OHDSI2026 Global Symposium Preview

OHDSI Community Call

Sept. 15, 2026 • 11 am ET

OHDSI
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

Upcoming Community Calls

Date	Topic
Sept. 15	Global Symposium Preview
Sept. 22	TBA
Sept. 29	OHDSI/OMOP Research Spotlight
Oct. 6	DARWIN EU Progress
Oct. 13	Global Symposium Poster Preview / Final Logistics
Oct. 20	NO CALL – Global Symposium
Oct. 27	Welcome to OHDSI: What We Do, How Can You Make an Impact
Nov. 3	Meet the Titans
Nov. 10	Collaborator Showcase Honoree Presentations

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to the team of **Melanie Philofsky and Atif Adam** on the recent publication of **Enhancing the Observational Medical Outcomes Partnership Common Data Model to Support Health Equity Research** in *Medical Care*.

ORIGINAL RESEARCH

OPEN

Enhancing the Observational Medical Outcomes Partnership Common Data Model to Support Health Equity Research

Expanding Race and Ethnicity Data Representation

Melanie Philofsky, MS, RN and Atif Adam, MD, PhD†*

Background: Common Data Models (CDMs) standardize health data from disparate observational sources, enabling the use of real-world data in more efficient, collaborative observational research studies. Until recently, the Observational Medical Outcomes Partnership Common Data Model (OMOP CDM) had limited infrastructure and ontology options to store a person's race and ethnicity data. This made using these data challenging for patient-centered outcomes research (PCOR) and health equity studies.

Objective: The primary goals are to outline the Observational Health Data Sciences and Informatics (OHDSI) community's collaborative efforts to improve race and ethnicity representation in the OMOP CDM and to explain how these enhancements enable a more detailed and comprehensive representation of individuals' racial and ethnic identities. These improvements ensure that research findings are both relevant to everyday clinical practice and applicable across diverse demographic groups.

Methods: The OHDSI community collaboratively addressed limitations in race and ethnicity representation within the OMOP CDM through a structured, inclusive process. Key workgroups worked together, engaging diverse stakeholders. Patient input played a pivotal role in shaping enhancements like multivalue storage. The multistep enhancement process included community-wide feedback at every step.

Results: The OHDSI community significantly enhanced the OMOP CDM's ability to represent race and ethnicity data, improving its granularity, inclusivity, and flexibility. These updates expand the race and ethnicity value sets, address multiracial and multiethnic identities, and enable more accurate and granular PCOR and health equity studies.

Conclusion: This enhancement to the OMOP CDM reduces the gap between data stored in source systems and data converted to the OMOP CDM. The enhanced data model enables more detailed, nuanced health equity research and eliminates biases previously associated with limited demographic representation.

Key Words: patient-centered outcomes research, observational research, race, ethnicity, common data model.

(*Med Care* 2026;64:653–659)

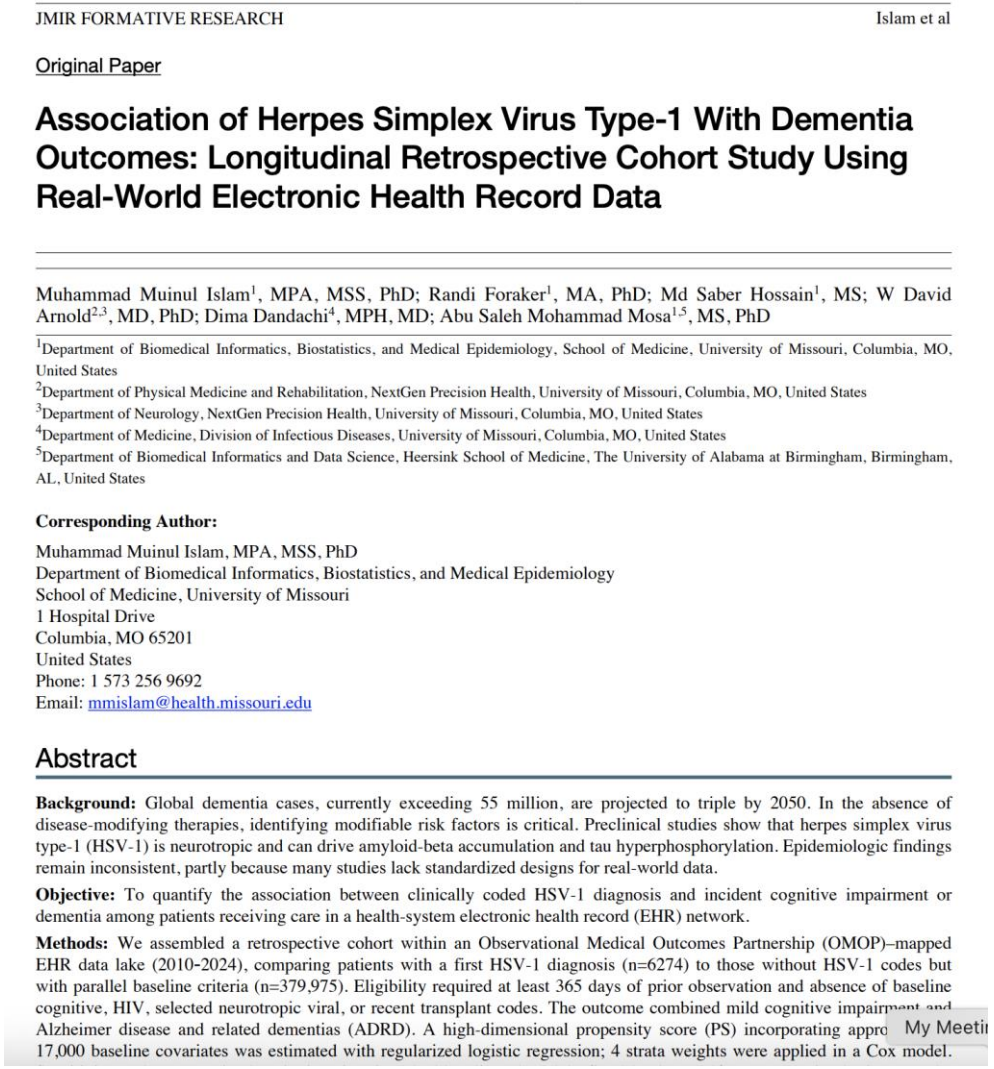
THE IMPORTANCE OF RACE AND ETHNICITY DATA IN OBSERVATIONAL HEALTH RESEARCH

Race and ethnicity data have long been recognized as crucial variables in observational health equity research,[1] serving as key indicators of broader social and cultural differences that can significantly influence health outcomes, treatment effectiveness, and health care utilization patterns.[2] Researchers often use these data to highlight health disparities,[3,4] evaluate the performance of interventions in diverse populations,[5] explore variations in disease prevalence and progression,[4] identify differences in treatment responses or side effects, and develop culturally sensitive health care strategies and policies.[6]

The utilization of race and ethnicity data in patient-centered outcomes research (PCOR) has significant im-

OHDSI Shoutouts!

