



Bakar Computational Health
Sciences Institute



Helen Diller Family
Comprehensive
Cancer Center

UCSF Cancer Commons

NIC Containers and Workflows Interest Group

June 10th, 2022

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Principal Data Scientist

June 2022

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Outline

- Deid dataflow cancer genomics
- How it comes together: cancergenomics + clinical + notes/reports + radimages + cancerregistry + pathology
- cBioPortal
- Path concepts

CANCER GENOMICS DATA - SIGNIFICANCE

- Goal: Provide internal access to de-identified genomics panel testing data linked to other de-identified data assets
- Precision medicine is critical in cancer and an essential component of institutional goals
- Puts UCSF at the forefront

Precision Medicine

UNDERSTANDING PRECISION MEDICINE

In precision medicine, patients with tumors that share the same genetic change receive the drug that targets that change, no matter the type of cancer.



Precision Population Health

Tailoring Approaches to Communities and Individuals



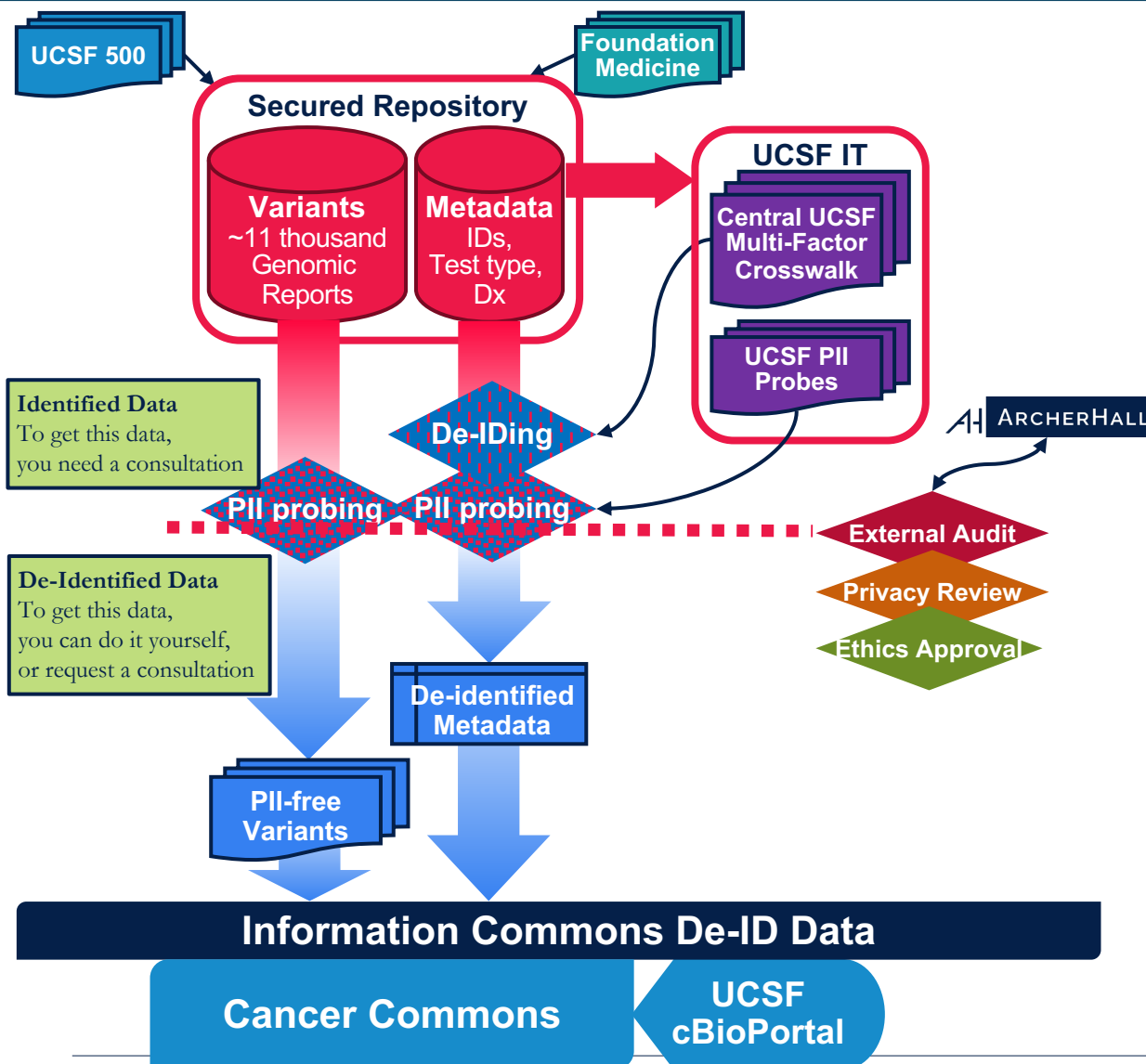
Molecular profiling for precision cancer therapies
 Eoghan R. Malone, Marc Oliva, Peter J. B. Sabatini, Tracy L. Stockley & Lillian L. Siu
Genome Medicine 12, Article number: 8 (2020) | [Cite this article](#)

