Initiatives to Speed up Data Sharing

- Anthony Brookes
- ICORD 2014, Ede, Netherlands
- 9 October 2014





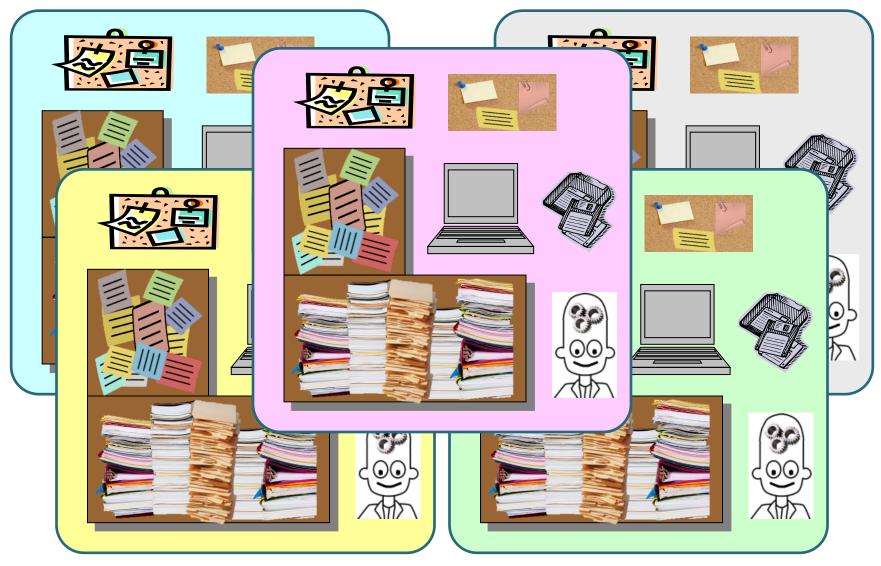


Single Team



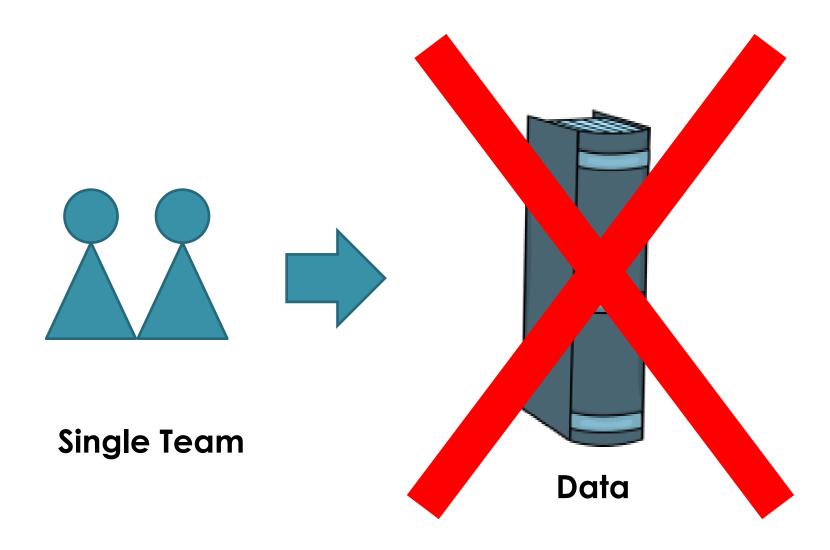
Data







Consortia / Networks









Federated





Rationale

- Research & healthcare produces an enormous amount of data
- ► These data have significant 'value' unless shared we cannot develop optimum knowledge, diagnostics and treatments, while ensuring efficient utilization of scarce resources
- Datasets include data and metadata relating to phenotypes, genomic variants, other 'omic' data, natural histories, clinical trial data, etc
- Resources include patient and family material (extracted DNA, cell lines, pathological samples), technical protocols, informatics infrastructure, and analysis tools



