

GENETICS 2019 OUR DNA IS CHANGING

**YOU CAN'T CHOOSE
YOUR GENES (YET)
BUT
TODAY YOU CAN CHOOSE
WHAT WE DISCUSS**

May, 2019

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SCOR**

1

Important Concepts in Genetics

Genetic Structure and Disease

2

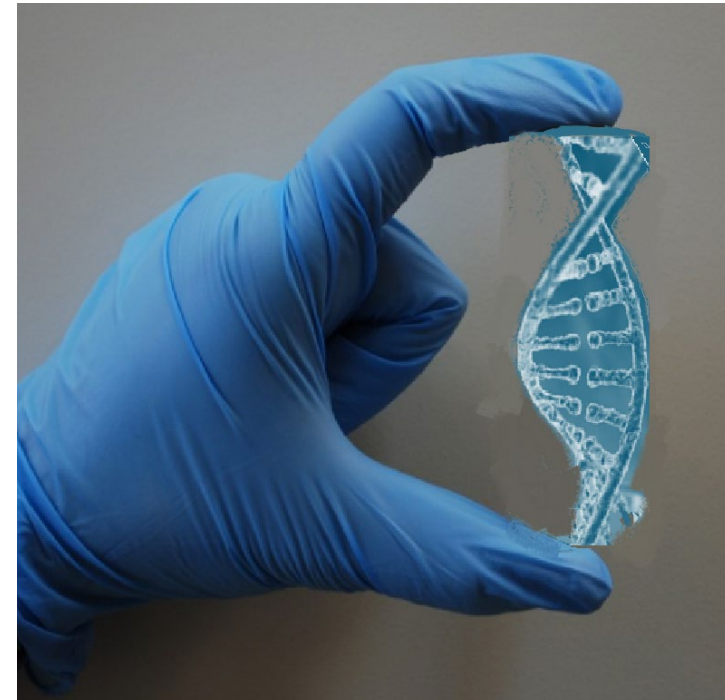
Direct-to-Consumer Genetic Testing

No need for clinicians.
Just send in your DNA.

