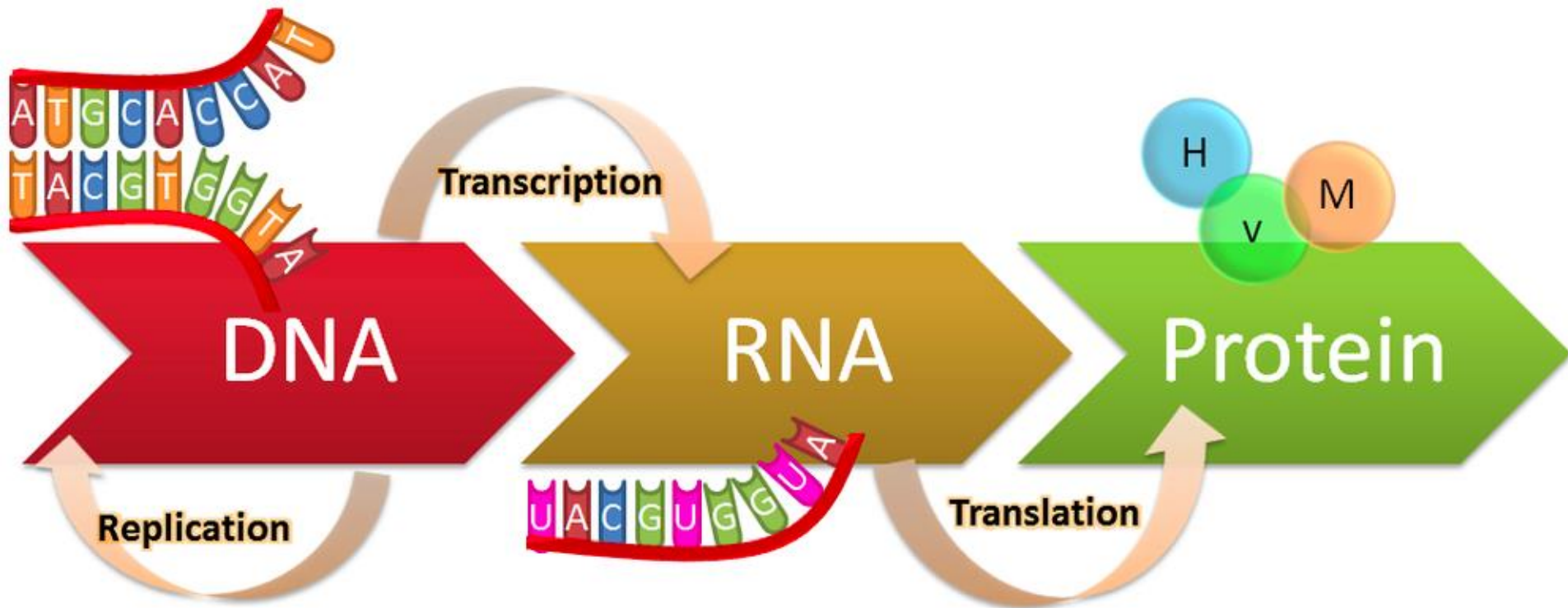


Emerging Resources for Genomic Assays That Power Discoveries in Diverse Populations

Janina M. Jeff, PhD, MS
Global Bioinformatics Specialist

The Central Dogma



Central Dogma Career Path for Scientist

PhD



Post-
Doc



Assistant
Pro.

Central Dogma Career Path for Scientist

PhD



VANDERBILT UNIVERSITY

Interdisciplinary Graduate Program

~80-100 PhD students

~stipend, no teaching

~3-4 rotations



Crawford Lab

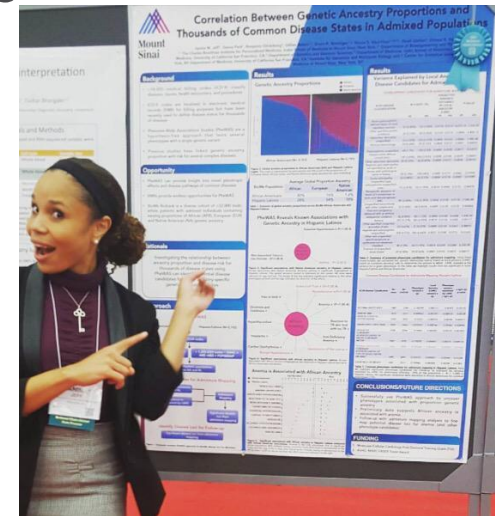
Genetic Epidemiology and Statistical Genetics

PhD Human Genetics

MS Applied Statistics

Pushed to my deepest limits

1. Imposter syndrome → building confidence (publications and oral presentations)
2. Fear of failing → understanding success cannot exist without failure (graduating and getting post doc offers)



Central Dogma Career Path for Scientist



Post-Doc



Icahn School
of Medicine at
**Mount
Sinai**



Original post-doc advisor
New York, NY
most diverse biobank

Erwin Bottinger, MD

Communal post-doc Adopted post-doc advisors



Eimear Kenny, PhD



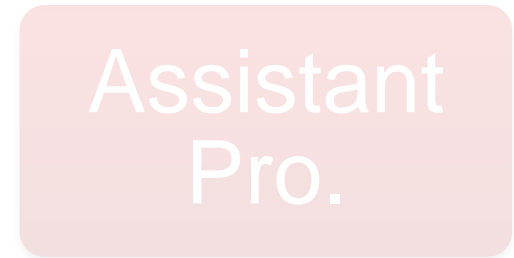
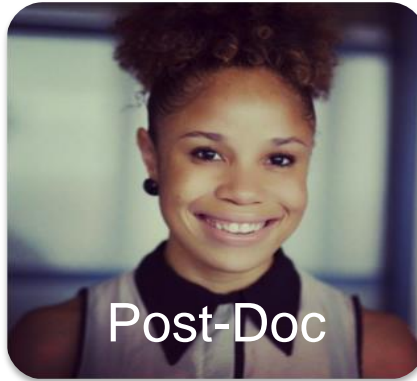
Ruth Loos, PhD



Pushed to my deepest limits

1. Competitive climate → Defining your own success (forming new career opportunities: mentorship, teaching)
2. Different mentorship styles → Lead to independence (independently submitting abstracts and grants)

Central Dogma Career Path for Scientist



Big Pharma

Direct to Consumer

Government

Biotechnology

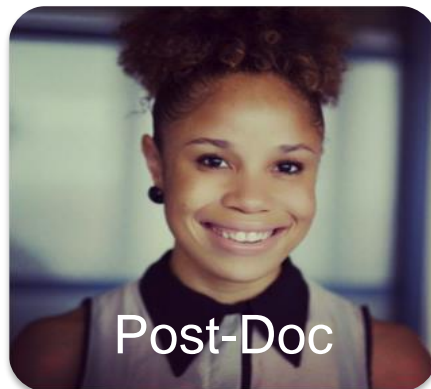
Science

Lifestyle

Teaching and Mentorship

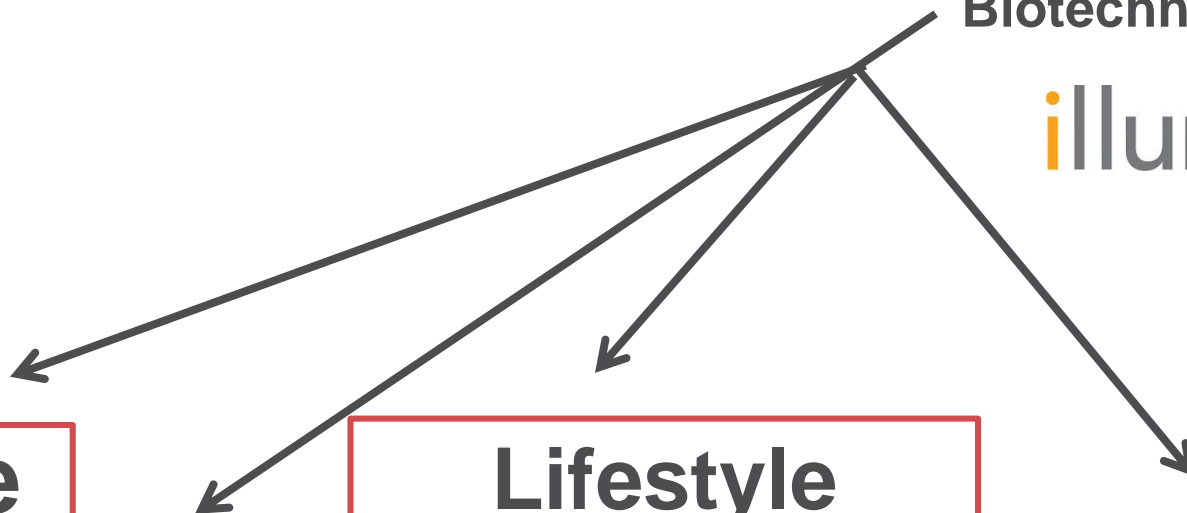
Research

Central Dogma Career Path for Scientist Does Not Exist



Biotechnology

illumina®



Teaching and Mentorship

Research

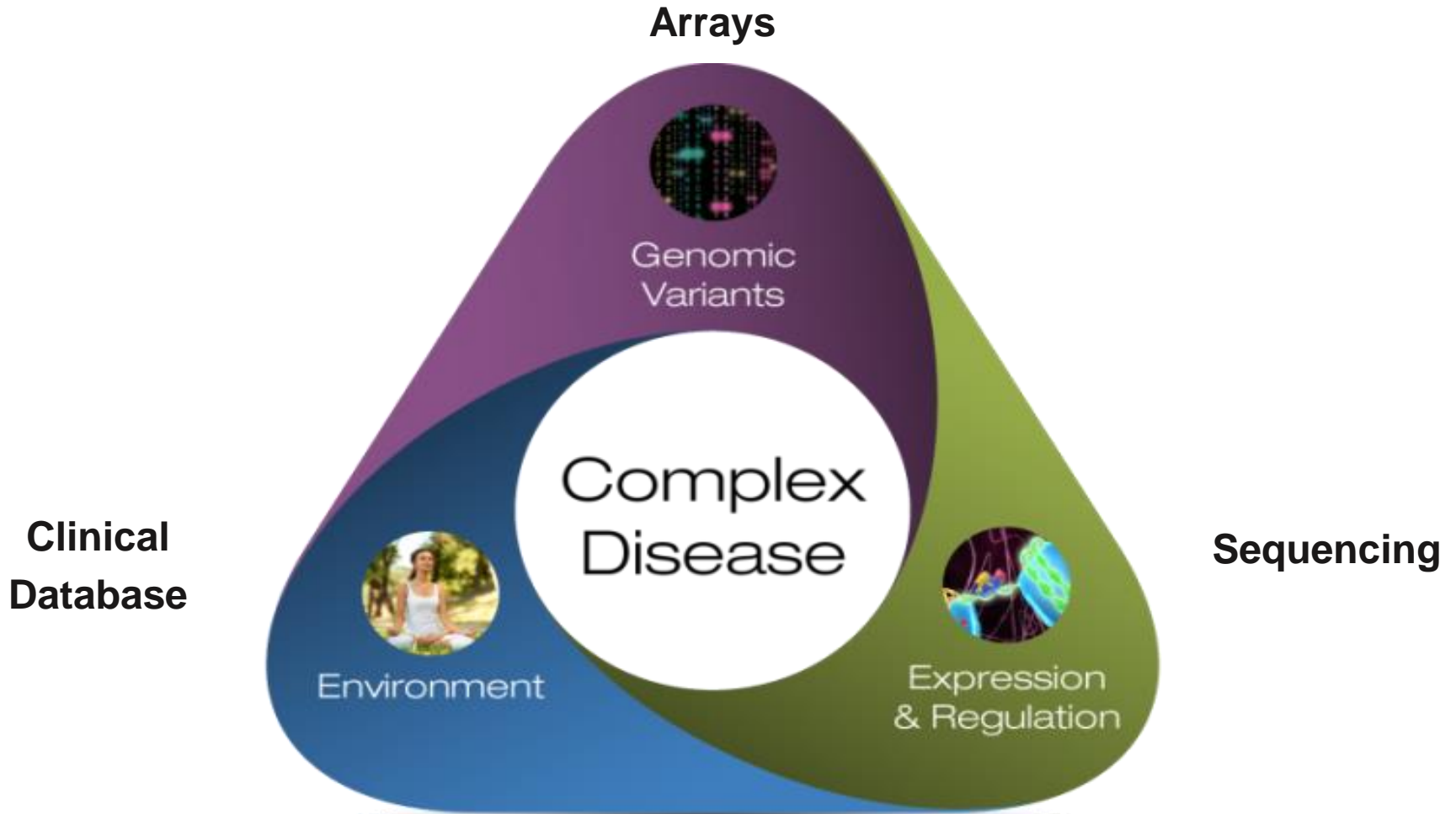
illumina®

Emerging Resources for Genomic Assays That Power Discoveries in Diverse Populations

