

Welcome to the ...

NIH Cloud Platforms Interoperability Spring 2021 Workshop



We'll be starting shortly!

May 3 & 4, 2021 11:00am-4:30pm EDT

tinyurl.com/NCPlagenda



Welcome – NCPI Spring 2021 Workshop Day 2

Melissa Haendel

University of Colorado

Tanja Davidsen National Cancer Institute





Logistics

- Please use the WebEx application and not a browser
- Please mute when not speaking
- We will be recording all the sessions except the breakout sessions
- Notes will also be taken during the sessions
- Speakers please turn your camera on when speaking
- If you have not registered, please do: tinyurl.com/NCPIregistration
- Agenda: tinyurl.com/NCPlagenda
- Fall 2021 Workshop poll: tinyurl.com/NCPIfallpoll

Agenda

- Day 2: Tuesday, May 4
 - 11:00am-12:30pm Welcome and Community Interoperability Talks
 - 12:30-1:00pm Break
 - 1:00-1:20pm Community Interoperability Group Discussion
 - 1:20-2:30pm Three Concurrent Breakout Groups
 - 2:30-3:00pm Break
 - 3:00-3:20pm The Future of Interoperability talk
 - 3:20-4:20pm Breakout Groups Report Back
 - 4:20-4:30pm Wrap Up

What is interoperability and why do we need it?



Interoperability is in the eye of the beholder

Regulatory

DECHESTOR



Legal/Licensing



DEPOSITOR

Restrictively licensed data can only be combined with permissively licensed data

Access control must match provenanced regulatory permissions

DATA ACCESS COMMITTEE



 \bigcirc

Data



Platforms and tools often cannot talk to one another to move data and analyses Data is often un-encoded or coded in different data models & terminologies, limiting search and integrated analytics

Achieving data interoperability

ONTOLOGIES	DATA MODELS	FORMATS	EXCHANGE
Semantic (data context)	Syntactic (data language)	System (data presentation)	Structural (data architecture)
via pre-defined ontology concepts	via pre-defined data models, data structures, data dictionaries, and data schemes	via common data formats defined for encoding, decoding, and representation	via networks, computers, applications and web services
Mondo, HPO, Snomed, Uberon, NClt, ICD-O	OMOP, BRIDG, FHIR, LinkML, bioschemas, MIAME	OWL, RDF, VCF, FASTA, PFB	APIs, Docker



Proof of concept of interoperable approaches for improving outcomes of pediatric diseases

Tim Majarian Computational Biologist, Broad Institute





Genetics of Congenital Heart Disease (CHD): improving outcomes of pediatric diseases



Study aims:

- 1. Identify, access, and summarize available genetic and phenotypic data through 3 cloud resources
- 2. Leverage individual-level data from multiple studies to assess the contribution of rare, exonic variants to CHD risk

Framework:

Genome Wide Association Study (GWAS) Cases - KFDR PCGC CHD + TOPMed PCGC Controls - TOPMed FHS & JHS Follow up [TBD] - GTEx

Platform	Datasets	dbGaP	Sample	Use
AnVIL	GTEx	phs000424.v8.p2	980	In progress
KFDR	PCGC	phs001138.v3.p2	699	Case
NHLBI BioData Catalyst	TOPMed PCGC	phs001735, phs001194.v2.p2	1,901	Case
	FHS	phs000974.v4.p3, phs000007.v30.p11	4,155	Control
	JHS	phs000964.v4.p1	2,777	Control

Pediatric Cardiac Genomics Consortium

NHLBI-sponsored consortium focused on:

- Discovery of genes responsible for CHD
- Identification of genetic variants associated with CHD

Gabriella Miller Kids First Pediatric Research Program TOPMed

Congenital heart defects (CHD)

- Most common major human birth malformation
- 4-10/1000 live births
- 1 in 4 CHD cases is critical require surgery or other procedures in 1st year of life
- Heterogeneous disease
- AHA lists at least 18 distinct types of CHD
- Many cases of CHD due to chromosomal abnormalities (11% of patients)
 - ex: DiGeorge syndrome (60-70% have CHD)





Previous studies focused on a case-parent trio framework rather than case-control



Advantages to Case-parent:

- Investigation of maternal + inherited genetic effects
- Avoid population structure + ancestral background confounding
- Shared environment

Disadvantages:

- Difficult to obtain large sample size

Solution leveraging interoperability:

- Combine datasets across multiple disease-focused studies
- Utilize large set of healthy controls through other consortia

Published: 09 October 2017

Contribution of rare inherited and *de novo* variants in 2,871 congenital heart disease probands

Sheng Chih Jin, Jason Homsy, [...] Martina Brueckner 🖂

Nature Genetics 49, 1593–1601(2017) Cite this article

6995 Accesses | 243 Citations | 200 Altmetric | Metrics

De Novo and Rare Variants at Multiple Loci Support the Oligogenic Origins of Atrioventricular Septal Heart Defects

James R. Priest, Kazutoyo Osoegawa, Nebil Mohammed, Vivek Nanda, Ramendra Kundu, Kathleen Schultz, Edward J. Lammer †, Santhosh Girirajan, Todd Scheetz, Daryl Waggott, Francois Haddad, Sushma Reddy, Daniel Bernstein, [...],Euan A. Ashley 🖬 [view all]

