

BIMM 143

Cancer Genomics & Immunoinformatics

Lecture 18

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UC San Diego

<http://thegrantlab.org/bimm143>

Today's Menu

Cancer Genomics

Brief review of cancer fundamentals,
What is cancer and what causes it?

Mining Cancer Genomic Data

Hands-on analysis to identify genomic changes in different cancers and identify new targets for therapy

Cancer Immunotherapy

Hands-on analysis to design personalized cancer vaccines and harness the patient's own immune system to fight cancer

What is Cancer?

“Cancer is a name given to a collection of related diseases, where some of the body’s cells begin to divide without stopping and spread into surrounding tissue”

Source: <https://www.cancer.gov>

NIH-NCI

Cancer is a disease of the Genome

- Caused by changes to genes that control the way our cells function, especially how they **grow and divide**.
- A major challenge in treating cancer is that every tumor is different: Each person's cancer has a unique combination of genetic changes (both “driver” & “passenger”).
- As the cancer continues to grow, additional changes will occur.



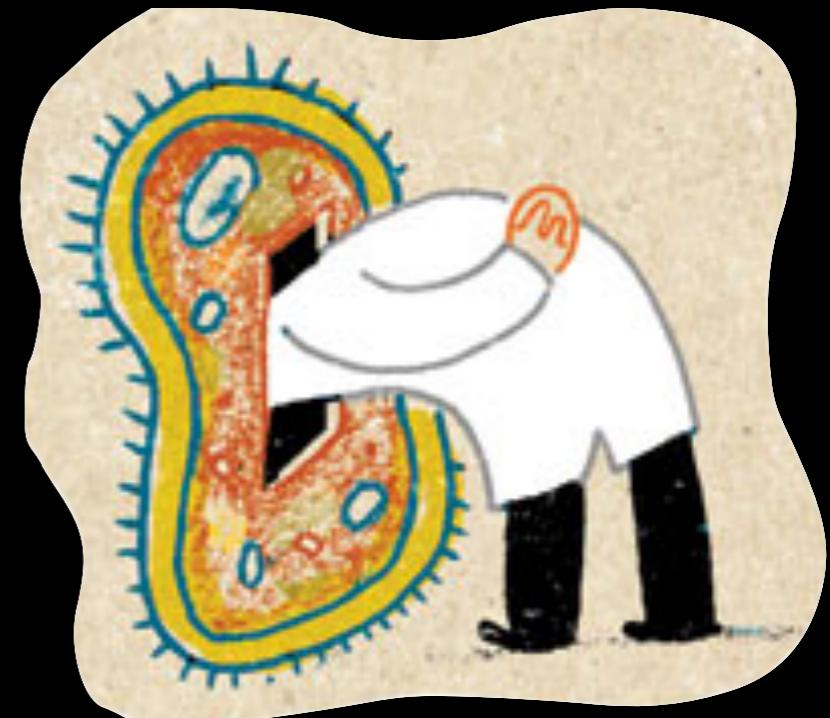
Healthy 46 chromosomes



Example cancer 59 chromosomes

Goals of Cancer Genome Research

- Identify changes in the genomes of tumors that drive cancer progression
- Identify new targets for therapy
- Select drugs based on the genomics of the tumor
- Provide early cancer detection and treatment response monitoring
- Utilize cancer specific mutations to derive neoantigen immunotherapy approaches



Finding Cancer Drivers



Motivation for adopting a genomics approach...

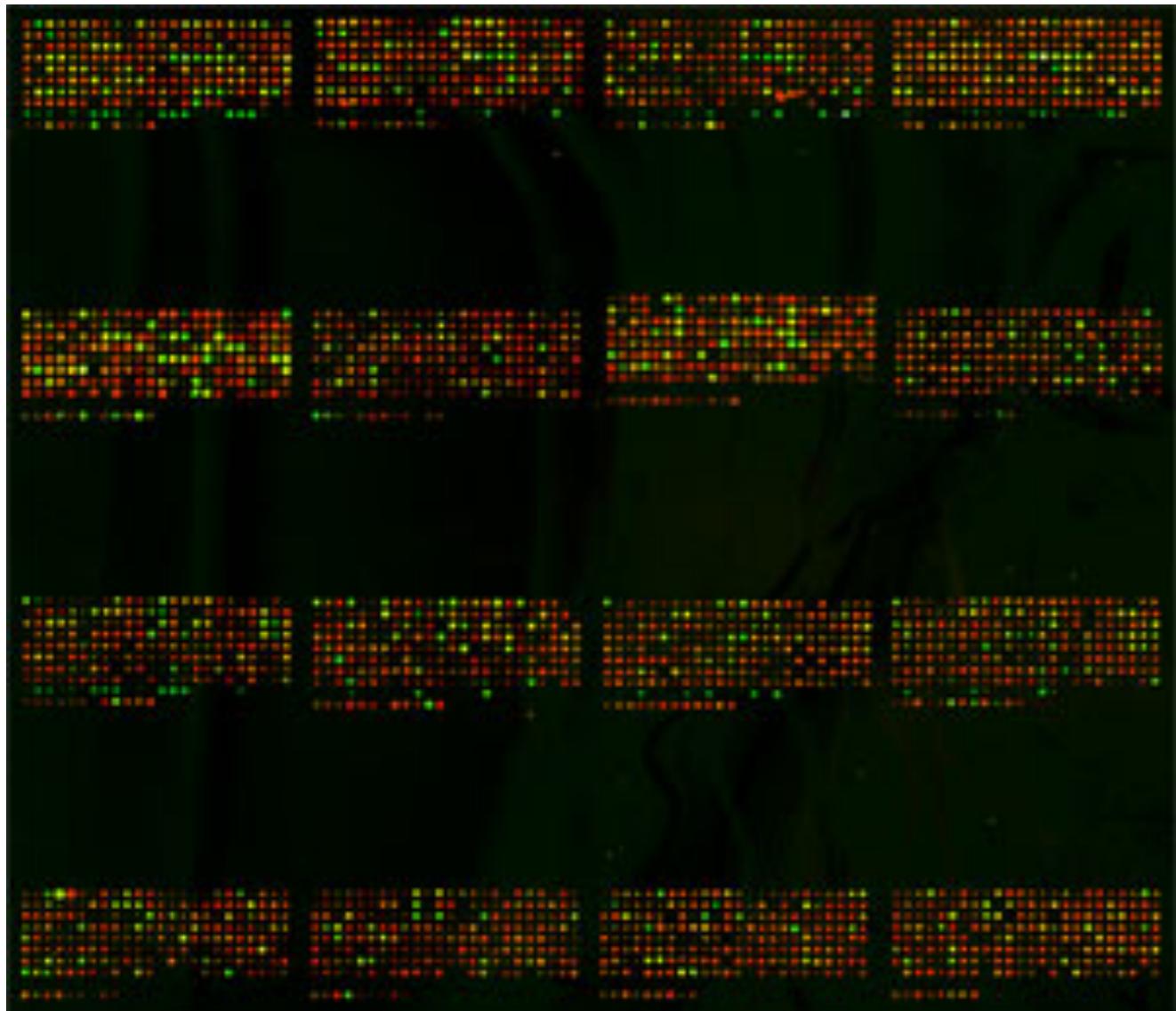
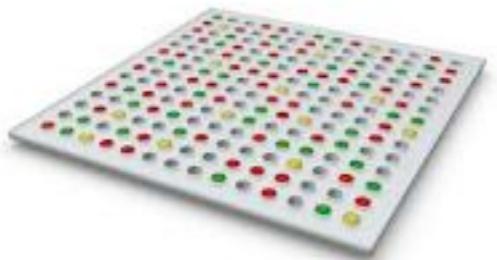
- Cancer is caused by mutations to specific genes
- Knowing which genes and proteins enables the development of **targeted treatments**
- 1st major Goal:
Define ALL cancer genes!

