

OSC (Common Fund)



The Common Fund

Concept Clearance:

The Gabriella Miller Kids First Pediatric Research Program (Phase 2)

Objectives:

1. Additional generation of childhood cancer and structural birth defects-related omics data
2. Continue development and improvement of the Data Resource
3. Expert-driven activities to increase the value of Kids First data

Funds Available: \$12,600,000 per year

Program Duration: 3 years

Council Action: Vote on support for Stage 2 of the Gabriella Miller Kids First Pediatric Research Program



Gabriella Miller Kids First Pediatric Research Program: Plans for FY22-24



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How did Kids First get started?

At 9 years old, Gabriella Miller was diagnosed with DIPG – Diffuse Intrinsic Pontine Glioma – an inoperable brain tumor and became a vocal advocate for pediatric research. She passed away less than a year after diagnosis, six months before the [2014 Gabriella Miller Kids First Research Act](#) was signed.



- Signed into law on April 3, 2014
- Ended taxpayer contribution to presidential nominating conventions
- Transferred \$126 million into the Pediatric Research Initiative Fund
- Authorized \$12.6 million per year for 10 years to the NIH Common Fund
- To fund grants for pediatric research; first appropriation was for FY2015



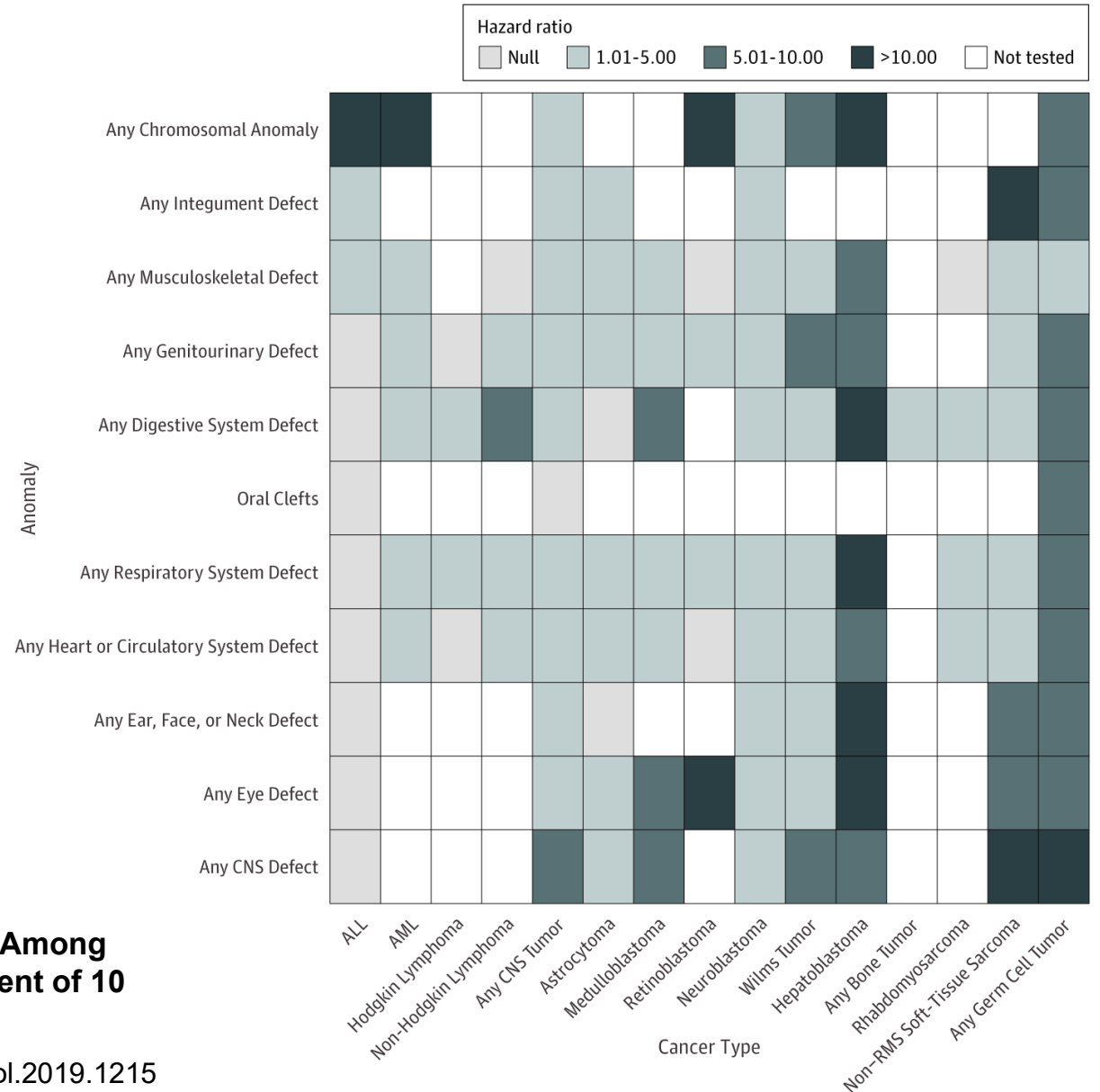


Vision

Alleviate suffering from childhood cancer and structural birth defects by fostering **collaborative research** to uncover the etiology of these diseases and supporting **data sharing** within the pediatric research community.

Why study childhood cancer & structural birth defects together?

- **Both are leading causes of mortality in childhood**
- **Birth defects are associated with increased risk of cancer among children... suggesting shared genetic pathways**



From: **Association Between Birth Defects and Cancer Risk Among Children and Adolescents in a Population-Based Assessment of 10 Million Live Births**

