

Harnessing Big Data in Nephrology: What Makes Your Data- Driven Research Publishable?

Presented by
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SYDNEY



Disclosures

- Associate Editor of Kidney International
- Past Associate Editor of Transplantation

Promise of Big Data



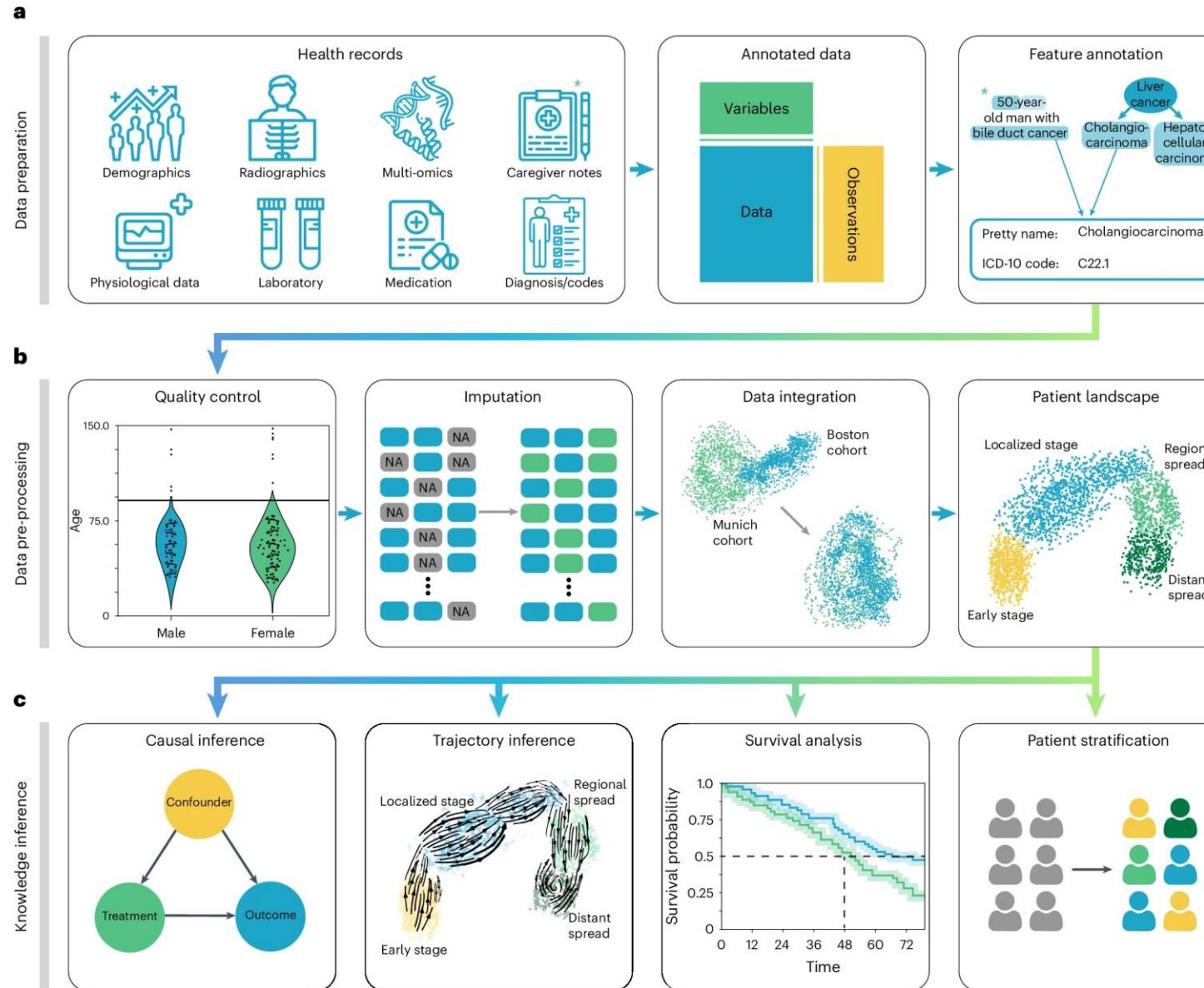
Data sources: Omics

Omics	Sample	Outcomes
Genomics	Blood and biopsies	Acute and chronic rejection, long-term allograft function
Transcriptomics	Biopsies, whole blood and urine	IFTA, acute and chronic rejection, tolerance, graft function
Proteomics	Urine	Acute and chronic rejection, IFTA
Metabolomics	Urine, serum, biopsies	Allograft function, rejection
Multi-omics	Blood, biopsies, plasma	Acute and chronic rejection

