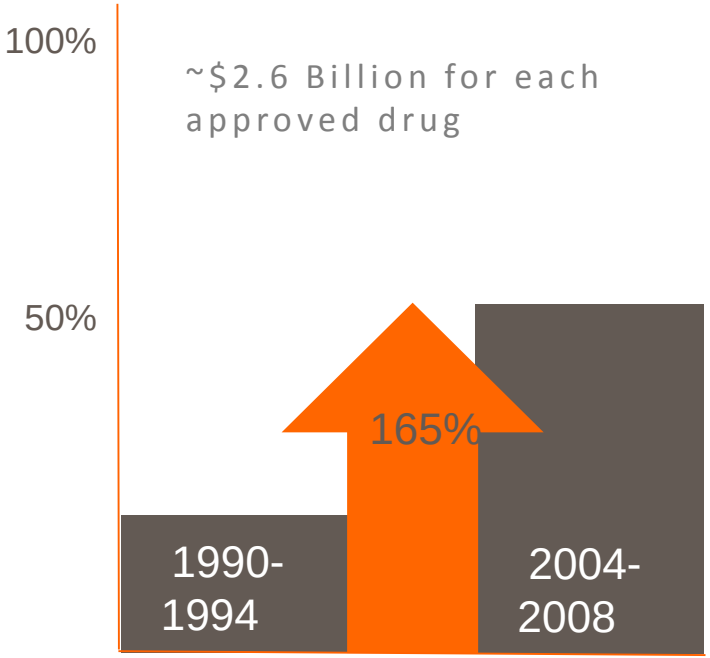
Using GWAS and Sequence Data to Identify and Validate Drug Targets

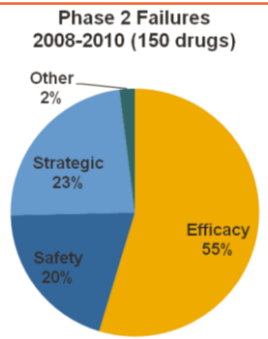
October 15, 2018

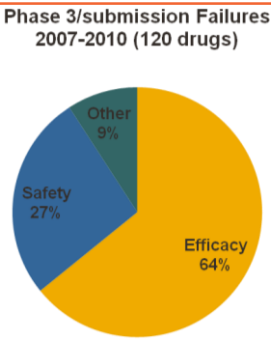
Matt Nelson
Head, Genetics

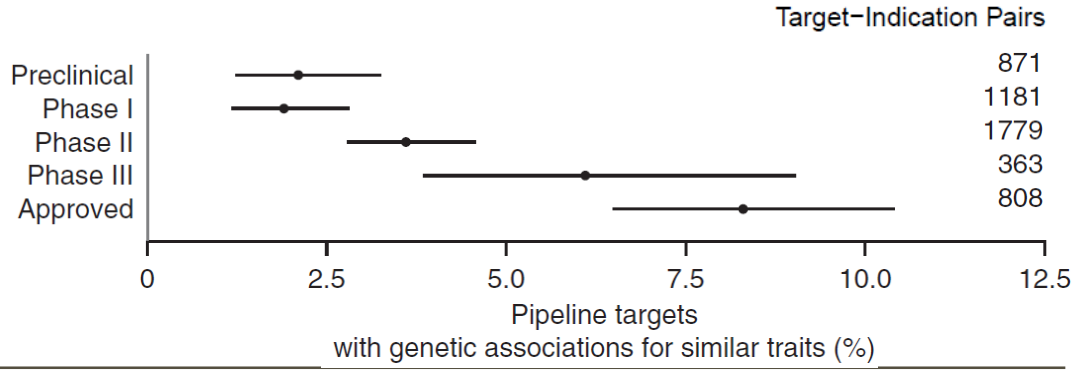
The drug discovery dilemma

Drugs with human genetic evidence >2x more likely to be successful







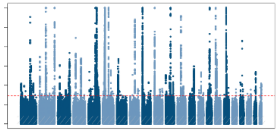


DiMasi JA *et al.* (2016) J Health Econ 47:20-33; Nelson *et al.* (2015) Nat Genet 47:846-60

From genetic association to target selection

Find genetic associations

- 23andMe, UKB, FinnGen, EBI
- UKB analysis capabilities
- UKB exome sequence



Variant-to-gene mapping

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- Cellular context
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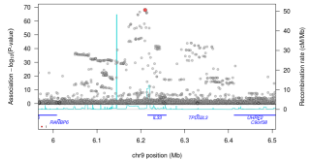
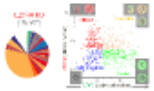
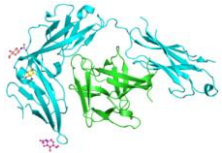
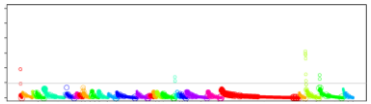


In vitro elucidation

- Gene editing
- High throughput assays

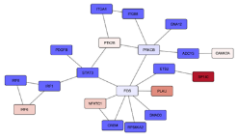






Understanding genetic impacts

- PheWAS
- MR applications
- Direction of effects



Pathway/network expansion

- Pathway analysis
- Network propagation

Synthesis & decisions

- MOA
- Probability of success
- Target filters
- Portfolio view

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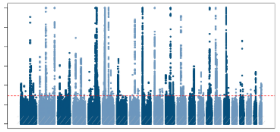