3

Pick Your Presentation

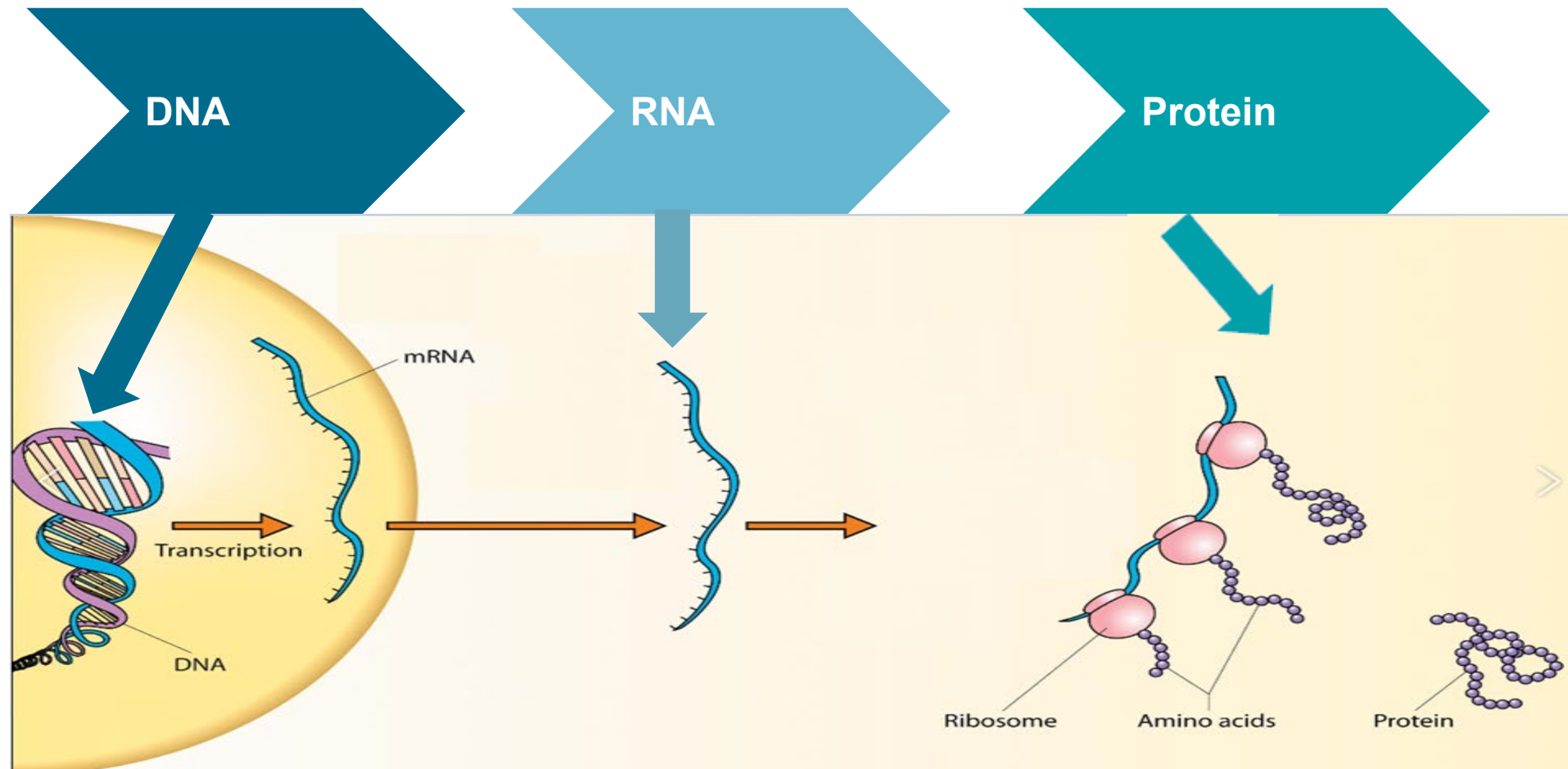
You choose the topic



Important Genetic Concepts



The Central Dogma



Sequence Matters

Polymer of sugar and phosphate groups



Nucleobases

Deletions



Adenine



Thymine



Cytosine



Guanine

Insertions

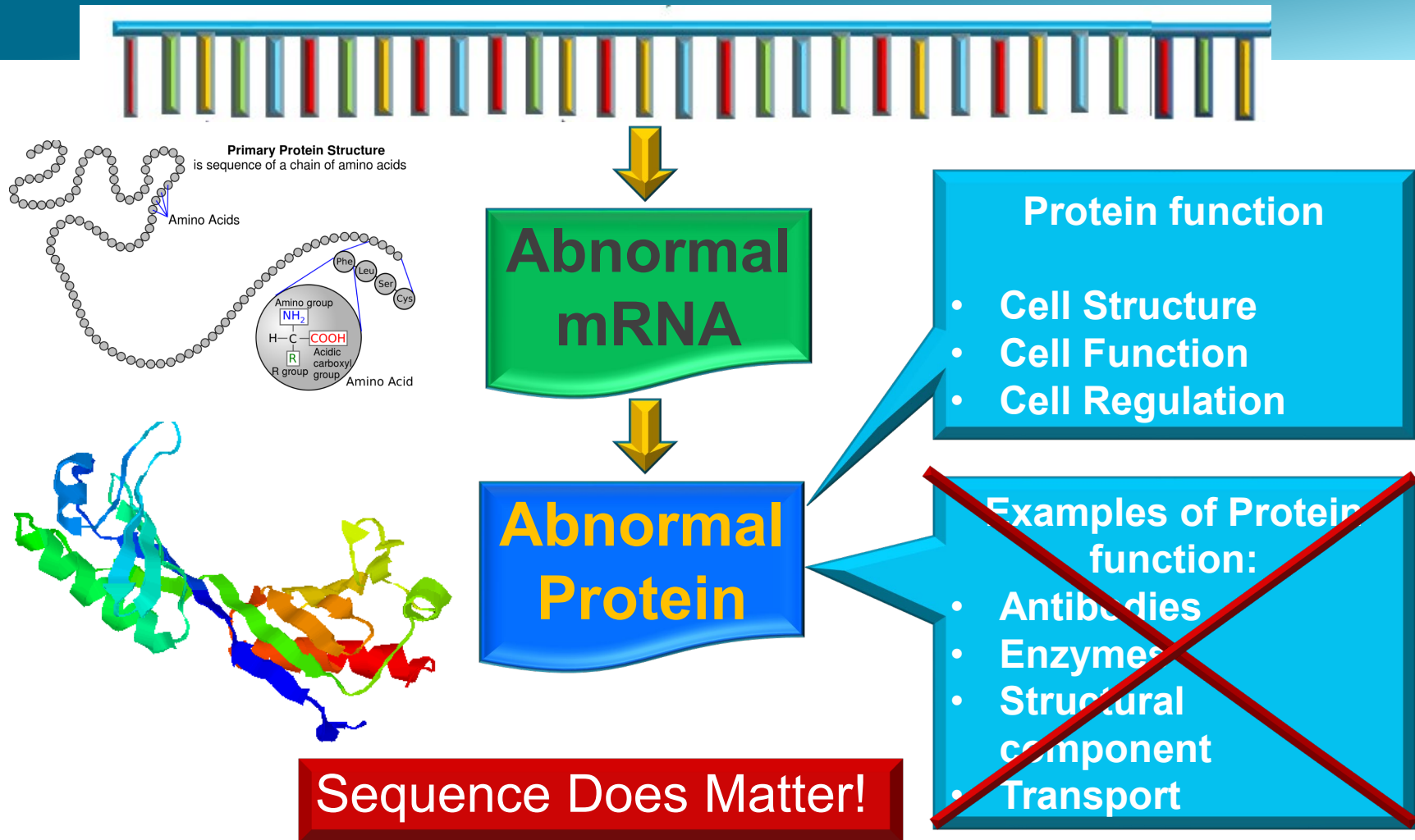
Large genomic rearrangements

Switches

Repeats

Important Concept:

"The DNA sequence dictates RNA sequence which dictates the structure of protein"



Human Genome Project

1990

The NIH, the Dept. of Energy, and an international team launched the Human Genome Project.

- ❑ The goal was to sequence the human genome.



2003

Researchers completed the project

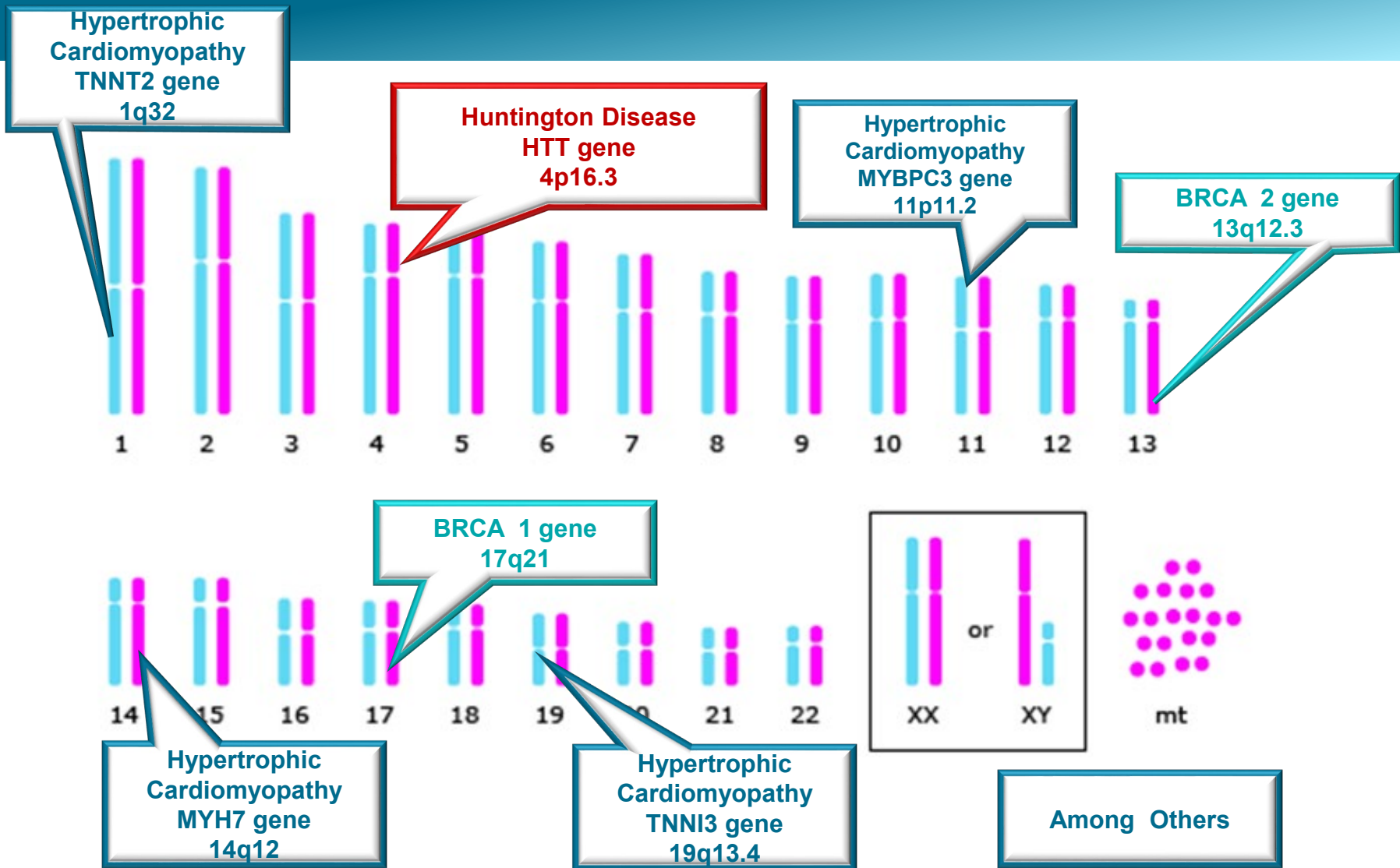
Cost for sequencing a human genome

2004 ~\$28,800,000

2019 ~\$1,000

Topol, Eric Individualized Medicine from Prewomb to Tomb. Cell 157 March 27, 2014

