

Mining gene-disease associations for drug identification and discovery with Open Targets



**Hands-on Workshop
Course booklet**

**CRUK Manchester Institute
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Notes

This workshop is based on v1.2.1 of the Open Targets Platform (September 2016 release)

Some useful links:

1) About the Open Targets Consortium
www.opentargets.org/about

2) About the Open Targets Platform
www.targetvalidation.org/about

3) Workshop materials (in pdf)
<https://github.com/deniseOme/training>

4) Feedback survey
<http://tinyurl.com/manc-221116>

Feel free to tackle questions relative to your own research instead of following the ones provided in this course booklet. The answers for exercises 1 and 2 can be found here:

<https://github.com/deniseOme/training>

Questions or Feedback?

support@opentargets.org

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OVERVIEW

Open Targets is a public-private initiative to generate evidence on the validity of therapeutic targets based on genome-scale experiments and analysis. We are working to create an R&D framework that applies to a wide range of human diseases, and we want to share this data openly with the scientific community.

The consortium was launched in March 2014 under the name of Centre for Therapeutic Open Targets (CTTV) and started with GlaxoSmithKline (<http://www.gsk.com/>), the Wellcome Trust Sanger Institute (<http://www.sanger.ac.uk/>) and the European Bioinformatics Institute (<http://www.ebi.ac.uk/>). In February 2016, a fourth institution namely Biogen (<https://www.biogen.com/>) joined the initiative and the consortium was rebranded to Open Targets in April 2016.

In the process of drug discovery, the *validation* of a target refers to the creation of a specific entity that modulates that target's activity to provide therapeutic benefit to individuals with a disease. The ultimate validation of a target is the creation of an effective therapeutic molecule. This is a long and costly endeavour with more failures than successes. The goal of Open Targets is to transform this process by predicting if the modulation of a target is likely to provide therapeutic benefit. This would be done much earlier in the drug discovery process than is currently possible and far in advance of having a final, approved medicine.

Points covered in this workshop:

- The projects of Open Targets consortium
- An introduction to the Open Targets Platform
- Browsing the Platform
- Pointing to alternative ways to access the data

INTRODUCTION TO OPEN TARGETS

Open Targets employs large-scale human genetics and genomics data to change the way drug targets are identified and validated. We have established a set of projects to develop both the data and analytical processes that implicate targets as valid, and the core platform to provide the information to a diverse audience of users.

The core bioinformatics team develops pipelines and a database to integrate existing target data. The core also designed, created and maintains the Open Targets Platform, a public web portal to serve the integrated data and views.

Our experimental projects focus on providing insights in the validation of targets relevant to key therapeutic areas namely:

- Oncology
- Inflammatory bowel diseases (IBD)
- Respiratory disease
- Inflammation and immunity

Finally, we also aim to develop standard epigenome profiles of cell models in use within the pharmaceutical industry and academia and establish a systematic approach for the determination of human biological and disease relevance.

More details can be found in our [Projects](#) page.

Retrieving data from Open Targets with our Platform

The Open Targets Platform is a web application that integrates and displays publicly available biological data to foster the discovery and prioritisation of targets for new therapies. We use data sources as diverse as Gene2Phenotype, IntOGen, GWAS, UniProt, ChEMBL, Expression Atlas, Cancer Census, Reactome and EuropePMC as pieces of evidence to support target-disease associations. The associations are scored using objective statistical and computational techniques.

In release v1.2.1 (September 2016), the platform serves information on 30,591 targets; 9,425 diseases; 4.8 million evidence; and 2.4 million target-disease associations.




In addition to the web application, we include the data dumps and an API.

The Open Targets Platform is aimed at users from both academia and industry, whether they want to browse a target on a gene by gene (or disease by disease) basis, carry out more complex queries using the API, or download all evidence and association objects for downstream analyses.

Synopsis: what can I do with the Open Targets Platform?

- Find out which targets are associated with a disease
- Explore the evidence supporting this target-disease association
- Export a table with the FDA drugs for this association
- Discover if there other diseases associated with a given target
- Get the association of a target with diseases from different therapeutic areas
- Find target specific information, such as baseline expression, protein structure, alternatively spliced transcripts, gene trees
- Get disease target specific information, such as a classification based on the ontology of the disease and the drugs mapped to it

Help documentation and support

-  [Data sources](#) in the Open Targets Platform
-  View our [FAQs](#)
-  [Email us](#)

Connect with us

- ❖ [Open Targets Blog](#)
- ❖ Follow us on [Twitter](#)
- ❖ Check our page on [Facebook](#) and [LinkedIn](#)

Further reading

Koscielny, G. *et al.* (accepted)
Nucleic Acids Res (2017 Database Issue)

OPEN TARGETS PLATFORM: WALKTHROUGH

You have now had a chance to explore the Open Targets website (opentargets.org) and found out:

- More about the Open Targets consortium, including its core principles
- The types of cancer experimentally studied in the lab by members of the consortium
- The key challenge of the Core Bioinformatics team
- How to get to the Open Targets Platform

Let's now focus on the Open Targets Platform.