Lupo et al, JAMA Oncol. 2019;5(8):1150-1158. doi:10.1001/jamaoncol.2019.1215



Kids First Major Initiatives

Through 2021:

1. Identify & sequence cohorts of children with **childhood cancer and/or structural birth defects**.
2. Build the **Gabriella Miller Kids First Data Resource** to empower discovery

Year | 15 ✓ | 16 ✓ | 17 ✓ | 18 ✓ | 19 ✓ | 20 | 21 | 22 | 23 | 24



Phase 2

Kids First Sequencing Cohorts 2015-2019

39 projects | 37,000 WGS | 15,000 cases | 13 released datasets | >150 Data Access Requests



- Congenital Diaphragmatic Hernia
- Disorders of Sex Development
- Ewing Sarcoma
- Structural Heart & Other Defects
- Syndromic Cranial Dysinnervation Disorders
- Cancer Susceptibility
- Adolescent Idiopathic Scoliosis
- Neuroblastomas
- Enchondromatoses
- Orofacial Clefts in Caucasian, Latin American, Asian & African, Filipino populations
- Osteosarcoma
- Familial Leukemia
- Craniofacial Microsomia
- Hemangiomas, Vascular Anomalies & Overgrowth
- Nonsyndromic Craniosynostosis
- Patients with both childhood cancer and birth defects
- Kidney and Urinary Tract Defects
- Microtia
- Hearing Loss
- Bladder Exstrophy
- Cornelia de Lange Syndrome
- Intracranial & Extracranial Germ Cell Tumors
- Esophageal Atresia and Tracheoesophageal Fistulas
- Fetal Alcohol Spectrum Disorders
- Myeloid Malignancies + overlap with Down syndrome
- Congenital Heart Defects and Acute Lymphoblastic Leukemia in Children with Down Syndrome
- Structural Brain Defects
- Structural Defects of the Neural Tube (Spina Bifida: Myelomeningocele)
- CHARGE Syndrome
- Laterality Birth Defects
- T-cell Acute Lymphoblastic Leukemia
- Pediatric Rhabdomyosarcoma



The Kids First Data Resource for Collaborative Discovery

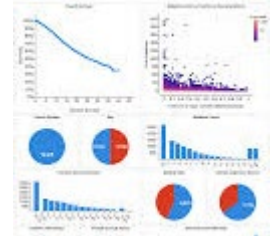
Data Resource Portal

Entry point. Query, search, discover, build & visualize synthetic cohorts



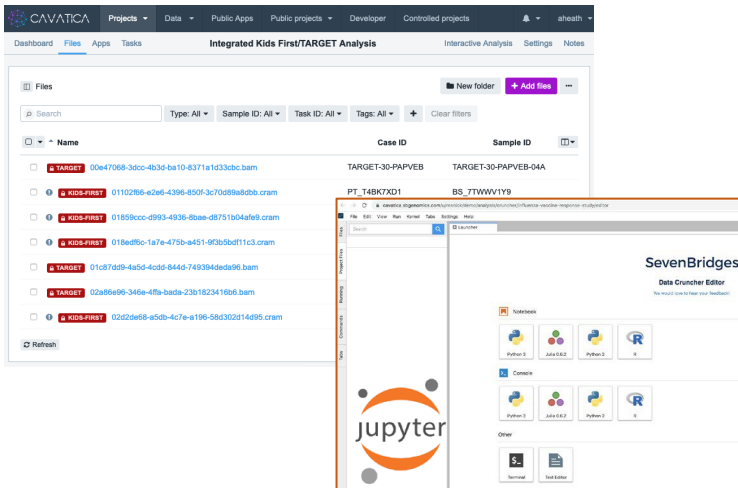
Knowledge Base Integrations (PedcBioPortal)