Published: April 8, 2016 • https://doi.org/10.1371/journal.pgen.1005963

REPORT

De novo mutations in congenital heart disease with neurodevelopmental and other congenital anomalies

Jason Homsy^{1,2,*}, Samir Zaidi^{3,*}, Yufeng Shen^{4,*}, James S. Ware^{1,5,6,*}, Kaitlin E. Samocha^{1,7}, Konrad J. Karczewski^{1,7}, Steve... + See all authors and affiliations

Science 04 Dec 2015: Vol. 350, Issue 6265, pp. 1262-1266 DOI: 10.1126/science.aac9396



A case-control study utilizing multiple cohorts: then vs. now

e'r e

He re



Pre-interoperability effort

Current paradigms

Data authorization

- Obtain dbGaP access
- Log into dbGaP
- Create download request

Access and localization to cloud platform

- Manual download & upload to cloud storage
- Access through cloud workspace

Data preprocessing & Final analysis

Single cloud workspace

Data authorization

• Obtain dbGaP access

Access and localization to cloud platform

- ERA credentials through Gen3 or KFDR
- Combination manual & automated data import to cloud workspace
- DRS URIs available for all genetic data
- But requires manual upload & download of manifest

Data preprocessing & Final analysis

- Separate workspaces within individual cloud ecosystems
- Export preprocessed files to single cloud workspace

Data authorization

• Obtain dbGaP access

Access and localization to cloud platform

Future

- Fully automated for multiple data repositories (BDC, AnVIL, KFDR)
- Through a UI in Terra

Data preprocessing

- One cloud workspace for all data
- Accessible through Seven Bridges or Terra

Final analysis

- One cloud workspace workspace
- No download and upload

Study population – PCGC, the Jackson Heart Study, and the Framingham Heart Study

TOPMed PCGC & KFDR PCGC

- Probands only
- Unrelated (2nd degree or closer removed)
- Combined all samples & clinical diagnoses
- Whole Genome Sequence
 - Genotype & variant calling performed separately
- N = 1130

TOPMed JHS & FHS

- Unrelated (2nd degree or closer removed)
- Combine all samples with phenotypic data
- Whole Genome Sequence
- N = 6943





ProxECAT – Gene-based association testing using internal cases and external controls



Proxy External Controls Association Test

- Test for enrichment of rare variants within gene regions
- One p-value for each gene tested
- Non-synonymous (NS) alleles: VEP high + moderate impact
- Synonymous alleles (SYN) alleles serve as a *proxy* for how well variants are sequenced within the region



Cases and controls show similar patterns of allele frequency distribution among annotations

Variant annotation, aggregation, and ProxECAT association analysis performed in a Terra using the Hail software and genome aggregation database (gnomAD) All data were imported using DRS from BioData Catalyst Powered by Gen3 and KFDR





ProxECAT analysis shows no inflation, yields no significant gene-based associations



1130 cases, 6943 controls

18k genes tested

1.2M variants (780K NS, 420K SYN)

No significant associations; no evidence of confounding (GC = 1.01)

CHD genes from: Jin SC, et al. (2017) Nat Genet.



Why didn't we see any associations – heterogeneity and sample size

- No evidence of inflation in the test statistic
- CHD encompasses a diverse set of clinical phenotypes
 - Should we assume that these have a common genetic basis?
- Our statistical framework does not allow for covariate adjustment
 - population structure
 - ancestral background
- Relatively small sample size (1130 cases)
- SNVs and short INDELs only, no structural variants or chromosomal abnormalities



17



Follow up analysis with GTEx data – In progress

Gene expression analysis

- Test for enrichment of nominally significant associations in GTEx tissues





Conclusion and future work

Successfully leveraged genetic and phenotypic data from multiple cohorts to investigate the contribution of rare, exonic variants to clinically identified CHD

Interoperability tools allowed for data access and computation across distinct cloud platforms

- Most data access was automated (AnVIL, NHLBI BioData Catalyst)
- Some was manual (KFDR), although this should be automated soon

No associations observed using the ProxECAT framework but well behaved statistical analyses

More samples + more population diversity are needed to perform GWAS on CHD and CHD subtypes

- More interoperability = more data sharing = more clinically relevant findings

GTEx follow up analysis may yield further insights towards tissue and pathway enrichment of nominally significant associations

Acknowledgements

Alisa Manning Brian O'Connor Asia Mieczkowska Becky Boyles Patrick Patton Steven Cox Michael Baumann Andrew Rula Alex Baumann Allison Heath David Higgins Maia Nguyen

Gabriella Miller Kids First Pediatric Research Program of the Pediatric Cardiac Genetics Consortium (PCGC) Pediatric Cardiac Genomics Consortium (PCGC) Genotype-Tissue Expression (GTEx) project TOPMed's PCGC's Congenital Heart Disease Biobank Framingham Heart Study Jackson Heart Study **BioData Catalyst Consortium** AnVII



Community Interoperability Talk

Analysis of Childhood Cancer Patients (BASIC3 study) on the Kids First CAVATICA Platform and Other Clouds

Sharon E. Plon, M.D., Ph.D.

