TITLE PAGE

PASS information

Title	
Protocol version	1.3
identifier	
Date of last version of	1/12/2020
protocol	
EU PAS register number	The risk of musculoskeletal adverse outcomes after
	treatment with endocrine blocking treatments for
	breast cancer
Active substance	Tamoxifen (L02BA01), Aromatase Inhibitor (Exemestane
	L02BG06, Letrozole L02BG04; Anastrozole L02BG03,
	vorozole L02BG05)
Medicinal product	Tamoxifen, Aromatase Inhibitor
Research question and	The objective is to evaluate the comparative risk of
objectives	musculoskeletal side effects of tamoxifen versus
	aromatase inhibitors
Country(-ies) of study	To be confirmed. Provisionally included: United
	Kingdom, Germany, Spain, and the United States of
	America
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2. LIST OF ABBREVIATIONS

Са	Cancer
AI	Aromatase inhibitor
EXE/ SAIs	Exemestane/ Steroidal Als
NSAIs	Non-steroidal Als
TMX	Tamoxifen
CTS	Carpal tunnel syndrome
OA	Osteoarthritis
THR	Total hip replacement
TKR	Total knee replacement

3. RESPONSIBLE PARTIES

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5. Amendments and updates

Number	Date	Section o	of	Amendment or	Reason
		study		update	
		protocol			

7 RATIONALE AND BACKGROUND

Large randomised control trials (RCT)s have shown significant improvement in breast cancer survival and time to recurrence with the use of aromatase inhibitors (AI) for post-menopausal women.¹⁻³ As two thirds of breast cancer is thought to be hormone receptor positive, Als have produced a significant impact on survivorship. Aromatase inhibitors prevent the peripheral production of oestrogen by preventing androgens

converting into oestrogens. Two main forms exist: non-steroidal reversible inhibitors such as letrozole and anastrozole, and steroid irreversible inhibitors such as exemestane.⁴⁻⁶ Tamoxifen was the traditional treatment of choice for oestrogen inhibition prior to the introduction of AIs, and is still widely used in pre-menopausal women.

Five year survivorship from breast cancer has now increased to over 90%, leading to an increasing interest in understanding the adverse outcomes associated with treatment.⁷ Als are known to be associated with musculoskeletal side effects.⁸ Osteoporosis and increased fracture risk have been observed in AI users, especially in prolonged duration of treatment and when compared to tamoxifen.⁹⁻¹³ Recent work in Catalonia has also shown increased fracture risk associated with AI use, but that this risk can be reduced through bisphosphonate use.¹⁴

Several large trials have investigated musculoskeletal symptoms as secondary outcomes to disease-free survival and recurrence. A higher incidence of carpal tunnel syndrome (CTS), hand pain and numbness associated with median nerve compression at the wrist was found in the ATAC, IBIS II and IES breast cancer trials.¹⁵⁻¹⁷ Increased incidence of CTS with AI has been found in a retrospective case series of electronic health records from Tunisia, but has otherwise not been investigated in observational data.¹⁸ Tendinopathy has also been reported in the literature to occur following AI use, but only in case reports or small case series.^{19,20}

Arthralgia is a commonly reported side effect with AI use that has been reported to be as high as 50%.^{8,21} Again, trials have investigated the incidence side effects, reporting increased incidence of joint symptoms (defined as arthralgia, arthrosis, arthritis or joint disorder) with the use of AIs compared to tamoxifen. Symptoms occur especially within the first year of use, and especially prominent in those women using hormone replacement therapy (HRT) prior to breast cancer treatment.²² To date, RCTs have not investigated if AI use is associated with the development of osteoarthritis (OA).

There is biological plausibility for the mechanism by which AIs may cause musculoskeletal symptoms. Reduction in oestrogen associated with AI use has been shown to be associated with reduced bone mineral density.^{11,12} Tenosynovial changes have been seen on MRI for women taking AIs that may explain development of CTS.[22] The role of oestrogen has been well documented in osteoarthritis, with animal models noting cartilage degradation after ovariectomy, and a relationship also documented in women following oophorectomy.^{23,24} Aromatase has been found in cartilage for oestrogen production *in situ*.²⁵ In humans, reduced expression of aromatase has been found in tissue taken from patients with hip osteoarthritis in comparison to those with hip fracture.²⁶

With the advent of digitalisation of healthcare, the ability to undertake large scale observational studies has increased. The OHDSI (Observational Health Data Sciences and Informatics) community aims to improve healthcare research through facilitating international collaboration between observational datasets. Designing the study in accordance with the Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM) will enable the study to be replicated within the OHDSI community

in a distributed fashion, with the same analytic code applied across sites and no need to share patient-level data. This study is designed to be informative about the risks of musculoskeletal adverse outcomes associated with breast cancer treatment in the individual countries, but also within a worldwide community of data partners.

8. RESEARCH QUESTION AND OBJECTIVES

The aim of this study is to assess the comparative risk of musculoskeletal adverse events in post menopausal women taking of tamoxifen (TMX) versus Aromatase Inhibitors (AI) used in the treatment of breast cancer. Secondly if sufficiently powered, this study aims to assess the comparative risk of musculoskeletal adverse events in those taking non-steroidal AIs (NSAIs) versus steroidal AIs (SAIs), and to compare the anatomical location of and incidence of surgically treated musculoskeletal adverse events.

9. RESEARCH METHODS

9.1. STUDY DESIGN

2 studies will be undertaken

- 1. A new user cohort study estimating the risk of musculoskeletal events following the use TMX compared to AIs in a multinational, multi-database network.
- 2. A new user cohort study estimating the risk of musculoskeletal events following the use of NSAIs versus SAIs will also be undertaken if sufficient patients are identified.

9.2. Setting

Participants from at least 2 European countries (United Kingdom, and Spain) and the United States of America are proposed for inclusion. Additional databases will be analysed using the same analytical packages as they join the distributed data network.

Electronic health records and administrative claims from primary care and secondary care will be utilised.

The study will be conducted using data from a large network of real world data sources previously mapped to the Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM) in collaboration with the Observational Health Data Sciences and Informatics (OHDSI) and European Health Data and Evidence Network (EHDEN) initiatives.

9.2.1. STUDY PERIOD

The study period, when index events and outcomes of interest can be observed, will start from 01/01/2006 and end at the latest available date for all data sources in 2020.

9.2.2. STUDY POPULATION: INCLUSION/EXCLUSION CRITERIA

Participants will be identified using pre-specified concept sets reviewed by a core team of clinicians, epidemiologists, vocabulary experts, and health data scientists with extensive expertise in the use of the OMOP CDM and the OHDSI tools.

New user exposure cohorts

Exposure cohorts will be defined where first identified treatment initiation is the index event and includes the following criteria:

- History of Breast cancer: Have a condition occurrence indicating breast cancer any time before within the past 365 days or on the same day as the index event (+breast surgery for cancer if appears necessary to identify cases following cohort diagnostics)
- Female sex
- Be aged 55 years or over at index event
- Have at least 365 days of continuous observation time prior to index event.
- No history of secondary malignancy

Concept ID	Concept name	Domain	Excluded?
4112853	Malignant tumour of breast	Condition	
432851	Secondary malignant neoplastic disease	condition	Х

AI cohort (Target)

Index event is defined as the first recorded dispensing/prescription of AI in a patient's history; inferred persistent exposure by allowing up to 30 day gaps between dispensing/prescription records.

The patient should also have no occurrences of tamoxifen use prior to or after the index event.

