] Radiology Unit, Candiolo Cancer Institute, FPO-IRCCS, Strada Provinciale, 142 - KM 3.95, 10060 Candiolo(TO), Italy
[4] Biomedical Research Institute, Foundation of Research and Technology Hellas, University Campus of Ioannina, 45110, Ioannina, Greece

This project has received funding from the European Union's Horizon 2020 Research and innovation programme under grant agreement No 952159

ProCAncer-I

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THURSDAY

Short-, medium-, and long-term psychiatric and neuropsychiatric consequences of COVID-19: A multinational pilot study

(Yi Chai, Ivan C. H. Lam, Eric Y. F. Wan, Celine S. L. Chui, Xue Li, Kenneth K. C. Man, Wallis C. Y. Lau, Xiaoyu Lin, Can Yin, Fan Min, Jing Li, Sarah Seager, Mui Van Zandt, Hao Luo, Ian C. K. Wong)

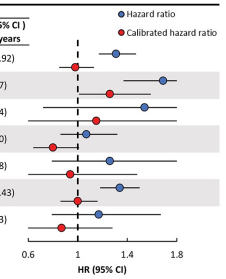
People with **COVID-19** are at **an increased risk** of subsequent **psychiatric disorders**

Short-, medium-, and long-term psychiatric and neuropsychiatric consequences of COVID-19: A multinational pilot study

Background: The COVID-19 pandemic has raised concerns regarding the psychiatric and neuropsychiatric complications following the infection. It is uncertain whether existing findings from a few countries can be generalized to other societies. This population-based multinational network study is to comprehensively investigate the short-, medium-, and long-term psychiatric and neuropsychiatric consequences of COVID-19 in France, Germany, Italy, the UK, and the US.

Result: Incidence rates per 1000 person-years and risks of seven outcomes associated with COVID-19 infection

	Targets		Comparators	
	No. of individuals	Incidence rates (95% CI) per 1000 person years	No. of individuals	Incidence rates (95% CI) per 1000 person years
Depressive disorders	16198	30.56 (27.81-33.58)	120647	22.00 (21.13-22.92)
Anxiety disorders	17196	8.52 (7.16-10.14)	128080	4.84 (4.45-5.27)
Bipolar disorders	17323	0.67 (0.36-1.24)	128944	0.49 (0.38-0.64)
Personality disorders	17178	7.49 (6.22-9.02)	127842	6.70 (6.23-7.20)
Psychosis	17305	1.67 (1.13-2.48)	128797	1.44 (1.23-1.68)
Sleep disorders	16712	25.56 (23.10-28.29)	124423	18.60 (17.80-19.43)
Dementia	17248	2.48 (1.80-3.42)	128432	2.05 (1.80-2.33)



Methods

- **Data sources:** France IQVIA, Germany IQVIA, Italy IQVIA, UK IMRD THIN, and US Open Claims
- **Study period:** 01/12/2018-01/12-2022
- **Target cohort:** Individuals diagnosed with COVID-19 or received a positive screening test result for SARS-Cov-2 between 01/12/2019-01/12-2020. The earliest date of COVID-19 confirmation was designated as the index date
- **Comparator pool:** Individuals who did not have any diagnosis or positive test results of COVID-19 during the study period. The index date was the same date as their matched targets
- Up to ten **comparators** were randomly matched for each target based on the propensity score matching approach with a caliper width of 0.2
- **Outcomes:** Depressive disorders, anxiety disorders, alcohol misuse or dependence, substance misuse or dependence, bipolar disorders, personality disorders, psychosis, sleep disorder, and dementia
- **Cox proportional hazard regression** models were fitted to estimate the six-month, six-month to one-year, and one- to two-year risks of interested outcomes associated with the COVID-19 infection
- Ninety-one **negative control** outcomes were included to perform the empirical calibration
- **Sex and age group** (i.e., <18 years, 18-24 years, 25-64 years, and 65+ years) stratified analyses

Conclusion: The empirical evidence generated from this study can help healthcare providers and policymakers anticipate and respond to the evolving mental health needs of COVID-19 survivors.

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Yi Chai, Ivan C. H. Lam, Eric Y. F. Wan, Celine S. L. Chui, Xue Li, Kenneth K. C. Man, Wallis C. Y. Lau, Xiaoyu Lin, Can Yin, Fan Min, Jing Li, Sarah Seager, Mui Van Zandt, Hao Luo*, Ian C. K. Wong*

HKU Med LKS Faculty of Medicine The University of Hong Kong 香港大學李嘉誠醫學院

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FRIDAY

PlasmodeSim: R package to simulate data with known treatment assignment and outcome generating processes

(Gidius van de Kamp, Alexandros Rekkas)

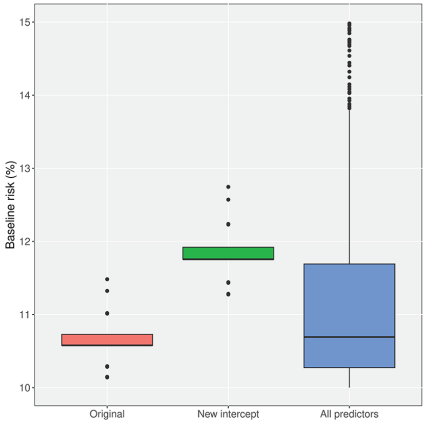
PlamodeSim: A package to simulate data with a known outcome generating process

Background: In order to compare new or existing methods we aimed at developing a package that simulates data with a known outcome generating process while staying close to the real life data. To this extent, we develop the R package *PlasmodeSim*.

