APAC Community Call

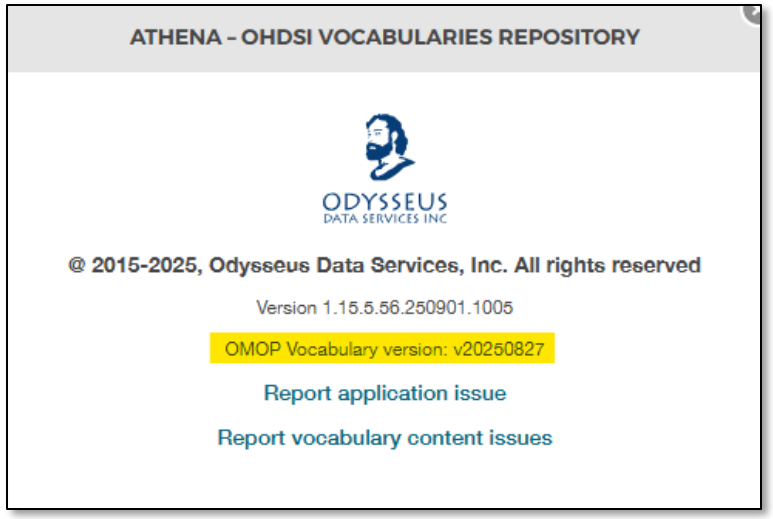
October 16, 2025

Agenda

- OHDSI News
- 2025 OHDSI Global Symposium Recap
- 2025 OHDSI APAC Studies
  - Peking University
  - Fudan University

OHDSI News

- Latest update of OMOP Standardized Vocabularies has been released
- Adds new drugs, procedures and lab tests, improved mappings for conditions, and expanded hierarchies
- Full release notes available at https://github.com/OHDSI/Vocabulary-v5.0/releases/tag/v20250827_1756288395.000000



OHDSI News

- OHDSI Africa will be hosting their first symposium!

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:

OHDSI News

- Registrations are open for OHDSI's 2026 Summer School!
  - Details available at https://columbiauniversity1.regfox.com/columbia-ohdsi-summer-school-2026

The 2026 Summer School in Observational Health Data Science & Informatics, AI, and Real World Evidence

July 22-26, 2026, Columbia University Department of Biomedical Informatics

The Columbia OHDSI Summer School offers health professionals, researchers, and industry practitioners an immersive, hands-on introduction to working with real-world health data and generating real-world evidence (RWE). Participants will learn how to transform electronic health records and claims data into the OMOP Common Data Model to support collaborative, distributed research.

Program Highlights

- Explore three analytic use cases:
  - *Clinical characterization – describing disease natural history and treatment patterns*
  - *Population-level estimation – assessing drug safety and comparative effectiveness*
  - *Patient-level prediction – applying machine learning for early detection and precision medicine*
- Work through the full RWE study lifecycle: study design, use of OHDSI open-source tools (ATLAS, HADES), and execution across real-world datasets.
- Blend of foundational lectures, interactive exercises, and faculty-led group work.
- Dedicated time to develop your own study ideas with mentoring and feedback.

Meet Our Faculty

George Hripcsak, MD MS,
Vivian Beaumont Allen Professor,
Columbia Biomedical Informatics

Patrick Ryan, PhD,
Adjunct Assistant Professor,
Columbia Biomedical Informatics

Registration Information

Program Fee: The registration fee includes five full days of instruction, hands-on exercises, access to computing infrastructure and datasets, and lunch each day. Please note that participants are responsible for their own travel and lodging.

$5,900 – Early bird rate **(available through May 15, 2026)**

$6,500 – Standard rate **(after May 15, 2026)**

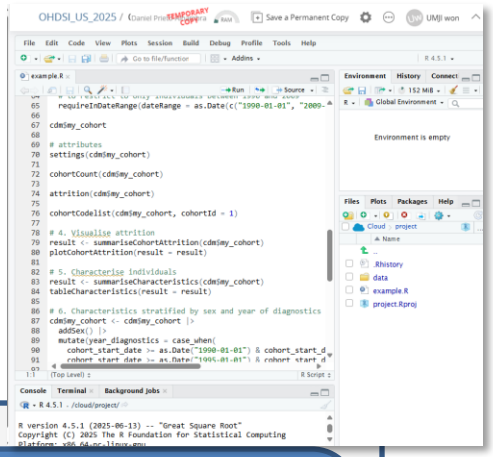
2025 OHDSI Global Symposium

Photo by Anatoliy Gleb: https://www.shutterstock.com/g/anatoliy_gleb

2025 OHDSI Global Symposium

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

Agenda (Day 1)



Tutorial Sessions

An Introduction to the Journey from Data to Evidence Using OHDSI

Vocabulathon 2025

Developing and Evaluating Your ETL to the OMOP CDM

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

Agenda (Day 2 & 3)