Baylor College of Medicine

Owen Hirschi

Baylor College of Medicine





Probands from BASIC3 have undergone clinical germline and somatic WES



BCM Advancing Sequencing Into Childhood Cancer Care

Goal: characterize the diagnostic yield of combined tumor and germline WES for children with solid tumors

N=287

Outcome:

Initial diagnostic germline findings from WES					
Autosomal dominant (P/LP)	N=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) N=1 TJP2					
No one gene was reported in more than 3 BASIC3 patients: 3 each for VHL and TP53.					



BASIC³

BCM Advancing Sequencing Into Childhood Cancer Care

Breakdown of cancer type in				
cohort				
Cancer Type	Frequency			
CNS tumor	56			
Non-CNS tumor	94			



Goal: identify *de novo* SVs, SNVs, and putative pathogenic variants in known cancer genes missed by whole exome sequencing



Analysis on CAVATICA expedited *de novo* variant discovery





Outcome:

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

Variant Type	Frequency
Genome-wide <i>de novo</i>	60 to 190
Coding de novo	0 to 4

De novo structural variant analysis on CAVATICA



Caller A, B, C, D, & E: Lumpy, Manta, Delly, Breakdancer, & CNVnator

Analysis of SVs on CAVATICA requires multiple features of the platform



Long-read sequencing allows for greater detection of SV Structural Variants Observed



Allows for the comparison of long-read and short-read structural **Aigortithins being utilized:**





INSTITUTE FOR BIOTECHNOLOGY

Kids First and CAVATICA enabled BASIC3 analysis

 We have been able to quickly and efficiently upload tools and analyze BASIC3 short-read WGS for *de novo* SNVs

 The CAVATICA platform has allowed us to use pre-existing applications and the terminal interface to create a novel pipeline for the analysis of structural variants in BASIC3

• Kids First has worked with us and others to upload tools in preparation for the analysis of BASIC3 long-read WGS

How to expand BASIC3 genomic analyses?







Analyzing Gene Fusions on NCI and St Jude Cloud

Jinghui Zhang (St Jude)



Use Case: Analyzing Gene Fusions on NCI Genomics Cloud and St Jude Cloud

Jinghui Zhang, PhD Chair, Member Department of Computational Biology St. Jude Children's Research Hospital



Overall Workflow



We demonstrate this process using gene fusion detection as an example



Why Gene Fusion?

- Gene fusions are Important biomarkers for cancer diagnosis and treatment
 - They can be cancer initiating event resulting from chromosomal re-arrangements (e.g. translocation, inversion, tandem duplication).
 - ✓ Used for risk stratification/ subtype classification in pediatric cancer treatment
 - They are one of the most targets for precision oncology







Data Sharing on St Jude Cloud

https://www.stjude.cloud



Findin2021es. Saving children.



CICERO for Complex Fusion Detection




Deploy CICERO on St Jude Cloud for Rapid RNA-seq Analysis in Clinic





Rapid RNA-seq Fail/Timed Out for a Subset of Samples

Sample	Target	Project	RRS_Fail_reason	Public RRS (BAM)	Public RRS (FastQ)	Reads
SJEPD031786_D2	TRANSCRIPTOME	Clinical/2020	Timeout	Timeout	Timeout	148,185,112
SJAML031434_D1	TRANSCRIPTOME	Clinical/2019	None	Success	Success	150,270,874
		•	•	•	•	

Data analyzed on-prem were able to complete successfully

This does not appear to be totally related to # of reads

We have performed a down-sampling "experiment" and found that the majority of the samples remain to be timed-out



Profile key steps



Reading a Flame Graph

Y-axis is the depth of call stack

X-axis is sorted alphabetically to merge calls

X-axis is the span of time, not the passage of time

Wider = larger fraction of time



Optimization Implemented in 2020

- Exclusion sites
 - Centromere / Telomere
 - Problematic sites (Seasult)
- Increase minimum soft clip read support when number of sites exceeds a threshold
- Read BLAT results once per query
- Removed unused or unnecessary calls (particularly subshells)
- Other updates
 - Updates to sv_inframe.pl
 - Update soft clip clustering distance
 - Label complex regions before recurrence check



Performance with Optimization

- 170 benchmark samples
 - Before updates, average runtime ~6 hr (\$9.504 at \$1.5840 / hr)
 - After updates, average runtime ~2.5 hr (\$3.96 at \$1.5840 / hr)
- 30 time-out samples from clinical service
 - 26 now complete under 15 hours
 - 29 complete under 20 hours

St. Jude Childrens Research Hospital Therapy Change Based on Clinical Sequencing

- JAK inhibitor for an ALL of IGH/EPOR known to activate JAK-STAT pathway
- MEK inhibitor for a spitzoid melanoma with MAP3K8-GNG2 fusion predicted to activate MAP kinase signaling independent of BRAF



BMT for an ALL with CREBBP mutation, predicted to have poor outcome
 Immunotherapy for two high grade gliomas with a hypermutator phenotype



Recurrent Screening by RNA-seq of 49 FFPE Spitzoid Melanoma

MAP3K8 has the highest mutation prevalence (33%)

MAP3K8	33%	
ALK	22%	
BRAF	4%	
RAF1	4%	
ROS1	4%	
NTRK1	4%	
PRKCA	4%	
NRAS	4%	
MITF	2%	
PRKCB	2%	
NTRK3	2%	
ARAF	2%	
RET	2%	
MAP2K1	2%	
CTNNB1	2%	

Fusion Truncation Missense (Hotspot)

Truncations/fusions cause loss of exon 9



Ongoing collaboration to test new compounds targeting MAP3K8



Newman et al, Nature Medicine 2019

472 TCGA melanoma



Finding cures. Saving children.



