Gabriella Miller Kids First Pediatric Research Program *Public Webinar*

October 6, 2020 2:00 pm EDT



Webinar Agenda



2:00pm - Introduction; NIH Kids First Staff 2:05pm - Progress on the Kids First Study on Novel Cancer Susceptibility in Families; Dr. Sharon Plon, Baylor College of Medicine 。 Questions for Dr. Plon 2:35pm - Kids First Data Resource Center; Kids First DRC Staff New Portal Features Kids First Variant Workbench Demo **3:05pm** - NIH Common Fund Data Ecosystem (CFDE) presentation; Dr. C. Titus Brown, UC Davis 3:25pm - NIH Program Updates; NIH Kids First Staff 3:40pm - Questions & Answers





Valerie Cotton

Kids First Program Manager *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD)

NIH Kids First Working Group

Kids First is an NIH Common Fund program coordinated by a **trans-NIH Working Group**, which is chaired by four institutes:

Eunice Kennedy Shriver National Institute of Child Health and Human Development (**NICHD**)

National Human Genome Research Institute (NHGRI)

National Heart, Lung, and Blood Institute (NHLBI)





The Common Fund



Other Working Group Representation:

| NIDCR | NIAAA | NIDDK | NEI | NIAID | ORIP |
|-------|-------|-------|-------|-------|------|
| NIDA | NINDS | NIEHS | NIAMS | NCATS | CDC |

How did Kids First get started?

- Initiated in response to the <u>2014 Gabriella Miller Kids First</u> <u>Research Act:</u>
 - Signed into law on April 3, 2014
 - Ended taxpayer contribution to presidential nominating conventions
 - Transferred \$126 million into the Pediatric Research Initiative Fund
 - Authorized appropriation of \$12.6 million per year for 10 years to the NIH Common Fund for pediatric research; first appropriation was for FY2015



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Vision



Alleviate suffering from childhood cancer and structural birth defects by fostering **collaborative research** to uncover the etiology of these diseases and supporting **data sharing** within the pediatric research community.

Why study childhood cancer & structural birth defects together?

Anomaly

- Both are leading causes of childhood mortality
- Birth defects are associated with increased risk of cancer among children... suggesting shared genetic pathways



Lupo et al, JAMA Oncol. 2019;5(8):1150-1158. doi:10.1001/jamaoncol.2019.1215



Kids First Major Initiatives

Through 2021:

- 1. Identify & sequence cohorts of children with **childhood cancer and/or structural birth defects**.
- 2. Build the Gabriella Miller Kids First Data Resource to empower discovery



The Kids First Dataset is Growing!

40 projects | 40,000 genomes | 16,000 cases | 14 released datasets







- Disorders of Sex Development
- Congenital Diaphragmatic Hernia
- Ewing Sarcoma
- Structural Heart & Other Defects
- Syndromic Cranial Dysinnervation Disorders
- Cancer Susceptibility
- Adolescent Idiopathic Scoliosis
- Neuroblastomas
- Enchondromatoses
- Orofacial Clefts in Caucasian, Latin American, Asian & African, Filipino populations
- Osteosarcoma
- Familial Leukemia
- Hemangiomas, Vascular Anomalies & Overgrowth
- Craniofacial Microsomia
- Intersection of childhood cancer & birth defects
- Microtia
- Esophageal Atresia and Tracheoesophageal Fistulas

- Kidney and Urinary Tract Defects
- Nonsyndromic Craniosynostosis
- Bladder Exstrophy
- Hearing Loss
- Cornelia de Lange Syndrome
- Intracranial & Extracranial Germ Cell Tumors
- Fetal Alcohol Spectrum Disorders
- Myeloid Malignancies + overlap with Down syndrome
- Congenital Heart Defects & Acute Lymphoblastic Leukemia in Children with Down Syndrome
- Structural Brain Defects
- Structural Defects of the Neural Tube (Spina Bifida: Myelomeningocele)
- CHARGE Syndrome
- Laterality Birth Defects
- T-cell Acute Lymphoblastic Leukemia
- Pediatric Rhabdomyosarcoma
- Valvar Pulmonary Stenosis

The Kids First Data Resource for Collaborative Discovery



More researchers are accessing Kids First data!

>1700 registered users since 2018 launch

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| Dysinnervation | 2.697 | | GF_BBEMIPER | PT_5NV37967 | Congenital Diaphra | No | PM_58PGRV33 | Aligned Reads | cram | 16.87 GB | <u>۵</u> | |
| Congenital Heart Defects | 2.670 | | GF_GYB13YKN | PT_4ZBHFQAM | Congenital Diaphra | Yes | FM_HF5QCFX6 | Aligned Reads | bam | 63.74 GB | - | CLINICAL |
| | O 1 More | | GF_SAYKAVOW | PT_JFV99EDB | Congenital Diaphra | No | FM_DC2C8K05 | Aligned Reads | cram | 20.77 G8 | - | |
| - Diagnosis Category | Q | 8 | GF_BY3W522X | PT_QQQ3M8PM | Congenital Diaphra | Yes | FM_JOSDOXHE | Aligned Reads | bam | 62.31 G8 | - | |
| E Cancer | 15.320 | 10 | GF_00QN3XSH | PT_28HHBNS7 | Congenital Diaphra | No | FM_7CXDVHEP | Aligned Reads | cram | 20.62 GB | ۵. | |
| () Other | 10,831 | - | GF_FE815QRD | PT_QQ31MEW3 | Congenital Diaphra | No | FM_FYH2R4(2 | Aligned Reads | bam | 64.63 GB | - | |
| E Structural Birth Defect | 5,479 | | GF_FNMDQ55G | PT_D7867CK2 | Congenital Diaphra | Yes | FM_4C6QD4FW | Aligned Reads | cram | 20.26 GB | - | |
| Discover Course Terri | 0 | 0 | GF_SY83QZ3C | PT_ARGH0XBP | Congenital Diaphra | Yes | FM_PHSTBST4 | Aligned Reads | cram | 20.95 GB | - | |
| - Diagnosis (source text) | Q | 100 | | | a | | | an | | | | |

Individual-level sequence data >150 Data Access Requests approved by the Kids First Data

Access Committee across **14** Kids First genomic datasets available

NIH Kids First Data Access Committee



Researchers are using Kids First data to answer new scientific questions

- 14 awards for R03 for analyses of Kids First data (PAR-16-348; PAR-18-733; PAR-19-069, <u>PAR-19-375</u>)
- > 2 awards for NIDCR R03 (PAR-16-070)
- > 2 awards for INCLUDE R03 (RFA-OD-20-006)
- > 3 awards for R01s (PA-13-302, PAR-17-236)

Spurred new collaborations with KOMP2 & INCLUDE



Knockout Mouse Phenotyping Project (KOMP2)



INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndrome (INCLUDE)

Researchers Are Making Discoveries

19 Journal Publications To-Date

Average RCR: 1.36

https://commonfund.nih.gov/publications?pid=40

ELSEVIER Guide for Authors About Explore this Journal

Am J Hum Genet. 2019 Sep 5; 105(3): 658-668. Published online 2019 Aug 29. doi: 10.1016/j.ajhg.2019.07.020

Germline 16p11.2 Microdeletion Predisposes to Neuroblastoma

Patricia V. Basta, 6,7 Hakon Hakonarson, 8,9 Andrew F. Olshan, 6,7 and Sharon J. Diskin 1,2,3,4,5,10,*

► Author information ► Article notes ► Copyright and License information Disclaimer

PLOS GENETICS

G OPEN ACCESS 👂 PEER-REVIEWED RESEARCH ARTICLE

De novo variants in congenital diaphragmatic hernia identify *MYRF* as a new syndrome and reveal genetic overlaps with other developmental disorders

Hongjian Qi 📷, Lan Yu 📷, Xueya Zhou 📷, Julia Wynn, Haoquan Zhao, Yicheng Guo, Na Zhu, Alexander Kitaygorodsky, Rebecca Hernan, Gudrun Aspelund, Foong-Yen Lim, Timothy Crombleholme, Robert Cusick, [...], Yufeng Shen 🖬 [view all]

Version 2

Published: December 10, 2018 • https://doi.org/10.1371/journal.pgen.1007822

Genomic analyses implicate noncoding de novo variants in congenital heart disease

