



NIH Collaboratory

Health Care Systems Research Collaboratory

“Table 1”

Slides by

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co-Chair, Phenotype, Data Standards, and Data Quality Core

Table 1. Participant Characteristics at Baseline

Characteristics	Participants by Study Group, No. (%)			D (n = 73)	Placebo (n = 73)	P Value
	Nifedipine (n = 201)	Placebo (n = 205)	Nonrandomization (n = 230)			
	Age, mean (SD), y	30.2 (5.1)	30.2 (5.1)			
Body mass index, mean (SD) ^b	23.3 (4.7)	23.3 (4.3)	23.5 (5.0)	2 (3)	40 (54)	.13
White race	166 (82.6)	155 (75.6)	166 (72.9)	8 (11)	0 (0)	
Nulliparous	116 (57.7)					
Prior preterm birth	39 (19.4)					
Gestational age at study entry, mean (SD), wk	29.2 (1.7)					
Multiple gestation	42 (20.9)					
Twins	40 (19.9)					
Triplets	2 (1.0)					
pPROM at study entry	53 (26.4)					
Vaginal bleeding at study entry	38 (18.9)					
Additional tocolysis	12 (6.0)					
Vaginal examination at study entry (n = 134)						
Dilatation, median (IQR), cm	0 (0-1)					
Cervical length, median (IQR), mm	25 (15-35)					

Table 1. Patient Characteristics

Characteristic	No. (%)		P Value
	Paracetamol (n = 33)	Morphine (n = 38)	
Sex			
Male	18 (54.5)	26 (68.4)	.23
Female	15 (45.5)	12 (31.6)	
Age at surgery, median (IQR), d	5 (1.5-64.5)	20 (1.8-87.5)	.50
Age, d			
≤10	17 (51.5)	18 (47.4)	.73
>10	16 (48.5)	20 (52.6)	
Weight, mean (SD), kg	3.8 (1.3)	4.4 (2.0)	.17
Duration of surgery, mean (SD), min	172.1 (83.7)	156.6 (87.9)	.45
Surgical procedure			
Thoracic	5 (15.2)	11 (28.9)	.17
Abdominal	28 (84.8)	27 (71.1)	
Postoperative mechanical ventilation	15 (45.5)	14 (36.8)	.46
Duration of postoperative ventilation, median (IQR), h	34 (15-45)	23 (16-45)	.43
Surgical stress score, median (IQR)	10 (9-11)	10 (9-11)	.75
PRISM3, median (IQR)	2 (0-4.5)	3.0 (0-5.0)	.91
PIM2, median (IQR), % risk of mortality	1.3 (0.6-1.9)	1.4 (0.7-2.4)	.34

Table 1. Patient D

Characteristic	Nifedipine (n = 201)	Placebo (n = 205)
Abbreviations: IQR, interquartile range; NA, not applicable; pPROM, preterm premature rupture of membranes; P = .01.		
^a Body mass index is calculated as weight in kilograms divided by height in meters squared.		
Previous median sternotomy	52 (6.9)	42 (5.6)
History of TIA or stroke	77 (10.2)	81 (10.8)
History of myocardial infarction	233 (31.0)	245 (32.7)
History of congestive heart failure	89 (11.8)	90 (12.0)
History of hyperlipidemia	619 (82.2)	607 (81.0)
Steroid use ≤1 mo prior to surgery	28 (3.7)	33 (4.4)
Receiving dialysis preoperatively	4 (0.5)	2 (0.3)
Preoperative diagnostic values		
Left ventricular ejection fraction, median (IQR), %	55 (45-60)	55 (45-60)
Serum glucose, median (IQR), mg/dL	125 (101-160)	124 (103-167)
Serum hemoglobin A _{1c} , median (IQR), %	6.5 (5.9-7.6)	6.6 (5.9-7.7)
Hematocrit, median (IQR), %	39 (36-42)	39 (36-42)
Serum creatinine, median (IQR), mg/dL	1.0 (0.9-1.3)	1.0 (0.9-1.2)
Preoperative core temperature, median (IQR), °C	97.6 (97.0-98.2)	97.7 (97.0-98.2)
Preoperative hospital stay, median (IQR), d	1.0 (0-3.0)	1.0 (0-3.0)
Parsonnet risk score, median (IQR) ^b	9.0 (6.0-14.5)	9.0 (6.0-16.0)

Abbreviations: IQR, interquartile range; TIA, transient ischemic attack.
SI conversion factors: To convert creatinine to μmol/L, multiply by 88.4; glucose to mmol/L, multiply by 0.0555.
^aUnless otherwise indicated.
^bTheoretical range is 0 to 148; 50% in Parsonnet et al¹¹ had a score between 0 and 9.

