

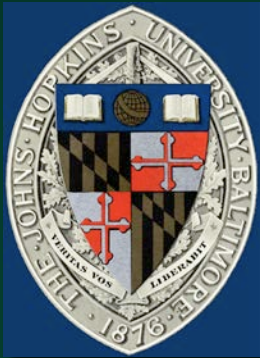
The Human Genome and Individualized Medicine

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McKusick-Nathans Institute of Genetic Medicine

Johns Hopkins University

2 December 2011



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What is “Individualized Medicine” ??

“At it’s most basic, personalized medicine refers to using information about a person’s genetic makeup to tailor strategies for the detection, treatment or prevention of disease”

Francis Collins

Interview published July 17,
2005 in the Boston Globe

*Genetics & medicine, 2011: Some terms **

- Personal

- ✓ Relating to somebody's private life, intimacy

- ✓ Relating to one person, a particular

- Individual

- ✓ A particular person, distinct from others

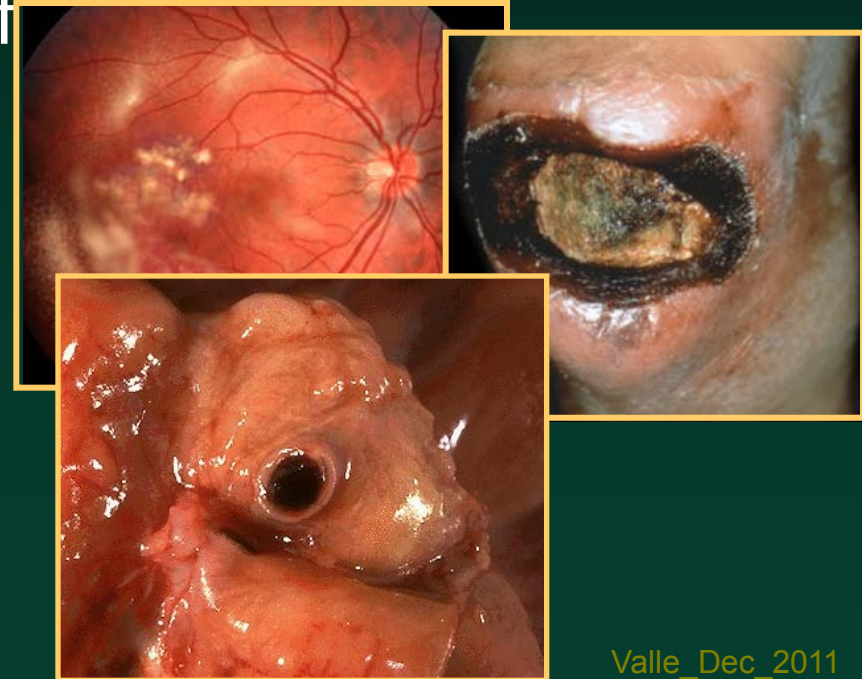
* Encarta World English Dictionary, 1999

Individualized Medicine: Why now?

- Enormous success of modern medicine
 - ✓ Prolongation of lifespan
 - ✓ Improved quality of life
- Ongoing concerns
 - ✓ Many diseases with increasing incidence
 - ✓ Unacceptable frequency of adverse events
 - ✓ Increasing expense

Type 2 Diabetes

- Incidence increasing throughout the industrialized world and intertwined with obesity
- Chronic illness with an array of complications
 - ✓ Microvascular
 - ✓ Macrovascular



Suppose a member of your family develops type II diabetes

- Would you like to know the prognosis and response to existing treatments for the average patient?
- Or, would you like to know as precisely as possible the specific features, prognosis and response to therapy for your loved one?
- Even better, would you like to know ahead of time, assuming preventative measures were available???

Medicine of the 20th Century

- “Average medicine” – medicine for the average patient (the “classic case” mentality)

The “classic case” mentality



Medicine of the 20th Century

- “Average medicine” – medicine for the average patient (the “classic case” mentality)
- “Trial and error medicine” – trying possible treatments sequentially until you find one that works

Individualized medicine

“The experienced physician knows that no two patients are exactly alike”

“There is no science of the individual, and medicine suffers from a fundamental contradiction: its practice deals with the individual while its theory grasps universals only”

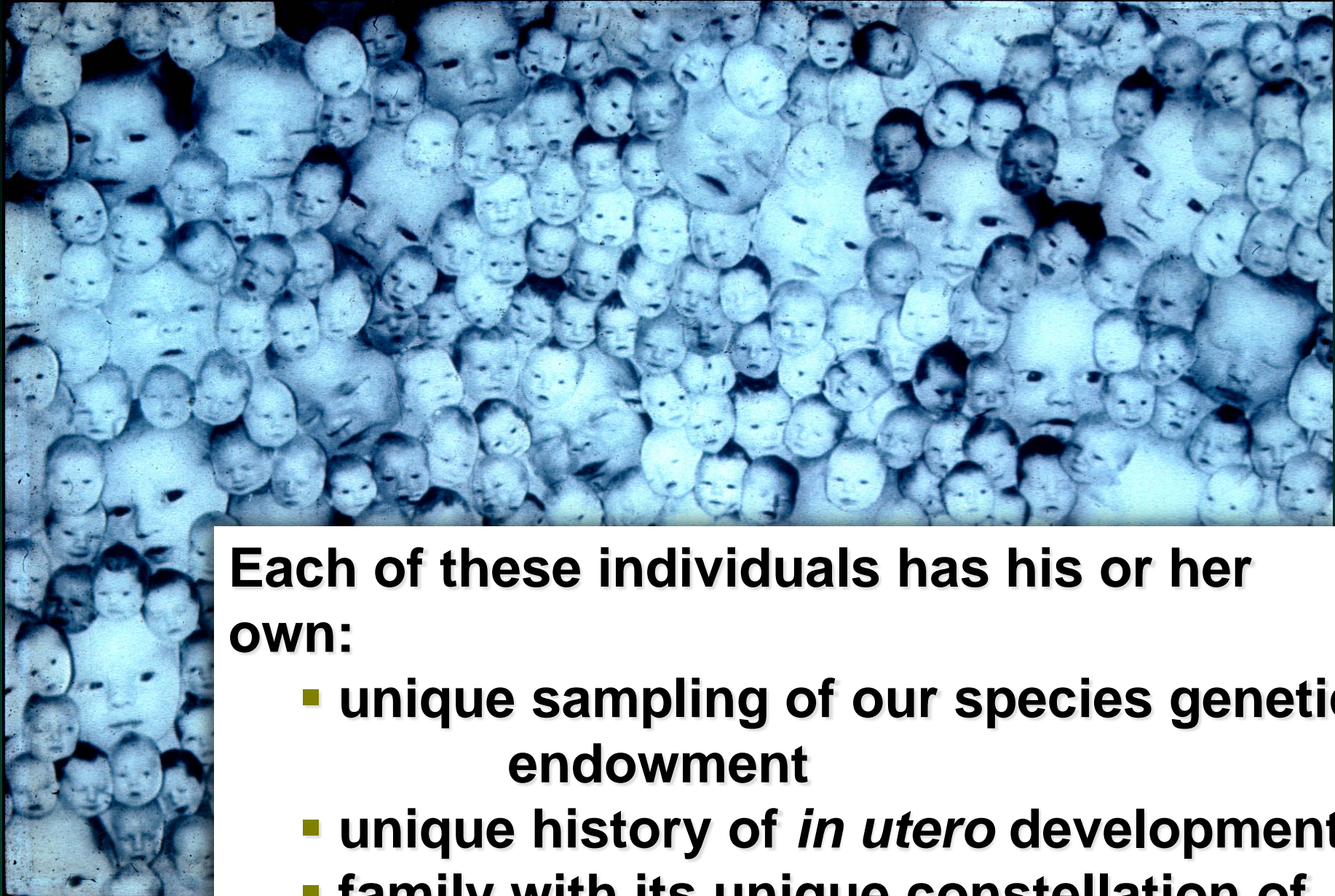
O. Temkin, 1963

Not a new idea.....

“The doctor does not treat ‘man’ except accidentally; he treats Calius or Socrates or someone else... So if someone ...knows the universal without knowing the individuals contained in it, he will often fail in his treatment; for it is the individual who has to be treated”

- Aristotle

~350 BC



Each of these individuals has his or her own:

- **unique sampling of our species genetic endowment**
- **unique history of *in utero* development**
- **family with its unique constellation of**

socio-economic variables

What has changed ??

- HGP, sequencing technology and appreciation of sequence variation
- Whole Genome Sequence (WGS) biology
- Increasing prominence of evolutionary thinking in medicine
- Disease gene identification
- Individual genome sequences

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"All the News
That's Fit to Print"

The New York Times

Washington Edition

Washington and Baltimore: The storms by afternoon, high near tonight, showers end, lows in the 60's. Tomorrow, showers. Highs low 80's. Weather map is on Page

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L. CXLIX . . . No. 51,432

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MD 21205 WEDNESDAY, JUNE 27, 2000

ONE DOLLAR

Genetic Code of Human Life Is Cracked by Scientists

Human Genome Project

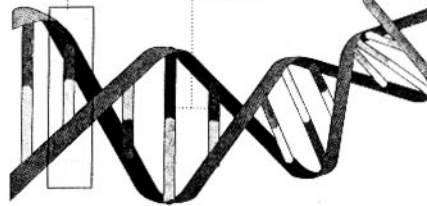
- Conceived in the mid 1980's
- Debated and argued
- Oct 1, 1990 start date
- Initially focused on technology, maps & model organisms
- Reference human sequence complete

The Book of Life

The 3 billion base pairs ...

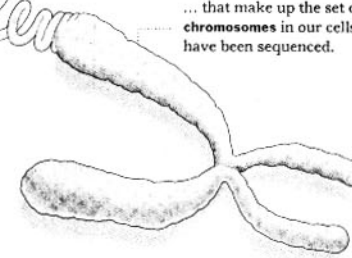
BASE PAIRS
Rungs between the strands of the double helix

BASES
A adenine
C cytosine
G guanine
T thymine



... of the intertwining double helix of DNA ...

... that make up the set of chromosomes in our cells, have been sequenced.



By ordering the base units, scientists hope to locate the genes and determine their functions.

The New York Times

Science Times

A special issue

- Putting the genome to work.
- Some information has already paid research dividends.
- Two research methods, two results
- More articles, charts and photos of the genome effort.
- From Mendel to helix to genome.

Section D

Francis S. Collins, head of the Human Genome Project, right, with J. Craig Venter, head of Celera Genomics, after the announcement yesterday that they had finished the first survey of the human genome.



Paul Hasefer/The New York Times

A SHARED SUCCESS

2 Rivals' Announcement Marks New Medical Era, Risks and All

By NICHOLAS WADE

WASHINGTON, June 26 — An achievement that represents a pinnacle of human self-knowledge, rival groups of scientists said today that they had deciphered the hereditary script, the set of instructions that defines the human organism.

"Today we are learning the language in which God created life," President Clinton said at a White House ceremony attended by members of the two teams and, via satellite, Prime Minister Tony Blair of England. [Excerpts, Page D8.]

