

Novel Structures (and Non-Structures) to Facilitate Translational Research

Integrating layers of omics data models and compute spaces
needed to build a “Knowledge Expert”

Stephen Friend MD PhD

Sage Bionetworks (Non-Profit Organization)
Seattle/ Beijing/ Amsterdam

MIT/Whitehead
October 10th, 2011

Why not use data intensive science
to build models of disease

Organizational Structures and Tools

How not What

Six Pilots

Opportunities

Alzheimer's

Diabetes



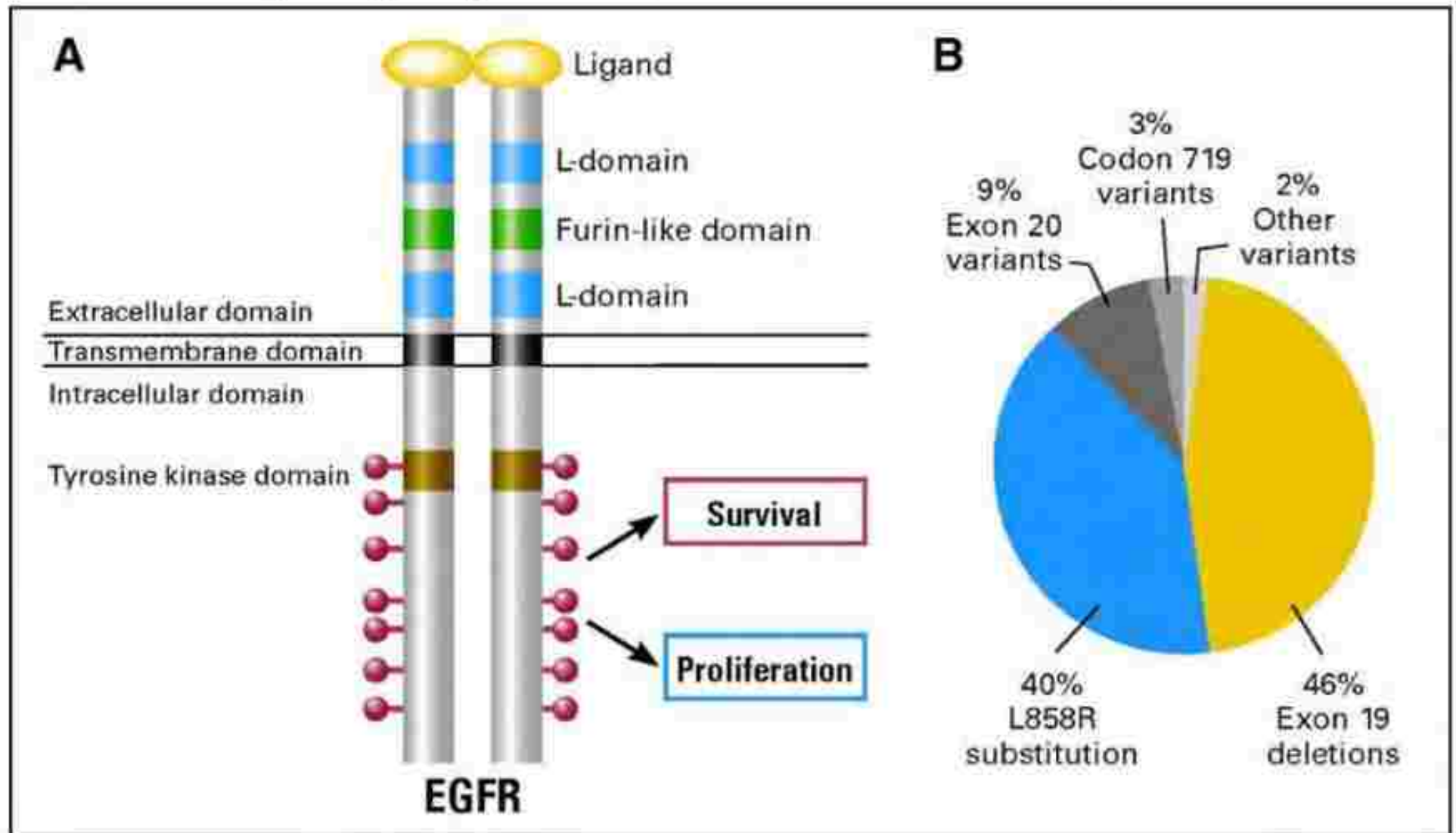
Treating Symptoms v.s. Modifying Diseases

Cancer

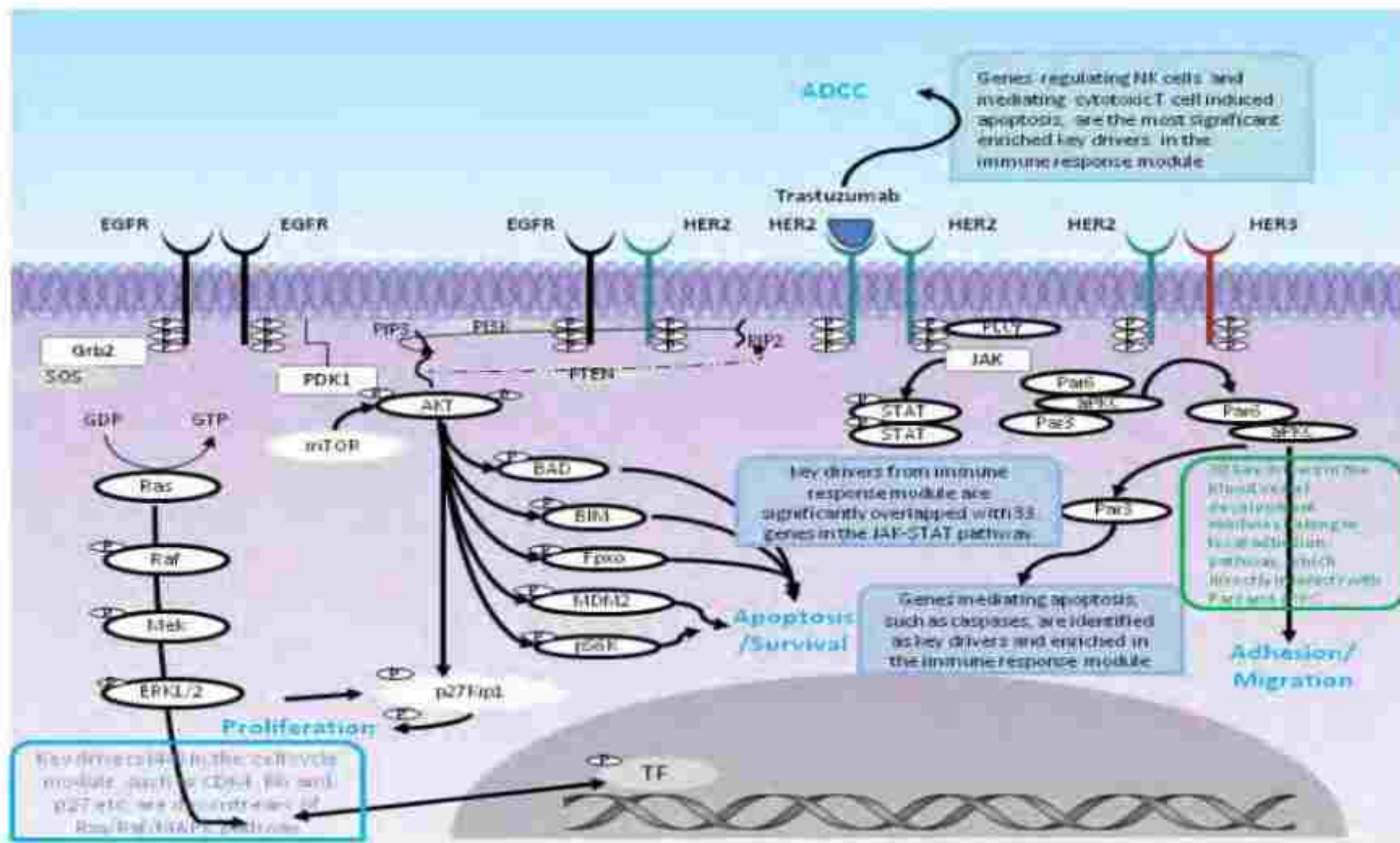
Obesity

Will it work for me?
Biomarkers?

Personalized Medicine 101:
Capturing Single bases pair mutations = ID of responders

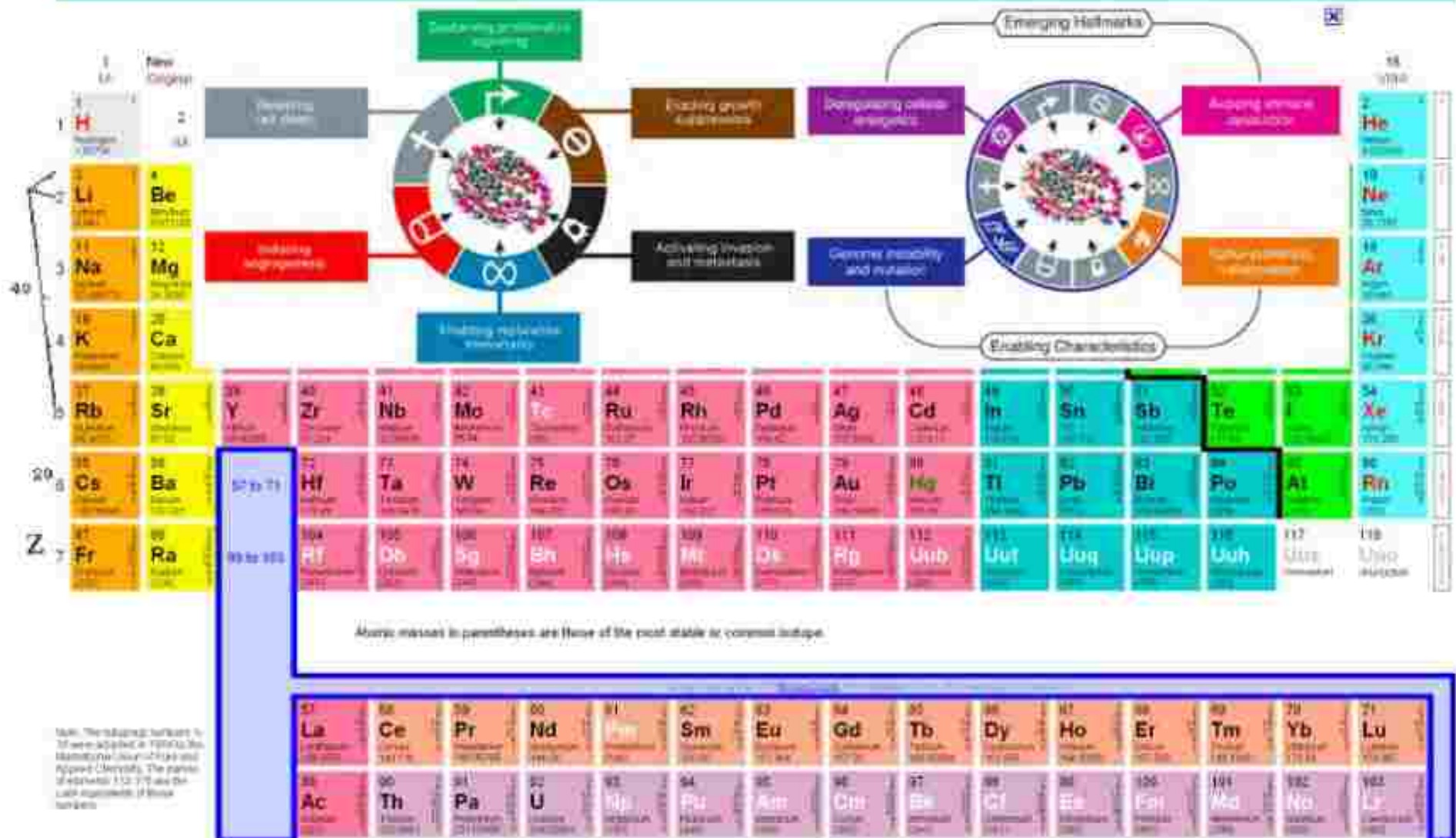


Reality: Overlapping Pathways



The value of appropriate representations/ maps

Periodic Table of the Elements



Science Paradigms

- Thousand years ago:
science was **empirical**
describing natural phenomena
- Last few hundred years:
theoretical branch
using models, generalizations
- Last few decades:
a **computational** branch
simulating complex phenomena
- Today: **data exploration** (eScience)
unify theory, experiment, and simulation
 - Data captured by instruments
or generated by simulator
 - Processed by software
 - Information/knowledge stored in computer
 - Scientist analyzes database/files
using data management and statistics



$$\left(\frac{\dot{a}}{a}\right)^2 = \frac{4\pi G\rho}{3} - K\frac{c^2}{a^2}$$



“Data Intensive” Science- Fourth Scientific Paradigm

**Equipment capable of generating
massive amounts of data**

IT Interoperability

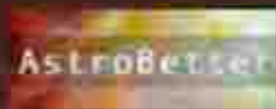
Open Information System

**Host evolving Models in a
Compute Space- Knowledge Expert**

Literature



WIKIPEDIA
The Free Encyclopedia



Blogs, Wikis, etc.

"Seamless Astronomy" (Tools)



Astrometry.net

Data



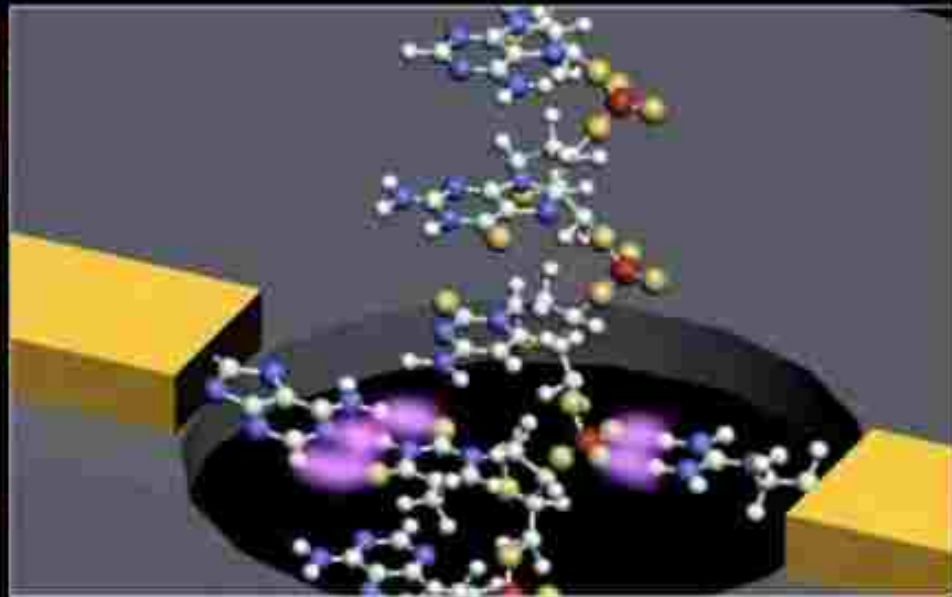
"Registries"



DataScope

WHY NOT USE
“DATA INTENSIVE” SCIENCE
TO BUILD BETTER DISEASE MAPS?

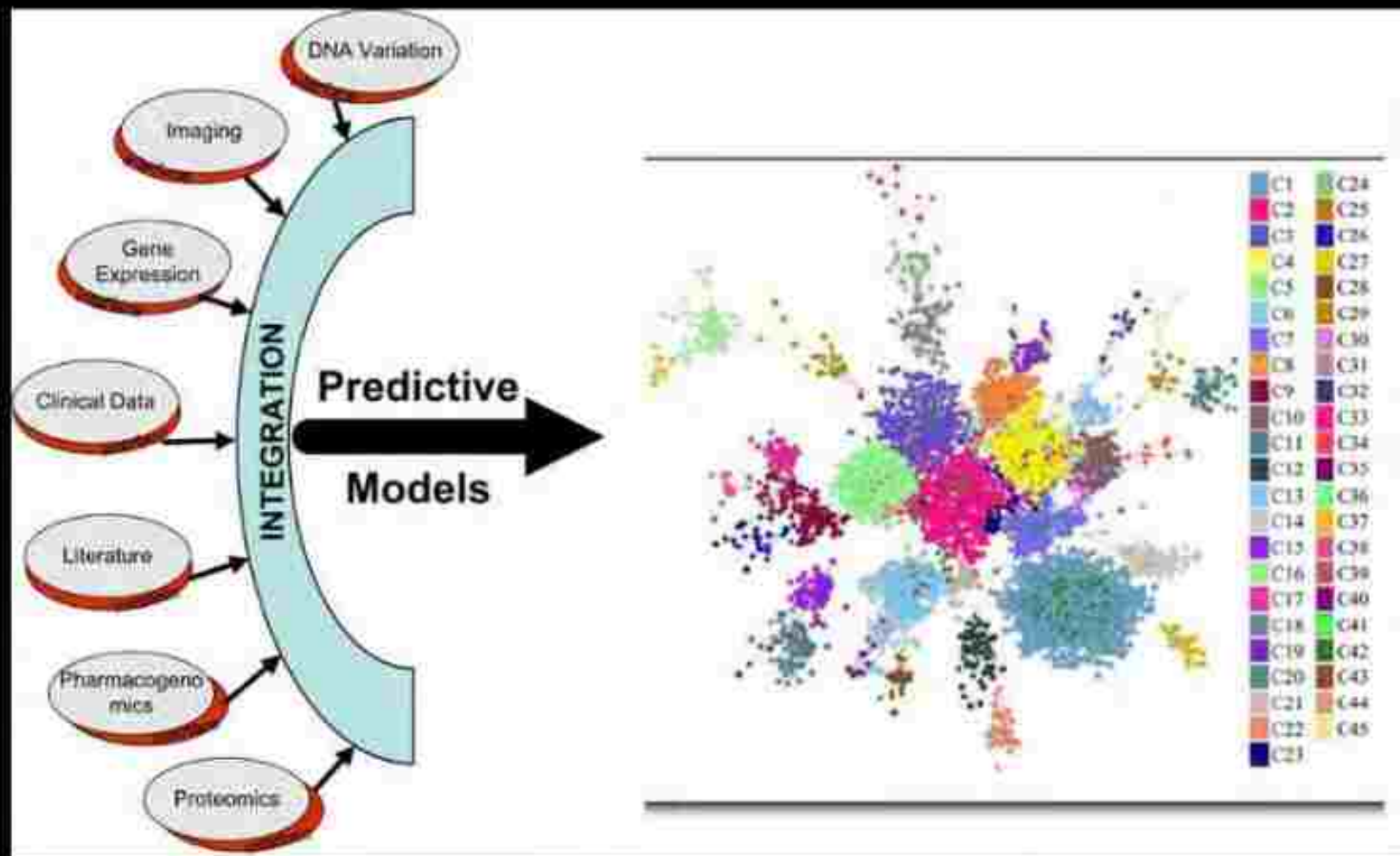
what will it take to understand disease?