An integrated functional and clinical genomics approach reveals genes driving aggressive metastatic prostate cancer
 Rajdeep Das, Martin Sjöström, Raunak Shrestha, Christopher Yogodzinski, Emily A. Egusa, William S. Chen, Jonathan Chou, Donna K. Dang, Jason T. Swinderman, Alex Ge, Junjie T. H. Kabir, David A. Quigley, Eric J. Small, Alan Ashworth, Felix Y. Feng & Luke A. Gilbert
Nature Communications 12, Article number: 4601 (2021) | [Cite this article](#)

Clinical, radiological and genomic features and targeted therapy in BRAF V600E mutant adult glioblastoma
 Mary Jane Lim-Fat, Kun Wei Song, J. Bryan Iorgulescu, Brian M. Andersen, Deborah A. Forst, Justin T. Jordan, Elizabeth R. Gerstner, David A. Reardon, Patrick Y. Wen & Isabel Arrillaga-Romany
Journal of Neuro-Oncology 152, 515–522 (2021) | [Cite this article](#)



CANCER GENOMICS DATA - DEIDENTIFICATION



- At the present time, we have more than 11,000 Foundation Medicine and UCSF500 reports that have been aggregated into a database
- Metadata has been de-identified using the same protocol that has been approved for Information Commons
 - Data has been de-identified through the application of specific probes that look for personal identifying information (PII)
 - Fields have been removed/surrogated if PII has been found
 - Database is monitored regularly for potential PII
- Genomics data elements are variants retrieved from panel testing and are considered low risk according UC Health external legal counsel

