

UQ Genetics and Genomics Winter School 2023

Systems Genomics and Pharmacogenomics Module 6 Day 2



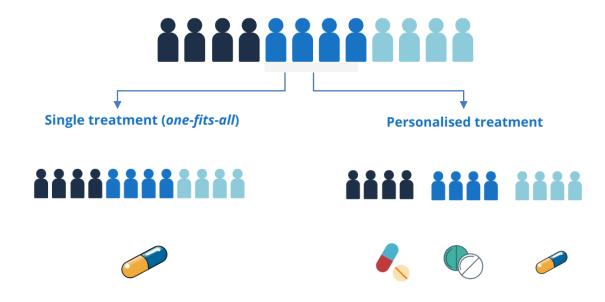
From genetic maps to medicine – Using human genomics for preclinical drug target validation and safety evaluation





Pharmacogenomics

Study of how an individual's genetic makeup affects their response to medications

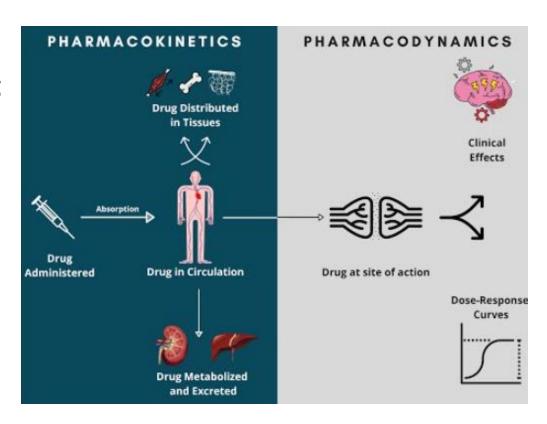




Pharmacokinetics vs pharmacodynamics

What the body does to the drug

ADME
Absorption
Distribution
Metabolism
Excretion



What the drug does to the body

Effects of drugs in the body and (the mechanism of their action)



The drug discovery & development pipeline

Basic research (3-6 years) Preclinical studies (1-2 years)

Clinical Studies (4 – 7 years) FDA review and approval (1 -2 years)

Post-market monitoring (indefinite)

- Disease biology
- Gene target identification
- Compound screening

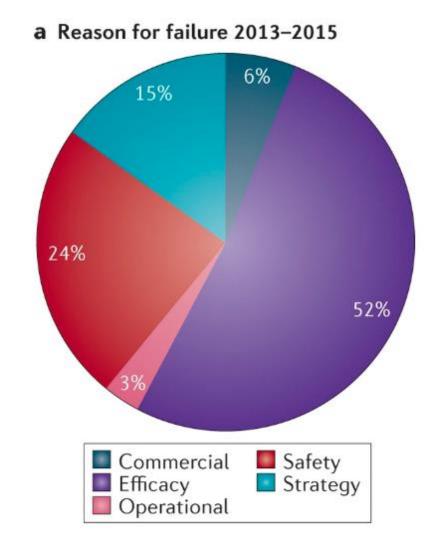
- Lead identification and optimization
- In vitro and in vivo (in at least 2 different animals) efficacy and toxicology
- Phase 1 drug safety in healthy volunteers <100
- Phase 2 efficacy in patients (100-300)
- Phase 3 –
 efficacy
 compared to
 placebo or
 existing
 treatments
 (1000+)

- Pharmacovigilance
- Observational studies



90% of drugs fail in human clinical trials

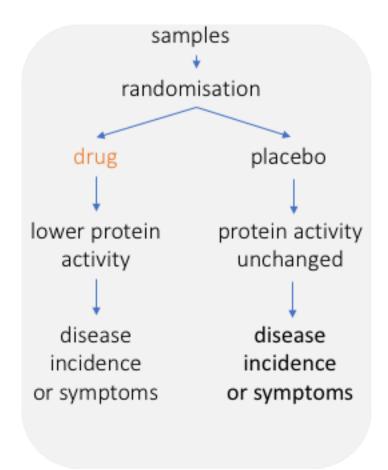
- Lack of efficacy
- Unmanageable toxicity
- Poor drug-like properties (solubility, stability, in vivo pharmacokinetics
- Strategic: lack of commercial interest and change in therapeutic focus





Extrapolating drug effects in humans

- Animal studies and isolated systems (cells, tissue preparations) do not always translate to in vivo effects in humans
 - Unsuitable drug target in humans
 - Drug pharmacokinetics (drug metabolism, tissue absorption)
 - genetic variation may also play a role
- Gold standard for testing in humans using a randomised control trial (RCT) – the final step of the process is the most costly and highest risk





