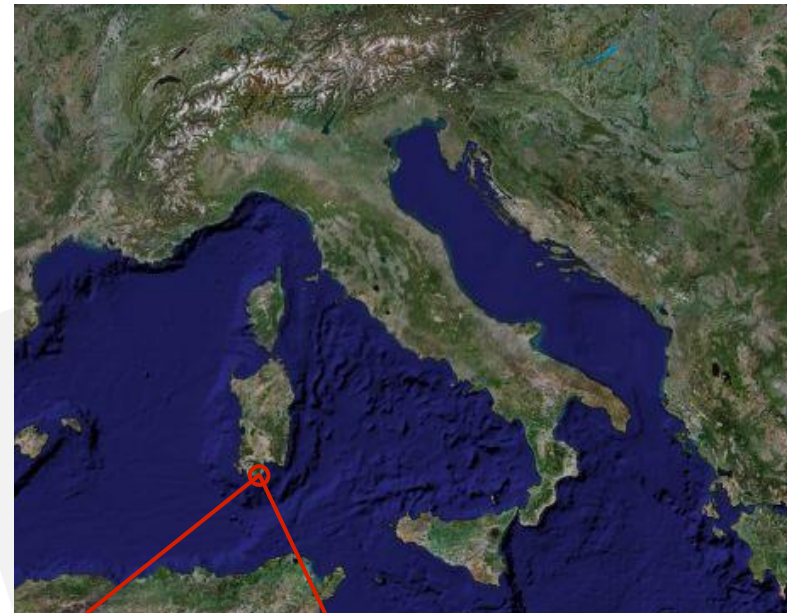




# (ab)using omero

Gianluigi Zanetti  
([gianluigi.zanetti@crs4.it](mailto:gianluigi.zanetti@crs4.it))

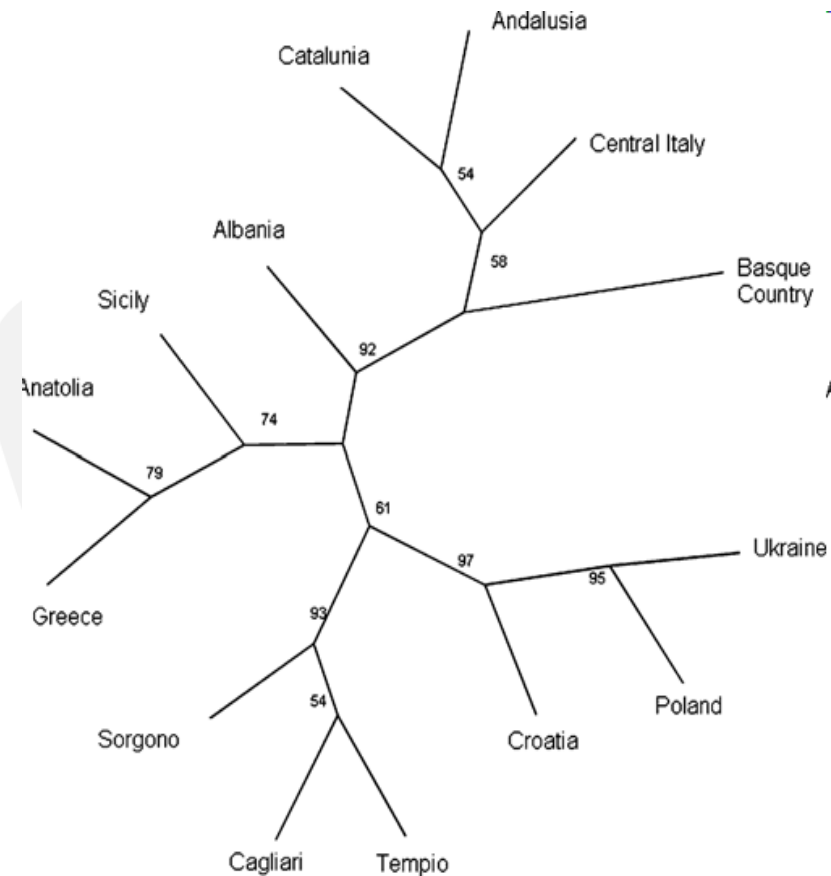
- Center for Research, Development, and Advanced Studies in Sardinia
- Interdisciplinary research center focused on computational sciences
- Located in the POLARIS Science and Technology Park (Pula, Sardinia, Italy)
- Operational since 1992
- RTD staff of ~180 people



CRS4  
POLARIS Edificio 1  
C.P. 25  
09010 Pula (CA), ITALY  
[www.crs4.it](http://www.crs4.it)

# Sardinia and its genetic isolated founder populations

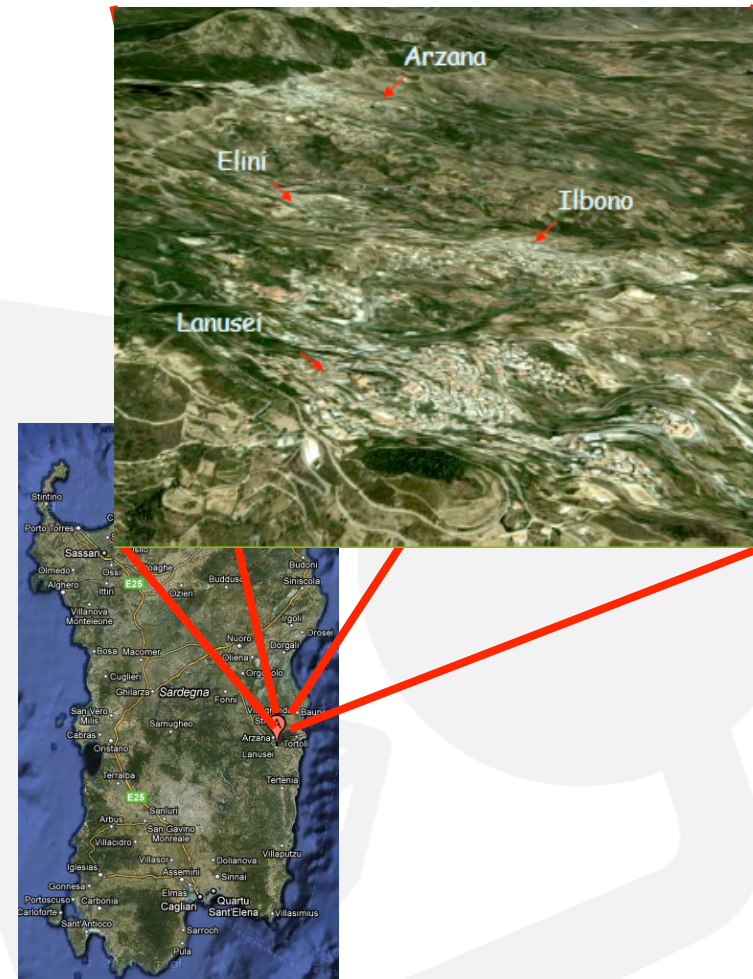
- Sardinia is characterized by genetic isolated founder populations
  - An island that is big enough and where it is difficult to travel
- CRS4 cooperates with CNR-IRGB in two large scale studies
  - on longevity
  - and auto-immune diseases



# Progenia: search for genetic influences on longevity

- Joint project CNR-IRGB/NIH
- Population level studies
  - 6,148 individuals - aged 14-102y, 95% are known to have all grandparents born in Sardinia
- Highly characterized samples
  - Traits (> 150) ranging from anthropometric measurements to personality facets, repeated measurements on the scale of a decade
  - High resolution genotyping, (soon) deep sequencing
- Cast of '00, see \*

\* [http://sardinia.nia.nih.gov/Project\\_Team/project\\_team.html](http://sardinia.nia.nih.gov/Project_Team/project_team.html)

