

¹ FELIS: web application for integrated analysis of ² Japan's national clinicogenomic database

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Software

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⁶ Summary

⁷ Japan's national cancer genomic medicine program aggregates comprehensive genomic profiling (CGP) results and linked clinical information at the Center for Cancer Genomics and Advanced Therapeutics (C-CAT) ([Kohno et al., 2022](#)). These data create unique opportunities for large-scale, real-world clinicogenomic studies; however, their effective use depends on clinically meaningful questions formulated by domain experts, while the need to design and implement bespoke analytical pipelines remains a substantial barrier to analysis.

¹³ FELIS (Flexible Exploration for Liquid and Solid tumor clinical sequencing data) is an open-source, locally deployable web application (R/Shiny) designed for no-code interactive analysis of secondary-use C-CAT datasets. It provides a point-and-click interface for cohort construction, clinicogenomic summarization, visualization, and bias-aware outcome analyses. By lowering technical barriers while remaining compatible with secured/offline environments, FELIS helps clinicians and translational researchers iterate rapidly from a clinical question to a reproducible analysis output.

²⁰ Several analytical components implemented in FELIS are based on methods previously described in peer-reviewed publications, including variant-based clustering analysis and survival modeling accounting for delayed entry and left truncation. The scientific contribution of FELIS lies in the robust software implementation, integration, and practical accessibility of these methods rather than the introduction of new statistical methodology.

²⁵ Statement of need

²⁶ Large clinicogenomic resources create unique opportunities for real-world evidence (RWE) generation. However, utilizing Japan's national C-CAT secondary-use data presents specific challenges. These datasets are accessed in strictly controlled, offline environments under data use agreements, which prevents the use of cloud-based analysis tools. Furthermore, clinically relevant questions in comprehensive genomic profiling (CGP) practice often require addressing specific statistical biases, such as delayed testing and left truncation, which can meaningfully distort outcome analyses if ignored ([Ikegami, 2023](#); [Tamura et al., 2023](#)). There is a lack of accessible tools that allow domain experts to perform these complex, bias-aware analyses within the required security constraints without extensive programming skills. FELIS addresses these gaps by offering:

- ³⁶ ▪ **No-code cohort building** from de-identified, preprocessed tables derived from secondary-use C-CAT datasets.
- ³⁷ ▪ **Bias-aware survival analysis** suitable for CGP settings with delayed entry/left truncation.
- ³⁸ ▪ **Clinically oriented outputs** (tables and figures) designed for downstream reporting and manuscript preparation.

- 41 ▪ **Privacy-preserving deployment** on a local workstation or institutional server (including
42 offline/containerized setups), so sensitive data remain within the user's controlled
43 environment.

44 State of the Field

45 The domain of cancer genomics visualization is currently supported by robust, publicly hosted
46 platforms such as cBioPortal (Cerami et al., 2012; Gao et al., 2013) and AACR Project GENIE
47 (The AACR Project GENIE Consortium, 2017). These tools have established the standard
48 for exploring large-scale, open-access genomic datasets. However, they are often ill-suited for
49 secondary-use clinical datasets governed by strict governance and privacy controls, like those
50 from C-CAT, which typically prohibit data upload to external hosted services.

51 While general-purpose R/Bioconductor packages offer the statistical flexibility required for such
52 analyses, they present a steep learning curve for clinicians and translational researchers lacking
53 programming expertise. Furthermore, standard genomic analysis pipelines often overlook
54 specific biases inherent to real-world evidence (RWE), such as left truncation and delayed
55 entry, which require specialized statistical handling not typically found in off-the-shelf genomic
56 visualization tools.

57 FELIS addresses this specific niche by bridging the gap between inflexible hosted portals
58 and code-heavy statistical packages. A “build” approach was chosen over contributing to
59 existing platforms to satisfy two critical constraints: (1) the need for a lightweight, locally
60 deployable architecture compatible with offline secure environments, and (2) the integration of
61 bias-aware survival analysis methods into a no-code interface. By operationalizing these specific
62 methodological and governance requirements, FELIS provides a unique scholarly contribution
63 that enables reproducible RWE generation in restricted clinical environments.

64 Software Design

65 FELIS was designed with three primary constraints in mind: governance-aware deployment,
66 accessibility for non-programming users, and analytical rigor for real-world clinicogenomic
67 research.

68 The software is implemented as a Shiny application. This architecture allows FELIS to leverage
69 the extensive statistical ecosystem of R while providing a browser-based interface suitable
70 for clinicians and translational researchers. A modular design was chosen to separate cohort
71 definition, genomic summarization, and outcome analysis, enabling incremental extension
72 without entangling analytical logic.

73 A key design trade-off was prioritizing local deployment over hosted scalability. While this limits
74 immediate multi-user web access, it ensures compatibility with secured and offline environments
75 required for secondary-use clinical data. Containerized deployment options further support
76 reproducibility across heterogeneous computing systems.

77 Analytically, FELIS integrates established methods—such as variant-based clustering and
78 survival models with delayed entry—into a unified workflow. The design emphasizes
79 transparency and reproducibility over black-box automation, allowing users to understand and
80 validate each analytical step.