Congratulations to the team of **Muhammad Muinul Islam, Randi Foraker, Md Saber Hossain, W David Arnold, Dima Dandachi, and Abu Saleh Mohammad Mosa** on the recent publication of **Association of Herpes Simplex Virus Type-1 With Dementia Outcomes: Longitudinal Retrospective Cohort Study Using Real-World Electronic Health Record Data** in *JMIR Formative Research*.



Original Paper

Association of Herpes Simplex Virus Type-1 With Dementia Outcomes: Longitudinal Retrospective Cohort Study Using Real-World Electronic Health Record Data

Muhammad Muinul Islam[1], MPA, MSS, PhD; Randi Foraker[1], MA, PhD; Md Saber Hossain[1], MS; W David Arnold[2,3], MD, PhD; Dima Dandachi[4], MPH, MD; Abu Saleh Mohammad Mosa[1,5], MS, PhD

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Abstract

Background: Global dementia cases, currently exceeding 55 million, are projected to triple by 2050. In the absence of disease-modifying therapies, identifying modifiable risk factors is critical. Preclinical studies show that herpes simplex virus type-1 (HSV-1) is neurotropic and can drive amyloid-beta accumulation and tau hyperphosphorylation. Epidemiologic findings remain inconsistent, partly because many studies lack standardized designs for real-world data.

Objective: To quantify the association between clinically coded HSV-1 diagnosis and incident cognitive impairment or dementia among patients receiving care in a health-system electronic health record (EHR) network.

Methods: We assembled a retrospective cohort within an Observational Medical Outcomes Partnership (OMOP)–mapped EHR data lake (2010-2024), comparing patients with a first HSV-1 diagnosis (n=6274) to those without HSV-1 codes but with parallel baseline criteria (n=379,975). Eligibility required at least 365 days of prior observation and absence of baseline cognitive, HIV, selected neurotropic viral, or recent transplant codes. The outcome combined mild cognitive impairment and Alzheimer disease and related dementias (ADRD). A high-dimensional propensity score (PS) incorporating appro
17,000 baseline covariates was estimated with regularized logistic regression; 4 strata weights were applied in a Cox model.

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	10 am	Common Data Model
Wednesday	7 pm	Eye Care and Vision Research
Wednesday	7 pm	Medical Imaging
Thursday	9 am	Oncology Vocabulary/Development Subgroup
Thursday	10 am	GIS – Geographic Information System
Thursday	10:30 am	Evidence Network
Thursday	12 pm	HADES
Thursday	7 pm	Dentistry
Friday	9 am	Waveform
Friday	10 am	Transplant
Friday	10:30 am	Education
Monday	2 pm	Electronic Animal Health Records
Tuesday	9 am	Oncology Genomic Subgroup
Tuesday	9 am	Data2Evidence

Titan Nominations Are OPEN!

The OHDSI Titan Awards recognize those who have gone above and beyond to foster community engagement, lead research and development efforts, and make significant contributions towards OHDSI's mission.

Individuals, teams or collaborating institutions can be nominated for an award, and you can make as many nominations as you would like.

Nominations will be accepted until 8pm ET Tuesday, Sept. 22, 2026.

ohdsi.org/titan-awards

Registration Opens For Canada Symposium

Registration is now open for the 2026 OHDSI Canada Symposium, held Nov. 17-18 in Toronto, Ont.

Nov. 17: Workshops

Track A: From Source Data to OMOP

Track B: From OMOP to Evidence

Nov. 18: Symposium

The main symposium day will bring the Canadian OHDSI community together to share experiences, showcase emerging work, and explore opportunities for collaboration.

Spotlight: Renske Los

The latest OHDSI Collaborator Spotlight features our OHDSI Europe co-lead and a driving force for our National Nodes, **Renske Los**.

Renske's current work focuses on harmonizing health data to support real-world evidence and outcomes research. As co-lead of OHDSI Netherlands and OHDSI Europe, she promotes adoption of the OMOP Common Data Model to improve data comparability and reusability across institutions and borders.

In the latest edition of the Collaborator Spotlight, Renske discusses her career, the growth of OHDSI throughout Europe, the value of national nodes and collaborating with the European Health Data Space.

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 is open! All details can be found on the event homepage.

ohdsi.org/APAC2026

FALCON Symposium & Bladder Cancer Studyathon

Sep 28 – Oct 1, 2026 Dunden, Antwerp, Belgium

Sep 28: Symposium — Public afternoon with oncologists, data scientists, regulators, and hospital leaders. Short talks and a network drink.

Sep 29 – Oct 1: Studyathon — Three hands-on days: cohort building, analytics, and abstract drafting.

Study related materials:

- All study related materials are here: GDE2025 - Bladder cancer treatment | OHDSI | Microsoft Teams
- GitHub repo: FALCON Bladder Git Repo

Register now

Details, agenda updates, venue information, and registration are available on the FALCON website.

www.falcon-network.org

#OHDSISocialShowcase This Week

Monday

PREPARE for Precision: Patient-level prediction models for nonsurgical thumb base osteoarthritis treatment

(Krijn Polder, Lisa Hoogendam, Margarita Grammatikopoulou, Vasilis Alepopoulos, Giorgos, Giannios, Spiros Nikolopoulos, Ruud Selles, and the PREPARE Project Group)

Challenging but feasible:

Patient-level **prediction** in **hand surgery**

Patient-level prediction models for thumb-base osteoarthritis rehabilitation using real-world data

Background: Personalised rehabilitation for thumb-base osteoarthritis requires a better understanding of which patients benefit from specific treatments at particular stages. Patient-level prediction may support shared decision-making by estimating treatment satisfaction and the one-year risk of conversion to surgery.

