RNA-Seq workflow development for a clinical use case

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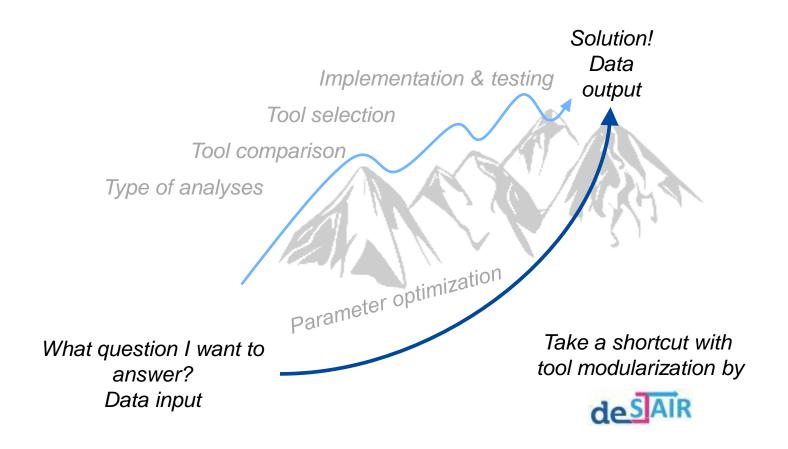
de.NBI Training – 28th June 2018 Jena www.sbi.uni-rostock.de





Why using workflows?

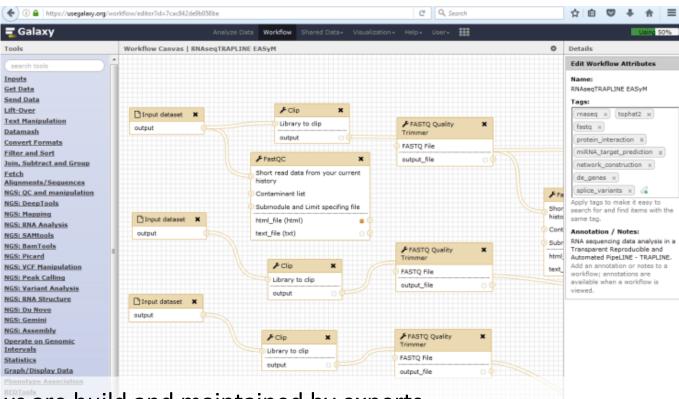




Lott, Wolfien, Riege, Bagnacani, et al., J.Biotech, 2017

Using workflow development





- Workflows are build and maintained by experts
- Workflows are modular and can be easily adapted to other tasks
- Implementation of other tools can be done (quickly)
- Application of workflows and tools is targeted for non-computational users



Hands on part

11:30 - 14:45

"Clinical use case for RNA-Seq, combining all previous processing steps and linking results to further resources"



Our use case for today





Most common cancer in women worldwide Leading cause of death from cancer in women worldwide

Predictive factors that identify a benefit

Many different variations and subtypes

Many different therapeutically

Our use case for today – breast cancer screening



Data source

- Two fastq datasets
- One control & one patient dataset

Analyses

- Perform RNA-Seq data analysis
- Linkage of further data sources to justify the results

Diagnose

- Evaluate your findings
- Does the patient has a high probability/certainty of breast cancer?





https://usegalaxy.eu/u/mwolfien/h/rna-seq-training-jena

Basic workflow for data processing



FastQC Cuffdiff Tophat2

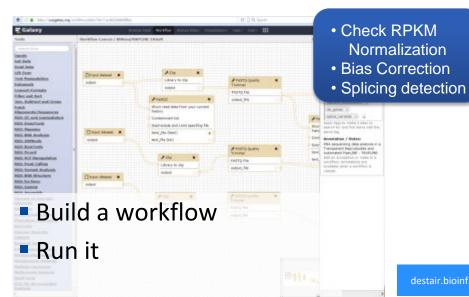


Pre-Processing (Quality Control, Clipping)

