

The Discovery of Genetic Loci Associated with Fetal Hemoglobin Levels in Sickle Cell Disease Patients through Epigenomic Prioritization

Yann Ilboudo

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MHI-Human Genetics



Presentation Outline

- Introduction of sickle cell disease.
 - Historical perspective.
 - Demographic burden.
 - What is fetal hemoglobin? Why we studied it?
- Method
 - Conditional Meta-analysis of ~10,000 patients.
- Results
 - Focus on results at *KLF1*, on Chr19.
- Conclusion



Sickle Cell Disease – In a Nutshell

- Blood disorder that causes red blood cell to be change their shape:

- ‘Croissant’

AS OPPOSED TO

‘Doughnut’



Sickle Cell Disease History



James B. Herrick
a cardiologist in Chicago
makes the reports of
sickle cell anemia in
Internal Medicine in
1910



**Linus Pauling et al. in
*Science***
linked the altered
hemoglobin to the sickling
phenomenon in 1949.
making SCD first molecular
disorder

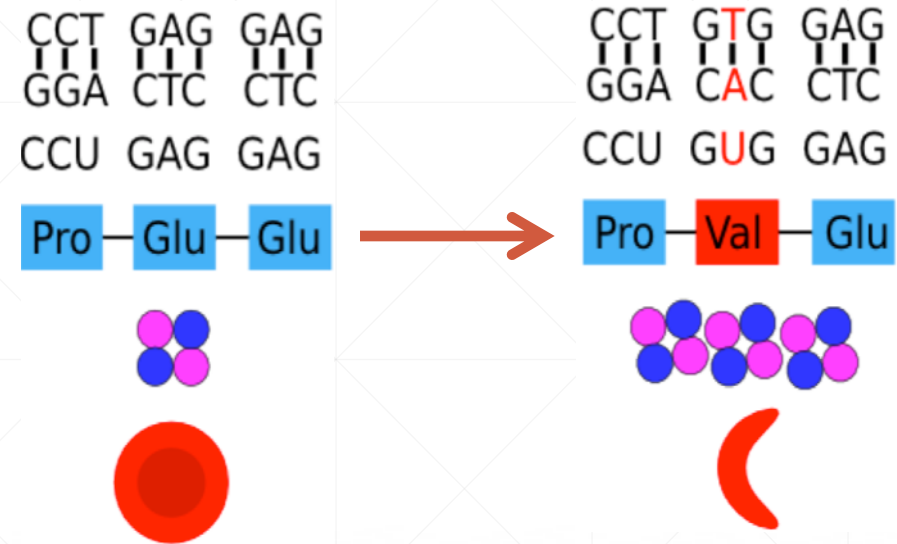


Anthony Allison
discovered the link
between the protective
effect of sickle cell trait
and malaria in 1956 in
Scientific American



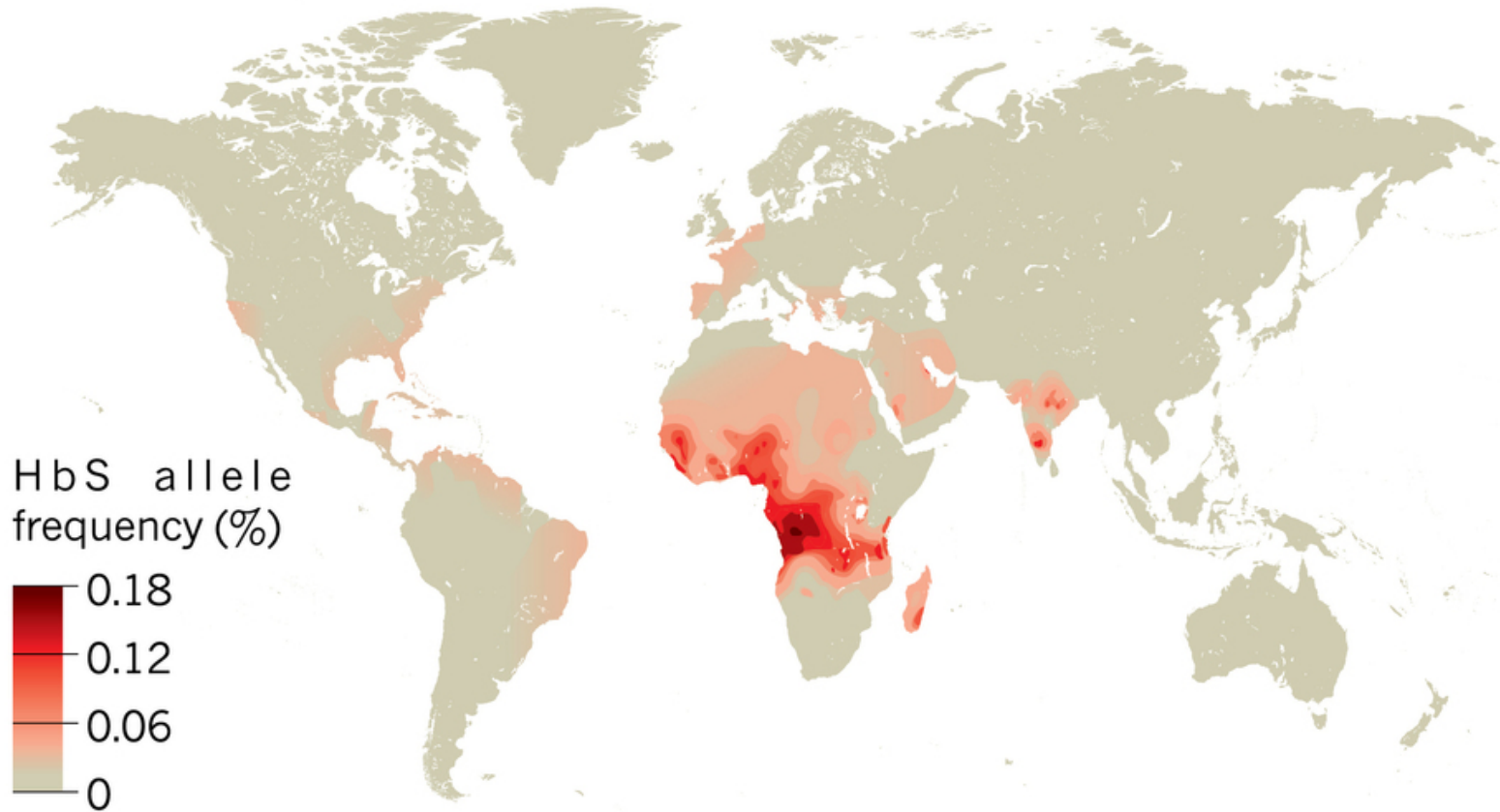
In 1958, **Vernom Ingram**,
found that a single mutation
is at the origin of a protein
change in *Biochim.*
Biophys. Acta.

