



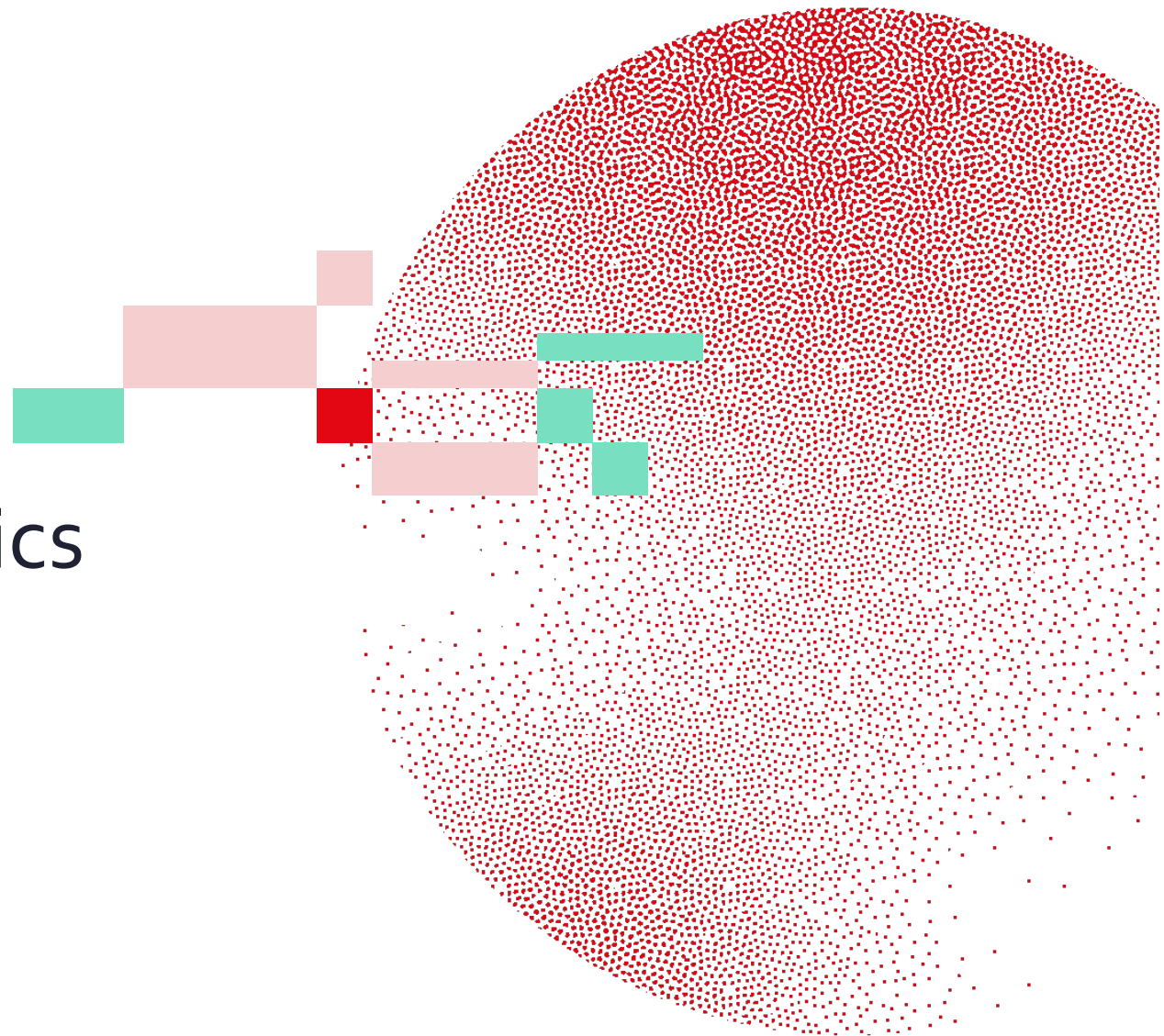
Swiss Institute of
Bioinformatics

INTRODUCTION TO BIOINFORMATICS:

Clinical Bioinformatics

V. Barbié, Clinical Bioinformatics

Zürich, 03 December 2024



Outline

What is
clinical bioinformatics

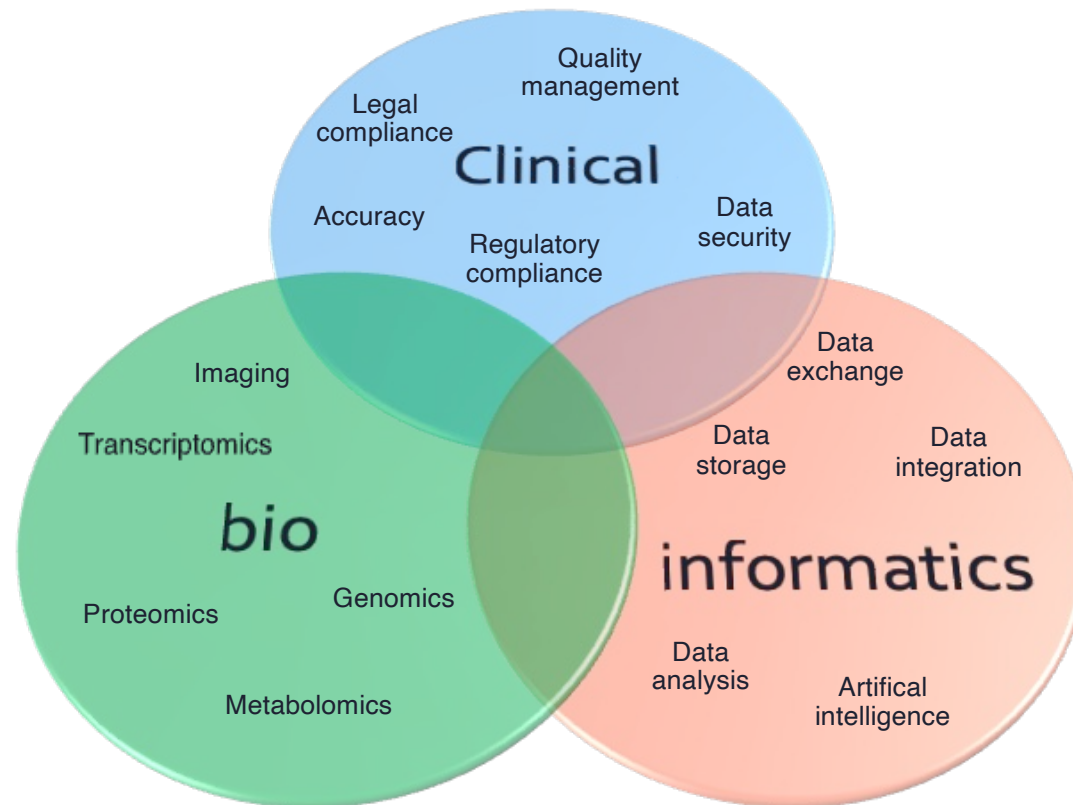
Why clinical bioinformatics?
*Next Generation Sequencing (NGS)
in medical diagnosis*

Overview of an oncology NGS
diagnostic pipeline

Other considerations



What is clinical bioinformatics?



