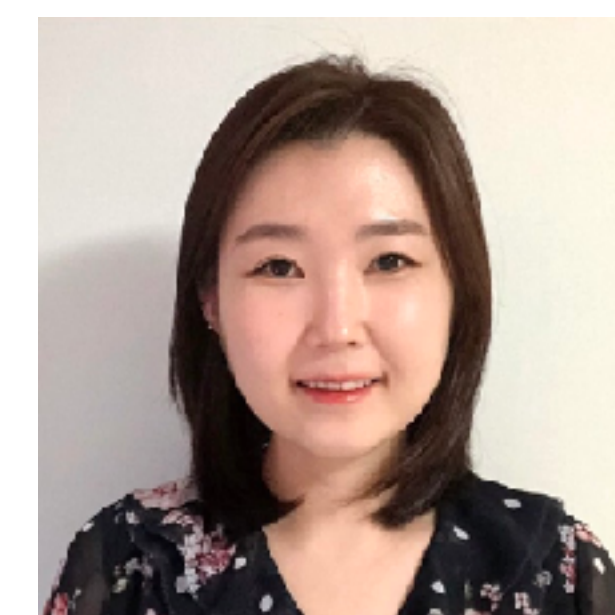
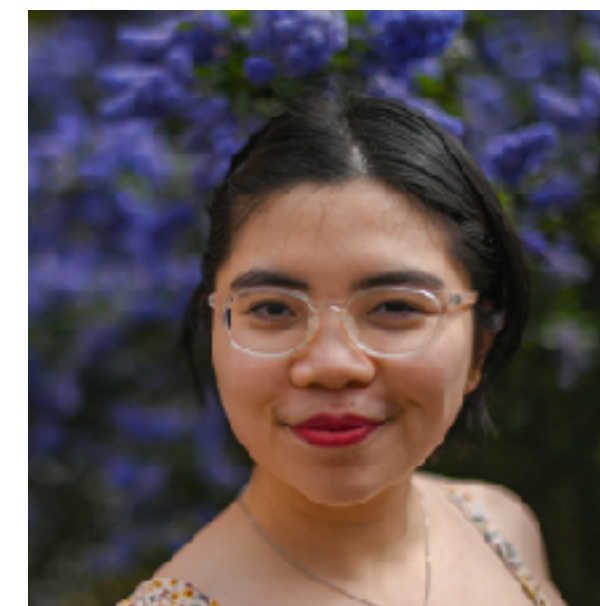
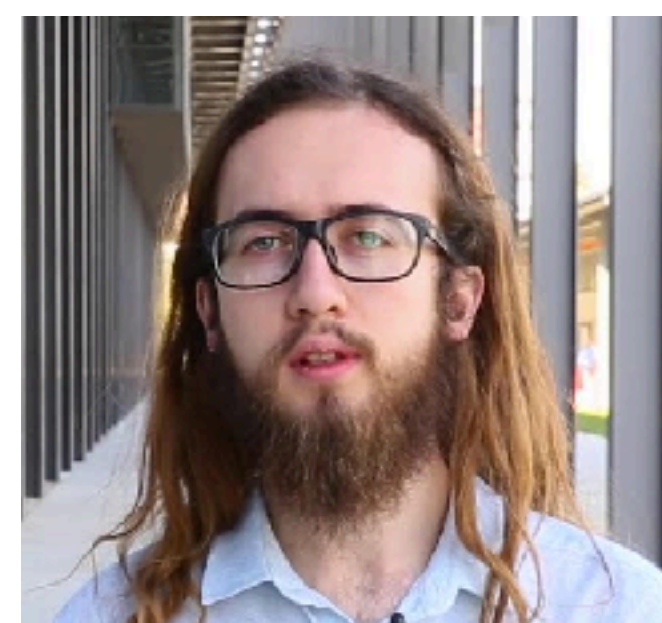
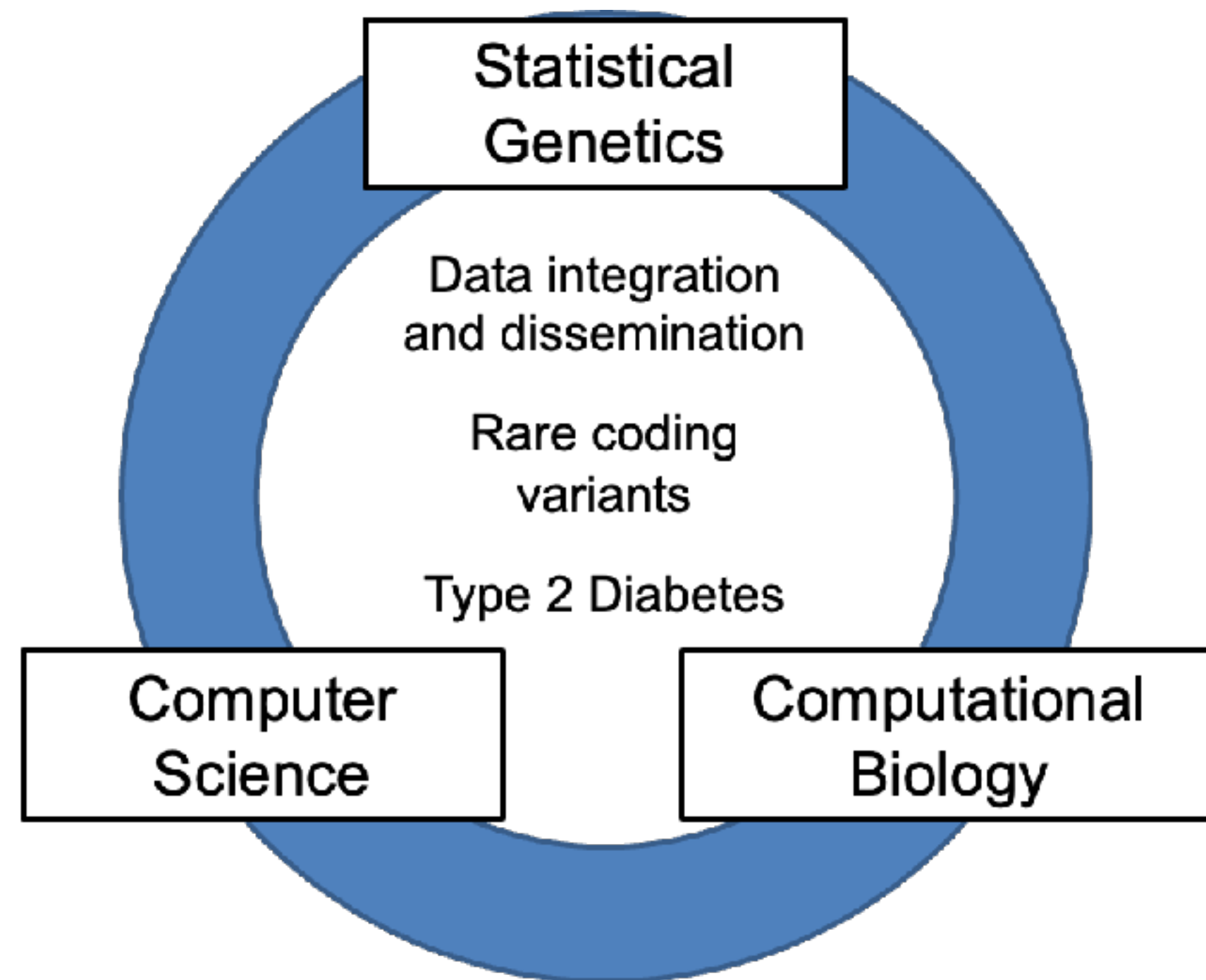


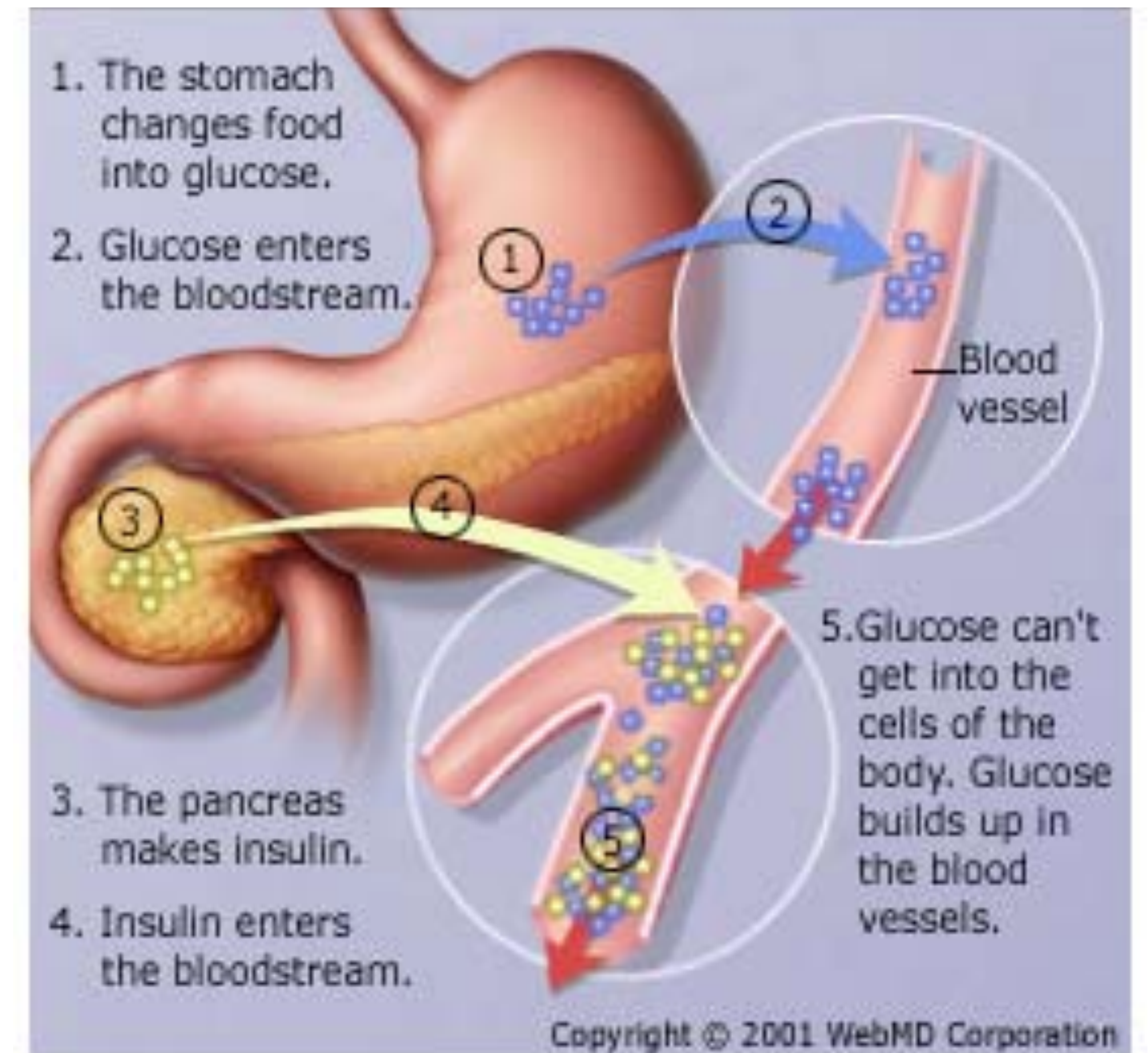
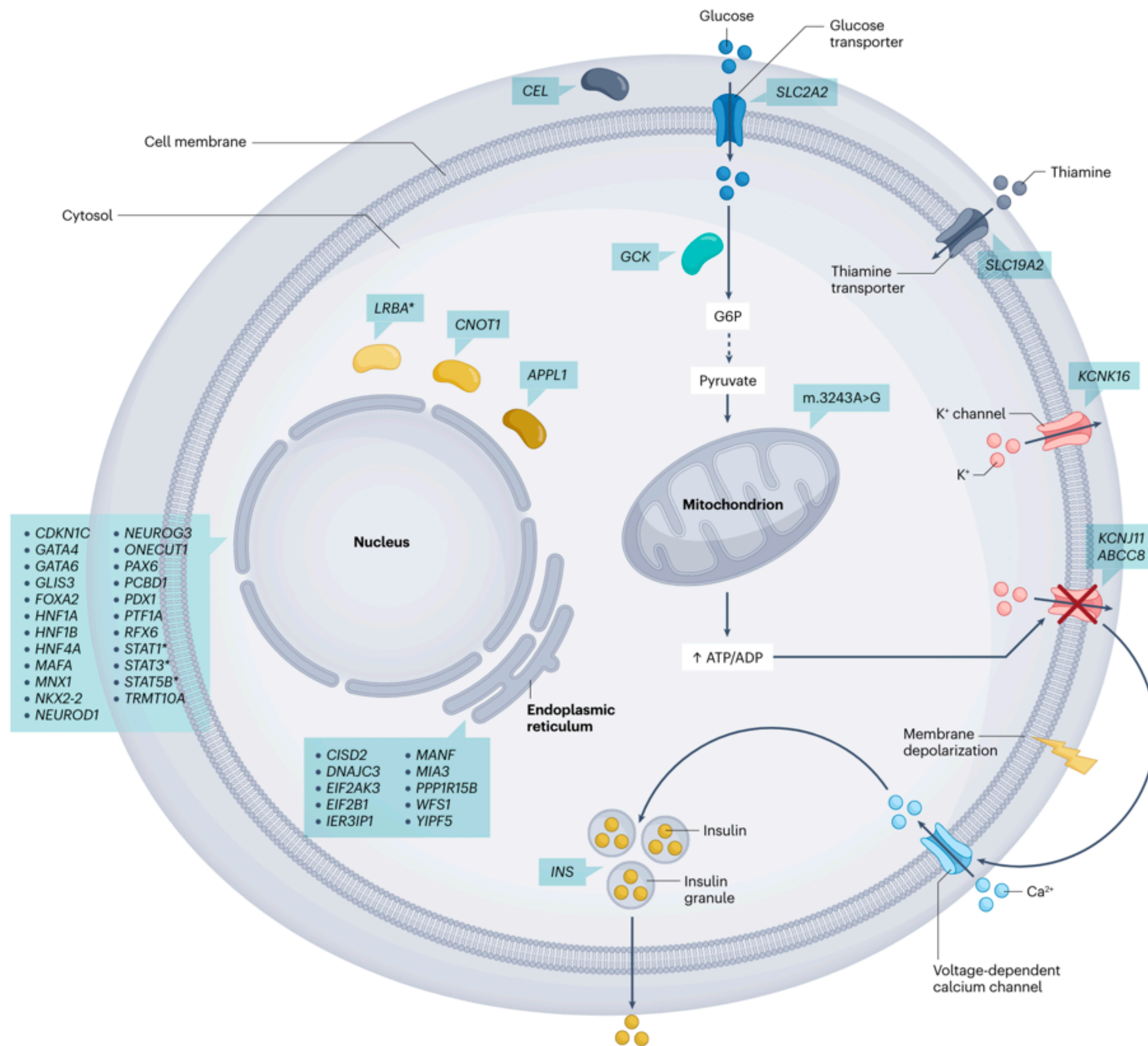
Insights into type 2 diabetes from rare coding variants

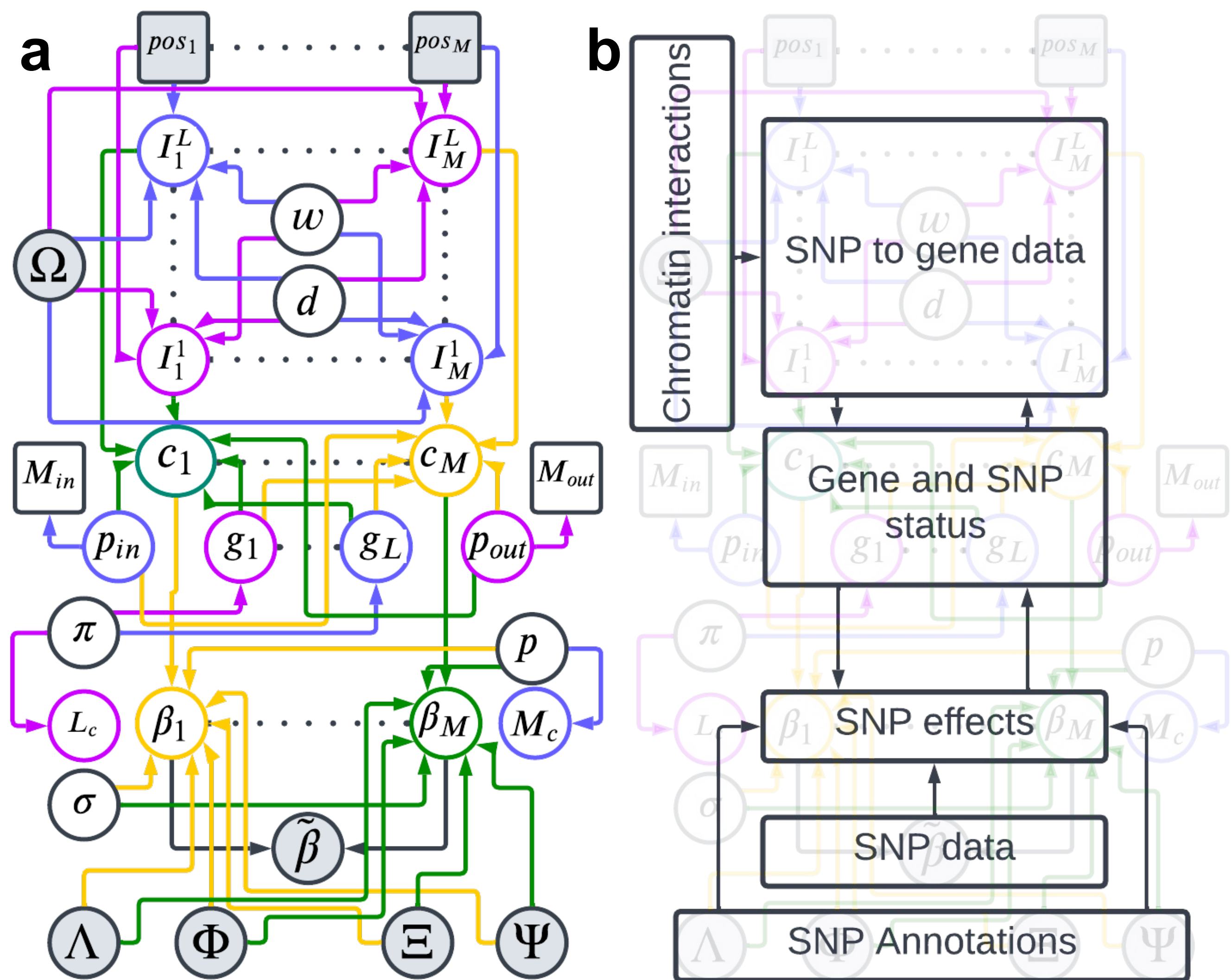
Jason Flannick

flannick@broadinstitute.org

flannicklab.org







Rare coding variants

Back in
2008...



The case of the missing heritability

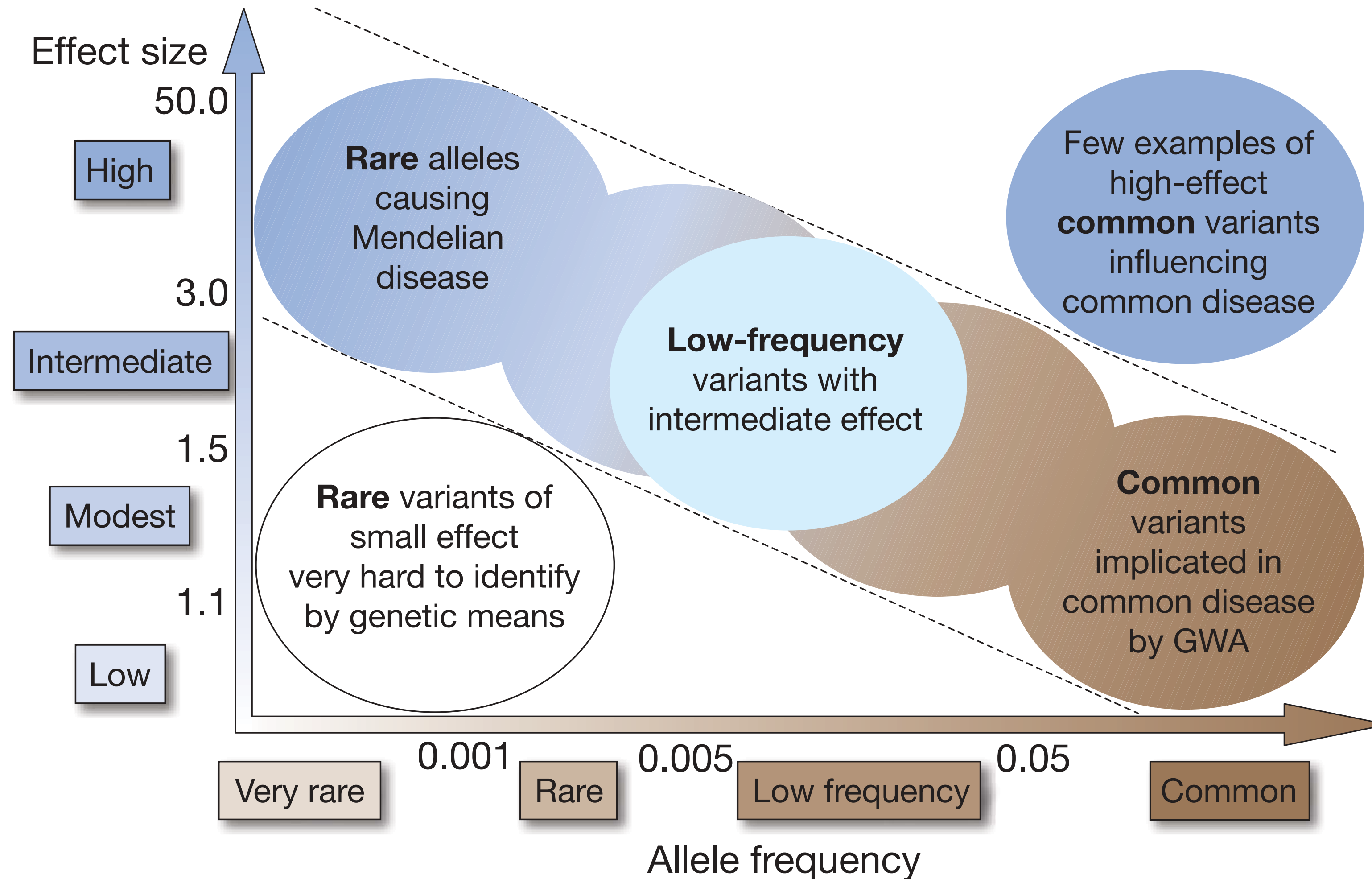
When scientists opened up the human genome, they expected to find the genetic components of common traits and diseases. But they were nowhere to be seen. **Brendan Maher** shines a light on six places where the missing loot could be stashed away.

Table 1 | Estimates of heritability and number of loci for several complex traits

Disease	Number of loci	Proportion of heritability explained	Heritability measure
Age-related macular degeneration ⁷²	5	50%	Sibling recurrence risk
Crohn's disease ²¹	32	20%	Genetic risk (liability)
Systemic lupus erythematosus ⁷³	6	15%	Sibling recurrence risk
Type 2 diabetes ⁷⁴	18	6%	Sibling recurrence risk
HDL cholesterol ⁷⁵	7	5.2%	Residual* phenotypic variance
Height ¹⁵	40	5%	Phenotypic variance
Early onset myocardial infarction ⁷⁶	9	2.8%	Phenotypic variance
Fasting glucose ⁷⁷	4	1.5%	Phenotypic variance

* Residual is after adjustment for age, gender, diabetes.

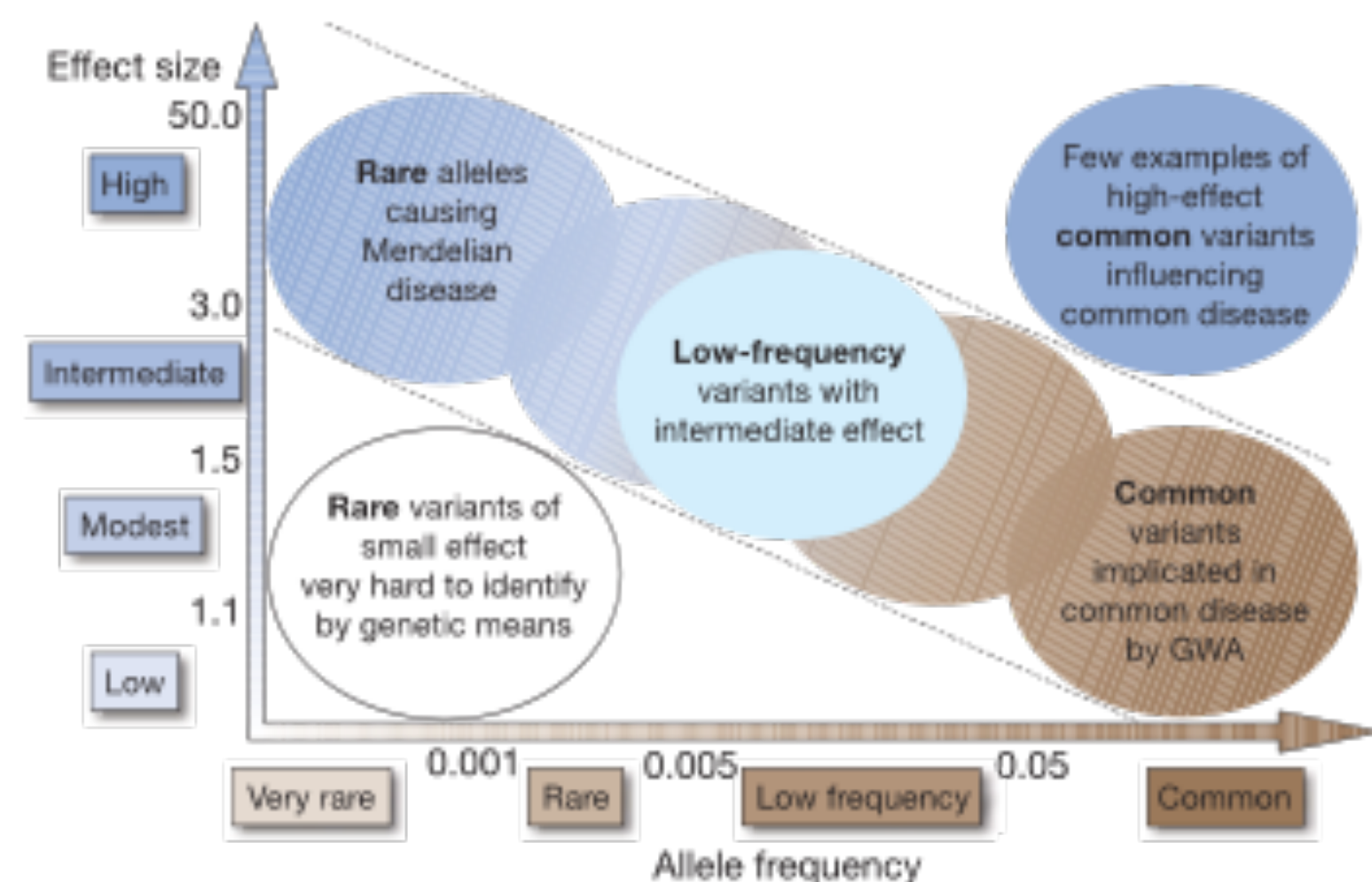
Classes of genetic variation





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Common Genetic Variation and Human Traits

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Genetic Heterogeneity in Human Disease

Jon McClellan^{1,*} and Mary-Claire King^{2,*}

¹Department of Psychiatry

²Departments of Medicine and Genome Sciences

University of Washington, Seattle, WA 98195-7720, USA

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James R. Lupski,^{1,2,3,*} John W. Belmont,^{1,2} Eric Boerwinkle,^{4,5} and Richard A. Gibbs^{1,5,*}

OPEN ACCESS Freely available online

PLOS BIOLOGY

Rare Variants Create Synthetic Genome-Wide Associations

Samuel P. Dickson^{1,2}, Kai Wang³, Ian Krantz^{3,4,5}, Hakon Hakonarson^{3,4,5}, David B. Goldstein^{1*}

Common and rare variants in multifactorial susceptibility to common diseases

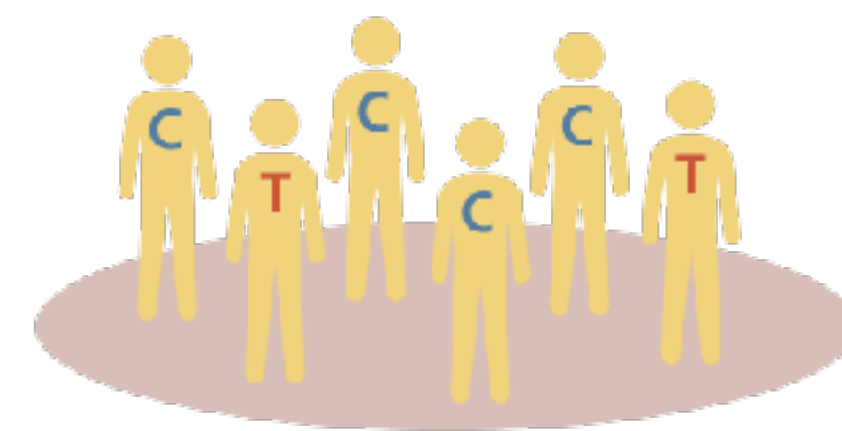
Walter Bodmer & Carolina Bonilla

APPLICATIONS OF NEXT-GENERATION SEQUENCING

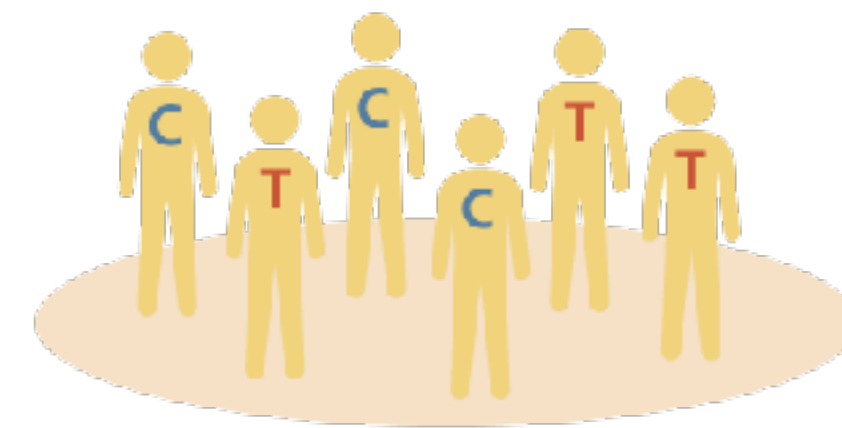
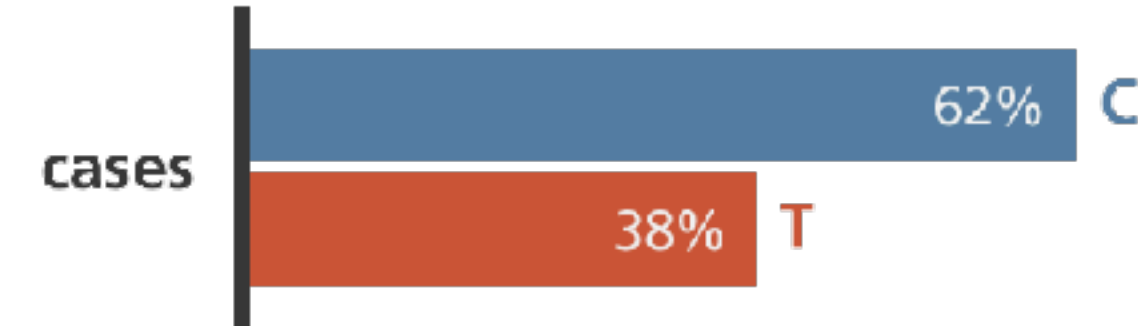
Uncovering the roles of rare variants in common disease through whole-genome sequencing

Elizabeth T. Cirulli and David B. Goldstein

GWAS: individual common variant associations



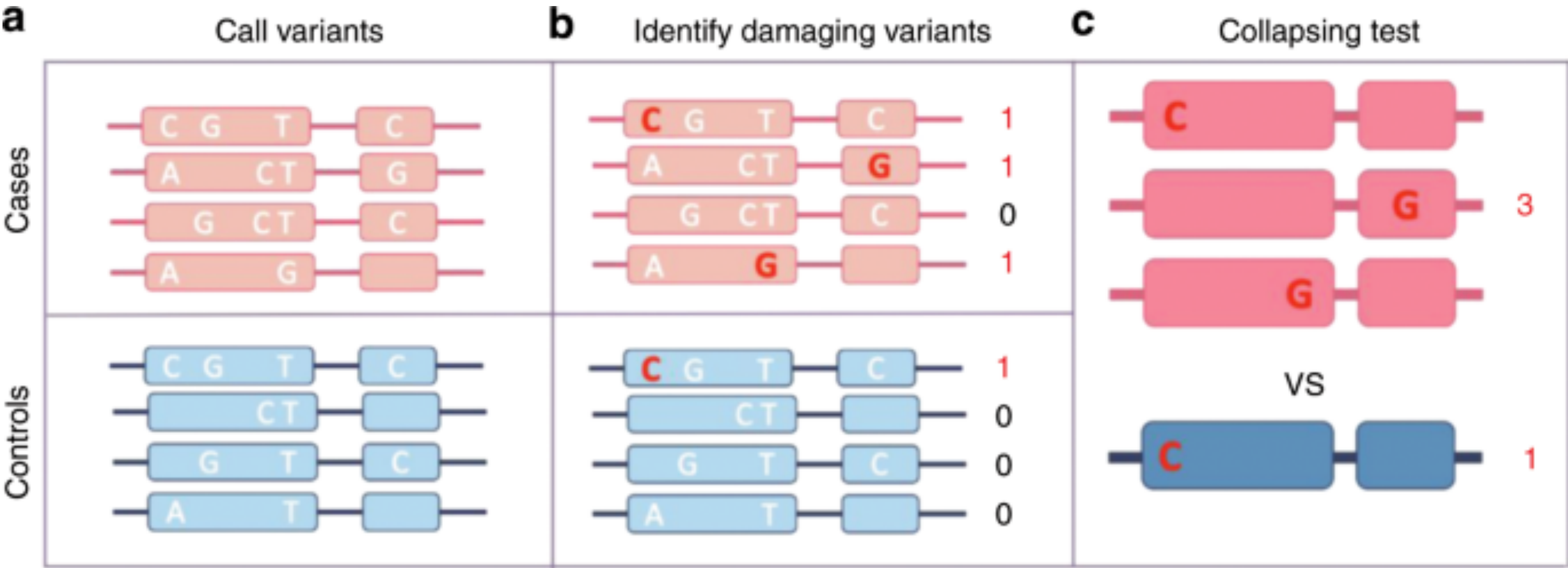
cases (n=1,000)
people with heart disease



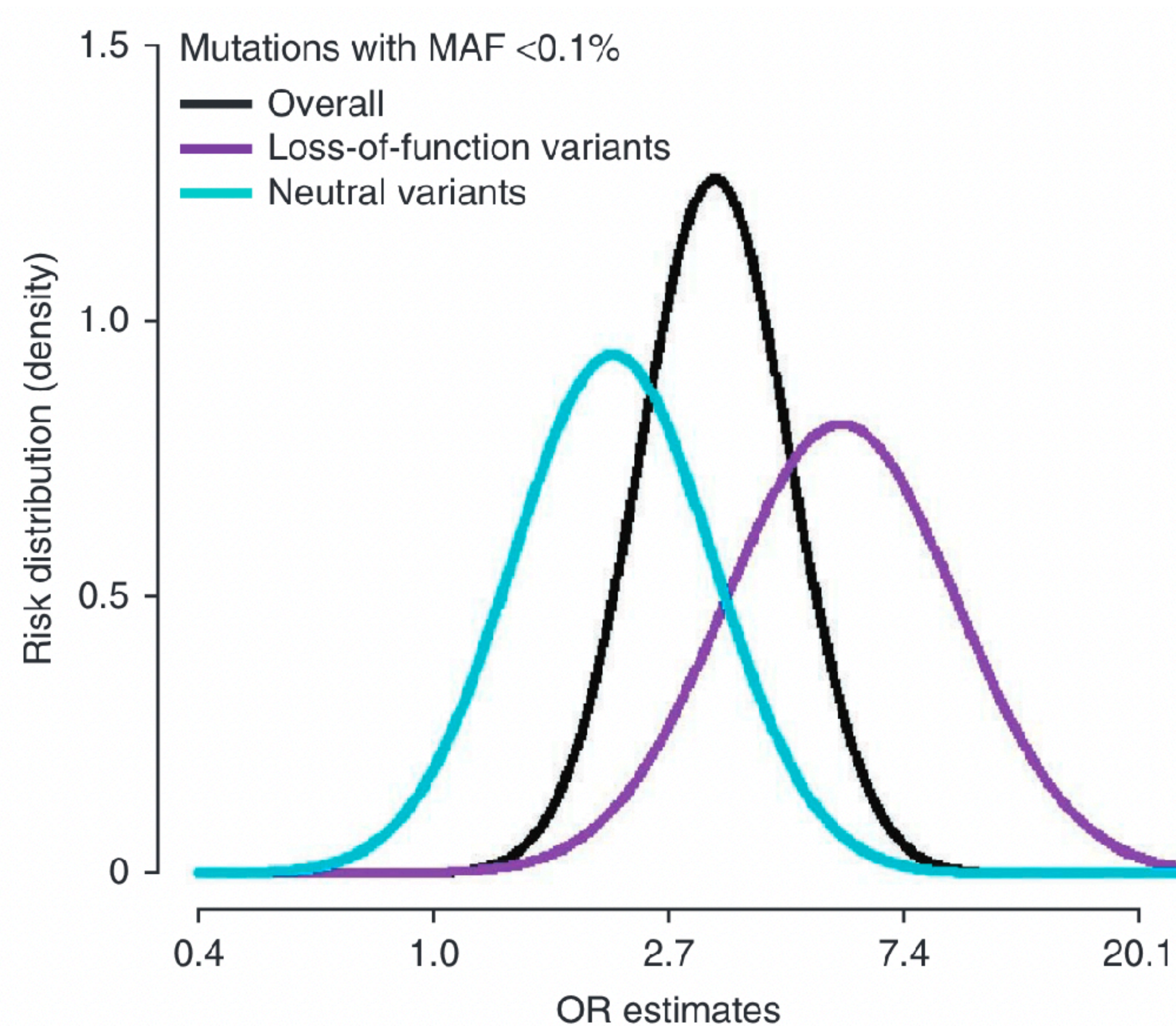
controls (n=1,000)
people without heart disease