Beta-globin gene



Demographic Impact of SCD

HbS allele frequency

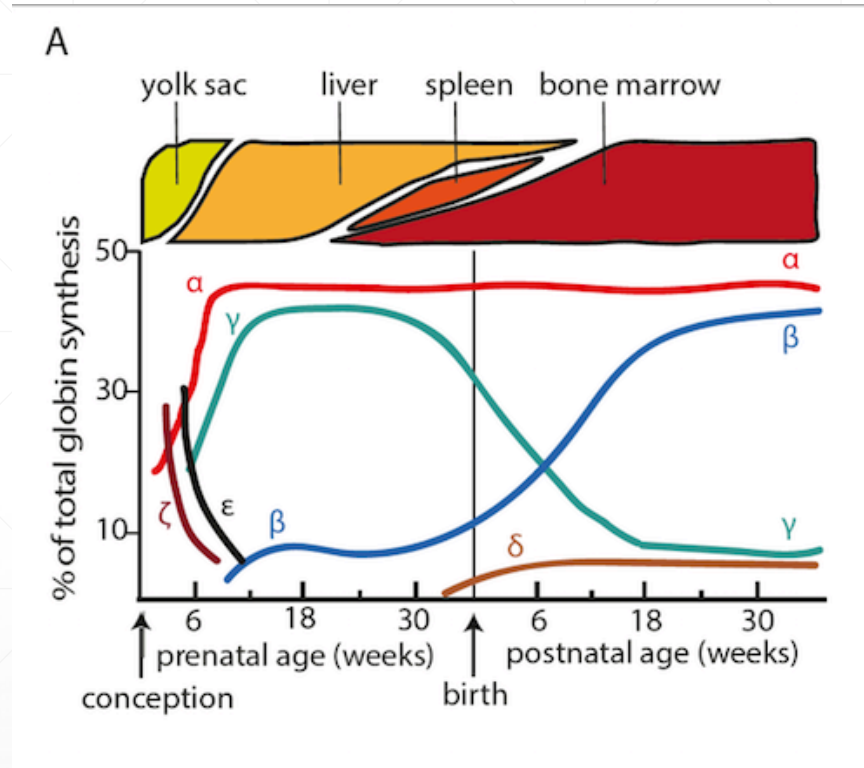


- World Health Organization, estimates that as of 2011, about 5% of the global population carries the mutation causing the disease
- 200,000 SCD babies are born each year in Africa, 50% will die before reaching 1 year old (third-leading cause of death)

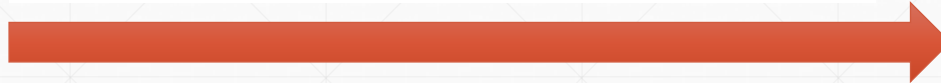


What is fetal hemoglobin (HbF)?

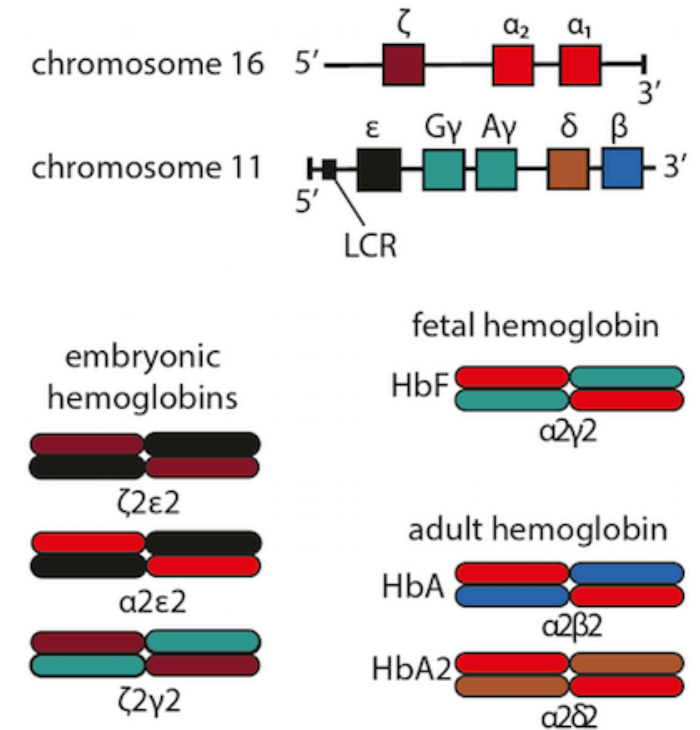
Tissues where
red blood cells
are produced



