

Simplifying and Systematizing Science at Unprecedented Scales & Complexity

Michael S. Noble Genome Data Analysis Center The Broad Institute of MIT & Harvard

Cancer Genome Summit

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OUTLINE

- I. Why Firehose
- II. TCGA Data Flow
- III. What Firehose produces
- IV. How To Get It

I. WHY FIREHOSE?

Born of the desire to systematize analyses from The Cancer Genome Atlas pilot and scale their execution to the dozens of remaining diseases to be studied, now sits atop ~35 terabytes of TCGA data and reliably executes more than 2300 pipelines per month.



Because The Bad Old Days ...

Of solitary, manual experimentation on few dozen samples ...

- % create a folder
- % download data.from.some.where
- % run_your_computational_analysis

Then do it again Nov 13, 17, ...

Then forget, search ... lose track, search ...

Then repeat ALL for 20 more tumors

GBM, LUNG, AML, ...

Then multiply by 5, 10 ... researchers at your site

Don't Scale to TCGA

November 14, 2012 Firehose Data Snapshot

Tumor	BCR	Clinical	CN	LowP	Methylation	mRNA	mRNAseq	miR	miRseq	RPPA	MAF
BLCA	153	108	99	0	138	0	96	0	124	54	28
BRCA	914	866	874	0	889	529	805	0	868	408	507
CESC	122	32	102	0	122	0	0	0	122	0	36
COAD	423	423	413	69	420	155	192	0	407	269	155
COADREAD	592	591	575	104	582	224	264	0	550	399	224
DLBC	28	0	17	0	17	0	0	0	16	0	0
GBM	598	565	563	0	411	542	161	491	0	214	276
HNSC	328	315	294	96	310	0	303	0	309	212	0
KICH						0				•	0
KIRC	Di i	ffs sir	ice I	VoV	2011	72	Nev	w da [.]	ta tv	pes	403
KIRP						16				•	0
LAML		(~11k	(sar	mple	esl	0	(12 ,	.5K s	amp	les)	199
LGG						27					0
LIHC	99	62	97	0	98	0	17	0	96	0	0
LUAD	439	294	356	0	430	32	353	0	365	237	229
LUSC	376	327	343	0	350	154	223	0	332	195	178
OV	592	580		00+	1/001		OAV	570	454	412	316
PAAD	57	0		a 51	year	~	24 N	0	34	0	0
PANCAN8	4086	3882				_		1061	3169	2282	2152
PRAD	180	127		nai	w sai	mnl	20	0	170	0	83
READ	169	168			w Sai			0	143	130	69
SARC	29	0	29	0	29	0	0	0	29	0	0
SKCM	273	138	253	101	253	0	247	0	240	164	0
STAD	238	162	144	0	145	0	43	0	134	0	116
THCA	435	218	330	94	353	0	254	0	349	224	323
UCEC	512	451	493	106	500	54	333	0	485	200	248
Totals	7106	5839	6195	501	6443	2225	4357	1061	5627	3173	3166
	+1830	+1665	+2021	+501	+4181		+4357		+5267	+3173	+1142

Acute Need for Automation, Systematic Rigor, and Transparency



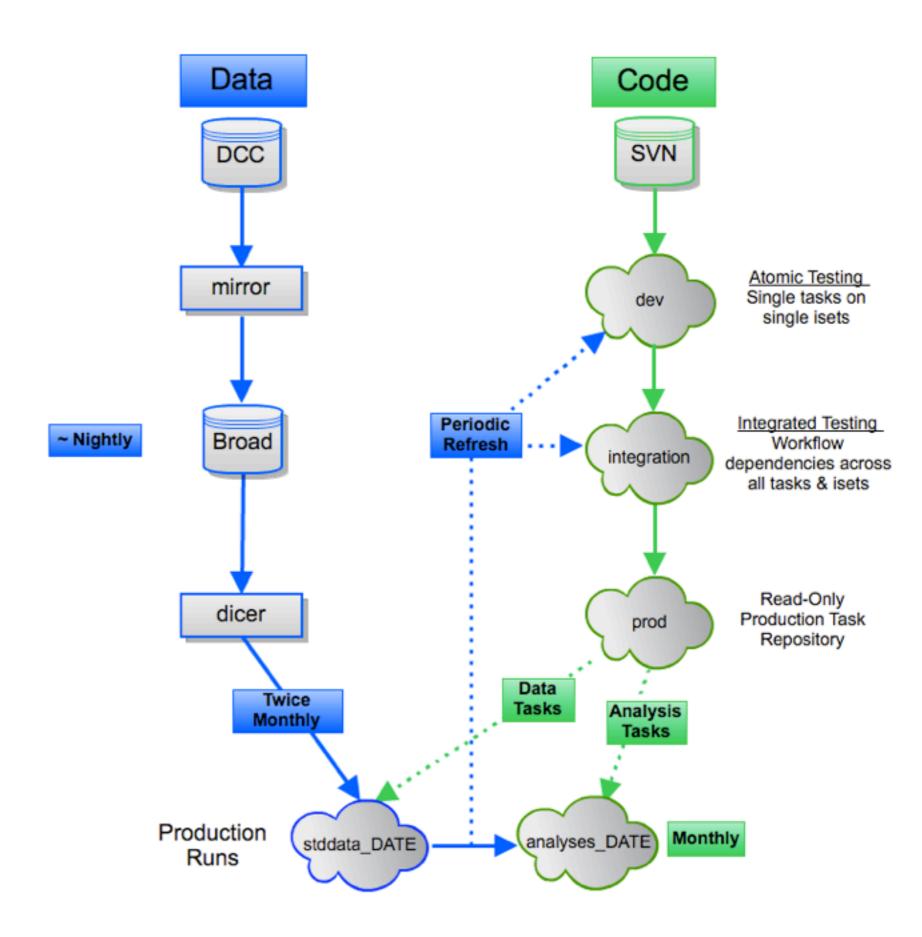
GDAC Firehose == Virtual Data Factory

Broad Institute TCGA GDAC Internal Process Flow

Version 2011_04_11

Subject to Same
Engineering
Constraints of
Timeliness,
Transparency &
Rigor as
Physical Factories

Not academic one-off



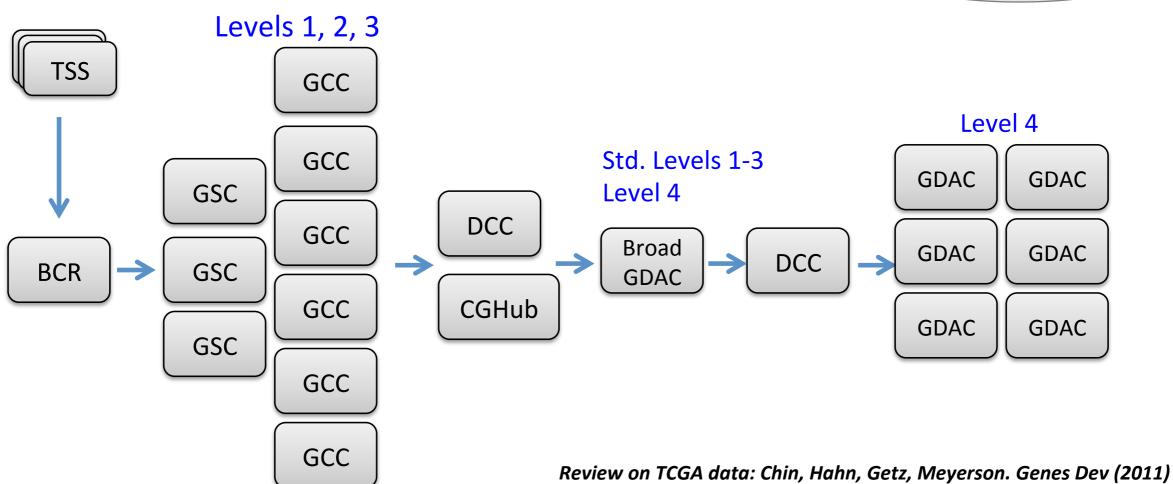
II. TCGA NOVEMBER 2012 THE DATA FLOOD CONTINUES