Result 1: Code for simulating new outcomes from an existing and a modified prediction model.

```
# Derived model

plpPrediction <- PatientLevelPrediction::predictPlp(
  plpModel = plpResult$model,
  plpData = plpData,
  population = population
)

newOutcomesFittedModel <- PlasmodeSim::newOutcomes(
  noPersons = 2000,
  probs = plpPrediction
)

# Modified model

unfittedModel <- plpResult$model$coefficients
unfittedModel[3:5, 1] <- 0.4
unfittedModel[1, 1] <- -0.4

plpModelunfitted <- PlasmodeSim::makeLogisticModel(unfittedModel)
newprobs <- PatientLevelPrediction::predictPlp(
  plpModel = plpModelunfitted,
  plpData = plpData,
  population = population
)

newOutcomesUnfittedModel <- PlasmodeSim::newOutcomes(
  noPersons = 2000,
  probs = newprobs
)
```

Result 2: Distribution of baseline risk for a binary outcome in the original (Eunomia) and simulated datasets.



Methods

The most important features implemented are:

- Functions to simulate datasets by sampling the original data with replacement.
- Functions that simulate binary or survival outcomes.
- Functions for visual diagnostics.

OHDSI

Gidius van de Kamp, Alexandros Rekkas

Erasmus MC University Medical Center Rotterdam

Health Data Science

OHDSI Shoutouts!

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

Do you have anything you want to share? Please send to sachson@ohdsi.org so we can highlight 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

Date	Time (ET)	Meeting
Wednesday	10 am	Surgery & Perioperative Medicine
Thursday	7 pm	Dentistry
Friday	9 am	GIS – Geographic Information Systems Development
Friday	1 pm	Clinical Trials
Monday	9 am	Vaccine Vocabulary
Monday	10 am	Africa Chapter
Monday	6 pm	OMOP & FHIR
Tuesday	9 am	ATLAS
Tuesday	10 am	Common Data Model

Sept. 8: OMOP CDM Survey

OMOP CDM Survey 2023

Please fill in the responses below for **each database** at your institution that has been converted to the OMOP Common Data Model. This information will be used to build our list of databases currently using the OMOP CDM and Standard Vocabularies. Our most recent list can be found on pages 46-47 of the 2022 Our Journey publication. **If you would like to be included in the 2023 edition of *Our Journey* be sure to fill out the survey by *September 8th*!**

OHDSI will not use your contact information for any purpose other than to inquire about your responses or if you select "yes" as the answer to the final question about your interest in your database becoming a network study candidate. To be compliant with GDPR, your name and email will not be shared.

Sept. 8: OMOP CDM Survey

OHDSI Data Partners

What does it take to be an OHDSI data partner? Anyone with access to observational data can standardize their database in the OMOP Common Data Model, apply OHDSI's open-source tools, and participate in collaborative research.

Who has already joined the journey and adopted the OMOP CDM? There are currently 453 databases, including 374 electronic health records, 34 registries and 30 administrative claims sources, that come from 41 different countries. Together, these databases represent more than 928 million unique patient records, approximately 12% of the world's population.

Australia (14)
ACA National Joint Replacement Registry
AU-ePBRN (Australian Electronic practice based research network)
AUS Department of Veterans Affairs
Austin Health
IQVIA Australia LPD
Melbourne Childrens Hospital
NPS MedicineWise
Pharmaceutical Benefits Scheme 10% extract
Primary Care GP data (Patron)
Royal Melbourne Hospital and Western Health Hospital Admissions
South Western Sydney LHD
Sydney Childrens Hospital
Sydney Local Health District (LHD)
University of Queensland - Queensland Health

Austria (1)
Medical University of Vienna

Belgium (18)
Az Damiaan Oostende
AZ Delta
AZ Klina
AZ Maria Middelares
Icometrix
IQVIA Belgium LPD
LynxCare
Mediaman
Onze-Lieve-Vrouwziekenhuis Aalst-Asse-Ninove
THIN BE
Universitaire Ziekenhuizen KU Leuven
University Hospital Antwerp
University MS Center
University MS Center
UZ Brussel
UZ Leuven
VZW AZ Groeninge
Ziekenhuis Oost-Limburg

Bosnia and Herzegovina (1)
E-MEDIT D.O.O. & Hospital Travnik

Brazil (4)
Centre of Health Data and Knowledge Integration - Cidacs
DataSUS Ambulatory
Hospital Israelita Albert Einstein
IQVIA Brazil

Bulgaria (2)
National Scientific Programme "E-Health in Bulgaria"
SAT Health

Canada (3)
IQVIA Canada EMR
Provincial Health Services Authority (British Columbia)
The Hospital for Sick Children

China (7)
Beijing Anding Psychiatry Hospital
Beijing Smindu Medical Science & Technology CO., Ltd.
Hebei Province Psychiatry Hospital
Jiangsu Province People's Hospital
Nanfang Hospital COVID-19 Research Database (NFHCRD)
Tianjin Anding Psychiatry Hospital
Wordcare Information

Colombia (1)
Hospital Universidad del Norte

Croatia (7)
Bács-Kiskun Megyei Kórház a Szegedi Tudományegyetem Általános Orvostudományi Kar Oktató Kórháza
Clinical Hospital Dubrava
Hierarchia & University Hospital Centre Zagreb
IGEA d.o.o. & University Hospital Center Sestre milosrdnice
IN2 d.o.o. & Clinical Hospital Center Osijek
MOS Grupa d.o.o. & Health Care Center of Primorje-Gorski Kotar County
Szabolcs-Szatmár-Bereg Megyei Kórházak és Egyetemi Oktatókórház

Czechia (3)
Czech Myeloma Group
Institute of Rheumatology
OAKS Consulting s.r.o.

