Fun With Clinical Definitions

OHDSI Community Call

Aug. 4, 2026 • 11 am ET

OHDSI
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

Upcoming Community Calls

Date	Topic
July 28	OHDSI Newcomer Introductions
Aug. 4	Clinical Definitions
Aug. 11	Oncology Research in OHDSI
Aug. 18	Workgroup Spotlight: Eyecare and Vision Research, Rehabilitation
Aug. 25	Asia-Pacific Regional Updates
Sept. 1	Vocabulary Refresh, Summer 2026 Version
Sept. 8	Workgroup Spotlight: Medical Imaging, TBA
Sept. 15	Global Symposium Preview

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to the team of **Colin T Purmal, Michael E Matheny, Lucila Ohno-Machado, Gary Tarasovsky, Rick Larsen, and Mary A Whooley** on the recent publication of **Success and Challenges Querying OMOP-transformed EHR Data from Different Healthcare Organizations** in *ACI Open*.

Article published online: 2025-08-26
e42 Case Report

Success and Challenges Querying OMOP-transformed EHR Data from Different Healthcare Organizations

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ACI Open 2025;9:e42–e53.

Abstract

Background Adoption of a common data model (CDM), such as the Observational Medical Outcomes Partnership (OMOP) CDM, is a critical component of health information exchange, but the extent to which CDMs facilitate patient-level interoperability is unclear. We sought to determine the feasibility of using a CDM for health information exchange between two healthcare organizations.

Materials and Methods We executed a single Structured Query Language (SQL) query on OMOP-transformed data from the University of California, San Francisco (UCSF) and the San Francisco VA Healthcare System for five patients.

Results The SQL query was successfully executed, and complementary healthcare information was obtained for five of five patients, but interoperability was limited by (1) lack of uniform patient identifiers, (2) use of different coding vocabularies, and (3) variations in mapping of source data to the CDM.

Conclusion Although transformation of EHR data to a CDM can facilitate health information exchange, our study suggests that patient-level interoperability of a CDM may require further alignment of both semantics and syntax.

Keywords
- interoperability
- common data model
- health information exchange

OHDSI Shoutouts!

Congratulations to the team of **Gabriel L. O. Salvador, Jen Wooyeon Park, Teri Sippel Schmidt, Yiju Park, Kyulee Jeon, Seng Chan You, Paul Nagy, Blake Dewey & the Alzheimer's Disease Neuroimaging Initiative** on the recent publication of **Advancing the FAIRness of Multimodal Imaging Research Through the OMOP MI-CDM Framework: A Case Replication Study in Alzheimer's Disease** in the *Journal of Imaging Informatics in Medicine*.

Journal of Imaging Informatics in Medicine
https://doi.org/10.1007/s10278-026-02146-0

Check for updates

Advancing the FAIRness of Multimodal Imaging Research Through the OMOP MI-CDM Framework: A Case Replication Study in Alzheimer's Disease

Gabriel L. O. Salvador[1] · Jen Wooyeon Park[1] · Teri Sippel Schmidt[1] · Yiju Park[2,3] · Kyulee Jeon[2,3] · Seng Chan You[2,3] · Paul Nagy[1] · Blake Dewey[1] · Alzheimer's Disease Neuroimaging Initiative

Received: 7 April 2026 / Revised: 23 June 2026 / Accepted: 11 July 2026

Abstract
The objective of this study is to demonstrate an end-to-end approach for operationalizing the Findable, Accessible, Interoperable, and Reusable (FAIR) principles in multimodal medical imaging research using standardized data models and reproducible computational workflows, illustrated by reproducing the design and directional findings of a published Alzheimer's disease (AD) imaging study. Clinical and imaging data from the Alzheimer's Disease Neuroimaging Initiative (ADNI-4) were harmonized within the Observational Medical Outcomes Partnership Common Data Model and its Medical Imaging extension (OMOP MI-CDM). MRI acquisition metadata (DICOM) were extracted and mapped to standardized concepts, while clinical variables were integrated via reproducible extract-transform-load processes. Interoperable phenotypes were defined using OHDSI tools. Hippocampal volumes were derived from T1-weighted MRI using a fully automated machine learning segmentation pipeline (OpenMap-T1). Imaging attributes and derived measurements were stored as structured, provenance-preserving records in OMOP MI-CDM. We replicated a reference study evaluating hippocampal volume differences across AD, mild cognitive impairment (MCI), and cognitively normal controls, stratified by age and sex. We included 289 participants and 545 MRI studies. Across age- and sex-stratified cohorts, mean hippocampal volumes showed consistent directional reductions in AD compared with controls, with intermediate values in MCI, matching trends reported in the replication study. FAIR principles can be operationalized across the full imaging research pipeline using OMOP MI-CDM and automated analysis workflows. This framework enables transparent cohort definition, reproducible image processing, and interoperable reuse of machine learning–derived imaging features to support scalable validation and reproducible multimodal imaging research.

