

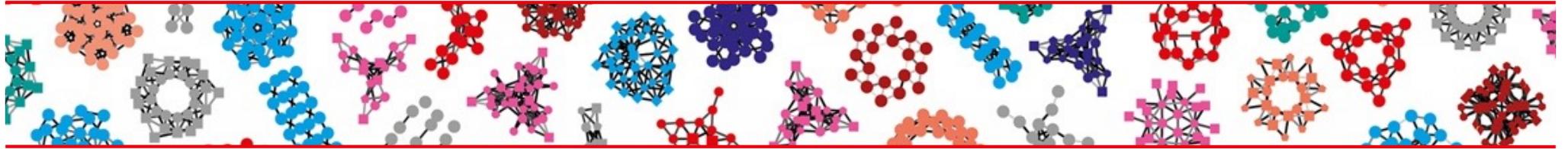
Swiss Institute of
Bioinformatics

Introduction to bioinformatics: Clinical Bioinformatics

Valérie Barbié, Director SIB Clinical Bioinformatics
Zürich, 06 December 2022

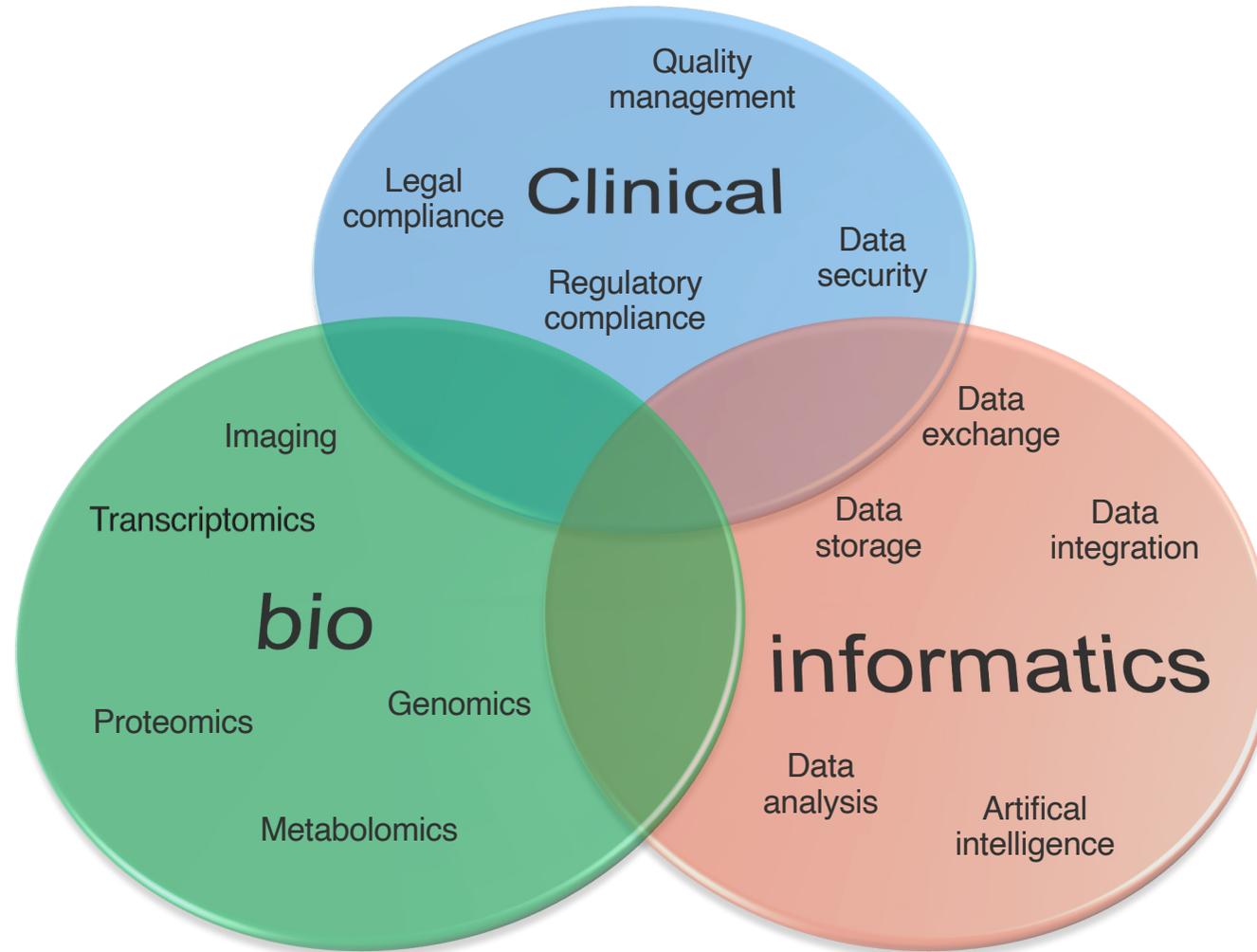


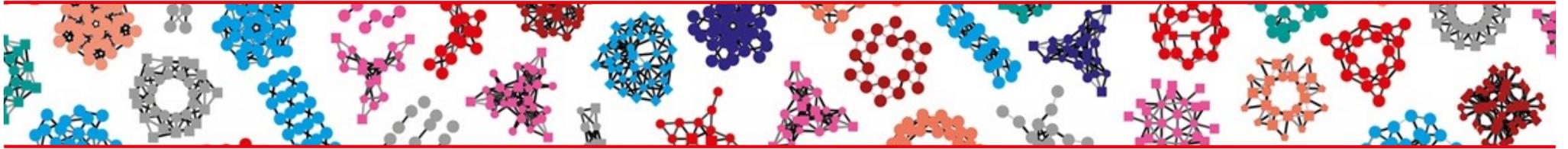
www.sib.swiss



What is clinical bioinformatics?

What is clinical bioinformatics?

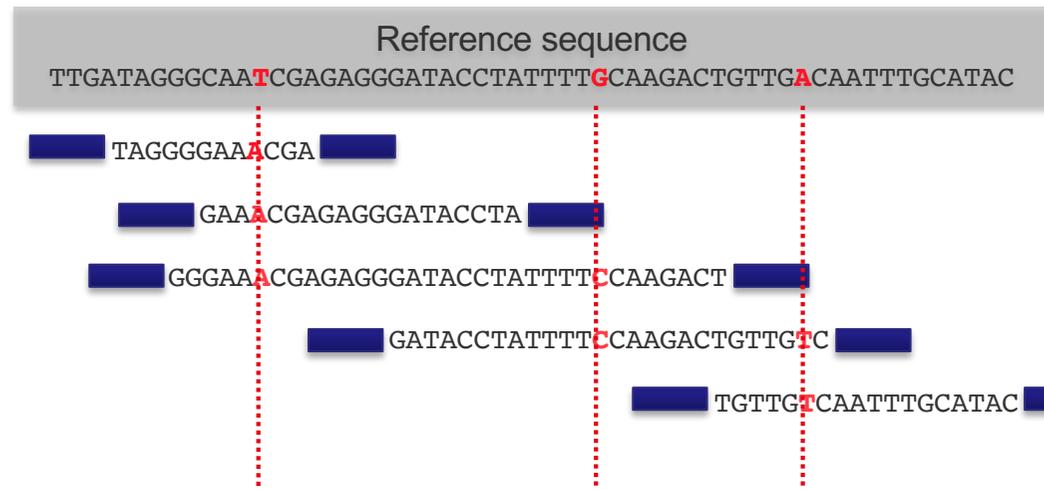




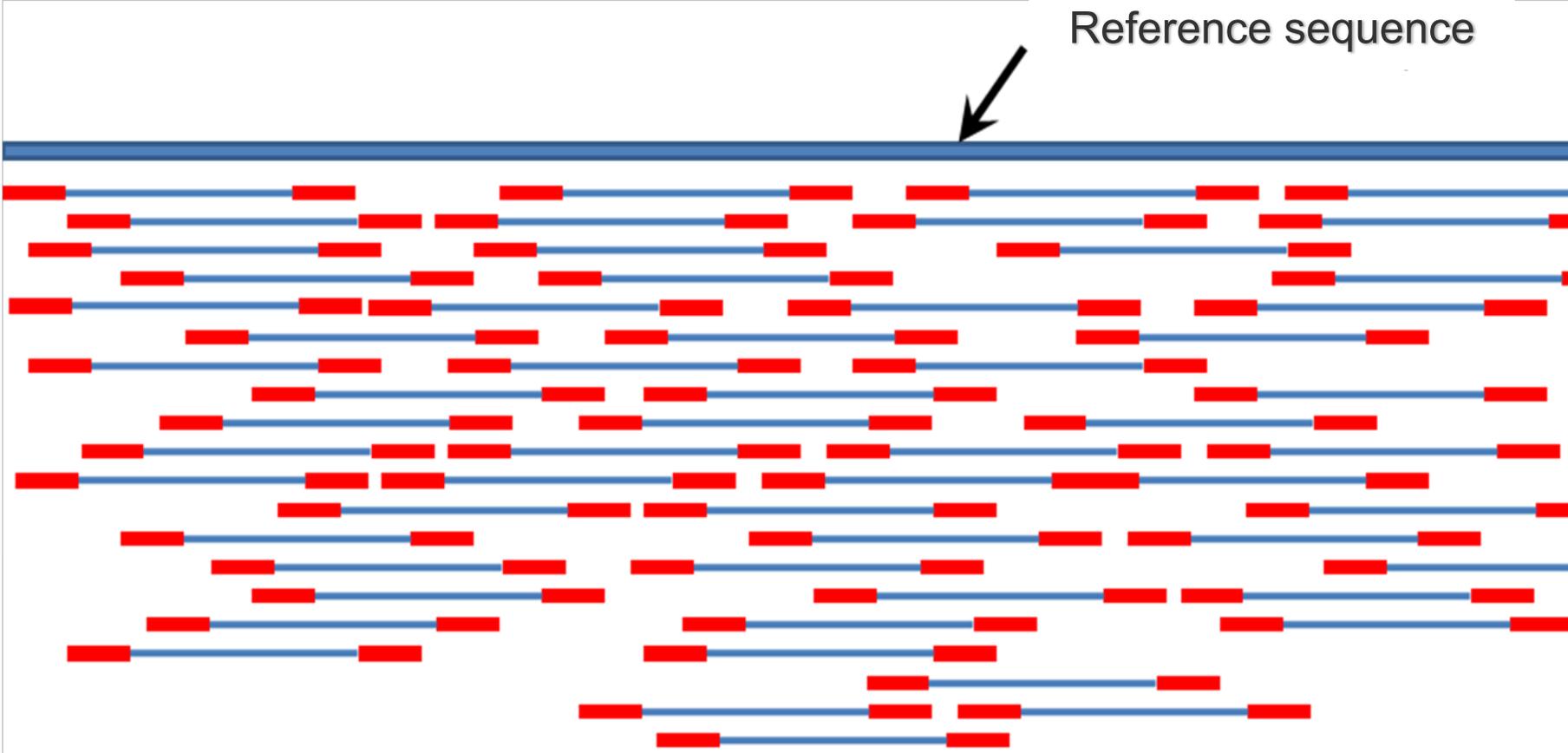
Why clinical bioinformatics?

