OHDSI APAC Community Call

20251120

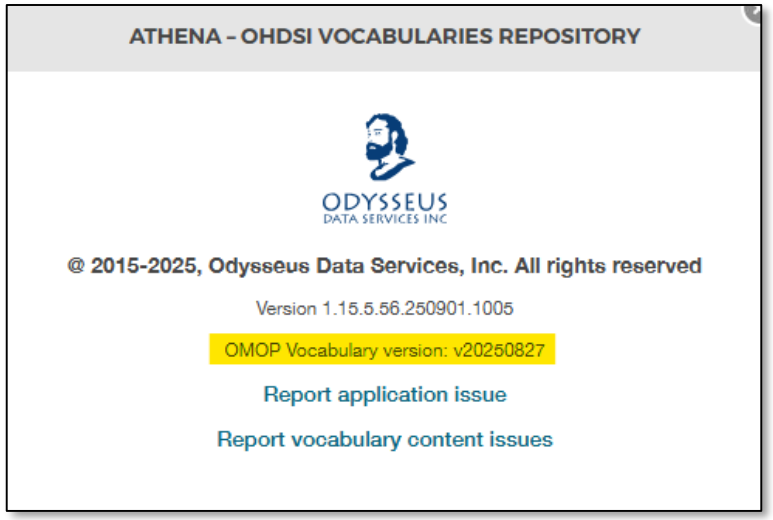
Agenda

- OHDSI News
- 2025 OHDSI Global Symposium: Highlight of Collaborator's Showcase

1. 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 ***by Lu Li***
2. Comparative Effectiveness of Ticagrelor vs. Prasugrel in Patients with Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention ***by Chang Hoon Han***
3. Characterization of US standard certificate of birth data using OHDSI tools ***by Cynthia Sung***

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 hosted their very 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:

https://www.facebook.com/photo.php?fbid=1183282393846635&id=100064946551590&set=a.622903779884502
https://x.com/aphrc/status/1988593889284964584

https://x.com/jcrc_official1/status/1990670399521104300

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)**

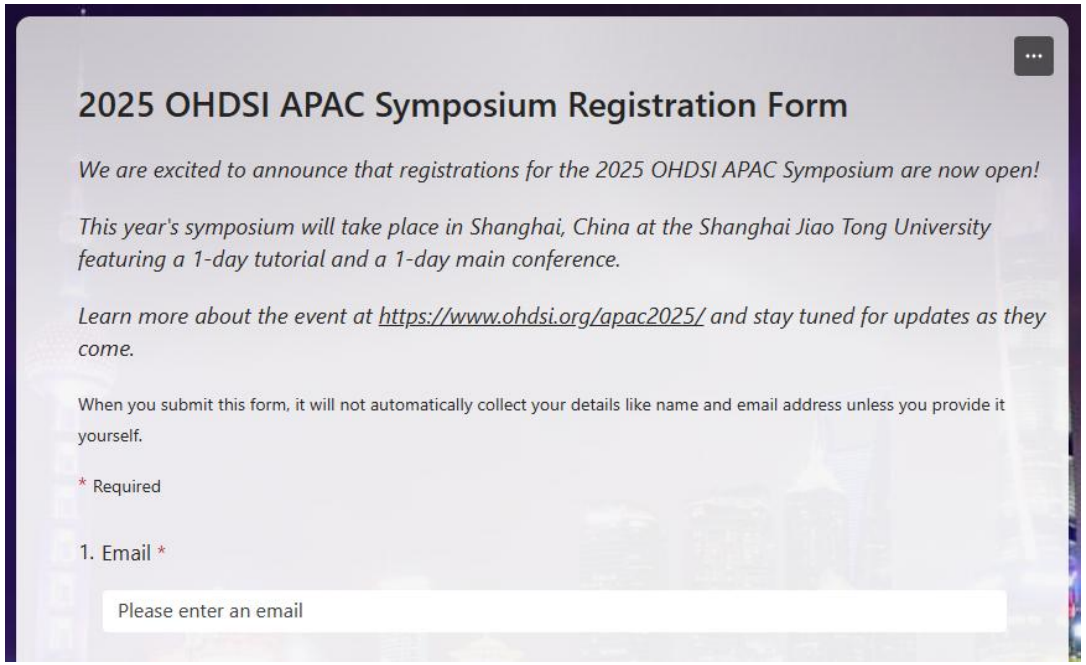
$6,500 – Standard rate **(after May 15, 2026)**

2025 OHDSI APAC Symposium

December 6-7 • Shanghai Jiao Tong University, China

Registrations

Only 15 days away!!



https://forms.office.com/r/rF28Mjk8C0

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

Agenda

Day 1 (Sunday, December 6) - Tutorial

@ Room 102, Dongxia Yuan Building (Zheng-Cai Cuiju Teaching Building)

Morning Session	
09:00-09:20	**Introduction of OHDSI/OMOP**
09:20-10:00	**OMOP CDM and Vocabulary**
10:00-10:30	**OMOP Conversion Process**
10:40-12:00	**ETL Exercises**
Afternoon Session	
13:30-14:50	**OHDSI Analyses: Building Cohorts & Hands-on**
14:50-15:30	**CohortDiagnostics and Population-Level Estimation**
15:50-16:30	**Interpreting Results**

Agenda

Day 2 (Saturday, December 7) - Main Conference

@ Room 102, Dongxia Yuan Building

Session 1	
09:00 – 09:15	**Opening Speech**
09:15 – 09:45	**Keynote Speech from OHDSI Global**
09:45 – 10:45	**APAC Regional Chapter Updates**
10:45 – 11:00	**OHDSI Africa**
Session 2	
11:15 – 11:30	**2025 APAC Study 1 by Fudan University**
11:30 – 11:45	**2025 APAC Study 2 by Peking University**
11:45 – 12:00	**2025 APAC Study 3 by University of Science and Technology of China (USTC)**
12:00 – 12:10	**Journal's Perspectives**
12:10 – 12:30	**Panel Discussion**
Session 3	
13:30 – 14:30	**Collaborator Showcase: Lightning Talks**
14:30 – 15:15	**Real-World Evidence Talk 1 & 2 & 3**
15:30 – 15:50	**Real-World Evidence Using OHDSI/OMOP**
15:50 – 16:10	**Panel Discussion: Opportunities and Challenges Using OHDSI/OMOP for Real-World Evidence in China**
16:10 – 16:50	**Closing & Networking**

For more information

- APAC 2025 – OHDSI
- Contact:
  - OHDSI APAC Coordination Team: apacsymposium@ohdsi.org

2025 OHDSI Global Symposium : Highlight of Collaborator's Showcase

Lu Li

Chang Hoon Han

Cynthia Sung

Penn Medicine

OHDSI
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

Department of Biostatistics, Epidemiology and Informatics

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

Lu Li, Ph.D. candidate at the University of Pennsylvania
Advisor: Dr. Yong Chen

APAC Community Calls 2025

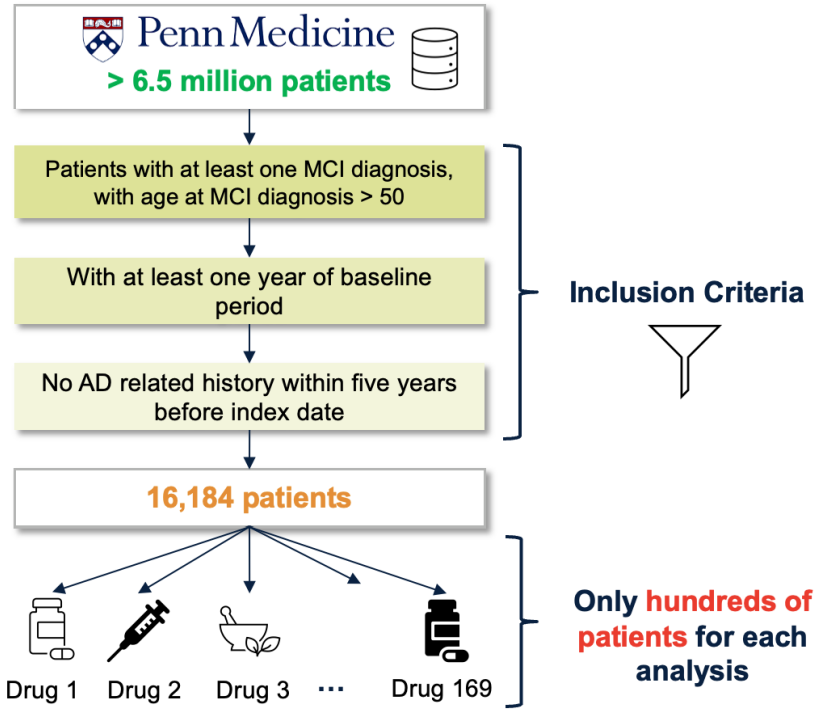
CHASE
Center for Health AI & Synthesis of Evidence

ennCIL
A Computing · Inference · Learning lab at University of Pennsylvania

Li et al. (2025+) The Lancet Digital Health *(Invited Revision)*

Motivation: Reliable Real-World Evidence (RWE) for regulatory decision making

- A key challenge in performing target trial emulation (TTE) using **single site data**:
  - Rigorous eligibility criteria → **substantially smaller sample sizes,** especially for complex conditions such as ADRD, and rare diseases.



- FDA guidance on RWE for regulatory decision-making
  - *"Reliability and relevance"*


GUIDANCE DOCUMENT

Real-World Evidence: Considerations Regarding Non-Interventional Studies for Drug and Biological Products

MARCH 2024

FDA U.S. FOOD & DRUG ADMINISTRATION

*"The term relevance includes the availability of data for key study variables (exposures, outcomes, covariates) and **sufficient numbers of representative patients** for the study".*
-- FDA (March 2024)

Guidance for Industry — fda.gov. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/real-world-evidence-considerations-regarding-non-interven [Accessed 11-04-2025].