A G C T → A G A T



Use A Cancer Genomics Approach

Arrays

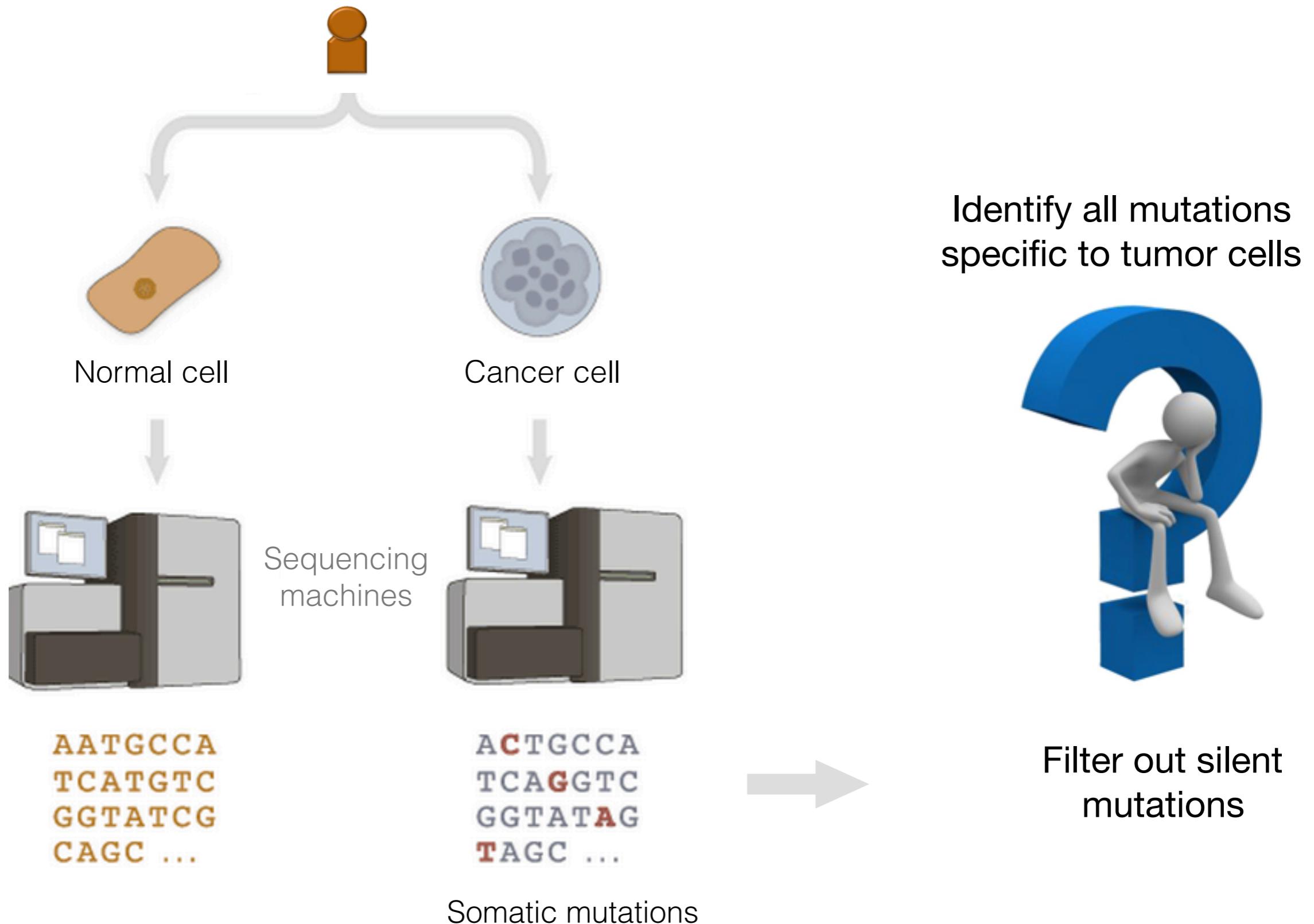


Parallel Sequencing

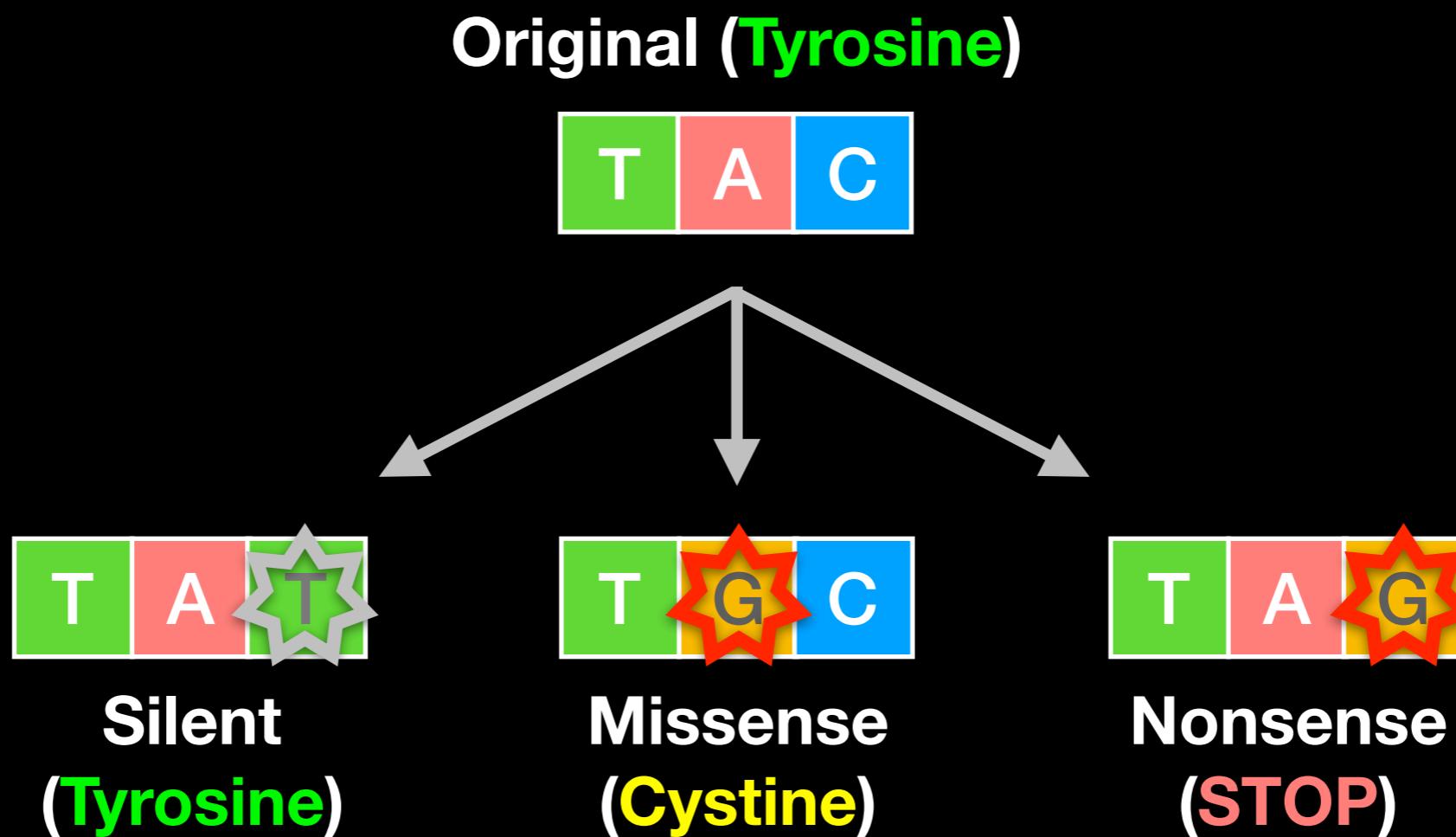


```
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GCTGGGACCTCGGGAAAGCCCTGGCCTCCAGGTAGTCTCAGGAGAGCTACT  
CAGGGTCGGGCTTGGGAGAGGAGGGAGCAGCAGCAGCAGGG  
GACTGGACCTGGGAAGGGCTGGGAGCAGAGACGACCCGACCCGCTAGAA  
GGTGGGGTGGGGAGAGCATGTGGACTAGGAGCTAACGCCACAGCAGGACCC  
CCACGAGTTGTCACTGTCATTATCGAGCACCTACTGGGTGTCCCCAGTG  
TCCTCAGATCTCCATAACTGGGAAGGCCAGGGCAGCGACACGGTAGCTAG  
CCGTCGATTGGAGAACTTAAATGAGGACTGAATTAGCTATAAATGGA  
AAACGGCGCTTAAATGTGAGGTTAGAGCTAGAATGTGAAGGGAGAATGA  
GGAATGCGAGACTGGGACTGAGATGGAACCAGGCGGTGGGGAGGGAGGG  
GGTGTGGAATTGAACCCGGGAGAGAAAGATGGAATTGGCTATGGAG  
GCCGACCTGGGATGGGAAATAAGAGAAAGACCAGGAGGGAGTTAAATAG  
GGAATGGGTTGGGGCGGCTTGGTAACTGTTGTGCTGGGATTAGGCTGT  
TGCAGATAATGGAGCAAGGCTTGGAAAGGCTAACCTGGGTGGGCCGGT  
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TTTCTCCTTCCCCAGACTGGCCAATCACAGGCAGGAAGATGAAGGTTCTG  
TGGGCTGCCCGACCCGCTAGAAGGTGGGTGGGGAGAGCATGTGGACTA  
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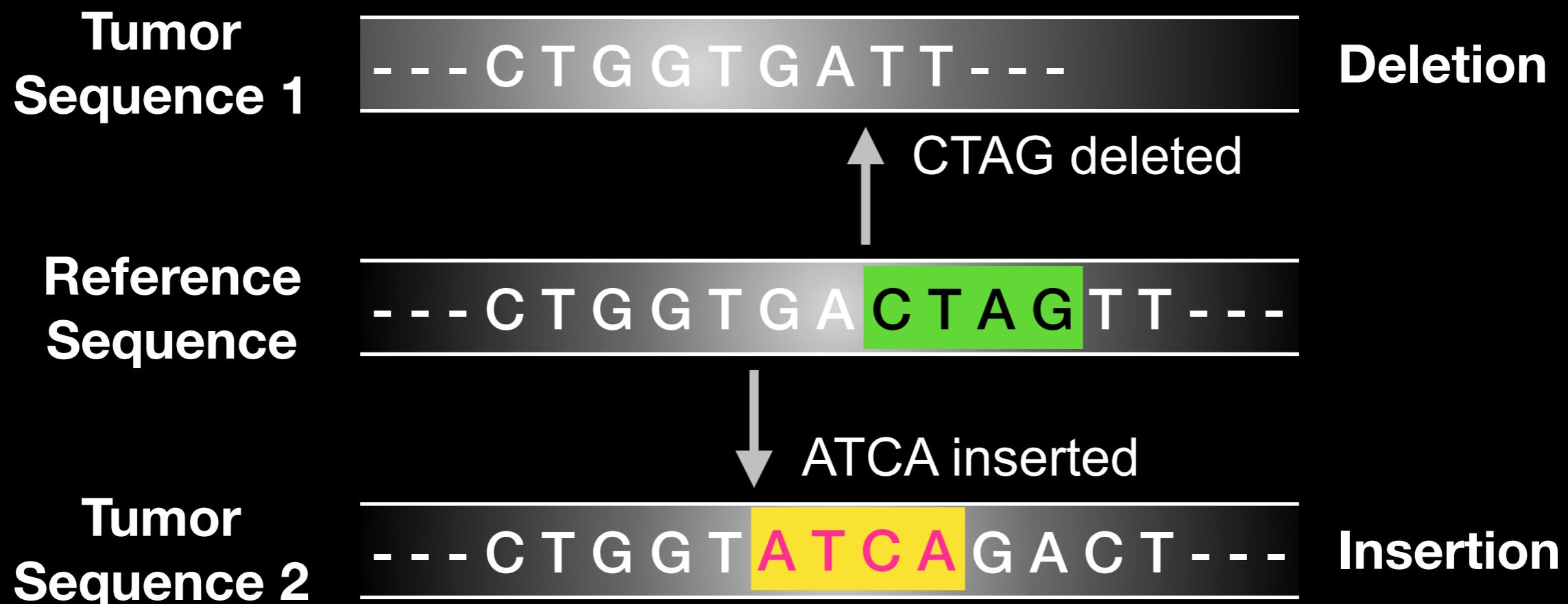
Finding Cancer Associated Mutations



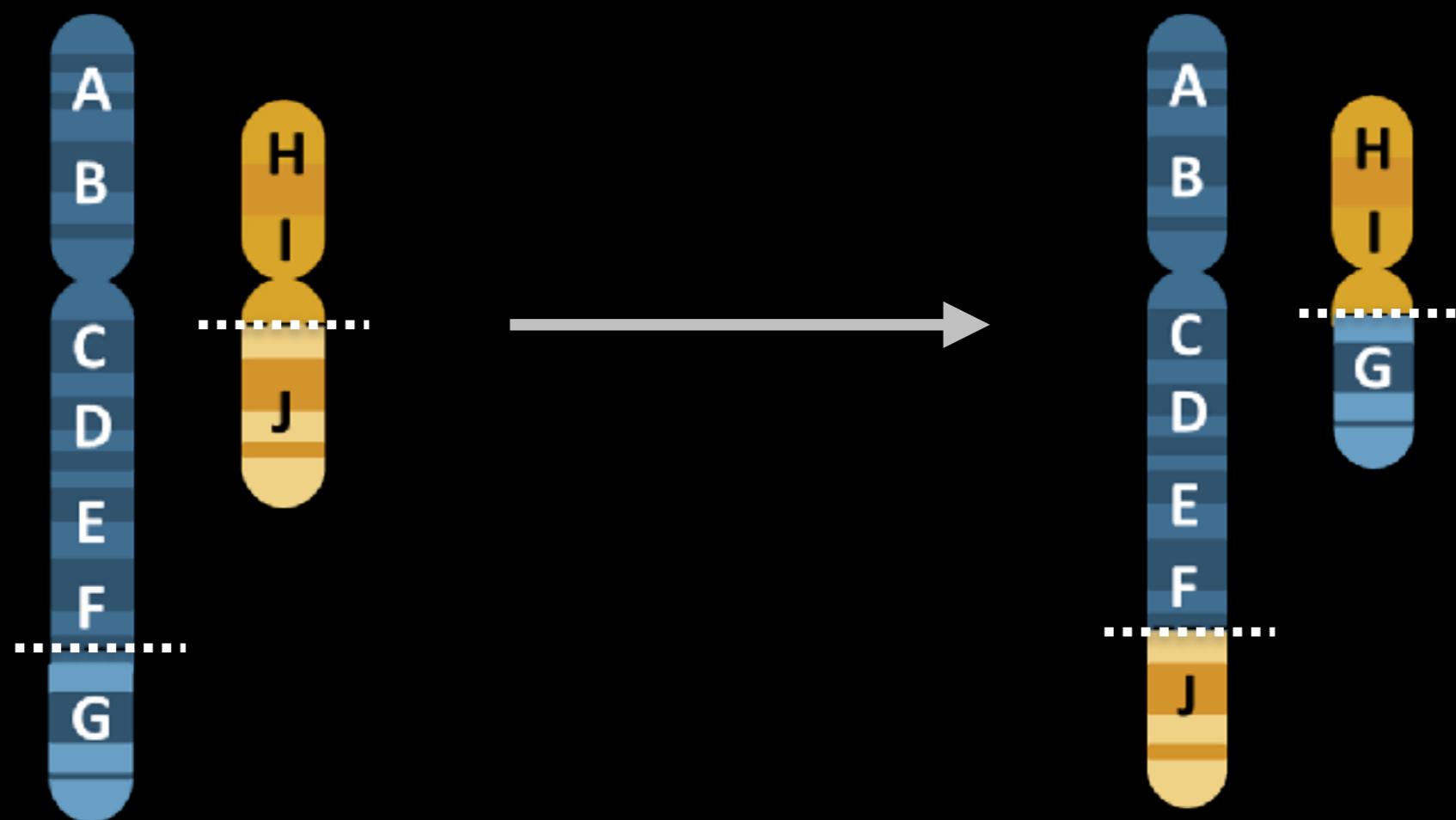
Mutations detected: Point mutations



Mutations detected: Indels



Mutations detected: Translocations



What can go wrong in cancer genomes?

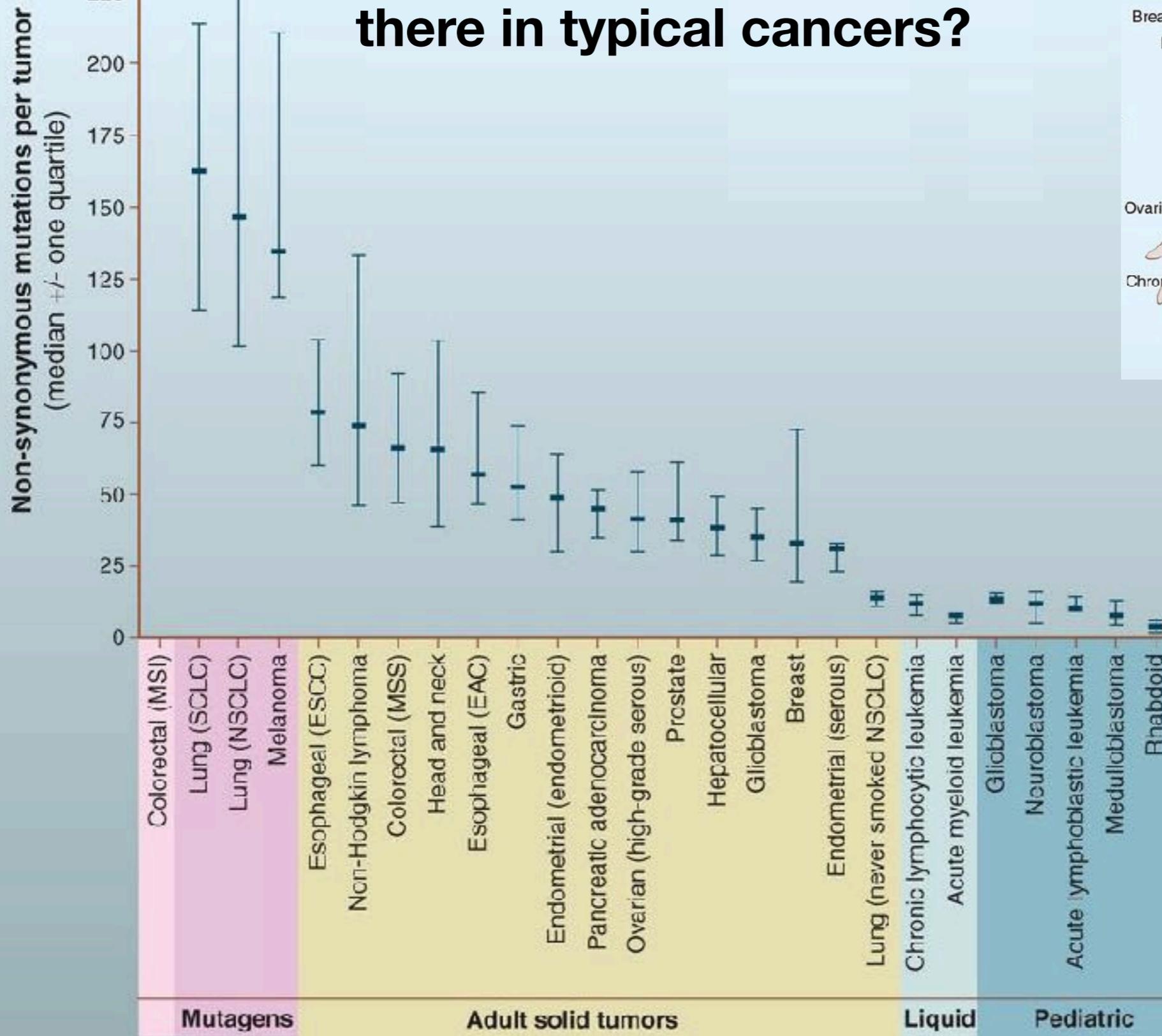
Type of change	Some common technology to study changes
DNA mutations	WGS, WXS
DNA structural variations	WGS
Copy number variation (CNV)	CGH array, SNP array, WGS
DNA methylation	Methylation array, RRBS, WGBS
mRNA expression changes	mRNA expression array, RNA-seq
miRNA expression changes	miRNA expression array, miRNA-seq
<i>Protein expression</i>	Protein arrays, mass spectrometry

WGS = whole genome sequencing, WXS = whole exome sequencing

RRBS = reduced representation bisulfite sequencing, WGBS = whole genome bisulfite sequencing

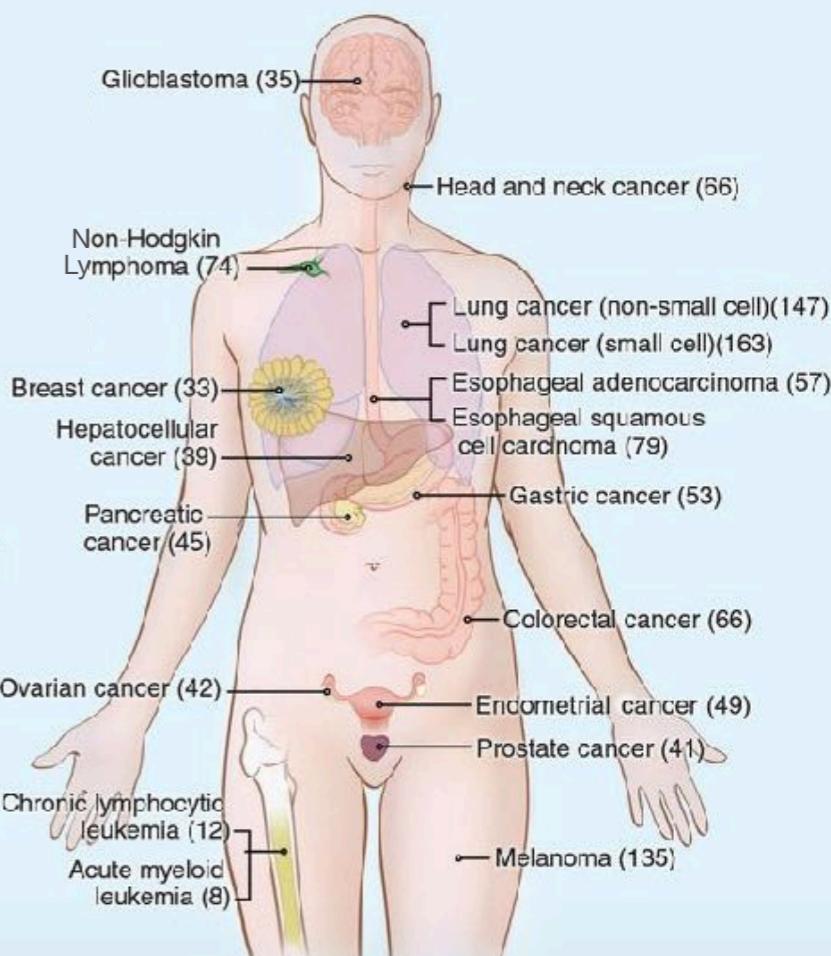
B

1500
1000
500
250
225
200
175
150
125
100
75
50
25
0



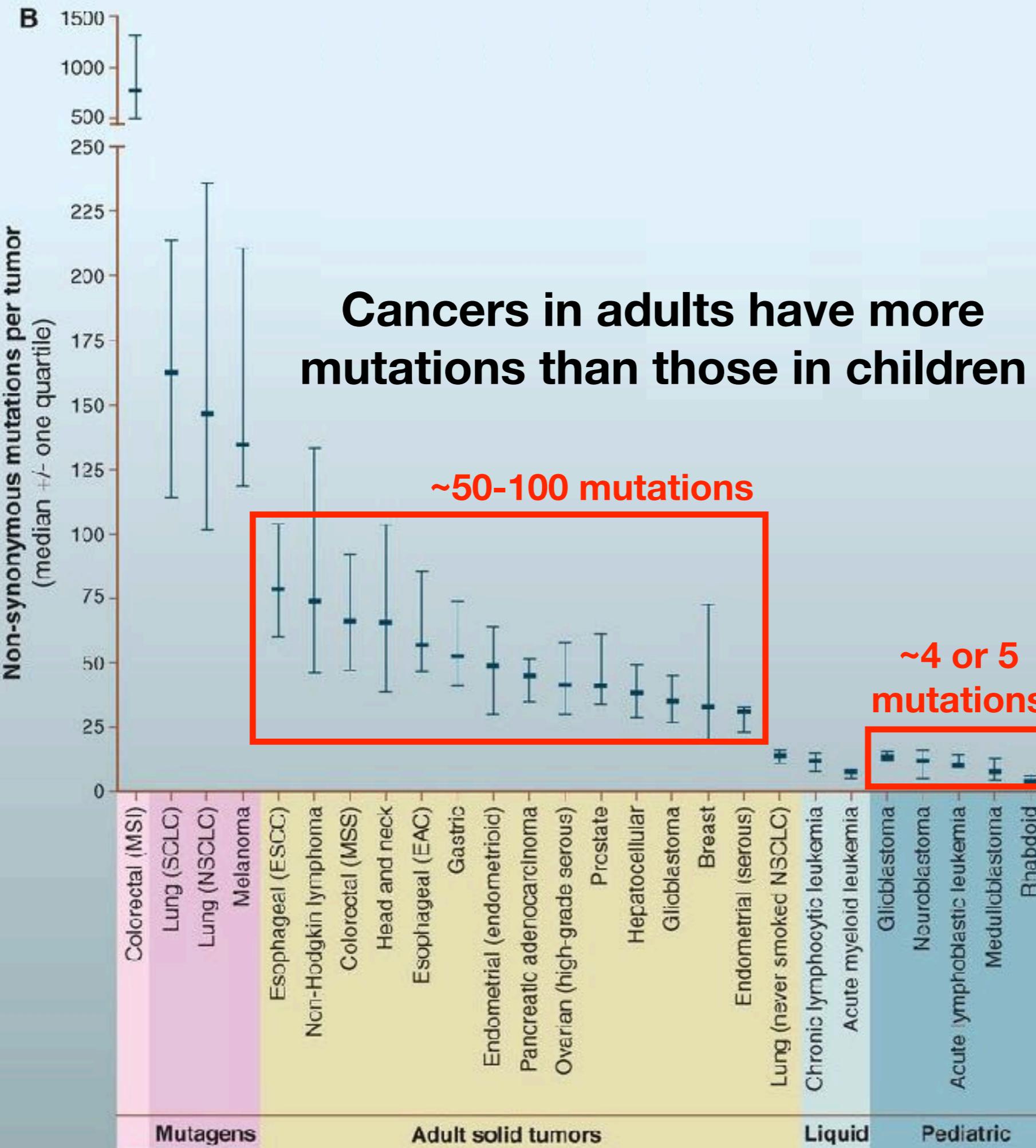
Genomics allows us to
answer the question:

How many mutations are
there in typical cancers?

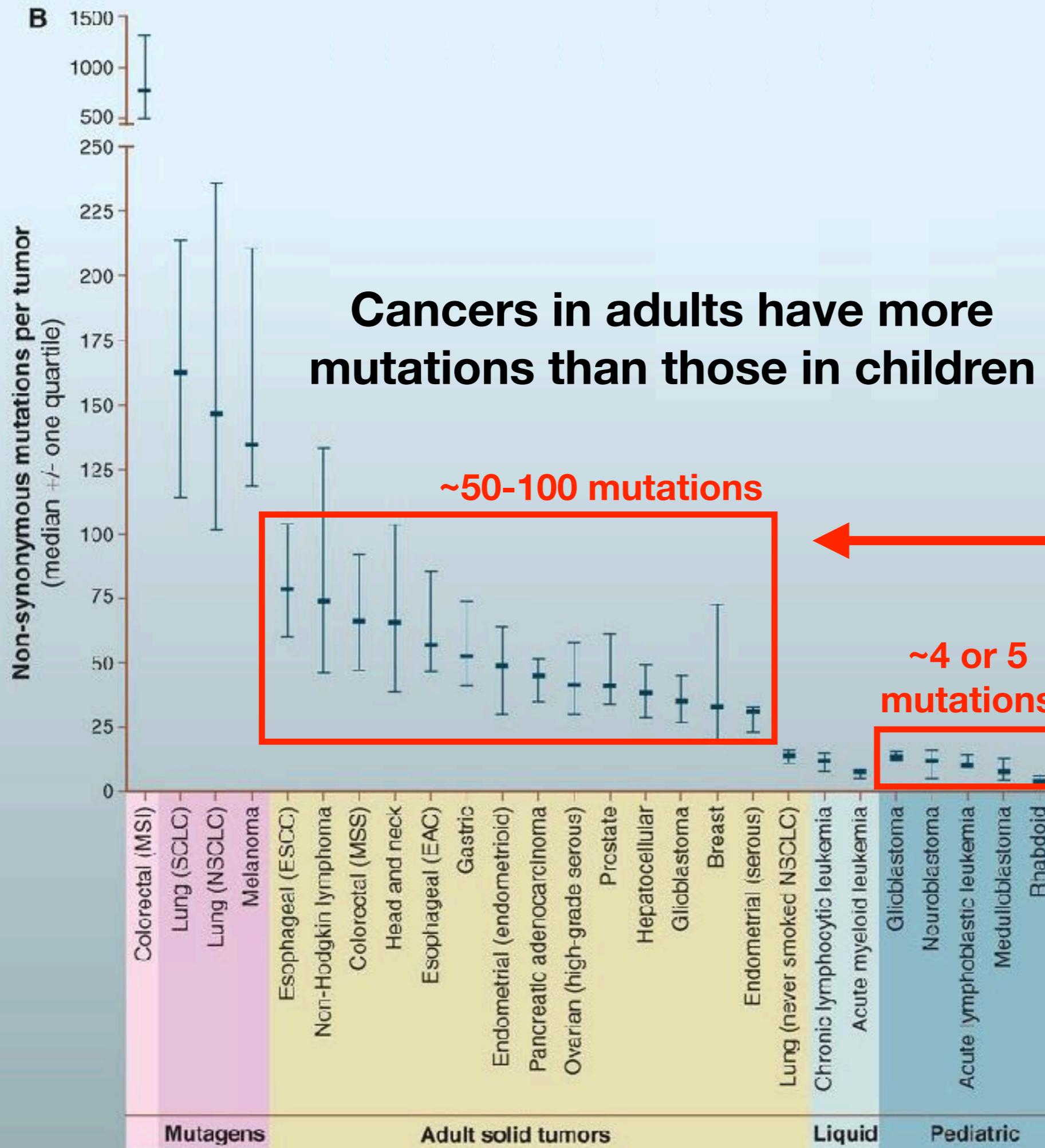


Number of somatic mutations in representative human cancers, detected by genome-wide sequencing studies