Felix Richter 1,31, Sarah U. Morton 2,3,31, Seong Won Kim4,31, Alexander Kitaygorodsky5,31, Lauren K. Wasson (04.31, Kathleen M. Chen (06.31, Jian Zhou (06.78, Hongjian Qi⁵, Nihir Patel (09, Steven R. DePalma¹⁴, Michael Parfenov⁴, Jason Homsv^{4,10}, Joshua M. Gorham⁴, Kathryn B. Manheimer^{1,11}, Matthew Velinder¹², Andrew Farrell¹², Gabor Marth¹⁰¹², Eric E. Schadt^{10,9,11,13}, Laura E. Egolf, 1.2.3 Zalman Vaksman 23.4 Gonzalo Lopez, 23.4 Jo Lynne Rokita, 23.4 Apexa Modi, 23 Jonathan R. Kaltman¹⁴, Jane W. Newburger¹⁵, Alessandro Giardini¹⁶, Elizabeth Goldmuntz ^{O 1718}, Martina Brueckner ¹⁹, Richard Kim²⁰, George A. Porter Jr.¹⁰, Daniel Bernstein ¹⁰, ²², Wendy K. Chung²³, Deepak Srivastava^{24,32}, Martin Tristani-Firouzi^{(3) 25,32}, Olga G. Troyanskaya^{6,7,26,32}, Diane E. Dickel^{(3,27,32}, Yufeng Shen^{(3,5,32}, Jonathan G. Seidman^{4,32}, Christine E. Seidman^{(3,4,28,32} and Bruce D. Gelb 09,29,30,32

Mutation

HGV

RESEARCH ARTICLE | @ Full Access

Deleterious de novo variants of X-linked ZC4H2 in females cause a variable phenotype with neurogenic arthrogryposis multiplex congenita

Suzanna G.M. Frints . Friederike Hennig, Roberto Colombo, Sebastien Jacquemont, Paulien Terhal, Holly H. Zimmerman, David Hunt, Bryce A. Mendelsohn, Ulrike Kordaß ... See all authors

First published:17 June 2019 | https://doi.org/10.1002/humu.23841

Springer Link

Original Investigation | Open Access | Published: 17 December 2019

Whole genome sequencing of orofacial cleft trios from the Gabriella Miller Kids First Pediatric Research Consortium identifies a new locus on chromosome 21

Nandita Mukhopadhyay, Madison Bishop, Michael Mortillo, Pankaj Chopra, Jacqueline B. Hetmanski, Margaret A. Taub, Lina M. Moreno, Luz Consuelo Valencia-Ramirez, Claudia Restrepo, George L. Wehby, Jacqueline T. Hecht, Frederic Deleyiannis, Azeez Butali, Seth M. Weinberg, Terri H. Beaty, Jeffrey C. Murray, Elizabeth J. Leslie, Eleanor Feingold & Mary L. Marazita

Human Genetics 139, 215-226(2020) Cite this article 1039 Accesses | 11 Altmetric | Metrics

Received: 16 April 2019 Revised: 30 May 2019 Accepted: 9 July 2019

ORIGINAL ARTICLE

nature

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genetics

medical genetics WILE

ARTICLES

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https://doi.org/10.1038/s41588-020-0652-2

Phenotype delineation of ZNF462 related syndrome

Paul Kruszka¹ | Tommy Hu¹ | Sungkook Hong¹ | Rebecca Signer² | Benjamin Cogné³ | Betrand Isidor³ | Sarah E. Mazzola⁴ | Jacques C. Giltay⁵ | Koen L. I. van Gassen⁵ | Eleina M. England⁶ | Lynn Pais⁶ | Charlotte W. Ockeloen⁷ | Pedro A. Sanchez-Lara^{0,9} | Esther Kinning¹⁰ | Darius J. Adams¹¹ | Kayla Treat¹² | Wilfredo Torres-Martinez¹² | Maria F. Bedeschl¹³ | Maria lascone¹⁴ Stephanie Blaney¹⁵ | Oliver Bell⁸ | Tiong Y. Tan^{16,17,18} | Marie-Ange Delrue¹⁹ Julie Jurgens²⁰ | Brenda J. Barry^{6,21} | Elizabeth C. Engle^{6,21,22} | Sarah K. Savage²³ | Nicole Fleischer²³ | Julian A. Martinez-Agosto² | Kym Boycott²⁴ Elaine H. Zackai⁴ | Maximilian Muenke¹

Kids First X01: Identifying novel cancer susceptibility mutations from unselected childhood cancer patient and parent trios



Sharon E. Plon, MD, PhD, FACMG Baylor College of Medicine



Owen Hirschi Baylor College of Medicine



1 X01 HL136994-01 - Identifying novel cancer susceptibility mutations from unselected childhood cancer patient and parent trios (BASIC3)

Sharon E. Plon, MD, PhD, FACMG Departments of Pediatrics/Hematology-Oncology and Molecular and Human Genetics Human Genome Sequencing Center Baylor College of Medicine





Disclosures – Sharon E. Plon, MD, PhD

- I have the following financial relationships to disclose:
 - I am a member of the Baylor Genetics
 Laboratory Scientific Advisory Board

Three different approaches to understanding genetic basis of childhood cancer

- Several studies of clinical genome-scale testing of diverse cohorts of childhood cancer patients (BASIC3 and Texas KidsCanSeq study)
- Sequencing of large cohorts of specific pediatric cancer patients
- Precision oncology treatment trials of matched tumor/normal sequencing for patients with relapsed or recurrent tumors (NCI/COG Pediatric MATCH Trial)







www.genome.gov/CSER www.cser-consortium.org

Baylor College of Medicine BASIC3 Key Team Members



Will Parsons Murali Pediatric Oncology Chintagumpala

Stacey Berg

Richard Gibbs

Sue

Hilsenbeck

Christine Eng



David Wheeler



Amy McGuire



McCullough

Laurence

Richard Street



Angshumoy Roy



Dolores Lopez-Terrada

BASIC³

Baylor College of Medicine Advancing Sequencing Into Childhood Cancer Care



Study objectives:

- To integrate information from <u>CLIA-certified germline</u> and tumor exome sequencing into the care of newly diagnosed solid and brain tumor patients at Texas Children's Cancer Center
- To perform parallel evaluation of the impact of tumor and germline exomes on families and physicians



Will Parsons Pediatric Oncology

Research

Original Investigation

Diagnostic Yield of Clinical Tumor and Germline Whole-Exome Sequencing for Children With Solid Tumors

D. Williams Parsons, MD, PhD; Angshumoy Roy, MD, PhD; Yaping Yang, PhD; Tao Wang, PhD; Sarah Scollon, MS, CGC; Katie Bergstrom, MS, CGC; Robin A. Kerstein, BS, MT; Stephanie Gutierrez, BS; Andrea K. Petersen, MD; Abhishek Bavle, MD; Frank Y. Lin, MD; Dolores H. López-Terrada, MD, PhD; Federico A. Monzon, MD; M. John Hicks, MD, PhD, DDS; Karen W. Eldin, MD; Norma M. Quintanilla, MD; Adekunle M. Adesina, MD, PhD; Carrie A. Mohila, MD, PhD; William Whitehead, MD; Andrew Jea, MD; Sanjeev A. Vasudevan, MD; Jed G. Nuchtern, MD; Uma Ramamurthy, PhD; Amy L. McGuire, JD, PhD; Susan G. Hilsenbeck, PhD; Jeffrey G. Reid, PhD; Donna M. Muzny, MSc; David A. Wheeler, PhD; Stacey L. Berg, MD; Murali M. Chintagumpala, MD; Christine M. Eng, MD; Richard A. Gibbs, PhD; Sharon E. Plon, MD, PhD

JAMA Oncol. doi:10.1001/jamaoncol.2015.5699 Published online January 28, 2016.

