



Genomics in the NHS Today

Best Practice

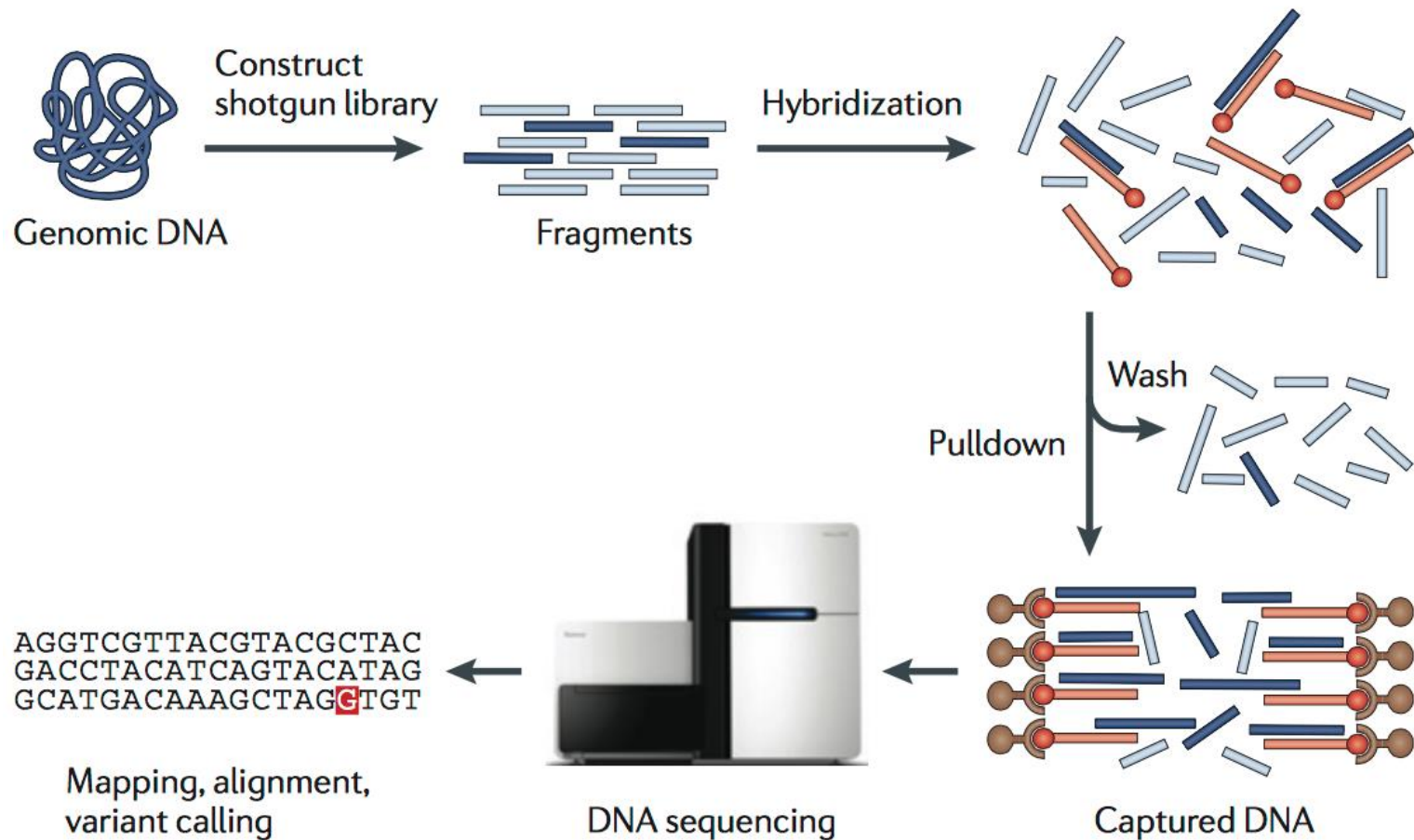
Matthew Parker, Ph. D
Lead Bioinformatician
Sheffield Diagnostic Genetics Service

