

Medical Genomics Lecture 4: Epigenomics

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Outline

Part 1: Introduction to epigenomics

- **Concepts:** role of epigenetics, mechanisms, cancer epigenetics
- **Techniques:** detecting and measuring epigenetic modifications
- **Resources:** databases of regulatory annotations and epigenetic profiles

Part 2: DNA methylation arrays in cancer

- **Methodology:** processing DNA methylation arrays, normalisation methods
- **Research applications:** principal components analysis, differential methylation, deconvolution
- **Clinical application:** DNA methylation arrays for diagnosis

What is epigenetics?

If all the cells in a human body have essentially the same DNA, why do they divide, grow and function in an organ and tissue-specific way?

One of the mechanisms through which this occurs is **epigenetics**

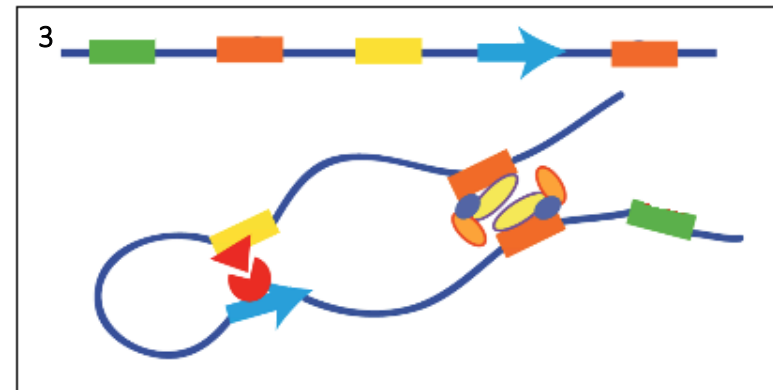
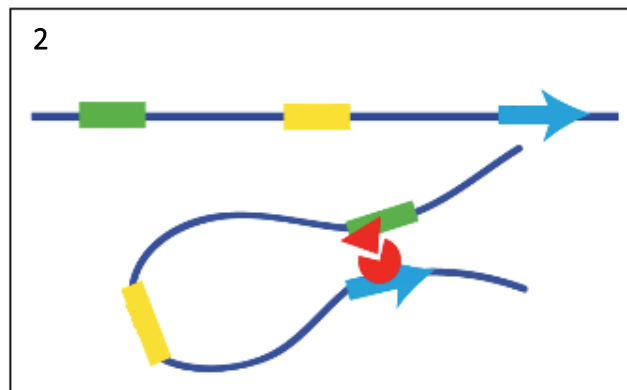
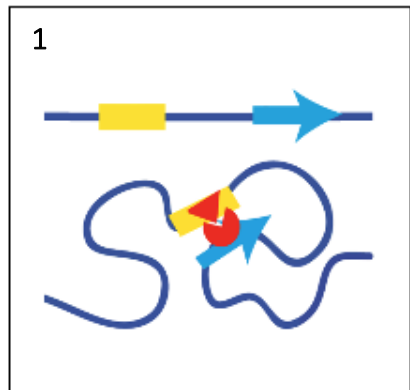
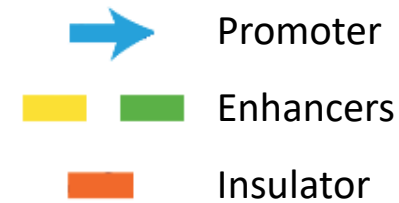
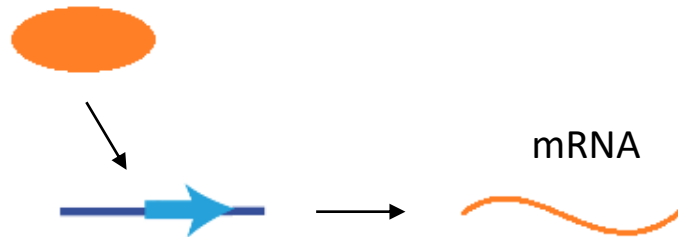
Epigenetics is the study of modifications made to DNA and associated factors that:

- Do not change the DNA sequence itself
- Are maintained during cell division
- Cause stable changes in gene expression

What are these modifications?

Mechanisms of gene expression: regulatory elements

Transcription machinery



Promoters

Contain the TSS, RNA polymerase binding site and other transcription factor binding sites

Enhancers

Bind transcription factors to increase the likelihood of, or boost, transcription

Mechanisms of gene expression: chromatin structure

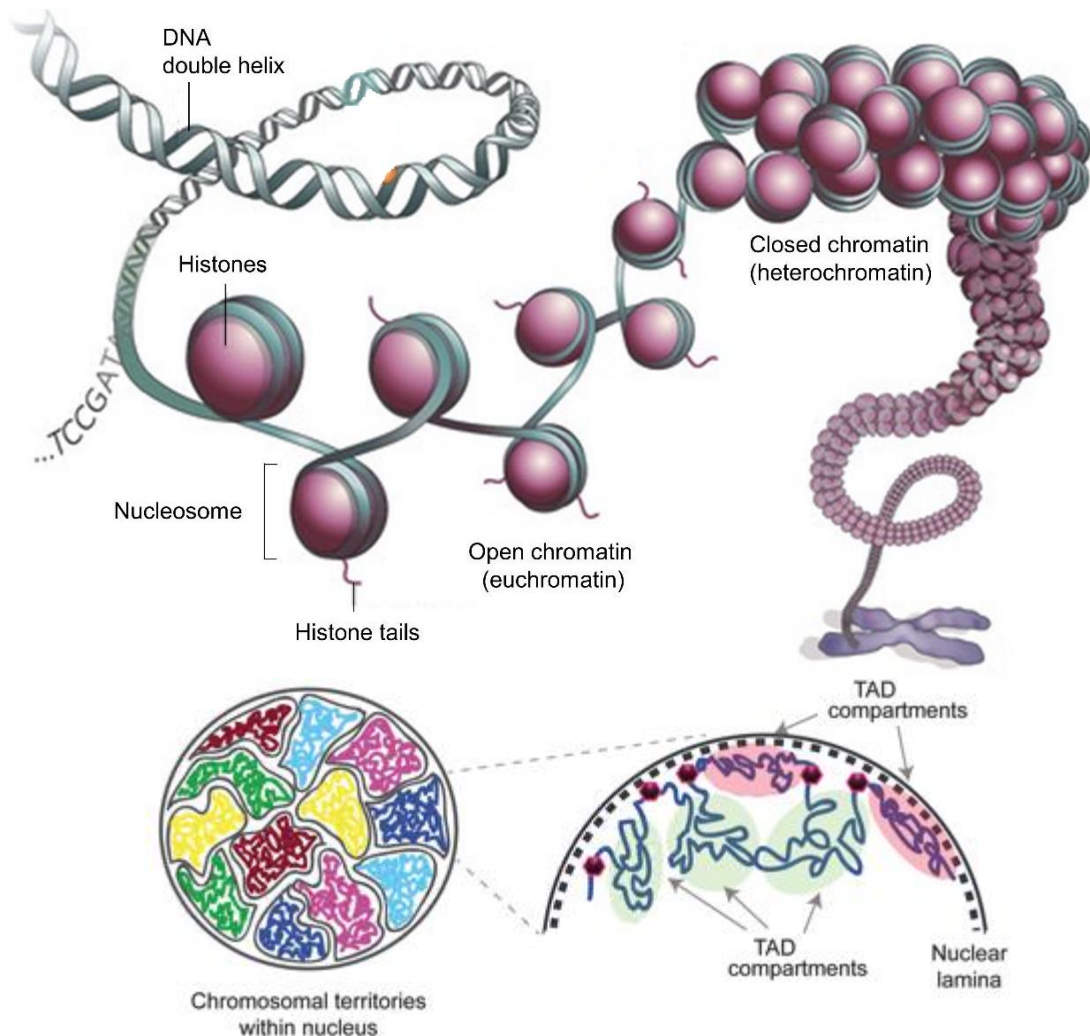
Chromatin folding is required to squeeze 2m of DNA into the cell nucleus

Primary structure

- Double helix winds around histone octamers to form the nucleosome
- A nucleosome contains 8 histone proteins (H2A, H2B, H3 and H4)
- Euchromatin contains space for transcription machinery

Higher-order structure

- The way in which chromatin loops and folds over itself into topological associated domains and chromosomal territories within the nucleus