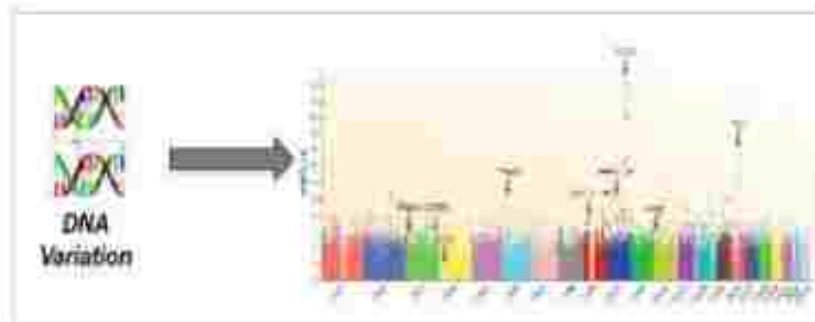
DNA RNA PROTEIN (dark matter)

MOVING BEYOND ALTERED COMPONENT LISTS

2002 Can one build a “causal” model?

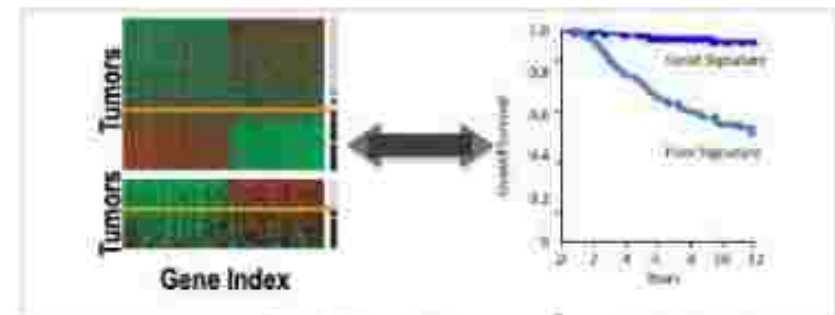


How is genomic data used to understand biology?



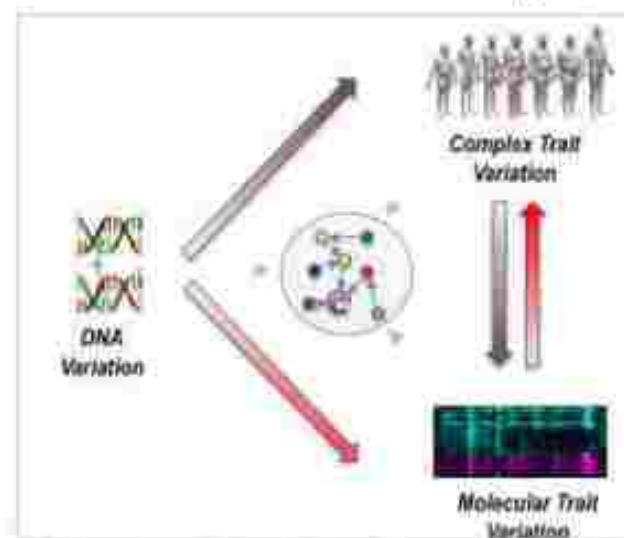
Standard GWAS Approaches

**Identifies Causative DNA Variation
but provides NO mechanism**



Profiling Approaches

Genome scale profiling provide correlates of disease
➤ Many examples BUT what is cause and effect?

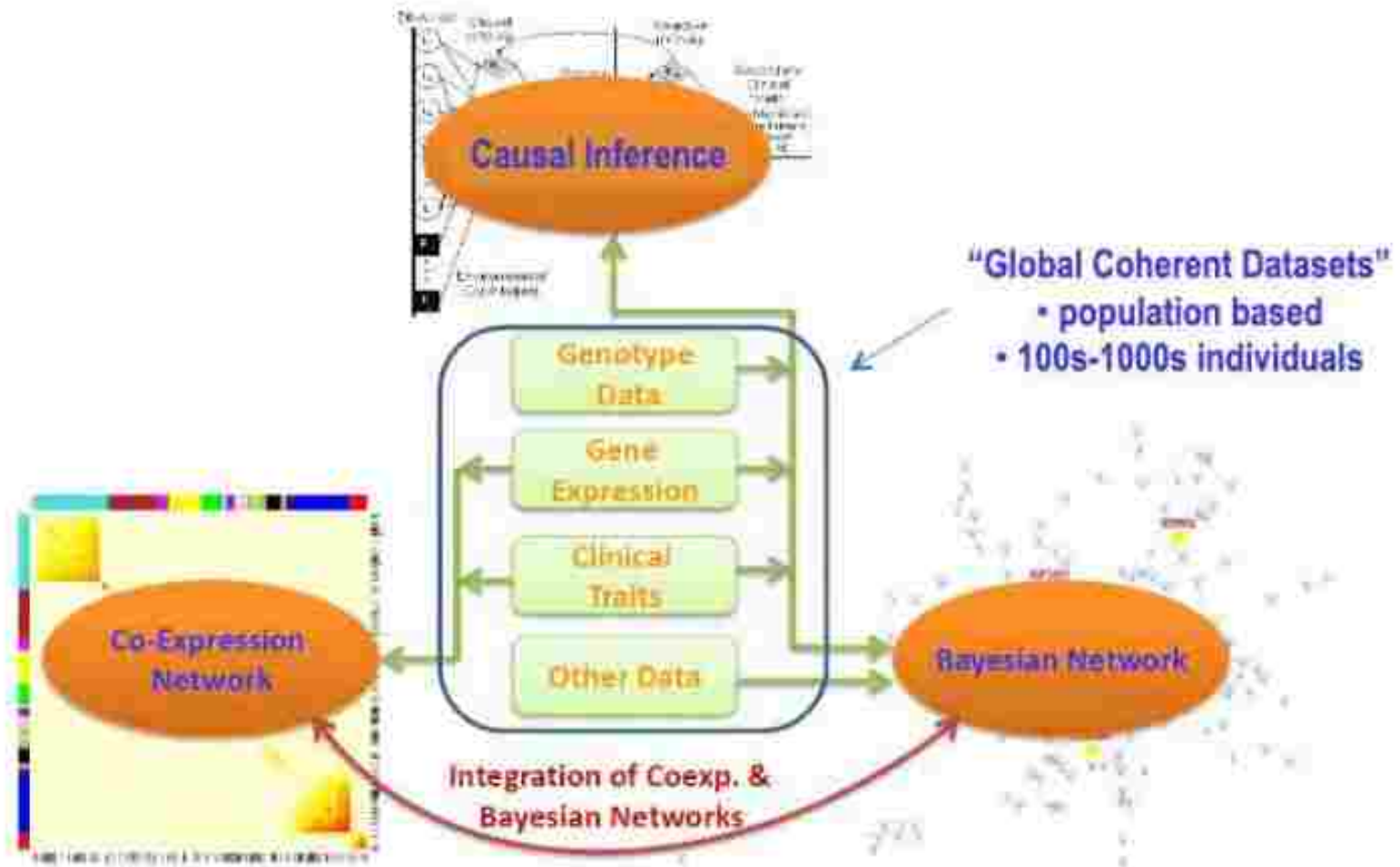


Integrated Genetics Approaches

- Provide unbiased view of molecular physiology as it relates to disease phenotypes
- Insights on mechanism
- Provide causal relationships and allows predictions

Integration of Genotypic, Gene Expression & Trait Data

Schedl et al. *Nature Genetics* 37: 710 (2005)
 Millstein et al. *BMC Genetics* 10: 23 (2009)



Chen et al. *Nature* 452:429 (2008)
 Zhang & Horvath. *Stat. Appl. Genet. Mol. Biol.* 4: article 17 (2005)

Zhu et al. *Cytogenet. Genome Res.* 105:363 (2004)
 Zhu et al. *PLoS Comput. Biol.* 3: e69 (2007)

Association of SNPs at 1p13.3 with Coronary Artery Disease

SNP rs599839 in the 1p13.3 locus associated with CAD: PSRC1 highlighted as candidate susceptibility gene

The NEW ENGLAND JOURNAL *of* MEDICINE

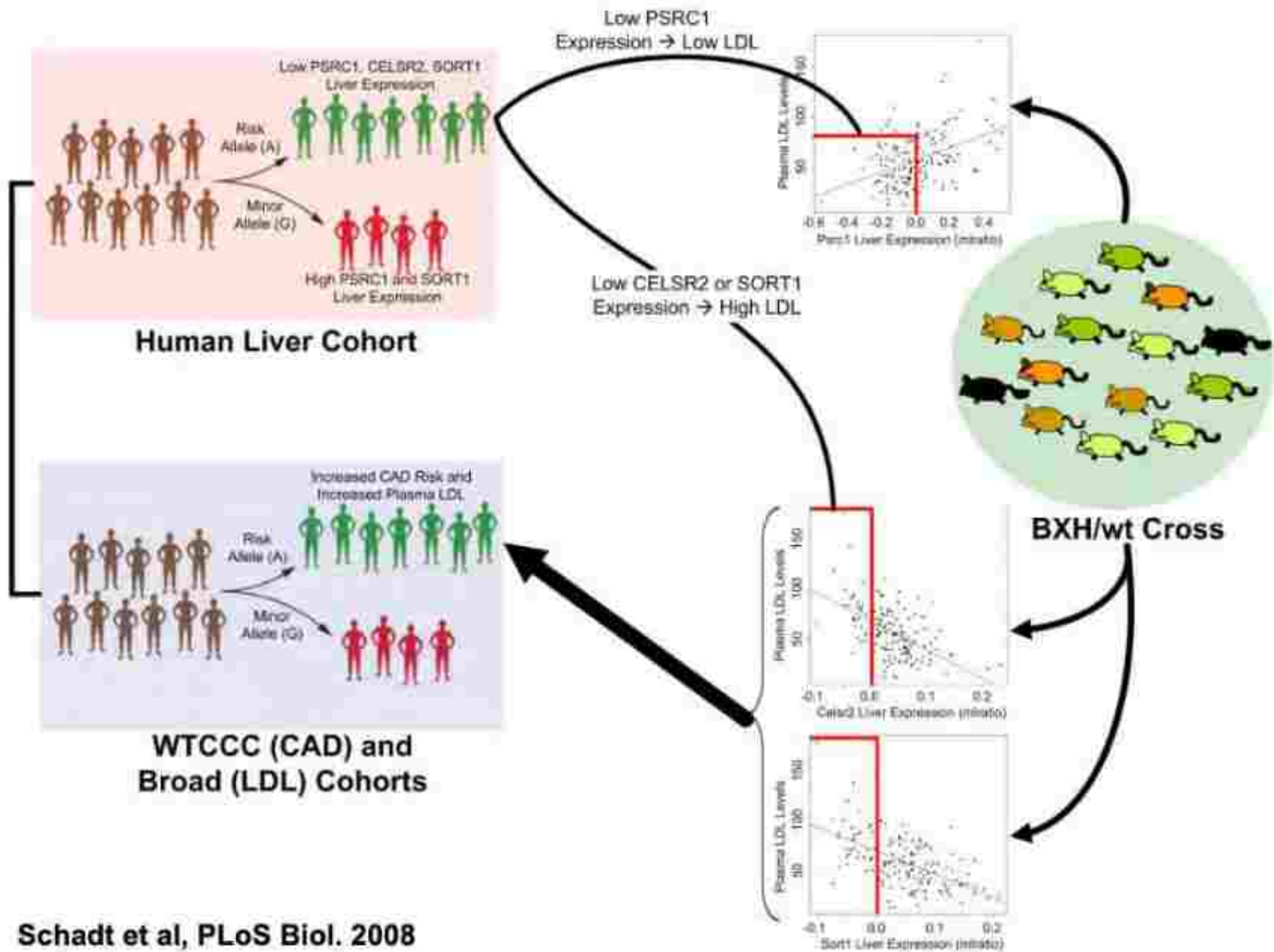
ESTABLISHED IN 1812

AUGUST 2, 2007

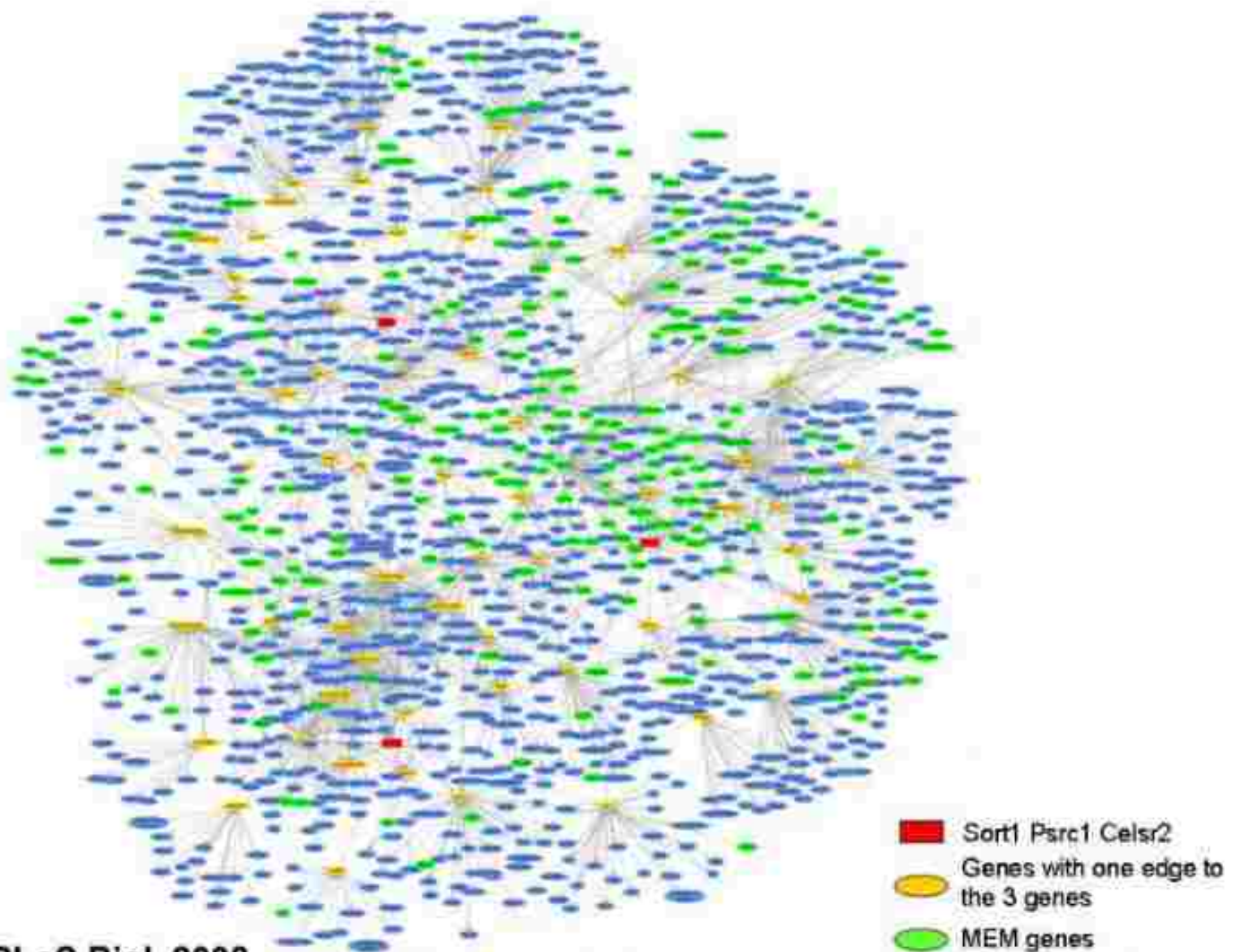
VOL. 357 NO. 5

Genomewide Association Analysis of Coronary Artery Disease

Nilesh J. Samani, F.Med.Sci., Jeanette Erdmann, Ph.D., Alistair S. Hall, F.R.C.P., Christian Hengstenberg, M.D., Massimo Mangino, Ph.D., Bjorn Mayer, M.D., Richard J. Dixon, Ph.D., Thomas Meitinger, M.D., Peter Braund, M.Sc., H.-Erich Wichmann, M.D., Jennifer H. Barrett, Ph.D., Inke R. König, Ph.D., Suzanne E. Stevens, M.Sc., Silke Szymczak, M.Sc., David-Alexandre Tregouet, Ph.D., Mark M. Iles, Ph.D., Friedrich Paluke, M.Sc., Helen Pollard, M.Sc., Wolfgang Lieb, M.D., Francois Cambien, M.D., Marcus Fischer, M.D., Willem Ouwehand, F.R.C.Path., Stefan Blankenberg, M.D., Anthony J. Balmforth, Ph.D., Andrea Buessler, M.D., Stephen G. Ball, F.R.C.P., Tim M. Strom, M.D., Ingrid Brønne, M.Sc., Christian Gieger, Ph.D., Panos Deloukas, Ph.D., Martin D. Tobin, M.F.P.H.M., Andreas Ziegler, Ph.D., John R. Thompson, Ph.D., and Herbert Schunkert, M.D., for the WTCCC and the Cardiogenics Consortium*

