i2b2, Cafe Variome and tranSMART: The Forefront of Health Data Management and Discovery in Leicester

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Overview

• Biomedical Informatics in Leicester

- i2b2 and Cafe Variome
 - Example: The Genetics and Vascular Health Check study (GENVASC)

- tranSMART
 - Example: The COPDMAP project

Leicester's Biomedical Informatics Network for Education, Research and Industry (BINERI)

- Interdisciplinary grouping to bring together expertise in biomedical informatics, healthcare data management, and information technology
- Unifies activities across Leicester concerned with:
 - Data science
 - Bioinformatics training
 - Data discovery and sharing
 - Biobanking
 - Big data analysis
 - Governance
 - Ethics
 - Patient engagement



The **GENVASC** study

- Add genetic screening to NHS Health Check
- Recruitment & blood sample within GP surgery

Questions GENVASC will be answering:

By what mechanisms do CAD-associated loci affect coronary risk ?

Can a genetic risk score improve CAD risk prediction and primary prevention ?

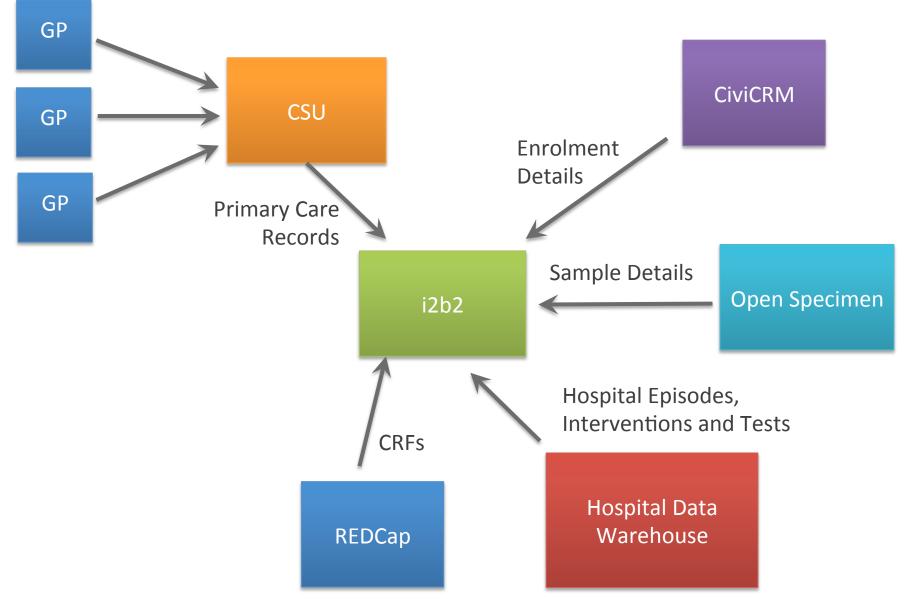
Can CAD be reliably diagnosed by a blood test?

Can we improve our understanding of rarer cardiovascular diseases?

