

# NIH DATA AND RESOURCE SHARING POLICIES

NIH Big Data to Knowledge (BD2K) All Hands Meeting  
November 13, 2015

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U.S. Department of Health & Human Services (HHS)

# NIH and Data Sharing



*Sharing research data supports the NIH mission*

# Benefits of Data Sharing

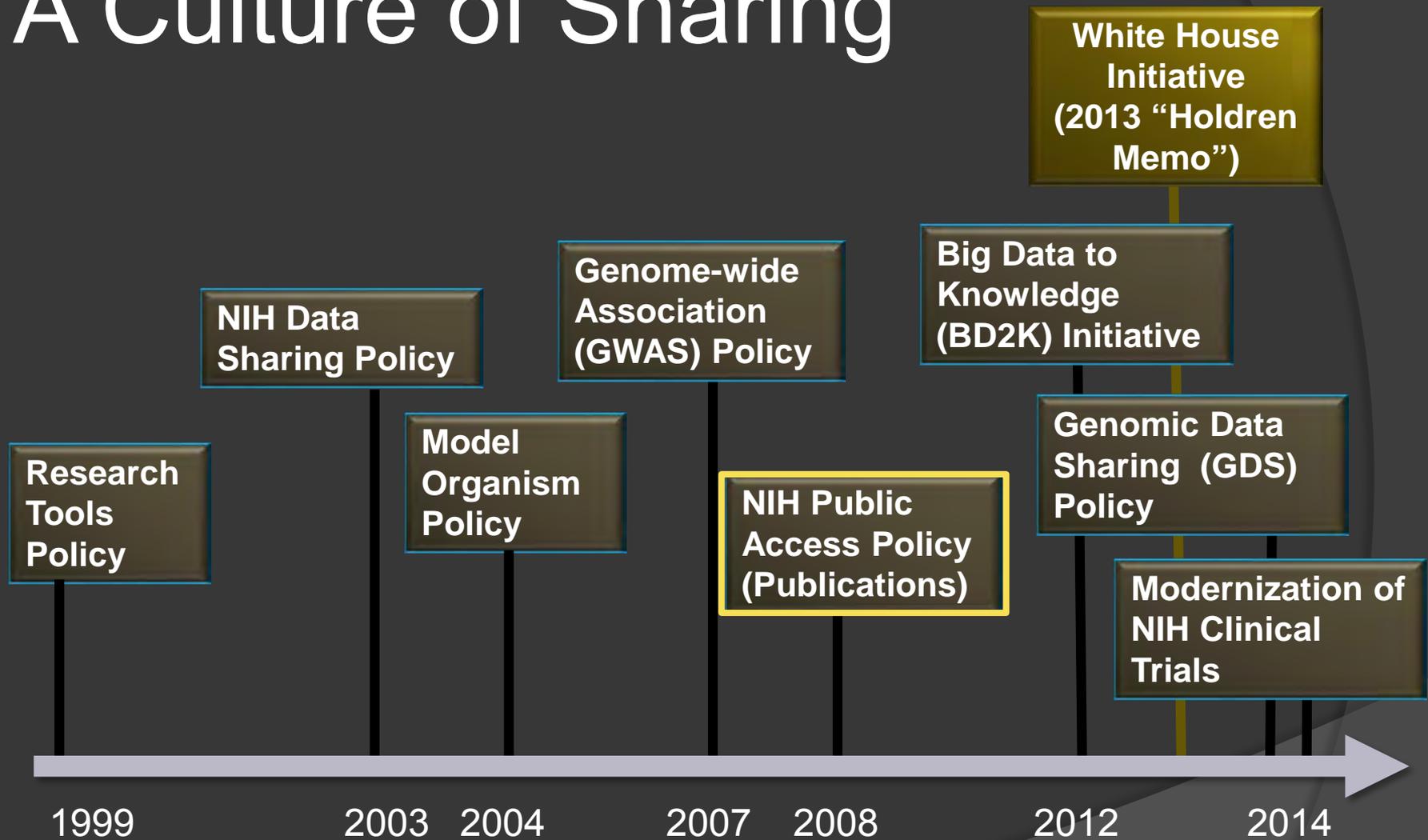
- ⦿ Inform future research and research funding decisions
  - For example, more funding for new research, advancement of comparable research, etc.
- ⦿ Enables data generated from one study to be used to explore a wide range of additional research questions
- ⦿ Increases statistical power and scientific value by enabling data from multiple studies to be combined
- ⦿ Facilitates reproducibility and validation of research results
- ⦿ Facilitates innovation of methods and tools for research
- ⦿ Meet ethical obligation to human subjects (i.e., that results inform science)
- ⦿ Increase access to data about marketed products

# NIH Longstanding Policy

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It is NIH policy that the results and accomplishments of the activities that it funds should be made available to the public. PD/PIs and recipient organizations are expected to make the results and accomplishments of their activities available to the research community and to the public at large.

# A Culture of Sharing



# NIH Public Access Policy for Publications

- Ensures public access to published results of all research funded by NIH since 2005 (by law since 2008)
  - Recipients of NIH funds required to submit final peer-reviewed journal manuscripts to PubMed Central (PMC) upon acceptance for publication
  - Papers must be accessible to the public on PMC no later than 12 months after publication

CONSOLIDATED APPROPRIATIONS ACT, 2008

PUBLIC LAW 110-161—DEC. 26, 2007

121 STAT. 2187



J Biol Chem. 2014 Feb 21;289(8):5074-82. doi: 10.1074/jbc.M113.542787. Epub 2014 Jan 8.

