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QBIO Multi-omic Data Analysis

# TCGA (Home Page):

| The Cancer Genome Atlas (TCGA), founded in December of 2005, is a cancer genomics program hosted by the and the National Human Genome Research Institute. The publicly |  |  |
|--|--|--|
| available data from this project includes genomic, epigenomic, _ transcriptomic_, and  |  |  |
| proteomic data. This data was collected from 20,000 different samples that span 33 different cancer  |  |  |
| types, including breast cancer, which we will be focusing on this semester.  |  |  |

### **Program History:**

| Describe one outcome or impact of TCGA: they established a massive genome databank for broader use in the research community  |
|---|
| Briefly skim the "Timeline & Milestones" page. When did TCGA publish their paper on breast cancer?  October 2012  |
| Because TCGA is a public dataset, and one of the first of its kind, they faced some initial concerns regarding the ethics of releasing health data to the public. Choose one of the papers in the "Ethics & Policies" section to skim. What is one way that your paper addresses these privacy concerns? The data use certification agreement: essentially, researchers must agree to a set of policies that they can use the data under, and researchers are held to these policies. |

# **TCGA Cancers Selected for Study:**

| List three criteria used to select which cancers to study:   |
|--|
| availability of quality samples, poor prognosis, overall public health impact                        |
| Open the breast ductal carcinoma page and read TCGA's provided background. List one interesting fact |
| you found: Basal-like subtype shares many genetic features with high-grade serous                    |
| ovarian cancer, suggesting a similar molecular origin  |
|  |

### **Publications by TCGA:**

| TCGA published (at least) one paper on each of their studied cancer types. These papers, called marker papers, include an early analysis of the data, including any molecular characterizations that were |
|---|
| performed. Read the abstract of the 2012 breast ductal carcinoma cancer paper. List any genes you come across (these may be good starting points for your future analyses of this cancer):                |
|   |

# **Using TCGA:**

Go to the Genomic Data Commons (GDC) Data Portal via the link on TCGA home. This portal lets you view TCGA's data in a visual way. Let's explore this website. According to the Data Portal Summary, there are \_\_72\_\_ projects in the GDC data portal. Now click on the "Projects" tab. Notice that not all projects in this data portal are TCGA-affiliated, though TCGA does make up \_\_33\_\_ of the projects included.

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# **Using TCGA (Continued)**

Under the "Program" tab, select just TCGA studies. According to the graph at the top of the page, <u>TP53</u> is the most mutated gene in TCGA projects, affecting approximately 35 % of cases.

Return to the GDC Portal home page. Now click the breast image in the diagram to the right of the page. This directs you to the "Exploration" tab and automatically selects all primary sites associated with breast cancers. Now select TCGA as the program, and TCGA-BRCA as the as the project. This is the data we will be focusing on this semester.

The table on this page shows each patient along with their data. Feel free to explore the data files by clicking on any of the links provided.

Now explore the Cases, Genes, Mutations, and OncoGrid tabs above the pie charts. What is one takeaway from the plots provided here:

The vast majorities of this cancer are ductal and lobular neoplasms, though there are other cases.

As you can see, the GDC portal provides an overwhelming amount of information. Feel free to continue to explore it on your own time!

#### **Discussion:**

| Think through the following questions, and record your answers below:  1. What is the goal of TCGA?  To provide a massive, accessible, secure database for scientific research.   |
|---|
|   |
| 2. What are some ways that we use TCGA's data for our own cancer research? (Think about the types of data available and brainstorm some research questions that can be proposed given that data.)  How often does DNA methylation occur in these cancers? How does the transcriptome profile differ/stay the same among patients? What is the most life-threatening consequence of a mutation (in terms of breast cancer? |
| 3. What are the benefits and drawbacks of TCGA or other large publicly available datasets?  They provide a standard for how to share, access, and collect data. Also, they provide an incredible amount of data to future clinical researchers. However, this also makes a very personal thing for a patient accessible by virtually anyone. There is also a lot of data that is taken without context to it.             |