Day 2 (Main Conference)	Day 3 (Working Group)
- Newcomer Orientation	**- Working Group Activities**
- State of Community	- Africa Chapter, **APAC Chapter**, Medical Imaging, GIS -Geographic Information System, HADES Hackathon, Oncology, CommonData Model, ATLAS/WebAPI, Phenotype Development and Evaluation,Dentistry, and Latin America - Perinatal and Reproductive Health, Industry, NaturalLanguage Processing, GIS - Geographic Information System, HADESHackathon, Oncology, Common Data Model, ATLAS/WebAPI, PhenotypeDevelopment and Evaluation, Early-Stage Researchers, and Vocabularies - Surgery and Perioperative Medicine, Rare Diseases, MedicalDevices, Psychiatry, HADES Hackathon, Health Equity, Evidence NetworkData Partners, Eyecare and Vision Research, Women of OHDSI, CDM Survey
- Plenary: ***Why network studies are necessary to improve trust in evidence***	
- Plenary: ***Reflections on the evolution of pre- and post-market safety review in CDER over 3 decades***	
- Collaborator Showcase Lightning Talk Session #1	
- Collaborator Showcase Lightning Talk Session #2	

State of the Community

Truth in Science

- OHDSI's job is not to debate or try to convince those who don't want the truth
- OHDSI's job is to supply truth to those who want to know, so they can bolster their arguments and win debates
- Eventually, truth wins

Truth in Science

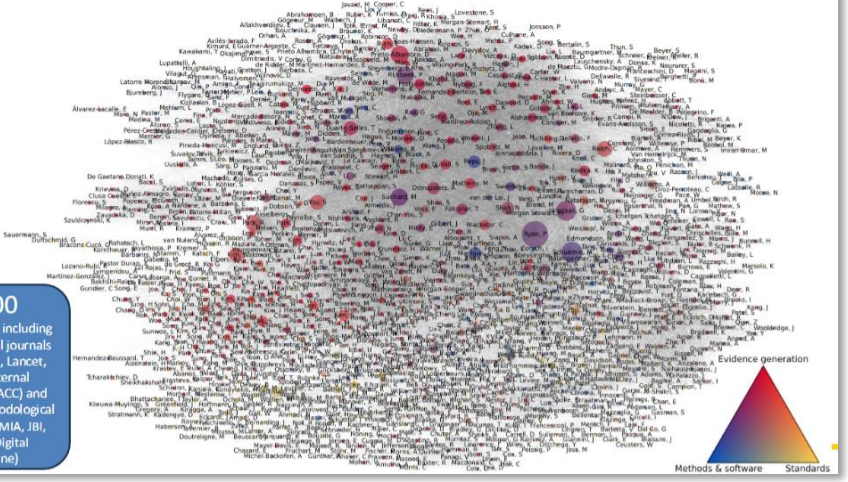
- As long as OHDSI exists, it will stand for truth.

OMOP Common Data Model adoption

OMOP CDM Users By The Numbers

- 544 data sources
- 54 countries
- 974 million unique patient records (12% of world's population)

OHDSI collaborations in scholarship



>900 publications, including in top clinical journals (JAMA, BMJ, Lancet, JAMA Internal Medicine, JACC) and leading methodological journals (JAMIA, JBI, Nature Digital Medicine)

Pics of APAC Leads!

Plenary: Why network studies are necessary to improve trust in evidence

Why network studies are necessary to improve trust in evidence?

A working definition of 'reliable evidence'

- 'Reliable evidence' = accurate, precise, and consistent estimate of average treatment effect of an exposure in the population of interest
  - Accurate = low probability and small magnitude of bias
  - Precise = high certainty around effect estimate
  - Consistent = little heterogeneity in estimates across network

- **Next Goal/Direction**: OHDSI have done much to improve accuracy, now it's time to deepen our understanding of bias and heterogeneity in treatment effects by leveraging the diversity and scalability of global network research

OHDSI Evidence Network

Data Source	Country	Data type	Care Level	Patient Count
Ajou University School of Medicine	Korea	EHR	IP,OP,ER	2.7M
Clinical Hospital Center Zvezdara	Serbia	EHR	IP,OP,ER	618K
Columbia University Irving Medical Center	USA	EHR	IP,OP,ER	7M
Emory University	USA	EHR	IP,OP,ER	6.5M
GUSTO Singapore Cohort	Singapore	Registry	OP	2.6K
HealthPartners Institute	USA	EHR	IP,OP,ER	3.2M
IMRD EMIS	UK	EHR	IP,OP	5.1M
IQVIA Australia EMR	Australia	EHR	OP	2.7M
IQVIA Belgium LPD	Belgium	EHR	OP	1.1M
IQVIA France DA	France	EHR	OP	6.2M
IQVIA France LPD	France	EHR	OP	17.4M
IQVIA Germany DA	Germany	EHR	OP	40.8M
IQVIA LPD Spain	Spain	EHR	OP	2.7M
IQVIA PharMetrics Plus	USA	Claims	IP,OP,ER	170.2M
IQVIA US Hospital	USA	EHR	IP,OP,ER	113.1M
IQVIA US Open Claims	USA	EHR	IP,OP,ER	330M
JMDC	Japan	Claims	IP,OP	17.6M
Johns Hopkins University	USA	EHR	IP,OP,ER	2.2M
Lancashire Teaching Hospitals NHS Trust	UK	EHR	IP,OP,ER	1.5M
Merative CCAE	USA	Claims	IP,OP,ER	172.2M
Merative MDCD	USA	Claims	IP,OP,ER	36.1M