Integrations with existing curated/published data visualizations



Cavatica

Pull data from multiple sources into one workspace. Use notebooks, bring-your-own or use available workflows.



Data Services

Model clinical data in FHIR-based data services for semantic interoperability and coordination



GEN3
DATA COMMONS

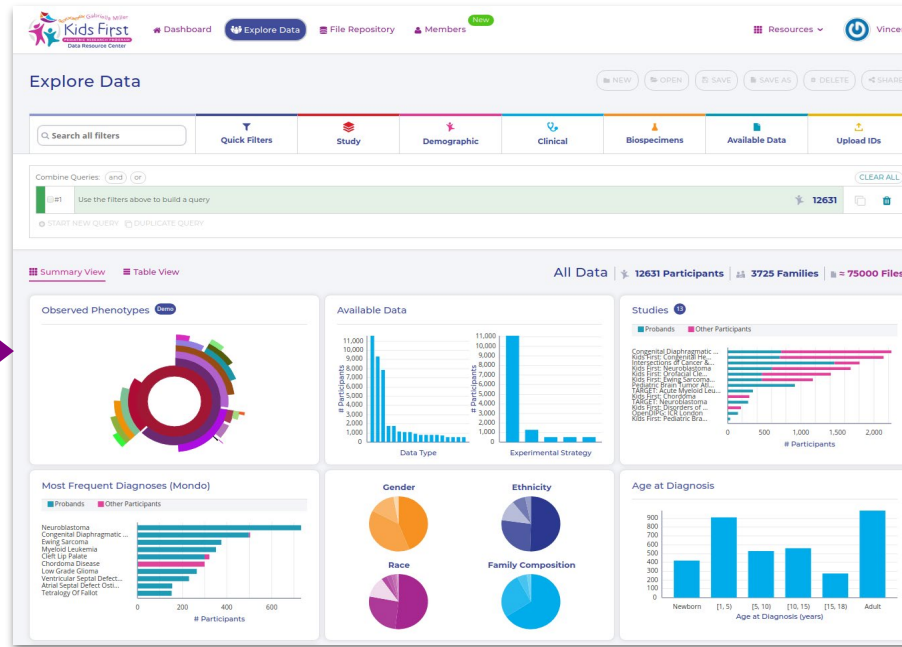
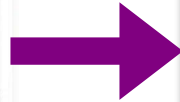
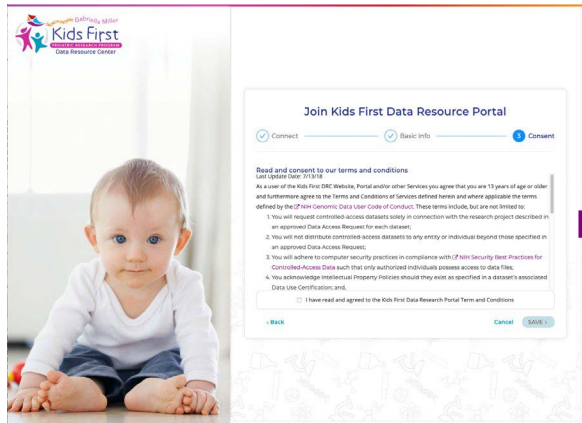
Framework Services

Index and point to files in the cloud (for approved users)

aws
STRIDES

Data Resource Use Case: Compare genetic variants of congenital heart defects & neuroblastoma

Anyone can register & login to the portal (via ORCHID, Google). User agrees to [terms](#)