Cancer Commons Data Flow



CANCER COMMONS
Common Data Model, Shared [PHI] data, Predictive models

GIMS Portal

Genomic Workflows

Transcriptomic, SC-Tools

cBioPortal

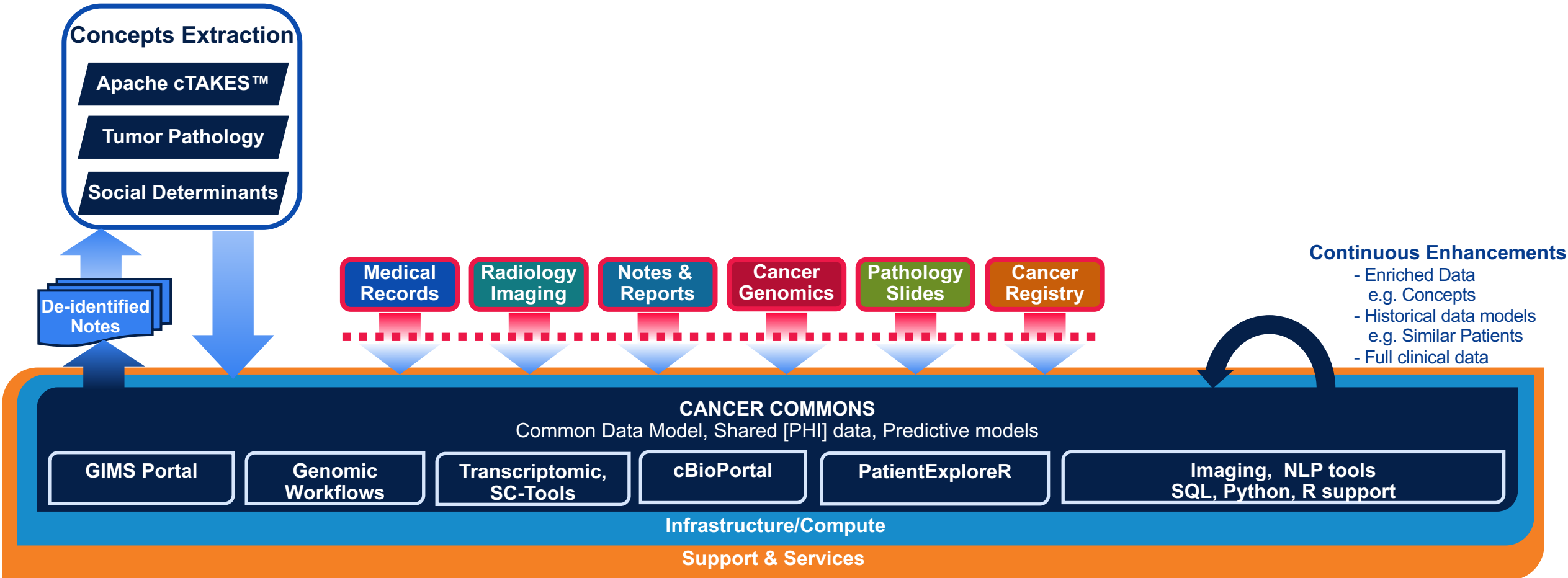
PatientExploreR

Imaging, NLP tools
SQL, Python, R support

Infrastructure/Compute

Support & Services

Cancer Commons Data Flow



Cancer Cohort

Ms. ___ also stated that she had just ended a three week course of prednisone four days ago, which she had started about a month ago at 60 mg and tapered herself down over a few days by 10 mg. She began the course of prednisone last month because she felt as if she was about to have a Crohn's flare at the time. Ms. ___ was last hospitalized at UNC for Crohn's disease exacerbation in March 2007. She denies any recent hemoptysis, constipation, hematochezia, melena, and changes in her bowel habits since Wednesday. She has been compliant with taking her medications for Crohn's and has been stable on her mesalamine, mercaptopurine, and omega-3 acid supplement.

41: Fentanyl

Upon arrival to the ED, Ms. ___ was put on IV fluids, given fentanyl 50 mcg IVP, phenegan 12.5 mg diluted with 10 mL NS IVP, and Mg sulfate IVP. Radiological images were obtained through an abdominal CT scan, ultrasound, and 2V XR. Ms. ___ was not given any other narcotics for her pain because of a past violation of a pain contract after a positive toxicology screen for cocaine resulted in her discharge from her family medicine provider and due to suspicions that she was narcotic-seeking.

Past Medical History

Crohn's disease, diagnosed 1998
 Adenocarcinoma of terminal ileum 1998 - s/p resection of terminal ileum, rad and chemo, no mets.
 hx of small bowel obstruction secondary to Crohn's Disease DM

text	negated	location	domain	hx	conditional	cui	location snomed id	
Crohn Disease	×		diseases	×	×	C0010346		34
Crohn Disease	×		diseases	×	×	C0010346		34
Hemoptysis	✓		symptoms	×	×	C0019079		66
Constipation	✓		symptoms	×	×	C0009806		14
Hematochezia	×		symptoms	×	×	C0018932		40
Melena	✓		symptoms	×	×	C0025222		29
Defecation	×	Intestines	symptoms	×	×	C0011135	261093006	39
Crohn Disease	×		diseases	×	×	C0010346		34
mesalamine	×		medications	×	×	C0127615		52
mercaptopurine	×		medications	×	×	C0000618		10
Omega-3 Fatty Acids	×		medications	×	×	C0015689		43
Fentanyl	×		medications	×	×	C0015846		37
Intravenous pyelogram	×		procedures	×	×	C0203108		32
Intravenous pyelogram	×		labs	×	×	C0203108		32
Intravenous pyelogram	×		procedures	×	×	C0203108		32

