

Annex I: GREG Feasibility Assessment Report

ADMINISTRATIVE DETAILS

Use case identifier [from submission form]:

Use case title:

Use Case Lead: [Name, email]

Check of completeness of Use Case form conducted by: [Name, email]

Date of initial feasibility request: [DD/MM/YYYY]

Person(s) responsible for the Feasibility Assessment: [Name, email]

ASSESSMENT OF METHODS REQUIREMENTS/FEASIBILITY

Based on the study type and objectives defined in the use case submission form, this section defines the required methods/statistical analyses for the study.

Assessment criteria:

Required analyses	e.g. Incidence/Prevalence; Cohort study
Standard analytics available	e.g. yes (analytical package); no (cohort study would be using PS matching/weighting)
Guidelines/standard methods available?	Are there any guidelines/recommendations of state-of-the-art methods that will be used or tested against?

RECOMMENDATIONS/PROPOSED METHODS

Which analytical methods would you recommend to use for this study? What would be their limitations? Is the analytical method (incl. statistical code/packages) available or would it needed to be developed?

ASSESSMENT OF RESOURCES/TIMELINES FEASIBILITY

Assessment criteria:

Required FTE	e.g. %FTE of X staff members working on the study
Data costs	e.g. X databases
Additional resources?	<i>Is there a specific contribution (FC/in-kind) available if this use case would be conducted?</i>
Would any extra effort be needed that incures additional costs?	e.g. mapping of non-OMOP data, mapping medical devices
Timeline	What would be the estimated timeline for completion of the study?

RECOMMENDATIONS/ESTIMATED RESOURCES

What would be feasible timelines for completion of the study and how many resources would be needed?

ASSESSMENT OF DATA FEASIBILITY

This section assesses the requirements on data (domain availability, setting, geography, timelines, etc.), relevant feasibility counts, and reports the data partner selection process. Based on these, a recommendation on potential data partners is being made. The start date is reported for reproducibility purposes.

Start date: DD/MM/YYYY

Exploration report

This section reports the process for data partner shortlisting for the data feasibility assessment. From the submission form, the following information was extracted regarding the data requirements of this use case:

<u>Healthcare setting suitability</u>	<i>To be completed with the UC setting needs, e.g., primary care</i>
<u>Temporal suitability</u>	<i>To be completed with the UC temporal needs, e.g., data from > 2021, data from <2010</i>
<u>Geographical suitability</u>	<i>To be completed with the UC geographical needs, e.g., data from southern European countries</i>
<u>Presence of necessary data domains</u>	<i>To be completed with the UC data domains needs, e.g., conditions, drugs, and procedures.</i>

After exploring the EHDEN-F data partners specifications, the following flowchart has been produced reporting the number of data partners that do not meet each criterion. This selection process is **systematic** and transparent.