Keywords Alzheimer's disease · OHDSI OMOP CDM · OpenMap-T1 · Machine learning · DICOM

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

Upcoming Workgroup Calls

Date	Time (ET)	Meeting
Wednesday	7 am	Medical Imaging
Wednesday	9 am	Tidy R Programming with OMOP
Wednesday	10 am	Common Data Model
Thursday	6:30 am	India Community Call
Thursday	10 am	GIS-Geographic Information System
Thursday	11 am	Industry
Thursday	11 am	Themis
Thursday	12 pm	Methods Research
Thursday	1 pm	Oncology Vocabulary/Development Subgroup
Thursday	2 pm	Early-Stage Researchers
Friday	9 am	Waveform
Friday	10 am	Respiratory Research
Friday	10 am	Transplant
Friday	11:30 am	Steering
Tuesday	9 am	Oncology Genomic Subgroup
Tuesday	9 am	Data2Evidence

August Newsletter is Available

OHDSI

The Journey Newsletter (August 2026)

Check out the enhancements coming in ATLAS 3.0, learn more about a record-breaking Global Symposium showcase, check out an impressive collection of updates and publications from July, as well as spotlights on Maxim Moinat and Misha Khitrun, and plenty more in the August 2026 newsletter.
#JoinTheJourney

Podcast: ATLAS 3.0, Showcase Themes

In the August 2026 On The Journey podcast, Patrick Ryan and Craig Sachson discuss ATLAS as a community tool, enhancements being made for ATLAS 3.0 and why community support is critical now. They also discussed the 2026 collaborator showcase, including how AI was used in the review process, and some themes that came out of a record-breaking submission total. *(If video does not appear, please click 'View this email in your browser')*

Community Updates

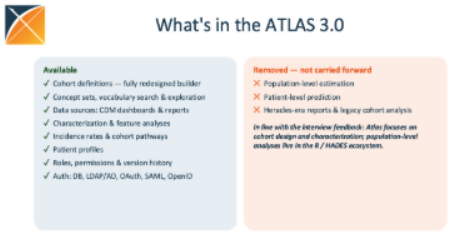
Where Have We Been?

- **Record Submission Total:** Acceptances went out to more than 160 submissions for the 2026 Global Symposium, including more than 130 posters and 24 demos. There will be 10 lightning talks this year, and those are listed later in this newsletter. Thank you to the 41 volunteers in our Scientific Review Committee for their time and efforts in the peer-review process.
- **Global Growth:** The first LATAM Symposium was held July 30-31 in Salvador, Brazil, with the goal of bringing together the public sector, industry and academia to advance health data standardization and strengthen an ethical, open and inclusive regional community. The symposium worked to accelerate OMOP Common Data Model adoption in Brazil and across the region, fostering integration, scientific collaboration and social impact. Thank you to **Valentina Martufi** and **Julio Oliveira** for leading this initiative.
- **New Workgroup: Jenna Reps** recently posted a call for developers with knowledge or interest in R or shiny or web development/design and UI to join the REVEAL Workgroup (Results Enhancements & Visualization for Evidence, Analysis & Learning). If you are interested, please respond to the forum post or sign up here.

Where Are We Now?

- **Clinical Definitions:** A critical aspect of the phenotype development and evaluation process is aligning on a clinical definition that provides a full specification for each of the indications, exposures, and outcomes of interest in our studies. But how good are we as a community at reaching that shared understanding? During the Aug. 4 community call, **Patrick Ryan** will lead us in examining the topic of clinical definitions by highlighting work in our community and through a series of interactive exercises.
- **ATLAS 3.0 Feedback: Peter Hoffmann** provided a preview of the ATLAS 3 demo site during the July 7 community call. The ATLAS workgroup is looking for feedback about the new site. The demo is available here (Db Authenticaton enabled: use ohdsi/ohdsi, and anonymous access will be enabled in a future update). Discussions will be held here. More details are included later in this newsletter. Thank you for collaborating on this critical open-source tool for our community.
- **Survey Requests: Jiwon Um**, a PhD student at Yonsei University in Korea, introduced a brief survey focusing on OHDSI in the Era of Medical AI. Medical AI is reshaping how observational research evidence is generated and used. The OHDSI community has spent more than a decade building infrastructure — OMOP CDM, standardized vocabularies, federated networks, open-source methodology — that may have a distinctive role in this transition. This survey asks how you, as a member of the community, see that role and the tensions surrounding it. Also, **Jiwoo Seo**, a PhD student at Florida State University, announced a study on the motivations that drive experts to continuously contribute to biomedical ontology communities like OHDSI. You can take part in this survey here.

