

KNOWLEDGE GRAPHS FOR PHARMA

A PERSPECTIVE FROM THE PhUSE PROJECT

CLINICAL TRIALS DATA AS RDF

- Tim Williams

 Pistoia Alliance
2019-01-24

WHO I AM

- Statistical Systems Analyst
- Raleigh, North Carolina

PhUSE

- Steering Committee, Computational Sciences Symposium (CSS)
- Co-lead, Clinical Trials Data as RDF*
- Co-lead, Analysis Results Model (RDF Data Cubes) (2016)
- Instructor, Linked Data Hands-on Workshop*

Perspective: Late Phase Clinical Trials



Pharmaceutical Users Software Exchange

- Membership: >8,700 spanning 30 countries
- Annual Conferences:
 - EUConnect
 - USConnect
- Single Day Events
- Computational Sciences Symposium (CSS)
 - *A working conference*

PhUSE SEMANTIC WEB (LINKED DATA) PROJECTS

Recent Work:

- CDISC Foundational Standards in RDF
- CDISC Conformance Checks
- Reusing Medical Summaries for Enabling Clinical Research
- Analysis Results and Metadata (RDF Data Cube)
- Regulatory Guidance in RDF
- Clinical Program Design in RDF
- CDISC Protocol Representation Model in RDF

PhUSE SEMANTIC WEB (LINKED DATA) PROJECTS

Today's Discussion

- Clinical Trials Data as RDF
- New Project: Includes Non-clinical + Clinical



Pharmaceutical Users Software Exchange

Mission:

Provide a welcoming, neutral platform for creating and sharing ideas... exploring innovative methodologies, techniques, and technologies.

Working Groups Mission:

...open, transparent, and collaborative forum in a non-competitive environment

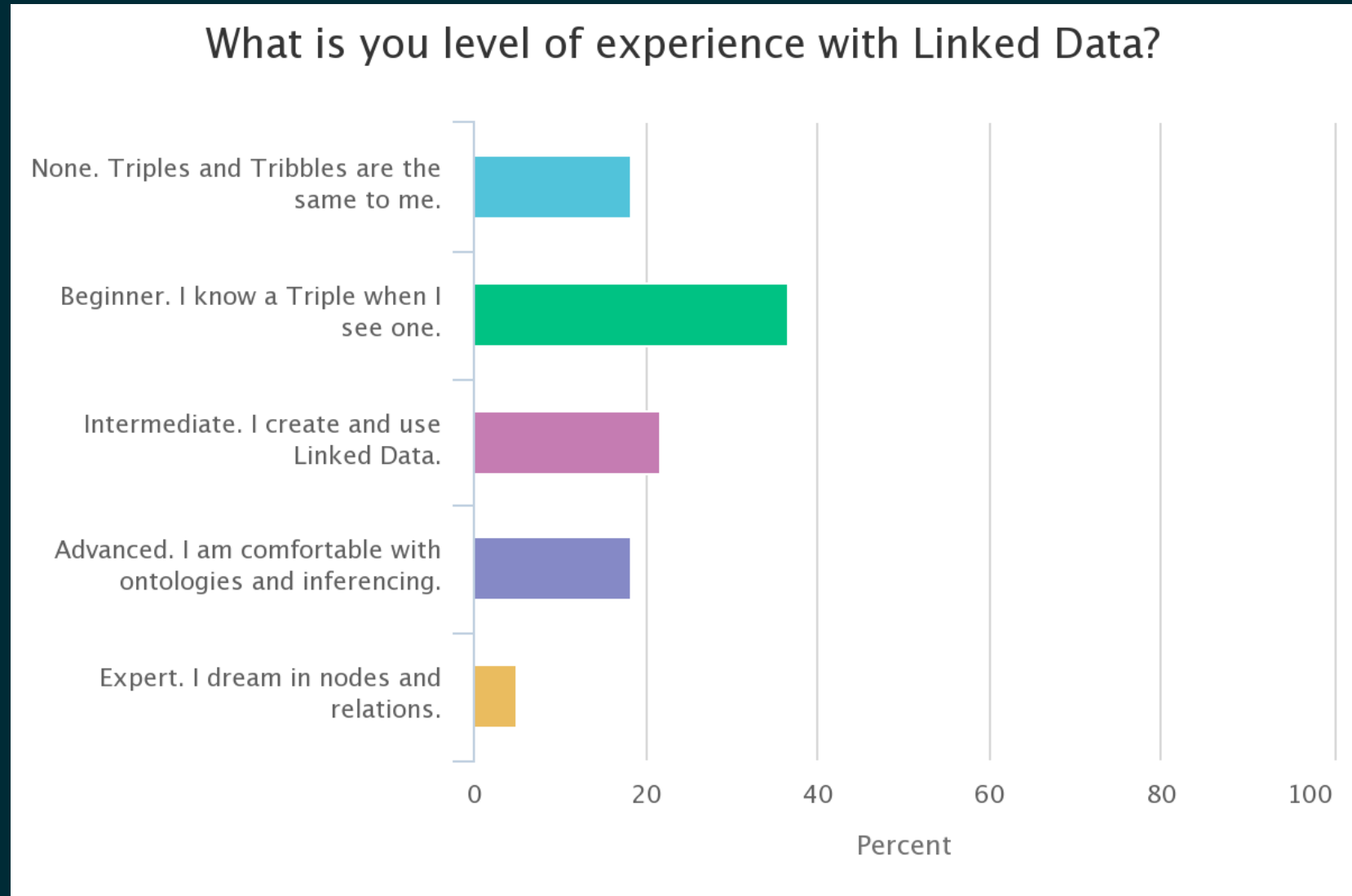


MISSION STATEMENT

*To lower barriers to **innovation** in Life Sciences R&D
through **pre-competitive collaboration***

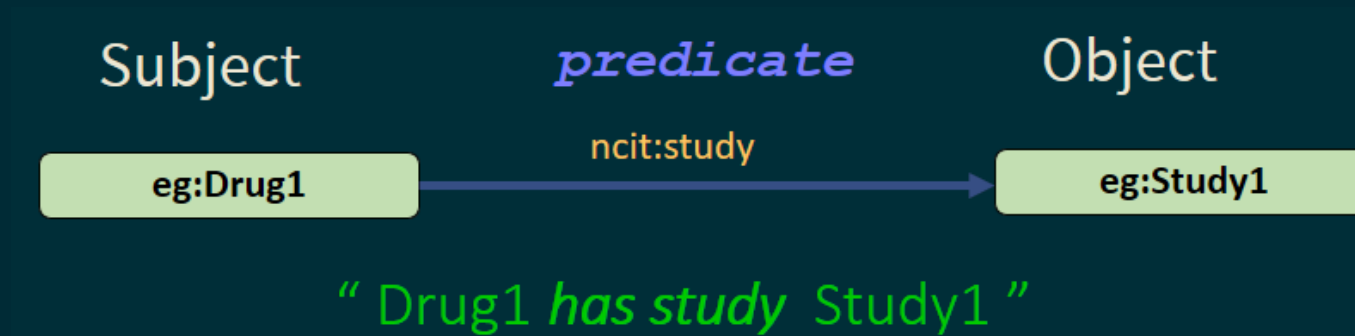
POLL

WHAT IS YOUR LEVEL OF EXPERIENCE WITH LINKED DATA?



TERMINOLOGY

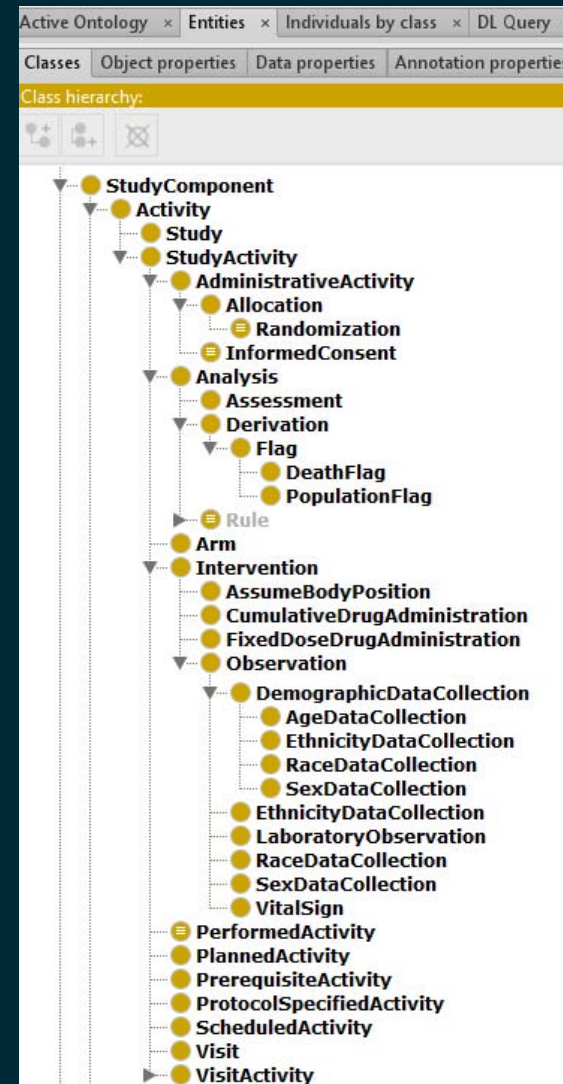
RESOURCE DESCRIPTION FRAMEWORK (RDF)