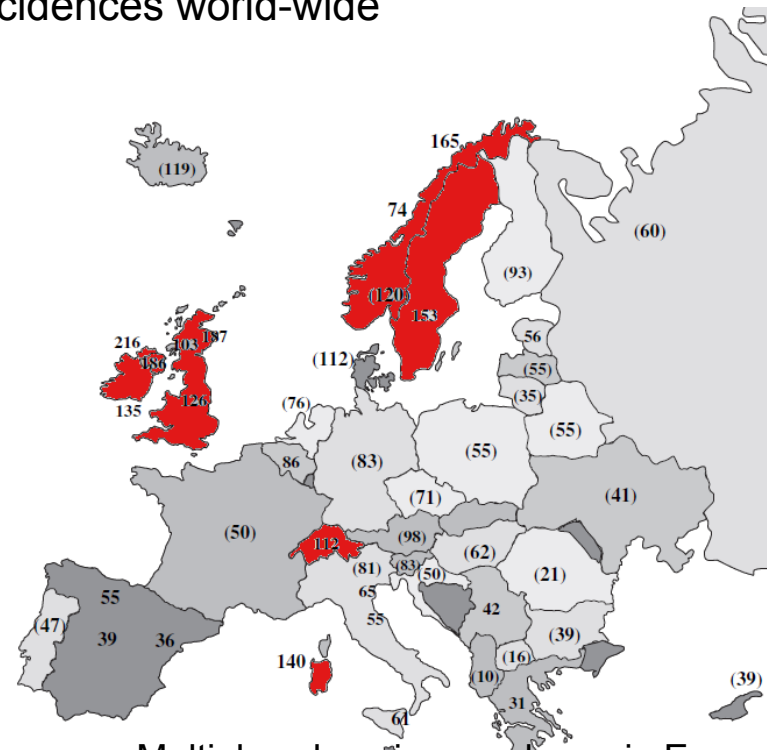




# Auto-immune diseases

- Collaboration with CNR-IRGB
- Population level study
  - 4,000 affected individuals and 2,000 healthy volunteers
  - High resolution genotyping
  - Order of  $10^2$  reseq.
- Cast of '00, see \*

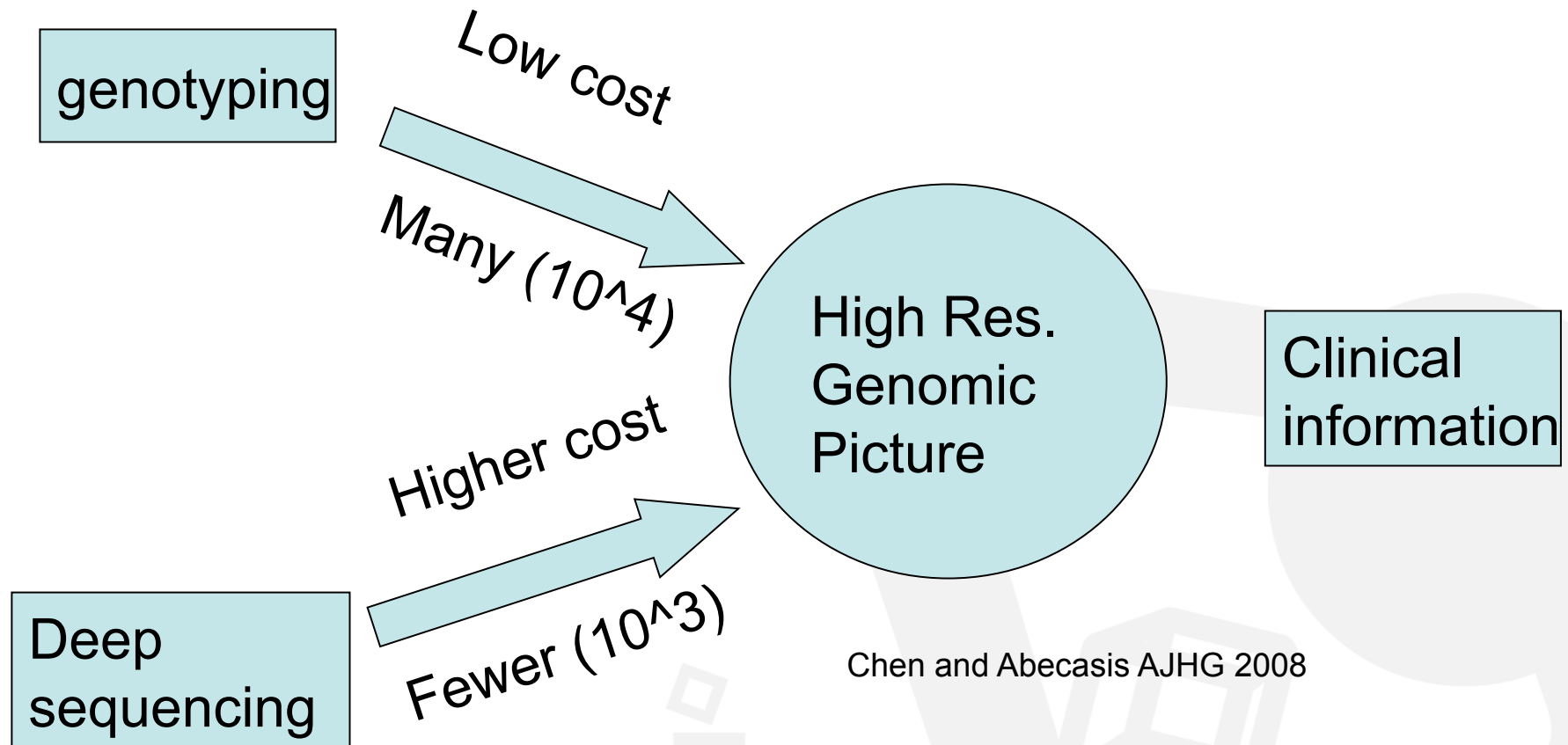
Auto-immune diseases such as type-1 diabetes and MS have in Sardinia one of the highest incidences world-wide



Multiple sclerosis prevalence in Europe  
(from Pugliatti et al. Eu. J. Neur. 2006)

\* Sanna S., Pitzalis M., Zoledziwska M., et al. Nat Genet. 42, 495 - 497 (2010).

# Scale of the problem (1/4)

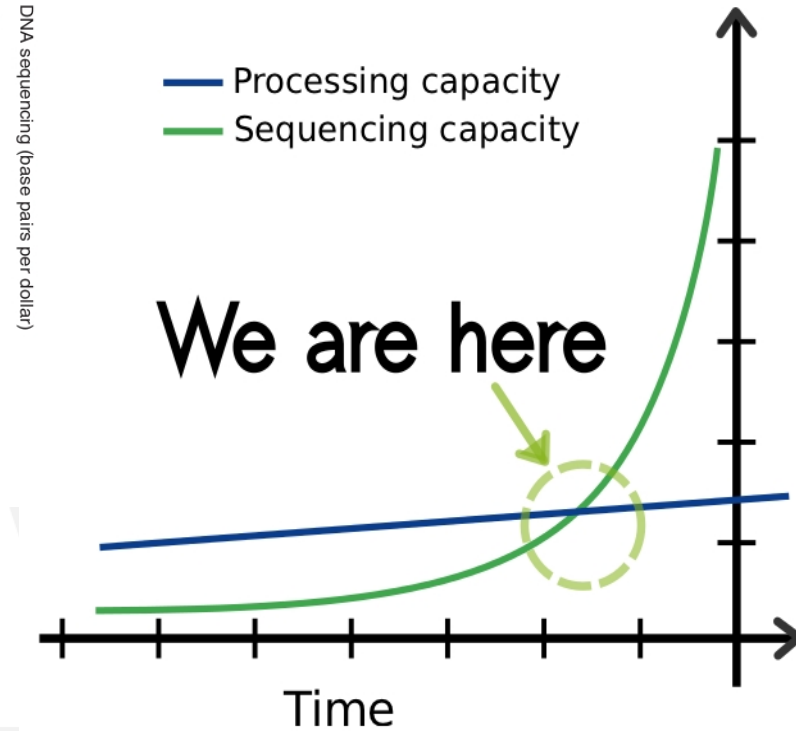
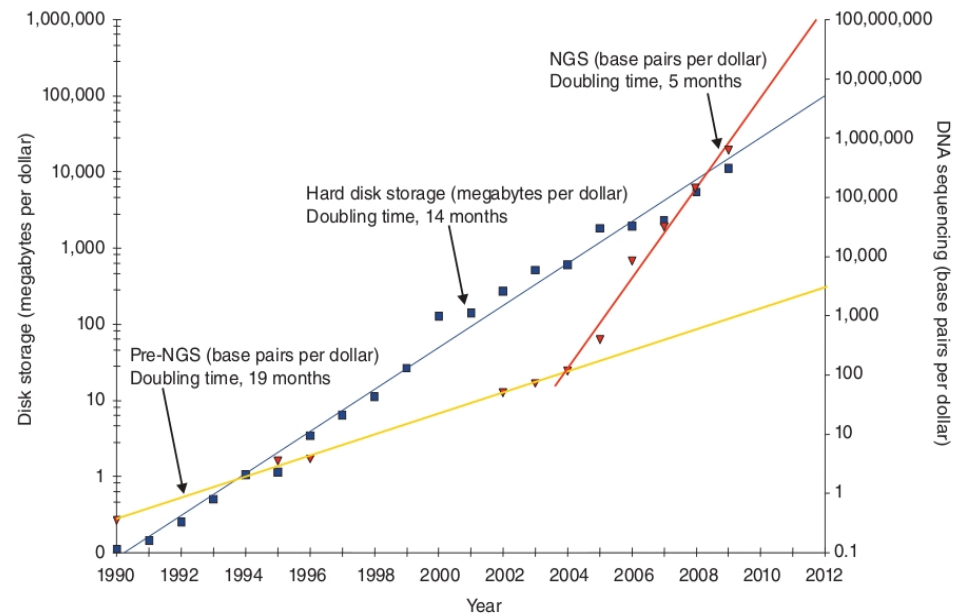