Rare variants: aggregate gene-level associations



Early successes from targeted sequencing

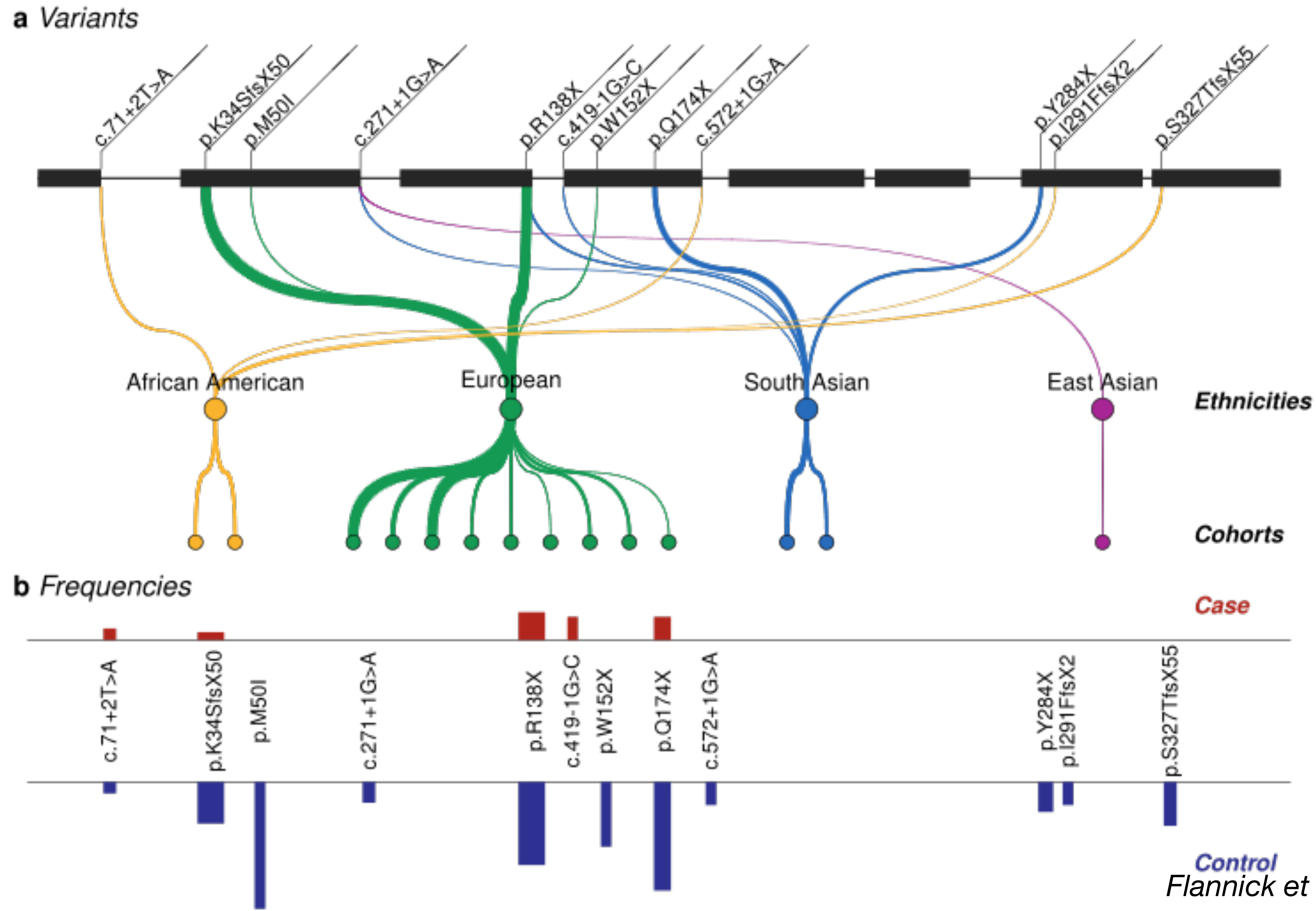


Early successes from targeted sequencing

12 loss-of-function *SLC30A8* mutations in 149,134 individuals

Aggregate odds ratio: **0.34**

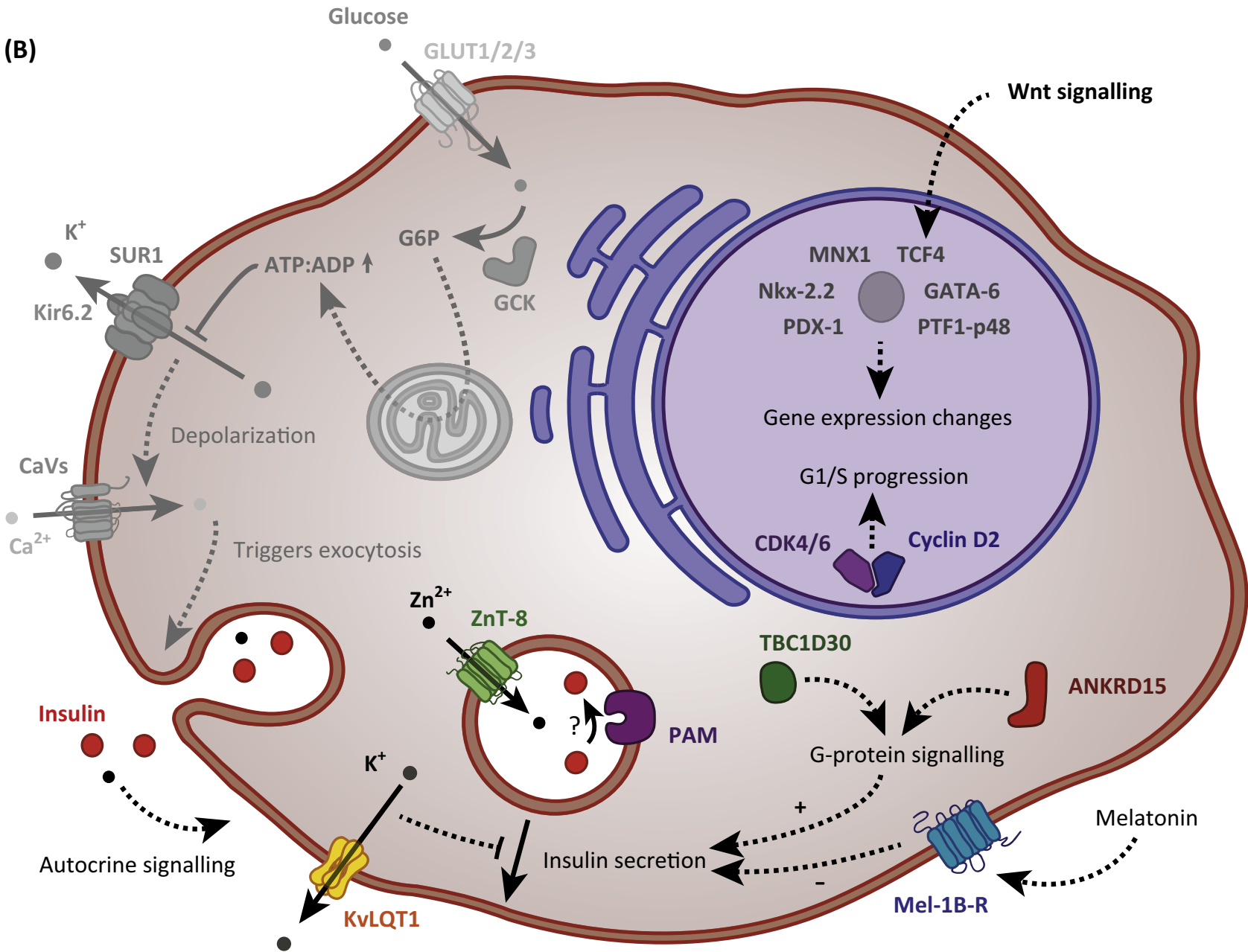
$p=1.7 \times 10^{-6}$



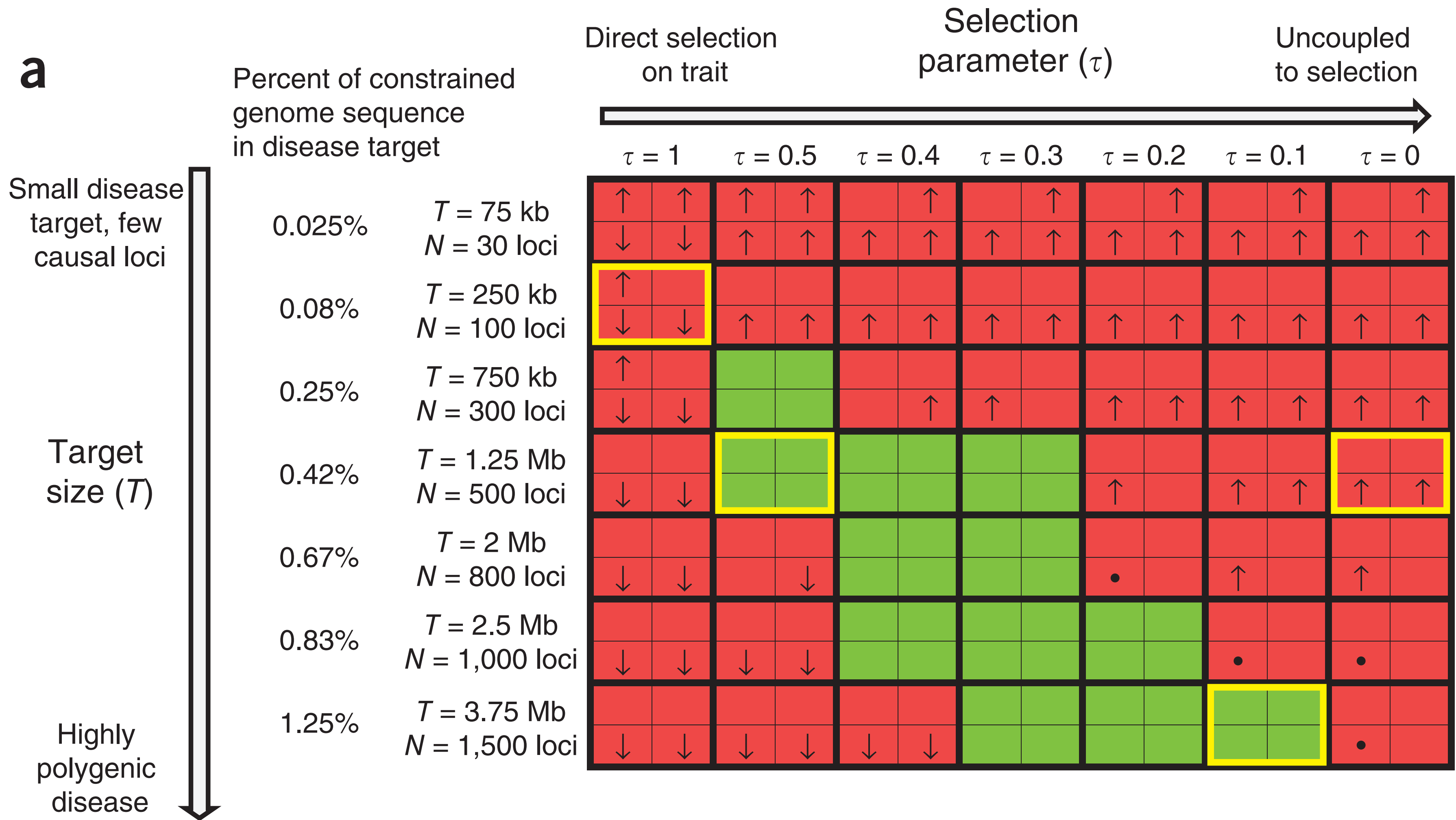
Biological insights

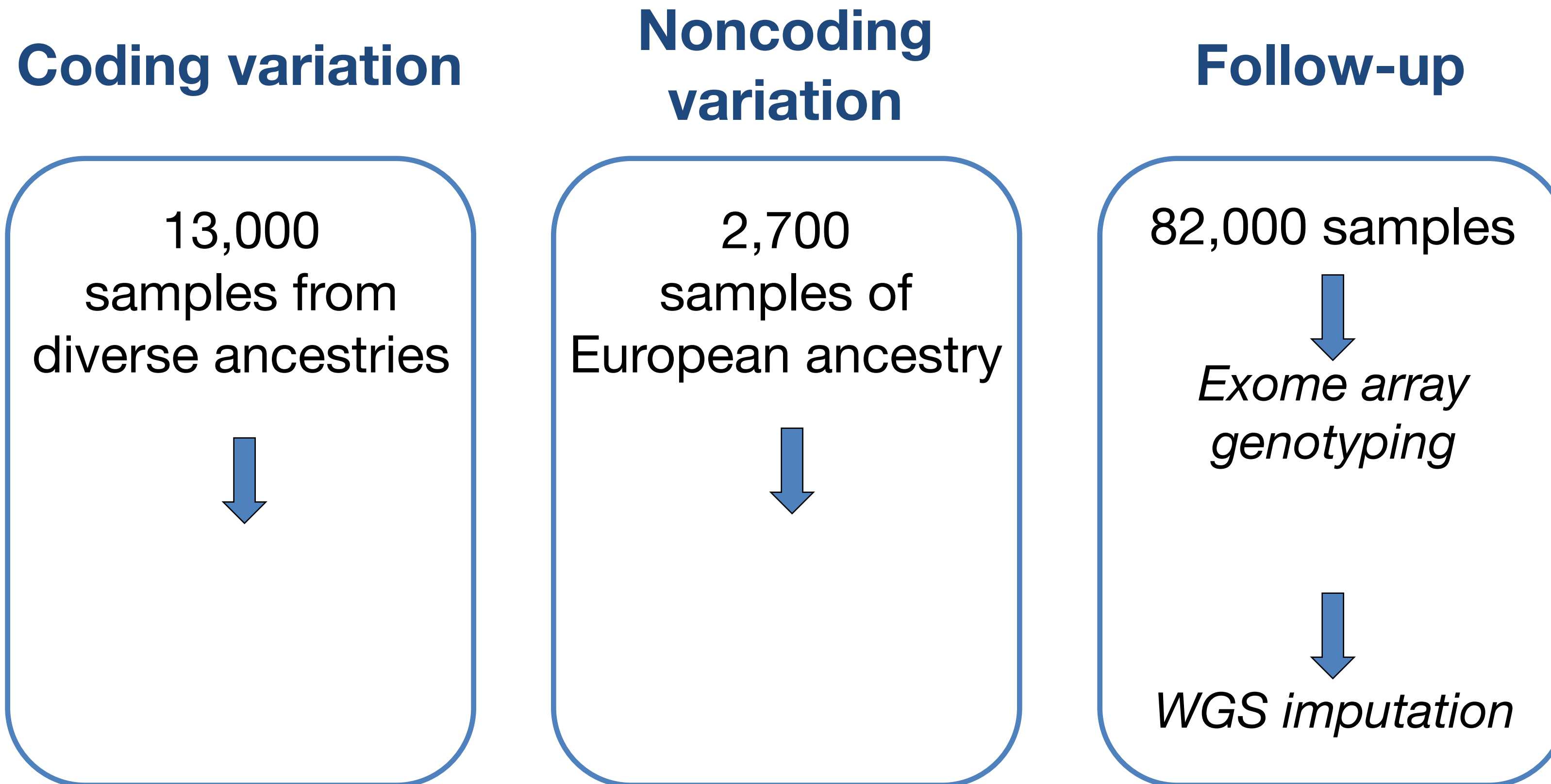
VS.

Genetic architecture



Are rare variants responsible for a significant fraction of disease heritability?



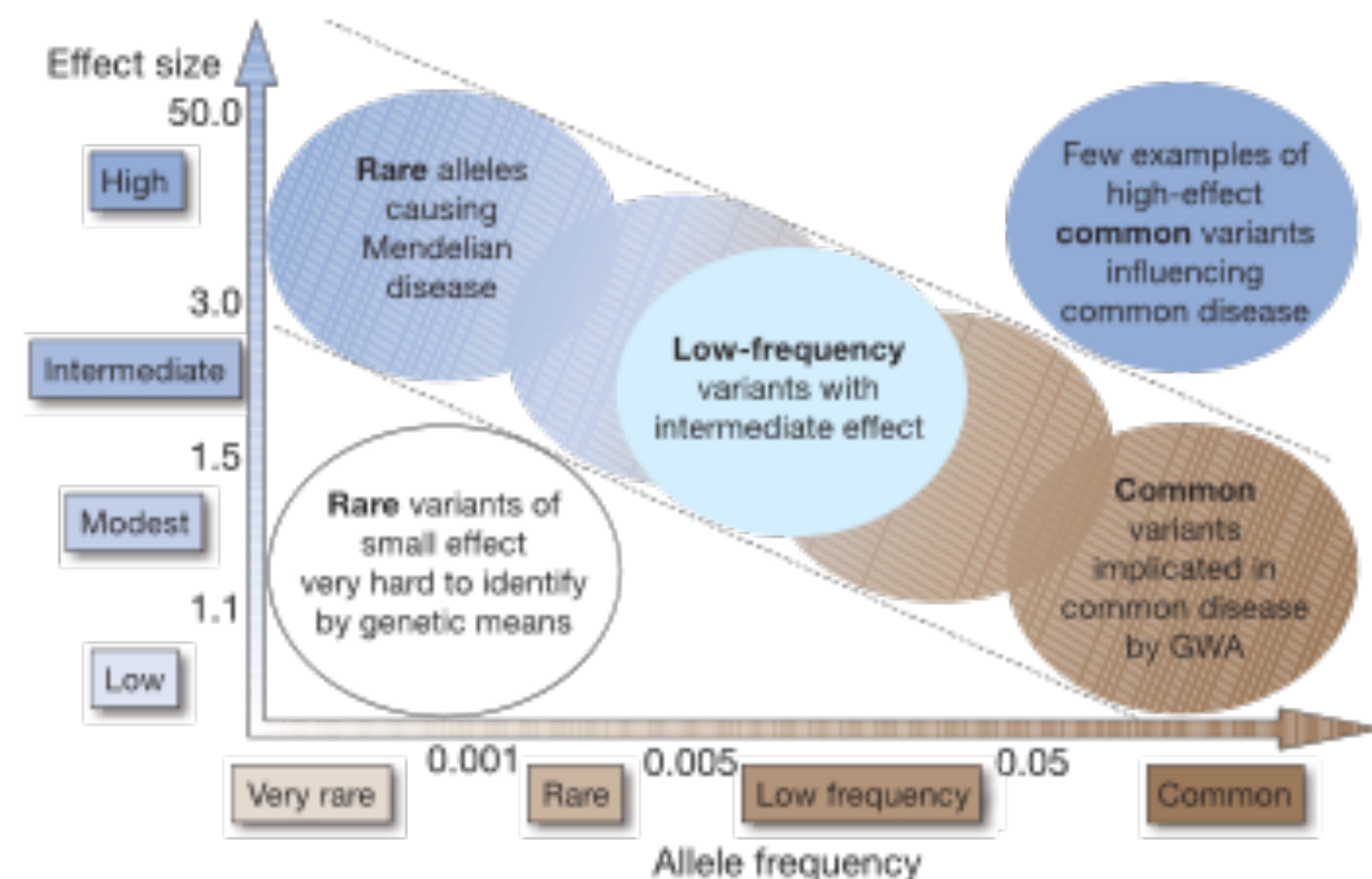


Main finding:
a polygenic, common variant model for T2D



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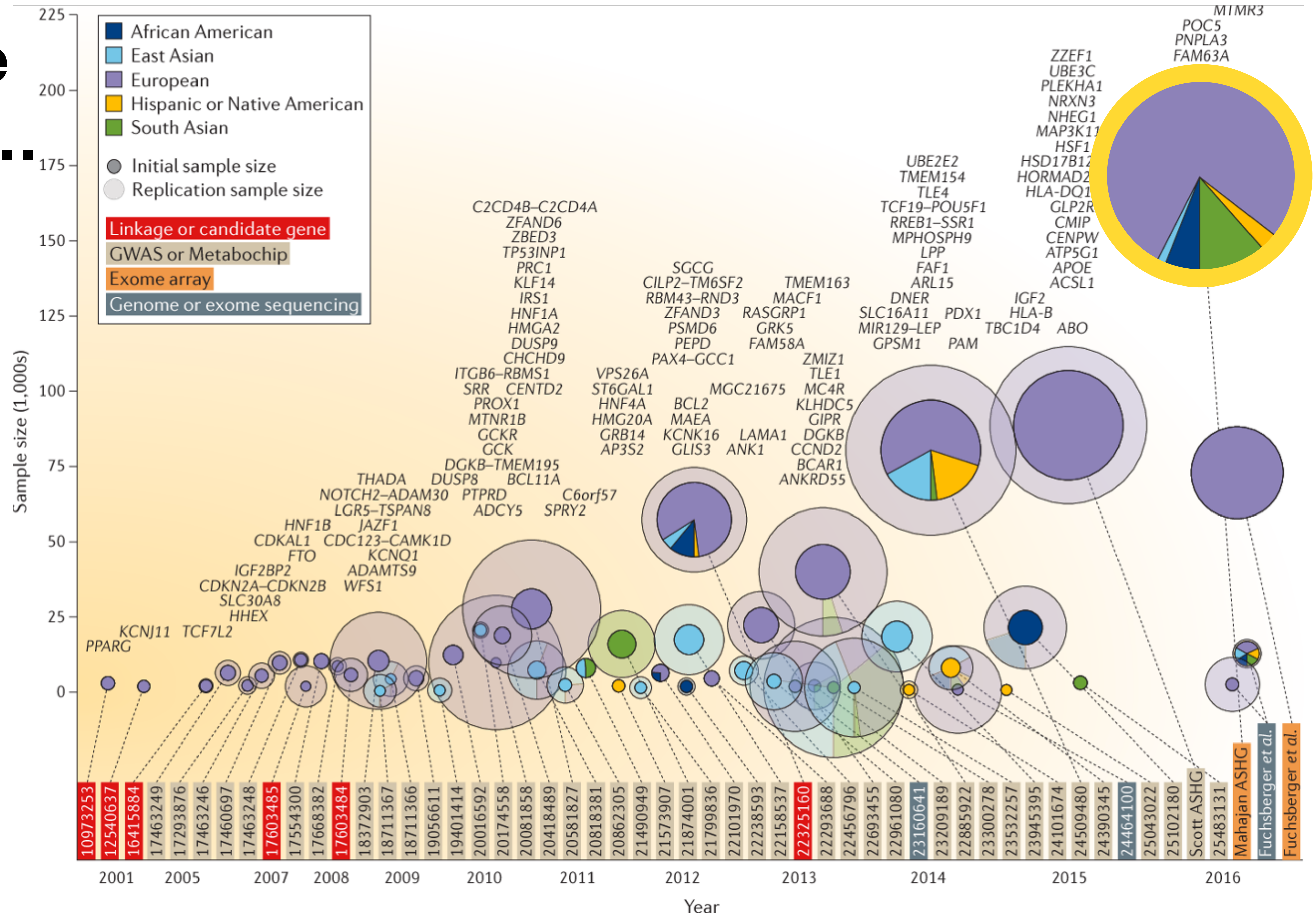
Walter Bodmer & Carolina Bonilla

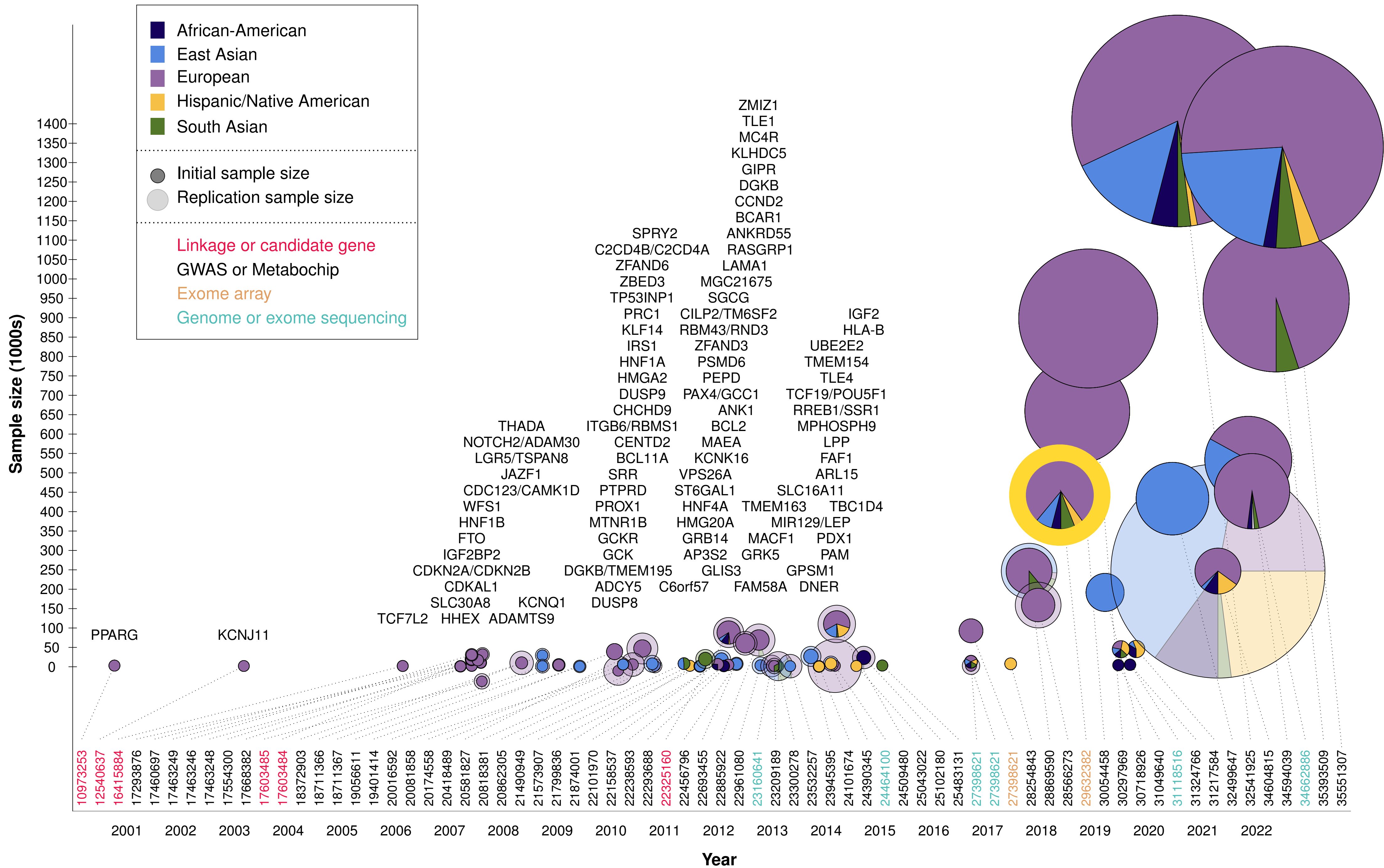
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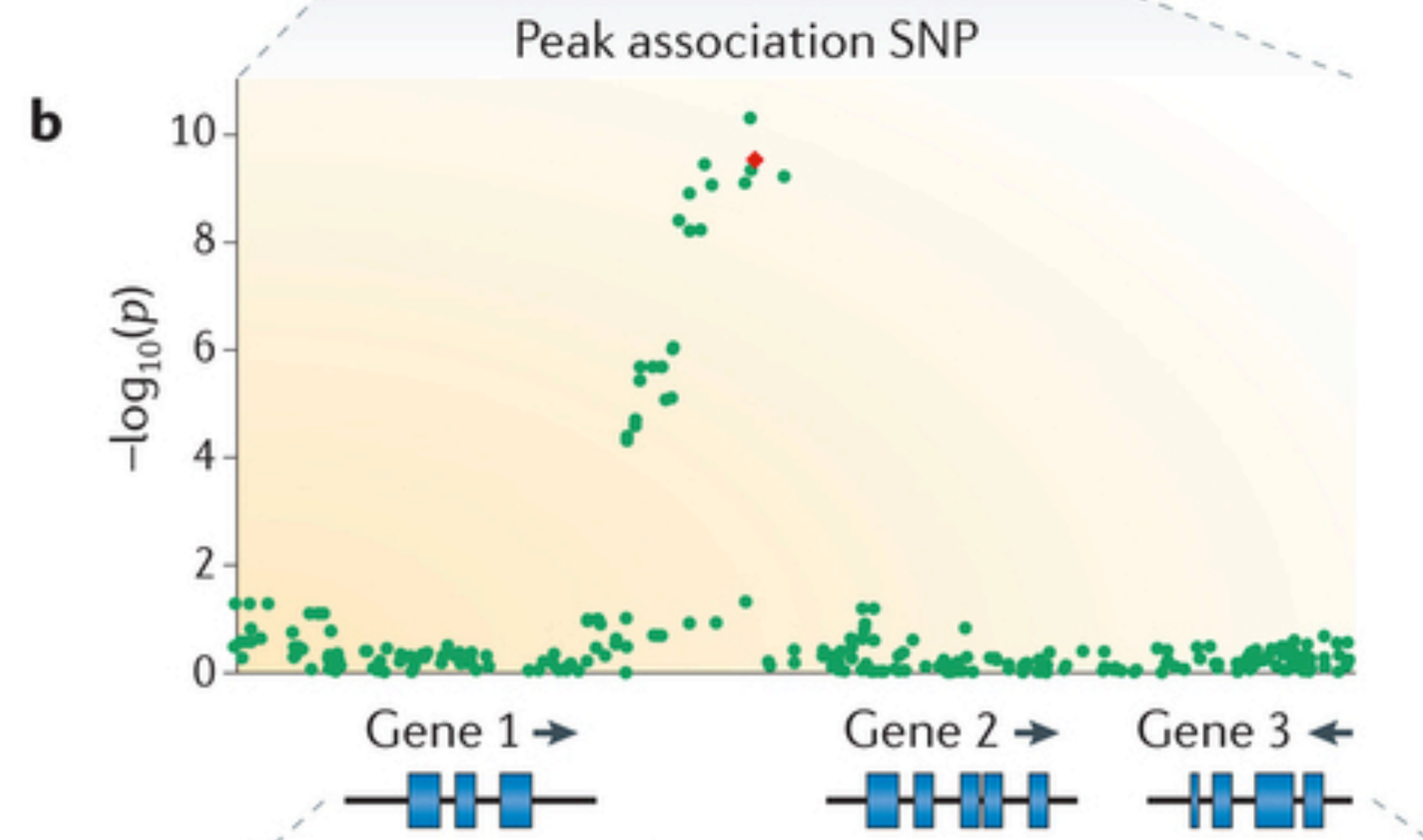
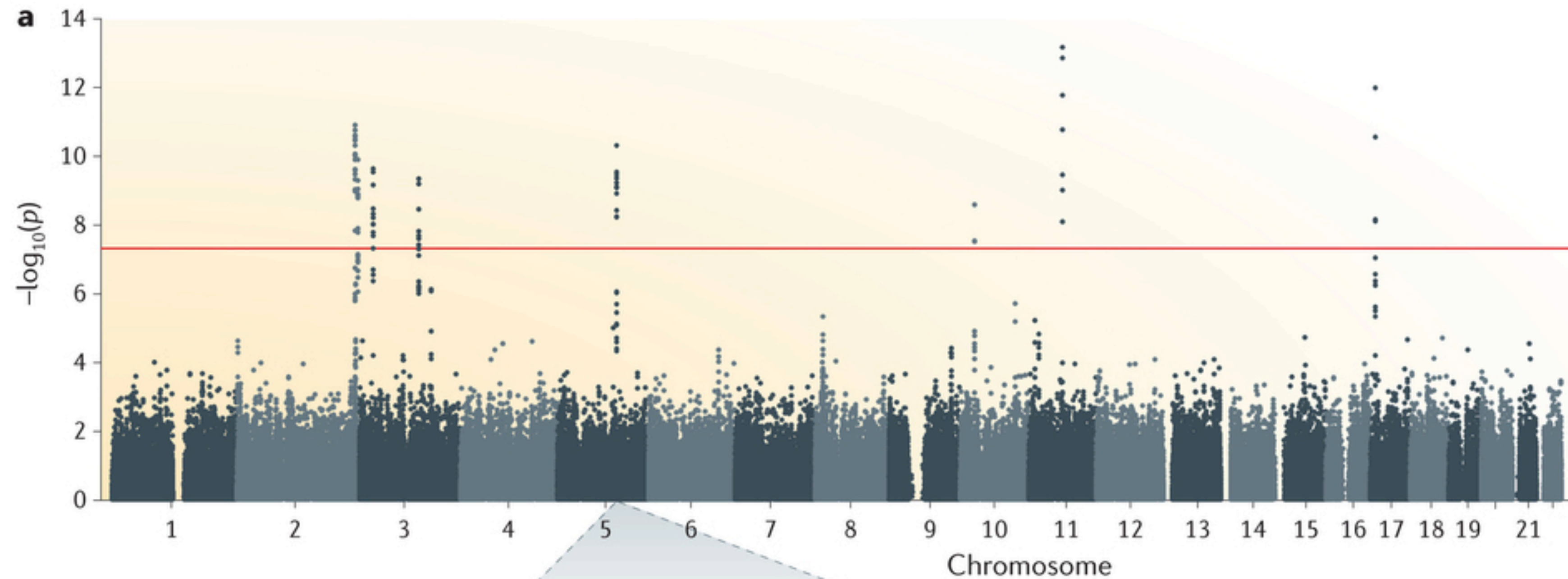
Since then...



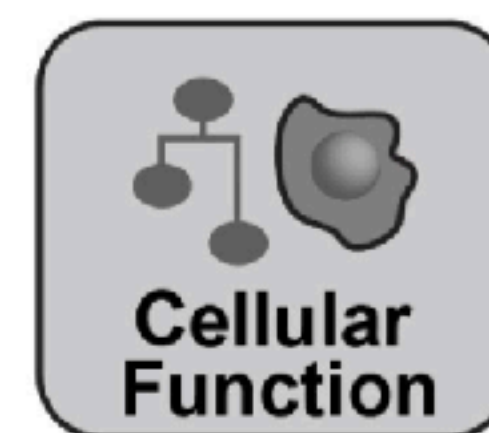
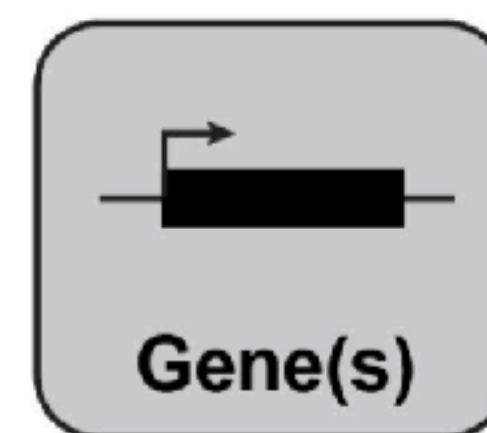
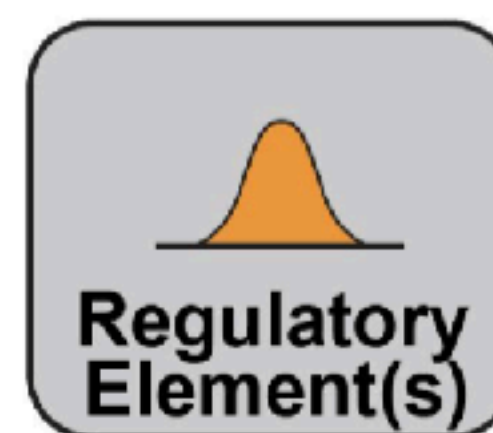
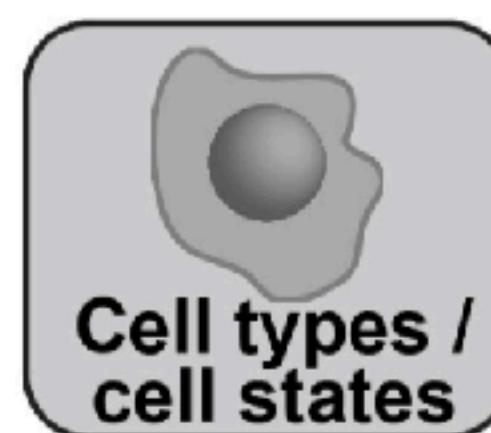
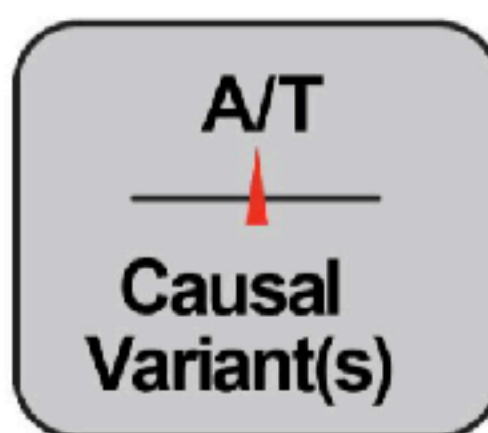
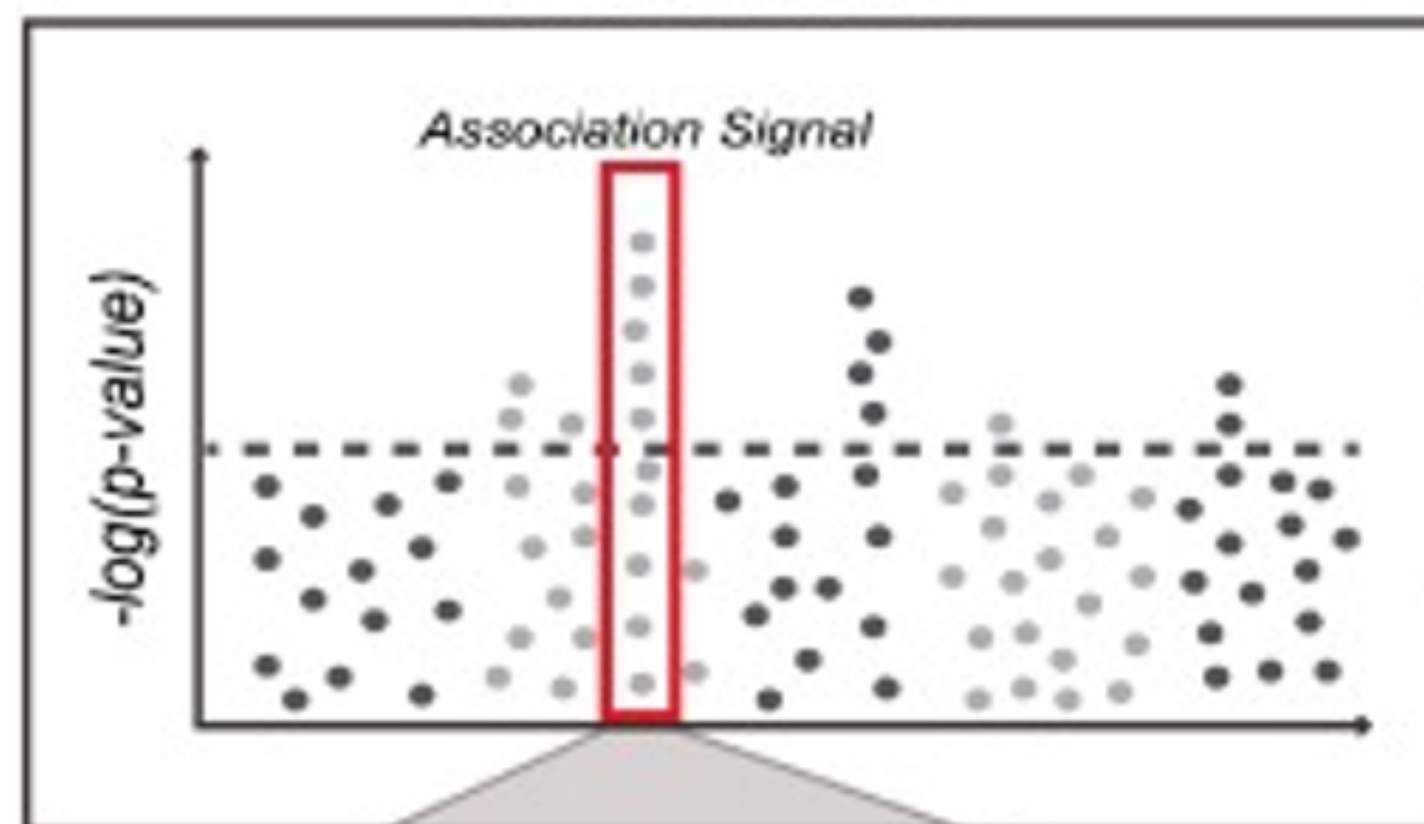


Problem: what are the genes?

