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Data Management for Global Health

Background



- Came to biomedical research from the software industry
 - Moved to Fred Hutchinson Cancer Research Center
- Spun Off into LabKey Software
 - Professional open source software for scientists
 - 23 Employees
 - Mostly funded by research networks (ITN, HVTN, CHAVI, nPOD).
 - Some funding from University of Wisconsin (O'Connor Lab, Primate Center)
- Focus: Data Management for Research Networks

Data Management in Global Health



- Many global health research projects are distributed in nature
- Integrate & Share data amongst
 - Many clinical sites
 - Many research laboratories
- Specimens are a valuable resource
 - Must be tracked & allocated for maximum scientific value
- Integrated data can be leveraged for new uses

CHAVI



- 7 year "Big Science" project
 - PI: Bart Haynes, Duke University
- 12 Clinical Sites
- 45 Universities/Research Institutions
- Goal: Observational studies to identify correlates of control in Acute HIV Infection
- Data management by Statistical Center for HIV/AIDS Research and Prevention (SCHARP)

Atlas – SCHARP Data Portal



Problems faced

- Combine many data types for HIV Vaccine studies
 - Clinical Response Forms (CRF), Specimens, Many Assays
- Enable secure collaboration for scientists worldwide
- Allocate & distribute valuable specimens

Solution

- Secure web portal for HIV Vaccine Enterprise Data
- Core software was written by LabKey
- SCHARP runs Atlas
 - Defines available data and relationships
 - Manages security and permissions
 - Manages data loading
 - Builds custom modules
- Nelson et al, BMC Bioinformatics, March 2011
- Piehler et al, BMC Immunology, May 2011