Genomic Alignment

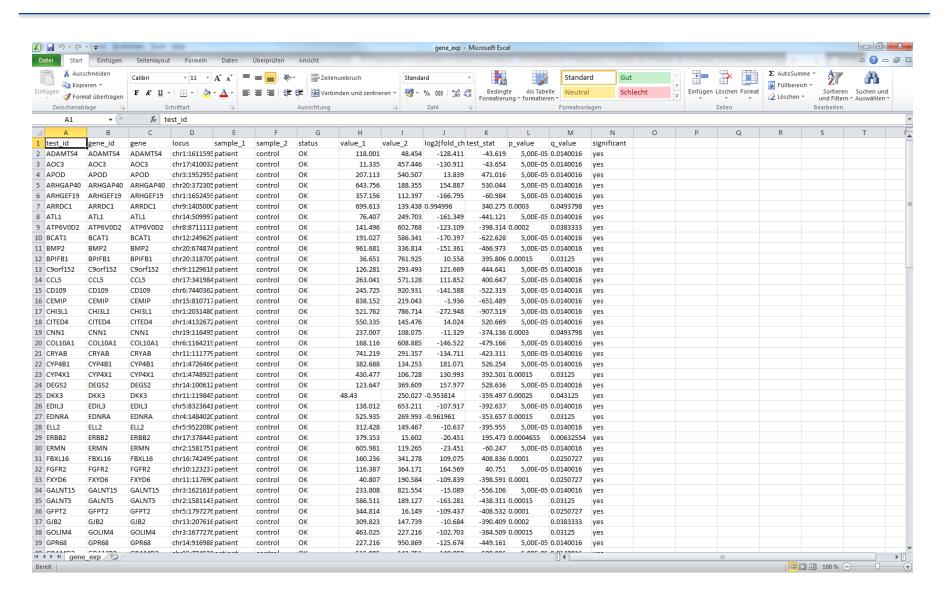
Transcript Quantification Differentially **Expressed Transcripts**

 Evaluate Reads (e.g. Sequence Quality, GC Content, Read length)



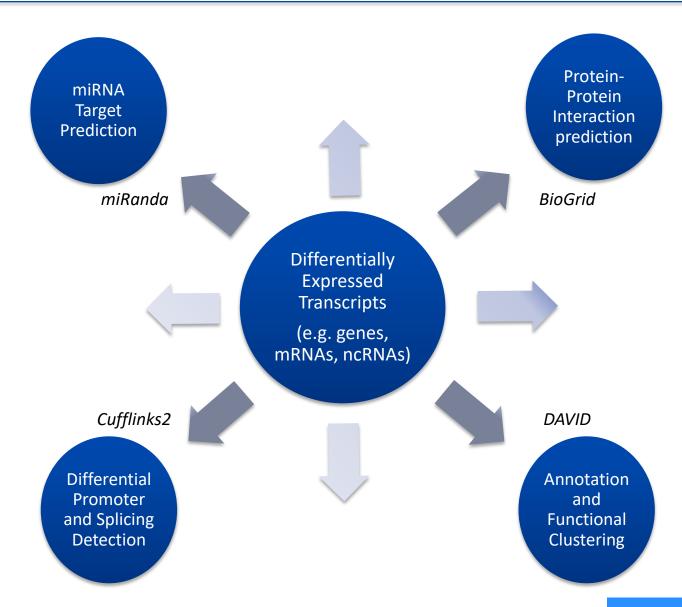
Explore your data!