- 7K patient cases, heading to 11K total
- 26 tumor cohorts (plus clinical)
- 6 marker papers published, more underway
- Swirling amongst 20 centers nationwide (and ICGC)

Understanding TCGA: data flow & levels



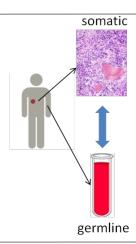


Purpose I: Characterization:

Level 1 – Raw data (e.g. raw reads and qualities, Affymetrix CEL files)

Level 2 – Normalized data (e.g. aligned reads – BAM files, intensity matched files)

Level 3 – Genomic events (e.g. somatic mutations, segments of copy number changes)

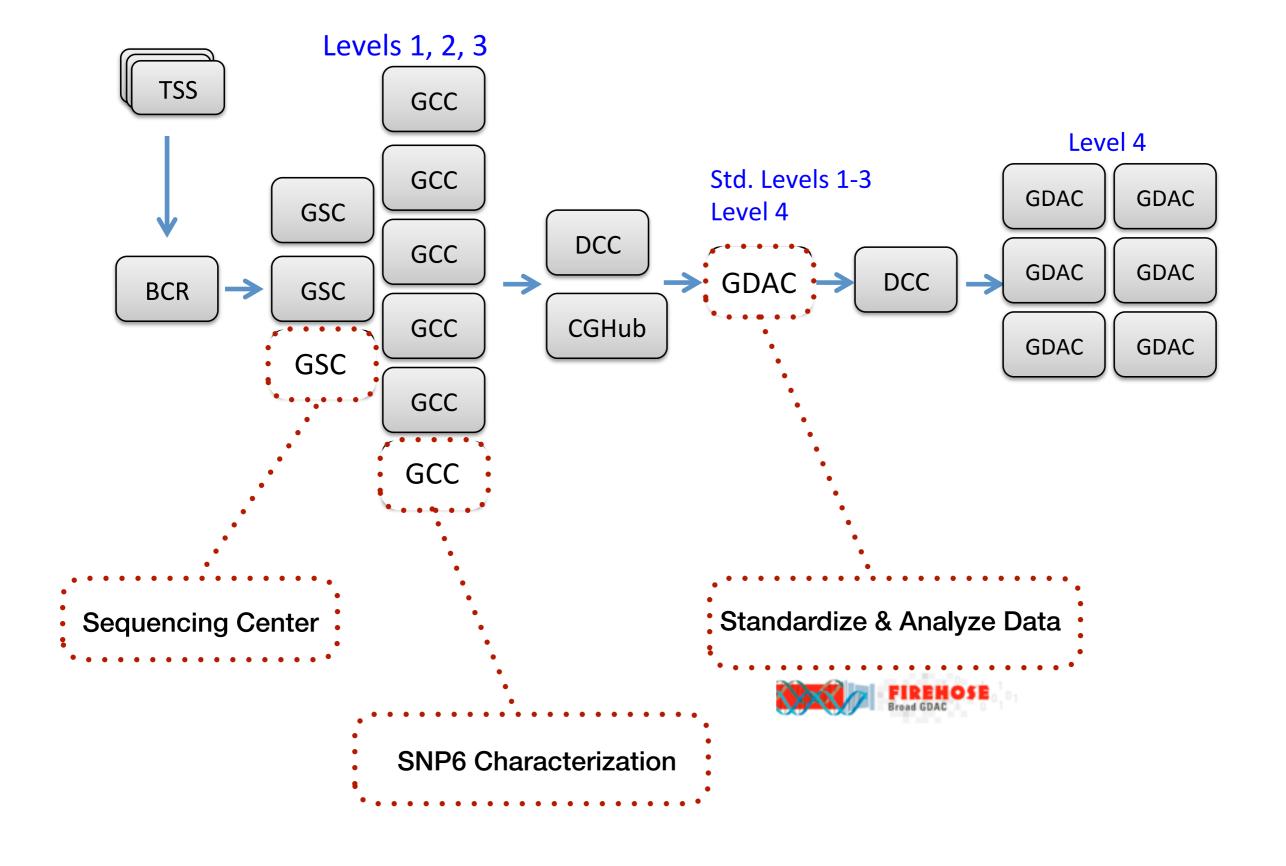


Purpose 2: Interpretation:

Level 4 – Analysis across a cohort (e.g. sub-types discovery, correlate data types, significantly mutated genes/regions/pathways, correlation to clinical parameters)



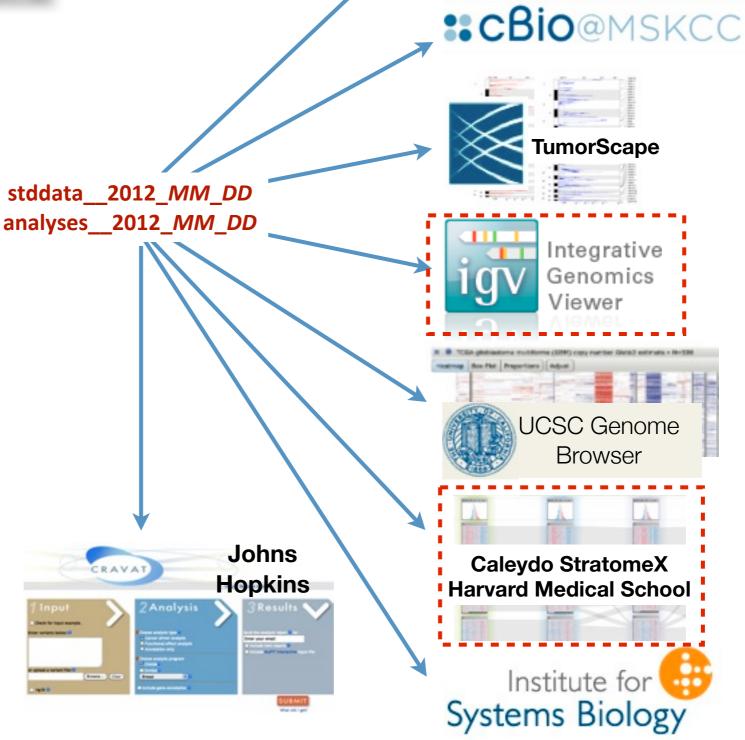
Broad Contribution: 3 of 20 research centers











BUT HOW IS DATA STREAM USED TO ANSWER COMMON BIOLOGICAL QUESTIONS?