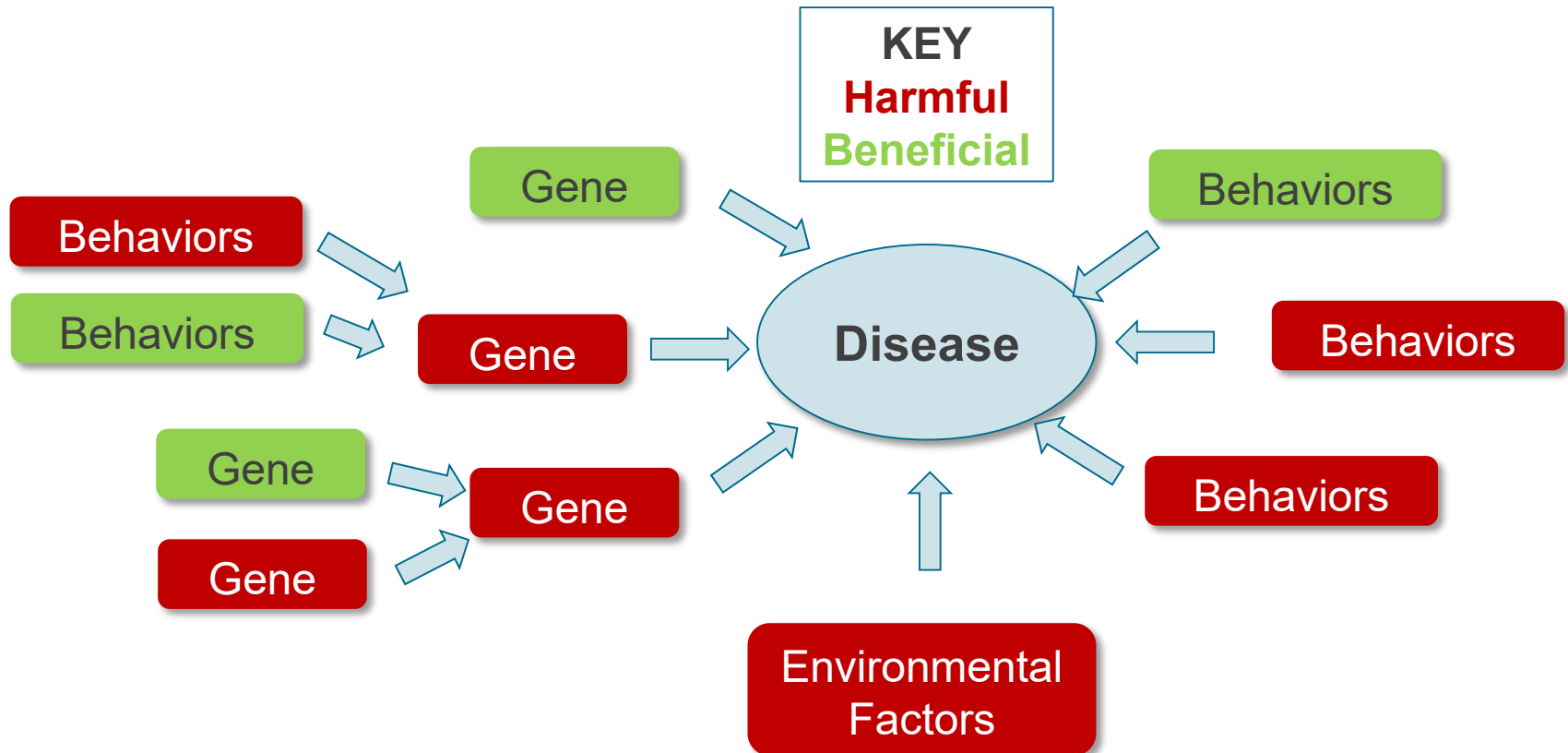
Examples of diseases with known gene locations



Concept

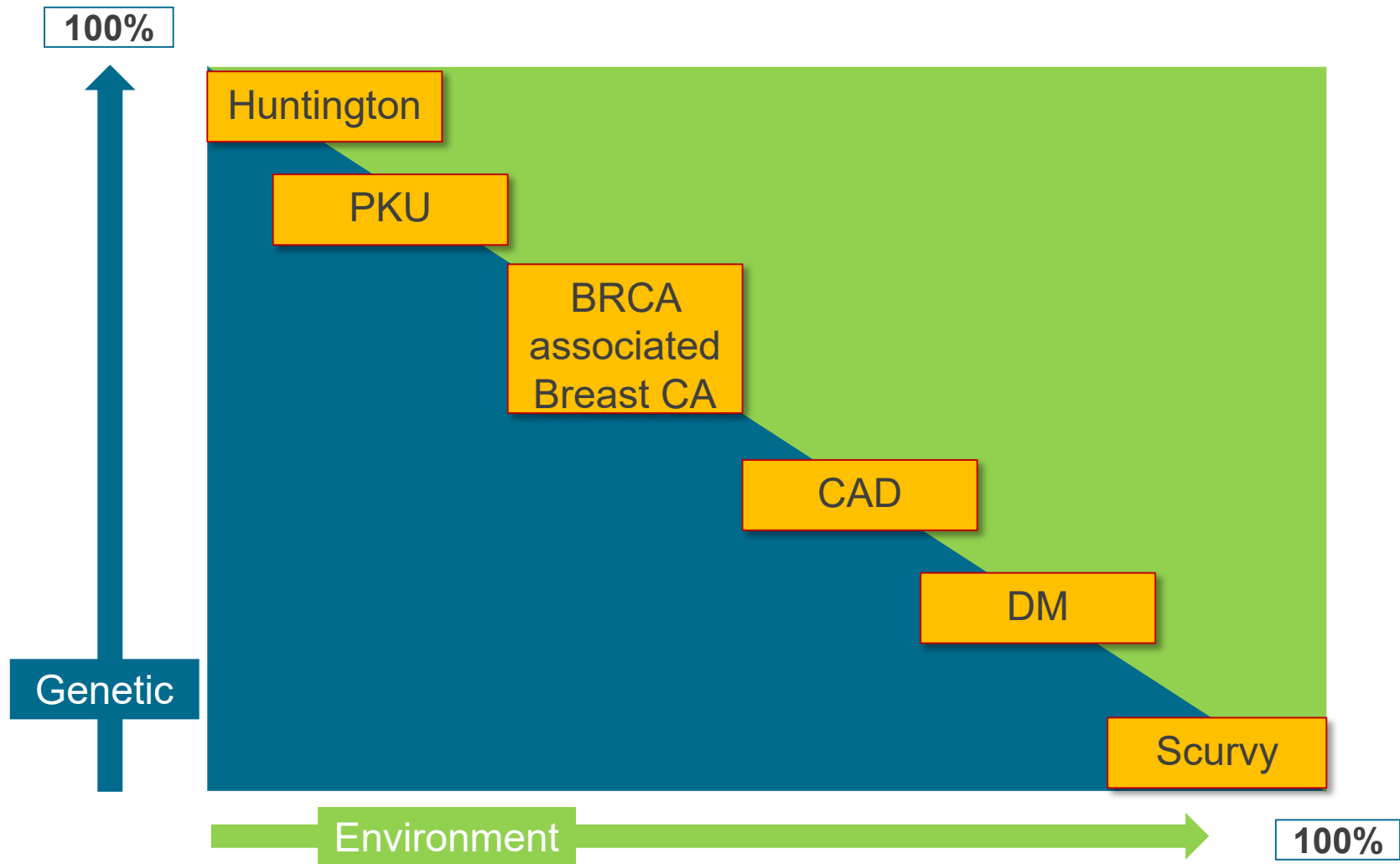
“Interaction of Many Factors”