Data Source	Country	Data type	Care Level	Patient Count
Optum ClinFormatics	USA	Claims	IP,OP,ER	99.3M
Optum EHR	USA	EHR	IP,OP,ER	114.4M
Optum Market Clarity	USA	EHR	IP,OP,ER	90M
Papageorgiou General Hospital	Greece	EHR	IP,OP	1.4M
Penn State Health	USA	EHR	IP,OP,ER	8.7M
Premier	USA	Other	IP,OP,ER	300M
Semmelweis University	Hungary	EHR	IP,OP	1.9M
Seoul National University Bundang Hospital	Korea	EHR	IP,OP,ER	2.1M
Seoul National University Hospital	Korea	EHR	IP,OP,ER	2.1M
SMG-SNU Boramae Medical Center	Korea	EHR	IP,OP,ER	1M
Stanford University	USA	EHR	IP,OP,ER	3.8M
SUS Nexus Precision Data	Brazil	EHR	IP,OP	8.7M
Taipei Medical University	USA	EHR	IP,OP,ER	3.6M
Tufts University	USA	EHR	IP,OP,ER	3.9M
University of Colorado Anschutz MC	USA	EHR	IP,OP,ER	4.8M
University of Massachusetts Chan MC	USA	EHR	IP,OP,ER	3.4M
University of Texas Southwestern	USA	EHR	IP,OP,ER	5.5M
USC Keck Medical	USA	EHR	IP,OP,ER	883K
Veteran's Affairs	USA	EHR	IP,OP,ER	26.5M
Yonsei University Hospital	Korea	EHR	IP,OP,ER	6.4M

Plenary: Reflections on the evolution of pre-and post-market safety review in CDER over 3 decades

Judy Racoosin, US Food and Drug Administration (retired)

Collaborator Showcase Lightning Talks

- Bridging Standards: Creating OMOP data via Fast Healthcare Interoperability Resources (FHIR) and Health Information Networks
- OMOP Waveform Extension: A Schema for Integrating Physiological Signals and Derived Features into the OMOP CDM
- Improving VSAC to OMOP Mapping Using LLM Assisted Curation
- Evaluating the effectiveness of using Large Language Models for the development of concept set
- Validating a Scalable Approach to Data Fitness-for-Use: Database Diagnostics Applied to LEGEND-T2DM
- Causal Inference with Multi-Modal Foundation Models: A Case Study of Anti-VEGF Injections in Diabetic Macular Edema
- LATTE: A One-shot Lossless Algorithm for Federated Target Trial Emulation with Application to Alzheimer's Disease and Related Dementia Drug Repurposing Using Decentralized Data
- From Data Quality to Clinical Quality – Episodes as Enablers for Next Generation Dashboarding
- Heterogeneity of Treatment Effects Across Nine Glucose-Lowering Drug Classes in Type 2 Diabetes: Extension of the LEGEND-T2DM Network Study
- 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