Chen and Abecasis AJHG 2008

# Scale of the problem (2/4)

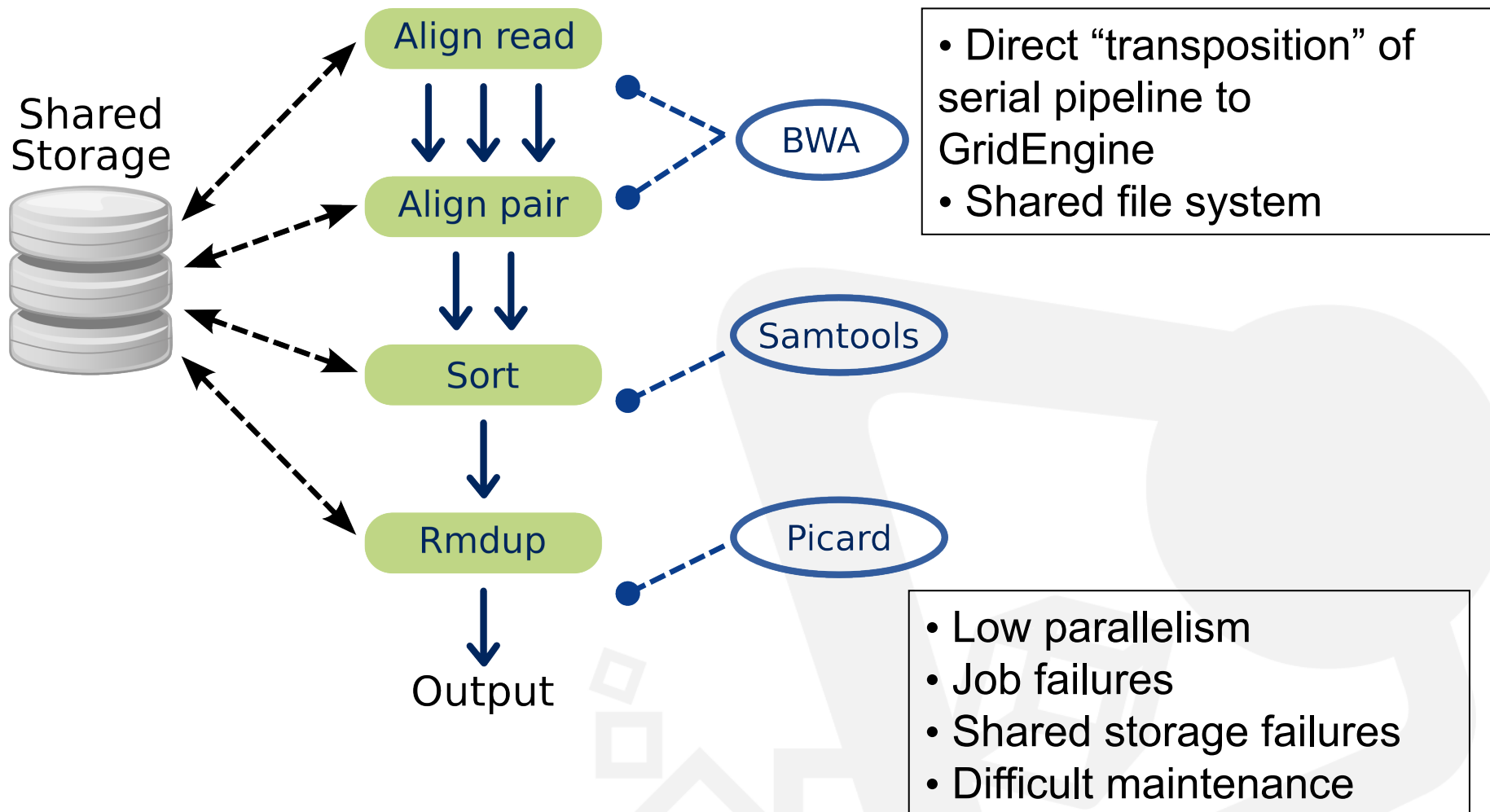
- Transition from independent 'labs' to a single distributed pipe-line
  - Biosamples are geographically distributed
  - Multiple genomic technologies
  - Multiple clinical data sources
    - Existing biobanks (CNR-IRGB, Progenia)
    - Feed from Regional Health system
  - Comparable with a small hospital
- Non trivial 'Data intensive' problem
  - Genotyping dataset order of  $10^4$  ind.
  - Deep sequencing datasets order of  $10^3$  ind. (>4TB/week)
- Moving Target
  - More detailed clinical data
  - Soon start adding epigenomic data, e.g., ChIP-seq, RNAseq, ...

