

Clinical phenotype prediction from highly-polymorphic structurally-variant genotypes

Tim Farrell
Course Project, BE562
December 11, 2015
tmf@bu.edu

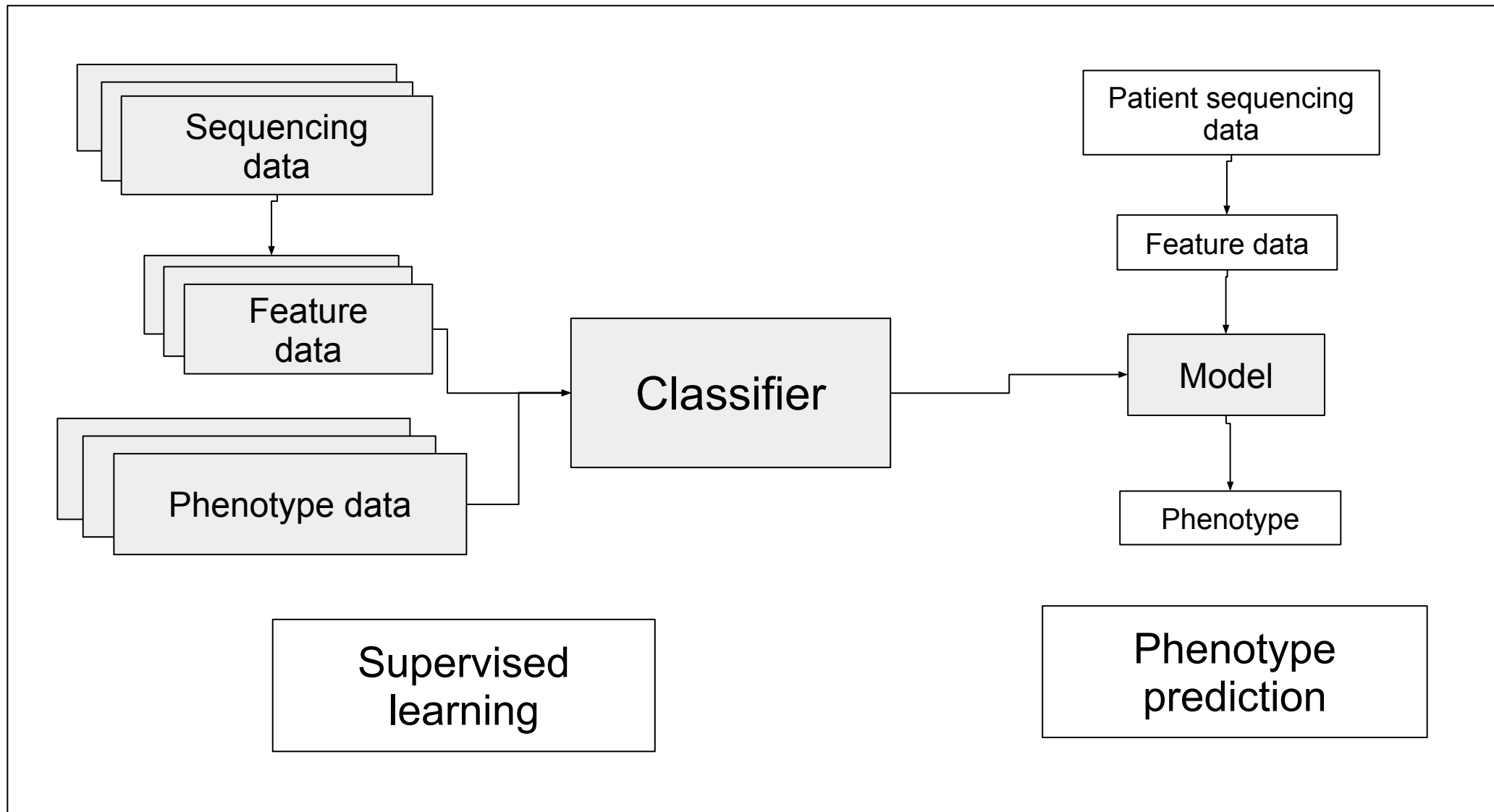
Motivation

- Increased use of technology in clinic gives Data
 - EHRs + genomics
 - Systems biology/ physiology data (more to come)
- Trend accelerating:
 - Precision Medicine Initiative in 2015
 - *Nature* Big Data in Biomedicine feature in Nov 2015
 - IBM Watson, Google Life Sciences (now Verily), etc.

