



OHDSI Newcomer Introductions

OHDSI Community Call
Aug. 12, 2025 • 11 am ET





Upcoming Community Calls

Date	Topic
Aug. 19	Tribute to Jamie Weaver
Aug. 26	Large-Language Model Innovations in OHDSI
Sept. 2	Standardized Vocabulary Summer Refresh Update
Sept. 9	Global Symposium Preview
Sept. 16	TBA
Sept. 23	Recent OHDSI Publications
Sept. 30	OHDSI 2025 Poster Preview Mad Minutes / Symposium Logistics
Oct. 7	No Call – OHDSI Symposium
Oct. 14	Welcome to OHDSI
Oct. 21	Meet the Titans



Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?





OHDSI Shoutouts!



Congratulations to the team of **Christine Ramsey-Hardy, Melissa Skanderson, Janet Tate, Amy Justice, Vincent Marconi, Charles Alcorn, Ronald Hauser, Amy Anderson-Mellies, and Kathleen McGinnis** on the publication of **Comparison of 2 electronic health record data extraction methods for laboratory tests used in the Veterans Aging Cohort Study Index in JAMIA Open.**


JAMIA Open, 2025, 8(4), ooaf074
<https://doi.org/10.1093/jamiaopen/ooaf074>

Research and Applications



Research and Applications

Comparison of 2 electronic health record data extraction methods for laboratory tests used in the Veterans Aging Cohort Study Index

Christine Ramsey-Hardy, MS, PhD^{*1,2,3}, Melissa Skanderson, MSW², Janet P. Tate, ScD^{2,3}, Amy C. Justice , PhD, MD^{2,3}, Vincent C. Marconi, MD^{4,5,6}, Charles Alcorn,⁷ Ronald G. Hauser , MD^{2,8}, Amy Anderson-Mellies, MPH^{7,8,9}, Kathleen A. McGinnis, MS, DrPH^{*2}

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Abstract

Objective: To compare Observational Medical Outcomes Partnership (OMOP) Logical Observation Identifiers Names and Codes (LOINC) and Veterans Aging Cohort Study (VACS) methods for extracting laboratory chemistry data from Veterans Health Administration (VA) electronic health records (EHR).

Materials and Methods: Laboratory chemistry test results for 16 laboratory tests commonly assess in Veterans in VACS HIV ($N = 143\,830$) followed in the VA 2015-2019 were extracted from the EHR and compared using 2 different data extraction approaches.

Results: The LOINC approach captured laboratory results from all 130 VA stations for all 16 labs. The VACS approach captured laboratory results from 128 to 130 stations. Both approaches yielded laboratory results for a patient on a given date for 97% or more of the observations for 10 of the tests, 94%-97% for 5 of the tests, and 89% for 1 test. The percentage of exact matches on the value of the test result exceeded 99% for 10 of the laboratory tests and 92% for all other laboratory tests.

Discussion: Both approaches resulted in extraction of similar amounts of data in terms of individual patients, VA stations and total observations for all 16 tests. Both approaches yielded high agreement on test results in terms of identical values and correlation of test results for all tests.

Conclusion: The high level of agreement between VACS and LOINC approaches in this study demonstrate the favorable use of the LOINC approach for extracting laboratory results for most tests due to the ease and efficiency of this approach without compromising validity.

Lay Summary

This study compared Observational Medical Outcomes Partnership (OMOP) Logical Observation Identifiers Names and Codes (LOINC) and Veterans Aging Cohort Study (VACS) methods for extracting test results for 16 common laboratory tests (eg, cholesterol, glucose) from Veterans Health Administration (VA) electronic health records (EHR). Both approaches resulted in extraction of similar amounts of data in terms of individual patients, VA stations and total observations for all 16 tests. Both approaches yielded high agreement on test results in terms of identical values and correlation of test results for all tests. The high level of agreement between VACS and LOINC approaches in this study demonstrates the favorable use of the LOINC approach for extracting laboratory results for most tests due to the ease and efficiency of this approach without compromising validity.

Key words: study; Veterans Aging Cohort Study; Veterans Aging Cohort OMOP; laboratory test results.



OHDSI Shoutouts!



Congratulations to the team of **Yilu Fang, Gongbo Zhang, Fangyi Chen, George Hripcsak, Yifan Peng, Patrick Ryan, and Chunhua Weng** on the publication of **CLEAR: A vision to support clinical evidence lifecycle with continuous learning** in the *Journal of Biomedical Informatics*.



Journal of Biomedical Informatics

Available online 29 July 2025, 104884

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



Special Communication

CLEAR: A vision to support clinical evidence lifecycle with continuous learning

Yilu Fang^a, Gongbo Zhang^a, Fangyi Chen^a, George Hripcsak^{a,1}, Yifan Peng^{b,1}, Patrick Ryan^{a,c,1}, Chunhua Weng^a

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Abstract

Human knowledge of diseases, treatments, and prevention techniques is constantly evolving. The generation of clinical evidence using randomized controlled trials on human subjects occurs notably slowly and inefficiently. The Learning Health System (LHS) has been proposed to facilitate the continuous improvement of individual and population health through a cycle of knowledge, practice, and data. However, the gap between the demand for high-quality evidence to support clinical decisions and the available evidence continues to enlarge. While the current LHS vision articulates the integration of Real-World Data (RWD), the rapid generation of RWD often outpaces the rate of effective evidence synthesis and implementation. Considering this, we propose a new framework that more effectively leverages RWD to support the entire



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Congratulations to the team of **Shahin Hallaj**, **William Halfpenny**, **Niloofer Radgoudarzi**, **Michael Boland**, **Swarup Swaminathan**, **Sophia Wang**, **Benjamin Xu**, **Dilru Amarasekera**, **Brian Stagg**, **Aiyin Chen**, **Michelle Hribar**, **Kaveri Thakoor**, **Kerry Goetz**, **Jonathan Myers**, **Aaron Lee**, **Mark Christopher**, **Linda Zangwill**, **Robert Weinreb**, and **Sally Baxter** on the publication of **Gap Analysis of Standard Automated Perimetry Concept Representation in Medical Terminologies** in the *Journal of Glaucoma*.

