APAC Community Call

July 17, 2025

Agenda

- European-themed Session
  - Review of Selected EMA RWD Studies by Cynthia Sung
  - Recap of the OHDSI Europe Symposium 2025 by Jason Hsu
- OHDSI Global News
- OHDSI APAC News

USE of REAL WORLD DATA to SUPPORT REGULATORY DECISION MAKING: DARWIN-EU® and the EMA

Cynthia Sung, PhD FCP PMP
Adjunct Associate Professor
Center of Regulatory Excellence
Duke-NUS Medical School

DukeNUS Medical School

CoRE Centre of Regulatory Excellence @ Duke-NUS Medical School

1

NEHR National Electronic Health Record Singapore

SAPhIRE:

Surveillance And Pharmacogenomics Initiative for Adverse Drug Reactions:

A strategic partnership among HSA, A*STAR Institutes and Hospitals to improve drug safety, funded by BMRC 2014 - 2019

HSA NUHS National University Health System National Cancer Centre Singapore SingHealth National Heart Centre Singapore SingHealth tlgm A*STAR GIS

IS

2

Collaboration Project

SAPhIRE

Three Specific Aims

HSA ✓ 1. To establish a national active surveillance network that leverages electronic medical record (EMR) capabilities to identify patterns and early indications of ADRs

2. To discover and validate pharmacogenomic biomarkers of highest relevance to Asian populations

3. To develop robust pharmacogenomic diagnostic tests through a College of American Pathologists (CAP)-certified laboratory

3

3

SAPhIRE-HSA team

4

4

Common Data Models

- Mini-Sentinel – FDA CDER Pharmacovigilance
  - PCORnet – Patient Centered Outcomes Research
- Observational Medical Outcomes Partnership (OMOP) CDM
  - Multiple data types: Claims, EHR, Registries, Surveys
  - Standardized structure
  - Standardized vocabulary
  - Standardized analytics
  - Standardized phenotypes

5

Ajou University Trains HSA Staff on OHDSI

January 15-19, 2018

6

Diabetes Treatment Pathways in Singapore

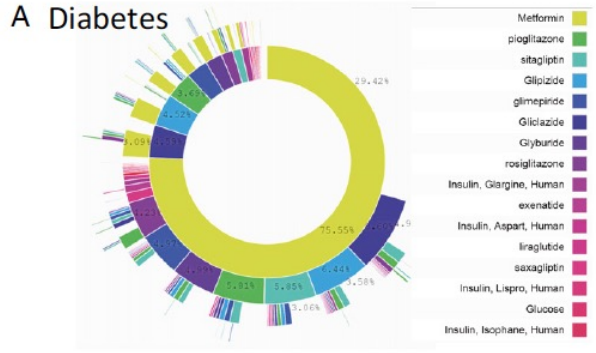


Figure 2
US, UK, Japan & Korea combined

Sg KTPH

Haroun Chahed

7

European Federated Network
2018 - 2024

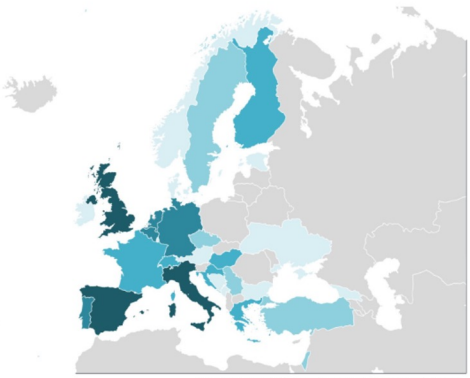
EHDEN
EUROPEAN HEALTH DATA & EVIDENCE NETWORK

www.ehden.eu

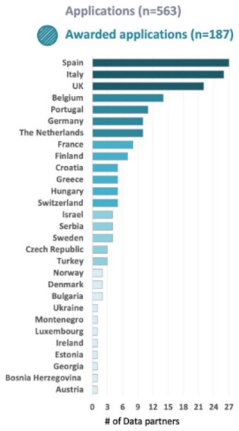
A federated network of Data Partners

The EHDEN project aims to collaborate with diverse institutions, data sources and data custodians across the EU, with a goal of harmonising source data, at scale, to the OMOP common data model, within a federated network.

Following the seven open calls we have organised, we currently have 187 Data Partners from 29 different countries which are mapping their data to the OMOP common data model. This includes several EHDEN project partners who have also mapped their data to the OMOP CDM for use in the federated network.



Geographic spread of data partners. The shade of blue indicates the # of data partners in that country (darker = more)



8

8

DARWIN EU

2022 - ongoing

https://www.darwin-eu.org/index.php/studies

Share

Data Analysis and Real World Interrogation Network (DARWIN EU)

The European Medicines Agency (EMA) and the European Medicines Regulatory Network established a coordination centre to provide timely and reliable evidence on the use, safety and effectiveness of medicines for human use, including vaccines, from real world healthcare databases across the European Union (EU). This capability is called the Data Analysis and Real World Interrogation Network (DARWIN EU®).

PHASE I Establishment – 1st year → PHASE II Establishment – 2nd year → PHASE III Operation – 1st year → Operation 2nd year → Operation 3rd year

Target No. of Studies

	Year 1	Year 2	Year 3	Year 4	Year 5
Phases	Phase I	Phase II	Phase III	Option 1	Option 2
Routine Repeated analysis	-	-	6-12	35-50	35-50
Off the shelf studies	3	14	25-30	35-50	35-50
Complex Studies	1	4	12-18	15-20	15-20
Very Complex Studies	0	0	0	1	1

9

9

RWD Studies to Support Regulatory Authorities

1. DARWIN-EU® *Suicidality following doxycycline exposure*
2. DARWIN-EU® *Effectiveness of COVID-19 vaccines on severe COVID-19 and post acute outcomes of SARS-CoV-2 infection*
3. EMA Study *Association between exposure to liraglutide vs active comparators and risk of acute hepatic injury*

10

10

DARWIN EU

Coordination Centre

A multi-national network cohort and self-controlled case series study of the effect of doxycycline on the risk of suicidality, depression and anxiety in individuals with acne

Nicholas B. Hunt (presenter), Guido J. van Leeuwen, Maarten van Kessel, Anna Palomar-Cros, Antonella Delmestri, Agustina Giuliodori, Talita Duarte Salles, Mandickel Kamtengeni, Ross D. Williams, Daniel Prieto Alhambra, Katia Verhamme

