FWO DMP Template

Project supervisors (from application round 2018 onwards) and fellows (from application round 2020 onwards) will, upon being awarded their project or fellowship, be invited to develop their answers to the data management related questions into a DMP. The FWO expects a **completed DMP no later than 6 months after the official start date** of the project or fellowship. The DMP should not be submitted to FWO but to the research co-ordination office of the host institute; FWO may request the DMP in a random check.

At the end of the project, the **final version of the DMP** has to be added to the final report of the project; this should be submitted to FWO by the supervisor-spokesperson through FWO's e-portal. This DMP may of course have been updated since its first version. The DMP is an element in the final evaluation of the project by the relevant expert panel. Both the DMP submitted within the first 6 months after the start date and the final DMP may use this template.

1. General Information	
Name applicant	Sandra Nuyts
FWO Project Number & Title	18B4122N
Affiliation	
	☐ Universiteit Antwerpen
	☐ Universiteit Gent
	☐ Universiteit Hasselt
	☐ Vrije Universiteit Brussel
	☐ Other:
2. Data description	
Will you generate/collect new data and/or make	☐ Generate new data
use of existing data?	□ Reuse existing data

Describe the origin, type and format of the data (per dataset) and its (estimated) volume

If you **reuse** existing data, specify the **source** of these data.

Distinguish data **types** (the kind of content) from data **formats** (the technical format).

PART1:

Existing data:

Clinical and imaging data will be available in electronic patient files (KWS) of the UZ Leuven (n=60 patients WP1 and n=20 patients in WP2)

Raw data to be generated:

Delineation of CT images (and registration of additional functional imaging modalities) of 60 HNSCC patients as part of the training set for the CNN tool for automated delineation.

Dice similarity coefficient (DSC) and average symmetric distance (ASSD) calculations to assess IOV. Format=xls/doc/txt files.

Imaging parameters of functional data generated to identify resistant areas. Format= xls/doc/txt files Resected specimen and associated to images to calculate the shrinkage factor. Format= xls/doc/txt files IHC staining for hypoxia, and stem cell related factors to correlate the resistant areas with IHC.

PART2:

Existing data:

The Cancer Genome Atlas (TCGA) datasets of HNSCC (cBioportal database; http://www.cbioportal.org). These are anonymized genetic or expression data (SNPs, CNA, RNA and protein arrays) of HNSCC patients or cell lines, linked with specific treatments and survival data. Format = .xls files.

HNSCC cell lines (primary and acquired) available in the lab. The cell lines are stored in liquid nitrogen tanks and the location is annotated in xls files on the shared drive (J-drive).

Yeast deletion collection and WT yeast strains are available in collaborating lab (Verstrepen lab), the location is annotated on the shared software of this lab (available to the responsible researcher).

HNSCC biobank (S51441) is a biobank in which tissue and blood from HNSCC patients are collected in a prospective manner. The collection of tissue and data (tumor and patient characteristics) is with informed consent of the patients. In addition, legal obligations to protect privacy according to the Belgian law of 8 December 1992, the law of 22 August 2002 on the rights of patients, the law of 7 May 2004 on experiments on the human person and the law of 19 December 2008 law on the acquisition and use of human body material for the purposes of medical application to humans or scientific research will be respected. Data that will be used will be all anonymized.

PDX models from the PDX platform trace (P038/2015; S54185) will be used for some of the experiments. Information about tumor characteristics are annotated by PDX platform.

Raw data to be generated:

Generation of acquired resistant HNSCC cell lines. The cell lines are stored in liquid nitrogen tanks and location is annotated in xls files stored on the shared drive (J-drive).

Generation of PDO of HNSCC (S61048). The collection of tissue will take place in context of HNSCC biobank (S51441) The PDOs are stored in liquid nitrogen tanks, location is annotated in xls files stored on the shared drive (J drive). The collection of clinical and tumor related data will be performed in context of the biobank (see above).

New plasmid construct including deletion constructs of yeast models, experimental measurements (clonogenic, IF, FACS, IC, WB, IHC) in in vitro, ex vivo and yeast models, will be documented in paper lab notebooks and collected on the shared drives and hard disks. Format: doc., xls, text, tiff, jpg, PDF, facs (experimental files) files. Mass spectrometry data [raw data files (0.5-3 GB/file), output files of data processing software, .xls files containing processed data].

In vivo experiments cell line based models (P163/2017) and PDX from trace (P038/2015) will be used. Information about the tumor (IHC, growth), mice (treatment, radiotherapy schedule, start and end date of the experiments) will be documented in xls file stored on the shared drives.

Tumor tissues and paraffin embedded tissues will be stored in -80°C and at room temperature in the lab, respectively. Any derivates (RNA, DNA, WB lysates,...) of the above mentioned models will be stored in -20°C, -80°C freezers in our lab and storage location will be documented in xls file on the shared drives.