The screenshot shows the article page on the Journal of Glaucoma website. The header includes the journal title and navigation links. The article title is prominently displayed, followed by the authors' names. A sidebar on the left contains icons for citation, sharing, favorites, and permissions. The abstract section is visible, starting with the 'Précis' and 'Purpose' sections.

JOURNAL OF Glaucoma
Official Journal of the World Glaucoma Association

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ORIGINAL STUDIES

Gap Analysis of Standard Automated Perimetry Concept Representation in Medical Terminologies

Hallaj, Shahin MD^{*,†}; Halfpenny, William MEng, MB, BChir^{*,†}; Radgoudarzi, Niloofer MD^{*,†}; Boland, Michael V. MD, PhD[‡]; Swaminathan, Swarup S. MD[§]; Wang, Sophia Y. MD, MS[¶]; Xu, Benjamin Y. MD, PhD[¶]; Amarasekera, Dilru C. MD[¶]; Stagg, Brian MD^{*,†,‡}; Chen, Aiyin MD^{‡,¶}; Hribar, Michelle PhD^{‡,§,¶}; Thakoor, Kaveri A. PhD^{¶,§,¶}; Goetz, Kerry E. PhD[§]; Myers, Jonathan S. MD[¶]; Lee, Aaron Y. MD, MSc^{*,†}; Christopher, Mark A. PhD[¶]; Zangwill, Linda M. PhD[¶]; Weinreb, Robert N. MD[¶]; Baxter, Sally L. MD, MSc^{*,†}

Author Information ⓘ

Journal of Glaucoma 34(8):p 644-649, August 2025. | DOI: 10.1097/IJG.0000000000002575

BUY SDC

Abstract

Précis:

In this multi-institutional effort, we identified gaps in SAP data elements within medical terminologies. We proposed new concepts to LOINC to enhance SAP data standards and big data representation and improve interoperability across health care systems.

Purpose:

To identify gaps in the representation of Standard Automated Perimetry (SAP) data elements in Logical Observation Identifiers Names and Codes (LOINC) and the Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM) and propose solutions for those gaps.

Methods:



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Congratulations to the team of
Yoshihiro Aoyagi, Masahiro Baba,
Suzue Terao, Yuya Ikeda, Keiichi
Nomura, and Akihiro Sato on the
publication of **Feasibility of Converting**
EMR Data to OMOP CDM and Utilizing
OHDSI Analysis Tools in Japan in *Studies*
in Health Technology and Information
Volume 329: MEDINFO 2025 —
Healthcare Smart × Medicine Deep.

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MEDINFO 2025 — Healthcare Smart × Medicine Deep

M.S. Househ et al. (Eds.)

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doi:10.3233/SHTI251292

Feasibility of Converting EMR Data to OMOP CDM and Utilizing OHDSI Analysis Tools in Japan

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Abstract. The study investigates the feasibility of converting electronic medical record (EMR) data to the Observational Medical Outcomes Partnership Common Data Model (OMOP CDM) and utilizing Observational Health Data Sciences and Informatics (OHDSI) analysis tools in Japan. Data from 8,387 breast cancer patients at the National Cancer Centre Hospital East were extracted and transformed into OMOP CDM. OHDSI software and standard vocabulary were installed, and the transformed data were displayed on ATLAS for analysis. The quality of the converted datasets was assessed using the Data Quality Dashboard developed by the OHDSI community. Mapping to OHDSI standard vocabulary was performed for 7,259 terms, with SNOMED-CT, RxNorm, and LOINC frequently used. The conversion program was applied to all cases, but there were challenges, such as race data and anticancer drug specification selection. ATLAS displayed reports on the observation period and drug use. The study demonstrated the feasibility of converting EMR data to OMOP CDM and utilizing ATLAS in Japan. However, there were challenges in software installation, vocabulary mapping, and data quality evaluation.

Keywords. EMR, OMOP CDM, OHDSI, SNOMED-CT, RxNorm, LOINC



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Congratulations to the team of **Yao An Lee, Ying Lu, Jiang Bian, Jingchuan Guo, and Xing He** on the publication of **Transforming the Medicare Claims Data to the OMOP Common Data Model in *Studies in Health Technology and Information* Volume 329: MEDINFO 2025 — Healthcare Smart × Medicine Deep.**

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MEDINFO 2025 — Healthcare Smart × Medicine Deep
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doi:10.3233/SHTI251106

Transforming the Medicare Claims Data to the OMOP Common Data Model

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Abstract. Integrating heterogeneous healthcare datasets, such as claims and electronic health records, is important for making real-world data analytical-ready but poses challenges due to variations in data structures and clinical terminologies. We developed a systematic Extract, Transform, Load (ETL) pipeline to transform Medicare claims data into the Observational Medical Outcomes Partnership Common Data Model, enabling interoperability and standardized analytics. The ETL process was developed using the ETL-CMS framework and enhanced with updated procedures utilizing open-source ETL tools—WhiteRabbit. Rigorous testing ensured data accuracy and consistency, achieving a 99.2% passing rate in quality check assessment using the Data Quality Dashboard. Comparative analysis demonstrated an accurate representation of demographics and clinical comorbidities, with slight variations attributed to syntactic errors in the source data. This scalable framework fosters interoperability, supports global standards, and enables collaborative clinical research, advancing the integration of diverse healthcare datasets for improved analytics.

Keywords. Medicare claim data, Common Data Model



OHDSI Shoutouts!



Congratulations to the team of **Yan Hu, Na Hong, Yiming Li, Xueqing Peng, Yong Chen, and Hua Xu** on the publication of **PheCatcher: Leveraging LLM-Generated Synthetic Data for Automated Phenotype Definition Extraction from Biomedical Literature** in *Studies in Health Technology and Information Volume 329: MEDINFO 2025 — Healthcare Smart × Medicine Deep*.