The teams' leaders, Dr. J. Craig Venter, president of Celera Genomics, and Dr. Francis S. Collins, director of the National Human Genome Research Institute, praised each other's contributions and hailed a spirit of cooperation from now on, even though the two efforts will remain firmly independent.

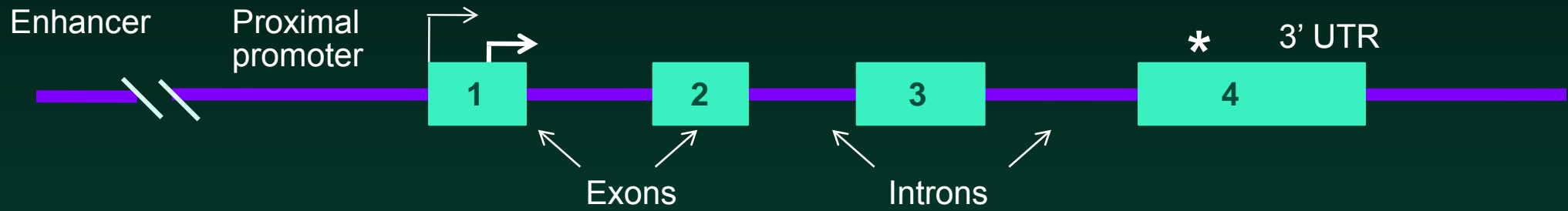
The human genome, the ancient script that has now been deciphered, consists of two sets of 23 giant molecules, or chromosomes, in each set — one inherited from each parent — containing more than 3 billion chemical units.

The successful deciphering of this vast genetic archive attests to the extraordinary pace of biology's

A Pearl and a Hodgépodge: Human DNA

Collins, director of the National Human Genome Research Institute, said that though scientists underscore the

What is a gene?



Some features of the reference genome

| | Human (3.0 Gb) | Mouse (2.5 Gb) |
|------------------------|-------------------|-------------------|
| Genes (protein coding) | ~ 22,000 | ~ 22,000 |
| known function | ~ 75% | ~ 75% |
| exons / transcript | 8.7 | 8.4 |
| total exons “exome” | ~ 220,000 | ~ 210,000 |
| the “exome” | ~ 50 Mb (1.5%) | |

DNA Sequence: Are We All the Same ?

- Humans are 99.6% identical at the sequence level
- Evolutionary perspective:
 - ✓ *H. sapiens* a young species (100 K yr) with a small founding population (~ 10,000)
 - ✓ Similarity with our relatives
 - 70-90% identity with mouse
 - 98.5% identity with chimp

27 October 2005 | www.nature.com/nature | \$10

THE INTERNATIONAL WEEKLY JOURNAL OF SCIENCE

nature



INSIDE
Why do we sleep?
nature insight
SLEEP

OPTOELECTRONICS
Germanium boost for silicon chips

LAW OF THE JUNGLE
Don't ask a chimpanzee for help

MEN OF LETTERS
If Darwin and Einstein had e-mail...

THE HAPMAP PROJECT
Chapter and verse on human genetic variation

NATUREJOBS
Biodefence boom

\$10.00US \$12.99CAN 4 3>
0 71486 03070 6

HapMap : A Database of Human Sequence Variation



www.hapmap.org

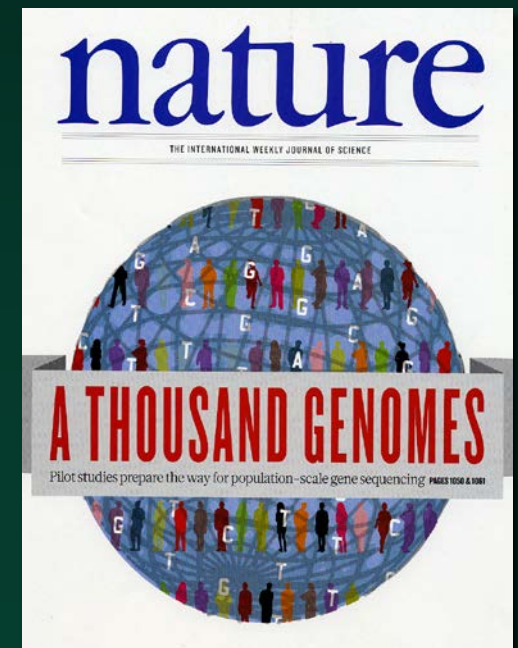
27 October 2005

A map of human genome variation from population-scale sequencing

The 1000 Genomes Project Consortium*

Nature 467: 1061, 2010

- Study ~2,500 individuals from ~50 populations
- Catalog >95% of variants with an allele frequency $\geq 1\%$ across the genome
- Catalog lower frequency alleles ($\geq 0.1\%$) in coding sequence



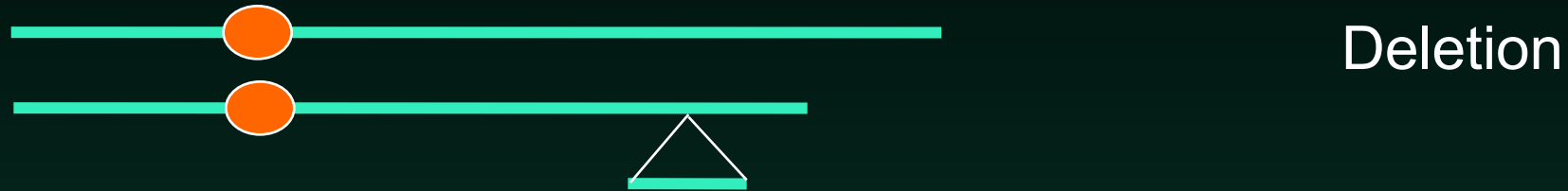
Sources of Genetic Variation

- Insertions / deletions - “indels” ~10%
- Length polymorphisms - STRp ~5%
- Single nucleotide polymorphisms (SNPs) ~45%
- Copy number variants (CNVs) ~
- **Recombination**
- Inversions ?

Single Nucleotide Polymorphisms (SNPs)

- Single base pair variant with both possibilities relatively frequent
allele 1 ... G A T C A ...
allele 2 ... G A G C A ...
- Frequent ~ 1/1000 bp or at least 3×10^6 per haploid genome
- Current SNP genotyping platforms score $>1 \times 10^6$ SNPs across the genome

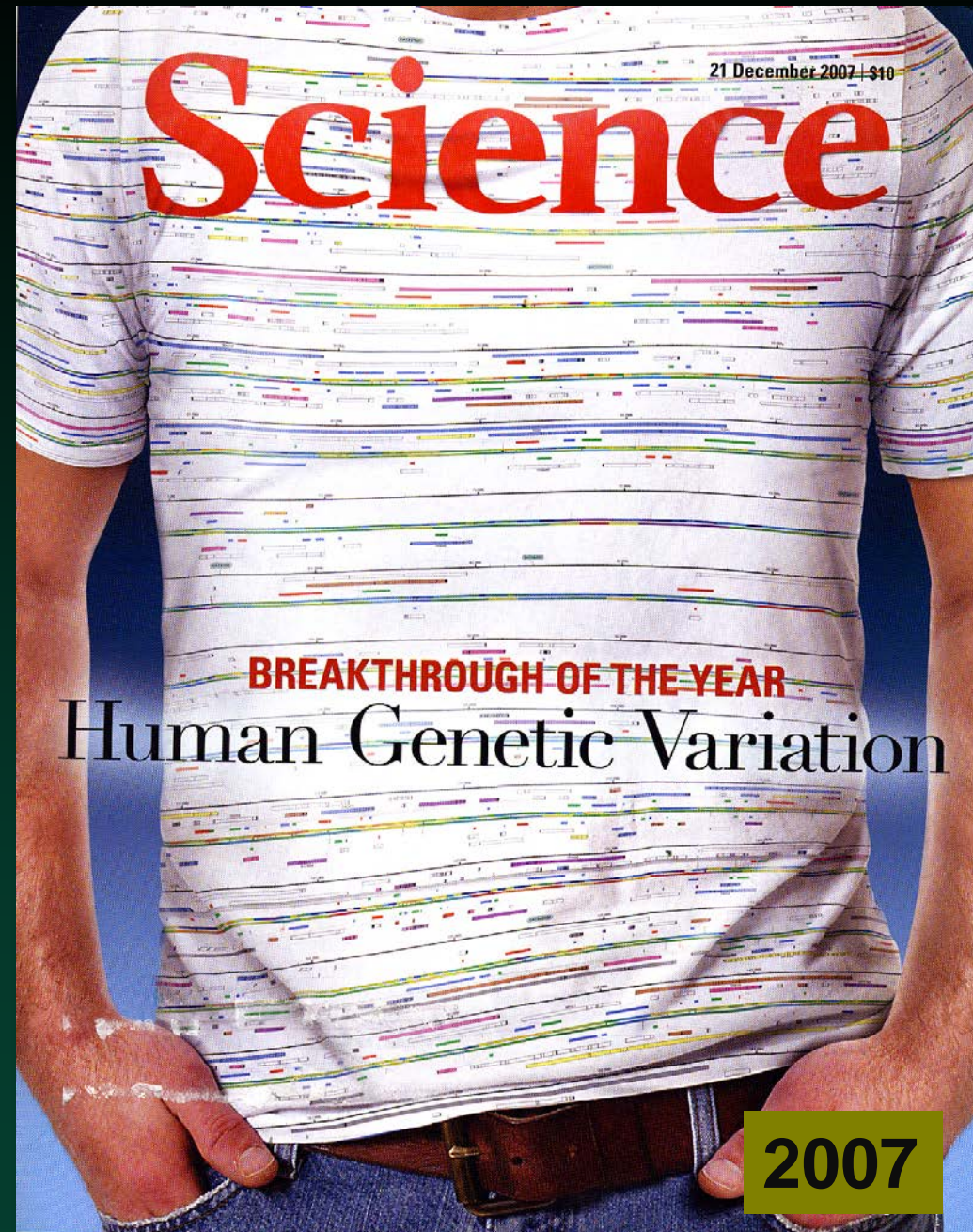
Copy Number Variants (CNVs)