Reducing risk of failure

1. Improved pre-clinical prediction of drug target effects in humans

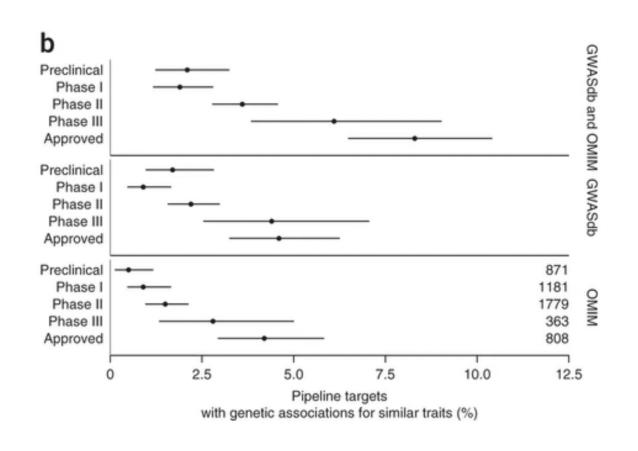


Predicting drug effects using human genetic studies





Selecting genetically supported targets could double the success rate in clinical development.



nature genetics Explore content ✓ About the journal ✓ Publish with us ✓ nature > nature genetics > analyses > article Published: 29 June 2015 The support of human genetic evidence for approved drug indications Matthew R Nelson ☑, Hannah Tipney, Jeffery L Painter, Judong Shen, Paola Nicoletti, Yufeng Shen, Aris Floratos, Pak Chung Sham, Mulin Jun Li, Junwen Wang, Lon R Cardon, John C Whittaker & Philippe Sanseau





PCSK9: Genetic mutation to groundbreaking therapy

2005 Cohen et al Nature Genetics

Loss-of-function (LOF) mutations in *PCSK9* gene in African-Americans associated with:

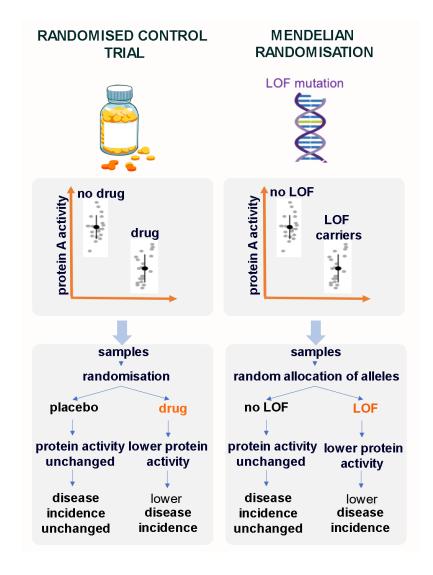
- Substantially lower cholesterol
- Reduction in risk of cardiovascular disease
- No other health problems safety

2015 first approved PCSK9 inhibitor



Mendelian randomisation (MR) analysis





LOF/GOF as instruments for MR



nature > analyses > article

Analysis | Open Access | Published: 27 May 2020

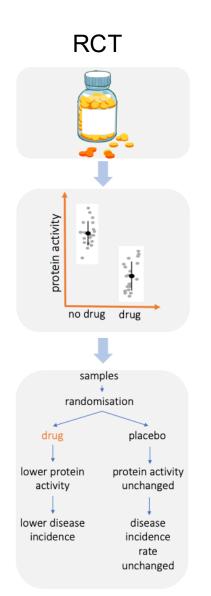
Evaluating drug targets through human loss-offunction genetic variation

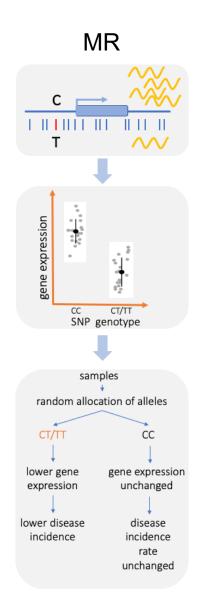
Eric Vallabh Minikel ⊡, Konrad J. Karczewski, Hilary C. Martin, Beryl B. Cummings, Nicola Whiffin, Daniel Rhodes, Jessica Alföldi, Richard C. Trembath, David A. van Heel, Mark J. Daly, Genome Aggregation Database Production Team, Genome Aggregation Database Consortium, Stuart L. Schreiber & Daniel G. MacArthur ⊡

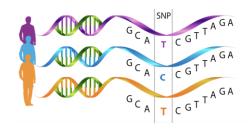
- Genome Aggregation Database (gnomAD)
- Whole exome data in > 125,000 individuals
- Predicted LOF (nonsense, essential splice site, and frameshift variants)
- Individuals with LOF are very rare
- Conclusion at the time would require sample sizes that are 1000x bigger

eQTLs as instruments for MR analysis









cis-eQTLs as proxies for drug exposure.

