Workgroup OKRs + Mini-Journal Club

OHDSI Community Call
Feb. 17, 2026 • 11 am ET

Upcoming Community Calls

Date	Topic
Feb. 24	Workgroup OKRs
Mar. 3	New Vocabulary Release
Mar. 10	TBA
Mar. 17	TBA
Mar. 24	OHDSI/OMOP Research Spotlight
Mar. 31	Kickoff to Phenotype April

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to the team of **Ryuji Hamamoto, Takafumi Koyama, Satoshi Takahashi, Tomohiro Yasuda, Kazuma Kobayashi, Yu Akagi, Nobuji Kouno, Kazuki Sudo, Makoto Hirata, Kuniko Sunami, Takashi Kubo, Hiroshi Katayama, Atsuo Takashima, Tomonori Taniguchi, Hiromi Matsumoto, Ryota Shibaki, Ken Asada, Masaaki Komatsu, Syuzo Kaneko, Masayoshi Yamada, Hidehito Horinouchi, Katsuya Tanaka, Yasushi Goto, Ken Kato, Yutaka Saito, Kenichi Nakamura & Noboru Yamamoto** on the recent publication of **Implementing generative artificial intelligence in precision oncology: safety, governance, and significance** in the *Journal of Hematology & Oncology*.

Hamamoto *et al. Journal of Hematology & Oncology* (2026) 19:14
https://doi.org/10.1186/s13045-026-01781-y

Journal of Hematology & Oncology

REVIEW Open Access

Implementing generative artificial intelligence in precision oncology: safety, governance, and significance

Ryuji Hamamoto[1,2*], Takafumi Koyama[3], Satoshi Takahashi[1,2], Tomohiro Yasuda[1], Kazuma Kobayashi[1,2,3], Yu Akagi[4], Nobuji Kouno[1,2,5], Kazuki Sudo[3,6], Makoto Hirata[7], Kuniko Sunami[8], Takashi Kubo[8], Hiroshi Katayama[9], Atsuo Takashima[10], Tomonori Taniguchi[1,2], Hiromi Matsumoto[1,2], Ryota Shibaki[1,2], Ken Asada[1,2], Masaaki Komatsu[1,2], Syuzo Kaneko[1,2], Masayoshi Yamada[11], Hidehito Horinouchi[12], Katsuya Tanaka[13], Yasushi Goto[12], Ken Kato[10], Yutaka Saito[11], Kenichi Nakamura[9] and Noboru Yamamoto[3]

Abstract
The paramount challenge in precision oncology lies in further improving quality of life and response rates for individual patients. Efforts toward these goals are steadily expanding the scope of clinical implementation, despite ongoing challenges such as standardization, cost-effectiveness, and data harmonization. Building upon this maturing foundation, generative AI—which has evolved dramatically in recent years—is particularly valuable at this stage of advancing efficiency and adoption as an auxiliary technology linking literature, guidelines, trial protocols, and patient data. Specifically, through mutation interpretation, trial eligibility matching, and tumor board support, it is expected to contribute to advancing standardization, improving cost-effectiveness, accelerating data harmonization, and further accelerating human-centered decision-making. Accordingly, this review surveys the development history of generative AI and its current healthcare applications, organizing its implementation potential for precision oncology along three axes: (1) generative AI–based interpretation of genetic mutations and estimation of their pathological significance; (2) generative AI–driven verification of clinical trial eligibility; and (3) multimodal foundation models for imaging and pathology that compute "tumor phenotypes" using real-world data, contributing to report drafting and molecular surrogate estimation. In response, we propose a strategy centered on retrieval-augmented generation (RAG) and human-in-the-loop (HITL) workflows, encompassing data preparation based on OMOP, mCODE, and FHIR; multicenter prospective evaluation; auditable logs and governance aligned with Good Manufacturing Practice (GMP) and the EU AI Act; and a synthetic data strategy including differential privacy. Ultimately, this approach validates value through real-world outcomes and charts a path toward "learning oncology," accelerating patient-centered decision-making and clinical trial development.

Keywords Precision oncology, Generative artificial intelligence, Large language model, Vision language model, Transformer, Retrieval-augmented generation

Three Stages of The Journey

Where Have We Been?

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Where Are We Going?

2026 Global Symposium

2026 OHDSI Global Symposium Call for Plenary Sessions

Symposium plenaries provide opportunities to share innovative, community-developed content to empower researchers to generate reliable real-world evidence. The community is currently seeking proposals for our #OHDSI2026 plenaries. These sessions will be 60 minutes in duration and must touch on at least two of following pillars of our community:

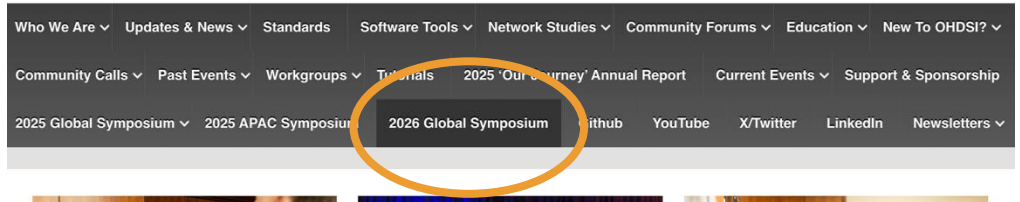
- Open community data standards
- Methodological research
- Open-source development
- Clinical applications

Plenary sessions must also involve three or more on-stage participants across at least two organizations. Sessions may include a combination of keynote talks, panel discussions, interactive activities, and more. We strongly encourage using multiple formats and synthesizing completed research, current perspectives and future calls-to-action to maximize community engagement.