SAI (target subgroup)

Index event is defined as the first recorded dispensing/prescription of SAI in a patient's history; all other restrictions of main cohort apply (including prior use of NSAI)

NSAI (target subgroup)

Index event is defined as the first recorded dispensing/prescription of NSAI in a patient's history; all other restrictions of main cohort apply (including prior use of SAI)

Tamoxifen cohort (comparator)

Index event is defined as the first recorded dispensing/prescription of TMX in a patient's history; inferred persistent exposure by allowing up to 30 day gaps between dispensing/prescription records.

The patient should also have no occurrences of AI use prior to or after the index event

9.2.3. FOLLOW UP

Cohort studies

The index date is defined by the first dispensing/prescription as described in the cohort definitions above (Section 9.2.2.) Cohort exit is defined by the end of observation, death, or occurrence of a specified outcome, each outcome considered within an individual analysis. Two periods of follow-up will be considered for two types of analyses for the serious adverse effect outcomes:

In an *intention-to-treat analysis*, the analysis follow-up starts 1 day after the index date and continues up until the first of: outcome of interest, date of death (where available), loss to follow-up, 365 days or 1827 days after the index date. Patients are required to have at least 1 day of follow-up.

In an *on-treatment analysis*, the analysis follow-up starts 1 day after the index date and continues until the first of: discontinuation/switching/combined therapy of index therapy plus a lag time of 30 days, outcome of interest, date of death (where available), loss to follow-up. Patients are required to have at least 1 day of follow-up.

9.3. VARIABLES

9.3.1.- EXPOSURES

Two active comparator analyses will be conducted. First, AI (target) will be compared to TMX (comparator). Second, NSAI (target) versus SAI (comparator).

concept los for the Al ingredients are below:		
Target	Concept ID	Concept name

Target	Concept ID	Concept name
drug group		
Aromatase	21603838	Aromatase inhibitors
Inhibitors		
	45803469	anastrozole 1mg/1 ORAL TABLET
	45629142	anastrozole 1mg/1 ORAL TABLET
	45633960	anastrozole 1mg/1 ORAL TABLET
	45636441	anastrozole 1mg/1 ORAL TABLET
	45671055	anastrozole 1mg/1 ORAL TABLET
	45678497	anastrozole 1mg/1 ORAL TABLET
	45703064	anastrozole 1mg/1 ORAL TABLET
	45782425	anastrozole 1mg/1 ORAL TABLET

Concept IDs for the SAI ingredients are below:

Target drug group	Concept ID	Concept name
	21603844	Exemestane

Concept IDs for the NSAI ingredients are below:

Target drug group	Concept ID	Concept name
	21603843	Vorozole
	21603842	Letrozole
	21603841	Anastrozole

Concept IDs for the Tamoxifen ingredients are below:

Concept ID	Concept name
21603831	Tamoxifen; oral
45661594	tamoxifen citrate 20mg/1 ORAL TABLET
45688368	tamoxifen citrate 10mg/5mL ORAL LIQUID [soltamox]
45778750	tamoxifen citrate 10mg/1 ORAL TABLET, FILM COATED

45777985	tamoxifen citrate 10mg/1 ORAL TABLET	
45666144	tamoxifen citrate 10mg/1 / 20mg/1 ORAL TABLET, FILM COATED	
45624491	tamoxifen citrate 10mg/1 / 20mg/1 ORAL TABLET, FILM COATED	
45690920	tamoxifen citrate 10mg/1 / 20mg/1 ORAL TABLET	
45781760	tamoxifen citrate 10mg/1 / 20mg/1 ORAL TABLET	
42807178	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
35902966	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
44337470	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
42801523	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
44337587	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
42805848	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
44361432	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
45631182	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
45665346	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
45683541	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
46301876	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
36159385	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
36155001	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
42694028	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
44339136	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
42801939	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
44356917	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
42806296	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
45650672	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
45628249	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
45661189	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
45698114	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
46244741	TAMOXIFEN CITRATE - tamoxifen citrate tablet	
45672512	SOLTAMOX - tamoxifen citrate liquid	
42804940	SOLTAMOX - tamoxifen citrate liquid	
45697402	NOLVADEX - tamoxifen citrate tablet	
21603831	Tamoxifen; oral	
45661594	tamoxifen citrate 20mg/1 ORAL TABLET	
45688368	tamoxifen citrate 10mg/5mL ORAL LIQUID [soltamox]	
45778750	tamoxifen citrate 10mg/1 ORAL TABLET, FILM COATED	
45777985	tamoxifen citrate 10mg/1 ORAL TABLET	
45666144	tamoxifen citrate 10mg/1 / 20mg/1 ORAL TABLET, FILM COATED	
45624491	tamoxifen citrate 10mg/1 / 20mg/1 ORAL TABLET, FILM COATED	
45690920	tamoxifen citrate 10mg/1 / 20mg/1 ORAL TABLET	
45781760	tamoxifen citrate 10mg/1 / 20mg/1 ORAL TABLET	
42807178	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	
35902966	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated	

44337470	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
42801523	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
44337587	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
42805848	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
44361432	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
45631182	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
45665346	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
45683541	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
46301876	TAMOXIFEN CITRATE - tamoxifen citrate tablet, film coated
36159385	TAMOXIFEN CITRATE - tamoxifen citrate tablet
36155001	TAMOXIFEN CITRATE - tamoxifen citrate tablet
42694028	TAMOXIFEN CITRATE - tamoxifen citrate tablet
44339136	TAMOXIFEN CITRATE - tamoxifen citrate tablet
42801939	TAMOXIFEN CITRATE - tamoxifen citrate tablet
44356917	TAMOXIFEN CITRATE - tamoxifen citrate tablet
42806296	TAMOXIFEN CITRATE - tamoxifen citrate tablet
45650672	TAMOXIFEN CITRATE - tamoxifen citrate tablet
45628249	TAMOXIFEN CITRATE - tamoxifen citrate tablet
45661189	TAMOXIFEN CITRATE - tamoxifen citrate tablet
45698114	TAMOXIFEN CITRATE - tamoxifen citrate tablet
46244741	TAMOXIFEN CITRATE - tamoxifen citrate tablet
45672512	SOLTAMOX - tamoxifen citrate liquid
42804940	SOLTAMOX - tamoxifen citrate liquid
45697402	NOLVADEX - tamoxifen citrate tablet

Exposure assessment

As described in the cohort definitions (Section 9.2.2), exposure commences on the first dispensing/prescription record with at least 365 days of prior observation period to increase confidence that the exposure is incident, and to have sufficient lookback to assess patient comorbidities and prior medication use, and history of cancer. Exposure interval gaps of \leq 30 days between drug dispensing/prescription records will be allowed and inferred as persistent exposure. In the study, drug discontinuation will also be considered if a patient switches from one study drug to another, or when a concomitant second study drug is added, with switching defined as an overlap of 30 days or more between two different drugs. Patients who switch from target exposure to comparator exposure, or vice versa, will contribute follow-up time to the exposure cohort that they entered first.

9.3.2.- OUTCOMES

Outcome identification and validation

The proposed code lists for the identification of the study population (codes for the identification of CTS, OA or tendinopathy diagnosis) and for the study outcomes were created by clinicians with experience in the management of using ATLAS[™], and reviewed by 3 clinicians and 1 epidemiologist.

Face validity for each of the outcome cohorts will be reviewed by exploring age- and sexspecific incidence rates compared to previous clinical knowledge and/or existing literature.