• Such as:

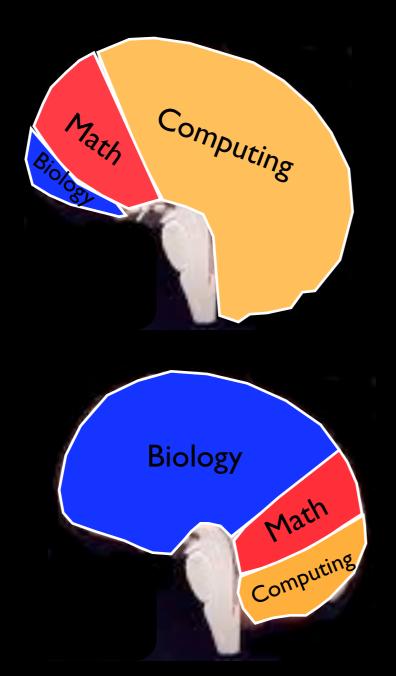
Is my gene of interest altered in this tumor type? How? Is that alteration significantly above the background rate? How might those features map to clinical or molecular feature X?

- There is no one-size-fits-all, cookie-cutter method to answer such questions
- But some analyses are common to many questions and can be automated:
 - Mutation calling, classifying, summarizing and significance-testing
 - ▶ Copy number alteration detection and significance-testing
 - Expression- and methylation-based clustering
 - ▶ Associating genomic data with common clinical, treatment or survival groups

- These common results then become building blocks for higher-level analysis
- So downstream users do not have to repeat each time
 (e.g. automation a boon when 20 new samples added to 250)
- Nor perform ad-hoc reinvention of methods
- Nor download all low-level data from which they were generated
- Nor institute their own ad-hoc data freeze/versioning scheme
- ... to ensure accuracy & reproducibility of analytic/statistical results
- Nor institute ad-hoc QC program ... to minimize human error in large-data analyses

Firehose aims to address such concerns, at scale, lowering the entry barrier for TCGA utilization

Must be Simple, Flexible, Easy ... because



When Coding
Or Data
Exploration
Is Hard

When Easier

Civilization advances by extending the number of important operations which we can perform without thought. A. North Whitehe

III. So Firehose Data Factory Produces

Version-stamped, standardized datasets (2X / month)

Precursor to automated analyses, durable (DCC) & citable Minimizing effect of **The Babel Problem**

Pegular package of standard analyses results (1X / month)

For vetted algorithms: GISTIC, MutSig, CNMF, ...

Companioned with biologist-friendly reports (475 / month)

Instantly up-to-speed on current TCGA results (zero time/budget/staff investment)

Both Archival & Active Research by TCGA AWGs

2012_08_25 awg_pancan8 Analyses Run

Tables of Ingested Data: HTML PNG TSV Redactions: Report

AnalysisReport	# Pipelines	% Successful				
BRCA	35	100%				
COADREAD	35	<u>100%</u>				
<u>GBM</u>	34	100%				
<u>KIRC</u>	35	<u>100%</u>				
LUSC	35	100%				

Analysis Overview for Thyroid Adenocarcinoma: 2012_10_24

Maintained by TCGA GDAC Team (Broad Institute/Dana-Farber Cancer Institute/Harvard Medical School)

Unique Tumor Sample Counts

Tumor	BCR	Clinical	CN	LowP	Methylation	mRNA	mRNAseq	miR	miRseq	RPPA	MAF
THCA	435	218	330	94	353	0	254	0	349	224	323

OV UCEC PANCAI

Analysis Overview for Lung Adenocarcinoma: 2012_11_15

Maintained by TCGA GDAC Team (Broad Institute/Dana-Farber Cancer Institute/Harvard Medical School)

Unique Tumor Sample Counts

Tumor	BCR	Clinical	CN	LowP	Methylation	mRNA	mRNAseq	miR	miRseq	RPPA	MAF	ı
LUAD	439	294	358	0	432	32	355	0	366	237	229	

Download run results with firehose get version 0.3.8

Download command: firehose_get_awg_luad_2012_11_15

Task Dashboard

Overview

+ Introduction

- Summary

Note: These results are offered to the community as an additional reference point, enabling a wide range of cancer biologists, clinical investigators, and genome and computational scientists to easily incorporate TCGA into the backdrop of ongoing research. While every effort is made to ensure that Firehose input data and algorithms are of the highest possible quality, these analyses have not been reviewed by domain experts.

ose get version 0.3.8

eference point, enabling a wide range of cancer biologists, asily incorporate TCGA into the backdrop of ongoing at a and algorithms are of the highest possible quality, these

UCEC

SKCM

LUSC

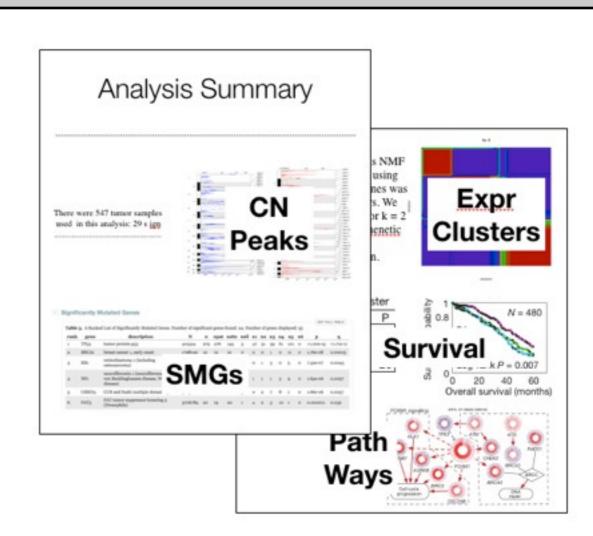
Unprecedented Scale: KiloPipeline per Month

```
stddata__2012_10_04 547 datasets submitted to DCC stddata__2012_10_24 940 datasets ... 837 analyses ...
```

2324 pipelines across 26 disease cohorts

With up to 33
biologist-friendly
analysis reports
per disease
(475 reports in all)

Single Month: Oct 2012



Again: Not Mutually Exclusive With "Easy"

```
gdac_diff
               2012_09_13
                            2012_10_04
                                         $PANCAN8
                        (2304 total)
mRNAseq
                +161
CN
                        (3907 total)
                +125
Methylation
                +30
                        (3667 total)
Clinical
                +30
                        (3864 total)
BCR
                +16
                        (4086 total)
```

2 seconds to understand sample diffs in 35+ terabytes

Version stamp: rigor & clarity —→ ease

Easy Corroboration: first-pass, low hanging fruit

- Enable readers (PIs, bench bios, clinical trialists, DotComs)
- To quickly take pulse of TCGA for given disease type(s)
- With just a few glances at common representational figures
- Not deep head-scratching or big time investment

"Oh, that's interesting, maybe my code has found something here ... I wonder if this is seen in the Firehose version 2012_07_25 results, too?"

<u>Durability of DCC archive fosters citable referencing:</u>

"Our analyses were performed against TCGA dataset version 2012_07_25 and validated against ...

BUT MIND THE FINE PRINT

These results are offered to the community as an additional reference point, enabling a wide range of cancer biologists, clinical investigators, and genome & computational scientists to easily incorporate TCGA into the backdrop of ongoing research.

STARTING POINT: NOT FINAL WORD

AUTOMATIC MACHINES ARE DUMB & IMPERFECT EXPERT JUDGEMENT STILL REQUIRED

firehose2nature tool is organic, not in-silico

Future Potential: Automated Clinical Gold Mine?

