Spotlight: Medical Imaging & CDM v5.5 Info Session

OHDSI Community Call

Sept. 8, 2026 • 11 am ET

OHDSI
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

Upcoming Community Calls

Date	Topic
Sept. 8	Medical Imaging Workgroup Spotlight, CDM 5.5 Review
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

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

Upcoming Workgroup Calls

Date	Time (ET)	Meeting
Tuesday	12 pm	Generative AI and Analytics
Wednesday	9 am	Patient-Level Prediction
Wednesday	2 pm	Canada Chapter
Wednesday	2 pm	Natural Language Processing
Thursday	7 am	Europe Community Call
Thursday	10 am	Rare Disease
Thursday	10 am	Africa Chapter (Zoom)
Thursday	10 am	GIS – Geographic Information System
Thursday	11 am	Industry
Friday	11 am	Clinical Trials
Friday	11 pm	China Chapter
Monday	9 am	Vaccine Vocabulary
Tuesday	10 am	CDM Survey

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

Canada Symposium Submissions Open

Members of the OHDSI Canada community are invited to showcase their work through poster presentations at the 2026 OHDSI Canada Symposium, which takes place November 17–18 in Toronto.

Posters do not need to present completed research. Work in progress, implementation experiences, methods and tools, lessons learned, and preliminary research results are all welcome.

Submissions are due Sept. 11!

September Newsletter is Available

OHDSI

The Journey Newsletter (September 2026)

The busiest months on the OHDSI calendar are officially underway, kicked off by our latest vocabulary release and an OMOP update. Between upcoming regional events, including the UK Symposium (Sept. 17–18), and next month's Global Symposium (Oct. 20-22), there is plenty happening across the community. Explore the latest news, updates, recent publications, and presentations in the September edition of the OHDSI newsletter.
#JoinTheJourney

Podcast: Regional Events, Global Plenaries

In the September 2026 On The Journey podcast, Patrick Ryan and Craig Sachson looked ahead to the final four months of the year, which will include multiple regional events, including symposia in four different continents. Then they look at the three community-developed plenary sessions that will be featured during Day 2 of the 2026 Global Symposium. *(If video does not appear, please click 'View this email in your browser')*

Community Updates

Where Have We Been?

- The Summer 2026 Vocabulary Refresh was recently shared by our Vocabulary team, and it will be presented during the Sept. 1 community call. CDM v5.5 was also shared, and more information can be found later in this newsletter.
- Oncology workgroup lead **Asieh Golozar** led an inspiring spotlight on the Oncology team's efforts to advance precision cancer research. The presentation highlighted key developments across standardized cancer vocabularies, enhanced ETL pipelines, and novel methods like the ARTEMIS algorithm for characterizing chemotherapy regimens.
- 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? **Patrick Ryan** discussed during an interactive community call.

Where Are We Now?

- 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.
- The fourth annual UK Symposium will be held September 18 at the University of Nottingham, preceded by an OMOP Training Day on September 17. The main conference agenda is available.
- Take your OMOP CDM from implementation to impact with The OMOP Practitioner, an intensive three-day expert training hosted Sept. 7-9 by Erasmus MC in Rotterdam. This hands-on program moves beyond the basics, offering a maximum of 30 participants deep-dive experience with the Data Quality Dashboard, ATLAS, and real-world study execution.

OMOP v5.5: What's New, Should You Upgrade?

Introduced in tandem with the Summer 2026 Vocabulary Refresh, OMOP CDM v5.5 is an incremental, non-breaking update to v5.4 designed to address specific needs identified by the OHDSI community while supporting the continued evolution of the OMOP Vocabulary. Rather than introducing major structural changes, v5.5 adds targeted capabilities for representing clinical data and introduces new vocabulary tables that provide richer information about drug products, concepts, and relationships.

The result is a relatively small CDM update with benefits for data partners who need these new capabilities, and a straightforward path forward for those who do not. You can see the specific upgrades in the graphic and links below.