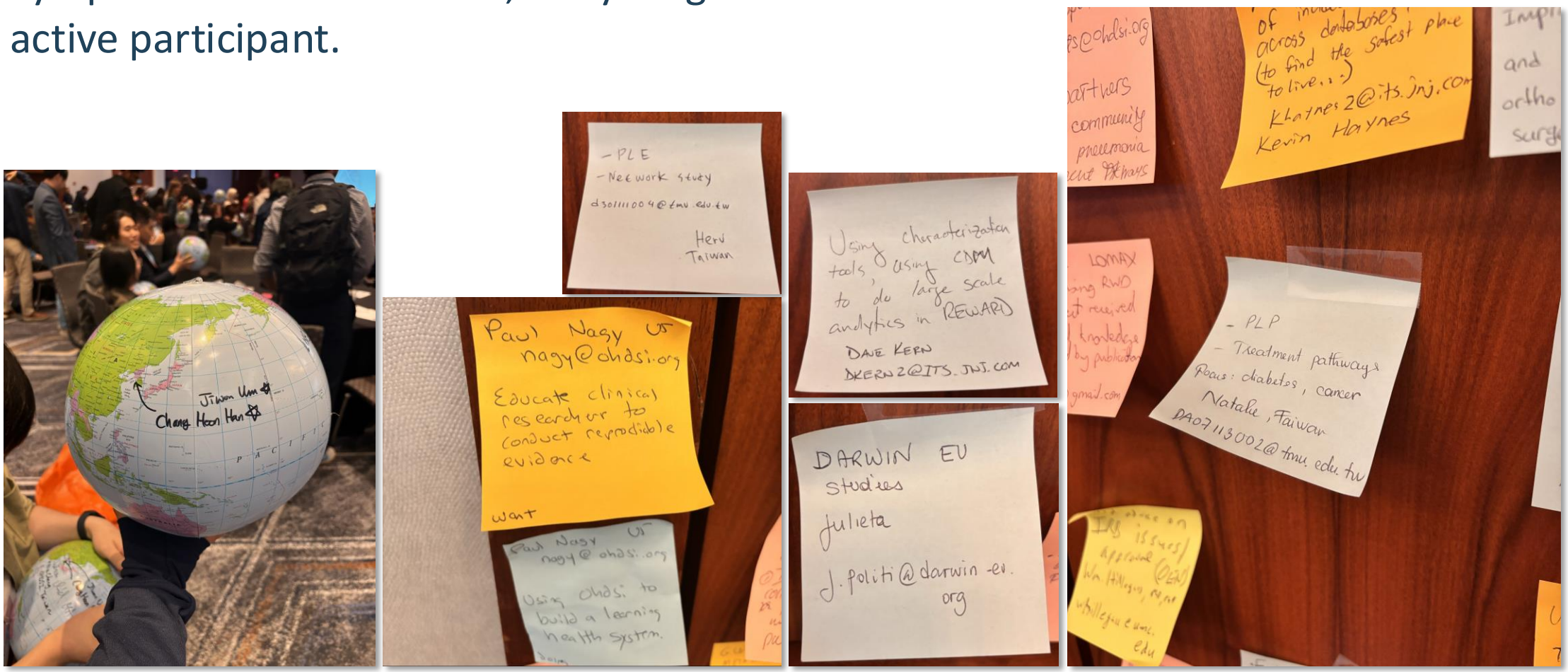
Ohdsi.org

The 11th annual OHDSI Global Symposium emphasized building trust in science through global collaboration in network studies, drawing more than 400 collaborators from six continents. Across three days of research presentations, discussions, and community networking, participants advanced OHDSI's mission of improving health by generating the evidence that supports better decisions and better care worldwide.

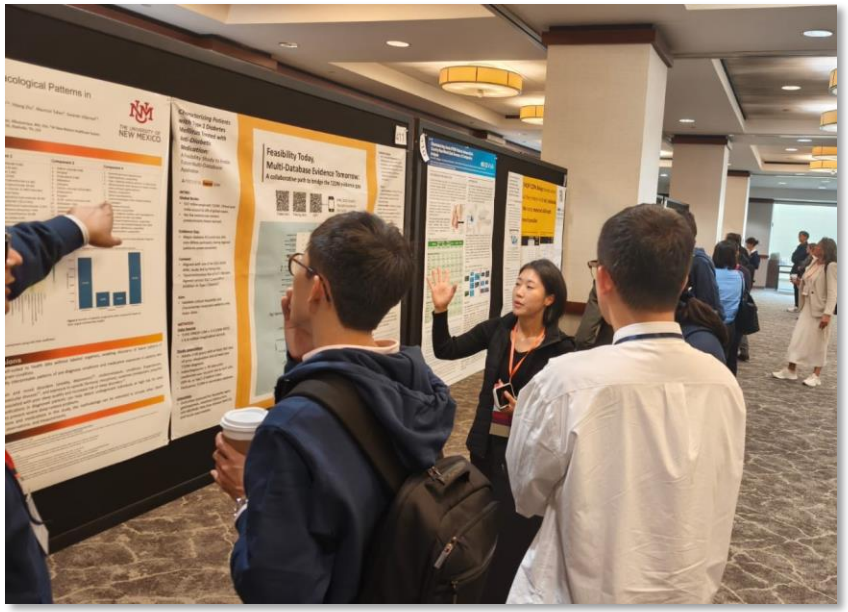
This page will host all OHDSI2025 materials, including video presentations (when available) from the main conference and tutorials, slide decks, posters, demos, and more.

