# Effecting rigorous data harmonization and documentation to understand data heterogeneity and quality

Tina W. Wey & Isabel Fortier

Maelstrom Research

Building Multi-Source Databases for Comparative Analyses

Warsaw, Poland, 17 December 2019

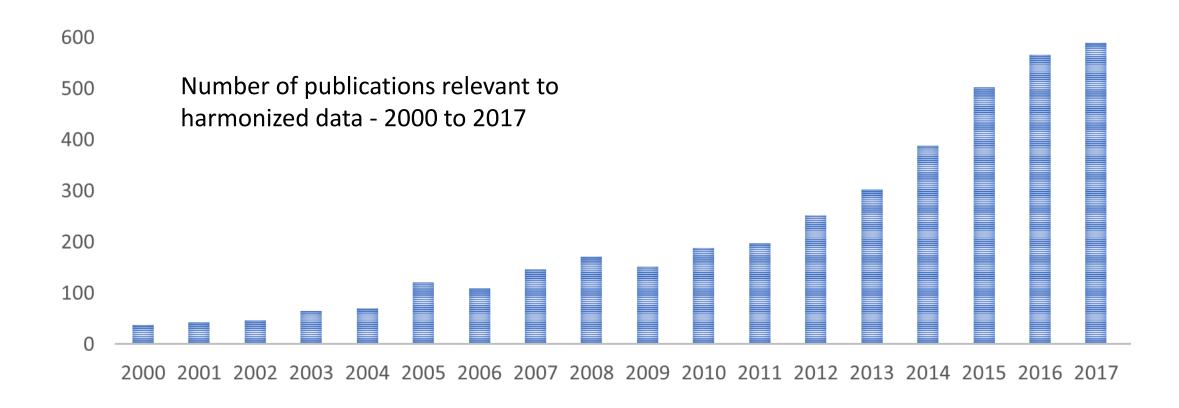


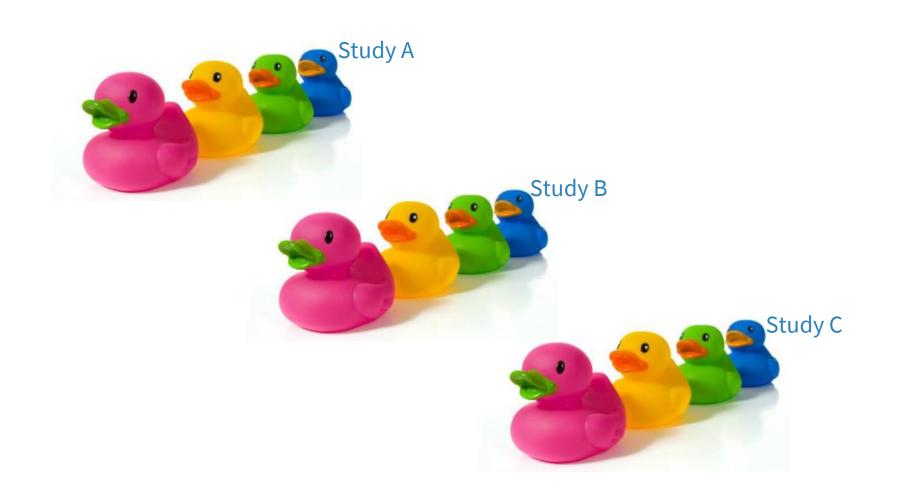


# Increasing need for harmonized data in epidemiological research

Driven by need to obtain larger sample sizes and statistical power; conduct comparative research across studies/populations; extend the scientific impact of individual studies/data sources.

Offers benefits: enabling timely access to available data and samples, increasing potential to share data across studies, and promoting a collaborative approach









# Maelstrom Research



Facilitate collaborative epidemiological research through rigorous data documentation, harmonization, integration, and co-analysis

# Who we are:



#### Hosted at

Research Institute of the McGill University Health Centre in Montreal, Canada



# International research program

partnering with over 15 international networks and research consortia



# Multi-disciplinary team

epidemiologists, data analysts, and computer scientists

# **Activities:**



# Methodological guidelines/support

for data cataloguing, harmonization, integration, and co-analysis



# Web-based catalogues and harmonization platforms

searchable metadata catalogues and platforms to generate common-format variables for coanalysis



# Open-source software

for data cataloguing, harmonization, integration, and co-analysis





Fostering population-based cohort data discovery: The Maelstrom Research cataloguing toolkit

and Public Health Institute of the Sainte-Justine Univ International Journal of Epidemiology, 2016, 1-13 doi: 10.1093/iie/dvw075



Methodological guidelines and open-source software to support data collection, management, dissemination, harmonization and co-analysis











A central study catalogue to foster usage of available data



National and international platforms harmonizing, integrating and co-analysing data across studies

Original Article

#### Maelstrom Research guidelines for rigorous retrospective data harmonization

P Stolk Peter C

doi: 10.1093/ije/dyx180 Advance Access Publication Date: 2 September 2017

Software Application Profile

#### Software Application Profile: Opal and Mica: open-source software solutions for epidemiological data management, harmonization and dissemination

Dany Doiron,

Data Matters

#### DataSHIELD: taking the analysis to the data, not the data to the analysis

Andrew Turner, 1 Elinor M Jones, 4 Joel Minion, 1 Andrew W Boyd, Edwin van den Heuvel. 20 John Macleod. Bartha M Knoppers. 2 Isabel Fortier, 2 Jennifer R Harris.

Fortier, Isabel, et al. "Maelstrom Research guidelines for rigorous retrospective data harmonization." *International journal of epidemiology* (2016): dyw075.





# Maelstrom harmonization guidelines

- **Define the research question(s)**
- Assemble information and select studies
  - 1. Document individual study designs, methods and content
  - 2. Select participating studies
- Define variables and evaluate harmonization potential
  - 1. Select and define the core variables to be harmonized
  - 2. Determine the potential to create the core variables using the study-specific data items

Int. J. Epidemiol. Advance Access published June 6, 2016



International Journal of Epidemiology, 2016, 1–13 doi: 10.1093/ije/dyw075 Original Article

Original Article

# Maelstrom Research guidelines for rigorous retrospective data harmonization

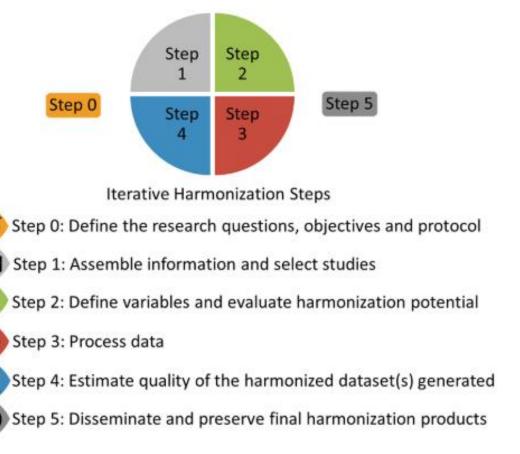
Isabel Fortier, \*\* Parminder Raina, \*\* Edwin R Van den Heuvel, \*\*
Lauren E Griffith, \*\* Camille Craig, \*\* Matilda Saliba, \*\* Dany Doiron, \*\* Ronald P Stolk, \*\* Bartha M Knoppers, \*\* Vincent Ferretti, \*\*
Peter Granda \*\* and Paul Burton \*\*