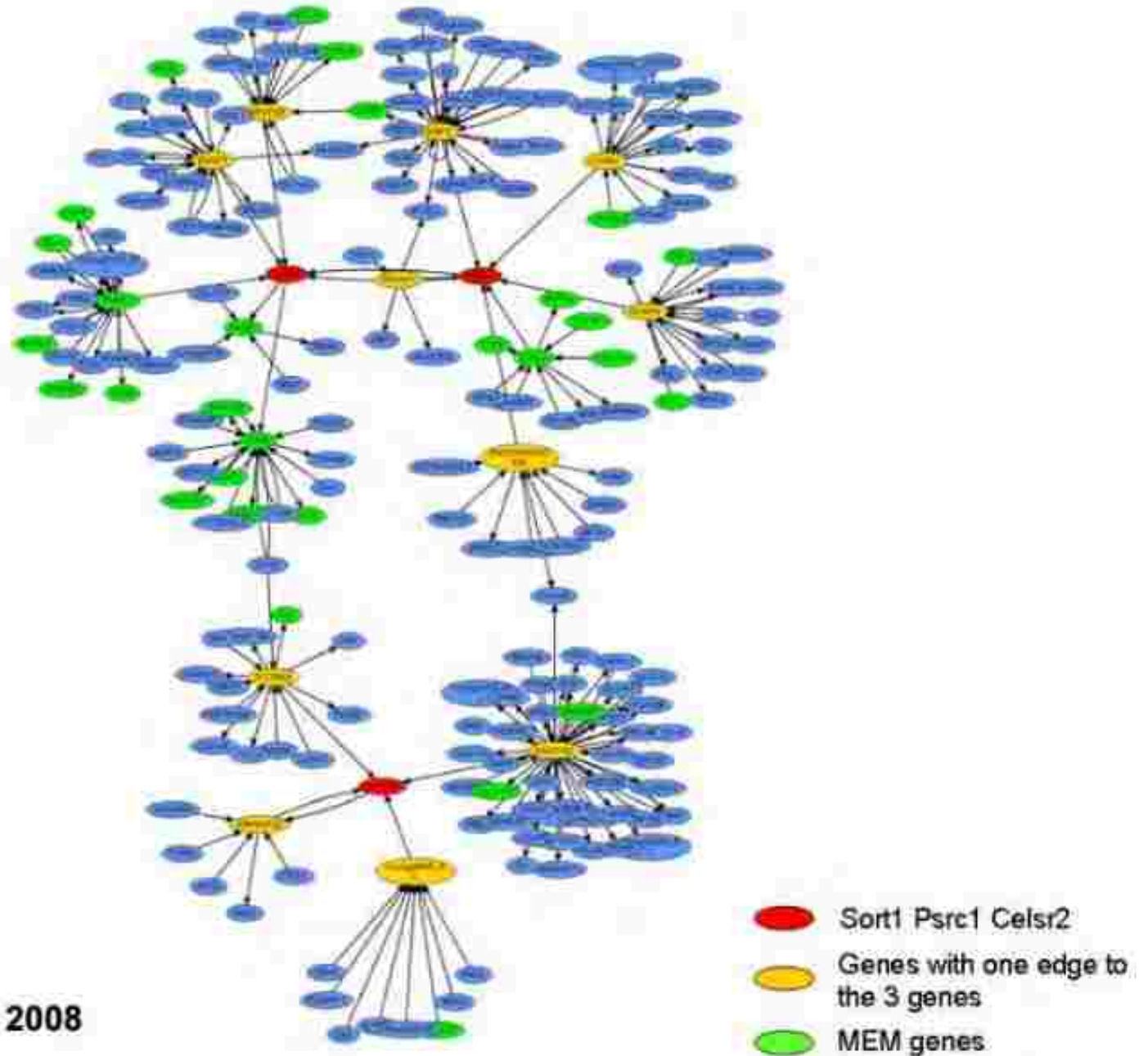


Mouse network around Sort1, Psrc1, and Celsr2

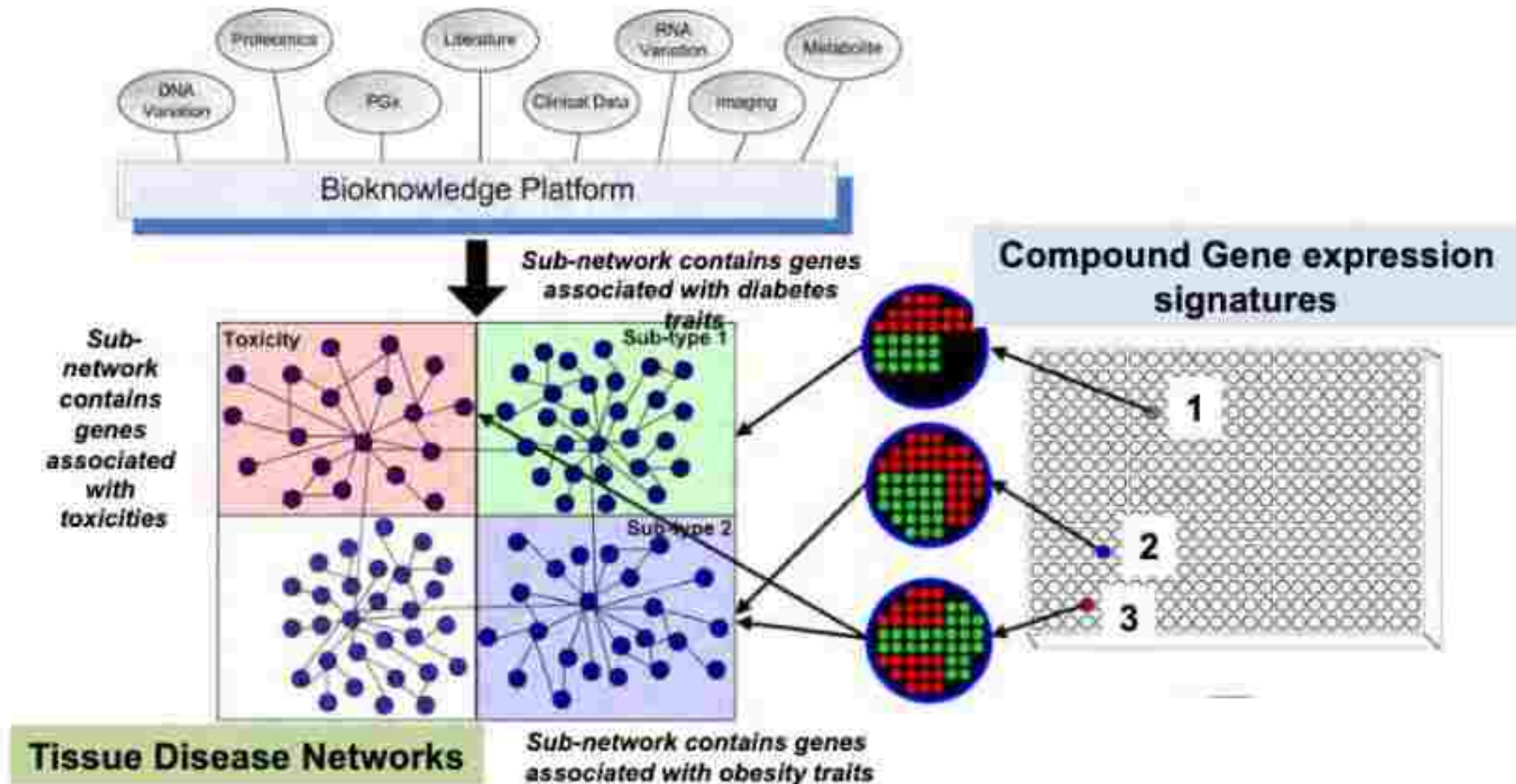


Schadt et al, PLoS Biol. 2008

Human network around Sort1, Psrc1, and Celsr2



Map compound signatures to disease networks



Compound 1: Drug signature significantly enriched in subnetwork associated with diabetes traits

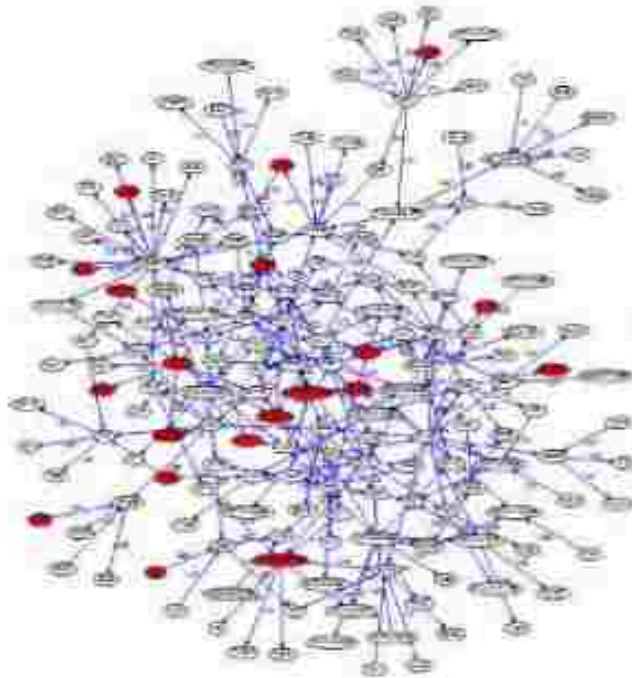
Compound 2: Drug signature significantly enriched in subnetwork associated with obesity traits

Compound 3: Drug signature significantly enriched in subnetwork associated with obesity traits **BUT** also in subnetwork associated with toxicities

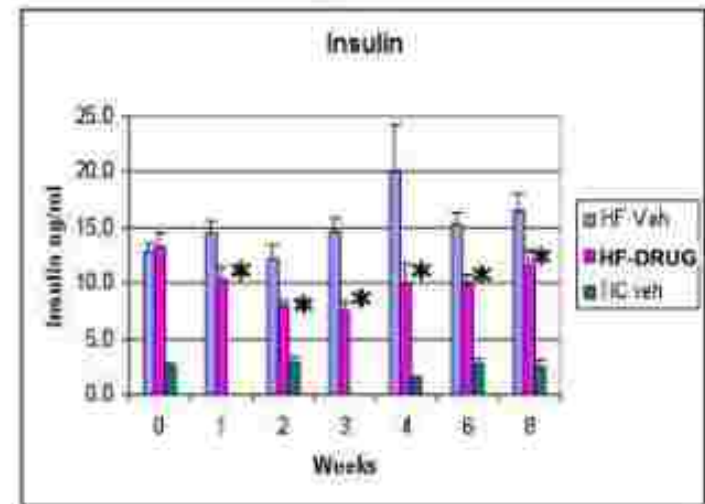
Case Study – Target A/Drug B

NO CELL DYNAMICS NEEDED

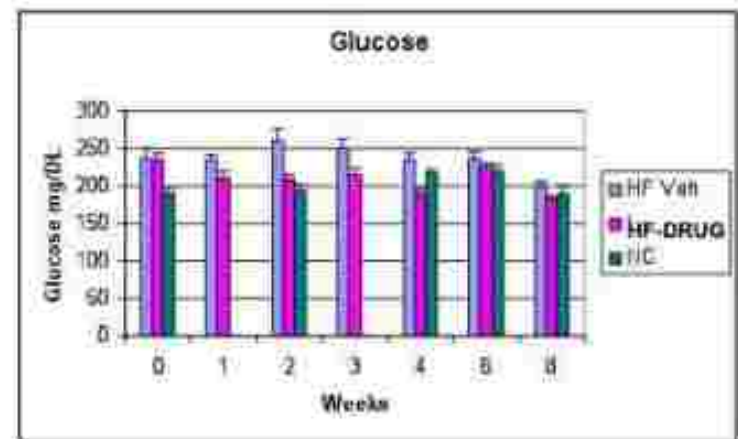
Identified compound whose signature significantly intersected with Islet module



Fasting Insulin

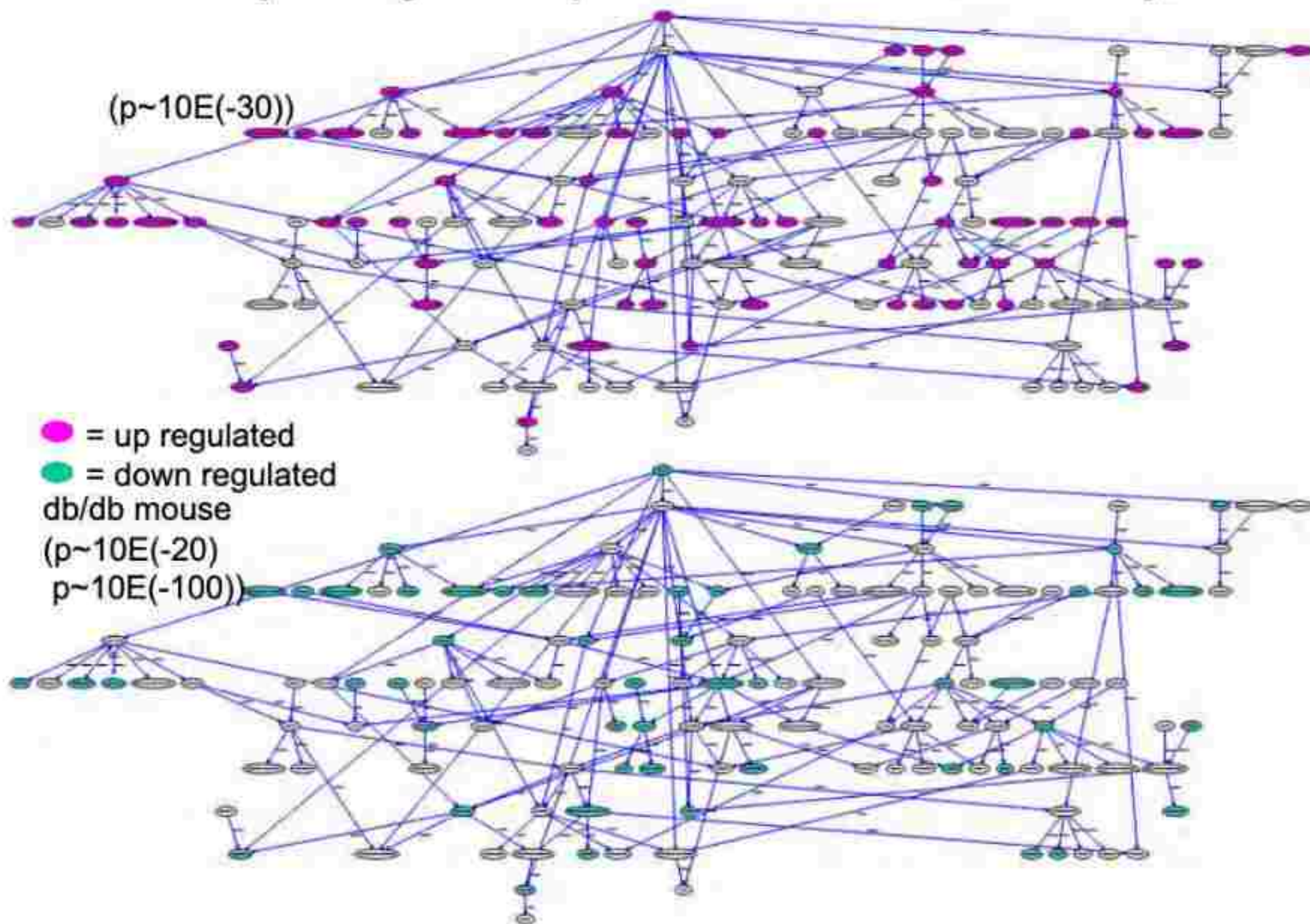


Fasting Glucose



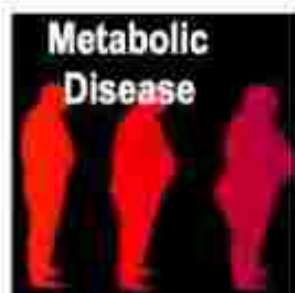
- Test carried out in a Diet-Induced Obesity model on the B6 background
 - Model for obesity and insulin resistance
- Animals treated with compound over an 8 week interval, starting at 8 weeks of age
- *No significant Adverse Events in 30 day human clinical trial for another indication*

Our ability to integrate compound data into our network analyses



Extensive Publications now Substantiating Scientific Approach Probabilistic Causal Bionetwork Models

- >80 Publications from Rosetta Genetics Group (~30 scientists) over 5 years including high profile papers in PLoS Nature and Nature Genetics



"Genetics of gene expression surveyed in maize, mouse and man." Nature. (2003)

"Variations in DNA elucidate molecular networks that cause disease." Nature. (2008)

"Genetics of gene expression and its effect on disease." Nature. (2008)

"Validation of candidate causal genes for obesity that affect..." Nat Genet. (2009)

..... Plus 10 additional papers in Genome Research, PLoS Genetics, PLoS Comp.Biology, etc



"Identification of pathways for atherosclerosis." Circ Res. (2007)

"Mapping the genetic architecture of gene expression in human liver." PLoS Biol. (2008)

..... Plus 5 additional papers in Genome Res., Genomics, Mamm.Genome



"Integrating genotypic and expression data ...for bone traits..." Nat Genet. (2005)

...approach to identify candidate genes regulating BMD..." J Bone Miner Res. (2009)



"An integrative genomics approach to infer causal associations ..." Nat Genet. (2005)

"Increasing the power to detect causal associations..." PLoS Comput Biol. (2007)

"Integrating large-scale functional genomic data ..." Nat Genet. (2008)

..... Plus 3 additional papers in PLoS Genet., BMC Genet.

