



Enabling Grids for
E-science in Europe

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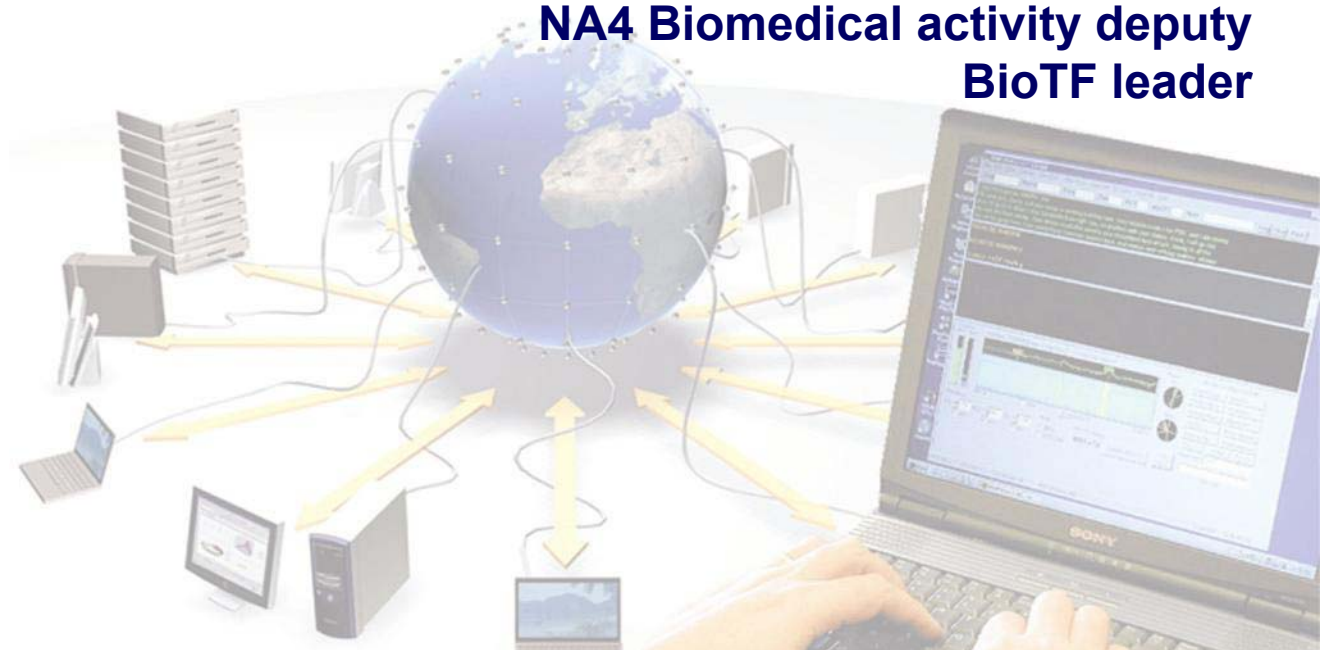
NA4-SA1 joint meeting, october 14th, 2004

