Asia-Pacific (APAC) Regional Updates

OHDSI Community Call
July 29, 2025 • 11 am ET

Jamie Weaver: 1981-2025

Upcoming Community Calls

Date	Topic
July 29	Asia-Pacific Regional Updates
Aug. 5	No Meeting
Aug. 12	Newcomer Introductions
Aug. 19	Jamie Weaver Tribute
Aug. 26	Large-Language Model Innovations in OHDSI
Sept. 2	Standardized Vocabulary Summer Refresh Update
Sept. 9	Global Symposium Preview

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to the team of **Samuel Trezena, Daniella Reis Barbosa Martelli, Paulo Rogério Ferreti Bonan, Edgard Graner, Lívia Maria Ferreira Sobrinho, Faizan Alawi, Ricardo D Coletta, and Hercílio Martelli-Júnior** on the publication of **Knowledge and attitudes about rare genetic diseases among practitioners of oral medicine/pathology in Brazil: a cross-sectional study** in *Frontiers in Oral Health.*

frontiers | Frontiers in Oral Health

TYPE Original Research
PUBLISHED 07 July 2025
DOI 10.3389/froh.2025.1573355

Check for updates

OPEN ACCESS

EDITED BY
Ziqing Ye,
University of Exeter, United Kingdom

REVIEWED BY
Caio Cesar da Silva Barros,
University of Michigan, United States
Domenico De Falco,
University of Bari Aldo Moro, Italy

*CORRESPONDENCE
Samuel Trezena
samueltrezena@gmail.com

RECEIVED 08 February 2025
ACCEPTED 18 June 2025
PUBLISHED 07 July 2025

CITATION
Trezena S, Martelli DRB, Bonan PRF, Graner E, Sobrinho LMF, Alawi F, Coletta RD and Martelli-Júnior H (2025) Knowledge and attitudes about rare genetic diseases among practitioners of oral medicine/pathology in Brazil: a cross-sectional study.
Front. Oral Health 6:1573355.
doi: 10.3389/froh.2025.1573355

Knowledge and attitudes about rare genetic diseases among practitioners of oral medicine/ pathology in Brazil: a cross-sectional study

Samuel Trezena[1,2*], Daniella Reis Barbosa Martelli[1], Paulo Rogério Ferreti Bonan[3], Edgard Graner[4], Lívia Maria Ferreira Sobrinho[5], Faizan Alawi[6], Ricardo D. Coletta[4] and Hercílio Martelli-Júnior[1,2,4]

[1]Department of Dentistry, Center of Health and Biological Sciences, State University of Montes Claros—Unimontes, Montes Claros, Brazil, [2]Postgraduate Program in Health Sciences, Montes Claros State University—Unimontes, Montes Claros, Brazil, [3]Department of Clinical and Social Dentistry, Health Sciences Center, Federal University of Paraíba—UFPB, João Pessoa, Brazil, [4]Department of Oral Diagnosis, Faculty of Dentistry of Piracicaba, State University of Campinas—Unicamp, Piracicaba, Brazil, [5]Porto Alegre Clinical Hospital, Research and Postgraduate Group, Porto Alegre Clinical Hospital, Porto Alegre, Brazil, [6]Department of Basic & Translational Sciences, University of Pennsylvania, Penn School of Dental Medicine, Philadelphia, PA, United States

Introduction: This study aimed to analyze the knowledge and attitudes of Brazilian Oral Medicine and Pathology (OM/OP) specialists about genetic diseases.
Methods: A cross-sectional and descriptive study was conducted with Brazilian OM/OP specialists, using a pre-structured online formulary. Statistical analyses were performed using Statistical Package for the Social Sciences (SPSS®). The questionnaire was sent to 273 specialists, members of the Brazilian Society of Stomatology and Oral Pathology (SOBEP).
Results: A total of 58 (21.2%) OM/OP specialists responded to the questionnaire. Most of the participants (67.2%) have declared attending theoretical courses on diagnosing and genetic testing for genetic diseases. Furthermore, 79.3% of participants reported that there are barriers to integration between the fields of Medical Genetics and OM/OP. Longer time working as a PhD was associated with knowledge of lesions predictive of genetic diseases ($P < 0.05$). Dental abnormalities and the presence of tumors, along with Gorlin-Goltz (nevoid basal cell carcinoma syndrome) and Gardner syndromes and neurofibromatosis, were the most frequently reported conditions and recalled by the responders of the survey.
Conclusions: There is limited integration between Medical Genetics and OM/OP. However, there is considerable knowledge about oral manifestations as indicators of genetic diseases among OM/OP experts.

OHDSI Shoutouts!

Congratulations to the team of **Aasiyah Rashan, Daniel P Püttmann, Nicolette F de Keizer, Dave A Dongelmans, Ronald Cornet, Otavio Ranzani, Wangari Waweru-Siika, Matthew Smith, Steve Harris, Abi Beane, Ferishta Bakhshi-Raiez; Collaboration for Research, Implementation and Training in Critical Care—Asia and Africa Investigators, and the Dutch National Intensive Care Registry** on the publication of **Using the Observational Medical Outcomes Partnership Common Data Model for a multi-registry intensive care unit benchmarking federated analysis: lessons learned** in *JAMIA Open*.

JAMIA Open, 2025, **8(4)**, ooaf052
https://doi.org/10.1093/jamiaopen/ooaf052
Research and Applications

Research and Applications

Using the Observational Medical Outcomes Partnership Common Data Model for a multi-registry intensive care unit benchmarking federated analysis: lessons learned

Aasiyah Rashan, MRes*[,1], Daniel P. Püttmann, MSc[2,3,4], Nicolette F. de Keizer, PhD[2,3,4], Dave A. Dongelmans, MD, PhD[3,5], Ronald Cornet, PhD[2,6], Otavio Ranzani, PhD[7,8], Wangari Waweru-Siika, MMed[9], Matthew Smith, PhD[10], Steve Harris, PhD[1], Abi Beane, PhD[11], Ferishta Bakhshi-Raiez, PhD[2,3,4], for the Collaboration for Research, Implementation and Training in Critical Care—Asia and Africa Investigators, and the Dutch National Intensive Care Registry

[1]Institute of Health Informatics, University College London, London WC1E 6BT, United Kingdom, [2]Department of Medical Informatics, Amsterdam Public Health Institute, Amsterdam UMC, University of Amsterdam, Amsterdam 1105 AZ, The Netherlands, [3]National Intensive Care Evaluation (NICE) Foundation, Amsterdam 1105 AZ, The Netherlands, [4]Quality of Care, Amsterdam Public Health Institute, Amsterdam 1105 AZ, The Netherlands, [5]Department of Intensive Care, Amsterdam University Medical Centers Location Academic Medical Center, Amsterdam 1105 AZ, The Netherlands, [6]Digital Health, Amsterdam Public Health Institute, Amsterdam 1105 AZ, The Netherlands, [7]Barcelona Institute for Global Health, ISGlobal, 08036 Barcelona, Spain, [8]DataHealth Lab, Institut de Recerca Sant Pau (IR SANT PAU), 08041 Barcelona, Spain, [9]Department of Anaesthesia, Aga Khan University, Nairobi 30270-00100, Kenya, [10]Department of Medical Statistics, London School of Hygiene and Tropical Medicine, London WC1E 7HT, United Kingdom, [11]Pandemic Science Hub, Institute of Regeneration and Repair, University of Edinburgh, Edinburgh EH16 4UU, United Kingdom,

*Corresponding author: Aasiyah Rashan, MRes, Institute of Health Informatics, University College London, Gower Street, London WC1E 6BT, United Kingdom (aasiyah@nicslk.com)

A. Rashan and D.P. Püttmann are joint first authors of this work.

Abstract

Objective: Federated analysis is a method that allows data analysis to be performed on similar datasets without exchanging any data, thus facilitating international research collaboration while adhering to strict privacy laws. This study aimed to evaluate the feasibility of using federated analysis to benchmark mortality in 2 critical care quality registry databases converted to the Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM), describing challenges to and recommendations for performing federated analysis on data transformed to OMOP CDM.

