# TransMed consortium in Translator Translator and Fanconi Anemia

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Clinical terminologies,
frameworks & text mining



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Developmental bio, model
organisms & ontologies



Chris Mungall
Semantic engineering & similarity algorithms



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Text mining, pathway
modeling, data
normalization



Ben Good
Crowdsourcing,
community curation,
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Data integration, data
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Medical genetics



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machine learning



Maureen Hoatlin Fanconi Anemia, rare disease, biochemistry, basic research



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Clinical data standards &
Interoperability, semantic
modeling & validation



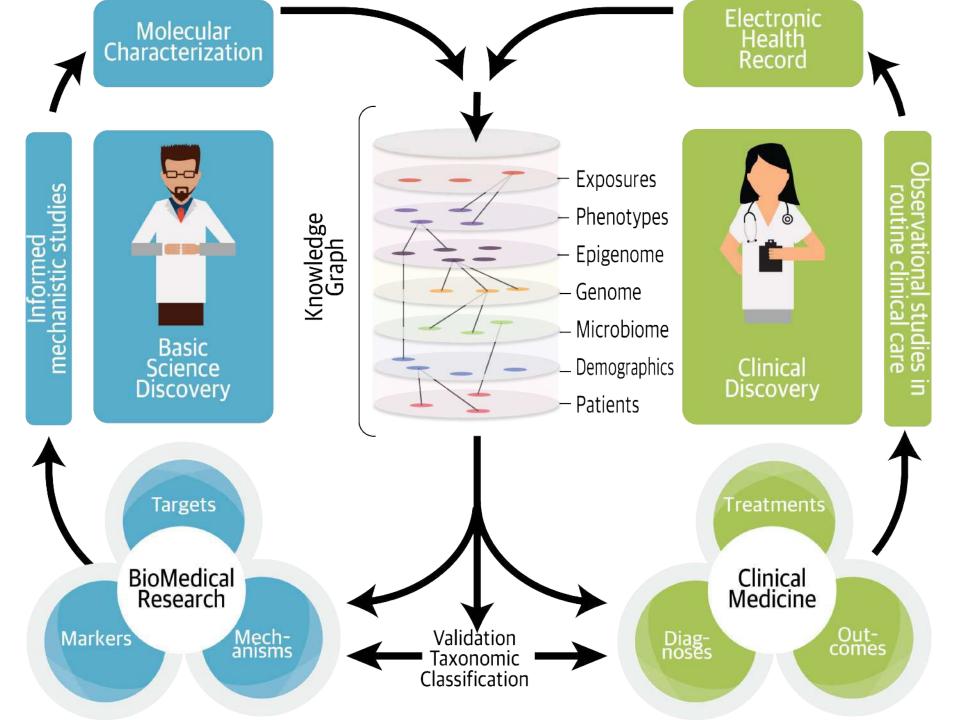
David Koeller
Clinician of inborn
errors of metabolism,
Undiagnosed diseases