*The example of
Next Generation Sequencing (NGS)
in medical diagnosis*

Next Generation Sequencing principle

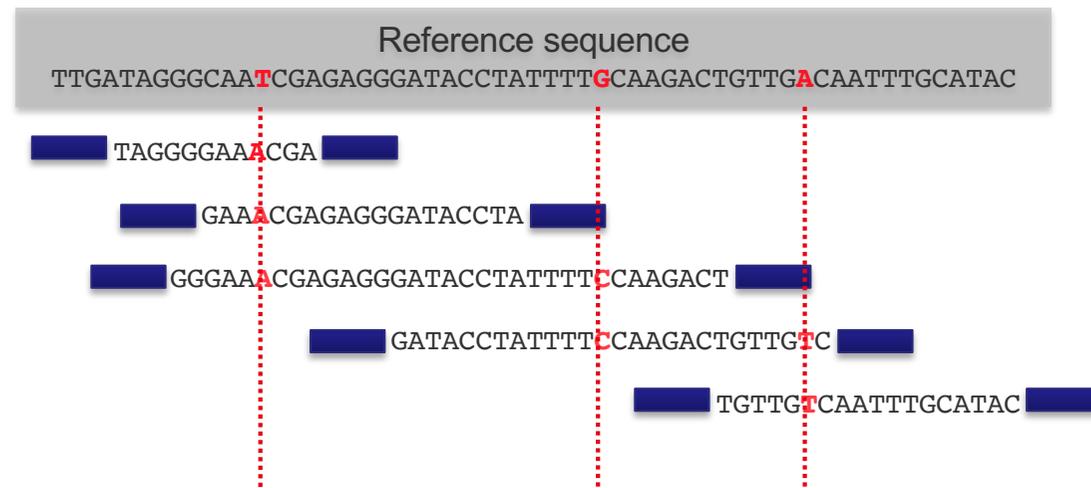


Next Generation Sequencing principle

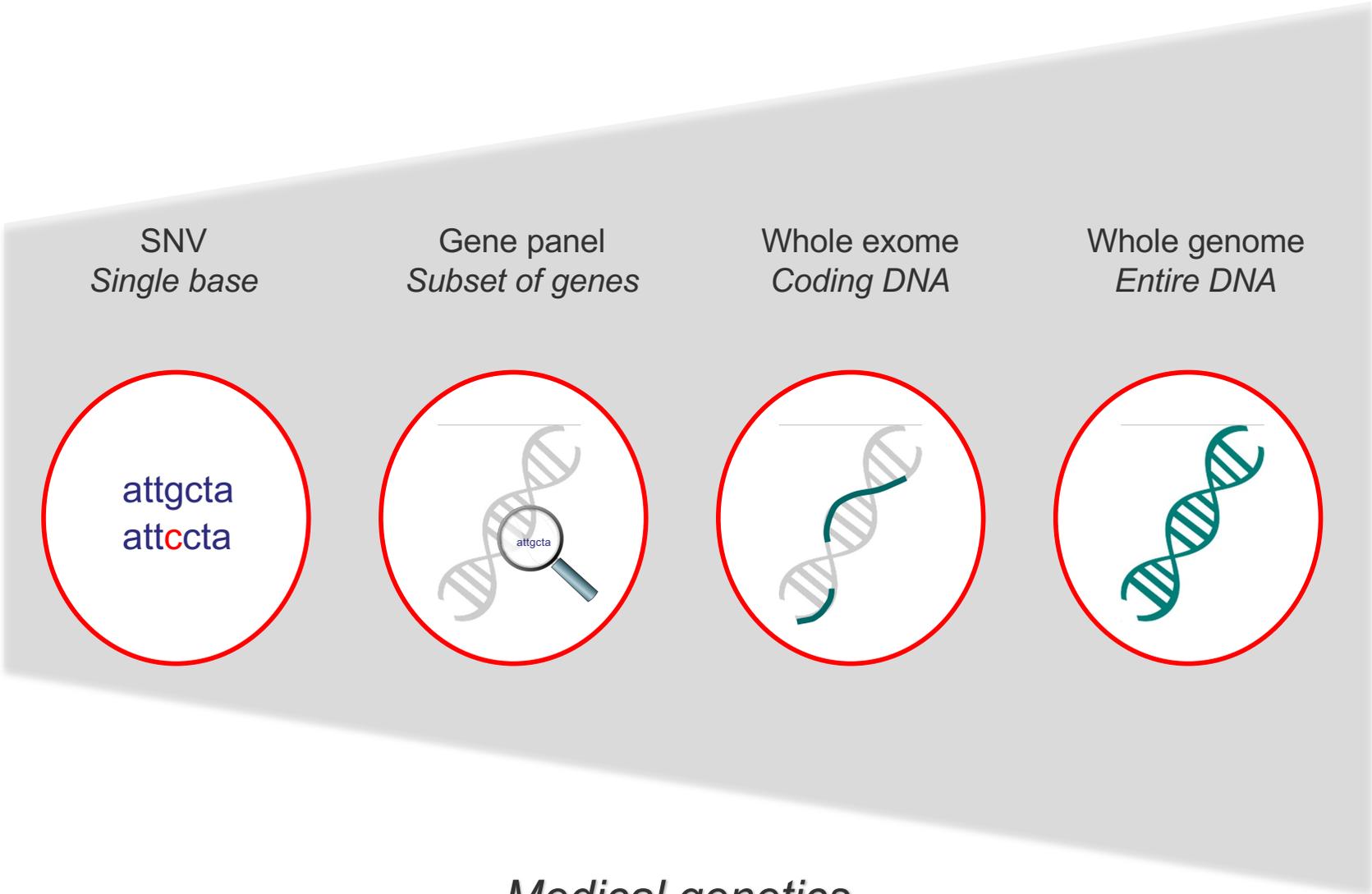


Examples of NGS clinical applications

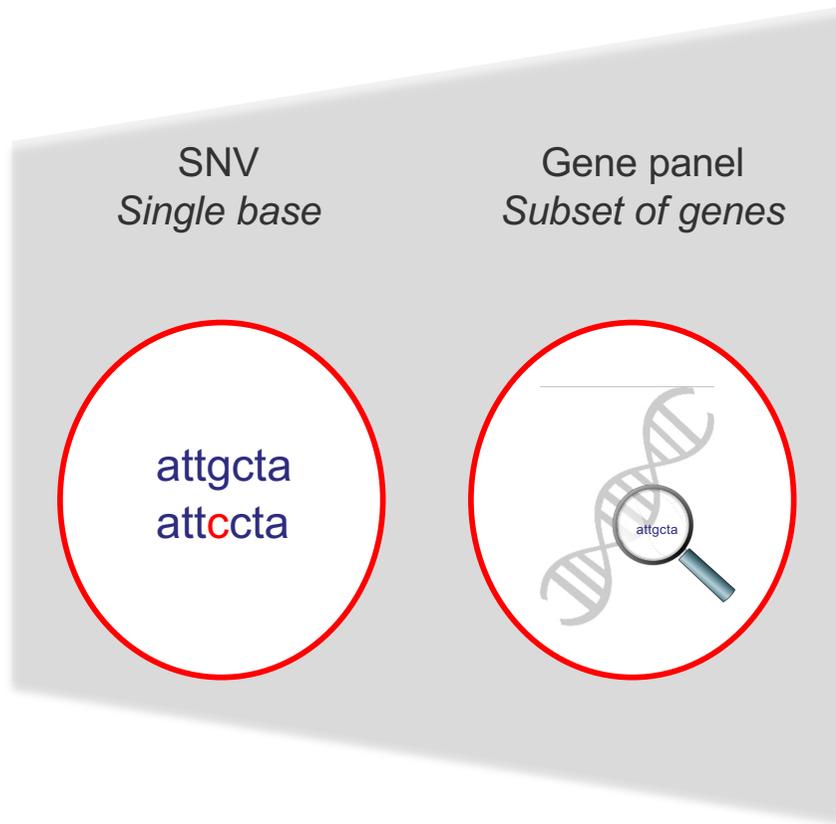
	Source DNA	Reference DNA
Oncology	Patient tumor or blood	Consensus human genome Germline
Microbiology	Patient	Pathogens genomes, resistance genes
Medical genetics	Patient	Family members, known defects
Pharmacogenetics	Patient	Drug-response or -sensitivity mutations



Scale matters

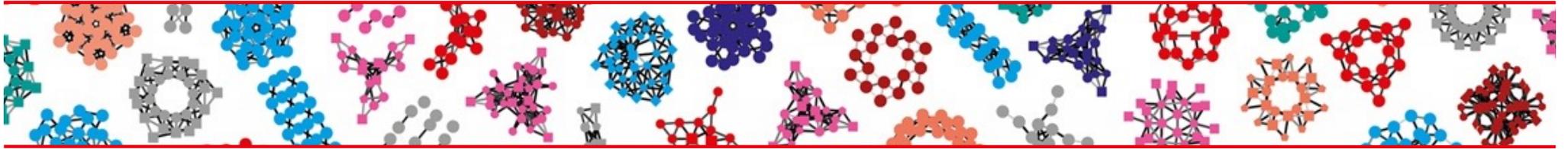


Scale matters



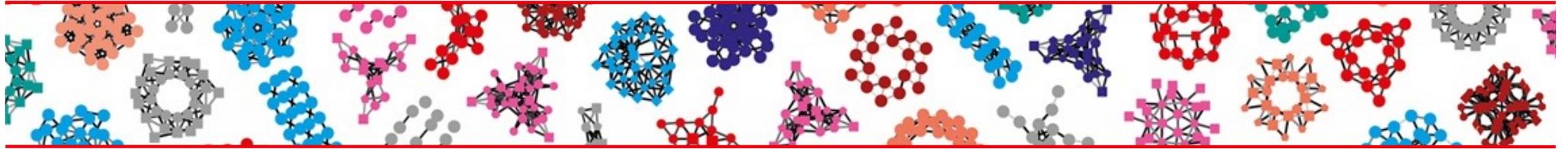
Oncology

- Clinically-actionable variants
 - Reimbursement is limited
 - Incidental findings management
 - Results turn around time
-



NGS in medical diagnosis

Focus on oncology



PART I

Overview of an NGS bioinformatics pipeline

NGS in cancer diagnosis?