- Unique identifiers
- Define once, use many

TERMINOLOGY: KNOWLEDGE GRAPH*

RDF
+
Ontology
+
Reasoner (inferencing)
+
Rules
(SPIN, SHEX, SHACL)



* my definition

FOUNDATIONS FOR THE CTD_{as}RDF PROJECT

5 STAR OPEN DATA PRINCIPLES



Web, open license, +/- format

Structured, machine readable

Non-proprietary format

URIs

Linked to other data

 @NovasTaylor

F.A.I.R DATA PRINCIPLES

- **Findability**
 - F1. globally unique, persistent id
 - F2. rich metadata
 - F3. searchable source
 - F4. metadata specify data id
- **Accessibility**
 - A1. retrievable by id using standard protocol
 - A1.1 protocol open, free, universal
 - A1.2 protocol allows authentication
 - A2 metadata avail. when data is not
- **Interoperability**
 - I1. formal, accessible, shared, broadly applicable language
 - I2. uses FAIR vocabularies
 - I3. qualified references to other data
- **Reusability**
 - R1. plurality of accurate and relevant attributes
 - R1.1 clear and accessible usage license
 - R1.2 provenance
 - R1.3 meets domain-relevant standards

More about F.A.I.R @ Pistoia Alliance: [Ready, Set, GoFAIR](#) 31 July 2018

<https://www.pistoiaalliance.org/pistoia-alliance-debates-webinar-series/>

HOW DOES PHARMA FARE ON F.A.I.R.?

My view from late-phase clinical trials

- Findability
 - F1. globally unique, persistent id

Human Study Subject "Bob"

- PharmaCo
 - Study 1, Drug A
 - Study 2, Drug B
- DrugCo
 - Study 3, Drug C

Merge Bob's data.

HOW DOES PHARMA FARE ON F.A.I.R.?

- **Accessibility**

- A2 metadata available when data is not

Data changes form during its journey from collection to analysis.

Biostatisticians and Medical Writers do not have easy access to the metadata from data collection and transformation process.



HOW DOES PHARMA FARE ON F.A.I.R.?

- Interoperability

- I1 : shared language for knowledge
 - Lack : language
 - Lack : representation
 - F.A.I.R. adoption is helping!

Core Challenge

- Current: Modeled our data to the industry standards for submission to regulatory authorities
- Future: developing models of the process and the entities in the data.



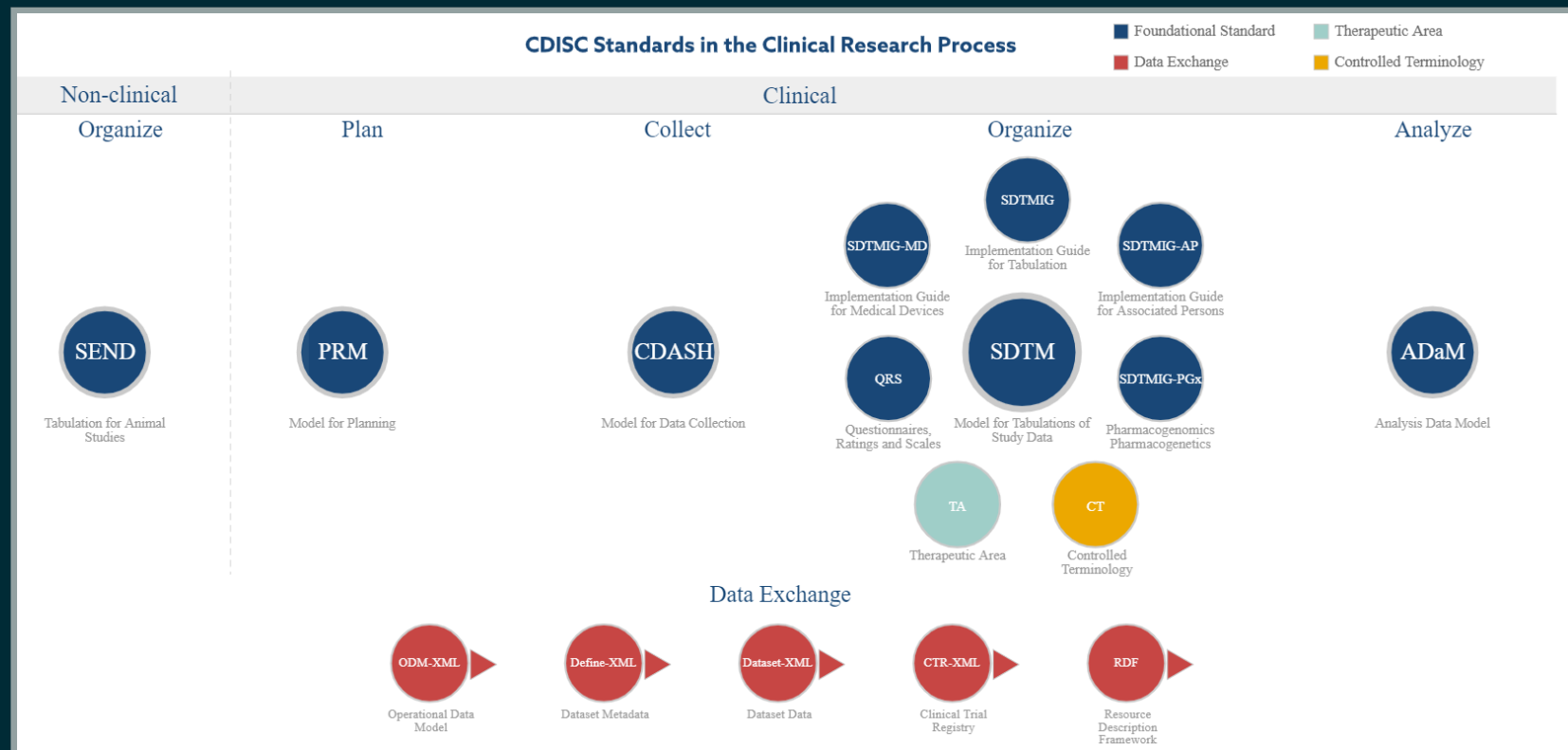
HOW DOES PHARMA FARE ON F.A.I.R.?

- Reusability
 - R1.3 : data meet domain-relevant community standards
 - Positive:
 - We have standards!
 - Negative:
 - We have standards! - That must be improved...



Clinical Data Interchange Standards Consortium ~1997

www.cdisc.org
Standards Overview



<https://www.cdisc.org/standards>

STANDARD FOR EXCHANGE OF NONCLINICAL DATA (SEND)

*Beyond SEND: Leveraging Nonclinical Data to Drive
Translational Research Forward
- Pistoia Alliance*

SUBMISSIONS TO FDA

Conformance Criteria

68%
No Issues

32%
At least 1 issue

SUBMISSIONS TO FDA

Uploads to Janus Clinical Trials Repository

80%
Succeed

20%
Fail

Why is this happening?

CDISC SDTM DOMAINS

STUDY DATA TABULATION MODEL

"A standard structure for data submitted to a regulatory authority."

- <https://en.wikipedia.org/wiki/SDTM>

"23 defined domains within six broad categories."

- SDTM 3.1

- Demographics (DM)
- Vital Signs (VS)
- Adverse Events (AE)
- ...

SELECT PROBLEMS IN CDISC SDTM

"Domains represent discrete categories" - CDISC

Reality: **They do not.**

- Example: Demographics domain (DM)
 - Also contains
 - Study ID
 - Treatment Arm Information (arm, coded value for arm)