Wealth of clinical data collected by TCGA

To date underrepresented in TCGA-based publications

Understandable byproduct of complex mix of

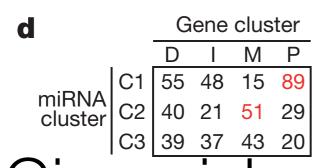
scientific, technological & operational factors

But clear steps can be taken to minimize extent that Sheer volume & complexity ... **alone** ... Impede fuller exploitation of clinical in TCGA-based work Firehose automatically mines entire suite of clinical params to identify statistically significant relationships with every TCGA datatype or aggregate (e.g. clusters)

The results, which e.g. include survival curves (when possible) for every TCGA disease, are posted openly on the Broad GDAC site in the form of biologist-friendly HTML reports

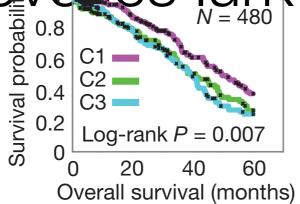
Since automation is free, these don't have to be 100% to establish potentially interesting signposts





CNMF clustering of OV miR expression yielded 3 subtypes

Given richness of TCGA data stream, Discoveries furk in our GDAC pipeline outputs

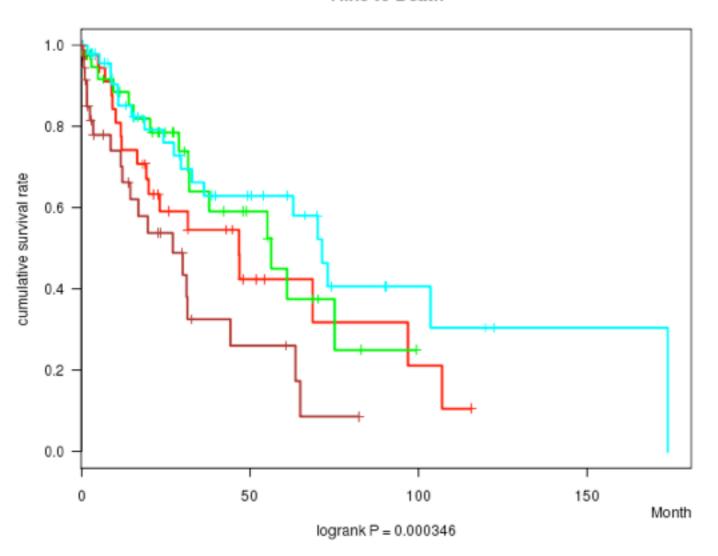


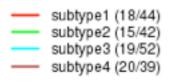
One of which correlated to significantly longer survivability

Integrated genomic analyses of ovarian carcinoma TCGA Network, Nature, June 2011

<u>LUSC</u>

Time to Death





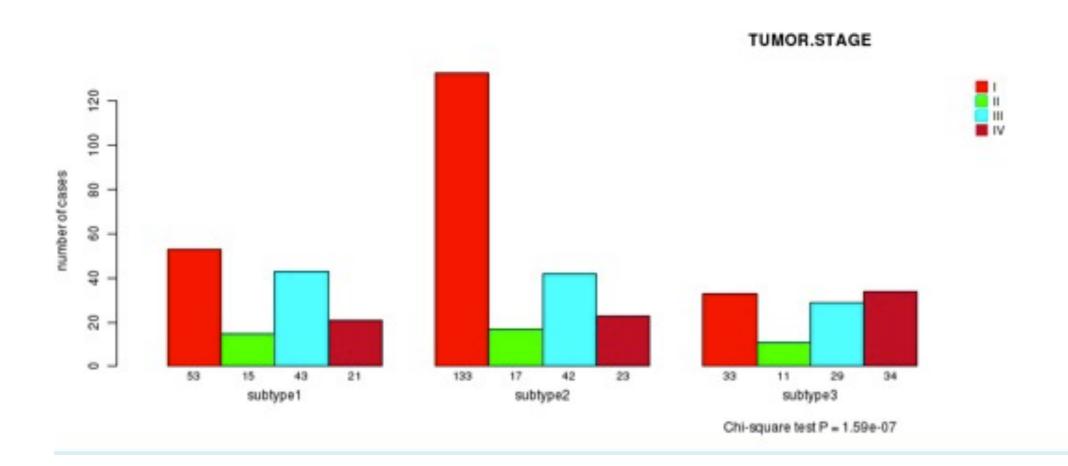
2012_09_13 Analyses

	nPatients	nDeath	Duration Range (Median), Month
ALL	177	72	0.0 - 173.8 (16.6)
subtype1	44	18	0.2 - 115.6 (14.3)
subtype2	42	15	0.2 - 99.2 (23.0)
subtype3	52	19	0.0 - 173.8 (17.8)
subtype4	39	20	0.1 - 82.2 (8.8)

'RPPA cHierClus subtypes' versus 'Time to Death'

P value = 0.000346 (logrank test)

KIRC



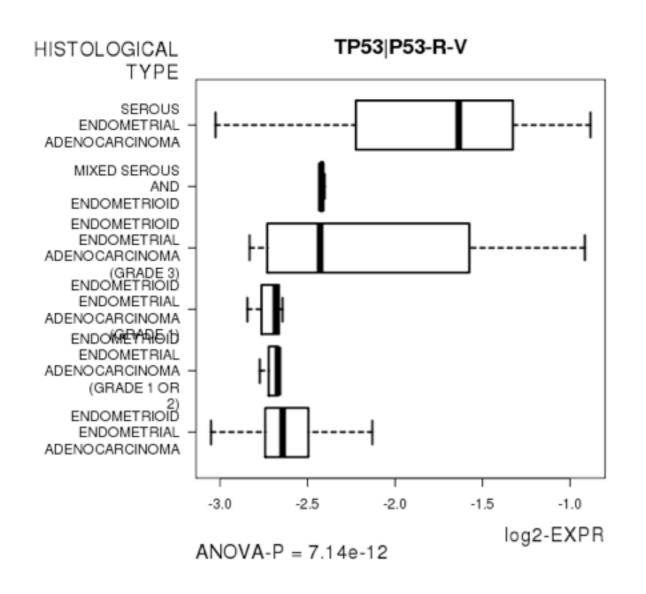
nPatients	I	II	Ш	IV
ALL	219	43	114	78
subtype1	53	15	43	21
subtype2	133	17	42	23
subtype3	33	11	29	34

'RPPA cHierClus subtypes' versus 'TUMOR.STAGE'

P value = 1.59e-07 (Chi-square test)

UCEC

Correlation between RPPA expression and 'HISTOLOGICAL.TYPE'



	ANOVA_P	Q
TP53 P53-R-V	7.144e-12	1.19e-09
CHEK2 CHK2 PT68-R-C	7.824e-09	1.29e-06
AKT1 AKT2 AKT3IAKT PS473-R-V	6.908e-08	1.13e-05
PGRIPR-R-V	1.307e-07	2.13e-05
CDC2 CDK1-R-V	2.576e-07	4.17e-05
CDH1 E-CADHERIN-R-V	2.644e-07	4.26e-05
ESR1 ER-ALPHA-R-V	9.567e-07	0.000153
ESR1 ER-ALPHA PS118-R-V	3.992e-06	0.000635
EEF2/EEF2-R-V	7.75e-06	0.00122
EIF4EBP114E-BP1 PS65-R-V	1.874e-05	0.00294

