



# Practical - Variant Interpretation in a Clinical Laboratory

## Best Practice

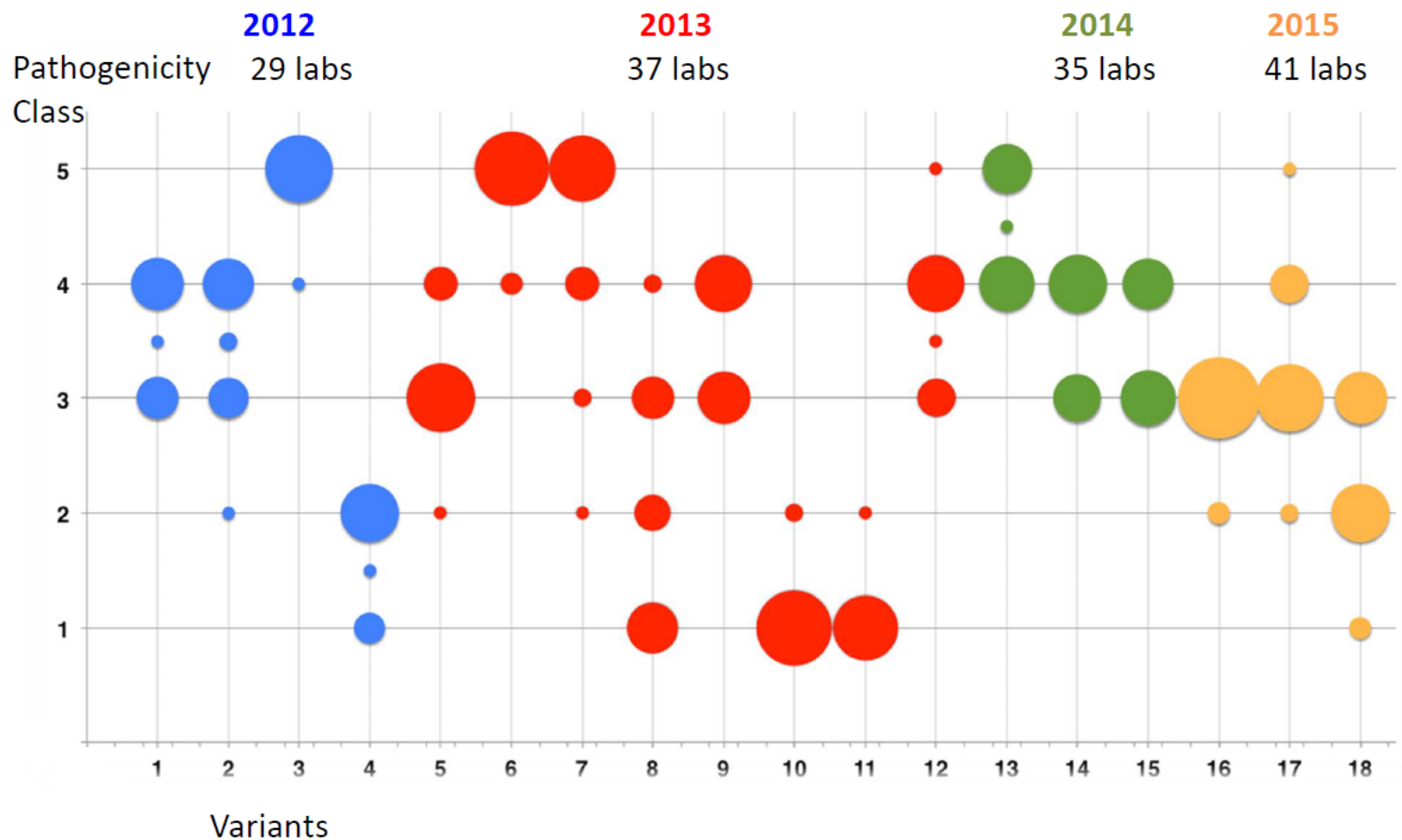
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- You've done the test and got a result but what does it mean..?
  - Inheritance pattern?
  - Phenotype?
  - Pathogenic effects?
- Best practice
  - To standardise assessment of variants across clinical laboratories (in theory)
  - In practice classification still varies among laboratories