Characteristic	Paracetamol (n = 33)	Morphine (n = 38)	P Value
Thickness, mean (SD), mm ²	1.8 (0.4)	1.8 (0.3)	.28
Volume, cm ³	8.5 (15.0)	9.6 (14.0)	.68
Median (IQR)	1.3 (0.0-10.7)	2.3 (0.0-15.2)	.75
Hydroxyvitamin D, mean (SD), ng/mL	22.7 (11.4)	21.9 (8.3)	.62
Width, mean (SD), mm	5.0 (1.8)	5.1 (1.7)	.66

Abbreviations: IQR, interquartile range; PIM2, Pediatric Index of Mortality 2; PRISM3, Pediatric Risk of Mortality 3.

^aKnee-specific pain ranges from 0 to 20 with 0 indicating no pain and knee-specific function ranges from 0 to 68, with 0 indicating no pain with activity.

Project Aim

- To identify important person characteristics and clinical features, along with explicit definitions and representations, for the reporting of baseline characteristics of research populations in interventional and observational studies.

Table 1 supports:

- Submission of data sets and data results from NIH-funded studies for archival and secondary use and for analyses and comparisons across trials
- Standardizing reporting of results from NIH-funded studies to ClinicalTrials.gov
- Better practices for describing populations in submissions to medical journals
- Conduct of multisite pragmatic trials
- Conduct of multisite observational studies
- Others?

Table 1. Patient Demographics and Baseline Characteristics

Characteristic	No. (%) of Patients ^a	
	Gentamicin-Collagen Sponge (n = 753)	Control (n = 749)
Patient demographics		
Age, median (IQR), y	64.2 (58.0-71.5)	64.9 (57.2-72.1)
White race	688 (91.4)	683 (91.2)
Weight, median (IQR), kg	98.0 (86.1-113.0)	98.8 (85.0-111.1)
Body mass index, median (IQR)	33.1 (30.2-37.2)	32.8 (30.0-36.2)
Body mass index >30	574 (76.2)	563 (75.2)
Male sex	530 (70.4)	530 (70.8)
Medical history		
History of hypertension	659 (87.5)	659 (88.0)
History of diabetes	493 (65.5)	513 (68.5)
Current or history of smoking	458 (60.8)	458 (60.1)
Current smoking	136 (29.7)	123 (27.3)
History of chronic obstructive pulmonary disease	117 (15.5)	107 (14.3)
History of peripheral vascular disease	105 (13.9)	89 (11.9)
Previous median sternotomy	52 (6.9)	42 (5.6)
History of TIA or stroke	77 (10.2)	81 (10.8)
History of myocardial infarction	233 (31.0)	245 (32.7)
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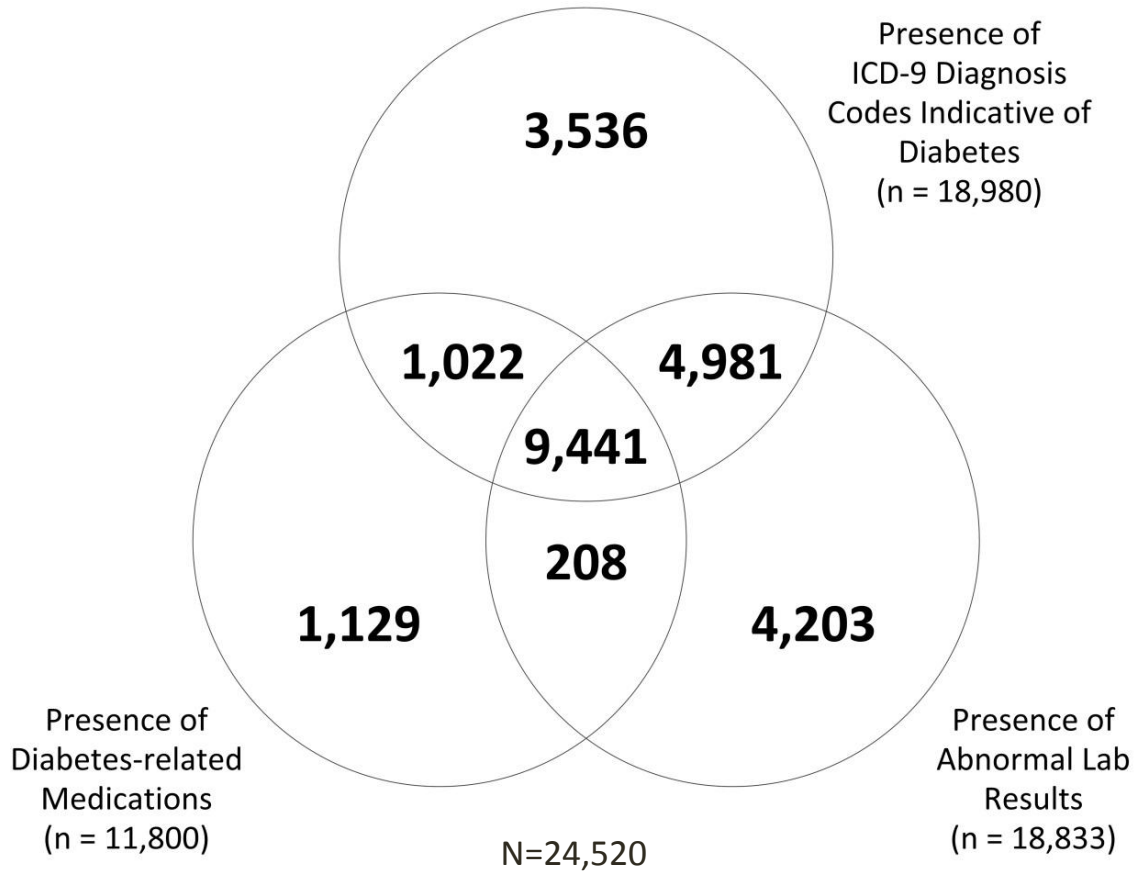
Question 1:
 What characteristics should be on Table 1?