- Process data
  - 1. Ensure access to adequate study-specific data items and establish the overall data processing infrastructure
  - 2. Process study-specific data under a common format to generate the harmonized datasets
- **Estimate quality of the harmonization dataset(s) generated**
- Disseminate and preserve final harmonization products

# A systematic but adaptable process

Iterative, dynamic process of consideration, evaluation, discussion, validation

Documentation and assessment of source data heterogeneity to understand harmonized output





# Assemble information and select studies: Cohort metadata catalogue



**Study description** 



(e.g., design, participant selection criteria, data collection events)



**Areas of information** 

(e.g., smoking, cancer, anthropometrics)



Variable metadata

(e.g.,variable name/label, categories, units)



Specific data

(individual participants data collected)

PLOS ONE

RESEARCH ARTICLE

Fostering population-based cohort data discovery: The Maelstrom Research cataloguing toolkit

Julie Bergeron<sup>1</sup>, Dany Doiron<sup>1,2,3</sup>, Yannick Marcon<sup>1</sup>, Vincent Ferretti<sup>4</sup>, Isabel Fortier<sup>1</sup>\*

1 Research Institute of the McGill University Health Centre, Montreal, Quebec, Canada, 2 Swiss Tropical and Public Health Institute, Basel, Switzerland, 3 University of Basel, Basel, Switzerland, 4 Research Cente of the Sainte-Justine University Hospital, Montreal, Quebec, Canada

# The Maelstrom Research metadata catalogue



204 studies (122 with variables)

933,144 variables

6,349,772 cohort participants

















Harmonized

**I**NEAR





**ReACH** 



**MINDMAP** 

PHQE: Quebec Europe data harmonization platform

SPIRIT - Sino-Quebec Perinatal Initiative in Research and Information Technology



# Illustrative harmonization projects



Environmental, lifestyle and genetic factors related to the development and progression of cancer and chronic diseases; Prospective design; 5 Canadian provinces



Urban environments and promotion of mental wellbeing and cognitive function of older individuals; Retrospective design; 7 European countries, Russia, and Canada



Canadian pregnancy and birth cohorts data and biological samples to study Developmental Origins of Health and Disease (DOHaD); Retrospective design; Canadian



# **Study Description**



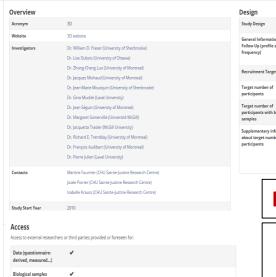
Paternal blood and urine collection occurred as soon as possible post-conception, ideally at visit 1, but to optimize collection, the actual window of collection was extended until visit 5. If father was recruited postnatally, only blood for DNA or saliva for DNA was collected.

Start Year	2010 (June)
End Year	2012 (September)
Data Sources	<ul><li> Questionnaires</li><li> Physical Measures</li><li> Biological Samples</li></ul>
Biological Samples	Blood     Urine

Data sources **Biological samples** 



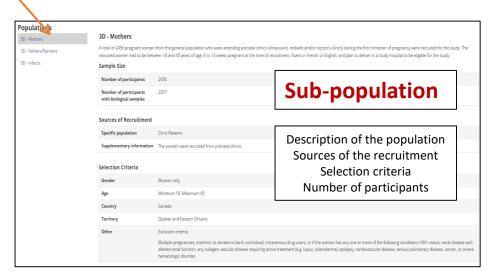
#### 3D - 3D Study - Design, Develop, Discover



## General Information or Pregnant women and their partners were recruited during the first trimester of pregnancy and Follow Up (profile and were followed throughout pregnancy and birth, and along with their children up to 2 years of age, with a total of 8 visits. 2456 participants were originally recruited. (The study is still ongoing, with completion in spring about target number of of 2015. There was some attrition throughout the study and therefore, each participant has a There are 2357 mothers with at least one biological sample and 2333 fathers with at least one

# Design

Objectives Study design Start and end years General information on follow-up Recruitment target Number of participants



# Detailed study-specific source variable information

# Overview Label 1a. lifetime: Smoke a total of 100 or more cigarettes Description 1.1. In your lifetime, have you smoked a total of 100 or more cigarettes (about 4 packs)? Individual Study 3D Dataset 3D\_Prenatal\_Visit1\_Mother Value Type Integer Variable Type Collected

### Classifications

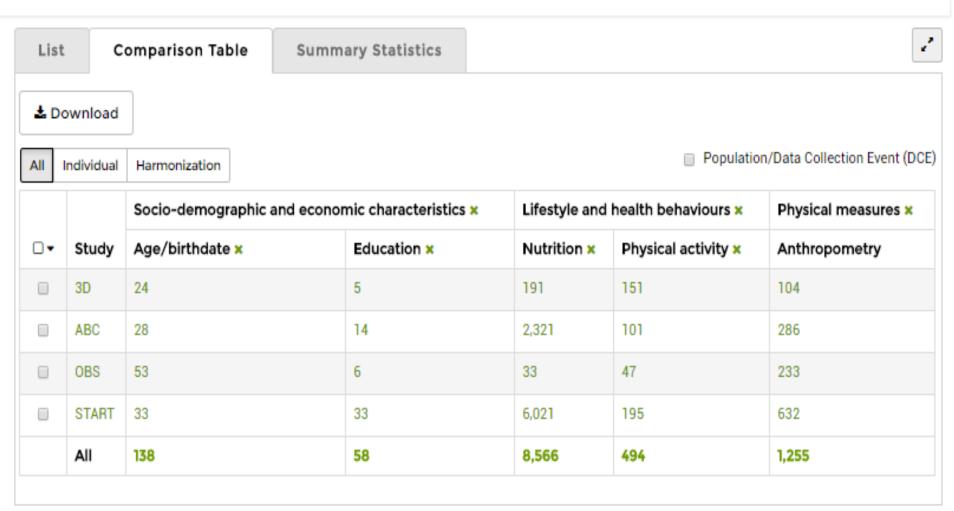
Additional information	
Source	Questionnaire
Target	Participant
Areas of information	
Lifestyle and behaviours	Tobacco

# Categories

Name	Label	Missing
0	not at all	
1	yes	
88	no data	
98	refuse to answer	
99	don't know	