The recommendation of the CDM WG is to upgrade when it makes sense for your organization—there is no need to rush. For existing v5.4 implementations, v5.5 is a relatively small upgrade that provides access to the latest CDM and Vocabulary capabilities and prepares your database for future OHDSI studies. If those capabilities are not currently relevant to you, remaining on v5.4 in the near term will not disrupt your existing workflows. **In short: v5.4 will continue to work; v5.5 gives you access to what comes next.**

My Journey: Nicole Pratt

In the latest episode of our "My Journey" series, Nicole Pratt (Professor of Biostatistics and Pharmacoepidemiology at Adelaide University) shares her passion for mentorship and global teamwork. From guiding early-career researchers to watching the community grow to massive global symposiums, Nicole highlights the generosity, friendship, and multidisciplinary collaboration driving the future of evidence generation. *(If video does not appear, please click 'View this email in your browser')*

Titan Award Nominations Are Open! Highlight A Community Individual, Team by Sept. 22

August Publications

Haynes K, Reps J, Hardin J, Didden EM, Gilbert J, Swerdel J, Bohn J, Conover MM, Sarayani A, Sena AG, Yost E, van Baalen V, Davis K, Ryan P, Schuemie M. Active Safety Surveillance Using Real-World Evidence (ASSURE) Implementation: Transparent and Reproducible Real-World Evidence Standardized Framework to Support Safety Signal Evaluation. Pharmacoepidemiol Drug Saf. 2026 Aug;35(8):e70435. doi: 10.1002/pds.70435. PMID: 42494324; PMCID: PMC13397054.

Mbouamba Yankam B, Luc Baudoin FT, Onana Akoa FA, Andeso P, Cygu SB, Iddi S, Ochola M, Bhattacharjee T, Charles Lebon MO, Barasa M, Kiragga A, Mbatchou Ngahane BH. Harmonizing patient health data into the OMOP common data model: a case study using tuberculosis data from Douala General Hospital, Cameroon. Front Digit Health. 2026 Aug 3;8:1828475. doi: 10.3389/fdgth.2026.1828475. PMID: 42609725; PMCID: PMC13479808.

Kern DM, Bohn J, Gilbert JP, Knoll C, Ryan PB. REWARD-an open-source framework for identifying the unknown benefits of existing medications to inform drug discovery, development, and repurposing. J Am Med Inform Assoc. 2026 Aug 6:ocag137. doi: 10.1093/jamia/ocag137. Epub ahead of print. PMID: 42562768.

Wang-Silvanto J, Jajoo M, Guo H, Ohri R, Nelissen J, Casañas I Comabella C. Evaluating AI Performance in Systematic Literature Reviews for HEOR: A Case Study. J Health Econ Outcomes Res. 2026 Aug 7;13(2):46-54. doi: 10.36469/001c.165173. PMID: 42572706; PMCID: PMC13453151.

Sheikhalishahi S, Kaspar M, Schwinn J, Morhart M, Simon P, Hinske LC. Cross-Silo Federated Learning for Predicting Successful Mechanical Ventilation Weaning Across 5 Intensive Care Unit Databases: Retrospective Database Analysis. JMIR Med Inform. 2026 Aug 14;14:e79713. doi: 10.2196/79713. PMID: 42600153.

Lohachab A, Jung F, Rommes S, Ertaylan G, Ankolekar A, Urovi V. SMART: structured, meaningful, auditable, responsible, and transparent documentation for clinical AI. J Am Med Inform Assoc. 2026 Aug 19:ocag117. doi: 10.1093/jamia/ocag117. Epub ahead of print. PMID: 42616679.