# A software crisis

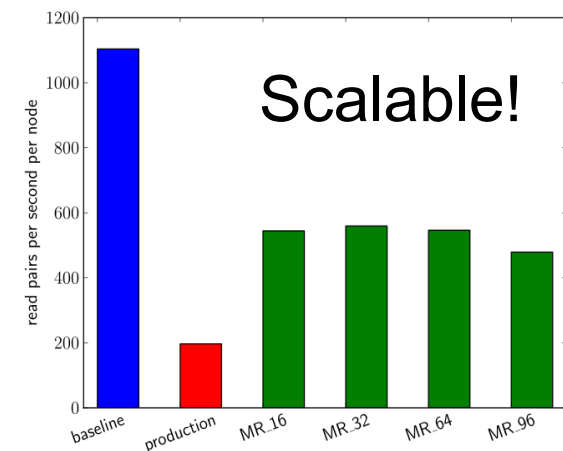
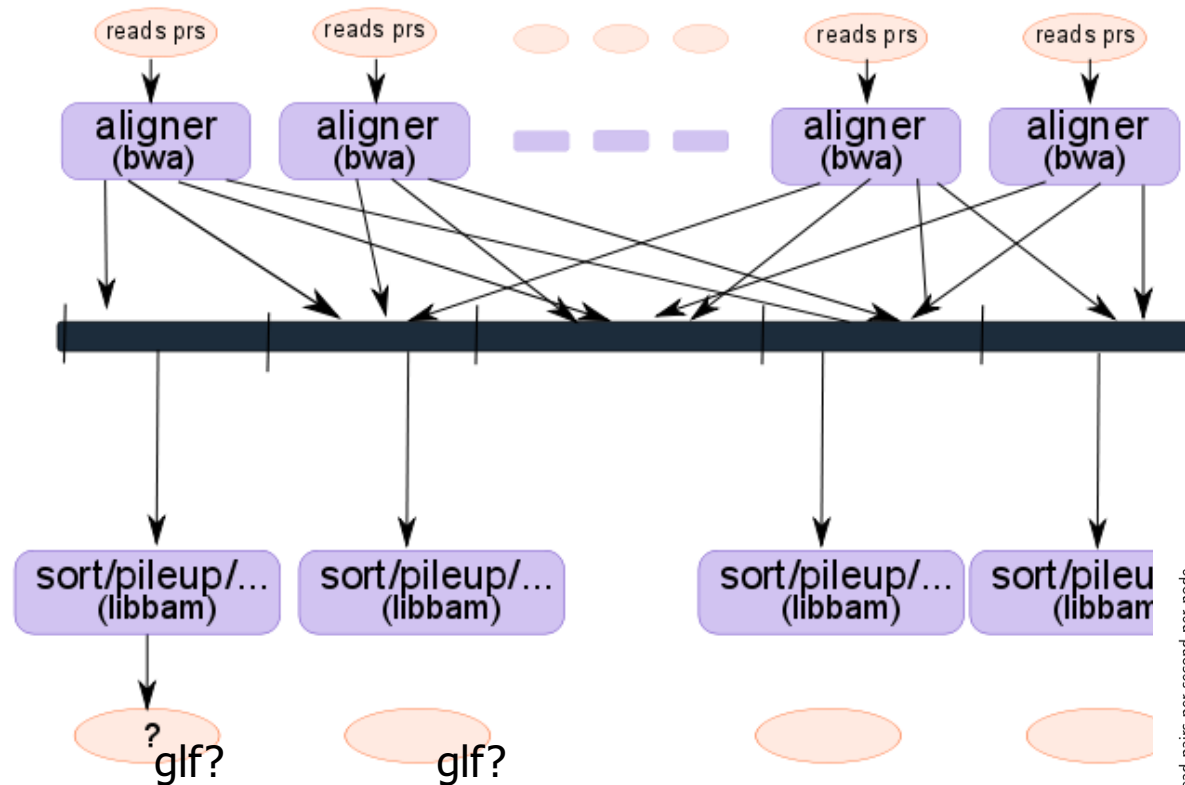




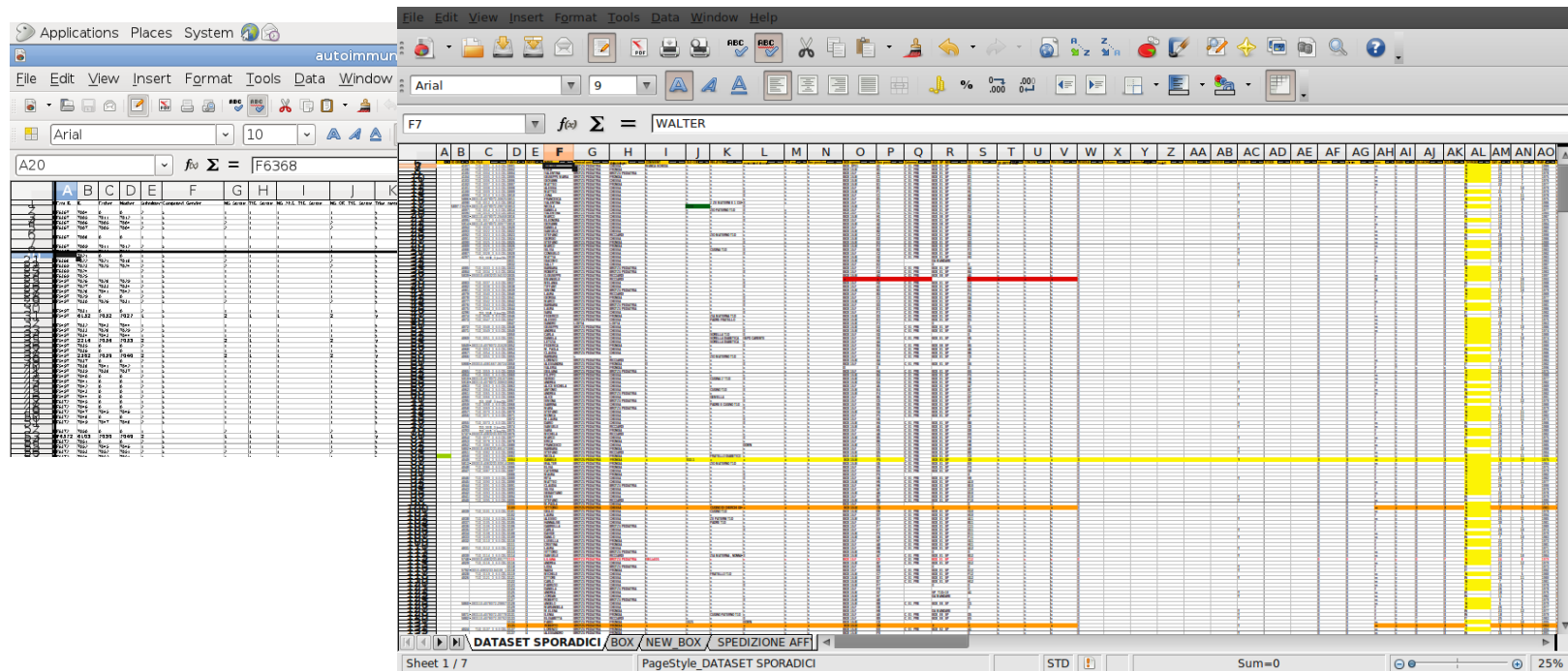
# Example: re-sequencing pipeline (old way)