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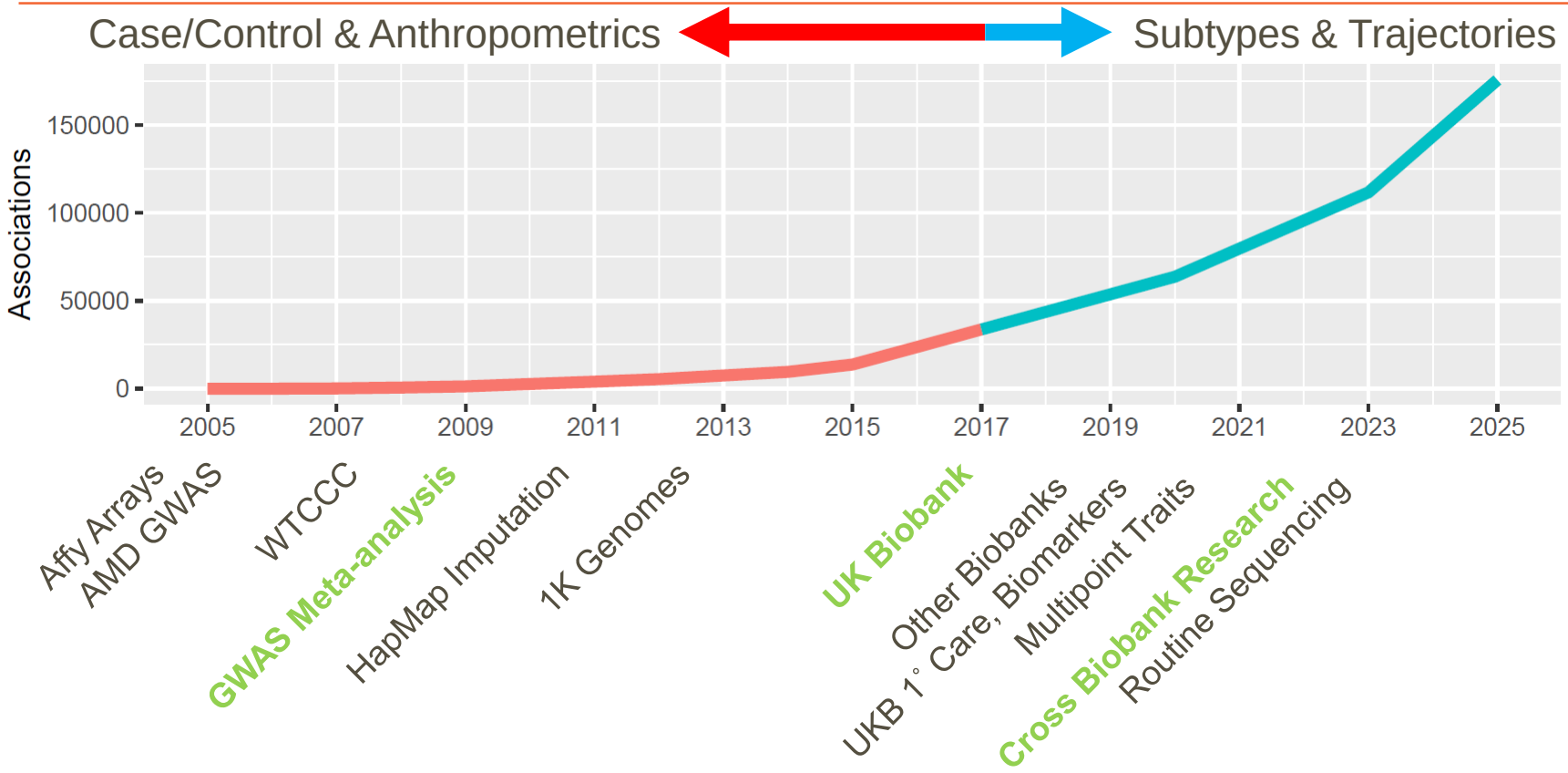
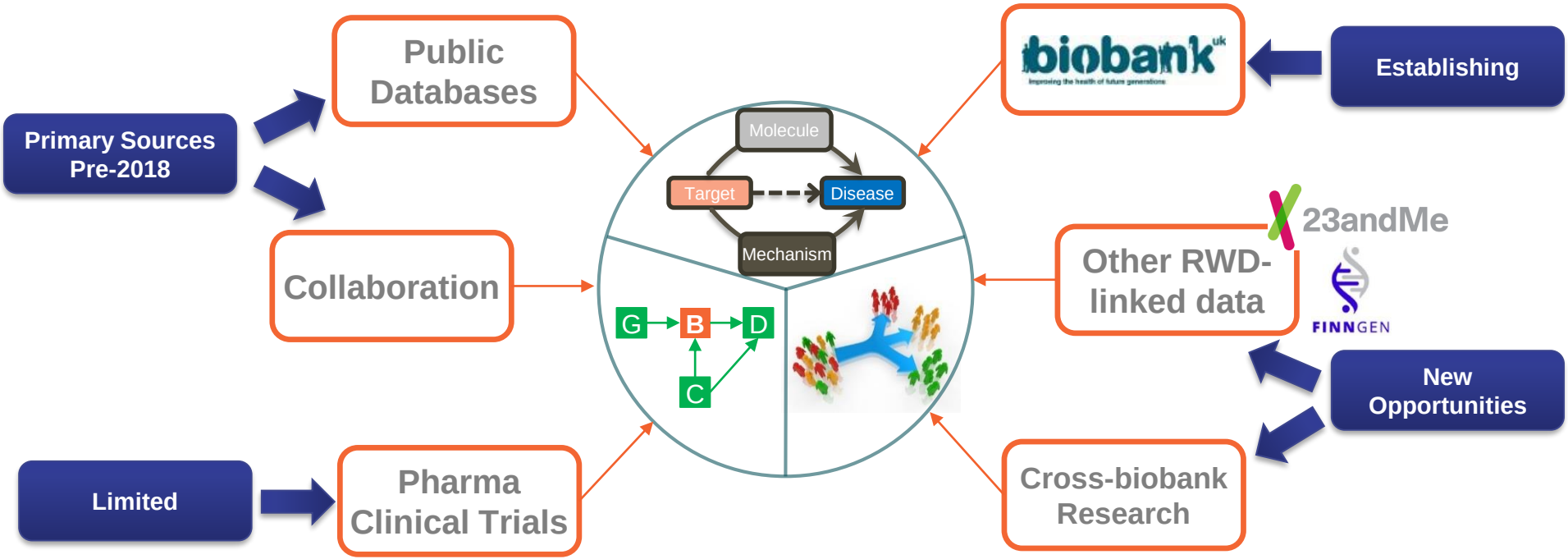
The discovery of genetic contributions to complex traits is just getting started



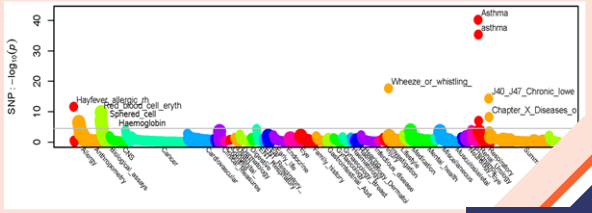
Sources of genetic evidence



UK Biobank is changing the way we do genetic research

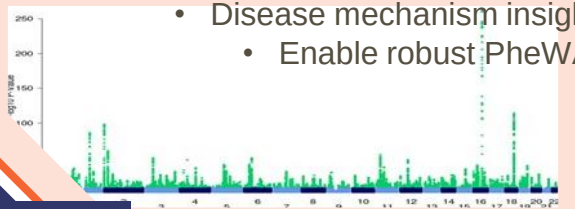
PheWAS of every target

- Integrate into early target validation



GWAS for Key Traits

- Support new target discovery
- Disease mechanism insights
- Enable robust PheWAS



Exome Sequencing

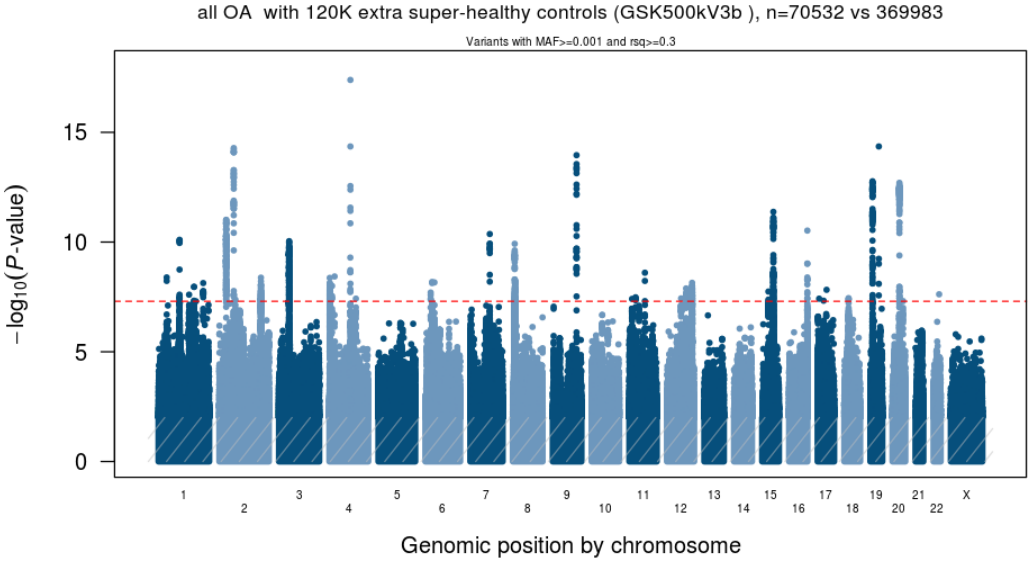
- Selected phenotype variant/gene discovery
- Characterize consequence of impactful variants
- **50K data landed early June: analyses ongoing for August sprint**

Diversify Phenotypes

Expand genetic investigation to include:

- All disease phenotypes in UKBB
- Disease sub-types
- Stratified models
- Disease severity
- “New” diseases