- Usually only one (or a few) variants are causal

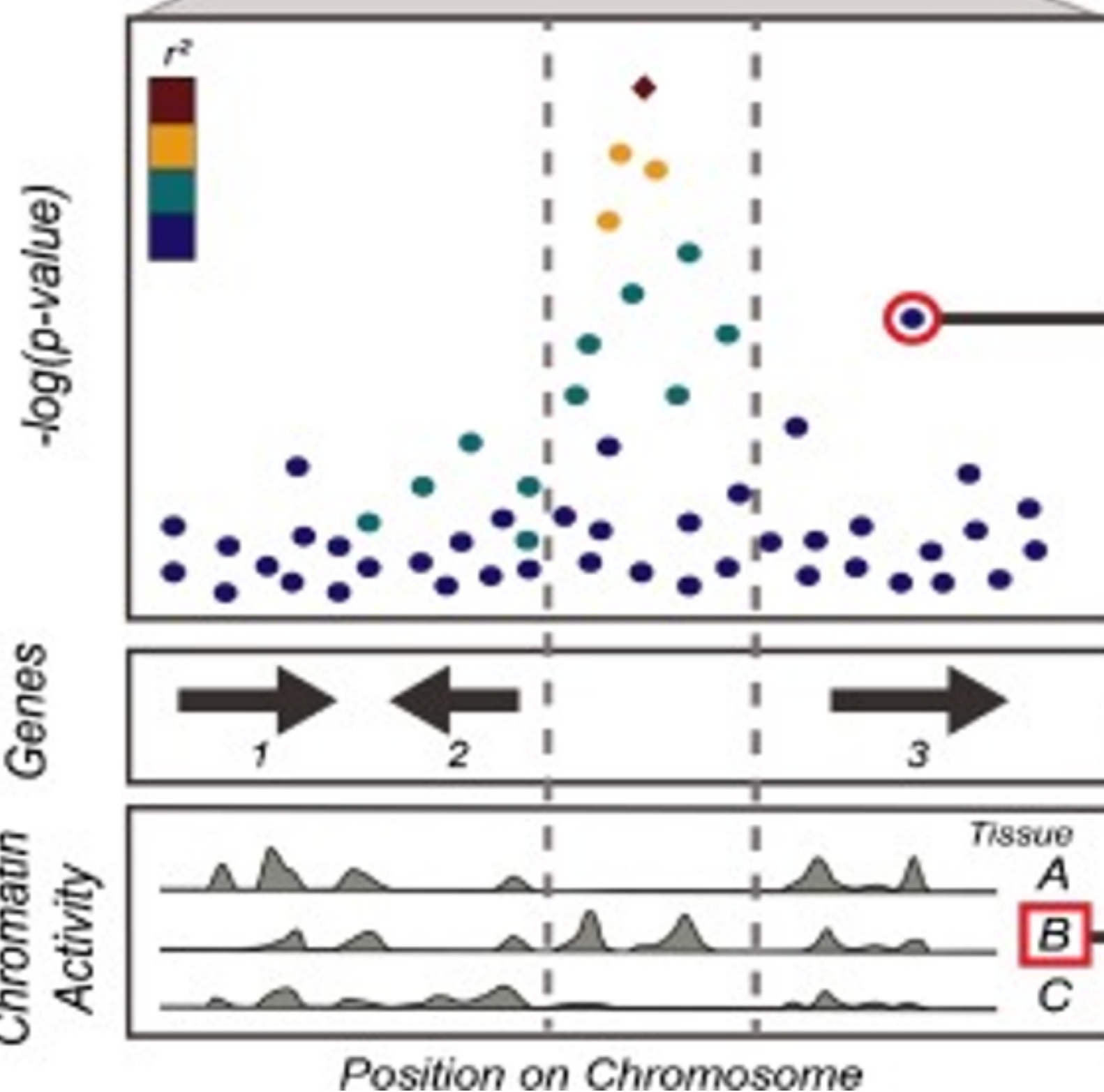


GWAS for T2D



Fine-mapping

Picture courtesy J. Engreitz

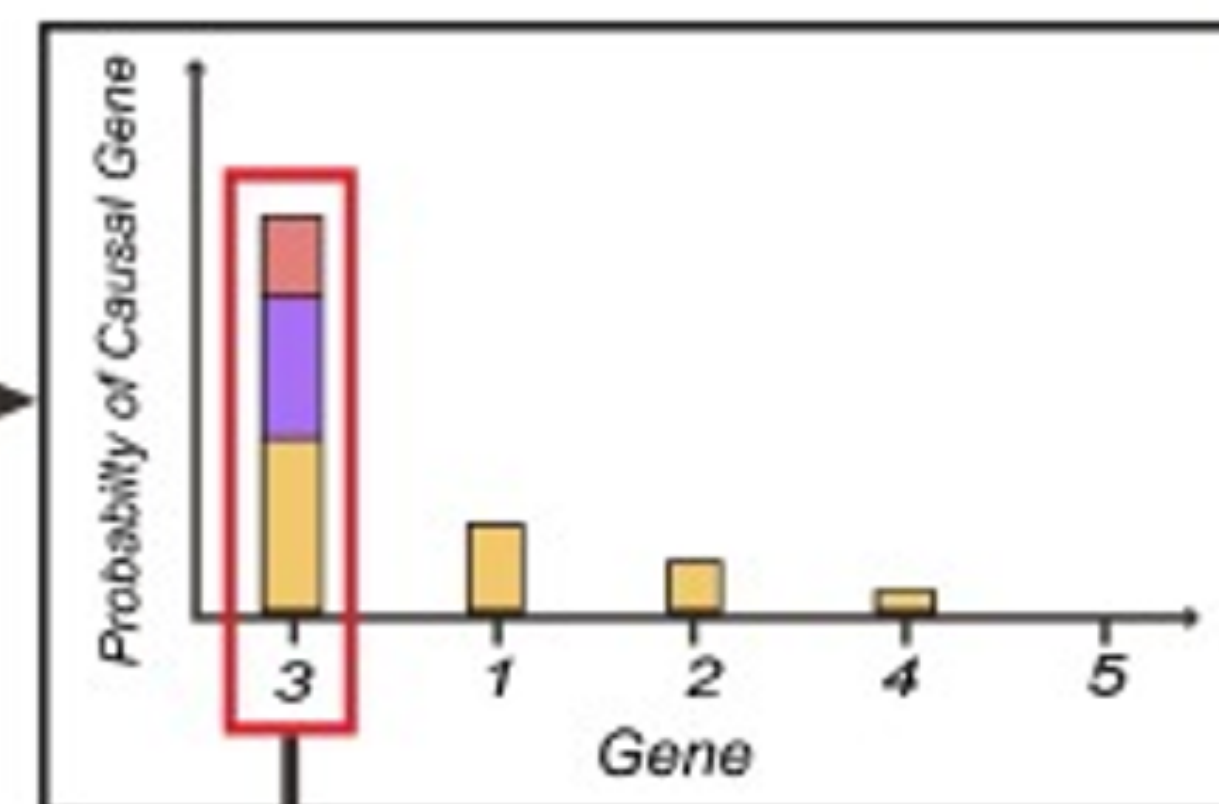


Coding Variant

Genetic Screen

Genomic Annotation

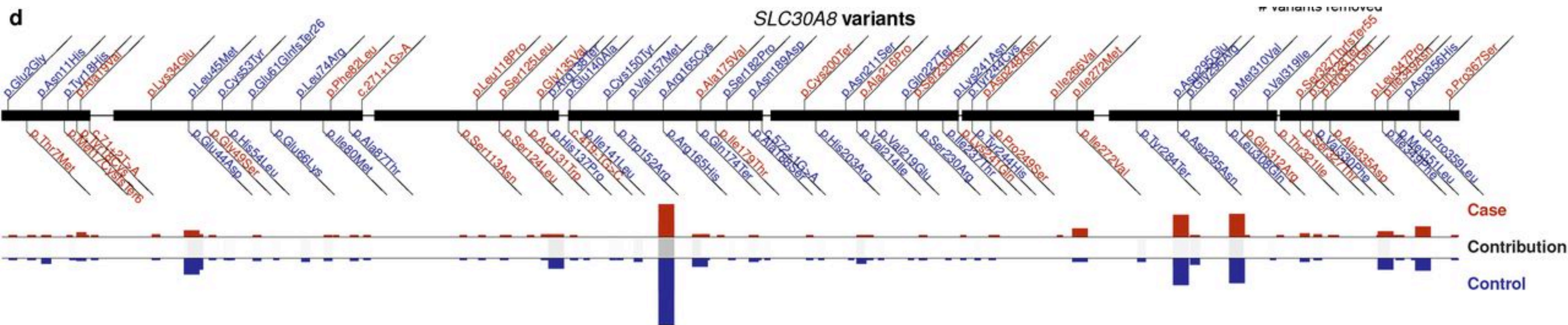
Integration of datasets



Candidate Causal Gene

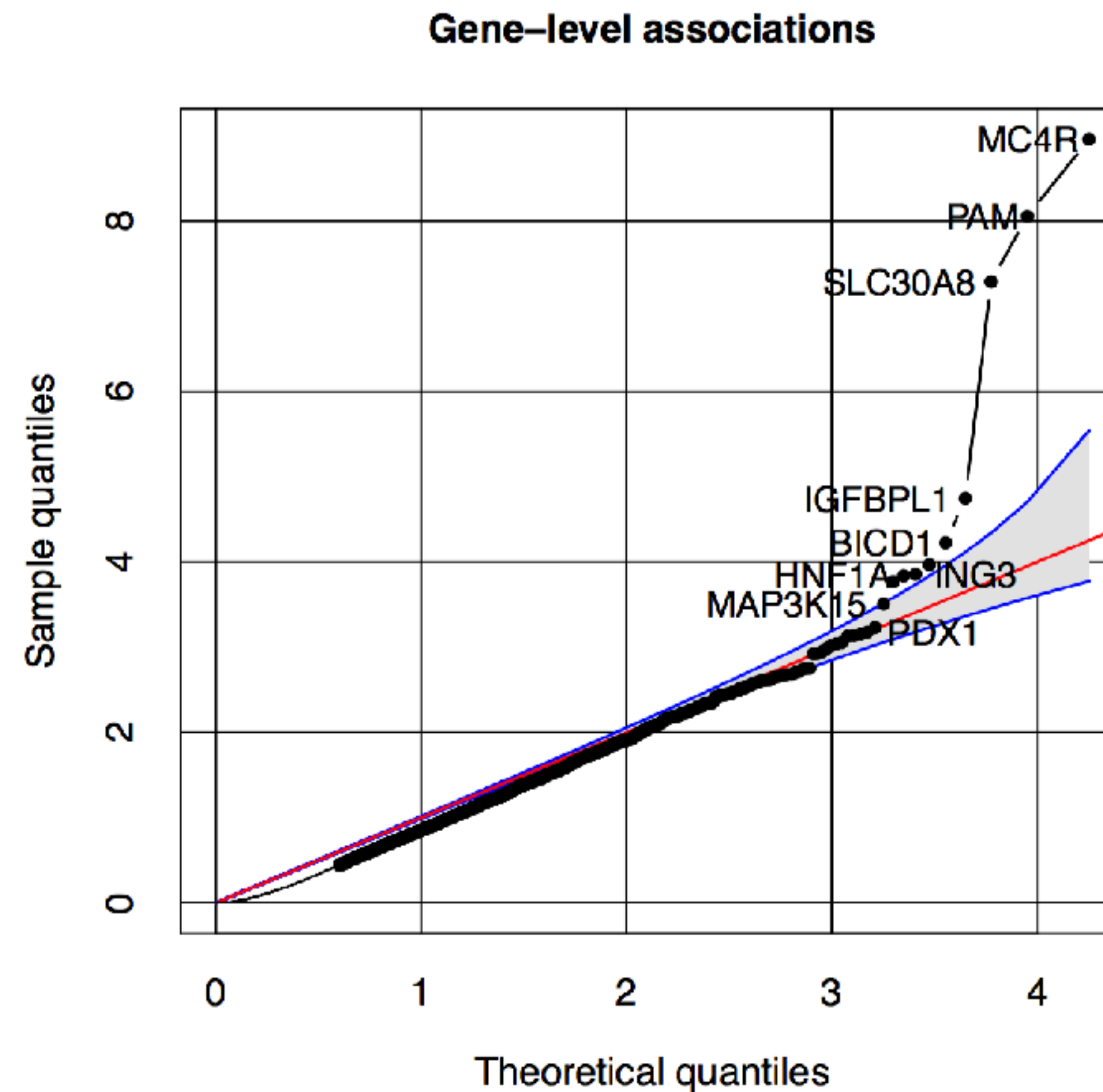
Meanwhile, rare variants...

- When significant: **direct links** from disease to genes
- When variants inactivate protein: **directional link** with disease risk

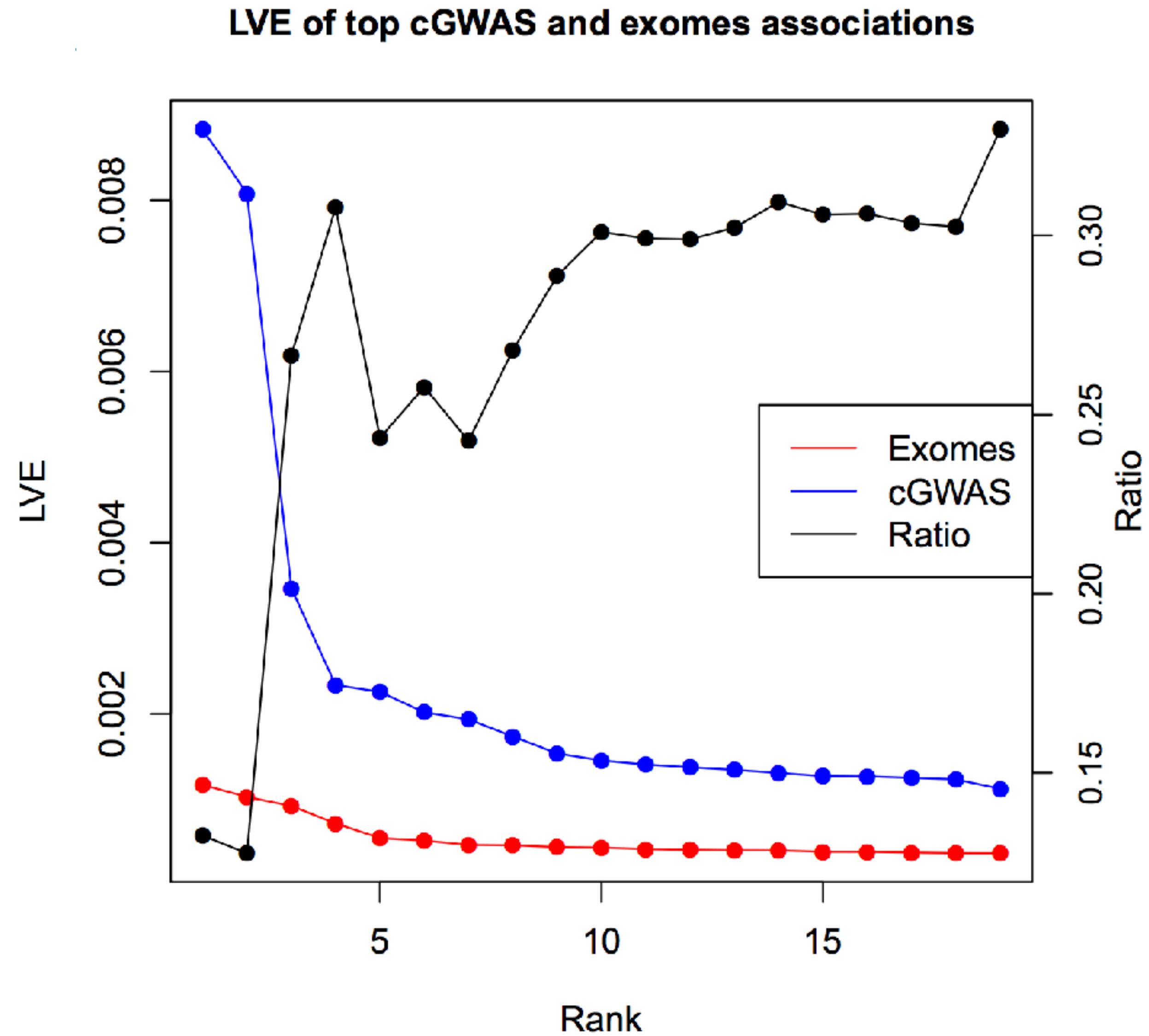


More recent (45,000 sample) exome sequencing

- Three exome-wide significant gene-level associations

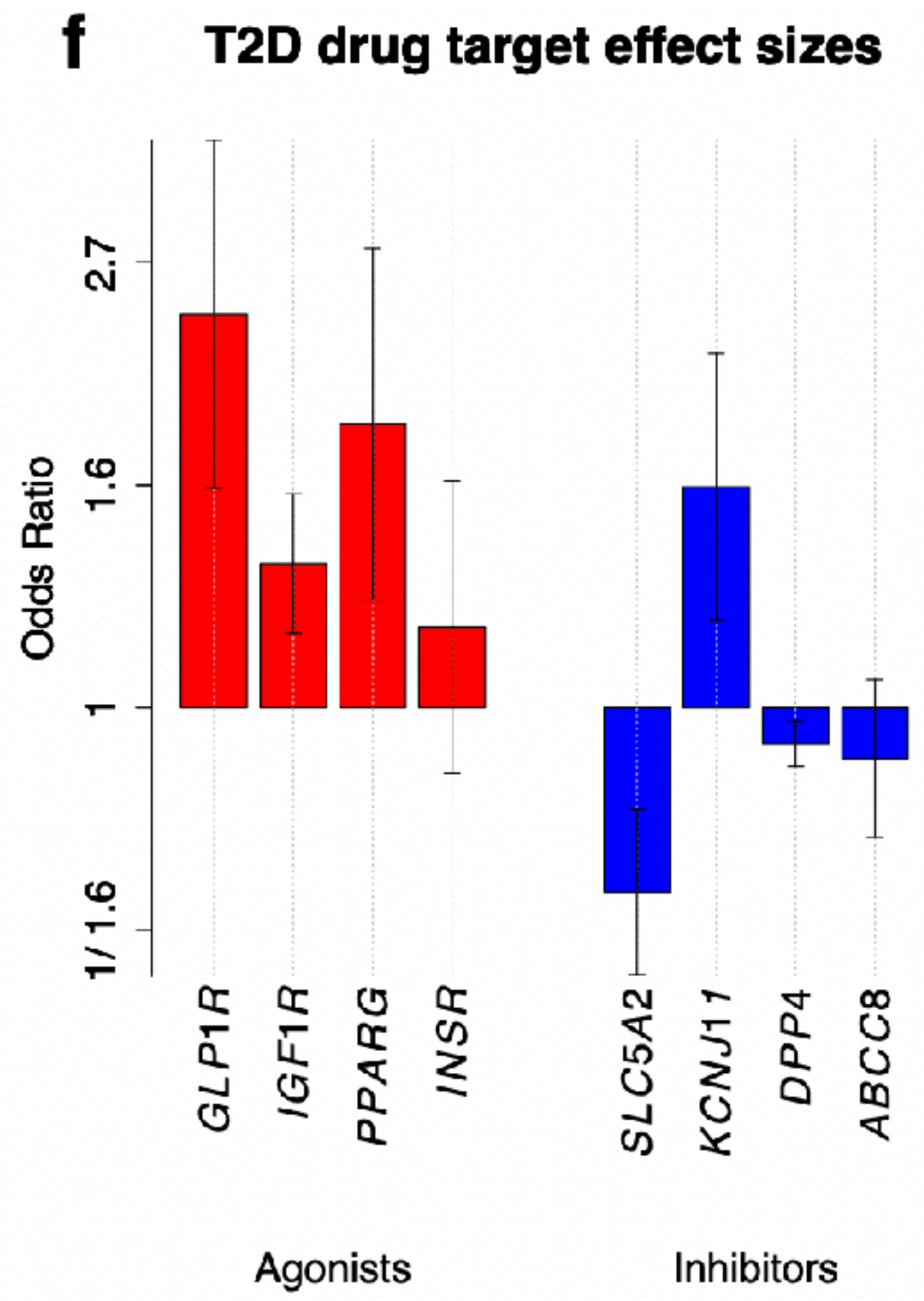
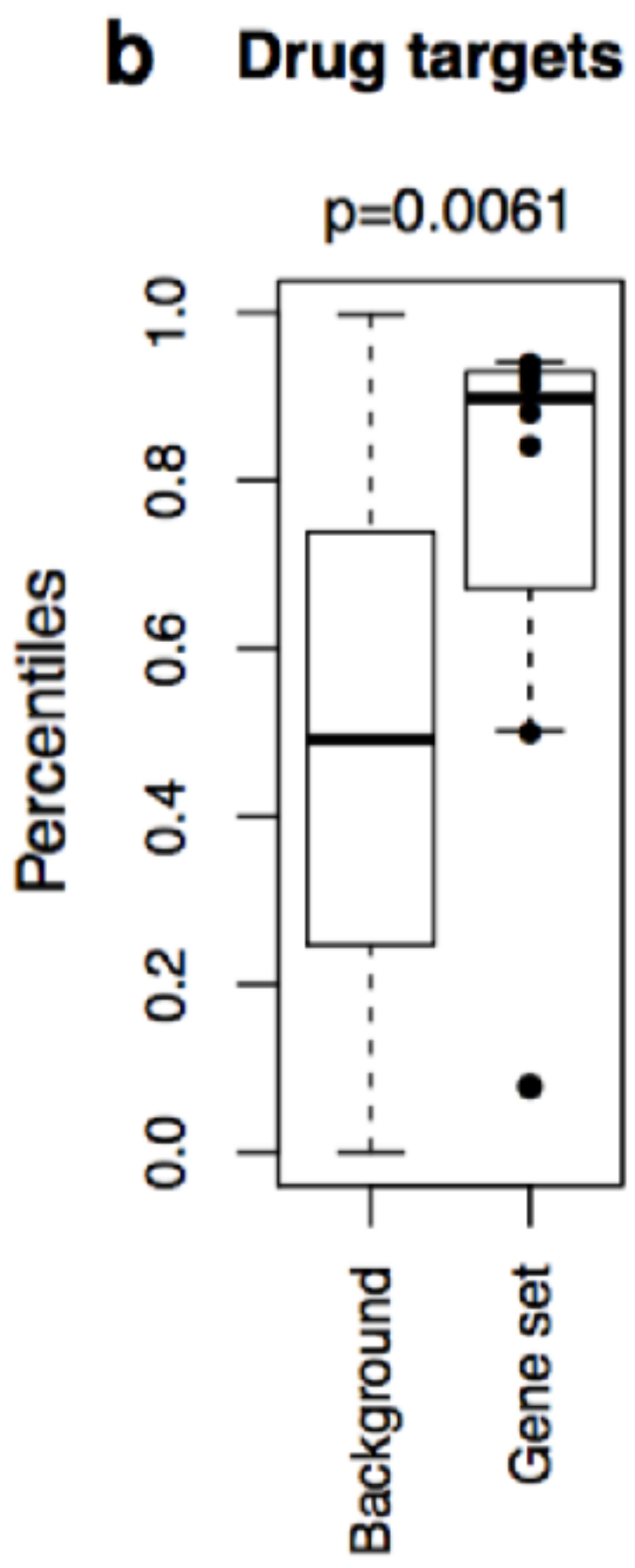


Explaining minimal heritability

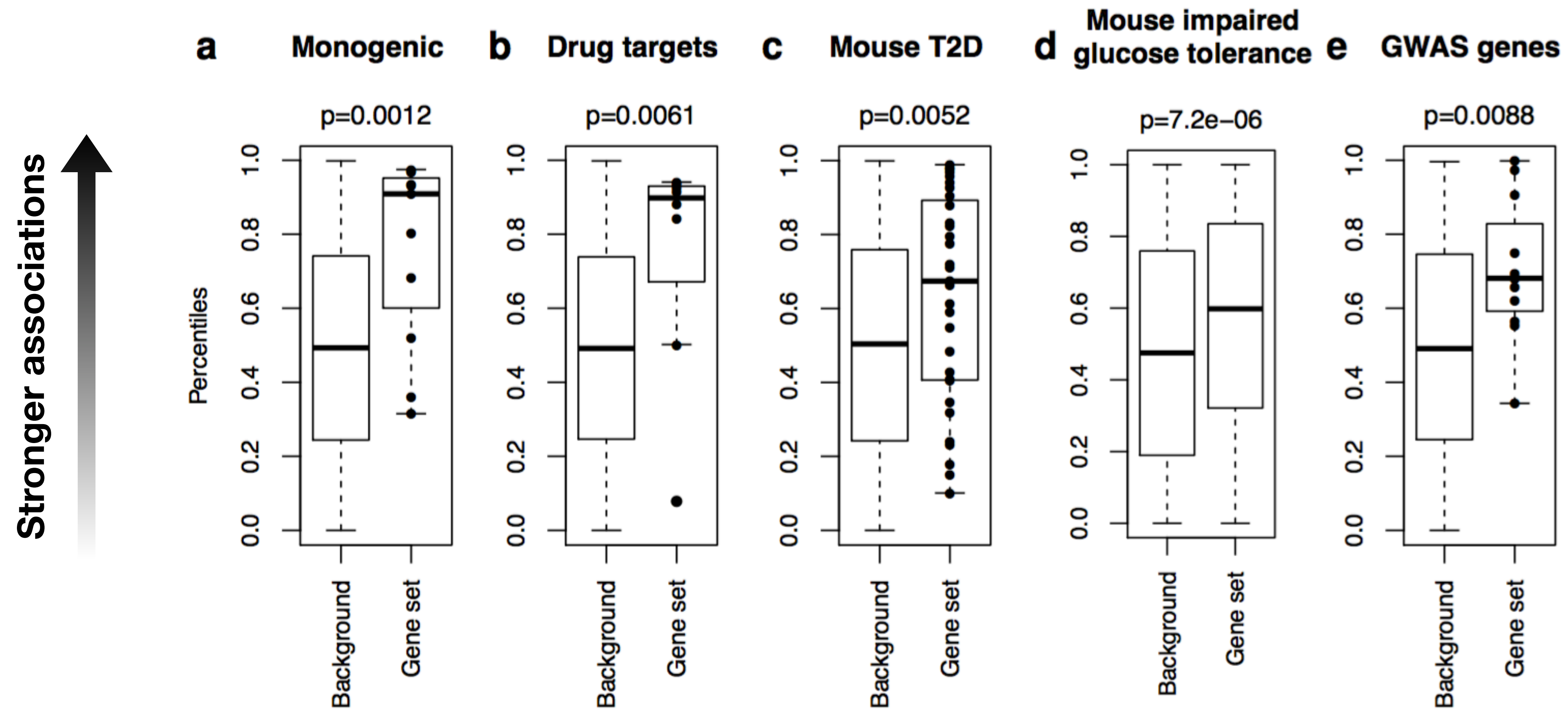


But: many signals beyond

Stronger associations



But: many signals beyond

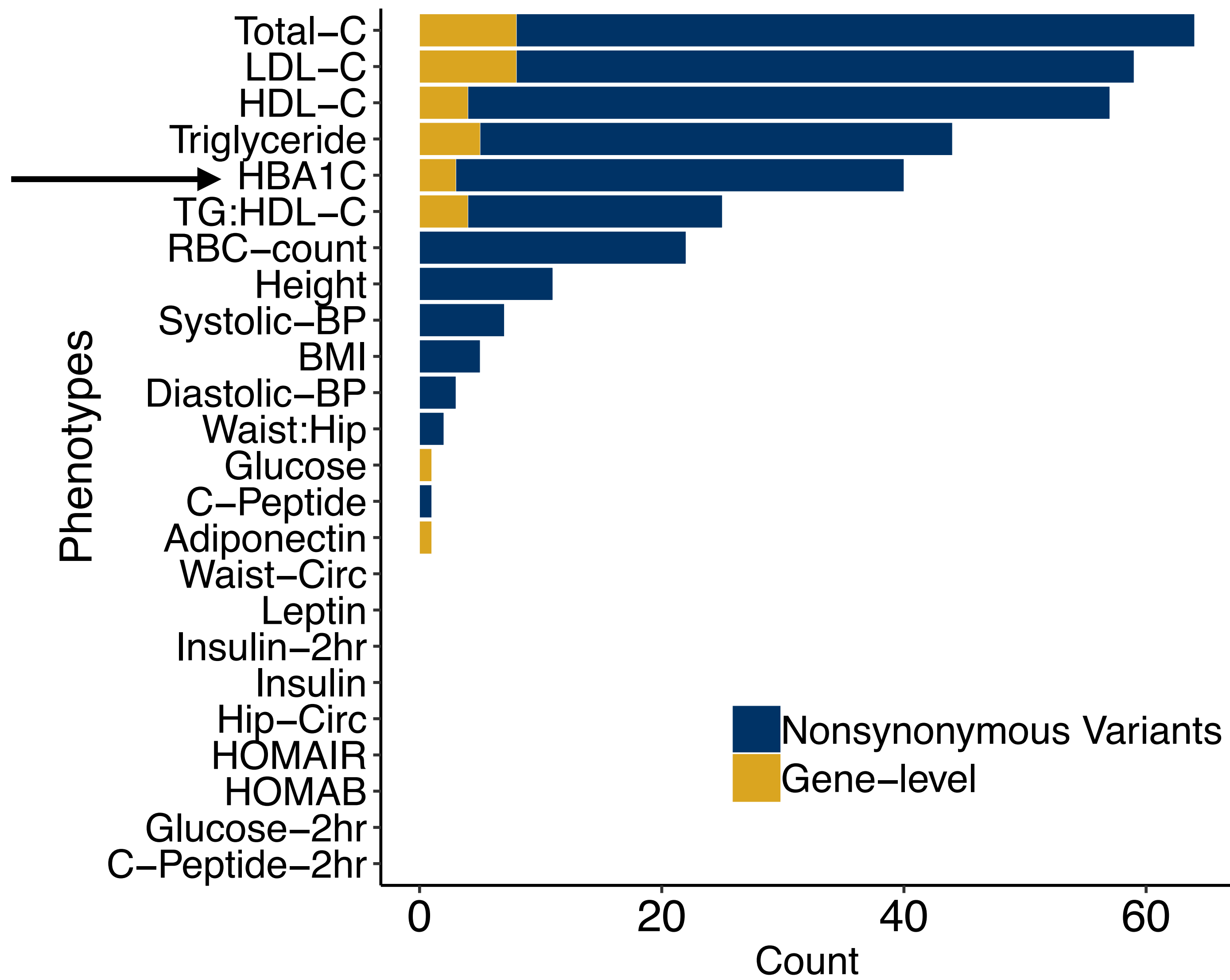


Further support for this model

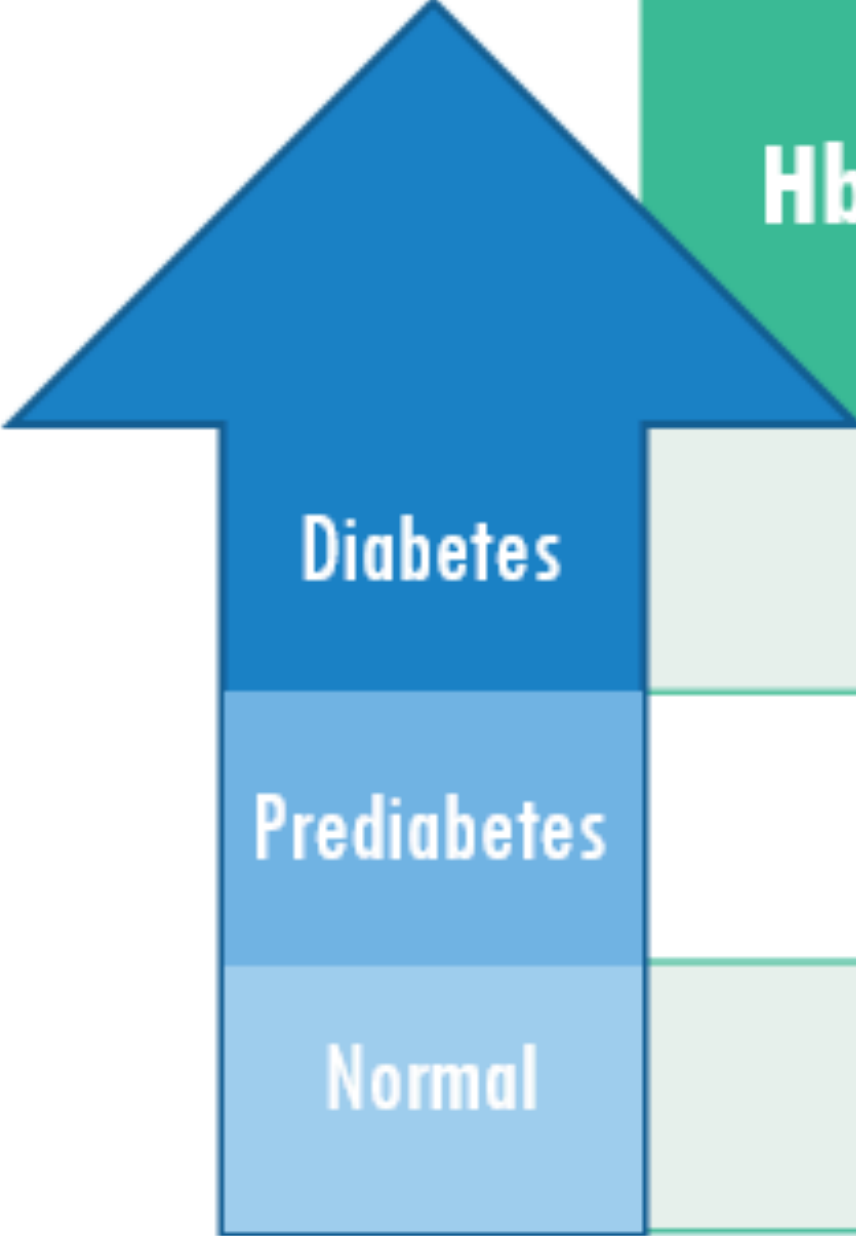
Beyond type 2 diabetes

- **Study design:**
 - Exome sequencing of 85,474 non-diabetic individuals
 - UKBB exomes (n=40,151; 100% European)
 - AMP-T2D exomes (n=45,323; 15.8% African American; 25.6% East Asian; 18.7% European; 18.0% Hispanic; and 22.2% South Asian)
 - 24 quantitative traits
 - Single variant analysis (mostly for common variants)
 - Gene-level analysis (for rare variants)



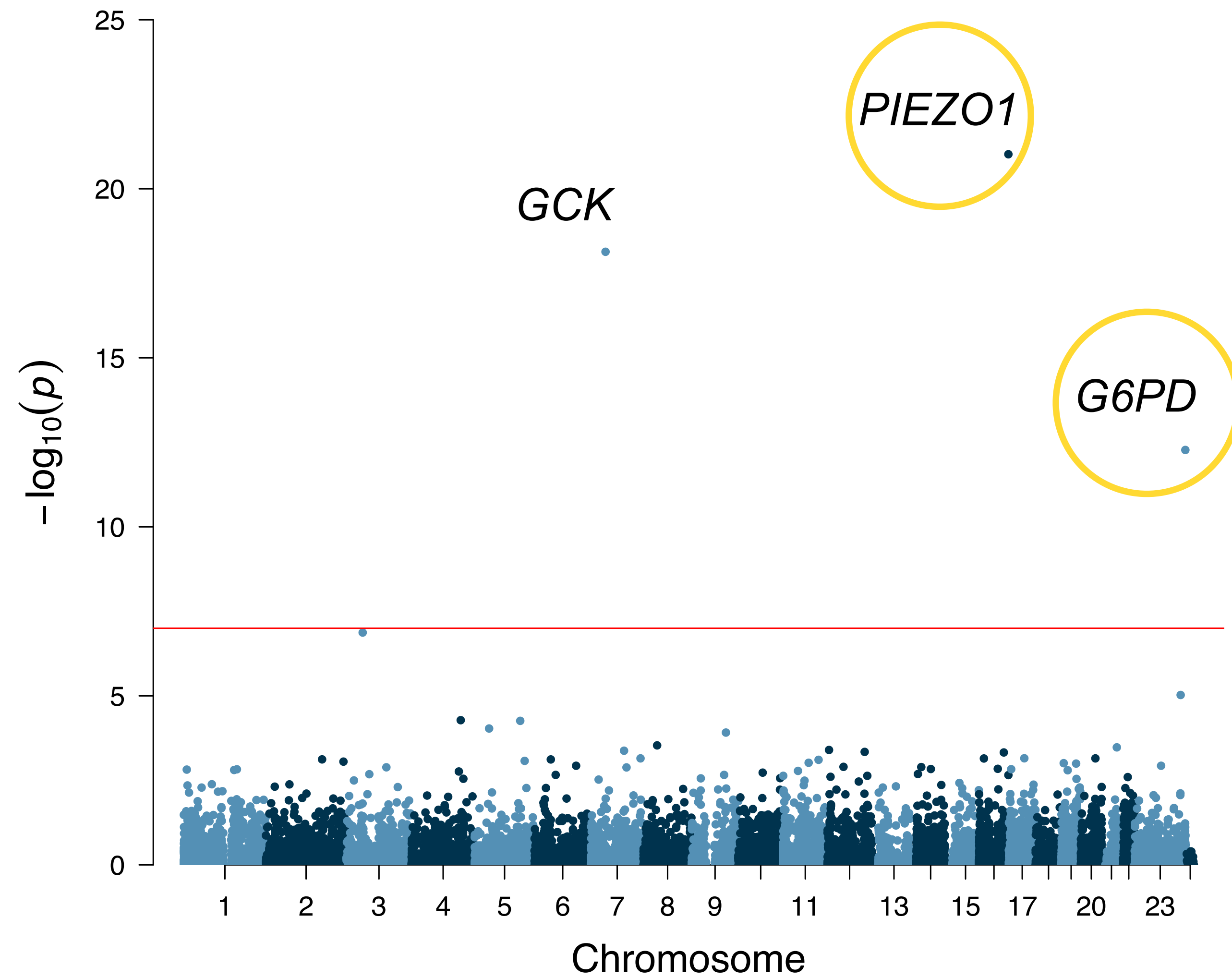


HbA1C is commonly used in T2D diagnosis



	HbA1c (percent)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance Test (mg/dL)
Diabetes	≥ 6.5	≥ 126	≥ 200
Prediabetes	5.7 – 6.4	100 - 125	140 – 199
Normal	~ 5.7	≤ 99	≤ 139

