

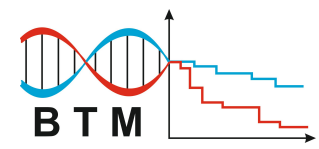
Rare disorder diagnostics

From whole exome sequencing to regulatory regions
in whole genomes.

Paweł Sztromwasser
Department of Biostatistics and Translational Medicine
Medical University of Lodz

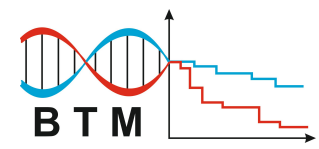
SMM, Kraków
12/11/2018





Outline

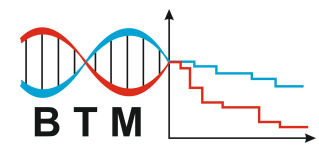
1. NGS in medical diagnostics - a success story
2. Challenges
3. Remus - REgulatory MUtation Search
4. Case study - RCAD



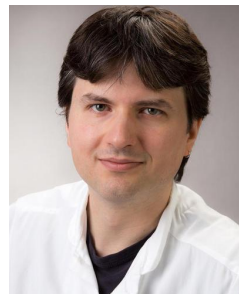
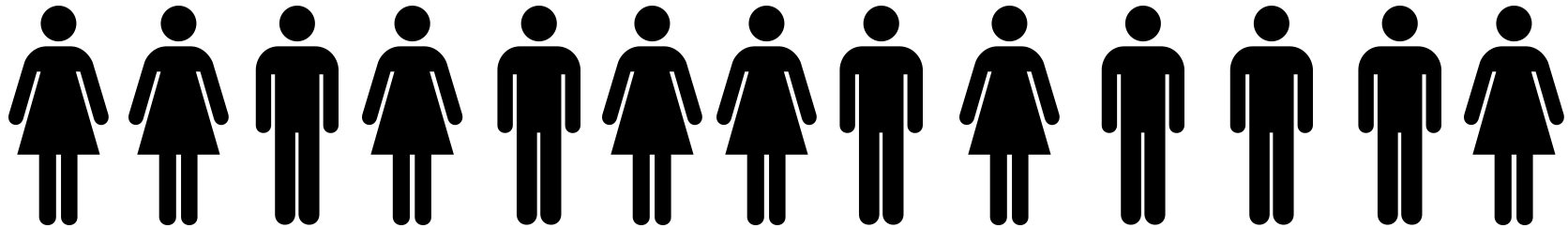
Haukeland University Hospital



