



OHDSI APAC Community Call

20260416



Agenda

- OHDSI News
- Introducing OHDSI Indonesia Chapter
- 2026 OHDSI APAC Study Kick-off



2026 OHDSI Europe Symposium



Location: the Ship SS Rotterdam, NL,
and Education Centre of the Erasmus
University Medical Center

Oncology

Asieh Golozar, Talita Duarte Salles

Description

- Review of ongoing oncology initiatives in OHDSI
- Update on vocabulary and tooling enhancements in the space of oncology
- Reflect on current state of the community and path forward

Target audience

Researchers and data holders interested in oncology.

Question-Answers pairs in OMOP

Lisa Hoogendam, Renske Los, Aniek Markus (EMC), Nicole Gerlanc (NIH/NIC)

Description

- Overview of current mapping conventions for question-answer pair data
- Discuss standard analytics for Patient-Reported Outcome Measures data
- Reflect on current state of the community and path forward

MindMeetsMachines Vocab Edition

Martijn Schuemie, Anna Ostropolets (J&J), Tom Seinen, Matthijs Otten (EMC)

Description

- Compare human and AI concept mapping to OMOP CDM using European source codes
- Assess strengths and gaps on both sides





2026 OHDSI Global Symposium



2026 OHDSI Global Symposium

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



2026 OHDSI APAC Symposium

Join us in Seoul for 2026 APAC Symposium!
Mark your calendars: Nov 13-15
@ Yonsei University, Seoul





2026 Health Data Science Forum @ Taiwan, July 18

The banner features a futuristic background with a glowing Earth, a city skyline at night, and several human figures composed of data points. The text is centered and prominent.

OHDSI TAIWAN

臺北醫學大學 TAIPEI MEDICAL UNIVERSITY

Bio Taiwan Taiwan Bio Industry Organization

DATA STANDARDIZATION, MULTINATIONAL RWE, AI CLINICAL APPLICATION, INNOVATION ECOSYSTEM

2026 HEALTH DATA SCIENCE GLOBAL SUMMIT FORUM

JULY 18, 2026 (SAT) TAIPEI TAIWAN





Updates with <https://dash.ohdsi.org>















The screenshot shows the OHDSI Community Intelligence Platform dashboard. At the top left is the OHDSI logo and the text "Community Intelligence Platform". To the right are search and review icons. The main heading is "Community Intelligence" in large blue and orange font. Below it is a sub-heading: "Discover and explore research, tools, and knowledge from the global OHDSI community. Access 2515 articles, studies, and resources." A search bar contains the text "Search for OMOP CDM, Atlas, HADES, authors, or any OHDSI topic...". Below the search bar are four data cards: "2515 Total Content" (with a database icon), "851 Research Papers" (with a document icon), "789 Videos" (with a play button icon), and "870 Repositories" (with a code icon). At the bottom center is a blue button labeled "View All Content →".

Scan here for more details
of the newly update site!





Regional chapters and national nodes

| Africa | Asia-Pacific (APAC) | Australia | China |
|--|--|--|---|
|  Agnes Kiragga |  Cynthia Sung |  Mui Van Zandt |  Nicole Pratt |
| Europe | India | Japan | |
|  Peter Rijnbeek |  Swetha Kiranmayi Jakkuv |  Vikram Patil |  Parthiban Sulur |
| | | |  Tatsuo Hiramatsu |
| Latin America | Republic of Korea | Singapore | Taiwan |
|  Julio Oliveira |  Rae Woong Park |  Seng Chan You |  Mengling 'Mornin' Feng |
| | | |  Jason Hsu |

Node..... Lead(s)

| | |
|------------------------|--|
| Belgium | Liesbet Peeters, Annelies Verbiest, Ilse Vermeulen |
| Denmark | Ismail Gögenur, Martin Hoyer Rose, Andreas Weinberger Rosen |
| Estonia..... | Raivo Kolde, Sulev Reisberg |
| Finland..... | Eric Fey, Gustav Klingstedt |
| Germany..... | Ines Reinecke, Michele Zoch |
| Greece | Anastasia Farmaki, Pantelis Natsiavas, Grigoris Papapostolou |
| Hungary..... | Zsolt Bagyura, Ágota Mészáros |
| Ireland..... | Aedin Culhane, Mark Lawler, Catherine Mahoney |
| Israel | Chen Yanover |
| Italy | Lucia Sacchi, Matteo Gabetta |
| Luxembourg..... | Claudine Backes, Andreas Kremer, Maria Quaranta |
| Netherlands..... | Renske Los, Aniek Markus |
| Norway..... | Espen Enerly, Siri Larønningen |
| Portugal..... | Patricia Couceiro, Carmen Nogueira |
| Spain..... | Miguel Angel Mayer, Talita Duarte Salles |
| Indonesia | Olga Endrich, Karen Triep |
| | Dani Prieto-Alhambra |
| | Austria, Sweden |

Indonesia



Lutfan Lazuardi



OHDSI Indonesia

Lutfan Lazuardi
Fadhilah Larasati
Annisa Ristya Rahmanti



OHDSI Indonesia

Chapter Lead

dr. M. Lutfan Lazuardi, M.Kes., Ph.D.

Head of Department of Health Policy and Management,
Associate Professor in Health Informatics, Faculty of
Medicine, Public Health and Nursing, Universitas Gadjah
Mada.

Secretariat

Annisa Ristya Rahmanti (UGM), Fadhilah K Larasati (UGM)

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Yudha E Saputra (TMU)

Hospital

Firza Aditya P (UGM Academic Hospital)

Dany Widayastuti (UGM Academic Hospital)

Government

dr Ahmad Hidayat (Technical Working Group)



OHDSI Indonesia Overview

- Applied to be a chapter in Jan 28, 2026
- Officially join OHDSI in Feb 19, 2026
- First chapter meeting in Mar 11, 2026
- Indonesia Chapter initiated through Academic Health System UGM
- Active participation in OHDSI APAC Monthly Meeting

Affiliations:



Universitas Gadjah Mada

Faculty of Medicine, Public Health, and Nursing
Department of Health, Policy, and Management