Figure 1. Calibration plot shows slight overestimation at low- and underestimation at high predicted probabilities

Figure 2. Performance metrics showing sensitivity, specificity, accuracy and F1 score

Methods

We included routinely collected data from patients treated in 25 Dutch hand clinics between October 21st, 2021, and April 7th, 2023, who provided informed consent. Patients were asked to complete multiple patient-reported outcome measures (PROMs) throughout their care pathway.

1) Amongst patients diagnosed with CMC1 Osteoarthritis who undergo conservative treatment, which patients will convert to surgery within 1 or 2 years?
2) Amongst patients diagnosed with CMC1 Osteoarthritis who undergo conservative treatment, which patients will feel satisfied with their treatment results after 1 year?

(Target cohort, outcome cohort, time at risk)

ARES Feasibility Analysis via descriptive statistics. → ATLAS Cohort & PLP Model definition → ARACHNE Federated script Execution. → PREPARE Middleware Model review & Characteristics.

Discussion: We developed a model to predict the **risk of conversion to surgery within 1 and 2 years** (AUROC 0.80). A major limitation was the inability to specify **laterality** in ATLAS, which is essential in fields such as hand surgery. For predicting **satisfaction with the results of conservative treatment**, we were unable to define appropriate target and outcome cohorts in ATLAS. Here, using PROM data required linking individual questions to their questionnaires, but the necessary table (i.e., *fact_relationship*) is not yet available in ATLAS; therefore, development of custom cohorts for this prediction problem is ongoing.

Krijn Polder[1,2], Lisa Hoogendam[1,2], Margarita Grammatikopoulou[3], Vasilis Alepopoulos[3], Giorgos Giannios[3], Spiros Nikolopoulos[3], Ruud Selles[1,2], and the PREPARE Project Group
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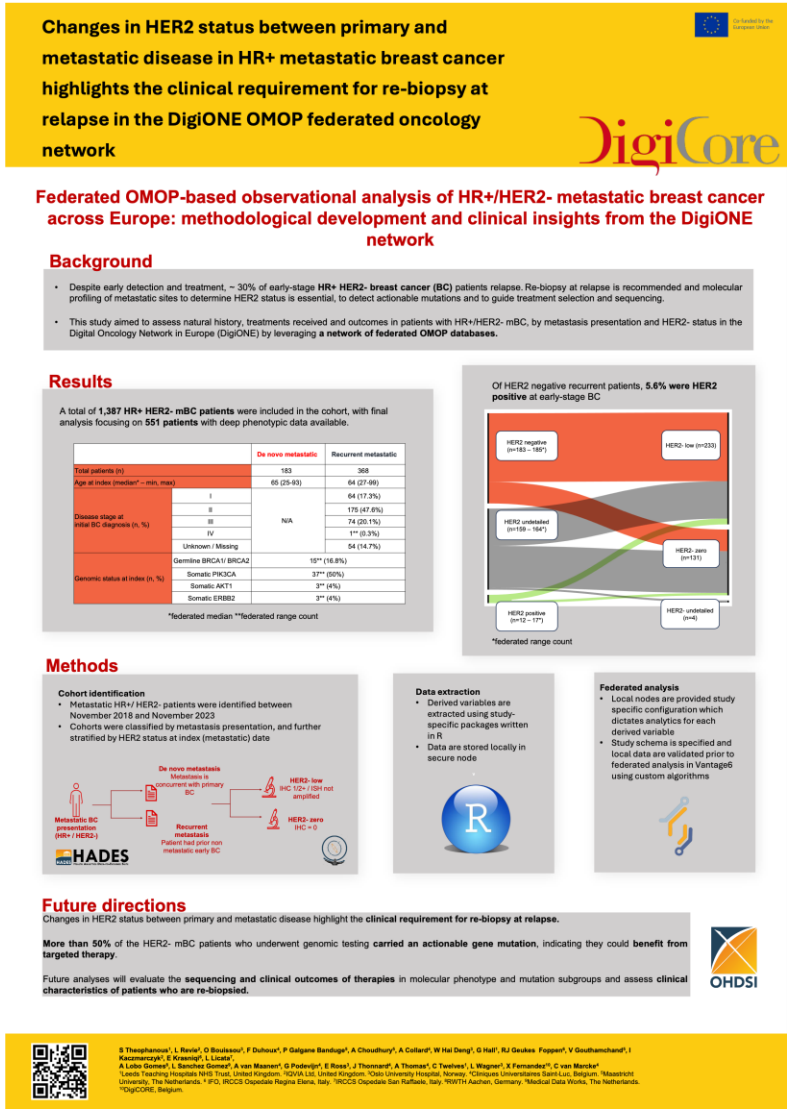
Funded by the European Union PREPARE REHAB CERTH Erasmus MC

#OHDSISocialShowcase This Week

Tuesday

Federated OMOP-based observational analysis of HR+/HER2- metastatic breast cancer across Europe: methodological development and clinical insights from the DigiONE network

(Stelios Theophanous, Lauren Revie, Olivier Bouissou, Francois Duhoux, Prabash Galgane Banduge, Anaya Choudhury, Alix Collard, Wei Hai Deng, Geoff Hall, Remco Jan Geukes Foppen, Varsha Gouthamchand, Isabella Kaczmarczyk, Eriseld Krasniqi, Luca Licata, Aiara Lobo Gomes, Luis Sanchez Gomez, Aline van Maanen, Gaetan Podevijn, Elisabeth Ross, Joelle Thonnard, Anais Thomas, Christopher Twelves, Xose Fernandez, Cedric Van Marcke)



#OHDSISocialShowcase This Week

Wednesday

Variation in adherence to preventative medicines following myocardial infarction: a UK cohort study

(Elin J Rowlands, Anna Camps-Vilaró, Antonella Delmestri, Martí Català, Cecilia Campanile, Daniel Prieto-Alhambra, Edward Burn, Danielle Newby)

Survival Analysis of Metastatic NSCLC Patients Treated with Pembrolizumab

Real-World Overview of First-Line Pembrolizumab Monotherapy in Metastatic NSCLC (2019–2024)

Background: NSCLC accounts for approximately 85% of all lung cancer cases and is often diagnosed at an advanced or metastatic stage, where treatment options are limited. Pembrolizumab, an anti-PD-1 immune checkpoint inhibitor, has become a standard first-line monotherapy for patients with NSCLC, showing improved survival in clinical trials. This study investigates its real-world use using multi-centric data from the INAH platform, which integrates clinical data from CHC Montlégia, CHU Liège, and GHDC into OMOP CDM-compliant warehouses.