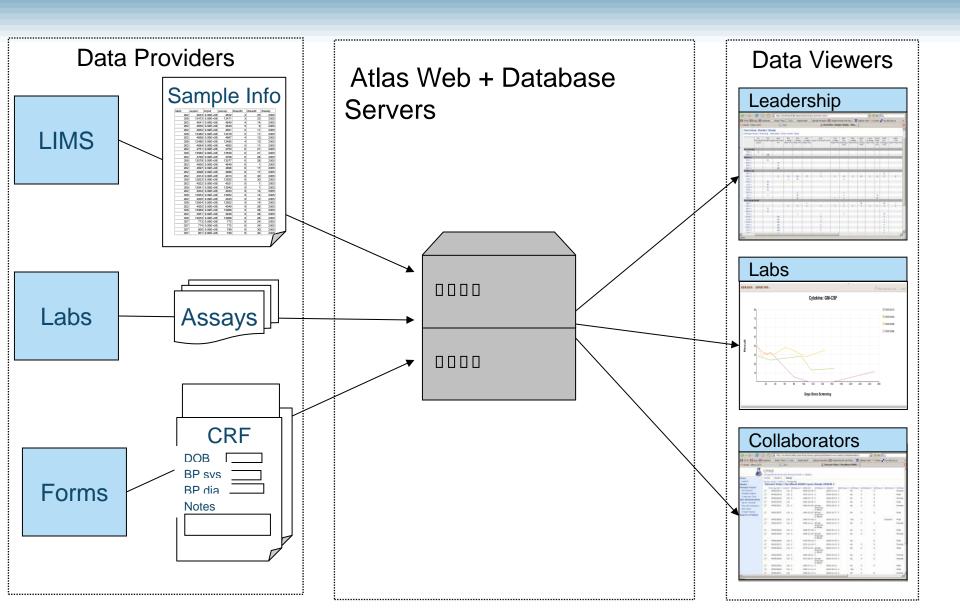
Map of CHAVI





Atlas Data Flows





Initial Data/Sample Flows





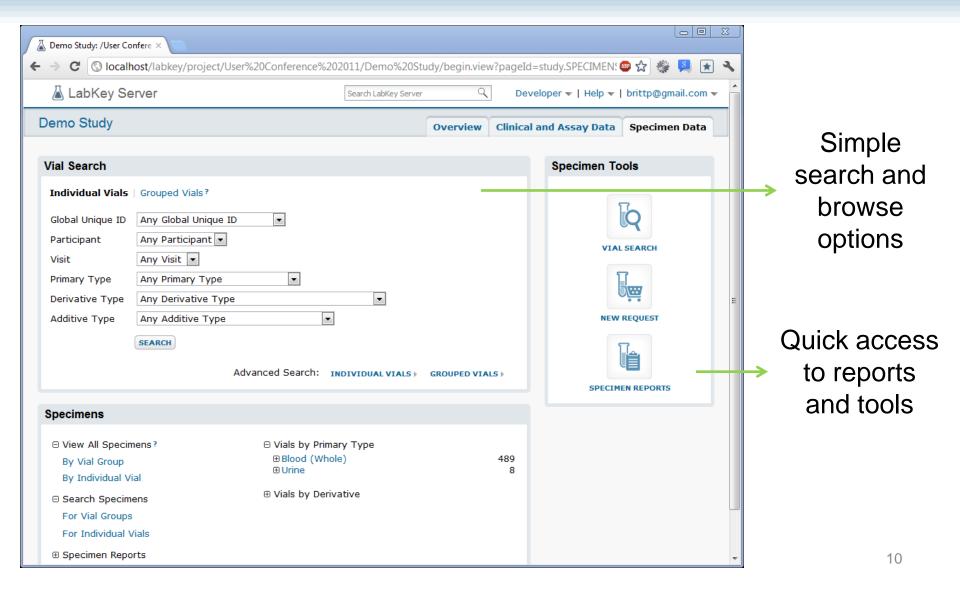
What can you do now



- Clinical and Sample Data in a Single Repository
- Can ask interesting questions
 - How many samples do I have of each type
 - Where are they?
 - How many from acutely infected patients?

Specimen views: home page

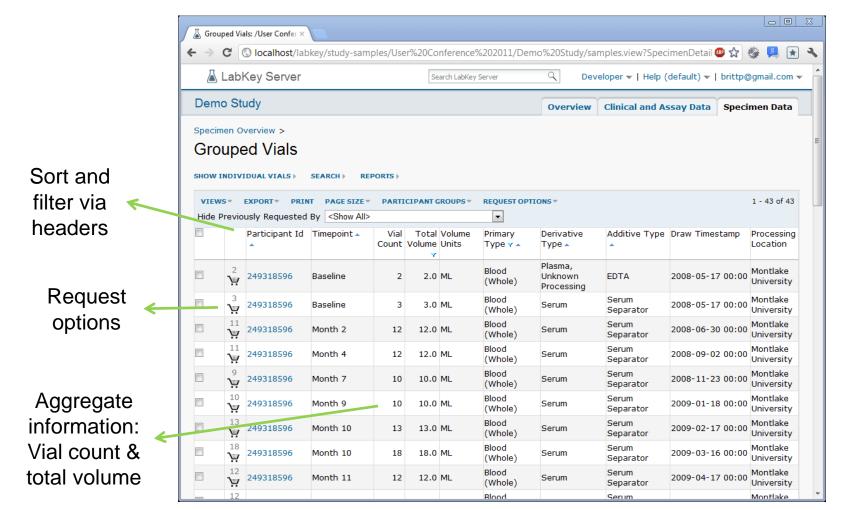




Specimen views: grouped/draw view



Grouped view shows one row per participant/visit/type



Specimen tools: reports



Single Participant Report

249320127 (Vial Count)													
		Baseline	Month 2	Month 6	Month 7	Month 8	Month 9	Month 10					
Blood (Whole)	PBMC Cells, Viable	7	11	8	6	3	11	9					
	Serum	8	6	7	7	7	12	6					

Participant collections by type

Blood (Whole) (Vial Count)														
	Baseline	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9				
249318596	5		12		12			10		10				
249320107	12		22		10				14					
249320127	15		17				15	13	10	23				
249320489	18	17	14			19	17							
249320897	10		6	8	6		12			12				
249325717	14	18		24				6						

