

IMPACT OF HUMAN GENETICS ON DRUG R&D



Robert Plenge

Roadmap for “*genetic dose-response*” portal

Common Disease Consortium

December 3, 2018

The problem

Which targets, when perturbed therapeutically, have a beneficial effect in humans?

How do these targets differ from standard-of-care?

“*Allelic series*” model

Pick a human phenotype for drug efficacy



Human Phenotype

High

Low

GOF

LOF

Gene function

Pick a human phenotype for drug efficacy



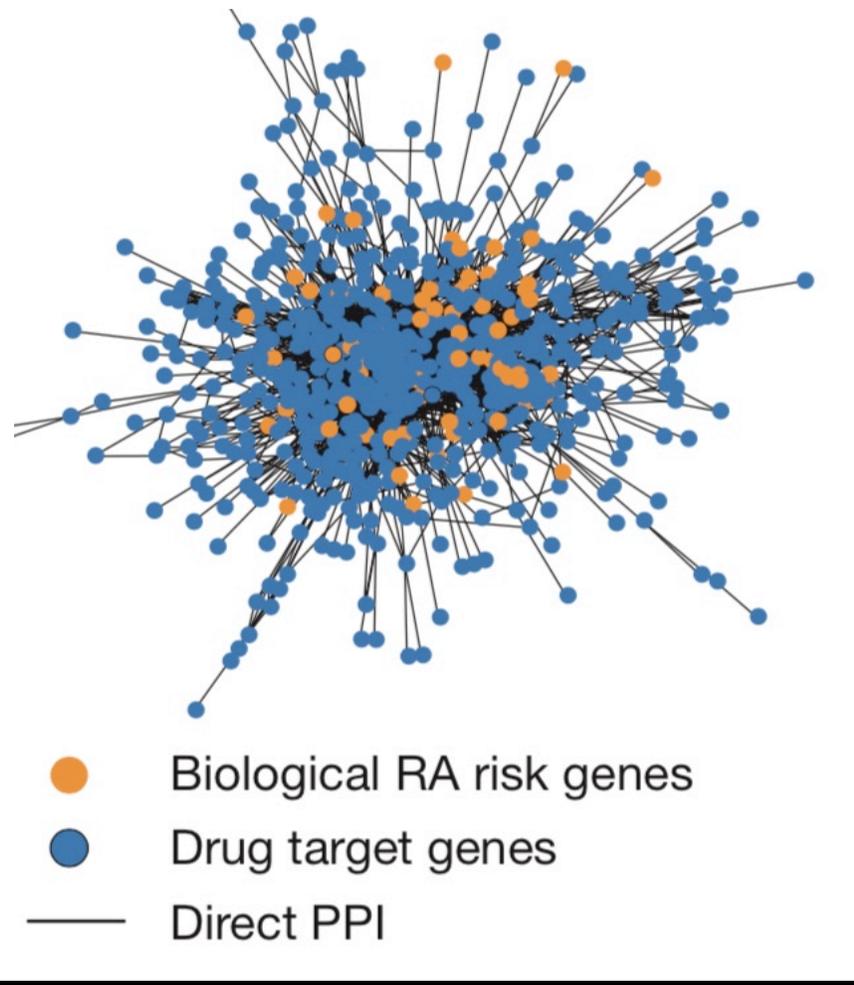
Human Phenotype

High

Low

GOF

LOF



- Biological RA risk genes
- Drug target genes
- Direct PPI

Gene function

Pick a human phenotype for drug efficacy



Human Phenotype

High

Low

GOF

LOF

Gene function

✕

x

x

x

x

x



Identify a series of alleles with range of effect sizes in humans (but of unknown function)

“variant to function”

Pick a human phenotype for drug efficacy



Human Phenotype

High

Low

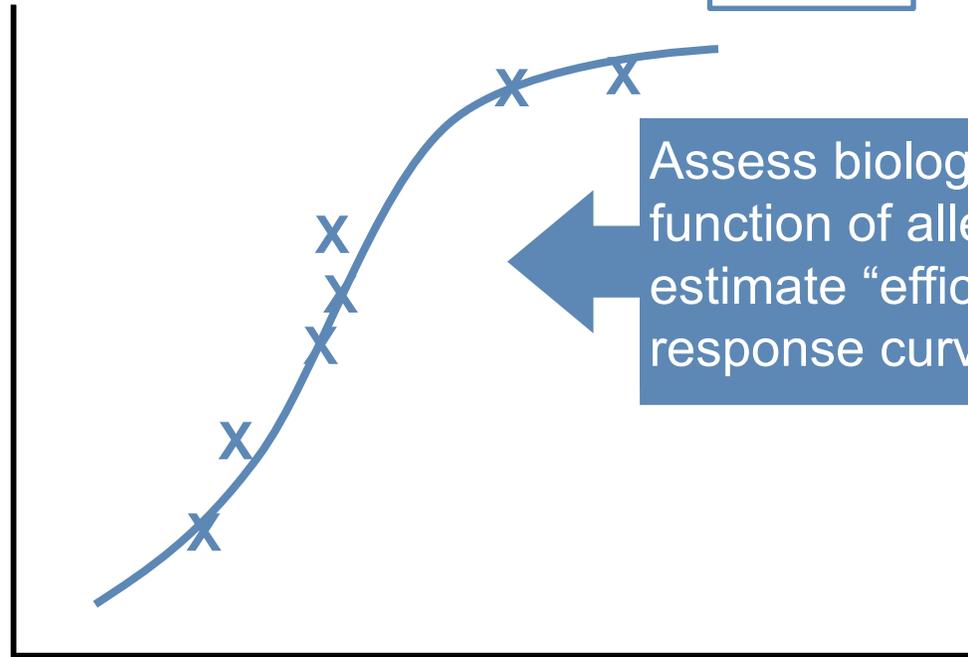
GOF

LOF

Gene function

Efficacy

Assess biological function of alleles to estimate “efficacy” response curve



“Biobanks”