Alcalde-Herraiz M, Delmestri A, Omulo H, Bräuner E, Bruun S, Norris R, Vivirito A, Harms A, Vuković J, Pristaš I, Jurčević A, Čavlina M, Jezidžić A, Ivanko P, Hayati S, Trinh NTH, Nordeng H, Duarte-Salles T, Palomar-Cros A, Giuliodori A, Gómez-Outes A, Vrijlandt P, Restrepo-Méndez MC, Burn E, Prats-Uribe A, Saura-Lazaro A. Characterising Clinically Recognised Hypertrophic Cardiomyopathy in six European Countries Using Real-World Data. ESC Heart Fail. 2026 Aug 20:xvag218. doi: 10.1093/eschf/xvag218. Epub ahead of print. PMID: 42619650.

mailchi.mp/ohdsi/september2026

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 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

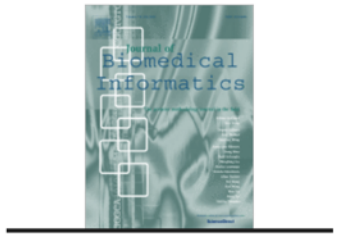
Register now

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

www.falcon-network.org

Call for Papers: Agentic AI for RWE Life Cycle Support

The Journal of Biomedical Informatics has opened a call for papers focused on Agentic AI For RWE Life-Cycle Support — scaling trustworthy evaluation for treatment safety and effectiveness.



Journal of Biomedical Informatics
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Editorial

Call for papers: agentic AI for real-world evidence life cycle support – scaling trustworthy evaluation of treatment safety and effectiveness

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Article

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Outline

Submissions will be accepted from June 15 through November 15, 2026, with expected publication date of September 15, 2027.

#OHDSISocialShowcase This Week

Monday

OMOPCAN Project: Protocol for assessing cancer epidemiology and patient characteristics in a multinational network of heterogeneous real-world data

(Irene López-Sánchez, Anna Palomar-Cros, Agustina Giuliodori, Laura Granés, Laura Pérez-Crespo, Berta Raventós, Mees Mosseveld, Edward Burn, Anton Barchuk, Vlad Korsik, Laia Peruchet-Noray, Raivo Kolde, Sulev Reisberg, Lillian Sung, Elin J Rowlands, Danielle Newby, Annelies Verbiest, Seng Chan You, Subin Kim, Maaike van Swieten, Jelle Evers, Tor Åge Myklebust, Espen Enerly, Josip Vrancic, Mario Šekerija, Zsolt Bagyura, Loretta Kiss, Jason C. Hsu, Thi Kim Hien Nguyen, Patricia L. Mabry, Samuel Patnoe, Gargi Jadhav, Evelyne Fournier, Asieh Golozar, Elena Roel, Talita Duarte-Salles)

The OMOPCAN Project: Protocol for assessing cancer epidemiology and patient characteristics in a multinational network of heterogeneous real-world data

Background:

Cancer registries remain the *gold standard* for cancer monitoring; however, they often lack comprehensive patient information beyond cancer-specific data. Complementing their strengths with real-world evidence from routine clinical care, which offers timely insights into cancer outcomes and additional medical history, would further improve our understanding of the cancer burden.

Aim:

Serve as a proof-of-concept using real-world data mapped to the OMOP CDM to support monitoring of cancer epidemiology and characterising patients' clinical histories and outcomes.

Methods:

- Multinational network study across primary care, secondary care, health insurance claims, and cancer registry data.
- From 1st January 2000 to 31st December 2024, or maximum available period per database
- We will study 36 Cancer types (ICD-10 C00-97) using SNOMED CT and ICDO-3 vocabularies, developed with CodelistGenerator and ATLAS.
- We will estimate incidence and survival, including their temporal trends; 5-year partial prevalence, and patient characteristics.
- In primary care and claims databases, individuals will be required to have 1 year of prior observation before cohort entry.