Concepts Extraction

Apache cTAKES™

Tumor Pathology

Social Determinants

De-identified Notes



Continuous Enhancements

- Enriched Data e.g. Concepts
- Historical data models e.g. Similar Patients
- Full clinical data

CANCER COMMONS

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GIMS Portal

Genomic Workflows

Transcriptomic, SC-Tools

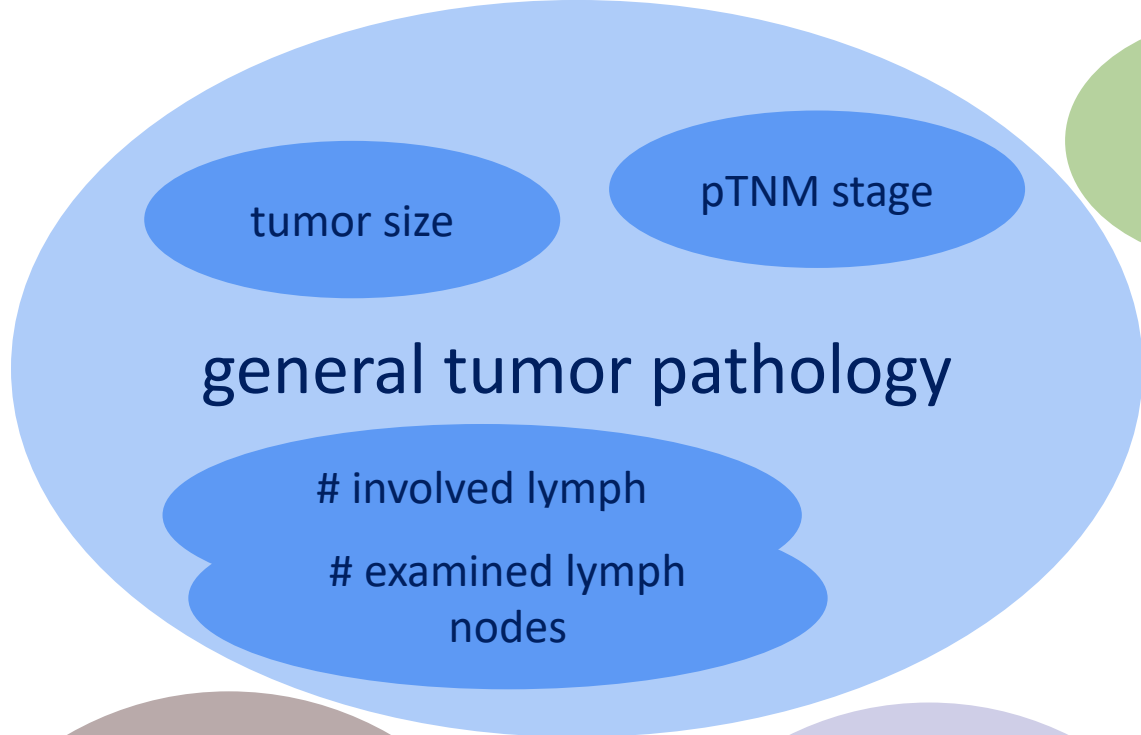