OHDSI Europe 2025

Presented by Nicholas Hunt
OHDSI Europe Symposium
7 July 2025

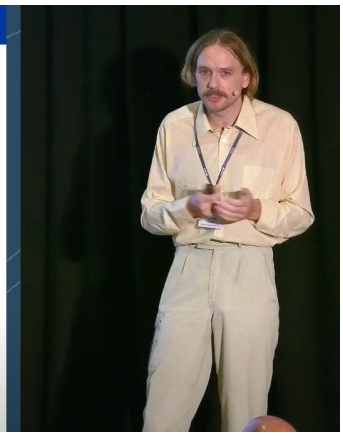
11

DARWIN EU

Background

- Doxycycline is a tetracycline antibiotic which is widely used for treating acne, upper respiratory tract infections, sexually transmittable diseases and rosacea
- There are case reports about a potential association between doxycycline and suicide
- EMA commissioned a study to be conducted within the DARWIN EU® network

Objective: to estimate the risk of suicide-related events, anxiety and depression during doxycycline use for the treatment of acne



Presented by Nicholas Hunt
OHDSI Europe Symposium
7 July 2025

12

Suicidality following Doxycycline Exposure

Research Questions

1. Is there a causal association between the use of doxycycline and suicide-related events?
2. Does the association between doxycycline use and completed suicide and suicide-related events vary by indication of use compared to active comparators?

Methodology

1. New user active comparator cohort safety study (cohort method package)
2. Self-controlled case series study (SCCS)

Data sources: IPCI (Netherlands), CPRD GOLD (UK) and SIDIAP (Spain)

13

13

Indications and Outcomes

Indications

1. Lower respiratory tract infections
   - Doxycycline vs AMX or AZM
2. Chlamydia
   - Doxycycline vs AMX, AZM, or ERY
3. Acne vulgaris
   - Doxycycline vs ERY or IST
4. Rosacea
   - Doxycycline vs ERY or IST

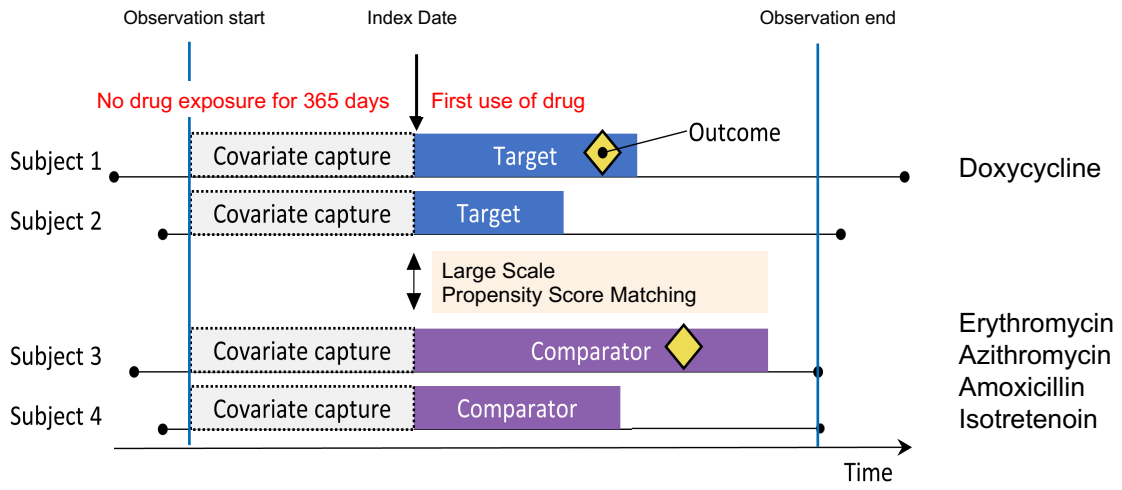
Outcomes

1. Composite 1: completed suicide, suicide ideation, suicide attempt, self-harm
2. Composite 2: Composite 1 minus completed suicide
3. Depression
4. Anxiety

14

14

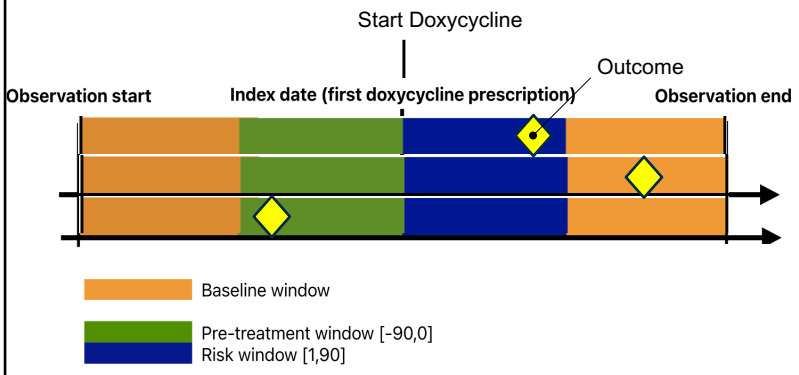
Active Comparator Study Design



15

15

Self-Controlled Case Series

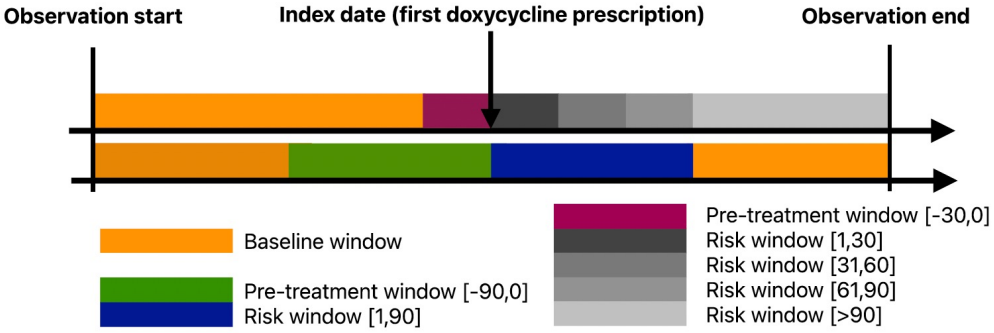


- Each patient is its own control
- Do more events happen within the risk window vs outside the risk window?