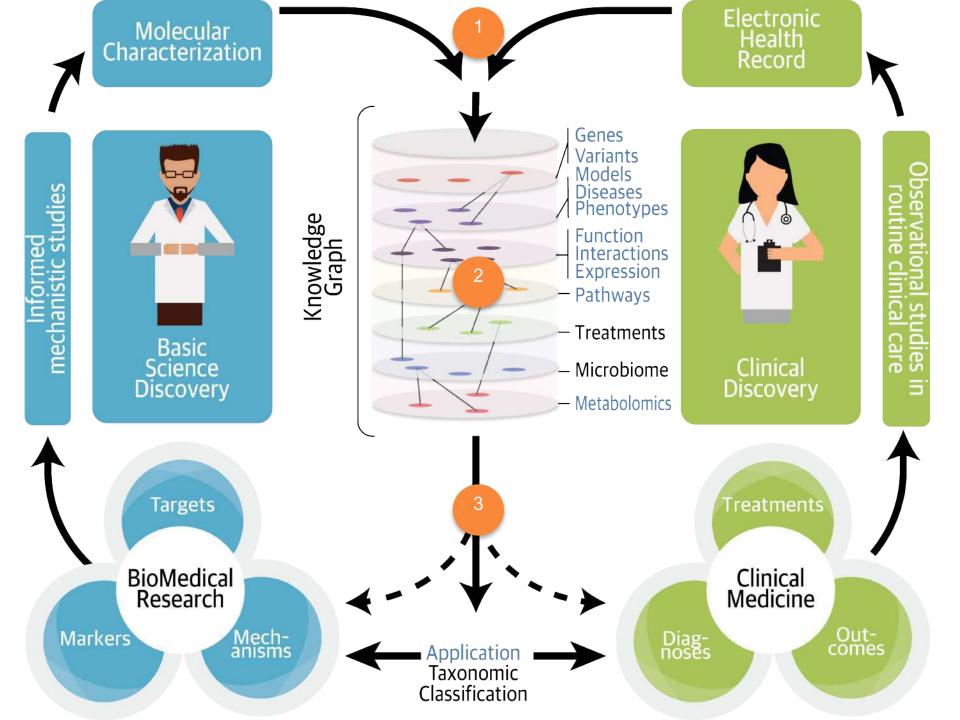


Casey Overby
Knowledge-based methods
& evaluation of precision
medicine applications