cBioPortal

PatientExploreR

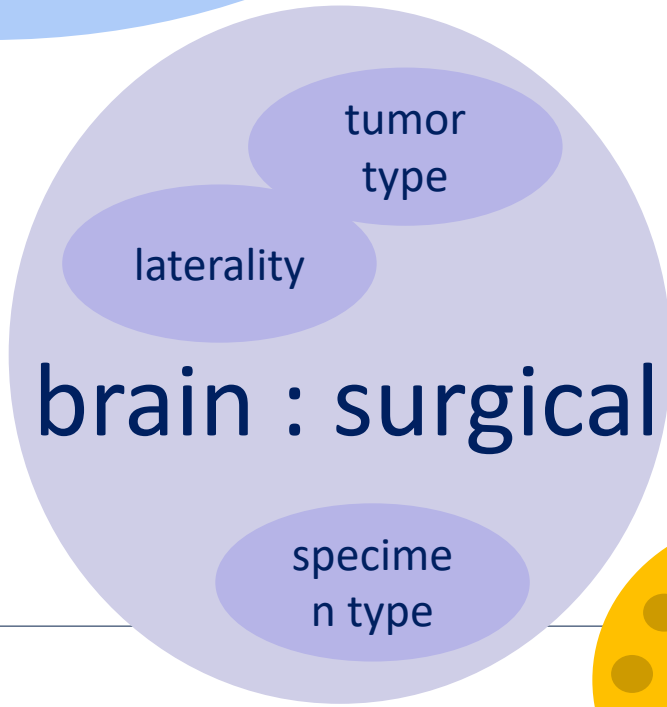
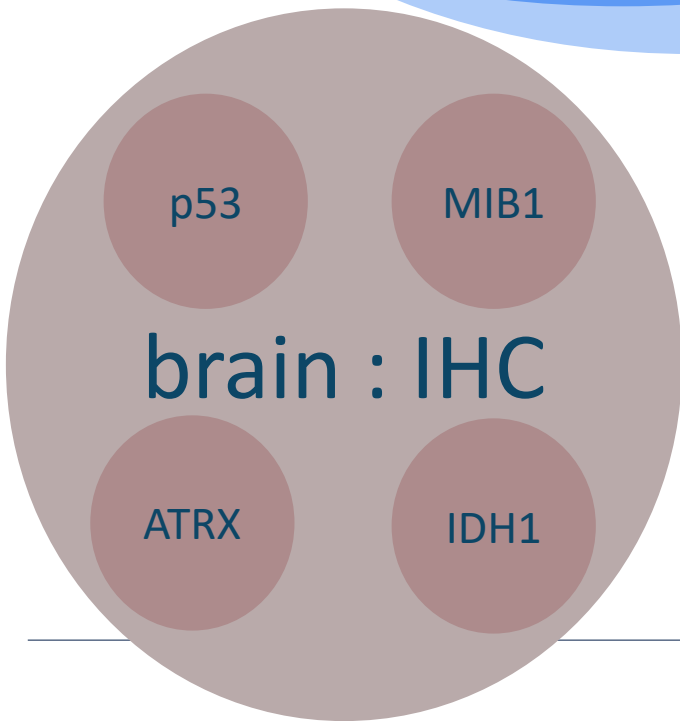
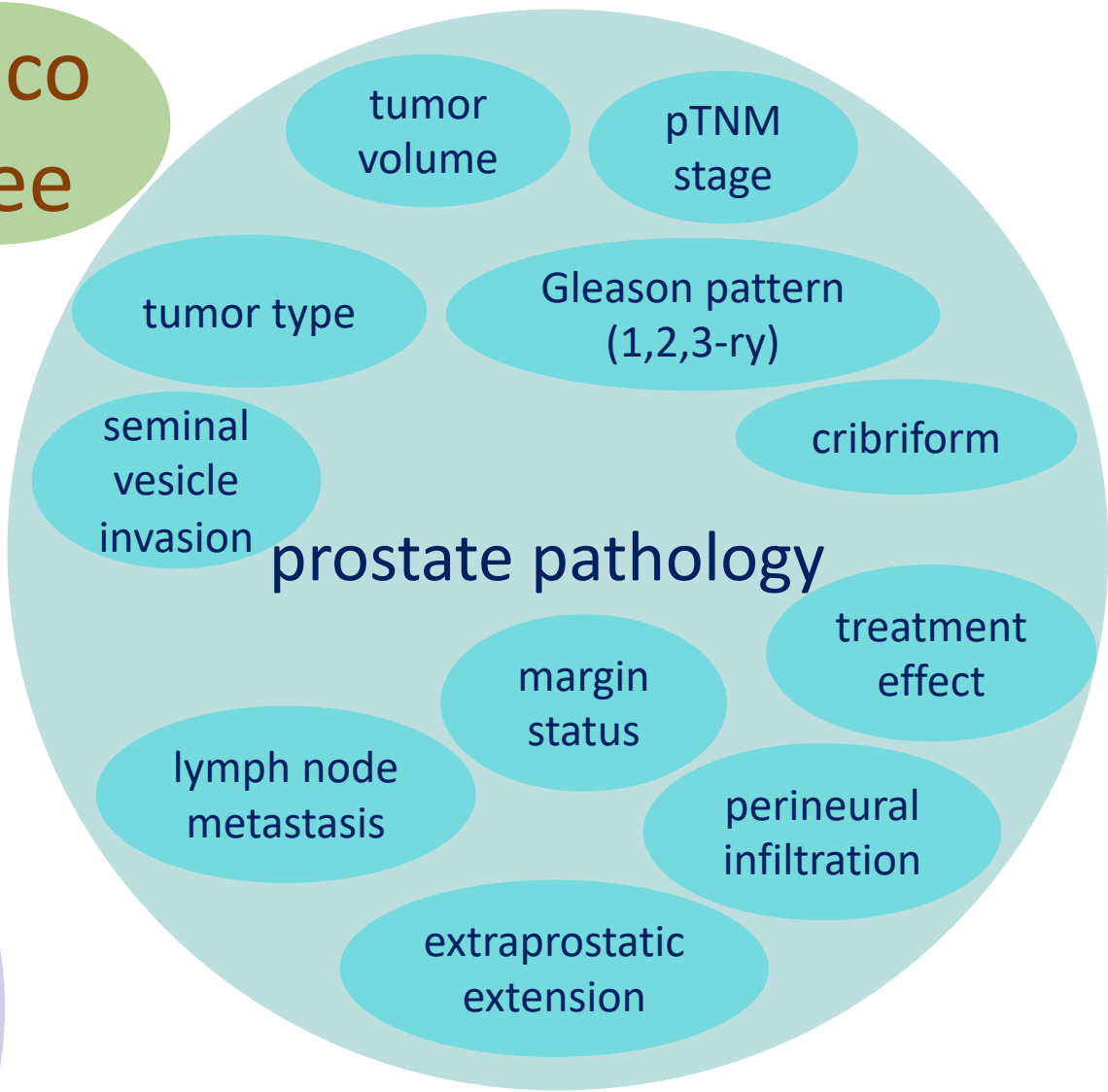
Imaging, NLP tools
SQL, Python, R support