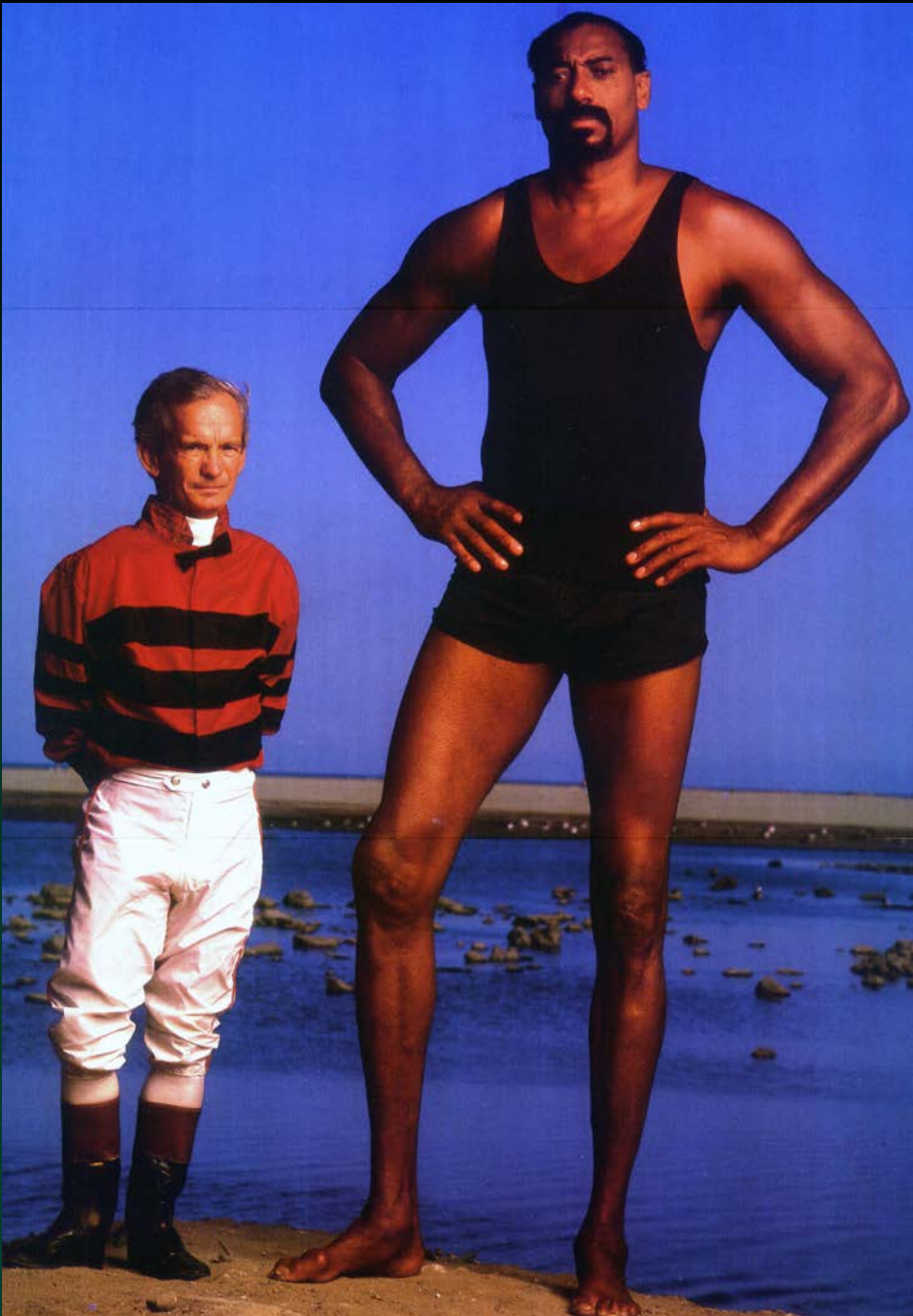


-
- Expose dosage sensitive genes
 - For deletions, expose otherwise “normal variation” on the remaining allele
 - Create “fusion” genes with new functions

Increasing appreciation for human genetic variation

- SNPs
 - ✓ > 30 M in our species
 - ✓ ~ 3 M differences between individuals
- CNVs
 - ✓ 3-7 large CNVs/individual
 - ✓ 5-10% have 1 CNV > 100kb
 - ✓ 1-2 % have 1 CNV > 1 Mb

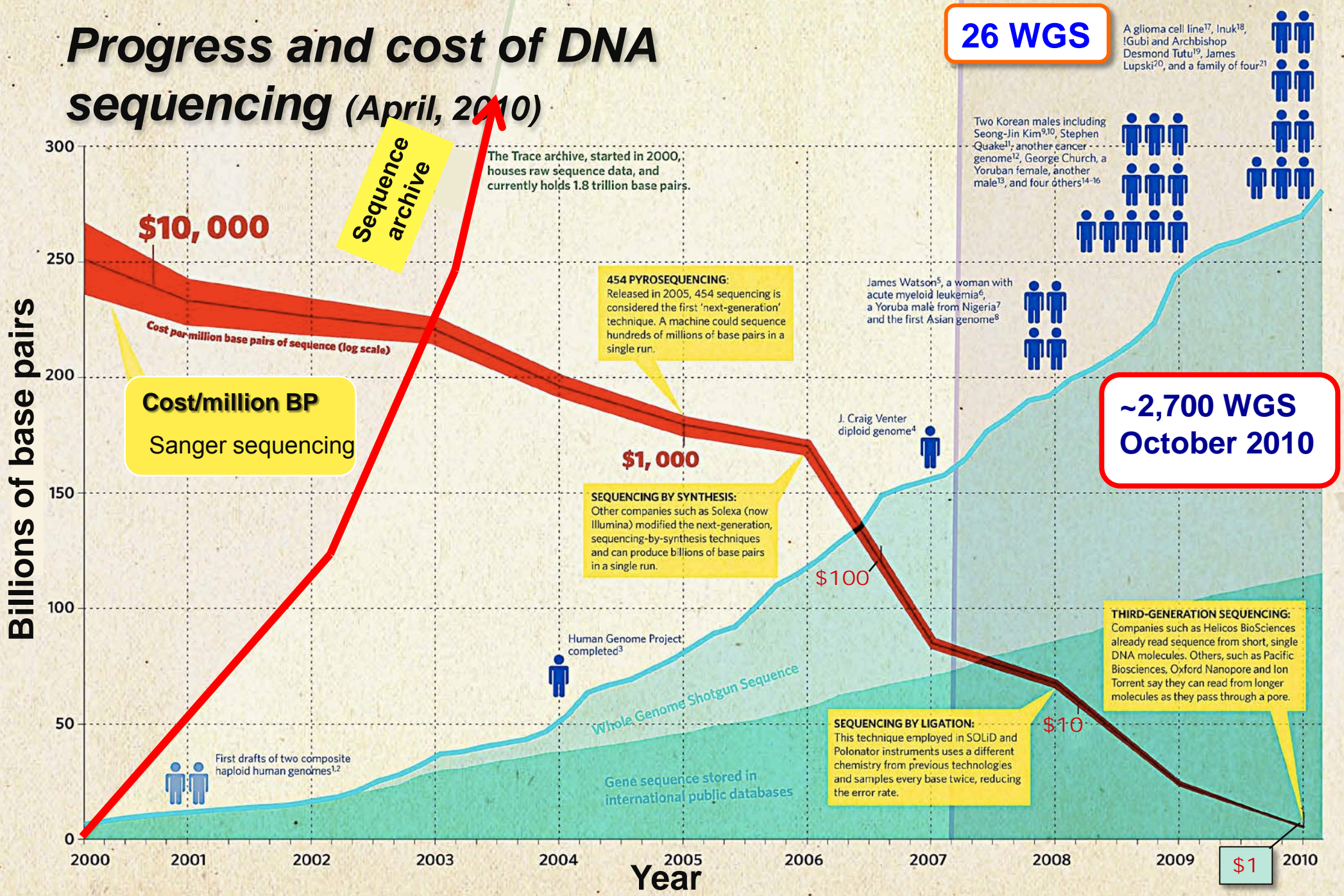




Human Variation

Differ at
only
~ 1 / 1000 bp !!

Progress and cost of DNA sequencing (April, 2010)

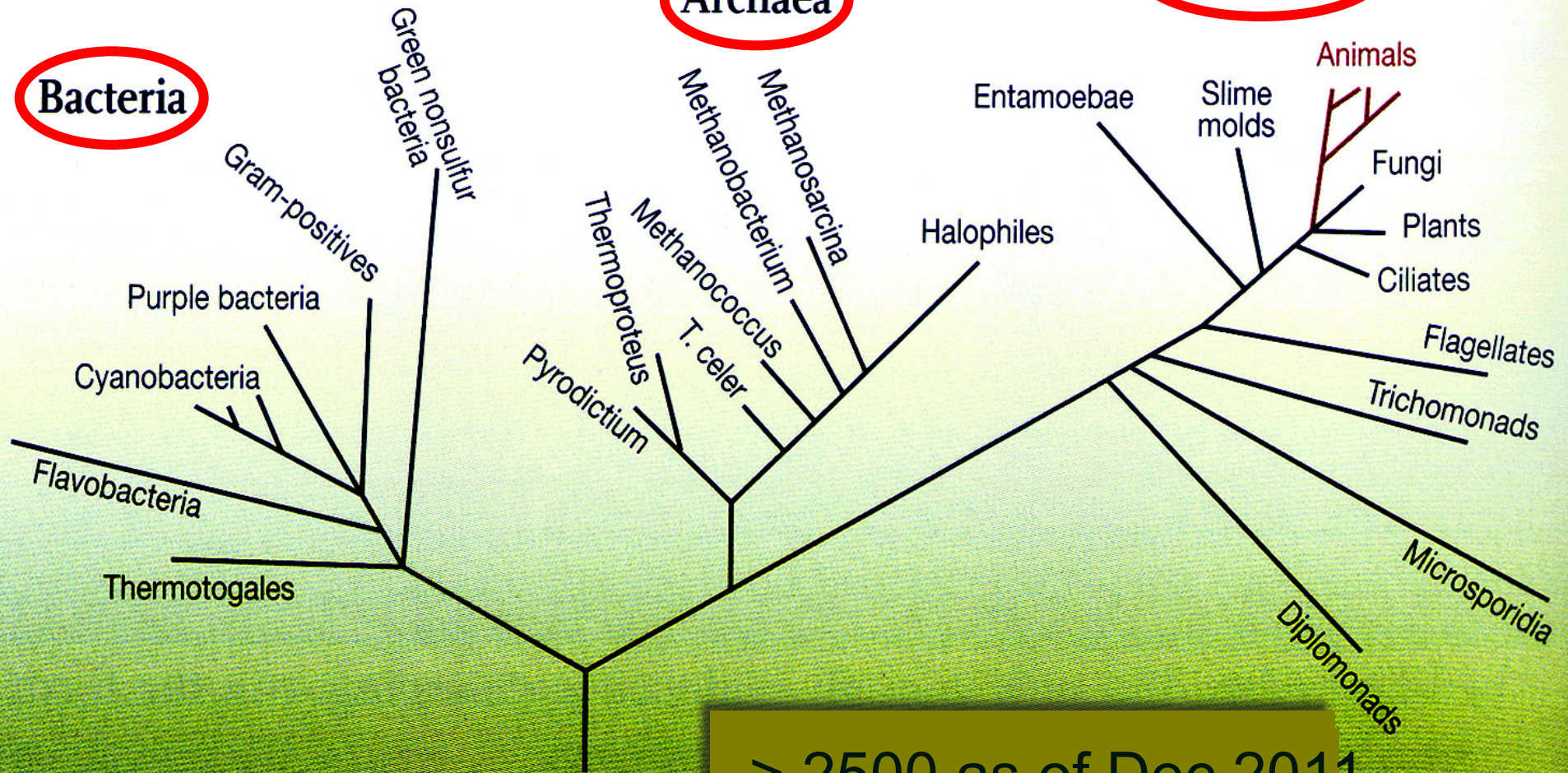


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Whole genome sequences: bridges that connect all biology

THE TREE OF LIFE



> 2500 as of Dec 2011

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*Evolutionary thinking and medicine**

- Centrality of variation
 - Continuity and consequences of natural selection
 - Evolvability and systems biology
 - Emphasis on integrated biology
 - Individuality -- Selection acts on individuals
-

Making evolutionary biology a basic science for medicine

Nesse et al, PNAS, Jan 2010

Valle_dec_2011

nature

A close-up photograph of a chimpanzee resting its chin on its hand, looking directly at the camera. The background is a blurred forest scene with green foliage and sunlight filtering through the trees.