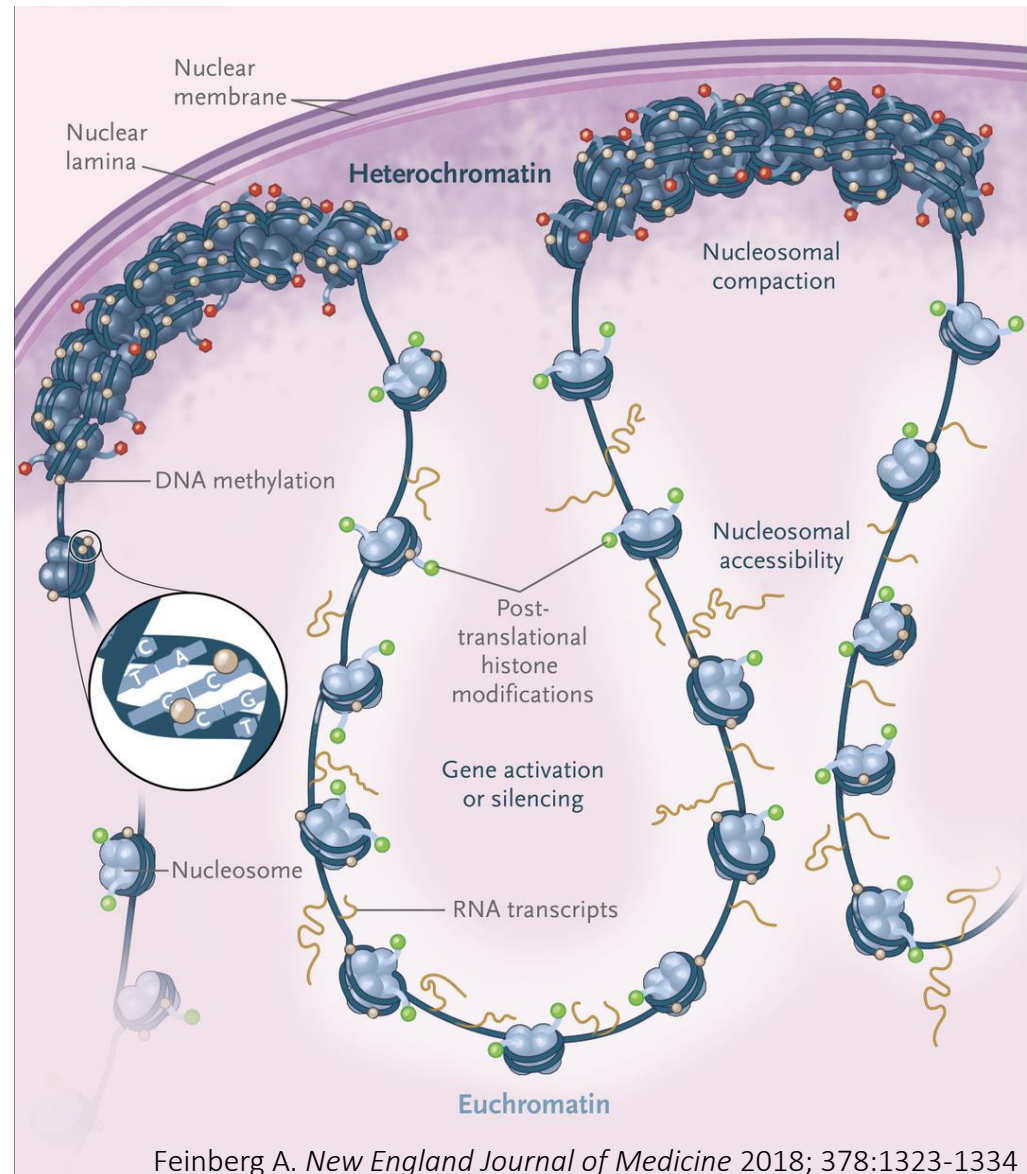


Types of epigenetic modifications

Chromatin remodelling

Histone modifications

DNA methylation



Chromatin remodelling

Changes to primary structure

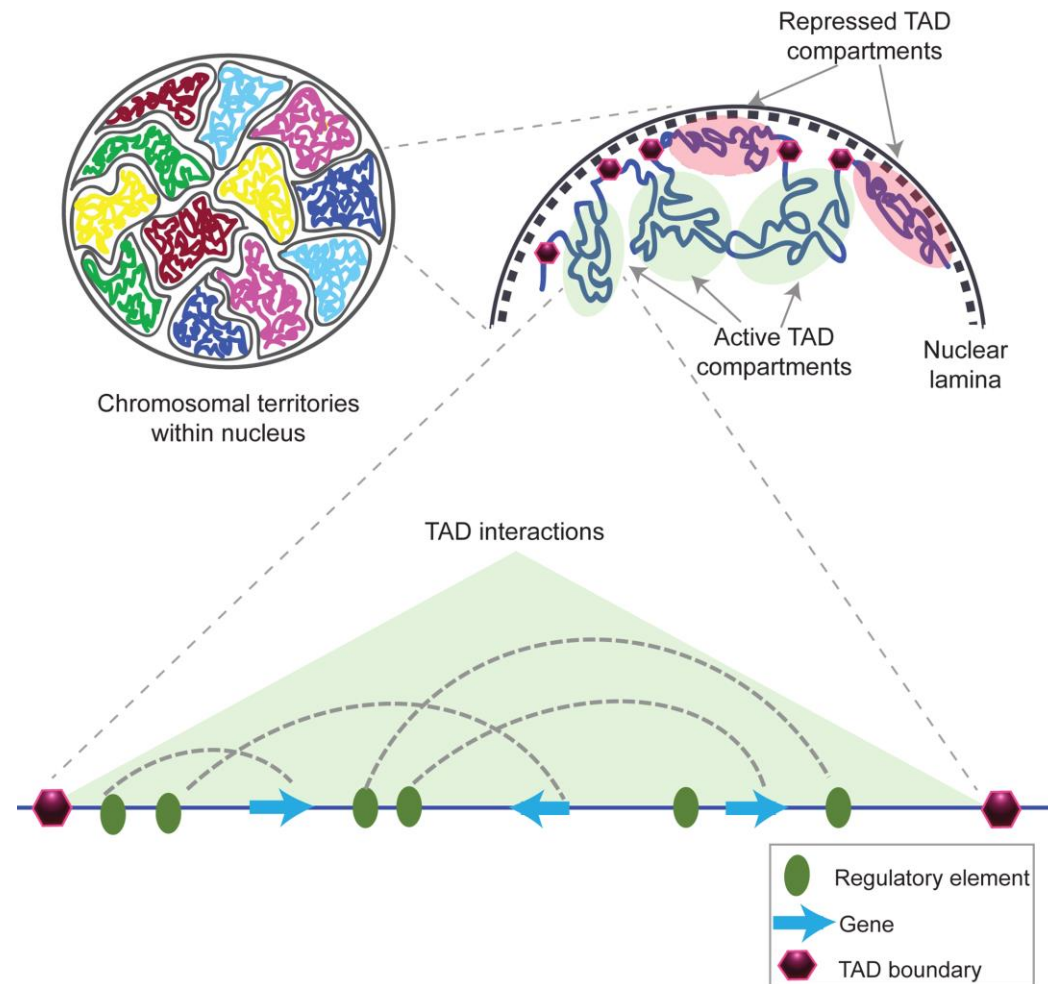
- heterochromatin \leftrightarrow euchromatin

Changes to higher-order structure

- Rearrangements of TADs and chromosomal territories
- Brings distant regions together which require the same active/repressed state

Controlled by:

- Histone modifications
- Chromatin remodelling complexes



Histone modifications

Enzymatic addition and removal of molecules to amino acids on the tails of histones within the histone octamer (nucleosome)

P – phosphorylation

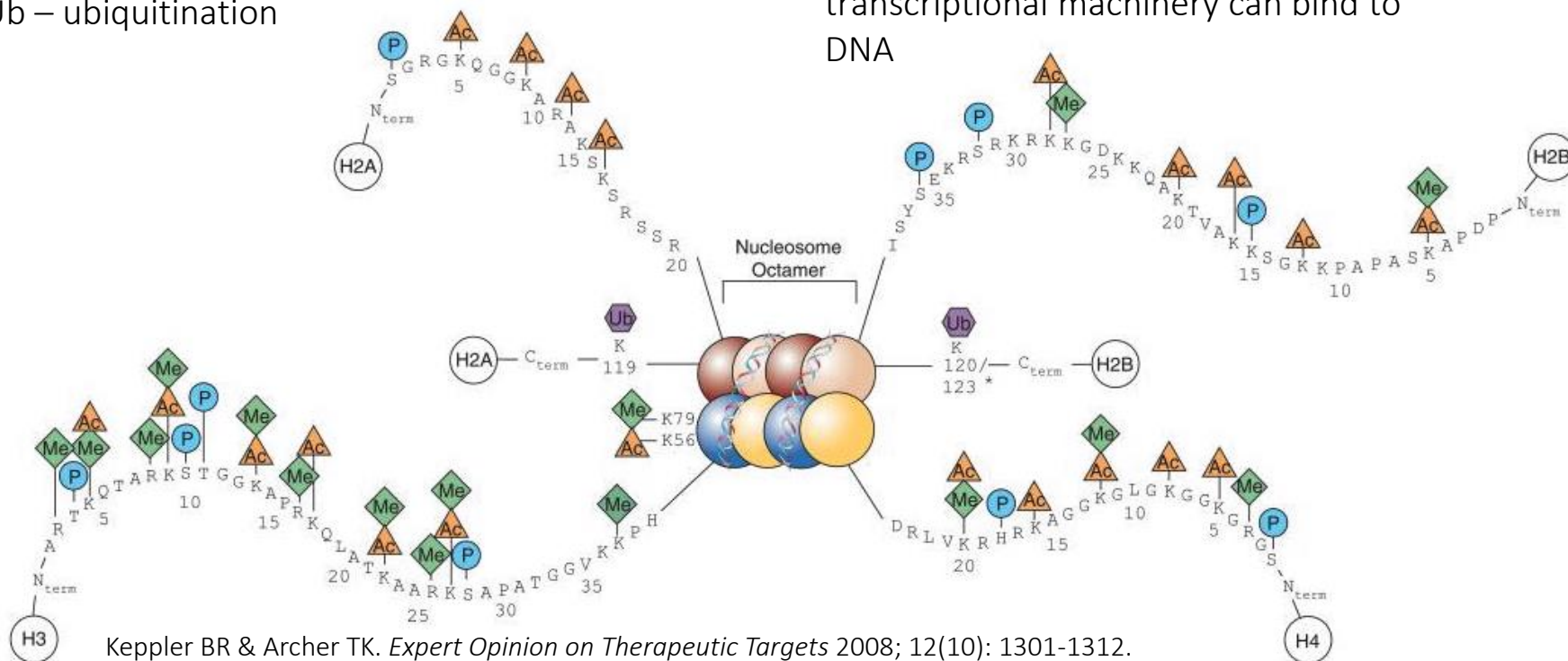
Ac – acetylation

Me – methylation

Ub – ubiquitination

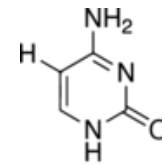
Modifications can

- Disrupt the contact between nucleosomes
- Disrupt the contact between the histones and DNA
- Recruit remodelling proteins
- Therefore change how tightly the chromatin is packed and how easily transcriptional machinery can bind to DNA

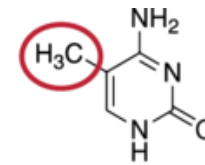


DNA methylation

Methyl group added to the fifth carbon of a cytosine base, in the context of CG sequences

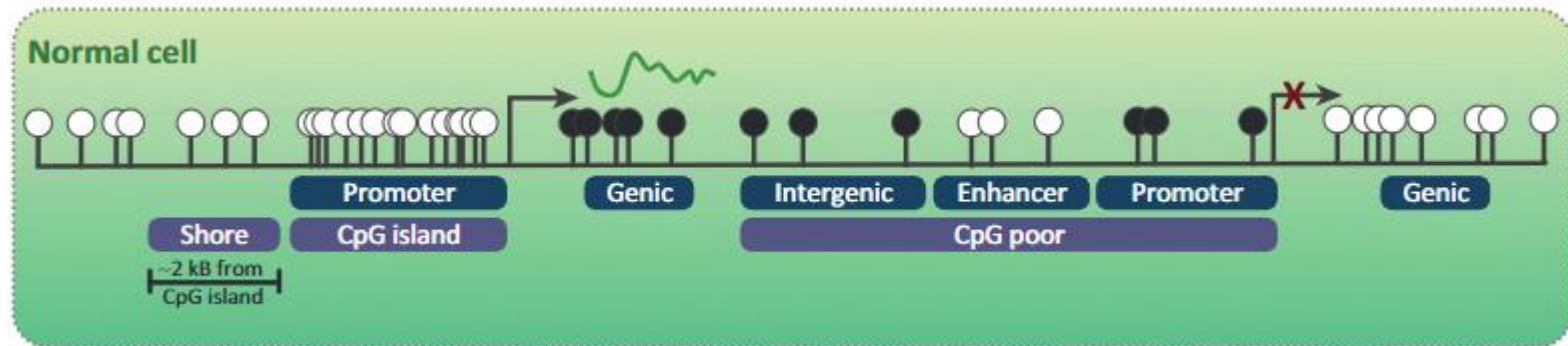


Cytosine



methylated Cytosine

The effect of DNA methylation on gene expression depends on the location of the methylation



CpG sites in the promoter are typically unmethylated

- Suppression of gene expression is achieved instead through histone modifications
- Promoter hypermethylation does occur in imprinted genes and on the inactive X-chromosome

CpG sites outside the promoter are typically extensively methylated

- Maintains chromosomal stability
- Gene bodies are also methylated - even in transcribed genes

DNA methylation maintained by DNMT1, DNMT3a and DNMT3b

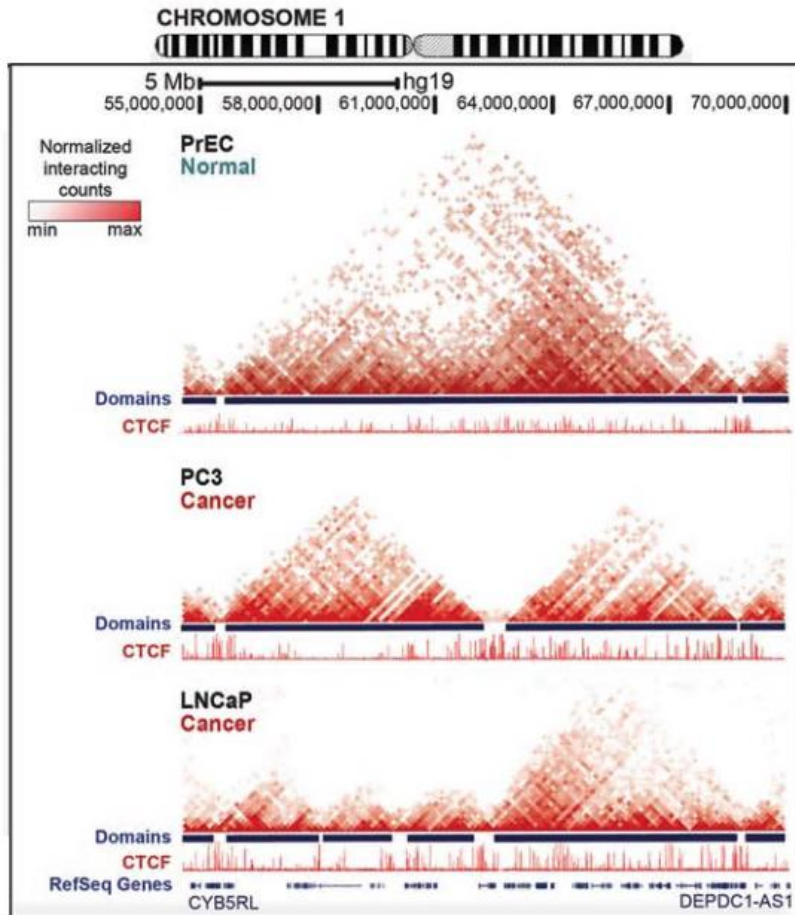
Removed by TET family enzymes with the help of IDH