Deploy CICERO to NCI Cancer Genomics Cloud

Wrapping CICERO with CWL

Cancer Genomics Cloud (CGC) requires Common Workflow Language (CWL) for software implementations
The native CICERO implementation is a 5 step workflow with a complicated working directory structure
In CGC, the CWL workflow is one step and runs on a single, multi-core node
GNU parallel provides on-node parallelization across available cores





Running CICERO in NCI Cancer Genomics Cloud



RNAped + CICERO run - 05-03-21 13:38:29: file: fc534c42-60c7-495c-926b-39768a06d4c3 add realn rehead ham



Analyze fusions with FusionEditor

7.0GiB BAM file produces a 180 candidate fusions (144kb in size). This output can then be visualized in St. Jude Cloud with FusionEditor for manual curation





Ongoing Work

- Improving accuracy by applying CICERO to SRA GTeX samples to profile patterns that resemble false positives
- Running this locally as there is already a local copy of GTeX on SRM
- Can this be done using SRA Cloud?



Acknowledgement

Andrew Thrasher Liqing Tian Clay McLeod Mike Edmonson



NIH Workshop on Cloud-Based Platforms Interoperability

Cloud-Based Whole Genome Sequencing Analysis Workflow

Xihong Lin (Harvard)

Cloud-Based Whole Genome Sequencing Analysis Workflow

Xihong Lin Department of Biostatistics and Department of Statistics Harvard University NHGRI Genome Sequencing Program NHLBI TOPMed

Need: Develop Cloud Platforms for Scalable WGS Analysis



Overview of WGS Analysis Pipeline (Functional Annotator + Rare Variant Analysis Workflow)



FAVOR (favor.genohub.org)



FAVOR Functional Annotation of Variants Online Resources (FAVOR)

Online Portal (Web UI)

Offline or Online Annotator

Single variant-based Query Region- / Gene-based Query Batch Annotation for small variant sets Create aGDS of variants for a WGS study

FAVOR Annotator Workflow



FAVOR: Functional Annotation of Variants – Online

How FAVOR annotator works (scripts)

- Backend database: functional annotation of 9 billion SNVs
- Install the FAVOR V2 SQL database in local computer or cloud platforms
- Run FAVORannotator scripts or use BigQuery:

Rscript FAVORannotator.R Input/vcf.gz Output/annotated.gds

WGS Association Analysis Workflow



Unconditional and conditional common and rare variant analysis

STAARPipeline Workflow for RV Analysis (MAF < 1%)



Implementation of Annotator and Analysis Workflow in Terra



STAAR App in Analysis Commons and BioData Catalyst (Ongoing)

STAARtopmed Applet in Analysis Commons

STAAR in BioData Catalyst

RUN "STAAR PROCEDURE FOR ANALYZING TOP Vew job progress in the Monitor tab.	MED WGS	DATA" AS ANALYS	SIS			X	BioData CA Powered by	TALYST WORKSPACES sta	ar_rare_variant_p	sipeline	Stand Endemand
STAAR Procedure for Analyzing TOPMed WGS Data				1 app unconfigured	Workflow Actions •	► Run as Analysis 🗘 🔻	CONSHBOARD DATA NOTER Constant_noter Constant_rare_variant_pipelin Version:	NORKELOWS DOB HISTORY			0
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Benchmarking: STAAR Analysis of TOPMed Freeze 5 Fasting Glucose and Insulin Traits (n=23-26K) in BioData Catalyst

Task	Time
1- Null model	<1 hr
2- Gene centric (100 6GB cores)	1 hr
2- Genetic region (100 6GB cores)	13-14 hr
3- Summarizing	<1 hr

Benchmarking: Total Cost of WGS of n=62,000 Individuals Using STAARtopmed Workflow Applet in Analysis Commons

Method	WG Cost Est.*	WG Computation Time (hr)**
Null Model	\$0.17	1
Individual	\$111.54	5
Coding	\$48.62	2
Noncoding	\$258.61	5
ncRNA	\$32.23	1.5
2kb Sliding Window	\$570.13	9
Total	\$1021.30	23.5

* The cost and time is based on analyzing TOPMed F8 LDL trait (n = 62,000)
** The Applet run analysis separately for each chromosome. The time is benchmarked by chromosome 1 (longest)

Challenges and Opportunities

- Data: Tedious dbGAP approval, letters of collaboration, phenotype harmonization
- Cost: Cloud data storage & computing costs are much more than Computing Clusters
- Analytic platforms: Need for supporting developing analytic tool & resource in cloud
- Visualization of WGS RV analysis results (ongoing)
- MetaSTAAR (ongoing): a cloud based efficient & scalable workflow for rare variant meta-analysis
 - RVAS summary statistics (score statistics and covariance).
 - Standards and portal for rare variant summary statistics catalog
 - Collaboration with Type 2 Diabetes Knowledge Portal
- Phe-STAAR (ongoing): A cloud based efficient & scalable workflow for phenome-wide rare variant analysis for biobanks and metabolomics.
 - Portal for biobank RVAS summary statistics