Race/Ethnicity of BASIC3 Subjects are Representative of Houston Population

| 6% Other | Characteristics of patients enrolled an | Characteristics of patients enrolled and not enrolled on study - updated | | | | | | | | |
|------------|---|--|---------------------|---------|--|--|--|--|--|--|
| | Characteristic - no. (%) | Enrolled (n=239) | Declined (n=103) | P Value | | | | | | |
| 38% Latino | Ethnicity | | | 0.54 | | | | | | |
| | Hispanic | 111 (46%) | 41 (40%) | | | | | | | |
| | Non-Hispanic | 119 (50%) | 52 (50%) | | | | | | | |
| 11% Black | Not reported | 10 (4%) | 10 (10%) | | | | | | | |
| | Race | | | 0.11 | | | | | | |
| | White | 141 (59%) | 74 (72%) | | | | | | | |
| | Black or African American | 25 (10%) | 12 (12%) | | | | | | | |
| | Asian | 7 (3%) | 4 (4%) | | | | | | | |
| 45% Anglo | American Indian or Alaska Native | 10 (4%) | 2 (2%) | | | | | | | |
| | Multiple | 14 (6%) | | | | | | | | |
| Texas | Not reported | 42 (18%) | | | | | | | | |

Updated from Scollon et al., Genome Medicine 2014

BASIC3 DIVERSE PEDIATRIC TUMOR DIAGNOSES



Tumor available for WES

Diversity of clinical exome results returned



Cancer susceptibility molecular diagnosis in 9.8% (27/278) pediatric cancer patients

| Autosomal dominant (P/LP) | 26 | 19 different genes |
|---|----------------|--|
| Genes associated w/ specific childhood cancer | 15 | Examples include DICER1, VHLx3, MSH2, WT1x2, TP53x3 |
| Genes not previously associated w/ specific childhood cancer | 11 | Examples include BRCA1x2, BRCA2, PALB2, CHEK2x2, FLCN, SMARCA4 |
| Autosomal recessive (biallelic) | 1 | TJP2 |
| No one gene was report 3 each for VHL and TP53. | ed in more tha | an 3 BASIC3 patients: |

Rationale for WGS from Heterogeneous Dataset

- Several examples from BASIC3 exome data of identifying a rare variant in a single individual that was then enlarged to identify other rare cases outside the study resulting in new germline or somatic drivers.
 - TJP2 deficiency and risk of hepatocellular carcinoma
 - Internal tandem duplication of BCOR as major somatic driver of clear cell sarcoma of the kidney

HEPATOLOGY

CLINICAL OBSERVATIONS IN HEPATOLOGY

Hepatocellular Carcinoma Associated With Tight-Junction Protein 2 Deficiency

Shengmei Zhou, M.D.,^{1,2} Paula M. Hertel,³ Milton J. Finegold,⁴ Larry Wang,^{1,2} Nanda Kerkar,^{2,5} Jing Wang,⁶ Lee-Jun C. Wong,⁶ Sharon E. Plon,⁷ Melissa Sambrotta,⁸ Pierre Foskett,⁹ Zhiyv Niu,⁶ Richard J. Thompson,⁸ and A.S. Knisely⁹



Goal of KidsFirst Project

- Utilize the rich existing dataset from BASIC3 to make further discoveries using whole genome sequencing of proband and parent trios.
- Existing data:
 - Germline exomes of probands only
 - Tumor exomes from probands
 - RNAseq for a subset of tumors
 - DNA from patient and parents isolated from blood samples
 - Lymphoblastoid cell lines available from almost all patients and parents for subsequent functional or splicing studies as needed.

Approach to KidsFirst Analysis

- Perform sequencing of patient/parent BASIC3 trios with following priority:
 - Complete trios with adequate DNA
 - Patients with unusual histories (multiple malignancies, birth defects)
 - Some solved cases to look for evidence of genomic instability
 - For example, number of de novo variants in child of TP53 carrier
- Analysis has focused on both single nucleotide variants (SNV) and structural variants (SV)
 - Prioritized *de novo* variants in both situations
 - Also analyzed known cancer susceptibility genes for "missed" variants from exome analysis
 - Performed spliceAI analysis of rare variants for cryptic splicing variants

De novo SNV calling in BASIC3 WGS trios (n=54 complete trios)





Platypus

Published: 13 July 2014

Integrating mapping-, assembly- and haplotype-based approaches for calling variants in clinical sequencing applications

Andy Rimmer^{1 na1}, Hang Phan^{1 na1}, Iain Mathieson¹, Zamin Iqbal¹, Stephen R F Twigg², WGS500 Consortium, Andrew O M Wilkie², Gil McVean^{1,3 na1} & Gerton Lunter ⊠¹

Nature Genetics 46, 912-918(2014) | Cite this article



Outcome:

- SNV analysis completed on 54 proband-parent trios
- The pipeline resulted in an expected number of variants per trio

| Variant Type | Frequency per trio |
|---------------------|--------------------|
| Genome-wide de novo | 60 to 190 |
| Coding de novo | 0 to 4 |

De novo heterozygous missense variant in *KMT5C* in pediatric ependymoma



 Mutation is rare, occurs in highly conserved functional domain, and has a high CADD (28.3) and REVEL (.662) score



STRUCTURAL VARIANT CALLING IN BASIC₃/KIDSFIRST WGS DATA

Owen Hirschi Graduate Student Genetics and Genomics Program Baylor College of Medicine

Identification of germline structural variation in childhood cancer is limited

Somatic structural variants play a critical role in cancers



Germline structural variants are implicated in pediatric cancers



Haines K, et al. 2019

Since 2010 **over 40** programs have been created to identify SV from short-read WGS - primarily built for identification in tumors

Sensitivity ranges from 10-70% and false positive rate up to 89%

Alkan C, et al. 2011 Mahmoud M, et al. 2019

Developed new pipeline for more effective germline structural variant calling



Using multiple structural variant callers allowed for more specificity and sensitivity in variant identification

The pipeline is built for identification of *de novo* structural variants and is being tuned for inherited variants

Analysis of structural variant on Cavatica requires multiple features of the platform

| 🚳 CAVATICA | Projects 👻 | Data 👻 | Public Apps |
|----------------------|------------|--------|-------------|
| | | Public | apps |
| Q Structural Variant | s | | Category ~ |

Explore genomics data

Understand complex genomics data with interactive analysis tools.





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| E | Iumpy 22 minutes age | 11 # update: small filter size change from 1kb to 100bp | |
| æ | 🗖 manta 20 minutes ag | 12 # update: use new exclude region | |
| | | 13 # update: specify caller in script | |
| .52 | | 14 # update! directly decide reciprocal overlap using new script | |
| C C | | 15 # update: remove sample name and role in output | |
| Ę | | 17 E undate: intersect with healthy control stack data to identify down | en variant |
| , S | | 18 # update: need output that stack all healthy calls | |
| | | 19 | |
| | | 20 event=OEL | |
| â | | 21 callers=(cnvnator delly lumpy manta breakdancer) | |
| 12 | | 22 sizeMax=1000000 | |
| | | 23 sizeMin=100 | |
| | | 24 rootDir=/sbgenomics/workspace | |
| | | 25 LISTFILE=SrootDir/FullIst.list | |
| | | 20 Inforite-protorryeAsics.info | |
| | | 28 healthyList=SrootDir/Parent.list | |
| | | 29 outputDir=/sbgenomics/workspace/CNV_v02/Sevent/stack_by_sample/Ssampl | |
| | | 30 output=SoutputDir/stack.bed | |
| | | 31 filoutput=SoutputDir/stack.filter.bed | |
| | | 32 recipOut=SoutputDir/stack.filter.recip | |
| | | 33 excludeRegion=/sbgenomics/workspace/RLCRs_no_Repeat_Masker_38.txt | |
| | | 34 healthyStack=SrootDir/CNV_v02/Sevent/stack_by_sample/stack.allHealthy | r.bed |
| | | 35 | |
| | | 36 #################################### | |

De novo structural variant calling in BASIC3 WGS trios (n=54 trios)

Analysis:



Outcome:

- SV analysis completed on 54 proband-parent trios
- The pipeline identified between 0 to 1 SVs per trio

| Structural Variant Type | # of SVs identified |
|-------------------------|---------------------|
| Deletions | 10 |
| Duplications | 7 |
| Inversions | 0 |

Germline *de novo* heterozygous 20kbp deletion of NF2 in a meningioma patient


Germline *de novo* heterozygous 8kbp duplication of PTGR2 in an ependymoma patient



PTGR2 duplication includes 5 predicted promoter-like regions

| | DNase max-Z | H3K4me3 max-Z | H3K27ac max-Z | CTCF max-Z | chr | start | length | nearest genes: protein-coding / all | predicted function |
|-------|----------------|------------------|------------------|---------------|-------|------------|--------|--|-----------------------|
| P 📕 | 5.50 | 4.63 | 4.48 | 3.11 | chr14 | 73,851,666 | 347 | PTGR2 | Promoter |
| P 📕 | 5.15 | 4.75 | 4.64 | 2.76 | chr14 | 73,852,048 | 168 | PTGR2 | Promoter |
| P 📕 | 4.37 | 4.38 | 4.35 | 1.67 | chr14 | 73,852,538 | 348 | PTGR2 | Promoter |
| P 📕 📕 | 4.31 | 3.86 | 4.25 | 1.81 | chr14 | 73,850,993 | 238 | PTGR2 | Promoter |
| P 📕 🗌 | 3.18 | 1.96 | 2.63 | 1.29 | chr14 | 73,850,000 | 218 | PTGR2 | Promoter |

High H3K4me3

High H3K27ac

High CTCF

High DNase

Z-score < 1.64</p>

P/D Proximal/Distal to a Transcription Start Site

Whole genome sequencing revealed novel germline structural variants

We have developed a pipeline with the aim to better identify germline *de novo* structural variation in pediatric cancer

We have identified a germline *de novo* heterozygous duplication in a pediatric ependymoma that we are beginning to functionally assess

We have benefited from additional research studies involving both tumor and germline sequencing of BASIC3

Long-read sequencing of BASIC3 through Kids First



Goals of this sequencing

StrectyII compare the SV results of the long-read sequencing to those of the short-read sequencing using our pipeline

Enabling us to identify:

- Limitations and accuracy of short-read structural variant in trio studies
- Causative SVs only found via long-read sequencing



Merker JD, et al. 2017

QUESTIONS?