Barriers to Data Sharing

- Technical and Tild issues
- Storing rering, securing terabytes
- Providit Stics for sharing data
- Ethical and Legalie
- Sharing haring
- Bridgi wate networks
- Differe onal rules/policies
- Cultural issue
- Reluctar valuable asset (reseal cans/institutions)

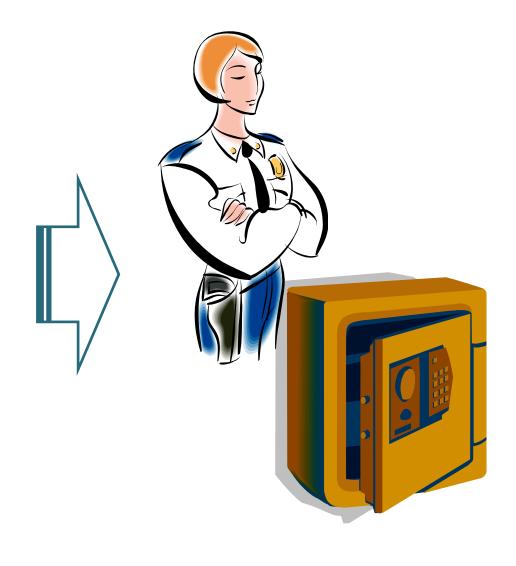






Openly Shared





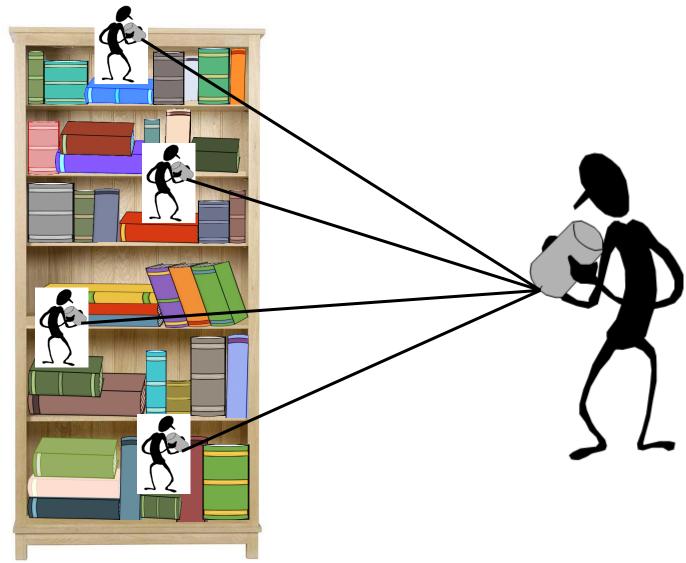


Controlled Access

Open Access and Controlled Access approaches are important....

....but other options exist, which are not only useful but arguably essential







Remote Data Analysis

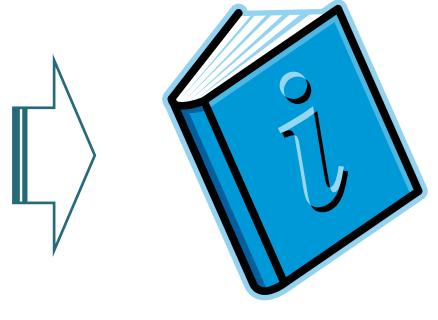






Focus on Knowledge & Visualisation

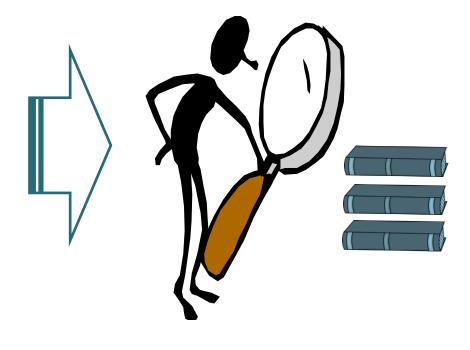






Find the Data (catalog approaches)