List of Influential Papers in Network Modeling

Validation of candidate causal genes for obesity that affect shared metabolic pathways and networks

[illegible]

Integrative Modeling Defines the Nova Splicing-Regulatory Network and Its Combinatorial Controls

Charles Dong,* Sule A. Fiaz, Aida Hely, Ralfen Ruppel, James Lee, Christina E. Murray, Melissa Wang, Diana O. Gonzalez, John J. Fu, Robert E. Bryant

The transcriptional network for mesenchymal transformation of brain tumours

[illegible]

Variations in DNA elucidate molecular networks that cause disease

10. Yanying Chen*, Jun Zhu*, Fei-Yee Luk*, Xia Wang*, Sheng-Peter Douglas*, Michael Cheuk-Heung Chung,
11. John Loh*, Harshita Sharma*, Sunny C. Sikaroodi, Amy L. Bernstein, Lawrence W. Eisele†, Soumitra Wang*,
12. Michaela Inoue-Chang*, Bin Zhang*, Vukobrat Stokich*, Debbie Davis*, Annette Gladyszewski*, David Horvath*,
13. Thomas A. Drake*, William J. Liaw*, & Eric T. Skaar†

Rewiring of Genetic Networks in Response to DNA Damage

Int and
Therap
relatios
lectures
Therap
Therap
support

Sources: Barmann, 1999; ¹ Monica Brink; ² Dwight Koss; ³ Min Kyung Sung; ⁴ Ryan Choung; ⁵ Eric J. Starling; ⁶ Barry R. Schmeidler; ⁷ Katherine Jack; ⁸ Willem Capraard; ⁹ Michael Skyles; ¹⁰ Doreen Frazier; ¹¹ James Dalbey; ¹² Andy Goshall; ¹³ Brian van der Horst; ¹⁴ Karen M. Sliker; ¹⁵ Richard D. Halperin; ^{16,17} Shin-ki Han; ¹⁸ Ralfi Abarbanel; ¹⁹ Michael Christopher Rando; ²⁰ Susan L. Kinnel; ²¹ Lisa Slater; ^{22,23}

Although cellular behaviors are dynamic, the networks that govern these behaviors have been studied primarily in static conditions. Using an approach called differential equation modeling, we have discovered widespread changes in genetic interactions among yeast kinases, phosphatases, and transcription factors in the cell response to DNA damage. Differential interactions uncover many gene functions that go undetected in static conditions. They are very effective at identifying DNA repair pathways, highlighting new damage-dependent roles for the 522 kinase, Ptd1 phosphatase, and histone variant Hct1. The data also reveal that protein complexes are generally stable in response to perturbation, but the functional relations between these complexes are substantially reorganized. Differential networks chart a new type of genetic landscape that is invaluable for exploring cellular responses to stimuli.

An Atlas of Combinatorial Transcriptional Regulation in Mouse and Man

[illegible]

Network-Based Elucidation of Human Disease Similarities Reveals Common Functional Modules Enriched for Pluripotent Drug Targets

Yoon Suknam^{1,2,3}, Joel T. Dudley^{1,2,3}, Anne P. Chung^{1,2,3}, Bing Chen^{1,2,3}, Trevor J. Haxell⁴, Stelios
Giamberini^{1,2,3}

Genome-wide identification of post-translational modulators of transcription factor activity in human B cells

Kai Wang^{1,2*}, Maimon G. Sule^{1,2*}, Russell C. Brinkley³, Giovanni J. Alvarez¹, Yong Gao^{1,2,4},
Philip Kucharski¹, Jiang Yan⁵, Eli Neumann^{1,6}, Julia Ross¹, Adam A. Margolis^{1,2,6}, Jill Stein⁷,
Paula T. Poon^{1,2,4}, Michael J. Smith^{1,2,4}

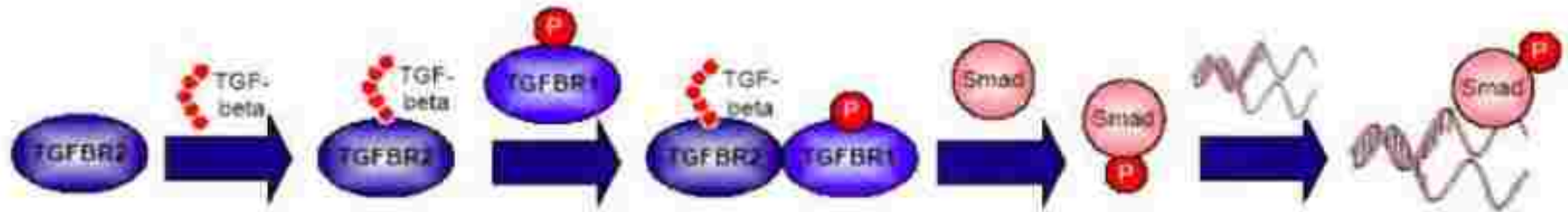
LETTER

A *trans*-acting locus regulates an anti-viral expression network and type 1 diabetes risk

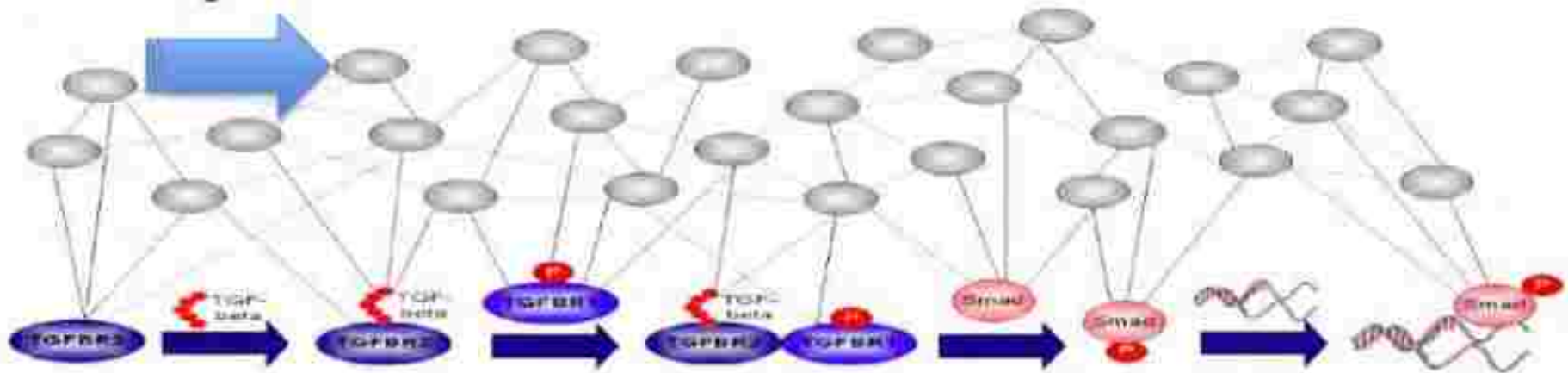
Marcelo Trujillo^{1,4}, Javier Paredes^{1,5}, Clara Salazar², Leonardo Domínguez^{3,4}, Miguel Roca^{1,2}, Abel Lozano^{1,2}, Klemens Böhm¹,
Javier R. Languar¹, Sam Barmann¹, Ulrike Flammig¹, Irving Acuña¹, Averina Polina¹, Sarah Albrecht¹, Kathrin Vay¹,
Javier Dreyer¹, Rachel Madsen¹, Stenhard K. Gray¹, Jason C. Smith¹, Paul-Henry Geissbühler¹, Jennifer Robinson¹,
Alexander Nersisyan^{1,6}, Soraya Manríquez¹, Wilfried Oelzeltzer¹, Catherine M. Allen¹, Nikolai Saitov¹,
Bertram Schaubert¹, Jesse J. Goodell¹, Herbert Schild¹, Jorge C. Ruiz¹, Martin Wagner¹, Stefan Kienle^{1,7},
Thomas Hilbert¹, Saba Zaker¹, Mike Vignati^{1,8}, Katharina Ziegler¹, Alexander Ditt¹, Michael J. Roemer^{1,9}, Michael Pissoneiro¹,
Sander J. Kemp¹, Francisco Gualdoni¹, David Chalmers¹, John A. Todd¹, Stuart Holmes¹, & Steven A. Carr^{1,10}

- 50 network papers
- <http://sagebase.org/research/resources.php>

The way we like to think:



The way it is:



(Eric Schadt)

Recognition that the benefits of bionetwork based molecular models of diseases are powerful but that they **require significant resources**

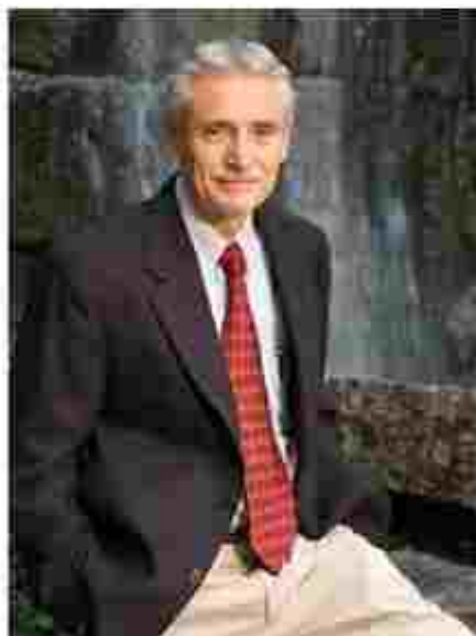
Appreciation that it will **require decades** of evolving representations as real complexity emerges and needs to be integrated with therapeutic interventions

Sage Mission

Sage Bionetworks is a non-profit organization with a vision to create a commons where integrative bionetworks are evolved by contributor scientists with a shared vision to accelerate the elimination of human disease

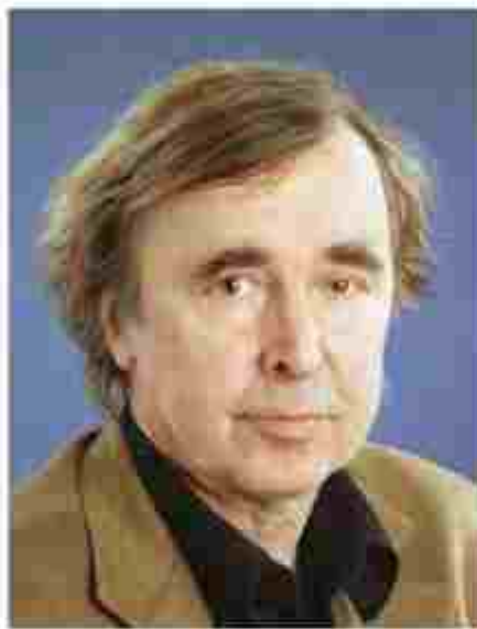


Board of Directors- Sage Bionetworks



Lee Hartwell

**Ex President FHCRC
Co-Founder Rosetta**



Hans Wizgell

**ExPresident Karolinska
Head SAB Rosetta**



WangJun

**Executive Director
BGI**



Jeff Hammerbacher

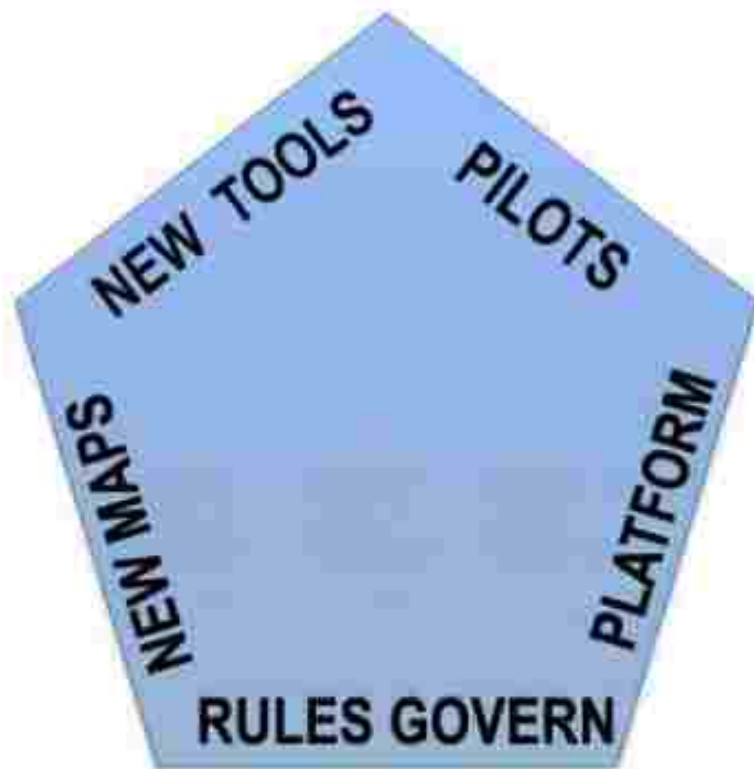
**CEO Cloudera
Built and Headed
Facebook
Data Architecture**



Sage Bionetworks Collaborators

- **Pharma Partners**
 - Merck, Pfizer, Takeda, Astra Zeneca, Amgen, Johnson & Johnson
- **Foundations**
 - Kauffman CHDI, Gates Foundation
- **Government**
 - NIH, LSDF
- **Academic**
 - Levy (Framingham)
 - Rosengren (Lund)
 - Krauss (CHORI)
- **Federation**
 - Ideker, Califarno, Butte, Schadt





PLATFORM

**Sage Platform and Infrastructure Builders-
(Academic Biotech and Industry IT Partners...)**

PILOTS= PROJECTS FOR COMMONS

**Data Sharing Commons Pilots-
(Federation, CCSB, Inspire2Live....)**

NEW TOOLS

**Data Tool and Disease Map Generators-
(Global coherent data sets, Cytoscape,
Clinical Trialists, Industrial Trialists, CROs...)**

NEW MAPS

**Disease Map and Tool Users-
(Scientists, Industry, Foundations, Regulators...)**

RULES AND GOVERNANCE

**Data Sharing Barrier Breakers-
(Patients Advocates, Governance
and Policy Makers, Funders...)**

775,388 people hosting over 2,161,922 git repositories

jQuery, reddit, Sparkle, curl, Ruby on Rails, node.js, ClickToFlash, Erlang/OTP, CakePHP, Redis, and [many more](#)



git /ˈɡɪt/

Git is an extremely fast, efficient, distributed version control system, ideal for the collaborative development of software.

git·hub /ˈɡɪt hʌb/

GitHub is the best way to collaborate with others. Fork, send pull requests and manage all your **public** and **private** git repositories.

Plans, Pricing and Signup

Unlimited public repositories are free!

Free public repositories, collaborator management, issue tracking, wikis, downloads, code review, graphs and much more.

Team management

30 seconds to give people access to code. No SSH key required. Activity feeds keep you updated on progress.

[More about collaboration](#)

Code review

Comment on changes, track issues, compare branches, send pull requests and merge forks.

[More about code review](#)

Reliable code hosting

We spend all day and night making sure your repositories are **secure**, **backed up** and **always available**.