Gabriella Miller Kids First Data Resource Center









Adam Resnick, PhD

Children's Hospital of Philadelphia Principal Investigator, Gabriella Miller Kids First Data Resource Center



Vincent Ferretti, PhD

Sainte-Justine University Hospital Principal Investigator, Gabriella Miller Kids First Data Resource Portal



KFDRC Portal Update





Methodology













Released Studies

| Study Name | Funding Year | Category | Participants | Trios | Other Families |
|---|-----------------------|--------------------------|--------------|-------|----------------|
| Neuroblastoma | FY17 | Cancer | 1612 | 463 | 121 |
| Congenital Diaphragmatic Hernia | FY15 & FY16 & FY17 | Structural Birth Defects | 2245 | 714 | 60 |
| Congenital Heart Defects (PCGC) | FY15 & FY16 | Structural Birth Defects | 2133 | 711 | n/a |
| Orofacial Clefts - European Ancestry | FY15 | Structural Birth Defects | 1295 | 380 | 90 |
| Orofiacial Clefts - Asian & African Ancestry | FY17 | Structural Birth Defects | 725 | 238 | 6 |
| Novel Cancer Susceptability (from BASIC3) | FY16 | Cancer | 291 | 66 | 48 |



Released Studies (Cont'd)

| Study Name | Funding Year | Category | Participants | Trios | Other Families |
|--|--------------|--------------------------|--------------|--------------------|----------------|
| Ewing Sarcoma | FY15 | Cancer | 1047 | 290 | 153 |
| Syndromic Cranial Dysinnervation | FY15 | Structural Birth Defects | 801 | 248 | n/a |
| Orofacial Cleft - Latin American Ancestry | FY16 | Structural Birth Defects | 804 | 262 | 9 |
| Adolescent Idiopathic Scoliosis | FY16 | Structural Birth Defects | 262 | 65 | 7 |
| Familial Leukemia | FY16 | Cancer | 365 | 53 | 3 |
| Enchondromatoses | FY17 | Structural Birth Defects | 79 | 25 | 2 |
| Disorders of Sex Development | FY15 | Structural Birth Defects | 300 | 91 | 3 |
| Osteosarcoma | FY15 | Cancer | 84 | proband-only study | n/a |



Approaching 30,000 samples released and in the que



50



The Kids First Data Resource for Collaborative Discovery



Ontologies Enable Computable Models



hpo.jax.org



Curation of Kids First data sets

| 2 | source_text | hpo_id | hpo_official_text | | HPO_ID | HPO_Label | HPO_Modifier_ID | HPO_Modifier_Lab | el | | | | |
|---------------------------|--|---|---|----------|-------------|------------------------------------|--------------------------------------|-----------------------|----------|------------|--------------|------------|--------|
| 50 | Anteriorly Placed Anus | HP:0001545 | Anteriorly placed an | us | | | | | | | | | |
| 51 | Asplenia | HP:0001746 | Asplenia | | | | | | | | | | |
| 52 | Assymetric crying facies | HP:0011333 | Asymmetric crying f | ace | | | | | | | | | |
| 53 | Asthma | HP:0002099 | Asthma | | | | | | | | | | |
| 54 | Asymmetric mouth movement; hypoplastic left jaw | HP:0009118 | Aplasia/Hypoplasia mandible | of the | HP_0000347 | Micrognathia | HP_0012835 | Left | | | | | |
| 55 | Atresia of left external ear | HP:0000413 | Atresia of the extern auditory canal | nal | | | HP_0012835 | Left | | | | | |
| 56 | Atresia of the large intestine | HP:0010448 | Colonic atresia | | | | | | | | | | |
| 57 | Atrial Septal Defect | HP:0001631 | Atrial septal defect | | | | | | | | | | |
| 58 | Autistic spectrum disorder | HP:0000729 | Autistic behavior | | | | | | | | | | |
| 59 | Behavior/Mood disorder | None | None | | | Rehavioral | | | | | | | |
| 60 | Belpharoptosis | HP:0000508 | Ptosis | 1 5 | Open √00 | Closed | | Author - | Labels - | Projects - | Milestones - | Assignee - | Sort + |
| 61 | Bicornuate Uterus | HP:0000813 | Bicornuate uterus | | | 1.12 | | | | | | | |
| | | NTR: meatus stenosis Kid's First new term request #4180 opened an hour ago by nicolevasilevsky | | | | | | | | | | | |
| | | | | ① N | ITR: hepato | pulmonary fu | ISION Kid's First new evasilevsky | term request | | | | | |
| Engage with community for | | Interview of the second sec | | | | | | | | | | | |
| additions and/or | | | NTR: absent fallopian tube? Kid's First new term request #4176 opened a day ago by nicolevasilevsky | | | | | | | | | | |
| | recommenda | tions | | ① N # | ITR? wide s | pace btw 4th day ago by nicolev | and 5th toe Kid's F asilevsky | irst new term request | | | | | |



Variant Workbench

| ids First Variant Workbench | | | |
|--|--|--------------|----------------|
| | Build a SPARK cluster Data | Release 1 | May 13, 2020 |
| | Studi | es | 8 |
| Apache Zeppelin | Partic | ipants | 8,100 |
| The Variant Workbench is a cloud-based analysis platform | for querying and analyzing Kids First data. Distin | ict Variants | 251,801,242 |
| The Variant Workbench is powered by web-based Zeppelir bioinformaticians can create interactive data analytics and Python, and more. The Workbench contains germline variant calls and clinical Kids First studies. The same variants found in the harmoni have been loaded into tables that can be explored using se | Notebooks. Using Zeppelin, collaborative documents with SQL, Scala, data for probands and families registered in zed gVCF files provided by the Kids First DRC everal programming languages. | rences | 42,513,213,093 |
| Additionally, the Workbench is loaded with predicted cons Clinical information and family relationships have also bee Kids First Participant ID. | equences for these variants on genes. n uploaded, with all of these fields paired by | | |
| By combining clinical and genomic data together in one too query across these data types in one cloud-based environr | ol, the Variant Workbench allows users to nent, accelerating research in the field of | | |



Interoperability Across NIH Resources

NIH RAS is a unified, efficient, and secure authentication and authorization service deploying in late 2020 provided by NIH CIT that enables streamlined researcher access to NIH-funded data assets and data repositories across multiple systems and provides standardized methods of logging and auditing such access.





Kids First DRC Team

Children's Hospital of Philadelphia

SevenBridges

CHU Sainte-Justine Research Center

Mother and Child University Hospital Center THE UNIVERSITY OF CHICAGO CENTER FOR DATA INTENSIVE SCIENCE

Children's National Health System





Kids First DRC Team

Children's Hospital of Philadelphia

SevenBridges











The KF Germline Variant Workbench Project

- Prototype presented at the last webinar in May
- Productionizing software and infrastructure
 - Security, data quality, robustness, bioinformatics, cluster management and software deployment tools
- Objective
 - Extract, annotate and import variant data from harmonized gVCF files to a *queryable* database
- Challenges
 - Complex data, big data, confidentiality and security
- Production version to be released
 - Phase I: X01 investigator's teams, Oct-Nov 2020
 - Phase II: All Kids First Portal members, Jan 2021

Two main components

- An annotated variant database
- User private compute environment with Spark and Zeppelin





Variant Database

- Data is organized into tables like in a traditional relational database
- 31 tables in current version





Current Annotations

- From VEP and dbsnfp
 - AA change, genes, transcripts,...
 - > 360 different annotations (e.g. predictive functional scores, gtex)
- Gene ids and alias from the NCBI
- Clinvar, dbSnp
- Gene panels
 - Cosmic, HPO, Omim, Orphanet
- Populational databases
 - TOPMed, gnomAD 2.1 and 3.0, 1000 genomes
- KF annotations
 - Allele frequencies, parent's genotypes, zygosity, QC metrics