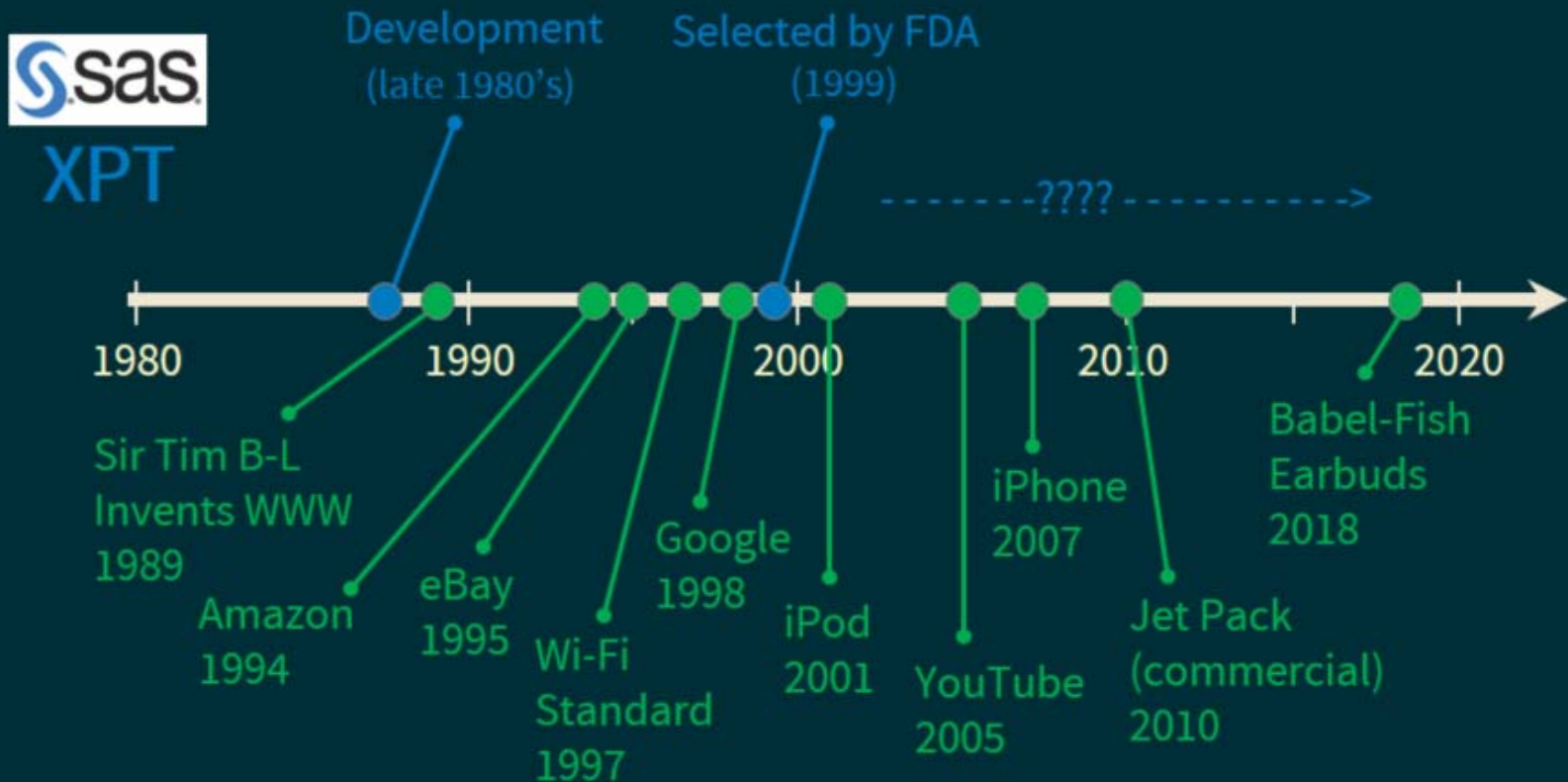
SELECT PROBLEMS IN CDISC SDTM

- Multiple approaches to represent Medical conditions
 - Medical History (MH)
 - Adverse Events (AE)
 - Clinical Events (CE)
- Multiple locations for same/similar information
 - Death Information:
 - Demographics (DM)
 - Disposition (DS)
 - Adverse Events (AE)

A consequence of row-by-column files.

30-YEAR-OLD FILE TRANSFER FORMAT

SDTM AND ADaM DATA SUBMISSION TO FDA



...also used for DATA STORAGE

XPT DATA STORAGE

XPT becomes a source for:

- Submission
- Publication
- Data Pooling

The screenshot displays two SAS XPT data storage windows. The top window, titled 'vs', shows a table with 5 rows and 4 columns: 'studyid' (Study Identifier), 'domain', 'usubjid' (Unique Subject Identifier), and 'vsseq'. The bottom window, titled 'dm', shows a table with 7 rows and 5 columns: 'studyid' (Study Identifier), 'domain', 'usubjid' (Unique Subject Identifier), and 'subjid' (Subject Identifier). The 'dm' table is partially obscured by the 'vs' table's bottom edge.

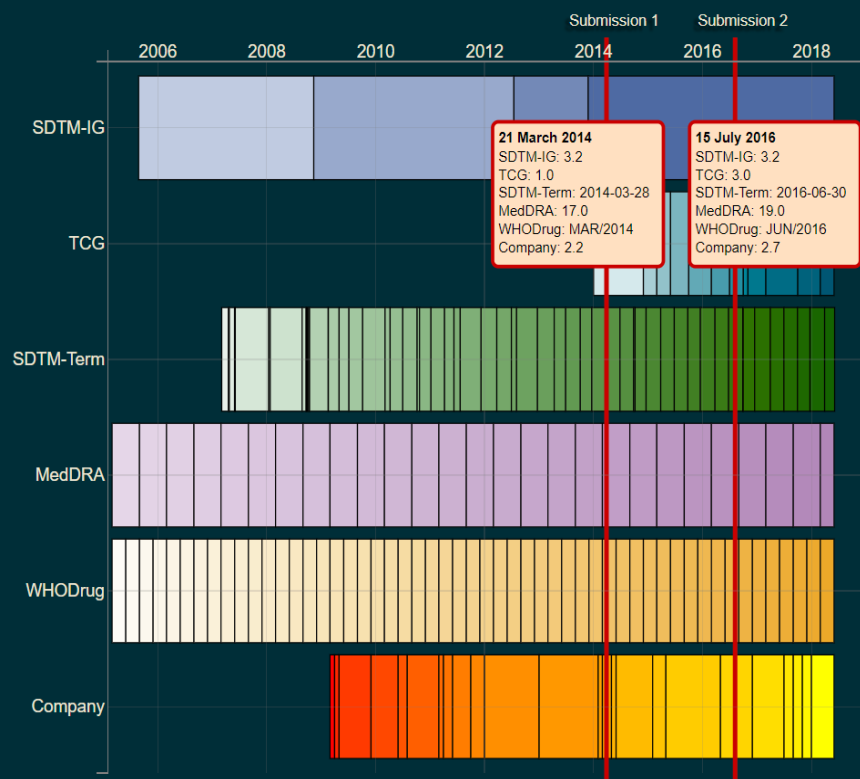
	studyid Study Identifier	domain	usubjid Unique Subject Identifier	vsseq
1	CDISCPILLOT01	VS	01-701-1015	1
2	CDISCPILLOT01	VS	01-701-1015	2
3	CDISCPILLOT01	VS	01-701-1015	3
4	CDISCPILLOT01	VS	01-701-1015	4
5	CDISCPILLOT01	VS	01-701-1015	5

	studyid Study Identifier	domain	usubjid Unique Subject Identifier	subjid Subject Identifier
1	CDISCPILLOT01	DM	01-701-1015	1015
2	CDISCPILLOT01	DM	01-701-1023	1023
3	CDISCPILLOT01	DM	01-701-1028	1028
4	CDISCPILLOT01	DM	01-701-1033	1033
5	CDISCPILLOT01	DM	01-701-1034	1034
6	CDISCPILLOT01	DM	01-701-1047	1047
7	CDISCPILLOT01	DM	01-701-1057	1057

THE VERSIONING PROBLEM

- Standards Change over time
- Version-Conversion
 - Instance data is not version-independent

STANDARDS OVER TIME



LEGEND

SDTM-IG	Study Data Tabulation Model (SDTM), Implementation Guide
TCG*	Study Data Technical Conformance Guide
SDTM-TERM**	SDTM terminology
MedDRA	Medical Dictionary for Regulatory Activities
WHODrug	World Health Organization Drug Dictionary
Company	Fictional company standard.

*<https://www.fda.gov/ForIndustry/DataStandards/StudyDataStandards/default.htm#guides>

**<https://evs.nci.nih.gov/fip1/CDISC/SDTM/Archive/>

THE VERSIONING PROBLEM

Proposed Solution:

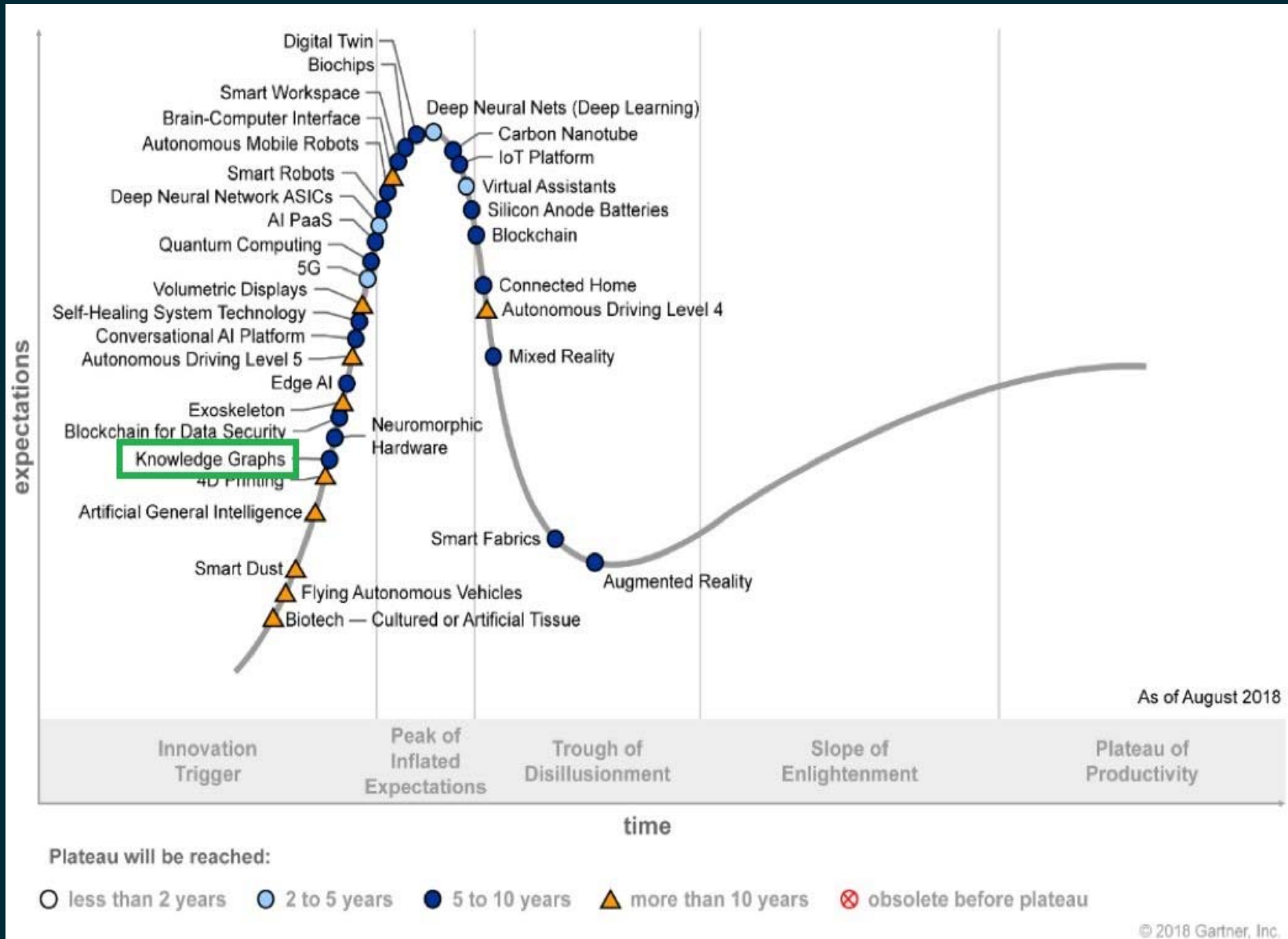
- Data independent of standards version
- *graph data*
- Materialize graph data into versions of the standards