Human genomic variation and clinical sequencing

- 80 million variants identified in human genome (Jun 2015)
 - SNPs
 - structural (>50bp; CNV, translocations, etc.)
- High discordance b/t sequencing tech and variant callers (VCs)
- Recent study on VC standardization reported 23% of human genome is “difficult” (i.e. not enough consensus among tools to make reasonable prediction)
- Gives low confidence for “predictive” clinical sequencing

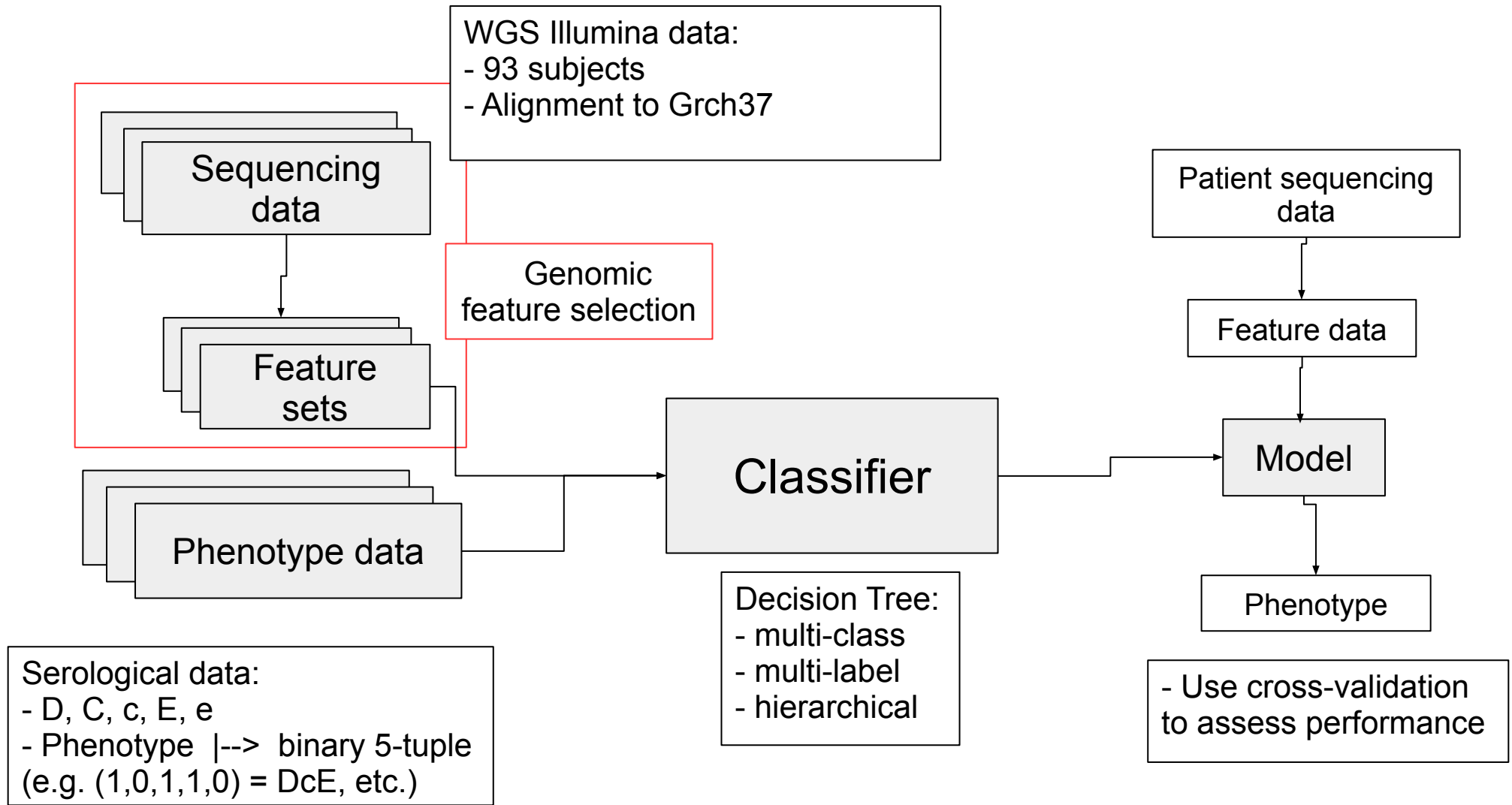
Building better predictive models for automated clinical phenotyping