16

16

SCCS Sensitivity Analysis



17

17

Power Calculations

Endpoint	Suicide-related events excluding death	Depression	Anxiety	For any endpoint
	Active Comparator			SCCS
Baseline Incidence Rate per 10,000 person years	100	500	1500	
Risk Window (days)	90	90	90	90
IRR or HR	2.0	2.0	2.0	2.0
Power	80.0	80.0	80.0	80.0
N per arm	191,000	38,000	12,800	245

18

18

Suicidality following Doxycycline Exposure

Main Takeaways

1. Causality can be tested by active comparator or SCCS designs (standard analytical packages in HADES)
2. SCCS design needs fewer subjects to achieve the comparable statistical power as active comparator design
3. Doxycycline given for acne had an increased association with suicide-related events without death or depression compared to erythromycin (active comparator), but not in the SCCS design
4. Doxycycline given for LRTI had a decreased association with suicide-related events without death compared to amoxicillin, both by active comparator and SCCS designs.
5. No regulatory action required.

19

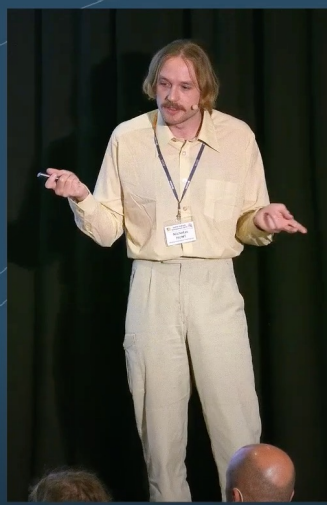
19

Discussion

- Two-fold increased association of suicide-related events with doxycycline use compared to erythromycin use
- Increased association of depression with doxycycline use compared to erythromycin
- Small but increased association of anxiety with doxycycline use compared to erythromycin or isotretinoin use
- The results were not reflected in the SCCS analysis

Limitations: underreporting of outcome, inconsistent time trends leading to censored analyses, SCCS did not take into account prescription duration

9



Presented by Nicholas Hunt
OHDSI Europe Symposium
7 July 2025

20

Liraglutide and Acute Liver Injury

Study report

Title: Association between exposure to liraglutide versus active comparators and risk of acute hepatic injury

Version 1.2

Administrative details of the data analysis	
Substance(s)	Liraglutide
Condition/ADR(s)	Drug-induced liver injury
Short title of topic	Liraglutide and acute hepatic injury
RWE team	Luis Pinheiro, María Clara Restrepo-Méndez, Karin Hedenmalm
Reviewer	Daniel Morales, and Valentijn De Jong

21

21

Liraglutide and Acute Liver Injury

Research Question

- Is there an association between use of GLP-1 agonist liraglutide (Saxenda, Victoza) and increased risk of
  - Any liver disease
  - **Acute liver injury**
  - **Acute liver injury with no chronic hepatic failure**
- Compared to alternative treatments
  - Empagliflozin (SGLT-2i inhibitor) – Jardiance
  - Dapaglifozin (SGLT-2 inhibitor) – Forxiga
  - Sitagliptin (DPP4-inhibitor) – Januvia

22

22

Liraglutide and Acute Liver Injury

- Inclusion criteria
  - >365 days of recorded medical history prior to index-date
  - Patients who initiated treatment (new users) with liraglutide or comparator drugs for *any indication* OR for T2DM
- Exclusion criteria
  - History of outcome prior to index date
- Databases
  - IQVIA Medical Research Data UK; 01 Aug 2009 to 30 Jun 2023
  - IQVIA Medical Research Data Germany; 14 Jul 2009 to 30 Jun 2023
- Sample size
  - no a priori sample size was stipulated

23

23

Liraglutide and Acute Liver Injury

Large-scale propensity score matching

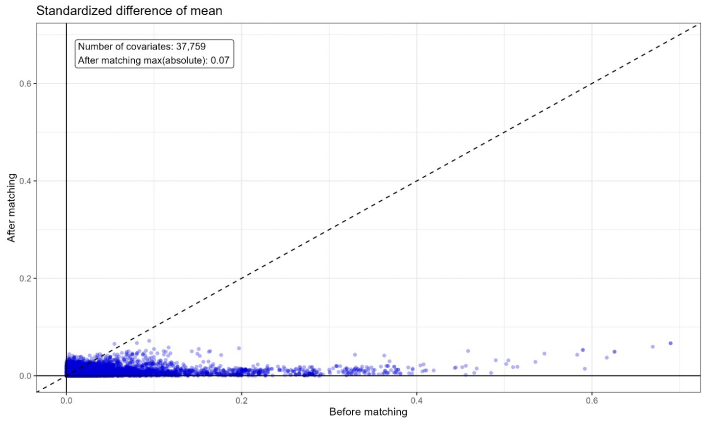


Figure S15. Scatter plot of the standardized difference in means (SMD) of each covariate before and after PS matching comparing the following treatment cohorts: **liraglutide vs sitagliptin**, in the IQVIA™ DA Germany database.

- Before matching
  - Liraglutide N = 14,668
  - Sitagliptin N = 113,350

1:1 Matching

- After matching
  - Liraglutide N = 8,506
  - Sitagliptin N = 8,506

24

24

Liraglutide and Acute Liver Injury

- Outcome - Acute Liver Injury
  - Diagnosis codes only
  - No liver Function test laboratory data

Table A2. Concept Set Definitions for the OHDSI Acute Hepatic Injury outcome

Concept ID	Concept Name	Domain	Vocabulary	Descendants
Included higher-level concept IDs				
4144765	Drug-induced disorder of liver	Condition	SNOMED	YES
4245975	Hepatic failure	Condition	SNOMED	YES
194990	Inflammatory disease of liver	Condition	SNOMED	YES
193355	Injury of liver	Condition	SNOMED	YES
4048523	Acute focal hepatitis	Condition	SNOMED	YES
4352876	Liver damage	Condition	SNOMED	YES
4055224	Toxic liver disease	Condition	SNOMED	YES
Excluded lower-level concept IDs				
201612	Alcoholic liver damage	Condition	SNOMED	YES
3190596	Tegretol hepatotoxicity	Condition	Nebraska Lexicon	YES
3183833	Isoniazid induced hepatotoxicity	Condition	Nebraska Lexicon	YES
3199188	Lipitor hepatotoxicity	Observation	Nebraska Lexicon	YES
37017281	Steatosis of liver caused by retroviral protease inhibitor	Condition	SNOMED	YES