Rebuilt for Performance: Explore the ATLAS 3.0 Preview and Share Your Feedback



ATLAS is a free, open-source web platform that empowers researchers to explore and analyze standardized healthcare data. By integrating with the OMOP Common Data Model, ATLAS enables users to search medical vocabularies, define specific patient cohorts, and examine population data through an intuitive web interface—all without needing direct database access or writing complex code.

The upcoming ATLAS 3.0 release completely modernizes the platform behind the scenes to deliver a faster, smoother user experience. On the surface, users will benefit from a refreshed interface with updated search tools, sharper interactive charts, and instant patient counts as you refine your study criteria. Under the hood, a new modular design makes the tool significantly more responsive and gives technical teams the flexibility to build custom extensions tailored to their organization's unique research needs.

As we prepare for the official rollout, we invite community members and partner organizations to explore the preview release, test its new features, and help shape its final release. You can check out the source code and deployment guides on GitHub or review the ATLAS 3.0 Preview slides for a deeper look at what's new. Please share your feedback, bug reports, and suggestions with the OHDSI development team on GitHub to help ensure ATLAS 3.0 delivers the best possible experience for researchers worldwide.

ATLAS 3.0 Preview

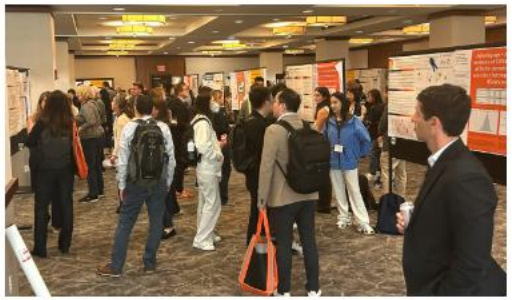
GitHub: ATLAS 3.0

Video: ATLAS 3.0 Presentation & Demo

My Journey: Maxim Moinat

In the latest installment of our "My Journey" series, Maxim Moinat (Researcher at the Medical Informatics Department of the Erasmus Medical Center) shares his love for turning "messy real-world data" into high-level evidence. Maxim discusses his pride in building open-source ETL tools used across the global OHDSI community, the warmth of the network's family-like culture, and the massive trajectory of the DARWIN EU initiative as it scales up parallel studies to impact international healthcare decision-making. *(If video does not appear, please click 'View this email in your browser')*

Global Showcase To Feature 160+ Submissions, Highlighting Wide Breadth of Research



The Collaborator Showcase remains one of the highlight events during any OHDSI symposium, and the one coming this October in New Jersey should be one of the most memorable. Following a record-breaking total of showcase submissions, our amazing Scientific Review committee of 41 volunteers (see graphic below) accepted more than 160 posters, software demos or lightning talks to share during the 2026 Global Symposium.

July Publications

Guo Y, Burn E, Jödicke AM, Mercadé-Besora N, Lopez-Güell K, Chen X, Du M, Li X, Kolde R, Oja M, Mosseveld M, Verhamme K, Politi J, Delmestri A, Man WY, Rijnbeek P, Prieto-Alhambra D, Català M. DrugUtilisation: An R Package to Support Drug Utilisation Research Using the OMOP Common Data Model. Pharmacoepidemiol Drug Saf. 2026 Jul;35(7):e70433. doi: 10.1002/pds.70433. PMID: 42448616; PMCID: PMC13368618.

Park J, Kim JH, Kim YS, Lim G, Song HJ, Rhee SY, Hwang S, Cho D, Kim M, Kim BY, Jeong CW, Kim DY, Park HA, Kim MH, Kim SH, Seo WW, Kim WJ, Suh YS, Park RW, Shin JY. GLP-1 Receptor Agonists for Weight Loss and Risk of Major Safety Outcomes: A Multicentre Cohort Study. Diabetes Obes Metab. 2026 Jul 6. doi: 10.1111/dom.71065. Epub ahead of print. PMID: 42410329.

Rueda M, Ramírez-Anguita JM, López-Sánchez V, Aguiló-Castillo S, López MEG, Labarga A, Mayer MÁ, Esteve JR, Gut IG. Enhancing semantic interoperability in precision medicine: converting OMOP CDM to Beacon v2 in the Spanish IMPaCT-Data project. BMC Med Inform Decis Mak. 2026 Jul 8. doi: 10.1186/s12911-026-03649-0. Epub ahead of print. PMID: 42420997.