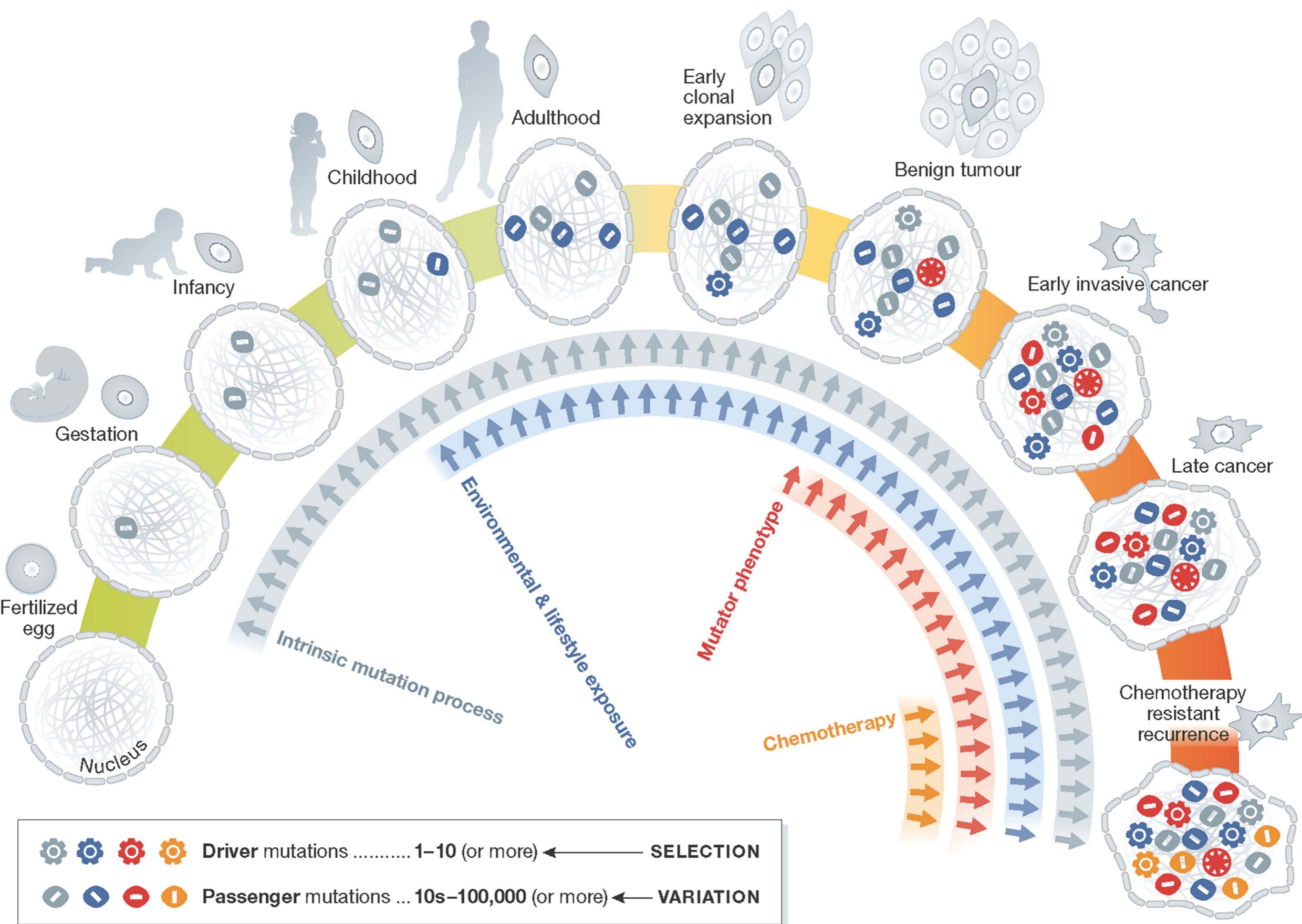
Vogelstein et al.
Science (2013)

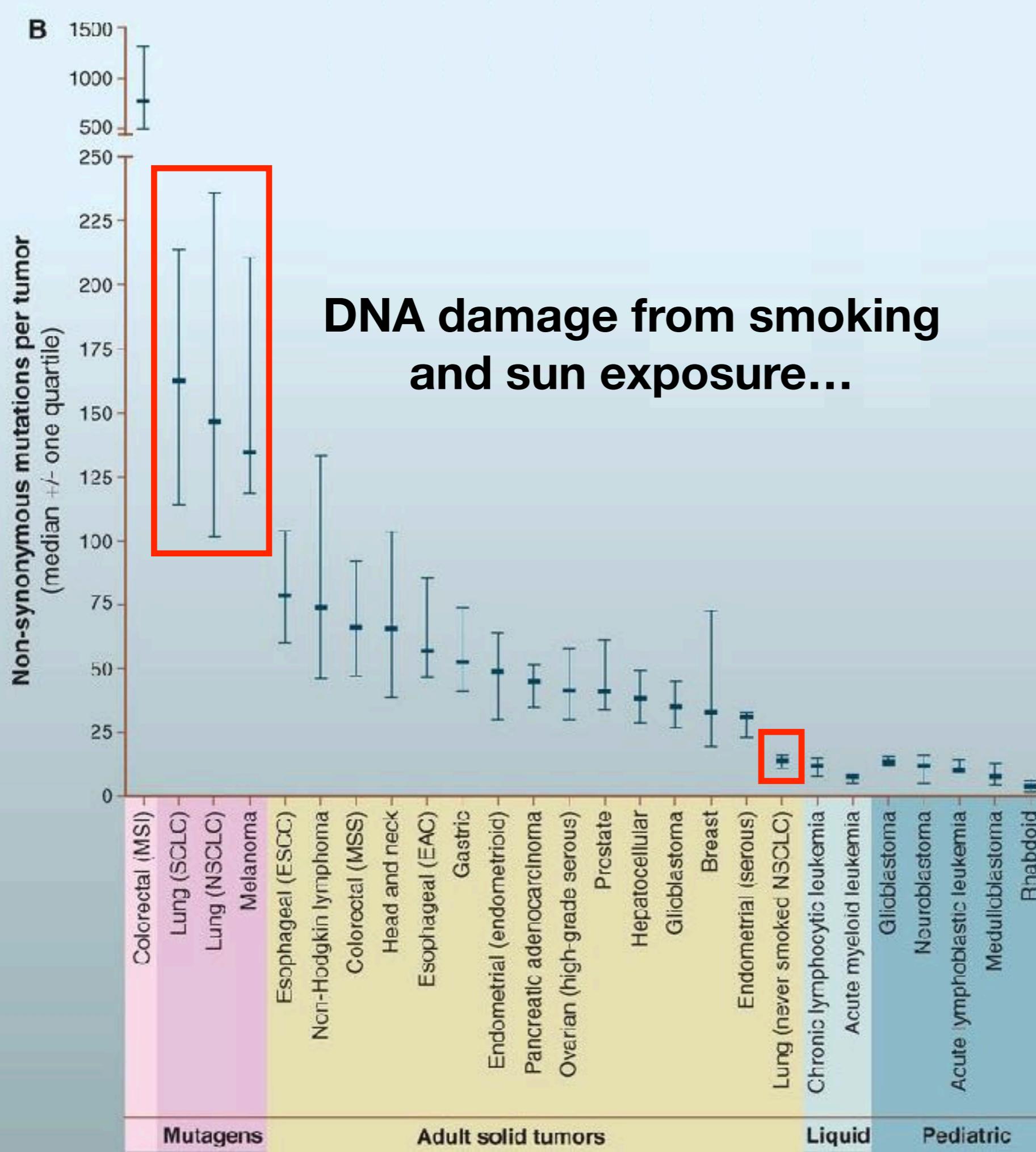


Vogelstein et al.
Science (2013)



Vogelstein et al.
Science (2013)

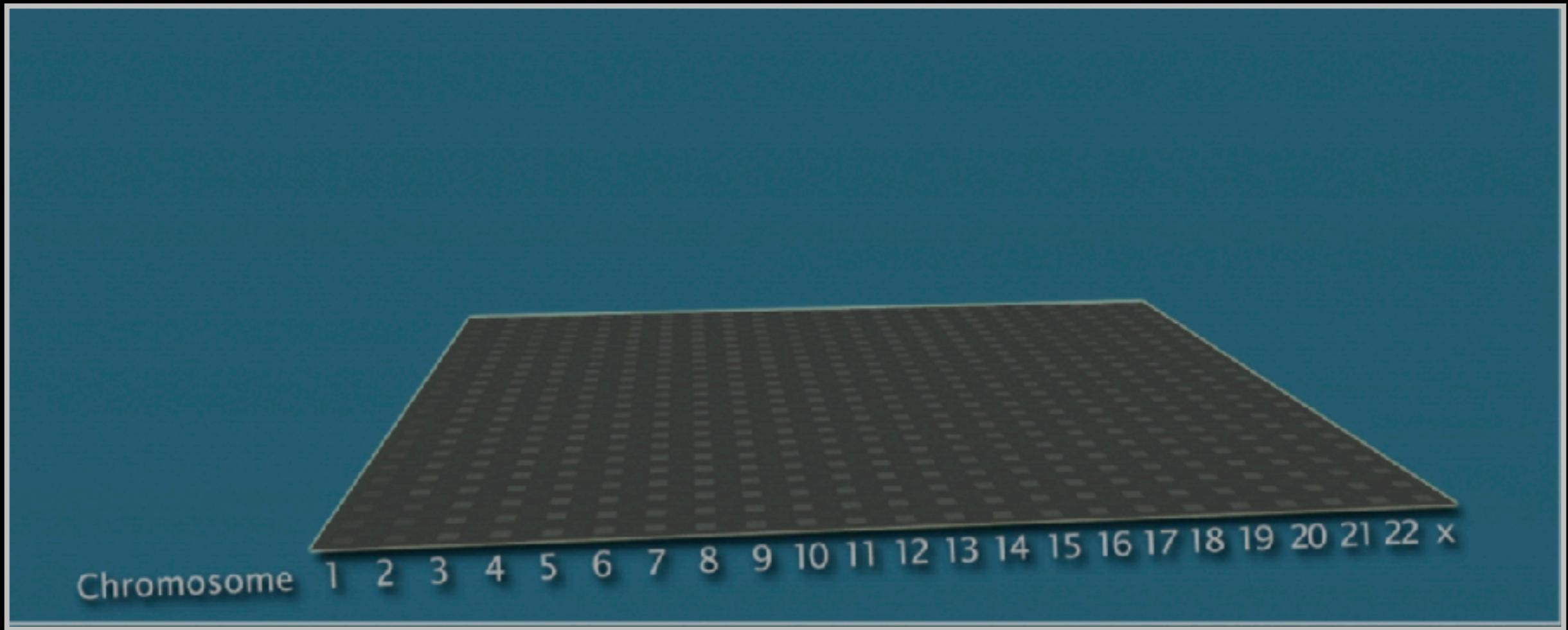




DNA damage from smoking and sun exposure...

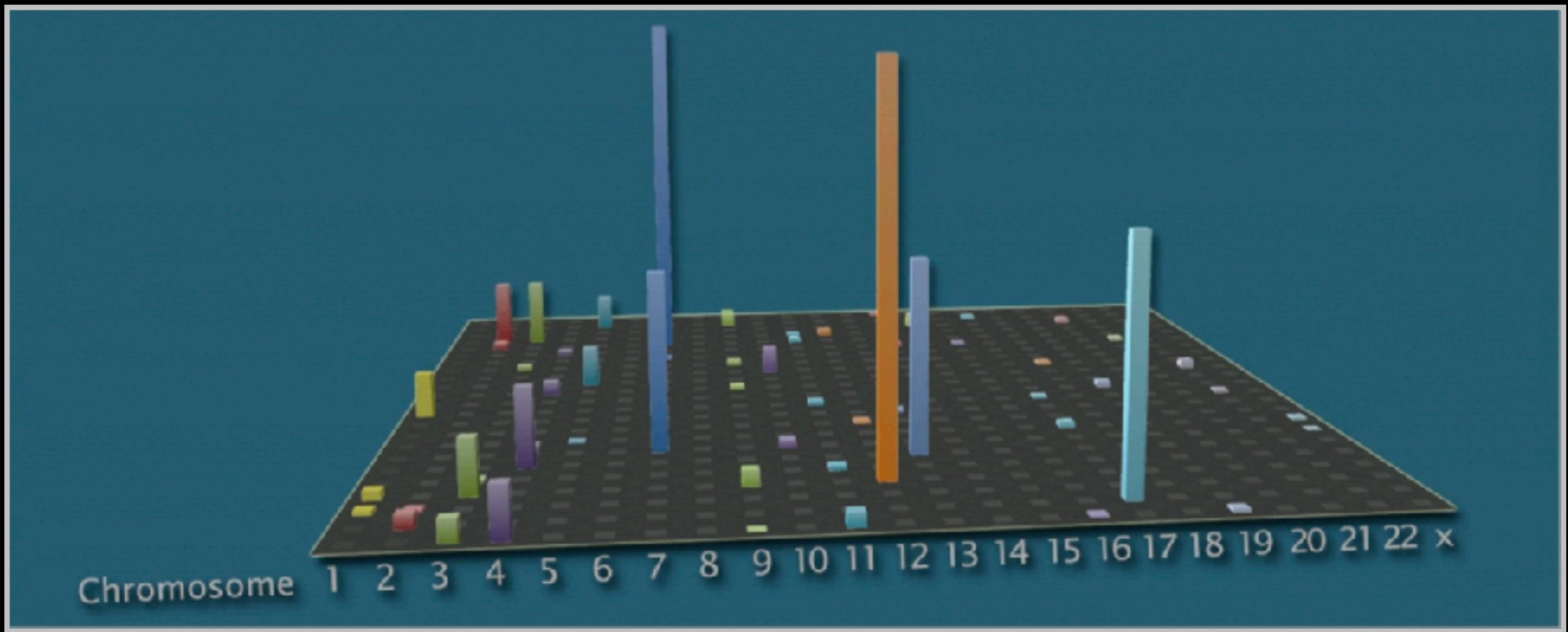
Vogelstein et al.
Science (2013)

Genomic approaches can identify the genes most commonly mutated in cancer



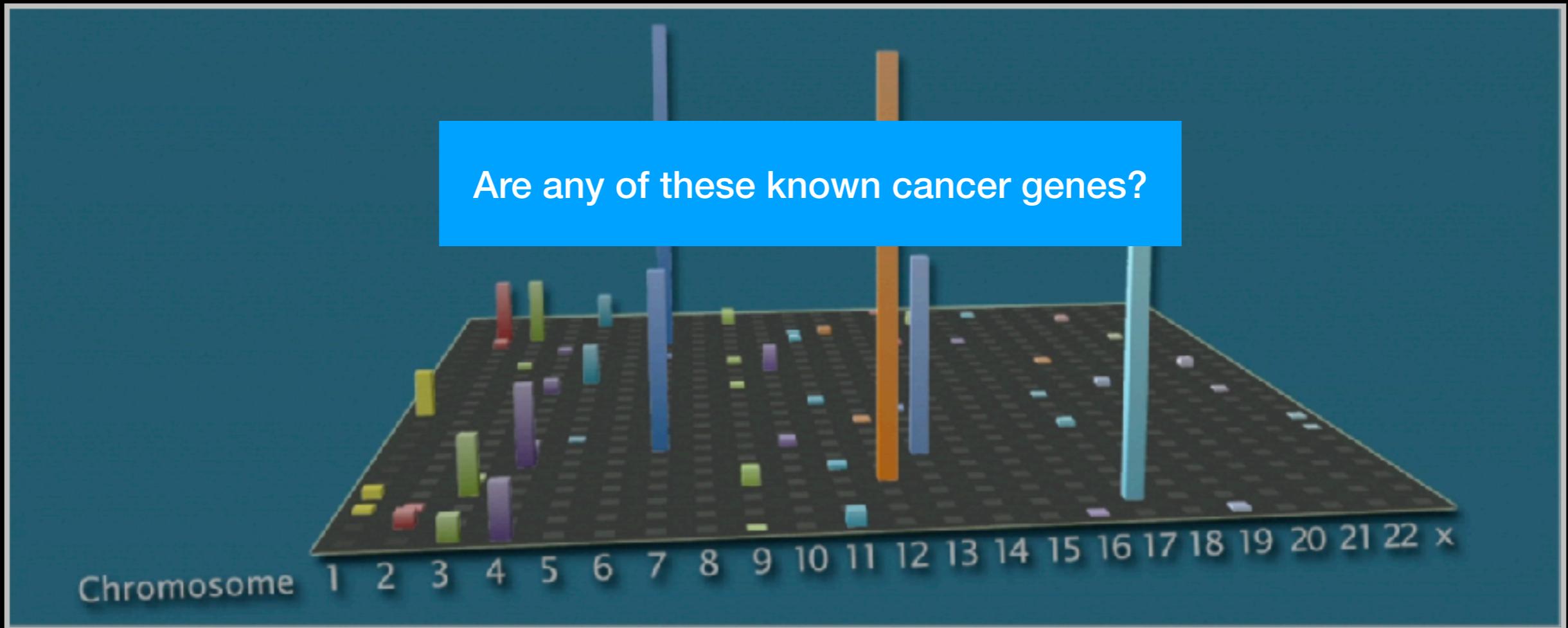
Arrange all genes in a matrix, ordered by chromosomes

Identifying genes most commonly mutated in cancer



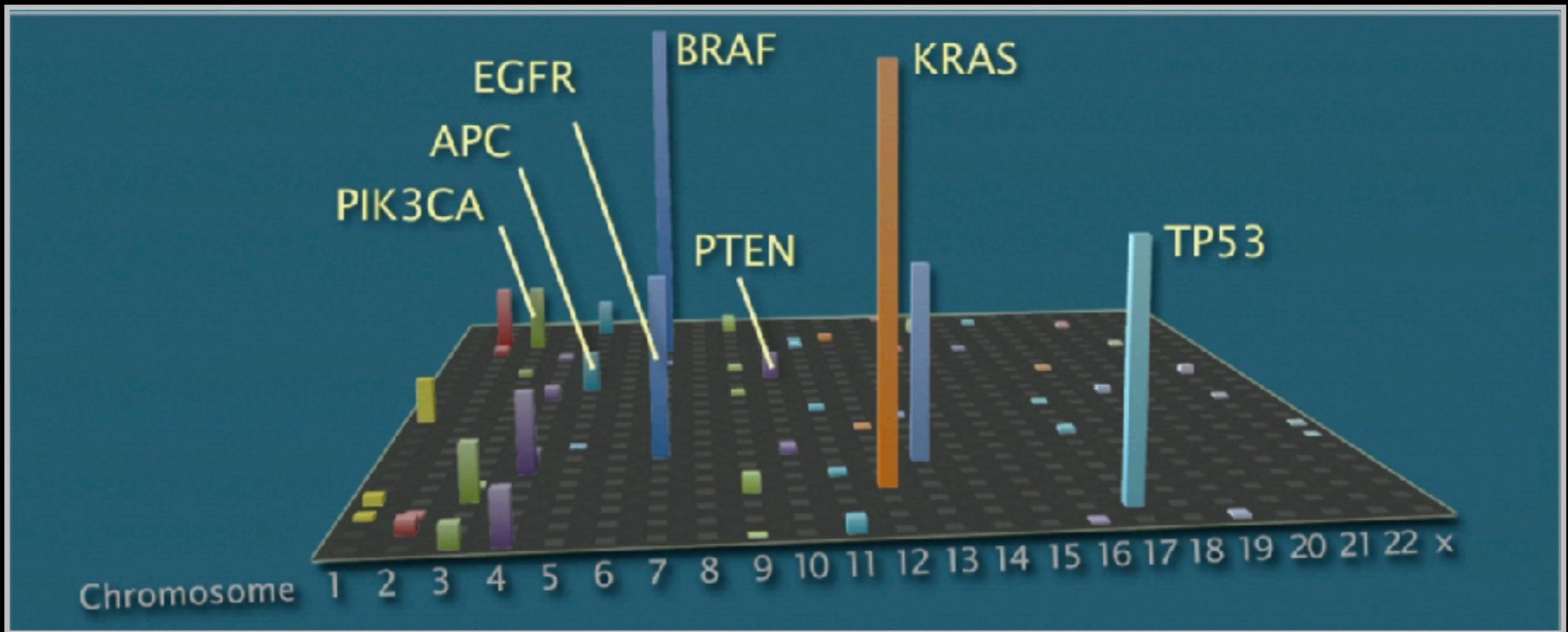
Add all data together to see which genes are most often mutated

Identifying genes most commonly mutated in cancer



Add all data together to see which genes are most often mutated

Identifying genes most commonly mutated in cancer



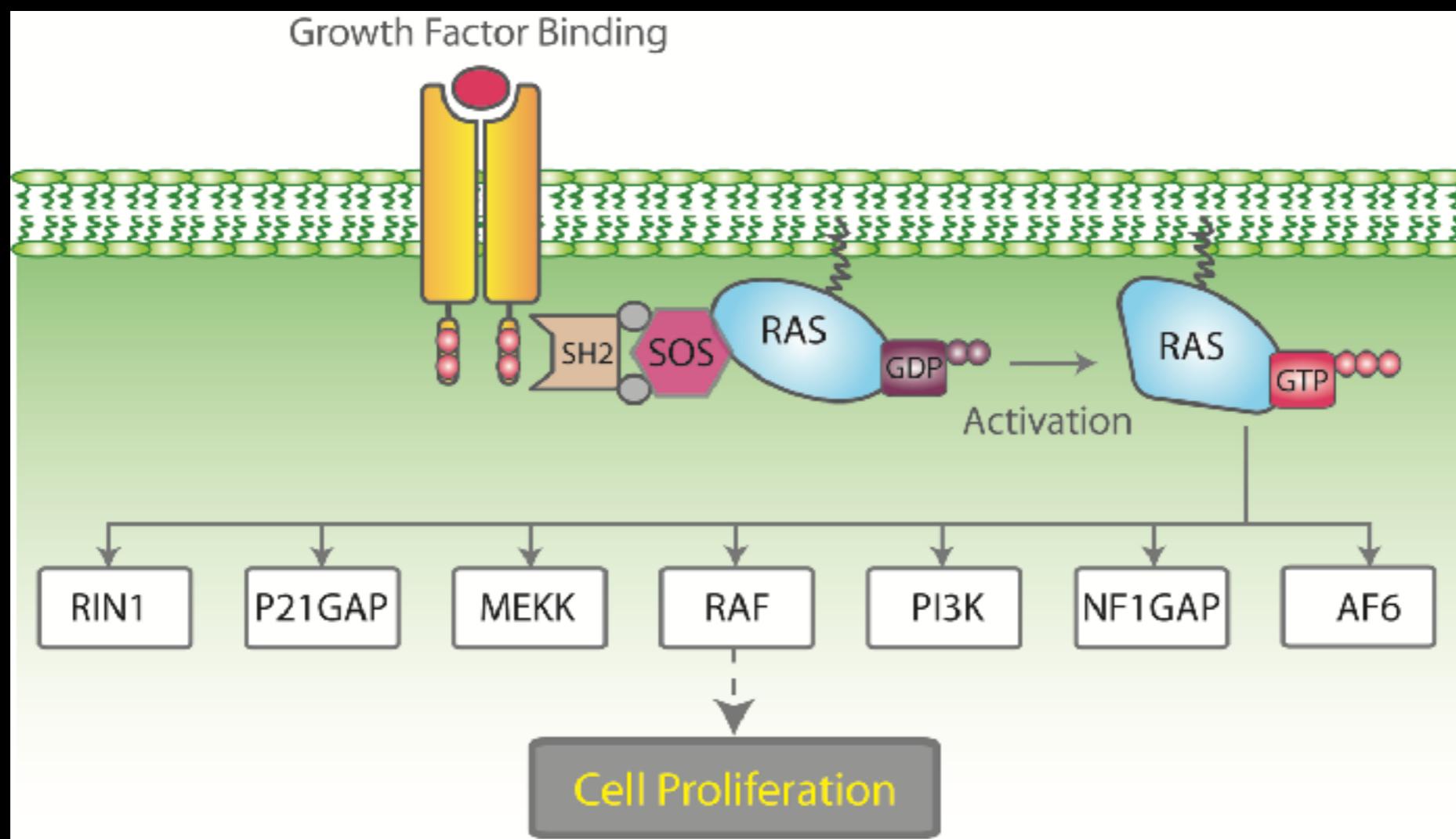
Many are famous proto-oncogenes, many others are new cancer genes!

Three Main Types of Cancer Genes:

- **Oncogenes**, such as **Ras**, normally function to accelerate cell division and growth. They can be mutated to act like stuck gas pedals.
- **Tumor suppressor genes**, such as **p53** normal act like breaks. Mutations can cause these breaks to fail.
- **DNA repair genes**, such as **BRCA1 & 2**, normally function to fix minor damage to DNA when it replicates. When these genes are mutated, DNA damage can accumulate and lead to cancer.

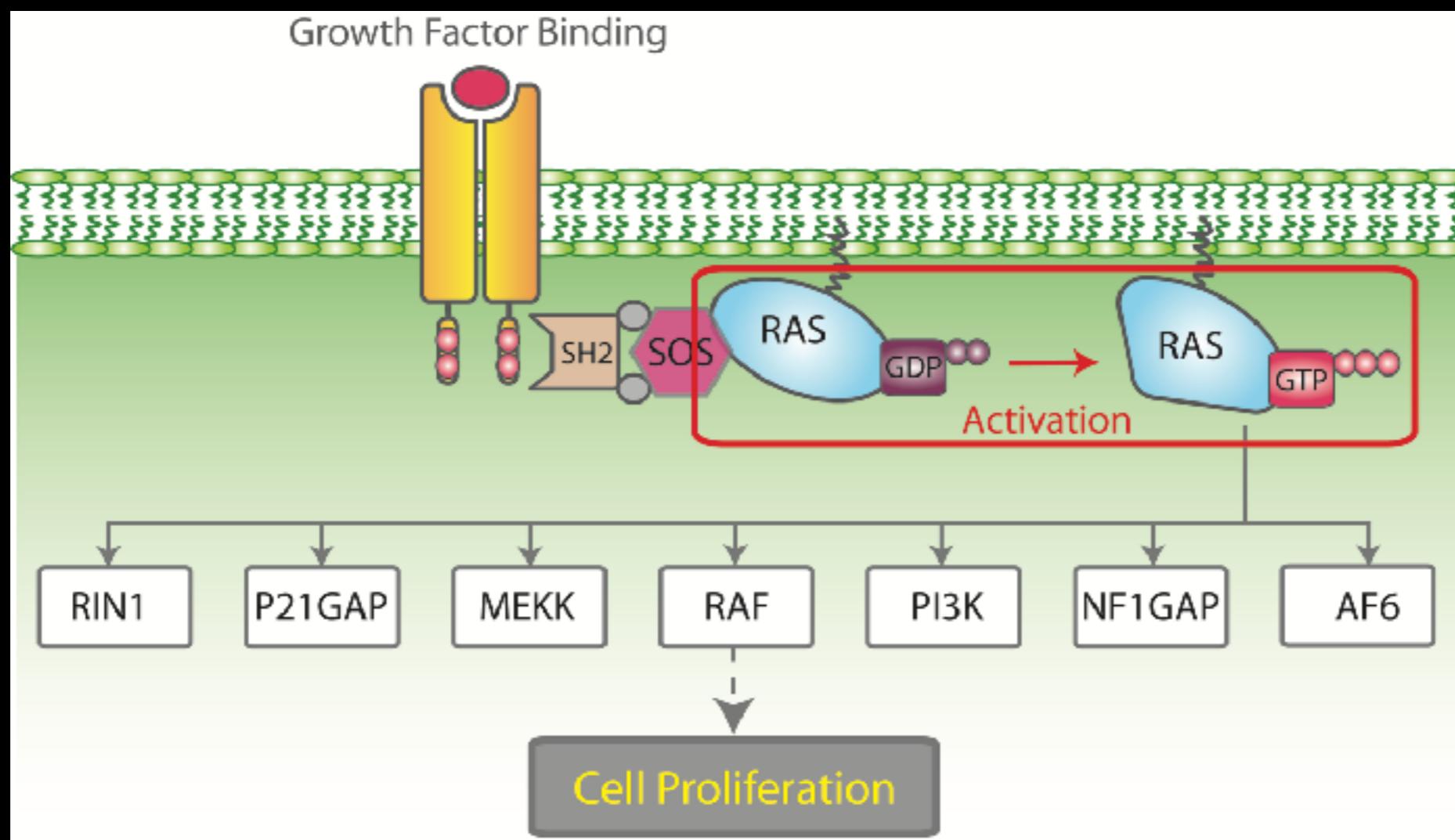
Cell growth and survival genes

Many participate in signaling pathways that promote cell proliferation
(E.G. EGFR, Ras, BRAF, MEK etc.)

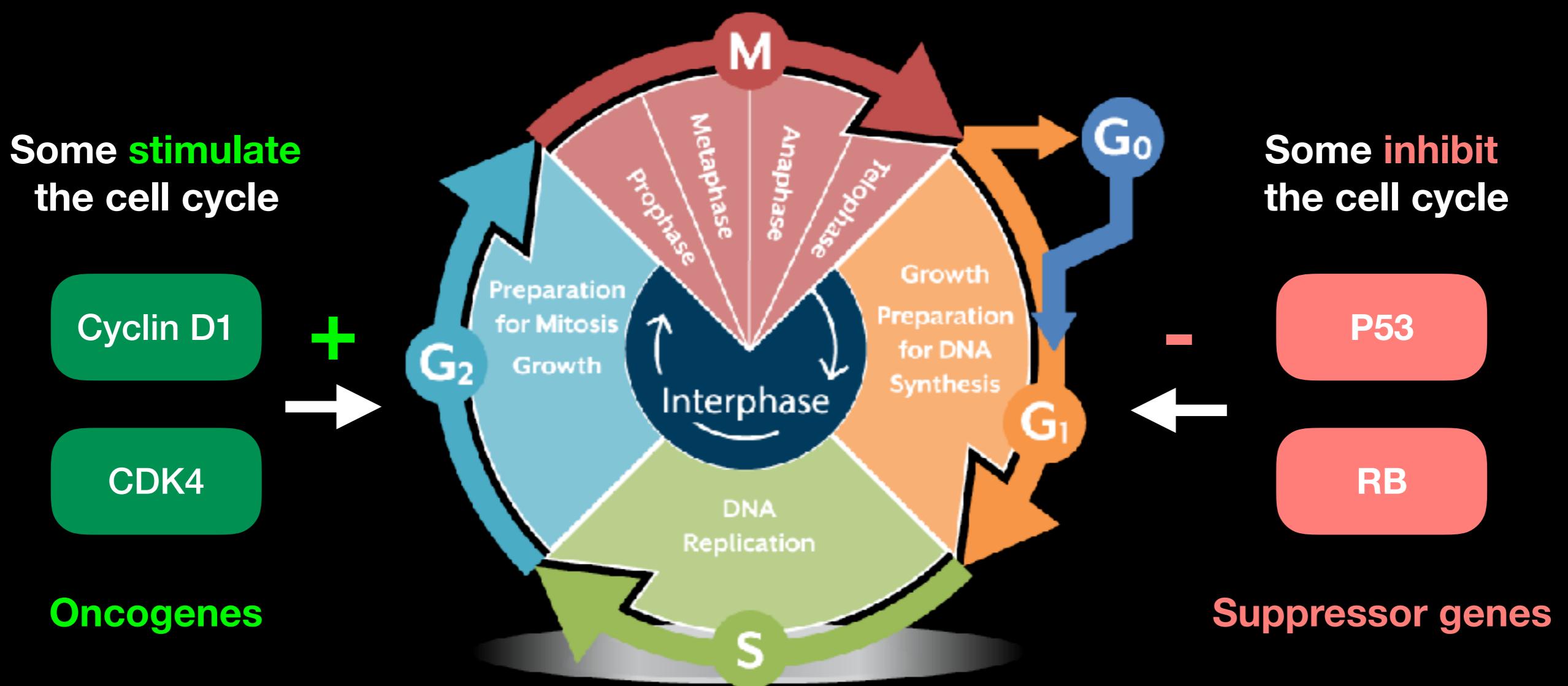


Cell growth and survival genes

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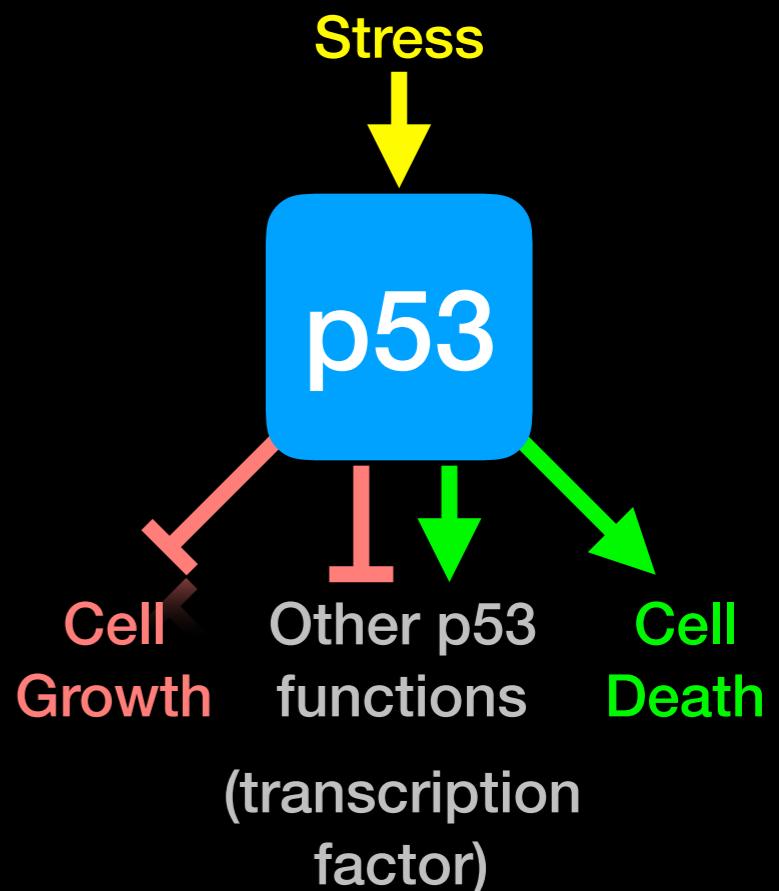
Regulators of Cell Cycle and Cell Death



p53 Regulates Cell Division

Probably the most famous cancer gene that is mutated in about half of all tumors. Often called the '*guardian of the genome*'

- p53 normally shuts down cell division when a cell is stressed (e.g. by DNA damage)
- When DNA is damaged, p53 activates genes that stop cell growth or trigger the cell to die.
- Thus, p53 guards against changes to cells that might lead to tumor formation.