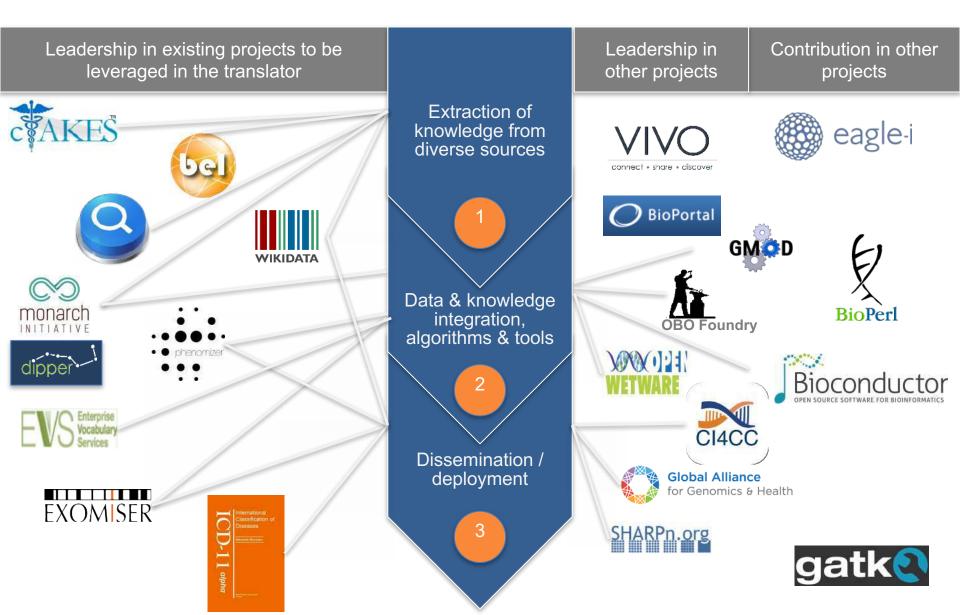


Julie McMurry
Project Management,
User Experience,
Public Health

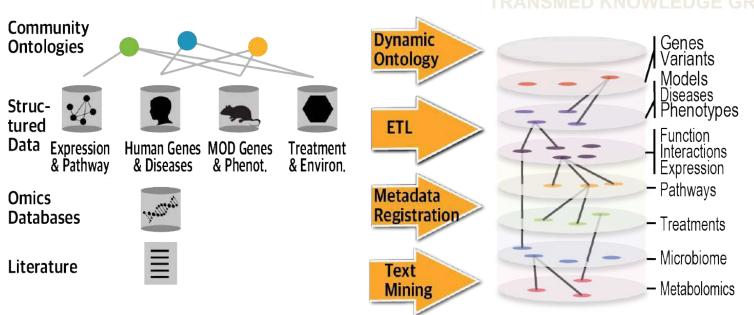




# Deep open source experience, each step of the way



# (1) Extraction of knowledge from diverse sources













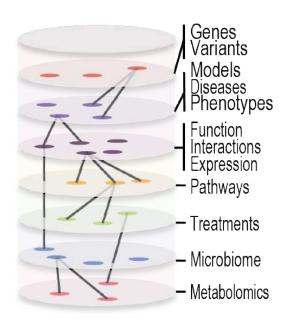




- Tools to integrate vocabularies
- Tools to identify equivalencies:
   Identifier and synonym alignment
   Conceptual alignment based upon logic determinations and prior probabilities
- Text mining for clinical concepts and pathway fragments

# (2) Data & knowledge integration, algorithms & tools

### TRANSMED KNOWLEDGE GRAPH



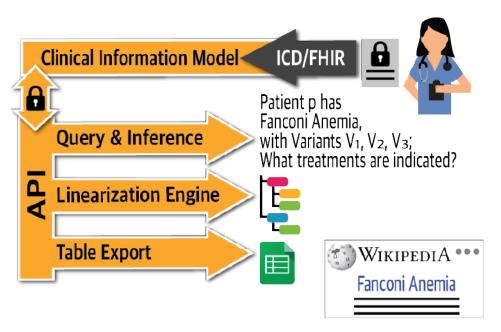
#### **GRAPH INFERENCE**

- OWL-based reasoning over large graphs
- BELpathway 'chains of causation'
- Probabilistic inference across disease-phenotypegene
  - Bayesian Ontology Query Algorithm (Boqa)

#### **GRAPH QUERY**

- Query related entities within/across species, sources
- Query similar sets of entities (OWLsim)
  - Sets of phenotypes
  - Expression patterns
  - Pathway modules

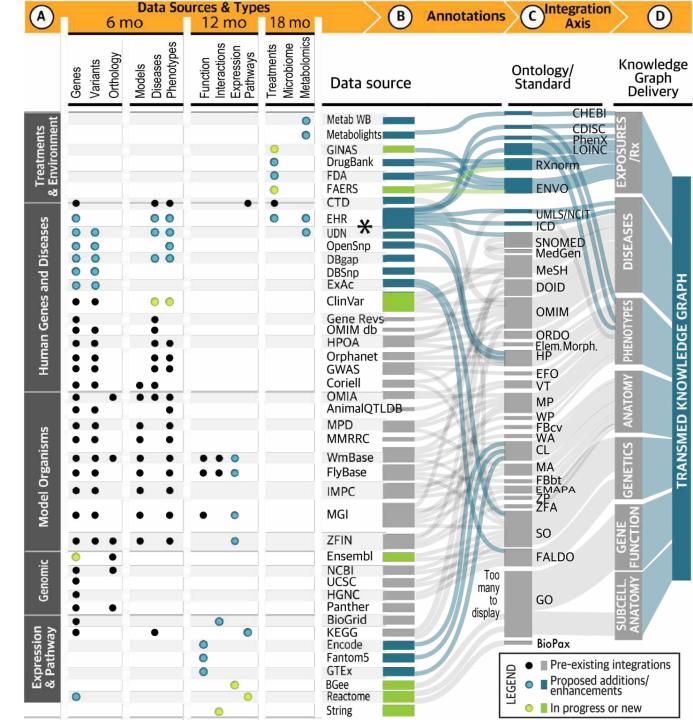
# (3) Dissemination, deployment & validation