IV. How To Access

	2012_10_24 stddata Run					2012_10_24 analyses Run				
DiseaseType	# Datasets	% Processed	Do	wnload	AnalysisReport	# Pipelines	% Successful	Do	wnload	
BLCA	38	100%	Open	Protected	BLCA	36	100%	Open	Protected	
BRCA	48	100%	Open	Protected	BRCA	44	100%	Open	Protected	
CESC	20	100%	Open	Protected	CESC	26	100%	Open	Protected	
COADREAD	38	100%	Open	Protected	COADREAD	44	100%	Open	Protected	
COAD	38	100%	Open	Protected	COAD	44	100%	Open	Protected	
DLBC	13	100%	Open	Protected	GBM	46	100%	Open	Protected	
GBM	51	100%	Open	Protected	HNSC	18	100%	Open	Protected	
HNSC	40	100%	Open	Protected	KIRC	AA	100%	Onen	Protected	
KICH			pen	Protected	KIRP			en.	Protected	
KIRC		a+a	pen	Protected	LAML	Λ 10.	alysis	en	Protected	
KIRP	1) i	ata	pen	Protected	LGG	AH	en	Protected		
LAML			pen	Protected	LIHC		_	en	Protected	
LGG			pen	Protected	LUAD		nboard	en	Protected	
LIHC	I Jach	board	pen	Protected	LUSC	I Jacr	nharr	en	Protected	
LUAD		Duala	pen	Protected	OV		iboai c	len.	Protected	
LUSC	50	AVV	Open	Protected	PAAD	**	AVVZ	<u>Julen</u>	Protected	
OV	57	100%	Open	Protected	PRAD	33	100%	Open	Protected	
PAAD	14	100%	Open	Protected	READ	44	100%	Open	Protected	
PRAD	30	100%	Open	Protected	SARC	7	100%	Open	Protected	
READ	38	100%	Open	Protected	SKCM	25	100%	Open	Protected	
SARC	13	100%	Open	Protected	STAD	31	100%	Open	Protected	
SKCM	24	100%	Open	Protected	THCA	37	100%	Open	Protected	
STAD	27	100%	Open	Protected	UCEC	44	100%	Open	Protected	
THCA	40	100%	Open	Protected	DLBC	7	88%	Open	Protected	
UCEC	48	100%	Open	Protected	KICH	6	75%	Open	Protected	
PANCANB	87	95%	Open	Protected	PANCANB	9	56%	Open	Protected	

http://gdac.broadinstitute.org

Open Public Resource Interactive Desktop Use

Nexus Resource for Evolving Community

- Thousands of views, 140K+ hits / month
- Hundreds of GB downloads / month
- Across dozens of centers & portals
- Research / Academic / Commercial
- National & International
- Beyond genomics: e.g. CPTAC / proteomics

(more useful than pretty, but facelift coming in 2013)

With Open (-Source) / Transparent Look & Feel

- Q: Why does your table of ingested data show that disease type XYZ has N mutation samples?
- A: Our precedence rules for ingesting mutation samples are:
 - Prefer manually-curated MAF from the respective analysis working group (AWG), on the premise t
 - 2. When no AWG MAF is available, fall back to using what is available in the DCC by automatic subn
 - Otherwise Firehose will contain zero mutation samples for that disease type.

We're in the process of defining a fourth rule, however, to account for the evolving nature of TCGA mutati accrue at the DCC (again, automatically submitted by the respective GSCs), and it is natural for analysts

For more information, please consult our provenance table for mutation data, the TCGA MAF workflow as will likely support VCFs once they become sufficiently prevalent in the TCGA dataflow.

Q: Why does your table of ingested data show that disease type XYZ has N methylation samples

A: We ingest and support both of the major methylation platforms (meth450 and meth27), therefore the statistical algorithms used by TCGA AWGs to merge both of these methylation platforms into a single bol higher resolution data.

Q: What TCGA sample types are Firehose pipelines executed upon?

A: Since inception Firehose analyses have been executed upon tumor samples and then correlated with exception is melanoma (SKCM), which we analyze using metastatic tumor samples (code 06) as it is usu we will include a larger range of sample types, including normals.

Q: What do you do when multiple aliquot barcodes exist for a given sample/portion/analyte comb

A: To date GDAC analyses have proceeded upon one single tumor sample per patient, so when multiple metrics, we use the following rules to make such selections:

A Defe Deserted and Total DNA Control of the Contro



Re: [GDAC-users] firehose - download normal expression values



Re: [GDAC-users] firehose - download normal expression values

Subject: Re: [GDAC-users] firehose - download normal expression values (find more)
From: David Tamborero <hidden> (find more)
Date: Aug 26, 2012 14:22

Thank you very much, your work and help is priceless.

2812/8/24 Michael S. Noble <hidden>

> Apologies for the delay in responding. Yes, you are right: our outputs do > not > contain normals. This is partly a legacy held over from the TCGA pilot > studies, which is where many of the analyses in our GDAC originally stem

> from. Our FAQ online at gdac.broadinstitute.org discusses this in the

> section

> Dear David.

Q: What TCGA sample types are Firehose pipelines

> and points out that we aim to support normals in the

> Regards,

> Mike Noble

Detailed Release Notes

Searchable Mail Archive

June 2012 (2012 06 23)

- Increased number of archives generated from 777 to 993
- 2. Increased number of reports from 227 to 252
- 3. 2,244 new samples reflected since May analyses run, due to more data and better counting:
 - 76 LowP (new sample type Low Pass DNAseq)
 - 230 BCR
 - · 307 Clinical
 - 618 mRNAseq
 - · 937 miRseq
 - 76 MAF
- 4. GISTIC2 report now includes a description of both the input and output files in the Methods & Data section
- 5. Methylation data:
 - Rewired pipelines to include meth450 platform, and also give it preference over meth27 when both are present.
 (Methods to combine 450 & 27 analytically are not in Firehose: would be nice for AWGs to provide if possible)
 - This greatly increases count of methylation samples flowing through analyses (e.g. UCEC 117->363)
 - Most clusterings show similar results, but some are discordant with previous runs: we could use AWG help to evaluate, and will post comparative analysis online towards that end
- New clustering pipelines heuristic: a sample will be dropped from analyses when 80% or more genes are absent.
- mRNAseq: we now utilize maseqv2 archives, but fall back to v1 maseq when v2 is not available for a given tumor type
 - RSEM estimation used for downstream clustering & correlation analysis, when available, otherwise RPKM estimation will used
 - RSEM is used to estimate gene and transcript abundances (http://deweylab.biostat.wisc.edu/rsem/rsem-calculate-expression.html); values are normalized to a fixed upper quartile value of 1000 for gene and 300 for transcript level estimates, and the normalized values are placed in a separate file (From the DCC document).
 - . The following showed the boxplot of BRCA mRNAseq samples with log2 transformed RESM (left) and RPKM (right).