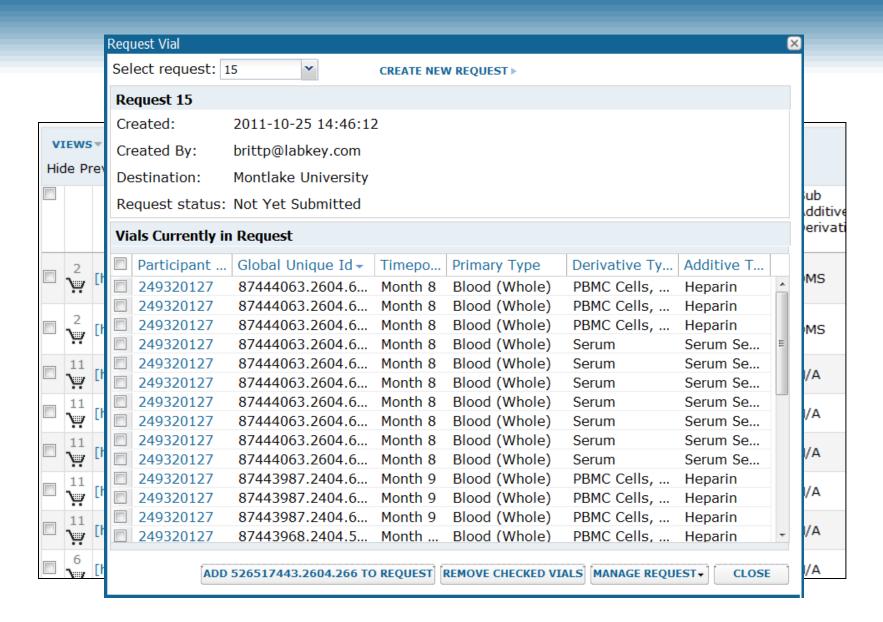
Research Lab Specimen/Data Flows





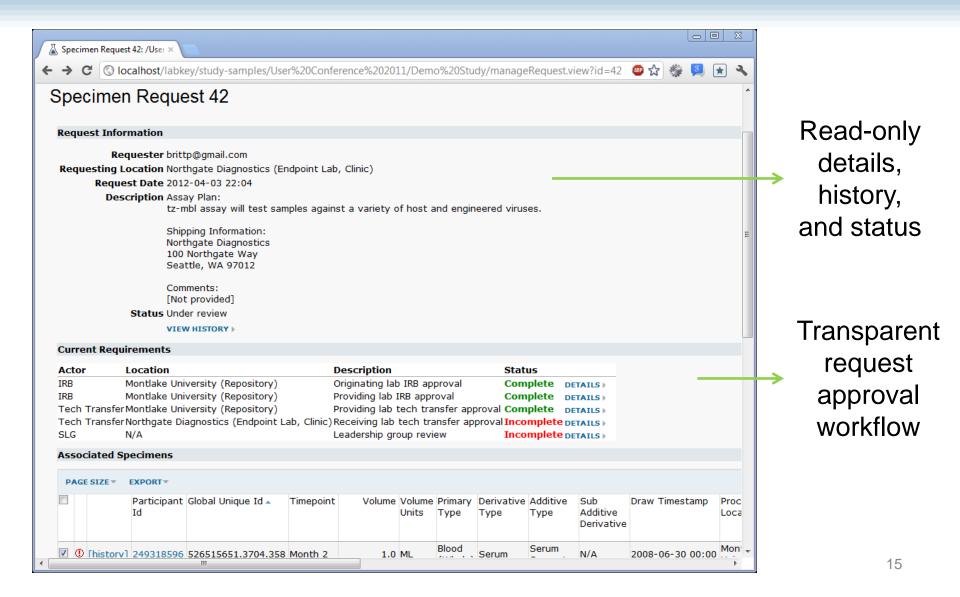
Specimen requests: request creation





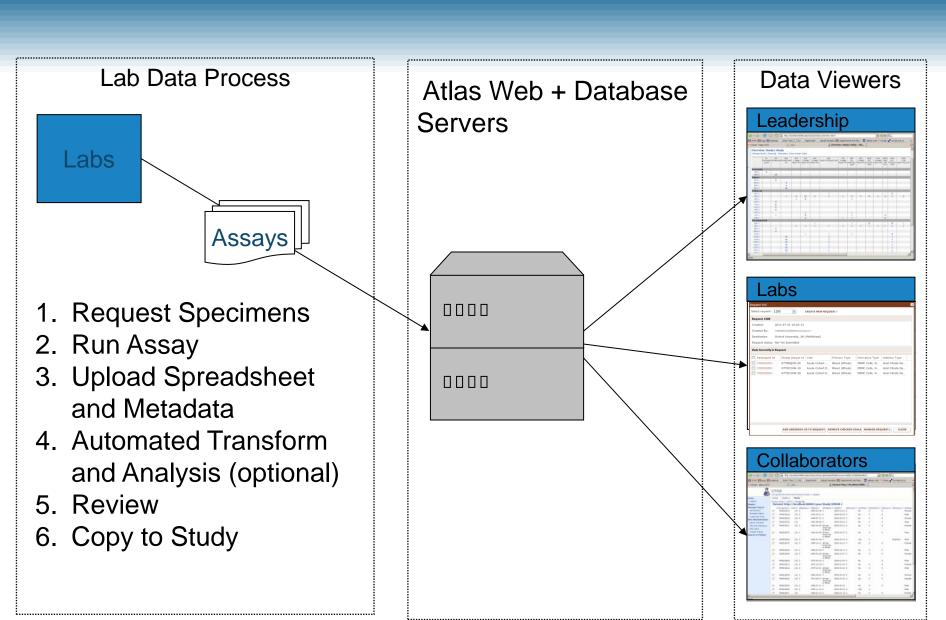
Specimen requests: request status





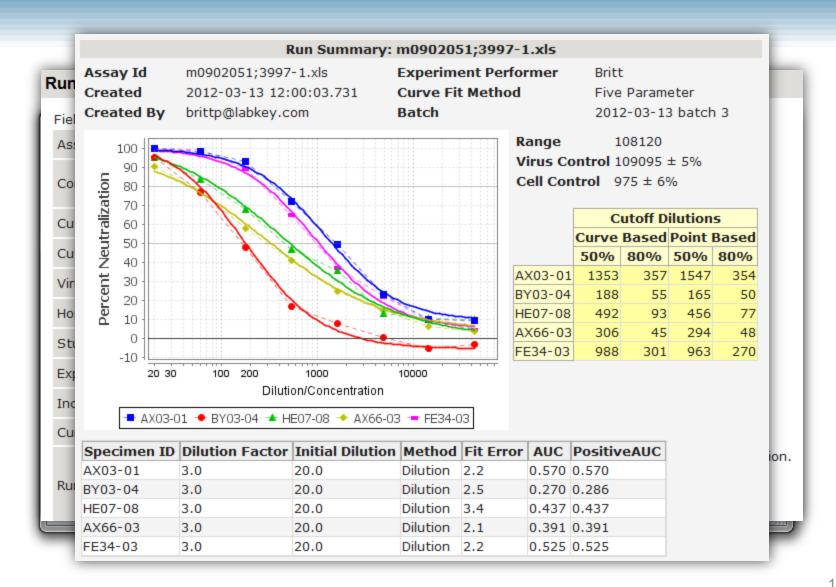
Lab Data Flows



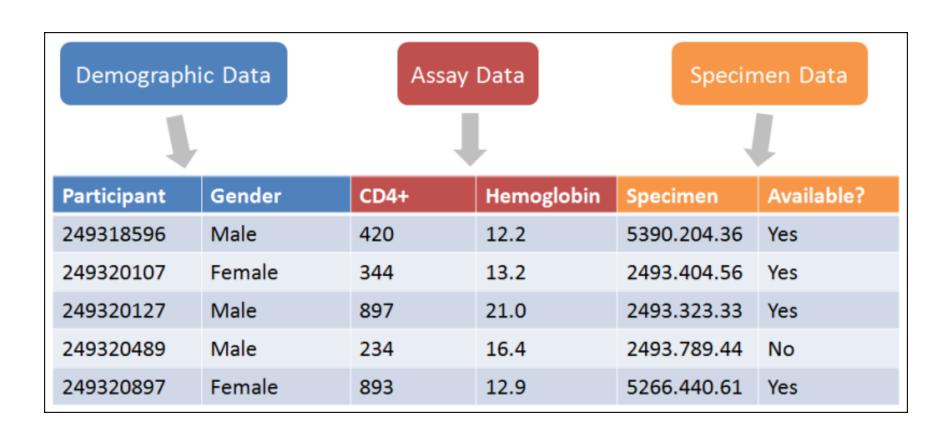


Assays: upload example



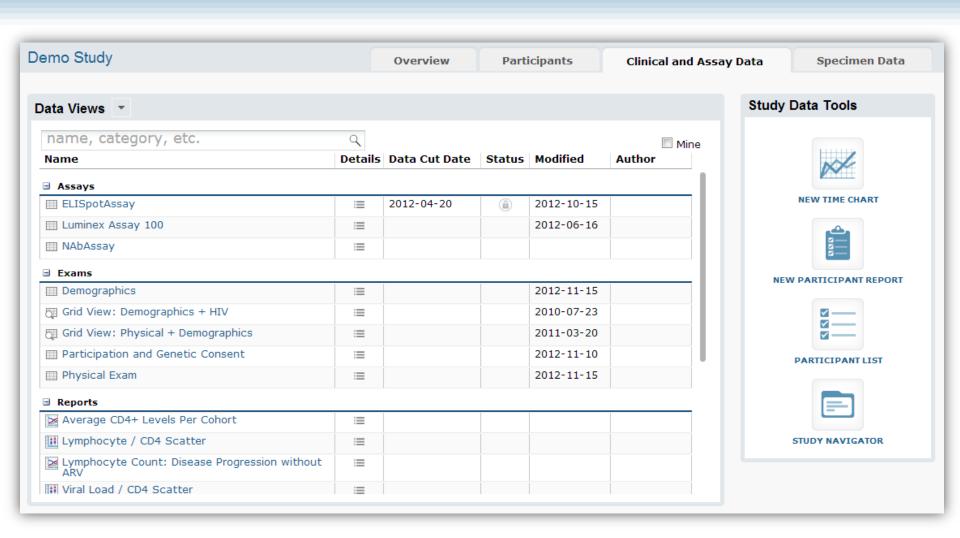






Clinical and assay data homepage





Dataset



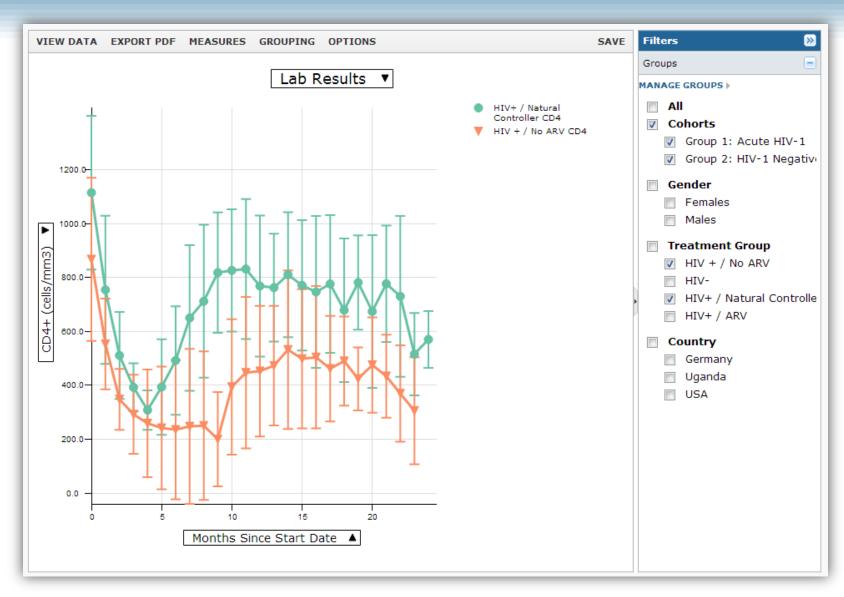
CHAVI 001 > Study Overview >

Dataset: Binding Antibody, All Visits

Participant ID 🔺	Sequence Num 🔺	Draw Date	Enrollment Assay date ID		Isotype	Antigen	Coat Lot	Dilution	Concentration	Reading		No Antigen	No Ant.	QC Titer 50		Network	Protocol	Assay Type