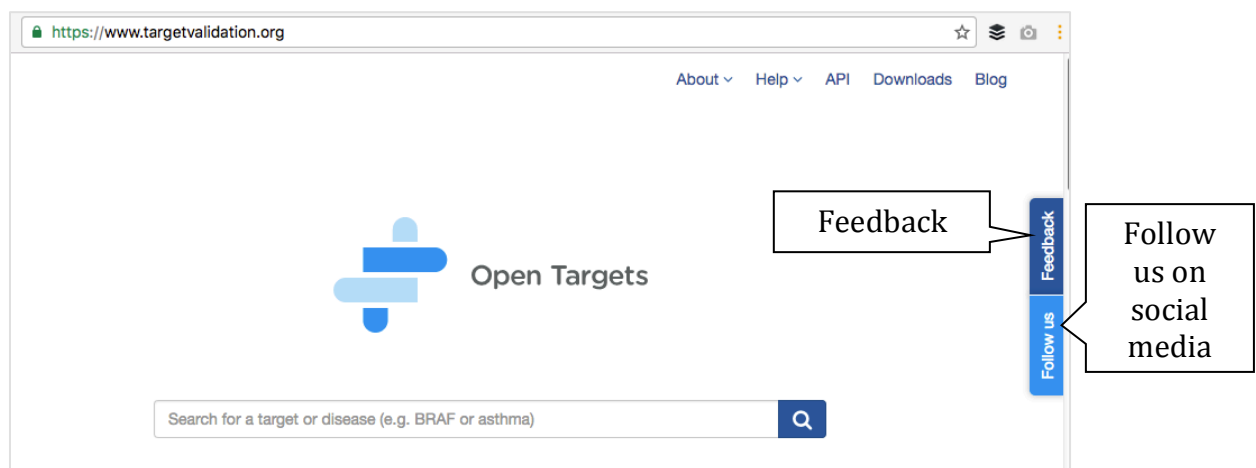
We will guide you through the website using congenital heart disease (CHD) as an example.

Sinfrim *et al* (Nature Genet 2016) has looked at the role for *de novo* mutations and mutations of incomplete penetrance in genes associated with CHD. The paper is entitled "Distinct genetic architectures for syndromic and nonsyndromic congenital heart defects identified by exome sequencing".

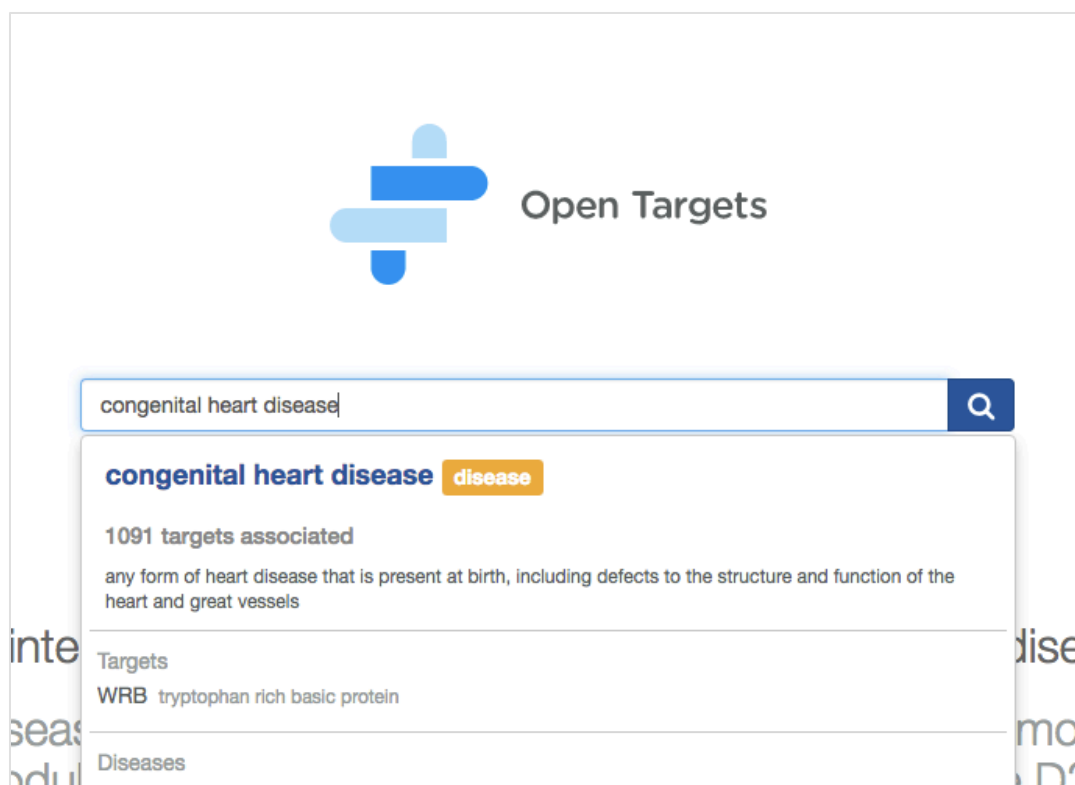
The following points will be addressed during the walkthrough:

- Targets associated with CHD
- Filter down the number of targets based on specific evidence
- Data sources used to support the target-CHD association
- Looking for other diseases associated than CHD with a target
- Visualise a target in a browser like view
- Find out how strong is the association between a target and a disease
- Find drugs currently in clinical trials

Go to www.targetvalidation.org and type in 'Congenital heart disease' in the search box below:



Select the first (best) hit:



You will see a page like this:

Total number of targets associated with CHD

Search box

Filter the results

Data types (Genetic Associations, Drugs, etc...)

Pathway types (Immune system, metabolism, etc...)

Download the table

Feedback

1091 targets associated with congenital heart disease

View disease profile

Filter by

data types

Genetic associations (24)

Somatic mutations (9)

Drugs (53)

Affected pathways (1)

RNA expression (9)

Text mining (833)

Animal models (135)

pathway types

Signal Transduction (271)

Metabolism (193)

Immune System (156)

Developmental Biology (131)

Hemostasis (121)

Metabolism of proteins (112)

Disease (83)

Gene Expression (84)

Extracellular matrix organization (83)

Transmembrane transport of s... (55)

Vesicle-mediated transport (46)

Muscle contraction (40)

Neuronal System (39)

Cell Cycle (39)

Cellular responses to stress (36)

Organelle biogenesis and mal... (24)

Chromatin organization (17)

Cell-Cell communication (16)

DNA Repair (16)