Sequencing files of in vitro, ex vivo, in vivo and yeast models will be documented in paper lab notebooks and collected on the hard disks and after publication online repositories. Format: xls, txt, seq file BAM, VCF.

Details on all irradiation experiments are kept in an electronic logbook of Laboratory of Experimental Radiotherpay/MOSAIC.

Processed data:

Bioinformatics and statistical analysis of the existing data from cBioportal and new generated data lab meeting presentations, intermediate PhD reports, manuscripts and posters will be stored on the shared drives and hard disks. File format: doc, .ppt, .xls files, statistica, graphpad, R files.

3. Ethical and legal issues

Will you use personal data? If so, shortly describe the kind of personal data you will use AND add the reference to your file in your host institution's privacy register. In case your host institution does not (yet) have a privacy register, a reference is not yet required of course; please add the reference once the privacy register is in place in your host institution.	
Are there any ethical issues concerning the creation and/or use of the data (e.g. experiments on humans or animals, dual use)? If so, add the reference to the formal approval by the relevant ethical review committee(s).	 Yes No If yes: Reference to ethical committee approval: Pathological validation study (S54730) HNSCC biobank (S51441). Cell lines (S63252) Generation of organoids (S61048) Cell line based mice models (ECD P163/2017) PDX from trace (ECD P038-2015, MEC S59271).

Does your work possibly result in research data	⊠ Yes
with potential for tech transfer and valorisation?	□ No
Will IP restrictions be claimed for the data you	If yes, please comment: For part 1 we will generate an automated delineation tool that we aim to introduce
created? If so, for what data and which	in daily clinical practice. We will seek advice from the University Research and Development Office. This
restrictions will be asserted?	consultation will take place prior to any publication or disclosure of results if IPR is applicable. For part 2, we
	aim for better biological understanding and targeting of radiotherapy response, which can lead to better
	treatment options for these patients. For this part, we will seek advice from the University Research and
	Development Office if we think an output is worthy of registering as IPR.
Do existing 3 rd party agreements restrict	⊠ Yes
dissemination or exploitation of the data you	□ No
(re)use? If so, to what data do they relate and	If yes, please comment: IPR could apply for delineation tool, for part 2 if we think an output is worthy of
what restrictions are in place?	registering as IPR, here also IPR will apply.

4. Documentation and metadata

What documentation will be provided to enable understanding and reuse of the data collected/generated in this project?

Each researcher, involved in the project will provide detailed descriptions of data acquisition in electronic or paper notebooks, according to good laboratory practices. Detailed protocols are documented on shared drives (.doc/txt/xls files). Clinical and imaging data will be available in electronic patient files (KWS) of the UZ Leuven. Information of Pathological data (tumor resection pieces and IHC sections) will be documented as txt/xls/doc files and stored on the shared drives. The final CNN based auto-delineation tool will be generated with MeVisLab and available commercial software at our department. Physical data (new cell lines, organoids, tumor or derivates derived from xenograft or yeast) and where/how they are stored are documented on the shared drives (.xls file).

Will a metadata standard be used? If so, describe	
in detail which standard will be used. If not, state	⊠ No
in detail which metadata will be created to make	If yes, please specify: No real metadata standard will be used. Each researcher provides a clear overview
the data easy/easier to find and reuse.	(summary) of the generated or processed data in their (e-)lab-books. Clinical data and imaging data will be available in electronic patient files (KWS) of the UZ Leuven. Cell line lists, HNSCC organoid list, protocols will be updated and stored on the shared drives (J-drive). Processed data will be provided as digital info on the shared and on the portable hard disks of the lab. Later on, the data will be stored on the K-drives, the data are ordered per researcher/per project.

5. Data storage & backup during the FWO project	
Where will the data be stored?	Paper lab notebooks are kept in cabinets in the lab of Experimental Radiotherapy. Digital data files are stored on local KU Leuven/UZ Leuven PC or shared KU Leuven/UZ Leuven drives and also will be stored on external SSDs. The first author is responsible for storing raw and processed data of the paper concerned. Clinical and imaging data will be available in electronic patient files (KWS) of the UZ Leuven. Information of physical data will be documented as txt/xls/doc files and stored on the shared drives. After publication any high-throughput data will be deposited to online repositories. Non-digital or non-written data: new cell models, tumors, organoids, plasmids, will be stored in appropriate storing conditions, i.e. liquid nitrogen cell tanks and -80°C, -20°C freezers.
How will the data be backed up?	Besides regularly provided automated backups by ICTS (of J-drive, K-drive), the data stored on personal PCs, personal KUL SharePoint and J-drive will be back-up on external hard disks. External SSD hard-disks (up to 12 TB storage capacity) keep the storage costs feasible.
Is there currently sufficient storage & backup	⊠ Yes
capacity during the project? If yes, specify	□ No
concisely. If no or insufficient storage or backup	If no, please specify: Yes. The lab of experimental radiotherapy shares a shared drive with the lab of
capacities are available, then explain how this	1
will be taken care of.	this volume can be asked for at ICTS for an additional cost. We have currently several external hard disks (12TB, 5TB, 1TB capacities). Same for liquid nitrogen tanks or freezers, but sufficient capacity is currently available.