About INAH

INAH is a Belgian federated health data network. It's a non-profit organization founded in 2024 by two hospital federations (Santhea and Unessa) and the association of French-speaking general practitioners (CMG). Its main objective is to facilitate the secondary use of health data to accelerate scientific research.

Results

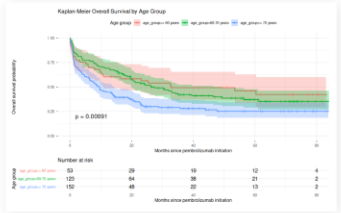
In the overall population, 2-year survival rate was 43.2% and 3-year survival rate was 36.6%.

When stratified by age group, patients aged <60 years had a 2-year survival rate of 56.3% (95% CI: 44.3–71.5) and a 3-year survival rate of 49.3% (95% CI: 37.2–65.4). Patients aged 60–70 years had a 2-year survival rate of 53.7% (95% CI: 45.4–63.4) and a 3-year survival rate of 42.2% (95% CI: 34.0–52.3). Patients aged >70 years had the lowest survival rate, with 2-year survival rate of 30.0% (95% CI: 23.3–38.6) and 3-year survival rate of 28.0% (95% CI: 21.4–36.6).

Survival rate varied significantly across age groups (log-rank test, $\chi^2 = 14$, $df = 2$, $p = 0.0009$), with poorer outcomes observed in patients older than 70 years.

Method

An OMOP-based query was developed to emulate the KEYNOTE-042 trial criteria and applied across three INAH data sources, identifying adult patients with metastatic non-small-cell lung cancer (NSCLC) treated with Pembrolizumab monotherapy between 2019 and 2024. A comprehensive set of covariates—including demographics, comorbidities, and concurrent medication use—was analyzed. Survival analysis was conducted alongside data quality assessments, including the strong correlation observed between treatment duration and number of administrations.



Conclusion : In this real-world cohort of patients, overall survival was significantly associated with age but not with smoking status history. Older patients (>70 years) had markedly poorer survival rate compared to younger patients, while those under 70 years, particularly <60 years, showed more favorable outcomes. These findings are consistent with existing literature and may reflect differences in comorbidities, treatment tolerance, or disease biology. In contrast, no significant association was observed between smoking history and overall survival, with similar survival probabilities between ever smokers and patients with not known smoking history.

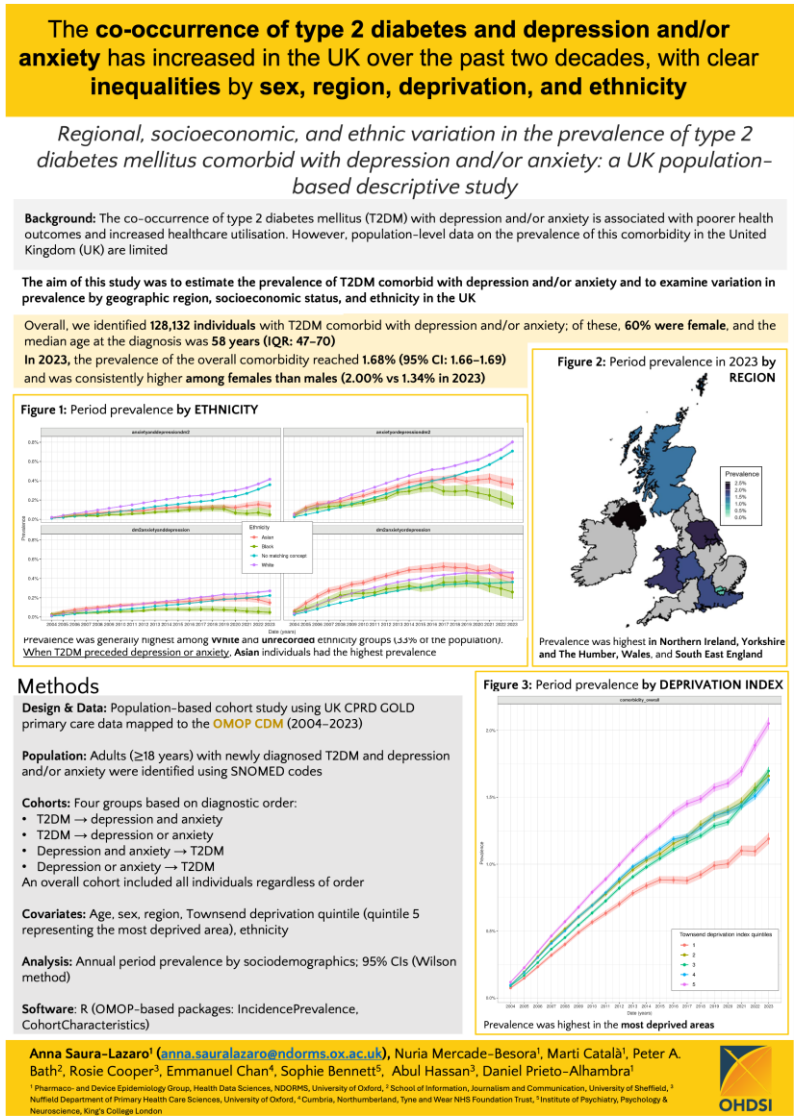
Maryna **Borshchivska**, Dr. Jean-Luc **Canon**, Dr. Christophe **Lonchay**, Dr. Benoît **Colinet**, Dr. Marie **Detrait**, Stéphanie **Warnon**, Thibault **Helleputte**, Marie **Bastin**

#OHDSISocialShowcase This Week

Thursday

Regional, socioeconomic, and ethnic variation in the prevalence of type 2 diabetes mellitus comorbid with depression and/or anxiety: a UK population-based descriptive study

(Anna Saura-Lazaro, Nuria Mercade-Besora, Marti Català, Peter A.Bath, Rosie Cooper, Emmanuel Chan, Sophie Bennett, Abul Hassan, Daniel Prieto-Alhambra)



The **co-occurrence of type 2 diabetes and depression and/or anxiety** has increased in the UK over the past two decades, with clear **inequalities** by **sex, region, deprivation, and ethnicity**

Regional, socioeconomic, and ethnic variation in the prevalence of type 2 diabetes mellitus comorbid with depression and/or anxiety: a UK population-based descriptive study