Data Discovery

IRDiRC principles (1)

Sharing and collaborative work

- Informed consent based procedures
- Rapid release of data
- Interoperability of data
- Using maximally open access databases

Scientific standards, requirements and regulations

- Projects should adhere to existing standards
- Standard development especially consents, metadata, minimal content, patient IDs, ontologies & validated biomarkers
- Upon sharing/publication, always cite utilised databases & biobanks



IRDiRC principles (2)

Guidelines & Policies:

- Data generated from research projects, including source data, should be deposited in appropriate open or controlled access public databases.
- Projects should adhere to standards endorsed by IRDiRC
- Data producers acknowledge their responsibilities to release data rapidly and to publish initial analyses in a timely manner.

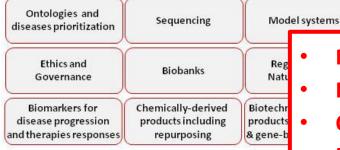


Scientific Secretariat Scientific Committees Diagnostics Interdisciplinary

- 1 representative per funding body
- 1 representative per group of funders (accumulative funding)
- representatives of umbrella organizations of patient advocacy groups
- the chairs of the Scientific Committees

Therapies 15 members with balanced representation of scientists, patients, industry, etc.

Working Groups



- Model/Standard Consent clauses
- Data standards clearinghouse

Genome/Phenome

- Community input to Human Phenotype Ontology
- Matchmaker Exchange (v1.0 => v2.0)
- Minimum open data conventions
- Globally unique patient IDs
- Bio-resource metrics and impact system
- Population Controls Variant Resource



ClearingHouse project (1)

- Catalog: list of available data standards
 - In development release in January 2015 on the IRDiRC website
- Dynamic: catalog with an added dimension
 - Contains a list of data standards currently available
 - Allows users to select the most appropriate data standards to apply
 - Allows standards submissions from users
 - Allows users to connect/collaborate on standards creation
 - Includes use cases and exemplar applications
 - Informs researchers about standards outside their specific RD fields



ClearingHouse project (2)

- Five main fields of application
 - Standards in Genomics and other OMICS
 - ublication
 Standards in Phenotyping
 - Standards in Outcome Measures for clinical trials
 - Standards in Human Data Registration
 - Open and controlled access databases to store data
- Align with other ongoing efforts
 - RD-Connect, Orphanet
 - PCORI, Comete
 - LIXIR, BBMRI, GA4GH, Data FAIRport



Matchmaker Exchange (1)





In research and clinical settings, many RD patients are difficult to diagnose in isolation. Finding a similar (geno and/or pheno) patient elsewhere may provide sufficient evidence to identify the causative gene. 'Matchmaker Exchange' aims to enable those similar patient pairings to be identified via a standardized APIs and procedural conventions.

Matchmaker Exchange (2)

Tiered Informed Consent

- Explicit patient consent may not be needed, dependent on the potentially identifiable information made discoverable
- Subsequent sharing would need explicit informed consent

Requirements & conventions

- Data provider and match requestor MUST provide contact details
- Recommended that searches and matches are logged

'Data Submission' API

Requestor sends in their patient's data, these data are retained for future matches, basis of match is not controllable or revealed

'Data Query' API

Requestor sends in a question and thereby controls the basis of the match, with an option to deposit data to enable future matches



Café Variome (1)

