*e*merge network

	eMERGE Network: Manuscript	Concept Sheet
Reference Number (to be assigned by CC)	NT395	
Submission Date	06/28/2020	
Project Title	Natural language processing for system lupus erythematosus and its sub-phenotype identification using Electronic health records	
Tentative Lead Investigator (first author)	Yu Deng	
Tentative Lead Investigator Email Address	yu.deng@northwestern.edu	
Tentative Senior Author (last author)	Yuan Luo	
All Other Authors	Theresa Walunas, Jennifer Pacheco, Rosalind Ramsey-Goldman, Abel Kho and others from interested eMERGE sites	
Sites Participating	Northwestern University, Vanderbilt and other interested eMERGE sites	
Background / Significance	System lupus erythematosus (SLE) is a heterogeneous autoimmune disease that have diverse manifestations. Computational phenotyping using electronic health records on SLE serves as an important foundation to SLE GWAS study. Early efforts on SLE phenotyping focused on a rules-based algorithm using structured data only based on the Systemic Lupus International Collaborating Clinics Classification Criteria for SLE which is comprised of 17 criteria divided into clinical and immunologic domains. In this study, we expanded the previous rule-based algorithm by including Natural Language Processing (NLP) component. We further developed algorithms to detect important sub-phenotypes in lupus: oral ulcer, renal and arthritis sub-phenotypes. We compared the NLP algorithm's performance with the performance of the previous algorithm that used structured data only.	
Outline of Project	 Develop computational phenotyping algorithm using ICD codes and NLP techniques for lupus phenotype and its sub-phenotypes: oral ulcers, arthritis and renal disorder Compare algorithm performance (sensitivity vs specificity) between the above algorithms Validate new (NLP) algorithm at secondary site Implementation of validated (NLP) algorithm by other eMERGE sites 	
Desired Data - Common Variables* (Available from the CC)	☑ Demographics ☑ ICD9/10 codes	☐ Common Variable Labs☐ Common Variable Meds☐ Other: Case/Control status on Phase I and☐ Phase II phenotypes

emerge network Please specifically list out any data elements that participating sites would collect or extract from clinical or other sources for this project (i.e. not common variables above) The lupus phenotype is dependent on the following lab data, and for the NLP, the text of encounter notes and kidney pathology reports. All text & lab tests are part of the SLE phenotype developed within eMERGE. Anti-NA, anti-Smith, anti-dsDNA are also part of the autoimmune disease phenotype. Other Desired Data (Available from participating sites) Autoantibodies: (anti-Smith, anti-phospholipid, anti-dsDNA) Low Complement Direct Coombs Test Anti-Nuclear Antibody WBC (to include leukocytes and thrombocytes) ☐ eMERGE I-III Merged set (HRC imputed, GWAS) ☐ eMERGE PGx/PGRNseq data set ☐ eMERGEseq data set (Phase III) Desired Genetic Data ☐ eMERGE Whole Genome sequencing data set ☐ eMERGE Exome chip data set ☐ eMERGE Whole Exome sequencing data set Other (not listed above):HLA from PGRNSeg and imputed from other sets ⊠ Yes, if so please list Phase III, Systemic lupus erythematosus phenotype Does project pertain to an □No existing eMERGE Phenotype? 1. Rule-based algorithm to predict lupus phenotype using components from regular expressions and structured data 2. Penalized logistic regression to predict renal sub-phenotype using NLP component (metamap concept, regular expression pattern) and structured data components Planned Statistical Analyses (ICD diagnosis codes, lab values) 3. Rule-based algorithm to predict arthritis sub-phenotype using components from regular expressions and structured data 4. F-measures, PPV, NPV, sensitivity, specificity to measure model performance. **Ethical Considerations** None BMC Medical Informatics and Decision Making or JAMIA Target Journal 01/2020: Develop phenotyping algorithm for SLE, arthritis, oral ulcers renal disorder - complete Milestones 05/2020: Validation of algorithm with Vanderbilt - complete (This section should include the 07/2020: Implementation of algorithm by remaining eMERGE sites key dates for completion of 07/15/2020: Manuscript 1st draft completion and send to co-authors with 2 week project, including approval, deadline for co-authors to reply with suggested edits project duration, draft

* Common Variables available across all datasets:

completion, and submission.)

- Demographics: sex, year of birth, decade of birth, race, ethnicity
- Codes: (repeated values & age at event): ICD, CPT, Phecodes

deadline for approval by all co-authors 08/13/2020: Manuscript submission

08/6/2020: Manuscript final draft completion and send to co-authors with 1 week

emerge network

- <u>Labs</u>: (lab name, repeated lab value & age at event) Serum total cholesterol, LDL, HDL, Triglycerides, Glucose fasting/non-fasting/unknown, & White Blood Cell count
- <u>Medications</u>: (medication name, repeated, & age at event) Cerivastatin sodium, Rosuvastatin, Simvastatin, Fluvastatin, Pravastatin, Lovastatin, Atorvastatin, & Pitavastatin
- Other: Case/Control status on Phase I and Phase II phenotype: only on GWAS dataset participants