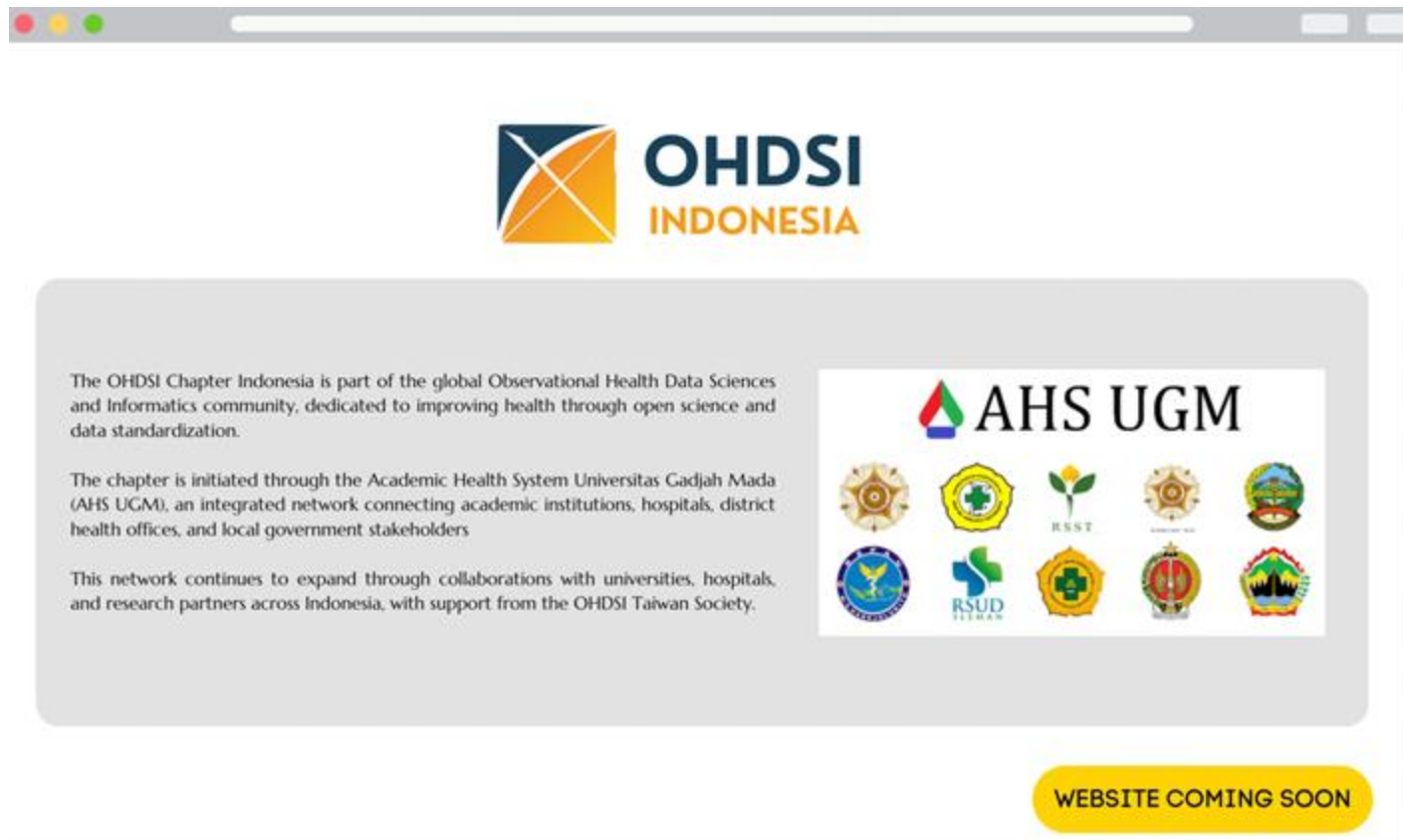


Proposed Activities 2026

1. OHDSI Chapter Indonesia Website → *under construction*
2. ETL and OMOP CDM Mapping for Stroke Data
3. Conversion Hospital data to OHDSI-OMOP CDM across AHS
Affiliation Hospital
4. Join Regional APAC Network Research



1. Develop OHDSI Chapter Indonesia Website



- Will serve as the official platform for the **OHDSI Indonesia Chapter**, central hub for Collaboration, Data standardization initiatives, and Research activities
- Open platform to expand the OHDSI network across Indonesia, **enabling new memberships and partnerships** with other universities and hospitals



2. ETL and OMOP CDM Mapping for Stroke Data

EMR Mapping

- UGM Academic Hospital
- Data: All stroke types
- Years: 2024-2025

ReDCap Data to OMOP CDM Mapping

- Dr. Sardjito Hospital
- Data: Hemorrhagic stroke (SAH & ICH)
- Years: 2020–2024

Technical Workshop (July-Sept 2026)

- OMOP CDM mapping & ETL process
- Standardized clinical documentation

Output:

- Trained clinicians & data teams
- Training materials (MOOC videos)



3. Conversion Hospital data to OHDSI-OMOP CDM across AHS Affiliated Hospital

- Hospital visit from EMR and national insurance (JKN) claims data from 6 affiliated hospitals, between 2017-2025.
- Total Claims Data 1.9 million+, 38.000 patients
- Dr. Sardjito General Hospital, UGM Academic Hospital, Dr. Soeradji Tirtonegoro General Hospital, Banyumas District General Hospital, Wates District's General Hospital and Sleman District's General Hospital.



4. Join Regional APAC Network Research

We are currently mapping to:

- Contribute OMOP-CDM data to APAC network studies
- Expand collaborators across Indonesia
- Build partnerships with global OHDSI community
- Participate in OHDSI Event and submit poster to 2026 APAC Symposium



2026 OHDSI APAC Study Kick-Off

Nicole Pratt



2026 OHDS APAC Study

| Date | Topics | Presenter |
|-----------------|---|--------------------------|
| April 16 (C.C) | Kick off | Nicole Pratt |
| May 7 (S.F) | Theory on Characterization and Treatment Pathways | Jiwon Um |
| May 21 (C.C) | Review of treatment guidelines | Nicole Pratt |
| June 4 (S.F) | Framing the Research Questions | Jason Hsu |
| June 18 (C.C) | Protocol | Nicole Pratt & Jason Hsu |
| July 2 (S.F) | Building characterization and treatment pathways in ATLAS | Jason Hsu |
| July 16 (C.C) | Execution | Nicole Pratt |
| August 6 (S.F) | Introduction to Strategus | Phuc Phan |
| August 20 (C.C) | Interpretation | Nicole Pratt |