Outline

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clinical bioinformatics

Why clinical bioinformatics?
*Next Generation Sequencing (NGS)
in medical diagnosis*

Overview of an oncology NGS
diagnostic pipeline

Other considerations

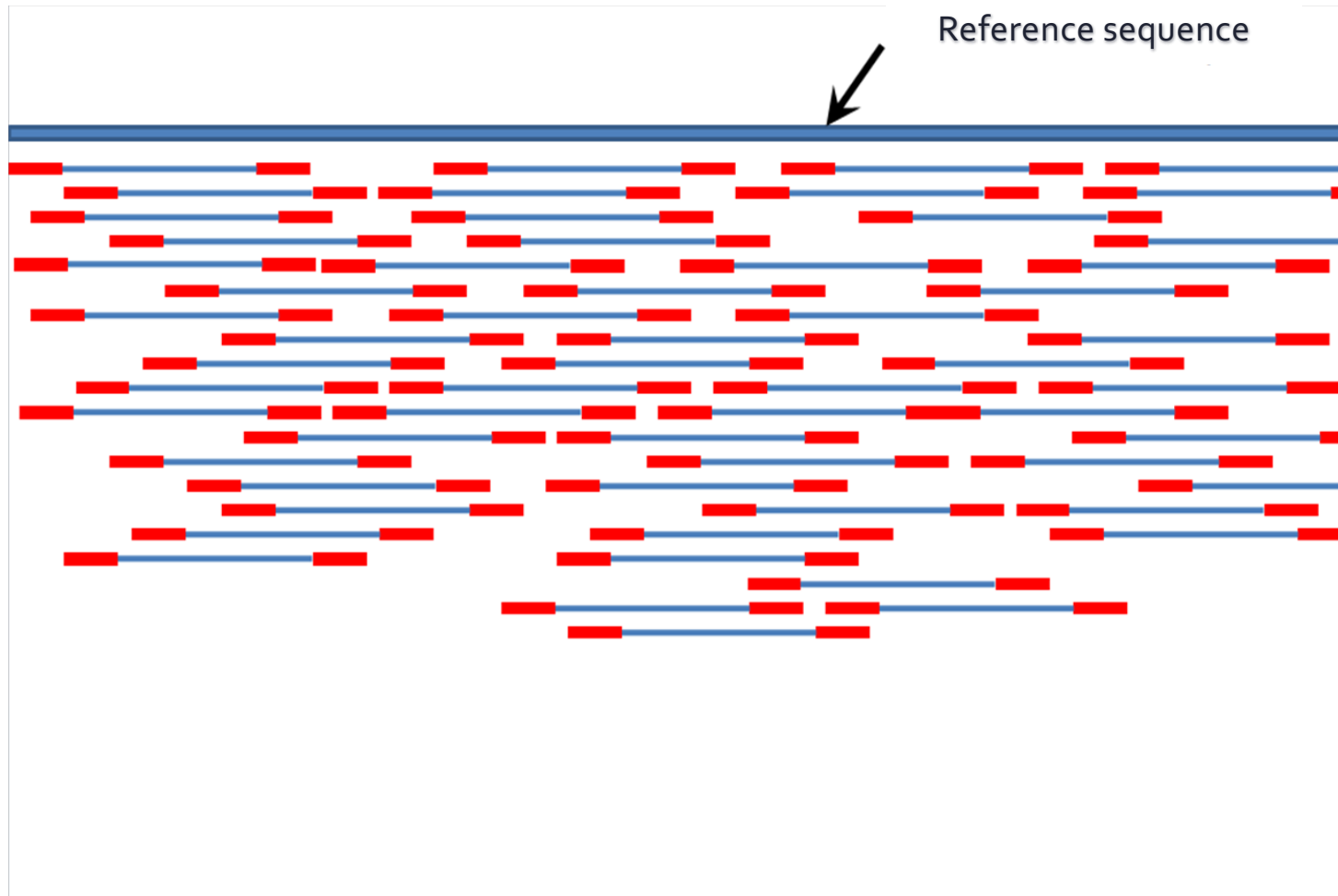


Next Generation Sequencing principle





Next Generation Sequencing principle





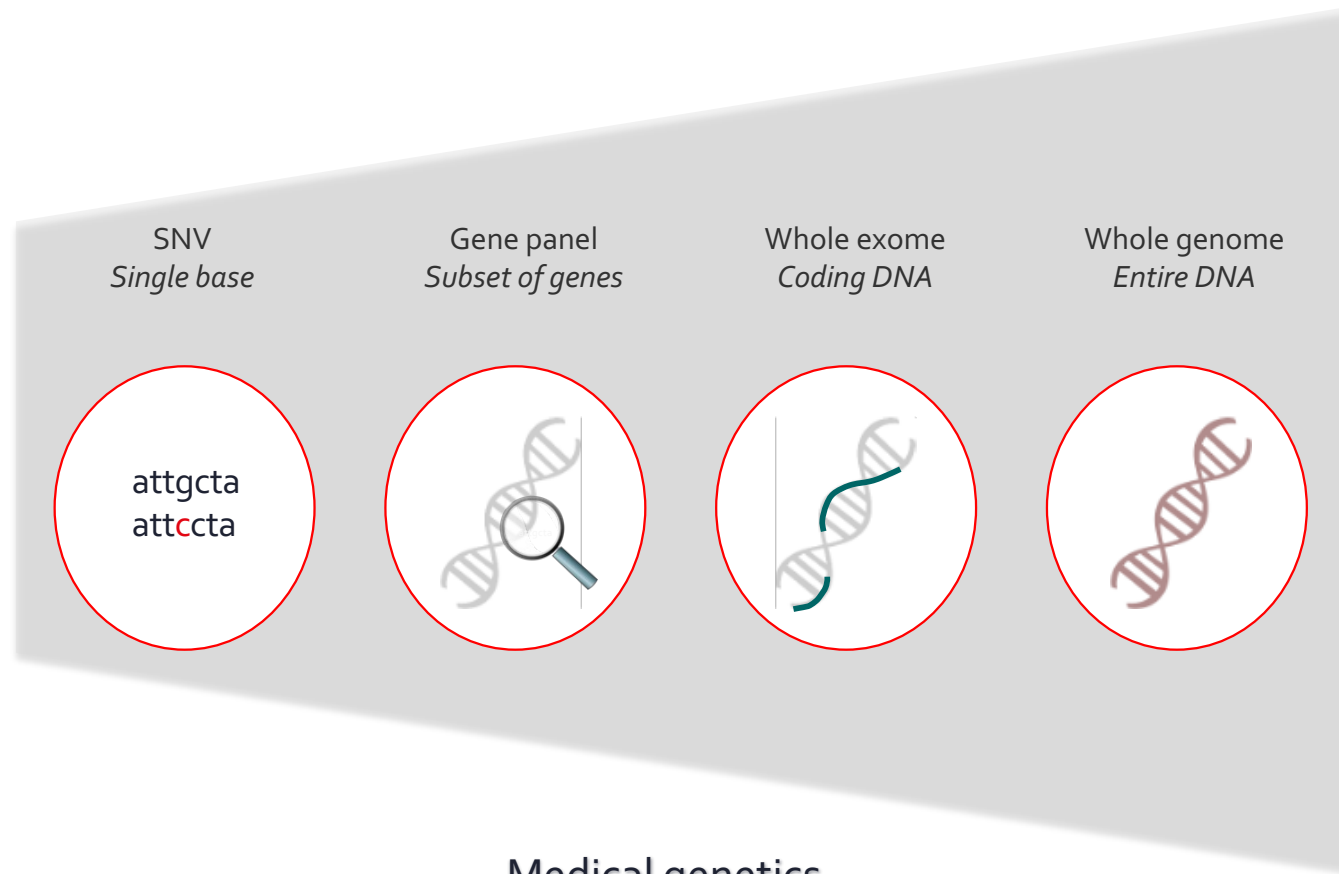
Examples of NGS clinical applications

	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

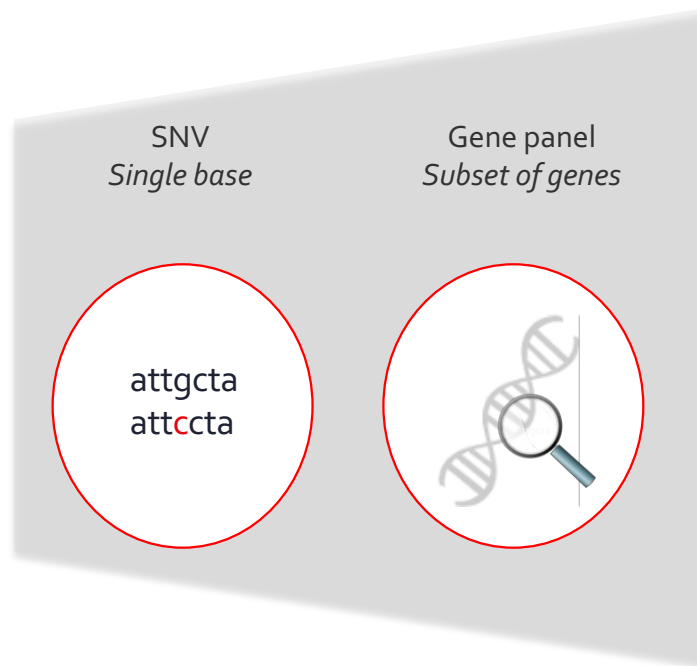




A matter of scale



A matter of scale



Oncology



-  Results turn around time 
-  Limited reimbursement 
-  Clinically-actionable variants 
-  Incidental findings management 

Outline

What is
clinical bioinformatics

Why clinical bioinformatics?
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in medical diagnosis*

Overview of an oncology NGS