Negative control outcomes

A list of negative control outcomes will also be assessed for which there is no causal relationship with choice of TMX or AI medication after a diagnosis of breast cancer. These outcomes were identified using a semi-automatic process based on data extracted from literature, product labels and spontaneous reports followed by manual review by 2 clinicians.²⁷ The list is available in Annex 2.

9.3.3.- Covariates

Cohort studies

The following consistently extracted set of baseline patient characteristics will be constructed for inclusion as potentially confounding covariates in the regularized, logistic regression PS model.²⁸ From this large set of typically tens of thousands of covariates, key predictors of exposure classification will be selected for the propensity score (See Section 9.7.). Note that not all data sources necessarily include data for all covariates. Covariates to be included:

- Demographics (age in 5-year bands, sex, race, ethnicity, index year, index month)
- All conditions occurrence records aggregated to SNOMED clinical finding level during the following lookback windows:
 - in 365 days prior to and including index date
 - in 30 days prior to and including index date
- All drug exposure records aggregated to RxNorm ingredient level and ATC classes during the following lookback windows:
 - in 365 days prior to and including index date
 - in 30 days prior to and including index date
 - o persistent exposure that overlaps index date
- All procedure occurrence records during the following lookback windows:
 - \circ in 365 days prior to and including index date
 - in 30 days prior to and including index date
- Measurements (including laboratories) within, above, and below normal range during the following lookback window:
 - \circ in 365 days prior to and including index date
- Device exposure records during the following lookback windows:
 - in 365 days prior to and including index date
 - in 30 days prior to and including index date
- Comorbidity or risk scores including:
 - o Charlson
 - o DCSI
 - o CHADS2
 - CHADS2VASc

9.4. DATA SOURCES

This study will aim to be conducted using routinely collected data from different data sources that participate in the OHDSI and/or EHDEN initiatives.

These databases will provide representative clinical information as collected in actual practice conditions in different European and US healthcare settings. Further databases will be added

as they are made available to this initiative, checking the feasibility of each database for inclusion using cohort diagnostics prior to inclusion.²⁹

The databases have been proposed based upon their participation in the OHDSI and EHDEN initiatives after mapping to the OMOP common data model. Where possible, data will be accessed remotely by participants from data partner institutions in EHDEN (SIDIAP, CPRD) and from study investigators at IQVIA (IMRD, IQVIA US Ambulatory EMR, IQVIA Disease Analyser Germany EMR, and IQVIA Hospital US Charge Master, US LRxDx Open Claims). Participating databases are detailed in the table below, and include electronic medical records and claims from Europe and the US.

All analyses will be conducted in a federated manner using tools previously validated and tested in a number of studies conducted by the OHDSI community.

Database name	Abbreviation	Population	Patients (millions)	Data History	Data capture process and short database description
IQVIA Disease	DAGermany	Germany	37M	1992 –	Anonymized patient records collected from Patient Management software
Analyzer		(General			used by general practitioners and selected specialists to document patients'
Germany		population)			medical records within their office-based practice during a visit.
IQVIA US	AmbEMR	USA (General	49M	2006 -	General practice EHR, Outpatient specialist EHR - Dataset consists of
Ambulatory		population)			longitudinal, de-identified ambulatory electronic health records data
EMR					
IQVIA US	OpenClaims	USA (General	654M	2010 -	Pre-adjudicated claims at the anonymized patient level collected from office-
LRxDx Open		population)			based physicians and specialists via office management software and
Claims					clearinghouse switch sources for the purpose of reimbursement.
Clinical	CPRD	UK (General	13M	1995 –	De-identified patient data from a network of clinical practitioners' practices
Practice		population)			across the UK. Primary care data are linked to a range of other health related
Research					data to provide a longitudinal, representative UK population health dataset.
Datalink					
The	SIDIAP	Spain-	7.7M	2006 -	Electronic health records from primary care partially linked to inpatient data.
Information		Catalonia			SIDIAP is also linked to a pharmacy dispensations and primary care
System for		(80% of			laboratories. Healthcare is universal and taxpayer funded in the region, and
Research in		general			primary care physicians are gatekeepers for all care and responsible for
Primary Care		population)			repeat prescriptions.

 Table 9.4:
 Overview of the considered databases (further databases may be added)

9.5. STUDY SIZE

Since this study will be undertaken using routinely collected data, all patients meeting the eligibility criteria above will be included. No *a priori* sample calculation was performed; instead, a minimum detectable relative risk (MDRR) will be calculated for each target-comparator-outcome analysis in each of the available databases. Analyses are required to have >0 events observed during follow-up in both target or comparator cohorts in order to produce an estimate and standard error. Given at least 1 event is observed, a large MDRR in a single data source could contribute an underpowered estimate to a meta-analytic estimate provided adequate study diagnostics criteria are met (See Section 9.7.)

9.6. DATA MANAGEMENT

All data extraction and curation will be conducted using the ATLAS tool, an open source software platform by the OHDSI community, as well as the OHDSI Methods Library within

HADES (Health Analytics Data-to-Evidence Suite), a set of R packages developed and maintained by the OHDSI community.³⁰

The process will follow the steps described here:

- 1. Define concept set expressions that consist of the source codes used to record clinical observations in disparate data sources
- 2. Define the target and comparator exposure cohorts used as input to subsequent analytic routines
- 3. Ascertain outcome populations
- 4. Review of cohort diagnostics for study feasibility and clinical face validity (e.g. cohort sizes, age and sex-specific incidence rates, index event source code prevalence, clinical characteristics)

9.7. DATA ANALYSIS

Comparative Cohort analysis

The comparative safety of AI study in subjects with breast cancer will be assessed through a comparative cohort analysis, compared against TMX as an active comparator. The comparative safety of NSAI versus TMX therapy will also be compared against SAI therapy in subjects with breast cancer if sufficient patients are present in the datasets. Individuals with a history of the outcome occurring prior to the index will be excluded from the analyses; all outcomes to be analysed in independent models.

Analyses will use the CohortMethod package (<u>https://ohdsi.github.io/CohortMethod/</u>). This analytic package uses a large-scale propensity score constructed through the Cyclops package (<u>https://ohdsi.github.io/Cyclops</u>), based on many baseline covariates derived from the data, including all drugs, condition, and procedures observed prior to the treatment initiation, as well as summary scores such as the Charlson Comorbidity Index.³¹

We will consider alternative approaches to Propensity score (PS) adjustment (stratification, 1:1 matching, 1: many matching) and will choose our primary method of adjustment on the basis of study diagnostics (prior to observing any results), with the alternative methods then run as a sensitivity analysis. The PS will be estimated using a large-scale regularized logistic regression fitted with a Laplace prior (LASSO) and with the optimal hyperparameter determined through 10-fold cross validation. The predictor variables included will be based on all observed patient characteristics and covariates available at each data source and extracted as described above (See Section 9.3.3). We will exclude all covariates that occur in fewer than 0.1% of patients within the target and comparator cohorts prior to PS model fitting for computational efficiency. We will compute and plot the propensity score distribution and assess covariate balance expressed as the standardized difference of the mean for every covariate before and after propensity score adjustment. We will consider any standardized difference > 0.1 to indicate non-negligible imbalance between exposure cohorts.³²

We compare the target cohort with the comparator cohort for the hazards of outcome during the follow-up periods by applying a univariate Cox proportional hazards model conditioned on the PS adjustment with treatment allocation as the sole explanatory variable.