Materials and Methods: To identify as many challenges as possible and to be able to complete the benchmarking phase, a 2-step approach was taken during implementation. The first step was a naive implementation to allow challenges to surface naturally; the second step was developing solutions for the encountered challenges. Expected patient mortality risk was calculated by applying the Acute Physiology and Chronic Health Evaluation II (APACHE II) model to data from OMOP CDM databases containing adult ICU encounters between July 1, 2019 and December 31, 2022. An analysis script was developed to calculate comparable, registry level standardized mortality ratios. Challenges were recorded and categorized into predefined categories: "data preparation," "data analysis plan," and "data interpretation." Challenges specific to the OMOP CDM were further categorized using published steps from an existing generic harmonization process.

Results: A total of 7 challenges were identified, 4 of which were related to data preparation, 1 to data analysis, and 1 to data interpretation. Out of all 7 challenges, 4 stemmed from decisions made during the implementation of OMOP CDM. Several recommended solutions were distilled from the naive approach.

Discussion: Federated analysis facilitated by a CDM is a feasible option for critical care quality registries. However, future analysis is influenced by decisions made during the CDM implementation process. Thus, prior publication of data dictionaries and the use of metadata to communicate data handling and data source classification during CDM implementation will improve the efficiency and accuracy of subsequent analysis.

OHDSI Shoutouts!

Congratulations to the team of **Clair Blacketer, Frank J DeFalco, Mitchell M Conover, Patrick B Ryan, Martijn J Schuemie, and Peter R Rijnbeek** on the publication of **Evaluation of the impact of defining observable time in real-world data on outcome incidence** in *JAMIA.*

Journal of the American Medical Informatics Association, 2025, 1–11
https://doi.org/10.1093/jamia/ocaf119
Research and Applications

AMIA OXFORD

Research and Applications

Evaluation of the impact of defining observable time in real-world data on outcome incidence

Clair Blacketer, MPH*[1,2,3], Frank J. DeFalco, BA[1,3], Mitchell M. Conover, PhD[1,3], Patrick B. Ryan, PhD[1,3,4], Martijn J. Schuemie, PhD[1,5], Peter R. Rijnbeek, PhD[1,2]

[1]Coordinating Center, Observational Health Data Sciences and Informatics (OHDSI), New York, NY, 10032, United States, [2]Department of Medical Informatics, Erasmus University Medical Center, Rotterdam, NL, 3015 GD, United States, [3]Johnson & Johnson, Raritan, NJ, 08869, United States, [4]Department of Biomedical Informatics, Columbia University, New York, NY, 10032, United States, [5]Department of Biostatistics, University of California, Los Angeles, Los Angeles, CA, 90095, United States

*Corresponding author: Clair Blacketer, MPH, Observational Health Data Analytics, Johnson & Johnson, 920 US Route 202, Raritan, NJ 08869, United States (mblacke@its.jnj.com)

Abstract

Objective: In real-world data (RWD), defining the observation period—the time during which a patient is considered observable—is critical for estimating incidence rates (IRs) and other outcomes. Yet, in the absence of explicit enrollment information, this period must often be inferred, introducing potential bias.

Materials and Methods: This study evaluates methods for defining observation periods and their impact on IR estimates across multiple database types. We applied 3 methods for defining observation periods: (1) a persistence + surveillance window approach, (2) an age- and gender-adjusted method based on time between healthcare events, and (3) the min/max method. These were tested across 11 RWD databases, including both enrollment-based and encounter-based sources. Enrollment time was used as the reference standard in eligible databases. To assess the impact on epidemiologic results, we replicated a prior study of adverse event incidence, comparing IRs and calculating mean squared error between methods.

Results: Incidence rates decreased as observation periods lengthened, driven by increases in the person-time denominator. The persistence + surveillance method produced estimates closest to enrollment-based rates when appropriately balanced. The min/max approach yielded inconsistent results, particularly in encounter-based databases, with greater error observed in databases with longer time spans.

Discussion: These findings suggest that assumptions about data completeness and population observability significantly affect incidence estimates. Observation period definitions substantially influence outcome measurement in RWD studies.

Conclusion: Standardized, transparent approaches are necessary to ensure valid, reproducible results—especially in databases lacking defined enrollment.

Key words: observation period; real-world data; incidence rates; data standardization; data quality.

OHDSI Shoutouts!

Congratulations to the team of **Vinícius João de Barros Vanzin, Dilvan de Abreu Moreira, Ricardo Marcondes Marcacini** on the publication of **LLM-based approaches for automated vocabulary mapping between SIGTAP and OMOP CDM concepts** in *Artificial Intelligence in Medicine*.

ELSEVIER

Artificial Intelligence in Medicine

Volume 168, October 2025, 103204

LLM-based approaches for automated vocabulary mapping between SIGTAP and OMOP CDM concepts

Vinícius João de Barros Vanzin, Dilvan de Abreu Moreira, Ricardo Marcondes Marcacini

Show more

Add to Mendeley Share Cite

https://doi.org/10.1016/j.artmed.2025.103204 Get rights and content

Highlights

- Terminology mapping improves information exchange among medical systems.
- LLM-based approaches map Brazilian medical terms to international concepts.
- Semantic similarity aids in connecting medical terms effectively.
- Experimental results reveal promising accuracy, with superior LLM agent performance.
- LLM-based methods decrease manual effort, enabling focus on challenging cases.