diagnostic pipeline

Other considerations

NGS in cancer diagnosis

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



Overview of a NGS bioinformatics pipeline

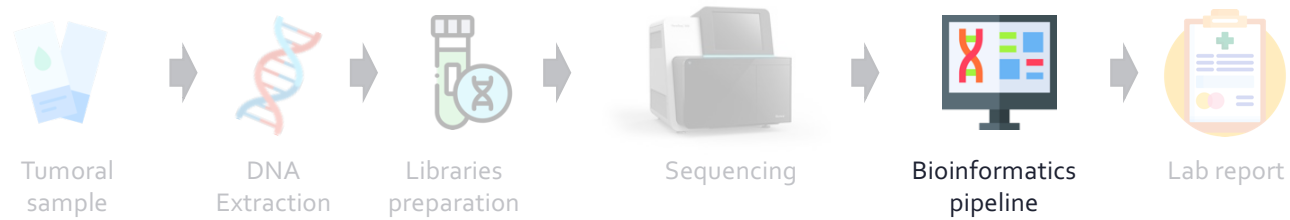


» Gene panels analysis in clinical routine

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



Overview of a NGS bioinformatics pipeline



Reads
filtering

Quality
control



Out of the sequencer: FASTQ file

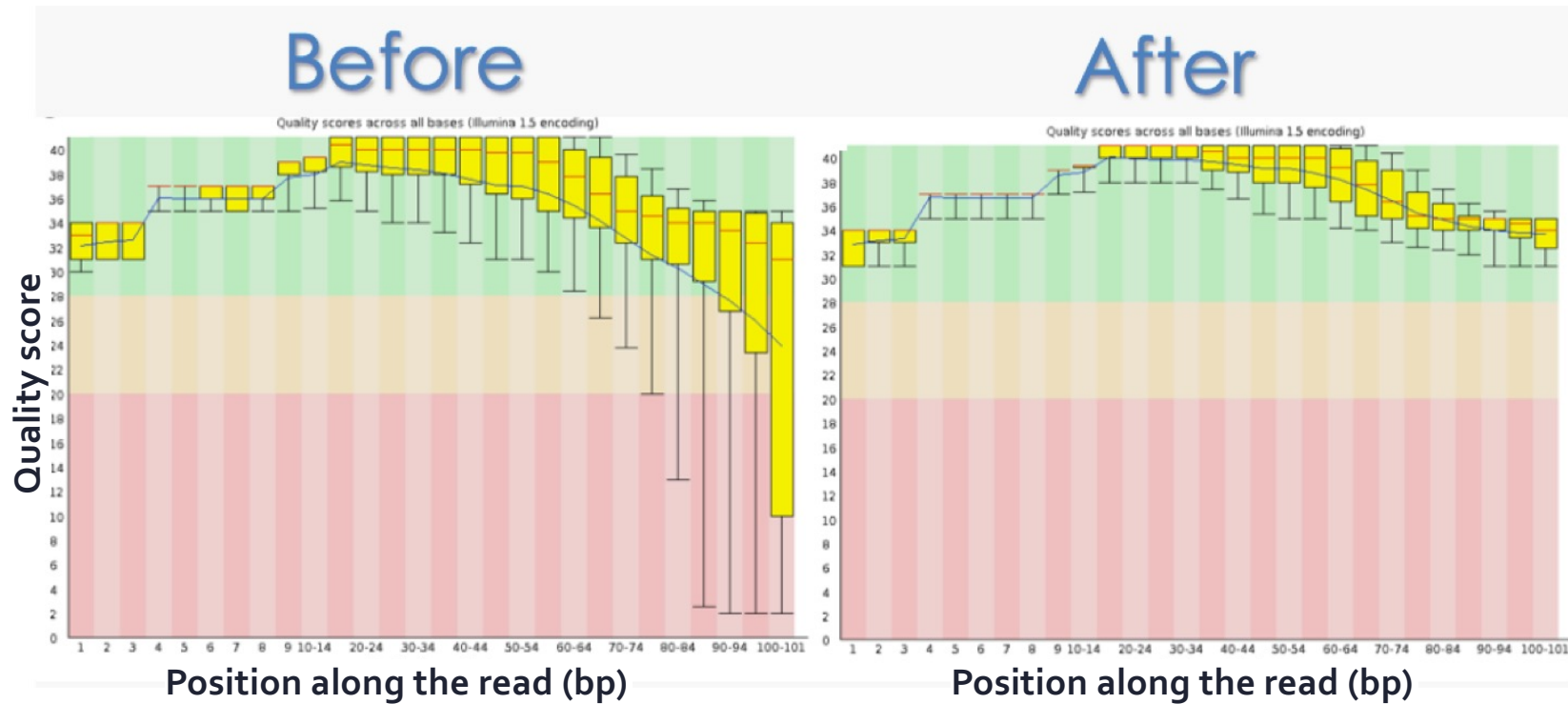
```
Identifier ● @SRR566546.970 HWUSI-EAS1673_11067_FC7070M:4:1:2299:1109 length=50
Sequence ● TTGCCTGCCTATCATTTTAGTGCCTGTGAGGTGGAGATGTGAGGATCAGT
'+' sign ● +
Quality scores ● hhhhhhhhhghhghhhhhfhhhhhffffe'ee['X]b[d[ed'[Y[~Y
Identifier ● @SRR566546.971 HWUSI-EAS1673_11067_FC7070M:4:1:2374:1108 length=50
Sequence ● GATTTGATGAAAGTATAACAATAAACTGCAGGTGGATCAGAGTAAGTC
'+' sign ● +
Quality scores ● hhhhgflhcghghggfcffdhfehhhhcehdchhdhahehffffde'bVd
```