Rh RBC antigen genes

- Rh RBC antigen genomic region exemplifies “difficult”
 - Encodes for highly immunogenic antigens on RBC membranes
- RhCE and RhD
 - Highly similar genes known to undergo complex rearrangements
- 50 known antigens
 - Most significant: D, C, c, E, e
 - Many-to-one relationship haplotypes-to-phenotype

Rh antigen prediction pipeline



Feature selection: crude

Build PFM for each sample for each gene's exon, then...

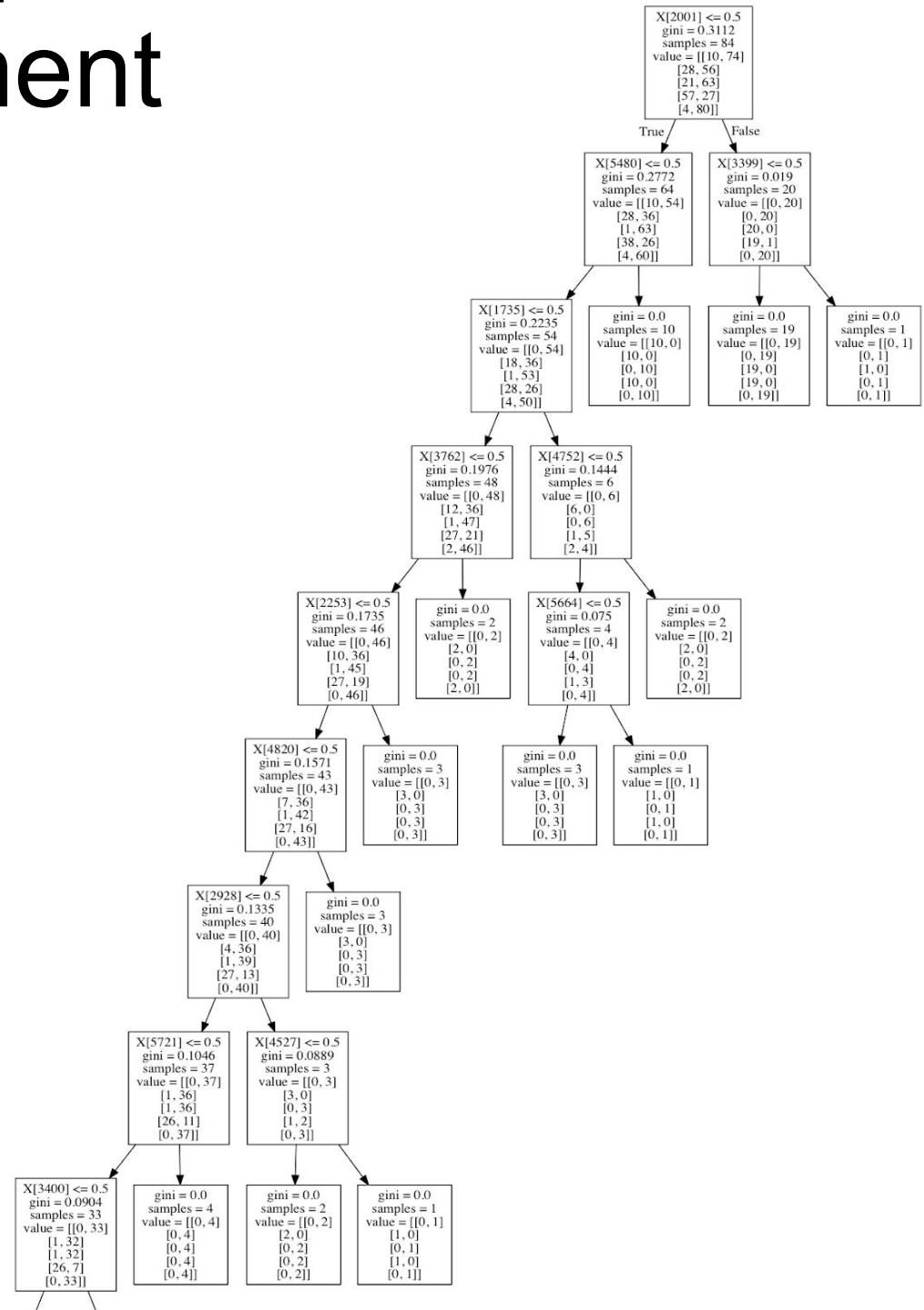
- Select
 - Whole exome
 - Variant positions associated with differential phenotypes:
 - dbRBC, ClinVar, dbSNP, dbVar, etc.
 - Call 'diff_genotype'
- Measure:
 - Categorical: call base with highest frequency
 - Position frequency/ max coverage
- Encode:
 - Encoding | Nonencoding
 - e.g. [(1, 4), (2, 3)] |--> [(1, 0, 0, 1), (0, 1, 1, 0)]