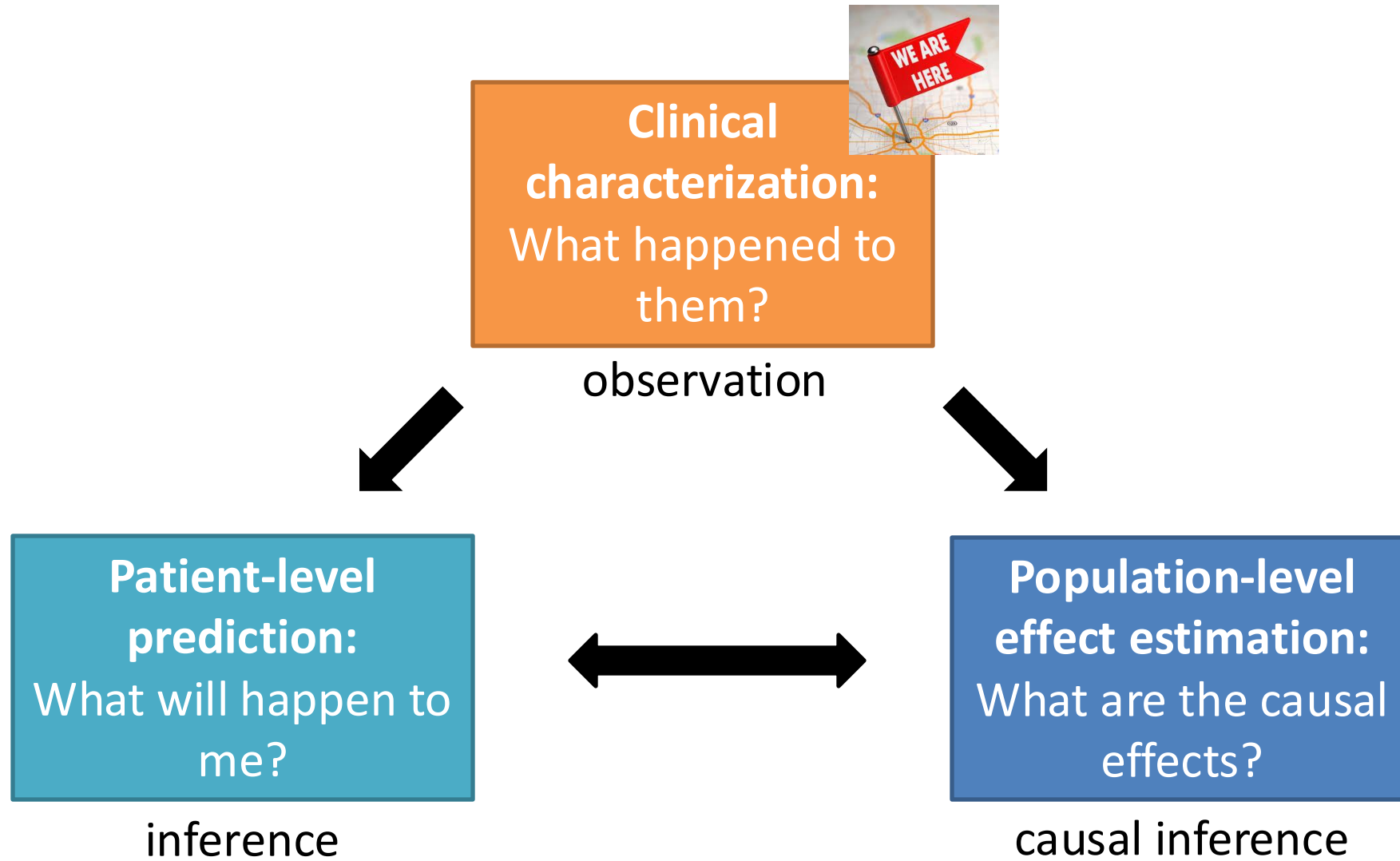
The APAC-VALUE study

A global characterisation study of VALproate Utilisation and Exposure among men and women of childbearing age

Kick-off meeting
April 2026



What type of questions can we ask?





Open access

Original research

BMJ Open Application of a Common Data Model (CDM) to rank the paediatric user and prescription prevalence of 15 different drug classes in South Korea, Hong Kong, Taiwan, Japan and Australia: an observational, descriptive study

Ruth Brauer ¹, Ian Chi Kei Wong, ^{1,2} Kenneth KC Man ^{1,2} Nicole L Pratt, ³ Rae Woong Park, ⁴ Soo-Yeon Cho, ⁴ Yu-Chuan (Jack) Li, ^{5,6,7,8} Usman Iqbal, ^{6,9,10} Phung-Anh Alex Nguyen, ⁶ Martijn Schuemie ^{11,12}

ABSTRACT

Objective To measure the paediatric user and prescription prevalence in inpatient and ambulatory settings in South Korea, Hong Kong, Taiwan, Japan and Australia by age and gender. A further objective was to list the most commonly used drugs per drug class, per country.

Design and setting Hospital inpatient and insurance paediatric healthcare data from the following databases

Strengths and limitations of this study

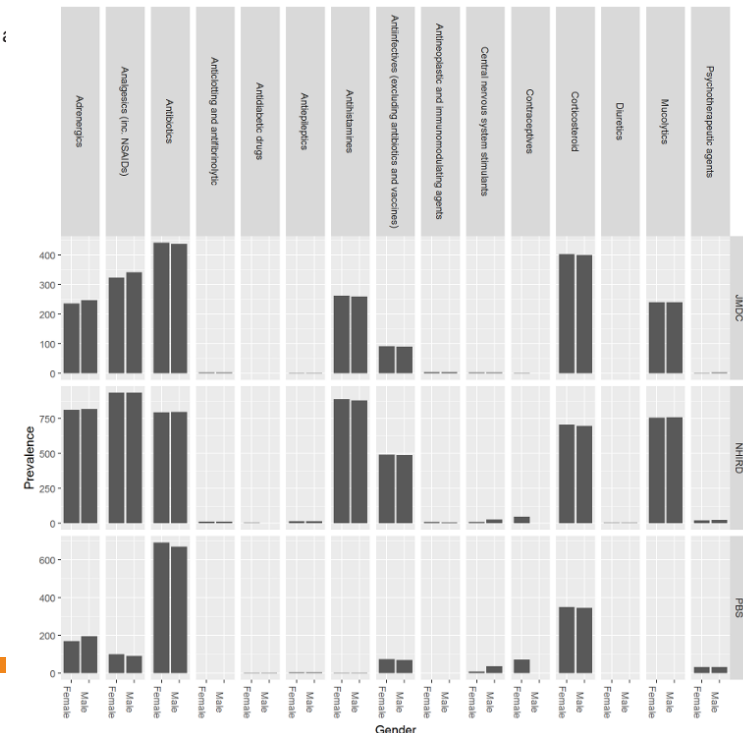
- ▶ We conducted the largest Western Pacific paediatric drug utilisation study to date using a Common Data Model, which allowed us to rank the user and prescription prevalence of 15 different drug classes in South Korea, Hong Kong, Taiwan, Japan and Australia.