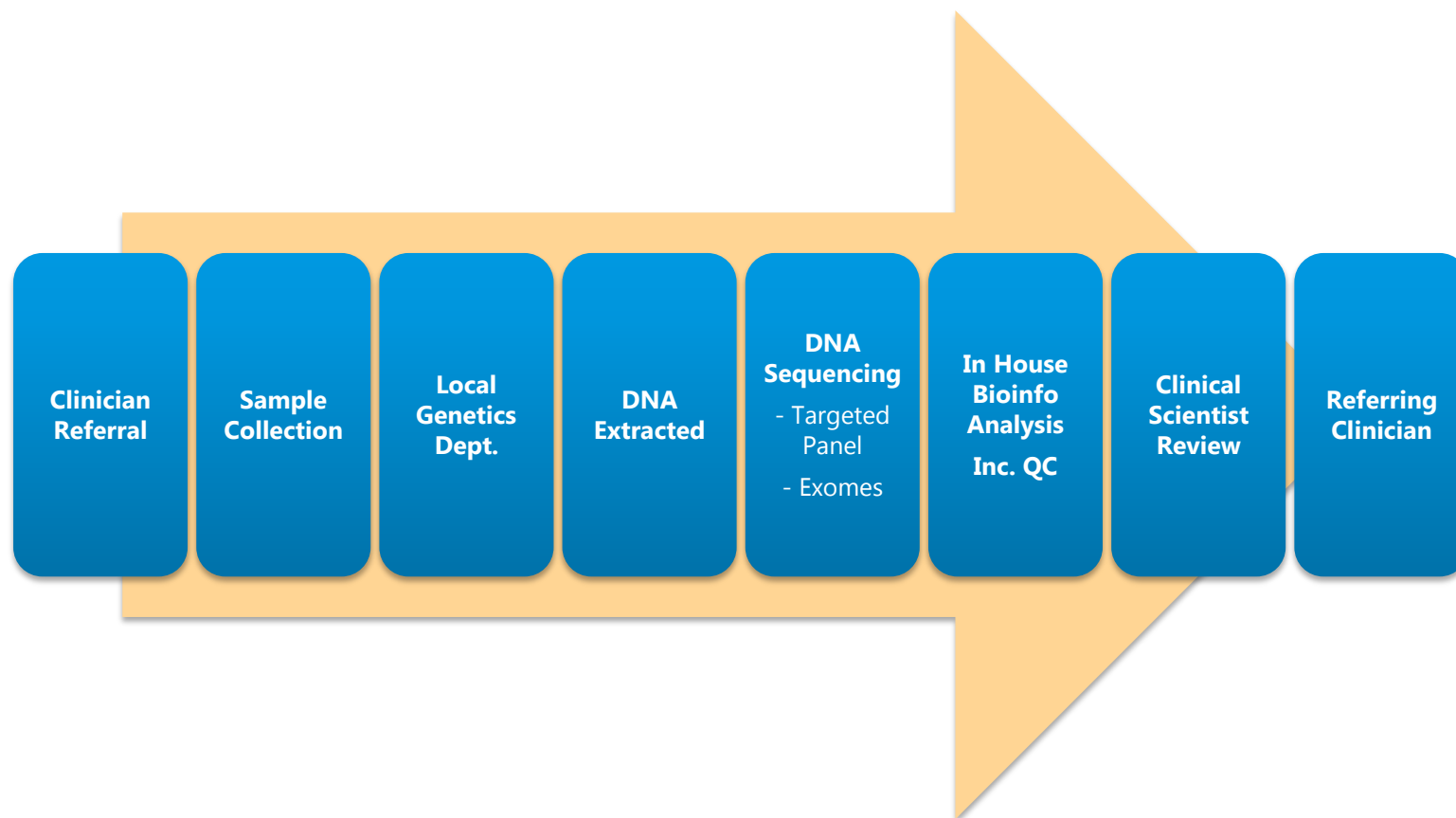
- NHS has around 40 full time bioinformaticians and trainees
- Most labs are sequencing around 3000 patients a year
- Around 10 labs – 30,000 patients a year
- Panels or exomes: Targeted panels introduced into NHS 2010 sequencing
- Disparate pipelines
- NHS model where labs compete for work
- Historically: Bioinformatics substitute for poor IT support & infra