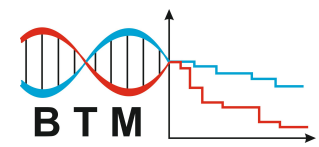
University of
Bergen



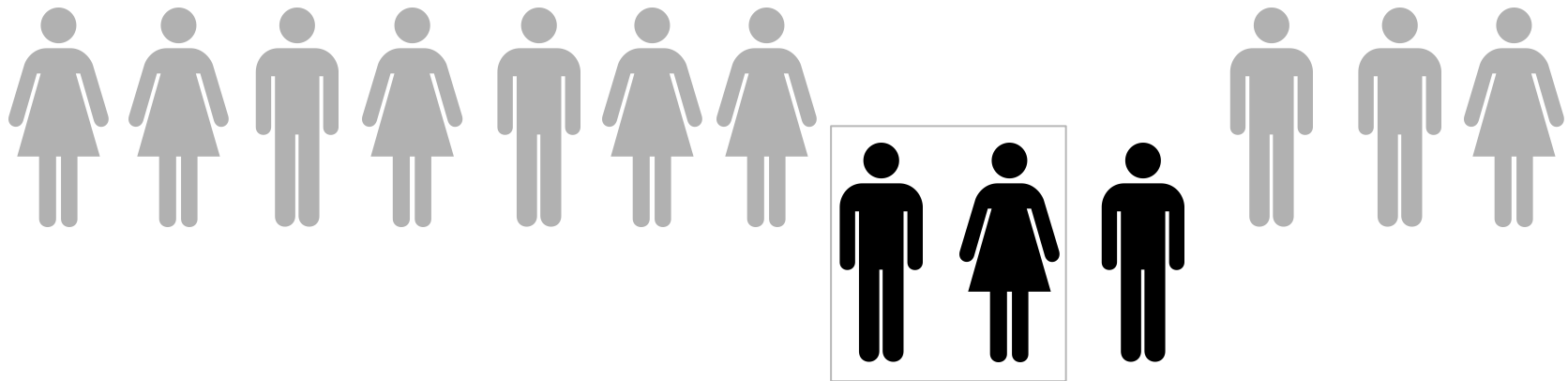
Hereditary neurological disorders



Haris Tzoulis



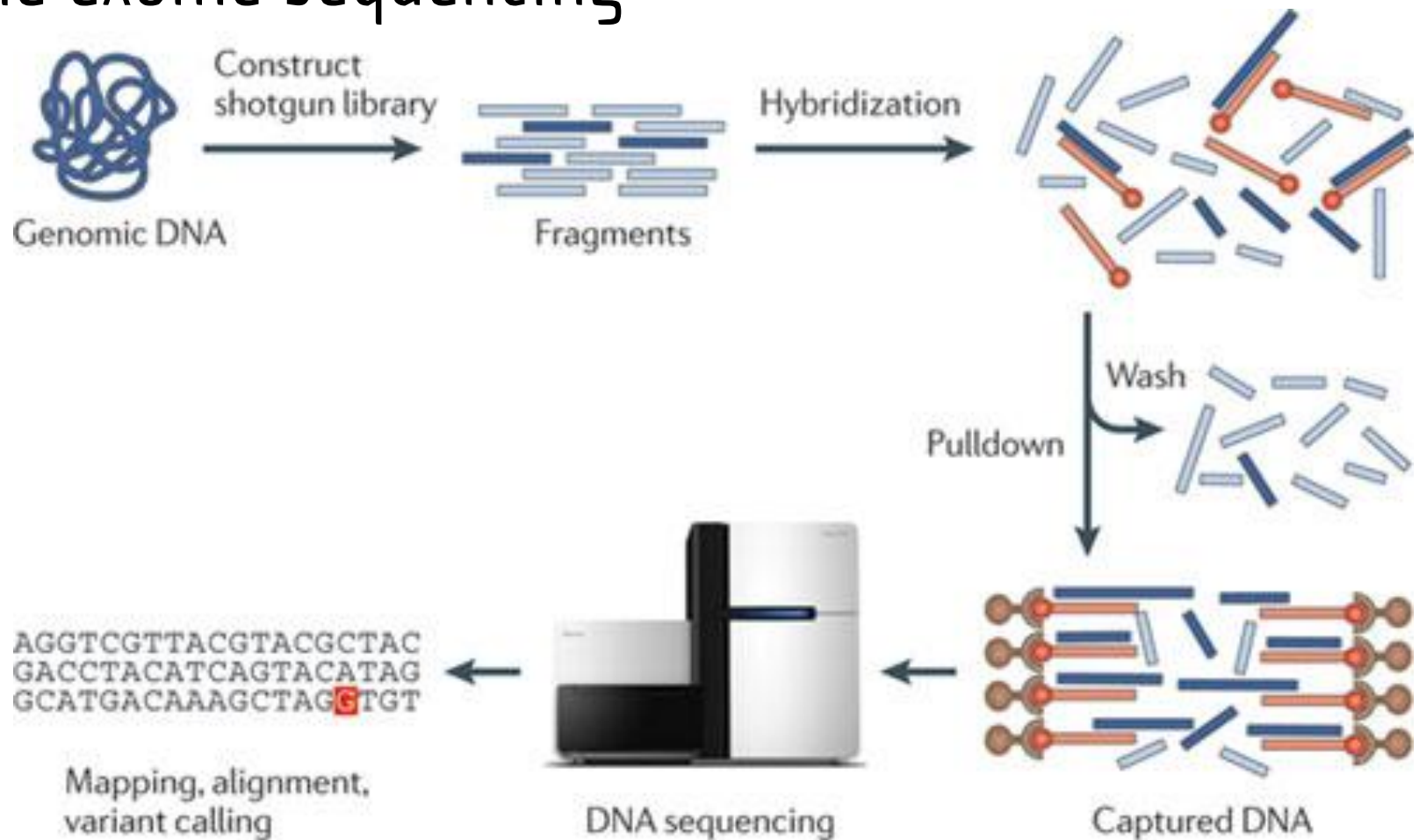
Hereditary neurological disorders



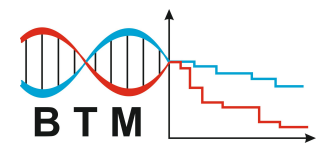
progressive encephalopathy diagnosed at age 1
dystonia, epilepsy, episodic exacerbations

parents unaffected

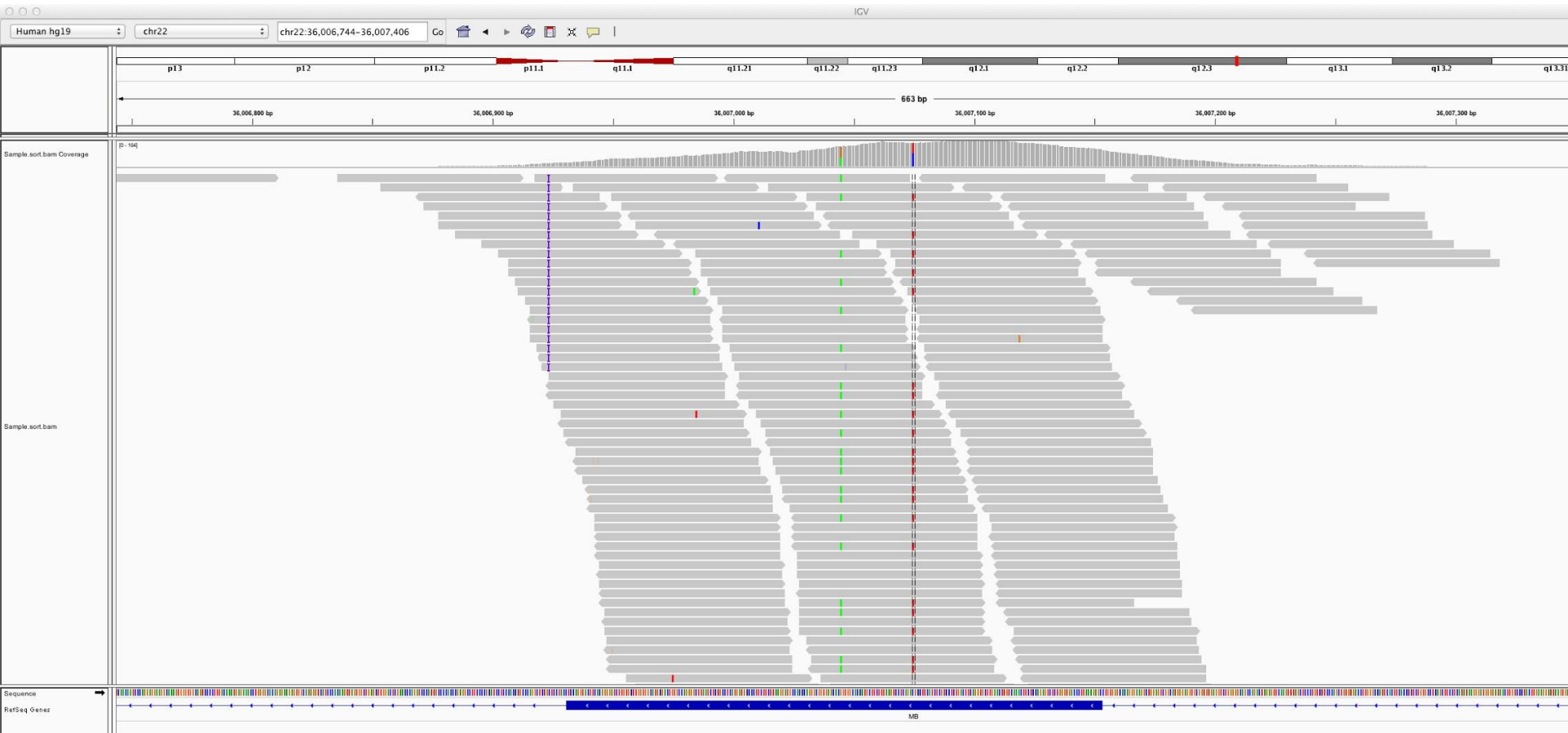
Whole exome sequencing

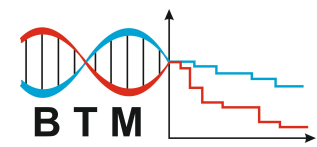


Bamshad MJ, et al (2011). Exome sequencing as a tool for Mendelian disease gene discovery, *Nature Reviews Genetics* 12, 745-755