To cite: Brauer R, Wong ICK, Man KKC, et al. Application of a Common Data Model (CDM) to rank the paediatric user and prescription prevalence of 15 different drug classes in South Korea, Hong Kong, Taiwan, Japan and Australia: an observational,

“Results of the current study suggest that the extent to which international paediatric prescribing guidelines affect local prescribing practices differs from country to country. For instance, our study, in line with other studies, shows the widespread of mucolytics in children in Korea, Japan and Taiwan”



Figure 1 User prevalence by therapeutic level (prevalence per 1000 persons) and age in 15 drug classes across four countries: AUSOM, CDARS, JMDC, and NHRO.



Clinical characterization: What happened to them?



Considerations for deciding on a high-impact study in OHDSI APAC

| | Question | Criteria | Impact |
|---------------------------------|---|---|---|
| Policy and decision relevance | Who will use the results, and what decision could change? | Clear linkage to an identified decision-maker (government, payer, regulator, or health system decision) | Policy-relevant metrics (uptake, persistence, switching, off-label use) |
| Public Health and System Impact | If practice changed, would it matter at population level? | High burden, high known | Budget impact, population exposure, severity/impact of harm |
| Regional relevance | Why does this matter specifically in APAC? | High burden, high known globally, Different prescribing patterns compared with Europe/US, Genetic, cultural, or health-system differences | Generates evidence not available from Western datasets |

Does this leave the network stronger than before?

Actionable?

What could realistically be done if variation or suboptimal use is found?

Methodological Suitable?

Can this be answered robustly using OMOP CDM and OHDSI tools in APAC

Feasible?

Can multiple APAC sites run this study successfully?



Valproate in pregnancy

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/950802/107995_Valproate_HCP_Booklet_DR15_v07_DS_07-01-2021.pdf

Draw | A¹ | a¹ | 1 of 9

**Information on the risks of Valproate ▼
use in girls (of any age) and women
of childbearing potential (Epilim,
Depakote, Convulex, Episenta, Epival,
Kentlim, Orlept, Sodium Valproate,
Syonell, Valpal, Belvo & Dyzantil).**

prevent
valproate pregnancy
prevention programme

Read this booklet carefully before prescribing valproate to girls (of any age) and women of childbearing potential.

This Guide is a risk minimisation measure part of **prevent** – the valproate pregnancy prevention programme, aimed at minimising pregnancy exposure during treatment with valproate.



Regional Relevance

Pharmacoepidemiology and Drug Safety

WILEY

ORIGINAL ARTICLE [OPEN ACCESS](#)

Secular Trends in the Use of Valproate-Containing Medicines in Women of Childbearing Age in Europe: A Multinational DARWIN EU Network Study

Lucia Bellas^{1,2,3} | Martí Català¹ | Edward Burn¹ | Yuchen Guo¹ | Mike Du¹ | Katia Verhamme⁴ | Egil Fridgeirsson⁴ | Talita Duarte-Salles^{4,5} | Tommi Kauko⁶ | Eeva Kronqvist⁶ | James T. Brash⁷ | Sarah Seager⁷ | Daniel Prieto-Alhambra^{1,4} | Annika M. Jödicke¹ | Albert Prats-Uribé¹

¹Pharmacoepidemiology- and Device Group, NDORMS, University of Oxford, Oxford, UK | ²Clinical Pharmacology Department, Hospital Universitari Vall d'Hebron, Barcelona, Spain | ³Department of Pharmacology, Therapeutics and Toxicology, Universitat Autònoma de Barcelona, Barcelona, Spain | ⁴Department of Medical Informatics, Erasmus Medical Center, Rotterdam, the Netherlands | ⁵Fundació Institut Universitari per a la recerca a l'Atenció Primària de Salut Jordi Gol i Gurina (IDIAPJGol), Barcelona, Spain | ⁶Auria Clinical Informatics, ACI VARHA, Turku University Hospital, Turku, Finland | ⁷IQVIA, Real World Solutions, Brighton, UK

TABLE 1 | Database characteristics.

| Country | Database | Setting | Population - approximate coverage of the population (%) | Last available data | Drug information |
|-------------|-------------------|---|---|---------------------|--|
| Netherlands | ICPI | Primary care | 2.82 million (~78%) | 2021 | Prescription records |
| Spain | SIDIAP | | 8.5 million (~74%) | 2021 | Prescription and dispensation records |
| UK | CPRD GOLD | | 17.3 million (~20%) | 2019 | Prescription records |
| Belgium | IQVIA LPD Belgium | Primary care | 1.13 million (~10%) | 2022 | GP prescriptions |
| Germany | IQVIA DA Germany | Primary care and outpatient specialist care | 42 million (~42.5%) | 2022 | Prescriptions of marketed products |
| Finland | ACI VARHA | In and out-patient specialist care | 820 000 (~15%) | 2021 | Inpatient and outpatient specialist prescriptions. Information on drug dose and duration not available for inpatient prescriptions (> 70% of prescriptions). |

Abbreviations: ACI VARHA, Auria Clinical Informatics at Turku University Hospital; CPRD GOLD, Clinical Practice Research Datalink; DA, Disease Analyzer; ICPI, Integrated Primary Care Information Project; LPD, Longitudinal Patient Database; SIDIAP, Sistema d'Informació per al Desenvolupament de la Investigació en Atenció Primària; UK, United Kingdom.