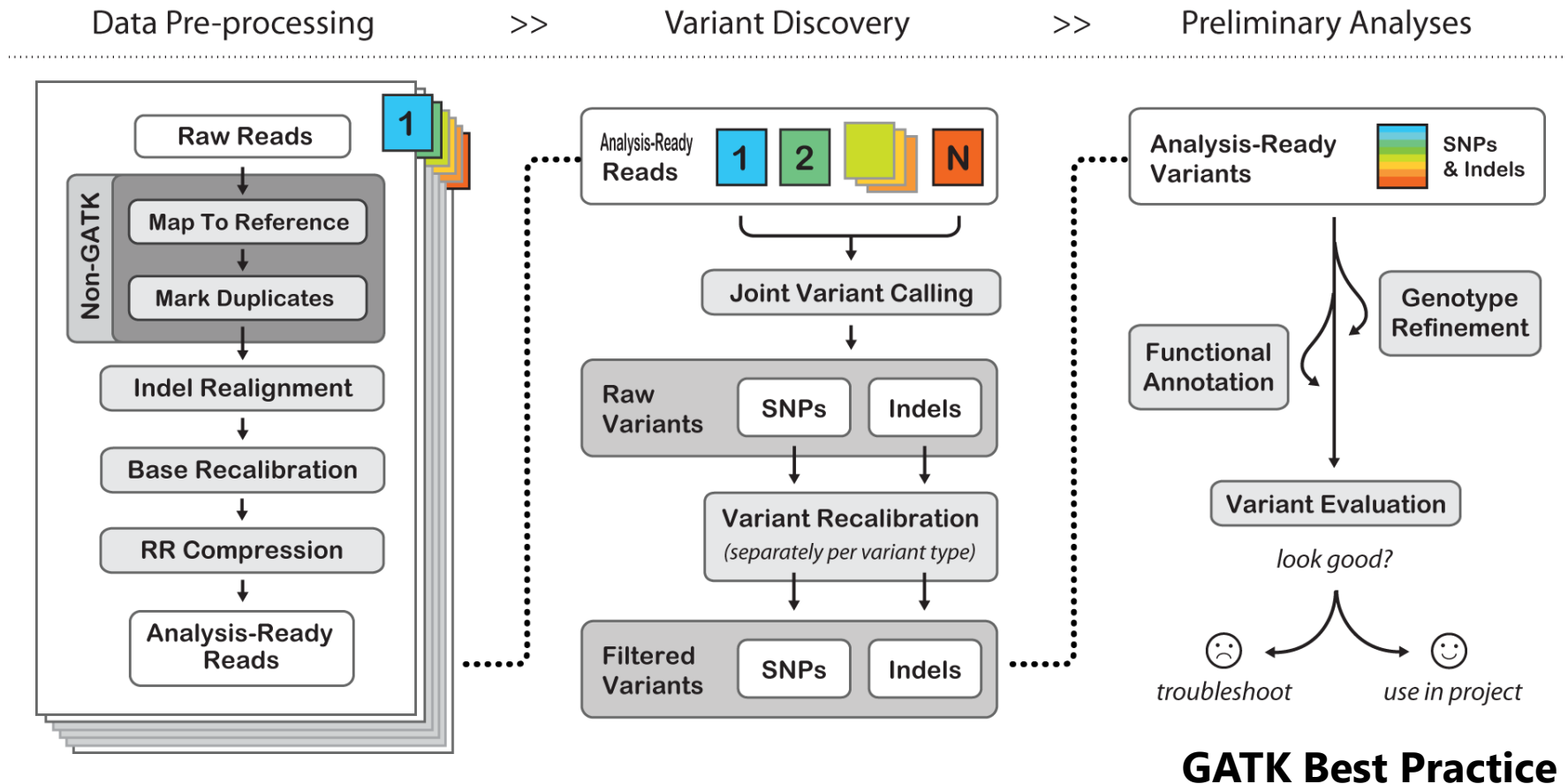
SDGS Bioinformatics Team

Targeted Panels or Exomes (GEL doing genomes)





Typical Bioinformatics Pipeline



This omits QC steps like: Low Level Read Stats, Coverage, Contamination etc...

How would you ensure that your analysis can be reproduced in say 3 years time?



Association for Clinical Genetic Science
Part of the British Society for Genetic Medicine

<http://www.acgs.uk.com/committees/quality-committee/best-practice-guidelines/>

- 2 sets of guidelines:
 - Bioinformatics
 - Next Gen Sequencing
- 2 sets of statements:
 - Shall: Requirement
 - Should: Recommendation

Bioinformatics Best Practice Guidelines



Guidelines for development and validation of software, with particular focus on bioinformatics pipelines for processing NGS data.