PROS:

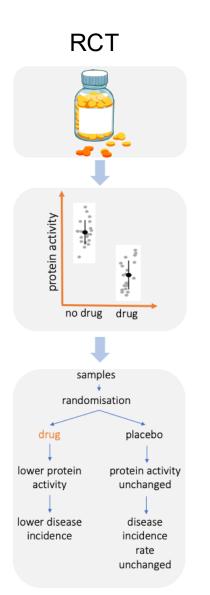
- eQTL variants are more common more power
- eQTLs available for different tissues
- Reflect long-term exposure

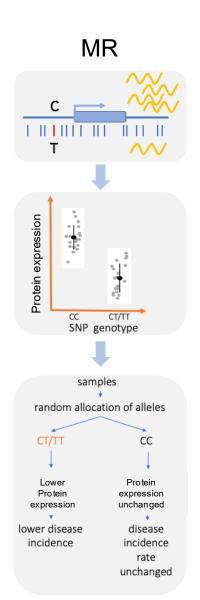
CONS:

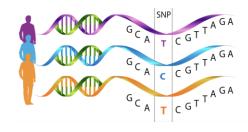
 Gene expression does not always translate to protein levels or activity

pQTLs as instruments for MR analysis









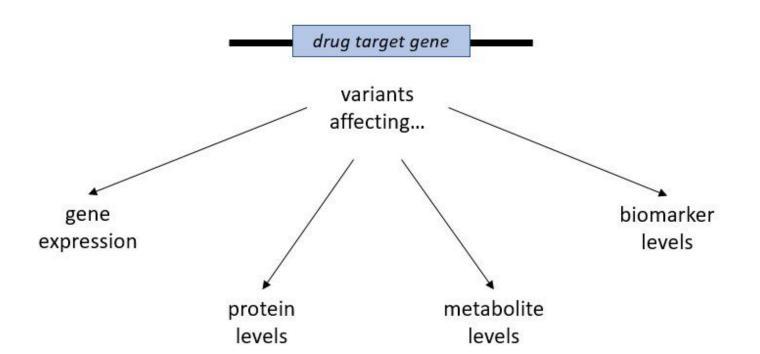
pQTLs as proxies for drug exposure.

PROS:

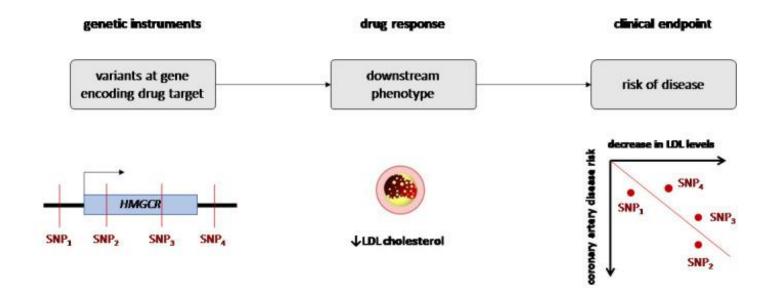
Closer phenotype to drug effects

CONS:

Difficult to measure outside of blood

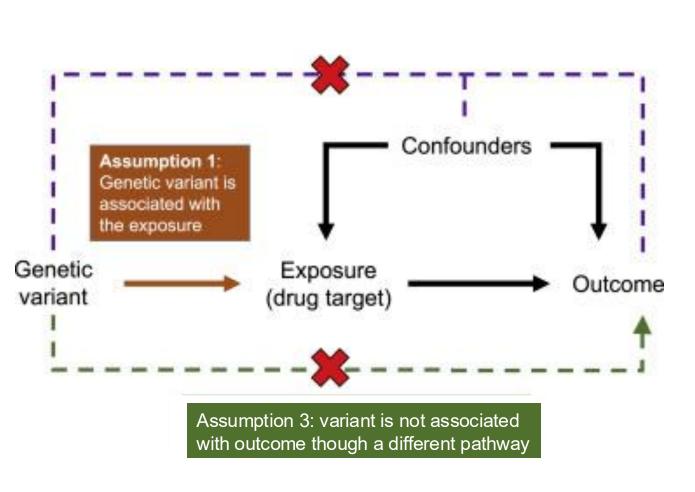






Assumptions of drug target MR





MR assumptions:

- 1: Genetic variant strongly associates with the exposure (instrument strength: R², F-statistics)
- 2: Genetic variant does not influence the outcome through a confounding pathway. Important to test association with confounders.
- 3: Effect of genetic variant on outcome is via effect on drug target. Important to check associations with other relevant phenotypes.
- Drug target MR tend to use a genetic variants from a single genomic region near the target gene (cis-MR)
- Multi-SNP analysis when multiple independent cis-variants exist
- Genetic variants need to replicate the effect of the drug

Burgess et al Am J Hum Genet 2023

Box 1. Step-by-step guide for conducting Mendelian randomization (MR) analyses of drug target perturbation.

