CMSS Presents:

Deploying Cloud-based Platforms and Analytic Tools to Support Covid-19 and Beyond

August 6, 2020 | 12:00 – 1:30 pm ET



C/\SS

CMSS WEBINAR SERIES

Advancing Clinical Registries to Support Pandemic Treatment and Response

The series will address key questions related to the rapid development, deployment and implementation of Covid-19 focused clinical registries and clinical repositories by specialty societies and academia.

SUMMER 2020 | FREE TO ATTEND

About the Series:

- Made possible with funding from the Gordon and Betty Moore Foundation
- To foster collaboration between specialty societies and academia, we are grateful to collaborate with the Association of Academic Medical Colleges

Continue the Conversation:

- Use #COVIDRegistries when tweeting about the webinar series
- Follow @CMSSMed and visit <u>CMSS.org</u> for frequent updates

CMSS WEBINAR SERIES CMSS Advancing Clinical Registries to Support Pandemic Treatment and Response

Today's Webinar:

Deploying Cloud-based Platforms and Analytic Tools to Support Covid-19 and Beyond

Moderator:



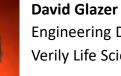
William J. Marks. Jr MD, MS-HCM Head of Clinical Science & Head of Neurology, Verily Life Sciences; Adjunct Clinical Professor of Neurology & Neurological Sciences, Stanford University School of Medicine

Host:



Helen Burstin, MD, MPH, MACP Chief Executive Officer **Council of Medical Specialty** Societies (CMSS)

Panelists:



Engineering Director Verily Life Sciences



Andrea Ramirez, MD Assistant Professor of Medicine, Vanderbilt University of Medicine

Chris Treml

Director of Operations, Data Science Institute, American College of Radiology



Biomedical Analysis in the Cloud

multi-modal, multi-source, multi-tool, multi-use

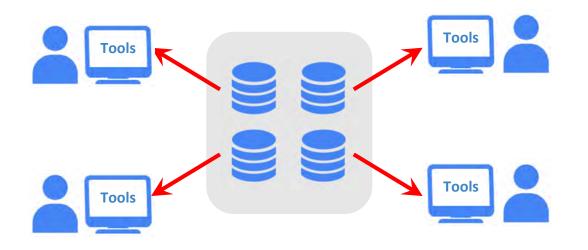
David Glazer, Verily Life Sciences CMSS Webinar, 6-aug-2020





Traditional approach

Bring data to researchers

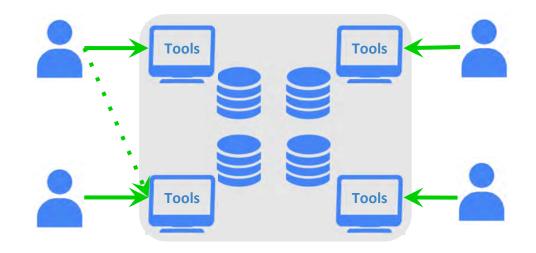


Discourages shared research

"Weakest link" security Huge infrastructure needed Pay for multiple copies Bespoke & unsupported tools

Cloud-centric approach

Bring researchers to data



Facilitates collaboration

Centralized security controls Accessible to all researchers Decreased cost of storage Shared tool ecosystem

Uniting the biomedical ecosystem













DataBiosphere.org

Vision

Enable the next generation of collaborative biomedical research

Principles

Modular composed of functional components with well-specified interface

Community driven

created by many groups to foster a diversity of ideas

Open

open-source licenses, software, arch to enable extensibility & reuse

Standards based

consistent with standards developed by coalitions such as GA4GH

Terra is a scalable & secure platform for biomedical researchers to access data, run analysis tools, and collaborate.

Terra's Value Proposition

Integrated data

Platform enables the integration and secure access of disparate data types and datasets, reducing data latency, costs, quality issues, and inefficiencies associated with fragmentation

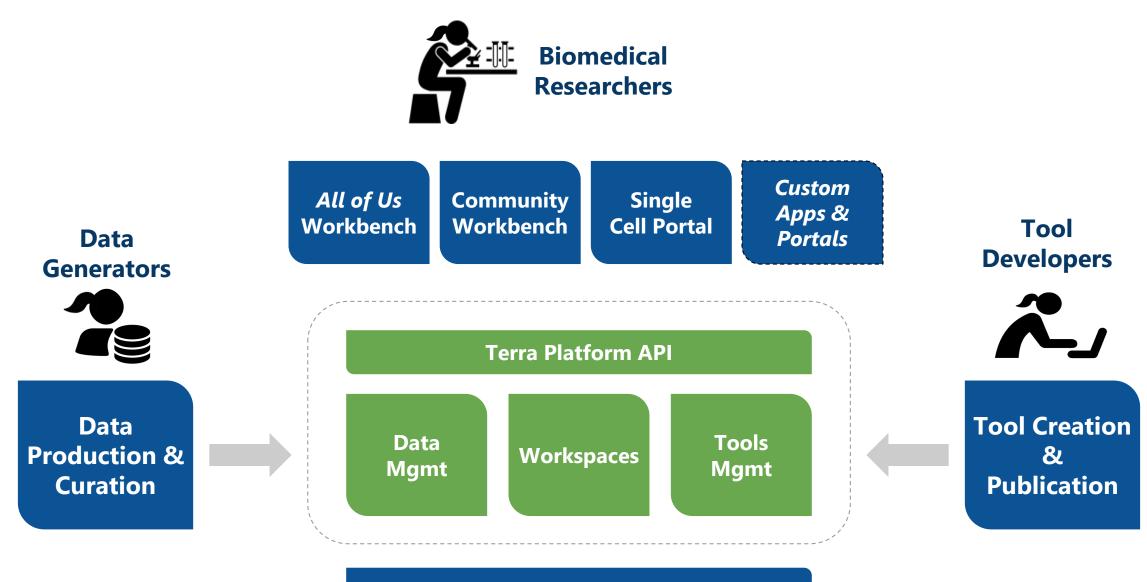
Integrated tools

Platform integrates proprietary and third-party tools to run leading batch and interactive analysis, reducing the challenges associated with multiple systems and frameworks

Collaborative workspaces

Platform enables rich collaboration with sophisticated provenance, security controls, and compliance for faster and more effective analysis within and across organizations

Terra's architecture primarily serves 3 roles



Cloud Services

Partners & Datasets









NHGRI AnVIL















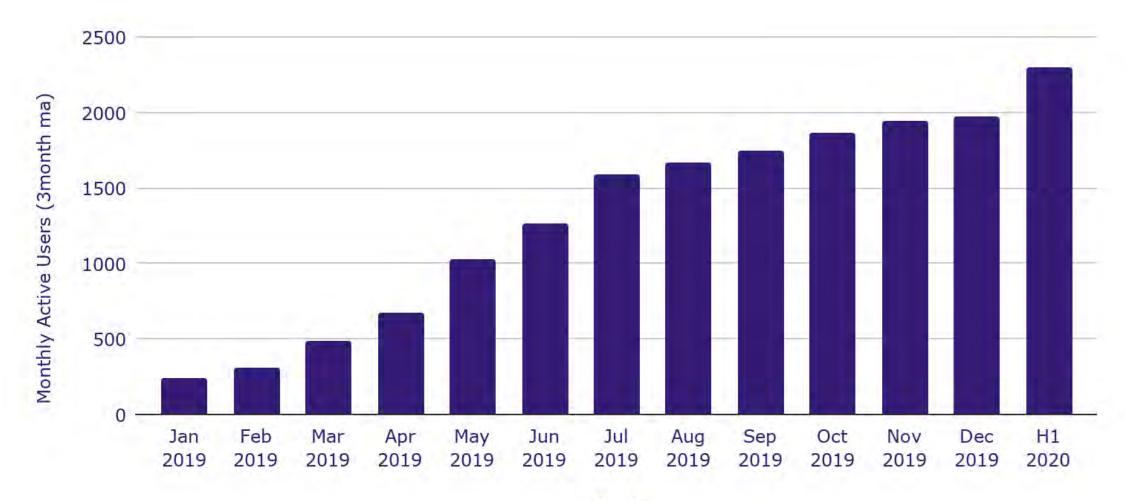




Tools currently available in Terra



Thousands of researchers use Terra every month to analyze biomedical data



Terra use case: All of Us Research Program

All of Us Research Program

- Engage **1,000,000 or more** U.S. research participants
- Share tissue samples, genetic data, lifestyle information, electronic health records
- Pioneer a new model of research that emphasizes engaged research participants, responsible data sharing, and privacy protection

environment	lifestyle
biolo	ogy
Research focuses on 3 fact	

All of Us Program Components



Data Curation Process



All of Us Research Program Begins Beta Testing

May 27, 2020

Researchers Invited to Give Feedback on Initial Dataset and Tools

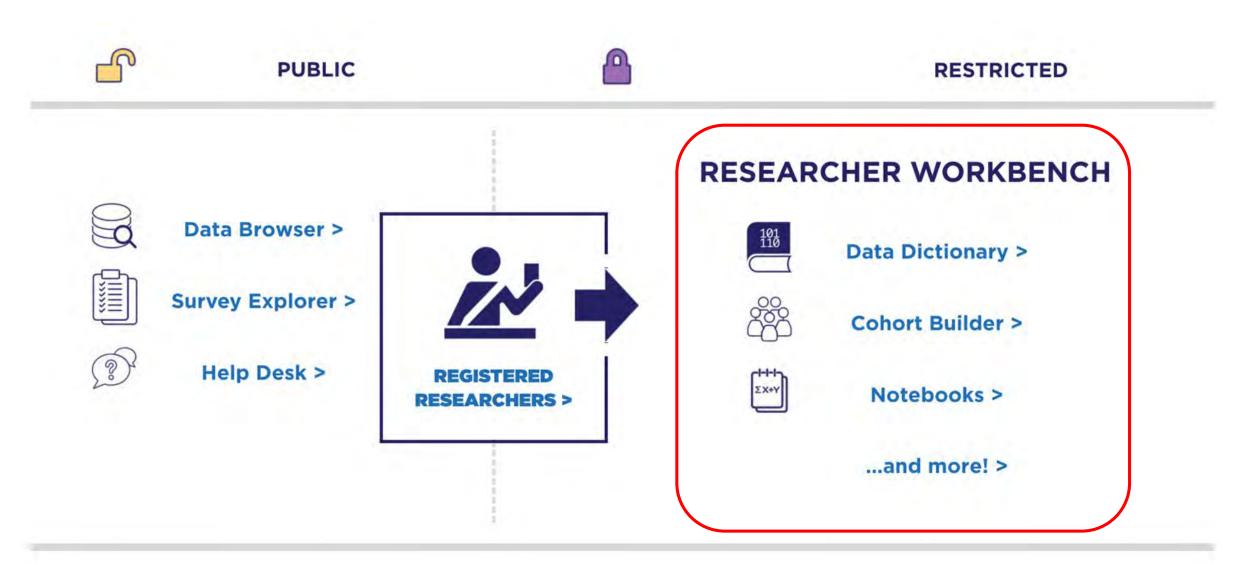
Español

In partnership with our participants—now nearly 350,000 and counting—we're working to build one of the world's largest and most diverse datasets to advance health research. Today, I'm happy to announce that we've opened our research platform, the *All of Us* Researcher Workbench **I**, for beta testing. Now, researchers can begin using our initial dataset and tools in studies and tell us what's working and what we can improve. This moment is an important step in our effort to accelerate new discoveries.



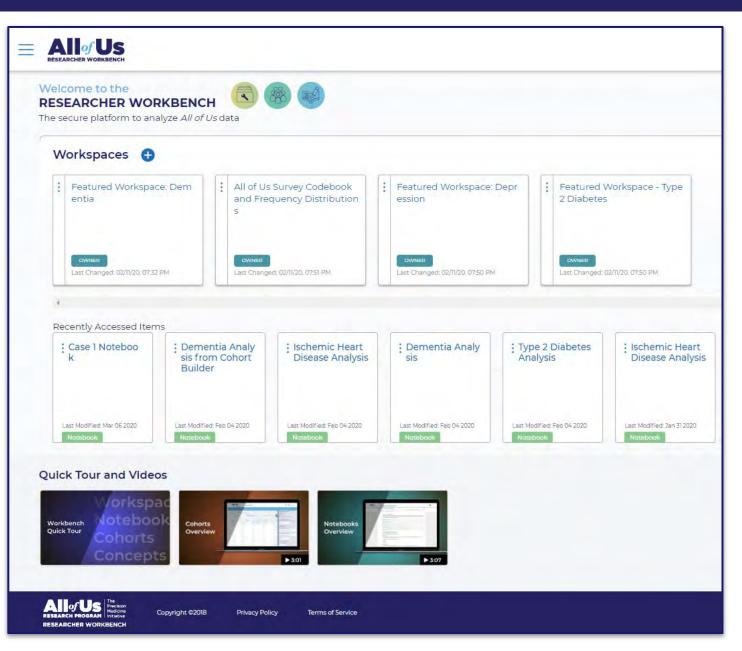


Research Hub \rightarrow **Researcher Workbench**





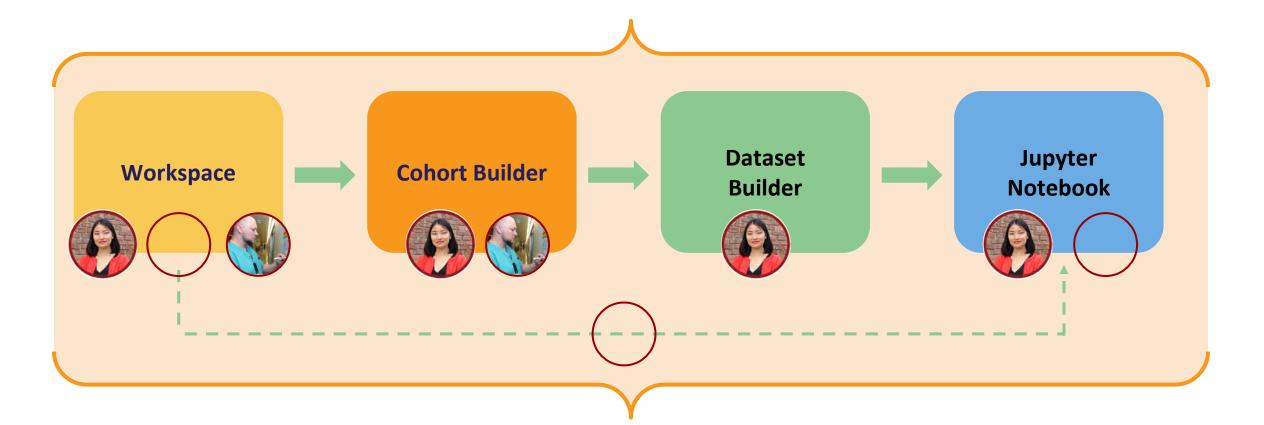
Welcome to the Workbench



The Workbench contains the tools researchers need to learn about, access and analyze All of Us data.