10 1	Num		date	10							Dev.	Anugen	St. Dev.	50	10			Туре
	101.0	20-Jun-06		JTL 61- 38		CONT 140 CF	#2	10		0.394	0.013			151450.0	3	CHAVI	1	ELISA
	102.0	27-Jun-06		JTL 61- 38		CONT 140 CF	#2	10		0.387	0.034			151450.0	3	CHAVI	1	ELISA
	103.0	05-Jul-06		JTL 61- 38		CONT 140 CF	#2	10		0.408	0.016			151450.0	3	CHAVI	1	ELISA
	104.0	12-Jul-06		JTL 61- 38		CONT 140 CF	#2	10		0.417	0.0070			151450.0	3	CHAVI	1	ELISA
	105.0	20-Jul-06		JTL 61- 38		CONT 140 CF	#2	10		0.436	0.014			151450.0	3	CHAVI	1	ELISA
	106.0	14-Aug-06		JTL 61- 38		CONT 140 CF	#2	10		0.52	0.0020			151450.0	3	CHAVI	1	ELISA
	107.0	07-Sep-06		JTL 61- 38		CONT 140 CF	#2	10		0.634	0.03			151450.0	3	CHAVI	1	ELISA
	108.0	10-Oct-06		JTL 61- 38		CONT 140 CF	#2	10		0.227	0.076			151450.0	3	CHAVI	1	ELISA
	109.0	29-Nov-06		JTL 61- 38		CONT 140 CF	#2	10		0.574	0.01			151450.0	3	CHAVI	1	ELISA
	110.0	26-Feb-07		JTL 61- 38		CONT 140 CF	#2	10		0.413	0.084			151450.0	3	CHAVI	1	ELISA
	101.0	20-Jun-06	20-Jun-06	JTL 61- 38	IgA	GP41	J15/6J13R	10		0.833	0.034			19790.0	4	CHAVI	1	ELISA
	102.0	27-Jun-06		JTL 61- 38	IgA	GP41	J15/6J13R	10		0.531	0.024			19790.0	4	CHAVI	1	ELISA
	102.0	05 1.1 06		JTL 61-	T - A	CD41	14 5 / 6 14 2 0	10		0.531	0.015			10700.0		CHAVIT	-	FLICA

Time chart





Participant View



CHAVI 001 > Study Overview > Dataset: Binding Antibody, All Visits > Participant -NEXT PARTICIPANT > SEARCH FOR ' > **All Datasets Specimen Timeline Clinical Data Requested Specimens** All Specimens **Binding Antibodies** Cytokines Clinical Data CRF Data **EXPORT TO EXCEL** Cohort: Confirmed Acute Age: 18 Gender: Female Race: White Tribe: Clade: Result 'Less Than' Value Result 'Greater Than' Value --- Est Viral Load Set Point Confirmed Acute 1000 1000 On ART Wk 0: Stage 5-6 CD4 Count (cells/mm3) 00 400 600 800 2 3 4 Viral Load (log10) 9 400 200 200

Building on the Data



- Dozens of small applications needed for different groups
 - Most used data already in LabKey System
 - But custom workflows, reports & analysis required
- LabKey provided an API and simple application building tools to leverage this data