▼ Variables	
Areas of Information	>
Scales/Measures	>
Source & target	>
Properties	>
▼ Studies	
Properties	>
▼ Networks	
Properties	>





# Define core variables (DataSchema)

Quantity = number of studies to include
Quality = scientific relevance/precision



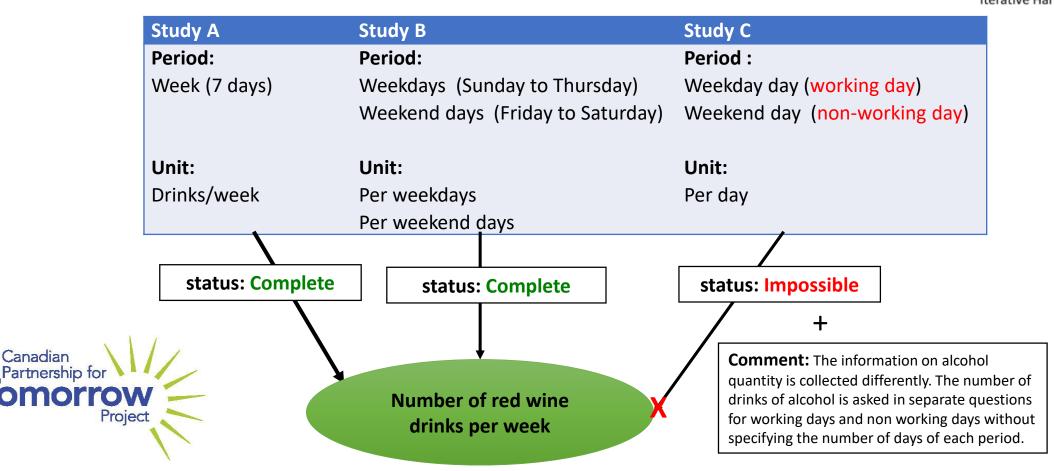


# Evaluate harmonization potential



#### Variable: Number of red wine drinks

Canadian



DataSchema variable

# Target variable: Frequency of Binge Drinking During Pregnancy

## Study A

3 collections

1st collection: 8 – 14 weeks

Question: Since you have become pregnant, how often did you have 5 or more drinks on one occasion?

Response: #days of week OR #days of month OR #days since beginning of your pregnancy

2<sup>nd</sup> collection: 20 - 24 weeks

Question: Since your last visit, how often did you have 5 or more drinks on one occasion?

<u>Response</u>: #days of week <u>OR</u> #days of month OR #days since beginning of your pregnancy

3<sup>rd</sup> collection: 32 - 35 weeks

Question: Since your last visit, how often did you have 5 or more drinks on one occasion?

Response: #days of week OR #days of month OR #days since beginning of your pregnancy

## Study B

2 collections

1st collection: 12 – 16 weeks

Question: Please specify the number of times per month you have four or more drinks at the same sitting or occasion (during this pregnancy)?

Response: >= 1times/month. Please specify
number: | < 1/month | None</pre>

2<sup>nd</sup> collection: 28 – 32 weeks

<u>Question</u>: Over the past 3 months, how often did you have four or more drinks at the same sitting or occasion?

Response: 6 to 7 times a week | 4 to 5 times a week | 2 to 3 times a week | once a week | 2 to 3 times a month | about once a month | 6 to 11 times a year | 1 to 5 times a year | never

# Rearch Advancement through Cohort Cataloguing and Harmonization

### Study C

1 collection

1st collection: 21 – 39 weeks

Question: During this pregnancy, how many times have you consumed at least 5 or more drinks of alcohol in a day?

Response: continuous

### Challenges

- Timing
- Wording of questions
- Wording of categories
- Responses options
- Data collection events

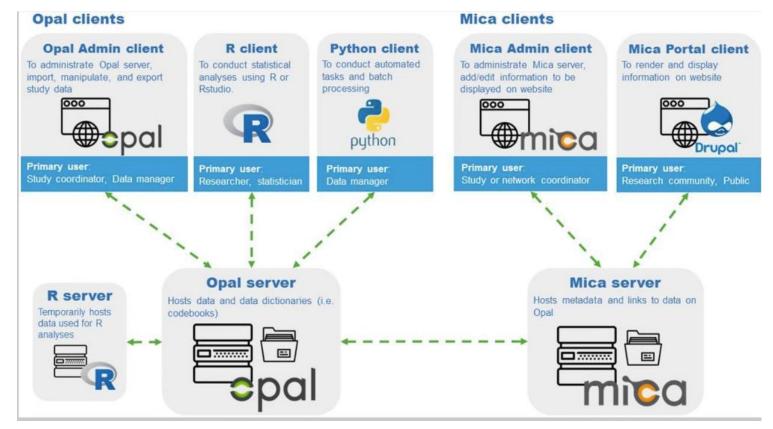
# Process data: Access to data





Data repository application integrating and storing data from multiple sources









T CPTPCoreQx / Coreqx\_final\_feb2016 ☆

Dictionary

Summary Values

Permissions

⊕ Download 
-

🚣 Export

**с** Сору

m

# Properties 🕝

Name	Coreqx_final_feb2016
Entity Type	Participant

# Variables



T Filter variables...