GWAS analysis of osteoarthritis in biobank uk



64 Loci

- $P < 3.1x10^{-8}$ across hip, knee, hip or knee, any OA
- 52 novel loci

216 Genes

- With V2G evidence: fine-mapping and annotation, eQTL colocalisation, rare disease, OA joint 'omics, animal model
- 4 genes are targets for OA drugs in development

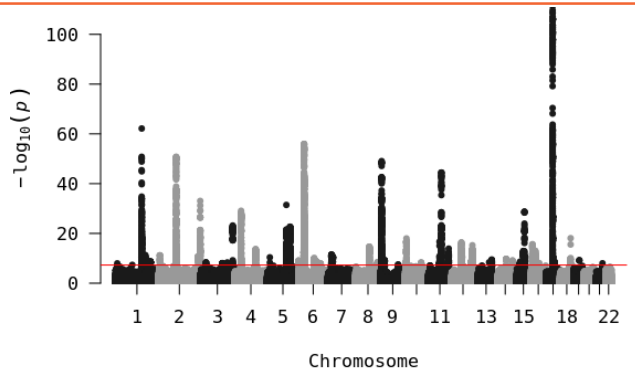
Target ID

- Tool molecule ID
- Triaging genes for ELT screen / tractability
- Test molecules in OA joint explant model

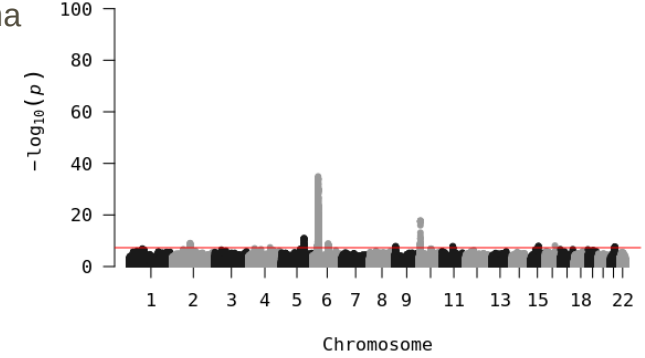
Linda McCarthy et al., Program #2307W; Poster session on Wednesday 2-3 PM
Ioanna Tachmazidou et al., Session #27, Wednesday 4:15pm-5:45pm

GWAS and pathway analyses in childhood and adult-onset asthma in biobank uk

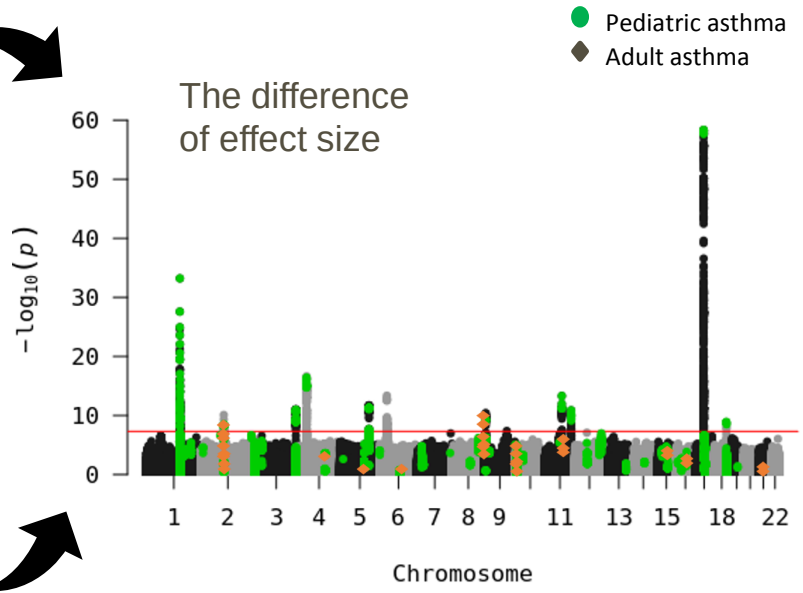
Childhood Asthma
≤12 years
10,920 cases
163,978 controls



Adult-onset Asthma
≥40 years
16,659 cases
163,978 controls



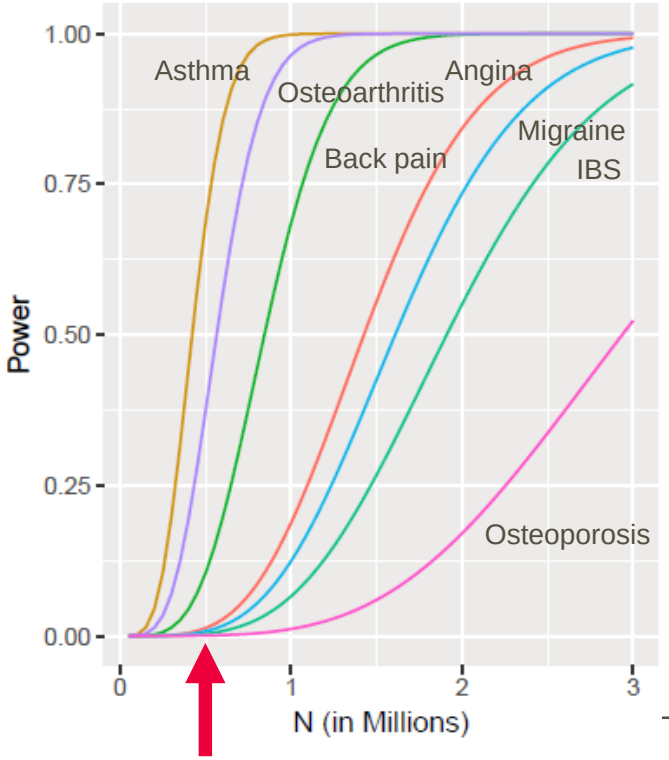
The difference of effect size



Kijoung Song et al., Session #56, Thursday at 11 AM

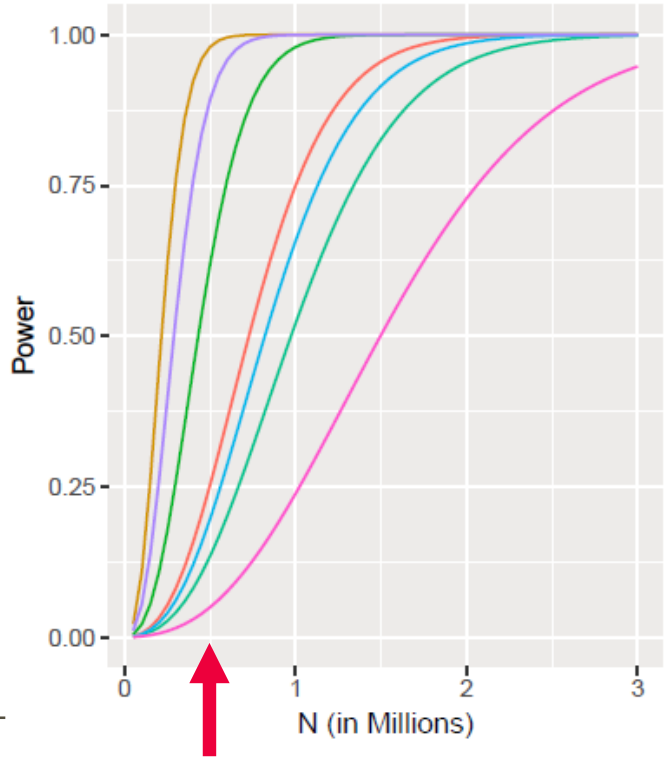
Broad discovery power in population samples requires very large numbers