Denmark (2)
Aarhus University Hospital Database
Center for Surgical Science (CSS)

Estonia (2)
Estonian Genome Center at the University of Tartu (EGCUT)
University of Tartu

Finland (10)
Auria Clinical Informatics
BCB Medical Ltd.
Finnish Clinical Biobank Tampere
Finnish Hematology Registry/ HUS
Finnish Institute for Health and Welfare (THL)
Hospital District of Helsinki and Uusimaa
Hospital District of Southwest Finland
HUS Datalake eCare/eMe POC
Pirkanmaa Hospital District
University of Turku (Prostate Cancer Registry of South West Finland)

France (13)
APHP-EDS
Assistance Publique - Hopitaux de Marseille
Assistance Publique – Hôpitaux de Paris (AP-HP)
Bordeaux University Hospital
CEGEDIM HEALTH DATA
Centre Hospitalier Universitaire de Lille
Centre Hospitalier Universitaire de Montpellier
Centre Hospitalier Universitaire de Toulouse
IQVIA France DA
IQVIA France LPD
Lille University Hospital
SNDS
THIN FR

Germany (11)
CancerDataNet GmbH
Charité - Universitätsmedizin Berlin
European Rare Kidney Disease Registry (ERKReg)
GermanOncology
Hanover Medical School, Germany
IQVIA Germany DA
Krebsregister Rheinland-Pfalz
MIS Forschungs- und Projektentwickl-lungs-gGmbH
UKER
University Medicine Dresden
University of Ulm, ZIBMT

Greece (4)
Diagnostic & Therapeutic Center Of Athens "Hygeia" Single Member Societe Anonnyme
General Hospital of Kavala
Innovative Medical Research SA
Papageorgiou General Hospital

Hungary (2)
Semmelweis University
University of Pécs

India (1)
Buddhimed Technologies

Ireland (1)
Trinity St James's Cancer Institute, Dublin

Israel (4)
Hadassah CBGYN
Kinneret (Ministry of Health medical center network)
Loccise
The Directorate of Government Medical Centers at the Israeli Ministry Of Health

Italy (28)
Agenzia regionale di sanità della Toscana (ARS)
AO Card. G. Panico - Center for Neurodegenerative Diseases and Aging Brain
ASL Roma 1
ATS Bergamo
Azienda Ospedaliera SS Antonio e Biagio e Cesare Arrigo
Azienda Ospedaliera Universitarie Integrata Verona
AZIENDA OSPEDALIERO UNIVERSITARIA SAN LUIGI GONZAGA
Azienda Ospedaliero-Universitaria di Modena
Bambino Gesù Children's Hospital
Basilicata Cancer Registry
Casa di Cura Privata del Policlinico (CCPP)
Fondazione Case Sollievo della Sofferenza
Fondazione IRCCS Ca' Grande Ospedale Maggiore Policlinico
Fondazione IRCCS Istituto Neurologico Carlo Besta
Fondazione IRCCS Policlinico San Matteo
Fondazione Istituto Nazionale dei Tumori
Fondazione Policlinico Universitario Agostino Gemelli IRCCS
FONDAZIONE TOSCANA GABRIELE MONASTERIO PER LA RICERCA MEDICA E DI SANITÀ PUBBLICA (FTGM)
Grande Ospedale Metropolitano "Bianchi-Melacrino-Morelli"
Inspire-srl
IQVIA Italy LPD
IRCCS Azienda Ospedaliero-Universitaria di Bologna Policlinico di Sant'Orsola
IRCCS Policlinico San Donato
ISMETT
Modena Oncology Center - Azienda Ospedaliera Modena
Pediatnet
Società Italiana di Medicina Generale e delle cure Primarie (SIMG)
University Hospital of Parma

Japan (4)
IQVIA Japan Claims
IQVIA Japan HIS
Japan Medical Data Center (JMDC)
MDV (Medical Data Vision)

Luxembourg (1)
Registre National du Cancer du Luxembourg

Montenegro (1)
Clinical Center of Montenegro

Netherlands (12)
Amsterdam UMC
EBMT: The European Society for Blood and Marrow Transplantation
European Clinical Research Alliance on Infectious Diseases (ECRAID) and University Medical Center Utrecht (UMCU)
Hanns Stiger
INNL
Integrated Primary Care Information (IPCI)
National Intensive Care Evaluation foundation
Netherlands Cancer Registry
Pharmo
Stichting VUmc-
STIZON
VeCuri Medisch Centrum

Norway (2)
The Norwegian Cancer Registry
University Of Oslo

Portugal (11)
APDP
Centro Clínico Académico e Braga, Associação (2CA-Braga)
Centro Hospitalar Universitário de Coimbra (CHUC)
CUF
EGAS MONIZ HEALTH ALLIANCE
Hospital da Luz Learning Health
Hospital Distrital de Santarém (HDS)
Hospital do Espírito Santo de Evora
Instituto de Medicina Molecular
Registo Portugues de Doenties Reumaticos
Unidade Local de Saúde de Matosinhos