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doi:10.3233/SHTI250934

PheCatcher: Leveraging LLM-Generated Synthetic Data for Automated Phenotype Definition Extraction from Biomedical Literature

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Abstract. Phenotype definitions are crucial for the progression of precision and personalized medicine. Although phenotype knowledge bases such as PheKB and the OHDSI library are available, they rely heavily on manual input. This study introduces PheCatcher, an automated pipeline that integrates BiomedBERT-based Named Entity Recognition (NER) and Relation Extraction (RE) to extract phenotypes and standardized codes from biomedical literature. To complement human annotation, GPT-4 was utilized to generate synthetic data, which improved model performance. The NER model's F1 score for "phenotype" entities increased from 0.616 to 0.800, and the RE model achieved an F1 score of 0.901. The application of the pipeline to the PubMed Central (PMC) articles resulted in the extraction of 173,283 phenotype definitions, which are now publicly accessible. Our study underscores the potential of synthetic data for information extraction (IE) and offers the first evidence of the feasibility of leveraging synthetic data to build a complete IE system.

Keywords. Phenotype Definition, Information Extraction, Synthetic Data



OHDSI Shoutouts!



Congratulations to the team of **Clair Blacketer, Martijn Schuemie, Maxim Moinat, Erica Voss, Montse Camprubi, Peter Rijnbeek, and Patrick Ryan** on the publication of **Advancing Real-World Evidence Through a Federated Health Data Network (EHDEN): Descriptive Study** in the *Journal of Medical Internet Research*.

JOURNAL OF MEDICAL INTERNET RESEARCH

Blacketer et al

Original Paper

Advancing Real-World Evidence Through a Federated Health Data Network (EHDEN): Descriptive Study

Clair Blacketer^{1,2,3}, MPH; Martijn J Schuemie^{1,3,4}, PhD, MS; Maxim Moinat^{1,2}, MS; Erica A Voss^{1,3}, PhD, MPH; Montse Camprubi^{1,5}, MS; Peter R Rijnbeek^{1,2*}, PhD, MS; Patrick B Ryan^{1,3,6*}, PhD, MS

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Abstract

Background: Real-world data (RWD) are increasingly used in health research and regulatory decision-making to assess the effectiveness, safety, and value of interventions in routine care. However, the heterogeneity of European health care systems, data capture methods, coding standards, and governance structures poses challenges for generating robust and reproducible real-world evidence. The European Health Data & Evidence Network (EHDEN) was established to address these challenges by building a large-scale federated data infrastructure that harmonizes RWD across Europe.



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
Tuesday	12 pm	Generative AI and Analytics
Tuesday	3 pm	Oncology Outreach/Research Subgroup
Wednesday	9 am	Prediction
Wednesday	7 pm	Eyecare and Vision Research
Thursday	9:30 am	Network Data Quality
Thursday	10 am	Rare Diseases
Thursday	10:30 am	Evidence Network
Friday	10 am	GIS-Geographic Information System
Friday	10:30 am	Open-Source Community
Friday	11:30 am	Steering
Monday	9 am	Vaccine Vocabulary
Monday	10 am	Africa Chapter
Monday	10 am	Getting Started (Health Systems Subgroup)
Monday	11 am	Data Bricks User Group
Monday	2 pm	Electronic Animal Health Records
Tuesday	9:30 am	CDM Survey Subgroup



Titan Award Nominations Are Open

The Titan Awards have been handed out annually since 2018 to recognize OHDSI collaborators (or collaborating institutions) for their contributions towards OHDSI's mission.

Nominations for the 2025 Titan Awards are now open. **Please complete your nominations by our Sept. 9 (8 pm ET) deadline!**

ohdsi.org/titan-awards





August Newsletter is Available



The Journey Newsletter (August 2025)

The second half of 2025 will feature OHDSI symposia around the world, and we got off to a fantastic start with the Europe Symposium, held in Hasselt, Belgium, last month. Videos, posters and more are now available from this event. We also look ahead to events in the USA, Uganda and China. There is also an opportunity to be part of the FHIR to OMOP conversation, which you can learn more about in this newsletter. [#JoinTheJourney](#)

Podcast: Europe Symposium Review, Revelations from OHDSI Summer School



On The Journey

In the August 2025 On The Journey podcast, Patrick Ryan and Craig Sachson reflect on the collaborative nature of the recent Europe Symposium, as well as some of the scientific output from the event, including a panel around the European Health Data Space. They also discuss the first Summer School in Observational Health Data Science & Informatics, AI, and Real World Evidence, hosted by OHDSI faculty at Columbia University. (If video does not appear, click [View this email in your browser](#))

Community Updates

Where Have We Been?

- Thank you to everybody in the community who submitted brief reports for the 2025 Global Symposium. We had nearly 150 submissions for our OHDSI2025 Collaborator Showcase, which will be held Oct. 8 as part of the Global Symposium (more information below). All collaborators will receive notifications about their submissions in mid-August.
- The [6th European OHDSI Symposium](#) took place July 5-7 at the historic Old Prison building of Hasselt University in Belgium, and all resources can now be found on the event homepage. The program included two full days of tutorials and workshops, followed by a main symposium featuring presentations, a panel discussion, poster and lightning talks, and opportunities to network with current or future collaborators. Over 300 researchers, data scientists, healthcare professionals, and policymakers attended to explore developments in OMOP-CDM, collaborative health data projects, and regional efforts aligned with the emerging European Health Data Space.
- The first Summer School in Observational Health Data Science & Informatics, AI, and Real World Evidence was held in July at the Department of Biomedical Informatics at Columbia University. OHDSI faculty (Patrick Ryan, George Hripcsak, Anna Ostroplets and Karthik Natarajan) led this week-long event which provided health professionals, researchers, and industry practitioners with an immersive, hands-on training to working with real-world health data and generating real-world evidence.

Where Are We Now?