#### **EVALUATION**

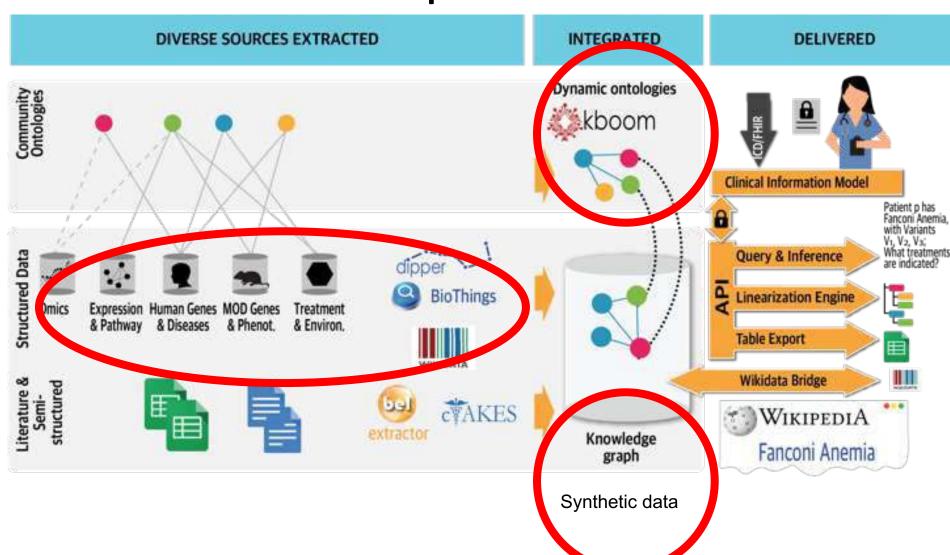
- Purpose built for clinicians, researchers, & bioinformaticians
- TransMed outputs based on condition set and competency questions are iteratively compared against current phenomonological nosology
- Comparisons of integrated delivery of mechanistic modules against single source inquiries
- T-Score measuring connectivity of clinical and basic sources