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

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

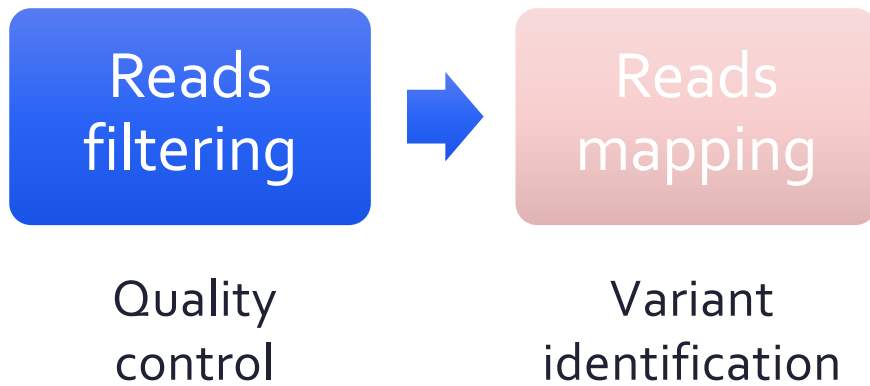
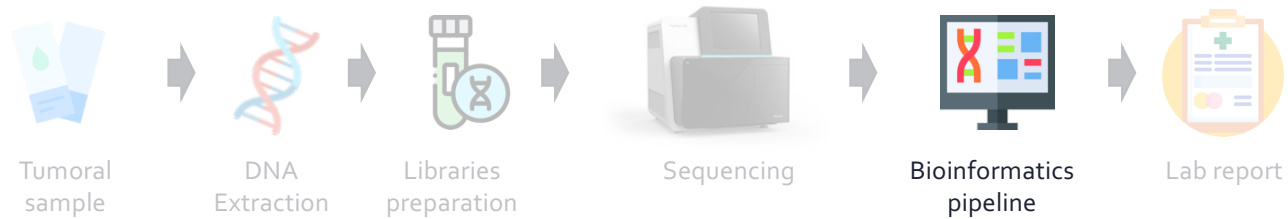
Phred Score	Prob. of incorrect base call	Base call accuracy	Code
10	1 in 10	90%	J
20	1 in 100	99%	T
30	1 in 1'000	99.9%	^
40	1 in 10'000	99.99%	h

