



State of the art

Diagnosing Genetic Diseases

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Genetic testing strategies

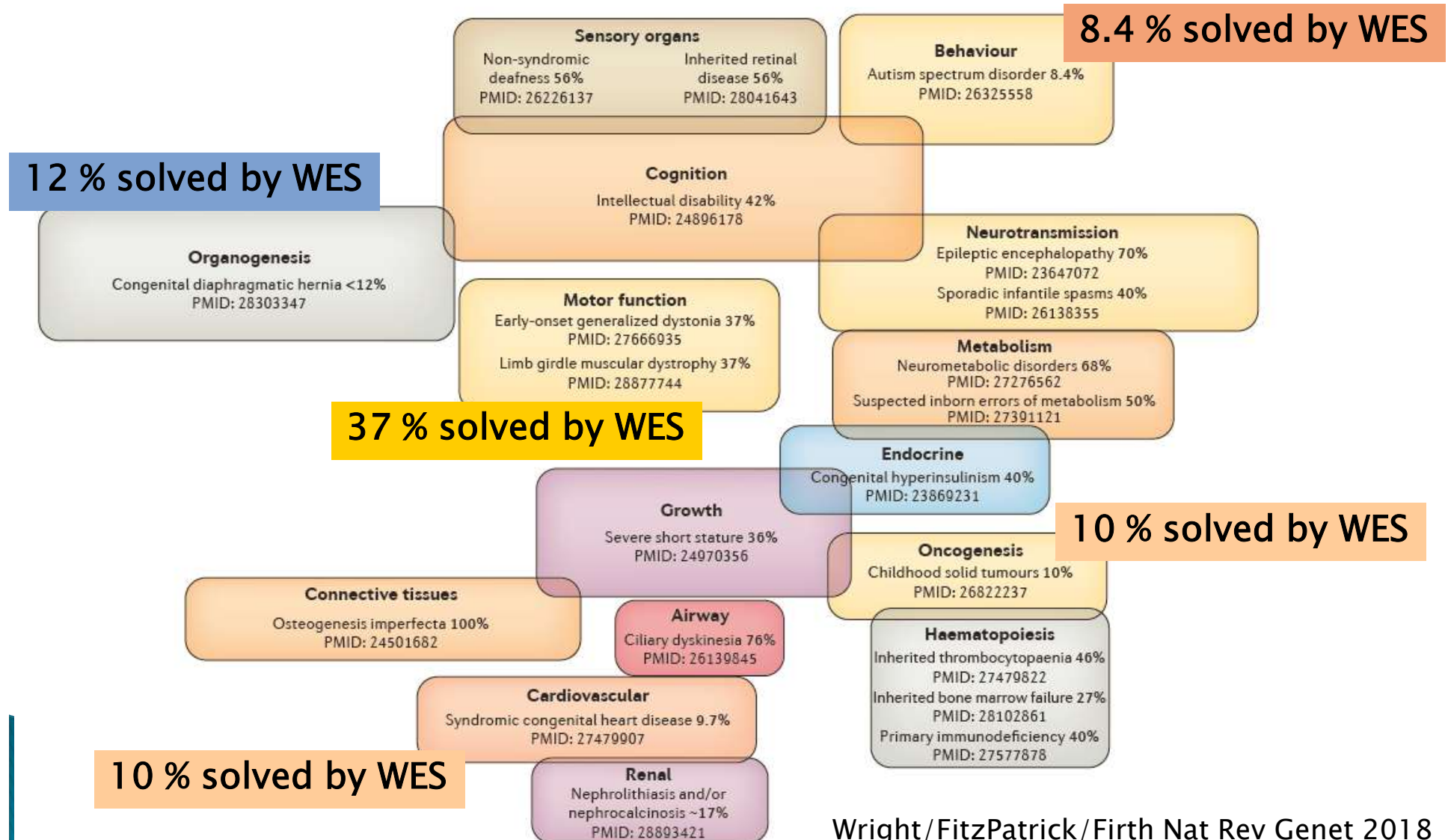
Main method in
genetic diagnostics

		50 years	10 years	2 years	„now“
		G-banded karyotype	Microarray	Whole-exome sequence	Whole-genome sequence
Appearance				<pre> CGGATGATTACCCGTT G.....GCTC TAGCTAGCTATA.... </pre>	<pre> CGGATGATTACCCGTT GATATAGCTCTCGCTC GCTCTAGCTAGCTATA GGCTATGGGTGGGGGC </pre>
Resolution		5–10 Mb	50–100 kb	1 bp	1 bp
Number of loci probed		~500	~0.05–2 million	~50 million	3 billion
Variants detected		Variants >5 Mb	Copy number variants	Coding regions	Majority of variants
Variants per person	0 or 1	0 or 1	10–100s	~20,000	4–5 million
Diagnostic yield	Low				High
Incidental findings	Low				High

Modified from Wright/FitzPatrick/Firth Nat Rev Genet 2018

**Why do we need to
implement Whole Genome
Analysis (WGS) in
diagnostics?**

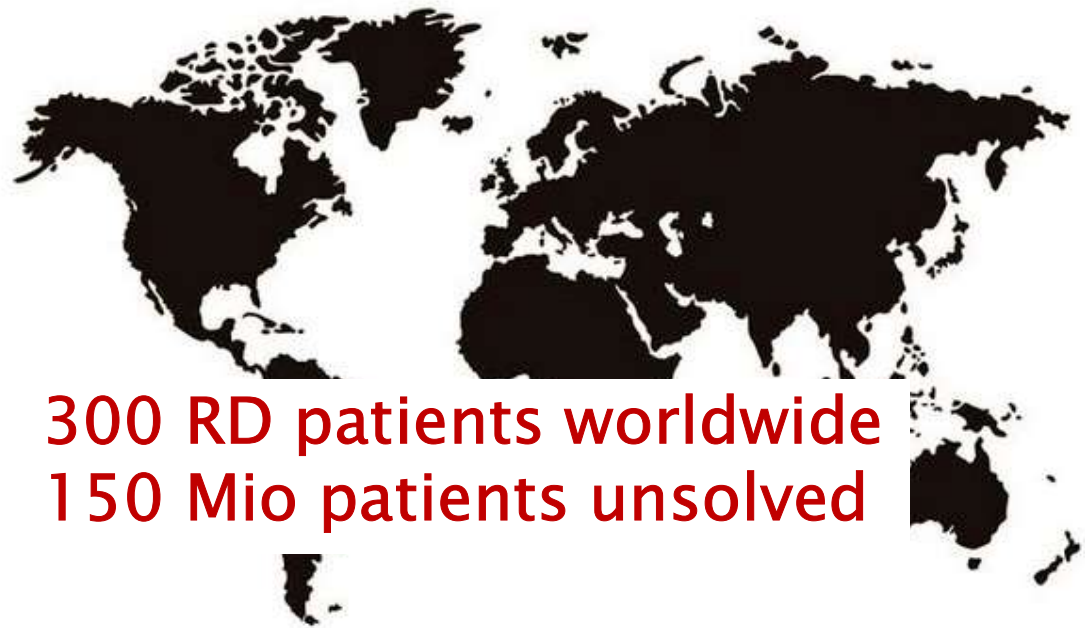
Diagnostic sensitivity of today's WES in pediatric diseases



Wright/FitzPatrick/Firth Nat Rev Genet 2018

UNSOLVED after WES:

50% of all patients with a rare disease will not have access to health care without having a clear diagnosis