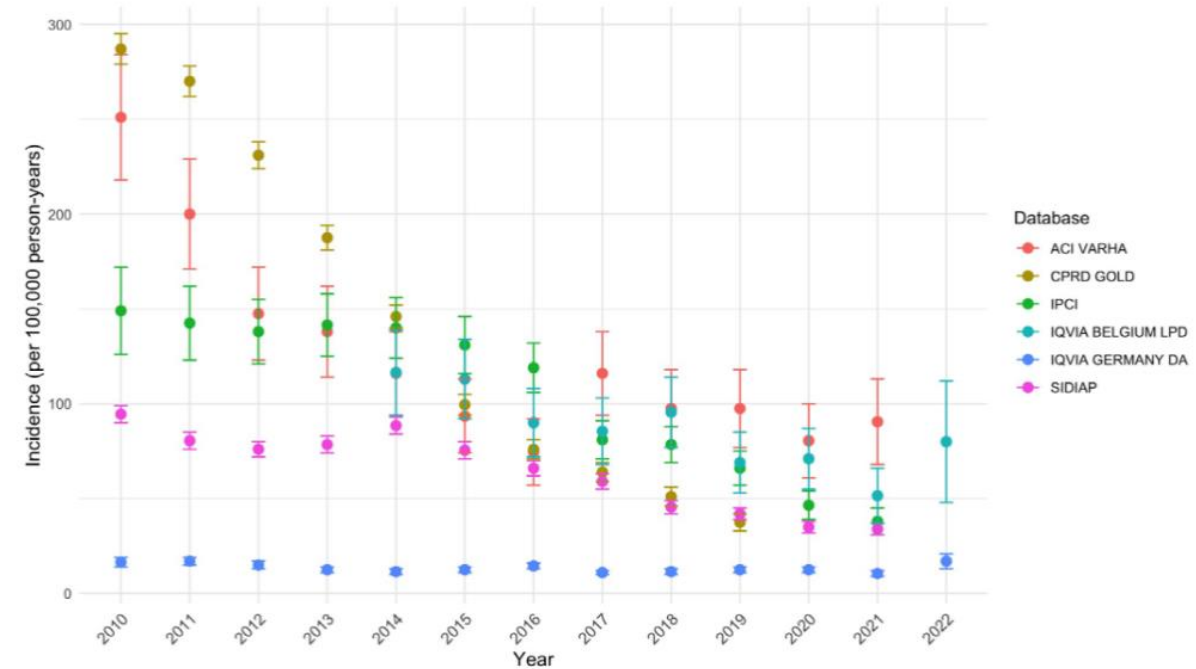


FIGURE 1 | Annual incidence rates of VPA use in women aged between 12 and 55 years in 2010–2022.

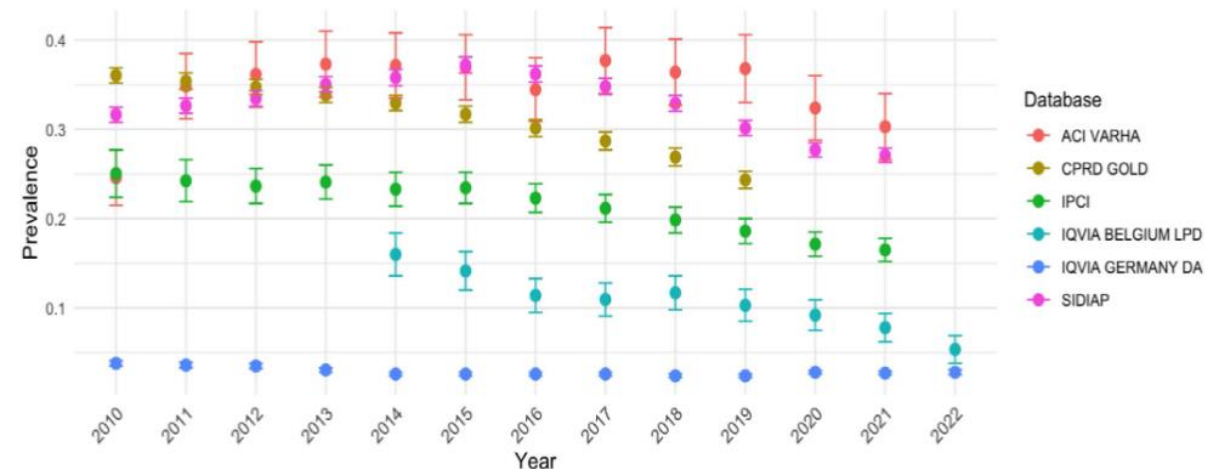


FIGURE 2 | Prevalence of VPA use in women aged between 12 and 55 years in 2010–2022.



Antiseizure medications consumption in 73 countries and regions from 2012 to 2022: a longitudinal trend study

Adrienne Y. L. Chan^{a,b,g}, Andrew S. C. Yuen^{c,d,g}, Yingfen Hsia^e, Wallis C. Y. Lau^{b,c,d}, J. Helen Cross^{f,g}, Matthew C. Walker^{h,i}, Frank M. C. Besag^{o,k}, Anchor T. F. Hung^l, Noha Ilesso^m, Neeraja Chowdharyⁿ, Kenneth K. C. Man^{b,c,d,*} and Ian C. K. Wong^{h,b,p,*}

^aAston School of Pharmacy, Aston University, Birmingham, UK
^bCentre for Safe Medication Practice and Research, Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, China
^cResearch Department of Practice and Policy, School of Pharmacy, University College London, London, UK
^dCentre for Medicines Optimisation Research and Education, University College London Hospitals NHS Foundation Trust, London, UK
^eUK Health Security Agency, London, UK
^fGreat Ormond Street Institute of Child Health, University College London, London, UK
^gGreat Ormond Street Hospital for Children NHS Foundation Trust, London, UK
^hDepartment of Clinical and Experimental Epilepsy, UCL Queen Square Institute of Neurology, University College London, London, UK
ⁱNational Hospital for Neurology and Neurosurgery, University College London Hospitals NHS Foundation Trust, London, UK
^jNIHR University College London Hospitals Biomedical Research Centre, London, UK
^kEast London Foundation NHS Trust, Bedfordshire, UK
^lInternational Bureau for Epilepsy (Western Pacific), Hong Kong SAR, China
^mPharmacovigilance, Regulation and Safety, World Health Organisation, Geneva, Switzerland
ⁿDepartment of Mental Health, Brain Health and Substance Use, World Health Organisation, Geneva, Switzerland
^oSchool of Pharmacy, Medical Sciences Division, Macau University of Science and Technology, Taipa, Macau SAR, China
^pLaboratory of Data Discovery for Health (D²4H), Hong Kong Science Park, Hong Kong SAR, China