Quality-based reads trimming



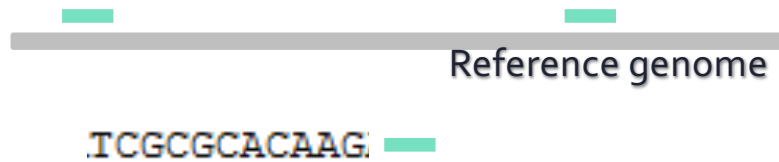


Overview of a NGS bioinformatics pipeline





Let's align the reads



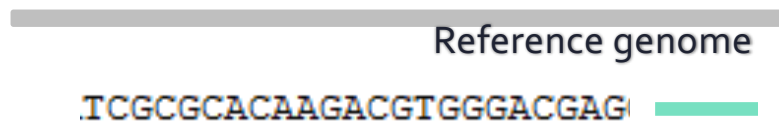
❖ Short reads

- Likely to map at several positions along the reference genome



❖ Mismatches and gaps allowed

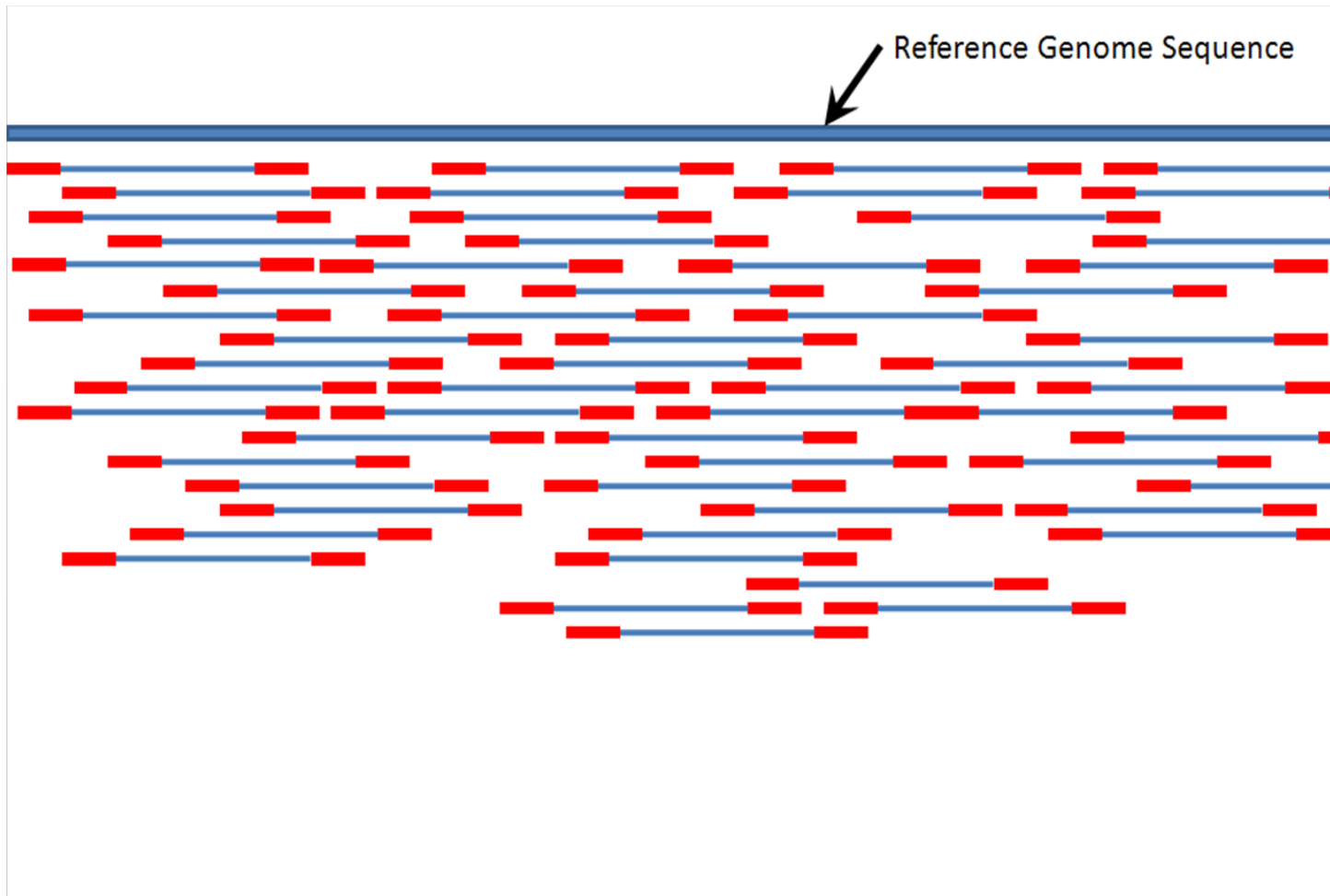
- Algorithms use scoring functions



❖ Longer reads

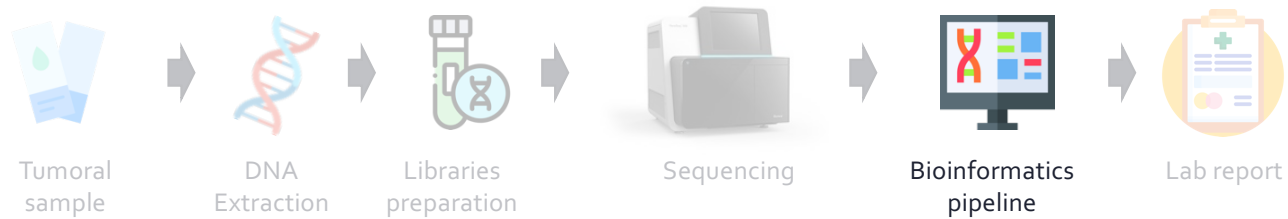
- Less ambiguous
- But computationally more expensive