Feature typeset assessment

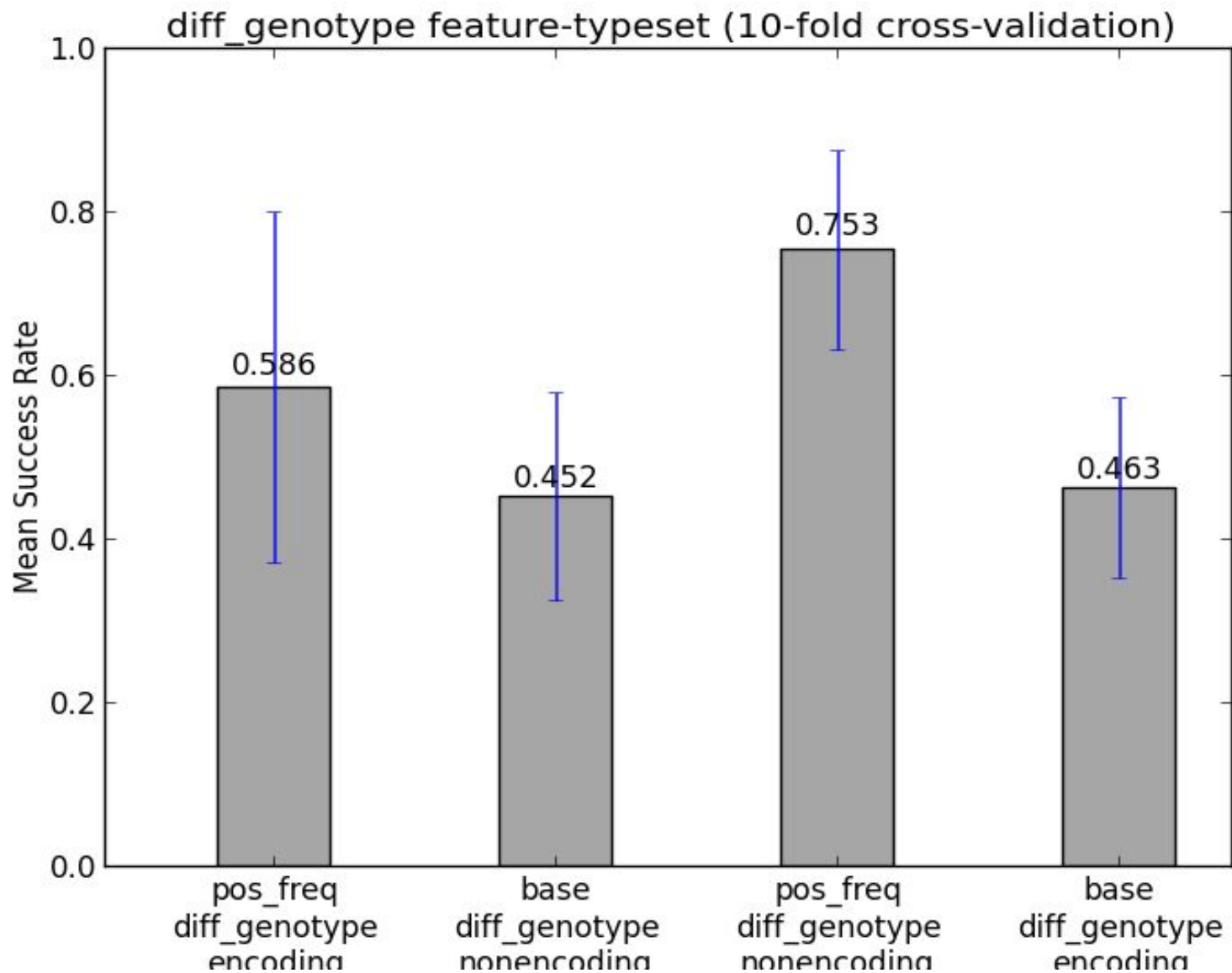
For each feature typeset:

(a) perform 10-fold cross-validation with DecisionTree classifier

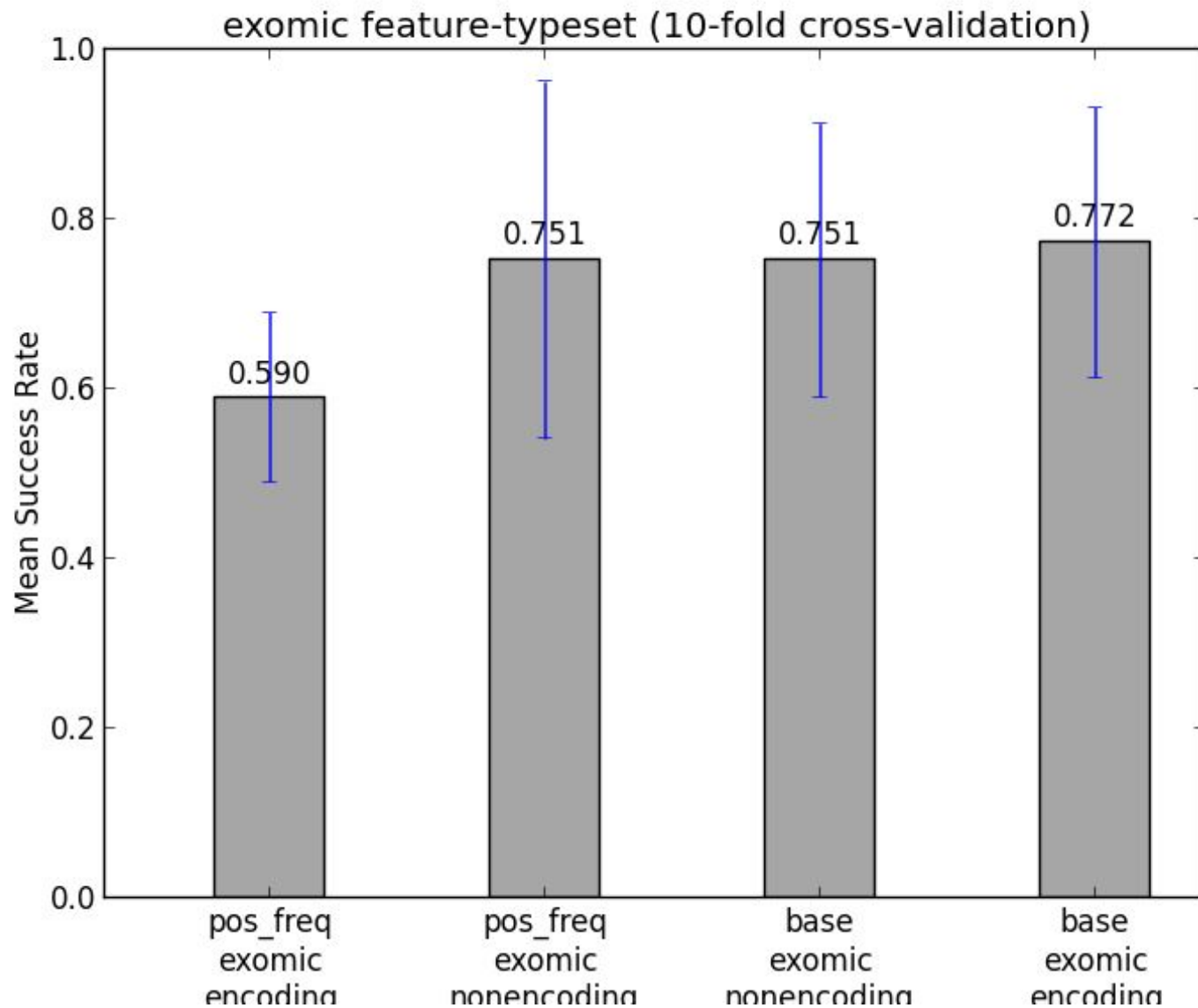
(b) measure success rate



diff_genotype feature sets



exomic feature sets



Feature selection: fully-featured

- Use well-established bioinformatics tools to better characterize and differentiate genomic architectures
 - MEME/ DREME:
 - call motifs within exons to eliminate commonalities across genotypes
 - look for motifs in introns that may add specificity
 - Weeder: count motifs
 - HaplotypeCaller: calls SNPs and SV
- Still working on fitting the metrics generated with these together

Future directions

- More data sources:
 - Long-read capable sequencing tech
 - Overlapping primer sets with barcodes

References/ Thanks

- [1] Jameson JL and Longo DL. 2015. Precision medicine – personalized, promising and problematic. *N Engl J Med*. 372(23): 2229-2234.
- [2] Baker M. 2012. Structural variation: the genome's hidden architecture. *Nat Methods*. 9(2): 133-139.
- [3] Silvestri GA, Vachani A, Whitney D, Elashoff M, Smith KP, Ferguson JS, Parsons E, Mitra N, Brody J, Lenburg ME, and Spira A. 2015. A bronchial genomic classifier for the diagnostic evaluation of lung cancer. *N Engl J Med* 373;3.
- [4] Qiu P, Cai X, Ding W, Zhang Q, Norris ED and Greene JR. 2009. HCV genotyping using statistical classification approach. *J of Biomed Sci*, 16:62. doi:10.1186/1423-0127-16-62.
- [5] Abel HJ , Duncavage EJ. 2014. Detection of structural DNA variation from next generation sequencing data: a review of informatic approaches. *Cancer Genetics* 206 (2014) 432e440.
- [6] Zook JM, Chapman B, Wang J, Mittelman D, Hofmann O, Hide W and Salit M. 2014. Integrating human sequence data sets provides a resource of benchmark SNP and indel genotype calls. *Nat Biotechnol* 30(2): 246- 251.
- [7] Seringhaus M and Gerstein M. 2008. Genomics confounds gene classification. *American Scientist*, 96(6) p.466-473.

Bill Lane, BWH Pathology

Peter Tonellato, DBMI HMS