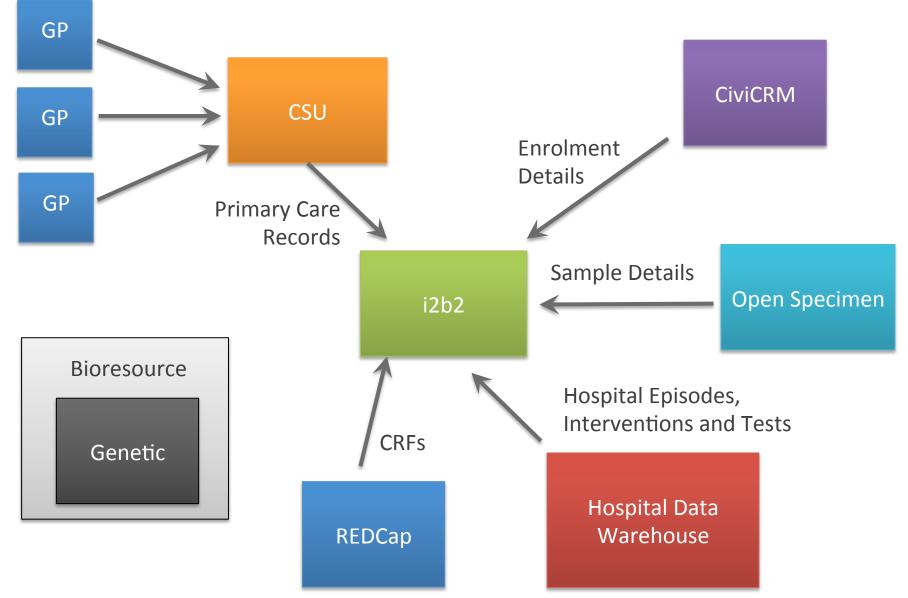
The **GENVASC** study

- 117 recruiting practices
- >24,000 participants recruited by GPs in 4 years
- 169 participants have experienced 205 cardiac episodes since recruitment
- Track primary care records for 15 years