**← K →** 

H

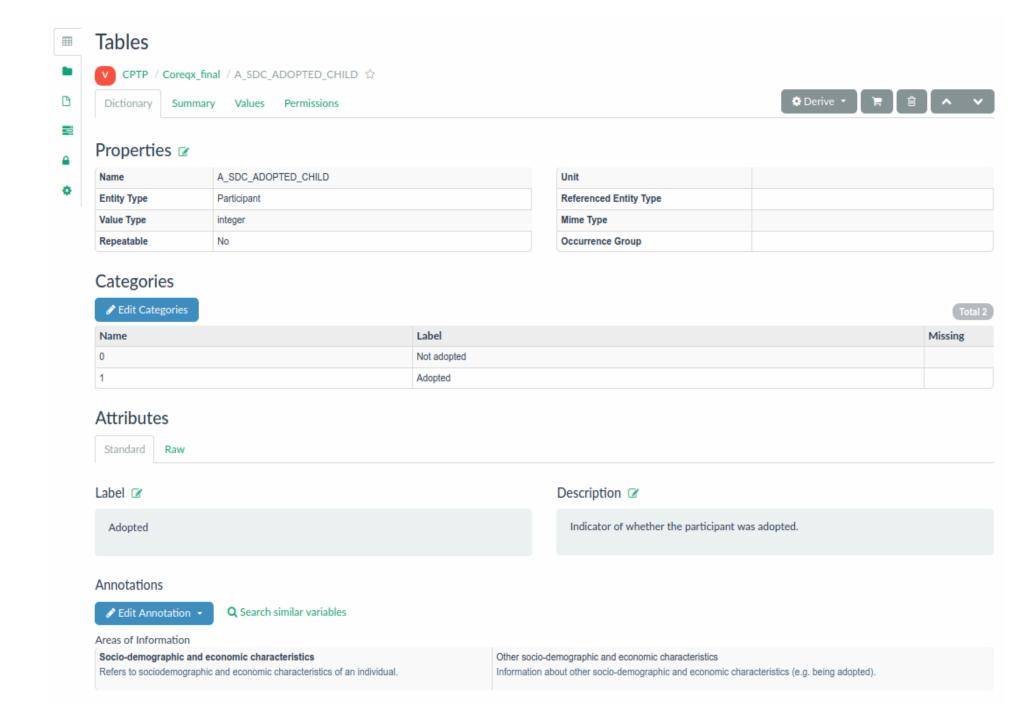
1-50 of 709

# **Table**

S	Select variables to add to view, manage attributes or remove.				
	Name	Label	Value Type	Categories	
	A_ADM_STUDY_ID	en Regional cohort ID	integer	1, 2, 3, 4, 5	
	A_ADM_STUDY_DATASET	en Regional cohort dataset name	text		
	A_ADM_QX_VERSION	en Questionnaire version	text		
	A_ADM_QX_LANGUAGE	en Questionnaire administration language	integer	1, 2	
	A_ADM_QX_FORMAT	en Questionnaire administration format	integer	1, 2, 3, 4	
	A_ADM_QX_COMPLETION	en Date of questionnaire completion	date		
	A_SDC_GENDER	en Gender	integer	1, 2	
	A_SDC_AGE_CALC	en Age	integer		
	S_SDC_BROTHERS_NB	en Number of biological brothers	integer		
	S_SDC_SISTERS_NB	en Number of biological sisters	integer		



# Variable



# Assess study-specific source data



# Verify:

- Data format and compatibility with Opal
- Entity IDs, duplicate IDs, IDs missing values
- Inclusion criteria
- Variable list, metadata, format
- Univariate checks
- Multivariate checks for cross-variable coherence
- Document issues, summary reports, communication with cohorts
- •



# Generate core variables





# **Study specific variables**

Case 1: Ever had sigmoidoscopy or colonoscopy

Case 2: Ever had sigmoidoscopy
Ever had colonoscopy



# **DataSchema variable**

Ever had sigmoidoscopy or colonoscopy

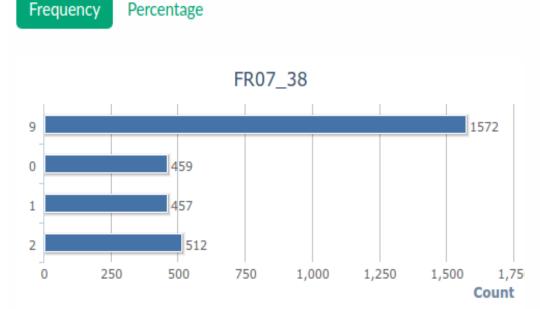
Case	Rule	Script
1	Direct mapping from source variable	<pre>\$('uhlq_hc_3').map({     '1': '1',     '2': '0' }, null, null);</pre>
2	Sourced from DataSchema variables  If HS_SIG_EVER = 1 OR HS_COL_EVER = 1> code to 1	<pre>var sig_ever = \$this('HS_SIG_EVER'); var col_ever = \$this('HS_COL_EVER');  if (sig_ever.eq(1).or(col_ever.eq(1)).value()) { //if either is ever&gt; ever    1;</pre>
	If HS_SIG_EVER = 0 AND HS_COL_EVER = 0> code to 0	<pre>} else if (sig_ever.eq(0).and(col_ever.eq(0)).value()) { //if both are never&gt; never 0; } else { //if either is null&gt; null null; }</pre>





Variable summary on 3000 /3000 entities **☼ Refresh** 

# **Plots**



Variable summary statistics

# **Statistics**

value	Value Frequency	Percentage	
		Subtotal	Total
Non-Missing			
0	459	32.14%	15.3%
1	457	32%	15.23%
2	512	35.85%	17.07%
Subtotal	1428	100%	47.6%
Missing			
9	1572	100%	52.4%
N/A	0	0%	0%
Subtotal	1572	100%	52.4%
Total	3000	-	100%

# Generate core variables







Top languages

of this organization.

This organization has no public members.

You must be a member to see who's a part

People

ww



# MINDMAP

MINDMAP is a multi-cohort research project exploring the urban environment and mental well-being. This space is used to manage MINDMAP data harmonization work.

10 http://www.mindmap-cities.eu/

#### lifestyle\_behaviours

Lifestyles and behaviours domain data harmonization work repository // Lead - Marielle Beenackers (EMC)

¥2 ★0 ①0 11 Updated 2 days ago

#### sociodem\_characteristics

Sociodemographic characteristics domain data harmonization work repository //
Lead - Rita Wissa (RI-MUHC)

¥4 ★0 ①0 1 1 Updated 2 days ago

#### mental\_health\_outcomes

Mental health outcomes domain data harmonization work repository // Lead - Milagros Ruiz (UCL)

¥3 ★0 ①0 1 0 Updated 3 days ago

#### other\_outcomes

Other outcomes domain data harmonization work repository // Lead - Marielle WALLAND Beenackers (EMC)

¥2 ★0 ①0 110 Updated 3 days ago

#### Harmonized-Datasets

■ R Y 0 ★ 0 ① 0 \ 0 Updated 5 days ago

GitHub

# Estimate quality of harmonized dataset

Step 1 2 Step 2 Step 5 Iterative Harmonization Steps

- For each study-specific harmonized dataset:
  - Validate harmonization process (algorithms, scripts)
  - Validate data content and consistency
  - Distributions and missing values
  - Consistency with DataSchema (format, categories)
  - Harmonization completion statuses
  - Multivariate checks for cross-variable coherence
  - Document issues, summary reports, communication with cohorts
  - ...