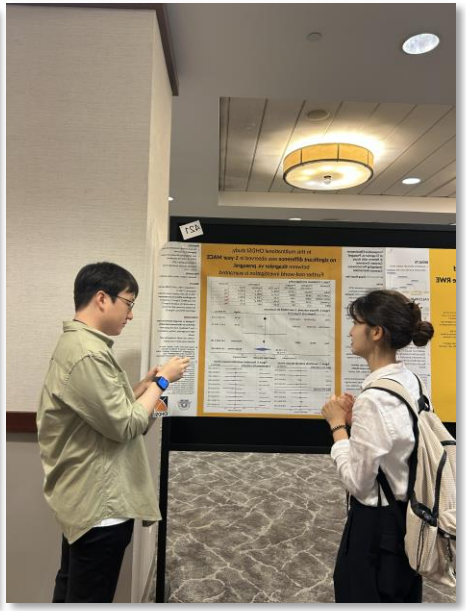
The worth of OHDSI Network

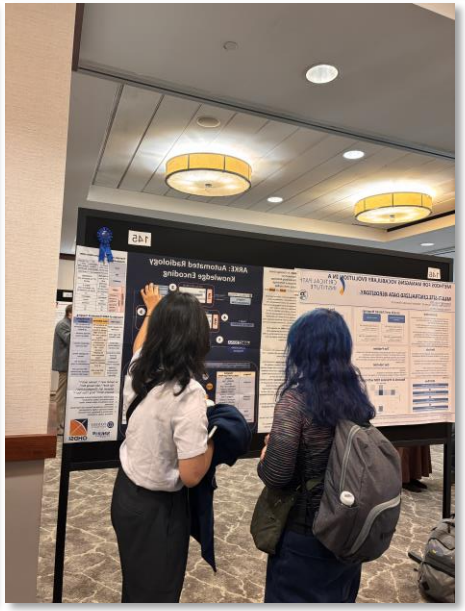
- What I learned and experienced through 2025 OHDSI Global Symposium as a newcomer, early-staged researcher and active participant.




AHDEN
The Australia Health Data Evidence Network
Data
Capacity Building
Federated Services
Research
Policy & Advocacy
OHDSI


Feasibility Today,
Multi-Database Evidence Tomorrow






OHDSI
Building Community
•
Advancing Data Science
•
Generating Reliable Evidence


AFRICA


137
NLP-based Extraction and OMOP Standardization of Breast Cancer Clinical Data from Indian Discharge Summaries
OHDSI

WHAT’S NEXT FOR US NOW!

2025 OHDSI APAC Symposium

December 6-7 • Shanghai Jiao Tong University, China

Collaborator Showcase

2025 OHDSI APAC Collaborator Showcase Brief Report Submission Form

Thank you for your interest in the 2025 OHDSI APAC Collaborator Showcase! We are delighted that you are considering joining our research community and presenting your work at this year's symposium. The 2025 OHDSI APAC Symposium will be held in person **December 6-7** at the Shanghai Jiao Tong University in Shanghai, China.

Please take a few minutes to fill out this submission form to help the OHDSI APAC Scientific Review Committee better understand your work. The deadline to submit your brief report is **September 21**. You will receive a confirmation email of your responses upon completion. If the committee has selected your work to be presented at this year's symposium, you will be notified via email by **October 17**.

Should you need to change your responses to any of the questions on this form, please click on the "Edit response" button in the confirmation email you received. Should you need to revise your brief report, please email apacsymposium@ohdsi.org. Your submission will be removed, and you will need to submit again with the revised PDF.

