





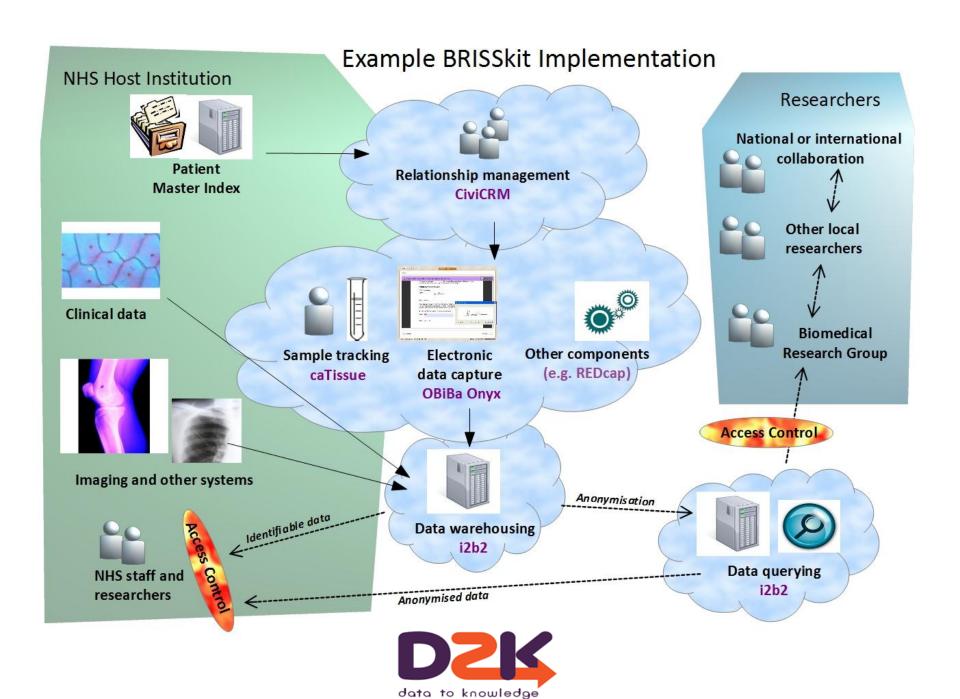
BRISSKit update to NHS-HE Forum, May 2013:

Biomedical Research Infrastructure Software Service Kit

A vision for cloud-based open source research applications

Dr Jonathan Tedds (Project Lead, Senior Research Fellow, D2K Health Sciences)
Dr Andrew Burnham (Information Governance Lead, IT Services)





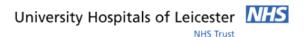
BRISSKit USPs

- Integrated support for core research processes
- Well-established mature open source applications as protoyped in Cardiovascular: fully UK customised
- A platform for seamless management and integration between applications
- An API allows integration with existing clinical systems
- Easy set up, use and administration through browser (including on mobile devices)
- Capability of being hosted in any compliant cloud provider including UHL (NHS information governance)









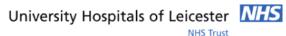
BRISSKit Community & Hack Event, Oct 2012











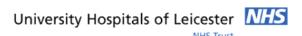
BRISSKit Community & Hack Event

- http://www.brisskit.le.ac.uk/node/35
- created ideas pre and post event via <u>healthresearchhack</u> google group
- 6 hack solutions in 2 days using BRISSKit stack, e.g.
 - i2b2 integration using demo data from HES and cancer research clinical trials data (UCL, Birmingham, Goettingen, Leicester)
 - smartphone app to scan v.tiny barcodes from the end of sample vials and import info into caTissue
 - integrate CiviCRM study management and REDCap questionnaire tool (UHL Respiratory BRU)
 - create a simple CiviCRM study creator as a Drupal plugin









www.brisskit.le.ac.uk



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HOME

ABOUT US

PRODUCTS & SERVICES

CASE STUDIES

EVENTS

BLOGS

CONTACT

BRISSkit - Biomedical Research Infrastructure Software Service kit

Overview

BRISSkit will design a national shared service brokered by JANET to host, implement and deploy biomedical research database applications that support the management and integration of tissue samples with clinical data and electronic patient records. We are uniquely positioned to tackle this through our experience in developing the pioneering open source IT infrastructure for the Biomedical Research Informatics Centre for

