

Genetics and Genomics Winter School

Module 1- GWAS follow-up

June 2024 Fleur Garton



- Complex traits/diseases are generally highly polygenic
- "Significant loci" are <u>regions</u> of the genome
- To translate findings / biological insight a range of methods and complementary data can be used → covered in detail in Module 6 - Systems Genomics and Pharmacogenomics
- Huge area of growth having an identified genetic links with disease (risk or cause) is a significant predictor to success in the drug approval process (Nelson et al. 2015, Minikel et al. 2024)

Analysis

Refining the impact of genetic evidence on clinical success

Approved/ b supported All germline 189/667 OMIM 79/192 All GWAS 134/526 All OTG 127/484 GWAS Catalog 124/455 Neale UKBB 40/110 FinnGen 26/79 PICCOLO 33/125 Genebass 14/46 0 2 з 4 5 RS

Approved/ supported 103/412 All 2007-2010 19/63 Year 2011-2014 17/72 30/128 2015-2018 2019-2022 37/149 All 124/455 count 1/6 2 - 94/27 Gene 10 - 9930/104 100-999 72/270 1.000+29/79 All 88/275 0 - 0.01531/77Beta 0.015-0.024 27/69 0.024-0.049 37/100 0.049 +60/172 60/232 All 1 - 1.05328/79 Ю 1.053-1.100 26/82 1.100-1.204 21/94 1.204 +22/86 97/341 All 1-3% 11/28MAF 3-10% 8/41 10-30% 41/121 30-50% 48/171 0 RS 3

d

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Open access

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The cost of drug discovery and development is driven primarily by failure¹, with only about 10% of clinical programmes eventually receiving approval²⁻⁴. We previously estimated that human genetic evidence doubles the success rate from clinical development to approval⁵. In this study we leverage the growth in genetic evidence over the past decade to better understand the characteristics that distinguish clinical success and failure. We estimate the probability of success for drug mechanisms with genetic support is 2.6 times greater than those without. This relative success varies among therapy areas and development phases, and improves with increasing confidence in the causal gene, but is largely unaffected by genetic effect size, minor allele frequency or year of discovery. These results indicate we are far from reaching peak genetic insights to aid the discovery of targets for more effective drugs.

Eric Vallabh Minikel¹, Jeffery L. Painter^{2,5}, Coco Chengliang Dong³ & Matthew R. Nelson^{3,4}





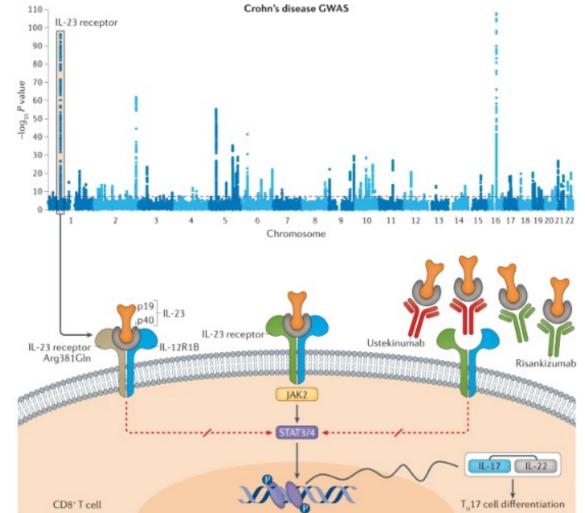
- Interrogate a locus that has been translated
- Understand 'best practice' nomenclature when describing human variation
- Be provided with tools and databases that support variant follow-up
- Carry out annotation in ANNOVAR for a list of variants



An example

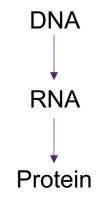
- Crohn's disease GWAS
- One locus, top SNP, rs11209026
- Variant was coding (missense) in the IL23 receptor - protective effect in carriers
- Pharmacological inhibition of this gene of value to treat disease
- Two central monoclonal antibodies modulating IL-23 signalling were trialled -- ustekinumab and Risankizumab (psoriasis)
- Ustekinumab now approved in United States, Europe and Australia

Fig. 1: Genome-wide significant variants associated with Crohn's disease spanning the IL-23 receptor provide drug repurposing opportunities.



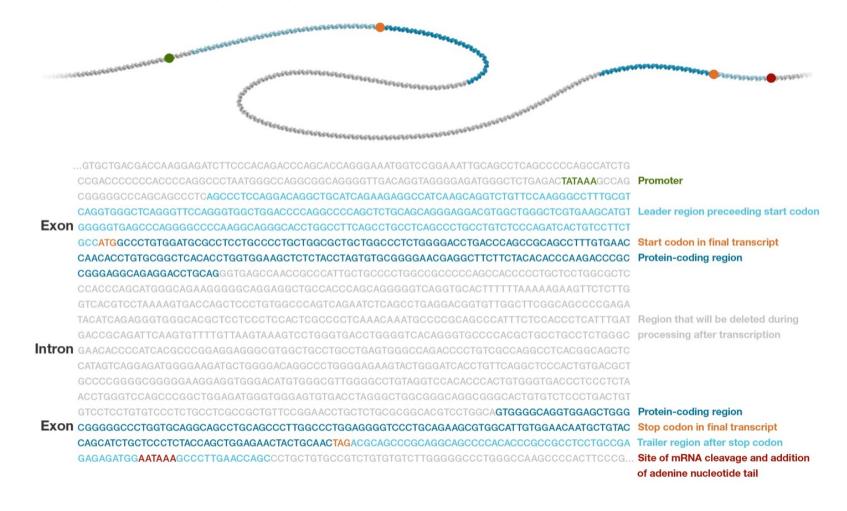


What do we mean when we say coding change?