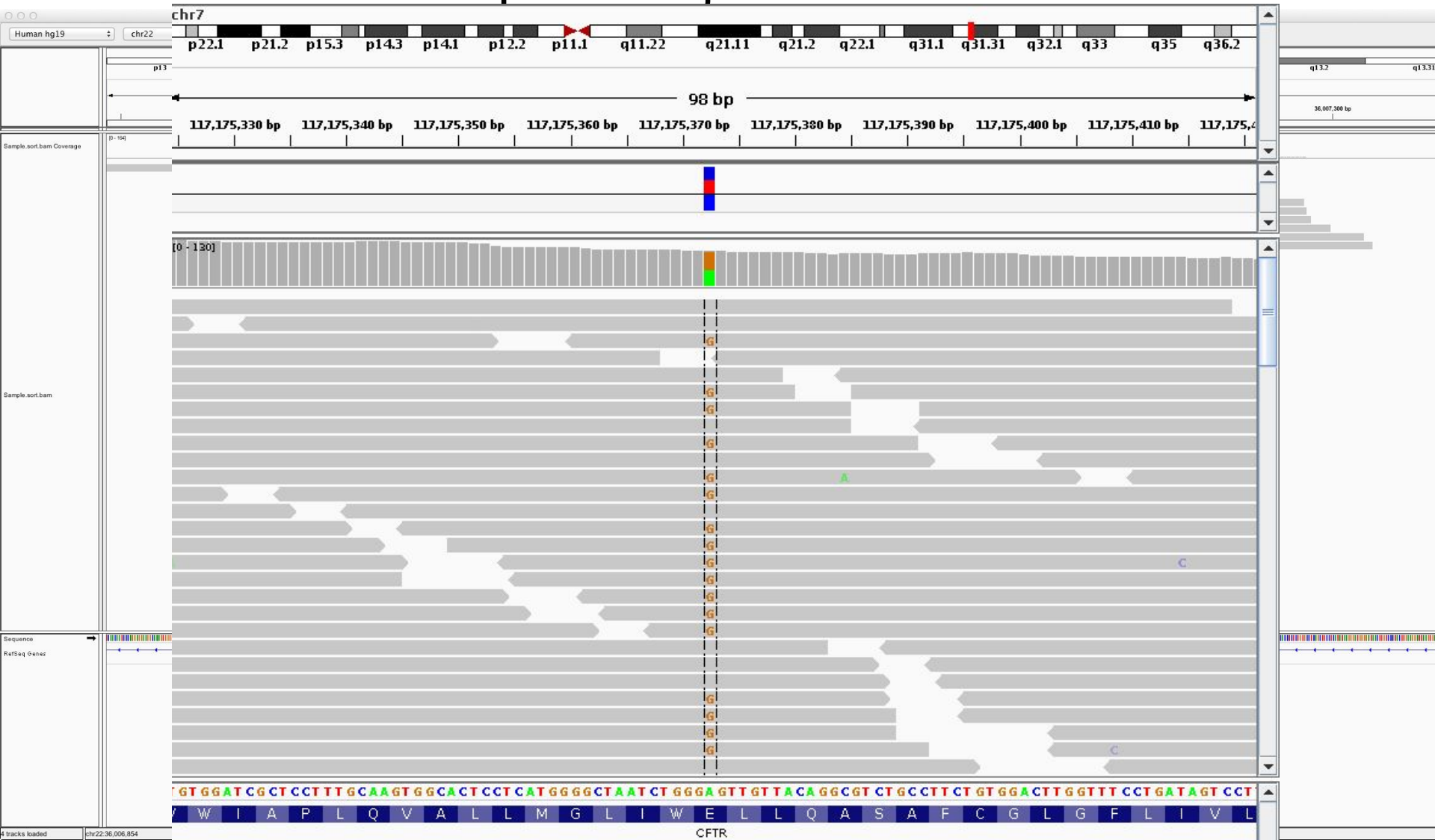


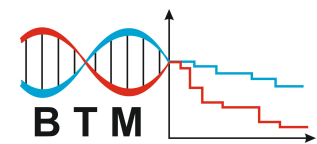
Whole exome sequencing





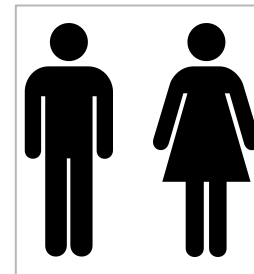
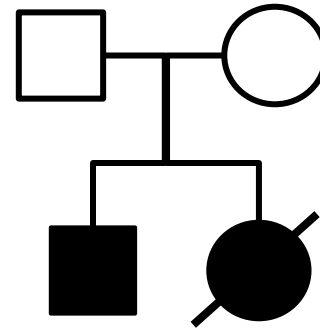
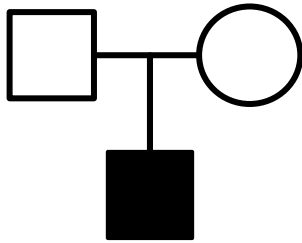
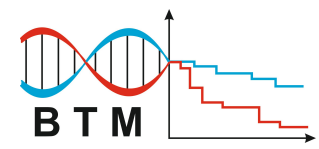
Whole exome sequencing

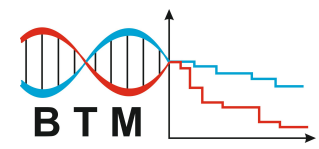




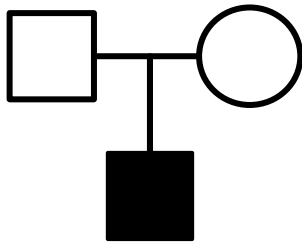
Dystonia genes

Symbol	OMIM	Gene	Locus	Alt Name
DYT1	128100	TOR1A	9q34	Early-onset torsion dystonia
DYT2	224500	HPCA	1p35-p34.2	Autosomal recessive primary isolated dystonia
DYT3	314250	TAF1	Xq13	X-linked dystonia-parkinsonism
DYT4	128101	TUBB4 ^[4]	19p13.12-13	Autosomal dominant whispering dysphonia
DYT5a	128230	GCH1	14q22.1-q22.2	Autosomal dominant dopamine-responsive dystonia
DYT5b	191290	TH	11p15.5	Autosomal recessive dopamine-responsive dystonia
DYT6	602629	THAP1	8p11.21	Autosomal dominant dystonia with cranio-cervical predilection
DYT7	602124	unknown	18p (questionable)	Autosomal dominant primary focal cervical dystonia
DYT8	118800	MR1	2q35	Paroxysmal nonkinesigenic dyskinesia
DYT9	601042	SLC2A1	1p35-p31.3	Episodic choreoathetosis/spasticity (now known to be synonymous with DYT18)
DYT10	128200	PRRT2	16p11.2-q12.1	Paroxysmal kinesigenic dyskinesia
DYT11	159900	SGCE	7q21	Myoclonic dystonia
DYT12	128235	ATP1A3	19q12-q13.2	Rapid onset dystonia parkinsonism and alternating hemiplegia of childhood
DYT13	607671	unknown, near D1S2667 ^[5]	1p36.32-p36.13	Autosomal dominant cranio-cervical/upper limb dystonia in one Italian family
DYT14	See DYT5			
DYT15	607488	unknown	18p11 ^[6]	Myoclonic dystonia not linked to SGCE mutations
DYT16	612067	PRKRA	2q31.3	Autosomal recessive young onset dystonia parkinsonism
DYT17	612406	unknown, near D20S107 ^[7]	20p11.2-q13.12	Autosomal recessive dystonia in one family
DYT18	612126	SLC2A1	1p35-p31.3	Paroxysmal exercise-induced dyskinesia
DYT19	611031	probably PRRT2	16q13-q22.1	Episodic kinesigenic dyskinesia 2, probably synonymous with DYT10
DYT20	611147	unknown	2q31	Paroxysmal nonkinesigenic dyskinesia 2
DYT21	614588	unknown	2q14.3-q21.3	Late-onset torsion dystonia
DYT24	610110	ANO3 ^[8]	11p14.2	Autosomal dominant cranio-cervical dystonia with prominent tremor