Janina M. Jeff, PhD, MS
Global Bioinformatics Specialist

An Integrated View of Complex Disease

A combination of genetic and environmental factors contributes to disease



The Evolution of Large-Scale Genomics

10 years of Genome-Wide Association Studies (GWAS)

2004 2009 2011 2013 2014 2015 2016

Common variants

Common and rare variants

Multi-ethnic /
imputation
Common and rare variants

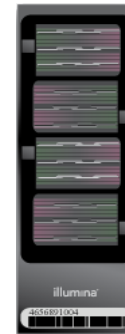
Population based studies
Common and rare variants

- HumanHap-300
- 550,660,610, 1M

- Omni family
- Core family

- Multi-Ethnic family

- Screening Array Program (GSA, ASA, MEA etc)



For Research Use Only. Not for use in diagnostic procedures.

Global Screening Array Consortium Members

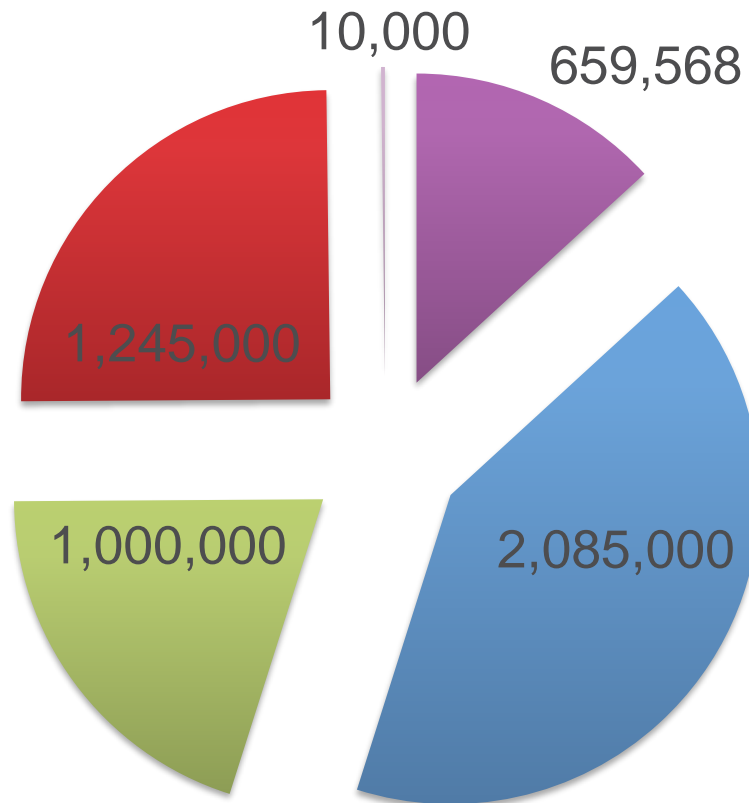
- ▶ Global participation
- ▶ Large population cohorts, Biobanks, DTC, Researchers, Pharmaceutical companies, Health care providers, Service providers
- ▶ Millions of samples available within the next 2-3 years
- ▶ Total of ~200 consortia members from 55 institutions



Global Commitment to Population Studies

5 Million Samples Globally Sold

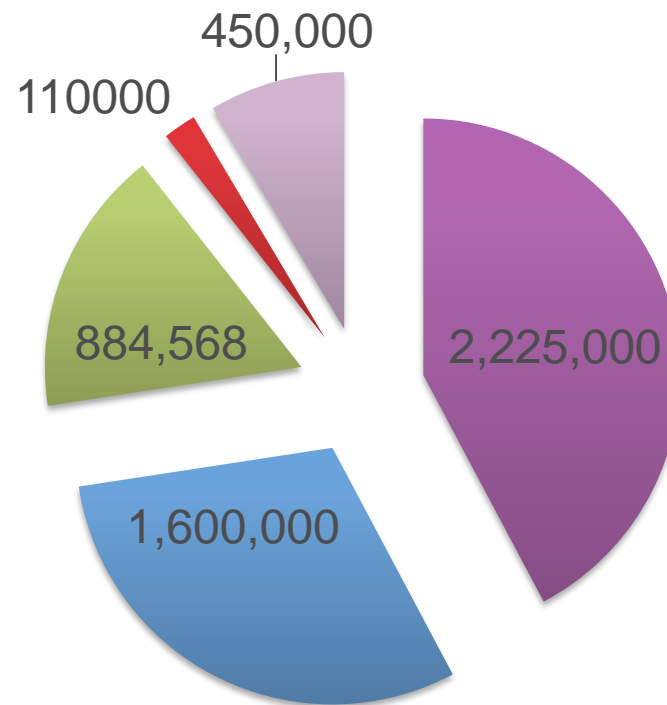
■ European ■ USA ■ Hispanic ■ Asian ■ India



New Applications on a Global Scale

Increasing Application Breadth

■ DTC ■ Health Care Providers ■ Research ■ Cancer ■ Pharma



Multi-Ethnic-GWAS backbone

Two reasons to embrace multi-ethnic genomics studies

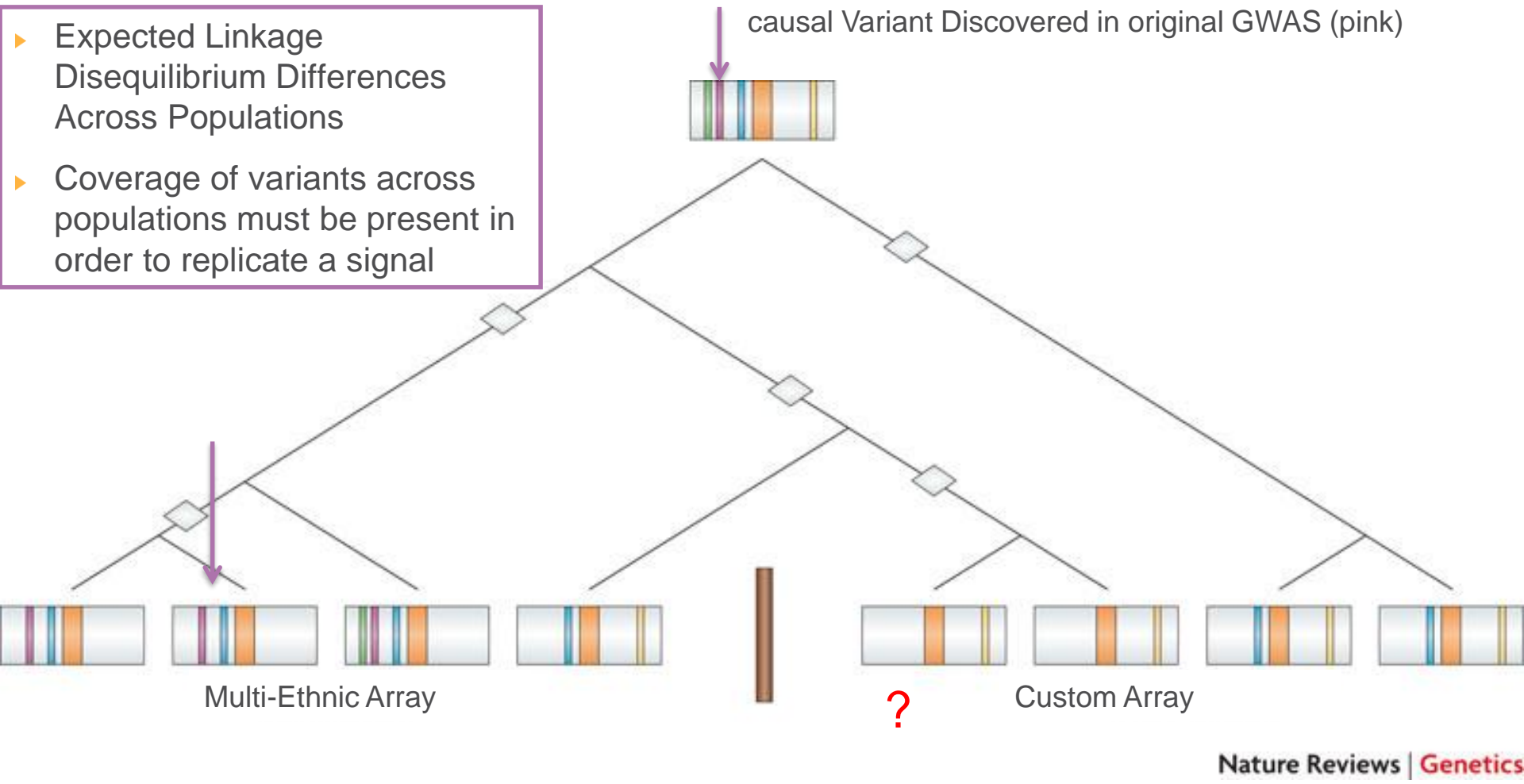
- ▶ Seamless replication
- ▶ Improved Understanding of Disease/Phenotypes



Causal Variant Must be Covered in Replication Population

Replication is not possible if SNP is not covered in replication sample

- ▶ Expected Linkage Disequilibrium Differences Across Populations
- ▶ Coverage of variants across populations must be present in order to replicate a signal



Successfully replicate causal variant

Fail to replicate causal variant

Nature Reviews | Genetics

Rosenburg et al (2010) Nat Rev Genet 11(5):356-66

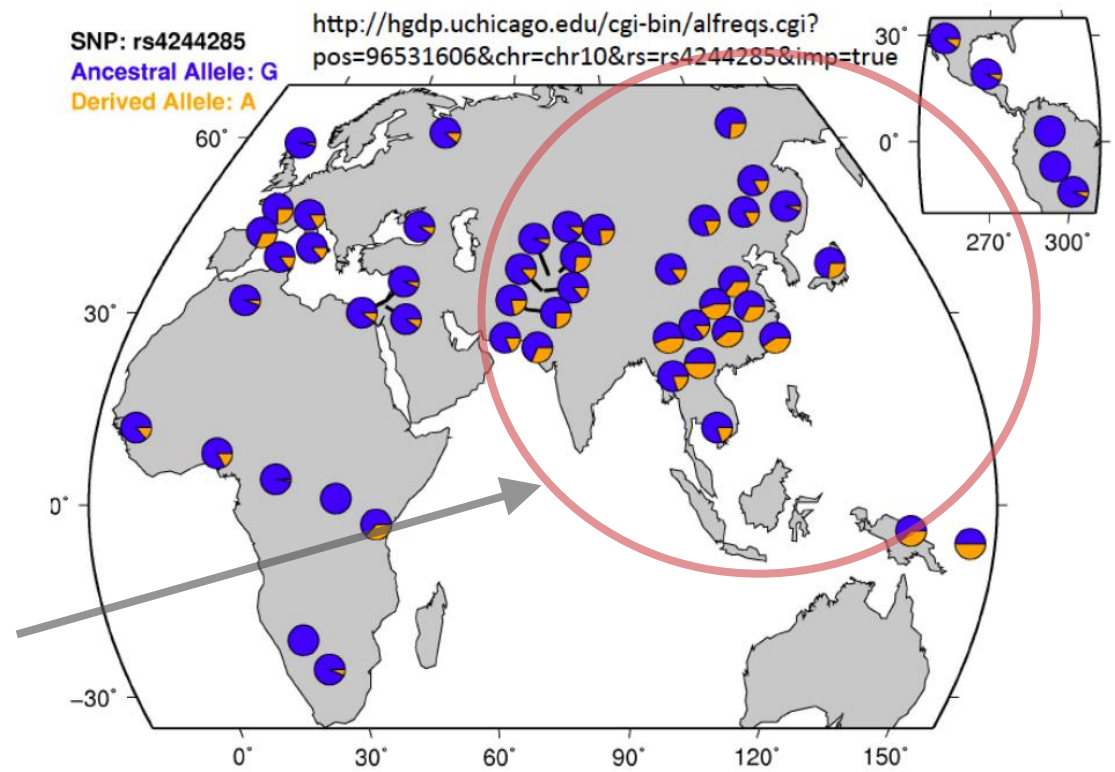
Improved Understanding of Disease/Phenotypes