Pick a human phenotype for drug efficacy



Human Phenotype

High

Low

GOF

LOF

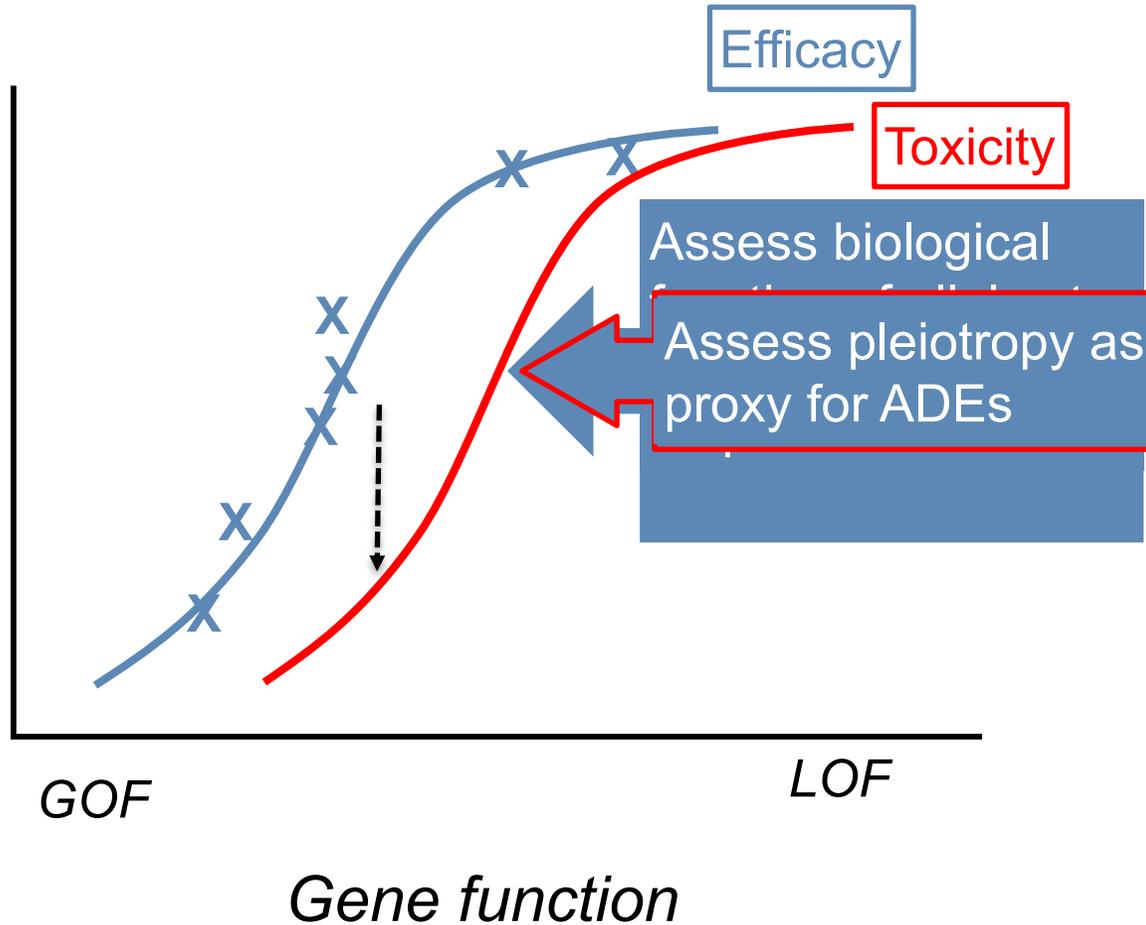
Gene function

Efficacy

Toxicity

Assess biological

Assess pleiotropy as proxy for ADEs



New target for drug screen!

Pick a human phenotype for drug efficacy



Human Phenotype

High

Low

GOF

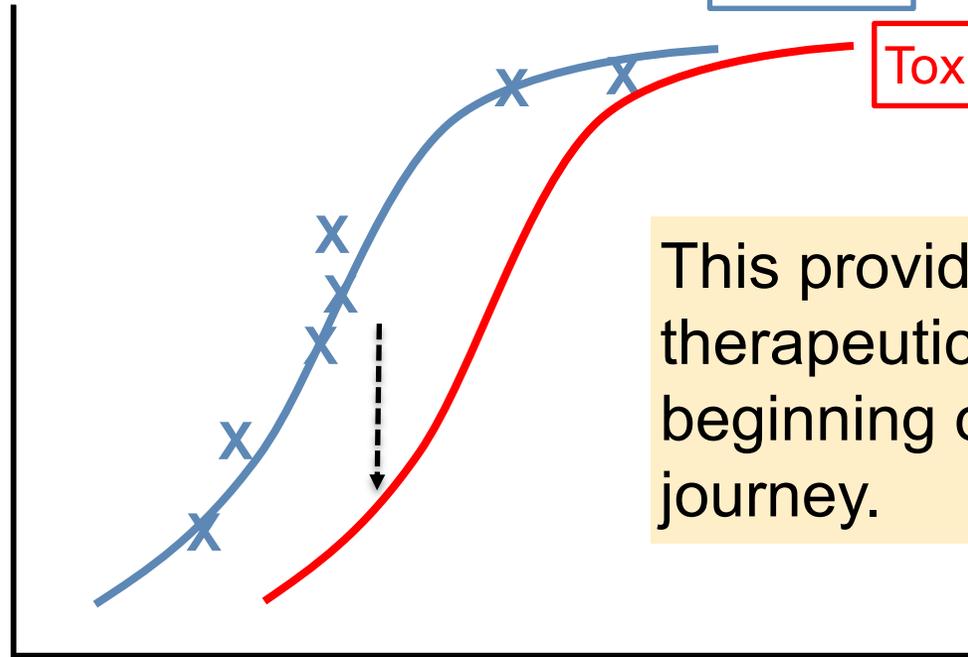
LOF

Gene function

Efficacy

Toxicity

This provides evidence for the therapeutic window at the beginning of the drug discovery journey.



Not common or rare...

Not coding or regulatory...