Liraglutide and Acute Liver Injury

- Methodology
  - New user cohort with active comparator
    - Any indication
    - Type 2 Diabetes Mellitus
  - Follow-up – 90 days
  - Cox Proportional Hazard Ratio
  - Sensitivity Analyses
    - Follow-up – 180 and 365 days
    - T2DM patients on metformin, liraglutide added as second-line therapy

Liraglutide and Acute Liver Injury

- Results

Table 8. Matched incidence rates (IR) per 1000 person-years and hazard ratios (HR) of **acute hepatic injury** by treatment arm (**liraglutide vs sitagliptin**) and follow-up period in the IQVIA™ DA Germany database

	All indications							Type 2 Diabetes mellitus						
Treatment arm	Follow-up (person-years)	n events	IR	95% CI		HR	95% CI	Follow-up (person-years)	n events	IR	95% CI		HR	95% CI
365 days														
Sitagliptin	7710.90	25	**3.24**	2.07	4.54	**1.00**	[Reference]	4031.54	5	**1.24**	0.25	2.48	**1.00**	[Reference]
Liraglutide	7760.48	10	**1.29**	0.52	2.19	**0.40**	0.18 0.80	4060.01	9	**2.22**	0.99	3.69	**1.79**	0.62 5.83
180 days														
Sitagliptin	4007.91	11	**2.74**	1.25	4.49	**1.00**	[Reference]	2064.85	<5	(*)	(*)	(*)	**1.00**	[Reference]
Liraglutide	4016.81	7	**1.74**	0.50	3.24	**0.63**	0.23 1.61	2075.84	8	**3.85**	1.45	6.74	**2.66**	0.77 12.12
90 days														
Sitagliptin	2080.46	5	**2.40**	0.48	4.81	**1.00**	[Reference]	1060.15	<5	(*)	(*)	(*)	**1.00**	[Reference]
Liraglutide	2071.77	<5	(*)	(*)	(*)	**0.80**	0.20 3.04	1060.08	<5	(*)	(*)	(*)	**1.33**	0.29 6.77

IR: incidence rate; HR: Hazard ratio; 95% CI: 95% confidence interval.

27

Liraglutide and Acute Liver Injury

- Results

Table 8. Matched incidence rates (IR) per 1000 person-years and hazard ratios (HR) of **acute hepatic injury** by treatment arm (**liraglutide vs sitagliptin**) and follow-up period in the IQVIA™ DA Germany database

	All indications							Type 2 Diabetes mellitus						
Treatment arm	Follow-up (person-years)	n events	IR	95% CI		HR	95% CI	Follow-up (person-years)	n events	IR	95% CI		HR	95% CI
365 days														
Sitagliptin	7710.90	25	**3.24**	2.07	4.54	**1.00**	[Reference]	4031.54	5	**1.24**	0.25	2.48	**1.00**	[Reference]
Liraglutide	7760.48	10	**1.29**	0.52	2.19	**0.40**	0.18 0.80	4060.01	9	**2.22**	0.99	3.69	**1.79**	0.62 5.83

Table 12. Matched incidence rates (IR) per 1000 person-years and hazard ratios (HR) of **acute hepatic injury with no chronic hepatic failure** by treatment arm (**liraglutide vs sitagliptin**) and follow-up period in the IQVIA™ DA Germany database

	All indications							Type 2 Diabetes mellitus						
Treatment arm	Follow-up (person-years)	n events	IR	95% CI		HR	95% CI	Follow-up (person-years)	n events	IR	95% CI		HR	95% CI
365 days														
Sitagliptin	7692.87	8	**1.04**	0.39	1.82	**1.00**	[Reference]	4034.29	5	**1.24**	0.25	2.48	**1.00**	[Reference]
Liraglutide	7768.11	10	**1.29**	0.51	2.19	**1.24**	0.49 3.25	4068.82	8	**1.97**	0.74	3.44	**1.59**	0.53 5.26

28

Liraglutide and Acute Liver Injury

- Main Takeaways
  - Liraglutide had fewer cases of ALI compared to sitagliptin when used for any indication (365 days follow-up)
  - Sitagliptin ALI cases occurred mostly in patients who did *not* have T2DM
  - No calculation was done to estimate sample size to achieve statistical power
  - Many comparisons were not completed because cases < 5 patients
- Limitations
  - Primary care database, incomplete information on subsequent hospitalization
  - Incomplete linkage of patients across different medical institutions
  - Data does not capture patient adherence to medication.

29

Recap of 2025 OHDSI EU Symposium

Jason C. Hsu **President, OHDSI Taiwan Society**

July 17, 2025

Organizer

Liesbet M. Peeters

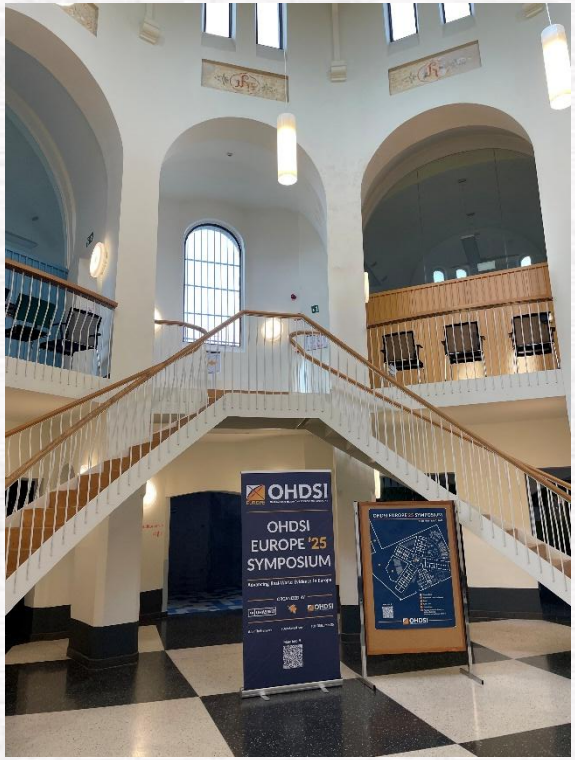
Professor, Biomedical Data Sciences, Hasselt University
Leader, OHDSI Belgium Chapter

