## Establishing a Central Resource of Data from Genome Sequencing Projects

**Scope of the NIH Data Sets** 

## Inventory of NIH Projects Projected through end of ~2012)

#### http://www.genome.gov/27545796

Institute or Center	Project	Whole Exome (yes/no)	Genome	Depth of Coverage (3X, 20X, etc)	Platform	Date Sequencing Initiated	Date Sequencing (to be) Completed		Venue for Data Sharing	Number of Individuals (to be) Sequenced				Race/Ethn ic Comp
NCI-CCR	DRCT Whole Exome	Yes	No	>100	SOLiD	Jan-12	Mar-12	Upon Publication	dbGaP	25		Desmoplastic Small Round Cell Tumor	Child	Any
NCI-CCR	EWS Whole Genome	No	Yes		Complete Genomics	May-11		Upon Publication	dbGaP	6		Ewing's Sarcoma	Child	Any
	Genome structure of DLBCL		Yes		Complete genomics	Mar-11	Jul-11	2012	dbGAP		One patient with ABC DLBCL and One with GCB DLBCL	Development of DLBCL	38-67	Caucasian
NCI-CCR	GIST Whole Exome	Yes	No	>100	SOLID	Mar-11	Apr-11	Upon Publication	dbGaP		GIST with Family Member	Gastrointestina I Stromal Tumor	Child	Any
NCI-CCR	HBL Whole Exome	Yes	No	>100	SOLiD	Nov-11	Jan-12	Upon Publication	dbGaP	25		Hepatoblastom a	Child	Any

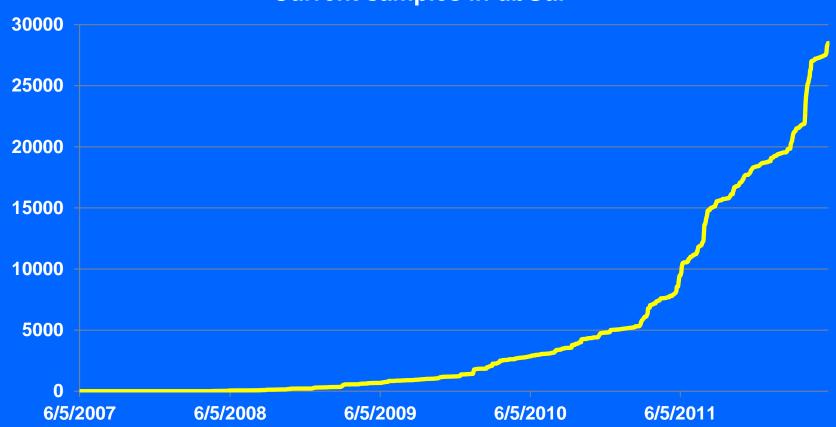
#### **Inventory High Level Numbers:**

#### By end of year:

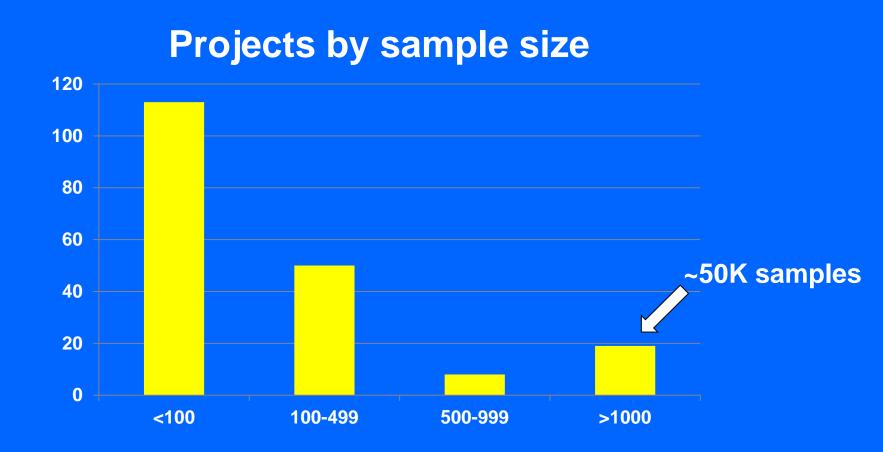
- Projects: ~190
- Samples: ~68,800 (~18K as WGS?)

## Growing.....

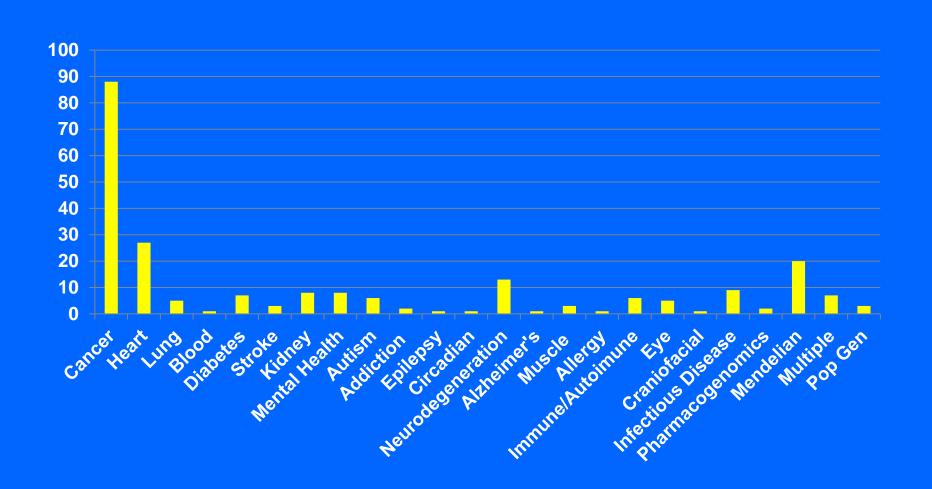




## Data Are Organized into Projects



#### Projects by Disease Area



## "High-Value" Samples?

Out of ~68,800 total

- ~26,000 samples have no data use limitations. (~2600 are completely public...)
- ~15,900 samples participant recontact is permitted (could *in principal* be rephenotyped)
- ~Physical samples actually available 25K?

# Other Things We may Want To Know

- -What phenotype data?
- -What exposure data?
- -What population?
- -What age?

# These data are all at NCBI/dbGaP, right? So what's the problem?



~200 projects; ~400 Consent Groups; Go through multiple DAC's to access; Inconsistent metadata, etc.

# And, Not All the Data are in dbGaP

- Some of the NIH-funded data are in CGHub
- Disease-specific databases will proliferate
- More data outside US

#### Summary

- A lot of data: easy to imagine 100K+ samples and 1000 Thases just from NIH by end of 2013. What number of samples should we plan for? (1M?)
- If we do nothing, also easy to imagine these being divided into many projects
- Large numbers of samples are concentrated in a few studies. If "high value" (eg., no restrictions, recontactable, etc.) then could be useful for aggregate analyses in short term. But far from optimal, and not scalable

#### Many Thanks To

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Teri Manolio, Ian Marpuri – Inventory

Lisa Brooks – general

## end

# These data are (mostly) Available via dbGaP