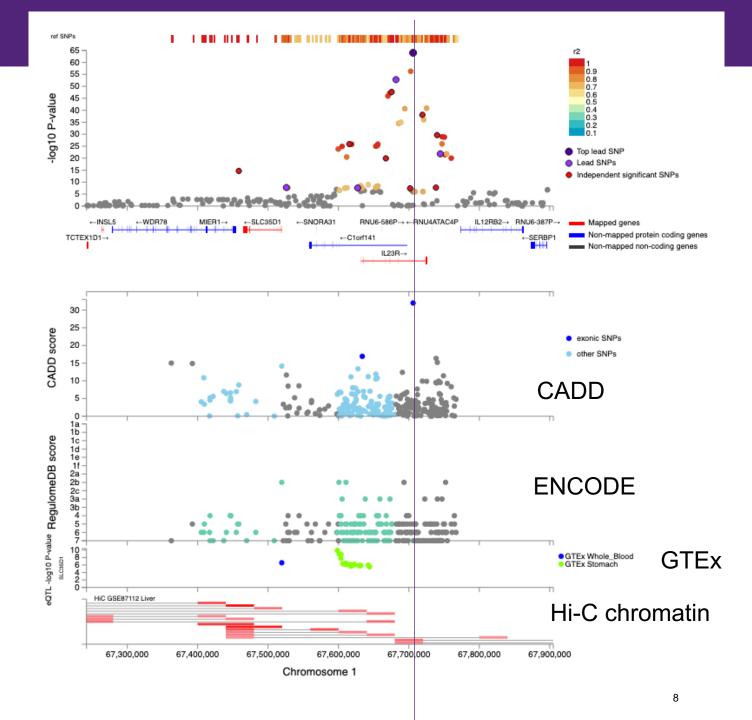
What do we mean when we say coding change?



The IL-23R locus in more detail....

Selected Locus	
top lead SNP	rs11209026
Chrom	1
BP	67705958
P-value	9.9e-65
#Ind. Sig. SNPs	13
#lead SNPs	5
SNPs within LD	262

GWAS SNPs within LD 47





In-silico prediction - evolving field

Meta-tools perform better (i.e. more sensitive) than a single score i.e. conservation

Fewer tools that score non-coding variants – (rely instead on regulatory data)

CADD - Combined Annotation Dependant Depletion (2014..updated)- based on diverse genomic features derived from surrounding sequence context, gene model annotations, evolutionary constraint, epigenetic measurements and functional predictions. Includes splice version and hg38 update.

VEP - Variant Effect Predictor (2016) - VEP determines the effect of your variants (SNPs, insertions, deletions, CNVs or structural variants) on genes, transcripts, and protein sequence, as well as regulatory regions.

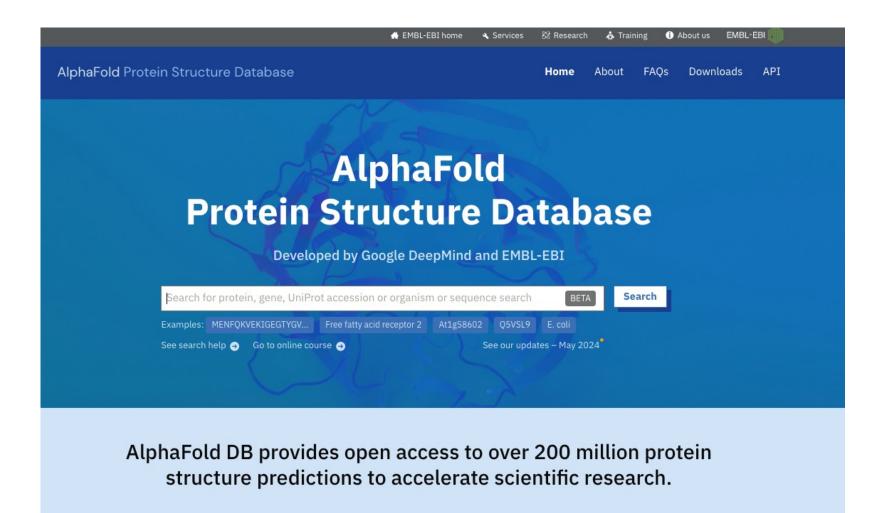
BayesDel (2017..updated)- is a deleteriousness meta-score. It works for coding and non-coding variants, single nucleotide variants and small insertion / deletions. With and without allele frequency.

REVEL (2016) - (rare exome variant ensemble learner), an ensemble method for predicting the pathogenicity of missense variants on the basis of individual tools: MutPred, FATHMM, VEST, PolyPhen, SIFT, PROVEAN, MutationAssessor, MutationTaster, LRT, GERP, SiPhy, phyloP, and phastCons.

Alphamissense (2023)- a deep learning model that builds on the protein structure prediction tool AlphaFold2. Model is trained on population frequency data and uses sequence and predicted structural context, all of which contribute to its performance.

View the protein in 3D





https://alphafold.ebi.ac.uk/

dbSNP rs11209026



Perform lookup using dbSNP

rs11209026						Releas	Current Build 156 sed September 21, 2022
Organism	Homo sapiens			Clinical Significand	e Reported in Cl	inVar	
Position	chr1:67240275 (0	GRCh38.p14) 😯		Gene : Consequence	e IL23R : Missen	se Variant	
Alleles	G>A			Publications	223 citations		
Variation Type	SNV Single Nucleo	tide Variation		Genomic View	See rs on geno	ome	
Frequency		48/375128, ALFA) 13/264690, TOPMED 39/250900, GnomAD					
Frequency	Variant Details	Clinical Significance	HGVS	Submissions	History	Publications	Flanks

Genomic Placements

Sequence name	Change	
GRCh37.p13 chr 1	NC_000001.10:g.67705958G>A	<u>IL23R(NM_144701.3):c.1142G>A</u> p.(Arg381Gln)
GRCh38.p14 chr 1	NC_000001.11:g.67240275G>A	
IL23R RefSeqGene	NG_011498.1:g.78790G>A	

Gene: IL23R, interleukin 23 receptor (plus strand)

Molecule type	Change	Amino acid[Codon]	🔶 SO Term 🍦
IL23R transcript	NM_144701.3:c.1142G>A	R[CGA] > Q[CAA]	Coding Sequence Variant
IL23R transcript variant X1	XM_011540790.4:c.1142G>A	R[CGA] > Q[CAA]	Coding Sequence Variant
IL23R transcript variant X2	XM_011540791.4:c.1142G>A	$R\left[CGA\right] > Q\left[CAA\right]$	Coding Sequence Variant



2. How to read mutation nomenclature: Breaking down the variant description

The HGVS recommendations for mutation nomenclature state that the format of a complete variant description should first include the reference sequence, followed by the variant description, and then the predicted consequence in parentheses. For example, NM-004006.2:c.4375C>T p.(Arg1459*) (**Figure 1**).