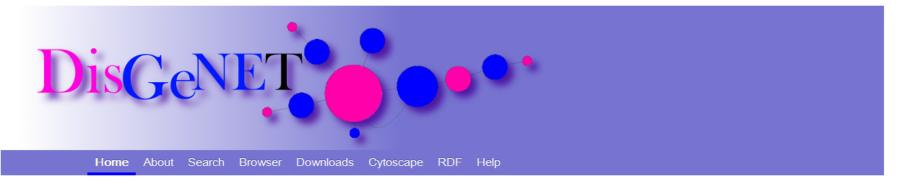
Interconnection of RNA-Seq data







DisGeNET (http://www.disgenet.org/)



One of the most challenging problems in biomedical research is to understand the underlying mechanisms of complex diseases. Great effort has been spent on finding the genes associated to diseases (Botstein and Risch, 2003; Kann, 2009). However, more and more evidences indicate that most human diseases cannot be attributed to a single gene but arise due to complex interactions among multiple genetic variants and environmental risk factors (Hirschhorn and Daly, 2005). Several databases have been developed storing associations between genes and diseases such as CTDTM (Davis, et al., 2014), OMIM® (Hamosh et al., 2005) and the NHGRI-EBI GWAS catalog (Welter et al., 2014). Each of these databases focuses on different aspects of the phenotype-genotype relationship, and due to the nature of the database curation process, they are not complete. Hence, integration of different databases with information extracted from the literature is needed to allow a comprehensive view of the state of the art knowledge within this research field. With this need in mind, we have created DisGeNET.

DisGeNET is a discovery platform integrating information on gene-disease associations (GDAs) from several public data sources and the literature (Piñero et al., 2015). The current version contains (DisGeNET v4.0) contains 429,036 associations, between 17,381 genes and 15,093 diseases,

disorders and clinical or abnormal human phenotypes, and 72,870 variant-disease associations (VDAs), between 46,589 SNPs and 6,356 phenotypes. Given the large number of GDAs compiled in DisGeNET, we have also developed a score in order to rank the associations supporting evidence. Importantly, useful tools have also been created to explore and analyze the data contained in DisGeNET. DisG queried through Search and Browse functionalities available from this web interface, or by a plugin created for Cytoscape to query a network representation of the data. Moreover, DisGeNET data can be queried by downloading the SQLite database to your loc Furthermore, an RDF (Resource Description Framework) representation of DisGeNET database is also available. It can be queried using endpoint and a Faceted Browser. Follow the link for more information.

DisGeNET database has been cited by several papers. Some of them can be reviewed here.

The DisGeNET database is made available under the Open Database License. Any rights in individual contents of the database are licen Database Contents License.

Tweets by @DisGeNET



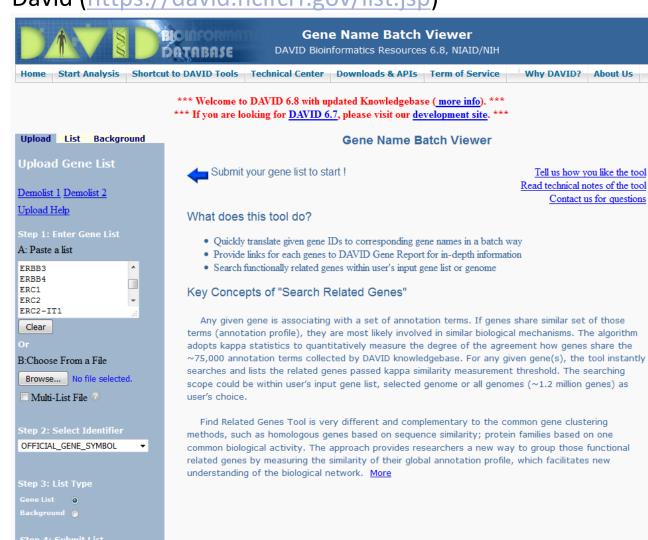
Check out the new publication describing the DisGeNET platform in NAR database issue nar.oxfordiournals.org/con



Submit List



David (https://david.ncifcrf.gov/list.jsp)







Enrichr (http://amp.pharm.mssm.edu/Enrichr/)



Login | Register

9,941,912 lists analyzed 245,575 terms 132 libraries

Analyze

What's New?