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

Upcoming Workgroup Calls

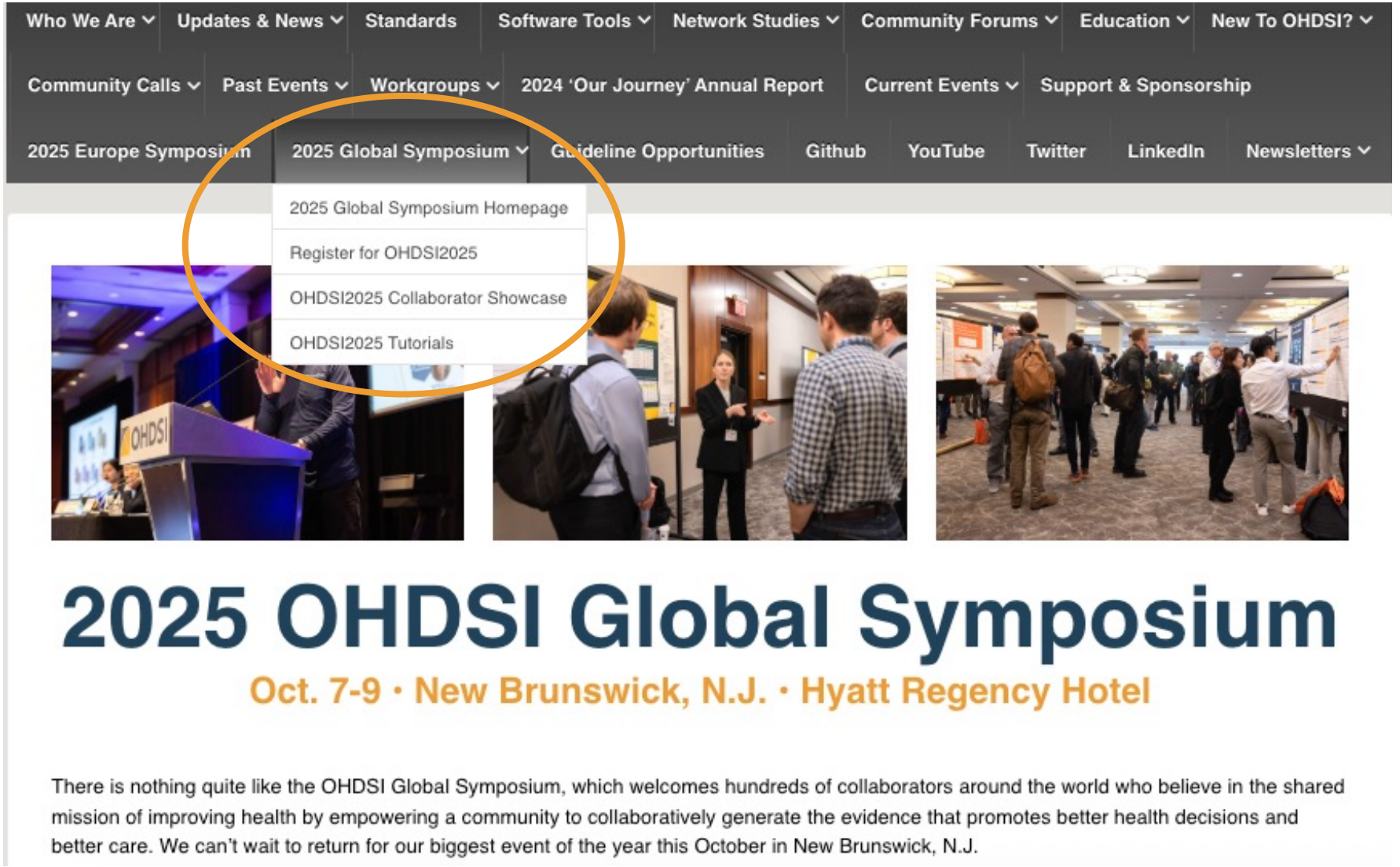
Date	Time (ET)	Meeting
Tuesday	12 pm	ATLAS
Wednesday	10 am	Surgery and Perioperative Medicine
Wednesday	10 am	Women of OHDSI
Friday	10 am	GIS—Geographic Information System
Friday	11:30 am	Steering
Monday	9 am	Vaccine Vocabulary
Monday	10 am	Africa Chapter
Monday	10 am	Getting Started Subgroup
Tuesday	9:30 am	CDM Survey

2025 UK Symposium

The 2025 OHDSI UK Symposium will be held Sept. 26 in London.

Registration is now open!

Global Symposium: Oct. 7-9



Africa Symposium: Nov. 10-12

Who We Are | Updates & News | Standards | Software Tools | Network Studies | Community Forums | Education | New To OHDSI?

Community Calls | Past Events | Workgroups | 2024 Our Journey' Annual Report | Current Events | Support & Sponsorship

2025 Europe Symposium | 2025 Global Symposium | 2025 Africa Symposium | GitHub | YouTube | Twitter | LinkedIn | Newsletters

Join Us At The Inaugural OHDSI Africa Symposium

Nov. 10-12, 2025 · Joint Clinical Research Centre (JCRC) & Mestil Hotel Kampala




The inaugural OHDSI Africa Symposium will be held in Kampala at the Joint Clinical Research Centre (JCRC) and Mestil Hotel. Our community is delighted to introduce a new face-to-face opportunity in Africa, where OHDSI is growing at an exciting pace. We hope you will join us for this historical moment.

The first OHDSI Africa symposium will be hosted by JCRC and will begin with a dedicated one-day training course at JCRC, followed by a two-day main conference at Mestil hotel. Below are some important dates for you to save to your calendar:

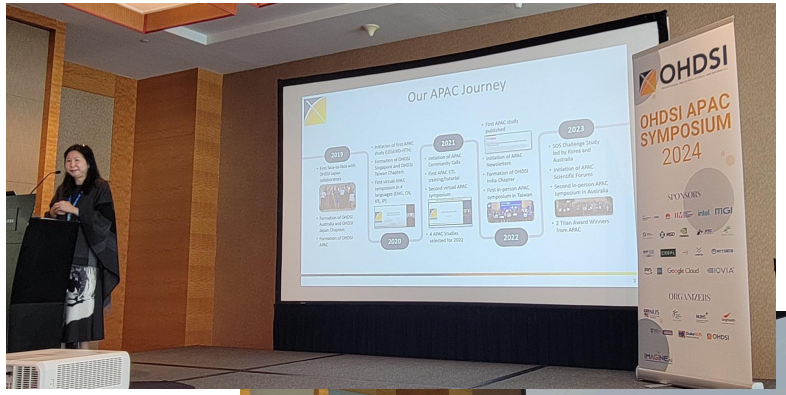
Collaborator Showcase
- Submissions deadline: September 10
- Submissions review: September 11-30
- Notification of acceptance: October 5

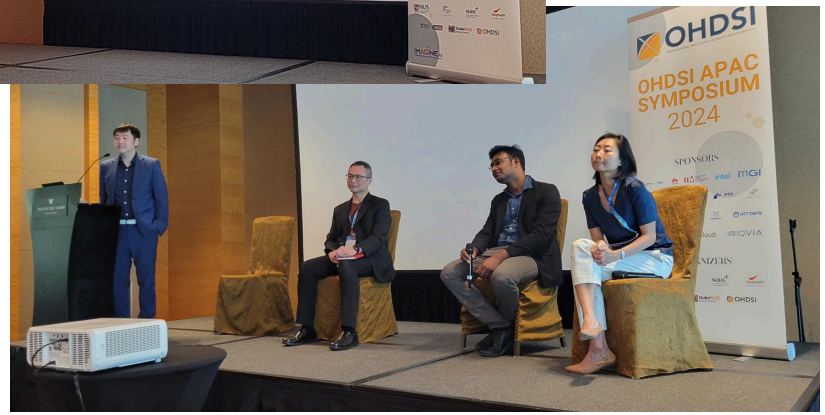
Symposium
- Tutorial: November 10 at JCRC
- Main conference: November 11-12 at Mestil Hotel

Register Me for the 2025 OHDSI Africa Symposium!

