





# **2023 BRICS WG SEMINAR**

## **Biomedical Research Informatics Computing** System (BRICS)

November 8th, 2023















NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKI





## Logistics

Audio/Video	Please keep your microphone muted
Recording	<ul> <li>Today's seminar will be recorded</li> <li>Will be posted on the BRICS website: <u>https://brics.cit.nih.gov/</u></li> </ul>
Break	<ul> <li>There is one (15) minute break midway through today's seminar</li> <li>Scheduled for 10:20-10:35 am</li> </ul>
Questions & Comments	<ul> <li>We encourage your participation today</li> <li>Please use the chat for questions &amp; comments. The chat will be monitored throughout today's seminar.</li> <li>There will also be time <u>after each speaker</u> and at the <u>end</u> of the seminar to ask live questions.</li> </ul>









## Agenda

Time	Торіс	Speaker(s)
9:00-9:10	Logistics Introduction	Alison Garcia Dr. Matthew McAuliffe
9:10-9:40	Innovative approach to clinical trials research: The NIH BRICS Unified platform	Dr. Dominic Nathan
9:40-10:00	BRICS: Data Science Platform for Accelerating Discovery	Dr. Matthew McAuliffe
10:00-10:20	BRICS: Advancing FAIR Data Principles and NIH's 2023 Data Sharing Plan	Dr. Olga Vovk Dr. Henry Ogoe
10:20-10:35	BREAK	
10:35-11:00	NIA Use Case API Query Tool- Using Python/R	Fatima Irfan Dan Gillis
11:00-11:20	FITBIR Use Case	Dr. Nsini Umoh
11:20-11:40	PDBP Use Case PDBP Google Cloud Migration	Andrea Lutz Kristine Treece
11:40-12:00	Questions & Closing Remarks	Alison Garcia Dr. Matthew McAuliffe











## **Chief, Scientific Application Services (SAS)**

Dr. McAuliffe has been at NIH since 1998 and is currently the Chief of the Scientific Application Services (SAS) section in the Office of Scientific Computing Services (OSCS). He provides computational and engineering expertise to a variety of clinical and biomedical informatics activities at NIH and is committed to supporting data sharing and making data FAIR (Findable, Accessible, Interoperable, and Reusable). He leads the development of the Biomedical Research Informatics Computing System (BRICS) (http://brics.cit.nih.gov/) which is a comprehensive data informatics system designed to efficiently collect, validate, harmonize, and analyze research datasets.

In addition, Dr. McAuliffe strives to advance and empower scientific imaging research in the NIH intramural program, to this end, SAS has created and continues the development of the successful Medical Image Processing Analysis and Visualization application (MIPAV: <u>http://mipav.cit.nih.gov</u>).













## **BRICS - Brief Introduction**

Matthew J. McAuliffe, PhD (Biomedical Engineering) Chief, Scientific Applications Services (SAS), CIT





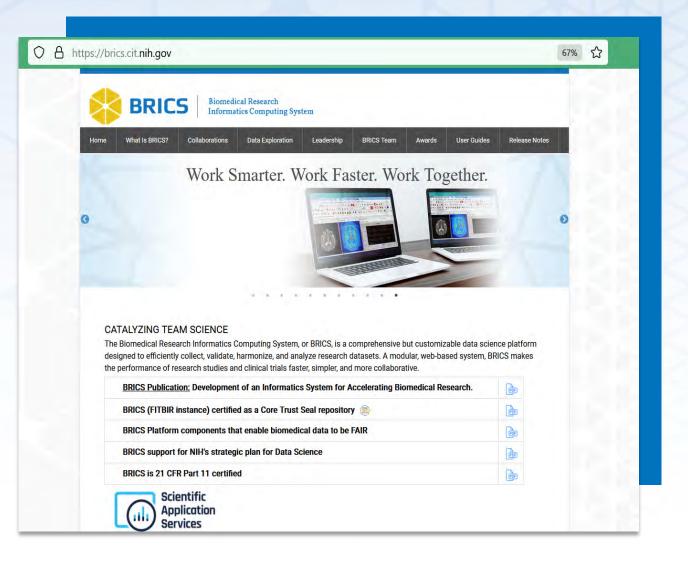


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### BRICS Website : <u>https://brics.cit.nih.gov/</u>





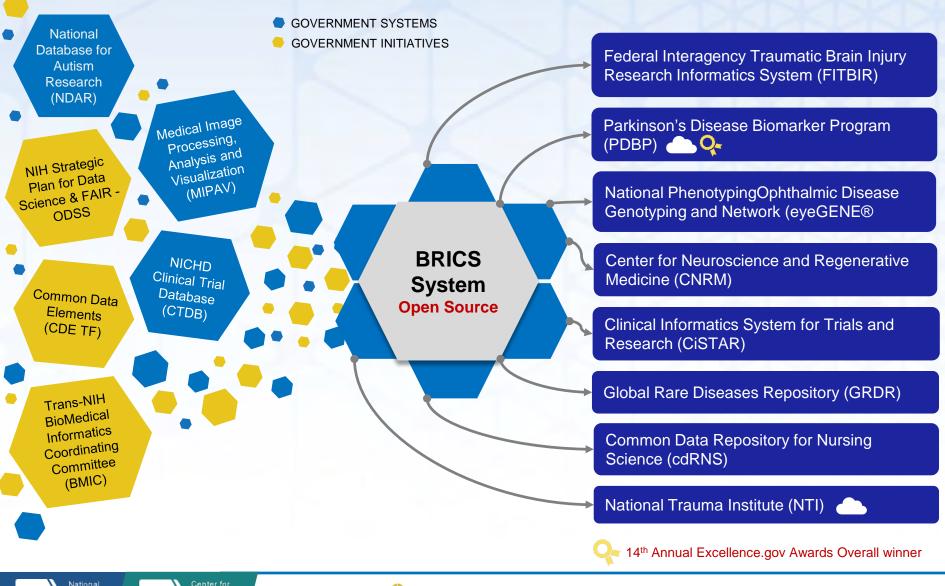




## 

Biomedical Research Informatics Computing System

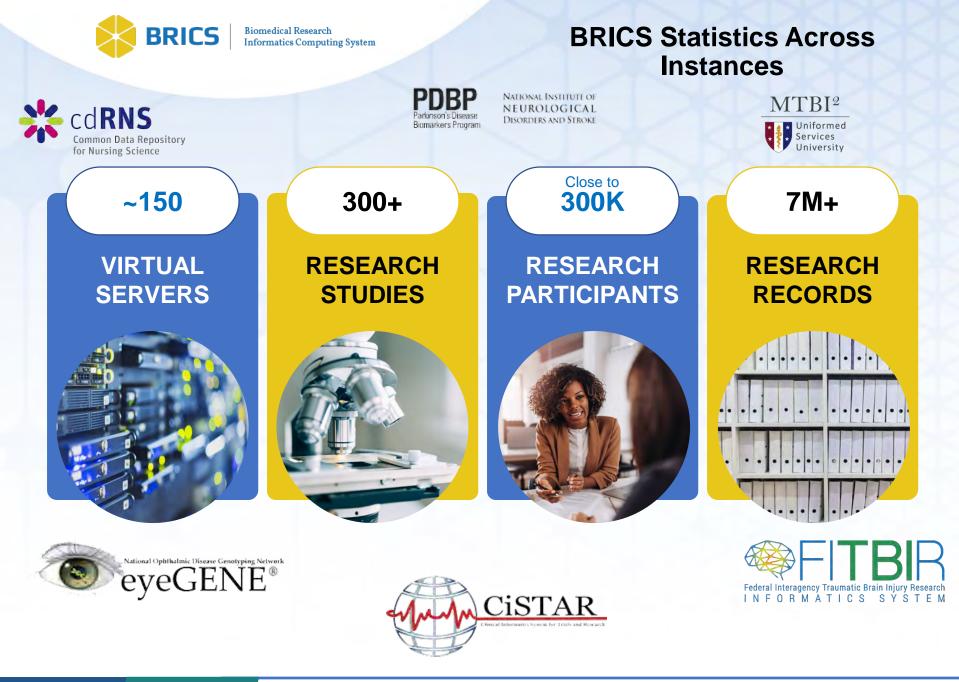
## **Building from existing projects**



NIH

Institutes of Health





National Institutes of Health

NIH



Learn more about BRICS at: https://brics.cit.nih.gov



Fabrics, Meshes, and Data lakes

**Data fabric (Single BRICS instance):** a data fabric is a single environment consisting of a unified architecture, and services or technologies running on that architecture, that helps organizations manage their data. The ultimate goal of data fabric is to maximize the value of your data and accelerate digital transformation

**Data mesh – Ecosystem (multiple BRICS instances, Other Repos):** Data mesh emphasizes data decentralization, autonomy, and productization. It's ideal for complex, large-scale data ecosystems where multiple domain teams must work independently and share data products. (RAS, FHIR, CDE, GA4GH – DRS)

**Data lake (Meta Study)** a centralized repository that allows you to store all your structured and unstructured data at any scale. You can store your data as-is, without having to first structure the data, and run different types of analytics—from dashboards and visualizations to big data processing, real-time analytics, and machine learning to guide better decisions.

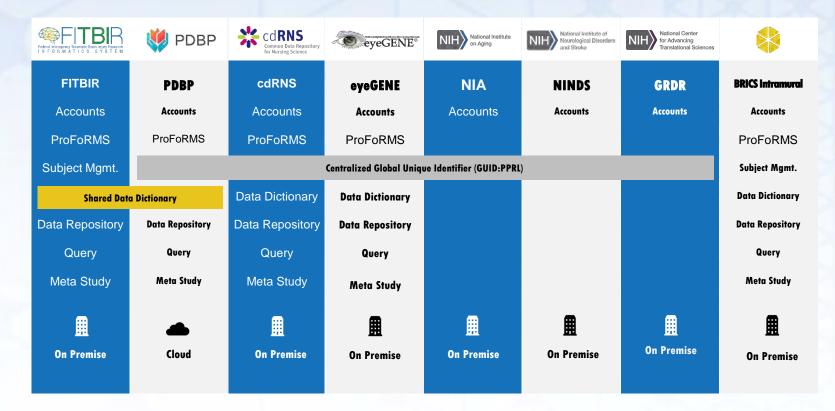








## BRICS Mesh And Fabric



Datatypes: Phenotypic, Imaging, and Omics









## **Data Discovery**

#### Interactive exploration of BRICS Studies, CDEs and Forms across all BRICS instances

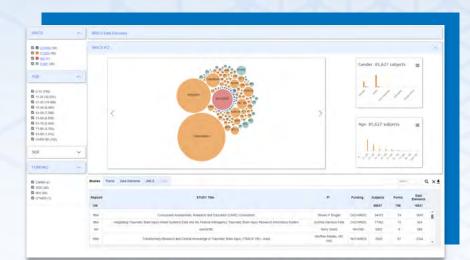
• CDRNS, FITBIR, NEI, PDBP, etc.

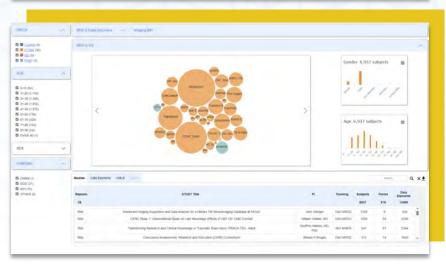
## Find common FORMS / CDEs and explore how they're used across instances

- Which studies use common forms/CDEs
- See study participant demographic information by form/CDEs

## Match CDEs through UMLS codes across instances

• Find CDEs with matching UMLS codes and see commonality / subject demographic information across instances















### Dominic E. Nathan, PhD Informatics Core Director Military Traumatic Brain Injury Initiative

Dr. Dominic Nathan currently serves as the Bioinformatics Director for the Military Traumatic Brain Injury Initiative (MTBI2), [as a contractor]. Dr. Nathan manages inter-agency collaborative research information systems and resources to support MTBI2 and NIH research, clinical trials, and various repositories; where he has developed informatics infrastructure and tools and in an accelerated timeline to meet critical needs. Dr. Nathan completed post-doctoral training at Walter Reed National Military Medical Center, the Uniformed Services University of the Health Sciences and the NIH. Dr. Nathan is an adjunct professor at the USUHS and a research collaborator at the NIH. His past nonacademic experience includes developing and managing an enterprise IT program for a fortune 500 company, and managing a stroke research lab at the VA. Dr. Nathan serves on several national and international biomedical engineering advisory committees, and he is a reserve officer in the US Public Health Service Commissioned Corps. Dr. Nathan's research interests are in advancing translational clinical research and applications.





# Innovative approach to clinical trials research: The NIH BRICS Unified Platform

Dominic E. Nathan, PhD Bioinformatics Director, Military Traumatic Brain Injury Initiative Uniformed Services University of the Health Sciences (Contractor)











PDBP Parkinson's Disease Journackers Program





### Disclaimer

"The presenter has no conflicts of interest to disclose. The views, information or content, and conclusions presented do not necessarily represent the official position or policy of, nor should any official endorsement be inferred on the part of, the Uniformed Services University, the Department of Defense, the U.S. Government, Department of Health and Human Services, National Institutes of Health, or the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc."









- Emphasis on practical applications for direct care/treatment
- Very diverse and rich areas of clinical trials
  - Growing number of disparate data sources
  - Large amounts of data
  - Increasing burden (admin, support, regulatory resource, financial cost)
- Increasing use of AI and multi-modal analytics
- Systems:
  - Multiple siloed, localized systems (institutes, centers and labs)
  - Disparate and unequal resources
  - A uniform solution across the NIH is absent
- Data collection practices are highly variable, and curation is not emphasized
- Limited ROI for research investments









# An unspoken research problem?

- >70% of researchers have tried and failed to reproduce another scientist's experiments <sup>++</sup>
- >50% have failed to reproduce their own experiments ++
- Best-known reproducibility analyses, from psychology and cancer biology, found rates of around <u>40%</u> and <u>10%</u>, respectively <sup>++</sup>



If you torture the data long enough, it will confess to anything ~ Ronald Coase



It is irresponsible to support research but not data stewardship, says Barend Mons.

**Barend Mons** 

++Baker, M. 1,500 scientists lift the lid on reproducibility. Nature 533, 452-454 (2016). https://doi.org/10.1038/533452a

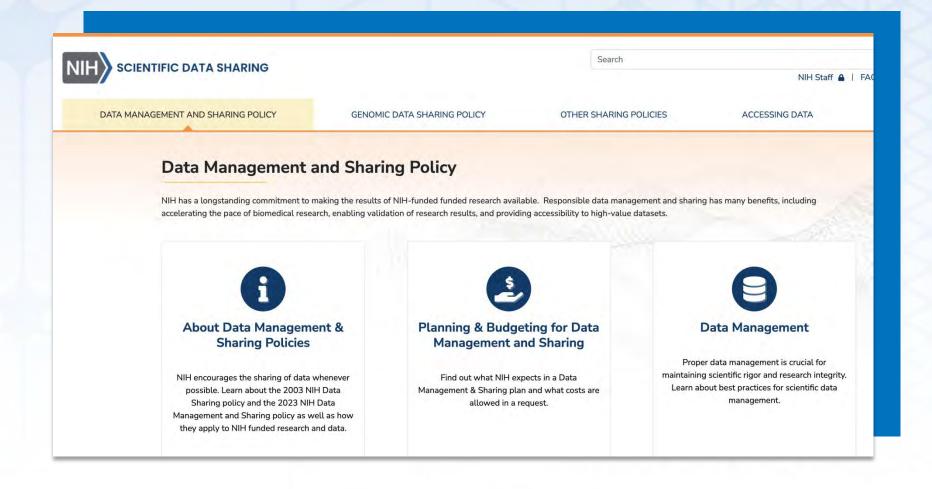








## The NIH is leading the way











## **Current Protocol Design**

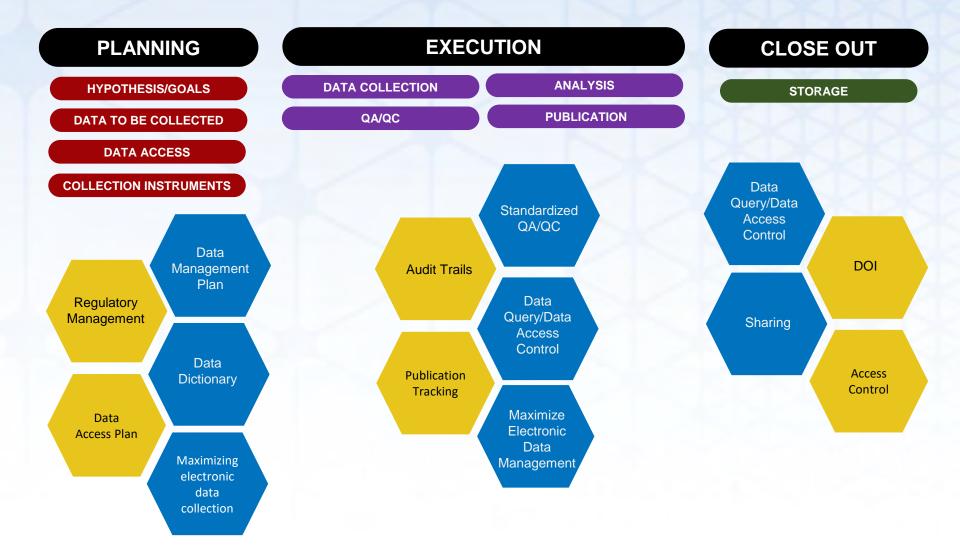






Biomedical Research Informatics Computing System

## Rethinking Protocol Design: Emphasis on Curation

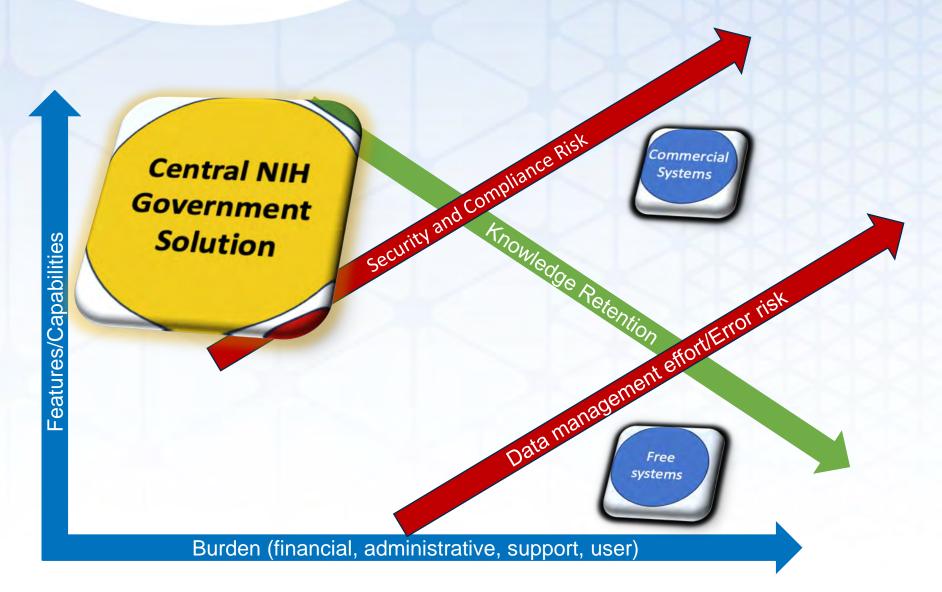








## **Platform options**



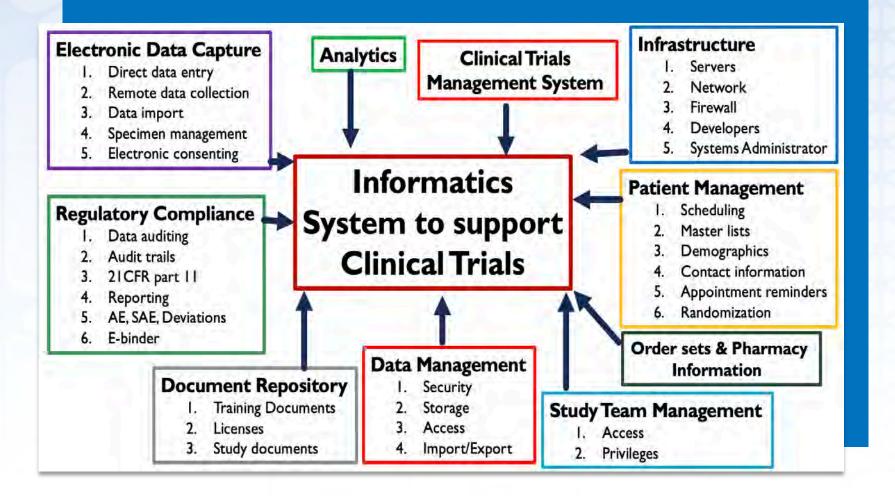








## Informatics considerations for clinical trials



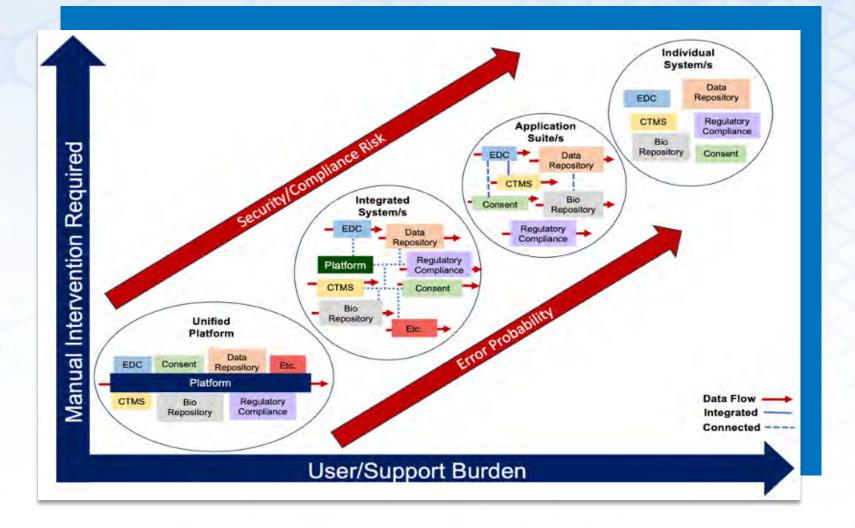








### Why a Unified PLATFORM?









### NIH Biomedical Informatics Computing System (BRICS)

- Collaborative NIH CIT, NIH NINDS, DoD platform
- Secure comprehensive web-based electronic data capture, storage, analytics and sharing platform
- Defined and documented data structures, conforms to NIH CDE guidelines for data collection and harmonization
- Fast Healthcare Interoperability Recourses (FHIR)
- Available API for more dynamic data analysis including AI and ML applications.
- Role based permissions and access
- Fulfills regulatory compliance needs
- Inbuilt subject management capabilities
- Ability to import and host any data
- BRICS is un-branded and un-associated with a particular disease or organization, it is highly customizable
- 21 CRF Part 11 compliant, and meets other federal regulatory requirements for clinical trials research
- Ability to pull data from CRIS via BTRIS







## **BRICS Tools**

### **Plug & Play Components for the Full Research Lifecycle**

BRICS offers researchers a secure platform and a suite of web-based and downloadable tools that can be shared across disease categories or deployed and branded independently, depending on the needs of your program.