[More about code hosting](#)

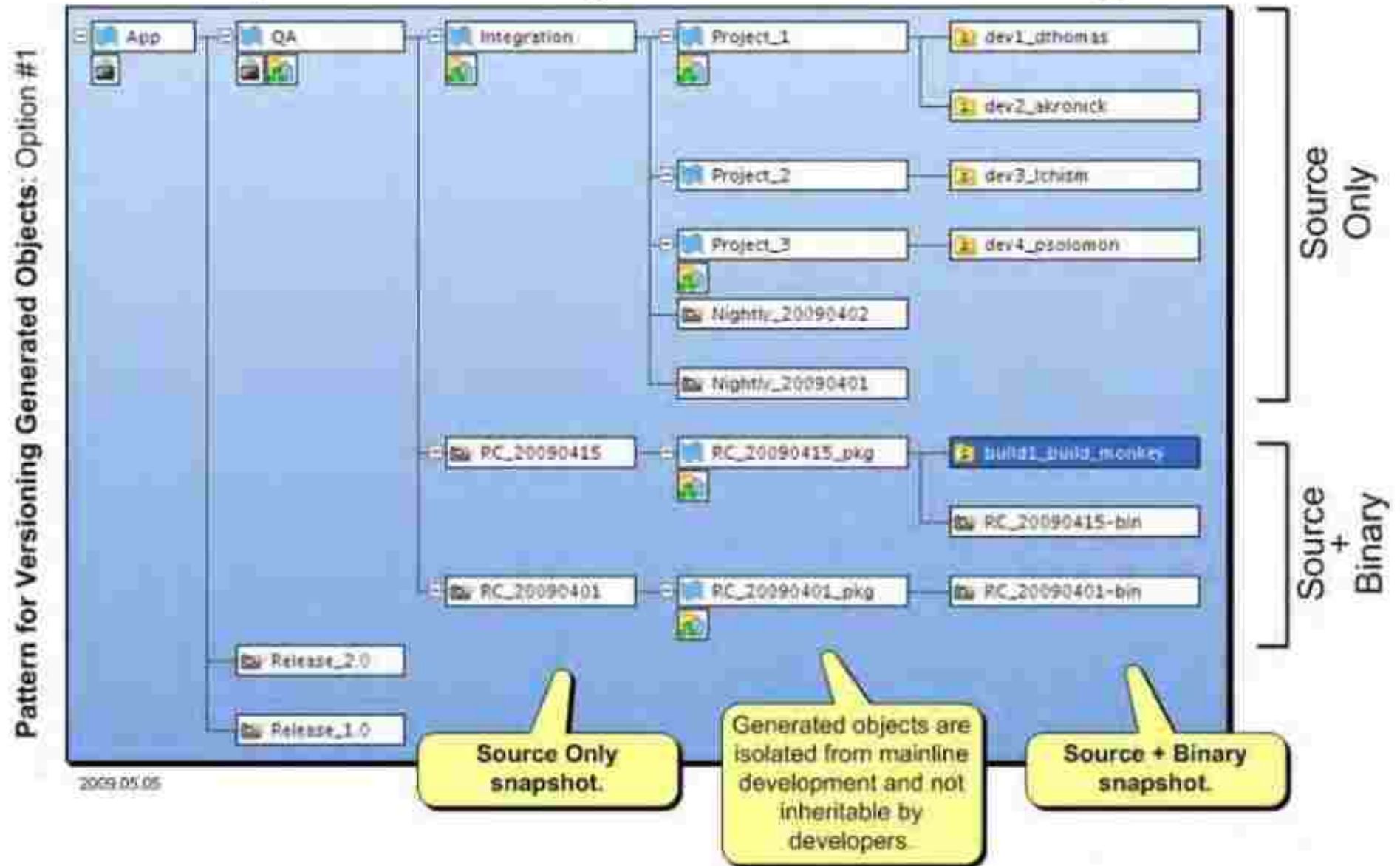
Open source collaboration

Participate in the most important open source community in the world today—online or at one of our meetups.

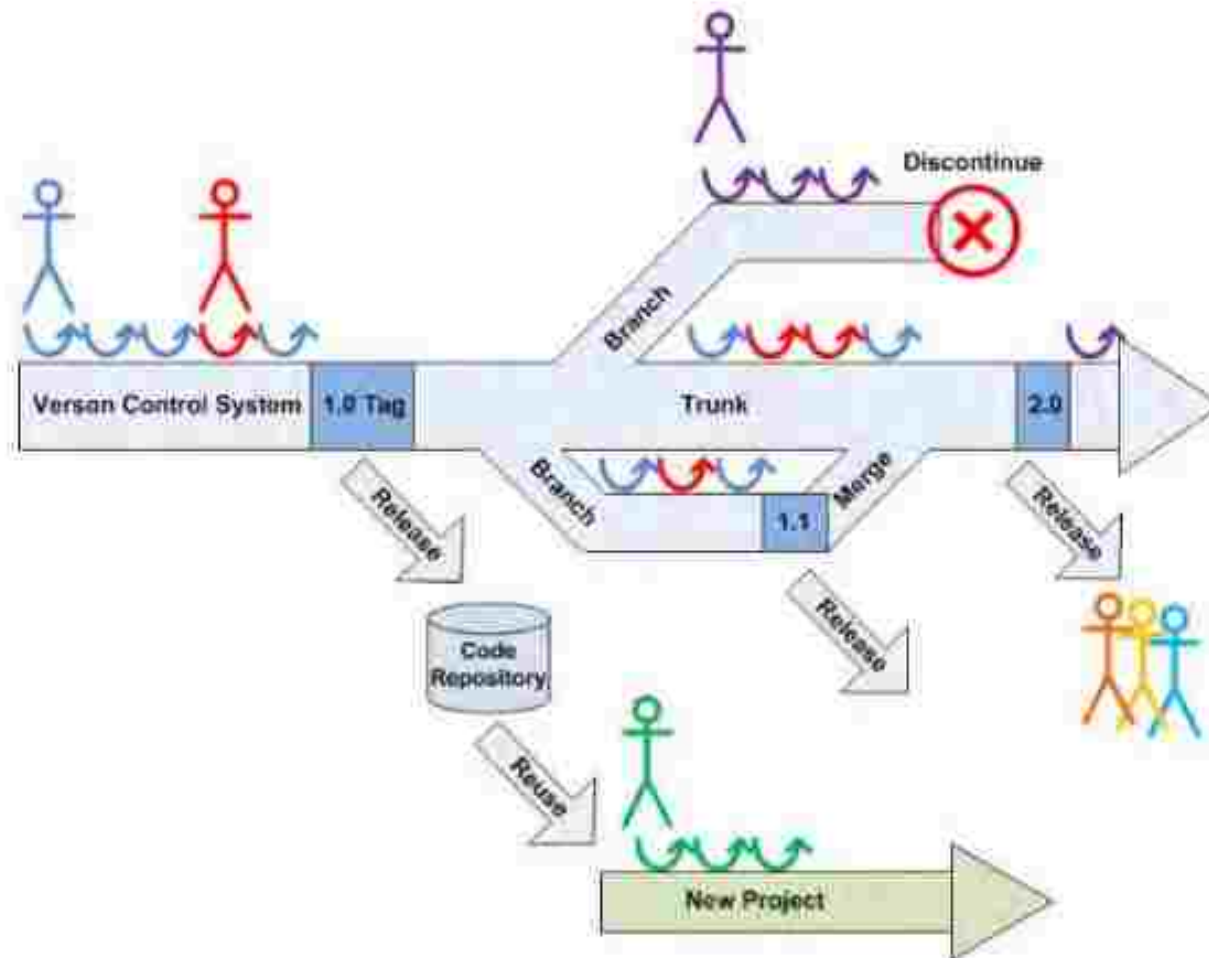
[More about our community](#)



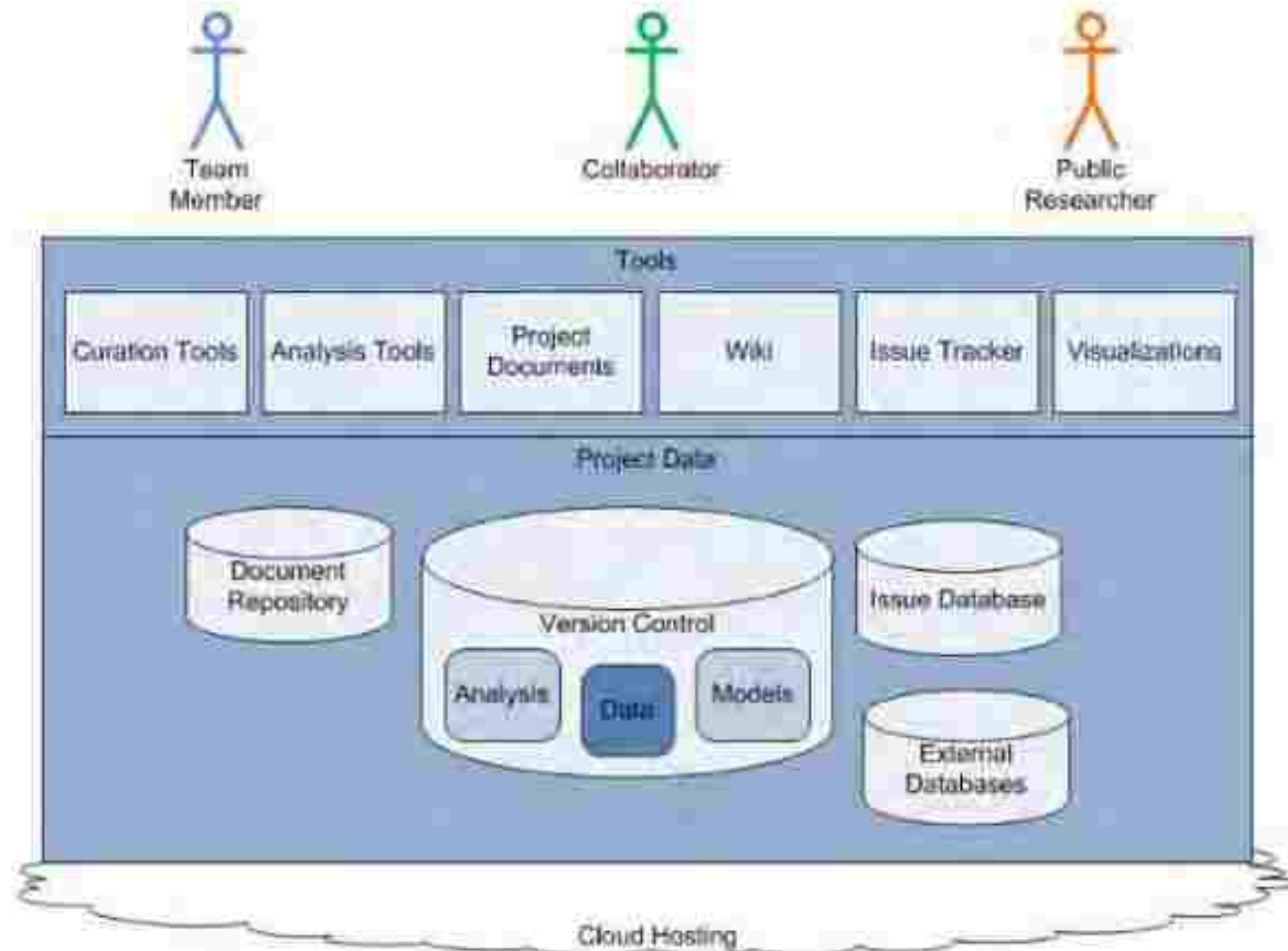
Why not share clinical /genomic data and model building in the ways currently used by the software industry
(power of tracking workflows and versioning)



