

# Reproducible Evidence: Practices to Enhance and Achieve Transparency (REPEAT)

**First published:** 29/06/2017

**Last updated:** 22/02/2024

Study

Planned

## Administrative details

### EU PAS number

EUPAS19636

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### Study ID

50407

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### DARWIN EU® study

No

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### Study countries

United States

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### Study description

Large healthcare database research informs both clinical and payment decisions as well as improves the quality and affordability of healthcare for public health. Interest and capacity to use data contained in large healthcare databases has increased exponentially, however, much of the evidence from those valuable large healthcare databases suffers from lack of reproducibility, transparency and scientific robustness. This project aims to evaluate the current state of reproducibility of large published healthcare database studies. We will achieve this objective by taking a systematic random sample of healthcare database studies published in a leading clinical or epidemiology journal within the last 5 years and attempting to reproduce them based on the reported methods in publications and appendices. We plan to sample studies that were conducted using different large healthcare data sources.

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### **Study status**

Planned

## Contact details

### **Study institution contact**

Shirley Wang [swang1@bwh.harvard.edu](mailto:swang1@bwh.harvard.edu)

**Study contact**

[swang1@bwh.harvard.edu](mailto:swang1@bwh.harvard.edu)

### **Primary lead investigator**

Shirley Wang

**Primary lead investigator**

## Study timelines

**Date when funding contract was signed**

Planned: 01/08/2017

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**Study start date**

Planned: 01/08/2017

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**Data analysis start date**

Planned: 01/08/2018

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**Date of final study report**

Planned: 01/01/2021

## Sources of funding

- Non-for-profit organisation (e.g. charity)
- Other

## More details on funding

Laura and John Arnold Foundation, Brigham and Women's Hospital

## Study protocol

[PROTOCOL 2017-06-06.pdf](#) (460.97 KB)

[Amendment Jan 2022.pdf](#) (73.84 KB)

## Regulatory

**Was the study required by a regulatory body?**

No

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**Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Methodological aspects

### Study type

### Study type list

**Study type:**

Non-interventional study

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**Scope of the study:**

Other

Drug utilisation

**If 'other', further details on the scope of the study**

Methodological

**Main study objective:**

Our objective is to measure the current state of reproducibility for database research and empirically validate specific guidance/recommendations on what to report in order to achieve consistently reproducible and robust findings from healthcare database studies.

## Study Design

## **Non-interventional study design**

Cohort

## Population studied

### **Age groups**

- Preterm newborn infants (0 - 27 days)
  - Term newborn infants (0 - 27 days)
  - Infants and toddlers (28 days - 23 months)
  - Children (2 to < 12 years)
  - Adolescents (12 to < 18 years)
  - Adults (18 to < 46 years)
  - Adults (46 to < 65 years)
  - Adults (65 to < 75 years)
  - Adults (75 to < 85 years)
  - Adults (85 years and over)
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### **Special population of interest**

Renal impaired

Hepatic impaired

Pregnant women

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### **Estimated number of subjects**

250

## Study design details

### **Outcomes**

The primary outcomes for each replicated study will be the primary outcomes reported in the original paper.

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### **Data analysis plan**

- Descriptive frequencies for insufficient reporting on specific parameters
- Standardized differences for baseline characteristics, incidence rates, and reported measures of association in original and replication
- Calibration of measures of association in the original and replication
- Relationship between lack of transparency in different areas (e.g. timing of cohort entry and follow up, algorithms to measure exposure, outcome, covariates etc.) and standardized differences in the original versus replication.
- Proportion of studies with clear design or analysis flaws stratified by type. These may include immortal time bias, reverse causation, adjustment for intermediates,etc.
- Plot measures of association with 95% CI for the original paper,replications using original methods, using plausible alternative choices, after external adjustment for residual confounding,after quantitative and probabilistic bias correction, after correction of clear design flaws,and using negative controls

## Documents

### **Study publications**

[Wang, S.V., Sreedhara, S.K., Schneeweiss, S. et al. Reproducibility of real-wor...](#)

[Wang SV, Sreedhara SK, Bessette LG, Schneeweiss S. Understanding variation in t...](#)

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## Data management

## ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

### **Conflicts of interest of investigators**

[conflict of interest.pdf](#) (171.8 KB)

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### **Composition of steering group and observers**

[Steering Board.pdf](#) (84.08 KB)

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## Data sources

### **Data source(s)**

Clinical Practice Research Datalink

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### **Data sources (types)**

[Administrative healthcare records \(e.g., claims\)](#)

[Drug dispensing/prescription data](#)

[Electronic healthcare records \(EHR\)](#)

## Use of a Common Data Model (CDM)

### **CDM mapping**

No

## Data quality specifications

**Check conformance**

Unknown

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**Check completeness**

Unknown

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**Check stability**

Unknown

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**Check logical consistency**

Unknown

## Data characterisation

**Data characterisation conducted**

No