The deadline for proposal submissions is January 30, 2026. Please use the link below to submit your proposal by answering the following questions:

- Name(s) of plenary session organizers:
- Your email address(es):
- Short (2,500 character max) description / abstract of your proposed session:
- Which pillars are you targeting:
- One sentence “pitch” of your session to excite the community:
- Names and roles of individuals who have tentatively agreed to participate in your session:

Deadline to submit proposals for #OHDSI2026 plenaries or tutorials is Feb. 20, 2026!



2026 OHDSI Global Symposium

Oct. 20-22 • New Brunswick, N.J. • Hyatt Regency Hotel

2026 OHDSI Global Symposium Call for Tutorials

Tutorial sessions aim to deliver educational content, led by community members who wish to train our global collaborators on scientific, technical, and other skills that can support advancing OHDSI’s mission and the effective use of real-world data and the generation and dissemination of reliable real-world evidence. Examples of prior tutorials offered are provided here: https://www.ohdsi.org/tutorials.

Tutorial sessions are 4 hours in duration. Registrants for your tutorial will be requested to pay a registration fee. The fees will be used to offset the costs of the symposium and other OHDSI expenses. Sessions may include a combination of talks, interactive activities, and more. We strongly encourage using multiple formats to maximize community engagement. Your session must include at least three people from at least two different organizations.

The deadline for tutorial proposal submissions is January 30, 2026. Please use the link below to submit your proposal by answering the following questions:

- Name(s) of tutorial session organizers:
- Your email address(es):
- Short (2,500 character) description / abstract of your proposed session:
- Names and roles of individuals who have tentatively agreed to participate in your session:

2026 Europe Symposium

The 2026 OHDSI Europe Symposium returns to Rotterdam next year and will be held **April 18-20.**

Registration is open on the **OHDSI & OHDSI Europe** web sites.

Time	Symposium Agenda - Monday April 20, 2026	Location
8:00	***Registration and Coffee***	Queen's Lounge
9:00	**Welcome to OHDSI Europe** Dr. Renske Los, Department of Medical Informatics, *Erasmus MC* Dr. Aniek Markus, Department of Medical Informatics, *Erasmus MC*	Theatre
9:05	**Journey of OHDSI** Prof. Peter Rijnbeek, Chair Department of Medical Informatics, *Erasmus MC*	Theatre
9:30	**Collaborator Showcase - part 1** Moderated by Dr. Egill Fridgeirsson, Department of Medical Informatics, *Erasmus MC*	Theatre
10:00	**Speed networking**	Theatre
10:15	***Coffee Break & posters National Nodes***	Queen's Lounge
11:15	**Collaborator Showcase - part 2** Moderated by Dr. Egill Fridgeirsson, Department of Medical Informatics, *Erasmus MC*	Theatre
11:45	**Dreaming about the OHDSI journey ahead** Dr. Patrick Ryan, Vice President, Observational Health Data Analytics, *Johnson & Johnson* Dr. Renske Los, Department of Medical Informatics, *Erasmus MC*	Theatre
12:15	***Lunch break & networking & posters/demo's*** *(Early investigator meeting - 13:00-13:45 Queen's Lounge)*	La Fontaine & Odyssee Room
13:45	**From dreams to reality** OHDSI Titan Award winners	Theatre
14:30	**Propositions for collaboration from the National Nodes** National Node leads	Theatre
14:45	***Coffee break & posters/demo's***	La Fontaine & Odyssee Room
16:15	**The OH Factor** To be announced	Theatre
17:00	**Closing**	Theatre
17:15	***Networking reception***	Queen's Lounge

Tutorials Homepage

OHDSI Tutorials

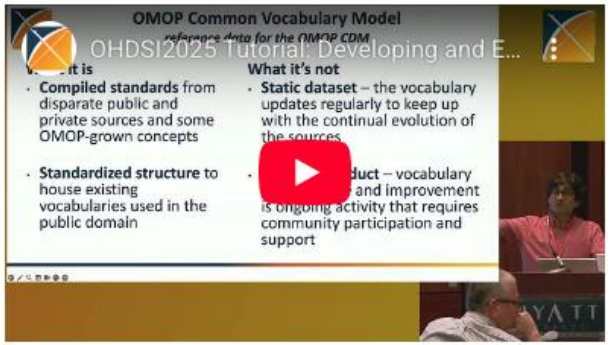
Education is at the heart of OHDSI's mission, and these tutorials showcase the community's commitment to sharing knowledge. Developed and taught by OHDSI faculty, they highlight tools, standards, and best practices that empower collaborators at every level to engage in open science and generate reliable evidence.