- It appears necessary to inactivate p53 to develop many forms of cancer.



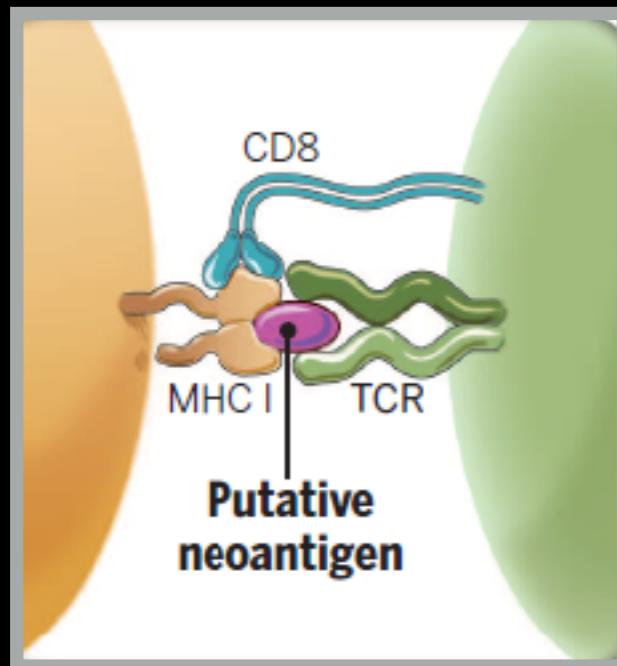
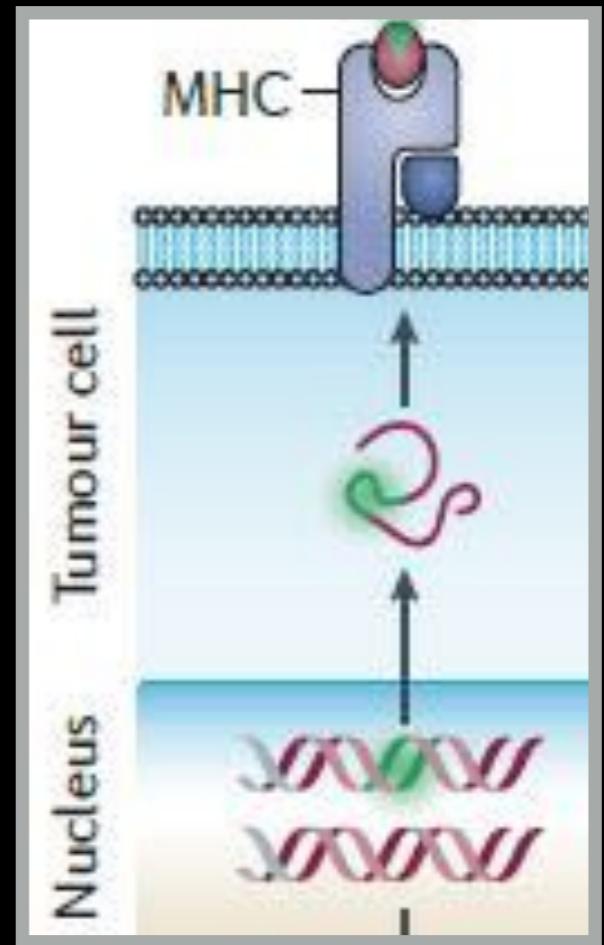
Hands-on time!

https://bioboot.github.io/bimm143_W18/lectures/#18

Part 1 Only Please

Cancer Immunotherapy

- Cancers genomes accumulate mutations
- Mutations in coding regions are translated in mutated protein sequences
- Mutated peptides can be presented as epitopes on **MHC** to **T cells**



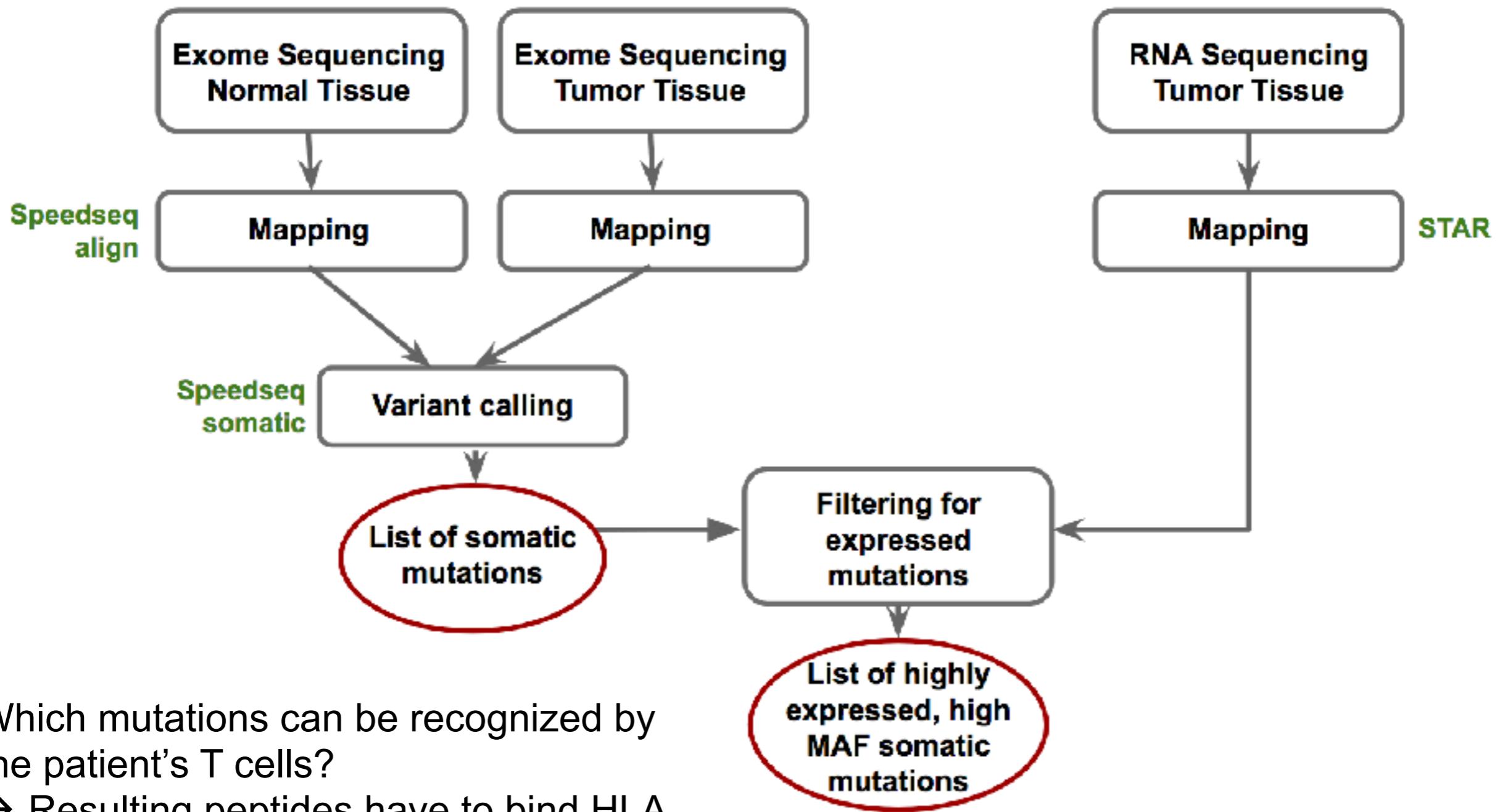
- **Neoepitopes** are presumably recognized by tumor-infiltrating lymphocytes (TILs)
- **Neoepitopes** are highly tumor-specific!

Coulie et al, Nat Rev Cancer. 2014 Feb;14(2):135-46
 Schumacher & Schreiber, Science. 2015 Apr 3;348(6230):69-74

- **Vaccination**: Introduce or boost an immune response against a specific target (**antigen**)
- Cancer cells contain non-self antigens that *could* be recognized by T cells, but the presence of cancer means this mechanism has failed, typically by the tumor suppressing immune responses
- **Checkpoint blockade treatments**: Block immune suppressive mechanisms to boost T cell immune responses against cancer cells.
- **Problem**: Checkpoint blockade is unspecific, and will also boost unwanted autoimmune responses
- **Personalized Cancer Immunotherapy**: Boost anti-tumor response with vaccine containing peptides corresponding to cancer mutations that can be recognized by T cells.

Q. How can such a vaccine be designed?

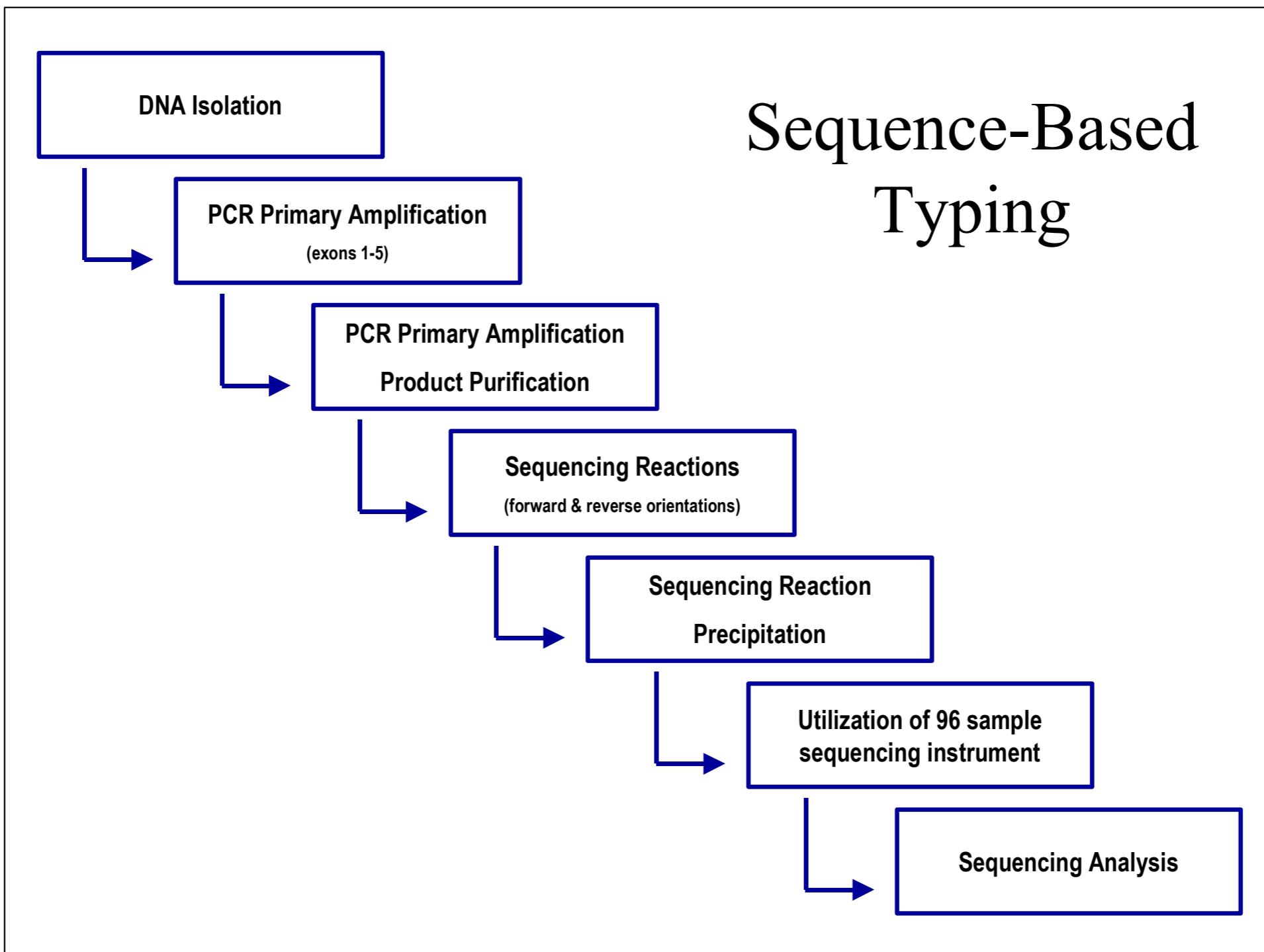
DNA and RNA sequencing identifies tumor specific somatic mutations



Which mutations can be recognized by the patient's T cells?

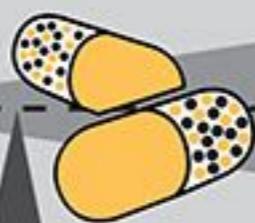
→ Resulting peptides have to bind HLA molecules of the patient

HLA Typing: Targeted sequencing of HLA locus



•http://www.ashi-hla.org/publicationfiles/ASHI_Quarterly/25_2_2001/highthrusbt3.htm

TRADITIONAL CANCER THERAPIES



DRUGS OR RADIATION

Kills **Cancerous Cells**

Kills **Healthy Cells**



CANCER IMMUNOTHERAPIES



Unleash



Patient's Immune System

IMMUNOTHERAPY

Selectively Kills
Cancerous Cells

Healthy Cells



Hands-on time!

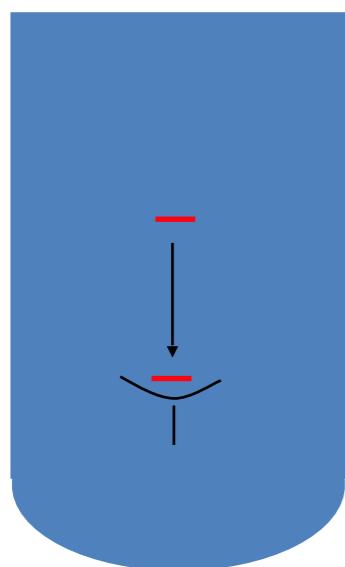
https://bioboot.github.io/bimm143_W18/lectures/#18

Part 2: Designing a personalized cancer vaccine

