#OHDSI2023 Mad Minutes and Final Logistics

OHDSI Community Call

Oct. 17, 2023 • 11 am ET

Upcoming Community Calls

Date	Topic
Oct. 17	Symposium Week! Final Logistics + Mad Minutes
Oct. 24	Welcome to OHDSI
Oct. 31	TBA
Nov. 7	Meet The Titans
Nov. 14	Collaborator Showcase Honorees
Nov. 21	Showcase Software Demos

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congrats to our 2023 Titan Award Nominees!

Alexander Davydov • Aniek Markus • Anna Ostropolets • Anthony Sena • Asieh Golozar • Asiyah Lin • Atif Adam • Azza Shoaibi • Can Yin • Carlos Diaz • Center for Surgical Science team • Christian Reich • Christie Quarles • Chungsoo Kim • Cindy Cai • Clair Blacketer • Clark Evans • Craig Sachson • Cynthia Sung Dana Zakrzewski • Danielle Boyce • Davera Gabriel • Debo Wei • Eleanor Davies • Elisse Katzman • Erica Voss • Evan Minty • Frank DeFalco • Geert Byttebier • Georgina Kennedy • Gowtham Rao • Grahame Grieve • Gregory Klebanov • Gyeol Song • Henrik John • Hugo Vernooij • IQVIA OMOP Productized Analytics • Ismail Gogenur • Jack Brewster • James Brash • James Gilbert • Jared Houghtaling • Jasmine Gratton • Jenna Reps • Jiawei Qian • Jiayi (Jessie) Tong • Jing Li • Joel Swerdel • John Gresh • Katherine Duszynski • Katy Sadowski • Kyle Zollo-Venecek • Kyrylo Simonov • LAISDAR Study Team • Lee Evans • Lydia Liu • Manlik Kwong • Marc Suchard • Marc Twagirumukiza • Marcel de Wilde • Masha Khitrun • Marti Catala • Martijn Schuemie • Martin Lavallee • Marty Alvarez • Meghan Pettine • Mengyuan Shang • Michael Matheny • Michelle Hribar • Milou Brand • Montse Camprubi • Nathan Buesgens • Nathan Hall • Nicole Pratt • Nigel Hughes • Nikolai Grewe • OHDSI Vocabulary Team • Oleg Zhuk • Paul Dougall • Paul Nagy • Polina Talapova • Raivo Kolde • Renske Los • Sally Baxter • Sarah Seager • Stephen Town • Tal El-Hay • Thamir Alshammary • Thomas Falconer • Timur Vakhitov • Varvara Savitskaya • Vipina Keloth • Xiaoyu Lin

Winners will be announced during the #OHDSI2023 Closing Talk!

#OHDSISocialShowcase

ohdsi.org/europe2023-showcase

#OHDSISocialShowcase

MONDAY

Transforming Estonian cancer data to episode table in OMOP

(Marek Oja, Sirli Tamm, Raivo Kolde)

Full overview of patient cancer episodes in Estonia needs combining multiple data sources in OMOP CDM

Title: Transforming Estonian cancer data to episode table in OMOP

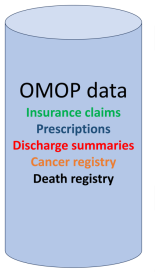
Background: In Estonia, oncology data is scattered across multiple databases. In addition to national claims, prescription and discharge report databases, there are curated registries like the cancer, cancer screening and death registry. Each data source adds a layer of crucial information. Cancer registry details the first-time cancer diagnosis but does not follow up the patient, claims give comprehensive view, but shallow view of the procedures and discharge reports add important detail in unstructured notes. Only by linking all the data sources can we take a comprehensive look at the cancer diagnosis and treatment process. Here we describe extraction of the oncology data for OMOP CDM cancer episodes table from the multiple sources.

Data source

- Estonian Biobank health data (n = 200k)
- Dataset includes:
  - Insurance claims
  - Prescriptions
  - Discharge summaries
  - Cancer registry
  - Death registry
- For this analysis data from 2012 to 2019 was used
- Methodology used converting data to OMOP CDM is described in Oja et. al.

Oja et. al., 2023, medRxiv https://doi.org/10.1101/2023.02.16.23285697

Methods



Disease episodes start – first occurrence of cancer diagnosis according to cancer registry using ICD-O-3 diagnosis code. Further development needed to incorporate ICD-10 codes mapped to SNOMED (Malignant neoplastic disease and descendants) to the algorithm.

ICD-O-3* ICD-10 diagnosis*** TNM code** stage** Gleason score* → Disease Episodes

Coloured * shows the source of the data

	Time lag for collapsing to one episode (days)	Concept logic
Chemotherapy*	60	Chemotherapy (id=4273629) and all descendants (excluding id=4149373)
Radiotherapy*	60	Radiation oncology AND/OR radiotherapy (id=4029715) and all descendants
Cancer surgery*		Define a list of surgeries related to cancer.

Local service codes*, prescribed drugs* → Treatment Episodes

Diagnosis dynamic (progression, remission) in unstructured format. Necessary to extract from text using NLP methods.