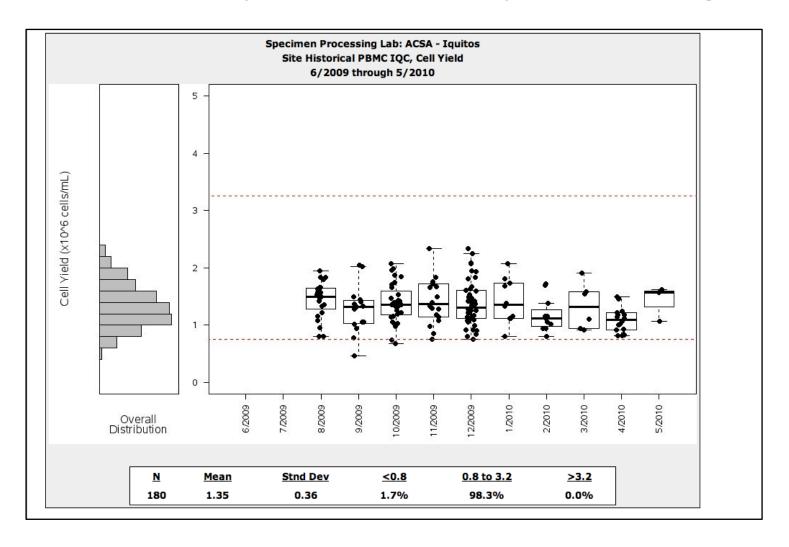
HVTN Quality Control



- HIV Vaccine Trials Network
 - ~ 50 Sites
 - ~ 50 Protocols, ~10 currently active
- PBMCs are generated at site-affiliated labs
 - Yields and quality were an issue
- Report yields across sites
 - Each site can see their own yields
 - Central lab can evaluate all sites



Internal Quality Control for Sample Processing



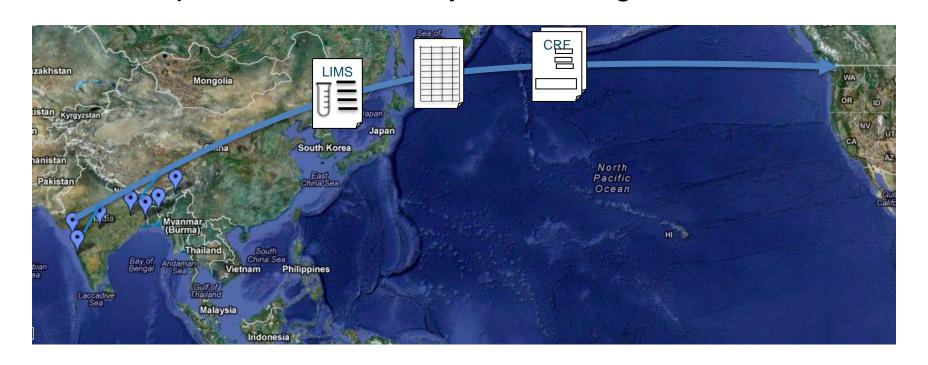
ICEMR



- International Center of Excellence for Malaria Research
 - Studying Malaria Evolution in India
 - PI: Pradeep Rathod
- Collecting Clinical, Specimen and Assay Data
 - Different infrastructure
 - But data coordination needs are very similar
- Specimens cannot leave India



International Center of Excellence in Malaria Research Malaria Evolution in South Asia PI: Pradip Rathod, University of Washington



Data Reuse & Ancillary Studies



Study Initiation

- 1. Hypothesis generation
- 2. Proposal review
- 3. Creation of protocol or plan

Study Execution

- 4. Consent verification or acquisition
- 5. Retrieval of existing data
- 6. Delivery & analysis of specimens
- 7. Data integration

Nelson et al, Ancillary study management systems a review of needs
BMC Med Inform Decis Mak Jan 2013