Epigenetics in cancer

Classical model of cancer development:

- Cancer arises from single cells that accumulate genetic changes during subsequent divisions to form a sub-population of cells with selective advantage over non-tumourous cells
- Genetic changes allow for dysregulation of the cell's proliferative mechanisms, bypassing of checkpoints that regulate cell growth and division, and evasion of immune surveillance = tumour growth and malignancy
- But! Genetic changes aren't the only way a cell can acquire disrupted gene function – epigenetic mechanism also play a key role in the tumourigenic process

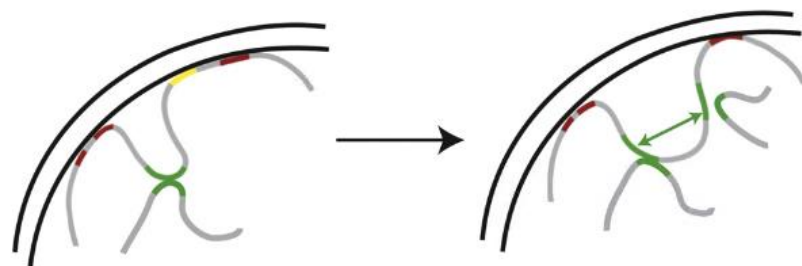
Chromatin structure in cancer



A notable feature of cancer cells is abnormal chromatin and nuclear architecture

Cancer cells retain the ability to segment their genomes into topological associated domains

- In cancer these TADs are more numerous and smaller
- Often associated with changes in copy number
- Produce novel cancer-specific chromatin interactions to alter gene expression
- Alterations to TAD structure increases genomic instability
- Mechanisms for change to TADs in cancer is unknown



Taberlay PC *et al.* *Genome Research* 2016; 26: 719-731.

Reddy KL & Feinberg AP. *Seminars in Cancer Biology* 2013; 23: 109-1135.

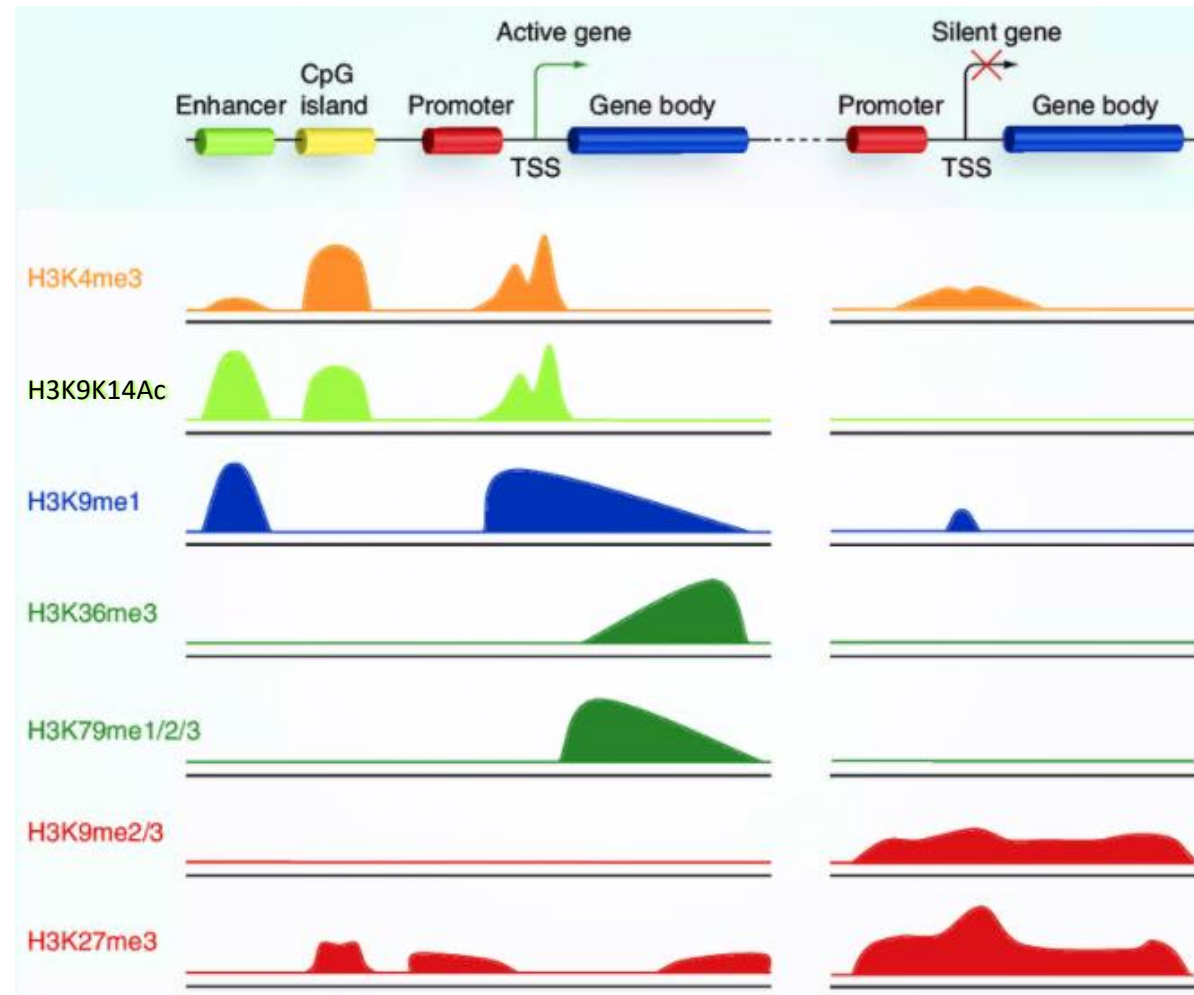
Histone modifications

Histone modifications facilitate or block transcription

Aberrant patterns of histone modifications in cancer result in activation and silencing of genes to promote tumourigenesis

Typically patterns are altered by acquisition of genetic changes to histone modifying enzymes

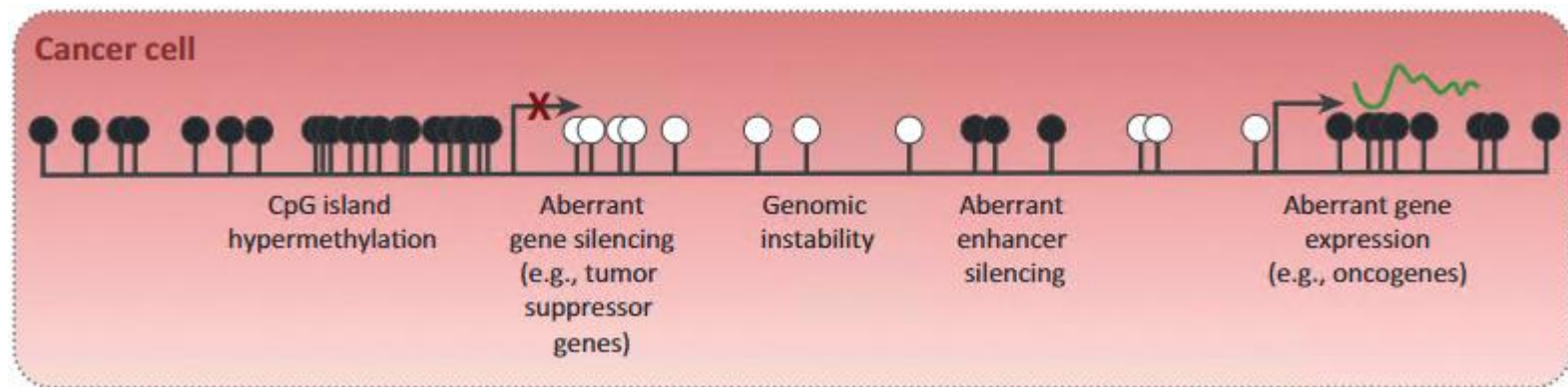
AML1-ETO fusion protein recruits HDAC1 → transcriptional repression



DNA methylation in cancer

Nearly all human neoplasms exhibit aberrant DNA methylation patterns

- Genome-wide hypomethylation
- Promoter-specific hypermethylation



Genome-wide hypomethylation

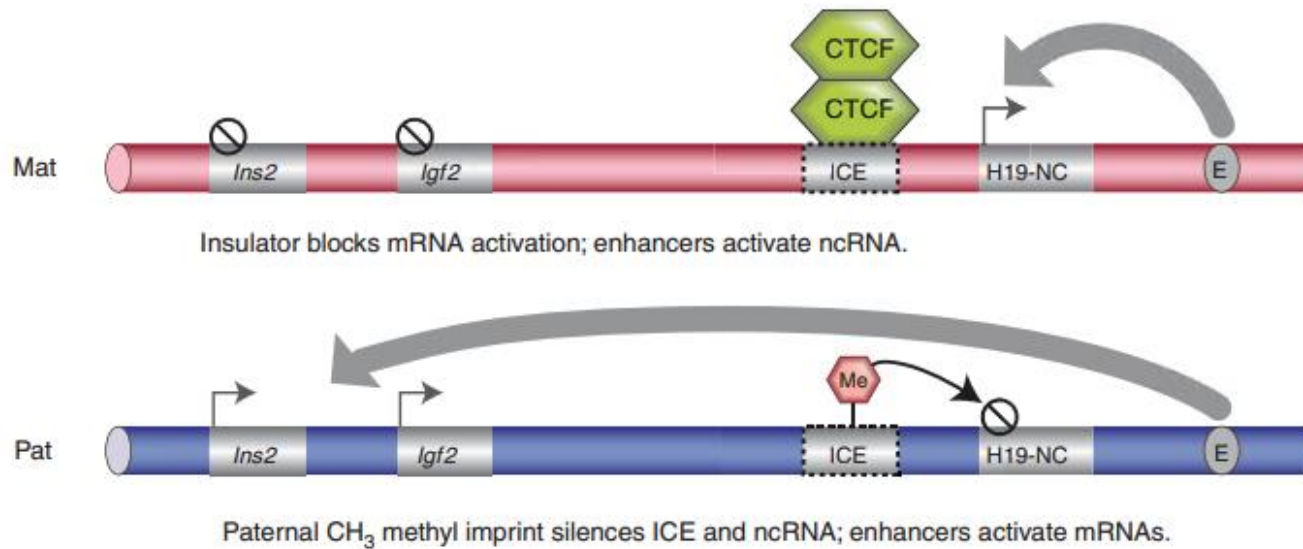
- Reactivation of transposable elements, chromosomal instability, aneuploidy, translocations, loss of imprinting

Promoter hypermethylation

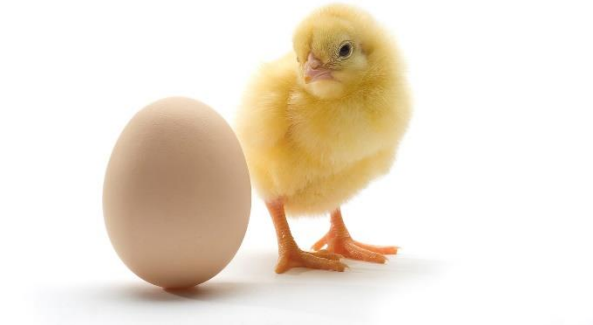
- Silencing of tumour suppressor genes (2nd hit in tumourigenesis)

DNA methylation in cancer

Methylation of other regulatory regions such as insulators



Cancer epigenetics



What comes first? Epigenetic or genetic changes...