# Alcohol consumption of mother 1 year prior to pregnancy: Y/N?

#### Study A

Category	Freq.
Every day	43
4-6 / week	185
2-3 / week	503
1/ week	380
2-3 /month	278
1 / month	185
<1/month	325
Never	461
Missing	5
Total	2 365

#### Study variable(s)

[Alcohol frequency during year before pregnancy]

#### DataSchema variable values

Value	Condition
0	Mapping from study variable if  • [Alcohol frequency during year before pregnancy] = None
1	Mapping from study variable if  • [Alcohol frequency during year before pregnancy] ≥ 1
	Missing

Study-specific
harmonized
variable

Category	Freq.	
Yes	1 899	
No	461	
Missing	5	
Total	2 365	

Study-specific harmonized

variable

2 728

590

23

3 341

Category

Yes

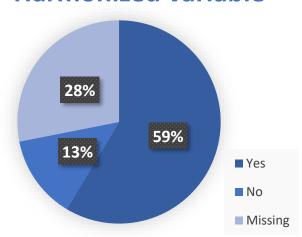
No

Missing

Total

# **ReACH** Cohort Cataloguing and Harmonization

# Harmonized variable



### Study B

Category	Freq.	
Yes	2 728	
No	590	
Missing	23	
Total	3 341	

#### Study variable(s)

[Alcohol use 12 months before pregnancy]

#### Dataschema variable values

Value	Condition
0,1	Direct mapping from study variable
	Missing

┙	

#### Study-specific harmonized variable

Category	Freq.
Yes	0
No	0
Missing	2 187
Total	2 187

#### Study variable(s)

[Never consumed alcohol]

#### Dataschema variable values

Yes	261		Datascricina variable values				
No	1835		Value	Condition			
		•	0,1	Impossible			
Missing	90			Missing			
Takal	2 1 0 7						

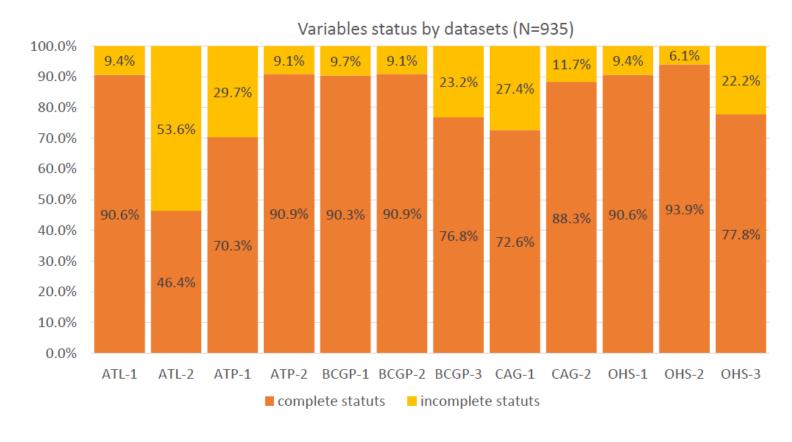
# Category Total

Study C

# Harmonization potential across studies: CPTP Health and Risk Factor Questionnaire

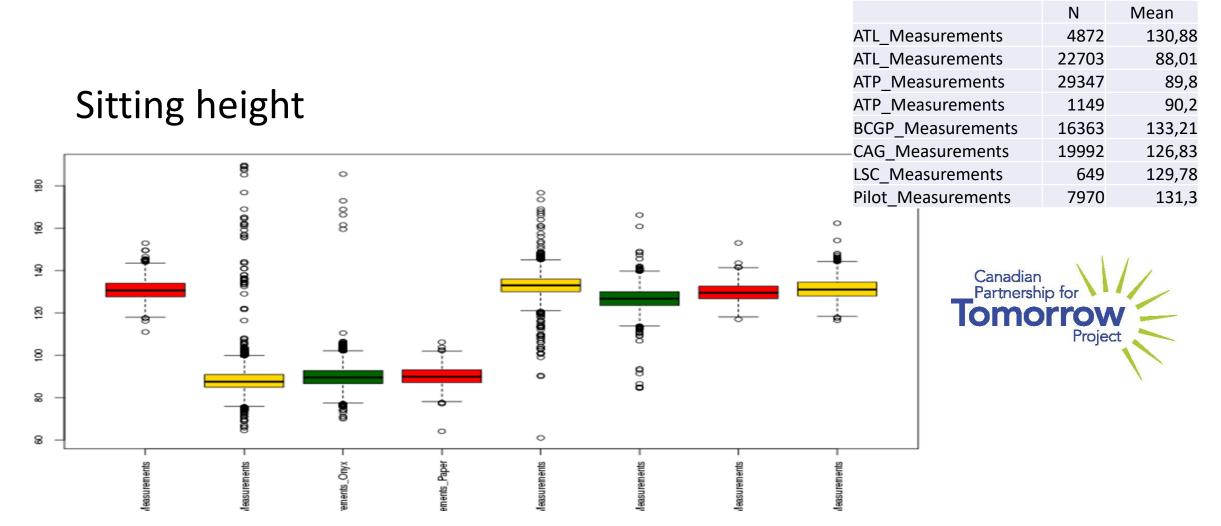
#### Health and Risk Factor Questionnaire – Harmonized variables