Getting the Biomed Task Force going

Christophe Blanchet

NA4 Biomedical activity deputy

BioTF leader



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Biomedical Technical Team

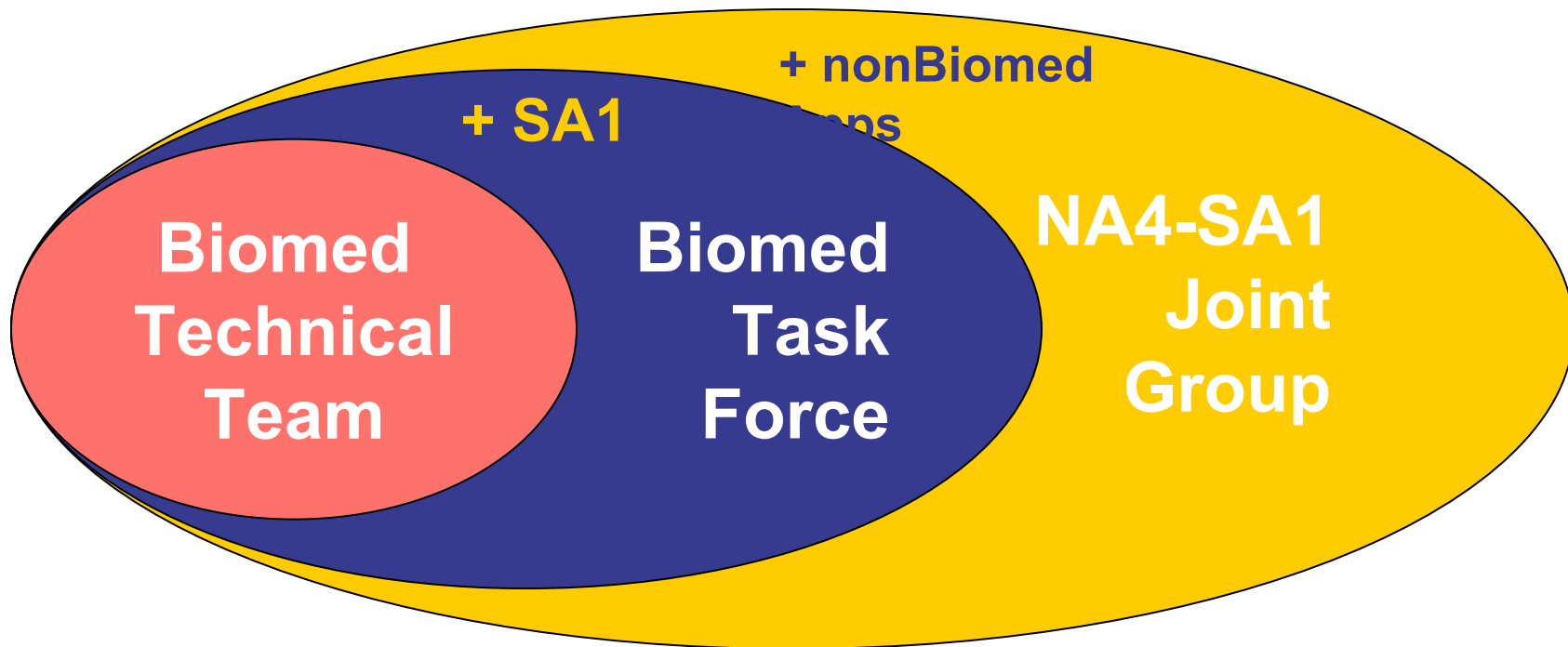
| Who | Partner | Biomed Tasks assigned |
|------------------|--------------|---|
| Ignacio Blanquer | UPV | CDSS deployment on LCG2, work on attracting more users gLite testing |
| Vincent Lefort | CNRS IBCP | GPS@ porting and deployment on LCG2 Den Haag demo / EU review |
| Yannick Legré | CNRS LPC | Biomed VO administration NA4-SA1 joint group leader (with F. Harris) VO organisation issues (VOMS...) Resources and requirements gathering |
| Angel Merino | CNB | Bioinformatics applications development on LCG2 LCG2 quantitative testing (report on apps testing and updates) |
| Christophe Péra | CNRS Créatis | gLite testing, user reports Biomedical data management middleware |

Biomed Task Force - bioTF

- Objectives
 - « EGEE management is requiring for a Biomed Task Force whose objectives would be to prepare for the EU review in a short term and provide application oriented support in a longer term »
- Leadership
 - Christophe Blanchet (NA4 biomed activity deputy)
- Members
 - 5 biomed engineers
 - 1 SA1 correspondent per application developer (TBC tomorrow)
- Actions
 - Applications plan with steps and milestones
 - Meeting and deviations tracking
 - Trainees of SA1 courses on LCG2

BioTF usefulness ?

- Redundancy between committees ?
 - Biomedical technical team
 - NA4-SA1 joint group
 - Biomed Task Force



And connection with other boards ?