International multi-site studies

Key challenge: Individual Patient-level Data (IPD) cannot be shared across sites

- Country/region specific laws (HIPAA in the U.S., GDPR in Europe)

OHDSI By The Numbers

- 4,294 collaborators
- 83 countries
- 21 time zones
- 6 continents
- 1 community

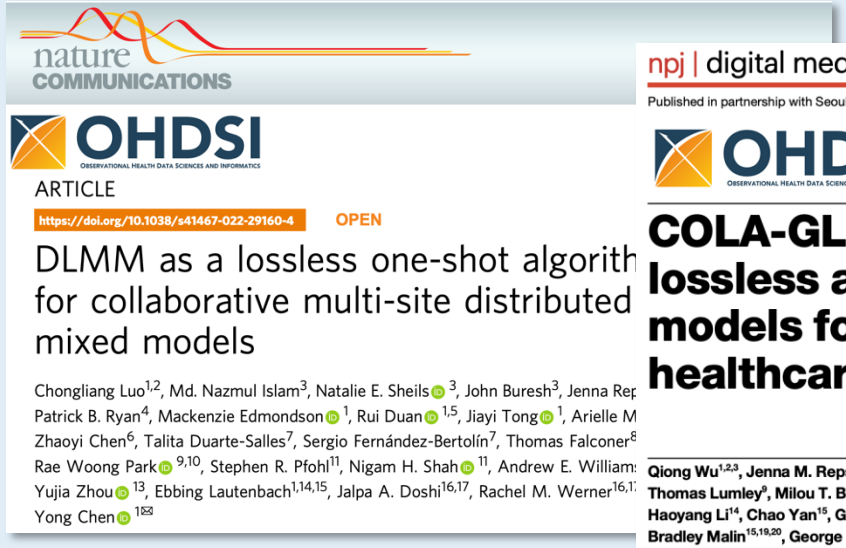
- Diverse population;
- Enlarged sample size;
- Greater statistical power;

→ Relevant and reliable RWE

Privacy-preserving federated learning algorithms

- Enables multi-site studies without sharing IPD
- Allows to enlarge the study sample size to incorporate diverse population

OHDSI Studies using Federated Learning Algorithms for COVID-19 studies


nature COMMUNICATIONS

OHDSI

ARTICLE

https://doi.org/10.1038/s41467-022-29160-4 OPEN

DLMM as a lossless one-shot algorith
for collaborative multi-site distributed
mixed models

Chongliang Luo[1,2], Md. Nazmul Islam[3], Natalie E. Sheils[3], John Buresh[3], Jenna Rep
Patrick B. Ryan[4], Mackenzie Edmondson[1], Rui Duan[1,5], Jiayi Tong[1], Arielle M
Zhaoyi Chen[6], Talita Duarte-Salles[7], Sergio Fernández-Bertolín[7], Thomas Falconer[8]
Rae Woong Park[9,10], Stephen R. Pfohl[11], Nigam H. Shah[11], Andrew E. Williams
Yujia Zhou[13], Ebbing Lautenbach[1,14,15], Jalpa A. Doshi[16,17], Rachel M. Werner[16,17]
Yong Chen[1]✉

(Luo et al. 2022, Nature Communications)


npj | digital medicine Article

Published in partnership with Seoul National University Bundang Hospital

OHDSI

https://

COLA-GLM: collaborative one-s
lossless algorithms of generali
models for decentralized obser
healthcare data

Qiong Wu[1,2,3], Jenna M. Reps[4,5,6], Lu Li[3,7], Bingyu Zhang[3,7], Yiwen Lu[3,7], Jiayi Tong[2,3,8], Dazheng
Thomas Lumley[9], Milou T. Brand[10], Mui Van Zandt[4,10], Thomas Falconer[11], Xing He[12,13], Yu Hu
Haoyang Li[14], Chao Yan[15], Guojun Tang[16], Andrew E. Williams[17,18], Fei Wang[14], Jiang Bian[12,13],
Bradley Malin[15,19,20], George Hripcsak[11], Martijn J. Schuemie[4,5,21], Yun Lu[22], Steve Drew[16], Jiay
David A. Asch[24,25] & Yong Chen[2,3,24,26,27]✉

(Wu et al. 2025, npj Digital Medicine)


npj | digital medicine Article

Published in partnership with Seoul National University Bundang Hospital

OHDSI

https://doi.org/10.1038/s41746-025-01846-1

Unlocking efficiency in real-world
collaborative studies: a multi-site
international study with one-shot lossless
GLMM algorithm

Check for updates

Jiayi Tong[1,2,3]✉, Jenna M. Reps[4,5,6], Chongliang Luo[7], Yiwen Lu[1,2], Lu Li[1,2], Juan Manuel Ramirez-Anguita[8],
Milou T. Brand[9], Scott L. DuVall[10,11], Thomas Falconer[12], Alex Mayer Fuentes[13], Xing He[14,15],
Michael E. Matheny[16,17], Miguel A. Mayer[8], Bhavnisha K. Patel[16,17], Katherine R. Simon[16,17],
Marc A. Suchard[11,18], Guojun Tang[19], Benjamin Viernes[11], Ross D. Williams[6], Mui van Zandt[9], Fei Wang[20],
Jiang Bian[14,15], Jiayu Zhou[21], David A. Asch[22,23] & Yong Chen[1,2,23]✉

(Tong et al. 2025, npj Digital Medicine)

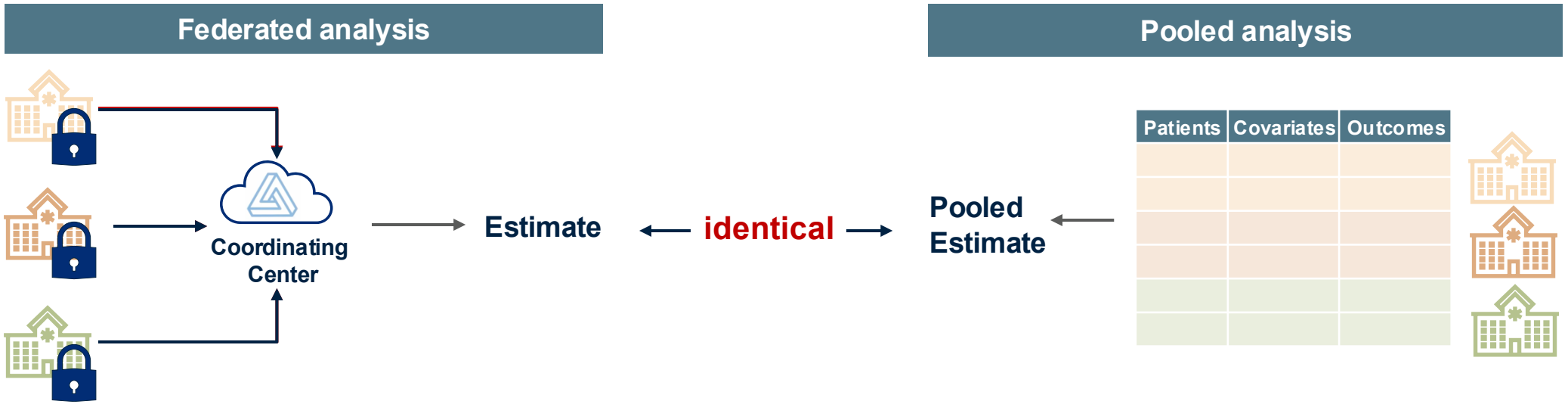
Desirable Properties

One-shot

Only **a single round of communication** is required in practice.

Lossless

Results are **identical** to pooled analysis, with no accuracy loss.



Desirable Properties

One-shot

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Lossless

Results are **identical** to pooled analysis, with no accuracy loss.

However, only a few algorithms have achieved both **lossless and one-shot** properties simultaneously, and they are mainly for **regression tasks**.

We still need **Federated Learning Algorithms** for **Target Trial Emulation (TTE)**.

Desirable Properties

One-shot

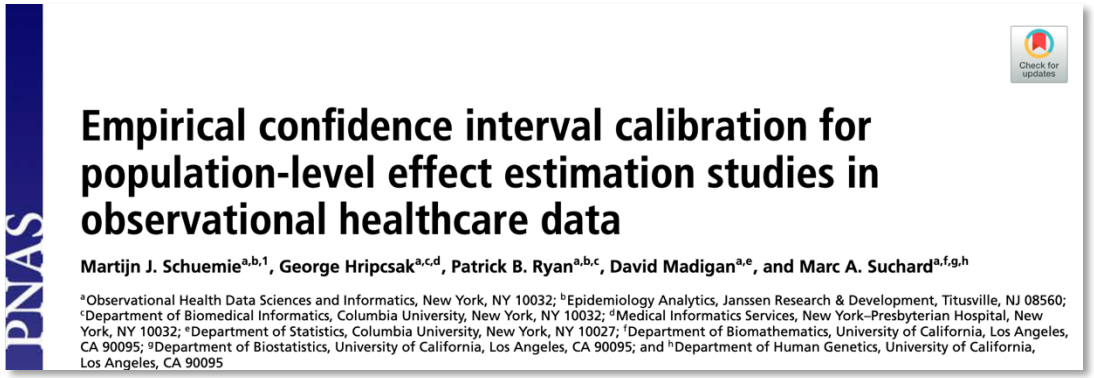
Only **a single round of communication** is required in practice.

Lossless

Results are **identical** to pooled analysis, with no accuracy loss.

Handles Unmeasured Confounding

Mitigates residual systematic bias through a set of negative control outcomes (NCOs).



PNAS

Empirical confidence interval calibration for population-level effect estimation studies in observational healthcare data

Martijn J. Schuemie[a,b,1], George Hripcsak[a,c,d], Patrick B. Ryan[a,b,c], David Madigan[a,e], and Marc A. Suchard[a,f,g,h]

[a]Observational Health Data Sciences and Informatics, New York, NY 10032; [b]Epidemiology Analytics, Janssen Research & Development, Titusville, NJ 08560; [c]Department of Biomedical Informatics, Columbia University, New York, NY 10032; [d]Medical Informatics Services, New York–Presbyterian Hospital, New York, NY 10032; [e]Department of Statistics, Columbia University, New York, NY 10027; [f]Department of Biomathematics, University of California, Los Angeles, CA 90095; [g]Department of Biostatistics, University of California, Los Angeles, CA 90095; and [h]Department of Human Genetics, University of California, Los Angeles, CA 90095

JACC Journals › JACC › Archives › Vol. 84 No. 10

FREE ACCESS | Original Research | 26 August 2024

Comparative Effectiveness of Second-Line Antihyperglycemic Agents for Cardiovascular Outcomes: A Multinational, Federated Analysis of LEGEND-T2DM

Editorial Comment: Finding Truth in Observational and Interventional Studies in Diabetes and Cardiovascular Disease

Authors: Rohan Khera, Arya Aminorroaya, Lovedeep Singh Dhingra, Phyllis M. Thangaraj, Aline Pedroso Camargos, Fan Bu, Xiyu Ding, ... SHOW ALL ... , and Marc A. Suchard | AUTHORS INFO & AFFILIATIONS

Negative control outcomes (NCOs), known a priori to be unrelated to exposure.

LEGEND-T2DM study (Khera et al. 2024, JACC) used ”tooth loss" as an NCO that is known to be unrelated to the antihyperglycemic.

Our proposed method:

LATTE: **One-shot Lossless** Algorithm for Federated Target Trial Emulation

- Requires only one round of communication (**one shot**)
- Only requires aggregate data (2x2 tables)
- The results obtained is identical to the pooled analysis (**lossless**)

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- **Pipeline**

IPD **Summary Statistics**

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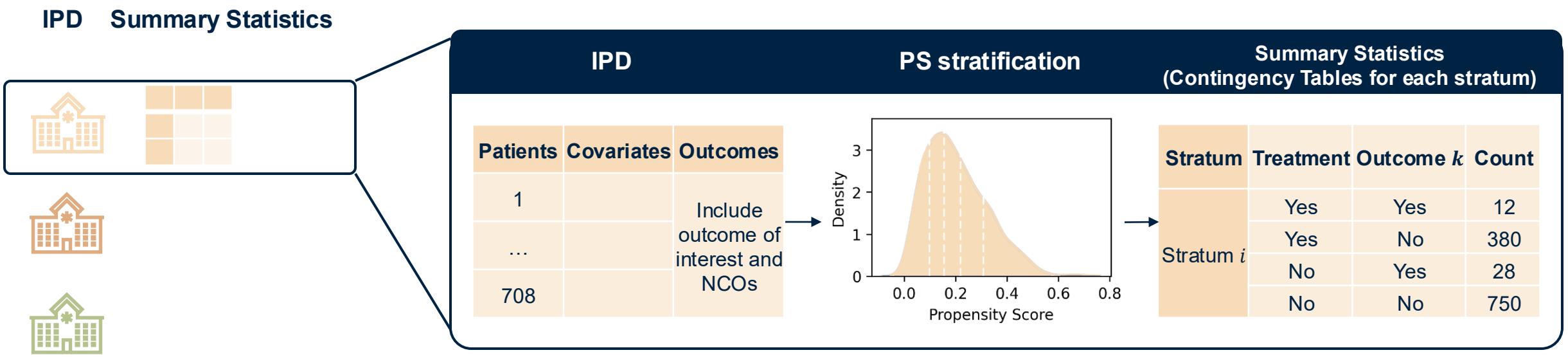