Registry data

- International Registry in Organ Donation and Transplantation (IRODaT)
www.irodat.org/
- WHO Global Observatory on Donation and Transplantation (GODT)
www.transplant-observatory.org
- Council of Europe: Newsletter Transplant: International figures on Donation and Transplantation 2014
https://www.edqm.eu/sites/default/files/newsletter_transplant_2015_2.pdf
- Bone Marrow Donors Worldwide
www.bmdw.org
- Familial Amyloidotic Polyneuropathy World Transplant Register
www.fapwtr.org
- International Intestinal Transplant Registry
www.intestinaltransplant.org/itr
- International Islet Transplant Registry
www.med.uni-giessen.de/itr
- International Pancreas & Islet Transplant Association (IPITA)
www.tts.org/ipita/valuable-resources-and-links/registries
- International Registry for Heart and Lung Transplantation (ISHLT)
www.ishlt.org/registries/heartLungRegistry.asp
- Australia and New Zealand: Organ Donation and Transplantation Registry
www.anzdata.org.au
- Collaborative Transplant Study (CTS) (Heidelberg University)
<http://www.ctstransplant.org>
- European Liver Transplant Registry
www.eltr.org
- European Renal Association - European Dialysis and Transplant Association Registry - ERA-EDTA
www.era-edta.org/
- Eurotransplant statistics (Austria, Belgium, Germany, Luxemburg, the Netherlands, Slovenia and Croatia)
<http://www.eurotransplant.org/cms/index.php?page=yearlystats>
- Indian Transplant Registry
www.transplantindia.com
- La Sociedad de Transplante de América Latina y el Caribe (STALYC) registry
<http://www.stalyc.net/en/registry.html>
- Scandiatransplant (Island, Norway, Finland, Denmark and Sweden)
www.scandiatransplant.org/data/scandiatransplant-figures

