

Toward a Human Reference Atlas: Anatomical Structures, Cell Types, and Biomarkers

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Spatial Biology Europe Virtual Event

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HuBMAP

Vision

Catalyze the development of an open, global framework for comprehensively mapping the human body at cellular resolution.



https://commonfund.nih.gov/HuBMAP

Goals

- Accelerate the development of the next generation of tools and techniques for constructing high resolution spatial tissue maps
- 2. Generate foundational 3D tissue maps
- 3. Establish an open data platform
- 4. Coordinate and collaborate with other funding agencies, programs, and the biomedical research community
- 5. Support projects that demonstrate the value of the resources developed by the program

The Human Body at Cellular Resolution: The NIH Human Biomolecular Atlas Program.

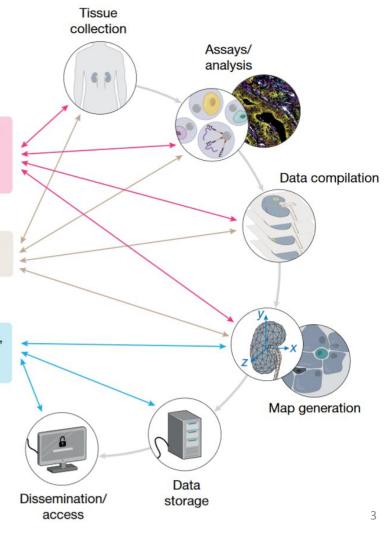
Snyder et al. *Nature*. 574, p. 187-192.

Transformative technology development (TTD) and rapid technology implementation (RTI)

Tissue mapping centre (TMC)

HuBMAP integration, visualization and engagement (HIVE)

Fig. 1 | The HubMAP consortium. The TMCs will collect tissue samples and generate spatially resolved, single-cell data. Groups involved in TTD and RTI initiatives will develop emerging and more developed technologies, respectively; in later years, these will be implemented at scale. Data from all groups will be rendered useable for the biomedical community by the HuBMAP integration, visualization and engagement (HIVE) teams. The groups will collaborate closely to iteratively refine the atlas as it is gradually realized.



The Human Body at Cellular Resolution: The NIH Human Biomolecular Atlas Program. Snyder et al. *Nature*. 574, p. 187-192.

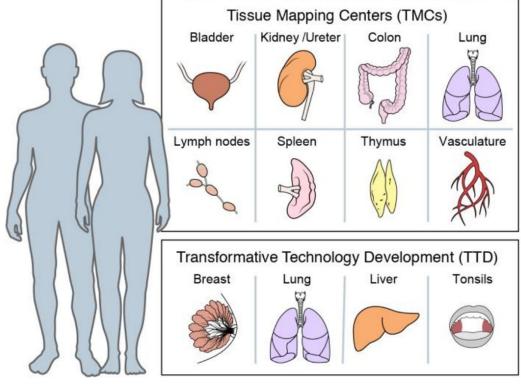


Fig. 2 | Key tissues and organs initially analysed by the consortium. Using innovative, production-grade ('shovel ready') technologies, HuBMAP TMCs will generate data for single-cell, three-dimensional maps of various human tissues. In parallel, TTD projects (and later RTI projects) will refine assays and analysis tools on a largely distinct set of human tissues. Samples from individuals of both sexes and different ages will be studied. The range of tissues will be expanded throughout the program.

The Human Body at Cellular Resolution: The NIH Human Biomolecular Atlas Program. Snyder et al. *Nature*. 574, p. 187-192.

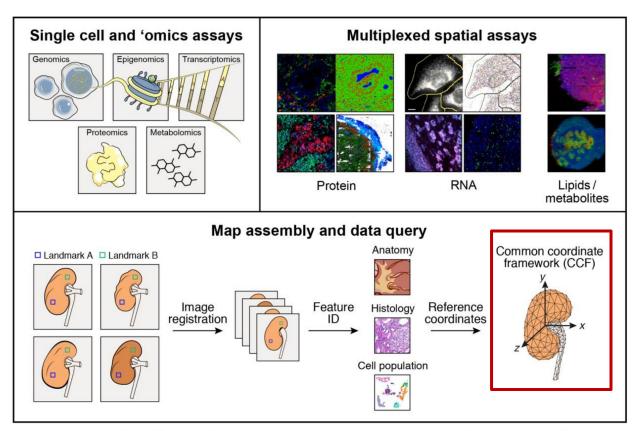


Fig. 3 | Map generation and assembly across cellular and spatial scales. HuBMAP aims to produce an atlas in which users can refer to a histological slide from a specific part of an organ and, in any given cell, understand its contents on multiple 'omic levels—genomic, epigenomic, transcriptomic, proteomic, and/or metabolomic. To achieve these ends, centres will apply a combination of imaging, 'omics and mass spectrometry

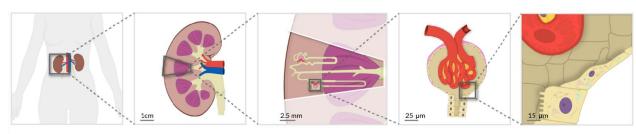
techniques to specimens collected in a reproducible manner from specific sites in the body. These data will be then be integrated to arrive at a high-resolution, high-content three-dimensional map for any given tissue. To ensure inter-individual differences will not be confounded with collection heterogeneity, a robust CCF will be developed.