Mapping: finding the best position for each read



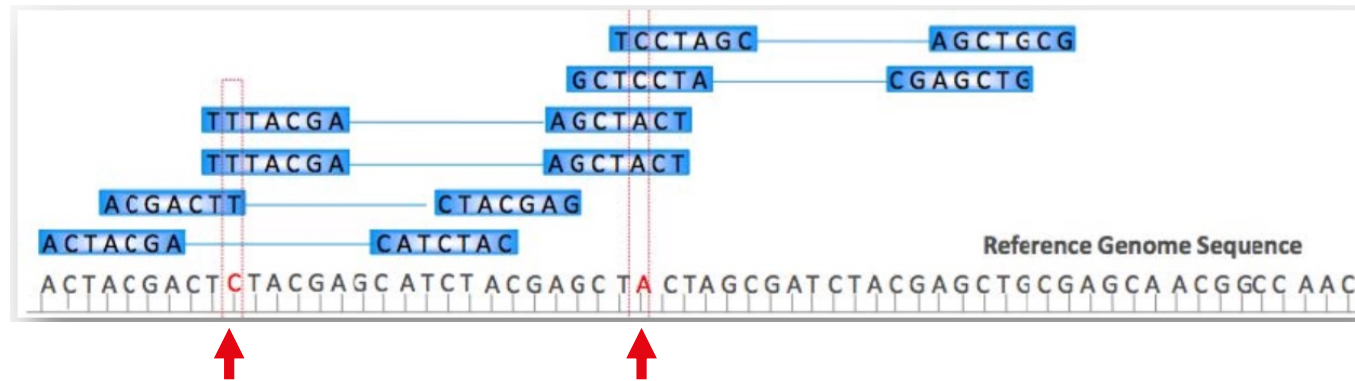


Overview of a NGS bioinformatics pipeline





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



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##fileformat=VCFv4.1
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##tcgaversion=1.1
##vciProcessLog=<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">
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##SAMPLE=<ID=NORMAL,Individual=TCGA-01-1000,File=TCGA-01-1000-1.bam,Platform=Illumina,Source=dbGAP,Accession=1234>
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##PEDIGREE=<Name_0=TUMOR,Name_1=NORMAL>
```

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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
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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							
		#CHROM	POS	ID	REF	ALT	QUAL	FILTER	INFO
BODY	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	

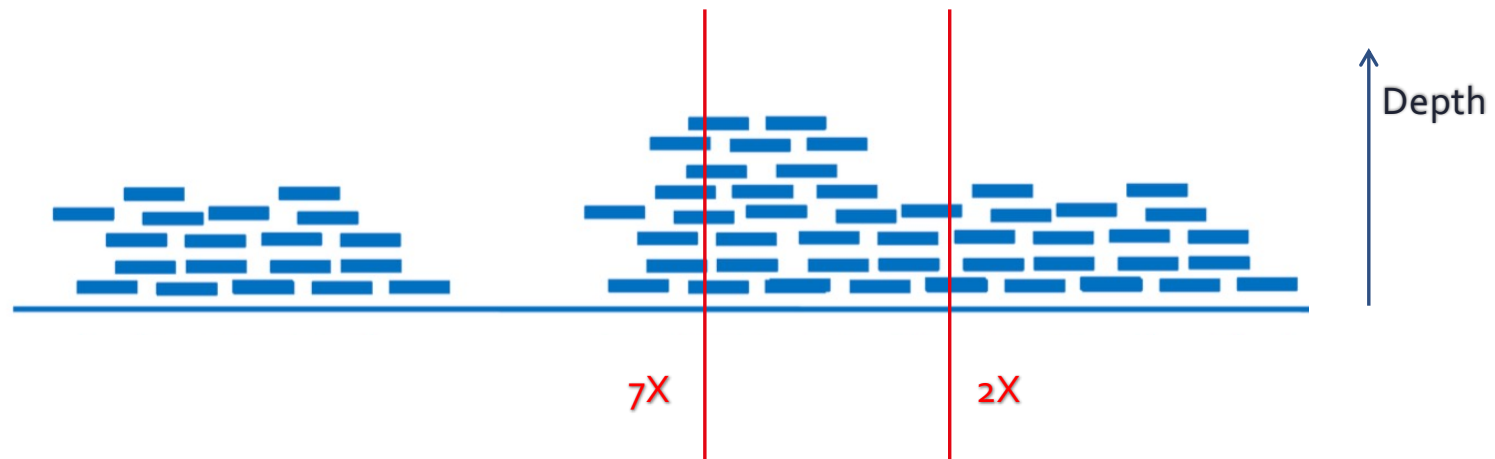




Things to watch out when assessing variant quality

Depth

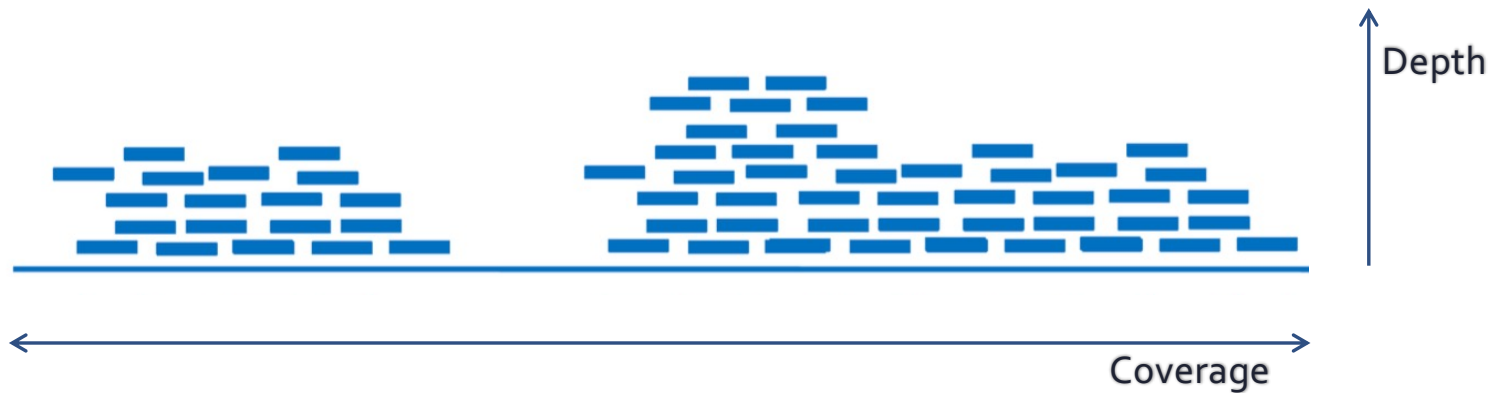
Depth: nb of reads that include a given nucleotide, at a given position



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

Coverage

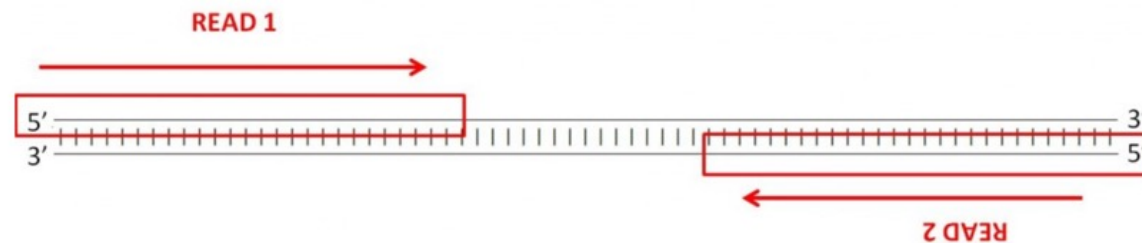
Coverage: % or nb of bases of a reference genome that are covered with a certain depth, e.g. 90% at 5X



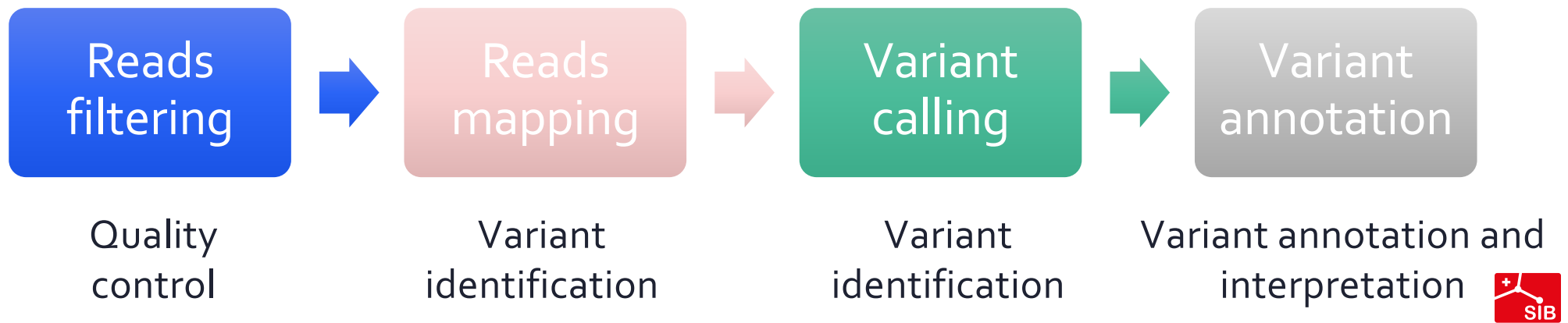
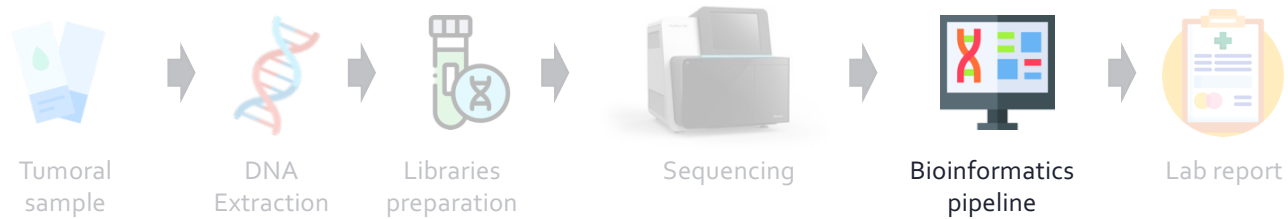


Strand bias in paired-end sequencing

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



Overview of a NGS bioinformatics pipeline





Medical genetics: focus on pathogenicity

© American College of Medical Genetics and Genomics

ACMG STANDARDS AND GUIDELINES

Genetics
inMedicine

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, MD¹³ and Heidi L. Rehm, PhD¹⁵; on behalf of the ACMG Laboratory Quality Assurance Committee

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