300 RD patients worldwide
150 Mio patients unsolved



30 Mio patients in Europe
15 Mio unsolved

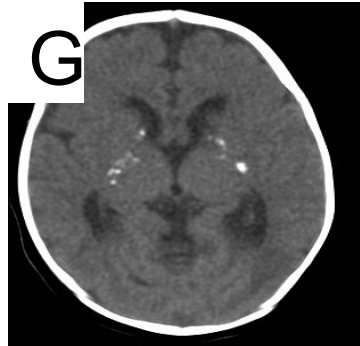
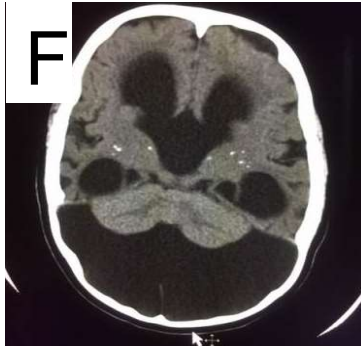
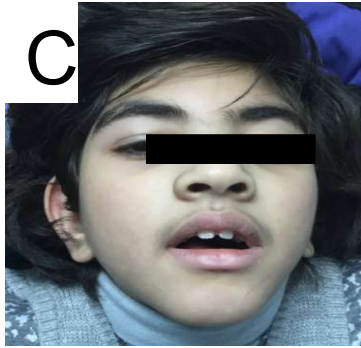
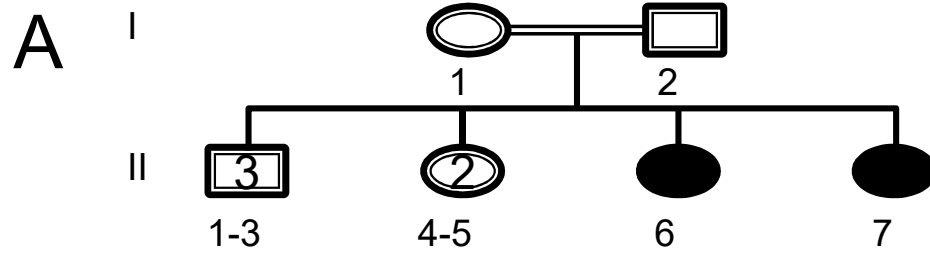