#### **Data Mapping & Transformation**

Tool that translates data into CDEs used by BRICS to prepare for validation



#### **Data Dictionary**

Intelligent clinical research data dictionary that supports cross-system exchange



#### **Data Repository**

Functionality to define and manage studies and contribute or store data



#### ProFoRMS

Module for electronic data capture, subject management, and scheduling



#### **Meta Study**

Workspace that aggregates data and metadata across studies for reference

	=	
	$\equiv$	

Global Unique Identifier Cross-study Privacy Preserving Record Linkage System (PPRLS)

Continues...









## **BRICS Tools**



#### Query

Tool enabling filtering of submitted data using data elements and form structures



## Clinical Trials Management System (CTMS)

Management of Clinical Trials by enabling insight into trial performance.



#### **BRICS Imaging Tools**

Enables quantitative analysis and viewing of medical images, such as PET, MRI, CT, or microscopy.



#### Forum

Discussion board for account users for posting messages, interacting with each other, and discussing various topics



#### Account Management

Create, approve, and manage user accounts.



#### InET

Application for assigning new training, tracking current training, licenses and compliance.



#### Specimen Tracking and Management System (STAMS)

STAMS provides the path to container storage locations (e.g. freezer) that guides the user to the specific container and sample.









## **Data Collection**

Welcome OSTRICH is an offine data collection app to interact with CISTAR platforms to collect and store clinical data.	
Connect to CISTAR O Stay Off-line	
Use your CISTAR login credentials to connect to the system remotely.	
User Name	
Password	
Login	
Lopn	
Lopn	

- 1. Collection occurs via electronic case report forms (eCRFs/eforms)
- 2. E-forms:
  - Standard forms
  - Non-standard/unique forms
- 3. Includes PROMIS library and measures (CAT assessments)
- 4. In built workflow for QA/QC individual form locking
- 5. Full audit trail for data collection
- 6. Output data in PDF or CSV format
- 7. Clinical data (Direct pull from BTRIS)
  - Consent information
  - Subject demographics
  - Clinical data assessments, labs, etc.
- 8. Offline data collection capabilities







## Data Dictionary Form Structure Example

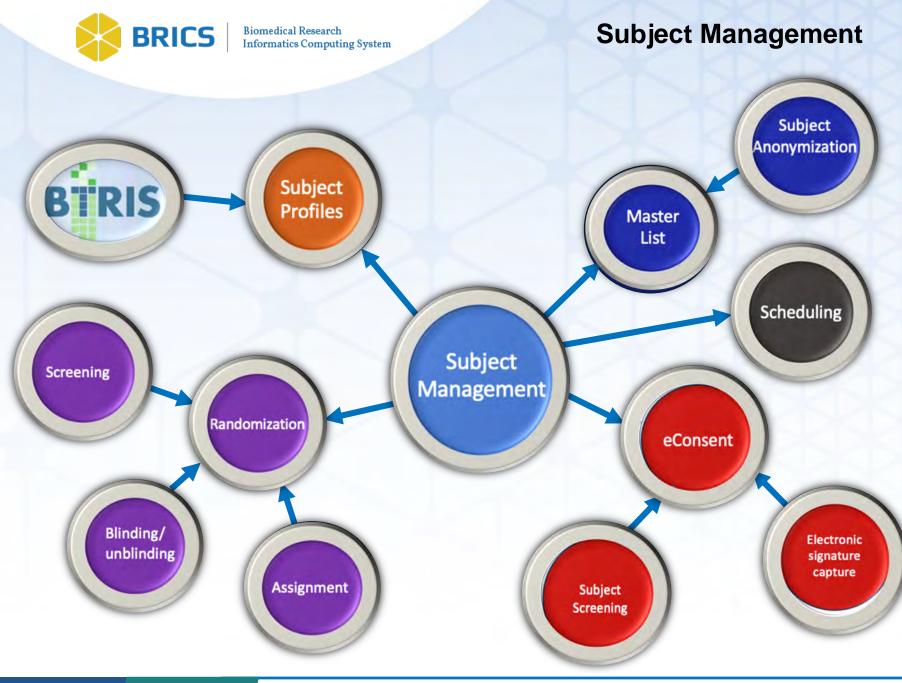
■ PCL-5 (Appears Up To 1 Time)

-					
#	TITLE	SHORT DESCRIPTION	VARIABLE NAME	REQUIRED?	TYPE
1	PTSD Checklist for DSM-5 (PCL-5) - Memories of stressful experiences scale	Severity scale of repeated, disturbing and unwanted memories of stressful experiences, as part of PTSD checklist for DSM-5 (PCL-5)	PCL5MemoStrsExpScI	Recommended	CDE
2	PTSD Checklist for DSM-5 (PCL-5) - Dreams of stressful experiences scale	Severity scale of repeated, disturbing and unwanted memories of stressful experiences, as part of PTSD checklist for DSM-5 (PCL-5)	PCL5DreamsStrsExpScl	Recommended	CDE
3	PTSD Checklist for DSM-5 (PCL-5) - Upset when being reminded of stressful experiences scale	Severity scale of suddenly feeling or acting as if stressful experiences happen again, as part of PTSD checklist for DSM-5 (PCL-5)	PCL5UpsetRemindStrsExpScl	Recommended	CDE
4	PTSD Checklist for DSM-5 (PCL-5) - Strong physical reaction scale	Severity scale of upset feeling when people remind the subject of stressful experiences , as part of PTSD checklist for DSM-5 (PCL- 5)	PCL5StrgPhysicalReactnScl	Recommended	CDE
5	PTSD Checklist for DSM-5 (PCL-5) - Stressful experiences happen again scale	Severity scale of strong physical reactions when people remlnd the subject of stressful experiences , as part of PTSD checklist for DSM-5 (PCL-5)	PCL5StressfulExpHappenAgnScl	Recommended	CDE
6	PTSD Checklist for DSM-5 (PCL-5) - Avoid memories, thoughts feelings scale	Severity scale of avoiding memories, thoughts and feeling related to stressful experiences , as part of PTSD checklist for DSM-5 (PCL-5)	PCL5AvdMemoThtsFeeIngReltdScl	Recommended	CDE
7	PTSD Checklist for DSM-5 (PCL-5) - Avoid external reminders scale_	Severity scale of avoiding external reminders of stressful experiences, as part of PTSD checklist for DSM-5 (PCL-5)	PCL5AvdExtalRemindersScl	Recommended	CDE















## **Subject Management**

Please enter subject information, add protocol information and other fields to add a subject.

#### [-] Subject Information

MRN*	Recruite	ed 🖸	
Last Name*	Date of Bir	Format: YYYY-MM-DD	3
First Name*		Gat From BTAS	
Birth City	Middle Nam	ne	
Birth Country	¢ Se	x	
Home Address 1	E-Ma	11	
Home Address 2	Home Phor	ne	
City	Work Phor	ne	
State	* Mobile Phor	1e	
Zip			
Country	*		

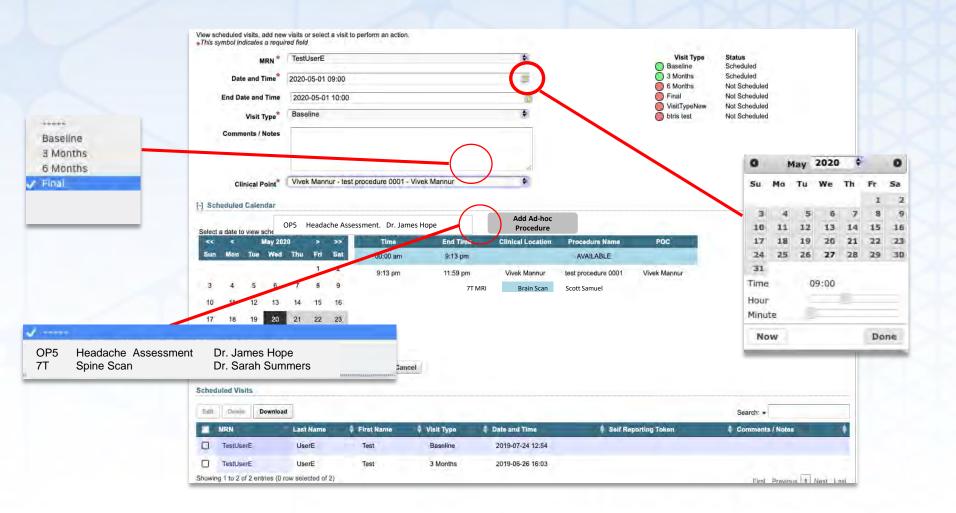








## Scheduler











## **Look Up and Print Schedules**

#### **Generate Schedule**

Duration:	Start Date 2020-05-14	End Date 2020-05-21	
Schedule Filters:			
	Protocol	Select or Search a Protocol	*
	Clinical Location	Select or Search a Clinical Location	*
	Subject	Select or Search a Patient's Name	*
			Generate Report

Protocol Number	Patient ID (MRN / GUID / Subjectid)	Patient Name	🗘 Visit Type	🔷 Visit Date / Time	+ Procedure	+ Clinical Location	Point Of Contact	+ Comments / Notes	
VIVEK_002	Patient_1 / CISTARUA812CL8 / Patient_1	1, Patient	Baseline	2019-05-29 00:00:00	test procedure 0001	OP5	Vivek Mannur		
VIVEK_002	Patient_1 / CISTARUA812CL8 / Patient_1	1, Patient	3 Months	2020-01-31 11:11:00	60cc	CC1	Vivek Mannur		
VIVEK_002	Patient_1 / CISTARUA812CL8 / Patient_1	1, Patient	Final	2019-07-26 13:21:00	60cc	OP5	Vivek Mannur		
VIVEK_002	Patient_1 / CISTARUA812CL8 / Patient_1	1, Patient	6 Months	2019-06-24 12:46:00	HAM Brain	CC1	Vivek Mannur		
VIVEK_002	Patient_1 / CISTARUA812CL8 / Patient_1	1, Patient	3 Months	2019-05-29 00:00:00	60cc	OP5	Vivek Mannur		
VIVEK_002	Patient_2 / CISTARUH677BCX / Patient_2	2, Patient	btris test	2020-05-20 21:13:00	test procedure 0001	CC1	Vivek Mannur		









## **Electronic Consent form**

BY SIGNING THIS CONSENT FORM, YOU FREELY AGREE TO TAKE PART IN THE RESEARCH IT DESCRIBES	x I agree to take part in the research described in this consent form
Printed Name of Participant	Sarah Summers
Participant's Signature e	Graps
Date and Time	2020-06-24. 01:25 PM
SIGNATURE OF INDIVIDUAL ADMINISTERING CONSENT	
Printed Name of Administering Individual	Janice Joplin
Signature of Administering Individual	4+1
Date and time	2020-06-24. 01:25 PM









# Samples Management and tracking

Home Workspace	ProFoR	MS STAMS	GUID	Data Dictionary	Data Repository	Query	Meta Study	Account Management	Reporting			
									1	Switch Box		,
nage Repositories		s or addiedit a role	with associat	ed privileges to STAM	IS system.							
nfigure Repository	System	Roles										
ungure repository	Add a ne	w role or select a to	ie to perform	an action								
mage Subjects	Add a ne	e Dait Role	le to perform	an action.							Search: •	
nage Subjects	Add Ro	_	le to perform	an action.			Ro	As Description			Search: •	
nage Subjects ports	Add Ro	Edit Role	ie to perform	an action.			Ro		-	A	Search •	•
	Add Ro	e Edit Role	le to perform	an action.			Re				Search •	•

Option to link samples and clinical data.









## Samples Management and Tracking

elect a cell type to view or	perform an action.						
Add East Delete					Search.	•	
- Icon	Name	Description	💠 Unil	🛔 Cryo Solution	\$ Note	💠 Parent	ŧ
- 3	Blood Sample	Test	mL.		Ter:1		
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	DNA, Cell Pellet		mL				

•	A	9	C	D	E	F	G	H.	1
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		Bood Sa.	Blood Sa.	Hood Sa_	Heod Sa.	Houd Sa	Bood St	Incod Sa	
2		52	63	52	64	69	83	69	
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Cell/Sample Type Name <sup>*</sup> Cell Type Description Cell Type Note Cryo Solution	Blood Sample
Source/Patient Sample I	nformation
Protocol/Project Number*	
Source/Patient*	Patient B
MRN Other Id Patient Note	12-123-1234 1234
Date Collected	2020-05-01
Time Type	Base Line
Time Collected	(HMM AM/PM
Sample Number	
Date Drawn	2020-05-12
Date Frozen*	2020-05-12
Time Frozen	(H:NM AM/PM
Frozen By	Admin, Portal
Additonal Sample Inform Sample Barcode(s) Position X7 Y	E/t
Serial No	
TNS Solution	
Cells Per Unit	5 /1
Valume	100 mi
Concentration	
Age	
Passage Number	
Note	









## Adverse event reporting

Menu	≈	ProFoRMS	Protocol :	MW PROTOCOL			
ProFoRMS Home	>						
Manage Subjects	>	Adverse Events Log The study team will log Adverse Events	ents associated with	the protocol			
Manage Data	>					-	
Manage Protocol	>	MRN	963741		*		
Reports		Patient Name	White Snow			•	
	>	Site					
Logs Adverse Events	~	[-] MedDRA Information					MedDRA Integration
Delegation of Authority		LLT MedDRA Term	Anemia		× •		
Monitoring Visits		LLT MedDRA Code	10002272				
Non-Compliance Repo	ort	SOC MedDRA Term	Blood and lymphat	tic system disorders		1	
Enrollment Log Training		SOC Code	10005329			].	
UADE		[-] CTCAE Information					<b>CTCAE</b> Integration
Withdrawal		CTCAE Term	Anemia		× •		5
Reconsent Log Site Administration	>	CTCAE Definition	100 ml of blood. Si the skin and muco	terized by a reduction in the a signs and symptoms of anem bus membranes, shortness of tolic murmurs, lethargy, and I	ia may include pallor of f breath, palpitations of		
		CTCAE Grade	Hab <8.0 a/dL: <4	4.9 mmol/L; <80 g/L; transfus	sion indicated		









## **Study Monitoring**

roFoRMS					b	ashboard VIVEK	_002	
ProFoRMS Home	[-] View Audit	or Comments						
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	4321876	Acute Care Panel BTRI	S test			2		
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etailed Protocol Report /ithout Collections orms Requiring ompletion & Lock	View Auditor Download Subject 4321876 4321876	Comments Details E-form Hamilton Anxiety Rating Scale (HAM-A) Hamilton Anxiety Rating Scale (HAM-A)	2019-10-24 11:03:16 2020-06-24 12:01:05	Age in years Respiratory symptoms Pr	ressure or constriction in chest c	noking feelings sighin	Search: 🔻	Audit Status Completed In Progress
etailed Protocol Report /ithout Collections orms Requiring ompletion & Lock ocked Forms ubmission Summary orm Status chedule dverse Event	View Auditor Download Subject 4321876	Comments Details E-form Hamilton Anxiety Rating Scale (HAM-A) Hamilton Anxiety Rating Scale (HAM-A) Acute Care Panel BTRIS test	2019-10-24 11:03:16	Age in years	ressure or constriction in chest c	noking feelings sighin	Search: 🔻	Audit Status     Completed     In Progress     Completed









## Study monitoring – data audit

	Very severe
*Cardiovascular symptoms Tachycardia palpitations pain in chest throbbing of vessels fainting feelings missing beat.	Not present Mild Moderate Severe Very severe
Respiratory symptoms Pressure or constriction in chest choking feelings sighing dyspnea.	Not present Mild Moderate Severe Very severe
Gastronintestinal symptoms Difficulty in swallowing wind abdominal pain burning sensations abdominal fullness nausea vomiting borborygmi looseness of bowels loss of weight constipation.	Not present Mild Moderate Severe Very severe









## Study monitoring – data audit

	Audit Comme	nt Response		th.					
					Save Comme	nts Close			
Audit Comments History Search: -									
ame	Date/Time	Section Name	🕈 Data Element Name	‡ Question Text	🗍 Answers After	Audit Commen			
Nathan, Dominic	2020-06-24 12:01	HAM-A	HAMARespiratorySymptomScore	Respiratory symptoms Pressure or constriction in chest choking feelings sighing	Moderate	This question was blank, was this intentional			









## **Data Audit Trail**

#### Data Collection Audit Log

eForm Name:	Headache Diary - CGRP
Protocol Name:	Test-102
Subject ID:	TBI_INVVA809RTY
<b>Collection Visit Date:</b>	2022-01-19 16:01
Scheduled Visit Date:	2022-01-19 16:01
Visit Type:	diary test

#### Form Summary Status

Download		Search: 🗸		
NAME	+ DATE/TIME	ACTION	# # OF QUESTIONS ANSWERED	💠 E-SIGNATURE 🔶
Subject	2022-01-19 16:02	Started		
Subject	2022-01-19 16:02	Completed		Signed
Showing 1 to 2 of	2 entries			First Previous 1 Next Last

#### In Progress Entries

Download					Search: 🗸
IAME	DATE/TIME	SECTION NAME	DATA ELEMENT NAME	+ QUESTION TEXT	💠 ANSWERS BEFORE 🌩 ANSWERS AFTER
Subject	2022-01-19 16:02	Main	GUID	Global Unique ID (GUID) which uniquely identifies the subject:	TBI_INVVA809RTY
Subject	2022-01-19 16:02	Main	VisitDate	Visit date:	2022-01-19 16:01
Subject	2022-01-19 16:02	Main	SiteName	Name of the site:	Twinbrook
Subject	2022-01-19 16:02	Headache Diary	HPFIDDayRecordInfoDate	For what day are you recording information?	2022-01-04
Subject	2022-01-19 16:02	Headache Diary	HPFIDTimeRlghtNowTxt	What time is it right now:	3
Subject	2022-01-19 16:02	Headache Diary	HPFIDAM_PMTyp	AM or PM	АМ
Subject	2022-01-19 16:02	Headache Diary	HATodayInd	Did you have a headache today (select one)?	Yes