Shubov M, Beernink M, Carus J, Wiederhold AJ; AI-CARE Consortium; Gundler C. Enhancing stratification for survival analyses across standardized data sources. BMC Med Inform Decis Mak. 2026 Jul 13;26(1):261. doi: 10.1186/s12911-026-03666-z. PMID: 42443871; PMCID: PMC13361719.

López-Sánchez I, Palomar-Cros A, Giuliodori A, Granés L, Pérez-Crespo L, Raventós B, Burn E, Barchuk A, Verbiest A, Eteve-Pitsaer C, Newby D, Rowlands EJ, Enerly E, Jadhav G, De Schutter H, Hsu JC, Evers J, Vrancic J, Peruchet-Noray L, Sung L, Kiss L, Van Swieten M, Šekerija M, Mosseveld M, Mabry PL, Kolde R, Patnoe S, You SC, Kim S, Reisberg S, Nguyen TKH, Lehtonen T, Myklebust TÅ, Bagyura Z, Golozar A, Roel E, Duarte-Salles T. Temporal trends in epidemiology and patient characteristics of 36 cancers: a protocol for a multinational population-based cohort study using OMOP-standardised databases to investigate CANcer (OMOPCAN). BMJ Open. 2026 Jul 21;16(7):e119069. doi: 10.1136/bmjopen-2026-119069. PMID: 42481199; PMCID: PMC13410706.

Ozonze O, Okonor O, Dike U, Adedeji T. Enabling interoperability across disparate health data sources using Large Language Models. PLOS Digit Health. 2026 Jul 23;5(7):e0001511. doi: 10.1371/journal.pdig.0001511. PMID: 42490570; PMCID: PMC13395378.

Kim H, Kim M, Kim S, You SC. From study design to executable code: automating target trial emulation with large language models. JAMIA Open. 2026 Jul 9;9(4):ooag131. doi: 10.1093/jamiaopen/ooag131. PMID: 42428529; PMCID: PMC13348706.

2026 OHDSI Global Symposium

Registration is OPEN for the **2026 OHDSI Global Symposium**, which will be held Oct. 20-22 in New Brunswick, N.J., USA.

Oct. 20: Tutorials
Oct. 21: Plenaries, Showcase
Oct. 22: Workgroup Activities

ohdsi.org/OHDSI2026

APAC Symposium: Nov. 13-15

The 2026 APAC Symposium will be held Nov. 13-15 at Yonsei University in Seoul, South Korea.

Nov. 13: Main Conference
Nov. 14: Tutorials, Datathon
Nov. 15: Datathon Team Activities

Registration will open soon, and the showcase submission deadline is August 17 at 8 pm ET.