JONATHAN TEDDS

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RECENT BLOG POSTS

- CiviCRM
- Advances in Medical Sciences











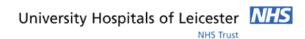
NEW: BRISSKit and Bio Banking

- Deploy solutions in international bio banking initiatives
- Investment through Prof Paul Burton (Health Sciences at Leicester/Bristol) & international collaborations
- Building on strong informatics expertise at University of Leicester in partnership with the University Hospitals Leicester Trust
 - Cardiovascular, Respiratory & Lifestyle BRUs
 - Genomics etc









Large data sets, why bother?

THEORY AND METHODS

Size matters: just how big is BIG?

Quantifying realistic sample size requirements for human genome epidemiology

Paul R Burton, 1,2,3*,† Anna L Hansell,4,† Isabel Fortier,3,5 Teri A Manolio,6 Muin J Khoury,3,7 Julian Little3,8 and Paul Elliott4

International Journal of Epidemiology 2009;38:263-273 doi:10.1093/ije/dyn147

- Sample size
- Depth of phenotyping
- •Quality of measurement All critical





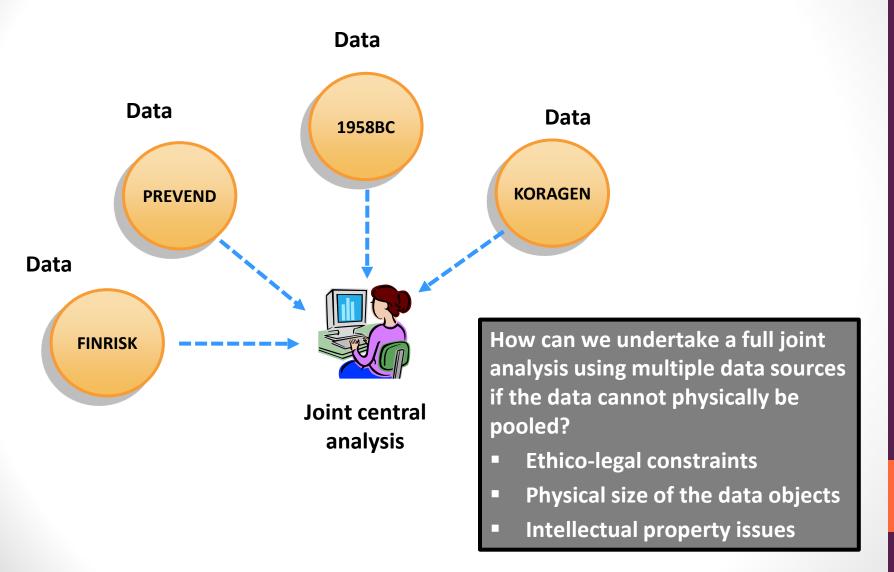
How big is BIG?

- The direct effect of a gene
 - 2,000 cases minimum, 10,000 cases better
- Environmental and life-style factors
 - Highly context specific: from hundreds to tens of thousands of cases
- Gene-lifestyle and gene-gene "interactions"
 - Absolute minimum 10,000, usually need at least 20,000, a comprehensive platform needs at least 50,000
 - Scientifically fundamental