Electronic Health Record

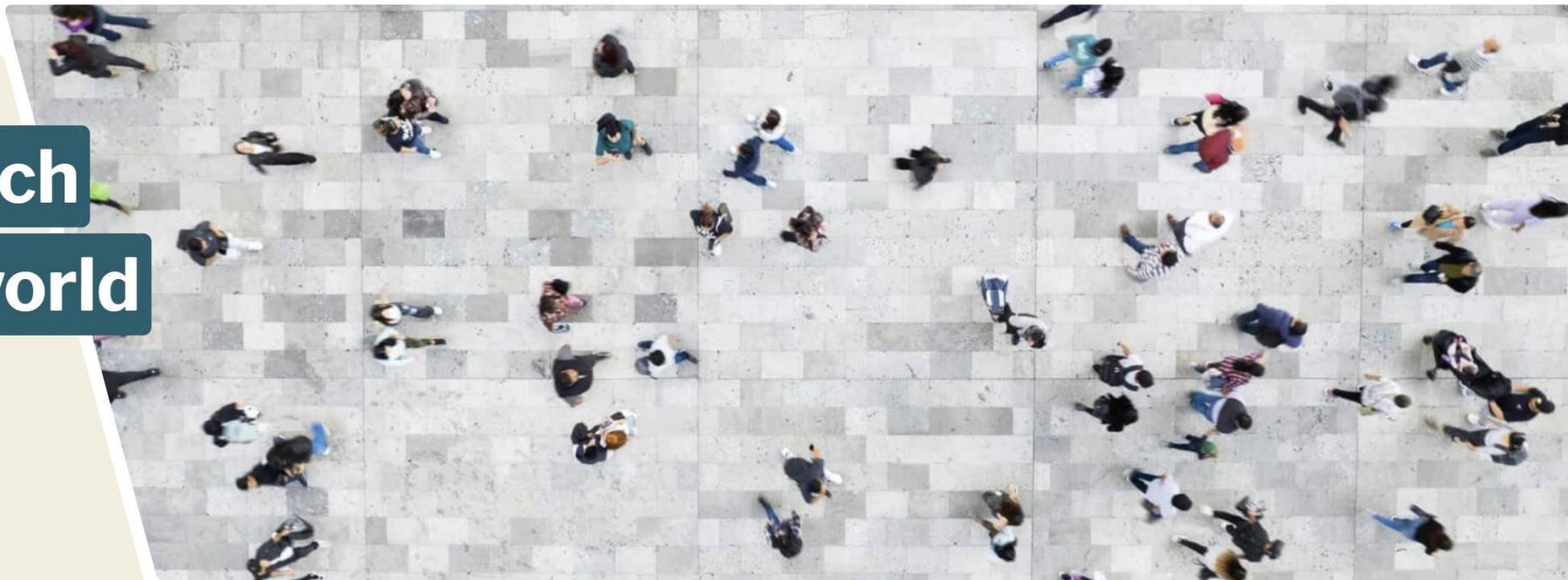


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Health research
data for the world



Research question

- Well-formulated
- Address an important clinical question
- Addresses a knowledge gap
- Research impact

Not data mine



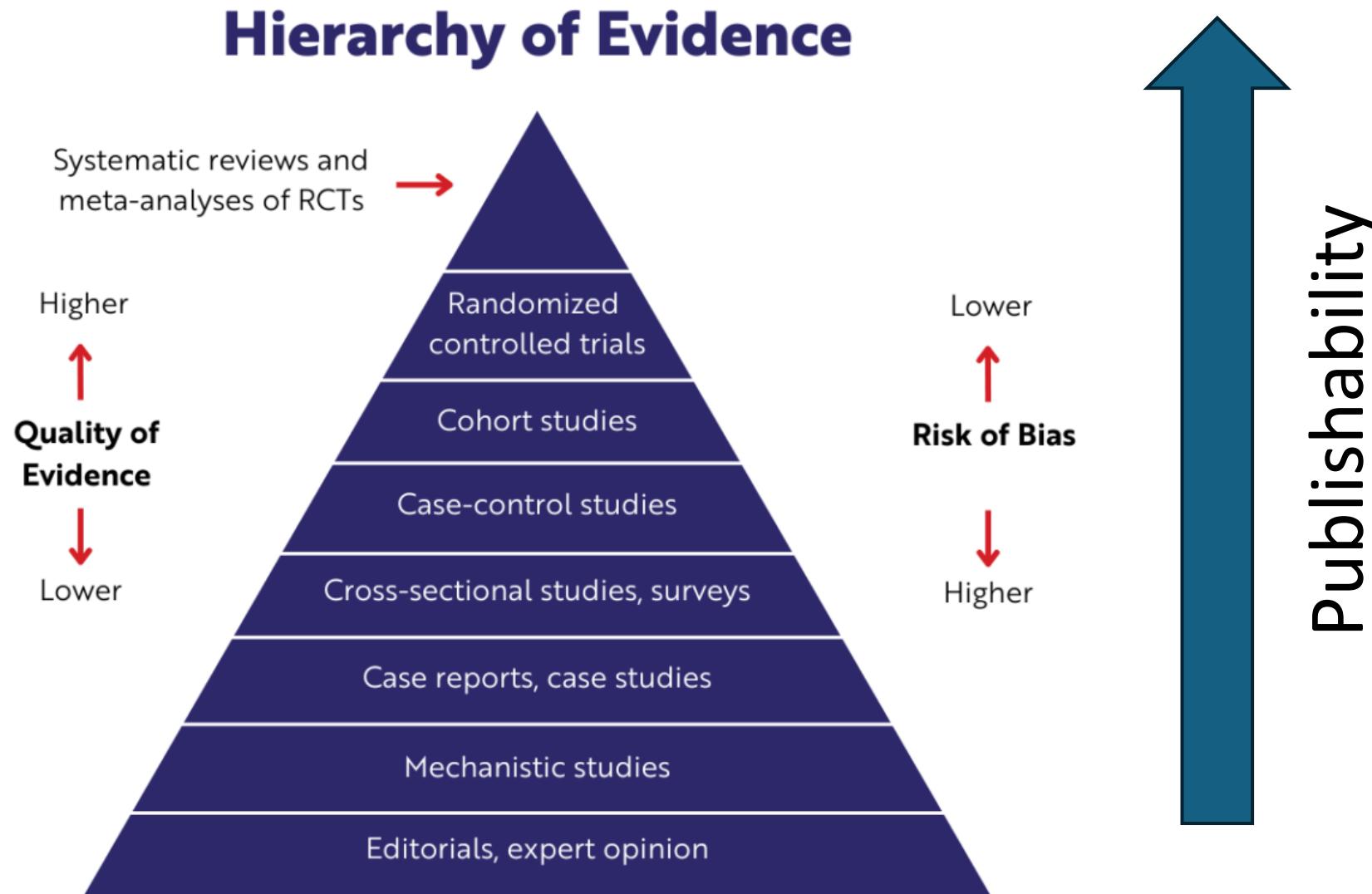
Hypotheses?

