

# Pediatric Cancer Research Data Commons

Samuel Volchenboun, MD, PhD

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THE UNIVERSITY OF  
CHICAGO MEDICINE &  
BIOLOGICAL SCIENCES

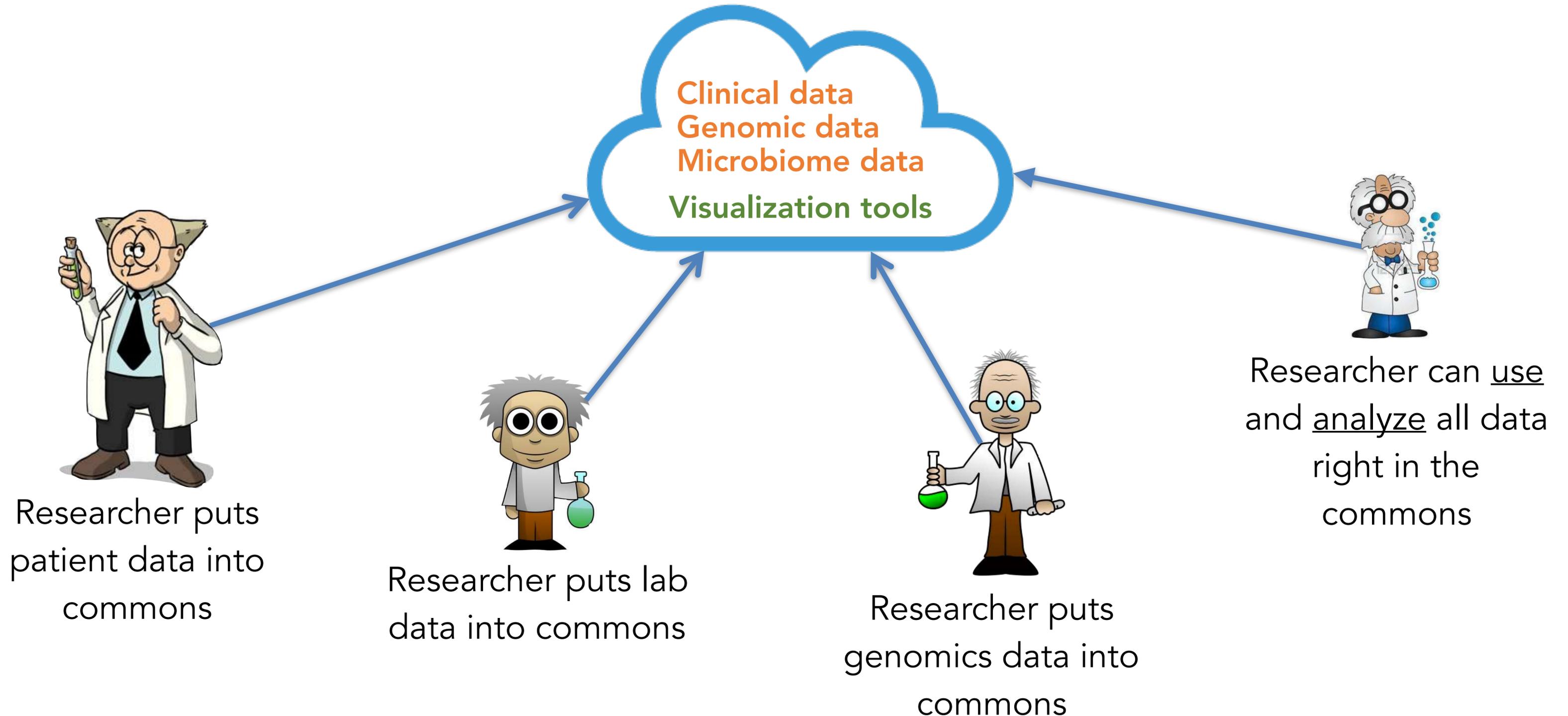


CENTER FOR  
**RESEARCH**  
INFORMATICS

The image shows four tall, cylindrical metal silos with white domed roofs, arranged in a row. In the foreground, there are several stacks of hay. The sky is blue with scattered white clouds. A semi-transparent blue box with white text is overlaid across the middle of the image.

Most research is performed in silos

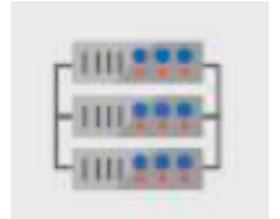
# A commons is a place to store and use data