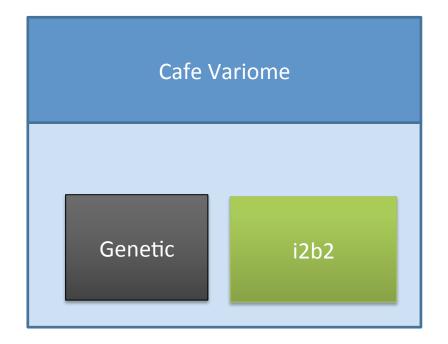
GENVASC Data



GENVASC Data



Genetic Queries



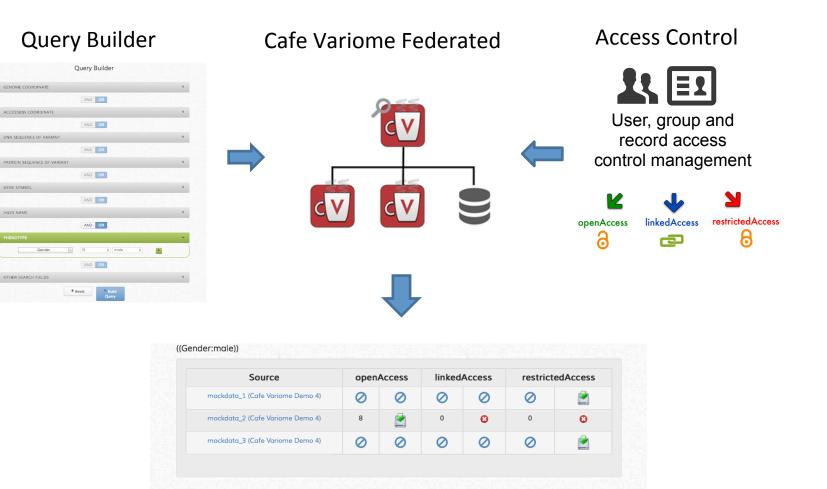


Share the 'existence' rather than the 'substance' of data

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

www.cafevariome.org

Cafe Variome Discovery



Collaborating Networks











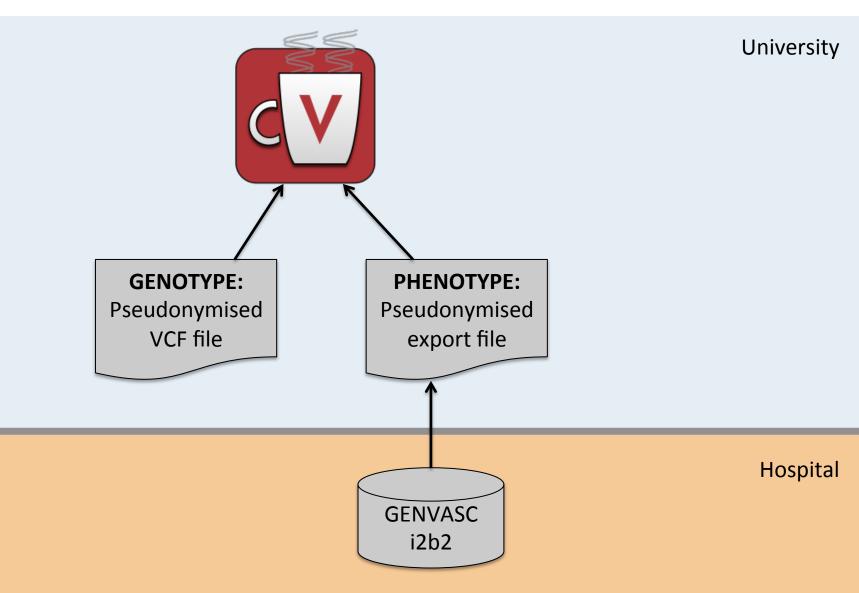


LCB Cafe Variome



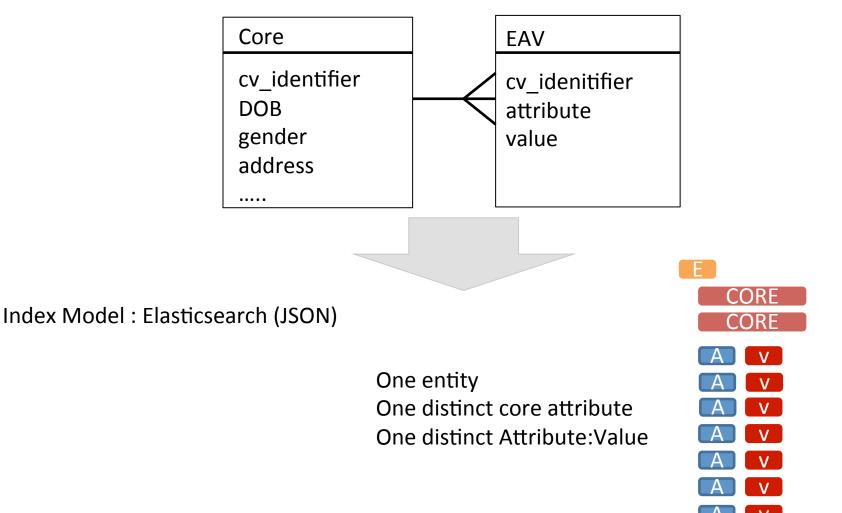
- Allow discovery across integrated genotype (VCF) and phenotype/demographic (i2b2 deposited) data
- Enable cohorting by Leicester researchers (display participant IDs)
- Enable authorised users to identify how many Leicester participants match a specific query (display counts only), e.g.
 - how many caucasian participants aged between 40 and 90 have a history of aortic stenosis and a homozygous variant at SNP rs10455872?

LCB Cafe Variome



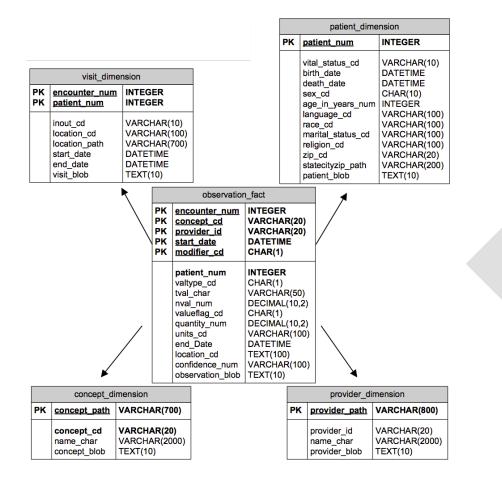
Cafe Variome Data and Index Models

Data Model : MySQL (relational tables)