**Coupling of human DNA excision repair and the DNA damage checkpoint in a defined in vitro system.**

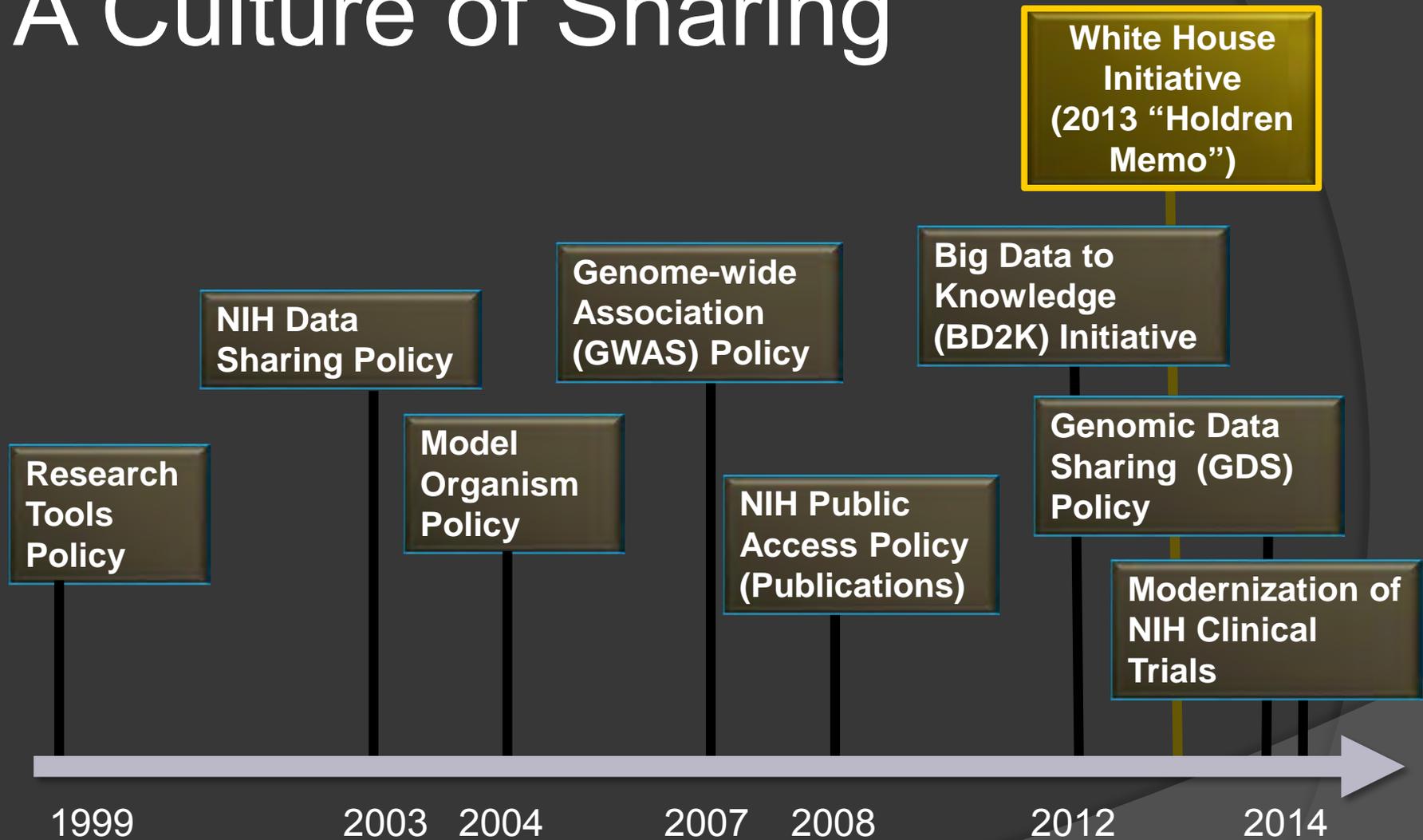
Lindsey-Boltz LA<sup>1</sup>, Kemp MG, Reardon JT, DeRocco V, Iyer RF, Modrich P, Sancar A.

Full text links

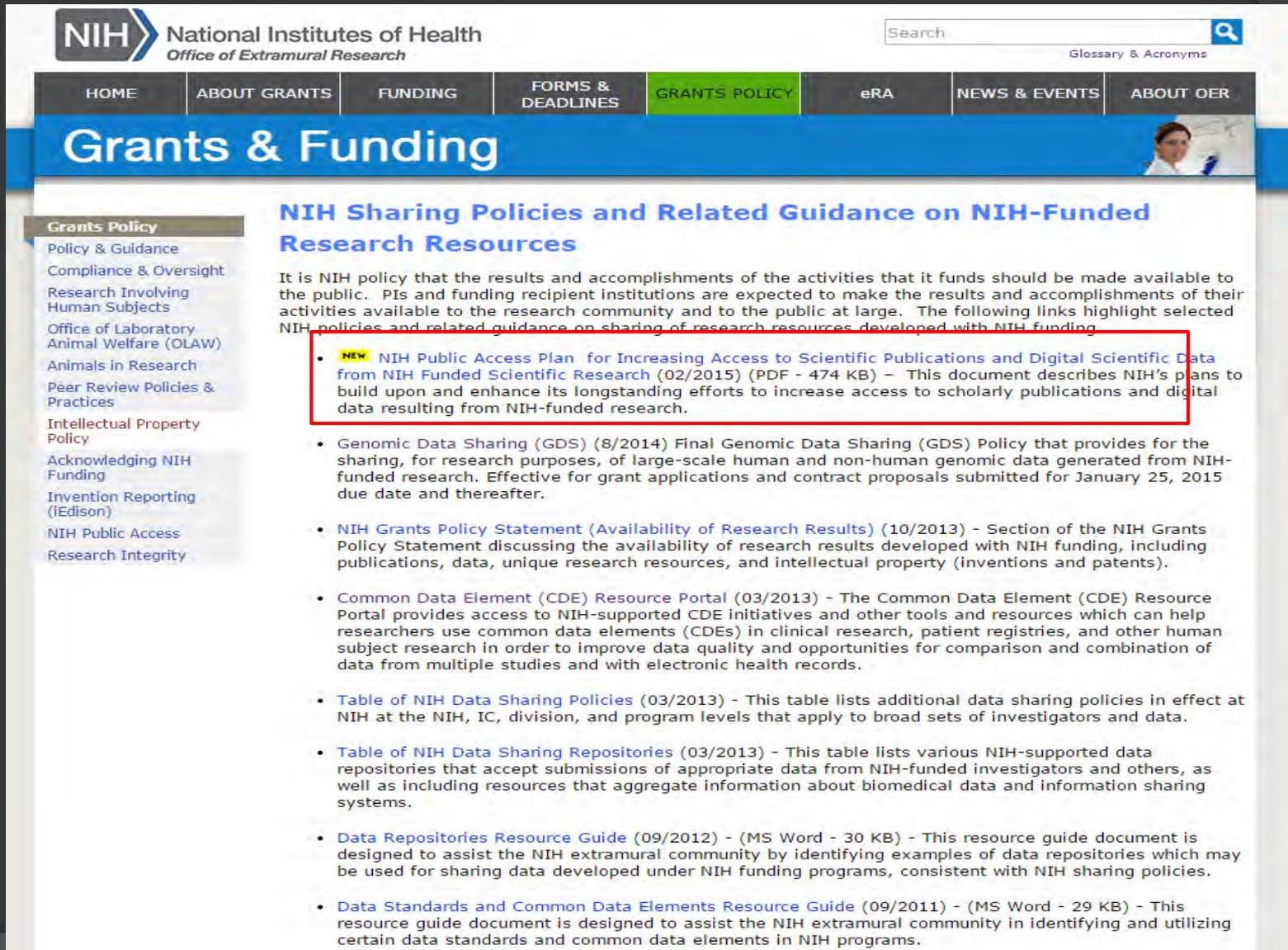


policy in a manner consistent with copyright law.

# A Culture of Sharing



# NIH Response to Administration Directives



NIH National Institutes of Health  
Office of Extramural Research

Search 

Glossary & Acronyms

HOME ABOUT GRANTS FUNDING FORMS & DEADLINES **GRANTS POLICY** eRA NEWS & EVENTS ABOUT OER

## Grants & Funding

**Grants Policy**

- Policy & Guidance
- Compliance & Oversight
- Research Involving Human Subjects
- Office of Laboratory Animal Welfare (OLAW)
- Animals in Research
- Peer Review Policies & Practices
- Intellectual Property Policy
- Acknowledging NIH Funding
- Invention Reporting (iEdison)
- NIH Public Access
- Research Integrity

### NIH Sharing Policies and Related Guidance on NIH-Funded Research Resources

It is NIH policy that the results and accomplishments of the activities that it funds should be made available to the public. PIs and funding recipient institutions are expected to make the results and accomplishments of their activities available to the research community and to the public at large. The following links highlight selected NIH policies and related guidance on sharing of research resources developed with NIH funding.