- On August 12, we will host our annual "Meet OHDSI Newcomers" community call. If you are relatively new to the community or hope to have a bigger role, this is a great opportunity to introduce yourself. Please tell us who you are and where you work, what are your research interests, how you hope to help the community, and how OHDSI can help your own research journey. For scheduling purposes, [please note your interest in taking part in this brief survey](#).
- During the July 29 community call, Davera Gabriel and Jean Duteau [provided an update on the FHIR-to-OMOP Implementation Guide](#). They discussed what is in the guide and how you can provide feedback by joining the formal review before the ballot pool closes on August 7. Learn more about how to provide feedback later in this newsletter.
- Curious about the latest developments and innovations around large-language models in OHDSI? The August 26 community call will feature some of the leaders in our community to highlight some of the recent work. The link to join upcoming community calls, as well as videos and slides from past presentations, [can be found here](#).



Hasselt Is Home For 2025 Europe Symposium, Which Highlights Advancements, Collaboration



The 2025 OHDSI Europe Symposium took place July 5-7 at Hasselt University in Belgium, marking the first time the event was held outside of Rotterdam. Hosted in the historic Old Prison building, the symposium attracted more than 350 participants from across Europe and beyond, including researchers, clinicians, policymakers, and data scientists. Thank you to Liesbet Peeters, Ilse Vermeulen and the entire Hasselt team for your amazing leadership.

July Publications

Haber R, Webster-Clark M, Pratt N, Barclay N, Li X, Maro JC, Platt RW, Prieto-Alhambra D, Fillion KB. [Core Concepts in Pharmacoepidemiology: Multi-Database Distributed Data Networks](#). Pharmacoepidemiol Drug Saf. 2025 Jul;34(7):e70177. doi: 10.1002/pds.70177. PMID: 40619597; PMCID: PMC12230205.

Spotnitz M, Giannini J, Clark E, Ostchega Y, Litwin TR, Goff SL, Berman L. [Assessing the Data Quality Dimensions of Surgical Oncology Cohorts in the All of Us Research Program](#). JCO Clin Cancer Inform. 2025 Jul;9:e2500078. doi: 10.1200/CCI-25-00078. Epub 2025 Jul 8. PMID: 40627823; PMCID: PMC12240465.

Trofymenko M, Korchmar E, Kaduk D, Vikhrak M, Khilchevskiy B, Nesmilan T, Talapova P, Ved M, Ageeva I. [Jackalope Plus tool for post-coordination, ontology development, and precise mapping in observational health studies](#). Sci Rep. 2025 Jul 2;15(1):23674. doi: 10.1038/s41598-025-04046-9. PMID: 40603892; PMCID: PMC12223214.

Mendez N, Alonso E, Espejo MD, López M, Alonso-Arce M, Rojo E, Garin-Muga A. [Harmonizing Electronic Health Records to the OMOP Common Data Model: A Case Study on Surgical Complications](#). Stud Health Technol Inform. 2025 Jun 26;328:261-265. doi: 10.3233/SHIT250715. PMID: 40588922.

Park WY, Sippel Schmidt T, Salvador G, O'Donnell K, Genereaux B, Jeon K, You SC, Dewey BE, Nagy P; Alzheimer's Disease Neuroimaging Initiative. [Breaking data silos: incorporating the DICOM imaging standard into the OMOP CDM to enable multimodal research](#). J Am Med Inform Assoc. 2025 Jul 18:ocaf091. doi: 10.1093/jamia/ocaf091. Epub ahead of print. PMID: 40680297.

Tong J, Reys JM, Luo C, Lu Y, Li L, Ramirez-Anguita JM, Brand MT, DuVal SL, Falconer T, Fuentes AM, He X, Matheny ME, Mayer MA, Patel BK, Simon KR, Suchard MA, Tang G, Viernes B, Williams RD, van Zandt M, Wang F, Bian J, Zhou J, Asch DA, Chen Y. [Unlocking efficiency in real-world collaborative studies: a multi-site international study with one-shot lossless GLMM algorithm](#). NPJ Digit Med. 2025 Jul 19;8(1):457. doi: 10.1038/s41746-025-01846-1. PMID: 40681761; PMCID: PMC12274576.

Trezena S, Martelli DRB, Bonan PRF, Graner E, Sobrinho LMF, Alawi F, Coletta RD, Martelli-Júnior H. [Knowledge and attitudes about rare genetic diseases among practitioners of oral medicine/pathology in Brazil: a cross-sectional study](#). Front Oral Health. 2025 Jul 7;6:1573355. doi: 10.3389/froh.2025.1573355. PMID: 40692699; PMCID: PMC12277291.



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#JoinTheJourney



ohdsi



August Newsletter is Available



OHDSI

OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

Who We Are ▾

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Standards

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2024 'Our Journey' Annual Report

Current Events ▾

Support & Sponsorship

2025 Global Symposium ▾

2025 Africa Symposium

2025 APAC Symposium

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August 2025

July 2025

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May 2025

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March 2025

Full Archive

Welcome to OHDSI!

The Observational Health Data Sciences and Informatics (or OHDSI, pronounced "Odyssey") program is a multi-stakeholder, interdisciplinary collaborative to bring out the value of health data through large-scale analytics. All our solutions are open-source.

OHDSI has established an international network of researchers and observational health databases with a central coordinating center

2025 Global Symposium

Please join us at the 2025 Global Symposium which will be held at the Hyatt Regency New Brunswick, N.J., on Oct. 7-9. The tutorials Oct. 7, the main conference Oct. 8, and workshop activities Oct. 9.

Global Symposium Homepage

Register Me for the Symposium



Spotlight: Priya Desai

Priya Desai is a physicist by training and a data scientist at heart. As the Biomedical Informatics R&D lead of the Research IT team at Stanford University, she is passionate about the mission of building the next generation of products to leverage healthcare research and analytics.