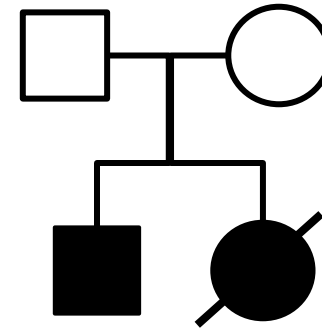




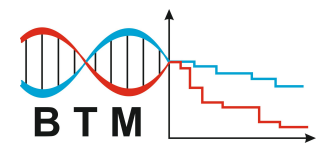
SLC19A3



SLC19A3:
c.337T>C, p.Y113H
c.541T>C, p.S181P



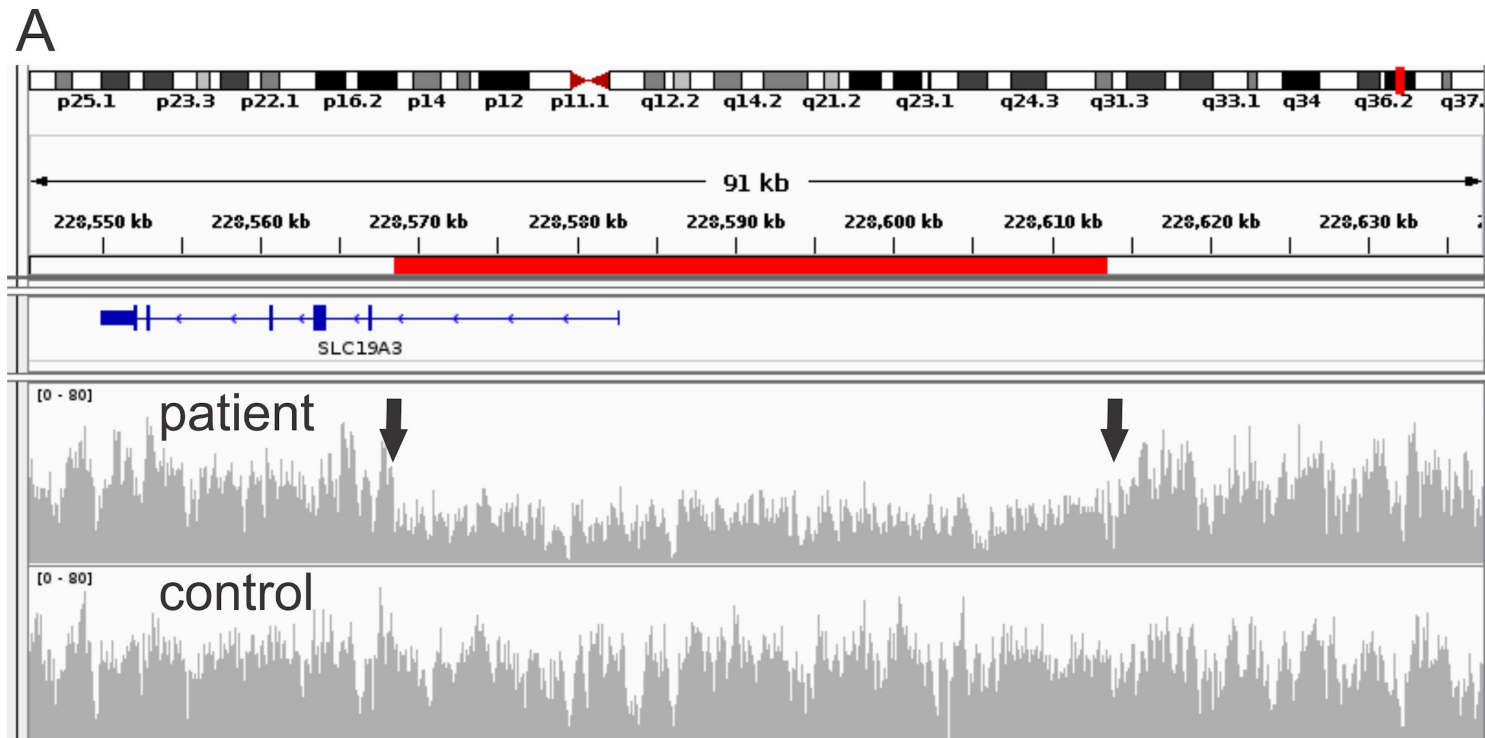
SLC19A3:
c.337T>C, p.Y113H
???



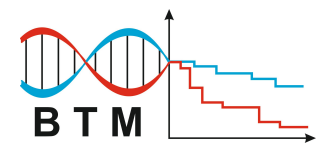
RNA sequencing

in brain, only the mutated allele was expressed...

Whole-genome sequencing



I.Flørnes, et al. Novel SLC19A3 Promoter Deletion and Allelic Silencing in Biotin-Thiamine-Responsive Basal Ganglia Encephalopathy. PLoS ONE, 2016



RESEARCH ARTICLE

Novel *SLC19A3* Promoter Deletion and Allelic Silencing in Biotin-Thiamine-Responsive Basal Ganglia Encephalopathy

Irene Flønes^{1,2}, Paweł Sztramwasser^{3,4,5}, Kristoffer Haugavoll^{1,2}, Christian Dölle^{1,2}, Maria Lykouri^{1,2}, Thomas Schwarz Müller^{6,7}, Inge Jonassen⁸, Hrvoje Miletić^{8,9,10}, Stefan Johansson^{3,4,6}, Per M. Knappskog^{3,4,6}, Laurence A. Bindoff^{1,2}, Charalampos Tzoulis^{1,2*}

1 Department of Neurology, Haukeland University Hospital, Bergen, Norway, **2** Department of Clinical Medicine, University of Bergen, Bergen, Norway, **3** Department of Clinical Science, University of Bergen, Bergen, Norway, **4** Center for Medical Genetics and Molecular Medicine, Haukeland University Hospital, Bergen, Norway, **5** Computational Biology Unit, Department of Informatics, University of Bergen, Bergen, Norway, **6** K.G. Jebsen Centre for Research on Neuropsychiatric Disorders, University of Bergen, Bergen, Norway, **7** Department of Radiology, Haukeland University Hospital, Bergen, Norway, **8** Department of Pathology, Haukeland University Hospital, Bergen, Norway, **9** Department of Biomedicine, University of Bergen, Bergen, Norway, **10** KG Jebsen Brain Tumor Research Center, University of Bergen, Bergen, Norway

* Charalampos.Tzoulis@nevro.uib.no



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Data Availability Statement: All relevant data are within the paper. Whole-exome and genome sequences of patients cannot be made freely available due to ethical reasons. Requests for data can be made to: Charalampos Tzoulis, Department of Neurology, Haukeland University Hospital, 5021 Bergen, Norway. E-mail: Charalampos.Tzoulis@nevro.uib.no.

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Abstract

Background

Biotin-thiamine responsive basal ganglia disease is a severe, but potentially treatable disorder caused by mutations in the *SLC19A3* gene. Although the disease is inherited in an autosomal recessive manner, patients with typical phenotypes carrying single heterozygous mutations have been reported. This makes the diagnosis uncertain and may delay treatment.

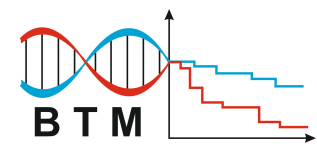
Methods and Results

In two siblings with early-onset encephalopathy dystonia and epilepsy, whole-exome sequencing revealed a novel single heterozygous *SLC19A3* mutation (c.337T>C). Although Sanger-sequencing and copy-number analysis revealed no other aberrations, RNA-sequencing in brain tissue suggested the second allele was silenced. Whole-genome sequencing resolved the genetic defect by revealing a novel 45,049 bp deletion in the 5'-UTR region of the gene abolishing the promoter. High dose thiamine and biotin therapy was started in the surviving sibling who remains stable. In another patient two novel compound heterozygous *SLC19A3* mutations were found. He improved substantially on thiamine and biotin therapy.