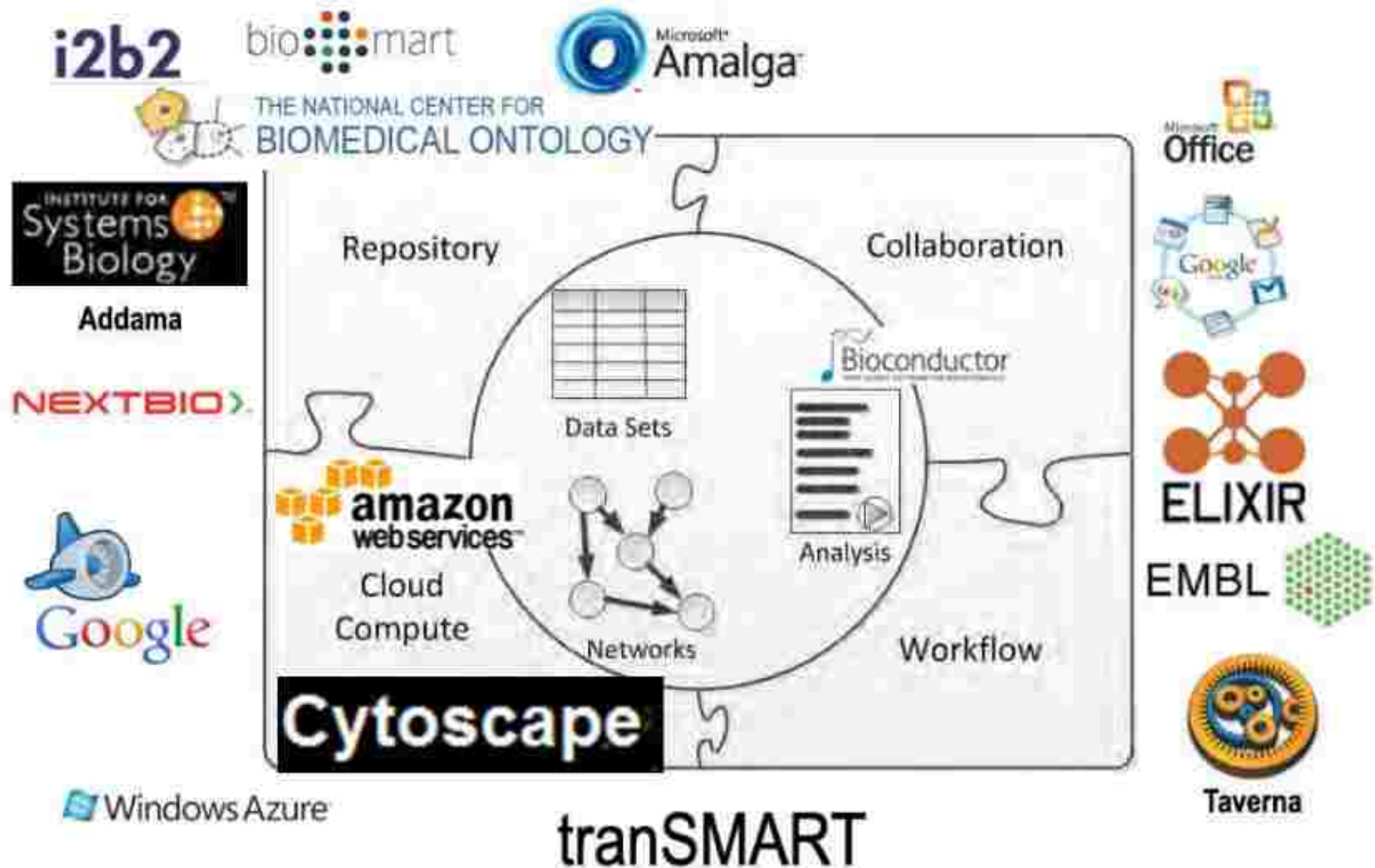
Evolution of a Software Project



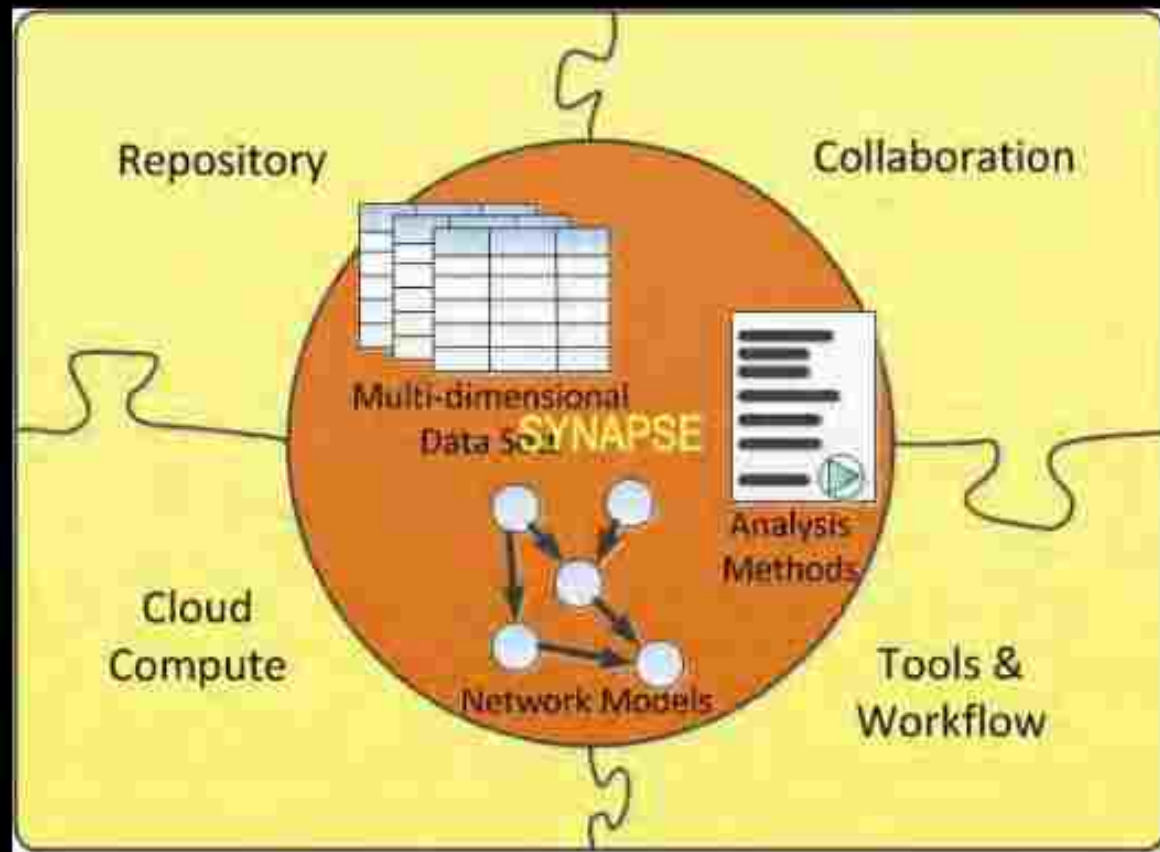
Biology Tools Support Collaboration



Potential Supporting Technologies



Platform for Modeling



sage bionetworks synapse project

Watch What I Do, Not What I Say



Reduce, Reuse, Recycle



My Other Computer is Amazon

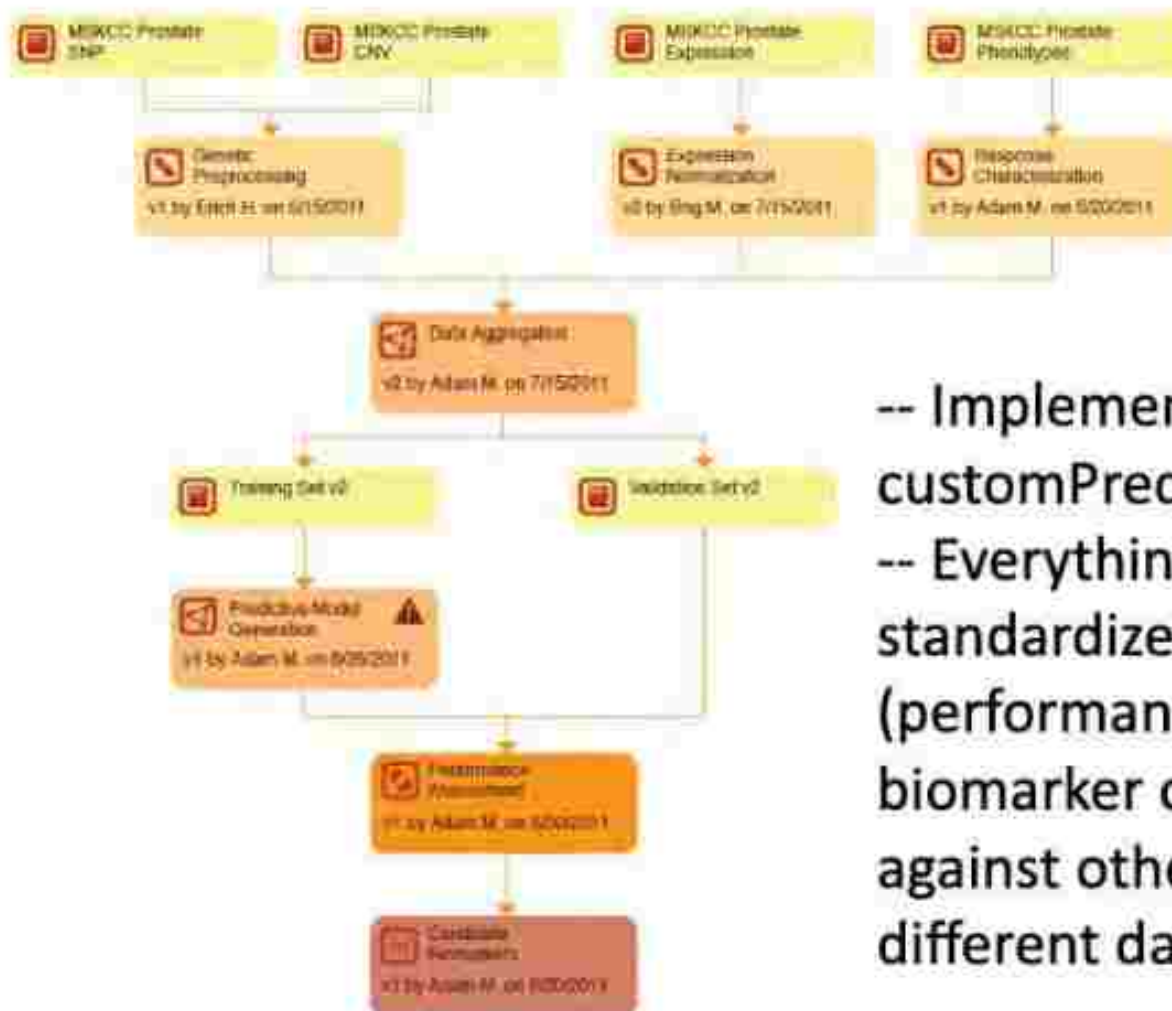


Most of the People You Need to Work with Don't Work with You





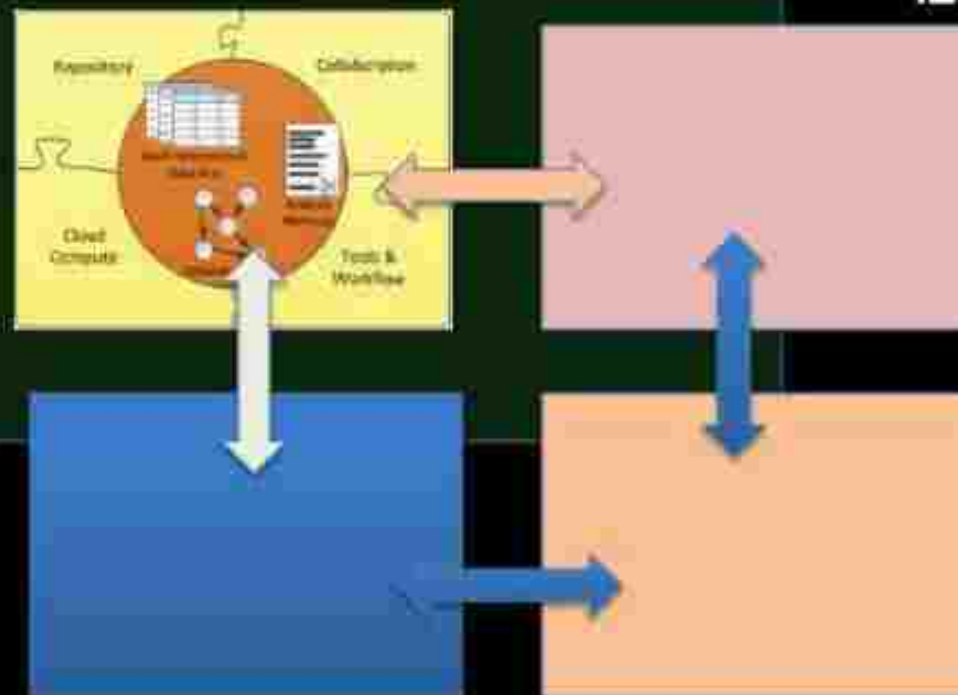
Synapse machine learning infrastructure for method comparison



-- Implement customTrain() and customPredict() functions
-- Everything else handled in standardized workflow (performance evaluation, biomarker outputs, evaluation against other methods, loading of different datasets, etc).

INTEROPERABILITY

Genome Pattern
CYTOSCAPE
tranSMART
I2B2



NOT JUST WHAT BUT HOW

hunter gathers- not sharing



TENURE

FEUDAL STATES

Optimal autonomous state sizes.

These examples show autonomous states of different rank that the balance external defense and strength against the internal tensions and ambition of the various feudal actors.

Duchy: a number of Baronies held in feudal subservience to a single Baron. The subjugated baronies are now fiefs ruled by the local Baron, their knights are loyal to him as well. The ruling Baron is elevated to the rank of Duke.

Barony: a number of city-states held in feudal subservience to a single city-state. The subjugated cities are now fiefs ruled by knights. The knight of the ruling city-state is elevated to the rank of Baron.

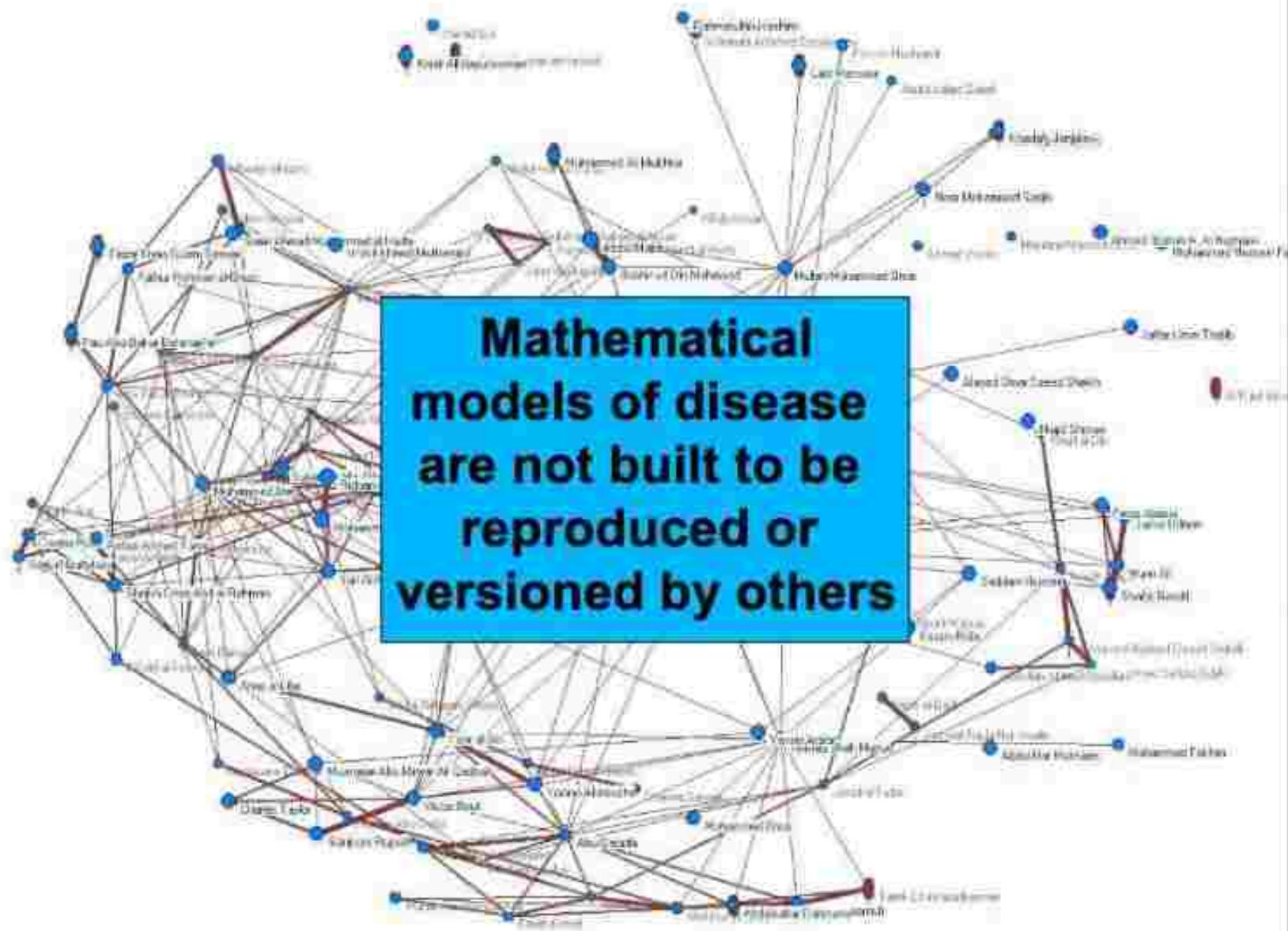
City-state: ruled by a Knight. The smallest and simplest form of state.

Note: all Knights, Barons and Dukes are independent actors who may vie with each other or even their feudal overlord for more power, land, coins, etc.

**Clinical/genomic data
are accessible but minimally usable**

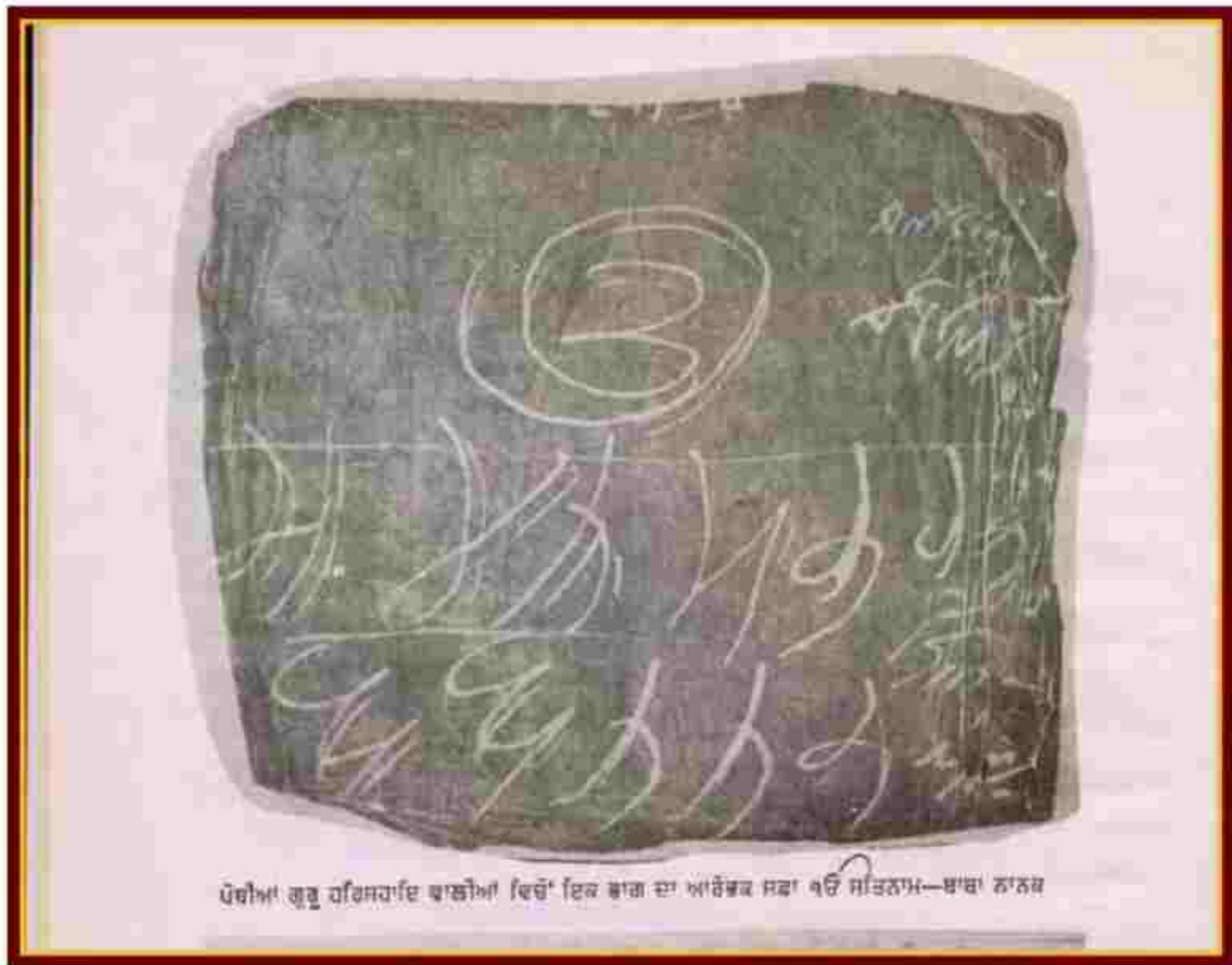


**Little incentive to annotate and curate
data for other scientists to use**





**Assumption that genetic alterations
in human conditions should be owned**



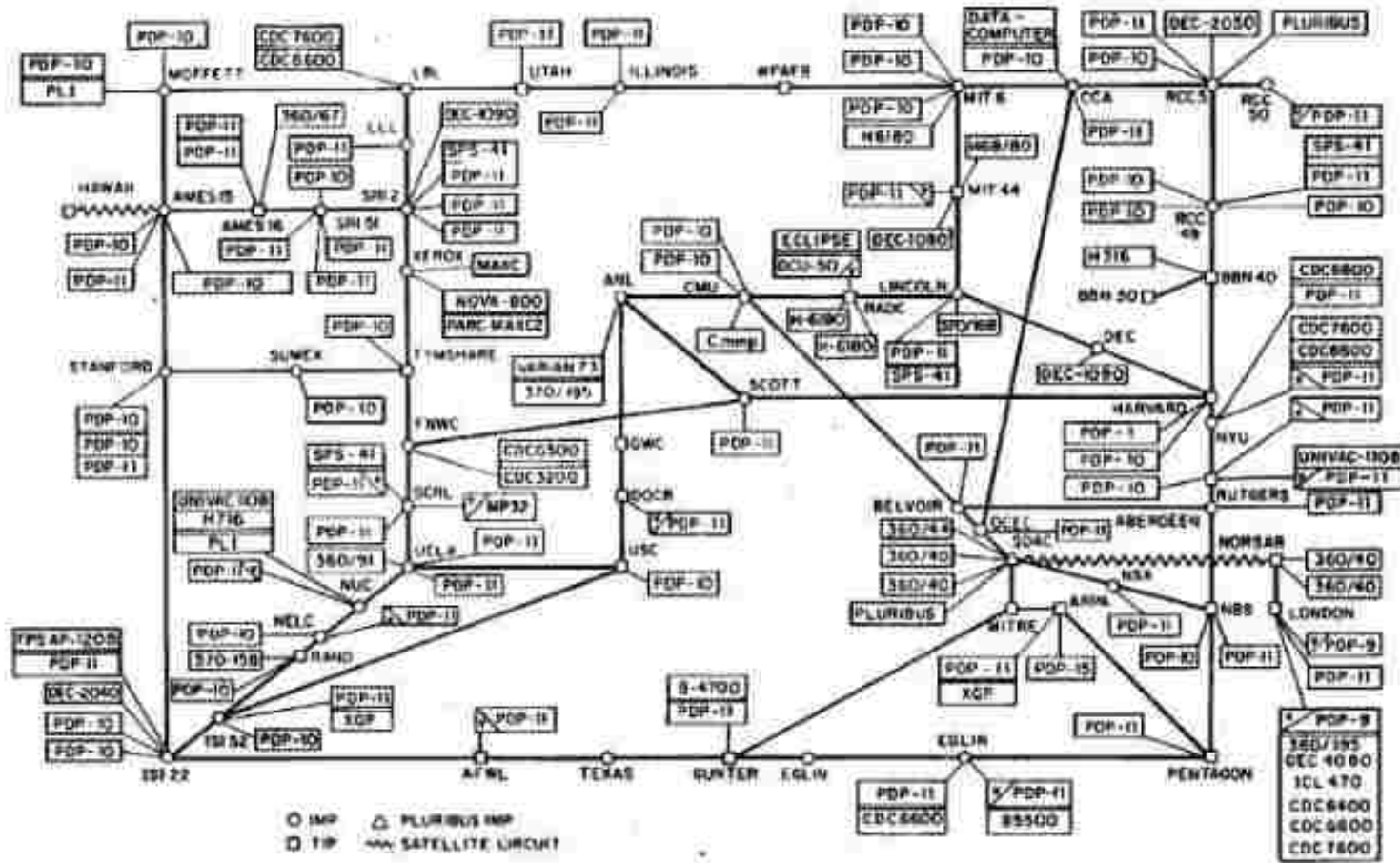
ਪੰਥੀਆਂ ਗੁਰੂ ਹਰਿਸਹਾਇ ਵਾਲੀਆਂ ਵਿਚੋਂ ਇਕ ਭਾਗ ਦਾ ਆਰੰਭਕ ਸਫਾ ੧੯ ਸਤਿਨਾਮ—ਬਾਬਾ ਨਾਨਕ

**Lack of standard forms for sharing data
and lack of forms for future rights and consents**



Publication Bias- Where can we find the (negative) clinical data?