CCF ASCT+B Tables

CCF Requirements

The CCF must capture major **anatomical structures**, **cell types**, **and biomarkers** and their interrelations across **multiple levels of resolution**.

It should be **semantically explicit** (using existing ontologies, e.g., Uberon, CL) and **spatially explicit** (e.g., using 3D reference organs for registration and exploration).



Body

- Body
- · Kidney (Left, Right)
- Aorta
- Renal artery
- Renal vein
- Ureter

Organ

- · Renal capsule
- Renal pyramid
- Renal cortex
- Renal medulla
- Renal calyx
- Renal pelvis

Functional Tissue Unit

- Nephron
- Renal corpuscle
- Proximal convoluted tubule
- Loop of Henle
- Distal convoluted tubule
- Connecting tubule
- Collecting duct

FTU Sub-structure(s) Cellular

- Bowman's capsule
- Glomerulus
- Efferent arteriole
- Afferent arteriole
- Parietal epithelial cell
- Capillary endothelial cell
- Mesangial cell
- Podocyte

ASCT+B Tables

Anatomical Structures, Cell Types, and Biomarkers (ASCT+B) tables aim to capture the partonomy of anatomical structures, cell types, and major biomarkers (e.g., gene, protein, lipid or metabolic markers).

Structure/Re Substructure/Sub		Cell Type	Subset of Marker Genes			
gion	region	0.0				
Renal	Bowman's Capsule	Parietal epithelial cell	CRB2*, CLDN1*			
Corpuscle	Glomerulus	Podocyte	NPHS2*, PODXL*, NPHS1*			
		Capillary Endothelial Cell	EHD3*, EMCN*, HECW2*,			
			FLT1*, AQP1*			
		Mesangial Cell	POSTN*, PIEZO2*, ROBO1*,			
			ITGA8*			

Partial ASCT+B Table from

 El-Achkar et al. A Multimodal and Integrated Approach to Interrogate Human Kidney Biopsies with Rigor and Reproducibility: The Kidney Precision Medicine Project. bioRxiv. 2019, Updated Aug 2020. doi:10.1101/828665

Table 3: Cell types and associated markers from KPMP Pilot 1 transcriptomic studies. Asterisk denotes genes detected by more than one

technology. Italics, genes detected by a single technology. Sub structure/Sub Cell Type Subset of Marker Genes Pertinent egion region negatives/com ments PEC Bowman's Capsule Parietal epithelial cell CRB2*, CLDN1* POD NPHS2*, PODXL*, Glomerulus Podocyte NPHS1* Renal Corpuscle GC-EC Capillary Endothelial Cell EHD3*, EMCN*, HECW2*, FLT1* AQP1* Mesangial Cell MC POSTN*. PIEZO2* ROBO1*, ITGA8* Proximal Tubule Proximal Tubule Epithelial Cell CUBN*, LRP2*, (general) SLC13A1*, ALDOB*, GATM* Proximal Convoluted Tubule PT-S1 SLC5A2*, SLC5A12* Epithelial Cell Segment 1 There is overlap Proximal Tubule Epithelial Cell PT-S2 SLC22A6* among the Segment 2 seaments Proximal Tubule Cell Epithelial PT-S3 PDZK1IP1* MT1G* Segment 3 Loop of Henle, Thin Descending Thin Limb Cell CRYAB*, VCAM1*, AQP1*, CLDN10 low Limb (general) Ascending Thin Limb Cell ATL CRYAB* TACSTD2* AQP1 low to (general) CLDN3* none Loop of Henle, Thick Thick Ascending Limb Cell TAL SLC12A1*, UMOD* SLC12A3 low to (general) Cortex-TAL cell C-TAL SLC12A1* UMOD* Medulla-TAL cell SLC12A1* UMOD* M-TAL TAL-Macula Densa cell TAL-MD NOS1*, SLC12A1* Distal Convolution Distal Convoluted Tubule Cell DCT SLC12A3*, TRPM6* (general) Tubules DCT type 1 cell DCT-1 SLC12A3*, TRPM6 SLC8A1 HSD11B2 (low to none) DCT type 2 cell DCT-2 SLC12A3* SLC8A1* Has CNT and HSD11B2 DCT signature Connecting Tubule CNT SLC8A1* CALB1 TRPV5 Connecting Tubule Cell (general) CNT-PC CNT-Principal Cell SLC8A1*, AQP2*, SLC12A3 low to SCNN1G* none. IC or PC CNT-Intercalated Cell CNT-IC SLC8A1*, CA2, without SLC8A1 ATP6VOD2* could be in the CNT-IC-A cell CNT-IC-A SLC8A1*, SLC4A1*, CNT structure SI C26A7* CNT-IC-B cell CNT-IC-B SLC8A1*, SLC26A4*, SLC4A9* Collecting Duct GATA3* Collecting duct (general) cell CD GATA3 may be CD-PC (general) in subpopulation C-CD-PC AQP2* AQP3* FXYD4* of DCT, CNT M-CD-PC M-CD-PC SCNN1G*, GATA3* and vSMC/P. Outer medulla-CD-PC OM-CD-PC SLC8A1.