The Broad GDAC standardized data packages represent a frozen snapshot of all TCGA analysis data at a given time:

- Cast in a form amenable to immediate algorithmic analysis (no additional data preparation required)
- Which provides a consistent point of reference for analysis and citation by marker papers and users of TCGA data
- Towards a formal definition of what constitutes a given tumor dataset
- While minimizing redundant effort across centers and groups to download & prepare data for further analysis
- And enhancing provenance and reproducibility

2012 08 04 stddata Run

Tables of Ingeste	ed Data: HTML	PNG TSV Re	dactions:	Report
ReleaseNotes	# Datasets	% Processed	Dov	wnload
BLCA	20	100%	Open	Protected
BRCA	27	100%	Open	Protected
CESC	11	100%	Open	Protected
COADREAD	21	100%	Open	Protected
DLBC	5	100%	Open	Protected
GBM	27	100%	Open	Protected
HNSC	20	100%	Open	Protected
KIRC	27	100%	Open	Protected
KIRP	23	100%	Open	Protected
LAML	11	100%	Open	Protected
LGG	17	100%	Open	Protected
LIHC	17	100%	Open	Protected
LUAD	26	100%	Open	Protected
LUSC	34	100%	Open	Protected
OV	32	100%	Open	Protected
PAAD	6	100%	Open	Protected
PRAD	16	100%	Open	Protected
SKCM	14	100%	Open	Protected
STAD	18	100%	Open	Protected
THCA	18	100%	Open	Protected
UCEC	22	100%	Open	Protected

Data/Provenance Rigor

Towards solving **BABEL Problem**

Launch Point For Analysis-Ready TCGA Data

→ ICGC, too!

stddata__2012_11_14 Samples Summary Report

Overview

- Introduction

For TCGA data, redaction is the removal of cases from the data prior to publication or release. Redacted cases are generally rare, but cases must be redacted when the TSS/BCR subject link is incorrect ("unknown patient identity"), or in the case of genotype mismatch, completely wrong cancer, or completely wrong organ/tissue. Redaction occurs regardless of a case's analyte characterization or DCC data deposition status.

Rescission is the removal of samples from the list of redactions. This happens if the reason for redaction is eventually cleared up. For clarity, rescinded redactions do not appear in this report.

Summary

There were 60 redactions.

- Results

Redactions

malila .

Rigor, Transparency, Ease

Comprehensive report on ingested samples

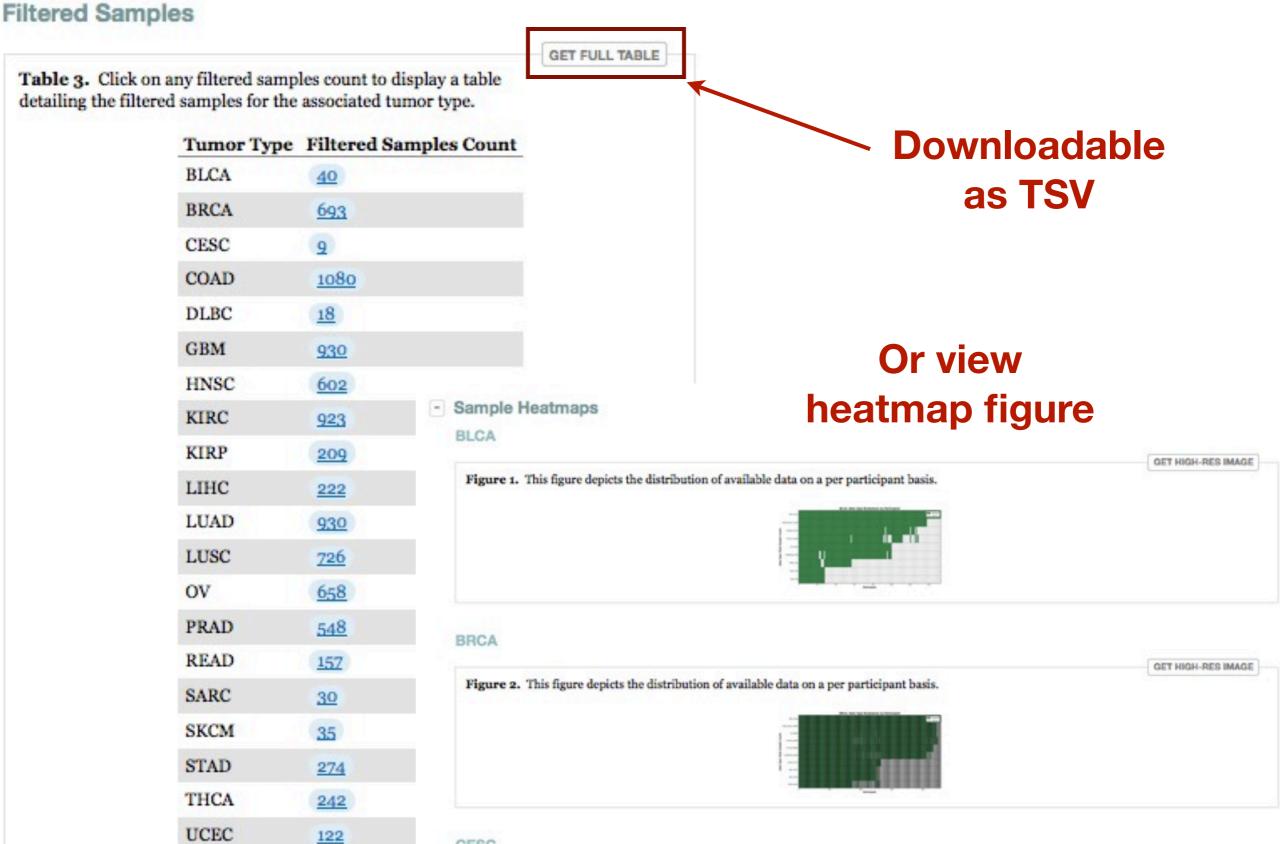
From online dashboard

Barcode	UUID	Date	Type	Notes
TCGA-BR-4190	282e979d-4ad9-4d42-8ffa-7487a94fa1f3	11/08/2012	STAD	Site found that there was duplicate tissue in their biobank with another ID and different clinical data than that sent to TCGA. Case is being redacted but may be salvaged if the site can reconsile the correct clinical data to the tissue.
TCGA-BR-4194	2c650fe1-48b0-4f88-bc11-04096be48571	11/08/2012	STAD	Site found that there was duplicate tissue in their biobank with another ID and different clinical data than that sent to TCGA. Case is being redacted but may be salvaged if the site can reconsile the correct clinical data to the tissue.
TCGA-BR-4195	7917234c-63be-4320-b7af-535381f99d99	11/08/2012	STAD	Site found that there was duplicate tissue in their biobank with another ID and different clinical data than that sent to TCGA. Case is being redacted but may be salvaged if the site

Nov 8
STAD
redactions

- Redactions
- Blacklisted Samples

Clear disposition of every ingested sample, every run



CESC

analysis dashboard

2012_07_25 analyses Run

Tables of Ingested Data: HTML PNG TSV

View: Analysis reports Release notes FAQ

AnalysisReport	# Pipelines	% Successful	Do	wnload
BLCA	18	100%	Open	Protected
BRCA	29	100%	Open	Protected
CESC	12	100%	Open	Protected
COADREAD	29	100%	Open	Protected
GBM	28	100%	Open	Protected
HNSC	15	100%	Open	Protected
KIRC	29	100%	Open	Protected
LAML	13	100%	Open	Protected
LGG	22	100%	Open	Protected
LIHC	10	100%	Open	Protected
OV	35	100%	Open	Protected
PRAD	14	100%	Open	Protected
SKCM	12	100%	Open	Protected
THCA	15	100%	Open	Protected
UCEC	29	100%	Open	Protected
KIRP	22	96%	Open	Protected
LUAD	23	96%	Open	Protected
LUSC	20	95%	Open	Protected
STAD	16	94%	Open	Protected
PAAD	4	80%	Open	Protected
PANCANCER	8	41%	Open	Protected