# Example: re-sequencing pipeline (new way)



# A software crisis: aka excel will break!

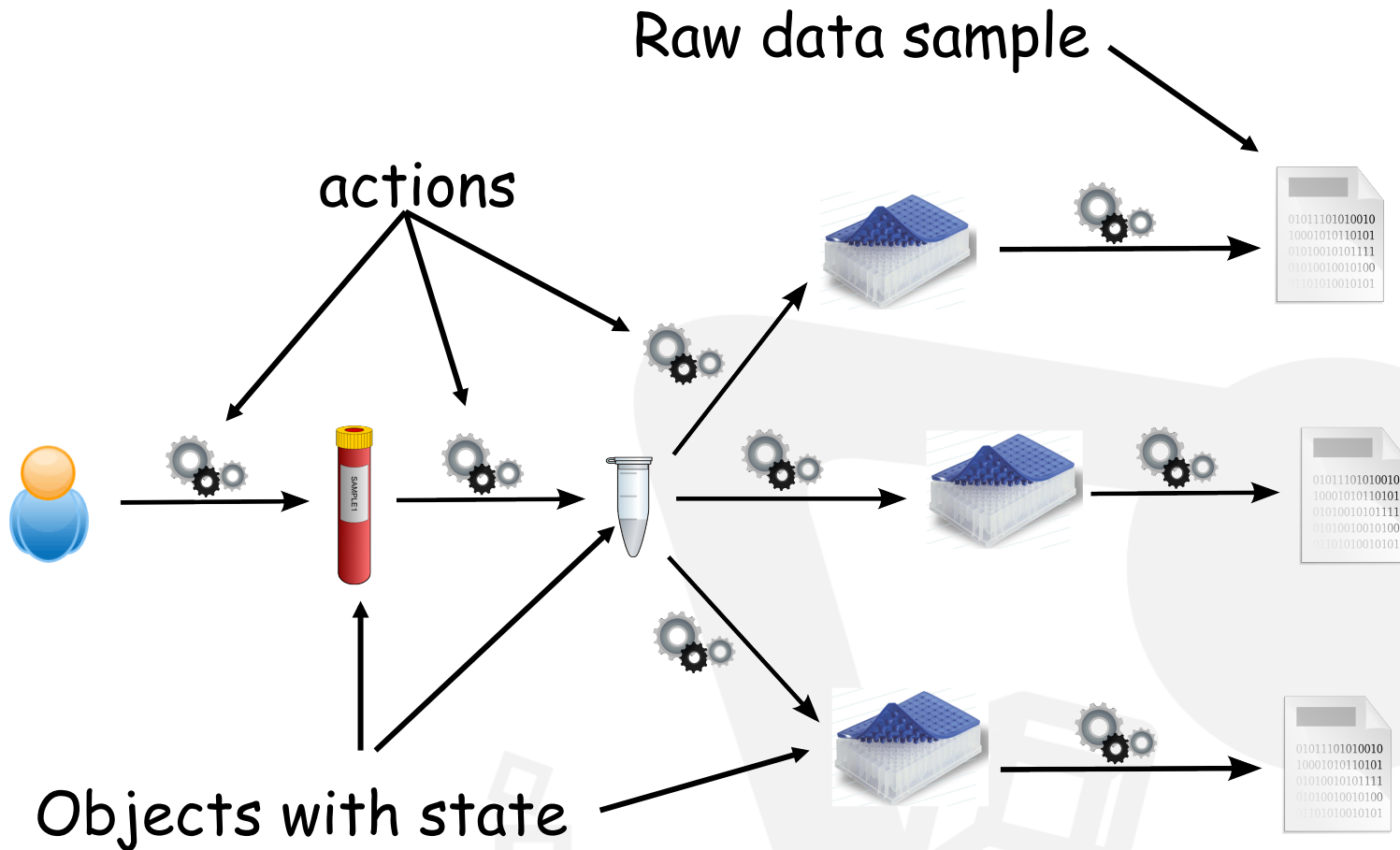


Distributed excel is an inherently brittle technology

# Need to capture statics and dynamics

- Electronic Health Record
    - Multiple sources
    - Implementation specific details
  - Samples
    - Bio and synthetic
      - Physical location / big dataset
    - Chain of Custody
  - Operation description
    - 'Experimental' and 'digital' ops
  - Computational driven inference process
    - Uniform access to data
- 
- results
- process

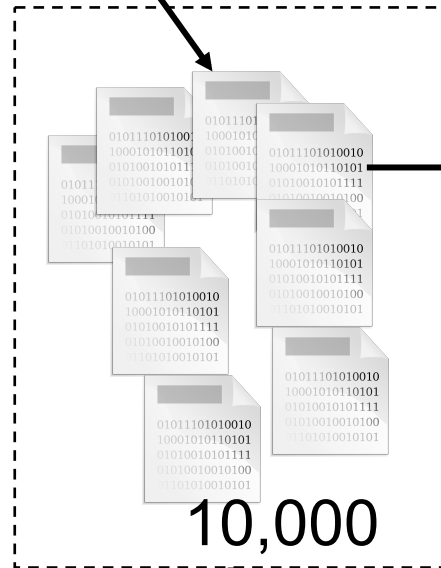
# Desiderata: Model state and transitions



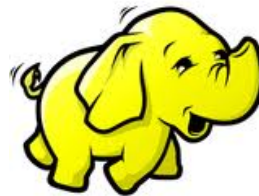


# Desiderata: Keep track of dependencies

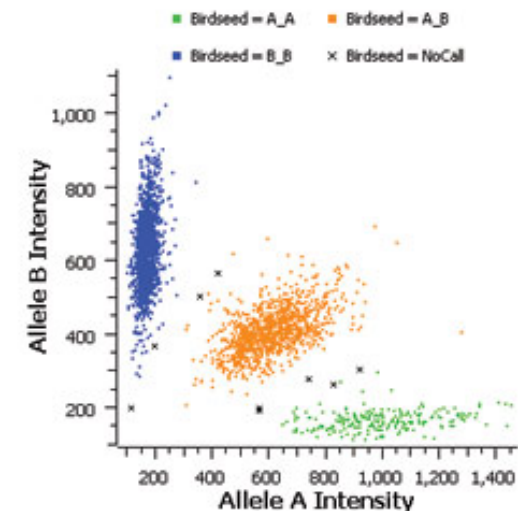
Raw hybridization  
data



Data collection  
(and subsets thereof)



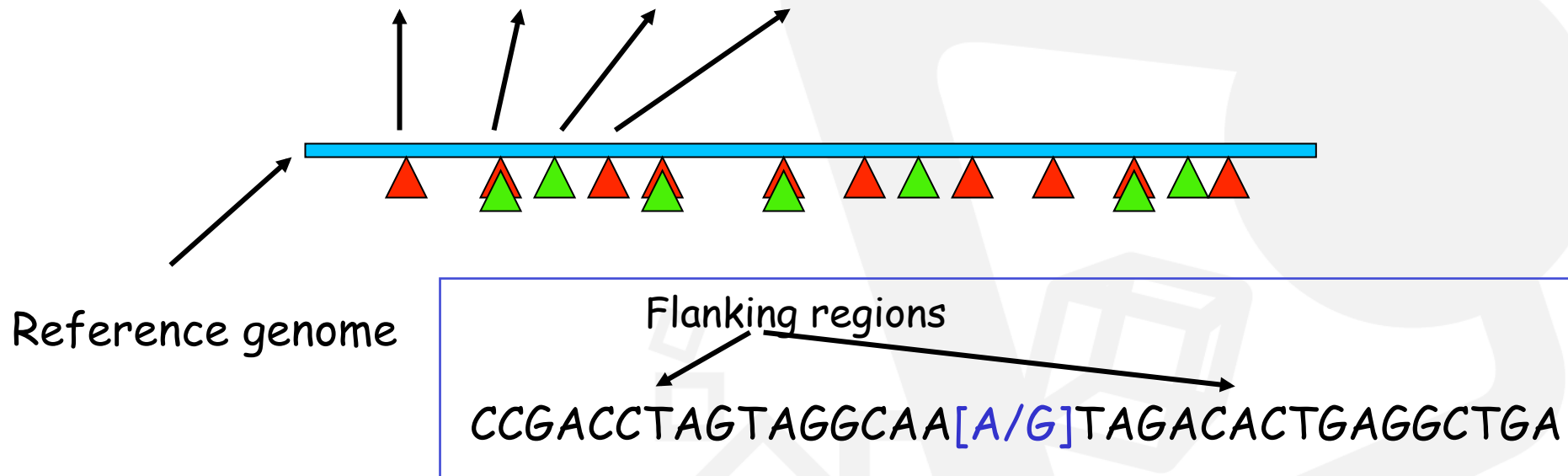
Genotyping results



# Desiderata : Uniform SNPs mngmt

AA	0.2	0.9	0.3	0.1	...	dataset1
BB	0.8	0.1	0.7	0.9	...	

AA	0.9	0.9	0.1	...	dataset2
BB	0.1	0.1	0.9	...	





