ПРИОРИТИЗАЦИЯ ГЕНЕТИЧЕСКИХ ВАРИАНТОВ

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ГЛОБАЛЬНАЯ ЦЕЛЬ ПРОЕКТА

Разработать плагин-сортировщик мутаций по важности для NGB (New Genome Browser)

ЛОКАЛЬНЫЕ ЦЕЛИ

- 1. Написать java-утилиту для добавление в VCF-файл колонки с коэффициентом важности мутаций
- 2. Модифицировать написанную утилиту для уже обработанных NGB-браузером файлов
- 3. Встроить написанную утилиту в NGB браузер

ЗАДАЧИ

- 1. Ознакомиться с программным кодом NGB и его интерфелсом
- 2. Разработать функцию расчета потенциальной значимости скора вариантов



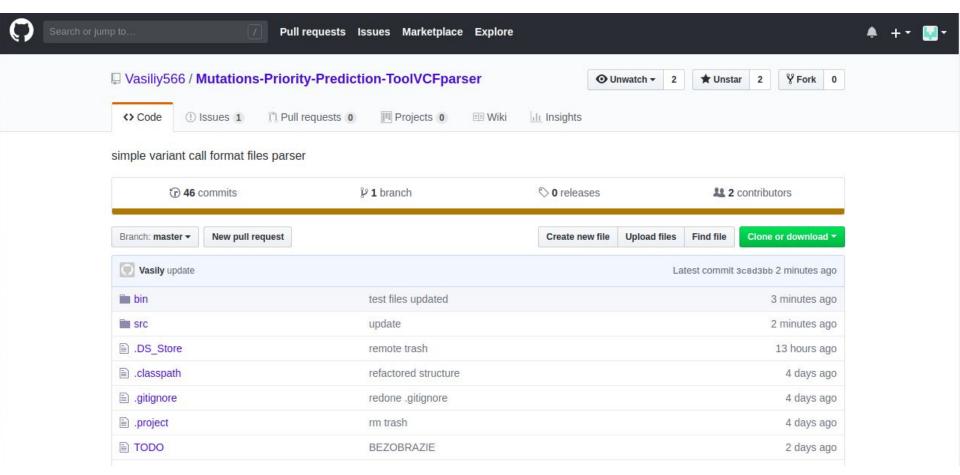
- 3. Протестировать разработанную функцию на реальных данных, найти оптимальный метод расчета скора
- 4. Разработать способ введения пользователем собственной формулы для расчета скора
- 5. Внедрение этой функции в



НАША ПРОГРАММА

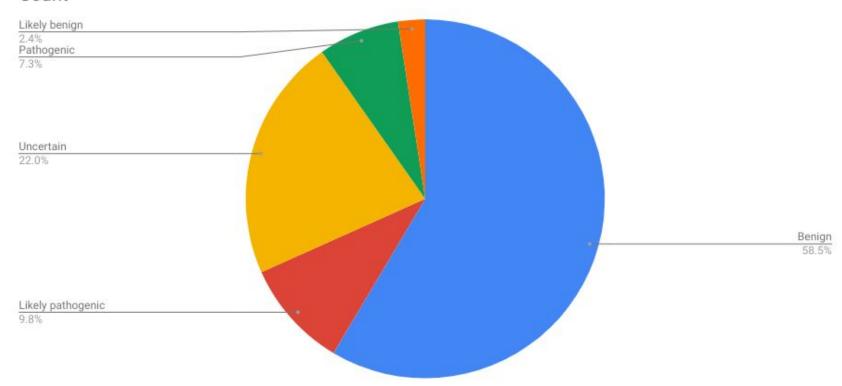
- 1. VCF файл парсится в отдельный класс для быстрого доступа к методам и полям.
- 2. Для каждой мутации перебираются заданные пользователем или дефолтные параметры для расчета коэффициента важности мутации.
- 3. Реализованы разнообразные способы параметров для расчета коэффициентов, с помощью которых можно задать любое выражение, от набора параметров, также реализованы параметры для дефолтного расчета коэффициента важности мутации