2025 APAC Symposium

The 2025 OHDSI APAC Symposium will be held Dec. 6-7 in Shanghai, China.





Information on registration and abstract deadline will be posted when available.

The Center for Advanced Healthcare Research Informatics (CAHRI) at Tufts Medicine welcomes:

Tiffany Callahan, PhD

Senior Machine Learning Research Scientist at SandboxAQ

'Agentic Mixture-of-Workflows for Multi-Modal Chemical Search'

July 31, 2025, 11am-12pm EDT

Virtually via Zoom

Please contact Marty Alvarez at malvarez2@tuftsmedicalcenter.org for calendar invite or questions.

TuftsMedicine
Tufts Medical Center

#OHDSISocialShowcase This Week

Monday

Comparative Analysis of the Natural History and Outcomes of Early-Onset and Late-Onset Colorectal Cancer

(Rita Rb-Silva, Danielle Newby, Catarina Alves Rodrigues,Yomi Okegunna, Ping Wu, Audrius Dulskas, Linnea Schumann)

Insights into **age-specific treatment responses** in patients with **colorectal cancer** may inform future clinical guidelines and **optimize therapeutic decision-making.**

Comparative Analysis of the Natural History and Outcomes of Early-Onset and Late-Onset Colorectal Cancer

Background:

- Colorectal cancer (CRC) is the 3rd most commonly diagnosed cancer and the 2nd leading cause of cancer-related death worldwide.
- Early-onset CRC (EOCRC), diagnosed before age 50, is rising rapidly.
- By 2030, EOCRC could account for 1 in 4 rectal cancers and 10% of colon cancers.
- EOCRC may involve more aggressive tumor biology compared to late-onset CRC (LOCRC), but outcomes remain poorly defined.
- There is an urgent need for real-world evidence (RWE) to inform age-specific management strategies.

Figure 1: Inclusion Criteria

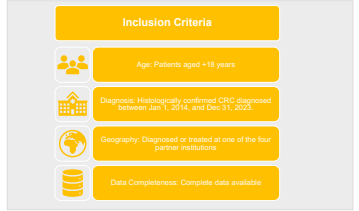
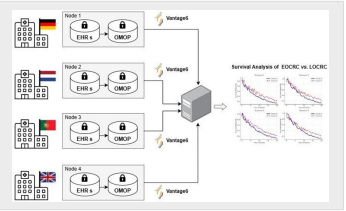


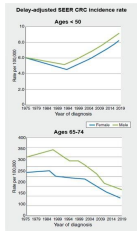
Figure 2: Federated Analysis of Data from 4 European Centers



Methods

1. Retrospective CRC-patient cohort, federated data analysis using Vantage6
2. Data from 4 European partner institutions (GER, NL, UK, PT)
3. Patients aged 18+ years diagnosed with histologically confirmed colorectal cancer between 2014 and 2023
4. **Primary objectives:**
   1. Definition of clinical phenotypes
   2. Characterization and comparison of treatment patters for EOCRC vs. LOCRC
   3. Assessment of survival outcomes
5. **Secondary objectives:**
   1. Sepsis incidence analysis
   2. Treatment response analysis

Figure 3: Trend in SEER CRC age-adjusted incidence rates, 1975–2019. (Adapted from Cancer Discov. 2023;13(3):538–551)



Expected Results: The analysis will describe clinical patterns and survival outcomes in patients with early-onset and late-onset colorectal cancer. It will compare treatment strategies between both groups and examine the incidence of sepsis across the cohorts.

OHDSI

Rita Rb-Silva, Danielle Newby, Catarina Alves Rodrigues, Yomi Okegunna, Ping Wu, Audrius Dulskas, Linnea Schumann

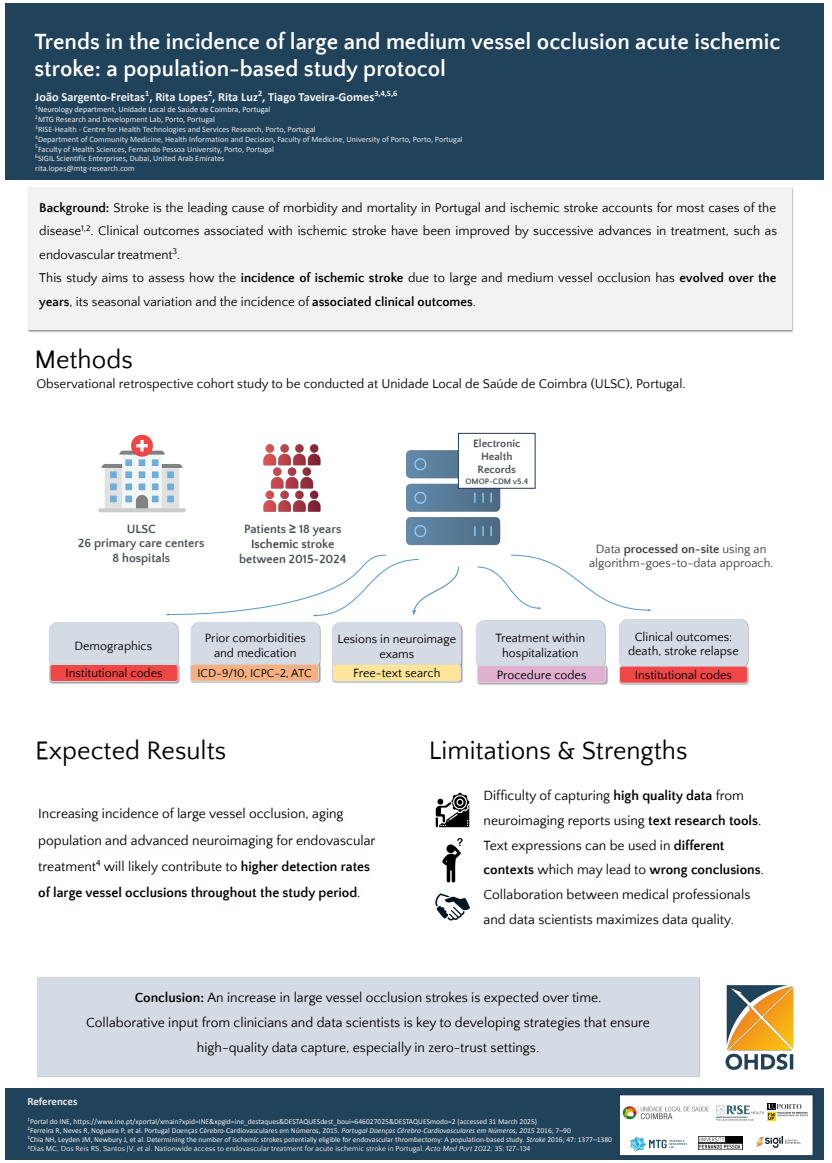
DigiCore

#OHDSISocialShowcase This Week

Tuesday

Trends in the incidence of large and medium vessel occlusion acute ischemic stroke: a population-based study protocol