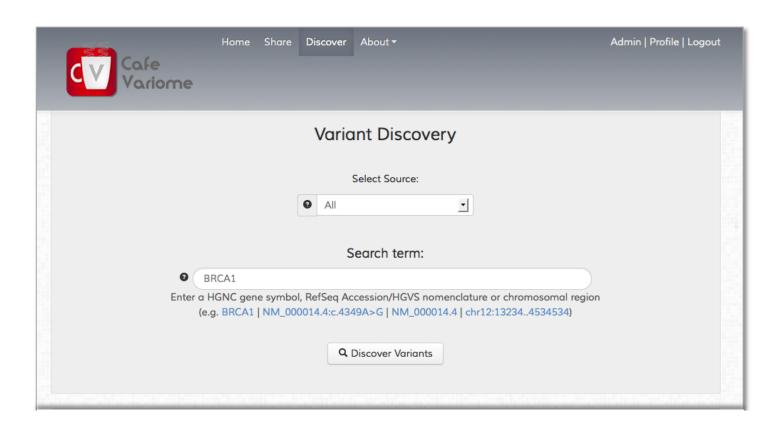


Share the 'existence' rather than the 'substance' of data

This technology sits <u>atop/alongside</u> existing local DBs to bring the discoverability and connectivity, <u>without replacing or altering</u> the local solutions

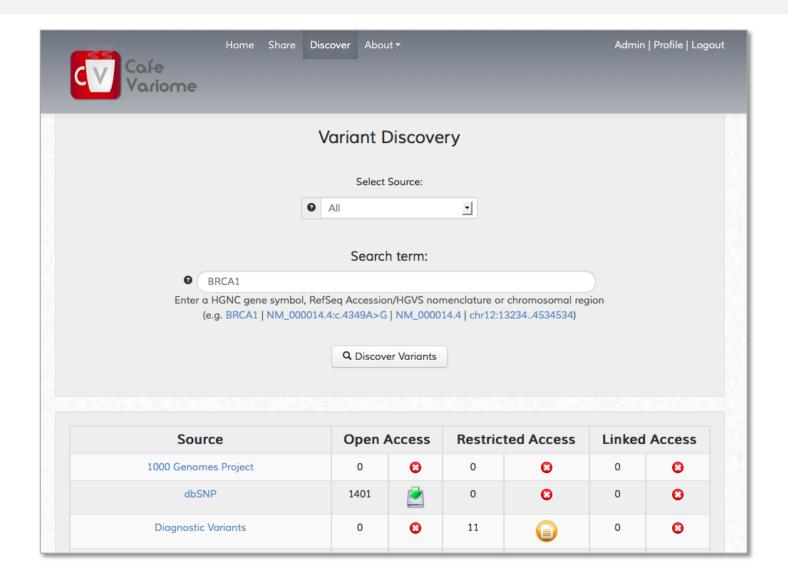


Café Variome (2)





Café Variome (3)



Café Variome (4)

Open Discovery – Reporting Existence of Variants in Sources



Open Access



Core info for each variant record is shown & made available for download



Restricted Access



Core or full record details are provided per record, if:

- User is pre-approved by group access permissions set by data owner
- Access is approved after facilitated email request to the data owner

Linked Access



Source DB resource

No data, only link to the data source is reported.

Access then control managed by source db

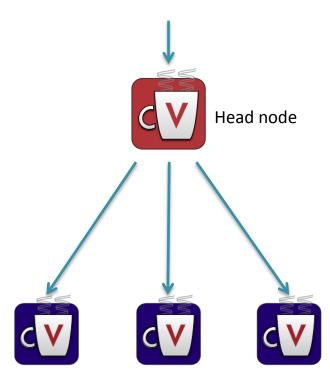
Café Variome (5)

Variant Report for vx62

Cafe Variome ID	vx62
Source link	-
Gene symbol / LRG	BRCA1 (LRG_292)
Reference sequence	NM_007294.3
HGVS description	c.4956G>A
Phenotype	Breast-ovarian cancer, familial, 1
Individual ID	-
Gender	-
Source/submitter ID	diagnostic
Genomic location	chr17:41222975-41222975 View in UCSC Genome Browser
Comment	Submitted from Gensearch tool during Cafe Variome pilot study