Background: The co-occurrence of type 2 diabetes mellitus (T2DM) with depression and/or anxiety is associated with poorer health outcomes and increased healthcare utilisation. However, population-level data on the prevalence of this comorbidity in the United Kingdom (UK) are limited

The aim of this study was to estimate the prevalence of T2DM comorbid with depression and/or anxiety and to examine variation in prevalence by geographic region, socioeconomic status, and ethnicity in the UK

Overall, we identified **128,132 individuals** with T2DM comorbid with depression and/or anxiety; of these, **60% were female**, and the median age at the diagnosis was **58 years (IQR: 47–70)**

In 2023, the prevalence of the overall comorbidity reached **1.68% (95% CI: 1.66–1.69)** and was consistently higher **among females than males (2.00% vs 1.34% in 2023)**

Figure 1: Period prevalence **by ETHNICITY**

Prevalence was generally highest among **White** and **unrecorded** ethnicity groups (3.3% of the population). When T2DM preceded depression or anxiety, **Asian** individuals had the highest prevalence

Figure 2: Period prevalence in 2023 **by REGION**

Prevalence was highest in **Northern Ireland, Yorkshire and The Humber, Wales,** and **South East England**

Methods

Design & Data: Population-based cohort study using UK CPRD GOLD primary care data mapped to the OMOP CDM (2004–2023)

Population: Adults (≥18 years) with newly diagnosed T2DM and depression and/or anxiety were identified using SNOMED codes

Cohorts: Four groups based on diagnostic order:
- T2DM → depression and anxiety
- T2DM → depression or anxiety
- Depression and anxiety → T2DM
- Depression or anxiety → T2DM

An overall cohort included all individuals regardless of order

Covariates: Age, sex, region, Townsend deprivation quintile (quintile 5 representing the most deprived area), ethnicity

Analysis: Annual period prevalence by sociodemographics; 95% CIs (Wilson method)

Software: R (OMOP-based packages: IncidencePrevalence, CohortCharacteristics)

Figure 3: Period prevalence **by DEPRIVATION INDEX**

Prevalence was highest in the **most deprived areas**

Anna Saura-Lazaro[1] (anna.sauralazaro@ndorms.ox.ac.uk), Nuria Mercade-Besora[1], Marti Català[1], Peter A. Bath[2], Rosie Cooper[3], Emmanuel Chan[4], Sophie Bennett[5], Abul Hassan[3], Daniel Prieto-Alhambra[1]

[1] Pharmaco- and Device Epidemiology Group, Health Data Sciences, NDORMS, University of Oxford, [2] School of Information, Journalism and Communication, University of Sheffield, [3] Nuffield Department of Primary Health Care Sciences, University of Oxford, [4] Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, [5] Institute of Psychiatry, Psychology & Neuroscience, King's College London

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#OHDSISocialShowcase This Week

Friday

First-episode psychosis pharmacotherapy: an antipsychotics comparative effectiveness study protocol

(Tatsiana Skuhareuskaya, Alexander Aleksiayuk, Polina Talapova, Maryna Skugarevskaya)

First-episode psychosis pharmacotherapy: an antipsychotics comparative effectiveness study protocol

Background: Schizophrenia is a severe neuropsychiatric disorder which often leads to a significant functional and cognitive impairment. The term "First-episode psychosis" (FEP) refers to the first manifestation of psychotic symptoms in a person's life and later such persons may be diagnosed with schizophrenia, bipolar disorder with psychotic features, schizoaffective disorder, and substance-induced psychosis [1]. Early treatment significantly improves symptom control, functional outcomes, and long-term disability [2]. However, optimal medication selection remains uncertain: current clinical practice guidelines cite heterogeneous trial designs and limited head-to-head comparisons as major barriers to evidence-based ranking of antipsychotics [3].This study seeks to address these gaps by leveraging large-scale, real-world data from multiple Observational Medical Outcomes Partnership Common Data Model (OMOP CDM)-converted datasets across the Observational Health Data Sciences and Informatics (OHDSI) network, using validated phenotype definitions, reproducible analytic pipelines, and empirical calibration to estimate the relative effectiveness of commonly used antipsychotics (APs) for relapse prevention in FEP.

Methods: We will conduct a large-scale, systematic observational study to compare the hazard ratios of rehospitalization with a psychotic relapse among patients who were administered one of 9 APs of interest as a first-line treatment for FEP. We will conduct 36 head-to-head pairwise comparisons as indicated in Table 1. For each of the target-comparator pairs, we will employ a new-user, active-comparator cohort design. Cohort definitions will be developed using the OHDSI ATLAS tool and implemented with the CohortDiagnostics package to assess phenotype performance across data sources. Propensity score modeling will be used to address confounding, including large-scale covariate adjustment via regularized regression. Both matching and stratification methods will be considered, with preference given to stratification unless matching yields better covariate balance. Hazard ratios will be estimated using Cox proportional hazards models within each data source. Results will be combined using random-effects meta-analysis, with leave-one-database-out sensitivity analyses to assess robustness. Negative control outcomes will be used to perform empirical calibration of effect estimates and p-values. To ensure reproducibility and consistency, all analyses will be performed using the OHDSI Health Analytics Data-to-Evidence Suite (HADES).

Table 1 Exposure-Comparator Matrix

Comparators	Haloperidol	Risperidone	Aripiprazole	Brexpiprazole	Olanzapine	Quetiapine ≥ 100 mg/day and above	Ziprazidone	Lurazidone	Paliperidone
Haloperidol									
Risperidone	X								
Aripiprazole	X	X							
Brexpiprazole	X	X	X						
Olanzapine	X	X	X	X					
Quetiapine ≥ 100 mg/day and above	X	X	X	X	X				
Ziprazidone	X	X	X	X	X	X			
Lurazidone	X	X	X	X	X	X	X		
Paliperidone	X	X	X	X	X	X	X	X	

Results: As a first milestone, we developed and validated 10 phenotype definitions for use in this study. The cohort design framework is presented in Figure 1, with detailed phenotype definitions and concept set structures available in the full-text study protocol [4] as well as in the respective OHDSI network study repository. Phenotype validation was conducted as part of the OHDSI 'Phenotype Phebruary' initiative. The final FEP phenotype comprises 986 diagnosis codes from 11 vocabularies, including all the psychotic disorders and non-chronic affective disorders with psychotic symptoms, and specifically excludes organic and drug-induced psychoses.

