

# COVID-19 Clinical Data Analysis on a National Scale: The National COVID Cohort Collaborative (N3C)

July 29, 2020

#### Science through Synergy

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### **National COVID Cohort Collaborative (N3C)**

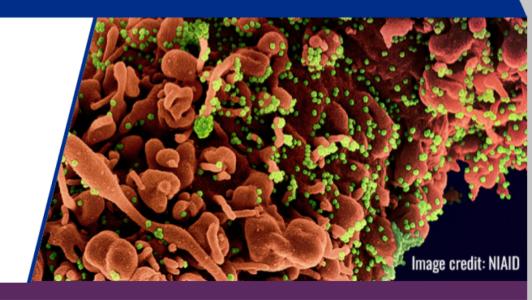
The N3C is a partnership among the NCATS-supported Clinical and Translational Science Awards (CTSA) Program hubs and the National Center for Data to Health (CD2H) , with overall stewardship by NCATS.

Collaborators will contribute and use COVID-19 clinical data to answer critical research questions to address the pandemic.



#### Building an Innovative Analytics Platform to Study COVID-19

The N3C is a new effort that aims to build a centralized national data resource that the research community can use to study COVID-19 and identify potential treatments as the pandemic continues to evolve.

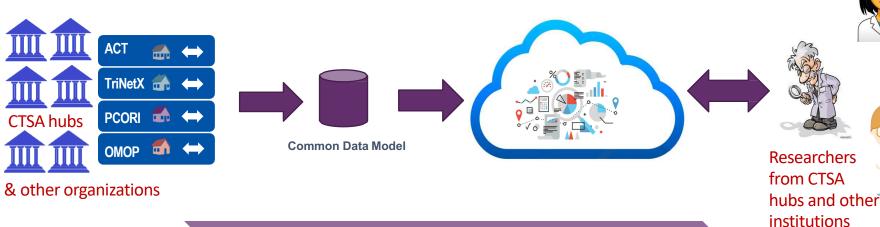




# How is NCATS doing this?



### **Turning Data into Knowledge**



NCATS Cloud and Stewardship

Clinical Data

**Data Harmonization** 

NCATS Cloud

Investigators







### **Electronic Health Record Data**



- Person (demographics, location)
- Observation Period
- Specimen
- Death (including cause)
- Visit Occurrence (admissions, visits, services)
- Procedure Occurrence (CPT, ICD10, HCPCS)
- Drug Exposure (orders and administration)
- Device Exposure (instruments, supplies, implantables)
- Condition Occurrence (problems, billing codes)
- Measurement (labs, vital signs, other quantities)
- Observation (other facts such as medical and family history)

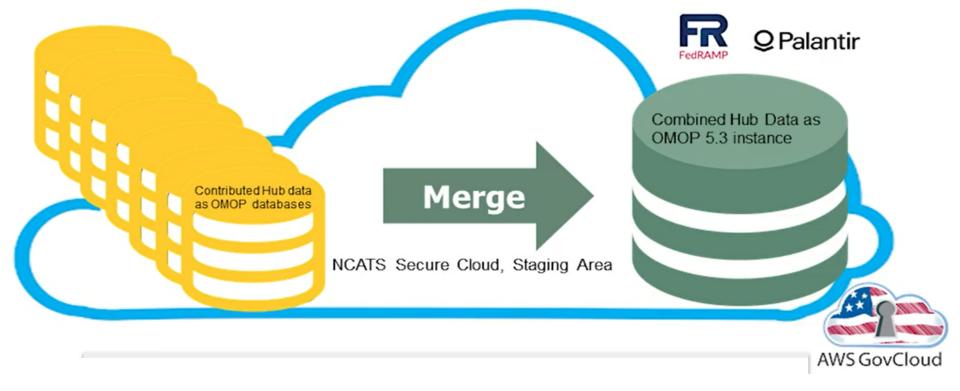






## **Harmonized to OMOP and Palantir**











# **N3C Participation**



- EHR data contribution
  - Institutional <u>data transfer</u> agreement
  - Data transmission: OMOP, i2b2/ACT, PCORNet, TriNetX
  - Ingestions and harmonization
- Analysis of synthetic data set
- Analyze limited data sets
  - Institutional <u>data use</u> agreement with NCATS
  - Individual researchers obtain institutional approval (similar to dbGAP)
  - Multi-institution collaborations possible