Comparative Genomics of Higher Primates

STAR FORMATION

A massive protostar unveiled

CANCER IMMUNOLOGY

How tumours dupe T cells

AIR POLLUTION

China's NO₂ build-up
seen from space

NATUREJOBS

Membrane proteomics

A Draft Sequence of the Neandertal Genome

Science 328: 710, 2010

Richard E. Green,^{1*†‡} Johannes Krause,^{1†§} Adrian W. Briggs,^{1†§} Tomislav Maricic,^{1†§} Udo Stenzel,^{1†§} Martin Kircher,^{1†§} Nick Patterson,^{2†§} Heng Li,^{2†} Weiwei Zhai,^{3†||} Markus Hsi-Yang Fritz,^{4†} Nancy F. Hansen,^{5†} Eric Y. Durand,^{3†} Anna-Sapfo Malaspinas,^{3†} Jeffrey D. Jensen,^{6†} Tomas Marques-Bonet,^{7,13†} Can Alkan,^{7†} Kay Prüfer,^{1†} Matthias Meyer,^{1†} Hernán A. Burbano,^{1†} Jeffrey M. Good,^{1,8†} Rigo Schultz,¹ Ayinuer Aximu-Petri,¹ Anne Butthof,¹ Barbara Höber,¹ Barbara Höffner,¹ Madlen Siegemund,¹ Antje Weihmann,¹ Chad Nusbaum,² Eric S. Lander,² Carsten Russ,² Nathaniel Novod,² Jason Affourtit,⁹ Michael Egholm,⁹ Christine Verna,²¹ Pavao Rudan,¹⁰ Dejana Brajkovic,¹¹ Željko Kucan,¹⁰ Ivan Gušić,¹⁰ Vladimir B. Doronichev,¹² Liubov V. Golovanova,¹² Carles Lalueza-Fox,¹³ Marco de la Rasilla,¹⁴ Javier Fortea,^{14¶} Antonio Rosas,¹⁵ Ralf W. Schmitz,^{16,17} Philip L. F. Johnson,^{18†} Evan E. Eichler,^{7†} Daniel Falush,^{19†} Ewan Birney,^{4†} James C. Mullikin,^{5†} Montgomery Slatkin,^{3†} Rasmus Nielsen,^{3†} Janet Kelso,^{1†} Michael Lachmann,^{1†} David Reich,^{2,20*†} Svante Pääbo^{1*†}

Some genes with positive selection around the time of divergence:

- *THADA* – energy metab
- *DYRK1A* - cognition
- *NRG3* - neurodevelopment
- several *microRNAs*

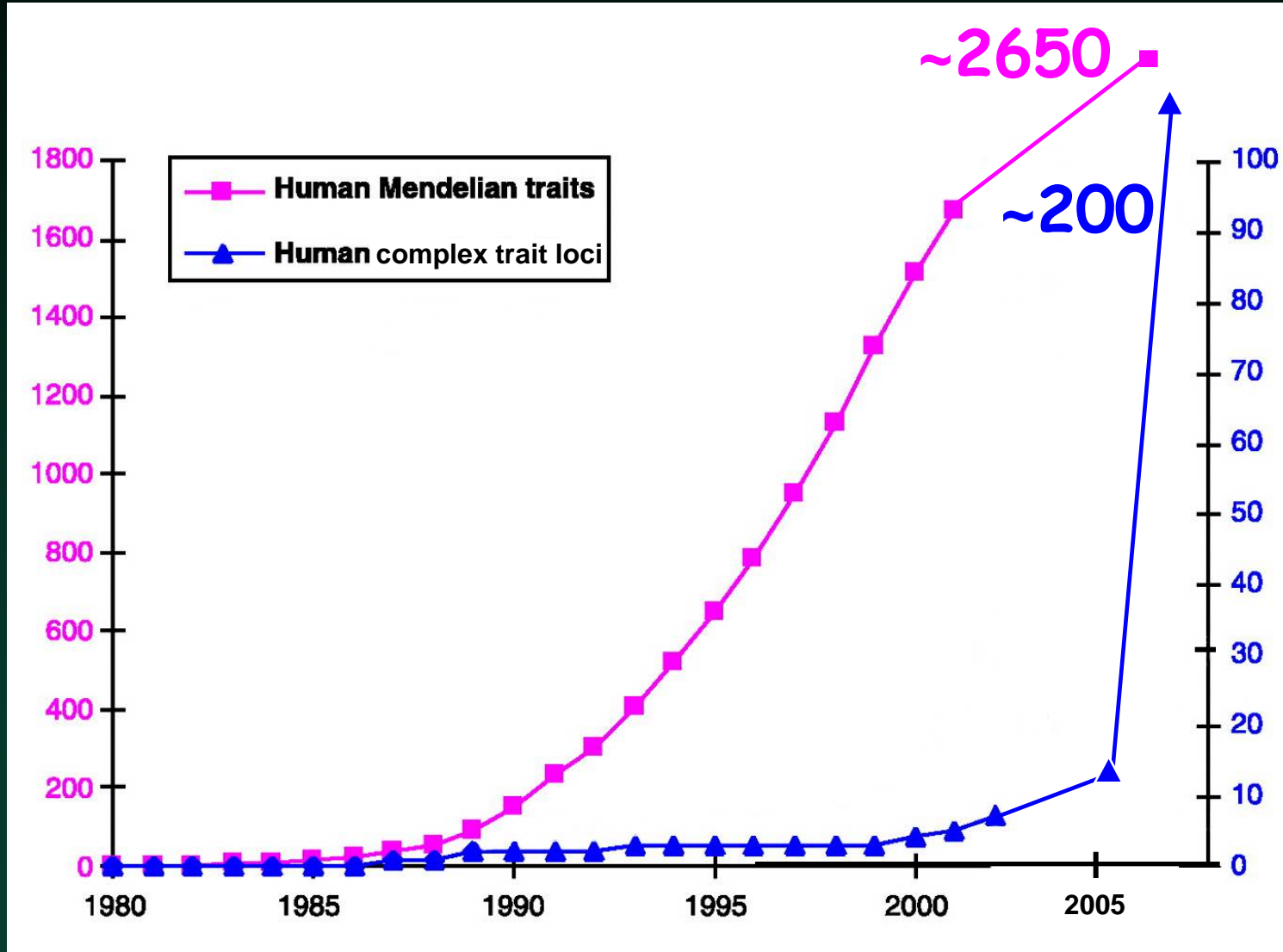


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Progress in Disease Gene Identification – Dec 2

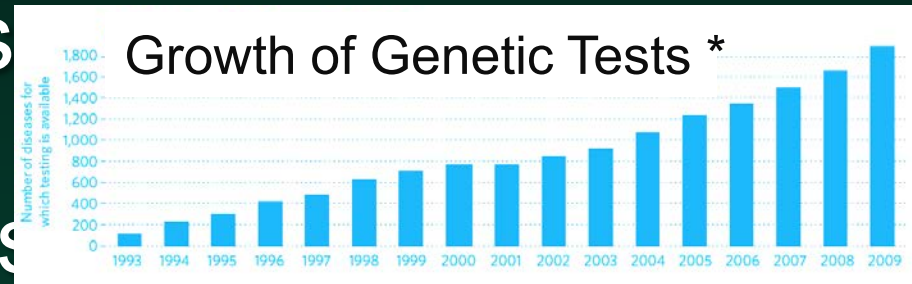
Number of monogenic disease genes



Number of complex trait genes

Progress in disease gene identification

- OMIM lists ~2500 disease genes ~15% of total
- GeneTests lists >1900 diseases with molecular tests
- Molecular cytogenetics
- Progress in identifying genes contributing risk for complex traits



Online Mendelian Inheritance in Man

OMIM[®]

Online Mendelian Inheritance in Man[®]

An Online Catalog of Human Genes and Genetic Disorders

Updated 14 November 2011

Search

[Sample Searches](#)

Advanced Search: [OMIM](#), [Clinical Synopses](#), [OMIM Gene Map](#)

www.OMIM.org



Online Mendelian Inheritance in Man

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Marfan

Search

Sort by: Relevance Date updated

Advanced Search: [OMIM](#), [Clinical Synopses](#), [OMIM Gene Map](#) Display: [Toggle highlight](#)
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Retrieve corresponding: [gene map](#) [clinical synopses](#)

Search: 'Marfan'

Results: 1 - 10 of 98 | [Show all](#) | [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [Next](#) [Last](#)

- 1 : * [134797. FIBRILLIN 1; FBN1](#)
Cytogenetic location: 15q21.1 , Genomic coordinates (GRCh37): 15:48,700,502 - 48,937,984
- 2 : # [154700. MARFAN SYNDROME; MFS](#)
Cytogenetic location: 15q21.1
- 3 : # [610380. LOEYS-DIETZ SYNDROME, TYPE 2B; LDS2B](#)
Cytogenetic location: 3p24.1
- 4 : # [121050. ARTHROGRYPOSIS, DISTAL, TYPE 9; DA9](#)
Cytogenetic location: 5q23.3
- 5 : * [190182. TRANSFORMING GROWTH FACTOR-BETA RECEPTOR, TYPE II; TGFBR2](#)
Cytogenetic location: 3p24.1 , Genomic coordinates (GRCh37): 3:30,647,993 - 30,735,633
- 6 : # [129600. ECTOPIA LENTIS, ISOLATED, AUTOSOMAL DOMINANT](#)
Cytogenetic location: 15q21.1

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tall stature and dislocated lens

Search

Sort by: Relevance Date updated

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Retrieve corresponding: [gene map](#) [clinical synopses](#)

Search: 'tall stature and dislocated lens'

Results: 1 - 10 of 11 | [Show all](#) | [1](#) [2](#) [Next](#) [Last](#)

- 1 : * [134797. FIBRILLIN 1; FBN1](#)
Cytogenetic location: 15q21.1 , Genomic coordinates (GRCh37): 15:48,700,502 - 48,937,984
- 2 : # [236200. HOMOCYSTINURIA DUE TO CYSTATHIONINE BETA-SYNTHASE DEFICIENCY](#)
HYPERHOMOCYSTEINEMIA, THROMBOTIC, CBS-RELATED, INCLUDED
Cytogenetic locations: 21q22.3
- 3 : # [154700. MARFAN SYNDROME; MFS](#)
Cytogenetic location: 15q21.1
- 4 : # [268400. ROTHMUND-THOMSON SYNDROME; RTS](#)
Cytogenetic location: 8q24.3
- 5 : * [612570. FIBRILLIN 2; FBN2](#)
Cytogenetic location: 5q23.3 , Genomic coordinates (GRCh37): 5:127,593,600 - 127,873,734
- 6 : * [120160. COLLAGEN, TYPE I, ALPHA-2; COL1A2](#)
Cytogenetic location: 7q21.3 , Genomic coordinates (GRCh37): 7:94,023,872 - 94,060,543
- 7 : # [224690. MEIER-GORLIN SYNDROME 1; MGORS1](#)
Cytogenetic location: 1p32.3

www.OMIM.org

Online Mendelian Inheritance in Man

tall stature and dislocated lens

Search

Sort by: Relevance Date updated

Advanced Search: OMIM, Clinical Synopses, OMIM Gene Map Display: Toggle highlight
Search History: View, Clear

#154700

ICD+

MARFAN SYNDROME; MFS

Alternative titles; symbols

MARFAN SYNDROME, TYPE I; MFS1

Phenotype Gene Relationships

| Location | Phenotype | Phenotype MIM number | Gene/Locus | Gene/Locus MIM number |
|-------------------------|-----------------|------------------------|------------|------------------------|
| 15q21.1 | Marfan syndrome | 154700 | FBN1 | 134797 |

Clinical Synopsis

TEXT

A number sign (#) is used with this entry because all cases of the true Marfan syndrome appear to be due to heterozygous mutation in the fibrillin-1 gene (FBN1; [134797](#)), which is located on chromosome 15q21.1.