- Identify **single nucleotide variants (SNVs), insertions-deletions (indels)** to inform clinical management

at**t**cggtcatgcccatagggg

Single Nucleotide Variant (SNV)

at**g**cggtcatgcccatagggg

Insertion

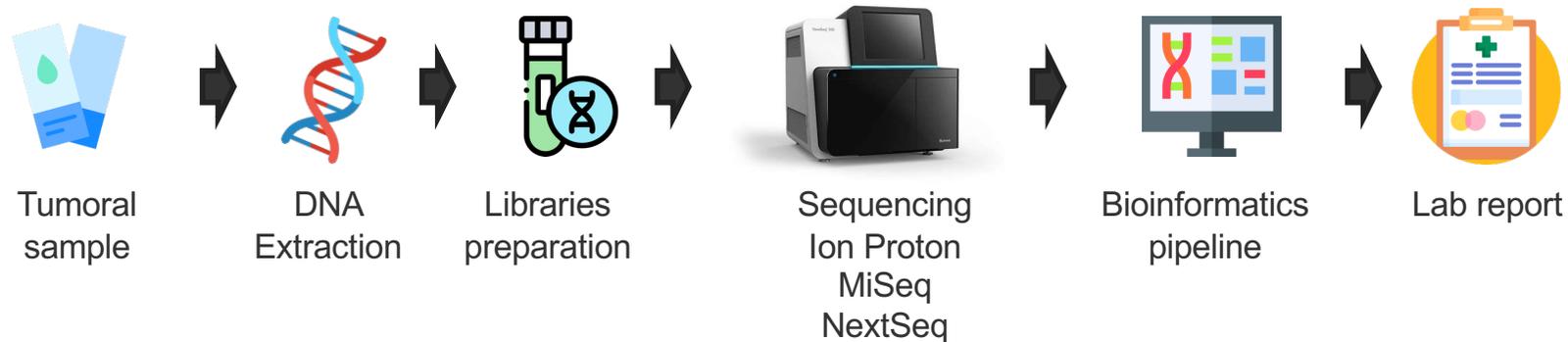
at**g**cggtcat**cggtcc**gcccatagggg

Deletion

at**g**cggtcatcggtccg...tagggg

ccca

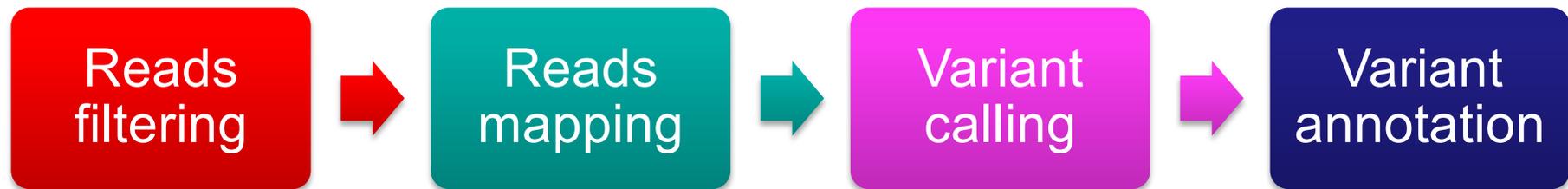
Overview of a NGS bioinformatics pipeline

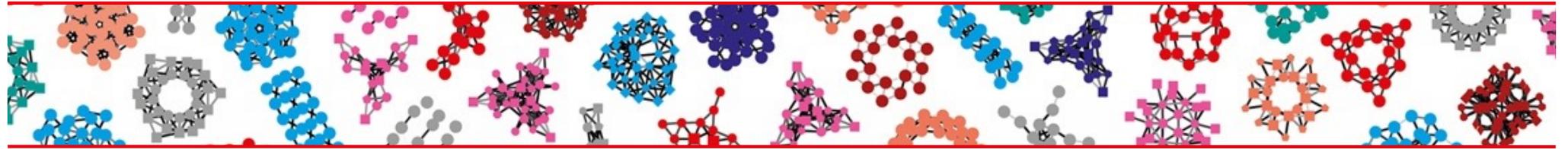


■ Gene panels analysis in clinical routine

- Identify **artifacts**: quality control
 - Identify **somatic** vs. germline variants
 - Variant **annotation**: does it provide clinically-useful information?
-

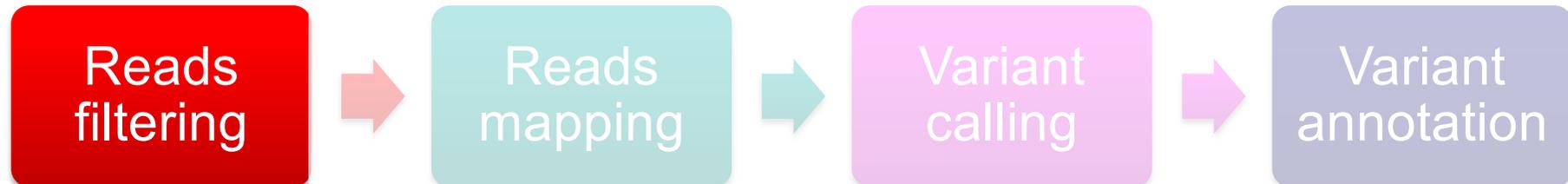
Overview of a NGS bioinformatics pipeline





PART II

Quality control



Out of the sequencer: FASTQ file

The diagram shows two entries from a FASTQ file. The first entry is highlighted with a red box and labels on the left:

- Identifier**: @SRR566546.970 HWUSI-EAS1673_11067_FC7070M:4:1:2299:1109 length=50
- Sequence**: TTGCCTGCCTATCATTTTAGTGCCTGTGAGGTGGAGATGTGAGGATCAGT
- '+' sign**: +
- Quality scores**: hhhhhhhhhghhghhhhhfhhhhhfffffe'ee['X]b[d[ed'[Y[~Y

The second entry is shown in a lighter color below it:

- Identifier**: @SRR566546.971 HWUSI-EAS1673_11067_FC7070M:4:1:2374:1108 length=50
- Sequence**: GATTTGATGAAAGTATACTAAACTGCAGGTGGATCAGAGTAAGTC
- '+' sign**: +
- Quality scores**: hhhhgfhcgghgghgfcffdhfehhhhcehdchhdhahehffffde'bVd

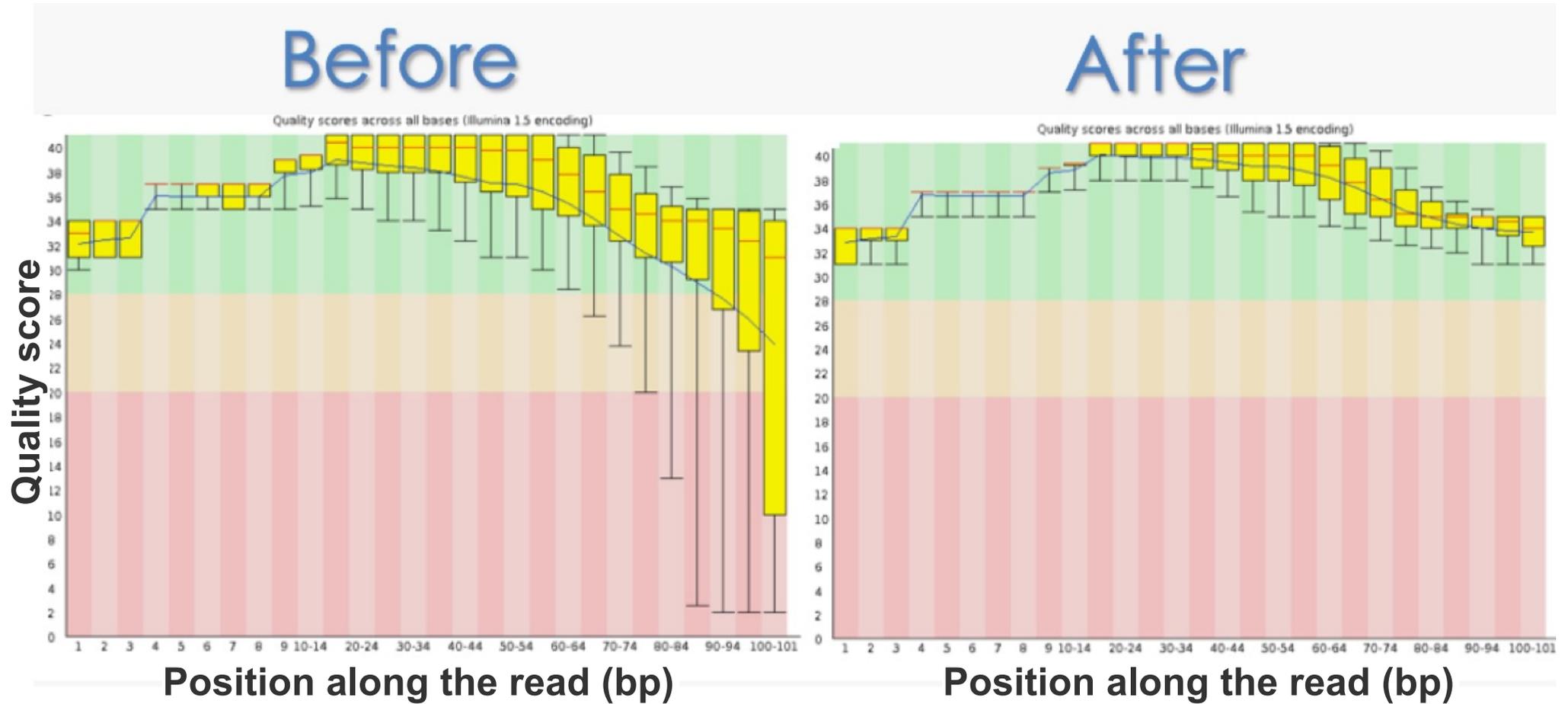
A red arrow points from the 'Quality scores' label of the first entry to the 10th character 'f' in its quality string.

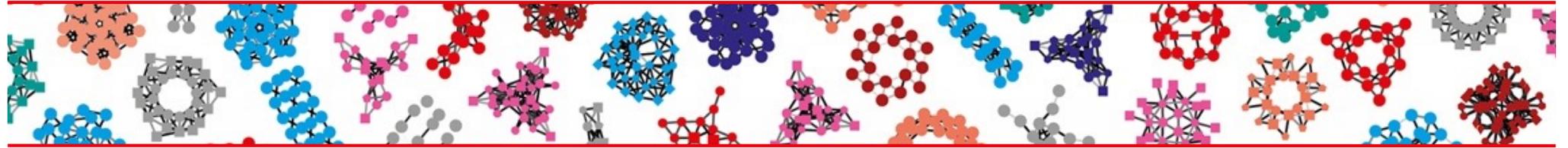
Each nucleotide has a **quality score (Phred score)** representing the probability that a base was miscalled by the sequencer

$$Q = -10 \log_{10} P$$

Phred Score	Prob. of incorrect base call	Base call accuracy	Code
10	1 in 10	90%	J
20	1 in 100	99%	T
30	1 in 1'000	99.9%	^
40	1 in 10'000	99.99%	h

