

# AZORG general OMOP database

**First published:** 15/11/2024

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Data source

Human

Cancer registry

Hospital inpatient records

Other

Pharmacy dispensing records

## Administrative details

### Administrative details

#### Data source ID

1000000358

#### Data source acronym

AZORG OMOP

#### Data holder

[AZORG hospital \(AZORG\)](#)

#### Data source type

Cancer registry

Hospital inpatient records

Other

Pharmacy dispensing records

## Data source type, other

Electronic health records, EORTC quality of life questionnaires

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## Main financial support

Funding by own institution

Funding from industry or contract research

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## Care setting

Hospital inpatient care

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## Data source qualification

If the data source has successfully undergone a formal qualification process (e.g., from the EMA, ISO or other certifications), this should be described.

No

## Contact details

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Alternate

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## Data source regions and languages

### Data source countries

Belgium

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## Data source languages

Dutch

English

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## Data source regions

Vlaams Gewest

## Data source establishment

### Data source established

30/11/2022

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### Data source time span

**First collection:** 01/01/2015

The date when data started to be collected or extracted.

## Publications

### Data source publications

[Trends of drug use with suggested shortages and their alternatives across 41 real world data sources and 18 countries in Europe and North America](#)

## Data elements collected

The data source contains the following information

### Disease information

Does the data source collect information with a focus on a specific disease? This might be a patient registry or other similar initiatives.

Yes

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### **Disease details**

Lung adenocarcinoma

Non-small cell lung cancer

Small cell lung cancer

Large cell lung cancer

Bladder cancer

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### **Disease details (other)**

Hospital-wide mapping of drug administration, procedures and diagnosis using our minimal clinical data and pharmacy system for hospitalised patients. We also have disease-specific information on patients with bladder cancer for which we have mapped comorbidities, lab data, billing codes for surgical procedures and tumor-specific characteristics using cancer registry data combined with pathology data. We also have disease-specific information on patients with lung cancer, including PROMs en PREMs, sociodemographic data, quality of life questionnaires, tumor-specific characteristics using cancer registry data, detailed treatment information, biomarker and genetic tumor-related information, additional clinical data (e.g. FEV1 values).

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### **Rare diseases**

Are rare diseases captured? In the European Union a rare disease is one that affects no more than 5 people in 10,000.

No

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### **Pregnancy and/or neonates**

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

Yes

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### **Hospital admission and/or discharge**

Yes

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### **ICU admission**

Is information on intensive care unit admission available?

Yes

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### **Cause of death**

Not Captured

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### **Prescriptions of medicines**

Captured

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### **Dispensing of medicines**

Captured

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### **Advanced therapy medicinal products (ATMP)**

Is information on advanced therapy medicinal products included? A medicinal product for human use that is either a gene therapy medicinal product, a somatic cell therapy product or a tissue engineered products as defined in Regulation (EC) No 1394/2007 [Reg (EC) No 1394/2007 Art 1(1)].

No

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### **Contraception**

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

No

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### **Indication for use**

Does the data source capture information on the therapeutic indication for the use of medicinal products?

Not Captured

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### **Medical devices**

Is information on medicinal devices (e.g., pens, syringes, inhalers) available?

No

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### **Administration of vaccines**

Yes

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### **Procedures**

Does the data source capture information on procedures (e.g., diagnostic tests, therapeutic, surgical interventions)?

Captured

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### **Procedures vocabulary**

ICD-10

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### **Healthcare provider**

Is information on the person providing healthcare (e.g., physician, pharmacist, specialist) available?

The healthcare provider refers to individual health professionals or a health facility organisation licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.

No

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### **Clinical measurements**

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

Yes

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### **Genetic data**

Are data related to genotyping, genome sequencing available?

Captured

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### **Genetic data vocabulary**

Other

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### **Genetic data vocabulary, other**

LOINC, SNOMED (tumor genetic labtests)

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### **Biomarker data**

Does the data source capture biomarker information? The term “biomarker” refers to a broad subcategory of medical signs ( objective indications of medical state observed from outside the patient), which can be measured accurately and reproducibly. For example, haematological assays, infectious disease markers or metabolomic biomarkers.

Captured

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### **Biomarker data vocabulary**

Other

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### **Biomarker vocabulary, other**

LOINC (biomarkers included are based on blood test measurements)

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### **Patient-reported outcomes**

Is information on patient-reported outcomes (e.g., quality of life) available?

Yes

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### **Patient-generated data**

Is patient-generated information (e.g., from wearable devices) available?

No

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### **Units of healthcare utilisation**

Are units of healthcare utilisation (e.g., number of visits to GP per year, number of hospital days) available or can they be derived? Units of healthcare utilisation refer to the quantification of the use of services for the purpose of preventing or curing health problems.

Yes

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### **Unique identifier for persons**

Are patients uniquely identified in the data source?