# **Analytics**



- Get an N3C Enclave account (join the Analytics Workstream)
- Get project approval
- Analyze limited data sets in the Enclave
- No direct visualization or download of patient-level dataa







# **Recent Statistics**



COVID-19 Positive Patients

16158

**Total Patients** 

309237

Sites Signed DTA

43

Sites Data Ingested

7

**Rows of Data** 

473.5m

Procedures

41.1m

Lab Results

253.6m

Visits

13.3m

Observations

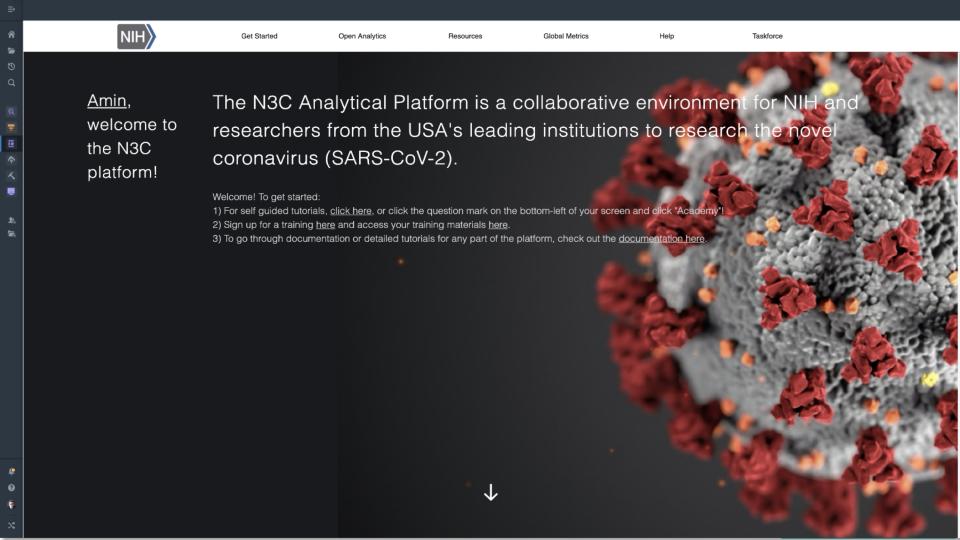
25.1m

**Drug Exposures** 

94.9m







#### N3C Sites Dashboard

### **Palentir Demonstration**

Actions =

Show Filters Selected tab Christopher G. Chute, MD, DrPH, Johns Hopkins University **Key Statistics** N3C Project Statistics / Metrics so far COVID-19 Positive **Total Patients** Sites Signed DTA Sites Data Ingested Rows of Data Patients 17904 19.3m 2394 Procedures Lab Results Visits Observations Drug Exposures 246k 5.3m 441k 8.2m 1.4m Cohort characteristics Summary statistics for all patients Age Group Non-COVID Overall COVID (N=2394) (N=15510) (N=17904) Gender



# **Getting Started with N3C**



- Have your institution establish a data use agreement
- Institutional data transfer agreement (and data transfer) optional
- Identify collaborators
- Formulate clinical questions
- "On-board" with N3C (https://cd2h.org/onboard)
- Obtain IRB exemption for limited data set use
- Obtain institutional approval of your project
- Obtain N3C approval for your project
- Do science