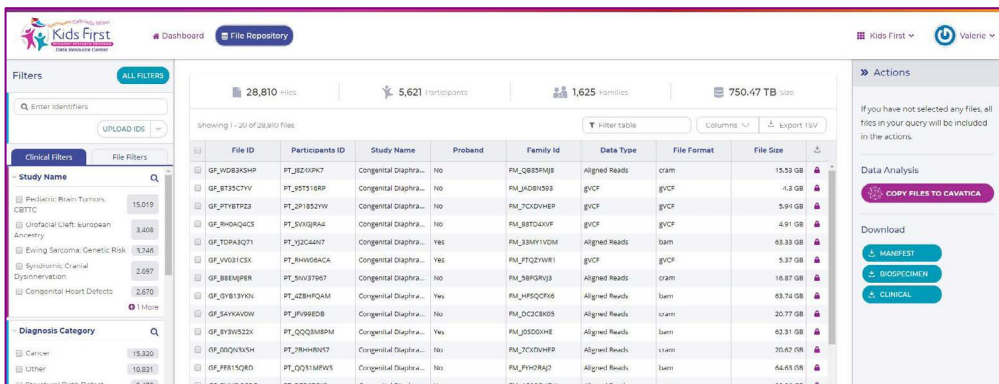


In *Explore Data*, user searches the terms "heart" and "neuroblastoma". Discovers data from children with congenital heart disease (KF & BDC data) & neuroblastoma (KF & NCI TARGET)



User builds a synthetic cohort based on these criteria and can view summary & deidentified individual-level clinical, demographic, and phenotypic information.

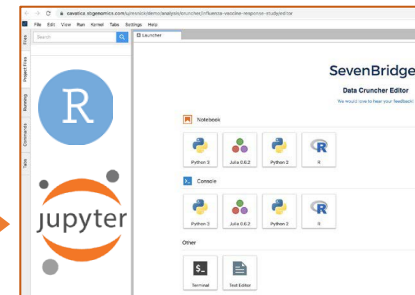
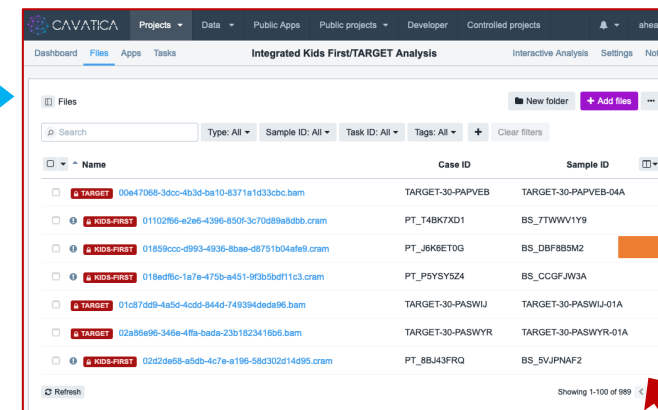
Synthetic cohort is ported to the *File Repository* where user selects which **genomic** and **histology image** files they want to analyze.



User pushes genomic, clinical data, and image data into Cavatica for analysis & visualization

User runs statistical analysis in notebooks

User has or applies for dbGaP access for genomic data



User iterates through genomic workflows

Impact: Researchers Are Making Discoveries

17 Journal Publications To-Date



Genomic analyses implicate noncoding de novo variants in congenital heart disease

PMCID: F Felix Richter^{1,31}, Sarah U. Morton^{2,3,31}, Seong Won Kim^{4,31}, Alexander Kitaygorodsky^{5,31}, Lauren K. Wasson^{4,31}, Kathleen M. Chen^{6,31}, Jian Zhou^{6,7,8}, Hongjian Qi⁵, Nihir Patel⁹, Steven R. DePalma⁴, Michael Parfenov⁴, Jason Homsy^{4,10}, Joshua M. Gorham⁴, Kathryn B. Manheimer¹¹, Matthew Velinder¹², Andrew Farrell¹², Gabor Marth¹², Eric E. Schadt^{9,11,13}, Jonathan R. Kaltman¹⁴, Jane W. Newburger¹⁵, Alessandro Giardini¹⁶, Elizabeth Goldmuntz^{17,18}, Martina Brueckner¹⁹, Richard Kim²⁰, George A. Porter Jr.²¹, Daniel Bernstein²², Wendy K. Chung²³, Deepak Srivastava^{24,32}, Martin Tristani-Firouzi^{25,32}, Olga G. Troyanskaya^{6,7,26,32}, Diane E. Dickel^{27,32}, Yufeng Shen^{5,32}, Jonathan G. Seidman^{4,32}, Christine E. Seidman^{4,28,32} and Bruce D. Gelb^{9,29,30,32} ✉

