SAUDI GASTROENTEROLOGY ASSOCIATION

الجمعية السعودية للجهاز الهضمي

A FOUNDING-CENTRE PROSPECTUS

OASIS

OBSERVATIONAL ASSESSMENT STUDY FOR IBD IN SAUDI ARABIA

A national, multi-centre, prospective registry tracking the epidemiology, treatment patterns, and clinical outcomes of inflammatory bowel disease across the Kingdom

Hosted by the Saudi Gastroenterology Association · OASIS Platform · Riyadh

Edition 1.1 · 2026

SECTION 01 · THE OPPORTUNITY

A single national IBD cohort, built from the centres that already see the patients

Inflammatory bowel disease is rising in the Kingdom at one of the fastest rates documented anywhere in the world. Single-centre series at the major Saudi academic IBD centres each describe several thousand patients — but no Saudi clinician today can answer a basic national epidemiological question without re-extracting data centre by centre.

OASIS — the Observational Assessment Study for IBD in Saudi Arabia — is the national platform, launched in 2026 and hosted by the Saudi Gastroenterology Association, designed to solve this. It is registry infrastructure plus a defined common data model, plus a governance frame, plus a federated query layer that respects each centre's data custody and IRB independence.

This prospectus invites the major Saudi academic IBD centres to participate as founding sites. The model deliberately preserves each centre's data custody and IRB independence — raw patient records never leave their host institution. What moves is the harmonised query and the de-identified aggregate result. This is the same federated architecture used by ENEIDA (Spain), IG-IBD (Italy), SIBDCS (Switzerland) and GETAID (France), adapted here for Saudi Personal Data Protection Law, MOH governance, and SCFHS audit.

WHAT OASIS UNLOCKS FOR SAUDI IBD

A true national prevalence and incidence. Replacing single-centre extrapolations with a denominator covering most major tertiary IBD practice in the Kingdom.

Statistical power for rare phenotypes. Perianal Crohn's in adolescents, IBD-Unclassified, late-onset UC, biologic switching after multiple failures, pregnancy on novel agents.

Treatment access and outcomes audit. Real-world durability of biologics across MOH, university, military, and private sectors — evidence that the formulary, SFDA, and Vision 2030 reimbursement decisions need.

Saudi-led international visibility. A Saudi IBD cohort placed alongside ENEIDA, IG-IBD, and GETAID in the world literature, led by Saudi PIs and Saudi first and senior authors.

A platform for Phase IV and investigator-led trials. Once mature, the same infrastructure powers post-marketing surveillance, real-world comparative effectiveness, and investigator-initiated trials.

SECTION 02 · ABOUT OASIS

The national IBD platform of the Saudi Gastroenterology Association

OASIS — **O**bservational **A**ssessment **S**tudy for **I**BD in **S**audi Arabia — is the national IBD registry of the SGA, launched in 2026. It is publicly visible at www.saudigastro.com/oasis and comprises six functional modules: Overview, Data Dictionary, Participating Sites, Governance, Publications, and Site Enrolment.

PLATFORM AT A GLANCE

Full name	OASIS — Observational Assessment Study for IBD in Saudi Arabia
Hosted by	Saudi Gastroenterology Association (SGA), Riyadh
Year launched	2026
Data forms	10 structured case-report forms across the disease lifecycle
Variables	100+ named data elements (the OASIS data dictionary, presented in Section 04)
Data model	OMOP-extended common data model with IBD-specific common data elements (CDE), benchmarked against ENEIDA and ECCO recommendations
Architecture	Federated — raw patient data never leaves the contributing centre; queries returned as aggregate analytic datasets
Regulatory frame	Saudi Personal Data Protection Law (PDPL) · MOH National Centre for Health Data · SCFHS audit
Investigator portal	Role-based access for centre PIs and data managers at /oasis/login
Site enrolment	Open via /oasis/register and the founding-centre track in this prospectus

SIX FUNCTIONAL MODULES (LIVE)

Overview. Public landing showing active sites, data forms, and registry mission.

Data Dictionary. Browsable common data model — all 10 categories, every variable, bilingual EN/AR labels.

Participating Sites. National map of contributing centres with status badges and PI names.

Governance. Standing board, committees, terms of reference, and conflict-of-interest declarations.

Publications. Outputs from the registry — peer-reviewed papers, conference abstracts, and plain-Arabic patient summaries.

Enrol Your Site. Two-step centre application: institutional information and PI commitments.