2025 Global Symposium

An Introduction to the Journey from Data to Evidence Using OHDSI

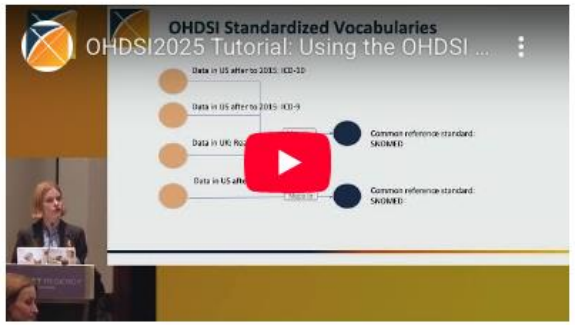
Faculty: Erica Voss, Yong Chen, Katy Sadowski, Nicole Pratt, Roger Carlson, Chongliang (Jason) Luo

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



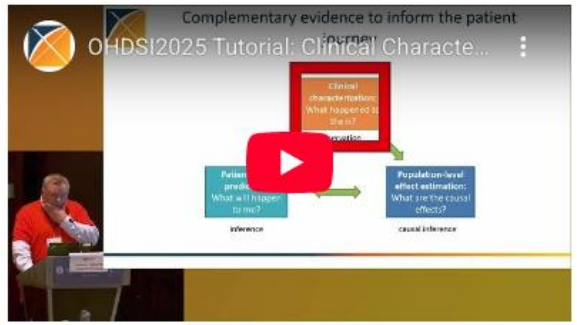
Faculty: Clair Blacketer, Karthik Natarajan, Evanette Burrows, Max Adulyanuksol, Maxim Moinat