- NEW** [NIH Public Access Plan for Increasing Access to Scientific Publications and Digital Scientific Data from NIH Funded Scientific Research \(02/2015\)](#) (PDF - 474 KB) – This document describes NIH’s plans to build upon and enhance its longstanding efforts to increase access to scholarly publications and digital data resulting from NIH-funded research.
- [Genomic Data Sharing \(GDS\) \(8/2014\) Final Genomic Data Sharing \(GDS\) Policy](#) that provides for the sharing, for research purposes, of large-scale human and non-human genomic data generated from NIH-funded research. Effective for grant applications and contract proposals submitted for January 25, 2015 due date and thereafter.
- [NIH Grants Policy Statement \(Availability of Research Results\) \(10/2013\)](#) - Section of the NIH Grants Policy Statement discussing the availability of research results developed with NIH funding, including publications, data, unique research resources, and intellectual property (inventions and patents).
- [Common Data Element \(CDE\) Resource Portal \(03/2013\)](#) - The Common Data Element (CDE) Resource Portal provides access to NIH-supported CDE initiatives and other tools and resources which can help researchers use common data elements (CDEs) in clinical research, patient registries, and other human subject research in order to improve data quality and opportunities for comparison and combination of data from multiple studies and with electronic health records.
- [Table of NIH Data Sharing Policies \(03/2013\)](#) - This table lists additional data sharing policies in effect at NIH at the NIH, IC, division, and program levels that apply to broad sets of investigators and data.
- [Table of NIH Data Sharing Repositories \(03/2013\)](#) - This table lists various NIH-supported data repositories that accept submissions of appropriate data from NIH-funded investigators and others, as well as including resources that aggregate information about biomedical data and information sharing systems.
- [Data Repositories Resource Guide \(09/2012\)](#) - (MS Word - 30 KB) - This resource guide document is designed to assist the NIH extramural community by identifying examples of data repositories which may be used for sharing data developed under NIH funding programs, consistent with NIH sharing policies.
- [Data Standards and Common Data Elements Resource Guide \(09/2011\)](#) - (MS Word - 29 KB) - This resource guide document is designed to assist the NIH extramural community in identifying and utilizing certain data standards and common data elements in NIH programs.

# NIH Plan on Digital Scientific Data

- ⦿ Describes current policies and procedures and future considerations.
- ⦿ Maximize access by the general public, without charge, to digital scientific data.
- ⦿ Protect privacy, proprietary interests, and preserve the balance between the benefits of access/preservation and the costs.

# NIH Plan on Digital Scientific Data (continued)



- Explore steps to require data sharing
- Ensure that all NIH-funded researchers prepare data management and sharing plans
- Ensure that plans are reviewed during peer review
- Develop additional policies to increase public access to designated data types
- Encourage use of established repositories and community-based standards
- Develop approaches to ensure discoverability of data
- Promote interoperability and openness (M-13-13)
- Explore the development of a data commons

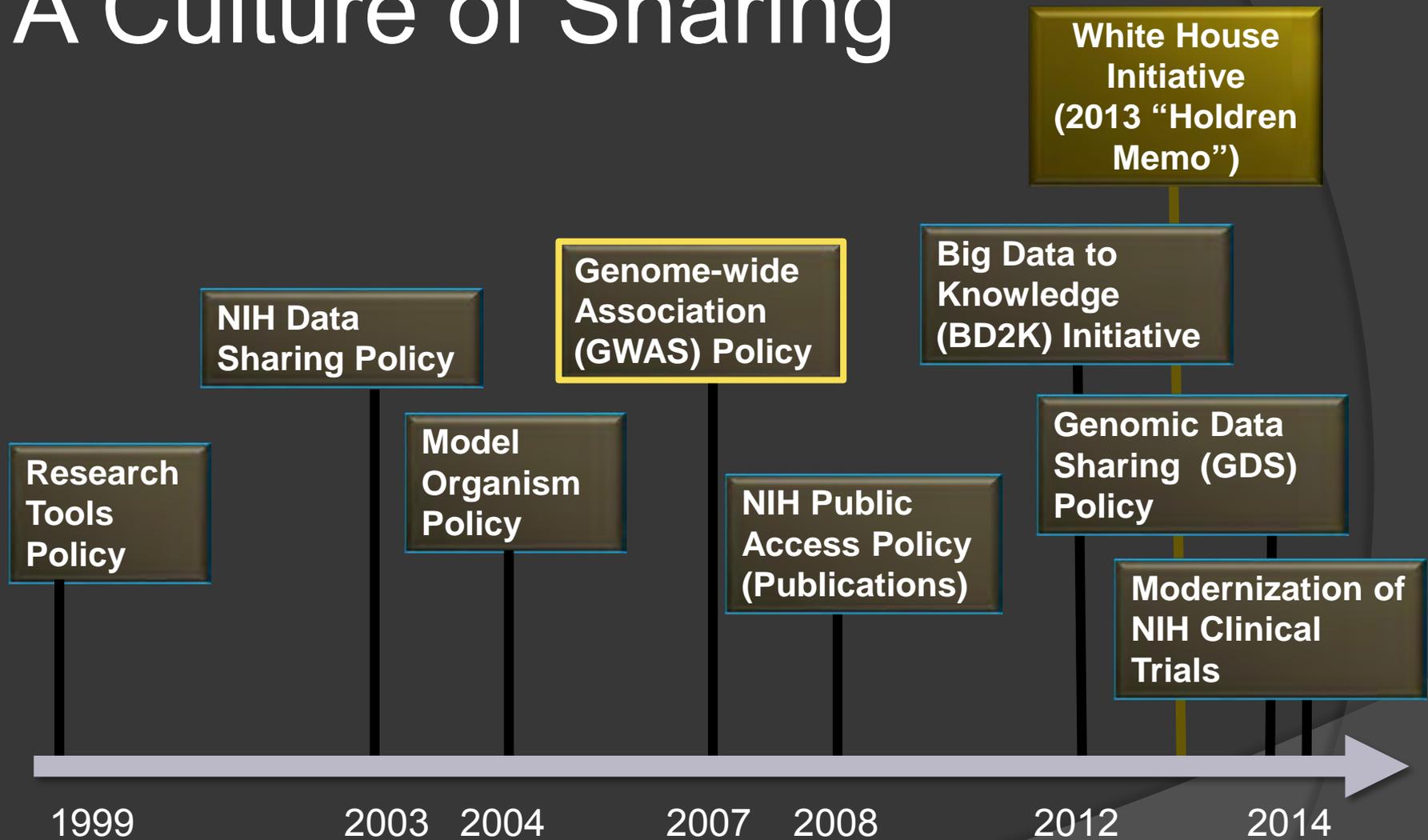
# Considerations for Implementation of the Plan Goals for Digital Scientific Data

- ⦿ Timelines for implementation
- ⦿ For human data, privacy, confidentiality, informed consent issues
- ⦿ Costs and benefits, for example, establishing suitable repositories
- ⦿ Implementation costs within constraints of existing budgets and resources
- ⦿ Notice and feedback from the community
- ⦿ Changes to policies, systems, forms, procedures, etc.
- ⦿ Education, training, and tools for NIH staff, community, and others as appropriate

# Next Steps

- ⦿ Further develop draft policy in conjunction with assessment of priorities and costs and benefits
- ⦿ Seek input from NIH, HHS, and other Federal government staff as appropriate
- ⦿ Revise and issue draft policy guidance for public comment as appropriate
- ⦿ Review comments and revise policy guidance as needed
  - Work on implementation for systems, forms, procedures, etc.
  - Identify and address challenges as appropriate
- ⦿ Issue final policy and implementation guidance, along with education, training, tools, etc.