SECTION 03 · GOVERNANCE & STRUCTURE

The OASIS governance frame — roles, committees, and the Data Coordinating Centre

OASIS is governed by a Registry Director, a multidisciplinary Standing Board, and five working committees, with the Data Coordinating Centre operating from the SGA in Riyadh. Individual office holders are confirmed at the inaugural General Assembly and recorded in the public Governance module of the OASIS site.

STANDING ROLES

Registry Director	[name & affiliation — appointed at the General Assembly]. The Registry Director also serves as Chair of the Governing Council.
IBD Interest Group Chair	[name & affiliation]. Liaison between the registry and the SGA IBD Interest Group, ensuring scientific priorities align with national clinical needs.
Scientific Committee Lead	[name & affiliation]. Chairs the Scientific Committee — receives and scores study proposals, assigns writing committees, arbitrates authorship disputes.
Data Quality Officer	[name & affiliation]. Chairs the Data & Quality Committee — owns the common data model, harmonisation rules, audit cycles, and the quality dashboard.
Steering Committee Members	Two to four senior site PIs representing the major Saudi regions (central, western, eastern) elected by the General Assembly for three-year terms.

FOUR-TIER GOVERNANCE

DATA COORDINATING CENTRE

OASIS at SGA, Riyadh · operational, non-voting

STANDING COMMITTEES — TERMS OF REFERENCE

Scientific Committee	Seven members. Receives and scores study proposals · assigns writing committees · arbitrates authorship disputes · publishes the annual scientific plan.
Data & Quality Committee	Owns the OASIS Common Data Model · harmonisation rules · data-quality dashboard · audit cycles · Data Use Agreements with member centres.
Publications & Communications	Enforces the publication policy · manages embargoes · reviews press releases and patient-facing communications.
Patient Advisory Panel	Three patient-partners drawn from across Saudi regions. Reviews every proposal before it reaches the Scientific Committee. Authors a plain-Arabic patient summary for every publication.
Industry Liaison Committee	Single contact point for pharmaceutical partners and SFDA submissions. Keeps industry out of scientific decision-making.

SECTION 04 · DATA DICTIONARY

Ten case-report forms, every variable explicitly listed

The OASIS Common Data Model is presented below form by form. Each form occupies a fixed module in the OASIS investigator portal; every variable carries a bilingual EN / AR label and a coded value set mapped to ECCO and ENEIDA reference standards.

#	Form (EN / AR)	Variables
01	Demographic Data [illegible]	10
02	Clinical Characteristics [illegible]	10
03	Medical Treatment [illegible]	5
04	Immunomodulatory Treatments [illegible]	6
05	Biologic & Advanced Therapies [illegible]	8
06	Surgical Treatments [illegible]	6
07	Risk Factors & Comorbidities [illegible]	8
08	Pregnancy & Fertility [illegible]	6
09	Follow-up & Monitoring [illegible]	5
10	CRC Screening [illegible]	4

FORM 01 · DATA DICTIONARY

Demographic Data

Identifies the patient, their referring centre, and follow-up status.

#	Variable	Value set / definition
1	**Date of birth**	Calendar date · auto-derives age at each visit.
2	**Sex**	Male / Female (assigned at birth).
3	**Nationality**	Saudi / non-Saudi (free text for nationality).
4	**Region of residence**	Central · Western · Eastern · Northern · Southern.
5	**Hospital / Site**	Centre-coded identifier (set by data manager).
6	**Date of registry entry**	Calendar date the patient was first enrolled.
7	**Date of last visit**	Most recent encounter recorded in the registry.
8	**Vital status**	Alive · Deceased · Unknown.
9	**Reason for end of follow-up**	Loss to follow-up · Patient withdrew · Transferred care · Deceased · Other.
10	**Consanguinity**	First-degree · Second-degree · No · Unknown — relevant to Saudi population genetics.

FORM 02 · DATA DICTIONARY

Clinical Characteristics

Captures the disease at diagnosis using the Montreal classification.