Time



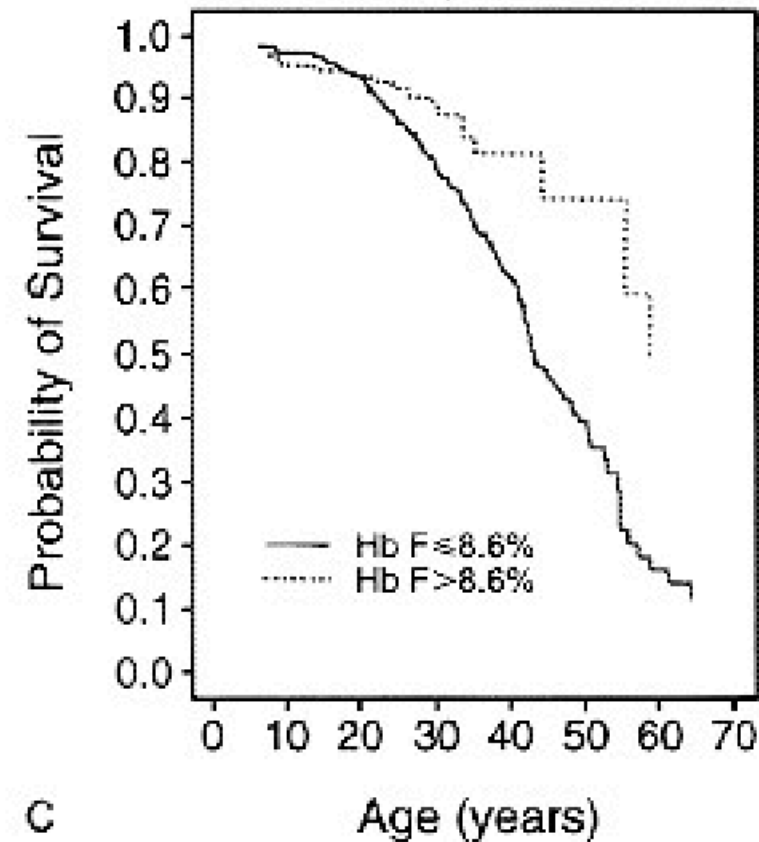
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Why do we study fetal hemoglobin (HbF)?



Pediatric hematologist, Janet Watson (1948) first to observe HbF's benefit.



Later, studies demonstrated higher levels of HbF reduce many of known complications such as leg ulcers, pain crises, strokes, and to name a few.



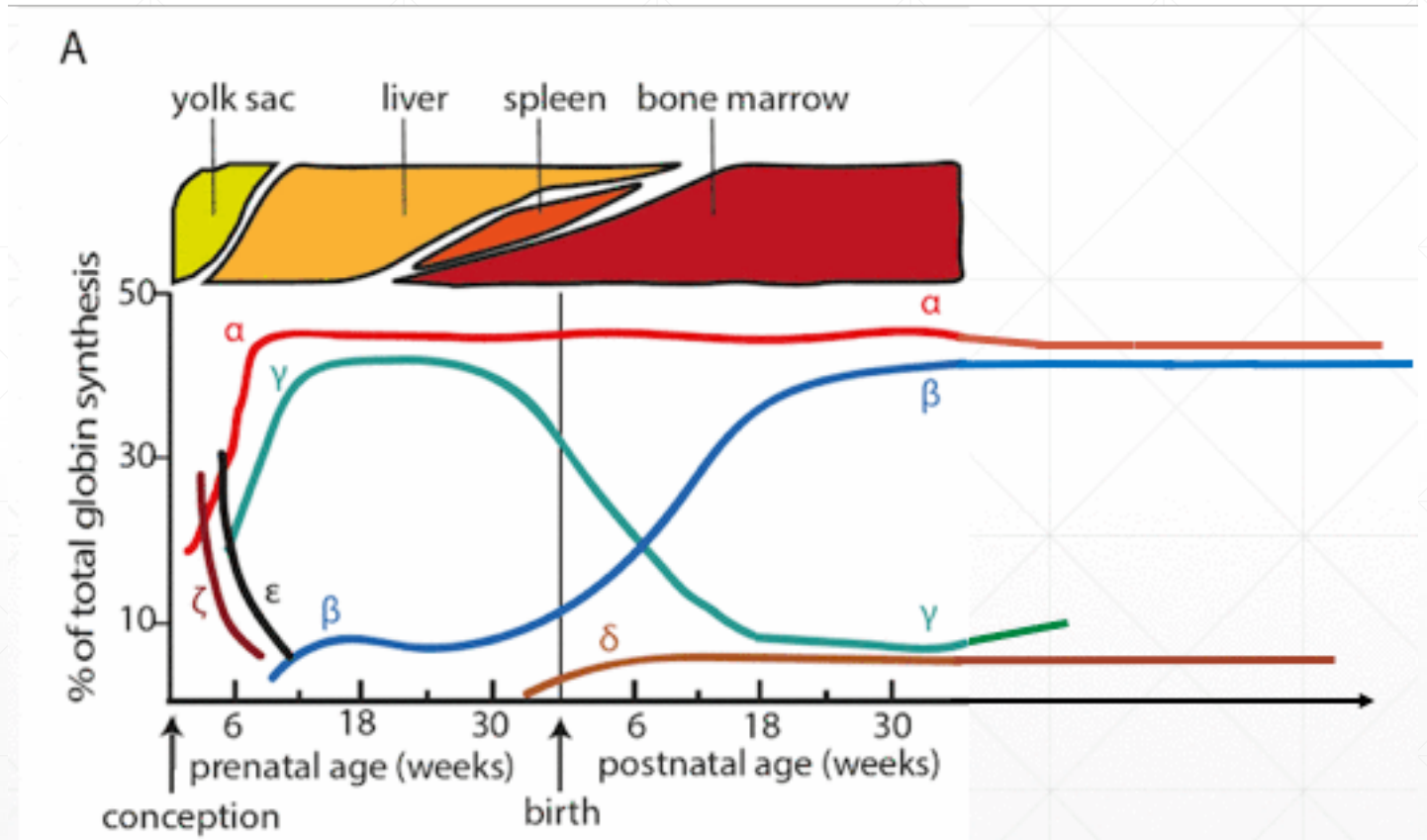
Drug that stimulates the production of HbF

- Only FDA approved and most prescribed drug.
- Benefits:
 - Allowed many infant to reach adulthood.
 - Reduces pain crises.
- Drawbacks:
 - Not as effective as blood transfusions in preventing strokes.
 - Patients responses is variable.
 - Patients complain about its many negative side effects.