bioTF Goals

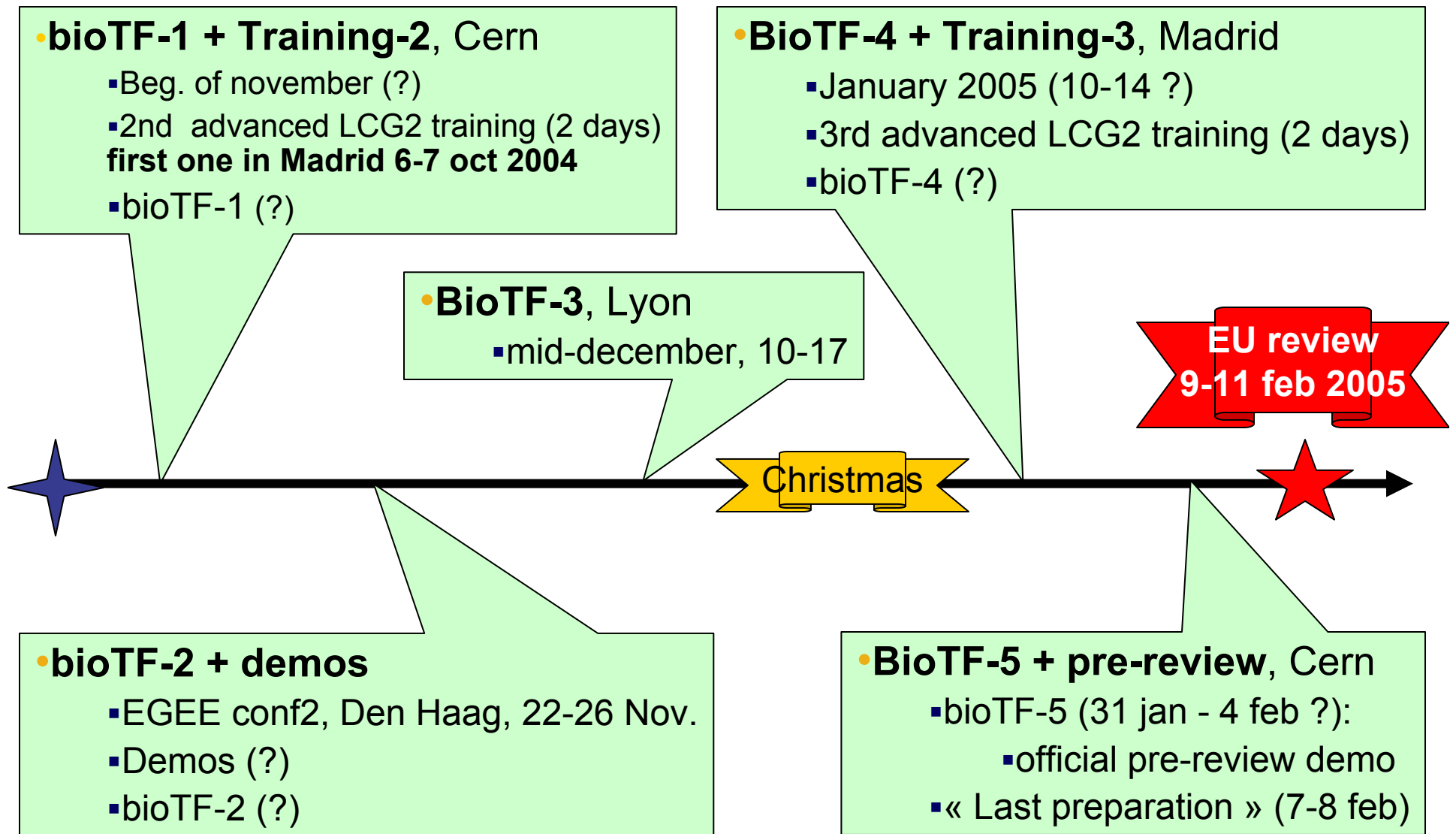
- Biomed activity should focus on application development
 - Biomed demos preparation (EU review)
 - Biomed apps support (long term)
- NA4-biomed should reduce investment on LCG2 installation:
 - delegate to SA1
 - IN2P3 has announced a [CIC web portal](#).
 - INFN has announced an [infrastructure operations page](#): more information is expected from SA1.
- French and Spanish ROCs are central for biomed applications
 - natural entry point for support and additional services requests

bioTF: biomed-SA1 contact

| Who | Partner | Biomed Tasks assigned | SA1 contact |
|------------------|-----------------|---|-----------------|
| Ignacio Blanquer | UPV | CDSS deployment on LCG2, work on attracting more users gLite testing | ? |
| Vincent Lefort | CNRS IBCP | GPS@ porting and deployment on LCG2 Den Haag demo / EU review | Flavia Donno ? |
| Yannick Legré | CNRS LPC | Biomed VO administration NA4-SA1 joint group leader (with F. Harris) VO organisation issues (VOMS...) Resources and requirements gathering | Pierre Girard ? |
| Angel Merino | CNB | Bioinformatics applications development on LCG2 LCG2 quantitative testing (report on apps testing and updates) | ? |
| Christophe Péra | CNRS Créatis | gLite testing, user reports Biomedical data management middleware | ? |