*Variants with large functional effects can be largely population specific**

High prevalence in East Asian populations of CYP2C19 genotype leads to lower Plavix efficacy

Blue = good metabolizers
Orange: poor metabolizers

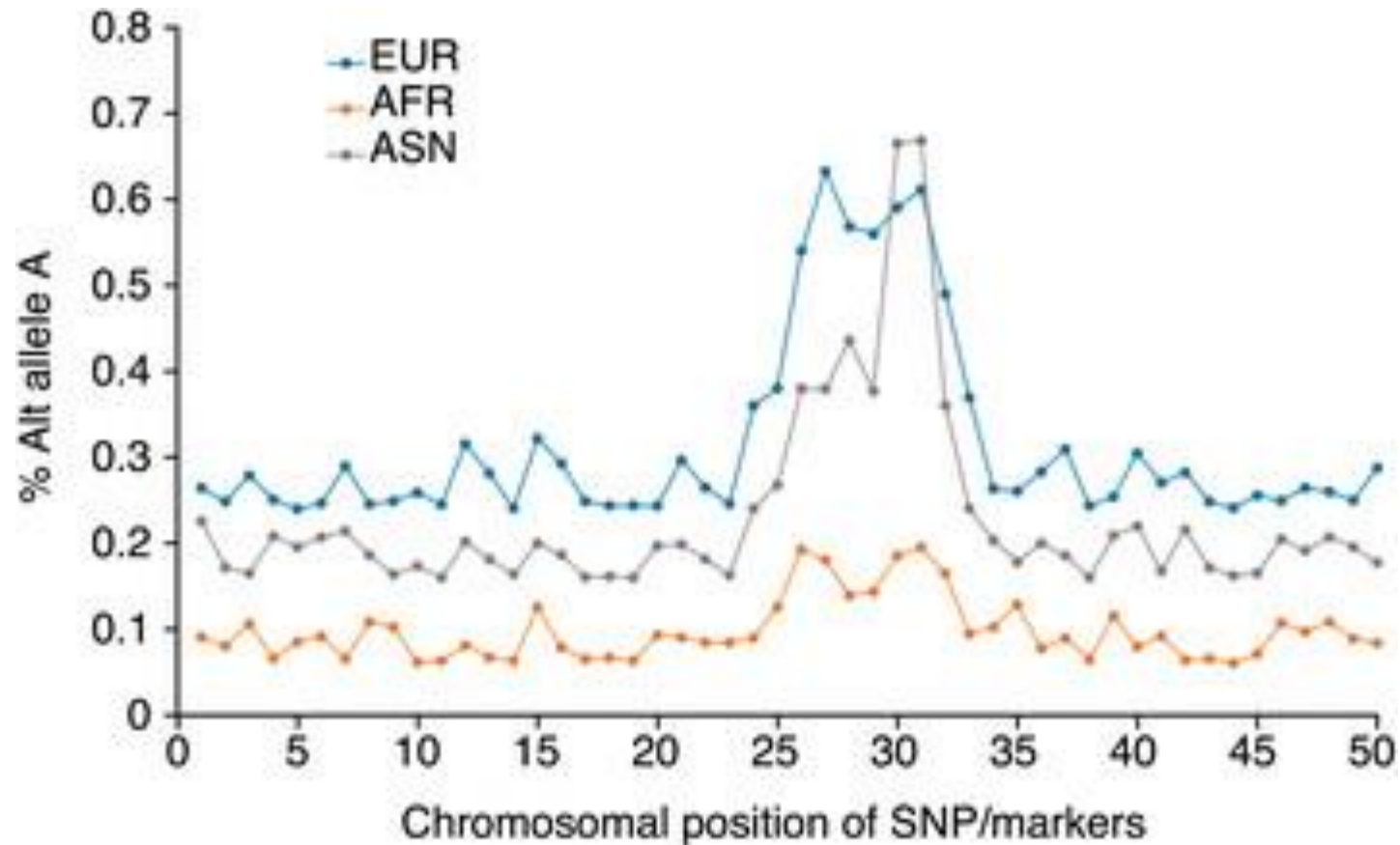
Large percentage of East Asian population with variant for poor metabolism of Plavix



* "Both PON1 Q192R and CYP2C19*2 influence platelet response to clopidogrel and ischemic events in Chinese patients undergoing percutaneous coronary intervention," Yu Chen, Xiaohong Huang, Yong Tang, Yuguan Xie and Yachen Zhang, Int J Clin Exp Med. 2015; 8(6): 9266–9274

Opportunity for fine-mapping

Leveraging differential LD patterns enables fine-mapping of the causal SNP variants



Genome Med. 2014 Oct 31;6(10):91. doi: 10.1186/s13073-014-0091-5. eCollection 2014.



Illumina Global Screening Array

A high powered, economical tool for population scale genomics

Universal Genome Wide Association Study (GWAS) Array delivering power across multiple populations

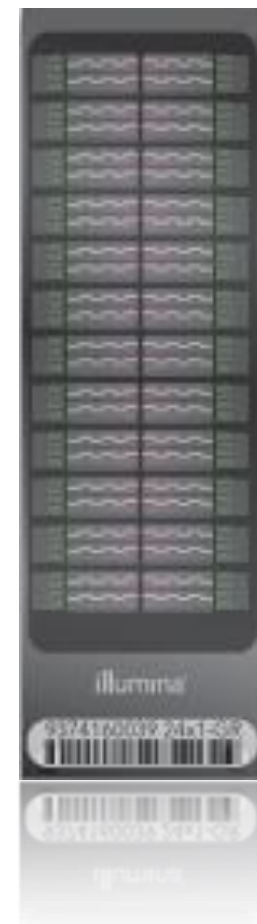
- Global content enriched for population specific and cross population variation
- High imputation accuracy across the entire allelic frequency spectrum

Comprehensive selection of clinical research variants

- >50K clinical research variants spanning breadth of functional variation
- Up to date content reviewed and validated by experts in medical genomics

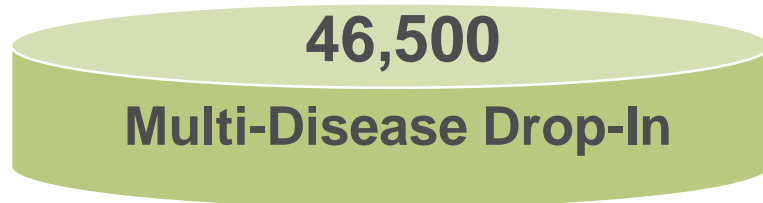
Developed for high throughput population screening

- QC and high value content for sample identification, tracking, and stratification
- Designed on the Infinium® 24 sample format, add up to 50K in custom content

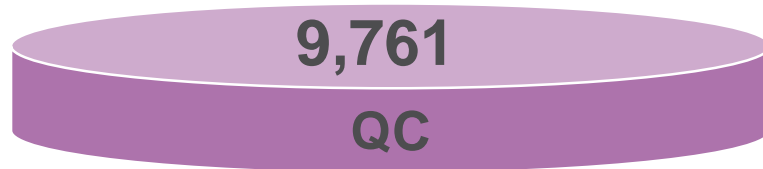


Global Screening Array(GSA) Manifest variant count

Predictive, Clinical Research, and QC



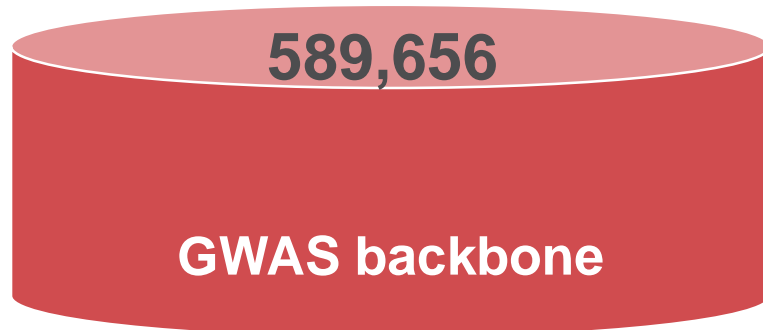
- ▶ User defined custom content or
- ▶ Pre-designed multi-disease drop in



- ▶ Sample tracking and stratification



- ▶ Up-to-date known clinical associations
- ▶ Pharmacogenomics
- ▶ Well-curated exome content
- ▶ NHGRI-GWAS and HLA content

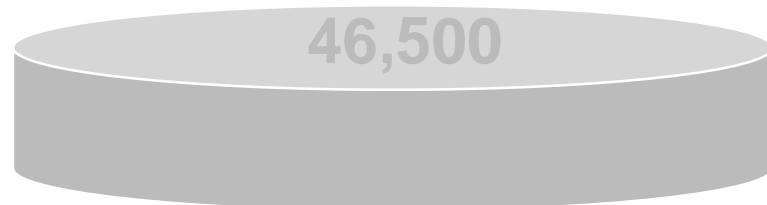


- ▶ Cross-Population and population-specific
- ▶ Enriched for low-frequency variants (1-5%)
- ▶ High imputation accuracy for ALL populations

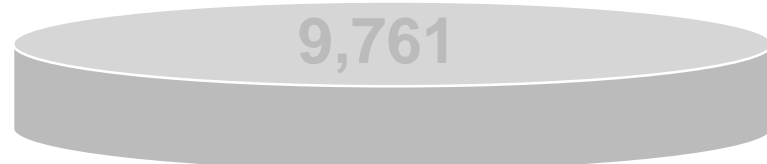
FINAL Product : 700, 656

GSA Manifest variant count

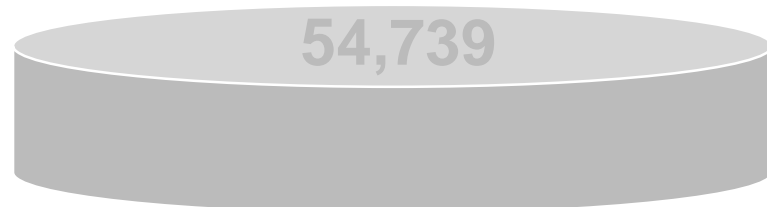
Predictive, Clinical Research, and QC



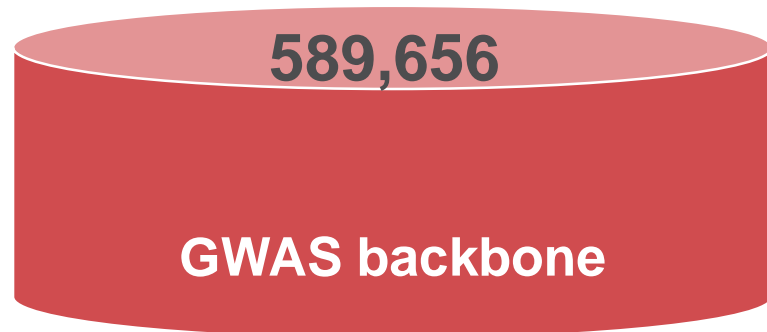
- ▶ User defined custom content OR
- ▶ Pre-designed multi-disease drop in