(João Sargento-Freitas, Rita Lopes, Rita Luz, Tiago Taveira-Gomes)



Trends in the incidence of large and medium vessel occlusion acute ischemic stroke: a population-based study protocol

João Sargento-Freitas[1], Rita Lopes[2], Rita Luz[2], Tiago Taveira-Gomes[3,4,5,6]
[1]Neurology department, Unidade Local de Saúde de Coimbra, Portugal
[2]MTG Research and Development Lab, Porto, Portugal
[3]RISE-Health - Centre for Health Technologies and Services Research, Porto, Portugal
[4]Department of Community Medicine, Health Information and Decision, Faculty of Medicine, University of Porto, Porto, Portugal
[5]Faculty of Health Sciences, Fernando Pessoa University, Porto, Portugal
[6]SIGIL Scientific Enterprises, Dubai, United Arab Emirates
rita.lopes@mtg-research.com

Background: Stroke is the leading cause of morbidity and mortality in Portugal and ischemic stroke accounts for most cases of the disease[1,2]. Clinical outcomes associated with ischemic stroke have been improved by successive advances in treatment, such as endovascular treatment[3].

This study aims to assess how the **incidence of ischemic stroke** due to large and medium vessel occlusion has **evolved over the years**, its seasonal variation and the incidence of **associated clinical outcomes**.

Methods

Observational retrospective cohort study to be conducted at Unidade Local de Saúde de Coimbra (ULSC), Portugal.

Expected Results

Increasing incidence of large vessel occlusion, aging population and advanced neuroimaging for endovascular treatment[4] will likely contribute to **higher detection rates of large vessel occlusions throughout the study period**.

Limitations & Strengths

- Difficulty of capturing **high quality data** from neuroimaging reports using **text research tools**.
- Text expressions can be used in **different contexts** which may lead to **wrong conclusions**.
- Collaboration between medical professionals and data scientists maximizes data quality.

Conclusion: An increase in large vessel occlusion strokes is expected over time. Collaborative input from clinicians and data scientists is key to developing strategies that ensure high-quality data capture, especially in zero-trust settings.

OHDSI

References

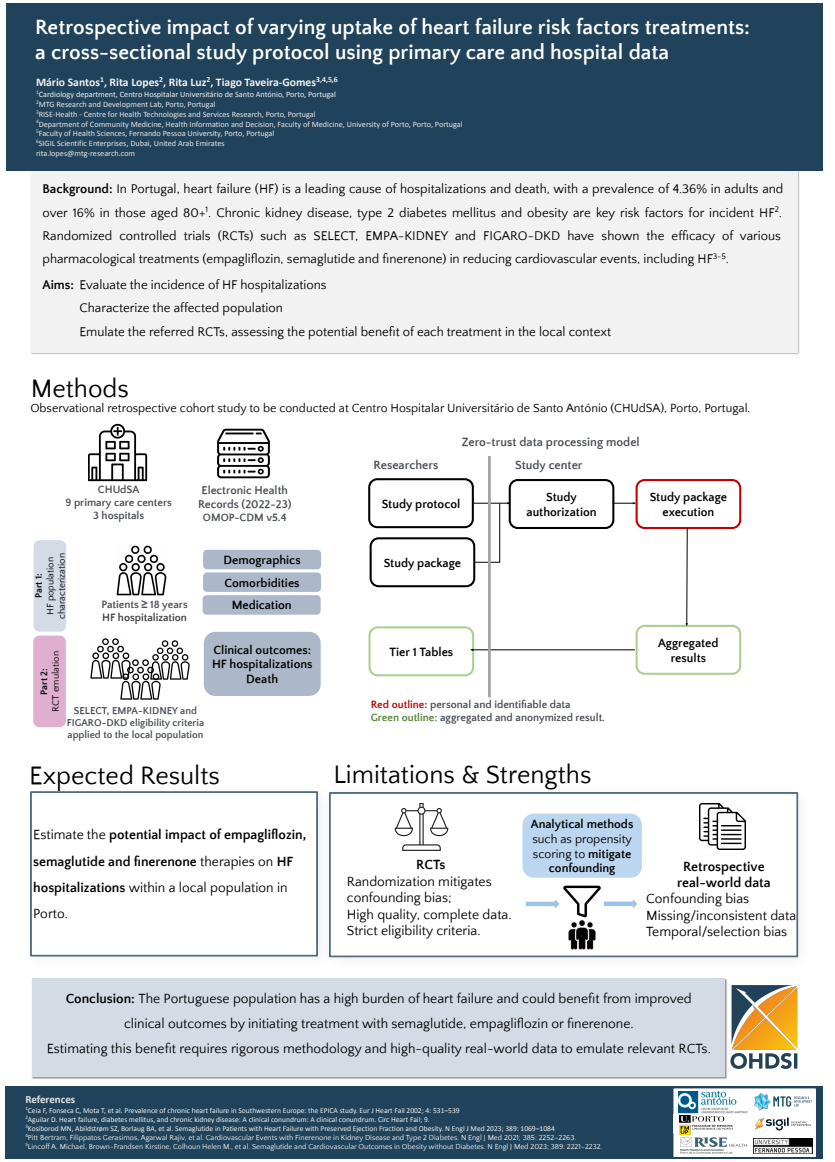
[1]Portal do INE, https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=646027025&DESTAQUESmodo=2 (accessed 31 March 2025)
[2]Ferreira R, Neves R, Nogueira P, et al. Portugal Doenças Cérebro-Cardiovasculares em Números, 2015. *Portugal Doenças Cérebro-Cardiovasculares em Números, 2015* 2016; 7–90
[3]Chia NH, Leyden JM, Newbury J, et al. Determining the number of ischemic strokes potentially eligible for endovascular thrombectomy: A population-based study. *Stroke* 2016; 47: 1377–1380
[4]Dias MC, Dos Reis RS, Santos JV, et al. Nationwide access to endovascular treatment for acute ischemic stroke in Portugal. *Acta Med Port* 2022; 35: 127–134

#OHDSISocialShowcase This Week

Wednesday

Retrospective impact of varying uptake of heart failure risk factors treatments: a cross-sectional study protocol using primary care and hospital data

(Mário Santos, Rita Lopes, Rita Luz, Tiago Taveira-Gomes)