https://forms.gle/gj24ogEbH86xbjrF8

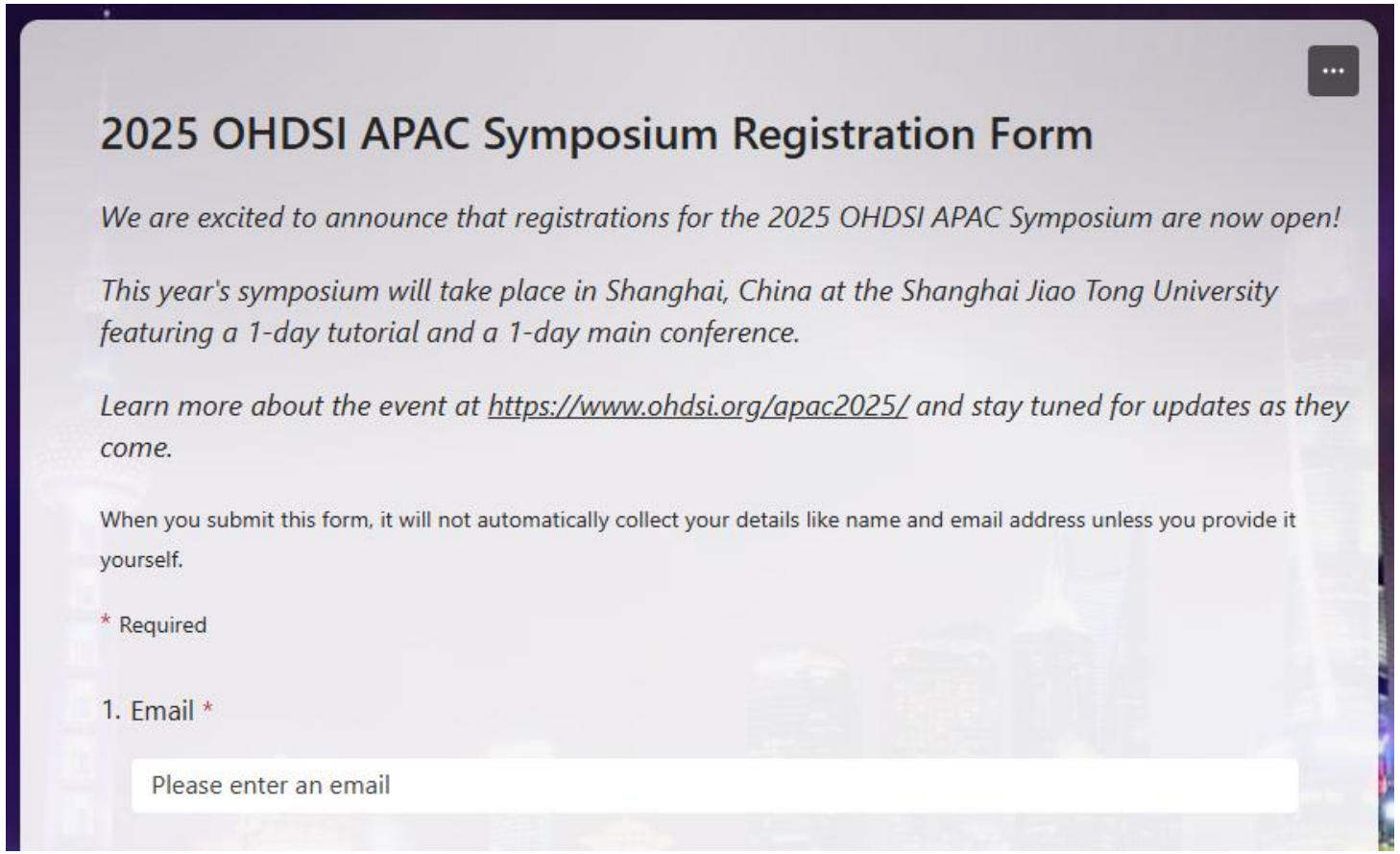
Aug 4 – Sep 21
Abstract Submission

Sep 22 – Oct 6
Oct 7-9 APAC WG workshop
Review by Scientific Committee

Oct 15
Notification of acceptance

Dec 6-7
Symposium

Registrations



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Project Update & Early Insights

Gastrointestinal Risk of GLP-1 Receptor Agonists versus SGLT-2 inhibitors in Type 2 Diabetes: A Multi-Database Observational Study

Yongqi Zheng, Department of Epidemiology and Biostatistics, Peking University

Feng Sun, Department of Epidemiology and Biostatistics, Peking University

Project Update

CohortDiagnostics package	Completed and shared with partners
Data partners	Multiple partner sites are now onboard and executing diagnostics
Main study package	Built; to be uploaded to ATLAS Demo shortly
Protocol update	Refocused on the effects of GLP-1RAs and SGLT-2 inhibitors on gastroparesis and intestinal obstruction

Cohort Counts Across Partners

Display

○ Both ◉ Persons ○ Records

			IQVIA Belgium LPD	IQVIA UK IMRD	TMUCRD	master
	Cohort Id	Cohort Name	Persons	Persons	Persons	Persons
○	1793612	[OHDSI China Study 2] Gastroparesis	0.0	561	543	1,011
○	1793613	[OHSDI China Study 2] Intestinal obstruction	465	16,963	17,386	21,559
○	1793614	[OHDSI China Study 2] Acute Pancreatitis	0.0	360	5,883	7,063
○	1793615	[OHDSI China Study 2] NAFLD	0.0	30,071	0.0	7,336
○	1793814	[OHDSI China Study 2] SGLT-2i_ITT	1,702	12,561	2,126	2,659
○	1793815	[OHDSI China Study 2] GLP-1RA_ITT	483	1,530	75	89
○	1793816	[OHDSI China Study 2] DPP4i_ITT	1,056	16,579	8,925	6,018

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			PharMetrics Plus	
	Cohort Id	Cohort Name	Persons	Records
○	1793612	[OHDSI China Study 2] Gastroparesis	51,915	51,915
○	1793613	[OHSDI China Study 2] Intestinal obstruction	155,197	155,197
○	1793614	[OHDSI China Study 2] Acute Pancreatitis	58,779	62,340
○	1793615	[OHDSI China Study 2] NAFLD	0.0	0.0
○	1793814	[OHDSI China Study 2] SGLT-2i_ITT	15,882	15,882
○	1793815	[OHDSI China Study 2] GLP-1RA_ITT	12,618	12,618
○	1793816	[OHDSI China Study 2] DPP4i_ITT	14,938	14,938

Results available from five data sources:

- IQVIA Belgium LPD
- IQVIA UK IMRD
- TMUCRD
- Master dataset
- IQVIA PharMetrics Plus

GLP-1 RA (ITT):

- Belgium LPD **483**; UK IMRD **1,530**;
- TMUCRD **75**; Master **89**;
- PharMetrics Plus **12,618**

SGLT2i (ITT):

- Belgium LPD **1,702**; UK IMRD **12,561**;
- TMUCRD **2,126**; Master **2,659**;
- PharMetrics Plus **15,882**