# Consistent inconsistency?



- Association for Clinical Genetic Science 2015
  - Defines the pieces of information that should be collected
  - Gives some guidance for each classification
  
- American College of Medical Genetics and Genomics 2015
  - Designed to reduce the number of “causative” predictions that does not have sufficient supporting evidence
  - Recommended for adoption in UK Nov 2016

- HGVS nomenclature
  - Notation is dependent on type of variation and the level of description (e.g. genomic, coding DNA, protein)
  - Must detail the reference sequence used
    - g. = genomic
    - m. = mitochondrial
    - c. = coding DNA
    - n. = non-coding DNA
    - p. = protein
  - Must give the position(s)
  - Must give the reference and alternative nucleotide/amino acid

g.45576A>C

"A" nucleotide at genomic coordinate 45576 has been substituted for a "C"

c.56G>T

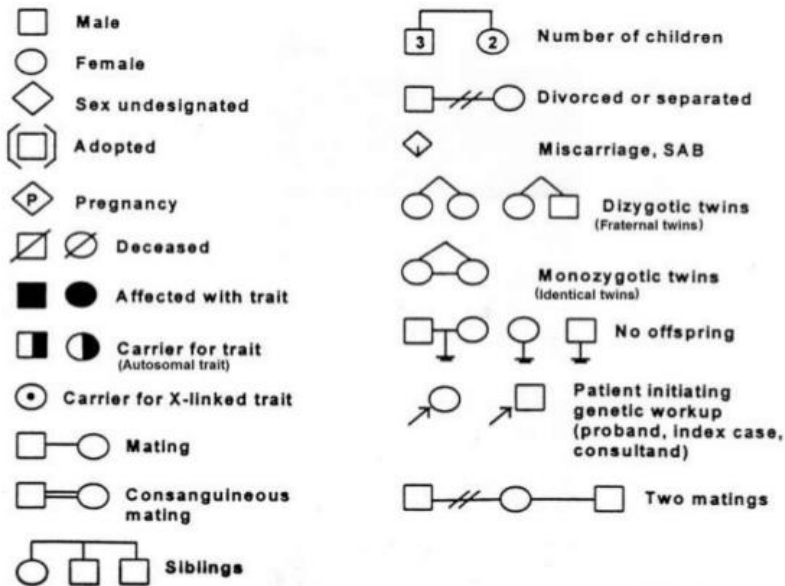
"G" nucleotide at cDNA coordinate 56 has been substituted for a "T"

p.(Trp26Cys)

Tryptophan residue at position 26 is changed to a Cysteine \*brackets indicate predicted consequence

-

# Drawing a pedigree



Symbols used when drawing a genetic pedigree

- Describe the family structure and any affected individuals
- Usually includes proband's grandparents
- Affected family members must have full clinical details (DOB, condition, relevant testing, known mutations)

## Your turn...

- Fill out the phenotype section of the form using the information provided in the patient sheet
- Try to identify HPO terms for the descriptions given
- Generate a pedigree from the description of the family on phenotips
- Try to identify a likely inheritance pattern from the pedigree



- It is important to understand what would be expected if a mutation was found in the gene you are investigating
  - What disorder(s)?
  - What phenotype?
  - What inheritance pattern?
  - What type of mutations?
- If the information gathered about the patient does not match it can suggest a polymorphic role

OMIM

\* 611254

KINESIN FAMILY MEMBER 7; KIF7

HGNC Approved Gene Symbol: KIF7

Cytogenetic location: 15q26.1 Genomic coordinates (GRCh38): 15:89,627,969-89,663,085 (from NCBI)

Gene-Phenotype Relationships

Location	Phenotype	Phenotype MIM number	Inheritance	Phenotype mapping key
15q26.1	?Al-Gazali-Bakalinova syndrome	607131	AR	3
	?Hydroletharus syndrome 2	614120	AR	3
	Acrocallosal syndrome	200990	AR	3
	Joubert syndrome 12	200990	AR	3

TEXT

Description

The KIF7 gene encodes a cilia-associated protein belonging to the kinesin family that plays a role in the hedgehog (see, e.g., SHH; 600725) signaling pathway through the regulation of GLI (see, e.g., GLI1; 165220) transcription factor (summary by Putoux et al., 2011). The KIF7 gene also plays a role in the regulation of microtubule acetylation and stabilization (Dafinger et al., 2011).