Programmed Cell Death (15)

| Target symbol | Association score | Genetic associations | Somatic mutations | Drugs | Affected pathways | RNA expression | Text mining | Animal models | Target name |
|---------------|-------------------|----------------------|-------------------|-------|-------------------|----------------|-------------|---------------|-------------------------------------|
| GDF1 | | | | | | | | | growth differentiation factor 1 |
| NR2F2 | | | | | | | | | nuclear receptor subfamily 2 gro... |
| ZFPM2 | | | | | | | | | zinc finger protein, FOG family... |
| NKX2-5 | | | | | | | | | NK2 homeobox 5 |
| GATA6 | | | | | | | | | GATA binding protein 6 |
| TAB2 | | | | | | | | | TGF-beta activated kinase 1/MA... |
| CFR1 | | | | | | | | | cripto, FRL-1, cryptic family 1 |
| B3GAT3 | | | | | | | | | beta-1,3-glucuronyltransferase 3 |
| ZIC3 | | | | | | | | | Zic family member 3 |
| TBX1 | | | | | | | | | T-box 1 |
| NR3C1 | | | | | | | | | nuclear receptor subfamily 3 gro... |
| THRA | | | | | | | | | thyroid hormone receptor, alpha |
| THRB | | | | | | | | | thyroid hormone receptor beta |
| ANKRD1 | | | | | | | | | ankyrin repeat domain 1 |
| NKX2-6 | | | | | | | | | NK2 homeobox 6 |
| STX18 | | | | | | | | | syntaxin 18 |
| GATA4 | | | | | | | | | GATA binding protein 4 |
| ADRA2A | | | | | | | | | adrenoceptor alpha 2A |
| PDE3A | | | | | | | | | phosphodiesterase 3A |
| ADRA2C | | | | | | | | | adrenoceptor alpha 2C |
| ADRA2B | | | | | | | | | adrenoceptor alpha 2B |
| CITED2 | | | | | | | | | Cbp/p300 interacting transactiv... |
| EDNRA | | | | | | | | | endothelin receptor type A |
| ACKR3 | | | | | | | | | atypical chemokine receptor 3 |
| VEGFA | | | | | | | | | vascular endothelial growth fact... |
| PTPN11 | | | | | | | | | protein tyrosine phosphatase, n... |
| BMPR2 | | | | | | | | | bone morphogenetic protein rec... |
| JUN | | | | | | | | | Jun proto-oncogene, AP-1 trans... |
| TAB1 | | | | | | | | | TGF-beta activated kinase 1 (M... |
| SMARCA4 | | | | | | | | | SWI/SNF related, matrix associa... |

The table is sorted by default with the best hit according to the highest association score on the top of the table.

You can sort the table listing the targets associated with the disease.

The sorting can be done by alphabetical order of the list of targets or numerically according to the association score (either overall) or the individual score for each data type (e.g. Genetic associations, Drugs, Text mining, etc). The association score varies from 0 to 1, the closer to 1 the stronger the association. This score is calculated for each piece of evidence that is used to support the association and the individual scores are combined to give the overall score ('Association score' column in the table below):

Click here to sort the results by alphabetical order of the gene symbols

Click on the arrows to sort the results by the score values of individual data types e.g. Animal models.

The current release of the Open Targets Platform (September 2016) lists 1,091 targets associated with CHD. You can filter this number according to 'Data types' or 'Pathway types':

A) Data types

- Genetic associations (e.g. GWAS catalog)
- Somatic mutations (e.g. Cancer Gene Census, EVA)
- Drugs (from ChEMBL)
- Affected Pathways (from Reactome)
- RNA expression (from Expression Atlas)
- Text mining (from EuropePMC)
- Animal models (from PhenoDigm)

B) Pathway types

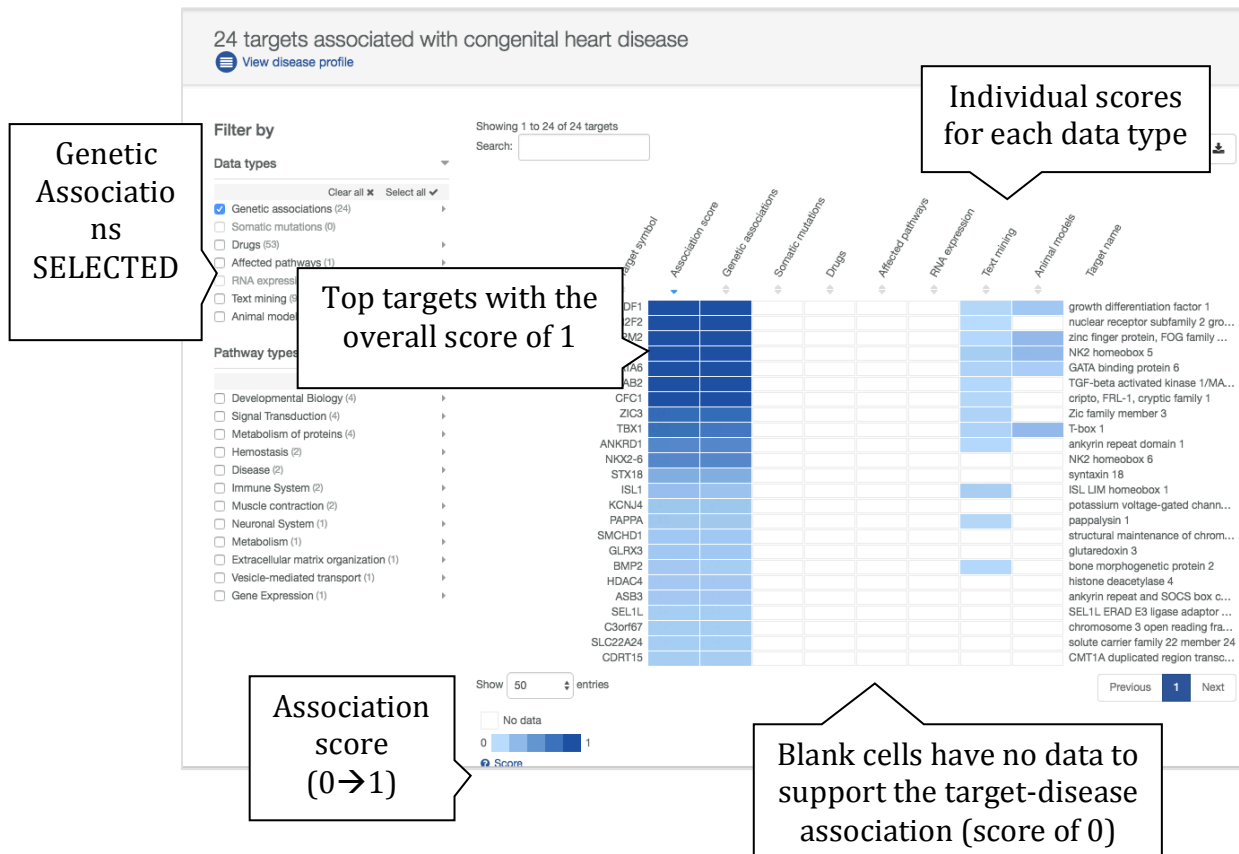
- Signal Transduction
- Metabolism
- ...