Diseases can be a combo of one or more genes, one or more behaviors, and one or more environmental factors, with both good and harmful effects.



“Spectrum”

Concept



Concept: Clinical Validity and Clinical Utility

Clinical Validity

The ability of a genetic test
to predict a phenotype

✓ APC gene: Familial adenomatous polyposis	~ 100%
✓ MMR gene: Lynch syndrome	~ 80%
✓ APOE e4/e4: Alzheimer disease	~ 30%

Clinical Utility

The impact of the genetic
test on clinical care

✓ Huntington	Minimal
✓ Lynch syndrome:	Significant
✓ BRCA	Significant

Concept:

“Finding a mutated gene doesn’t necessarily help”

- Gene found → Disease happens
- Gene not found → Disease absent

Genotype

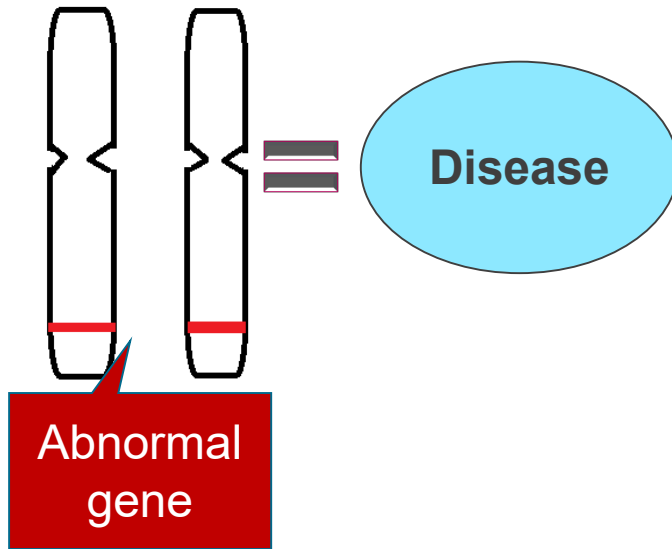


Phenotype

- Ideally, this would be the case 100% of the time for predictive purposes. But....not so fast.

Important Concept:

“Multiple variables influence the impact of genetic expression”



Penetrance

- ☐ Full
- ☐ Variable

Variable expressivity

- ☐ Age
- ☐ Mutation type
- ☐ Genetic heterogeneity
- ☐ Environmental exposure
- ☐ Parent-of-origin effects
(i.e. Prader-Willi Syndrome)
- ☐ Sex-limited expression
(i.e. male pattern baldness)
- ☐ Anticipation
- ☐ Mosaicism

Testing

I want to
have a
healthy baby

Carrier testing
Prenatal testing
Preimplantation testing

I know my
family member
has a disease, I
wonder if I have
it too

Predictive and pre-symptomatic
testing



I am not
feeling
well

Diagnostic testing

I am very
curious

Average risk testing

Should I buy
insurance....life?
Critical care?
Long term care?

Genetic Testing Statistics

- Genetic testing available for over 2,000 conditions
- Available in over 500 laboratories

The CDC

- Developed a Public Health Genomics website and classifies many genetic testing into 3 tiers. Tier 1 genomic applications are defined as “those having significant potential for positive impact on public health based on available evidence-based guidelines and recommendations”. The first 3 conditions on the list (2 million Americans potentially have one of the three)
 - Hereditary Breast and Ovarian Cancer Syndrome
 - Lynch Syndrome
 - Familial hypercholesterolemia

The American College of Medical Genetics and Genomics (ACMG)

- Named 59 genes which when a genetic sequence is abnormal “would result in a high likelihood of severe disease that is preventable if identified before symptoms occur”.

American College of Medical Genetics list of genes for which secondary findings should be disclosed

Disease category	Syndrome	Gene(s)
Cancer	Breast/ovarian cancer	<i>BRCA1, BRCA2</i>
	Li-Fraumeni syndrome, Peutz-Jeghers syndrome; Juvenile polyposis, PTEN hamartoma syndrome	<i>TP53, STK11, SMAD4*, BMPR1A*, PTEN</i>
	Lynch syndrome, familial adenomatous polyposis, MYH-associated polyposis	<i>MLH1, MSH2, MSH6, PMS2, APC, MUTYH</i>
	Von Hippel Lindau syndrome; retinoblastoma, tuberous sclerosis, Wilms tumor	<i>VHL, RB1, TSC1, TSC2, WT1</i>
	Multiple endocrine neoplasia 1 or 2; familial medullary thyroid cancer	<i>MEN1, RET</i>
	Hereditary paraganglioma-pheochromocytoma syndrome, neurofibromatosis type 2	<i>SDHD, SDHAF2, SDHC, SDHB, NF2</i>
Cardiovascular disease	Hypertrophic or dilated cardiomyopathy	<i>MYBPC3, MYH7, TNNT2, TNNI3, TPM1, MYL3, ACTC1, PRKAG2, GLA, MYL2, LMNA</i>
	Catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular cardiomyopathy, Romano-Ward Long QT syndromes, Brugada syndrome	<i>RYR2, PKP2, DSP, DSC2, TMEM43, DSG2, KCNQ1, KCNH2, SCN5A</i>
	Familial hypercholesterolemia	<i>LDLR, APOB, PCSK9</i>
Connective tissue or vascular integrity	Ehlers Danlos syndrome	<i>COL3A1</i>
	Marfan syndrome, Loeys-Dietz syndrome, familial thoracic aortic aneurysms and dissections	<i>FBN1, TGFBR1, TGFBR2, SMAD3, ACTA2, MYH11†</i>
Malignant hyperthermia sensitivity		<i>RYR1, CACNA1S</i>
Metabolism	Wilson disease (copper metabolism)	<i>ATP7B*</i>
	Ornithine transcarbamylase deficiency (urea cycle)	<i>OTC*</i>

This list includes genes identified by the American College of Medical Genetics and Genomics (ACMG) as clinically actionable when known pathogenic (and, in some cases, expected pathogenic) variants are identified by whole genome or exome sequencing. Refer to UpToDate topics on genetic counseling and secondary findings from genomic testing for further details.