### Data Partnership & Governance Workstream

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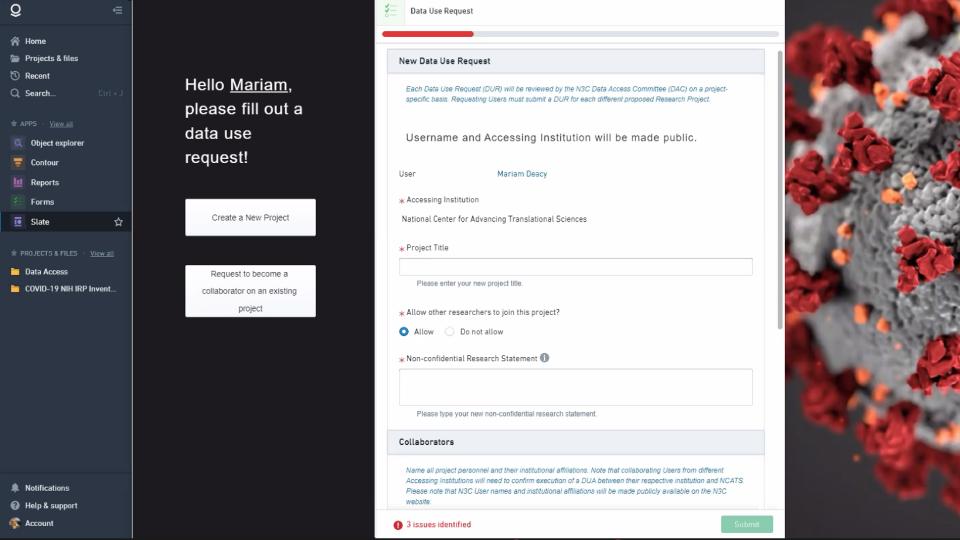
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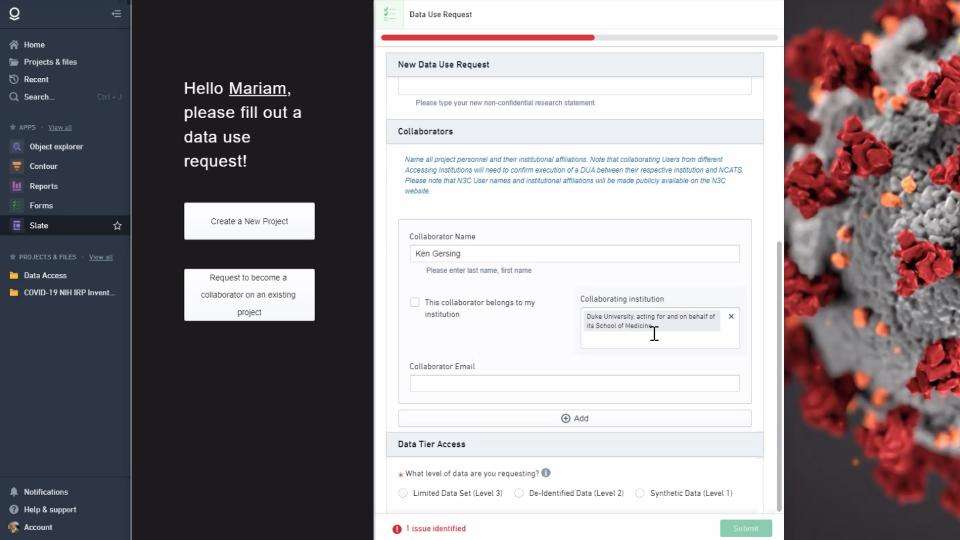
Log into

Sign & submit

#### **Data Access**









#### What variables will be in the enclave?



• That is a great question.

- Will have a better idea as the soft launch of the enclave begins.
- We can make an educated guess based upon what NCATS/N3C requested to be uploaded.
- We are gaining insight by listening N3C weekly workgroup calls.







#### What was uploaded?



https://ncats.nih.gov/files/OMOP\_CDM\_v5\_COVID\_042720.pdf

- Person demographics (date of birth, gender, race, ethnicity)
- Location (county, state, zip)
- Observations (subject history including smoking status, alcohol)
- Death (date of death)
- Complete Visit History (begin and end dates, Inpatient/Outpatient)







#### What was uploaded?



- https://ncats.nih.gov/files/OMOP\_CDM\_v5\_COVID\_042720.pdf
- History of Prescriptions (begin and end dates, doses, drug)
- History of Device Exposure (X-rays, CT Scans, etc)
- Condition Occurrences (All ICD9, ICD10 codes)
- Measurement Histories (A1C, Glucose, Blood Pressure, Weight, BMI, Creatinine, etc)







#### Listening to the calls, what do we hear?



- Data cleaning and quality control procedures.
- Transforming and mapping to constructs (History of Acute Kidney Injury, Type II Diabetes, etc.)
- Calculating comorbidity scores (Charlson, Elixhauser)
- Adding Social Determinants of Health (zip code level)
- Natural Language Processing of the data.
- Data Use Requests you must propose an analysis and be approved to access the data (synthetic, de-identified, or limited data sets)







### Will you be ready for D3C?



Test your hypotheses with local data!