Biomedical Research Informatics Computing System

## **Randomization Control**

Menu	*	ProFoRMS	Protocol :	TEST-102			
FoRMS Home	>						
anage Subjects	>	Randomization Lis	t				
inage Data	>	Please select a file to impo	ort. Note: The selected file m	ust be in CSV format.			
nage Protocol	~						
rotocol information		For reference purposes, yo	ou may download the Rando	mization Import Template.			
sign Roles			File:				
eate Visit Type					STATUTE STATUTES		
port Visit Type Group	a l				Import InActive		
y Visit Types							
rder Visit Type		SEQUENCE	GROUP NAME	GROUP DESCRIP	TION SROUP CATE	GORY SITE NAME	
nligure Data Element pulation	nts Pre-	16	SIZE : Placebo	Placebo	Male	WAMC	
onligure eForm and P <sup>1</sup>	vs	17	SIZE : Placebo	Placebo	Female	WBAMC	
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gulatory E-Binder		19	SIZE : Drug	Drug	Female		
locol Close-out		20	SIZE : Placebo	Placebo	Female	WBAMC	
ndomization List		21	SIZE : Placebo	Placebo	Male	WAMC	
orts	>	22	SIZE : Drug	Drug	Female	BAMC	
	>	23	SIZE : Drug	Drug	Male	BAMC	









## **Randomization process**

Menu	*	ProFoRMS	Protocol :	TEST-102	*			
ProFoRMS Home Manage Subjects My Subjects	> ~	View subject list, search fo	r a subject, or select subje	ects to perform an action.				
Add Subjects		My Subjects						
Schedule Visit	_ 1	Select a subject to perform	an action					
Import Subjects			an action. Edit / Delete View Pati	ent Info View Audit More Act	ions Randomization Download / Exp	port	Search	
Import Scheduled Visits		SUBJECT ID	\$ LAST NAME	+ FIRST NAME + ENROLL	MENT D Randomize SWO	RD STATUS 💠 SITE NAME 🗧	RANDOMIZATION GROUP NAME	RANDOMIZATION GROUP DESCRIPTION
Manage Data	>	Test-120	Jane	Doe	Randomization Details	NIH	-É	Treatment
Manage Protocol	>	Test-101	Jane	Doe	Active	NIH	н	Control
Reports	>	Test-105	Test-105	Test-105	Active	NIH	F	Control
		Test-103	Test-103	Test-103	Active	NIH	D	Control
Logs	>	Test-102	Test	Test	Active	Twinbrook	С	Treatment
Site Administration	>	Test-110	Test-110	Test-110	Active	NIH	в	Control
		Test-104	Test-104	Test-104	Active	Twinbrook	A	Treatment
		🗹 4411FD	Day	Fri	Active			
		102938	Test	OSTRICH	Active			
		382910	Test	PSQI	Active			









## **Pull in CRIS data via BTRIS**

Menu 💝	ProFoRMS Protocol : VIVEK_0	01 <b>*</b>	
Legend	MRN : Visit Type : BTRIS_ClinicalLabs		_
ot Started	the second second second		
Progress			Get All BTRIS D
ompleted			
ocked aquired	Main		
ns For This Visit Type	Global Unique ID (GUID):	CISTAR_INVVD953UEW	
Clinical Labs (BTK) Ant Lab Panels (000126) L	Subject ID Number:		
	MRN:		
	First Name:	PII	
	Last Name:		
	Visit Date:	2022-01-13 09:39	
	Visit Type:		









## Pull in CRIS data via BTRIS

CBC with D	m								
WBC Date:	Wed Mar 28 21:16:00 EDT 2018	Value:	5.00	Unit:	K/uL	Range:	4.23-9.07	Indicator:	
RBC Date:	Wed Mar 28 21:16:00 EDT 2018	Value:	5.00	Unit:	M/uL	Range:	4.63-6.08	Indicator:	
HGB Date:	Wed Mar 28 21:16:00 EDT 2018	Value:	12.0	Unit:	g/dL	Range:	13.7-17.5	Indicator:	L
HCT Date:	Wed Mar 28 21:16:00 EDT 2018	Value:	67.0	Unit:	%	Range:	40.1-51.0	Indicator:	н
MCV Date:	Wed Mar 28 21:16:00 EDT 2018	Value:	100.0	Unit:	٩.	Range:	79.0-92.2	Indicator:	н
MCH Date:	Wed Mar 28 21:16:00 EDT 2018	Value:	29.0	Unit:	Pg	Range:	25.7-32.2	Indicator:	
MCHC Date:	Wed Mar 28 21:16:00 EDT 2018	Value:	32.0	Unit:	g/dL	Range:	32.3-36.5	Indicator:	Ĺ
RDW Date:	Wed Mar 28 21:16:00 EDT 2018	Value:	12.0	Unit:	%	Range:	11.6-14.4	Indicator:	









## Pull in CRIS data via BTRIS

ım Date:	Thu Aug 15 13:45:00 EDT 2019	Value:	146	Unit:	mmol/L	Range:	136-145	Indicator:	Н
	le Entries in BTRIS	Value		- I Init		Panga:	×	Indicator:	
	OBSERVATION NAME	RANGE	+ VALUE	+ VALUE TEXT	¢ COMMENT		PRIMARY DATE	ndicator:	
0	Sodium	136-145	146.0	146	н	mmol/L	<b>TIME</b> 2019-08- 15T13:45:00- 04:00		
0	Sodium	136-145	145.0	145		mmol/L	2019-02- 28T16:38:00- 05:00	ndicator:	
0	Sodium	136-145	145.0	145		mmol/L	2018-05- 22T08:26:00- 04:00	ndicator:	
0	Sodium	136-145	150.0	150	н	mmol/L	2018-02- 08T14:14:00-	Huicator.	









- Change in perspective protocol development emphasis on data curation
- Optimal solution maximizing ROI NIH government solution
- BRICS demonstrates practical applications of research best practices
- Many mature tools (data dictionary, access control, in built QA/QC, etc.)
- Ability to share data with industry harmonization practices
- Robust data management capabilities and access control
- Intuitive features and user interface
- FHIR, API AI/ML support
- Truly unified platform







**Biomedical Research** Informatics Computing System

## Acknowledgements

**Vivek Mannur** 

Brandi Williams



PHD Lead





Dominic Nathan, Lan Wang







Alexander Burnett

Lily Fan



Dagm Sirak





Lakshmi Katuri

Dan Gillis





**Derrick Fox** 





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Erik Meyer

Mihir Bhave

Rohith

Vallabhaneni

Andrea Lutz

Fatima Irfan







Nalaka

Sindhu

Prasannakumar

Andy Van Avery















**Preeti Roy** 



Rajeev

Nedumpally



Regina Ball

Ronnie Tan



Sanghursh Jain

Taylor Truong







Christina Nguyen

**Colton Farlow** 



Joshua Park









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Sridevi Sharvirala

**Henry Ogoe** 

Benjamin Richmond

Josh Eng



Priya Raju







Sid Ambarkar

Tuhin Zaman



National NIH Institutes of Health











# We thank all our users, and contributors to the various working groups





# **Questions?**



# An NIH Data Science Platform for Accelerating Discovery

Matthew J. McAuliffe, PhD (Biomedical Engineering) Chief, Scientific Applications Services (SAS), CIT















NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE





Rajeev Nedumpally





Ronnie Tan

**Ryan Stewart-**

Frederick

Regina Ball



Scott Mitchell

Sanghursh Jain

Learn more about BRICS at: https://brics.cit.nih.gov

Sid Ambarkar

**Taylor Truong** 

Warren Overholt

Tuhin Zaman



## October 29, 2020

## **Desired Characteristics For Repositories NOT-OD-21-016**

This supplemental information is intended to help researchers choose data repositories suitable for the preservation and sharing of data (i.e., scientific data and metadata) resulting from National Institutes of Health (NIH)-funded and conducted research. NIH promotes the use of established data repositories because deposit in a quality data repository generally **improves the FAIRness (Findable, Accessible, Interoperable, and Re-usable) of the data**.

#### **Desirable Characteristics for All Data Repositories.**

The characteristics in this section are relevant to all repositories that manage and share data resulting from Federally funded research:

- A. Unique Persistent Identifiers
- B. Long-Term Sustainability
- C. Metadata
- D. Curation and Quality Assurance
- E. Free and Easy Access
- F. Broad and Measured Reuse
- G. Clear Use Guidance
- H. Security and Integrity
- I. Confidentiality
- J. Common Format
- K. Provenance

## II. Additional Considerations for Repositories Storing Human Data (even if de-identified)

- A. Fidelity to ConsentB. Restricted Use Compliant
- C. Privacy
- D. Plan for Breach
- E. Download Control
- F. Violations
- G. Request Review

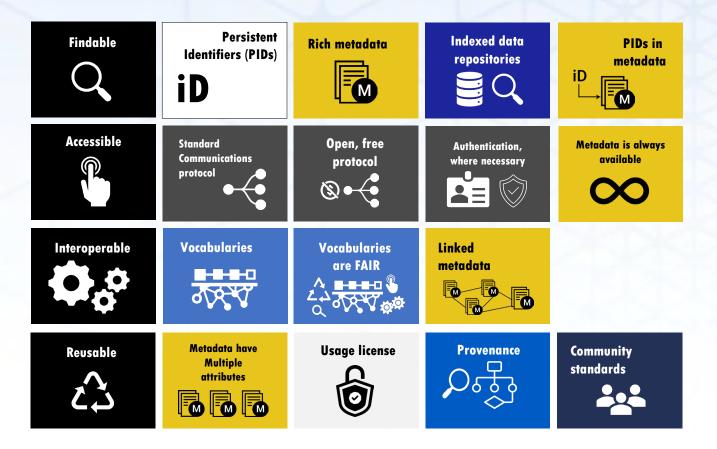






## **Making Data Fair**

Committed to compliance with Findability, Accessibility, Interoperability, and Reusable (FAIR) principles for scientific data.











## **The TRUST Principles**









## **The FITBIR System**

R16. The technical infrastructure of the repository provides for protection of the facility and its data, products, services, and users.

#### Compliance Level:

4 - The guideline has been fully implemented in the repository

#### Reviewer Entry

#### Reviewer 1

Comments: 4 – The guideline has been fully implemented in the repository Accept with changes.



Comments: Acceptable at Compliance Level 4 after some clarifications. See comments below.

#### Response:

The FITBIR system resides in a badged, monitored, and audited secure data center within CIT on the restricted NIH Campus. The backup infrastructure is supported by an alternate secured backup site in Sterling, Virginia. The hardware, software, networking and applications are all maintained by the FITBIR system administration team, in accordance with NIH policies and procedures. The FITBIR admin team maintains all servers and storage according to strict and well-defined laws and regulations (e.g. FISMA moderate; <u>https://www.nist.gov/programs-projects/federal-information-security-management-act-fisma-implementation-project</u>). In accordance to FISMA Moderate systems, the FITBIR systems adhere to the NIST 800-53 (<u>https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf</u>) security standards and guidelines. All documentation is held in either NSAT system at NIH or Confluence, the content management system. Both NSAT and Confluence are internal only.



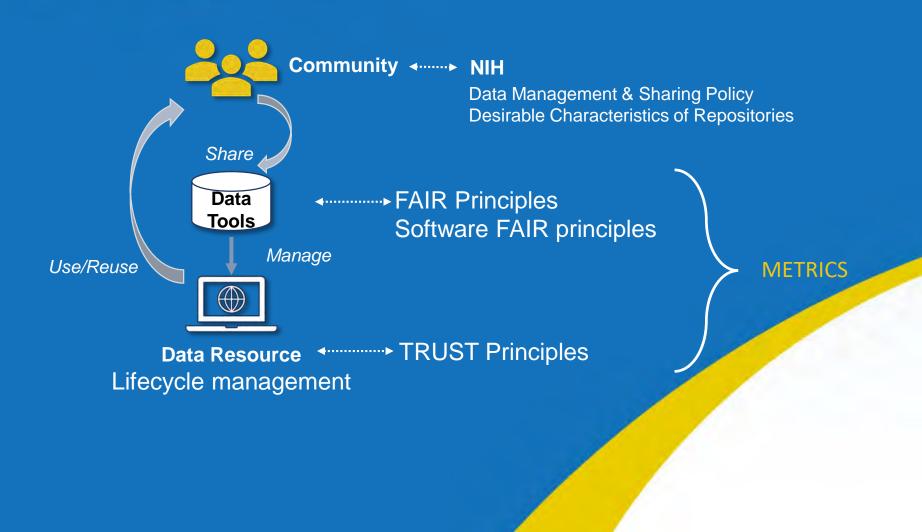








## **Data Sharing Ecosystem**



NIH National Institutes of Health







## **BRICS Major Capabilities**



Provides a fully functional Data Dictionary that supports Common Data Elements (CDEs) and <u>automated curation</u> using the CDEs as well as Unique DEs.

- a. OMOP 6.0 version
- b. BTRIS support
- c. FHIR resources/profiles



Supports **FHIR** connectivity/data – Prototype using HAPI server.



Core Trust Seal certified – (FITBIR, working on NEI commons)



Uses a hashcode ID system (PPRL), called the GUID, to support deidentified data collection across data types and studies



Automated DAC and Biospecimen Review Access Committee (BRAC) support



Deployable on prem servers as well as the **Cloud**.



Electronic data collection (eCRF – ProFoRMS) that is <u>21CFR part 11</u> compliant. Provides access to PROMIS tools, PSR, offline collection ...



Translation/mapping tool source data to BRICS instance data consistent with CDEs



Data types supported: phenotypic, imaging, omics

BRICS systems supported: https://brics.cit.nih.gov/partners









## BRICS Tools | Plug & Play Components for the Full Research Lifecycle

BRICS offers researchers a secure <u>comprehensive</u> platform and a suite of web-based and downloadable tools that can be shared across disease categories or deployed and branded independently, depending on the needs of your program.



#### Data Mapping & Transformation

Tool that translates data into CDEs used by BRICS to prepare for validation



#### **Data Dictionary**

Intelligent clinical research data dictionary that supports cross-system exchange, CDEs

*	

#### **Data Repository**

Functionality to define and manage studies and contribute or store data

	≡	

#### ProFoRMS

Module for electronic data capture (EDC), subject management and scheduling, etc, (21 CFR part 11 compliant)



#### **Meta Study**

Workspace that aggregates data and metadata across studies for reference

	=	

#### Global Unique Identifier

Cross-study Privacy Preserving Record Linkage System (**PPRLS**)

## Introducing BRICS | BRICS (nih.gov)

Continues...











#### Query

Tool enabling filtering of submitted data using data elements and form structures



## Clinical Trials Management System (CTMS)

Management of Clinical Trials by enabling insight into trial performance.



#### **BRICS Imaging Tools**

Enables quantitative analysis and viewing of medical images, such as PET, MRI, CT, or microscopy.



#### Forum

Discussion board for account users for posting messages, interacting with each other, and discussing various topics



#### Account Management

Create, approve, and manage user accounts.



#### InET

Application for assigning new training, tracking current training, licenses and compliance.



#### STAMS: Specimen Tracking And Management System

Provides the path to container storage locations (e.g. freezer) that guides the user to the specific container and sample.

## Introducing BRICS | BRICS (nih.gov)





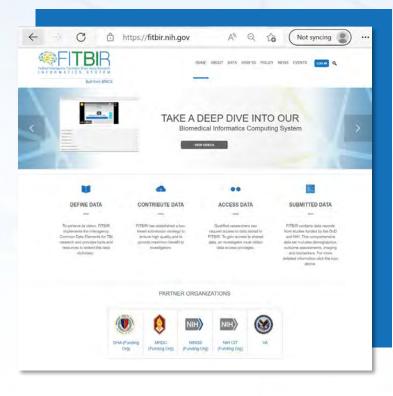




## **Public and Portal Access**

# BRICS programs can create a public-facing landing page that provides access to a login portal for authorized customers.

#### **Public Landing Page**



#### Portal Login Page

# Constraints of the constrai

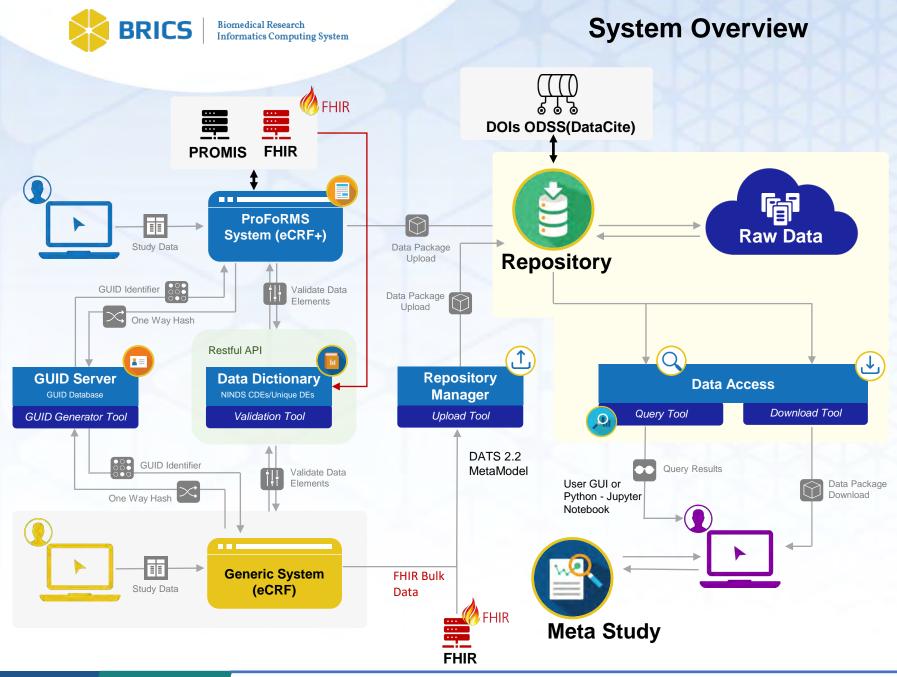
#### **Controlled Access Portal**











National Institutes of Health

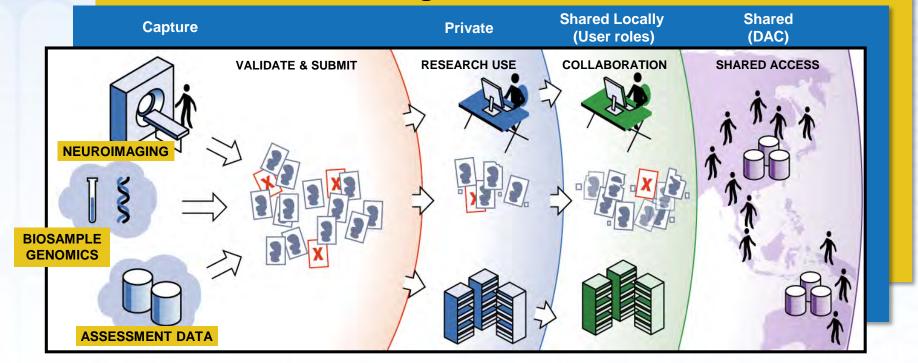
NIH



Learn more about BRICS at: https://brics.cit.nih.gov



## **Submission/Data Sharing Dataflow**











# New functionality Cloud (STRIDES)

 Parkinson's Disease Biomarker Program (PDBP)



• All BRICS instances – backup









# Privacy Preserving Record Linkage (PPRL) Global Unique Identifier System (GUID)

[1] Johnson SB, Whitney G, McAuliffe M, Wang H, McCreedy E, Leon Rozenblit L, Evans CC. <u>Using Global Unique Identifiers to Link Autism Collections</u>. J. Am. Med. Inform. Assoc., Vol. 17, No. 6, 689-695, 2010. PMCID: PMC3000750.



## **Global Unique Identifier System**

- Creates unique random subject identifiers without exposing personally identifiable information (PII)
- Protects privacy of each research participant
- Associates participants across data types and studies

#### Helps researchers

 Aggregate data for specific study participants over time and space

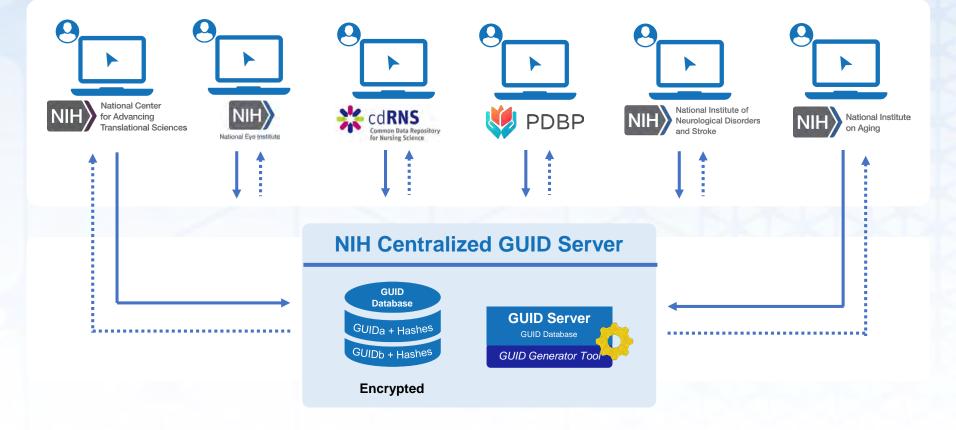








## New Functionality Intramural Centralized PPRL











## **Meta-Study**

# Data store for primary and secondary research data

#### The Meta Study module's main use cases are:

#### 1. Meta Analyses:

- Facilitates aggregation of data from different studies within the BRICS Repository module for meta-analyses
- Accommodates upload(s) of data **external** to BRICS to be included in meta-analyses.

