



## ERS 2019

### WORKING GROUP MEETING MINUTES: Databases and Coding

28<sup>th</sup> September 2019

Novotel Madrid Campo De Las Naciones, Madrid, Spain

Meeting details			
Meeting date	Saturday 28 <sup>th</sup> September		
Meeting time	15:00-16:00		
Chair(s)	Katia Verhamme		
Attendees	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                     Job van Boven Pilar Rico Eric van Ganse Manon Belhassen Olga Kharevich Diana Urlichich                 </td> <td style="width: 50%; border: none;">                     Gary Parker Tony D’Urzo Sarah Lucas Michael Walker Naomi Lauanders Graham Lough                 </td> </tr> </table>	Job van Boven Pilar Rico Eric van Ganse Manon Belhassen Olga Kharevich Diana Urlichich	Gary Parker Tony D’Urzo Sarah Lucas Michael Walker Naomi Lauanders Graham Lough
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Objectives			
1	Update and next steps for current project		
2	Ideas for future projects		

Items	
<p><b>Update/next steps for current project</b></p>	<p><b>Towards the Optimum Reporting of Pulmonary Effectiveness Databases and Outcomes (TORPEDO)</b></p> <p><b>Phase 1 modified Delphi which determined the minimally required database variables.</b></p> <ul style="list-style-type: none"> <li>• Draft manuscript has been written and circulated to all those who participated in the Delphi to ask for review if they wish to be listed as a co-author. Once we receive feedback then we will be ready to submit.</li> <li>• Discussed submitting to JACI in practice, or if not primary care respiratory journal.</li> <li>• Gary Parker told the group how similar studies are being conducted by the Global Alliance for Chronic Diseases.</li> <li>• It was discussed that it is important to educate physicians that these are the variables that should be well recorded, thereby improving prospective collection.</li> <li>• Plan to use the TORPEDO minimal required variables as a checklist in REG studies and acknowledge this in manuscripts.</li> <li>• Perhaps a new ‘catchy’ name for the checklist.</li> </ul>



	<p><b>Phase 2 of the project - compiling list of databases and checking they contain the minimum required variables</b></p> <ul style="list-style-type: none"><li>• Need a list of all databases (Bridge to data had list of databases but is no longer running).</li><li>• Then to check they contain the checklist of minimum variables.</li><li>• Then have list of databases on REG website so researchers can use it as a tool to check which databases are suitable.</li></ul> <p>ACTION POINTS: Finalise and submit Phase 1 manuscript Clear proposal for Phase 2 with a budget. (Need to see how much is out there in terms of a list of databases already). Possible phase 3 to prospectively look at whether it improves the quality of data recording as we see these variables in use in future studies. REG will then seek funding and will share proposal with GACD.</p>
<p><b>New projects</b></p>	<p><b>Common Data Model (CDM)- Possible REG project related to ensuring the effective coding of respiratory information/literature search into respiratory epidemiology.</b></p> <ul style="list-style-type: none"><li>• Use TORPEDO results and ensure they are included in CDM, and other respiratory variables such as spirometry.</li><li>• Katia talked about CDMs and how they work, such as the Sentinel CDM already in use in the US.</li><li>• There is EMA interest in a CDM. EHDEN project focuses on methodology and epidemiology tools, including mapping to a CDM. Funding was available to help map Read codes to SNOMED, BNF codes to RxNorm etc. Spirometry is not really being done, also outcomes if not coded are free text). There will be a new call next year for databases to help with mapping. CPRD and French database are currently being mapped, but not OPC, IQVIA dataset has been mapped.</li><li>• Currently you lose some data/granularity by using the CDM. As part of the EDHEN project Katia is going to compare results between CDM data and the original database data.</li><li>• The CDM allows multinational database studies, replication studies and fast access. However, in multiple database studies there is a need to explore if there are regional/cultural/genetic differences that exist within such a large dataset.</li><li>• Too early for an opinion piece on what the issues are with the CDM, but maybe for the future. Will be important that REG is able to keep up with the companies (e.g. IQVIA) that are already using CDM and are able to use large datasets.</li></ul>