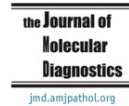
Find **pathogenic** variants

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



SPECIAL ARTICLE

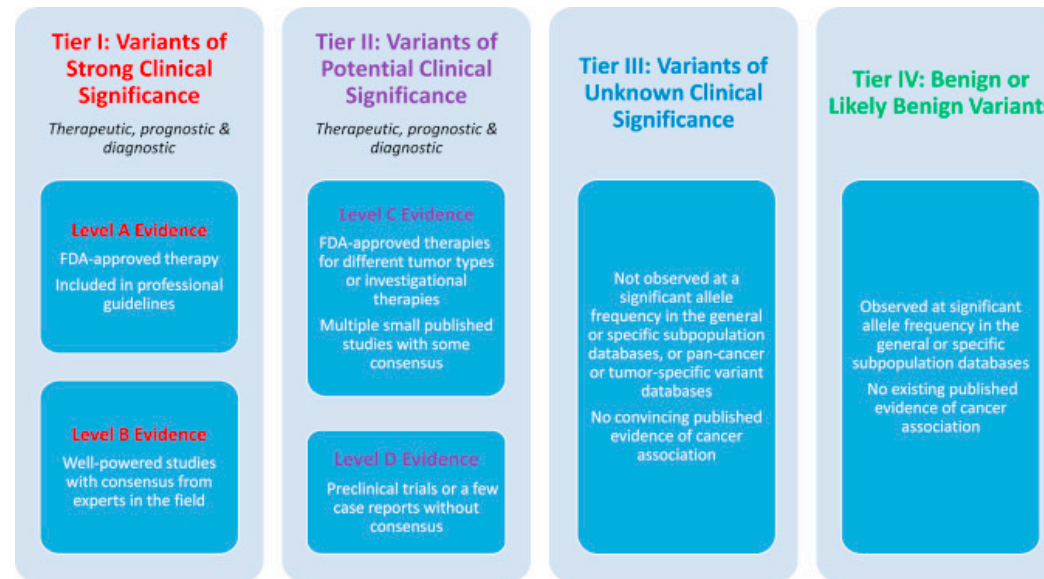
Standards and Guidelines for the Interpretation and Reporting of Sequence Variants in Cancer



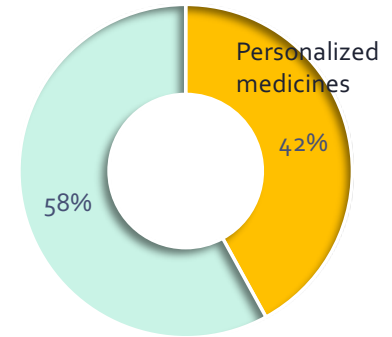
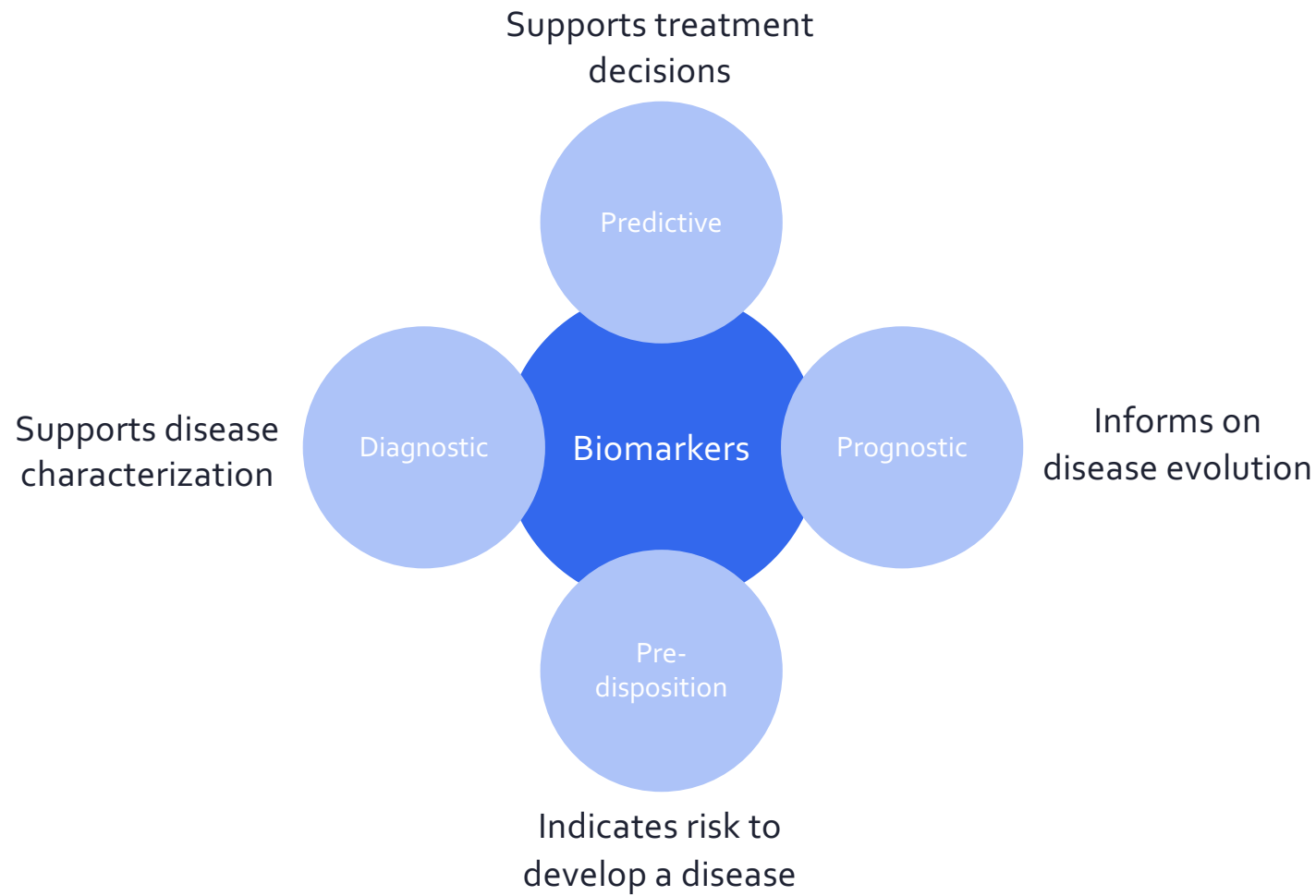
A Joint Consensus Recommendation of the Association for Molecular Pathology, American Society of Clinical Oncology, and College of American Pathologists

Find **actionable** variants

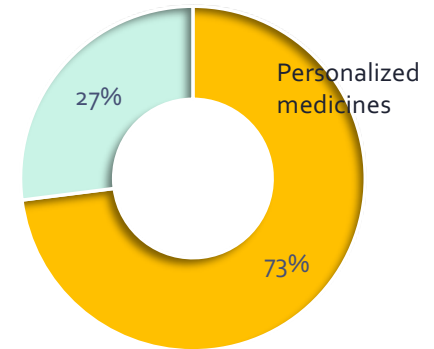
i.e. genetic alterations possibly having an impact on clinical care



Categories of markers



All drugs in development



Oncology drugs in development

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...)

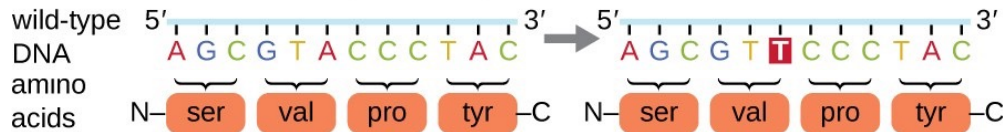


Locating variants

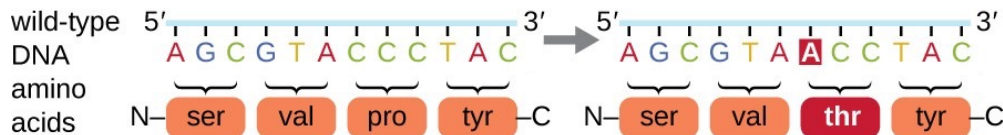
- ❖ Convert genomic coordinates (chromosome, position) to the corresponding cDNA/amino-acid coordinates
- ❖ HGVS nomenclature (<http://varnomen.hgvs.org>)
 - Substitution c.76A>T
 - Deletion c.76delA
 - Insertion c.76_77insG
 - Genomic sequence g.476A>T
 - Protein sequence p.Lys76Asn
- ❖ Important to 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

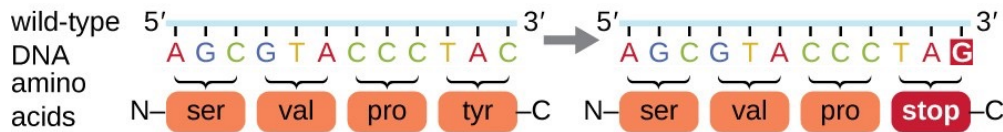


missense: results in an amino acid substitution

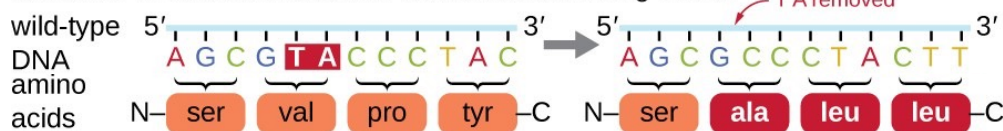


Point mutations
(single base substitution)

nonsense: substitutes a stop codon for an amino acid



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



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

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...)
- ⌘ 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.

© American College of Medical Genetics and Genomics | **ACMG STANDARDS AND GUIDELINES** | Genetics inMedicine

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^{2,3}, Sherri Bale, PhD¹, David Bick, MD¹, Soma Das, PhD¹, Julie Gastier-Foster, PhD^{4,5}, Wayne W. Grody, MD, PhD^{6,7,8}, Madhuri Hegde, PhD⁹, Elaine Lyon, PhD¹, Elaine Spector, PhD¹, Karl Voelkerding, MD¹ and Heidi L. Rehm, PhD¹; on behalf of the ACMG Laboratory Quality Assurance Committee