GWAS Significance Threshold



UK Biobank

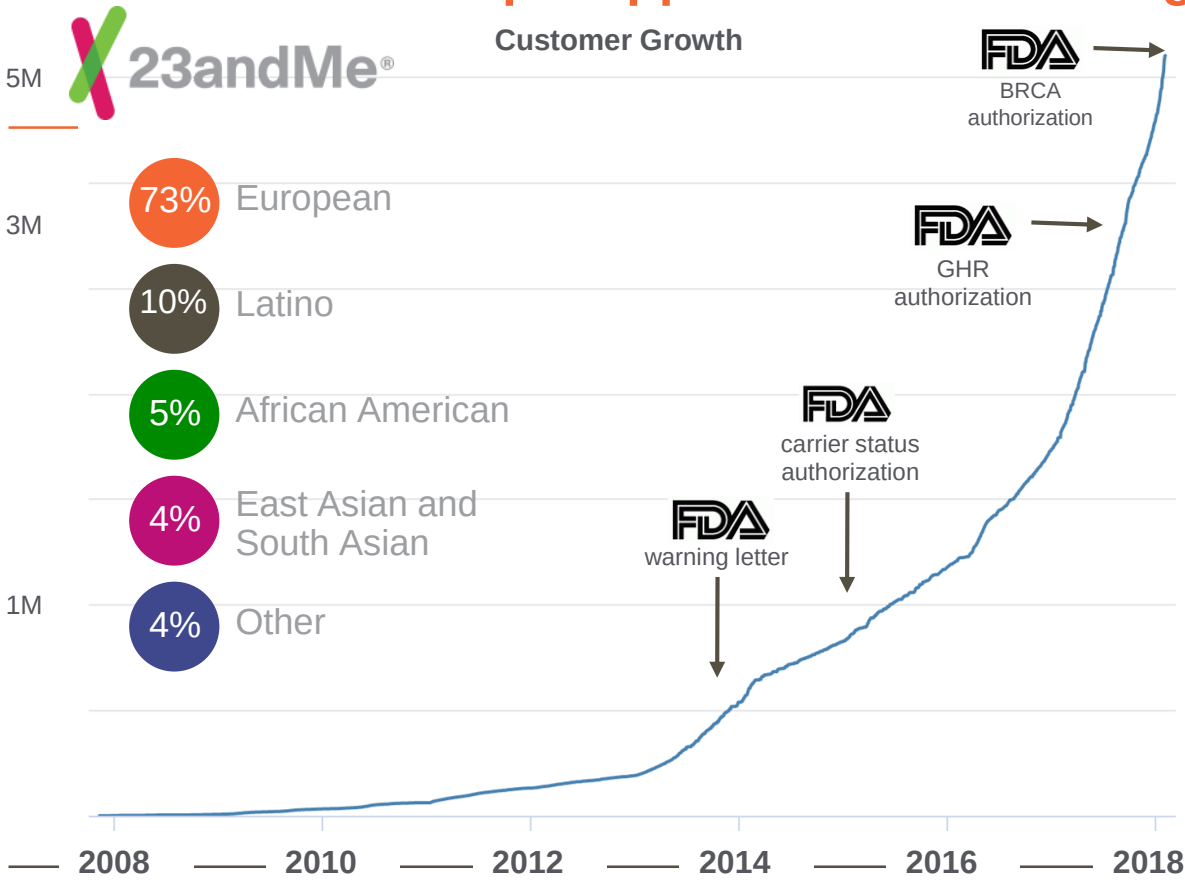
PheWAS Significance Threshold



UK Biobank

Assumptions
UKB case #s
MAF = 0.05, OR = 1.1
P = 5e-8 and 1e-4

23andMe offers unique opportunities to scale genetic research



5M+ customers

>80% consent to research & recontact

1.5B+ survey questions answered

To genotype or sequence…

VS

....A.....A....A...
....G.....C....A...

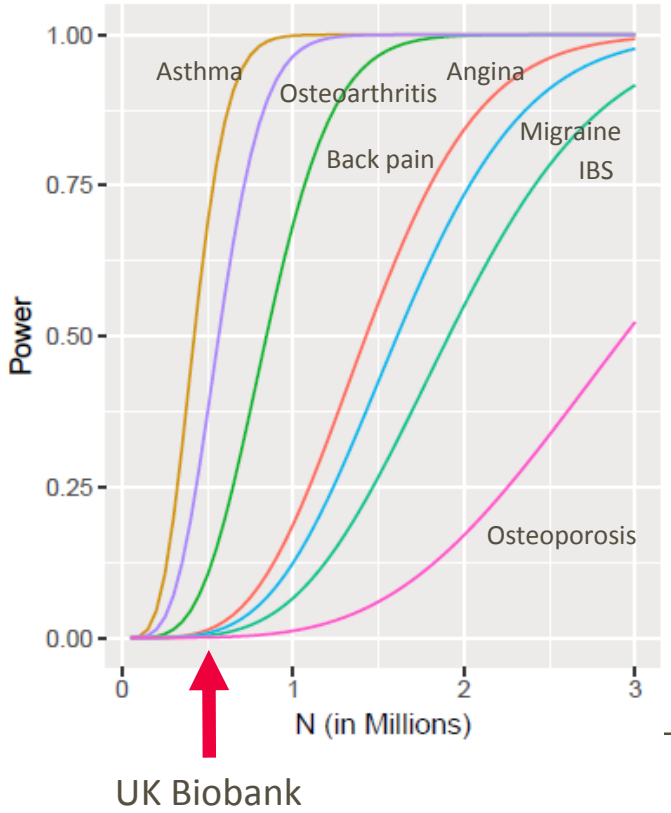
CGAGATCTCCCGACCTCATGG
CCAAGCTCTTTTCTTCTGTGC

Impact of cost on scale

Approach	Cost*	N = 100K	$10M (N)
Genotype array	$50	$5M	200K
Exome sequence	$300	$30M	33K
Genome sequence	$800	$80M	12.5K

*Informal, ballpark estimates for high volume (N >50K) initiatives

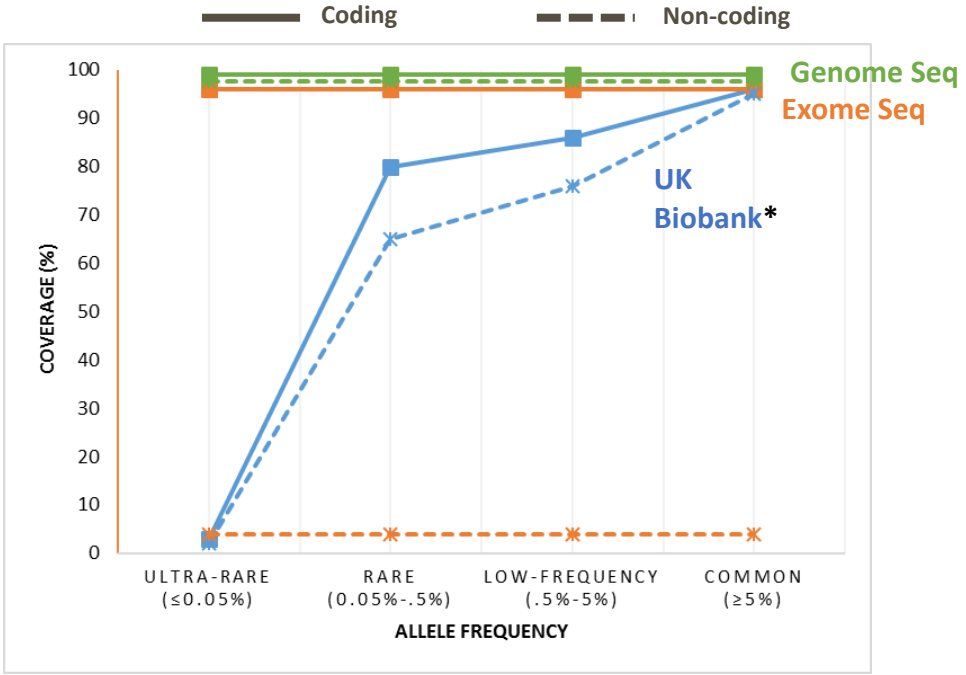
Power assumptions:
MAF = 0.05, OR = 1.1
P = 5e-8
Based on UKB case counts