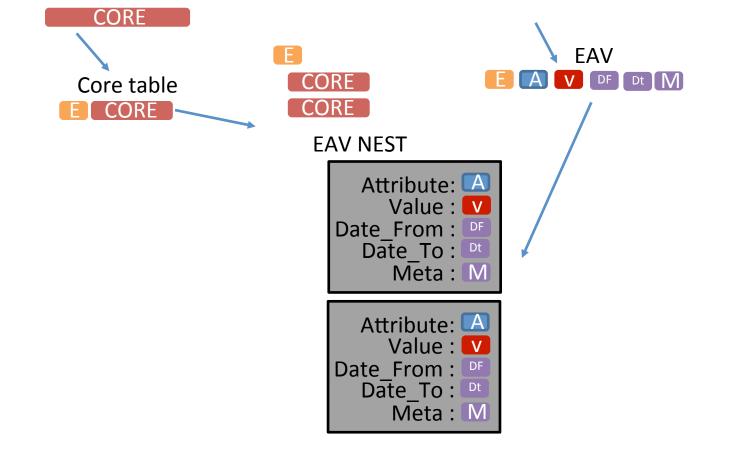


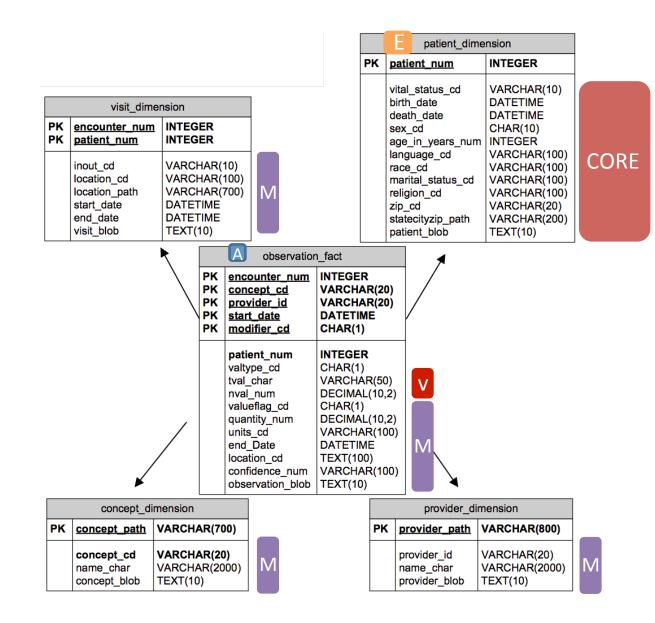






| | A | В | С | D | M | A | M | | A | Α | M | |
|----|--------------|--------------|------|--------|-------------|------|----------|--------------------------------------|------------|------------------|----------------|----|
| 1 | record_id | source | DOB | Gender | Visit[year] | WC | WC[unit] | Cognitive disorder[latest diagnosis] | MMSE score | Follow up length | Follow up[unit | t] |
| 2 | SFHS:3629385 | GenerationSt | 1949 | Female | 2006 | 77.3 | cm | normal | Unknown | 12 | month | Г |
| 3 | SFHS:3629386 | GenerationSt | 1961 | Female | 2008 | 81.3 | cm | normal | Unknown | 12 | month | |
| 4 | SFHS:3629387 | GenerationSt | 1976 | Female | 2010 | 81.8 | cm | normal | Unknown | 13 | month | Г |
| 5 | SFHS:3629388 | GenerationSt | 1948 | Female | 2009 | 79.3 | cm | normal | Unknown | 12 | month | |
| 6 | SFHS:3629389 | GenerationSt | 1951 | Female | 2008 | 75.6 | cm | normal | Unknown | 18 | month | |
| E | SFHS:3629390 | GenerationSt | 1947 | Male | 2010 | 90.6 | cm | normal | Unknown | 24 | month | Н |
| 8 | SFHS:3629391 | GenerationSt | 1975 | Female | 2010 | 74.1 | cm | normal | Unknown | 13 | month | |
| 9 | SFHS:3629392 | GenerationSt | 1970 | Male | 2010 | 96.5 | cm | normal | Unknown | 24 | month | |
| 10 | SFHS:3629393 | GenerationSt | 1953 | Male | 2007 | 91.4 | cm | normal | Unknown | 16 | month | |
| 11 | SFHS:3629394 | GenerationSt | 1957 | Female | 2006 | 80.4 | cm | normal | Unknown | 12 | month | Г |
| 12 | SFHS:3629395 | GenerationSt | 1934 | Female | 2009 | 73.5 | cm | normal | Unknown | 13 | month | |