#### 2. Data Store (Data lake):

- Facilitates storage of data from studies that do not have requirements to upload data to the BRICS Repository module.
- Supports the NIH Data Management and Sharing Policy
- NOTE: data stored inside of the Meta Study Data Store will not be validated or stored in the Data Repository module and it also will not be queryable.

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# Digital Object Identifiers (DOIs) (ODSS\DataCite)

Makes research more effective by connecting research outputs and resources–from data and preprints to images and samples

Connecting data and publications supports:

- Research validation
- Data Reuse
- Metrics



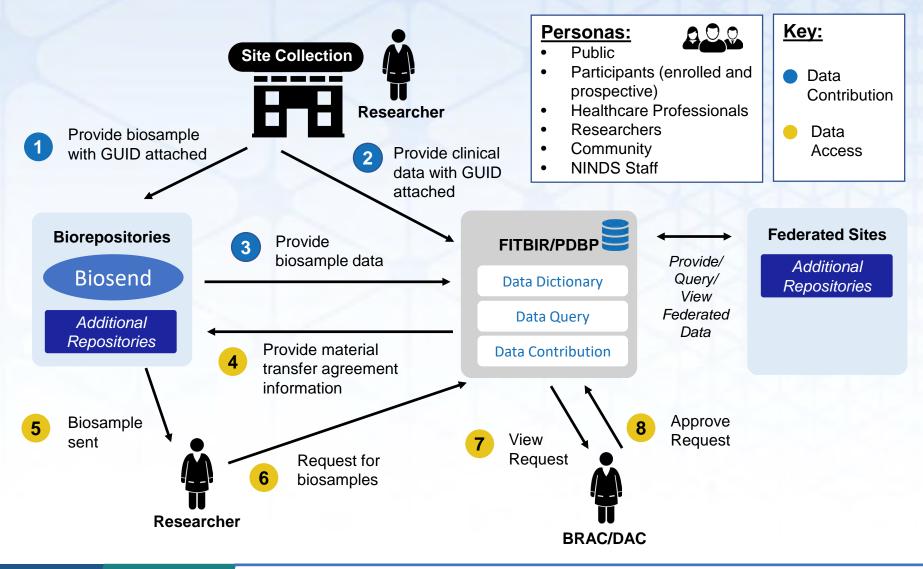








## FITBIR/PDBP Biosample Workflow









## **Validation/Submission Tool**

#### Validate and Upload Tool (Submission Tool) - JavaScript Application

Getting started and need help	o? Download the Submiss	ion Tools User Guide (pdf)				
Validation Tool	Upload Tool					
Working Directory						
Upload Files 🗸	OAPTDemographics.csv	Choose Files	Load Files			
To upload file with attached/a	ssociated files, choose 'U	pload Directory'.				
						×
Files						
i Hidden files will not I	be displayed on this table.	Exp: .DS_Store, Thumbs.db, de	sktop. All files are valid. Click on a validated f	ile from the list to vi	ew its warnings and/	or errors.
i Color Legend 📕 F	Requires Validation 📕 V	alid Excluded Error				ок
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Showing 1 to 1 of 1 entries (1						
Validate Files Build S	Submission Package					
Result Details						
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i 100 Warnings and E Export Result Details	rrors will be displayed.				Search: 🗸 🗍	
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- More universal implementation – From Java Webstart to <u>JavaScript</u>
- Validation at CDE level and Form level









## **Translation Tool**

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	Get Form Struc	tures		Select Form Structure				Load S	ource DEs	
Reference Form S	tructure: GCS									-
Group	Element Name	Trite	Type	Reference PVs	Required	Sourc	Source Type	Sourc	PV Mappings	- 11
Main	GUID	GUID	IGUID		REGUIRED	GUID	GUID	-		
Main	SubjectIDNum	Subject identifier number	ALPHANUMERIC		OPTIONAL	-		1		
Main	AgeYrs	Age in years	NUMERIC		RECOMMENDED	Age	Numeric	1		
Main	VitStatus	Vital status	ALPHANUMERIC	Alive;Dead;Unknown	OPTIONAL		1	1	1	
Main	VisitDate	Visit date	DATE		RECOMMENDED					
Main	SiteName	Site name	ALPHANUMERIC		RECOMMENDED	1	-	1		
Main	DaysSinceBaseline	Days since baseline	NUMERIC		OPTIONAL			1		
Main	CaseContrillnd	Case control indicator	ALPHANUMERIC	Case;Control,Unknown	OPTIONAL			1		
Main	GeneralNotesTxt	General notes text	ALPHANUMERIC		OPTIONAL					
Form Administratio	n ContextType	Context type	ALPHANUMERIC	After injury;At time of asse	RECOMMENDED					
Form Administratio	n ContextTypeOTH	Context type other text	ALPHANUMERIC		RECOMMENDED			1		
Form Administratio	n DataSource	Data source	ALPHANUMERIC	Brother;Chart/Medical reco.	RECOMMENDED					
Form Administratio	n DataSourceOTH	Data source other text	ALPHANUMERIC		RECOMMENDED					
Glasgow Coma S	GCSConfounderTyp	Glasgow Coma Scale (GCS) - Con.	ALPHANUMERIC	Alcohol/drugs of abuse C	RECOMMENDED	-		1		
Glasgow Coma S.	GCSEyeResphsS	Glasgow Coma Stale (GCS) - Eye .	ALPHANUMERIC	1:2:3:4.Unknown.Untestab.	RECOMMENDED	scoreX	Numeric	1:2:3	1:1:2:1;3:Unknown	
Glasgow Coma S.,	GCSMotorRespns.	Glasgow Coma Scale (GCS) - Mot.	ALPHANUMERIC	1;2;3;4;5;6;Unknown;Unte.	RECOMMENDED	1.1.01	1	-		
Glasgow Coma S	GCSVerbalRspns	Glasgow Coma Scale (GCS) - Ver	ALPHANUMERIC	1;2;3;4;5;Unknown;Untest	RECOMMENDED	:		1		
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Output log										
This Tool hes success	fully connected and cont	figured to https://fiftur.nih.gov/								
	form structures from Pr									
	data elements for form :									
		- mapping file can now be saved.								_
		<ul> <li>mapping file can now be saved.</li> </ul>								

The tool supports data definition, data mapping, data transformation, and data access through the research cycle.

Researchers can easily load their Data Elements (DEs) and Permissible Values (PVs) in the form of a data dictionary to be paired with (or mapped to) eligible BRICS elements and their values within the BRICS Data Dictionary.









## **Query Tool**

	Subject Management Data Dictionary	Data R	epository Query	Meta Study Accoun	nt Management	Forum		
Step 1:Filter Data	Step 2:Refine Data			Admin Only:	Clear Cache	Data Cart: 1 forms in 17 stu	dies 🧣 Clear Dat	a Cart 🗨 Save New Que
Data Cart 규	- Download Data Cart To Queue	eset	Select Criteria	Datatable View	Permissible Valu	ie 🗸 🚽 Hide	All Blank Columns	Download Options
Select a form to refine your query	Drag here to join forms		Glasgow Outcome Sca	le Extended (GOS-E)				(12656 Rows of Data)
Blasgow Outcome Scale Extended 👔			FORMS:		GOSE STANDARD	)		
GOS-E)	First Form	1	REPEATABLE GROUPS					
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	[] [] [] [] [] [] [] [] [] [] [] [] [] [	::::::::::::::::::::::::::::::::::::::	7 <u>392</u>	FITBIR-DATA0014496	TBIXL521DJW		06C1082	53
	Einh Form		8 <u>392</u>	FITBIR-DATA0014496	TBINY280KGH		06C1080	41
		J	9 <u>392</u>	FITBIR-DATA0014496	TBICB635ZEX		05C1215	42
2.400 M. 1998		0	10 <u>392</u>	FITBIR-DATA0014496	TBIHN386UZP		05C1214	56
uery Logic Box 🞯		0	11 <u>392</u>	FITBIR-DATA0014496	TBIJZ524AVJ		05C1213	50
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and the second s			13 <u>392</u>	FITBIR-DATA0014496	TBIBR360EWL		06C1003	63
			14 <u>392</u>	FITBIR-DATA0014496	TBIBV552XZW		06C1001	34
			15 <u>392</u>	FITBIR-DATA0014496	TBIDG482PX9		05C1216	42
			16 <u>392</u>	FITBIR-DATA0014496	TBIRZ273YR2		06C1016	31
			17 <u>392</u>	FITBIR-DATA0014496	TBIHX400NYG		06C1013	36
Ouery acro	oss <u>studies,</u>		18 <u>392</u>	FITBIR-DATA0014496	TBIFA001JYG		06C1011	41
	<u>staates</u> ,		19 <u>392</u>	FITBIR-DATA0014496	TBIAL553PCD		05C1203	49
	l data types		20 392	FITBIR-DATA0014496	TBIMW968ARK		05C1202	39

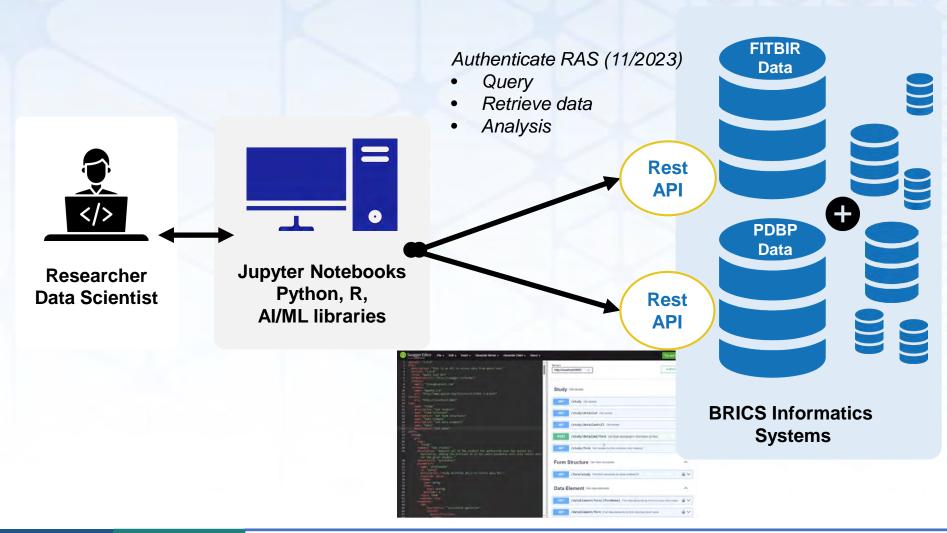
• API







## **API Query Tool** Programmatic access to the data





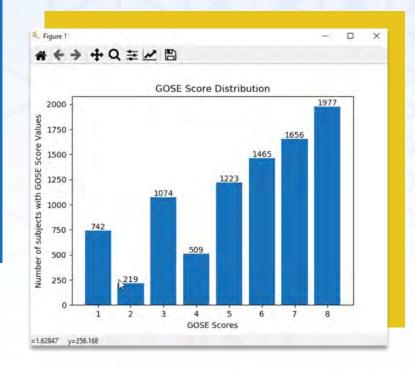




## **Application GUI – Query/Output**

## **Python Code**

8 BRICS API Vis	ualization		
BRICS API			
Provide the fol	lowing inform	ation	
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Please choose	e task:		
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	2		
Submit Car	ncel		











Why We Need Common Data Elements (CDEs)

# Common data elements (CDEs) help researchers share and combine datasets, meet funding requirements, and save time.











# Why We Need CDEs

1	
	-

**Interoperability:** CDEs facilitate data integration across studies.

- 2
- **Data Quality:** They ensure accurate and consistent data collection.
- 3
- **Time and Cost Savings:** CDEs expedite research project startup.
- **Statistical Power:** Pooling data enhances statistical robustness.
- 5 Comparative Analysis: Researchers can compare data with existing datasets.

- 6
- **Collaboration:** Common data language fosters interdisciplinary cooperation.



**Data Sharing:** CDEs promote reproducibility and data sharing.



**Regulatory Compliance:** They may be required by regulatory bodies and funders.



Mapping Consistency: Enables consistent mapping to UMLS concepts, making it easier to update mappings as UMLS evolves.



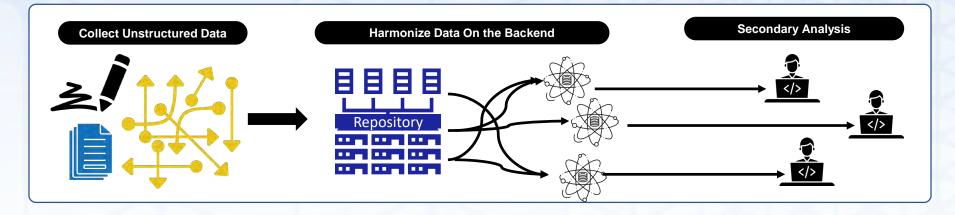




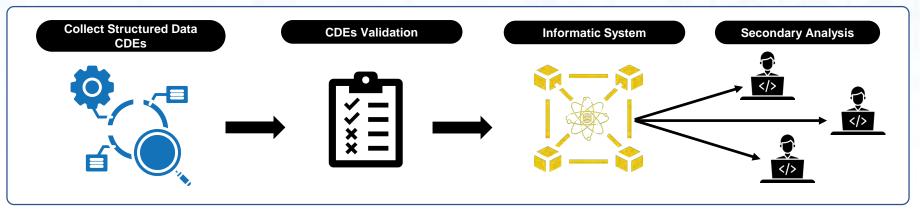


# **CDEs and Harmonization**

Collection of <u>unstructured</u> data from each study independently and harmonize data on the backend – highly inefficient – e.g. 50-70% researchers/postdoc time is spent on data wrangling (QAQC, validation, harmonization). B. Mons DATA STEWARDSHIP FOR OPEN SCIENCE Implementing FAIR Principles, CRC Press Taylor & Francis Group, 2018



Structured data using CDEs and validating data on submission – supports FAIR







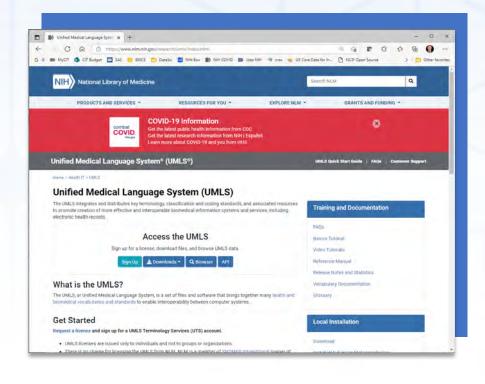




**New Functionality** 

# **Unified Medical Language System (UMLS)**

The UMLS integrates and distributes key terminology, classification and coding standards, and associated resources to promote creation of more effective and interoperable biomedical information systems and services, including electronic health records.



Center for

nformation

chnology

National

Institutes

of Health

NIF

Adding UMLS coding per CDE, UDE and Permissible Values

• Supports programmatic analysis of the data making data stored in a BRICS repository more <u>AI ready</u>.

• Makes BRICS DEs more consistent with NLM's DE efforts supported by the CDE Governance group.

Learn more about BRICS at: https://brics.cit.nih.gov



#### **Common Data Elements - CDEs**

Alphanumeric

Search: -

view more in the data dictionary

#### Common Data Element: Gender Type

Status:	Published
Variable Name:	GenderTyp
Definition:	Self-reported gender of the participant/subject. Gender is the socially constructed identity of sex. Gender is equated with phenotypic sex. Gender may differ from the sex of an individual determined genetically.
Guidelines & Instructions:	Choose one. Response is obtained by report of the participant/subject or caretaker.
References:	The NIH Guidelines on Inclusion of Women and Minorities as Subjects in Clinical Research: The Office of Management and Budget Directive No. 15 (http://grants.nih.gov/grants/funding/women_min/guidelines_update.htm)
Preferred Question Tex	t: What is the subject's gender?
Notes:	The NIH Guidelines on Inclusion of Women and Minorities as Subjects in Clinical Research: The Office of Management and Budget Directive No. 15 (http://grants.nih.gov/grants/funding/women_min/guidelines_update.htm)
Population:	Adult and Pediatric

Input Restrictions: Single Pre-Defined Value Selected

ROW NO	PERMISSIBLE VALUE	DESCRIPTION	CODE	CONCEPT IDENTIFIER	CONCEPT NAME	TERMINOLOGY SOURCE
1	Female	Female	1	C0086287/C1705497	Females/Female, Self-Report	UMLS
2	Male	Male	2	C0086582/C1706180	Males/Male Gender, Self Report	UMLS
3	Not reported	Not Reported	222	C1706613	Not Stated	UMLS
4	Unknown	Unknown	999	C0439673	Unknown	UMLS
5	Unspecified	Undifferentiated/Indeterminant/Inte	555	C1704620	Intersex	UMLS





Data Type:

Mapping to external dictionaries

## RAS Research Authentication Service (includes MFA)

#### RAS PHASE 1: (End of October 2023)

The traditional username/password Log in flow for BRICS will soon be replaced by NIH's Researcher Auth Service (RAS). This change will require all users to follow a set of steps to Log in/sign up for RAS and link your BRICS account to your RAS account. RAS supports 2 identity providers, a NIH PIV/CAC card, or an account with Login.gov.

#### RAS PHASE 2: (Spring 2024)

Include additional Identity Providers as needed. Enhancement request that come from the users based upon the initial release









# OMOP Observational Medical Outcomes Partnership Common Data Model (v6.0)

L	Person	Standardized health system data	n Standardized metadata	~ 38 Table ~ 395 Data	Elem	
	Observation_period	Location Location_history	CDM_source Metadata	Open Com	munit	y Data St
-	Visit_detail	C 🔒 fitbir-demo.cit.nih.gov/cont	ent/data-dictionary#form-structures		G	. 🖻 🏟 💴 🗯 [
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	Davice experies	FITBIR	OMOP_CDM Vocabulary Form	Vocabulary_OMOP_CDM	Published	2023-01-12
	Device_exposure	Abi	OMOP_GDM Specimen Form	Specimen_OMOP_CBM	Published	2023-01-12
	Measurement	Program Specific	OMOP_CDM Measurement Form	Measurement_GMOP_CDM	Published	2023-01-12
	Medsdreinent		OMOP_COM Note NLP Form	NON_NLP_OMOP_CDM	Published	2023-01-12
-	Note	Form Types	OMOP_CDM Observation Period Form	Obs_Period_OMOP_CDM	Published	2023-01-12
		Biosample     Ginical Assessment	OMOP_CDM Observation Form	Observation_OMOP_CDM	Published	2023-01-12
	Note_NLP	Genomics	GMOP_GDM Survey Conduct Form	Survey_Conduct_OMOP_CDM	Published	2023-01-12
		Imaging Other-Omics	OMOP_CDM.Visit Detail Form	Visit_Detait_OMOP_CDM	Published	2023-01-12
-	Survey_conduct	D Precinical	OMOR_GDM Drug Excessive Form	Drug_Exposure_OMOP_CDM	Published	2023-01-11
			OMOP_GDM Device_Exposure Form	Device_Exposure_OMOP_CDM	Published	2023-01-11
	Observation	Standardization	OMOP_GDM Note Form	Note_OMOP_CDM	Published	2023-01-11
	Englimon	Standard NINDS CDE	OMOP_CDM Fact Relationship Form	Fact_Relationship_OMQP_CDM	Published	2023-01-11
-	Specimen	Standard	OMOP_COM Visit Occurrence Form	Visit_Occurrence_OMOP_COM	Published	2023-01-11
	Fact_relationship		OMOP_CDM Procedure Occurrence Form	Procedure_Occur_OMOP_CDM	Published	2023-01-11
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		E February	OMOP_CDM Payer_Plan_Period Formy	Payer_Plan_Penod_OMOP_COM	Published.	2023-01-10







BRICS

# ProFoRMS – Renders Form Structures to Acquire Subject Data

**ProFoRMS**, BRICS' subject data entry tool, offers a secure, seamless, and functional customer experience.

ft Home	Workspace ProFoRMS Subject Management Data Dict	ionary Data Repository Query Meta Study Account Management	
Menu and Filters	ProFoRMS Protocol		
Legend	GUID : PDAB597LKL Visit Type : Baseline		
Not Started	Demographics		
In Progress	This form contains data elements that are collected to describe the demo variables.	graphics of the study population. The items are used to compare baseline characteristics among	study groups and to identity confounding
Completed			
Locked	Required Fields		
Required	-Name of site	University of Washington	, j
forms For This Visit Type		University of wastiniguon	•
Informed Consent and*	-Type of visit	Baseline	~
Demographics *			
Vital Signs *	Date and time of visit	2017-01-09 09:00	
Family History *			
Prior and Concomitant *	GUID		
Behavioral History *			
Epworth Sieepiness Sc	Age of subject in years	39	
Hamilton Anxiety Ratin			