A sensitivity analysis assessing the competing risk of mortality upon the risk of musculoskeletal adverse side effects in women who are new users of TMX versus AI in the treatment of breast cancer will also be undertaken.

EVIDENCE EVALUATION

In addition to the design-specific diagnostics, such as the covariate balance computed for the comparator cohort design, we will estimate overall residual bias in all designs using negative controls. An assessment of negative control outcomes (Annex 3) will be used to assess whether there is residual confounding after propensity score adjustment. An empirical null distribution will be fitted to the effect size estimates of the negative controls, allowing for quantification of residual bias and calibration of hazard ratios, confidence intervals, and p-values. If there is evidence of residual confounding and there is a sufficient number of control events, estimates will be calibrated.

Study diagnostics (power, propensity score distribution, covariate balance, empirical null distribution) will be evaluated by clinicians and epidemiologists to determine which database-target-comparator-outcome-analysis variants will produce unbiased estimates. Database-target-comparator-analysis variants with 0 outcomes in the time-at-risk window or contained analyses with baseline covariate with standardized mean difference>0.1 after stratification will be excluded from analysis. Study diagnostics for all database-target-comparator-outcome-analysis will be provided as part of study, regardless of which effect estimation results are unblinded. The main models will be adjusted for unbalanced PS-variables at baseline.

All analysis code will be completed and version controlled at <u>https://github.com/ohdsi-studies/MusculoskeletalAEsAfterAIs</u> prior to unblinding estimation results. All study diagnostics will be made available for exploration at <u>https://evidence.ohdsi.org/MusculoskeletalAEsAfterAIs</u>

All the proposed analyses will be conducted for each database separately, with estimates combined in fixed effects meta-analysis methods where I2 is <=40%. No meta-analysis will be conducted where I2 for a given drug-outcome pair is >40%.

9.8. LIMITATIONS OF THE RESEARCH METHODS

Selection bias

Selection bias might arise as the consequence of including subjects with a specific period of time available in the data. Attrition tables will be provided to report on the impact of such exclusion criteria.

Information bias

Information bias may occur due to the incorrect identification of exposure, outcomes or covariates. With regards to exposure, misclassification may occur due to the patient not fulfilling the prescription (primary non-adherence) or in relation with non-compliance. Hence an overestimate of utilization of the study drugs can happen, expectedly leading to nondifferential misclassification.

In addition, lack or incomplete recording of safety events may lead to misclassification of the proposed safety endpoints.

Confounding

As confounding by indication may produce differences in baseline characteristics between the comparator and target cohorts, we will use several methods to deal with confounding:

1. Restriction: comparative studies will be conducted only in subjects previously diagnosed with breast cancer (+breast surgery for cancer if appears necessary after cohort diagnostics), are female, aged 55 or over and using any of the drugs of interest as a first line treatment.

In addition, we will trim the <5% and >95% percentiles of the preference score to maximise equipoise in the study population.

- 2. Propensity score adjustment to reduce risk of confounding due to observed confounding and confounding by indication.
- 3. Negative control outcome analyses will be used to identify any residual unobserved confounding in the propensity score analyses. If this analysis suggests the presence of relevant unresolved confounding then further analyses will not be completed.

10. PROTECTION OF HUMAN SUBJECTS

For this study, participants from numerous healthcare databases will be studied. The use of the OMOP common data model and OHDSI tools will enable the federated analysis of these different databases without changing access rights to patient-level data.

All the data partners will receive Institutional Review Board (IRB) approval or exemption. SIDIAP analysis will be approved by the Clinical Research Ethics Committee of the IDIAPJGol and CPRD analysis approved by ISAC, with the associated project codes to be included in final write-ups. Other databases used (IQVIA Open Claims, IQVIA Ambulatory EMR, IQVIA Disease Analyzer Germany, etc) are commercially available, syndicated data assets that are licensed by contributing authors for observational research. These assets are de-identified commercially available data products that could be purchased and licensed by any researcher. The collection and de-identification of these data assets is a process that is commercial intellectual property and not privileged to the data licensees and the co-authors on this study. Licensees of these data have signed Data Use Agreements with the data vendors which detail the usage protocols for running retrospective research on these databases. All analyses performed in this study were in accordance with Data Use Agreement terms as specified by the data owners. As these data are deemed commercial assets, there is no Institutional Review Board applicable to the usage and dissemination of these result sets or required registration of the protocol with additional ethics oversight. Compliance with Data Use Agreement terms, which stipulate how these data can be used and for what purpose, is sufficient for these commercial entities. Further inquiry related to the governance oversight of these assets can be made with the respective commercial entities: IQVIA (igvia.com). At no point in the course of this study were the authors of this study exposed to identified patient-level data. All result sets represent aggregate, de-identified data that are represented at a minimum cell size of >5 to reduce potential for re-identification.

11. MANAGEMENT AND REPORTING OF ADVERSE EVENTS/ADVERSE

REACTIONS

According to the new guidelines for good pharmacovigilance practice (EMA/873138/2011) there is no requirement for expedited reporting of adverse drug reactions from studies with secondary use of data (such as electronic health care databases). All the identified adverse events/reactions will be summarized in the resulting manuscript/s and/or interactive webbased report of all conducted analyses.

12. PLANS FOR DISSEMINATING AND COMMUNICATING STUDY

RESULTS

Dissemination activities will be of a scientific nature (articles in scientific journals, presentations at conferences, etc.) but will also include explanation to a lay audience using social media. Our aim is for these studies to be made available as soon as possible in order to support treatment decisions for women with breast cancer, and to inform both clinical and research colleagues.

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ANNEX 1. ENCEPP CHECKLIST FOR STUDY PROTOCOLS

Study title: The risk of musculoskeletal adverse outcomes after treatment with endocrine blocking treatments for breast cancer

EU PAS Register[®] number:

Study reference number (if applicable):

<u>Sectio</u>	on 1: Milestones	Yes	Νο	N/A	Section Number
1.1 D	Does the protocol specify timelines for				

Section 1: Milestones	Yes	No	N/A	Section Number
1.1.1 Start of data collection ¹	\boxtimes			9.2.1
1.1.2 End of data collection ²	\boxtimes			
1.1.3 Progress report(s)			\square	
1.1.4 Interim report(s)			\square	
1.1.5 Registration in the EU PAS Register [®]			\square	
1.1.6 Final report of study results.			\square	
Comments:				

<u>Sec</u>	tion 2: Research question	Yes	No	N/ A	Section Number
2.1	Does the formulation of the research question and objectives clearly explain:	\boxtimes			7
	2.1.1 Why the study is conducted? (e.g. to address an important public health concern, a risk identified in the risk management plan, an emerging safety issue)	\boxtimes			
	2.1.2 The objective(s) of the study?	\square			8
	2.1.3 The target population? (i.e. population or subgroup to whom the study results are intended to be generalised)	\boxtimes			9.2.2
	2.1.4 Which hypothesis(-es) is (are) to be tested?	\boxtimes			8
	2.1.5 If applicable, that there is no <i>a priori</i> hypothesis?			\bowtie	
Comr	nents:				

-0	 	CI	103	

Sect	tion 3: Study design	Yes	No	N/ A	Section Number
3.1	Is the study design described? (e.g. cohort, case-control, cross-sectional, other design)	\boxtimes			9.1
3.2	Does the protocol specify whether the study is based on primary, secondary or combined data collection?	\boxtimes			9.1
3.3	Does the protocol specify measures of occurrence? (e.g., rate, risk, prevalence)	\boxtimes			9.7
3.4	Does the protocol specify measure(s) of association? (e.g. risk, odds ratio, excess risk, rate ratio, hazard ratio, risk/rate difference, number needed to harm (NNH))	\boxtimes			9.7

¹ Date from which information on the first study is first recorded in the study dataset or, in the case of secondary use of data, the date from which data extraction starts. ² Date from which the analytical dataset is completely available.

