



RESPIRATORY WG

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Why Respiratory WG within OHDSI?

- Prevalent diseases (e.g. asthma, COPD) and high burden of disease (i.e. COPD is third leading cause of death worldwide)
- Complex phenotype e.g. Interstitial Lung Disease, Pulmonary Arterial Hypertension
- Respiratory treatment:
 - selection of inhaler therapy e.g. ICS use
 - inhaler device: DPI, MDI, solution
 - dosing → low, moderate and high ICS
 - as needed vs maintenance therapy for LABA+ICS



Why Respiratory WG within OHDSI?

- Use of spirometry data:
 - How is source spirometry data mapped?
 - identification of obstructive and restrictive spirometry phenotype



Key results – outputs of the respiratory WG

- Creation of conceptsets – cohorts
- Cohorts – analytical codes for optimization of respiratory drugs
 - concept sets of ICS, LABA, LAMA etc
 - algorithm for identification of low, intermediate and high dose ICS
- Optimisation of use of spirometry data within community: algorithm for identification of different phenotypes
- Collaboration on new research topics
- Collaboration with other communities e.g. ERS



STANDOUT – Standardisation of respiratory definitions and outcomes using real-world data

CRC Chairs:

Jennifer Quint (Imperial College London, London, United Kingdom)

Katia Verhamme (Erasmus Medical Centre, Rotterdam, Netherlands)

Lies Lahousse (Ghent University Erasmus Medical Centre, Ghent, Belgium)

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About STANDOUT

The STANDOUT (Standardisation of respiratory definitions and outcomes using real-world data) Clinical Research Collaboration (CRC) was launched by the European Respiratory Society (ERS) in 2026.

Real-world data (RWD) are increasingly used to guide clinical practice and healthcare policy because they reflect routine care and enable large, cost-effective studies. However, the lack of standardised disease and outcome definitions – such as the many conflicting definitions of COPD exacerbations – leads to inconsistent results, missed diagnoses, and unreliable comparisons across studies or countries. This inconsistency limits the ability to assess treatment effectiveness, allocate resources, and support regulatory decisions.

Mapping data to common data models helps harmonise diverse sources, but respiratory research still lags behind other disease areas due to the complexity of respiratory conditions. Standardised definitions are essential for advanced RWD methods, such as pragmatic trials and target trial emulation, and will support regulatory and HTA use. The CRC STANDOUT will unite experts across clinical, epidemiological and statistical research, together with early-career investigators, industry partners and patient



STANDOUT

STANDardisation of respiratory
Definitions and OUTcomes



Respiratory WG meetings

- First Friday of each month at 4 pm CET
- ➔ First meeting Friday 4th September 2026

[Respiratory Workgroup Meeting | Meeting-Join | Microsoft Teams](#)

Respiratory WG leads:

Katia Verhamme & Lies Lahousse