Coverage trade-offs

Sequence (extrapolated from ExAC) versus UK Biobank genotypes

- Imputation from a large reference substantially improves array genotype value
  - Enrichment of low frequency coding variants improves coverage
- Whole genome sequence generally outperforms exome even within captured regions
- The contribution of rare non-coding variation to complex traits is largely unexplored
  - Need to learn how to identify rLoF variants (regulatory loss of function) to fully exploit WGS



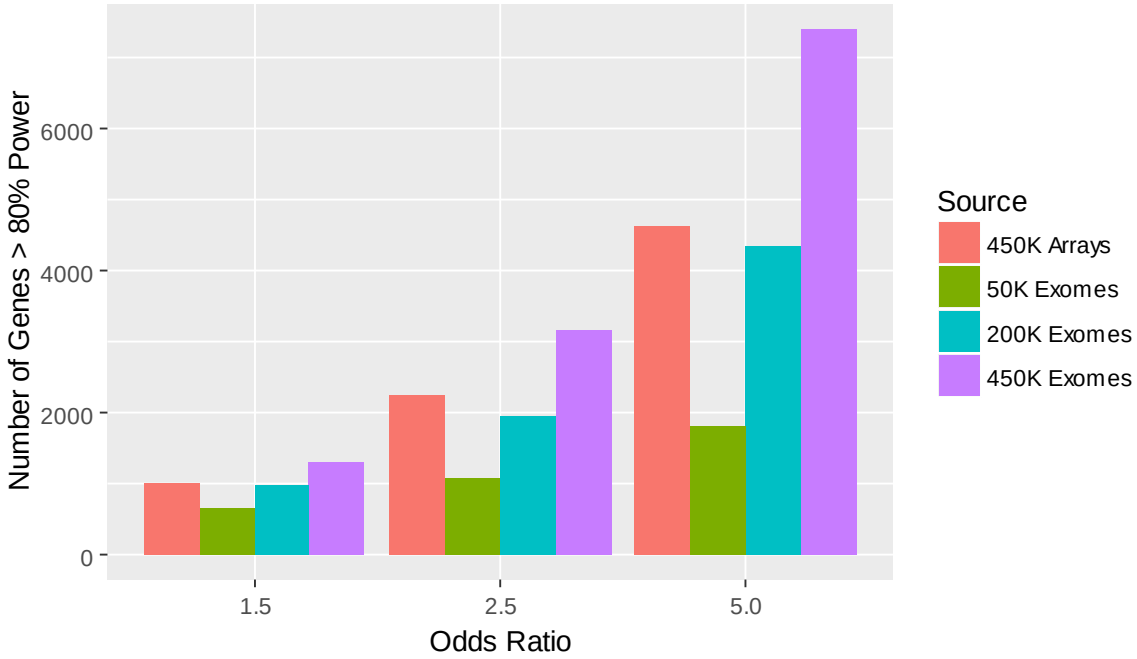
*Coverage reported as imputation quality (r^2) with 1KG/UK10K imputation

Capture of pLoF variants

Sequence (extrapolated from ExAC) versus UK Biobank genotypes

For testing effect of pLoF variants, sequencing catches up with arrays at around a 1:2 ratio

Capture of coding *indels* directly or via imputation in UKB is ~40% less efficient than SNPs of the same frequency



Sequencing in consanguineous populations identifies disproportionately more knock-outs

LETTER

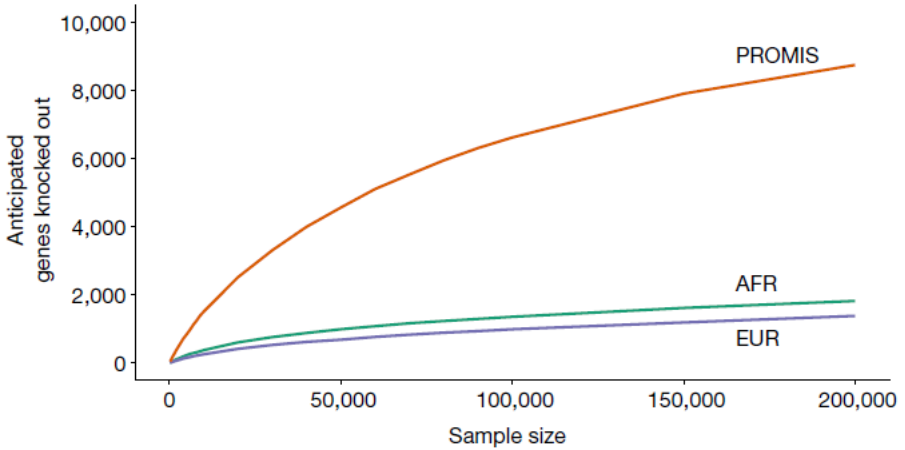
doi:10.1038/nature22034

Human knockouts and phenotypic analysis in a cohort with a high rate of consanguinity

Danish Saleheen[1,2]*, Pradeep Natarajan[3,4]*, Irina M. Armean[4,5], Wei Zhao[1], Asif Rasheed[2], Sumeet A. Khetarpal[6], Hong-Konrad J. Karczewski[4,5], Anne H. O'Donnell-Luria[4,5,8], Kaitlin E. Samocha[4,5], Benjamin Weisburd[4,5], Namrata Gupta[4], Mozzam Zaidi[2], Maria Samuel[2], Atif Imran[2], Shahid Abbas[9], Faisal Majeed[2], Madiha Ishaq[2], Saba Akhtar[2], Kevin Trindel Megan Mucksavage[6], Nadeem Qamar[10], Khan Shah Zaman[10], Zia Yaqoob[10], Tahir Saghir[10], Syed Nadeem Hasan Rizvi[1] Anis Memon[10], Nadeem Hayyat Mallick[11], Mohammad Ishaq[12], Syed Zahed Rasheed[12], Fazal-ur-Rehman Memon[13], Khalid Mahmood[14], Naveeduddin Ahmed[15], Ron Do[16,17], Ronald M. Krauss[18], Daniel G. MacArthur[4,5], Stacey Gabriel[4], Eric S. Lander[4], Mark J. Daly[4,5], Philippe Frossard[2]§, John Danesh[19,20]§, Daniel J. Rader[6,21]§ & Sekar Kathiresan[3,4]§

Offspring of consanguineous unions are more likely to be homozygous for loss-of-function (LoF) mutations than non-consanguineous populations (i.e. human knock-outs)

Estimated number of genes with knock-outs for PROMIS versus LRM populations



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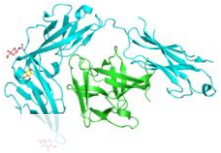