#	Variable	Value set / definition
1	**Date of diagnosis**	Calendar date the IBD diagnosis was confirmed.
2	**Type of IBD**	Crohn’s disease · Ulcerative colitis · IBD-Unclassified.
3	**Montreal classification — age at diagnosis**	A1 (≤ 16) · A2 (17–40) · A3 (> 40).
4	**CD disease location**	L1 ileal · L2 colonic · L3 ileocolonic · L4 upper-GI modifier.
5	**CD disease behaviour**	B1 non-stricturing/non-penetrating · B2 stricturing · B3 penetrating · p perianal modifier.
6	**UC disease extent**	E1 proctitis · E2 left-sided · E3 extensive (pancolitis).
7	**Perianal disease**	Present · Absent · Unknown.
8	**Extra-intestinal manifestations**	Peripheral arthritis · axial arthropathy · erythema nodosum · pyoderma gangrenosum · uveitis · primary sclerosing cholangitis · oral aphthous ulcers.
9	**Complications**	Strictures · fistulae · abscess · toxic megacolon · anaemia (Hb < 10) · failure to thrive.
10	**IBD phenotype reclassification**	Date of any change in Montreal classification subsequent to diagnosis.

FORM 03 · DATA DICTIONARY

Medical Treatment

Conventional non-immunomodulatory therapies, by exposure and response.

#	Variable	Value set / definition
1	**Aminosalicylates (5-ASA)**	Current or past use · oral / topical / both · start and end dates.
2	**Corticosteroids**	Type (oral prednisone · IV methylprednisolone · budesonide MMX · topical) · courses · response (responsive / dependent / refractory).
3	**Enteral nutrition**	EEN · partial enteral · indication · duration.
4	**Endoscopic treatment**	Balloon dilation · strictureplasty · seton placement.
5	**Apheresis**	Granulocyte-monocyte apheresis · cycles · response.

FORM 04 · DATA DICTIONARY

Immunomodulatory Treatments

Thiopurines, methotrexate, and other immunomodulators with safety and efficacy.

#	Variable	Value set / definition
1	**Drug type**	Azathioprine · 6-mercaptopurine · methotrexate · calcineurin inhibitor.
2	**Start / end date**	Calendar dates.
3	**Indication**	Maintenance · steroid-sparing · combination with biologic · other.
4	**Efficacy**	Effective · partial · failed · unknown.
5	**Adverse effects**	Cytopenias · hepatotoxicity · pancreatitis · infection · skin/mucocutaneous reactions.
6	**Reason for drug suspension**	Loss of efficacy · adverse event · pregnancy planning · patient decision · other.

FORM 05 · DATA DICTIONARY

Biologic & Advanced Therapies

Biologics and small-molecule targeted therapies — the centre of modern IBD care.

#	Variable	Value set / definition
1	**Drug class**	Anti-TNF (infliximab, adalimumab) · anti-integrin (vedolizumab) · anti-IL12/23 (ustekinumab) · anti-IL23 (risankizumab, mirikizumab) · JAK inhibitor (upadacitinib, tofacitinib) · S1P modulator (ozanimod, etrasimod).
2	**Start / end date**	Calendar dates.
3	**Indication**	Induction · maintenance · bridge to surgery.
4	**Short-term efficacy**	Week-12 response: responder / partial / non-responder.
5	**Long-term efficacy**	Week-52 remission: in remission / partial / lost response.
6	**Loss of response & dose change**	Date of loss of response · dose escalation (yes/no) · interval shortening.
7	**Adverse effects**	Infusion / injection reaction · serious infection · latent TB activation · demyelinating event · malignancy · antibody formation.
8	**Drug suspension and reason**	Free-text plus coded reason.

FORM 06 · DATA DICTIONARY

Surgical Treatments

All IBD-related operations, indication, and complications.

#	Variable	Value set / definition
1	**Date of surgery**	Calendar date.
2	**Type of surgery**	Ileocolic resection · segmental colonic resection · subtotal colectomy · proctocolectomy with IPAA · strictureplasty · fistula surgery · drainage of abscess.
3	**Indication**	Refractory disease · stricture · fistula · abscess · dysplasia/cancer · toxic megacolon · failure of medical therapy.
4	**Complications**	Anastomotic leak · wound infection · bleeding · pouchitis · bowel obstruction · re-operation.
5	**Pouchitis**	Acute · chronic · refractory (if pouch present).
6	**Definitive stoma**	Yes / No.

FORM 07 · DATA DICTIONARY

Risk Factors & Comorbidities

Modifiable and non-modifiable risk factors, immune comorbidities, screening.