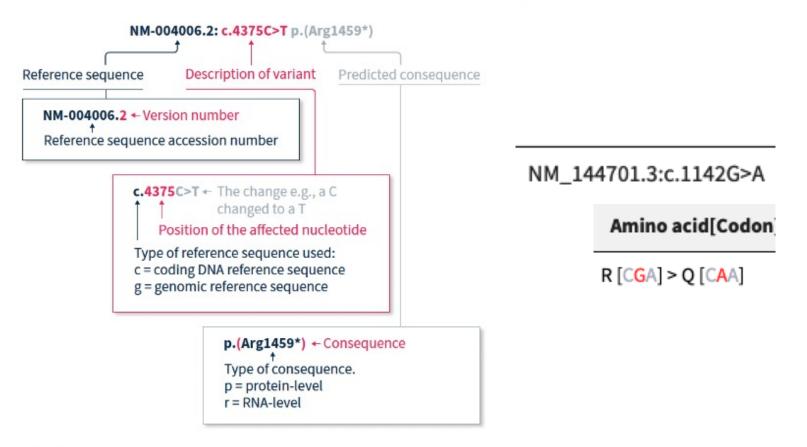


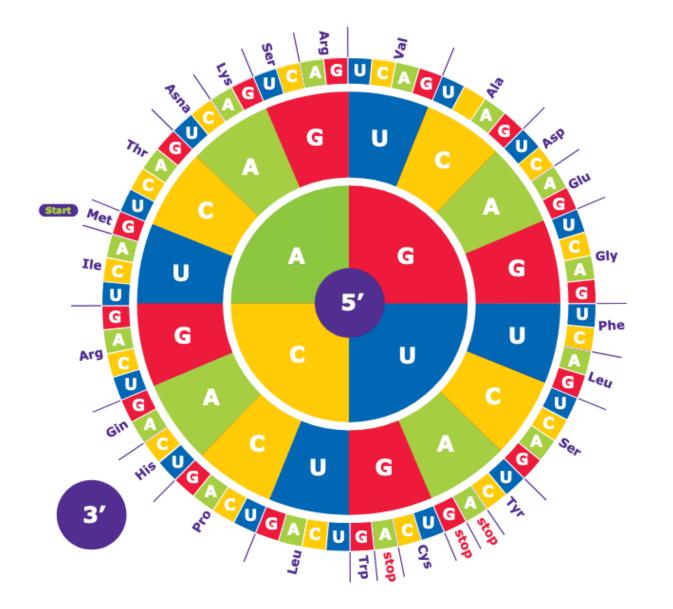
Figure 1. Application of the HGVS nomenclature recommendations for sequence variants



Notation	Example	Explanation
>	c.4375C>T	Substitution of the C nucleotide at position c.4375 with a T
del	c.4375_4379del or c.4375_4379delCGATT	Nucleotides from position c.4375 to c.4379 deleted
dup	c.4375_4385dup or c.4375_4385dupCGATTATTCCA	Nucleotides from position c.4375 to c.4385 duplicated
ins	c.4375_4376insACCT	ACCT inserted between positions c.4375 and c.4376
delins	c.4375_4376delinsACTT or c.4375_4376delCGinsAGTT	Nucleotides from position c.4375 to c.4376 (CG) are deleted and replaced by ACTT

Amino Acid Wheel





Start from the center and follow the RNA codons until you have the 3 nucleotide bases. Next, translate the three bases into an amino acid from the mRNA codons. The process is called RNA translation.

<u>IL23R(NM_144701.3):c.1142G>A</u> p.(Arg381Gln)

Amino acid[Codon]

R[CGA] > Q[CAA]