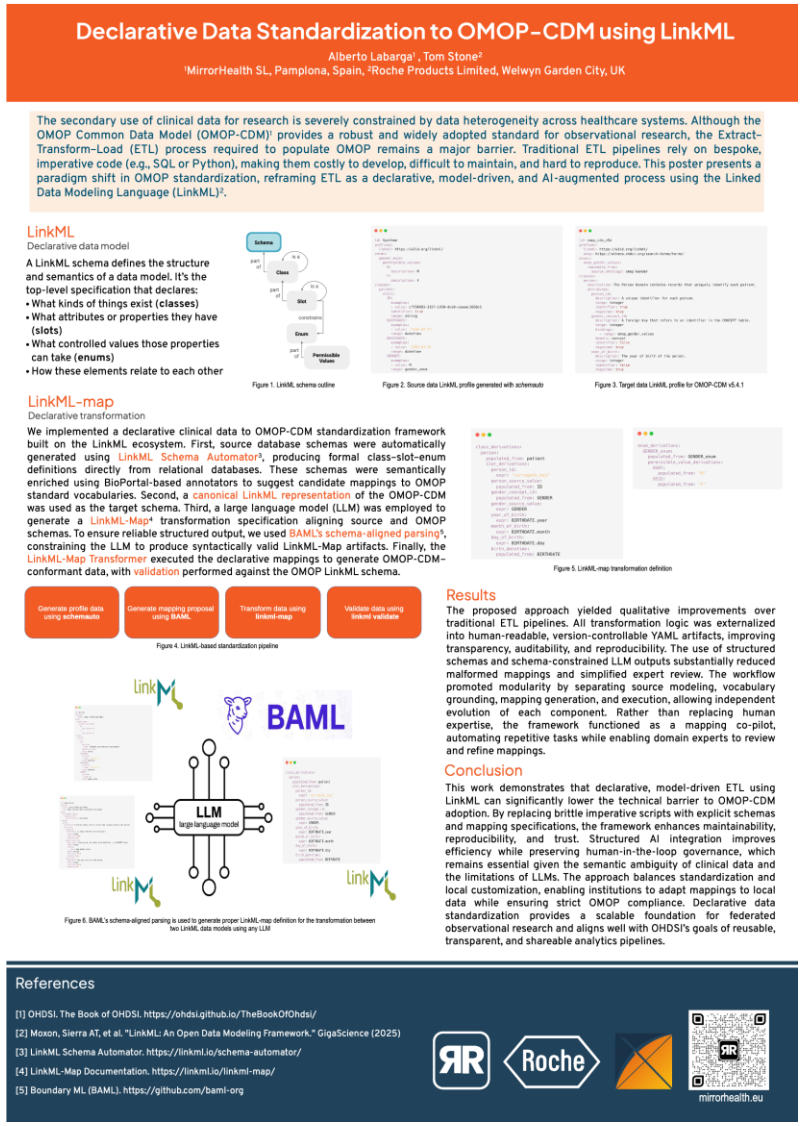
ohdsi.org/APAC2026

#OHDSISocialShowcase This Week

Monday

Declarative Data Standardization to OMOP-CDM using LinkML copia

(Alberto Labarga)



Declarative Data Standardization to OMOP-CDM using LinkML

Alberto Labarga[1], Tom Stone[2]

[1]MirrorHealth SL, Pamplona, Spain, [2]Roche Products Limited, Welwyn Garden City, UK

The secondary use of clinical data for research is severely constrained by data heterogeneity across healthcare systems. Although the OMOP Common Data Model (OMOP-CDM)[1] provides a robust and widely adopted standard for observational research, the Extract-Transform-Load (ETL) process required to populate OMOP remains a major barrier. Traditional ETL pipelines rely on bespoke, imperative code (e.g., SQL or Python), making them costly to develop, difficult to maintain, and hard to reproduce. This poster presents a paradigm shift in OMOP standardization, reframing ETL as a declarative, model-driven, and AI-augmented process using the Linked Data Modeling Language (LinkML)[2].

LinkML

Declarative data model

A LinkML schema defines the structure and semantics of a data model. It's the top-level specification that declares:

- What kinds of things exist (**classes**)
- What attributes or properties they have (**slots**)
- What controlled values those properties can take (**enums**)
- How these elements relate to each other

Figure 1. LinkML schema outline

Figure 2. Source data LinkML profile generated with schemauto

Figure 3. Target data LinkML profile for OMOP-CDM v5.4.1

LinkML-map

Declarative transformation

We implemented a declarative clinical data to OMOP-CDM standardization framework built on the LinkML ecosystem. First, source database schemas were automatically generated using LinkML Schema Automator[3], producing formal class-slot-enum definitions directly from relational databases. These schemas were semantically enriched using BioPortal-based annotators to suggest candidate mappings to OMOP standard vocabularies. Second, a canonical LinkML representation of the OMOP-CDM was used as the target schema. Third, a large language model (LLM) was employed to generate a LinkML-Map[4] transformation specification aligning source and OMOP schemas. To ensure reliable structured output, we used BAML's schema-aligned parsing[5], constraining the LLM to produce syntactically valid LinkML-Map artifacts. Finally, the LinkML-Map Transformer executed the declarative mappings to generate OMOP-CDM-conformant data, with validation performed against the OMOP LinkML schema.

Figure 5. LinkML-map transformation definition

Generate profile data using schemauto | Generate mapping proposal using BAML | Transform data using linkml-map | Validate data using linkml validate

Figure 4. LinkML-based standardization pipeline

BAML

LLM large language model

Figure 6. BAML's schema-aligned parsing is used to generate proper LinkML-map definition for the transformation between two LinkML data models using any LLM

Results

The proposed approach yielded qualitative improvements over traditional ETL pipelines. All transformation logic was externalized into human-readable, version-controllable YAML artifacts, improving transparency, auditability, and reproducibility. The use of structured schemas and schema-constrained LLM outputs substantially reduced malformed mappings and simplified expert review. The workflow promoted modularity by separating source modeling, vocabulary grounding, mapping generation, and execution, allowing independent evolution of each component. Rather than replacing human expertise, the framework functioned as a mapping co-pilot, automating repetitive tasks while enabling domain experts to review and refine mappings.

Conclusion

This work demonstrates that declarative, model-driven ETL using LinkML can significantly lower the technical barrier to OMOP-CDM adoption. By replacing brittle imperative scripts with explicit schemas and mapping specifications, the framework enhances maintainability, reproducibility, and trust. Structured AI integration improves efficiency while preserving human-in-the-loop governance, which remains essential given the semantic ambiguity of clinical data and the limitations of LLMs. The approach balances standardization and local customization, enabling institutions to adapt mappings to local data while ensuring strict OMOP compliance. Declarative data standardization provides a scalable foundation for federated observational research and aligns well with OHDSI's goals of reusable, transparent, and shareable analytics pipelines.