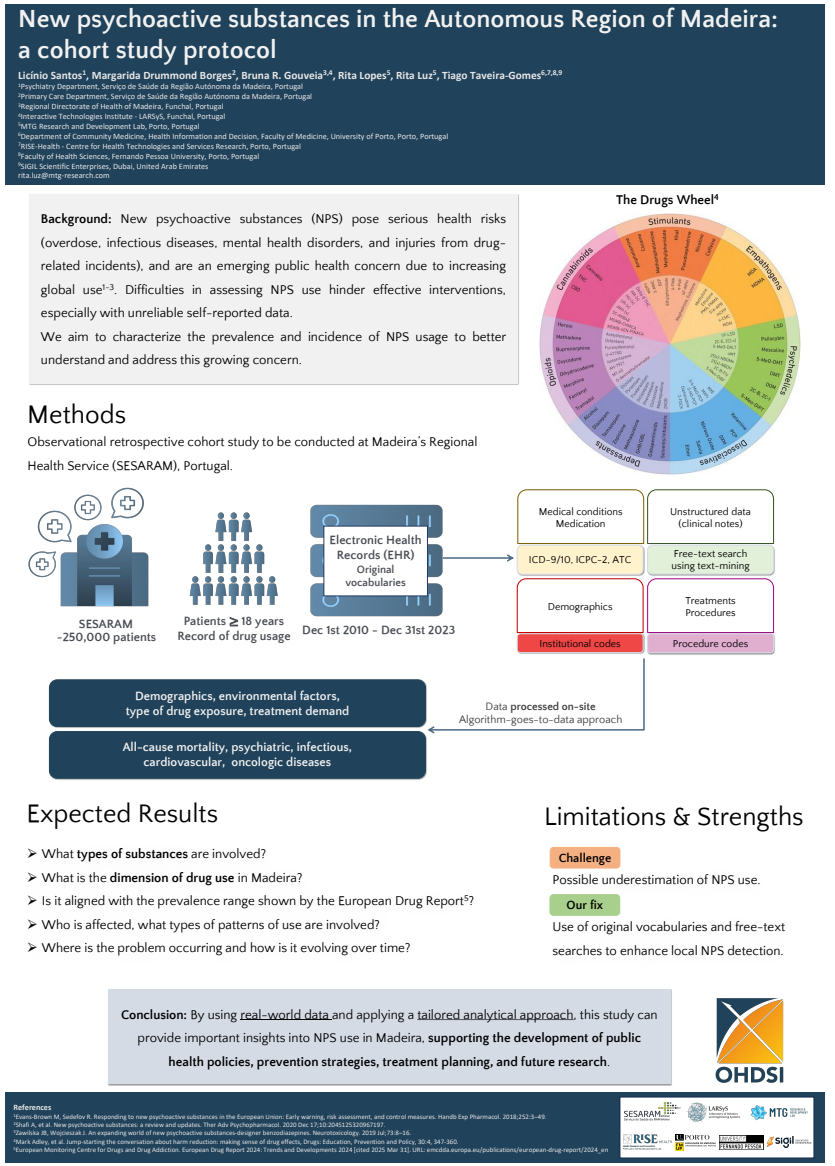


#OHDSISocialShowcase This Week

Thursday

New Psychoactive Substances in the Autonomous Region of Madeira: a cohort study protocol

(Licínio Santos, Margarida Drummond Borges, Bruna R. Gouveia, Rita Lopes, Rita Luz, Tiago Taveira-Gomes)

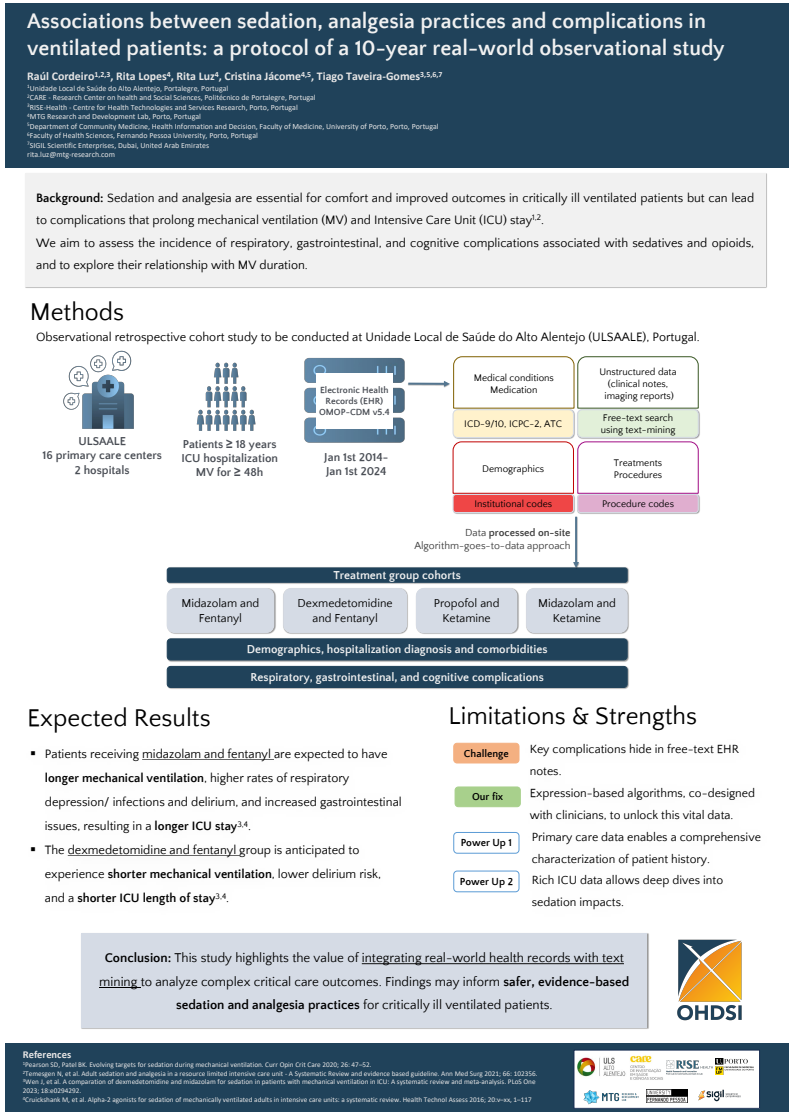


#OHDSISocialShowcase This Week

Friday

Associations between sedation, analgesia practices and complications in ventilated patients: A Protocol of a 10-year Real-World Observational Study

(Raúl Cordeiro, Rita Lopes, Rita Luz, Cristina Jácome, Tiago Taveira-Gomes)



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?

July 29: Asia-Pacific Mid-Year Updates

Evelyn Goh

PhD Student, National Univ. of Singapore

Singapore

Keiko Asao

President, Kappa Medical K.K.

Japan

Swetha Jakkuva

Real World Evidence Lead, Global Value Web

India

Max Natthawut Adulyanukosol

Deputy Director of Siriraj Informatics and Data Innovation, Mahidol Univ.

Thailand

Seng Chan You

Assistant Professor, National Univ. of Singapore

Korea

Phan Thanh-Phuc

Data Science Professional, Univ. Medical Center

Vietnam

Jason Hsu

Professor, Taipei Medical University

Tawian

Hui Lu

Distinguished Professor, Shanghai Jiao Tong Univ.

China

Vulcan FHIR to OMOP Implementation Guide

* Ballot Participation *

Davera Gabriel
Vulcan FHIR to OMOP IG Project Co-Lead

Jean Duteau
HL7 Technical Steering Committee Chair
Biomedical Research & Regulation Work Group Co-Chair
Vulcan FHIR to OMOP IG Project Technical Lead

Vulcan FHIR to OMOP Implementation Guide Ballot

What is it?