# Why do we need data commons?



Too much data to store



Takes too long to transfer



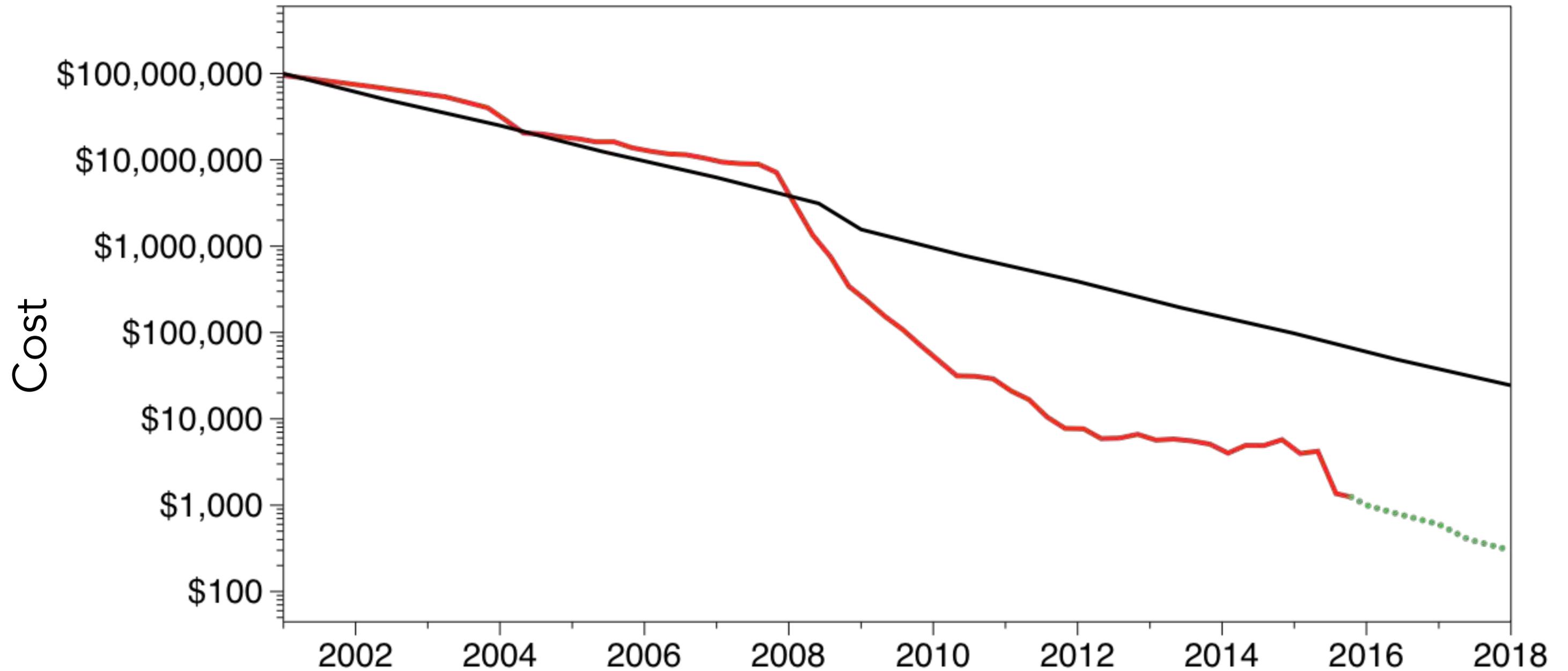
Too expensive to analyze



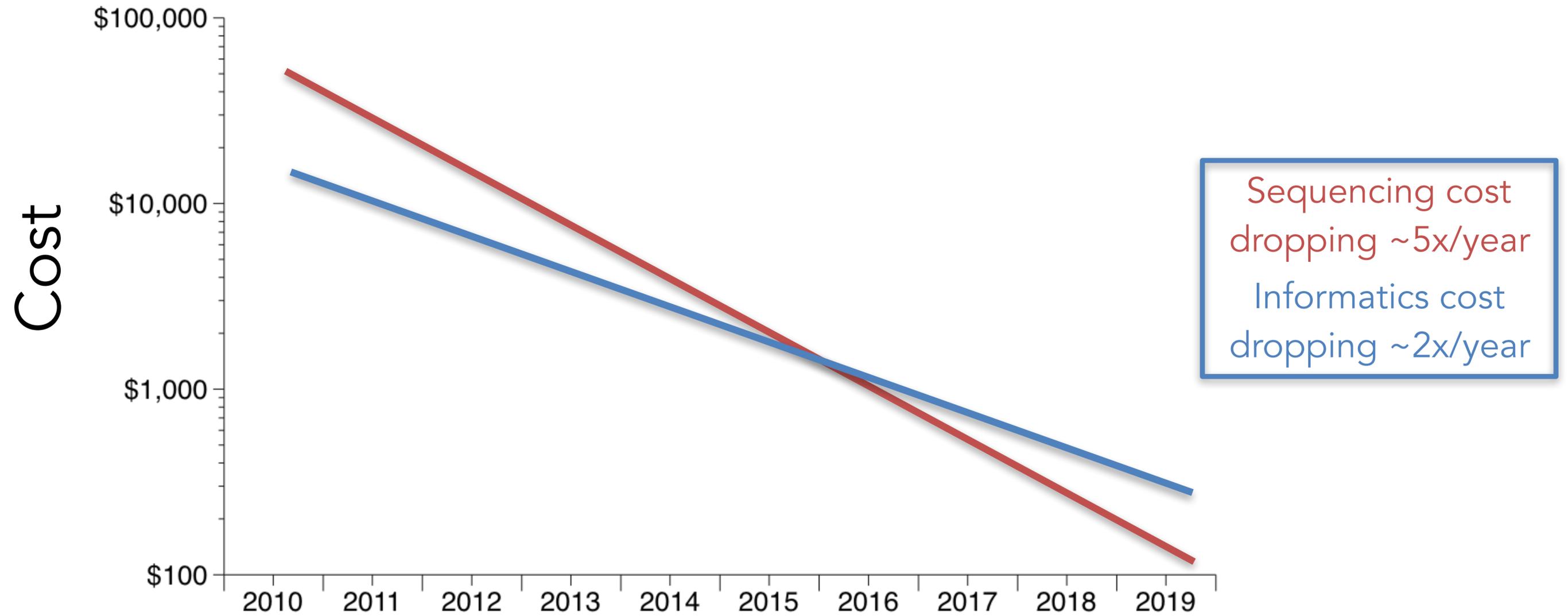
Lack of data standardization



# Falling costs of DNA sequencing



# Informatics is now the bottleneck



businessinsider.com

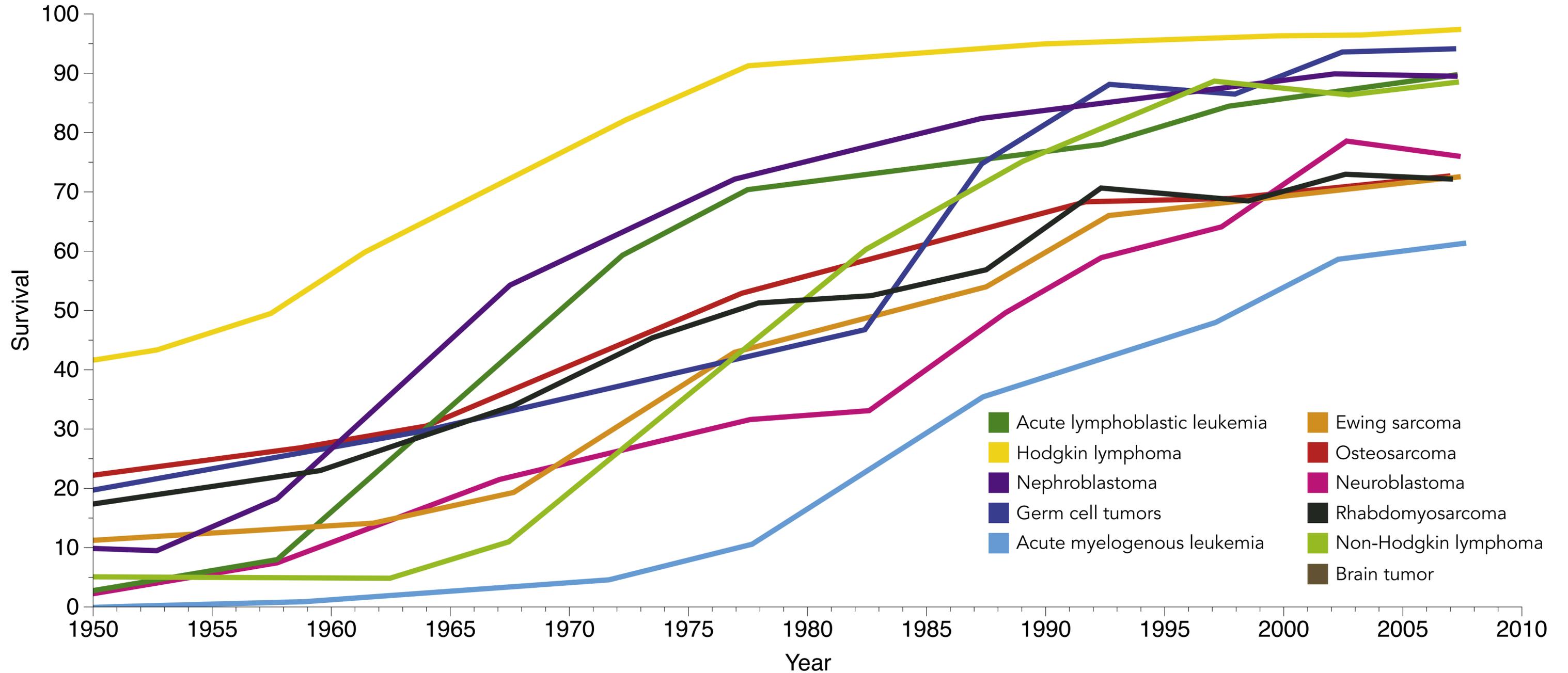
# The importance of standards

## Pediatric rhabdomyosarcoma

	Current	
	Code	Description
SEX	1	Male
	2	Female
HISTOLOGY	1	Alveolar rhabdomyosarcoma
	2	Embryonal rhabdomyosarcoma
	3	Botryoid rhabdomyosarcoma
	4	Not otherwise specified
	5	Undifferentiated sarcoma
	6	Sarcoma, not classifiable
	7	Spindle cell sarcoma
	8	Ectomesenchymoma
	9	Other
	10	Mixed rhabdomyosarcoma
99	Unknown	

~~F - Findable  
A - Accessible  
I - Interoperable  
R - Reusable~~

# Survival - Pediatric cancer



# Why do we need pediatric cancer data commons?

## Adult cancers

All	1,688,780
Oral	49,670
GI	310,440
Lung	222,500
Skin	95,360
Breast	255,180
Ovary	22,440
Prostate	161,360
Urinary	146,650
Lymphoma	80,500
Myeloma	30,280
Leukemia	62,130

Source: cancer.org - 2017

## Pediatric cancers

All	15,190
Bone	787
Brain	2,653
Hodgkin lymphoma	973
Kidney	608
Acute lymphoblastic leukemia	2,627
Acute myelogenous leukemia	642
Non-Hodgkin lymphoma	1,116
Soft-tissue	869
Other	4,585

Source: CDC - 2014

Studying a rare disease like pediatric cancer is difficult.



# Children's Oncology Group

1955

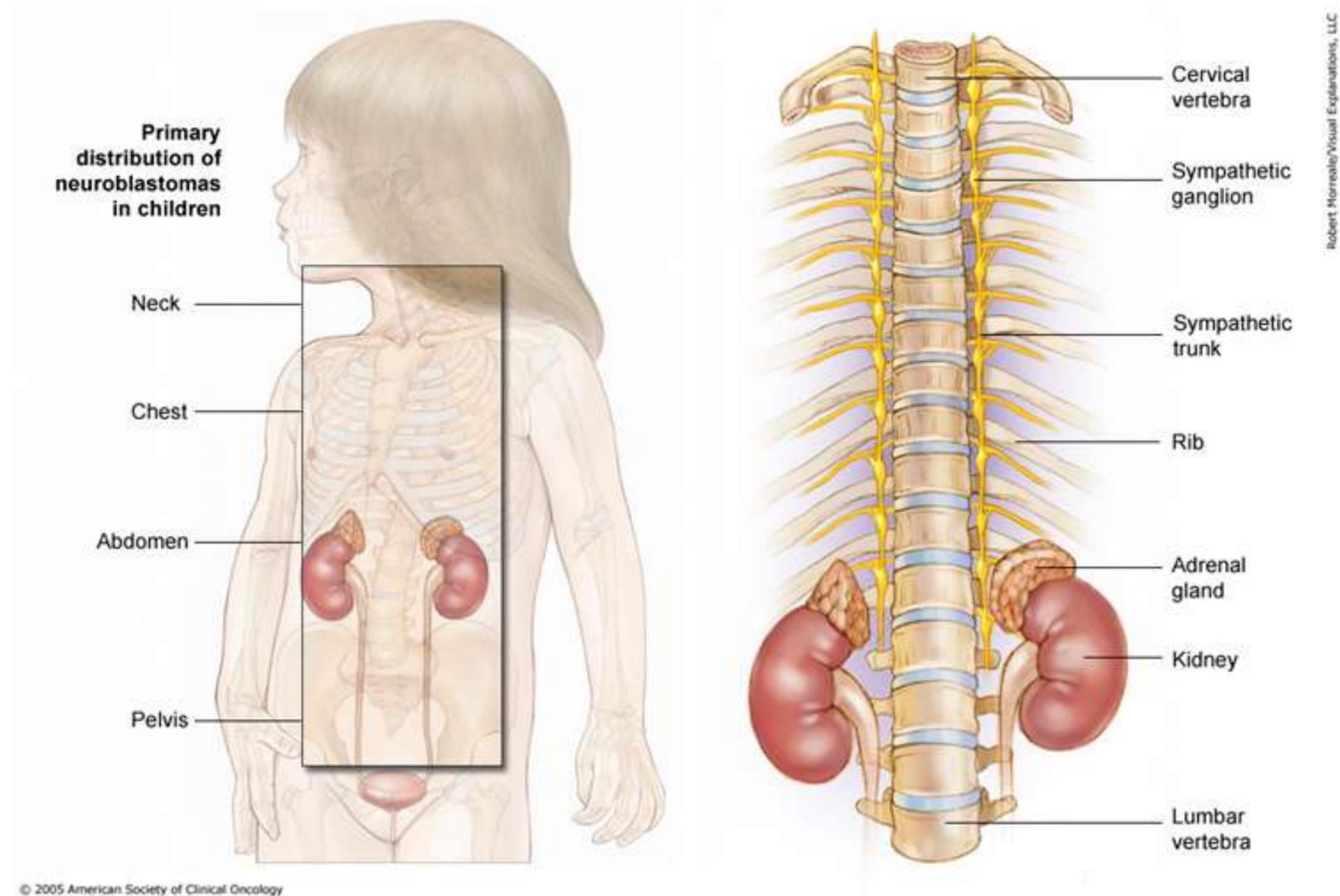
Cooperative group system for clinical research

