BIOL 419/519 Bioinformatics Research – July 16, 2013 Human Genome Annotation – Paul Szauter

I. Introduction to the Personal Genome Project (PGP)

The Personal Genome Project (PGP) is a group of researchers and volunteers who seek to make individual human genomes and health information freely available for public use by anyone. The PGP is an important complement to the biomedical research literature, because the consequences of individual genetic variants can be investigated in the context of an entire genome in a population of individuals who have not been singled out by their disease status.

Go to the PGP website:

http://www.personalgenomes.org

Click PGP Community in the top navigation menu to go to:

http://www.personalgenomes.org/community.html

Click View public profiles to go to:

https://my.personalgenomes.org/users

Use the selector to **Show 100 entries**. Scroll down to **PGP89** and click **hu011C57**. In the **Complete Genomics** line of the table, click **View report**.

Public data -	About -			
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The page that appears displays the **Genome report** by default. These are likely pathogenic and rare variants found in the genome of that individual. Click any allele in the **Variant** column for more information.

				About	Genomes	Guides	Recent changes	Contributors	
ariant Data sourc This repor Person ID:	report e: CGI samp t: <u>evidence.p</u> hu011C57	for hu01 le GS01669-DN	1C57 A_B05 from .org/genor	1 PGP sample 86486261 nes7962c2ddfccf53bb761eaf0ce94	a334640f5bb4	<u>136</u>	Gene searcl "GENE" or "GENE	h A123C": search	
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Genome re	eport Insi	ufficiently evalua	ted variant	s Coverage Gene Report	Metadata		Yahoo login		
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Show Al	+ entries	5		Search	:				Login
Variant ≎	Clinical Importance	Impact 💠	Allele freq \$	Summary					
<u>RYR2-</u> G1885E	High	Uncertain pathogenic Recessive, Carrier (Heterozygous)	1.8%	Reported to cause arrhythmogenic r cardiomyopathy when compound he although this finding is weakened af hypotheses and it is unclear what po might have, if it is causal.	ight ventricula terozygous wit ter correcting f enetrance such	r h G1886S, ior multiple a genotype			
<u>WFS1-</u> C426Y	Moderate	Uncertain pathogenic Dominant, Heterozygous	0.12%	Reported in a single case of familial linkage data and no statistical signif	depression, bu cance.	it no			
<u>HFE-</u> <u>C282Y</u>	Low	Well- established pathogenic Recessive, Carrier (Heterozygous)	4.9%	This variant is associated with hered 80% of patients with that disease ar variant. However, the penetrance is note that only 1 of their 158 homozy diagnosis with the condition.	litary haemoch e homozygous low, in Beutler gotes met crite	romatosis, for this et al. they eria for			
<u>COL4A1-</u> <u>Q1334H</u>	Low	Likely pathogenic Dominant, Heterozygous	32%	This common variant has been asso stiffness and, in Japanese, a small in myocardial infarction (MI, a.k.a. hei observation supported a dominant assuming a lifetime risk of 15% for have an additional risk of 0.5-3%.	ciated with arte ocreased risk o art attack). This ffect for this va MI, we estimat	erial f s last ariant and, e carriers			
<u>MTRR-</u> <u>149M</u>	Low	Likely pathogenic Recessive, Homozygous	45%	This common variant (HapMap allele protein involved in folate (B9) and c metabolism and is often reported as alternative transcript position). Moth variant are associated with having a of a child with Down syndrome (risk population is 0.25%). Notably, age the rate of Down syndrome (risk is years-of-age), and it is unknown ho combine with the effect of age. Ther associating this variant with incidence possibly when combined with MTHFF	e frequency of 3 obalamin (B12 "MTRR I22M" ers homozygoi round a increa of 0.4%, aver: olays a far larg 4.5% for a mot w this variant r e are conflictin e of neural tub 4 A222V.	31.3%) in a) (an us for this sed chance age risk in er role in her 45- may g reports se defects,			
<u>KRT5-</u> <u>G138E</u>	Low	Likely pathogenic Unknown, Heterozygous	5.2%	This variant is associated with 1.25x cell carcinoma (common skin cance	increased risk r, rarely maligr	of basal hant).			
<u>rs5186</u>	Low	Likely pathogenic Unknown, Heterozygous	21%	This common noncoding genetic var frequency of ~30% and is associate hypertension. If ~25% of non-carrie Bonnardeaux et al's data predict ~4 hypertension per copy of this variar noncoding region of the AGTR1 tran 1 receptor), also known as AT2R1 o of hypertension drugs.	iant has an alle d with an incre rs have hypert % increased ri t. This SNP is i script (angioter r AT1R, which i	ele ased risk of tension, sk of n the 3' nsin II type is a target			
<u>MAD1L1-</u> <u>R59C</u>	Low	Uncertain pathogenic Unknown,	0.36%	Hypothesized to be involved in pros statistically significant data. Using m frequency information, the variant of enriched in the cancer samples repo	tate cancer, bu ore detailed va oes not appea orted by Tsukas	t no ariant r to be saki et al.			