Republic of Korea (59)
Ajou University Hospital
Asan Medical Center
Bucheon Sejong Hospital
Catholic Kwandong University International ST. Mary's Hospital
Cha University Bundang Medical Center
Chonnam National University Hwasun Hospital
Chonnam National University Hospital
Chungnam National University Hospital
Chungnam National University Sejong Hospital
Daegu Catholic University Medical Center
Dankook University Hospital
Dongguk University Medical Center
Ewha Womans University Medical Center (Mokdong)
Ewha Womens University Medical Center (Seoul)
Gachon University Gil Medical CenterGachon University Gil Medical Center
Gangnam Severance Hospital
Gangneung Asan Hospital
Gyeongsang National University Changwon Hospital
Gyeongsang National University Hospital
Hanyang University Seoul Hospital
Health Insurance Review & Assessment Service
Incheon Sejong Hospital
Inha University Hospital
Jeonbuk National University Hospital
Kangbuk Samsung Hospital
Kangdong Sacred Heart Hospital
Kangwon National University Hospital
Konkuk University Medical Center
Korea University Hospital
Korea Institute of Radiological & Medical Sciences
Korea University Anam Hospital
Korea University Ansan Hospital
Korea University Guro Hospital
Kyung Hee University Hospital At Gangdong
Kyung Hee University Medical Center
Kyungpook National University Chilgok Hospital
Kyungpook national university hospital
Myongji Hospital
Myongji Hospital (Jecheon)
National Cancer Center
National Health Insurance Service
National Health Insurance Service Ilsan Hospital
Pusan National University Hospital
Samsungmedical Center
Seoul National University Bundang Hospital
Seoul National University Hospital
Severance Hospital
Soonchunghyang University Hospital (Bucheon)
Soonchunghyang University Hospital (Chonan)
Soonchunghyang University Hospital (Gumi)
Soonchunghyang University Hospital(Seoul)
The Catholic University of Korea, Seoul ST. Mary's Hospital
The Catholic University of Korea, ST. Vincent's Hospital
The Catholic University of Korea, Uijeongbu ST. Mary's Hospital
The Catholic University of Korea, Yeouido ST. Mary's Hospital
Ulsan University Hospital
Wonju Severance Christian Hospital
Wonkwang University Hospital
Yongin Severance Hospital

Romania (1)
Thin Ro

Saudi Arabia (1)
Saudi Food and Drug Authority

Scotland (1)
HIC Dundee

Serbia (5)
Clinical-hospital center Zvezdara
Klinično-bolnični center Zvezdara (Clinical-hospital center Zvezdara)
Primary Healthcare Center Zemun
University Clinical Center of NiŠ
University Clinical Center of Serbia

Singapore (3)
Growing Up in Singapore Towards healthy Outcomes (GUSTO)
Khoo Teck Puat Hospital (SG_KTPH)
National University Hospital Singapore

Spain (37)
Agencia Española de Medicamentos y Productos Sanitarios, AEMPS
BIOCRUCES BIZKAIA HEALTH RESEARCH INSTITUTE
Conselleria de Sanidade
Consorci Corporació Sanitària Parc Taulí
Consorci Mar Parc de Salut de Barcelona (PSMAR)
CORPORACIÓ SANITARIA PARC TAULI
FISABIO-HSRU
Fundació Institut d'Investigació Sanitària Illes Balears
Fundació Institut d'Investigacions Mèdiques (FIMIM)
Fundación de Investigacion Biomedica del Hospital Universitario 12 de Octubre
Fundación para la Investigación Biomedica INCLIVA
FUNDACION PARA LA INVESTIGACION DEL HOSPITAL UNIVERSITARIO LA FE DE LA COMUNIDAD VALENCIANA (HULAFE)
Fundación para la Investigación del Hospital Universitario La Fe de la Comunidad Valenciana (HULAFE)
Fundación para la Investigación e Innovación Biosanitaria en Atención Primaria (FIIBAP)
Healthcare Service of the Principality of Asturias
HM Hospitales
Hospital del Mar (HMAR)
Hospital Sant Joan de Déu
Hospital Universitario 12 de Octubre
INFOBANCO12
Information System of Parc de Salut Mar (IMASIS)
Institut Català d'Oncologia
Instituto Aragonés de Ciencias de la Salud (IACS)
IQVIA Spain LPD
Marina Salud (Hospital de Denia)
Parc Sanitari Sant Joan de Déu
Pedro Mellol
Research Institute - Hospital de la Santa Creu i Sant Pau
Rioja Salud
Servicio Cántabro de Salud and IDIVAL
Servicio Madrileño de Salud
Servicio Navarro de Salud Osasunbidea (SNS-O)
The information System for Research in Primary Care
The information System for Research in Primary Care – Hospitalization Linked Data (SIDIAP-HI)
Vall d'Hebron Hospital Campus
Vall d'Hebron Hospital Campus
Virgen Macarena University Hospital

Sweden (2)
MEB KI
Swbreg

Switzerland (5)
CancerDataNet

Data2time
Geneva Cancer Registry
HUG and SCCM
Institute of Social and Preventive Medicine, University of Bern