NCI CRDC Center for Cancer Data Harmonization Efforts

Melissa Haendel (U of Colorado) Sam Volchenboum (UChicago)

Bringing the CRDC data into harmony



Melissa Haendel Sam Volchenboum

CENTER for CANCER DATA HARMONIZATION ccdh.concer.gov

NCPI workshop May 4, 2021

These slides: bit.ly/ccdh-ncpi-2021

CCDH: **Building** a common data model and tools and services to help harmonize data across the CRDC



The CRDC resources do not use the same data model or terminological content, making query and analytics across them challenging

Image credit: Todd Pihl

Enabling search across the CRDC ecosystem



Getting the data, harmonizing it, using it



Introducing the CRDC harmonized data model (CRDC-H)

An iterative process where source model content is evaluated. aggregated, mapped, and refactored into a standards-aligned and harmonized data model, the **CRDC-H**



CRDC-H Scope

- End of May release will include Biospecimen and Administrative subdomain entities, along with select Clinical subdomain entities
 - \circ Demographics
 - Diagnosis
 - Treatment
 - Exposure
- Terminology bindings will be included

Auto-generated CRDC-H at: <u>https://cancerdhc.github.io/ccdhmodel/</u>

How to harmonize the DATA across the NCPI?

To date, NCPI has focused on system interoperability.

The use of common data models, terminologies, and standards for their use can enable data interoperability in support of search and multi-modal analytics.

How can we achieve this across heterogeneous resources and studies?

We need a semantics-friendly modeling language that can be realized in different instantiations

LinkML: "born interoperable" semantic data modeling framework designed for data dictionaries, data submission forms, data commons, and complex biomedical schemas

- Simple YAML as the source of truth
 - Expressive: but only use what you need
- Generate

https://linkml.github.io

- JSON Schema: validation for JSON
- Python Dataclasses: building Python APIs and writing ETL
- Java classes: building Java APIs and writing ETL
- **GraphQL:** building APIs on top of data stores
- SQL DDL: (in progress)
- **JSON-LD context:** RDF to JSON serialization
- **RDF Turtle:** Semantic web, RDF graphs
- **OWL:** reasoning, ontology generation
- Shape Expressions (ShEx): validation of RDF graphs

A sample LinkML Schema

<pre>id: https://example.org/linkml/hello-world title: Really basic LinkML model name: hello-world license: https://creativecommons.org/publicdomain/zero/1.0/ version: 0.0.1</pre>		Metadata
<pre>prefixes: linkml: https://w3id.org/linkml/ sdo: https://schema.org/ ex: https://example.org/linkml/hello-world/ default_prefix: ex</pre>		Namespaces
default_curi_maps:		
- semweb_context	ر ا	
imports:		Denendensier
- linkml:types	5	Dependencies
	J	
classes:		
Person:		
description: Minimal information about a person		
class_uri: sdo:Person		
attributes:		
1d:		
identifier: true		
SIOC_UTI: SOO: CAXID		
required: true		
slot uri: sdo:givenName	7	Actual Model
multivalued: true		
last name:		
required: true		
slot uri: sdo:familyName		
knows:		
range: Person		
multivalued: true		
<pre>slot_uri: foaf:knows</pre>		
	J	
LinkML RDF is hidden in plain sight



Terminology Bindings within LinkML



Codeset based enumerations: flexible but semantically defined



lens_color_v3:

description: Harmonized stoplight lens color URI
code_set: ORS:pato_colors
permissible_values:
 "http://purl.obolibrary.org/obo/PATO_0000322":
 meaning: PATO:0000322
 "http://purl.obolibrary.org/obo/PATO_0000323":
 meaning: PATO:0000323

Terminology Services - TCCM (Terminology Common Core Model)



Value Mappings Graph Model



The LinkML runtime can consume and create...



Generated python can be a gateway to anything...



Transformation and validation tools



CCDH takeaways

- Creation of a common data model across data commons necessary to support cross-commons search and analytics
- Building data models using an implementation-independent language affords flexibility across platforms and contexts
- Terminology services and bindings to the model can be managed separately in a fit-for-purpose manner
- Leveraging existing resources such as caDSR for CDE value sets creates semantic interoperability
- The same data harmonization strategies and tools implemented by CCDH and CDA for CRDC could similarly be implemented within NCPI

With many thanks to the CCDH team







30 Minute Break #1

We will resume at 1:00 pm EDT

Announcements

- Fall 2021 Workshop poll: tinyurl.com/NCPIfallpoll
- If you have not registered, please do: tinyurl.com/NCPIregistration
- The NIH Office of Data Science Strategy recently announced four Notices of Special Interest for supplemental funding: tinyurl.com/ODSSfunding



Group Discussion on Community Interoperability Talks

Adam Resnick (CHOP)





May 4, 2021

"Community"



Focus of Last Six Months











Breakout Groups: 1:20-2:30pm EDT

Please choose a Breakout Group: You must use the WebEx application

Connected • - 🗆 🛇	×	Connected • - 🗆 🗙
✓ Participants (4)	×	✓ Participants (3) ×
Breakout sessions have started. You can join any session. Show all breakout sessions		You're currently connected to the RAS Interoperability session Show other breakout sessions Session time: 05:10 ② Ask for help
From the main session		From within another breakout group