And « leader contact » biomed (C Blanchet)-SA1 (? ?)

bioTF Roadmap



bioTF meetings and trainings

- Meeting Agenda
 - Actions from the last meeting
 - Demos status
 - Resource status
 - Report on difficulties encountered
 - Define tasks to do until next meeting
 - Misc.
- Training goals
 - Enhance biomed knowledge of LCG2 mw
 - Be informed of new developments or bug corrections
 - Study and solve tricky use cases

Biomedical Demonstration

- Den Haag, November 22-26
 - gPTM3D
 - CDSS
 - GPS@
 - What is the demonstrations agenda?
- EGEE review
 - GPS@ as the primary demonstration (genomics, web portal, largest user community)
 - CDSS as a fallback (diagnosis assistance)
 - or both!?
- gLite demonstration?
 - UPV has developed a volume rendering application (based on the virtual human dataset) on gLite
 - Available now

Preparing Biomedical Demonstrations

- Define the date of the demo (Den Haag) and the agenda
- Ensure that SA1 infrastructure meet the applications resource requirements
- Define the infrastructure mode for the demo:
 - in « normal day load » or in « booked resource » mode ?
 - for hardware resources and human experts ?
 - Den Haag ?
 - EU review ?
- Ensure to have Internet connection from the demo room

Biomedical Resources

- LDAP server at CC-IN2P3
 - vo-biome.in2p3.fr:389/636 (with ssl), Base DN: o=biomedical,dc=lcg,dc=org
- Resource Broker
 - Production: CNAF (egee-rb-01.cnaf.infn.it), IFAE (lcgrb02.ifaes.es)
 - Test and backup: UPV (xperseo.dsic.upv.es)
- RLS
 - Production: CC-IN2P3 (under configuration and testing)
 - Temporary: CNAF (datatag2.cnaf.infn.it)
- 5 UI: LPC, CC-IN2P3, UPV, IBCP (GPS@ portal), CNB
- 8 CE: LPC (2), CC-IN2P3, CGG, UPV, CNB, SCAI, LAL
- 334 WN
 - LPC (72), LPC (50), CGG (4), UPV (10), CNB (8), SCAI (14), LAL (10)
- 0.9 TB SE (+10 TB coming soon)
 - LPC (2), CC-IN2P3 (1), CGG (1), UPV (1), CNB (1), SCAI (2), LAL (1)

Biomed demos roadmap

- CDSS
 - October: packaging (RPMs) and deployment on 3 sites (UPV, CNB, LPC).
 - November: consolidation (first scenario and deployment at CC-IN2P3).
 - Until review: add more services (search engines) and clinical usecases.
- GPS@
 - October: use RLS to distribute replicate biomed databases on several SE. Test GFAL for accessing registered data.
 - Den Haag: test short queues CEs (performance). Demonstration scenario. Deploy on 5 sites with 5 to 10 CPUs each (CNB, UPV, CC-IN2P3...).
 - December: Improve results visualization. Make some scale testing.
 - Until review: Test compound jobs. Add processing algorithms.
- gPTM3D
 - will be finalized next week.
 - Den Haag: require 20 CPUs.
 - Later: widespread the applications in hospitals (where the non-gridified version is already available).

Missing Biomedical Demo Requirements

- MPI enable nodes accessible to the biomed VO
 - CNAF announced availability within the week
- Short queues for short jobs (penalizing for several apps)
 - Latency induced by the resource broker (difficult point)
 - Having dedicated resources to process short jobs (installation problem)
- Service certificate
 - Authentication of a service giving an anonymous user the ability to run a restricted number of jobs on behalf of the service
 - Not a problem anymore? Accepted policy in several US CAs.
- Stable RLS service
 - It seems that HEP is experiencing problems with the RLS service too
- Interactivity handling
 - Firewalls are often preventing connection between WNs and the UI.
- Fine grain security
 - File access control. Encryption. Anonymization.
 - Will soon become critical to enlarge the community of medical users.