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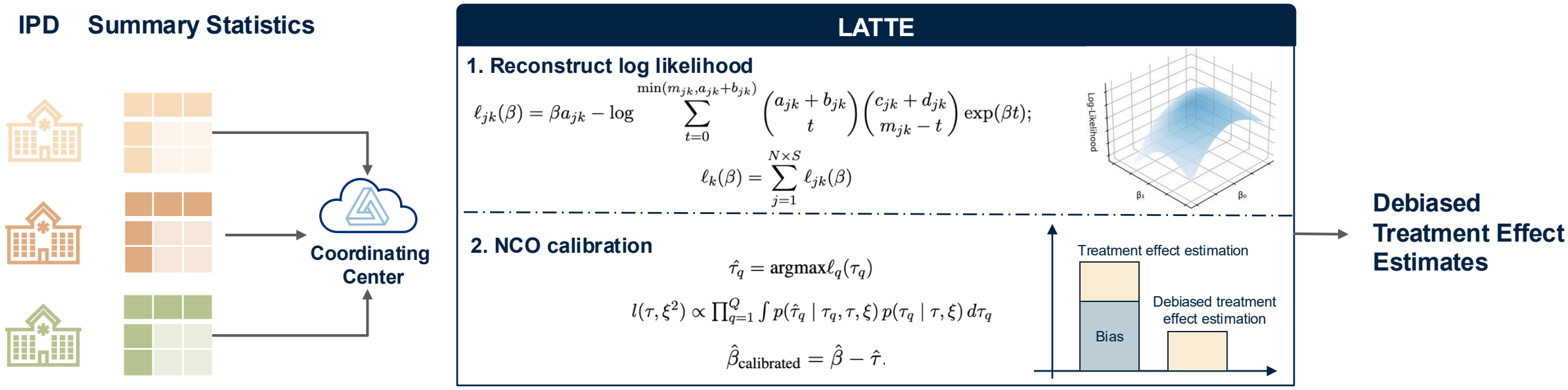
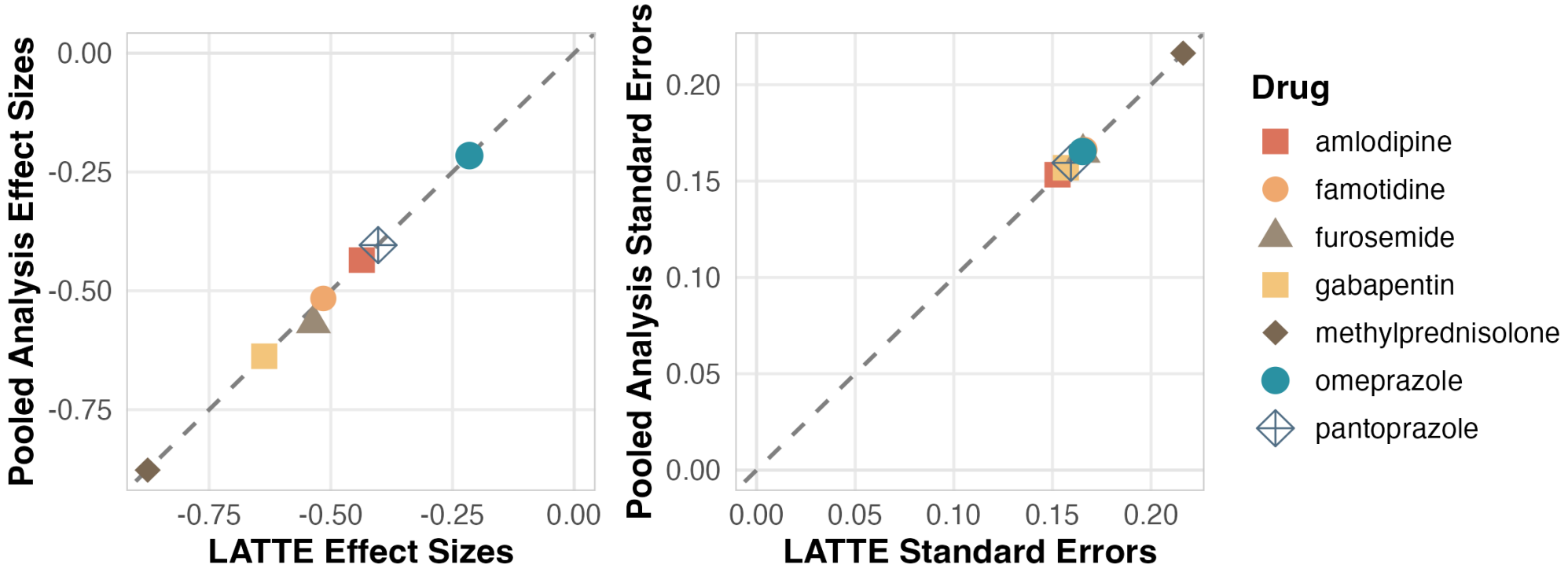


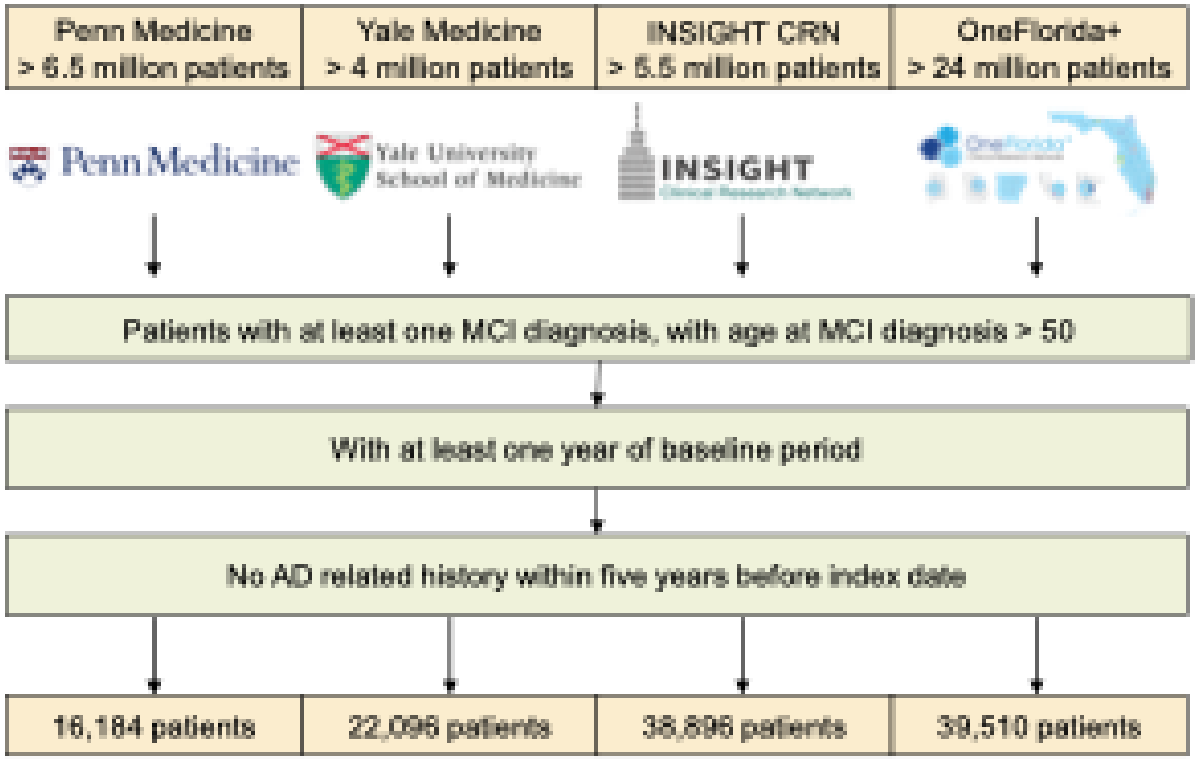
Simulation studies

- We randomly split the data at Penn Medicine into 3 sites
- Compared the results from pooled analysis and LATTE



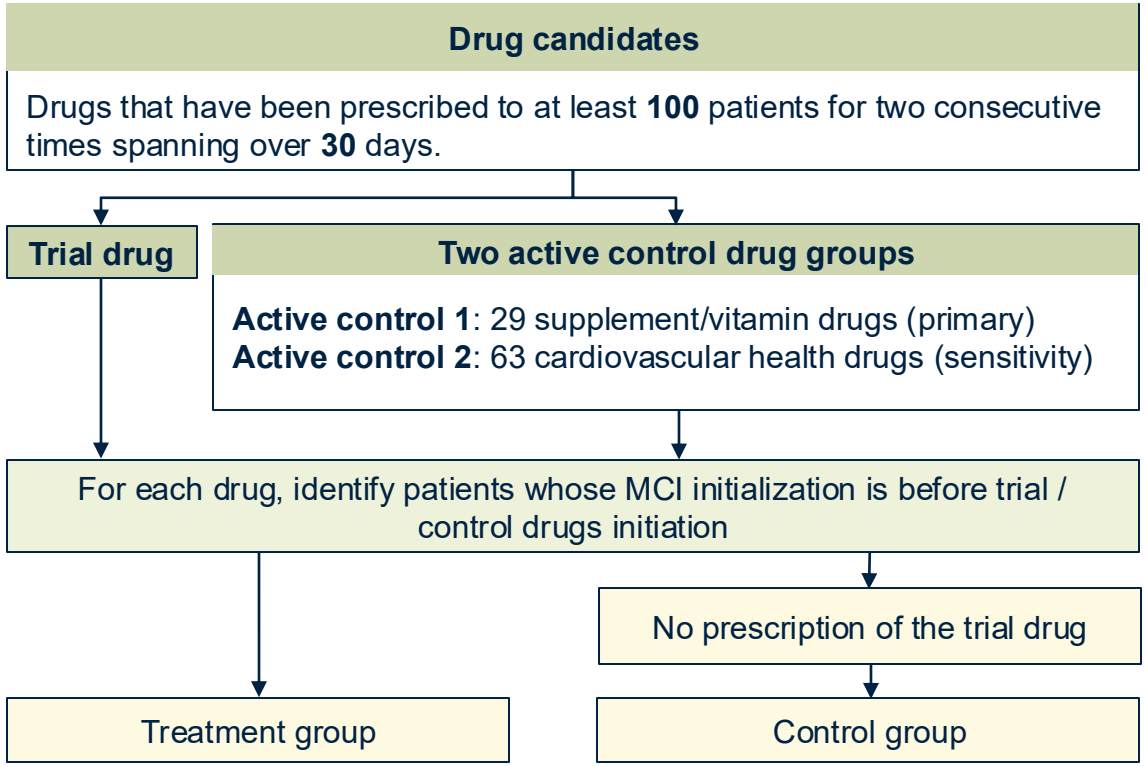
Real-world application to ADRD drug repurposing

- **Scientific question**
  - Which drugs can potentially be repurposed to slow down progression from MCI to ADRD?
- **Datasets**
  - 4 large-scale health learning systems, covering **> 40 million** patients.
  - Yale site to be used as **external validation**