In the latest edition of the Collaborator Spotlight, Desai discusses her career journey, the STARR-OMOP initiative, why she believes medicine mirrors astrophysics, watching her daughter enter the health data science research field, and more.

ohdsi.org/spotlight-priya-desai



SURVEY DATA AND THE OMOP CDM: LANDSCAPE ASSESSMENT

- <https://forms.gle/f18ufspAFT3jSYrk6>
- Open through August 31, 2025



Nicole Gerlanc, PhD

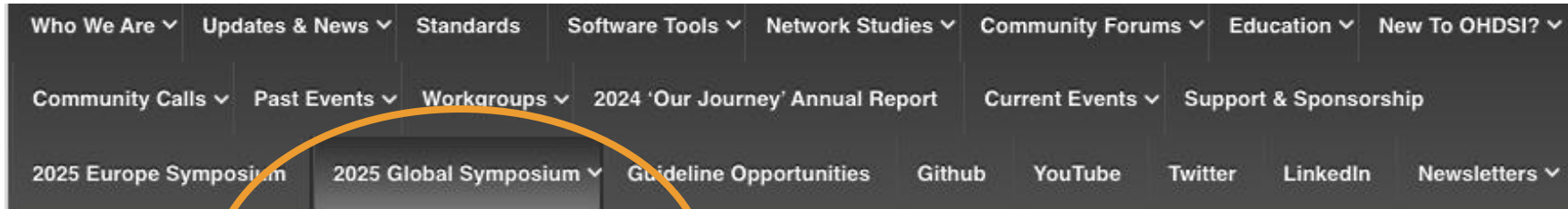
Data Analyst Lead, Connect Study
Trans-Divisional Research Program
Division of Cancer Epidemiology and Genetics
National Cancer Institute

Email: nicole.gerlanc@nih.gov

Wiki: <https://github.com/OHDSI/CdmSurveySubWg/wiki>



Global Symposium: Oct. 7-9



2025 Global Symposium Homepage

Register for OHDSI2025

OHDSI2025 Collaborator Showcase

OHDSI2025 Tutorials



2025 OHDSI Global Symposium

Oct. 7-9 • New Brunswick, N.J. • Hyatt Regency Hotel

There is nothing quite like the OHDSI Global Symposium, which welcomes hundreds of collaborators around the world who believe in the shared

ohdsi.org/ohdsi2025



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

ohdsi.org/africa2025



Africa Symposium: Nov. 10-12

The 2025 OHDSI APAC Symposium will be held in Shanghai, China at the Shanghai Jiao Tong University featuring a 1-day tutorial and a 1-day main conference. Here are some important dates for you to save to your calendar:

Collaborator Showcase

- Submissions deadline: September 7
- Submissions review: September 8 – October 9
- Notification of acceptance: October 17



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#OHDSISocialShowcase This Week

Monday

Progress and Challenges of the OHDSI Africa Chapter

(**Cynthia Sung**, **Agnes Kiragga**, OO Aluko, David Amadi, Samson Yohannes Amare, Daniel Ankrah, Alex Asiimwe, Chidi Asuzu, Tathagata Bhattacharjee, Adam Bouras, Geert Byttebie, Pascal Coorevits, Kluivert B. Duah, Chris Fourie, Yacob Gebretensae, Jay Greenfield, Lars Halvorsen, Jared Houghtaling, Katherine Johnston, Andrew S. Kanter, Johnblack Kabukye, Mack Kigada, Charlie Maere, Sylvia Muyingo, Maureen Ng'etich, Michael Ochola, Henry Ogoe, Bolu Oluwalade, James Orwa, Nahendra Singh Garbyal, Amelia Taylor, Marleen Temmerman, Jim Todd, Marc Twagirimukiza, Mirjam van Reisen, Michel Walravens, Andrew Williams)



The **OHDSI Africa Chapter** is advancing data harmonisation on the continent towards creating a federated network to analyse African data for evidence-based decision-making

Progress and Challenges of the OHDSI Africa Chapter

Cynthia Sung^{1*}, Agnes Kiragga^{2*}, OO Aluko³, David Amadi^{4,5}, Samson Yohannes Amare⁶, Daniel Ankrah⁷, Alex Asiimwe⁸, Chidi Asuzu⁹, Tathagata Bhattacharjee¹⁰, Adam Bouras¹¹, Geert Byttebie^{12,13}, Pascal Coorevits¹⁴, Kluivert B. Duah¹⁵, Chris Fourie¹⁶, Yacob Gebretensae¹⁷, Jay Greenfield¹⁸, Lars Halvorsen¹⁹, Jared Houghtaling^{20,21}, Katherine Johnston²², Andrew S. Kanter²³, Johnblack K. Kabukye²⁴, Mack Kigada²⁵, Charlie Maere²⁶, Sylvia Muyingo²⁷, Maureen Ng'etich²⁸, Michael Ochola²⁹, Henry Ogoe³⁰, Bolu Oluwalade³¹, James Orwa³², Nahendra Singh Garbyal³³, Amelia Taylor³⁴, Marleen Temmerman^{35,36}, Jim Todd^{37,38,39}, Marc Twagirimukiza⁴⁰, Mirjam van Reisen⁴¹, Michel Walravens⁴², and Andrew Williams⁴³

¹Duke-NUS Medical School SGP, ²African Population Health Research Center KEN, ³Obafemi Awolowo University NGA, ⁴London School of Hygiene and Tropical Medicine GBR, ⁵Leiden University NTH, ⁶Korle-Bu Teaching Hospital GHA, ⁷Gilead Sciences USA, ⁸Duke Medical School USA, ⁹Ontario USA, ¹⁰Mediaman BV BEL, ¹¹Ghent University BEL, ¹²Queens University IRE, ¹³Western Cape Provincial Health Data Centre ZAF, ¹⁴Michigan Medicine USA, ¹⁵CODATA FRA, ¹⁶EdenHealth NV BEL, ¹⁷Tufts University School of Medicine USA, ¹⁸University of Cape Town ZAF, ¹⁹Columbia University USA, ²⁰Uganda Cancer Research Center, ²¹Digilab KEN, ²²Elizabeth Glaser Pediatrics AIDS Foundation MWI, ²³Publicis Sapient GHA, ²⁴Children's Hospital of Philadelphia USA, ²⁵Aga Khan University KEN, ²⁶MITJUNG IND, ²⁷Malawi University of Business and Applied Science MWI, ²⁸Catholic University of Health and Applied Sciences TZA, ²⁹National Inst for Medical Research, TZA, ³⁰OHDSI Belgium Node, ³¹Chapter Co-leads