Libraries

Find a Gene

About F

Help

Input data

Choose an input file to upload. Either in BED format or a list of genes. For a quantitative set, add a comma and the level of membership of that gene. The membership level is a number between 0.0 and 1.0 to represent a weight for each gene, where the weight of 0.0 will completely discard the gene from the enrichment analysis and the weight of 1.0 is the maximum.

Try an example BED file.

Datei auswählen Keine ausgewählt

Or paste in a list of gene symbols optionally followed by a comma and levels of membership. Try two examples: crisp set example, fuzzy set example

0 gene(s) entered

Enter a brief description for the list in case you want to share it. (Optional)

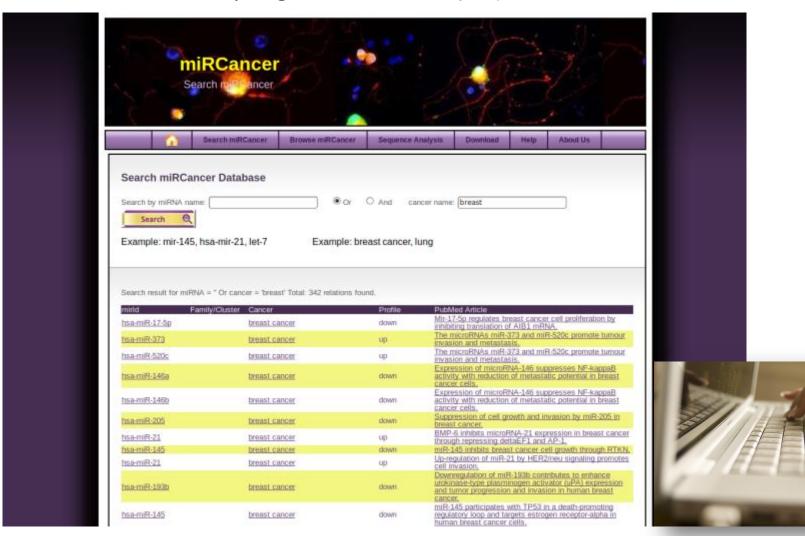
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■ Contribute





miRCancer db - Find up regulated miRNAs (http://mircancer.ecu.edu/index.jsp)



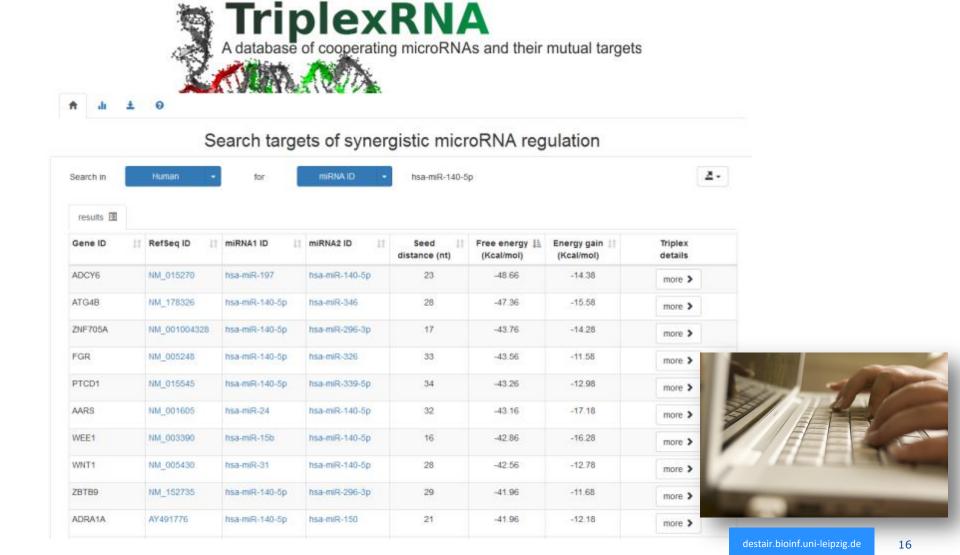


miRNA	Regulation	Target
140-5b	up	
148b	Down	
150	Up	
106b	Up	
143	Down	
19b	Up	
21	up	