Bonus Slides (For Reference)

Measuring and predicting MHC:peptide binding

Experimental Basis: MHC Binding Assay



List of peptides with allele specific binding affinity

Sequence	IC ₅₀
QIVTMFEAL	3.6
LKGKPDIYKG	308
NFCNLTSAF	50,000
AQSQCRTFR	38,000
CTYAGPFGM	143
CFGNTAVAK	50,000
...	

$\log(\text{IC}_{50}) \sim \text{Binding free Energy}$

low IC₅₀ → high affinity

T cell epitope mapping

ORF 1	M G Q I V T M F E A L P H I I D E V I N I V I V I V L I V I T G I K A V Y N ...
ORF 2	M G L K G P D I Y K G V Y Q F K S V E F D M S H L N L T M P N A C S A N N ...
ORF 3	M H N F C N L T S A F N K K T F D H T L M S I V S S L H L S I D G N S N Y ...
ORF 4	M S A Q S Q C R T F R G R V L D M F R T A F G G K Y M R S G W G W T G S D ...
ORF 5	M H C T Y A G P F G M S R I L L S Q E K T K F F T R R L A G T F T W T L S ...
ORF 6	M K C F G N T A V A K C N V N H D A E F C D M L R L I D Y N K A A L S K F ...
ORF 7	M L M R N H L L D L M G V P Y C N Y S K F W Y L E H A K T G E T S V P K C ...

Impossible to measure all peptides

→ Predict binding peptides using machine learning

Find function F_i in F_1, F_2, F_3, \dots
 $F_i(\text{Sequence}) \approx \text{Affinity}$

Many different approaches
(ANN, SVM, HMM, LP, ...)

Calculate scoring matrix from affinities

Machine learning PSSM = Minimize the difference between predicted and measured binding affinities by varying the matrix values

N peptides with measured binding affinities

<u>log (IC50)</u>	Peptide
0.50	FQPQNGSFI
0.72	ISVANKIYM
2.37	RVYEALYYV
3.42	FQPQSGQFI
3.46	LYEKVKSQL
4.07	FKSVEFDMS
4.18	FQPQNGQFH
4.24	VLMLPVWFL
4.39	YMTLGQVVF
4.40	EDVKNAVGV
4.90	VFYEQMKRF
...	



	HLA A*0201								
	1	2	3	4	5	6	7	8	9
A	-0.3	0.8	-0.3	-0.3	-0.2	-0.3	0.0	0.0	-0.9
C	0.2	0.9	0.0	0.3	-0.5	-0.1	0.1	0.2	0.4
D	0.8	0.9	-0.4	-0.3	0.3	0.2	0.4	0.3	0.6
E	0.6	-0.4	0.7	-0.2	0.1	-0.4	-0.2	-0.2	-0.5
F	-1.3	0.5	-0.5	0.1	-0.1	0.0	-0.3	-0.4	-0.8
G	-0.2	0.1	0.3	-0.1	0.0	0.4	0.3	-0.1	0.2
H	1.1	0.9	-0.1	0.4	0.1	0.2	0.0	0.2	0.8
I	-0.4	-0.7	-0.4	0.1	-0.1	-0.4	-0.5	0.5	-1.4
K	-0.3	0.0	1.1	0.1	0.1	0.6	0.9	0.2	0.9
L	0.0	-1.9	-0.4	-0.2	0.0	-0.2	0.0	-0.1	-1.1
M	-0.7	-1.2	-0.7	0.2	-0.6	0.0	0.0	0.0	-0.8
N	-0.1	0.3	0.1	-0.3	-0.1	-0.3	0.0	0.2	0.7
P	1.2	0.5	0.6	-0.3	0.4	0.0	-0.4	-0.5	0.7
Q	0.4	-1.1	0.0	-0.1	0.4	-0.2	-0.3	0.2	0.7