OTHER PROBLEMS

- Quality
- Integration
- Traceability and Provenance
- Metadata
- *Human Error*
- ...

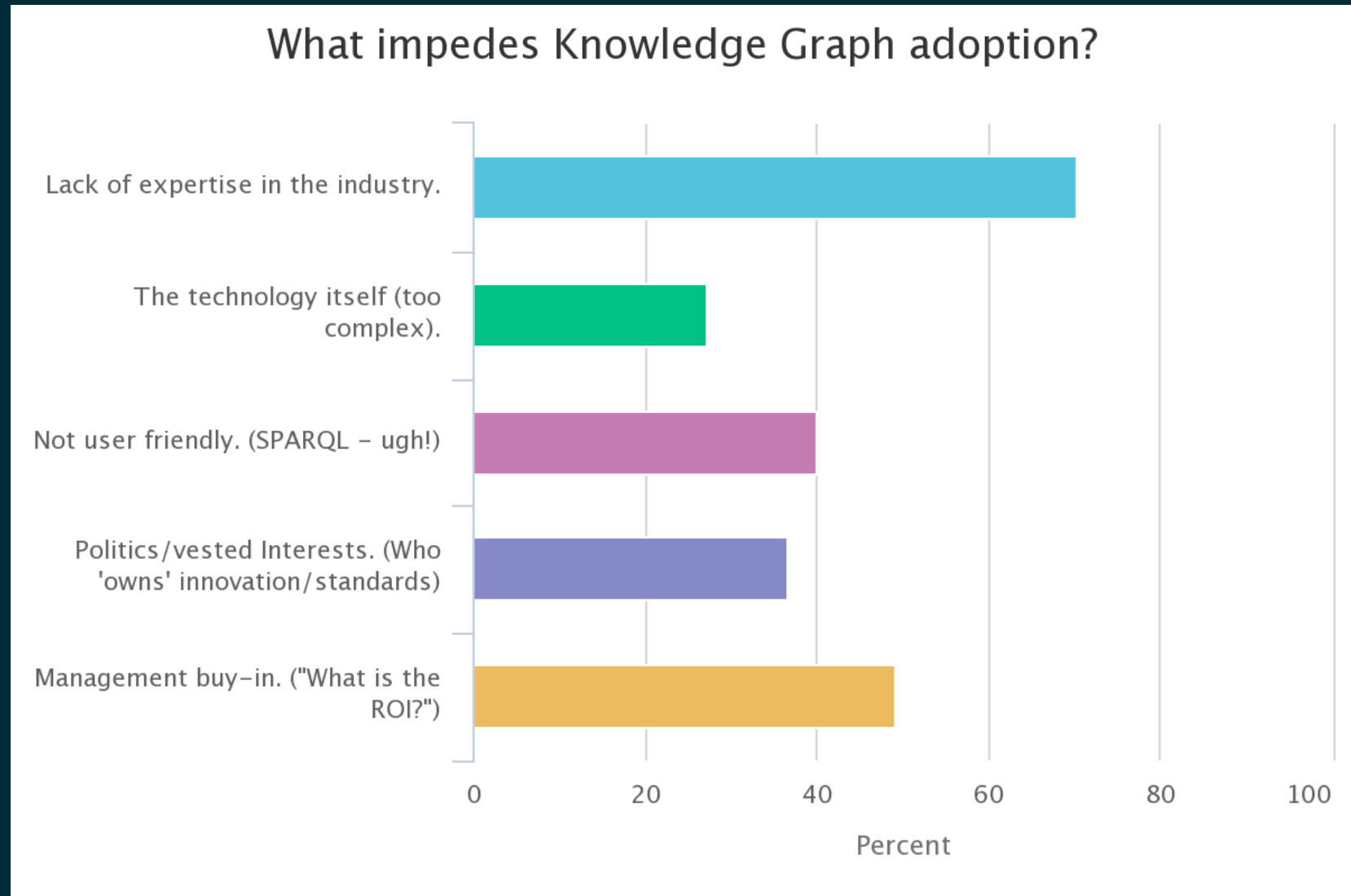
Knowledge Graphs can help us solve these problems!

RECOGNITION (AT LAST)



POLL

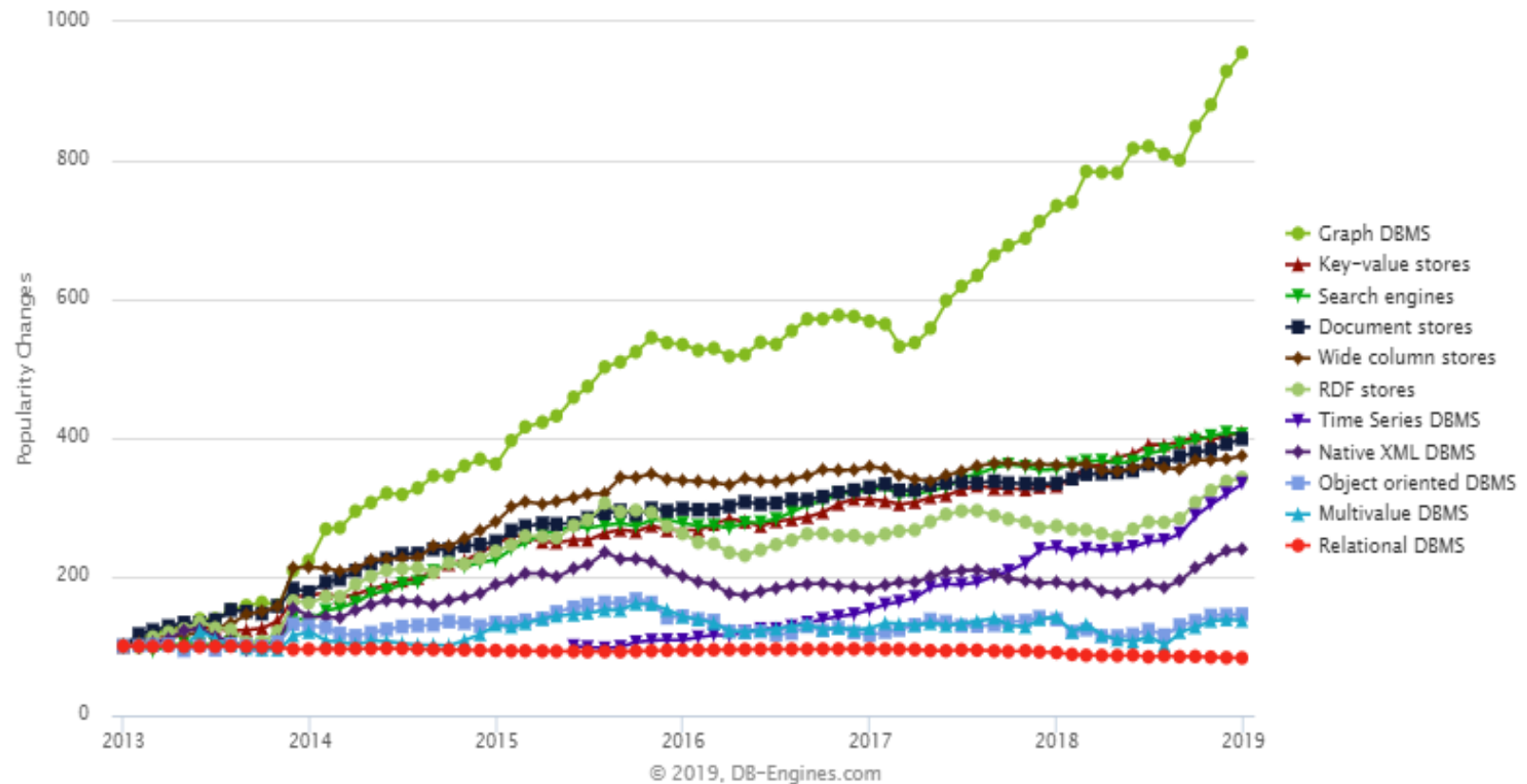
WHAT IMPEDES KNOWLEDGE GRAPH ADOPTION?