Idea: Reverse the Normal Development of Globin Expression

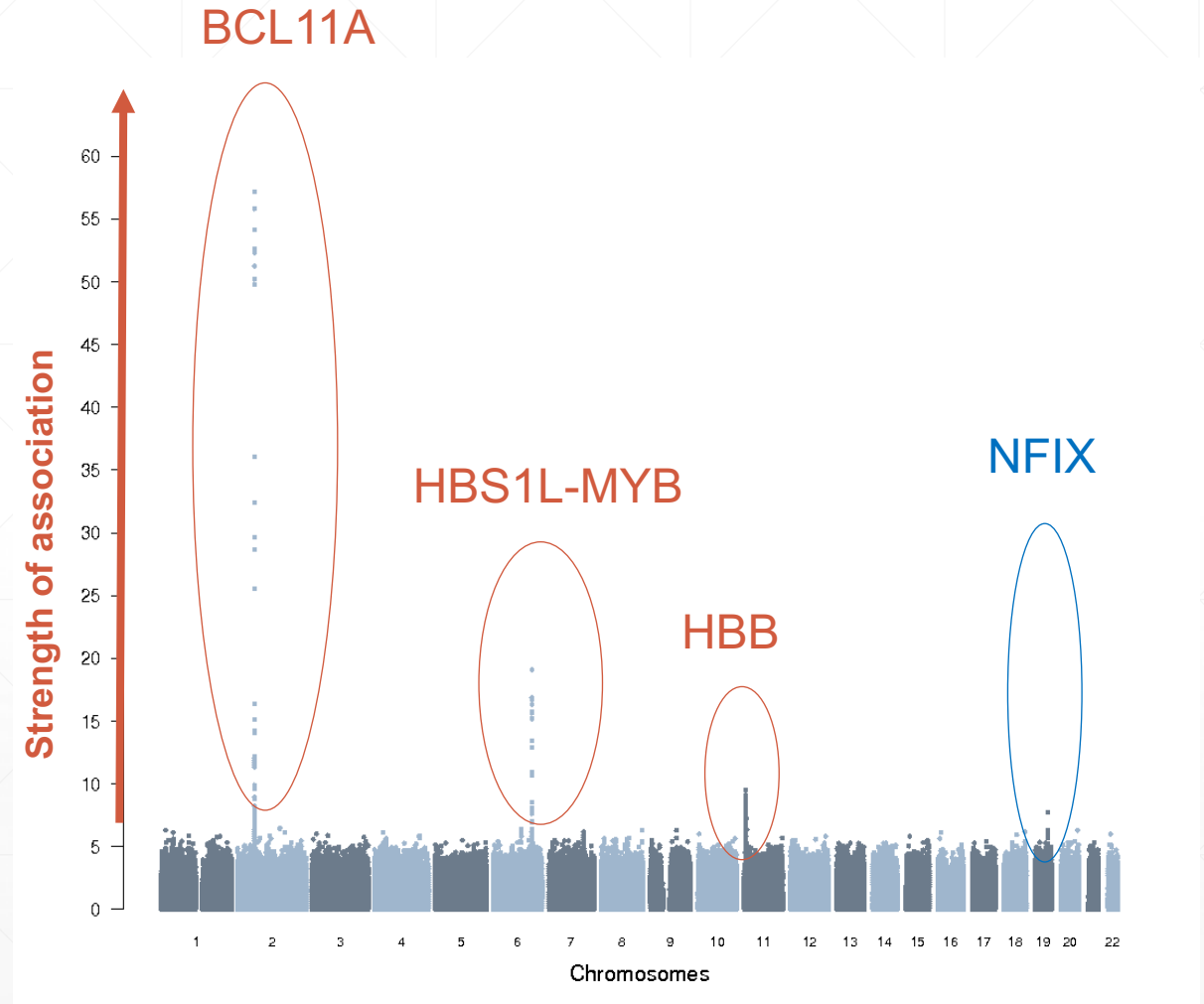
- Find genes or mutations that cause fetal hemoglobin to remain higher levels. Mutations such as hereditary persistency of fetal hemoglobin (HPFH).



**Are there DNA sequences variants responsible for changing
HbF levels?**

Finding DNA Polymorphism of HbF Through GWAS

- Together BCL11A, HBS1L-MYB, HBB account for at least ~50% of variability of HbF in humans.
- More recently an *NFIX*-rs183437571 variant was identified on chr19 as the new locus for HbF.



Knowing that ~50% of heritability comes from BCL11A, HBS1L-MYB, HBB, are there other DNA sequences variants responsible for changing HbF levels?