Am J Hum Genet. 2019 Sep 5; 105(3): 658–668.
Published online 2019 Aug 29. doi: [10.1016/j.ajhg.2019.07.020](https://doi.org/10.1016/j.ajhg.2019.07.020)

Germline 16p11.2 Microdeletion Predisposes to Neuroblastoma

Laura E. Eglolf^{1,2,3}, Zalman Vaksman^{2,3,4}, Gonzalo Lopez^{2,3,4}, Jo Lynne Rokita^{2,3,4}, Apexa Modi^{2,3}, Patricia V. Basta^{6,7}, Hakon Hakonarson^{8,9}, Andrew F. Olshan^{6,7} and Sharon J. Diskin^{1,2,3,4,5,10,*}

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RESEARCH ARTICLE | [Full Access](#)

Deleterious de novo variants of X-linked *ZC4H2* in females cause a variable phenotype with neurogenic arthrogyrosis multiplex congenita

Suzanna G.M. Frints ✉, Friederike Hennig, Roberto Colombo, Sebastien Jacquemont, Paulien Terhal, Holly H. Zimmerman, David Hunt, Bryce A. Mendelsohn, Ulrike Kordaß ... See all authors ▾

First published: 17 June 2019 | <https://doi.org/10.1002/humu.23841>



Original Investigation | [Open Access](#) | Published: 17 December 2019

Whole genome sequencing of orofacial cleft trios from the Gabriella Miller Kids First Pediatric Research Consortium identifies a new locus on chromosome 21

Nandita Mukhopadhyay, Madison Bishop, Michael Mortillo, Pankaj Chopra, Jacqueline B. Hetmanski, Margaret A. Taub, Lina M. Moreno, Luz Consuelo Valencia-Ramirez, Claudia Restrepo, George L. Webby, Jacqueline T. Hecht, Frederic Delejiannis, Azeez Butali, Seth M. Weinberg, Terri H. Beaty, Jeffrey C. Murray, Elizabeth J. Leslie, Eleanor Feingold & Mary L. Marazita ✉

Human Genetics 139, 215–226 (2020) | [Cite this article](#)

1039 Accesses | 11 Altmetric | [Metrics](#)



[OPEN ACCESS](#) [PEER-REVIEWED](#)

RESEARCH ARTICLE

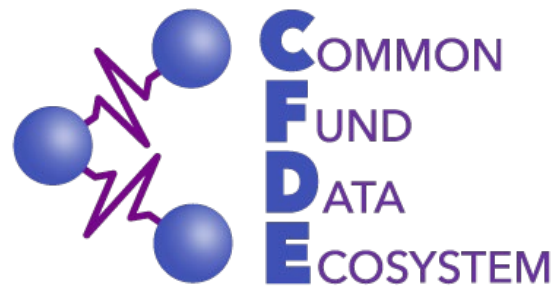
De novo variants in congenital diaphragmatic hernia identify *MYRF* as a new syndrome and reveal genetic overlaps with other developmental disorders

Hongjian Qi ✉, Lan Yu ✉, Xueya Zhou ✉, Julia Wynn, Haoquan Zhao, Yicheng Guo, Na Zhu, Alexander Kitaygorodsky, Rebecca Herman, Gudrun Aspelund, Foong-Yen Lim, Timothy Crombleholme, Robert Cusick, [...] Yufeng Shen ✉ [view all]

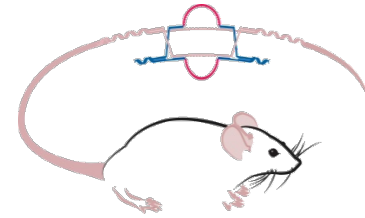
Version 2 | Published: December 10, 2018 • <https://doi.org/10.1371/journal.pgen.1007822>



Collaborations amplify the impact of Kids First



INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndrome (INCLUDE)



KOMP2



Cloud Credits Pilot



NIH Cloud-Based Platforms Interoperability (NCPI): Empower end-user analyses across platforms through federation & interoperability

What is next for Kids First?