The risk of musculoskeletal adverse outcomes after treatment with endocrine blocking treatments for breast cancer

<u>Sect</u>	ion 3: Study design	Yes	No	N/ A	Section Number
3.5	Does the protocol describe the approach for the collection and reporting of adverse events/adverse reactions? (e.g. adverse events that will not be collected in case of primary data collection)			\boxtimes	

<u>Sect</u>	tion 4: Source and study populations	Yes	No	N/ A	Section Number
4.1	Is the source population described?				9.2.2
4.2	Is the planned study population defined in terms of:				
	4.2.1 Study time period	\boxtimes			9.2
	4.2.2 Age and sex	\bowtie			
	4.2.3 Country of origin	\boxtimes			
	4.2.4 Disease/indication	\boxtimes			
	4.2.5 Duration of follow-up	\boxtimes			
4.3	Does the protocol define how the study population will be sampled from the source population? (e.g. event or inclusion/exclusion criteria)				
Comm	nents:				

	Section 5: Exposure definition and measurement			N/ A	Section Number
5.1	Does the protocol describe how the study exposure is defined and measured? (e.g. operational details for defining and categorising exposure, measurement of dose and duration of drug exposure)	\boxtimes			9.2.2 & 9.3.1
5.2	Does the protocol address the validity of the exposure measurement? (e.g. precision, accuracy, use of validation sub-study)	\boxtimes			9.2.2
5.3	Is exposure categorised according to time windows?	\boxtimes			9.2.2
5.4	Is intensity of exposure addressed? (e.g. dose, duration)	\boxtimes			9.2.2
5.5	Is exposure categorised based on biological mechanism of action and taking into account the pharmacokinetics and pharmacodynamics of the drug?				

	tion 5: Exposure definition and Isurement	Yes	No	N/ A	Section Number
5.6	Is (are) (an) appropriate comparator(s) identified?	\boxtimes			9.2.2 & 9.3.1

	tion 6: Outcome definition and asurement	Yes	No	N/ A	Section Number
6.1	Does the protocol specify the primary and secondary (if applicable) outcome(s) to be investigated?				9.3.2
6.2	Does the protocol describe how the outcomes are defined and measured?	\boxtimes			9.3.2
6.3	Does the protocol address the validity of outcome measurement? (e.g. precision, accuracy, sensitivity, specificity, positive predictive value, use of validation sub-study)	\boxtimes			9.3.2
6.4	Does the protocol describe specific outcomes relevant for Health Technology Assessment? (e.g. HRQoL, QALYS, DALYS, health care services utilisation, burden of disease or treatment, compliance, disease management)				

Comments:

<u>Sec</u>	tion 7: Bias	Yes	No	N/ A	Section Number
7.1	Does the protocol address ways to measure confounding? (e.g. confounding by indication)	\boxtimes			9.7
7.2	Does the protocol address selection bias? (e.g. healthy user/adherer bias)	\boxtimes			9.8
7.3	Does the protocol address information bias? (e.g. misclassification of exposure and outcomes, time- related bias)				9.8

Comments.		

<u>Section</u>	on 8: Effect measure modification	Yes	No	N/A	Section Number
8.1	Does the protocol address effect modifiers? (e.g. collection of data on known effect modifiers, sub- group analyses, anticipated direction of effect)			\boxtimes	

Comments:

<u>Sect</u>	tion 9: Data sources	Yes	No	N/ A	Section Number
9.1	Does the protocol describe the data source(s) used in the study for the ascertainment of:				
	9.1.1 Exposure? (e.g. pharmacy dispensing, general practice prescribing, claims data, self-report, face-to-face interview)	\boxtimes			9.4
	9.1.2 Outcomes? (e.g. clinical records, laboratory markers or values, claims data, self-report, patient interview including scales and questionnaires, vital statistics)	\boxtimes			9.4
	9.1.3 Covariates and other characteristics?	\square			9.4
9.2	Does the protocol describe the information available from the data source(s) on:				
	9.2.1 Exposure? (e.g. date of dispensing, drug quantity, dose, number of days of supply prescription, daily dosage, prescriber)	\boxtimes			9.3
	9.2.2 Outcomes? (e.g. date of occurrence, multiple event, severity measures related to event)	\boxtimes			9.3
	9.2.3 Covariates and other characteristics? (e.g. age, sex, clinical and drug use history, co- morbidity, co-medications, lifestyle)	\boxtimes			9.3
9.3	Is a coding system described for:				
	9.3.1 Exposure? (e.g. WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC) Classification System)				9.3
	9.3.2 Outcomes? (e.g. International Classification of Diseases (ICD), Medical Dictionary for Regulatory Activities (MedDRA))	\boxtimes			9.3
	9.3.3 Covariates and other characteristics?	\boxtimes			9.3
9.4	Is a linkage method between data sources described? (e.g. based on a unique identifier or other)				9.3

Section 10: Analysis plan	Yes	No	N/ A	Section Number
10.1 Are the statistical methods and the reformed for their choice described?	eason 🛛			9.3 & 9.7
10.2 Is study size and/or statistical precisi estimated?	on 🗌		\boxtimes	9.3
10.3 Are descriptive analyses included?			\boxtimes	
10.4 Are stratified analyses included?			\boxtimes	
10.5 Does the plan describe methods for a control of confounding?	inalytic 🛛			9.7
10.6 Does the plan describe methods for a control of outcome misclassification?	inalytic 🛛			9.8

Section 10: Analysis plan	Yes	No	N/ A	Section Number
10.7 Does the plan describe methods for handling missing data?			\boxtimes	
10.8 Are relevant sensitivity analyses described?	\boxtimes			9.7
Comments:				

Section 11: Data management and quality control	Yes	No	N/ A	Section Number
11.1 Does the protocol provide information on data storage? (e.g. software and IT environment, database maintenance and anti-fraud protection, archiving)				
11.2 Are methods of quality assurance described?	\boxtimes			9.7
11.3 Is there a system in place for independent review of study results?	\boxtimes			9.7
Comments:	•			

<u>Sect</u>	ion 12: Limitations	Yes	No	N/ A	Section Number
12.1	Does the protocol discuss the impact on the study results of:				
	12.1.1 Selection bias?	\boxtimes			
	12.1.2 Information bias?	\boxtimes			9.8
	12.1.3 Residual/unmeasured confounding? (e.g. anticipated direction and magnitude of such biases, validation sub-study, use of validation and external data, analytical methods).				
12.2	Does the protocol discuss study feasibility? (e.g. study size, anticipated exposure uptake, duration of follow-up in a cohort study, patient recruitment, precision of the estimates)				9.6

Section 13: Ethical/data protection issues	Yes	No	N/ A	Section Number
13.1 Have requirements of Ethics Committee/ Institutional Review Board been described?			\boxtimes	
13.2 Has any outcome of an ethical review procedure been addressed?			\boxtimes	
13.3 Have data protection requirements been described?			\boxtimes	