Example: Find all **de-novo rare missense** variants with **high functional impact** in **low grade glioma** patients affected by any **cardiovascular abnormalities**





Data Currently Loaded for Initial Beta Phase

11 studies
 11 thousand participants
 297 million unique variants
 53 billion occurrences

- Each variant occurs on average in 178 participants
- Each participant has on average 4.8 million variants
- 52% (153M) of the KF variants are in TOPMed and/or gnomAD

The Zeppelin Data Analytic Environment

Provides programmatic access to the variant database from web browsers

- Accessible from the Portal
- Powered by individual Spark clusters on AWS
- User notebook workspace for creating and managing notebooks
- Users can only access variant datasets they have been authorized to





- Support for various programmatic languages (SQL, Python, R, Scala, Markdown)
- Can use different languages in the same Notebook
- Built-in chart plotting capability
- Interactive forms
- Multi-user capability
- Pre-installed libraries
- **Hail**, Pandas, Numpy, Matplotlib, Plotly, Seaborn

| binar 💷 | | | | | |
|--|--|----------------|-----------------|---|---|
| | | | | | =•* |
| et of sealable as | end ants | | | # of participants in a set per observed phenotype fame set | Julian († 113) |
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| d heat ners | | 9.10 | | a state a state at a strengt - | |
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| anna system to | mark. | 111 | | | |
| instative, physical | ity | 182 | | | |
| 1,146,346 | | 3 | | - | |
| AT BOYAN LINE | | 474 | | | |
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| of variants per g | ne consequence (s = 351,801,3 | | . HAR 2 11 11 1 | # of variants per VEP low, moderate and, high impact | 100/3111 |
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| allele Freq allele Server Romed Goomal V2 1000 Genome | U have a subject of the subject of t | | | Cofe Free Variants present in TapMed and Domains +2 Table Table T | ••••• ••••• •••• • •••• •••• • • ••• •••• • • •!! 0 |



Cohort builder & variant database integration

Virtual cohorts built using the Portal cohort builder can be saved as Participant sets





User's saved sets as part of the variant database

A

| ⊞ 🔐 📽 🔛 🖄 🛓 ▾ settings ▾ | | | | | |
|--|---|--------------|--|--|--|
| Set | ~ | Participants | | | |
| Cranial_Dysinnervation_Musculature | | 103 | | | |
| Cranial_Dysinnervation_Musculature_Cardiac | | 123 | | | |
| Head_neck_Abnormalities | | 643 | | | |
| HeadandNeckandCardiac | | 93 | | | |
| KF_cardiac | | 643 | | | |
| KF_head_neck | | 970 | | | |
| KF_head_neck_cardiac | | 93 | | | |
| Nervous_system_tumors | | 277 | | | |
| Neurodev abnormality | | 583 | | | |

Variant workbench

Saved sets can be joined with other variant tables for genomic analyses of virtual cohorts

| Itered genes with rare pathogenic or likely pathogenic variants in a given | participant set |
|--|-----------------------|
| ave set | Participant threshold |
| demo_set | 2 |
| ⊞ 🔟 📽 🗠 🖄 🕹 ▼ settings ▼ | |
| O Grouped Stacked | |
| 57 | |
| 50 | |
| 40 | |
| 30 | |
| 20 | |
| | |
| 10 | |
| | |
| | |



Who is the variant workbench for?

- Initially:
 - KF DRC for data quality control
 - Bioinformaticians who know programming in SQL, Python, R, etc.
- **Next Aim:** Increase the user base by offering a series of interactive and comprehensive notebooks directly accessible from the portal
 - e.g. a gene-centric analysis notebook
- Users will be able to
 - input analysis parameters (Zeppelin forms)
 - import their own data to their notebooks (e.g. gene panels, variant datasets)
 - modify notebooks as they need and save them in their workspace
- A good tradeoff between standard data portal static analyses and the complexity of programming notebooks from scratch

Further work



- Indexing the variant database with Elasticsearch
- Building data querying interfaces within the portal (integrating notebook use cases)
 - GA4GH-like Beacon service that returns yes/no answers on variant occurrences
 - GnomAD-like interface that returns aggregations e.g. allele frequencies
 - Integration with the Cohort Builder enabling complex queries with *both* clinical and genomic criteria
- Adding more annotations supporting variant prioritization





Special Thanks To

CHU Ste-Justine

- Jeremy Costanza, Lead software architect and developer
- Developers
 - Adrian Paul, Evans Girard, Francis Lavoie
- UX
 - Lucas Lemonnier

СНОР

- DevOps
 - Alex Lubneuski
- Bioinformatics
 - Yuankun Zhu, Yiran Guo, Miguel Brown, David Higgins
COMMON FUND DATA ECOSYSTEM

AN OVERVIEW OCTOBER 6TH, 2020 C. TITUS BROWN, UC DAVIS

nih-cfde.org



MISSION: INCREASING DATA REUSE

Enhance

- Reuse, and comparison to NIH biomedical resources
- Access to current and sunsetted programs
- Application of tools / systems across (CF) programs
- Ability to ask scientific questions across (CF) data sets

Increase the on-ramp for more researchers with training

DIVERSEPORTFOLIMON FUND DATA ECOSYSTEM

| | | ucleon | ne | IIII | AP | First | 10 | bolt | omics | ~ | / | tems | Sul, | |
|------------------------------|----|--------|------|------|--------|-------|-------|--------|-------|--------------|----|------|------|-----|
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| Clinical Data | | X | х | | X | х | | | | MoTrPAC | x | Х | | |
| Whole Genome/Exome Sequence | | Х | х | | Х | | | Ρ | | SPARC | x | х | | |
| Transcriptomics | х | Х | х | Ρ | Х | х | | Р | Р | HubMap | , | х | х | |
| Histology Images | | | | | Х | | | | | LINCS | | | X | х |
| Radiology Images | | | | | Х | | | | | 4D Nucleome | | | х | х |
| Metatranscriptomics | | | х | | | | | Ρ | | GTe | 4 | | | х |
| Metaproteomics | | | х | | | | | | | KidsFirs | t | | | х |
| Marker Sequence Metagenomics | | | х | | | | | Р | | HMP/iHMF | 2 | | | Х |
| Microbial Reference Genomes | | | х | | | | | Р | | Metabolomics | | | | Х |
| ChIPseq | х | | | | | х | | | | 1 | | | | |
| FISH | х | | | Р | | | | | | | | | | |
| ATACseq | х | | | Р | | Х | | | | | | | | |
| Hi-C | х | | | | | | | | | | | | | |
| ChIA-PET | х | | | | | | | | | | | | | |
| Proteomics | | | х | Р | | х | | Р | Р | | | | | |
| KINOMEscan | | | | | | х | | | | | | | | |
| Metabolomics | | | х | Р | | | х | Р | | | | | | |
| Lipidomics | | | | Ρ | | | | | | | | | | |
| scDNAseq | | | | Ρ | | | | | | | | | | |
| Epigenomics | | | Х | Р | | Х | | Р | | | | | | |

TISSUE TYPES SHARED BY HMP AND OTHER CF PROGRAMS



TISSUE TYPES SHARED BY HMP AND OTHER CF PROGRAMS

Query Results

| | I | 7 | Tissue | Set Count |
|---|----------------|----|--|--------------|
| | I hese are the | | Cervix - Ectocervix | 4 |
| | 11 shared | | Colon - Sigmoid | 9 |
| | ticques | | Colon - Transverse | 10 |
| | ussues | | Esophagus - Mucosa | 5 |
| | | | Minor Salivary Gland | 5 |
| Max XDa | | | Nasal | 3 |
| Solution to tria | | | Rectum | 3 |
| | | | Skin - Not Sun Exposed (Suprapubic) | 7 |
| Query • ● • • • • • • • • • • • • • • • • | | 11 | Skin - Sun Exposed (Lower leg) | 6 |
| | | | Vagina | 4 |
| | | | Whole Blood | 11 |
| | | | | |
| | | | | |
| | | | | |
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TISSUE TYPES SHARED BY HMP AND OTHER CF PROGRAMS