2018 Strategic (Re-)Planning Exercise:



- **2018 Program Survey launched at ASHG:**
Kids First & external investigators
- **Kids First Steering Committee**
- **External Program Consultants**
- **DRC Admin & Outreach Core** (feedback from the public, patients, foundations)
- **NIH Kids First Working Group & Co-Chairs**



Proposed Phase 2: \$12.6M/year (FY22-24)

1) Additional generation of childhood cancer and structural birth defects-related -omics data

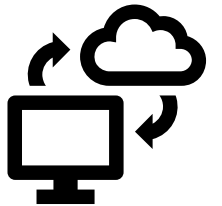
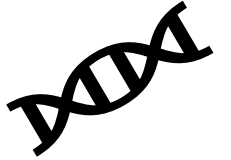
- Add epigenomic and proteomic assays

2) Continue development & improvement of the Data Resource

- Plan for sustaining the Data Resource beyond FY24

3) Expert-driven activities to increase the value of Kids First data

- Engage Kids First & community experts in activities such as integration, curation, and/or harmonization of rich clinical and phenotypic data



In Parallel, Continue Trans-NIH Collaborations

- **Interoperability with other NIH efforts**

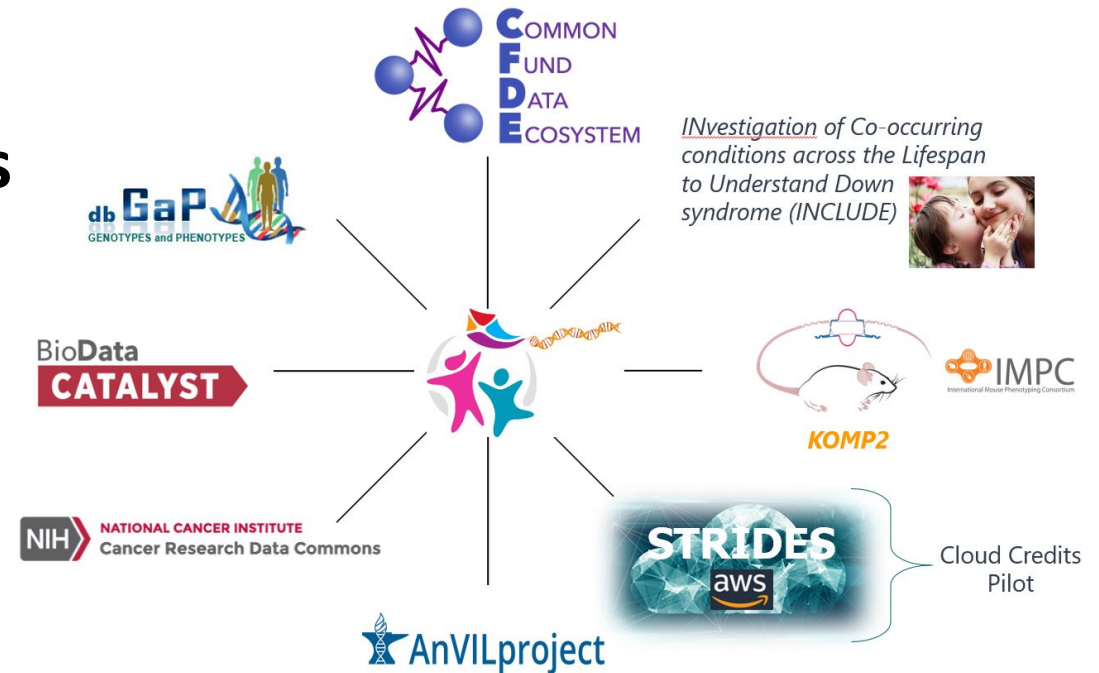
- NCPI activities and ODSS collaborations
- The [Common Fund Data Ecosystem](#)
- New interoperability opportunities with a focus toward federating NIH-wide pediatric data

- **Draw more researchers to the cloud**

- Continue STRIDES Cloud Credit Distribution Pilot with Kids First investigators and consider opening to the wider research community

- **Continue IC-led complementary support for research discoveries**

- Analysis grants: NICHD-led R03, NIDCR R03s, & R01s
- Model organism functional genomics



Acknowledgments

Kids First Working Group

Eunice Kennedy Shriver National Institute of Child Health and Human Development (**NICHD**)

National Human Genome Research Institute (**NHGRI**)

National Heart, Lung, and Blood Institute (**NHLBI**)

National Cancer Institute (**NCI**)

Other Working Group Representation:

NIDCR	NIAAA	NIDDK	NEI	NIAID	ORIP
NIDA	NINDS	NIHES	NIAMS	NCATS	CDC



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Kids First DRC



Thank You!