Section 14: Amendments and deviations	Yes	No	N/ A	Section Number
14.1 Does the protocol include a section to document amendments and deviations?	\boxtimes			5

Comments:

Updated for protocol version 1.5 to note amendments made

Section 15: Plans for communication of study results	Yes	No	N/ A	Section Number
15.1 Are plans described for communicating study results (e.g. to regulatory authorities)?	\boxtimes			12
15.2 Are plans described for disseminating study results externally, including publication?	\boxtimes			12

Comments:

Name of the main author of the protocol:

Jennifer Lane

Date: 1/12/2020

Signature

:

ANNEX 2: OUTCOME LIST

Note- Provisional cohort definitions to be confirmed following cohort diagnostics

CTS outcomes

Concept ID	Name / Description		Concept ID to be Excluded
380094		Carpal tunnel syndrome	
760925		Bilateral carpal tunnel syndrome	
762150		Carpal tunnel syndrome of left wrist	

762151	Carpal tunnel syndrome of right wrist	
4235010	Neuroplasty and transposition of median nerve at carpal tunnel	
4234291	Transposition of median nerve at carpal tunnel	
4204075	Exploration of carpal tunnel	
4082236	Injection of carpal tunnel	
4066890	Endoscopic carpal tunnel release	
4041195	Neurolysis of carpal tunnel	
4014640	Neuroplasty of median nerve at carpal tunnel	

OA outcomes

		Concept ID
		to be
Concept ID	Name / Description	Excluded
0005000		
2005962		
2102900	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers,	
2102001	toes); without ultrasound guidance	
2102901	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg,	
	temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon	
2102012	bursa); without ultrasound guidance	
2102912		
2105041	shoulder, hip, knee, subacromial bursa); without ultrasound guidance	
2105941	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy	
2617368	(separate procedure) (Deprecated) Arthroscopy, knee, surgical, for removal of loose body, foreign body	
2017308	debridement/shaving of articular cartilage (chondroplasty) at the time of	
	other surgical knee arthroscopy in a different compartment of the same	
	knee	
2721113		
4010250		
4010230		
4028987		
4031174		
4083220		
4144525		
4329662		
4335029		
4335030		
4337874		
38001298		
40481840		
42739910		
42739911	treatment of articular surface defect; autografts (Deprecated) Arthroscopy, knee, surgical, implantation of osteochondral graft(s) for	
42139911	treatment of articular surface defect; allografts (Deprecated)	
45888005		
45888005	CT guided injection of joint	
402/1492		
75036	Localized, primary osteoarthritis of the hand	
79904	Localized, secondary osteoarthritis of the hand	
762330	Osteoarthritis of first carpometacarpal joint of right hand	
4144996	Generalized osteoarthritis of the hand	

Interphalangeal osteoarthritis	4327181
Osteoarthritis of finger joint	4343918
	36713098
Arthroscopy, hand and finger	2005659
	2106073
	4002377
Arthrodesis of finger	4114318
	4114320
	4305812
	4306149
	45888185
 Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation	
	45889047
	2105999
procedure)	
Arthroscopy, hip, surgical; with removal of loose body or foreign body	2106000
	2106001
(chondroplasty), abrasion arthroplasty, and/or resection of labrum	
	2106012
Injection of hip joint	4031174
Interposition arthroplasty of the hip	4034298
Prosthetic arthroplasty of the hip	4162099
	4203771
	4207134
	4233308
	4234038
	4288878
	4306618
	40484624
	40756992
	40757047
lesion)	
 Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	40757126
 Arthroscopy, hip, surgical	45889893
Osteoarthritis of hip	1570329
Unilateral primary osteoarthritis of hip	1570330
	1570331
 Unilateral post-traumatic osteoarthritis of hip	1570332
	4079749
 Oligoarticular osteoarthritis, unspecified, of the pelvic region and thigh	4114591
	4115379
	4116588
	4149045
	4149048
 Osteoarthritis, Hip	4266903
 Bilateral primary osteoarthritis of hip	35208766
	35208767
	35208769
	35208770
	35208771
	36684455
	36713109
	36713110
	37395586

40320325	Osteoarthritis of hip	
40400697		
40400724		
40440091		
45437062		
45443644		
45443649		
45450329		
45453633		
45470615		
45490472		
45527231	OSTEOARTHRITIS HIP	
45553095		
45572372		
45572373		
45577163		
45577164		
45586889		
45601349		х
45606126		X
46273178		X
36713111	Osteoarthritis of right knee joint	
36717036	Osteoarthritis of left knee joint	
2617368		
	debridement/shaving of articular cartilage (chondroplasty) at the time of	
	other surgical knee arthroscopy in a different compartment of the same	
	knee	
2721113	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	
4010250		
4034299	Prosthetic unicompartmental arthroplasty of knee	
4078547	Arthroplasty of knee	
4103962		
4205229		
40481441	Injection of both knee joints	
42739910		
	treatment of articular surface defect; autografts (Deprecated)	
42739911		
	treatment of articular surface defect; allografts (Deprecated)	
45887571	Arthroscopy, knee, surgical	
45888521	Arthroplasty, knee, tibial plateau	
45888673		
45889826		
45890558		
80180	Osteoarthritis	
73840		
77631		
759879		
759880		
759882		
4035440		
4160051	Osteoarthritis of glenohumeral joint	
36713099		
36713103		
4034665	Arthroplasty of shoulder	

4128362	Injection into shoulder joint	
37116646	Prosthetic total arthroplasty of right shoulder	
37118674	Prosthetic total arthroplasty of left shoulder	
44789351	Injection of acromioclavicular joint	
45888310	Arthroplasty, glenohumeral joint	

Tendinopathy outcomes

Concept ID		Concept ID to be Excluded
80187	Medial epicondylitis	
81379		
761175		
762267	Lateral epicondylitis of left humerus	
762282	Medial epicondylitis of left humerus	
762283	Medial epicondylitis of right humerus	
37109275	Lateral epicondylitis of right humerus	
42872415	Tendinitis of elbow or forearm	
2759787	Release Right Elbow Bursa and Ligament, Open Approach	
2759788	Release Right Elbow Bursa and Ligament, Percutaneous Approach	
2759789	Release Right Elbow Bursa and Ligament, Percutaneous Endoscopic Approach	
2759790		
2759791	Release Left Elbow Bursa and Ligament, Open Approach	
2759792	Release Left Elbow Bursa and Ligament, Percutaneous Approach	
2759793		
2759794	Release Left Elbow Bursa and Ligament, External Approach	
2760001	Release Right Upper Extremity Bursa and Ligament, Open Approach	
2760002	Release Right Upper Extremity Bursa and Ligament, Percutaneous Approach	
2760003	Release Right Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach	
2760004		
2760005		
2760006		
2760007	Release Left Upper Extremity Bursa and Ligament, Percutaneous Endoscopic Approach	
2760008	Release Left Upper Extremity Bursa and Ligament, External Approach	
4164520		
4171769		
42735672		
42735673		
42735674		
42735675		