# A Culture of Sharing



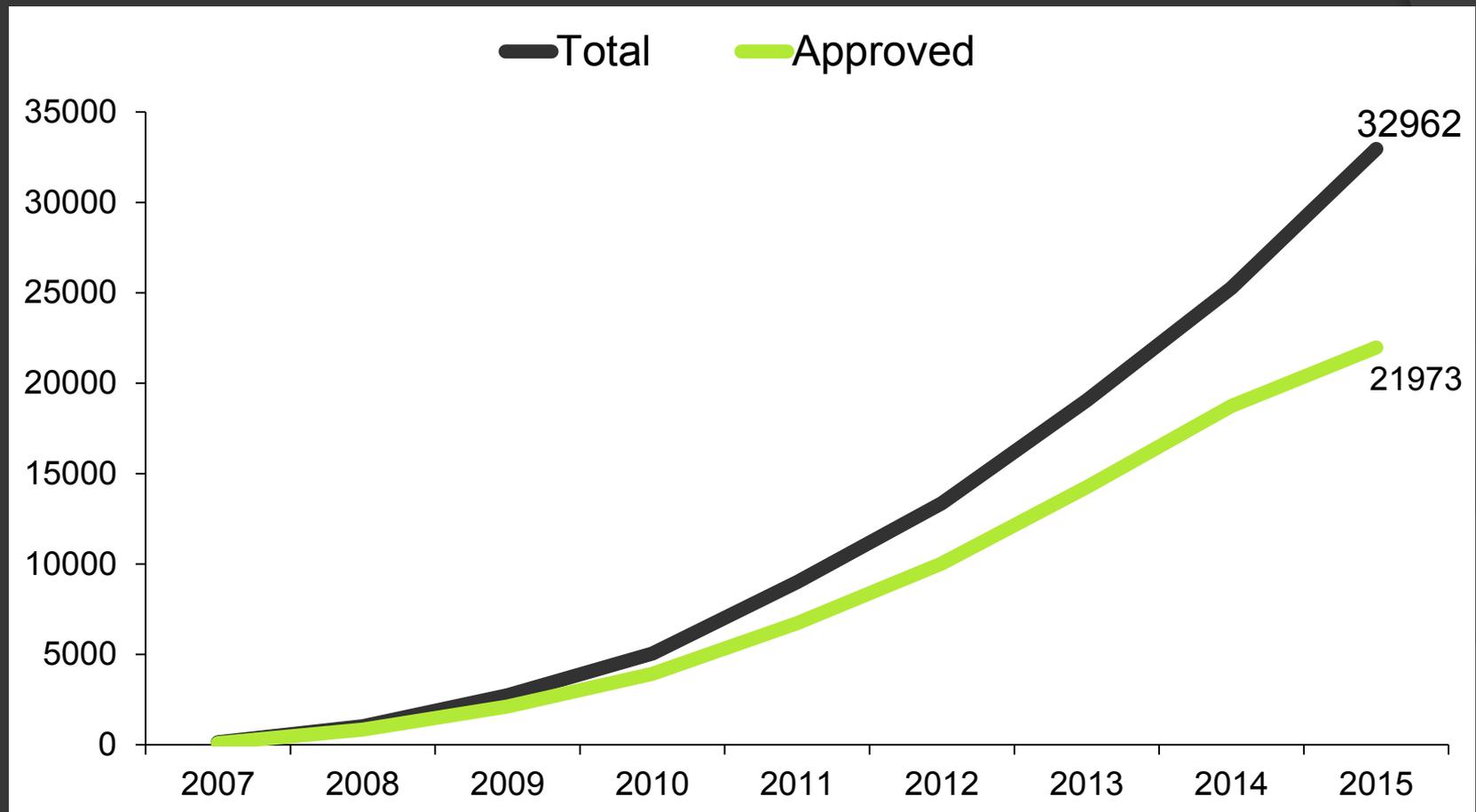
# Guiding Principle of the NIH GWAS Policy

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**The greatest public benefit will be realized if data from GWAS are made available, under terms and conditions consistent with the informed consent provided by individual participants, in a timely manner to the largest possible number of investigators.**

NIH expectation that data would be shared in the NIH database of Genotype and Phenotype (dbGaP)

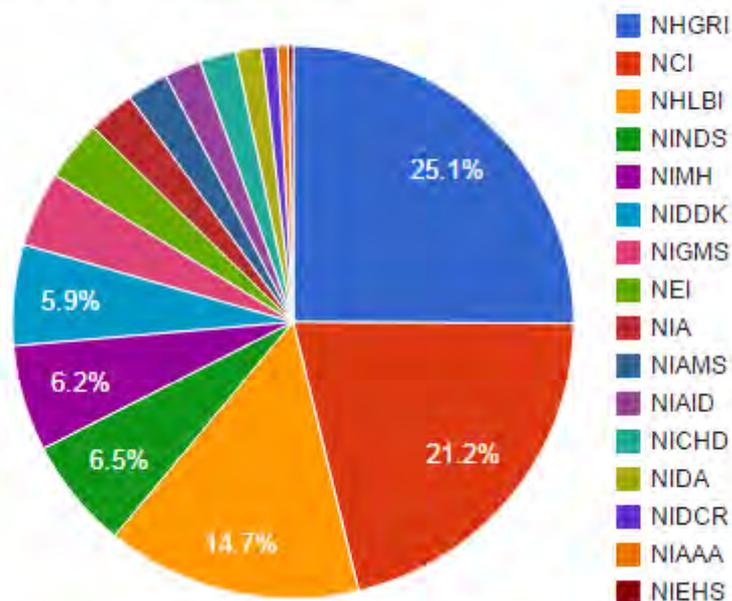
# Data Access Requests Per Year 2007–September 2015



# Data Submission, Access, and Use Statistics

NIH ICs Sponsoring dbGaP Studies (currently 607)