30 Minute Break #2

We will resume at 3:00 pm EDT

Announcements

- Last Chance! Fall 2021 Workshop poll: tinyurl.com/NCPIfallpoll
- Breakout leads have 50 minutes until the Report Backs that begin at 3:20
- The NIH Office of Data Science Strategy recently announced four Notices of
 Special Interest for supplemental funding: tinyurl.com/ODSSfunding



The Future of Interoperability

Brian O'Connor Broad Institute



NIH NCPI Effort - Breaking Down Data Silos

The **NIH Cloud Platform Interoperability (NCPI)** effort empowers end-users to analyze data across participating platforms.

It facilitates the realization of a **trans-NIH, federated data ecosystem** by <u>establishing and</u> <u>implementing guidelines and</u> <u>technical standards.</u>



Starting Point in 2020 - NCPI Systems Interoperation

Data portals connect (intra-IC) with analysis systems (workspaces)



NCPI 2020 Vision for NIH Researchers

Data portals connect to any workspaces (inter-IC), workspace access data (inter-IC)



NCPI by the Numbers in 2020

Collectively, we have achieved improved interoperability in 2020 across multiple systems through *FHIR, PFB, GA4GH DRS, and GA4GH Passports (RAS)*.



* NCBI DRS server to be added



Demonstrated handoff is now possible from all 4 portals to Terra & SBG workspaces



Supported Researcher Use Case

<u>Use Case #7</u>: Tim Majarian's cross dataset analysis



What's Left to be Done?

- In 2020, <u>FHIR, user authentication</u> and <u>standardized data access</u> between systems were major achievements!
- Work in Progress
 - **Authorization** How are users authorized using "Passports"?
 - Standards How are standards like FHIR, PFB, & DRS facilitate searching, handoff to workspaces, and data access?
 - **Policy** What systems should be allowed to access data for a user?



What is the Focus for 2021?

- What is the next goal post for NCPI Interoperability?
- We surveyed the group ahead of this meeting using EasyRetro:

https://bit.ly/3gVHmIN

• Three major themes emerged



Improving Interoperability in 2021

What themes should we focus on in NCPI for the next 6-12 months?

1) Authorization & Policy - A user should be able to log in to many NCPI systems using RAS and access data, and possibly other resources, they are authorized to use via their Passport+Visas. Clear policy on client trust and verification.

2) Search - A user should be able to search across NCPI systems to find data through programmatic and web UIs. Common, standards-based interfaces for doing this.

3) Portable Compute - A user should be able to move their algorithm between environments and enclaves, when data egress is not allowed or practical. Publish their workspaces.

Next 12 months

Now

Next 6 months

78

1. Authorization

Problem: In 2020 we used RAS for login. In 2021, users should be able to use their RAS passport to access resources in a variety of systems using a consistent "flow".



2. Search

Problem: In 2020 focused on researchers finding data through individual portals and leveraging FHIR as a search API. In 2021 can we further empower researchers with standards for search?

Scope: 1) context (dataset or subject-level), 2) common data model, 3) shared code lists, 4) consistent search interface (programmatic and UI), 5) representation and handoff of results to workspaces, and more...



3. Portable Compute

Problem: In 2020 we focused on data access across workspace systems. What about data enclaves where data cannot exit (or need to avoid egress?)



Data References

Env 3

enable sending algorithms to the data?

Env 3 Ö Ephemeral Workspace Env 3 Data

Data References Env 1

Ephemeral

Ö

3. Portable Compute - Mobile Workspace

Problem: Can we make our workspaces mobile? This goes beyond just workflows.

Next Steps: Adopting mechanism to "package" workflows, notebooks, and apps along with settings, configurations, data models, etc. Making workspaces as FAIR as possible.



Mobile Workspace

Future of Interop in 2021 - Need for Drivers

In 2020 our <u>researcher use cases</u> helped drive our work forward...

LEAD	ONE-LINE SUMMARY	STATUS
Gelb	PCGC (BDC, KF) de novo mutations with graph callers	Inactive
Grossman	PCGC (BDC, KF) & Vandy AFib joint calling, annotation, and GO enrichment; interop/tech focus	Active
Gharavi	GTEx (AnVIL, KF, BDC) find datasets as healthy controls	Active
Lyons	User journey from PICSURE-API to Platform (TOPMed) for variant level info	In Prep
Stranger	TCGA, GTEx (CRDC, AnVIL) sex-DE on normal & tumor	Inactive
Manning	PCGC, GTEx, F/JHS (BDC, KF, AnVIL) genetic factors in CHD	Active
Almeida	IDC (CRDC) tile server for autoML image analysis; bearer token auth	Active
Goldmuntz, Taylor, et al.	PCGC (BDC, KF) joint calling, harmonization, gene set analysis + ML	Active

In 2021 we need to expand use cases ... both individual researcher as well as cross institute

Future of Interop in 2021 - Working Groups

From a practical perspective, how do we move these themes forward?

Key is to use our working groups to align, scope, and organize these efforts.