References

[1] OHDSI. The Book of OHDSI. https://ohdsi.github.io/TheBookOfOhdsi/

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[4] LinkML-Map Documentation. https://linkml.io/linkml-map/

[5] Boundary ML (BAML). https://github.com/baml-org

Roche

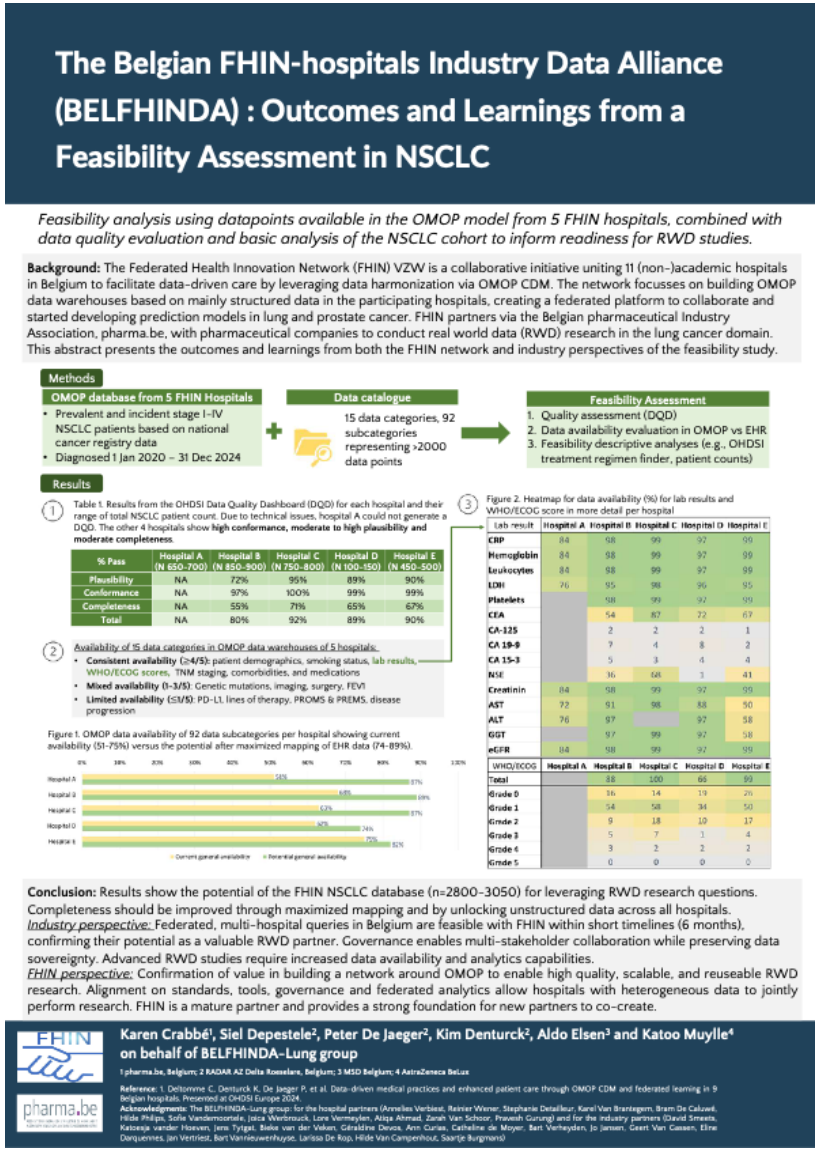
mirrorhealth.eu

#OHDSISocialShowcase This Week

Tuesday

The Belgian FHIN-hospitals Industry Data Alliance (BELFHINDA) - Outcomes and learnings from a feasibility assessment in non-small cell lung cancer

(Karen Crabbé, Peter De Jaeger, Siel Depestele, Kim Denturck, Aldo Elsen, Katoo Muylle)



The Belgian FHIN-hospitals Industry Data Alliance (BELFHINDA) : Outcomes and Learnings from a Feasibility Assessment in NSCLC

Feasibility analysis using datapoints available in the OMOP model from 5 FHIN hospitals, combined with data quality evaluation and basic analysis of the NSCLC cohort to inform readiness for RWD studies.