3–4Mio RD patients in Germany
1.5 Mio unsolved after WES

**How can we increase
diagnostic sensitivity?**

Defining new disease genes

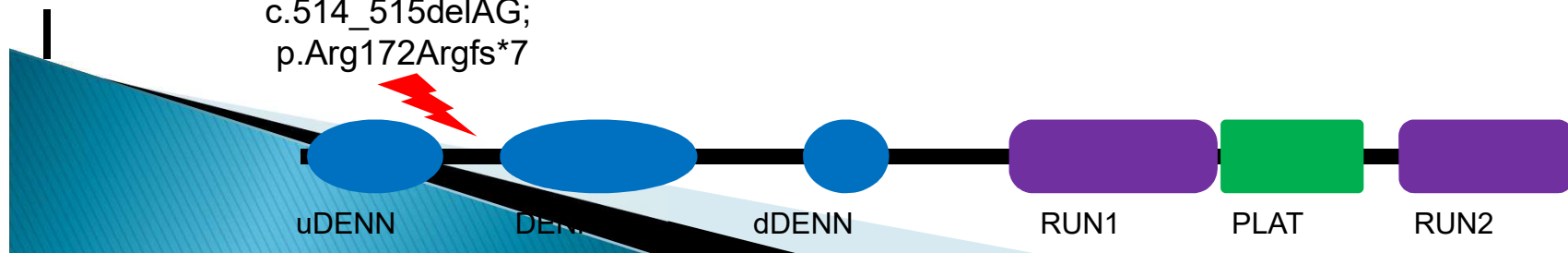
Defining new disease mechanisms

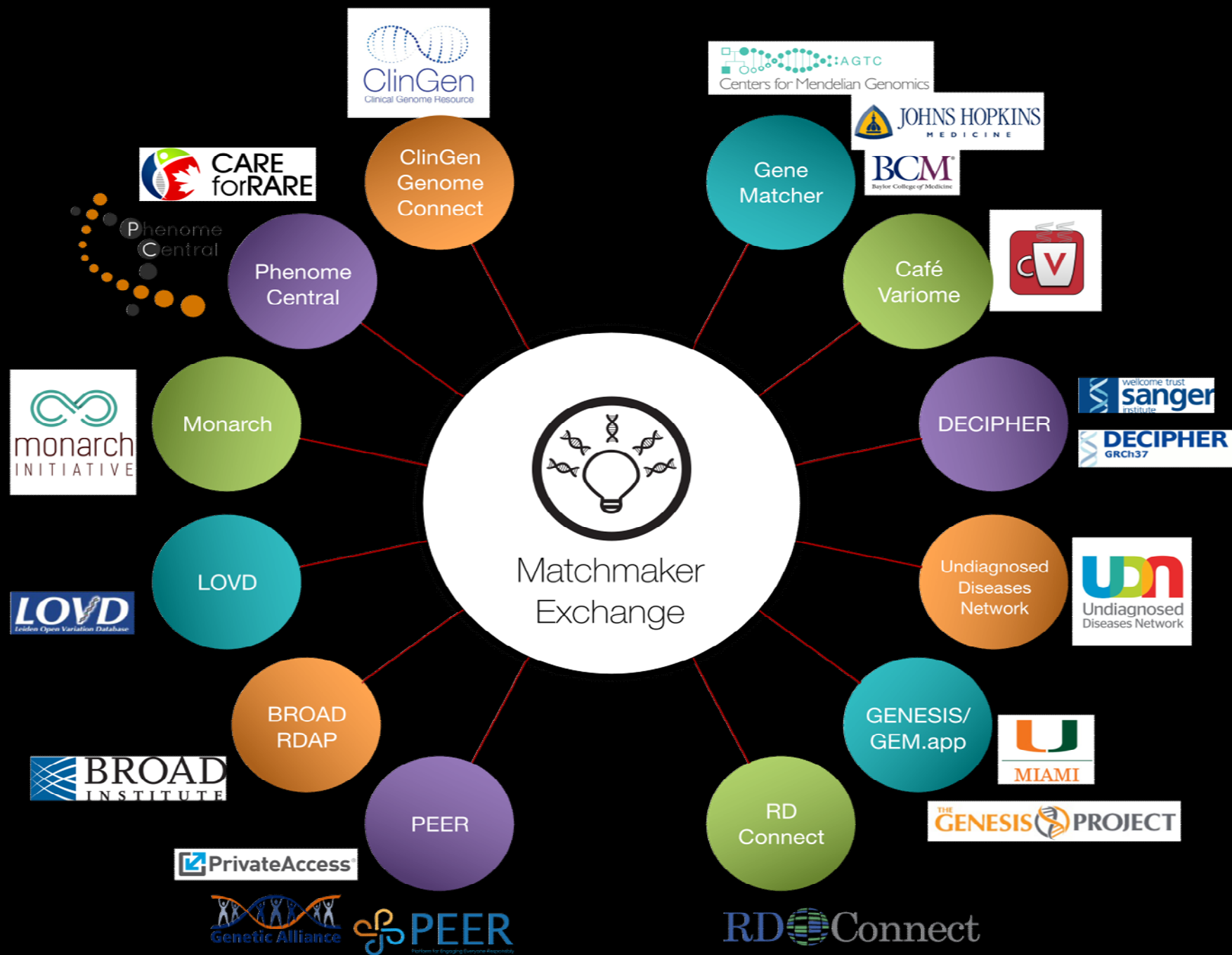


Family I: II-6

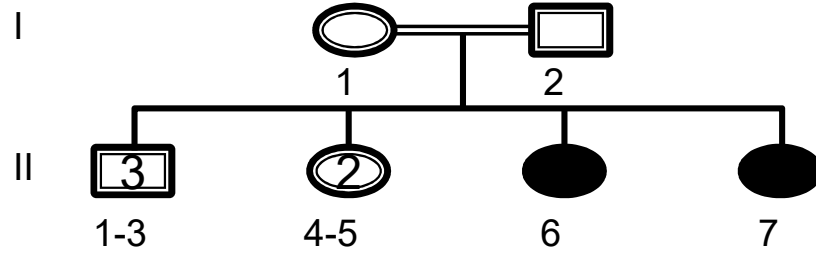
Family I: II-7

c.514_515delAG;
p.Arg172Argfs*7

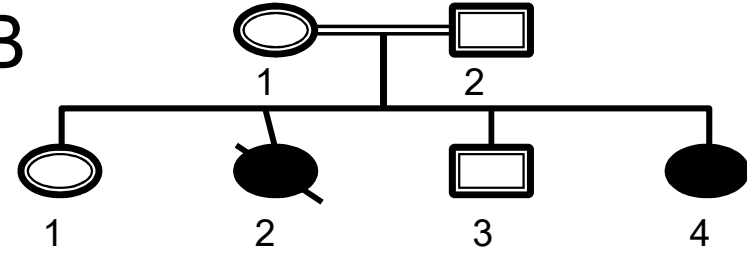




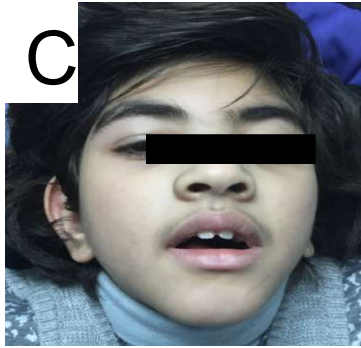
A



B