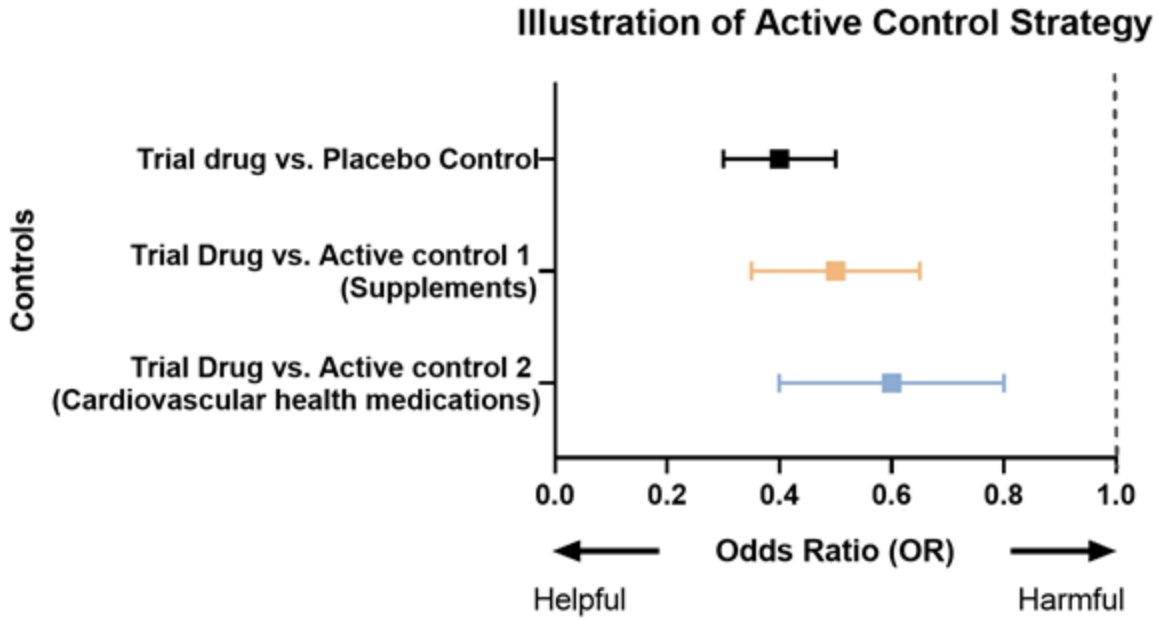
Real-world application: treatment

- **Drug candidates**
  - **112 commonly used drugs** that have been prescribed to at least 100 patients for two consecutive times spanning over 30 days.



Active Controls

- Drugs that are known to have some **protective effects** in AD progression
- **Goal**: to avoid false positives



29 Supplements (Primary)

cholecalciferol, vitamin B12, ascorbic acid, folic acid, ergocalciferol, thiamine, vitamin D3, vitamin D, vitamin E, vitamin K1, vitamin B6, biotin, cobalamins, niacin, pyridoxine, riboflavin, vitamin A, vitamin B complex, sodium ascorbate, levomefolate, niacinamide, vitamin K, mecobalamin, vitamin K2, pantothenic acid, D-biotin, alpha tocopherol, hydroxocobalamin, pyridoxal

63 Cardiovascular Health Meds (Sensitivity):

atorvastatin, spironolactone, eplerenone, phenoxybenzamine, amiloride, metoprolol, lisinopril, amlodipine, furosemide, hydrochlorothiazide, hydralazine, losartan, clonidine, labetalol, carvedilol, diltiazem, propranolol, valsartan, atenolol, nifedipine, bumetanide, timolol, verapamil, nicardipine, guanfacine, doxazosin, chlorthalidone, enalapril, metolazone, olmesartan, ramipril, benazepril, prazosin, torsemide, irbesartan, alfuzosin, terazosin, nebivolol, telmisartan, candesartan, captopril, triamterene, bisoprolol, nadolol, minoxidil, quinapril, indapamide, chlorothiazide, felodipine, fosinopril, azilsartan, isradipine, methyldopa, aliskiren, betaxolol, pindolol, trandolapril, acebutolol, perindopril, nisoldipine, moexipril, methyclothiazide, reserpine

Outcome of Interest

- New ADRD onset
  - diagnosis of ADRD within a **5-year follow-up period**
- For each patient, follow-up starts from the baseline date until the date of first ADRD diagnosis, loss to follow-up, or five years after the baseline, whichever happens first.

Negative control outcomes

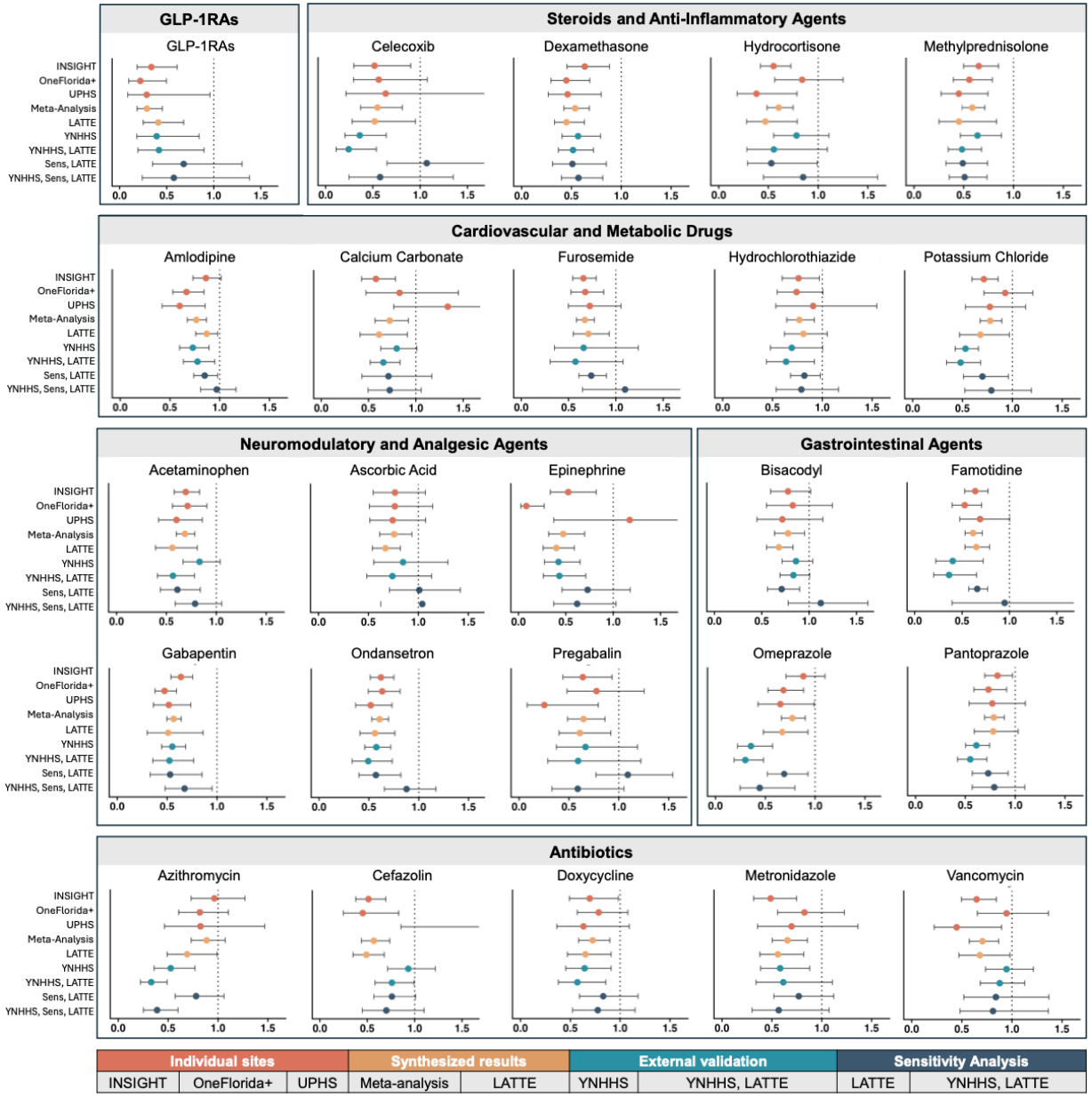
- Outcomes that are **causally unrelated** to the treatment drugs
- Help to identify **systematic bias** and **calibrate** the results

25 Negative control outcomes (NCO):

Foot drop, Hearing problem, Intra-abdominal and pelvic swelling, Irritability and anger, Wrist drop, Acute conjunctivitis, Acute tonsillitis, Adhesive capsulitis, Allergic rhinitis, Blepharitis, Carpal tunnel syndrome, Chalazion, Deviated nasal septum Contact dermatitis, Dental caries, Hemorrhoids, Influenza, Meniere's disease, Osteoporosis, Sciatica, Gout, Foreign body in ear, Impacted cerumen, Ingrowing nail, Low back pain, Osteoarthritis of knee

Results

- Identified **25 drugs candidates** from **6 drug classes**
  - GLP-1RAs
    - GLP-1RAs (aOR 0.41, 95% CI: 0.25–0.68)
  - Steroids and Anti-Inflammatory Agents
    - Celecoxib (aOR 0.52, 95% CI 0.28-0.95) …
  - Cardiovascular and Metabolic Drugs
    - Amlodipine (aOR 0.87, 95% CI 0.76-0.98) …
  - Neuromodulatory and Analgestic Agents
    - Ondansetron (aOR 0.56, 95% CI 0.41-0.76) …
  - Gastrointestinal Agents
    - Famotidine (aOR 0.65, 95% CI 0.53-0.79) …
  - Antibiotics
    - Doxycycline (aOR 0.65, 95% CI 0.47-0.91) …



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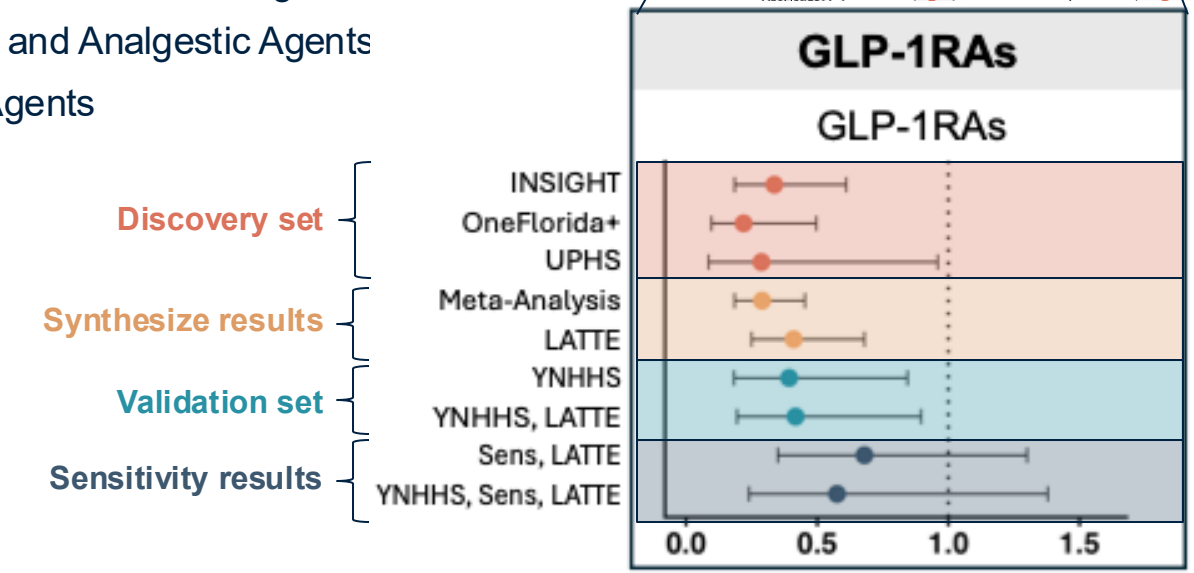
  - Antibiotics