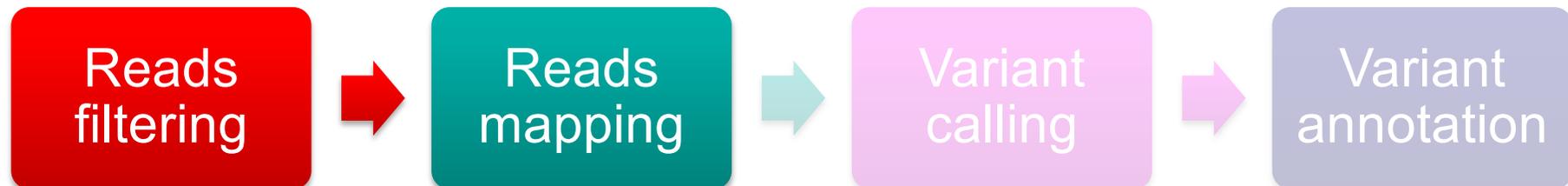
Quality-based reads trimming





PART III

Variant identification



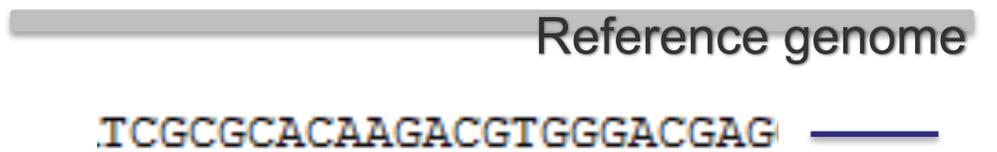
Let's align the reads



! **Short reads** are likely to map at several positions along the reference genome

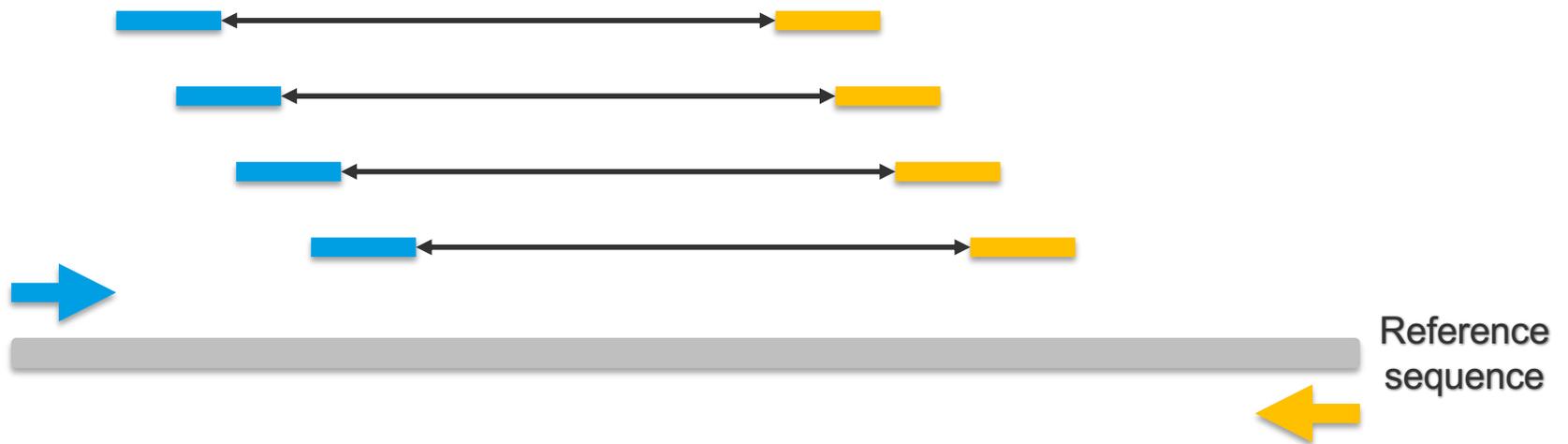


! **Mismatches** and **gaps** allowed
→ algorithms have scoring functions



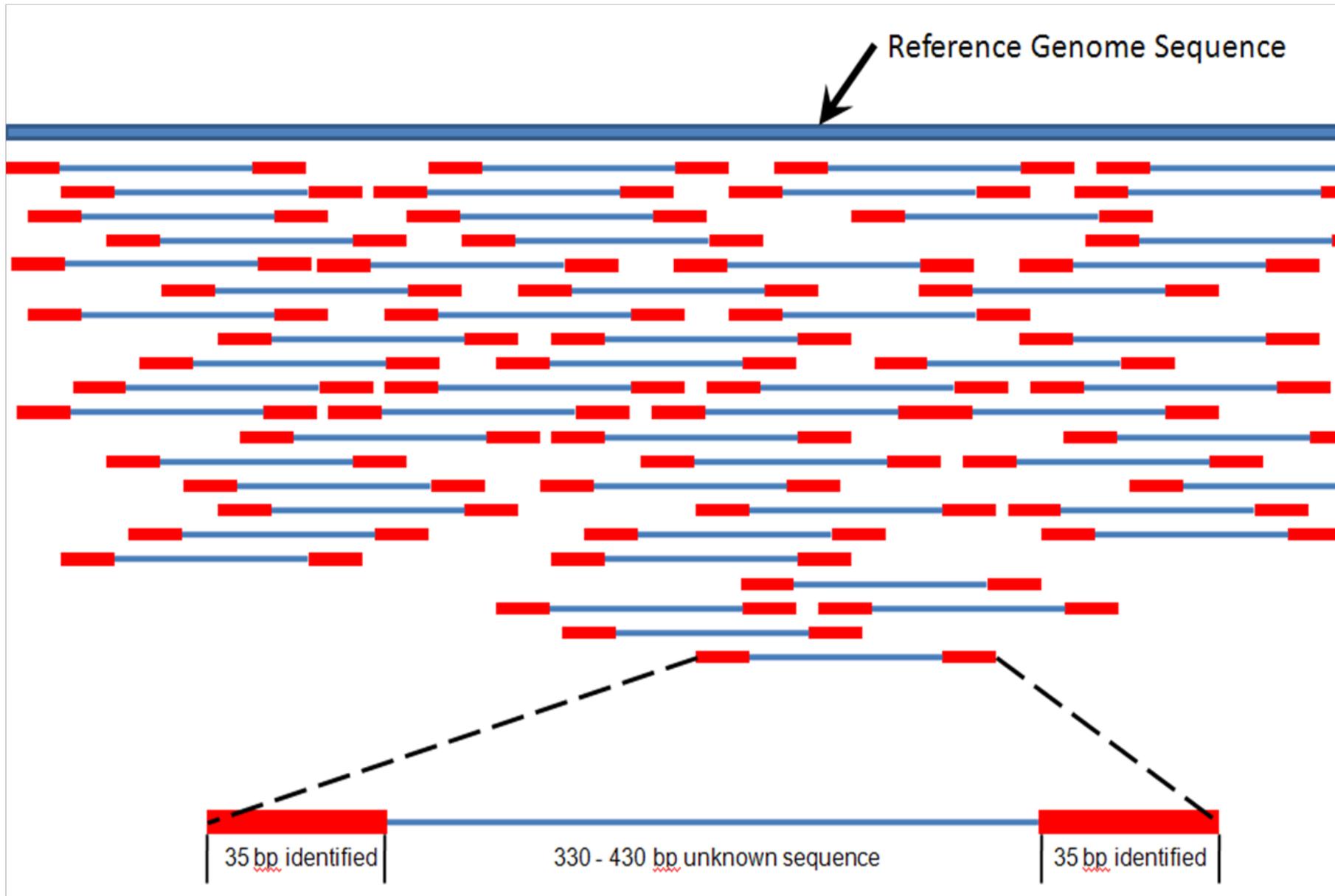
! **Longer reads** are less ambiguous
→ but computationally more expensive

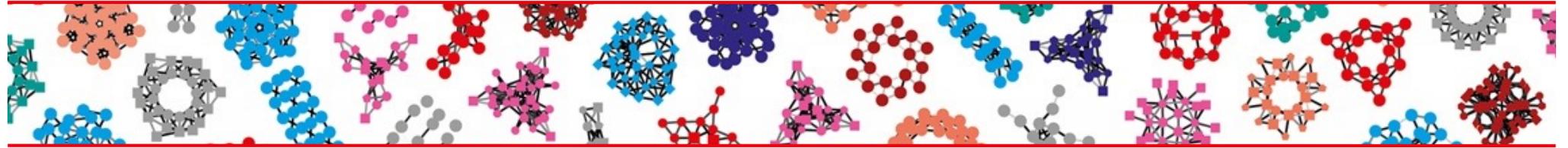
Paired-end sequencing



- Much better alignment on across regions difficult to sequence (e.g. repetitive regions)
-

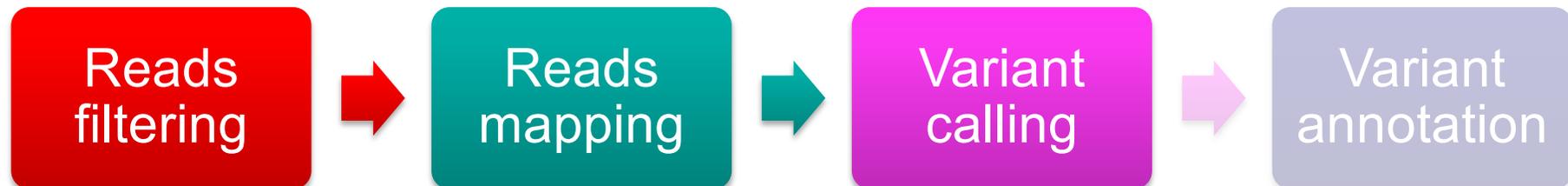
Mapping: finding the best position for each read



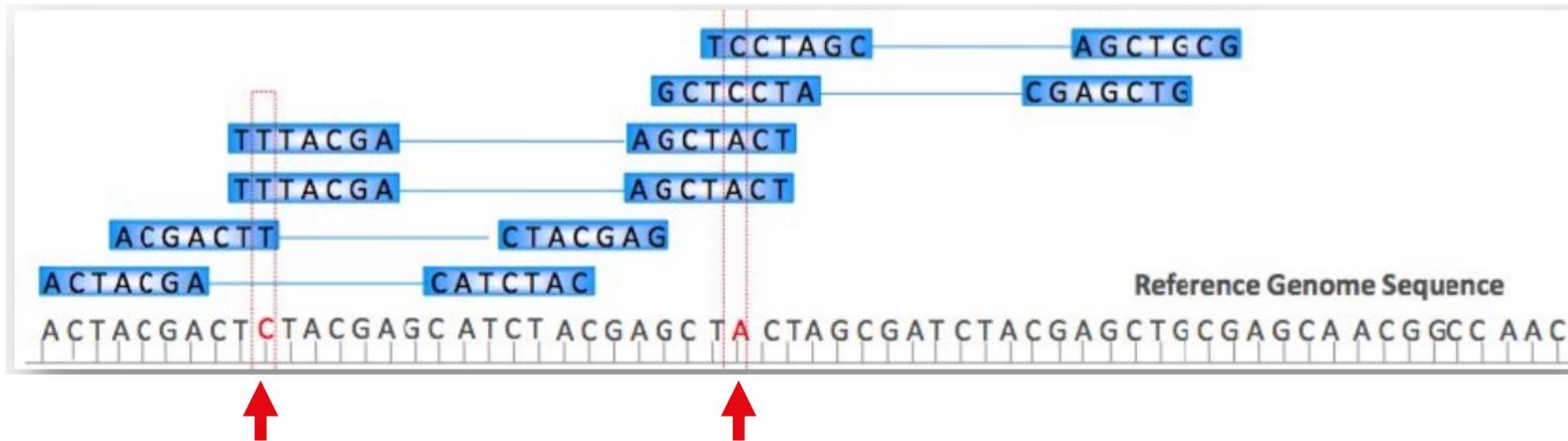


PART III

Variant identification



Variant calling: putting it all together



True variant or technical error?