What are the expected costs for data storage and
backup during the project? How will these costs
be covered?

Currently the expenses for the shared drives are covered by the shared budgets of the labs. The external hard disks on lab budget are available. Extra data storage can be covered by the FWO budget.

Although FWO has no earmarked budget at its disposal to support correct research data management, FWO allows for part of **the allocated project budget** to be used to cover the cost incurred.

Data security: how will you ensure that the data are securely stored and not accessed or modified by unauthorized persons?

Clinical and imaging data will be available in electronic patient files (KWS) of the UZ Leuven and will only be available to the involved researchers by passwords. The archives and SharePoint both KUL/UZ Leuven will be available to the involved researcher by passwords. Paper lab notebooks are kept in cabinets in the lab. The hard disk are kept in the cabinets in the lab.

6. Data preservation after the end of the FWO project

FWO expects that data generated during the project are retained for a period of minimally 5 years after the end of the project, in as far as legal and contractual agreements allow.

Which data will be retained for the expected 5 year period after the end of the project? In case only a selection of the data can/will be preserved, clearly state the reasons for this (legal or contractual restrictions, physical preservation issues, ...).

Generated data will be preserved, raw and processed, for at least 5 years.

Unpublished data from unfinished work will be kept for longer than 5 years since there is a possibility to use in publications. The final delineation tool and data under IPR will be made public after consultation and advice from the University Research and Development Office.

Where will these data be archived (= stored for the long term)?

K-drive and external SSD hard disks. In addition, after publication all high-throughput (sequencing, mass-spec) data will be deposited to online repositories.

Generated plasmids will in part be stored in -20° freezers. Newly generated cell lines and organoids will in part be stored in liquid nitrogen storage tanks. Tumor tissues will be stored in -80°C freezers. IHC slides will be stored at RT in the lab of experimental radiotherapy.

What are the expected costs for data	K-Archive drive costs: around € 12 /year/100 GB
preservation during these 5 years? How will the	J-drive costs: around €50/year/100GB
costs be covered?	External hard disks: max. 1000€ (2x 12TB)
Although FWO has no earmarked budget at its	Costs will be covered from shared lab budget; part of the cost can be covered by the FWO budget.
disposal to support correct research data	
management, FWO allows for part of the allocated	
project budget to be used to cover the cost incurred.	

7. Data sharing and reuse	
Are there any factors restricting or preventing	⊠ Yes
the sharing of (some of) the data (e.g. as defined	□ No
in an agreement with a 3 rd party, legal restrictions)?	If yes, please specify: Data sharing will occur through publications (open access policy). The planned depositions of data in the relevant responsible repositories will occur after publication. We do not plan to
	share any unpublished data. Delays to the above data sharing policy may only arise through IPR. We will seek
	advice from the University Research and Development Office. This consultation will take place prior to any publication or disclosure of results.
Which data will be made available after the end	Publications, data deposited in public repositories and tool will be available with IPR.
of the project?	
Where/how will the data be made available for	
reuse?	☐ In a restricted access repository
	\square Upon request by mail
	☐ Other (specify):
When will the data be made available?	After finalization of the tool and upon publication during the project, or as soon as possible upon publication
	after the project.
Who will be able to access the data and under	Publications and repositories mentioned all open access.
what conditions?	For unpublished data: only the PIs of the lab and scientific collaborators involved.

What are the expected costs for data sharing? How will these costs be covered?	Publication costs (open access) will be covered by the project budget.
Although FWO has no earmarked budget at its	
disposal to support correct research data	
management, FWO allows for part of the allocated project budget to be used to cover the cost incurred.	

8. Responsibilities	
Who will be responsible for the data	All researchers involved in data collection and evaluation of the project. The final responsibility lies with the
documentation & metadata?	PI of the project.
Who will be responsible for data storage & back	The PI of the project
up during the project?	
Who will be responsible for ensuring data	The PI of the project
preservation and sharing?	
Who bears the end responsibility for updating &	The PI of the project (prof. Sandra Nuyts)
implementing this DMP?	
Default response: The PI bears the overall	
responsibility for updating & implementing this DMP	