# An Open-Source Knowledge Graph Ecosystem for the Life Sciences

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COLUMBIA UNIVERSITY DEPARTMENT OF BIOMEDICAL INFORMATICS





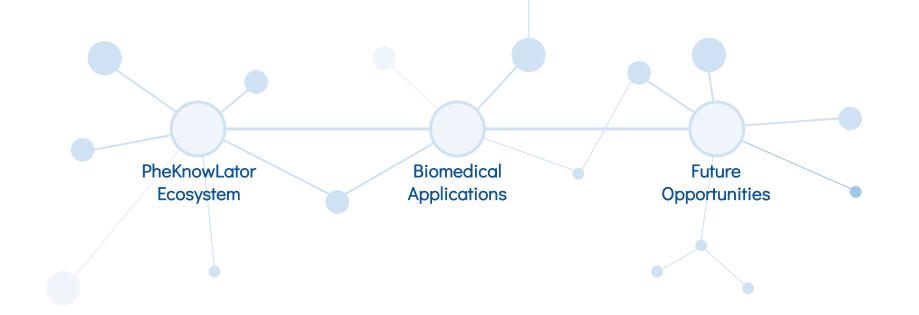
I have <u>NO</u> financial disclosures or conflicts of interest with the material presented in this talk.

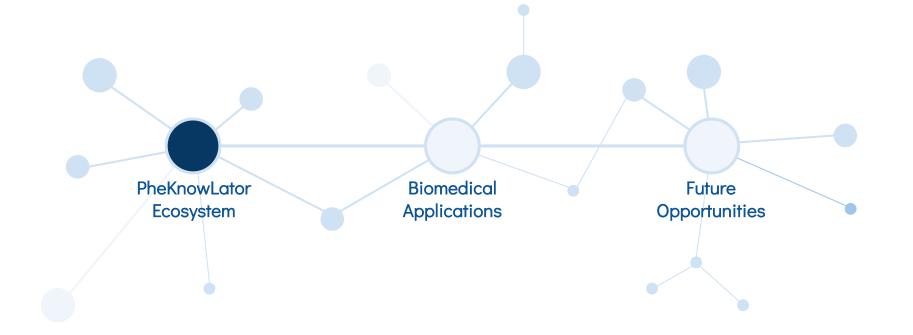
### Motivation

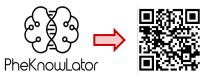
Knowledge graphs integrate disparate data, can help decipher complex processes, and have been used to systematically interrogate the biology underlying complex systems<sup>1</sup>

#### Unsolved Challenges for Constructing Open-Source Knowledge Graphs<sup>2,3</sup>

- 1. Support only a single knowledge model
- 2. Standards, technical complexity, usability, and scalability
- 3. Biologically and clinically meaningful benchmarks







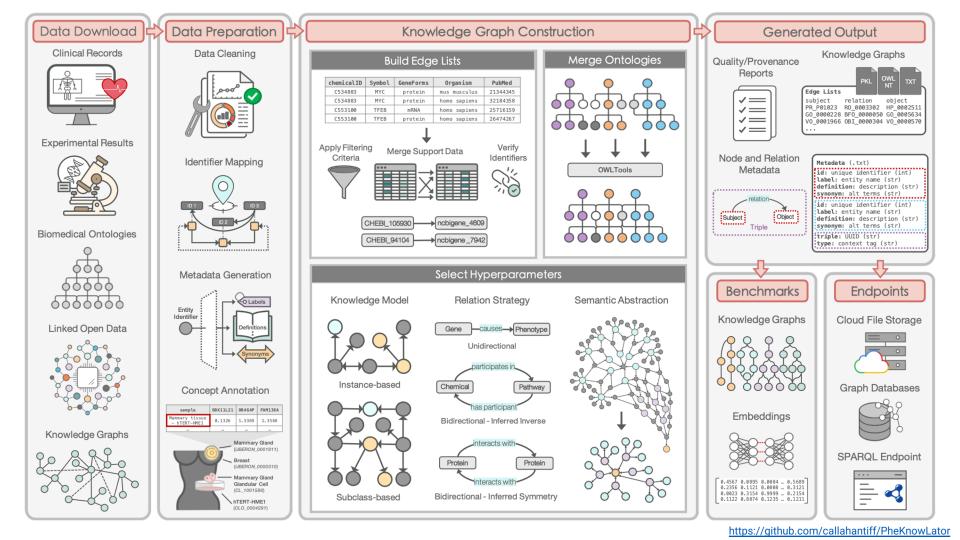
# Phenotype Knowledge Translator

**Ecosystem:** Construct ontologically-grounded FAIR knowledge graphs

- Usability
  - Technical and laymen documentation
  - Jupyter Notebooks and interactive scripts
  - Containerization
- Scalability
  - System-scaled distributed execution framework
  - Flexible knowledge representation