Collaborative Workspaces

Within the Researcher Workbench, researchers run analyses, individually or collaboratively, in "Workspaces."

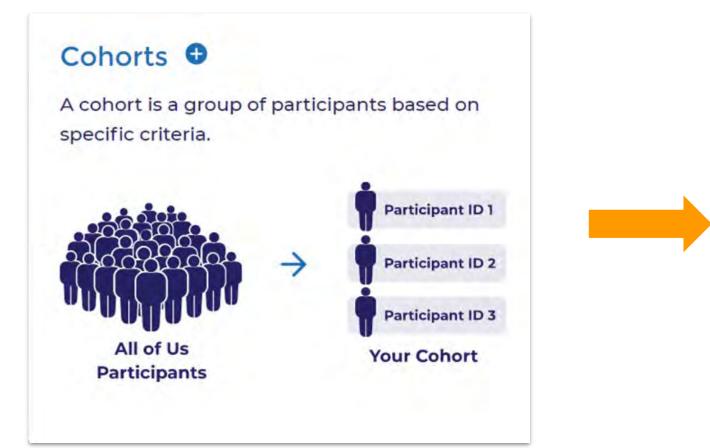


Researchers have access to integrated support

II. /Us Use	Refun to Researcher Workberch Submits arequise		Help Desk —
Search our kno	nowledge base for answers common questions		Please select your issue
Explore All of Us	s Researcher Workbench Topic	AlofUs	
New to the Researcher Workbench? Find	Documentation Ind helpfur resources to better strand the Jul of Us dataset and how to analyze it.		Share your feedback.
		Dat	taset Jupyter
Workspace	e Coh	ort Builder	Jupyter Notebook
Workspace	e Coh	ort Builder	
Workspace	e Coh	ort Builder	

Cohort Builder: Select Participant Groups

Once you create your workspace, you can create a cohort for your study using Cohort Builder, where you will select participants to include or exclude from your study based on criteria of interest for your research



Cohort Builder

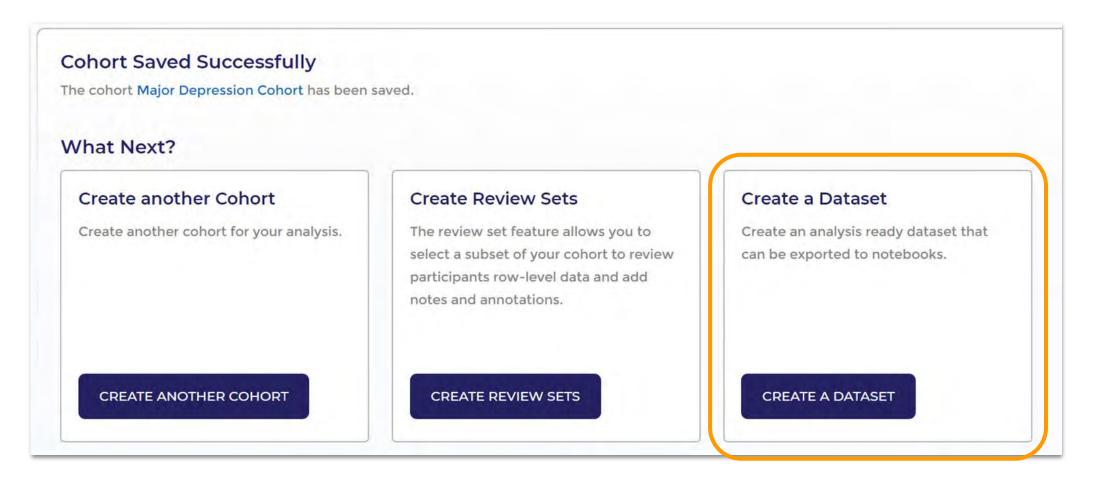
Workspace





Cohort Review -> Dataset Creation

> After creating your cohort, you can check your work using a Cohort Review Set





Workspace Cohort Builder

Cohorts + Concept Sets + Values = Datasets

- > Once you have your cohort, you can start to put together your dataset.
- Your dataset is made up of a cohort, a concept set, and selected values.
 Datasets

Build a dataset by selecting the variables and values for one or more of your cohorts. Then export the completed dataset to Notebooks where you can perform your analysis

Prepackaged Cohorts	Prepackaged Concept Sets	Survey
All Participants	Demographics	✓ person_id >
Workspace Cohorts	All Surveys	survey_datetime
Major Depression Cohort	Workspace Concept Sets	survey
	Mental Health Concept Set	Learn more in the data dictionary
		SAVE AND AN

Dataset Builder: Preview and Export

> Once you select your cohort, your concept set(s), and values, you now have your dataset

Dataset

Builder

Cohort Builder

Workspace

> Now you can preview your dataset before saving it and exporting it to a notebook for analysis

PERSON	N SURVEY			Save Dataset			
person_id	survey_datetime	survey	question_concep	question	answer_concept	answer	Clasaset Mamor
899995	2015/03/19 18:27:31	Overall Health	1585729	In general, how would you rate your mental health, including your mood and your ability to think?	1585733	Fair	Export to notebook SEE CODE PREVIEW (Create a new notebook)
387483	2016/01/15 13:46:36	Overall Health	1585729	In general, how would you rate your mental health, including your mood and your ability to think?	1585733	Fair	Notebook Name Programming Language: Python R CANCEL SAVE AND MIALVZE

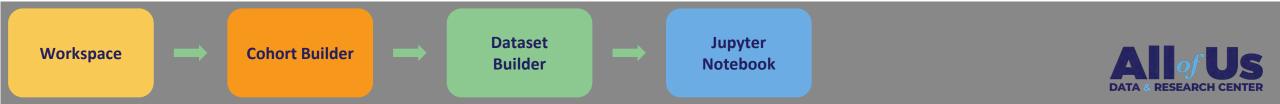
* synthetic data



Data Analysis: Jupyter Notebooks

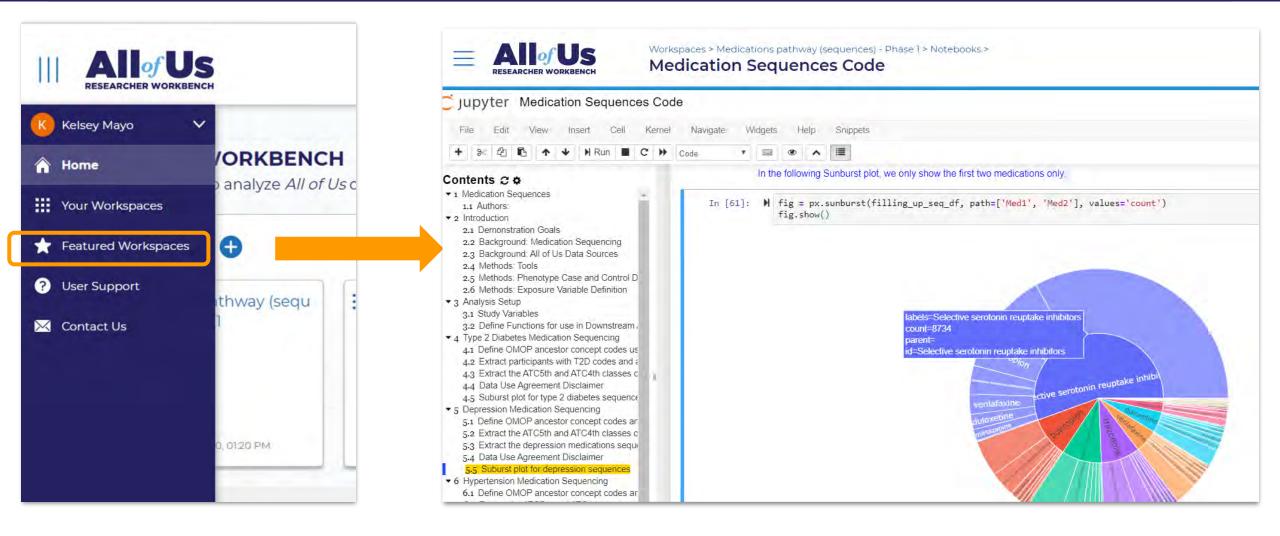
			New Notebook
otebooks			Name:
Create a New Notebook ⊕	Dementia Analy sis from Cohort Builder	: Dementia Analy sis	Programming Language: Python 3. R
	Last Modified: Feb 05 2020	Last Modified: Feb 05 2020	CANCEL

- Jupyter Notebooks can be used for analysis in R and Python
- > Notebooks come with ready-made code that can be inserted called "Snippets"
- > Each user gets a virtual machine (computing system) per workspace



ATE NOTEBOOK

Tools@Beta: Powerful, Flexible Tools for Reproducible Science







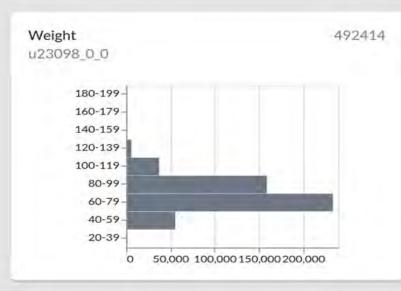
Presented on Behalf of the Data and Research Center (DRC)

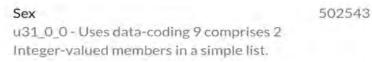


Terra use case: UK Biobank

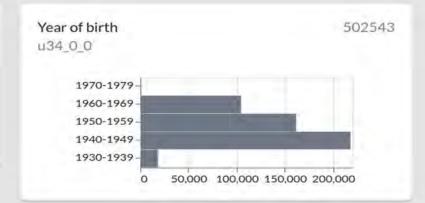
UK Biobank

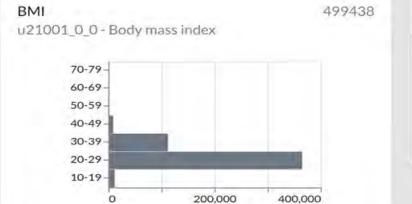
Search to add a facet. Try "cancer", "icd" or "flow"





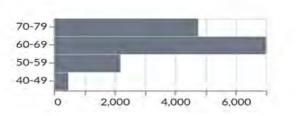












Description of cause of death u40010_0_0

14421

Ia)Metastatic Breast Ca... -Ia)Metastatic Lung Can... -Ia)Ischaemic Heart Dis... -Ia)Metastatic Prostate C... -Ia)Metastatic Pancreati... -Ia)Metastatic Pancreati -Ia)Metastatic Breast Ca... -Ia)Metastatic Breast Ca... -Ia)Metastatic Breast Ca... -Ia)Metastatic Malignan... -Ia)Motor Neurone Dise... -Ia)Ischaemic Heart Dis... -Ia)Metastatic Ovarian ... -

lallung Cancer-

3679



Q. SEARCH WORKSPACES

Filter by access levels Filter by project WORKSPACES ~ AMP PD Demographics AMP PD - Beta 1 - Getting Started AMP PD - Beta 1 - Getting Started Sample workspace for notebooks on Create a top of AMP PD demographics data. New Workspace The purpose of this workspace is to provide getting started information The workspace is access controlled (\oplus) and notebooks for researchers using the amp-pd-researchers M M Last changed: 9:03 PM Last changed: Aug 23 Kathiresan Lab UK Biobank Baseline Health Study Kathiresan Lab UK Biobank deflaux copy This workspace contains sample Overview Overview notebooks for analyzing Baseline We reproduced on Terra a subset of We reproduced on Terra a subset of Health Study data. the analyses in: the analyses in: You may view notebooks in this > Haas, ME et al. (2018) **Genetic > Hass, ME et al. (2018) **Genetic W A D (\mathbf{i}) (\mathbf{i}) Last changed: Feb 7 Last changed: Feb 7

dG copy -- Baseline Health Study

This workspace contains sample notebooks for analyzing Baseline

test

No description added

Last changed: Jan 22

try-saturn

A workspace for trying out Terra functionality as it evolves.

88 Cards

List_



Workspaces >

uk-biobank-sek/Kathiresan Lab UK Biobank





ABOUT THE PROJECT 🌶

Overview

We reproduced on Terra a subset of the analyses in:

Haas, ME et al. (2018) Genetic Association of Albuminuria with Cardiometabolic Disease and Blood Pressure. AJHG volume 103, issue 4, p461-473. doi:10.1016/j.ajhg.2018.08.004

At a high level:

- researchers [1] have taken most columns from the raw UK Biobank phenotypes and run GWAS
- in this paper, mhaas et. al. have combined several phenotypes into one that is clinically robust
- they then performed GWAS against that derived phenotype, generating very good results

For additional overview, please see mhaas' *slide deck* from a lab meeting while the research was in progress.

Analysis Artifacts

Notebooks are collaboratively written in this Terra workspace.

R environment setup

Install R packages and notebook extensions specific to this set of analyses. Each time the user starts a new Leonardo instance (such as when resizing) the user must run this notebook to set up.

- notebook
- html version of notebook

Curation - Load UK Biobank provided data to Cloud Platform

Wrangle the data provided by UK Biobank in to Cloud Storage and/or BigQuery as appropriate for the expected usage patterns.

WORKSPACE INFORMATION

CREATION DATE 9/5/2018 SUBMISSIONS

2/7/2019 ACCESS LEVEL Writer

LAST UPDATED

EST. S/MONTH \$0.00

AUTHORIZATION DOMAIN

Collaborators must be a member of all of these groups to access this workspace.