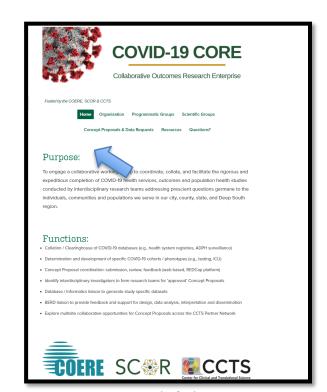


#### https://www.uab.edu/medicine/scor





Collaborative outcomes research enterprise



Concept proposals & data requests







### https://www.uab.edu/medicine/scor



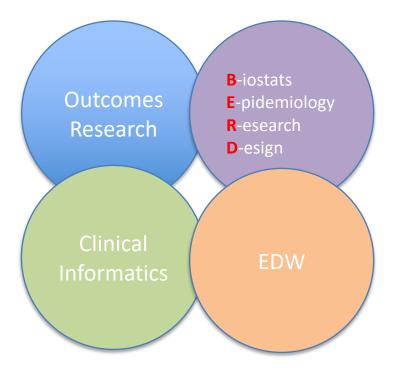
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Scientific Community of Outcomes Researchers School of Medicine  Search  Department Quicklinks V UAB Qu				
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Information and messages about UAB's re-entry to campus and Ways UAB can unite for our common good				
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CORE	Fueled by the COERE, SCOR & CCTS			
Home Organization Programmatic Groups Scientific Groups				
Concept Proposals & Data Requests Resources Questions?				
	Process & FAQs			
Submit a Concept Proposal				
Request Data Extraction/Transformation				
	COERE SC R Conter for	CCTS or Clinical and Translational Science		





### **Step 1: Scientific Gateway**





- Interdisciplinary feedback
- Emphasis on study design
- Emphasis on analytic plan
- Get to skeleton tables!







### **Scientific Gateway: Concept Proposal**



- Investigators; contact info
- Research question
- Background
- Study sample/population
- Outcome, control variables

- Statistical analysis
- Limitations
- Target journal
- References

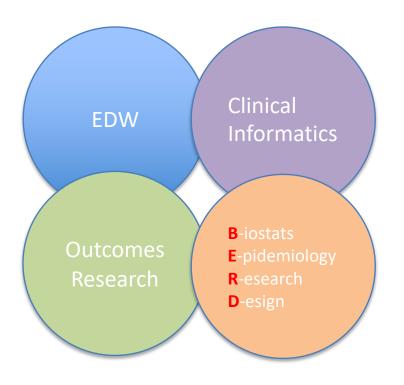






#### **Step 2: Data Extraction/Transformation Gateway**





- Variables precisely defined
- Data surrogates explored
- Extraction plan
- Transformation plan
- Groupings needed/Plan







### **Scientific Gateway: Concept Proposal**



- Investigators; contact info
- Research question/objectives
- Purpose (grant, feasibility, etc.)
- Define population
- Outcome, control variables

- Study period (time tether)
- Format for data delivery
  - .CSV, .xlsx
- Mechanism for secure data delivery
- Copy of your IRB







#### **Extraction/Transformation**



#### Extraction

- All patients with a Covid19 RT-PCR Positive test starting 3/1/20-Present
- All encounters in the EDW for those patients 3/1/20-Present

#### Transformation

- Study population equals: Date of first hospital admission closest in days to first Covid19
   RT-PCR
  - Use mappings for inpatient bedded ER, observation, inpatient
  - Use mappings for all Covid19 RT-PCR tests
- PT ID/MRN/Date of Positive RT-PCR/Date of first inpatient admission
- Groupings for Cancer, CHF, DM, etc.







# **Next Steps**



- Encourage your institution to sign DUA
- Formulate a question
- Identify collaborators
- IRB approval
- Resources:
  - -N3C Web site: https://ncats.nih.gov/n3c
  - -On-boarding: <a href="https://cd2h.org/onboard">https://cd2h.org/onboard</a>