Conclusions

We show that large genomic deletions occur in the regulatory region of *SLC19A3* and should be considered in genetic testing. Moreover, our study highlights the power of whole-

I. Flønes, et al. Novel *SLC19A3* Promoter Deletion and Allelic Silencing in Biotin-Thiamine-Responsive Basal Ganglia Encephalopathy. PLoS ONE, 2016



rgens Tidende

NR. 73 UKE 11 - 2015 - 148. ÅRGANG LØSSALG KR 35

Gentest på sykehus ble redningen for Frank (23)

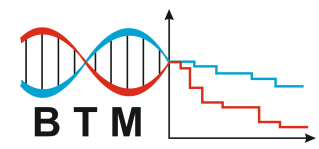


GOD VENN: Frank S. Arnesen (23) har en sjelden genfeil. En test ga svaret. Her er han i sofaen sammen med hunden Sharky.

FOTO: HÅVARD BJELLAND

Legene fant ikke ut hva Frank Stræng Arnesen feilte. Han var nær ved å dø av den mystiske sykdommen. Så tok han en gentest ved Haukeland universitetssykehus. Det ble et vendepunkt for 23-åringen. Nå er han på bedringens vei.

NYHETER // SIDE 4-6



Acknowledgement

Irene Flørnes

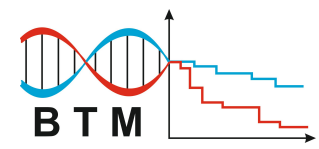
Charalampos Tzoulis

Stefan Johansson

Vidar Steen



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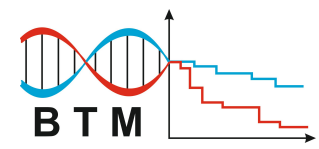
Challenges

WES - 25-50 % success rate (diagnostic yield)

WGS - 50 % success rate

70-90% of the genome accessible to short read technologies

Structural variants - small number but equal in extent



Challenges

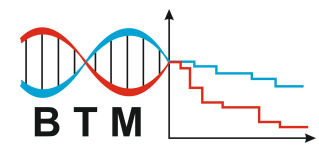
WES - 25-50 % success rate (diagnostic yield)

WGS - 50 % success rate

70-90% of the genome accessible to short read technologies

Structural variants - small number but equal in extent

Focused on protein coding - 1% of the genome



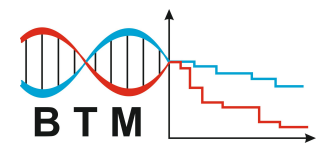
Non-coding genome

99% of the genome is non-coding

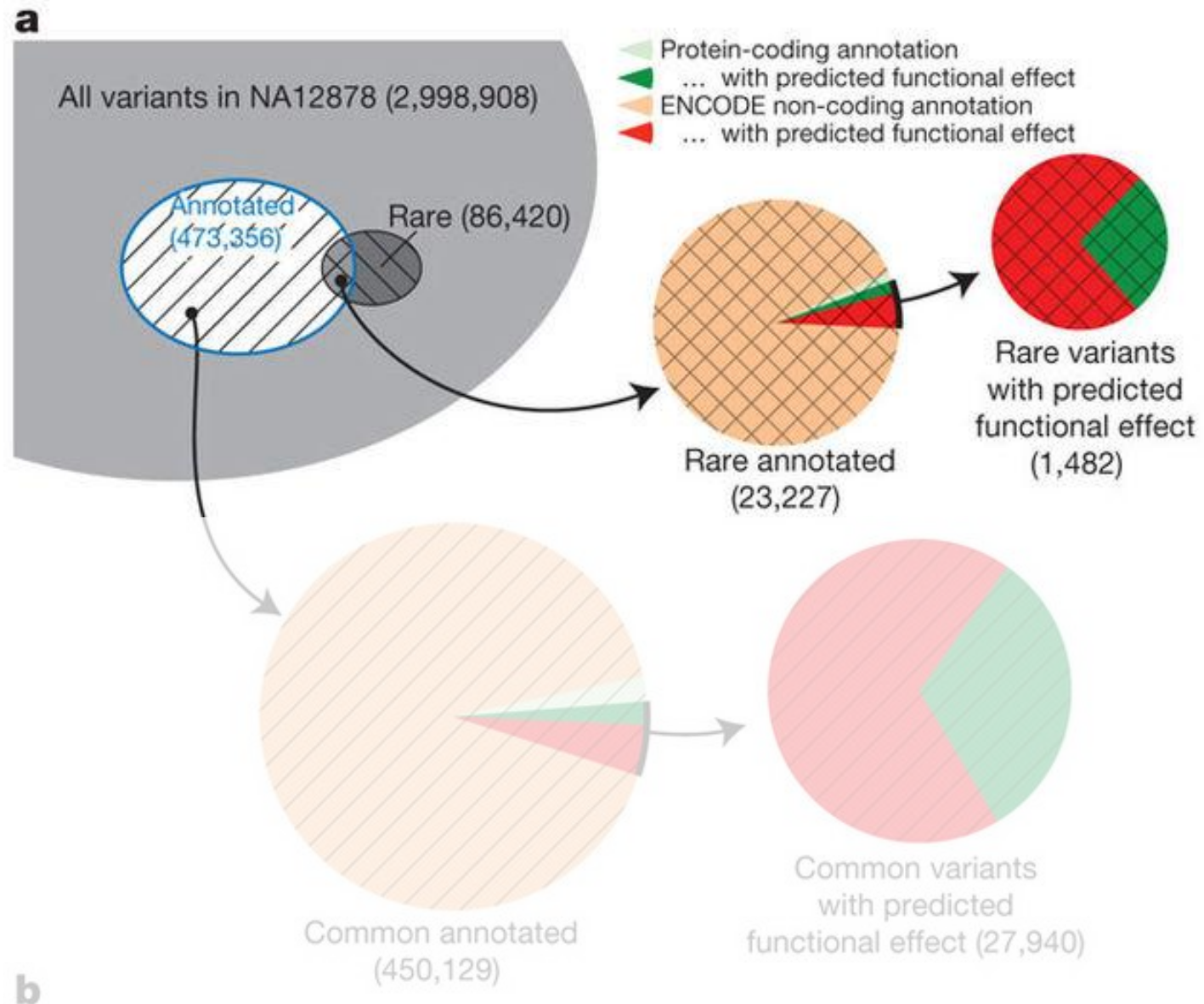
80.4% of the genome could be assigned a function

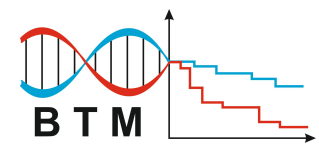
Enhancer-like - 400,000 (**8%** of the genome), promoter like - 70,000

8.8k small RNAs, **9.6k** long non-coding RNAs



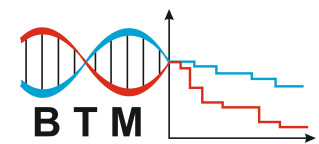
Challenges





453

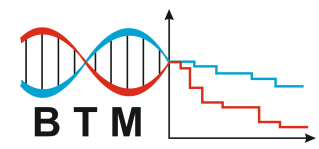
cases of **noncoding**, **regulatory**
mutations causing a rare monogenic
disease, according to **OMIM** database