21 CFR Part 11

Fully compliant with 21 CFR Part 11

### PSRs

Supports patient self-report modules (PSRs), such as PROMIS

#### Network Connectivity

Supports offline data collection

BTRIS Enables access to BTRIS data Scheduling Built-in subject scheduler

Reporting Built-in reports generator



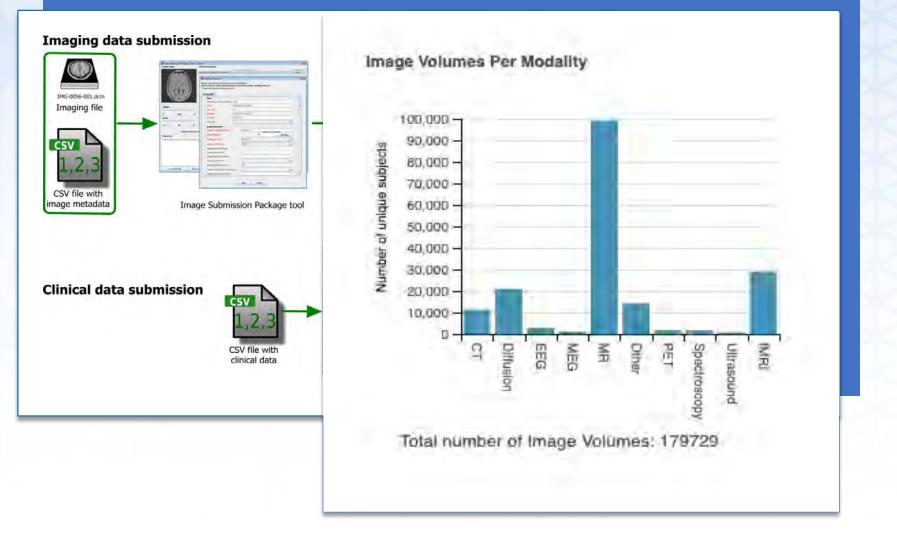
Open source







#### **MIPAV Image Submission Workflow**



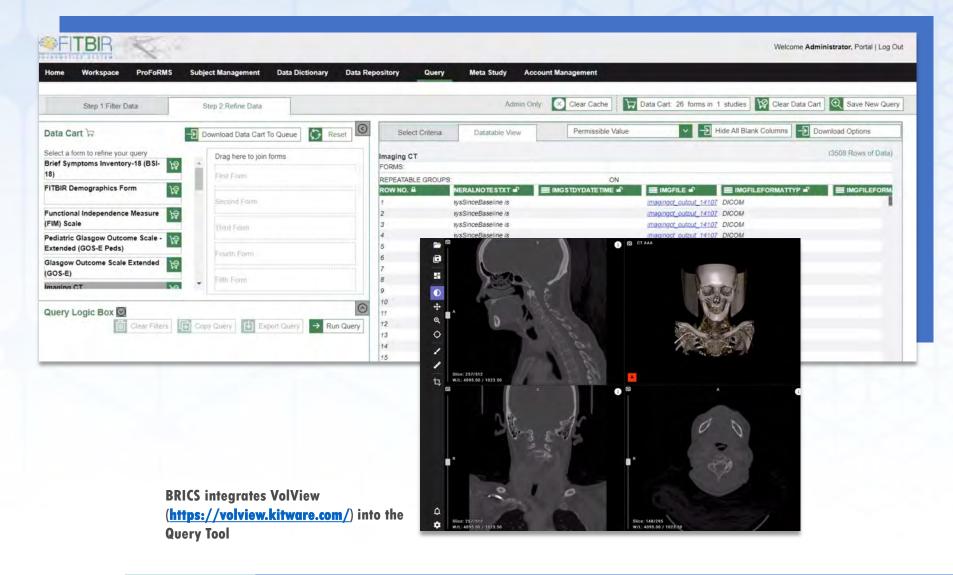








## Imaging



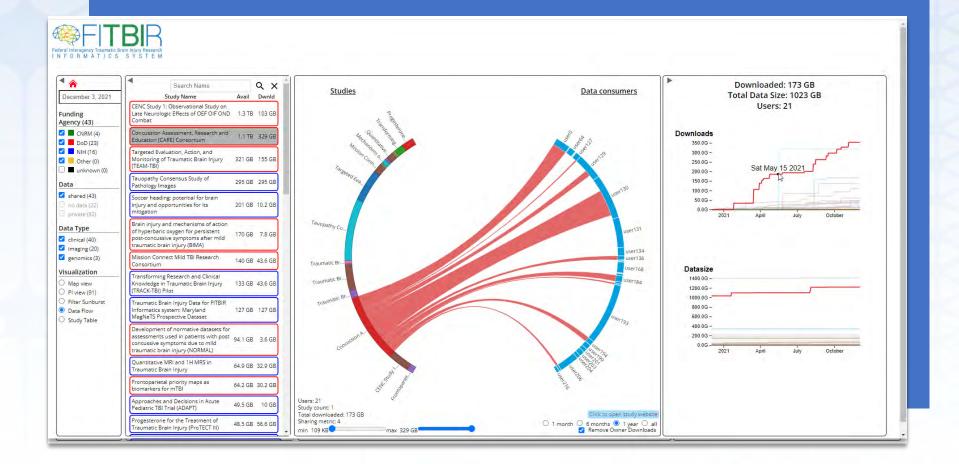








# Data Use/Collaboration Visualization Metrics











# **Future Goals**

- Data workbench develop comprehensive data analysis tools
- Continue API development validation and submission
- Continue UMLS mapping to CDEs
- Deploy to the Cloud for other BRICS instances
- Research Authentication Services (RAS) phase 2
- CommonAPI
- FISMA high











# BRICS: Advancing FAIR Data Principles and NIH's 2023 Data Sharing Plan

**Unified Medical System (UMLS)** 

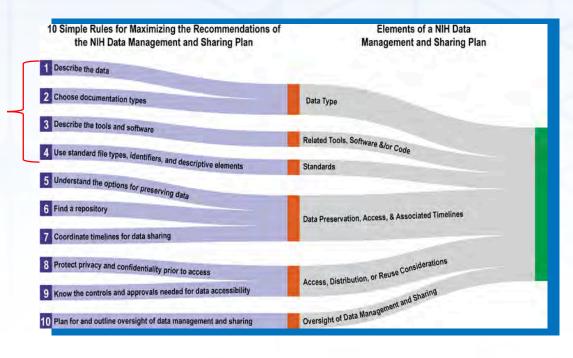
Olga Vovk



# Advancing FAIR Data Principles and NIH's 2023 Data Sharing Plan

The National Institute of Health (NIH) has issued a new <u>NIH Policy for Data Management</u> and Sharing. The policy came into effect on January 25, 2023.

• It requires researchers, who submits an NIH research application, to submit a plan outlining how scientific data from their research will be **managed and shared**.



**Source:** Gonzales S, Carson MB, Holmes K. Ten simple rules for maximizing the recommendations of the NIH data management and sharing plan. PLoS Comput Biol. 2022 Aug 3;18(8):e1010397. doi: 10.1371/journal.pcbi.1010397. PMID: 35921268; PMCID: PMC9348704.









# **BRICS data dictionary is built on FAIR principles:**

## Findability, Accessibility, Interoperability, and Reusability (FAIR) principles



- Uses common data elements (CDEs) to collect data;
  - Incorporates standard controlled vocabularies Effectively find, query, and report data;
  - Supports data exchange between independent informatics systems.





# Advancing FAIR Data Principles and NIH's 2023 Data Sharing Plan

- The count of CDEs in BRICS DDs is big (~9 K published CDEs in FITBIR only) and growing.
- That affects how we manage data dictionaries, including searching, curating, creating, and the most important re-using of CDEs.

Issues common for all large CDE repositories

That affects data analysis and data discovery.

**Biomedical Research** 

Informatics Computing System

Menu	*	Data Dictionary	UMLS				
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Awaiting Publication Published		12-tem Short Form Health Survey Version 2 (Se scale	F-12v2) - Times calm peaceful 🚺	SF12TimesCalmPcfulScale	CDE	2023-02-24	Published
Deprecated     Retired		12-tem Short Form Health Survey Version 2 (St depressed scale	-12v2) - Times downheaded	SF12TimesDownDepressedScale	COE	2023-02-24	Published

Over the years, we tried various ways to organize CDEs, such as:

- Keywords;
- CDE/UDE cross-mapping;
- Linking CDEs with close semantics
- Building the ETL tool(s).
- The most recent initiative we took to make BRICS to comply with the latest <u>NIH Policy for</u> <u>Data Management and Sharing</u>
  - is adding the option of organizing CDEs based on their semantics.







# New Functionality: mapping CDE semantics to UMLS concepts

# UMLS as a terminology source

<u>The Unified Medical Language System (UMLS) Metathesaurus</u>, supported by NLM is a large biomedical thesaurus that is organized by concept, or meaning. It links synonymous names from over **200 different terminologies and vocabularies**.



#### Why UMLS?

- The Unified Medical Language System (UMLS) has been a critical tool in biomedical and health informatics for more than 30 years.
- The UMLS brings together vocabularies and standards in the biomedical field to facilitate interoperability among different computer systems, projects, and applications.









# New Functionality: mapping CDE semantics to UMLS concepts

- Added UMLS coding per CDE, UDE and Permissible Values
- Added the ability to search for CDEs/UDEs by concept name and/or concept identifier

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- Supports programmatic analysis of the data.
- Makes data stored in a BRICS repository more AI ready.
- Supports data discovery.

So far, we mapped ~2K CDEs to UMLS concepts









# New Functionality: mapping CDE semantics to UMLS concepts

#### Adding UMLS CUIs to BRICS data element attributes' list

🕂 Home	Works	pace ProFoRMS	Subject Management	Data Dictionary	Data Repository	Query Meta Stu	dy Account Management	Forum	
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Import		Version	1.10						
eForms		Element Type	Common Data	Element					
eroms	>	Title	Gender Type						
Data Dictionary		Variable Name	GenderTyp						
Administration	· ·	Short Description	Self-reported ge	ender of the participant/su	bject. Gender is the so	cially constructed identit	y of sex.		
atus: Published		Definition		ender of the participant/su mined genetically.	bject. Gender is the so	cially constructed identit	y of sex. Gender is equated with	phenotypic sex. Gender m	ay differ from the sex of an
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		Notes		e FITBIR NIA PDBP; The 5 (http://grants.nih.gov/gra			norities as Subjects in Clinical Re	esearch: The Office of Man	agement and Budget
		Creation Date							









# New Functionality: mapping CDE semantics to UMLS concepts

#### Adding UMLS CUIs to reflect semantics of permissible values

🕂 Hom	e W	orkspace P	roFoRMS Sul	bject Management	Data Dictionary D	ata Repository	Query	Meta Study	Account Management	Forum	
Menu	*	Data	Dictionary								
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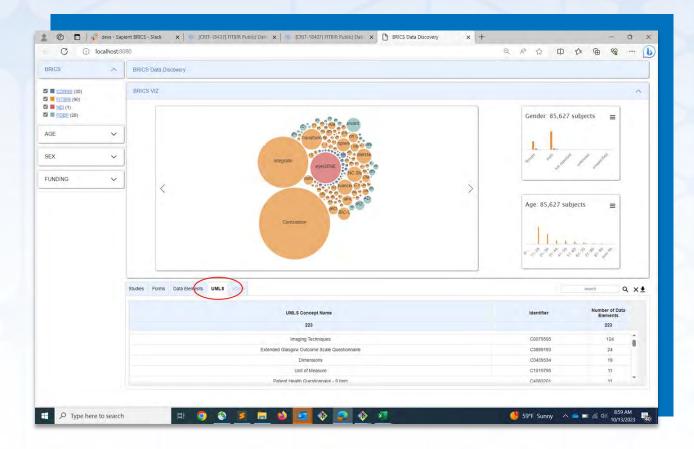








# New Functionality: use of UMLS CUIs for data discovery



BRICS Data Discovery Tool searches for data across BRICS instances

#### 1. **based on CDE/UDE** or when there is no common elements across instances,

# 2. based on DE UMLS concepts.

 If CDEs/UDEs have shared

semantics/UMLS CUIs they will be found.





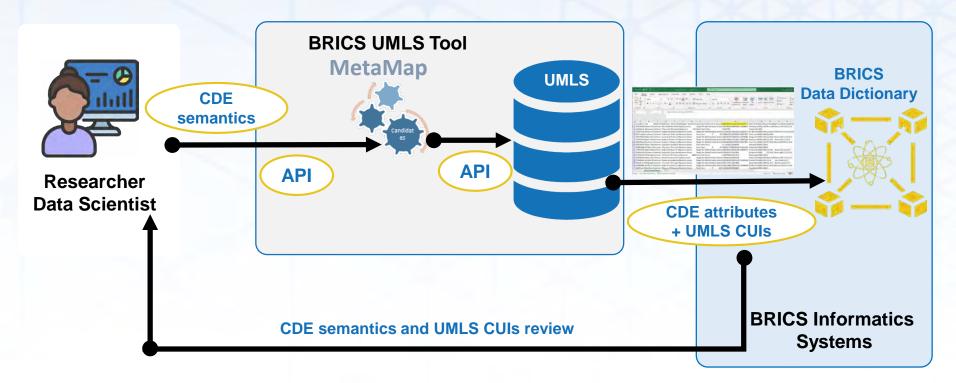




# New Functionality: BRICS UMLS Tool

We did not want to have the mapping CDEs semantic to UMLS as a manual process. We built BRICS UMLS Tool

- Highly configurable.
- Semi-automatic querying and assigning relevant UMLS CUIs to selected CDE attributes.











# **Future Work**

- 1. Expanding the use of UMLS CUIs for data discovery
- 2. Ability to query data for UMLS CUIs/concepts in the Query tool
- 3. Enhance the **BRICS UMLS tool** with ability to:
  - Search in data dictionary for CDEs/UDEs with similar semantics
  - Provide the user with a feedback regarding CDE semantics









# Enriching the FAIRness of BRICS using the OMOP CDM

Henry Ogoe, PhD (Biomedical Informatics) Contractor, OSCS - CIT



MTBI<sup>2</sup>





NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE







# What is OMOP CDM?



OMOPed data Standardized Analytics



The Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM) is an open community data standard, designed to standardize the structure and content of observational data and to enable efficient analyses that can produce reliable evidence.





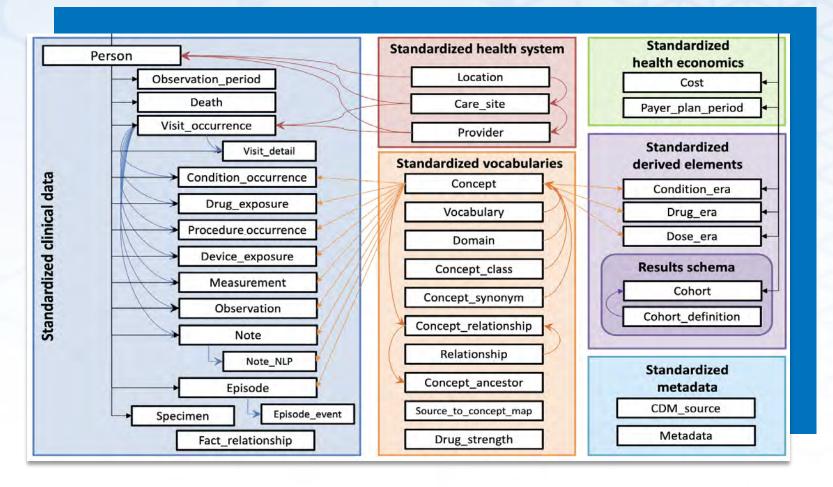






## **Technical Overview**

#### Person-centric, relational database schema; ~38 Tables & ~ 400 DE



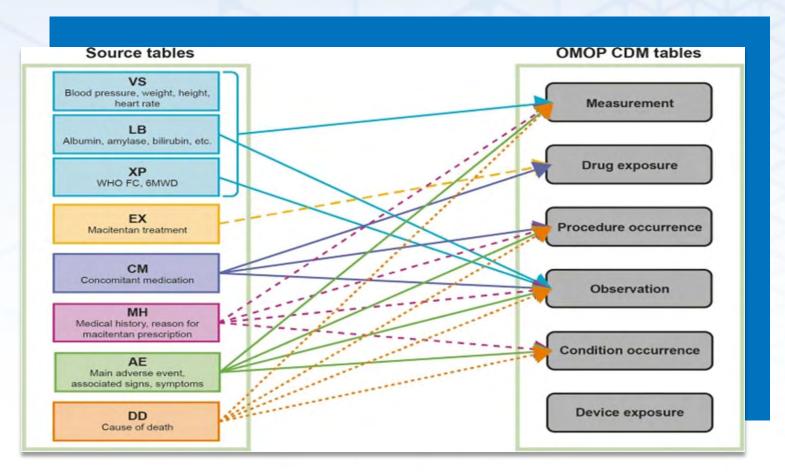






## Why would I care about OMOP in BRICS?

# Regardless of data source (registry, EHR, or Claims) all we need is 38 FS & ~ 400 DE











# **Bringing OMOP to BRICS**

Data Elements 🔉 🖒	TITLE	SHORT NAME	STATUS	Showing 1 to 38 of 38 entre
eForms >	OMOP_CDM Care Site Form	Care_Site_OMOP_CDM	Published	2023-08-10
Data Dictionary	OMOP_CDM CDM Source Form	CDM_Source_OMOP_CDM	Published	2023-08-10
dministration >	OMOP_CDM Cohort Definition Form	Cohort_Definition_OMOP_CD M	Published	2023-08-10
	OMOP_CDM Cohort Form	Cohort_OMOP_CDM	Published	2023-08-10
<ul> <li>Standard NINDS CDE</li> <li>Standard</li> <li>Standard Modified</li> </ul>	OMOP_CDM Concept Ancestor Form	Concept_Ancestor_OMOP_C DM	Published	2023-08-10
<ul> <li>Appendix</li> </ul>	OMOP_CDM Concept Class Form	Concept_Class_OMOP_CDM	Published	2023-08-10
D Unique	OMOP_CDM Concept Form	Concept_OMOP_CDM	Awaiting Publication	2023-09-06
abels 🗸 🗸	OMOP_CDM Concept Relationship Form	Concept_Relation_OMOP_CD M	Published	2023-08-10
CDISC	OMOP_CDM Concept Synonym Form	Concept_Synonym_OMOP_C DM	Published	2023-08-10
HHS CARES OMOP	OMOP_CDM Condition Era Form	Condition_Era_OMOP_CDM	Published	2023-08-10
	OMOP_CDM Condition Occurrence Form	Con_occurrence_OMOP_CDM	Published	2023-08-10
tatus 🗸	OMOP_CDM Cost Form	Cost_OMOP_CDM	Published	2023-08-10
Draft Awaiting Publication	OMOP_CDM Device_Exposure	Device_Exposure_OMOP_CD M	Published	2023-08-01
<ul> <li>Published</li> <li>Archived</li> </ul>	OMOP_CDM Domain Form	Domain_OMOP_CDM	Published	2023-08-10







# **Bringing OMOP to BRICS**

Data         Details         Data         eforms         Documentation         Keywords         Change History           approximation         SHORT DESCRIPTION         VARIABLE NAME         REQUIRED?         TYPE           a         TITLE         SHORT DESCRIPTION         VARIABLE NAME         REQUIRED?         TYPE           a         GUID								not been copyrighted	ions for a form that has in	anized set of data definition	ucture is an or	orm s
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TITLE       SHORT DESCRIPTION         Data source       Source of the data provided on the report form         Data source other text.       The free text field related to Data source specifying other text. Source the data provided on the case report form         Data source other text.       The free text field related to Data source specifying other text. Source the data provided on the case report form         CDM Person (Appears Up To 1 Time)       Element Type         United Time       Short DESCRIPTION (subject/participant).         Data source ind       A unique identifier for the person (subject/participant).         Definition       A unique identifier (foreign key from the CONCEPT table) that represents the concept ind					id	a Flement: Derso	Unique D			lditional element groups	elow are your a	sted
Data source.       Data source other text.         Pata source other text.       The free text field related to Data source specifying other text. Source the data provided on the case report form         Listed below are the details for the data element.         CDM Person (Appears Up To 1 Time)         TITLE       SHORT DESCRUPTION         Unique Data Element Type       Unique Data Element         Title       SHORT DESCRUPTION         It       Person Id         A unique identifier for the person (subject/participant).       An identifier (foreign key from the CONCEPT table) that represents the	<u> </u>			_		a Liement. Perso	onique D	DESCRIPTION	SHORT I		TITLE	÷
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CONCEPT IDEN TIFIER CONCEPT NAME	TERMINOLOGY SOURCE	\$ TE		CONCEPT NAME	ENTIFIER	CONCEPT						
C2348585 Clinical Trial Subject Unique Identifier	UMLS	U	ct Unique Identifier	Clinical Trial Subject		C234858						