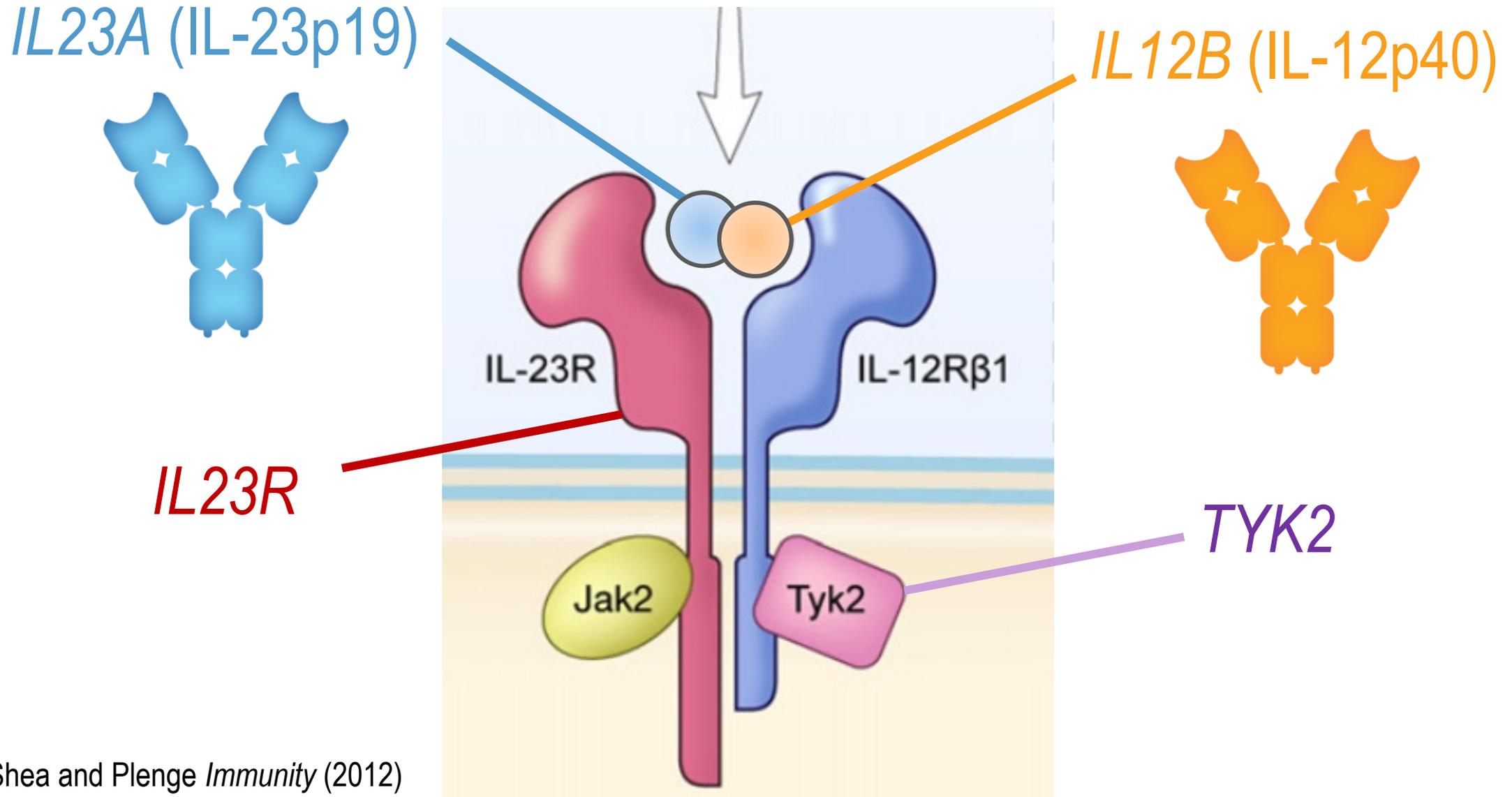
...range of alleles that perturb target
function to estimate impact in
humans

An example in
immunology

Example of allelic series model: *TYK2*

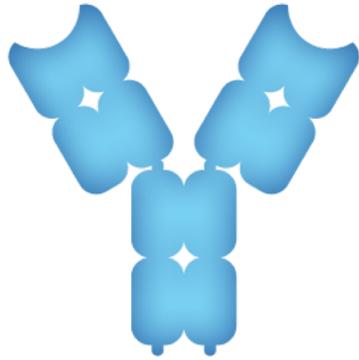
- *TYK2* is an intracellular signaling molecule (next slide)
- Rare, complete human knockout is associated with immunodeficiency and risk of infection
- Common protein coding alleles reduce *TYK2* function and protect from risk of autoimmune disease (e.g., psoriasis, RA, SLE, IBD)
- Same common alleles do not increase risk of infection

IL23 signaling and psoriasis

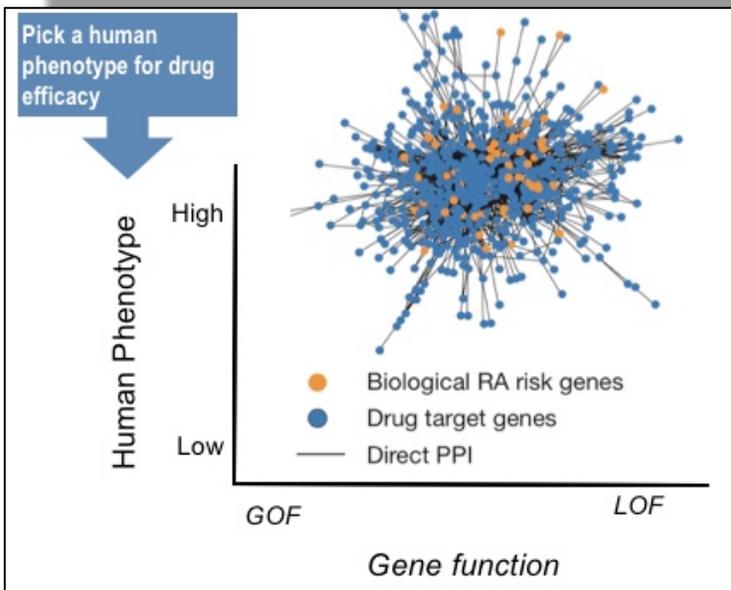
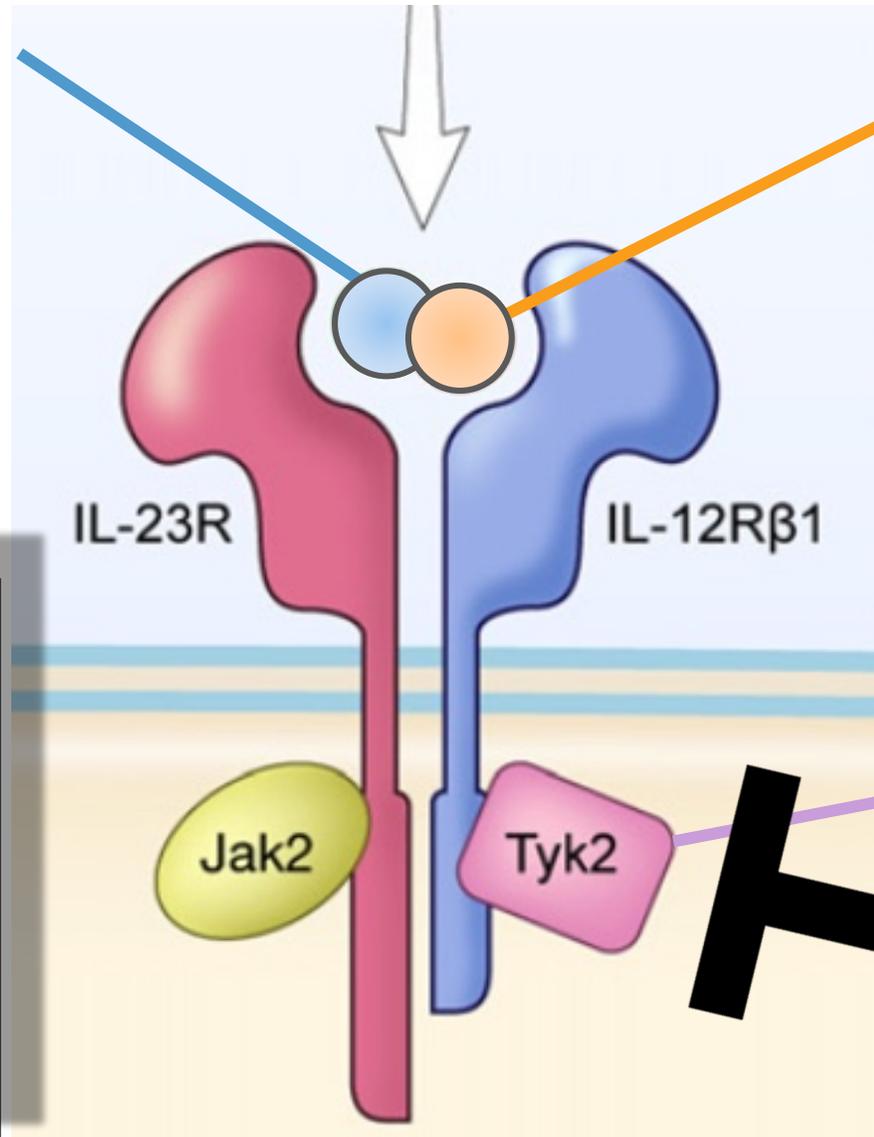
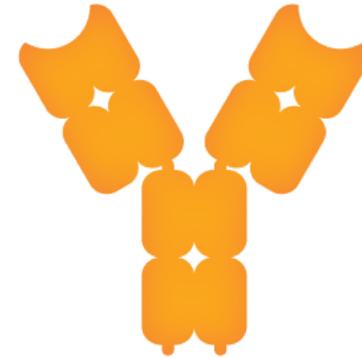