CHALLENGE 1: *EXPERTISE*

Popularity changes per category, January 2019

Complete trend, starting with January 2013



https://db-engines.com/en/ranking_categories

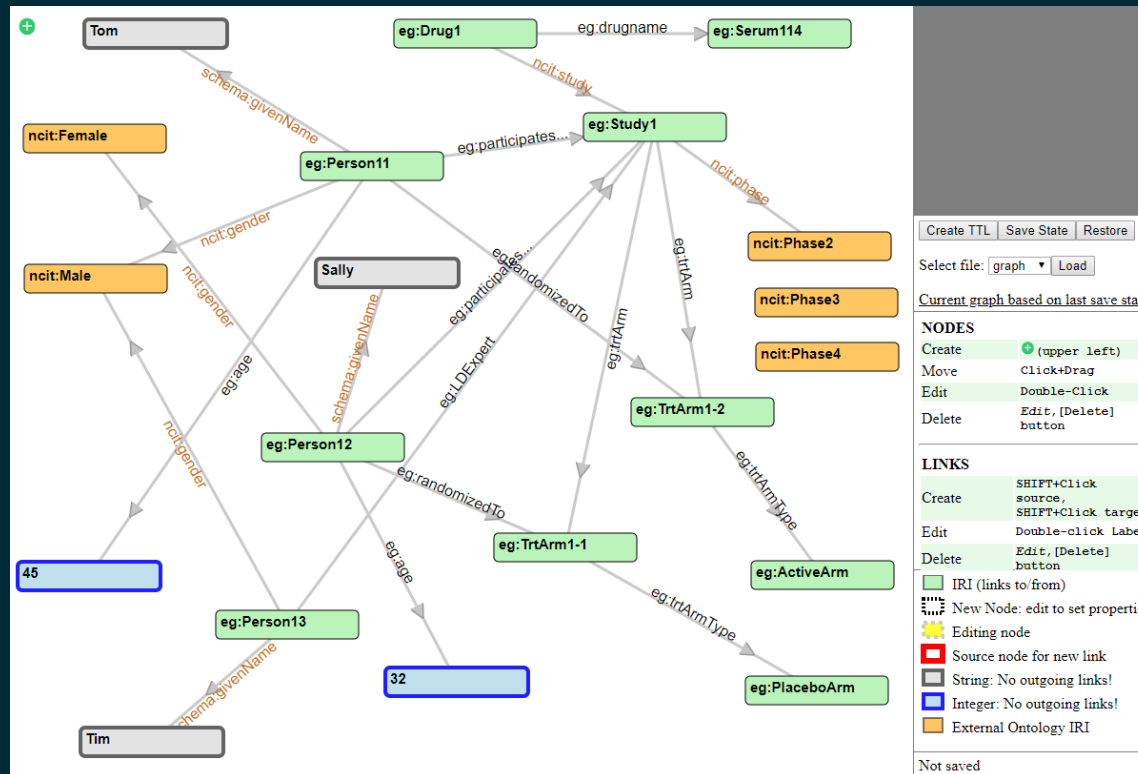
SKILLS DEFICIT

IS IT MORE PRACTICAL TO TRAIN:

A *Knowledge Graph* expert in *Clinical Trials*?
or
A *Clinical Trials* expert in *Knowledge Graphs*?

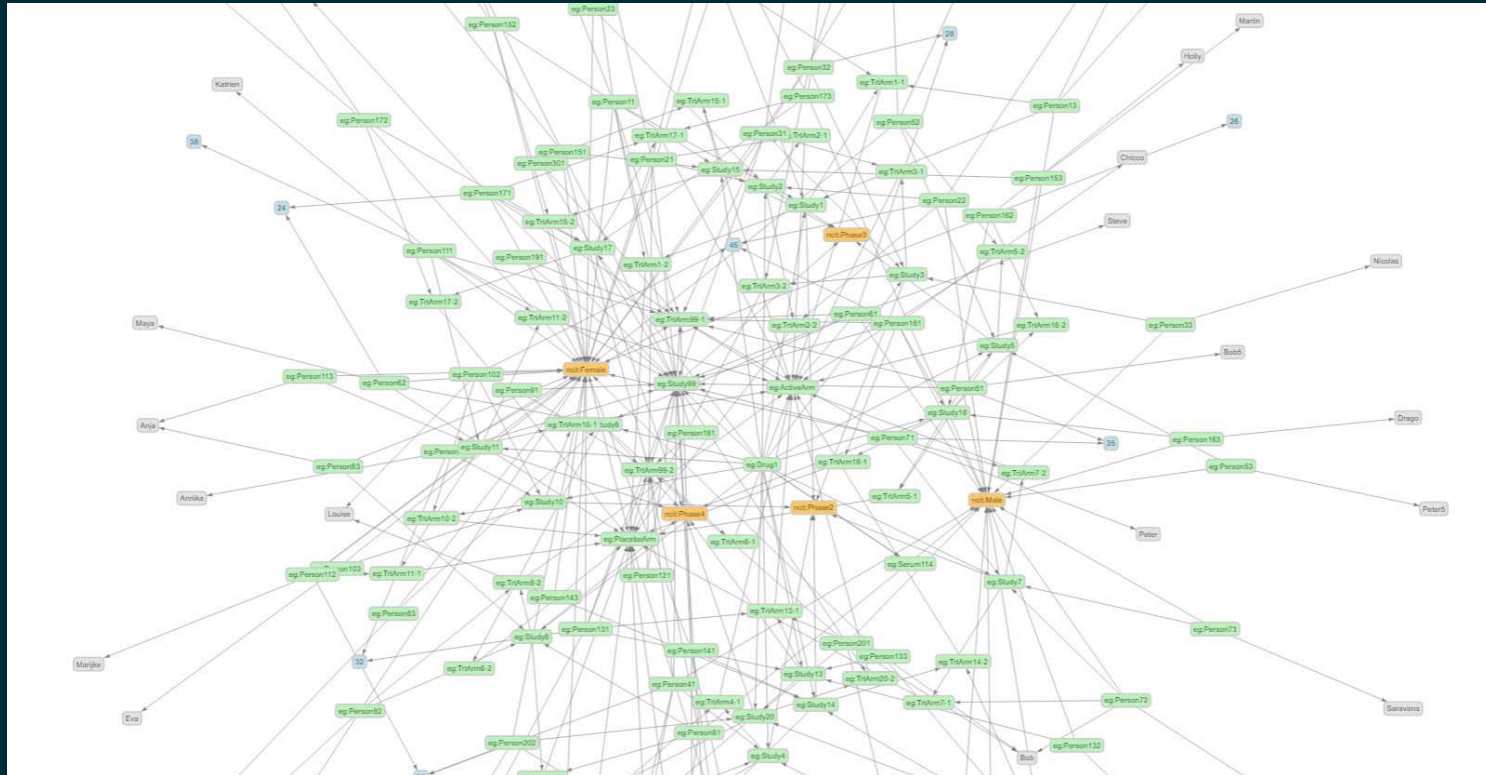
LINKED DATA EDUCATION

HANDS-ON WORKSHOP: GRAPH EDITOR



Tim Williams (UCB) , Johannes Ullander (A3), PhUSE EU Connect 18, Frankfurt

HANDS-ON WORKSHOP: 21 MERGED STUDIES



PhUSE EU Connect 18, Frankfurt

CHALLENGE 2: *COMPLEXITY*

CHALLENGE: *COMPLEXITY*

"People think RDF is a pain because it is complicated. The truth is even worse. RDF is painfully simplistic, but it allows you to work with real-world data and problems that are horribly complicated."

- Dan Brickley and Libby Miller

CHALLENGE 3: *USER INTERFACES*

USER INTERFACES

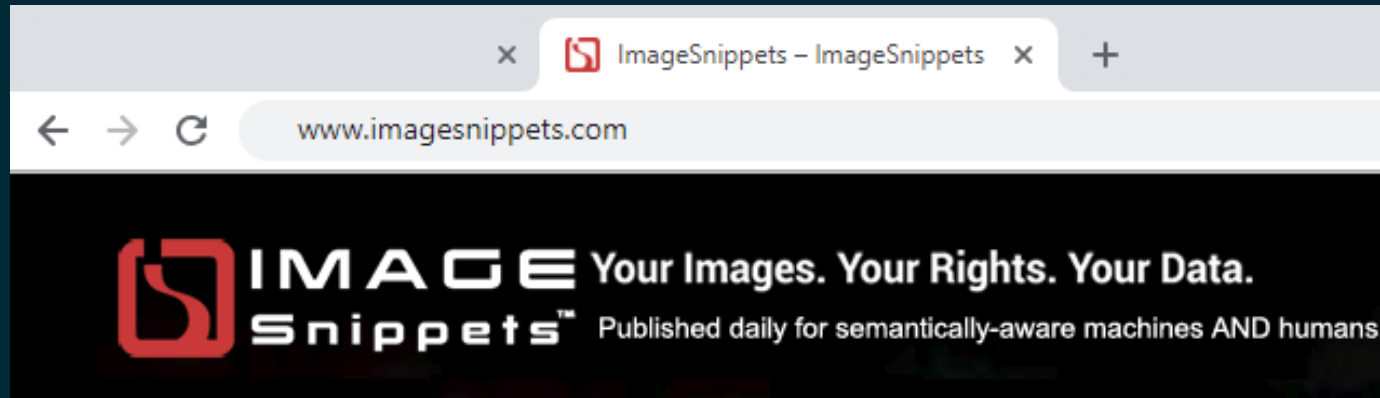
Tim's Awesome Endpoint

<enter your SPARQL query here>

Go

USER INTERFACES

A FRIENDLY EXAMPLE



- Margaret Warren

ImageSnippets

<http://www.imagesnippets.com>

http://www.imagesnippets.com/imgtag/images/NovasTaylor@gmail.com/Brain_CT_scan.html

CHALLENGE 4: *POLITICS*

CHALLENGE: *POLITICS*

Who owns innovation?