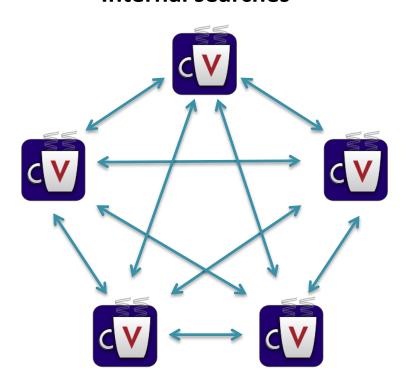
Café Variome (6)

External searches



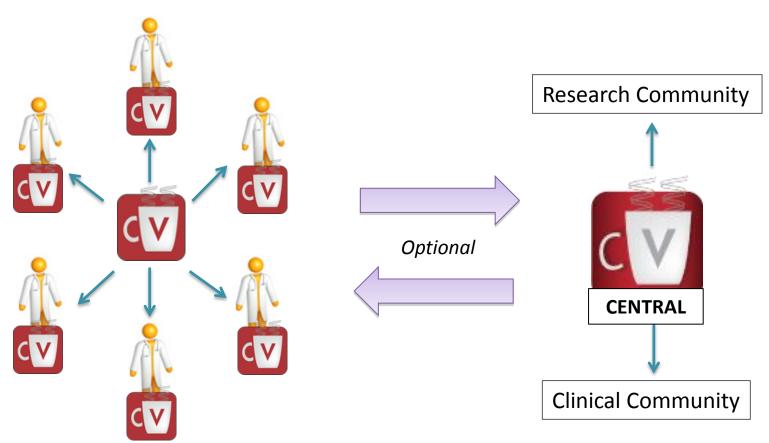
 Searches are performed through one nominated head node

Internal searches



 Searches can be performed from any node in the network

Café Variome (7)





Café Variome (8)

Disease consortia / diagnostic networks:

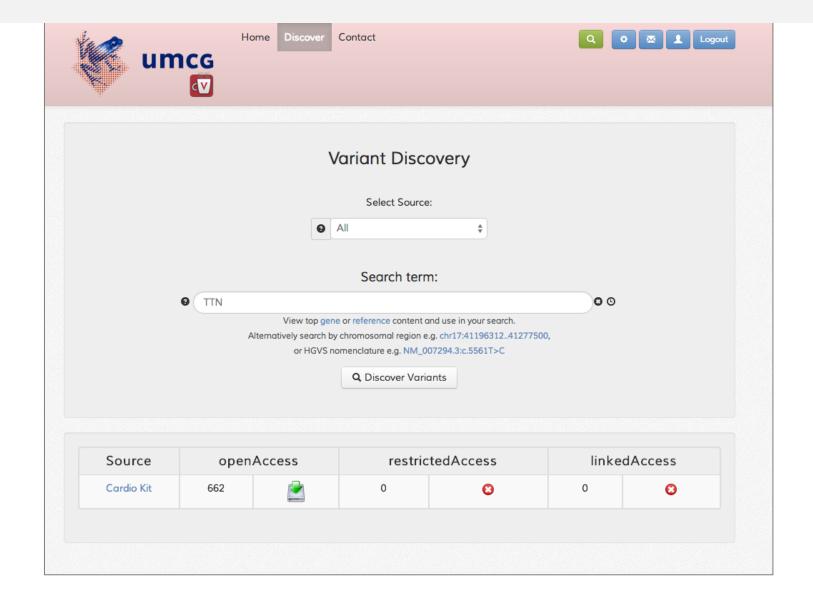
- Ehlers Danlos Syndrome Consortium (Ghent Uni, Belgium & others)
- Brugada Syndrome Network (lead by University of Girona, Spain)
- Sheffield Children's NHS Trust (Osteogenesis imperfecta)
- Congenital Adrenal Hyperplasia (lead by Medizinische Universität Innsbruck, Austria)
- Danish diagnostic network (lead by Aarhus University)
- Netherlands diagnostic network (lead by University of Groningen)

"Cafe Variome enabled" diagnostic software:

- Gensearch (Phenosystems)
- Alamut Visual (Interactive Biosoftware)



Café Variome (9)



Café Variome (10)