Pediatric Oncology Group (POG)  
Children's Cancer Group (CCG)  
National Wilms' Tumor Study Group (NWTSG)  
Intergroup Rhabdomyosarcoma Study Group (IRSG)

2000

Children's Oncology Group (COG)

# Neuroblastoma



The most common solid tumor in children

# Neuroblastoma is rare

Site	New Cases 2012
Breast	229,000
Colon	103,000
Prostate	241,000
Lung	226,000
Neuroblastoma	800

Studying such a rare tumor is especially difficult and requires collaborative, consortium-driven research.

# International Neuroblastoma Research Group

Established in 2004



Children's Oncology Group (COG)  
4235



Germany  
1938



Japan  
470



SIOPEN  
936

Charged with collecting patients and standardizing terminologies

Group	Number
COG	4235
Germany	1938
Japan	470
SIOPEN	936
Total	8800

The largest collection of neuroblastoma patients and has resulted in more than a dozen high-impact papers

# Neuroblastoma consensus data dictionary

Field Name	Data Type	Description	Value Constraints
INRG_ID	TEXT	Unique Patient identification number, assigned by the iINRGdb staff after data submission	
USI	TEXT	Universal specimen index (COG patients)	
AGE	INTEGER	Age (in days) on the date of diagnosis	
YEAR	TEXT	Year of diagnosis/enrollment (YYYY)	
INIT_TREAT	INTEGER	Initial patient treatment	0=None (observation) 1=Surgery alone 2=Conventional-dose chemotherapy (2-8 cycles) plus surgery 3=Intensive multi-modality therapy: specific type unknown 4=Intensive multi-modality therapy: no stem cell or bone marrow transplant 5=Intensive multi-modality therapy: plus stem cell or bone marrow transplant 6=Intensive multi-modality therapy: plus stem cell or bone marrow transplant and anti-GD2 antibody 9=Unknown
INSS_STAGE	INTEGER	INSS stage	1=Stage 1 2=Stage 2a 3=Stage 2b 4=Stage 3 5=Stage 4 6=Stage 4s 9=Unknown
EVANS_STAGE	INTEGER		1=Stage I 2=Stage II 3=Stage III 4=Stage IV 5=Stage IVs 9=Unknown
MYCN	INTEGER	MYCN status	1=Amplified (> 4 times of the reference on chromosome 2q) 0=Not amplified (≤ 4 times of the reference on chromosome 2q) 9=Unknown, not done, unsatisfactory, in progress
PLOIDY	INTEGER	Ploidy	1=DNA Index ≤ 1 (hypodiploid, diploid) 0=DNA Index > 1 (hyperdiploid) 9=Unknown





# Neuroblastoma Commons Cohort Discovery

# INRG

International Neuroblastoma Risk Group  
TASK FORCE

[ HOME ] [ THE INRG ] [ NEUROBLASTOMA ] [ RESEARCH ] [ COHORT DISCOVERY ] [ PUBLICATION POLICY ]



**WELCOME TO INRGDB.ORG**

### WHAT IS NEUROBLASTOMA?

Neuroblastoma accounts for just over 7% of malignancies in patients less than 15 years of age and approximately 15% of all pediatric oncology deaths.  
[Read More »](#)

### WHAT IS THE INRG?

The INRG task force has established a database containing information on over 11,500 children with neuroblastoma from around the world.



## INRG Data Commons

### Cohort Discovery

Sign in to start your session

**Email**

**Password**

[Log in](#)

Forgot your password?  
[Register a new account.](#)

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 THE UNIVERSITY OF CHICAGO MEDICINE & BIOLOGICAL SCIENCES |  CENTER FOR RESEARCH INFORMATICS

 THE UNIVERSITY OF CHICAGO | **Center for Data Intensive Science**

BIONIMBUS PROTECTED DATA CLOUD

# Demo query 1

Stage 4, 18m-5y, TARGET data

# Neuroblastoma Commons Cohort Discovery

**Search: New** Save Search

**Add a filter:** - Please select - Clear Filters

- Please select -
- 11p Abberation
- 11q Abberation/Unbalanced
- 17q Gain
- Age at Diagnosis
- Death
- Death Time
- Diagnostic Category
- Ethnicity
- Evans Stage
- Event
- Event Time
- Gender
- Grade of Neuroblastic Differentiation
- Initial Treatment
- INRG Stage (INRGSS)
- INSS Stage

**Results**

Patients in INRG database: 17938  
Patients matching filters: 17938

Group	# Patients
COG	13060
Germany	1934
Japan	462
SIOPEN	2482

Stage 4, 18m-5y, TARGET data

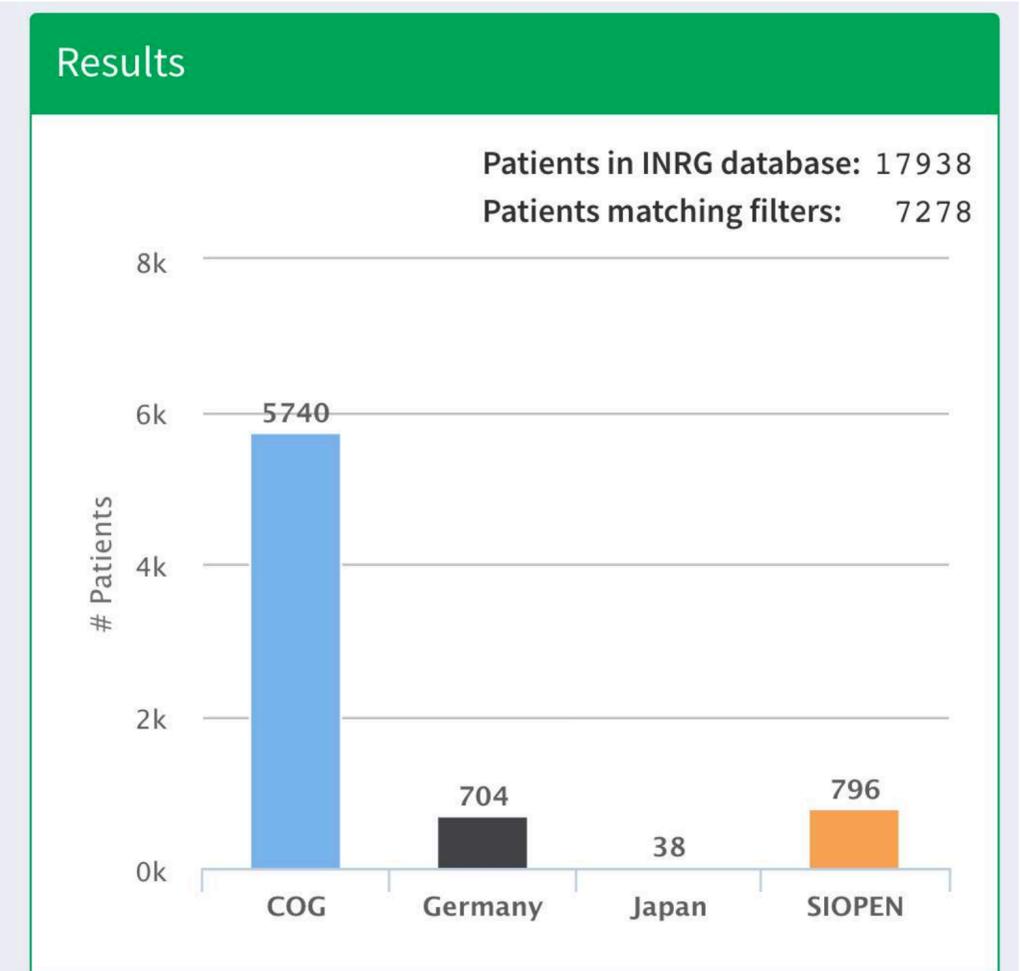
# Neuroblastoma Commons Cohort Discovery