#	Variable	Value set / definition
1	**Family history of IBD**	First-degree affected: yes / no / unknown.
2	**Smoking status**	Never · current · ex.
3	**Appendectomy**	Yes / No / Unknown.
4	**Immune-mediated diseases**	Coeliac · psoriasis · spondyloarthropathy · type-1 diabetes · autoimmune thyroid.
5	**Colorectal neoplasms**	Current or history (dysplasia or CRC).
6	**BMI and nutritional status**	BMI value · classification (adequate · mild · moderate · severe undernutrition).
7	**Tuberculosis screening**	Negative · latent · active · unknown.
8	**Vaccinations**	Up to date · partial · not done.

FORM 08 · DATA DICTIONARY

Pregnancy & Fertility

Reproductive outcomes and treatment in pregnancy — a priority OASIS domain.

#	Variable	Value set / definition
1	**Assessment of sterility**	Performed: yes / no.
2	**Pregnancy and miscarriages**	Total pregnancies · miscarriages · ectopic.
3	**IBD activity during pregnancy**	Remission · mild · moderate · severe.
4	**Treatment during pregnancy**	5-ASA · thiopurine · anti-TNF (continued) · anti-TNF (stopped 3rd trimester) · steroid · no therapy.
5	**Malformations**	Foetal malformations recorded.
6	**Childbirth details**	Term vaginal · term C-section · preterm vaginal · preterm C-section · stillbirth · birth weight.

FORM 09 · DATA DICTIONARY

Follow-up & Monitoring

Per-visit longitudinal data — the spine of the registry.

#	Variable	Value set / definition
1	**Clinical activity indices**	Mayo · Walmsley · CDAI · Harvey-Bradshaw · PCDAI · PUCAI — clinician selects per visit.
2	**Endoscopic activity indices**	CDEIS · Rutgeerts · Mayo endoscopic subscore · Baron · UCEIS.
3	**Biomarkers**	CRP · haemoglobin · albumin · faecal calprotectin.
4	**Anthropometric data**	Weight · height · BMI.
5	**Hospitalisations**	Admission · discharge · reason (flare · surgery · infection · other).

FORM 10 · DATA DICTIONARY

CRC Screening

[illegible]

Surveillance for IBD-related dysplasia and colorectal cancer.

#	Variable	Value set / definition
1	**Family history of CRC**	First-degree affected: yes / no / unknown.
2	**Results of screening programme**	No dysplasia · indefinite for dysplasia · low-grade dysplasia · high-grade dysplasia · CRC.
3	**CRC outside of screening programme**	CRC diagnosed outside a structured surveillance pathway.
4	**Dysplasia surveillance**	Surveillance interval · chromoendoscopy · random vs targeted biopsy.

SECTION 05 · PLATFORM CAPABILITIES

What OASIS does for the participating centre, today

OASIS is a complete registry platform with role-based access, structured CRF entry, an audit trail, a quality dashboard, and a federated query layer — built on the same SGA platform that hosts the IBD Fellowship, the SCOPE quality registry, and the Essential Guide to IBD.

Centre dashboard	Each PI sees only their centre's patients in a structured EHR-like interface. Search, filter, export.
Structured CRF entry	Every variable mapped to a validated input — coded value sets, range checks, mandatory fields, conditional logic.
Audit log	Every record creation, update, and access is timestamped against a named user, supporting PDPL audit and SCFHS review.
Data-quality dashboard	Live per-centre and aggregated metrics on completeness, follow-up rates, and outlier detection.
Federated query engine	Approved scientific queries pushed to each centre, executed locally, return aggregate or de-identified analytic datasets.
Export & reporting	One-click extracts to CSV and SPSS for centre-specific local analyses (subject to IRB) plus consortium-level meta-analyses.
Investigator portal	Role-based access at /oasis/login — Director, Site PI, Data Manager, Statistician, Observer.
Patient summary engine	Auto-generated plain-Arabic summary of registry findings for each publication, reviewed by the Patient Advisory Panel.

LIVE STATS AT LAUNCH (2026)

Active sites	Data forms	Variables	Year launched
Onboarding now	10	100+	2026

SECTION 06 · THE FEDERATED DATA MODEL

Sovereignty preserved, science enabled

The single most important architectural decision is that **raw patient-level data never leaves the contributing centre**. OASIS is federated, not centralised. This satisfies PDPL by design, respects each centre's existing IRB approvals, and removes the bureaucratic ceiling that has historically blocked multi-centre Saudi research.

HOW IT WORKS

1. Common Data Model. Each centre maps its data to the OASIS CDM (OMOP-extended for IBD). Mapping is a one-time investment supported by the Data Coordinating Centre.