AA properties- example

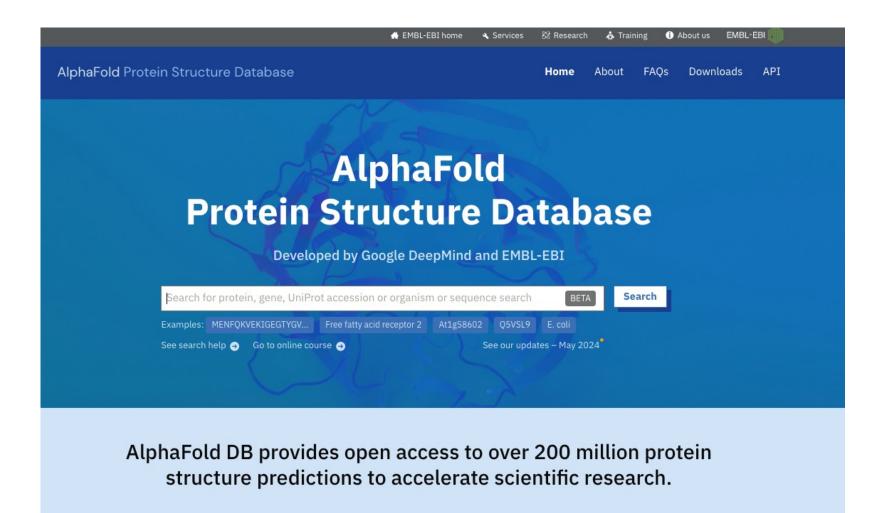
	Name	Molecular Weight	Molecular Formula	Residue Formula	Residue Weight (-H ₂ O)	рКа ¹	pKb ²	pKx ³	pl ⁴
	Alanine (Ala/A)	89.10	C ₃ H ₇ NO ₂	C ₃ H ₅ NO	71.08	2.34	9.69	-	6.00
*	Arginine (Arg/ R)	174.20	C ₆ H ₁₄ N ₄ O ₂	C ₆ H ₁₂ N ₄ O	156.19	2.17	9.04	12.48	10.76
	Asparagine (Asn/N)	132.12	$C_4H_8N_2O_3$	$C_4H_6N_2O_2$	114.11	2.02	8.80	-	5.41
	Aspartic acid (Asp/D)	133.11	C ₄ H ₇ NO ₄	C ₄ H ₅ NO ₃	115.09	1.88	9.60	3.65	2.77
	Cysteine (Cys/ C)	121.16	C ₃ H ₇ NO ₂ S	C ₃ H ₅ NOS	103.15	1.96	10.28	8.18	5.07
	Glutamic acid (Glu/E)	147.13	C ₅ H ₉ NO ₄	C ₅ H ₇ NO ₃	129.12	2.19	9.67	4.25	3.22
*	Glutamine (Gln/ Q)	146.15	$C_{5}H_{10}N_{2}O_{3}$	$C_5H_8N_2O_2$	128.13	2.17	9.13	-	5.65
	Glycine (Gly/G)	75.07	$C_2H_5NO_2$	C ₂ H ₃ NO	57.05	2.34	9.60	-	5.97
	Histidine (His/ H)	155.16	C ₆ H ₉ N ₃ O ₂	C ₆ H ₇ N ₃ O	137.14	1.82	9.17	6.00	7.59
	Hydroxyproline (Hyp/O)	131.13	C ₅ H ₉ NO ₃	C ₅ H ₇ NO ₂	113.11	1.82	9.65	-	-
	Isoleucine (Ile/I)	131.18	C ₆ H ₁₃ NO ₂	C ₆ H ₁₁ NO	113.16	2.36	9.60	-	6.02
	Leucine (Leu/L)	131.18	C ₆ H ₁₃ NO ₂	C ₆ H ₁₁ NO	113.16	2.36	9.60	-	5.98
	Lysine (Lys/K)	146.19	$C_{6}H_{14}N_{2}O_{2}$	C ₆ H ₁₂ N ₂ O	128.18	2.18	8.95	10.53	9.74
	Methionine (Met/M)	149.21	C ₅ H ₁₁ NO ₂ S	C ₅ H ₉ NOS	131.20	2.28	9.21	-	5.74
	Phenylalanine (Phe/F)	165.19	C ₉ H ₁₁ NO ₂	C ₉ H ₉ NO	147.18	1.83	9.13	-	5.48

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- Impact depends on context in the protein and its role in the protein's function.
- It *can* lead to changes in charge interactions, hydrogen bonding, protein stability, and biological activity
- potentially resulting in significant functional consequences
- Some aa substitutions are much more significant than others

View the protein in 3D

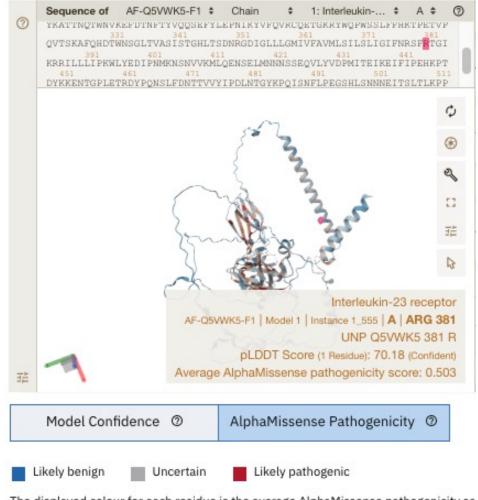




https://alphafold.ebi.ac.uk/



Structure viewer

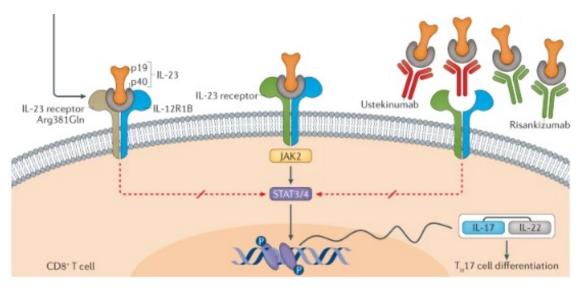


The displayed colour for each residue is the average AlphaMissense pathogenicity so substitutions at that position.

Hide colour legend 🔨

IL23R binds with IL12R1B1. Docking of IL23 mediates T-cells, NK cells and possibly certain macrophage/myeloid cells stimulation probably through activation of the Jak-Stat signaling cascade.

IL23 functions in innate and adaptive immunity and may participate in acute response to infection in peripheral tissues.

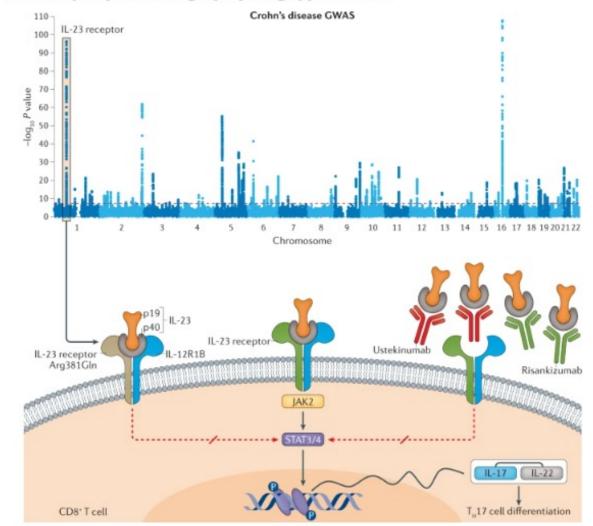






- Need to consider GWAS contain multiple loci and hundreds of correlated SNPs
- Most will be in the non-coding regions
- Need an effective pipeline
- No gold standard
- Typically bigger data is more powerful
- 4 main challenges...