НАШ РЕПОЗИТОРИЙ



ТЕСТОВЫЕ ДАННЫЕ

Count



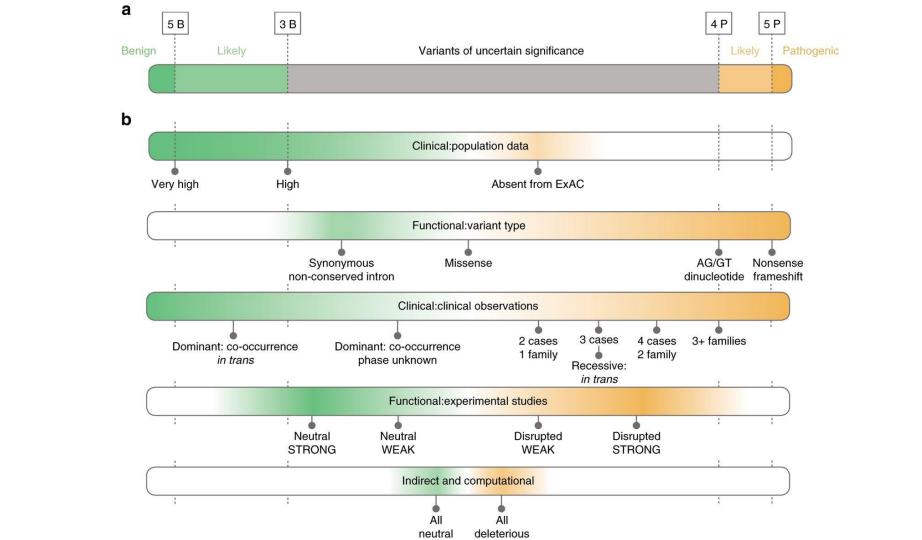
FRANKLIN



EVIDENCE

Aggregated from public databases using ACMG Guidelines

? Contact us



- Данные о популяциях(+1.0 если <0.01)
 - 1. ExAC
 - 2. 1000 Genomes
 - 3. Exome Sequencing Project v.6500
- In silico предикторы (+0.5 патогенная)
 - PolyPhen2
 - 2. SIFT
 - 3. PROVEAN
- Базы данных о заболеваниях
 - 1. OMIM + 1.0
 - 2. ClinVar (+1.5 патогенная, +1.0 возможно патогенная, -1.0 доброкачественная,
- Тип мутации (nonsense,

ACMG STANDARDS AND GUIDELINES



ACMG Standards and Guidelines for constitutional cytogenomic microarray analysis, including postnatal and prenatal applications: revision 2013

Sarah T. South, PhD¹², Charles Lee, PhD³, Allen N. Lamb, PhD¹², Anne W. Higgins, PhD⁴ and Hutton M. Kearney, PhD⁵; for the Working Group for the American College of Medical Genetics and Genomics (ACMG) Laboratory Quality Assurance Committee

Disclaimer: These American College of Medical Genetics and Genomics Standards and Guidelines are developed primarily as an educational resource for clinical laboratory geneticsists to help them provide quality clinical laboratory genetic services. Adherence to these standards and guidelines is voluntary and does not necessarily assure accuesful medical outcome. These Standards and Guidelines should not be considered inclusive of all proper procedures and tests that are reasonably directed to obtaining the same results. In determining the propriety of any specific procedure or test, the clinical laboratory geneticists should apply his or her own professional judgment to the specific circumstances presented by the individual patient or specimen. Clinical laboratory geneticists are encouraged to document in the patient's record the rationals for the use of a particular procedure or test, whether or not it is in conformance with three standards and Guidelines. They also are advised to take notice of the date any particular guideline was adopted, and not consider other relevant medical and scientific information that becomes available after that date. It also would be prudent to consider whether intellectual property interests may restrict the performance of certain tests and other procedures.

Microarray methodologies, including array comparative genomic, hybridization and single-nucleotide polymorphism-detecting arrays, are accepted as an appropriate first-tier test for the evaluation of imbalances associated with intellectual disability, autien, and multiple congenital anomalies. This technology also has applicability in prenatal specimens. To assist clinical laboratories in validation of microarray methodologies for constitutional applications, the American College of Medical Genetics and Genomics has produced the following revised professional standards and guidelines.