Description

A heritable disorder of fibrous connective tissue, Marfan syndrome shows striking pleiotropism and clinical variability. The cardinal features occur in 3 systems--skeletal, ocular, and cardiovascular ([McKusick, 1972](#); [Pyeritz and McKusick, 1979](#); [Pyeritz, 1993](#)). It shares overlapping features with congenital contractural arachnodactyly ([121050](#)), which is caused by mutation in the FBN2 gene ([612570](#)).

Table of Contents - #154700

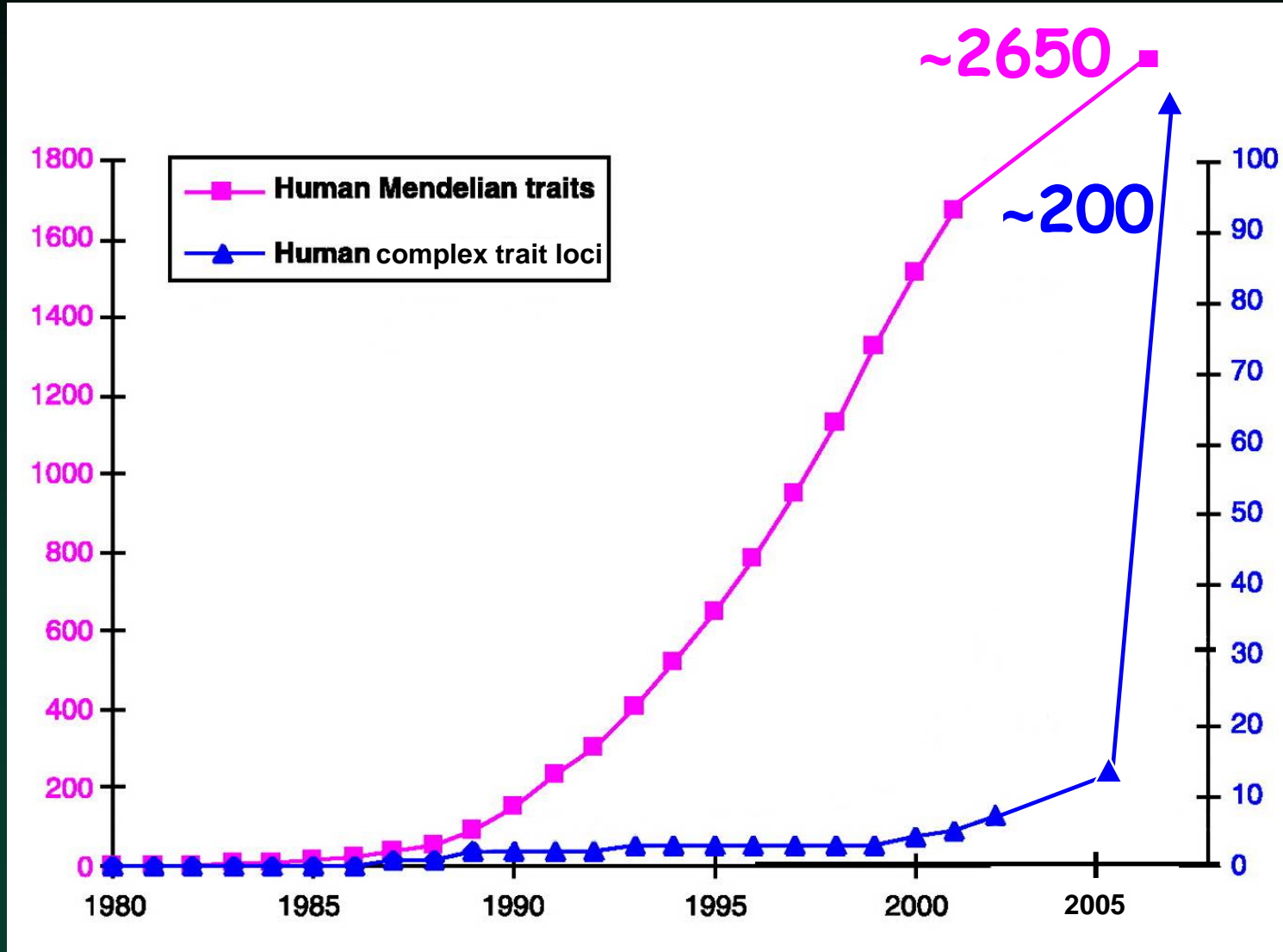
- Title
- Phenotype Gene Relationships
- Text
 - Description
 - Clinical Features
 - Biochemical Features
 - Inheritance
 - Mapping
 - Molecular Genetics
 - Genotype/Phenotype Correlations
 - Pathogenesis
 - Diagnosis
 - Clinical Management
 - Animal Model
 - History
 - Clinical Synopsis
 - See Also
 - References
 - Contributors
 - Creation Date
 - Edit History

External Links:

- ▶ Clinical Resources
- ▶ Animal Models
- ▶ Cell Lines
- ▶ Cellular Pathways

Progress in Disease Gene Identification – Dec 2

Number of monogenic disease genes

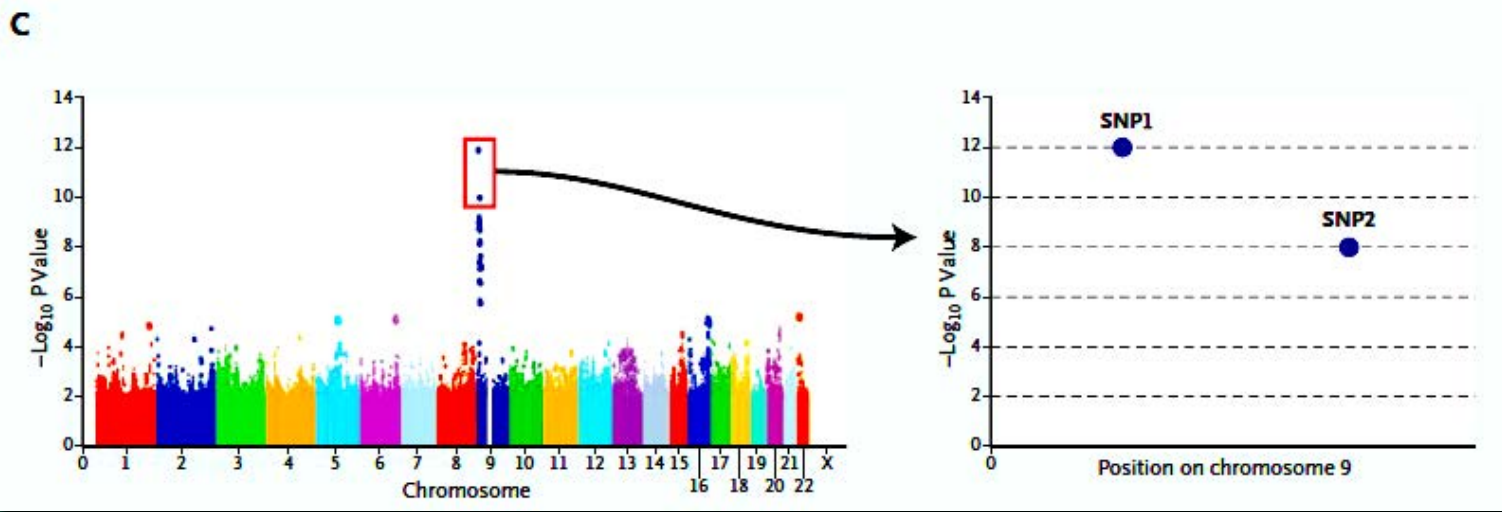
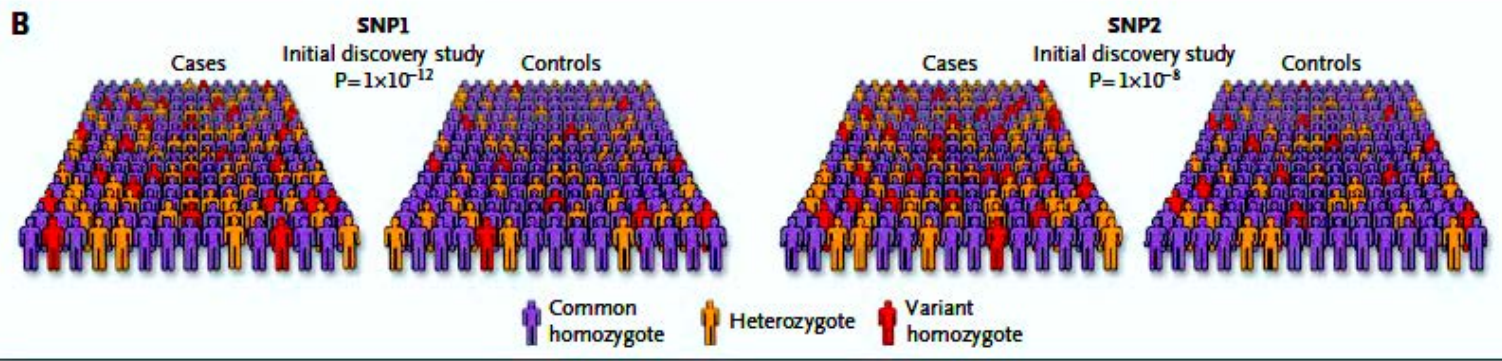


Number of complex trait genes

Genome wide association studies

(GWAS)

- Agnostic approach that identifies SNP markers enriched in cases as compared to controls
- Identification of causative variants in LD with the marker leads to definition of genes & biological systems involved in the disease of interest
- Understanding pathophysiology increases the opportunity for prevention and/or treatment