Gene Symbol	Chromosomal location	Gene name
KIF7 (Aliases: available to subscribers)	15q26.1	Kinesin family member 7 (Aliases: available to subscribers)

Mutation type	Number of mutations
Missense/nonsense	14
Splicing	2
Regulatory	0
Small deletions	8
Small insertions	2
Small indels	1
Gross deletions	1
Gross insertions/duplications	0
Complex rearrangements	0
Repeat variations	0
Get all mutations by type	
Public total (HGMD Professional 2016.4 total)	28 (39)

HGMD

Genetics Home Reference

KIF7 gene

kinesin family member 7

Download PDF Open All Close All

- Normal Function
- Health Conditions Related to Genetic Changes
- Chromosomal Location
- Other Names for This Gene
- Additional Information & Resources
- Sources for This Page

## Your turn...

- Fill out the disease background section of the form for the gene given on your patient information sheet
- Try to identify the inheritance pattern, phenotype associated with the disorder and whether there are certain types of mutation that are more common

## Variant Databases

**Summary:** It is **essential** that LSDBs are used where available and that staff carrying out searches should be appropriately trained in the use of databases. LSDBs that contain references to the published literature should be used in preference to those that do not. It is

### 4.1 Variant databases including LSDBs

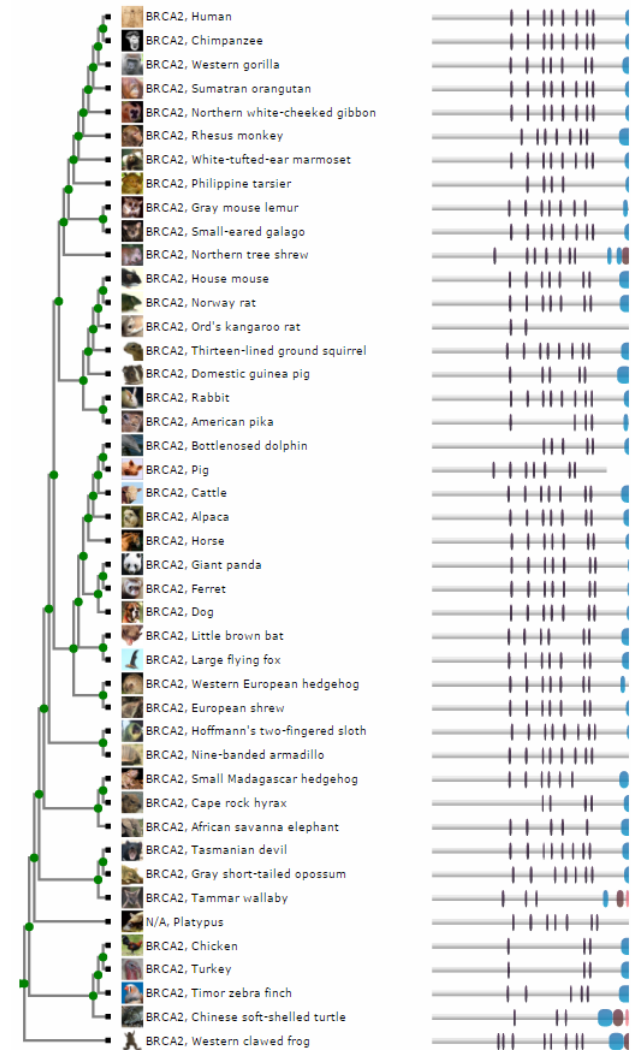
**Summary:** It is **essential** that SNP databases are reviewed on discovery of a novel sequence variant; however, they should be used with caution. It is **essential** to determine the source of the data since multiple reports of a given SNP may actually have arisen from the same original data source. It is **essential** that variants are only classed as SNPs if they are validated and are reported with convincing frequency information. It is **unacceptable** to use the presence of a SNP in such databases as evidence of non-pathogenicity in the absence of convincing frequency information.