- ▶ Sample tracking and stratification



- ▶ Up-to-date known clinical associations
- ▶ Pharmacogenomics
- ▶ Well-curated exome content
- ▶ NHGRI-GWAS and HLA content

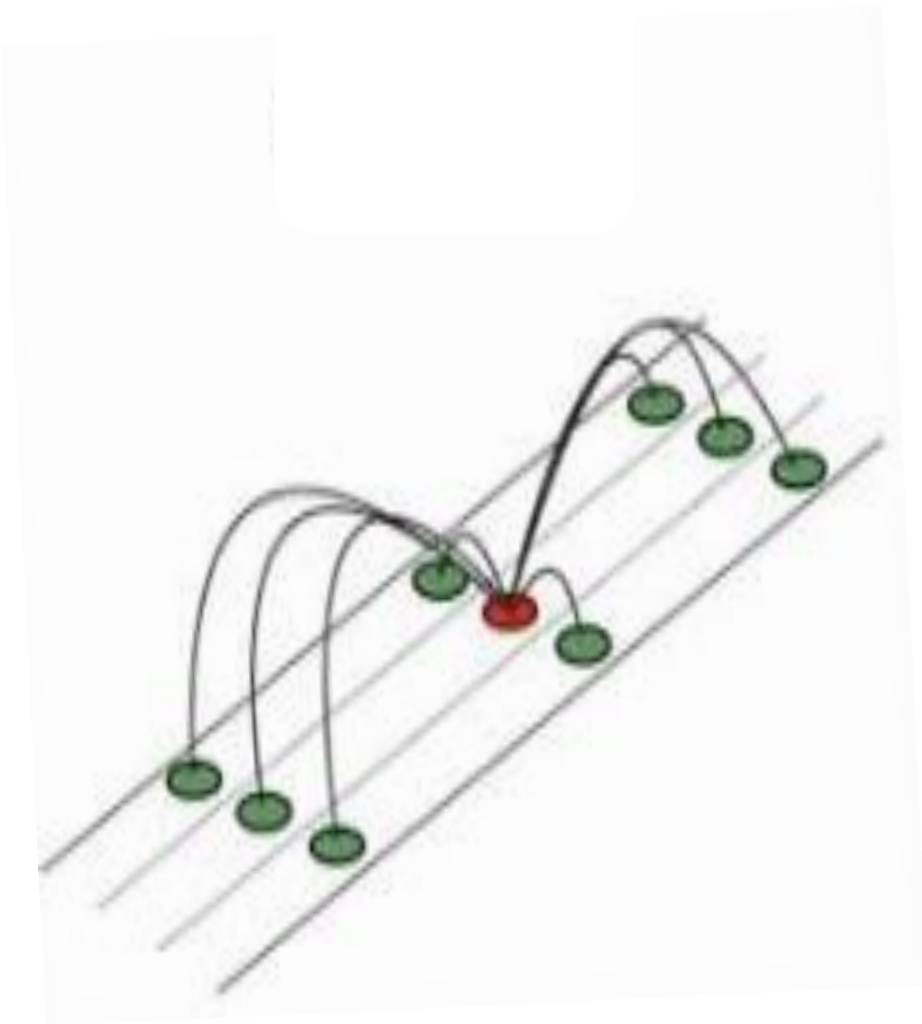


- ▶ Cross-Population and population-specific
- ▶ Enriched for low-frequency variants (1-5%)
- ▶ High imputation accuracy for ALL populations

Imputation

A New Paradigm Emerges

- ▶ Imputation is the New Gold Standard in Array Analysis
- ▶ Imputed SNPs have more power than pairwise LD (r^2)
 - Clark et. al., NATURE GENETICS, 2007
- ▶ Imputation increases resolution of the association peak
- ▶ Key SNP criteria:
 - Imputation accuracy: how accurate is the imputed SNP
 - Imputation Efficiency: how many SNPs can you impute
 - Minor Allele Frequency*
 - **Low MAF 1-5% - Key Focus of GSA**
 - Common >5%

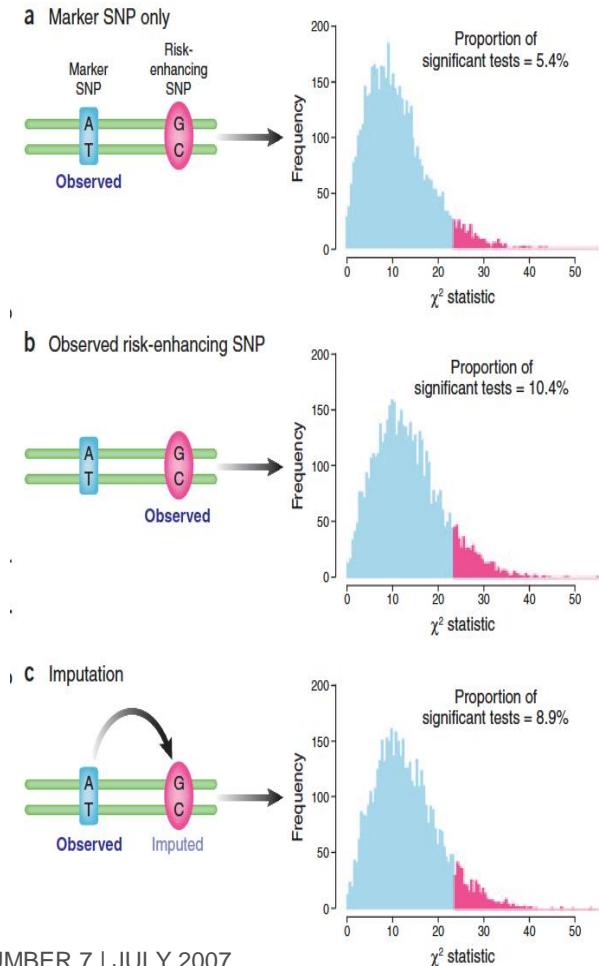
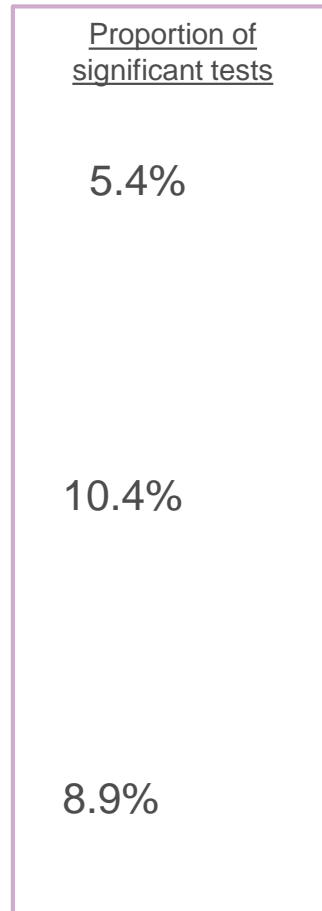


*Genomes Project C, Auton A, Brooks LD et al. A global reference for human genetic variation. Nature 2015; 526:68-74

Gain more power with Imputed SNPs

New Paradigm in GWAS Analysis

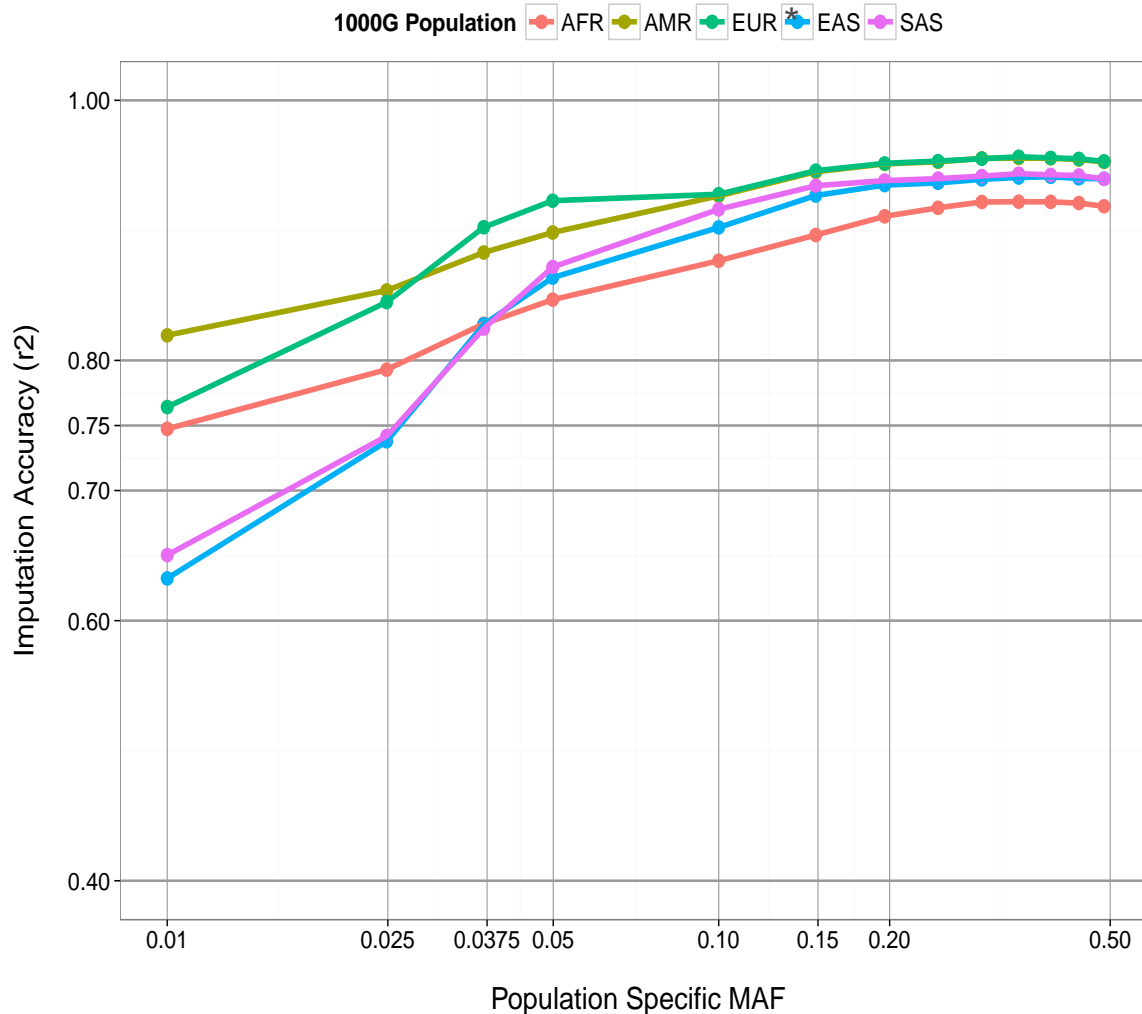
- ▶ Traditional r^2 pairwise LD
- ▶ Direct Risk SNP Typing
- ▶ Imputed SNPs



From: Conjuging SNPs to detect associations. Clark and J. Li NATURE GENETICS | VOLUME 39 | NUMBER 7 | JULY 2007