Objectives

The OHDSI (Observational Health Data Science & Informatics) Africa Chapter aims to strengthen awareness and capacity for data harmonisation and analyses using OHDSI tools to meet the data-driven evidence needs of African researchers, health providers, and governments. Objectives for the Chapter in 2025 are to (1) hold the first OHDSI Africa Symposium on the continent by year end, (2) submit two or more grants supporting additional Extract, Transform, Load (ETL) of African data, (3) conduct a deep dive exercise of the ETL process to the OMOP CDM (Observational Medical Outcomes Partnership Common Data Model), (4) propose Africa-specific terminology to add to the OHDSI standard vocabulary, (5) develop customized curricula on OHDSI methodology for different stakeholder groups, and (6) initiate work on a maturity level model for OMOP CDM ETL implementation.

Methods

The Chapter meets virtually biweekly on Monday at 3 pm WAST, 4 pm CAT/SAST, 5 pm EAT. Join this Chapter in by first joining the OHDSI Global Teams environment tinyurl.com/JoinOHDSI then registering for the Africa Chapter tinyurl.com/JoinOHDSI-Chapters-WG

Results

The First OHDSI Africa Symposium will take place in 10-12 November 2025 in Kampala, Uganda, which will include tutorials on the OMOP CDM and OHDSI analytical tools. Two afternoons will overlap with an HIV conference.



- Institutions in **Rwanda, Kenya, Malawi, Tanzania, and South Africa** have created OMOP CDM versions of local health data.
- The **Rwanda Biomedical Center** has ETL'd data from OpenMRS and OpenClinic EMRs at 14 hospitals, which contains 3.6 million unique subjects.
- The **INSPIRE** network at the African Population Health and Research Centre (APHRC) Kenya carried out ETLs to the OMOP CDM using data from the Health and Demographic Surveillance System in Kenya, Tanzania and South Africa.
- APHRC, the lead organisation for the Wellcome Trust-funded "Data Science Without Borders", is a partnership of institutions in **Ethiopia, Cameroon, Senegal, Africa CDC, CODATA, The Alan Turing Institute and LSHTM**, which is pursuing activities to build human capacity and promote open data science in Africa.
- The EDCTP3 program (also funded by the EU through Horizon Europe framework) has funded the **AFRICA-EU BRIDGE NETWORK** project among **Belgium, Benin, Ethiopia, Kenya, Norway, Rwanda, South Africa, and Uganda**. Led by Ghent University, this network aims to train African researchers in health informatics using OHDSI tools. >120 applications were received for 10 PhD and 4 postdoctoral fellowships. Selected candidates will take coursework at one of 3 African partner universities, ETL African health data and conduct research on infectious diseases, and conduct research under mentorship from experienced OHDSI scientists in Europe.
- Malawi has created a data lake or HIV data in an OMOP CDM instance.
- To increase accessibility of training materials, The **Book of OHDSI** is being translated in languages widely used in Africa: **French, Portuguese, Arabic and Kiswahili**.

The OHDSI Africa Chapter is building capacity and partnerships to standardise African health data using the OMOP Common Data Model and OHDSI tools for more streamlined methods to generate evidence to support health related decision-making. Additional investment is critical to scaling these efforts and creating sustainable, Africa-led programs to generate evidence from digital health data.



Join the OHDSI Africa Chapter biweekly meeting Monday at 3pm WAT, 4 pm CAT/SAST, 5 pm EAT, 10 am EDT, 9 am EST, 4 pm CET
For more information, contact cynthia.sung@duke_nus.edu.sg



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#OHDSISocialShowcase This Week

Tuesday

Unlocking Real-World Evidence through Common Data Models: Challenges and Opportunities in the Italian Context

(**Gianluca Fabiano**, Lucia Sacchi, Rafael Pinedo-Villanueva, Andrea Marcellusi)

In Italy, CDMs are seen as valuable tools for enhancing interoperability and supporting collaborative research but their effective implementation depends on addressing underlying barriers in data access and regulation.

Unlocking Real-World Evidence through Common Data Models: Challenges and Opportunities in the Italian Context

Despite having among the highest number of EHDEN data partners among participating nations, Italian researchers are facing challenges in accessing and reusing real-world data (RWD), even if mapped to common data models (CDMs) (1). This study aims to gain insight into the experience of researchers and experts in the use of RWD and their awareness on CDMs, as well as key priorities to improve the reuse of health data in Italy.

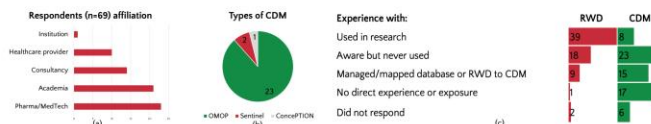


Figure 1: Overview of respondents' affiliations (a), CDMs used or observed (b), and their experience with RWD and CDMs (c)

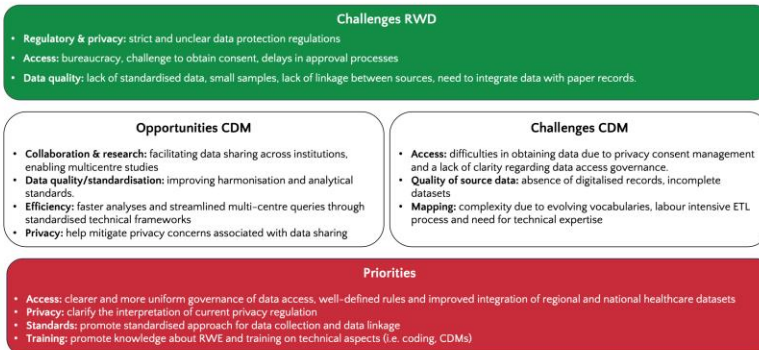


Figure 2: Challenges, opportunities and priorities with RWD and CDMs in Italy

Methods

A survey of 12 questions was distributed to members of the OHDSI Italy national node, the ISPOR Italy Rome Chapter (the leading professional society for health economics and outcomes research) and a convenience sample of stakeholders via social media and focused on respondents' experience with RWD, the opportunities and challenges associated with adopting CDMs, and the key priorities for enhancing the use of RWD and CDMs in Italy as well as their perceptions on the broader role of RWE for health technology assessment.