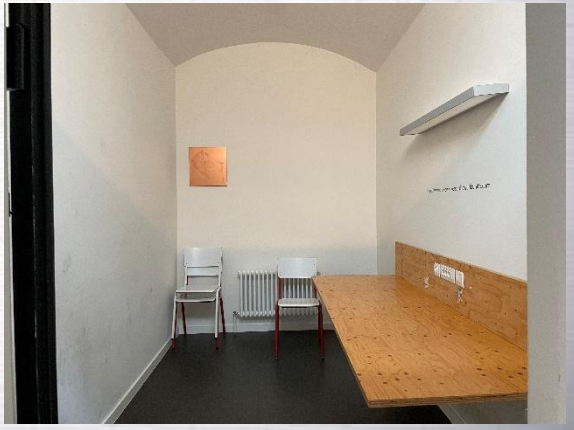
Place

The Steam Ship Rotterdam
(2024)

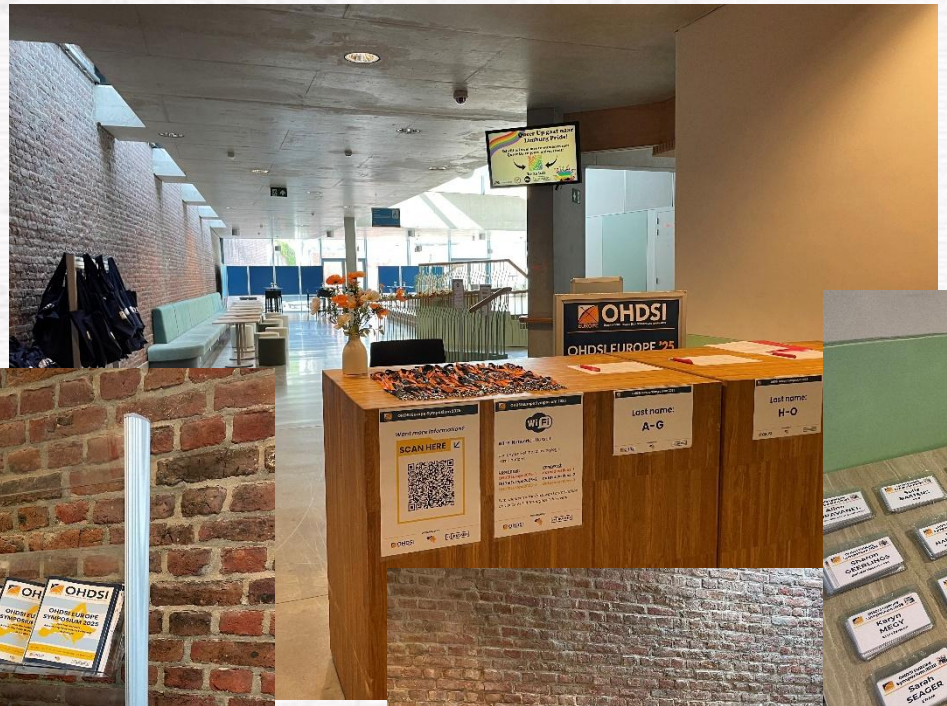
Old Prison building of Hasselt University
(2025)

Place





Registration



Program Booklet

Pre-Symposium Courses

Saturday July 5th, 2025

- The Newcomers Track introduces data standards, open-source tools, clinical evidence generation, and methodological research to those new to OHDSI.
- The Advanced Track targets participants with some prior hands-on OHDSI experience, focusing on phenotyping, vocabulary, and characterization studies.

Time (CEST)	Track 1A – Newcomers*	Track 1B – Newcomers*	Track 2 – Advanced*	Track 3 – WG/NN
9:30	*Registration @ Foyer and Coffee @ Café Cour*			
10:00	**Introduction to OHDSI – Tutorial** @ **Room FR1.01** Renske Los, Aniek Markus & Laura Verbeij *Description: Overview of OHDSI, key concepts, and an introduction to the OMOP Common Data Model*			**1) HADES hack-a-thon** @ **Room FR0.01** Martijn Schuemie, Adam Black, Anthony Sena *Description: Hands-on coding and tool development in HADES* **2) WG Oncology** @ **Room FR1.07** Asieh Golozar **3) WG Surgery & Perioperative Medicine WG** @ **Room FR0.02** Oleg Zhuk
12:30	*Lunch Break @ Café Cour*			

Time (CEST)	Track 1A – Newcomers*	Track 1B – Newcomers*	Track 2 – Advanced*	Track 3 – WG/NN
13:30	**OMOP CDM & ETL Conventions** @ **Room FR1.01** Maxim Moinat, Sofia Bazakou & Anne van Winzum *Description: Covers 'Rabbit Suite' (WhiteRabbit, Rabbit-in-a-Hat, Usagi) and OMOP mapping tools*	**OHDSI Standardized Vocabularies for Research – Part 1.1 @ Aula Louis Roppe** Anna Ostropolets, Polina Talapova, Vlad Korsik, Oleg Zhuk, Alexander Davydov & Maria Khitrun *Description: Concept sets & patient identification techniques.*		
15:00	*Coffee Break @ Café Cour*			
15:30		**OHDSI Standardized Vocabularies for Research – Part 1.2 @ Aula Louis Roppe** Anna Ostropolets, Polina Talapova, Vlad Korsik, Oleg Zhuk, Alexander Davydov & Maria Khitrun *Description: Concept sets & patient identification techniques.*		
17:15	***Optional - Guided City Tour Hasselt (with local specialties) - ends around 18:45*			

Pre-Symposium Courses

Sunday July 6th, 2025

- **Beyond these, in-person workgroup meetings on specific topics and National Node gatherings are open to all.**

Time (CEST)	Track 1A - Newcomers*	Track 1B - Newcomers*	Track 2 - Advanced*	Track 3 - WG/NN
9:30	***Registration** @ **Foyer** and **Coffee** @ **Café Cour***			
10:00		**OHDSI Standardized Vocabularies for Research – Part 2** @ ***Aula Louis Roppe*** Anna Ostropolets, Polina Talapova, Vlad Korsik, Oleg Zhuk, Alexander Davydov & Maria Khitrun *Description: Final discussion & application of concept sets.*		**Parallel NN meetings** • NN Germany @ **Room FR0.02** • Nordic OMOP Network @ **Room FR0.03**
12:30	***EHDEN Data Partners Lunch Break** @ **Room FR1.07** & **Lunch Break** @ **Café Cour***			