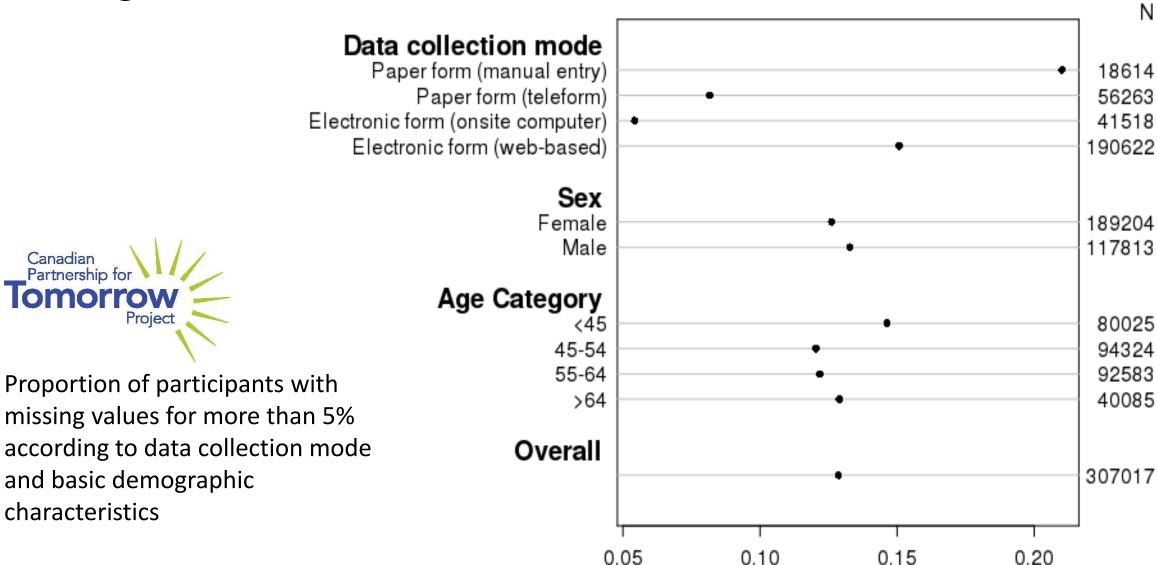


# Estimate quality of harmonized dataset

Understand the potential and limitations of the harmonized dataset

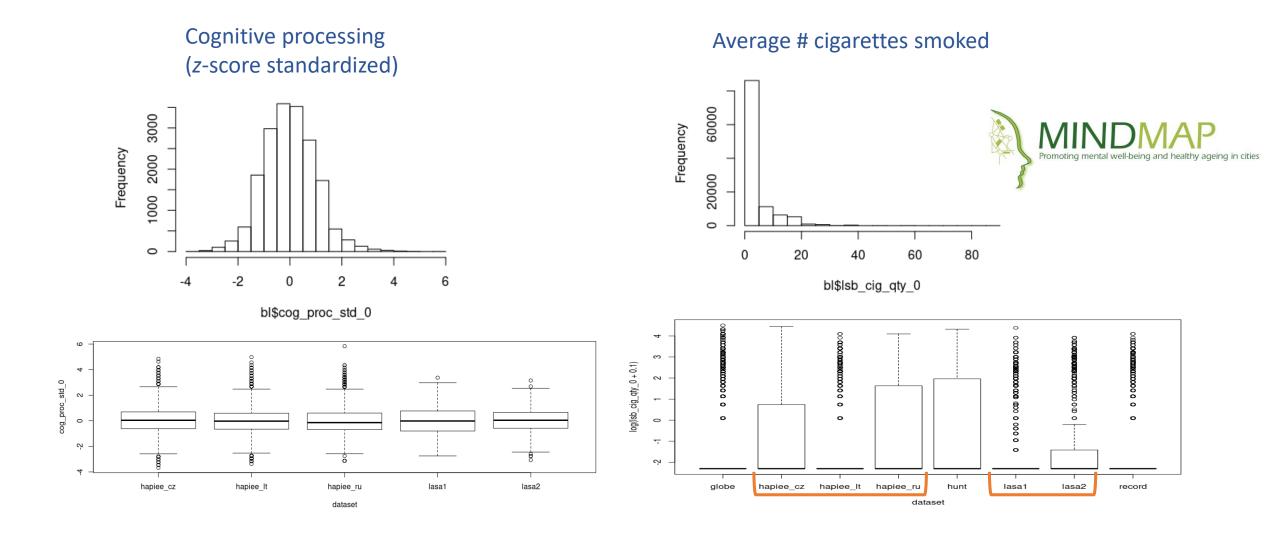


# Missing values: CPTP data collection mode



Proportion missing values

# Harmonization process: MINDMAP variable profiles



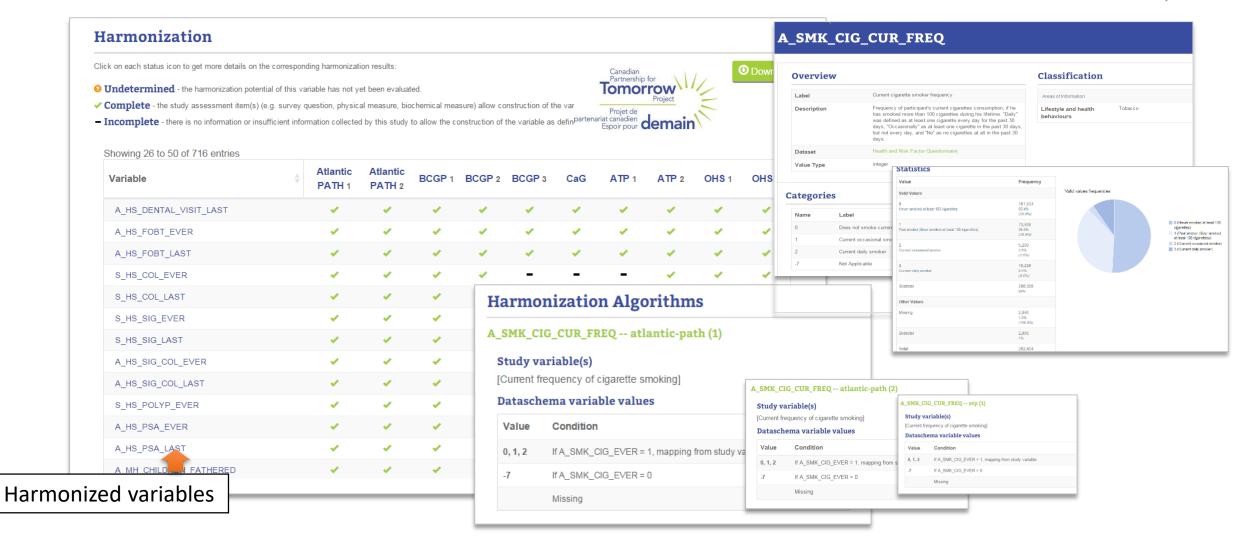
# Disseminate and preserve harmonization products

Step 0



Ensure transparency and leverage usage of harmonized data

Iterative Harmonization Steps





# A data portal application used to describe central data and manage data access requests





E COHORT DATASETS BIOSAMPLES ACCESS

The Canadian Partnership for Tomorrow Project (CPTP) Portal provides the research community with the necessary resources to identify epidemiological and biological data available from five participating cohorts to answer innovative research questions. A request for access to CPTP data is initiated directly through the CPTP Portal.

# Data portal

#### Cohort design



Find out more about the five regional cohorts of the CPTP.

Read more

#### **Datasets**



Find out more about the CPTP datasets and data harmonization approach.

Read more

#### **Biological samples**



Find out more about CPTP's biologicalsample collection and its upcoming availability.

Read more

#### Access



Find out more about CPTP Access Policy, the access process, and approved research projects.

Read more

Welcome to the CPTP Portal! The Portal includes comprehensive information on cohort design, the data harmonized across five regional cohorts, the biological samples collected, and CPTP's Access Policy and access process.

#### More information

Visit the CPTP website to learn more about CPTP.

For inquiries about questionnaire data, biological-sample data, and the access process, please create a CPTP Portal User account to contact the Access Office.

#### Data available

CPTP harmonized datasets are available to researchers through an access request and include:

- Health and Risk Factor Questionnaire dataset (more than 300,000 participants)
- Dataset on usage of prescribed medications (all CPTP participants)
- Dataset on mental health data (from more than 54,000 CPTP participants)
- Dataset on physical measures (from more than 100,000 CPTP participants)
- Dataset on Personal and family history of diseases other than those captured in Health and Risk Factor Questionnaire dataset

# Document the overall harmonization process



#### Research

Harmonization of the Health and Risk Factor Questionnaire data of the Canadian Partnership for Tomorrow Project: a descriptive analysis

Isabel Fortier PhD, Nataliya Dragieva MSc, Matilda Saliba PhD, Camille Craig MSc, Paula J. Robson PhD; with the Canadian Partnership for Tomorrow Project's scientific directors and the Harmonization Standing Committee\*

#### Abstract

**Background:** The Canadian Partnership for Tomorrow Project is a multistudy platform integrating the British Columbia Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, CARTaGENE (Quebec) and the Atlantic Partnership for Tomorrow's Health. This paper describes the process used to harmonize the Health and Risk Factor Questionnaire data and provides an overview of the key information required to properly use the core data set generated.