Fig. 1: Genome-wide significant variants associated with Crohn's disease spanning the IL-23 receptor provide drug repurposing opportunities.





Challenge 1 = correlated SNPs (LD)

Significant association P-values are distributed over blocks of correlated genetic variants: actual causal variant is unclear

Solution \rightarrow fine-mapping (correlation structure modelled with association values to pinpoint the most likely causal SNPs, this can be integrated with functional information (e.g. tools FINEMAP, PAINTOR))

Solution \rightarrow Annotation - provides orthogonal information that may help to distinguish the causal variant from the SNP in perfect LD with it (e.g. some are platforms i.e. FUMA, ANNOVAR, SNPEff with integrated data, or standalone – e.g. CADD, VEP)

Challenge 2. Many GWAS hits are in non-coding regions

The majority of GWAS hits are in non-coding regions. Do not directly lead to a different protein structure and their impact on protein function may be less straightforward to assess

Solution: link GWAS variants to genes via regulatory information from external resources, such as ENCODE, GTEX, eQTLGen (e-QTL), chromatin interactions, i.e. add information on the association of a variant with DNA transcription and RNA or protein levels



Challenge 3. Many traits are polygenic

Multiple genetic variants of small effect contribute. A single genetic variant, even if it is known to be causal, might not be informative for biology

Solution: map associated SNPs to genes and look for convergence in biological pathways, shared cellular or synaptic function, co-localization, co-expression in tissue or cell types (e.g. tools MAGMA, Ldscore regression)

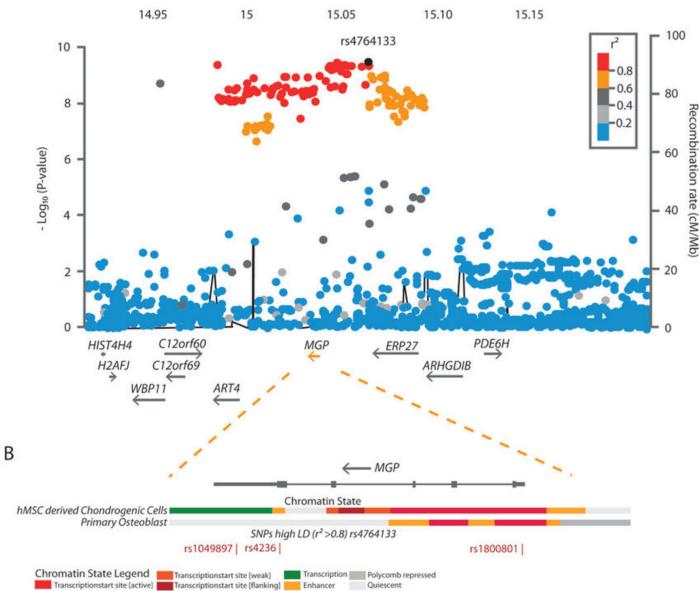
Challenge 4. Unobserved variation

If SNPs are not imputed or observed – they will not be considered- its effect may be captured through LD by an SNP that has a different annotation from the causal variant

Solution: Better imputation and/or sequencing (whole genome) – esp. for CNV/SV calling or methylation data

Typical locus





- multiple correlated SNPs
- multiple closely-located genes

MULTIPLE PAPERS TO INTERROGATE

- Consider prioritising regulatory regions in cells relevant to disease
- Models that can recapitulate the condition
 - rs4764133

ENCODE



Open chromatin (DNase-seq, ATAC-seq)

DNase I hypersensitive sites (DHSs) computed from DNase-seq experiments, and ATAC-seq peaks (enriched genomic regions). [Open chromatin regions]

Histone mark enrichment (ChIP-seq)

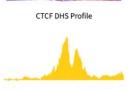
Peaks (enriched genomic regions) of a variety of histone marks computed from ChIP-seq experiments. [Histone mark peaks]

Transcription factor binding (TF ChIP-seq)

Peaks (enriched genomic regions) of TFs computed from ChIP-seq experiments. Visualize sequence motifs and other information on Factorbook. [TF peaks | Factorbook C^{*}]



Expression levels of genes and transcripts annotated by GENCODE, which can be visualized on SCREEN. [Expression levels | SCREEN ^C]



H3K27ac from mouse e11.5 hindbrain



And the second s

Transcription start site (TSS) activity profiling (RAMPAGE)

Identification of transcription start sites (TSSs) and quantification of transcript expression, which can be visualized ([RAMPAGE peaks | SCREEN ^[27]]

RNA binding protein occupancy (eCLIP-seq)

Peaks (enriched genomic regions) computed from eCLIP-seq data in human cell lines K562 and HepG2 for RNA Binding Proteins (RBPs).