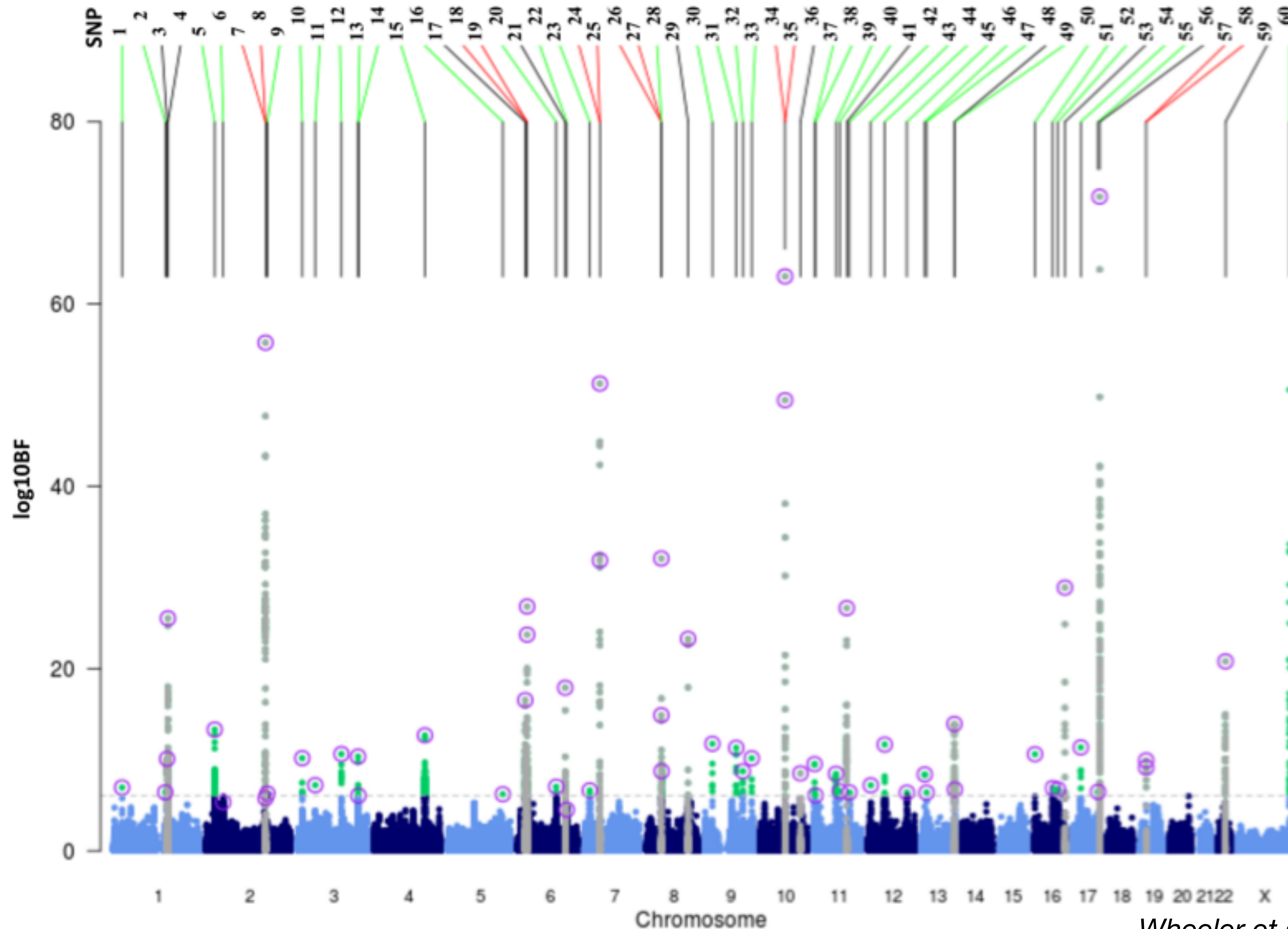
HbA1C Gene-Level Associations



Common variants and HbA1C

~150,000
individuals

60 common
variant
associations



G6PD variant
11% of
African-
Americans

0.81%
reduction in
HbA1c

Common variants and HbA1c

- Associations can be grouped into two classes

Associated
with red blood
cell traits

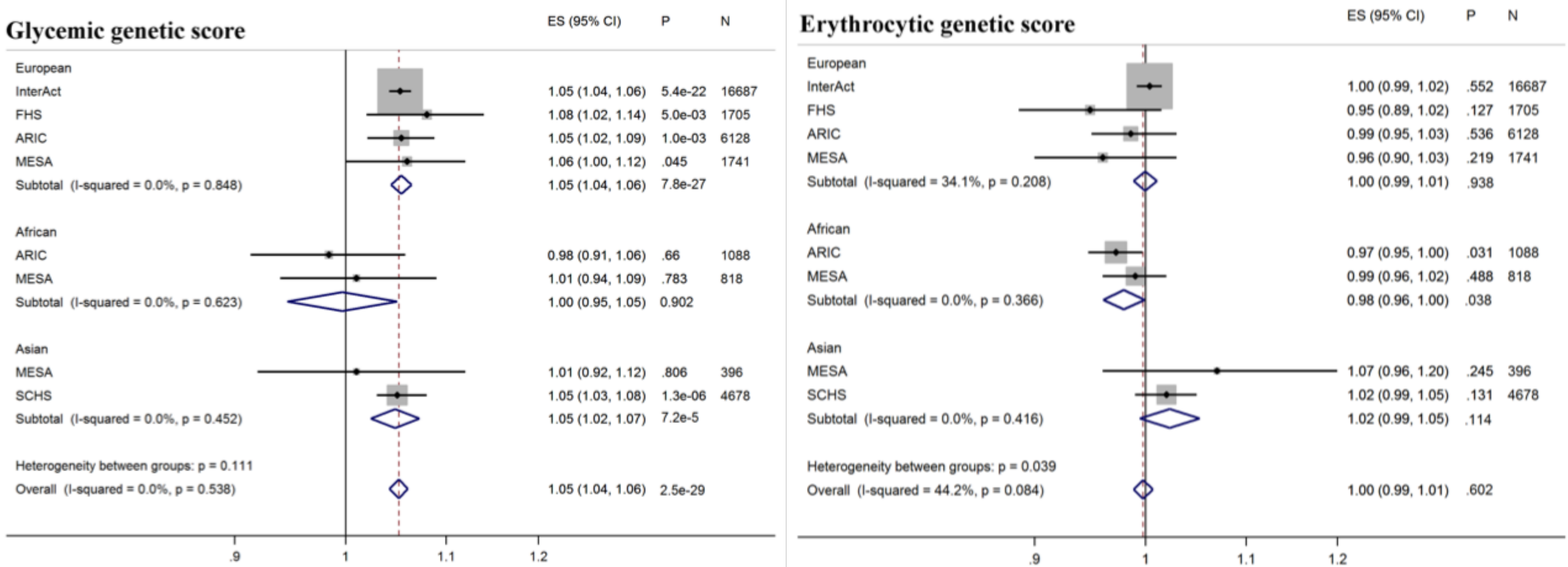
Associated
with other
glycemic traits

Table 1. (Continued)

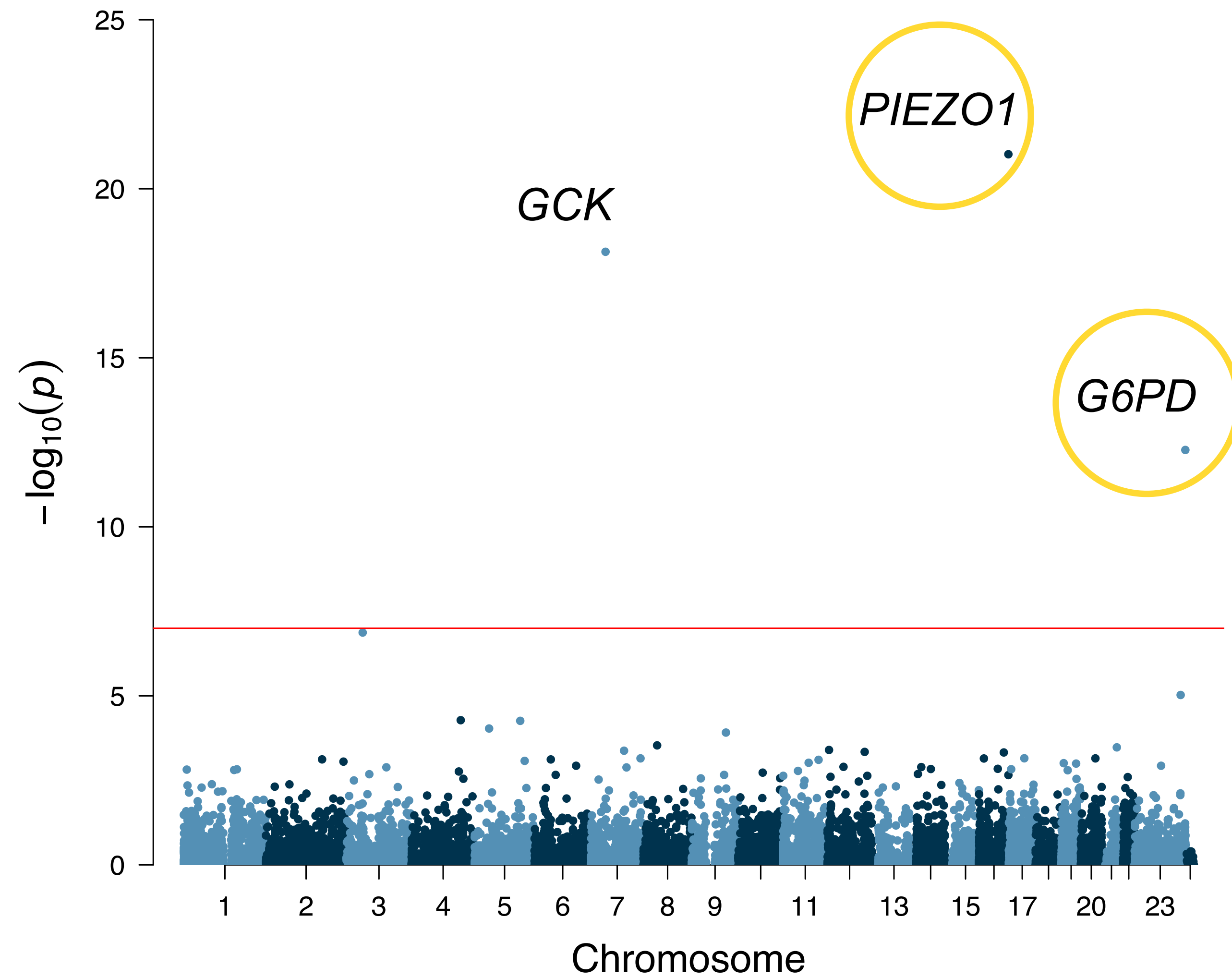
SNP	Markername	Chr.	Position (bp)	Effect Allele	Other Allele	Gene	Status	Signals	Classification	European ancestry METAL p-value	Trans-ethnic MANTRA log10BF
45	rs10774625	12	110394602	G	A	ATXN2	Novel	Single	Erythrocytic	1.46×10^{-8}	6.38
46	rs11619319	13	27385599	G	A	PDX1	Novel	Single	Glycemic	4.58×10^{-7}	8.38
47	rs576674	13	32452302	G	A	KL	Novel	Single	Glycemic	1.39×10^{-5}	6.38
48	rs282587	13	112399663	G	A	ATP11A	Known	Single	Unclassified	1.70×10^{-12}	13.92
49	rs9604573	13	113571085	T	C	GAS6	Novel	Single	Unclassified	9.60×10^{-9}	6.72
50	rs11248914	16	233563	T	C	ITFG3	Novel	Single	Erythrocytic	2.56×10^{-14}	10.60
51	rs1558902	16	52361075	A	T	FTO	Novel	Single	Unclassified	3.27×10^{-8}	6.88
52	rs4783565	16	67307691	A	G	CDH3	Novel	Single	Erythrocytic	1.73×10^{-7}	6.73
53	rs837763	16	87381230	T	C	CDT1	Known	Single	Erythrocytic	1.68×10^{-28}	28.89
54	rs9914988	17	24207230	A	G	ERAL1	Novel	Single	Erythrocytic	2.77×10^{-11}	11.34
55	rs2073285	17	73628956	C	T	TMC6	Novel	Single	Unclassified	1.27×10^{-4}	6.47
56	rs1046896	17	78278822	T	C	FN3KRP	Known	Single	Unclassified	4.46×10^{-64}	71.79
57	rs11086054	19	17107737	A	T	MYO9B	Novel	Multiple	Unclassified	8.16×10^{-6}	9.12
58	rs17533903	19	17117523	A	G	MYO9B	Known	Multiple	Erythrocytic	5.27×10^{-12}	9.912
59	rs4820268	22	35799537	G	A	TMPRSS6	Known	Single	Erythrocytic	1.40×10^{-22}	20.79
60	rs1050828	X	153417411	T	C	G6PD	Novel	Single	Erythrocytic	NA*	NA

Different biological effects

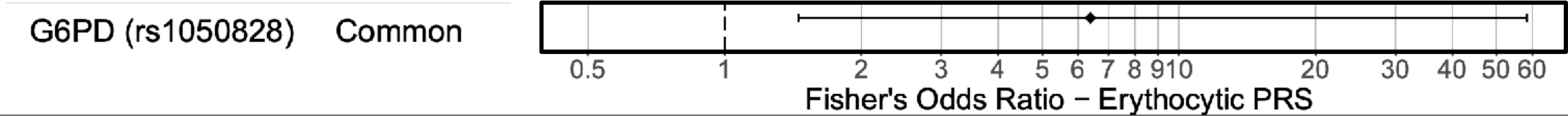
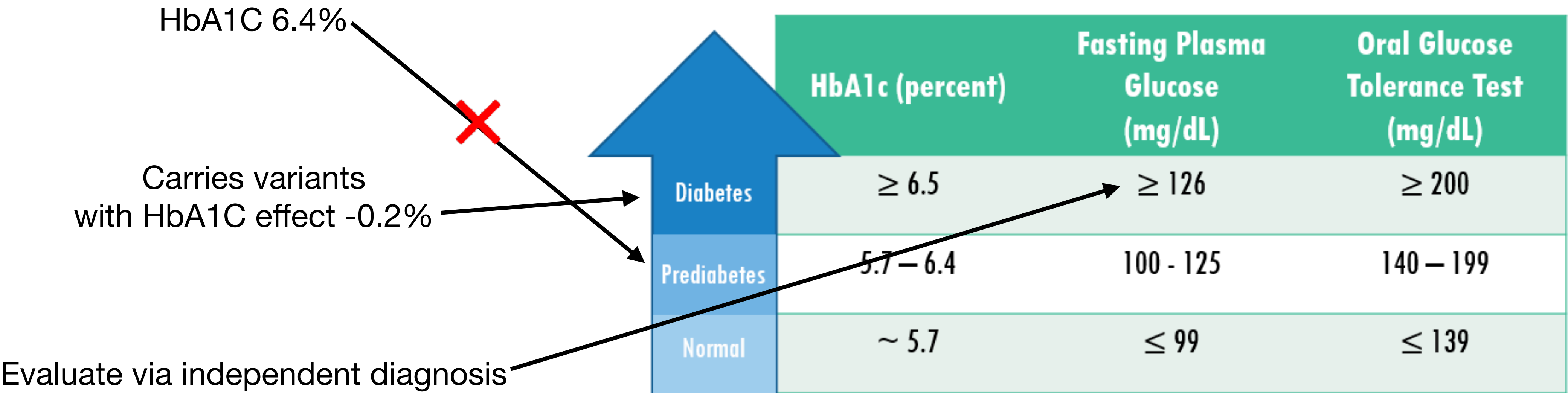
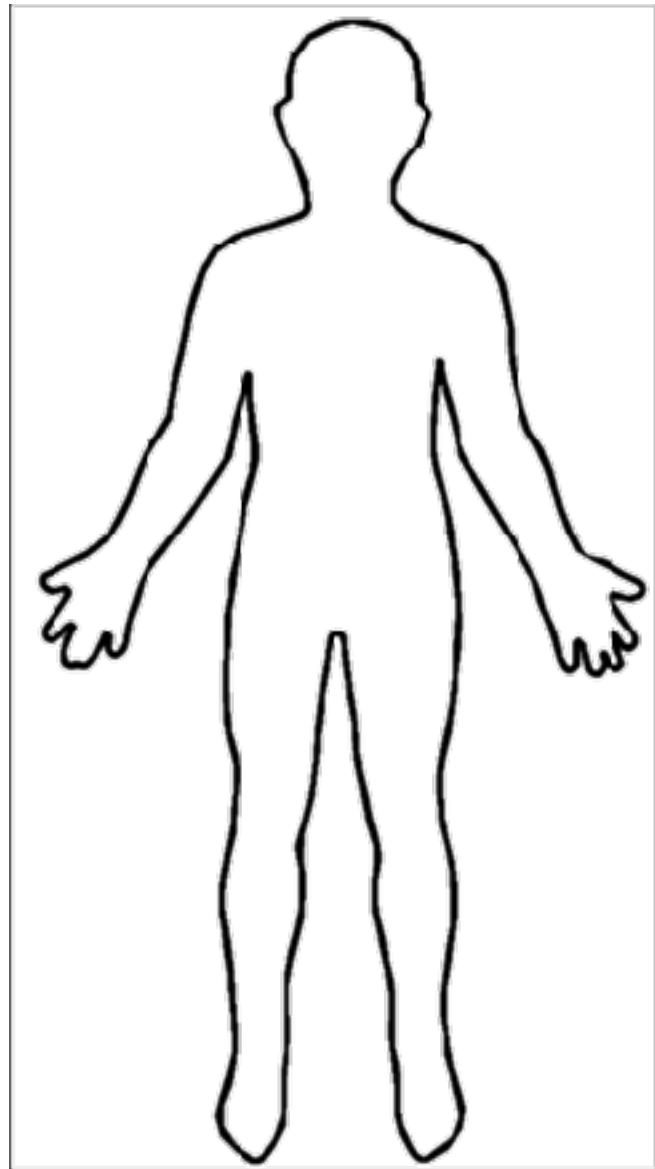
- Glycemic associations, but not erythrocytic associations, predict future development of T2D
 - ~2% of African-Americans could be misclassified due to *G6PD* variant



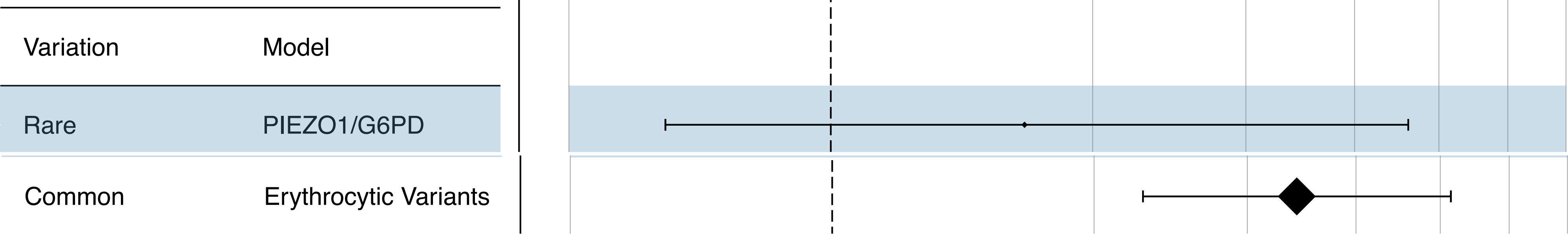
HbA1C Gene-Level Associations



How do these variants affect HbA1c diagnosis?

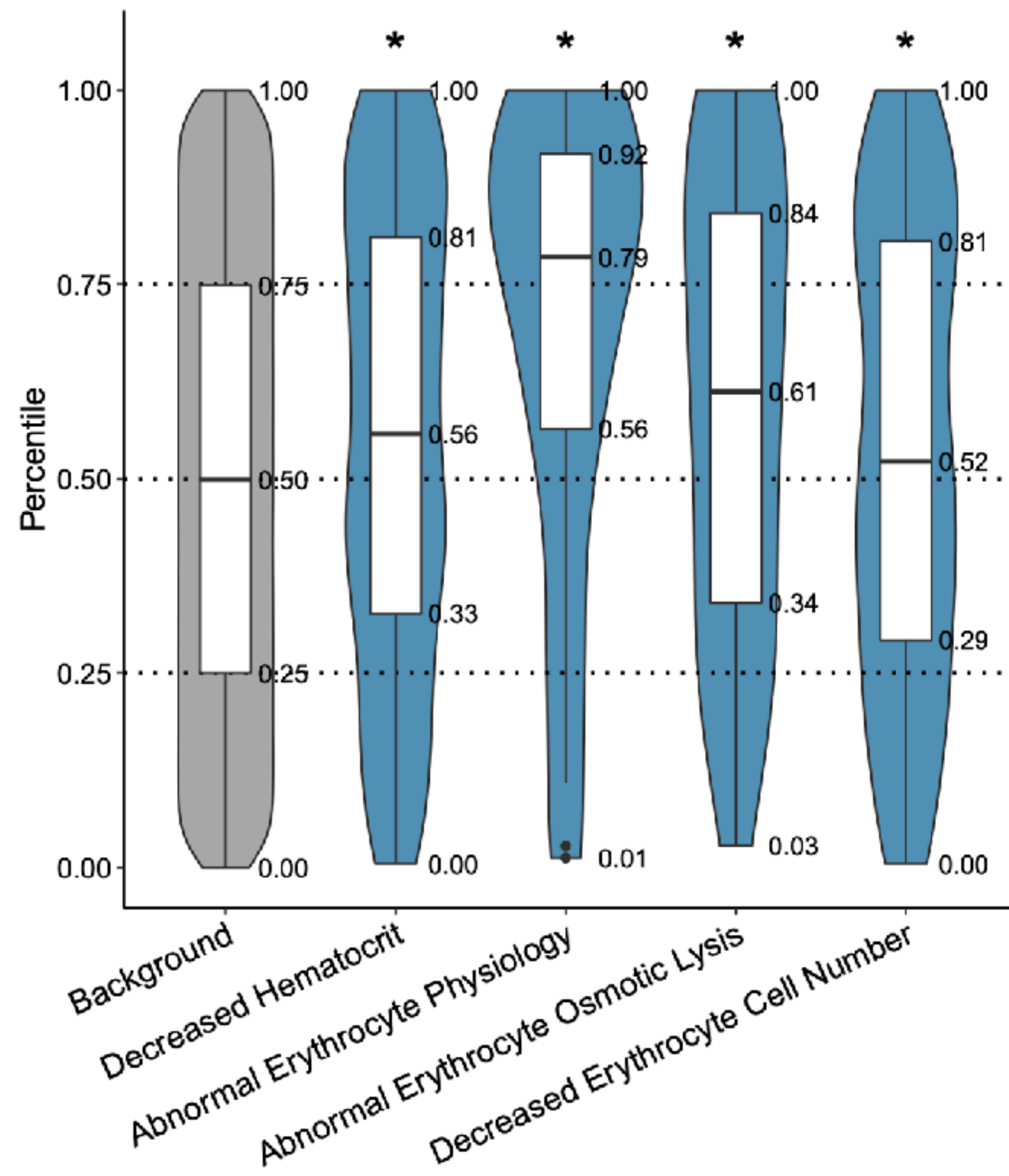


How do these variants affect HbA1c diagnosis?



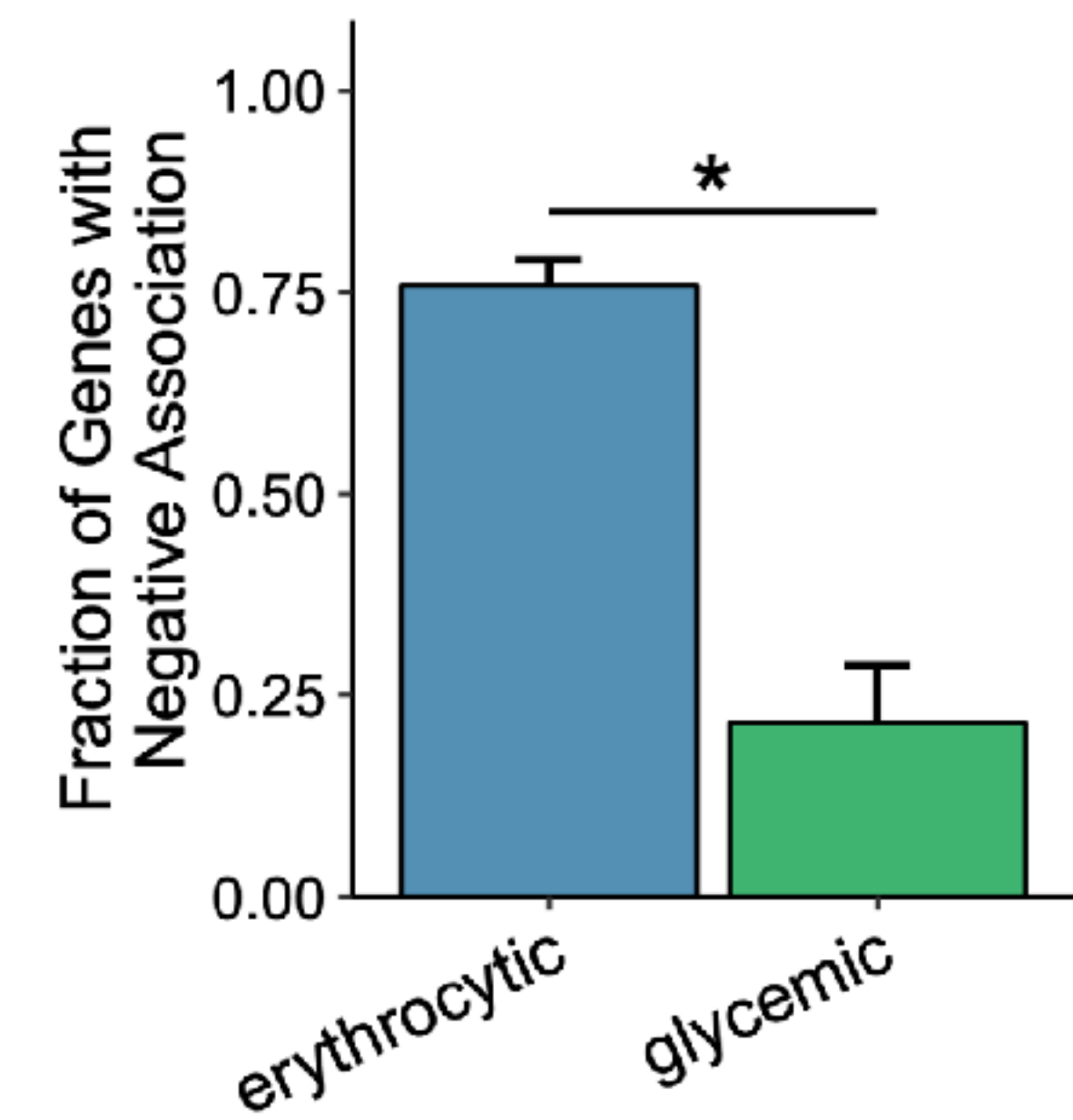
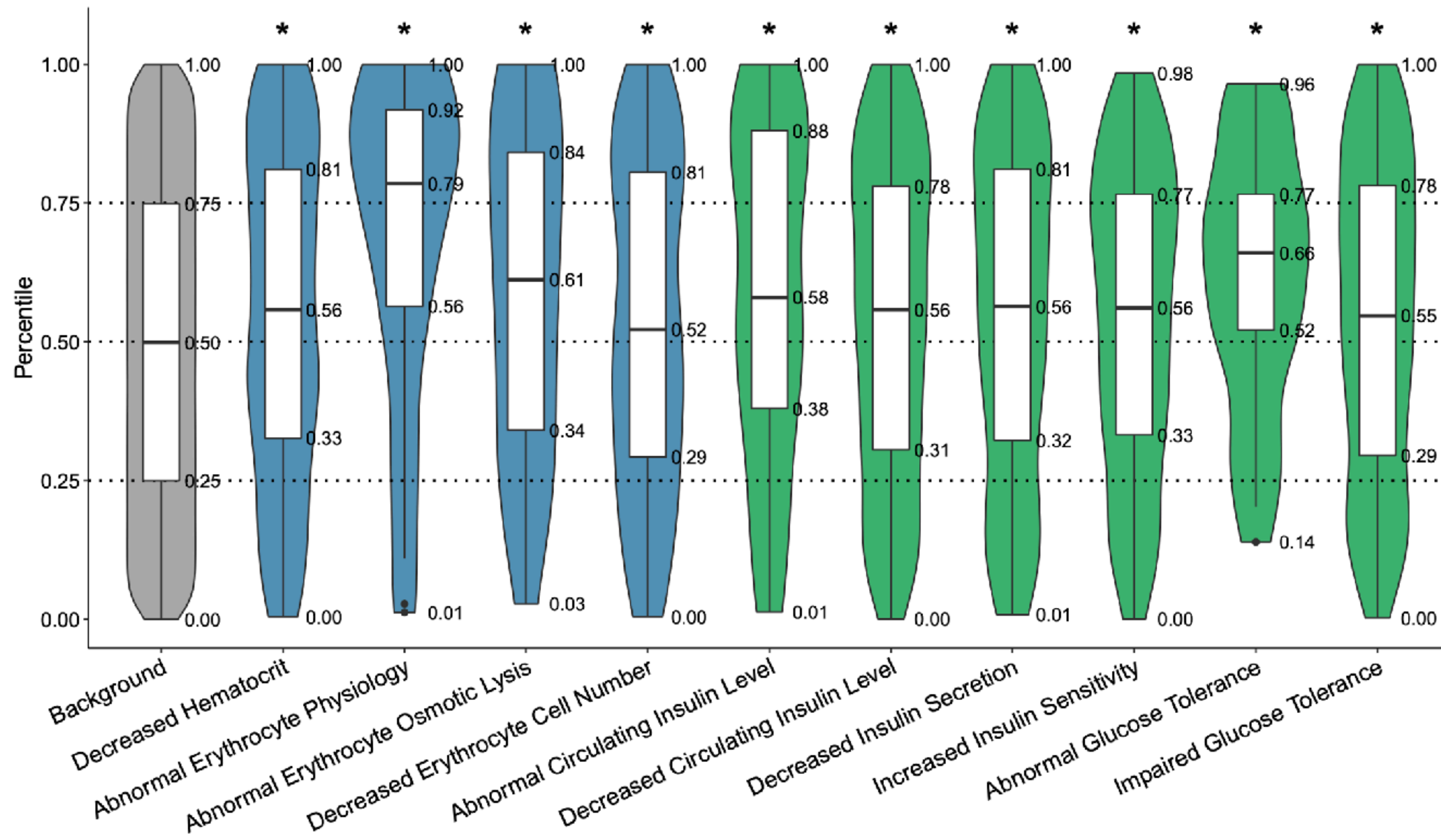
Expanding the model

- Significant associations in many sets of genes with known function on erythrocytic lifespan in mice

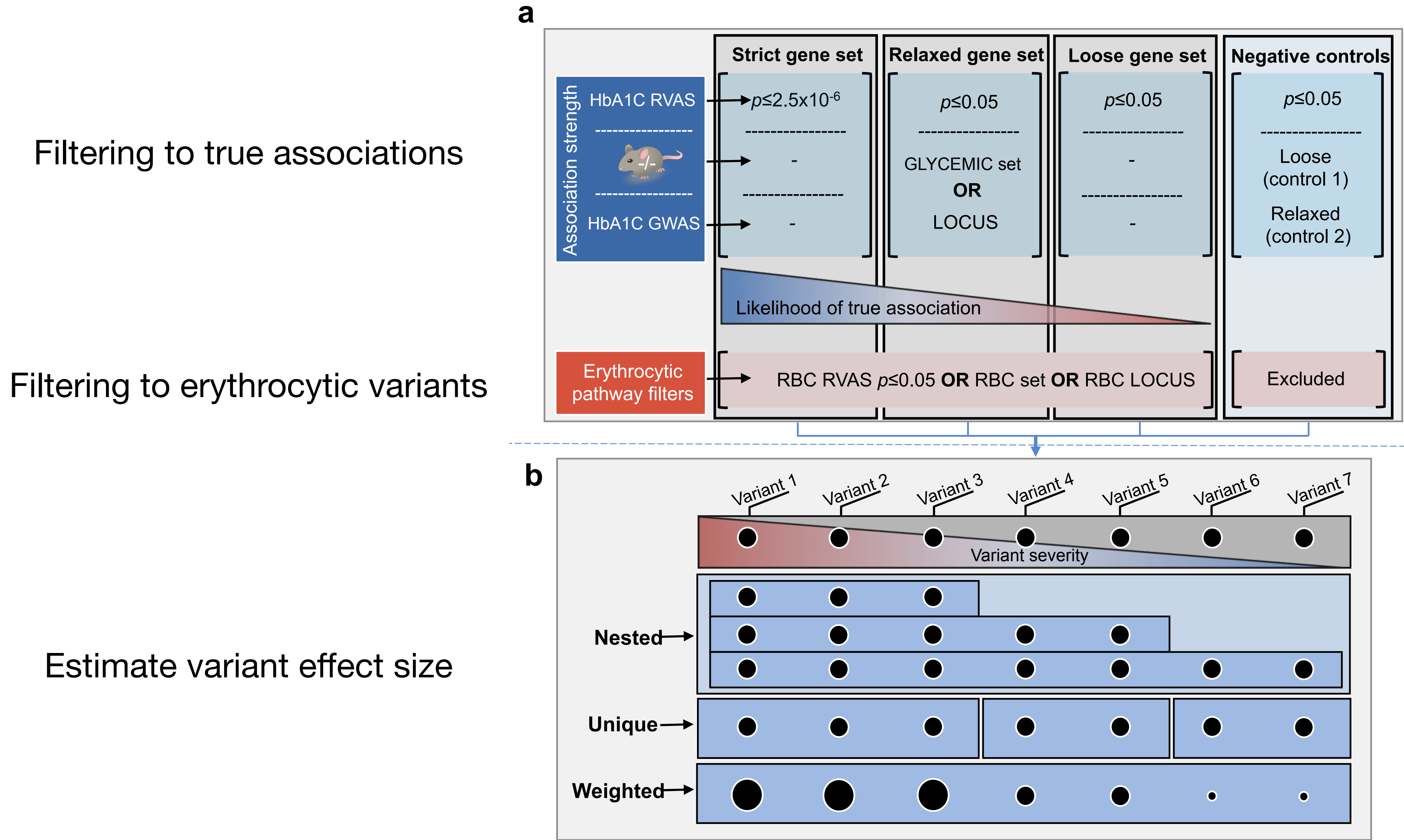


Evidence for associations across many genes

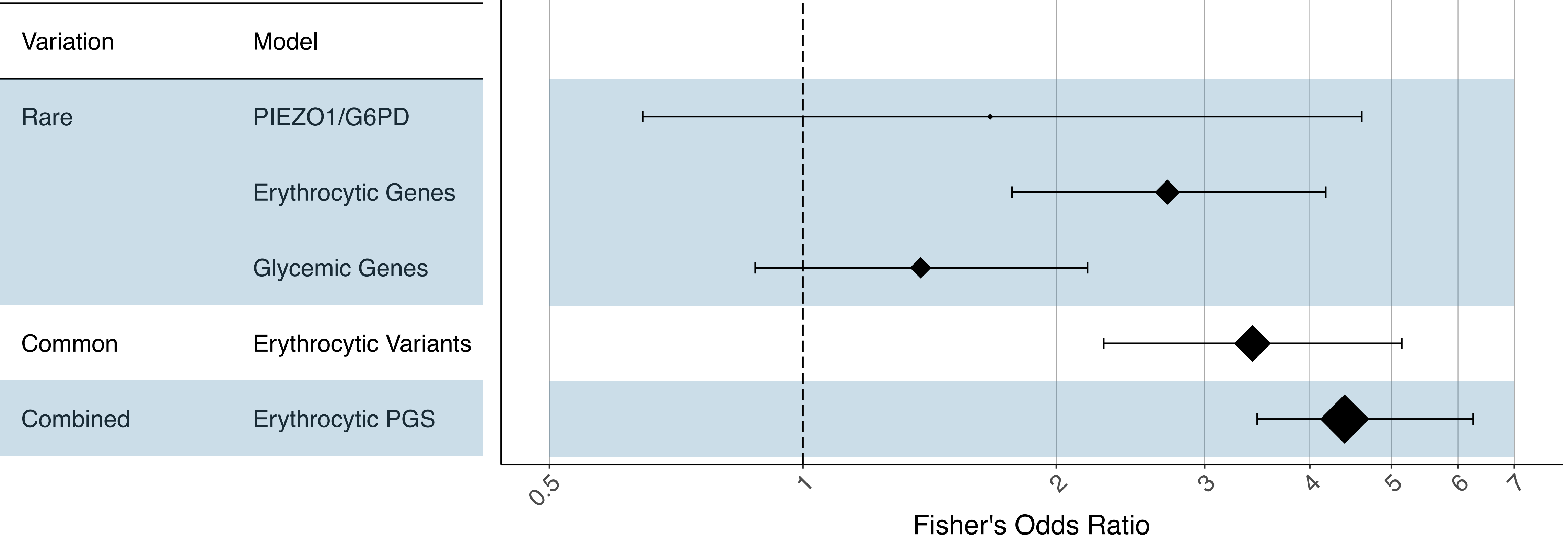
- Compared to rare variants in genes involved in glycemia in mice, rare variants in erythrocytic genes are more likely to decrease HbA1c



Putting this together in a polygenic score

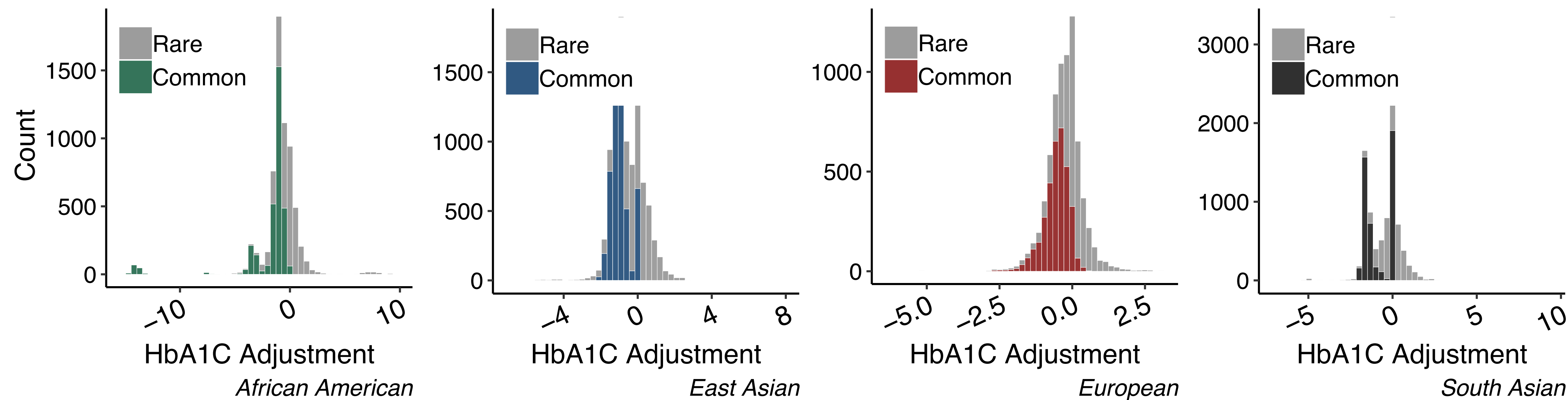


Final model: 21,293 variants



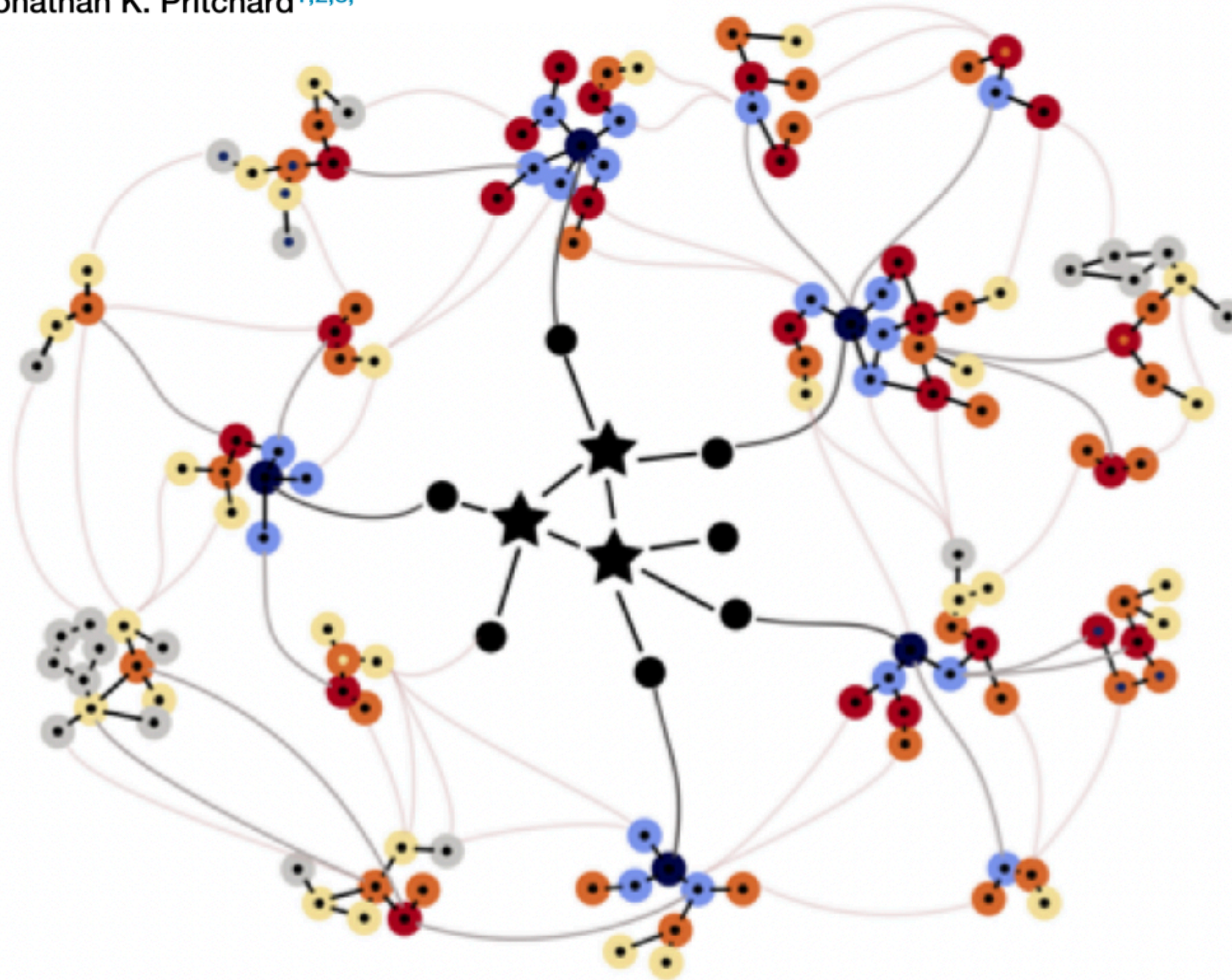
**Diamonds scaled to number of reclassified individuals in the test sample