- 1. Determine the drug targets of interest
- 2. Identify the gene(s) encoding the relevant protein(s)
- 3. Choose data source for identifying instruments
- 4. Select genetic variants as instruments based on:
 - a. Strength of associations with downstream effects of drug target perturbation
 - b. Linkage disequilibrium structure
 - c. Distance from gene(s) encoding the drug target
- 5. Validate genetic variants for use as instruments by confirming that they recapitulate known on-target drug effects
- 6. Estimate effects of drug target perturbation on outcome(s) of interest using MR
 - a. Use appropriate method to account for linkage disequilibrium structure between variants
 - b. Scale estimates appropriately
 - c. Interpret MR as representing effects of lifelong drug target perturbation
- Investigate potential adverse effects and repurposing opportunity using phenome-wide association study
- 8. Triangulate using other interventional, observational and experimental data



Example: Darapladib



Published: 01 July 2014

GSK's darapladib failures dim hopes for antiinflammatory heart drugs

Asher Mullard

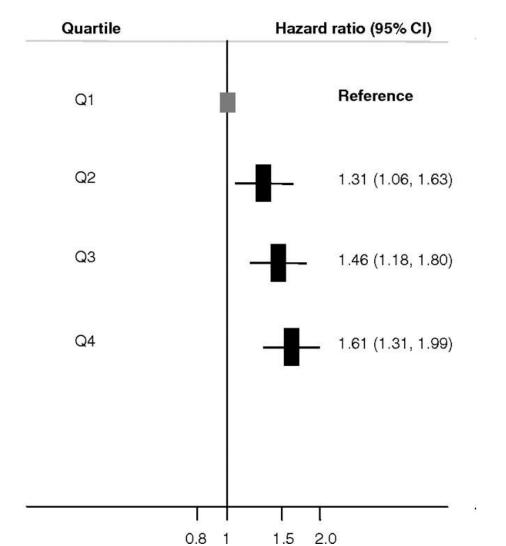
Nature Reviews Drug Discovery 13, 481–482 (2014) | Cite this article

No reduction in the risk of cardiovascular death, heart attack or stroke in the STABILITY trial, in over 15,000 patients with chronic coronary heart disease

Example: Darapladib

Lp-PLA2 activity and coronary heart disease risk 1030 Cases & 3852 Controls

Model-1:adjusted by age, sex, enrolment date and practice





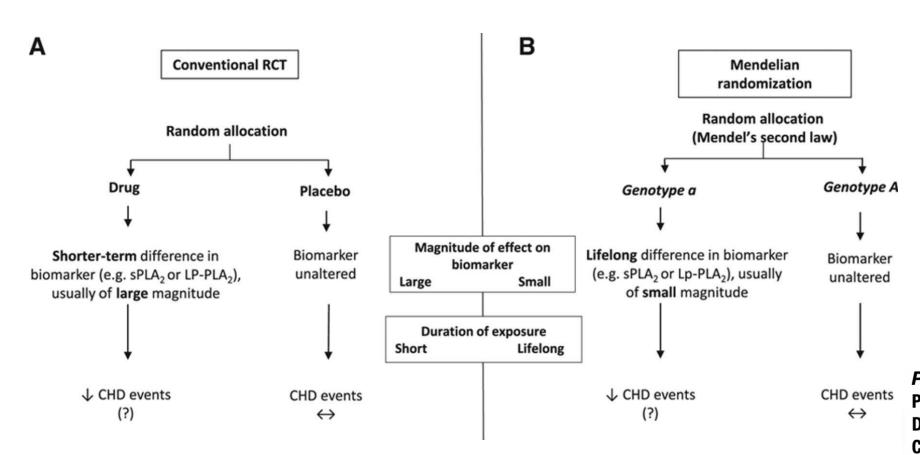
PLA2G7 Genotype, Lipoprotein-Associated Phospholipase A₂ Activity, and Coronary Heart Disease Risk in 10 494 Cases and 15 624 Controls of European Ancestry

Juan P. Casas, Ewa Ninio, Andrie Panayiotou, Jutta Palmen,
Jackie A. Cooper, Sally L. Ricketts, Reecha Sofat, Andrew N. Nicolaides,
James P. Corsetti, F. Gerry R. Fowkes, ... See all authors

Originally published 17 May 2010 | https://doi.org/10.1161/CIRCULATIONAHA.109.923383 | Circulation, 2010:121:2284–2293

MR to Test Causality of Lp-PLA2

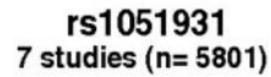


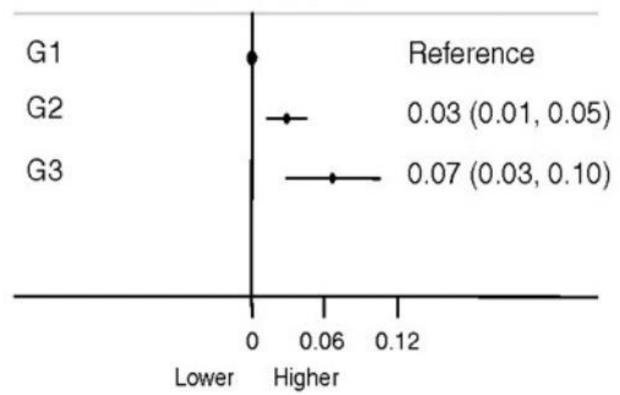


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Mean difference (95%C) in log-LpPLA2 activity by PLA2G7 variants

G1: Homozygous common-allele;

G2: Heterozygous;