Inner Medulla-CD cell

IM-CD

AQP2*, SLC14A2

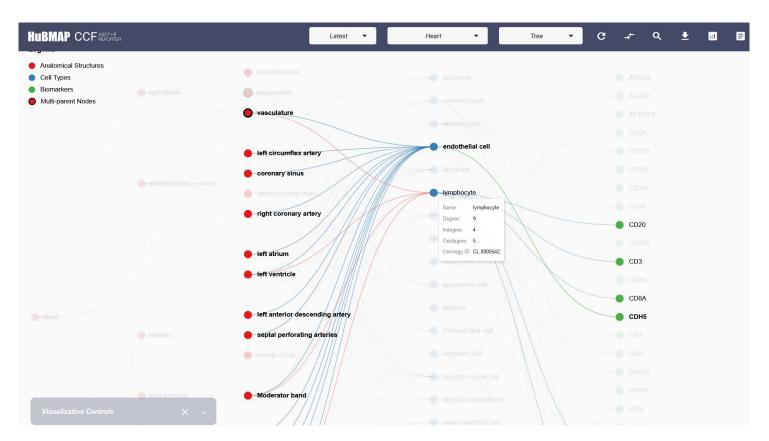
CALB1, TRPV5

		Transitional PC-IC cell	tRC-IC	FXYD4*, SLC4A9*/SLC26A7*	(low to none); Low to No		
		CD-IC (general) cell	CD-IC	CA2, ATP6VOD2*	CALCA and KIT		
		CD-IC-A (general) cell	CD-IC-A	SLC4A1, SLC26A7*, TMEM213*	in C-CD-IC-A. I may not be		
		C-CD-IC-A cell	C-CD-IC-A	SLC26A7*, SLC4A1*	possible to		
		M-CD-IC-A cell	M-CD-IC-A	SLC26A7*, SLC4A1, KIT*, CALCA	assign IC or PC to_CNT or CD		
		CD-IC-B (general) cell	CD-IC-B		structures		
		C-CD-IC-B cell	C-CD-IC-B SLC4A9*, SLC26A4*		without regional		
		M-CD-IC-B cell		information of their source.			
		Endothelial Cell (general)	EC	EMCN*, PECAM1*, FLT1*			
		EC-Afferent/Efferent Arteriole	EC-AEA	SERPINE2*, TM4SF1*	likely PALMD		
Vessels	Endothelial Cells (non- glomerular)	EC-Peritubular capillaries	EC-PTC	PLVAP*			
		EC-Descending Vasa Recta	EC-DVR	TM4SF1*, PALMD			
		EC-Ascending Vasa Recta	EC-AVR	DNASEIL3*	low to none		
		EC-Lymphatics	EC-LYM	MMRN1*, PROX1			
Structure/R egion	Sub structure/Sub region	Cell Type	Abbreviation	Subset of Marker Genes	Pertinent negatives/com ments		
Interstitium	Stroma (non- glomerular)	Vascular Smooth Muscle/Pericyte (general)	vSMC/P	TAGLN*, ACTA2*, MYH11*, NTRK3, MCAM			
		vSMC/P-Renin	vSMC/P-REN	REN			
		Fibroblast	FIB	DCN*, ZEB2, C7, LUM			
	Immune	Macrophages-Resident	MAC-R	CD163*, IL7R*			
		Macrophage	MAC	S100A9			
		Natural Killer Cell	NKC	NKG7			
		Dendritic Cell	DC	APOE			
		Monocyte	MON	C1QA, HLA-DRA			
		T lymphocyte (general)	T	CD3			
		T Cytotoxic	T-CYT	GZMA			
		B lymphocyte	B	IGJ	1		

El-Achkar et al. A Multimodal and Integrated Approach to Interrogate Human Kidney Biopsies with Rigor and Reproducibility: The Kidney Precision Medicine Project. bioRxiv. 2019, Updated Aug 2020. doi:10.1101/828665

Biomarkers (B) **Anatomical Structures (AS)** Cell Types (CT) Typology Tree BG - Genes Partonomy Tree **BP - Proteins** is_a part_of Pulp Arteries adventitial stromal cell CD10 AS Penincillar Arterioles CD11b B cell are located_in what CD11c Sheathed Arterioles Dendritic cell CD138 Venous Sinuses Arterial Capillaries Endothelial CD14 Sinuses Endothelial cell CD141 Veins CD15 Erythrocytes Red Pulp Stroma CD163 fibroblast CD19 Fibroblastic reticular cell CD20 Splenic Cords C Follicular Dendritic cell CD21 describing which describing which CD22 Granulocytes Secondary Follicles Germinal Centers Splenic Pulp CD23+ Littoral cell CD235a Lymphatic endothelium CD27 Mantle Zone Primary & Secondary Folli... macrophage CD27-Superficial (Marginal) Zone CD271 Monocytes Bimodal network CD271-Bimodal network White Pulp Myofibroblast Central Arteriole (in follicl... CD3 PALS and Follicles neurons CD3-PALS NK cell CD31 CD34 Perifollicular Zone Plasma cell CD4 Plasmablasts CD4 (helper) Splenic Artery Platelets CD41