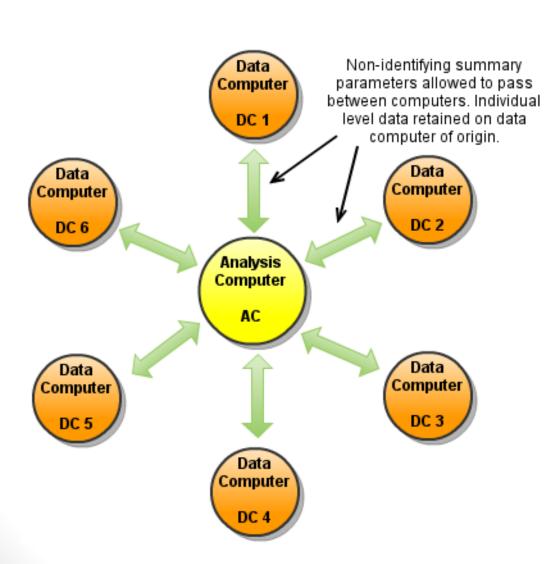




Horizontally partitioned data



DataSHIELD: a novel solution



Take analysis to data not data to analysis

One step analyses: simple

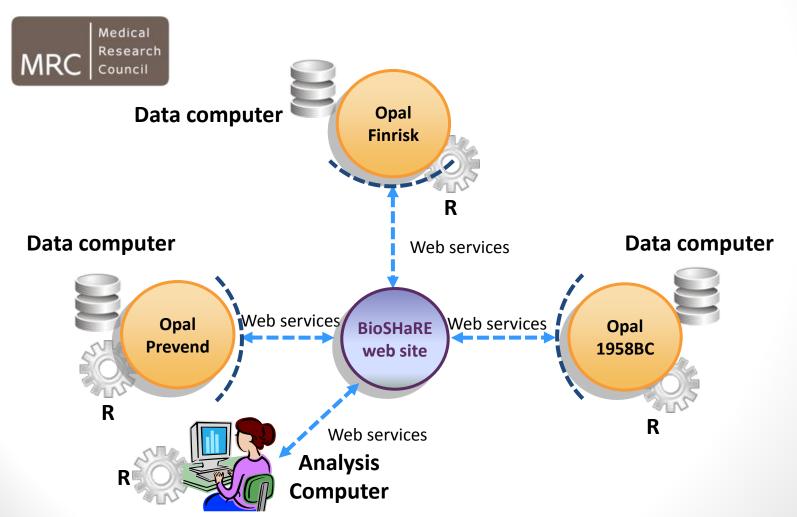
Iterative analyses: parallel processes linked together by entirely non-identifying summary statistics

Typically produces mathematically <u>identical</u> results to fitting a single model to all the data held in one pooled data set