Question 2:
 How should they be defined? represented?

Question 3:
 Do we want to standardize reporting conventions? Categories?

- e.g., continuous variables:
- mean and SD
 - median, 25th, 75th %-ile
 - categories (e.g., deciles of age)

Different Definitions Yield Different Cohorts



Research and applications



A comparison of phenotype definitions for diabetes mellitus

Rethinking Clinical Trials

Challenges

- Multiple approaches to defining important characteristics and “standard” presentation:
 - Top-down (expert opinion)
 - Bottom-up (data-driven)
- Condition-specific and study specific components
- Timing of observations/measurements vs. inception of trial
- Observations and fragmentation of care
- Need clearly defined objective
- Need to engage potential users and stakeholders to ensure uptake / future endorsement or adoption
- Connection to pragmatic trials implies EHR as source data

(→ more stakeholders)

 NIH Collaboratory

Health Care Systems Research Collaboratory

Rethinking Clinical Trials



Opportunities for the Collaboratory

- Researchers can define best practices in data collection and use
- High-visibility effort – ideal to build (and endorse) a case for standards
- Our members can be a conduit to health care organizations
- We are uniquely focused on getting data from EHRs (in contrast to de novo data collection)



Question: What characteristics should be on Table 1?

- Demographics
 - age, sex, race, ethnicity (federal standards)
- Relevant clinical or behavior/exposure data
 - pan-disease
 - disease-specific

Pan-Disease Features (top half)

- Age
- Gender
- Race
- Ethnicity
- SES
- Height
- Weight
- Blood Pressure
- Insurance Status (to infer access to care)

Condition-Specific (Bottom half)

- MANDATORY:
- Study specific relevant co-morbidities
- Study specific medications
- Study specific labs
- Study specific non-medication interventions
- Cohort ID variables (baseline)

- CAD
- HTN
- Diabetes
- Hyperlipidemia
- CKD
- Anemia
- CHF

- COPD
- Asthma
- PVD
- PUD
- CVA
- Tumor, Leukemia, Lymphoma
- AIDS
- Atrial Arrythmeia
- Dementia
- Connective Tissue Disease
- Cohort identification variables (baseline)

- Co-morbidities - options:
 - Charlson Index
 - Top 10 comorbidities by frequency