# Why does it enrich BRICS' FAIRness?

Findable

Persistent identifiers (person\_id, event\_id, concept\_id) for metadata



OMOP CDM

- Standard Vocabularies
- Relationships between source and standard vocabularies



- Standardized data accessibility, and
- Communications
   via BRICS Query
   Tools



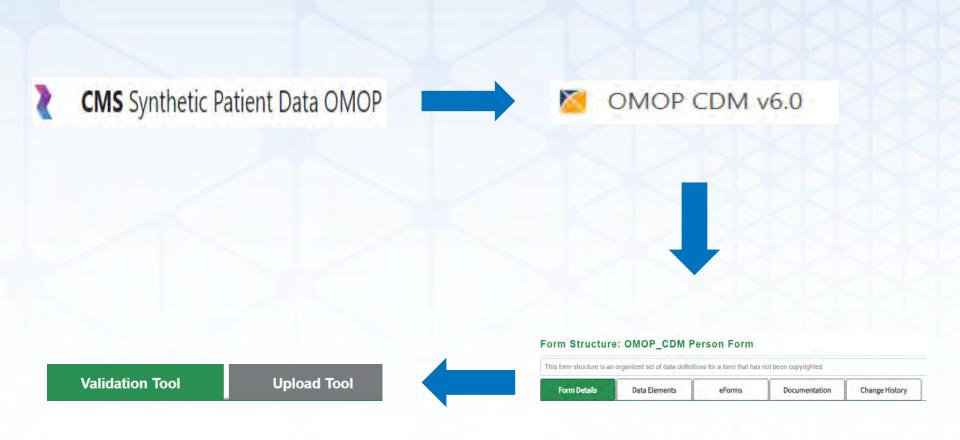
- OMOP CDM
- Standard Vocabulary
- Methods Library for best-practice observational research\*







Proof-of-Concept: ETL CMS Synthetic Patient Data to BRICS Instance











# **ETL Results: BRICS study**

ff Home	Works	space ProFoRMS	Subject Management	Data Dictionary	Data Repository	Query I	Meta Study A	ccount Management	Forum
Menu	≈	Data Reposit	ory			-			
Manage Studies	~	View Studies > OMOP CM	IS Synthetic Patient Data						
View Studies		Study: OMOP	CMS Synthetic	Patient Data					
Create Study		Study Overview	Study Details	Documentation	Dataset Subm	issions	ata Access Report	-	
Submission Tools	>	Study Overview	Study Details	Documentation	Dataset Subm	ISSIONS	ata Access Report		
Download Tool		Show shared & priva	ate 💌						Search: 🗸
Data Repository Administration	>	DATASET ID	NAME		SUBMISSIC	N DATE 🚽 TY	PE 💠 ST/	ATUS 👙 🛛 # OF REC 👙	
		BRICSIM- DATA0001569	Concept_Ancest	or_CMS_OMOP_50_of	2023-09-2		linical Pr ssessment Pr	ivate 1000000	
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		BRICSIM- DATA0001566	Concept_Ancest	or CMS_OMOP_49_of	2023-09-2		linical Pr ssessment Pr	ivate 1000000	
		BRICSIM- DATA0001565	Concept_Ancest	or CMS_OMOP_46_of	2023-09-2		linical Pr ssessment Pr	ivate 1000000	
		BRICSIM- DATA0001564	Concept_Ancest	or_CMS_OMOP_47_of	2023-09-2		linical Pr	ivate 1000000	









# **ETL Results: Query Tool**

me Workspace ProFoRMS Subject Management Data Di	ictionary Data Repository Query Met	a Study Ac	count Management Forum	
Step 1:Filter Data	Admin Only: 🗙 Clear Cache	Data Cart: 0	) forms in 0 studies 🛛 🙀 Clear Data Cart	t 🖸 Save New Que
ch GUID 🔬 🔾	Forms			
Studies Forms Data Elements Defined Queries	Search Forms 🔗 🔍	Data Type - All	Results: (17 Forms)	k∰ Add All [+
eer forms by: (1 Studies Selected 🔇	OMOP_CDM Care Site Form	<u>}</u> ₩ 1 <b>1</b> 1	$\oplus$ OMOP_CDM Concept Ancestor Fo	orm ૢૢૺ©
CRISPI_BTRIS_NIEHS Test Data (# of Forms: 20)	OMOP_CDM Concept Class Form	<u>}</u> ≣ 1 <b>≗</b> 0	$\oplus$ OMOP_CDM Concept Synonym F	iorm ૢૺ@ ≣ 1 ♣ 0
) CRISPI_BTRIS_NINDS Test Data (# of Forms: 20) ) CRISPI_BTRIS_NINR Test Data (# of Forms: 20) ) CRISPI_BTRIS_UNKNOWN Test Data (# of Forms: 20)	OMOP_CDM Condition Era Form	<b>}</b> ∰ ■ 1 <b>≗</b> 4224	⊕ OMOP_CDM Condition Occurrence	ce Form
OMOP CMS Synthetic Patient Data (# of Forms: 17)	OMOP_CDM Device_Exposure	<i>}</i> ⊕	OMOP_CDM Dose_Era Form	kā.









# **Future Goals**

• Explore and leverage OHDSI Analytics libraries like ATLAS to support various data-analytics use cases in the BRICS **Query Tool** to enhance **Reusability** 





**Take-home** 

# It is now possible to stand up a **BRICS** instance that is **OMOP CDM** enabled



# Thank you!

# Q&A





# BREAK: 10:20AM – 10:35AM



### **Biomedical Research Informatics Computing** System (BRICS)

# **NIA (National Institute on Aging) Pilot Project**

Fatima Irfan











Services University



NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKI







#### **Process Overview: 4 Studies**

#### Health & Retirement Study (HRS)

Health, Aging, and Body Composition Study (Health ABC)

Minority Aging Research Study (MARS)

### **BRICS NIA Platform**

Louisiana Osteoporosis Study (LOS)









#### **Cohort Discovery**

- Collaborative approaches among cohorts could expedite epidemiological discovery by assembling multi-level data collected across the lifespan and providing a framework for multidisciplinary work
- Foster communication among investigators leading cohort studies on aging research
- Promote collaborative research projects for topics not easily addressed by a single study











#### **Process Overview: CDE Definition**

 We looked across study data to identify ~120 Common Data Elements, defined as variables that are present in 2+ studies



Snapshot of Data Inclusion Factsheet

• This was an iterative process, as it required multiple phases of combing through data documentation and dictionaries









### Process Overview: 4 Form Structures

#### • We grouped those 120 variables into 4 form structures









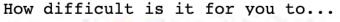


#### Process Overview: Data Transformation

- We transformed the data to fit into our CDE definitions
- Data elements are sometimes collected differently across studies, so we sought to harmonize them

Variable	General Description	Value labels
DIFFPP	Difficulty	0=No
	pushing/pulling	1=Yes

Health ABC



B4r. ...pull or push large objects like a living room chair? [IMPUTED]

318	Code	Frequency
	1	9303
	2	1577
	3	766
	4	843
	6	163

HRS









#### **General ETL Process**

Data access and data definition

Create and build upon existing forms in BRICS system

Data transformation

Data validation and upload









#### **Current State**

- Currently, we have data across 4 studies and 4 forms, reflecting 1 year of study data for 16,613 participants
- We can query data across studies, with lots of flexibility in filtering
- We can now download harmonized data from multiple studies with a complete data dictionary









- Currently, we are working on uploading year 2 data across 4 studies
- We are also working on uploading all year 1 data for HRS
  - Still a pilot, with all data remaining private
  - Will be able to run analyses in system, with all the data and documentation in a clear, accessible, and easy to use format









**Biomedical Research Informatics Computing System (BRICS)** 

# **Query Tool API**

Dan Gillis **FITBIR Imaging** 











\star Uniformed Services University



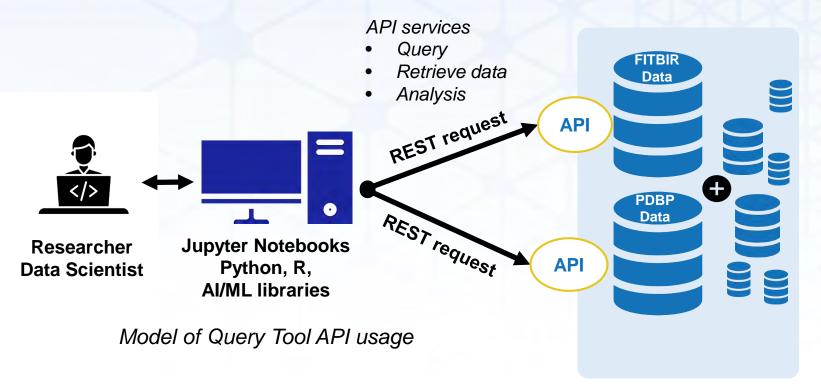
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#### **Methods to Query Data**

- Two methods to query data on a BRICS instance
  - Web Query Tool GUI, access through browser
  - Query Tool API Programmatic access through REST services
- This presentation gives an overview of this API

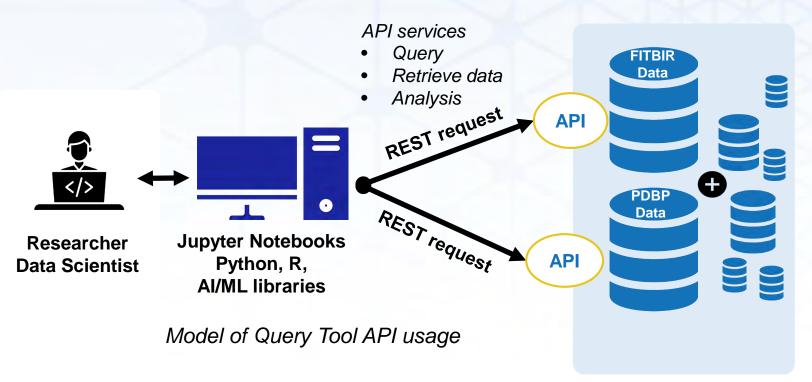






### What is the Query Tool API?

- Application Program Interface for the Query Tool
- A way for computer programs to communicate with the Query Tool
- The API defines services that the Query Tool can perform for users
  - Each service is accessed through its own endpoint URL
- Access using authentication token









- Find all studies using a specific form structure
- Find every form structures submitted for a study
- Query data across multiple studies and form structures
  - Filter results based on data element values
  - Perform joins across form structures
- Download files associated with query results
- Everything we can do with the browser-based Query Tool









# Why would we want to use the API?

- The API provides programmatic access to the Query Tool
  - Data accessors can use the Query Tool services in their own programs & notebooks
- Using the API extends the power of the Query Tool
  - Instantly create plots of data returned
  - Directly download query results
  - Generate filters based on the results of previous queries
  - Build data transformation pipelines and easily apply them to multiple queries







API Examples GOSE Scores



#### **API - Scenario**

- Example scenario for using the API
- Suppose we are interested in seeing how age affects outcomes from patients suffering from traumatic brain injuries
  - Target metric: GOSE (Glasgow Outcome Scale Extended) total score
- To start, we want to see the distribution of GOSE scores for:
  - All subjects with GOSE data on FITBIR
  - Subjects ages 20 to 30









#### **API - Overview**

- We want to do the following:
  - Find which studies have GOSE data submitted
  - Find all GOSE scores submitted to FITBIR
  - Find GOSE scores for our filtered age range
  - Create bar graphs to view the distribution of scores
- We can do all of this with the API
- For next slides, output of code outlined in red









- Get authentication token
  - Obtained by logging in using RAS
- Generate header to be used in API requests

token = getpass.getpass("Enter your user token")

Enter your user token .....

```
def gen_base_headers(token):
    return {"Authorization": f"Bearer {token}"}
```

base\_headers = gen\_base\_headers(token)

Add token to notebook to authenticate requests









Biomedical Research Informatics Computing System

# **API – Find Studies**

- Find all studies with GOSE data
- Input: GOSE form structure name
- Output: data about studies with GOSE form structure

base\_qt\_url = "https://fitbir.nih.gov/gateway/query-api"
gose\_form\_name = "GOSE\_Standard"

#### ## 1. Find studies which have GOSE data

def find\_studies\_with\_form(form\_names, headers):

```
studies_with_form_url = f"{base_qt_url}/study/form"
form_params = {"formName": form_names}
return requests.get(studies_with_form_url, params=form_params, headers=headers)
```

studies\_with\_gose\_request = find\_studies\_with\_form(gose\_form\_name, base\_headers)
studies\_with\_gose\_request.raise\_for\_status()
studies\_with\_gose\_metadata = studies\_with\_gose\_request.json()[0]

#### Query code

The	ere are 17 studies with form: GOSE Standard			
	abstract		id	title
0	Traumatic brain injury (TBI) in older adults i	Public	FITBIR-STUDY0000266	AIM: TBI Impact of Aging on the Immune Respons
1	Traumatic brain injury (TBI) is a major cause	Public	FITBIR-STUDY0000240	Adding Legacy Clinical Data to the Federal Int
2	Background:\r\n\r\n- A person who has a trauma	Public	FITBIR-STUDY0000272	Biomarkers-Driven Development of Experiemental
3	This study's overall goal is to establish a la	Public	FITBIR-STUDY0000263	CENC Study 1: Observational Study on Late Neur
_				

#### Query results









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# **API – All GOSE Data**

- Retrieve all GOSE data on FITBIR
- Input: GOSE form structure name
- Output: all GOSE data on FITBIR

```
def make_query(form_data, headers, filters=None):
    # form_data and filters should be lists
    query_url = "https://fitbir.nih.gov/gateway/query-api/data/csv"
    form_and_filter = {
        "formStudy": form_data,
    }
    if filters is not None:
        form_and_filter["filter"] = filters
    return requests.post(query_url, headers=headers, json=form_and_filter)
gose_form_data = [make_form_data(gose_form_name)]
```

overall\_gose\_request = make\_query(gose\_form\_data, headers=base\_headers)

Query code

Number of rows for GOSE\_Standard is 12656.

	Study ID	Dataset	GOSE_Standard.Main.GUID	GOSE_Standard.Main.ASSOCIATED GUID	
0	392	FITBIR- DATA0014496	TBIYY662YVC	NaN	
1	392	FITBIR- DATA0014496	TBIAT815JWE	NaN	
2	392	FITBIR- DATA0014496	TBIHP687JA8	NaN	

Query results









### **API – Filtered Age GOSE Data**

- Retrieve filtered age GOSE data
  - Join with demographics form to filter by age
- Input:
  - GOSE and demographics form names
  - Ids of studies with GOSE data
  - Age filter
- Output: filtered age GOSE data

```
fitbir_demo_form_name = "DemogrFITBIR"
```

```
gose_form_data_20_30 = [
    make_form_data(gose_form_name),
    make_form_data(fitbir_demo_form_name, studies=study_ids_with_gose_data)
```

```
filters_20_30 = [
   make_filter(
      fitbir_demo_form_name,
      "Main Group",
      "AgeYrs",
      rangeStart="20",
      rangeEnd="30",
      mode="inclusive"
```

```
gose_20_30_response = make_query(
    gose_form_data_20_30, filters=filters_20_30, headers=base_headers
```

#### Query code

ſ	Nu	mber of rows for	GOSE_Standard is 241	0.	
		GUID	GOSE_Standard.Study ID	GOSE_Standard.Dataset	GOSE_Standard.Main.GUID
	0	TBICX708BGN	NaN	NaN	NaN
	1	TBICU683PDB	NaN	NaN	NaN
	2	TBI_INVHZ302UH8	246.0	FITBIR-DATA0000712	TBI_INVHZ302UH8
l	3	TBI_INVHZ302UH8	246.0	FITBIR-DATA0000712	TBI_INVHZ302UH8

#### Query results







Generate bar graphs

- Overall scores

- Filtered age scores

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# **API – Distribution of Scores**

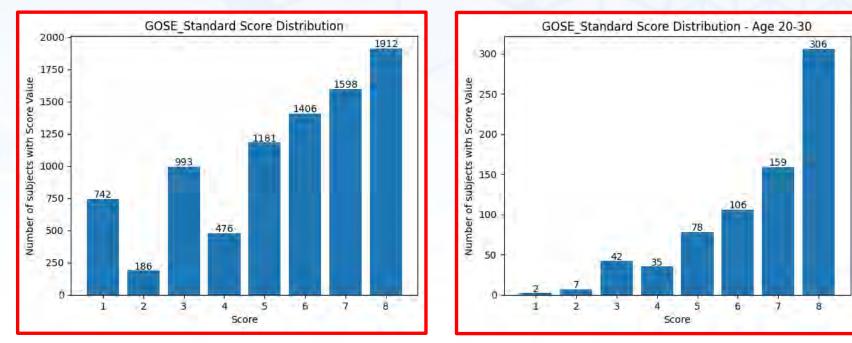
#### Bar graph code

gose\_outcome\_score\_de = "GOSE\_Standard.Form Completion.GlasgowOutcomeScalExtScore"
overall\_score\_data = overall\_gose\_df[gose\_outcome\_score\_de].value\_counts()

make\_graph\_of\_counts(overall\_score\_data)

score\_20\_30\_data = gose\_20\_30\_df[gose\_outcome\_score\_de].value\_counts()

make\_graph\_of\_counts(score\_20\_30\_data, title\_addition=" - Age 20-30")



Bar Graphs Showing Distribution of Scores





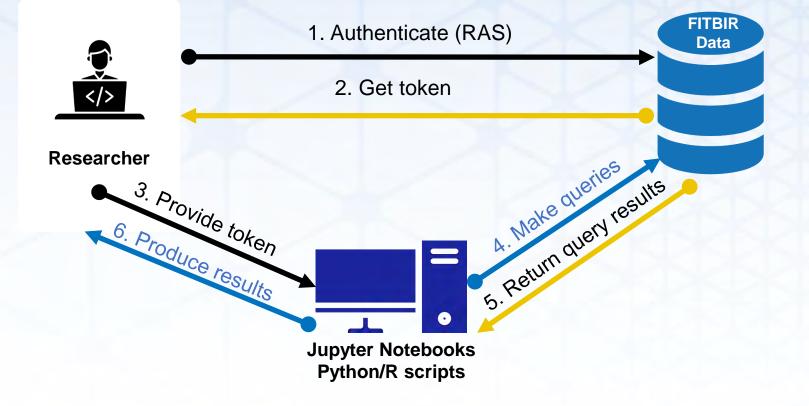




# **Additional Slides**



Biomedical Research Informatics Computing System Simple Model of API Usage











Biomedical Research Informatics Computing System







# Nsini Umoh, PhD, Program Director, Repair and Plasticity NIH/NINDS





MTBI<sup>2</sup>





Parkinson's Disease Biomarkers Program

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE





# Background

The Federal Interagency Traumatic Brain Injury Research (FITBIR) Informatics System is a national registry for clinical TBI research data that integrates heterogeneous datasets allowing access to high quality, multi-study, metadata analyses

- Prospective clinical TBI studies
  - U.S Army Medical Research & Development Command (MRDC) and NIH Requirements to submit data to FITBIR
- Includes high-quality and reproducible data such as: Patient Characteristics and Demographics, Neuroimaging, Clinical Assessments, Behavioral History, Varied Data Types (text, numeric, image)
- Aggregates raw data from all investigators in a common format
  - Common Data Elements (CDEs) information that describes a piece of data collected in a study
  - Global Unique Identifiers (GUIDs) identifiers for study participants to facilitate deidentified data sharing and tracking across multiple studies





3









Biomedical Research Informatics Computing System

# **TBI Research Landscape**









LIMBIC CENC

> 3 7



Endpoints Development

A collaborative for advancing diagnosis and treatment of TBI





National Institute of Neurological Disorders and Stroke

















# **Data Types in FITBIR**

#### Today

- Human Subject Data
- Clinical
- Imaging
- Genomics
- `Neuropathology Data

#### Future

Preclinical Data

3 8









# **Data Dictionary**

SED									Co	innect With Us
	Da	emmon ta ments gresearch.	DISC	RDERS	CDE SEAR		SEARCH	FORM BU		LEARN +
Traumat	ic Brair	n Injur	y							
Data Standards	Overview	Roster	Publications	Updates						
verview										
n civilian, military sychological heal	the second s	• • • • • • • • • • • • • • • • • • • •							(TBI) and so	me
he use of differen esearch. Without hallenging.			and the second se					the second second second second		
o develop the TB experts were invite /ersion 1.0 recom ecommendations	ed to participate mendations we	e in a <u>Workin</u> ere published	g Group to deve in the <u>Archives</u>	of Physical I	endations for sp Medicine and Re	ecific topic-d	riven commo	n data elements	. The resulting	ng TBI CDE
he <u>Working Grou</u>	p reconvened i	in late 2011 t	o refine and reo	rganize the (	CDEs according	to type of TE	I study arour	nd four major stu	udy types:	
<ul> <li>Epidemiologi</li> <li>Studies on a</li> <li>Studies of the</li> <li>Mild TBI/Con</li> </ul>	cute, hospitaliz e rehabilitation	for moderate	e/severe TBI							
	ip also reduced	the list of "C	ore" CDEs stro	ngly recomm	ended for NIND	S-funded stu	dies and exp	anded the CDE	s to be more	







# **FITBIR Policy**

#### • Use of Common Data Elements

• Researchers conducting NIH- and DOD-supported TBI human-subjects research are required to use the TBI Common Data Elements (CDEs), in an effort to create standardized definitions and guidelines about the kinds of data that should be collected, and how to collect this data in clinical studies of TBI.