Results (cont.): The iterative development and validation process enabled removal of ambiguous diagnosis codes and establishment of reproducible cohort entry and censoring criteria.
Using the OHDSI Data Diagnostics tool and the database-level summary statistics produced by it, we identified potential data partners within the OHDSI Evidence Network. In order to control for detailed cohort entry criteria level requirements, we prepared the preliminary feasibility assessment script to be run by a potential data partner to assess data fitness for the study. Full network-wide study execution is planned for 2026.

Figure 1 Cohort design framework

Discussion and conclusion: The study's strengths are based on its large-scale, real-world, multi-national observational data, federated execution across the OHDSI network, and use of validated, transparent cohort definitions developed with open-source OHDSI tools. Being an observational study, our investigation may be affected by unmeasured or misspecified confounders, including confounding by indication and differences in care-seeking behavior. To mitigate this, we will be using a large list of negative controls, representing exposure-outcome pairs with no known effect. Our cohort definition requires data sources with comprehensive longitudinal patient histories, which may limit cohort inclusion. However, this stringent approach prioritizes specificity over sensitivity to capture true first-episode psychosis cases and minimize misclassification of recurrent psychotic episodes as FEP, thereby ensuring accurate representation of real-world treatment patterns and outcomes.

Tatsiana Skuhareuskaya[1], Alexander Aleksiayuk[1], Polina Talapova[2], Maryna Skugarevskaya[3], Maria Khitrun[1]

1 - Odysseus, an EPAM Company, Cambridge, MA, US; 2 -IT company SciForce, Kharkiv, Ukraine; Tufts Clinical and Translational Science Institute, Boston, MA, US; 3 - Republican Scientific and Practical Center for Mental Health, Minsk, Belarus

Interested? Contact the authors at tatsiana_skuhareuskaya@epam.com

References: 1 2 3 4

Where Are We Going?

Any other announcements of upcoming work, events, deadlines, etc?

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Where Have We Been?

Where Are We Now?

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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

TUTORIAL

An Introduction to the Journey from Data to Evidence Using OHDSI

Tue Oct. 20
8:00 - 12:00

Meet the people behind this journey

Five perspectives. One OHDSI journey: from data to evidence.

Erica Voss
Johnson & Johnson

The transformer

Data standards & transformation

Ross Williams
Erasmus MC

The analyst

Network research & prediction

Katy Sadowski
Boehringer Ingelheim

The builder

Data quality & open-source tools

Mitchell Conover
Johnson & Johnson

The evidence maker

Clinical applications & causal inference

Ilse Vermeulen
Erasmus MC / OHDSI BE

The connector

Community & implementation

OHDSI
Observational Health Data Sciences and Informatics

#JoinTheJourney

An Intoduction To ATLAS

Preliminary Agenda

8:00am – 8:15am	Introduction • Who should be using Atlas	Chris
8:15am – 9:00am	The CDM & Data Sources • The CDM Data model • Database Characterization in Atlas	Chris
9:00am – 9:30am	Vocabulary, Concepts and Concept Sets • Vocabulary Overview (Domains, Codes) • Concepts: Standard vs. Non-Standard • Searching and Filtering • Record Counts (Record and Descendants) • Building Concept Sets	Jack
9:30am – 11am	Cohort Definitions • What is a Phenotype? • Cohort Definitions: Logic to build a Phenotype • Generation and Reports	Peter
11:00am – 11:45am	Analytics • Characterization • Incidence Rates • Pathways	Jack
11:45am – 12:00pm	Question & Answer	All

Bringing FAIR to Imaging Research with the Medical Imaging OMOP Extension

Participants will learn how to:

- Understand the design principles of the Medical Imaging OMOP extension (MI-CDM)
- Index and characterize DICOM archives from clinical or research repositories
- Standardize DICOM metadata using OMOP-compatible terminology
- Load imaging metadata into searchable OMOP tables
- Represent imaging-derived features while preserving provenance
- Perform multimodal analyses by combining imaging, clinical, and demographic data using standard OHDSI tools such as ATLAS
- Apply FAIR principles to imaging data within the OMOP ecosystem

Who should attend?

- OHDSI community members interested in medical imaging
- Researchers conducting observational or multimodal studies
- Data engineers and informaticians responsible for imaging ETL pipelines
- Institutions planning to integrate imaging into their OMOP CDM

By the end of the tutorial, attendees will be able to:

- Build an imaging-enhanced OMOP dataset from DICOM archives
- Integrate imaging features with clinical data for downstream analyses
- Apply reproducible, FAIR-aligned workflows for imaging research within OHDSI

OHDSI Change Leaders & Leadership

TUTORIAL Tuesday 20th (4h)

Interactive Hands-on

Not recorded • Needs physical participation

Amplifying our impact, through your ability to lead and create change.

Strengthen your ability to **drive change**, **engage stakeholders**, and **grow adoption** of OHDSI and OMOP in your environment.

You'll work on **YOUR priorities** and leave with practical tools, methods, insights, and a **concrete action plan** to can execute.

Who Should Attend

- National Node Leaders (Both current & Newly Becoming)
- Aspiring Change Leaders (Researchers, Data Scientists & Engineers)
- Anyone Supporting OHDSI Growth & Adoption (Industry, Innovators…etc)

Your Faculty

- Liesbet Peeters - NN Lead Belgium & Professor University of Hasselt
- Christian Hogberg - NN Lead Sweden & Change Leader Expert
- Chris Baldwin - Commercial Director Unison & Communication Expert

Become a stronger advocate, connector, facilitator & change leader.

What You'll Do — 4 Interactive Parts

Part I

Start with the End in Mind

Define your personal goal & pick your priority use case to work on.

Part II

Becoming a Change Leader

Apply change management & leadership best practices.

Part III

Building the Bridge from You to Them

Craft a narrative for your stakeholders that communicates value for them.

Part IV

Bringing It All Together

Refine your action plan & get peer + facilitator feedback.