R	-0.2	0.9	1.0	0.3	0.1	0.4	0.7	0.0	0.9
S	-0.3	0.1	0.1	-0.4	0.1	0.3	-0.2	-0.1	0.2
T	-0.2	-0.5	0.1	0.4	0.1	-0.5	0.2	0.0	-0.1
V	-0.1	-0.9	-0.1	0.2	0.0	-0.3	0.1	0.1	-1.9
W	0.0	0.7	-0.5	-0.2	-0.1	0.2	-0.3	-0.1	0.4
Y	-0.3	0.2	-0.6	0.2	0.0	0.4	-0.4	-0.3	0.8

Offset: 4.3

Your Turn

Read and share your thoughts on the following class *Readings*

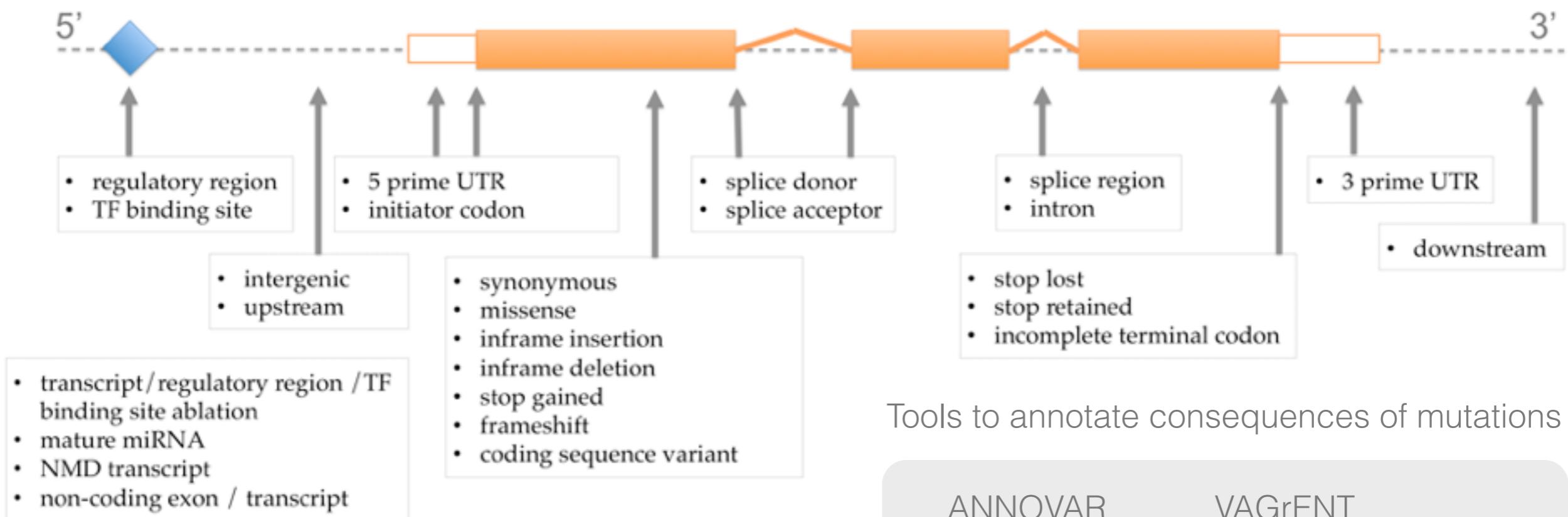
- Calling cancer's bluff with neoantigen vaccines
- Can genomics help detect early cancer and monitor treatment effectiveness?
- The increasing cost of cancer therapies

https://bioboot.github.io/bimm194_W18/readings/

1. Predict consequences of mutations

ACTGCCTACGTCTCACCGTCGACTTCAAATCG**C**TTAACCCGTACTCCCATTGCTACTGCATCTCGGGTTAACTC
GACGTTT**T**CATGCATGTGTGCACCCCAATATATATGCA**A**CTTTGTGCACCTCTGTACGCGCGAGTTGGCA
CTGTCGCCCTGTGTGCATGTGCACTGTCT**T**CGCTGCAC TG CCTACGTCTACCGTCGACTTCAAATCG**C**TT
AACCCGTACTCCCATTGCTACTGCATCTCGGGTTAACTCGACGTTT**G**CATGCATGTGTGCACCCCAATATATA
TGCA**A**CTTTGTGCACCTCTGTACGCGCGAGTTGGCACTGTGCCCTGTGTGCATGTGCAC TGCT**TC**GA

Map mutations into genome annotations to predict its possible effect



Tools to annotate consequences of mutations

ANNOVAR

VAGrENT

Ensembl VEP

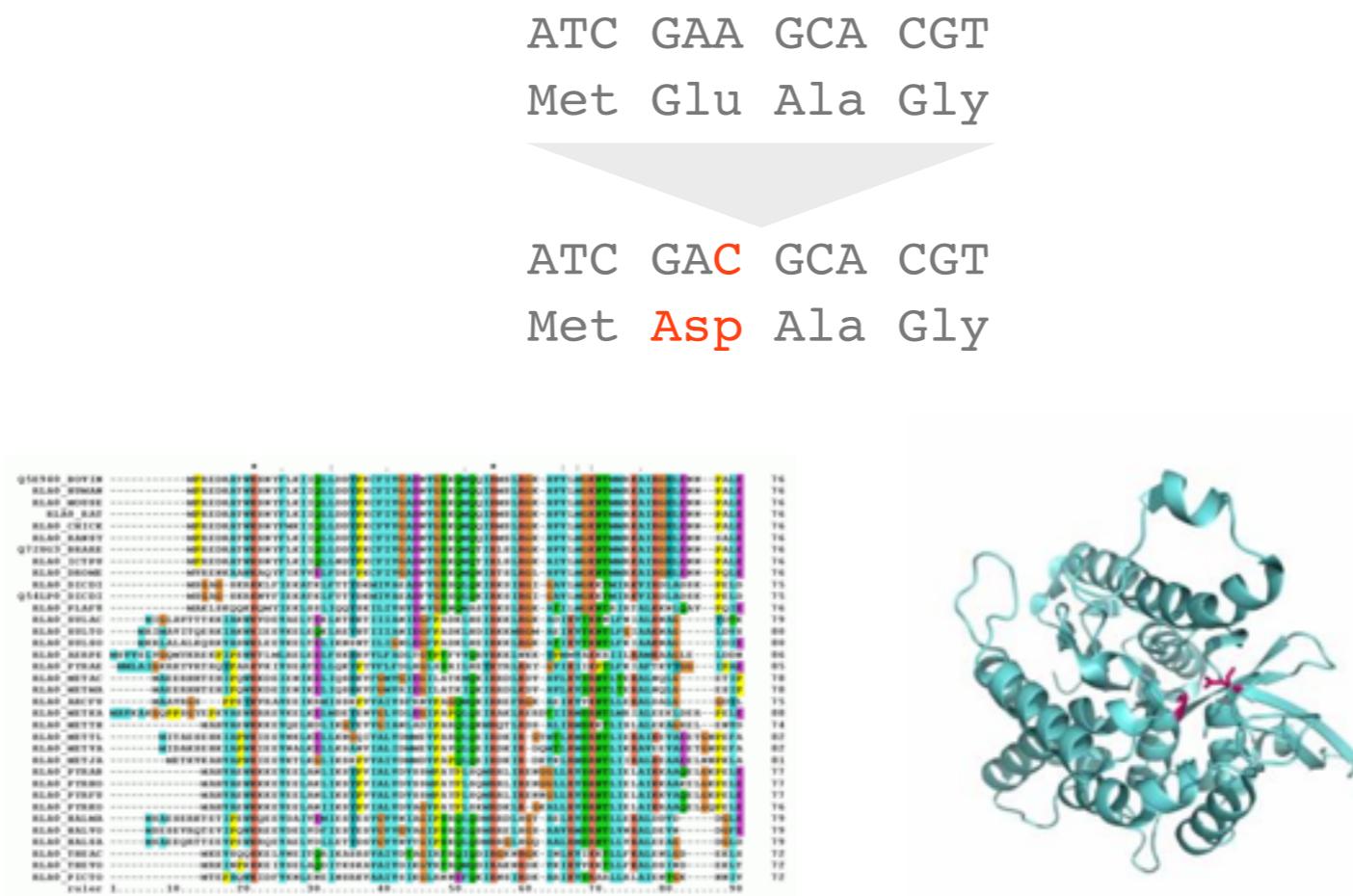
ASOOVIR

snpEff

annTools

2. Assess the functional impact of nsSNVs

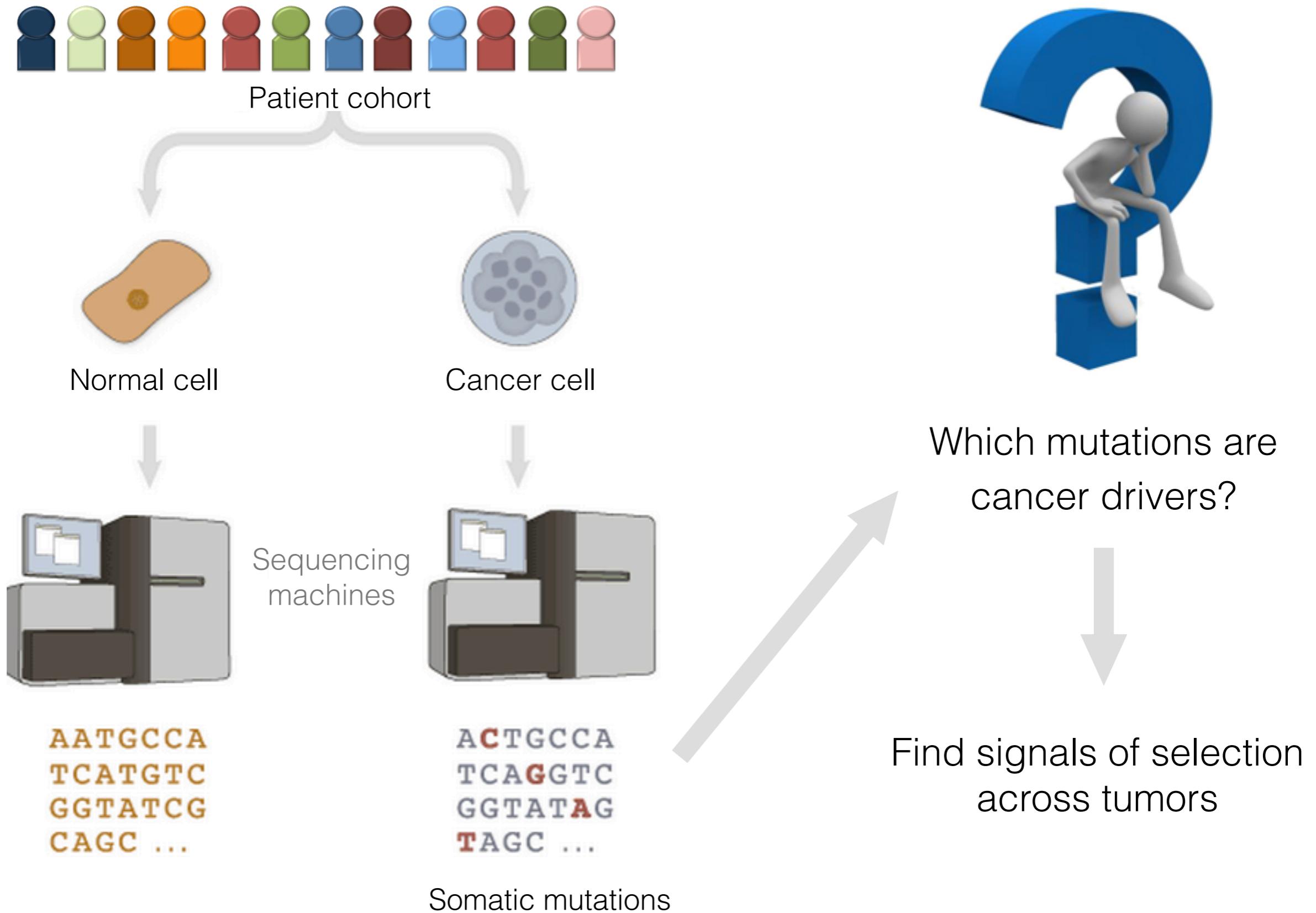
nsSNVs = non-synonymous Single Nucleotide Variant (missense)



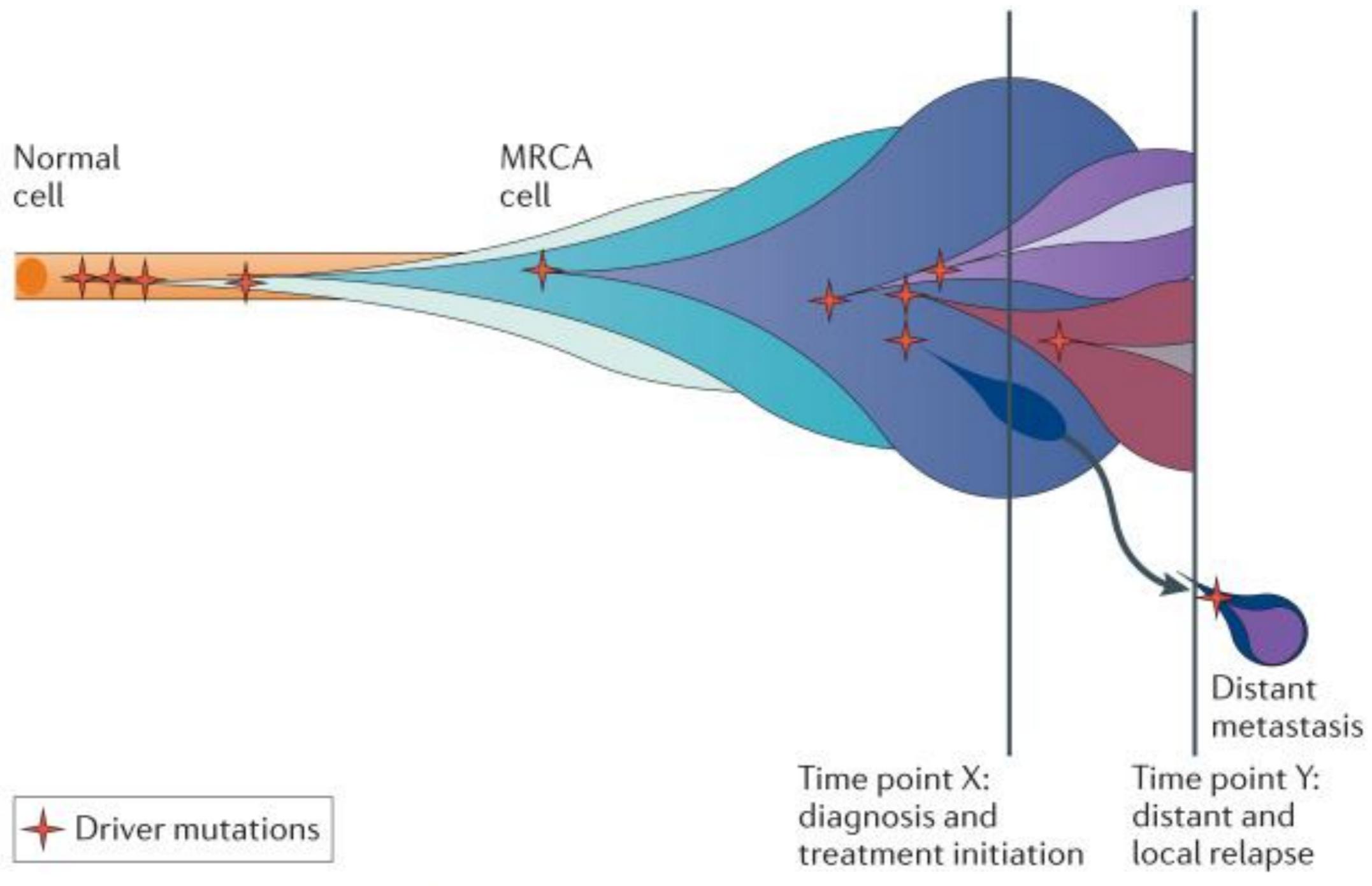
Computational methods to assess the functional impact of nsSNVs

MutationTaster	LogRe	MutPred	SNPs&GO
CanPredict	Condel	CHASM	SNPeffect
SIFT	PolyPhen2	MutationAssessor	PMut
			transFIC

3. Identify cancer drivers from somatic mutations



Cancer is an evolutionary process



How to differentiate drivers from passengers?

ACTG**C**TACGTCTACCGTCGACTTCAAATCG**C**TTAACCCGTACTCCCATTGCTACTGC
ATCTCGGGTTAACTCGACGTTT**T**CATGCATGTGTGCACCCCAATATATATGCA**A**CTT
TTGTGCACCTCTGTCACGCGAGTTGGCACTGTGCCCTGTGTGCATGTGCACTGT
CTC**T**CGCTGCACTGCCCTACGTCTACCGTCGACTTCAAATCG**C**TTAACCCGTACTCCC
ATGCTACTGCATCTCGGGTTAACTCGACGTTT**G**CATGCATGTGTGCACCCCAATATA
TATGCA**A**CTTTGTGCACCTCTGTCACGCGAGTTGGCACTGTGCCCTGTGTGCA
TGTGCACTGTCT**T**CGAGTTT**G**CATGCATGTGTGCACTGTGCACCTCTGTTACGTCT

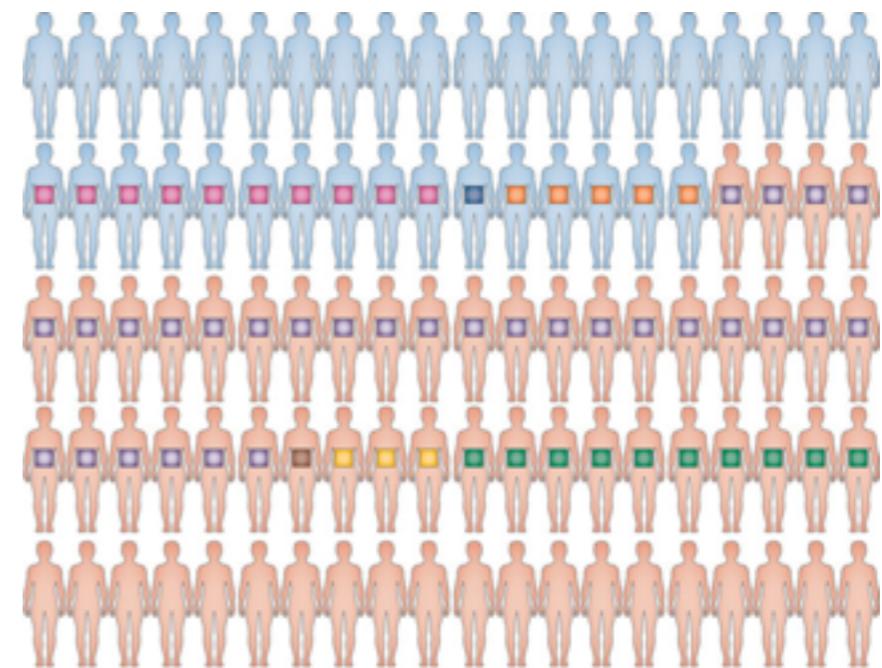


How to differentiate drivers from passengers?