Unstructured texts* → Disease Dynamic

All M0 codes defined as "Confined diseases" and M1 codes together with Secondary malignant neoplastic disease as "Metastatic Disease".

TNM M0 and M1 codes** and ICD-10 codes** → Disease Extent

Difficulties encountered

- Source codes are not detailed enough
  - For example insurance claims have code "Prostate chemotherapy". It contains no information about the drug, however according to reimbursement rules it can be Docetaxel or Cabazitaxel therapy.
- Cases in cancer registry are recorded with time lag.
- Cancer registry contains information only about the initial diagnosis and treatment, there is no information about the further treatment path.
- A lot of detailed information about cancer, disease dynamic and extent is available in unstructured format – necessary to use NLP methods.
- Not all source codes are mapped to OMOP yet (e.g. some radiotherapy codes ~10% of events).
- From cancer registry we could use ~60% disease cases where ICD-O-3 was standard in OMOP vocabulary.

Results

Table 1. Preliminary episodes count

	No of episodes	No of persons
Disease (cancer) Episodes	5789	5471
Treatment Episodes		
Chemotherapy	6443	3111
Radiotherapy	3064	2670
Disease Extent	8386	7977

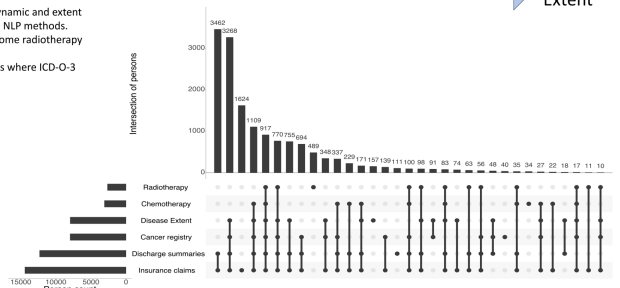


Figure 1. Intersection of persons between different diagnosis sources (cancer registry, discharge summaries and insurance claims) and extracted episodes (radiotherapy, chemotherapy, disease extent).

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Institute of Computer Science, University of Tartu

This work was supported by the Estonian Research Council grants PRG1064 and RITA1/02-96-11, the European Social Fund via IT Academy program, and the European Regional Development Fund (Estonian Center of Excellence EXCITE, TK148).
OPTIMA is funded through the IMI2 Joint Undertaking and is listed under grant agreement No. 101034347. IMI2 receives support from the European Union's Horizon 2020 research and innovation programme and the European Federation of Pharmaceutical Industries and Associations (EFPIA). IMI supports collaborative research projects and builds networks of industrial and academic experts in order to boost pharmaceutical innovation in Europe.
The views communicated within are those of OPTIMA. Neither the IMI nor the European Union, EFPIA, or any Associated Partners are responsible for any use that may be made of the information contained herein.

#OHDSISocialShowcase

TUESDAY

Interoperability through Collaboration: Developing a Global Oncology Standard

(Robert Miller, Asieh Golozar, Georgina Kennedy, Kim W. Carter)

Enabling **diverse contributors** is key to maturing **global oncology standard**

Title: *Interoperability through Collaboration: Developing a Global Oncology Standard*

Background

- The lack of high-quality harmonized data is a **key roadblock to advancing cancer patient care**
- The **absence of an existing comprehensive global interoperable oncology data standard** is a foundational limitation of any large-scale open-science oncology efforts.
- **Currently**, the full breadth and depth of cancer data **cannot be comprehensively represented in OMOP**
- Further effort is needed **developing conventions** and **vocabularies**
- We are leading a **collaborative effort** within the OHDSI community to **expand and mature oncology data representation** in OMOP, emphasizing **international interoperability** and **transparency**

Results

Reworking of the working group processes **received as beneficial**
- Lowered transparency and on-ramp barriers
- More easily allows international contributions
- However, increased visibility and utilization is needed

Community sentiment towards effort **overwhelmingly positive**
- Viewed as worthwhile and impactful
- Many community members willing to contribute time and resources

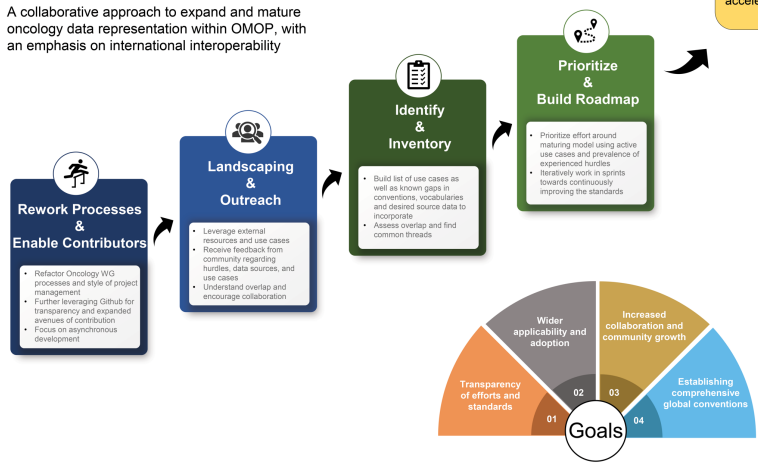
Landscaping & outreach have shown **significant overlap** in:
- Implementation barriers and roadblocks
- Data sources and variables of interest
- Use cases and interest in network research