ARPANET LOGICAL MAP, MARCH 1977



sharing as an adoption of common standards..
Clinical Genomics Privacy IP

Six Pilots at Sage Bionetworks

CTCAP

Non-Responders

Arch2POCM

The Federation

Portable Legal Consent

Sage Congress Project



CTCAP

Clinical Trial Comparator Arm Partnership “CTCAP” Strategic Opportunities For Regulatory Science Leadership and Action

FDA

September 27, 2011



Clinical Trial Comparator Arm Partnership (CTCAP)

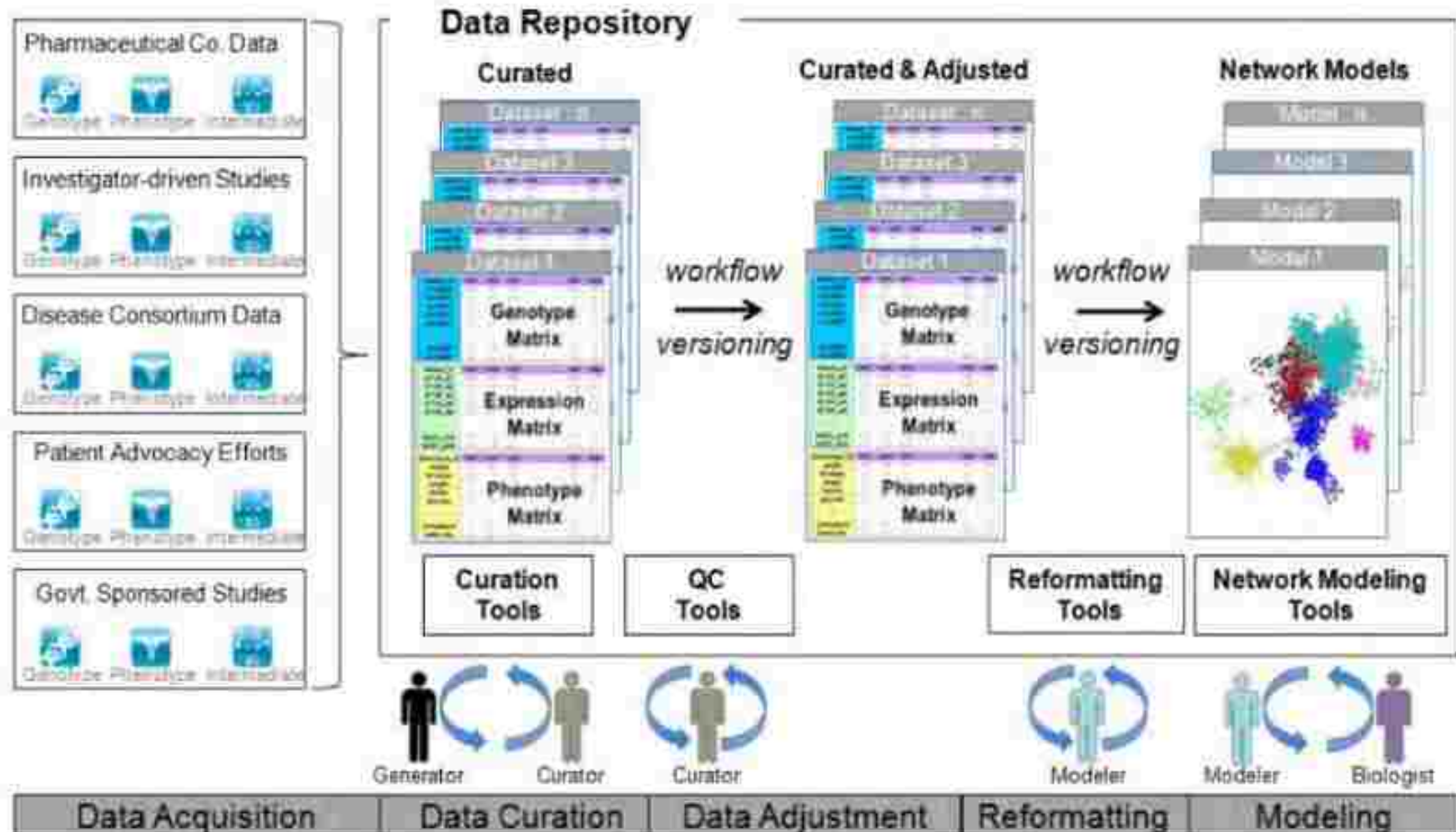


Bridging the Chasm between Microscope and Marketplace

- **Description:** Collate, Annotate, Curate and Host Clinical Trial Data with Genomic Information from the Comparator Arms of Industry and Foundation Sponsored Clinical Trials: Building a Site for Sharing Data and Models to evolve better Disease Maps.
- **Public-Private Partnership** of leading pharmaceutical companies, clinical trial groups and researchers.
- **Neutral Conveners:** Sage Bionetworks and Genetic Alliance [nonprofits].
- **Initiative to share existing trial data** (molecular and clinical) from non-proprietary comparator and placebo arms to create powerful new tool for drug development.

Started Sept 2010

Shared clinical/genomic data sharing and analysis will maximize clinical impact and enable discovery



Non-Responders Project

To identify Non-Responders to approved
Oncology drug regimens in order to improve
outcomes, spare patients unnecessary toxicities
from treatments that have no benefit to them, and
reduce healthcare costs

The Non-Responder Cancer Project Leadership Team



Stephen Friend, MD, PhD
President and Co-Founder of
Sage Bionetworks, Head of
Merck Oncology 01-08,
Founder of Rosetta
Inpharmatics 97-01, co-
Founder of the Seattle Project



Todd Golub, MD
Founding Director Cancer Biology
Program Broad Institute, Charles Dana
Investigator Dana-Farber Cancer
Institute, Professor of Pediatrics Harvard
Medical School, Investigator, Howard
Hughes Medical Institute



Garry Nolan, PhD
Professor, Baxter Laboratory of Stem
Cell Biology, Department of Microbiology
and Immunology, Stanford University
Director, Proteomics Center at Stanford
University



Richard Schilsky, MD
Chief, Hematology- Oncology, Deputy
Director, Comprehensive Cancer
Center, University of Chicago; Chair,
National Cancer Institute Board of
Scientific Advisors; past-President
ASCO, past Chairman CALGB clinical
trials group

The Non-Responder Project is an international initiative with funding for 6 initial cancers anticipated from both the public and private sectors

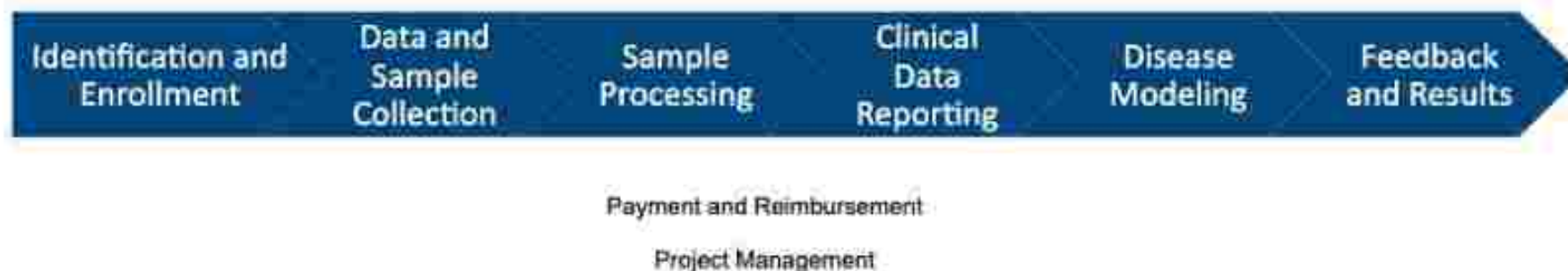
GEOGRAPHY	United States				China	
TARGET CANCER	Ovarian	Renal	Breast	AML	Colon	Lung
FUNDING SOURCE	Seeking private sector and philanthropic funding for prospective studies			Retrospective study; likely to be funded by the Federal Government	Funded by the Chinese government and private sector partners	

For each tumor-type, the non-responder project will follow a common workflow, with patient identification and sample collection the most variable across studies

Non-Responder Project Workflow

Identification and enrollment, and data and sample collection may differ by tumor-type

The remaining parts of the study will be largely similar, and potentially shared, across all projects



A consortium of collaborators has been constructed to execute the non-responder project

Physicians &
AMCs



Patient
Advocacy
Groups



A consortium of collaborators has been constructed to execute the non-responder project (continued)



Arch2POCM

Restructuring Drug Discovery

How to potentially De-Risk
High-Risk Therapeutic Areas

What is the problem?

- Regulatory hurdles too high?
- Low hanging fruit picked?
- Payers unwilling to pay?
- Genome has not delivered?
- Valley of death?
- Companies not large enough to execute on strategy?
- Internal research costs too high?
- Clinical trials in developed countries too expensive?

In fact, all are true but none is the real problem

What is the problem?

We need to rebuild the drug discovery process so that we better understand disease biology before testing proprietary compounds on sick patients

The Precompetitive Space: Time to Move the Yardsticks

Thea Norman,¹ Aled Edwards,² Chas Bountra,³ Stephen Friend^{4*}

Industry, government, patient advocacy groups, public funders, and academic thought leaders met in Toronto, Canada, to set into motion an initiative that addresses some of the scientific and organizational challenges of modern therapeutics discovery. What emerged from the meeting was a public-private partnership that seeks to establish proof of clinical mechanism (POCM) for selected "pioneer" disease targets using lead compounds—all accomplished in the precompetitive space. The group will reconvene in April 2011 to create a business plan that specifies the generation of two positive POCM results per year.



2011 MEETING REPORT

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CROWDSOURCING

Leveraging Crowdsourcing to Facilitate the Discovery of New Medicines

Thea C. Norman,¹ Chas Bountra,² Aled M. Edwards,³ Keith R. Yamamoto,⁴ Stephen H. Friend^{5*}

Gloomy predictions about the future of pharma have forced the industry to investigate alternative models of drug discovery. Public-private partnerships (PPPs) have the potential to revitalize the discovery and development of first-in-class therapeutics. The new PPP Arch2POCM hopes to foster biomedical innovation through precompetitive validation of pioneer therapeutic targets for human diseases. In this meeting report, we capture the most exciting insights garnered from the April 2011 Arch2POCM conference.

When useful knowledge exists in companies of all sizes and also in universities, non-profits and individual minds, it makes sense to orient your innovation efforts to accessing, building upon and integrating that external knowledge into useful products and services.

The Federation

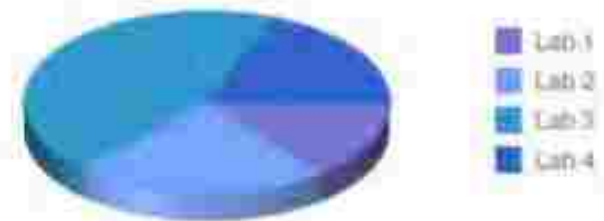
How can we accelerate the pace of scientific discovery?



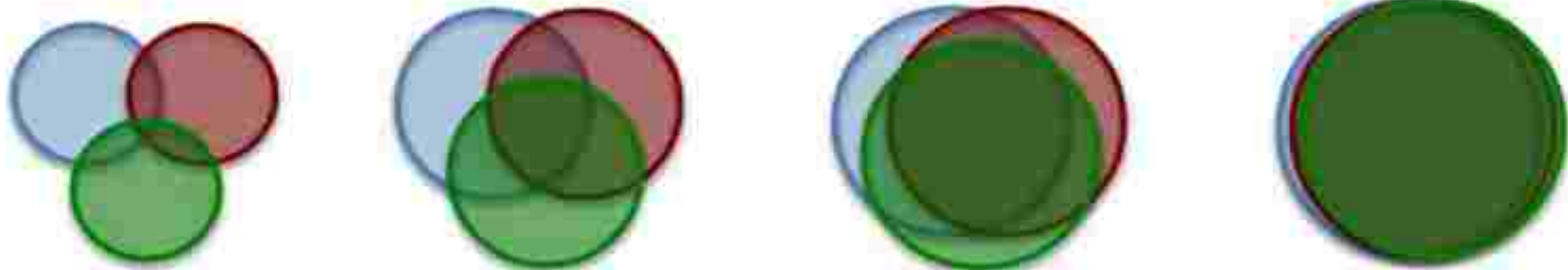
Ways to move beyond
“traditional” collaborations?

Intra-lab vs Inter-lab
Communication

Collaboration 1.0



Colrain/ Industrial PPPs Academic
Unions



THE FEDERATION

Butte Califano Friend Ideker Schadt

VS



Rules of the game: transparency & trust

- Shared data tools models and prepublications
- Conflict of interests
- Intellectual property
- Authorship

sage federation: human aging project



Justin Guinney
Stephen Friend*



Greg Hannum
Januz Dutkowski
Trey Ideker*
Kang Zhang*

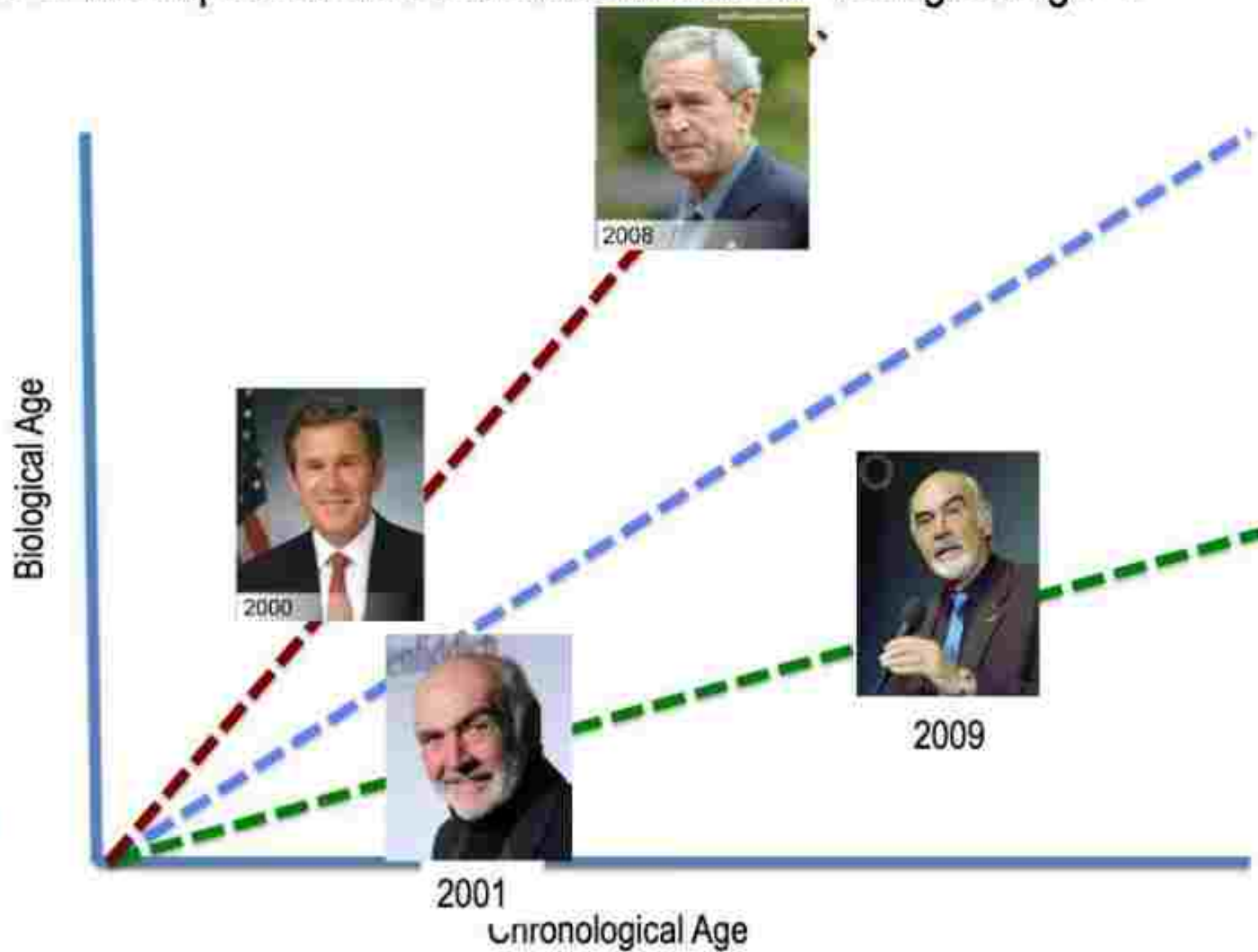


Mariano Alvarez
Celine Lefebvre
Andrea Califano*



sage federation:

what is the impact of disease/environment on "biological age" ?