[RBP peaks]

DNA methylation (RRBS, WGBS)

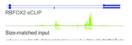
Genome-wide methylation state of CpG, CHH, and CHG dinucleotides. [Methylation levels]

Three dimensional chromatin interactions (ChIA-PET)

3D interactions between genomic loci such as promoters and distal enhancers computed from ChIA-PET experiments. [Interactions]

Topologically associating domains (TADs) (Hi-C)

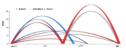
TADs and A and B compartments computed from Hi-C experiments. [TADS | Compartments]



RBFOX2 read density 🗗



RRBS analysis in GM12878 🗗



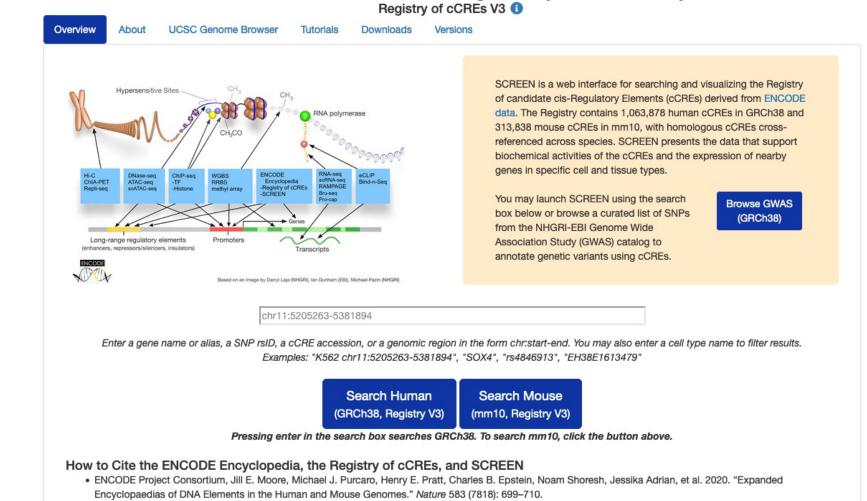




K562 Interaction Matrix



SCREEN: Search Candidate cis-Regulatory Elements by ENCODE

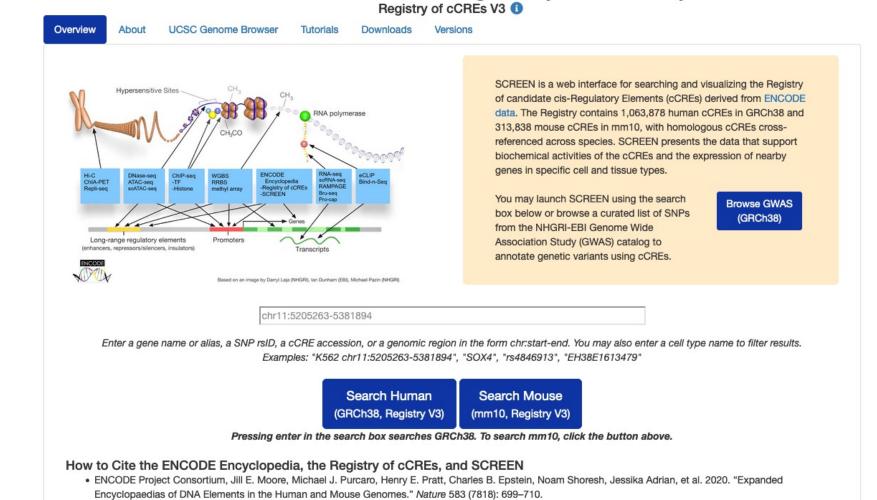


Eg. Rs4764133

Look at osteoclast



SCREEN: Search Candidate cis-Regulatory Elements by ENCODE



• rs4764133



PRACTICAL

https://wannovar.wglab.org/

	[Entity Name]									THE UNIVERSITY OF QUEENSLAND
Chr	Start 7	End 5397122	Ref 5397122 C	Alt T	Func.refGene intronic	Gene.refGene TNRC18	GeneDetail.refGene	ExonicFunc.refGene	AAChange.refGene	1000G_ALL
	20	59032308	59032308 C	А	ncRNA_intronic	SLMO2-ATP5E				
	1	11011182	11011182 G	Α	intergenic	C1orf127;TARDBP	dist=29145;dist=1440			0.0014
	1	11011182	11011182 G	С	intergenic	C1orf127;TARDBP	dist=29145;dist=1440			0.0008
	1 23	11193760 56173773	11193760 C 56173773 A	T C	exonic intergenic	ANGPTL7 NONE;NONE	dist=NONE;dist=NONE	nonsynonymous SNV	ANGPTL7:NM_021146:ex on3:c.C658T:p.R220C	0.001
	19	50497261	50497261 C	Т	intergenic	EMC10;JOSD2	dist=13735;dist=8736			0.001
	19 20	50301724 59032308	50301724 C 59032308 C	T T	exonic ncRNA_intronic	MYH14 SLMO2-ATP5E		nonsynonymous SNV	MYH14:NM_024729:exo n38:c.C5410T:p.R1804 W,MYH14:NM_0010771 86:exon39:c.C5434T:p.R 1812W,MYH14:NM_001 145809:exon40:c.C5533 T:p.R1845W	0.0008 0.0038
	8	19962208	19962208 -	Т	exonic	LPL		stopgain	LPL:NM_000237:exon9:c .1416_1417insT:p.K473*	

Table 1 A total of 30 previously unreported associations identified in a GWAS of 15 selected, previously extensively studied phenotypes

From: FinnGen provides genetic insights from a well-phenotyped isolated population