Taiwan (5)
NHIRD
Shuang Ho Hospital
Taipei Medical University Clinical Research Database (TMUCRD)
Taipei Medical University Hospital
Wanfang Hospital

Turkey (2)
Istanbul University Istanbul Faculty of Medicine
IUC Cerrahpaşa TIP Fakültesi

United Kingdom (25)
Alchemy Health
Barts Health NHS Trust
Clinical Practice Research Datalink (CPRD GOLD)
Clinical Practice Research Datalink Aurum (CPRD Aurum)
Connected Bradford
DataLoch
GOSH
Harvey Walsh Ltd
King's College London
Leeds Teaching Hospitals
OPEN Health
Optimum Patient Care Limited
Queen Mary University of London
Royal College of General Practitioners Research and Surveillance Centre
SAIL Databank
THIN UK
UCL
UK Biobank
UK Integrated Medical Record Database (IMRD) THIN
UK National Neonatal Research Database (UKNRS)
University College London CALIBER
University College London Hospitals
University College London Hospitals NHS Foundation Trust
University of Edinburgh
University of Edinburgh DataLoch

United States (136)
5up health
Advocate Aurora Health & University of Madison Health Non-Muscle Invasive Bladder Cancer
Advocate Aurora Health COVID Database
All of Us Research Program
ALTAMED (University of Southern California)
Atrium - Wake Forest Baptist Health
Blue Health Intelligence
Boston Medical Center
Brown University - Rhode Island HIE
C-Path
Carilion Clinic
Case Western
Cerner HealthFacts
Cherokee Health Systems
Children's Hospital of Colorado
Children's Hospital of Los Angeles
Children's Hospital of Philadelphia
Children's National
Columbia University Irving Medical Center
CRHFEI
DARTNet Institute: CER2 Study
Decision Resources Group (DRG)
Department of Health Services - Los Angeles
Duke University
Eau Claire Cooperative Health Center
Flatiron - OSCER
Geisinger Health System
George Washington University
Georgetown University ARIA
Georgia Tech Research Institute
GeriOMOP
Harvard University Mass General Brigham
HealthVerity
IBM(R) MarketScan(R) Commercial Claims (CCAE)
IBM(R) MarketScan(R) Medicare Supplemental Database (MDCR)
IBM(R) MarketScan(R) Multi-State Medicaid Database (MDCD)
Icahn School of Medicine at Mount Sinai
Indiana University School of Medicine / Regenstrief Institute
Inova Health System
IQVIA US Ambulatory EMR
IQVIA US Hospital Charge Data Master (CDM)
IQVIA US Oncology EMR
IQVIA US Open Claims
IQVIA US Pharmetrics Plus
Johns Hopkins University
Keck Medicine of University of Southern California
Loyola University New Orleans
Maine Medical Center
Mayo Clinic
Medical University of South Carolina
Medicare Research Identifiable Files
MedStar Health
Memorial Sloan Kettering Cancer Center
Momentum AD
Montefiore Medical Center (Albert Einstein College of Medicine)
N3C
Nemours Children's Health System
NorthShore University HealthSystem
Northwestern Medicine Enterprise Data Warehouse (NMEDW)
NYC-CDRN
NYU Langone
OCHIN (Oregon Community Health Information Network)
Ochsner Medical Center
Oklahoma University
One Fact Foundation Payless Health
OptumRI De-identified Clinformatics(R) Data Mart Database - SES & DOD
OptumRI de-identified Electronic Health Record Dataset (PANTHER)
Oregon Health & Science University
Panito Intelligence
PEDSnet
Penn State
Premier Healthcare Database
QueensCare - Los Angeles
Reliant Medical Group
Rhode Island Quality Institute
Rush University Medical Center
Rutgers
Shriners Children's
Spectrum Health West Michigan
STAnford medicine Research data Repository (STARR)
Stony Brook
Surveillance, Epidemiology, and End Results Program (SEER): B-Cell
TOC - Los Angeles
The Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample (NIS)
The National Health and Nutrition Examination Survey (NHANES)
The Ohio State University Medical Center
TrialSpark
Tufts MC Research Data Warehouse (TRDW)
Tulane
UMass Memorial Medical Center
UNC Chapel Hill
University Medical Center New Orleans
University of Alabama at Birmingham
University of Arkansas
University of Buffalo
University of California Health
University of California, Davis
University of California, Irvine
University of California, Los Angeles
University of California, Riverside
University of California, San Diego
University of California, San Francisco
University of Chicago
University of Cincinnati
University of Colorado
University of Colorado, Anschutz Medical Center
University of Illinois Chicago
University of Iowa
University of Kentucky
University of Miami
University of Michigan
University of Minnesota
University of Mississippi Medical Center
University of Nebraska Medical Center
University of New Mexico Health Sciences Center
University of Pittsburgh
University of Pittsburgh - Banner
University of Rochester
University of Texas Houston
University of Texas Medical Branch
University of Texas Southwestern Medical Center
University of Utah
University of Virginia
University of Washington
University of Wisconsin Madison
US Department of Defense
US Department of Veterans Affairs
UTPhysicians
Vanderbilt University
Veradigm Health Insights Data - Allscripts
Veradigm Health Insights Data - Practice Fusion
Virginia Commonwealth University
Wake Forest University
WashU St Louis
Weill Cornell Medicine/NewYork-Presbyterian Hospital (East Campus)
West Virginia University
Winship Cancer Institute of Emory University

Sept. 8: OMOP CDM Survey

OMOP CDM Survey 2023

Please fill in the responses below for **each database** at your institution that has been converted to the OMOP Common Data Model. This information will be used to build our list of databases currently using the OMOP CDM and Standard Vocabularies. Our most recent list can be found on pages 46-47 of the 2022 Our Journey publication. **If you would like to be included in the 2023 edition of *Our Journey* be sure to fill out the survey by *September 8th*!**

OHDSI will not use your contact information for any purpose other than to inquire about your responses or if you select "yes" as the answer to the final question about your interest in your database becoming a network study candidate. To be compliant with GDPR, your name and email will not be shared.