Pathogenic noncoding mutations

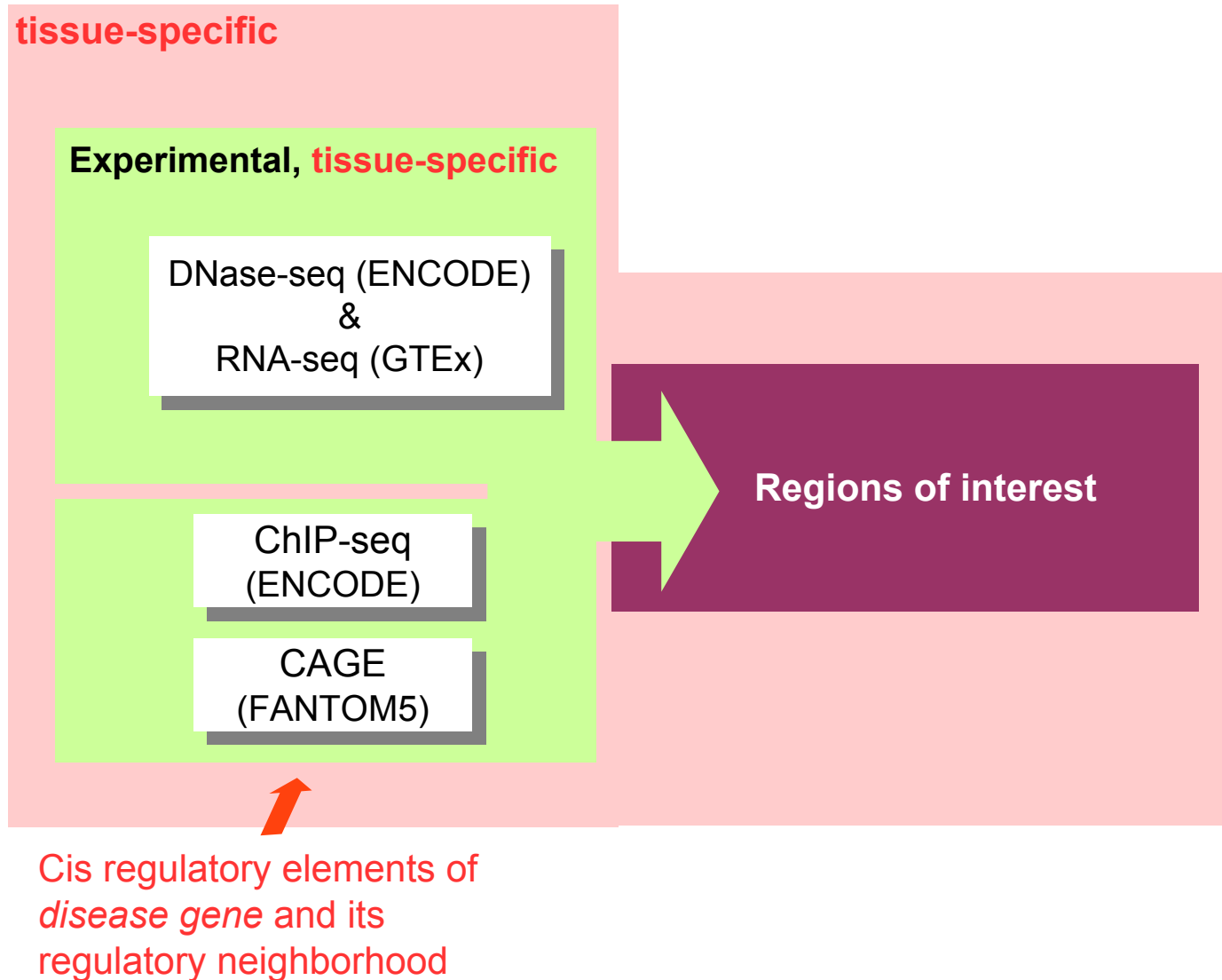
Table 1. Mendelian Regulatory Mutations

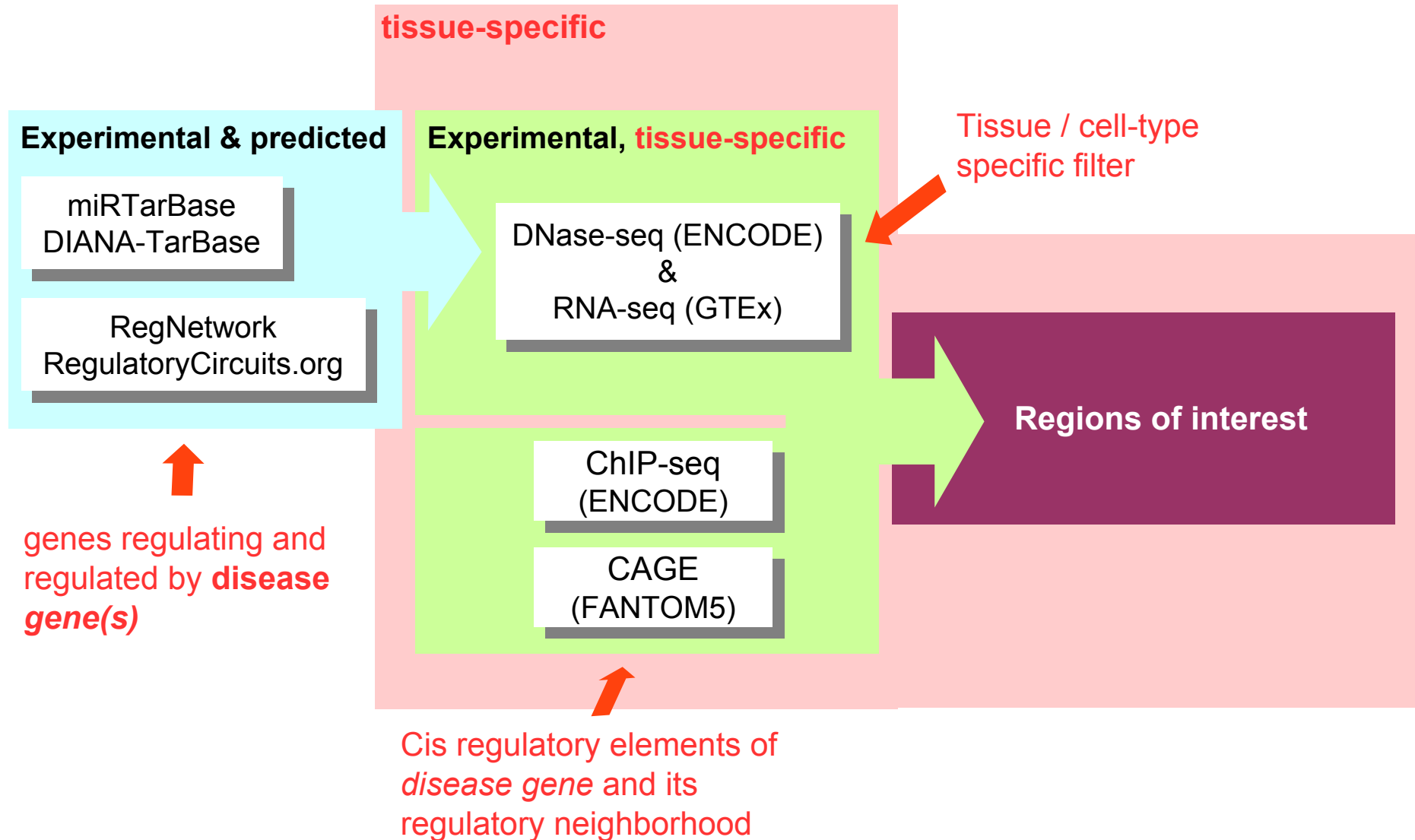
Category	Example	Count
Enhancer	triphalangeal thumb, type I (<i>SHH</i> [MIM: 174500])	42
Promoter	hemophilia B (<i>F9</i> [MIM: 306900])	142
5' UTR		153
Transcription (core promoter)	acute intermittent porphyria (<i>HMBS</i> [MIM: 176000])	52/153
uORF	Marie Unna hereditary hypotrichosis (<i>HR</i> [MIM: 146550])	37/153
Secondary structure	hyperferritemia cataract syndrome (<i>FTL</i> [MIM: 600886])	31/153
Kozak sequence	beta thalassemia (<i>HBB</i> [MIM: 613985])	2/153
Unclassified	thrombocytopenia 2 (<i>ANKRD26</i> [MIM: 188000])	31/153
3' UTR		43
Polyadenylation	permanent neonatal diabetes (<i>INS</i> [MIM: 606176])	14/43
miRNA binding	autosomal-dominant spastic paraplegia 31 (<i>REEP1</i> [MIM: 610250])	5/43
Other	autosomal-dominant myopia 21 (<i>ZNF644</i> [MIM: 614167])	24/43
Large non-coding RNA gene	microcephalic osteodysplastic primordial dwarfism, type 1 (<i>RNU4ATAC</i> [MIM: 210710])	65
MicroRNA gene	autosomal-dominant deafness 50 (<i>MIR96</i> [MIM: 613074])	5
Imprinting control region	Beckwith-Wiedemann syndrome (<i>H19</i> [MIM: 130650])	3
Total		453
Total single-nucleotide variants		406