IL23 signaling and psoriasis

IL23A (IL-23p19)



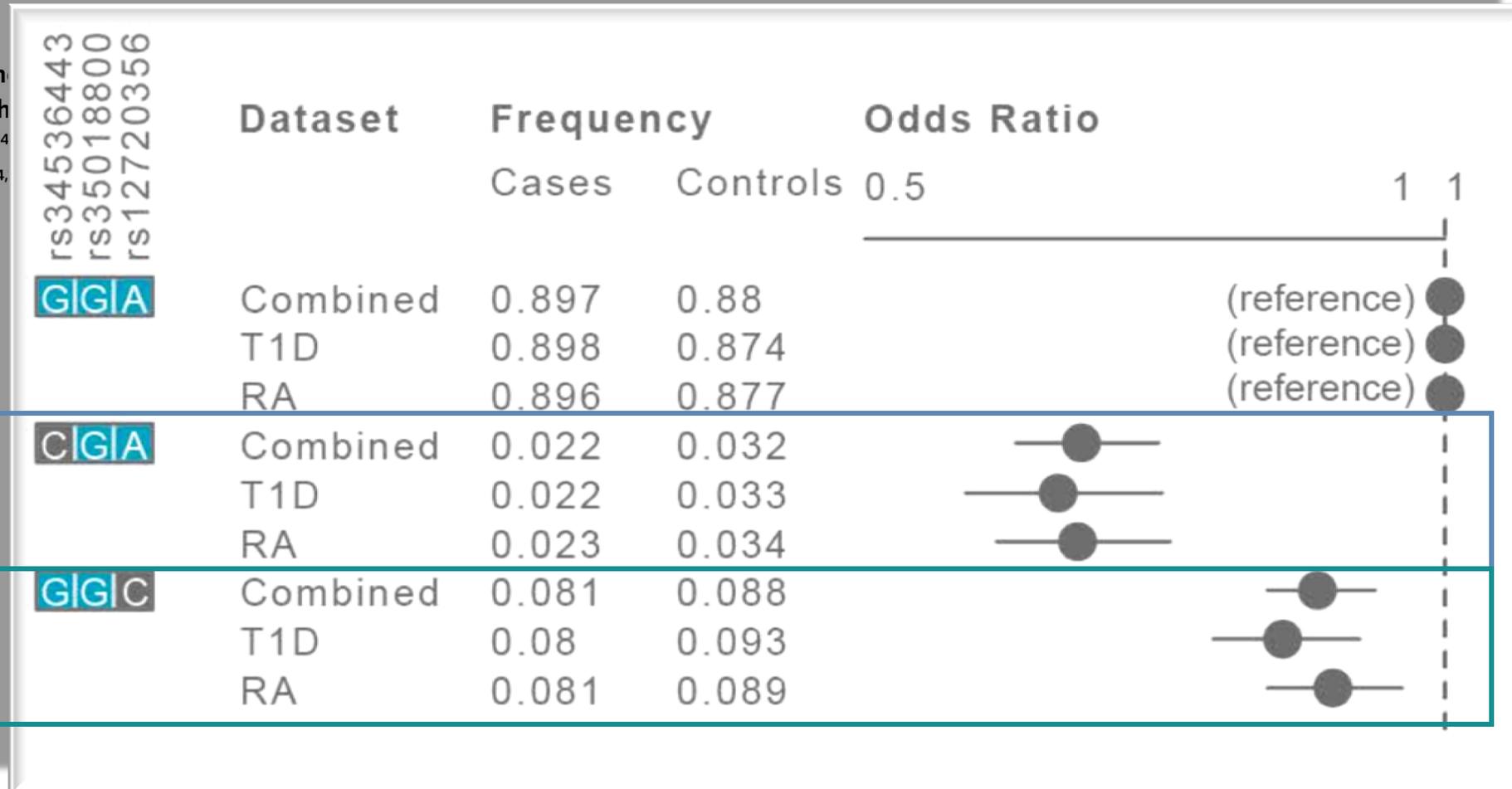
IL12B (IL-12p40)



TYK2 gene

Fine-mapping and functional studies highlight potential causal variants for rheumatoid arthritis and type 1 diabetes

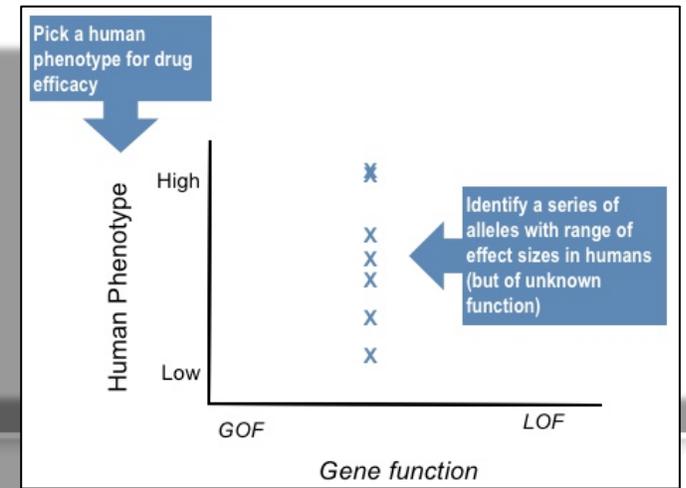
Harm-Jan Westra^{1,2,3,4,5,20}, Marta Martínez-Bon Yang Luo^{1,2,3,4}, Nikola Teslovich^{1,2,3,4}, Jane Worth Lars Klareskog¹³, Solbritt Rantapaa-Dahlqvist¹⁴ John A. Todd¹⁷, Steve Eyre^{9,10}, Peter A. Nigrovic⁴, Soumya Raychaudhuri^{1,2,3,4,9,19*}