- No one.
- You need IT, Business support
- More than enough work for everyone...
- New roles, new expertise

Challenge is bigger than any one:

- person
- department
- company
- agency, authority, organization

CHALLENGE 5: *RETURN ON INVESTMENT*

THE KNOWLEDGE GRAPH PROMISE

Positive

- Impact the entire data lifecycle.

Negative

- Impact the entire data lifecycle.

R.O.I UNICORN



Image Attribution: <https://bit.ly/2x0Hjmd>

THE ROOFSHOT / MOONSHOT MANIFESTO

Roofshot *Incremental impacts*

1. Study URI
2. CTD (SDTM) as RDF
3. Open Ontology Development



Moonshot *Invent & apply state- of-the-art* **Knowledge Graph** Pharma Data Life Cycle

Concept & Image Attribution:

<https://rework.withgoogle.com/blog/the-roofshot-manifesto/>

ROOFSHOT 1

STUDY URI AS AN INDUSTRY STANDARD

BASED ON:

*"Study URI" - K. Forsberg, D. Goude. PhUSE
EUConnect18.*

Why?

- Easy entry point for Pharma
- Familiar concept: NCT Number (ClinicalTrials.gov)
 - CT.gov must first review and approve Protocol

STUDY URI COMPONENTS

<https://data.pharma.abc/clinicaltrial/D3562C00096>

1. Global Namespace
2. Resource type
3. Trial ID

Review and comment at:

<https://github.com/phuse-org/LinkedDataEducation/blob/master/doc/StudyURI.md>

Invite comment from FDA, EMA, PMDA, CDISC... *You!*

ROOFSHOT 2

PhUSE PROJECT

CLINICAL TRIALS DATA (SDTM) AS RDF

Project Co-Leads:

Dr. Armando Oliva, Semantica LLC

Tim Williams, UCB Biosciences

CORE PRINCIPLES

- Model Clinical Data in a way that makes sense to clinicians and data consumers
- Model what is needed to automate creation of high-quality SDTM
- Re-use existing models and definitions where possible
 - Examples: SDTM Terminology, BRIDG, HL7, ISO, Time ontology...
 - Placeholder classes until other standards are in RDF

THE CTDasRDF APPROACH

A combination classic ontology development:

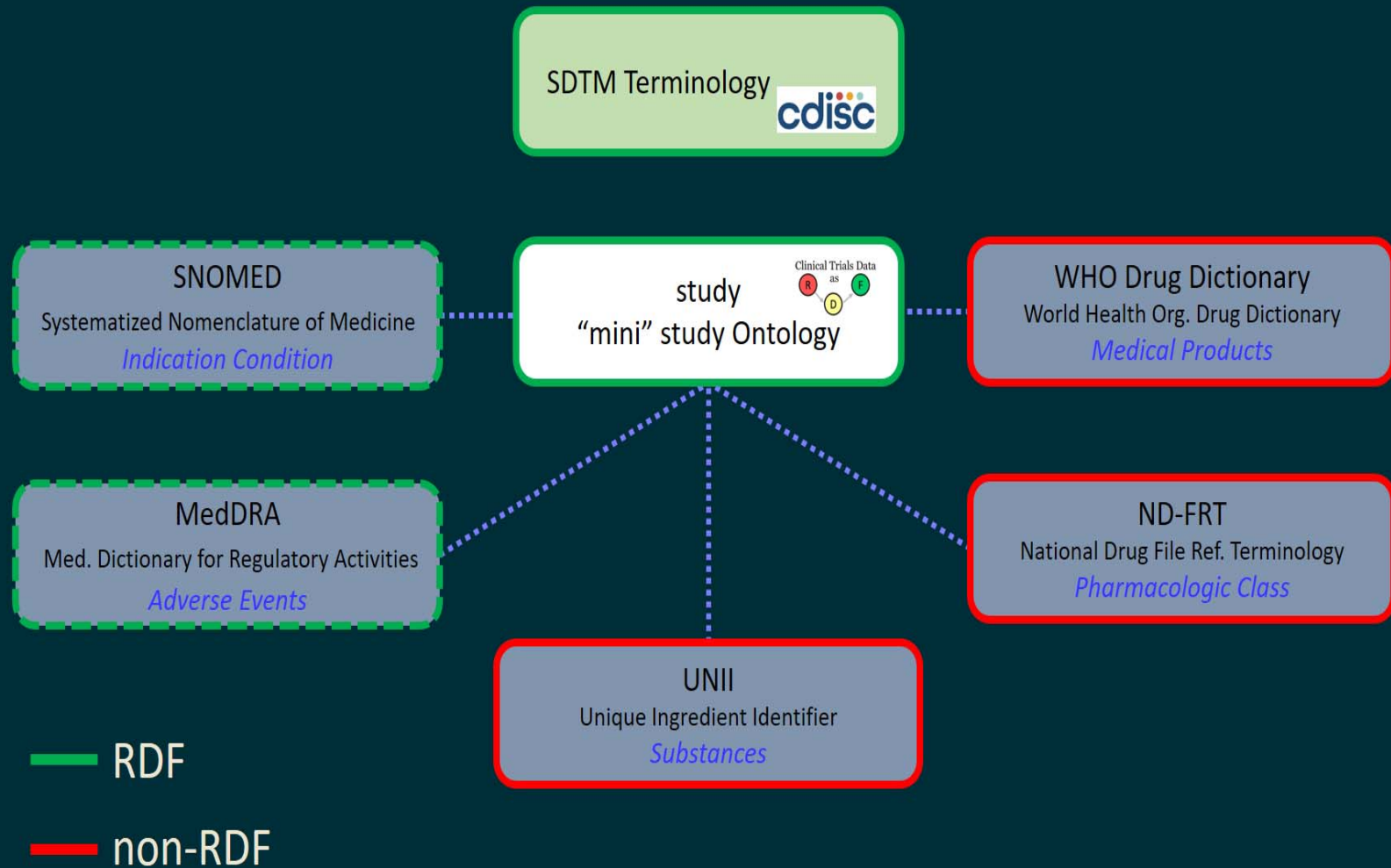
**Ontology Development 101: A Guide to Creating Your
First Ontology**

Natalya F. Noy and Deborah L. McGuinness
Stanford University, Stanford, CA, 94305
noy@smi.stanford.edu and dlm@ksl.stanford.edu

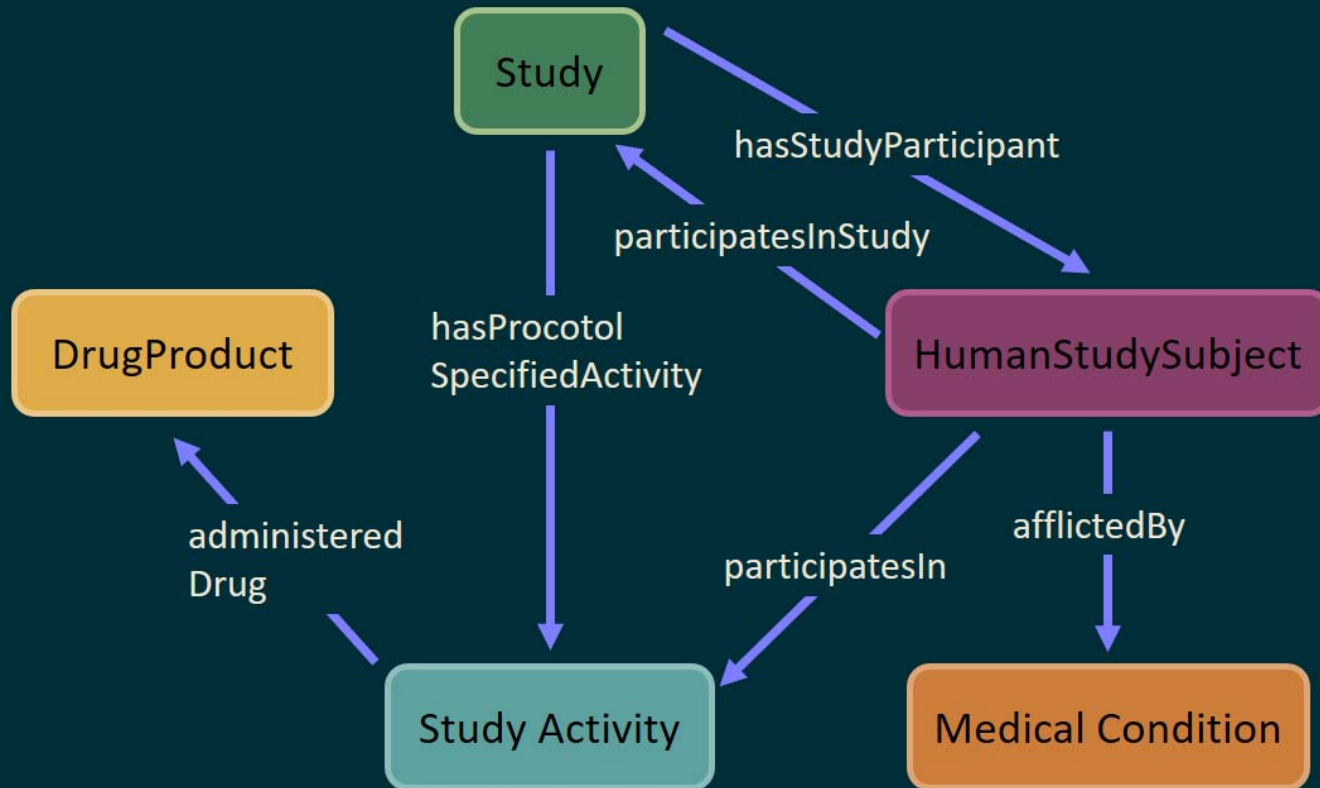
Combined with modeling

- real-world data
- processes (Study Design, Protocol, rules)