Once the remaining notable collaborative exercises are completed (July), we are **finalizing the roadmap** and consequently **initiating development**

Methods

A collaborative approach to expand and mature oncology data representation within OMOP, with an emphasis on international interoperability

Philanthropic funding[1] has enabled **a dedicated development sprint** (planned Aug-Dec 2023) to accelerate this collaborative, community effort



Robert Miller[1], Asieh Golozar[2], Georgina Kennedy[3], Kim W. Carter[1]
[1]Minderoo Foundation: Collaborate Against Cancer Initiative; [2]OHDSI Center at the Roux Institute; [3]UNSW, Sydney; [4]Ingham Institute of Applied Medical Research; [5]Maridulu Budyari Gumal (SPHERE) Cancer Clinical Academic Group
Contact: rmiller@minderoo.org

Github.com/OHDSI/OncologyWG

#OHDSISocialShowcase

WEDNESDAY

A method to facilitate rapid stand up of OMOP research tools from validated libraries for RWE research

(Jack Brewster, Eleanor Davies, Sarah Seager)

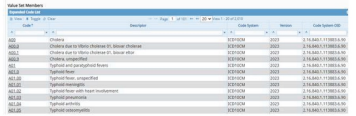
Leverage the strengths of the OMOP ecosystem to import **validated libraries**

Title: A method to facilitate rapid stand up of OMOP research tools from validated libraries for RWE research.

Background: OMOP CDM provides a rich environment for data analysis in a federated network. Many peer reviewed standard code libraries exist in varied vocabularies around the world. This work explores one method for converting existing code libraries into OMOP concepts and research environments programmatically, dramatically reducing the work and domain knowledge requirements on researchers

NIHR Value set authority center is a resource gateway to codesets maintained by expert stewards for a huge range of phenotypes, states and conditions

Stewarded value sets provide robust gold standards for concept sets, but can be many thousand entries long



Methods

1 Leverage OHDSI tools to query the Vocabulary and map the concepts.

2

Convert to concept sets and push into ATLAS ready for use by research.
(The approach holds for cohorts facilitating between instances)

Limitation: This work has been developed from the *excellent* basis of the HADES developers, without which it would not have been possible. For most effective use, this approach/codebase should be implemented alongside initial setup of ATLAS to populate "standard" libraries.

SCAN ME

Jack Brewster, Eleanor Davies, Sarah Seager

IQVIA

#OHDSISocialShowcase

THURSDAY

Development and characterization of a phenotype algorithm to identify Acute Kidney Injury in RWD

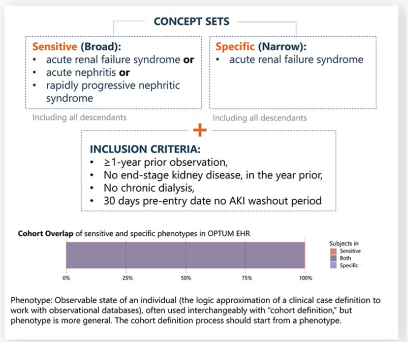
(Marcela Rivera, David Vizcaya, Juan Manuel Ramírez-Anguita, Azza Shoaibi, Gowtham Rao, Angela Leis, Miguel Angel Mayer)

The **acute kidney injury phenotype** can be used as a **cohort definition** to generate **real-world evidence in data sources** with and without lab values

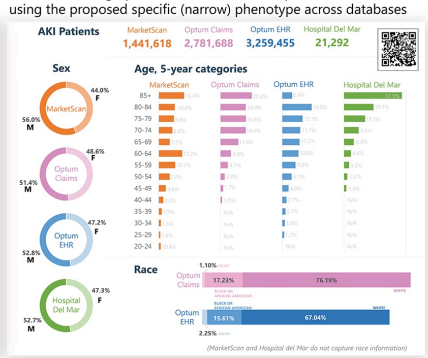
Development and characterization of a phenotype algorithm to identify Acute Kidney Injury in real world data (RWD)

Background: Acute Kidney Injury (AKI) is a common, harmful and potentially treatable disease defined by an abrupt kidney function decrease. Attempts have been made over years to reach consensus on an AKI definition for use in RWD to allow more replicable and reproducible research, but results remain lacking.

Result 1: Proposed phenotypes



Result 2: Demographic characteristics of AKI patients* identified using the proposed specific (narrow) phenotype across databases



Methods

Figure 1. Differential diagnosis of AKI, acute kidney disease (AKD), chronic kidney disease (CKD) & no kidney disease (NKD) [Figure adapted from Kellum** et al. 2012]

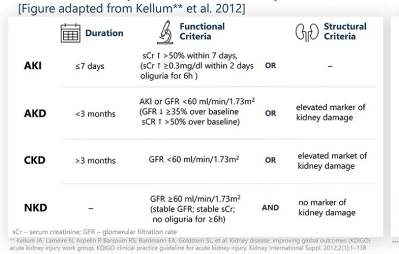
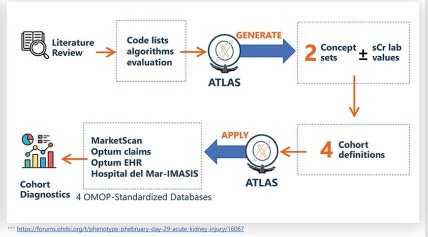


Figure 2. Phenotype development approach***



Limitation: Measurement variations relative to a baseline are not supported as an entry event in ATLAS, thus clinical criteria based on serum creatinine (sCr) variation with respect to a baseline cannot be established in ATLAS cohort definitions without flawed workarounds. Sparsity in the data and lack of standardization of lab measurements units did not allow the use of laboratory values in the proposed phenotypes.