(low freq: A928V)

Fine-mapping and functional studies highlight potential causal variants for rheumatoid arthritis and type 1 diabetes

Harm-Jan Westra^{1,2,3,4,5,20}, Marta Martínez-Bon Yang Luo^{1,2,3,4}, Nikola Teslovich^{1,2,3,4}, Jane Worth Lars Klareskog¹³, Solbritt Rantapaa-Dahlqvist¹⁴ John A. Todd¹⁷, Steve Eyre^{9,10}, Peter A. Nigrovic⁴, Soumya Raychaudhuri^{1,2,3,4,9,19*}



rs34536443
rs35018800
rs12720356

G|G|A

C|G|A

G|G|C

Dataset

Frequency

Odds Ratio

Cases

Controls

0.5

1 1

Combined

0.897

0.88

(reference)

T1D

0.898

0.874

(reference)

RA

0.896

0.877

(reference)

Combined

0.022

0.032



T1D

0.022

0.033



RA

0.023

0.034



Combined

0.081

0.088



T1D

0.08

0.093



RA

0.081

0.089



P1104A

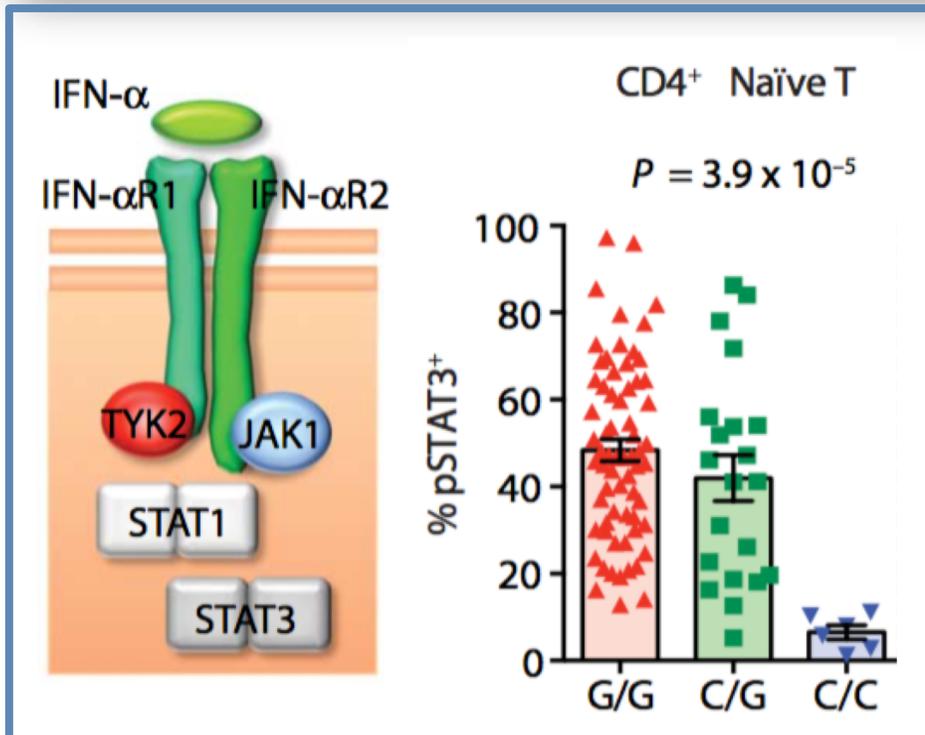
I684S

(low freq: A928V)

AUTOIMMUNITY

Resolving *TYK2* locus genotype-to-phenotype differences in autoimmunity

Calliope A. Dendrou,¹ Adrian Cortes,^{1,2} Lydia Shipman,¹ Hayley G. Evans,¹ Kathrine E. Attfield,³ Luke Jostins,² Thomas Barber,¹ Gurman Kaur,³ Subita Balaram Kuttikkatte,³ Oliver A. Leach,¹ Christiane Desel,¹ Soren L. Faergeman,^{1,4} Jane Cheeseman,⁵ Matt J. Neville,^{5,6} Stephen Sawcer,⁷ Alastair Compston,⁷ Adam R. Johnson,⁸ Christine Everett,⁸ John I. Bell,⁹ Fredrik Karpe,^{5,6} Mark Ultsch,⁸ Charles Eigenbrot,⁸ Gil McVean,² Lars Fugger^{1,3,4*}

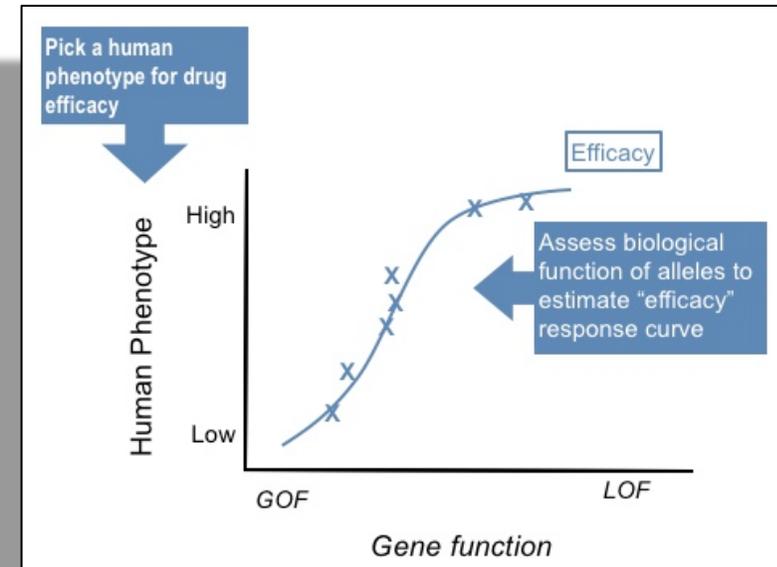
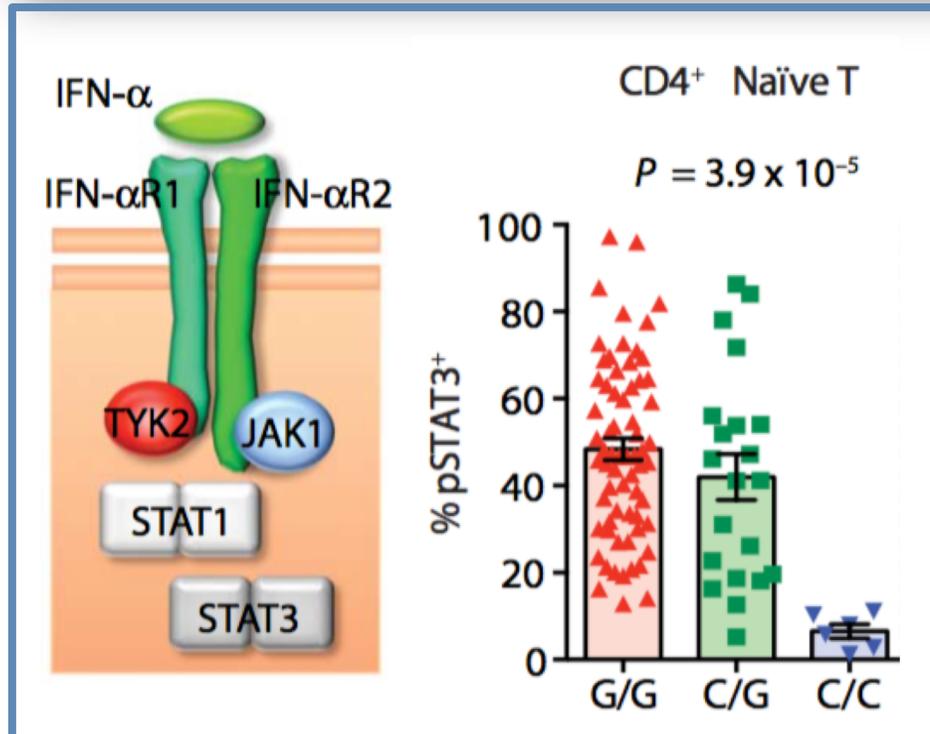