High Imputation Accuracy Across All Populations

Accurate, economical coverage of the genome



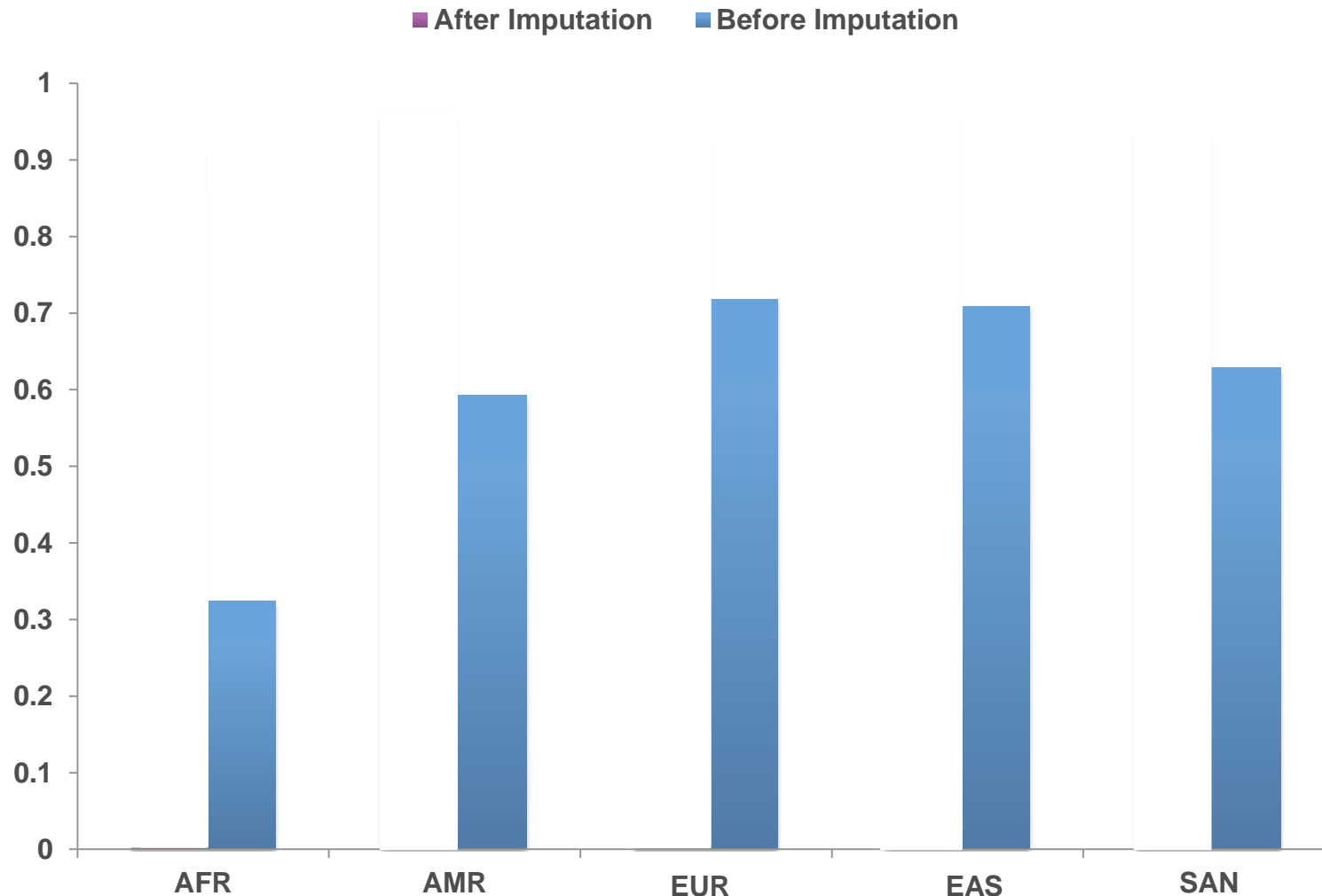
Mean Imputation Accuracy

>1 % Minor allele frequency

Population	GSA
AFR	0.95
AMR	0.97
EUR	0.97
EAS	0.96
SAS	0.96

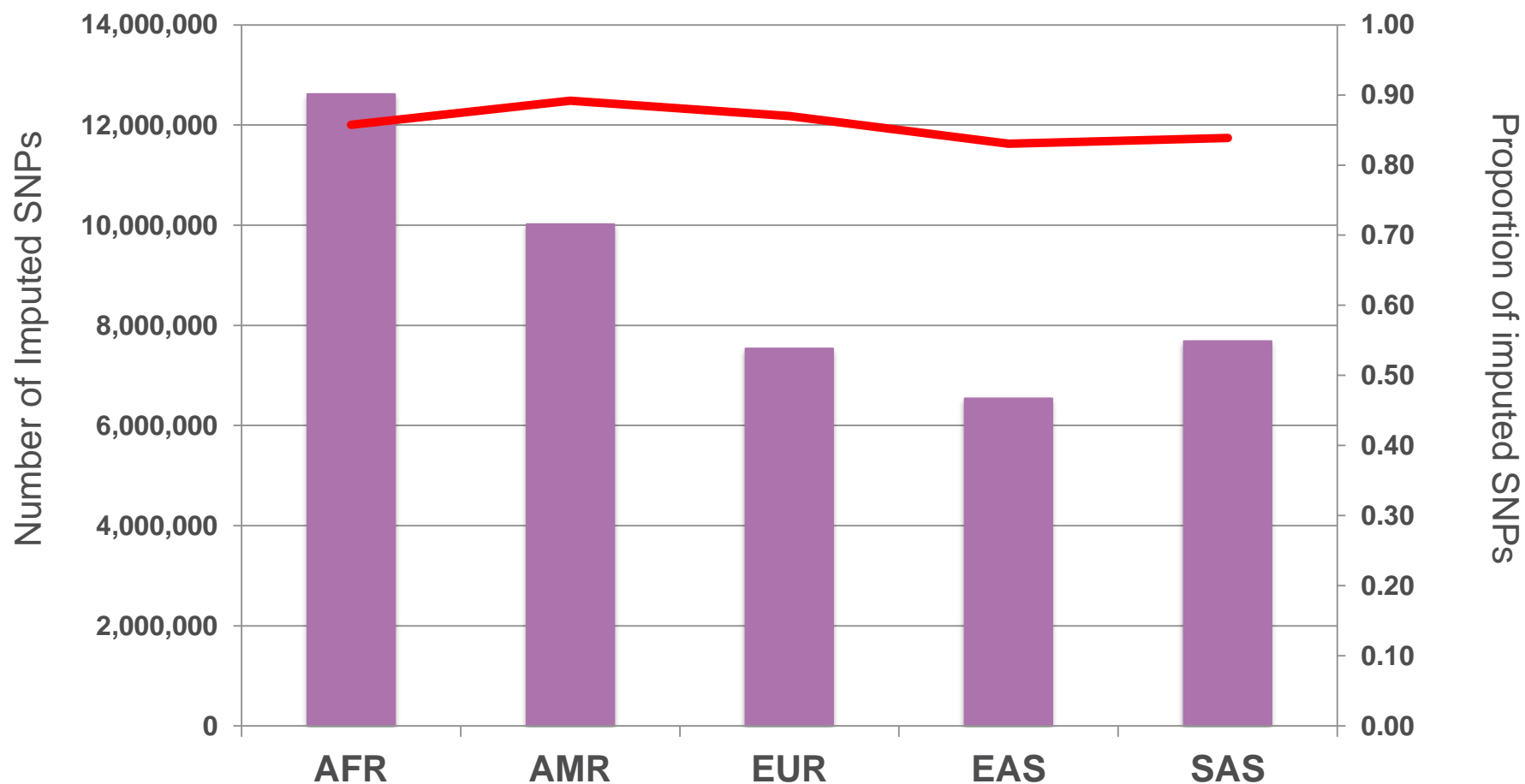
Imputation Increases Genomic Coverage

GSA has greater than 90% coverage in all populations after imputation

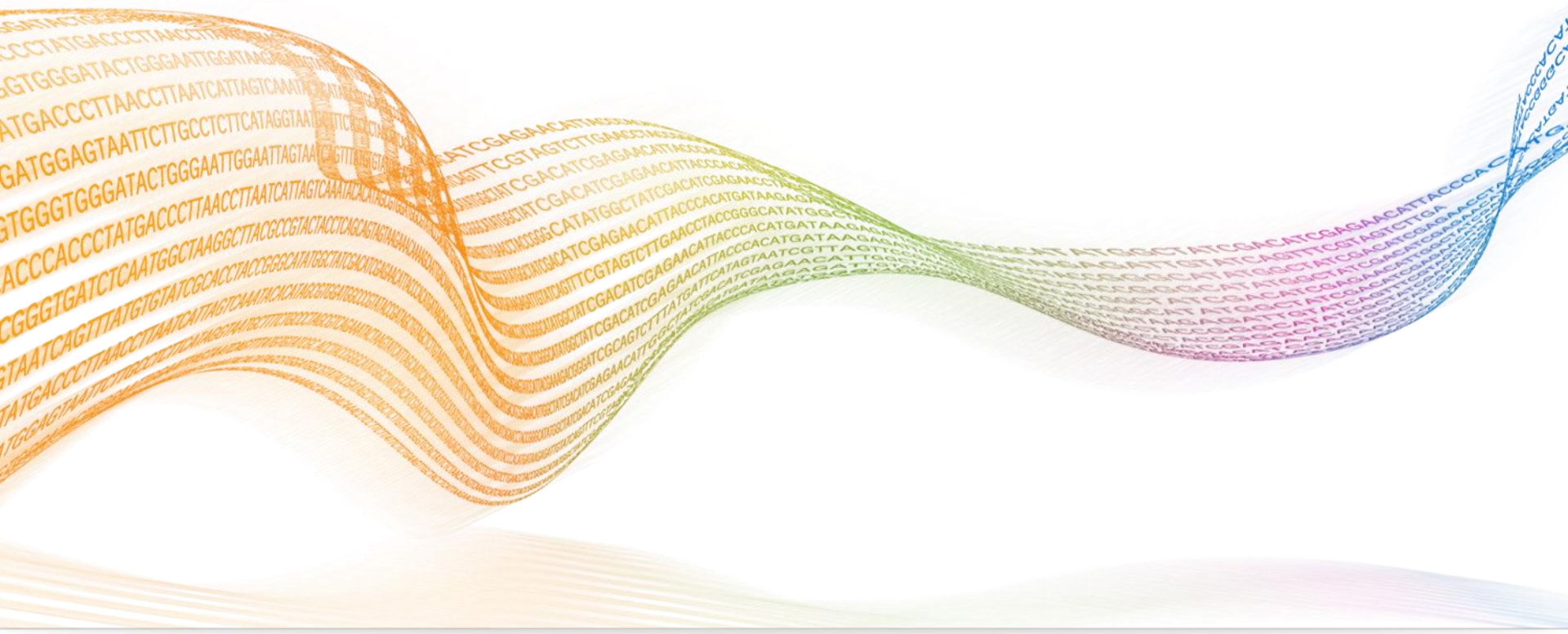


Universal Imputation Power Across Populations

all SNPs in 1kGP >1% MAF and >80% imputation accuracy

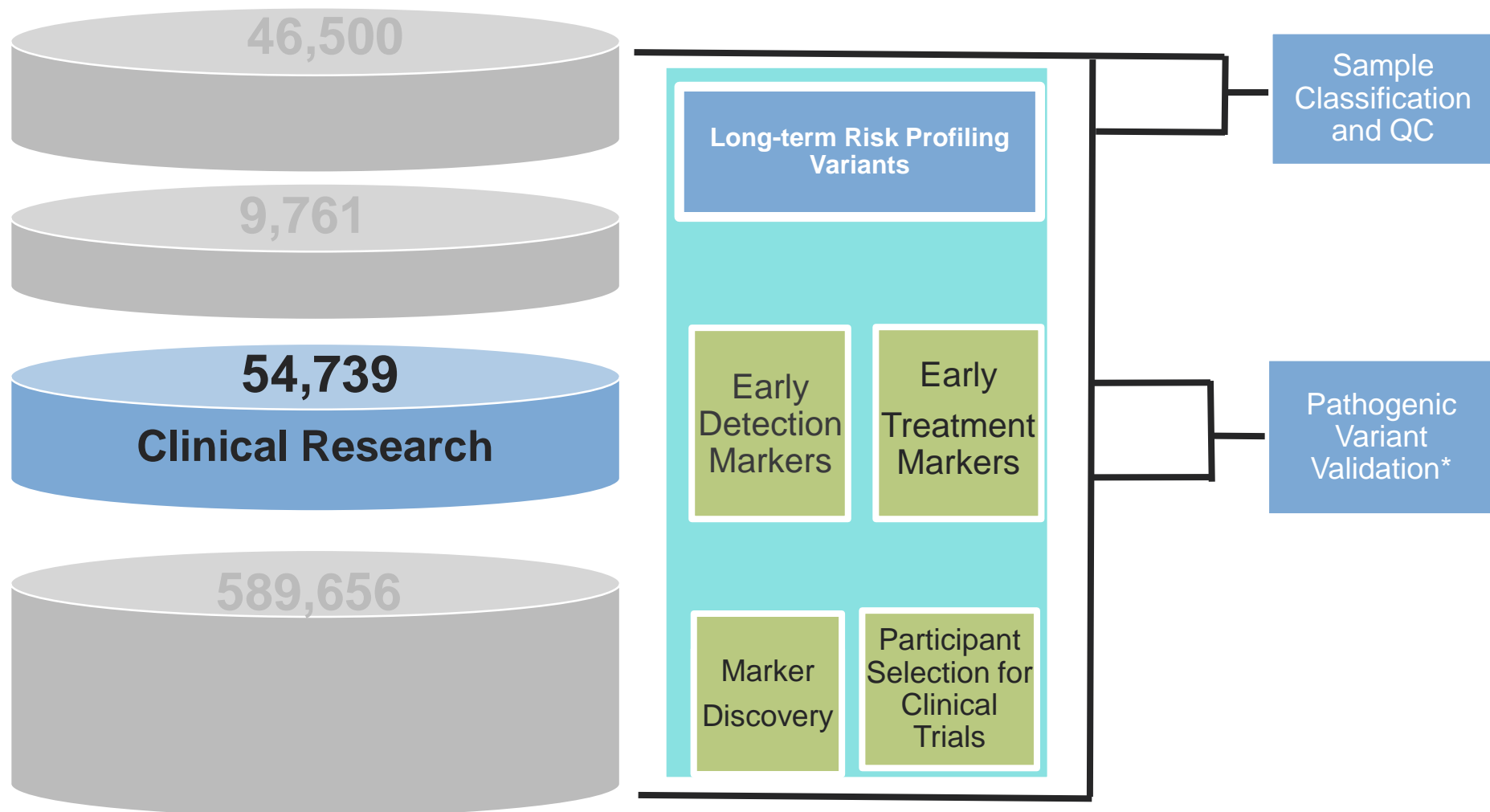


Thank you and Questions



GSA Manifest variant count

Predictive, Clinical Research, and QC



*ClinVar, <ftp://ftp.ncbi.nlm.nih.gov/pub/clinvar/>

Databases Overview

▶ ClinVar (135K):

- Reports of the relationships among human variations and phenotypes, with supporting evidence.

▶ ExAC:

- The Exome Aggregation Consortium: exome sequencing data from a variety of large-scale sequencing projects. The data set spans 60706 unrelated individuals sequenced as part of various disease-specific and population genetic studies.

▶ NHGRI:

- A Catalog of Published Genome-Wide Association Studies

▶ eMERGE:

- Electronic Medical Records and Genomics (eMERGE) Network Combines biorepositories with electronic medical record (EMR) systems for genomic discovery and genomic medicine

▶ PharmGKB:

- Pharmacogenomics knowledge resource with clinical information including dosing guidelines and drug labels, potentially clinically actionable gene-drug associations and genotype-phenotype relationships

Web page

www.ncbi.nlm.nih.gov/clinvar/

<http://exac.broadinstitute.org>