Database	Country	Type of data	Healthcare setting	Observation start in data source	Persons in data source
Belgian Cancer Registry – Use case breast and Lung cancer (BCR – BALC)	Belgium	Registry	Population-based Cancer Registry	2014	210.9k
Clinical Practice Research Datalink (CPRD GOLD)	UK	EHR	Primary Care	1993	17.52M
Croatian National public health information system (NAJS)	Croatia	Integrated EHR & Registry	Primary Care + Secondary care (Outpatient specialist care, and Inpatient Care) + Population-based Cancer Registry	2014	4.85M
EST-Health-30 (EH30)	Estonia	Integrated EHR & Registry	Population-based Cancer Registry + Secondary Care + Primary Care	2012	488k
Finnish Institute for Health and Welfare (THL)	Finland	Integrated EHR & Registry	Primary care + Secondary care	2011	6.61M
Geneva Cancer Registry (GCR)	Switzerland	Registry	Population-based Cancer Registry	1970	123k
HealthPartners	USA	Claims	Secondary Care + Clinics	1994	3.40M
Integrated Primary Care Information (IPCI)	The Netherlands	EHR	Primary Care	2006	8.55M
Netherlands Cancer Registry (NCR)	The Netherlands	Registry	Population-based Cancer Registry	1993	2.63M
OncEMR	USA	Claims	Secondary Care + Clinics	1939	1.88M
Semmelweis University Clinical Data (SUCD)	Hungary	EHR	Secondary Care	1998	2.49M
Taipei Medical University (TMUCRD)	Taiwan	EHR	Secondary Care	2001	3.39M
The Cancer Registry of Norway (CRN)	Norway	Registry	Population-based Cancer Registry	1953	1.22M
The Health Improvement Network® Belgium (THIN® BE)-	Belgium	EHR	Primary Care	2008	2.02M
THIN® Spain (THIN® ES)	Spain	EHR	Primary Care	2010	1.89M
THIN® Italy (THIN® - IT)	Italy	EHR	Primary Care	2008	1.22M
THIN® Romania (THIN®- RO)	Romania	EHR	Primary Care	2008	1.13M
The Hospital for Sick Children (SickKids)	Canada	EHR	Paediatric Tertiary Care (Inpatient and Specialist Outpatient)	2018	1.12M
The Information System for Research in Primary Care (SIDIAP)	Spain	EHR	Primary Care + Secondary Care Discharge Records	2006	5.95M
Yonsei University Health System (YUHS)	South Korea	EHR	Secondary Care	1993	6.66M

Table 1. Participant databases as of February 2026

Workflow:

Phenotyping based on GLOBAL CANCER OBSERVATORY

1. Preliminary code list using
2. Code list refinement by clinical experts
3. Cohort generation through **ATLAS**
4. Cohort evaluation through ***CohortDiagnostics****
5. Cohort refinement by clinical experts

Already runned by all datapartners involved as of February 2026

Statistical plan

1. **Initial Data Processing** (To be run by all datapartners)
   RUN ANALYSIS FOR X CANCER (reiterative process)
   - Step 1: Create Outcome Cohort
   - Step 2: Cohort Characterisation
   - Step 3: Crude Incidence
   - Step 4: 5-year Partial Prevalence
   - Step 5: Crude Survival
2. **Post Data Processing** (To be processed by each paper's lead researcher)
   - **Age standarisation** of rates
   - **Jointpoint modelling** of Incidence and Survival using Jointpoint Trend Analysis Software and JPSurv Software from NCI