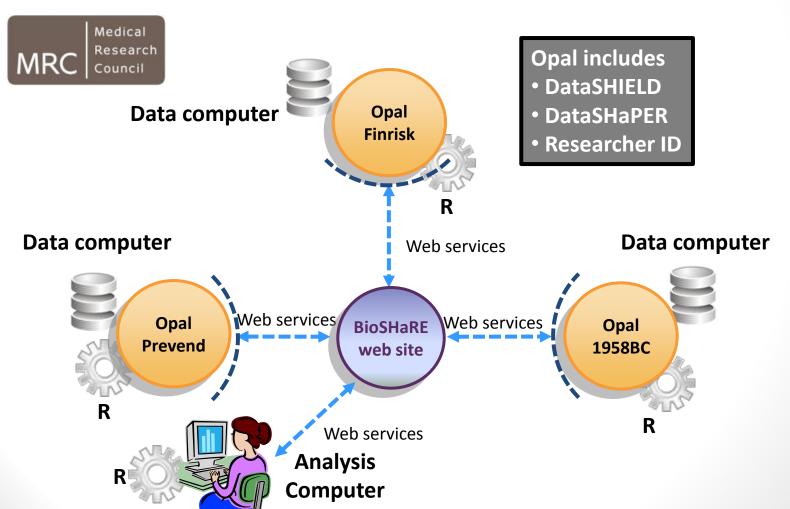
Horizontal **DataSHIELD**







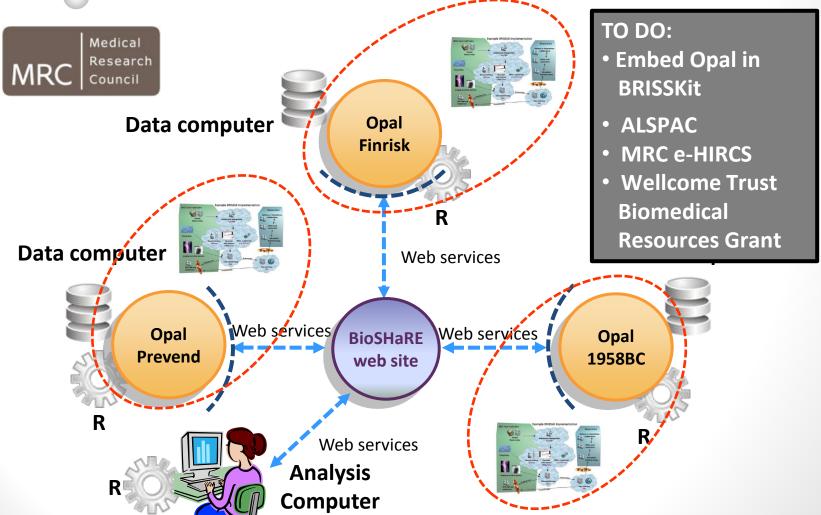
Horizontal **DataSHIELD**

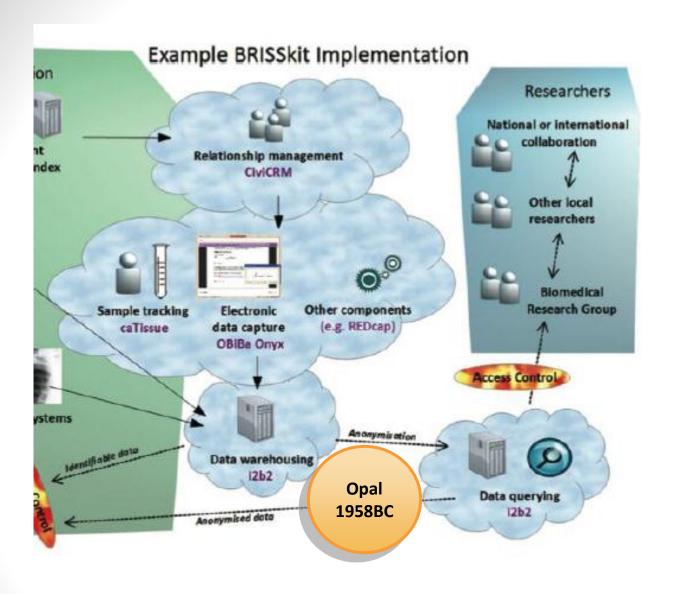


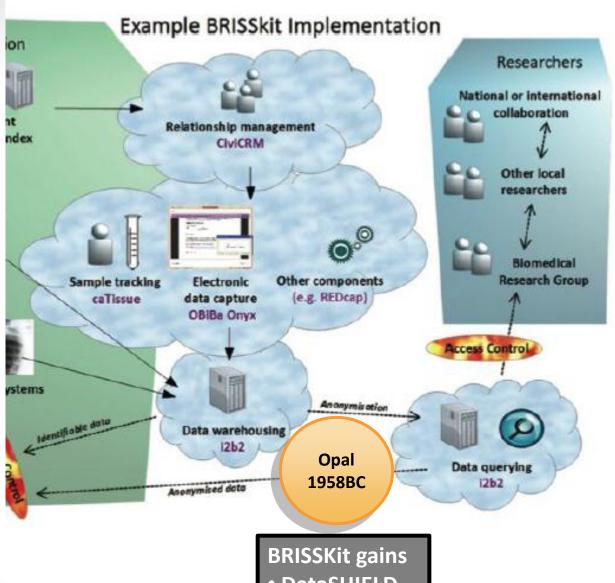




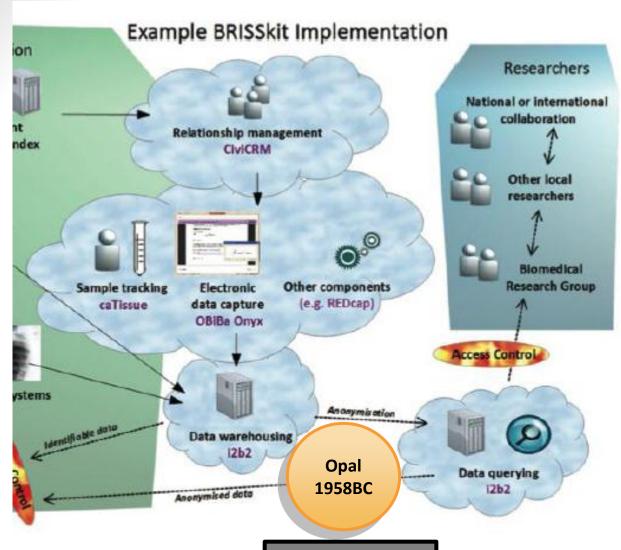
Horizontal **DataSHIELD**







- DataSHIELD
- DataSHaPER
- Researcher ID

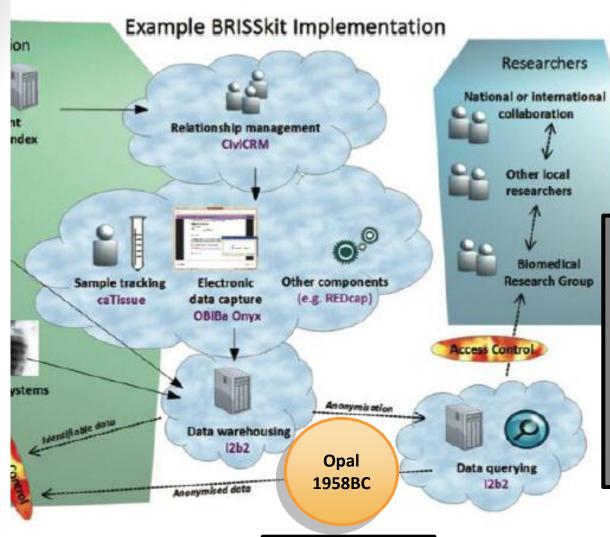


Opal gains

- Direct interface with more tools
- I2B2 functionality
- Potential for enhanced user interface

BRISSKit gains

- DataSHIELD
- DataSHaPER
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Opal gains

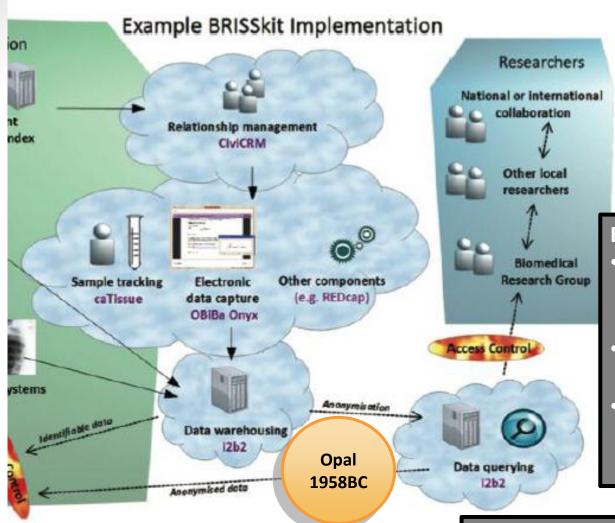
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Everybody gains

- Enhanced combined functionality
 - better science
- Bigger user group
 - greater portability
- Greater potential to become a sustainable standard

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Enhanced joint analysis with

- Ethico-legal constraints
 e.g.US/Europe biobanks
- Intellectual property issues e.g. H3AFRICA

The bottom line

- Effective data <u>access</u> is crucial
- Effective joint analysis is essential too (integration)
- Fundamental challenges
 - Scientific harmonization
 - Restriction on access to individual level data
 - Streamlined access to multiple data sets
- Central to the integrative aims of P³G, PHOEBE, BioSHaRE-eu etc
- Also fundamental to the aims of potential BRISSKit users









BRISSKit as a consortium & service

Modular approaches and scalable tools with open source licenses make good investments

- Individual researchers and associates
 - enterprise-level tools without the IT overheads
- Research themes and departments
 - stand-alone instances of required tools to accelerate research
- Research units and centres
 - integrated toolkit with clinical data loading services, or 'jigsaw pieces' to complement existing provision
- JISC internal business case under construction...