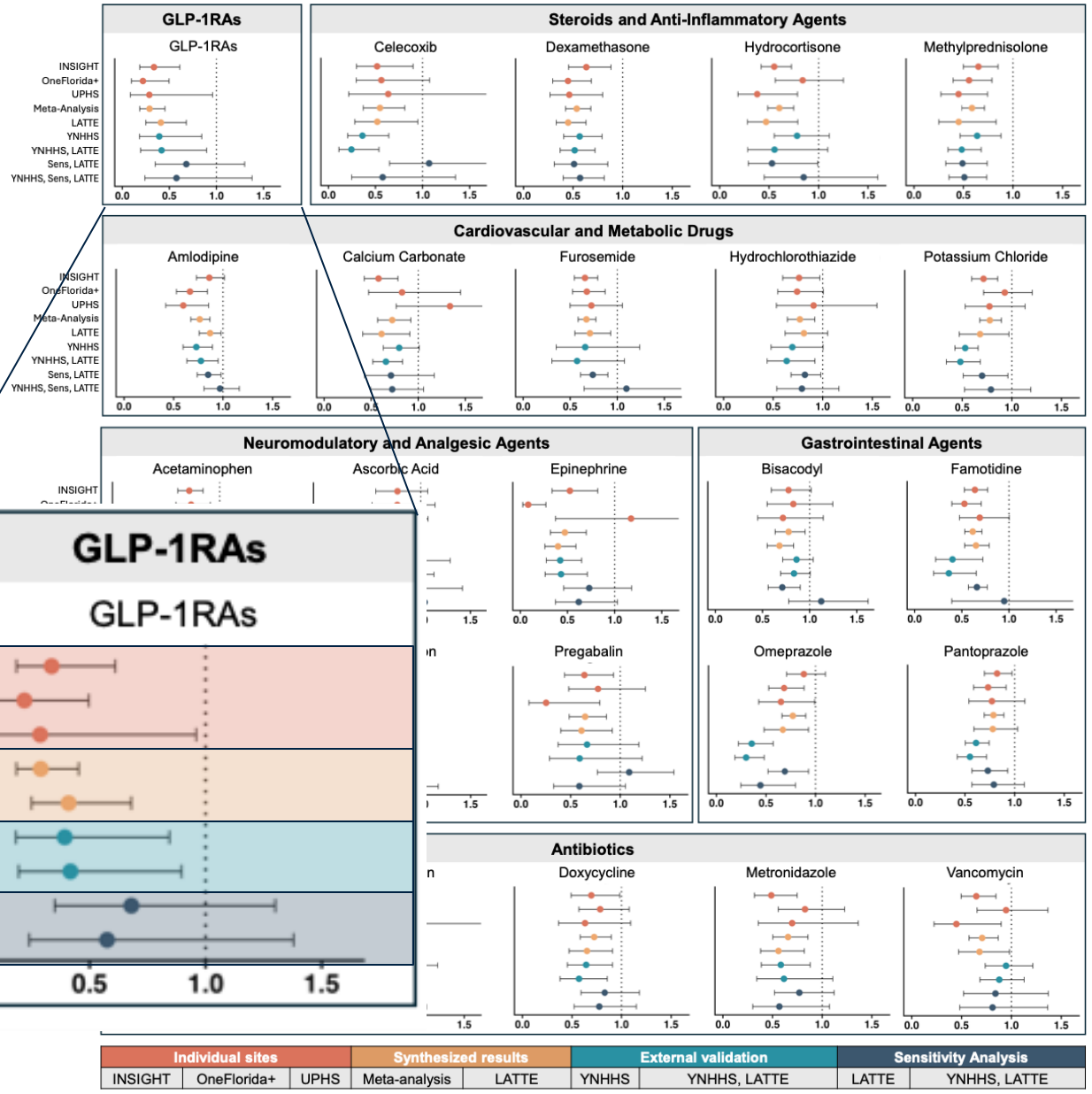


Discovery set

Synthesize results

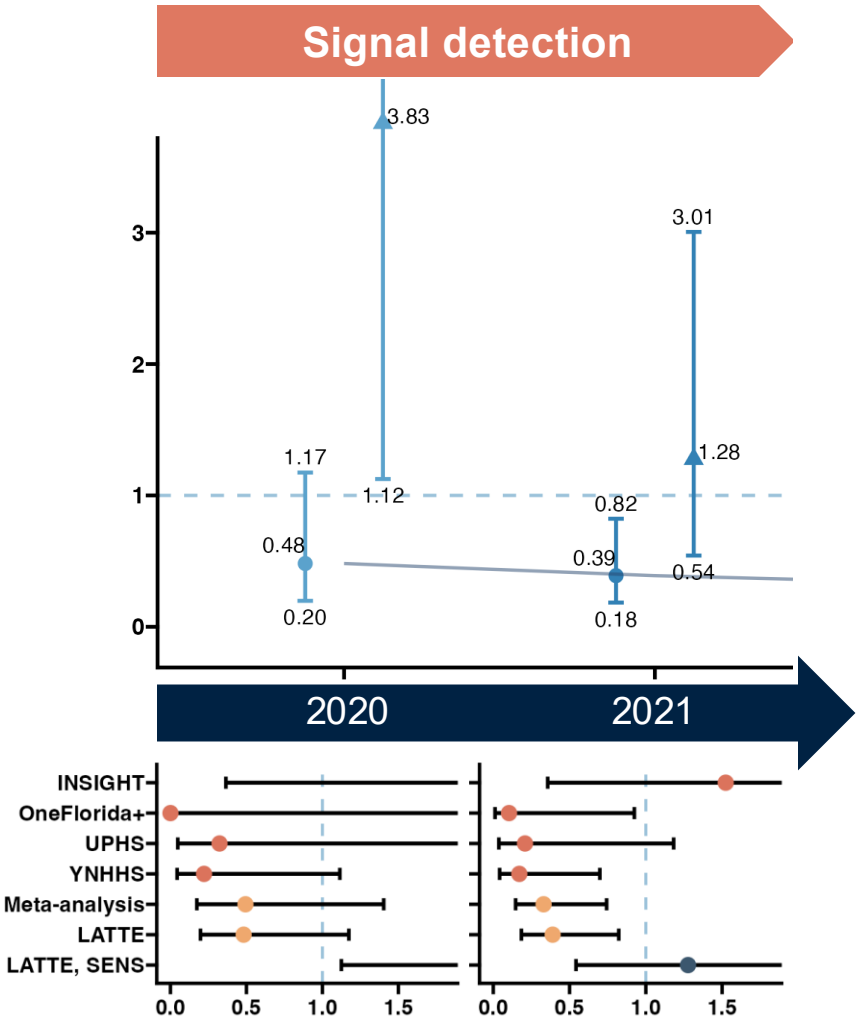
Validation set

Sensitivity results

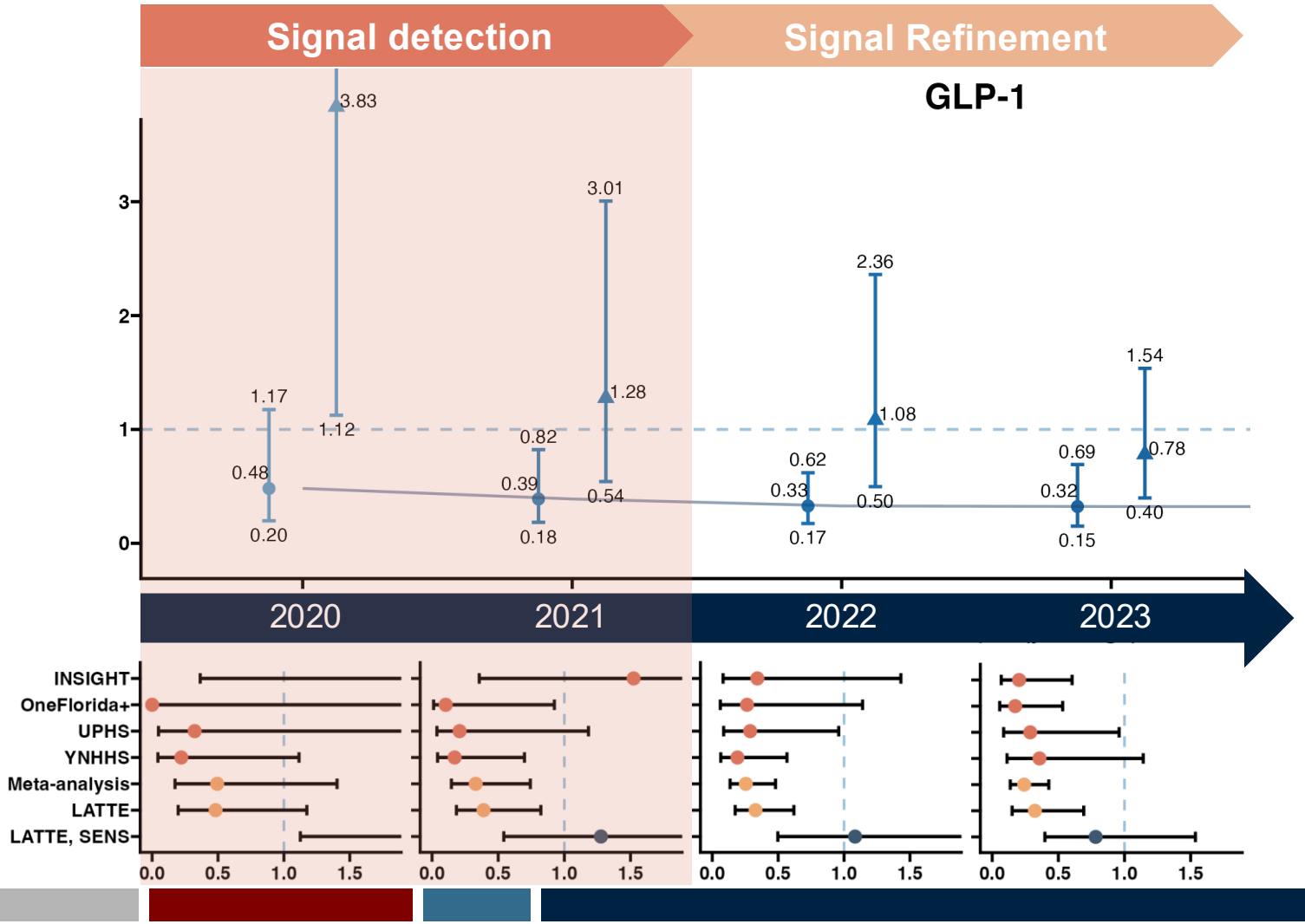


Individual sites			Synthesized results		External validation		Sensitivity Analysis	
INSIGHT	OneFlorida+	UPHS	Meta-analysis	LATTE	YNHHS	YNHHS, LATTE	LATTE	YNHHS, LATTE