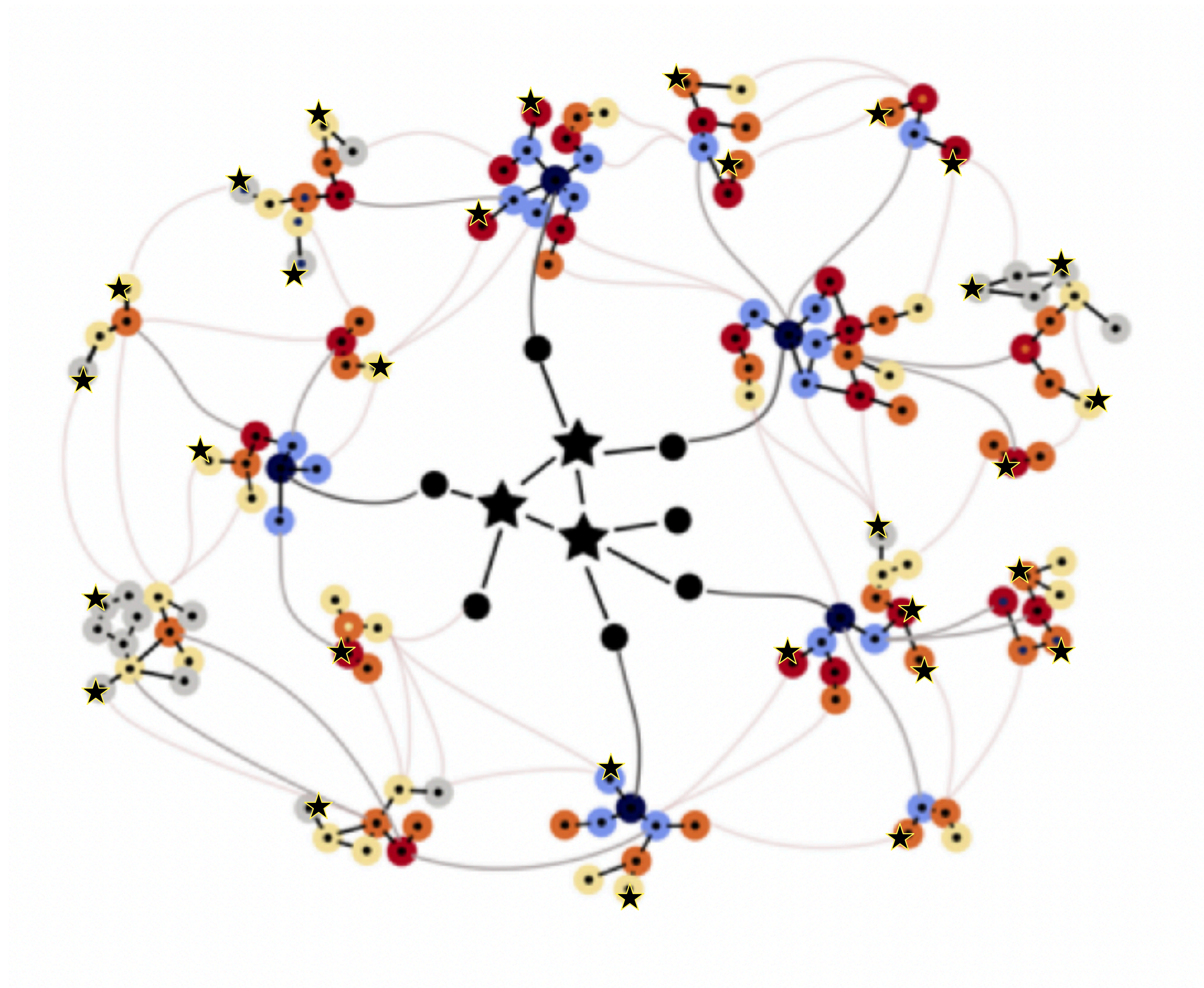
Model is highly polygenic



An Expanded View of Complex Traits: From Polygenic to Omnigenic

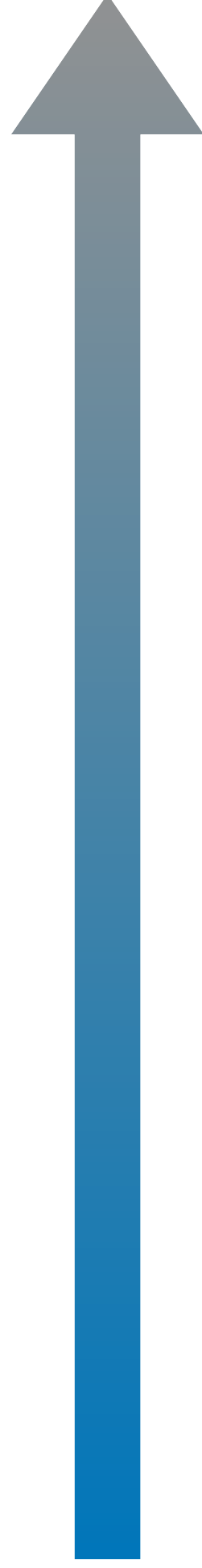
Evan A. Boyle,^{1,*} Yang I. Li,^{1,*} and Jonathan K. Pritchard^{1,2,3,*}





Rare

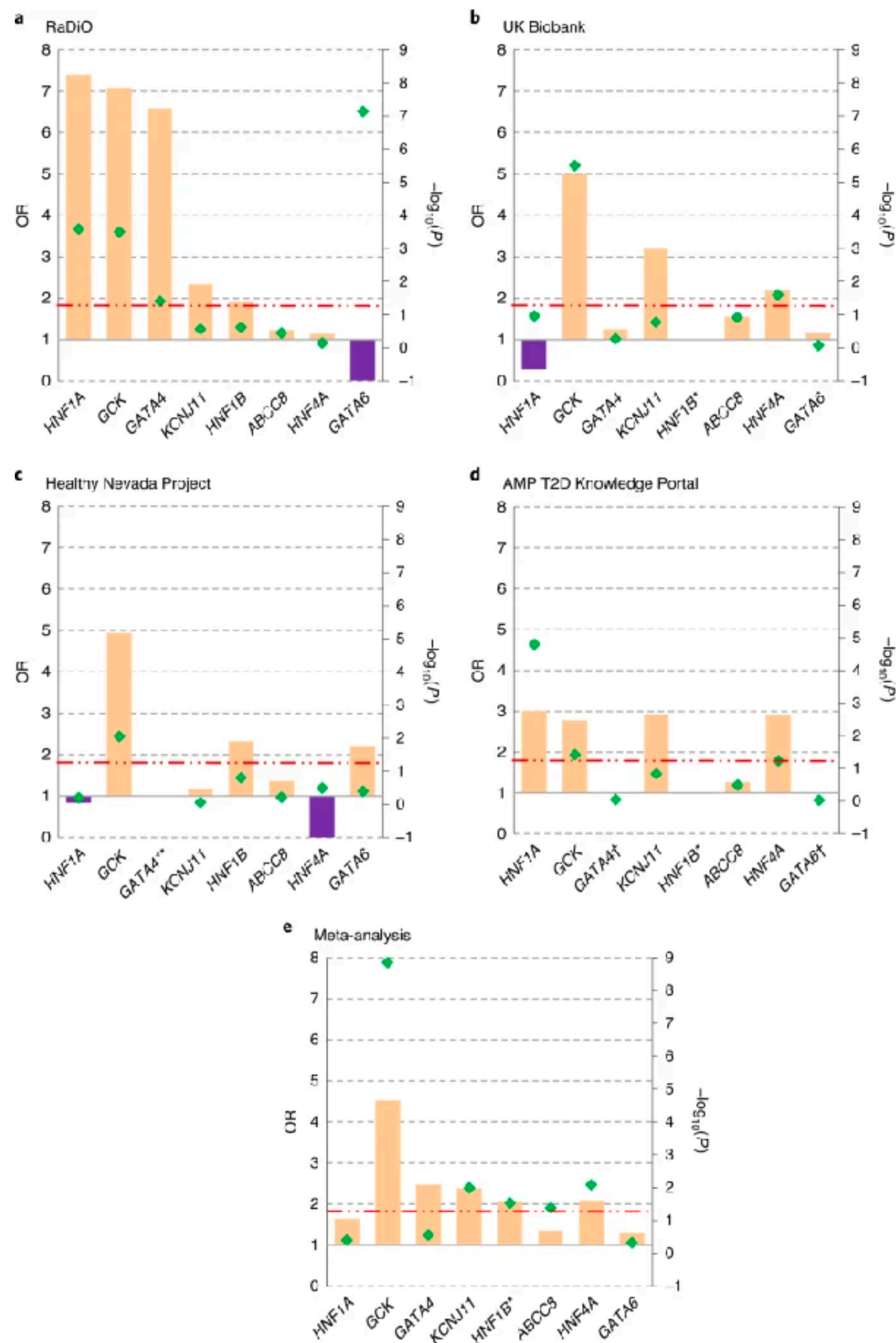
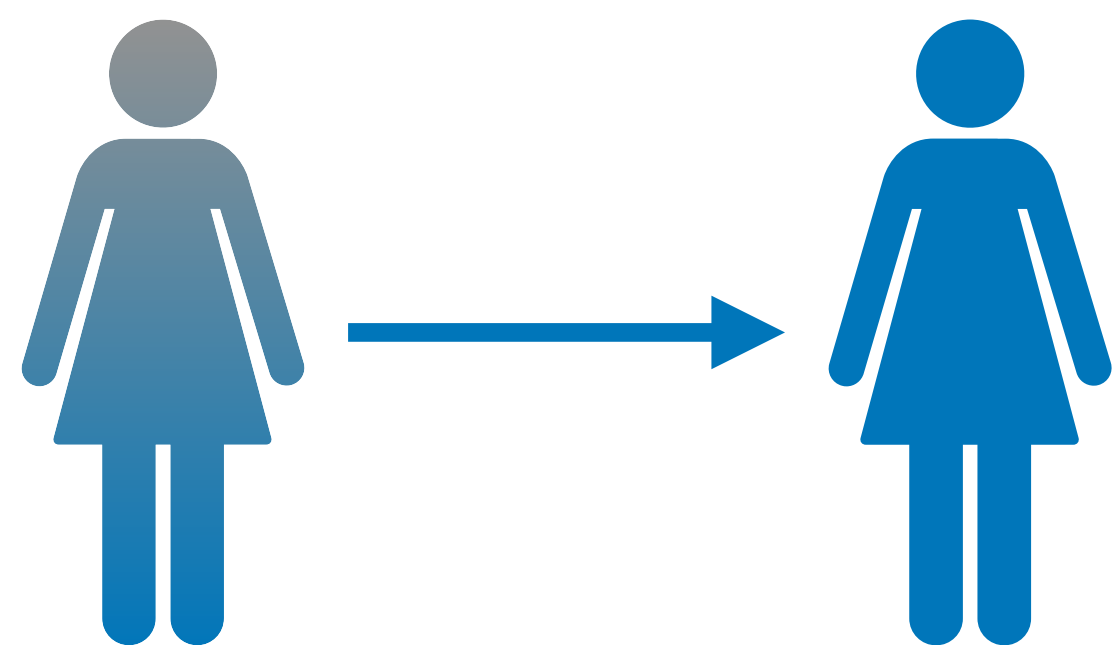
Common



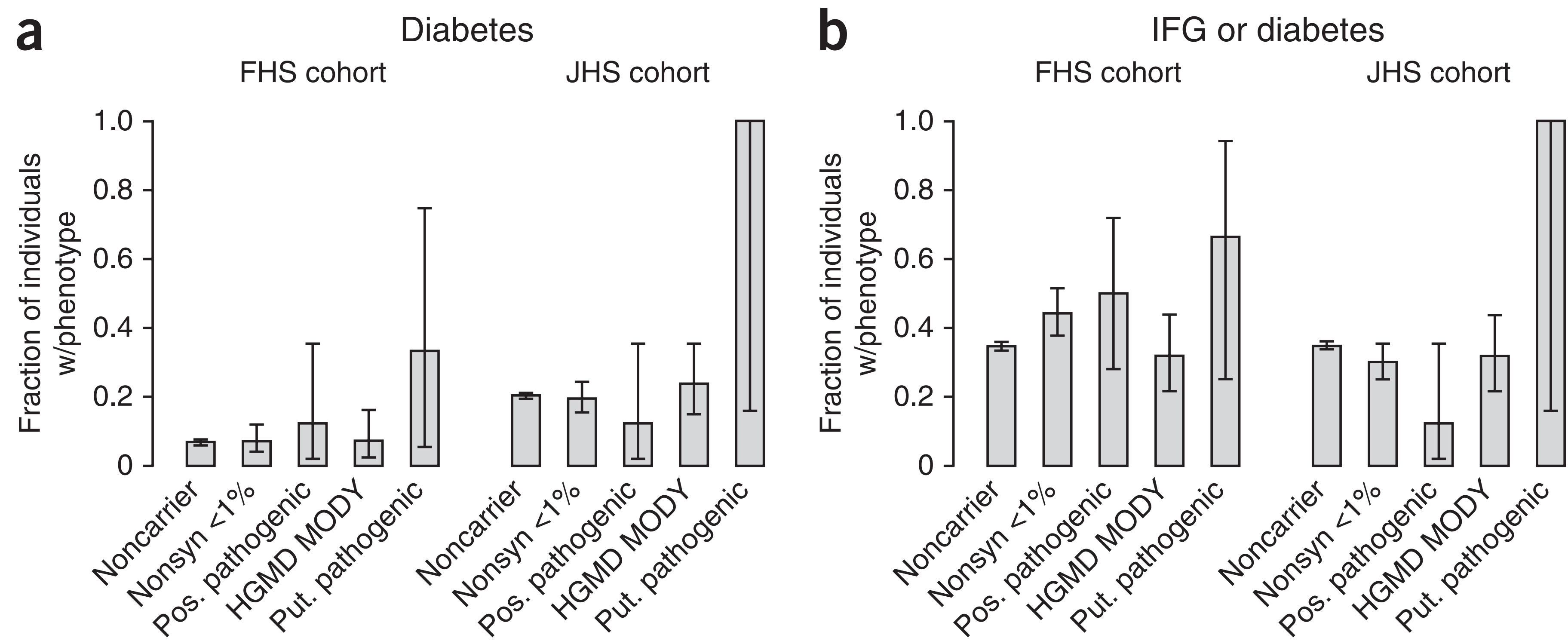
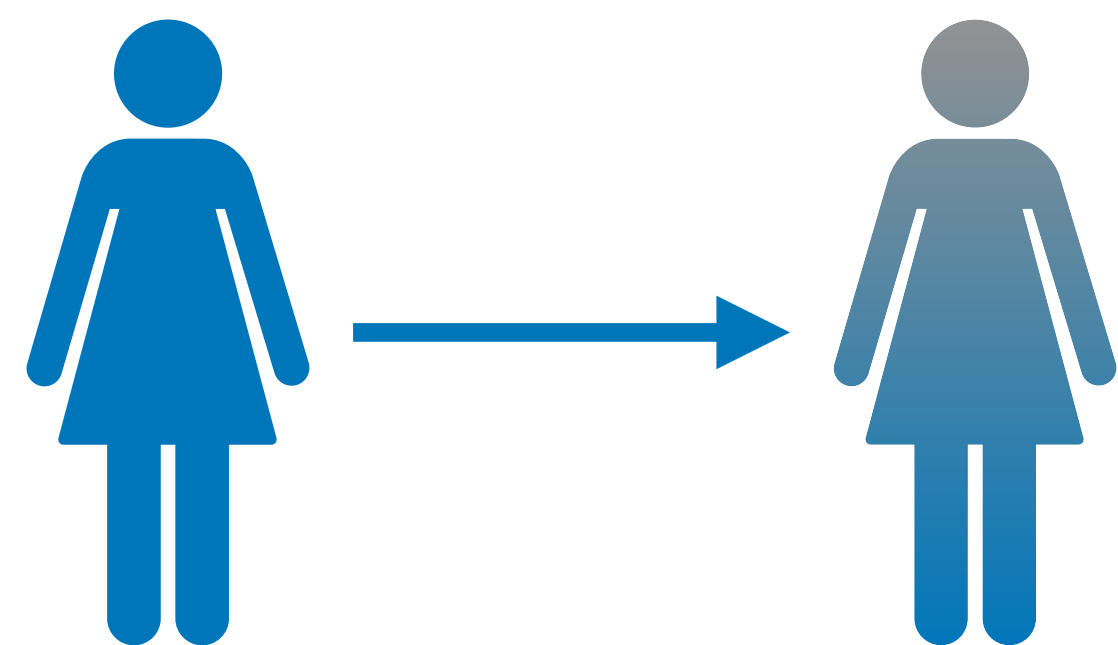




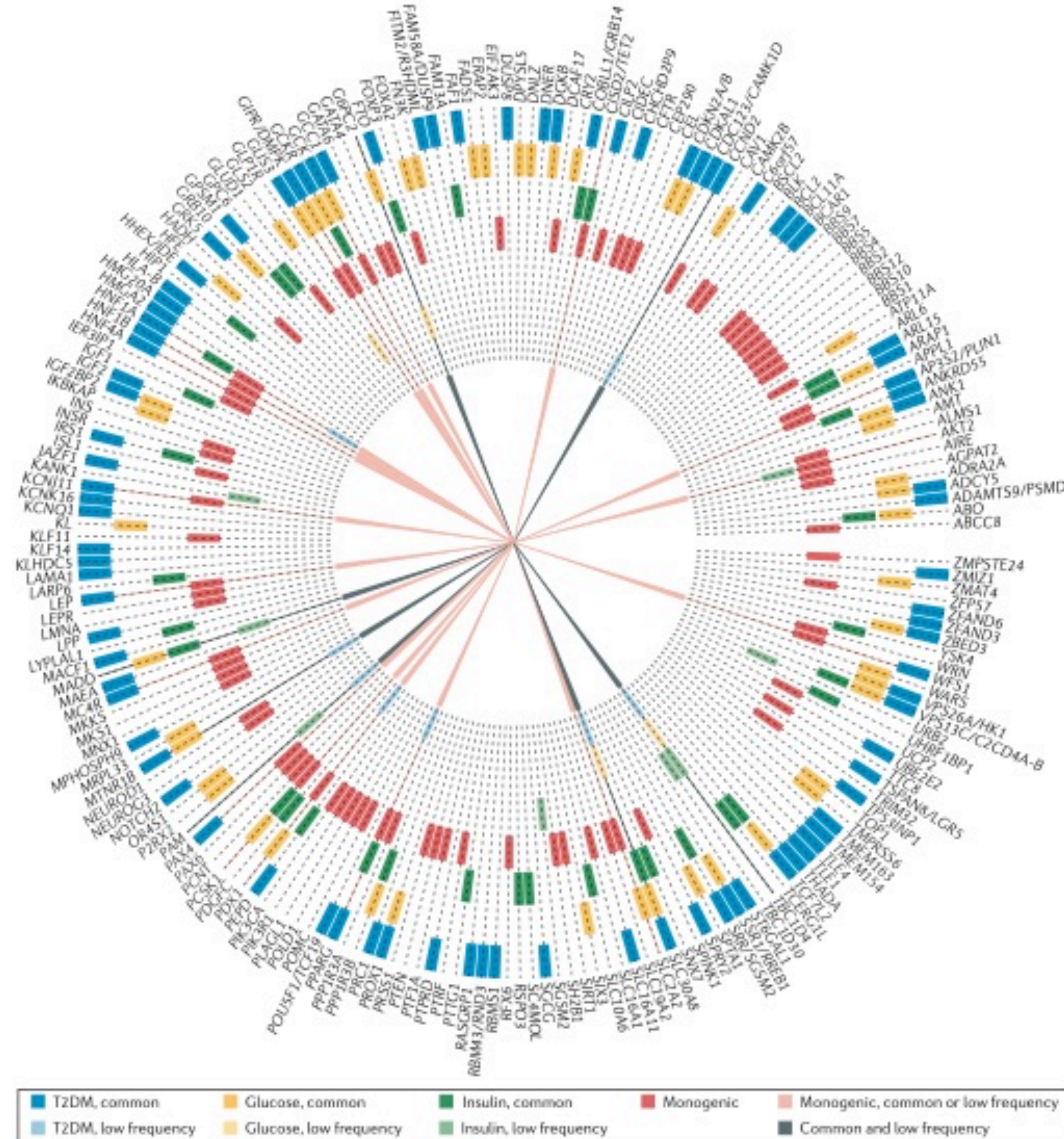
Many T2D patients carry pathogenic variants in MODY genes



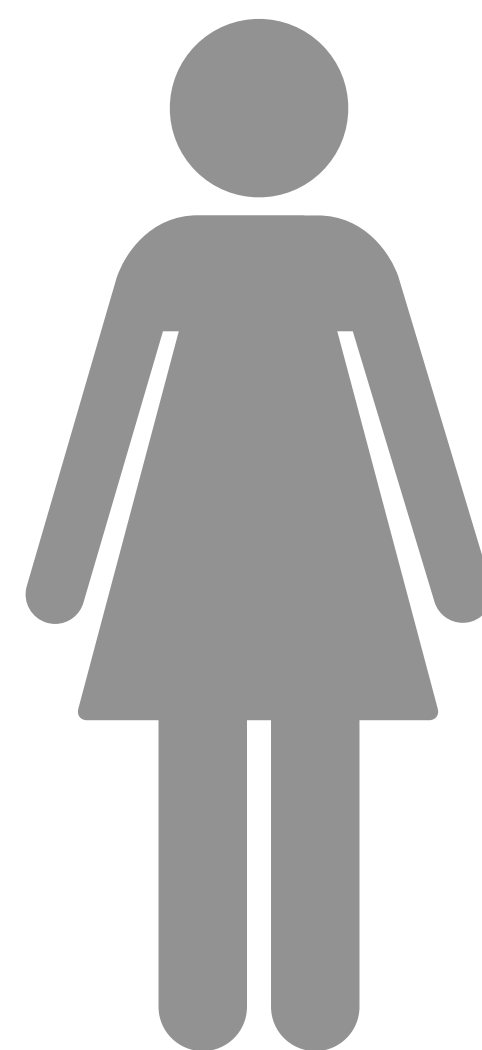
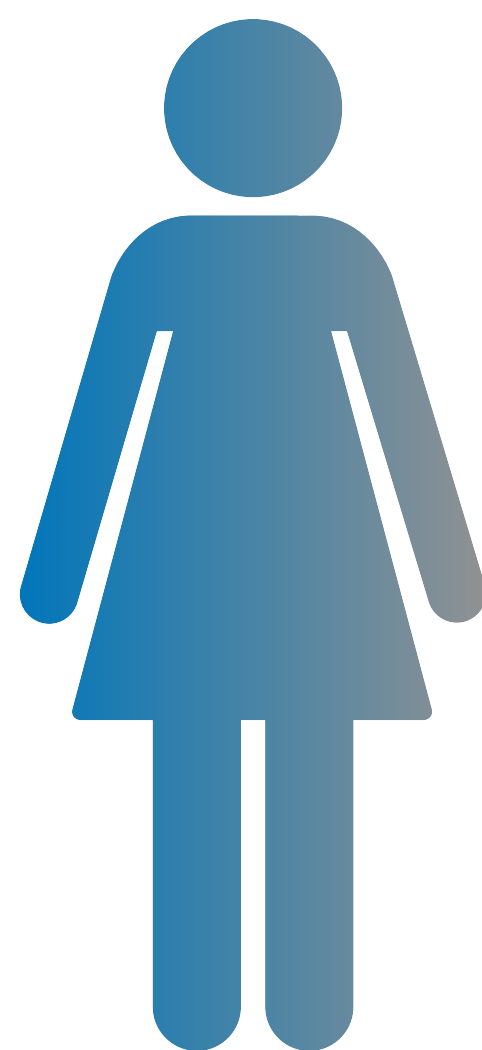
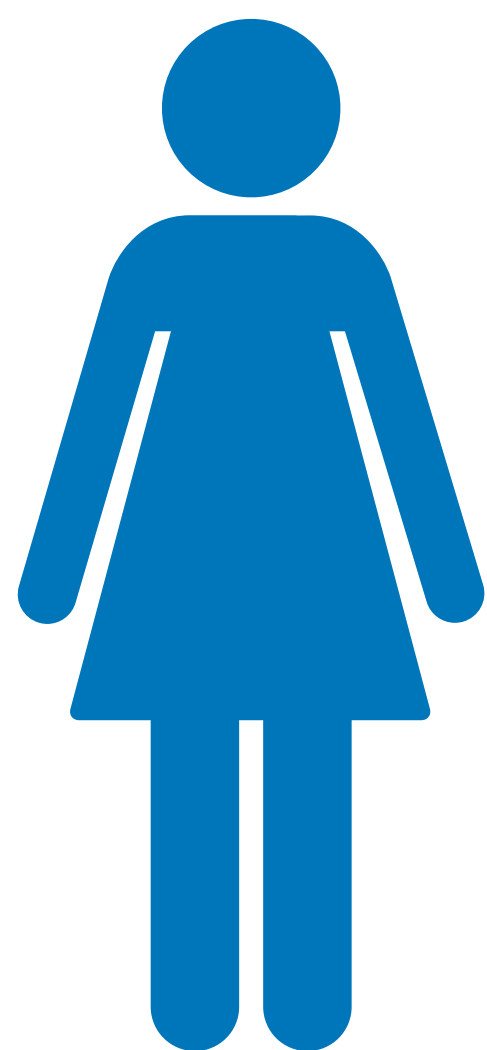
Many damaging mutations in MODY genes are incompletely penetrant



Rare and common forms of diabetes share genes



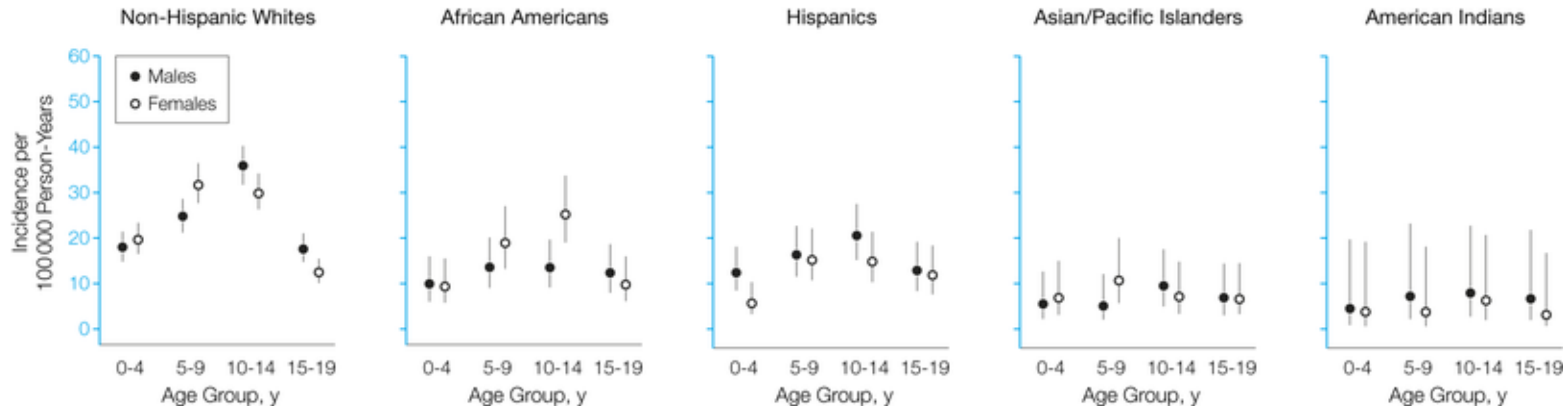
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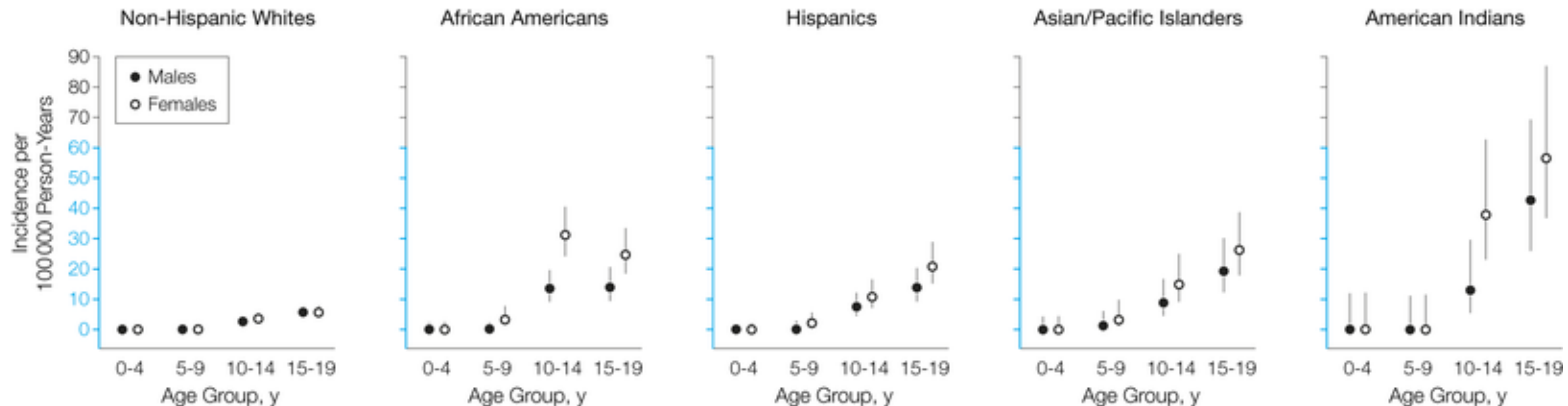
The ProDiGY study of T2D in youth

- Incidence of ~3,700 cases/year and increasing, particularly ages 10-19
 - 15% of new diabetes cases in whites, 46-86% in minorities



T1D



T2D



Samples

- SEARCH for Diabetes in Youth 
 - Longitudinal follow up to assess natural history and complication risk factors
 - Active registry of youth diagnosed with diabetes at age < 20
- TODAY 
 - Clinical trial of ages 10-17 to compare treatment efficacy of *Metformin vs Metformin+Lifestyle Intervention vs Metformin+Rosiglitazone*
 - BMI above 85th percentile
- Both studies are multi-ethnic

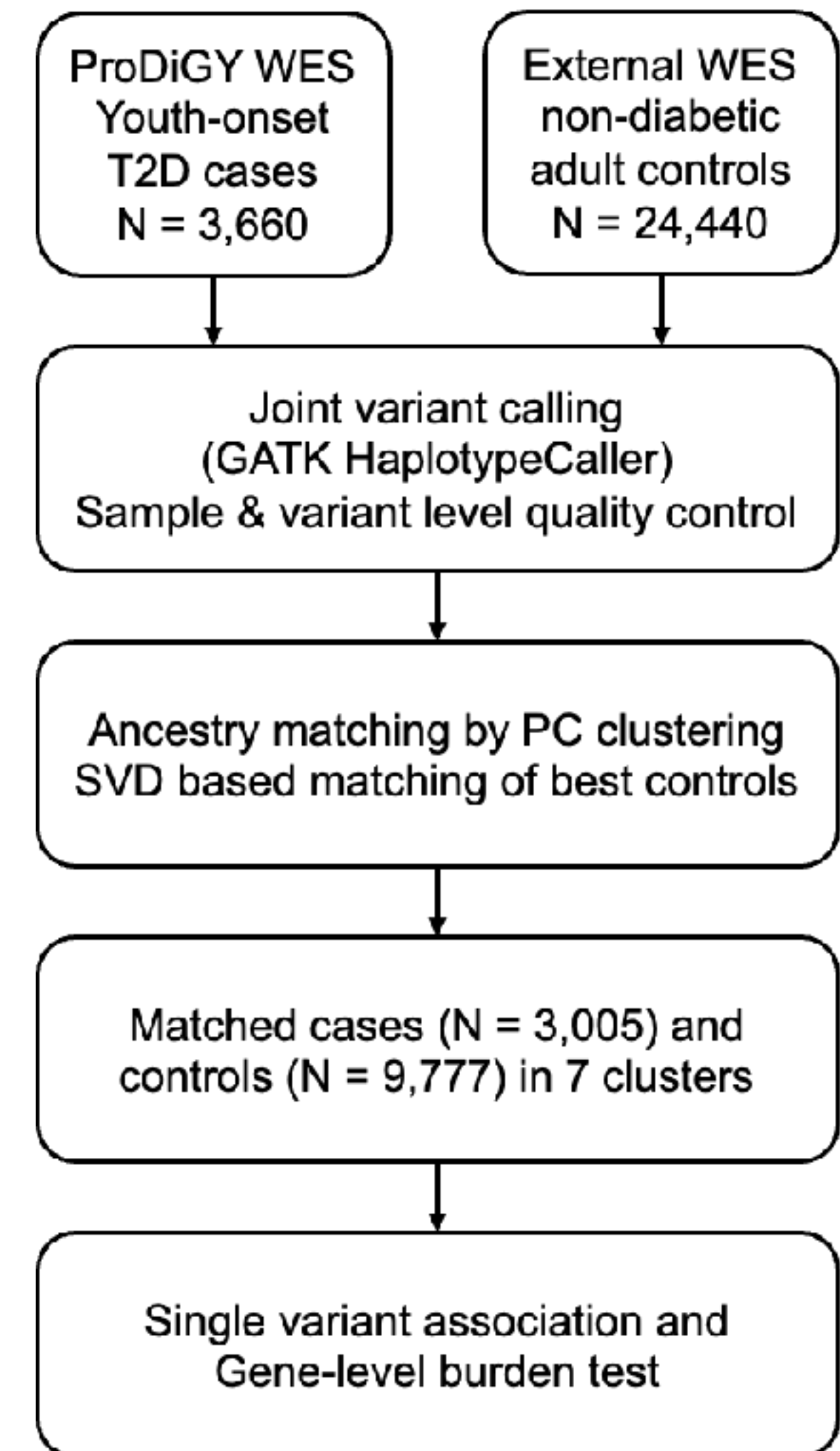


Ancestry	Samples
African-American	1,491 (40.8%)
East-Asian	62 (1.7%)
European	757 (20.7%)
Hispanic	1,306 (35.9%)
NA	34 (0.9%)
Total	3,650

	Total	Male	Female
N	3,650	1,294 (35.4%)	2,356 (64.6%)
Current Age	15.2±3.0	15.1±3.1	15.4±2.8
Age at Onset	13.6±2.3	13.3±2.3	14.1±2.2

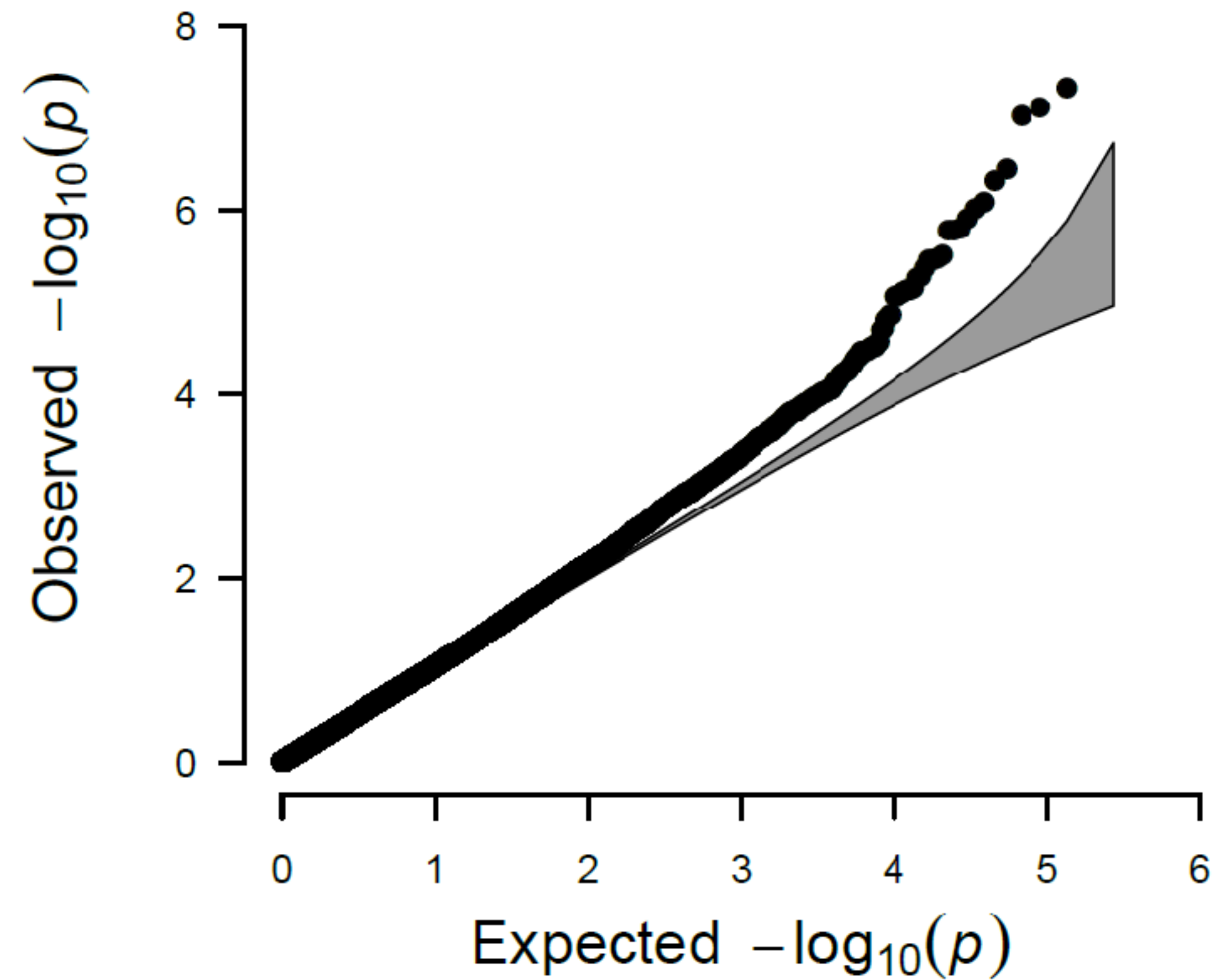
Analysis design

- Whole exome sequencing of 3,650 youth-onset T2D cases
- Match to controls from AMP-T2D exomes
 - Total analysis of 3,005 cases and 9,777 controls
- Single variant analysis (mostly for common variants)
- Gene-level analysis (for rare variants)