Using the OHDSI Standardized Vocabularies for Research



Faculty: Anna Ostropolets, Vlad Korsik, Polina Talapova, Masha Khitrun

Clinical Characterization Applications to Generate Reliable Real-World Evidence

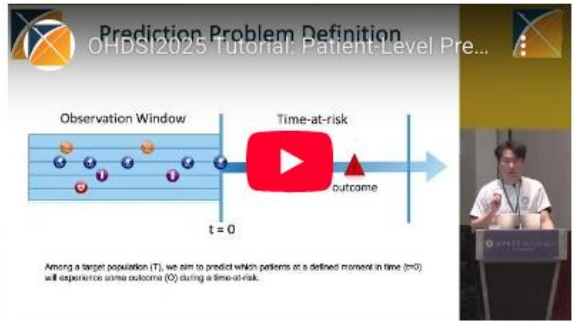


Faculty: Patrick Ryan, Aniek Markus, Hsin Yi "Cindy" Chen, Azza Shoaibi

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

Faculty: George Hripcsak, Martijn Schuemie, Linying Zhang, Tara Anand

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



Faculty: Jenna Reps, Egill Fridgersson, Ross Williams

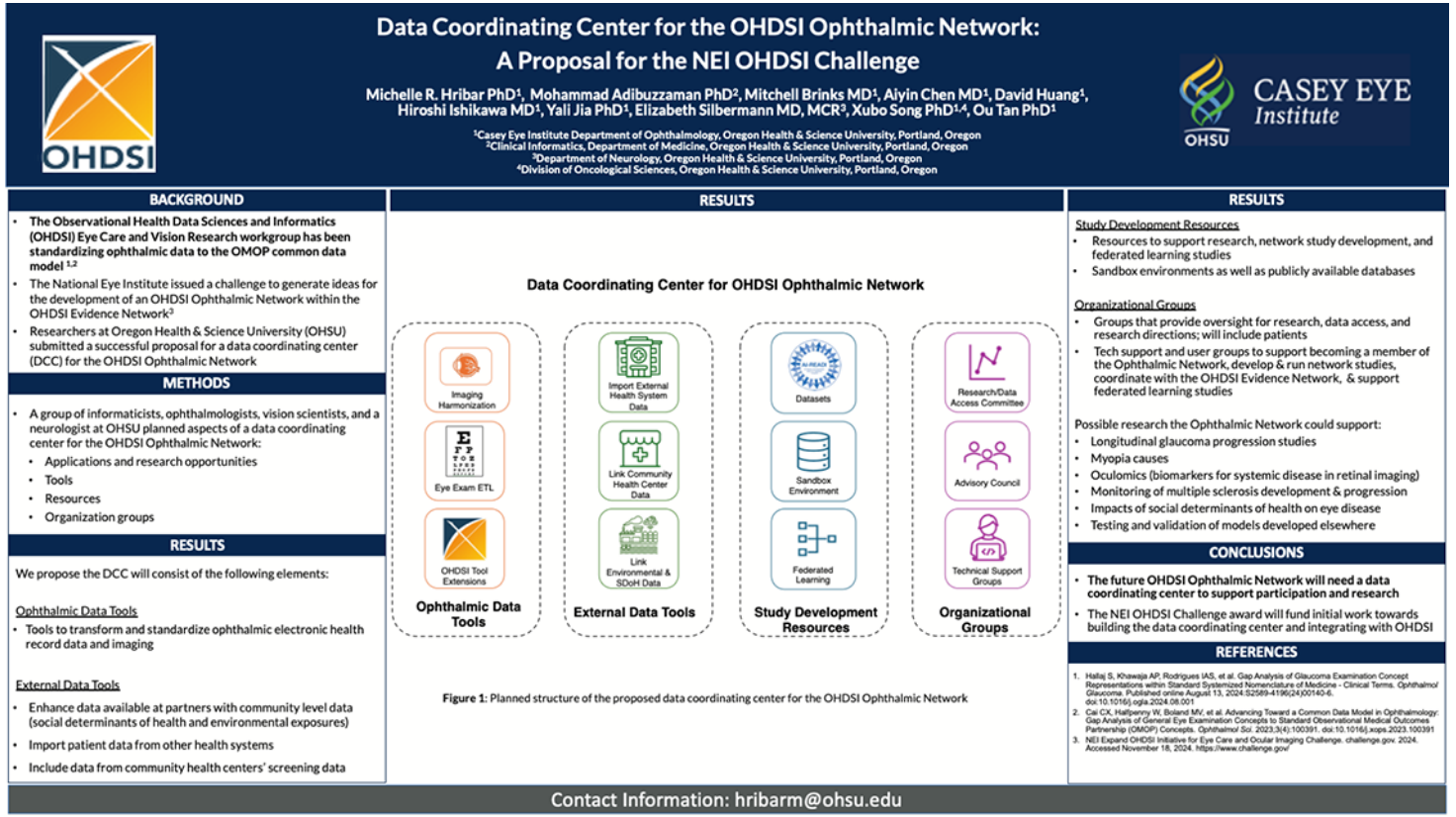
ohdsi.org/tutorials

#OHDSISocialShowcase This Week

Monday

Data Coordinating Center for the OHDSI Ophthalmic Network: A Proposal for the NEI OHDSI Challenge

(Michelle R. Hribar, Mohammad Adibuzzaman, Mitchell Brinks, Aiyin Chen, David Huang, Hiroshi Ishikawa, Yali Jia, Elizabeth Silbermann, Xubo Song, Ou Tan)



Data Coordinating Center for the OHDSI Ophthalmic Network: A Proposal for the NEI OHDSI Challenge

Michelle R. Hribar PhD[1], Mohammad Adibuzzaman PhD[2], Mitchell Brinks MD[1], Aiyin Chen MD[1], David Huang[1], Hiroshi Ishikawa MD[1], Yali Jia PhD[1], Elizabeth Silbermann MD, MCR[3], Xubo Song PhD[1,4], Ou Tan PhD[1]

[1]Casey Eye Institute Department of Ophthalmology, Oregon Health & Science University, Portland, Oregon
[2]Clinical Informatics, Department of Medicine, Oregon Health & Science University, Portland, Oregon
[3]Department of Neurology, Oregon Health & Science University, Portland, Oregon
[4]Division of Oncological Sciences, Oregon Health & Science University, Portland, Oregon

BACKGROUND

- **The Observational Health Data Sciences and Informatics (OHDSI) Eye Care and Vision Research workgroup has been standardizing ophthalmic data to the OMOP common data model [1,2]**
- The National Eye Institute issued a challenge to generate ideas for the development of an OHDSI Ophthalmic Network within the OHDSI Evidence Network[3]
- Researchers at Oregon Health & Science University (OHSU) submitted a successful proposal for a data coordinating center (DCC) for the OHDSI Ophthalmic Network

METHODS

- A group of informaticists, ophthalmologists, vision scientists, and a neurologist at OHSU planned aspects of a data coordinating center for the OHDSI Ophthalmic Network:
  - Applications and research opportunities
  - Tools
  - Resources
  - Organization groups

RESULTS

We propose the DCC will consist of the following elements:

Ophthalmic Data Tools
- Tools to transform and standardize ophthalmic electronic health record data and imaging

External Data Tools
- Enhance data available at partners with community level data (social determinants of health and environmental exposures)
- Import patient data from other health systems
- Include data from community health centers' screening data

RESULTS

Data Coordinating Center for OHDSI Ophthalmic Network

Figure 1: Planned structure of the proposed data coordinating center for the OHDSI Ophthalmic Network

RESULTS

Study Development Resources
- Resources to support research, network study development, and federated learning studies
- Sandbox environments as well as publicly available databases

Organizational Groups
- Groups that provide oversight for research, data access, and research directions; will include patients
- Tech support and user groups to support becoming a member of the Ophthalmic Network, develop & run network studies, coordinate with the OHDSI Evidence Network, & support federated learning studies

Possible research the Ophthalmic Network could support:
- Longitudinal glaucoma progression studies
- Myopia causes
- Oculomics (biomarkers for systemic disease in retinal imaging)
- Monitoring of multiple sclerosis development & progression
- Impacts of social determinants of health on eye disease
- Testing and validation of models developed elsewhere

CONCLUSIONS

- **The future OHDSI Ophthalmic Network will need a data coordinating center to support participation and research**
- The NEI OHDSI Challenge award will fund initial work towards building the data coordinating center and integrating with OHDSI