Infrastructure/Compute

Support & Services



Onco
Tree



SDoH



CANCER COMMONS

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GIMS Portal

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Support & Services

Combined Study

This combined study contains samples from 2 studies

Click gene symbols below or enter here

Query

Summary

Clinical Data

CN Segments

Selected: 10,781 patients | 11,523 samples



Custom Selection

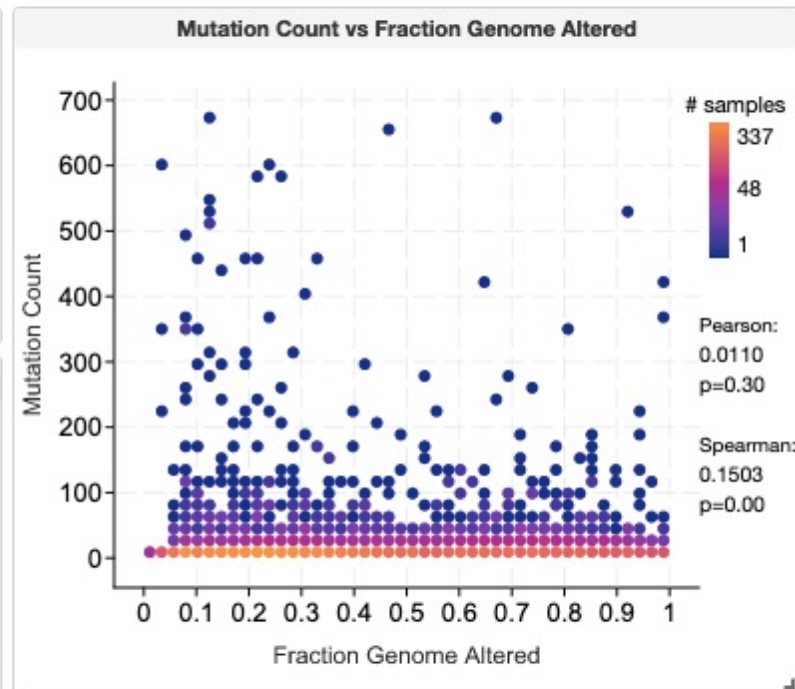
Charts

Groups

Cancer Type		
	#	Freq
<input type="checkbox"/> Glioma	2,343	20.3%
<input type="checkbox"/> Non-Small Cell Lung Cancer	1,001	8.7%
<input type="checkbox"/> Other Cancer	752	6.5%
<input type="checkbox"/> Cancer of Unknown Primary	609	5.3%
<input type="checkbox"/> Colorectal Cancer	502	4.4%
<input type="checkbox"/> Prostate Cancer	445	3.9%
<input type="checkbox"/> Melanoma	420	3.6%
<input type="checkbox"/> Pancreatic Cancer	366	3.2%
<input type="checkbox"/> Breast Cancer	357	3.1%
<input type="checkbox"/> CNS Cancer	339	2.9%
<input type="checkbox"/> Bladder Cancer	336	2.9%

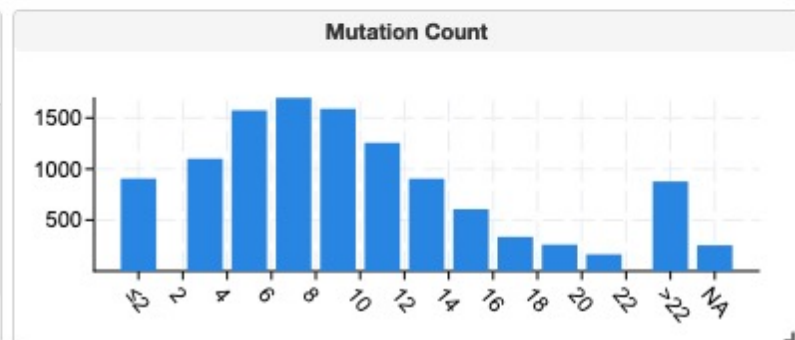
Genomic Profile Sample Counts		
Molecular Profile	#	Freq
<input type="checkbox"/> FM Fusions	11,523	100.0%
<input type="checkbox"/> Mutations	11,523	100.0%
<input type="checkbox"/> Putative copy-number alterations	11,476	99.6%

Mutated Genes (11523 profiled samples)			
Gene	# Mut	#	Freq
TP53	4,643	4,033	35.0%
TERT	4,445	3,059	26.8%
KMT2D	2,120	1,543	13.5%
SYNE1	914	551	13.1%