How can I help?

What is an HL7 Ballot?

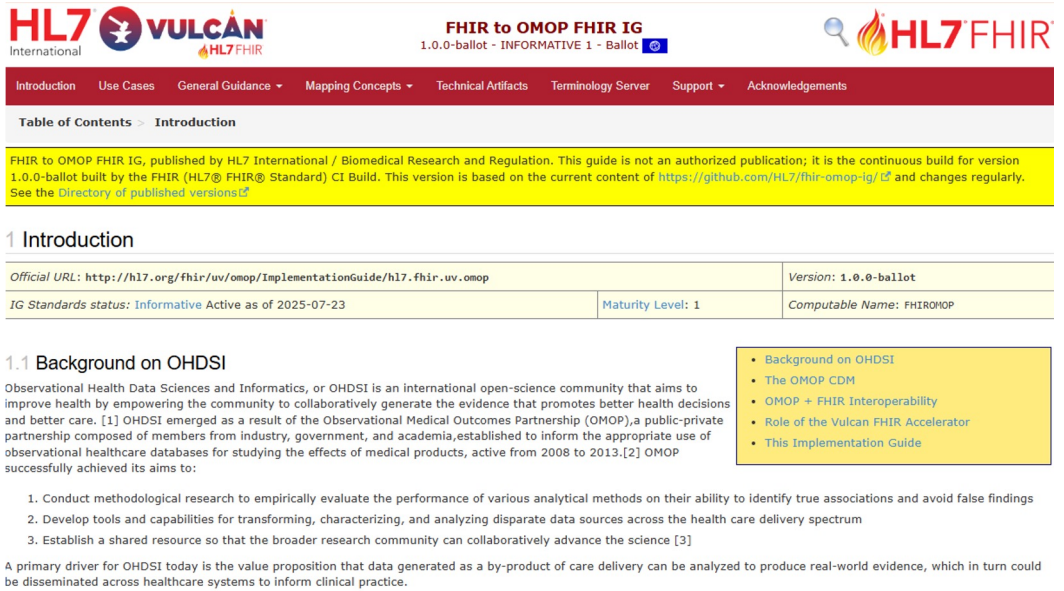
- HL7 is an ANSI-accredited Standards Development Organization (SDO)
- Formal process to validate an “Authoritative” Standard
- Balloting ensures stakeholder feedback = Quality Control

FHIR to OMOP IG has completed a major milestone

by “going to ballot” in September 2025 cycle

What is the FHIR to OMOP Implementation Guide?

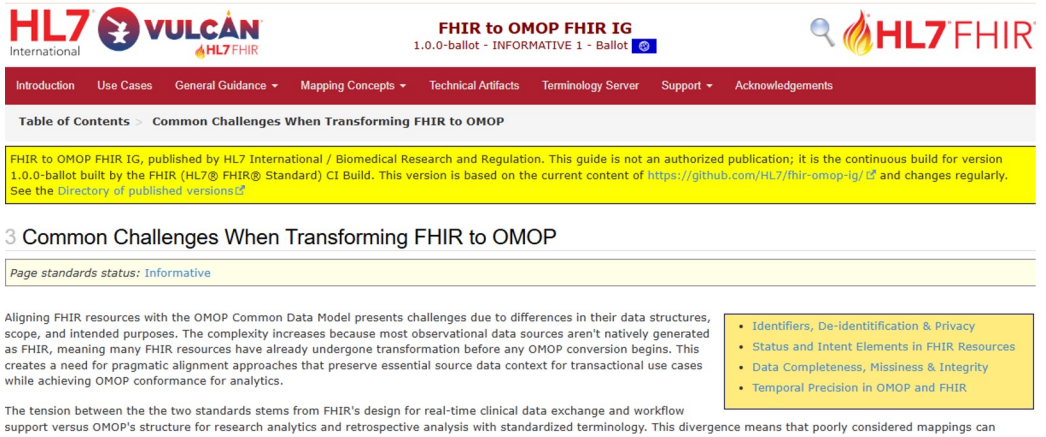
- Culmination of 2+ years of conference calls
  - Detailed review of prior FHIR to OMOP transformations
- Scope: Common Core EHR data
- A “primer” for FHIR to OMOP implementers
- Foundation for **FHIR** → **OMOP** transforms



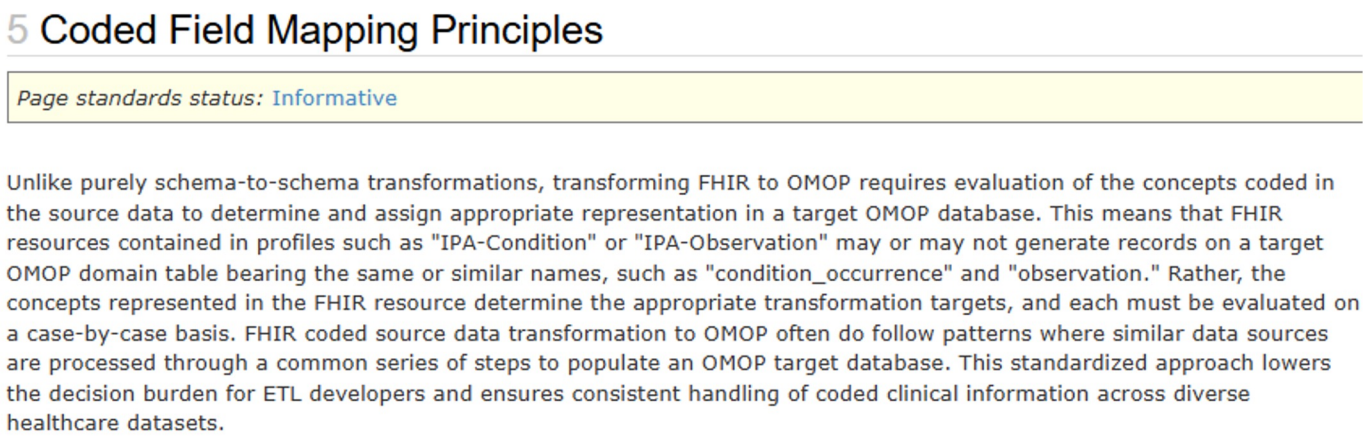
https://build.fhir.org/ig/HL7/fhir-omop-ig/

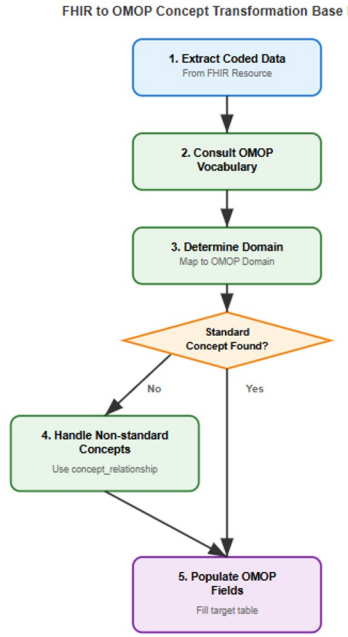
A Primer for FHIR to OMOP (F2O) Implementers