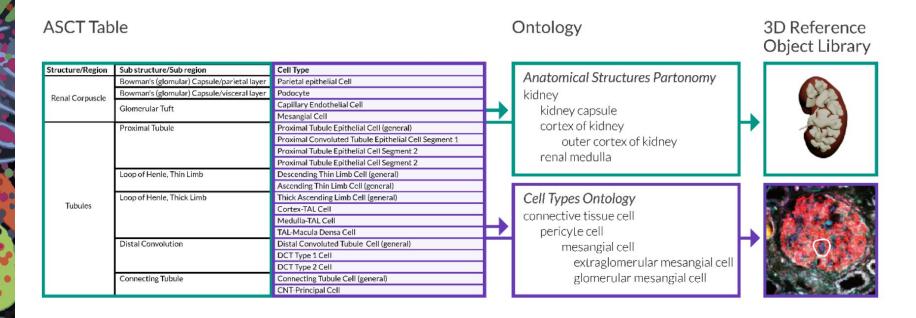
CCF ASCT+B Reporter UI

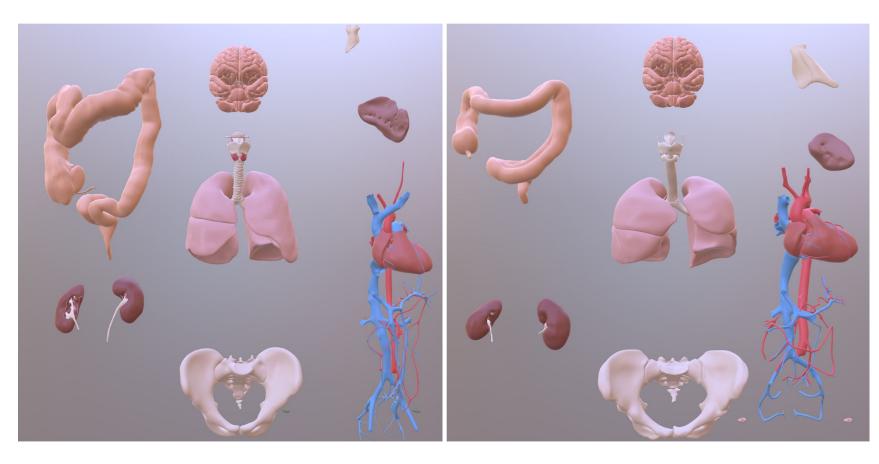


https://hubmapconsortium.github.io/ccf-asct-reporter/

ASCT+B Tables

Anatomical Structures (AS), Cell Types (CT), and Biomarkers (B) or ASCT+B tables aim to capture the partonomy of anatomical structures, cell types, and major biomarkers (e.g., gene, protein, lipid or metabolic markers).





Overview of CCF 3D Reference Models

ASCT+B Table Working Group

Lead by Katy Börner and Jim Gee; Ellen M Quardokus serves as Knowledge Manager

Meetings take place monthly to review and approve tables, formalize and unify table design language, discuss and expand table usage, see <u>WG Charter</u>.

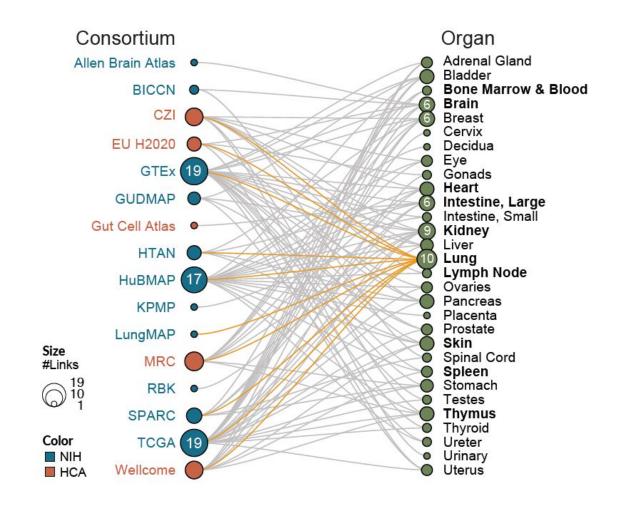
Upcoming meetings in **2021:** May 5, June 2, 11a-noon ET.

Please <u>register</u> to receive invites and updates.