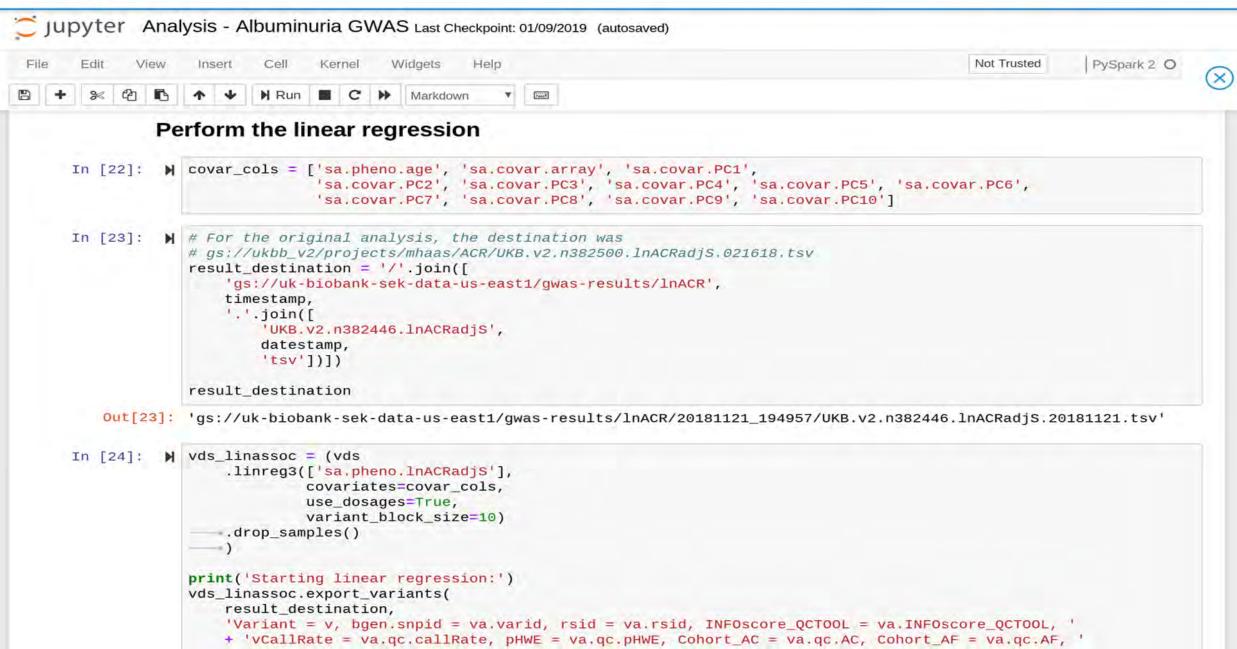
Kathiresan_UKBB

Google bucket



Workspaces > uk-biobank-sek/Kathiresan Lab UK Biobank > Notebooks - Analysis - Albuminuria GWAS.ipynb

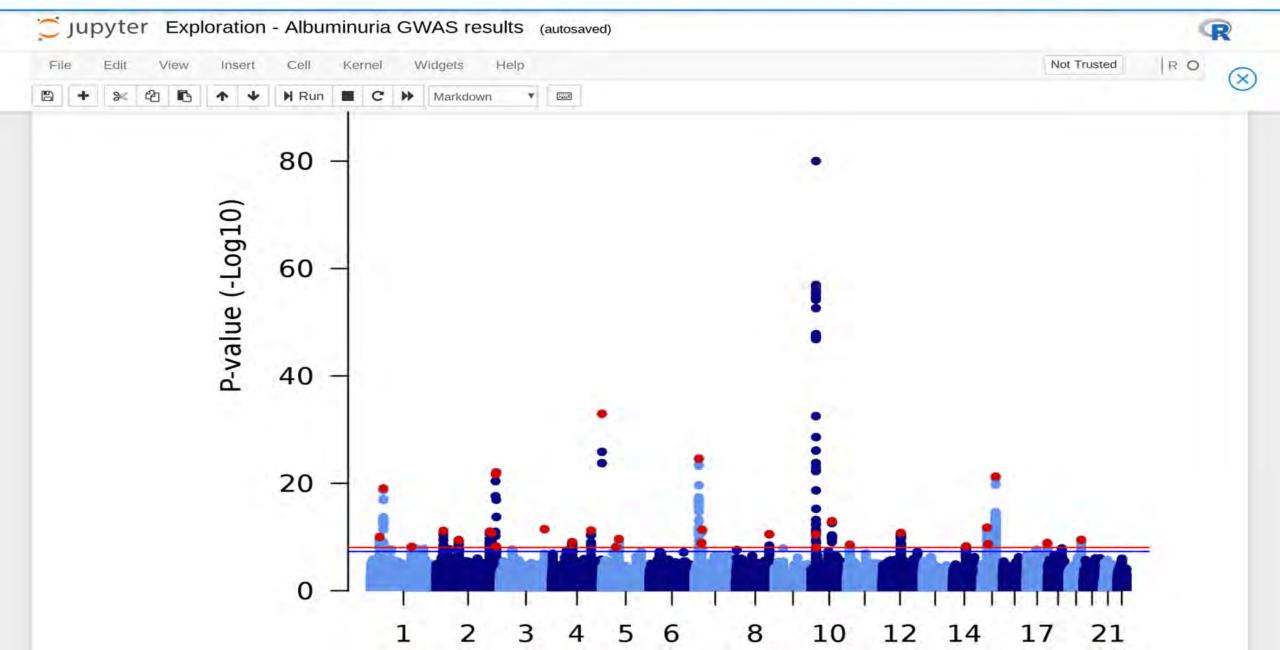






Workspaces > uk-biobank-sek/Kathiresan Lab UK Biobank > Notebooks - Exploration - Albuminuria GWAS resu...



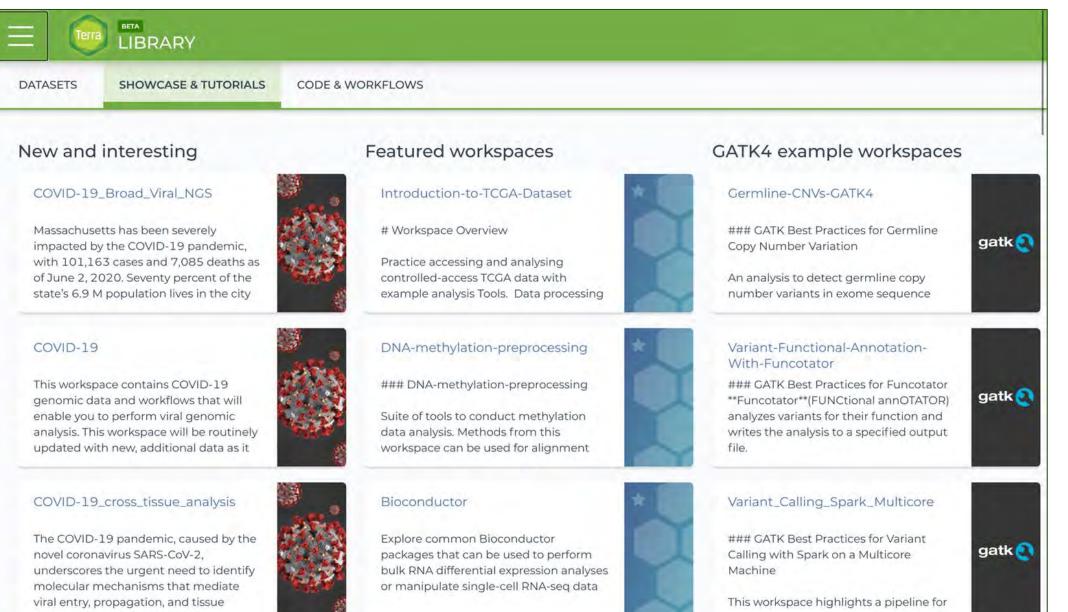


Terra use case: COVID-19 Research

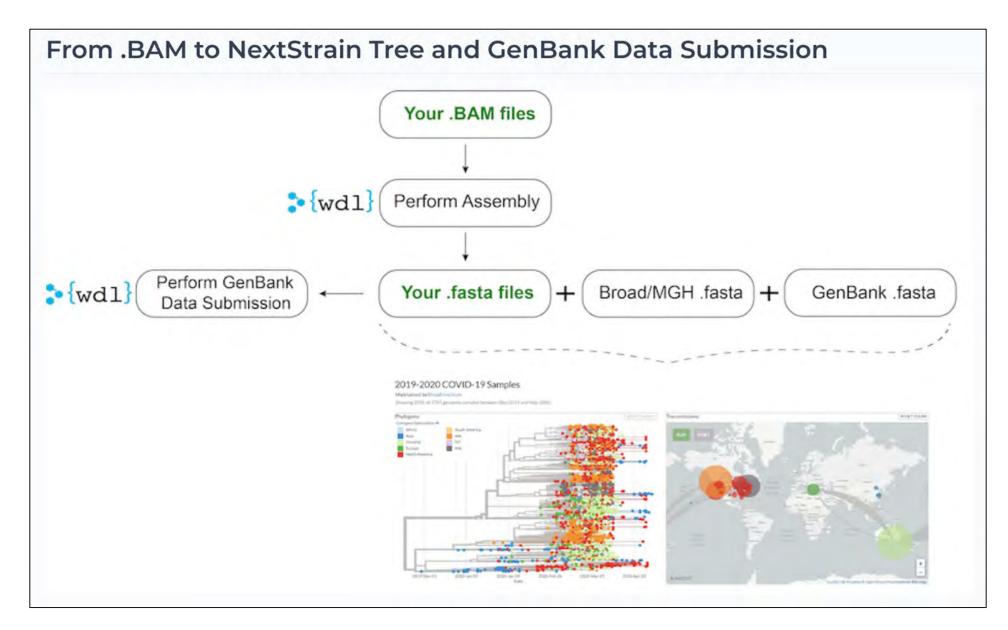
Data & Tools for COVID-19/SARS CoV2 analysis See this article for a summary of available resources.



Terra showcase



COVID-19 Viral Genomics



COVID-19 Cross Tissue Analysis



bioRxiv

Integrated analyses of single-cell atlases reveal age, gender, and smoking status associations with cell type-specific expression of mediators of SARS-CoV-2 viral entry and highlights inflammatory programs in putative target cells

Muus et al., bioRxiv 2020.04.19.049254; doi: https://doi.org/10.1101/2020.04.19.049254

METHODS: Code availability

Data and an interactive analysis examining the coexpression of genes across datasets can be accessed via the open-source data platform, Terra at https://app.terra.bio/#workspaces/kcoincubator/COVID-19_cross_tissue_analysis.

ABOUT THE WORKSPACE

The COVID-19 pandemic, caused by the novel coronavirus SARS-CoV-2, underscores the urgent need to identify molecular mechanisms that mediate viral entry, propagation, and tissue pathology in distinct cell types across organs. The surface receptor angiotensin-converting enzyme 2 (ACE2) and the associated proteases, transmembrane protease serine 2 (TMPRSS2) and Cathepsin L (CTSL), were previously identified mediators of SARS-CoV cellular entry.

Experimental Overview

We use single-cell RNA-seq (scRNA-seq) across diverse tissues to assess the cell-typespecific expression of ACE2, TMPRSS2, and CTSL. We identify specific subsets of respiratory epithelial cells as putative targets of viral infection, including subsets of epithelial cells in the nasal passages, lung and airways. Additionally, we detect expression in other tissues that may serve as routes of viral transmission, including the gut and corneal epithelia, and in cells potentially associated with COVID-19 clinical pathology including cardiomyocytes, olfactory sustentacular cells, and renal epithelial cells.

For more details about the resources presented in this Terra Workspace, please use <u>this</u> link to refer to the official manuscript hosted on Biorxiv.

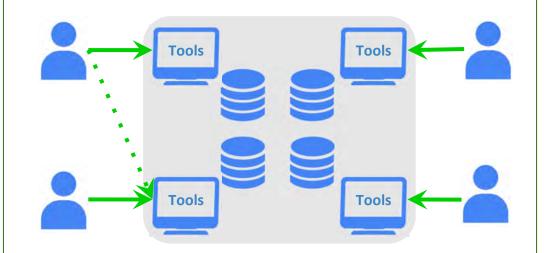
Platforms ⇒ Rapid Response

How do we prepare for the unexpected?

- Collaborative platforms allow fast sharing of new tools, knowledge, and data.
 - Example: COVID-19 viral genomics and tissue expression workspaces
 - Example: *All of Us* COPE surveys
- General-purpose platforms allow fast specialpurpose analysis.
 - Example: UK Biobank surveyed their participants about COVID-19, and provided some of the first strong evidence about genetic factors in disease susceptibility and severity.
 - Example: All of Us is running serology assays on biosamples collected in early 2020, to look for early COVID-19 exposure patterns.

Cloud-centric approach

Bring researchers to data



Facilitates collaboration

Centralized security controls Accessible to all researchers Decreased cost of storage Shared tool ecosystem

Thank you!

Novel Partnerships and Research Tools to Support Covid-19

Chris Treml American College Radiology

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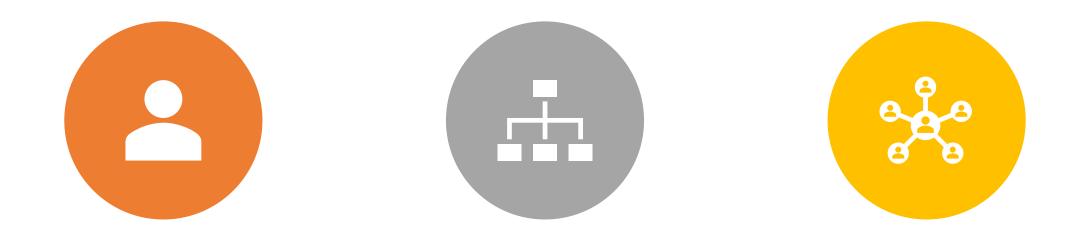
Who We Are

- Member based organization
 - ~40,000 members
- Center for Research and Innovation
 - Over 140 staff
 - 2 million+ images process annually

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Operating Partnership

Types

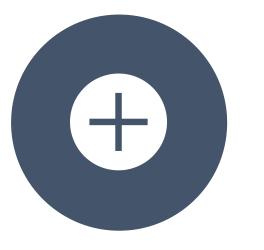


SINGLE PARTY

PRIMARY /SECONDARY

FEDERATED









SIMPLE

WIDELY USED

CONTROL









"SUB-CONTRACTOR"

COMPLEMENTARY EXPERTISE

MID COMPLEXITY









MULTI-ENTITY

SCALABLE

HIGH COMPLEXITY

• • • • • • • • • • •

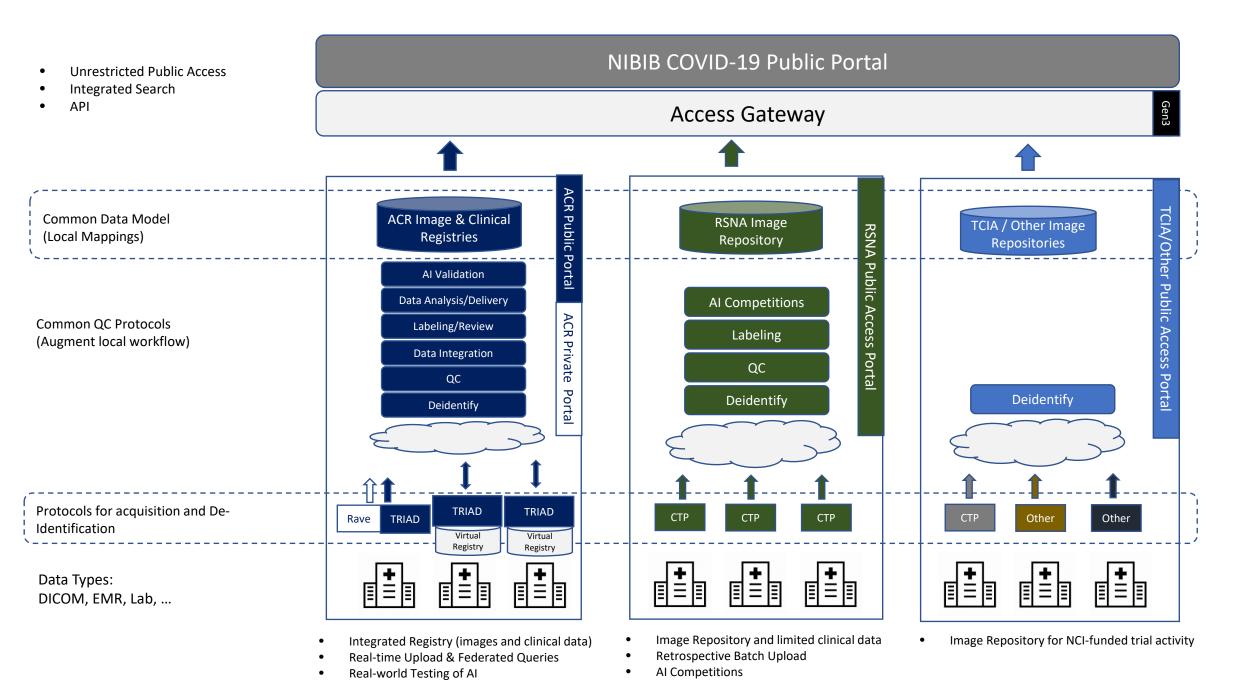
MIDRC



- Virtual registry
- >40 data elements collected
- Groups
 - NIBIB
 - Gen3
 - ACR
 - RSNA
 - AAPM
 - TCIA