**Search: New** Save Search

**Add a filter:** - Please select - Clear Filters

INSS Stage ×

- Stage 1
- Stage 2a
- Stage 2b
- Stage 3
- Stage 4
- Stage 4s
- Unknown



Stage 4, 18m-5y, TARGET data

# Neuroblastoma Commons Cohort Discovery

**Search: New** Save Search

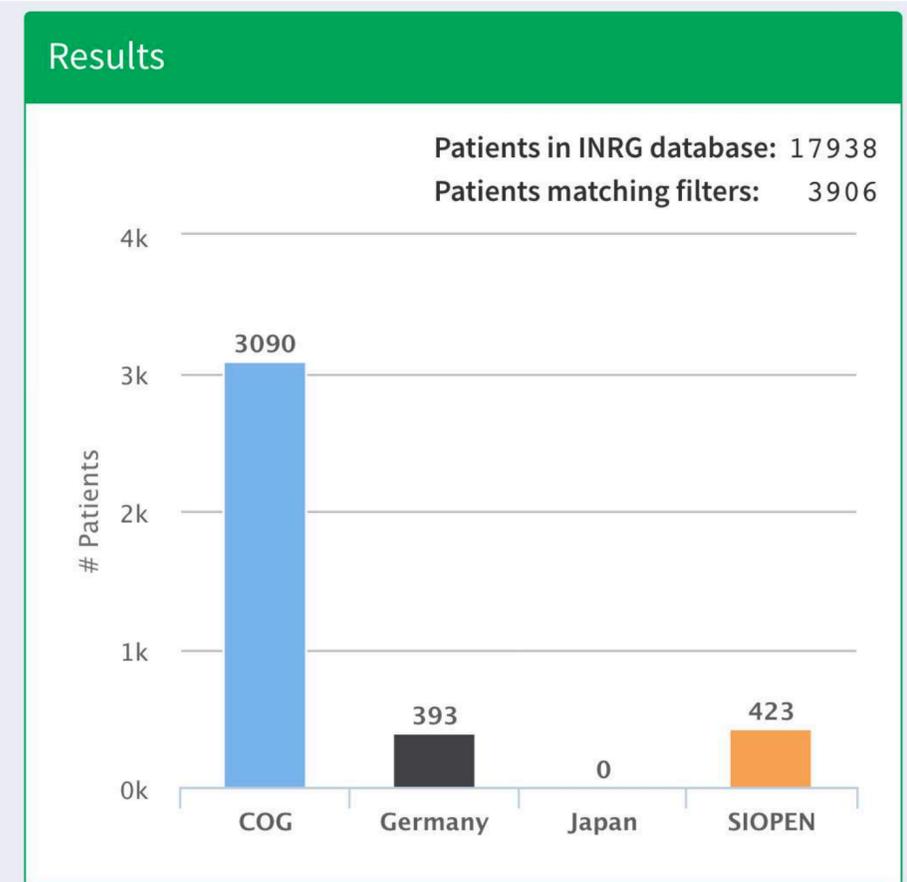
Add a filter: - Please select - Clear Filters

**INSS Stage** ×

- Stage 1
- Stage 2a
- Stage 2b
- Stage 3
- Stage 4
- Stage 4s
- Unknown

**Age at Diagnosis** ×

**From:** 18 **To {inclusive}:** 60  Days  Months  Years



Stage 4, 18m-5y, TARGET data



# Neuroblastoma Commons Cohort Discovery

The screenshot displays the 'Search: New' interface. On the left, there are filter sections for 'INSS Stage' (with Stage 4 selected), 'Age at Diagn', and 'From: To' (with 'From' set to 18). A dropdown menu is open, listing various filters such as 'Primary Tumor-Abdominal/Retroperitoneal', 'Race', and 'GEO Data - Note! External Data'. A 'Save Search' button is in the top right, and a 'Clear Filters' button is below the dropdown. On the right, the 'Results' section shows a bar chart with the following data:

Group	# Patients
COG	3090
Germany	393
Japan	0
SIOPEN	423

Summary statistics: Patients in INRG database: 17938; Patients matching filters: 3906.

Blue arrows point from the 'External Data' links in the filter dropdown to the text 'Links to external data sets'.

# Neuroblastoma Commons Cohort Discovery

**Search: New** Save Search

Add a filter: TARGET Data Clear Filters

**INSS Stage** ×

- Stage 1
- Stage 2a
- Stage 2b
- Stage 3
- Stage 4
- Stage 4s
- Unknown

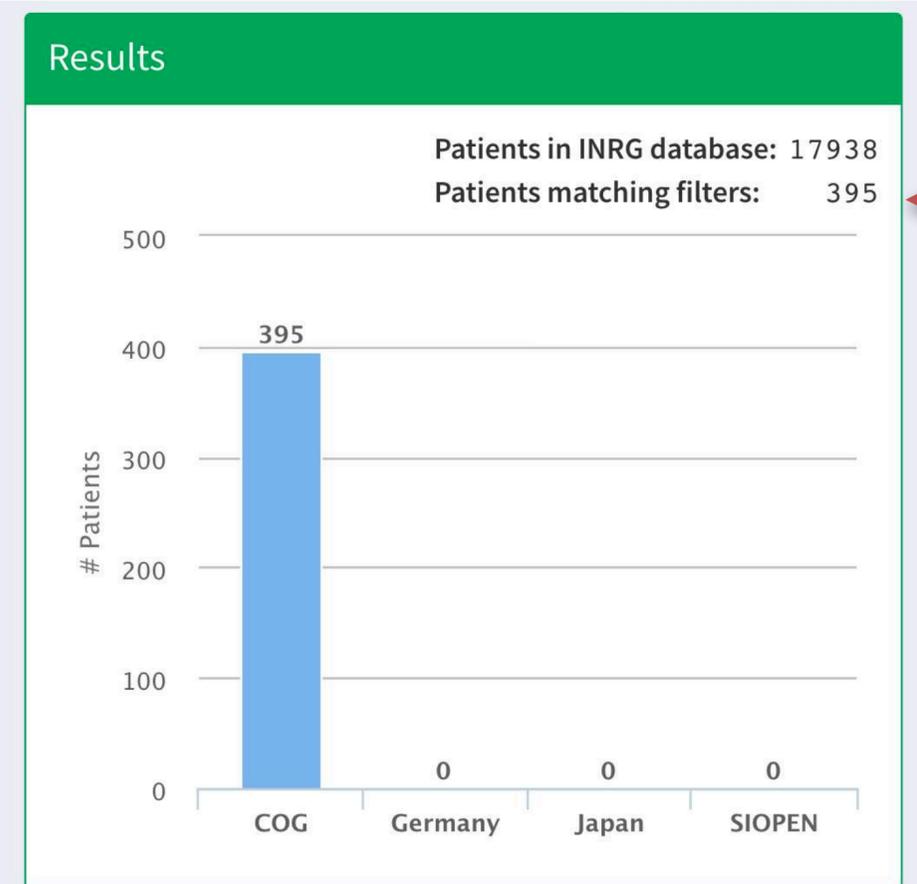
**Age at Diagnosis** ×

**From:** 18 **To {inclusive}:** 60 Days Months Years

**TARGET Data** ×

- No data exists
- Data exists

**In order to access TARGET Data you will need valid Bionimbus credentials. Information about obtaining these can be found [here](#).**