Marcela Rivera[1], David Vizcaya[2], Juan Manuel Ramírez-Anguita[3], Azza Shoaibi[4,5], Gowtham Rao[4,5], Angela Leis[3], Miguel Angel Mayer[3]

[1] Janssen R&D Data Science and Digital Health, Barcelona, Spain; [2] Bayer Pharmaceuticals, Sant Joan Despi, Spain; [3] Parc de Salut Mar, Hospital del Mar Medical Research Institute, Barcelona, Spain; [4] Janssen Research & Development, LLC, 1125 Trenton-Harbourton Road, Titusville, NJ, 08560, USA; [5] Observational Health Data Sciences and Informatics, OHDSI Collaborators, New York, NY, USA

#OHDSISocialShowcase

FRIDAY

Transforming Multimodal Data from Music Therapy Sessions into OMOP CDM Format

(Jared Houghtaling, Katrien Foubert)

Quantifying and harmonizing multimodal data from therapeutic sessions has potential to **improve mechanistic understanding of patient trajectories**; the approach may also be extended to other areas of medicine where acoustic measurements have clinical significance

Title: Transforming Multimodal Data from Music Therapy Sessions into OMOP CDM Format

BACKGROUND: Despite being employed as a therapeutic tool for more than 200 years, music therapy has only recently experienced significant growth; as of 2023, there are now more than 10'000 professional music therapists across 33 European countries, a number which has grown 10-fold in the last several decades [1, 2]. Efforts to record and analyze these therapeutic sessions quantitatively are likewise relatively recent. The nascent body of work that quantifies therapeutic music recordings has demonstrated considerable potential for assisting therapists in their therapeutic assessments, and by extension, assisting patients undergoing therapy [3]. Several factors, however, have hindered research progress on this topic: (1) it necessitates a heavily multidisciplinary approach, drawing from expertise in acoustic signal processing and data science, as well as (neuro)psychological topics and music theory, (2) patient cohorts are often very limited in size (< 100 participants) for a given mental profile and therapeutic approach, and (3) protocols for performance and data collection vary widely, which adds complexity to effective and efficient research collaborations between active research groups.

Figure 1: Harmonization flow: (A) Process signals and extract features. (B) Connect acoustic features with obs. health data. (C) Transform tabular data into OMOP CDM format with custom concepts as needed.

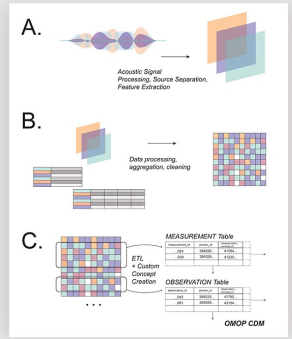


Figure 2: Transforming tabular music therapy data to OMOP CDM format proceeds in three phases, beginning with loading and consolidating the various tables into patient- and therapist-centric staging tables, then populating the various OMOP tables over 6 steps before completing the derived tables and preparing for integration into other OHDSI tooling.

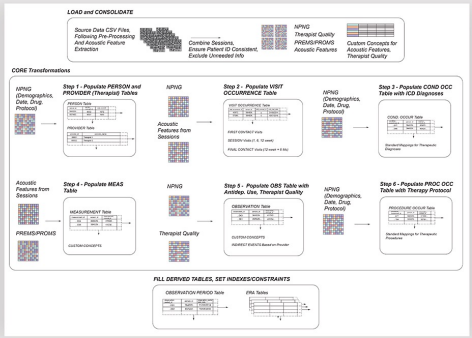


Table 1: Relevant OMOP concepts and counts in the Proof-of-Concept (POC) OMOP dataset

Concept Description	OMOP Domain	Records[a]	Persons[a]
Standard Deviation Abs of Metrical Deviation *	Measurement	260	50
Standard Deviation of Metrical Deviation *	Measurement	260	50
Standard Deviation of Metrical Deviation Early *	Measurement	260	50
Standard Deviation of Metrical Deviation Late *	Measurement	260	50
Mean of Metrical Deviation *	Measurement	260	50
Mean of Metrical Deviation Early *	Measurement	260	50
Mean of Metrical Deviation Late *	Measurement	260	50
Mean Abs of Metrical Deviation *	Measurement	260	50
Number of notes after prune *	Measurement	260	50
Proportion of Notes Late *	Measurement	260	50
Montgomery-Åsberg depression rating scale	Measurement	90	40
Hospital anxiety and depression scale	Measurement	90	40
MOS SF-36: General health score	Measurement	90	40
Global assessment of functioning - 1993 DSMIV adaptation	Measurement	90	40
Music therapy	Procedure	70	70
Depressive disorder	Condition	60	60
Long-term current use of antidepressant medication	Observation	40	40
No evidence of	Observation	40	40
Listening skill exercises	Procedure	40	40
Breathing exercise education	Procedure	40	40
Recurrent depression	Condition	20	20
Therapist plays bourdon consistently [a,b,c]	Observation	20	20
Therapist and patient harmonizing and T ost. P [a,b,c]	Observation	20	20
Therapist and patient harmonizing [a,b,c]	Observation	10	10
Therapist and patient harmonizing, T ost. P and P ost. T [a,b,c]	Observation	10	10