- Benign tumours and pre-malignant lesions display genome-wide hypomethylation
 - May be triggered by chronic inflammation
- Methylation-induced silencing of TSGs can occur prior to mutations in known driver genes
 - May be triggered by environmental factors such as synthetic hormones, heavy metals and smoking
- However, genetic changes (mutations, CNVs etc) can alter expression of epigenetic modifiers leading to widespread epigenetic changes
 - IDH1/2 mutations in brain cancer → no α -ketoglutarate → no demethylation → hypermethylation of TSGs

How do we detect and measure epigenetic modifications?

Higher-order chromatin structure

- Chromosome conformation capture with 4C, 5C and Hi-C

Primary chromatin structure

- DNase-seq, ATAC-seq

Histone modifications

- ChIP-seq

DNA methylation

- Bisulphite sequencing, DNA methylation array

All of these techniques capture a profile for (mostly) one cell type at one time

- Implications for extrapolating results

Chromosome conformation capture

General principal

- Chromatin is cross-linked using formaldehyde so that DNA regions within spatial proximity are glued together with protein complexes
- The DNA is then fragmented and ends ligated

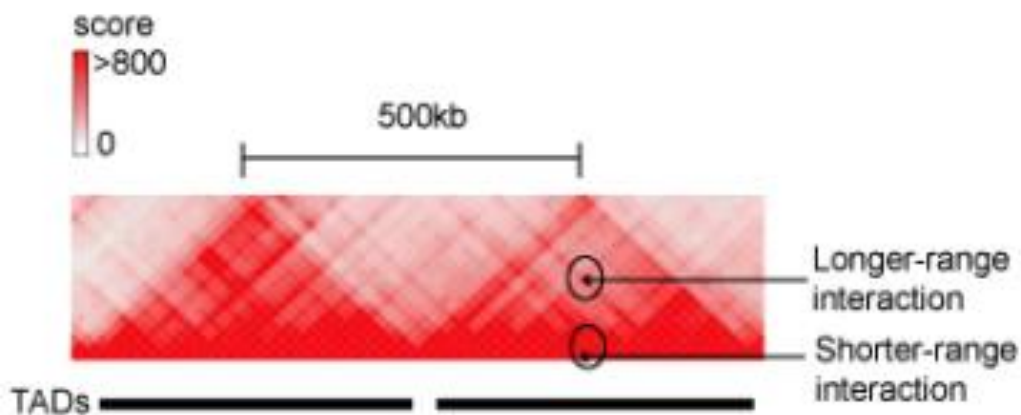
3C – locus-specific primers to amplify and sequence the region of interest

4C – one to all

5C – many to many

Hi-C – all to all

ChIA-PET: chromatin immunoprecipitation interaction assay with paired end tagging – enriching for particular types of interactions



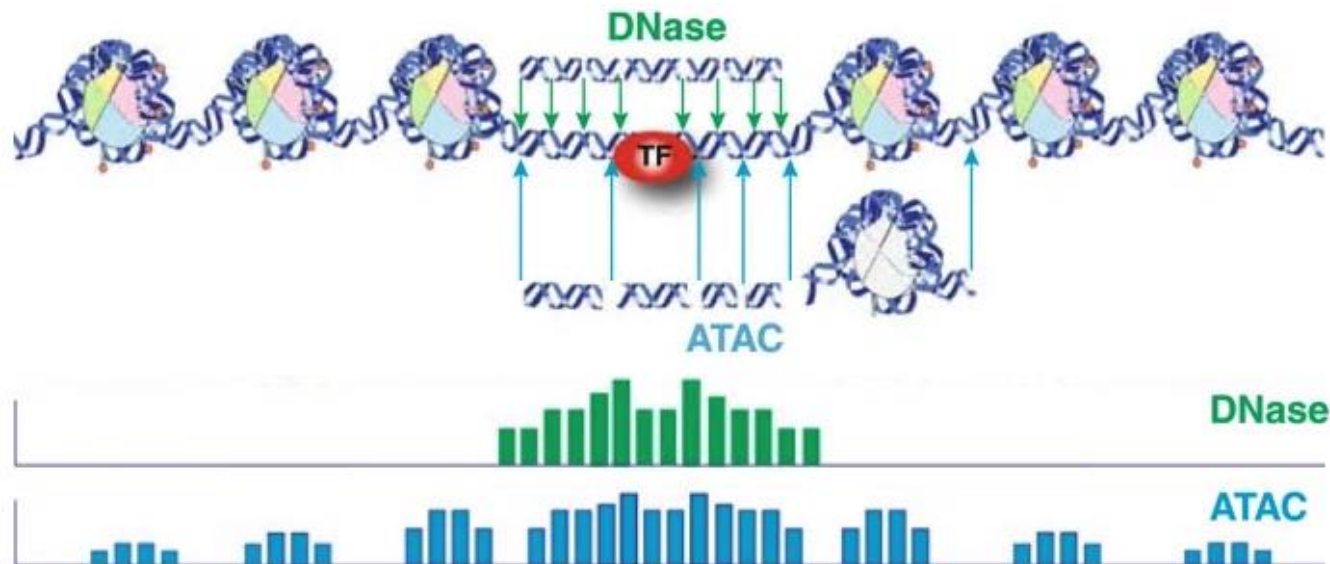
Primary chromatin structure

DNase-seq

- Identifies DNase I hypersensitivity sites
- DNase I hypersensitive sites appear as a result of transcription factor binding and the removal of nucleosomes – in active chromatin

Assay for Transposase Accessible Chromatin (ATAC-seq)

- “Tagmentation” fragmenting and tagging simultaneously with Tn5 transposase
- Identifies sites of nucleosome occupancy and nucleosome-free regulatory regions



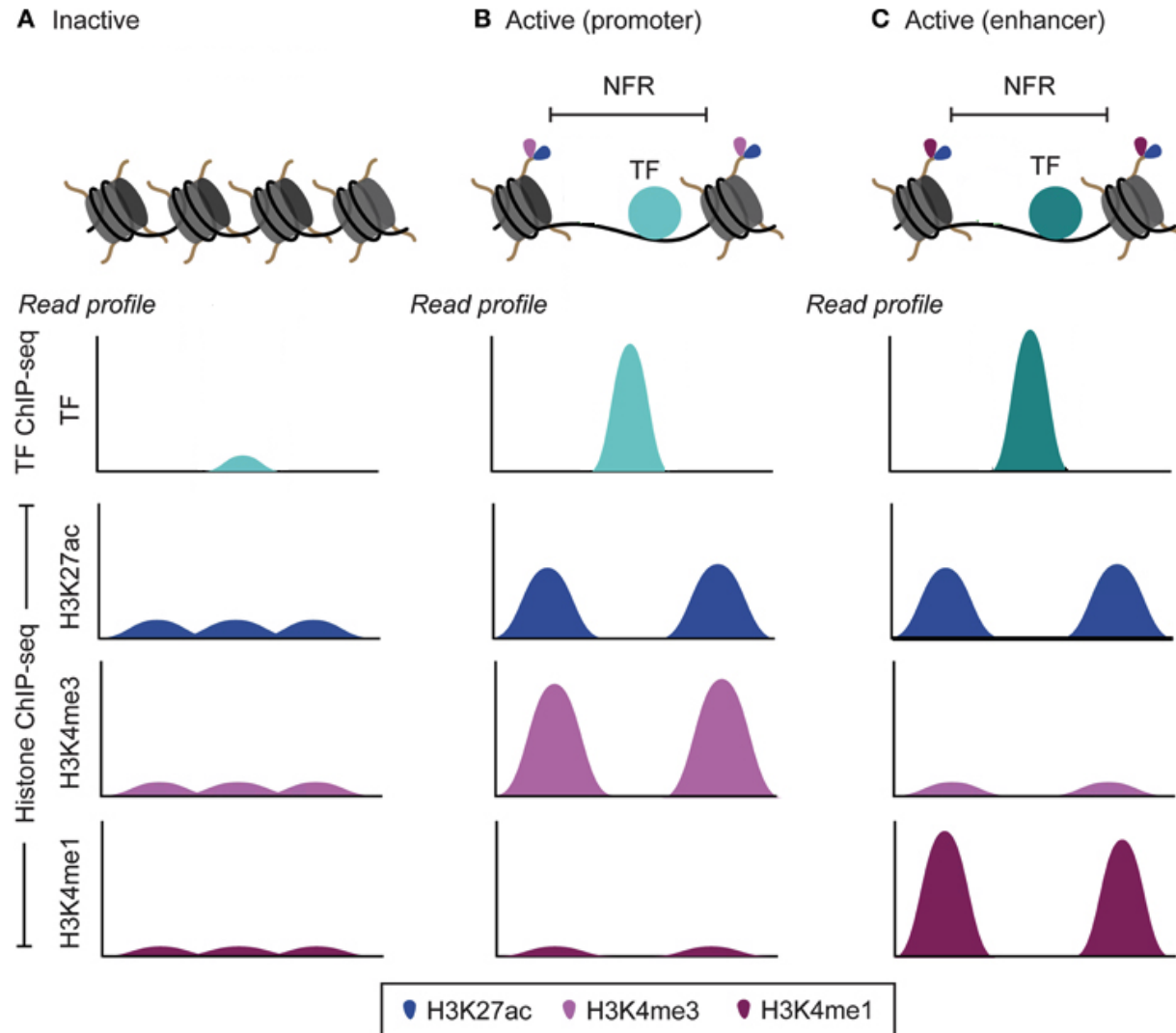
Histone modifications

Chromatin

immunoprecipitation +
sequencing (ChIP-seq)

Identifies all the binding
sites for a particular
protein (such as a TF), or
histone modification

Some regions are
promoter and enhancers
in virtually all cell types,
others can be cell-type
specific



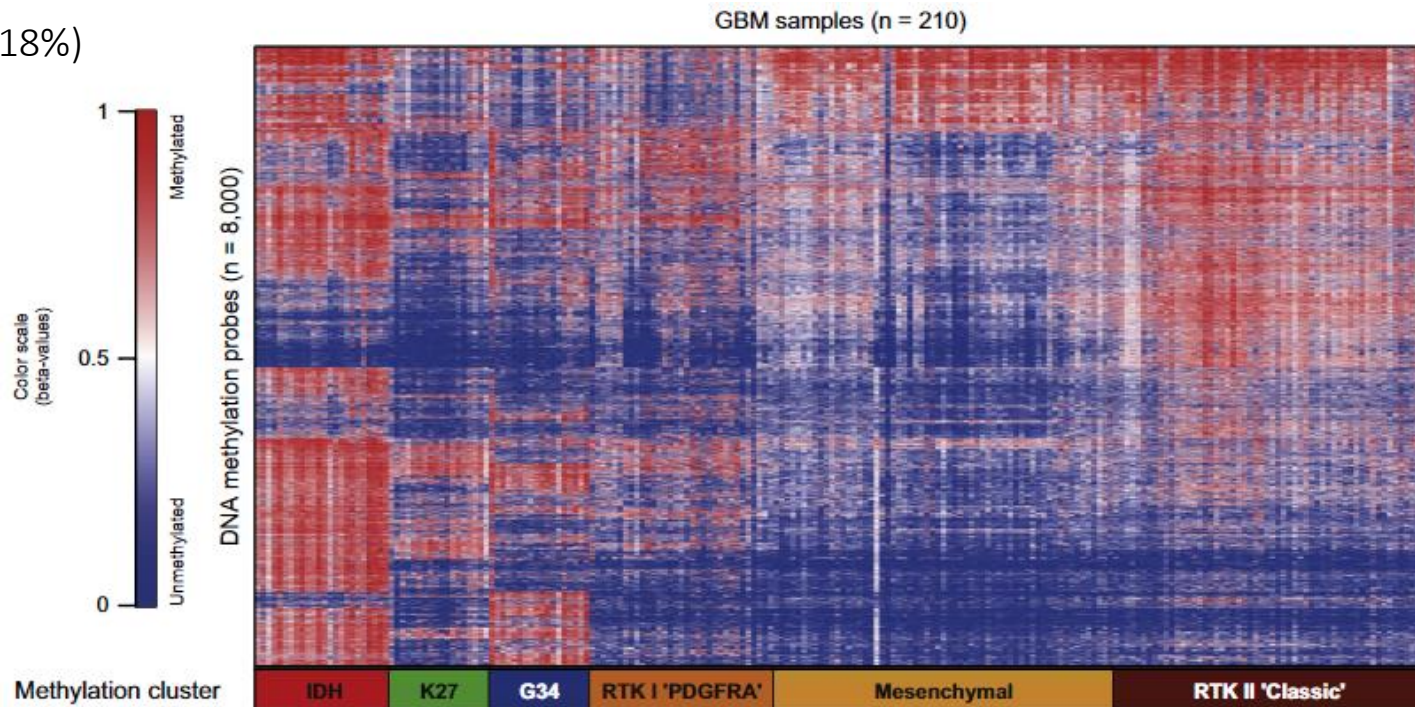
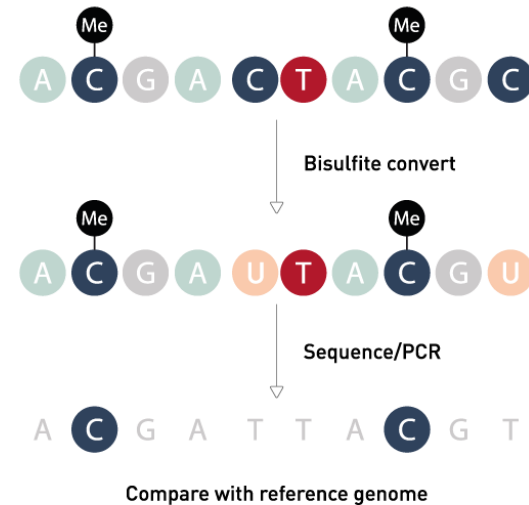
DNA methylation