Monarch
(via Dipper)
ingest so far
in TransMed

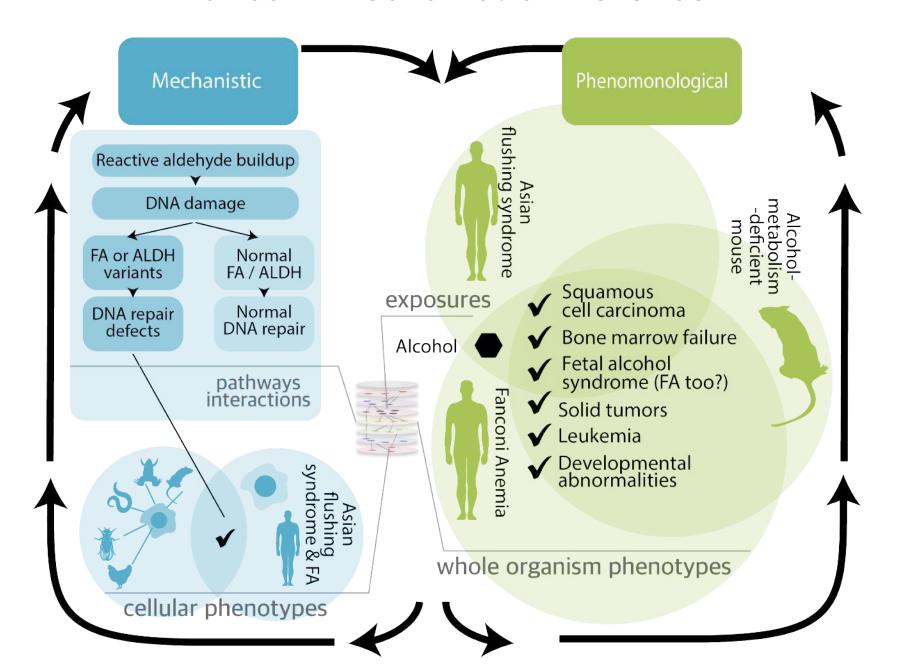


http://bit.ly/monarch-data-dashboard

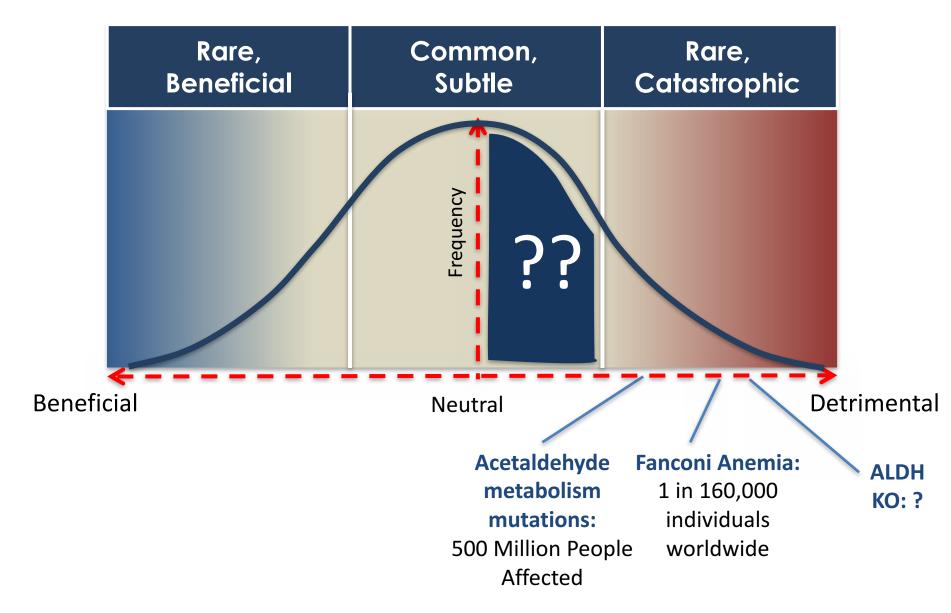
# Overview of TransMed components



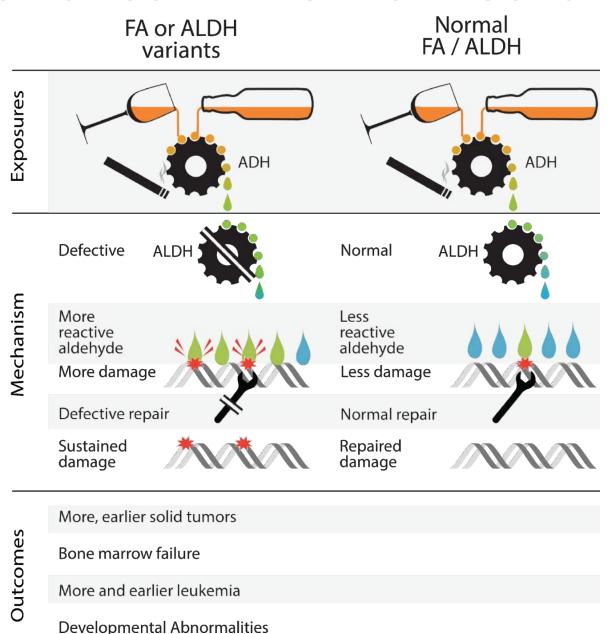
#### Fanconi mechanistic inference



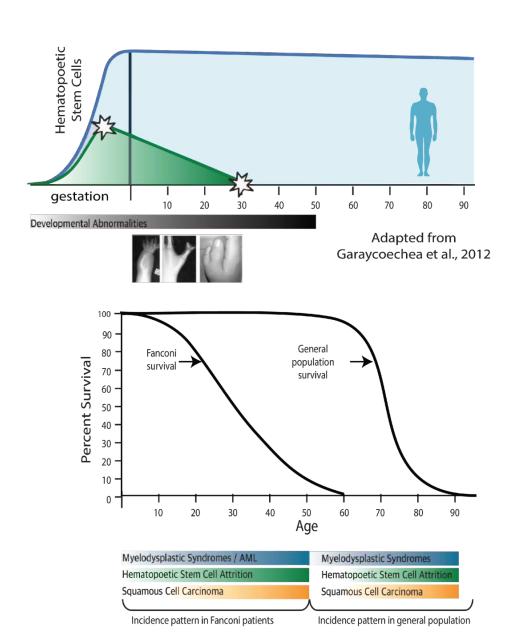
# Common mechanistic underpinnings of rare & common/complex disease