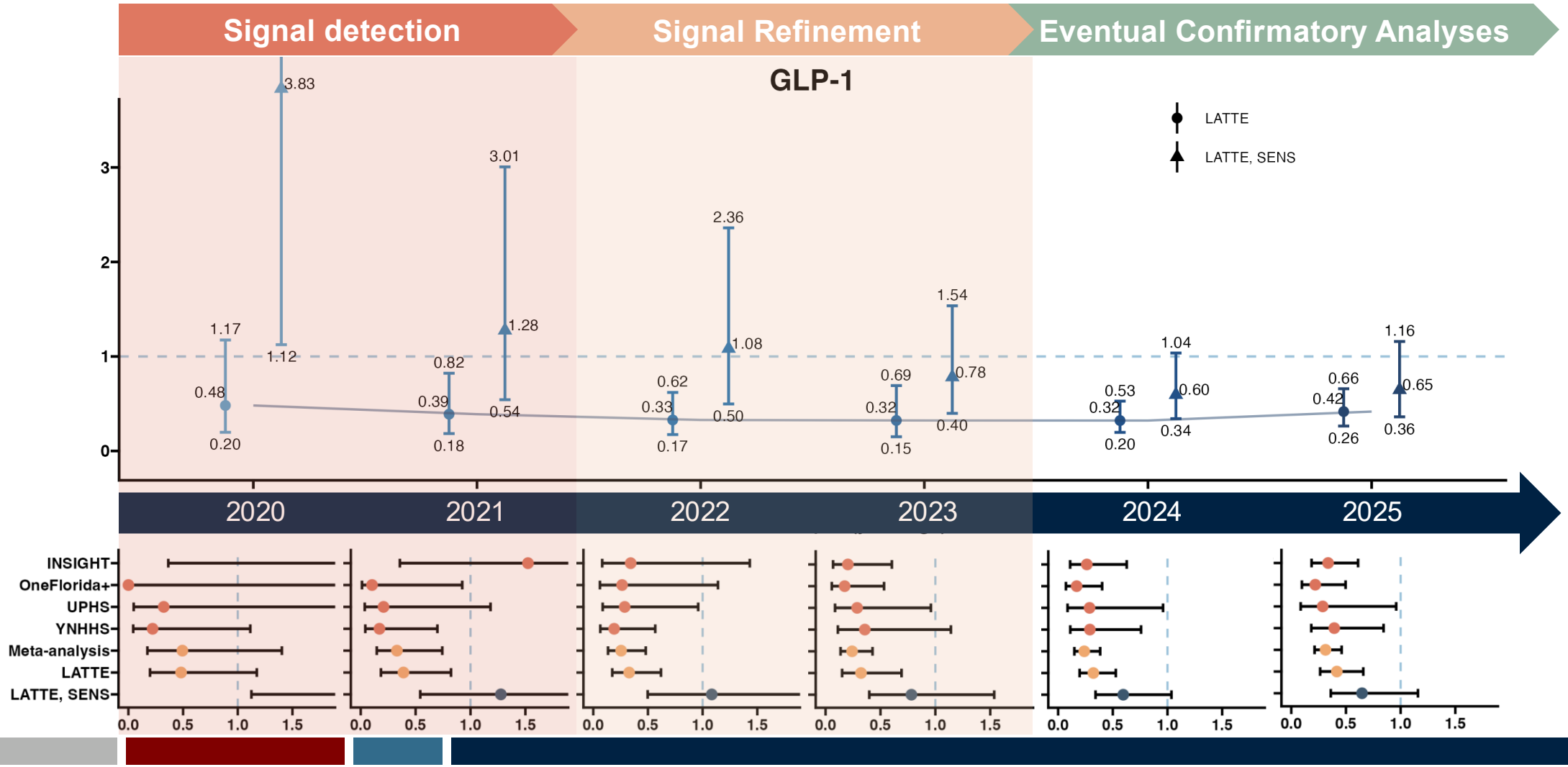
LATTE for Continuous Monitoring



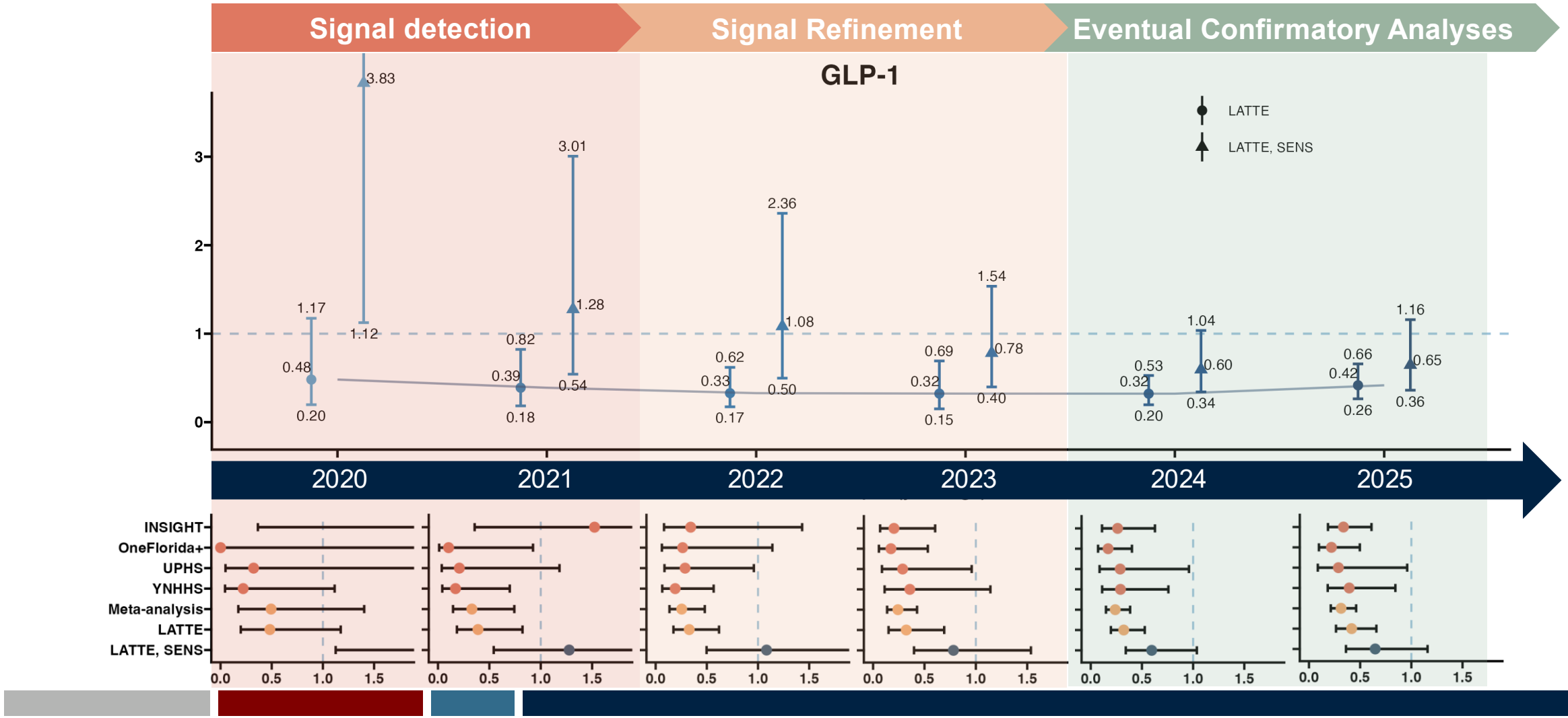
LATTE for Continuous Monitoring



LATTE for Continuous Monitoring



LATTE for Continuous Monitoring



Summary

- **LATTE** performs federated target trial emulation in **one-shot**, **lossless** manner, while **mitigating systematic biases**
- **Summary statistics only**
- **Ready-to-use** in ‘pda’ package

LATTE: Lossless One-shot Algorithm for Federated Target Trial Emulation

R package: ‘pda’

https://github.com/Penncil/pda

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Correspondence to:

Yong Chen, ychen123@upenn.edu

Lu Li, luli1@sas.upenn.edu

Comparative Effectiveness of Ticagrelor vs. Prasugrel in Patients with Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention

Chang Hoon Han, Ben S. Gerber, Marc A. Suchard, Michael E. Matheny, Jitendra Jonnagaddala, Christophe G. Lambert, Justin M. Petucci, Anna Ostropolets, Clair Blacketer, Thamir M Alshammari, Behnood Bikdeli, Seng Chan You

OHDSI Community Call

Nov. 20, 2025

Chang Hoon Han

About Myself

Chang Hoon Han

- ✓ Pediatrician & Data scientist in training
- ✓ Dr. Chan's Lab, Yonsei University
- ✓ Interested in …
  - ➢ Common data model & network studies
  - ➢ Pediatric pulmonology & intensive care
- ✓ One of study leads in GDE 2025

Ticagrelor vs. Prasugrel

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Ticagrelor vs. Prasugrel

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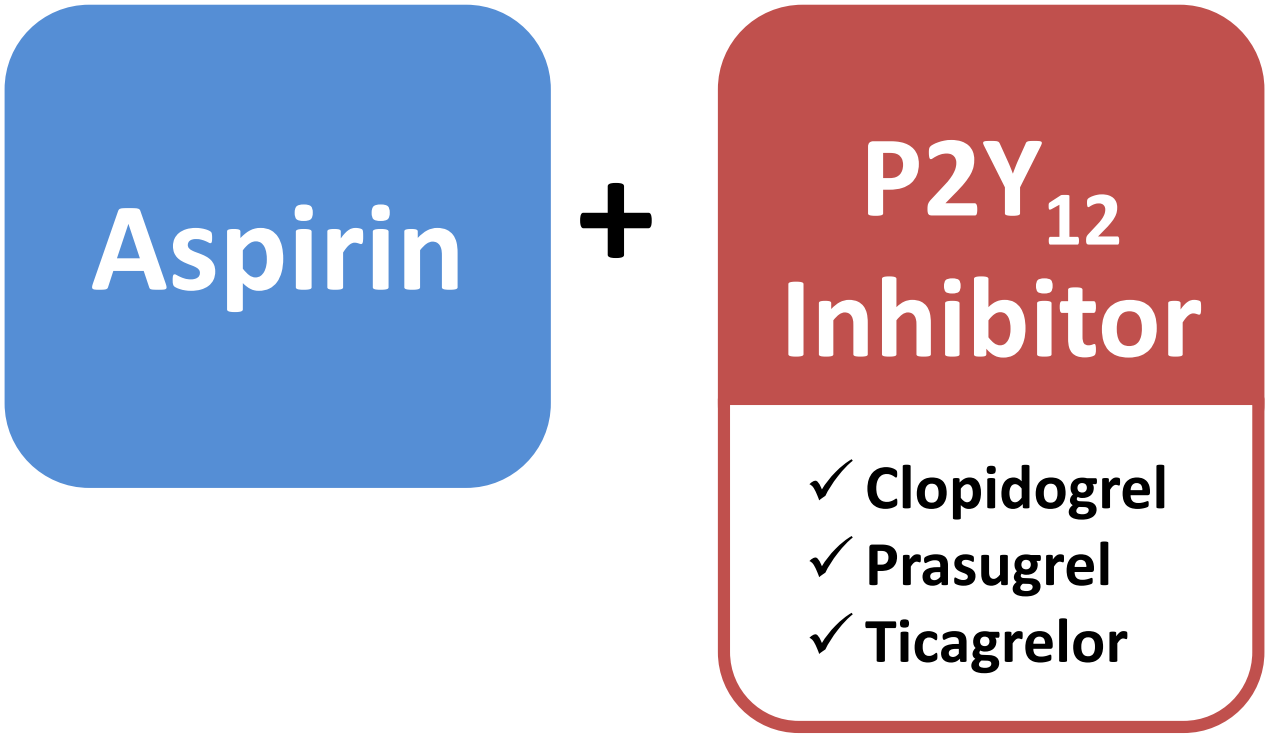
Background

Dual Antiplatelet Therapy (DAPT)