REFERENCES

1. Hallaj S, Khawaja AP, Rodrigues IAS, et al. Gap Analysis of Glaucoma Examination Concept Representations within Standard Systemized Nomenclature of Medicine - Clinical Terms. Ophthalmol Glaucoma. Published online August 13, 2024:S2589-4196(24)00140-6. doi:10.1016/j.ogla.2024.08.001
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3. NEI Expand OHDSI Initiative for Eye Care and Ocular Imaging Challenge. challenge.gov. 2024. Accessed November 18, 2024. https://www.challenge.gov/

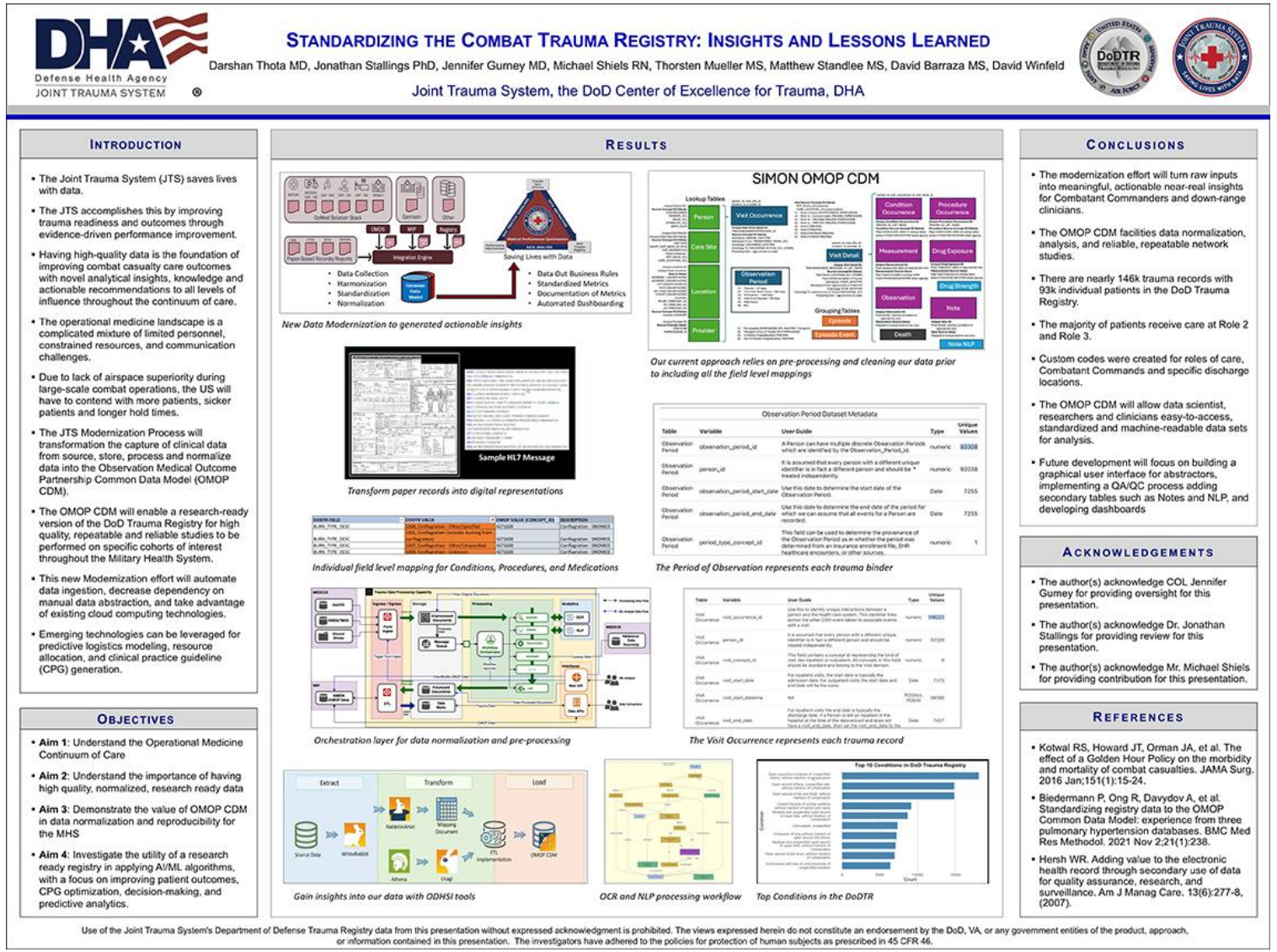
Contact Information: hribarm@ohsu.edu

#OHDSISocialShowcase This Week

Tuesday

Standardizing the Combat Trauma Registry Insights and Lessons Learned

(Darshan Thota, Jonathan Stallings, Jennifer Gurney, Michael Shiels, Thorsten Mueller, Matthew Standlee, David Barraza, David Winfeld)



STANDARDIZING THE COMBAT TRAUMA REGISTRY: INSIGHTS AND LESSONS LEARNED

Darshan Thota MD, Jonathan Stallings PhD, Jennifer Gurney MD, Michael Shiels RN, Thorsten Mueller MS, Matthew Standlee MS, David Barraza MS, David Winfeld