Summary

Background International trends in antiseizure medication use across countries from different geographical regions and income levels remain underexplored. Valproic acid (valproate) use has raised concerns due to its teratogenic risks, with World Health Organisation (WHO) guidelines recommending lamotrigine or levetiracetam as first-line therapy for epilepsy in women and girls of childbearing potential, advising against valproate use in this population.

eClinicalMedicine
2025;89: 103558
Published Online 9 October 2025
<https://doi.org/10.1016/j.eclim.2025.103558>

Valproate remained the most widely used antiseizure medication globally (10.93 DDD/TID, 8.68–13.77) in 2022

stronger growth observed in lower- (+4.24%, +1.73% to +6.81%) and upper-middle-income (+3.10%, +0.95% to +5.29%) countries, compared with high-income countries (+0.86%, -0.07% to +1.79%).

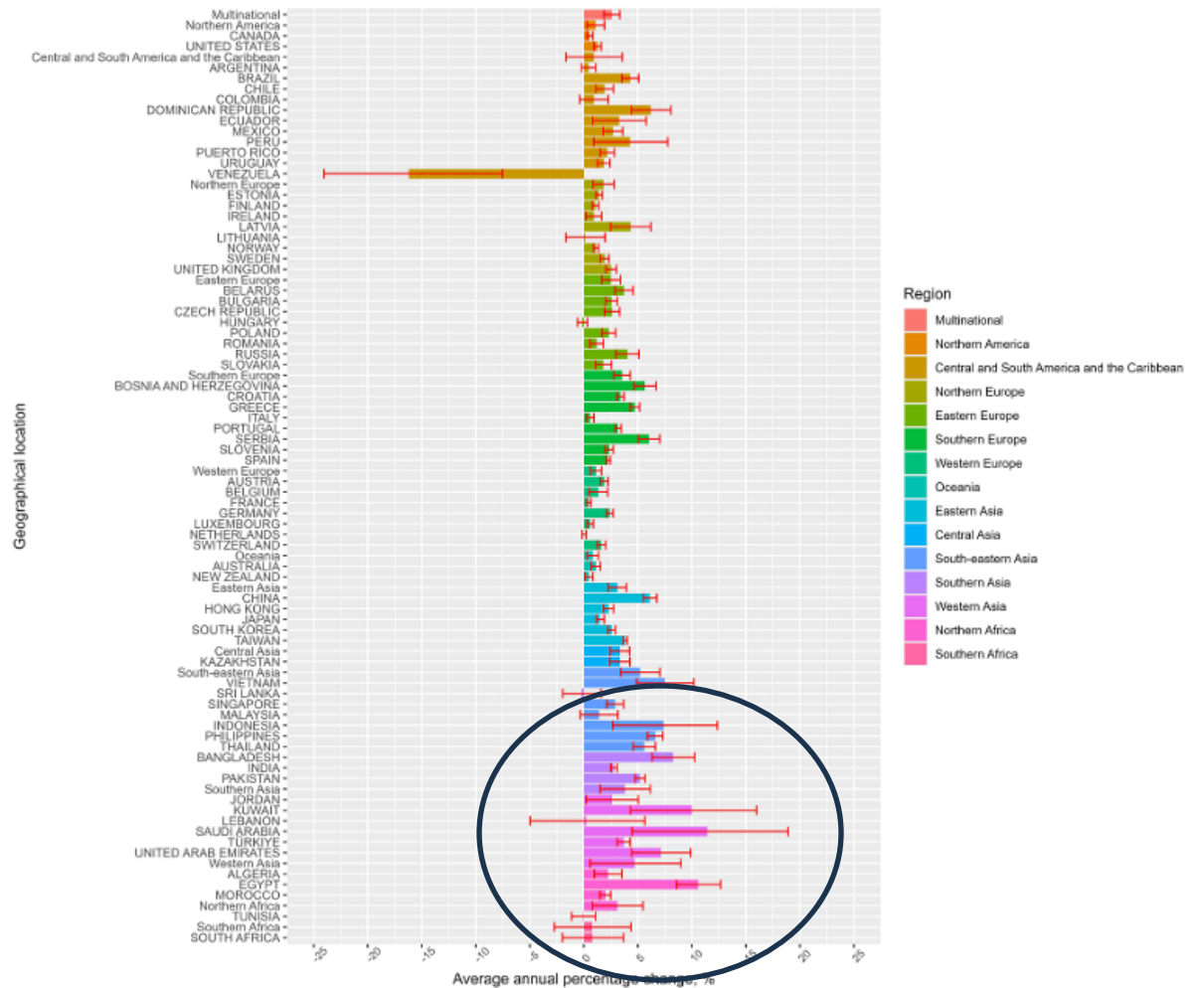


Fig. 1: Average annual percentage change of antiseizure medication consumption. Different colours indicate the geographical regions of the included countries/regions, while the error bars represent the 95% CI for the average annual percentage change between 2012 and 2022.



Valproate in men

<https://www.gov.uk/drug-safety-update/valproate-use-in-men-as-a-precaution-men-and-their-partners-should-use-effective-contraception>



[Home](#) > [Drug Safety Update](#)

Valproate use in men: as a precaution, men and their partners should use effective contraception

A retrospective observational study has indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. Inform male patients who may father children of this possible increased risk and the recommendation to use effective contraception during valproate treatment and for at least 3 months after stopping valproate.

From: [Medicines and Healthcare products Regulatory Agency](#)

Published 5 September 2024

<https://www.tga.gov.au/safety/safety-monitoring-and-information/safety-alerts/valproate-safety-alert>

[Home](#) > [Safety and shortages](#) > [Safety monitoring and information](#) > [Safety alerts](#)

Valproate safety alert

Possible risk of learning, communication and behaviour problems in children born to men taking this medicine

Published: 7 March 2025

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On this page

[What are neurodevelopmental disorders?](#)

[What patients should do](#)

[What health professionals should do](#)

Sodium valproate belongs to a group of medicines called anticonvulsants. It is used to treat epilepsy and mania. In Australia, sodium valproate is sold as Epilim and is also available as 5 generic brands. We will call this medicine valproate in this safety alert.