[a] Custom concept defined to capture source-specific information
[b] Translation from Dutch description
[c] Counts rounded to nearest 10
[d] Concepts scored manually based on recording and related to both therapist (here, Provider) and patient

LIMITATIONS AND DISCUSSION: With these data, we have thus far validated prior work describing trends in musical synchronicity between therapists and patients, and the therapeutic outcomes of those patients [4]. One major limitation of this POC dataset is its size; such a limitation hampers our ability to create generalizable models and extract robust insights. The approach, however, represents a first step toward producing larger, standardized datasets collected across diverse patient cohorts during music therapy sessions. We expect to build on this work and establish a federated network of music therapists, both within Europe and beyond, in the coming months. An important motivation for implementing musical features into observational health data in such a network is that unlike verbal interactions, interpersonal musical (and more generally, nonverbal) interactions are largely consistent across national and cultural boundaries [7]. For this reason, we expect that a multicultural and diverse federated network of music therapists would have potential to produce new and exciting insights into the general effects of nonverbal communication and phatic behavior on therapeutic outcomes. Such a network would have potential to improve mechanistic understandings in the music therapy field and could serve as a guideline for other fields where acoustic measurements may have clinical significance, such as linking neurological disorders with speech recordings, or linking heart valve defects with recordings from electronic stethoscopes.

Jared Houghtaling, Katrien Foubert

REFERENCES
[1] Nöcker-Ribaupierre, Monika. "The European Music Therapy Confederation: History and development." Approaches: Music Therapy & Special Music Education, Special Issue 7.1 (2015): 23-29.
[2] https://emtc-eu.com
[3] Agres, Kat R., Katrien Foubert, and Siddarth Sridhar. "Music therapy during COVID-19: Changes to the practice, use of technology, and what to carry forward in the future." Frontiers in Psychology 12 (2021): 647790.
[4] Hartmann, Martin, et al. "Musical interaction in music therapy for depression treatment." Psychology of Music 51.1 (2023): 33-50.
[5] Foubert, Katrien, Tom Collins, and Jos De Backer. "Impaired maintenance of interpersonal synchronization in musical improvisations of patients with borderline personality disorder." Frontiers in Psychology 8 (2017): 537.
[6] Xie, Xiangrui, et al. "Computational Approach to Track Beats in Improvisational Music Performance." 2020 28th European Signal Processing Conference (EUSIPCO). IEEE, 2021.
[7] Hilton, Courtney B., et al. "Acoustic regularities in infant-directed speech and song across cultures." Nature Human Behaviour 6.11 (2022): 1545-1556.

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
Tuesday	1 pm	Common Data Model
Wednesday	11 am	Perinatal & Reproductive Health
Wednesday	12 pm	Health Equity Journal Club
Wednesday	12 pm	HADES
Wednesday	7 pm	Medical Imaging
Thursday	9 am	Medical Devices
Thursday	9 am	OMOP CDM Oncology Vocabulary/Development Subgroup
Thursday	9:30 am	Themis
Monday	10 am	Healthcare Systems Interest Group
Monday	4 pm	Eyecare & Vision Research
Monday	6 pm	OMOP & FHIR
Tuesday	9 am	OMOP CDM Oncology Genomic Subgroup
Tuesday	10 am	Registry

OHDSI HADES releases: SqlRender 1.16.1

SqlRender 1.16.1 | Reference | Articles | SqlDeveloper | Changelog | HADES

SqlRender

R-CMD-check passing | codecov 81% | CRAN 1.16.1 | downloads 6551/month

SqlRender is part of HADES.

Introduction

This is an R package for rendering parameterized SQL, and translating it to different SQL dialects. SqlRender can also be used as a stand-alone Java library and a command-line executable.

