ПРИОРИТИЗАЦИЯ ГЕНЕТИЧЕСКИХ ВАРИАНТОВ

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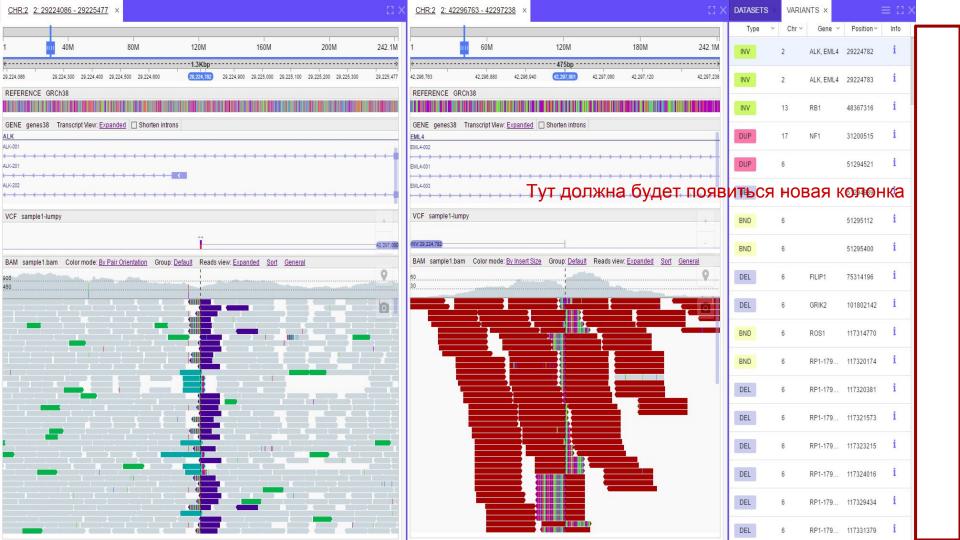
ГЛОБАЛЬНАЯ ЦЕЛЬ ПРОЕКТА

Разработать плагин-сортировщик мутаций по важности для NGB (New Genome Browser)

ЛОКАЛЬНЫЕ ЦЕЛИ

- 1. Написать java-утилиту для добавление в VCF-файл колонки с коэффициентом важности мутаций
- 2. Модифицировать написанную утилиту для уже обработанных NGB-браузером файлов
- 3. Встроить написанную утилиту в NGB браузер
- 3* Исправить мелкие баги (лексикографическая сортировка (Надо у Юры список попросить))





ЗАДАЧИ

- 1. Ознакомиться с программным кодом NGB и его интерфейсом
- 2. Разработать функцию расчета потенциальной значимости скора вариантов
- 3. Протестировать разработанную функцию на реальных данных, найти оптимальный метод расчета скора
- **4.** Разработать способ введения пользователем собственной формулы для рассчета скора
- 5. Внедрение этой функции в NGB

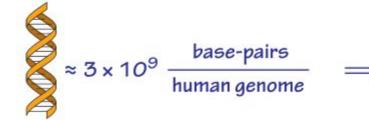
number of mutations throughout humanity per generation





ЗАЧЕМ ЭТО НУЖНО?

$$\approx 10-100 \ \frac{\text{mutations}}{\text{generation}} \times 7 \times 10^9 \ \text{people} \approx 10^{11}-10^{12} \ \text{mutations per generation globally}$$



tens to hundreds of people with de novo appearance of any specific mutation

$$\frac{(3\times10^9)^2 \text{ possible 2 bp combinations}}{10^{12} \text{ mutations/generation}} \Longrightarrow$$