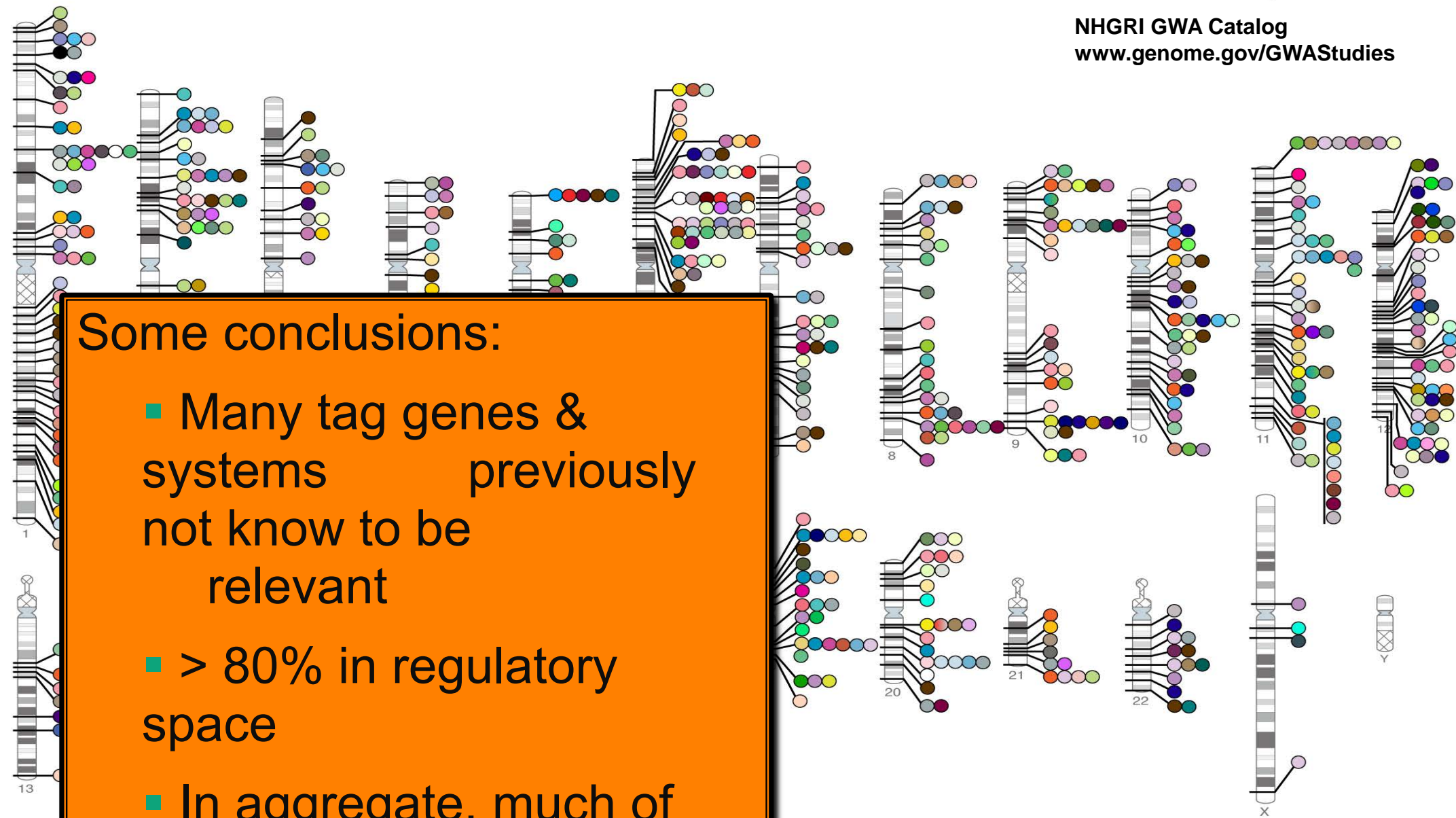


Published Genome-Wide Associations through 3/2011,
779 published GWA at $p \leq 5 \times 10^{-8}$ for 205 traits

NHGRI GWA Catalog
www.genome.gov/GWASStudies

Some conclusions:

- Many tag genes & systems previously not known to be relevant
- > 80% in regulatory space
- In aggregate, much of heritability remains to



The missing “Dark Matter”



Variants so far identified explain from $< 5\%$ - 60% of the variation for various phenotypes

The problem of poor predictive value

“the risk allele at this SNP confers a risk to individuals that is only 1.2 x greater than those who do not have the risk allele”

- Calculated in populations, applied to individuals
- Biologically naïve
- Need for a biologically – based analytic methods that consider the constellation of variants as well as developmental, environmental and epigenetic variants in a particular individual

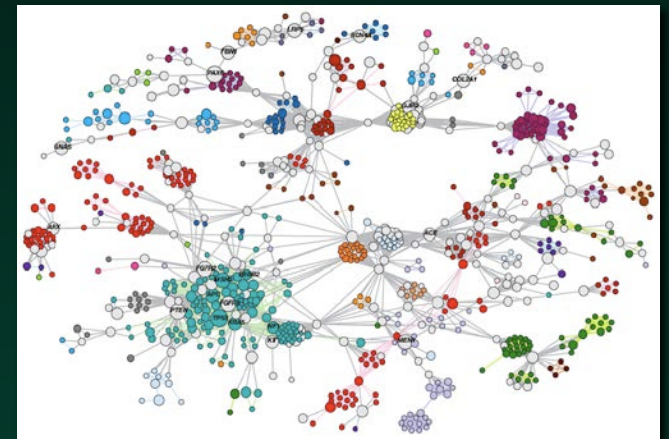


Table 1 | Thirty-seven loci that displayed genome-wide significance in the meta-analysis

| Locus & SNP id | Metabolic trait | P value | Relationship between gene function and the associated metabolic traits | Biomedical and pharmaceutical interest |
|--------------------|--|--------------------------|--|---|
| ACADS rs2066938 | Butyrylcarnitine/propionylcarnitine | $< 4.4 \times 10^{-305}$ | Butyrylcarnitine ⁺ and propionylcarnitine ⁺ are substrates/products of ACADS | ACADS is a key enzyme in mitochondrial fatty acid β -oxidation |
| NAT8 rs13391552 | N-acetylmethionine | 5.4×10^{-252} | N-acetyltransferase function of NAT8 matches the associating metabolite N-acetylmethionine ⁺ | Association with glomerular filtration and CKD ; association of N-acetylmethionine ⁺ with eGFR in this study |
| FADS1 rs174547 | 1-arachidonoylglycerophosphoethanolamine/ 1-linoleoylglycerophosphoethanolamine | 8.5×10^{-116} | FADS1 substrate/product pair ratio arachidonate (20:4n6) ⁺ /dihomo-linolenate (20:3n3 or n6) ⁺ is among the top associations | Association with LDL cholesterol, HDL cholesterol and triglycerides, fasting glucose and homeostatic model assessment B (HOMA-B) Crohn's disease and resting heart rate |
| UGT1A rs887829 | Bilirubin (E,E)/oleoylcarnitine | 2.9×10^{-74} | Bilirubin ⁺ is a substrate of UGT1A1 | Association with hyperbilirubinaemia ; low serum concentrations of bilirubin associate with increased risk of CAD; a SNP in <i>UGT1A1</i> is a pharmacogenetic risk factor for irinotecan toxicity |
| ACADM rs211718 | Hexanoylcarnitine/oleate (18:1n9) | 2.2×10^{-71} | Hexanoylcarnitine ⁺ is a substrate of ACADM | ACADM is a key enzyme in mitochondrial fatty acid β -oxidation |
| OPLAH rs6558295 | 5-oxoproline | 1.5×10^{-59} | 5-oxoproline ⁺ is a substrate of 5-oxoprolinase OPLAH | |
| SCD rs603424 | Myristate (14:0)/myristoleate (14:1n5) | 2.9×10^{-57} | SCD catalyses the Δ -9-desaturation of fatty acids, such as myristate (14:0) ⁺ to myristoleate (14:1n5) ⁺ and palmitate (16:0) ⁺ to palmitoleate (16:1n7) ⁺ | Palmitoleate (16:1n7) is a lipokine linking adipose tissue to systemic metabolism |
| GCKR rs780094 | Glucose/mannose | 5.5×10^{-53} | GCKR has a role in glucose homeostasis; strong association with mannose ⁺ to glucose ⁺ ratios matches the gene's function | Association with type 2 diabetes, fasting glucose, fasting insulin; serum uric acid; triglyceride levels; C-reactive protein; serum creatinine (eGFRcrea), Crohn's disease and hypertriglyceridaemia |

What has changed ??

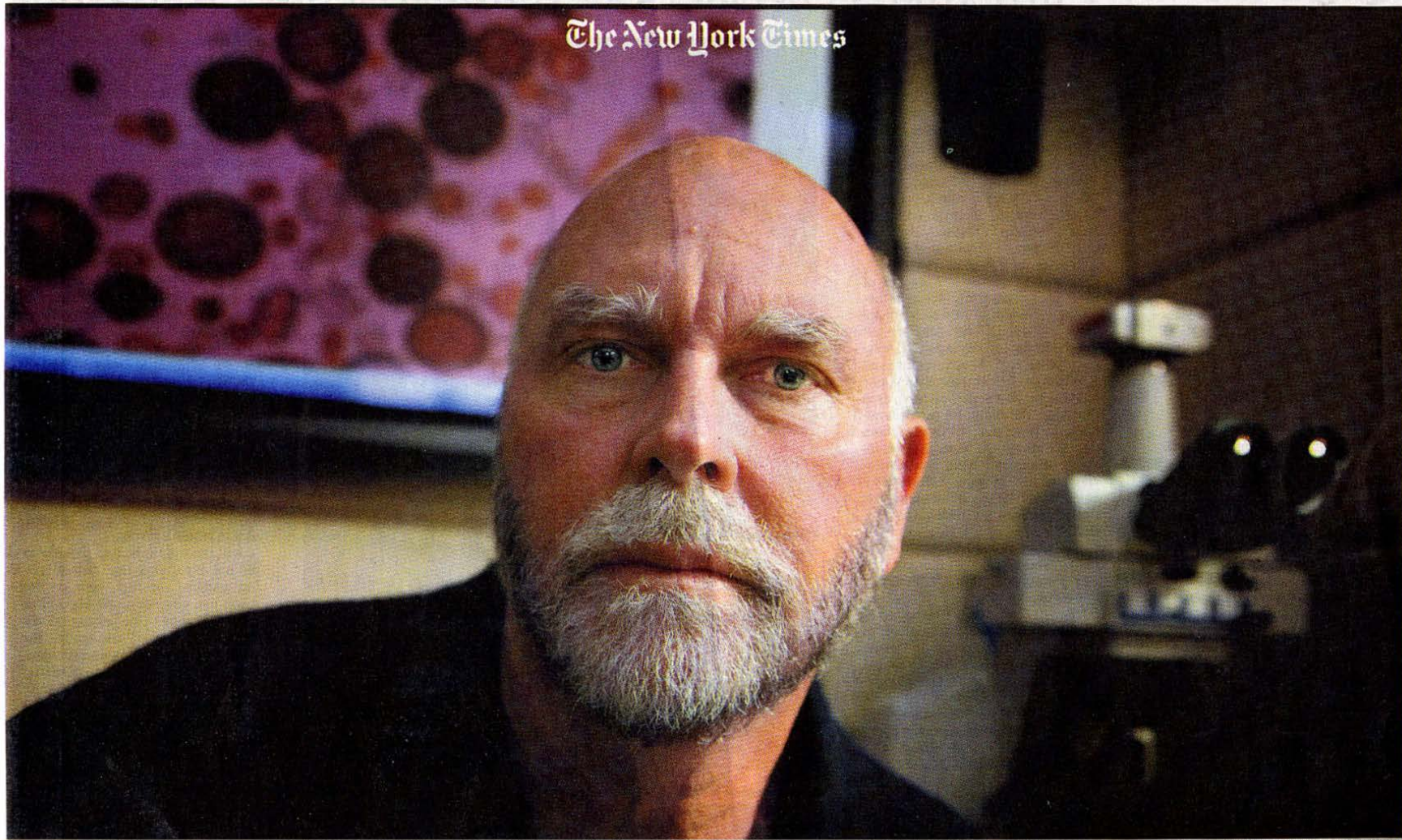
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The Diploid Genome Sequence of an Individual Human