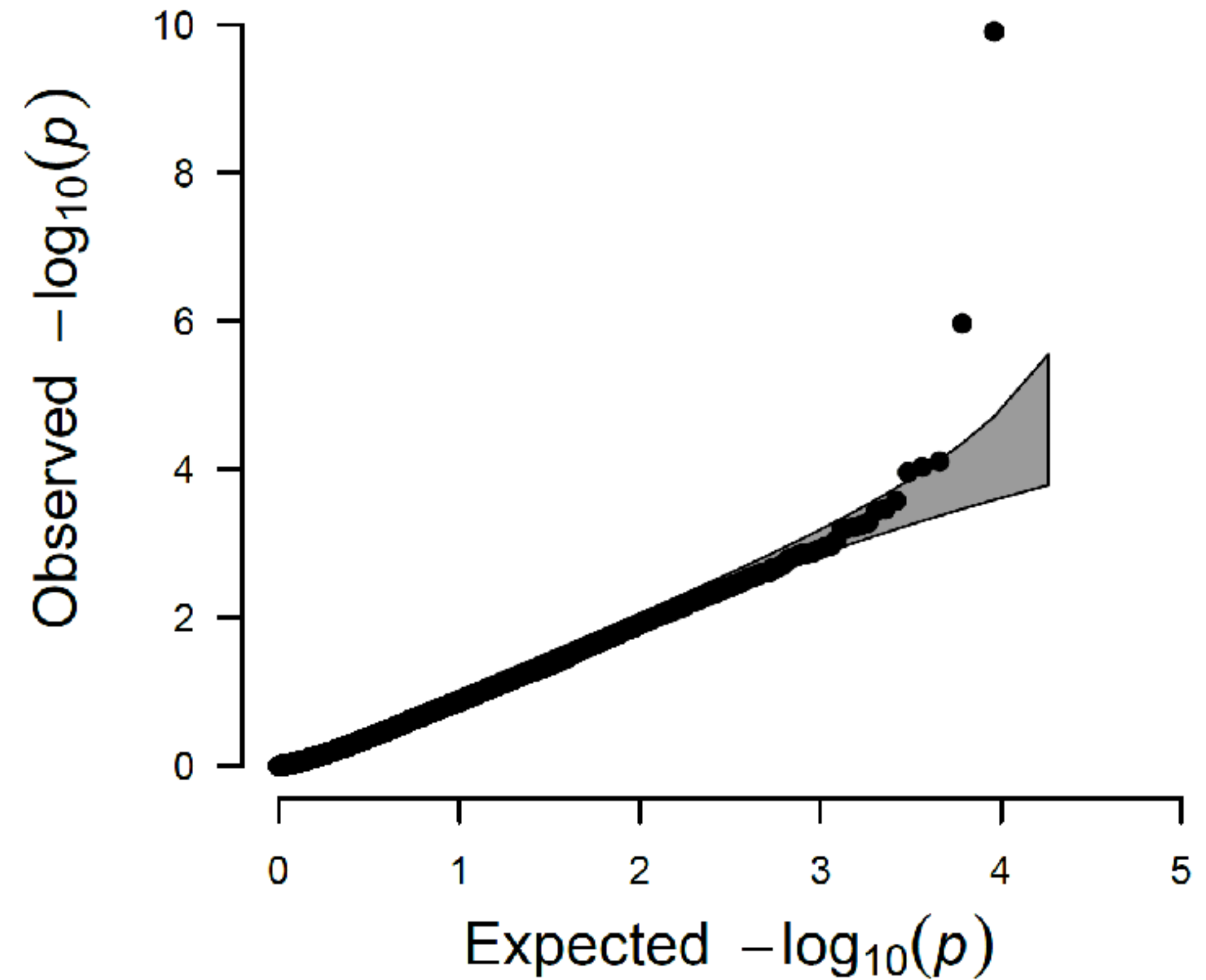


Statistics are well-calibrated

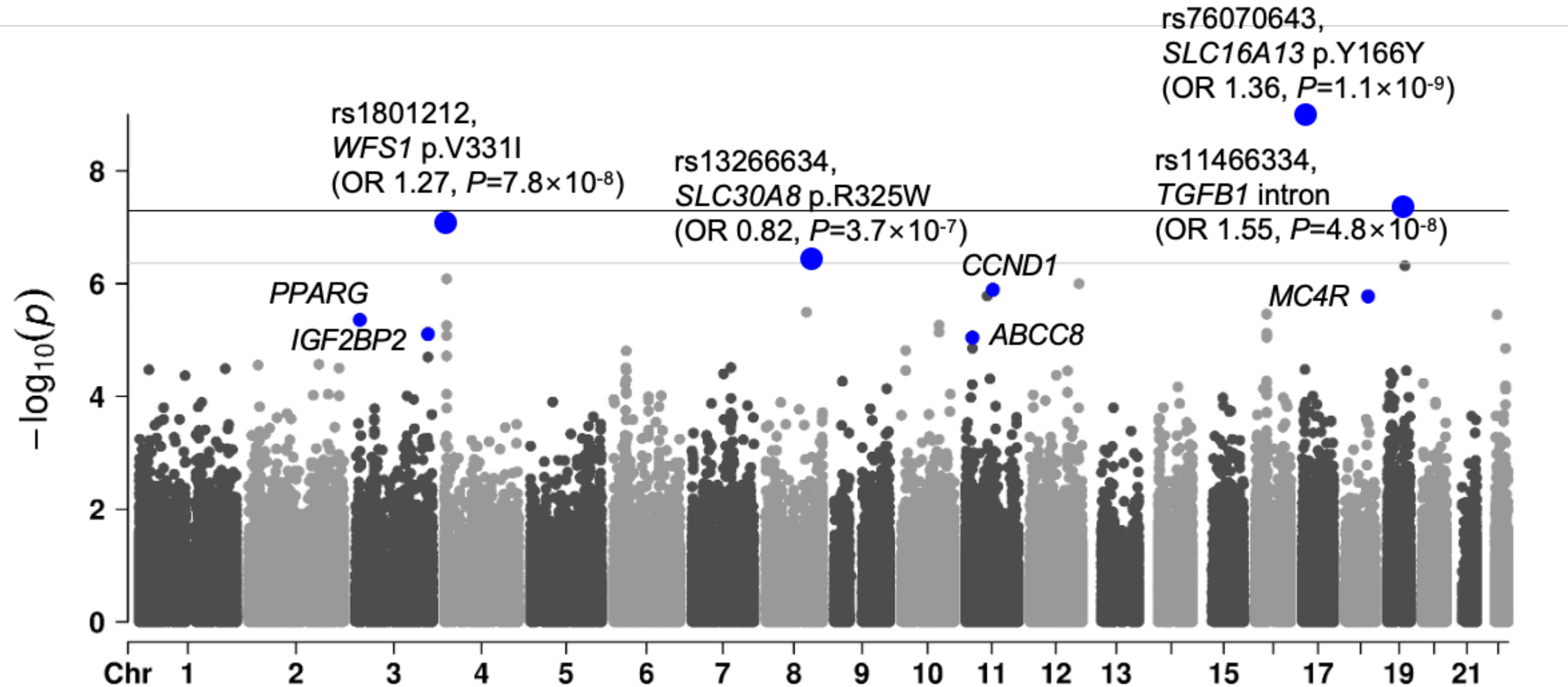
Single variant results



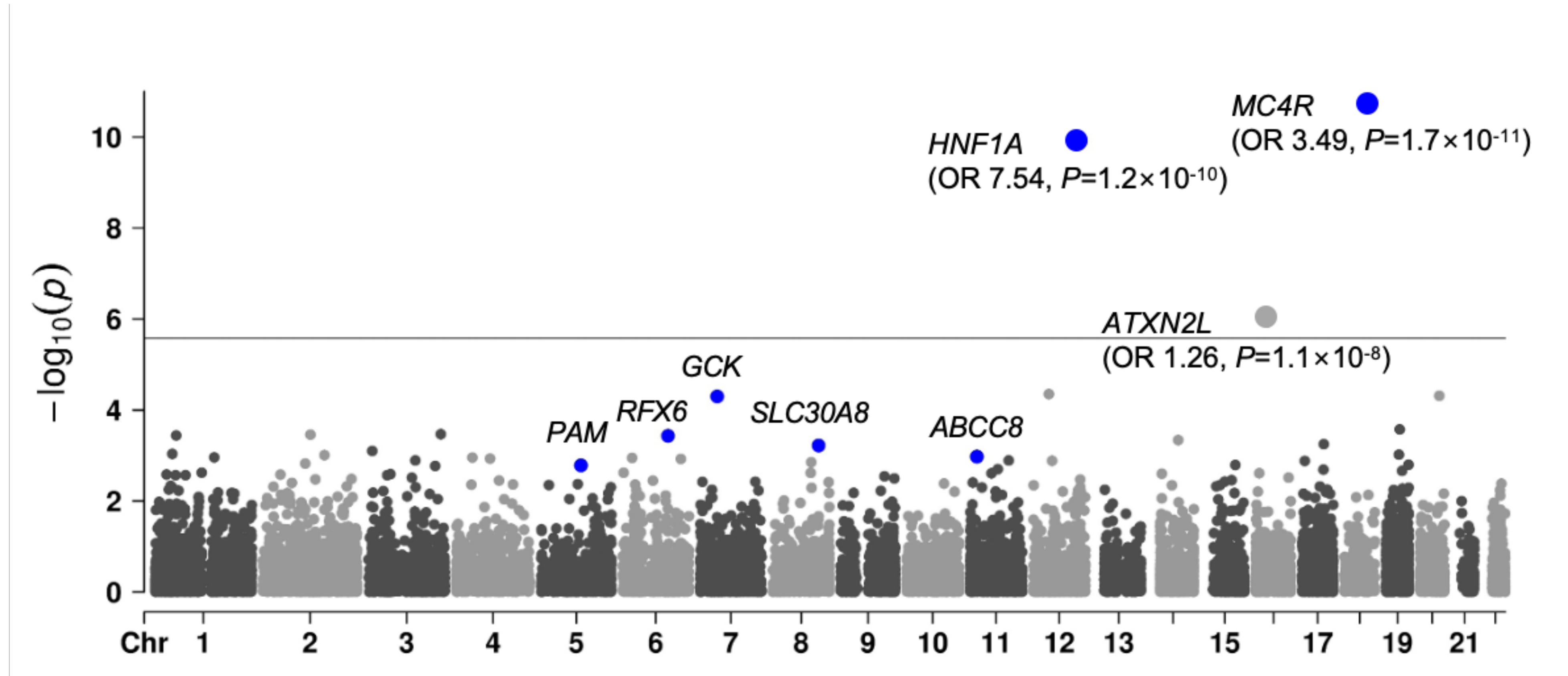
Gene-level results



Four exome-wide significant associations



Three exome-wide significant gene-level associations

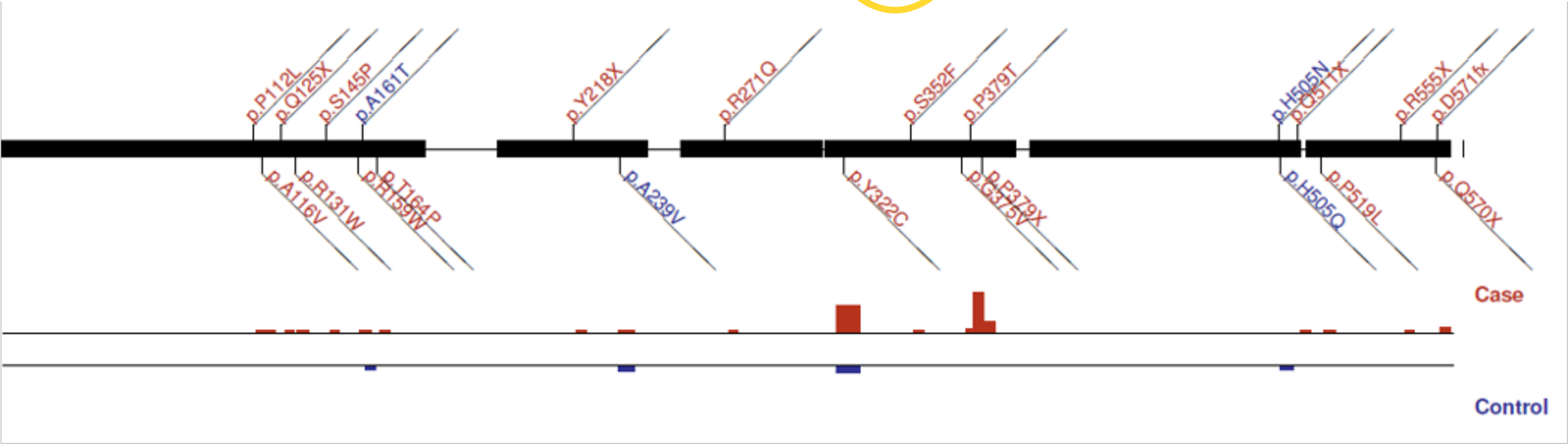


- **Additionally:** 2.1% of cases carry a monogenic diabetes causing variant

Example association: HNF1A

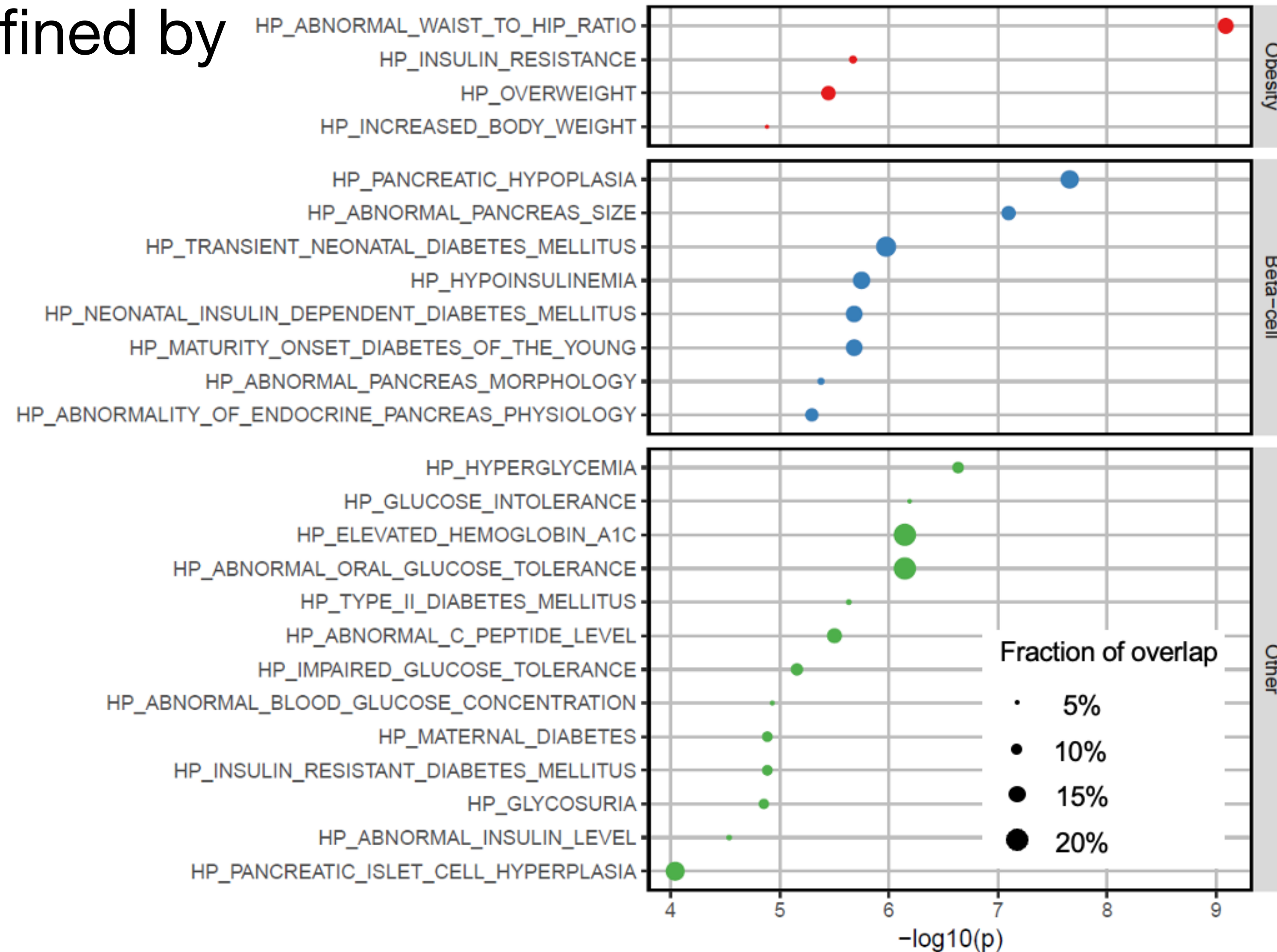
More damaging
↑

	Total			
MASK	# Var	CAF	OR (95% CI)	P
LofTee	6	0.00047	46.0 (1.76-1198)	9.55×10 ⁻⁵
16/16	6	0.00047	46.0 (1.76-1198)	9.55×10 ⁻⁵
11/11	21	0.0038	7.51 (3.92-14.4)	2.24×10 ⁻¹¹
5/5	22	0.0039	6.77 (3.63-12.6)	7.59×10 ⁻¹¹
5/5 + LofTee LC 1%	23	0.0040	7.01 (3.77-13.0)	2.41×10 ⁻¹¹
5/5 + 1/5 1%	59	0.018	1.80 (1.41-2.31)	4.21×10 ⁻⁶
5/5 + 0/5 1%	63	0.019	1.82 (1.42-2.32)	2.70×10 ⁻⁶

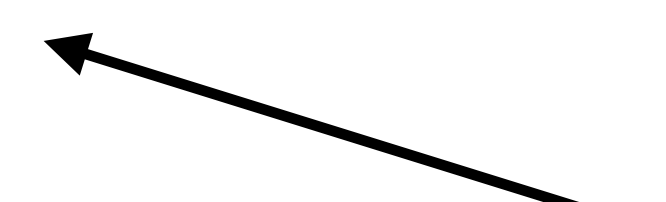
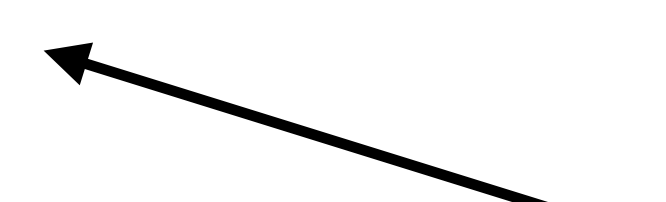
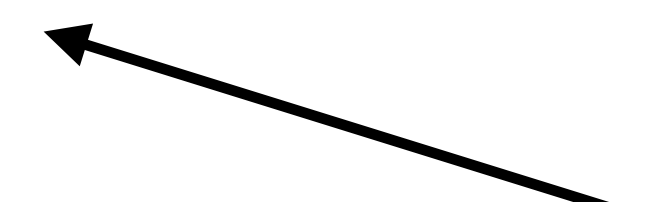


Substantial enrichment in diabetes-relevant gene sets

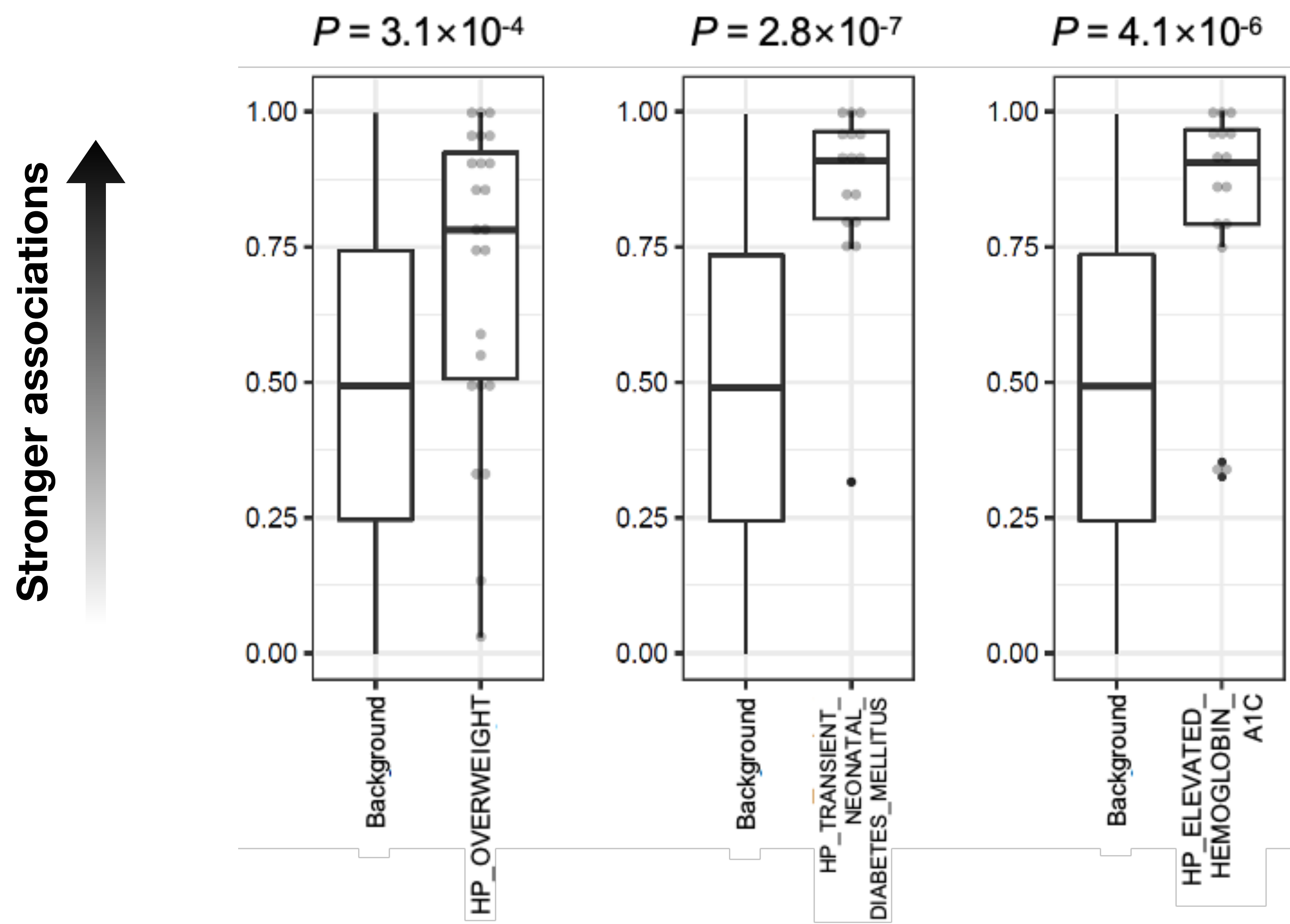
- Gene sets defined by HPO terms



Three categories



Enrichments are due to many genes

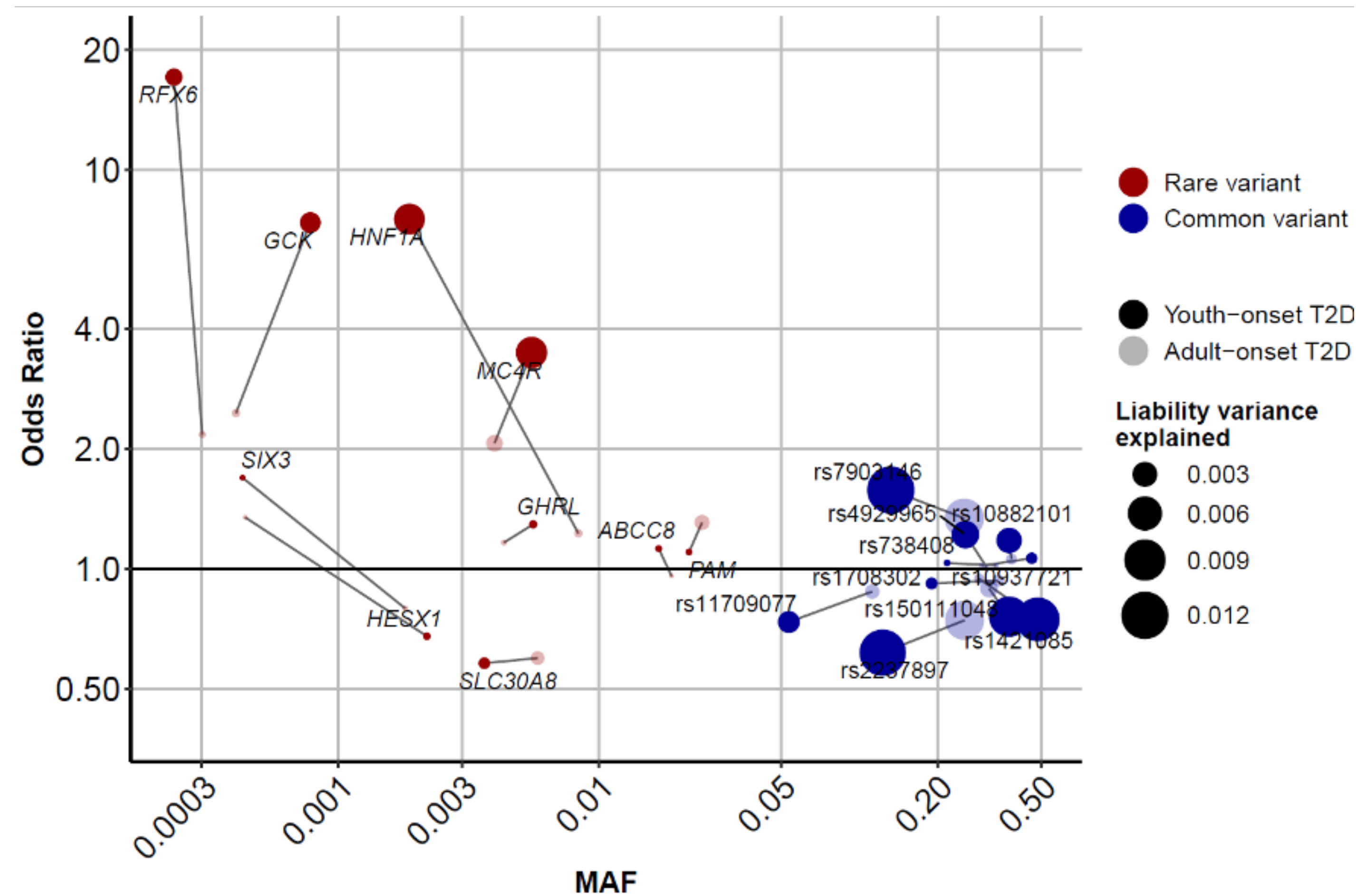


Tiers of candidate genes

- **Tier 1:** Exome-wide significant genes (*MC4R*, *HNF1A*, *ATXN2L*)
- **Tier 2:** among top 50 and causal for monogenic diabetes or T2D (*GCK*, *SLC30A8*, *ABCC8*, *PAM*)
- **Tier 3:** among the top 50 and in an enriched HPO gene set (*RFX6*, *GHRL*, *HESX1*, *SIX3*)
- **Tier 4:** $p < 0.05$ and in a diabetes-relevant gene set (38 additional genes)

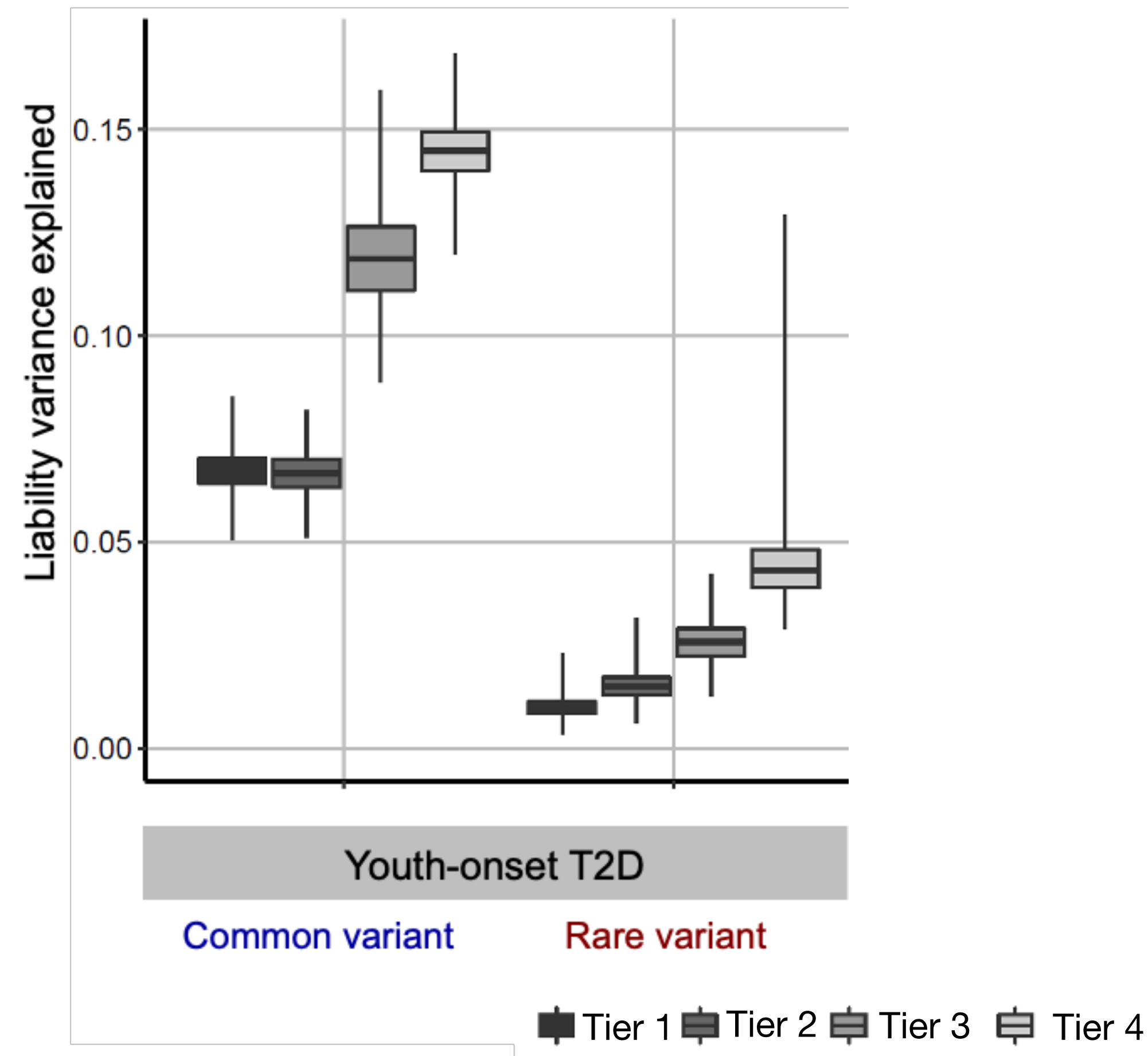
Both common and rare variants are enriched in ProDiGY

(relative to adult-onset T2D cases)



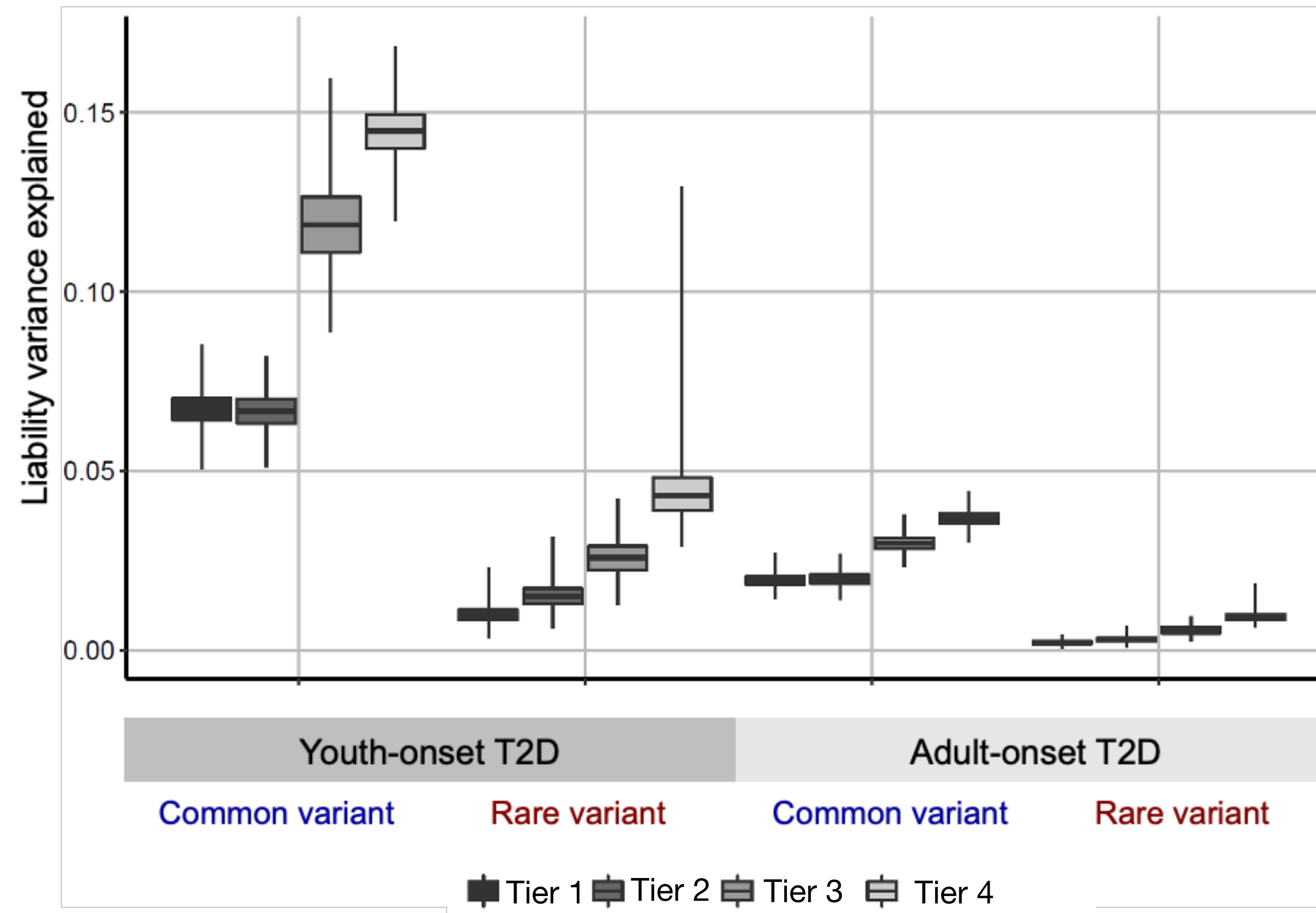
Both common and rare variants explain more heritability

(relative to adult-onset T2D cases)



Both common and rare variants explain more heritability

(relative to adult-onset T2D cases)



As a **population**, youth-onset T2D cases are enriched for all types of genetic risk factors

2.1% carry monogenic variants (MODY cases)

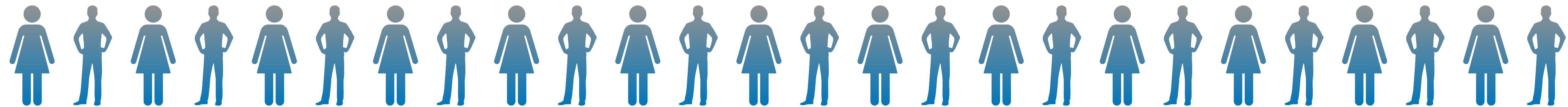
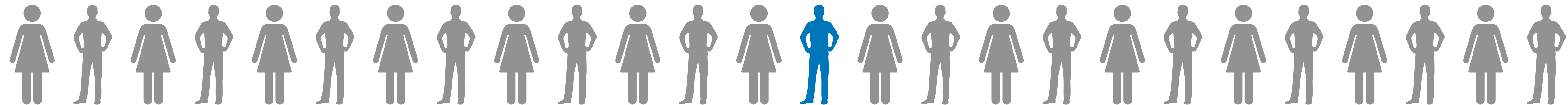
5.0-fold more rare variants than adult-onset cases

3.4-fold more common variants than adult-onset cases

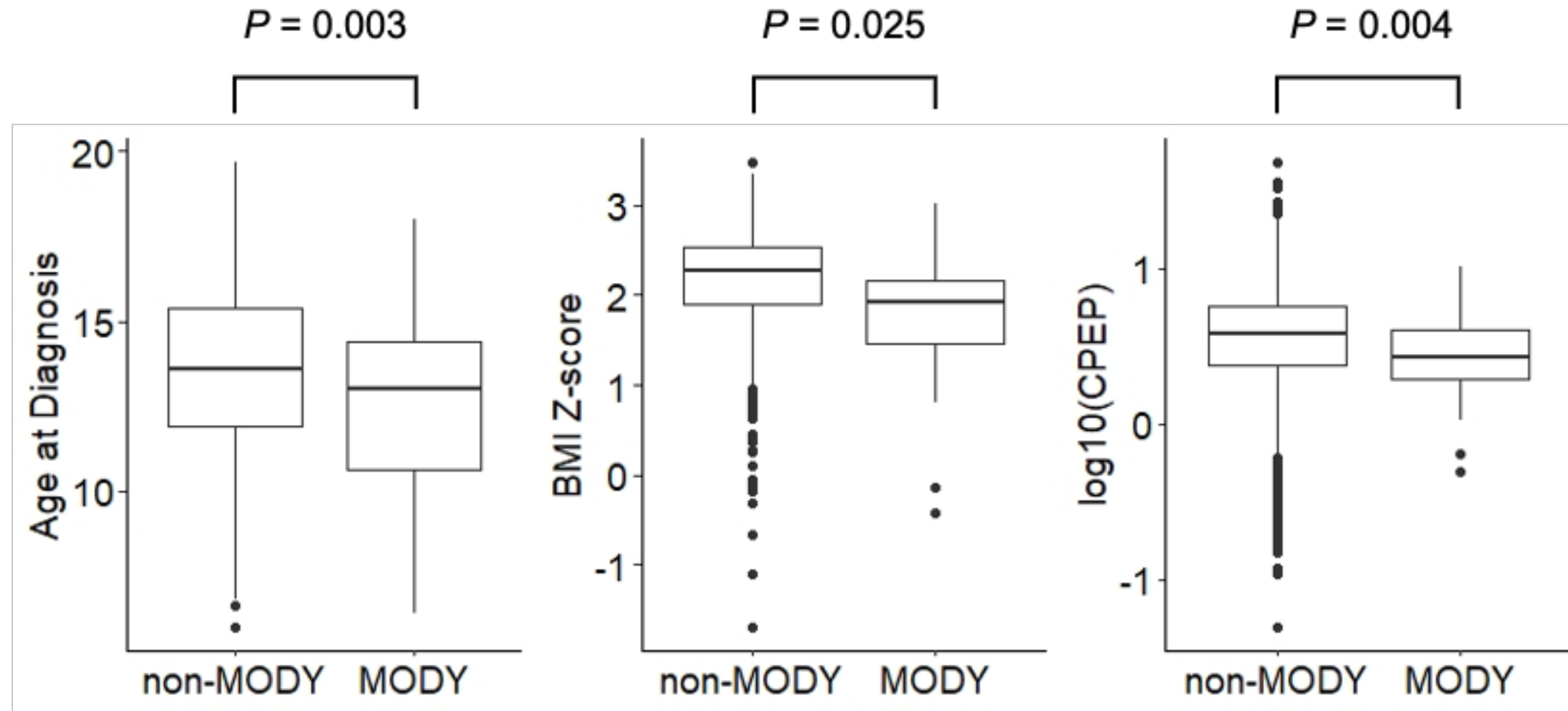
skew towards **common variants in absolute** terms

skew towards **rare variants relative** to adult-onset T2D

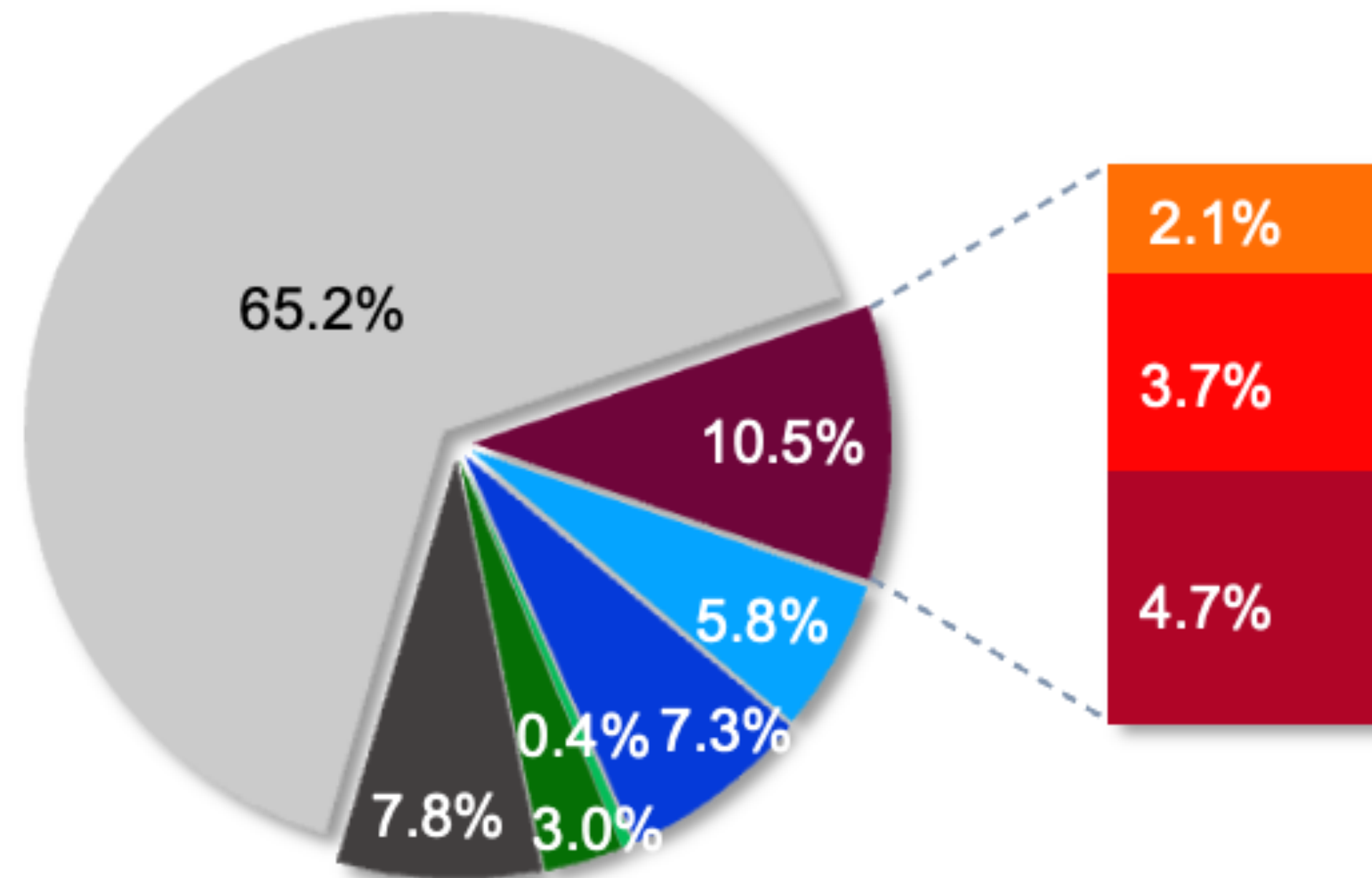
What about individually?