Query Results

| | | | Ŧ | |
|--|----------------|--------|--|--------------|
| | Those are the | | Tissue | Set Count |
| | mese are the | | Cervix - Ectocervix | 4 |
| | 11 shared | | Colon - Sigmoid | 9 |
| | | | Colon - Transverse | 10 |
| | tissues | | Esophagus - Mucosa | 5 |
| | | | Minor Salivary Gland | 5 |
| Max TD | | | Nasal | 3 |
| The time the | | | Rectum | 3 |
| Query Gr Ann Conicon Con Constant Anna Conicon Constant Anna Conicon Con Constant Anna Conicon Constant Anna Conico Conico Constant Anna Conico Co | | | Skin - Not Sun Exposed (Suprapubic) | 7 |
| | / | 44 | Skin - Sun Exposed (Lower | 6 |
| | | 11 | leg) | |
| | 2 | | Vagina Whala Blaad | 4 |
| | 2 | | | I I |
| | All programs h | lave | | |
| | | | | |
| | whole blood | | | |
| | | | | |
| | | | | |
| | | | | |
| | Three program | ıs hav | e | |
| | nasal tissue | | | |

CFDE INTEGRATION: <u>HOW?</u>

THE CROSSCUT METADATA MODEL (C2M2)

Goal: DCCs to share structured, detailed metadata about their experimental resources across the ecosystem. Not a warehouse

No data replication

Users directed to DCCs as primary

resource





Common Fund Data Ecosystem Web Portal



Publications

FAIRshake: Toolkit to Evaluate the FAIRness of Research Digital Resources

An Open Ecosystem for Pervasive Use of Persistent Identifiers

News & Events

Fall 2020 Cross Pollination Series starts 9/29/2020. Click for more info..

Data portal website coming in November 2020.

The NIH Common Fund has switched to rolling submission of Engagement Plans, effective May 2020. More information available on the Engagement page.



Very happy and proud to present: The GTEx papers. This set of 15 papers published today describes the final phase of this 10-year effort, providing the genomics community an atlas of genetic regulatory variants and a deep dive into the biology behind it. sciencemag.org/collections/ge...



Embed

View on Twitter

http://nih-cfde.org



| | Colle | oction [®] | | | <u>ک</u> و | oxport 👻 📕 Permalink |
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| All records with value | R | 4D Nucleome | /experiment-set- replicates/4DNESENITEIC/ | pADamID on RPE - 4DNESENITEIC | pADamID for LaminB1 on RPE wildtype cells | 2020-05-28 11:36:17 |
| Date 2011-07-14 X Time 20:00:00 X | B | 4D Nucleome | /experiment-set- replicates/4DNESG2OY6X6/ | pADamID on RPE - 4DNESG2OY6X6 | Dam control for accessibility and amplification biases on RPE wildtype cells | 2020-05-28 11:36:16 |
| To: Date 2020-06-11 X | B | 4D Nucleome | /experiment-set- replicates/4DNESXGXZEZ6/ | Non-enriched ChIA- Drop on GM19239 - 4DNESXGXZEZ6 | Replicates of non-enriched ChIA-Drop on GM19239 cells. | 2020-05-22 01:48:00 |
| 0 0 0 0 | 2 | 4D Nucleome | /experiment-set- replicates/4DNESF829JOW/ | Single nucleus HI-C on WTC-11 with GFP tagged AAVS1 - 4DNESF829JOW | Single nucleus Hi-C on Modified WTC-11 (GM25236) with GPP tagged AAVS1 locus - clone 28, select nucleus from G1 phase only | 2020-04-24 03:40:39 |
| 200 100 child of the | | 4D Nucleome | /experiment-set- replicates/4DNESJQ4RXY5/ | Single nucleus HI-C on WTC-11 with GFP tagged AAVS1 - 4DNESJQ4RXY5 | Single nucleus HI-C on Modified WTC-11 (GM25236) with GFP tagged AAVS1 locus - clone 6, select nucleus from G1 phase only | 2020-04-24 03:40:38 |
| ~ ~ ~ ~ | B | 4D Nucleome | /experiment-set- replicates/4DNESW1G42GW/ | ChIP-seq on G1E-ER4 - 4DNESW1G42GW | Biological replicates of Poll ChIP-seq on G1E-ER4 cells in late G1 phase | 2020-03-03 15:08:16 |
| File Creation Time Piecemple Creation Time | E. | 4D Nucleome | /experiment-set- replicates/4DNESY2UQH58/ | ChIP-seq on G1E-ER4 - 4DNESY2UQH58 | Biological replicates of Poll ChIP-seq on G1E-ER4 cells in mid-G1 phase | 2020-03-03 15:08:15 |
| Defined By Project | B | 4D Nucleome | /experiment-set- replicates/4DNESHA64KOK/ | ChIP-seq on G1E-ER4 - 4DNESHA64KOK | Biological replicates of Poll ChIP-seq on G1E-ER4 cells in early G1 phase | 2020-03-03 15:08:14 |
| Subject Granularity ① | R | 4D Nucleome | /experiment-set- replicates/4DNESWCWOS1Y/ | ChIP-seq on G1E-ER4 - 4DNESWCWOS1Y | Biological replicates of Polli ChIP-seq on G1E-ER4 cells in | 2020-03-03 15:08:13 |
| Subject Role O | B | 4D Nucleome | /experiment-set- | ChiP-seq on G1E-ER4 - | Biological replicates of Poll ChIP-seq | 2020-03-03 15:08:12 |
| Subject Taxonomy ① | | 4D Nucleares | replicates/4DNESWQLLRLT/ | 4DNESWQLLRLT | on G1E-ER4 cells in prometaphase | 2020 02 02 15:00 11 |
| > Anatomy ① | Ex | 4U NUCIBOTHE | replicates/4DNESRT3AFT8/ | 4DNESRT3AFT8 | ER4 cells in late G1 phase | 2020-03-03 15:08:11 |
| > Assay Type ① | B | 4D Nucleome | /experiment-set- replicates/4DNESER4SPJ6/ | ChIP-seq on G1E-ER4 - 4DNESER4SPJ6 | ChIP-seq input only control from G1E- ER4 cells in mid-G1 phase | 2020-03-03 15:08:10 |
| > Part of Collection ① | R | 4D Nucleome | /experiment-set- | ChIP-seg on G1E-ER4 - | ChIP-seg input only control on G1E- | 2020-03-03 15:08:09 |

CFDE Portal for cross data set search - public beta at end of October!!

MISSION: INCREASING DATA REUSE

Enhance

- Reuse, and comparison to NIH biomedical resources
- Access current and sunsetted programs
- Application of your tools / systems
- Ability to ask scientific questions across data sets

Increase the on-ramp for more researchers with training

A CRITICAL TOOL: USER TRAINING

- Using DCC-specific resources
- Finding, accessing and combining resources between DCCs
- Analyzing data sets in the cloud
- Data-type specific training, e.g. WGS for clinicians
- Modalities include Web sites, videos, teleconference training, and (eventually) in-person.

A CRITICAL TOOL: USER TRAINING FOR KIDS FIRST:

We are planning tutorials and training on:

- Logging into and using the KF DRC portal to find data sets
- Running data analyses in the Cavatica cloud platform
 - WGS?
 - RNAseq?
- Data-type specific training, e.g. WGS for clinicians
- Modalities include Web sites, videos, teleconference training, and (eventually...) in-person.

A CRITICAL TOOL: USER TRAINING FOR KIDS FIRST:

We are planning tutorials and training on:

- Logging into and using the KF DRC portal to find data sets
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 - WGS?
 - RNAseq?

Data-type specific training, e.g. WGS for clinicians

- Modalities include Web sites, videos, teleconference training, and (eventually...) in-person.
- Also happy to talk with people who are developing tools about testing, documenting, training, etc! :)

SUPPORT FOR KIDS FIRST:

We will also support Kids First DRC in joining forces with other NIH programs:

- Cross-program analysis (WGS, RNAseq) e.g. GTEx
- scRNA (HuBMAP) and/or drug effects (LINCS) and/or ...

PUBLIC CFDE RESOURCES: TRAINING WEB SITE

- X Training Website <u>https://cfde-training-and-engagement.readthedocs-hosted.com/</u>
 - Modules for learning how to use CFDE resources, tutorials on general bioinformatics workflows, and DCC specific tutorials



PUBLIC CFDE RESOURCES: TRAINING WEB SITE

- X Training Website <u>https://cfde-training-and-engagement.readthedocs-hosted.com/</u>
 - Modules for learning how to use CFDE resources, tutorials on general bioinformatics workflows, and DCC specific tutorials

Bioinformatics tutorials

All currently available bioinformatics tutorials can be found here.