Nicola Whiffin^{1,2}, Kim Brugger³, Joo Wook Ahn⁴

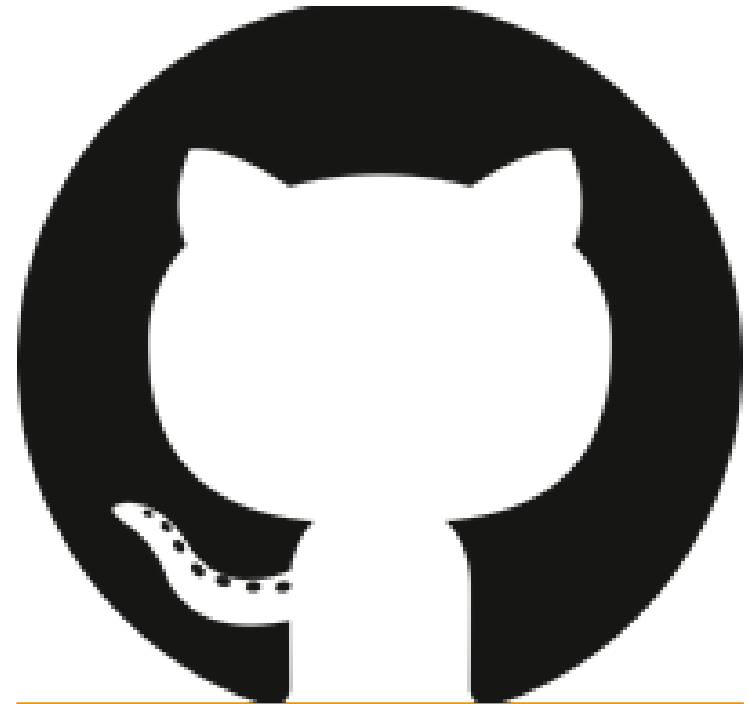
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- Development
 - Write codes for humans not machines
 - House style ok but should be enforced
 - Annotation in code
 - Contingency planning & other risk assessments for all software critical for diagnostic testing
 - Version control
 - Used to record all changes
 - Informative commit messages
 - Record versions of ancillary files (Ref genome etc)
 - Include releases/milestones
 - Multiuser
 - Peer-review of code



Git is a popular versioning system

- External Software
 - A system for regularly checking for updates and big fixes
 - Versions of any software used for diagnostic purposes recorded
 - Key software version included on clinical report
 - Recording of ancillary files

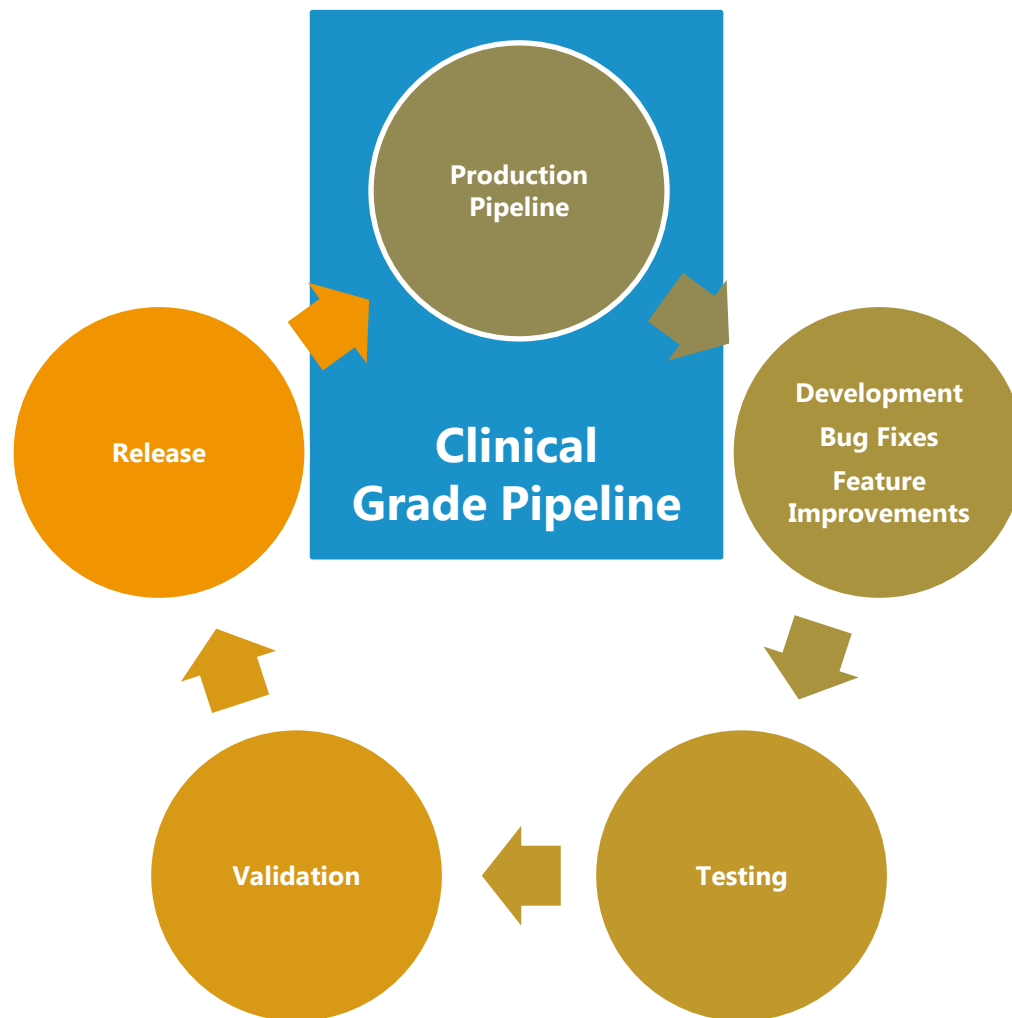
1700177-S1602982-02_BreastOvarian_variants_LessLQsPolys.xlsx - Microsoft Excel