#### Data Sharing

• Investigators have 12 months from the end of the award period before data and supporting materials will be available to the general research community (via a controlled and tracked approval process, i.e., Data Access Committee Approval).

#### • FITBIR Data Access

 Investigators and institutions seeking data from the FITBIR Informatics System will be expected to meet data security measures (such as physical security, information technology security, and user training) and will be asked to submit a Data Access Request that is signed by the investigator.









#### Biomedical Research Informatics Computing System

#### Data Dictionary Form Structures & Data Elements

earch Form Structures			
Search Locations -	Q Advar	nced Search	
ayword search will be performed within the following form fields: Short Name, Title, Descrip	tion, and Created By.		
			Showing 1 to 218 of 218 entry
nte		STATUS	MODIFIED DATE
2-tem Short Form Health Survey Version 2 (SF-12v2)	SF12	Published	2018-09-18
6-Item Short Form Health Survey (SF-36) version 1	SF_36_F/TBIR_V1	Published	2020-02-05
6-Item Short Form Health Survey (SE-36) version 2	8F36v2	Published	2020-02-05
bbreviated Iniury Scale (AIS)	AIS	Published	2020-03-27
ctivities Specific Balance Confidence Scale (ABC-Scale)	ABCScale_FITBIR	Published	2017-06-26
Icohol Use Disorders Identification Test - Consumption Questions (AUD(T-C)	AUDITC	Published	2020-08-28
Ucohol Use Disorders Identification Test: Self-Report Version (AUD(T)	AUDIT_FITBIR	Published	2020-02-05
Icohol. Smoking. and Substance Use Involvement Screening Test (ASSIST)	ASSIST_FITBIR	Published	2020-03-06
NAM Code Substitution Delayed	ANAMCodeSubDelayed	Published	2015-03-27
NAM Code Substitution Learning	ANAMCodeSubLearning	Published	2015-03-27
NAM Logical Relations	ANAMLogicalRelations	Published	2021-09-23
NAM Matching to Sample	ANAMMatchToSample	Published	2015-03-31
NAM Mathematical Processing	ANAMMathProcessing.	Published	2015-03-31
NAM Procedural Reaction Time	ANAMProcReactTime	Published	2015-03-31
NAM Running Memory Continuous Performance Task	ANAMRunningMemoryCPT	Published	2021-09-23
WAM Simple Reaction Time	ANAMSimpleReactTime	Published	2015-03-31
ANAM Simple Reaction Time 2nd Administration	ANAMSimpleReactTime2nd	Published	2015-03-31

#### # of Standard NINDS TBI Form Structures in FITBIR: **179**

#### # of TBI CDEs in FITBIR: 8,099

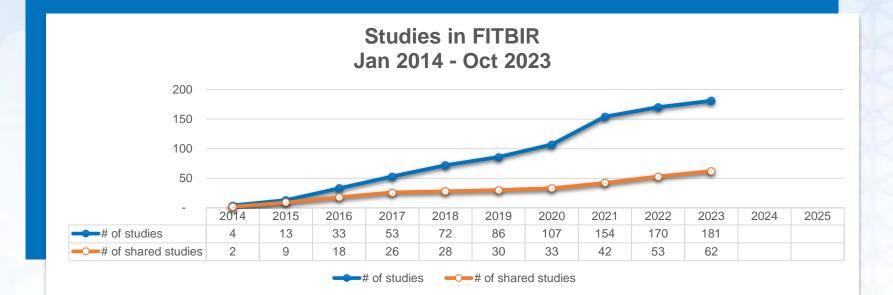
Data Dictionary				
earch Data Elements				
Search Locations -	Q Advanced S	learch		
ow 25 v entries				DOWNLOAD 24548 RESULTS -
ITLE A	VARIABLE NAME	\$ TYPE	<b>Ø MODIFIED DATE</b>	\$ STATUS
2-dem Short Form Health Survey Version 2 (SE-12v2) - Bodily Fain Ray Scote	SF12BodilyPainRawScore	CDE	2016-07-13	Published
12-bem. Short, Form. Health. Survey. Version. 2. (SF-12x2) - Interferingspotal activities introduced 🛛 😗 imptional scale	SF12IntertSocPttyEmotScale	CDE	2023-02-24	Published
12-dem Short Form Health Survey Version 2/SF-12v2 - Less accomplished physical health ()	SF12LesAccompPhyHthScale	CDE	2023-02-24	Published
12-tem Short Form Health Survey Version 2. (SF-12v2) - Physical Functionito Raw Score)	SF12PhysFunctRawScore	CDE	2016-07-13	Published
12-tem Short Form Health Survey, Version 2 (SF-12v2) - Role Physical Raw Score ()	SF12RolePhysRawScore	CDE	2016-07-13	Published
12-tem Short Form Health Survey Version 2 (SF-12v2) - Times calm beaceful scale ()	SF12TimesCalmPcfutScale	ÇDE	2023-02-24	Published
12-dem Short Form Health Survey Version 2.(SF-12v2) - Times downheaded decreased scale ()	SF12TimesDownDepressedScale	CDE	2023-02-24	Published
12-tem Short Form Health Survey Version 2 (SF-12v2) - Times energy scale 🕦	SF12TimesEnrgyScale	CDE	2023-02-24	Published
12-tem Short Form Health Survey Version 2 (SF-12x2) - Work not carefully emotional options indicator	SF12WkNotCarefulEmotProbScale	CDE	2023-02-24	Published
12-tem Short Form Health Survey, Version 2.(SF-12v2)-General Health Ray, Score ()	SF12V/talityRawScore	CDE	2019-10-31	Published
12-tem Short Form Health Survey Version 2. (SF-12v2)-Mental Health Bay Score ()	SF12MentalHealthRawScore	CDE	2016-07-13	Published
12-tem Short Form Health Survey, Version 2 (SF-12v2) -Role Emotional Raw Score)	SF12RoleEmotinalRawScore	CDE	2016-07-13	Published
12-tem Short Form Health Survey Version 2 (SF-12v2) -Scaled score()	SF12ScaledScore	CDE	2016-07-13	Published
12-tem Short Form Health Survey Version 2 (SF-12v2)-Social Functioning Raw Score ()	SF12SocialFunctRawScore	CDE	2016-07-13	Published
12-tem Short Form Health Survey, Version 2./SF-12v2)Vitality, Ravy Score ()	SF12GeneralHealthRawScore	CDE	2016-07-13	Published
12-Bem Short Form Health Survey Version 2 (SF-12v2)- Less accorroisthed emotional Orsbrems scale	SF12LesAccompEmotProbScale	CDE	2023-02-24	Published
12-Rem Short Form Health Survey Version 2 (SF-12v2)- Limited work activities physical health 🕒 Ican	SF12LmtWikActPhyHthScale	CDE	2023-02-24	Published
15D Quality of Life Questionnaire version 2 (150.2) - Breathing scale	OOL15DBreathingScl	CDE	2018-04-19	Awaiting Publication







### **FITBIR Data Statistics**





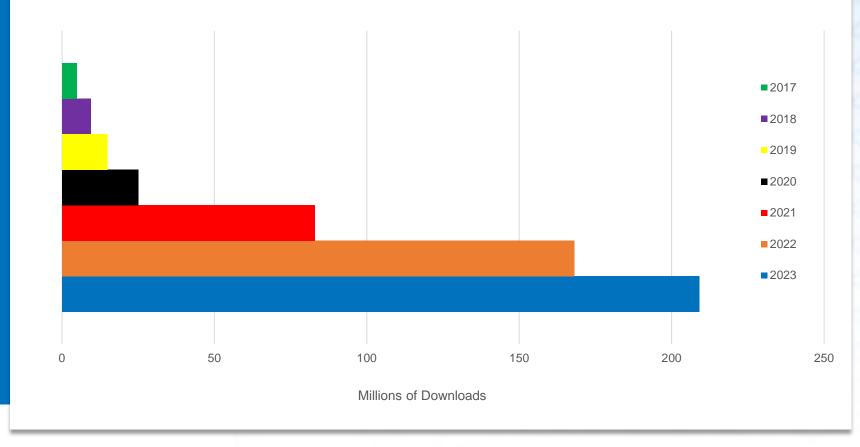






### **Data Access**

#### FITBIR # Records Downloaded



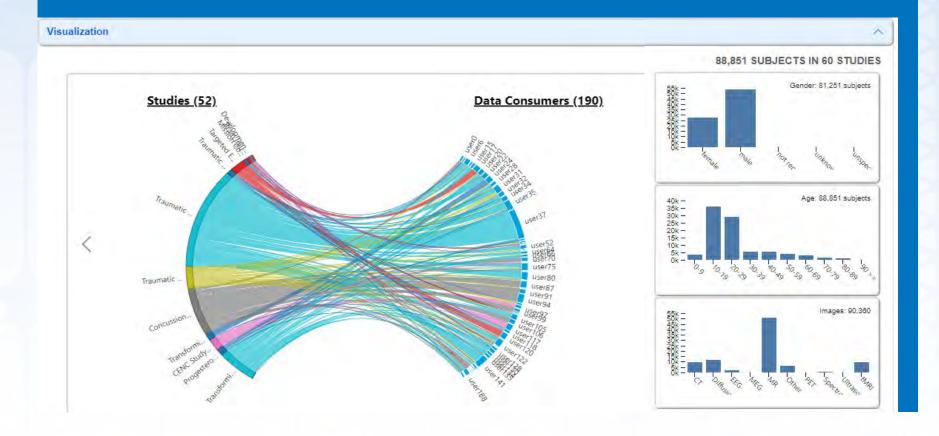








#### **Data Visualization**



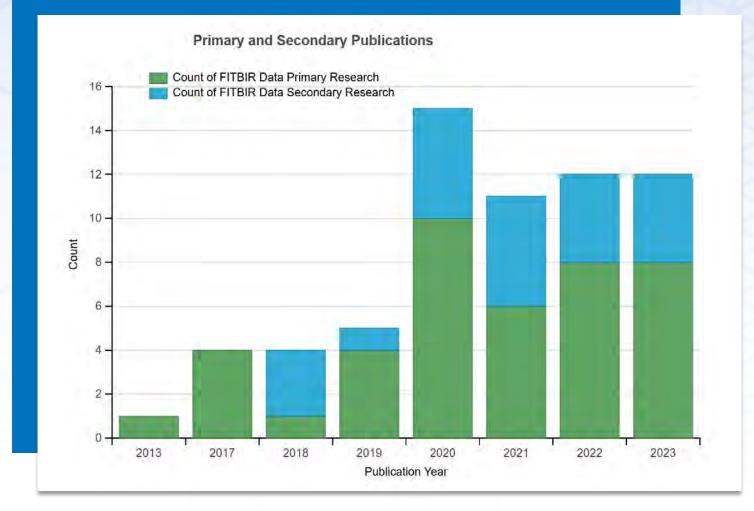








## **FITBIR Summary Data**











## Data Management and Sharing Policy

Applications for Receipt Dates BEFORE Jan 25 2023 Applications for Receipt Dates ON/AFTER Jan 25 2023

NIH has issued the Data Management and Sharing (DMS) policy (effective January 25, 2023) to promote the sharing of scientific data. Sharing scientific data accelerates biomedical research discovery, in part, by enabling validation of research results, providing accessibility to high-value datasets, and promoting data reuse for future research studies.

Under the DMS policy, NIH expects that investigators and institutions:

- Plan and budget for the managing and sharing of data
- Submit a DMS plan for review when applying for funding
- Comply with the approved DMS plan

Each of the steps below will help you integrate data management and sharing into your funding application and research process. Select a step to learn more.

PLANNING & BUDGETING

SUBMISSION & REVIEW

IMPLEMENTING









## **FITBIR Meta Study**

### What is a Meta Study?

- A workspace where research data and metadata can be stored and referenced.
- A Meta Study can contain many different types of "data"
  - Tabular data
  - Software files
  - Scripts
  - Reference documents
  - FITBIR queries
- The Meta Study is assigned a DOI that can be cited for journal publications
- Notice to the community

the social line similar This is	qualities. Both White and Black s a retrospective study that incli	African Americans use the ides cross sectional asses	oportion of athletes in concussion-risk sports and may be more same cognitive assessment tools and currently it is unknown in sments using cognitive assessment data from The Federal Inti- in cognitive post-concussion symptoms and neurocognitive pe-	f performant eragency Th	ice on these assessments is
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264 Demo + CVLT_II zip	Query Tool	Results	age limited appropriate demographic more		2021-05-28 14:02
264 Demo + NOS TBI (Age limited) zip	Query Tool	Results	combination of Demographic Informat more		2021-05-23 17:37
264 Demo + TMT.zip	Query Tool	Results	Age limited date (18 to 25 years ol., more		2021-05-24 21:30
Demo + GPT_zip	Query Tool	Results	Combination of demographic data and more		2021-05-20 13:55
Demographic - Golden stroop, impact, scat	Query Tool	Results	Combination of FITBIR demographic 1. more		2021-04-20 12:57

14









## **Accomplishments & Next Steps**

Preclinical CDEs developed to foster <u>reproducibility and transparency</u> among laboratories.

#### A call for transparent reporting to optimize the predictive value of preclinical research

Story C. Landis<sup>1</sup>, Susan G. Amata<sup>2</sup>, Khuoru Asadullah<sup>3</sup>, Chris P. Austin<sup>4</sup>, Robi Blumenstein<sup>2</sup>, Eleen W. Bradley<sup>6</sup>, Ronald G. Crystal<sup>2</sup>, Robert B. Darnel<sup>19</sup>, Nobert J. Ferrature<sup>3</sup>, Howard Billt<sup>19</sup>, Robert Finkelstein<sup>4</sup>, Mark Tisher, E. Gondelman<sup>19</sup>, Robert Colub<sup>1</sup>, John L. Gourdenu<sup>19</sup>, Robert A. Groze<sup>6</sup>, Amole K. Gubler, Sharon E. Hesterhee<sup>40</sup>, David W. Howellij<sup>10</sup>, John Huguenard<sup>10</sup>, Katrina Kehner<sup>19</sup>, Walter Korosher<sup>2</sup>, Dimitri Krahne<sup>20</sup>, Stanie E. Lazier<sup>10</sup>, Michael S. Levine<sup>20</sup>, Makohn Mackeol<sup>40</sup>, John M. McCall<sup>10</sup>, Richard T. Modey II<sup>10</sup>, Kalyani Narasimhan<sup>20</sup>, Liazier<sup>10</sup>, Steve Perrin<sup>10</sup>, John D. Forrer<sup>4</sup>, Oswald Stoward<sup>24</sup>, Ellis Lunger<sup>10</sup>, Ursda Utz<sup>4</sup> & Shai D. Süberberg<sup>10</sup>

# BIOSEND

NINDS funded biofluid repository is receiving samples from multiple NINDS TBI studies and is coordinating their catalog with FITBIR to allow for searching and ordering. https://biosend.org/

## Incorporating additional trauma data into FITBIR

- Ongoing Discussion with JPC-6
  - Data Types
  - CDE development by SMEs specific to trauma
  - Criteria for accepting data
  - Metastudy module vs data repository









# Parkinson's Disease Biomarker Program

Andrea Lutz





## Overview

- Who's involved?
- PDBP DMR Stats
- Data Collection
- Biosample Request & Order Process





## Who's involved?

#### PDBP Investigators

- Roger Albin, Roy Alcalay, Alberto Ascherio, Thomas Beach, Sarah Berman, Bradley Boeve, F. DuBois Bowman, Shu Chen, Alice Chen-Plotkin, William Dauer, Ted Dawson, Paula Desplats, Richard Dewey, Ray Dorsey, Jori Fleisher, Kirk Frey, Douglas Galasko, James Galvin, Dwight German, Lawrence Honig, Xuemei Huang, David Irwin, Kejal Kantarci, Anumantha Kanthasamy, Daniel Kaufer, Qingzhong Kong, James Leverenz, Allan Levey, Carol Lippa, Irene Litvan, Oscar Lopez, Jian Ma, Lara Mangravite, Karen Marder, Laurie Orzelius, Vladislav Petyuk, Judith Potashkin, Liana Rosenthal, Rachel Saunders-Pullman, Clemens Scherzer, Michael Schwarzschild, Nicholas Seyfried, Tanya Simuni, Andrew Singleton, David Standaert, Debby Tsuang, David Vaillancourt, David Walt, Andrew West, Cyrus Zabetian and Jing Zhang
- PDBP Program and Review Staff
  - Deb Babcock, Chris Swanson-Fischer, Sophie Cho, Christina Fang, and Rebecca Price
- PDBP Data Management Resource (DMR) Operations Team
  - Andrea Lutz, Ronnie Tan, Kristine Treece
- Biorepositories
  - BioSEND & NINDS Human Cell and Data Repository (NHCDR)

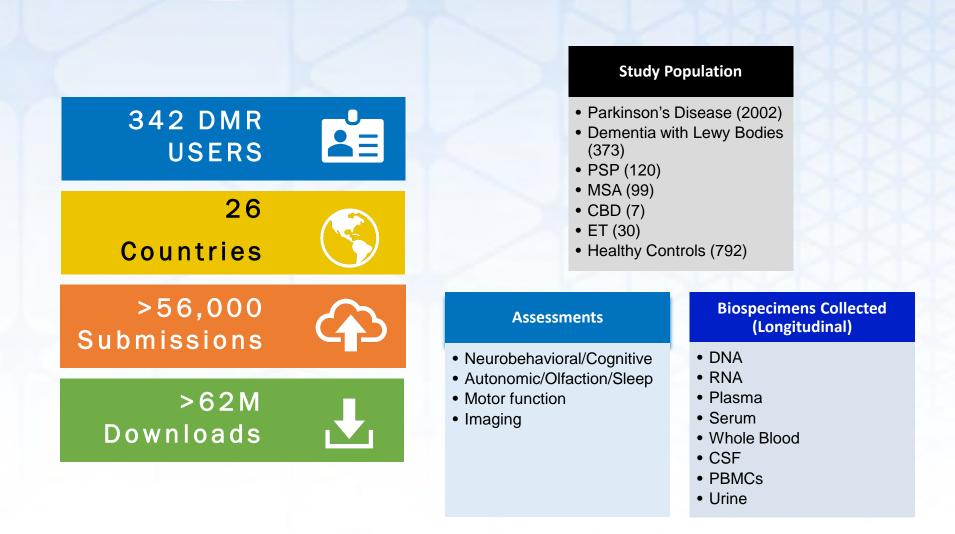








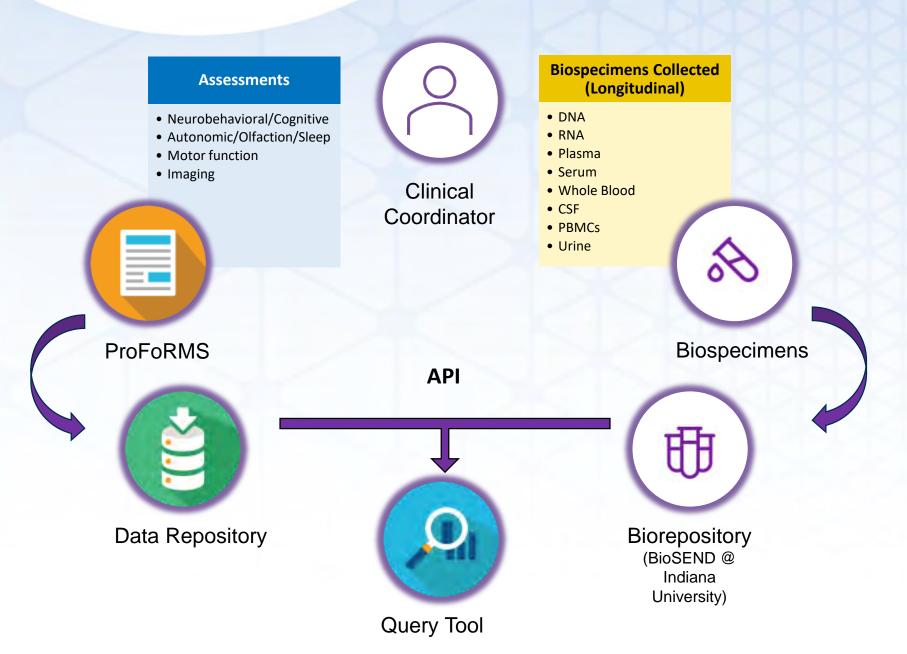
## **PDBP DMR Stats**





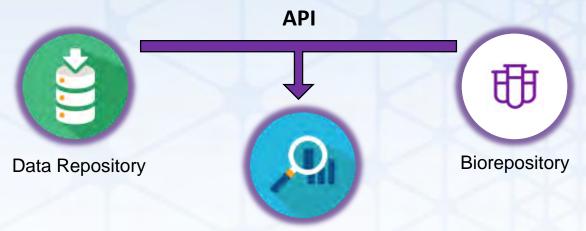








## NINDS Biorepository PDBP Biosample Catalog



Query Tool

	SAMPLE INFORMATION	
🗮 NEURODIAGNOSIS 🖬	🛊 🚍 ORDERABLEBIOSAMPLEID 🔳 SE	ELECT ALL SAMPCOLLTYP
Dementia with Lewy Bodies	□ <u>1732322</u> <b>+</b>	Serum
Dementia with Lewy Bodies	□ <u>1732342</u> <b>+</b>	DNA
Dementia with Lewy Bodies	□ <u>1732310</u> <b>+</b>	RNA
Dementia with Lewy Bodies	□ <u>1732314</u> <b>+</b>	Plasma
Dementia with Lewy Bodies	□ <u>1732330</u> <b>+</b>	CSF
Parkinson's Disease	☐ <u>2200324</u>	DNA
Parkinson's Disease	<u>2200327</u>	Plasma
Parkinson's Disease	☐ <u>2200336</u>	Blood
Parkinson's Disease	□ <u>2200321</u> <b>+</b>	RNA

Are you interested in acquiring these samples?