- **Cornerstone of medical treatment in ACS undergoing PCI**



Background

Ticagrelor vs. Prasugrel

2019

- **ISAR-REACT 5 (2019)**
  - ✓ Phase IV, open-label
  - ✓ ACS with planned invasive evaluation (N = 4018)
  - ✓ **Efficacy**: Composite (death + MI + stroke) **Prasugrel**
  - ✓ **Safety**: Major bleeding **Comparable**

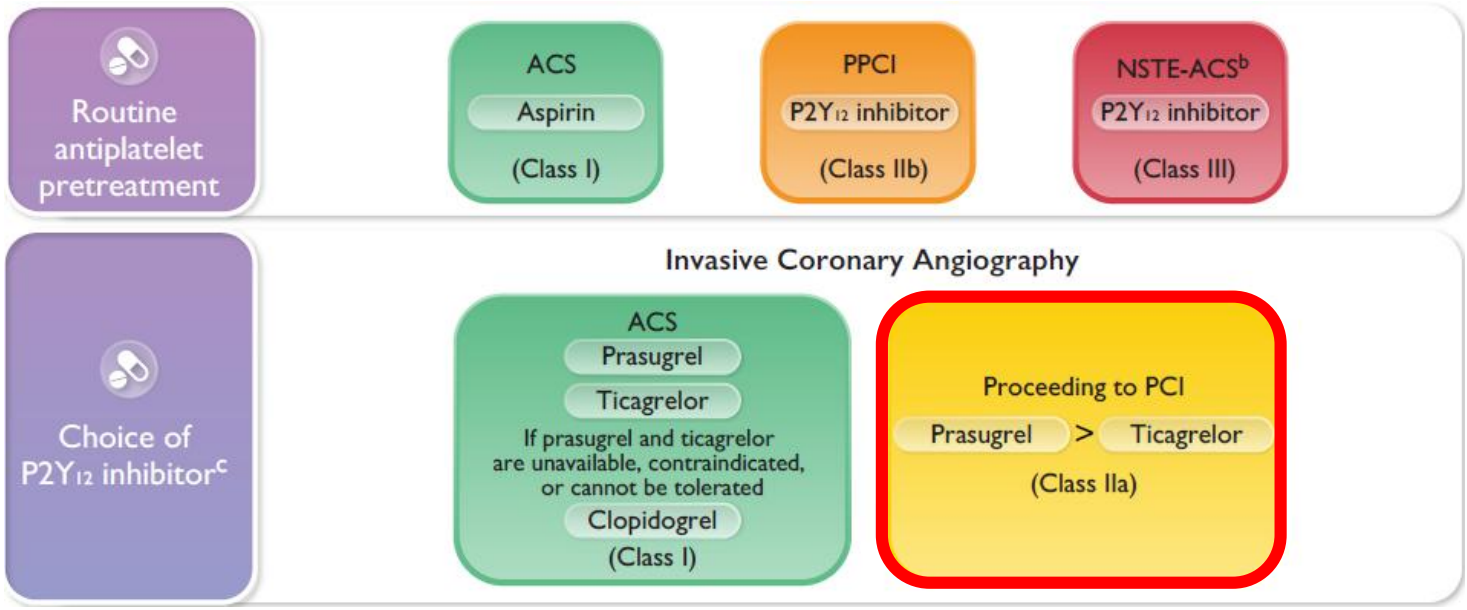
Controversial

Latest Guidelines

2023

2023 ESC guideline

- **Antiplatelet therapy in the acute phase**



Prasugrel should be considered in preference to ticagrelor for ACS patients who proceed to PCI.[244,290]	IIa	B

Latest Guidelines

2025 ACC/AHA guideline

2025

COR	LOE	Recommendations
All Patients With ACS (STEMI and NSTE-ACS)		
1	A	1. In patients with ACS, an oral P2Y12 inhibitor should be administered in addition to aspirin to reduce MACE.[1–5]
3: Harm	B-R	2. In patients with a history of stroke or transient ischemic attack, prasugrel should not be administered because of worse net clinical outcomes.*†[4]
In-Hospital Management in Patients With NSTE-ACS		
1	B-R	3. In patients with NSTE-ACS undergoing PCI, prasugrel or ticagrelor is recommended to reduce MACE and stent thrombosis.[4–6]
1	B-R	4. In patients with NSTE-ACS who are managed without planned invasive evaluation, ticagrelor is recommended to reduce MACE.[5,7]
1	B-R	5. In patients with NSTE-ACS, clopidogrel is recommended to reduce MACE when prasugrel or ticagrelor are unavailable, cannot be tolerated, or are contraindicated.[1]

Limited data exist to compare the efficacy and safety of prasugrel versus ticagrelor head-to-head. One open-label randomized trial reported a lower rate of MACE with similar bleeding with prasugrel administered at the time of PCI compared with ticagrelor used as upstream therapy in patients with ACS undergoing invasive evaluation.[22]

ISAR-REACT 5 only introduced

Ticagrelor vs. Prasugrel

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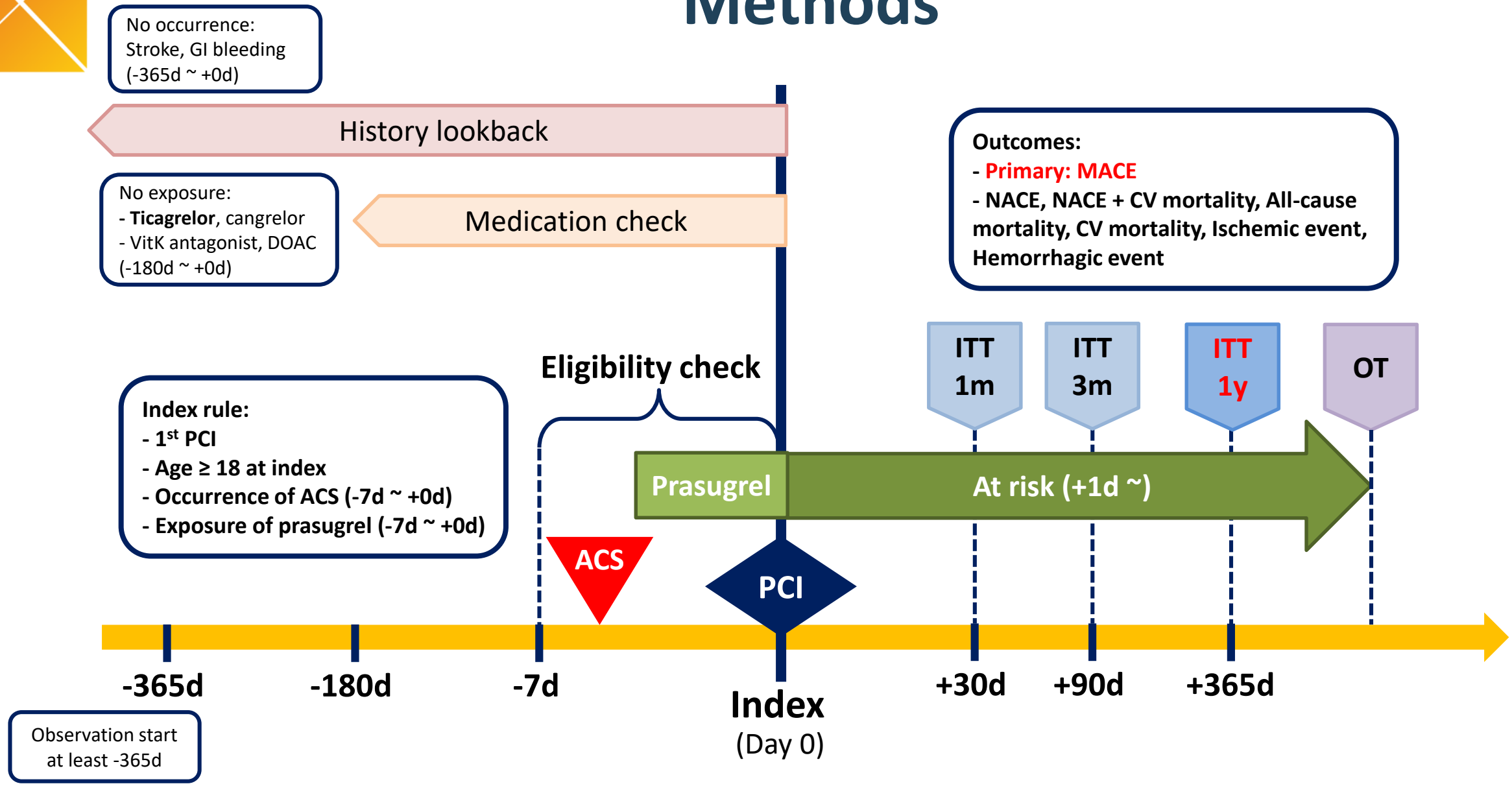
Methods

Study Population

- **Data Source**
  - ✓ Merative MarketScan databases: CCAE, MDCR
  - ✓ EHR databases: UMass Memorial Health, Penn State Health
  - ✓ Korean national claims database: HIRA
- **Criteria**
  - ✓ Inclusion: Adults ≥18 with ACS undergoing PCI, initiating ticagrelor or prasugrel
  - ✓ Exclusion: Prior stroke, GI bleeding, oral anticoagulants within 6 months

Methods


No occurrence:
Stroke, GI bleeding
(-365d ~ +0d)
History lookback
No exposure:
- Ticagrelor, cangrelor
- VitK antagonist, DOAC
(-180d ~ +0d)
Medication check
Outcomes:
- Primary: MACE
- NACE, NACE + CV mortality, All-cause mortality, CV mortality, Ischemic event, Hemorrhagic event
Eligibility check
ITT 1m
ITT 3m
ITT 1y
OT
Index rule:
- 1st PCI
- Age ≥ 18 at index
- Occurrence of ACS (-7d ~ +0d)
- Exposure of prasugrel (-7d ~ +0d)
Prasugrel
At risk (+1d ~)
ACS
PCI
-365d
-180d
-7d
Index
(Day 0)
+30d
+90d
+365d
Observation start
at least -365d

Methods

Statistical Analysis

- **Covariate adjustment**
  - ✓ **Propensity score (PS) stratification**
  - ✓ Sensitivity analysis: 1:1 PS matching
- **Outcome model**
  - ✓ Cox proportional hazards model

Methods

Diagnostics

Target	Metric	Description	Threshold
Covariate balance after PS adjustment	Standardized difference of means (SDM)	Whether the PS adjustment is sufficient to balance bas eline patient characteristics.	Max SDM < 0.1
Empirical equipoise	Preference score (F)	The overlap in preference score distribution between t he target and comparator cohorts.	At least 20% patients 0.3 ≤ F≤ 0.7
Systematic error	Expected Absolute Systematic Error (EASE)	Overall systematic error is calculated from the absolut e expected value of the distribution of estimated result s for negative control outcomes.	EASE <0.25