Conditional Meta-analysis of HbF in SCD and Sard

Cohort: SardinIA

Cohort Size: 5903 healthy individuals

Cohort Characteristic: Patient from Sardinian Ancestry

Trait Analyzed: HbF

Perform Conditional GWAS on BCL11A, HBSL1-MYB, HBB

Cohort: SCD

Cohort Size: 3435 individuals with SCD

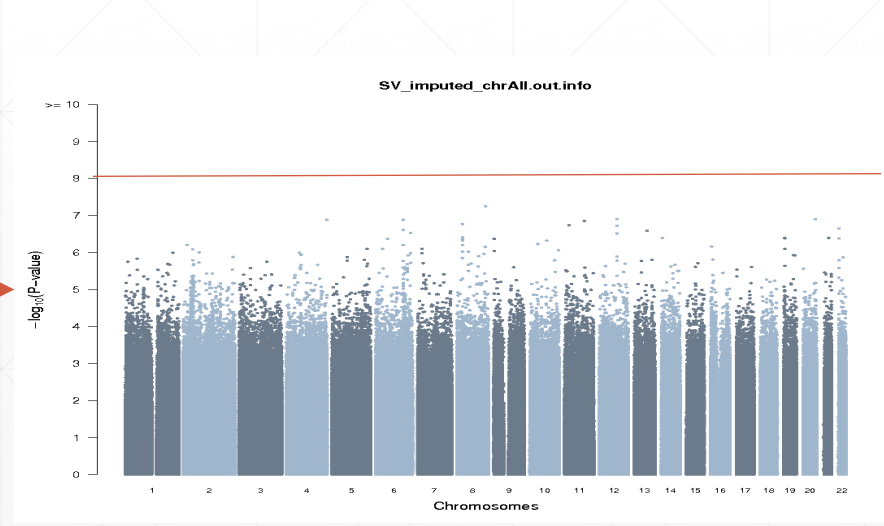
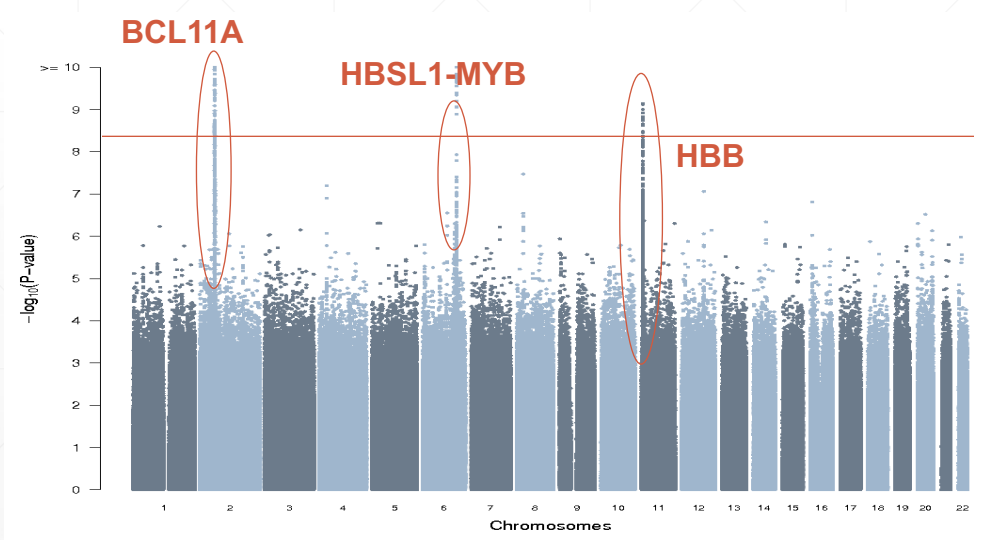
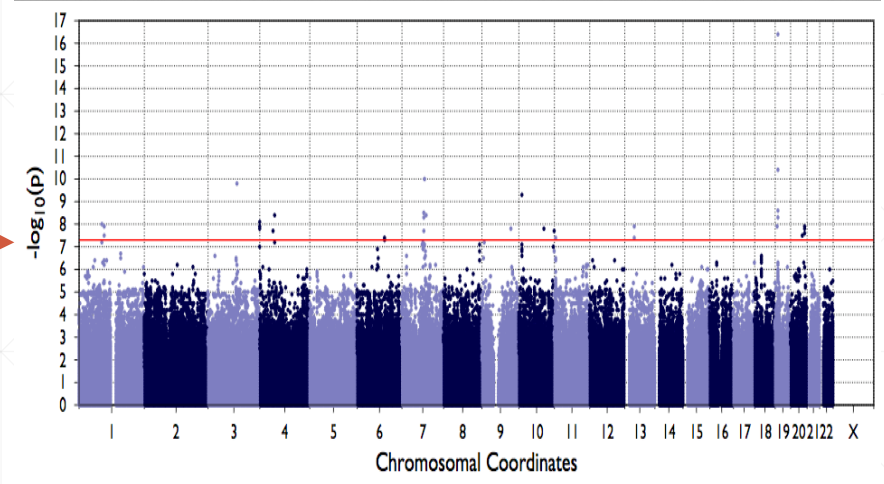
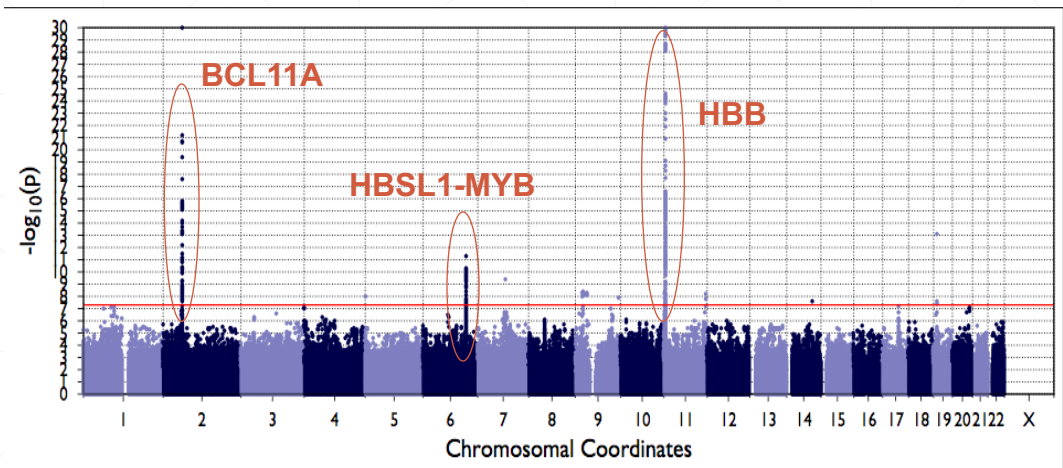
Cohort Characteristic: Patient from African Ancestry with SCD