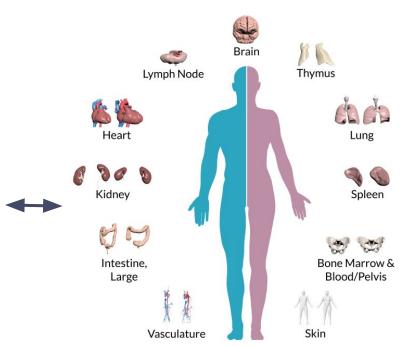
23.30	HuBMAP	RBK	KPMP	SPARC	LungMAP	HTAN	HCA	GUDMAP	Gut Cell Atlas	BICCN	Allen Brain	TCGA	Wellcome	MRC	H2020	GTEx	Total
Kidney	1	1	1	0	0	0	1	1	0	0	0	1	1	1	0	1	9
Liver	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	3
Spleen	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	4
Heart	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	4
Lung	1	0	0	1	1	1	1	0	0	0	0	1	1	1	1	1	10
L intestine/Colon	1	0	0	1	0	1	1	0	1	0	0	1	0	0	0	1	7
S intestine	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Bladder	1	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	5
Ureters	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Thymus	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
Lymph nodes	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
mediastinal lymph node	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Eye	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	3
Brain	0	0	0	0	0	0	1	0	0	1	1	1	0	0	1	1	6
Brain stem	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Cerebellum	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	1	3
Spinal cord	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	2
Pancreas	0	0	0	0	0	1	1	0	0	0	0	1	0	0	1	1	5
Breast	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0	1	5
Skin	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	3
Pediatric systems	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	2
Ovaries	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Testes	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Cervix	0	0	0	0	0	0	0	0	0	0	0	1	ō	0	o	ō	1
Uterus	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	5
Blood	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	2
Bone	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Placenta	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Decidua	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Embryo	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
esophagus	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	3
hematopoietic system	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	2
immune system bulk	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Stomach	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	3
Thyroid	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Prostate	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	3
Adrenal gland	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	3
Totals	11	1	1	7	1	6	21	4	1	2	2	20	7	5	4	21	114

Table compiled for, during, and after the NIH-HCA Joint Meeting in March 2020, https://hubmapconsortium.org/nihhca2020



Vasculature	870	2	1	1	0	869	606	2
Thymus	25	41	511	388	123	38	180	657
Spleen	46	66	255	80	145	68	172	414
Skin	16	42	70	0	70	17	19	105
Lymph Node	41	49	266	108	158	62	135	544
Lung	161	92	176	172	4	1,633	12,094	286
Kidney	68	63	152	152	0	67	59	257
Intestine, Large	65	69	94	88	6	389	1,361	197
Heart	52	25	48	48	0	61	164	78
Brain	187	127	254	254	0	187	127	330
Bone Marrow & Blood/Pelvis	3	46	327	201	126	2	70	710
Organ	#AS	#CT	#B Total	#BG	#BP	#AS-AS	#AS-CT	#CT-E

https://hubmapconsortium.github.io/ccf/pages/ccf-anatomical-structures.html



https://hubmapconsortium.github.io/ccf/pages/ccf-3d-reference-library.html (NLM VH organs)
https://community.brain-map.org/t/allen-human-reference-a

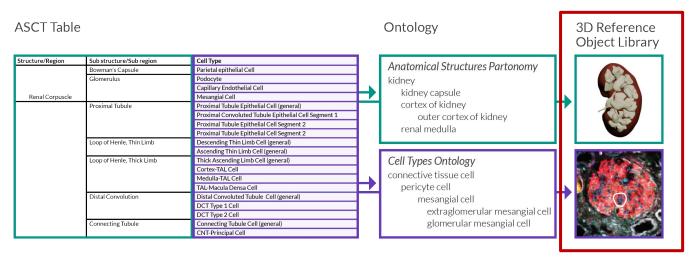
tlas-3d-2020-new/ (brain)

https://www3.cs.stonybrook.edu/~ari/ (male colon)

CCF Registration User Interface (RUI)

ASCT+B Table Usage

ASCT+B tables guide **CCF Ontology** and **3D Reference Object Library** design that semantically name and spatially place tissue data from different donors into one CCF (i.e., <u>mapping</u>).



Tissue blocks are <u>registered</u> into the CCF using the Registration User Interface (RUI), and they can be <u>explored</u> via the Exploration User Interface (EUI).

Document the tissue extraction site by registering tissue blocks within a 3D reference organ.