All passed

Bayesian random-effects meta-analysis

Ticagrelor vs. Prasugrel

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Results

Databases and Diagnostics

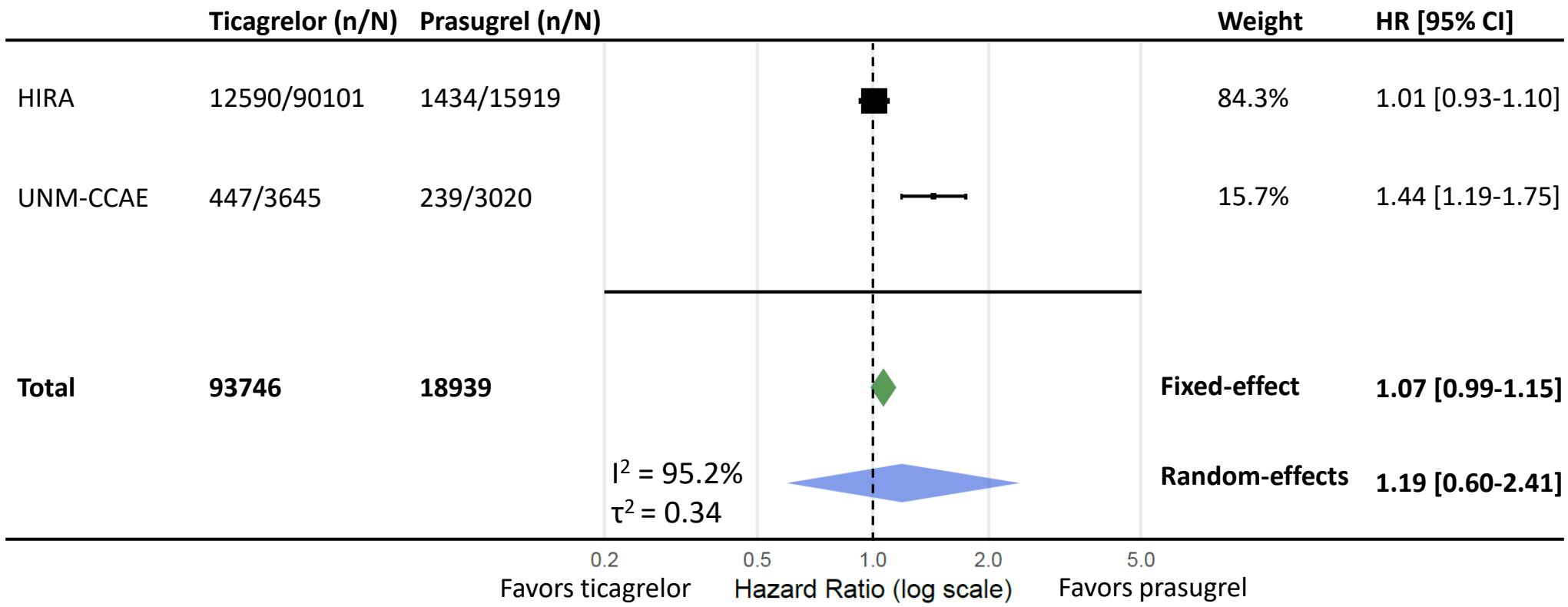
- **2 databases (HIRA, CCAE) passed diagnostics**
  - ✓ Total of 112,685 patients were included

Database	Ticagrelor cohort (N)	Prasugrel cohort (N)	Diagnostics			Inclusion
			Max SDM	Equipoise	EASE	
HIRA	90101	15919	0.08 ✔	39% ✔	0.02 ✔	**Yes**
CCAE	3645	3020	0.03 ✔	84% ✔	0.13 ✔	**Yes**
MDCR	1008	548	0.32	73% ✔	0.08 ✔	**No**
UMMHC	1164	189	0.64	53% ✔	0.58	**No**
PSH	135	25	0.65	NA	0.75	**No**

Results

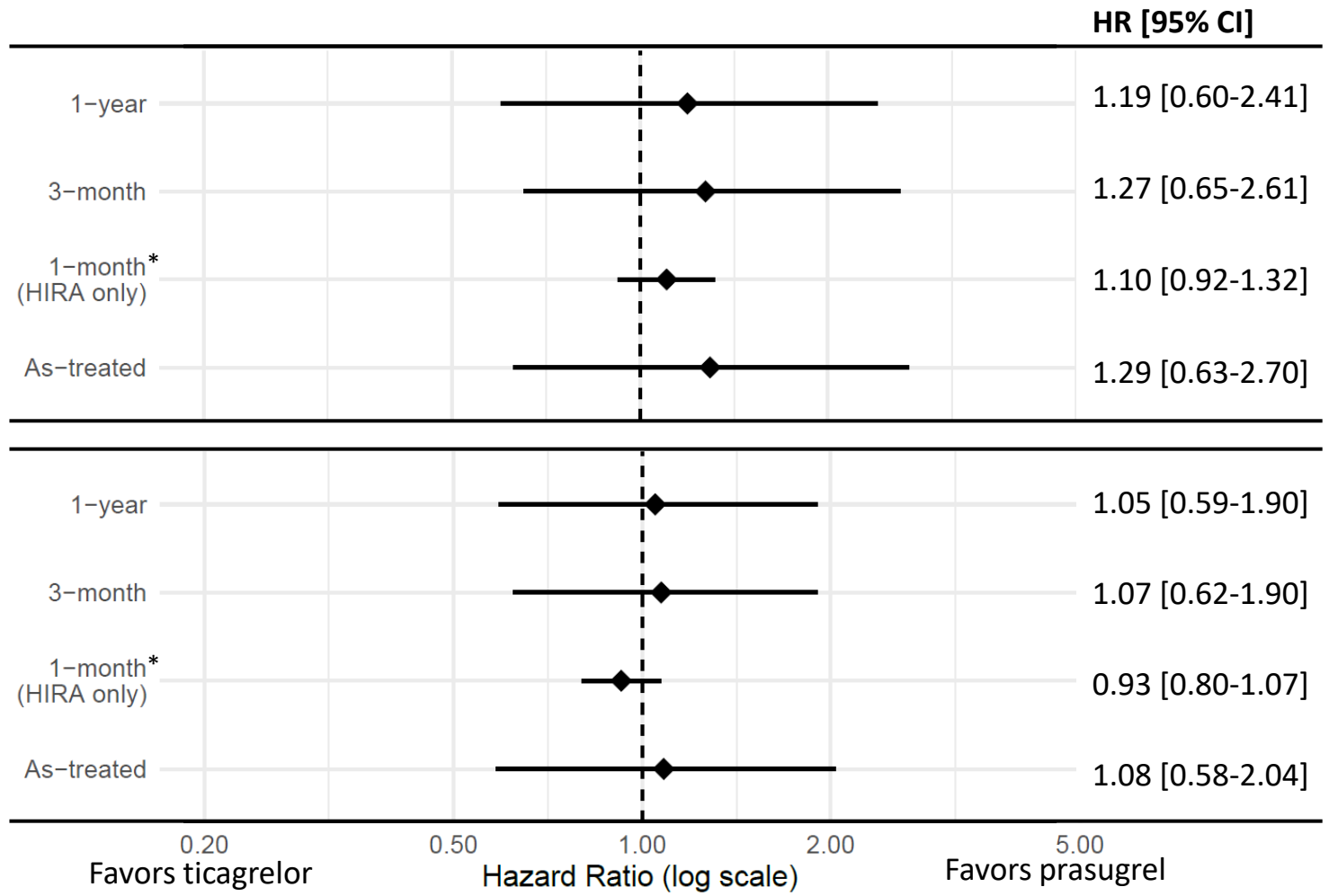
Primary Outcome: 1-year MACE (PS stratification)

- **No significant difference was observed**



Results

Sensitivity Analyses (Random-Effects)

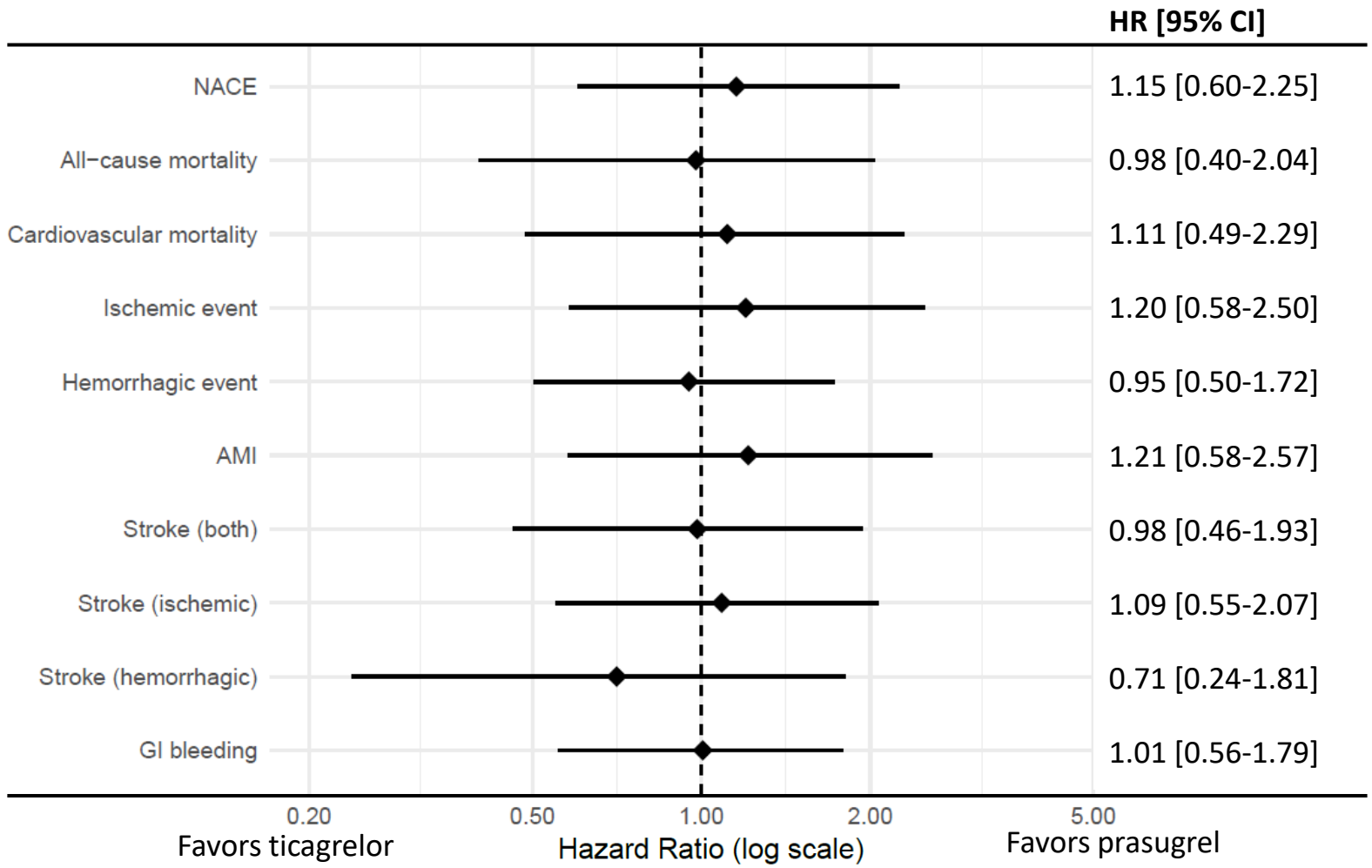


*Only HIRA passed diagnostics

Results

Secondary Analyses (Random-Effects)

1-Year Outcomes (PS stratification)



Conclusion

Based on the Current Data

- Ticagrelor vs. prasugrel showed **no clear difference** in effectiveness and safety.
- Only 2 databases were included with **high heterogeneity**, limiting certainty of results.

Ticagrelor vs. Prasugrel

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Next Steps

Data Collection in Progress

- **Participation of other centers**
  - ✓ Taipei Medical University
  - ✓ Stanford
  - ✓ University of Texas Southwestern
- **Contact us if you are interested!**

Thank you for listening!

Contact:
paul9567@yuhs.ac