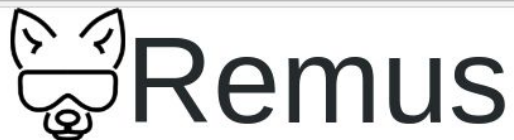
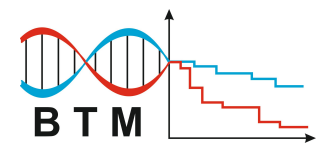


Remus - REgulatory MUtation Search









Remus is a tool for identification of regulatory regions potentially associated with monogenic disease phenotypes.

Description:

Starting from a small set of genes implicated in the disease pathogenesis, Remus finds regulatory features linked with these genes in several large scale repositories of tissue-specific genome-scale regulatory data. Customizable search and step-by-step process allows for iterative building of a tissue-specific set of regions that likely play a role in regulating expression of the input genes in the tissues affected by the disease.

hg19

Genes

Organs, tissues and cell types

Transcription start sites

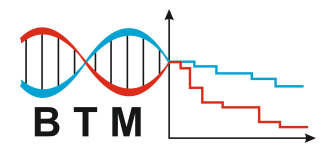
Enhancers

Accessible chromatin

Micro RNA

Query

Download result



hg19

Genes

Select genes:

× HNF1B HNF

HNF1A

HNF1A-AS1

HNF1B

HNF4A

HNF4G

Transcription start sites

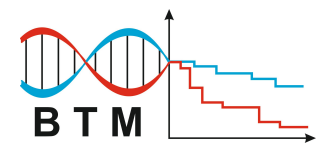
Enhancers

Accessible chromatin

Micro RNA

Query

Download result



hg19

Genes

Organs, tissues and cell types

Select organs/tissues/cell types:

× kidney (CHRM, ENH_F5, TSS_F5)

× kidney epithelial cell (CHRM, ENH_F5, TSS_F5) kidne

kidney (CHRM, ENH_F5, TSS_F5)

kidney epithelial cell (CHRM, ENH_F5, TSS_F5)

kidney_embryonic (CHRM)

left kidney (CHRM)

left kidney_embryonic (CHRM)

right kidney (CHRM)

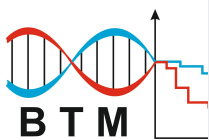
Enhancers

Accessible chromatin

Micro RNA

Query

Download result



Transcription start sites

☒ FANTOM5

- ☐ Active in all selected tissues
☒ Active in any of selected tissues

bps upstream

3000

bps downstream

100

Enhancers

☒ FANTOM5

- ☐ Active in all selected tissues
☒ Active in any of selected tissues

Kb upstream

500

Kb downstream

500

☒ ENCODE

- ☐ Active in all selected tissues
☒ Active in any of selected tissues

Kb upstream

500

Kb downstream

500

Accessible chromatin

☒ ENCODE

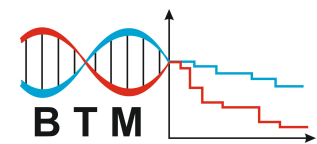
- ☐ Accessible in all selected tissues
☒ Accessible in any of selected tissues

Kb upstream

500

Kb downstream

500



Enhancers

☒ FANTOM5

- ☐ Active in all selected tissues
☒ Active in any of selected tissues

Kb upstream

500

Kb downstream

500

☒ ENCODE

- ☐ Active in all selected tissues
☒ Active in any of selected tissues

Kb upstream

500

Kb downstream

500

Accessible chromatin

☐ ENCODE

Micro RNA

☒ miRTarBase

☐ Include weak interactions

☐ miRWalk

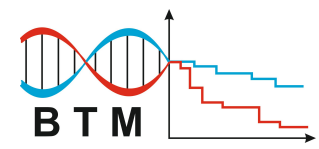
- ☐ Active in all selected tissues
☒ Active in any of selected tissues

Query

Download result

Summary table

Time elapsed (s)	3.332624
No. features	7
No. base pairs	60226



Acknowledgments

Damian Skrzypczak

Wojciech Fendler

<https://github.com/seru71/Remus>

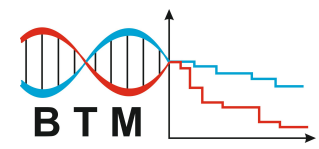
Project funded by National Science Center in Poland
(POLONEZ 2016/23/P/NZ2/04251)

This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 665778.