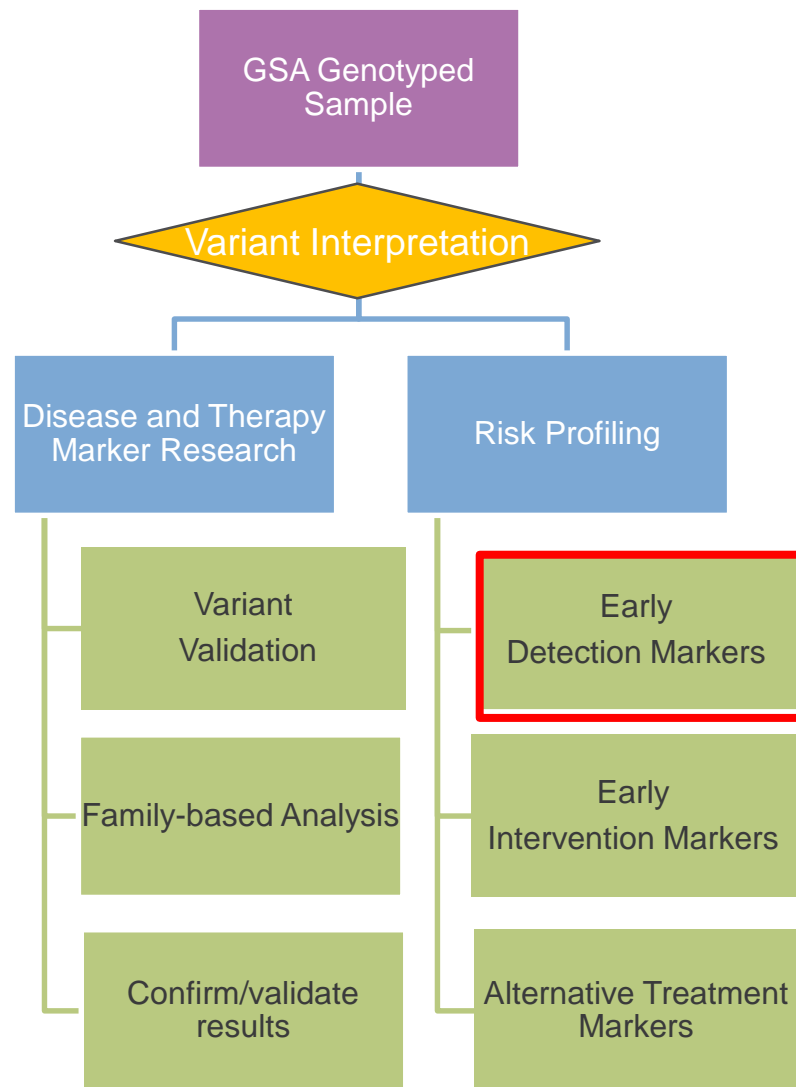
<https://www.genome.gov/gwasstudies/>

<https://www.genome.gov/27540473/electronic-medical-records-and-genomics-emerge-network/>

<https://www.pharmgkb.org/>

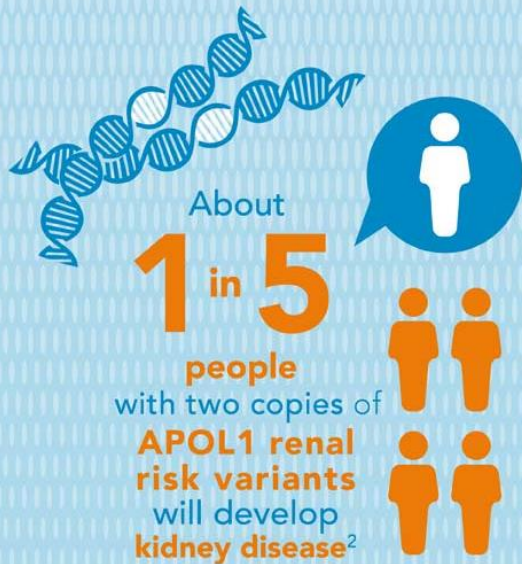
GSA Clinical Research Applications

Variant Validation



GSA Pathogenic Variant: *APOL1*

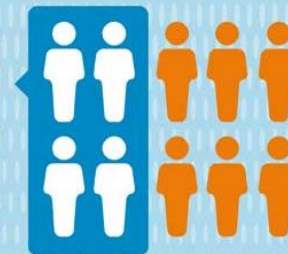
May Predict Kidney Failure:



These **APOL1** variants account for **70%** of non-diabetic kidney failure in African-Americans²



About **4 in 10** African-Americans on dialysis have kidney failure caused by **APOL1**²



SOURCES

- 1 National Institute of Diabetes and Digestive and Kidney Diseases. (2014). *Race, Ethnicity, and Kidney Disease*. Retrieved from <http://www.niddk.nih.gov/health-information/healthcommunication-programs/nkdep/learn/causes-kidney-disease/at-risk/race/ethnicity/Pages/race-ethnicity.aspx>
- 2 Freedman, B.I., & Cohen, A.H. (2016). Hypertension-attributed nephrology: what's in a name?. *Nature Reviews Nephrology*, 12(1), 27-36. <http://www.ncbi.nlm.nih.gov/pubmed/26553514>
Palmer, N.D., & Freedman, B.I. (2013). APOL1 and the progression of nondiabetic nephropathy. *Journal of the American Society of Nephrology* 24(9), 1344-6. <http://www.ncbi.nlm.nih.gov/pubmed/23813212>
Genovese, G., Friedman, D.J., Ross, M.D., Lecordier, L., Uzureau, P., Freedman, B.I.,...Pollack, M.R. (2010). Association of trypanolytic Apol1 variants with kidney disease in African Americans. *Science* 329(5993), 841-5. <http://www.ncbi.nlm.nih.gov/pubmed/20647424>

Genetic Ancestry Testing

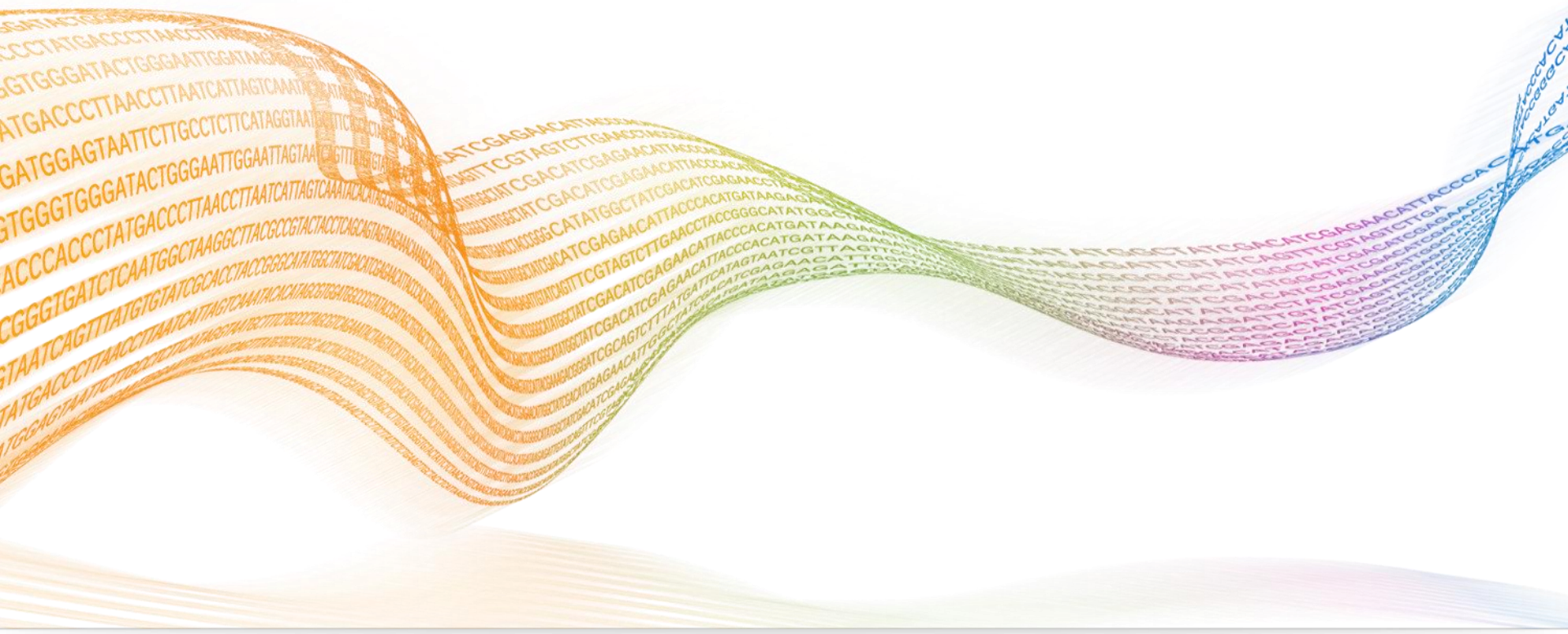
Identification of Y, Mitochondrial and Autosomal variants in a single assay