Bisulphite conversion techniques

- Whole genome bisulphite sequencing (~95%)
- Reduced representation bisulphite sequencing (~4%)
- Methylation microarrays (~2%)

Non BC techniques

- MBDCap-seq (~18%)



Summary

- Epigenetic mechanisms alter gene expression without changing the underlying DNA sequence
- They are dynamic, responding to the environment, and ensure that a cell behaves the way it's supposed to for its particular tissue type
- Epigenetic mechanisms are disrupted in cancer, they both lead to, and are a product of, cancer development

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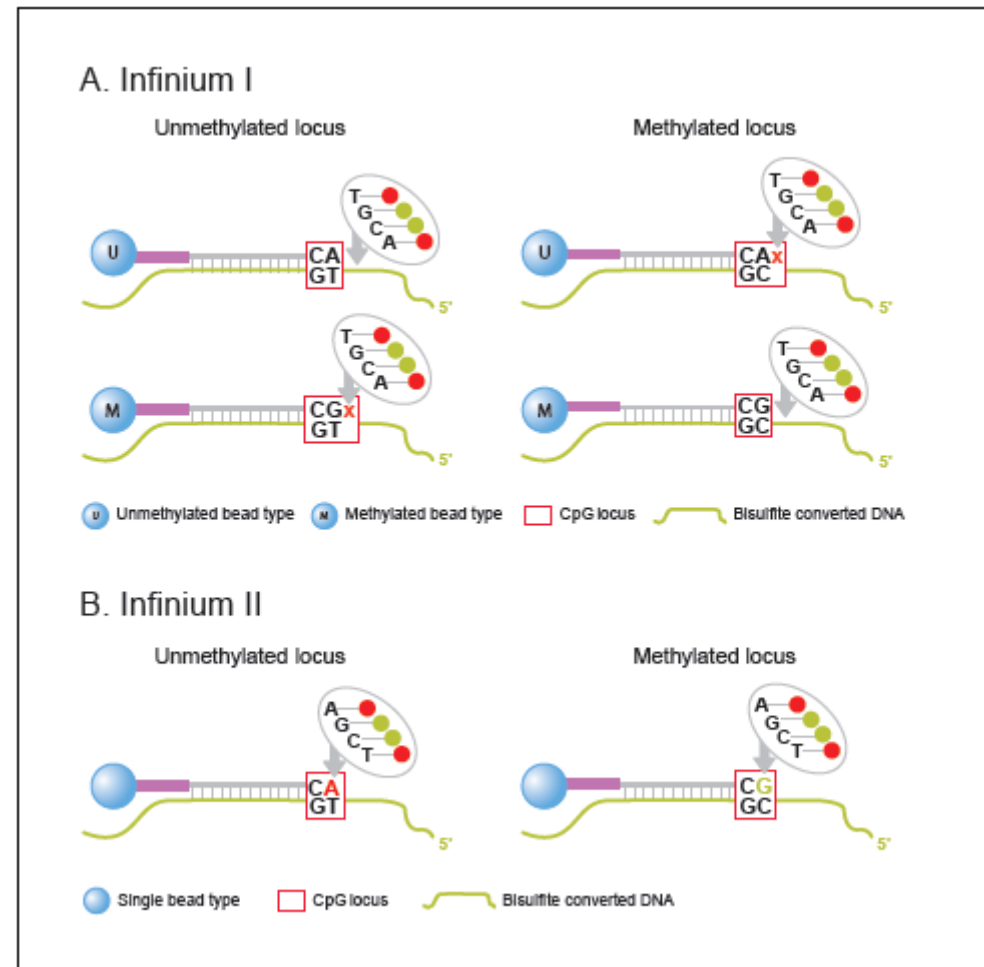
Illumina Infinium HumanMethylationEPIC Array

1. Bisulphite converted DNA is hybridised to oligonucleotide coated beads

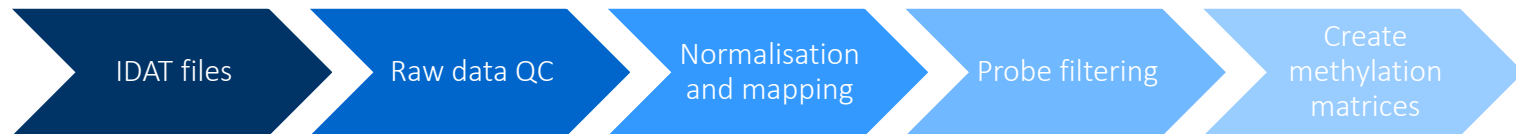
Two types of beads exist:
Infinium I and Infinium II

2. Array is fluorescently stained

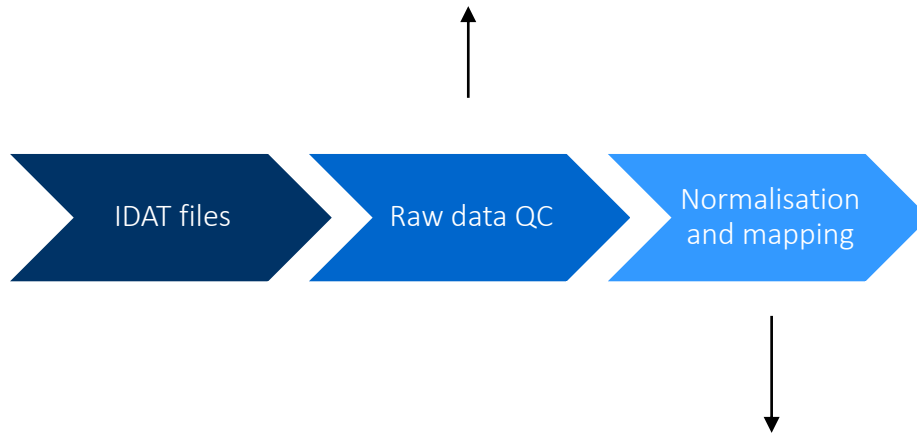
3. Intensity of methylated and unmethylated probe signals captured into IDAT files



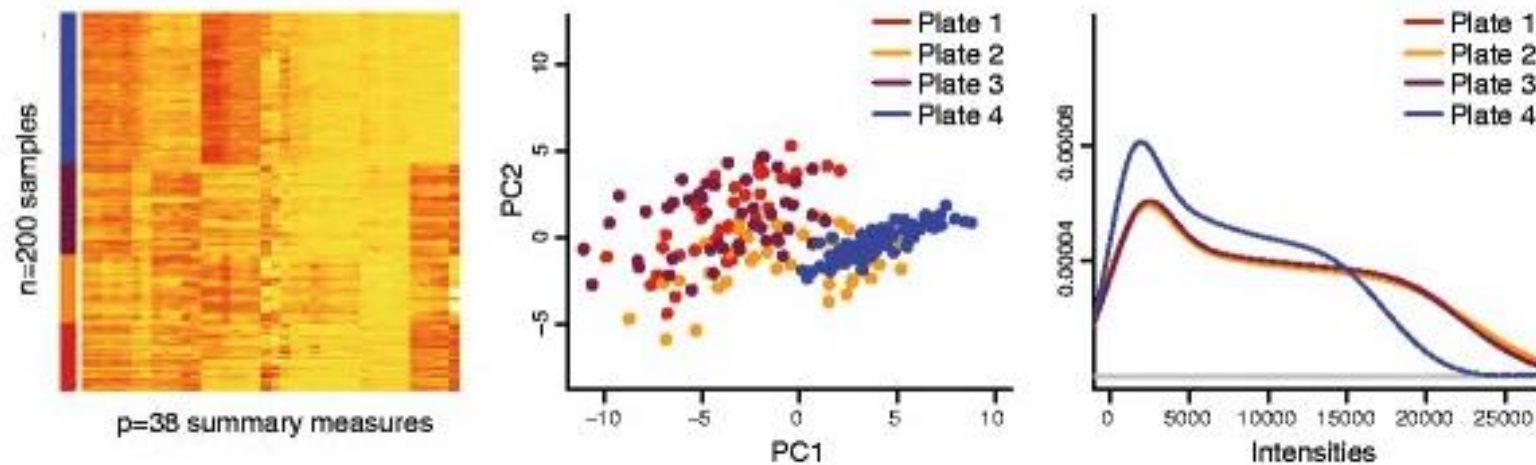
Processing IDAT files to methylation matrices

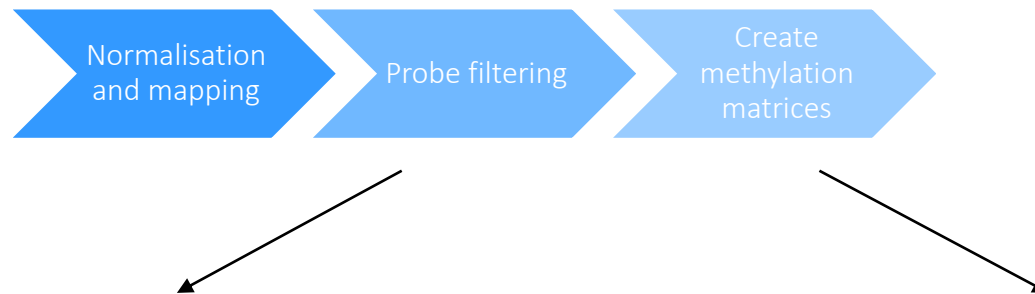


`plotCtrl`: examine efficiency of technical steps
`getQC`: examine signal intensity
`detectionP`: examine probe detection level



Reduce within and between array technical effects





Removal of:

- Poor performing probes
- Cross-reactive probes
- SNP-associated probes
- Sex chromosome probes

Beta values

$$\beta = \frac{M}{M+U+100}$$

M values

$$M = \log_2\left(\frac{M}{U}\right)$$

Replacing -Inf/+Inf values

Applications of DNA methylation array data for research

What can we learn from running tumour samples on DNA methylation arrays for research?