81 Research Impact Statement

82 FELIS has been developed and applied in the context of Japan's national cancer genomic
83 medicine program and has supported multiple clinicogenomic research projects using secondary-
84 use C-CAT data. Analytical components implemented in FELIS have contributed to peer-

85 reviewed publications, including studies on variant-based clustering in cancer genomics and
86 outcome analyses accounting for delayed entry and left truncation.
87 The software is actively used by clinicians and researchers within secured institutional
88 environments to perform exploratory analyses, generate publication-ready figures, and support
89 hypothesis generation for translational studies. By lowering technical barriers while maintaining
90 analytical rigor, FELIS enables broader participation of domain experts in clinicogenomic
91 research.
92 The open-source release of FELIS, together with containerized deployment options and example
93 workflows, provides a foundation for future extensions and adoption by other groups working
94 with governance-restricted clinicogenomic datasets.

95 Software description

96 Architecture and deployment

97 FELIS is distributed as an R package that launches an interactive Shiny application. It supports
98 (i) direct installation from source and (ii) container-based deployment to promote reproducibility
99 across heterogeneous computing environments. The application is designed to be usable in
100 restricted networks commonly required for secondary-use clinical data.

101 Data inputs

102 FELIS operates on research-use datasets prepared from C-CAT secondary-use programs. Users
103 load standardized, de-identified tables (e.g., patient-level clinical variables, tumor metadata,
104 treatments, and variant-level calls) generated by local preprocessing within their authorized
105 environment. This design keeps FELIS open source while accommodating access control and
106 governance constraints of national clinicogenomic data.

107 Core functionality

108 FELIS provides interactive modules that cover common clinicogenomic workflows:

- 109 ■ **Cohort definition and stratification:** filter and intersect clinical variables (e.g., age, sex,
110 tumor type, stage, lines of therapy) and genomic alterations (genes, variant classes,
111 panels).
- 112 ■ **Genomic summaries and visualization:** alteration frequency summaries, oncoprint-style
113 views, co-alteration exploration, and subgroup comparisons.
- 114 ■ **Outcome analysis:** Kaplan–Meier and regression-based survival analyses with options to
115 handle delayed entry/left truncation in CGP settings.
- 116 ■ **Treatment pattern summarization:** descriptive analyses of real-world treatment sequences
117 and therapy exposure among genetically defined subgroups.
- 118 ■ **Export for reporting:** download-ready plots and tables to facilitate communication with
119 multidisciplinary teams and manuscript preparation.