# The Fanconi Anemia mechanism



# Fanconi Phenotypes



# 1) Environmental risk factors

Alcohol

**Smoking** 

Fermented foods

Proximity to aldehyde dumping site



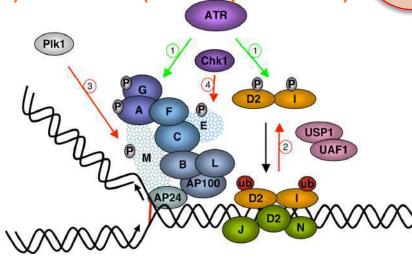


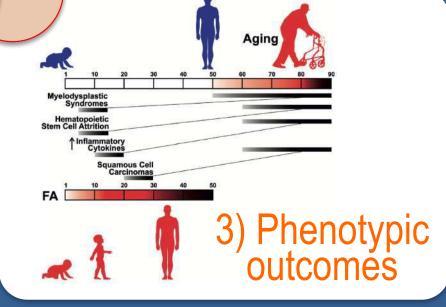


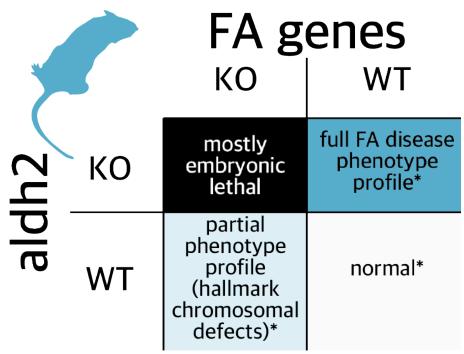


bit.ly/fanconi-cq

2) Genes (22 implicated)

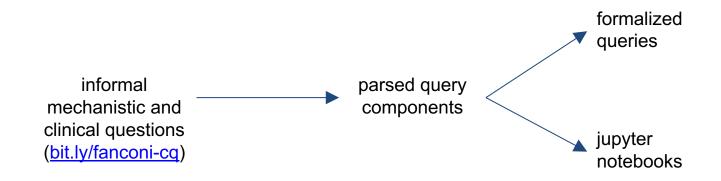






\*in presence of moderate ethanol to pregnant mouse

# FA competency question corpus



Outcome variables						Explanatory variables				
	Disease-specific				Risk stratification					
Primary diagnosis	stratification / inclusion criteria	General outcome variables	Mechanistic variables	Source of this data	Tobacco use	Alcohol use	Dietary habits	Other env't exposure	22 Fanconi genes vs gnomad ref	
₹	₹	Age of onset, Pancytopenia, idiopathic aplastic anemia, bone marrow failure, MDS, speed of progression, disease severity, Fanconi diagnostic criteria: chromosomal breakage assay in response to specific DNA damage agents	Drug-drug Interactions, — Steroid androgen, Transplant,	ह	smoking, chewing, and e-cigarettes (esp w/ flavor)	Frequency, severity, duration, but also distribution of exposure (eg. binge-drinking)	See list in image incl coffee, almonds, cherries, fermented foods, cinnamon. see figure tab	See image of chemicals and sources in Figure tab	each relative to gnomad	
Head and Neck Squamous Cell Carcinoma (HNSCC)	Whether cancers are HPV+, HPV-, or unknown. We are least interested in the HPV+ cancer cohort	retrieve all HNSCC pts; weight analysis for onset before age 40 (start with early onset, then evaluate all)	n/a	Boutique databases (Rockefeller, Amsterdam VU, Takata group, Weinberg group, BMF registries), clinical records,	retrieve pts with high low never usage in pack years	retrieve pts with (high, med, low, never) alcohol use in drinks/day	retrieve pts with Hx of diets with high abundance of aldehyde containing foods	retrieve pts with Hx of cancer chemotherapy esp with alkylating agents	In people w variants found in any of the 22 FA genes are there increased incidence in early head and neck cancer?	