ACMG: American College of Medical Genetics and Genomics.

* Added in the 2016 revision (ACMG 2.0).

† *MYLK* was removed in the 2016 revision due to lack of an effective confirmatory test or intervention to improve outcomes.

Prepared with data from:

- Green RC, Berg JS, Grody WW, et al. ACMG recommendations for reporting of incidental findings in clinical exome and genome sequencing. *Genet Med* 2013; 15:565.
- Kalia SS, Adelman K, Bale SJ, et al. Recommendations for reporting of secondary findings in clinical exome and genome sequencing, 2016 update (ACMG SF v2.0): A policy statement of the American College of Medical Genetics and Genomics. *Genet Med* 2017; 19:249.



Important Concept:

“There are many genetic testing techniques”

Biochemical testing

- Protein analysis/Enzyme assays/Analytes

DNA analysis

- Real-time PCR
Small number of genes tested
- High-density DNA array testing
Analyze for 1,000,000 gene variants
- Highly efficient DNA sequencing techniques
(next generation sequencing)
Entire human genome

Important Concept:

“There are many types of genetic testing”

Diagnostic testing

Prenatal Testing

Newborn Testing

Carrier Testing

Predictive and pre-symptomatic testing

Direct to Consumer Testing

Preimplantation genetic Testing

Pharmacogenomic Testing

Research Genetic Testing

Symptoms lead to testing

Offered to all pregnant women

Performed on all newborns
(~4 million births per year)

Offered to most couples seeking
prenatal care

? Number done annually
Done mostly for family members
with strong FH or after tumor
testing

5 million total thus far—
Trending higher

Offered to most of the 78,000
babies born annually by IVF
(7 million living in the United States)

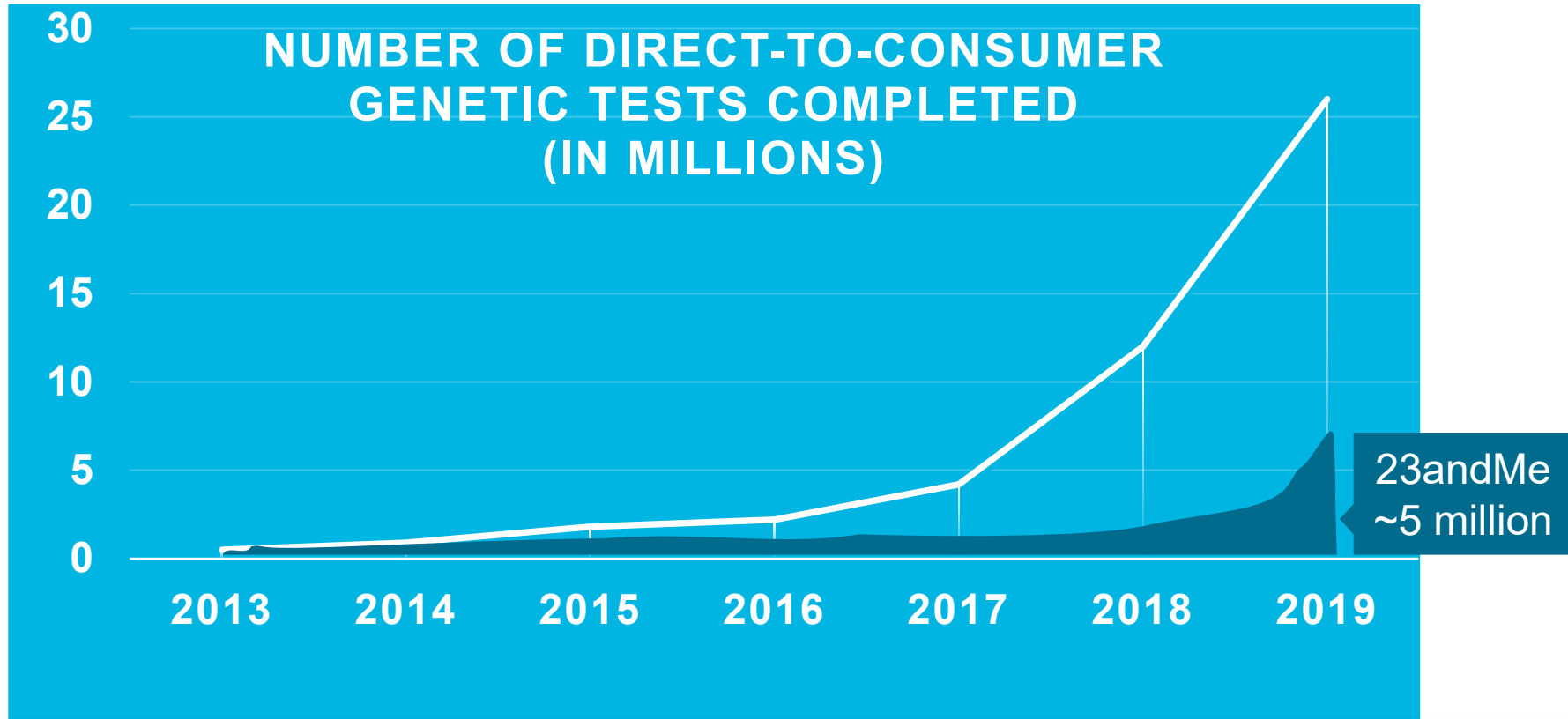
- The FDA mentions use of pharmacogenomic testing for 250 meds
- Medicare, Medicaid and private insurance don't typically pay except in unusual conditions.
- 23 and Me FDA approved now...but haven't offered the test yet.



Direct-to-Consumer Genetic Testing

How many Direct to Consumer tests?

Ancestry and 23andMe



**Multiple companies involved
(e.g. Family Tree DNA, My Heritage, Ancestry.com, 23andMe)**

Direct-to-Consumer Genetic Testing

23andMe

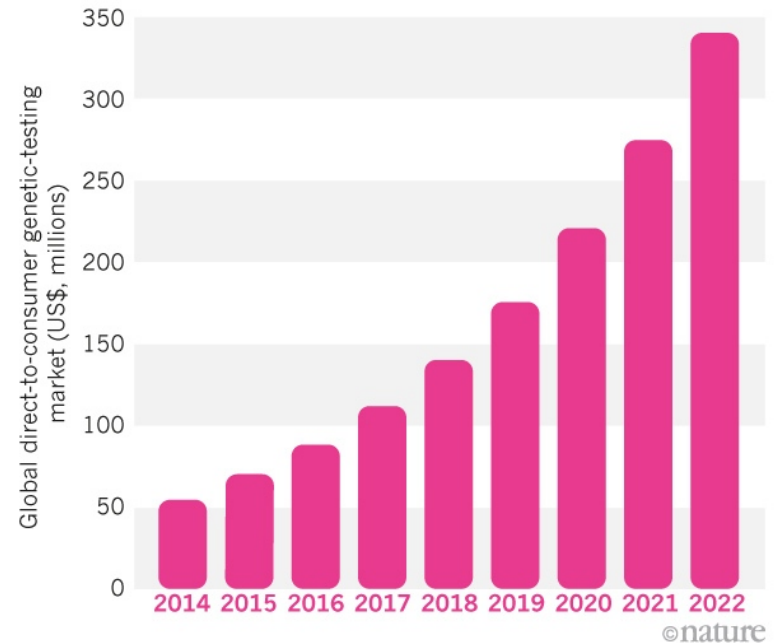
As of October 2018

- **Does business in 50 countries**
- **Has >5 million customers**
- **Allows raw data to be downloaded for use with external tools for further DNA analysis (e.g. XcodeLife, Genetic Genie)**