Beware of testing too many of them!

Testing too many may exaggerate the significance of the findings (Type 1 error)

Or can also lead to falsely accepting a null hypothesis (Type 2 error)

Study designs



An appropriate study design to address the research question of interest

Methodology - Quantitative research – Editors’ pet hate!

DO NOT claim

DO NOT claim causality when you have found an association

DO NOT conduct

DO NOT conduct multiple tests without correction

DO NOT forget about

DO NOT forget about missing values

Methodology - Quantitative research – Editors’ pet hate!

DO NOT	DO NOT misinterpret	DO NOT ignore	ENSURE	DO NOT ignore
DO NOT <u>over-adjust</u> for mediators	DO NOT <u>misinterpret the P values</u> and the Confidence Intervals	DO NOT <u>ignore study power and precision</u>	ENSURE <u>appropriate measures</u> of exposure and outcomes	DO NOT ignore <u>time-varying covariates</u>

Methodology - Quantitative research – Editors’ pet hate!

DO NOT violate	DO NOT	DO NOT	DO NOT ignore	DO NOT treat
DO NOT <u>violate</u> model assumptions	DO NOT <u>data dredge</u> and p- hacking	DO NOT <u>over-</u> <u>generalize</u> findings	DO NOT <u>ignore</u> <u>competing</u> risk	DO NOT <u>treat</u> <u>observational</u> like randomized controlled trial

Methodology - Quantitative research – Editors’ pet hate!

DO NOT

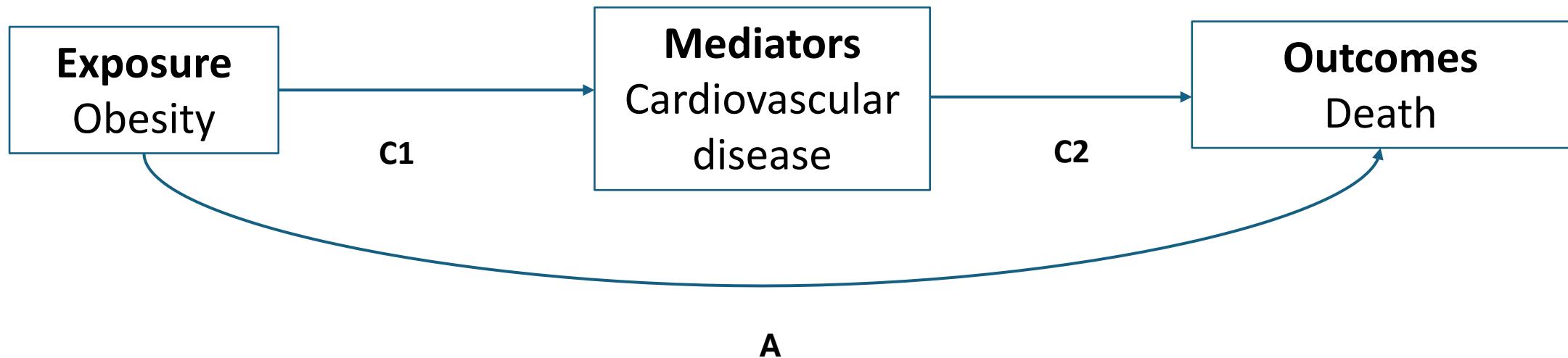
DO NOT
over-adjust
for
mediators

Over-adjustment bias

Research Question:

