### Next Generation Mendelian Genetics by Exome Sequencing

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# Second generation sequencing

- 10,000-fold drop in the cost of DNA sequencing since 2005 (& continuing to fall)
- How are these technologies best applied to key problems in human genetics?





### **Exome = Protein Coding Genome**

- split amongst >160,000 exons
- total length of ~30 megabases

- include canonical splice-sites, miRNAs
- exclude 5' & 3' UTRs (untranslated)

### **Exome Resequencing**

~1% of human genome	No structural variation!		
~20x cheaper	No non-coding variation!		



#### **Technical challenge**



>160,000 exons

# Many ways to skin a cat...



### **Exome capture by hybridization**



exome microarray



massively parallel sequencing of enriched library

#### **Enrichment for reads overlapping exons**



# **Consistency by population**

Individual	Percentage in dbSNP	Estimated total cSNPs	Estimated total non-synonymous
NA18507 (YRI)	89.1	22,727	10,261
NA18517 (YRI)	87.8	22,841	10,291
NA19129 (YRI)	87.5	22,907	10,214
NA19240 (YRI)	88.0	22,814	10,249
NA18555 (CHB)	92.8	18,722	8,447
NA18956 (JPT)	92.7	18,523	8,451
NA12156 (CEU)	94.6	18,825	8,605
NA12878 (CEU)	94.2	18,544	8,434
FSS10066 (Eur)	93.3	18,836	8,596
FSS10208 (Eur)	93.4	18,591	8,516
FSS22194 (Eur)	94.0	18,667	8,523
FSS24895 (Eur)	94.0	18,508	8,339

Ng et al., Nature (2009)

# **Next-generation DNA sequencing**

- Sequencing of exomes & genomes has become a very practical thing to do
- But what is it actually useful for?







# Bad reasons to sequence exomes & genomes

- To genotype for common variants
- To profile yourself (or a patient) for GWAS risk alleles for common diseases
- much cheaper by genotyping and not very medically informative anyways







# Good reasons to sequence exomes & genomes

- Rare germline variants  $\rightarrow$  rare diseases
- Rare germline variants  $\rightarrow$  common diseases
- Somatic mutations  $\rightarrow$  cancer

- Disease gene discovery
- Clinical or molecular diagnostics

# Mendelian disorders

- Rare, monogenic diseases
- Monogenic subsets of common diseases

- >2,000 solved
- >2,000 unsolved



Table 2. SNPs Identified through Whole-Genome Sequencing of DNA from the Proband.*			
SNP Type	No. of SNPs		
Nongene	2,255,102		
Gene	1,165,204		
Intron	1,064,655		
Promoter	60,075		
3' UTR	16,350		
5' UTR	3,517		
Splice regulatory site	2,089		
Splice site	112		
Synonymous	9,337		
Stop→stop	17		
Nonsynonymous	9,069		
Stop→gain	121		
Stop→loss	27		
Total	3,420,306		

How does one pinpoint a causal variant?

Lupski et al. 2010

#### nature

#### **Targeted capture and massively parallel sequencing** of 12 human exomes

Sarah B. Ng<sup>1</sup>, Emily H. Turner<sup>1</sup>, Peggy D. Robertson<sup>1</sup>, Steven D. Flygare<sup>1</sup>, Abigail W. Bigham<sup>2</sup>, Choli Lee<sup>1</sup>, Tristan Shaffer<sup>1</sup>, Michelle Wong<sup>1</sup>, Arindam Bhattacharjee<sup>4</sup>, Evan E. Eichler<sup>1,3</sup>, Michael Bamshad<sup>2</sup>, Deborah A. Nickerson<sup>1</sup> & Jay Shendure<sup>1</sup>

- Sequence exomes of several unrelated, affected individuals
- 2. Remove "common" variants
  - 8 HapMap 'control' exomes
  - public SNP databases
- **3.** Find genes that contain "uncommon" variants in *all* affected individuals

# Can exome sequencing be applied to identify the cause of a Mendelian disorder?

#### Freeman-Sheldon syndrome (FSS)

- congenital contracture syndrome
- autosomal dominant
- caused by mutations in MYH3

Toydemir et al., Nature Genetics (2006)



# Can exome sequencing be applied to identify the cause of a Mendelian disorder?

How many genes in	Freeman-Sheldon probands			
genome with	1/1	2/2	3/3	4/4
any nsSNP, splice-site, or indel	4,510	3,284	2,765	2,479
not in dbSNP	513	128	71	53
not in 8 HapMap exomes	799	168	53	21
not in either dbSNP or 8 HapMap exomes	360	38	8	1 <i>MYH3</i>

Ng et al. Nature (2009)

#### What about an unknown Mendelian?

December 1979 The Journal of PEDIATRICS

970

#### Postaxial acrofacial dysostosis syndrome

Three patients with a postaxial acrofacial dysostosis syndrome are presented; the features of these and three other previously described examples are set forth. The facies can be strikingly similar to that of the Treacher Collins syndrome. The limb deficiencies are postaxial, with absence or incomplete development of the fifth digital rays in both the upper and lower limbs. Accessory nipples have been found in most of the patients. The nature of the limb deficiencies and the accessory nipples help to distinguish this condition from Nager AFD. All of the children have normal intelligence and development; most show normal growth. All of the six cases have occurred sporadically.

Marvin Miller, M.D., Seattle, Wash., Robert Fineman, M.D., Ph.D., Salt Lake City, Utah, and David W. Smith, M.D.,\* Seattle, Wash.