- Independence on collection
- Top level abstraction layer
- Governance
 - Unifying data elements
 - Unifying subject IDs
 - Site enrollment
 - Timelines
- NIBIB



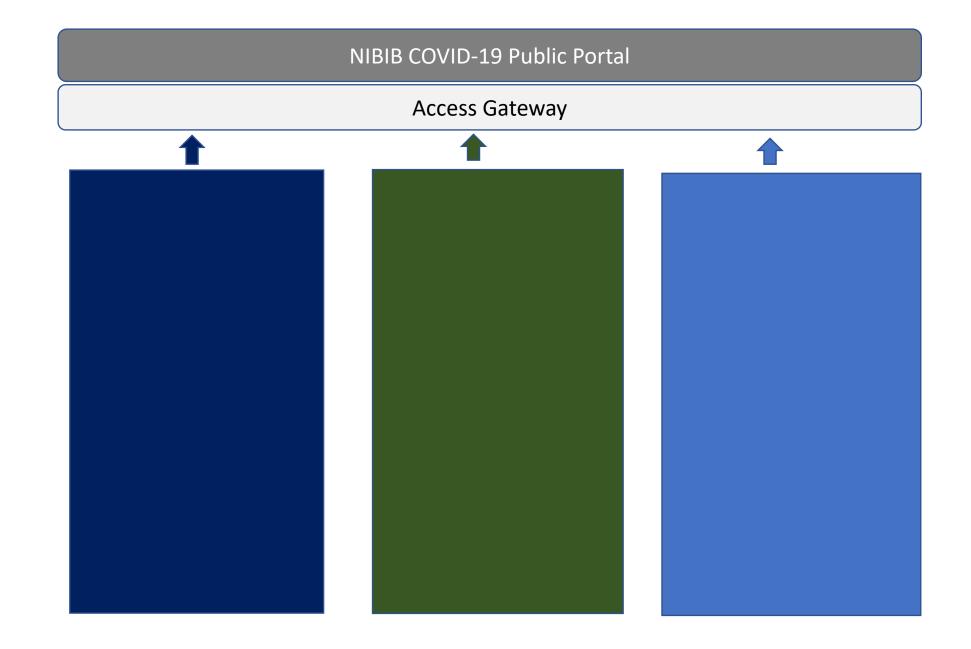
MIDRC

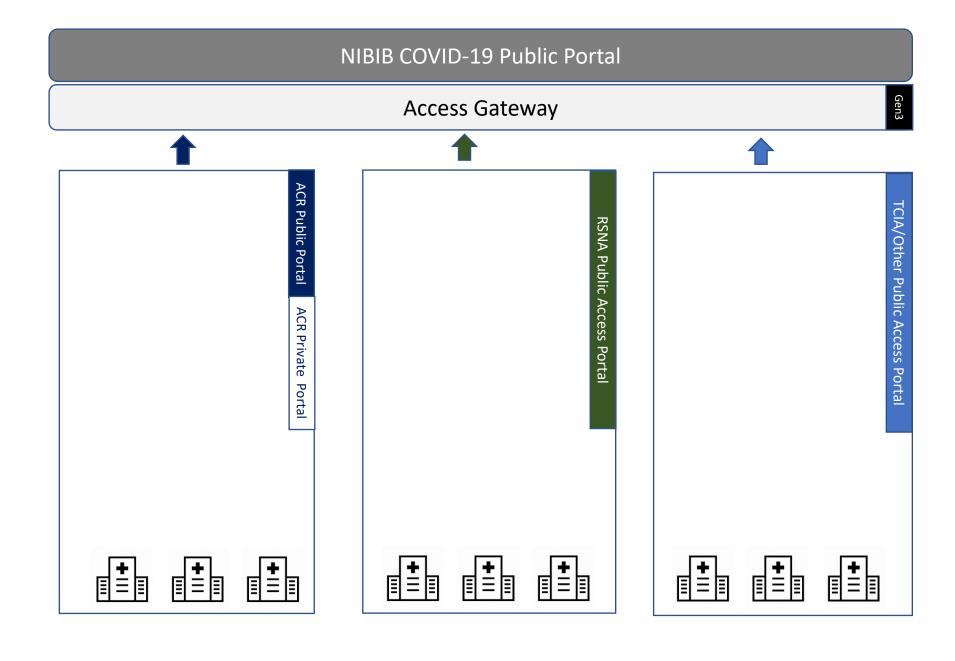
- >40 data elements collected
- Demographics
- Vitals
- Labs
- Images
- Diagnosis
- Repeatable
- Single Instance

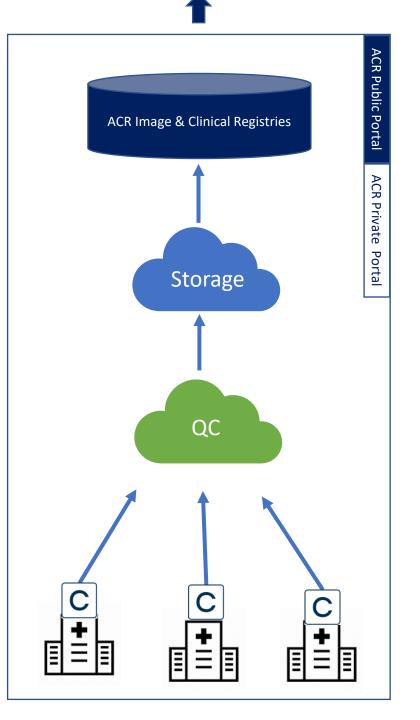
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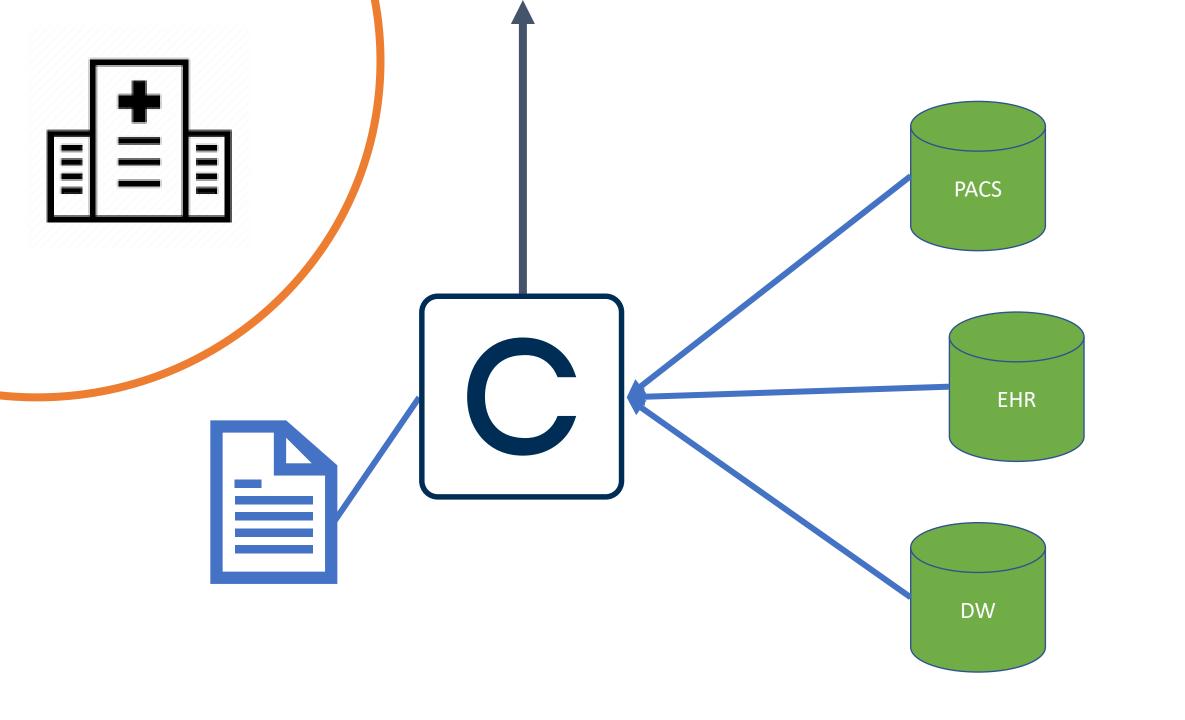


CONNECT



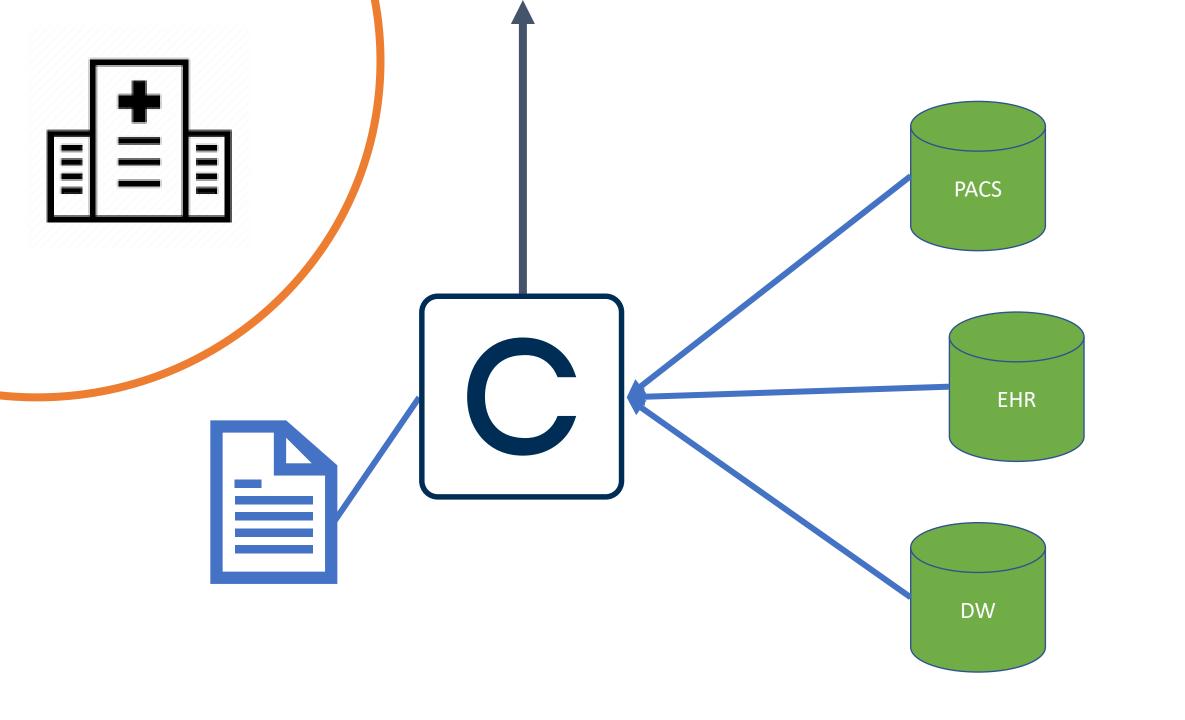


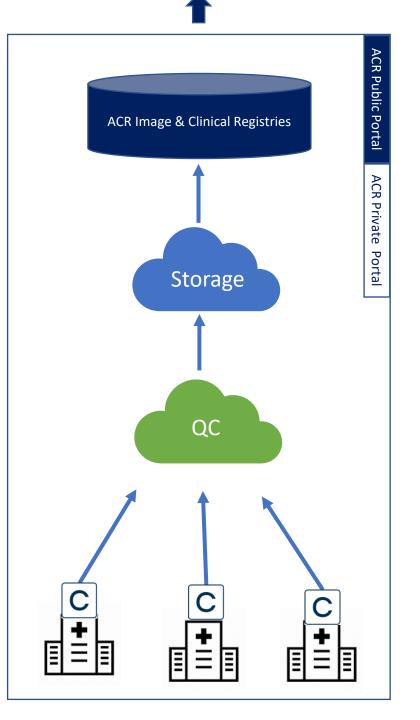


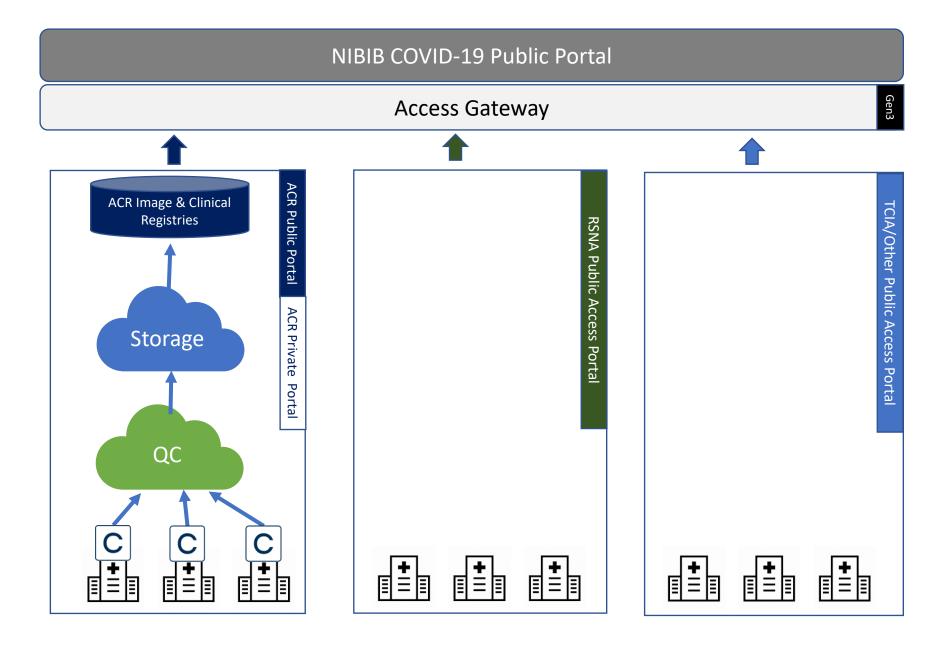




- Anonymization
- •QC
- Mapping
- Automatic abstraction
- Local control







Wrapping up

- Different partnership models, different benefits
 - Single, Primary/Secondary, Federated
- COVID-19 presenting areas for high scalability
 - MIDRC example
- ACR Connect
 - Last mile platform for data gathering

All of Us Researcher Workbench CMSS Webinar: Deploying Cloud-based Platforms and Analytic Tools to Support Covid-19 and Beyond August 6, 2020

Andrea H Ramirez, MD, MS Vanderbilt University Medical Center andrea.h.ramirez@vumc.org

@AndreaRamirezMD





Health Begins With You

The *All of Us* Research Program is a historic, longitudinal effort to gather data from one million or more people living in the United States to accelerate research and improve health. By taking into account individual differences in lifestyle, socioeconomics, environment, and biology, researchers will uncover paths toward delivering precision medicine – or individualized prevention, treatment, and care - for all of us.