Genotypes 640,000 SNP's using an Illumina Global Screening Array customized chip

GENE DRIVE

The direct-to-consumer genetic-testing industry is predicted to grow to US\$340 million in the next five years. This is still a small fraction of the overall market for DNA testing, which is expected to reach \$10 billion in that time.



Source: Credence Research; Grand View Research

As of January 2019 there were 44 reports

Examples

Bloom Syndrome

**Agensis of the Corpus Callosum with
Peripheral Neuropathy**

**Autosomal Recessive
Polycystic Kidney Disease**

Niemann-Pick Disease Type A

Familial Mediterranean Fever

Limb-Girdle Muscular Dystrophy

Cystic Fibrosis

Glycogen Storage Disease Type 1a and 1b

Sickle Cell Anemia

Tay-Sachs Disease

23andMe BRCA testing



23andMe tests for 3 variants

BRCA1 gene

- 185delAG

BRCA1 gene

- 5382insC

BRCA2 gene

- 6174delT

Most BRCA mutations (~80%) in Ashkenazi Jews will be detected.
This disorder is common in Ashkenazi Jews (~1 in 40)

There are >1,000 variants in the BRCA1 and BRCA2 genes now known
to increase cancer risk

Most BRCA mutations (~90%) in the general population will be missed
with this test.

Test results—Example

Age-Related Macular Degeneration	Variant detected, not likely at increased risk	>
Hereditary Hemochromatosis (HFE-Related)	Variant detected, not likely at increased risk	>
Alpha-1 Antitrypsin Deficiency	Variants not detected	>
BRCA1/BRCA2 (Selected Variants)	Variants not detected	>
Celiac Disease	Variants not detected	>
G6PD Deficiency	Variant not detected	>
Hereditary Thrombophilia	Variants not detected	>
Late-Onset Alzheimer's Disease	Variant not detected	>
Parkinson's Disease	Variants not detected	>

Test results—Example

Variants Detected

View All Tested Markers

Marker Tested

Genotype*

Additional Information

A69S

Gene: ARMS2

Marker:

rs10490924

G

Typical copy from
one of your parents



T

Variant copy from
your other parent

✓ Biological explanation

✓ Typical vs. variant DNA sequence(s)

✓ Percent of 23andMe customers with variant

Test Interpretation

[5, 10, 11, 19, 23, 24, 25] | ClinVar[†]

This report provides risk estimates for people of European descent. Estimates for other ethnicities are not currently available.

Test results—Example

Warnings and Limitations

- This test does not cover all variants that could cause this condition.*
- This test does not diagnose any health conditions.
- Share results with your healthcare professional for any medical purposes.
- If you are concerned about your results, consult with a healthcare professional.

Likelihood ratios

Odds ratios

A "likelihood ratio" estimates how the test result affects the chances of a condition, compared to the chances of the condition prior to testing. In the table below, values greater than 1 mean that the chances of developing AMD are higher based on the test result. Values less than 1 mean that the chances are lower based on the test result. Values close to 1 mean that the chances of developing AMD have not changed significantly.

These values are calculated by 23andMe using data from Rivera et al. (2005).

Genotype	Likelihood ratio	95% confidence interval
No variants detected	0.23	0.17 - 0.30
One copy of Y402H variant	0.50	0.42 - 0.59
One copy of A69S variant	0.67	0.51 - 0.88
Two copies of Y402H variant	1.64	1.25 - 2.14
Two copies of A69S variant	1.99	1.18 - 3.38
One copy of Y402H and one copy of A69S variant	1.24	1.03 - 1.50
One copy of Y402H and two copies of A69S variant	4.12	2.60 - 6.53
Two copies of Y402H and one copy of A69S variant	4.49	3.18 - 6.33

Test results—Type 2 Diabetes

In 2019

23andMe started reporting on the genetic likelihood of developing Type 2 DM

23andMe developed the report based upon the FDA's guidelines for low-risk general wellness devices, products that promote a healthy lifestyle.

This report uses a polygenic risk score

Test results—Type 2 Diabetes—Example

Bill, your genetics are associated with a **typical likelihood** of developing type 2 diabetes.



Your genetic likelihood falls in the range that is considered typical. But your overall likelihood also depends on factors like weight, diet, and exercise. This means it's important to maintain a healthy lifestyle.



This report **does not diagnose** type 2 diabetes. It also does not provide information about or diagnose other forms of diabetes.



The likelihood of developing type 2 diabetes also depends on **other factors**, including age, weight, ethnicity, and family history.



This report **does not account for every possible genetic variant** that could affect your likelihood of developing type 2 diabetes.



This report is based on a genetic model created using data from **23andMe research participants** and has not been clinically validated.



23andMe

Summary slide

Advantages

Identifies disease risk early

Identifies disease carrier conditions

Sparks interest in educating oneself

Relieves some anxiety when testing is negative

Disadvantages

Misreading the test results

Misunderstanding the completeness of the testing

Misinterpreting the degree of reassurance in some cases which could lead to decreased surveillance

Other options for individuals to get relatively inexpensive testing

Hybrid?



DIAGNOSTIC GENETIC TESTING can help identify



PROACTIVE GENETIC TESTING helps healthy



REPRODUCTIVE GENETIC TESTING helps make

- Simple, convenient, and affordable testing options
- Rapid answers in 10-21 calendar days, on average, for single-gene and panel tests and 6-8 weeks for exome tests
- Expert analysis for clear understanding
- Testing at no charge to clarify risks for your **blood relatives** if you test positive

Since its first test launched five years ago, Invitae has sequenced the genes of more than half a million patients.

Patients will be able to **order genetic tests online** through a clinician by this summer, George said. Nearly any test on Invitae's clinical menu will be available this way, making Invitae one of the first companies to offer wider access to clinical testing for an array of conditions and inherited health risks.