Joint Trauma System, the DoD Center of Excellence for Trauma, DHA

#OHDSISocialShowcase This Week

Wednesday

Standardizing Time Toxicity Metrics for Tracheostomy Patients Across Health Systems Using OMOP-CDM

(Benjamin Martin, Abigail Martin, Jen Wooyeon Park, Jordan Kuiper, Renee Boss, Emily Johnson, Jim Fackler, Khyzer Aziz)

Title: Standardizing Time Toxicity Evaluation for Tracheostomy Patients Across Health Systems Using OMOP-CDM

Characterization of Tracheostomy Healthcare Utilization Among All Age Groups

PRESENTER: Ben Martin

Background

Tracheostomy is a procedure commonly performed in both emergent and elective settings across a wide range of patient populations, including neonates and critically ill adults.[1] While this intervention can be life-sustaining, it may also impose significant burdens on patients and families. "Time toxicity," defined as time spent receiving healthcare rather than at home, has emerged as a valuable metric for evaluating the burden of care.[2,3] It is increasingly important to include this dimension in shared decision-making, especially when the time required for treatment may outweigh its survival benefits. Despite its relevance, time toxicity has not been systematically measured in harmonized observational health data, particularly across age groups.

Methods

We developed a custom SQL-based feature to measure time toxicity in tracheostomy patients across all age groups using data structured according to the OMOP Common Data Model. Our algorithm quantifies healthcare system contact by measuring cumulative time spent in various visit types (e.g., inpatient, outpatient, emergency department) in the year following tracheostomy. We applied this to an observational cohort of patients who underwent planned tracheostomy procedures, stratified into four age groups (infants, pediatric, young adults, and adults). In addition to time toxicity, we characterized patient demographics, comorbidities, mortality, and healthcare utilization metrics including length of stay and visit frequency. Data were sourced from the OMOP-mapped electronic health records of a large academic health system.

Download the ATLAS Custom SQL Feature

Access the full abstract

A Standard Time Toxicity Metric for OMOP-CDM and ATLAS

Table 2. Time Toxicity after Tracheostomy by Visit Type and Age Group

Visit Type	Infants (age <1)	Pediatric (age 1-18)	Young Adults (age 18-26)	Adults (age 26+)	All Stratas
Home Visit	0.07%	0.08%	0.03%	0.07%	0.07%
Telehealth Visit	0.11%	0.12%	0.10%	0.11%	0.11%
Emergency Room Visit	0.21%	0.22%	0.19%	0.13%	0.14%
Outpatient Visit	0.46%	0.72%	0.74%	0.80%	0.78%
Inpatient Visit	48.48%	35.60%	28.09%	33.71%	34.25%
All Visits	49.34%	36.74%	29.15%	34.82%	35.35%

Table 1. Demographics, Comorbidities, and Healthcare Utilization by Age at Tracheostomy

Domain	Variable	Infants (age <1)	Pediatric (age 1-18)	Young Adults (age 18-26)	Adults (age 26+)	All stratas
Gender	FEMALE	44.26%	55.29%	25.56%	41.84%	41.77%
	MALE	55.74%	44.71%	74.44%	58.16%	58.23%
Race	American Indian or Alaska Native	0.00%	0.00%	1.11%	0.31%	0.32%
	Asian	0.00%	2.35%	3.33%	2.36%	2.33%
	Black or African American	45.90%	31.76%	45.56%	37.65%	37.94%
	White	40.98%	51.76%	36.67%	48.52%	48.02%
	Other	13.11%	14.12%	13.33%	11.17%	11.39%
Visit Counts and LOS	ER Visit Count - After Index Visit	2.90	1.55	1.14	0.44	0.57
	ER Visit Count - Before Index Visit	0.02	0.80	0.69	0.68	0.67
	IP LOS - After Index Visit (max)	19.02	26.55	25.82	20.84	21.25
	IP LOS - Index Visit	176.48	76.56	53.16	50.74	54.73
	IP LOS - Prior to Index Visit (max)	42.90	40.03	12.14	11.80	13.20
	IP Visit Count - After Index Visit	4.15	3.05	2.19	1.69	1.81
	IP Visit Count - Prior to Index Visit	0.23	1.81	0.98	1.06	1.06
	OP Visit Count - After Index Visit	131.43	84.07	51.06	42.29	46.16
	OP Visit Count - Before Index Visit	3.39	24.40	10.02	15.82	15.60
	time (days) between cohort start and end	426.97	305.29	281.34	201.65	213.41
Comorbidities, Sequela	Essential hypertension	37.70%	45.88%	54.44%	59.69%	58.50%
	Acute hypoxemic respiratory failure	37.70%	54.12%	45.56%	51.31%	50.87%
	Sepsis	36.07%	32.94%	43.33%	50.48%	49.29%
	Dysphagia	31.15%	37.65%	36.67%	48.21%	47.03%
	Acute kidney injury	29.51%	37.65%	30.00%	48.52%	47.03%
	Hyperosmolality and or hypernatremia	24.59%	41.18%	40.00%	45.29%	44.46%
	Hypokalemia	42.62%	58.82%	48.89%	43.50%	44.19%
	Anemia	45.90%	40.00%	40.00%	43.50%	43.31%
	Acidosis	54.10%	40.00%	37.78%	34.08%	34.89%
	Atelectasis	62.30%	57.65%	37.78%	29.10%	31.17%
	Acute on chronic hypoxemic respiratory failure	70.49%	62.35%	27.78%	28.27%	30.42%
	Acute tracheitis without obstruction	85.25%	63.53%	16.67%	15.05%	18.43%
Mortality	30-day Mortality	0.00%	0.04%	0.12%	4.63%	4.79%
	Total Mortality	0.67%	0.67%	0.32%	21.68%	23.34%