Features

- Supports a simple markup syntax for making SQL parameterized, and renders parameterized SQL (containing the markup syntax) to executable SQL
- The syntax supports defining default parameter values
- The syntax supports if-then-else structures
- Has functions for translating SQL from one dialect (Microsoft SQL Server) to other dialects (Oracle, PostgreSQL, Amazon RedShift, Impala, IBM Netezza, Google BigQuery, Microsoft PDW, Snowflake, Azure Synapse, Apache Spark and SQLite)
- Can be used as R package, Java library, or as stand-alone executable through a command-line interface

Links

View on CRAN

Browse source code

Report a bug

Ask a question

License

Apache License 2.0

Citation

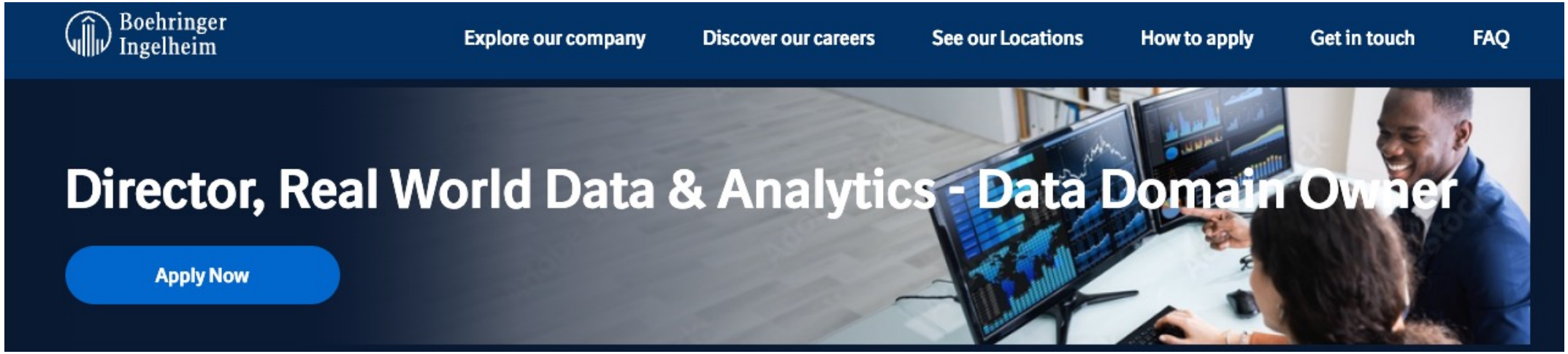
Citing SqlRender

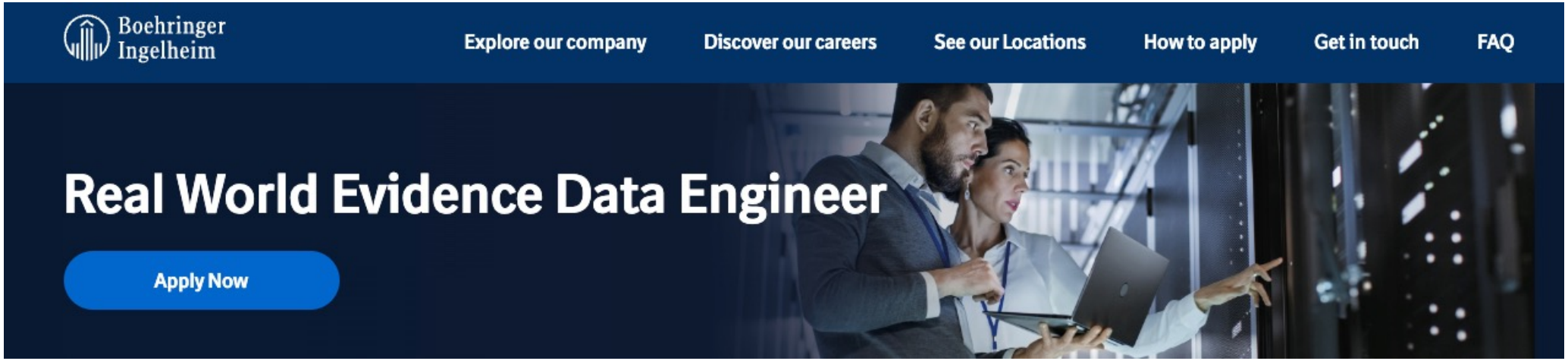
Developers

Martijn Schuemie
Author, maintainer

Marc Suchard
Author

Openings at Boehringer Ingelheim





Opening: Postdoctoral Associate/Data Analyst

Job Announcement: Postdoctoral Associate/Data Analyst - LEGEND Hypertension Project

Position: Postdoctoral Associate/Data Analyst

Organization: Yale University, School of Medicine

Location: 195 Church Street, 5th floor, New Haven, CT, 06510

Application Deadline: Rolling basis

Job Description:

We are seeking a talented and dedicated Postdoctoral Associate/Data Analyst to join our dynamic team. In this role, you will play a pivotal part in advancing our mission of improving health outcomes through data-driven research. You will have the opportunity to work with diverse healthcare datasets, develop innovative analytical methods, and collaborate with experts in the field.

The Postdoctoral Associate/Data Analyst should possess significant experience in R and Rstudio, with specific expertise in database management using PostgreSQL—critical requirements within the OHDSI network. Your responsibilities will include assisting the Principal Investigator (Dr. Yuan Lu from Yale University) and Co-Investigator (Drs. Marc Suchard from UCLA) in creating the analytic tool stack and performing related analyses.

Key Responsibilities:

- Collaborate with multidisciplinary teams to design and execute data analysis projects.
- Develop and implement statistical and machine learning models for healthcare data.
- Perform data extraction and preprocessing tasks to prepare datasets for analysis.
- Conduct exploratory data analysis and visualization to extract insights from healthcare data.
- Assist in the development and maintenance of OHDSI's open-source tools and resources.
- Communicate findings and insights through reports, presentations, and publications.
- Stay up-to-date with the latest advancements in data science and healthcare informatics.