# Demo query 2

Favorable biology, tissue available

# Neuroblastoma Commons Cohort Discovery

## Cohort Search

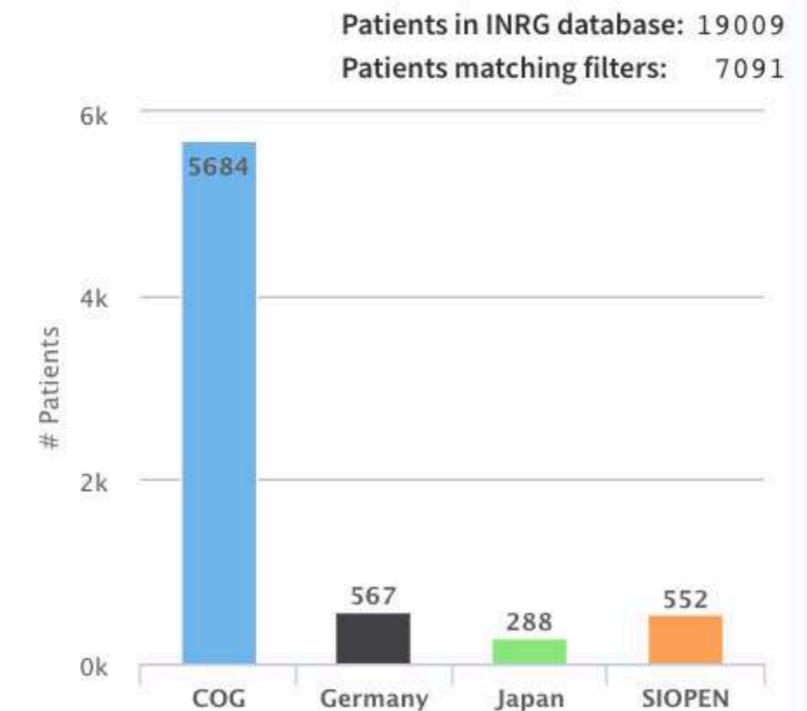
**Search: New** Save Search

Add a filter: - Please select - Clear Filters

Revised INPC Prognostic Group/ Shimada Diagnostic Category ×

- Favorable
- Unfavorable
- Unknown/Slides not received/Inadequate

## Results



Favorable biology, tissue available



# Neuroblastoma Commons Cohort Discovery

Cohort Search

Search: New Save Search

Add a filter: - Please select - Clear Filters

- Please select -
- Primary Tumor-Adrenail
- Primary Tumor-Neck
- Primary Tumor-Other
- Primary Tumor-Pelvis
- Primary Tumor-Thorax
- Race
- Revised INPC Prognostic Group/ Shimada Diagnostic Category
- Site of Relapse
- Time from Dx to Death or Last Contact
- Time from Dx to Event or Last Contact
- Year of Diagnosis
- GEO Data - **Note! External Data**
- GWAS Data - **Note! External Data**
- Nationwide Tissue Bank - **Note! External Data**
- Nucleic Acid Data - **Note! External Data**
- TARGET Data - **Note! External Data**

Revised INP

Favorable  
 Unfavorable  
 Unknown

Results

Patients in INRG database: 19009  
Patients matching filters: 7091

Group	# Patients
COG	5684
Germany	567
Japan	288
SIOPEN	552

Links to external data sets



# Neuroblastoma Commons Cohort Discovery

## Cohort Search

**Search: New** Save Search

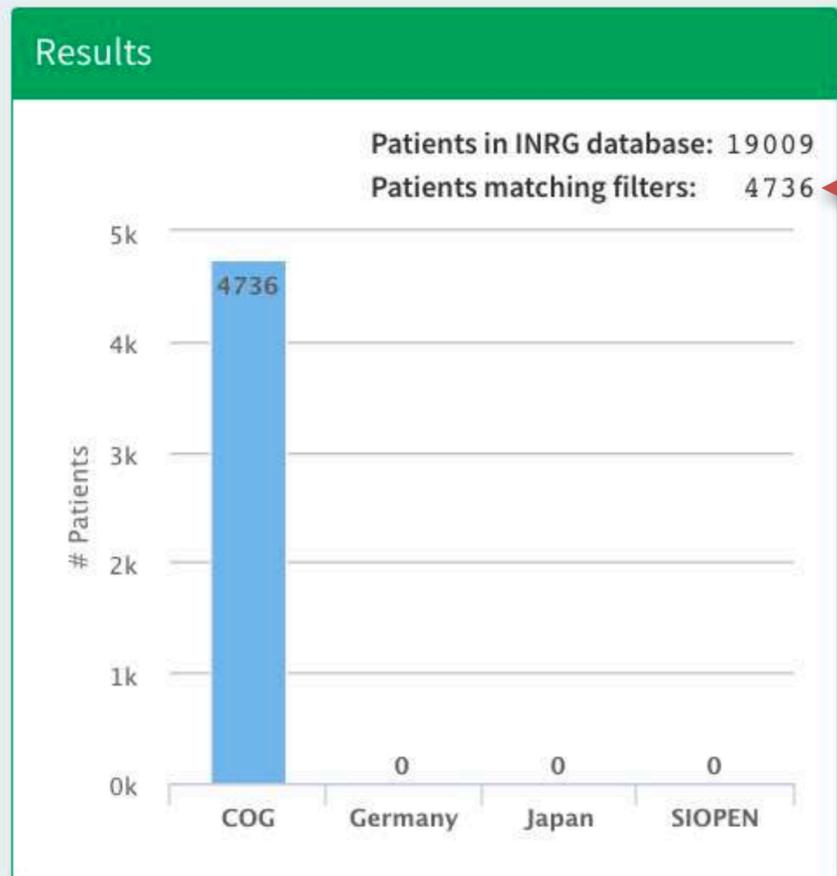
Add a filter: Nationwide Tissue Bank Clear Filters