LEVERAGE EXISTING STANDARDS



CORE STUDY 'MINI' ONTOLOGY

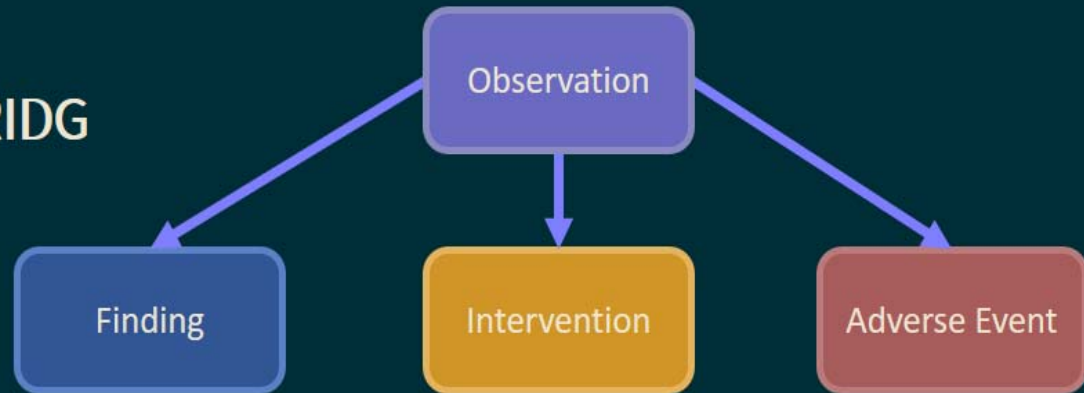


FAMILIAR CONCEPT: NEW REPRESENTATION

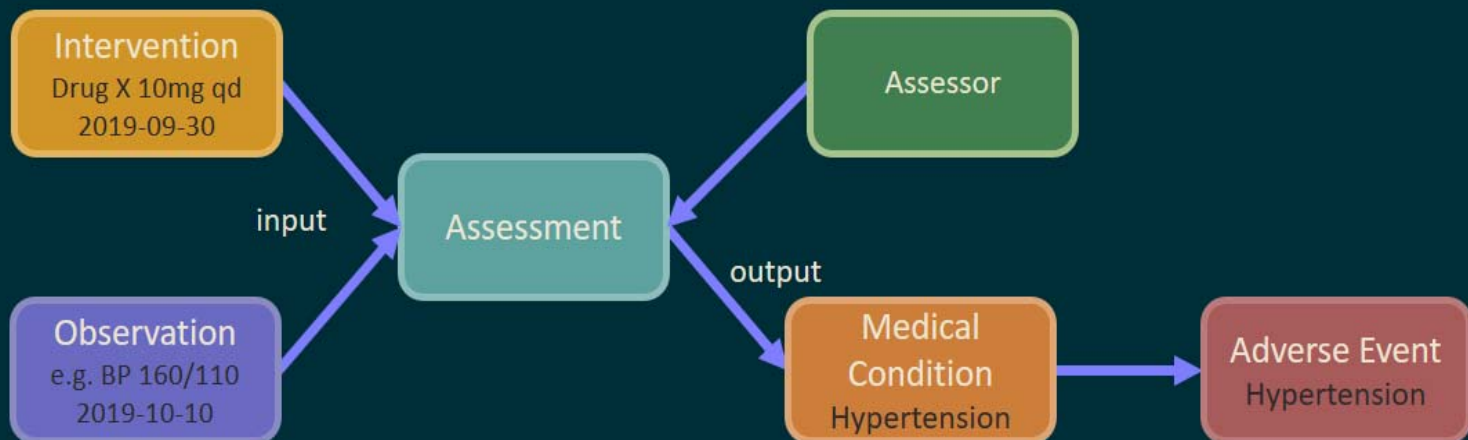
WHAT IS AN ADVERSE EVENT?

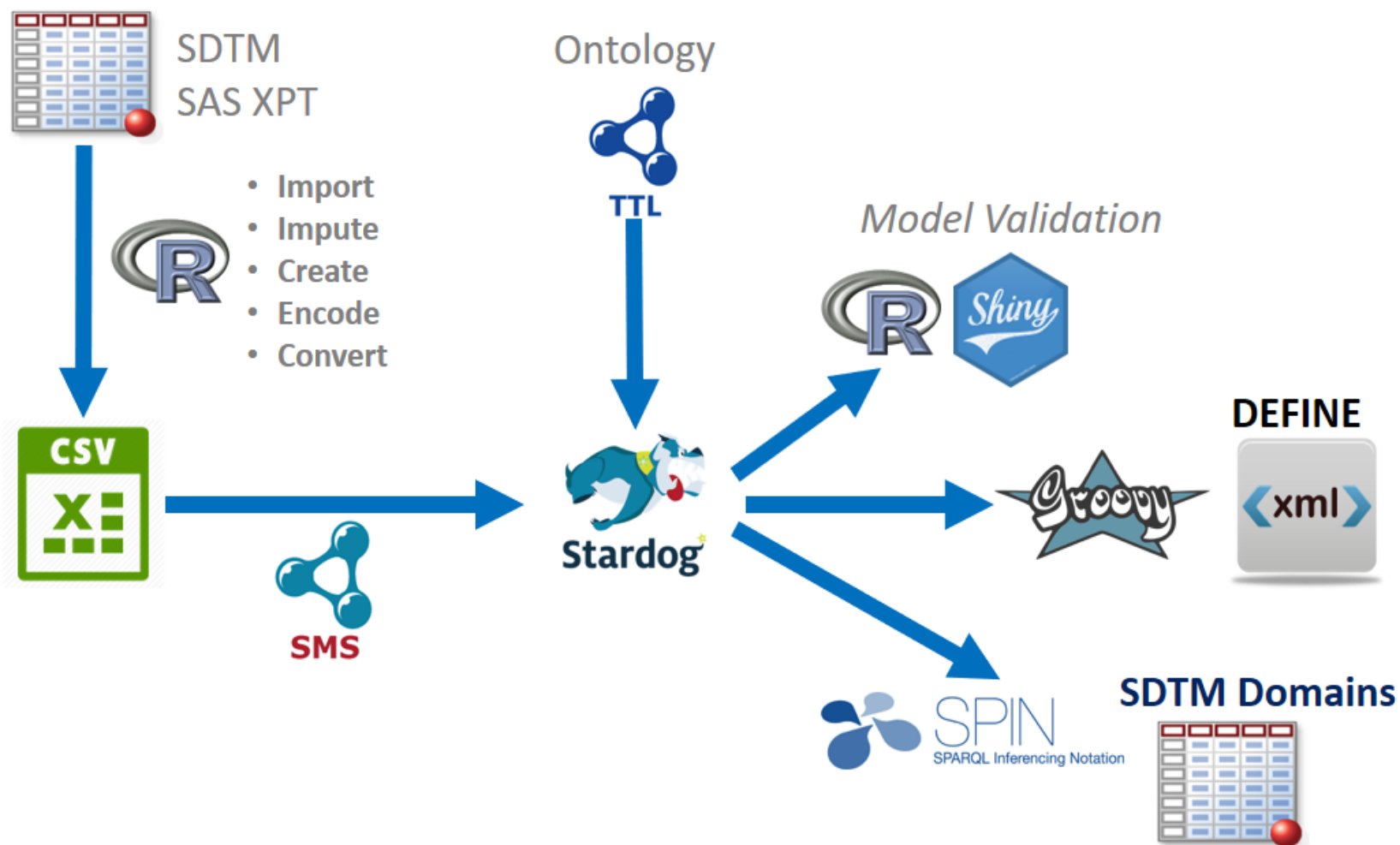
SDTM & BRIDG	CTDasRDF
Observation	Medical Condition temporally associated with an Intervention