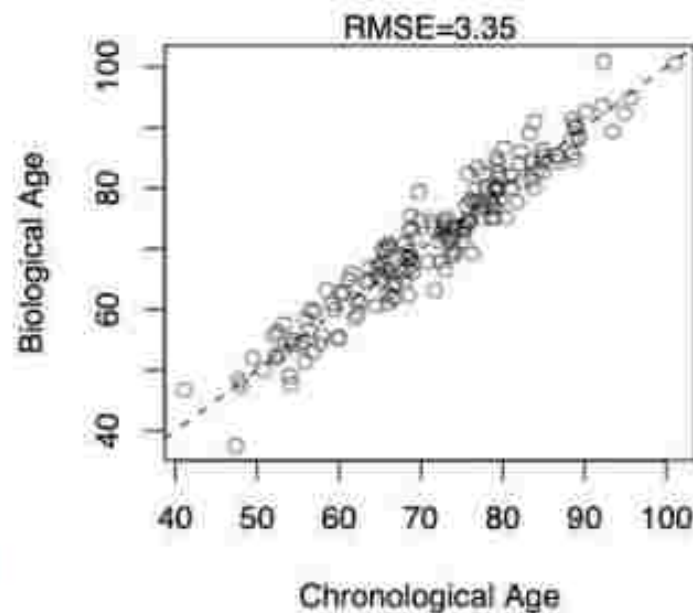


human aging:

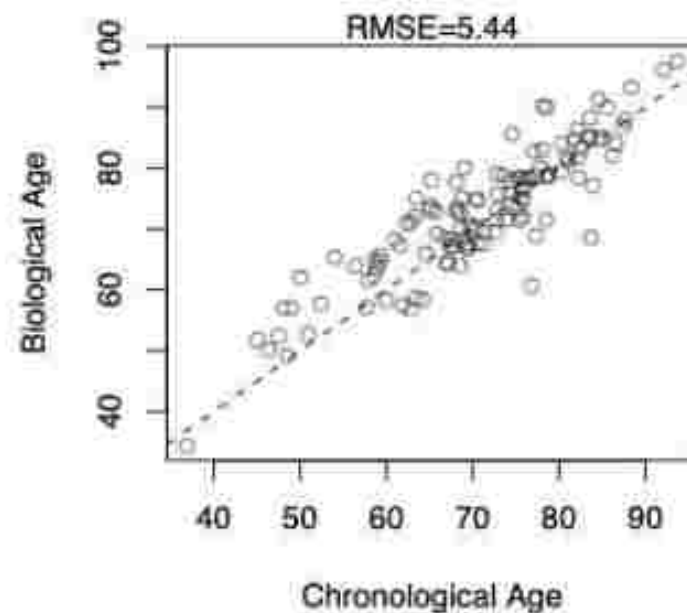
predicting bioage using whole blood methylation

- Independent training (n=170) and validation (n=123) Caucasian cohorts
- 450k Illumina methylation array
- Exom sequencing
- Clinical phenotypes: Type II diabetes, BMI, gender...

Training Cohort: San Diego (n=170)



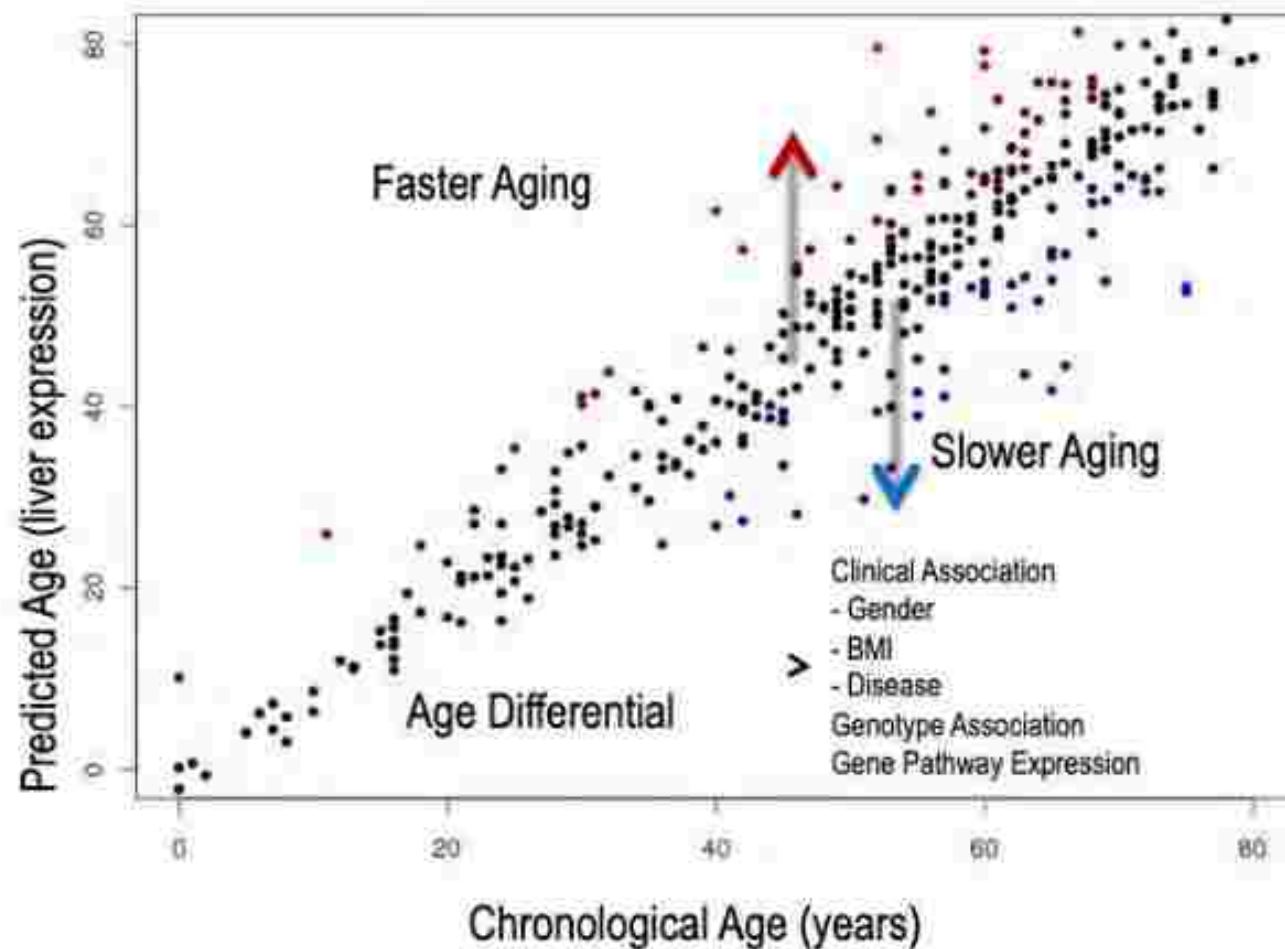
Validation Cohort: Utah (n=123)



sage federation:
model of biological age

$$\text{Bioage} = f(M) = \text{Age} + \sum_j \alpha_j C_j + \epsilon$$

$$\text{Differential Bioage} = f(M) - \text{Age} = \sum_j \alpha_j C_j + \epsilon$$



Reproducible science==shareable science

Sweave: combines programmatic analysis with narrative

Dynamic generation of statistical reports using literate data analysis

```
##
##@package
##data(leukemia)
##leukemia.eset
##head(cpData(leukemia.eset))
##table(leukemia.eset$subtype)
##
##let's examine the variability of the expression profiles across samples by
##plotting the cumulative distribution of IQR values as shown in figure~\ref{figIQR}.
##About 50% of the probesets show very limited variability across samples
##and, therefore, in the following non-specific filtering step we will filter
##out this fraction from further analysis.
##
##figIQR <- figIQR, ecoo=FALSE, results=hide==
##png(filename="GVA-figIQR.png", width=500, height=500, res=150)
##IQRs <- asApply(leukemia.eset, 1, IQR)
##plot.ecdf(IQRs, pch=" ", xlab="Interquartile range (IQR)", main="Leukemia data")
##abline(v=quantile(IQRs, prob=0.5), lwd=2, col="red")
##dev.off()
##
##\begin{figure}[H]
##\centerline{\includegraphics[width=0.5\textwidth]{GVA-figIQR}}
##\caption{Empirical cumulative distribution of the interquartile range (IQR) of
##expression values in the leukemia data. The vertical red bar is located at the
##50th quantile value of the cumulative distribution.}
##\end{figure}
##
```

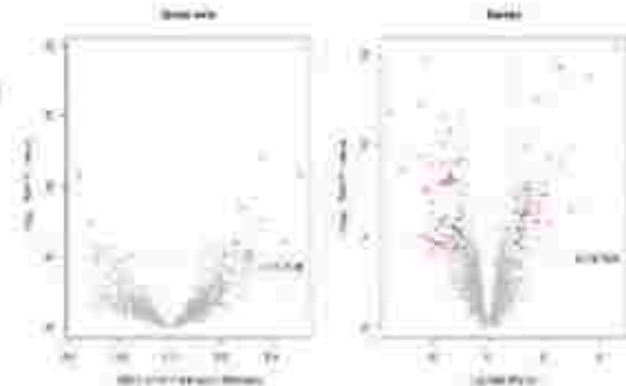


Figure 2: Volcano plots for differential pathway activation (left) and differential gene expression (right) in the leukemia data set.

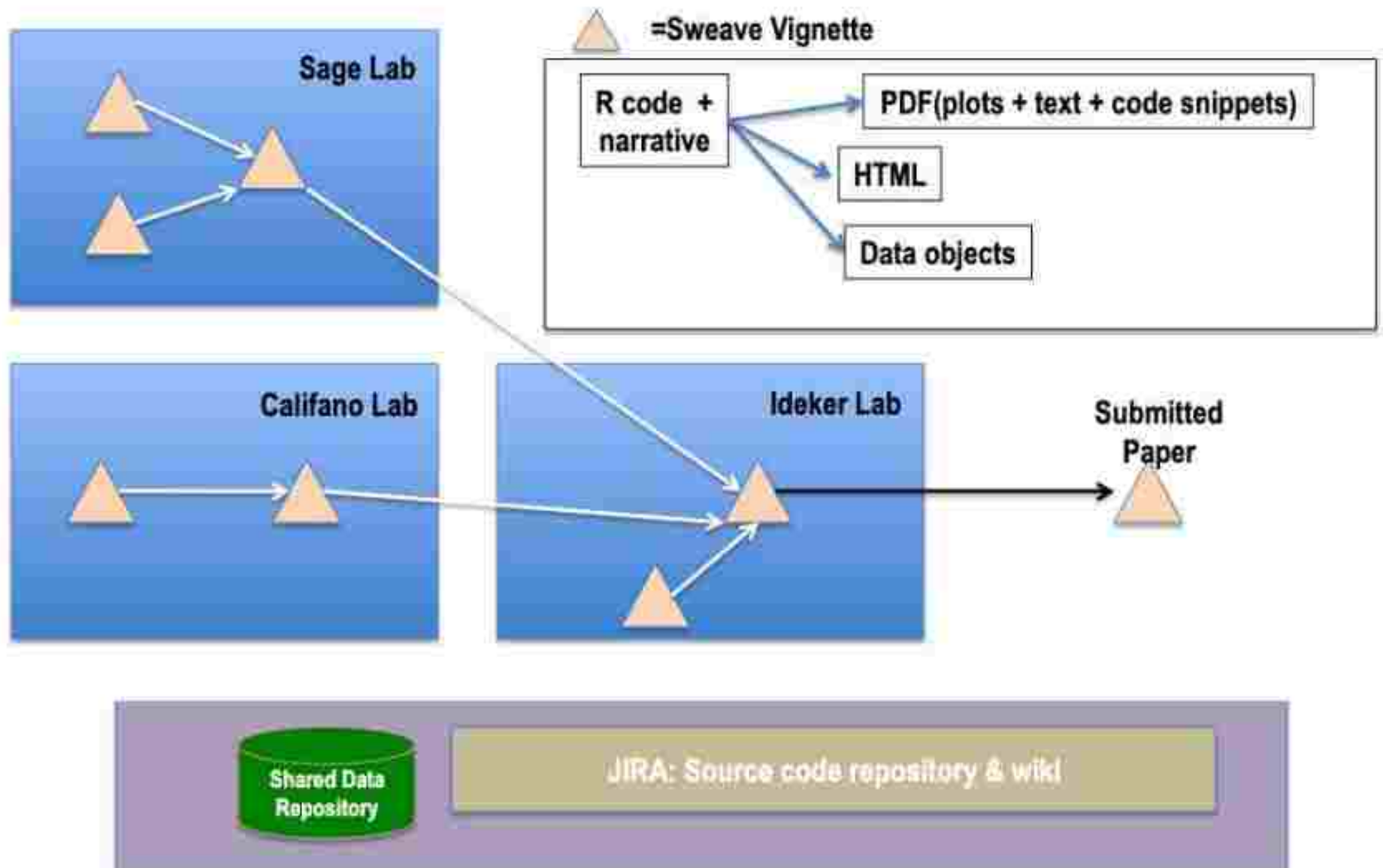
```
ML, M2resLL
-1 0 1
0 2027 2008
1 4 26
```

Thus, there are 26 MSigDB C2 curated pathways that are differentially activated between ALL and APL PDL. When we carry out the corresponding differential expression analysis at gene level

```
> logFCutoff <- log2(2)
> design <- model.matrix(~factor(leukemia.eset$subtype))
> colnames(design) <- c("ML", "M2resLL")
> fit <- lmFit(leukemia.filtered.eset, design)
> fit <- eBayes(fit)
> allRes <- topTable(fit, coef = "M2resLL", number = Inf)
> MRes <- topTable(fit, coef = "M2resLL", number = Inf,
+ p.value = adjPvalueCutoff, adjust = "BH",
+ lfc = logFCutoff)
```

Sweave.Friedrich Leisch. Sweave: Dynamic generation of statistical reports
using literate data analysis. In Wolfgang Härdle and Bernd Rönz, editors, Compstat 2002 –
Proceedings in Computational Statistics, pages 575-580.
Physica Verlag, Heidelberg, 2002. ISBN 3-7908-1517-9

Federated Aging Project : Combining analysis + narrative



Portable Legal Consent

(Activating Patients)

John Wilbanks



<http://sagebase.org/aetconsent>



- ☒ I want to participate in public genetic research
- ☐ I have data that I want to contribute to public genetic research
- ☐ I have provided biological samples and want to retain rights to my data



these are the rights you are granting
to qualified researchers :

- ☒ Right to do research with my data
- ☒ Right to redistribute my data
- ☒ Right to publish the results of research from my data
- ☒ Right to commercialize products derived from research on my data

all boxes must be checked to move forward
in the consent process

Next



behaviors you can request of the
researchers who use your data

- ☐ Do not attempt to re-identify me.
- ☐ Share new data with others as I have shared with you.
- ☐ Share your research with the public under open access terms.

these are obligations we will impose on researchers
through terms of use violators will not be allowed to
access the commons again.

Next



all boxes must be checked to create informed consent.

- ☒ I understand the uncertainty and risk of public genetic research.
- ☒ I provide consent for my data to be used in public genetic research
- ☒ I understand that although I can withdraw at any time, I cannot withdraw data that has already been distributed.

I GIVE CONSENT

I'M NOT SURE

Sage Congress Project

April 20 2012

RA

Parkinson's
Asthma

(Responders Competitions)

Why not use data intensive science
to build models of disease

Organizational Structures and Tools

How not What

Six Pilots

Opportunities