What are **Data types** and **Pathway types**?

We collect data from various sources and combine them into categories called Data types. Example of data sources are GWAS catalog and UniProt, both combined into Data types. Note that data from an individual source can contribute to different Data types, e.g. data from EVA is observed in two data types, Genetic associations and Somatic mutations.

When searching for a disease, we will list all the targets associated with it. You can filter the results and focus on targets seen in certain Pathway e.g. Signal Transduction, Cell Cycle, Immune System and much more.

Let's filter the data by 'Genetic associations' to show the targets associated with CHD, which are based on genetic variants (such as SNPs from GWAS or UniProt, for example) only. The number of targets goes down to 24.



The data sources used to support the association of these targets to CHD from the genetic point of view are:

- GWAS catalog
- UniProt
- UniProt literature
- European Variation Archive
- Gene2Phenotype

Check our help pages on the different sources used in the Open Targets Platform:

https://targetvalidation.org/data_sources

If you wish to suggest data or resources we could incorporate in our platform, please email them to us (support@targetvalidation.org).

Let's now focus on one of these 24 targets, *GDF1*. Click on any cells in the *GDF1* row to get to a page containing all the 'Evidence for GDF-1 in congenital heart disease' i.e.

targetvalidation.org/evidence/ENSG00000130283/EFO_0005207

In this page, you can explore the details of the data types (e.g. Genetic association, Somatic mutations, Drugs, Text mining) that support the association between a target and a disease. These are shown in different tabs.

Note: if there is no data for a given data type of evidence, the tab will be grey out.

Alternatively click on the cell in column 'Genetic associations' to land in the page below:

https://targetvalidation.org/evidence/ENSG00000130283/EFO_0005207?view=sec:genetic_associations

where the tab for Genetic associations is already open.

In the Genetic association table, you will get the genetic variants, the functional consequence (from Sequence Ontology) of the variants on the gene of interest, the source of the data (e.g. UniProt, Gene2Phenotype) and relevant publications.

Both targets and diseases are highlighted if they co-occur in the same sentence. The co-occurrence is automatically searched for in all papers from Europe PMC, including the title, abstracts, text, background and other sections of the article with the exception of supplementary tables:

Genetic associations

Table [Browser](#)

Rare diseases

Source: UniProt, European Variation Archive (EVA), UniProt literature, Gene2Phenotype

Showing 1 to 3 of 3 entries

Search:

| Disease | Mutation | Gene-Disease Evidence Mutation consequence | Evidence source | Publications |
|---------------------------------|-----------------------------|---|--|-------------------------------|
| Conotruncal heart malformations | N/A | Curated evidence | Further details in UniProt database | 1 publication |
| Conotruncal heart malformations | N/A | Curated evidence | Further details in Gene2Phenotype database | 1 publication |
| Conotruncal heart malformations | rs121434423 | missense variant | Further details in UniProt database | 1 publication |

Show entries

[Previous](#) [1](#) [Next](#)

One of these variants is known in public databases and identified as rs121434423.

You can also explore this information in an interactive Browser view to zoom in and out, scroll along the genome and find out more about the gene (s), transcript (s), genetic variants (represented as lollipops). We also provide links to Ensembl:

Genetic associations

Table Browser

Human Chr: 19

human 19:18852513-18889208

18,855,000 18,860,000 18,865,000 18,870,000 18,875,000 18,880,000

Variants in common diseases

Variants in rare diseases

sequence

Genes / Transcripts

Gene legend: ■ protein coding

SNPs legend:

- SNP in GDF1 associated with congenital heart disease
- SNP associated with congenital heart disease
- SNP in GDF1
- Other SNP

Open in Ensembl

rs121434424

| | |
|-------------------------|----------------------------------|
| Ancestral allele | C |
| Allele string | C/T |
| Most severe consequence | missense_variant |
| MAF | 0.00159744 |
| Location | Jump to sequence |
| target | GDF1 |
| Associations | |
| tetralogy of fallot | 1 article |

Click on the lollipop for more details on this variant

<CERS1

<GDF1-001

AC00

Let's now explore other pieces of evidence that seem to support the association between GDF1 with CHD. Still on the same page, scroll down to view the 'Text mining' tab. Click on it to see the three papers support the association:

Text mining

Source: Europe PMC

Shown are the top 3 articles where **target** and **disease** are found in the same sentence.