- Performed by the sequencer software or the bioinformatician
 - Germline vs somatic calling
 - Germline: constitutional genome analysis, where variants occur in **50%** (heterozygous) or **100%** (homozygous) of the reads.
 - Somatic: no ploidy assumption, low frequency alleles.
-

Output of the variant caller: VCF

VCF: Variant Call Format

```
##fileformat=VCFv4.1
##fileDate=20090805
##tcgaversion=1.1
##vcfProcessLog=<InputVCF=<file1.vcf>, InputVCFSource=<caller1>, InputVCFVer=<1.0>, InputVCFParam=<a1,b>, InputVCFgeneAnno=<anno1.gaf>>
##reference=ftp://ftp.ncbi.nih.gov/genbank/genomes/Eukaryotes/vertebrates_mammals/Homo_sapiens/GRCh37/special_requests/GRCh37-lite.fa
##contig=<ID=20,length=62435964,assembly=B36,md5=f126cdf8a6e0c7f379d618ff66beb2da,species="Homo sapiens",taxonomy=x>
##phasing=partial
##INFO=<ID=NS,Number=1,Type=Integer,Description="Number of Samples With Data">
##INFO=<ID=DP,Number=1,Type=Integer,Description="Total Depth">
##INFO=<ID=AF,Number=A,Type=Float,Description="Allele Frequency">
##INFO=<ID=AA,Number=1,Type=String,Description="Ancestral Allele">
##INFO=<ID=DB,Number=0,Type=Flag,Description="dbSNP membership, build 129">
##INFO=<ID=H2,Number=0,Type=Flag,Description="HapMap2 membership">
##FILTER=<ID=q10,Description="Quality below 10">
##FILTER=<ID=s50,Description="Less than 50% of samples have data">
##FORMAT=<ID=GT,Number=1,Type=String,Description="Genotype">
##FORMAT=<ID=GQ,Number=1,Type=Integer,Description="Genotype Quality">
##FORMAT=<ID=DP,Number=1,Type=Integer,Description="Read Depth">
##FORMAT=<ID=HQ,Number=2,Type=Integer,Description="Haplotype Quality">
##SAMPLE=<ID=NORMAL,Individual=TCGA-01-1000,File=TCGA-01-1000-1.bam,Platform=Illumina,Source=dbGAP,Accession=1234>
##SAMPLE=<ID=TUMOR,Individual=TCGA-01-1000,File=TCGA-01-1000-2.bam,Platform=Illumina,Source=dbGAP,Accession=4567>
##PEDIGREE=<Name_0=TUMOR,Name_1=NORMAL>
```

INFO meta-information

FILTER meta-information

FORMAT meta-information

Optional: FORMAT field specifying data type + Per-sample genotype data

Fixed fields								Optional: FORMAT field specifying data type + Per-sample genotype data		
#CHROM	POS	ID	REF	ALT	QUAL	FILTER	INFO	FORMAT	NORMAL	TUMOR
20	14370	rs6054257	G	A	29	PASS	NS=3;DP=14;AF=0.5;DB;H2	GT:GQ:DP:HQ	0 0:48:1:51,51	1 0:48:8:51,51
20	17330	.	T	A	3	q10	NS=3;DP=11;AF=0.017	GT:GQ:DP:HQ	0 0:49:3:58,50	0 1:3:5:65,3
20	1110696	rs6040355	A	G,T	67	PASS	NS=2;DP=10;AF=0.333,0.667;DB	GT:GQ:DP:HQ	1 2:21:6:23,27	2 1:2:0:18,2
20	1230237	.	T	.	47	PASS	NS=3;DP=13;AA=T	GT:GQ:DP:HQ	0 0:54:7:56,60	0 0:48:4:51,51
20	1234567	microsat1	GTC	G,GTCTC	50	PASS	NS=3;DP=9;AA=G	GT:GQ:DP	0/1:35:4	0/2:17:2

Output of the variant caller: VCF

VCF: Variant Call Format

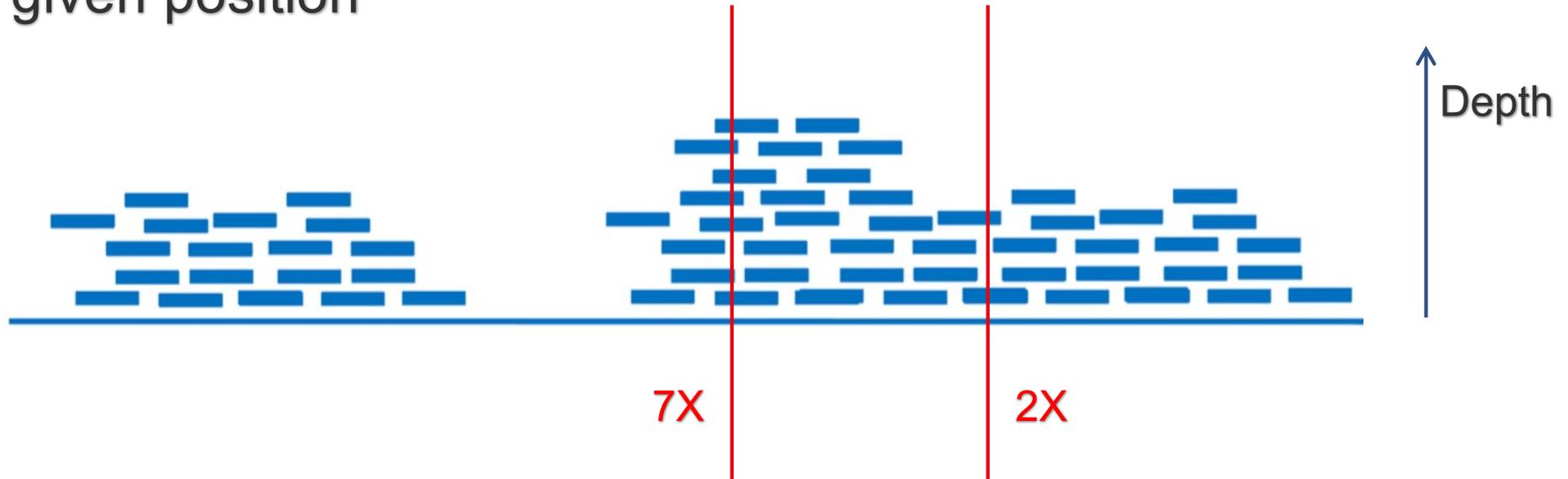
		Fixed fields							
BODY		#CHROM	POS	ID	REF	ALT	QUAL	FILTER	INFO
		20	14370	rs6054257	G	A	29	PASS	NS=3;DP=14;AF=0.5;DB;H2
		20	17330	.	T	A	3	q10	NS=3;DP=11;AF=0.017
		20	1110696	rs6040355	A	G,T	67	PASS	NS=2;DP=10;AF=0.333,0.667;DB
		20	1230237	.	T	.	47	PASS	NS=3;DP=13;AA=T
		20	1234567	microsat1	GTC	G,GTCTC	50	PASS	NS=3;DP=9;AA=G



**Things to watch out
when assessing variant quality**

Depth

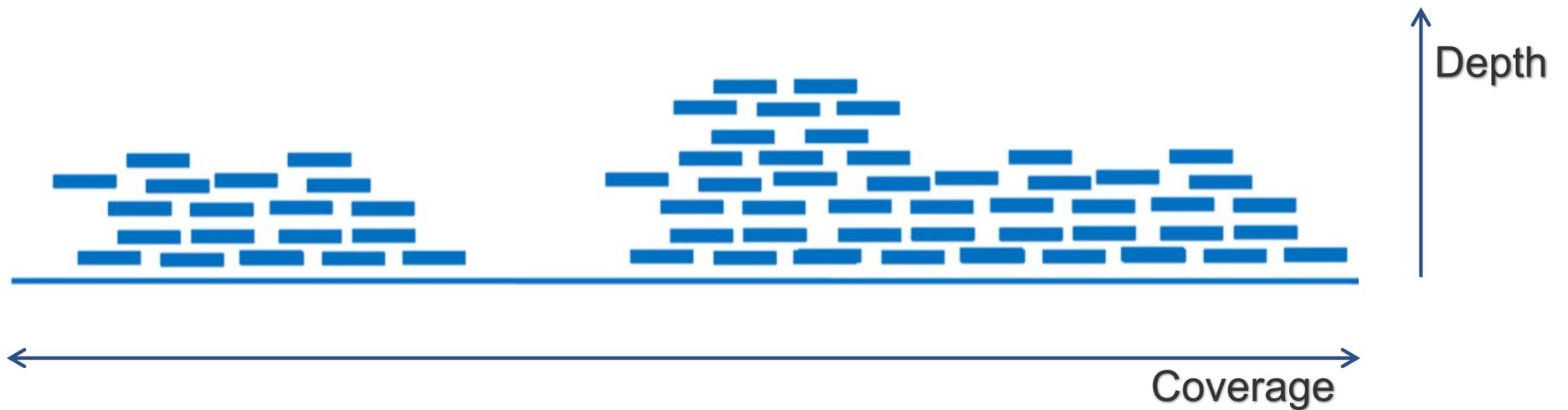
- **Depth:** nb of reads that include a given nucleotide, at a given position



- Diagnosis: gene panel at 1500X, whole exome at 100X
 - In oncology, impossible to detect low frequency clones with exome analyses
-