Sept. 15: HowOften Phenotype Library Contribution Deadline

OHDSI

HowOften: Community contributions wanted

General

Patrick_Ryan 2h

Friends:

As we discussed on the 20June2023 and 15August2023 community calls, @hripcsa and I would like to encourage our community to think big and collaborate together in a effort toward large-scale incidence characterization. HowOften is be a community-wide study to define a broad set of target cohorts T that'll serve as denominators, and another broad set of outcome cohorts O that'll serve as numerators. And for a defined list of time-at-risk windows (e.g. 30d, 1yr, all-time), stratified by age/sex/index year, we will compute the incidence of O in T for all T-O combinations within each database in our participating network, and then meta-analyze the results to produce composite summaries.

As with all OHDSI network studies, we will use GitHub to share study materials, including protocol and source code, which should be based where possible off of existing HADES packages. And we intend to make the full resultset publicly available through an interactive website, likely initially taking advantage of the RShiny modules built by the HADES team as part of the Strategus workflow. As we've seen with prior OHDSI work, background incidence rates can be used for a wide range of clinical applications, including providing disease natural history, providing context for pharmacovigilance by quantifying the magnitude of risk for known effects, and reporting digital quality measures (see @bnhamlin 's talk here).

Europe Symposium Presentations Are Posted!

Presentations

Journey of OHDSI: Where have we been and where we can go together?

Speaker: Patrick Ryan, PhD, Janssen Research and Development, Department of Biomedical Informatics, Columbia University Medical Center

European Initiatives Using the OMOP CDM

Moderator: Renske Los, PhD, Assistant Professor of Medical Informatics, Department of Medical Informatics, Erasmus MC

1. European Health Data and Evidence Network: building a sustainable ecosystem for generating reliable evidence in Europe – Speaker: **Carlos Diaz**, Synapse
2. Harmonizing rare cancer data: lessons learned in EURACAN – Speaker: **Maaike van Swieten**, IKNL
3. HONEUR: Building a federated network in haematology – Speaker: **Michel van Speybroeck**, Janssen Pharmaceutica
4. PIONEER and OPTIMA, two EU-IMI funded big data projects led by the European Association of Urology – Speaker: **Monique Roobol**, Professor Decision Making in Urology, Erasmus MC
5. Panel Discussion and Q/A

Closure

Peter Rijnbeek — with a little bit of help — provides the closing remarks for the 2023 OHDSI Europe Symposium.

Collaborator Showcase: Rapid-Fire Presentations

Moderator: Katia Verhamme, MD, Associate Professor of Use and Analysis of Observational Data, Department of Medical Informatics, Erasmus MC, Rotterdam

0:44 – Tools for the collaborative maintenance of national vocabularies and mappings (Speaker: **Javier Gracia-Tabuenca**)
6:09 – Implementation of the ARES application to monitor network-wide data quality and mapping coverage for 16 unique OMOP sources across Rwanda (Speaker: **Jared Houghtaling**)
12:11 – Multi-site Cost-effectiveness and Markov Chain analysis of heart failure (Speaker: **Markus Haug**)
18:41 – Deep Learning Comparison (Speaker: **Henrik John**)
24:21 – The association of short-, medium and long-term cardiovascular sequelae with COVID-19 infection: a multinational pilot study (Speaker: **Ian Wong**)
27:54 – Supporting pharmacovigilance signal validation and prioritization with analyses of routinely collected health data – lessons learned from an EHDEN network study (Speaker: **Judith Brand**)
35:54 – Pattern of long COVID symptoms and conditions: clustering analysis based on large multinational cohorts as part of an EHDEN Study-A-Thon (Speaker: **Marti Catala Sabate**)
42:36 – Evaluation of treatment effect heterogeneity in the LEGEND-Hypertension study (Speaker: **Alexandros Rekkas**)
48:36 – Characteristics and outcomes of over a million inflammatory bowel disease subjects in seven countries: a multinational cohort study (Speaker: **Chen Yanover**)
57:13 – Prediction of 30-day, 90-day and 1 year mortality after colorectal cancer surgery using a data-driven approach (Speaker: **Ismail Gögenur**)

Real-World Evidence use in Medicines Regulation

Moderator: Dani Prieto-Alhambra, PhD, Professor of Pharmaco- and Device Epidemiology at Oxford University

