Data Access: Who can access the data and how?

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UK Biobank: Principles of Access

- Available to academic or commercial researchers, for all types of health-related research that is in public interest
- No preferential or exclusive access; use of the Resource does <u>not</u> involve "collaboration" with UK Biobank
- Researchers only have to pay for the costs of using the Resource (and not for any of the costs of setting it up)
- Access to the biological samples that are limited and depletable will be carefully controlled and coordinated
- Researchers are required to publish their findings and return derived data so other researchers can use them (but any research-related IP is retained by researchers)

UK Biobank Prospective Cohort

- 500,000 UK men and women aged 40-69 years when recruited and assessed during 2006-2010
- General consent for all types of health research and follow-up through all health-related records (as well as for re-contact for specific purposes)
- Extensive baseline questions and measurements, with biological samples stored for future assays
- Enhancements in large subsets of participants, and assays of samples from all participants
- Repeat assessments over time in subsets of participants to allow for sources of variation

Baseline sample collection: different types of biological sample allowing a wide range of different assays

Sample collection tube	Fractions collected	Potential assays		
Na ⁺ EDTA	PlasmaBuffy coatRed cells	 Plasma proteome and metabonome Assays of genomic DNA Membrane lipids and heavy metals 		
Lithium Heparin (PST)	• Plasma	 Plasma proteome and metabonome (without haemolysis) 		
Silica clot accelerator (SST)	• Serum	 Serum proteome and metabonome (without haemolysis) 		
Acid citrate dextrose	Whole blood	 Assays of DNA extracted from EBV immortalised cell lines B-cell transcriptome 		
EDTA	Whole blood	Standard haematological parameters		
Tempus RNA stabilisation	Whole blood with lysis reagent	Blood transcriptomeRepresentative transcriptomes of other tissues		
Urine	• Urine	 Urine proteome and metabonome Gut microbiome		
Saliva	Mixed saliva sample	Salivary proteome and metabonomeSalivary microbiome(Mucosal proteome and metabonome)		

Baseline questionnaire: assessing a wide range of socio-economic, lifestyle and environmental factors

Self-completion: topics	Median time (minutes)	Interview: topics	Median time (minutes)		
Socio-demographics	1.7				
Ethnicity	0.1	Medical history/medication	3.1		
Work-employment	1.4	Occupation	0.4		
Physical activity	4.4	Other	0.6		
Smoking (non-smokers)	0.5	Total time	4.4		
(past/current smokers)	1.5	Total time	4.1		
Diet (food frequency)*	4.5				
Alcohol	1.1				
Sleep	1.2	*Subset of 200 000 participan	ts: ranaatad		
Sun exposure	1.3	*Subset of 200,000 participants: repeated			
Environmental exposures	1.0	daily diet diaries conducted via the interne			
Early life factors	8.0				
Family history of common diseases	1.6				
Reproductive history & screening (women) 2.4				
(men)	8.0				
Sexual history	0.4		_		
General health	2.1	Touchscreen and interview question (plus extra enhancement questions available at www.ukbiobank.ac.uk			
Past medical history & medications	1.6				
Noise exposure	1.0				
Psychological status	4.5	available at www.ukblob	arin.ac.un		
Cognitive function tests	10.0				
Hearing speech-in-noise test	8.0				
Total time	52.5				

Baseline assessment: Standard physical measures (with enhanced measures made in large subsets)

All 500,000 participants

- Blood pressure & heart rate
- Height (standing/seated)
- Waist/hip circumference
- Weight/impedance
- Spirometry
- Heel ultrasound

