

# Trans-NIH Workshop

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

“Data Aggregation”

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# Major Challenge: Data Access

## Victims of Our Own Success:

- ❑ Data production (genome sequencing)
- ❑ Core value: Open data release/access
- ❑ 'Data rich' but 'analysis poor'

Current systems need streamlining

'Research Commons' – certified users can access all data sets at once

'Central Data Servers' – provide results and summaries but not underlying data

# Other Challenges

**Approaches to variant calling**

**Harmonizing phenotype and environment data across studies**

**Computing on very large data sets  
(component of 'Big Data' problem)**

# Workshop Planning

**Michael Boehnke and Wylie Burke, Co-Chairs**

**David Altshuler and Paul Flicek**

**NIH staff (10 ICs):**

**Lisa Brooks, Adam Felsenfeld, Teri Manolio**

**David Cabrera, Hemin Chin, Peter Good, Emily Harris, Allison Lea, Thomas Lehner, Nicole Lockhart, Catherine McKeon, Alan Michelson, Erin Ramos, Laura Rodriguez, Winifred Rossi, Kenna Shaw, Stephen Sherry, Heidi Sofia**

**Logistics: Nicholas Clemm, Sandra Bromberg**

# Workshop Participants

**47 non-NIH staff, 40 NIH staff**

## **Expertise areas:**

- **ELSI and policy**
- **Genomic and functional data**
- **Disease studies, GWAS, & cohorts**
- **Database, computation, & data analysis**
- **Drug development**
- **Scientific publication**

# Workshop Goals

**Discuss the scientific questions that analyses across these data sets could address**

**Discuss the challenges to obtaining and analyzing across many data sets**

**Discuss the options for dealing with these challenges (including costs and tradeoffs)**

**Recommend steps to address these challenges**

# Questions to Consider

**How should we deal with data already collected (retrospective) and with data to be collected (prospective)?**

**What options are high priority?**

**What are the cost-benefit tradeoffs?**

**What can be done now, and what would require changes in policies or other work?**

**NOTE: 90% solutions would still be progress!**

# Questions for NIH Leadership?