Percentage of Sponsorship



## Data Access and Use Snapshot (since 2007)

**32962** = Number of Data Access Requests submitted

**21973** = Number of Data Access Requests approved

**1200+** = Number of publications resulting from secondary use of dbGaP data

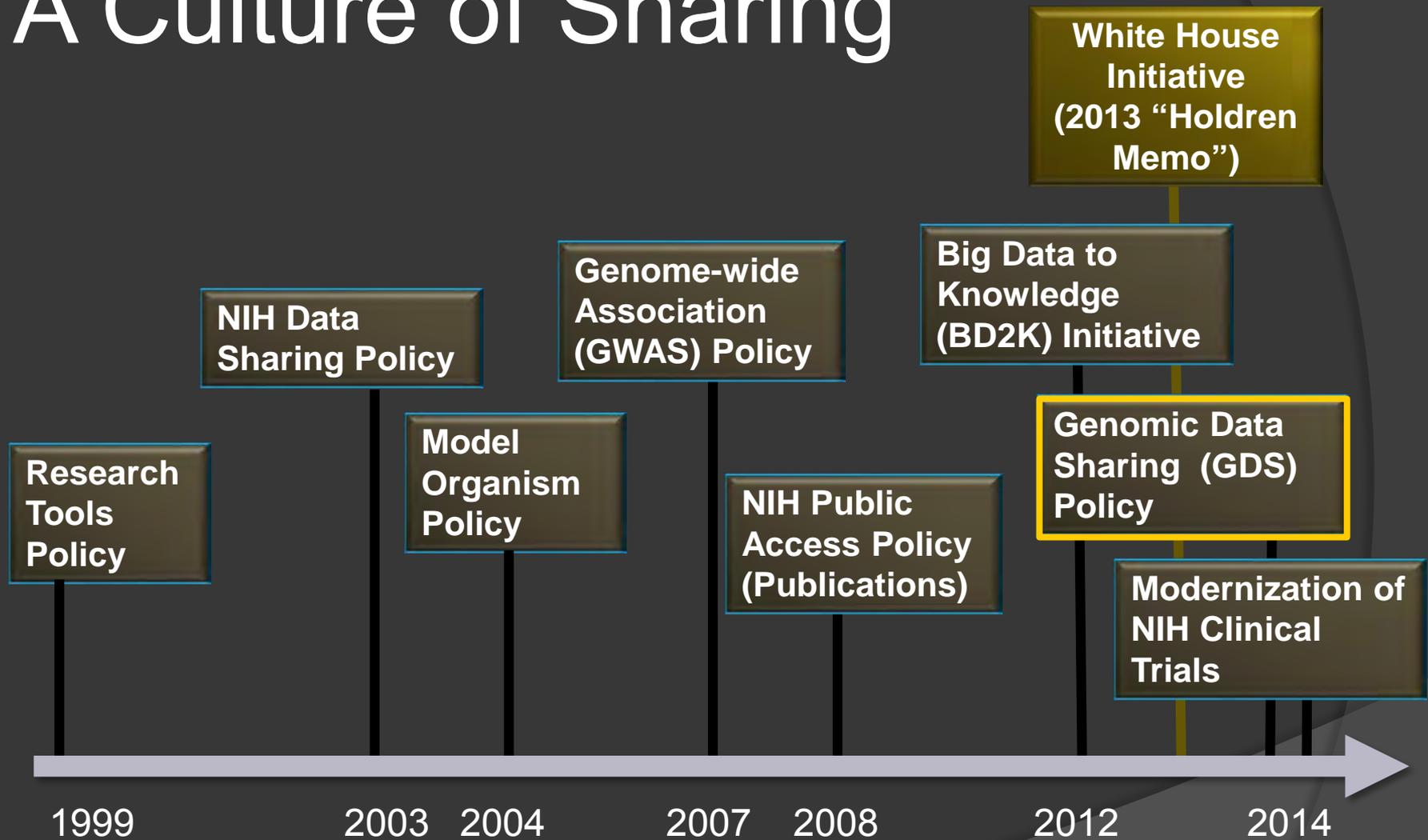
**3843** = Number of PIs requesting data  
**42** = Number of PI countries

**1,000,000+** = Number of participants represented in dbGaP studies, collectively

In an effort to increase transparency, NIH is providing information and statistics on data submitted to dbGaP and the subsequent use of that data on the GDS website ("Facts and Figures" tab):

[Link to the Facts and Figures tab on the NIH website](#)

# A Culture of Sharing



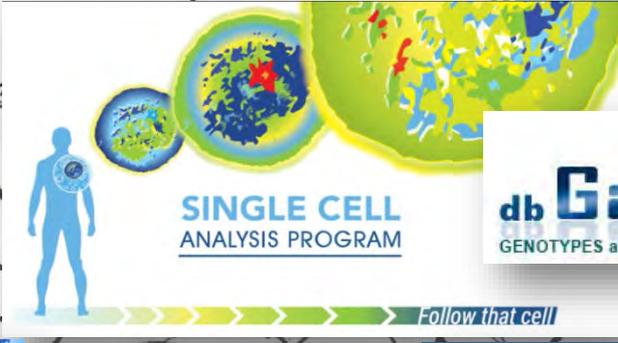
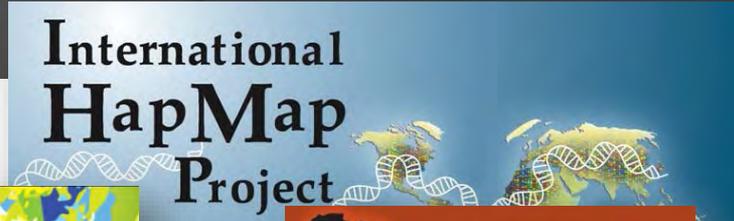
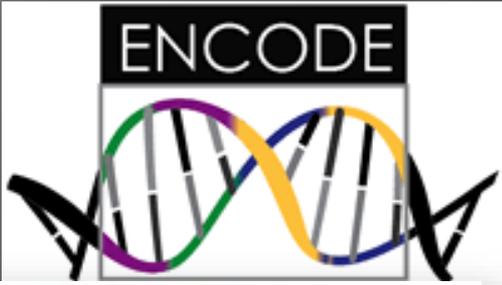
# Purpose and Scope of the NIH Genomic Data Sharing (GDS) Policy

## ◎ Purpose

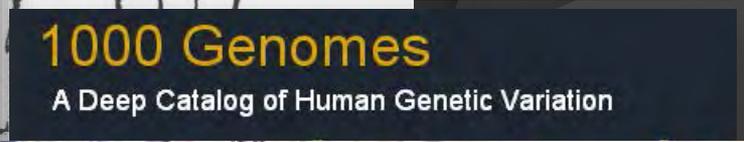
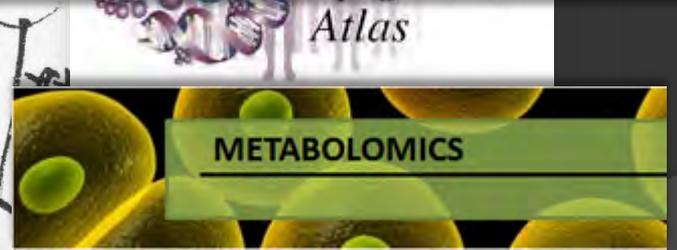
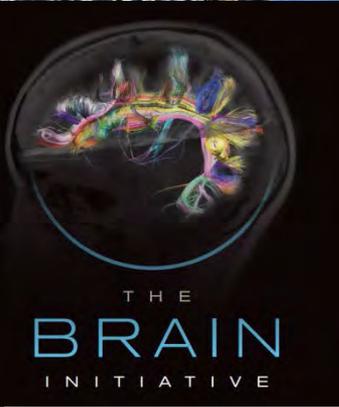
- Sets forth expectations and responsibilities that ensure the broad and responsible sharing of genomic research data in a timely manner

