

# Creating a Registry - Design

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# Creating a Registry

Planning

**Design**

Data Elements

Data Sources

Software

Ethical and Legal Issues

# Registry Design

## Questions for Registries

### *Descriptive questions;*

Understanding characteristics cases

How disease generally progresses

### *Analytic questions;*

Clinical effectiveness,

Assessing safety or harm

Evaluating effects of specific treatments on patient

Research questions should address *registry's purposes*

# Research Questions in Registries

*Natural history* studies; observe **clinical practice & patient experience**

Measures of *clinical effectiveness*;

Followup for long-term *benefits* or *harm*

Surveillance for rare events

*Evaluations* of standard medical practice

# Research Questions in Registries

## Studies;

for treatments in which *randomization is unethical or not necessary*

for which *blinding* is challenging or unethical

of conditions with *complex treatment*

of health care *access* and *barriers* to care

of heterogeneous patient populations;

of effectiveness and safety

# Registry Design

Translating *clinical questions* into *measurable exposures* & *outcomes*

*Clinical questions* in registry will guide *definitions* of;

Study subjects,  
exposure,  
outcome measures,  
study design,  
data collection,  
analysis

# Registry Design

## *Finding necessary data*

Identification of key outcomes, exposures & patients, *drive strategy* for data collection

Generally, *not possible* to collect all desired data (key challenge to registries)

Data collection should be both *parsimonious & broadly applicable*

Registries should focus on collecting *relevant data*

Registry data can be obtained from;

*patients, clinicians, medical records, linkage with other sources*

# Registry Design

## Study Designs for Registries

### Case Series Design;

*Comparison* case series

*Self-controlled* case series, controls for all confounders that do *not vary over followup time*



# Registry Design

## Study Designs for Registries

### Cohort Design ;

*follow over time*, to see particular *endpoint* or *outcome*

is used for *descriptive studies*

to evaluate *comparative effectiveness* and/or safety or quality of care

may include *only people with exposures (a particular drug )*

may include *one or more comparison groups*

# Registry Design

## Study Designs for Registries

### Case - Control Design;

Gathers patients who have a *particular outcome* / an adverse event (cases) & who have not (controls)

*Representative* of source population (**from which cases arise**)

Employed for etiology of *rare diseases*

Cases & controls may be identifiable within a single registry

Note; controls from outside registry must be comparable with cases

# Registry Design

## Study Designs for Registries

### Nested case - control Design;

a variant of case-control study

controls are selected via *risk-set* sampling,

each person in source population has a probability

of being selected *as a control*; ( in proportion to

person-time contribution to cohort )

# Registry Design

## Study Designs for Registries

### Case - Cohort Design;

a variant of case-control study

each control has *an equal probability* of being sampled from source population

This allows *for collection of data* for *cases* and a *sample of full cohort*, instead of whole cohort

# Registry Design

## Choosing Patients for Study;

### Target Population

population to which the findings are meant to apply,  
(all patients with a disease or a common exposure)

registries will enroll all, or nearly all, of target population,  
most, enroll only a sample of target population

*study population* is subset of those who can *actually  
be identified & invited & agree to participate*  
*rarely possible* study groups *fully representative*

*clear definitions of inclusion /exclusion criteria*

*registries typically have few inclusion / exclusion criteria*

# Registry Design

## Choosing Patients for Study; Comparison Groups

To collect data on **comparators** ( parallel cohorts)??

*Depending on purpose of registry, internal, external, or historical groups can be used*

*Comparison groups are most useful;*

*to strengthen understanding of whether observed effects are real*

*to distinguish between alternative decisions*

*to assess differences, magnitude of differences, and*

*strength of associations between groups*

### **Challenges;**

*Comparison groups may yield significant complexity, time, cost;*

*Multiple comparisons: difficulties in interpretation of registry results*

# Registry Design

## Choosing Patients for Study;

**Sampling** (*in terms of patients and sites*)

**Representativeness** of sample affects generalizability

### *Probability sampling;*

Simple random sampling

Stratified random sampling

Systematic sampling

Cluster (area) sampling

Multistage sampling

### *Nonprobability sampling:*

Selection is not random

# Registry Design

## Registry Size and Duration;

*Precision* in measurement and estimation

corresponds to *reduction of random error*;

improved by *increasing size* of study

*Duration of registry enrollment and follow up determined by*

*required sample size &*

*time-related considerations*



# Registry Design

Aims of a registry,  
Desired precision of information sought,  
Hypotheses to be tested,  
determine

process and inputs for arriving at a *target sample size* and  
specifying the *duration of follow up*

# Registry Design

## ***Internal validity;***

*extent to which study results are free from bias, and reported association between exposure and outcome is not due to **unmeasured or uncontrolled-for** variables.*

## ***External validity (generalizability);***

*is a concept that refers to utility of the inferences for broader population that the study subjects are intended to represent.*

# Registry Design

Internal and External Validity;

*Registries*, usually focus on *generalizability*

*include more heterogeneous populations*

*Registries have more opportunities to introduce bias*

# Registry Design

***Information Bias;***

***Selection Bias;***

***Loss to Followup;***

*attrition of patients and sites*

***Bias from study of Existing rather than New Product Users***

*incidence/prevalence bias, survivorship bias, and followup bias*

با تشکر و سپاس از توجه شما