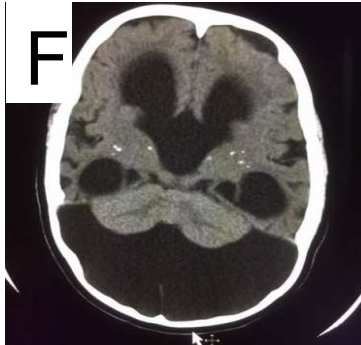
C



D

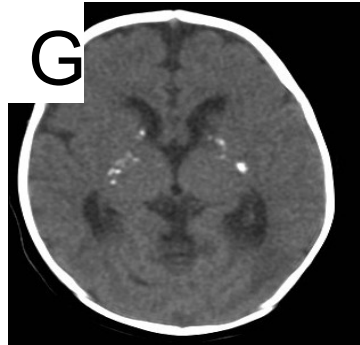


F



Family I: II-6

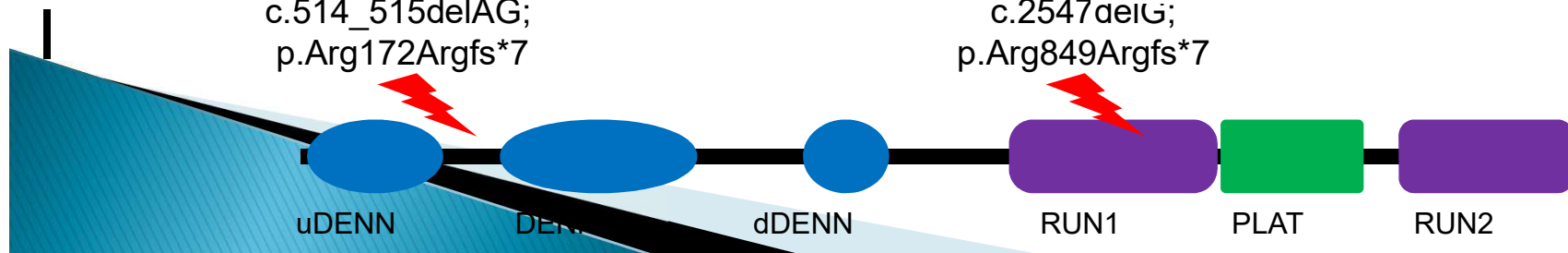
G



Family I: II-7

c.514_515delAG;
p.Arg172Argfs*7

c.2547delG;
p.Arg849Argfs*7





Hurdle of sensitivity in diagnostics

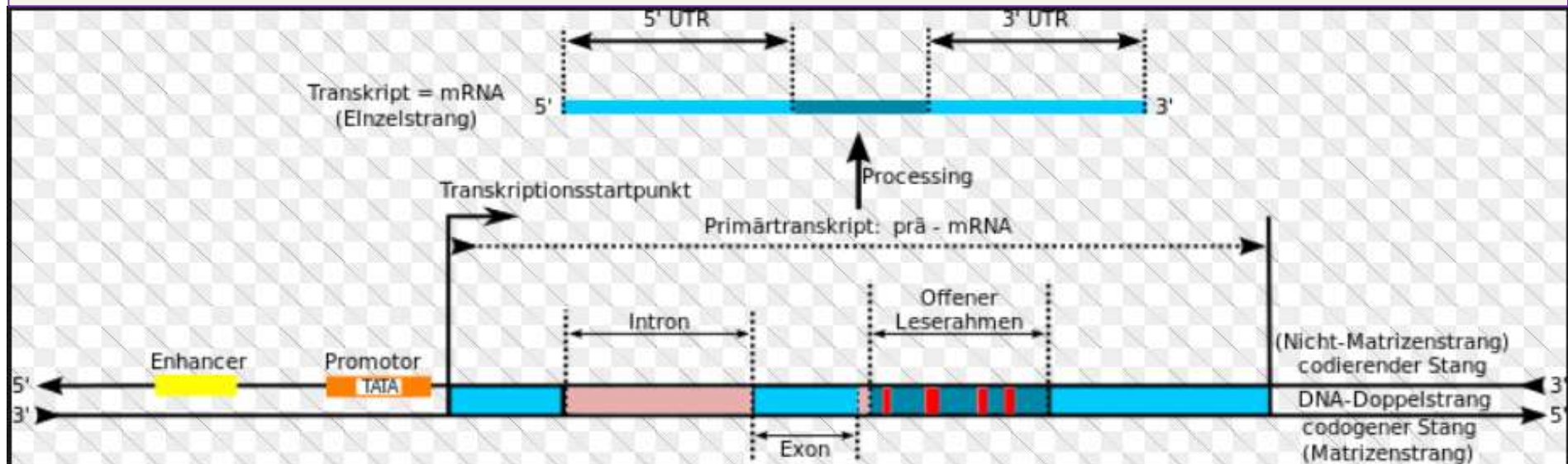
Neuromics: Statistics on WES/WGS

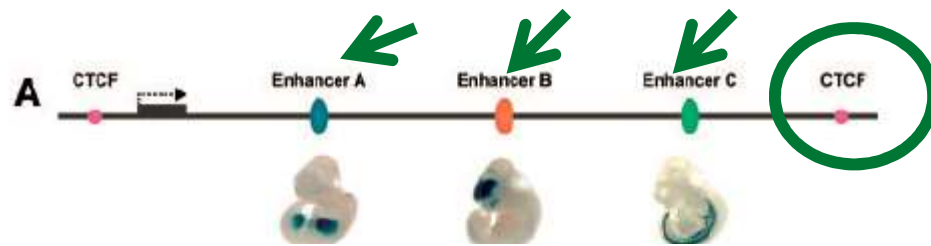
10

WES 5%

WGS

The exome is only 1-2% of our entire genome!