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

(not exhaustive)



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...)
- ⌘ Predict variant impact on protein function, splicing
- ⌘ Retrieve annotations from public databases

Knowledge bases

Cancer

OncoKB
COSMIC
CIViC
ClinVar
IARC TP53 Database

Genetic disorders

DECIPHER
OMIM®
orphanet

Constitutional variants

dbSNP
Short Genetic Variations
ClinVar
HGMD

Population

gnomAD

Repositories

UniProt
RefSeq
e!Ensembl
PubMed

Non exhaustive



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?



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**

Outline

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in medical diagnosis*

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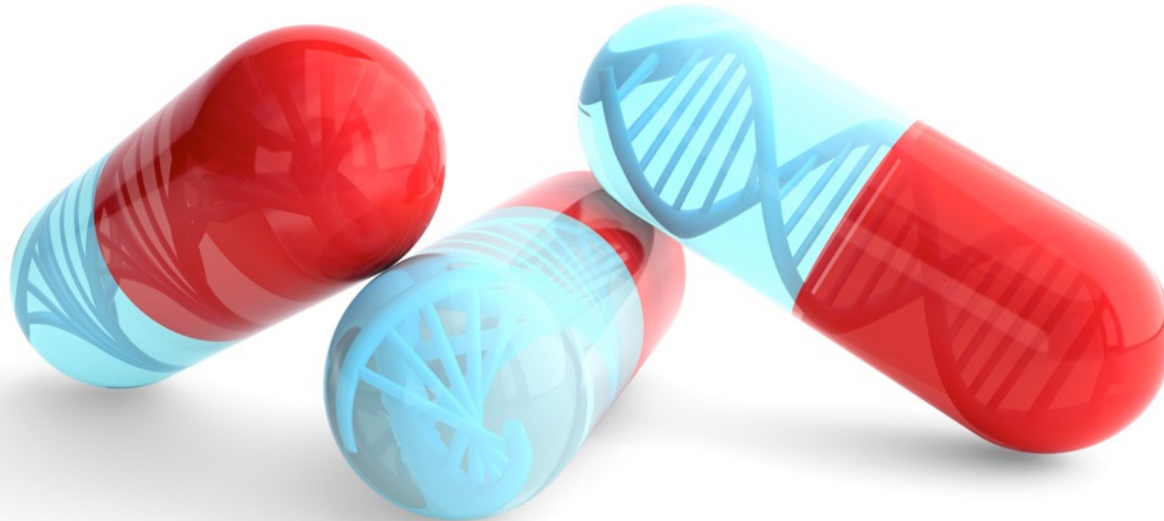
Other considerations

Real-life constraints in the clinics



Certificate of Advanced Studies (CAS) in Personalized molecular oncology

pmo.unibas.ch



 Universitätsspital
Basel

 SIB
Swiss Institute of
Bioinformatics

 CHUV

 UNI
BASEL

CAS PMO: 4 modules and a mini-thesis



Tumor biology & Genetics
4 days

Lausanne

- Cytogenetics and molecular genetics
- Genetic modifications
- Tumor biology: solid and hematological
- Tumor genetics



Molecular Pathology
4 days

Basel

- Omics technologies
- From sample to data: extraction, sequencing, panels
- Quality control and accreditation
- Molecular profile interpretation, reports



Clinical Bioinformatics
4 days

Lausanne

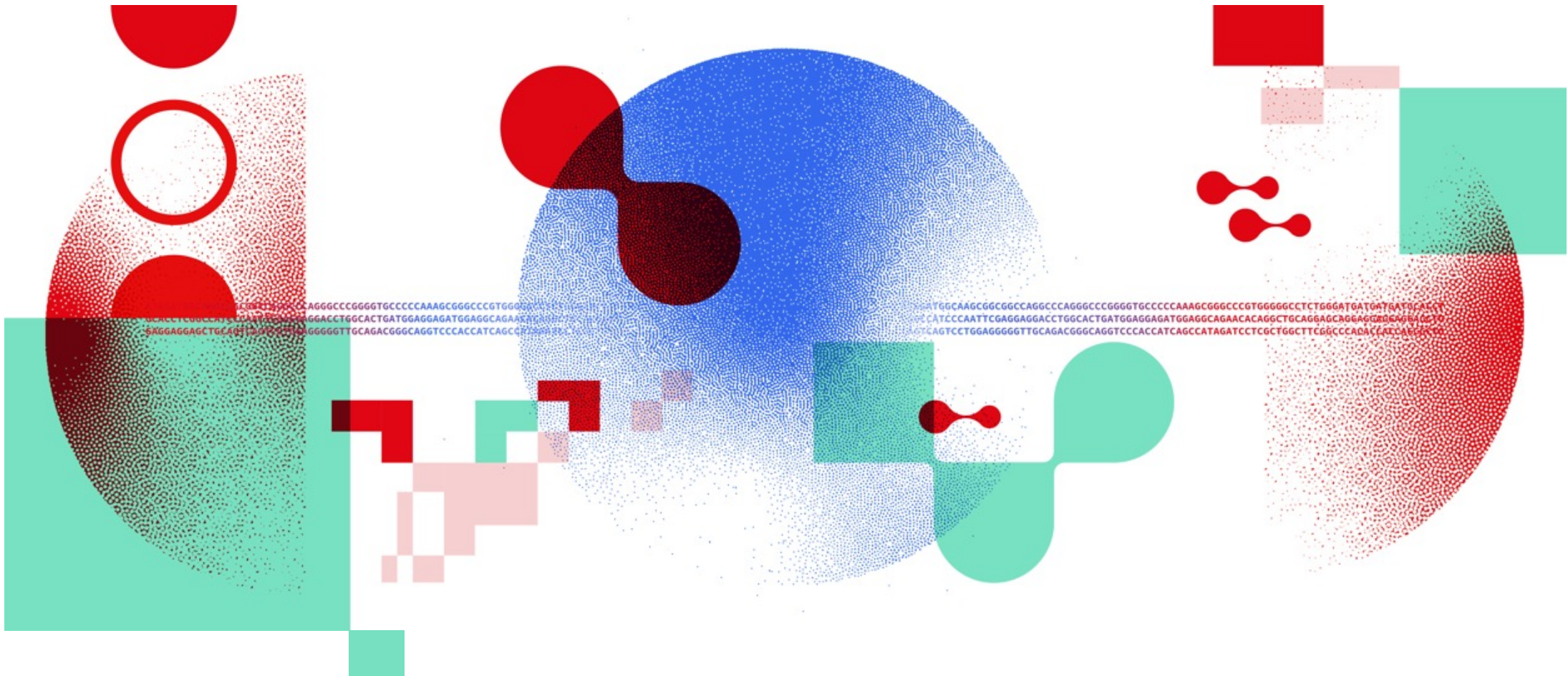
- NGS data processing: mapping, calling, annotation
- Data quality control
- Hardware, security, privacy
- Artificial intelligence applications



Clinical Oncology
4 days

Basel

- Tumor physiology & immunology
 - Prognostic and predictive markers
 - Interpretation of genetic results
 - Clinical trials and tumor board
-



Thank you

DATA SCIENTISTS FOR LIFE

sib.swiss