Genet Med advance online publication 26 September 2013

Key Words: constitutional; guidelines; microarray; postnatal; prenatal; standards

GENERAL CONSIDERATIONS

Purpose of cytogenomic microarrays

Constitutional cytogenetic abnormalities include aneuploidy (extra or missing chromosomes) and structural aberrations (chromosomal gains and losses, translocations, inversions, insertions, and marker chromosomes). The cytogenomic microarray (CMA) platforms discussed in this guideline are those designed for the detection of DNA copy number gains and losses associated with unbalanced chromosomal aberrations. Regions with an absence of heterozygosity (AOH), also referred to as loss of heterozygosity, regions/runs of homozygosity, or long continuous stretches of homozygosity, may also be detected by platforms with single-nucleotide polymorphism (SNP)-detecting probes. Some regions with AOH may be indicative of uniparental isodismoyr or regions of the genome identical by descent.

The utility of this technology for detection of gains and losses in patients with intellectual disabilities, autism, and/or congenital anomalies has been well documented, and CMA is now recommended as a first-tier test for these indications. 12

Advantages of CMAs

The benefits from the use of CMAs for detection of gains and losses of genomic DNA include:

- Ability to analyze DNA from nearly any tissue, including archived tissue or tissue that cannot be cultured.
- Detection of abnormalities that are cytogenetically cryptic by standard G-banded chromosome analysis.
- Ability to customize the platform to concentrate probes in areas of interest.
- Better definition and characterization of abnormalities detected by a standard chromosome study.
- Interpretation of objective data, rather than a subjective visual assessment of band intensities.
- Ability to detect copy neutral AOH with platforms incorporating SNP probes.
- A ready interface of the data with genome browsers and databases.

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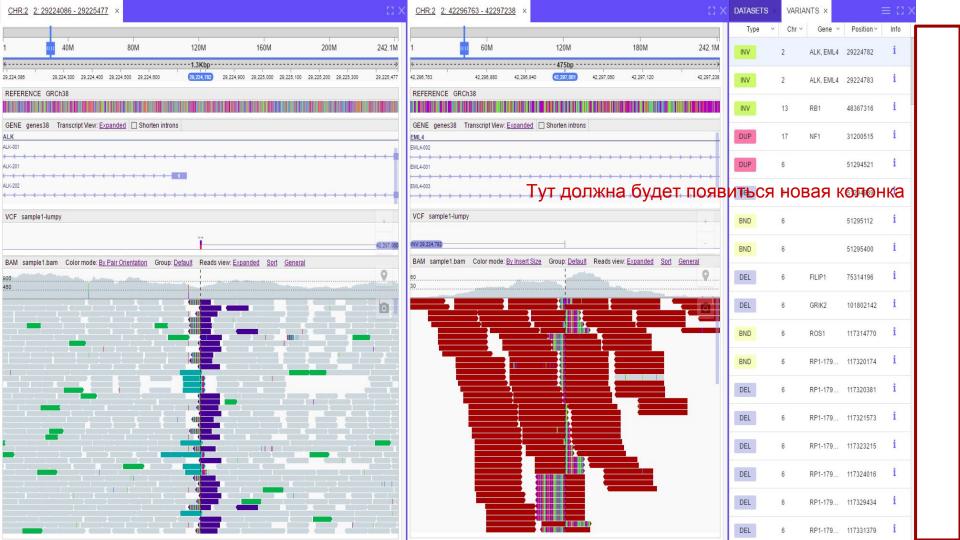
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Полученные показатели

- 1. Самые высокие показатели получены у патогенной и возможно патогенной мутаций
- 2. Аккуратность предсказания не очень высокая -
 - 67,5%
- 3. Чувствительность 100% (95% CI = 79.4% to 100.00)
- 4. Вывюдичной обромровкой Імы за жодим 67.3%) мутации, которые важны для клинициста

ЧТО СДЕЛАНО?

- 1. Написана отдельная java-утилита, работающая с VCF- файлами, которая позволяет находить патогенные и возможно патогенные варианты
- 2. Найден оптимальный способ задания расчета коэффициента важности (а также возможен способ введения пользователем собственной формулы для расчета скора), который поднимает интересные для врача варианты наверх
- 3. В дальнейшем планируется встроить написанную утилиту в NGB браузер



https://github.com/Vasiliy566/Mutations -Priority-Prediction-ToolVCFparser

CNACNEO 3A BHNMAHNE!