"All of Us is among the most ambitious research efforts that our nation has undertaken!"

NIH Director Francis Collins, M.D., Ph.D.

The All of Us Research Program is part of the broader Precision Medicine Initiative.

On behalf of the Data and Research Center team!













The All of Us Research Program

Nurture relationships

with **one million or more** participant partners, from all walks of life, for decades

Catalyze a robust ecosystem of researchers and funders hungry to use and support it



Our mission

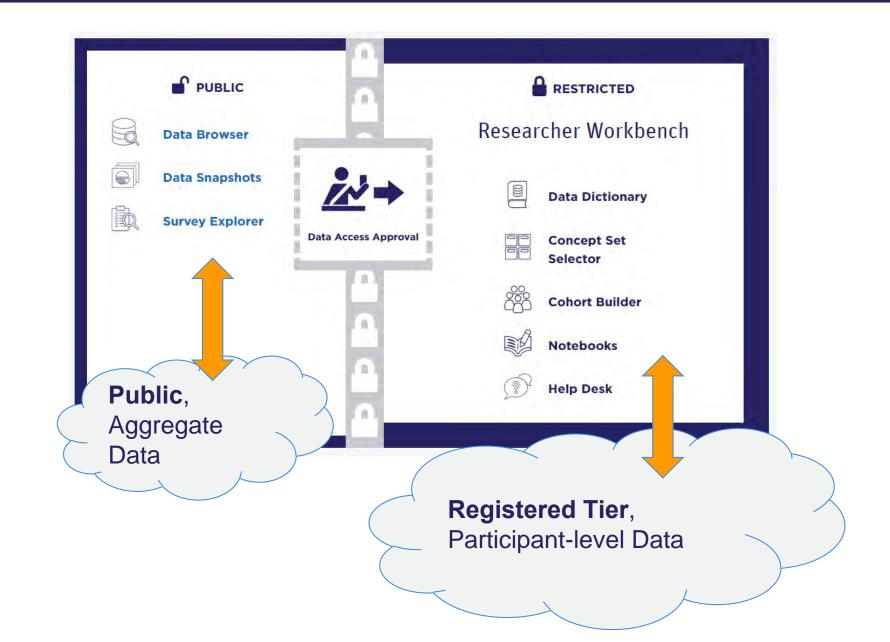
To accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care for all of us



Deliver the largest, richest biomedical dataset that is easy, safe, and free to access

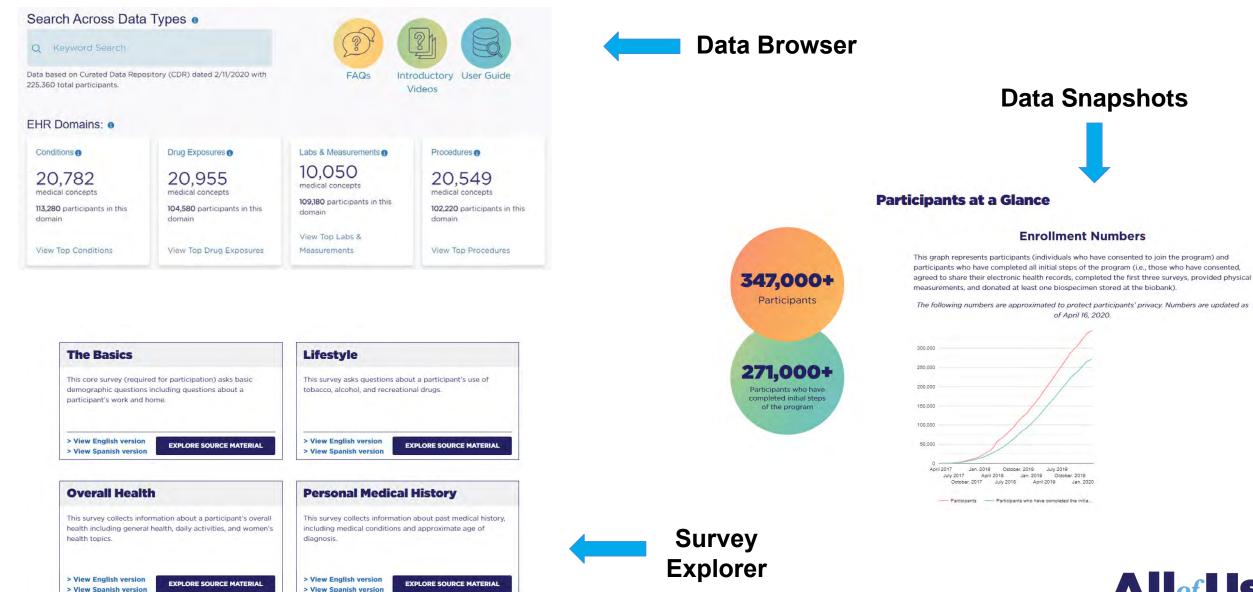


The Research Hub: Access & Analyze All of Us Data





Research Hub: Public Tools for Browsing Aggregate Data





Research Projects Directory Mock

Research Projects Directory

This list, updated 3/31/2020 shows how researchers are using All of Us data.

*Note: Researcher Workbench users fill out their research project information independently. Any views, opinions, or other comments made in the Directory belong to the relevant research project team. These views, opinions, or comments do not necessarily represent the *All of Us* Research Program's beliefs.

**Information in the Research Projects Directory is also cross-posted on A<u>llofUs.gov</u> in compliance with the 21st Century Cures Act.

There are currently 1,657 active workspaces. This information was updated on 4/6/2020.

SORT BY TITLE: ABC | DEF | GHI | JKL | MNO | PQR | STU | VWX | YZ | 0-9

a PROJECT PURPOSE(S)

• Population Health ...

https://www.researchallofus.org/research-projects-directory/?section=stu

a PROJECT PURPOSE(S) Population Health SCIENTIFIC QUESTIONS BEING STUDIED d SCIENTIFIC APPROACHES Not available. ANTICIPATED FINDINGS d DEMOGRAPHIC CATEGORIES OF INTEREST Not available. RESEARCH TEAM

Owner: Oscar Carlton - PI

 \checkmark

Research Hub → (Beta) **Researcher Workbench**

			W	E ARE IN BETA
		a 2 1	6	RESTRICTED
B	Data Browser		Resear	cher Workbench
	Data Snapshots	<i>i</i> ∕+		Data Dictionary
EQ.	Survey Explorer	Data Access Approval		Concept Set Selector
				Cohort Builder
				Notebooks
			(?)	Help Desk



What to Expect as a Beta Researcher



Currently, an institutional agreement & eRA Commons account must be in place.





The program cohort is actively growing, and so is our data.





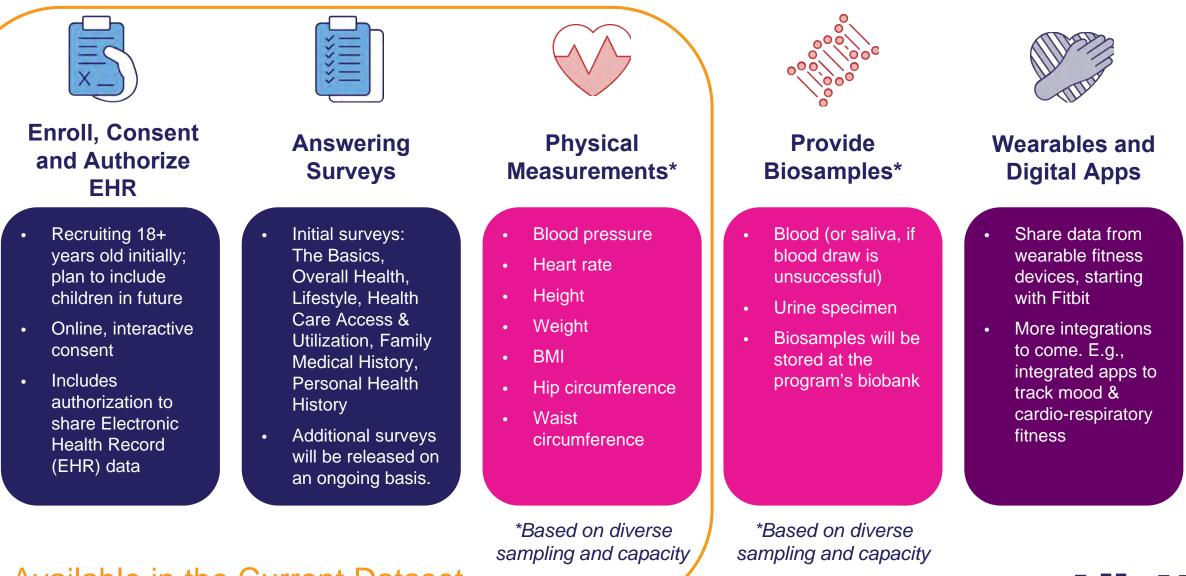
5 The goal is to be a true game changer for understanding health.



What data are available now?



Our Data Is Growing. Here are the Current Data Types



Available in the Current Dataset

Research Data Available <u>Now</u>

Data Type

Survey

Physical

Measurement

Electronic

Health

Record



Count of participants with multiple data types

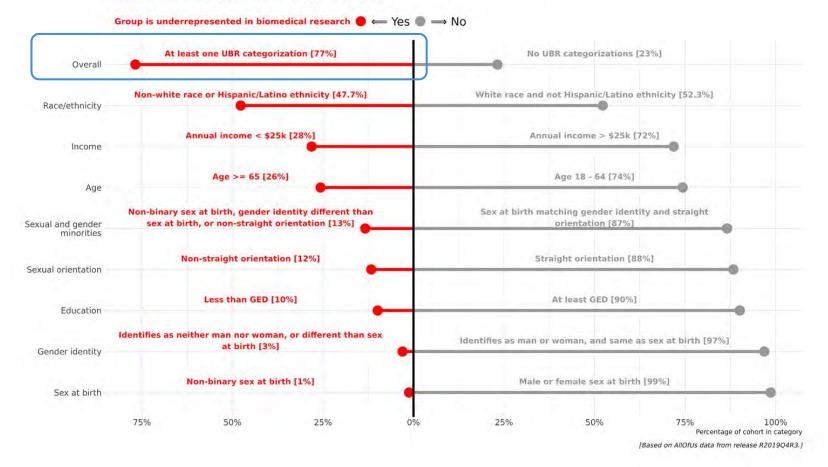
DATA & RESEARCH CENTER

Data@Beta: Cohort Diversity



Cohort diversity: underrepresented groups in biomedical research

Categorizations based on explicit responses to survey questions.



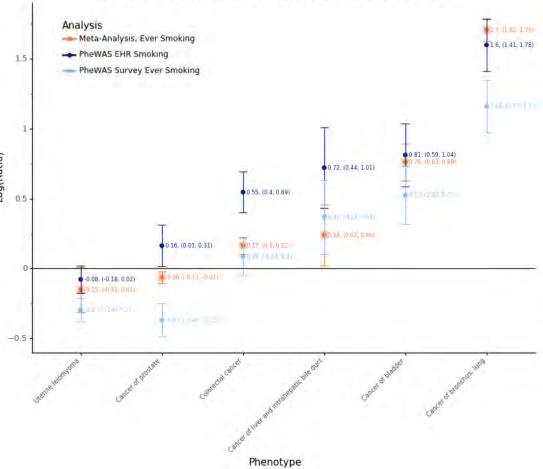
A. Ramirez, L. Suleiman, D. Schlueter, et al., *The All of Us Research Program: data quality, utility, and diversity*, medRxiv 2020.05.29.20116905; doi:

Data@Beta: Data Quality



Description	EHR Ever Smoking OR (95% CI)	Survey Ever Smoking OR (95% CI)
Top 3 Increased risk effects		
Cancer of the bronchus; lung	4.94 (4.11, 5.95)	3.19 (2.65, 3.84)
Cancer within the respiratory system	4.94 (4.12, 5.92)	3.15 (2.62, 3.78)
Malignant neoplasm of bladder	2.36 (1.87, 2.98)	1.76 (1.42, 2.18)
Top 3 Decreased risk effects		
Vascular hamartomas and non- neoplastic nevi	0.51 (0.42, 0.62)	0.55 (0.48, 0.64)
Nevus, non-neoplastic	0.52 (0.43, 0.64)	0.57 (0.49, 0.66)
Benign neoplasm of skin	0.53 (0.49, 0.58)	0.62 (0.58, 0.66)

Ever Smoking Comparison of Meta-Analyses to AoU PheWAS

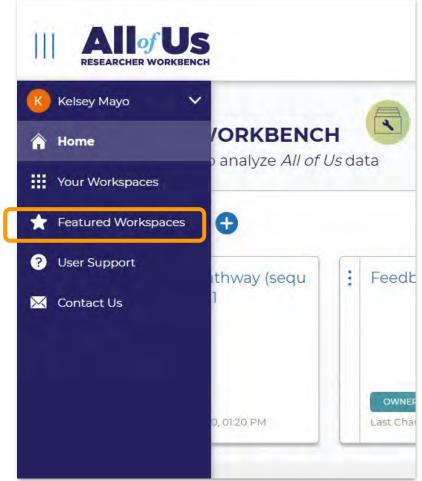


A. Ramirez, L. Suleiman, D. Schlueter, et al., *The All of Us Research Program: data quality, utility, and diversity*, medRxiv 2020.05.29.20116905; doi:

Want to learn more?