Methods: This is a descriptive analysis of the harmonization process that was developed on the basis of the Maelstrom Research guidelines for retrospective harmonization. Core variables (DataSchema) to be generated across cohorts were defined and the potential for cohort-specific data sets to generate the DataSchema variables was assessed. Where relevant, algorithms were developed and applied to process cohort-specific data into the DataSchema format, and information to be provided to data users was documented.

Results: The Health and Risk Factor Questionnaire DataSchema (version 2.0, October 2017) comprised 694 variables. The assessment of harmonization potential for the variables over 12 cohort-specific data sets resulted in 6799 (81.6%) of the variables being considered as harmonizable. A total of 307 017 participants were included in the harmonized data set. Through the cohort data portal, researchers can find information about the definitions of variables, harmonization potential, algorithms applied to generate harmonized variables and participant distributions.

**Interpretation:** The harmonization process enabled the creation of a unique data set including data on health and risk factors from over 307 000 Canadians. These data, in combination with complementary data sets, can be used to investigate the impact of biological, environmental and behavioural factors on cancer and chronic diseases.

Maelstrom Research process for rigorous data harmonization

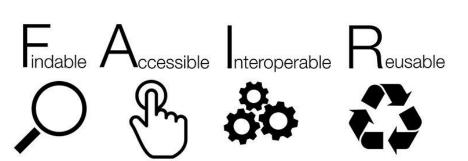
Retrospective data harmonization offers many benefits but is necessarily challenging.

Need a general systematic process that can be adapted to each initiative.

Applying systematic approach to ensure proper quality checks and documentation throughout is critical for assessing and interpreting results.



Step 5: Disseminate and preserve final harmonization products





# **Funding and support:**































# www.maelstrom-research.org

# Our numbers continue to grow



Networks



Individual Studies



Individual Studies with Variables

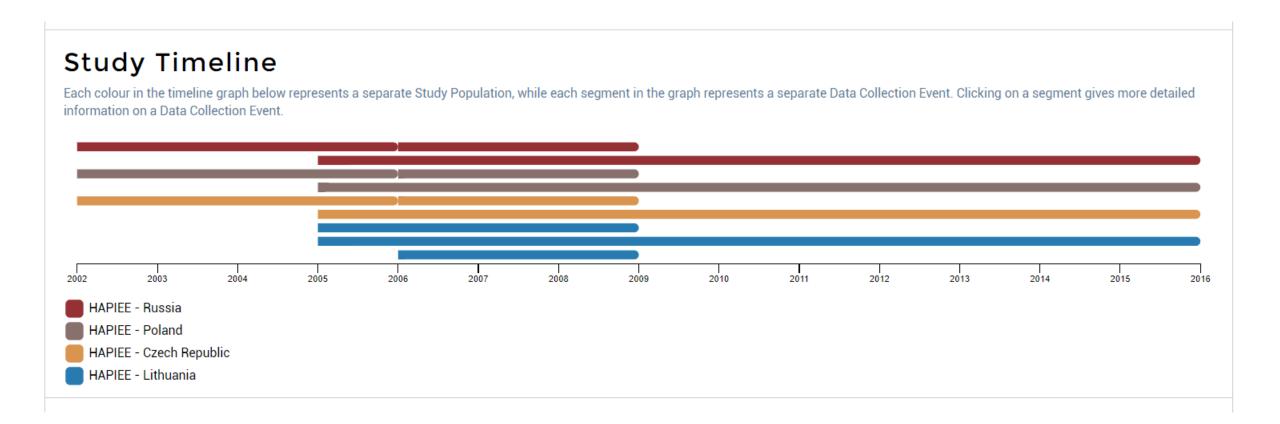




Individual Study Variables

933,144

# Population-based cohort studies





# Study description

#### **The CPTP Cohorts**

The Canadian Partnership for Tomorrow Project (CPTP) aims to support leading edge Canadian and international research that investigates environmental, lifestyle and genetic factors related to the development and progression of cancer and chronic diseases.

The Partnership brings together five Canadian regional cohorts: BC Generations Project, Alberta's Tomorrow Project, Ontario Health Study, CARTaGENE (Quebec) and the Atlantic Partnership for Tomorrow's Health. More than 300,000 Canadians aged 35 to 69 have enrolled in the CPTP since 2008. In addition to contributing information on their lifestyle and health, subsets of participants have contributed biological samples, comprised of more than 150,000 DNA-containing biosamples (including at least 135,000 venous blood samples), 101,000 urine samples, and 31,000 toenail samples (as of March 2015).

#### Alberta's Tomorrow Project (Alberta)



The principal objective of Alberta's Tomorrow Project (ATP) is to develop a long-term cohort study that will act as a research platform to facilitate research into how various aspects of lifestyle, modifiable behaviours, environmental and genetic factors interact to influence risk of cancer, and oth... Read more

#### BC Generations Project (British Columbia)



The BC Generations Project is a major health research project investigating environmental, lifestyle and genetic factors in the development of cancer and other chronic diseases in British Columbia, Canada.

#### Ontario Health Study (Ontario)



The Ontario Health Study (OHS) is a prospective cohort study that will serve as a platform for investigating environmental, lifestyle, clinical and molecular and/or genetic factors that potentially affect risk of developing cancer and other chronic diseases.... Read more

#### Atlantic PATH (Atlantic Region)



The Atlantic PATH is a long-term research project investigating enviror factors related to the Atlantic Canada (Nov

Prince Edward Island Labrador).

#### **CARTaGENE** (Quebec)



CARTAGENE is a lor investigating environ factors in the develor chronic diseases in Ç CARTaGENE's object platform containing d containing biological

#### **CARTAGENE** (Quebec)

CARTaGENE is a long-term cohort study investigating environmental, lifestyle and genetic factors in the development of cancer and other chronic diseases in Québec, Canada. CARTaGENE's objectives are:

1. To create a platform containing data on health and a biobank containing biological material from a random sample of adults aged between 40 and 69 years representative of the dwelling population from the province of Québec. Data and samples are accessible to researchers in Canada and elsewhere. To allow access to these banks, projects must meet the scientific and ethical requirements described in CARTaGENE's access policies;

- 2. To help researchers understand the genetic, environmental and lifestyle factors involved in common diseases such as heart disease, diabetes and cancer. This increased understanding of the determinants of health and disease will, in the long term, translate into improved disease prevention, diagnostics and treatment, and contribute to a better allocation of health care resources
- 3. To contribute to the international harmonization of research tools and methods and governance approaches for population genomics studies. This will help to increase the statistical power and reliability of all population genomics studies, and to translate the studies into health benefits faster.