Email: y.lu@yale.edu

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?

Global Symposium

Oct. 20-22 • East Brunswick, NJ, USA

Hilton East Brunswick Hotel & Executive Meeting Center

bit.ly/OHDSI2023Registration

Global Symposium Conference Agenda

Agenda • Friday, Oct. 20

Time	Topic
7:30 - 8:30 am East Brunswick Room + Grand Ballroom Foyer	Symposium Registration, Lite Breakfast Buffet, All-Day Exhibits * First-timers can meet for a quick orientation session at 7:45 am in Piscataway/Woodbridge (will conclude before the start of the first talk)
8:30 - 9:30 am Grand Ballroom	State of the Community OHDSI: Where have we been? Where are we going? George Hripcsak, Columbia Univ. Community Highlights: • OMOP CDM users and the OHDSI data network Clair Blacketer, Johnson & Johnson • OHDSI standardized vocabularies Alexander Davydov, Odysseus Data Services • OHDSI's open-source community Katy Sadowski, Boehringer Ingelheim • OHDSI Europe 2024 Peter Rijnbeek, Erasmus MC • OHDSI Asia-Pacific 2024 Mengling Feng, National Univ. of Singapore
9:30 - 10:30 am Grand Ballroom	OHDSI Community Networking Moderators: • Faaizah Arshad, Univ. of California-Los Angeles • Cynthia Sung, Duke-NUS Medical School
10:30 am - 12:00 pm Grand Ballroom	Plenary: Improving the reliability and scale of case validation Presenters: • Patrick Ryan, Johnson & Johnson, Columbia Univ. • Anna Ostropolets, Odysseus Data Services • Martijn Schuemie, Johnson & Johnson, Univ. of California-Los Angeles
12:00 pm - 1:00 pm Grand Ballroom Foyer	Buffet Lunch

All events take place at the Grand Ballroom Level • Exhibits will be available throughout the day

Time	Topic
1:00 pm - 2:00 pm Grand Ballroom	Panel: Lessons learned from OHDSI network studies Presenters: • Insights from LEGEND-T2DM Marc Suchard, Univ. of California-Los Angeles • Intravitreal anti-VEGF and risk of kidney failure: A Sisyphus Challenge Study Cindy X Cai, Johns Hopkins Univ. • Fluoroquinolones and the risk of aortic aneurysm: A Sisyphus Challenge study Seng Chan You, Yonsei Univ. • Lessons learned applying the Strategus framework across the OHDSI network Anthony Sena, Johnson & Johnson Moderator: Sarah Seager, IQVIA
2:00 pm - 2:45 pm Grand Ballroom	Collaborator Showcase, Lightning Talk Session #1: Data Standards and Methods Research • Mapping of Critical Care EHR Flowsheet data to the OMOP CDM via SSSOM Polina Talapova, SciForce • Paving the way to estimate daily dose in OMOP CDM for Drug Utilisation Studies in DARWIN EU® Theresa Burkard, Univ. of Oxford • Generating Synthetic Electronic Health Records in OMOP using GPT Chao Pang, Columbia Univ. • Comparing concepts extracted from clinical Dutch text to conditions in the structured data Tom Seinen, Erasmus MC • Finding a constrained number of predictor phenotypes for multiple outcome prediction Jenna Reps, Johnson & Johnson Moderator: Davera Gabriel, Johns Hopkins University
2:45 - 3:30 pm Grand Ballroom	Collaborator Showcase, Poster / Demo Session #1 Poster walk leads: • Data standards: Mui Van Zandt, IQVIA • Methods research: Christophe Lambert, Univ. of New Mexico • Open-source development: Paul Nagy, Johns Hopkins Univ. • Clinical applications: Kristin Kostka, Northeastern University

Time	Topic
3:30 pm - 4:15 pm Grand Ballroom	Collaborator Showcase, Lightning Talk Session #2: Methods Research and Clinical Applications • Synthesizing Evidence for Rare Events: a Novel Zero-Inflated Bivariate Model to Integrate Studies with Double-Zero Outcomes Lu Li, Univ. of Pennsylvania • Active Safety Surveillance Using Real-world Evidence (ASSURE): An application of the Strategus package Kevin Haynes, Johnson & Johnson • Patient's outcomes after endoscopic retrograde cholangiopancreatography (ERCP) using reprocessed duodenoscope accessories: a descriptive study using real-world data Jessica Maruyama, Precision Data • Does COVID-19 Increase Racial/Ethnic Differences in Prevalence of Post-acute Sequelae of SARS-CoV-2 infection (PASC) in Children and Adolescents? An EHR-Based Cohort from the RECOVER Program Bingyu Zhang, Univ. of Pennsylvania • Eye Care and Vision Research Workgroup: First Year Update Michelle Hribar, National Institutes of Health – National Eye Institute Moderator: Atif Adam, IQVIA
4:15 - 5:00 pm Grand Ballroom	Collaborator Showcase, Poster / Demo Session #2 Poster walk leads: • Data standards: Melanie Philofsky, Odysseus Data Services • Methods research: Andrew Williams, Tufts Univ. • Open-source development: Nsikak Akpakpan, Accenture • Clinical applications: Hanieh Razzaghi, Childrens Hospital of Pennsylvania
5:00 pm - 6:00 pm Grand Ballroom	Closing session: Scaling community, scaling collaboration • Titan Awards • Group Photo Presenter Patrick Ryan, Johnson & Johnson, Columbia Univ.
6:00 pm - 7:00 pm East Brunswick Room Grand Ballroom Foyer	Networking Reception and Exhibits
7:00 pm - 8:00 pm Grand Ballroom	OHDSI Got Talent!