Trait Analyzed: HbF

Perform Conditional GWAS on BCL11A, HBSL1-MYB, HBB

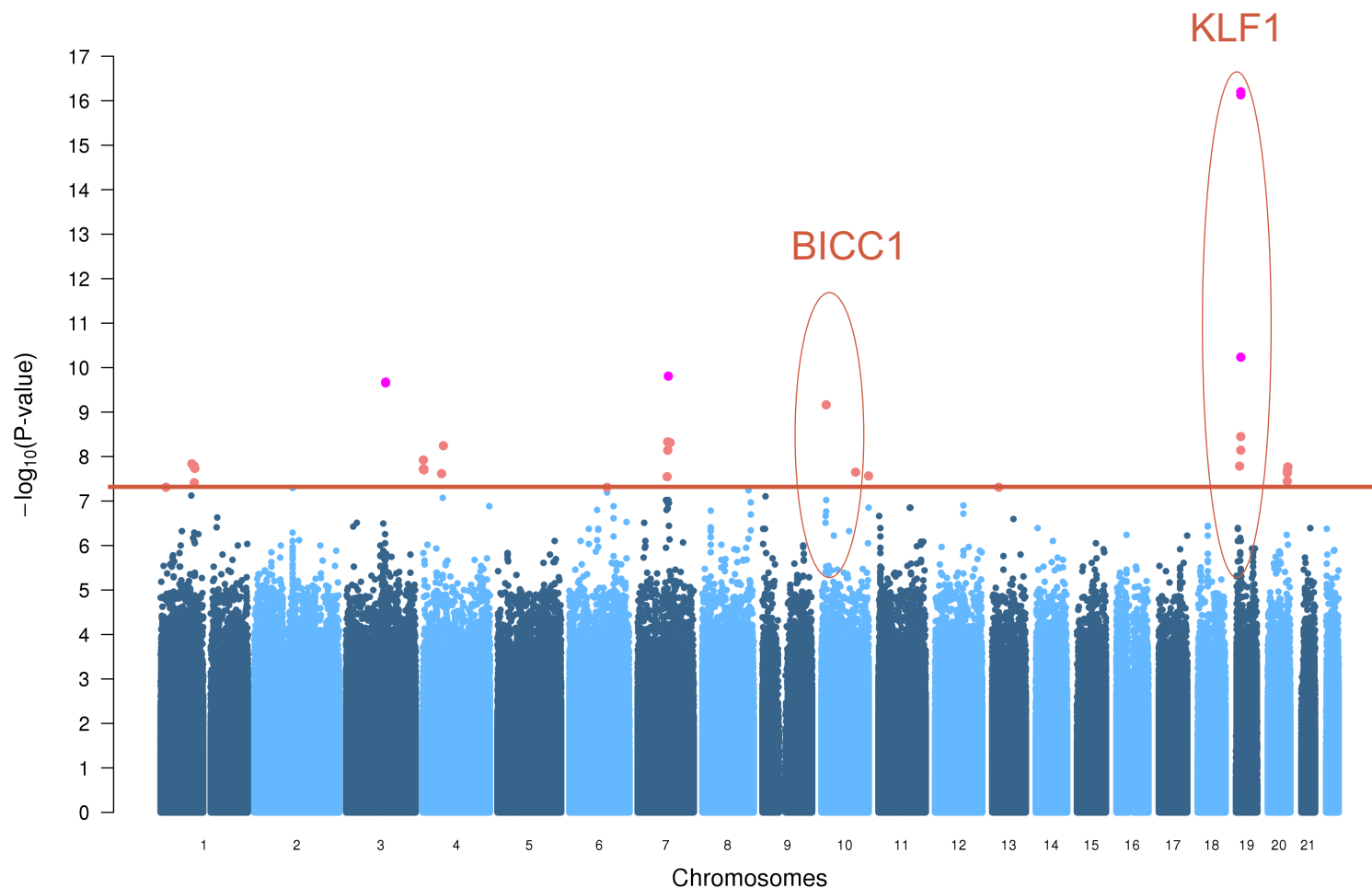
Meta-analyze Results

Conditional Meta-analysis of HbF in SCD and Sardinian



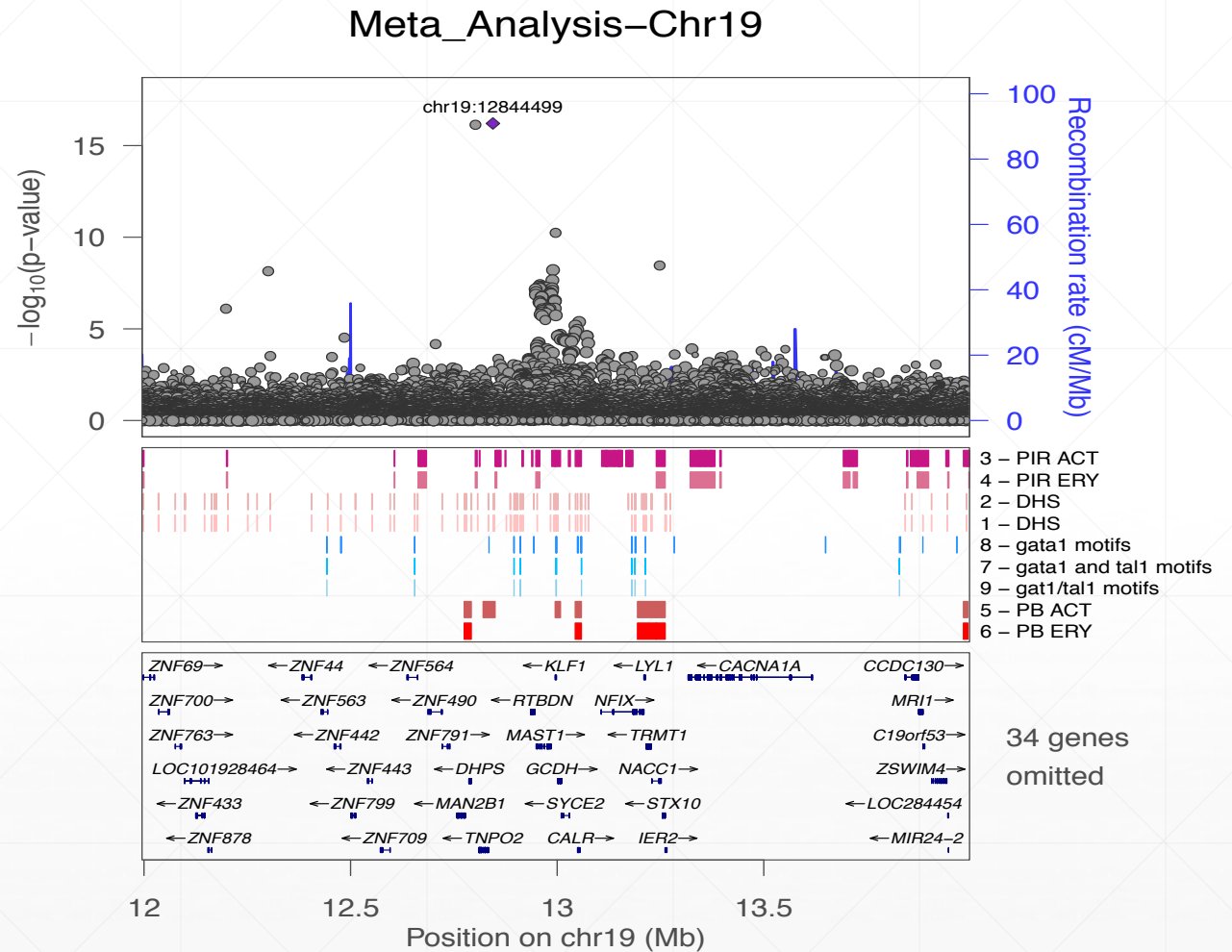
Conditional Meta-analysis of HbF in SCD and Sardinian

- Discovery of new gene modulating HbF *KLF1*.
 - *KLF1* never reported in GWAS before, and not in LD with *NFIX* variant.
- Approach yielded many synonymous variants as expected with GWAS.
- Several rare variants and several variants present in either just Sardinians or just SCD.



KLF1 – Strong evidence of HbF modulation

- Recent studies in a Maltese family with HPFH found a nonsense mutation in *KLF1*.
- Additionally, *KLF1* reduces *BCL11A* expression, upregulating gamma-globin and beta-globin gene expression.