> 10⁶ generations for humanity to randomly reach a specific 2 base-pair mutation

ЧТО МОГ БЫ ВИДЕТЬ ВРАЧ БЕЗ NGB

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chr1
        2488153 .
chr1
       2491258 .
                            2611.42 PASS
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chr1
        6528100 .
                    GGCCCCT GGCCCTC 10278.10
                                                         AC=2:AF=1.00:AN=2:AO=90:DP=655:FAO=638:FDP=638:FR=..HEALED.HEALED.HEALED.HEALED.FRO=0:FSAF=
chr1
        6528468 .
                            1859.16 PASS
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                                                 AC=2:AF=0.500:AN=4:AO=606:DP=2960:FAO=640:FDP=946:FR=..HEALED:FRO=306:FSAF=336:FSAR=304:FSRF=11:FSRR=295:
chr1
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chr1
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chr1
```

KAK PA3PABOTATH CKOPH?

Sherloc is a transparent, accountable, and consistent variant interpretation process

Five types of evidence, considered in a hierarchical approach:

Population Data

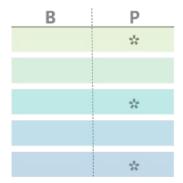
Variant Type

Clinical Observations

Experimental Studies

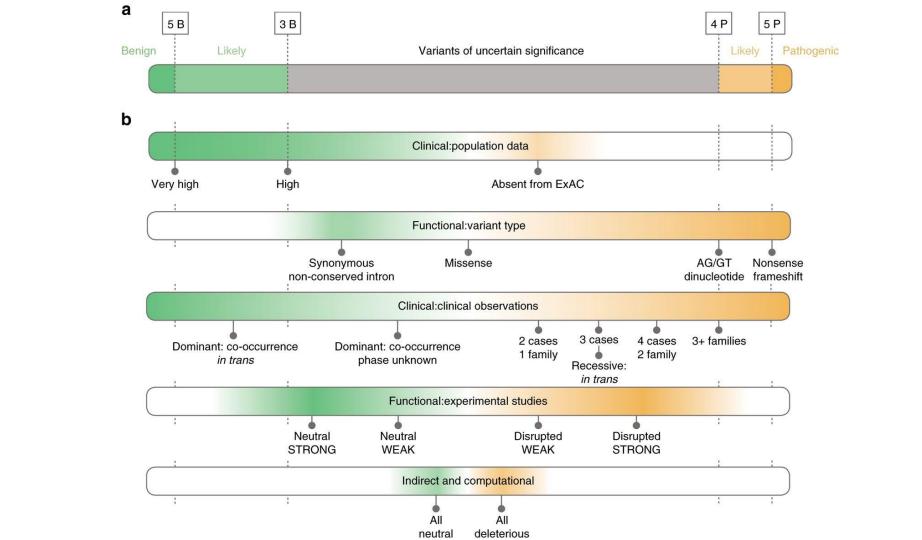
Indirect and Computational

Rule based scoring for each individual piece of evidence



#3 Point score thresholds to determine final classification based on the ACMG suggested five-tier classification system





СКОРЫ, ПОЛУЧЕННЫЕ ПО ШЕРЛОКУ, ПЛАНИРУЮТСЯ ИСПОЛЬЗОВАТЬ КАК ДЕФОЛТНЫЕ.

ТАКЖЕ ОЧЕНЬ ВАЖНАЯ ЧАСТЬ ПРОЕКТА - РАЗРАБОТКА СПОСОБА ЗАДАНИЯ ПРАВИЛ ДЛЯ ВЫЧИСЛЕНИЯ СКОРА ПОЛЬЗОВАТЕЛЕМ САМОСТОЯТЕЛЬНО НА ОСНОВЕ СОБСТВЕННЫХ ПАРАМЕТРОВ, ТАКИХ КАК

- ДАННЫЕ О ПОПУЛЯЦИИ,
- ФУНКЦИОНАЛЬНЫЕ ИССЛЕДОВАНИЯ,
- AНАЛИЗ DE NOVO МУТАЦИЙ,
- ДАННЫЕ ОБ АЛЛЕЛЯХ,
- IN SILICO ПРЕДИКТОРЫ
- И ДРУГИЕ..

ACMG Standards and Guidelines for constitutional cytogenomic microarray analysis, including postnatal and prenatal applications: revision 2013

Sarah T. South, PhD¹², Charles Lee, PhD³, Allen N. Lamb, PhD¹², Anne W. Higgins, PhD⁴ and Hutton M. Kearney, PhD⁵; for the Working Group for the American College of Medical Genetics and Genomics (ACMG) Laboratory Quality Assurance Committee

Disclaimer: Those American College of Medical Genetics and Genomics Standards and Guidelines are developed primarily as an educational resource for clinical laboratory geneticists to help them provide quality clinical laboratory genetic services. Adherence to these standards and guidelines is voluntary and does not necessarily assure a successful medical outcome. These Standards and Guidelines should not be considered inclusive of all proper procedures and test or exclusive of other procedures and tests that are reasonably directed to obtaining the same results. In determining the propriety of any specific procedure or test, the clinical laboratory geneticist should apply his or her own professional judgment to the specific circumstances presented by the individual ort specimen. Clinical laboratory geneticists are encouraged to document in the patients record the rationale for the use of a particular procedure or test, whether or not it is in conformance with these Schundards and Guidelines. They also are advised to take notice of the date any particular guideline was adopted, to consider other related medical and scientific information that becomes available after that date. It also would be prudent to consider whether intellectual property interests may restrict the performance of certain tests and other procedures.