- £6m funding from MRC/ABPI over 4 years
- COPD Deep Phenotyping
- Mechanisms, impact and therapeutic targeting of microbial and viral colonisation in COPD
- Tissue repair and injury
- Reducing the burden of COPD by targeting skeletal muscle mass and function. Targets and endpoints for drug development

50+ low-dimension datasets

- 525 patients
- Clinical data
- Lab tests
- Many generated at stable & exacerbation

Datasets *

MANAGE DATASETS

Balance tests Blood tests Sputum sampling (condensed) 6 minute walk test (expanded) **Ouestionnaires Snapshot** Bioelectrical impedance COPD history COPD history (12m follow-ups) CT scan Chair stand test Cycle exercise DXA Body composition Demographics Demographics simple Demographics (12m follow-ups) ECG Ear lobe blood gas Eligibility and restrictions (12m follow-ups) Family history of respiratory conditions Gait speed Human rhinovirus Impulse oscillometry Inclusion / exclusion criteria Lab assessments Lung volumes Medical history past and present Medical history update (12m follow-ups) Medications Medications (summary) QMVC aPCR Quadriceps muscle biopsy Quantitative microbiology Ouestionnaires Short physical performance battery

Single breath gas transfer Six minute walk test Smoking (12m follow-ups) Spirometry Social and occupational history Social and occupational history (12m follow-ups) Sputum sampling Ultrasound - rectus femoris cross-sectional area (CSA)

Exacerbation

Exacerbation Day 1 Exacerbation follow-up physical examination Exacerbation progression Unreported exacerbation

Uncategorized

Subject details Visit details

End of study

End of study

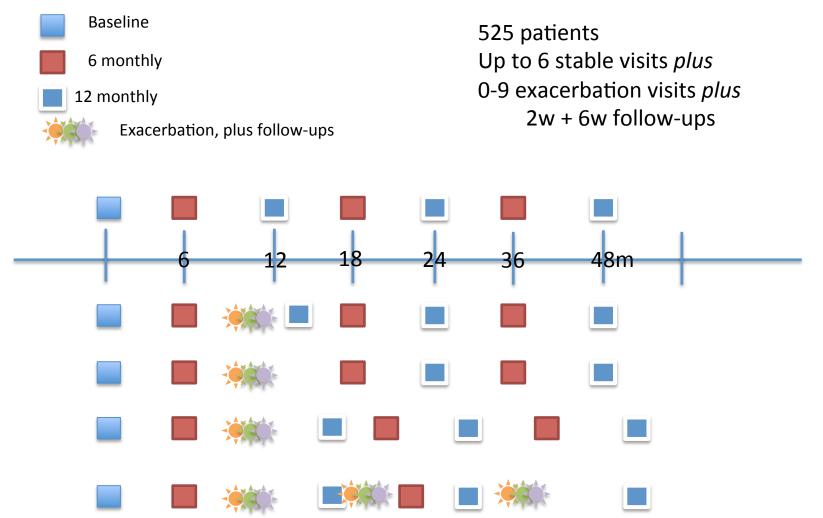
Datasets – derived from blood and sputum

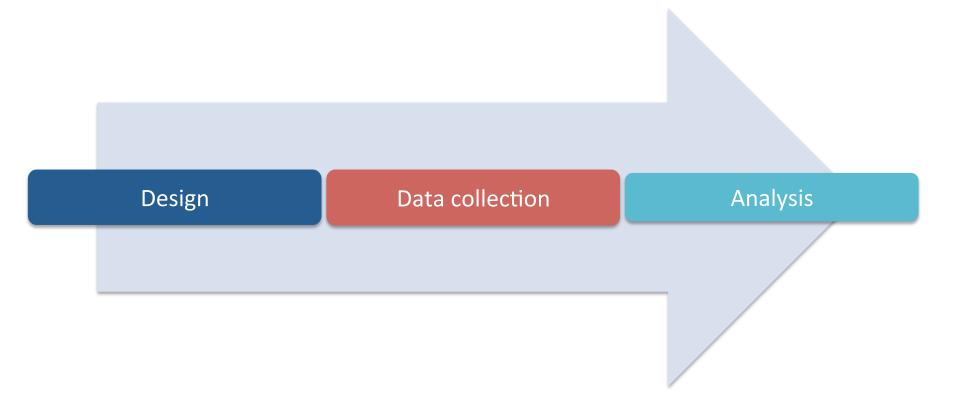
- Genomics (linking) (blood)
- Microbiomics (stable & exacerbation) (sputum)
- Transcriptomics (RNAseq) (blood)
- qPCR (sputum)