Irene López-Sánchez (Universitat Autònoma de Barcelona, Spain; IDIAP Jordi Gol, Spain), Anna Palomar-Cros (IDIAP Jordi Gol, Spain), Agustina Giuliodori (IDIAP Jordi Gol, Spain), Laura Granés (IDIAP Jordi Gol, Spain), Laura Pérez-Crespo (IDIAP Jordi Gol, Spain), Berta Raventós (Erasmus MC, Netherlands), Edward Burn (University of Oxford, UK), Anton Barchuk (Erasmus MC, Netherlands), Laia Peruchet-Noray (Imperial Kings College, UK), Raivo Kolde (University of Tartu, Estonia), Sulev Reisberg (University of Tartu, Estonia), Lillian Sung (Hospital of Sick Children, Canada), Elin J Rowlands (University of Oxford, UK), Danielle Newby (University of Oxford, UK), Annelies Verbiest (Antwerp University Hospital, Belgium), Seng Chan You (Yonsei University, Republic of Korea), Subin Kim (Yonsei University, Republic of Korea), Maaike van Swieten (NCR, Netherlands), Jelle Evers (NCR, Netherlands), Tor Åge Myklebust (CRN, Norway), Espen Enerly (CRN, Norway), Josip Vrancic (General Hospital Varaždin, Croatia), Mario Šekerija (Croatian Institute of Public Health, Croatia), Zsolt Bagyura (Semmelweis University, Hungary), Loretta Kiss (Semmelweis University, Hungary), Jason C. Hsu (Taipei Medical University, Taiwan), Thi Kim Hien Nguyen (Taipei Medical University, Taiwan), Patricia L. Mabry (HealthPartners Institute, USA) , Samuel Patnoe (HealthPartners Institute, USA), Asieh Golozar (Nemesis Health, USA) , Elena Roel (IDIAP Jordi Gol, Spain), Talita Duarte-Salles (IDIAP Jordi Gol, Spain; Erasmus MC, Netherlands)