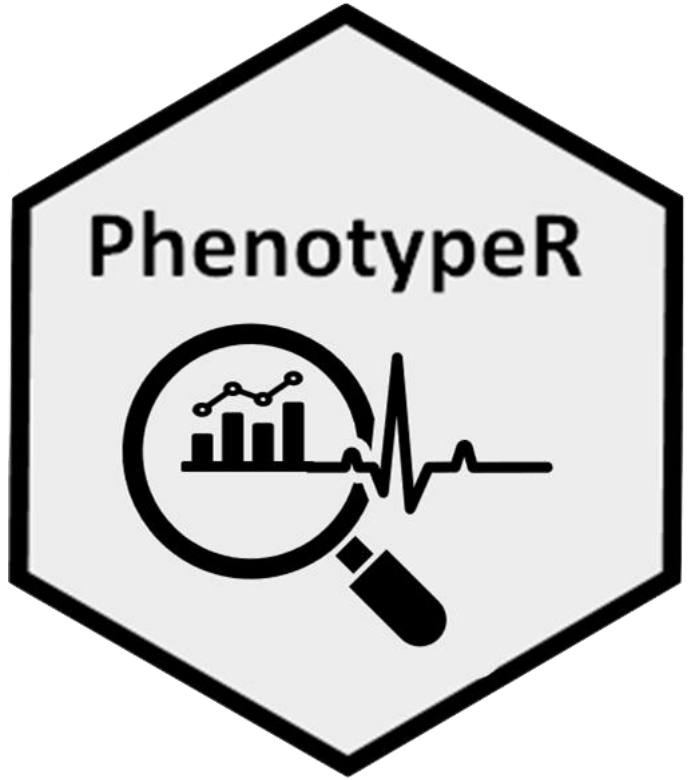
GO! Your stakeholders are ready & waiting — act now.

#JoinTheJourney

Register: www.ohdsi.org/ohdsi2026/

Complex Phenotyping at Scale with and without LLMs Using PhenotypeR

- Understand best practices for designing and evaluating clinical phenotypes
- Learn how to use the PhenotypeR R package to generate phenotype diagnostics
- Discover approaches to generating clinical expectations for diagnostics using human experts, LLMs, or both
- Gain experience in reviewing whether diagnostics match clinical expectations



https://ohdsi.github.io/PhenotypeR

Morning Session (8 am - 12 pm ET)

Mastering OMOP

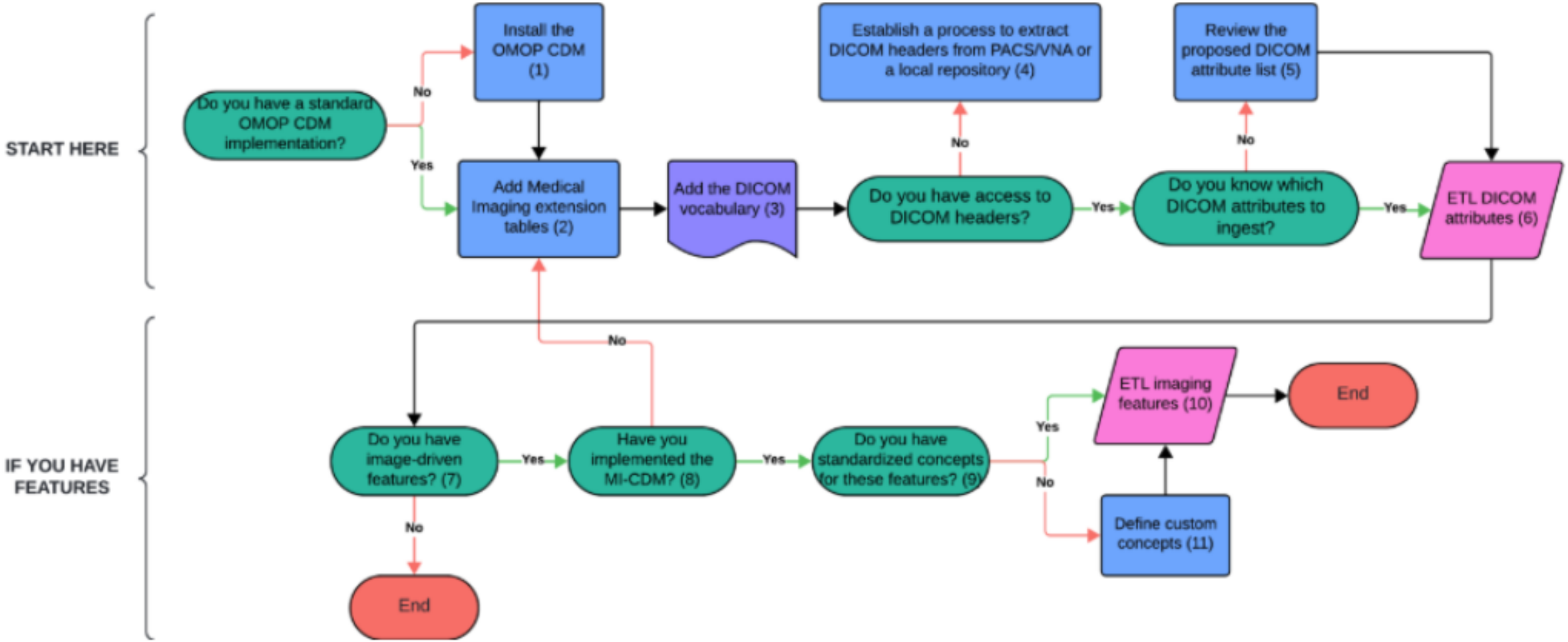
Transforming EHR Data with Practical Strategies, Best Practices, and OHDSI Integration

8am – 12pm on October 20th

- Strategic Institutional Value (ROI & Impact)
- OMOP vs. EHR Fundamentals
- Theory to Practice
- Empowering Modern, Standardized Research

Imaging Evidence Network - getting started

- https://github.com/OHDSI/ImageWG/wiki/



From Multi-Modal Data to Real-World Evidence:
Hands-on with the Data2Evidence Platform for OMOP

Bioinformatics Institute
A*STAR BII

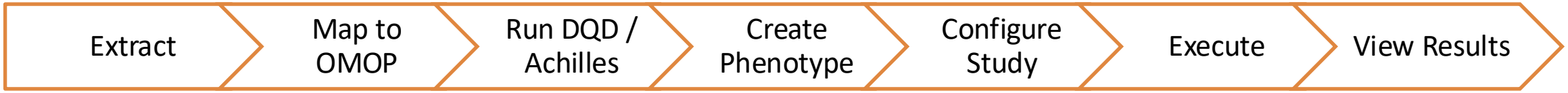
data4life

The dataset

GUSTO - Growing Up in Singapore Towards healthy Outcomes - follows more than 1,100 children from birth since 2009, pairing clinical records, questionnaires and biosamples with longitudinal imaging.