### 4.2 Presence or absence on SNP databases

- Can be used to determine whether a variant is likely to be pathogenic
- Now contain pathogenic variants
- Some variants added with little supporting evidence
  - Artefact of sequencing
  - Insufficient evidence to determine role

# Is the position important?

- Variants in functional domains or involved in protein structure are more likely to be pathogenic
- Sequence conservation can indicate sites that cannot tolerate variation



TreeFam gene tree for BRCA2

<http://www.treefam.org/family/TF105041#tabview=tab1>

## Your turn...

- Look at the gene in pfam
- What domains does it have?
- Is your variant in a domain that is important for function or structure?

- Extremely sensitive to diversity and gaps
- Divergence of the region directly surrounding the variant is important
- Quality of MSA is assessed based on the probability of the residue showing a high conservation due to chance
- Different amino acids don't always indicate tolerance
- Similarity doesn't always indicate pathogenicity

```
VAAAKRKAGKGT VQLTATKK
TSKSKSKSERASIQLAATRK
TSKSKTKSGRANIQLTATKN
ASQSKSKSGKANTQLTATKK
ASKSKSRYEKANVQLAATKK
PSQSKSRSGRASVQLTATKK
VSKSKNKFEPWSIQLTATKR
TSKPKNKSGRANLQLTATKR
TSHSKSKSERASVQLTATKK
TSKSKSKSKKANIQLAATKK
ASPSKSKSDSTHIRLTATKK
TSKSKSKSERTKMQLTATKK
ASESKRTSGSTRVQLTATRR
TSKSKSKSERANIQLAATKK
ASQSRGKADSTS IQLTATKK
XXXXXXXXXXXXXXXXXXXXX
```

Section of variation

```
TSQSKSKSEKANIQLTATKK
TSKSKSKSERANIQLAVTKK
TSKSKSKSERANIQLTATKK
...
TSPSKSKSDRAHIRLTATKK
ASKSKSKYERANIQLTATKK
TSKSKSKSERANIQLAATKK
TSKSKSKSERANIQLAATKK
TSKSKSKSERAGIQLAATKK
TSKSKSKYERANIQLASTKK
TSKSKCKSERANIQLTATKR
TSKSKSRSERANIHLTATKK
TSKSKSKSERANIQLAATKK
TSKSKSKSGRVNIQLTATKK
ASKSKSKSERANIQLTATKK
ASKSKSKSERANIQLT - - -
```

Section of similarity

- Computational tools have been designed to predict the impact of missense changes
- Studies have shown that the optimal tool depends on the gene and recommend a combination of tools for analysis
- Many rely on multiple sequence alignments
  - Poor alignments produce poor predictions - usually false negatives

**Summary:** It is **acceptable** to predict the severity of an amino acid change using *in-silico* methods. It is **unacceptable** to rely solely on these predictions to assign pathogenicity to a previously unclassified variant. Records of this work must specify the parameters and methods used to estimate the severity of the amino acid change.

## 4.8 *In silico* prediction of pathogenic effect



# Can we predict the effect?

Fasta sequence

GO terms

**SNPs&GO**  
Predicting disease associated variations using GO terms

**Protein Sequence:**  One letter residue code  
example 1 -> output 1

**Sequence File:**  No file chosen or Sequence file

**Swiss-Prot Code:**  or Swiss-Prot protein code  
example 2 -> output 2

**GO terms:**  Gene Ontology terms

**Mutations:**  Comma or blank separated mutations

**All methods:** ☒ Returns also PhD-SNP predictions

**e-mail:**  e-mail address (optional)

SNPs&GO

Enter a list of human protein variants

Paste in your protein variants:

Example (upload example)

```
ENSP00000224605 63 A S
ENSP00000224605 55 D G
ENSP00000443112 651 T .
ENSP00000359240 59 Q QA
NP_000483.3 508 F .
P13569 508 F .
```

Or upload a file containing variants (1MB limit):  
 No file chosen

Email (optional)

If provided, results will also be sent via email.