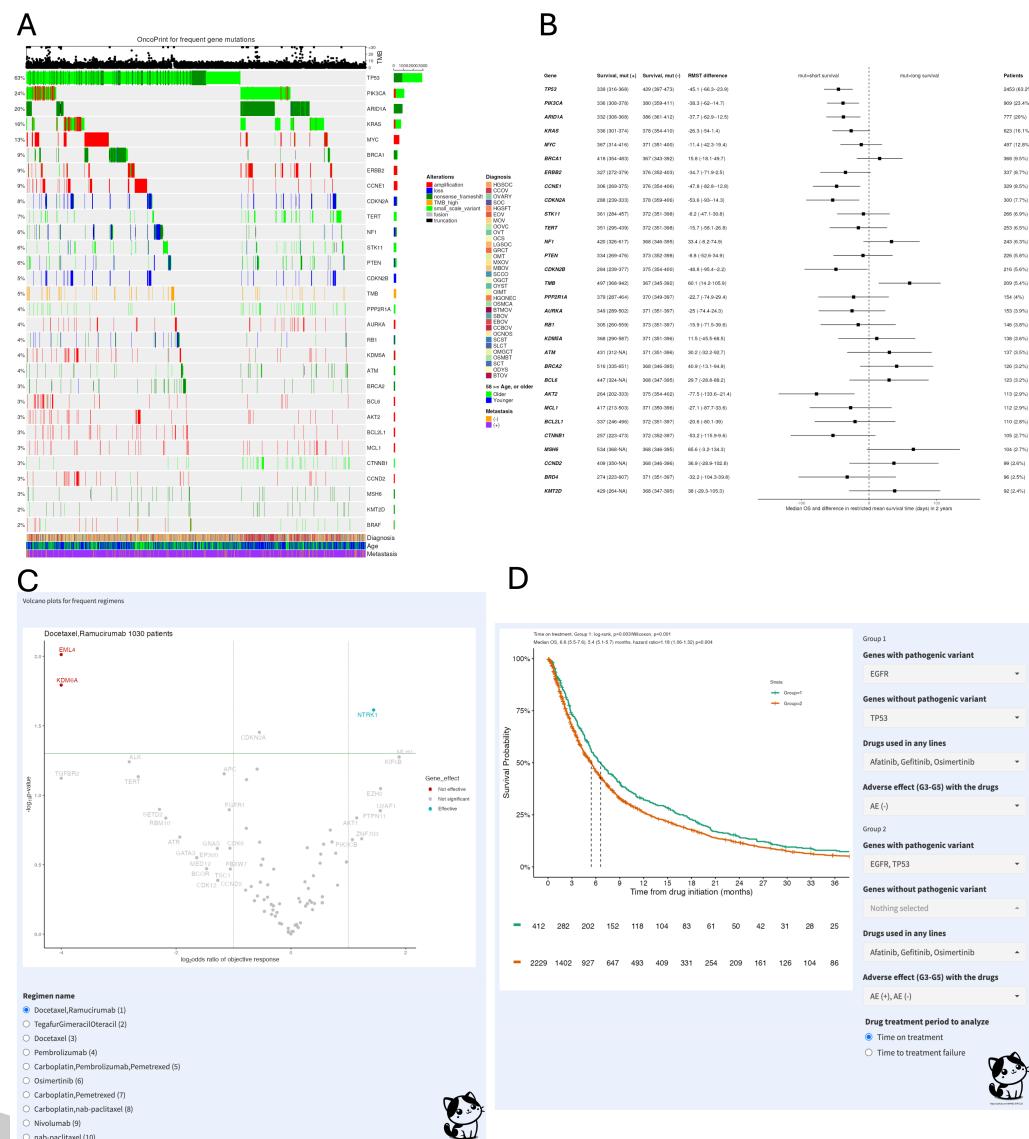


Figure 1: Representative analyses performed using FELIS. (A) OncoPrint summarizing frequently mutated genes across the selected cohort. (B) Forest plot showing the estimated effects of gene alterations on survival outcomes. (C) Volcano plot illustrating gene-level associations with drug response, highlighting effect sizes and statistical significance. (D) Kaplan-Meier survival curves comparing two groups stratified by a user-defined factor within the FELIS interface.

Some of the analytical methods implemented in FELIS have been previously reported in the literature. In particular, the variant-based clustering analysis follows the approach described by Mochizuki(Mochizuki et al., 2024), and the bias-aware survival analysis with correction for delayed entry and left truncation is based on Tamura(Tamura et al., 2023). FELIS provides a unified and reproducible software implementation of these methods tailored to the data structure and governance constraints of Japan's national clinicogenomic database (C-CAT).

AI usage disclosure

No generative AI tools were used in the development of the FELIS software or in the analysis performed by the software. Generative AI was not used to generate scientific results or figures.

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131 secondary use of national clinicogenomic resources. We also thank collaborators and early
132 users who provided feedback on clinical workflows and software usability.

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138 References

- 139 Cerami, E., Gao, J., Dogrusoz, U., Gross, B. E., Sumer, S. O., Aksoy, B. A., Jacobsen,
140 A., Byrne, C. J., Heuer, M. L., Larsson, E., Antipin, Y., Reva, B., Goldberg, A. P.,
141 Sander, C., & Schultz, N. (2012). The cBio cancer genomics portal: An open platform
142 for exploring multidimensional cancer genomics data. *Cancer Discovery*, 2(5), 401–404.
143 <https://doi.org/10.1158/2159-8290.CD-12-0095>
- 144 Gao, J., Aksoy, B. A., Dogrusoz, U., Dresdner, G., Gross, B., Sumer, S. O., Sun, Y., Jacobsen,
145 A., Sinha, R., Larsson, E., Cerami, E., Sander, C., & Schultz, N. (2013). Integrative
146 analysis of complex cancer genomics and clinical profiles using the cBioPortal. *Science
147 Signaling*, 6(269), pl1. <https://doi.org/10.1126/scisignal.2004088>
- 148 Ikegami, M. (2023). Letter to the editor: Left-truncation bias should be considered in prognostic
149 analysis using national genomic profiling database. *Japanese Journal of Clinical Oncology*,
150 53(11), 1091–1091. <https://doi.org/10.1093/jjco/hyad098>
- 151 Kohno, T., Kato, M., Kohsaka, S., Sudo, T., Tamai, I., Shiraishi, Y., Okuma, Y., Ogasawara,
152 D., Suzuki, T., Yoshida, T., & Mano, H. (2022). C-CAT: The national datacenter
153 for cancer genomic medicine in japan. *Cancer Discovery*, 12(11), 2509–2515. <https://doi.org/10.1158/2159-8290.CD-22-0417>
- 155 Mochizuki, T., Ikegami, M., & Akiyama, T. (2024). Factors predictive of second-line
156 chemotherapy in soft tissue sarcoma: An analysis of the national genomic profiling database.
157 *Cancer Science*, 115(2), 575–588. <https://doi.org/10.1111/cas.16050>
- 158 Tamura, T., Ikegami, M., Kanemasa, Y., Yomota, M., Furusawa, A., Otani, R., Saita, C.,
159 Yonese, I., Onishi, T., Kobayashi, H., Akiyama, T., Shimoyama, T., Aruga, T., & Yamaguchi,
160 T. (2023). Selection bias due to delayed comprehensive genomic profiling in japan. *Cancer
161 Science*, 114(3), 1015–1025. <https://doi.org/10.1111/cas.15651>
- 162 The AACR Project GENIE Consortium. (2017). AACR project GENIE: Powering precision
163 medicine through an international consortium. *Cancer Discovery*, 7(8), 818–831. <https://doi.org/10.1158/2159-8290.CD-17-0151>