		42735676
	partial ostectomy (Deprecated)	
	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's	45888216
	elbow) Achilles tendinitis	77062
		77963 761381
		761382
. <u></u>		4137530
		4180849
		36684347
		36685042
		45763856
		45763857
		2760053
		2760053
		2760054
	Approach	2700055
		2760056
		2760050
		2760057
		2760251
	Approach	2700231
 I		2760252
		2760253
		2760254
		2760255
	Approach	
	Release Right Foot Bursa and Ligament, External Approach	2760256
		2760257
		2760258
	Release Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach	2760259
	Release Left Foot Bursa and Ligament, External Approach	2760260
L	Reattachment of Right Lower Leg Tendon, Open Approach	2761442
	Reattachment of Left Lower Leg Tendon, Open Approach	2761444
L	Repair of tendo achilles	4072039
L	Injection for plantar fasciitis	4114321
L	Repair, primary, open or percutaneous, ruptured Achilles tendon	45890228
	Bilateral trigger thumbs	761187
	Tendinitis of wrist	4173776
		4307423
 I		4344264
		40481598
	• • • • • • • • • • • • • • • • • • •	
	•	40482085
		40482901
	1 / / 11 /	2103904
	or muscle, primary or secondary (excludes rotator cuff)	
	Release Right Wrist Bursa and Ligament, Open Approach	2759795
		2759796
	Approach	
	• •	2759797
	Endoscopic Approach	2137171
	Release Right Wrist Bursa and Ligament, External Approach	2750700
	Release Left Wrist Bursa and Ligament, Open Approach	2759799
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2759800	Release Left Wrist Bursa and Ligament, Percutaneous	
	Approach	
2759801	Release Left Wrist Bursa and Ligament, Percutaneous	
	Endoscopic Approach	
2759802	Release Left Wrist Bursa and Ligament, External Approach	
2759803	Release Right Hand Bursa and Ligament, Open Approach	
2759804	Release Right Hand Bursa and Ligament, Percutaneous	
	Approach	
2759805	Release Right Hand Bursa and Ligament, Percutaneous	
2703000	Endoscopic Approach	
2759806	Release Right Hand Bursa and Ligament, External Approach	
2759997	Release Left Hand Bursa and Ligament, Open Approach	
2759998	Release Left Hand Bursa and Ligament, Percutaneous	
2137770	Approach	
2759999	Release Left Hand Bursa and Ligament, Percutaneous	
2137777	Endoscopic Approach	
4167160		
4167169	Decompression of tendon of hand	
4198683	Injection into tendon of hand	
44807555	Release of first extensor compartment of wrist	
193293	Pes anserinus tendinitis	
438843	Non-traumatic rupture of patellar tendon	
4001467	Semimembranosus tendinitis	
4002147	Pes anserinus tendinitis and bursitis	
4002148	Biceps femoris tendinitis	
4149245	Rupture of patellar tendon	
4178642	Tendinitis of knee	
36683408	Tendinitis of left pes anserinus tendon	
36683409	Tendinitis of right pes anserinus tendon	
36686994	Bilateral patellar bursitis	
42535182	Tendinitis of right quadriceps tendon	
42539205	Tendinitis of left quadriceps tendon	
2760045	Release Right Knee Bursa and Ligament, Open Approach	
2760046	Release Right Knee Bursa and Ligament, Percutaneous Approach	
2760047	Release Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach	
2760048	Release Right Knee Bursa and Ligament, External Approach	
2760040	Release Left Knee Bursa and Ligament, Open Approach	
2760049	Release Left Knee Bursa and Ligament, Open Approach	
	Release Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach	
2760051	Release Left Knee Bursa and Ligament, External Approach	
4072040	Repair of patellar tendon	
4229423	Suture of infrapatellar tendon, primary	
40483559	Arthroscopic excision of infrapatellar fat pad	
79116	Disorder of tendon of shoulder region	
437966	Calcium deposits in tendon	
4000968	Biceps tendinitis	
4115237	Deltoid tendinitis	
4215217	Traumatic or non-traumatic rupture of tendon	
37108980	Bilateral rotator cuff arthropathy of shoulder	
2102895	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar fascia)	
	lascia)	

2102000	Tradition where the device the table	
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2754417	Destruction of Right Shoulder Tendon, Percutaneous Approach	
	Destruction of Right Shoulder Tendon, Percutaneous Endoscopic Approach	
2754419		
2754420		
2754421	Destruction of Left Shoulder Tendon, Percutaneous Endoscopic Approach	
2754694		
2754695	5	
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2754697	Division of Left Shoulder Tendon, Open Approach	
2754698		
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2758185		
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2758187	Repair Right Shoulder Tendon, Percutaneous Endoscopic Approach	
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2758464	Replacement of Right Shoulder Tendon with Autologous Tissue Substitute,	
2750465	Open Approach	
2758465		
275.9466	Approach	
2758466	Replacement of Right Shoulder Tendon with Nonautologous Tissue Substitute, Open Approach	
2758467	Replacement of Right Shoulder Tendon with Autologous Tissue Substitute,	
2750407	Percutaneous Endoscopic Approach	
2758468		
2750100	Percutaneous Endoscopic Approach	
2758469		
	Substitute, Percutaneous Endoscopic Approach	
2758470		
	Open Approach	
2758471	Replacement of Left Shoulder Tendon with Synthetic Substitute, Open	
	Approach	
2758472	Replacement of Left Shoulder Tendon with Nonautologous Tissue	
	Substitute, Open Approach	
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	Percutaneous Endoscopic Approach	
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2750475	Percutaneous Endoscopic Approach	
2758475	5	
2759444	Substitute, Percutaneous Endoscopic Approach	
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2760391	Excision of Right Shoulder Tendon, Percutaneous Approach, Diagnostic	
2760392	5	
2760393	Excision of Right Shoulder Tendon, Percutaneous Endoscopic Approach, Diagnostic	
2760394		
2760394		
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Excision of Left Shoulder Tendon, Percutaneous Approach, Diagnostic	2760397
Excision of Left Shoulder Tendon, Percutaneous Approach	2760398
Excision of Left Shoulder Tendon, Percutaneous Endoscopic Approach,	2760399
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Extirpation of Matter from Right Shoulder Tendon, Open Approach	2760932
Extirpation of Matter from Right Shoulder Tendon, Percutaneous Approach Extirpation of Matter from Left Shoulder Tendon, Open Approach	2760933
Extirpation of Matter from Left Shoulder Tendon, Open Approach	2760935
Extirpation of Matter from Left Shoulder Tendon, Percutaneous Endoscopic	
Approach	27005571
Reattachment of Right Shoulder Tendon, Open Approach	2761404
Reattachment of Right Shoulder Tendon, Percutaneous Endoscopic	2761405
Approach	
Reattachment of Left Shoulder Tendon, Open Approach	2761406
Reattachment of Left Shoulder Tendon, Percutaneous Endoscopic	2761407
Approach	
Release Right Shoulder Tendon, Open Approach	2761654
Release Right Shoulder Tendon, Percutaneous Approach	2761655
Release Right Shoulder Tendon, Percutaneous Endoscopic Approach	2761656
Release Right Shoulder Tendon, External Approach	2761657
Release Left Shoulder Tendon, Open Approach	2761658
Release Left Shoulder Tendon, Percutaneous Approach	2761659
Release Left Shoulder Tendon, Percutaneous Endoscopic Approach	2761660
Release Left Shoulder Tendon, External Approach	2761661
Shoulder injection	4001864
Repair of complete shoulder cuff avulsion, chronic	4129863
Arthroscopy of shoulder with lysis and resection of adhesions with	4211092
manipulation	
Arthroscopy of shoulder with biceps tenodesis	4259564
Anesthesia for tenotomy, elbow to shoulder, open	4301750
Injection for supraspinatus tendinitis	44789352
Extracorporeal shockwave lithotripsy for calcific tendinitis of shoulder	45763950
Tenotomy, shoulder area Pes anserinus tendinitis	45888308
Tendinitis of left hip	193293 761291
Tendinitis of right hip	761291
Tendinitis of bilateral gluteal tendons	761292
Tendonitis of left ankle	761381
Tendonitis of right ankle	761382
Pes anserinus tendinitis and bursitis	4002147
Tendinitis	4147145
Tendinitis of hip	4312400
Tendinitis of right flexor hallucis longus	36685042
Tendinitis of left flexor hallucis longus	36685043
Tendinitis of right rotator cuff	37108976
Tendinitis of left rotator cuff	37117797
Insertional Achilles tendinopathy	45763856
Non-insertional Achilles tendinopathy	45763857
Lysis of adhesions of muscle, tendon, fascia, and bursa	2006196
Injection of locally acting therapeutic substance into other soft tissue	2006203
Arthrotomy, acromioclavicular joint or sternoclavicular joint, including	2103618
biopsy and/or excision of torn cartilage	-
	2103634
Acromioplasty or acromionectomy, partial, with or without coracoacromial	21050547