Phenotype	rsID (hg38) ^a	MAF _{FinnGen} / MAF _{NFSEE}	Protein change (HGVSp) ^b	Function of variant ^c	Gene ^d	Meta- analysis OR; P	FinnGen AF %; OR; <i>P</i>	EstBB AF %; OR; P	UKBB AF %; OR; <i>P</i>
IBD	rs748670681	115.0		Intron	TNRC18	3.2; 2.4 × 10 ⁻⁶¹	3.6; 3.2; 1.1×10 ⁻⁵⁶	1.3; 3.9; 2.8 × 10 ⁻⁰⁶	NA; NA; NA
Ankylosing spondylitis	rs748670681	115.0		Intron	TNRC18	3.4; 3.6 × 10 ⁻³¹	3.6; 4.2; 1.8 × 10 ⁻³⁴	1.3; 1.4; 0.11	NA; NA; NA
Type 2 diabetes	rs45551238	9.6		5'UTR	ATP5E	0.8; 6.6 × 10 ⁻²⁴	5.0; 0.8; 2.2 × 10 ⁻¹⁹	1.1; 0.7; 0.001	0.7; 0.8; 0.001
Primary open- angle glaucoma ^e	rs377027713 (rs147660927, PIP: 0.293)	87.4	p.Arg220Cys	Upstream gene (missense)	TARDBP (ANGPTL7)	0.7; 2.6 × 10 ⁻¹⁴	4.3; 0.6; 1.5×10 ⁻¹²	1.1; 0.7; 0.003	NA; NA; NA
Type 2 diabetes	Chromosome 23: 56173773:A:C	3.6		Intergenic		1.1; 3.2 × 10 ⁻¹³	4.8; 1.1; 2.2 × 10 ⁻¹⁰	1.8; 1.2; 0.016	1.4; 1.1; 0.005
Atrial fibrillation	rs190065070 (rs199600574, PIP:0.051)	16.6	p.Arg1845Trp	Intergenic (missense)	(MYH14)	1.4; 2.3 × 10 ⁻¹²	2.1; 1.4; 1.9×10 ⁻¹²	0.6; 1.2; 0.46	NA; NA; NA



TASK -- Use a resource of your choice to annotate 5 SNPs

Use a consistent genome alignment – i.e. hg19 or hg38

Table 1 A total of 30 previously unreported associations identified in a GWAS of 15 selected, previously extensively studied phenotypes

From: FinnGen provides genetic insights from a well-phenotyped isolated population

Phenotype	rsID (hg38) ^a	MAF _{FinnGen} / MAF _{NFSEE}	Protein change (HGVSp) ^b	Function of variant ^c	Gene ^d	Meta- analysis OR; <i>P</i>	FinnGen AF %; OR; <i>P</i>	EstBB AF %; OR; P	UKBB AF %; OR; <i>P</i>
IBD	rs748670681	115.0		Intron	TNRC18	3.2; 2.4 × 10 ⁻⁶¹	3.6; 3.2; 1.1×10 ^{−56}	1.3; 3.9; 2.8 × 10 ⁻⁰⁶	NA; NA; NA
Ankylosing spondylitis	rs748670681	115.0		Intron	TNRC18	3.4; 3.6 × 10 ⁻³¹	3.6; 4.2; 1.8 × 10 ⁻³⁴	1.3; 1.4; 0.11	NA; NA; NA
Type 2 diabetes	rs45551238	9.6		5'UTR	ATP5E	0.8; 6.6 × 10 ⁻²⁴	5.0; 0.8; 2.2 × 10 ⁻¹⁹	1.1; 0.7; 0.001	0.7; 0.8; 0.001
Primary open- angle glaucoma ^e	rs377027713 (rs147660927, PIP: 0.293)	87.4	p.Arg220Cys	Upstream gene (missense)	TARDBP (ANGPTL7)	0.7; 2.6 × 10 ⁻¹⁴	4.3; 0.6; 1.5×10 ⁻¹²	1.1; 0.7; 0.003	NA; NA; NA
Type 2 diabetes	Chromosome 23: 56173773:A:C	3.6		Intergenic		1.1; 3.2 × 10 ⁻¹³	4.8; 1.1; 2.2 × 10 ⁻¹⁰	1.8; 1.2; 0.016	1.4; 1.1; 0.005
Atrial fibrillation	rs190065070 (rs199600574, PIP:0.051)	16.6	p.Arg1845Trp	Intergenic (missense)	(MYH14)	1.4; 2.3 × 10 ⁻¹²	2.1; 1.4; 1.9×10 ⁻¹²	0.6; 1.2; 0.46	NA; NA; NA



Annovar.txt

chr	start	stop	ref	alt	rs	na	na
	7 5397122	5397122	С	Т	rs748670681		
2	0 59032308	59032308	С	А	rs45551238		
	1 11011182	11011182	G	А	rs377027713		
2	3 56173773	56173773	A	С			
1	9 50497261	50497261	С	Т	rs190065070		
2	0 59032308	59032308	С	Т	rs45551238		
	1 11011182	11011182	G	С	rs377027713		
	8 19962208	19962209	Т	ТТ	rs886062790		



Database	Explanation
refGene	FASTA sequences for all annotated transcripts in RefSeq Gene
cytoBand	Identify Giemsa-stained chromosomes bands (cytogenetic band)
exac03	ExAC 65000 exome allele frequency data for ALL, AFR (African), AMR (Admixed American), EAS (East Asian), FIN (Finnish), NFE (Non-finnish European), OTH (other), SAS (South Asian)). version 0.3. Left normalization done.
avsnp150	dbSNP150 with allelic splitting and left-normalization
dbnsfp30a	whole-exome SIFT, PolyPhen2 HDIV, PolyPhen2 HVAR, LRT, MutationTaster, MutationAssessor, FATHMM, MetaSVM, MetaLR, VEST, CADD, GERP++, DANN, fitCons, PhyloP and SiPhy scores from dbNSFP version 3.0a
clinvar_20220320	Clinvar version 20220320 with separate columns (CLNALLELEID CLNDN CLNDISDB CLNREVSTAT CLNSIG)
dbnsfp42c	whole-exome SIFT, PolyPhen2 HDIV, PolyPhen2 HVAR, LRT, MutationTaster, MutationAssessor, FATHMM, PROVEAN, MetaSVM, MetaLR, VEST, M-CAP, CADD, GERP++, DANN, fathmm-MKL, Eigen, GenoCanyon, fitCons, PhyloP and SiPhy scores from dbNSFP version 3.3a
intervar_20180118	InterVar: clinical interpretation of missense variants (indels not supported)
gnomad211_genome	gnomAD genome collection with "AF AF_popmax AF_male AF_female AF_raw AF_afr AF_sas AF_amr AF_eas AF_nfe AF_fin AF_asj AF_oth non_topmed_AF_popmax non_neuro_AF_popmax non_cancer_AF_popmax controls_AF_popmax" header
1000g2015aug (ALL.sites.2015_08)	alternative allele frequency data in 1000 Genomes Project for autosomes (ALL, AFR (African), AMR (Admixed American), EAS (East Asian), EUR (European), SAS (South Asian)). Based on 201409 collection v5 (based on 201305 alignment) but including chrX and chrY data finally!