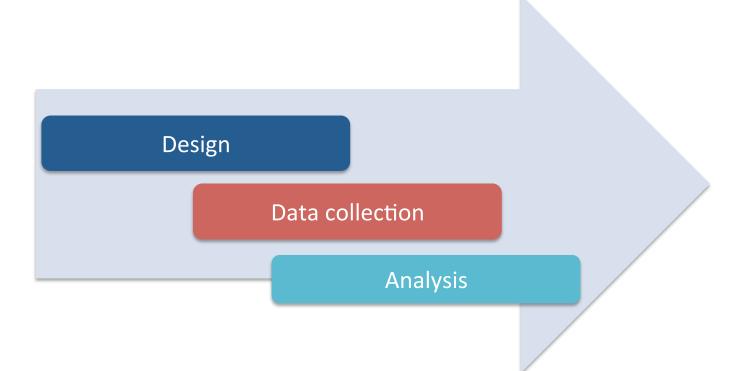
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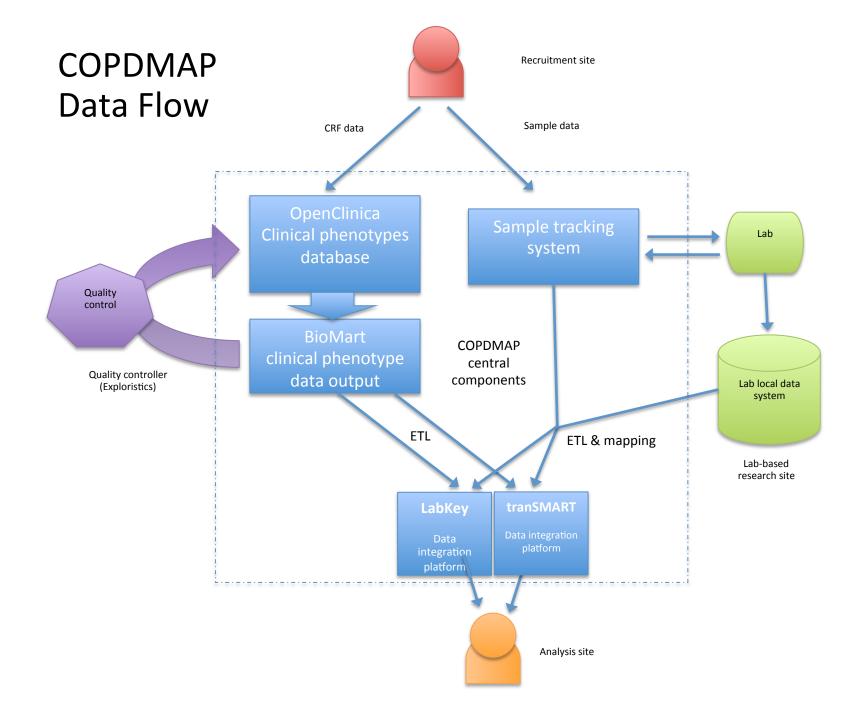
Complex visit structure