Other options for individuals to get relatively inexpensive testing



CARDIOLOGY



METABOLIC DISORDERS AND NEWBORN SCREENING



DERMATOLOGY



NEPHROLOGY



EXOME



NEUROLOGY



HEMATOLOGY



OPHTHALMOLOGY



HEREDITARY CANCER



PEDIATRIC GENETICS



IMMUNOLOGY

Other options for individuals to get relatively inexpensive testing



HEREDITARY CANCER



INVITAE

GENES TESTED:

ALK	APC	ATM	AXIN2	BAP1	BARD1
BLM	BMPR1A	BRCA1	BRCA2	BRIP1	CASR
CDC73	CDH1	CDK4	CDKN1B	CDKN1C	CDKN2A
CEBPA	CHEK2	CTNNA1	DICER1	DIS3L2	EGFR
EPCAM	FH	FLCN	GATA2	GPC3	GREM1
HOXB13	HRAS	KIT	MAX	MEN1	MET
MITF	MLH1	MSH2	MSH3	MSH6	MUTYH
NBN	NF1	NF2	NTHL1	PALB2	PDGFRA
PHOX2B	PMS2	POLD1	POLE	POT1	PRKAR1A
PTCH1	PTEN	RAD50	RAD51C	RAD51D	RB1
RECQL4	RET	RUNX1	SDHA	SDHAF2	SDHB
SDHC	SDHD	SMAD4	SMARCA4	SMARCB1	SMARCE1
STK11	SUFU	TERC	TERT	TMEM127	TP53
TSC1	TSC2	VHL	WRN	WT1	

▼ Invitae Lynch Syndrome Panel

5 genes

Genetic testing for 5 genes associated with Lynch syndrome. This condition increases the risk for colorectal, ovarian, and uterine cancer.

ORDER

GENES TESTED:

EPCAM

MLH1

MSH2

MSH6

PMS2

[Panel details and technical assay limitations](#)

Other options for individuals to get relatively inexpensive testing



PATIENT PAY

Genetic testing should be affordable and accessible to anyone who needs it. For panel and single-gene testing, Invitae offers a patient-pay price of \$250 per **clinical area** to make testing affordable for more patients, including those who do not meet coverage policies for testing, those with high-deductible plans, and those not covered by insurance.

INSURANCE AND INSTITUTIONAL BILLING

The most we will ever bill an insurance company or institution is \$1500 per **clinical area** for a panel or single-gene test. (For exome prices, please see the Exome Testing section below). In many cases the amount will be lower due to contracts between Invitae and the insurance company or institution. Our mission is to bring genetic information into mainstream medical practice—and our success depends on this type of responsible billing practice.

DECISION POINT #1

Option 1:

There are some large research initiatives in the USA evaluating genetic diseases in the general public.

- What is being tested?
- What are the early results?

Option 2:

Cancer Specific Genetics.

Cancer involves mutations to our DNA?

- Hereditary
- Somatic (acquired)



**Congratulations!
You have chosen**

OPTION 1

**Evaluating the general public for
genetic abnormalities. What are
the early findings?**

Important Concept:

Geisinger

Geisinger integrated health system

- >3 million patients
- Located in Eastern Pennsylvania and Southern New Jersey
- Physician led health system
- Pennsylvania and New Jersey
- 13 hospital campuses, 2 research centers, 1 medical school
- 600,000 member health plan

Geisinger initiatives

- MyCode Community Health Initiative (as of 4/10/2019)
 - 227,000 volunteer participants
 - 59 genes tested
 - Anticipated 2-4% of patients would receive abnormal genetic test results
 - 1,048 patient-participants have received results from the testing
 - Eventually they anticipate having all 3 million patients in their system tested
 - 2,500 participants will have pharmacogenomic testing
- Detect Research Study
- Dynamics of Childhood Obesity study

MyCode: How does the program work?

Geisinger

- Sign the consent form
- Donate blood
- Each sample is coded and stored for research
- About 2% of cases a genetic abnormality is found that is part of a higher risk genetic condition which can be treated or managed.
- In those cases the blood is analyzed in a certified clinical laboratory to confirm the finding.
- If abnormal patient and doctor are informed. Patient can speak to the doctor and the genetics team counselor.
- If pharmacogenomic testing shows a potential problem with the medications a pharmacist will notify the pt.

MyCode: Conditions prompting patient notification

Geisinger 1068 patients as of 4/11/2019

Cardiovascular		Cancer				Other	
Familial hyper-cholesterolemia	125	Hereditary breast and ovarian cancer BRCA 1 BRCA 2	290 102 188	Lynch Syndrome	101	Hereditary Hemochromatosis	203
Arrhythmogenic R Ventricular Cardiomyopathy	82	Hereditary pheochromocytomas and paragangliomas	17	Multiple Endocrine Neoplasia type 1 and type 2	27	Malignant Hyperthermia	23
Cardiomyopathy	74	Li-Fraumeni Syndrome	9	Familial Adenomatous Polyposis	14	Marfan Syndrome	9
Inherited arrhythmias	65	PTEN Hamartoma Tumor Syndrome	5	Tuberous Sclerosis	4	Vascular Ehlers-Danlos	6
Familial Aortic Aneurysms and dissections	11					Fabry Disease	4
Catecholaminergic Polymorphic Ventricular Tachycardia			< 2	Neurofibromatosis Type 2			
Retinoblastoma				Hereditary Hemorrhagic telangiectasia			
Juvenile Polyposis				Von Hippel-Landau			

DETECT Research Study: How does the program work?

Geisinger

- Goal: Evaluate liquid biopsies
- Enrollees:
 - Women ages 65-75 with no prior cancer
 - 10,000 targeted (7,600 enrolled as of 1/2019)
- What is tested:
 - Circulating DNA
 - 15 genes
 - 10 protein markers
- Abnormal results are followed by PET-CT scans and further testing.
- Geisinger in cooperation with Johns Hopkins physicians
- This is the only large health plan involved in this study

Dynamics of Childhood Obesity in Pennsylvania From Community to Epigenetics

Geisinger

- Observational Study
- Started in 2012
- Evaluate diet and exercise changes in DNA methylation
- 950 parent/child enrollees
- Monitor weight/height/DNA methylation via saliva over time.

Northshore University Health System (Chicago area)

DNA10k initiative

- Enroll 10,000 patients in the study
- Evaluate for CAD, breast cancer and colorectal cancer
 - 30 genes involved in cancer
 - 30 genes involved in heart disease
 - 14 genes involved in medication response
- Announced the plan in 1/2019—starting enrollment in 4/2019

South Dakota based Sanford Health

- Enrolled 2,000 patients since 2018
- 3% of those tests have found reportable abnormalities

Precision Medicine Initiative National Institutes of Health (NIH)

- Goal: Enroll 1 million + volunteers in the U.S. to contribute their health data over many years to improve health outcomes
- Enrollees:
 - Enrollment now open
 - Program started in 2016
 - >18 years of age
- What is tested:
 - Not focused on a specific disease
- Enrollees have access to their results and can share them with their own physician



**Congratulations!
You have chosen**

**OPTION 2
Cancer Specific Genetics.**

**What is happening
genetically in cancer?**

Cancer and Genetics

Cancer and Genetics

How often is DNA altered (mutated) in cancer?

The average solid tumor has 33-66 genes with mutations which alter protein.