Background: The Federated Health Innovation Network (FHIN) VZW is a collaborative initiative uniting 11 (non-)academic hospitals in Belgium to facilitate data-driven care by leveraging data harmonization via OMOP CDM. The network focusses on building OMOP data warehouses based on mainly structured data in the participating hospitals, creating a federated platform to collaborate and started developing prediction models in lung and prostate cancer. FHIN partners via the Belgian pharmaceutical Industry Association, pharma.be, with pharmaceutical companies to conduct real world data (RWD) research in the lung cancer domain. This abstract presents the outcomes and learnings from both the FHIN network and industry perspectives of the feasibility study.

Methods

OMOP database from 5 FHIN Hospitals
- Prevalent and incident stage I–IV NSCLC patients based on national cancer registry data
- Diagnosed 1 Jan 2020 – 31 Dec 2024

Data catalogue
15 data categories, 92 subcategories representing >2000 data points

Feasibility Assessment
1. Quality assessment (DQD)
2. Data availability evaluation in OMOP vs EHR
3. Feasibility descriptive analyses (e.g., OHDSI treatment regimen finder, patient counts)

Results

1 Table 1. Results from the OHDSI Data Quality Dashboard (DQD) for each hospital and their range of total NSCLC patient count. Due to technical issues, hospital A could not generate a DQD. The other 4 hospitals show **high conformance, moderate to high plausibility and moderate completeness**.

% Pass	Hospital A (N 650-700)	Hospital B (N 850-900)	Hospital C (N 750-800)	Hospital D (N 100-150)	Hospital E (N 450-500)
Plausibility	NA	72%	95%	89%	90%
Conformance	NA	97%	100%	99%	99%
Completeness	NA	55%	71%	65%	67%
Total	NA	80%	92%	89%	90%

2 Availability of 15 data categories in OMOP data warehouses of 5 hospitals:
- **Consistent availability (≥4/5):** patient demographics, smoking status, lab results, WHO/ECOG scores, TNM staging, comorbidities, and medications
- **Mixed availability (1–3/5):** Genetic mutations, imaging, surgery, FEV1
- **Limited availability (≤1/5):** PD-L1, lines of therapy, PROMS & PREMS, disease progression

Figure 1. OMOP data availability of 92 data subcategories per hospital showing current availability (51-75%) versus the potential after maximized mapping of EHR data (74-89%).

3 Figure 2. Heatmap for data availability (%) for lab results and WHO/ECOG score in more detail per hospital

Lab result	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E
CRP	84	98	99	97	99
Hemoglobin	84	98	99	97	99
Leukocytes	84	98	99	97	99
LDH	76	95	98	96	95
Platelets		98	99	97	99
CEA		54	87	72	67
CA-125		2	2	2	1
CA 19-9		7	4	8	2
CA 15-3		5	3	4	4
NSE		36	68	3	41
Creatinin	84	98	99	97	99
AST	72	91	98	88	90
ALT	76	97		97	98
GGT		97	99	97	98
eGFR	84	98	99	97	99

WHO/ECOG	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E
Total		88	100	66	99
Grade 0		16	14	19	26
Grade 1		54	58	34	50
Grade 2		9	18	10	17
Grade 3		5	7	3	4
Grade 4		3	2	2	2
Grade 5		0	0	0	0

Conclusion: Results show the potential of the FHIN NSCLC database (n=2800-3050) for leveraging RWD research questions. Completeness should be improved through maximized mapping and by unlocking unstructured data across all hospitals.
Industry perspective: Federated, multi-hospital queries in Belgium are feasible with FHIN within short timelines (6 months), confirming their potential as a valuable RWD partner. Governance enables multi-stakeholder collaboration while preserving data sovereignty. Advanced RWD studies require increased data availability and analytics capabilities.
FHIN perspective: Confirmation of value in building a network around OMOP to enable high quality, scalable, and reuseable RWD research. Alignment on standards, tools, governance and federated analytics allow hospitals with heterogeneous data to jointly perform research. FHIN is a mature partner and provides a strong foundation for new partners to co-create.

Karen Crabbé[1], Siel Depestele[2], Peter De Jaeger[2], Kim Denturck[2], Aldo Elsen[3] and Katoo Muylle[4] on behalf of BELFHINDA-Lung group

1 pharma.be, Belgium; 2 RADAR AZ Delta Roeselare, Belgium; 3 MSD Belgium; 4 AstraZeneca BeLux

Reference: 1. Deltomme C, Denturck K, De Jaeger P, et al. Data-driven medical practices and enhanced patient care through OMOP CDM and federated learning in 9 Belgian hospitals. Presented at OHDSI Europe 2024.