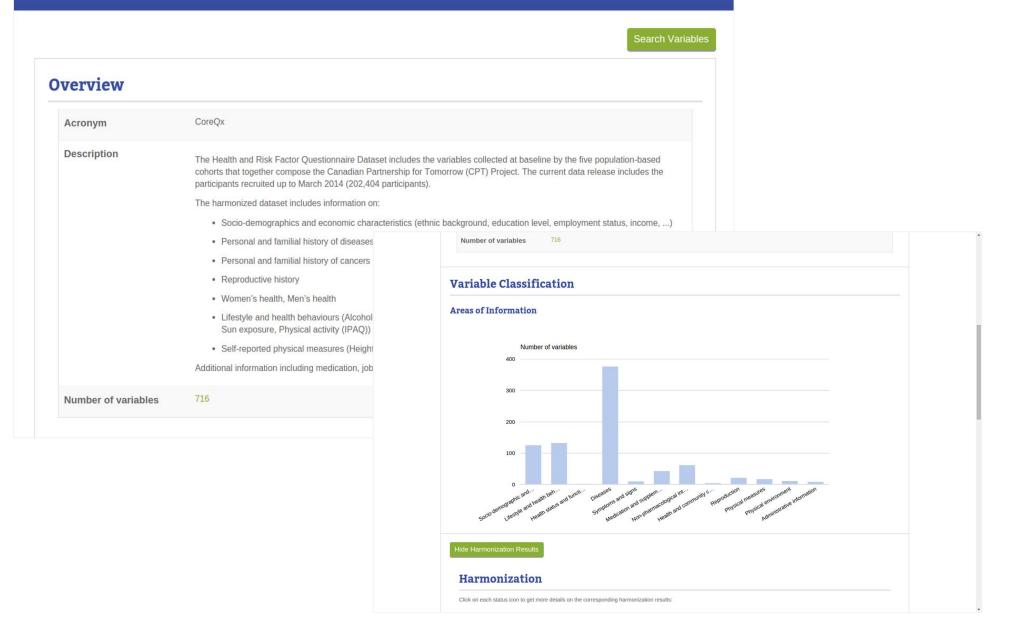


Access Access to external researchers or third parties provided or foreseen for:					Mis	Marker Paper				
					Awadalla P, Boileau C, Payette Y, Idaghdour Y, Goulet JP, Knoppers B, Hamet P, Laberge C, on behalf of the CP, Cohort profile of the CARTaGENE study: Quebec's population-based					
	Data (questionnaire- derived, measured)				biob	on behalf or the CP, Corton profile of the CART asserts study. Quebec's population-based biobank for public health and personalized genomics. Int J Epidemiol, 2012. PUBMED 23071140				
Biologica	ogical samples 🗸									
imelin	10									
9008	ne limeline graph below repres	ents a separate Stu 2010	dy Population, while	each segment in the gra	aph represents a separ	ate Data Collection Eve	nt. Clicking on a segme	nt gives more detailed information on a D	oata Collection Event.	
ach colour in th	ne limeline graph below repres				-			T.	bata Collection Event.	
nch colour in th	ne timeline graph below repres 2009 ulation				-			T.	nata Collection Event.	

# **Health and Risk Factor Questionnaire**



Dataset description



# A\_DIS\_ARTHRITIS\_EVER



Variable description



# **Categories**

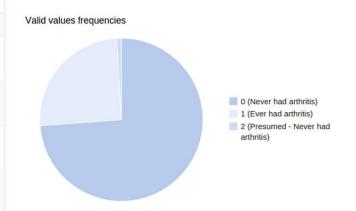
	Name	Label	Mis
	0	Never had arthritis	
	1	Ever had arthritis	
	2	Presumed - Never had arthritis	
S	tatistic	es	
_		mmary of all studies:	
			Frequency

Summary statistics (real time)

#### **Statistics**

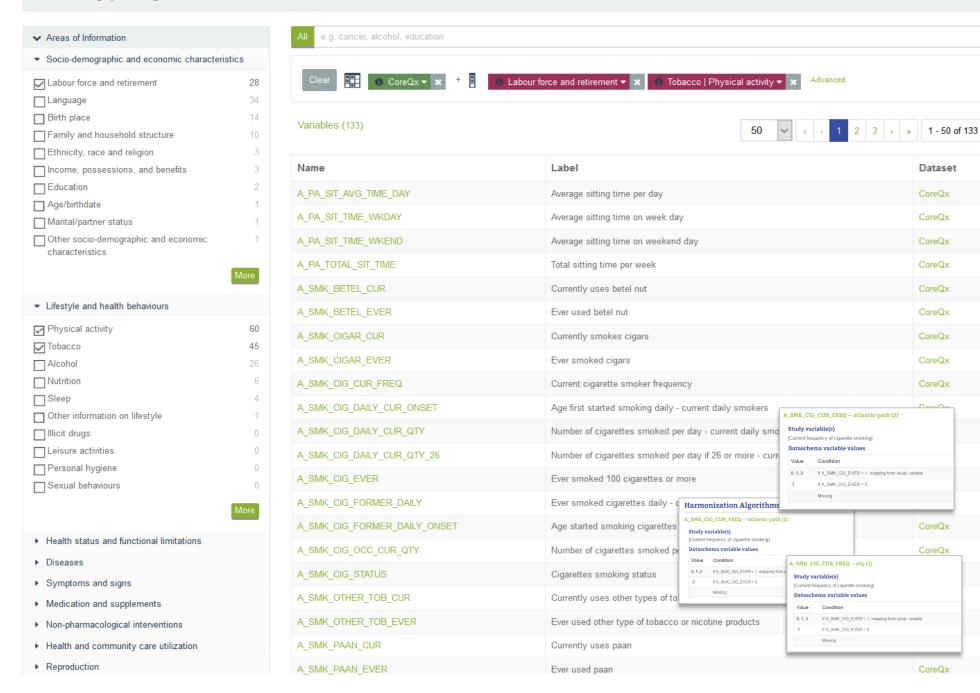
Cumulative summary of all studies:

Value	Frequency
Valid Values	
0 Never had arthritis	145717 72.0% (73.8%)
1 Ever had arthritis	49809 24.6% (25.2%)
2 Presumed - Never had arthritis	1863 0.9% (0.9%)
Subtotal	197389 97.5%
Other Values	
Missing	5013 2.5% (100.0%)
Subtotal	5013 2.5%
Total	202402





# Variable search



Dataset

CoreQx

CoreQx

CoreQx

CoreQx

CoreQx

CoreQx

CoreQx

CoreQx

CoreQx

CoreQx