- GWAS in the Cloud
- Snakemake

Kids First Lessons

All the currently available lessons for the Kids First Data Resource Center

Setting up your KF Portal Permissions:

- Portal Overview
- Registration
- Connecting Accounts
- Accessing Data

WE WELCOME FEEDBACK!

ctbrown@ucdavis.edu

Please let us know:

C

- What kind of training you are interested in!
- What kind of data set combinations you are interested in!

| COMMON DATA CONSTEM | | | Tools Engagement About ~ | http://nih- | cfde.org |
|--------------------------------|--|----------------------------|-----------------------------------|-------------|----------|
| Contact | | | Contributors Reports | | |
| Interested in learning more ab | Questions? Comments? | vents? Please fill out the | form below and we'll be in touch. | | |
| | First Name * | 1 | | | |
| | Last Name * | | | | |
| | Email Address * | | | | |
| | Do you want to be added to our public mailing list? * Yes No | | | | 91 |

Gabriella Miller Kids First Pediatric Research Program

Program Updates



FY20 Long-Read Sequencing Pilot

2020 Kids First X01 Long Read Sequencing Pilot







ZMW wells Sites where sequencing

takes place

Labelled nucleotides All four dNTPs are labelled and available for incorporation

Modified polymerase As a nucleotide is incorporated by the polymerase, a camera records the emitted light

PacBio output A camera records the changing colours from all ZMWs; each colour change corresponds to one base





Leader-Hairpin template The leader sequence interacts with the pore and a motor protein to direct DNA. a hairpin allows for bidirectional sequencing

Alpha-hemolysin A large biological pore capable of sensing DNA

Current Passes through the pore and is modulated as DNA passes through

ONT output (squiggles) Each current shift as DNA translocates through the pore corresponds to a particular k-mer

PACIFIC BIOSCIENCES







FY20 Long-Read Projects

https://commonfund.nih.gov/kidsfirst/longreadprojects

- Nonsyndromic Craniosynostosis
 - PI: Simeon Boyd
- Congenital Diaphragmatic Hernia
 - PI: Wendy Chung
- Structural Heart & Other Defects
 - PI: Bruce Gelb
- Bladder Exstrophy Epispadias Complex (BEEC)
 - PI: Angie Jelin
- Acute Myeloid Leukemia
 - PI: Soheil Meshinchi
- Novel Cancer Susceptibility
 - PI: Sharon Plon
- Ollier Disease & Maffucci Syndrome
 - PI: Nara Sobreira









Strategic Planning & Phase 2 Initiatives

What is next for Kids First?

2018 Strategic (Re-)Planning Exercise:



- 2018 Program Survey launched at ASHG: Kids First & external investigators
- Kids First Steering Committee
- External Program Consultants
- DRC Admin & Outreach Core (feedback from the public, patients, families)
- NIH Kids First Working Group & IC Director Co-Chairs



7 Consensus Recommendation Themes

- **1. Innovation: Resource, infrastructure, or tool development.** *Activities: Data Visualization tools; other tools for clinical/phenotypic data*
- **2. Clinical/phenotypic data extraction, harmonization, & curation.** Activities: Collect, extract, organize, curate, harmonize, and submit deep clinical and phenotypic data; annotate variants with pathogenicity, ClinGen scores.
- 3. Collaborative validation and discovery.

Activities: Building synthetic cohorts; identify structural variants; test pipelines. *Engage trainees in data analysis projects**Bring users to the platform*

- **4. Integration and interoperability of external pediatric datasets.** Activities: Using DRC workflow and best practices to harmonize external pediatric datasets; Building tools that can operate across multiple spaces
- 5. Consent and data sharing.

Activities: Re-consenting cohorts in line with our data sharing expectations

6. Validation with model organisms.

Activities: validating KF findings/variants, deep phenotyping of animal models

7. Continue WGS & data generation, invest in long-read, consider other – omics. Reissues of: <u>https://grants.nih.gov/grants/guide/pa-files/PAR-19-104.html</u>











NIH Council of Councils September 11, 2020

Common Fund Concept Clearance: Gabriella Miller Kids First Pediatric Research Program: Plans for FY22-24 (Phase 2) James Coulombe, Ph.D. Chief, Developmental Biology and Structural Variation Branch *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

Goal of Phase 2 Initiatives: Enhance the value and impact of the Kids First Data Resource to accelerate pediatric research to improve preventative measures, diagnostics, and therapeutic interventions.

The archived videocast of the Council of Councils meeting is publicly available and can be viewed <u>here</u> (Kids First discussion begins at 4:48:00). The presentation materials are available here.



Phase 2 Initiatives Approved \$12.6M/year (FY22-24)

1) Additional generation of childhood cancer and structural birth defects-related -omics data

Add epigenomic and proteomic assays

2) Continue development & improvement of the Data Resource

Plan for sustaining the Data Resource beyond FY24

- 3) Expert-driven activities to increase the value of Kids First data
 - Engage Kids First & community experts in activities such as integration, curation, and/or harmonization of rich clinical and phenotypic data







Collaborations

In parallel, continue trans-NIH collaborations to address common goals





NIH Cloud Based Platforms Interoperability (NCPI)

Goal: Empower end-user analyses across platforms through federation & interoperability











New NCPI Webpage!

https://datascience.nih.gov/nih-cloud-platform-interoperability



| | - 🖬 ¢ | Search | - ۵ |
|--------------------------------|-------|--------|-----|
| NIH Cloud Platform Interop × 📑 | | | |
| | | | |

NIH Cloud Platform Interoperability Effort

About the NIH Cloud Platform Interoperability (NCPI) Effort

Connecting NIH's various data systems is a critical step toward improving researchers' access to all types of data. The NIH Cloud Platform Interoperability (NCPI) effort researchers' access to create a federated genomic data ecosystem and is a collaborative project between NIH and external partners comprising five working groups researchers.

When researchers obtain data from a specific platform, there is no guarantee that the data will be readily usable alongside data from a different platform. By focusing on interoperability, the NCPI effort is ensuring that researchers can both find and integrate data more easily from the following four participating platforms:





Innovation across the Phenotypic Translational Divide Webinar

Information: https://monarch-initiative.github.io/phenomics/pages/clin-phen-webinar.html



Innovation across the Phenotypic Translational Divide Webinar Series

Part 1



Part 2





Laterality Birth Defects Stephanie Ware, Indiana University

Structural Brain Defects, Neural Tube Defects Joe Gleeson, University of California, San Diego

Webinar Information:

https://monarch-initiative.github.io/phenomics/pages/clin-phen-webinar.html
Part 3: Cross-Species Genotype-Phenotype Analysis



Q & A

- Use the Q&A bar (lower right of your screen) to send your questions to "All Panelists". We will read your questions out loud and answer them.
- You can ask also use the "chat" Service to send private messages to the host or presenters.

What support is available for learning how to use the Kids First platforms?



Support Pages on kidsfirstdrc.org





Explore and Connect with Research Data Today!

The NIH Common Fund-supported Gabriella Miller Kids First Data Resource Center enables researchers, clinicians, and patients to work

🚯 Kids First DRC Help Ce... / 🔄 Studies and Access Share V Updates Favorite ••• Studies and Access ∠ 2 backlinks This page outlines each available dataset and release notes on the searchable and accessible data in the Kids First Data Resource Portal. Users requesting access to controlled data are required to have an eRA Commons account. While most dataset access within the Kids First DRC is granted through dbGaP, there are some datasets whose access is reviewed & granted through consortia Data Access Committees (DAC's). Please reference the datasets below for their specific access management information. More directions on the dbGaP application process can be found here. Once you have access, be sure to Connect Your Account to enable analysis on Cavatica. We are continuously adding more data and working on quality improvements. As such, the data in the file repository may change as we work through known issues and improve our processing pipelines. Available Datasets - Gabriella Miller Kids First Pediatric Research Program
Gallery View Kids First: Congenital Diaphragmatic... Kids First: Congenital Heart Defects Kids First: Ewing Sarcoma - Genetic ... Kids First: Orofacial Cleft - European... NIH X01 Project Abstract - Wendy Chung, PI NIH X01 Project Abstract - Christine Seidman, PI NIH X01 Project Abstract - Joshua Schiffman, PI NIH X01 Project Abstract - Mary Marazita, PI phs001110 dbGaP Study Page phs001138 dbGaP Study Page phs001228 dbGaP Study Page phs001168 dbGaP Study Page Aligned Reads gVCFs Aligned Reads gVCFs VCFs Aligned Reads gVCFs Aligned Reads gVCFs VCFs This dataset includes genomic data that are co... This dataset includes genomic data that are co... ?

Studies and Access page in the Kids First DRC Help Center

Kids First Support Inbox

Send any questions to...