Yes

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### **Diagnostic codes**

Captured

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### **Diagnosis / medical event vocabulary**

ICD-10-CM

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### **Medicinal product information**

Captured

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### **Medicinal product information collected**

Active ingredient(s)

Brand name

Dose

Formulation

Strength

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### **Medicinal product vocabulary**

RxNorm

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### **Quality of life measurements**

Captured

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## **Quality of life measurements vocabulary**

other

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## **Quality of life measurements, other**

SNOMED (no matching QLQ specific vocabulary was available at that time)

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## **Lifestyle factors**

Not Captured

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## **Sociodemographic information**

Captured

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## **Sociodemographic information collected**

Age

Country of origin

Gender

# Quantitative descriptors

## Population Qualitative Data

### **Population age groups**

All

Paediatric Population (< 18 years)

Preterm newborn infants (0 – 27 days)

Term newborn infants (0 – 27 days)

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adult and elderly population ( $\geq 18$  years)

Adults (18 to  $< 65$  years)

Adults (18 to  $< 46$  years)

Adults (46 to  $< 65$  years)

Elderly ( $\geq 65$  years)

Adults (65 to  $< 75$  years)

Adults (75 to  $< 85$  years)

Adults (85 years and over)

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### **Estimated percentage of the population covered by the data source in the catchment area**

22,5%; if we consider East Flanders (our complete province) as our catchment area, the denominator is 1.572.002 inhabitants. There will be patients in our dataset from other provinces in Belgium - since we, for example, have a hospital campus in another province, but the majority of our patients will originate from East Flanders (Oost-Vlaanderen).

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### **Description of the population covered by the data source in the catchment area whose data are not collected (e.g., people who are registered only for private care)**

We must mention that this percentage is based on our current location in Aalst. On the first of January 2025 our merge with the other large hospital in Aalst will be completed and the OLV hospital will officially become "AZORG", which will increase the population percentage. Next to our hospital there are also several other general hospitals in Flanders, which explains why only about 1/4 of the entire population is present in our database.

## **Family linkage**

**Family linkage available in the data source permanently or can be created on an ad hoc basis**

Ad hoc

## Population

**Population size**

353708

**Active population size**

319560

## Population by age group

Age group	Population size	Active population size
Paediatric Population (< 18 years)	39259	39175
Term newborn infants (0 – 27 days)	143	100
Infants and toddlers (28 days – 23 months)	3598	3580
Children (2 to < 12 years)	23678	23668
Adolescents (12 to < 18 years)	12182	12168
Adults (18 to < 46 years)	95370	94713
Adults (46 to < 65 years)	96183	92230
Elderly (≥ 65 years)	122941	93442

Age group	Population size	Active population size
Adults (65 to < 75 years)	52670	46643
Adults (75 to < 85 years)	42314	32473
Adults (85 years and over)	27957	14326

## Median observation time

**Median time (years) between first and last available records for unique individuals captured in the data source**

1.00

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**Median time (years) between first and last available records for unique active individuals (alive and currently registered) capt**

1.00

## Data flows and management

### Access and validation

#### Governance details

Documents or webpages that describe the overall governance of the data source and processes and procedures for data capture and management, data quality check and validation results (governing data access or utilisation for research purposes).

# OMOP governance.pdf

English (205.71 KB - PDF)

[View document](#)

## Biospecimen access

Are biospecimens available in the data source (e.g., tissue samples)?

Yes

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## Biospecimen access conditions

If a specific study would require us to have access to pathology samples (e.g. tumour samples) that would be possible, since they are stored in-house.

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## Access to subject details

Can individual patients/practitioners/practices included in the data source be contacted?

Yes

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## Description of data collection

The vast majority of our data originates from our EPD, pharmacy, lab system, etc., which is replicated to our data warehouse for processing. The majority of this data is structured. For the patient reported outcomes we use digital questionnaires (called Formasa in our EPD) some fields in these questionnaires are not structured, and require processing by experts prior to the mapping process.

## Event triggering registration

### Event triggering registration of a person in the data source

Other

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### **Event triggering registration of a person in the data source, other**

Any billable interaction with our hospital

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### **Event triggering de-registration of a person in the data source**

Other

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### **Event triggering creation of a record in the data source**

Patients are able to opt out for the secondary use of their data. This has not yet happened until this date. There are no other de-registration triggers.

## **Data source linkage**

### **Linkage**

Is the data source described created by the linkage of other data sources (prelinked data source) and/or can the data source be linked to other data source on an ad-hoc basis?

Yes

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### **Linkage description, pre-linked**

Our EPD, lab database, pharmacy database, etc., are integrated systems and can be considered pre-linked.

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### **Linkage description, possible linkage**

The Belgian registry number (rijksregisternr.) is available for all patients. If applicable this can be used to link patients to all data sources, including external Belgian sources (government, healthcare,...).

## **Data management specifications that apply for the data source**

**Data source refresh**

Monthly

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**Informed consent for use of data for research**

Not Required

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**Possibility of data validation**

Can validity of the data in the data source be verified (e.g., access to original medical charts)?

Yes

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**Data source preservation**

Are records preserved in the data source indefinitely?

Yes

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**Approval for publication**

Is an approval needed for publishing the results of a study using the data source?

No

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**Data source last refresh**

15/10/2024

## Common Data Model (CDM) mapping

**CDM mapping**

Has the data source been converted (ETL-ed) to a common data model?

Yes

**CDM Mappings**

**CDM name**

OMOP

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**CDM website**

<https://www.ohdsi.org/Data-standardization/>

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**Data source ETL CDM version**

5.4.1

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**Data source ETL frequency**

0,03 months

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**Data source ETL status**

Completed