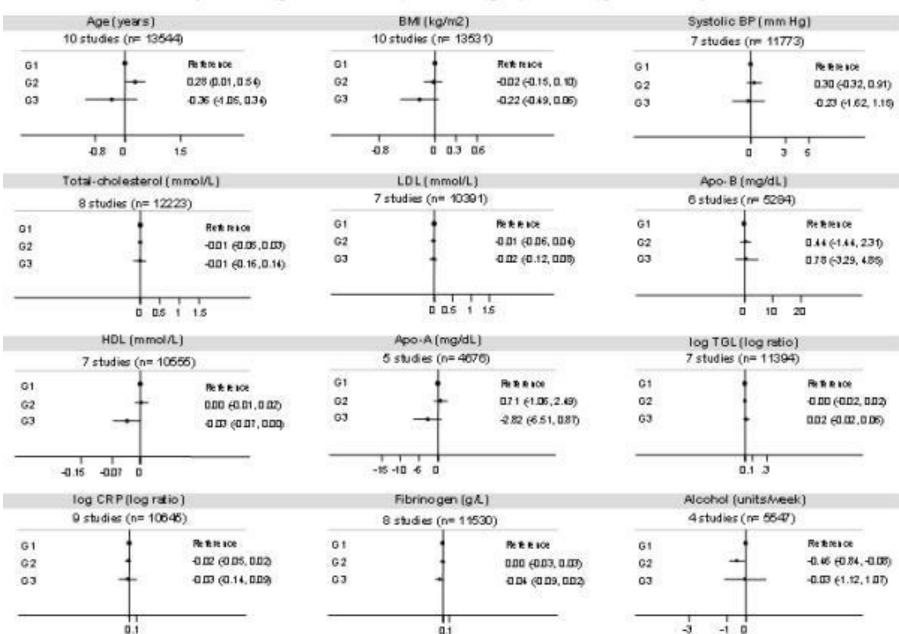
G3: Homozygous rare-allele

PLA2G7 Genotype, Lipoprotein-Associated Phospholipase A₂ Activity, and Coronary Heart Disease Risk in 10 494 Cases and 15 624 Controls of European Ancestry

Juan P. Casas, Ewa Ninio, Andrie Panayiotou, Jutta Palmen, Jackie A. Cooper, Sally L. Ricketts, Reecha Sofat, Andrew N. Nicolaides, James P. Corsetti, F. Gerry R. Fowkes, ... See all authors

Mean difference (95%CI) in cardiovascular traits by rs1051931 genotype

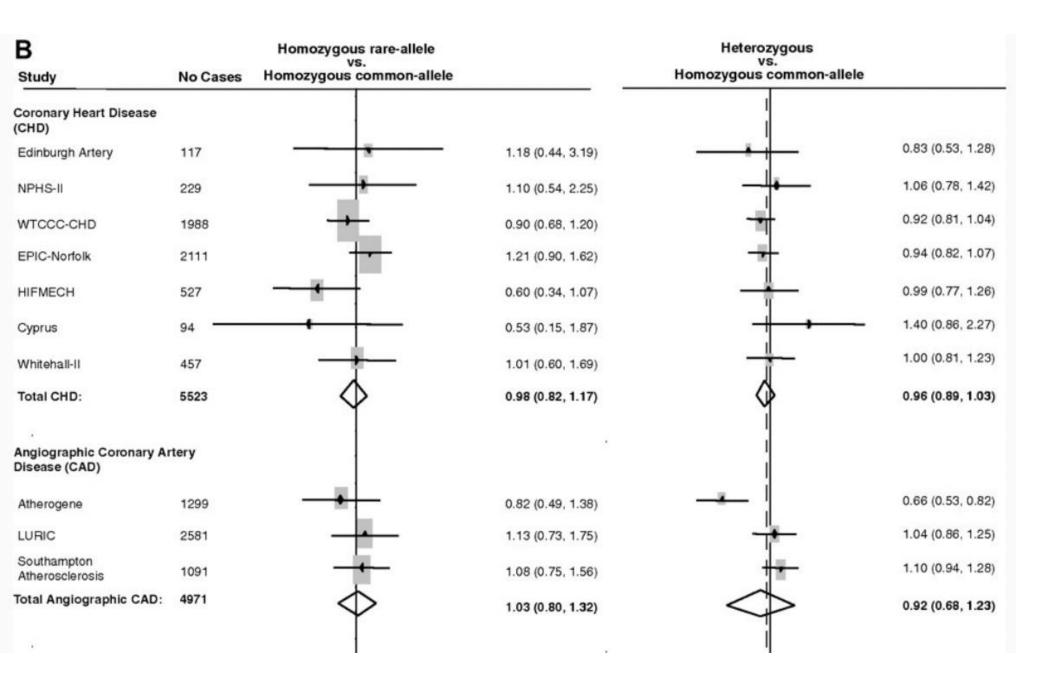
[G1: Homozygous common-aliele; G2: Heterozygous; G3: Homozygous rare-aliele]





