

# From personal genomics to personal health

### **Daniel MacArthur**

Wellcome Trust Sanger Institute 1000 Genomes Project Consortium Genomes Unzipped Project



## The sequence-function intersection



# How will genomics transform healthcare?

- Carrier testing for severe recessive disease mutations (prenatal counselling)
- Cancer sequencing to determine prognosis/treatment
- Pharmacogenomics and nutrigenomics
- Risk prediction for complex diseases: both common and rare variants
- Routine inclusion of *useful* genetic results in healthcare decisions

## Getting from here to there



## Data-sets discussed



Sequencing is not perfect Errors and challenges ahead in the functional interpretation of sequence data



#### Hunting mistakes Sequencing/genotype calling error Reference/annotation artefact С 8 G С С T С G G C C G 8 000 000 S 8 S Incorrect functional prediction UCSC Genes Based on RefSed, UniProt GerBank, CCDS and Comparative Généode Mánua 1 Genie ions ((level)

# Functional variants are massively enriched for sequencing errors...



- Final low-coverage calls vs Illumina
   1KGP12 chip
- Errors are mostly (but not entirely!) removed by new read-based filters

...and also massively enriched for annotation artefacts

- Complete manual reannotation of ~700
   LoF-containing genes by HAVANA team
- Developed automated pipeline to find other common errors
- Identified many artefacts:
  - 244 likely reference errors
  - 566 likely annotation errors
  - 313 variants unlikely to cause real LoF
- Errors fixed in Gencode, submitted to GRC

# Predicting function will require including all variants



- Two apparent frameshift indels in the CASP8AP2 gene (one 17 bp, one 1 bp) are in fact on the same haplotype
- Overall effect is in-frame deletion of six amino acids

## Moving beyond coding regions



Mark Gerstein, Yale

Translating genomics Some lessons from the personal genomics industry Accurate genome interpretation is just the beginning

- Most individuals (including clinicians) have very little understanding of genetics
- We need good interfaces for effectively conveying genetic data to non-experts
- To date, academics have done a fairly poor job of building such interfaces





**FedEx** 

## How it works





FedEx

4-6 weeks

## How much is your genome worth?



1 million SNPs \$99 + \$9/month disease/ancestry

# illumina®

whole genome \$9,500 raw data only

# Senomes unzipped Spublic personal genomics



### www.genomesunzipped.org



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#### Calculating your Alzheimer's risk

13/05/2011 Categories: Disease Risk and DIY Written by Luke Jostins

For many diseases we have very little ability to determine who is at high or low risk; the risk factors are unreplicated, complicated, or understudied. However, for other diseases we can do much better. Alzheimer's disease is a form of senile dementia that is characterised by abnormal clustering of proteins in the brain (right). We know a number of important risk factors for Alzheimer's, and knowing your own risk factors may seriously change your estimate of the chance of developing the disease. But how can you calculate this risk?



Edit

Genomes Unzipped is a group blog providing expert, independent commentary on the personal genomics industry.

About The Project About The Contributors



#### Recent Posts

Cracking non-coding variation, carrying cystic fibrosis, and more Alzheimer's prediction Notes on the evidence for extensive RNA editing in humans

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#### The Genomes Unzipped Browser

The Unzipped Browser was developed using JBrowse by Joe Pickrell and Luke Jostins. Click here for information on how to use it. All chromosome positions are relative to build 36.



## Lessons learned so far

- Raw data: extremely accurate for SNP genotyping tests
  - same individual, 3 tests: 1.4-4.5 errors/100K SNPs
  - 23andMe trios: 2.6-4.5 errors/100K SNPs
- Risk prediction: good, but could be improved
  - some potentially worrying variation in algorithms between companies
  - larger variation in background risk estimates
  - SNP lists can be overly conservative/out of date
- Interfaces: generally intuitive, responsible

## **Risks and benefits**

 Table 3. Primary Outcome Measures before and after Receipt of Results of Genetic Testing for 2037 Subjects Who

 Completed Follow-up.\*

Outcome Measure	Baseline Score	Follow-up Score	P Value†
Anxiety	35.2±9.6	34.6±10.0	0.80
Dietary fat intake	16.0±7.9	15.2±7.5	0.89
Exercise‡	28.6±23.0	28.6±22.9	0.61

\* Plus-minus values are means ±SD. The assessment tools and ranges of scores for each category are listed in Table 2.
 † All P values were calculated with the use of the Wilcoxon signed-rank test after adjustment for covariates.
 ‡ A total of 1943 subjects were included in this analysis.

- Early adopters are well-educated about genetics
- Genetic risk predictions don't increase anxiety...
- ...but they don't seem to positively change behaviour either
- More study needed, especially for more serious conditions and later adopters
   Bloss et

Bloss *et al.* 2011. *NEJM* **473:**43–49

## **Ethical challenges**

- Clinicians as gatekeepers vs empowering individuals
  - doctors more likely to create lifestyle change?
  - can health system survive with gatekeeper model?
  - importance of individual autonomy
- Regulation vs innovation
  - some companies offer bogus products
  - strong regulation would hinder innovation
  - could just better enforce existing legislation

## Moving forward: what happens next?



#### adapted from Matt Hurles



## Thanks!

## **1000 Genomes Functional Annotation**

Chris Tyler-Smith, **Sanger** Suganthi Balasubramanian, Lukas Habegger, Mark Gerstein, **Yale** Adam Frankish and Jennifer Harrow, **Sanger** James Morris, Luke Jostins and Jeff Barrett, **Sanger** Ni Huang, Klaudia Walter, Don Conrad and Matt Hurles, **Sanger** Kees Albers and Richard Durbin, **Sanger** Joe Pickrell and Jonathan Pritchard, **U. Chicago** Stephen Montgomery and Manolis Dermitzakis, **U. Geneva** Mark DePristo and Eric Banks, **Broad Institute** 

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