## ◎ Scope

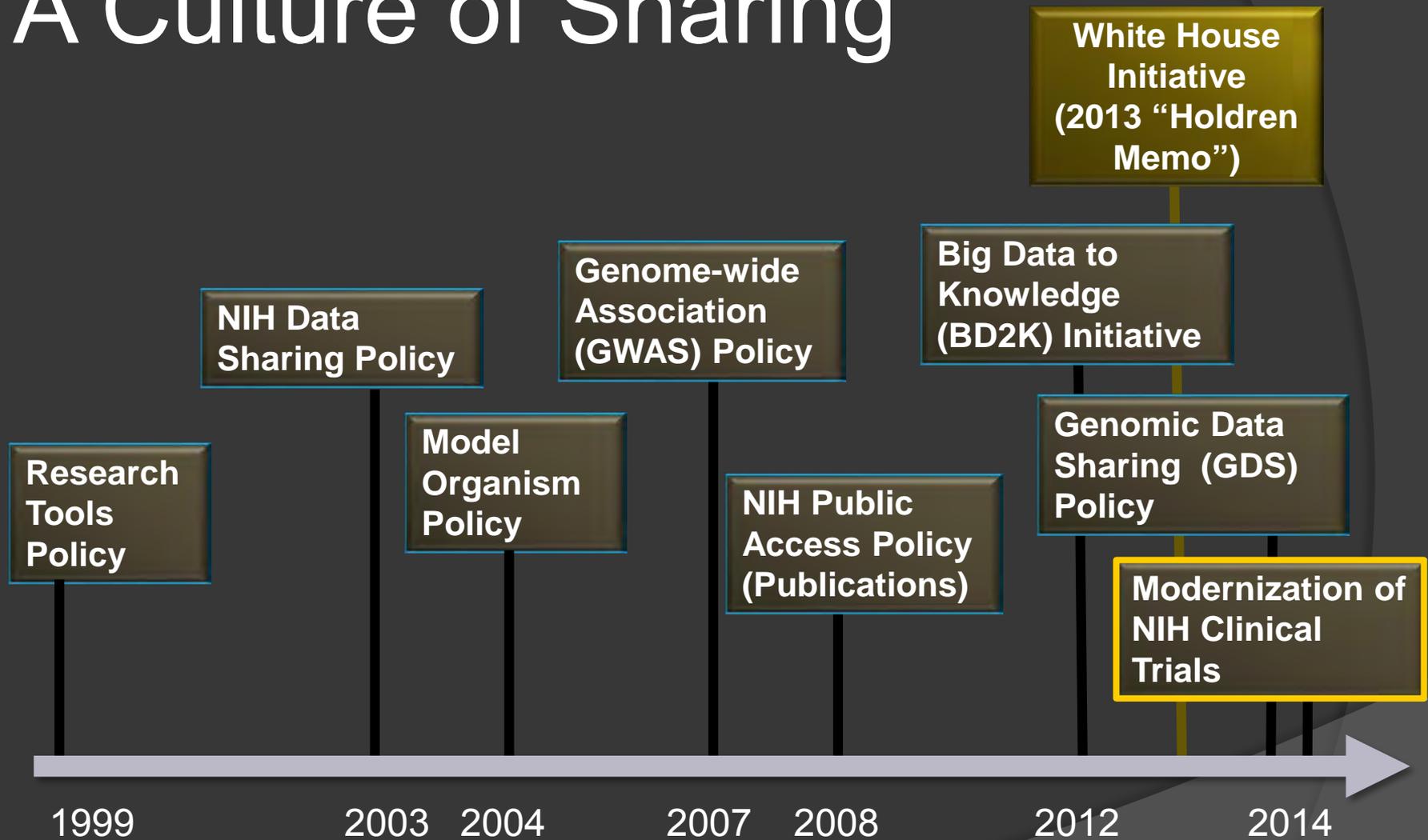
- All NIH-funded research generating large-scale **human** or **non-human genomic data** and the use of these data for subsequent research
  - Data to be submitted to NIH-designated data repositories (e.g., dbGaP, GEO, GenBank, WormBase, FlyBase, Rat Genome Database)
  - Applies to all funding mechanisms (grants, contracts, intramural support) – Effective date was January 25, 2015
  - No minimum threshold for cost



# Data Sharing: An Essential Component

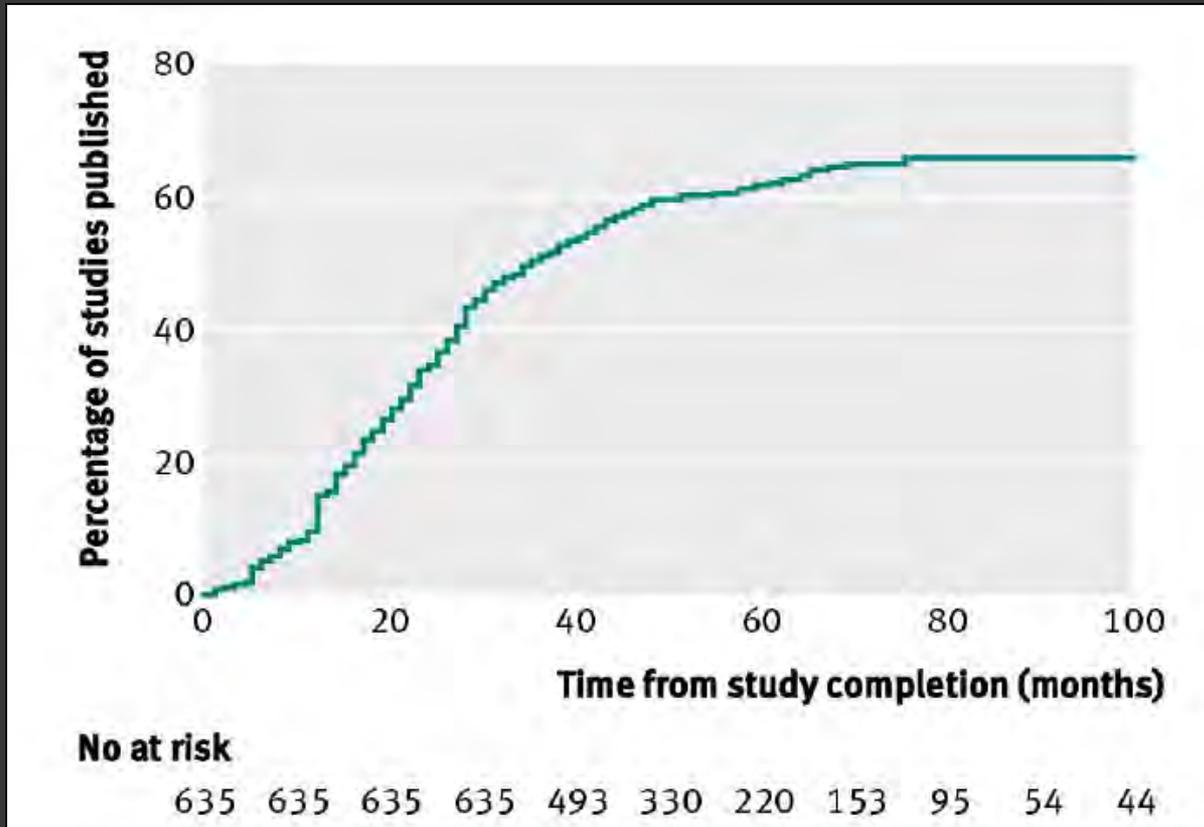


# A Culture of Sharing



# Modernizing NIH Clinical Trials Activities: The Need

- NIH-Funded trials published within 100 months of completion



*Less than 50% published within 30 months of completion*

# Modernizing NIH Clinical Trials Activities: Call to Action

**JAMA** The Journal of the  
 American Medical Association

January 27, 2015 Volume 313

**VIEWPOINT**

## Sharing and Reporting the Results of Clinical Trials

**Kathy L. Hudson, PhD**  
 National Institutes of  
 Health, Bethesda,  
 Maryland.

**Francis S. Collins, MD,  
 PhD**  
 National Institutes of  
 Health, Bethesda,  
 Maryland.

**The principle of data sharing** dates to the dawn of scientific discovery—it is how researchers from different disciplines and countries form collaborations, learn from others, identify new scientific opportunities, and work to turn newly discovered information into shared knowledge and practical advances. When research involves human volunteers who agree to participate in clinical trials to test new drugs, devices, or other interventions, this principle of data sharing properly assumes the role of an ethical mandate. These participants are often informed that such research might not benefit them directly, but may affect the lives of others. If the clinical research community fails to share what is learned, allowing data to remain unpublished or unreported, researchers are renegeing on the promise to clinical trial participants, are wasting time and resources, and are jeopardizing public trust.

be blamed entirely. A recent analysis of 400 clinical studies revealed that 30% had not shared results through publication or through results reporting in ClinicalTrials.gov within 4 years of completion.<sup>4</sup> This is a serious issue and the proposed rule underscores the intent of NIH to take strong action to promote timely dissemination of clinical trial results.