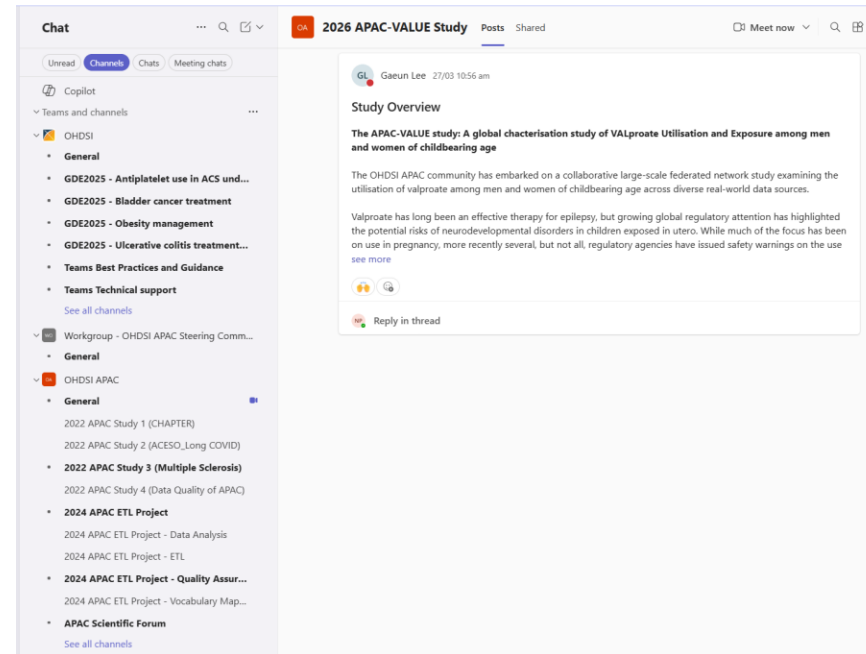
So what are we going to do?

The APAC-VALUE study: A global characterisation study of VALproate Utilisation and Exposure among men and women of childbearing age

- **What:** The OHDSI APAC community will embark on a collaborative large-scale federated network study examining the utilisation of valproate among men and women of childbearing age across diverse real-world data sources.
- **Why:** Valproate has long been an effective therapy for epilepsy, but growing global regulatory attention has highlighted the potential risks of neurodevelopmental disorders in children exposed in utero. While much of the focus has been on use in pregnancy, more recently several, but not all, regulatory agencies have issued safety warnings on the use of valproate in men prior to conception and neurodevelopmental risk in offspring.
- **How:** We aim to describe utilisation patterns, trends, and population characteristics to understand how safety warnings translate into real-world practice across different regulatory jurisdictions.



Homework: Review treatment guidelines and Regulatory Agency warnings in your Region



[Review of Guidelines and Warnings.xlsx](#)



Impact of European Union Label Changes for Fluoroquinolone-Containing Medicinal Products for Systemic and Inhalation Use: Post-Referral Prescribing Trends

Nelly F. Ly¹ · Clare Flach¹ · Thom S. Lysen² · Emanuil Markov³ · Hanne van Ballegooijen² · Peter Rijnbeek⁴ · Talita Duarte-Salles⁵ · Carlen Reyes⁵ · Luis H. John⁴ · Leila Karimi² · Christian Reich⁶ · Sam Salek⁷ · Deborah Layton^{8,9}

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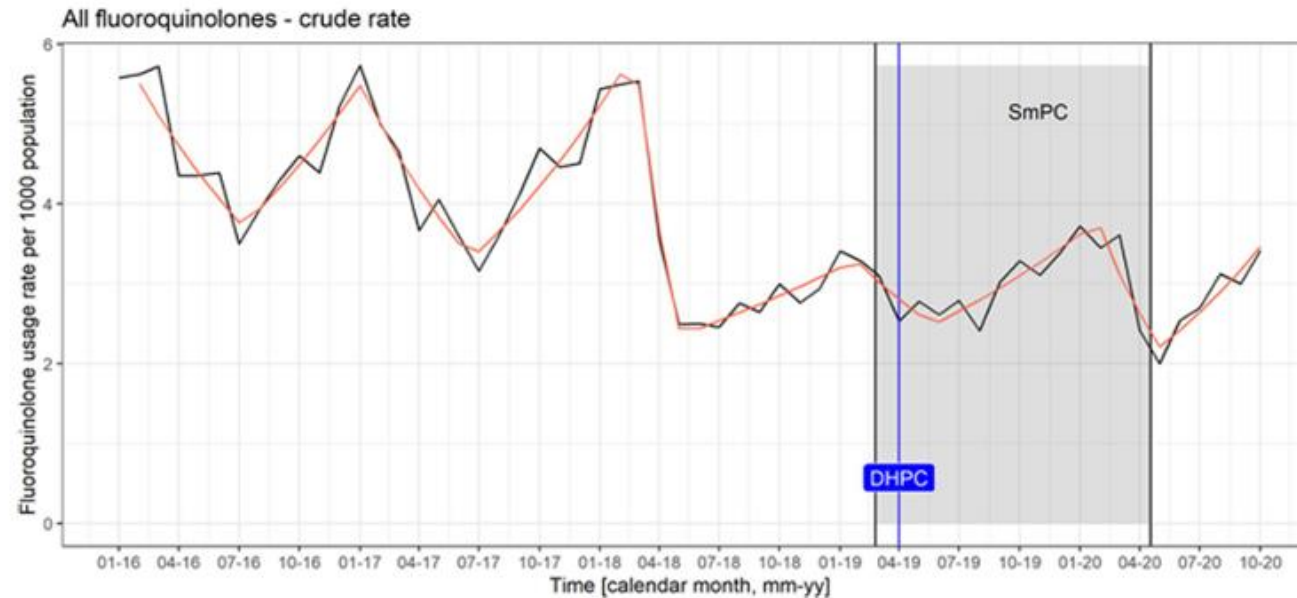


Fig. 2 Incidence rate of all fluoroquinolone use with segmented regression for Belgium. The grey shaded interval represents the SmPC implementation period for the fluoroquinolone warnings (24

February 2019–17 April 2020) and the associated DHPC (1 April 2019) [blue line]. *SmPC* summary of product characteristics, *DHPC* direct healthcare professional communication



Homework: Review treatment guidelines and Regulatory Agency warnings in your Region

Scientific Forum May 7

Theory on characterization and treatment pathways

Community Call May 21

Review of treatment guidelines

Scientific Forum June 4

Framing the research question

Community Call June 18

Finalising the Protocol

Scientific Forum July 2

Building characterization and treatment pathways in ATLAS

Community Call July 16

Execution!