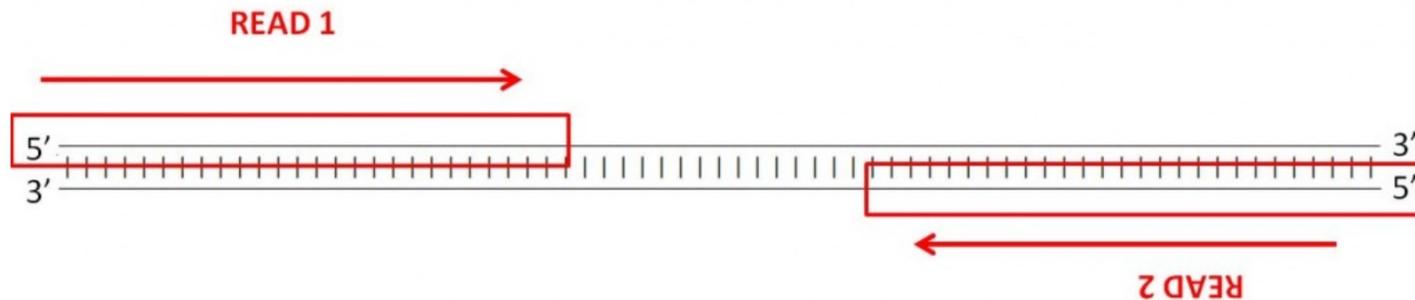
Coverage

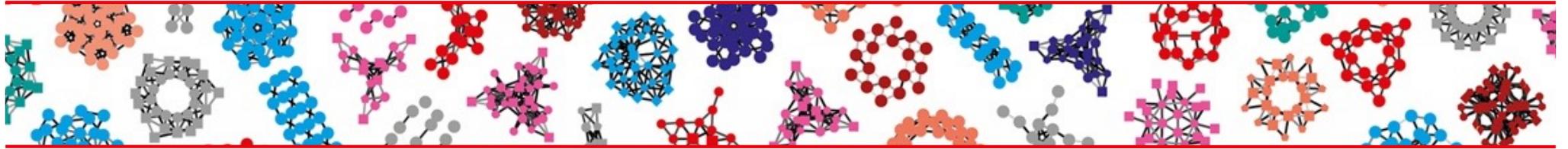
- **Coverage:** % or nb of bases of a reference genome that are covered with a certain depth, e.g. 90% at 5X



Strand bias in paired-end sequencing

- **Both DNA strands are sequenced**
- Normal mutations should occur on both with equal frequencies





PART IV

Variant annotation and interpretation

Medical genetics: focus on pathogenicity

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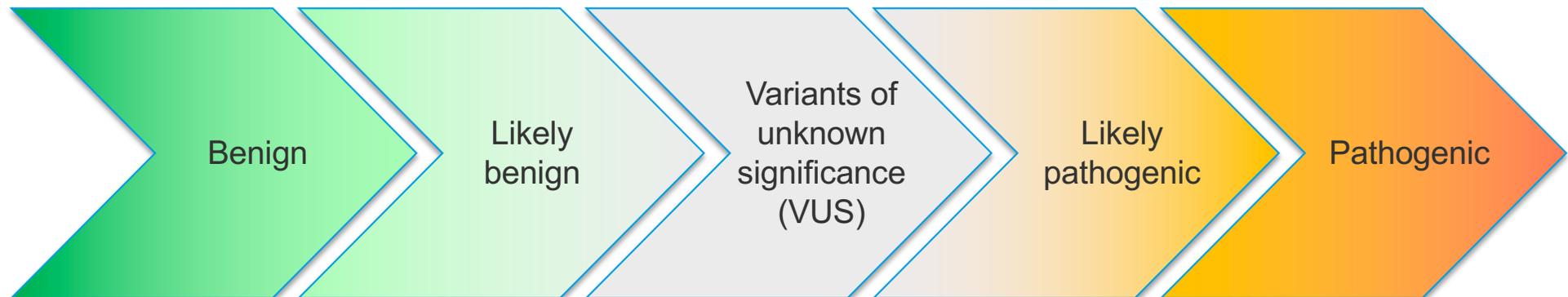
Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology

Sue Richards, PhD¹, Nazneen Aziz, PhD^{2,16}, Sherri Bale, PhD³, David Bick, MD⁴, Soma Das, PhD⁵, Julie Gastier-Foster, PhD^{6,7,8}, Wayne W. Grody, MD, PhD^{9,10,11}, Madhuri Hegde, PhD¹², Elaine Lyon, PhD¹³, Elaine Spector, PhD¹⁴, Karl Voelkerding, MD¹⁵ and Heidi L. Rehm, PhD¹⁵; on behalf of the ACMG Laboratory Quality Assurance Committee

GENETICS in MEDICINE | Volume 17 | Number 5 | May 2015

Find **pathogenic** variants

i.e. genetic alterations increasing an individual's susceptibility or predisposition to a certain disorder



Oncology: focus on clinical significance

The Journal of Molecular Diagnostics, Vol. 19, No. 1, January 2017



ELSEVIER



jmd.amjpathol.org

SPECIAL ARTICLE

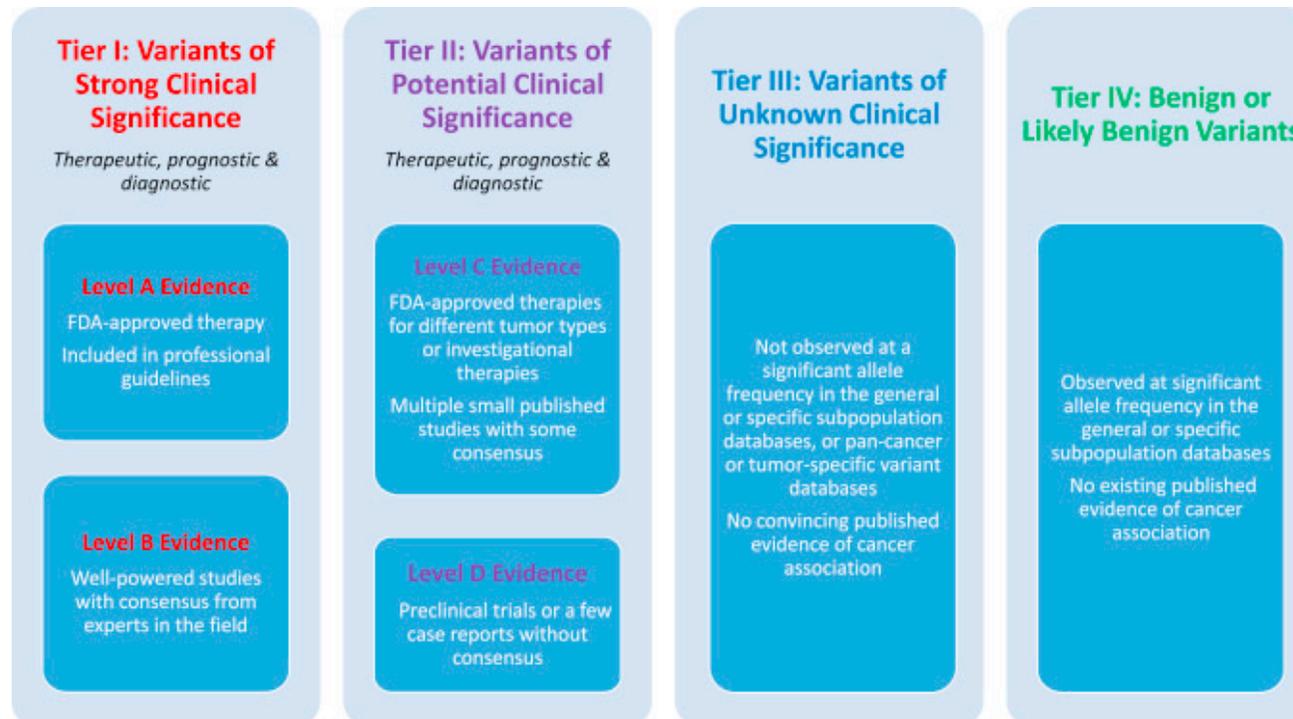
Standards and Guidelines for the Interpretation and Reporting of Sequence Variants in Cancer



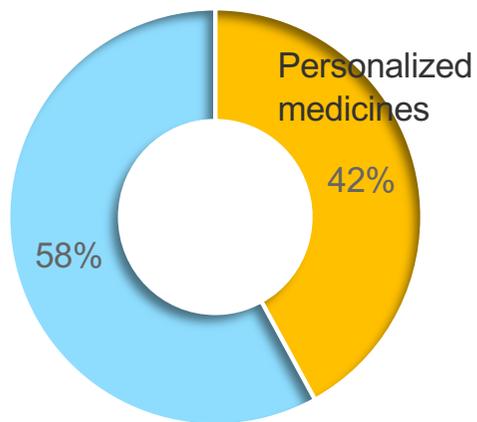
A Joint Consensus Recommendation of the Association for Molecular Pathology, American Society of Clinical Oncology, and College of American Pathologists

Find **actionable** variants

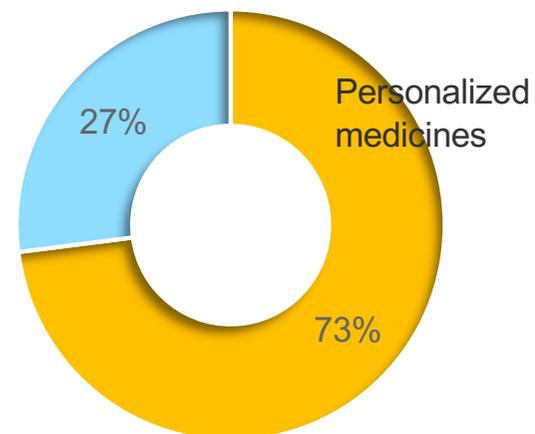
i.e. genetic alterations possibly having an impact on clinical care



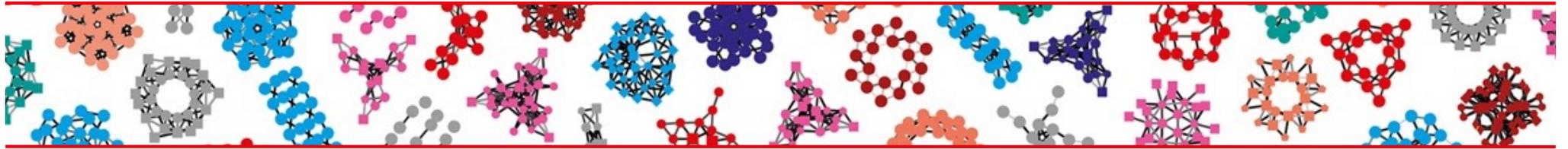
Categories of markers



All drugs in development



Oncology drugs in development

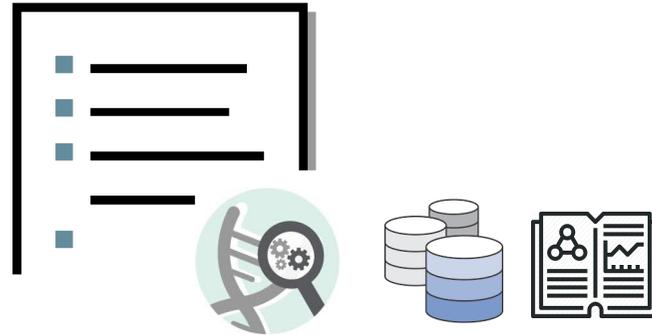


PART IV

Variant annotation and interpretation

... bioinformatics at the rescue

Bioinformatics to the rescue...



- **Location** of the variant (e.g. intron, exon, regulatory region...)
- **Genes and transcripts** affected by the variant
- Predict **variant effect** (e.g. stop gained, missense...)