In patients treated with dialysis, does being obese increase the risk of overall mortality? **(Direct effect - A)**

What are the factors that may contribute to this relationship? **(Indirect effect C1 and C2)**

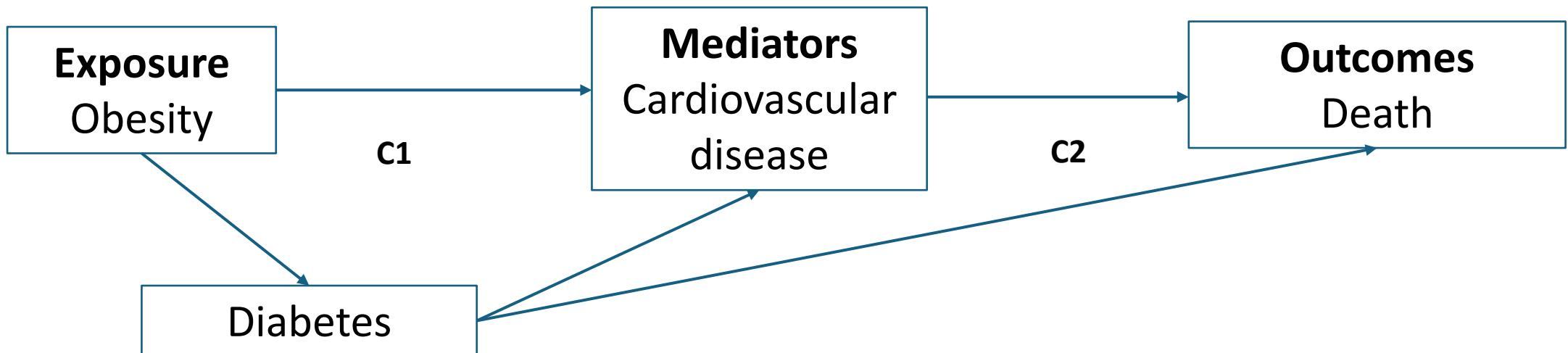


Over-adjustment bias

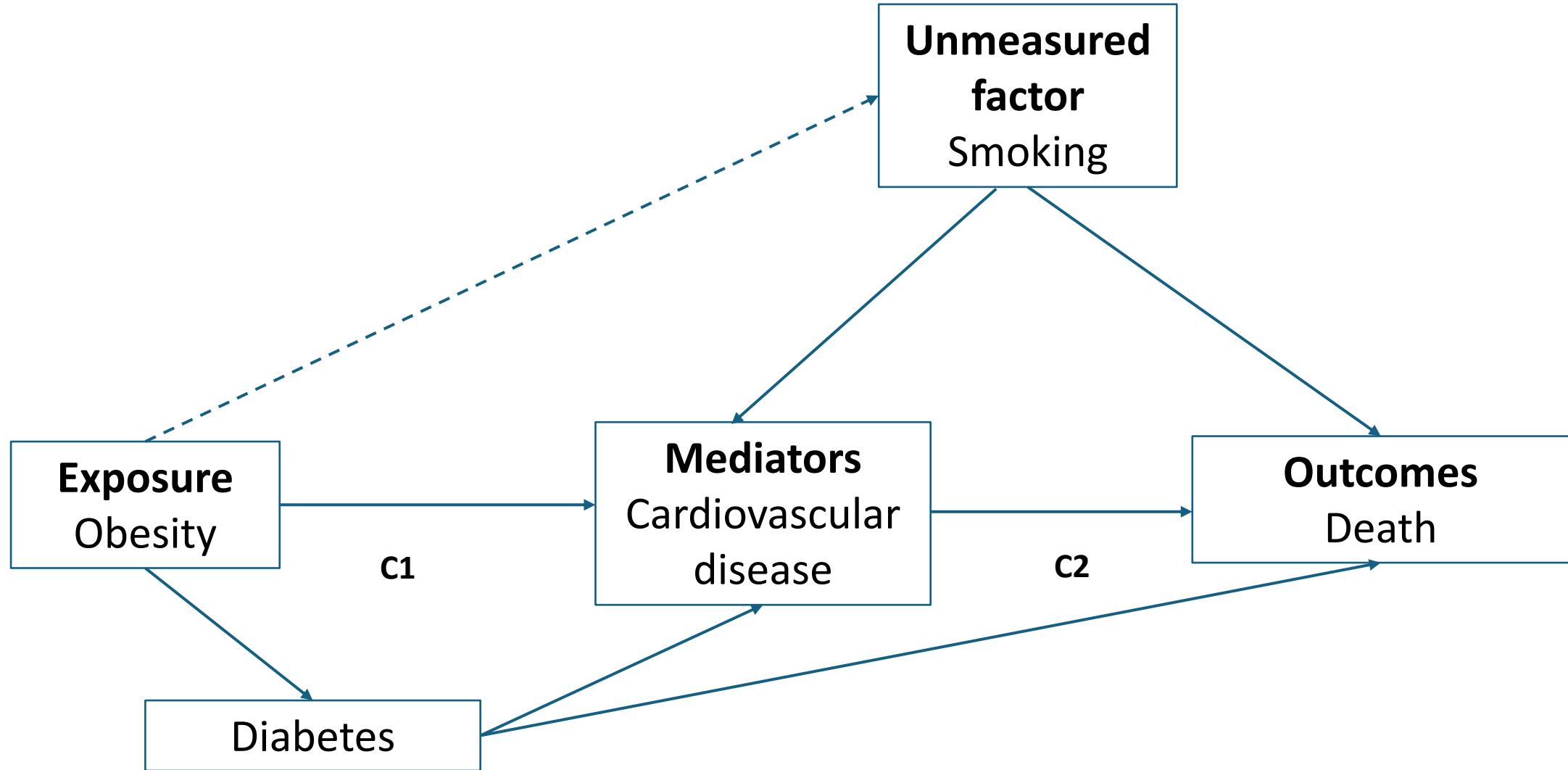
Research Question:

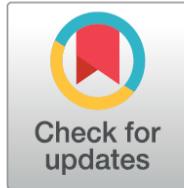
In patients treated with dialysis, does being obese increase the risk of overall mortality? (**Direct effect - A**)

What are the factors that may contribute to this relationship? (**Indirect effect C1 and C2**)



Collider bias





Journal of Clinical Epidemiology 149 (2022) 127–136

**Journal of
Clinical
Epidemiology**

ORIGINAL ARTICLE

Avoiding overadjustment bias in social epidemiology through appropriate covariate selection: a primer

Anita van Zwieten^{a,b}, Peter W.G. Tennant^{c,d,e}, Michelle Kelly-Irving^{f,g}, Fiona M. Blyth^{a,h},
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Methodology - Quantitative research – Editors’ pet hate!

DO NOT ignore

DO NOT
ignore time-
varying
covariates

Time-Dependent Anemia, EPO Use, and Mortality in Dialysis

- Anemia is a dynamic, time-varying exposure in dialysis.
- EPO dosing responds to anemia → creating feedback loops.
- Structure: $\text{Anemia}(t) \rightarrow \text{EPO}(t) \rightarrow \text{Anemia}(t+1) \rightarrow \text{Mortality}$.
- EPO is both a mediator and a time-dependent confounder affected by prior anemia.
- Standard Cox models introduce:
 - Over-adjustment (blocking anemia → EPO → mortality pathway)
 - Collider bias when conditioning on EPO or Hb
- Correct causal method: Marginal Structural Models (MSMs) with IPTW.

Reporting guidelines



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What makes a quantitative big-data research paper publishable?

Clear, clinically meaningful research question

Casual framework for guidance

Analytic rigour and transparency

Avoid big-data pitfalls

Data provenance, quality and validation

Interpretable, clinically plausible findings

Coherent narrative