

**Subject:** RE: DGAB recommendations from Feb. 3, 2020

**Date:** Tuesday, February 4, 2020 at 15:34:54 Eastern Standard Time

**From:** Sommers, Connie (NIH/NCI) [E]

**To:** Warren A Kibbe, Ph.D., Leblanc, Amy (NIH/NCI) [E], Khan, Javed (NIH/NCI) [E], Parchment, Ralph (NIH/NCI) [C]

**CC:** Beyers, Matthew (NIH/NCI) [C]

Dear Warren, Matt, and Ralph,

On behalf of the Senior Advisory Committee of the ICDC, the three studies referenced in the email below are approved for submission to the ICDC in the priority listed (first: Bladder Cancer – vemurafenib/Knapp, second: Bladder Cancer – treatment naïve/Knapp, third: CAN-14-0392/Zhao).

Sincerely,

Connie, Amy, and Javed

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**From:** Warren A Kibbe, Ph.D. <warren.kibbe@duke.edu>

**Sent:** Monday, February 3, 2020 4:45 PM

**To:** Leblanc, Amy (NIH/NCI) [E] <amy.leblanc@nih.gov>; Sommers, Connie (NIH/NCI) [E]

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**Subject:** DGAB recommendations from Feb. 3, 2020

To the NCI Senior Advisory Committee of the Integrated Canine Data Commons:

The Data Governance Advisory Board of the Integrated Canine Data Commons (ICDC) met on Feb. 3, 2020 to evaluate three (3) submitted proposals for data for the ICDC. Our task is to propose a priority for ingestion of these studies, taking into account the limited resources of the ICDC Data Team, and propose an order for ingestion.

State of the Data: 3 studies

1. COTC007B – Completed (pending cleanup)
2. NCATS-COP01 – Completed (pending cleanup)
3. GLIOMA01 – ongoing

Studies currently under ingestion(the three above) will not change priority.

New Studies proposed: 3 studies

- CAN-14-0392 – submitted 1/15/2020 by Shaying Zhao
- Bladder Cancer – treatment naïve – submitted 1/22/2020 by Debbie Knapp
- Bladder Cancer – vemurafenib – submitted 1/22/2020 by Debbie Knapp

We will be reaching out to Dr. Knapp for study codes for her two studies.

Study proposals for all three are attached to this email.

After discussion at the DGAB, we propose the following priority for ingestion of the studies:

1. Bladder Cancer – vemurafenib
2. Bladder Cancer – treatment naïve
3. CAN-14-0392

The vemurafenib study is of highest priority because of its longitudinal nature and the various data types it will encompass. We will be required to expand the ICDC data model to handle immunology, pharmacokinetics, and MTD data as well as taking into account pathology, imaging, genomics and clinical data. This will necessitate building out the ICDC to display data associated with samples (rather than just at the case level as currently exists). We feel that it is worthwhile to continue working on these harder issues at the moment to more fully flesh out the system.

Following working with the bladder cancer vemurafenib, the team will move on to the bladder cancer treatment naïve study because it is very similar and will test our ability to upload to the newly designed features.

Lastly, we'll ingest the CAN-14-0392 study which contains tumor/normal pairs for 12-16 dogs and is very similar to the NCATS-COP01 study. These data are already available in SRA. During our current work with GLIOMA01, we intend to examine linking to existing data in SRA and so this study will be a further test of that ability, if found to be feasible.

Please let us know if you concur with our recommendations and please let me or Matt Beyers know if you need any more information or clarification.

Best regards,

Warren Kibbe  
On behalf of the DGAB committee

and

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