Downloa	d: firehos	se get

Tumor	BCR	Clinical	CN	LowP	Methylation	mRNA	mRNAseq	miR	miRseq	RPPA	MAF
BLCA	126	67	58	0	78	0	56	.0	88	0	28
BRCA	899	862	833	0	858	529	777	0	809	408	507
CESC	122	31	68	0.	0	0	0	0	42	0	36
COADREAD	592	591	575	76	584	224	83	0	255	399	224
DLBC	27	0	0	0	0	0	0	0	0	0	0
GBM	596									214	276
HNSC	312							_		0	.0
KICH	65	()	~ 16	\	ole		^		-	0	0
KIRC	502		'ar	Y 1 r	\mathbf{M}		I	ir 1 i	(C)	454	403
KIRP	135	()		1 11	$\mathcal{M}_{\mathcal{T}}$		てカレ			0	0
LAML	202									0	199
LGG	181			•						0	0
LIHC	99	/ L _	۔ ا ـ ـ ـ	/	rogra		!.		- \	0	0
LNNH	2	(TA		ar/n	raar	amr	ทลบ	\mathbf{C}	(O)	0	0
LUAD	439	(10	Odic	۸1 / P	1091	AI I II	Hath		,0,	0	229
LUSC	360	817			***	1000	887		200	0	178
	592									-	178
OV	392	580	564	0	551	568	297	564	454	412	316
PAAD	48	580	364 14	0	551 30	568	297	564	454	412 0	400
-	0.74			0		568 0 0	297 0 53	564 0 0	-		400
PAAD	48	0	14	0	30	0	0	0	0	0	316
PAAD PRAD	48 174	0 127	14 100	0 0 0	30 153	0	53	0	0 81	0	316
PAAD PRAD SARC	48 174 29	0 127 0	14 100 0	0 0 0	30 153 0	0 0	0 53 0	0	0 81 0	0	316
PAAD PRAD SARC SKCM	48 174 29 253	0 127 0 129	14 100 0 219	0 0 0 0 0 0 0	30 153 0 240	0 0 0	0 53 0 212	0 0 0	0 81 0 240	0 0	316 0 83 0
PAAD PRAD SARC SKCM STAD	48 174 29 253 226	0 127 0 129 159	14 100 0 219 132	0 0 0 0 0 0 0 0 0	30 153 0 240 133	0 0 0	0 53 0 212 57	0 0 0 0	0 81 0 240 127	0 0 0	316 0 83 0 0 133

	Pipeline	NotRunnable	Runnable	InProcess	Successful	Unsuccessful
1	Appregate Clusters	0	0	0	1	0
2	CopyNumber GeneBySample	0	0	0	1	0
3	CopyNumber Gistic2	0	0	0	1	0
4	Correlate Clinical vs CopyNumber Arm	0	0	0	1	0
5	Correlate Clinical vs CopyNumber Focal	0	0	0	1	0
6	Correlate Clinical vs miR	0	0	0	1	0
7	Correlate Clinical vs Molecular Signatures	0	0	0	1	0
8	Correlate Clinical vs mRNA	0	0	0	1	0
9	Correlate Clinical vs Mutation	0	0	0	1	-0
10	Correlate CopyNumber vs miR	0	0	0		0
11	Correlate CopyNumber vs mRNA	0	0	0		0
12	Correlate CopyNumber vs. mRNAsses	0	0	0	1	0
13	Correlate Methylation vs mRN	_			1	0
14	Methylation Clustering CNMF				1	0
15	Methylation Preprocess	nai	1/9	$\supset C$	- 1	0
16	miRseq Clustering CNMF	nal			1	0
17	mixseq Clustering Consensus		J		1	0
18	miRseq_Preprocess	_		_	1	0
19	miR Clustering CNMF	\	14100		1	0
20	miR Clustering Consensus	erfo	Arrr Y	Γ	1	0
21	miR_FindDirectTargets	\mathcal{O}	'			0
22	miR. Preprocess				1	0
23	mRNAseq Clustering CNMF	0	0	0	1	0
24	mRNAseq Clustering Consensus	0	0	0	1	0
25	mRNAseq_Preprocess	0	0	0	1	0
26	mRNA Clustering CNMF	0	0	0	1	0
27	mRNA Clustering Consensus	0	0	0	1	0
28	mRNA Preprocess Median	0	0	0	1	0
29	Mutation Assessor	0	0	0	1	0
30	Mutation Significance	0	0	0	1	0
31	Pathway_FindEnrichedGenes	0	0	0	1	0
32	Pathway Paradigm Expression	0	0	0	1	0
	Pathway Paradigm Expression CopyNumber	0	0	0	1	0
33						
33 34	RPPA Clustering CNMF	0	0	0	1	0

2012 07 25 analyses Run

Tables of Ingested Data: HTML PNG TSV Redactions: Report

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View: Analysis reports Release notes FAQ Download: firehose get

Analysis Overview for Ovarian Serous Cystadenocarcinoma

Maintained by TCGA GDAC Team (Broad Institute/Dana-Farber Cancer Institute/Harvard Medical School)

EXPAND ALL COLLAPSE ALL SET AUTO WIDTH

- Overview
- Introduction
- Summary

Note: These results are offered to the community as an additional reference point, enabling a wide range of cancer biologists, clinical investigators, and genome and computational scientists to easily incorporate TCGA into the backdrop of ongoing research. While every effort is made to ensure that Firehose input data and algorithms are of the highest possible quality, these analyses have not been reviewed by domain experts.

Results

- Sequence and Copy Number Analyses
 - Copy number analysis (GISTIC2)

View Report | There were 547 tumor samples used in this analysis: 29 significant arm-level results, 35 significant focal amplifications, and 46 significant focal deletions were found.

Mutation Analysis (MutSig)

View Report | Significantly mutated genes ($q \le 0.1$): 24

- · Clustering Analyses
 - Clustering of mRNA expression: consensus NMF

View Report | The most robust consensus NMF clustering of 565 samples using the 1500 most variable genes was identified for k = 3 clusters. We computed the clustering for k = 2 to k = 8 and used the cophenetic correlation coefficient to determine the best solution.

Clustering of mRNA expression: consensus hierarchical

View Report | The 1500 most variable genes were selected. Consensus average linkage hierarchical clustering of 565 samples and 1500 genes identified 3 subtypes with the stability of the clustering increasing for k = 2 to k = 8 and the average silhouette width calculation for selecting the robust clusters.

Clustering of Methylation: consensus NMF

<u>View Report</u> | The 1229 most variable methylated genes were selected based on variation. The variation cutoff are set for each tumor type empirically by fitting a bimodal distriution. For genes with multiple methylation probes, we chose the most variable one to represent the gene. Consensus NMF clustering of 551 samples and 1229 genes identified 6 subtypes with the stability of the clustering increasing for k = 2 to k = 8 and the average silhouette width calculation for selecting the robust clusters.

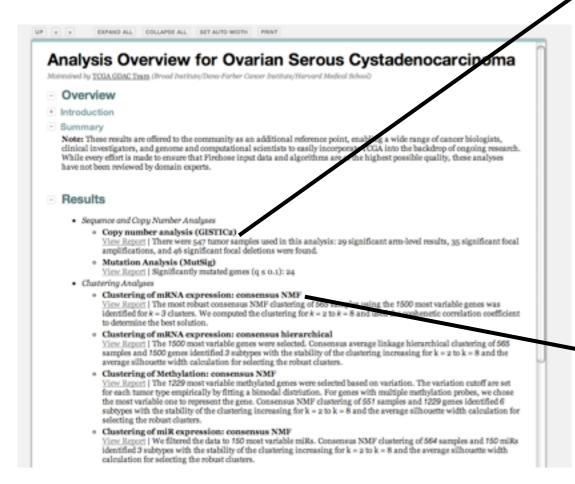
· Clustering of miR expression: consensus NMF

View Report | We filtered the data to 150 most variable miRs. Consensus NMF clustering of 564 samples and 150 miRs identified 3 subtypes with the stability of the clustering increasing for k = 2 to k = 8 and the average silhouette width calculation for selecting the robust clusters.