	A1	
	reference_genome	
	A	B
1	reference	/results/Pipeline/program/GATK_resource_bundle/ucsc.hg19.nohap.masked.fasta
2	dbsnp	/results/Pipeline/dbsnp/v138/00-All.vcf
3	cosmic	/results/Pipeline/cosmic/v67/CosmicCodingMuts_v67_20131024.vcf
4	os	Ubuntu 12.04.3 LTS
5	python	/home/bioinfo/mparker/virtualenvs/sdgs/bin/python
6	SDGSPipe	v3.1.4
7	SDGSData	0.1.9
8	SDGSCom	0.1.4
9	SDGSOper	0.0.5
10	broad	/results/Analysis/MiSeq/MasterBED/HeredCancer_full_panel_25bp_v1.bed
11	small	/results/Analysis/MiSeq/MasterBED/HeredCancer_breast_ovarian_full_panel_25_v1.bed
12	exonic	/results/Analysis/MiSeq/MasterBED/exonic_files/HeredCancer_breast_ovarian_full_panel_25_v1_exonic.bed
13	poly	/results/Analysis/MiSeq/MasterPolyList/ValidatedPolyLists/Hered_Cancer_polymorphism_list_v4.txt
14	tx	/results/Analysis/MiSeq/MasterTranscripts/HeredCancer_preferred_transcripts.txt
15	bwa	/results/Pipeline/program/bwa-0.7.15/bwa
16	picard	/results/Pipeline/program/picard-tools-1.101
17	samtools	/results/Pipeline/program/samtools-1.3.1/samtools
18	gatk	/results/Pipeline/program/GenomeAnalysisTK-3.6/GenomeAnalysisTK.jar
19	snpeff	/results/Pipeline/program/snpEff3.3h/SnpSift.jar
20	bamutil	/results/Pipeline/program/bamUtil_1.0.13/bamUtil/bin/bam
21	bedtools	/results/Pipeline/program/bedtools-2.17.0/bin/bedtools
22	sambamba	/results/Pipeline/program/sambamba-0.6.3/build/sambamba
23	verifyBam	/results/Pipeline/program/verifyBamID_1.1.3/verifyBamID/bin/verifyBamID
24		
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Ready | PipelineDetails | 100%

- False Positives:
 - Variants detected by NGS that are not present in the individual
 - Sequencing Artefacts
 - Poor Alignment (Pseudogenes?)
 - Poly-Tracts
- False Negatives:
 - Variants present in the patient but not present in the NGS variant calls
 - Low coverage
 - Variant caller errors
 - Poor alignment?

- Validation
 - Extensive
 - Initial validation:
 - Dry – truth data
 - Determine sensitivity with sanger truth set
 - 95% >0.95 – Pipeline detects all 60/60 sanger variants with no false negatives. 300/300 gives 95% >0.99
 - Should be different individuals
 - Further validation:
 - Validation performed as above – maintain a validation dataset
 - Validation following substantive changes to a pipeline
 - Assess test dataset for relevance



Do these guidelines go far enough? What else could we do?