2. Approved query. A study proposal, once approved by the Scientific Committee, is converted into a standard query script run against the CDM at each contributing centre.

3. Aggregate return. Each centre executes the query locally and returns aggregate statistics or de-identified analytic datasets to the DCC — never raw patient records.

4. Meta-analysis. The DCC harmonises returned data, runs the federated meta-analysis, and packages results for the writing committee.

5. Audit trail. Every query, every centre response, every analytic step is logged for reproducibility, PDPL compliance, and the annual data-quality audit.

WHAT THIS ELIMINATES

- The need to physically pool patient records across institutional firewalls.
- Re-consenting patients at each contributing centre for every new sub-study.
- A single national data store that becomes a regulatory and security target.
- The bottleneck where one centre's IRB renewal can stall the whole registry.

SECTION 07 · PUBLICATION & AUTHORSHIP POLICY

A hybrid of ICMJE, contribution-based tiers, and group authorship

The single most frequent reason multi-centre collaborations fail is opaque authorship. OASIS publishes its policy up front, applies it identically to every paper, and uses the Scientific Committee as the binding arbiter of disputes.

NAMED AUTHOR POSITIONS

First author	The lead investigator who proposed the study and drafted the manuscript. Cannot be substituted without Scientific Committee approval.
Second author	The lead biostatistician or data analyst if substantial original analysis was contributed; otherwise moves to mid-list.
Middle authors	Site PIs in descending order of patient contribution to the specific study. One named co-author per contributing centre (two for studies > 2,000 patients).
Senior author (last named)	Designated by the Scientific Committee at the time of study approval. Usually the SC chair, the registry's most senior figure for the question, or the PI of the dominant contributing centre. Cannot also be first author.
Group authorship line	"…for the OASIS Registry Investigators." Every other contributing collaborator listed in PubMed, with each individual receiving traceable academic credit.

THRESHOLDS FOR NAMED AUTHORSHIP

- ≥ 30 patients contributed to the specific study (scaled up for large studies, down for rare phenotypes)
- All four ICMJE criteria met (substantial contribution, drafting/revising, final approval, accountability)
- Responded to the writing committee within 21 days at both draft-review and final-approval stages
- Centre IRB approval current for that specific study

EXPLICITLY EXCLUDED FROM AUTHORSHIP

- Industry partners — acknowledgements only, never named co-authors
- Centres whose contribution falls below the per-study threshold — group line only
- Centres in arrears on dues or with unresolved data quality flags
- Anyone who failed to respond to the writing committee within the published deadline
- Individuals who did not meet ICMJE criteria — acknowledgements section only

SECTION 08 · WORKED EXAMPLE

How a Saudi national authorship list comes together

A hypothetical study on biologic durability in Saudi Crohn's disease, 2,180 patients across six contributing centres. Real names and affiliations are determined at the time of study approval by the Scientific Committee; this table illustrates the structure using neutral placeholders.

Position	Author	Centre	Patients contributed
First (lead)	[Centre A] PI	[Centre A] — lead investigator	—
Second (statistician)	OASIS-DCC statistician	OASIS-DCC, SGA Riyadh	—
3rd	[Centre A] co-PI	[Centre A]	520
4th	[Centre B] PI	[Centre B]	440
5th	[Centre C] PI	[Centre C]	360
6th	[Centre D] PI	[Centre D]	310
7th	[Centre E] PI	[Centre E]	260
8th	[Centre F] PI	[Centre F]	180
Senior (last)	Designated senior author	Selected by Scientific Committee	—
Group line	"…for the OASIS Registry Investigators"	PubMed list of all remaining contributing investigators	—

PROPOSAL-TO-PUBLICATION PIPELINE

1. **Concept sheet.** Two-page proposal submitted to the Scientific Committee.
2. **Review.** Scored by SC within 4 weeks on novelty, feasibility, non-duplication, statistical power.
3. **Posted.** Approved proposal posted to registry portal · centres self-nominate to contribute (4-week window).
4. **Writing committee formed.** 4–7 members representing diverse centres · chaired by the lead investigator.
5. **Federated query executed.** Data extracted at each centre · aggregate analytic data returned to DCC.
6. **Analysis & drafting.** DCC supports the writing committee with the meta-analysis.
7. **Pre-submission review.** Publications Committee checks policy compliance.
8. **Submission & embargo.** No centre may publish overlapping data within 12 months.