table_annovar.pl \

```
FL_denovo_anno/unzipped_vcf/${input}.vcf \
humandb/ \
```

-buildver hg19 \

- -out FL_denovo_anno/\${input}_anno \
- -vcfinput -nastring . -polish \
- -xref humandb/hg19_refGene.txt \

g -- Gene-based Annotation

r – Region-based Annotation

f -- Filter-based Annotation

gx -- Gene-based with crossreference annotation

-protocol refGene,cytoBand,exac03,avsnp150,dbnsfp30a,clinvar_20220320,dbnsfp42c, intervar_20180118,gnomad211_genome,ALL.sites.2015_08 \

-operation gx,r,f,f,f,f,f,f,f,f

Clinvar = clinically relevant variants



ACMG criteria Richards et al. 2015

coding variants

Version 4 of the ACMG guidelines To be released 2024... Significant updates

	< Ber	^{lign} → ←		Pathogenic			
	Strong	Supporting	Supporting	Moderate	Strong	Very strong	
Population data	MAF is too high for disorder BA1/BS1 OR observation in controls inconsistent with disease penetrance BS2			Absent in population databases PM2	Prevalence in affecteds statistically increased over controls PS4		
Computational and predictive data		Multiple lines of computational evidence suggest no impact on gene /gene product BP4 Missense in gene where only truncating cause disease BP1 Silent variant with non predicted splice impact BP7 In-frame indels in repeat w/out known function BP3	Multiple lines of computational evidence support a deleterious effect on the gene /gene product PP3	Novel missense change at an amino acid residue where a different pathogenic missense change has been seen before PM5 Protein length changing variant PM4	Same amino acid change as an established pathogenic variant PS1	Predicted null variant in a gene where LOF is a known mechanism of disease PVS1	
Functional data	Well-established functional studies show no deleterious effect BS3		Missense in gene with low rate of benign missense variants and path. missenses common PP2	Mutational hot spot or well-studied functional domain without benign variation PM1	Well-established functional studies show a deleterious effect PS3		
Segregation data	Nonsegregation with disease BS4		Cosegregation with disease in multiple affected family members PP1	Increased segregation data	>		
De novo data				De novo (without paternity & maternity confirmed) PM6	De novo (paternity and maternity confirmed) PS2		
Allelic data		Observed in <i>trans</i> with a dominant variant BP2 Observed in <i>cis</i> with a pathogenic variant BP2		For recessive disorders, detected in trans with a pathogenic variant PM3			
Other database		Reputable source w/out shared data = benign BP6	Reputable source = pathogenic PP5				
Other data		Found in case with an alternate cause BP5	Patient's phenotype or FH highly specific for gene PP4				

Clinvar - clinically relevant variants



Fig. 3

From: Recommendations for clinical interpretation of variants found in non-coding regions of the genome

	Benign		Pathogenic			
	Strong	Supporting	Supporting	Moderate	Strong	Very strong
Population Data	MAF is too high for disorder BA1/BS1 OR observation in controls inconsistent with disease penetrance BS2		Absent in popiulation databases PM2_Supporting ^		Prevalence in affecteds statistically increased over controls <i>PS4</i>	
Computational And Predictive Data		Multiple lines of computation evidence suggest no impact on gene /gene product <i>BP4</i>	Multiple lines of computation evidence support a deleterious effect on the gene /gene product <i>PP3</i> Splicing variant at same nucleotide as established pathogenic variant <i>PS1_Supporting^S</i>	Same predicted impact as established pathogenic variant <i>PM5</i> Protein length changing variant PM4		Predicted null variant in a gene where LoF is a known mechanism of disease PVS1
Functional Data	Well-established quantitative functional studies in patient derived tissue/cells show no deleterious effect BS3 †		Mutational hot spot or well-studied functional domain without benign variation PM1_Supporting		Well-established quantitative functional studies in patient derived tissue/cells show a deleterious effect <i>PS3</i>	
Segregation Data	Non-segregation with disease BS4		Co-segregation with disease in multiple affected family members PP1	Increased segregation data		
De novo Data				De novo (without paternity & maternity confirmed) PM6	De novo (paternity & maternity confirmed) PS2	
Allelic Data		Observed <i>in trans</i> with a dominant variant <i>BP2</i> Observed <i>in cis</i> with a pathogenic variant <i>BP2</i>		For recessive disorders, detected <i>in trans</i> with a pathogenic variant <i>PM3</i>		
Other Data		Found in case with an alternative cause BP5	Patient's phenotype or FH highly specific for gene <i>PP4</i>			

Non-coding variants

Guideline Open Access Published: 19 July 2022

Recommendations for clinical interpretation of variants found in non-coding regions of the genome

Jamie M. Ellingford 🖾, Joo Wook Ahn, ... Nicola Whiffin 🖾 🛛 + Show authors

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3 Accesses 92 Altmetric Metrics





- GWAS evidence is robust and is one of the most useful / relevant pieces of preclinical evidence for translation
- Most of the genome is made up of regulatory regions
- >90% of GWAS loci are situated in these regions
- Coding variants = low-hanging fruit more data, tools to assess their impact
- Non-coding can still be interrogated, especially if the gene or genes being regulated is clear and direction is known..
- To keep in mind...
 - Moving field updates in data, rs numbers, genome builds
 - Genetic information of an organism can be differentially expressed over time and in different tissues
 - This is influenced by DNA (G), the environment (E) and their interaction (GxG ,GxE)
 - Story-telling is easier if there is existing literature /this can also bias a conclusion
 - Much to discover