Limitations: This survey is based on a convenience sample. Responses may be subject to selection and response bias, and the analysis is descriptive, limiting generalisability.



G. Fabiano¹, L. Sacchi², R. Pinedo-Villanueva³, A. Marcellusi³, and the Italian OHDSI-ISPOR working group.

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#OHDSISocialShowcase This Week

Wednesday

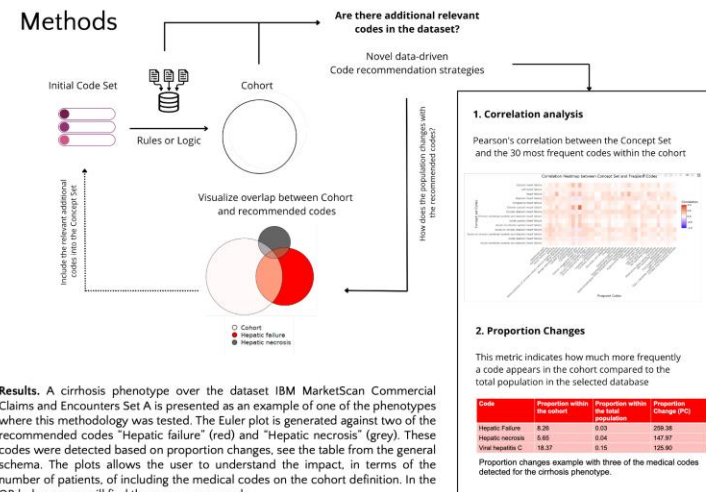
Novel Data-Driven Approaches for Code Recommendations and Visualization during Phenotype Evaluation

(Luisa Martinez, Julia Souza, Marcela Rivera)

Enhancing phenotype evaluation: Novel open-source **Medical Codes Recommendation** and **Visualization** strategies to improve phenotype accuracy and efficiency with **data-driven** insights.

Novel Data-Driven Approaches for Code Recommendations and Visualization during Phenotype Evaluation

Background: Medical code recommendation is currently not available during phenotype evaluation, and decisions on whether including a new medical code remain difficult with a list of recommended codes in ATLAS. With the goal of improving phenotype accuracy and efficiency, we propose two novel data-driven strategies for medical code recommendation to be applied during evaluation, together with a visualization strategy to assess their impact on cohort composition.



Results. A cirrhosis phenotype over the dataset IBM MarketScan Commercial Claims and Encounters Set A is presented as an example of one of the phenotypes where this methodology was tested. The Euler plot is generated against two of the recommended codes "Hepatic failure" (red) and "Hepatic necrosis" (grey). These codes were detected based on proportion changes, see the table from the general schema. The plots allow the user to understand the impact, in terms of the number of patients, of including the medical codes on the cohort definition. In the QR below users will find the open-source code.

Limitation: Given the computational demands of correlation analyses, we limited our focus to the most frequent codes within the cohort. Nonetheless, after implementing parallel processing, the runtime was significantly improved, allowing for a feasible analysis timeline.



Luisa Martinez, Julia de Souza, Marcela Rivera
Acknowledgements: James P. Gilbert





#OHDSISocialShowcase This Week

Thursday

“Studyathons” can catalyse rapid progress in OMOP-enabled oncology research: insights from DigiONE I3

(Xosé Fernández, Jie Yeap, James Brash, Lauren Revie, James Anderson)

“Studyathons” can catalyse rapid progress in OMOP-enabled oncology research: insights from DigiONE I3

Background

Studyathons are a promising model for scaling federated health research in Europe. This poster shares lessons learned and practical guidance for future implementations. DigiONE I3 (OHDSI infrastructure for Oncology in Europe) is a co-funded project by the European Commission that aims to create a federated European digital real-world evidence research network. Over 15 hospitals are involved from 9 countries in Europe, with support from private sector and non-profit partners. The programme started in late 2023. As part of the programme, a number of “proof of concept” studies have been running to test and demonstrate the ability of the network (and other committed organisations) to deliver analytic outputs using federated analysis across OMOP-configured nodes in hospital sites. For two of these studies, one in non-small cell lung cancer (NSCLC) and one in metastatic breast cancer (mBC), a “studyathon” approach is being utilised. A “studyathon” is similar to a “hackathon” and brings together multi-disciplinary experts from across hospital sites and other supporting partners for a multi-day in-person event with the aim to establish the foundations, rules, and algorithms for the participating datasets based on the protocol for the study. As part of the preparation for these studyathons, DigiONE has drawn on experience of similar programmes, for example the PIONEER programme (<https://pioneer.euro>). Consideration has also been given to the academic literature on the subject, which indicates that there is increasing use of “hackathons” and “studyathons” (Falk, et al., 2024) although their impact is not always well understood (Schulzen & Chourta, 2023). Specifically, interest in this approach for health research is increasing, and OHDSI/OMOP are important enablers of this (Hughes, et al., 2022).