• Regular visit schedule gets interrupted by exacerbations









LabKey

- PROs
 - Intuitive approach. Displays all data in organised sets and allows filtering and sorting.
 - Holds additional data which cannot be loaded into tranSMART (medications, full text, etc).
 - Flexible user access controls (datasets and cohorts)
 - Basic sample information
 - R API
- CONs
 - Difficult to build complex queries and custom exports
 - Limited built-in analyses
 - Limited support for multi-dimensional data (OMICs etc)

tranSMART

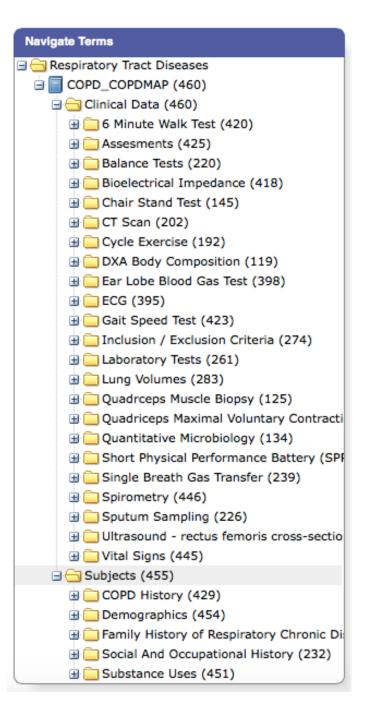
• Why tranSMART?

- Widespread use and support
- Rapid generation of data summaries
- More complex analyses
- Multi-OMICs capabilities
- Aligning COPDMAP data with other studies
- Workflow based approach.
 - Define cohort -> Summary data -> Analyse / Export
- Problems?
 - Lengthy ETL process
 - Limited fine-grained access control (by ontology nodes, not by subject)
 - Complex visit structure
 - Some data types not supported (e.g. full text, detailed medications, dates)

COPDMAP tranSMART tree

ETL: Baseline: Pfizer Baseline, follow-up.

Baseline, follow-up, exacerbation: Serge Eifes (ITTM)



Multiple visits in tranSMART

- Each variable is sub-divided
- Every variable / visit combination becomes a variable
- Example:
 - FEV1 collected at 0, 3, 6, 12, 18, 24, 30, 36m
 - 7 exacerbations (101..107)
 - 4 exacerbation + 2 week (101.2 ... 104.2)
 - 4 exacerbation + 6 week (101.6 ... 104.6)
- Some data can't be included in tranSMART
 - Free-text fields
 - Dates (get converted to strings) use day offsets
 - Data are still available in LabKey

| vigate Terms |
|--|
| 🗄 🧰 Quantitative Microbiology (292) |
| Short Physical Performance Battery (SP |
| 🕀 🧰 Single Breath Gas Transfer (351) |
| G Spirometry (499) |
| Absolute Change in FEV1(ml) (480) |
| 🗄 🧰 Date (499) |
| |
| FEV1 FVC Value (491) |
| FEV1 Predicted (492) |
| 🖃 🚖 FEV1 Value (492) |
| 123 0 (489) |
| 123 100.2 (1) |
| -123 101 (107) |
| 123 101.2 (45) |
| -123 101.6 (29) |
| -123 102 (64) |
| -123 102.2 (30) |
| 123 102.6 (20) |
| 123 103 (41) |
| 123 103.2 (11) |
| 123 103.6 (7) |
| 123 104 (22) |
| 123 104.2 (2) |
| 123 104.6 (1) |
| 123 105 (17) |
| 123 106 (7) |
| 123 107 (3) |
| -123 12 (271) |
| -123 18 (131) |
| -123 24 (165) |
| -123 3 (12) |
| -123 30 (51) |
| -123 36 (1) |
| 123 6 (185) |
| 🕀 🧰 FVC (pct) (491) |
| FVC Predicted (491) |
| 🕀 🧰 FVC Value (491) |
| 🗇 🦳 Cold Stoco (454) |

Acknowledgements

Bioinformatics Research Group www.le.ac.uk/bioinformatics

<u>Group leader</u> Prof Anthony Brookes

<u>Cafe Variome project lead</u> Dr Colin Veal

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Leicester Biomedical Research Centre: Cardiovascular Theme

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BioResource manager

Dr Gavin Whyman