Revised INPC Prognostic Group/ Shimada Diagnostic Category ×

- Favorable
- Unfavorable
- Unknown/Slides not received/Inadequate

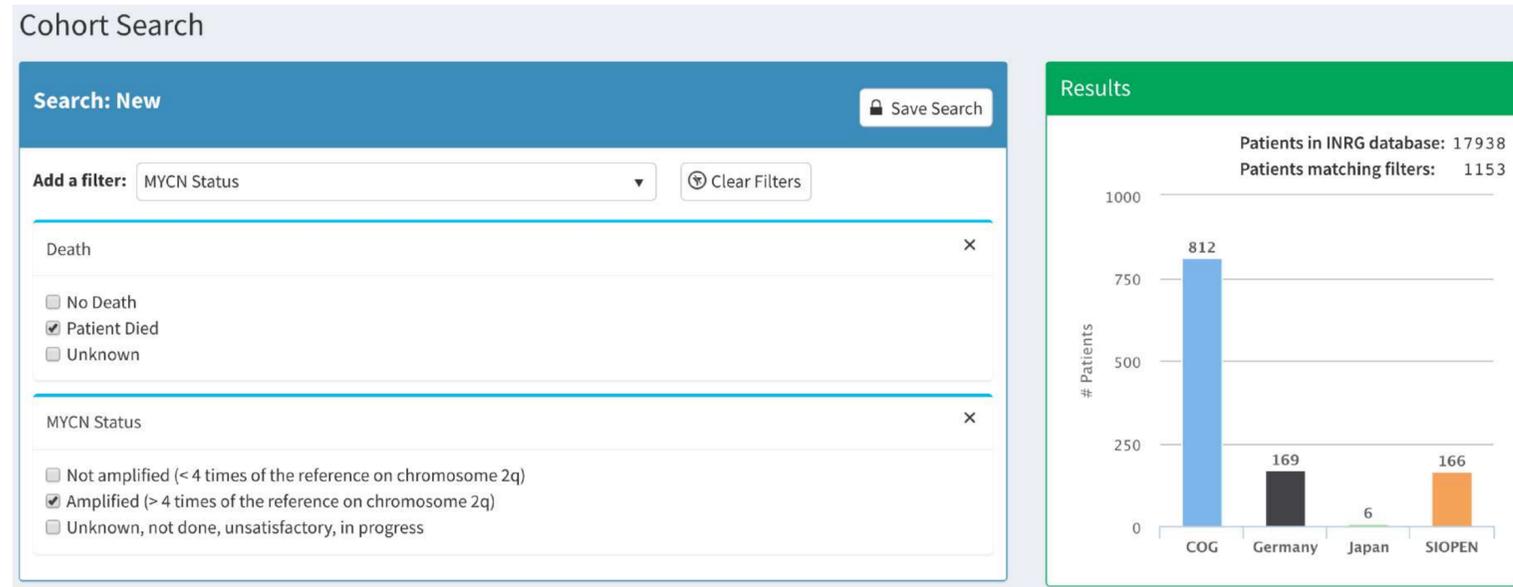
Nationwide Tissue Bank ×

- No data exists
- Data exists



Favorable biology, tissue available

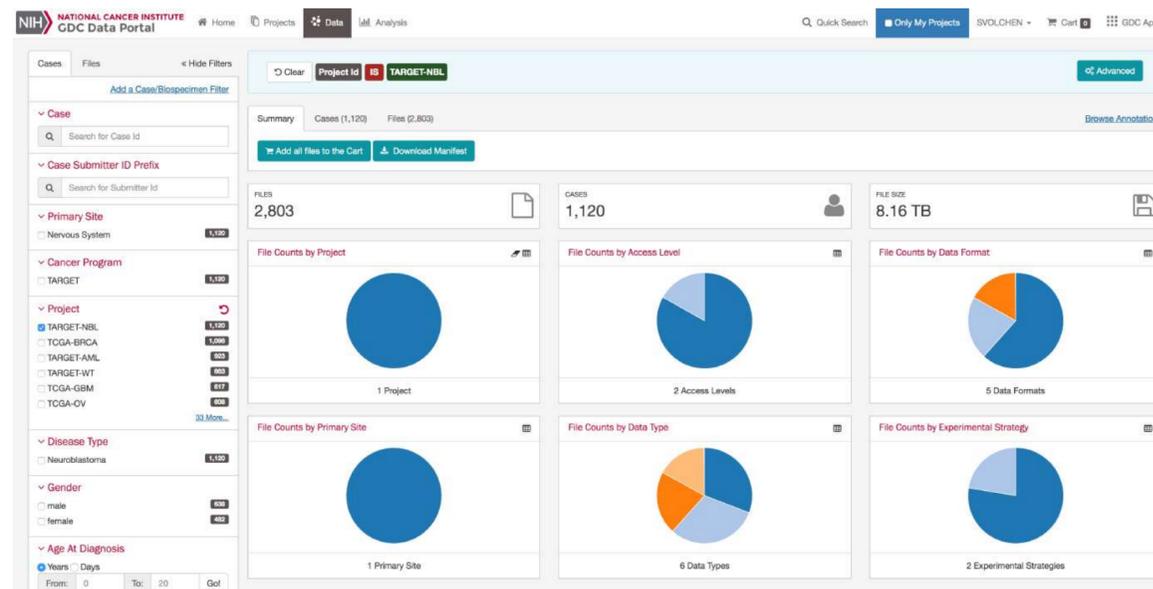
# Neuroblastoma Data Commons



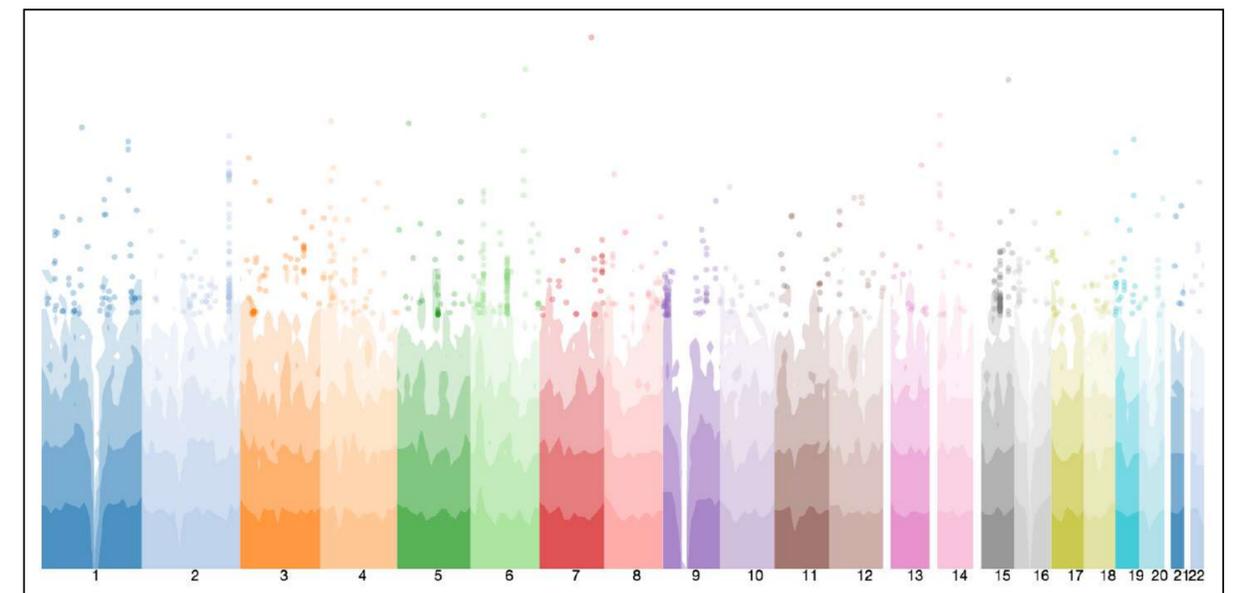
INRG cohort discovery

```
registerMultiCoreParam(0)  
> idir <- "/home/ubuntu/demo_inrg"  
> pheno.file <- file.path(idir, "meta", "clinical.deseq_fmt.filtered.txt")  
> count.dir <- file.path(idir, "files", "fmt")  
> clin.df <- read.delim(pheno.file, header=TRUE, sep="\t", stringsAsFactors = FALSE)  
> count.files <- unlist(lapply(clin.df$pt_id, function(x) paste0(x, ".htseq.counts")))  
> count.files  
[1] "PAIPGU.htseq.counts" "PAISNS.htseq.counts" "PAITCI.htseq.counts"  
[4] "PAIVHE.htseq.counts" "PAIXIF.htseq.counts" "PAKYZS.htseq.counts"  
[7] "PALBFW.htseq.counts" "PALCBW.htseq.counts" "PALETP.htseq.counts"  
[10] "PALEVG.htseq.counts" "PALIIN.htseq.counts" "PALKUC.htseq.counts"  
[13] "PALNVP.htseq.counts" "PALTEG.htseq.counts" "PALUYS.htseq.counts"  
[16] "PALVKK.htseq.counts" "PALWVJ.htseq.counts" "PALXTB.htseq.counts"  
[19] "PALZZV.htseq.counts" "PAMMXF.htseq.counts" "PAMNLH.htseq.counts"  
[22] "PAMVRA.htseq.counts" "PAMYCE.htseq.counts" "PAMZGT.htseq.counts"  
[25] "PAMZMG.htseq.counts" "PANBJH.htseq.counts" "PANBMJ.htseq.counts"  
[28] "PANBSP.htseq.counts" "PANGXK.htseq.counts" "PANJLH.htseq.counts"  
[31] "PANKFE.htseq.counts" "PANNMS.htseq.counts" "PANRRW.htseq.counts"  
[34] "PANUKV.htseq.counts" "PANYGR.htseq.counts" "PANZPV.htseq.counts"  
[37] "PANZVJ.htseq.counts" "PAPBGH.htseq.counts" "PAPBZI.htseq.counts"  
[40] "PAPEFE.htseq.counts" "PAPHPE.htseq.counts" "PAPKWN.htseq.counts"  
[43] "PAPUAR.htseq.counts" "PAPUEB.htseq.counts" "PAPZYP.htseq.counts"  
[46] "PARACM.htseq.counts"  
> sample.table <- data.frame(sampleName=clin.df$pt_id,  
+                             fileName=count.files,  
+                             mycn=as.factor(clin.df$mycn))  
>
```

Command-line analysis



Genomic data commons search



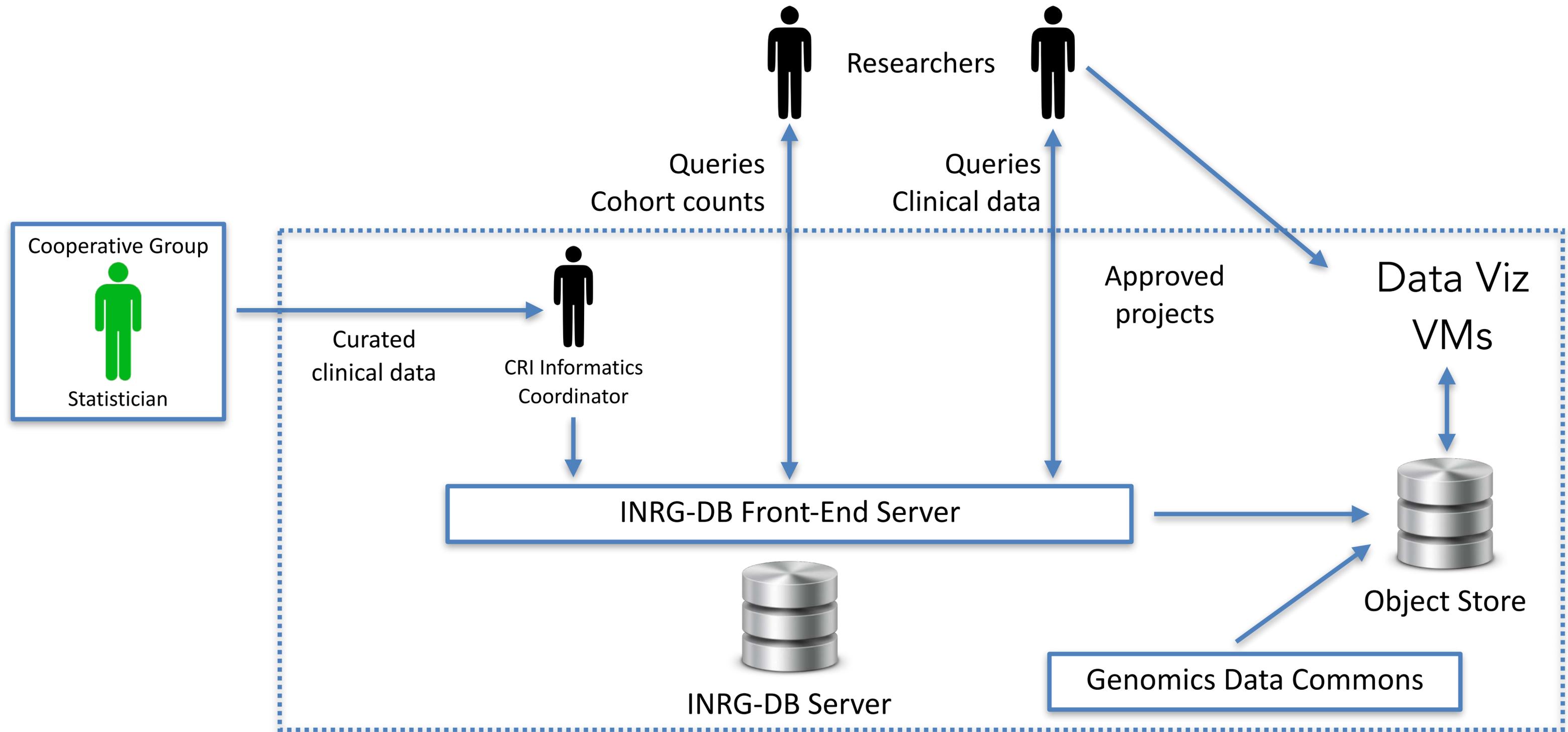
Visualization

# Data growth

Year	COG	SIOPEN	GPOH	Japan	Total
2004	4235	2157	1938	470	<b>8800</b>
2012	6127	2504	1938	470	<b>11039</b>
2013	11642	2504	1938	470	<b>16554</b>
2015	13060	2504	1938	470	<b>17972</b>
2016	13937	2664	1938	470	<b>19009</b>



# Neuroblastoma data commons



University of Chicago

# Federated Authentication



User Name:  ⋮ <sup>2</sup>

Password:  ⋮ <sup>2</sup> [Change Password](#)

# Governance / Regulation / Compliance

## Connect to Bionimbus Resources

✓ eRA Commons Account Found!