Methods

Studyathon 1: Lisbon, February-March 2024

- Research focus: patient characteristics and treatment patterns for patients with **metastatic non-small cell lung cancer**.
- 5 days
- 40 attendees from all participating sites (and observers)
- 3 working groups:
 - Phenotyping (identifying cohort)
 - Treatment (identifying treatments received, and develop line of therapy algorithm)
 - Outcomes (developing federated analysis approach and generate KM curves)

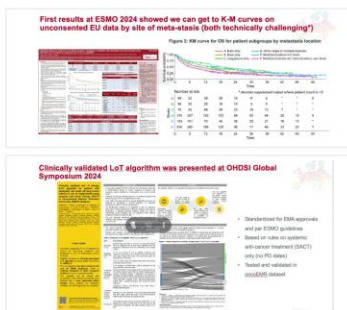
Studyathon 2: Brussels, April 2025

- Research focus: disease natural history and outcomes in mBC/HER2- **metastatic breast cancer**.
- 3 days
- 25 attendees from all participating sites (and observers)
- 3 working groups:
 - Phenotyping (identifying cohort)
 - Flat file (extracting data into a flat file for federated analysis)
 - Federated analysis (generating analytic approaches and code for analysis)

Summary of learnings



Examples of studyathon outputs



Limitations

Only two studyathons have been conducted so far as part of the DigiONE studies, both in solid tumours, with a third one planned in 2026. Additional studyathons in new tumour types will help further refine these learnings. Neither studyathon involved patients or patient advocates “on site” – this might provide additional benefits in terms of directing the work and understanding the relevance of the findings. Future research should continue to consider the benefits and success factors of studyathons. In particular, it would be of significant value to have a systematic means of capturing learnings from these kind of events in a healthcare and OMOP context.

References

Oates, A. K. et al. (2024) Federated analysis of overall survival (OS) by location of metastases (mBC) in patients (pts) with metastatic NSCLC (mNSCLC) from the Digital Oncology Network for Europe (DigiONE). *Annals of Oncology*, Volume 35, 1055.
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Schulzen, C., & Chourta, I. (2023). How do we learn in and from hackathons? A systematic literature review. *Education and Information Technology*, 28(6), 2038.



Xosé Fernández, Jie Yeap, James Brash, Lauren Revie, Isabella Kaczmarczyk, James Anderson





#OHDSISocialShowcase This Week

Friday

The REACT-TIA Study-a-thon: Conducting a rapid multi- database cohort study in a pharmaceutical company - Lessons learned

(Elif Inan-Eroglu, Daloha Rodriguez-Molina, Khaled Abdelgawwad, Kim López-Güell, Carina Dinkel-Keuthage, Fernando Dursi, Tomasz Dyszynski, Melanie Tucharth, Juho Immonen, Gilbert Ko, Samu Kurki, Amy Mulick, Montse Soriano Gabarro, Jason Xen, Preen Vora, Gianmario Candore, Katrin Manlik, David Vizcaya)

The studyathon at Bayer showed that a **structured, collaborative** approach effectively accelerates research execution while maintaining **scientific rigor**, proving its feasibility and value in a **pharmaceutical setting**

The REACT-TIA Studyathon: Conducting a rapid multi-database cohort study in a pharmaceutical company - Lessons learned



Figure 1: Bayer studyathon logo

Background: A studyathon is an innovative research method where experts collaborate intensively over a short period to generate reliable evidence on specific medical topics. In July 2024, Bayer conducted its first studyathon to assess Recurrent Events following a Transient Ischemic Attack (REACT-TIA), testing the feasibility of this format within a pharmaceutical setting and sharing insights to enhance evidence generation for future studies using harmonized data and analytical tools (Figure 1).

Methods: The studyathon was planned with an 8-week preparation phase, 1-week execution, and 3-week post-event phase (Figure 2), using Real-World Data sources in OMOP CDM format and tools provided by OHDSI and DARWIN EU.

- **Preparatory Phase:** A core team of seven defined the research question and coordinated internally to align with study objectives and four sub-teams were formed (Figure 3).
- **Execution Phase:** Conducted in a hybrid setting, participants committed 2-8 hours/day. Sub-teams continued coordinating activities, tracked via a dashboard. Daily lessons were captured for future improvements, culminating in "Big Medical Round Table" sessions to interpret the results and discuss findings.
- **Post-Event Phase:** Post-event responsibilities were assigned to maintain high engagement.

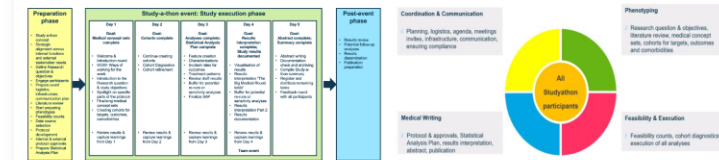


Figure 2: Agenda for the studyathon

Figure 3: Organizational setup of the studyathon team

Results: The event successfully concluded with a conference abstract presented at the **International Stroke Conference** in February 2025. The studyathon yielded key insights for the REACT-TIA study and future events.

The preparatory phase was vital, with the division into four sub-teams facilitating coordination of activities. The execution phase was intense, culminating in a draft abstract created collaboratively by 18 participants, including epidemiologists, researchers, data scientists, clinicians, and pharmacovigilance experts (Figure 4).

Conclusion: Organizing the studyathon in 3 phases ensured structure, speed, and focus. This approach accelerated study execution while maintaining **scientific rigor**. Implementing studyathons in a pharmaceutical company proved **feasible and valuable** for enhancing collaboration. Future work includes creating a "studyathon in a box" toolkit with organizational setup, agenda samples, a deliverables dashboard, and checklists to help teams efficiently implement future studyathons.



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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?





Meet The OHDSI Newcomers

Olga Endrich

Sam Fisch

Gaurav Dravida

Pranav Adiga

Mostafa Samy

Ugochukwu Onyeonoro

Natalie Provenzale

Ousmane Diop

Nhung

Somayeh Abedian

Ashley Marte

Lucia

Jiwoo Seo

Jill Vestal

Ashley Marte

Ozioma Stellamaris Uwaezu

Daniel Nsanzabandi

Vinay Pai

Kayoko Shioda

Christian Högberg

Farnoosh

Kyungseon Yohan Choi

Adeel Arif

Delaney Ding

Francis Kanyike

Charlotte Heaven

Craig Rothenberg

Saba Sohail



**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**