Without access to complete information about a particular scientific question, including negative or inconclusive data, duplicative studies may be initiated that unnecessarily put patients at risk or expose them to interventions that are known to be ineffective for specific uses. If multiple related studies are conducted but only positive results are reported, publication bias can distort the evidence base. Incomplete knowledge can then be incorporated into clinical guidelines and patient care. However, one of the greatest harms from non-

# FDAAA and Clinical Trial reporting

- FDAAA (2007) mandates results sharing through ClinicalTrials.gov for most FDA-regulated studies
- NPRM and NIH Policy expanding this scope (2014 – 2016)

**JAMA** The Journal of the American Medical Association  
January 27, 2015 Volume 313

**VIEWPOINT** Sharing and Reporting the Results of Clinical Trials

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## FEDERAL REGISTER

Vol. 79                      Friday,  
No. 225                     November 21, 2014

### NIH Request for Public Comments on the Draft NIH Policy on Dissemination of NIH-Funded Clinical Trial Information

Notice Number:  
NOT-OD-15-019

#### Key Dates

Release Date: November 19, 2014

# NIH Intramural Research Policy Human Data Sharing Policy (2015)

NIH POLICY MANUAL  
 3016 – Intramural Research Program  
 Human Data Sharing (HDS) Policy  
 Issuing Office: NIH/OD/OIR, 301.496.1921  
 Release Date: 7/31/2015

1. **Explanation of Material Transmitted:** This Manual Chapter describes policy for sharing of and secondary research with human data in the NIH Intramural Research Program (IRP). All NIH-owned or jointly-owned data, obtained from humans are covered.

2. **Filing Instructions:**

Remove: n/a  
 Insert: Manual Chapter 3016, dated 7/31/2015

**PLEASE NOTE:** For information on:

- Content of this chapter, contact the issuing office listed above.
- NIH Manual System, contact the Division of Management Support, OMA on 301-496-2832, or enter this URL:

[http://oma.nih.gov/public/MS\\_manualchapters/Pages/default.aspx](http://oma.nih.gov/public/MS_manualchapters/Pages/default.aspx)

**A. Purpose**

Research often involves sharing and secondary use of data. Data sharing advances the NIH mission by facilitating the validation of research results, and allowing the strength of analyses to be increased by combining datasets, providing access to unique data that cannot be readily replicated, informing future research, increasing the return on investment of scientific research, and accelerating the translation of research results into knowledge, products, and procedures to improve the public health.

NIH's commitment to data sharing is longstanding. As a valuable resource, data must be managed in a way that promotes their responsible and fair distribution. This Policy describes how NIH's commitment to data sharing is implemented in the NIH IRP, the duties of intramural researchers, and the types or authorizations, agreements and documentation that may be needed for sharing human data from intramural laboratories and intramural collections for secondary research. This Policy is complementary to other applicable NIH policies.<sup>1</sup>

**B. Scope**

<sup>1</sup> These other policies include, as applicable, the *Standards for Clinical Research in the NIH Intramural Research Program* ([http://www.cc.nih.gov/ccc/patientcare/pdf/cc\\_research\\_standards.pdf](http://www.cc.nih.gov/ccc/patientcare/pdf/cc_research_standards.pdf)), the *Guidelines for the Conduct of Research in the Intramural Research Program* ([https://oir.nih.gov/sites/default/files/uploads/sourcesbook/documents/ethical\\_conduct/guidelines-conduct-research-6-11-07.pdf](https://oir.nih.gov/sites/default/files/uploads/sourcesbook/documents/ethical_conduct/guidelines-conduct-research-6-11-07.pdf)), NIH HRPP SOP 5 – *Research Activities with Human Specimens and Data*, the *NIH Genomic Data Sharing Policy* (<http://gds.nih.gov/05policy2.html>) and the *Guidelines for Human Biospecimen Storage and Tracking within the NIH Intramural Research Program* ([https://oir.nih.gov/sites/default/files/uploads/sourcesbook/documents/ethical\\_conduct/guidelines-biospecimen.pdf](https://oir.nih.gov/sites/default/files/uploads/sourcesbook/documents/ethical_conduct/guidelines-biospecimen.pdf)). They also include, as applicable, the Office of Management and Budget Open Data Policy, which requires that data be generated, collected and made available in a manner that supports subsequent use and analysis. See OMB Memorandum M-13-13, *Open Data Policy: Managing Information as an Asset* (May 9, 2013), available at <https://www.whitehouse.gov/sites/default/files/omb/memoranda/2013/m-13-13.pdf>.

- Manual Chapter 3016
  - Applies to studies beginning Pre-research scientific review on or after 10/1/2015
  - Complements NIH's *Genomic Data Sharing Policy (GDS Policy) (2014)*
- Amendable as additional mandates arise, e.g., from Common Rule NPRM and OSTP efforts.

# Other Data Sharing Policies



NIH Trans-NIH Biomedical Informatics Coordinating Committee (BMIC)

## NIH Data Sharing Policies

This table lists data sharing policies in effect at NIH. It includes policies at the NIH, IC, division, or announcements (PAI) may specify other requirements or expectations for data sharing that apply.

Show 50 v entries

IC	Data Sharing Policy Name	
NHGRI	<a href="#">ENCODC Consortia Data Release, Data Use, and Publication Policies</a>	Requires resource producers to release primary data as soon as the data is verified. Consor or with additional experimentation where appropriate. Coordinates Centers (DCCs) and these pre-public
NHLBI	<a href="#">NHLBI Policy for Data Sharing from Clinical Trials and Epidemiological Studies</a>	Encourages all applicants to include a plan to add criteria, applicants are required to provide a d applications/proposals requesting \$500000 direct parent studies d) applications/proposals submit appropriate for data sharing by NHLBI program of
NIH	<a href="#">Alzheimer's Disease Genetics Sharing Plan</a>	NIH policy in the area of human Alzheimer's disease Policy and extends NIH's existing policy on sharing association study. It is the policy of the NIA that deposited at the National Cell Repository for Alzhe NIA funded studies for the genetics of late onset Storage Site (NIAGAS) or another NIA approved analysis data, derived from NIA funded studies for another NIA approved site or both, wherever pos
NIH	<a href="#">Alzheimer's Disease Neuroimaging Initiative (ADNI) Data Sharing and Publication Policy</a>	The ADNI Executive Committee and the NIA esp short timeframe. ADNI recommends full, open acc to the conditions in the "ADNI Data Use Agree
NIAD	<a href="#">NIAD/NIH Data Sharing and Release Guidelines</a>	Establishes general principles and specific guidel Infectious Diseases (ISCID) and other NIAD-func types collected in NIAD-funded research will be s GenBank, dGAP, the sequence read archive, the
NIAD	<a href="#">Data Sharing Guiding Principles for the NIAD/NIH Systems Biology Program</a>	The NIAD/NIH Systems Biology Program (SBP) a data available to center investigators, including ri content generated by each center, analyses of a contract requirement, research data, protocols at community through the centers' websites or othe

Federal Register / Vol. 80, No. 173 / Tuesday, September 8, 2015 / Proposed Rules 53933

**DEPARTMENT OF HOMELAND SECURITY**  
**6 CFR Part 46**  
**DEPARTMENT OF AGRICULTURE**  
**7 CFR Part 1c**  
**DEPARTMENT OF ENERGY**  
**10 CFR Part 745**  
**NATIONAL AERONAUTICS AND SPACE ADMINISTRATION**  
**14 CFR Part 1230**  
**DEPARTMENT OF COMMERCE**  
**15 CFR Part 27**  
**SOCIAL SECURITY ADMINISTRATION**  
**20 CFR Part 431**  
**AGENCY FOR INTERNATIONAL DEVELOPMENT**  
**22 CFR Part 225**  
**DEPARTMENT OF JUSTICE**  
**28 CFR Part 46**  
**DEPARTMENT OF LABOR**  
**29 CFR Part 21**  
**DEPARTMENT OF DEFENSE**  
**32 CFR Part 219**  
**DEPARTMENT OF EDUCATION**  
**34 CFR Part 97**  
**DEPARTMENT OF VETERANS AFFAIRS**  
**38 CFR Part 16**  
**ENVIRONMENTAL PROTECTION AGENCY**  
**40 CFR Part 26**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**45 CFR Part 46**  
**RH 0937-AA02**  
**NATIONAL SCIENCE FOUNDATION**  
**45 CFR Part 500**  
**DEPARTMENT OF TRANSPORTATION**  
**49 CFR Part 11**