- ▶ Y chromosome testing:
 - passed exclusively from father to son
 - can be used to explore ancestry in the direct male line (males only)
- ▶ Mitochondrial DNA testing:
 - mitochondrial DNA is passed on from mothers,
 - can be used by either sex
 - provides information about the direct female ancestral line
- ▶ Autosomal Single nucleotide polymorphism (SNP) testing:
 - capture the overall ethnic background of an individual
 - provide an estimate of a person's ethnic background.
 - SNPs can indicate that a person's mixed ancestry
 - 50% African, 25% European, 20% Asian, and 5% unknown



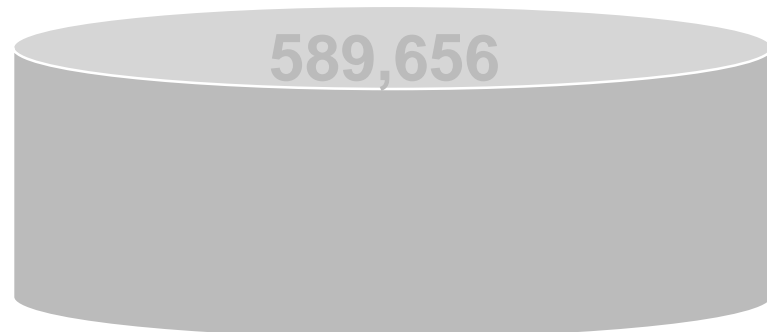
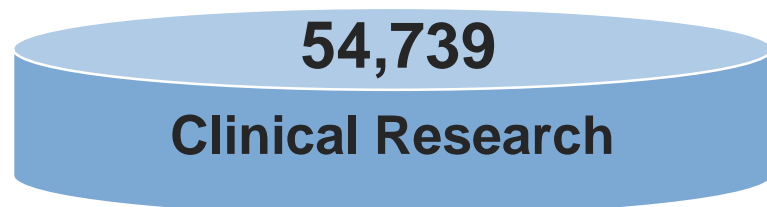
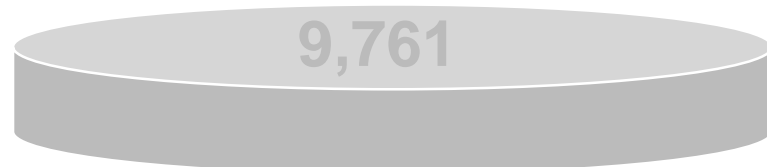
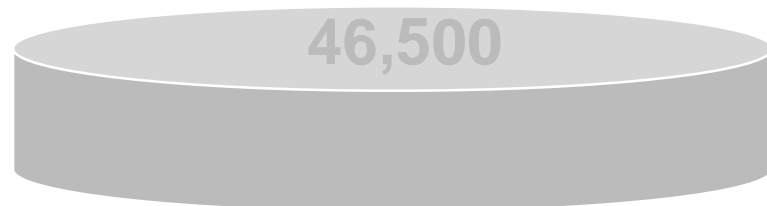
http://www.istockphoto.com/photo/a-pile-of-old-black-and-white-photographs-gm153079734-21383461?st=_p_photography%20family%20tree%20retro%20revival%20family

Thank you and Questions



GSA Manifest variant count

Predictive, Clinical Research, and QC



-
- ▶ Up-to-date known clinical associations
 - ▶ Pharmacogenomics
 - ▶ Well-curated exome content
 - ▶ NHGRI-GWAS and HLA content
-

Expert Selected Clinical Research Content

Comprehensive set of known and putative clinical variants

Tier 1

Known clinical association

- ▶ Validate Disease Associations
- ▶ Risk profiling
- ▶ Pre-emptive screening
- ▶ PGx Studies (CPIC +)

Tier 2

Strong evidence for clinical association

- ▶ Establish functionality
- ▶ Support putative clinical associations
- ▶ Discover novel associations

Tier 1: Clinical Research Content Selection

Comprehensive collection of high value variants

Total Tier 1

Variants from GSA consortia

- ▶ eMERGE
- ▶ PharmGKB*
- ▶ Consortia provided

Variants from ClinVar**

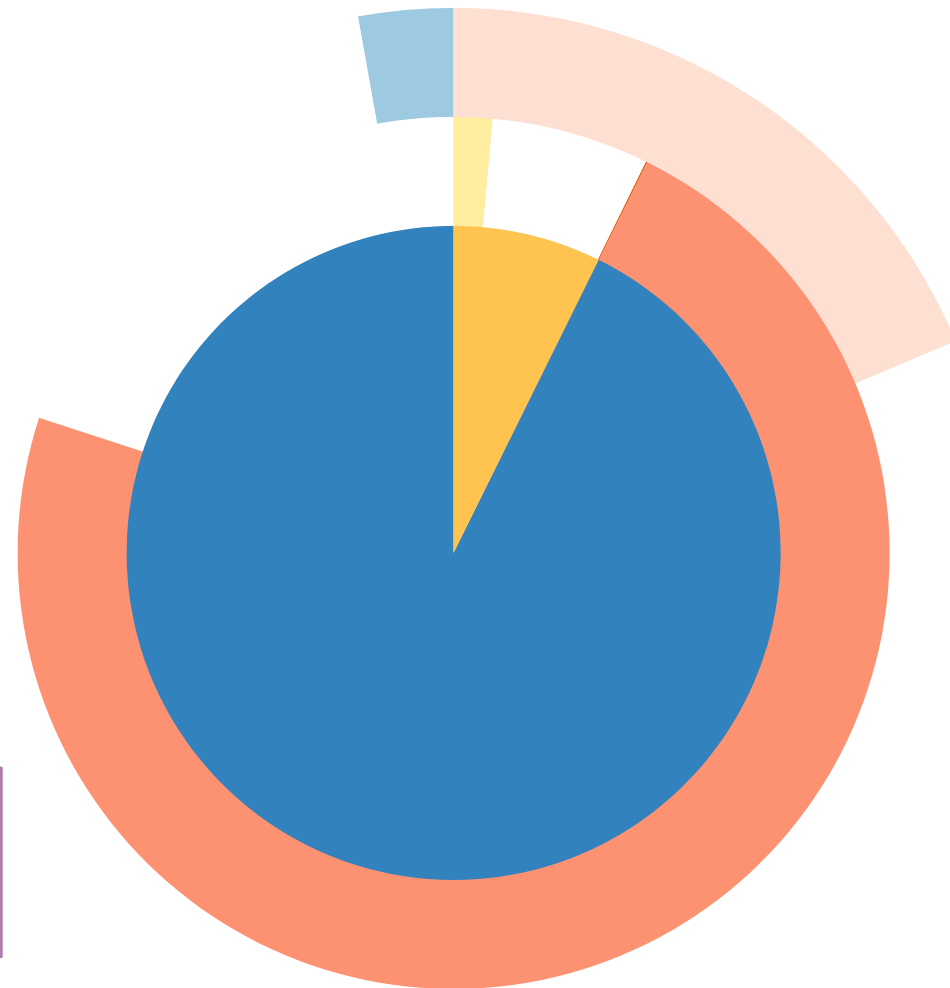
- ▶ Include Pathogenic and likely pathogenic
- ▶ Exclude all somatic mutations
- ▶ Exclude variants missing clinical annotations
- ▶ Exclude variants missing review status
- ▶ Exclude benign and likely benign

GSA: More Than Just a SNP Array

Ability to design breadth of functional variation

ILLUMINA technology enables:

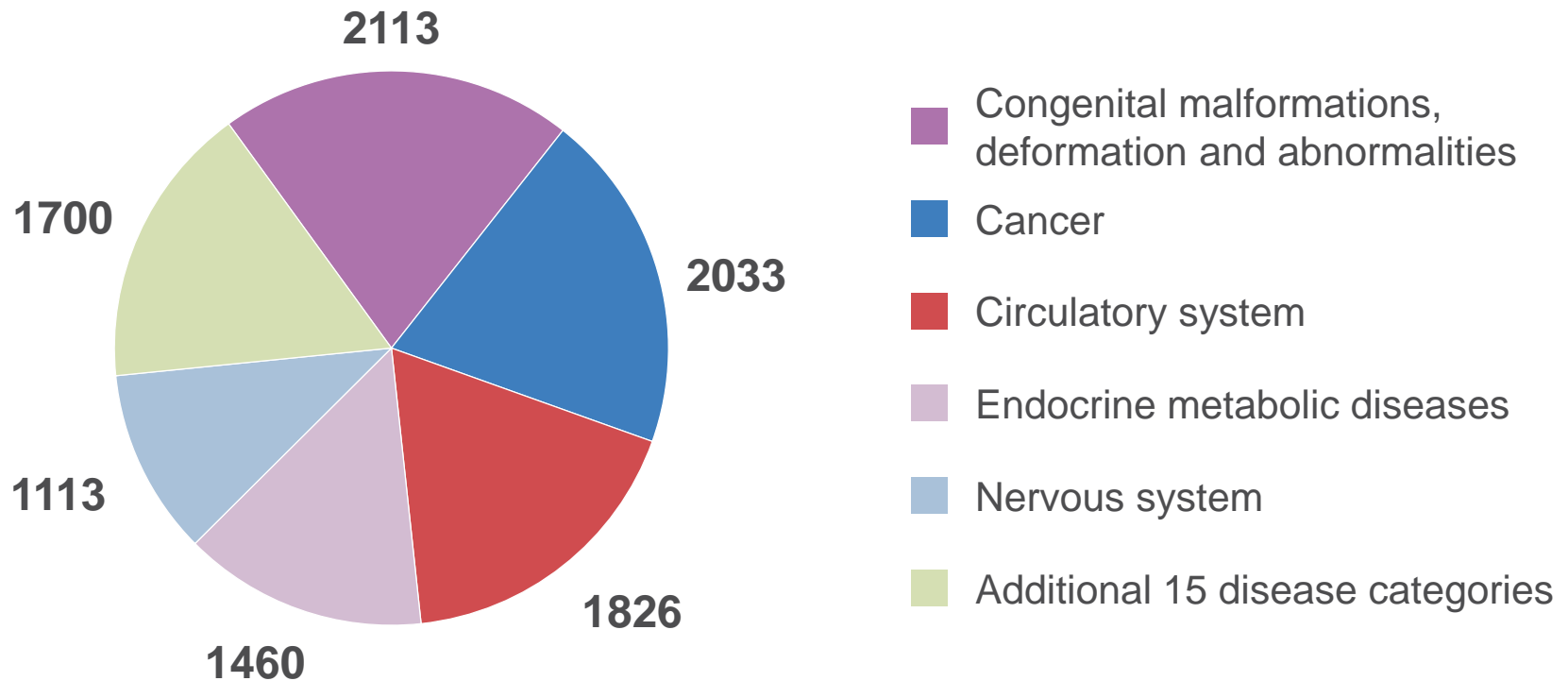
- ▶ Ability to design based on clinically-relevant CNVs
- ▶ >95% of selected variants designed



○ total (22,760, 100.0%)	● CNVs (729, 3.2%)
● genetic (21,094, 92.7%)	● indels (323, 1.4%)
● intergenic (1,666, 7.3%)	● structural (4,836, 21.2%)
● SNPs (16,545, 72.7%)	● unknown (11, 0.0%)