1:20 – Development (Speaker: **Ed Burn**)
12:03 – Study Operations (Speaker: **Katia Verhamme**)
20:17 – The SIDIAP experience as Data Partner in DARWIN EU® (Speaker: **Talita Duarte-Salles**)
30:34 – Drug utilisation of valproate-containing medicinal products in women of childbearing age: a network study part of DARWIN EU® (Speaker: **Albert Prats-Uribe**)
40:07 – Drug utilisation of antibiotics in the 'Watch' category of the WHO AWaRe classification of antibiotics for evaluation and monitoring of use: a network study part of DARWIN EU® (Speaker: **Johnmary Arinze**)
47:53 – Panel Q&A session

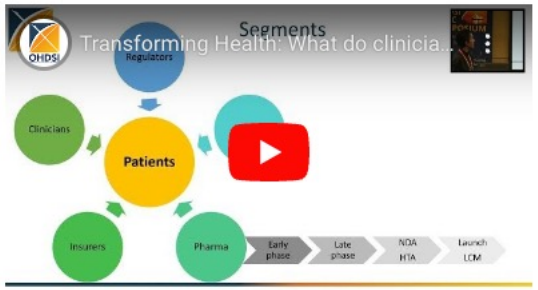
APAC Symposium Presentations Are Posted!

Symposium Presentations

Welcome, Keynote

Speakers: Nicole Pratt (President OHDSI Australia Chapter, University of South Australia) and **Patrick Ryan** (Vice President, Observational Health Data Analytics, Janssen Research and Development)

Transforming health: What do regulators, clinicians, and consumers really want to know about healthcare and how can OHDSI help



Speaker: Asieh Golozar (Vice President, Global Head of Data Science at Odysseus Data Services, Inc. Professor of the Practice & Director of Clinical Research at the OHDSI Center, Northeastern University)

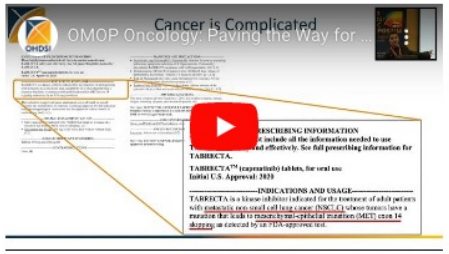
Research Study presentation: Fluroquinolones antibiotics and the risk of aortic aneurysm and dissection – A study of 12 million patients

Speaker: Jack Janetzki (University of South Australia)

Panel discussion: Regulators, Clinicians and Consumers

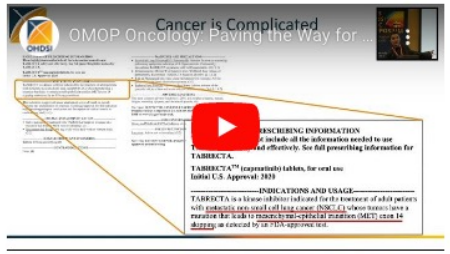
Panelists: Grant Pegg (Regulator), **Seng Chan You** (Policymaker/ Clinician), **Anne McKenzie** (Consumer), **Yong Chen** (Researcher)

OMOP/FHIR: challenges of each model and how the collaboration can resolve those challenges



Speaker: Grahame Grieve (Principal at Health Intersections Pty Ltd)

OMOP Oncology: Paving the Way for Patient-Centric Cancer Care



Speakers: Kim Carter (Data Science Manager, Minderoo Foundation) & **Georgina Kennedy** (Ingham Institute for Applied Medical Research)

Lightning Talks

0:10 – Gusto Data Vault: Laying the Foundations for an Open Science System with OMOP Data Catalogue. **Speaker: Cindy Ho** (Singapore)
4:40 – Establishment of Evidence Sharing Network Through Common Data Model for Chinese Clinical Research: an Overview. **Speaker: Lei Liu** (China)
11:28 – Internationalization Efforts for Real-World Evidence Creation at Core Hospitals for Clinical Research in Japan. **Speaker: Yoshihiro Aoyagi** (Japan)
17:21 – Successes and Challenges of a Multi-State Electronic Medical Record (EMR) to OMOP Conversion Project. **Speaker: Roger Ward** (Australia)
22:54 – The association of short-, medium- and long-term cardiovascular sequelae with COVID-19 infection: a multinational pilot study. **Speaker: Ivan Lam** (Hong Kong)
28:56 – Comparative Risk for Neuropsychiatric Events in Leukotriene Receptor antagonists versus Inhaled Corticosteroids in Children with Asthma. **Speaker: Subin Kim** (Korea)
34:20 – Prediction of Dementia incidence among patients with Type 2 Diabetes. **Speaker: Thanh-Phuc Phan** (Taiwan)

Regional Chapter Panel + Closing Talk

Panel: We have the ingredients, now let's generate evidence!

Panelists: APAC Regional Chapter leads (seated left to right): **Nicole Pratt**, Australia; **Jason Hsu**, Taiwan; **Tatsuo Hiramatsu**, Japan; **Seng Chan You**, Korea; **Lei Liu**, China; **Mengling 'Mornin' Feng**, Singapore.

39:37 – Closing: **Nicole Pratt** and **Patrick Ryan**

Titan Award Nominations Are Open!

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 Global Symposium each year since.

bit.ly/2023TitanNominations

OHDSI Got Talent!

Please join us for the first **OHDSI Got Talent!** competition at our 2023 Global Symposium.