Organized like a paper

- Overview ("Abstract")
- Results
- Methods & Data

With Browser Convenience

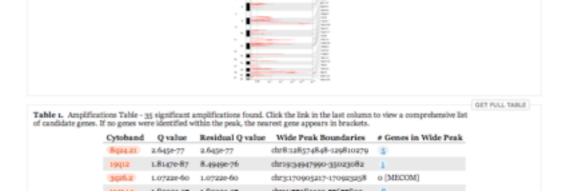


Completely Open: no passwords Linked to downloadable data

Ovarian Serous Cystadenocarcinoma: Copy number analysis (GISTIC2)

Mointained by Dan DiCara (Broad Institute





Ovarian Serous Cystadenocarcinoma: Clustering of mRNA expression: consensus NMF

Maintained by Robert Zupko (Broad Institute)

Overview

Introduction

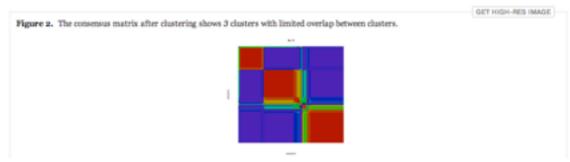
Summary

The most robust consensus NMF clustering of 565 samples using the 1500 most variable genes was identified for k = 3 clusters. We computed the clustering for k = 2 to k = 8 and used the cophenetic correlation coefficient to determine the best solution.

Results

Gene expression patterns of molecular subtypes

Consensus and correlation matrix



Summary

There were 558 tumor samples used in this analysis: 29 significant arm-level results, 34 significant focal amplifications, and 47 significant focal deletions were found.

Results

- + Focal results •
- Arm-level results

GET FULL TABLE

Del Q value RIGOR: nothing thrown away

		\					
Arm	# Genes	Amp Frequency	Amp Z score	Amp Q value	Del Frequency	Del Z score	
1p	2121	0.21	0.131	1	0.10	-5.72	1
1q	1955	0.34	6.49	4.26e-10	0.09	-6.29	1
2p	924	0.27	-2.25	1	0.07	-10.7	1
2q	1556	0.22	-2.32	1	0.07	-9.07	1
3P	1062	0.23	-3.6	1	0.20	-4.8	1
39	1139	0.49	9.71	0	Cto	andar	- A
4p	489	0.14	-7.22	1		andar	
						li++la	\sim

-7.69

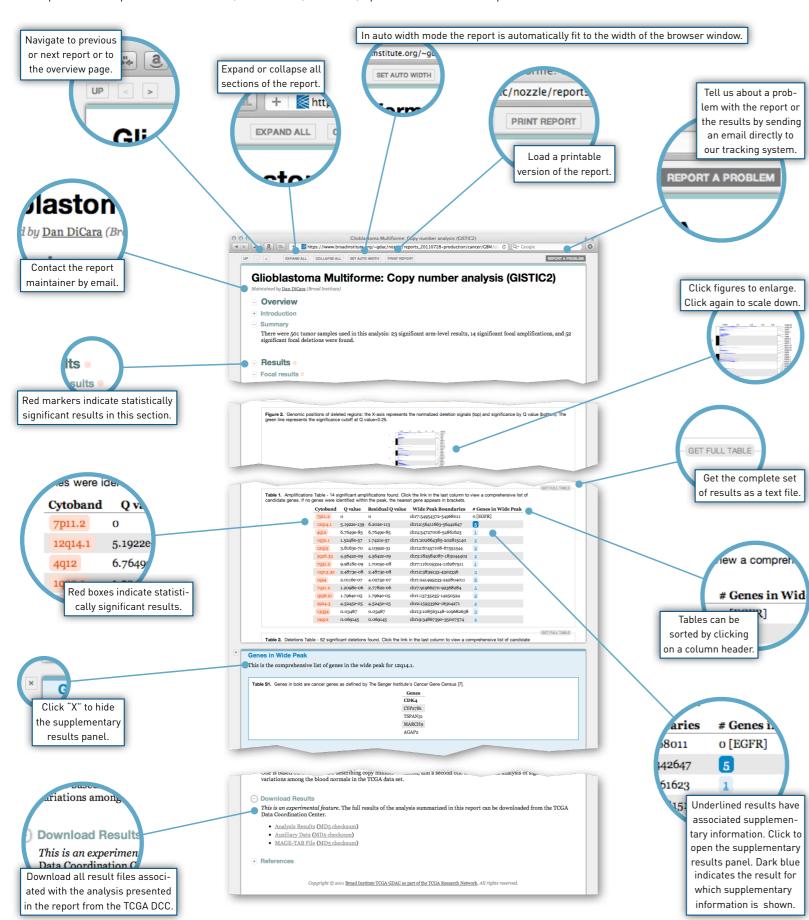
0.07

- Standard visual format for ALL pipelines
- As little as 3-5 simple R calls
- Thoughtfully Scoped:
 - drill from overview to details
 - Significant results "bubble up"
 - don't miss needle in haystack

Firehose Reports | At-a-Glance BROA



→ Reports are compatible with Firefox 4+, Chrome 12+, Safari 5+, Opera 11+ and Internet Explorer 9+.



Again, aimed at solid design & engineering

Nozzle package downloadable as open source

Used in multiple external projects

Programmatic, Too

```
firehose_get : retrieve open-access results of Broad Institute TCGA GDAC runs
Version: 0.3.3 (Author: Michael S. Noble)
Usage: firehose_get [flags] RunType Date [tumor_type, ... ]
```

firehose

BRCA CESC COADREAD DLBC GBM HNSC KIRC KIRP LAML LGG LIHC LNNH LUAD LUSC OV PAAD PRAD SKCM STAD THCA UCEC PANCANCER

- Download all or parts
- Of data or analyses runs
- Open access: no password See what runs we did
- Select by run type & date

- Subselect by tumor type
- Or analyses type / name
- Or what tasks in each run,

10K download from gdac.broadinstitute.org

% firehose get -runs

Run	At_DCC	Available_From_Broad_GDAC		
 analyses2012_04_25	yes	yes		
analyses2012_05_25	yes	yes		
analyses2012_06_23 analyses2012_07_25	yes no	yes yes		

% firehose_get -tasks analyses 2012_07_25

```
CopyNumber_Gistic2
Correlate Clinical vs CopyNumber Arm
Correlate_Clinical_vs_Molecular_Signatures
Correlate_Clinical_vs_Mutation
Correlate_CopyNumber_vs_miR
Correlate_CopyNumber_vs_mRNAseq
Correlate_Methylation_vs_mRNA
Methylation_Clustering_CNMF
miRseq_Clustering_CNMF
miRseq_Clustering_Consensus
miR_Clustering_CNMF
mRNAseq_Clustering_CNMF
mRNAseq_Clustering_Consensus
mRNAseq_Preprocess
Mutation_Significance
Pathway_FindEnrichedGenes
Pathway_Paradigm_Expression
RPPA_Clustering_CNMF
```

These analyses are what is described by the reports on our GDAC dashboards

THANK YOU!

http://gdac.broadinstitute.org gdac@broadinstitute.org