- General Guidance
- Best Practices
- Considerations
  - *customizable to individual implementations*



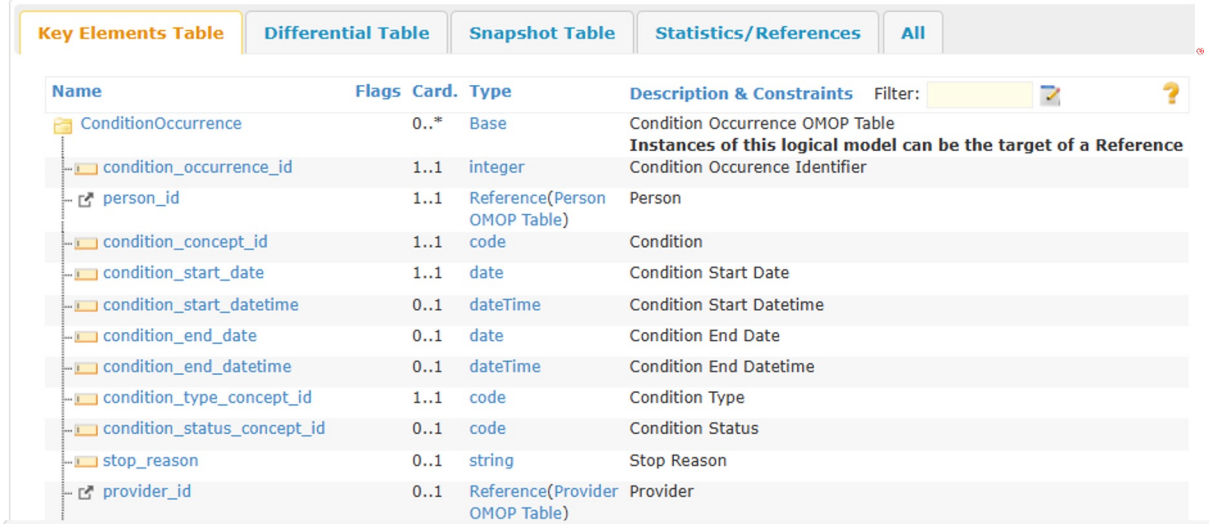
- Concept Mapping Principles & Patterns





FHIR to OMOP Technical Artifacts

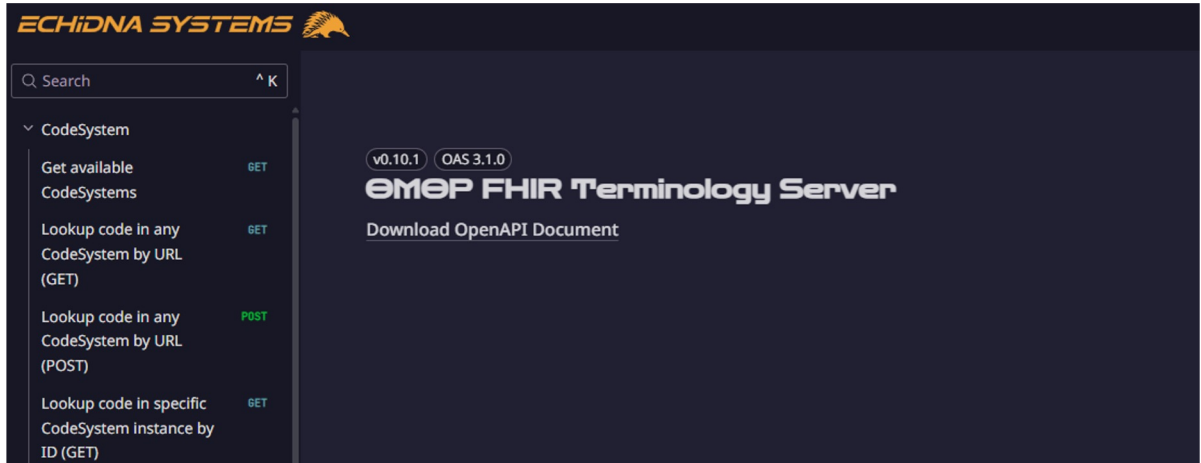
- FHIR Logical Models
  - for OMOP CDM Tables
- FHIR Structure Maps
  - in FHIR Mapping Language
- Connectathon Validation Package
- Echidna FHIR Terminology Server Guidance




```
/// url = 'http://hl7.org/fhir/uv/omop/StructureMap/AllergyMap'
/// name = 'AllergyMap'
/// title = 'Mapping Allergy resource to Observation OMOP Domain'
/// status = 'draft'

uses "http://hl7.org/fhir/StructureDefinition/AllergyIntolerance" alias Allergy as source
uses "http://hl7.org/fhir/uv/omop/StructureDefinition/Observation" alias ObservationTable as target

group Observation(source src : Allergy, target tgt : ObservationTable) {
  src.code as s -> tgt then {
    s.coding as sc -> tgt then {
      sc.code ->  tgt.observation_concept_id,  tgt.observation_source_value,  tgt.observation_source_concept_id;
    };
  }; // src.id as id -> tgt.observation_id = cast(id, "integer");
  src.onset : dateTime as osd ->  tgt.observation_date = cast(osd, 'date'),  tgt.observation_datetime = osd; // src.patient as s -> tgt then {
  src.reaction as s -> tgt then {
    s.manifestation as sman -> tgt then {
      sman.concept as smanc -> tgt then {
        smanc.coding as sc -> tgt then {
          sc.code ->  tgt.value_as_concept_id,  tgt.value_source_value;
```



How can you help?

- **We need your feedback !!**
  - Did we achieve our target to develop a foundation: a F2O primer?
  - Can the IG be improved?

- What do you need to do?
  - **Join the ballot pool**
  - **Vote & provide comments**

HL7 September Cycle Ballot Key Dates

Ballot Pool Registration (Required): July 7 - August 7, 2025
Official Ballot Period: August 8 - September 8, 2025

Important: ***Registration during the July 7 - August 7 window is mandatory. Only registered participants can submit ballot comments and vote on comments.***

HL7 Working Group Meeting: September 13-19, 2025 (Pittsburgh)
WGM Ballot Reconciliation Kick-off: Wednesday September 17, 2025
@ Biomedical Research & Regulation (BR&R) Working Group

How do I learn about HL7 Membership & Members?

- HL7 Organizational Members have voting “seats”
  - Designated members at your organization can join / participate as your proxy
- Membership not required, individual participation available for a fee
  - See: *https://www.hl7.org/BallotDesktop/index.cfm?view=home*

➢ **How to Check if Your Company is an HL7 Member**

➢ **How to Find Your Organization's HL7 Representative**

Instructions here: *http://bit.ly/4obJRqm*

Questions? Reach out to us!

davera.gabriel@evidentli.com

jean.duteau@dogwoodhealthconsulting.com

The weekly OHDSI community call is held every Tuesday at 11 am ET.

Everybody is invited!

Links are sent out weekly and available at:
ohdsi.org/community-calls-2025