Acknowledgments: The BELFHINDA-Lung group: for the hospital partners (Annelies Verbiest, Reinier Wiener, Stephanie Detailleur, Karel Van Brantegem, Bram De Caluwé, Hilde Philips, Sofie Vandemoortele, Joica Werbrouck, Lore Vermeylen, Aliqa Ahmad, Zanah Van Schoor, Pravesh Gurung) and for the industry partners (David Smeets, Ketsesja vander Hoeven, Jens Tytgat, Bieke van der Veken, Géraldine Devos, Ann Curias, Catheline de Moyer, Bart Verheyden, Jo Jansen, Geert Van Gassen, Eline Darquennes, Jan Vertriest, Bart Vanrieuwenhuyse, Larissa De Rop, Hilde Van Camperhout, Saartje Burgmans)

#OHDSISocialShowcase This Week

Wednesday

Enhancing Multinational Drug Safety Studies: Mapping the Nordic Drug Product Identifiers (Varenummer) to the OMOP Standard

(Saeed Hayati, Zeenat Fatima Chatha, Petrica Olteanu, Hedvig Nordeng)

#OHDSISocialShowcase This Week

Thursday

Experiences with OMOPping Rehabilitation Data: A Unified ETL Strategy for Nine Distinct Clinical Datasets

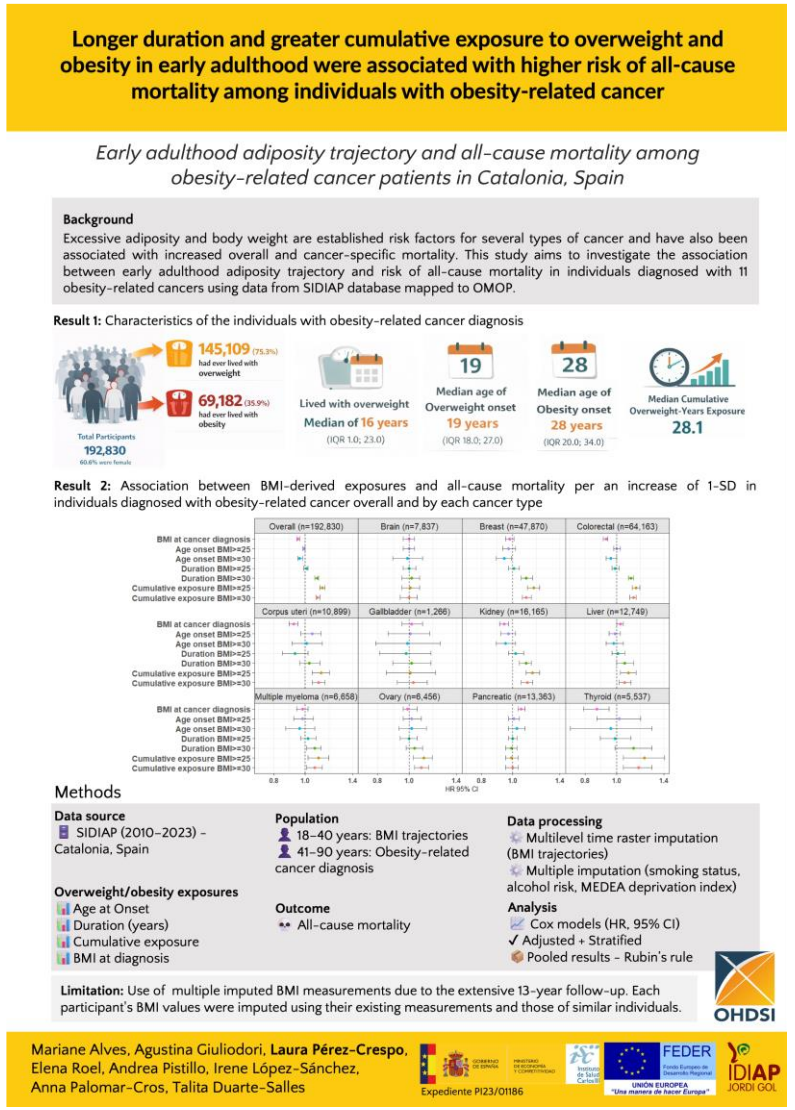
(Petros Patias, Charalampos Georgiadis, Themistoklis Roustanis, George-Robert Patias, Alexandros Zacharegas, the PREPARE Project Group)

#OHDSISocialShowcase This Week

Friday

Early adulthood adiposity trajectory and all-cause mortality among obesity-related cancer patients in Catalonia, Spain

(Mariane Alves, Agustina Giuliodori, Laura Pérez-Crespo, Elena Roel, Andrea Pistillo, Irene López-Sanchez, Anna Palomar-Cros, Talita Duarte-Salles)



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-2026

Find your workgroup.

Fuel our mission.

ohdsi.org/workgroups