```
ACTGCCTACGTCTACCGTCGACTTCAAATCGCTTAACCCGTACTCCCATGCTACTGC  
ATCTCGGGTTAACTCGACGTTTTCATGCATGTGTGCACCCCAATATATATGCAACTT  
TTGTGCACCTCTGTCACGCGCGAGTTGGCACTGTGCCCTGTGTGCATGTGCACTGT  
CTCTCGCTGCACTGCCTACGTCTACCGTCGACTTCAAATCGCTTAACCCGTACTCCC  
ATGCTACTGCATCTCGGGTTAACTCGACGTTTGCATGCATGTGTGCACCCCAATATA  
TATGCAACTTTGTGCACCTCTGTCACGCGCGAGTTGGCACTGTGCCCTGTGTGCA  
TGTGCACTGTCTTCGAGTTTGCATGCATGTGTGCACTGTGCACCTCTGTTACGTCT
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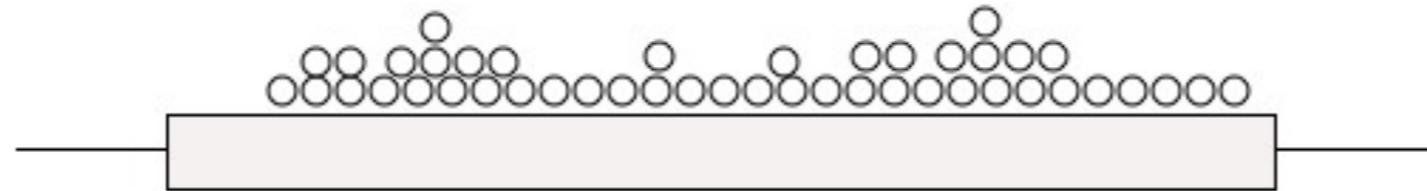
Find signals of positive selection across tumour re-sequenced genomes