The three most important tabs in the top Navigation tabs show you:

1. Genome report. Likely pathogenic and rare variants found in the genome of that individual.

2. Insufficiently evaluated variants. These are variants that need further annotation and evaluation.

3. Gene Report. This shows all genes in which variants have been identified.

In the **Genome Report** table is a **Search** box that lets you search for variants of a specific gene in that individual.

There is a **Gene search box** in the upper right that lets you look for variants of a specific gene among all PGP individuals.

Immediately below the **Gene search box** are **Log in** buttons. If you have a Google or Yahoo email account, you can log in to improve the annotation.

II. Improving annotation for a specific variant

Click the tab for **Insufficiently evaluated variants**. In the Search box in the Genome report table, type **CFTR**. A single variant appears. Click the allele.

Genome re	port Insuf	ficiently eva	aluated v	variants Coverage Gene Report Metadata
Show 10	0 ‡ entries			Search: CFTR
Variant 💠	Prioritization score 👻	Allele freq 🔺	Num of articles	Zygosity and Prioritization Score Reasons
<u>CFTR-</u> R75Q	3	?		Heterozygous. Polyphen 2: Unknown, Testable gene in GeneTests with associated GeneReview
Showing 1 entries)	to 1 of 1 ent	ries (filtered	i from 3,	221 total CO

The allele is CFTR-R75Q. This is a missense allele in which the 75th amino acid of the CFTR protein is changed from Arginine (R) to Glutamine (Q).

To evaluate whether this allele is likely to be harmful, we use PolyPhen-2. Open a new browser window to the PolyPhen-2 site from the Tools page on the course website:

http://genetics.bwh.harvard.edu/pph2/

Enter **CFTR** as the Protein, **75** as the position, and select **R** as AA1 and **Q** as AA2. Click **Submit Query**.

Query Data																				
Protein or SNP identifier	CF	TR																		
Protein sequence in FASTA format																				1
Position																		75	;	
Substitution	A A	R R	N N	D D	C C	E E	Q Q	G G	H H	l	L	K K	M M	F F	P P	S S	T T	W W	Y Y	V V
Query description																				
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When the job is done running, click the link to go to the screen shown below. Click the plus sign to expand the **Multiple sequence alignment**.

PolyPhen-2	2 report fo	or P13	8569 I	R75Q (rs1800	076)					
Query										
Protein Acc	Position	AA ₁	AA ₂	Description						
<u>P13569</u>	75	R	Q	Canonical; Recl Short=CFTR; Al Full=Channel co chloride channe	Name: Full=0 tName: Full= onductance-o el; Length: 14	Cystic fibro ATP-bind controlling 80	osis transmem ing cassette s ATPase; EC=	brane condu ub-family C r 3.6.3.49; Altl	ctance regulator; nember 7; AltName: Name: Full=cAMP-de	penden
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is also available.

This allele is rated as **Probably damaging**. Each line in the multiple alignment represents a different species. Click any line to see the entry for that species.

We can use OMIM to see if this variant has already been described. Open a new window to OMIM using the link from the Tools page of the course website:

http://www.omim.org

Enter **CFTR** in the search box and click **Search**.

The top link takes you to the gene entry for CFTR. At the top of the page are links to specific disease entries associated with the CFTR gene.

Scroll down to the **Allelic Variants** section or just search for **ARG75GLN**. This search fails, so try links in the **Variation** menu in the right margin. The **Locus Specific DBs** link works; search for ARG75GLN in the database there.

There is a citation listed, which you can locate through PubMed (PMID: 1710599). This paper is cited by a more recent paper (PMID: 20977904). You can use **summarize the information in this paper** on the page for the CFTR-R75Q allele (click the evaluating evidence link for more information).

III. Searching for all variants of a specific gene in the PGP

In the Gene Search box, enter CFTR.

This returns a multiple-page table of CFTR variants. The **Genomes** column contains links to individual genomes with that variant. Note that some of these alleles have summaries written by annotators.

IV. Approaches to improving annotation at the PGP

There are several approaches to improving annotation at the PGP, outlined below.

A. Genomic Checkup. The American College of Medical Genetics (ACMG) has released a list of genes to be investigated as incidental findings when a person's genome is analyzed. Use this gene list to perform a checkup on an individual in the PGP. Do you have any reportable findings?

B. Newborn Screening. Newborns are screened for treatable metabolic disorders. The genes associated with these disorders are known. You can screen individuals in the PGP to see if they carry variant alleles of any of these genes.

C. Insufficiently Evaluated Variants. For any individual, look at insufficiently evaluated variants. Pick variants whose frequency is known, but below 1% (or 5% if you are ambitious).

D. Literature Based. Use OMIM or the primary literature to find genes that are interesting. Look for variants among individuals in the PGP.

V. Report Interesting findings

Keep track of the genes and variants that you have evaluated, even those that you have found uninteresting. If you find something interesting, share it with the class. If you are not confident about annotating the variant yourself, collect and submit your information to pzauter@unm.edu for further evaluation.