MR instrument not associated with other risk factors





No association of PLA2G7 variant with risk of CHD

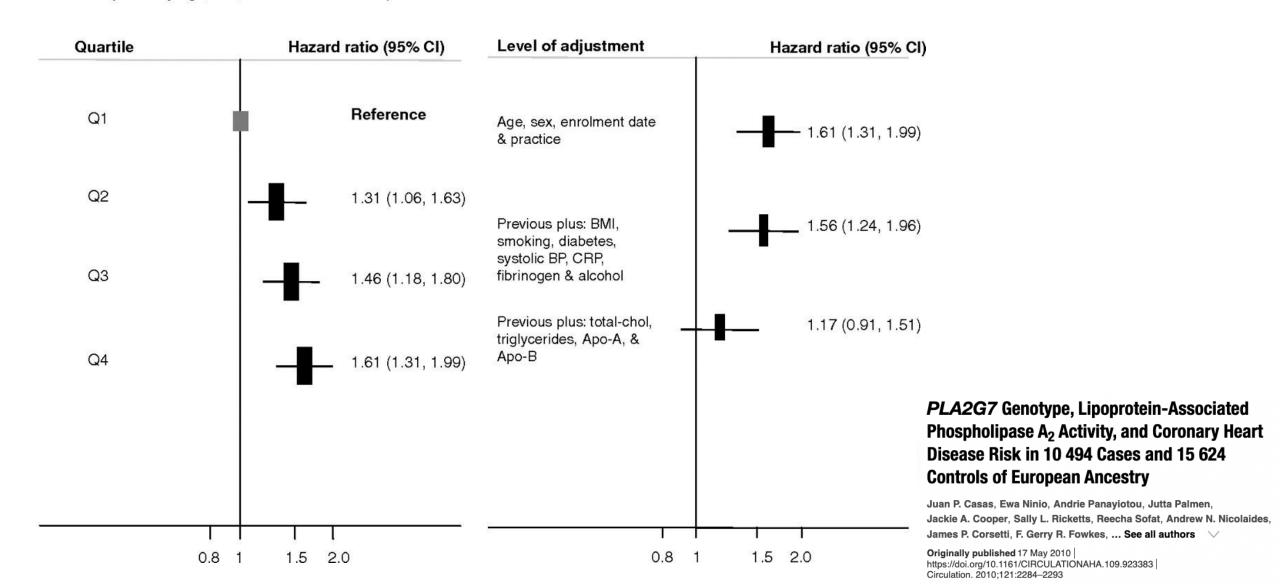
Lp-PLA2 activity and coronary heart disease risk 1030 Cases & 3852 Controls

Effect of the incremental degree of adjustment on the Lp-PLA2-CHD association

THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

Model-1:adjusted by age, sex, enrolment date and practice

Hazard ratio (95%CI) for Top vs. bottom quartile



nature



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nature > letters > article

Letter | Published: 13 April 2017

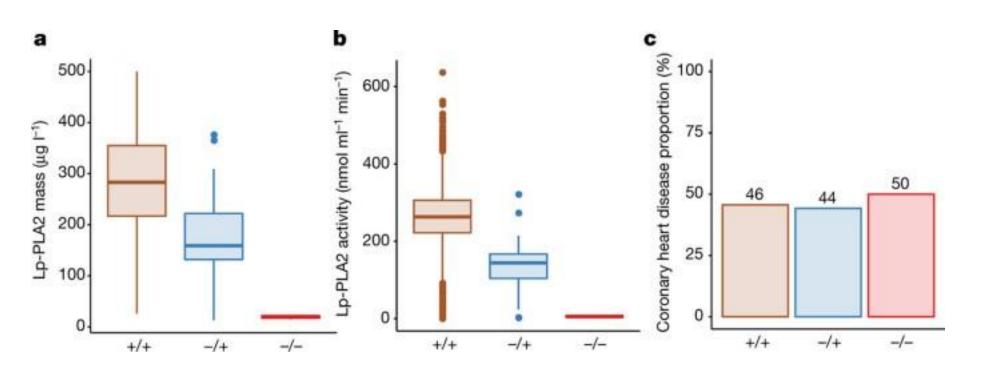
Human knockouts and phenotypic analysis in a cohort with a high rate of consanguinity

Danish Saleheen ☑, Pradeep Natarajan, Irina M. Armean, Wei Zhao, Asif Rasheed, Sumeet A. Khetarpal, Hong-Hee Won, Konrad J. Karczewski, Anne H. O'Donnell-Luria, Kaitlin E. Samocha, Benjamin Weisburd, Namrata Gupta, Mozzam Zaidi, Maria Samuel, Atif Imran, Shahid Abbas, Faisal Majeed, Madiha Ishaq, Saba Akhtar, Kevin Trindade, Megan Mucksavage, Nadeem Qamar, Khan Shah Zaman, Zia Yaqoob, ... Sekar Kathiresan ☑ + Show authors

10,503 adult participants in the Pakistan Risk of Myocardial Infarction Study (PROMIS)



Coming to the same conclusion around Lp-PLA2 inhibition and CAD risk using *PLA2G7* rare pLOF in an independent study



Despite substantial reductions of Lp-PLA2 activity, *PLA2G7* c.663 + 1G>A heterozygotes and homozygotes have similar coronary heart disease risk when compared with non-carriers (*P* = 0.87).