SVOLCHEN

✓ All Required Certificates Found!

You have already provided all of the required documentation to gain access to Bionimbus resources.

✓ TARGET Project Access Found!

TARGET Project Access Found

✓ Storage Resources Granted!

Storage resources have been granted to this user.

✓ Select Bionimbus Storage Bucket

Please select the bucket where you'd like to place the data: svolchen ▾

Next

# Paradigm for building a pediatric cancer commons

1. Engage cooperative group(s)
2. Define scope
3. Identify funding source
4. Identify infrastructure
5. Engage project team
6. Identify data sources
7. Establish governance, create policies and procedures
8. Create contributor / use agreements
9. Create standards working group to create data dictionary, map elements
10. Create database
11. Build front-end query engine
12. Create and execute communication and education plans
13. Create sustainability model



# Governance / Regulation / Compliance

## NEUROBLASTOMA DATA CONTRIBUTOR AGREEMENT

This Neuroblastoma Data Cloud Agreement (this “**Agreement**”) is made as of [DATE] (the “**Effective Date**”), by and between The University of Chicago (the “**University**”), and [PARTNER], a [JURISDICTION OF INCORPORATION] [ENTITY TYPE], [ADDRESS] (“**Partner**”), and, together with the University, the “**Parties**”).

### RECITALS

WHEREAS, the University has created a technology platform (the “**Platform**”), including software, hardware, and other technologies, for storing and harmonizing massive data sets of genomic, electronic medical record, and other information related to neuroblastoma (“**Platform Data**”);

WHEREAS, as part of the Platform, the University owns and operates a data service that provides authorized researchers and other users with access to Neuroblastoma Data (“**Platform Data**”);

WHEREAS, Partner has assembled large data sets of Neuroblastoma Data (“**Clinical Data**”);

WHEREAS, Partner desires to: (i) contribute certain of its Neuroblastoma Data (“**Contributed Data**”), as further described on one or more Contribution Agreements (the “**Contribution Agreements**”), to the Platform and (ii) permit the University to provide researchers and other users with access to such genomic, electronic medical record and other information (“**Contributed Data**”), subject to the restrictions set forth in this Agreement; and

WHEREAS, the University is willing to accept such Contributed Data;

## INTERNATIONAL NEUROBLASTOMA RISK GROUP MASTER DATA USE AGREEMENT

This International Neuroblastoma Risk Group Data Use Agreement (this “**Agreement**”) is made as of [DATE] (the “**Effective Date**”), by and between The University of Chicago (the “**University**”), and [PARTNER], a [JURISDICTION OF INCORPORATION] [ENTITY TYPE], [ADDRESS] (“**Partner**”), and, together with the University, the “**Parties**”).

### RECITALS

WHEREAS, the University has created a technology platform (the “**Platform**”), including software, hardware, and other technologies, for storing and harmonizing massive data sets of genomic, electronic medical record, and other information related to neuroblastoma (“**Platform Data**”);

WHEREAS, as part of the Platform and in collaboration with the International Neuroblastoma Risk Group (“**INRG**”) the University owns and operates a data service that provides authorized researchers and other users with access to such genomic, electronic medical record and other information (“**Contributed Data**”) provided by various data contributors (each a “**Data Contributor**”);

WHEREAS, Partner desires to permit its researchers to access the Contributed Data, subject to the restrictions set forth in this Agreement; and

WHEREAS, the University is willing to provide such access subject to the terms and conditions set forth in this Agreement.

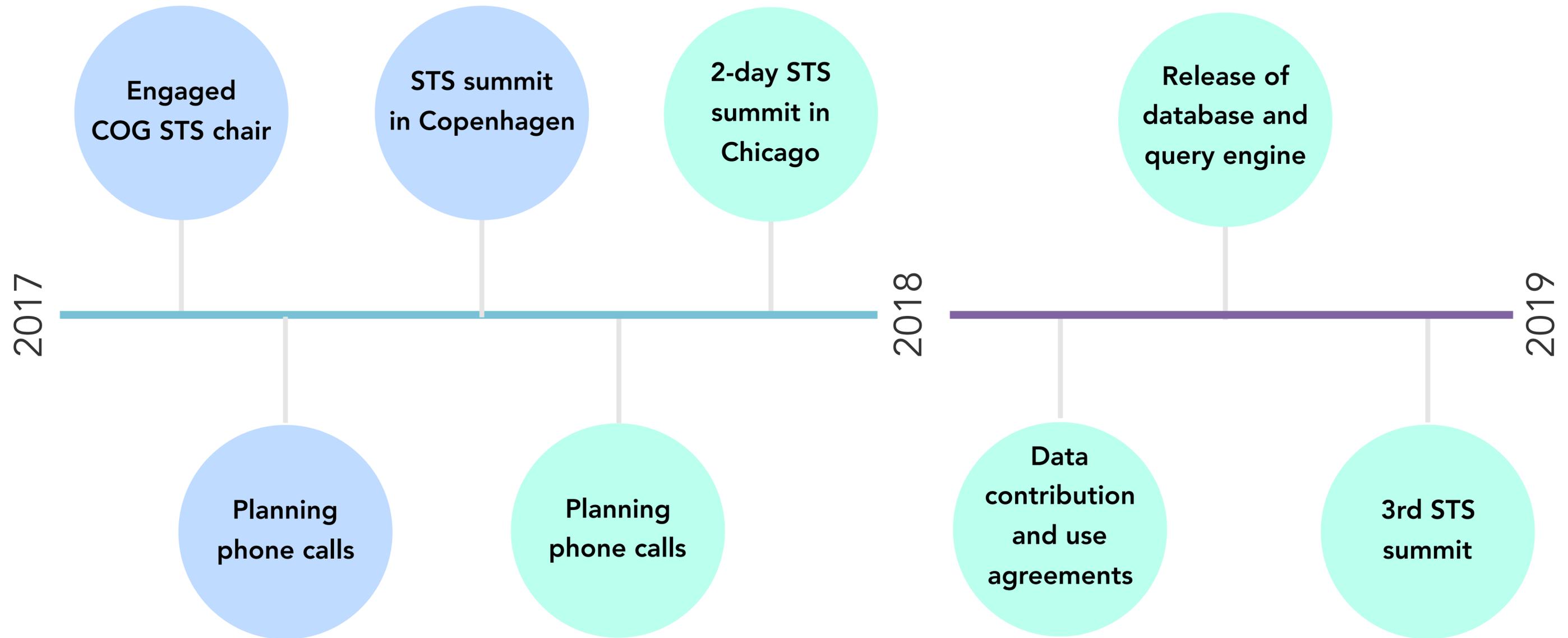


# Building pediatric cancer commons

- Acute myeloid leukemia
- Acute lymphoblastic leukemia
- Bone tumors
- Central nervous system tumors
- Germ cell tumors
- Hodgkin Disease
- Neuroblastoma
- Non-Hodgkin lymphoma
- Renal tumors
- Soft tissue sarcoma



# Building a soft-tissue sarcoma data commons



# Paradigm for building a pediatric cancer commons

1. Engage cooperative group(s)
2. Define scope
3. Identify funding source
4. Identify infrastructure
5. Engage project team
6. Identify data sources
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9. Create standards working group to create data dictionary, map elements
10. Create database
11. Build front-end query engine
12. Create and execute communication and education plans
13. Create sustainability model



# The importance of standards

## Pediatric rhabdomyosarcoma

	Current	
	Code	Description
<b>SEX</b>	1	Male
	2	Female
<b>HISTOLOGY</b>	1	Alveolar rhabdomyosarcoma
	2	Embryonal rhabdomyosarcoma
	3	Botryoid rhabdomyosarcoma
	4	Not otherwise specified
	5	Undifferentiated sarcoma
	6	Sarcoma, not classifiable
	7	Spindle cell sarcoma
	8	Ectomesenchymoma
	9	Other
	10	Mixed rhabdomyosarcoma
99	Unknown	