What sets this session apart

Most sessions go deep on one stage of the journey. This one runs its full length: a single dataset travelling from raw files to a shareable evidence artifact in one sitting, with the developers in the room.



Notes: No prior OMOP CDM experience required · laptop and setup instructions provided in advance

Introduction to OHDSI
Phenotype Development & Evaluation

Accurate phenotyping is a cornerstone of reliable observational research, yet it remains one of the greatest methodological challenges in real-world data analytics. Observational data are inherently prone to misclassification and these errors can meaningfully influence study validity. This mid-level OHDSI tutorial is designed for participants who are familiar with OHDSI standardized vocabularies and already comfortable developing cohorts in ATLAS, and who now seek to deepen their scientific understanding and strengthen their applied phenotype development skills. The tutorial will begin with an overview of the science of misclassification error, covering key concepts such as sensitivity, specificity, predictive value, and index event misclassification. Participants will learn how these errors arise within observational data sources and how they directly affect effect estimation, transportability, and downstream decision-making. Building on this foundation, the session will transition to OHDSI's established best practices for phenotype development and evaluation. Using real examples, we will walk through tools and methods that support transparent, reproducible, and scalable phenotype definitions—including cohort diagnostics, standard vocabulary exploration, benchmarking against population characteristics. The latter portion of the tutorial introduces an emerging opportunity for improving phenotype development: an AI-aided iterative workflow. We will demonstrate how AI/LLM can support iterative refinement as part of phenotype development.

By the end of this tutorial, participants will have a richer understanding of the scientific foundations of phenotype misclassification, practical experience applying OHDSI best practices, and early exposure to how AI-enabled workflows can enhance rigor and reproducibility. This session is ideal for researchers ready to advance from simply using ATLAS to mastering phenotype design as a scientific discipline.

2026 OHDSI Global Symposium

Oct 20-22 • New Brunswick, NJ • Hyatt Regency Hotel

Integrating Geospatial Data into OMOP CDM: A Hands-On Tutorial with the OHDSI GIS and GAIA Toolchain

Join the GIS Workgroup Team on October 20, 2026 | 1-5pm EST

Register now at ohdsi.org/ohdsi2026

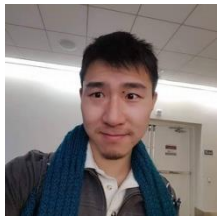
Jared Houghtaling
Johnson & Johnson

Robert Miller
Miller Data Solutions, LLC

Polina Talapova
SciForce

Tim Norris
University of Miami

Jay Greenfield
CODATA



Jim Phuong
University of Washington

Tim Rossi
Architectural Medicine, LLC

Jacob Zelko
Northeastern University

David Amadi
CODATA

Jiawen Liao
Cleveland Clinic Research

Using OMOP Model in Registry Context & Clinical Trials Standardization Context: Conventions, Past Use Cases, SDTM & Regulatory Consideration, Challenges

Registry and clinical trial (CT) data often need to fill the gap not covered by traditional RWD. If RWD follows OMOP, using the same model for harmonization of registry and CT data has advantages.

Outline:

1. Special considerations found in registry and CT data (e.g., converting relative dates to OMOP compliant dates, CRF data, adverse drug event (seriousness, severity, and relatedness between drug and AE))
2. Use of 2B concepts (custom vocabularies) vs OMOP vocabularies
3. Use cases published in literature (e.g., UK Biobank, OHDSI 2024 poster: Application of OMOP Common Data Model to Disease Registry Data, AllOfUs)
4. Other use cases (AACR GENIE)
5. OMOP and SDTM comparison (+ FDA regulatory considerations)
6. Combining trial and RWD data (external control arm) considerations (data granularity mismatch, RWD limited to routine healthcare, lack of advanced COAs, data collection not regulatory grade)

2026 Global Symposium Agenda

Start	End	Topic	Presenter/Lead
7:15 am	8:00 am	Newcomer Welcome	Paul Nagy/Marc Suchard
8:00 am	8:30 am	State of the Community	George Hripcsak
8:30 am	9:15 am	OHDSI Year In Review	Early-Stage Researcher WG
9:15 am	10:00 am	Collaborator Showcase: Posters and Demos (Session 1)	
10:00 am	11:00 am	Plenary 1: Federated Learning Meets Negative Control Calibration: Toward Reliable Multi-Site Evidence Generation	Yong Chen
11:00 am	12:00 pm	Plenary 2: Beyond the Defaults: How the OHDSI Community is Adapting, Extending, and Reimagining Its Tools	Scott Duvall
12:00 pm	1:00 pm	Network & Lunch	
1:00 pm	2:00 pm	Plenary 3: The role of national initiatives in supporting sustainability, collaboration, and growth of OHDSI	Ed Burn
2:00 pm	2:45 pm	Collaborator Showcase: Lightning Talks (Session 1)	5 presenters
2:45 pm	3:30 pm	Collaborator Showcase: Posters and Demos (Session 2)	
3:30 pm	4:15 pm	Collaborator Showcase: Posters and Demos (Session 3)	
4:15 pm	5:00 pm	Collaborator Showcase: Lightning Talks (Session 2)	5 presenters
5:00 pm	6:00 pm	Titan Awards, Closing	Patrick Ryan
6:00 pm	8:30 pm	Dinner on your own	
8:30 pm	11:30 pm	OHDSI Jam Session	Martijn Schuemie

2026 Symposium Workgroup Activities

Session 1 (8 am – 10 am): Eyecare and Vision Research, GIS – Geographic Information Systems, Early-Stage Researchers, Industry, Tidy R Programming with OMOP, HADES Hackathon, Generative AI and Foundation Models, Phenotype Development and Evaluation, Oncology, Health Equity, Vocabularies, APAC

Session 2 (10:30 am – 12:30 pm): Perinatal and Reproductive Health, Waveform, Medical Imaging, Industry, Tidy R Programming with OMOP, HADES Hackathon, Generative AI and Foundation Models, Phenotype Development and Evaluation, Oncology, Health Equity, Vocabularies, Rare Disease

Session 3 (1:30 pm – 3:30 pm): Dentistry, GIS & Waveform Cross-Pollination Meeting, Evidence Network, Women of OHDSI, Psychiatry, HADES Hackathon, Natural Language Processing, Health Economics & Value Assessment, ATLAS/WebAPI, CDM Survey, Surgery & Perioperative Medicine

Session 4 (3:30 pm – 5 pm): Workgroup Summary Session

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