Time (CEST)	Track 1A - Newcomers*	Track 1B - Newcomers*	Track 2 - Advanced*	Track 3 - WG/NN
13:30	**Whirlwind Introduction to Open-Source Analytic Tools - Part 1** @ ***Room FR1.01*** Martijn Schuemie, Adam Black, Anthony Sena *Description: Overview of HADES and other key OHDSI tools for analysis.*		**Running characterisation studies from beginning to end: a tutorial using DARWIN EU standardised analytics - Part 1** @ ***Room FR1.02*** Daniel Prieto-Alhambra	1) **Parallel NN meetings** • NN Netherlands @ **Room FR0.02** • NN Belgium @ **Room FR1.05** 2) **WG Vocabulary** @ ***Room FR0.01*** Anna Ostropolets
15:00	***Coffee Break** @ **Café Cour***			
15:30	**Whirlwind Introduction to Open-Source Analytic Tools - Part 2** @ ***Room FR1.01*** Martijn Schuemie, Adam Black, Anthony Sena *Description: Overview of HADES and other key OHDSI tools for analysis.*		**Running characterisation studies from beginning to end: a tutorial using DARWIN EU standardised analytics - Part 2** @ ***Room FR1.02*** Daniel Prieto-Alhambra	1) **OHDSI Europe NN leads meet** *(only NN leads & managers)* @ **Room FR1.07** Renske Los 2) **WG OHDSI Africa Chapter** *(hybrid!)* @ ***Meeting Room Panopticum*** Cynthia Sung
17:00	***Optional - Networking Drink** @ **Café Cour** - ends at 18:00*			

National Nodes

Belgium	Germany	Israel	Norway
Denmark	Greece	Italy	Portugal
Estonia	Hungary	Luxembourg	Spain
Finland	Ireland	Netherlands	the UK

Pre-Symposium Courses

Symposium Agenda (1/5)

Time	Description
8:00	***Registration and Coffee***
9:00	**Welcome to the European OHDSI Journey** Prof. Liesbet M. Peeters, Biomedical Data Sciences, *Hasselt University* Prof. Peter Rijnbeek, Chair Department of Medical Informatics, *Erasmus MC*
9:10	**Journey of OHDSI: Where Have We Been and Where Can We Go Together?** Dr. Patrick Ryan, Vice President, Observational Health Data Analytics, *Johnson & Johnson*
9:30	**Impact of Leveraging OMOP CDM for Scalable and Reliable Evidence Generation Showcased by the National Nodes** Prof. Renske Los, Assistant Professor of Medical Informatics, Department of Medical Informatics, *Erasmus MC* • Overview of all European National Nodes • **OHDSI UK** - Study-a-thons and collaboration with NHS, presented by Dr. Alex Knight, Project Manager (Data Standards), *Health Data Research UK (HDR UK)* • **OHDSI Italy** - Data Protection Impact Assessment (DPIA) template, presented by Prof. Lucia Sacchi, Laboratory for Biomedical Informatics "Mario Stefanelli", *Università di Pavia* • **OHDSI Finland** - FinOMOP and Swarm Learning, presented by Dr. Eric Fey, Data Scientist, *University of Helsinki*
11:00	***Coffee Break***

Symposium Agenda (1/5)

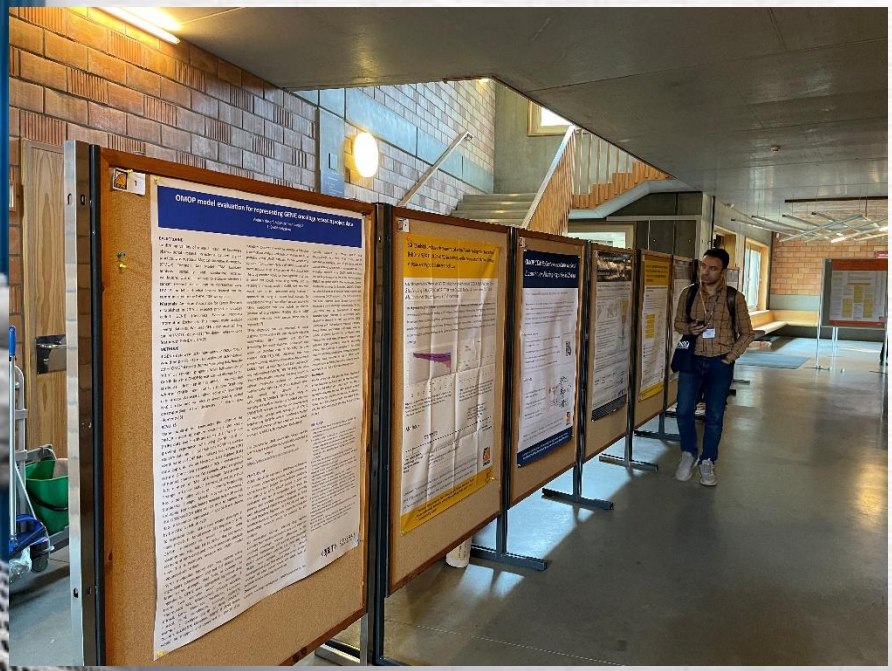
Symposium Agenda (2/5)