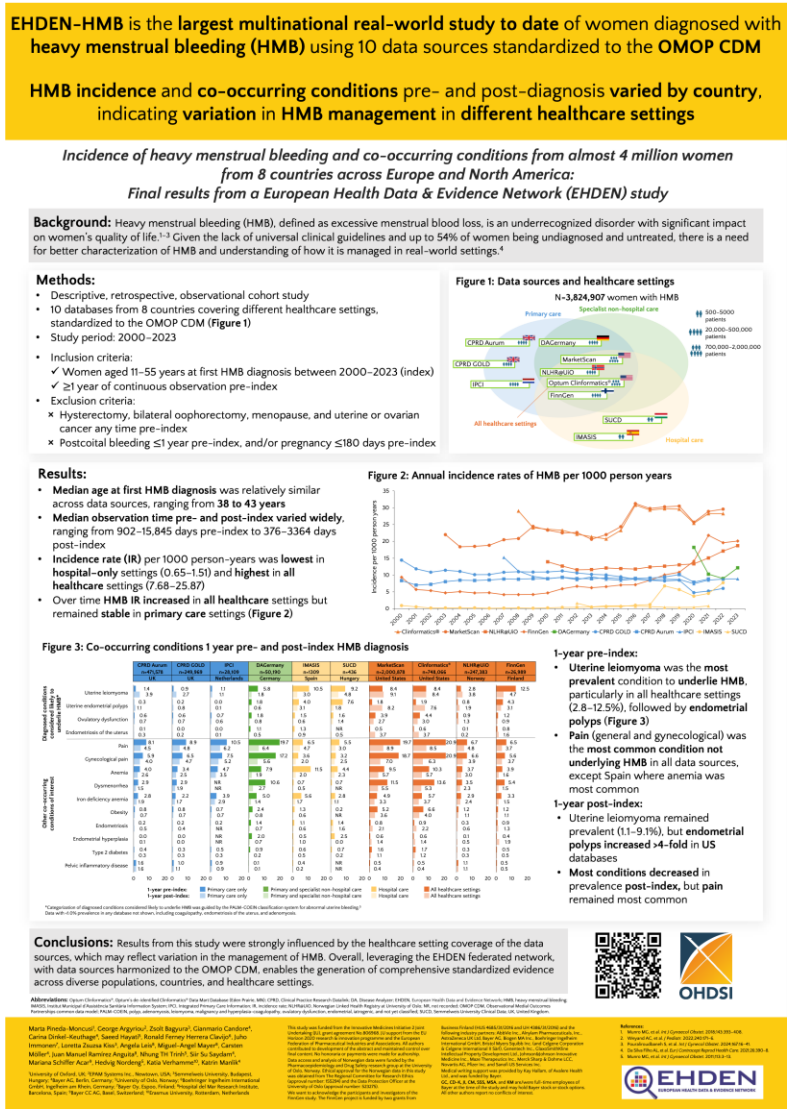
IDIAP JORDI GOL

#OHDSISocialShowcase This Week

Tuesday

Incidence of heavy menstrual bleeding and co-occurring conditions from almost 4 million women from 7 countries across Europe and North America: Final results from a European Health Data & Evidence Network (EHDEN) study

(Marta Pineda-Moncusi, George Argyriou, Zsolt Bagyura, Gianmario Candore, Carina Dinkel-Keuthage, Saeed Hayati, Ronald Ferney Herrera Clavijo, Juho Immonen, Loretta Zsuzsa Kiss, Angela Leis, Miguel-Angel Mayer, Carsten Möller, Juan Manuel Ramírez Anguita, Nhung TH Trinh, Siir Su Saydam, Mariana Schiffer Acar, Hedvig Nordeng, Katia Verhamme, Katrin Manlik)



EHDEN-HMB is the **largest multinational real-world study to date** of women diagnosed with **heavy menstrual bleeding (HMB)** using 10 data sources standardized to the **OMOP CDM**

HMB incidence and **co-occurring conditions** pre- and post-diagnosis **varied by country**, indicating **variation** in **HMB management** in **different healthcare settings**

Incidence of heavy menstrual bleeding and co-occurring conditions from almost 4 million women from 8 countries across Europe and North America: Final results from a European Health Data & Evidence Network (EHDEN) study

Background: Heavy menstrual bleeding (HMB), defined as excessive menstrual blood loss, is an underrecognized disorder with significant impact on women's quality of life.[1–3] Given the lack of universal clinical guidelines and up to 54% of women being undiagnosed and untreated, there is a need for better characterization of HMB and understanding of how it is managed in real-world settings.[4]

Methods:

- Descriptive, retrospective, observational cohort study
- 10 databases from 8 countries covering different healthcare settings, standardized to the OMOP CDM (**Figure 1**)
- Study period: 2000–2023
- Inclusion criteria:
  - ✓ Women aged 11–55 years at first HMB diagnosis between 2000–2023 (index)
  - ✓ ≥1 year of continuous observation pre-index
- Exclusion criteria:
  - × Hysterectomy, bilateral oophorectomy, menopause, and uterine or ovarian cancer any time pre-index
  - × Postcoital bleeding ≤1 year pre-index, and/or pregnancy ≤180 days pre-index

Figure 1: Data sources and healthcare settings

N=**3,824,907** women with HMB

Results:

- **Median age at first HMB diagnosis** was relatively similar across data sources, ranging from **38 to 43 years**
- **Median observation time pre- and post-index varied widely**, ranging from 902–15,845 days pre-index to 376–3364 days post-index
- **Incidence rate (IR)** per 1000 person-years was **lowest** in **hospital-only** settings (0.65–1.51) and **highest** in **all healthcare** settings (7.68–25.87)
- Over time **HMB IR increased** in **all healthcare** settings but remained **stable** in **primary care** settings (**Figure 2**)

Figure 2: Annual incidence rates of HMB per 1000 person years

Figure 3: Co-occurring conditions 1 year pre- and post-index HMB diagnosis

1-year pre-index:

- **Uterine leiomyoma** was the **most prevalent** condition to **underlie HMB**, particularly in all healthcare settings (2.8–12.5%), followed by **endometrial polyps** (**Figure 3**)
- **Pain** (general and gynecological) was the **most common condition not underlying HMB** in all data sources, except Spain where anemia was most common

1-year post-index:

- Uterine leiomyoma remained prevalent (1.1–9.1%), but **endometrial polyps increased >4-fold** in **US** databases
- **Most conditions decreased** in prevalence **post-index,** but **pain** remained most common

Conclusions: Results from this study were strongly influenced by the healthcare setting coverage of the data sources, which may reflect variation in the management of HMB. Overall, leveraging the EHDEN federated network, with data sources harmonized to the OMOP CDM, enables the generation of comprehensive standardized evidence across diverse populations, countries, and healthcare settings.