Cases due to MODY mutations are phenotypically different



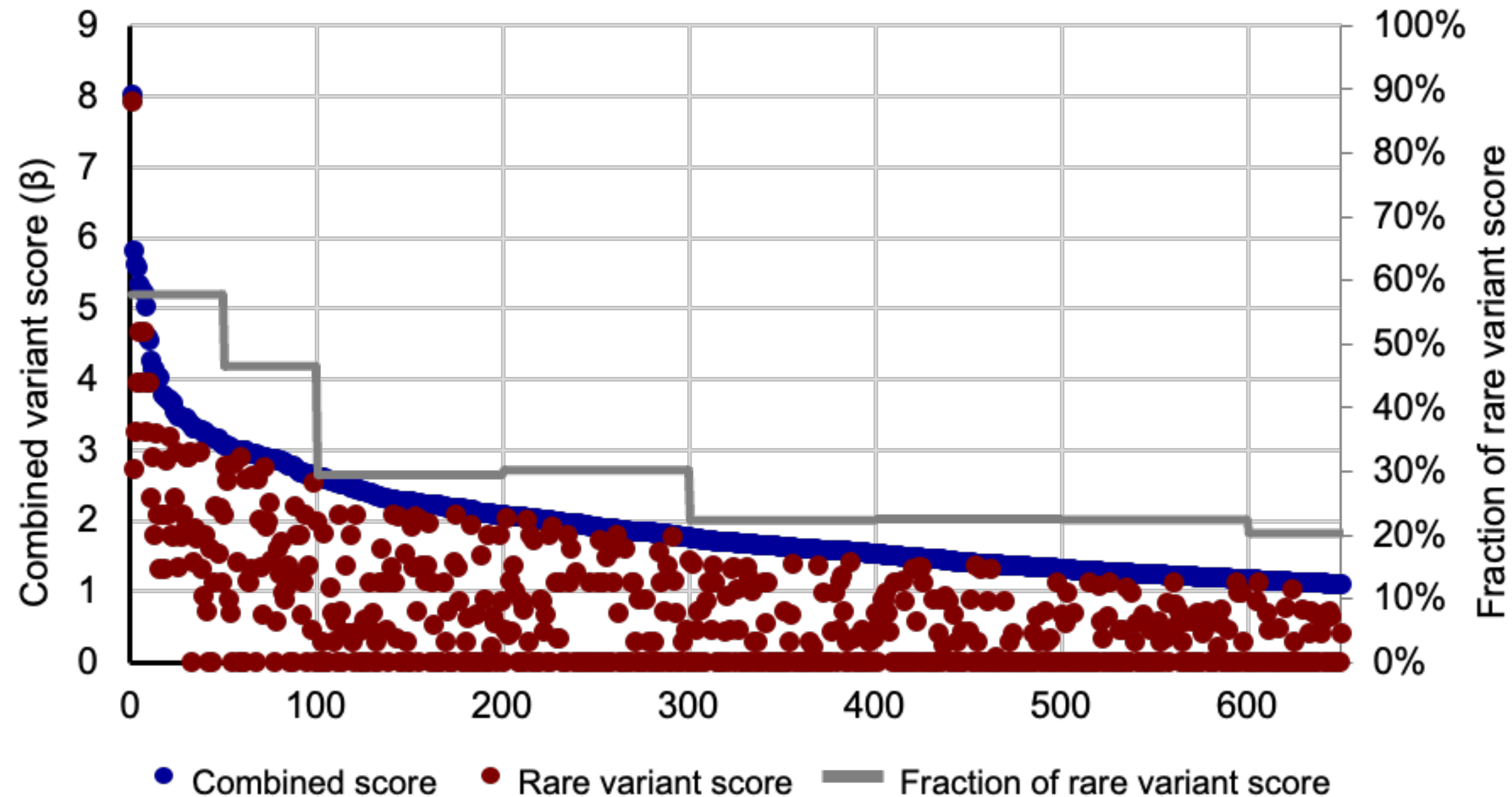
Start with cases “explained” by rare or common variants



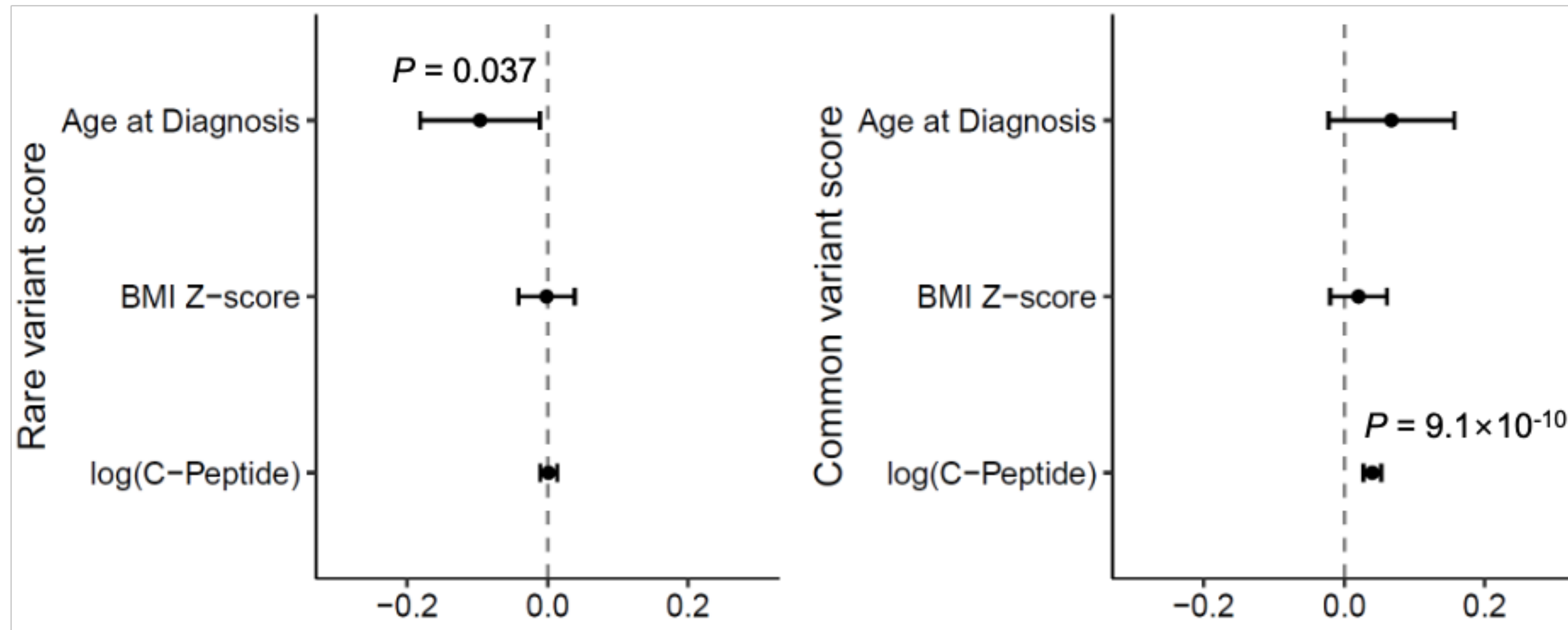
- MODY
- Rare variant score OR ≥ 5
- Rare variant score OR 3-5
- Common variant score OR ≥ 5
- Common variant score OR 3-5
- Combined score OR ≥ 5
- Combined score OR $\geq 3-5$

No clear dividing line between cases due to rare vs. common variants

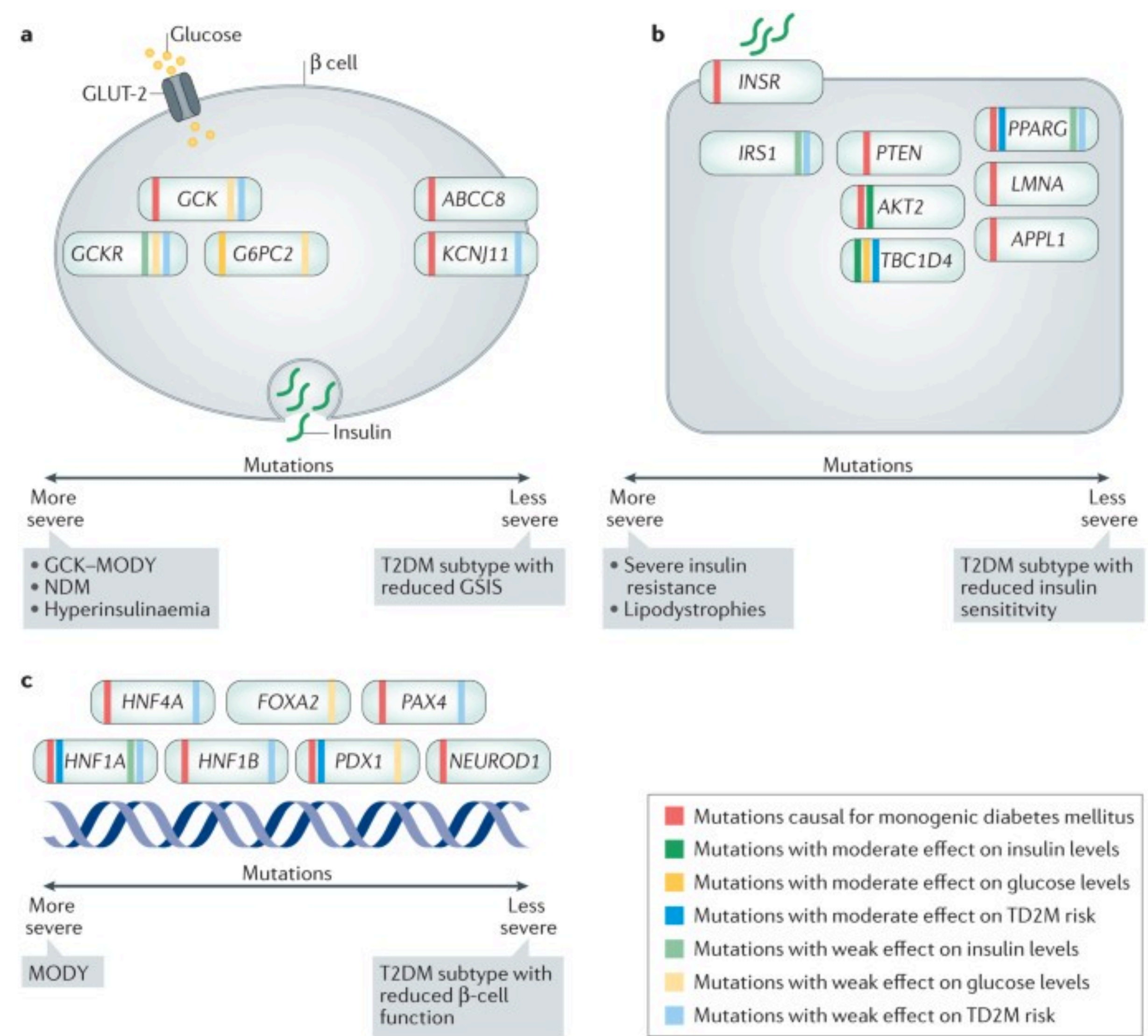
- But, a substantial amount of heterogeneity across cases



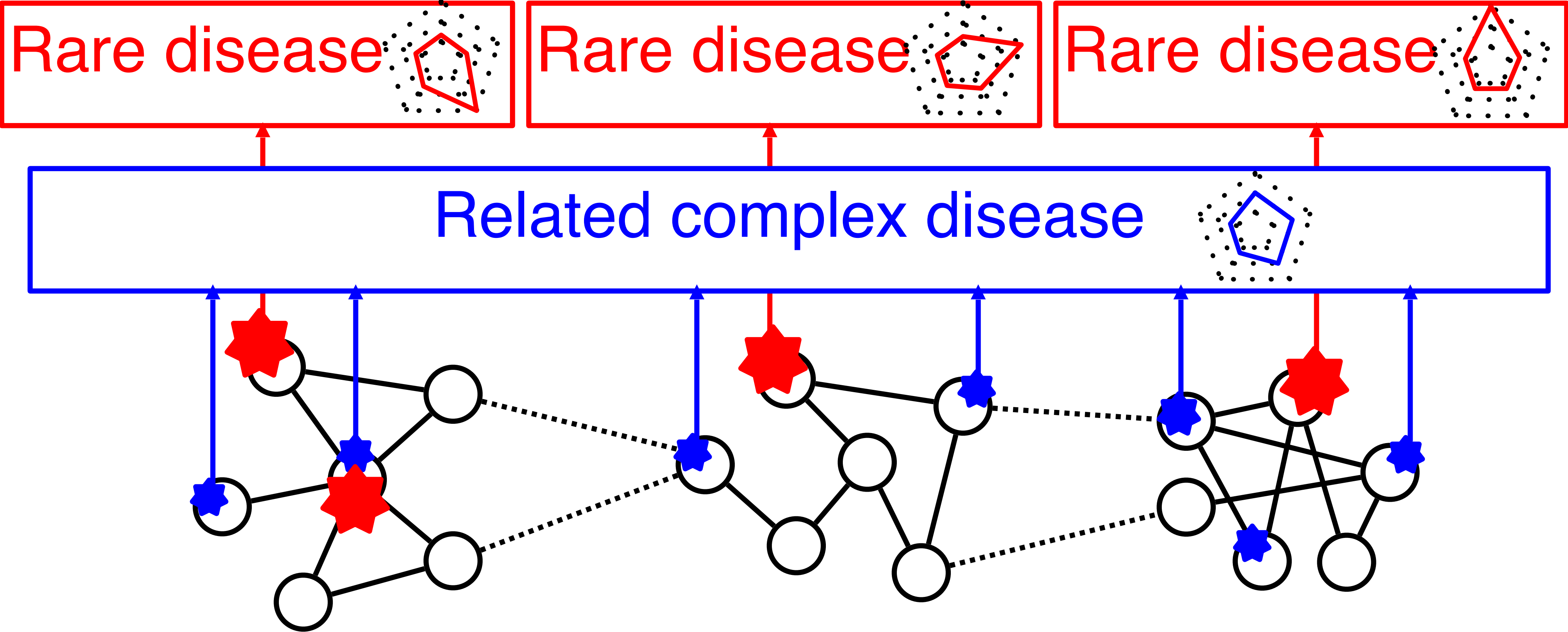
Cases due to rare vs. common variants are phenotypically different



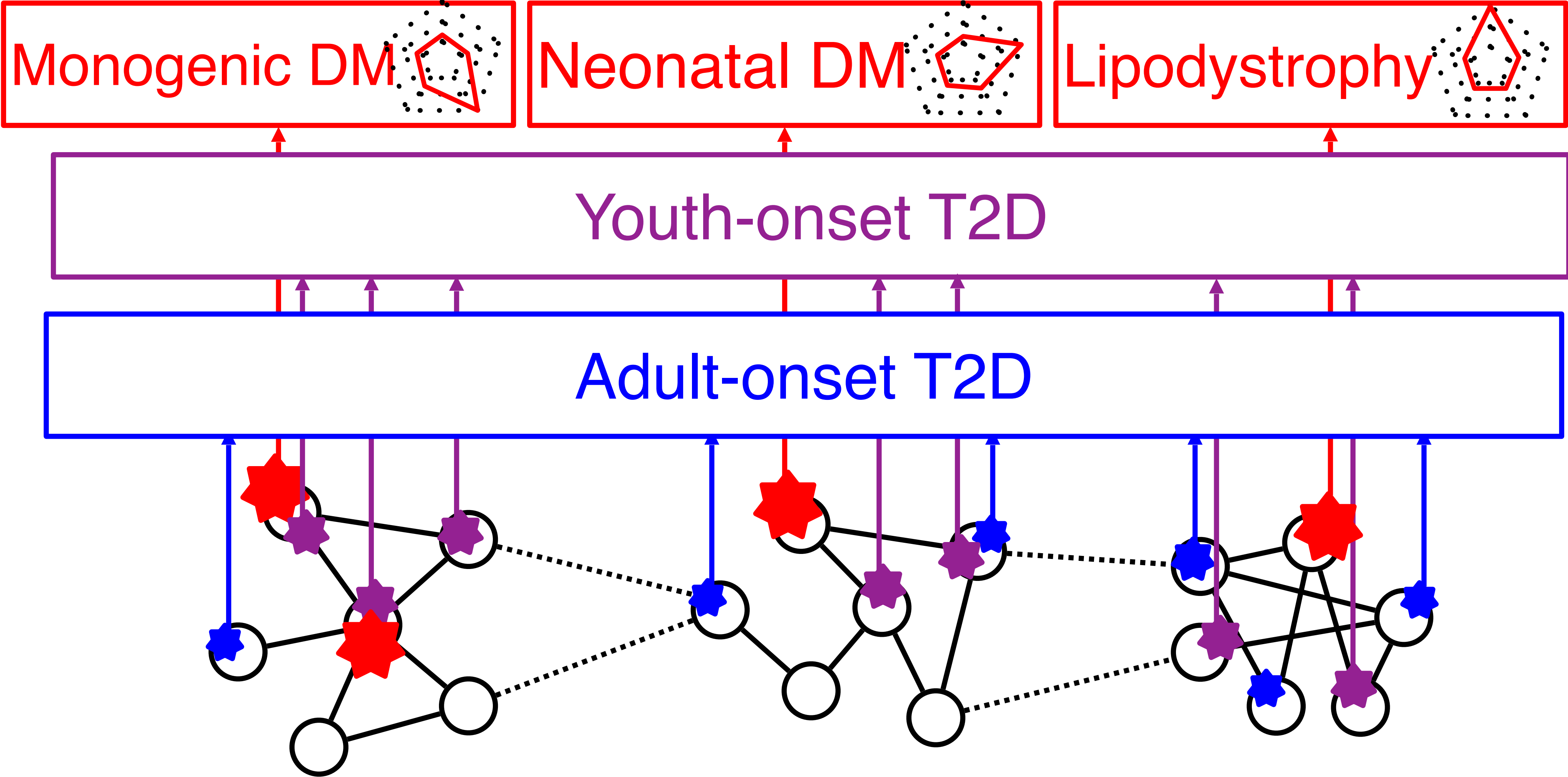
Model: allelic series are pervasive across genes and pathways



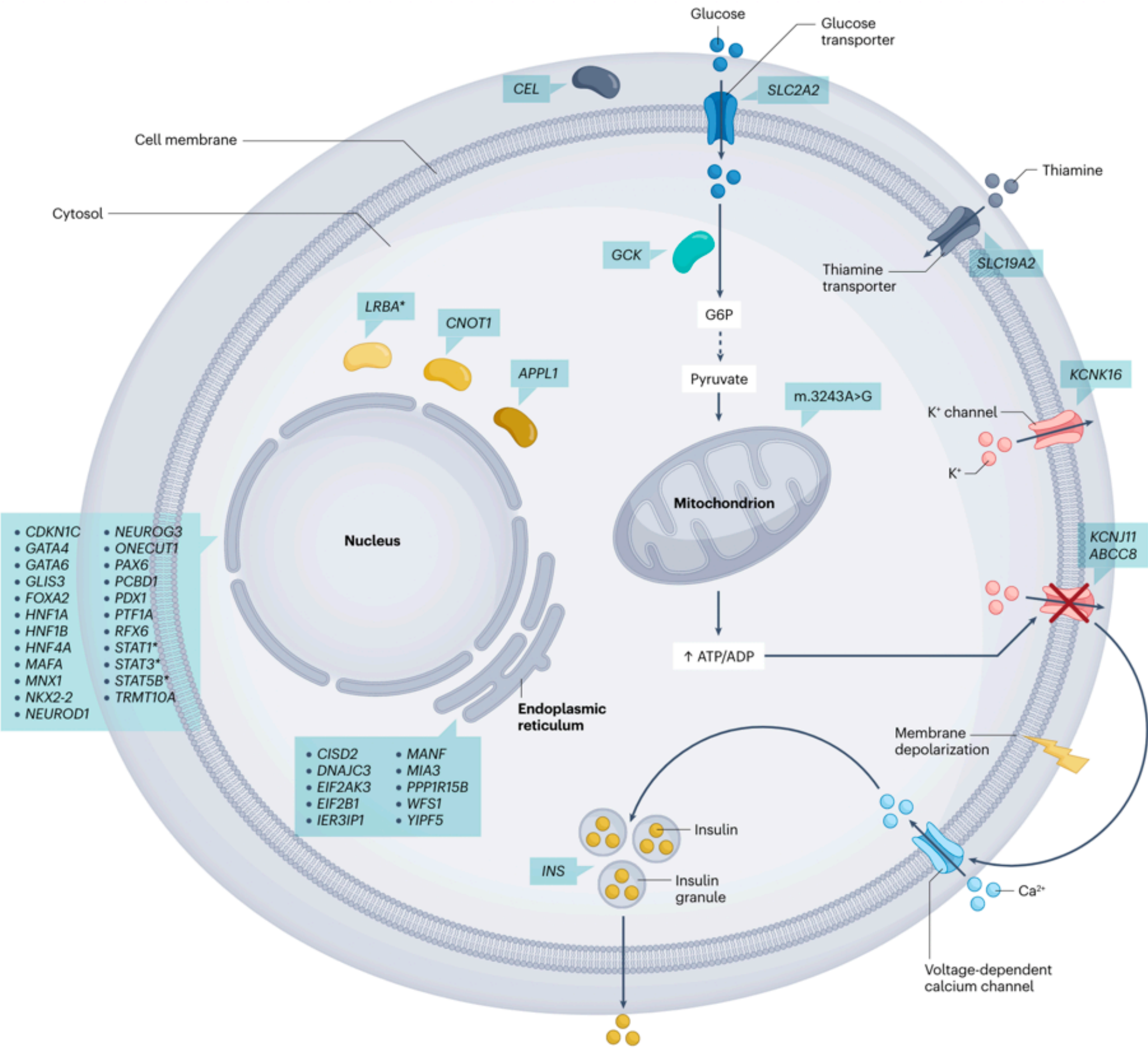
Model: allelic series are pervasive across genes and pathways



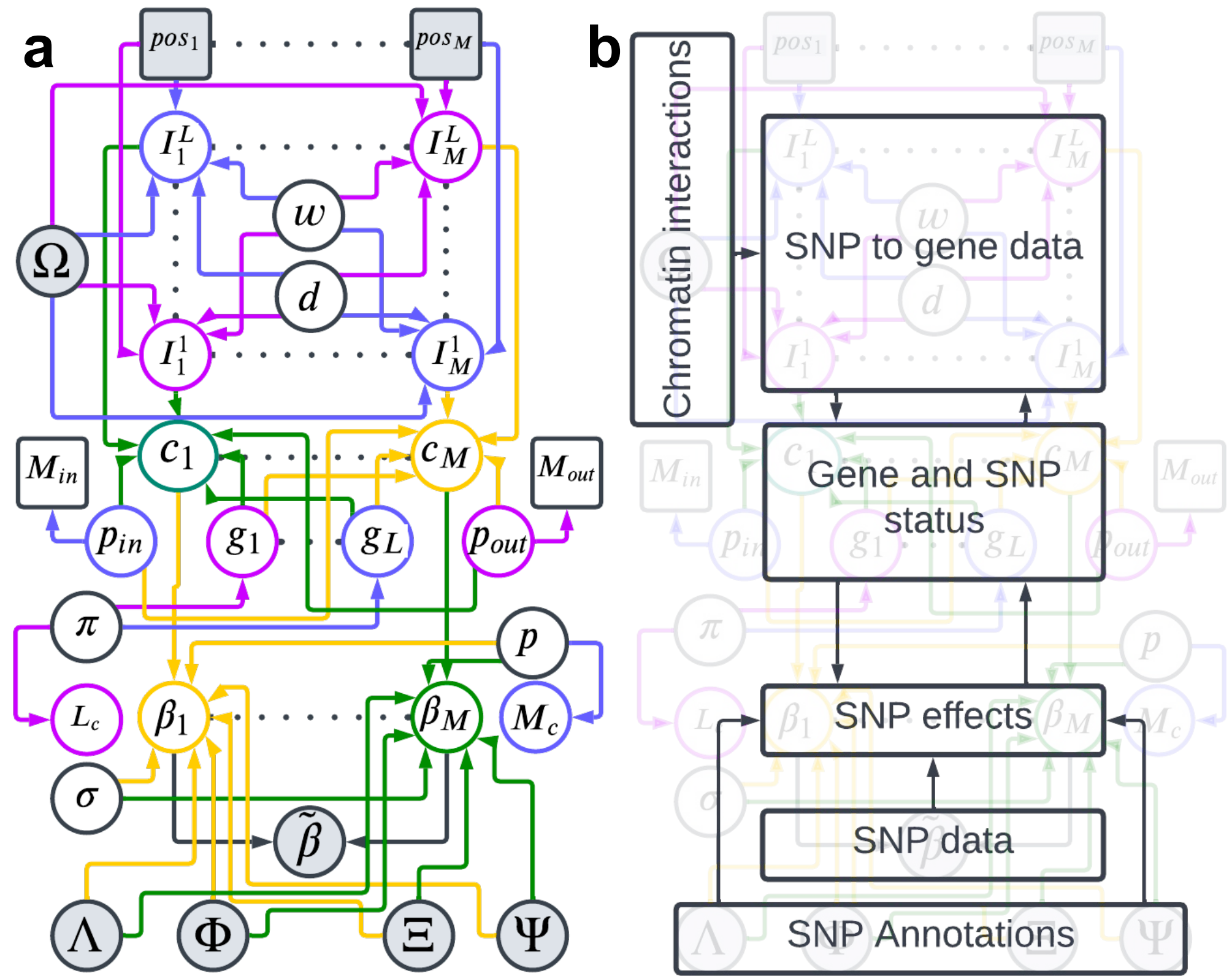
Model: allelic series are pervasive across genes and pathways



What's next?



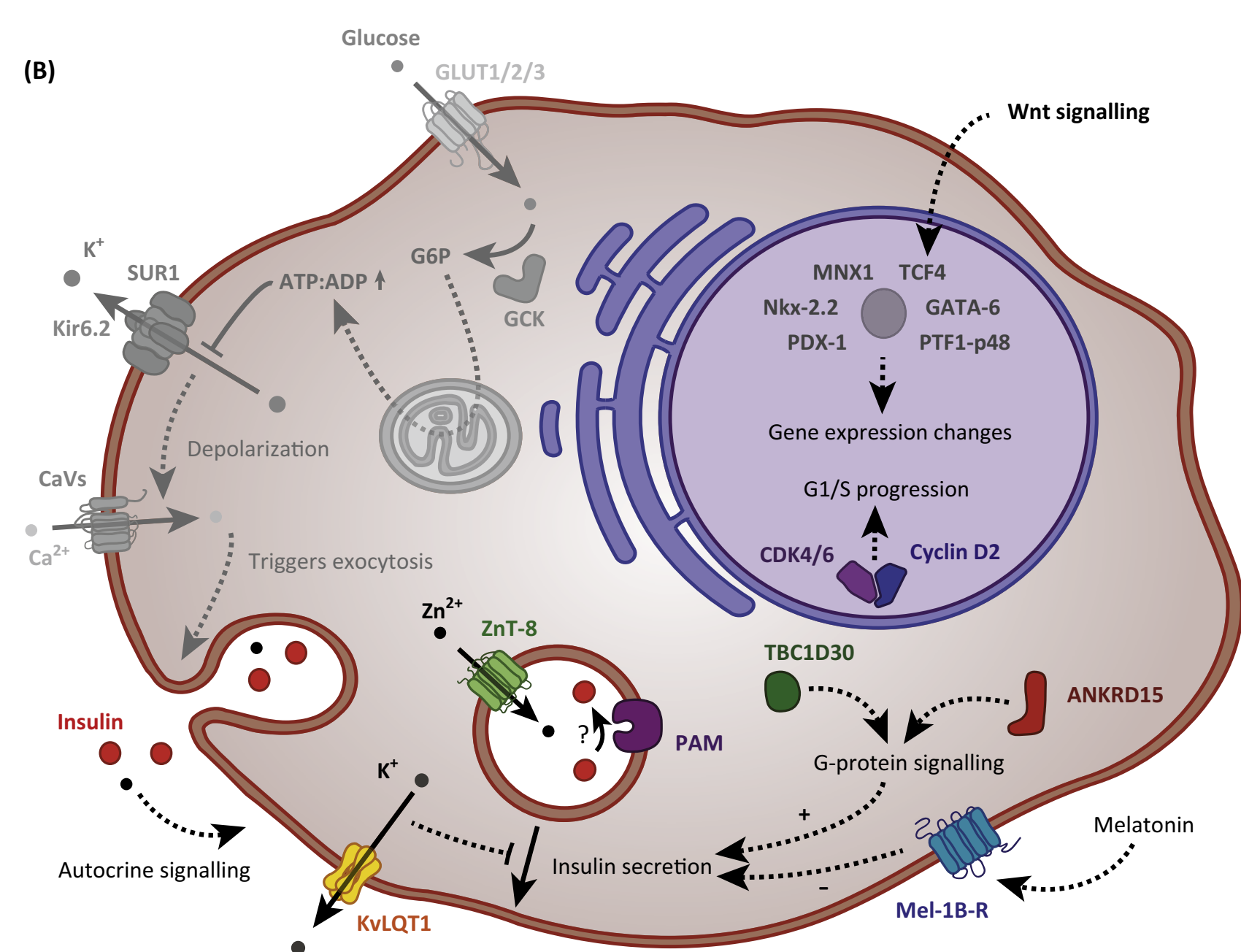
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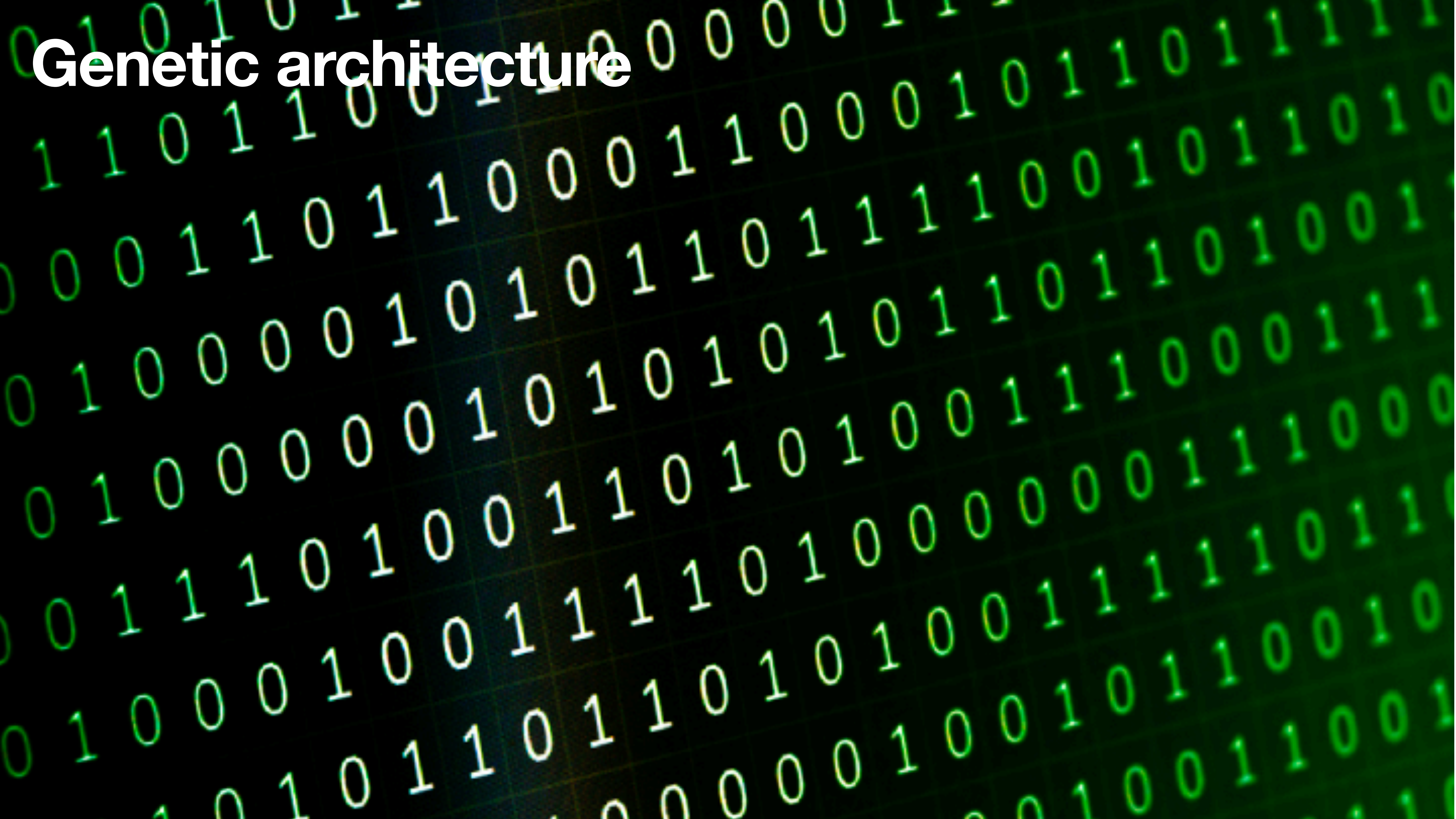


Biological insights

VS.