Sequencing Best Practice Guidelines



Practice guidelines for Targeted Next Generation Sequencing Analysis and Interpretation.

Prepared and edited by Zandra Deans¹, Christopher M Watson², Ruth Charlton², Sian Ellard^{3,4}, Yvonne Wallis⁵, Chris Mattocks⁶, and Stephen Abbs⁷.

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- Validation
 - Targeting method, sequencing process & data analysis
- Derive information on reproducibility and robustness

- Comparison to gold standard (i.e. Sanger, SNPArrays)
- Power related to determine related to number of unique variants
- Required sensitivity depends on application
- 95% confidence that the error rate for het/hom mutation detection is no more than 5%
 - Minimum of 60 unique variants
 - 150 variants – 2%
- Use commercial standards – GIAB
- Should test on representative samples – i.e. not all cell lines

- Consider difficult regions of the genome
 - Pseudogenes
 - GC/AT rich regions
 - Repetitive elements
- Barcoding – checks in place

- Quality measures at multiple stages of the process
- Record of data quality markers as part of audit trail:
 - Average base call quality scores
 - Mapping quality scores
 - Number of reads mapped and the percentage of target covered at the minimum coverage required
 - The alignment algorithm and alignment settings

- Analysis Pipeline to Identify Variants
 - Software for data analysis may be supplied commercially or be open source
 - Accurate versioning is essential and each software upgrade requires revalidation
- Annotation
 - Human Genome Variation Society (HGVS) recommendations
- Filtering
 - Likely mode of inheritance
 - Polys
- Data Storage
 - It is essential to store the output file from the variant annotation step