Explore miRNA cooperativity to justify diagnosis

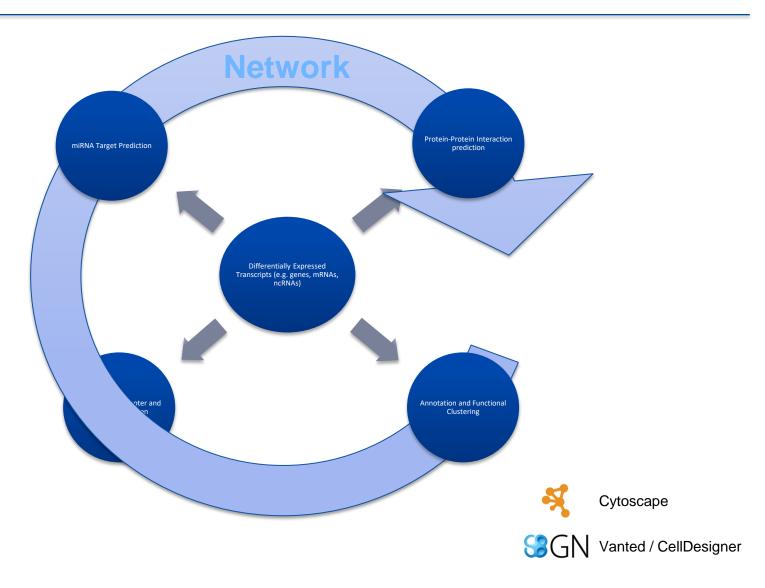


TriplexRNA database (https://www.sbi.uni-rostock.de/triplexrna/)



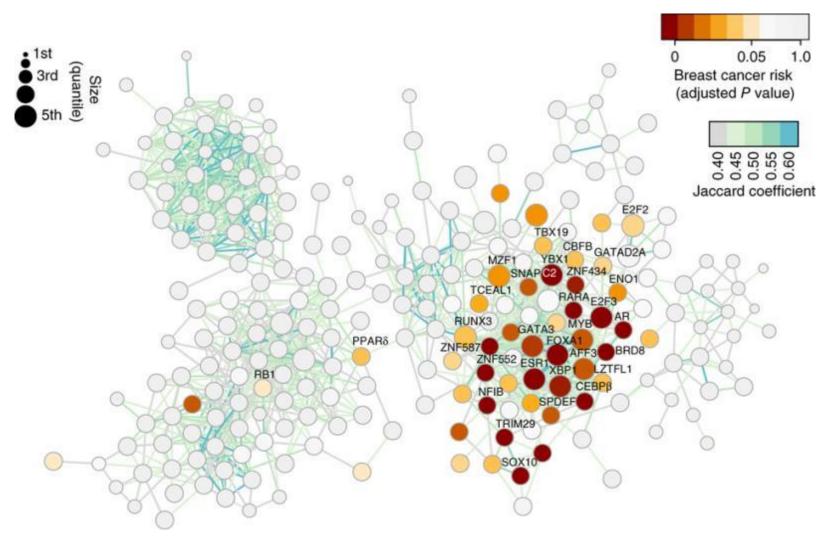
There is nothing more practical than a network