Genetic architecture



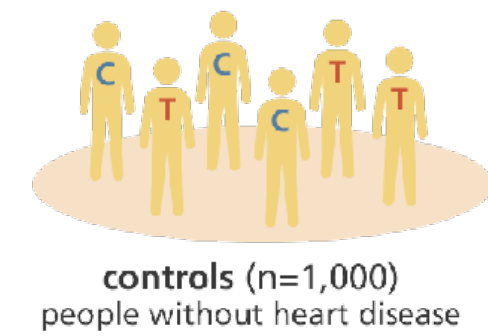
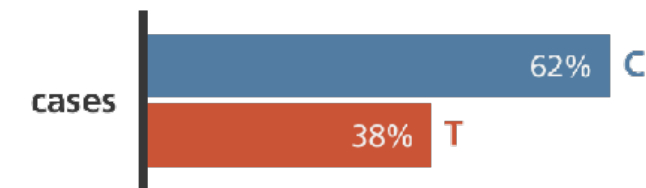
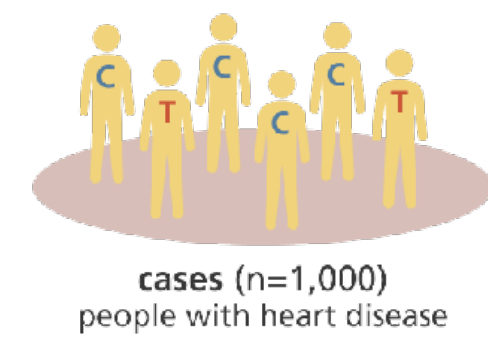


Genetic architecture

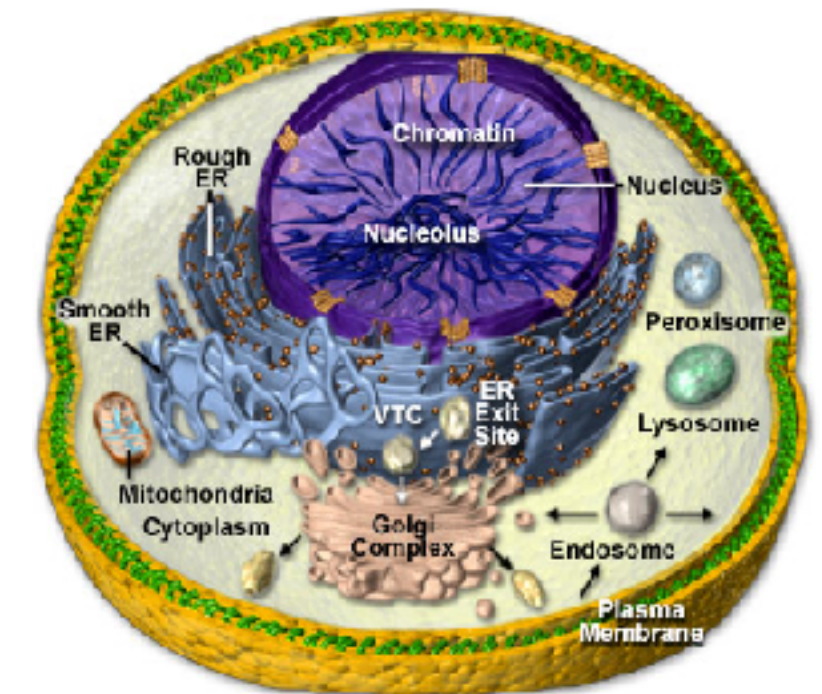
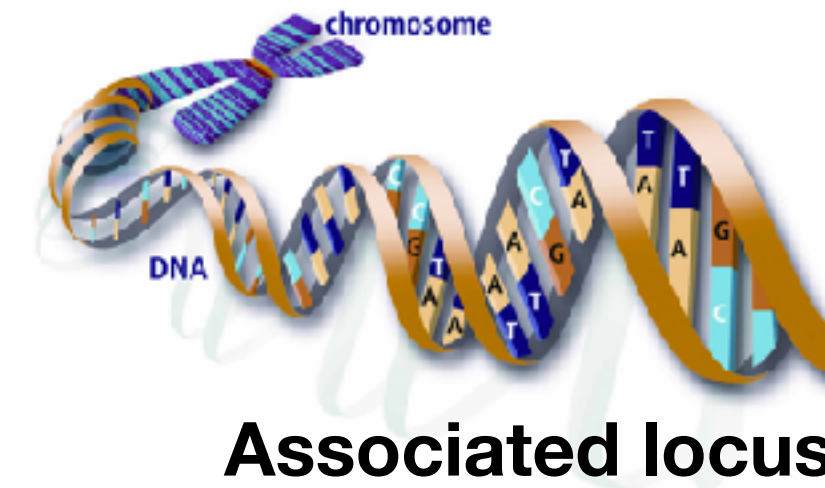
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	mds_stores	19.9	7:28:41.39	5	1	Apple	0.0	0.00	542	root
	Google Chrome Helper (GPU)	12.0	3:29:07.62	33	103	Apple	8.2	31:53.17	757	flann
	Google Chrome	9.4	4:53:08.90	48	68	Apple	0.0	0.00	558	flann
	screencapture	6.0	0.48	2	0	Apple	0.0	0.00	46086	flann
	Zotero	5.4	3:37:59.23	71	2	Intel	0.0	12.95	31740	flann
	Google Chrome Helper (Renderer)	5.3	1.12	23	14	Apple	0.0	0.00	46022	flann
	Slack Helper (Renderer)	3.2	3:40:56.17	18	5	Apple	0.0	0.00	2228	flann
	Google Chrome Helper	2.5	2:52:45.36	31	43	Apple	0.0	0.00	758	flann
	Activity Monitor	2.3	7.76	5	2	Apple	0.0	0.00	45817	flann
	Slack Helper (GPU)	2.2	45:24.27	11	130	Apple	0.2	8:11.00	2221	flann
	Google Chrome Helper (Renderer)	1.5	32.79	25	0	Apple	0.0	0.00	97973	flann
	Cisco AnyConnect Secure Mobility Client	1.2	8:07:36.75	7	4	Intel	0.0	0.00	74765	flann
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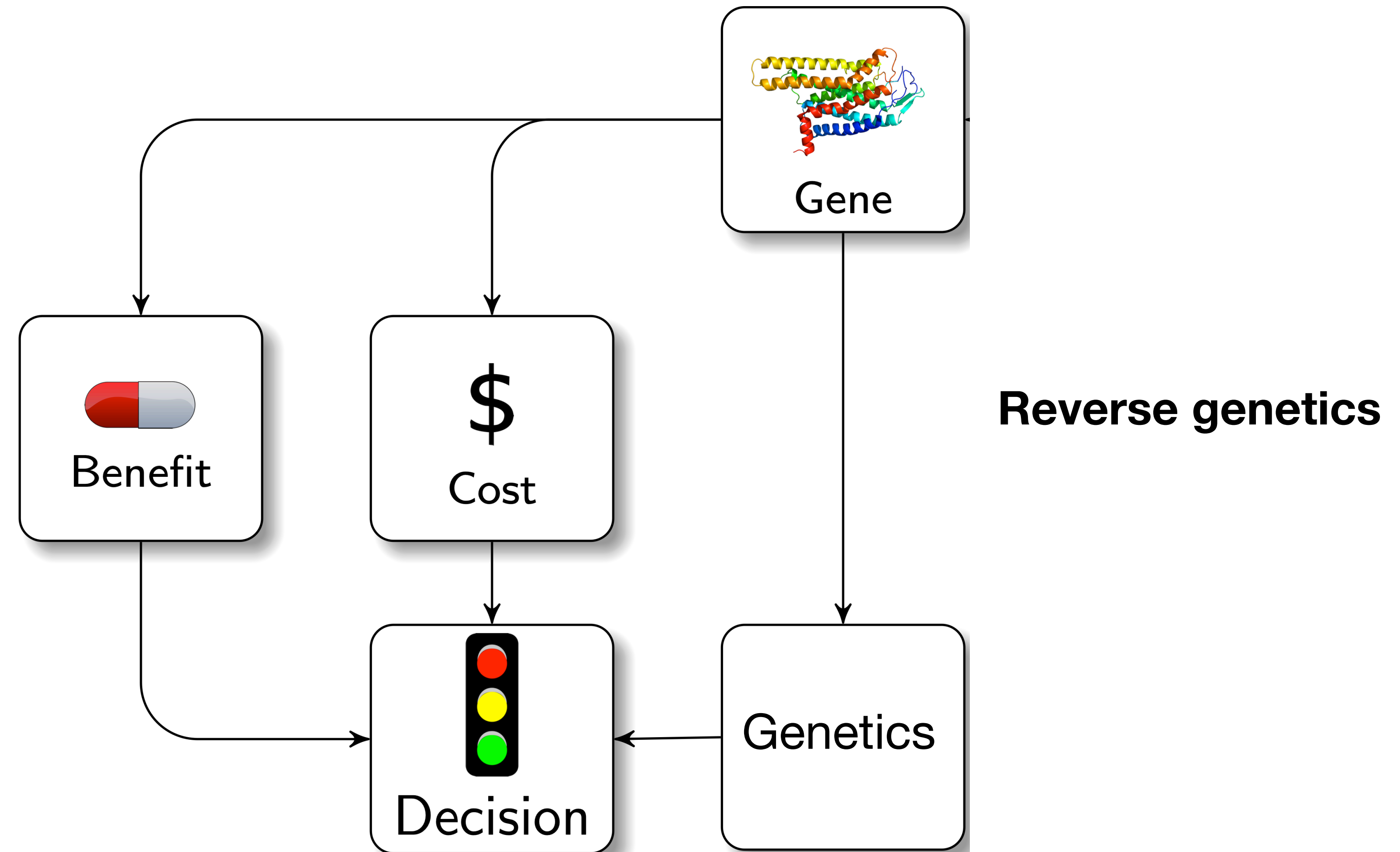
Where will genetic associations lead us?



Forward genetics



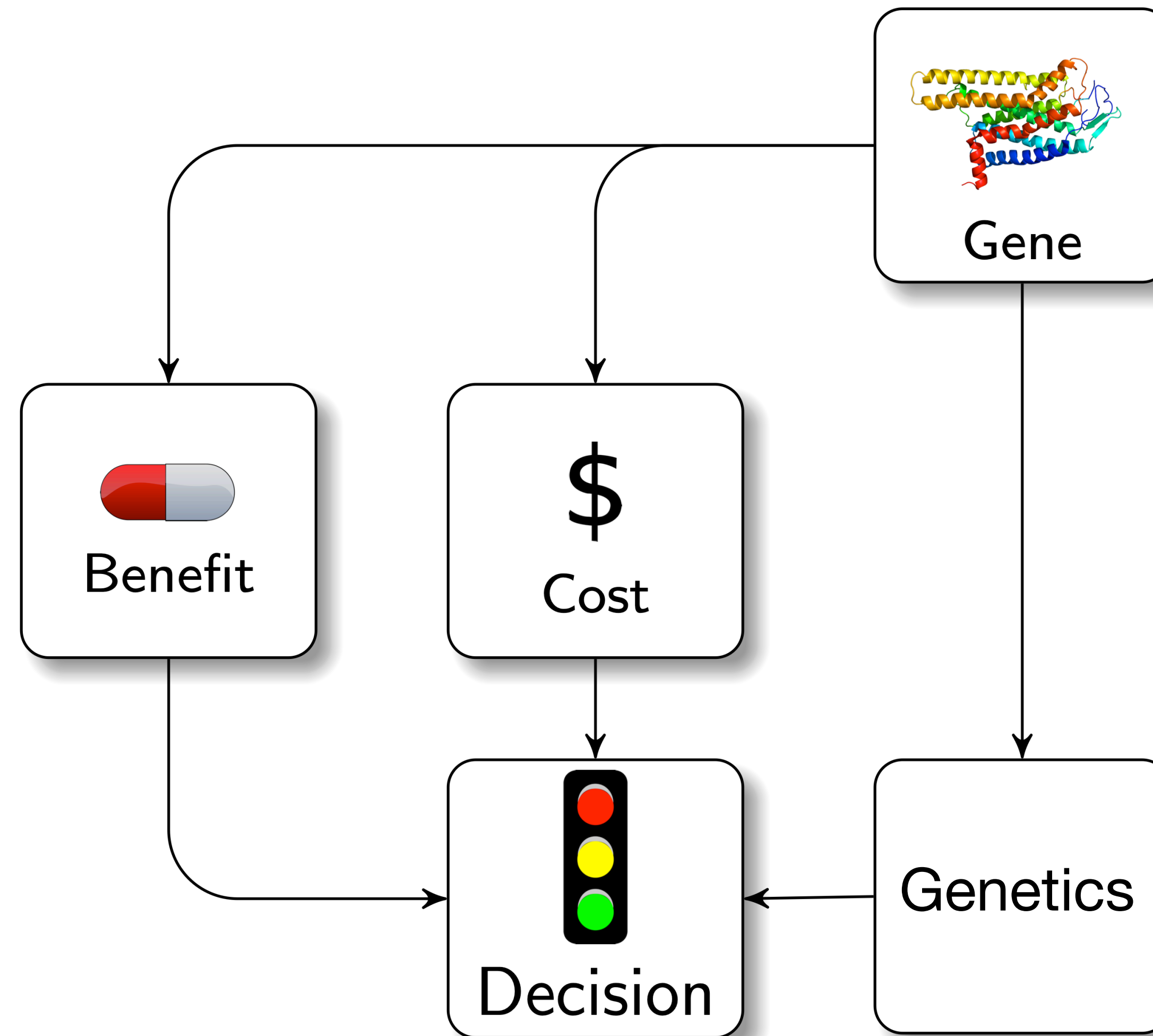
Can we lead human genetics instead?



Our organizing question

What does human genetic data tell us about a gene?

explicitly [^]or implicitly





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JAKE-CLARK.TUMBLR

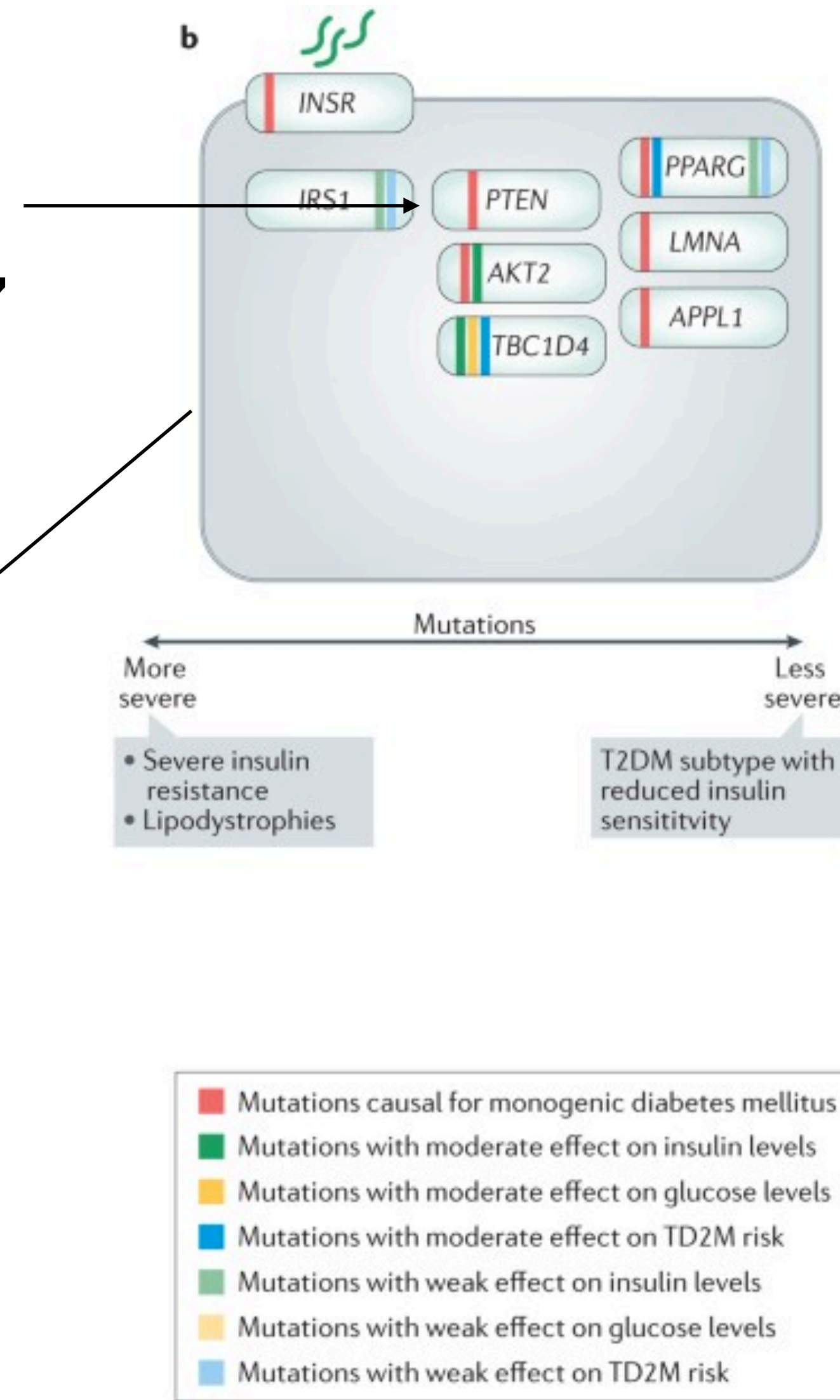
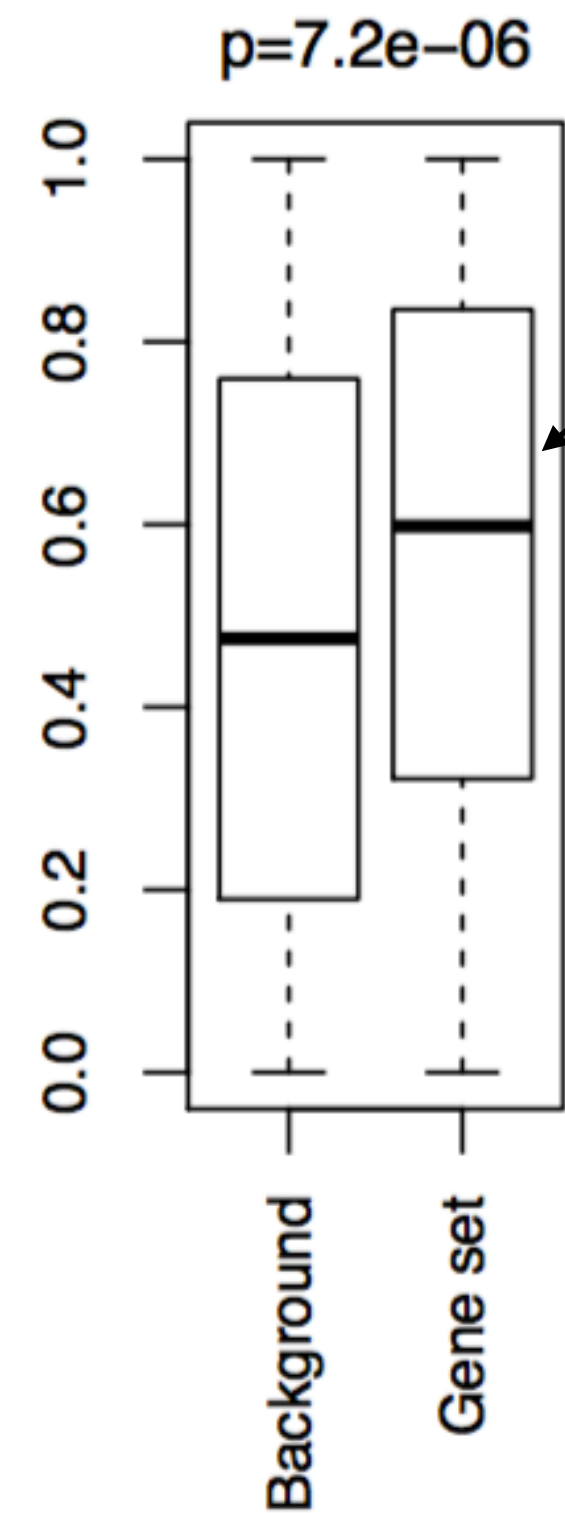


Why don't we have both?




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***PTEN*:**
rare $p=0.048$
common $p=0.007$




1. Make the data available

ACCELERATING MEDICINES PARTNERSHIP (AMP)

 CMDKP

Home Data Tools Information Contact Login

 COMMON METABOLIC DISEASES KNOWLEDGE PORTAL

Providing data and tools to promote understanding and treatment of common metabolic diseases

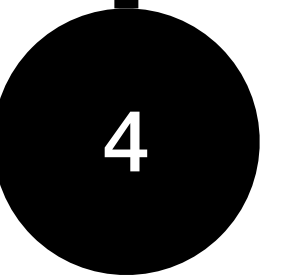
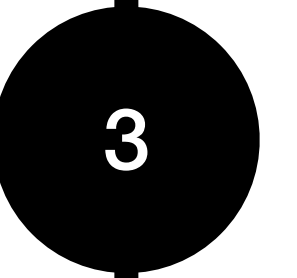
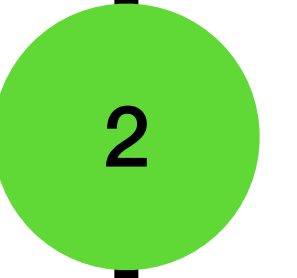
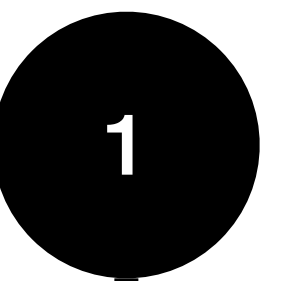
Gene, region or variant Phenotypes Disease-specific portals

Search

examples: PCSK9, rs1260326, chr9:21,940,000-22,190,000

2. Help interpret the data

Gene	GWAS	Exome
<i>SIN3A</i>	Minimum p=9.2e-16	p=0.59
<i>FOXO1</i>	Minimum p=1.91e-5	p=0.036



2. Help interpret the data

Common Variation	Causal coding variant	Compelling 95% 99%	Compelling 95% 99%	Compelling 99% 9%	Compelling 99% 99%	Compelling 99% 99%
	Nearest gene	Very Strong 70% 90%	Very Strong 80% 95%	Extreme 90% 95%	Compelling 99% 99%	Compelling 99% 99%
	Coding variant	Strong 50% 85%	Very Strong 60% 90%	Very Strong 75% 95%	Compelling 95% 99%	Compelling 99% 99%
	GWAS locus	Moderate 15% 40%	Moderate 20% 55%	Moderate 30% 70%	Very Strong 75% 95%	Compelling 99% 99%
	No evidence	No evidence 5% 20%	Anecdotal 5% 25%	Moderate 15% 45%	Strong 50% 85%	Compelling 95% 99%
		No evidence $p \geq 0.1$	Weak $p < 0.1$	Nominal $p < 0.05$	Strong $p < 1 \times 10^{-3}$	Exome-wide $p < 2.5 \times 10^{-6}$
Rare Variation						

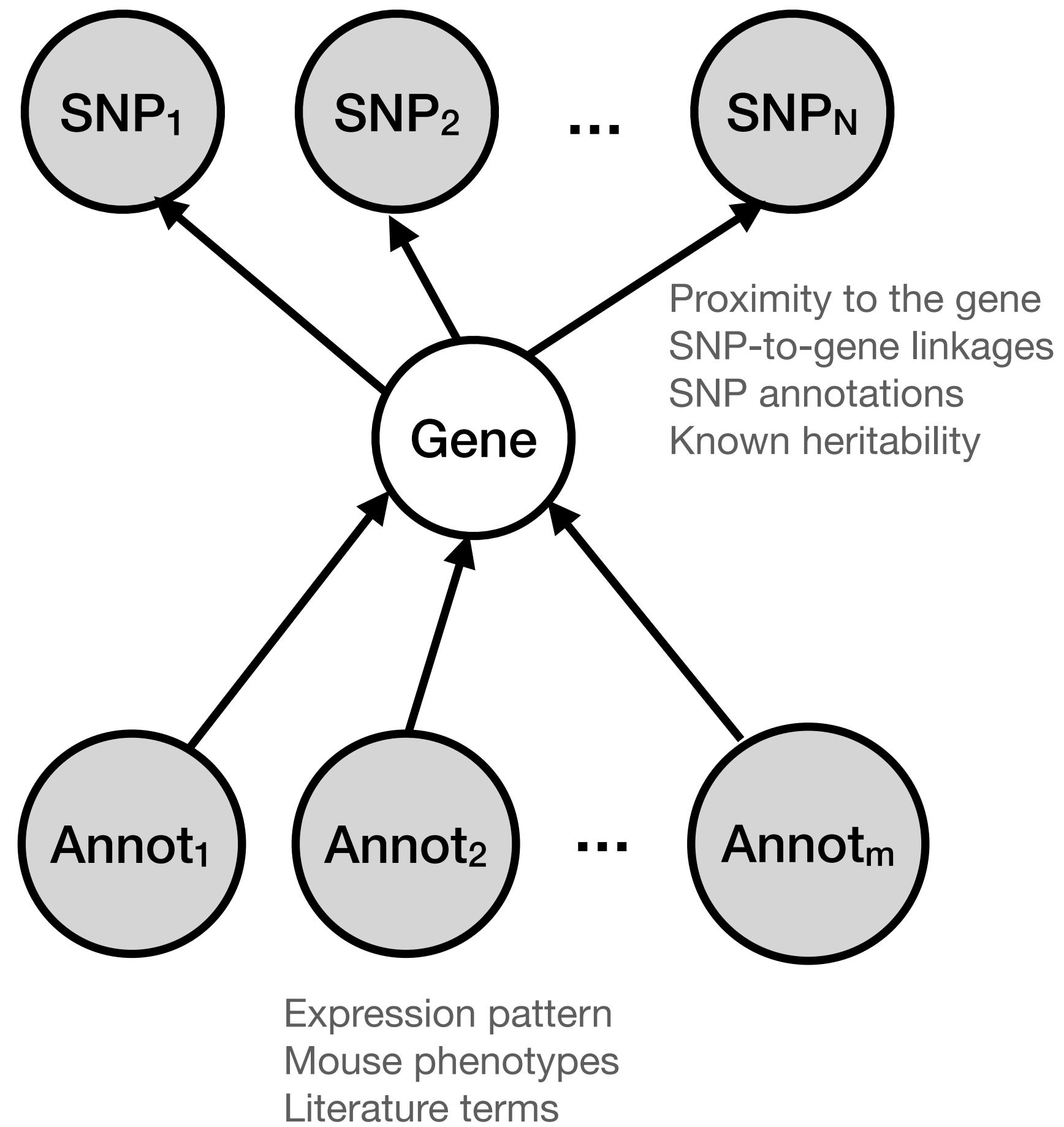
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3. Build ever more sophisticated models



1

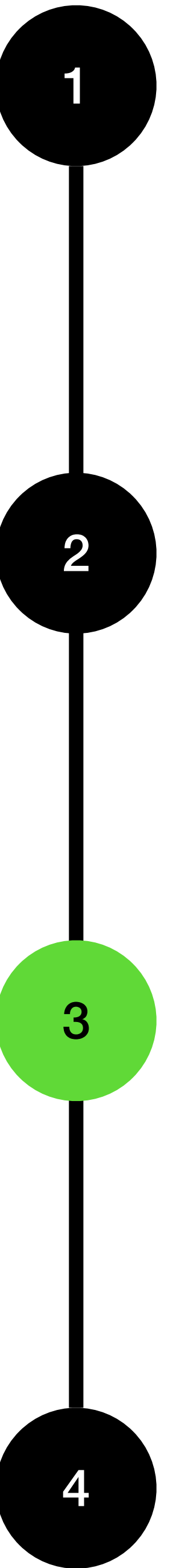
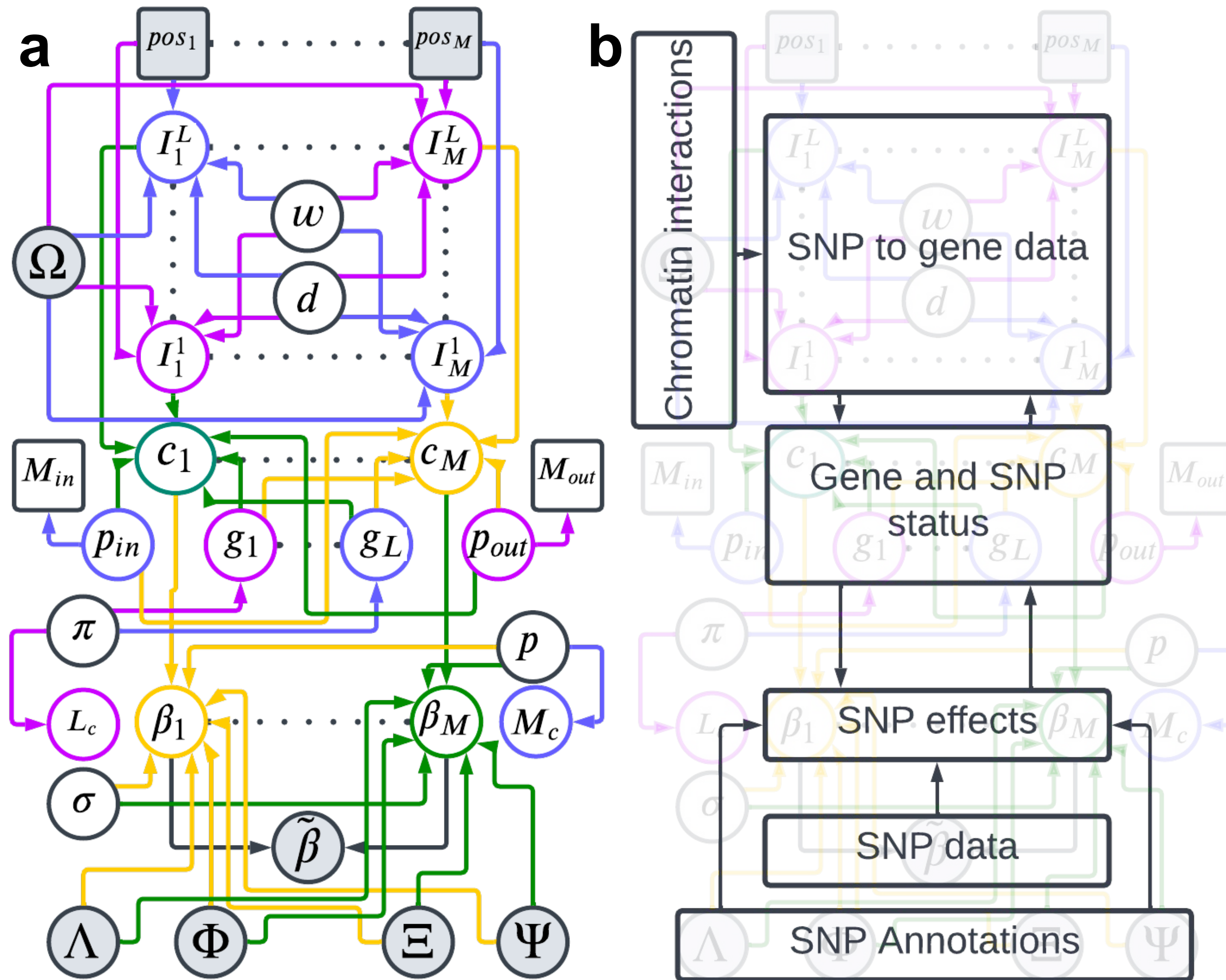
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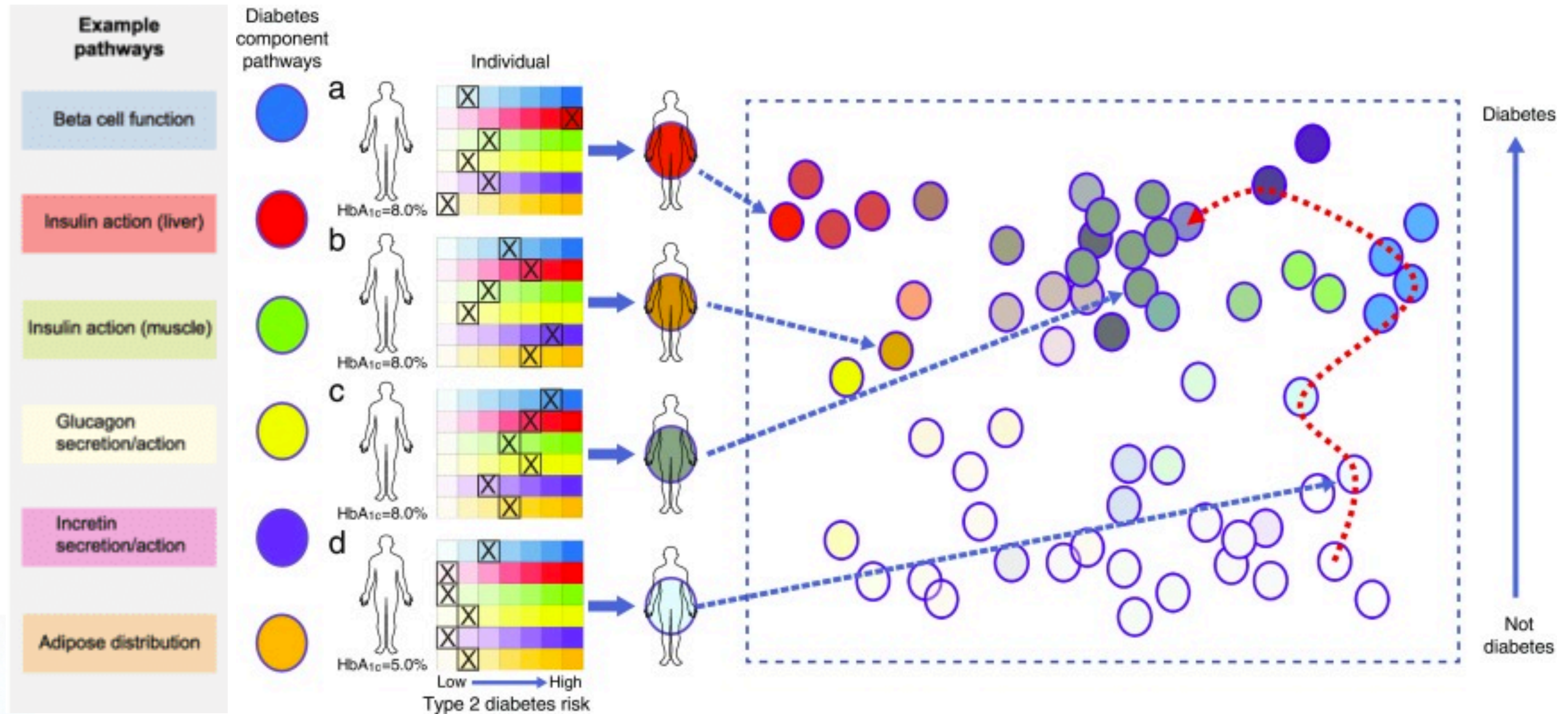
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3. Build ever more sophisticated models



4. Extend beyond genes to pathways



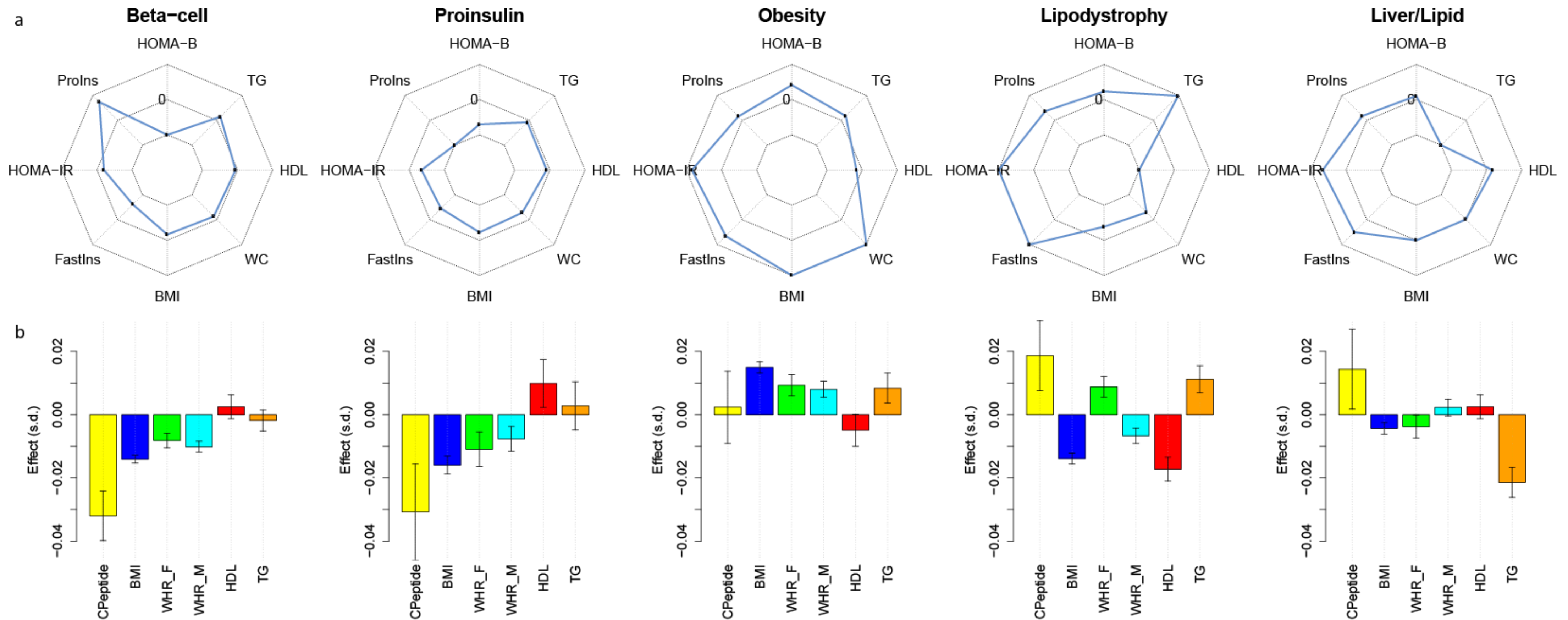
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4. Extend beyond genes to pathways

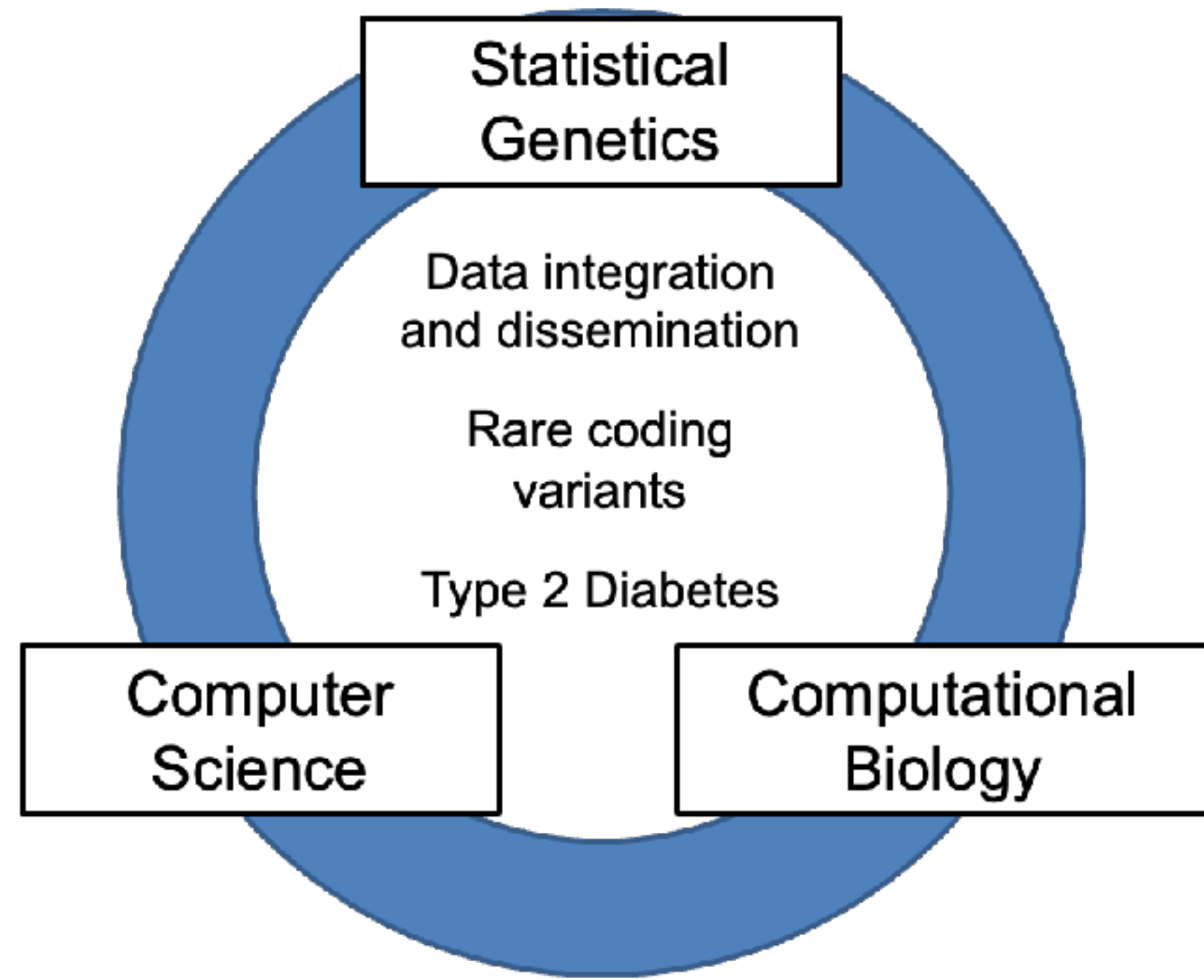


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We are always seeking collaborators and motivated new members!

Contact flannick@broadinstitute.org or <http://flannicklab.org>