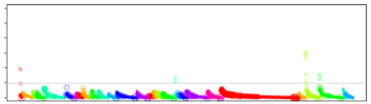

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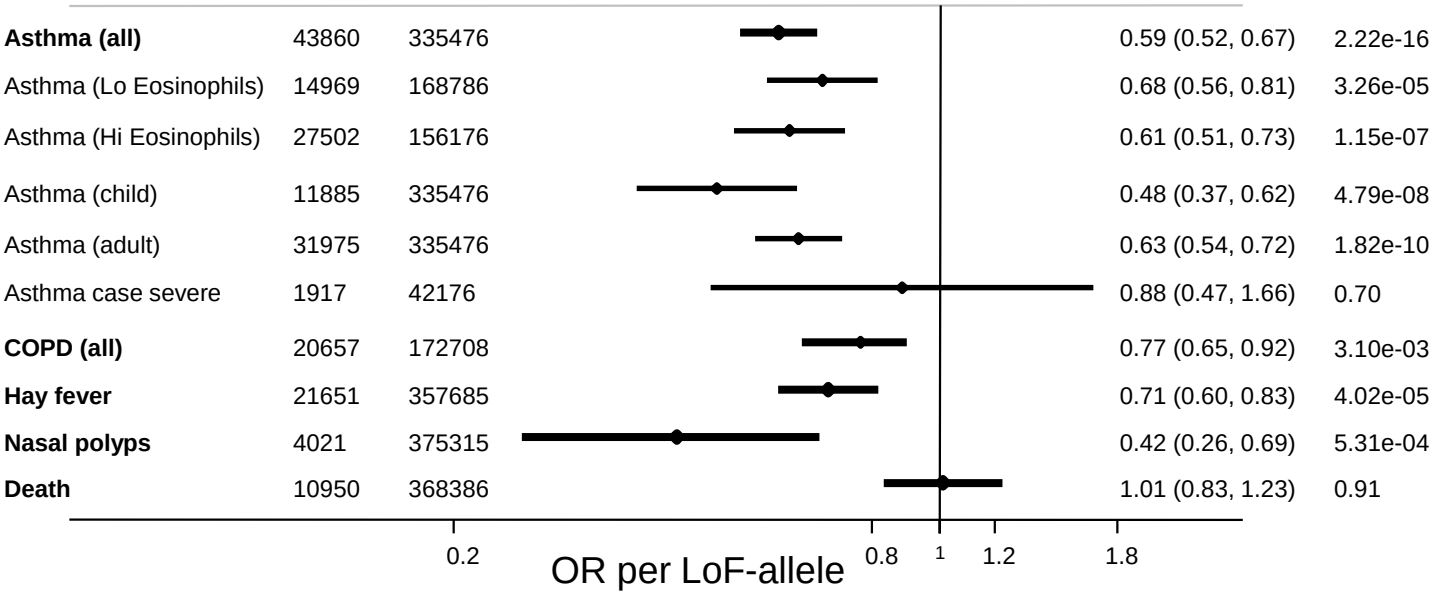
Access to individual level data allow detailed follow-up analyses

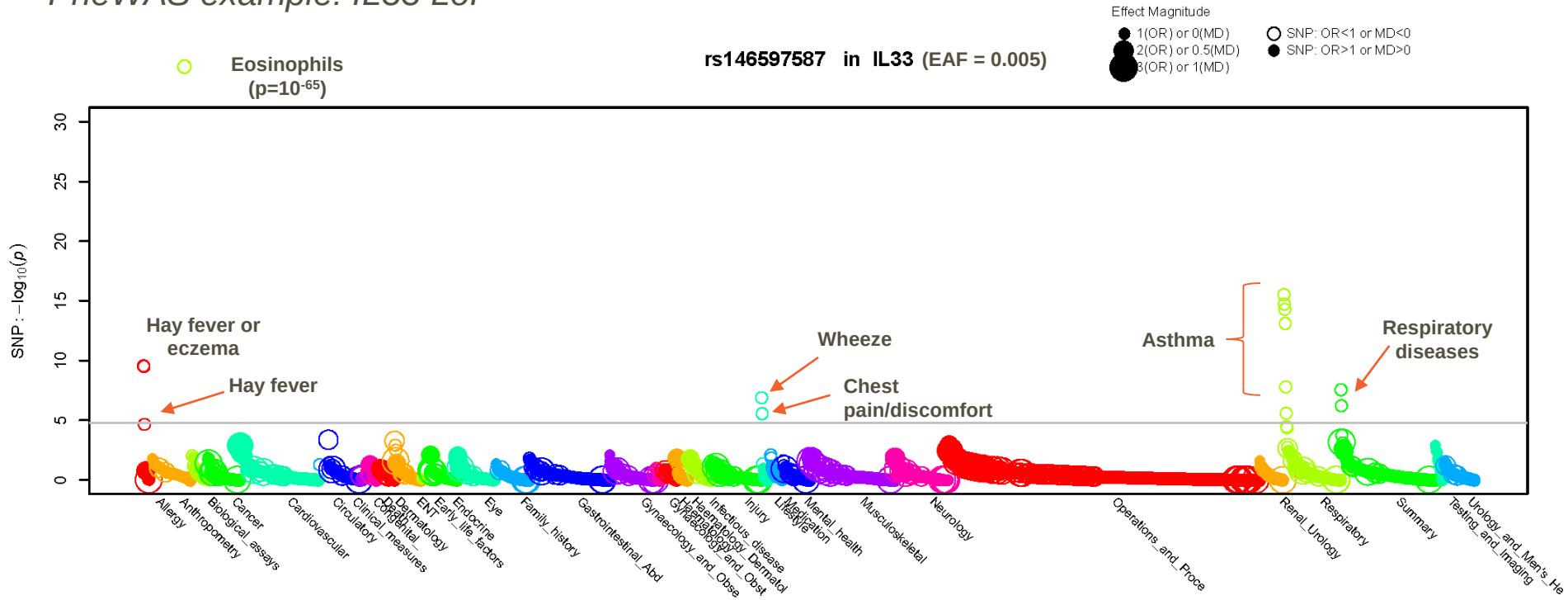
IL33 LoF disease association

Outcome	Case	Control	OR (95% CI)	P-value
Asthma (all)	43860	335476	0.59 (0.52, 0.67)	2.22e-16
Asthma (Lo Eosinophils)	14969	168786	0.68 (0.56, 0.81)	3.26e-05
Asthma (Hi Eosinophils)	27502	156176	0.61 (0.51, 0.73)	1.15e-07
Asthma (child)	11885	335476	0.48 (0.37, 0.62)	4.79e-08
Asthma (adult)	31975	335476	0.63 (0.54, 0.72)	1.82e-10
Asthma case severe	1917	42176	0.88 (0.47, 1.66)	0.70
COPD (all)	20657	172708	0.77 (0.65, 0.92)	3.10e-03
Hay fever	21651	357685	0.71 (0.60, 0.83)	4.02e-05
Nasal polyps	4021	375315	0.42 (0.26, 0.69)	5.31e-04
Death	10950	368386	1.01 (0.83, 1.23)	0.91