Genetic data can help prioritise/de-prioritise drug candidates



Testing drug safety

- RCTs are costly and high risk
 - Small sample size
 - Short follow-up time (shorter exposure)
 - Defined participant criteria (e.g. exclude multimorbid individuals)
- Only common and large adverse effects may be observed

 Full range of effects (and long-term effects) undetected until wider use

Drug safety



Original Investigation

May 9, 2017

Postmarket Safety Events Among Novel Therapeutics Approved by the US Food and Drug Administration Between 2001 and 2010

Nicholas S. Downing, MD¹; Nilay D. Shah, PhD²; Jenerius A. Aminawung, MD, MPH³; et al

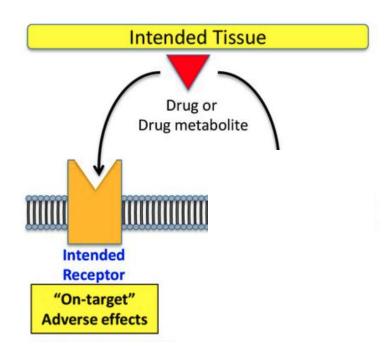
Author Affiliations | Article Information

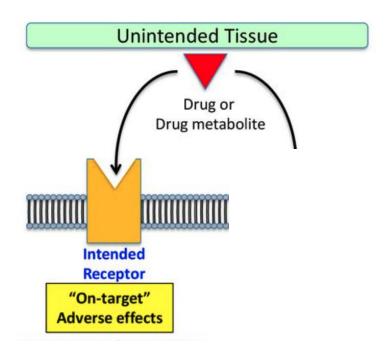
JAMA. 2017;317(18):1854-1863. doi:10.1001/jama.2017.5150

FDA announced alerts, warnings, or recalls on about <u>one-third</u> of approved drugs



On- vs off-target effects





MR can only be used if we know what the on- and off-target genes/proteins are

Toxic cellular effects

MR to assess drug safety – phenome-wide MR







Reducing risk of failure through human genetics

- 1. Validating drug target effects using MR with intended outcome.
- 2. Identify unknown adverse effects using phenome-wide MR.
- 3. Repositioning of approved drugs reduces risk of failure due to safety concerns use phenome-wide MR to identify unknown beneficial effects



MR for drug target validation and safety

- MR studies DO NOT replace RCTs, but together with other pre-clinical evidence can be used to prioritise drug targets or perhaps more carefully design RCTs.
- Only possible due to large, publicly available GWAS and sequencing studies for 1000s of human traits
 - Drug target validation Test for intended effect through intended target
 - Drug target safety Test for unintended effects through intended target

Importance of pharmacogenetics and diversity in clinical trials



Hawaii wins record award in lawsuit over bloodthinning drug that was ineffective for many



The suit revolves around Hawaii's unique demographics.