PROVEAN

Reference amino acid

Position

Polymorphism Phenotyping v2) is a tool which predicts possible impact of an amino acid substitution on a human protein using straightforward physical and comparative considerations. Please, use the

**Query Data**

**Protein or SNP Identifier**

**Protein sequence in FASTA format**

**Position**

**Substitution** AA<sub>1</sub> ARNDCEQGHILKMFPSTWYV  
AA<sub>2</sub> ARNDCEQGHILKMFPSTWYV

**Query description**

**Display advanced query options**

Alternate amino acid

PolyPhen2

Variant in format

<protein\_acc> <pos> <ref> <alt>

Mutation in the format (XposY)

## Your turn...

- Get the protein sequence in fasta format from NCBI (the link is on your form) using the accession given in the patient information
- Submit your variants to the online tools
- Investigate some of the GO terms associated with your gene

- Uses:
  - The effect of substitution (including nearby residues)
  - Multiple sequence alignment
  - Functional gene ontology (GO terms)
  - PANTHER prediction (evolutionary conservation)
- Reliability index shows how likelihood of accurate prediction

**Mutation:** WT+POS+NEW

WT: Residue in wild-type protein

POS: Residue position

NEW: New residue after mutation

**Prediction:**

**Neutral:** Neutral variation

**Disease:** Disease associated variation

**RI:** Reliability Index

**Probability:** Disease probability (if >0.5 mutation is predicted Disease)

**Method:** SVM type and data

PANTHER: Output of the PANTHER algorithm

PhD-SNP: SVM input is the sequence and profile at the mutated position

SNPs&GO: SVM input is all the input in PhD-SNP, PANTHER and GO terms

**F[X]:** Frequency of residue X in the sequence profile

**Nali:** Number of aligned sequences in the mutated site

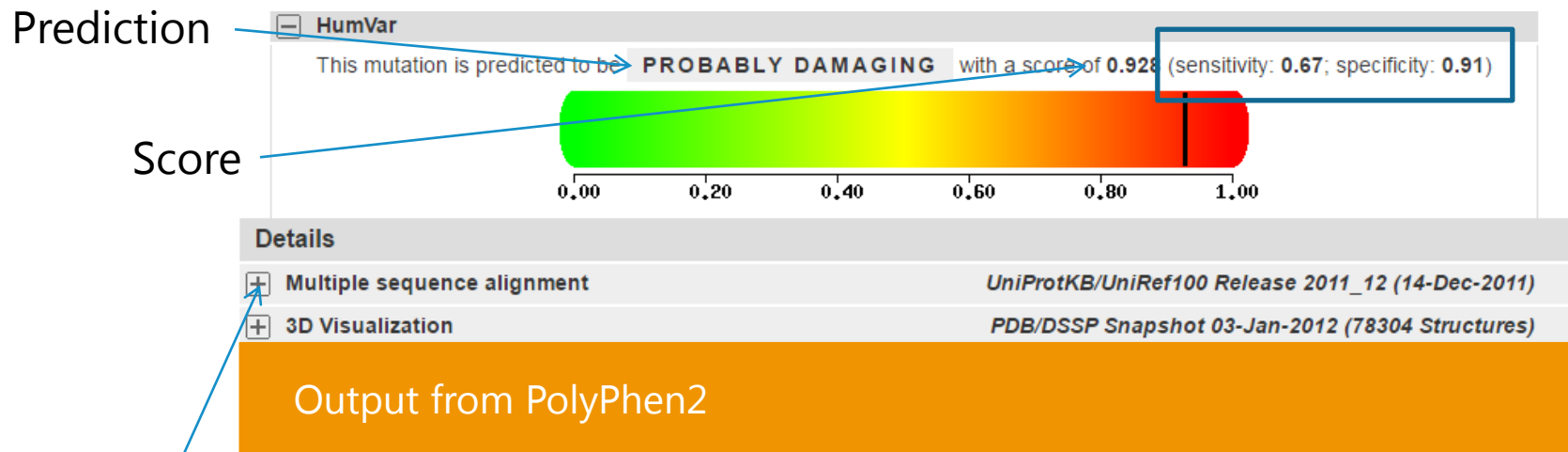
Output fields from SNPs&GO

- Uses multiple sequence alignment to assess level of conservation at that position
- SIFT is predecessor of PROVEAN
- SIFT median info score indicates alignment quality (above 3.25 suggests there is not enough diversity for accurate prediction)