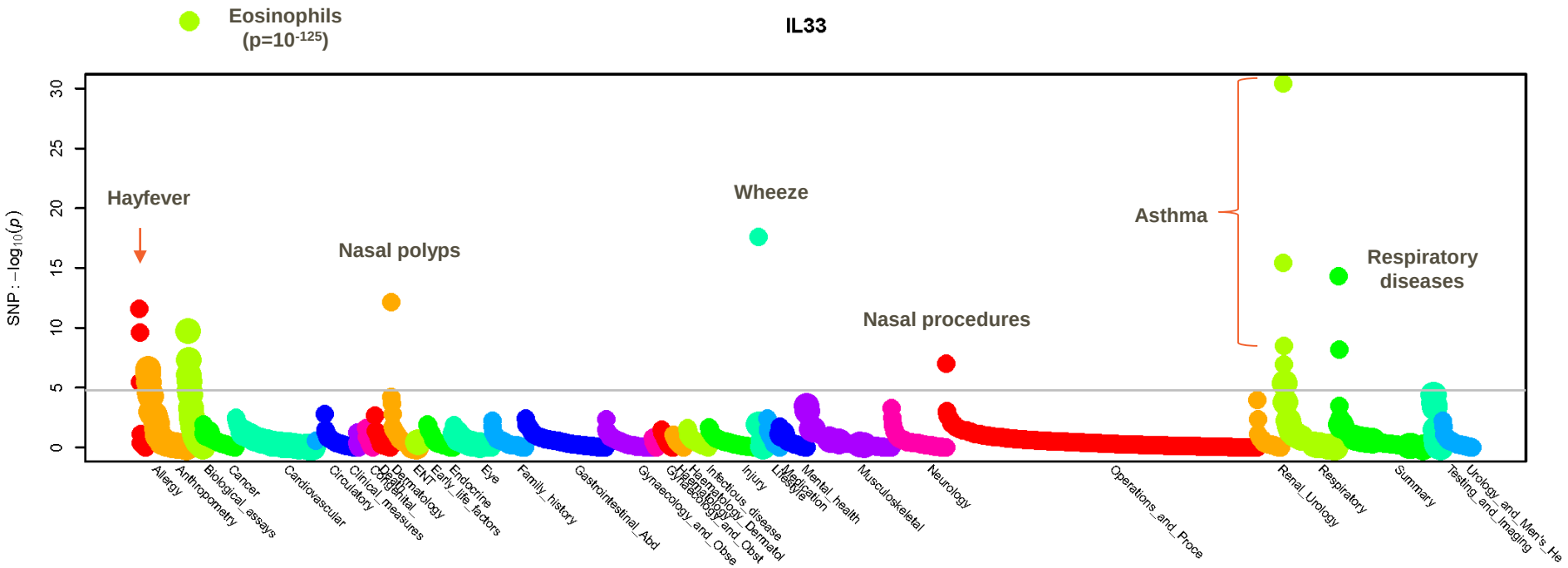
SNVs as proxies for target perturbation

PheWAS example: IL33 LoF



When we don't have impactful SNVs, predicted expression as an approach to instrument genes

We can "instrument" ~17000 genes in 1 tissue, ~7000 in > 10 tissues



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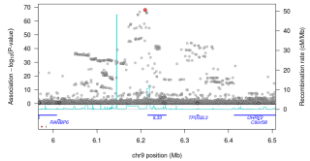

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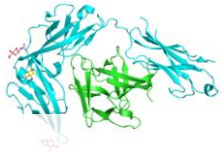

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Can we use the growing set of functional genomic data types to inform V2G mapping?

Functional annotation of variants

Protein-coding
- LoF/GoF mutations
- SIFT/PolyPhen/PROVEAN/etc…

Open chromatin
- DNaseI hypersensitivity (DHS)
- ATAC-seq

Regulatory function
- Chromatin accessibility (DHS)
- eRNA expression (FANTOM5)
- Histone modifications (ChIP-seq)
- DNA methylation
- Chromatin state prediction (ChromHMM/IDEAS)

Variant-to-gene mapping

Protein-coding

Genetics-based methods
- eQTL/pQTL

Correlation-based methods
- Correlated epigenetics (i.e. DHSs)
- FANTOM5 enhancers-to-genes

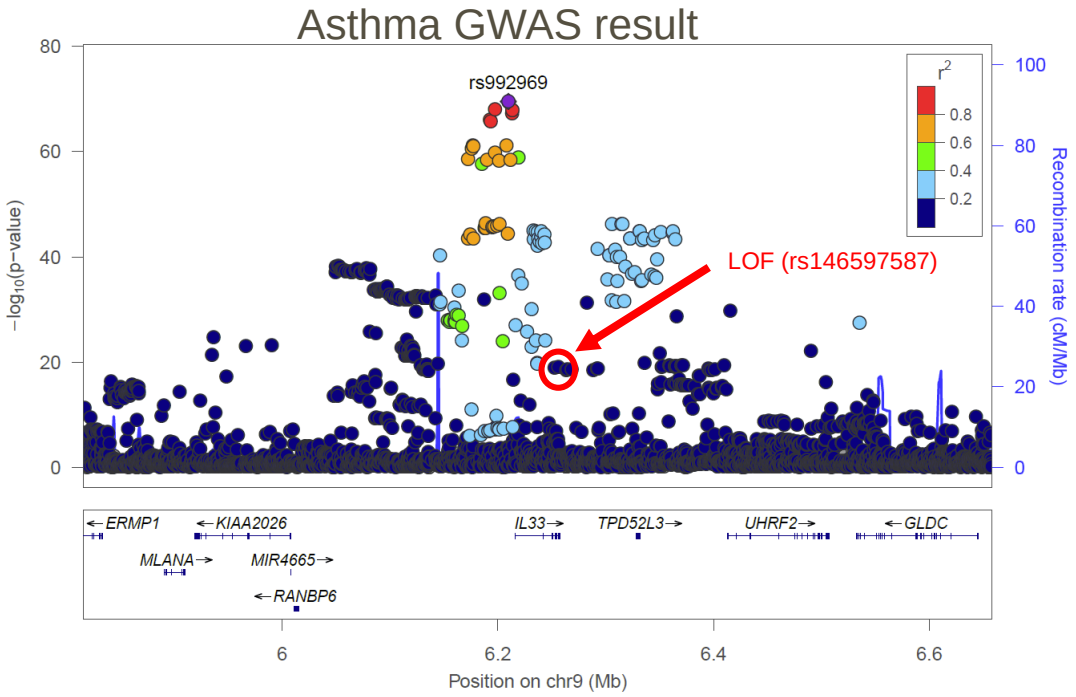
DNA-looping
- Chromosome conformation (i.e. *C or HiC)
- Promoter-capture HiC (enrich for promoters)
- HiChIP/ChIA-PET (enrich for functional marks)

Opportunity: A large amount of this data is being generated

Challenges: Different methods tell you different things about transcriptional regulation
Different methods have different levels of noise and sensitivity/specificity
Considerable biases in the available tissues/cell-types (often an immune bias)

For a given locus, the weight of evidence for each gene is the combination of these data

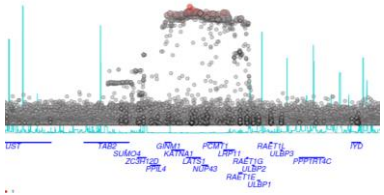
Teasing apart associations and identifying effector genes



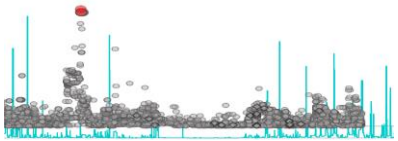
- Conditional analyses implicate 4 putatively causal SNVs in the region
  - Including the LoF
- Individual level data allow us to perform conditional analyses and fine-mapping even for rare variants

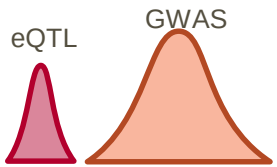
Identify disease causal genes through inference: colocalization testing