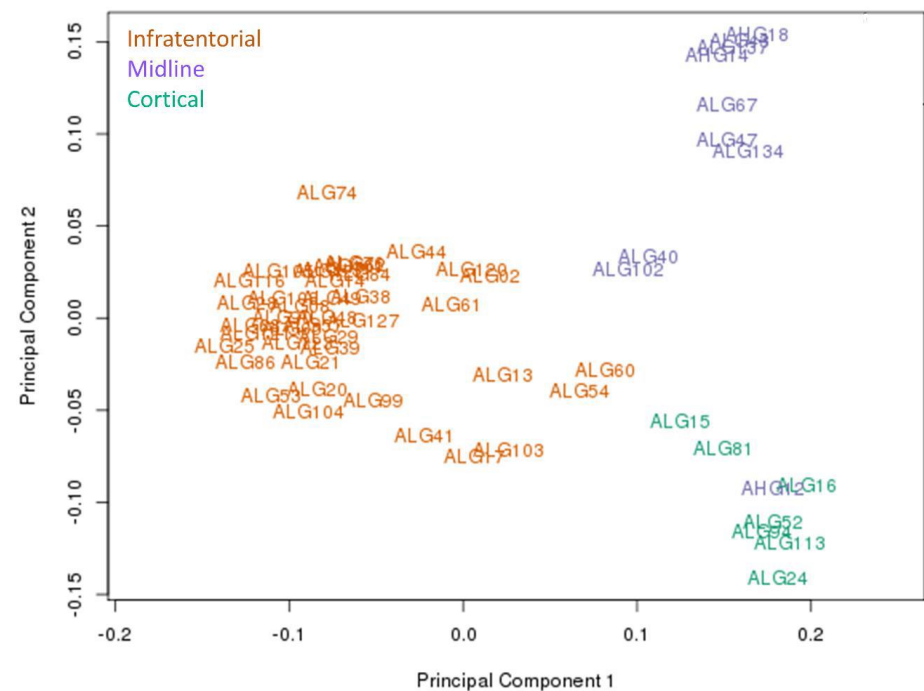
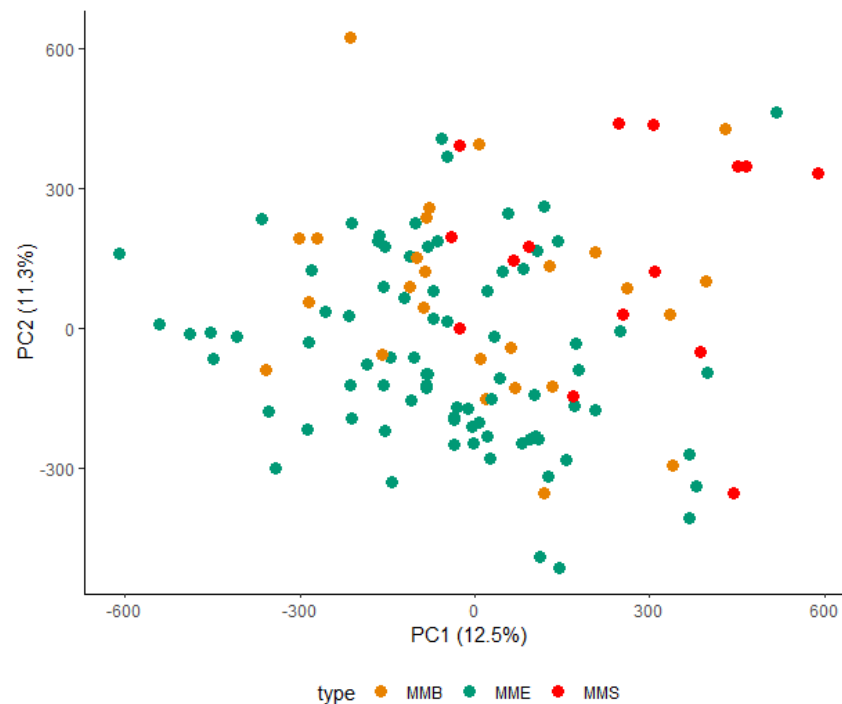
Methods

- Principal components analysis and beta density plots
- Identify differentially methylated sites and regions
- Deconvolution of blood and neural cell types
- Estimating tumour purity
- Predicting smoking status

Principal components analysis

PCA allows us to:

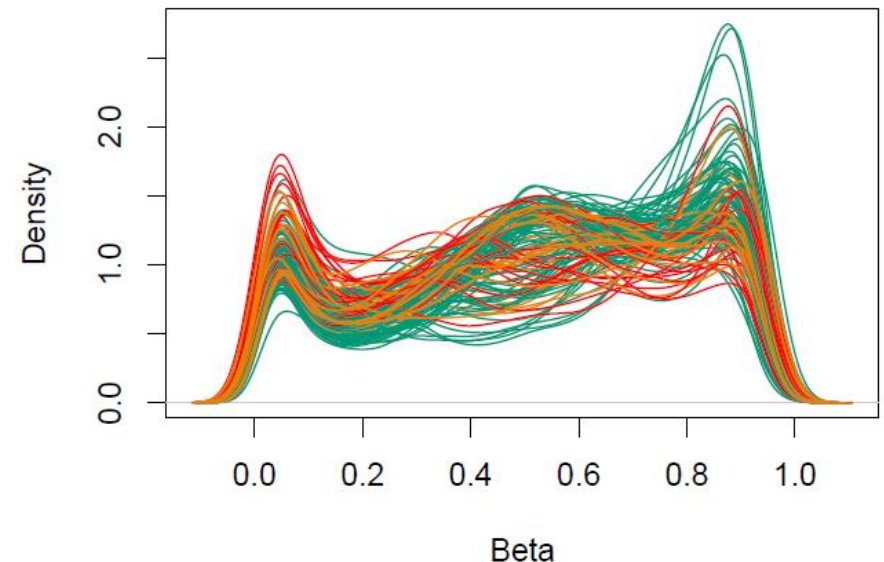
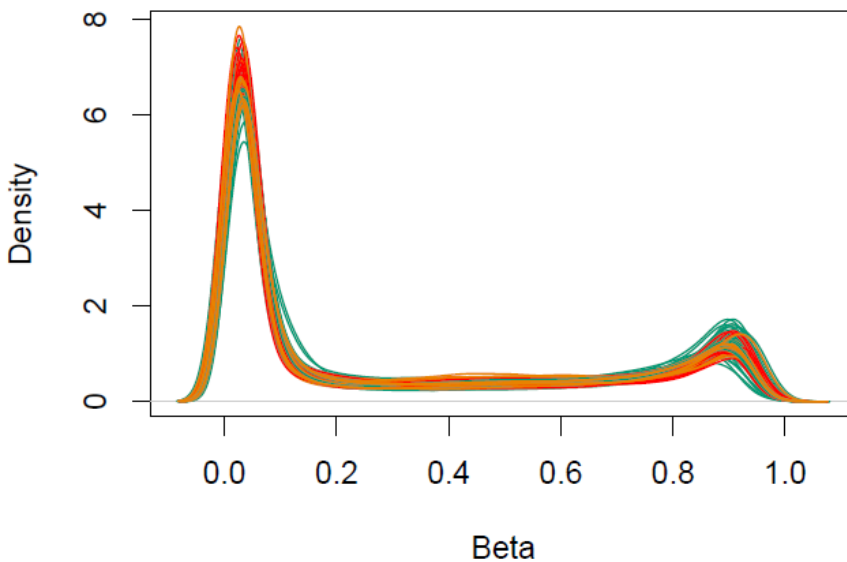
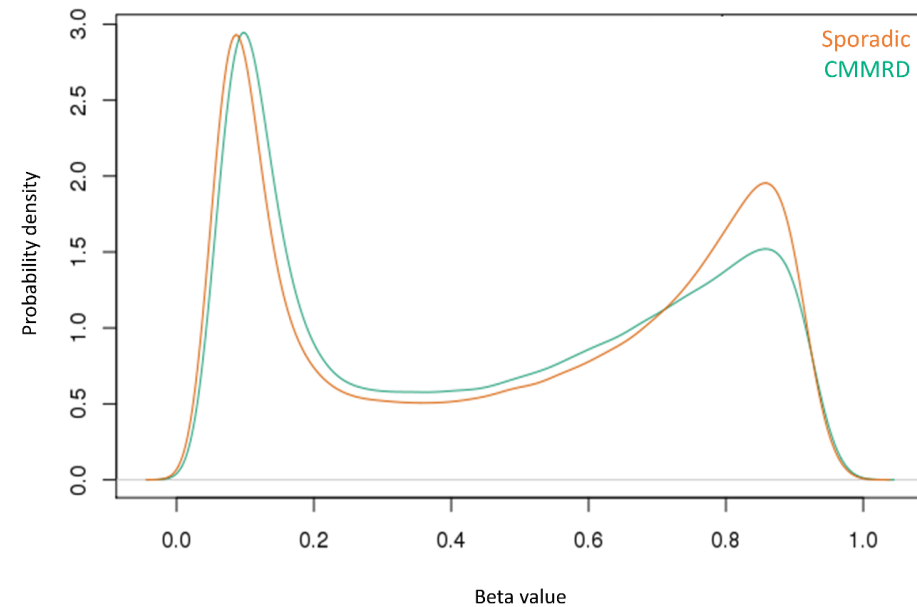
- Examine clinical and technical sources of variation within the data
- Identify interesting drivers of DNA methylation profile



Exploring beta density

Another method to examine global profile is beta density plotting (minfi package)

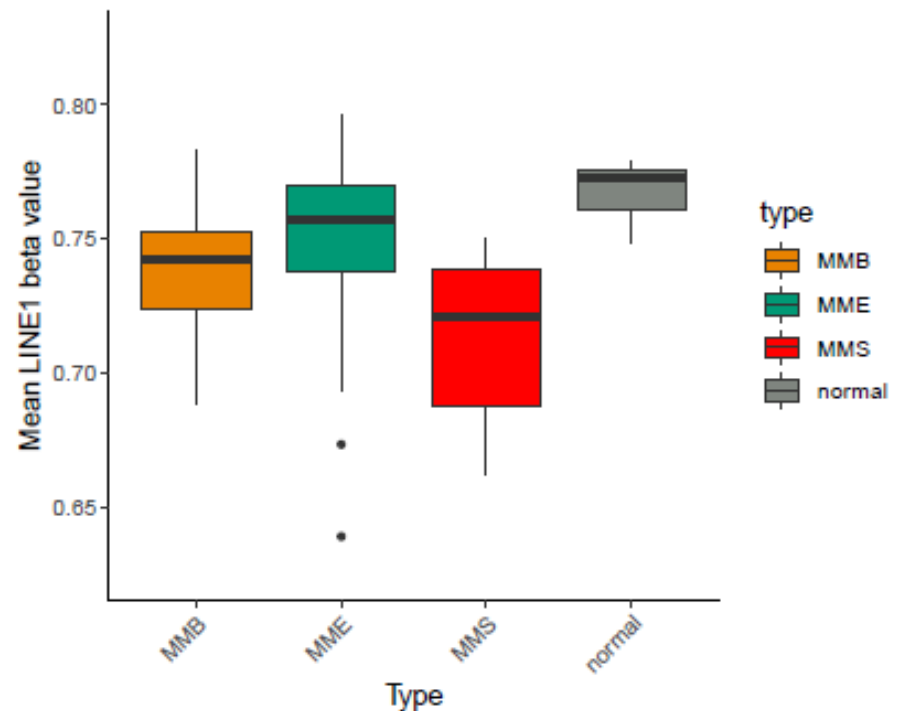
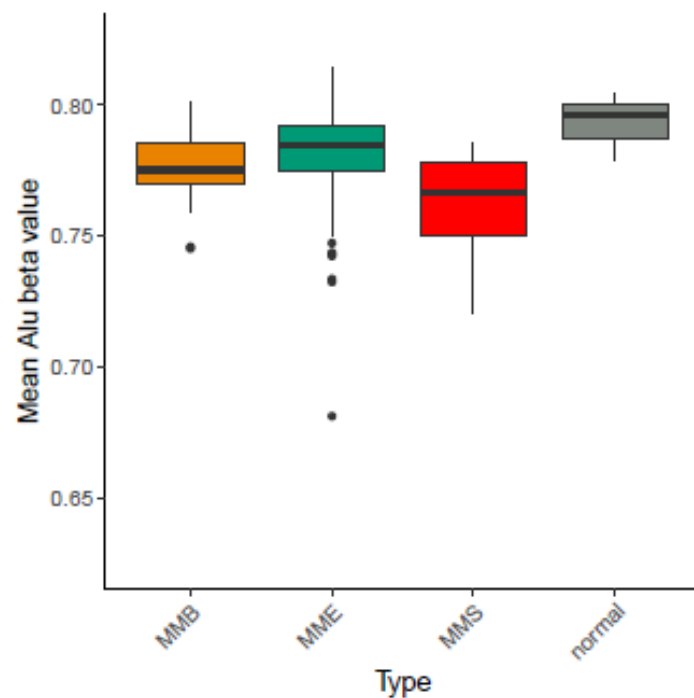
- Compare between groups
- Compare between regions