We are looking for anybody with a special talent – singing, dancing, playing an instrument, comedy, magic, etc. – to join us for this fun event in October. Please use the link below to share your interest in participation!

bit.ly/OHDSIGotTalent2023

Global Symposium

Oct. 20-22 • East Brunswick, NJ, USA

Hilton East Brunswick Hotel & Executive Meeting Center

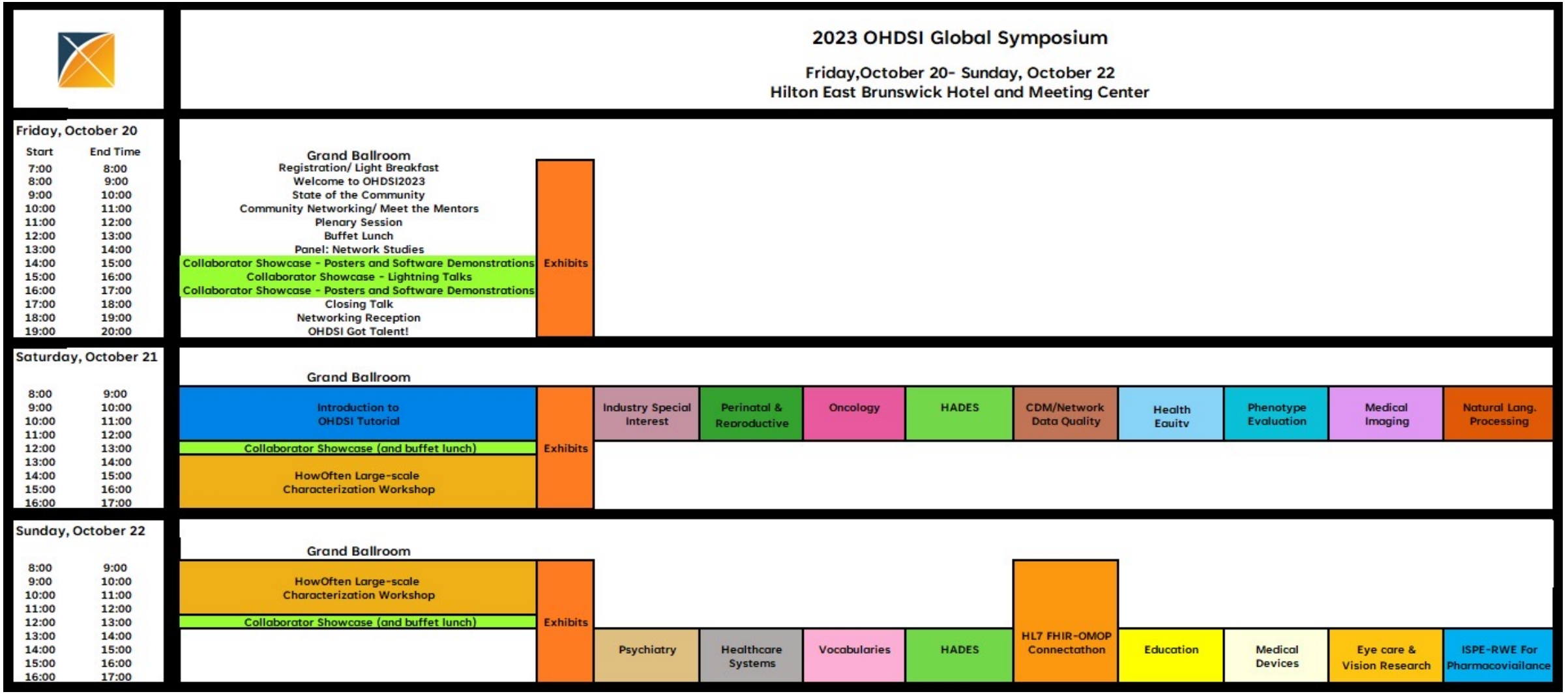
ohdsi.org/OHDSI2023

Global Symposium Weekend Agenda

	Friday, Oct. 20	Saturday, Oct. 21	Sunday, Oct. 22
7:00 am	Registration/Lite Breakfast	Lite Breakfast	Lite Breakfast
8:00 am	Welcome to OHDSI2023!	Intro to OHDSI Tutorial & OHDSI Workgroup Activities	OHDSI collaborative workshop: HowOften (part 2)
9:00 am	State of the Community		
10:00 am	Community Networking		
11:00 am	Plenary Session		
12:00 pm	Buffet Lunch	Buffet Lunch + Collaborator Showcase: Posters & Demos	Buffet Lunch + Collaborator Showcase: Posters & Demos
1:00 pm	Panel: Network Studies	OHDSI collaborative workshop: HowOften (part 1)	OHDSI workgroup activites
2:00 pm	Collaborator Showcase: Lightning Talks		
2:45 pm	Collaborator Showcase: Posters & Demos		
3:30 pm	Collaborator Showcase: Lightning Talks		
4:15 pm	Collaborator Showcase: Posters & Demos		
5:00 pm	Closing Talk & Titan Awards	Free time	We'll see you again in 2024!
6:00 pm	Networking Reception		
7:00 pm	OHDSI Got Talent!		

** this agenda is tentative and subject to change*

Global Symposium



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?

Aug. 29: Update on OHDSI Standardized Vocabularies

Alexander Davydov

Lead of the Vocabulary Team, Odysseus Data Services, Inc.

Anna Ostropolets

Director, Head of the Innovation Lab, Odysseus Data Services, Inc.

Oleg Zhuk

Vocabulary Tech Lead, Odysseus Data Services, Inc.

Christian Reich

Professor of Practice, Northeastern University