Samuel Levy^{1*}, Granger Sutton¹, Pauline C. Ng¹, Lars Feuk², Aaron L. Halpern¹, Brian P. Walenz¹, Nelson Axelrod¹, Jiaqi Huang¹, Ewen F. Kirkness¹, Gennady Denisov¹, Yuan Lin¹, Jeffrey R. MacDonald², Andy Wing Chun Pang², Mary Shago², Timothy B. Stockwell¹, Alexia Tsiamouri¹, Vineet Bafna³, Vikas Bansal³, Saul A. Kravitz¹, Dana A. Busam¹, Karen Y. Beeson¹, Tina C. McIntosh¹, Karin A. Remington¹, Josep F. Abril⁴, John Gill¹, Jon Borman¹, Yu-Hui Rogers¹, Marvin E. Frazier¹, Stephen W. Scherer², Robert L. Strausberg¹, J. Craig Venter¹

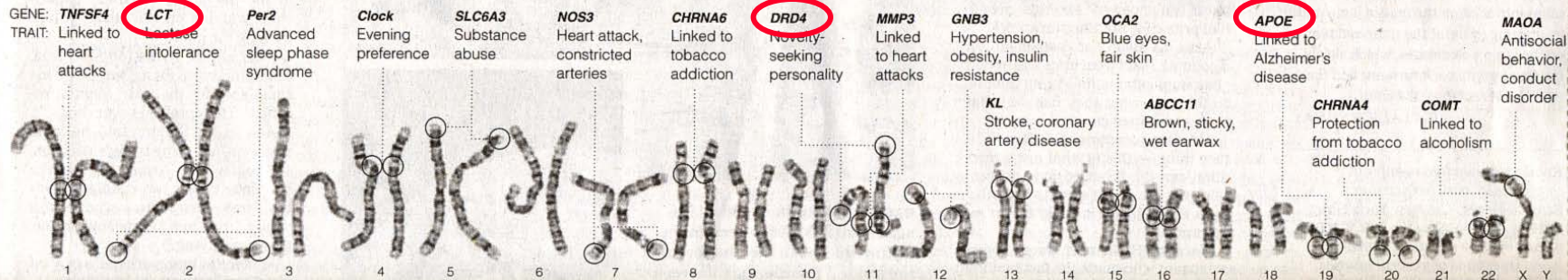
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- 4.1 million variants vs. reference sequence including
- 3.2 million SNPS
- ~ 300,000 CNVs
- 90 inversions
- total covers 12.3 MB



THOR SWIFT FOR THE NEW YORK TIMES

DECODING HIMSELF A team led by J. Craig Venter, above, has finished the first mapping of a full, or diploid, genome, made up of DNA inherited from both parents. The genome is Dr. Venter's own.



*What does
this all
mean for
medicine?*

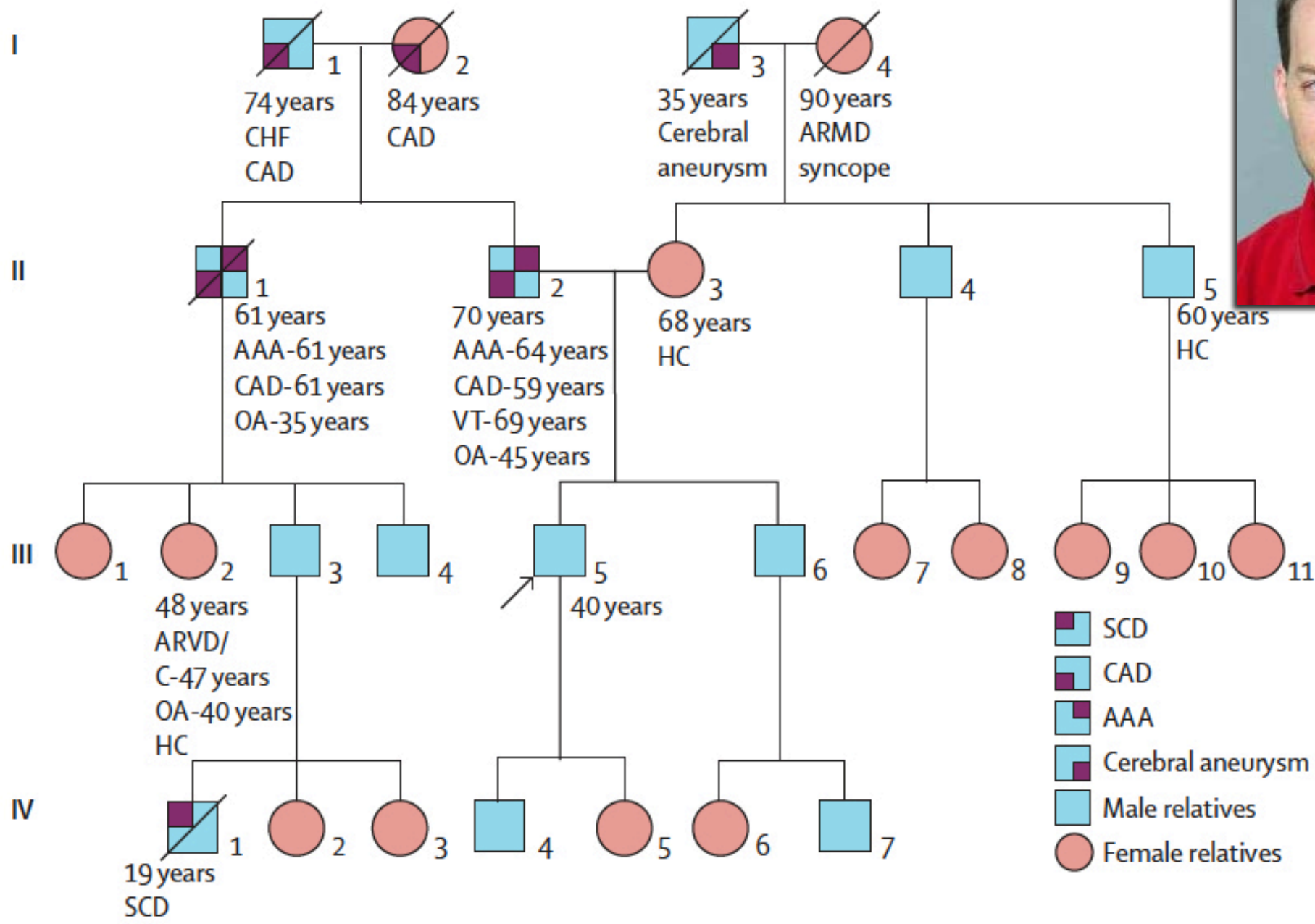


Dr. Cerani on rounds,
Eugene Smith

Science of the Individual: Some Consequences for Medicine

- Exposes the pitfalls of typological thinking - the classical case mentality
- Confirms physiologic view of disease - each individual has their own disease
- Emphasizes the importance of asking:
“ Why does this patient have this illness at this time?”
- What prevention/treatment best for this individual?

The stimulus of sudden cardiac death (SCD)



1 Medical geneticist
1 Genetic counselor

Clinical assessment incorporating a personal genome

Euan A Ashley, Atul J Butte, Matthew T Wheeler, Rong Chen, Teri E Klein, Frederick E Dewey, Joel T Dudley, Kelly E Ormond, Aleksandra Pavlovic, Alexander A Morgan, Dmitry Pushkarev, Norma F Neff, Louanne Hudgins, Li Gong, Laura M Hodges, Dorit S Berlin, Caroline F Thorn, Katrin Sangkuhl, Joan M Hebert, Mark Woon, Hersh Sagreiya, Ryan Whaley, Joshua W Knowles, Michael F Chou, Joseph V Thakuria, Abraham M Rosenbaum, Alexander Wait Zaranek, George M Church, Henry T Greely, Stephen R Quake, Russ B Altman

Lancet 375: 1525, 2010

“The explanatory power and path to clinical translation of risk estimates for common variants reported in GWAS remain unclear. ...present analytical methods are insufficient to make genetic data accessible in a clinical context, and the clinical usefulness of these data for individual patients has not been formally assessed. We aim to undertake an integrated analysis of a complete human genome in a clinical context”

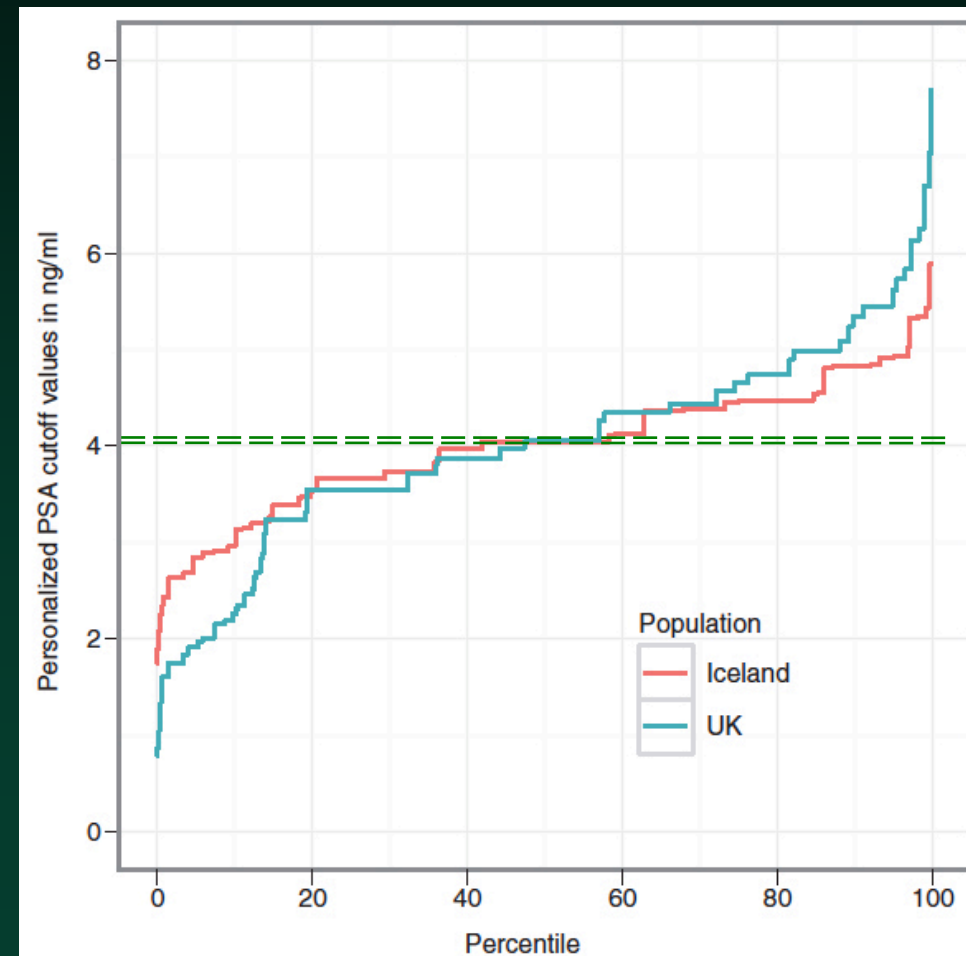
Going forward: the path to individualized medicine