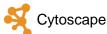


Network comparisons also reveal differences



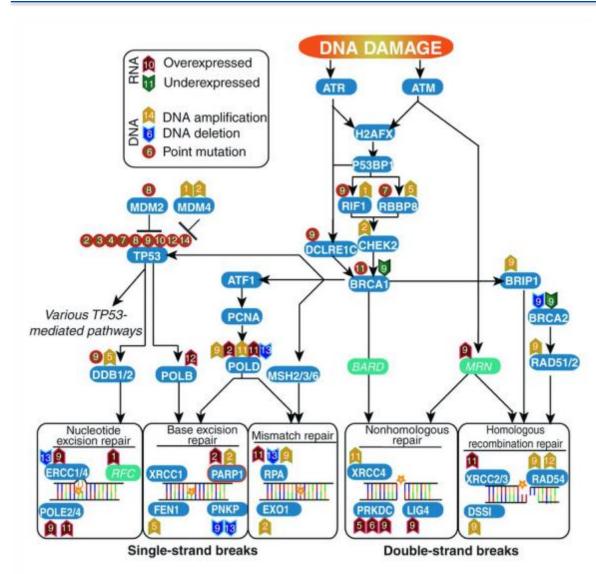


Castro, Nat. Gen, 2016



What else is done in this field with NGS?





Craig, D. W. et al. Genome and transcriptome sequencing in prospective metastatic triple-negative breast cancer uncovers therapeutic vulnerabilities. Mol. Cancer Ther. 12, 104–116 (2013). One of the first papers investigating integration of whole-transcriptome sequencing and genome sequencing for targeted therapy selection in advanced metastatic triple-negative breast cancer