Scientific Forum August 6

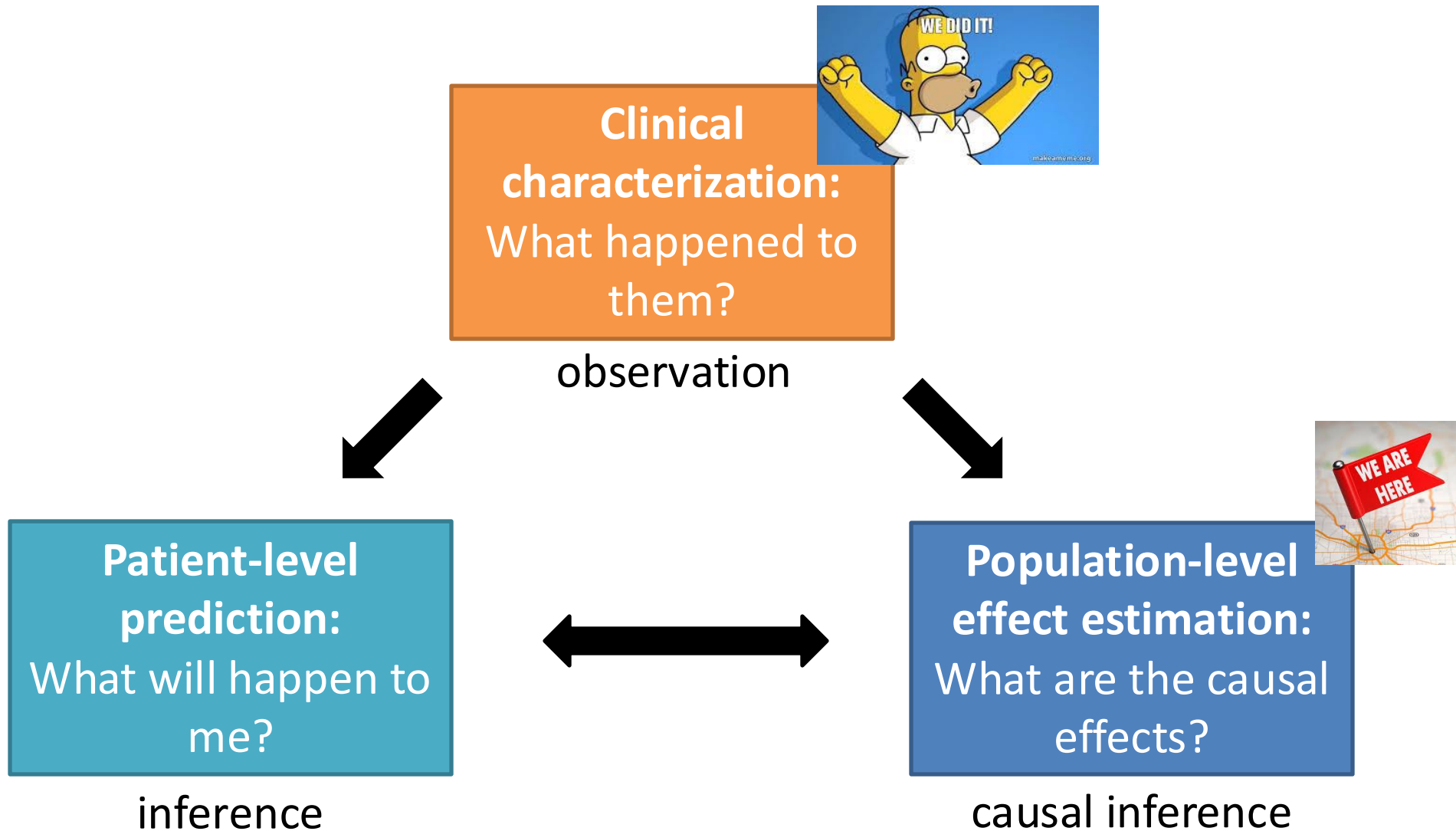
Introduction to Strategus

Community Call August 20

Interpretating the evidence



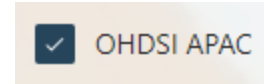
What type of questions can we ask next?



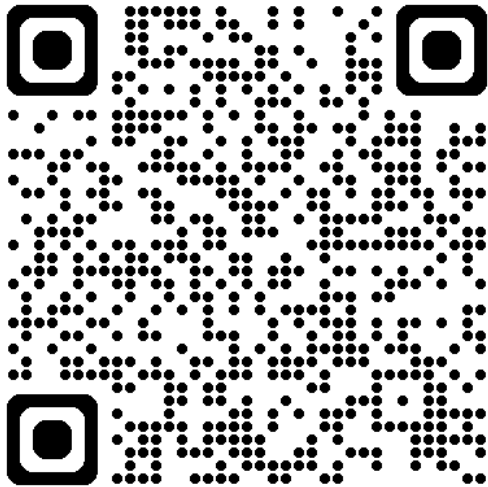


Join Us

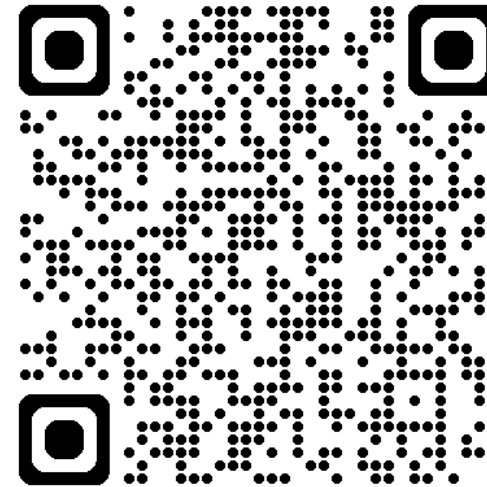
[Sign up](#) for the OHDSI APAC WG!



- APAC Community Calls
 - Every third Thursday, 12 p.m. Korea time
- APAC Scientific Forum
 - Every first Thursday, 12 p.m. Korea time



[Direct link to community calls](#)



[Direct link to scientific forums](#)