SDTM, BRIDG

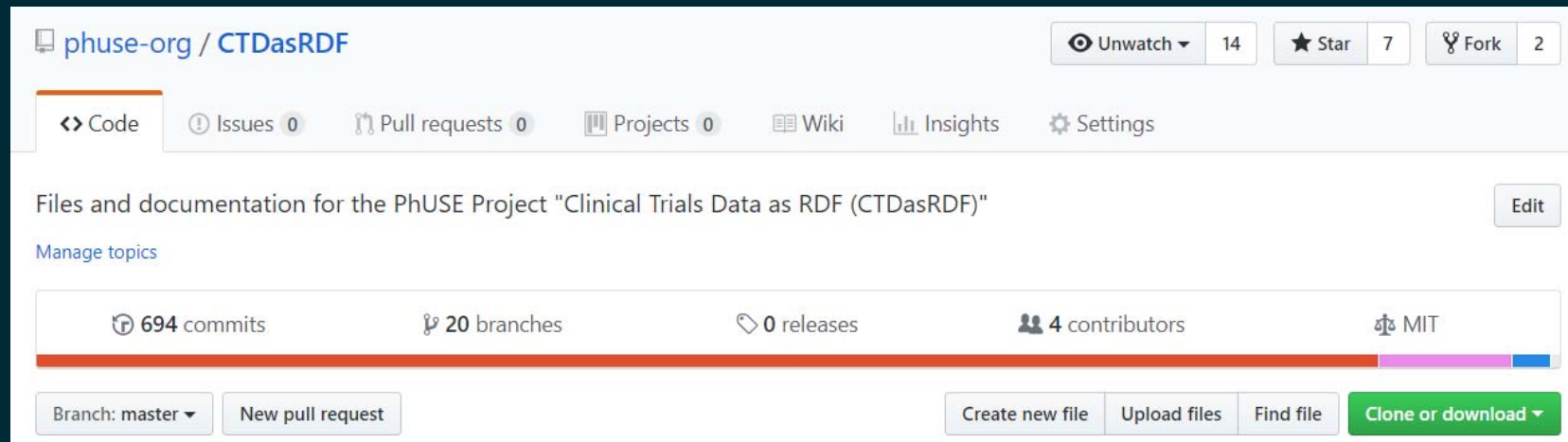


CTDasRDF





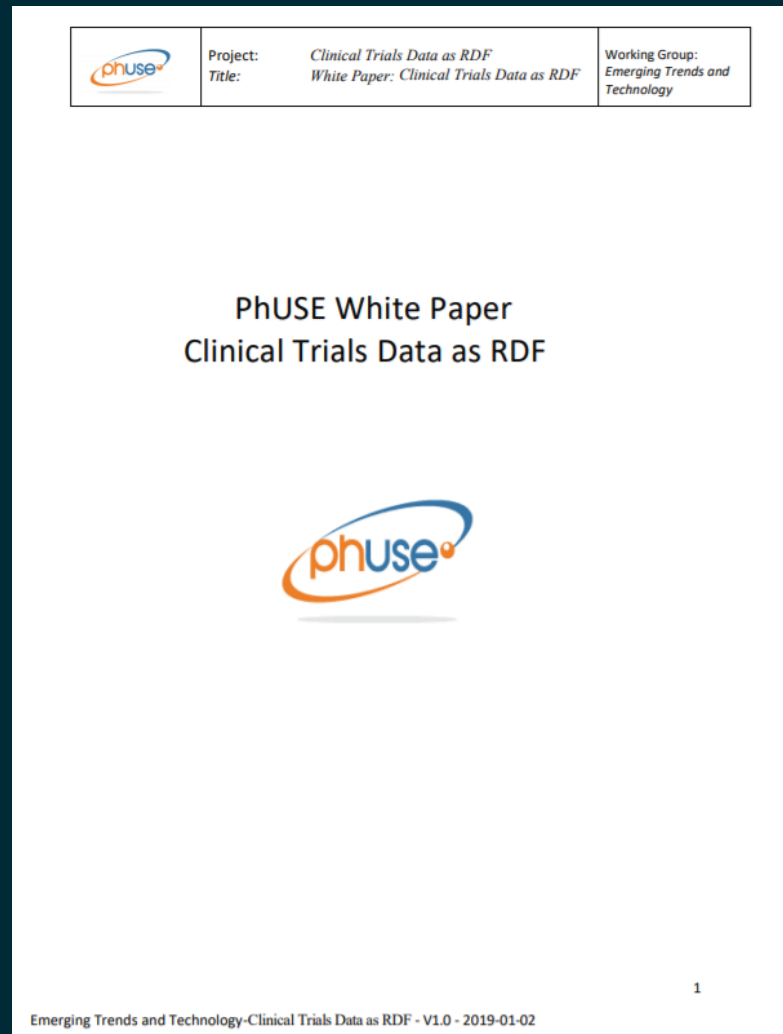
PROJECT WORK ON GITHUB



<https://github.com/phuse-org/CTDasRDF>

Project extending to SEND (2019)

CTDasRDF WHITE PAPER



<https://www.phuse.eu/white-papers>

NEXT STEPS

New Project

- Extend existing domains (DM, VS, EX, TS) to include non-clinical concepts.
- Expand to new domains: AE and onward
- Development of Study URI concept.

ROOFSHOT 3

COOPERATIVE ONTOLOGY DEVELOPMENT

LEVERAGE EXISTING ONTOLOGIES

When you try to choose ontologies
for your Knowledge Graph



"We cannot compete with centralized systems unless we collaborate."

- Ruben Verborgh

Decentralizing the Semantic Web Through Incentivized Collaboration

Proposal:

- Precompetitive general ontologies
- Extensible to internal, proprietary ontologies

HOW TO OPEN SOURCE ONTOLOGY DEVELOPMENT?

- GitHub?
- Existing pre-competitive organizations?
 - PhUSE
 - TransCelerate
 - Pistoia Alliance

OPEN SOURCE ONTOLOGY

CHALLENGES

- Gate keeper?
- Conflict resolution (approach, code)
- Company:
 - Participation?
 - Contribution?
- Volunteers

ONTOLOGY AVAILABILITY AND CURATION

Leverage existing portals?

- Open PHACTS
- The OBO Foundry
- BioPortal

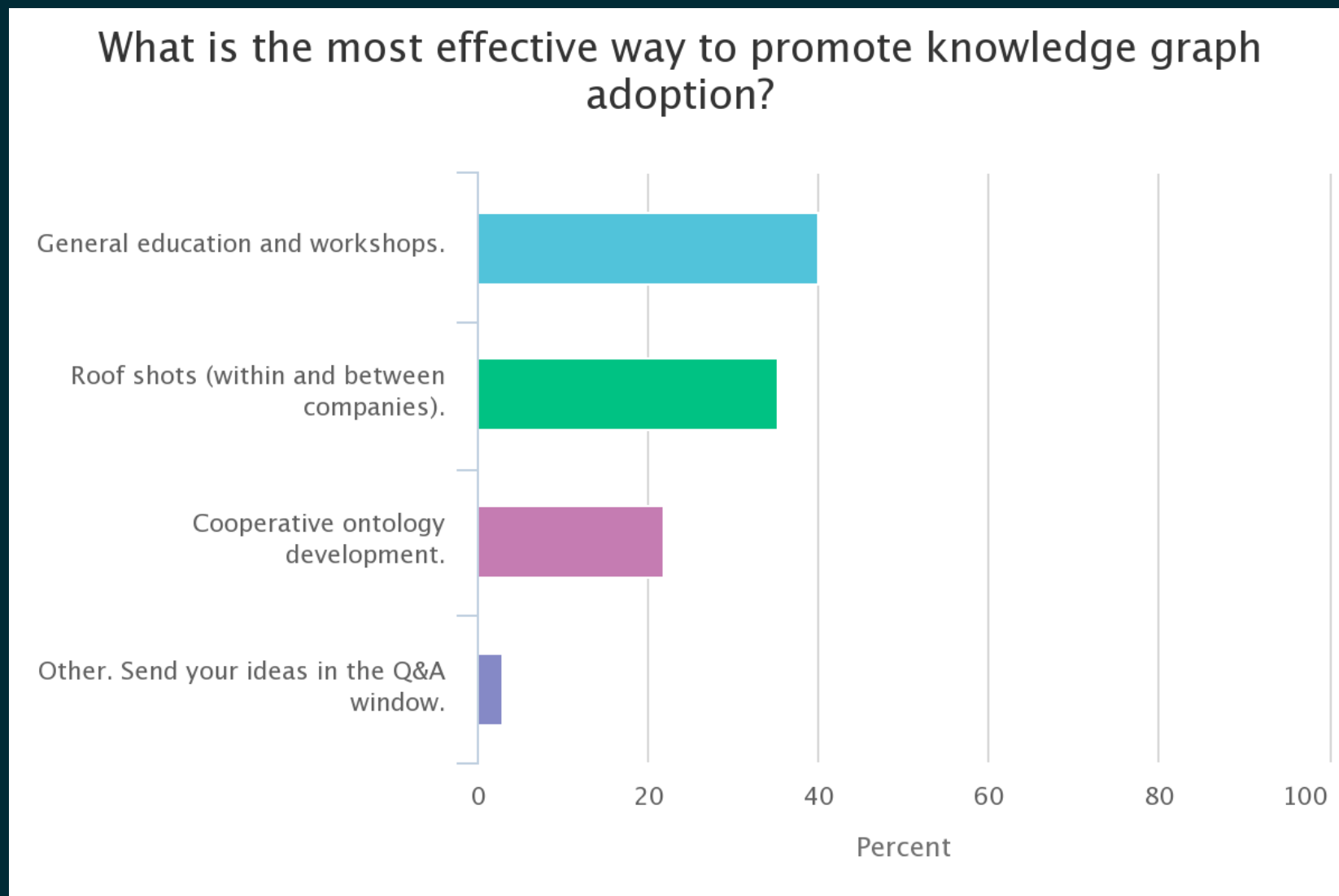
ACCESS MUST BE OPEN

Don't hide my OWL behind an API!



FINAL POLL

WHAT IS THE MOST EFFECTIVE WAY TO PROMOTE KNOWLEDGE GRAPH ADOPTION?



Thank you!

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