Estimating global methylation

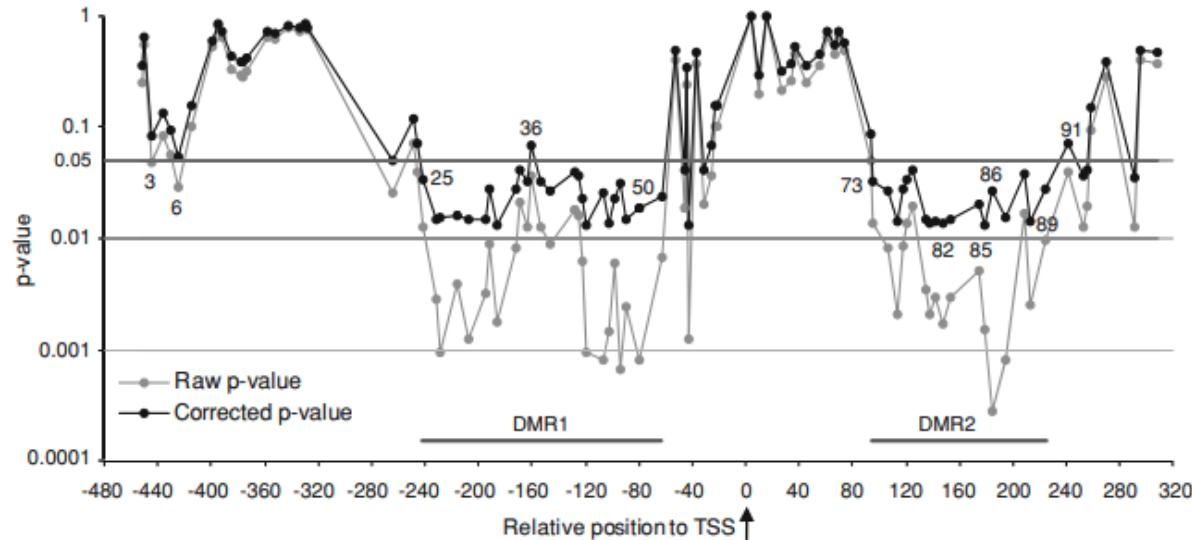
Using REMP (R package) to identify CpG sites within Alu and LINE1 elements

Average methylation at LINE1 or Alu can be used as a proxy for global methylation



Differentially methylated sites and regions

Use linear regression analysis (limma package) to identify DMPs and DMRs



↑ DMR methylation



↓ MGMT expression



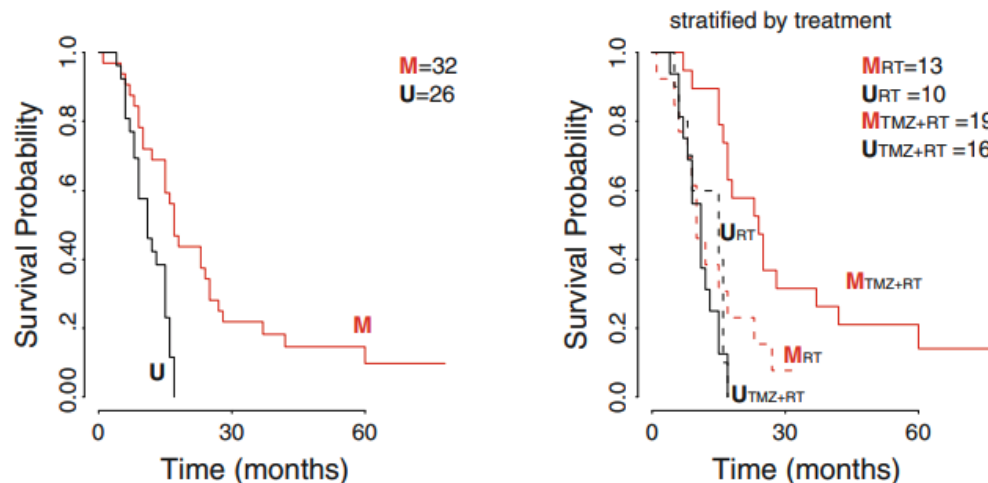
Temozolomide induces DNA alkylation



No repair of DNA damage



Tumour cell death



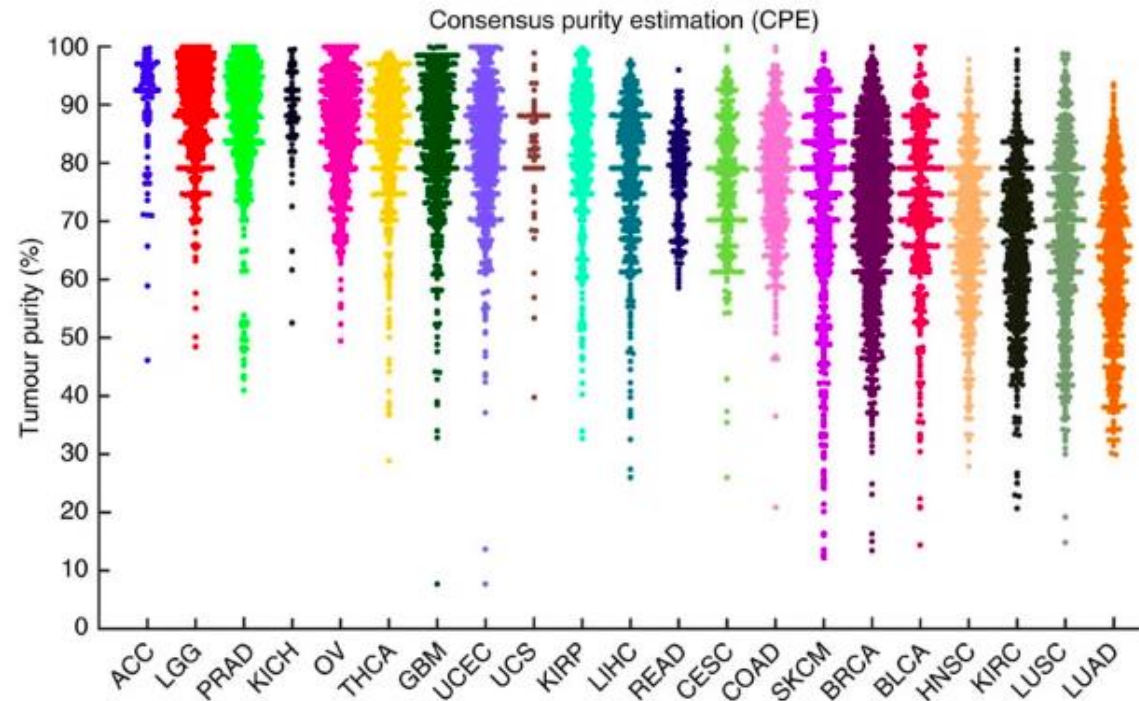
Estimating tumour purity

Tumour purity varies for intrinsic and extrinsic factors, for example:

- Immune and stromal infiltration within a tumour
- Amount of normal tissue surrounding tumour biopsy

LUMP – leukocyte unmethylation to infer tumour purity

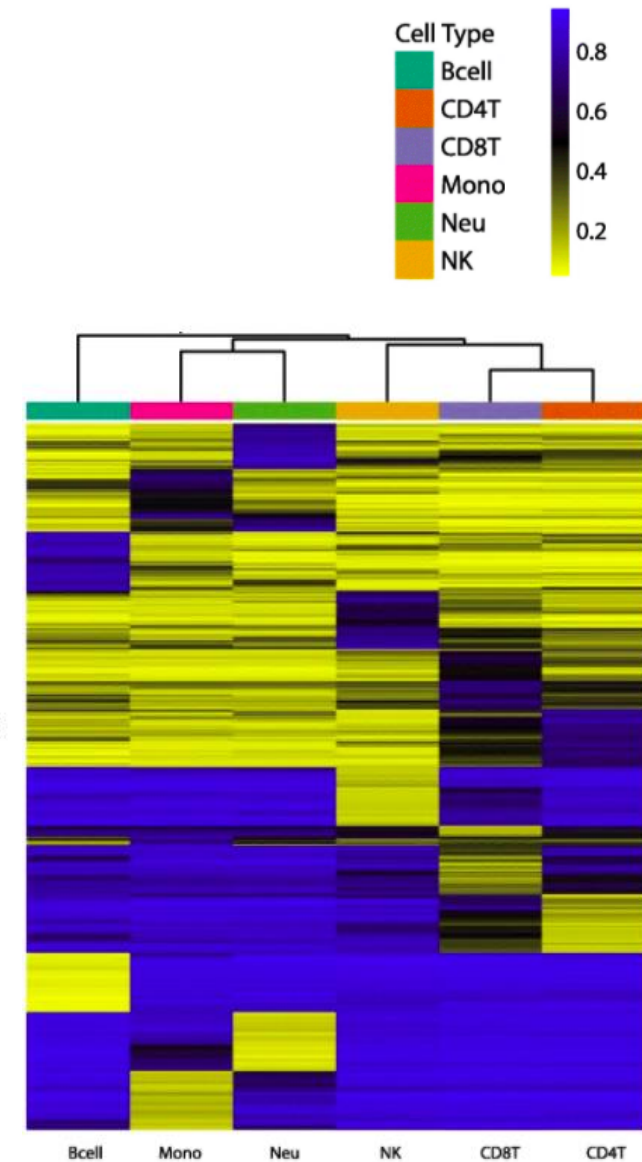
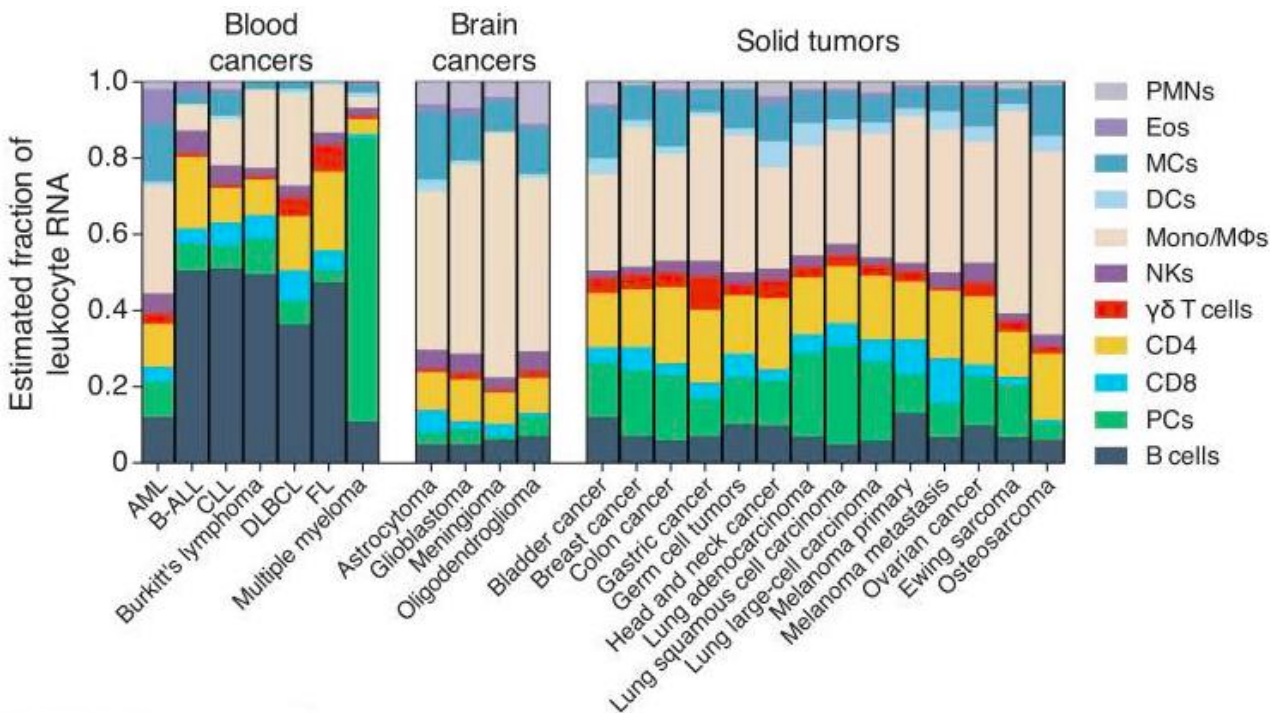
- 44 CpG sites as the junction between 30,106 sites consistently unmethylated in leukocytes (< 5%) and 174,696 consistently methylated sites (>30%) in 21 cancer types
- Purity estimate = $\text{mean}(\text{LUMP 44 sites}) / 0.85$