VARIATION		PROTEIN SEQUENCE CHANGE				PROVEAN PREDICTION				SIFT PREDICTION			
ROW_NO.	INPUT	PROTEIN_ID	POSITION	RESIDUE_REF	RESIDUE_ALT	SCORE	PREDICTION (cutoff=-2.5)	#SEQ	#CLUSTER	SCORE	PREDICTION (cutoff=0.05)	MEDIAN_INFO	#SEQ
1	NP_009225.1 772 V A	NP_009225.1	772	V	A	-3.61	Deleterious	307	30	0.005	Damaging	3.19	353

Output from Provean

- Assesses conservation and impact on the function of the region
- HumVar is trained on the difference between disease causing and neutral variants in humans

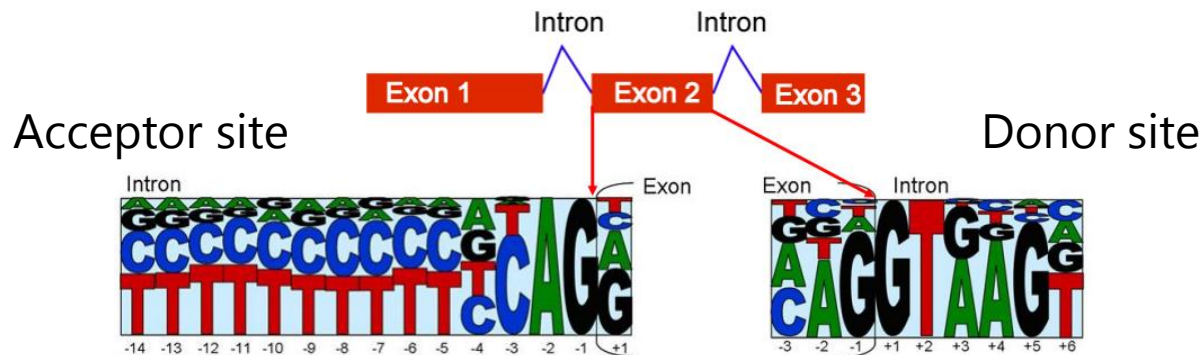


Alignment must be  
checked for validity

## Your turn...

- Analyse the results from the in silico tools
  - What effect do they predict?
  - Are the results reliable?

- Splice predictors look for motif sequences and score them according to their "strength"
- If a signal at a natural site is reduced it could be skipped
- If a signal at a cryptic site is created/increased it could out compete the natural site and change the protein sequence



Canonical/consensus sequence for splice sites

- Literature is a major source of information
- Functional/RNA studies are the holy grail of variant interpretation
- Disease specific studies can be useful but the information they contain is not always detailed
- Reliability is VERY important



## Your turn...

- Use the search string provided in the form to perform a literature search
- You should use Google, Google Scholar and PubMed as a minimum
- Abstract information collection is acceptable but try to gauge the reliability of any information you find

# What does it all mean?

## Benign

- High population frequency
- Functional study
- Not linked to patient phenotype

## Likely Benign

- Some frequency data
- In silico predicts neutral
- Not in a functional domain/likely to impact structure
- Few/no pathogenic mutations in the region

## Unknown Significance

- Conflicting predictions from in silico tools
- No frequency data or literature

## Likely Pathogenic

- No/low population frequency
- Suggestion that mutations in region have been identified before
- Pathogenic in silico predictions
- Disease specific literature

## Pathogenic

- Segregates with the disease
- Functional study
- All evidence in agreement

## Your turn...

- Combine all the lines of investigation and reach a consensus
- Use the ACMG classifier to see if there is agreement with your prediction
- Discuss your findings as a group and reach a consensus to feed back to the group