		Service and the	
The All of Us Research Progra	am: data quality, utility, and	O Comment on this paper	
diversity			
🐵 Roxana Loperena, Kelsey Mayo, Meliss	J Schlueter, Alese Halvorson, Jun Qian, Franc sa Basford, Nicole Deflaux, Karthik N Muthu	iraman, Karthik Natarajan,	
Elizabeth Cohn, Lucila Ohno-Machado, Sł	da Anton-Culver, Eric Boerwinkle, Mine Cic heri Schully, Brian K Ahmedani, Maria Argos,	Bobert M Cronin,	
Parinda Khatri, 😳 Bruce Korf, Jordan W : Christopher Lunt, Stephanie A Devaney, I	vid B Goldstein, Philip Greenland, Scott J He Smoller, Stephen Sodeke, John Wilbanks, Just Kelly Gebo, Joshua C Denny, Robert J Carro	tin Hentges, II, David Glazer,	
Paul A Harris, George Hripcsak, Anthony doi: https://doi.org/10.1101/2020.05.29.2	Philippakis, Dan M Roden, On behalf of the 20116905	All of Us Research Program	
	not been peer-reviewed [what doe at has yet to be evaluated and so sh		
Abstract Info/History Metrics		Preview PDF	
		Download PDF	



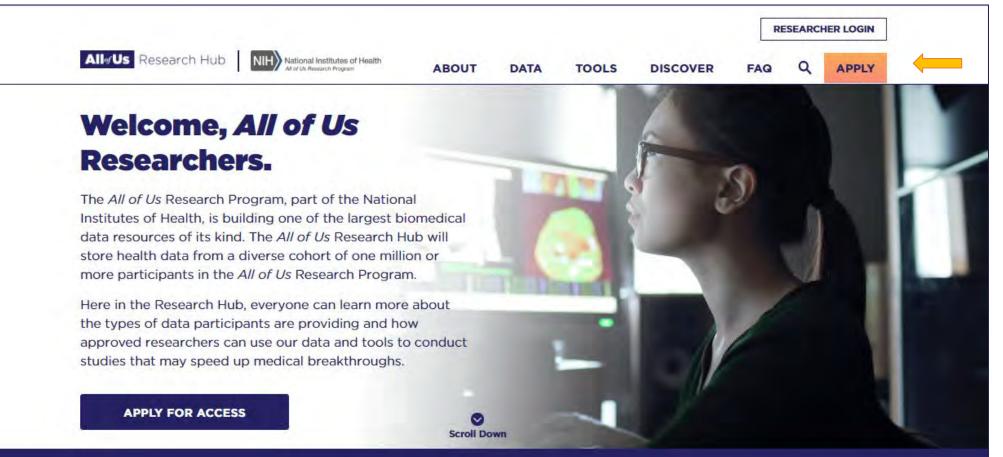
A. Ramirez, L. Suleiman, D. Schlueter, et al., *The All of Us Research Program: data quality, utility, and diversity*, medRxiv 2020.05.29.20116905; doi:

How do you get access?



Interested in becoming a Beta Researcher?

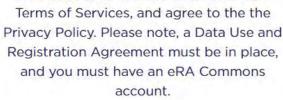
Visit researchallofus.org to apply!



How the Application Process Works



Data Use and Registration Agreement. If you do not see your institution listed, please fill out the form to initiate the process.



Connect your eRA Commons account upon applying to the Researcher Workbench.

https://www.researchallofus.org/institutional-agreements/



Understand more about our privacy safeguards and the ethics surrounding the use of participant data.

STEP 5

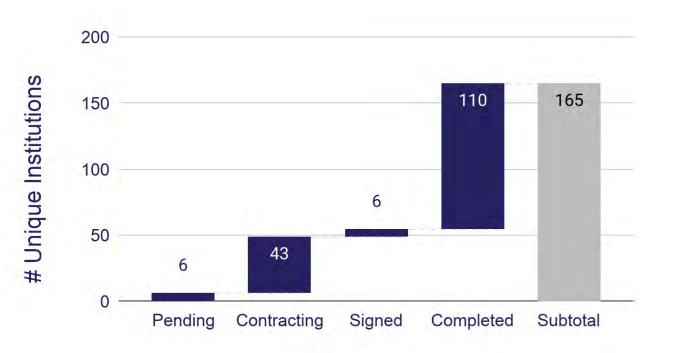
SIGN AUTHORIZED USER CODE OF CONDUCT

Each user must agree and sign an Authorized User Code of Conduct



Institutional Agreements

Currently, 165 institutions are in the access pipeline with 110 having completed agreements!



Institutional Agreement Status

Institutions are Diverse:

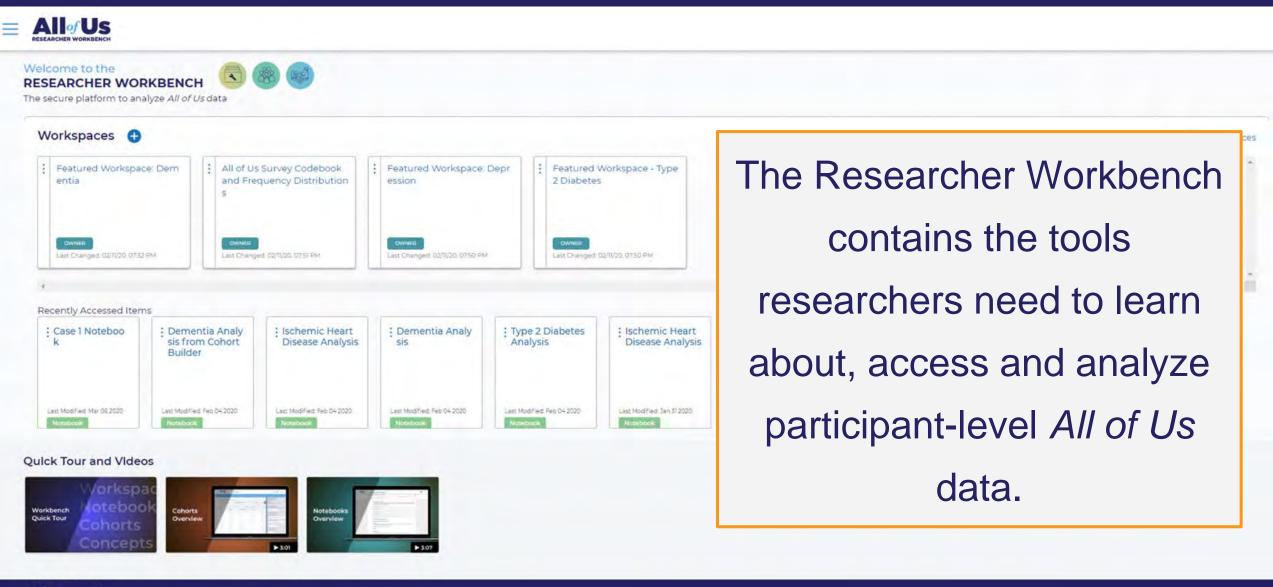
- Non-profit Orgs
- Federally Qualified Health Centers
- Historically Black Colleges & Universities
- R2 Public Universities
- Major Academic Medical Centers
- Disease Advocacy Groups
- And growing....



Ok now what?



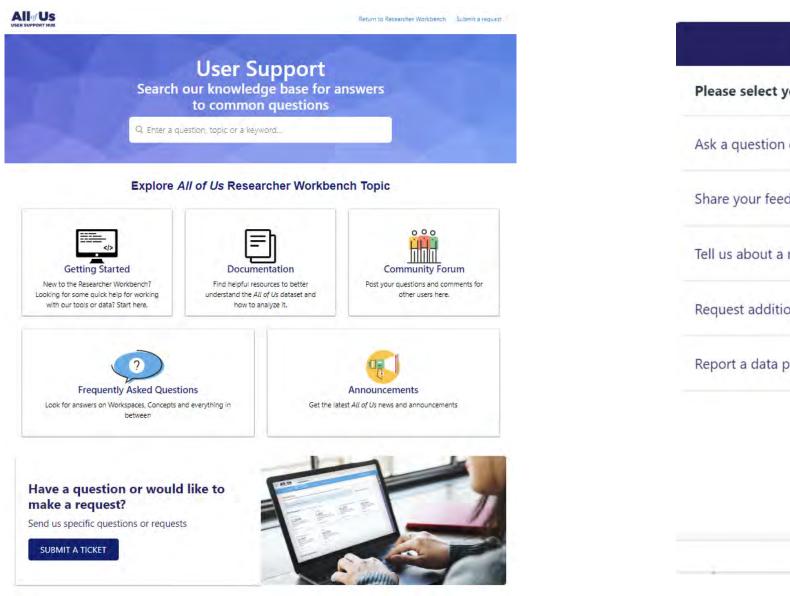
Welcome to the Researcher Workbench



RESEARCHER WORKBENCH

Copyright ©2018

Searchable Knowledge Base, Community Forums, and Help Desk



Help Desk	-
Please select your issue	
Ask a question or report an issue.	
Share your feedback.	
Tell us about a recent publication.	
Request additional billing credits.	
Report a data privacy concern.	
zendesk	

All of Us Phenotype Library



Phenotype Library

Tutorial Workspaces

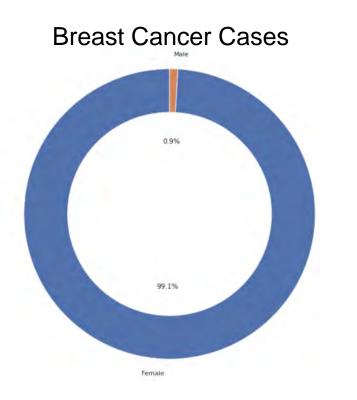
RESEARCHER WORKBENCH WORKSPACE LIBRARY

Phenotype Library

These workspaces demonstrate how computable electronic phenotypes can be implemented within the *All of Us* dataset using examples of previously published phenotype algorithms.



Phenotype Library Example: Breast Cancer



Example Query of ICD Codes in notebook:

```
guery = ("""
SELECT distinct person_id, condition_start_date as date
FROM
(SELECT DISTINCT person_id, condition_source_concept_id, condition_source_value, condition_start_date
FROM `"""+prefix+""".""+ str(CDR_version) +""".condition_occurrence`) AS cond
INNER JOIN
(SELECT DISTINCT concept_id, concept_name, concept_code, vocabulary_id
FROM `"""+prefix+""".""+str(CDR_version)+""".concept`
where (concept_code in ('233.0')
and vocabulary_id ='ICD9CM')) as concept
on concept_concept_id = cond.condition_source_concept_id
""")
pd.read gbg(query, dialect="standard")
```

We implemented a validated phenotyping algorithm for breast cancer from eMERGE network.

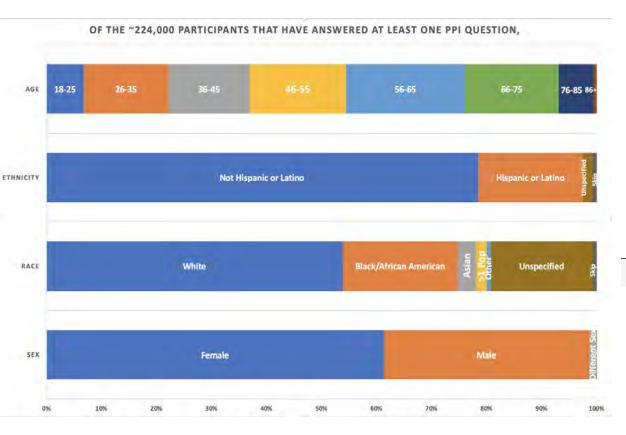
- 1. We found 3748 total breast cancer cases
 - a. 3714 female cases (99.1%)
 - b. 34 male cases (0.9%)
- 2. Algorithm utilized diagnosis/history codes in the OMOP observation and condition occurrence tables
- 3. This algorithm will be made available to researchers as part of the Phenotype library
 - a. Cohort builder implementation and notebook query implementation match

Issues encountered:

1. Be careful about how you specify certain codes in cohort builder vs. notebooks



Tutorial Workspace Example: Working with Survey Data



Issues Encountered

- Data is formatted long
- "Child questions" are not always answered by the intended participants
- Several tables contain survey information [DS_SURVEY, CONCEPT, OBSERVATION, OBSERVATION_EXT] and field names may vary
- May be joined together, but that takes computational time

Ex. How to query survey data

- 1. View a pdf of the **Overall Health** Survey using <u>Survey Explorer</u>
- 2. Identify question of interest:

How confident are you filling out medical forms by yourself?

Extremely / Quite a bit / Somewhat / A little bit / Not at all / Skip

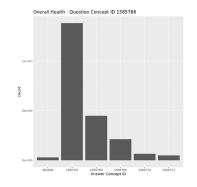
1. Go to OHDSI ATHENA to find the associated ID, Code, and Name

Question	Question ID (ID)	Question Code (CODE)	Question Name (NAME)	Data Type (CLASS)	Data Sourve (VOCAB)
How confident are you filling out medical forms by yourself?	1585766	OverallHealth_MedicalFormConfidence	Overall Health: Medical Form Confidence	Question	PPI
1. In a Notebook, que	ery th	e All of Us custom Ds	_survey table	е	
WHERE question	conc	ept_id = 1585766			

1. Output frequency table of answers

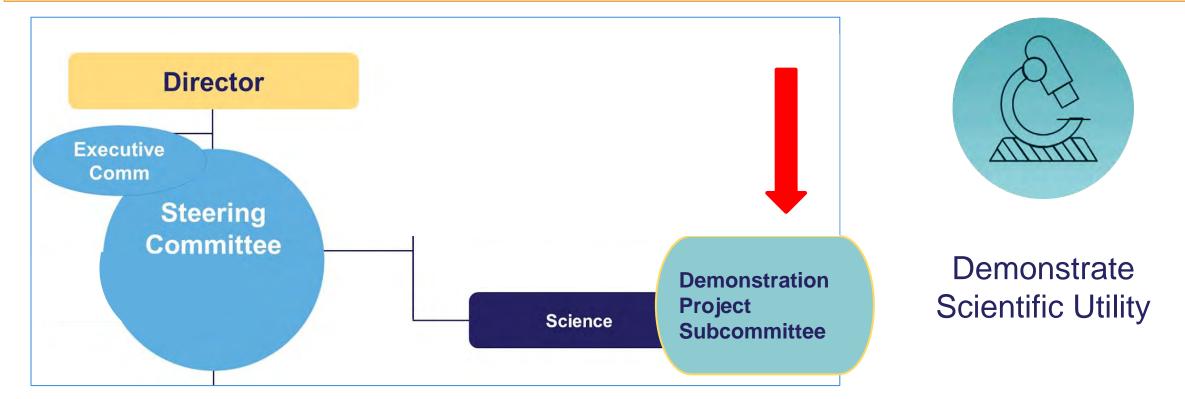
6. Plot counts of responses

Medical Form Confidence: Extremely 138210 63.1 Medical Form Confidence: Quite A Bit 44894 20.5 Medical Form Confidence: Somewhat 21420 9.8 6586 3.0 Medical Form Confidence: A Little Bit Medical Form Confidence: Not At All 5040 2.3 PMI: Skip 2865 1.3 Total 219015 100.0



All of Us Demonstration Project Subcommittee

The DRC AoU Demonstration Projects will use Research Hub tools to characterize and validate the AoU cohort and data in order to demonstrate the quality, utility, and diversity of AoU data and tools. AoU Demonstration Projects will replicate known, previously published findings, and will not aim to discover new disease classifications, relationships, or risk associations -- **our role is to support the community's use of data, not to make first discoveries**.