Subset: 175,000 participants

- Hearing test
- Vascular reactivity

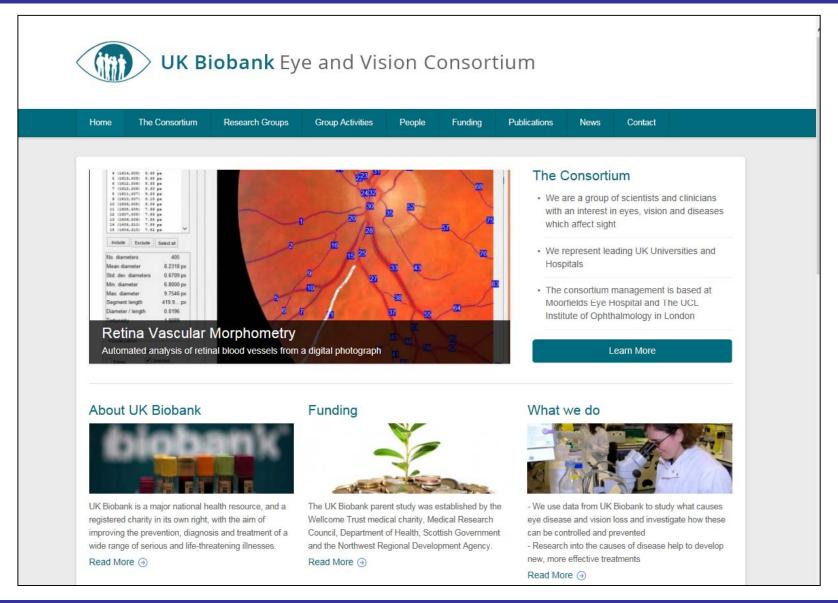
Subset: 120,000 participants

Visual acuity, refractive index
 & intraocular pressure

Subset: 85,000 participants

- Retinal images & optical coherence tomograms
- Fitness test & ECG limb leads

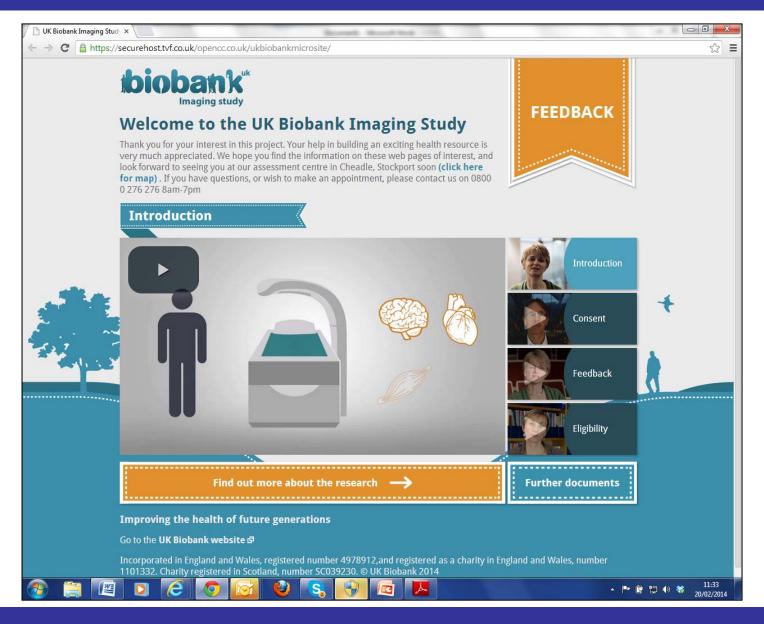
Some researchers (e.g. Eye and Vision Consortium) have taken the lead in turning data into information



Other enhancements of UK Biobank phenotyping being driven by experts in particular topic areas

- Web-based assessments of diet completed;
 and currently doing cognitive function (2015)
- Wrist-worn accelerometers are being worn for one week by 100,000 participants (2013-15)
- Biobank chip to genotype (GWAS; candidate SNPs; exome) all participants (2013-15)
- Standard panel of assays (e.g. lipids; clotting) on samples from all participants (2014-16)
- Multiple imaging modalities (brain/heart/body MRI; bone/joint DEXA) and 2-week cardiac monitoring in 100,000 participants (2014-19)

Keeping participants informed about developments (email addresses for ~340,000 of the participants)



UK Biobank: Centralised follow-up of health (but there is <u>not</u> a single system in the UK)

- Death and cancer registries
- In-patient and out-patient hospital episodes (including psychiatric) and related procedure registries
- Primary care records of health conditions, prescriptions, diagnostic tests and other investigations
- Other health-related: disease registries; dispensing; imaging; screening; dental; tax/benefit payments
- Direct to participants: self-reported medical conditions; treatments actually being taken; degree of functional impairment; cognitive and psychological scores

Quick Search

Full Search

Catalogues

Downloads

Category 100091

Health-related outcomes

Description

This category contains information related to the health outcomes of the participants provided through linkages to a range of he records. These datasets are continually being accrued and the database is updated on a regular basis.

	3 Sub-Ca	legories 1 Resour	rce		
	Category	Category ID Description			
	2000	Hospital in-patient	127		
•	100093	Death register	6		
	100092	Cancer register	8		

Improving the health of future

Category 100093

Death register - Health-related outcomes

Description

This category contains coded data on the cause of death (International Classification of Diseases [ICD10]), obtained through linkage to national death registries.

