## OSC (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



## 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** <u>Kids First Research Act</u> 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?

Anomaly

- 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



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

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



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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.

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

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#### User runs statistical analysis in notebooks

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#### User iterates through genomic workflows

### Impact: Researchers Are Making Discoveries

#### **17 Journal Publications To-Date**



ELSEVIER Guide for Authors About Explore this Journal



<u>Am J Hum Genet</u>. 2019 Sep 5; 105(3): 658–668. Published online 2019 Aug 29. doi: <u>10.1016/j.ajhg.2019.07.020</u>

Germline 16p11.2 Microdeletion Predisposes to Neuroblastoma

Laura E. Egolf, 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, <sup>6,7</sup> Hakon Hakonarson, <sup>8,9</sup> Andrew F. Olshan, <sup>6,7</sup> and Sharon J. Diskin, 1,2,3,4,5,10,\*

► Author information ► Article notes ► Copyright and License information Disclaimer

Genomic analyses implicate noncoding de novo variants in congenital heart disease

PMCID: F Felix Richter<sup>®</sup><sup>1,31</sup>, Sarah U. Morton<sup>©</sup><sup>2,3,31</sup>, Seong Won Kim<sup>4,31</sup>, Alexander Kitaygorodsky<sup>5,31</sup>,
 PMI Lauren K. Wasson<sup>©</sup><sup>4,31</sup>, Kathleen M. Chen<sup>©</sup><sup>6,31</sup>, Jian Zhou<sup>©</sup><sup>6,7,8</sup>, Hongjian Qi<sup>5</sup>, Nihir Patel<sup>©</sup><sup>9</sup>,
 Steven R. DePalma<sup>©</sup><sup>4</sup>, Michael Parfenov<sup>4</sup>, Jason Homsy<sup>4,10</sup>, Joshua M. Gorham<sup>4</sup>,
 Kathryn B. Manheimer<sup>1,11</sup>, Matthew Velinder<sup>12</sup>, Andrew Farrell<sup>12</sup>, Gabor Marth<sup>©</sup><sup>12</sup>, Eric E. Schadt<sup>®</sup><sup>9,11,13</sup>,
 Jonathan R. Kaltman<sup>14</sup>, Jane W. Newburger<sup>15</sup>, Alessandro Giardini<sup>16</sup>, Elizabeth Goldmuntz<sup>®</sup><sup>17,18</sup>,
 Martina Brueckner<sup>®</sup><sup>19</sup>, Richard Kim<sup>20</sup>, George A. Porter Jr.<sup>®</sup><sup>21</sup>, Daniel Bernstein<sup>®</sup><sup>22</sup>,
 Wendy K. Chung<sup>23</sup>, Deepak Srivastava<sup>24,32</sup>, Martin Tristani-Firouzi<sup>®</sup><sup>25,32</sup>, Olga G. Troyanskaya<sup>6,7,26,32</sup>,
 Diane E. Dickel<sup>®</sup><sup>27,32</sup>, Yufeng Shen<sup>®</sup><sup>5,32</sup>, Jonathan G. Seidman<sup>4,32</sup>, Christine E. Seidman<sup>®</sup><sup>4,28,32</sup> and
 Bruce D. Gelb<sup>®</sup><sup>9,29,30,32</sup> ⊠

Human Mutation Variation, Informatics, and Disease

RESEARCH ARTICLE | 🖨 Full Access

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

Der Springer Link

#### 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. Wehby, Jacqueline T. Hecht, Frederic Deleyiannis, 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)
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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 Hernan, Gudrun Aspelund, Foong-Yen Lim, Timothy Crombleholme, Robert Cusick, [ ... ].Yufeng Shen 🖾 [ view all ]





## 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

- $\odot$  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	NIEHS	NIAMS	NCATS	CDC



NIH

The Common

Fund

### Kids First DRC



## Children's Hospital of Philadelphia











## Thank You!