Locating variants

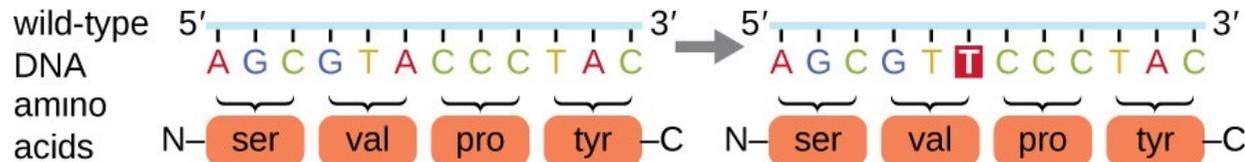
- Convert **genomic coordinates** (chromosome, position) to the corresponding **cDNA/amino-acid coordinates**

 - **HGVS nomenclature** (<http://varnomen.hgvs.org>)
 - Substitution c.76A>T
 - Deletion c.76delA
 - Insertion c.76_77insG
 - Genomic sequence g.476A>T
 - Protein sequence p.Lys76Asn

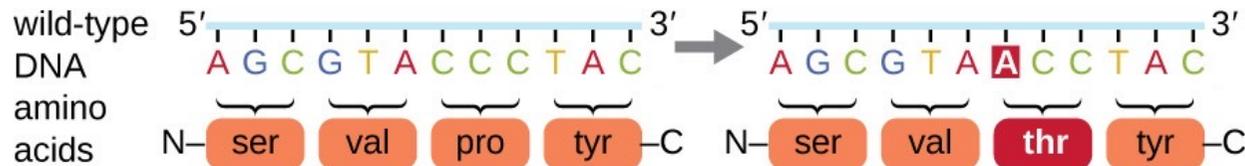
 - **Important to store for tracking**
 - Version of the human genome assembly
 - Accession and version of the mRNA transcripts
-

Predicting variants effect on the protein

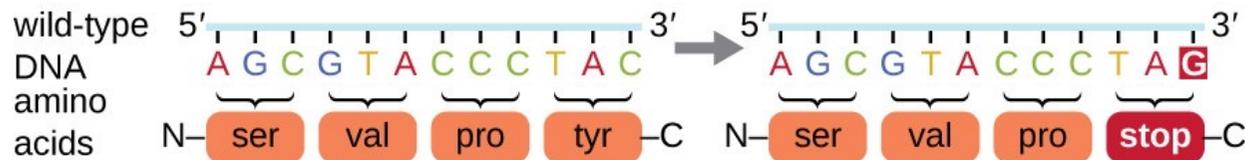
silent: has no effect on the protein sequence



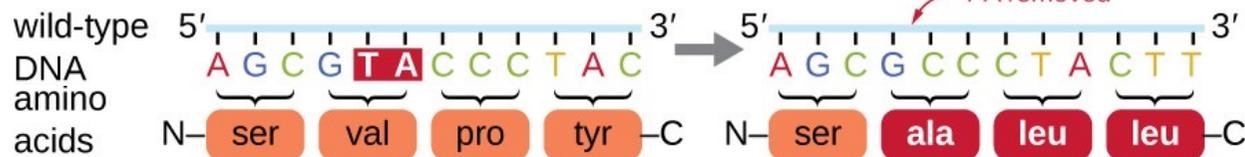
missense: results in an amino acid substitution



nonsense: substitutes a stop codon for an amino acid



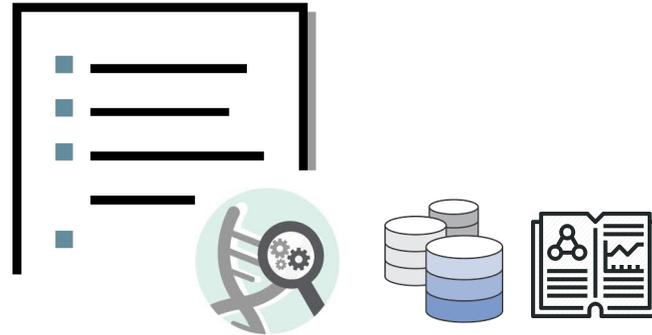
Insertion or deletion results in a shift in the reading frame.



Point mutations
(single base
substitution)

Frameshift mutations
(insertion or deletion of
one or several bases)

Bioinformatics to the rescue...



- **Location** of the variants (e.g. intron, exon, regulatory region...)
- **Genes and transcripts** affected by the variant
- Predict **variant effect** (e.g. stop gained, missense...)
- Predict **variant impact** on protein function, splicing

Predicting variants impact: examples of tools

TOOLS	SnpEff (ClinEff)	VEP	SIFT	PolyPhen-2	FATHMM
Variant effect and location (sequence ontology)	✓	✓			
Prediction of impact (score or category)	✓	←	✓	✓	✓
Features used for impact prediction	Rules based on variant effect (stop gained, lost...)		AA conservation in related seq.	AA conservation and structural features	AA conservation and protein tolerance to mutations

Use a combination of tools and keep variants with consensus prediction.

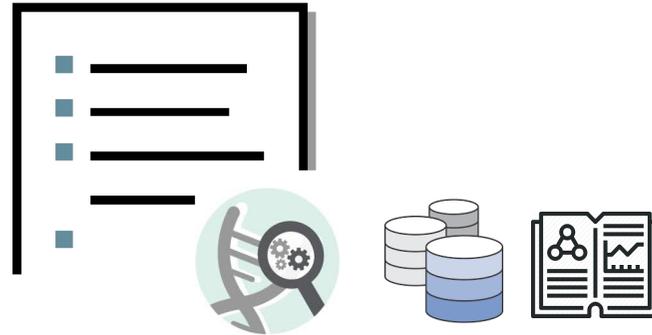
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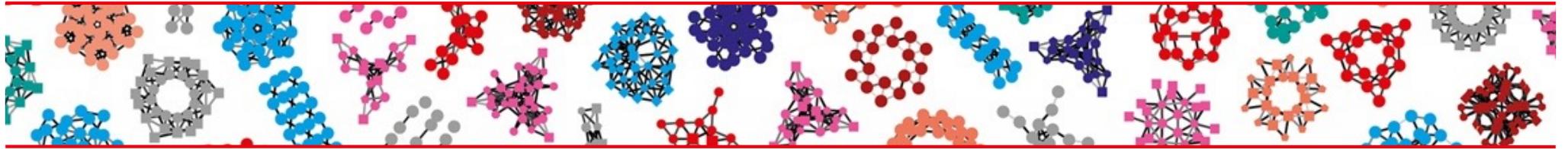
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GENETICS in MEDICINE | Volume 17 | Number 5 | May 2015

Bioinformatics to the rescue...



- ❑ **Location** of the variants (e.g. intron, exon, regulatory region...)
- ❑ **Genes** and **transcripts** affected by the variant
- ❑ Predict **variant effect** (e.g. stop gained, missense...)
- ❑ Predict **variant impact** on protein function, splicing
- ❑ Retrieve annotations from **public databases**



PART IV

Variant annotation and interpretation

... with knowledge-bases

Important questions

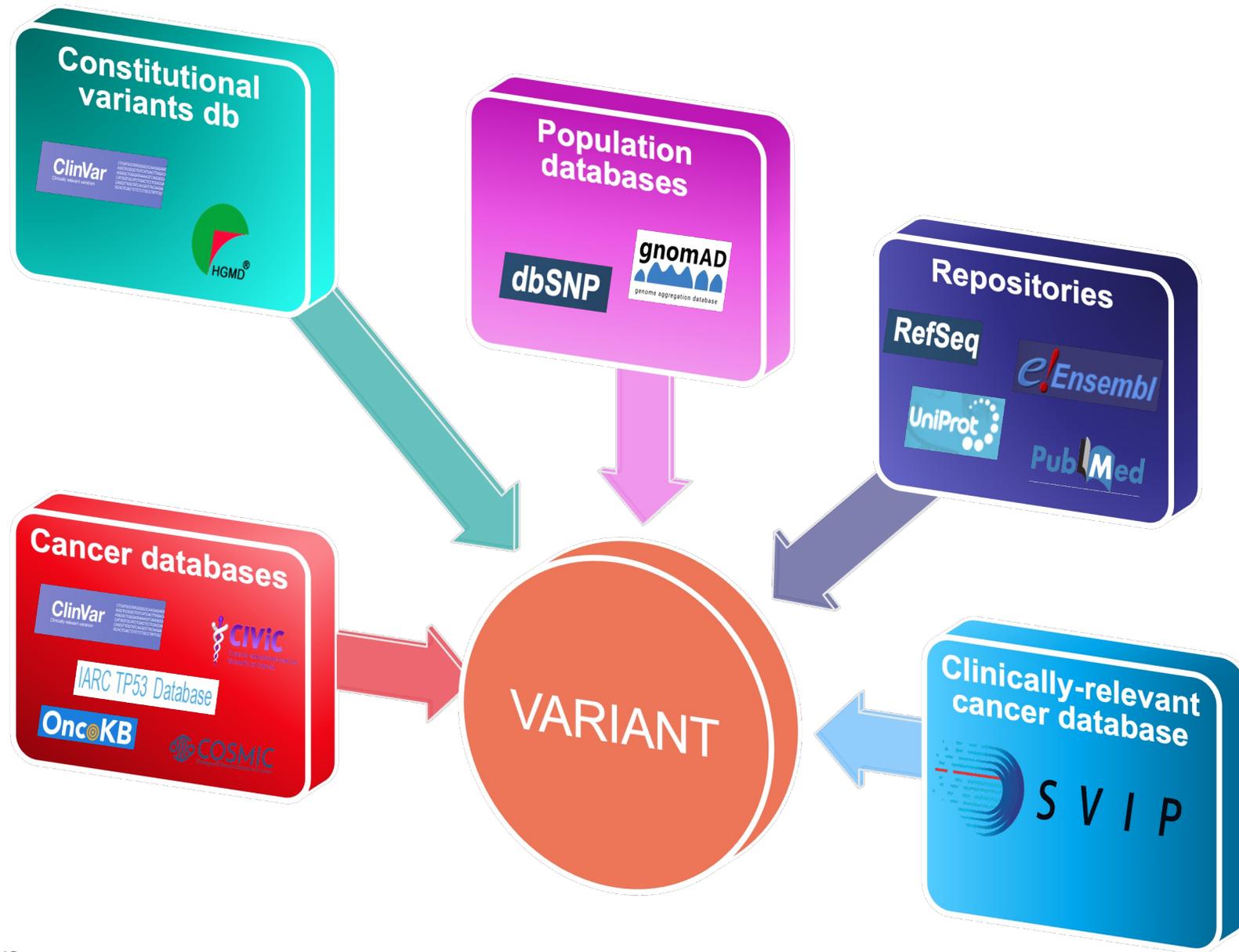
- Is it prevalent in the cancer subtype of interest?
 - Is it known in other cancer subtypes or diseases?
 - Is it present in the general population?
 - Is it related to an ongoing clinical trial?
 - What is the evidence level? Observed vs. predicted
 - Are there other known variants in the same gene?
-

Important questions

- Is the mutation in an **evolutionarily conserved** region across species?