**Federal Policy for the Protection of Human Subjects**  
**AGENCY:** Department of Homeland Security; Department of Agriculture;

**DEPARTMENT OF ENERGY, National Aeronautics and Space Administration; Department of Commerce, Social Security Administration; Agency for International Development; Department of Justice; Department of Labor; Department of Defense; Department of Education; Department of Veterans Affairs; Environmental Protection Agency; Department of Health and Human Services; National Science Foundation; and Department of Transportation.**  
**ACTION:** Notice of proposed rulemaking.  
**SUMMARY:** The departments and agencies listed in this document propose revisions to modernize, strengthen, and make more effective the Federal Policy for the Protection of Human Subjects that was promulgated as a Common Rule in 1991. This NPRM seeks comment on proposals to better protect human subjects involved in research, while facilitating valuable research and reducing burden, delay, and ambiguity for investigators. This proposed rule is an effort to modernize, simplify, and enhance the current system of oversight. The participating departments and agencies propose these revisions to the human subjects regulations because they believe these changes would strengthen protections for research subjects while facilitating important research.  
**DATES:** To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on December 7, 2015.  
**ADDRESSES:** You may submit comments, identified by docket ID number HHS-OPHS-2015-0008, by one of the following methods:  

- Federal eRulemaking Portal: <http://www.regulations.gov>. Enter the above docket ID number in the "Enter Keyword or ID" field and click on "Search." On the next Web page, click on "Submit a Comment" action and follow the instructions.
- Mail/Hand delivery/Courier (For paper, disk, or CD-ROM submissions): to Jerry Mentkoff, M.D., J.D., CHIEF, 1101 Woodlawn Parkway, Suite 200, Rockville, MD 20852.

Comments received, including any personal information, will be posted without change to <http://www.regulations.gov>.  
**FOR FURTHER INFORMATION CONTACT:** Jerry Mentkoff, M.D., J.D., CHIEF for Human Research Protections (CHREP), Department of Health and Human Services, 1101 Woodlawn Parkway, Suite 200, Rockville, MD 20852; telephonic: 240-453-6800 or 1-866-447-4777;

**Facsimile:** 301-402-2071; email: [jeremy.mentkoff@hhs.gov](mailto:jeremy.mentkoff@hhs.gov).  
**SUPPLEMENTARY INFORMATION:**  
**Executive Summary**  
**Purpose of the Regulatory Action**  
**Summary of the Major Provisions of the Proposed Regulatory Action**  
**Estimated Costs and Benefits**  
**I. The Rationale for Modernizing the Common Rule**  
**A. The Changing Nature of Research**  
**B. Public Comments, Expert Advice, Stakeholder Dialogue**  
**C. Guiding Principles for Proposed Changes**  
**II. Questions for Public Comment**  
**1. Organization of the NPRM**  
**II. Major Proposals To Modernize the Common Rule**  
**A. Proposed Changes to the Scope and Applicability of the Regulations**  
**1. Expanding the Definition of Human Subject to Cover Research With Non-Identified Biopotential Specimens (NPRM at § 101(b)(1)(v))**  
**2. NPRM Goals**  
**a. Current Rule**  
**c. ANPRM Discussion**  
**d. NPRM Proposal**  
**i. Alternative Proposals**  
**ii. What would change in the definitions of "human subject" under the primary proposal?**  
**3. Questions for Public Comment**  
**2. Explicit Exclusion of Activities From the Common Rule**  
**a. Exclusion of Activities That Are Deemed Not Research (NPRM at § 101(b)(1)(i))**  
**i. Program Improvement Activities (NPRM at § 101(b)(1)(ii))**  
**(1) NPRM Proposal**  
**ii. Oral History, Journalism, Biography, and Historical Scholarship Activities (NPRM at § 101(b)(1)(iii))**  
**(1) ANPRM Discussion**  
**(2) NPRM Proposal**  
**iii. Criminal Justice Activities (NPRM at § 101(b)(1)(iv))**  
**(1) NPRM Proposal**  
**iv. Quality Assurance and Quality Improvement Activities (NPRM at § 101(b)(1)(v))**  
**(1) NPRM Proposal**  
**v. Public Health Surveillance (NPRM at § 101(b)(1)(vi))**  
**(1) NPRM Proposal**  
**(2) Questions for Public Comment**  
**vi. Intelligence Surveillance Activities (NPRM at § 101(b)(1)(vii))**  
**(1) NPRM Proposal**  
**3. Exclusion of Activities That Are Low-Risk and Already Subject to Independent Controls (NPRM at § 101(b)(2))**  
**2. NPRM Goals**  
**ii. ANPRM Discussion**  
**iii. Educational Tests, Survey Procedures, Interview Procedures, or Observation of Public Behaviors (NPRM at § 101(b)(2)(ii))**  
**(1) NPRM Proposal**  
**(2) Questions for Public Comment**  
**iv. Research Involving the Collection or Study of Information That Has Been or**

- NIH ICs
- Sharing.nih.gov
- Proposed revisions to the Common Rule

# International Efforts and Activities Growing

- *Wellcome Trust* -- Publications and datasets shared  
[http://www.wellcome.ac.uk/stellent/groups/corporatesite/@policy\\_communications/documents/web\\_document/wtp053977.pdf](http://www.wellcome.ac.uk/stellent/groups/corporatesite/@policy_communications/documents/web_document/wtp053977.pdf)
  - See also *Gates Foundation*, etc.
- *European Medicines Agency* – Proactively releasing datasets used in marketing applications.
- *Global Alliance for Genomics and Health (GA4GH)* -- Establishing common framework of approaches to enable effective, responsible sharing of genomic and clinical data



# Data Sharing: Mechanics

- Many choices
- Options growing...  
The Commons!

IC	Repository Name
NCATS, ORDR	Biospecimens/Biorepositories: Rare Disease
NCI	The Cancer Imaging Archive (TCIA)
NCI	Cancer Nanotechnology Laboratory (CanLab)
NCI (NHGRI, NIGMS)	EnsemblAtlas

Study	Embargo Release	Details	Participants	Type of Study	Links	Platform
phs000780.v1.e1 Exome Sequencing of Childhood Wilms Tumor	Version 1	📄 📄 📄 📄	5	Case Set	<a href="#">Links</a>	HLSeq 2000
phs000748.v2.e1 Multifocal Myxoma Colitis/Mass Study	Versions 1-2, passed embargo	📄 📄 📄 📄	362	Longitudinal	<a href="#">Links</a>	TruSight Exome (Ensembl v10), Illumina Human HiSeq 2500 (UTR Library), TruSeq Select v2 (Illumina Genome Prep)
phs000837.v1.e1 Whole Genome Sequencing of Two Zizania Traps	Version 1, passed embargo	📄 📄 📄 📄	6	Parent-Offspring Trios	<a href="#">Links</a>	HLSeq 2000

# Thank you!

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