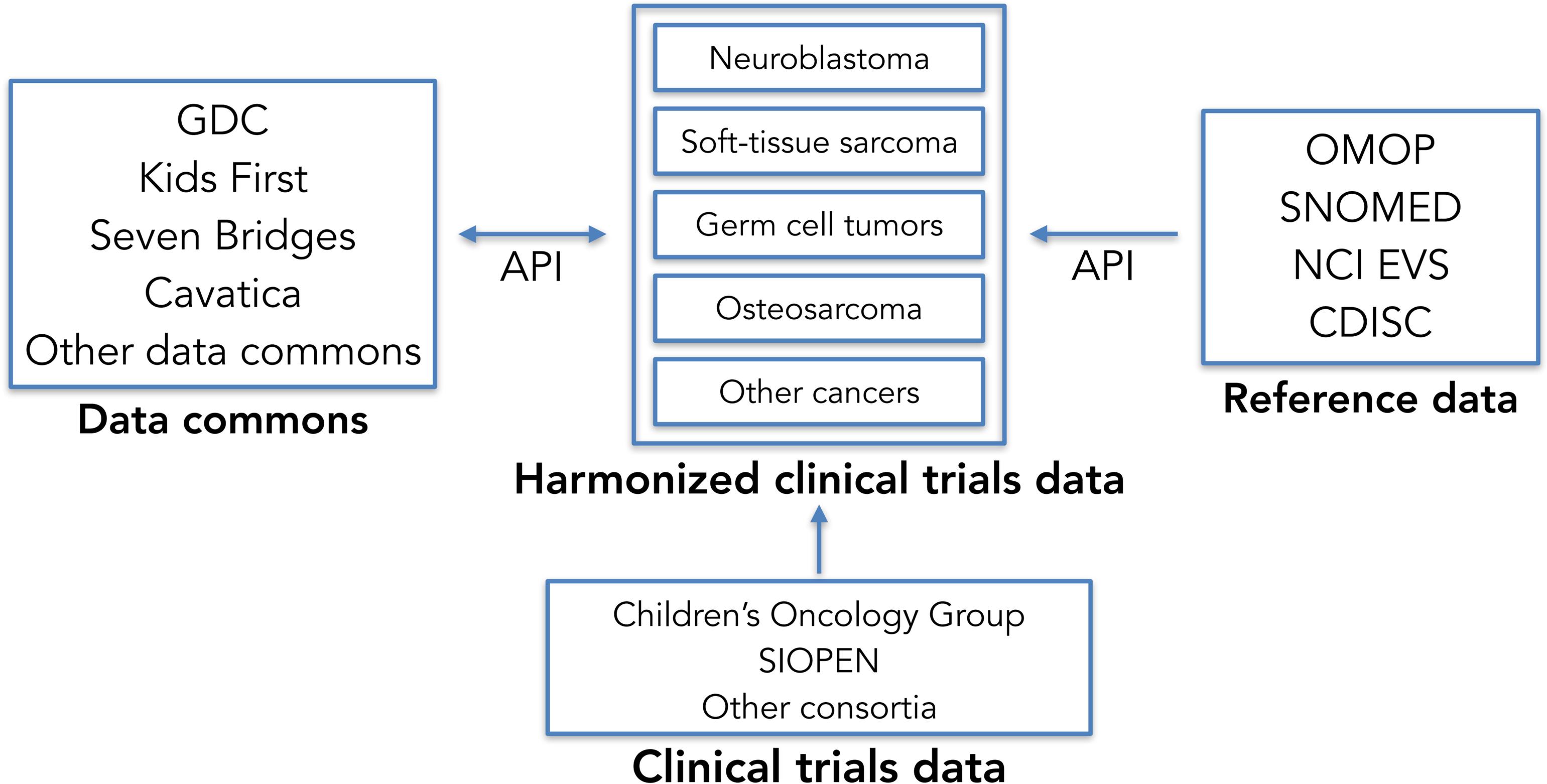
# The importance of standards

## Pediatric rhabdomyosarcoma

	Current		Proposed		
	Code	Description	Code	Description	Source
<b>SEX</b>	1	Male	C20197	Male	NCI
	2	Female	C16576	Female	
			C45908	Intersex	
			C17998	Unknown	
<b>HISTOLOGY</b>	1	Alveolar rhabdomyosarcoma	404053004	Alveolar rhabdomyosarcoma	SNOMED
	2	Embryonal rhabdomyosarcoma	404051002	Embryonal rhabdomyosarcoma	
	3	Botryoid rhabdomyosarcoma	404052009	Botryoid rhabdomyosarcoma	
	4	Not otherwise specified	302847003	Rhabdomyosarcoma	
	5	Undifferentiated sarcoma	128734000	Undifferentiated sarcoma	
	6	Sarcoma, not classifiable	302847003	Rhabdomyosarcoma	
	7	Spindle cell sarcoma	9801004	Spindle cell sarcoma	
	8	Ectomesenchymoma	128750008	Rhabdomyosarcoma with ganglionic differentiation	
	9	Other	--	--	
	10	Mixed rhabdomyosarcoma	62383007	Mixed type rhabdomyosarcoma	
99	Unknown	C17998	Unknown	NCI	

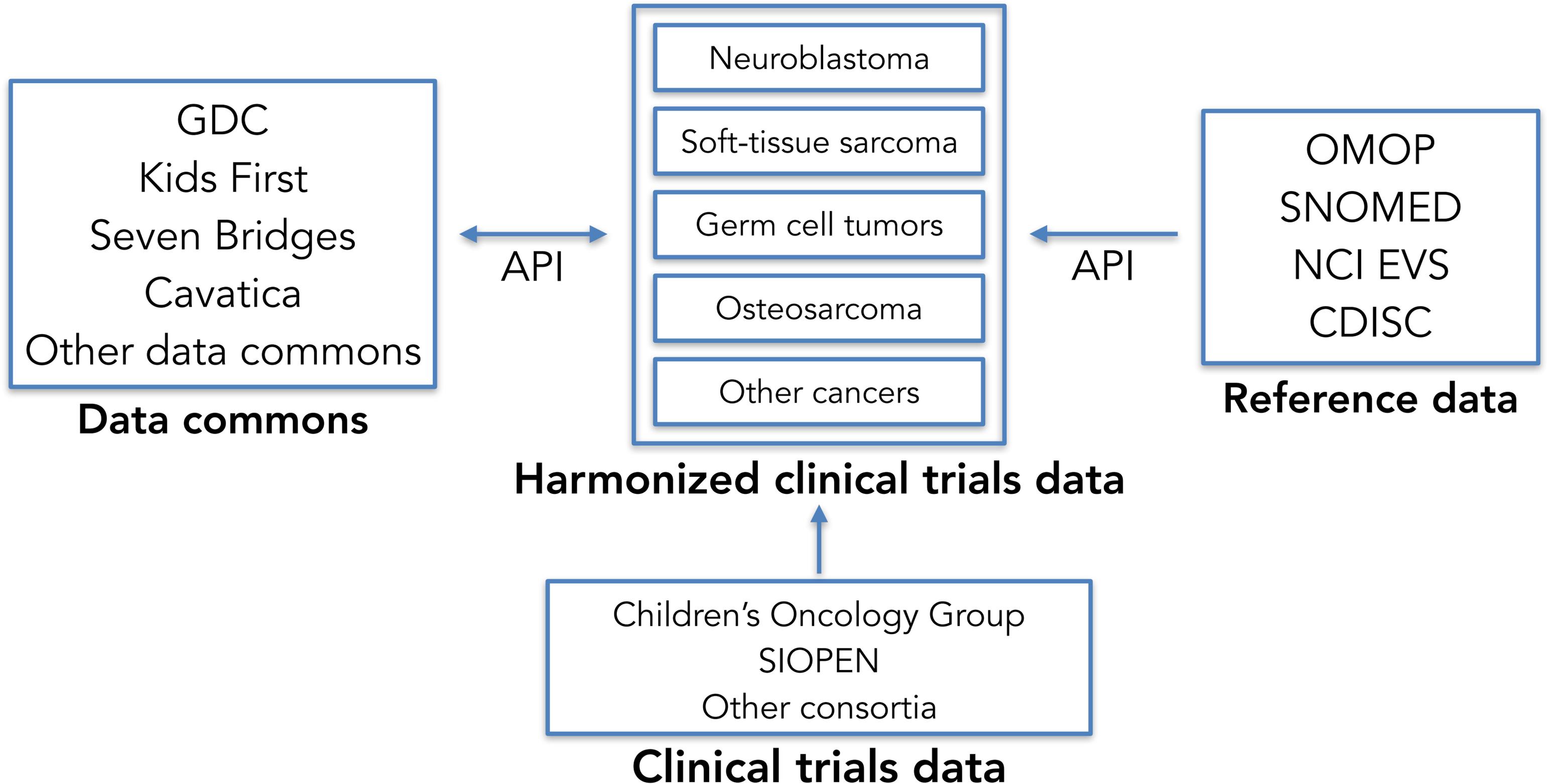


# Paradigm for pediatric cancer commons





# Paradigm for pediatric cancer commons



# Acknowledgements