Members: Andrea Ramirez (Chair), Kelly Gebo, Cheryl Clark, Elizabeth Cohn, Lucila Ohno-Machado, Mine Cicek, Eric Boerwinkle, Sheri Schully, Steve Mockrin

AoU Science Committee: Demonstration Projects Subcommittee



Goal: Fully executed research projects demonstrating the utility and validity of AoU data timed to publish at data platform launch, <u>not</u> novel discovery work.

Phase 1 [DRC] Description, Replication, Utility Assessment Phase 2 [Consortium] Expanded Description, Replication, Utility Assessment

Phase 3 [Consortium] Future Preceding new data types

Engaging a large consortium, covering broad health areas

All of Us Awardee	No. of Approved Projects
Trans-American Consortium for the Health Care Systems Research Network (TACH)	4
NYC Precision Medicine Consortium	4
The Participant Center	5
Asian Health Coalition	2
University of Arizona	4
New England Precision Medicine Consortium	4
California Precision Medicine	2
Stanford University	1
Illinois Precision Medicine Consortium	5
South East Enrollment Center (SEEC)	4
Data and Research Center (DRC)	3

Health Areas	No. Projects in Health Area
Cardiovascular Disease	7
Cancer	5 (2 overlaps with other area)
Diabetes and Obesity	6 (3 overlap with other areas)
Mental Health	2
Wellness	2
Opioids and Pain	2
Chronic Kidney Disease	1
Chronic lower respiratory disease	1
Neurodegenerative condition and cognition	1
Other areas: Environmental exposures, Health disparities, Infectious disease, Body temperature, Women's health, Pediatric data description, Hematologic	
disorders	13
Gap addressing projects: Ophthalmology Compare Census and CDC data in AoU	
Rare diseases	3



Participation

Participants are partners in the *All of Us* Research Program. They have access to their informatic taking part, they have a chance to support new discoveries that may help their families and com

Who Can Join

People over the age of 18 who are living in the United States can join the *All of Us* Research Program. You can sign up directly through JoinAllofUs.org or at a participating health care provider organization **Z**.

 When patients enroll, EHRs from childhood may come along

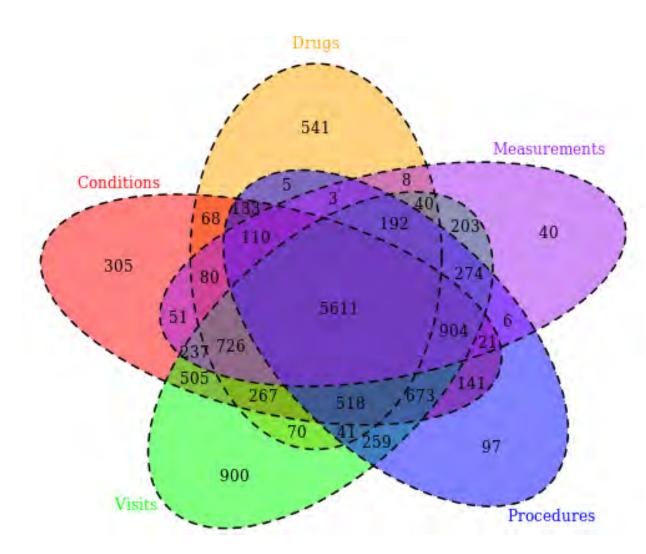
Questions:

- How much data is there?
- What data types are there?
- Can the data be used for pediatric research?

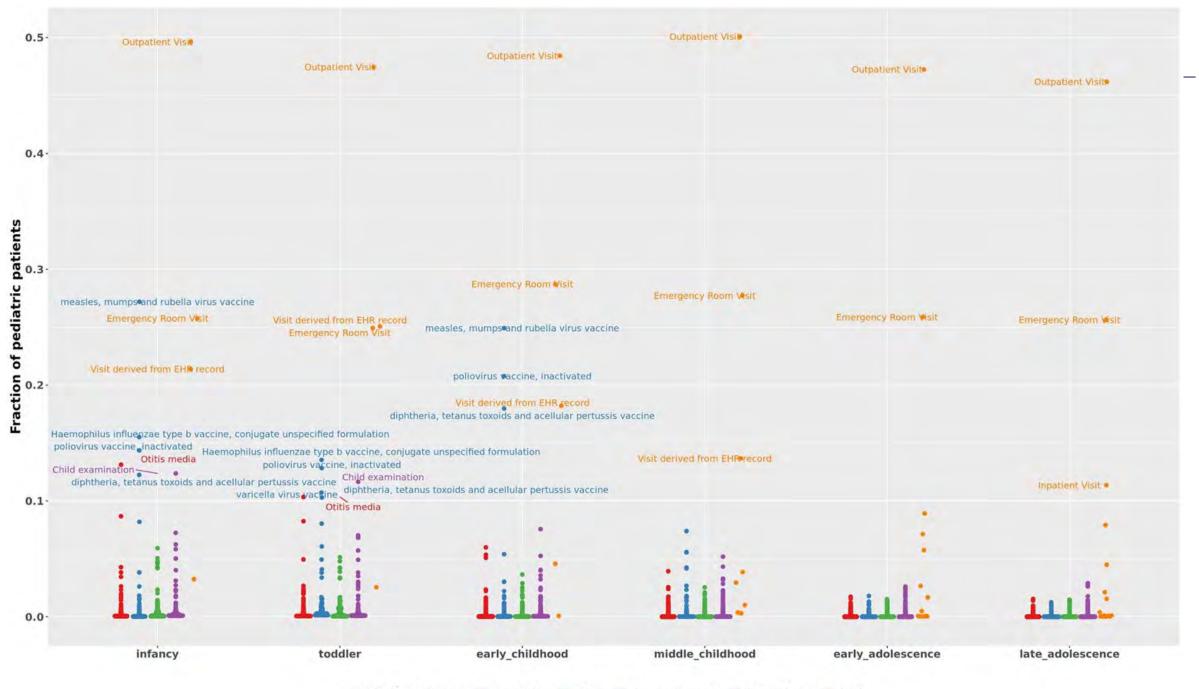
D38: Exploration of Pediatric Data from All of Us

Patients with:

- Drugs: 4070
- Conditions: 4865
- Visits: 5718
- Procedures: 4537
- Measurements: 3633







D43: Phenotype Risk Score (PheRS) Implementation

Goal: To replicate PheRS approach for three mendelian diseases including cystic fibrosis (CF), hereditary hemochromatosis (HH) and sickle cell (SC) anemia in allofus (AOU) cohort.

Contributors:

Jun Qian, Lisa Bastarache, David Schlueter, Janey Wang, Andrea Ramirez Vanderbilt University Medical Center

Ref: Lisa Bastarache, et al. **Phenotype risk scores identify patients with unrecognized Mendelian disease patterns**. *Science* 2018, 359 (6381), 1233-1239. DOI: 10.1126/science.aal4043

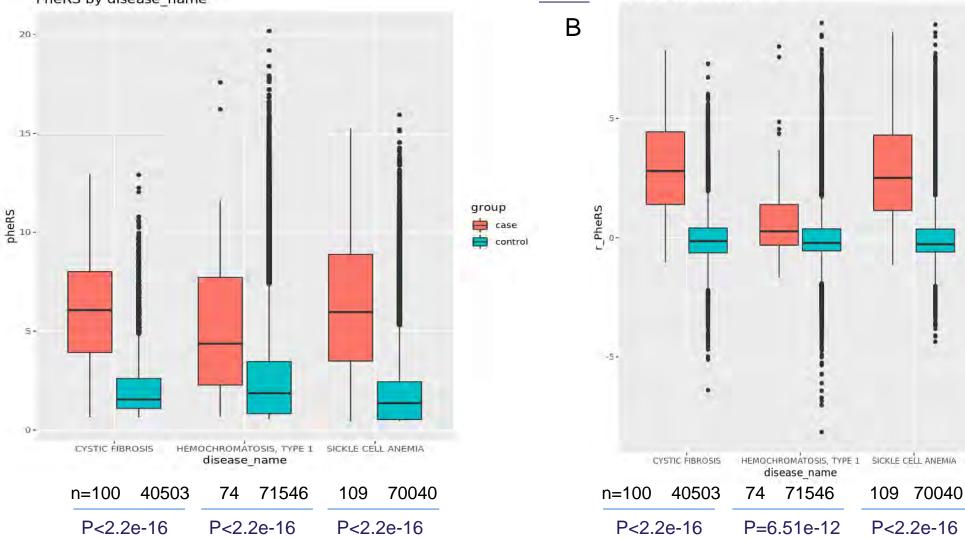
Improving the phenotype risk score as a scalable approach to identifying patients with Mendelian disease.J Am Med Inform Assoc. 2019 Dec 1;26(12):1437-1447.



D43 PheRS Implementation

PheRS by disease name

Α



r_PheRS by disease name

Raw PheRS (A) and studentized residuals of the raw PheRS (B) for three diseases in AOU EHR data. The regression model, PheRS~bs(age)+sex+race+unique_encounter_years was used for the r_PheRS calculation (B). P values were calculated using Wilcoxon rank sum test.

*Initial results, analysis still in progress

group

븕 case

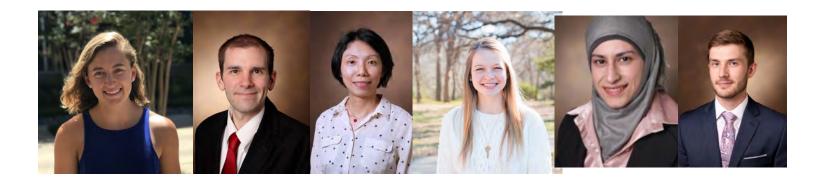
E control

D44: Comparison of family health history gathered in survey and electronic health records in *All of Us* Registered Tier Data

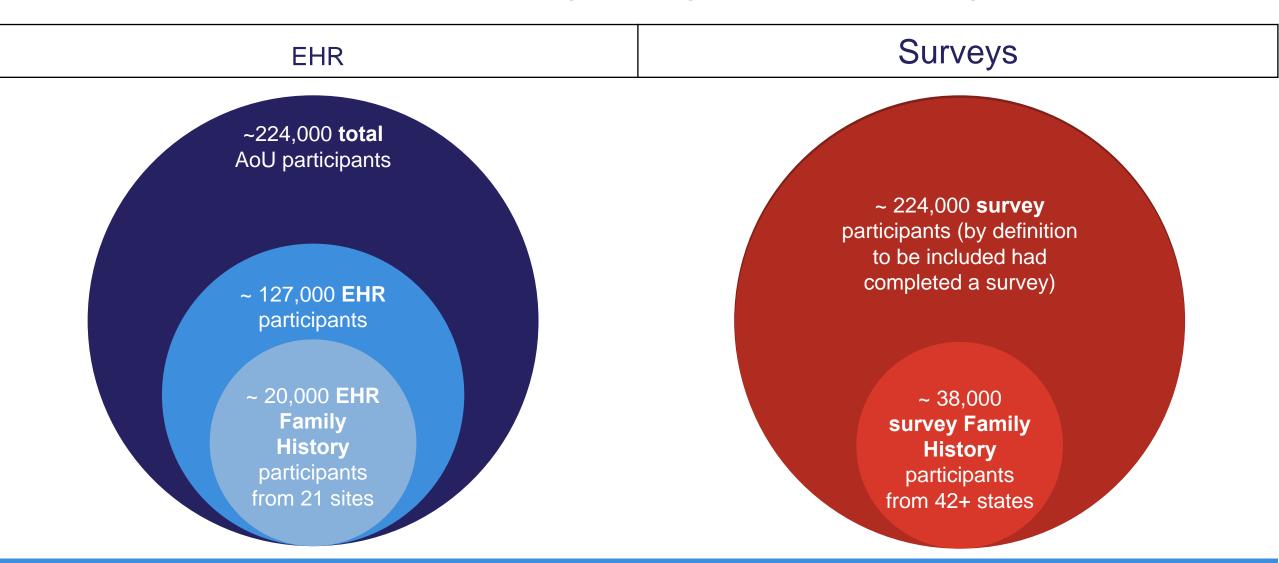
Background and Methods

- **Family health history** is integral to clinical care and important to integrated precision medicine care
- Prior studies show gaps in data from Electronic Health Record (EHR) structured fields
- Prior studies have been assisted by **free text extraction**
- Surveys have shown great promise using common data models

All of Us has **both** data sources for family health history information.



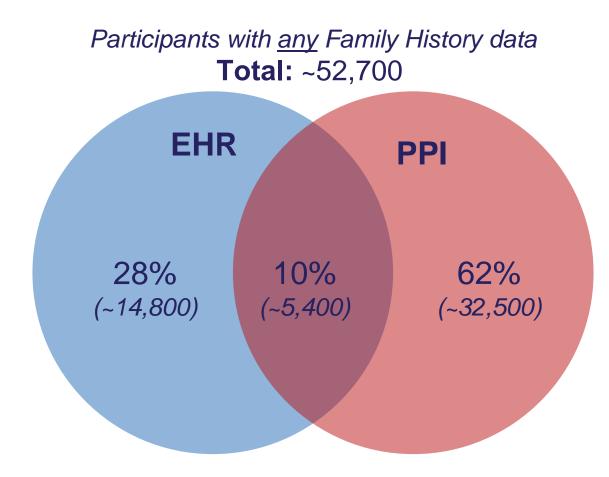
Data and Research Center – Family History in EHR vs. Surveys



Is EHR confirming what we already knew from suryeing participants? Or are we getting new information?