Resources and methods for MR



pLOF Gene-based burden test - Genebass





gene-based association summary statistics

Search by gene or phenotype

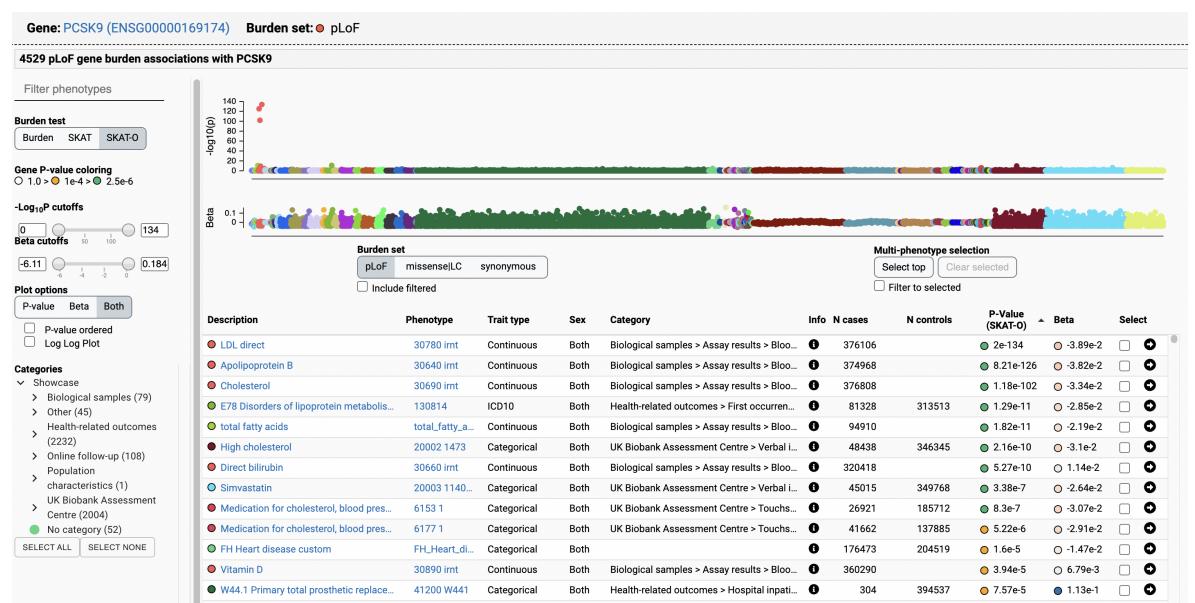
Browse

Dataset: 394,841 exomes **Release date:** June 7, 2022 **Reference genome:** GRCh38

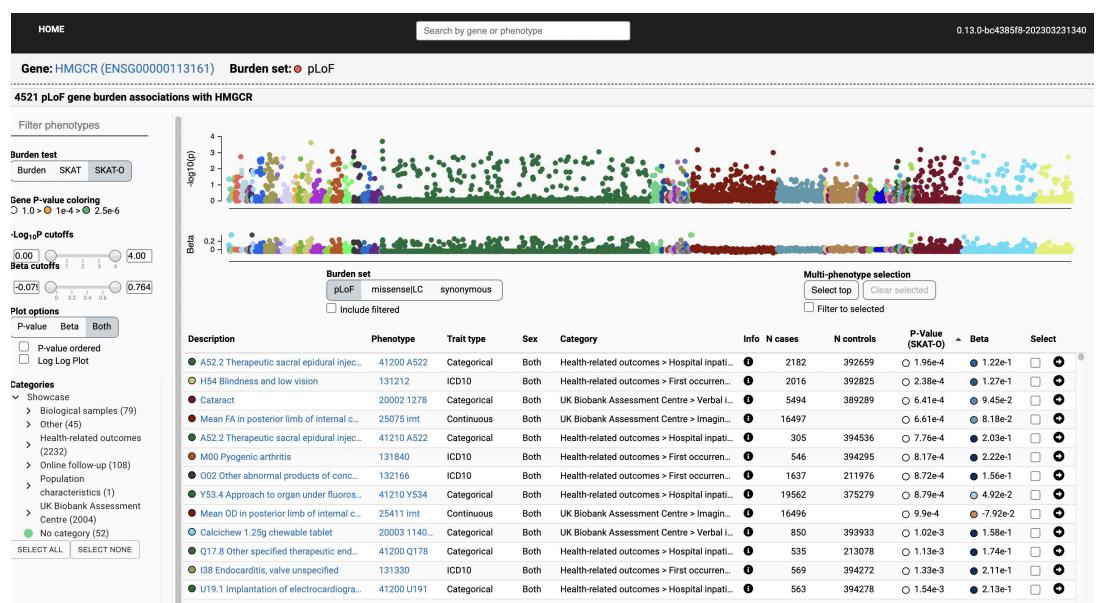
Browser: 0.13.0-bc4385f8-202303231340

Genebass is a resource of exome-based association statistics, made available to the public. The dataset encompasses 4,529 phenotypes with gene-based and single-variant testing across 394,841 individuals with exome sequence data from the UK Biobank. Genebass was developed by the following organizations which provided funding and guidance:











JAHA

Journal of the American Heart Association

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lumn to

Association of Common and Rare Genetic Variation in the 3-Hydroxy-3-Methylglutaryl Coenzyme A Reductase Gene and Cataract Risk

Jonas Ghouse ⊡, Gustav Ahlberg, Anne Guldhammer Skov, Henning Bundgaard and Morten S. Olesen

Originally published 15 Jun 2022 https://doi.org/10.1161/JAHA.122.025361 Journal of the American Heart Association. 2022;11:e025361

Other version(s) of this article \vee

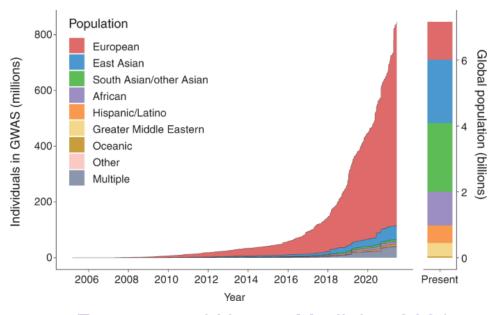
genetically proxied inhibition of the *HMGCR* gene mimicking long-term statin treatment associated with higher risk of cataract



Ancestry-specific considerations

Comparing effects in different ancestral groups

- SNPs in ALDH2 allow powerful analyses to investigate effect of alcohol consumption in East Asians. No genetic variants in Europeans that explain a similar proportion of variance in distribution of alcohol consumption.
- Need matched ancestry LD reference when doing MR analyses
- Need more GWAS data in non-European population



Fatumo et al Nature Medicine 2021



Summary-based MR analysis (SMR)