# Desiderata: Clean access to data (1/3)

```
def main():  
    kb = KB(driver='omero') (...)  
    maker, model = 'crs4-bl', 'taqman-foo'  
    mset = kb.get_markers_set(maker, model)  
    s = gkb.get_gdo_iterator(mset)  
    counts = algo.count_homozygotes(s)  
    mafs = algo.maf(counts)  
    hwe = algo.hwe(counts)
```

```
def main():  
    kb = KB(driver='omero') (...)  
    ...  
    enrolled = kb.get_enrolled(study)  
    #--  
    for e in enrolled:  
        dsets = kb.get_gdos(e.individual)  
        support, mean, sigma = compare_dsets  
(dsets)
```

# Clean access to data (3/3) (well, if you like numpy)

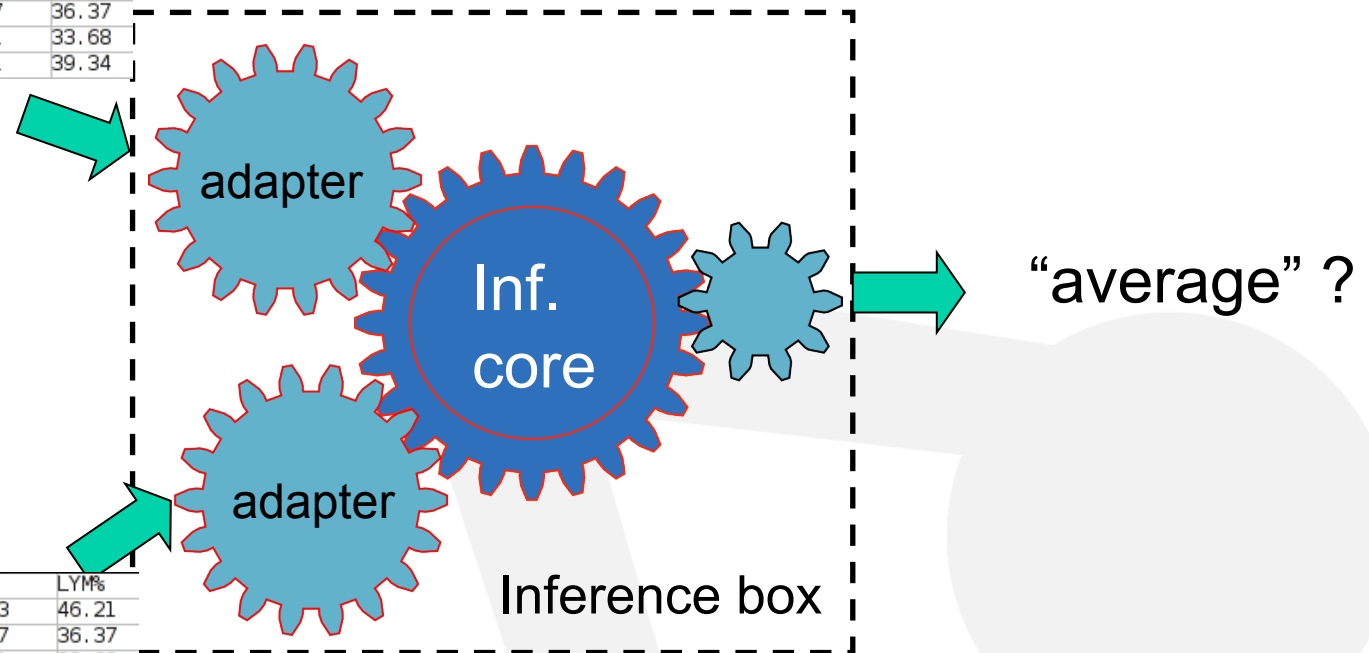
```
def compare_dsets(gdos):
    support, mapping = algo.find_shared_support(gdos)
    ad = [np.vstack([g['probs'][:,i], g['confs'][:,i]])
           for (g, i) in it.izip(gdos, mapping)]
    map(lambda _ : np.reshape(_, (1,) + _.shape), all_data)
    all_data = np.vstack(ad)
    v = all_data[:,0:2,:].sum(axis=0)
    v2 = (all_data[:,0:2,:]**2).sum(axis=0)
    N = all_data.shape[0]
    mean = v/N
    # FIXME: I know, this is not the variance...
    var = v2/N - mean**2
    return (support, mean, np.sqrt(var))
```



# Computable data semantics is crucial

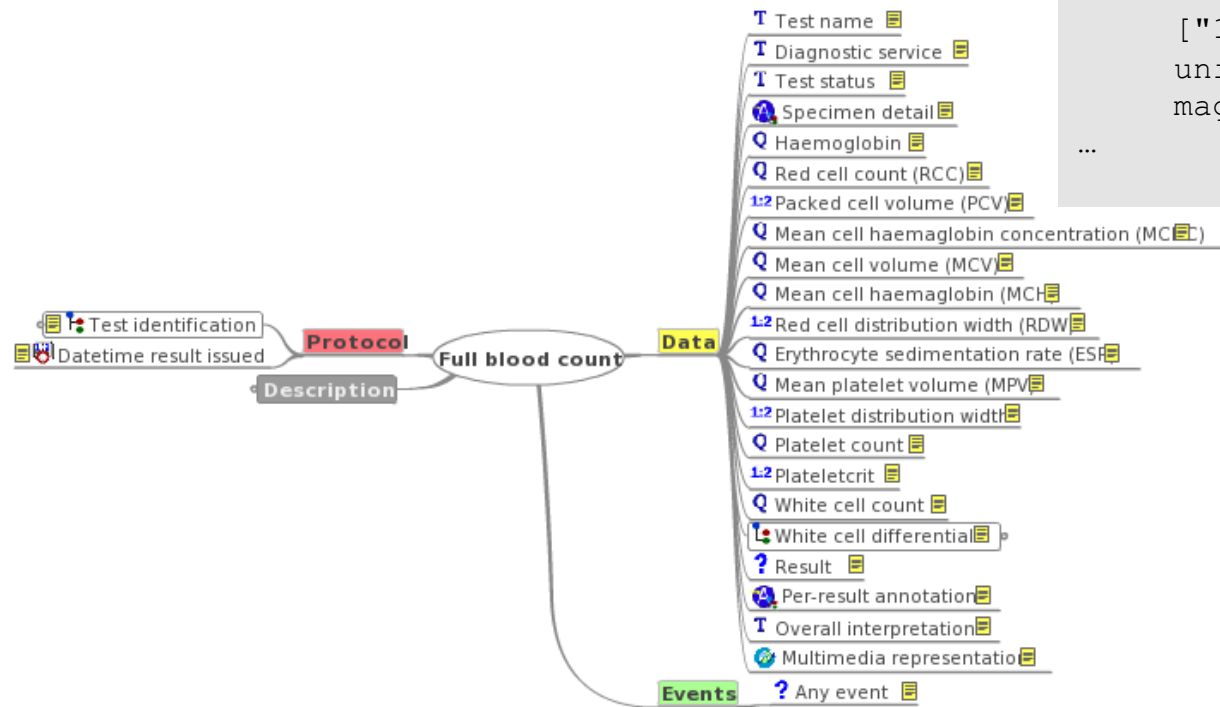
GRA	GRA%	HCT	HGB	LYM	LYM%
2.44	46.42	45.50	145.05	2.43	46.21
2.50	57.98	41.46	135.59	1.57	36.37
3.68	61.58	48.14	151.58	2.01	33.68
2.56	52.69	46.07	144.71	1.91	39.34

GRA	GRA%	HCT	HGB	LYM	LYM%
2.44	46.42	45.50	145.05	2.43	46.21
2.50	57.98	41.46	135.59	1.57	36.37
3.68	61.58	48.14	151.58	2.01	33.68
2.56	52.69	46.07	144.71	1.91	39.34



“Semantic understanding belongs to the humans that wrote the adapter”