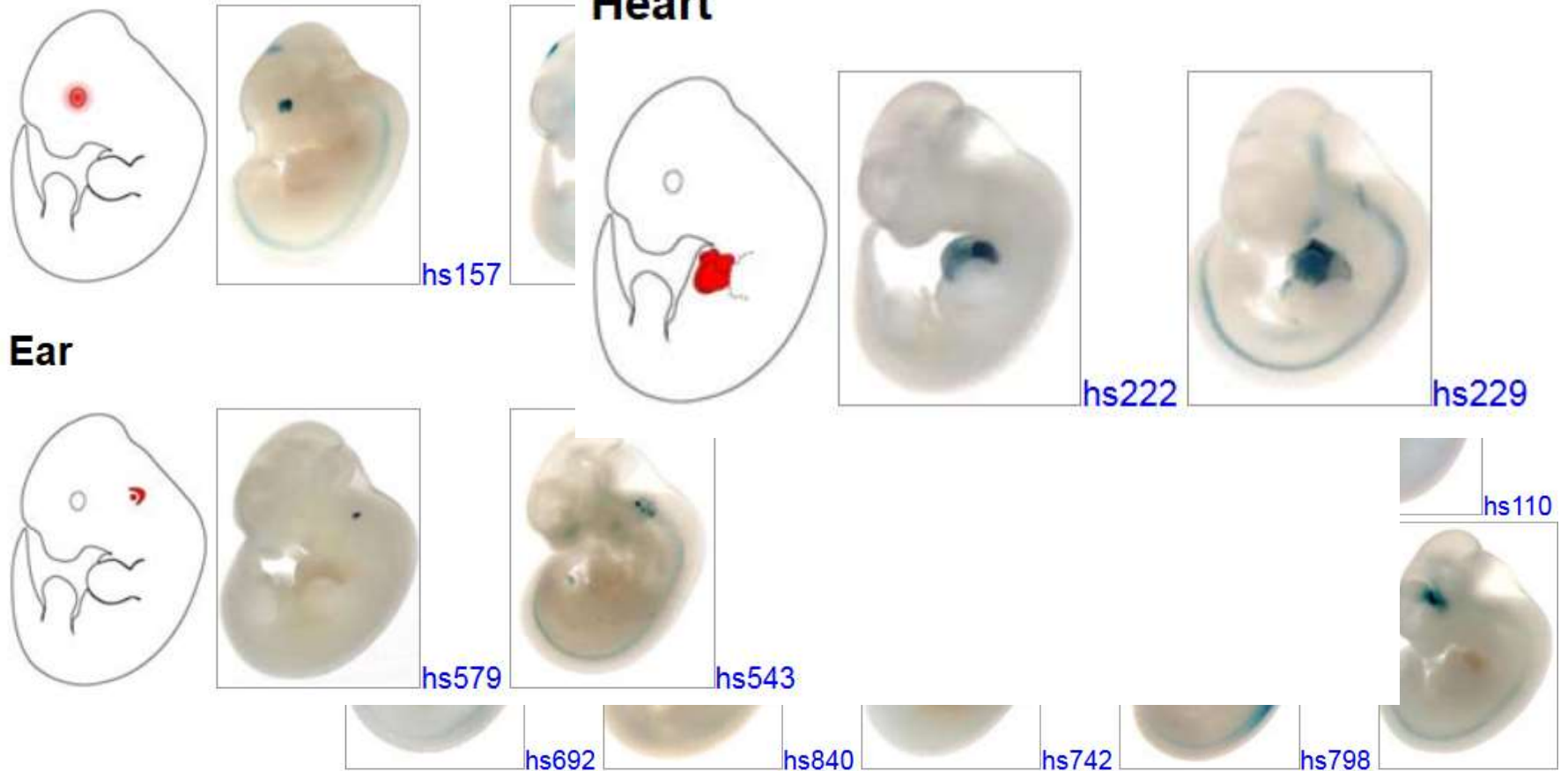




Neural Tube

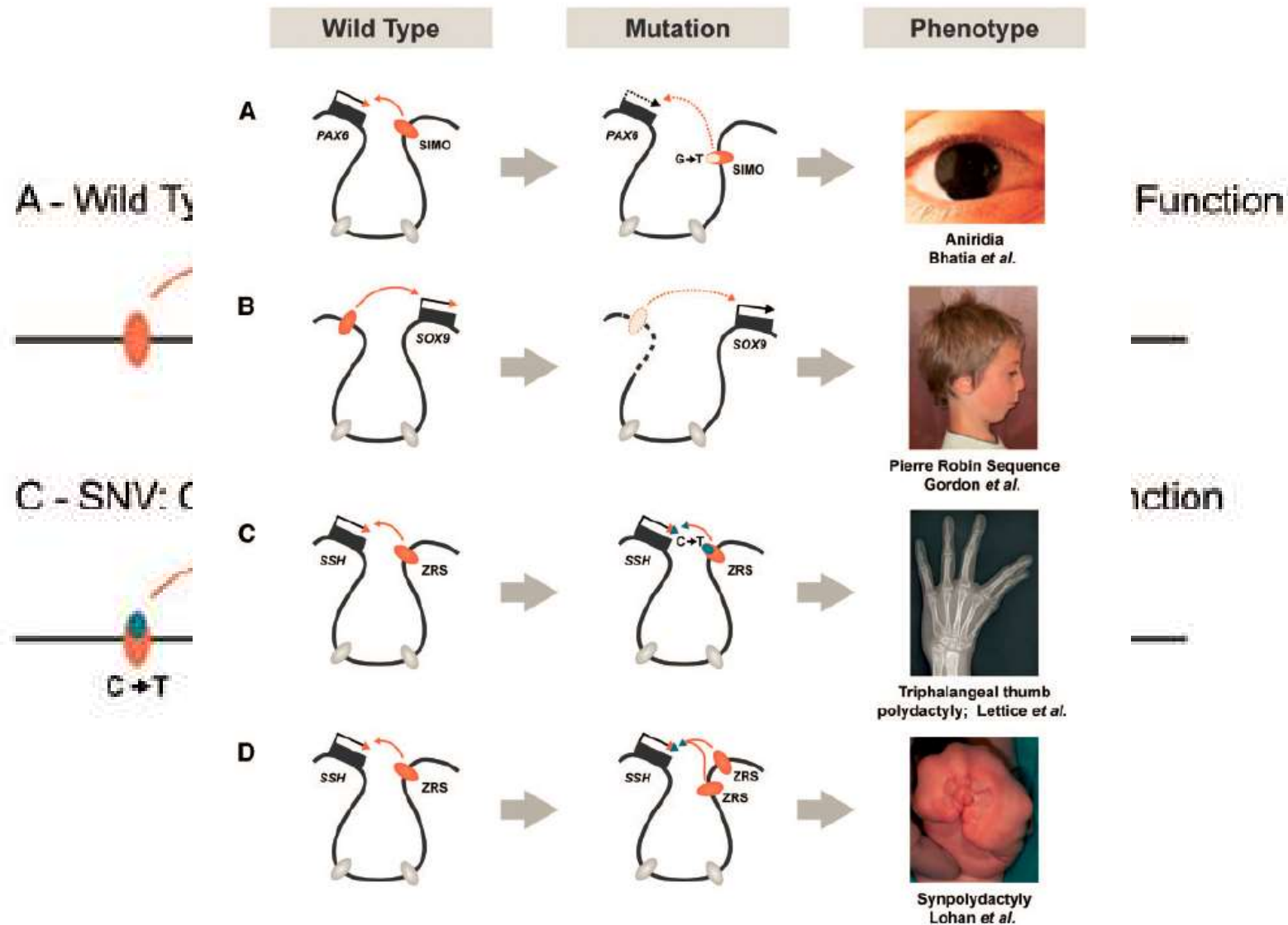


Heart



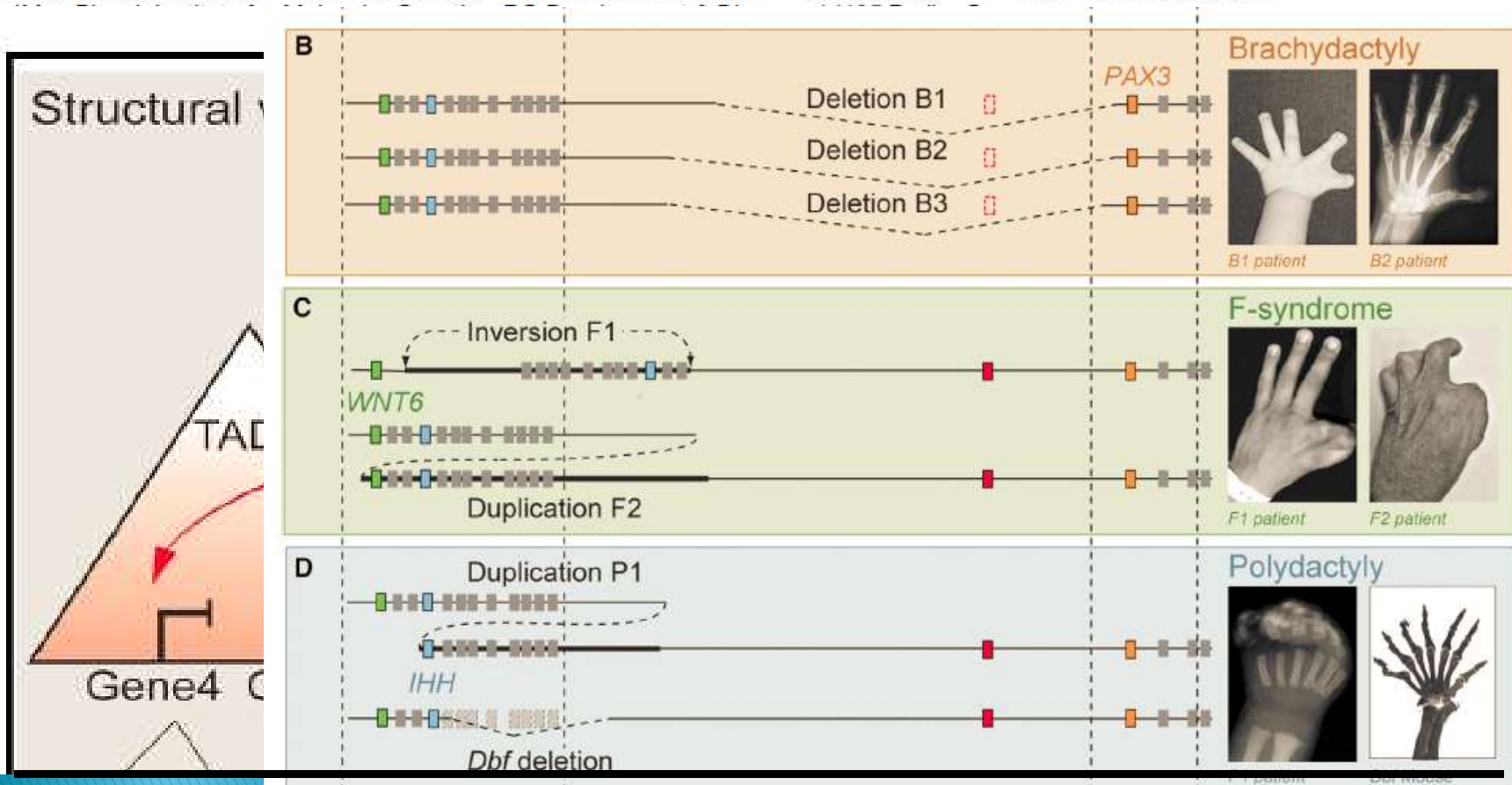
https://enhancer.lbl.gov/gallery_n.html

Effects of mutations in non-coding regions altering gene expression



Disruptions of Topological Chromatin Domains Cause Pathogenic Rewiring of Gene-Enhancer Interactions

Darío G. Lupiáñez,^{1,2} Katerina Kraft,^{1,2} Verena Heinrich,² Peter Krawitz,^{1,2} Francesco Brancati,³ Eva Klopocki,⁴ Denise Horn,² Hülya Kayserili,⁵ John M. Opitz,⁶ Renata Laxova,⁶ Fernando Santos-Simarro,^{7,8} Brigitte Gilbert-Dussardier,⁹ Lars Wittler,¹⁰ Marina Borschiwer,¹ Stefan A. Haas,¹¹ Marco Osterwalder,¹² Martin Franke,^{1,2} Bernd Timmermann,¹³ Jochen Hecht,^{1,14} Malte Spielmann,^{1,2,14} Axel Visel,^{12,15,16} and Stefan Mundlos^{1,2,14,*}