Showing 1 to 3 of 3 entries

Search:

Disease Publication Year

congenital heart disease Association of GDF1 rs4808863 with fetal congenital heart defects: a case-control study. 2015

Zhang J et al. BMJ Open 5(12):e009352

Abstract

Congenital heart defects (CHDs) are the most common fetal defects and the most important cause of child mortality and morbidity. To investigate the association between growth/differentiation factor 1 (GDF1) polymorphisms and fetal CHDs, by evaluating the association of GDF1 rs4808863 with fetal CHDs. A case-control study. Beijing, China. We selected 124 fetuses with a CHD and a normal karyotype and normal array-based comparative genomic hybridisation analysis and compared them with 124 normal fetuses matched for gestational age and sex. Fetuses with a CHD, from 20 to 32 weeks of gestation were included. Fetuses with any chromosomal abnormalities, and fetuses from multiple pregnancies and those carried by pregnant women with chronic diseases, were excluded from this research. DNA extraction and genotyping were carried out for all cases to investigate the genotype distributions of GDF1 rs4808863. A significant difference was noted for the CT phenotype of GDF1 rs4808863 between the controls and the fetuses with CHDs using homozygote and heterozygote comparisons. The minor allele (T allele) of GDF1 rs4808863 was associated with an increased risk of CHD ($p < 0.05$). A statistically significant difference between controls and fetuses with CHDs was noted in a comparison with the mutation genotype CT+TT and wild-type genotype CC ($p < 0.05$) using dominant modal analysis. After stratification analysis, the CT phenotype, the minor allele (T allele) and the mutation genotype CT+TT of the rs4808863 polymorphism were associated with atrioventricular septal defect (AVSD), left ventricular outflow tract obstruction (LVOTO) and left-right laterality defects ($p < 0.05$). Our results suggest that the GDF1 rs4808863 polymorphism contributes to an increased risk of fetal CHDs, especially the subtypes of AVSD, LVOTO and left-right laterality defects.

We can now explore the target in more detail and find out its baseline expression (at the RNA level), for example. On the same page, scroll back up and click on the GDF1 link next to the flower:

Evidence for GDF1 in congenital heart disease



GDF1
growth differentiation factor 1

Click on GDF1 for more details on this target

You will land on a page that gives you target specific details such as Protein information from UniProt, Variants, isoforms and genomic context (from Ensembl), Gene Ontology, Pathways (from Reactome) and much more:

Open Targets [About](#) [Help](#) [API](#) [Downloads](#) [Blog](#)

GDF1
growth differentiation factor 1 [View associated diseases](#)

Click here to view all diseases associated with GDF1

May mediate cell differentiation events during embryonic development.

Synonyms: [GDF-1](#) [Embryonic growth/differentiation factor 1](#)

- Protein Information (from UniProt)
- Variants, isoforms and genomic context
- Protein baseline expression
- RNA baseline expression
- Gene Ontology
- Protein Structure
- Pathways
- Drugs

Expand the RNA baseline expression to find out which tissues seem to be highly expressed (coloured in dark blue) according to the GTEx project, such as hippocampus and cerebral cortex:

There are three different displays to view the diseases associated with a target:

- Bubble view

In this view, we group diseases into 'bubbles' based on the disease ontology. Large bubbles correspond to a therapeutic area and consist of smaller bubbles representing diseases within this area. A disease can belong to several therapeutic areas and therefore can appear within more than one large bubble. The strength of the association between the target and a disease is represented by the size of the bubble and the shade of its blue colour; the larger the bubble and the darker the blue, the stronger the association.

- Table view

In this view, we list all diseases associated with a target, ordered by the association score, which is colour coded. When there is no evidence to support the association, the cells in this table are coloured in white (score of zero):

Bubbles Table Tree

Showing 1 to 50 of 52 entries

Search:

Download

| Disease | Association score | Genetic associations | Somatic mutations | Drugs | Affected pathways | RNA expression | Text mining | Animal models | Therapeutic area |
|--------------------------------------|-------------------|----------------------|-------------------|-------|-------------------|----------------|-------------|---------------|--------------------------------------|
| congenital heart disease | | | | | | | | | cardiovascular disease |
| Conotruncal heart malformations | | | | | | | | | cardiovascular disease |
| tetralogy of fallot | | | | | | | | | phenotype |
| Genetic cardiac anomaly | | | | | | | | | genetic disorder |
| Double outlet right ventricle | | | | | | | | | genetic disorder |
| Ivemark syndrome | | | | | | | | | genetic disorder |
| Congenitally uncorrected transp... | | | | | | | | | genetic disorder |
| Renal-hepatic-pancreatic dyspl... | | | | | | | | | genetic disorder |
| Primary ciliary dyskinesia | | | | | | | | | reproductive system disease, ge... |
| Congenital alveolar capillary dys... | | | | | | | | | genetic disorder, respiratory sys... |
| Nephronophthisis | | | | | | | | | genetic disorder |
| Feingold syndrome | | | | | | | | | genetic disorder, skeletal syste... |

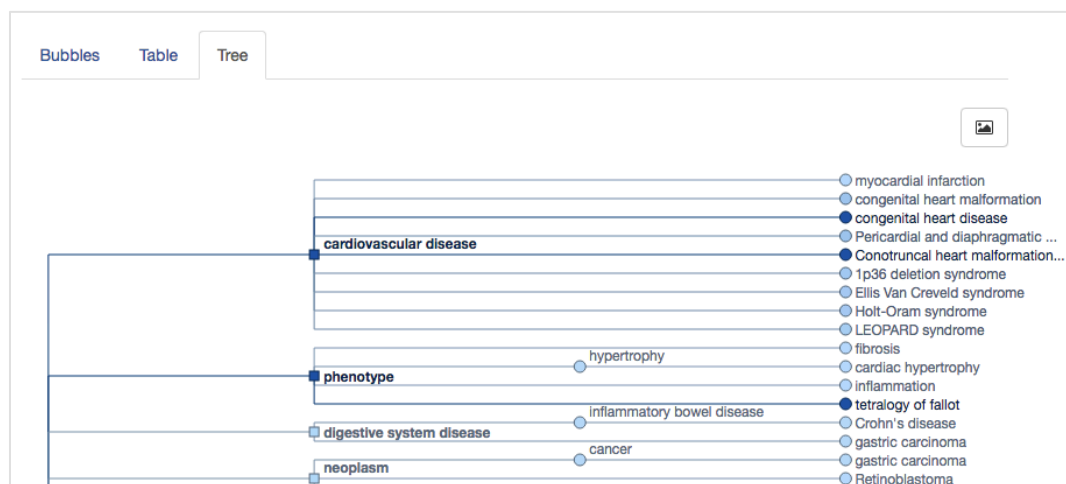
Evidence from highly specific terms of the disease ontology is aggregated to broader, parent terms. You can order the associations by their scores for individual data types (e.g. Genetic associations, Somatic mutations).