## Computable clinical semantics

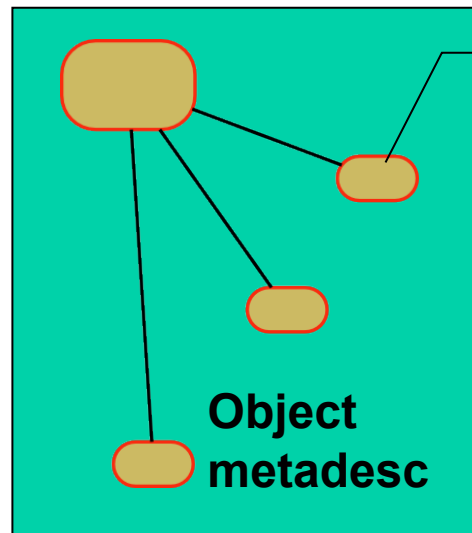


```

... ADL SNIPPET
ELEMENT[at0078.7]
  occurrences matches {0..1} matches {
    -- Mean cell haemoglobin conc. (MCHC)
    value matches {
      C_DV_QUANTITY <
        property = <[openehr::119]>
        list = <
          ["1"] = <
            units = <"gm/l">
            magnitude = <|>=0.0|>
          ...

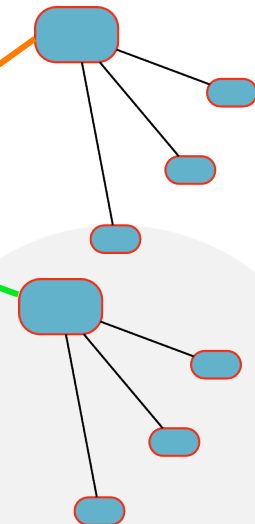
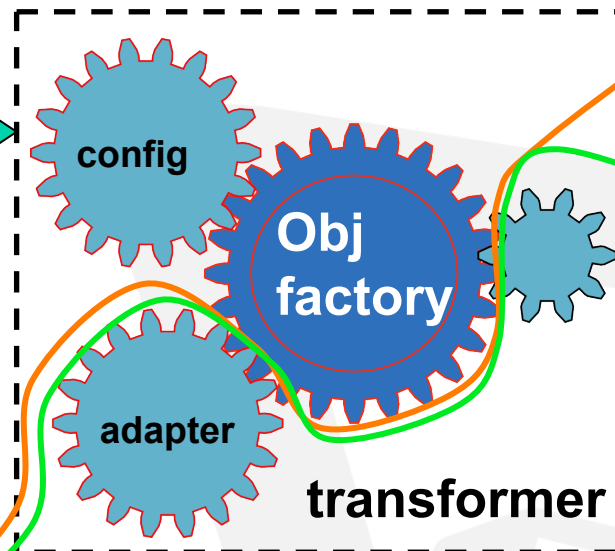
```

# Keep biomedical & computational semantics



Name: foo  
Type: measured\_value

e.g., openEHR ADL  
Tech. Agnostic and future proof



GRA	GRA%	HCT	HGB	LYM	LYM%
2.44	46.42	45.50	145.05	2.43	46.21
2.50	57.98	41.46	135.59	1.57	36.37
3.68	61.58	48.14	151.58	2.01	33.68
2.56	52.69	46.07	144.71	1.91	39.34



# Why we like omero

## Omero is agnostic

Configurable, distributed, platform that deals with collections of objects

Agnostic vs objects models

Agnostic vs programming languages (client side)

## Omero can grow

Meta class description of objects

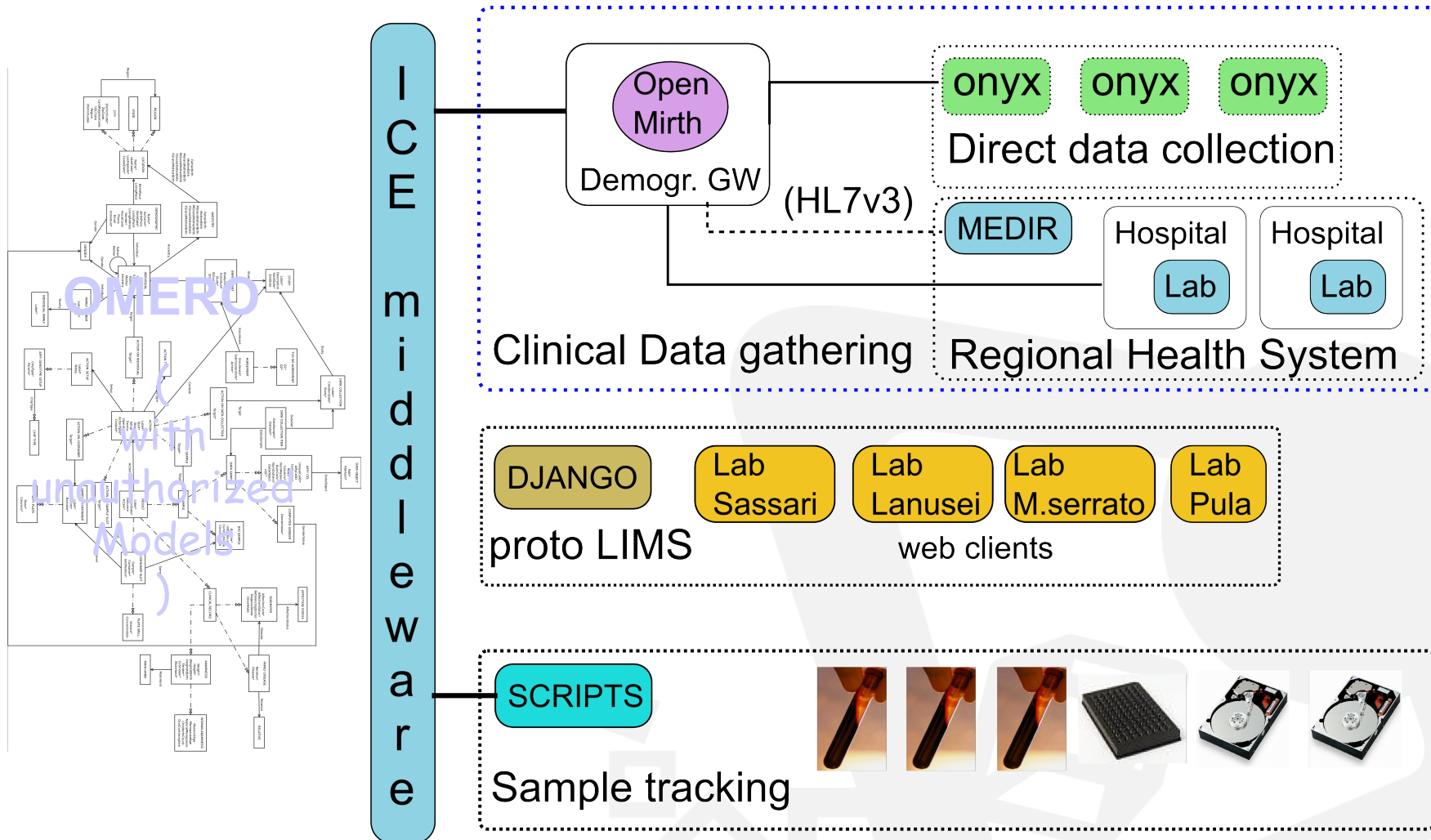
Automatically map openEHR archetypes to models

Omero Tables!

Minimal down-time for model set extension

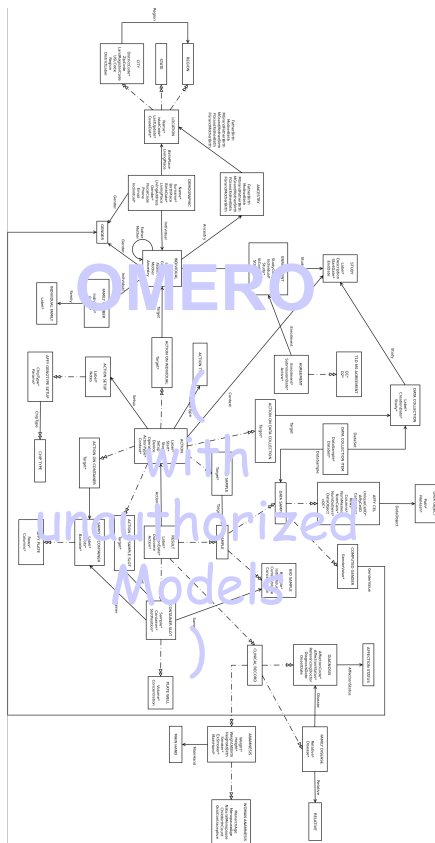
Keep db, install delta (probably an hack)