# Example query

What pathways are uniquely targeted by stem cell therapy pre-conditioning drugs that are well- vs poorly- tolerated by FA patients?

#### **Query Path with Semantic Types**

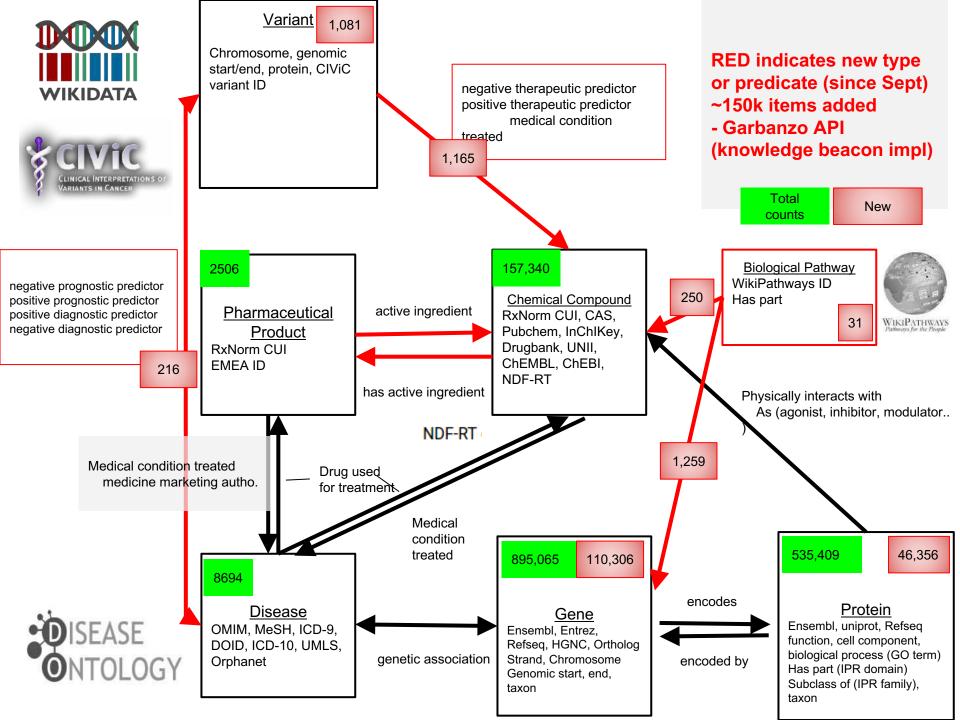
```
Drug - [molecularly_controls] -> Protein - [encoded_by] -> Gene - [member_of] -> Pathway

| drugbank:DB01073 - [molecularly_controls] -> Uniprot:P09884 - [encoded_by] -> HGNC:9173 - [member_of] -> WikiPath:WP2446

(Fludarabine) (POLA1 protein) (POLA1 gene) (Rb Pathway)
```

#### **Data Types and Sources:**

- 1. Drug-Protein Interactions
  - a. from DrugBank via BioThings API
  - b. from DGldb, via DGldb API
- 2. Protein-Gene Associations
  - a. from Ensembl via Ensembl API or BioLink API
  - b. from Uniprot via Wikidata API
- 3. Gene-Pathway Membership
  - a. from Wikipathway via Wikidata API
  - b. from Reactome via BioLink API



# Observations

- Biomedical databases are hugely rich and growing
- Information and knowledge remains latent
- Integration of these resources is a necessary first step
- Query and exploration frameworks follow
- •TransMed is one of the *pilot efforts* in NCATS Translator to develop and demonstrate infrastructure