DNA – Methylation

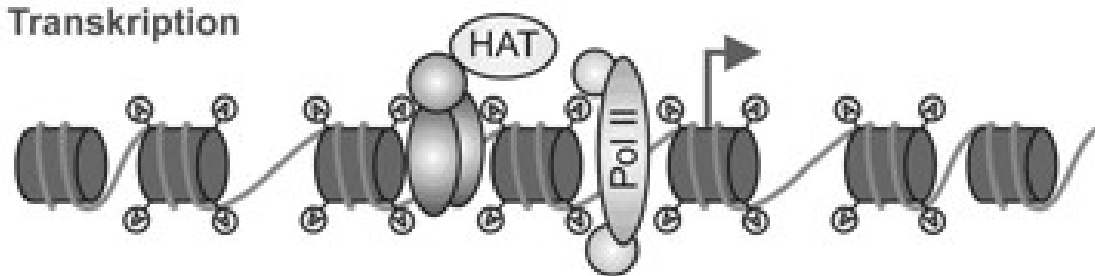
Normal

PAT 

MAT 

„Genomic Imprinting“

Transkription



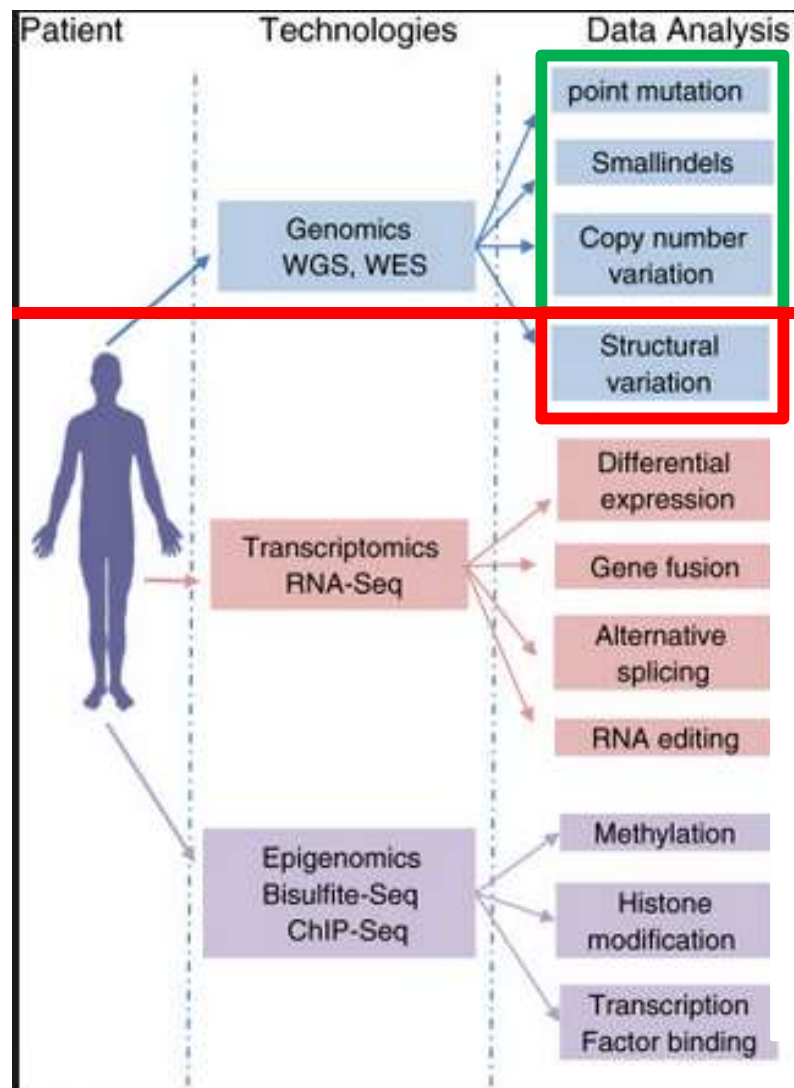
Repression

Colin Farrell's son has Angelman syndrome



COLIN FARRELL is thankful his young son JAMES was diagnosed with neuro-genetic disorder Angelman Syndrome early - because it ended weeks of torment for the actor. The In Bruges star reveals the four-year-old started showing signs of illness just before his first birthday, prompting the Irishman and his former partner, Kim Bordenave, to seek help. In a candid interview on Irish TV show Tubridy Tonight, the actor says, "I've been very lucky that it was early because he started having seizures at about eight or nine months... We got (an) early intervention." Farrell reveals doctors initially thought his son had cerebral palsy, but the correct diagnosis was fast - and a relief. The actor adds, "Angelman's is a neuro-genetic disorder. The 15th chromosome is dormant. It affects their fine motor skills. They say that one in 30,000 children is affected by it." But the actor refuses to feel sorry for himself or his "little fella": "He's nothing but a gift. As far as I'm concerned, he's exactly the way he should be... He has his own path. He's just brilliant." Farrell admits he felt terrible when he went public with his son's disorder last year (07) after people started asking questions about the actor's involvement with the Special Olympics. He adds, "I felt like I was betraying him, like it could be misconstrued as shame, which would be terrible, because he's such a celebration."

Technical hurdles in diagnostics



Implementation into
diagnostics pathways

Multi-platform discovery of haplotype-resolved structural variation in human genomes

Mark J.P. Chaisson^{1,2*}, Ashley D. Sanders^{3*}, Xuefang Zhao^{4,5*}, Ankit Malhotra^{6†}, David Porubsky^{7,8†}, Tobias Rausch^{3†}, Eugene J. Gardner^{9†}, Oscar Rodriguez^{10†}, Li Guo^{11†}, Ryan L. Collins^{5,12†}, Xian Fan^{13†}, Jia Wen^{14†}, Robert E. Handsaker^{15†}, Susan Fairley^{16†}, Zev N. Kronenberg^{1†}, Xiangmeng Kong^{17†}, Fereydoon Hormozdiani^{18,19†}, Dillon Lee^{20†}, Aaron M. Wenger^{21†}, Alex Hastie^{22†}, Danny Antaki^{23†}, Peter Audano¹, Harrison Brand⁵, Stuart Cantsilieris¹, Han Cao²², Eliza Cerveira⁶, Chong Chen¹³, Xintong Chen⁹, Chen-Shan Chin²¹, Zechen Chong¹³, Nelson T. Chuang⁹, Deanna M. Church²⁵, Laura Clarke¹⁶, Andrew Farrell²⁰, Joey Flores²⁶, Timur Galeev¹⁷, David Gorkin^{34, 35}, Madhusudan Gujral²³, Victor Guryev⁷, William Haynes Heaton²⁵, Jonas Korlach²¹, Sushant Kumar¹⁷, Jee Young Kwon⁶, Jong Eun Lee²⁷, Joyce Lee²², Wan-Ping Lee⁶, Sau Peng Lee³⁰, Patrick Marks²⁵, Karine Viaud-Martinez²⁶, Sascha Meiers³, Katherine M. Munson¹, Fabio Navarro¹⁷, Bradley J. Nelson¹, Conor Nodzak¹⁴, Amina Noor²³, Sofia Kyriazopoulou-Panagiotopoulou²⁵, Andy Pang²⁵, Yunjiang Qiu^{24, 27}, Gabriel Rosanio²³, Mallory Ryan⁶, Adrian Stütz³, Diana C.J. Spierings⁷, Alistair Ward²⁰, AnneMarie E. Welch¹, Ming Xiao³¹, Wei Xu²⁵, Chengsheng Zhang⁶, Qihui Zhu⁶, Xiangqun Zheng-Bradley¹⁶, Goo Jun^{32Δ}, Li Ding^{33Δ}, Chong Lek Koh^{29Δ}, Bing Ren^{34, 35Δ}, Paul Flicek^{16§Δ}, Ken Chen^{13§Δ}, Mark B. Gerstein^{35,36§Δ}, Pui-Yan Kwok^{37§Δ}, Peter M. Lansdorp^{7,38,39§Δ}, Gabor Marth^{20§Δ}, Jonathan Sebat^{23,28,34§Δ}, Xinghua Shi^{14§Δ}, Ali Bashir^{10§Δ}, Kai Ye^{13§Δ}, Scott E. Devine^{9§Δ}, Michael Talkowski^{5, 41,42,43,44§Δ}, Ryan E. Mills^{4,45§Δ}, Tobias Marschall^{8§Δ}, Jan Korbel^{3,18‡§Δ}, Evan E. Eichler^{1,46‡§Δ}, Charles Lee^{6,47§‡Δ}

2018

- ▶ Short and long read NGS, and strand specific
- ▶ 3 Trios
- ▶ 818,181 In/Dels per genome <50bp
- ▶ 31,599 structural variants >50bp (7fold higher than reported)
- ▶ 156 inversions per genome

Technological hurdles in diagnostics

Solving the
unsolvable
diseases

Challenge in Diagnostic Transition:
From genome analysis towards
system diagnostics

Transcriptome

Proteome

Metabolome

Coordinators:

Olaf Riess & Holm Graessner

„Pilot Project“



Solve-RD - Solving the unsolved Rare Diseases



European
Commission

Horizon 2020
European Union funding
for Research & Innovation

Solve RD

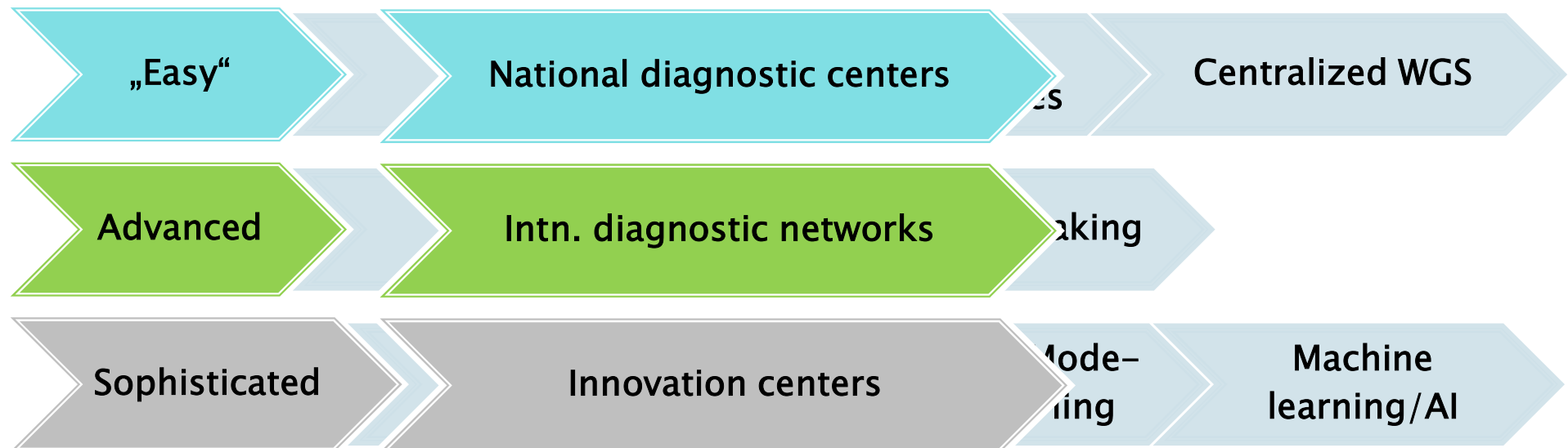
Solving the unsolved Rare Diseases

Tomorrow's diagnostics:

Who should do this?

How should we do this?

Steps to be undertaken to overcome diagnostic hurdles of rare diseases: Role of European Genome Analytic Hubs





**Clinical
centers**

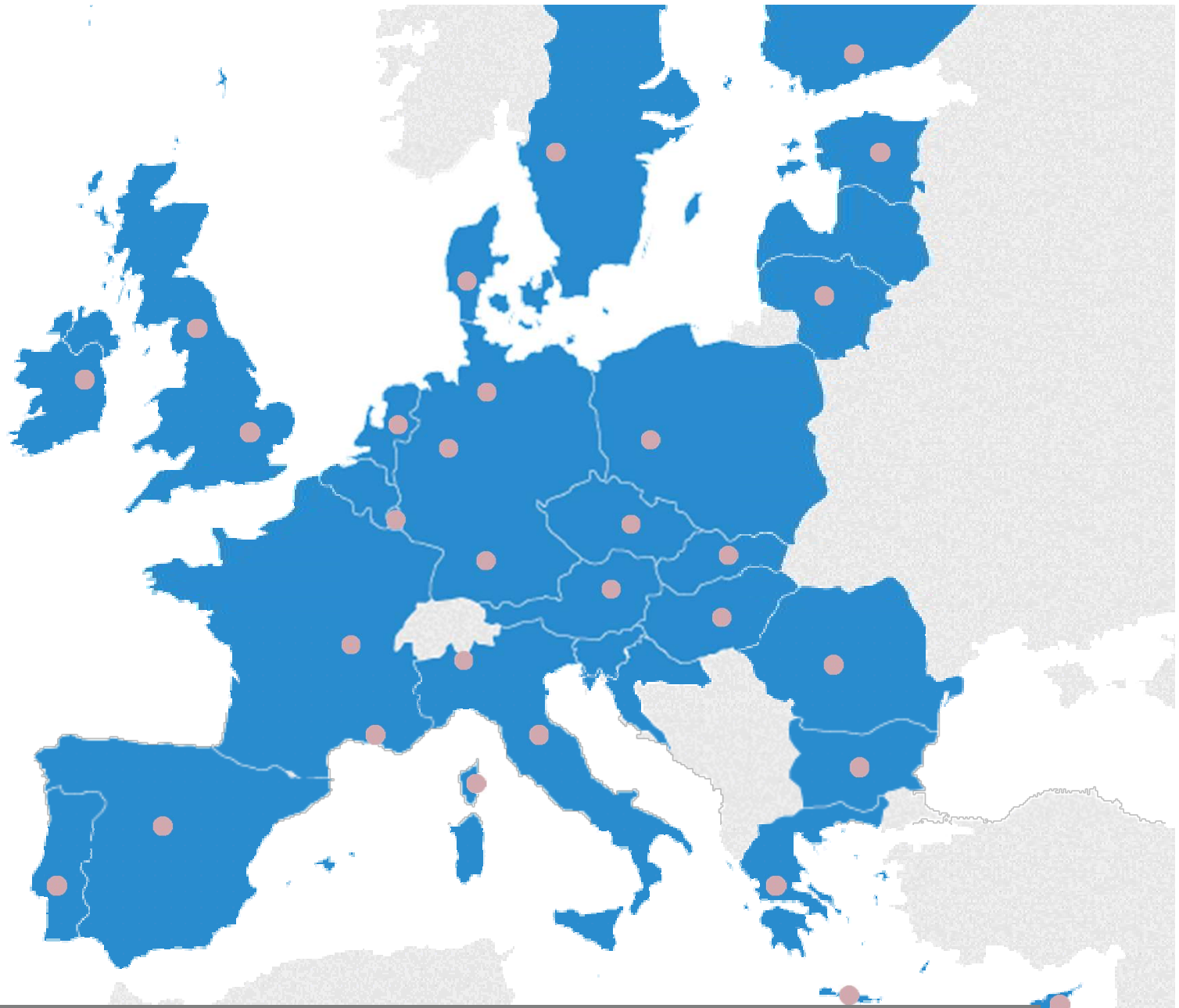


**European
Reference
Networks**

ERN1

ERN2

ERN3



First step towards European cross border care: **ERNs**



**Clinical
centers**



**European
Reference
Networks**



**European Genetic
Diagnostic Centers**



**European Genetic Diagnostic
Reference Networks**

TECHGENE

RD Connect

ERN1

EGD-
RN1

ERN2

EGD-
RN2

ERN3

EGD-
RN3

- Technical standards of WES -> WGS in diagnostics
- Standardization of bioinformatic tools and algorithms
- Standards in clinical reporting of findings
- „Clearance“ of wrong annotations in data bases
- Harmonization of interpretations of variants (VUS classification)
- Defining „actionable genes“ and implementation in the clinics
- Transcriptome data reference sets
- Multi-Omics in Diagnostics
- Machine learning / Artificial intelligence

Next step towards European cross border care: **EGDRNs**

Future developments of Medical Genetics in Medicine?