Outreach and Training Working Group

If We Are Successful

Researchers will be able to safely and securely access data and resources from a variety of platforms, carrying their identity and authorizations via RAS Passport+Visas

> Researchers will be able **find data across a wide variety of systems** through consistent, standardized interfaces

> > Researchers will be able to **compute by pulling** data into the platform of their choice <u>or</u> by sending their algorithms in a portable way to other platforms



Breakout Session Report Back Data/Tools/Workflow/Compute Interoperability and Functional Equivalence

Jack DiGiovanna Seven Bridges

Michael Schatz Johns Hopkins






Like a superhero movie, we are rebooting with a slightly different cast

Here we'll narrow focus with the **goal of actionable outcomes**

What solutions can we create in <mark>the next 6</mark> months?



NIH Workshop on Cloud-Based Platforms Interoperability October 30th and November 2nd, 2020

Genomic Analysis Use Cases & Working Groups





Jack DiGiovanna¹ & Michael Schatz^{2,3}

¹Program Director - Seven Bridges ²Program Director - AnVIL ³Bloomberg Distinguished Associate Professor - Johns Hopkins





Representative use case





As a researcher, likely with a sizeable development investment on HOME_PLATFORM, how should I interact with data on OTHER_PLATFORM?

- Bring me the data
 - can work great, even with pointers... what about egress, enclaves, and bears? Oh my!
- Rewrite my code in OTHER_DESCRIPTION_LANGUAGE
 - given infinite time, funding... is this the best investment?
- Don't use the data
 - Data value declines sharply with cleaning/logistics required to use it
- Send compute to OTHER_PLATFORM



This is NOT a bake-off

We are **NOT** asking for a bake-off here

That likely happened *before* the researcher reached this point

The research needs to run (two slightly different versions of) this **best tool** in two different places **today**



image credit: <u>www.nicepng.com</u> - Gorros De Chef Vector





- The **data** you need are spread across platforms
- The **workflows** you need are spread across platforms
- How do we compare and integrate workflows across platforms
- We don't want to make work items for folks who aren't funded to do this.
 - Focus on critical use cases for the NIH.

• Range of outcomes

- **Format conversions** we expect/hope these will produce identical results but not always e.g. CIGAR strings have a 64kb limit in BAM files but not SAM
- **Primary analysis** (alignment/variant calling): we expect/hope these will produce similar results but random numbers, machine architecture, etc may slightly vary
 - Changes in reference genomes are challenging to adopt
- **Downstream analysis** we expect different outcomes, hopefully small but could be substantial e.g. t-SNE is stochastic by design



Testing outcomes



- Equivalence testing
 - Focus on research outcomes: variant calls, associations are highly similar
 - CCDG/TopMed found 99.6% concordance with variant calls
 - Lessons learned from RNAseq make sure the biological variability you report exceeds the technical variability observed from the replicates
 - Need many replicates as results may subtly change with time of day / ordering of data / reference sequences used
 - External databases / APIs can introduce unpredictable changes
- What are the workflows to consider?
 - SNVs are relatively stable, indels more challenging, SVs have highly variable



Technical Solutions



- GA4GH WES/TES endpoints

Workflow Execution Service (WES): Abstract workflow descriptions

- "WES enables users to define workflows in a standard way, package them up, and then hand them to workflow engines that live in many different places"
- Task Execution Services (TES): Fully defined Input/outputs, command lines
 - Orchestrate complex analyses across different compute environments. While the WES API orchestrates a series of steps in a workflow, the TES API can connect the workflow to a compute backend to execute specific steps without having to write new adaptors.

- Cross-workflow engine

- Docker useful for packaging tools into a reproducible container, but hard to scale
- Many workflow languages have support for K8s
- AnVIL/Babble: Initial support for Snakemake
 - SB Considering similar technical developments



Call to action

- We'd like a group (Sys Interop, Tiger team, other?) to investigate over next 6m
- Best Practice WF to compare
 - Sex chromosome variant calling
 - Long Read Pipeline on Terra and SB (ONT WGS)
 - RNA-Seq
- Work with truth-set test data
 - 1000g
 - GIAB
 - GRU data discussed, but some sensitivities there
- Working towards a SOP that's generalizable
 - other WF are further down the horizon than 6 m





NIH Workshop on Cloud-Based Platforms Interoperability

Breakout Session Report Back Cloud Costs & Benchmarking

Alex Baumann Broad Institute

David Pot GDIT





Breakout process

- We had a series of possible topics in three main categories:
 User Experience, User Education, Managing our Systems
- We had each person use 3 *'s to vote on their top 3 choices
- We landed on the following topics:
 - Guiding/educating our users on cloud costs & benchmarking
 - Monitoring / alerting for cloud costs
 - Overcoming barriers to entry for new users on the cloud



Guiding/educating our users on cloud costs & benchmarking

- Grant guidance and stock language
 - Cloud Resources should collaborate with NIH agencies on this
- Sharing of benchmarked results for standard analyses and having more than one datapoint to extrapolate
- Galaxy's approach: Use popular tools, look at historic data, run tests and build up a lookup table/API. Also use a tool called Polyester to generate synthetic data, try combinations of inputs