Tip: We colour code the cells in the table in different shade of blue as a visual way to convey the strength of the association (strongest association is coloured in dark blue). The score varies from 0 to 1. In order to view the actual number, you hover over the cell. You can also select the cells in the table so that you can view the numerical values.

| Target symbol | Association score | Genetic associations | Somatic mutations | Drugs | Affected pathways | RNA expression | Text mining | Animal models | Target name |
|---------------|-------------------|----------------------|-------------------|-------|-------------------|----------------|-------------|---------------|-------------------------------------|
| GDF1 | 1.00 | 1.00 | | | | 0.03 | 0.13 | | growth differentiation factor 1 |
| NR2F2 | 1.00 | 1.00 | | | | 0.01 | | | nuclear receptor subfamily 2 gro... |
| ZFPM2 | 1.00 | 1.00 | | | | 0.02 | 0.23 | | zinc finger protein, FOG family ... |
| NKX2-5 | 1.00 | 1.00 | | | | 0.10 | 0.23 | | NK2 homeobox 5 |
| GATA6 | 1.00 | 1.00 | | | | 0.05 | 0.08 | | GATA binding protein 6 |
| TAB2 | 1.00 | 1.00 | | | | 0.02 | | | TGF-beta activated kinase 1/MA... |
| CFC1 | 1.00 | 1.00 | | | | 0.03 | | | cripto, FRL-1, cryptic family 1 |

- Tree view

In the Tree view, you visualise the evidence across the therapeutic areas in a tree format that represents the relationships of diseases. Therapeutic areas have a square symbol (e.g. Genetic disorders), while the diseases (e.g. ovarian carcinoma) are represented as circles. The squares and circles are colour coded in blue, and the darker the blue, the stronger the association:



Regardless the view you choose to explore, you can filter the data to find out if there are other cardiovascular diseases associated with this target. There are eight of them (plus coronary heart disease, CHD) including conotruncal heart malformations (with the highest score of 1) plus a few others with score ranging from 0.17-0.12 (e.g. LEOPARD

syndrome) and one disease with score of 0.02 (i.e. myocardial infarction).

So far, we have explored the Open Targets Platform by starting off with a disease (i.e. congenital heart disease, or CHD). You can also search for genes (soon we will index drugs and genetic variants such as SNPs and searching those will be available as well. So stay tuned).

Let's have a look at the *PRKD1* gene, one of the targets described in the paper "Distinct genetic architectures for syndromic and nonsyndromic congenital heart defects identified by exome sequencing" by Sinfrim *et al* (Nature Genet 2016).

Search for that target using the search box at the right corner of any page in our Platform:

The screenshot shows the Open Targets Platform interface. The top navigation bar includes the Open Targets logo and links for About, Help, API, Downloads, and Blog. A search bar in the top right corner contains the text "PRKD1". Below the navigation bar, a banner displays "27566 targets associated with cancer" with a "View disease profile" link. The main content area features a "Filter by" section on the left with checkboxes for "Data types" (Genetic associations (1k), Somatic mutations (885), Drugs (496), Affected pathways (114), RNA expression (27k), Text mining (12k), Animal models (696)) and "Pathway types". The central part of the page shows a table of targets with columns for Target symbol, Association score, Genetic associations, Somatic mutations, Drugs, and Affected pathways. The first few rows of the table are visible, showing targets like FGFR3, BRCA2, PTPN11, EGFR, MET, and FGFR2. A tooltip for "PRKD1" is displayed on the right, showing its description as "protein kinase D1" and "223 diseases associated", along with a brief description of its function. The bottom right corner of the page has a "Feedback" button.

Alternatively, you can go back to the homepage and search for that target from the search box in there:


www.targetvalidation.org

Either way you will land on a page showing the diseases associated with *PRKD1*.

Open Targets

About ▾ Help ▾ API

223 diseases associated with PRKD1

 [View PRKD1 profile](#)

Click on 'View PRKD1 profile' for more information on this gene

Filter by

Data types ▾

Clear all ✕ Select all ✓

- ☐ Genetic associations (5) ▶
- ☐ Somatic mutations (0)
- ☐ Drugs (16) ▶

Bubbles Table Tree

Let's now click on the 'View PTPN11 profile'. Then on 'Drugs' to find out which ones are currently in clinical trials and could be affect this gene:

Open Targets About Help API Downloads Blog Search for a target or disease (e.g. BRAF or

PRKD1

protein kinase D1 View associated diseases

Serine/threonine-protein kinase that converts transient diacylglycerol (DAG) signals into prolonged physiological effects downstream of PKC, and is involved in the regulation of MAPK8/JNK1 and Ras signaling, Golgi membrane integrity and trafficking, cell survival through NF-kappa-B activation, cell migration, cell differentiation by mediating HDAC7 nuclear export, cell proliferation via MAPK1/3 (ERK1/2) signaling, and plays a role in cardiac hypertrophy, VEGFA-induced angiogenesis, genotoxic-induced apoptosis and flagellin-stimulated inflammatory response. Phosphorylates the epidermal growth factor receptor (EGFR) on dual threonine residues, which leads to the suppression of epidermal growth factor (EGF)-induced MAPK8/JNK1 activation and subsequent JUN phosphorylation. Phosphorylates RIN1, inducing RIN1 binding to 14-3-3 proteins YWHAB, YWHAE and YWHAZ and increased competition with RAF1 for binding to GTP-bound form of Ras proteins (NRAS, HRAS and KRAS). Acts downstream of the heterot ... [show more]

Synonyms: PKCM PKD PKC-mu PKD1 PRKCM 2.7.11.13 nPKC-D1 nPKC-mu Serine/threonine-protein kinase D1 Protein kinase D