#### **Miller syndrome**



mandibular hypoplasia



posterior upper limb defects



hearing loss, cupped ears



posterior lower limb defects



supernumerary nipples



pectus abnormalities, scoliosis

# Miller syndrome

- Postaxial acrofacial dysostosis
- Presumed autosomal recessive



- Sequenced 4 exomes from 3 kindreds
- 2 siblings from kindred #1 also had CF-like lung phenotype (but not in other Miller cases)

Ng et al. Nature Genetics (2010)

#### **Exome analysis of Miller syndrome**

How many genes in genome with	1-A	1-B	1-A+B	2/2	3/3
any <b>2</b> nsSNP, splice-site, or indel	2,789	2,777	2,278	1,740	1,461
not in dbSNP	93	80	40	16	12
not in 8 HapMap exomes	127	120	47	8	3
not in either dbSNP or 8 HapMap exomes	31	26	8	1 DHODH	1 DHODH

Ng et al. Nature Genetics (2010)

#### **DHODH = dihydroorotate dehydrogenase**



#### de novo pyrimidine biosynthesis

#### inborn error of metabolism

#### **Connection to** *rudimentary*



Caused by mutations in *de novo* pyrimidine biosynthesis (Rawls & Fristom, 1975)

#### Similarity to methotrexate embryopathy



Bawle et al. *Teratology* 57:51-55 (1978)

#### What about the lung phenotype?

- Sibling kindred (only)
- Chronic sinopulmonary infections (CF-like)
- Compound heterozygotes for rare, damaging mutations in **DNAH5**
- Primary cilliary dyskinesia



Ng et al. Nature Genetics (2010)

#### **Strategies to Identify Causal Variation**

- Genetics alone may be insufficient to identify causal variation
- Purifying selection (*i.e.* evolutionary 'constraint') reduces rates of evolution at functional sites



Greg Cooper Arend Sidow



#### **Genomic Evolutionary Rate Profiling**



Calculate GERP score at each site based on expected versus observed # of substitutions

#### **Constraint-Based Identification of Disease Genes**





#### Rare, coding alleles $\rightarrow$ common diseases

- BRCA1/2 (& 11 other genes) breast cancer
- NRXN1, SHANK3, others autism spectrum disorders
- APP, PS1/2, UBQLN1 early-onset Alzheimer's
- ANGPTL3/4/5, NPC1L1, PCSK9 cholesterol, triglycerides
- 1) Exome sequencing of many, many unrelated individuals, all affected by the same common disease (or phenotypic extreme)
- 2) Focused analyses on monogenic subsets of common disease

#### exomes, exomes, exomes!



### **Mendelian Genetics by Exome**

- 'High-yield' genetics
  - Rare, monogenic diseases
  - Monogenic subsets of common diseases
- Transition to whole genomes as costs evolve





#### Clinical diagnosis by exome / genome

#### Genetic diagnosis by whole exome capture and massively parallel DNA sequencing

Murim Choi<sup>a</sup>, Ute I. Scholl<sup>a</sup>, Weizhen Ji<sup>a</sup>, Tiewen Liu<sup>a</sup>, Irina R. Tikhonova<sup>b</sup>, Paul Zumbo<sup>b</sup>, Ahmet Nayir<sup>c</sup>, Ayşin Bakkaloğlu<sup>d</sup>, Seza Özen<sup>d</sup>, Sami Sanjad<sup>a</sup>, Carol Nelson-Williams<sup>a</sup>, Anita Farhi<sup>a</sup>, Shrikant Mane<sup>b</sup>, and Richard P. Lifton<sup>a,1</sup>

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#### Molecular diagnosis by exome / genome

#### Whole-Genome Sequencing in a Patient with Charcot–Marie–Tooth Neuropathy

James R. Lupski, M.D., Ph.D., Jeffrey G. Reid, Ph.D., Claudia Gonzaga-Jauregui, B.S., David Rio Deiros, B.S., David C.Y. Chen, M.Sc., Lynne Nazareth, Ph.D., Matthew Bainbridge, M.Sc., Huyen Dinh, B.S., Chyn Jing, M.Sc., David A. Wheeler, Ph.D., Amy L. McGuire, J.D., Ph.D., Feng Zhang, Ph.D., Pawel Stankiewicz, M.D., Ph.D., John J. Halperin, M.D., Chengyong Yang, Ph.D., Curtis Gehman, Ph.D., Danwei Guo, M.Sc., Rola K. Irikat, B.S., Warren Tom, B.S., Nick J. Fantin, B.S., Donna M. Muzny, M.Sc., and Richard A. Gibbs, Ph.D.

# What do we need?

- Technology is there (exomes & genomes)
- Software for sequencing is pretty much there
- We need better tools for:
  - annotating variants
  - manipulating variant data
  - prioritizing variants
     (both coding & non-coding)
  - prioritizing candidate genes
  - pathway analysis for genetic heterogeneity
  - methods for functional analysis

#### **U. Washington**

Anita Beck Abby Bigham Kati Buckingham Zoran Brkanac **Greg Cooper** Evan Eichler Renee George Heidi Gildersleeve Phil Green Mark Hannibal Charlie Lee Alex McKenzie Margaret McMillin Brian O'Roak Wendy Raskind Peggy Robertson Mark Rieder Jerrod Schwartz Josh Smith Willie Swanson Jim Thomas Holly Tabor





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