Does the patient has a high risk of cancer



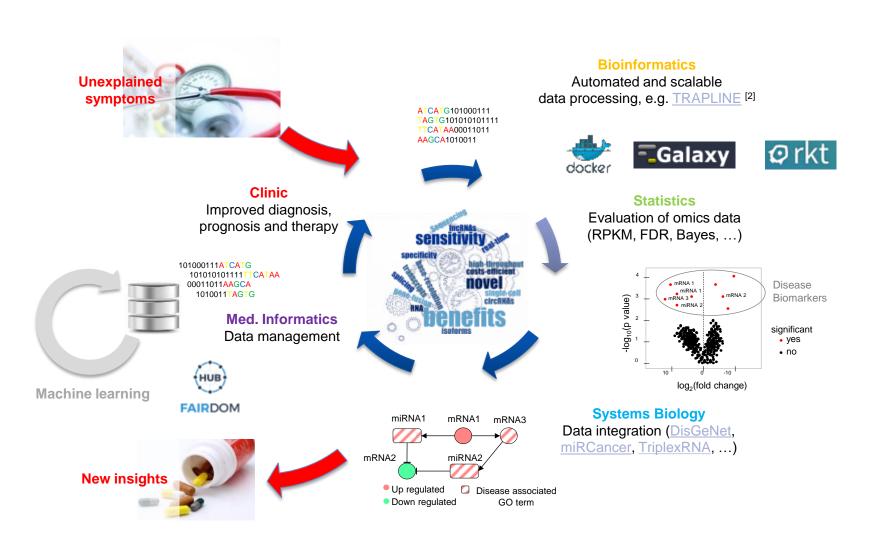
Patient





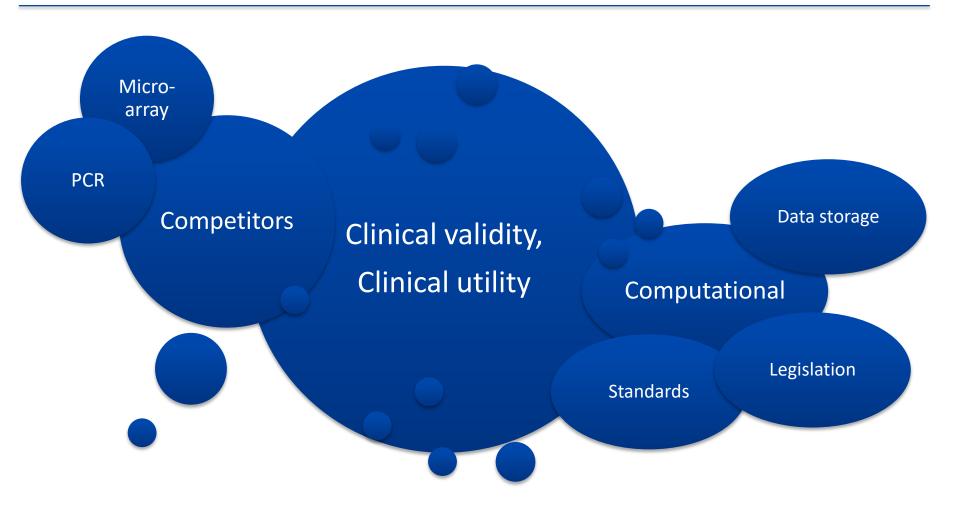
Our implementation strategy





Challanges for a broader usage of NGS in the clinic





Future perspectives of NGS in the clinic



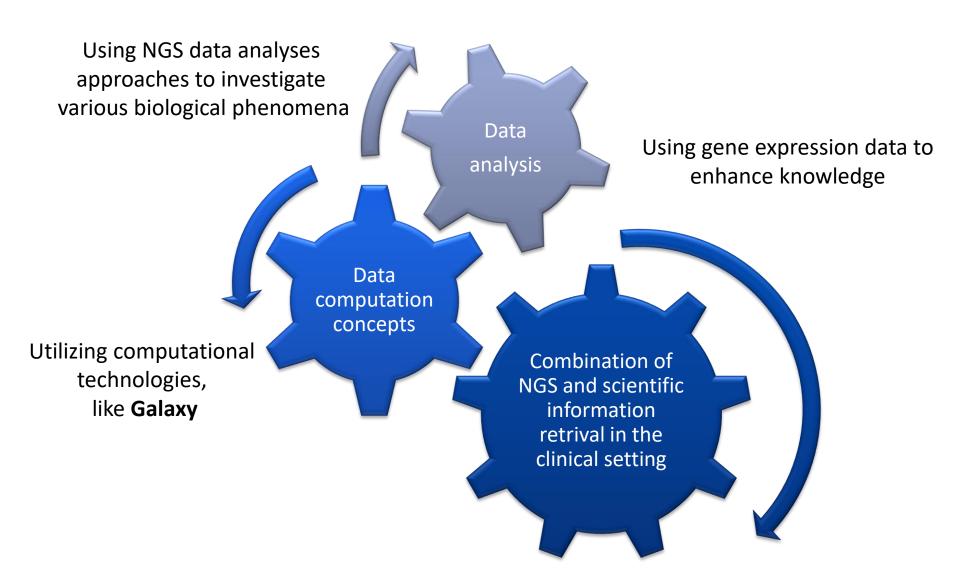
- "With its unprecedented ability to simultaneously detect global gene transcript levels and diverse RNA species, RNA-seq has the potential to revolutionize clinical testing for a wide range of diseases." Byron et al., Nat. Rev. Genet., 2016
 - "Once the discovery phase is complete, many diagnostic tests will become targeted assays, sensitive enough to detect small numbers of rare transcripts."

 Andersson et al., Nat. Genet., 2015

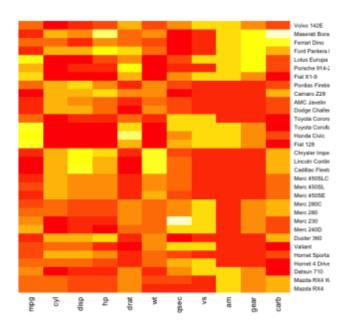
- "Feed in latest scientific findings and analyze the same dataset over and over again [...] ". Comment on crowdsourced research in Medicine (Nature)
 - "Value of incorporating RNA sequencing (RNA-seq) with DNA sequencing to evaluate the expression of mutant alleles, to detect both known and novel gene fusions, and to detect splice variants." Robinson et al., Cell, 2015

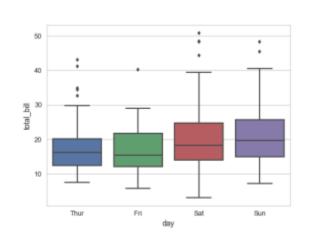
What did we learn so far?











Now: Visualizations of RNA-Seq results with Galaxy