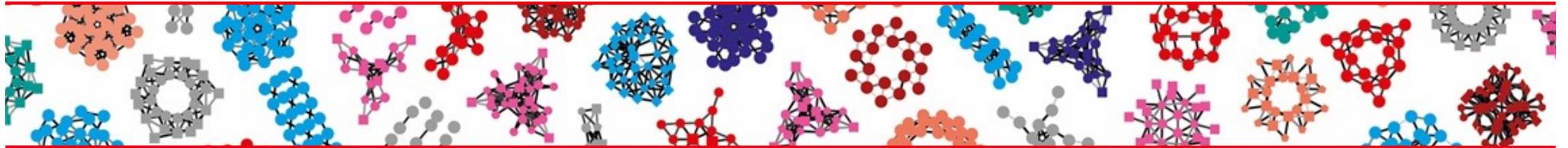
Knowledge bases



I found a damaging mutation: is it always bad?

- Keep the mutation in context: what is the gene function?
 - **Tumor suppressor gene**
Damaging mutations are pathogenic.
 - **Oncogene**
Activating mutations are pathogenic.
(beware: damaging mutation can be activating!)

**Keep the gene function in mind
when interpreting its deleteriousness**



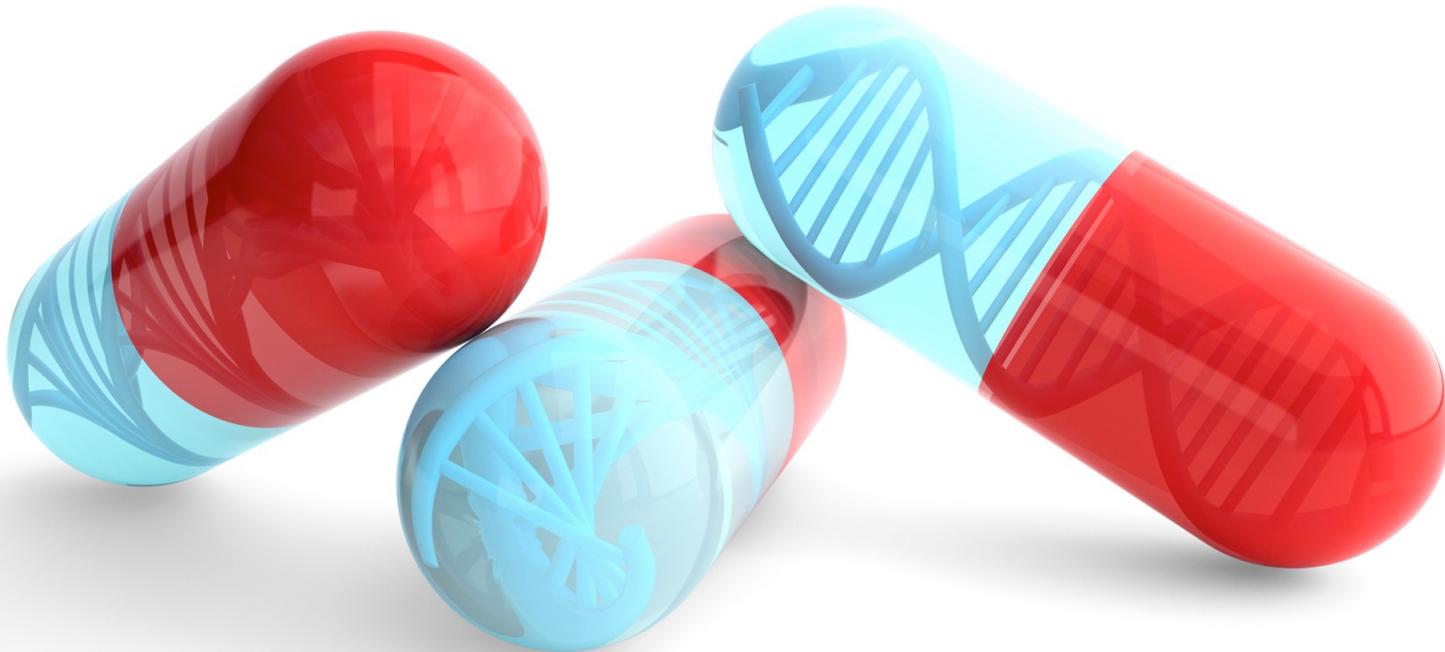
Other considerations...

Real-life constraints in the clinics



Certificate of Advanced Studies (CAS) in Personalized molecular oncology

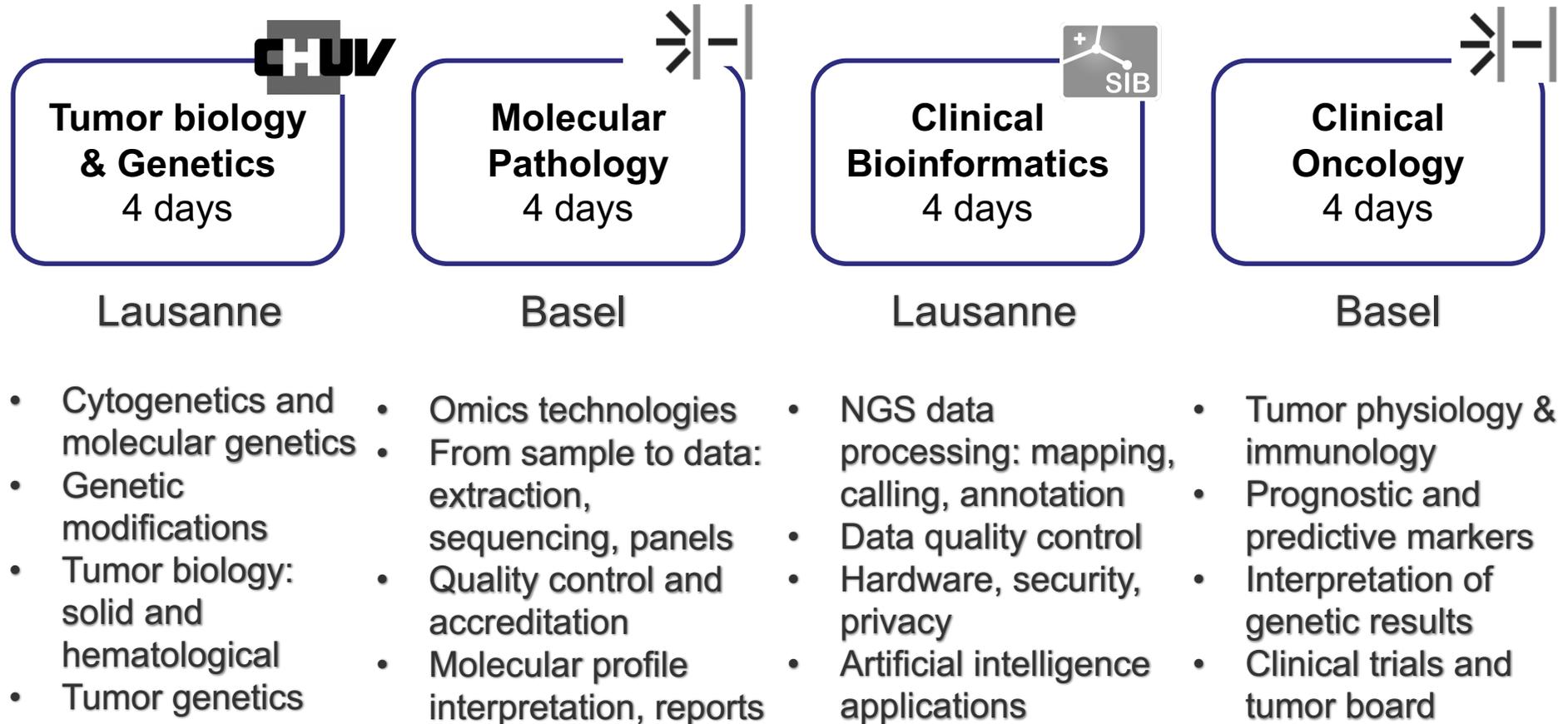
pmo.unibas.ch

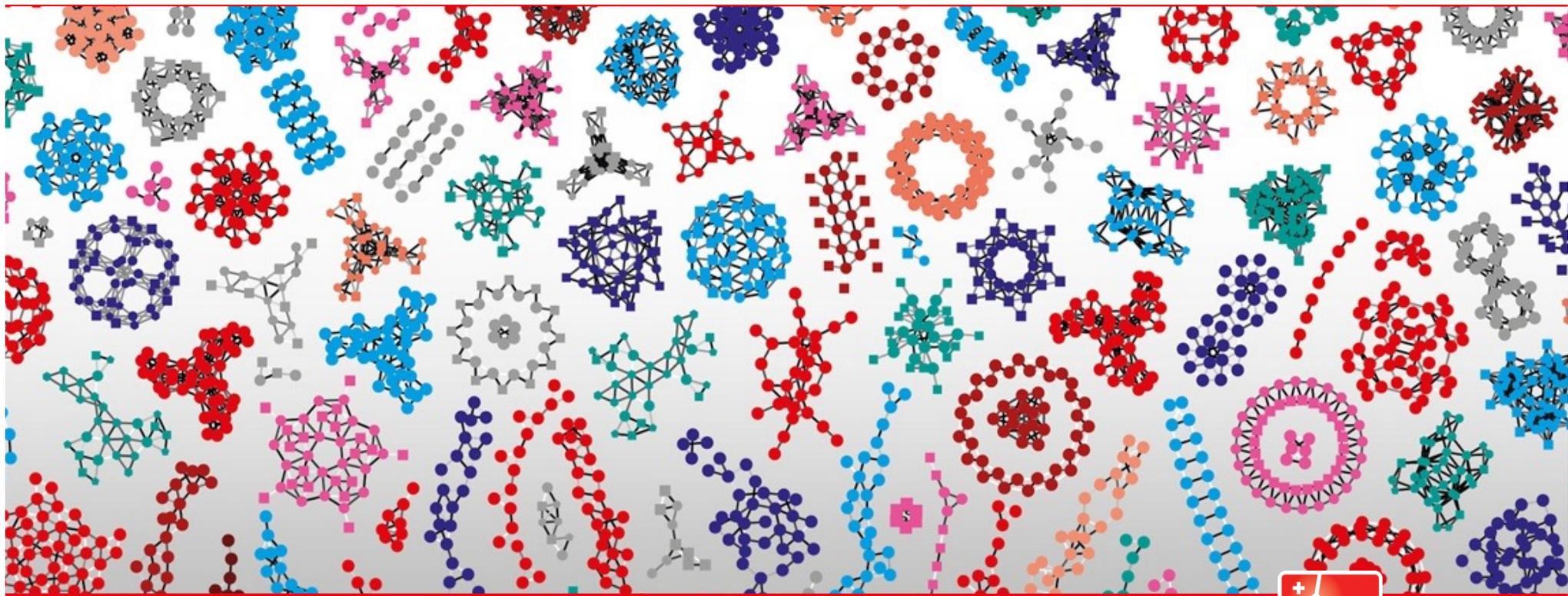


Swiss Institute of
Bioinformatics



CAS PMO: 4 modules and a mini-thesis





Swiss Institute of
Bioinformatics

Thank You



www.sib.swiss