Results

Time toxicity varied significantly across age groups and visit types (Figure 1). Infants had the highest proportion of time spent in healthcare settings (49.3%), while young adults had the lowest (29.2%). Inpatient visits accounted for the majority of time toxicity across all groups. Our Table 1 summarizes population characteristics, including gender, race, mortality, healthcare utilization, and the 15 most prevalent conditions other than tracheostomy. Notably, comorbidities such as acute hypoxemic respiratory failure, hypertension, and gastroesophageal reflux disease were common in all age groups but especially prevalent in adults and infants.

Conclusion

Our approach enables standardized, scalable, and reproducible measurement of time toxicity using OMOP-harmonized data. By incorporating this metric into routine analytics, researchers and clinicians can better understand the real-world burden of interventions like tracheostomy. We invite the OHDSI community to adopt and refine our approach for broader use in patient-centered outcomes research and shared decision-making tools.

References

1. Engels PT, Bagshaw SM, Meier M, Brindley PG. Tracheostomy: from insertion to decannulation. Can J Surg. 2009 Oct;52(5):427-33. PMID: 19865580; PMCID: PMC2769112.
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Authors:
Benjamin Martin, PhD[1]; Abigail Martin, MPH, MS[2]; Jen Wooyeon Park, MS[1]; Jordan Kuiper, PhD[1]; Renee Boss, MD[1]; Emily Johnson, MSN, RN, CPNP[1]; Jim Fackler, MD[1]; Khyzer Aziz, MD[1]
[1]Johns Hopkins School of Medicine
[2]Medical University of South Carolina College of Medicine

#OHDSISocialShowcase This Week

Thursday

Impact of Comorbid Depression on Insulin Initiation and Cardiovascular Events Among Patients with Type 2 Diabetes Mellitus: A Multinational Cohort Study

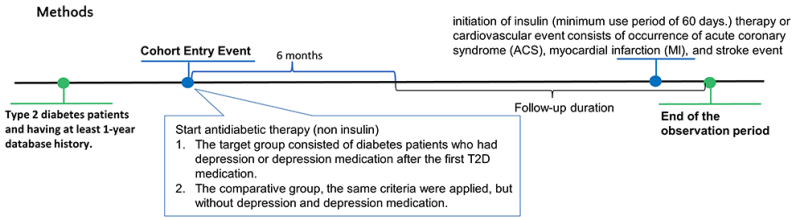
(Christianus Heru Setiawan, Seonghwan Shin, Seonji Kim, Seng Chan You, Phan Thanh-Phuc, Septi Melisa, Muhammad Solihuddin Muhtar, Nguyen Phung-Anh, Jason C. Hsu)

This multinational OHDSI-based cohort study identified a significant association between comorbid depression and increased risks of insulin initiation and cardiovascular outcome in patients with type 2 diabetes mellitus.

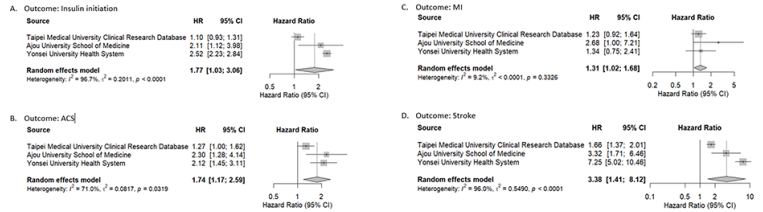
Impact of Comorbid Depression on Insulin Initiation and Cardiovascular Events Among Patients with Type 2 Diabetes Mellitus: A Multinational Cohort Study

Background: Individuals diagnosed with (T2D) have a higher risk of experiencing depression compared to those without the condition. Hyperglycemia-induced neurochemical dysregulation promotes the progression of type 2 diabetes. Furthermore, depression can lead to poor outcomes (cardiovascular events) and may cause insulin resistance. This comorbidity may render diabetes oral medications ineffective, and insulin therapy may be necessary.

Methods



Results



We are currently expanding our multinational OHDSI-based study. We warmly invite your site to join this collaboration.