GSA: Wide Breadth of Highly Penetrant Variants

*Potential to detect >10,000 markers across 20 disease categories**



*ClinVar (135K): Reports of the relationships among human variations and phenotypes, with supporting evidence, www.ncbi.nlm.nih.gov/clinvar/

GSA: Discover Associations and Establish Functionality

>27K markers with strong evidence of association

Total Tier 2: ~39 K Variants

Putative disease &
phenotype associations

~7,000

Functionally
interesting genes

~32K

NHGRI-GWAS

- Genome-wide associations with $p \leq 5.0E^{-8}$
- >700 diseases and traits

ExAC*

- All ClinVar variants in conserved loci
- All non-tumor samples
- MAF >1%
- Conserved loci with loss of function in functionally interesting genes

*Most novel content not captured in ClinVar will come from ExAC

Selection of Highest Value Exome Variants

Potential for clinical associations

ExAC 9,362,318 Variants

ClinVar variants in conserved loci: 6,249

ExAC Variants in Clinically Relevant Genes 13,446 variants

Eliminate variants not frequently seen in population

Select variants in evolutionary conserved loci

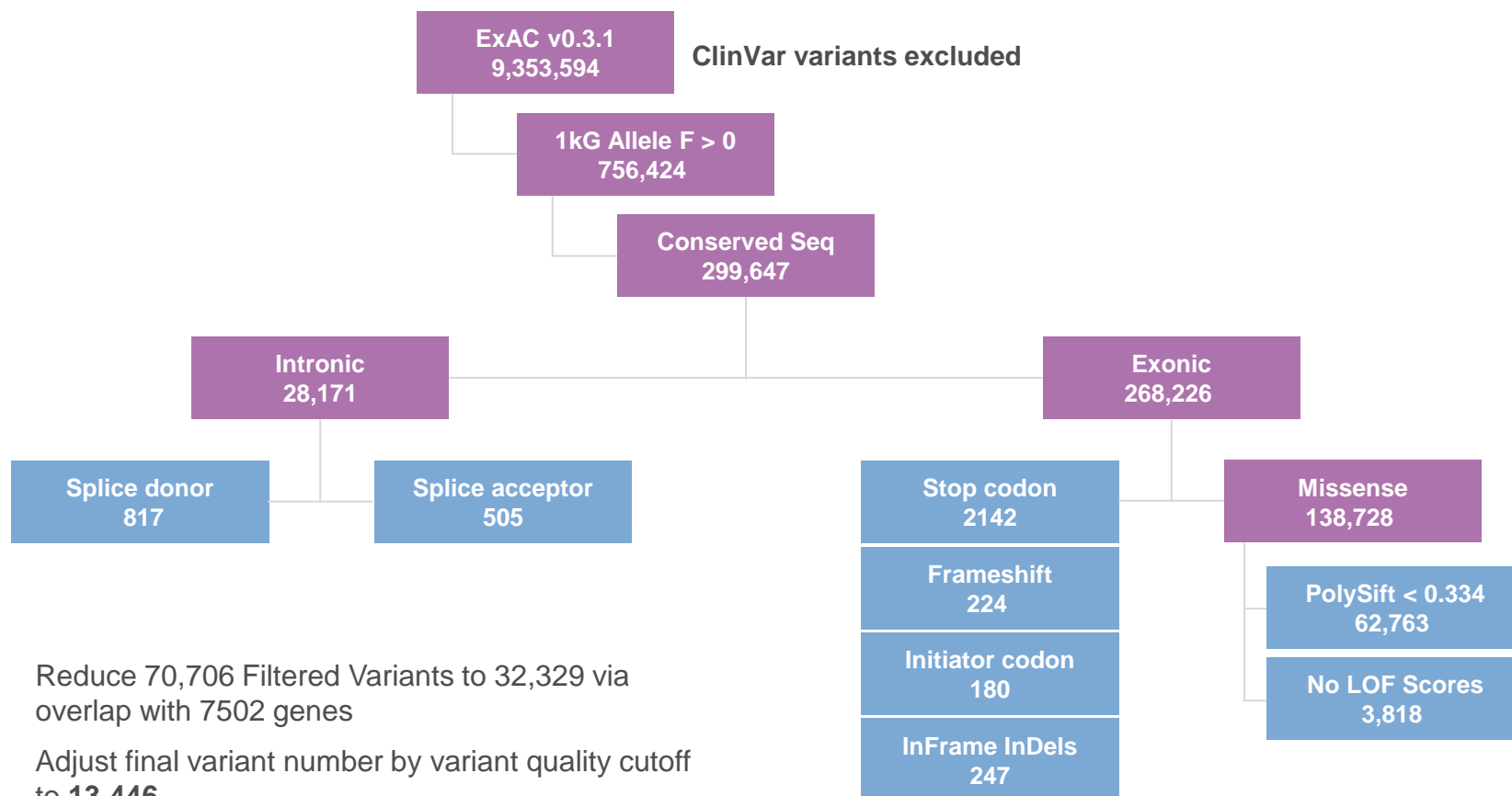
Select missense variants below LOF score

Select variants that impact ORF integrity

Limit variants to gene list (7502 Genes, ~32,329 Variants)

Filtering the Non-ClinVar ExAC Variants

Remove rare alleles & select conserved loci with probable LOF



Global Representation of ExAC Variants in GSA Clinical

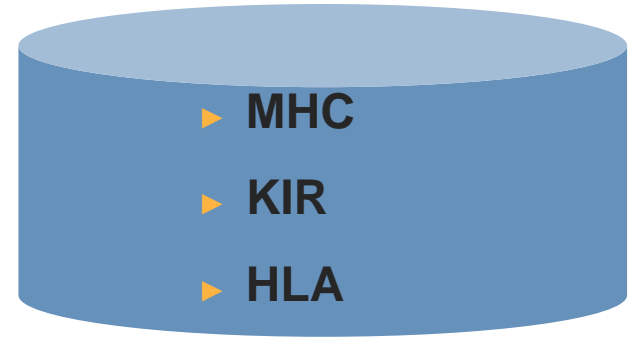
Novel Exome variants for clinical and predictive research

- ▶ A total > 30,000 ExAC variants were targeted on GSA
- ▶ Equal distribution of exclusive clinical variants across all populations
- ▶ Asian and African populations contribute highest number of exclusive variants

	ExAC variants in GSA Clinical Content					
1000 Genome Population	None	AMR	ASN	AFR	EUR	All 4
Exclusive variants detected only in	4,855	2,839	5,807	6,231	5,786	2,326
Total Variants present in selected Population	4,855	9,213	9,127	11,685	11,074	27,991

HLA Content Optimized for Imputation

- ▶ 4,000 variants
- ▶ Best tag SNP's based on HLA imputation in available reference populations (European and Japanese)
- ▶ HLA collaborators report > 0.80 imputation accuracy for > 96% variants in Europeans



HLA Imputation Accuracy		
	Europeans	Asians
HLA-A	99.1%	98.1%
HLA-B	96.8%	65.6%
HLA-C	99.1%	68.8%
HLA-DQA1	98.5%	96.3%
HLA-DQB1	99.1%	96.5%
HLA-DRB1	96.9%	92.3%
All loci	98.3%	86.4%

**Adapted from Jia et. al., *Plos One* 2013

Infinium[®] GSA: Seamless Sample Tracking and Stratification

>9500 variants for sample tracking, QC, and stratification

QC markers

Blood phenotype (2003)

Fingerprinting (480)

Sex determination (3101)

Ancestry informative (3212)

Mitochondrial (155)

Pseudo Autosomal Regions 1 & 2 (535)

Forensics (173)

GSA: Predefined Multi-Disease Content

Fine mapping of genome-wide significant loci

Derived from large-scale
meta-analysis and exome content

Predefined 50K bead types*
in lieu of custom content

Leverage established
phenotype-specific consortia

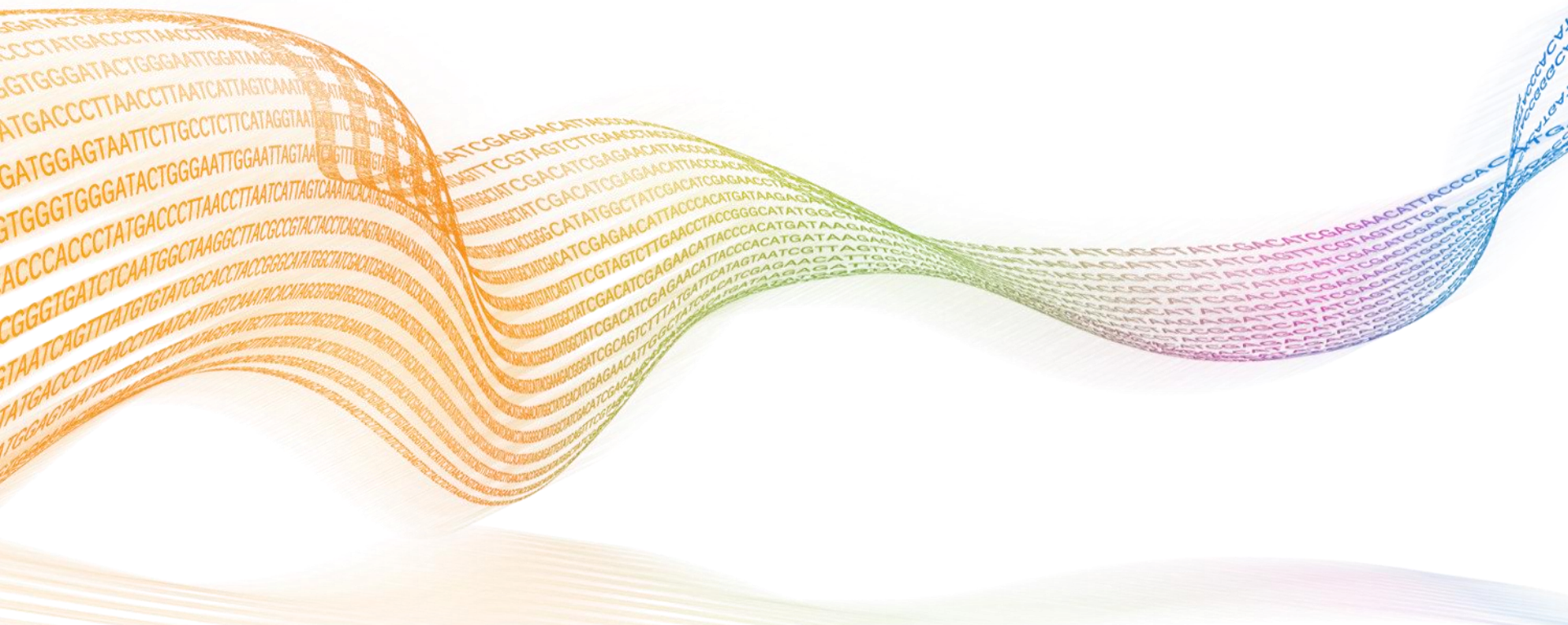
- Cardiometabolic
- Autoimmune
- Psychiatric
- Neurological
- Cancer
- Anthropometric

*Available at additional cost

Acknowledgements

- ▶ Ben Neale Ph.D. Broad Institute
- ▶ Eimear Kenny Ph.D. Mount Sinai
- ▶ Stephen Chanock Ph.D. NCI
- ▶ Mitch Machiela Ph.D. NCI
- ▶ Heidi Rehm Ph.D. Harvard Partners
- ▶ Jouke Hottenga Ph.D. University of Amsterdam
- ▶ Gail Jarvik M.D., Ph.D. University of Washington
- ▶ All Consortia Members

Thank you and Questions



Preliminary Content List Disclaimer

- ▶ The data and content in these slides is considered preliminary. We want to ensure that everyone is fully aware that this will not be representative of the 'final' marker list that will be in the released product but rather contains all genomic locations which have been selected for inclusion on the BeadChip. However, due to additional testing and validation, some of these locations might not be available for typing on the final product.
- ▶ The information being shared is considered confidential. The marker list will be available for review under CDA.