6 Data	-Fields	1 Parent Category	1 Resource
Field ID	Descrip	otion	
40018	Source	of death report	
40000	Date of	death	
40007	Age at o	death	
40001	Underlyi	ing (primary) cause of d	leath: ICD10
40002	Contribu	utory (secondary) cause	s of death: ICD
40010	Descrip	tion of cause of death	

Improving the health of future generation

Participants	8,074
Item count	8,200
Stability	Accruing

Value Type	Categorical (single)
Item Type	Data
Strata	Primary

Sexed	Both sexes
Instances	Defined (2)
Array	No

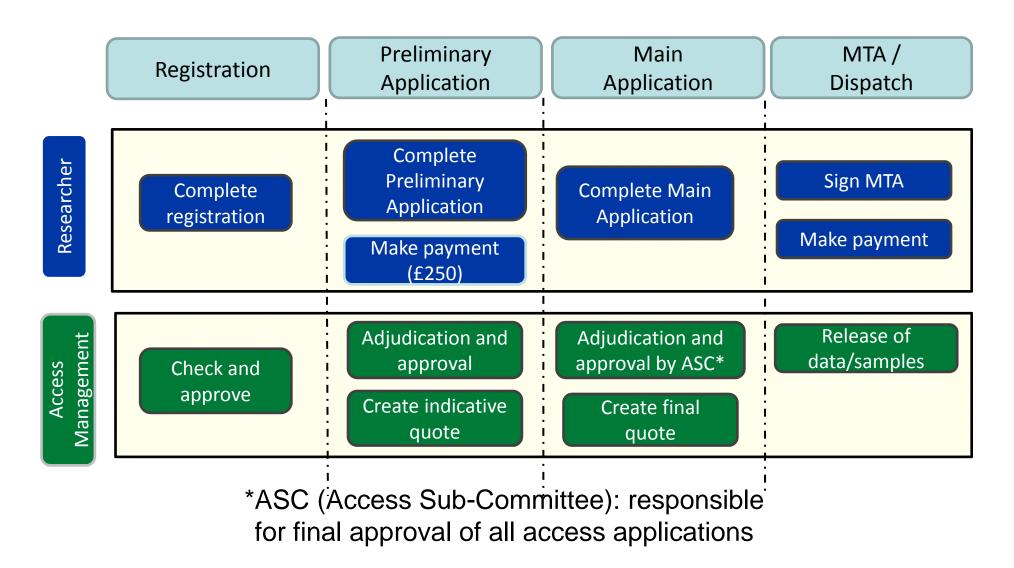
Data Notes 2 Categories 4 Related Data-Fields 1 Resource

8,200 items of data are available, covering 8,074 participants, encoded using Data-Coding 19. Defined-instances run from 0 to 1, labelled using Instancing 9000001.

Category	Count
Chapter I Certain infectious and parasitic diseases	82
Chapter II Neoplasms	4865
Chapter III Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	14
Chapter IV Endocrine, nutritional and metabolic diseases	58
Chapter V Mental and behavioural disorders	40
Chapter VI Diseases of the nervous system	209
□ Chapter IX Diseases of the circulatory system	_
	8
□ I10-I15 Hypertensive diseases	45
□ 120-125 Ischaemic heart diseases	-
	2
	406
124 Other acute ischaemic heart diseases	8
125 Chronic ischaemic heart disease	595
■ 126-128 Pulmonary heart disease and diseases of pulmonary circulation	49
	163
	296
170-179 Diseases of arteries, arterioles and capillaries	106

Cross-tabulations also available for registered researchers

UK Biobank access process: unduly complex and requires streamlining



Conditions of the Material Transfer Agreement

- Use data/samples only for the approved research project (but perhaps too restrictive of researchers' imagination)
- Restrict access to approved members of research team (but perhaps too cumbersome in collaborative research)
- Publish results and return derived data to UK Biobank (but storing such data may be costly and not useful)
- Potential actions for breaches of MTA:
 - Prevent further access by the researcher, and all other researchers based at the same Institution
 - Inform the researcher's Institution, funders and/or any relevant governing or regulatory bodies

Issues with access to cohorts established to support an extensive range of uses by different researchers

- Access process: may be made unduly complex due to concerns that proposed research uses may go beyond the original consent provided by the participants
- <u>Depletable sample</u>: a "resource" needs to be able to provide appropriate samples for a wide range of uses or, preferably, the results of a wide range of assays
- <u>Data inaccessibility</u>: researchers may not be able to handle complex data (e.g. from imaging) and, instead, need it to be converted into accessible "information"
- Insufficient specificity: lack of detailed characterisation of disease outcomes may either limit utility or result in delays before such information can be made available

Applications to use the UK Biobank resource, which has no preferential access, by country

	UK	US	Other	Overall
Registration	76%	7%	17%	1612
Preliminary application	81%	5%	14%	277
Main application	81%	5%	14%	149
Data release	80%	4%	16%	73

What might be the reasons for differential access?

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