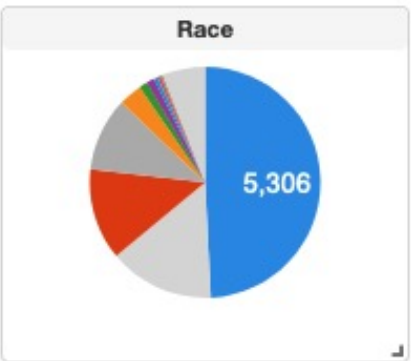
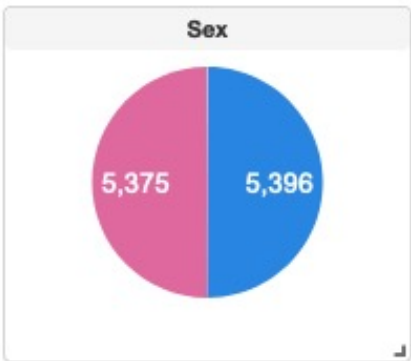
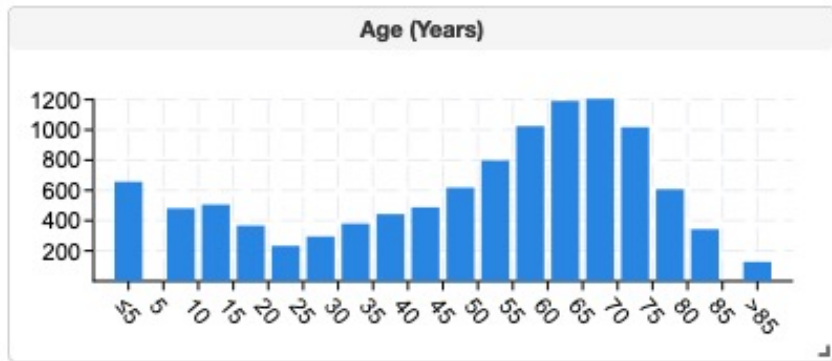
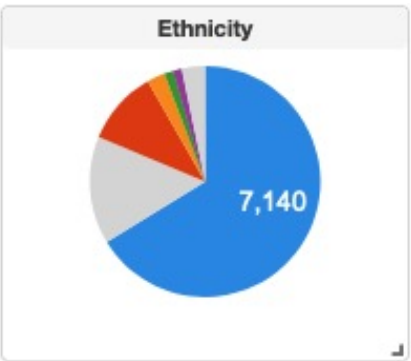
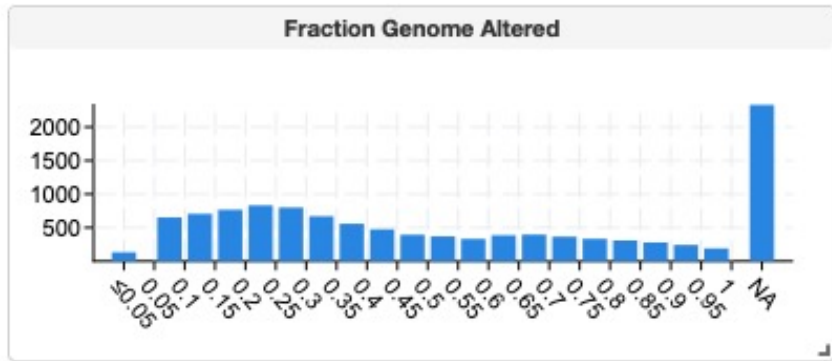
Structural Variant Genes (11523 profiled samples)			
Gene	# SV	#	Freq
XBP1	9	9	7.1%
TCF3	3	3	2.4%
IKZF3	3	3	2.4%
BRAF	266	265	2.3%

CNA Genes (11476 profiled samples)				
Gene	Cytoband	CNA	#	Freq
CDKN2A	9p21.3	HOMD...	2,241	19.5%
CDKN2B	9p21.3	HOMD...	2,183	19.0%
HIP1	7q11.23	AMP	1,429	15.6%
MYC	8q24.21	AMP	1,778	15.5%



Primary Site		
	#	Freq ▾
<input type="checkbox"/> Brain	1,020	8.9%
<input type="checkbox"/> Lung	807	7.0%
<input type="checkbox"/> Liver	748	6.5%
<input type="checkbox"/> Lymph Node	638	5.5%
<input type="checkbox"/> Soft Tissue	375	3.3%
<input type="checkbox"/> Blood	221	1.9%
<input type="checkbox"/> Colon	209	1.8%
<input type="checkbox"/> Kidney	204	1.8%
<input type="checkbox"/> Brain, right frontal	193	1.7%
<input type="checkbox"/> Brain, posterior fossa	177	1.5%
<input type="checkbox"/> Brain, left frontal	176	1.5%

Search...





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