11:30	**Collaborator Showcase: Rapid Fire Presentations** Dr. Annelies Verbiest, Medical Oncologist, *University Hospital Antwerp* **1. DARWIN EU® – A multi-national network cohort and self-controlled case series study of the effect of doxycycline versus active comparators on the risk of suicidality in individuals with acne** Nicholas Hunt, *Erasmus Medical Centre*, THE NETHERLANDS
11:30	**Collaborator Showcase: Rapid Fire Presentations** *(continued)* Dr. Annelies Verbiest, Medical Oncologist, *University Hospital Antwerp* **2. Characterising the use of antibiotics commonly associated with antimicrobial resistance in UK primary and hospital care** Elin Rowlands, *University of Oxford*, UK **3. Connecting the dots at Hospital del Mar: integrating hospital, primary care and registry data for an enriched OMOP-CDM database** Angela Leis, *Hospital del Mar Research Institute*, SPAIN **4. Systematic evaluation of medication adherence determinants across 137 ingredients on population-level real-world health data** Kerli Mooses, *University of Tartu*, ESTONIA **5. Loss function influence on hyperparameter optimization for observational healthcare prediction models** Fleur Vereijken, *Erasmus Medical Centre*, THE NETHERLANDS **6. AI-Driven Precision: Semantic Search and Smart LLM Reranking for Mapping Croatian Medical Concepts to OMOP-CDM** Karlo Pintarić, *Croatian Institute of Public Health*, CROATIA **7. RAG-Enhanced LLM Pipeline for Semantic Mapping of Context-based Features to OMOP Vocabulary** Sariga Kakkamani, *Hasselt University*, BELGIUM **8. OHDSI-in-a-File: A Self-Contained Browser-Based Notebook for Research** Pedro Campos, *VaultHaus*, IRELAND

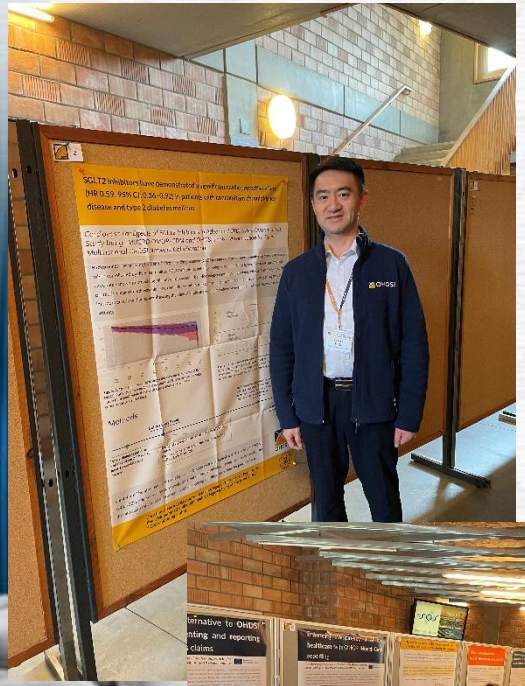
Symposium Agenda (3/5)

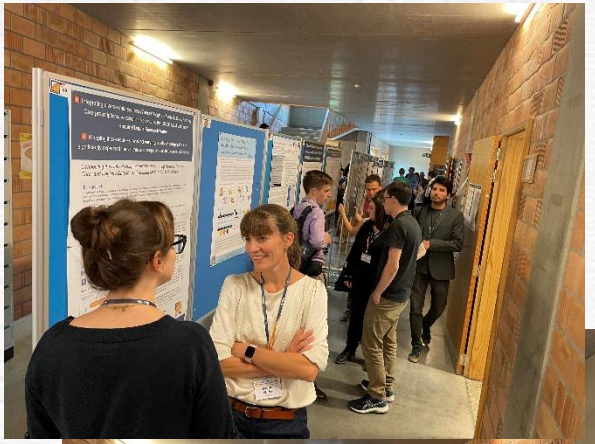
13:45	**OHDSI Collaborator Showcase** Poster presentations, open-source software demonstrations from OHDSI collaborators, National Nodes & sponsor booth exhibitions
14:00	**Early Investigator Mentor Meeting** One-on-one sessions connecting early-career researchers with experienced OHDSI mentors for guidance and collaboration

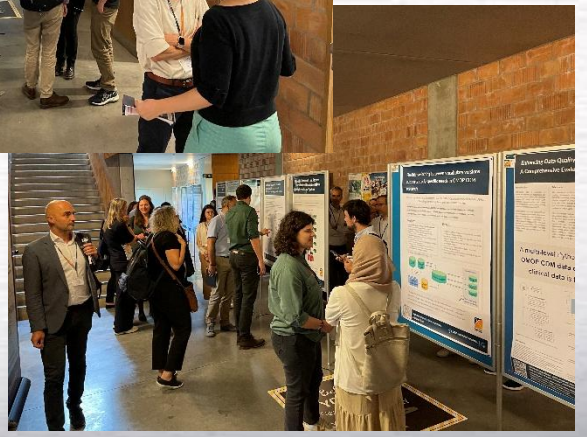
110 Posters



Symposium Agenda (3/5)







Symposium Agenda (4/5)

16:00	**Bridging Policy and Practice: OHDSI's Role in Implementing the European Health Data Space - Panel Debate** • Prof. Liesbet M. Peeters (moderator), Biomedical Data Sciences, *Hasselt University* • Dr. Dipak Kalra (moderator), President of *the European Institute for Innovation through Health Data (i~HD)* • Dr. Patrick Ryan, Vice President, Observational Health Data Analytics, *Johnson & Johnson* • Dr. Denise Umuhire, Pharmacoepidemiology & RWE Specialist, *European Medicines Agency (EMA)* • Dr. Enrique Bernal-Delgado, Senior Scientist, *Instituto Aragonés de Ciencias de la Salud (IACS)* • Dr. Talita Duarte-Salles, Senior Epidemiologist at *IDIAPJGol*, Assistant Professor at *Erasmus MC* • Nick Marly, Advisor to the Belgian Minister of Public Health & Social Affairs, Frank Vandenbroucke

Symposium Agenda (5/5)

17:10	**Closing Remarks & Ceremony** Prof. Liesbet M. Peeters, Biomedical Data Sciences, *Hasselt University*
17:30	***Networking Reception***

Some Personal Photos

Why Hasselt, Belgium?

Big Group Photo!

Captured by Martijn Schuemie – not an easy task from a small stage with 365 attendees!

OHDSI Global News

#OHDSI2025 Tutorials • Oct. 7, 2025

Morning Session

Introduction to OHDSI

Afternoon Session

Developing and Evaluating Your Extract, Transform, Load (ETL) Process to the OMOP Common Data Model

Using the OHDSI Standardized Vocabularies for Research

Clinical Characterization Applications to Generate Reliable Real-World Evidence

Population-Level Effect Estimation Applications to Generate Reliable Real-World Evidence

Patient-Level Prediction Applications to Generate Reliable Real-World Evidence

Registration is OPEN for the 2025 Global Symposium • Oct. 7-9, New Brunswick, N.J.

