



Autumn 2020 WORKING GROUP MEETING MINUTES: Databases and Coding

Meeting details	
Meeting location	Teleconference
Meeting date	Thurs 5 th Oct
Meeting time	16:00-17:00 CET
Chair(s)	Katia Verhamme
Attendees	Mohsen Sadatsafavi Joan Soriano Jenni Quint Sarah Lucas
Objectives	
1	Update on current project- TORPEDO
2	New ideas- CDM project
3	AOB

Items	
Update on current project	<p>Towards the Optimum Reporting of Pulmonary Effectiveness Databases and Outcomes (TORPEDO) – Phase 1 modified Delphi which determined the minimally required database variables.</p> <p>Manuscript has been rejected by JACI and Respiratory Medicine.</p> <p>Need to check with Job whether the paper was reviewed, and whether there was any feedback.</p> <p>Job has suggested an open access journal, perhaps something like International Journal of COPD.</p> <p>New suggestion for journals were the following:</p> <ul style="list-style-type: none">- Methodological kind of journal like Pharmacoepidemiology & Drug Safety- ERJ open (no fee and impact factor~3)- European Respiratory Review (no fee and impact factor ~6) <p>TORPEDO Phase II involves identification of databases suitable for respiratory (pharmaco) epidemiology and check whether they contain minimum criteria/variables as identified in phase I of TORPEDO.</p>



	<p>For this project, we do not have financial resources but can check for human resources.</p> <p>Katia has 2 PhD students starting and could ask them if they would be interested in working on this.</p> <p>There are already some existing data libraries such as Bridge to Data (with license fee) that have an overview of existing databases that could perhaps be used as a starting point.</p> <p>Jenni will check whether this would be of interest to BREATHE- The Health Data Research Hub for Respiratory Health in the UK. One of the activities of BREATHE is to identify existing databases and the alliance is planning to become more global so there may be an opportunity for a shared project.</p>
<p>New project ideas</p>	<p>Discussion on opinion piece/ Letter to the editor on respiratory epidemiology and the Common Data Model (CDM).</p> <p>As research becomes more international with the use of different types of databases (eg hospital databases, GP databases, claims, etc.), data is being mapped to a common data structure e.g. OMOP.</p> <p>This mapping (of drugs, diseases and measurements) might have consequences and there might be disease specific issues.</p> <p>We could consider how it is working for respiratory variables/studies and how to ensure it is working in the most optimal way, using the experience of members of this working group.</p> <p>Is mapping of respiratory drugs, diseases and measurements appropriate? What are the issues/challenges? - How well is spirometry mapped? - Issues with ATC drug codes mapped to RxNorm e.g. misclassification of inhaled or nasal steroids e.g. difficulties in identifying whether loose or fixed combinations Mohsen is using OMOP to map EMR data in British Columbia and as well reports coding problems</p> <p>Mohsen and Jenni commented on the fact that coding/mapping is indeed crucial and if not well thought out could mean that data cannot be interpreted. There is an importance in getting the first steps in the mapping process right.</p>



	<p>Joan has recently published a paper on COPD and COVID-19 patients that used SAVANA software to extract information from primary care records, discharge letters, hospital and pharmacy records. He highlighted that this uses of NLP (Natural Language Processing) and Artificial Intelligence is going to be an important future way of combining this sort of data.</p> <p>So, perhaps the opinion piece can comment on the best practices going forward.</p> <p>ACTION POINT: There was interest from the group on writing this opinion paper so Katia will draft a proposal and send round for those who would like to comment. Once outline is agreed those interested in collaborating will start working on a paper.</p>
<p>AOB</p>	<p>It has been proposed that this group could act as an advisor group for other REG WG projects (especially if using electronic health care databases). Sinthia plans to ask other Working Groups that when they are developing database projects to consult with this group to get feedback on the coding and protocol plan.</p> <p>Katia has been the Chair of this working group for more than 5 years now and feels that it is time for someone else to take the lead. Perhaps we should consider having a rotating Chair. Katia will remain involved with REG and this working group.</p>