Guiding/educating our users on cloud costs & benchmarking

- Terra's approach: Test with open access data of different size (exome, WGS). Run a few times for average cost. Publish in featured work-spaces
- Warning people of what costs \$ and what to avoid: e.g. SSD left running, deduplication of data
- Benefits of whiteglove support and viral growth via super users in labs (educate the educator)



Monitoring / alerting for cloud costs

- Delayed reporting in costs from clouds (e.g. 24 hours later)
 Need for near-real time reporting / no surprises for our users
- Setting up alerts and budgets for users to see burndown
- Providing whiteglove support on credit spending so those credits are closely monitored
- Compute tends to be the biggest concern for "runaway spend" storage is a longer concern, but builds up over time
- Non-linearity for cost estimations can be problematic



Overcoming barriers to entry for new users on the cloud

- Comparing/convincing about on-prem vs cloud advantages despite new cost model
- Capital vs. operational expenses of institutions
- Groups need a motivation to convince them to change top down, need that on-prem doesn't satisfy, etc cloud is a disruptive change
- Cloud expertise is an issue white glove service enormously helpful
- Having existing content and a community helps to reduce barriers



Went a bit off topic into convincing people to use cloud despite costs...

But that led to a set of possible recommendations:

- Keep up with free credits but make sure they are well tracked in near real time
- Clearly communicate costs and define what error margins people are comfortable with
- Increase NCPI training efforts / training on how to understand costs?
- Whiteglove help for viral growth to larger communities
- Create example benchmarks across platforms for standard pipelines
- Find ways to make cloud solutions as equivalent as on-prem functionality

continued ...



(Continued) Set of possible recommendations:

- Advertise availability of high value data (e.g. open access)
- Encourage top down incentivization in institutions
- Work on language to write in grants that use the cloud for research
- Provide additional costs if using cloud created surprise costs / cloud insurance / on-prem price matching
- Continue collaborative discussions across NCPI to share solutions/experiences ...



NIH Workshop on Cloud-Based Platforms Interoperability

Breakout Report Back: Governance

Bob Grossman (UChicago) & Stan Ahalt (RENCI)



Cloud Platform A boundary



Cloud platform system

Cloud platform boundary



Cloud Platform B boundary

- 1. A user is authorized to access a dataset
- 2. A cloud platform A has the **right to distribute** a particular dataset.
- 3. A cloud platform B is an **authorized environment** for a particular dataset.
- 4. Each dataset has a **data trustee** (aka **data steward**) that makes decisions about 1), 2) and 3)

We have **interoperability** when an authorized environment can access data from two or more cloud platforms..

Workspace for user

Security and compliance boundary

.





Can we agree on these two considerations?

- Authorized environment Consideration (draft). Assume that the data steward responsible for a dataset D has approved a cloud platform B as an authorized environment for D. If a user in the cloud platform B is authorized to access the data, then the user can access the data within the authorized environment B.
- Right to distribute Consideration (draft). Assume that the data steward responsible for a dataset D has authorized a cloud platform A to distribute the dataset. Assume the data trustee has also approved cloud platform B as an authorized environment for the dataset D. If a user in a cloud platform B is authorized to access data D, then the user can access the data D from cloud platform A and analyze it in cloud platform B.



Question: Can we agree on these two considerations?

Response: Yes, we seem to have general agreement about these two considerations, but some wordsmithing is needed.



- POV of the considerations: The CISO ("data steward") makes the decisions about which systems to "trust" and a cloud platform interoperates with systems that they trust.
- 2. Trust is not a formula. It is a relationship that has been established between two platforms.
- 3. We trust the other current NCPI systems, but what other systems?
- 4. If the levels of security vary between two systems, how should they interoperate?
- 5. Only "trust" systems (and thus interop with them) with the same or higher level of security (that is required for the data).
- 6. Ultimately, an IC has to decide if a relationship of trust exists, and the risk is reasonable.
- 7. RAS authorizes users, not systems. You can use, for example, SSL tunnels, to identify another system and decide whether to trust it.



- 1. Remember users have signed a legal DUC stating they, along with their SO, are responsible for their use.
- 2. SO-approval described in Data User Certifications: <u>https://osp.od.nih.gov/wp-content/uploads/Model_DUC.pdf</u>
- 3. These considerations do not require any changes to the current dbGaP agreements, but clarifications to them would be welcome that highlight the compatibility with these considerations.
- 4. Some formal level of agreement necessary to constitute authorization for NCPI style interop should be spelled out in the dbGaP agreements. How would these be made visible so the Signing Officials



- There is an interest to track data migration across systems and report back to the data stewards. In some cases, e.g., data that is downloaded, you can't easily (or actually) track where data travels.
- 2. how is user's use of controlled access data in the remote platform reported back to the data steward.

- 1. I would like to see an explicit definition of data steward
- 2. I think it's important to know how to outline what is needed in the current process to be able to satisfy these considerations
- 3. Are there consistent rules/principles/security considerations that could be NIH baseline for any platform, regardless of what it is?

What is interoperability and why do we need it?





NCPI Spring 2021 Workshop Day 2 Wrap Up

- Thank you for a fantastic meeting!
- Speakers please send us your presentations from today
- Fall 2021 NCPI Workshop dates: Oct 5-6

• To be hosted by NHLBI and RENCI

Feedback poll for this workshop:

tinyurl.com/NCPIfeedback