UKB Grip Strength GWAS



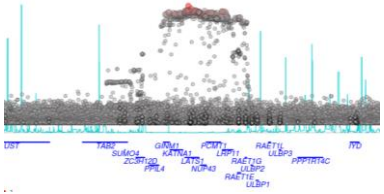
Gene 1 eQTL



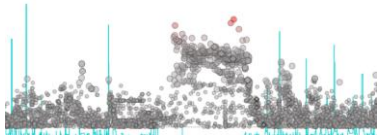


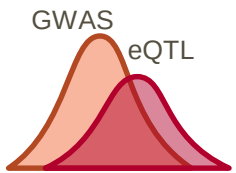
colocalization: 0%

UKB Grip Strength GWAS



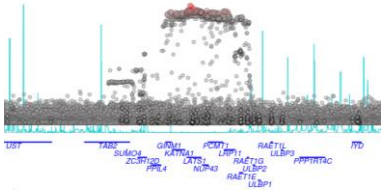
Gene 2 eQTL



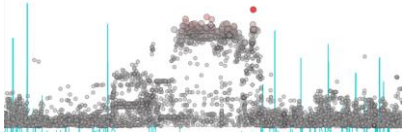


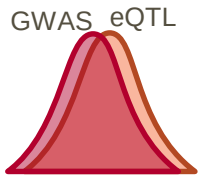
colocalization: 60%

UKB Grip Strength GWAS



Gene 3 eQTL



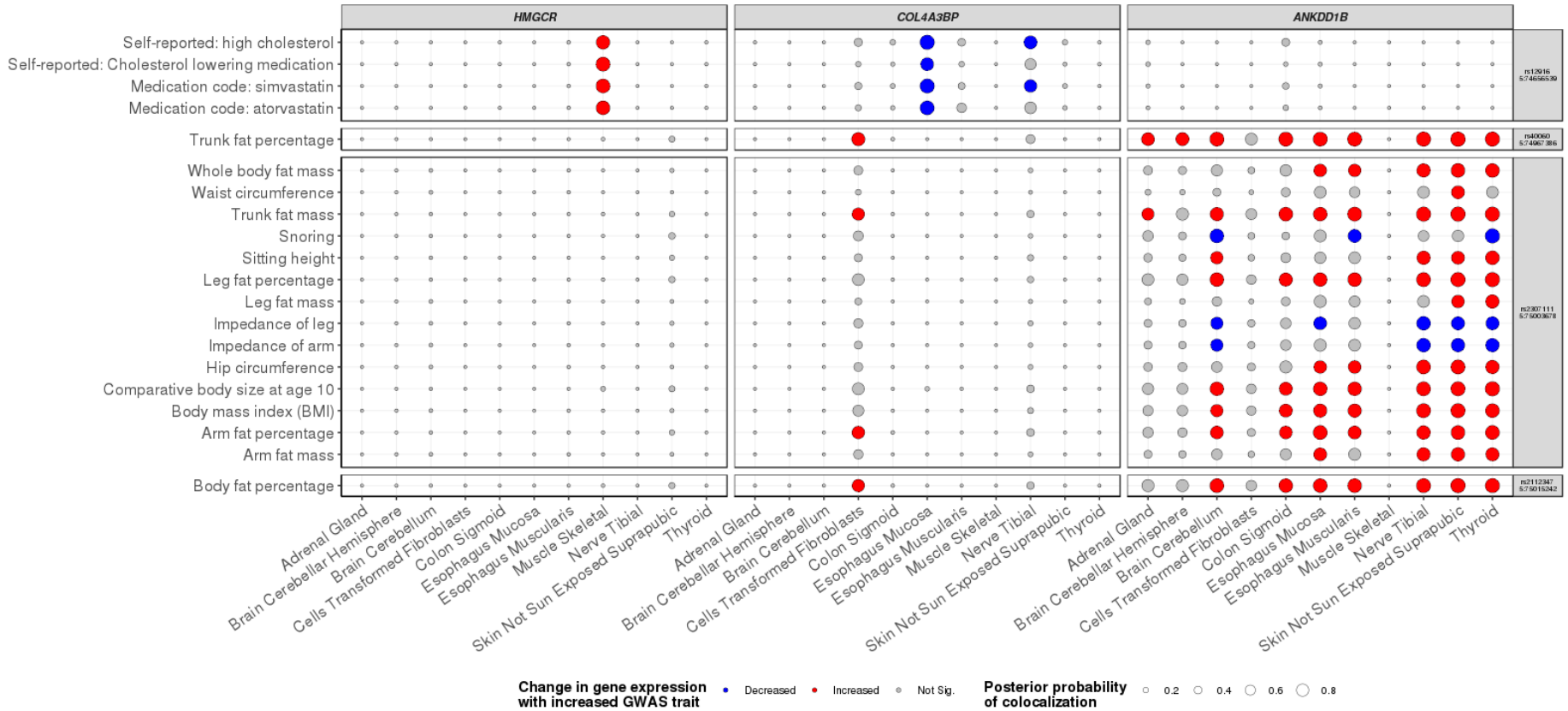


colocalization: 95%

Giambartolomei *et al.,* Bayesian Test for Colocalisation between Pairs of Genetic Association Studies Using Summary Statistics. *PLoS Genetics*, 2014

Dawn Waterworth, Session #32, Wednesday at 9:45 AM

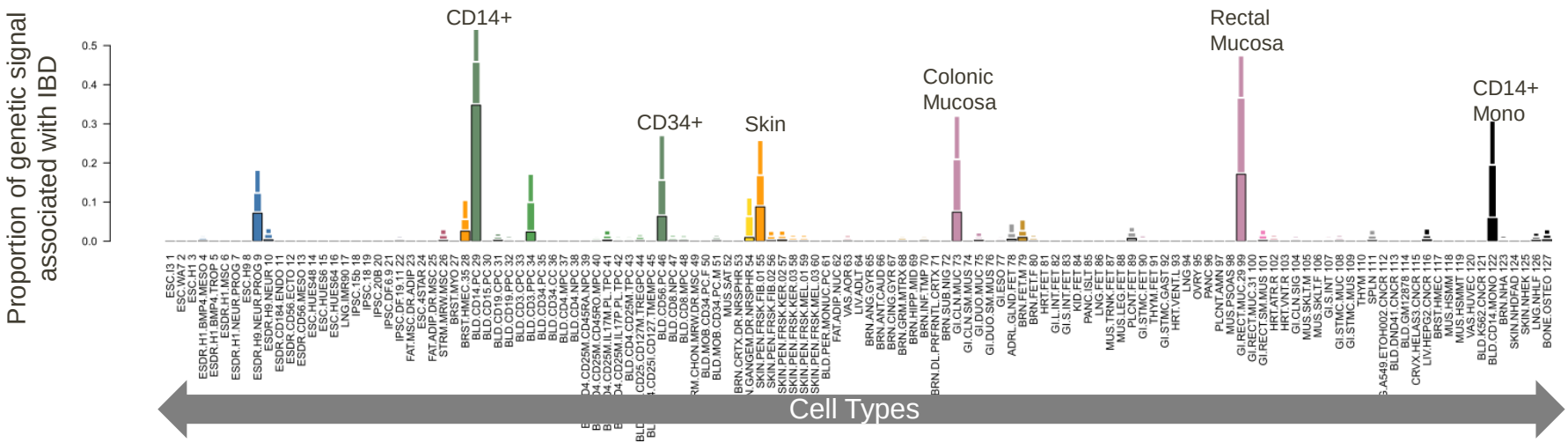
Comprehensive colocalization can differentiate causal genes



Karl Guo, Session #56, Thursday at 11 AM
Karsten Sieber, Poster #3314, Friday at 3 PM

Identifying disease relevant tissues by combining GWAS with chromatin states across cell types: An IBD example

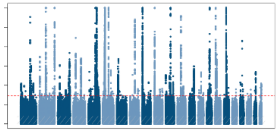
For IBD ~48% of signals are best explained by immune/blood cells, while ~40% are best explained by epithelial cells



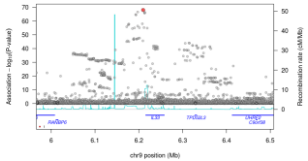
Collaboration with Yu Zhang, Penn State

From genetic association to target selection

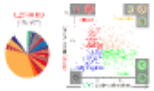
Find genetic associations
- 23andMe, UKB, FinnGen, EBI
- UKB analysis capabilities
- UKB exome sequence

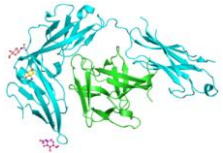


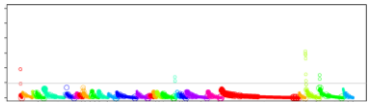
Variant-to-gene mapping
- Effector gene
- Cellular context
- Analytical capabilities



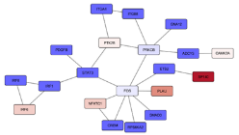
In vitro elucidation
- Gene editing
- High throughput assays







Understanding genetic impacts
- PheWAS
- MR applications
- Direction of effects



Pathway/network expansion
- Pathway analysis
- Network propagation

Synthesis & decisions
- MOA
- Probability of success
- Target filters
- Portfolio view

Special thanks

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Laura Yerges-Armstrong

Robert Scott

Linda McCarthy