# Misusing Omero





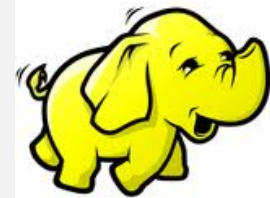
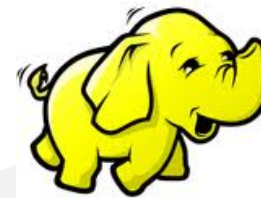
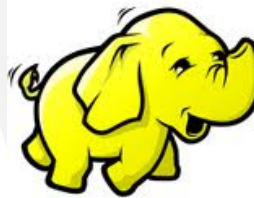
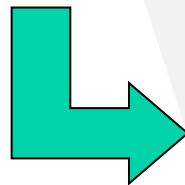
# More Omero misuses



with  
unauthorized  
Models

I  
C  
E  
  
m  
i  
d  
d  
l  
e  
w  
a  
r  
e

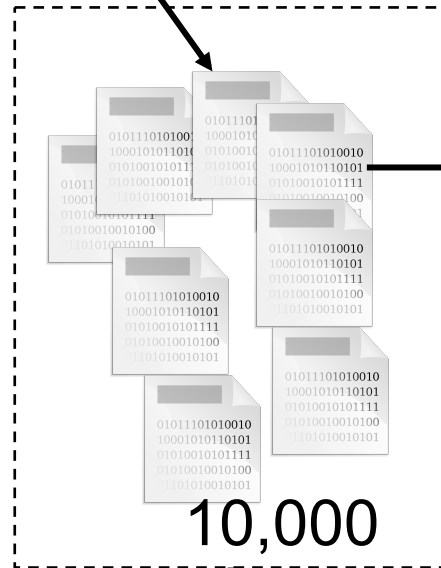
Meta job  
dispatcher



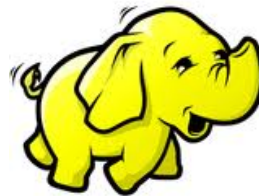
Hadoop jobs

# Desiderata: Keep track of dependencies

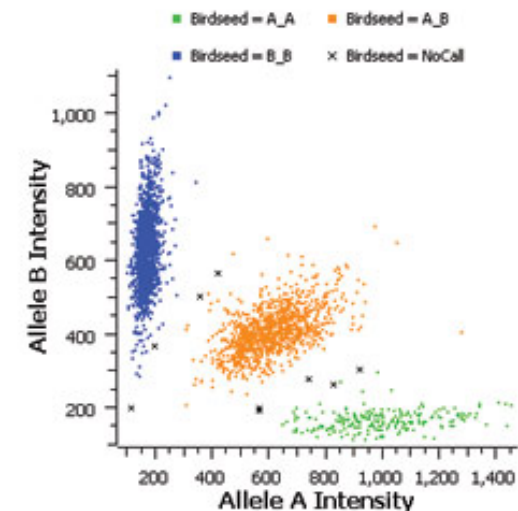
Raw hybridization  
data



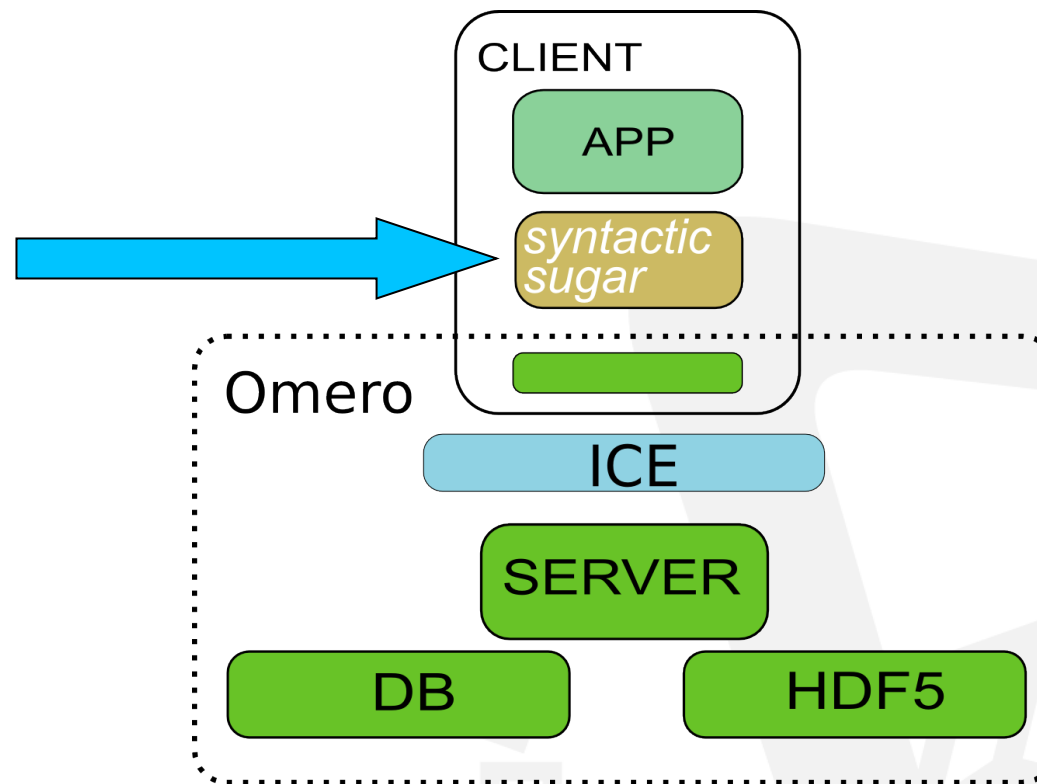
Data collection  
(and subsets thereof)



Genotyping results



# An omero specialization



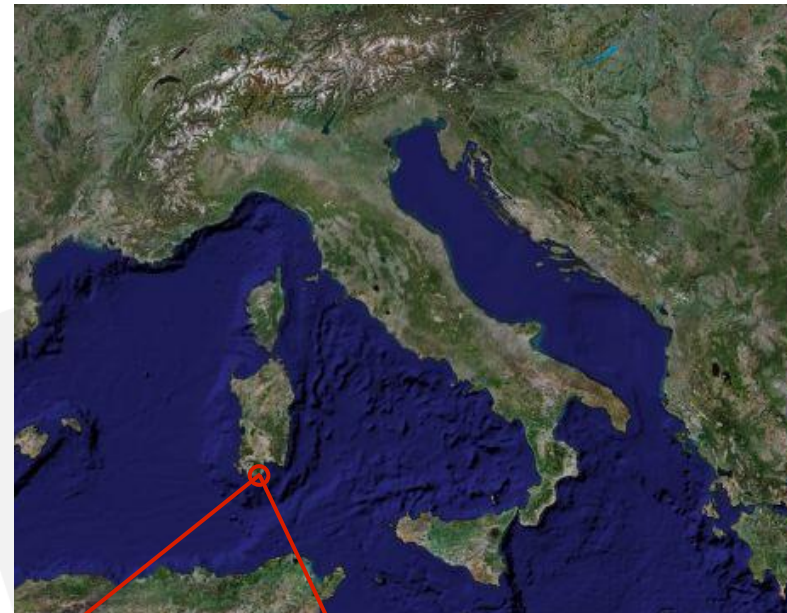
# New models and related sugar

```
<type id="ome.model.vl.Device">
  <properties>
    <required name="vid" type="string" unique="true"/>
    <required name="label" type="string" unique="true"/>
    <required name="maker" type="string"/>
    <required name="model" type="string"/>
    <required name="release" type="string"/>
    <optional name="physicalLocation" type="string"/>
  </properties>
</type>
```



```
class Device(wp.OmeroWrapper):
    OME_TABLE = 'Device'
    __fields__ = [('vid', wp.VID, wp.REQUIRED),
                  ('label', wp.STRING, wp.REQUIRED),
                  ('maker', wp.STRING, wp.REQUIRED),
                  ('model', wp.STRING, wp.REQUIRED),
                  ('release', wp.STRING, wp.REQUIRED),
                  ('physicalLocation', wp.STRING, wp.OPTIONAL)]
```

- Omero is much more than bioimages handling
- Adding sugar has been enough for our needs
  - There could be some ad-hoc improvements...
- We are hiring....



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