Data and Research Center – Family History in EHR vs. PPI

• Results and Conclusions



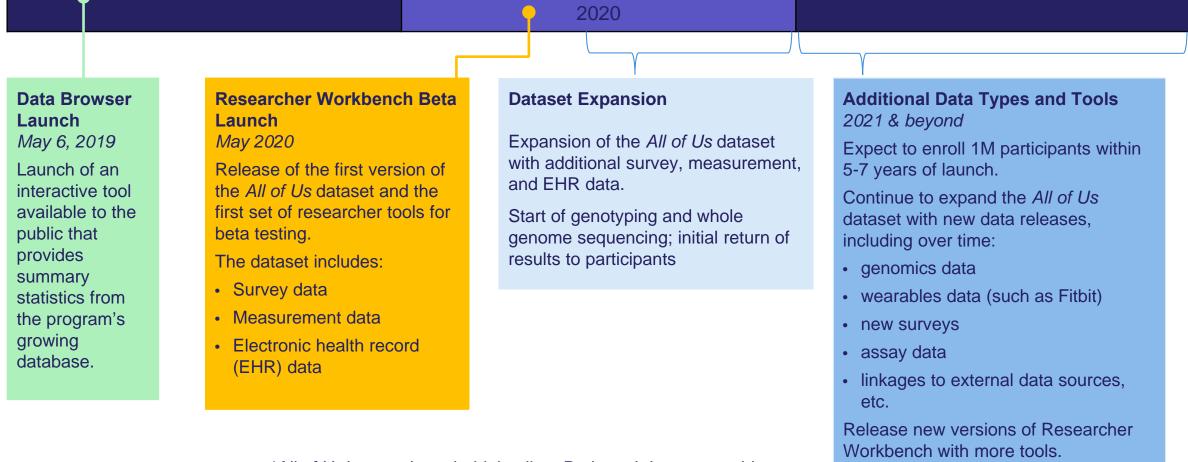
Phase II Demo Project Culmination Meeting

- 50 overall attendees, 26 demo project team members
- 9 out of 11 Consortium Awardees represented
- 22 different projects presented both on-site and remotely (of 38 total)
- Discussions around feedback mechanism and new beta features
- Discussions around authorship and alpha access next steps and publication of projects internally in Featured Workspaces





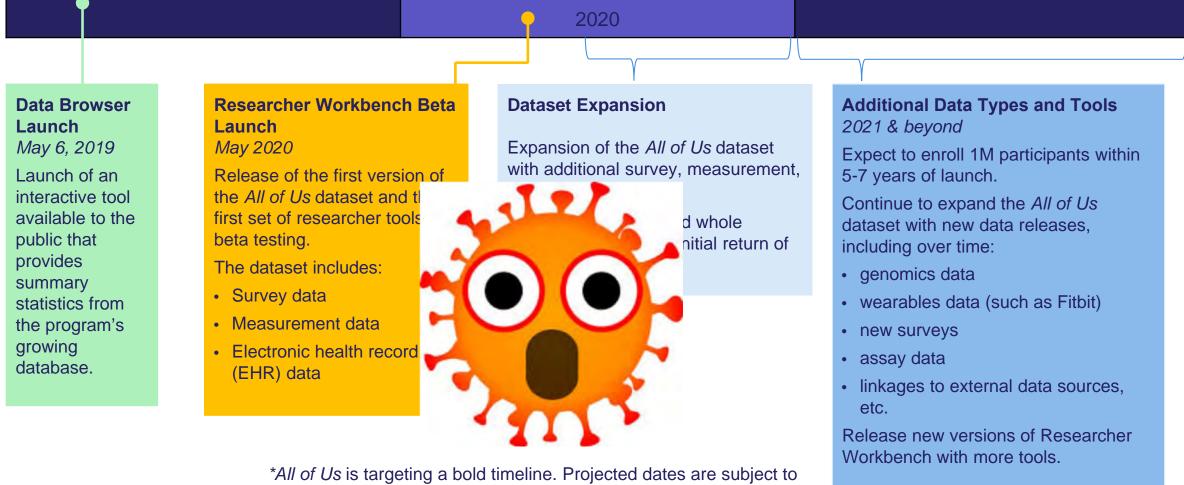
Data Release Timeline



**All of Us* is targeting a bold timeline. Projected dates are subject to change and dependent on security and usability testing.

103

Data Release Timeline



change and dependent on security and usability testing.



NIH.gov Blog Home Director's Album

NIH's All of Us Program Joins Fight Against COVID-19

Posted on June 16th, 2020 by Dr. Francis Collins

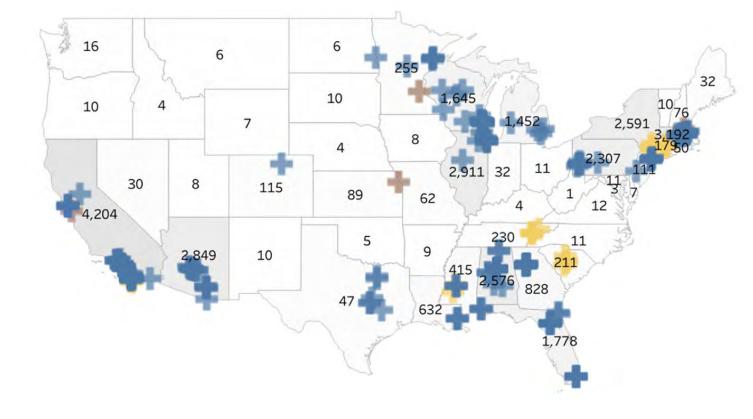




We've learned so much about coronavirus disease 2019 (COVID-19), but there's still much more that we need to learn in order to defeat this devastating pandemic. Among the critical questions: why do some young people who

Pivot to COVID-19

- 0. Enrollment paused in March
- 1. Serology study (see map)
- 2. EHR curation effort
- 3. New survey: longitudinal collection on health and well being

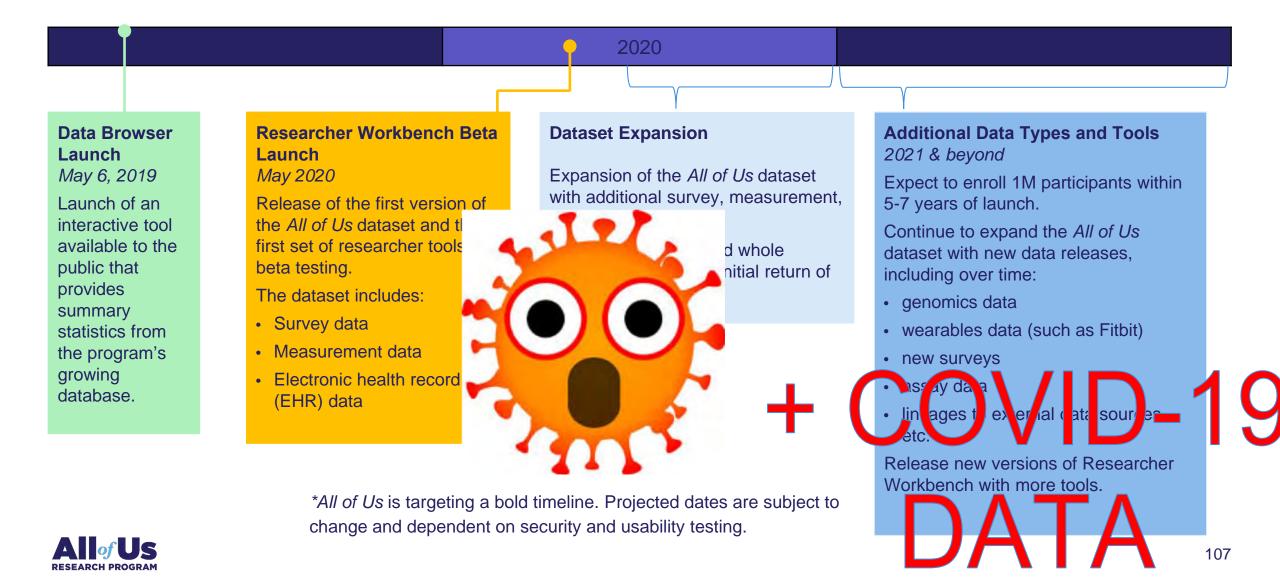


"Aside from physical health concerns, the pandemic may be stressful to many of us. <u>It can be difficult to cope with fear</u> and anxiety, changing daily routines, a general sense of uncertainty, financial and economic hardships, social isolation, and/or stigmatization. I join you in acknowledging there are other unforeseen effects stemming from this global health pandemic.

Francis Collins, M.D., Ph.D., Director

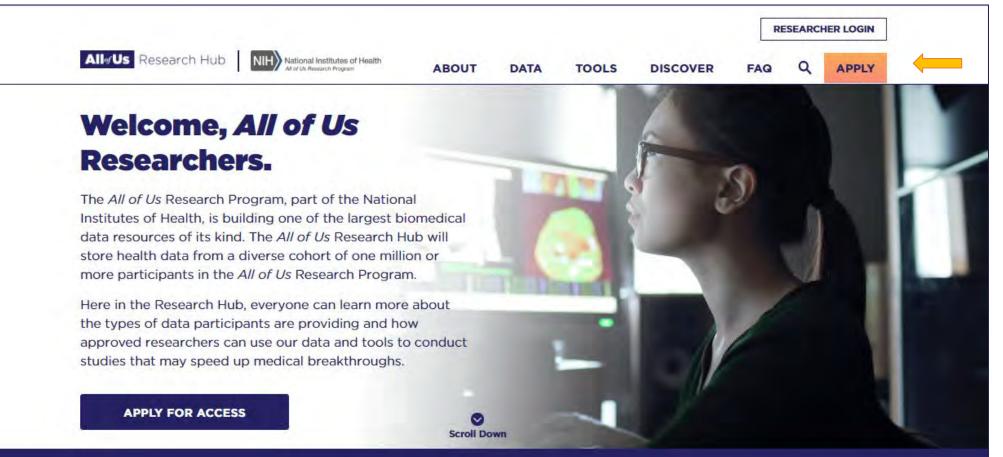


Data Release Timeline



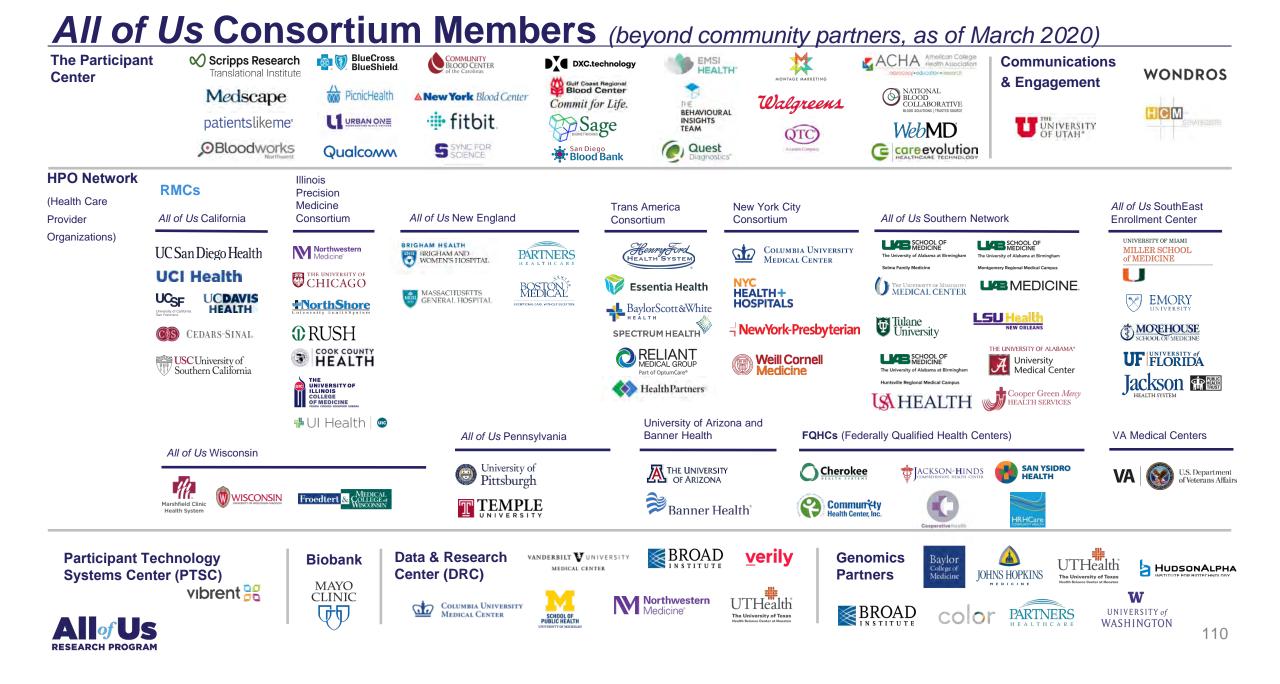
Interested in becoming a Beta Researcher?

Visit researchallofus.org to apply!



All of Us Community and Provider Partner Network (as of January 2020)





It takes All of Us....





For more information...

Thank you!

andrea.h.ramirez@vumc.org @AndreaRamirezMD



RESEARCH PROGRAM Precision Medicine Initiative, PMI, All of Us, the All of Us logo, and "The Future of Health Begins with You" are service marks of the U.S. Department of Health and Human Services.

Additional Slides

Screenshot Walk Thru

Underrepresented in Biomedical Research (UBR) Definitions

Category	All of Us UBR definition
Ancestry (Race/Ethnicity)	Participant identifies as any race or ethnicity other than White, including Multi-Ancestry (any combination of 2 or more races)
Age	Participant is under 18 or 65 or over at time of consent
Sexual & Gender Minorities	 Biological sex at birth: Participant self-reports intersex as their sex assigned at birth Gender Identity (GI): Participant identifies as anything other than man or woman (e.g., non-binary, transgender, etc.) Sexual Orientation (SO): Participant identifies as anything other than straight (e.g., gay, lesbian, bisexual, etc.)
Income	Participant with household income equal to or below two times the Federal Poverty Level
Educational Attainment	Participant is currently without a high school diploma or GED
Geography	Participant's zip code is within the list of Rural/Non-Metropolitan zip codes (per HRSA's Federal Office of Rural Health Policy)
Access to Care	Participant cannot readily use the health care system or pay for needed care
	Participant has a physical and/or cognitive disability

Questions & Answers

Please submit all questions through the question box.



Summary & Evaluation

- Thank you to all our panelists.
- A recording of the webinar will be available on the CMSS website in the coming weeks.
- Please compete a short evaluation following the webinar.
- For more information, contact <u>info@cmss.org</u>.

C/\\SS

CMSS WEBINAR SERIES

Advancing Clinical Registries to Support Pandemic Treatment and

<u>Response</u>

The series will address key questions related to the rapid development, deployment and implementation of Covid-19 focused clinical registries and clinical repositories by specialty societies and academia.

SUMMER 2020 | FREE TO ATTEND

Upcoming Webinars:



Prioritizing Patient Engagement and Inclusion of Patient-generated Data

Sept. 1

Using Clinical Registries to Address Disparities in Covid-19

CMSS WEBINAR SERIES Advancing Clinical Registries to Support Pandemic Treatment and Response

Upcoming Webinar:

Prioritizing Patient Engagement and Inclusion of Patient-Generated Covid-19 Data

Aug. 12 | 1:00 - 2:30 pm ET



Moderator:

Susannah Fox

Principal, Internet Geologist LLC; Former Chief Technology Officer, US Department of Health and Human Services

Panelists:



Gina Assaf

Independent digital design consultant, Leading the Patient-Led Research Group within Body Politic

Emily Sirotich



Host:



Helen Burstin, MD, MPH, MACP Chief Executive Officer Council of Medical Specialty Societies (CMSS)



Hannah Davis Researcher with the Patient-Led Research Group within Body Politic



Gary Wolf Co-Founder, Quantified Self

Cina Accaf