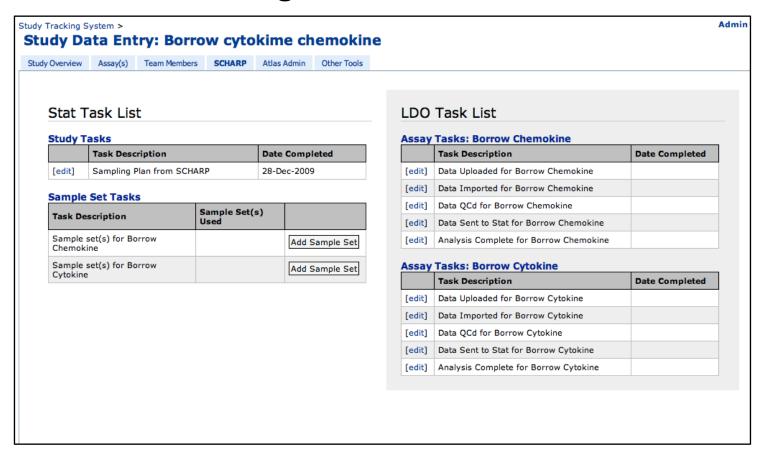
Results Sharing

- 8. Data/specimen repatriation
- 9. Publication

RV144 Followup Study Tracking System



Tools for tracking information about studies



Caveats



- Scientific Leadership Low/Late Adopters
- Assay Pipelines Need to be very Low Overhead
 - Can work for high throughput assays
- Data sharing is fraught with issues
 - Frequently data & specimen use restrictions
 - "Ownership" of specimens and data is disputed
 - Investigators don't trust others to interpret data properly

Conclusion



- Software is Relevant for Global Health Projects
- Coordination
- Reproducibility
- Data Reuse



If you use LabKey Server for your research, please reference these publications about the platform:

General Use: Nelson EK, Piehler B, Eckels J, Rauch A, Bellew M, Hussey P, Ramsay S, Nathe C, Lum K, Krouse K, Stearns D, Connolly B, Skillman T, Igra M. <u>LabKey Server: An open source platform for scientific data integration</u>, <u>analysis and collaboration</u>. BMC Bioinformatics 2011 Mar 9; 12(1): 71.

Ancillary Studies: Nelson EK, Piehler, B, Rauch A, Ramsay S, Holman D, Asare S, Asare A, Igra M. Ancillary study management systems: a review of needs. BMC Med Inform Decis Mak Jan 2013

Proteomics: Rauch A, Bellew M, Eng J, Fitzgibbon M, Holzman T, Hussey P, Igra M, Maclean B, Lin CW, Detter A, Fang R, Faca V, Gafken P, Zhang H, Whitaker J, States D, Hanash S, Paulovich A, McIntosh MW: <u>Computational Proteomics Analysis System (CPAS)</u>: <u>An Extensible, Open-Source Analytic System for Evaluating and Publishing Proteomic Data and High Throughput Biological Experiments</u>. Journal of Proteome Research 2006, 5:112-121.

Flow Cytometry: Shulman N, Bellew M, Snelling G, Carter D, Huang Y, Li H, Self SG, McElrath MJ, De Rosa SC: <u>Development of an automated analysis system for data from flow cytometric intracellular cytokine staining assays from clinical vaccine trials</u>. Cytometry 2008, 73A:847-856.



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Any questions?

Who we are



- LabKey is a "professional open source" software company
 - 23-person team (and growing)
- Background is in commercial software development
 - Lead technical roles on SQL-Server, Visual Basic, Excel,
 Access, BEA WebLogic, and Amazon's Data Warehouse
 - Team members hold 25+ software patents

Our open source approach



- LabKey solutions are built around LabKey Server
 - Open source software (Apache 2.0 license)
 - Freely downloadable, no license fees
 - Over \$10 million invested in the platform to date
- Open source is more than a licensing model
 - Cost: past work is leveraged by all
 - Operations: best-practices are built-in and shared
 - Grants: funders appreciate sustainable infrastructure
 - Publications: methods papers/sections are straightforward

Data Challenges



- Modern researchers face growing data challenges
 - Increased data volume
 - Millions of results from thousands of high throughput assay runs
 - Increased data variety
 - Clinical, demographic, assay, and specimen data
 - Increased requirements for collaboration
 - Investigators are specialized and distributed
- LabKey partners with researchers to address these issues
 - Data management
 - Data integration
 - Distributed collaboration