Protein kinase C mu type

Protein Information (from UniProt)

Variants, isoforms and genomic context

Protein baseline expression

RNA baseline expression

Gene Ontology

Protein Structure

Pathways

Drugs

Source: ChEMBL

Found 3 unique drugs: GSK-690693 MIDOSTAURIN SOTRASTAUIN

Showing 1 to 10 of 15 entries

Search:

| Drug Information | | | | | | | Gene-Drug Evidence | |
|------------------------|-------------|----------|------------|----------------|---|------------|--|--|
| Disease | Drug | Phase | Status | Type | Mechanism of action | Activity | Target class | Evidence source |
| acute myeloid leukemia | MIDOSTAURIN | Phase II | Recruiting | Small molecule | Protein kinase C (PKC) inhibitor | antagonist | AGC protein kinase PKC alpha subfamily | Curated from Clinical Trials Information |
| psoriasis | SOTRASTAUIN | Phase II | Completed | Small molecule | Protein kinase C (PKC) inhibitor 1 publication | antagonist | AGC protein kinase PKC alpha subfamily | Curated from Clinical Trials Information |

Expand this tab to view the Drugs mapped to target *PRKD1*

The source for this data is from ChEMBL. There are three unique drugs mapping to this target, i.e. SOTRASTAUIN, MIDOSTAURIN and GSK-690693.

They are in different phases of clinical trials (such as phase II or I) and under investigation for different cancer types such as acute myeloid leukemia and mast-cell leukemia.

END OF THE WALKTHROUGH

HANDS-ON EXERCISES

Exercise 1 – Prioritising targets for drug discovery in prostate carcinoma

BACKGROUND

Prostate carcinoma is the most common type of cancer in men in the UK. More than 41,000 cases are newly diagnosed every year. The causes of prostate carcinoma are unknown. Age, ethnic background and family history are some of the factors that can increase one's risk of developing the condition (source: NHS choices; Cancer Research UK).

SIGNIFICANCE

Men with a father or brother diagnosed with prostate carcinoma are two to three times more likely to get the condition, compared to the average man. The risk of developing this type of cancer is also higher risk of prostate carcinoma if their mother has had breast cancer. Some of the genes that seem to be associated with prostate carcinoma are *BRCA1* and *BRCA2*.

QUESTIONS

a) What are the top 10 targets associated with this prostate carcinoma when taking into account all pieces of evidence integrated in the Platform?

b) Restrict the search based on targets for which the association with the disease was based on Somatic mutations. Is this refined list the same as the one resulting from step (a) above?

Let's focus on one of these targets namely *FGFR4* and find out more about some of the evidence that seems to support the association.

c) Are there any known genetic variants (i.e. with a reference ID such as rs123456) listed in the Genetic associations table? Can you get all the papers that support this association?

d) Can you view these mutations in a graphical display? Are there other variants associated with other traits (or diseases) in the region of the *FGFR4* gene?

Let's now have a look at the target itself and explore more information on the *FGFR4* gene such as the data on RNA baseline expression.

e) What is the tissue with the highest RNA baseline expression level according to Human Proteome Map (in adult tissues)?

f) Have a look at the graphical view of the Protein information (from UniProt) and explore the Topology information. Which amino acids correspond to the transmembrane (TM) domain? Did you expect this protein to have TM domains? Why?

Exercise 2 – *MS4A1* as a possible drug target in the treatment of non-Hodgkin's lymphoma

BACKGROUND

The B-lymphocyte antigen CD20 is an activated-glycosylated phosphoprotein expressed on the surface of all B-cells beginning at the pro-B phase and progressively increasing in concentration until maturity. In humans, CD20 is encoded by the *MS4A1* gene.

SIGNIFICANCE

CD20 is the target of monoclonal antibodies (mAb) in the treatment of all B cell lymphomas, leukemias and autoimmune diseases. Some of these active agents (mAb) are on clinical trials for non-Hodgkin's lymphoma. Others anti-CD20 mAb have been approved by the FDA for B-cell chronic lymphocytic leukemia.

QUESTIONS

a) How many diseases within the broader therapeutic area of 'Hematological system' are associated with this target based on 'Drugs' data types as evidence?

b) Can you get a table with the diseases associated with this target? Can you name a few diseases with an association score equal or above 90%? Which format can you download this table as?

c) In addition to the data evidence 'Drugs', are there other types of evidence supporting the association between *MS4A1* and non-Hodgkin's lymphoma?

d) What are the drugs used as evidence to associate *MS4A1* with non-Hodgkin's lymphoma? Which drugs are in clinical phase III of their trials?

e) Can you find all drugs linked to this disease (therefore targeting other genes, not only *MS4A1*)?

f) Can you find the ontology of non-Hodgkin's lymphoma and name the different subtypes (children terms of non-Hodgkin's lymphoma?). Can you download this image? Note: you may want to click on the children diseases and see which targets have been associated with them.

EXTRA HANDS-ON EXERCISES

If you have finished exercises 1 and 2 above, you may want to do these extra ones:

Exercise 3 – The IKBKE gene, a noncanonical I-kappa-B kinase

BACKGROUND

The IKBKE gene has been identified as a breast cancer oncogene and is amplified and overexpressed in over 30% of breast carcinomas and breast cancer cell lines.

QUESTIONS

- a) How many amino acids does the gene encode for?*
- b) Which amino acids correspond to the kinase domain? Are the other domains mapped to this protein?*
- c) What is the RNA baseline expression of this gene in breast tissues?*
- d) Can you list a few examples of biological processes the IKBKE protein may be involved with according to the Gene Ontology consortium?*
- e) You may want to use a mouse model to perform functional studies of IKBKE. But you need to find out whether or not an orthologue of IKBKE in mouse has been annotated. Can you find a gene tree for the IKBKE gene? Is there a IKBKE gene in mouse?*
- f) Which diseases seem to be associated with IKBKE in neoplasm? Are there somatic mutations supporting any of these associations?*

Exercise 4 – Non-small cell lung carcinoma and possible drug targets

BACKGROUND

Non small cell lung cancer (NSCLC) is the most common type of lung cancer. There are three common types of non small cell lung cancer, which make up about 87 out of 100 lung cancers in the UK.