P1104A allele that protects from autoimmunity is associated with ~80% loss-of-function (LoF) in C/C homozygous state

AUTOIMMUNITY

Resolving *TYK2* locus genotype-to-phenotype differences in autoimmunity

Calliope A. Dendrou,¹ Adrian Cortes,^{1,2} Lydia Shipman,¹ Hayley G. Evans,¹ Kathrine E. Attfield,³ Luke Jostins,² Thomas Barber,¹ Gurman Kaur,³ Subita Balaram Kuttikkatte,³ Oliver A. Leach,¹ Christiane Desel,¹ Soren L. Faergeman,^{1,4} Jane Cheeseman,⁵ Matt J. Neville,^{5,6} Stephen Sawcer,⁷ Alastair Compston,⁷ Adam R. Johnson,⁸ Christine Everett,⁸ John I. Bell,⁹ Fredrik Karpe,^{5,6} Mark Ultsch,⁸ Charles Eigenbrot,⁸ Gil McVean,² Lars Fugger^{1,3,4*}



Same LoF allele has no obvious increased risk of infection

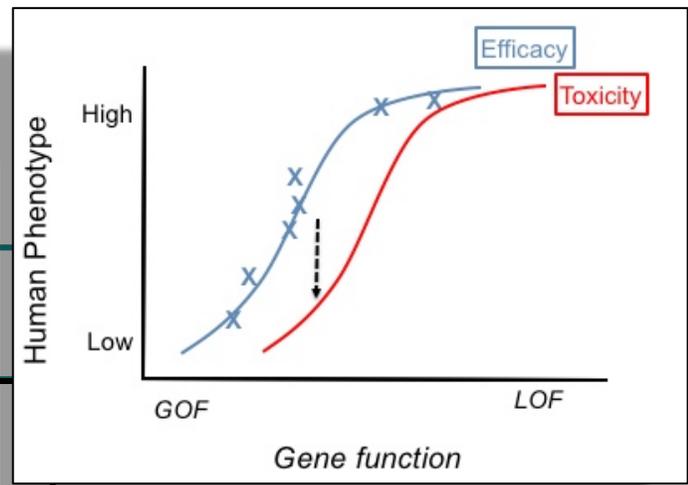
		Rs34536443 genotype			Total	
		G/G	G/C	C/C		
Infections	normal	In U.K. Biobank	105,794 (90.63%)	10,689 (9.16%)	249 (0.21%)	116,732 (100%)
		Mycobacterial	20 (86.96%)	3 (13.04%)	0 (0.00%)	23
		Specific bacterial (For example, <i>S. aureus</i>)	54 (90.00%)	5 (8.33%)	1 (1.67%)	60
		Specific viral (e.g. HSV, VZV, viral encephalitis)	93 (96.88%)	3 (3.12%)	0 (0.00%)	96
		Mucocutaneous candidiasis	46 (88.46%)	6 (11.54%)	0 (0.00%)	52
	Total	213 (92.21%)	17 (7.36%)	1 (0.43%)	231	

~80% LoF is *not* associated with increased infection

Dendrou, et al. (2016)
Science Translational Medicine

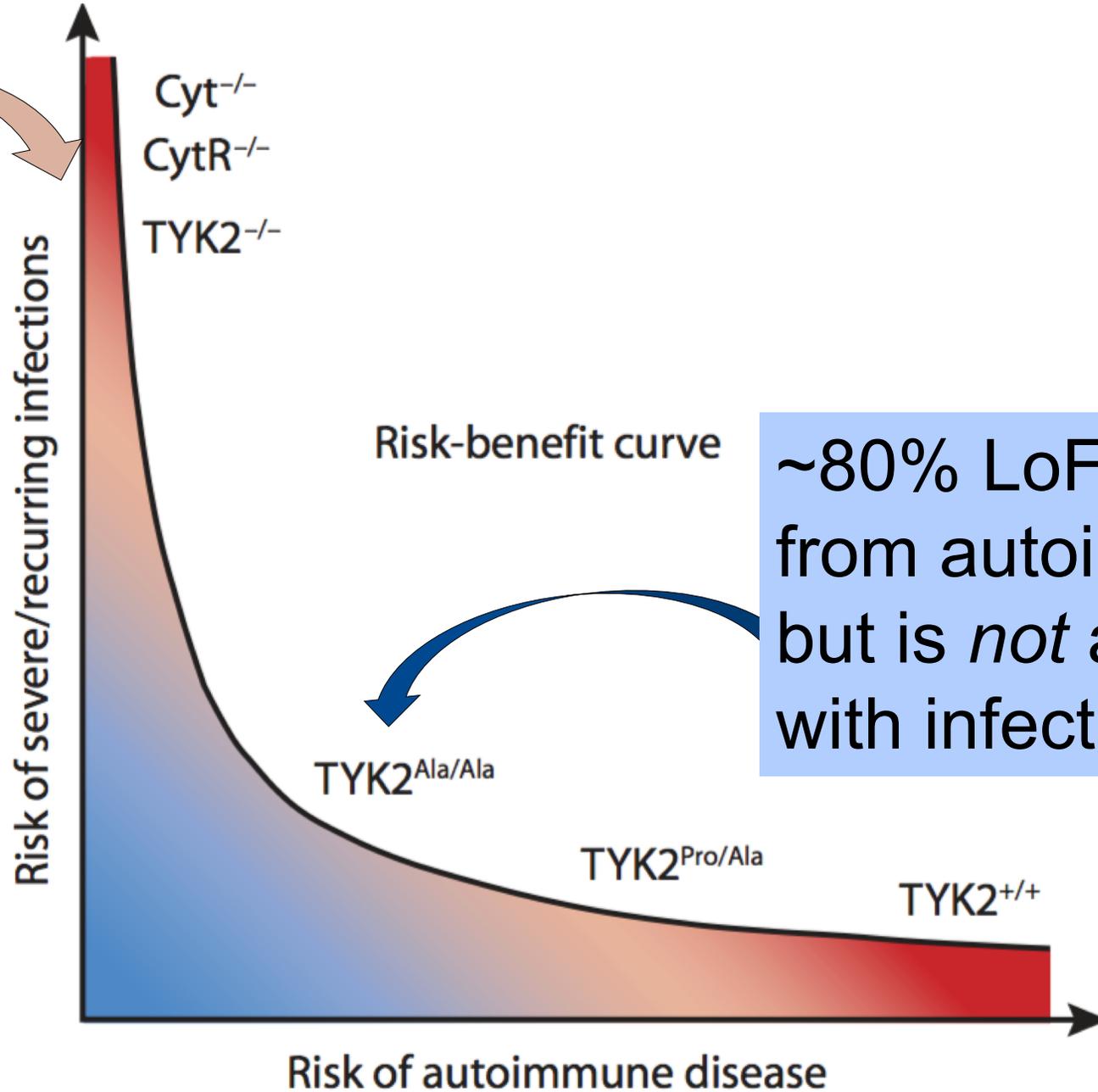
Same LoF allele has no obvious increased risk of infection