## How to Apply for PDBP Biosamples

8

#### Step 1: Determine Sample Availability

Investigators are encouraged to learn about samples held in the various repositories before applying.

Make sure you have an account in the PDBP DMR

Search for sample availability in the Query Tool

#### Step 2: Submit Online Application

All investigators interested in obtaining biosamples must submit an online application for approval.

Applications are submitted through an online webform

- Biosketch
- Research Strategy
- Table Summary of Samples of Interest

-		

#### Step 3: PD BRAC Reviews Application

All applications are submitted to the PD BRAC for review. Upon approval, an investigator is able to obtain biosamples.

Investigators notified of the outcome by email

- Approve
- Approve upon revisions
- Deny



## You're approved!

NIH

National Institute of Neurological Disorders and Stroke

6001 Executive Blvd. NSC Bethesda, MD. 20892-9535 Phone: 301-496-5745 Fax: 301-402-1501 Email: <u>karen.david@nih.gov</u>

14 November 2019

Jane Doe, PhD University of PDBP Idoe@PDBP.edu

RE: Parkinson's Disease Biospecimen Resource Access Committee Approval

Dear Dr. Doe,

You have been approved access to the samples summarized in the table below, for your project "TBO". Samples to be released are subject to availability.

Name of Cohort Sample and Data Set	Number of Samples	Biosample Type	Volume or concentration	Any other criteria to be considered	# Longitudinal subjects, visit types and number of samples per visit
PDBP - PD Cases	30	CSF	1 x 200 gL	Hemoglobin <0.2	Baseline visit
PDBP - Controls	30	CSF	1 x 200 gL	Hemoglobin <0.2	Baseline visit

Sincerely,

Margaret Sutherland, PhD Program Director, Parkinson's Disease Biomarkers Program Karen Kate O. Dewig Karen David, PhD Parkinson's Disease Biomarkers Program Biospecimen Resource Access Committee Coordinator Onboarding/Sample Distribution meeting

## PDBP Biosample Order Demo









## Selecting & Ordering Samples

Step 1: Filter D	Data	Step 2: Refine Data		Admin Only: 🚽 Download Report 🚫 Clear Cache 🙀 Data Cart: 1 forms in 1 studies 🙀 Clear Data Cart 🔍 Save New Query
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	PDBP Demographics	Subject Information	
		Sample Information	
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		Inventory	5
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	Fith Form	DataSet Info	
		Required Fields	5
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# Joining on GUID & Visit Type

## Old way

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REPEATABLE	GROUPS:			SAMF	LE INFORMATION			REQUIRED FIELDS				
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2	NIHZX783LKYVX	Baseline	Parkinson's Disease		2189735 +			257	PDBP-DATA0044850	Mount Sinai Beth Israel	Baseline	NIHZX783LKYVX
	NIHZX783LKYVX	24 months	Parkinson's Disease		2868285 +		CSF	257	PDBP-DATA0064918	wount onto see ael	24 months	NIHZX783LKYVX

## New way

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REPEATABLE O	GROUPS:			SAMI	PLE INFORMATION					REQUIRED FIELDS		
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2	NIHZX783LKYVX	Baseline	Parkinson's Disease		2189735		CSF	<u>257</u>	PDBP-DATA0044850	Mount Sinai Beth Israel	Baseline	NIHZX783LKYVX
3	NIHZX783LKYVX	24 months	Parkinson's Disease		2868285		CSF	<u>257</u>	PDBP-DATA0064918	Mount Sinai Beth Israel	24 months	NIHZX783LKYVX
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# **Apply filters**

Step 1:Filter Data	Step 2:Refine Data		Admin Only:	Download Repo	ort 🔯 Clear Cache	Data Cart: 3 forms in 3	studies 🎇 Clear Data (	Cart 🔍 Save New Qu		
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### Select these samples to order

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	<u>1617981</u>	+
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	<u>1930693</u>	+
	<u>2211653</u>	+

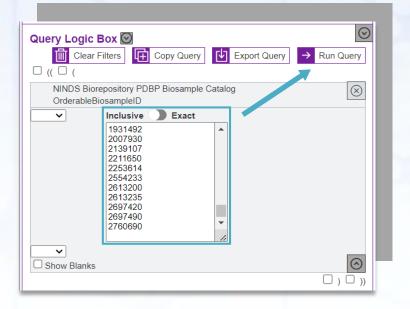
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	Dementia with Lewy Bodies		979510	+	Serum	200	
	Dementia with Lewy Bodies	0	979360	+	Plasma	200	
	Dementia with Lewy Bodies		979310	+	DNA	3	
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2	Dementia with Lewy Bodies		1170828		_	CSF	200	
3	Dementia with Lewy				X	CSF	200	
4	Dementia with Lewy					CSF	200	
5	Dementia with Lewy	The item	n(s) has been a	dded to vo	our	CSF	200	
6	Dementia with Lewy	queue. Visit your queue here.				CSF	200	
7	Parkinson's Disease	deseas.				CSF	200	
8	Dementia with Lewy					CSF	200	
9	Dementia with Lewy				OK	ĊSF	200	
10	Dementia with Lewy	-		-		ĊSF	200	
11	Dementia with Lewy Bodies		1117326	+		CSF	200	
12	Dementia with Lewy Bodies		1654811	+		CSF	200	
13	Dementia with Lewy Bodies		4007470			CSE	200	



## Update aliquot # here

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	816330	NINDS	CSF	PDDD367DR5	Baseline	37	2023-02-22 19:00:00.0	1	200	ul	
	839609	NINDS	CSF	PDXJ187HKB	Baseline	36	2023-02-22 19:00:00.0	1	200	ul	
	839679	NINDS	CSF	PDVA055XLM	Baseline	40	2023-02-22 19:00:00.0	1	200	ul	
	862076	NINDS	CSF	PDNL259EGP	Baseline	22	2023-02-22 19:00:00.0	1	200	ul	
	862109	NINDS	CSF	PDFW922MC1	Baseline	37	2023-02-22 19:00:00.0	1	200	ul	
	885081	NINDS	CSF	PDWF428BU7	Baseline	38	2023-02-22 19:00:00.0	1	200	ul	
	885118	NINDS	CSF	PDHW849XZE	Baseline	38	2023-02-22 19:00:00.0	1	200	ul	
	885152	NINDS	CSF	PDJT283PFW	Baseline	29	2023-02-22 19:00:00.0	1	200	ul	
	885221	NINDS	CSF	PDHE978YX5	Baseline	34	2023-02-22 19:00:00.0	1	200	ul	
	890190	NINDS	CSF	PDZE783AFK	Baseline	37	2023-02-22 19:00:00.0	1	200	ul	
	890228	NINDS	CSF	PDMP821KF0	Baseline	31	2023-02-22 19:00:00.0	1	200	ul	
	890263	NINDS	CSF	PDUZ232NGV	Baseline	36	2023-02-22 19:00:00.0	1	200	ul	
	927789	NINDS	CSF	PDEH060EUK	Baseline	37	2023-02-22 19:00:00.0	1	200	ul	
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ıg 1 to 1	5 of 100 entries (0 ro	ow selected of 100)				Se	lect samples add to orde	then	us 1 2 3	4 5 6 7 Ne:	



## **Order Form**

### **Biosample Orders**

Owner: Lutz, Andrea Owner Organization: PDBP

Order #:

Fields marked with a \* are required.

Order Title: \*

#### Add Supporting

#### **Documentation \***

A signed copy of your Parkinson's Disease Biospecimen Resource Access Committee (BRAC) approval letter should be uploaded with your order.

UPLOAD SUPPORTING DOCUMENTATION

Attached Files:

FILENAME

Add Comment	· · · · · · · · · · · · · · · · · · ·		1	
limit 4000 char)				
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### **DMR Admin**

Reviews, approves & submits order in PDBP DMR

### **BioSEND**

Receives & prepares order, ships blinded samples to researcher

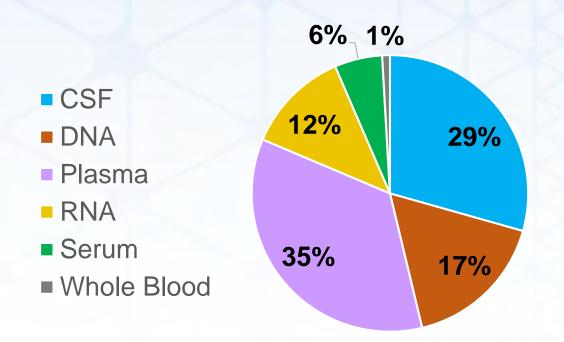
### Researcher

Receives samples, performs analysis, submits results back to PDBP DMR



## **BioSEND Distribution Summary**

# **108 distributions** to **52 separate investigators** totaling **34,403 sample aliquots**.



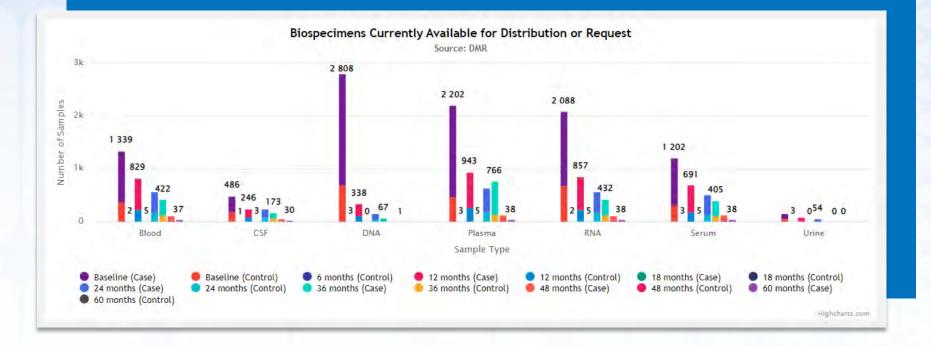








## **PDBP Public Website**









#### Cross-sectional Associations of β-Amyloid, Tau, and Cerebrovascular Biomarkers With Neurodegeneration in Probable Dementia With Lewy Bodies

Daniel Ferreira, PhD, Scott A. Przybelski, BS, Timothy G. Lesnick, MS, Christopher G. Schwarz, PhD, Patricia Diaz-Galvan, PhD, Jonathan Graff-Radford, MD, Matthew L. Senjem, MS, Julie A. Fields, PhD, David S. Knopman, MD, David T. Jones, MD, Rodolfo Savica, MD, PhD, Tanis J. Ferman, PhD, Neill Graff-Radford, MBBCh, Val J. Lowe, MD, Clifford R. Jack, MD, Ronald C. Petersen, MD, PhD, Eric Westman, PhD, Brad F. Boeve, MD, and Kejal Kantarci, MD

#### Article Open Access Published: 16 December 2022

#### Identification and prediction of Parkinson's disease subtypes and progression using machine learning in two cohorts

Anant Dadu, Vipul Satone, Rachneet Kaur, Sayed Hadi Hashemi, Hampton Leonard, Hirotaka Iwaki, Mary B. Makarious, Kimberley J. Billingsley, Sara Bandres-Ciga, Lana J. Sargent, Alastair J. Noyce, Ali Daneshmand Cornelis Blauwendraat, Ken Marek, Sonja W. Scholz, Andrew B. Singleton, Mike A. Nalls, Roy H. Campbell & Faraz Faghri

npi Parkinson's Disease 8, Article number: 172 (2022) Cite this article

#### A Preliminary Comparison of the Methylome and Transcriptome from the Prefrontal Cortex Across Alzheimer's Disease and Lewy Body Dementia

Daniel W. Fisher<sup>a</sup>, Jessica Tulloch<sup>b</sup>, Chang-En Yu<sup>b,c</sup> and Debby Tsuang<sup>a</sup> \*Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA, USA <sup>b</sup>Genarric Research, Education, and Clinical Center Voterans Affairs Puper Sound Health Care System Seattle, WA. USA and Gertatric Medicine. Department of Medicine. University of Wa Seattle, WA, USA

ORIGINAL ARTICLES

Author Information

#### Research Priorities of Individuals and Caregivers With Lewy [Hossein J. Sadaei, Aldo Cordova-Palomera, Jonghun Lee, Jaya Padmanabhan, Shang-Fu Chen, Nathan E. Dementia Wineinger, Raquel Dias, Daria Prilutsky, Sandor Szalma & Ali Torkamani A Web-based Survey

📴 Holden, Samantha K. MD, MS'; Bedenfield, Noheli MHA'; Taylor, Angela 5.º; Bayram, Ece MD, PhD<sup>6</sup>; Schwilk, Chris PhD<sup>2</sup>; F MSCC1: Duda, John MD7: Shill, Holy MD7: Paulsan, Henry L MD7: Stacy, Kelly PhD, MiA, RNT: Wood, Julia MO7 OTR/L7: Con <u>npj Parkinson's Disease</u> 8, Article number: 143 (2 LPC<sup>2</sup>; Sha, Sharon J. MD, MS<sup>22</sup>; Litvan, Irene MD<sup>1</sup>; Irwin, David J. MD<sup>4</sup>; Quinn, Joseph F. MD<sup>14</sup>; Goldman, Jennifer G. MD, MS<sup>11</sup>; MD\*\*; Taylor, John-Paul PhD\*\*; Boeve, Bradley F. MD\*\*\*; Armstrong, Melissa J. MD, MSc\*

Alzheimer Disease & Associated Disorders 37(1):p 50-58, January-March 2023. | DOI: 10.1097/WAD.00000000 Journal of Neurology

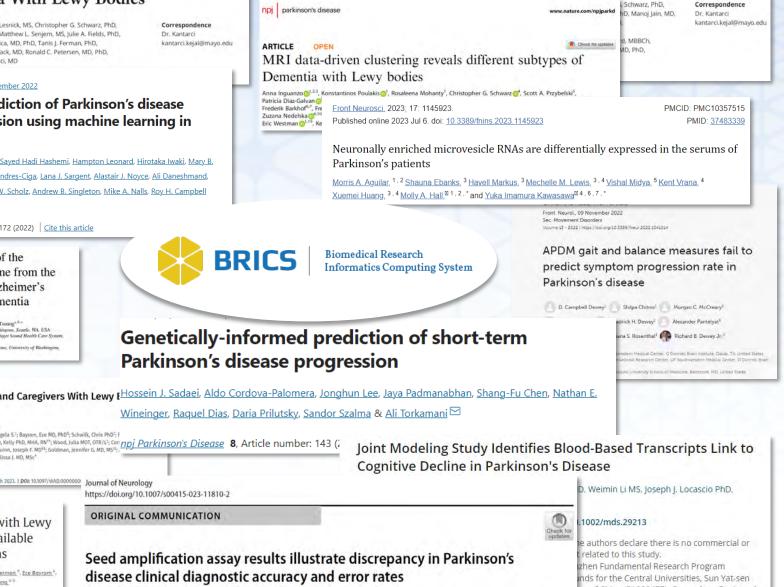
> e authors declare there is no commercial or related to this study. izhen Fundamental Research Program inds for the Central Universities, Sun Yat-sen on of China (31900475), Guangdong Basic and and Young Talent Recruitment Project of

#### Sex differences in dementia with Lewy bodies: Focused review of available evidence and future directions

Shannon Y, Chiu \*\* 2 🛤 Kathryn A, Wyman-Chick \*, Tanis J. Ferman \*, Ece Bayram \* Samantha K. Holden<sup>1</sup>, Parichita Choudhury<sup>0</sup>, Melissa J. Armstrong<sup>a b</sup>

#### RESEARCH ARTICLE

#### β-Amyloid Load on PET Along the Continuum of **Dementia With Lewy Bodies**



John Stephen Middleton<sup>1</sup> · Hanna Lynn Hovren<sup>1</sup> · Nelson Kha<sup>1</sup> · Manuel Joseph Medina<sup>1</sup> · Karen Ruth MacLeod<sup>1</sup> · Luis Concha-Marambio<sup>2</sup> · Kendal Jay Jensen<sup>1</sup>



# **Questions?**







Krissy Treece, Project Manager PDBP

- In early 2022, the BRICS team started investigating a potential move to the Cloud for PDBP
- December 16, 2022, the BRICS team successfully deployed PDBP to the Cloud



# **PDBP Cloud Initiative**

## Motives

- NIH encouragement to move projects to the cloud
- Allow for future enhancements to PDBP's scalability and performance
- Prepare for large AMP PD data merge







Accelerating Medicines Partnership Parkinson's Disease (AMP PD)



- The Accelerating Medicines Partnership Parkinson's Disease (AMP PD) program is a public-private partnership between the National Institutes of Health (NIH), multiple biopharmaceutical and life sciences companies, and non-profit organizations.
- It is managed through the Foundation for the NIH (FNIH)
- It contains over 2TB of data and is currently housed in the Google Cloud
- Future plans are to merge all of the AMP PD data into PDBP









- BRICS team interviewed Google Cloud and Amazon Cloud support teams
- We prepared a full comparison of the two platforms based on our needs
- After completing our analysis, the NIH PDBP team was able to select **Google Cloud** as the best option
  - Cost, support, enhancement capabilities, ease of data transfers
- Deployed under the STRIDES model





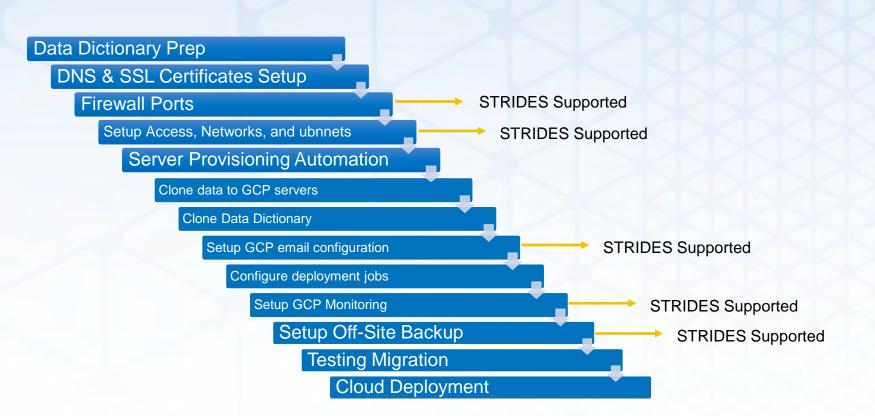








## **PDBP Cloud Development**











# **PDBP Cloud Deployment**

- On December 2022, the BRICS team deployed the PDBP instance to the Google Cloud.
  - This was a lift and shift operation
- 3 different environments (Stage, UAT, and Production)
- Roughly 6-7 TB of data
- Transition went smoothly with strong support from the STRIDES team









## Assessment and Authorization (A&A)





- The A&A process is a comprehensive assessment and/or evaluation of an information system policies, technical / nontechnical security components, documentation, supplemental safeguards, policies, and vulnerabilities.
- Based on the NIST 800-53 Rev 5 Framework (<u>Rev 5 Control</u> <u>Families</u>)
- Required to receive and maintain the Authority To Operate (ATO)
- Full review is required before being put into production, and every 5 years thereafter
- BRICS is in the process of a full review
- A&A stages:
  - Assessment Stage The assessment is a comprehensive analysis of the management, operational, and technical security controls in an information system, made in support of A&A.
  - Authorization Stage The final authorization decision, final ATO received

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## Laying the Groundwork

The PDBP Cloud initiative has laid the groundwork for the accelerated deployment of future instances to the cloud.











# **Questions?**





https://www.menti.com/bltm2op5jcnk





# **Closing Remarks**