**Benchmarks:** Monthly builds of knowledge graph benchmarks

Findable	<ul> <li>Unique Persistent Identifiers</li> <li>Data: Original and processed data</li> <li>Metadata: Logs and quality reports</li> <li>Infrastructure: Compute and containers</li> </ul>
Accessible	Publicly Available <ul> <li>Storage: RESTful access to builds</li> <li>Builds: Versioned on Docker Hub</li> <li>Notebooks: User-friendly examples</li> </ul>
Interoperable	Standardized Resources <ul> <li>Data: Ontology alignment</li> <li>Metadata: Provenance reporting</li> <li>Output: Standard file formats</li> </ul>
Reusable	Detailed Documentation <ul> <li>Releases: Code, data, builds</li> <li>Versioning: Semantic versioning</li> <li>Licensing: Internal/external resources</li> </ul>



## Benchmarks

Human Disease Mechanisms

#### **Anchor Ontologies**

- 12 ontologies

### Edge Data

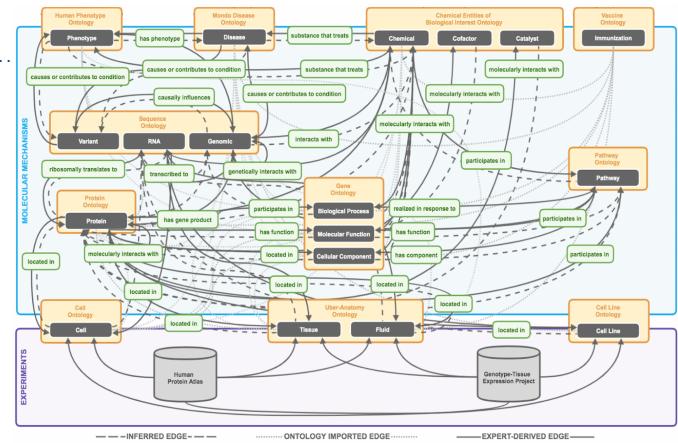
- 22 public datasets
- 2 genome-wide analyses

### Validation

- Domain expert review
- Wet lab validation<sup>1</sup>

#### **Monthly Builds**

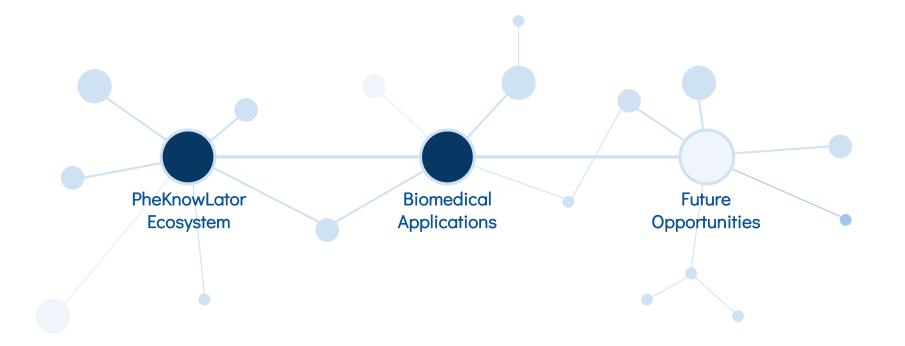
- 12 knowledge graphs
- 15M nodes and 47M edges



#### <sup>1</sup>PMID: 32387679

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### **Biomedical Application**

- Programs like All of Us<sup>1</sup> and the National COVID Cohort Collaboration (N3C)<sup>2</sup> have made a ton of observational data available for research, but most do not yet integrate molecular data
- For rare diseases like Sickle Cell, prevention and treatment differs based on genotype<sup>3</sup>
- Observational data (alone) is often insufficient to determine genotype in the absence of newborn screening<sup>4</sup>

**Objective:** Can PheKnowLator enable the genotype of pediatric Sickle Cell Disease patients to be inferred from an independent population of pediatric genotyped patients?