- Rigorous research – basic, translational and clinical
- New technology will greatly accelerate the pace
- Will not be quick but has already begun...
 - ✓ Acute lymphoblastic leukemia
 - ✓ Sickle cell disease
 - ✓ Glioblastoma multiforme & isocitrate dehydrogenase I (12% of tumors het for

Genetic Correction of PSA Values Using Sequence Variants Associated with PSA Levels

Gudmundsson ... Stefansson, Sci Transl Med 2: 62ra92, 2010

- ~40% variation in PSA levels is genetic
- Influenced by at least 6 loci
- 3834 men with PSA levels and prostate bx
 - Suggests individualized PSA cutoff value (i.e. the population average) too high for some and too low for others



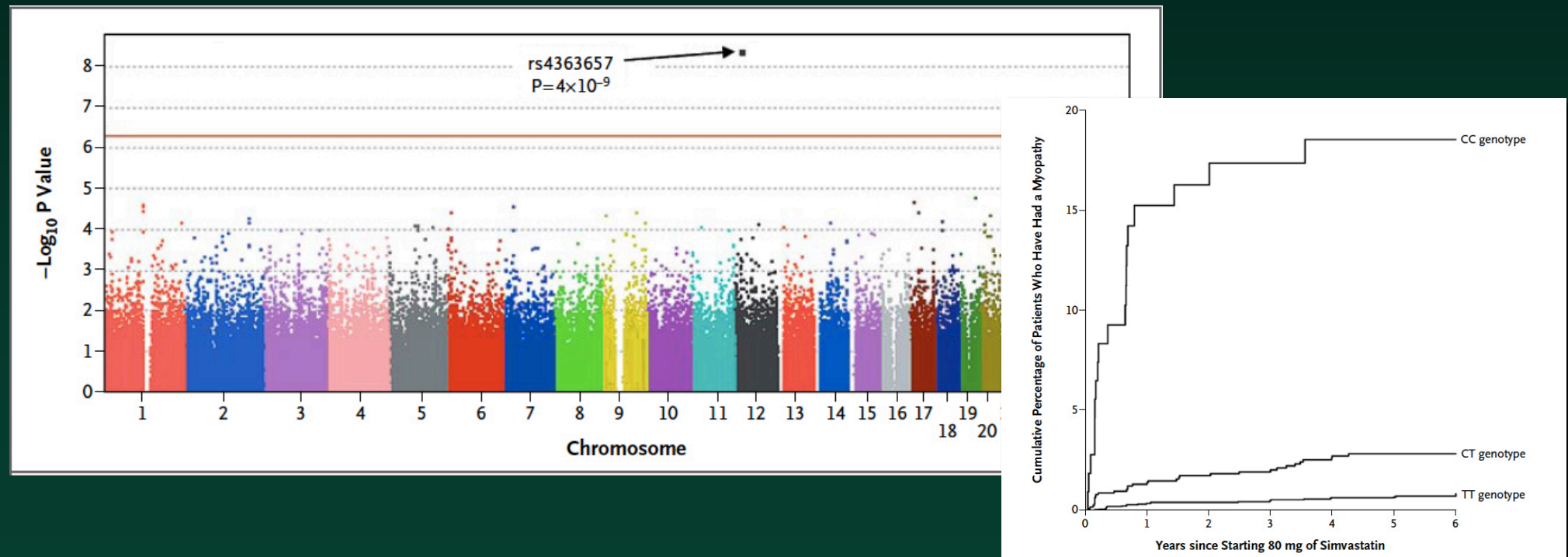
The special case of pharmacogenetics

- Environmental variable well defined in terms of timing and amount
- Drug and drug metabolites can be measured
- Metabolism often known
- Alternatives available

SLCO1B1 Variants and Statin-Induced Myopathy — A Genomewide Study

Search Collaborative Group, NEJM 359: 789, 20

- Odds ratio for myopathy 4.3 in heterozygotes; 17.4 in homozygotes



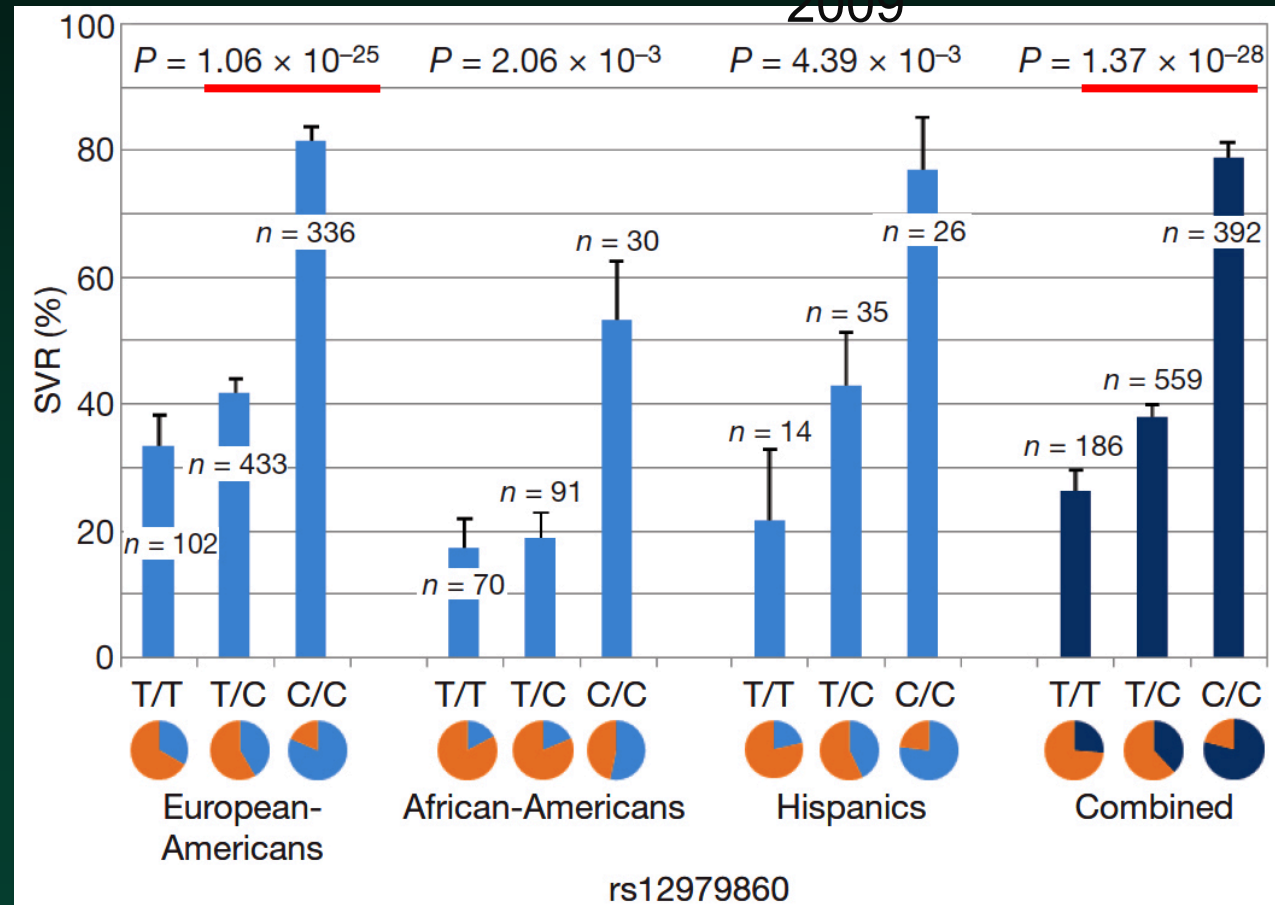
Genetic variation in *IL28B* predicts hepatitis C treatment-induced viral clearance

Dongliang Ge¹, Jacques Fellay¹, Alexander J. Thompson², Jason S. Simon³, Kevin V. Shianna¹, Thomas J. Urban¹, Erin L. Heinzen¹, Ping Qiu³, Arthur H. Bertelsen³, Andrew J. Muir², Mark Sulkowski⁴, John G. McHutchison² & David B. Goldstein¹

Nature 461: 399,

2009

- rs12979860, 3 kb upstream of *IL28B*, encoding Interferon $\lambda 3$
- Response to treatment with PEG-IFN- α -2a or 2b
- OR for SVR ~7 for CC vs, CT or TT





Sir Luke Fildes, The Doctor, 1891

Thanks for your attention!

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

GENOMIC MEDICINE

W. Gregory Feero, M.D., Ph.D., and Alan E. Guttmacher, M.D., *Editors*

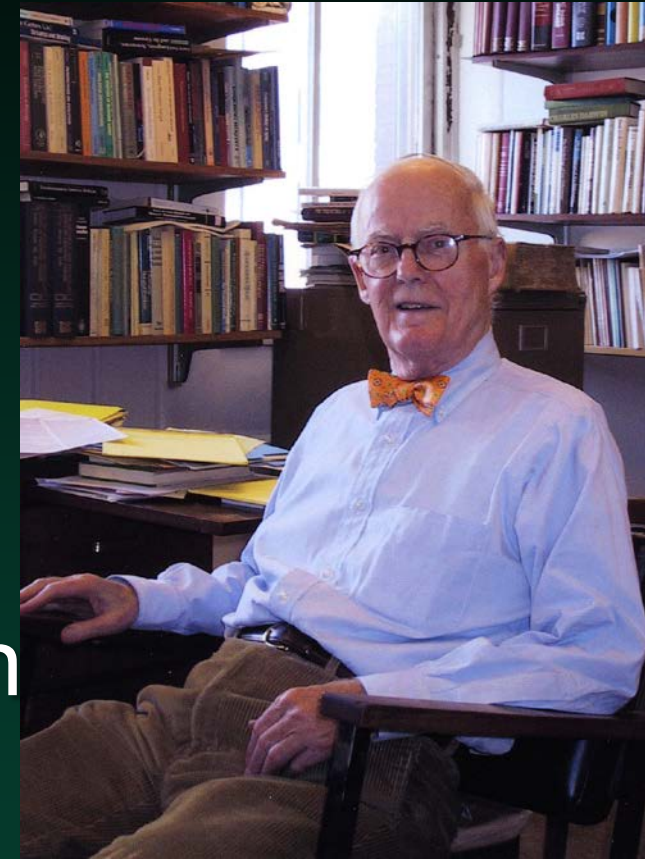
Genomics of Cardiovascular Disease

Christopher J. O'Donnell, M.D., and Elizabeth G. Nabel, M.D.

NEJM 365: 22, 2011

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- Barton Childs
- Victor McKusick
- Colleagues in the IGM and throughout Johns Hopkins



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- Childs & Valle, Ann Rev Hu Genet 1: 1, 2000
- Childs et al, Ann Rev Gen Hu Genet 6: 313, 2005