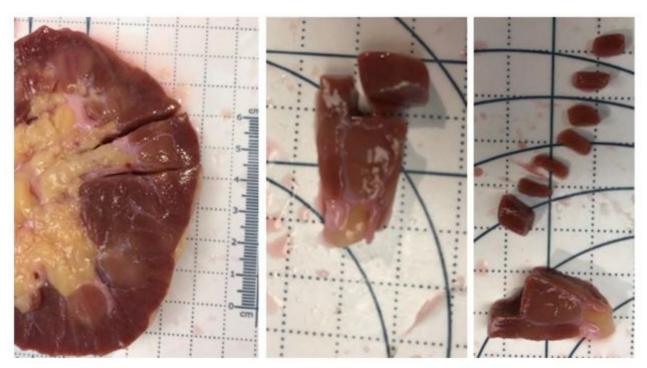
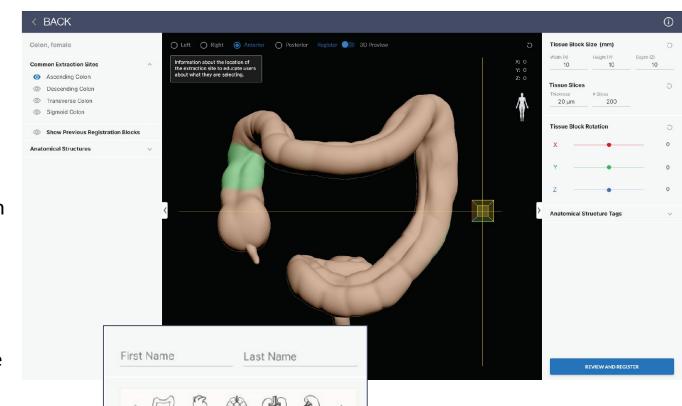


Image provided by Sanjay Jain, TMC-UCSD

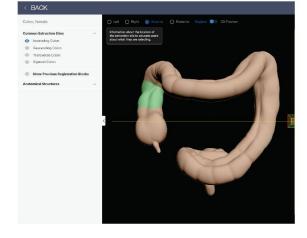
CCF Registration User Interface (RUI) v1.0.0

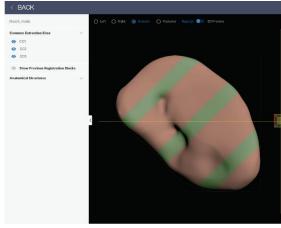
New Features:

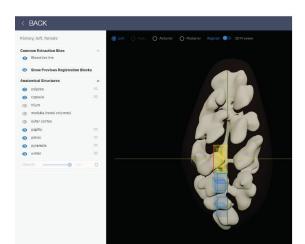
- Organ carousel with 4 reference organs
- Support for tissue extraction sites
- Expanded ontology
- Semantic annotation via collision detection & manual annotation
- Support for non-HuBMAP usage

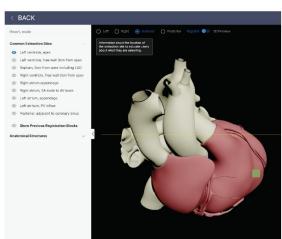


https://hubmap-ccf-ui.netlify.app/rui/









Kidney

Bisection Line

Spleen

- CC1
- CC2
- CC3

Colon

- Ascending Colon
- Descending Colon
- Transverse Colon
- Sigmoid Colon

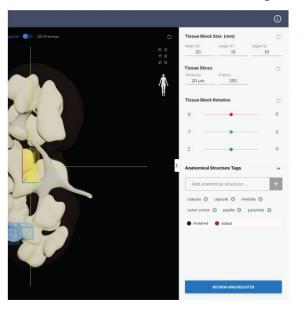
Не	art	Extraction Site Mappin		
•	Left atrium, appendage	7		
•	Left atrium, PV inflow	8		
•	Left ventricle, apex	1		
•	Left ventricle, free wall 3cm from apex	2		
•	Septum, 3cm from apex including LAD	3		
•	Posterior, adjacent to coronary sinus	9		
•	Right atrium appendage	5		
•	Right atrium, AV (atrioventricular) node	6a		
•	Right atrium, SA (sinoatrial) node	6b		
•	Right ventricle, free wall 3cm from apex	4		



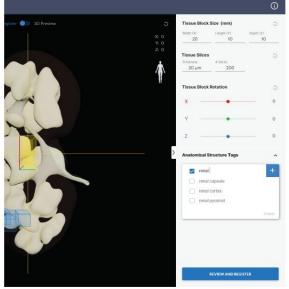
For the first HuBMAP portal release, 48 tissue blocks were registered.

CCF Registration User Interface (RUI) v1.0.0 cont.

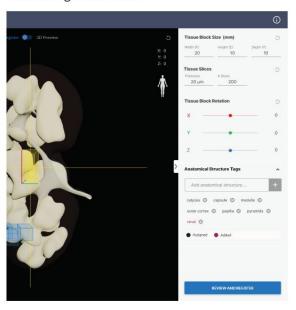
Collision when Tissue Block hits Reference Organ



Tag Search behavior



Custom tag added to list



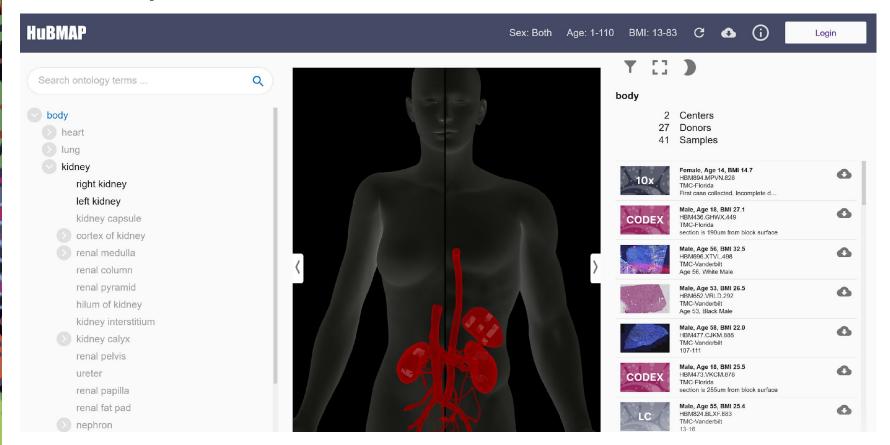
CCF Registration User Interface (RUI)



https://hubmapconsortium.github.io/ccf-ui/rui/

CCF Exploration User Interface (EUI)