#OHDSISocialShowcase This Week

Wednesday

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

(Jonas Minne, Maryna Borshchivska)

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.

CHC GROUPE SANTÉ · CHU de Liège · GRAND HOPITAL DE CHARLEROI

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.

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.

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.

OHDSI

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

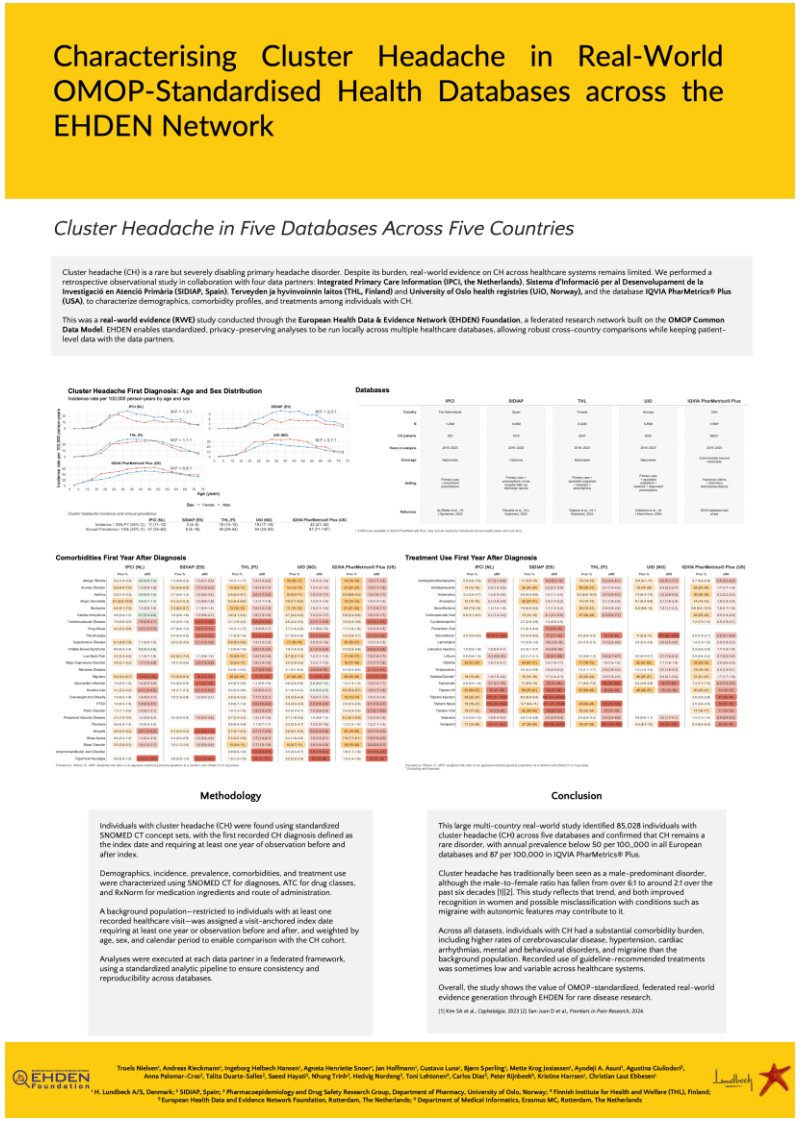
inah Institute of Analytics for Health · OMOPlytics Data-driven Healthcare