↑ Registrations OPEN ↑

OHDSI Global News

ATLAS Deepdive: User survey and results reviews

Survey 1: Introduction and Overview
https://forms.cloud.microsoft/pages/responsepage.aspx?id=lAAPoyCRq0q6TOVQkCOy1bRG7suJ0TRAkYiV9DicyUFUNDBQRzJVNVZaNlRCUDg0SFIwT1ZTMUlRNC4u&route=shorturl

Survey 2: Data Sources/Vocabularies
https://forms.cloud.microsoft/pages/responsepage.aspx?id=lAAPoyCRq0q6TOVQkCOy1bRG7suJ0TRAkYiV9DicyUFUOFZXTUlURzBESTA3UjJRVlJHRjZSOTdUQS4u&route=shorturl

Survey 3: Concept Sets/Cohorts
https://forms.cloud.microsoft/pages/responsepage.aspx?id=lAAPoyCRq0q6TOVQkCOy1bRG7suJ0TRAkYiV9DicyUFURVc1RUlGNlVQWk05MExTSVQ2RExGMzA3RC4u&route=shorturl

Survey 4: Characterization, Incidence, Treatment Pathways
https://forms.cloud.microsoft/pages/responsepage.aspx?id=lAAPoyCRq0q6TOVQkCOy1bRG7suJ0TRAkYiV9DicyUFUMzkyTkFQTDlIQVlYTTdLSVFKVVJaVTlGQS4u&route=shorturl

Survey 5: Technical and Administrative Capabilities
https://forms.cloud.microsoft/pages/responsepage.aspx?id=lAAPoyCRq0q6TOVQkCOy1bRG7suJ0TRAkYiV9DicyUFUOUM0NDNlWFQ0VlUwNDlGN1RXWFpPOVVBNy4u&route=shorturl

↑ Direct to survey review and tutorial videos.

OHDSI APAC News

🚀 2025 APAC Studies General Meeting

bi-weekly scheduled

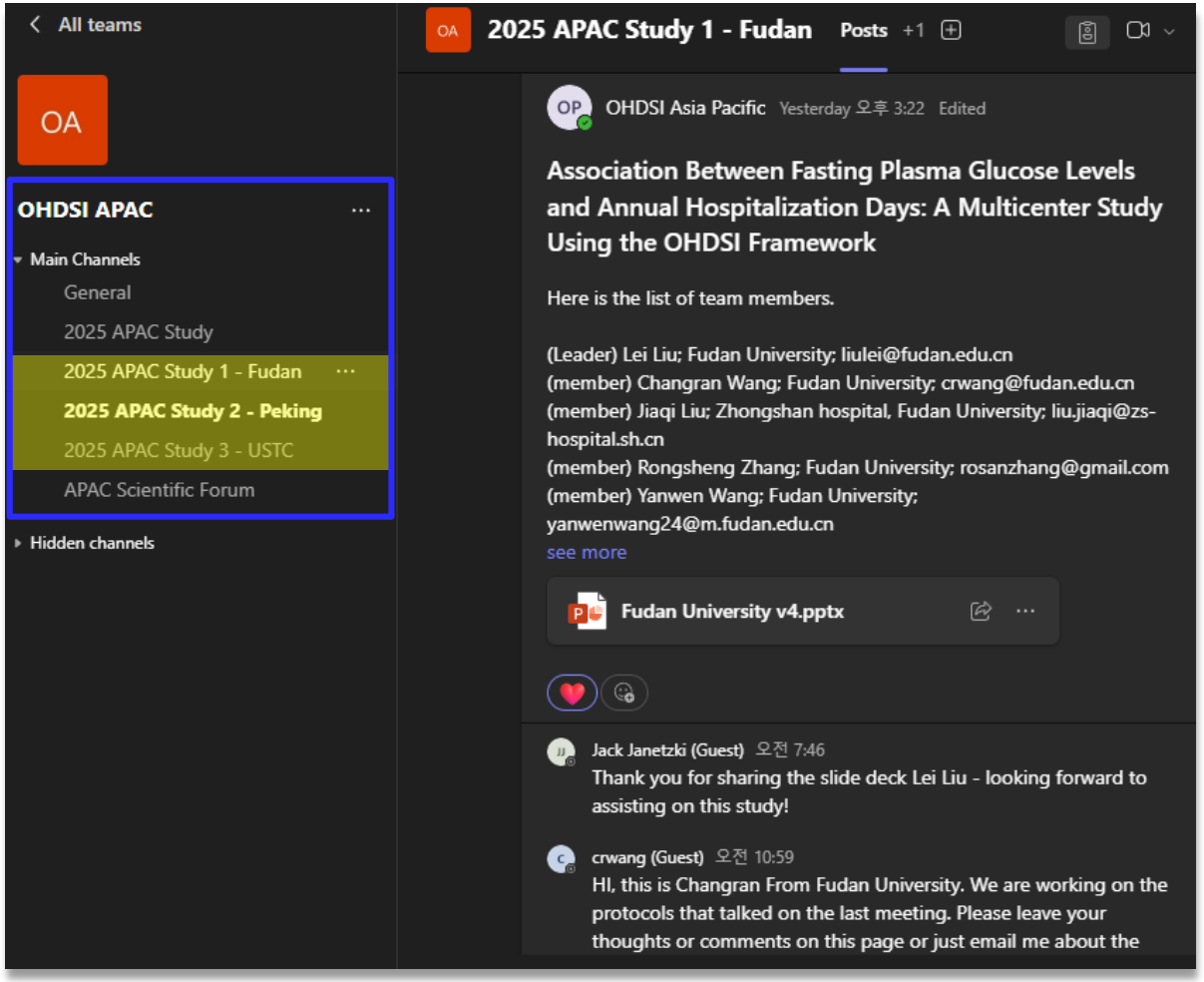
MS Teams channels for each of three studies has been created.

☞ [2025 APAC Study - Fudan]

☞ [2025 APAC Study - Peking]

☞ [2025 APAC Study - USTC]

Warmly welcome your participation and contribution in each channel!



OHDSI APAC News

Next Meetings:

Peking University: Tuesday, July 15
Fudan University: Wednesday, July 16
USTC: Friday, July 18

🕘 All meetings begin at 9:00 am China Standard Time


OHDSI
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

Thank you!