### Methods

Clinical Data: Children's Hospital of Colorado (CHCO)

- 2,646 rare disease patients (≥10 visits)

### External Genotyped Data: Gene Expression Omnibus (GEO)

- Whole blood gene expression data<sup>1</sup>

Node Embeddings: Walking RDF and OWL<sup>2</sup>

- CHCO: conditions, medications, measurements
- GEO: gene expression signature-adjusted embeddings

#### **Evaluation**

- K-Means clustering
- Patient similarity-based analyses

#### **CHCO Rare Disease Patients**

PKU: Phenylketonuria (n=235)
CH: Congenital Hypothyroidism (n=760)
SCD: Sickle Cell Disease (n=816)
CF: Cystic Fibrosis (n=835)

#### **GEO SCD Patients**

**HbSS:** Homozygous Hemoglobin S (n=147) **HbSC:** Homozygous Hemoglobin C (n=51) **Control:** (n=61)

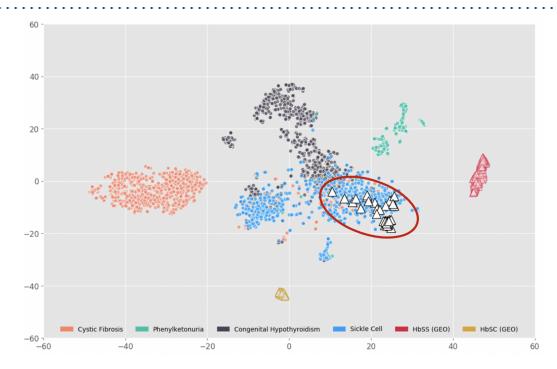
### Results



Geo HbSS (p<0.001) and HbSC (p<0.001) patients were significantly more similar to CHCO Sickle Cell Disease patients than the other rare disease patients

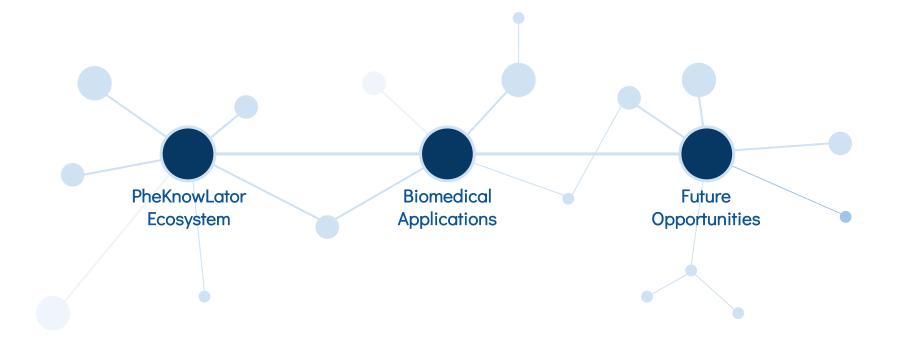
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### Results



43 CHCO Sickle Cell Disease patients in the HbSS GEO cluster had at least 1 HbSC and HbSS diagnosis

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# Future Opportunities

Solve real-world problems within healthcare, life sciences, and public health

- 1. Phenotype development and evaluation
- 2. Treatment justification
- 3. Causal inference

## Phenotype Development and Evaluation

#### **Development**

- Recommendation systems like PHOEBE<sup>1</sup>, rely heavily on the metadata and mappings provided by an ontology or vocabulary
- PheKnowLator can leveraging knowledge of the biological mechanism(s) underlying disease

#### **Evaluation**

- CohortDiagnostics<sup>2</sup> helps users determine if a phenotype is of sufficient quality by providing a detailed characterization of the underlying data
- PheKnowLator can enable a more targeted adjudication process by providing knowledgedriven filtering

### **Treatment Justification**

Electronic health records do not explicitly connect a treatment and disease

PheKnowLator can explain why a particular drug was prescribed for a given indication

- Classify drugs by indication to help identify patients taking alternative treatments and 'offlabel' medication use
- Improve data quality by helping determine whether treatments without justification are due to missingness or malpractice

### Causal Inference

Causal inference requires expert knowledge to formulate and answer scientific questions

- Identification and adjustment for confounding variables
- Knowledge of and adjustment for features not present in the data

PheKnowLator can help combine what is learned from observational data with what is known

Design	Interpretation
Identify confounders and negative controls	Explain associations between inputs and outputs
Generate causal subgraphs	Assess biological plausibility

### Questions?



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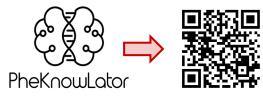
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