Cohort Overlap

Target Cohort Name	Comparator Cohort Name	Database Name	T Only	C Only	Both	Total Subjects
▸ C1793612 - [OHDSI China Study 2] Gastroparesis (5)						
▸ C1793613 - [OHSDI China Study 2] Intestinal obstruction (3)						
▸ C1793614 - [OHDSI China Study 2] Acute Pancreatitis (2)						
▸ C1793615 - [OHDSI China Study 2] NAFLD (2)						
▾ C1793814 - [OHDSI China Study 2] SGLT-2i_ITT (2)						
	▾ C1793613 - [OHSDI China Study 2] Intestinal obstruction (1)					
		TMUCRD	2,094	17,354	32	19,480
	▾ C1793615 - [OHDSI China Study 2] NAFLD (2)					
		IQVIA UK IMRD	11,691	29,201	870	41,762
		master	2,522	7,199	137	9,858
▾ C1793815 - [OHDSI China Study 2] GLP-1RA_ITT (2)						
	▾ C1793613 - [OHSDI China Study 2] Intestinal obstruction (1)					
		master	94	21,564	<5	21,653
	▾ C1793615 - [OHDSI China Study 2] NAFLD (2)					
		IQVIA UK IMRD	1,324	29,865	206	31,395
		master	94	7,341	<5	7,430
▾ C1793816 - [OHDSI China Study 2] DPP4i_ITT (2)						
	▾ C1793613 - [OHSDI China Study 2] Intestinal obstruction (1)					
		TMUCRD	8,733	17,194	192	26,119
	▾ C1793615 - [OHDSI China Study 2] NAFLD (2)					
		IQVIA UK IMRD	15,560	29,052	1,019	45,631
		master	5,800	7,118	218	13,136
▾ C1793814 - [OHDSI China Study 2] SGLT-2i_ITT (1)						
	▾ C1793613 - [OHSDI China Study 2] Intestinal obstruction (1)					
		PharMetrics Plus	15,718	155,033	164	170,915
▾ C1793815 - [OHDSI China Study 2] GLP-1RA_ITT (1)						
	▾ C1793613 - [OHSDI China Study 2] Intestinal obstruction (1)					
		PharMetrics Plus	12,488	155,067	130	167,685
▾ C1793816 - [OHDSI China Study 2] DPP4i_ITT (1)						
	▾ C1793613 - [OHSDI China Study 2] Intestinal obstruction (1)					
		PharMetrics Plus	14,722	154,981	216	169,919

Minimal co-occurrence across outcomes

No overlap between the Gastroparesis and Acute Pancreatitis cohorts in the available data sources

Intestinal obstruction overlap is seen only in PharMetrics Plus

- SGLT2i (ITT) vs Intestinal obstruction: Both = **164**
- GLP-1 RA (ITT) vs Intestinal obstruction: Both = **130**
- DPP-4i (ITT) vs Intestinal obstruction: Both = **216**

Next Steps

Yinzhou database update (in progress):

- Extending coverage through **2025-09-01**; expected completion by end of October
  – Action: share CohortDiagnostics and results immediately after the update

Main study package:

- Upload to ATLAS Demo and begin estimation runs

Call for Data Partners:

- Continue outreach, especially with higher **GLP-1 RAs** use
- URL of CohortDiagnostics package: 2025APACStudy-Peking/CohortDiagnostics
- E-mail address: zyq4664@pku.edu.cn

Seeking guidance:

- Comparator choices
- Low-overlap remedies: Approaches when overlap is limited
- Any additional suggestions

Lessons Learned

Protocol first—and transparent

- Pre-specify the design and do not revise based on results; only update with documented, result-independent reasons and keep a versioned change log

Share openly in Teams

- Post results and key decisions in the channel so progress and rationale are visible to all partners

Know the OHDSI workflow to move fast

- Familiarity with ATLAS cohort building, CohortDiagnostics, and PLE/Estimation markedly shortens iteration time.

Build buffer time and track tightly

- e.g., the Yinzhou refresh to 2025-09-01 was planned for end-September but is not yet complete, so our own results are still pending

What OHDSI Makes Possible

Rapid data use

- Map locally data to the OMOP CDM
  —enabling immediate, standardized analysis across datasets

Reusable, shareable methods

- Point-and-click study design with ATLAS
- Reuse of concept sets and cohort definitions across studies and sites
- Proven blueprints from flagship work (e.g., LEGEND-T2DM) that we can adapt
  —dramatically accelerating execution

Community support & acceleration

- Regular forums to review protocols and resolve design issues
- Hands-on help from data partners and mentors
- Guidance and training for building CohortDiagnostics and Estimation packages
  —helping newcomers ramp up quickly and follow best practices

Acknowledgments

Heartfelt thanks to the OHDSI community—mentors, reviewers, and data partners—for the generous guidance and rapid support that moved this study forward. I'm grateful and will pay it forward by contributing back.