QUESTIONS

a) Which target has the strongest association score of 1 for non-small cell lung carcinoma based on evidence for somatic mutations?

b) Can you find out whether those somatic mutations in this target are missense or other mutation type?

c) Are there animal models available to study this target in non small cell lung cancer?

Exercise 5 – Using the Open Targets Platform to find out if the modulation of a target by a drug poses any possible unsafe interactions or effects.

BACKGROUND

The main goals of drug development are effectiveness and safety. Although no drug is 100% safe (they all have side effects), the benefits of the drugs should outweigh the known risks.

SIGNIFICANCE

Many drugs used on the treatments of diseases can interfere with other physiological processes and even cause death when taken in excess. One of the ways to start assessing the safety of a new compound is to look at which target it modulates, whether or not this target is involved in other therapeutic areas such as cardiovascular and reproductive system, and the expression of the gene (or protein) in normal tissues.

USE CASE

Abemaciclib has been shown in vitro to be a selective ATP-competitive inhibitor of CDK6 kinase activity that prevents the phosphorylation and subsequent inactivation of the Rb tumor suppressor protein, thereby inducing G1 cell cycle arrest and inhibition of cell proliferation. Abemaciclib is being investigated in clinical trials in patients with breast carcinoma among other types of cancer.

QUESTIONS

- a) Which data types support an association between CDK2 and breast cancer?
- b) Are there other drugs in addition to abemaciclib used in clinical trials modulating the same target for breast carcinoma? Has any drugs been approved by the FDA?
- c) What is the level of RNA baseline expression of the target (i.e. CDK2) in heart from the Human Protein Atlas study?
- e) Is this target associated with cardiovascular diseases with a strong confidence (i.e. score of 1)?
-

Exercise 6 – How can I retrieve all disease associations for three genes of interest, all at once?

BACKGROUND

So far you have used the website www.targetvalidation.org to search for target-disease associations on a gene by gene (or disease by disease) basis. You may want to access and retrieve data on several genes or several diseases. For this, you can access our data in programmatic way.

USE CASE

The following three genes have been associated with gastric carcinoma:

ENSG00000141736

ENSG00000141510

ENSG00000132356

QUESTIONS

- a) "How can I find out all diseases (besides gastric carcinoma) associated with those three Ensembl gene IDs?"
- b) "Which diseases have got the highest overall association score for each of those three genes?"
- c) Can I download the above list in TAB format?"

Interested in other use cases using our REST API?

Check our [blog posts](#).

QUICK GUIDE TO DATABASES

Here is a list of databases and projects that may be useful for you to explore:

PROTEINS

UniProtKB – The “Protein knowledgebase” is a comprehensive set of protein sequences. It is divided into two parts: TrEMBL and Swiss-Prot. The later is manually annotated and reviewed, therefore provides a set of protein sequences of high quality.

<http://www.uniprot.org/>

GENE NOMENCLATURE COMMITTEES

HGNC – The HUGO Gene Nomenclature Committee assigns unique names and symbols to every single human gene, whether they are coding or not. These gene names and symbols are the official ones for human genes.

<http://www.genenames.org/>

MGI – The HGNC counterpart for naming mouse genes and symbols.

<http://www.informatics.jax.org/>

GENETIC VARIANTS and SOMATIC MUTATIONS

GWAS catalog– The catalog of Genome Wide Association Studies (GWAS) provides genetic variants (e.g. SNPs) that are associated with a disease.

<https://www.ebi.ac.uk/gwas/>

EVA – The European Variation Archive (EVA) provides genetic variants and somatic mutations (associated with cancer).

<https://www.ebi.ac.uk/eva/>

Cancer Gene Census – A catalogue of genes for which mutations have been causally implicated in cancer. The Catalogue of Somatic Mutations in Cancer (COSMIC) at the Wellcome Trust Sanger Institute provides us with the set of genes associated with specific cancers in

the Cancer Gene Census, in addition to other cancers associated with that gene in the COSMIC database.

www.cancer.sanger.ac.uk/census/

IntOgen - It provides evidence of somatic mutations, genes and pathways involved in tumorigenesis from 6,792 samples across 28 cancer types.

<https://www.intogen.org/search>

Gene2Phenotype - The data in Gene2Phenotype (G2P) provides evidence of genetic variants that are manually curated from the literature by consultant clinical geneticists in the UK. This is provided by DECIPHER, a database of genomic variants and phenotypes in patients with developmental disorders.

<https://www.ebi.ac.uk/gene2phenotype>

DRUGS

ChEMBL - The ChEMBL database at the EMBL-EBI provides evidence from known drugs that can be linked to a disease and a known target.

<https://www.ebi.ac.uk/chembl/>

RNA EXPRESSION

Expression Atlas - The Expression Atlas at EMBL-EBI provides information on genes that are differentially expressed between normal and disease samples, or among disease samples from different studies. In addition to differential expression, they provide baseline expression information for each gene.

<https://www.ebi.ac.uk/gxa/home>

AFFECTED PATHWAYS

Reactome - The Reactome database at the EMBL-EBI contains pathway information on biochemical reactions sourced from manual curation. It identifies reaction pathways that are affected by pathogenic mutations.

<http://www.reactome.org/>

ANIMAL MODELS

Phenodigm - The Phenodigm resource at the Wellcome Trust Sanger Institute provides evidence on associations of targets and disease. It uses a semantic approach to map between clinical features observed in humans and mouse phenotype annotations.

<http://www.sanger.ac.uk/resources/databases/phenodigm/>

TEXT MINING

Europe PMC - The Europe PubMed Central at the EMBL-EBI mines the titles, abstracts and full text research articles from both PubMed and PubMed Central to provide evidence of links between targets and diseases.

<http://europepmc.org/>