Deconvolution of different cell types

Using deconvolution methods (minfi package) we can identify proportions of:

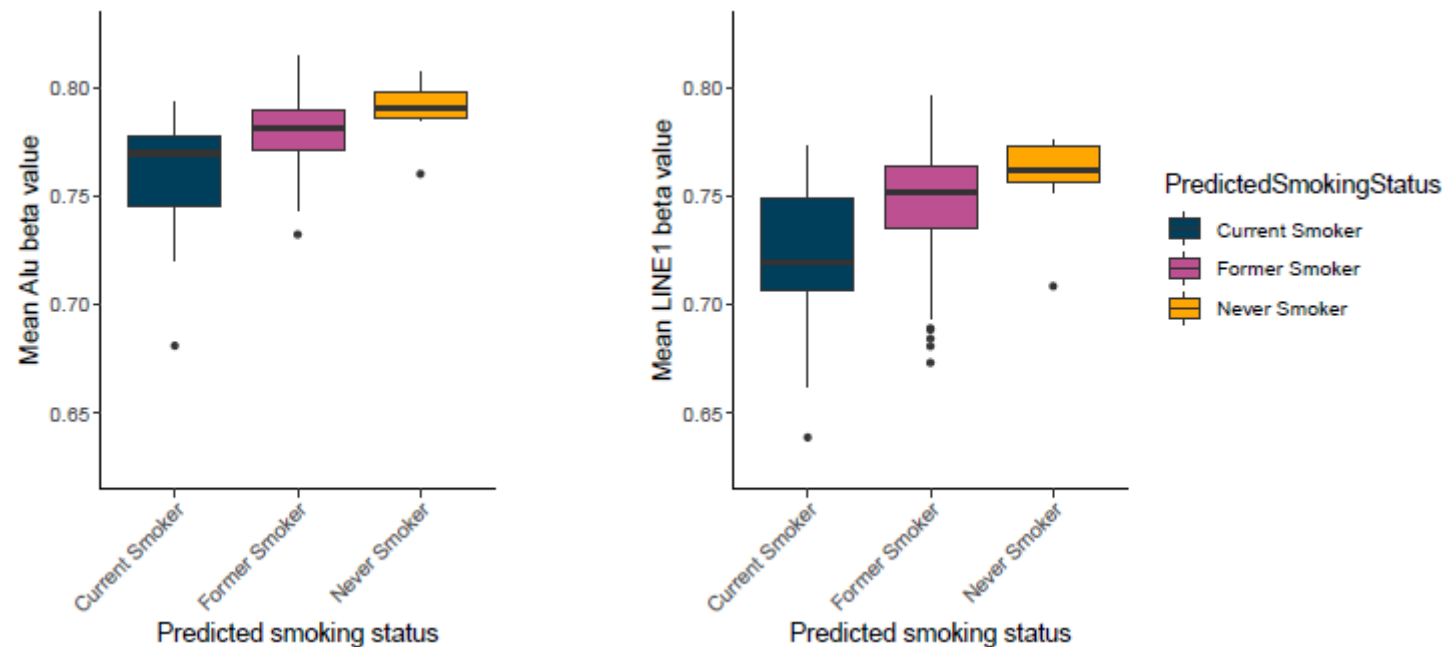
- Whole blood cell types
- Umbilical cord blood cell types
- Frontal cortex cell types



Predicting smoking status

Smoking has a large impact on DNA methylation level in blood, and lung tissue

EpiSmokeR (R package) can be used to predict current, former and never smoking status



a

Reference cohort (91 classes)

Embryonal 1 ETMR 1 MB, WNT 2 MB, G3 2 MB, G4 2 MB, SHH CHL AD 2 MB, SHH INF 2 ATRT, MYC 2 ATRT, SHH 2 ATRT, TYR 2 CNS NB, FOXR2 5 HGNET, BCOR	Other glioma 1 CHGL 1 LGG, SEGA 2 LGG, PA PF 2 LGG, PA MID 5 ANA PA 5 HGNET, MN1 5 IHG 4 LGG, MYB 4 LGG, PA/GG ST 4 PXA
Glioblastoma 1 DMG, K27 2 GBM, G34 2 GBM, MES 2 GBM, RTK I 2 GBM, RTK II 2 GBM, RTK III 2 GBM, MID 2 GBM, MYCN	Nerve 1 SCHW 1 SCHW, MEL
Glio-neuronal 1 CN 1 DLGNT 1 LIPN 1 LGG, DIG/DIA 1 LGG, DNT 1 LGG, RGNT 1 RETB 2 ENB, A 2 ENB, B 2 PGG, nC 4 LGG, GG	Pineal 2 PTPR, A 2 PTPR, B 2 PIN T, PB B 4 PIN T, PB A 3 PIN T, PPT
Sella 1 CPH, ADM 1 CPH, PAP 1 PITAD, ACH 1 PITAD, FSH LH 1 PITAD, PRL 1 PITAD, STH SPA 1 PITAD, TSH 2 PITAD, STH DNS A 2 PITAD, STH DNS B 4 PITUI, SCO, GCT	Mesenchymal 1 CHORDM 1 EWS 1 HMB 4 MNG 3 SFT HMPC 5 EFT, CIC
Ependymal 1 EPN, RELA 2 EPN, YAP 2 EPN, PF A 2 EPN, PF B 2 EPN, SPINE 4 EPN, MPE 4 SUBEPN, PF 4 SUBEPN, SPINE 4 SUBEPN, ST	Melanocytic 1 MELAN 1 MELCYT 3 PLEX, AD 3 PLEX, PED A 3 PLEX, PED B

b

t-SNE dimensionality reduction (2,801 samples)

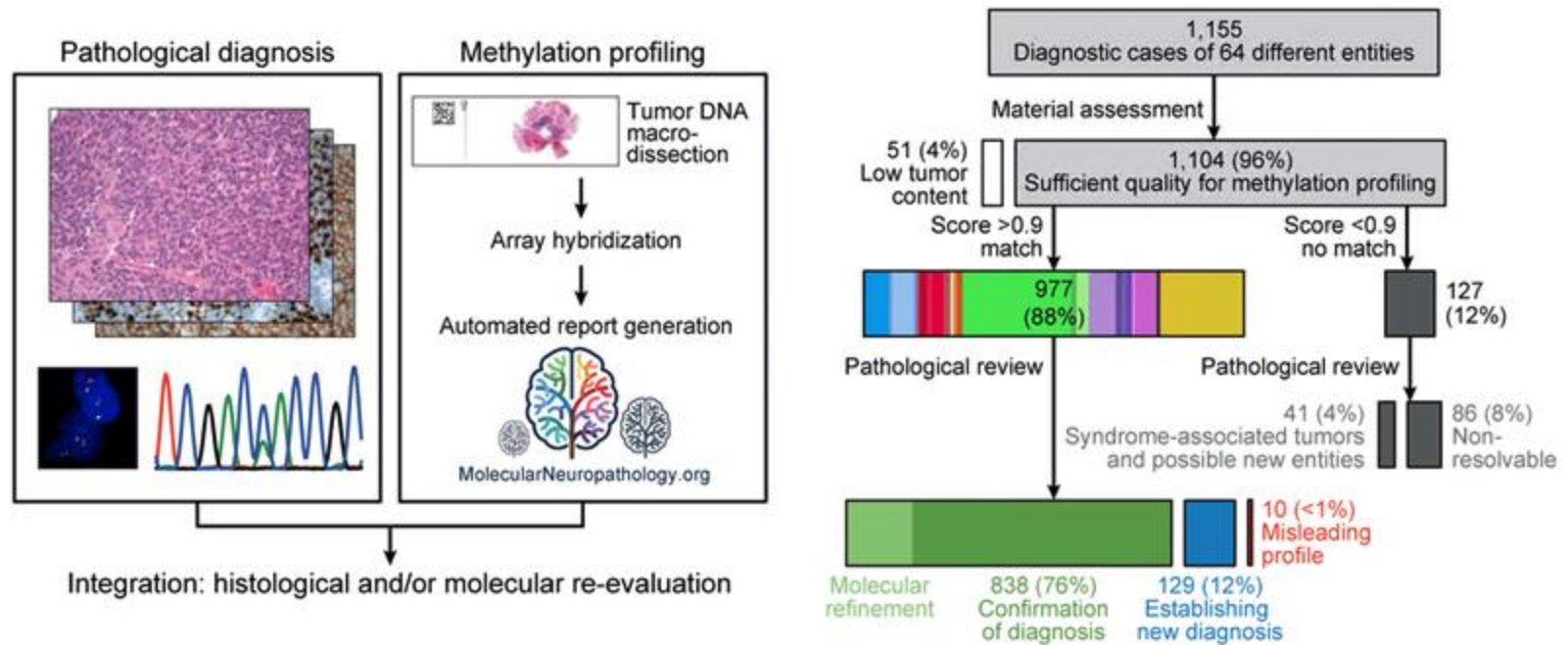
The t-SNE plot displays a large number of samples clustered based on their genomic profiles. The clusters are color-coded according to the WHO entities listed in panel (a). Key clusters include:

- Embryonal:** MB, WNT; MB, G3; MB, G4; ATRT, TYR; ATRT, SHH; ATRT, MYC.
- Glioblastoma:** DMG, K27; GBM, G34; GBM, MES; GBM, RTK I; GBM, RTK II; GBM, RTK III; GBM, MID; GBM, MYCN.
- Glio-neuronal:** CN; DLGNT; LIPN; LGG, DIG/DIA; LGG, DNT; LGG, RGNT; RETB; ENB, A; ENB, B; PGG, nC; LGG, GG.
- Sella:** CPH, ADM; CPH, PAP; PITAD, ACH; PITAD, FSH LH; PITAD, PRL; PITAD, STH SPA; PITAD, TSH; PITAD, STH DNS A; PITAD, STH DNS B; PITUI, SCO, GCT.
- Ependymal:** EPN, RELA; EPN, YAP; EPN, PF A; EPN, PF B; EPN, SPINE; EPN, MPE; SUBEPN, PF; SUBEPN, SPINE; SUBEPN, ST.
- Other glioma:** CHGL; LGG, SEGA; LGG, PA PF; LGG, PA MID; ANA PA; HGNET, MN1; IHG; LGG, MYB; LGG, PA/GG ST; PXA.
- Nerve:** SCHW; SCHW, MEL.
- Pineal:** PTPR, A; PTPR, B; PIN T, PB B; PIN T, PB A; PIN T, PPT.
- Mesenchymal:** CHORDM; EWS; HMB; MNG; SFT HMPC; EFT, CIC.
- Melanocytic:** MELAN; MELCYT; PLEX, AD; PLEX, PED A; PLEX, PED B.
- Control:** ADENOPIT; WM; CEBM; HEMI; HYPTHAL; INFLAM; PINEAL; PONS; REACT.

Relation to WHO entities (category):

- Equivalent
- Subclass
- Not equivalent (combining grades)
- Not equivalent (combining entities)
- Not recognized by WHO

Applications of DNA methylation array data for clinical oncology



Summary

- DNA methylation arrays are a useful tool in cancer research and clinical oncology