#OHDSISocialShowcase This Week

Thursday

Characterising Cluster Headache in Real-World OMOP-Standardised Health Databases across the EHDEN Network

(Troels Nielsen, Andreas Rieckmann, Ingeborg Helbech Hansen, Agneta Henriette Snoer, Jan Hoffmann, Gustavo De Souza Luna, Bjørn Sperling, Mette Krog Josiassen, Ayodeji Abdur-Rasheed Asuni, Carlos Diaz, Peter Rijnbeek, Kristine Harrsen, Christian Laut Ebbesen)

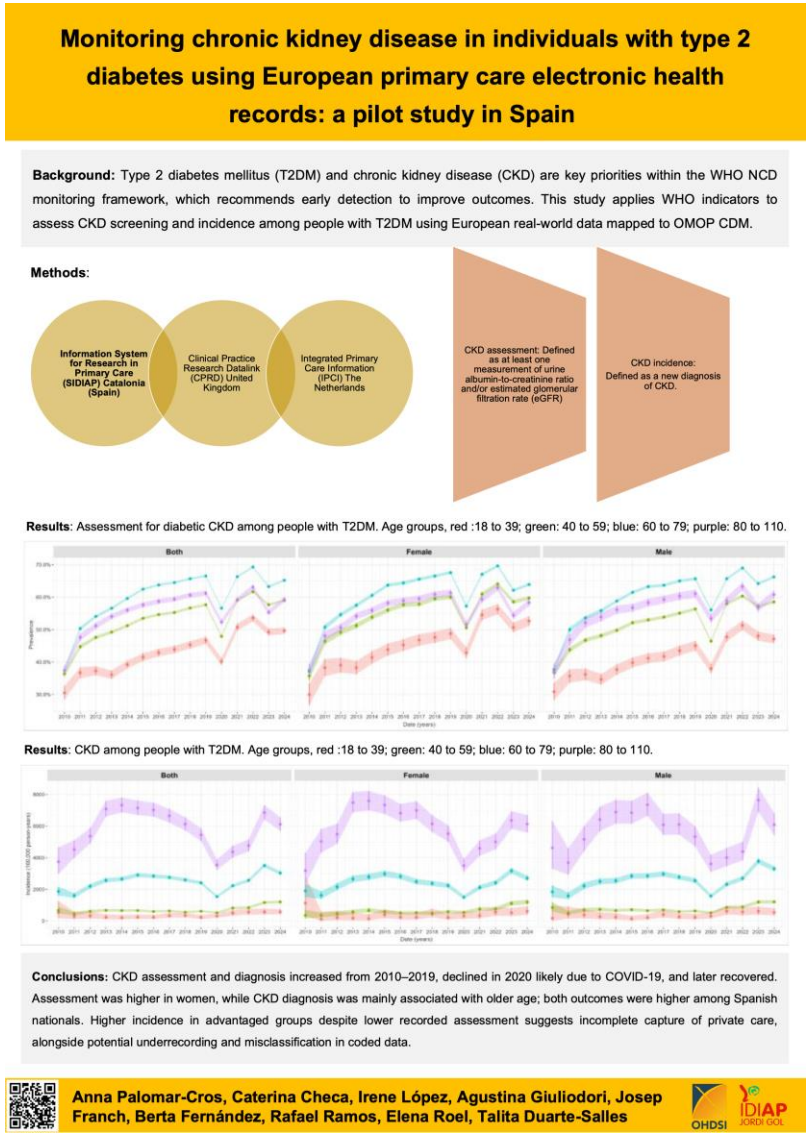


#OHDSISocialShowcase This Week

Friday

Monitoring chronic kidney disease in individuals with type 2 diabetes using European primary care electronic health records: a pilot study in Spain

(Anna Palomar-Cros, Caterina Checa, Irene López Sánchez, Agustina Giuliodori, Josep Franch Nadal, Berta Fernández Camins, Rafael Ramos Blanes, Elena Roel, 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