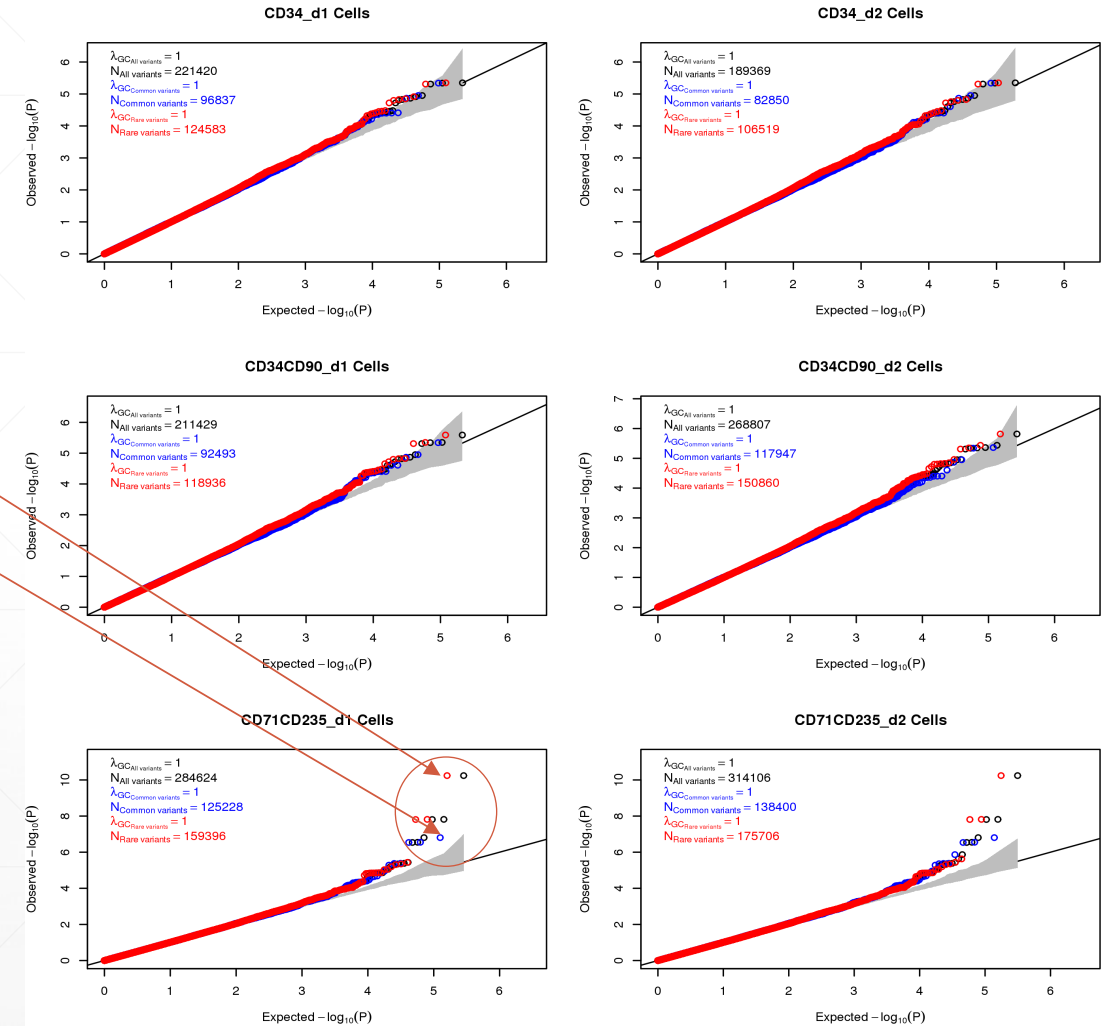


KLF1 – Strong evidence of HbF modulation

- Annotation with transposase access chromatin sites specific to different cell maturation stages.

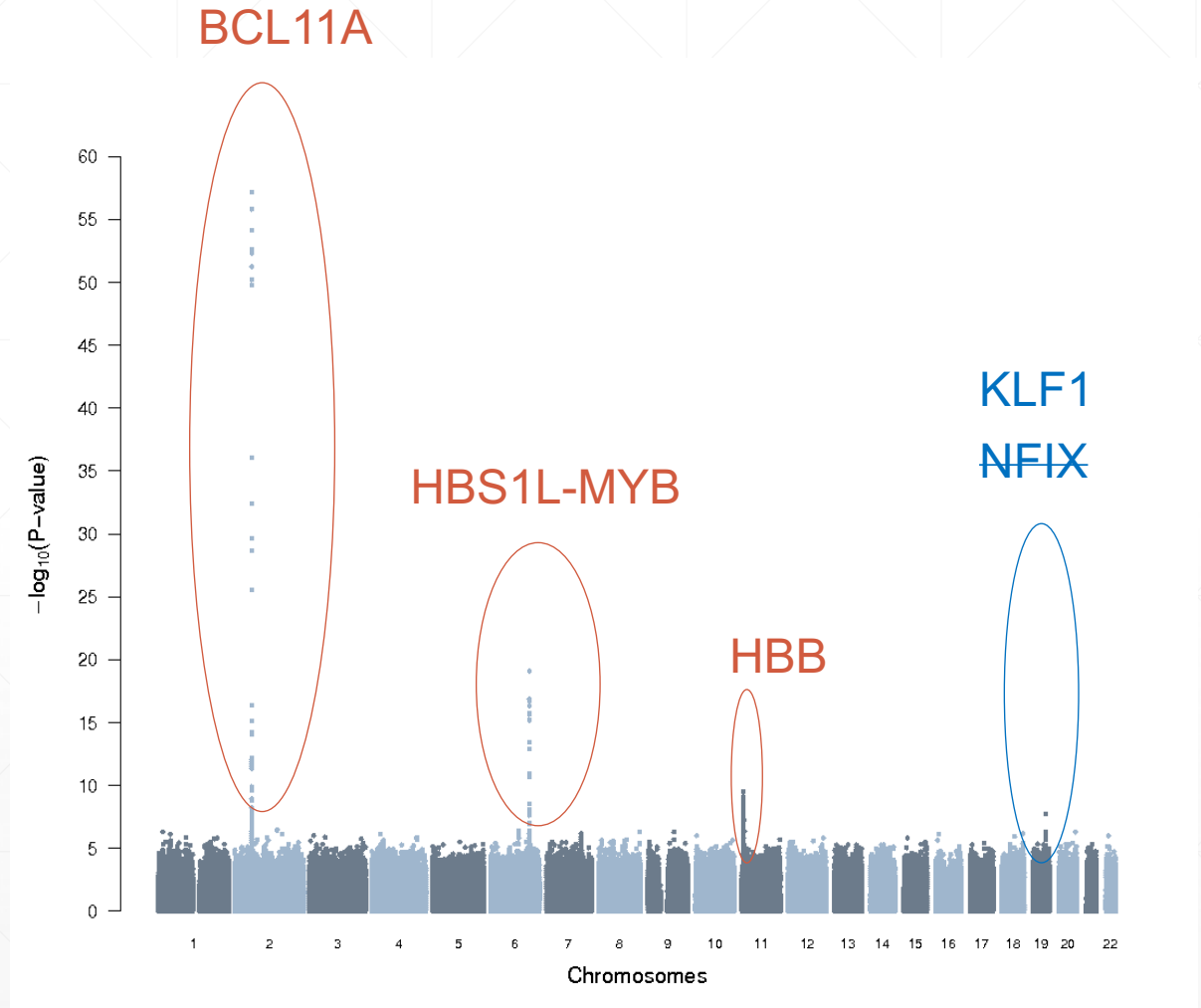
SNP	Freq	Present in both cohorts
rs558942739	Rare	Only in Sardinians
rs2280742	Common	Yes

- We found several proxies for the common variant, and several eQTL effects on *DNASE2* and *KLF1*.
- This mutation could represent an HPFH mutation.



Conclusion

- Together *BCL11A*, *HBS1L-MYB*, *HBB* account for at least ~50% of variability of HbF in humans. We are looking for loci explaining the remaining heritability:
 - Approach: Using conditional meta-analysis in ~10,000 individuals from Sardinian and African ancestry.
- We have potentially identified two new loci that modulates HbF Chr19.
- Our annotation provided additional evidence that polymorphism at *KLF1* is the causal variant rather than *NFIX*.



Perspectives

- Fine-map association results on Chr19 and Chr10.
 - Goal: Identifying the causal variant.
- Perform enrichment analysis to strengthen our current hypothesis.
- Identify variant present in a single cohort to genotype.
- Design functional experiments to test the consequence of causal mutations.

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Questions?