		Rs34536443 genotype			Total	
		G/G	G/C	C/C		
Infections	normal	In U.K. Biobank	105,794 (90.63%)	10,689 (9.16%)	249 (0.21%)	116,732 (100%)
		Mycobacterial	20 (86.96%)	3 (13.04%)	0 (0.00%)	23
		Specific bacterial (For example, <i>S. aureus</i>)	54 (90.00%)	5 (8.33%)	1 (1.67%)	60
		Specific viral (e.g. HSV, VZV, viral encephalitis)	93 (96.88%)	3 (3.12%)	0 (0.00%)	96
		Mucocutaneous candidiasis	46 (88.46%)	6 (11.54%)	0 (0.00%)	52
	Total	213 (92.21%)	17 (7.36%)	1 (0.43%)	231	

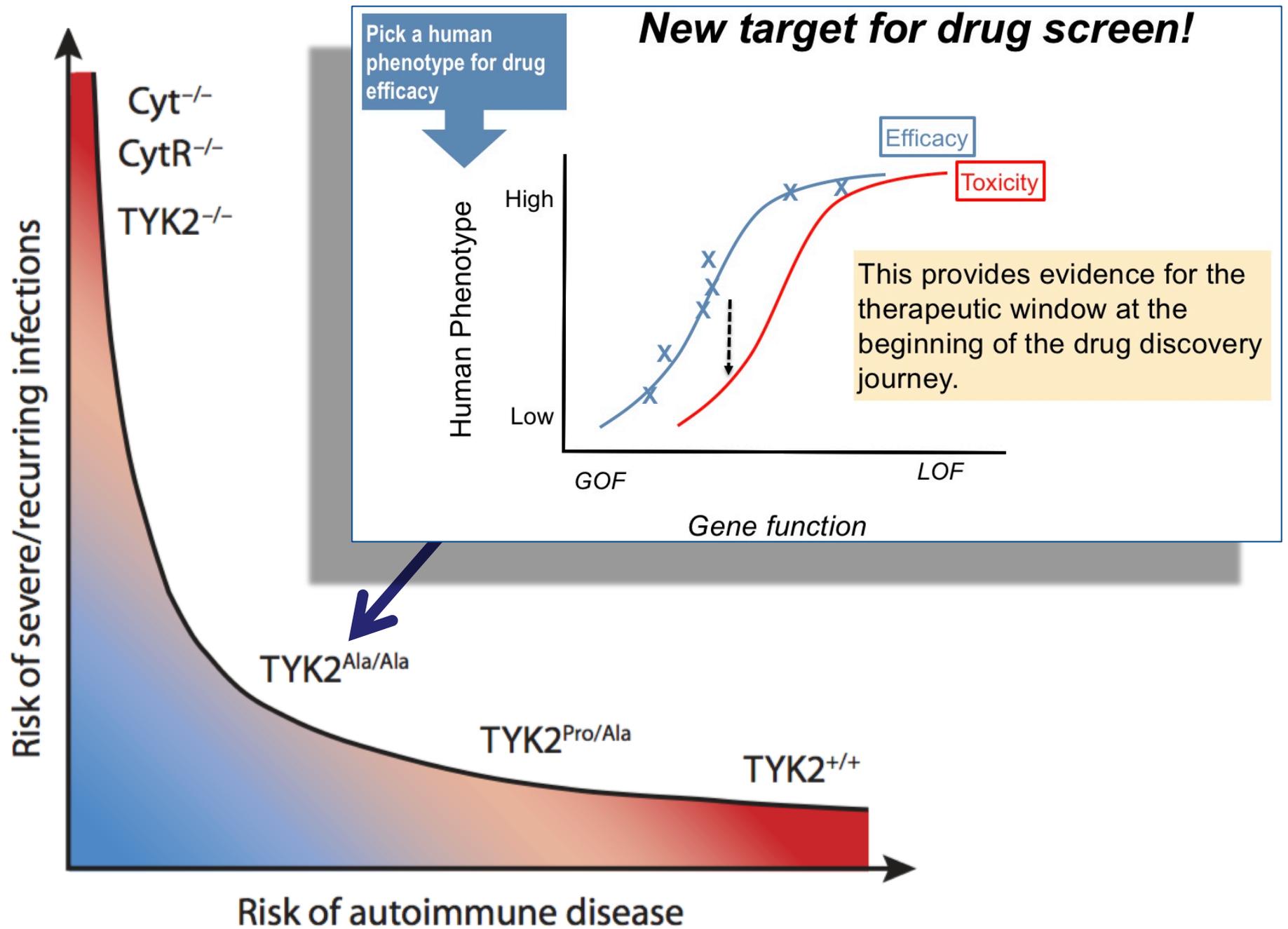


Dendrou, et al. (2016)
Science Translational Medicine

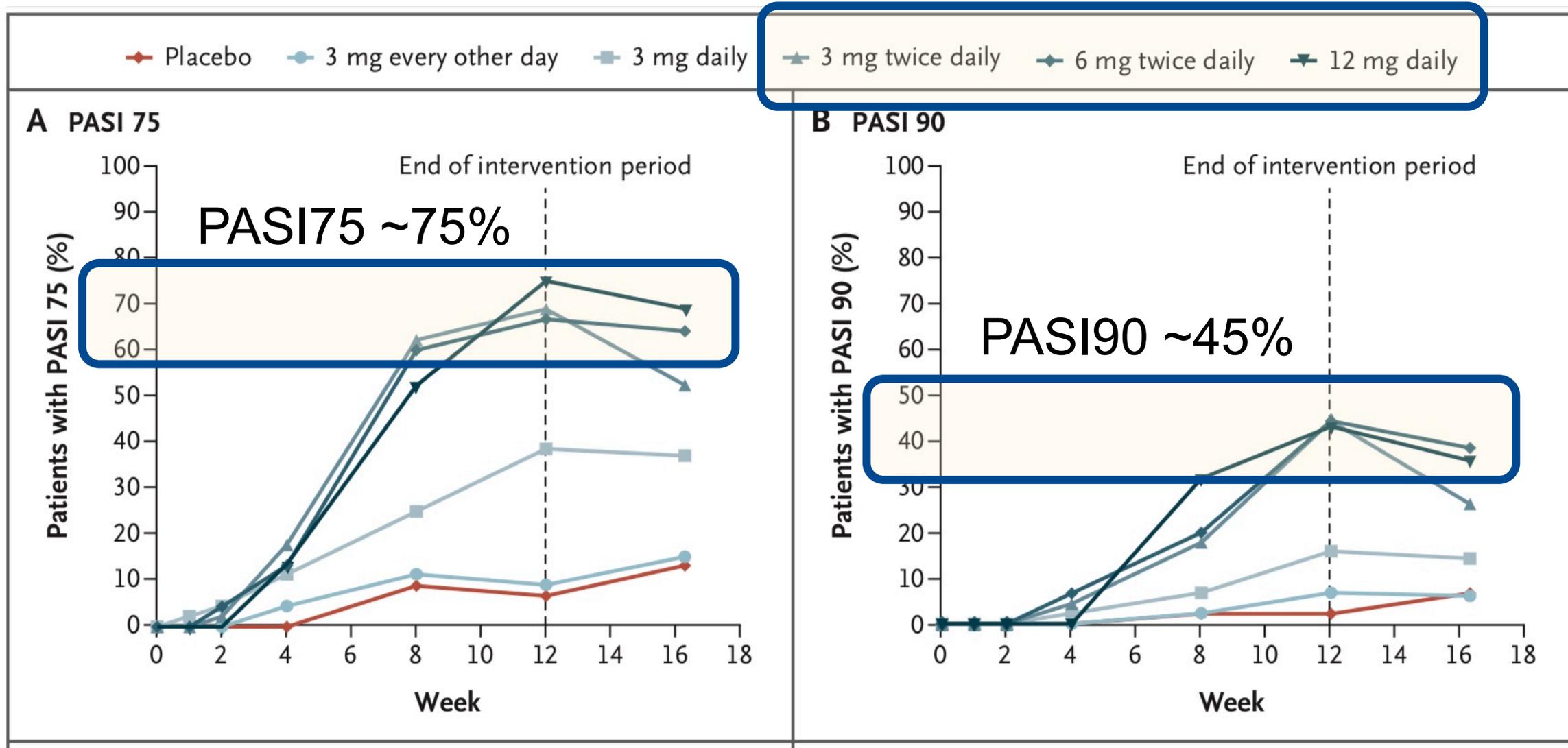
Complete
TYK2
knockout
increases risk
of infection



~80% LoF protects
from autoimmunity
but is *not* associated
with infection



50-80% TYK2 inhibition safe and effective in Phase 2 (psoriasis)

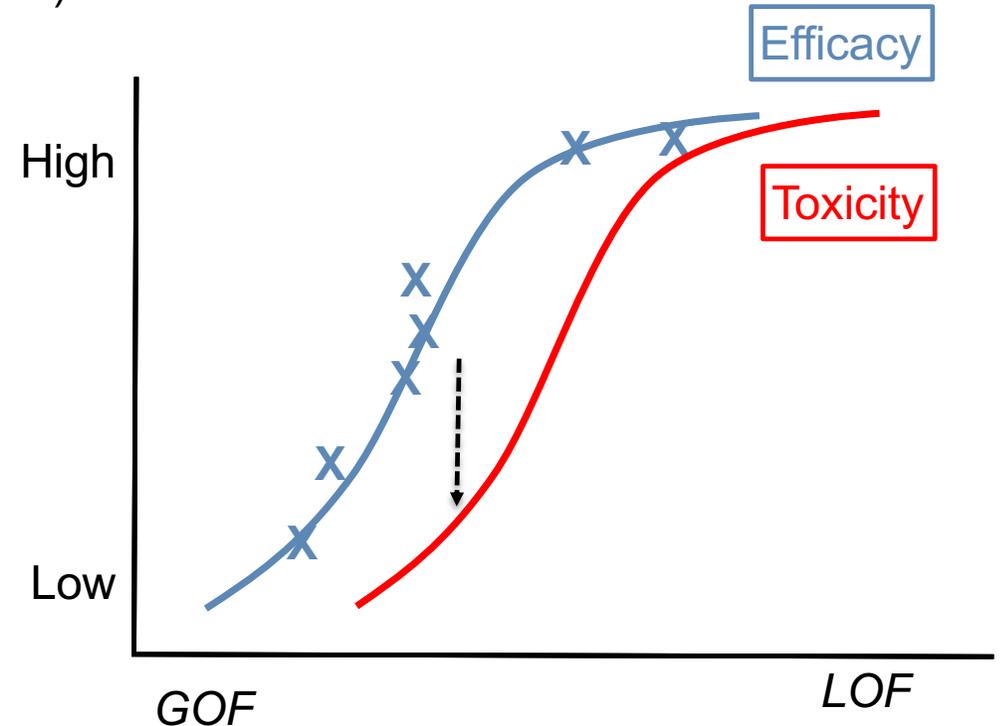


Gaps remain

(towards a “*federated ecosystem of interoperable data custodians*”)

Roadmap to build “*genetic dose-response*” portal

- Genetic architecture of human disease
 - fine-mapping of CVAS signals and co-localization across traits
 - continued sequencing of rare, Mendelian diseases (e.g., PID)
 - human knockout project (e.g., dbLoF)
 - exome sequencing in case-control cohorts (e.g., RVAS)
- Functional interrogation (“V2F”)
 - high-throughput assessment of mutations
 - scRNA-seq in disease tissues at population scale
 - Mendelian randomization on QTLs
- Pleiotropy (“Biobanks”)
 - integrated population-based biobanks
 - quantitative traits as biomarkers
- Data analysis
 - statistical methods to model dose-response
 - data integration and visualization engine
- Major limitations: *reductionist, linear and need for multiple variants*
 - phenotypic screens based on PRS / cell states / AI, other “leapfrog” technologies



Incentive: genetics portal would automatically run these analyses for investigators

Questions?



@rplenge