Fudan Study Brief Update

2025.10.16

Association Between Fasting Plasma Glucose Levels and Annual Hospitalization Days: A Multicenter Study Using the OHDSI Framework

Study Objectives

Problem statement——Exploring the Relationship Between FPG Levels and Hospitalization

- Evaluating how glucose abnormalities affect hospitalization days, aiming to quantify their impact on healthcare resources

- Standard multicenter data in OHDSI to understand the relationship between plasma glucose levels and hospitalization days. This uses OHDSI's multicenter data to study how plasma glucose levels relate to the length of hospital stays, identifying trends for better care planning

Study Design

- This study employs OHDSI's **Clinical Characterization** analytical use case under the **Disease Natural History** subtype to investigate the relationship between fasting plasma glucose (FPG) and hospitalization days.

Analytic use case	Type	Structure
Clinical characterization	**Disease Natural History**	Amongst hospitalized patients with measured fasting plasma glucose (FPG) levels, what is the distribution of hospitalization length-of-stay (LOS) groups (≤3 days, 4-7 days, 8-30 days, >30 days) across FPG categories (hypoglycemic: <3.0 mmol/L, normal: 3.0-5.6 mmol/L, prediabetes: 5.7-6.9 mmol/L, diabetes: 7.0-11.0 mmol/L, very high: >11.0 mmol/L)?

Cohorts

[OHDSI China Study 1] FPG only

https://atlas-demo.ohdsi.org/#/cohortdefinition/1793589

[OHDSI China Study 1] Glucose measurement in hospital

https://atlas-demo.ohdsi.org/#/cohortdefinition/1793590

crwang@fudan.edu.cn
liu.jiaqi@zs-hospital.sh.cn

Send results to and contact for troubleshooting

CohortDiagnostics

- URL of CohortDiagnostics package:
  - https://github.com/ohdsi-studies/2025APACStudy-Fudan/tree/master/CohortDiagnostics
- For troubleshooting:
  - Open an issue at https://github.com/ohdsi-studies/2025APACStudy-Fudan/issues
- Send your results to:
  - Changran Wang crwang@fudan.edu.cn, Jiaqi Liu liu.jiaqi@zs-hospital.sh.cn
  - OHDSI APAC apacsymposium@ohdsi.org
- Join us at our study Teams channel: 2025 APAC Study 1 - Fudan

Data Status (Belgium, UK IMRD, Korea)

Display

◉ Both ○ Persons ○ Records

Search

			IQVIA Belgium LPD		IQVIA UK IMRD		master	
	Cohort Id	Cohort Name	Persons	Records	Persons	Records	Persons	Records
○	1793589	[OHDSI China Study 1] FPG only	181,566	495,737	928,561	2,490,817	1,960	2,287
○	1793590	[OHDSI China Study 1] Glucose measurement in hospital	0.0	0.0	1,579	1,674	993,584	2,013,021

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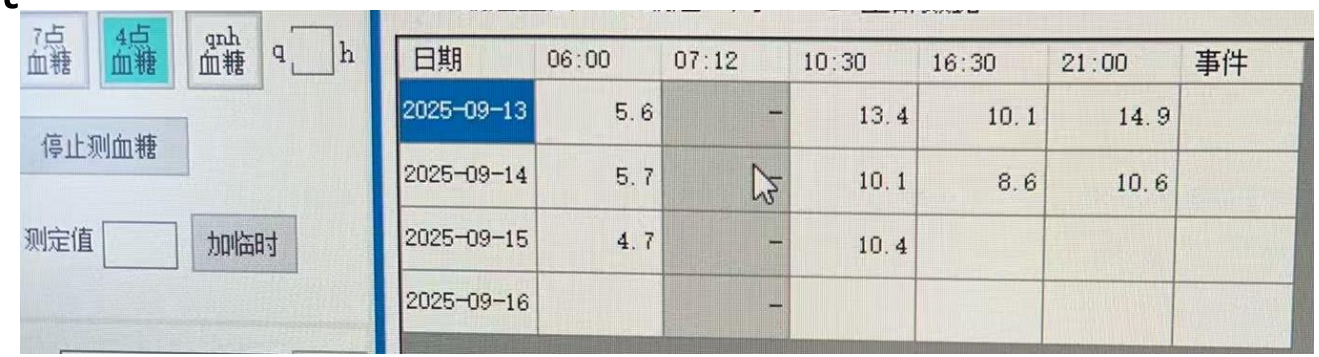
Previous 1 Next

Download as CSV

Data Status (China, Japan)

- China: All inpatients are FPG, Several Test per day. (Zhongshan Hospital)
- No. of Record: 10,000 – 100,000 level.



- Japan: Pancreatic Cancer with inpatient
- Empty Stomach Glucose Measurement. (Not 100% sure)
- No. of Record: 10,000 level.

Next Step

- Looking for more data.
- Mapping FPG to ohdsi general glucose levels (or not).
- Study design update.
- Characteristic or not (M or F, age etc.)