SECTION 09 · BENCHMARKS AND MILESTONES

The numbers we will hold ourselves to

OASIS publishes its operational benchmarks the way it publishes its scientific data — transparently and on a fixed cadence. Every benchmark is reported quarterly to the Governing Council and annually in the public scientific report.

Domain	Benchmark	12 months	24 months	36 months
Membership	Founding centres committed	≥ **5**	≥ **7**	≥ **8**
Membership	Affiliate centres admitted	**0**	≥ **3**	≥ **6**
Cohort	Patients in active query coverage	≥ **4,000**	≥ **9,000**	≥ **15,000**
Data quality	Missing data per core CDE field	**< 15%**	**< 10%**	**< 5%**
Data quality	Annual data-quality audits completed	**1**	**1**	**1**
Process	Mean SC review turnaround (proposal → decision)	**< 6 weeks**	**< 5 weeks**	**< 4 weeks**
Process	Federated queries executed annually	≥ **3**	≥ **6**	≥ **10**
Output	Peer-reviewed publications	≥ **1**	≥ **3**	≥ **5 / year**
Output	Active sub-studies	≥ **2**	≥ **5**	≥ **10**
Patient voice	Plain-Arabic summaries per publication	**100%**	**100%**	**100%**
Governance	Centre IRB renewal rate	**> 95%**	**> 95%**	**> 95%**
International	Formal collaborations (ECCO, ENEIDA, GETAID, GCC)	**0**	≥ **1**	≥ **3**

SECTION 10 · ROADMAP & THE ASK

Three-year roadmap and the founding-centre commitment

ROADMAP

Q1 — Founding meeting. Charter signed by founding centres in Riyadh · inaugural President and Council confirmed · IRB master file initiated.

Q2 — Infrastructure. OASIS CDM v1 published · common case-report-form library released · DCC fully staffed at SGA.

Q3 — First mapping. Each founding centre begins mapping to CDM · first dry-run federated query · Data Quality dashboard goes live.

Q4 — First proposal. Scientific Committee receives and approves first study proposal · writing committee constituted.

Year 2 — First publications. First federated meta-analysis submitted · first acceptance Q3 of Year 2 · affiliate centres admitted.

Year 3 — Maturity. ≥ 15,000 patients in active query coverage · ≥ 5 publications per year · second annual meeting.

Year 4 — International engagement. Formal collaboration agreements with ENEIDA, IG-IBD, GETAID, and GCC IBD interest groups.

WHAT WE ASK OF FOUNDING CENTRES

Sign the Charter	Endorse the governance, data model, and publication policy as a founding centre.
Designate a centre PI and data manager	Two named individuals: a Principal Investigator (Governing Council seat) and a Data Manager (Data & Quality Committee seat).
Map to the OASIS CDM	Within 6 months of Charter signature, deliver the first complete mapping of your centre's IBD records to the registry's common data model. Technical support provided by the DCC.
Contribute to the first federated query	Participate in the inaugural query within 12 months of launch.
Attend Governing Council meetings	Two of four quarterly meetings each year, in person or by video.
Endorse the publication policy	Commit your centre to the registry's ICMJE + contribution-based authorship framework.
Financial commitment	No dues required during the founding phase. The registry is operationally supported by the SGA and the OASIS Data Coordinating Centre. Future financial arrangements, if any, will be reviewed by the General Assembly once the registry is operationally mature.

WHAT FOUNDING CENTRES RECEIVE

- A permanent seat on the Governing Council and on every standing committee
- First-author or senior-author position on at least one founding publication per year, by rotation
- Recognition as a founding centre in every publication, press release, and external communication
- Access to the full national cohort for approved scientific questions
- Co-ownership of intellectual property emerging from registry activities
- A defining role in shaping the next decade of Saudi IBD evidence

SECTION 11 · NEXT STEPS

From this document to the founding meeting

Week 1–2. Prospective founding centres review this prospectus internally and return initial feedback to the OASIS DCC.

Week 3–4. Bilateral meetings with each prospective centre to refine the Charter draft.

Week 6. Draft Charter circulated to all prospective founding centres.

Week 10–12. Founding meeting (Riyadh, hosted by SGA) — Charter signed · Council confirmed.

Month 4. OASIS CDM v1 published · mapping support begins at each centre.

Month 6. First proposal call opened to the Scientific Committee.

CONTACT

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This document is a working draft for the review of prospective founding centres. All numbers, thresholds, and policies are recommendations to be ratified by the founding meeting. Edition 1.1 · 2026.