Signals of positive selection

Recurrence

MuSiC-SMG / MutSigCV

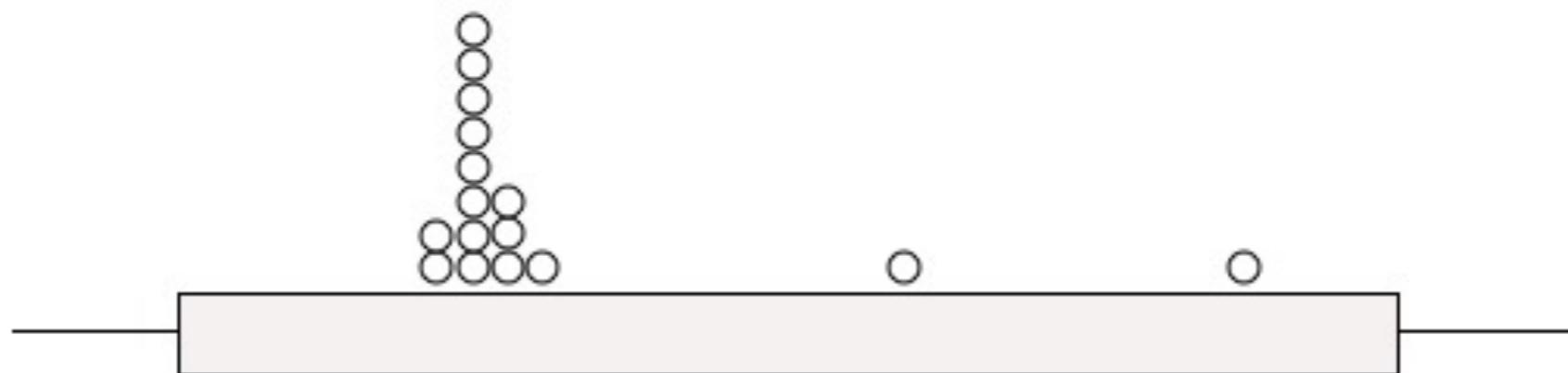


○ Mutation

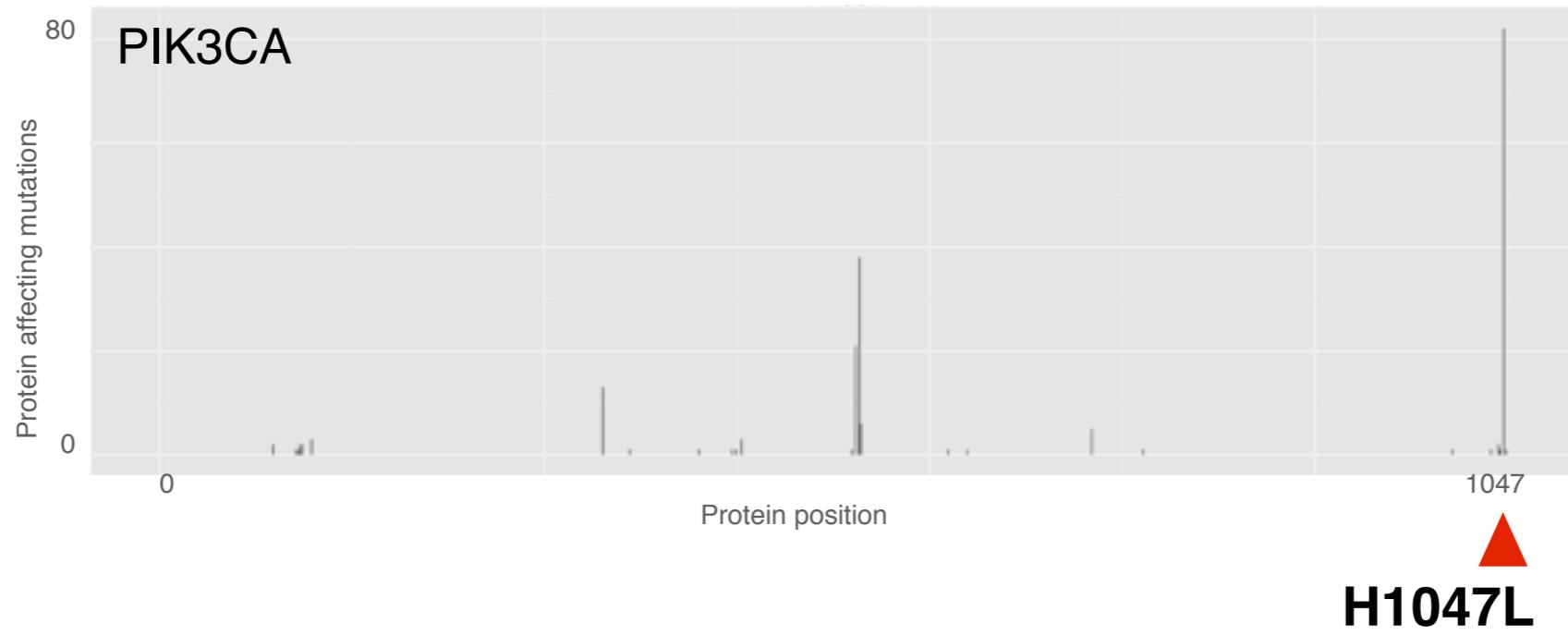
Identify genes mutated more frequently than background mutation rate

Mutation clustering

OncodriveCLUST



○ Mutation



PIK3CA is recurrently mutated in the same residue in breast tumours

<http://www.intogen.org/mutations/analysis>

IntOGen Mutations Analysis

 Download

To interpret catalogs of cancer somatic mutations.

Cohort analysis



Use this if you have a list of somatic mutations for a cohort of tumors and want to identify driver mutations, genes and pathways.

 [View an example](#)

 [Analyse your data](#)

Single tumor analysis



Use this if you have a list of somatic mutations for a single tumor and want to rank them based on their implication in cancer development.

 [View an example](#)

 [Analyse your data](#)