UKAS Accreditation



Custom Filter - Documents List - Q-Pulse

File Edit View Actions Window Help

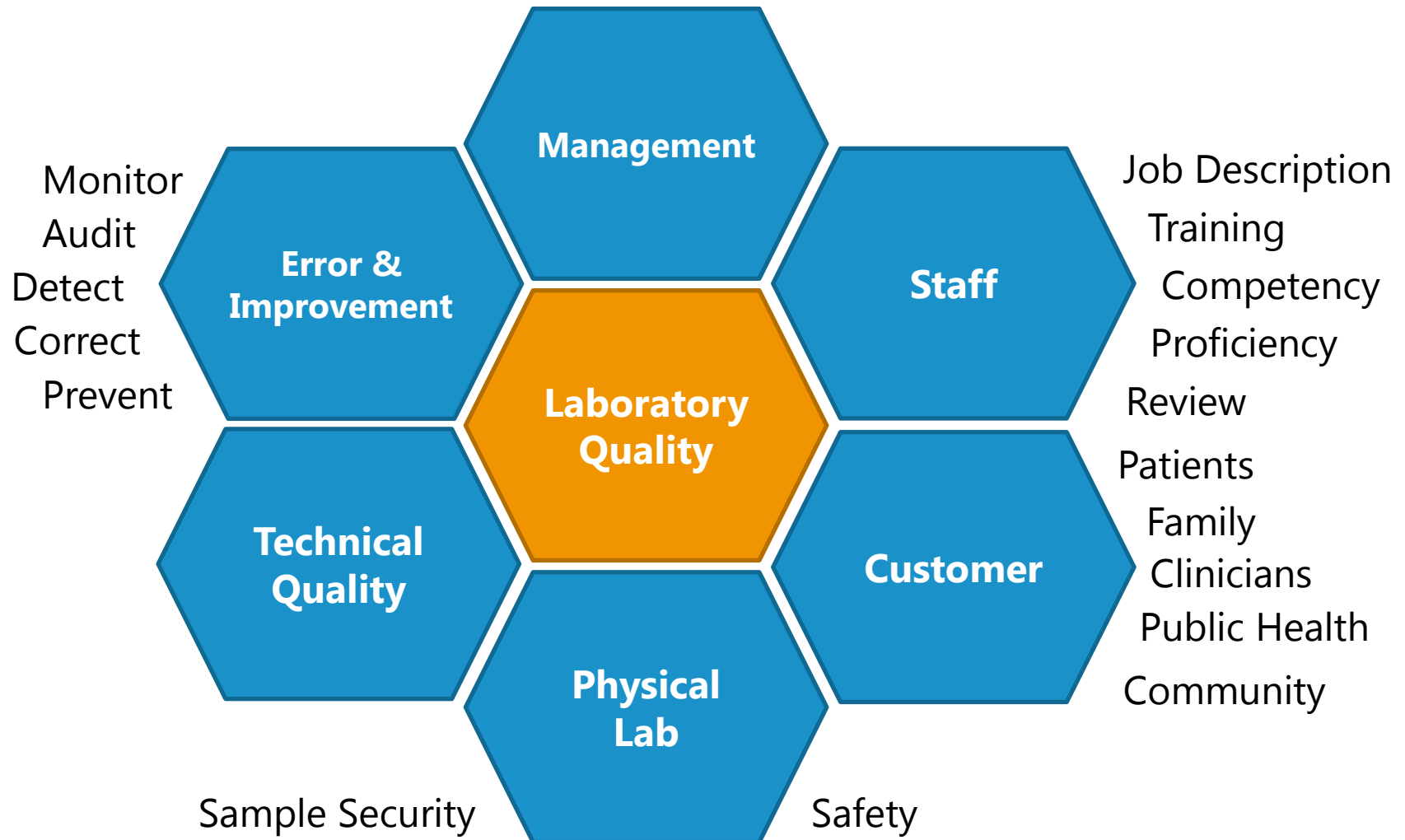
Register: Active

Document Number	Document Title	Revision	Active Date
301.2.006	Service Agreement - Kinsmill Hospital	1	01/04/2014
331.1.002a	One-to-One Meetings	7	21/12/2015
401.032	NGS - System Administration of the NGS Servers	1	13/01/2017
401.058f	VALIDATION v3.1.3 NGS - How to Run the NGS Pipeline	1	12/10/2016
401.058g	VALIDATION v3.1.3 NGS - How to Run the NGS Pipeline	1	21/10/2016
401.058h	VALIDATION v3.1.3 NGS - How to Run the NGS Pipeline	1	31/10/2016
401.058i	VALIDATION v3.1.4 NGS - How to Run the NGS Pipeline	1	21/12/2016
401.089	NGS - Verification - Ability to Call Indels with v3.1.2	1	10/09/2016
401.097	NGS - The NGS Analysis Pipeline	3	13/01/2017
401.107a	NGS - Pipeline Deployment Sign-Off	2	04/10/2016
401.108	NGS - Version Control of NGS Pipelines	3	04/10/2016
401.109	NGS - Merging Runs	3	04/10/2016
401.110	NGS - Backup of NGS Runs	1	11/08/2016
401.230	NGS - Creating and Checking Reference Files for the NGS Pip...	5	16/01/2017
401.230b	NGS - Checking Reference Files Validation	1	03/10/2016
401.251	NGS Service - list of genes with gaps	1	25/07/2016
401.258	NGS - Masking the Reference Genome for the NGS Pipeline	1	03/10/2016
406.066	General - Using the New Security Settings in GeneticsXP	1	27/02/2012
407.041	NGS - Plan for Future Storage of Key Reference Files	1	16/01/2017
409.004a	R&D: Patient NGS in NBS Referral Form - Details	2	05/01/2017
409.004b	R&D: Patient NGS in NBS Referral Form - Blank	2	05/01/2017
410.286	Competence - Deploying the NGS Pipeline	1	03/10/2016
410.288	Competence - Running the PKD NGS Pipeline	1	03/10/2016
410.289	Competence - Merging NGS Runs	1	03/10/2016
410.291	Competence - Creating and Checking Reference Files for the ...	1	04/10/2016
1418	Flow Cytometer Instrument Settings Verification - CD34 and S...	3	11/11/2016

Record(s) Found: 28

ISO 15189

Medical Laboratories – Requirements for Quality and Competence



- Negative results sometimes as important as positive ones
- Must know coverage – have we covered all regions of interest
- Gap Fills

- The NHS, through the Scientists Training Program (STP) is building a workforce of bioinformaticians for the future
- We have 3x trainees in Sheffield and another due to start in the new year
- Registered clinical scientists



STP Program: Modernising Scientific Careers

- NHS already carries out significant amounts of diagnostic sequencing
- Growing bioinformatics workforce
- Genomics in healthcare is tightly regulated
- Standards and Accreditation protects patients and families from poor practice
- Bioinformatics, through a robust, version controlled pipeline, should provide high quality and relevant variants to clinical scientists