The full analytic package is available here:https://github.com/OHDSI-TAIWAN/T2DM-and-Depression

If interested, kindly reach out to jasonhsu@tmu.edu.tw (Jason C. Hsu) or d301111004@tmu.edu.tw (Christianus Heru Setiawan)

Christianus Heru Setiawan[1,2], Seonghwan Shin[3], Seonji Kim[4,5], Seng Chan You[4,5], Phan Thanh-Phuc[6], Septi Melisa[6], Muhammad Solihuddin Muhtar[6], Nguyen Phung-Anh[7,8,9], Jason C. Hsu[6,7,8,9*]

[1] Ph.D. Program, School of Pharmacy, Taipei Medical University, Taipei, Taiwan
[2] Faculty of Pharmacy, Sanata Dharma University, Yogyakarta, Indonesia
[3] Department of Biomedical Informatics, Ajou University Graduate School of Medicine
[4] Department of Biomedical Systems Informatics, Yonsei University College of Medicine, Seoul, Korea
[5] Yonsei Institute for Digital Health, Yonsei University, Seoul, Korea
[6] International Ph.D. Program in Biotech and Healthcare Management, College of Management, Taipei Medical University, Taipei, Taiwan
[7] Clinical Data Center, Office of Data Science, Taipei Medical University, Taipei, Taiwan
[8] Research Center of Data Science on Healthcare Industry, College of Management, Taipei Medical University, Taipei, Taiwan
[9] Clinical Big Data Research Center, Taipei Medical University Hospital, Taipei Medical University, Taipei, Taiwan
*Supervisor

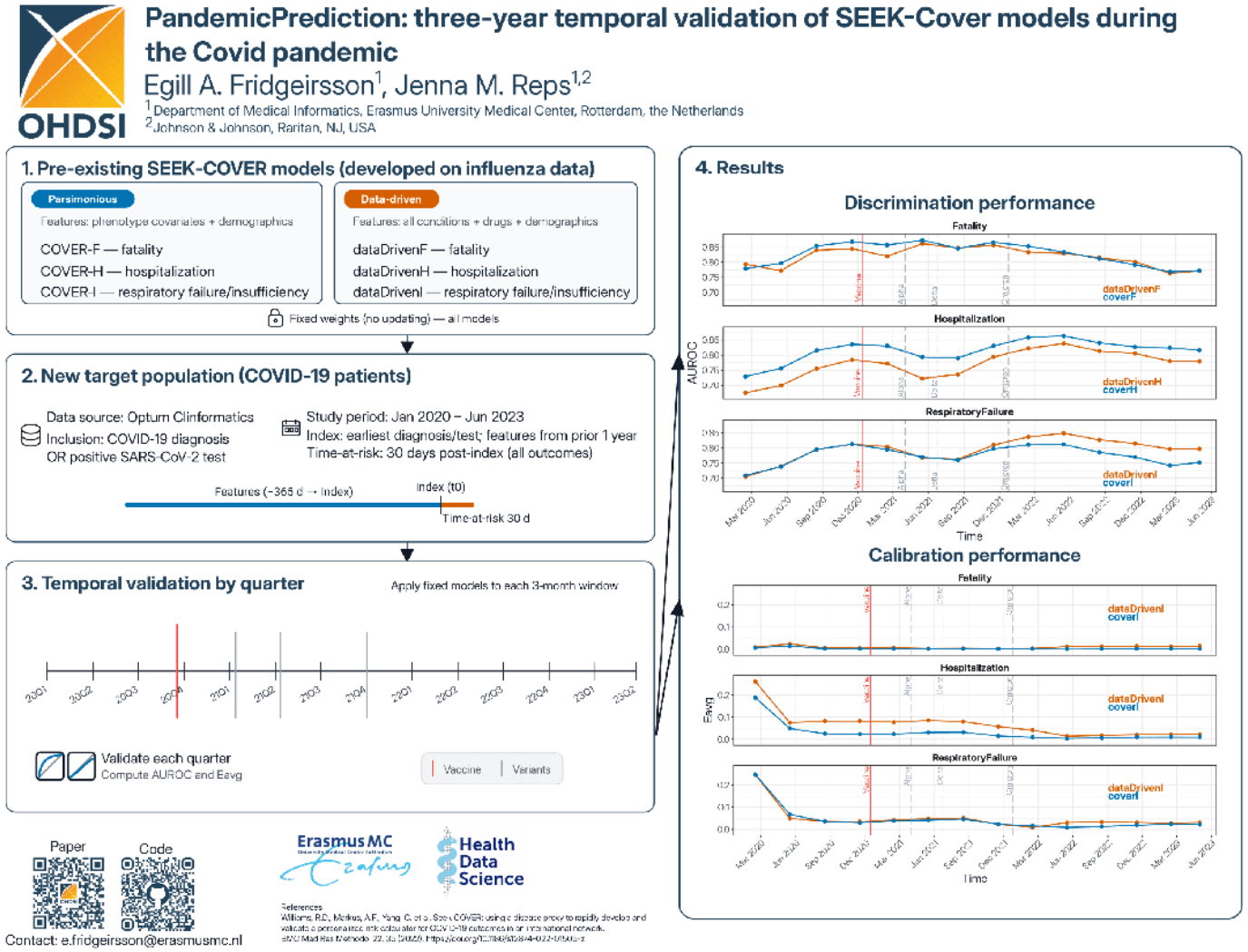
OHDSI

#OHDSISocialShowcase This Week

Friday

PandemicPrediction: three-year temporal validation of SEEK-Cover models during the Covid pandemic

(Egill Fridgeirsson, Jenna Reps)



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?

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