Tenotomy, shoulder area; single tendon	2103681
	2103692
	2103888
	2103904
primary or secondary (excludes rotator cuff)	
Release Right Shoulder Bursa and Ligament, Open Approach	2759779
Release Right Shoulder Bursa and Ligament, Percutaneous Approach	2759780
Release Right Shoulder Bursa and Ligament, Percutaneous Endoscopic	2759781
Approach	
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Approach	2750707
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5	2159169
Approach Release Right Elbow Bursa and Ligament, External Approach	2759790
	2759790
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Approach	2155155
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	2759795
Release Right Wrist Bursa and Ligament, Percutaneous Approach	2759796
Release Right Wrist Bursa and Ligament, Percutaneous Endoscopic	2759797
Approach	
Release Right Wrist Bursa and Ligament, External Approach	2759798
Release Left Wrist Bursa and Ligament, Open Approach	2759799
Release Left Wrist Bursa and Ligament, Percutaneous Approach	2759800
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Approach	
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Approach	2750000
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Approach	2759999
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Approach	2,00002
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Endoscopic Approach	
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Endoscopic Approach	
 Release Left Upper Extremity Bursa and Ligament, External Approach	2760008

2760037	Release Right Hip Bursa and Ligament, Open Approach	
2760037		
2760038		
2700039	Approach	
2760040	Release Right Hip Bursa and Ligament, External Approach	
2760041	Release Left Hip Bursa and Ligament, Open Approach	
2760042	Release Left Hip Bursa and Ligament, Percutaneous Approach	
2760043		
2760044	Release Left Hip Bursa and Ligament, External Approach	
2760045	Release Right Knee Bursa and Ligament, Open Approach	
2760046		
2760047	Release Right Knee Bursa and Ligament, Percutaneous Endoscopic	
	Approach	
2760048	Release Right Knee Bursa and Ligament, External Approach	
2760049	Release Left Knee Bursa and Ligament, Open Approach	
2760050	Release Left Knee Bursa and Ligament, Percutaneous Approach	
2760051	Release Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach	
2760052	Release Left Knee Bursa and Ligament, External Approach	
2760053	Release Right Ankle Bursa and Ligament, Open Approach	
2760054	Release Right Ankle Bursa and Ligament, Percutaneous Approach	
2760055	Release Right Ankle Bursa and Ligament, Percutaneous Endoscopic	
	Approach	
2760056		
2760057	Release Left Ankle Bursa and Ligament, Open Approach	
2760058		
2760251	Release Left Ankle Bursa and Ligament, Percutaneous Endoscopic	
	Approach	
2760252	Release Left Ankle Bursa and Ligament, External Approach	
2760253	Release Right Foot Bursa and Ligament, Open Approach	
2760254	Release Right Foot Bursa and Ligament, Percutaneous Approach	
2760255	Release Right Foot Bursa and Ligament, Percutaneous Endoscopic	
2760256	Approach	. <u></u>
2760256 2760257		. <u></u>
	Release Left Foot Bursa and Ligament, Open Approach	
2760258	Release Left Foot Bursa and Ligament, Percutaneous Approach Release Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach	
2760259		
2760265		
2760265	· · · · · · · · · · · · · · · · · · ·	
2760268		
2761442		
2761442	Reattachment of Left Lower Leg Tendon, Open Approach	
2761649		
4046271	Release of tendon	
4046739		
4072039		
4072040		
4073814		
4075155		
4085220		
4087578		
4114321	Injection for plantar fasciitis	
4164520	Tennis elbow injection	
4167169		
4171769	Golfer's elbow injection	
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4198683	Injection into tendon of hand	
4209151	Repair of musculotendinous cuff of shoulder	
4222614	Bursectomy	
4229423	Suture of infrapatellar tendon, primary	
4234723	Injection of tendon sheath	
4320946	Injection of therapeutic substance into tendon	
4321084	Injection of ligament	
4328010	Injection of tendon using ultrasound guidance	
4343474	Excision of calcific deposit from rotator cuff	
36716648	Subacromial steroid injection	
40483559	Arthroscopic excision of infrapatellar fat pad	
44792138	Arthroscopic decompression of subacromial joint	
44793145	Steroid injection for tenosynovitis	
44807555	Release of first extensor compartment of wrist	
45763950	Extracorporeal shockwave lithotripsy for calcific tendinitis of shoulder	
45889314	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open	
45890228	Repair, primary, open or percutaneous, ruptured Achilles tendon	

ANNEX 3: NEGATIVE CONTROL OUTCOME LIST

Provisional cohort definitions to be confirmed following cohort diagnostics

Concept ID	Concept Name
31317	Dysphagia
42709838	Cellulitis of lower limb
435796	Dehydration
257011	Acute upper respiratory infection
201620	Kidney stone
78162	Peripheral vertigo
433163	Deficiency of macronutrients
195590	Urethral stricture
314754	Wheezing
438624	Complication of renal dialysis
255302	Spontaneous pneumothorax
201606	Crohn's disease
439935	Abnormal posture
4295287	Hypercoagulability state
4103642	Amputated toe
439795	Minimal cognitive impairment
375292	Perforation of tympanic membrane
196454	Colostomy and enterostomy malfunction
435516	Lipoprotein deficiency disorder
4201390	Colostomy present
440072	Hypogammaglobulinemia
76725	Anal fissure
377572	Noise effects on inner ear
443585	Abrasion and/or friction burn of multiple sites
434490	Chill
4090353	Incompetent urethral closure mechanism
432596	Immune defect

434327	Cannabis abuse
439035	Otosclerosis
381302	Obstruction of Eustachian tube
4303805	Allergic reaction to bite and/or sting
438391	Amino acid transport disorder
437092	Physiological development failure
443702	Abnormal response to nerve stimulation
374801	Foreign body in ear
377873	Lid lag
434872	Infection by Trichomonas
25518	Sickle cell trait
433111	Effects of hunger
437448	Exhaustion due to excessive exertion
436409	Abnormal pupil
	Amphetamine or psychostimulant dependence,
434916	continuous
4051630	Malingering
440193	Wristdrop
4080568	Problem behavior
372329	Dissociated deviation
4163735	Hemochromatosis
434063	Jaw to cranial base anomaly
440053	Infestation by insect
	Uncomplicated sedative, hypnotic AND/OR
4002572	anxiolytic withdrawal
4210746	Localized amyloidosis