Kids First Support Inbox Support@KidsFirstDRC.org





Kids First Office Hours

<u>What:</u> Monthly user support session hosted by the Kids First DRC

<u>When:</u> 3pm on the 2nd Tuesday of each month

Who: Users of all levels are welcome!

Our next session is **October 13th**.

Contact David Higgins (<u>HigginsD@email.chop.edu</u>) for login information.





Q & A

- Use the Q&A bar (lower right of your screen) to send your questions to "All Panelists". We will read your questions out loud and answer them.
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What funding opportunities are available?

Discovery of the Genetic Basis of Childhood Cancers and of Structural Birth Defects: Gabriella Miller Kids First Pediatric Research Program (X01 Clinical Trial Not Allowed)

Kids First cohort sequencing opportunity:

- Propose samples from cohorts for whole genome sequencing at a Kids Firstsupported sequencing center
 - DNA from germline/normal from affected child and parents/family members (if available)
 - DNA/RNA from tumors and/or affected tissue
- 1 more reissue of <u>PAR-19-390</u> for 2021
- View FY20 materials <u>here</u>



 Considerations include broad data sharing & value of incorporating the data into the Data Resource

What funding opportunities are available?

See: FAQs for Funding Opportunities Announcements (FOAs) to Support Data Analyses of Kids First Datasets (<u>https://commonfund.nih.gov/kidsfirst/FAQ</u>)

- Analyze Kids First data with support from:
 - "Kids First R03 PAR": <u>PAR-19-375</u>
 - NIH "Parent" R01: PA-19-056
 - NIH Parent R03: <u>PA-19-052</u>
- Validate variants with support from:



- ORIP's Development of Animal Models and Related Biological Materials for Research (R21): <u>https://grants.nih.gov/grants/guide/pa-files/PA-16-141.html</u>
- Mechanistic Studies of Gene-Environment Interplay in Dental, Oral, Craniofacial, and Other Diseases and Conditions (R01) (<u>PAR-19-292</u>).
- Development of Novel and Robust Systems for Mechanistic Studies of Gene-Environment Interplay in Dental, Oral, Craniofacial, and Other Diseases and Conditions (R21) (<u>PAR-19-293</u>).
- To pursue collaborations with the <u>Knockout Mouse Phenotyping Program (KOMP2)</u>, contact: <u>KidsFirstKOMP@nih.gov</u>
- To receive updates about future Kids First opportunities, sign up for the listserv:
 - <u>https://commonfund.nih.gov/kidsfirst/register</u>

How do I access data?

| | F |
|------------------|---|
| Anyone can | |
| register & login | ľ |
| to the portal to | |
| filter, search, | 5 |
| visualize | |
| datasets | |
| | |

| Filters | ALL FILTERS | | | | | | | | | | » Actions | | |
|----------------------------------|-------------|--------------|--------------------------------|-----------------|--------------------|---------|----------------|----------------|---------------|----------|--------------------------------------|---|--|
| Q Enter identifiers | | 28,810 Files | | | 5,621 Participants | | 1,625 Families | | | | | If you have not selected any files, all | |
| UPLOAD IDS + | | | Showing 1 - 20 of 28,810 files | | | | | T Filter table | | | files in your query will be included | | |
| Clinical Filters File | Filters | ä | File ID | Participants ID | Study Name | Proband | Family Id | Data Type | File Format F | ile Size | 8 | in the actions. | |
| Study Name | 0 | - | GF_WD83KSHP | PT_J8Z4XPK7 | Congenital Diaphra | No | FM_Q885FM(8 | Aligned Reads | cram | 15.53 GB | | Data Analysis | |
| Study Hame | 4 | 8 | GF_BT35C7YV | PT_95T516RP | Congenital Diaphra | No | FM_JADBN593 | gVCF | gVCF | 4.3 G8 | • | | |
| Pediatric Brain Turnors CBTTC | 15,019 | - | GF_PTYBTPZ3 | PT_2P1852YW | Congenital Diaphra | No | PM_7CXDVHEP | gVCF | EACE | 5.94 G8 | | Carl and the second second | |
| Orofacial Cleft: European | 3.408 | 8 | GF_RH0AQ4CS | PT_SVXGJRA4 | Congenital Diaphra | No | FM_88TD4XVF | gVCF | gyCF | 4.91 GB | | Download | |
| III Ewing Sarcoma Genetic Risk | 1.246 | | GF_TDPA3Q71 | PT_Y]2C44N7 | Congenital Diaphra | Yes | FM_33MY1VDM | Aligned Reads | bam | 63.33 GB | | | |
| Syndromic Cranial | | | GF_W031CSX | PT_RHW06ACA | Congenital Diaphra | Yes | FM_FTQ2YWR1 | RACE | RACk. | 5.37 GB | a | MANIFEST | |
| Dysinnervation | 2.097 | | GF_BBEMIPER | PT_5NV37967 | Congenital Diaphra | No | PM_58FGRV(3 | Aligned Reads | cram | 16.87 G8 | | | |
| Congenital Heart Defects | 2.670 | | GF_GYB13YKN | PT_4ZBHFQAM | Congenital Diaphra | Yes | FM_HFSQCFX6 | Aligned Reads | bam | 63.74 GB | | | |
| | O1 More | - | GF_SAYKAVOW | PT_JFV99EDB | Congenital Diaphra | No | FM_DC2C8K05 | Aligned Reads | cram | 20.77 G8 | | | |
| Diagnosis Category | Q | - | GF_BY3W522X | PT_QQQ3M8PM | Congenital Diaphra | Yes | PM_JOSDOXHE | Aligned Reads | bam | 62.31 G8 | • | | |
| Cancer | 15.320 | - | GF_00QN3XSH | PT_28HHBN57 | Congenital Diaphra | No | PM_7CXDVHEP | Aligned Reads | cram | 20.62 GB | | | |
| Cther | 10,831 | | GF_FE81SQRD | PT_QQ31MEW3 | Congenital Diaphra | No | FM_FVH2R4j2 | Aligned Reads | bam | 64.63 GB | | | |
| Structural Birth Defect | 5,479 | | GF_FNMDQ55G | PT_07867CK2 | Congenital Diaphra | Yes | FM_4C6QD4FW | Aligned Reads | cram | 20.26 GB | | | |
| Diagnosis (Source Text) | 0 | -0 | GF_SV83QZ3C | PT_ARGH0XBP | Congenital Diaphra | Yes | FM_PHSTBST4 | Aligned Reads | cram | 20.95 GB | | | |
| Diagnosis (source read | u | | | | a | | | 10.000.0 | | | | | |

- 1. Find available data on the <u>portal</u> or <u>Kids</u> First X01 page
- 2. Submit <u>dbGaP Data Access Requests</u> (DARs) for individual-level sequence data
- **3.** Push approved sequence data to Cavatica from the portal:

https://kidsfirstdrc.org/support/analyze-data/

NIH Kids First Data Access Committee



Individual-level sequence data

 To learn more about submitting dbGaP Data Access Requests (DARs) watch:

https://www.youtube.com/watch?v=39cba0gF2tw&index=3&t=503s&list= PLoXwgZflAe4aMwWpVQU_WVeWHzyhI3BCu





Also see: <u>https://dbgap.ncbi.nlm.nih.gov/a</u> <u>a/dbgap_request_process.pdf</u>



Submitting an Approvable dbGaP Data Access Request Vivian Ota Wang, Ph.D Office of Data Sharing NCI

How can I get involved?

- Connect with and provide <u>feedback</u> to the DRC: <u>support@kidsfirstdrc.org</u>
- Contact the program for questions or <u>feedback</u>: <u>kidsfirst@od.nih.gov</u>
- Learn more about the program & DRC: <u>https://commonfund.nih.gov/kidsfirst</u> & <u>https://kidsfirstdrc.org/</u>
- Search data available through the Kids First Data Resource Portal: <u>https://portal.kidsfirstdrc.org/</u>





- Use the Q&A bar (lower right of your screen) to send your questions to "All Panelists". We will read your questions out loud and answer them.
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Thank You!

Email Additional Questions and Comments to the Kids First Mailbox: <u>kidsfirst@od.nih.gov</u>



Kids First Investigators: Past Presentations

- Congenital Diaphragmatic Hernia, PI: Wendy Chung (April 2019): <u>https://www.youtube.com/watch?v=3CS6AphmCp0&t</u> =978s
- Neuroblastoma, PI: Sharon Diskin (September 2019): <u>https://www.youtube.com/watch?v=Gq8kK2UGI4s</u>
- Orofacial Clefts
 PI: Mary Marazita (May 2020)
 <u>https://www.youtube.com/watch?v=TddkIx3IZpI</u>