CCF Exploration User Interface (EUI)



https://portal.hubmapconsortium.org/ccf-eui

HUBMAP

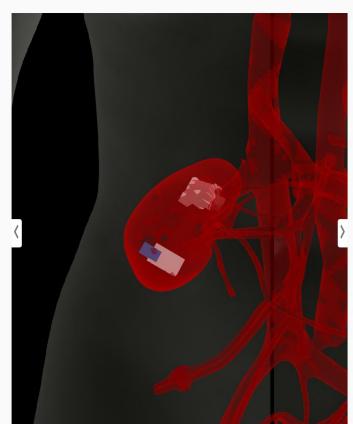
Sex: Both Age: 1-110 BMI: 13-83 C Logout

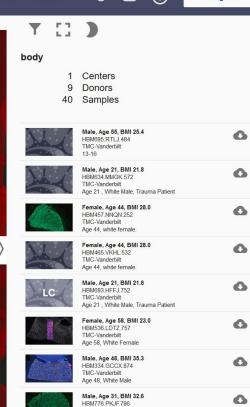
Q Search ontology terms ... body heart lung kidney right kidney left kidney kidney capsule cortex of kidney renal medulla renal column renal pyramid hilum of kidney kidney interstitium kidney calyx major calyx minor calyx renal pelvis ureter renal papilla renal fat pad

nephron

spleen

colon



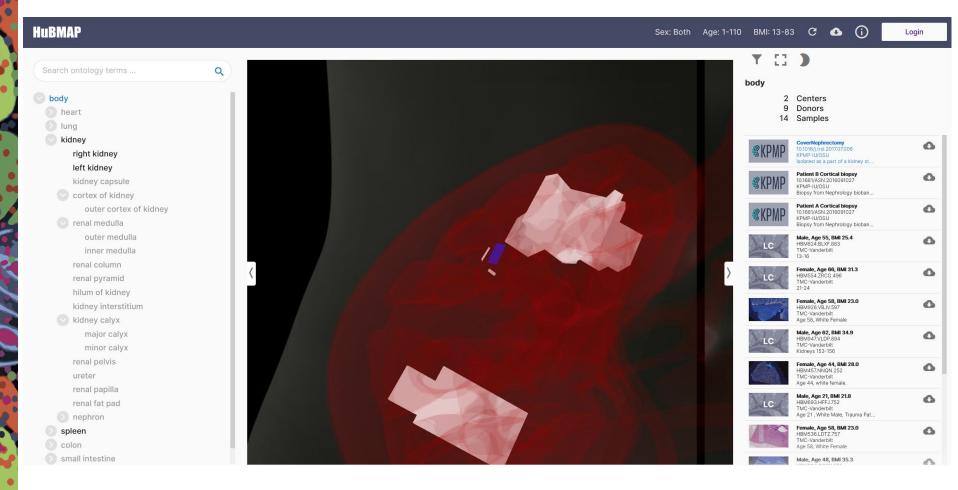


TMC-Vanderbilt Age 21, White Male

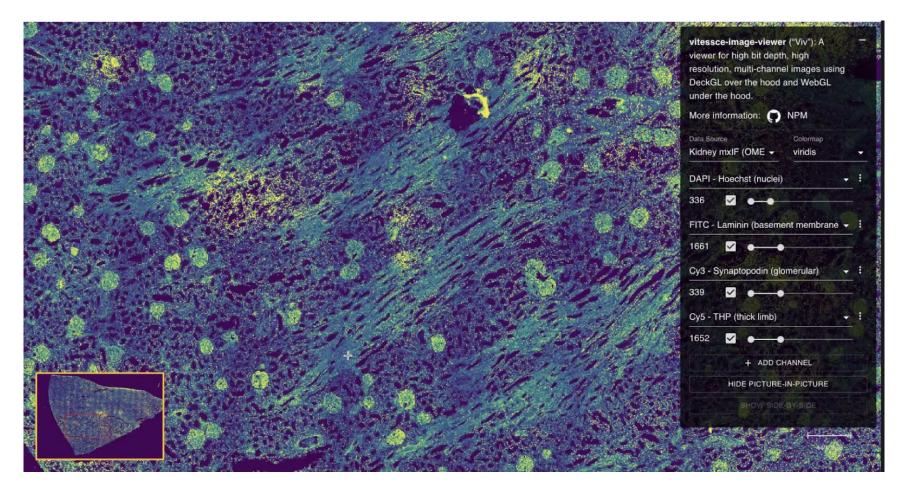
HBM284.TRCV.726

Female, Age 66, BMI 31.3

0



Register your data via https://hubmap-ccf-ui.netlify.app/rui/ so it can be spatially/semantically explored in EUI.