DISEASE PREDICTION and PREVENTION

Mutation = Preventing side effects

Pharmacogenetics and drug interactions

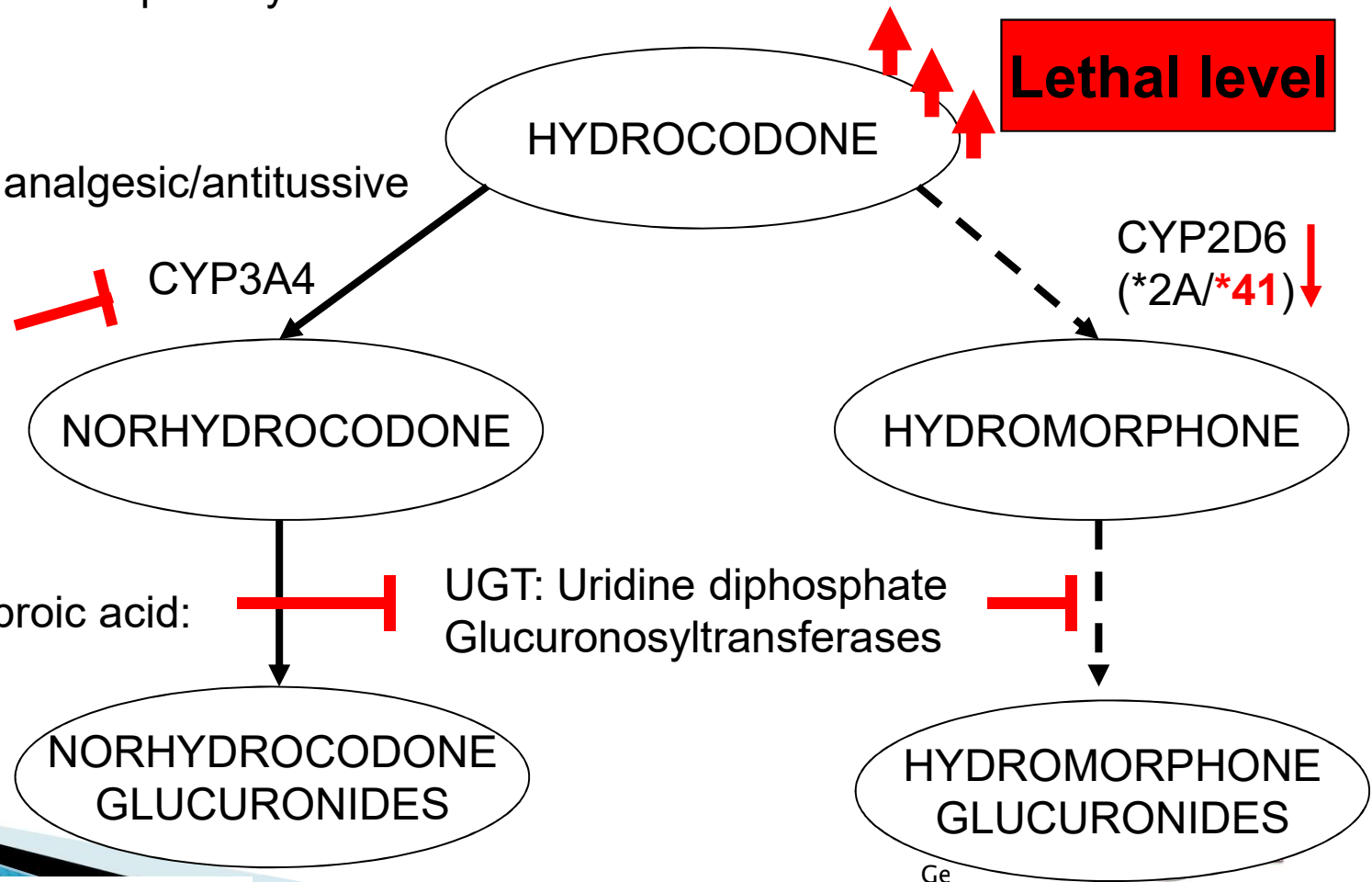
6 year old **developmentally delayed child with epilepsy died** after high dose of hydrocodone for respiratory tract infection.

Treatment:

1. Hydrocodone: analgesic/antitussive

3. Ear infection:
Clarithromycin

2. Seizures: Valproic acid:



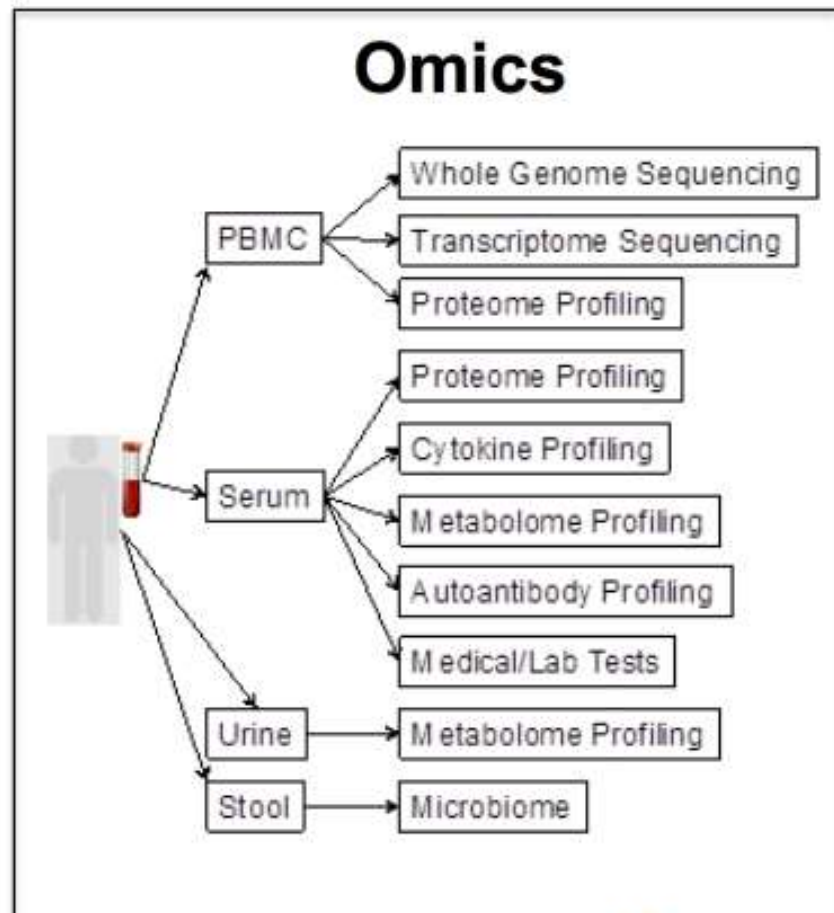
Madadi et al. Pediatrics 2010

ACMG list of actionable genes

CONDITION	GENES	CLINICAL RISK
HBOC	BRCA1 and BRCA2	Early Breast or Ovarian Cancer
Lynch Syndrome	MLH1, MSH2, MSH6, PMS2	Early Colon or Uterine Cancer
Familial Hypercholesterolemia	LDLR, APOB, PCSK9	Early Coronary Artery Disease
Hypertrophic Cardiomyopathy	Multiple genes on list	Cardiac Arrest Heart Transplant

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Tübingen

Personal “Omics” Profiling (POP)



Standard Health Panels

Creatinine, Ser/Plas	Calcium, Ser/Plas*	RBC
ALT (SGPT), Ser/Plas	Hematocrit* exercise/ dehydration	MCHC
Potassium, Ser/Plas	Alk P'TASE, Total, Ser/Plas	MCH
Sodium, Ser/Plas	Albumin, Ser/Plas	WBC
AST (SGOT), Ser/Plas	Platelet count*	RDW***
CO2, Ser/Plas*	Hemoglobin	MCV
Chloride, Ser/Plas	Anion Gap**	Glucose,
...	...	...

Year 1



Viral infection

Year 2 ...



From Michael Snyder, Stanford

Olaf Riess

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I declare no conflict of interest.



Deutschland
Land der Ideen



Ausgewählter Ort 2011