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POLAND



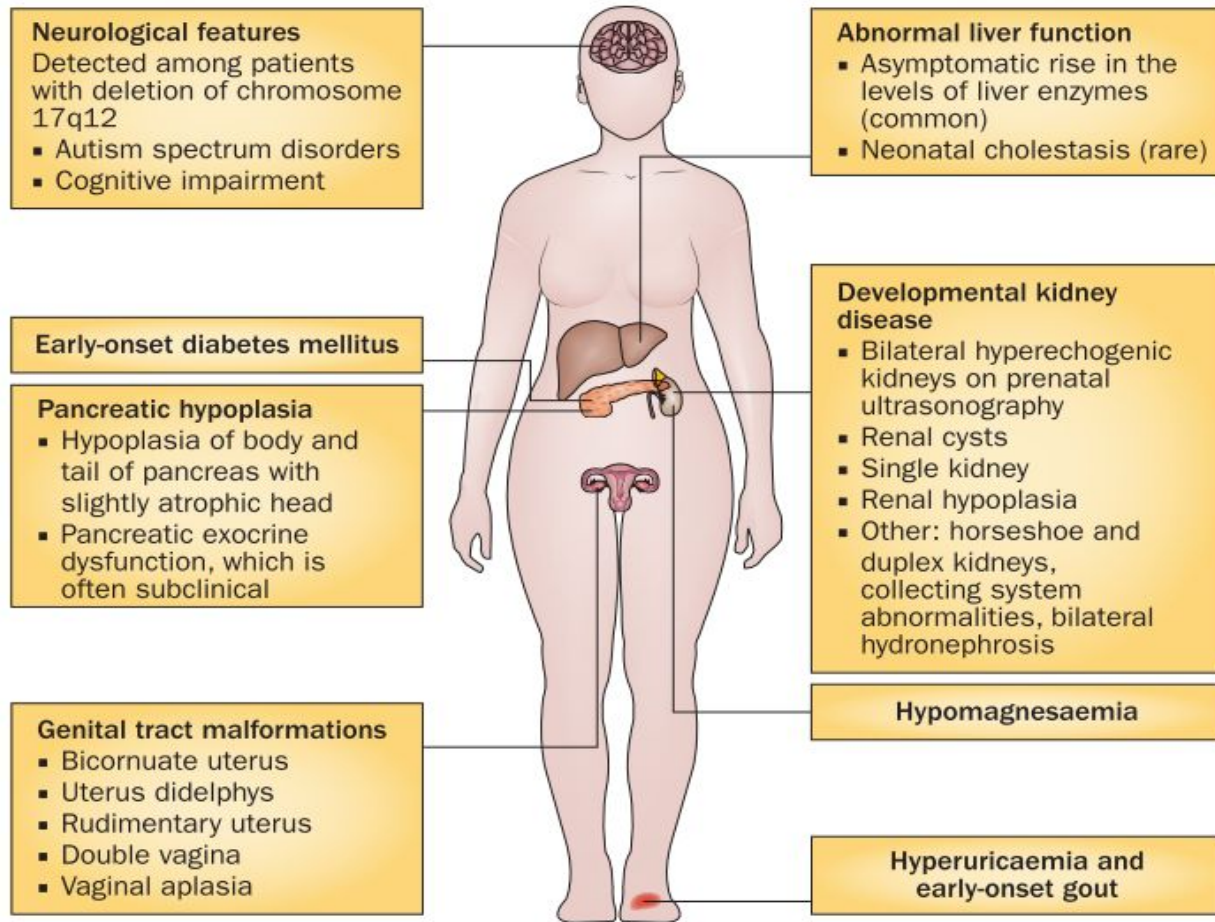


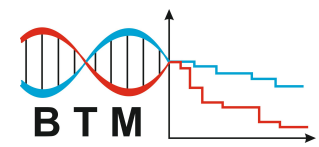
Study case: RCAD syndrome

Prevalence:
1-9 / 1 000 000

Autosomal dominant

HNF1B





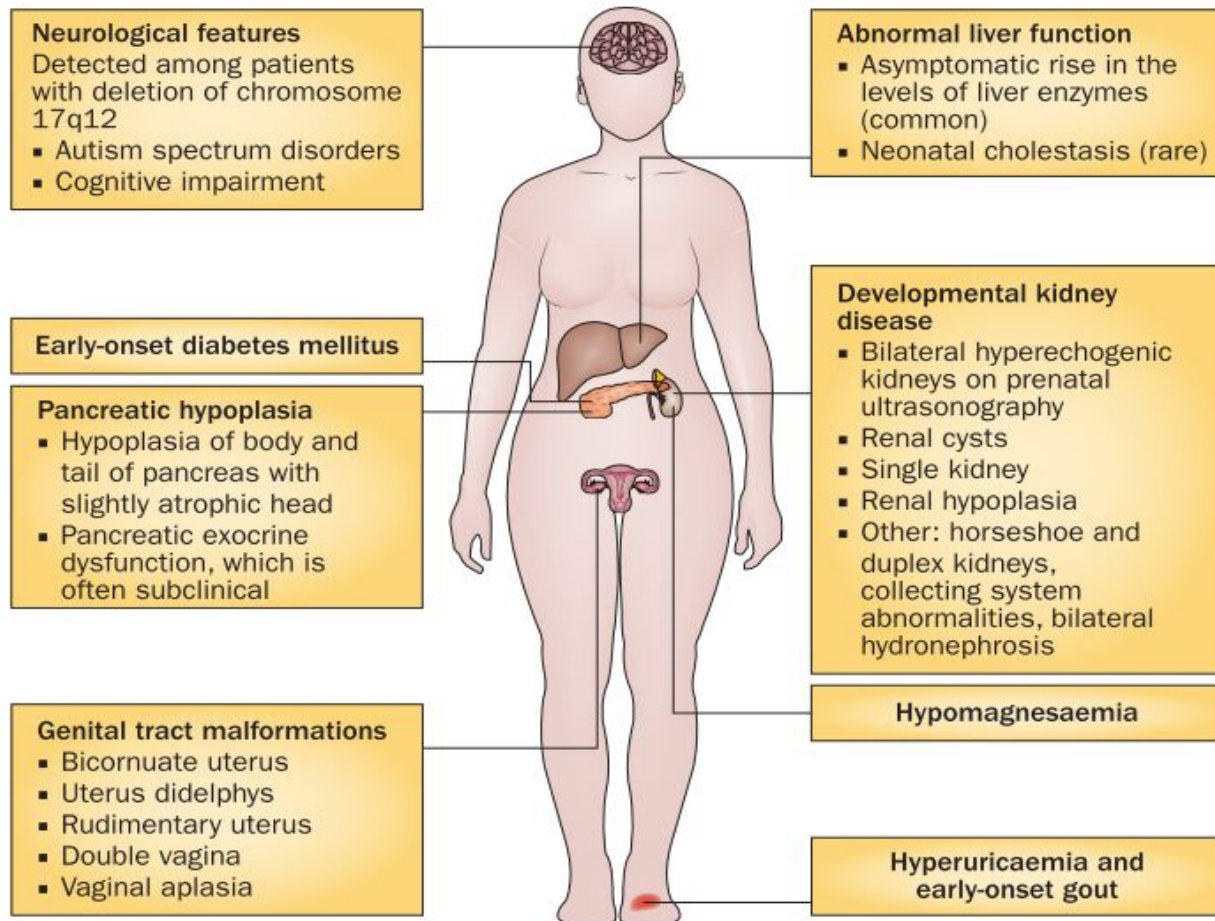
Study case: RCAD syndrome

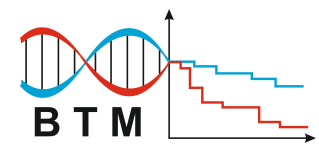
Prevalence:
1-9 / 1 000 000

Autosomal dominant

HNF1B

What if no mutations in
HNF1B?

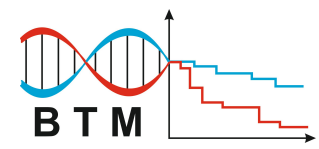




Case: RCAD

WGS data for **9** patients with RCAD phenotype and **no HNF1B mutation**

15+ additional WGS samples

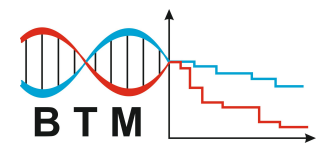


Case: RCAD

WGS data for **9** patients with RCAD phenotype and **no HNF1B mutation**

15+ additional WGS samples

Looking for interesting cases!



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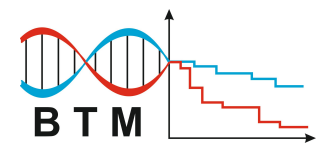
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https://biostat.umed.pl/polonez_eng.html

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Integrative approach