http://gehlenborglab.org/research/projects/vitessce/

DAY TWO: 15 APRIL 2021

Presentation 1: Cellar: Interactive Single Cell Data Annotation Tool

JUN DING, Assistant Professor, Department of Medicine, McGill

Presentation 2: Vitessce: A Framework For Integrative

MARK S. KELLER, PhD Program in Bioinformatics and Integrative Genomics, Division of Medical Sciences, Harvard Medical School

Presentation 3: CCF Tissue Registration User Interface (RUI)

School of Informatics, Computing, and Engineering, Indiana

ANDREAS BUECKLE, PhD Program in Information Science, Luddy

University

Visualization Of Multi-Modal Single-Cell Data

16:00

16:30

University

Interactive Session: Demo of HuBMAP Tools

Visible Human MOOC (VHMOOC)

VH Massive Open Online Course (VHMOOC)

Goals

- Communicate tissue data acquisition and analysis,
- Demonstrate single-cell analysis and CCF mapping techniques, and
- Introduce major features of the HuBMAP portal.

Learning modules come with

- Videos (incl. interviews, tool demos)
- Hands-on exercises
- Self-quizzes



Course Introduction

This 10h course introduces the HuBMAP project which aims to create an open, global reference atlas of the human body at the ceilular level. Among others, the course describes the compilation and coverage of HuBMAP data, demonstrates new single-cell analysis and mapping techniques, and introduces major features of the HuBMAP portal.

Delivered entirely online, all coursework can be completed asynchronously to fit busy schedules. If you have questions or experience issues during registration, please email cnscntr@indiana.edu.

Learning Outcomes

- Theoretical and practical understanding of different single-cell tissue analysis techniques.
- Expertise in single-cell data harmonization used to federate data from different individuals analyzed using different technologies in diverse labs
- Hands-on skills in the design and usage of semantic ontologies that describe human anatomy, cell types, and biomarkers (e.g., marker genes or proteins).
- Knowledge on the design and usage of a semantically annotated three-dimensional reference system for the healthy human body.
- An understanding of how the HuBMAP reference atlas might be used to understand human health but also to diagnose and treat

Module Topics Include

- . HuBMAP Overview: Project Goals, Setup, and Ambitions
- . Tissue Data Acquisition and Analysis
- Biomolecular Data Harmonization
- . Ontology, 3D Reference Objects, and User Interfaces

HuBMAP Portal Design and Usage

Meet the Instructors



Katy Börner, Victor H. Yngve Distinguished Professor of Engineering and Information Science. Founding Director of the Cyberinfrastructure for Network Science Center at Indiana University.



Ellen M. Quardokus, staff in the Chemistry Department and research scientist, Cyberinfrastructure for Network Science Center, SICE with expertise in molecular biology, microscopy, anatomy, and interdisciolinary communication.



Andreas Bueckle, PhD Candidate in Information Science, performing research on information visualization, specifically virtual and augmented reality. Department:
Cyberinfrastructure
Network Science

Gredit: None

Audience:
Blomedical students
and professionals
interested in singlecell tissue analysis
and visualization

Length: 10 hours

https://expand.iu.edu/browse/sice/cns/courses/hubmap-visible-human-mooc

Acknowledgements

HuBMAP Consortium (https://hubmapconsortium.org)



Thanks go to all the **patients** that agreed to volunteer healthy tissue and open use of their data.







TMCs



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Sr. Systems Architect/PM



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Yingnan Ju PhD Candidate



Andreas Bueckle
PhD Candidate



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Sr. UX/UI Designer



Matthew Martindale Center Assistant



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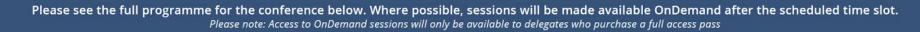


Yashvardhan Jain Research Assistant



Kasturi Nikharge Software Developer

Spatial Biology Europe: ONLINE LIVE & INTERACTIVE CONTENT SCHEDULE



DAY TWO: 15 APRIL 2021

Panel Discussion: Human Reference Atlas

Moderator: KATY BÖRNER, Victor H. Yngve Distinguished Professor of Engineering and Information Science, Indiana University

Panellists:

JAMES GEE, Associate Professor of Radiologic Science in Radiology. Director, Penn Image Computing and Science Laboratory, Department of Radiology, Perelman School of Medicine, **University of Pennsylvania**

XUEGONG ZHANG, Professor of Pattern Recognition and Bioinformatics, Director, Bioinformatics Division, TNLIST (Tsinghua National Laboratory for Information Science & Technology), Department of Automation, **Tsinghua University**

AMY BERNARD, Director, Science & Technology Strategy, Allen Institute

BERNARD DE BONO, Principal Investigator, Associate Professor, University of Auckland

15:30

16:00

Q&A