Microarray methodologies, including array comparative genomic hybridization and single-nucleotide polymorphism-detecting arrays, are accepted as an appropriate first-tier test for the evaluation of imbalances associated with intellectual disability, autism, and multiple congenital anomalies. This technology also has applicability in prenatal specimens. To assist clinical laboratories in validation of microarray methodologies for constitutional applications, the American College of Medical Genetics and Genomics has produced the following revised professional standards and guidelines.

Genet Med advance online publication 26 September 2013

Key Words: constitutional; guidelines; microarray; postnatal; prenatal; standards

GENERAL CONSIDERATIONS

Purpose of cytogenomic microarrays

Constitutional cytogenetic abnormalities include aneuploidy (extra or missing chromosomes) and structural aberrations (chromosomal gains and losses, translocations, inversions, insertions, and marker chromosomes). The cytogenomic microarray (CMA) platforms discussed in this guideline are those designed for the detection of DNA copy number gains and losses associated with unbalanced chromosomal aberrations. Regions with an absence of heterozygosity (AOH), also referred to as loss of heterozygosity, regions/runs of homozygosity, or long continuous stretches of homozygosity, way also be detected by platforms with single-nucleotide polymorphism (SNP)-detecting probes. Some regions with AOH may be indicative of uniparental isodisomy or regions of the genome identical by descent.

The utility of this technology for detection of gains and losses in patients with intellectual disabilities, autism, and/or congenital anomalies has been well documented, and CMA is now recommended as a first-tier test for these indications.¹²

Advantages of CMAs

The benefits from the use of CMAs for detection of gains and losses of genomic DNA include:

- Ability to analyze DNA from nearly any tissue, including archived tissue or tissue that cannot be cultured.
- Detection of abnormalities that are cytogenetically cryptic by standard G-banded chromosome analysis.
- Ability to customize the platform to concentrate probes in areas of interest.

 Better definition and characterization of abnormalities
- detected by a standard chromosome study.

 5. Interpretation of objective data, rather than a subjective
- Interpretation of objective data, rather than a subjective visual assessment of band intensities.
- Ability to detect copy neutral AOH with platforms incorporating SNP probes.
- 7. A ready interface of the data with genome browsers and

Submitted 17 July 2013; accepted 17 July 2013; advance online publication 26 September 2013. doi:10.1038/gim.2013.129

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ЧТО УЖЕ СДЕЛАНО?

- 1. Глобальная цель проекта добавление колонки в NGB для приоритизации генетических вариантов, сужена (и в то же время расширена) до разработки java-утилиты, работающей с VCF-файлами, что может быть полезно не только в рамках NGB, но и как отдельной утилиты для других проектов.
- 2. Была выявлена необходимость написания собственного способа задания расчета коэффициента важности (В связи с анализом предыдущей попытки это сделать, в которой была закреплена формула для рассчета коэффициента важности мутации)
- 3. Были проанализированы литературные источники по уже имеющимся скорам для предсказания эффекта вариантов

CNACNEO 3A BHNMAHNE!