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Register

Global Symposium Conference Agenda

Agenda • Saturday, Oct. 21

Time	Topic
7:00 - 8:00 am Grand Ballroom Foyer	Lite Breakfast Buffet, All-Day Exhibits
8:00 am - 12:00 pm Various rooms	Introduction to OHDSI Tutorial Common Data Model/Network Data Quality WG Meeting Health Analytics Data-to-Evidence Suite (HADES) Hackathon Health EquityWG Meeting Medical Imaging WG Meeting Natural Language Processing WG Meeting OHDSI Industry WG Kickoff Meeting Oncology WG Meeting Phenotype Development & Evaluation WG Meeting Pregnancy and Reproductive Health Group (PRHeG) WG Meeting
12:00 - 1:00 pm Ballroom Foyer/ Ballroom	Lunch Buffet, Collaborator Showcase, All-Day Exhibits
1:00 pm - 5:00 pm Grand Ballroom	HowOften Large-Scale Characterization Workshop
5:00 pm	Free Time

Agenda • Sunday, Oct. 22

Time	Topic
7:00 - 8:00 am Grand Ballroom Foyer	Lite Breakfast Buffet, All-Day Exhibits
8:00 am - 12:00 pm Grand Ballroom/ Room TBA	HowOften Large-Scale Characterization Workshop HL7 FHIR-OMOP Connectathon
12:00 - 1:00 pm Ballroom Foyer/ Ballroom	Lunch Buffet, Collaborator Showcase, All-Day Exhibits
1:00 pm - 5:00 pm Various Rooms	Africa Chapter Workshop Eye Care & Vision Research WG Meeting Health Analytics Data-to-Evidence Suite (HADES) Hackathon Healthcare Systems Interest Group (HSIG) WG Meeting HL7 FHIR-OMOP Connectathon ISPE RWE for Pharmacovigilance Medical Devices WG Meeting Psychiatry WG Meeting Vocabulary WG Meeting Latin America WG Meeting
5:00 pm	Symposium Closing

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Register

Welcome, 1st-Time Attendees!

All OHDSI first-time attendees are welcome to attend an orientation on Friday at 7:45 am within the Woodbridge/ Piscataway room. **Paul Nagy**, a 2022 Titan honoree for community leadership, will lead this session.

OHDSI

1st Time Attendees

ohdsi.org/ohdsi2023

Register

Symposium Logistics

- Wednesday email, link for weekend documents

ohdsi.org/ohdsi2023

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- Thursday pre-registration: 6-8 pm, East Brunswick Room

ohdsi.org/ohdsi2023

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- Look for emails from **symposium@ohdsi.org**!

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Register

Mad Minutes

Presenter	Poster/Demo #	Title
Dmytry Dymshyts	13	Transforming the Optum® Enriched Oncology module to OMOP CDM
Andrew Kanter	36	Open-Source Tools and Terminology to Increase Representativeness in OHDSI Data
Vishnu Vardhan Chandrabalan	20	Implementing the OMOP CDM using dbt
Justin Manjourides	331	Harnessing OHDSI's Framework for a Global Real World Evidence Masters Degree Program
John Gresh	216	OHDSI on Databricks: A Complete Guide to Implementing OHDSI on Databricks
Guy Livne	319	Large variety Country size RWD data-lake
Jen Park	6	Development of Medical Imaging Data Standardization for Imaging-Based Observational Research: OMOP Common Data Model Extension
Duwayne Willett	10	“OMOP Anywhere”: Daily Updates from EHR Data Leveraging Epic’s Native Tools
Theresa Burkard	30	A new route of administration hierarchy derived from dose forms supporting standardised drug dose calculations

Mad Minutes

Presenter	Poster/Demo #	Title
Theresa Burkard	31	Developing a perinatal expansion for the OMOP common data model
Joel Swerdel	112	Examining differential measurement error due to race, age, and sex in mental health disorders using PheValuator
Melanie Philofsky	25	Make Your Tools Work for You: Customizing the Data Quality Dashboard to Identify Changes in Source Data
Mateus de Lima Freitas	12	Challenges and opportunities in adopting OMOP-CDM in Brazilian healthcare: a report from Hospital Israelita Albert Einstein
Polina Talapova	501	Mapping of Critical Care EHR Flowsheet data to the OMOP CDM via SSSOM
Polina Talapova	24	Jackalope Plus: AI-Enhanced Solution for Mapping Unmappable Concepts
Polina Talapova	11	A Toxin Vocabulary for the OMOP CDM