How many genes have mutations in a typical human cancer?

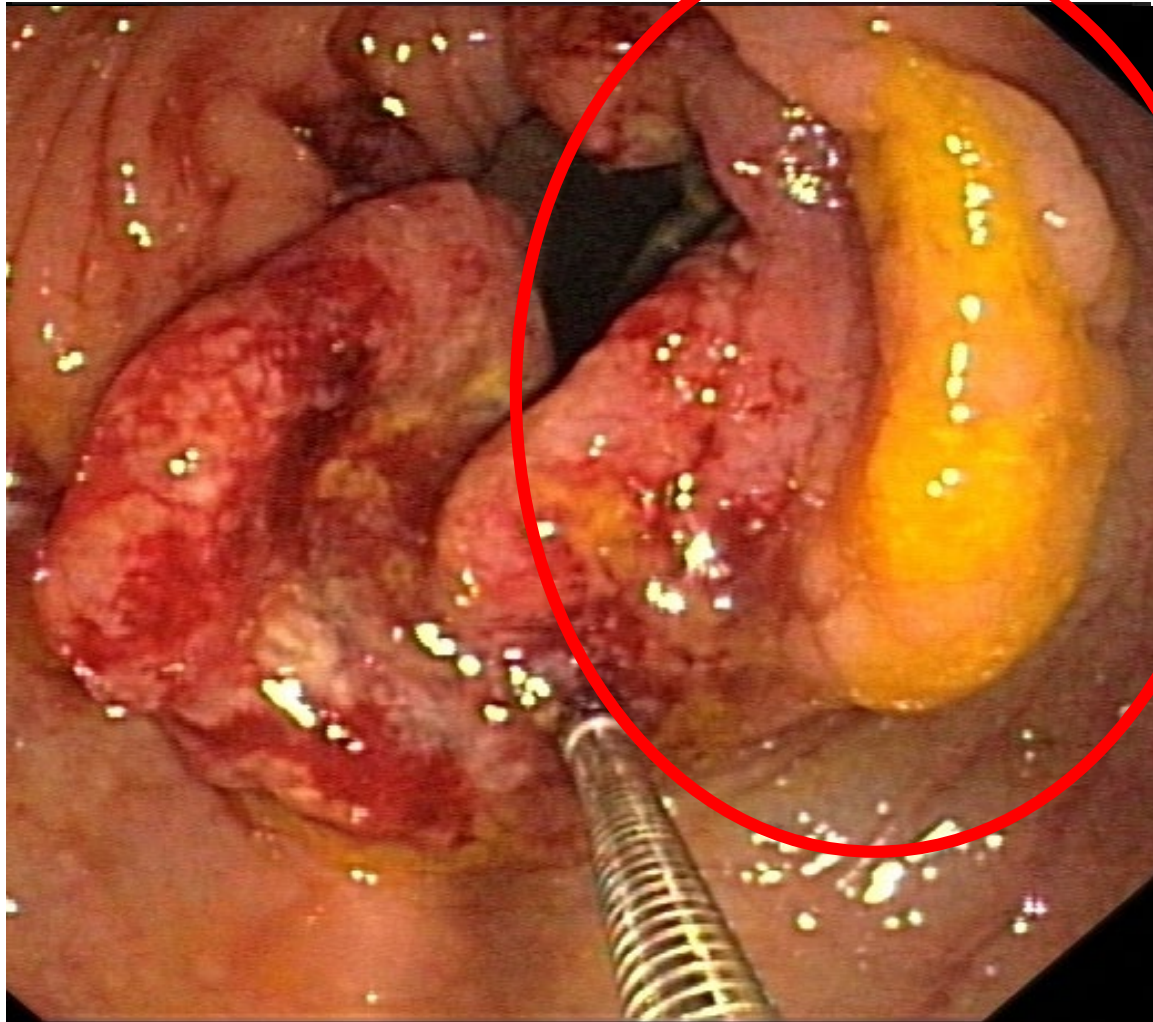
95% of those are single-base substitutions. The remainder are deletions/insertions

The number can vary:

~9 in childhood malignancies
~66 in colon cancer

~33 in breast cancer
~163 in lung cancer

Cancer—Genetics—Example—Colon cancer



Cancer—Genetics—Example—Colon cancer

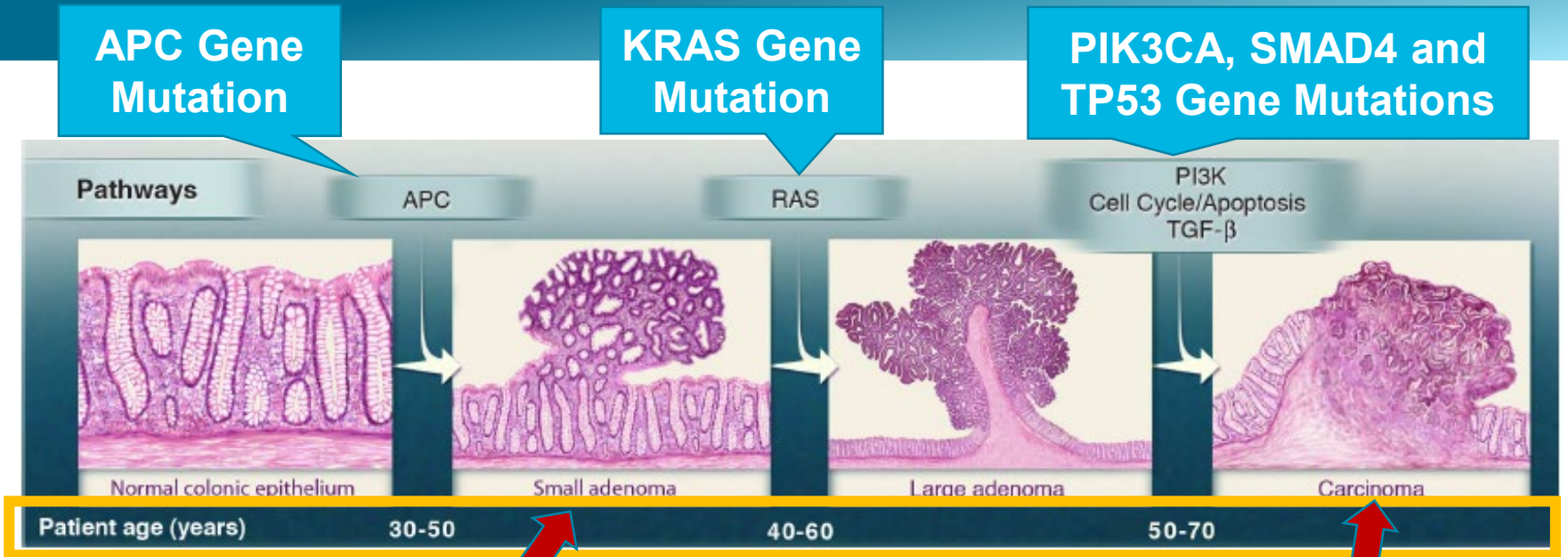
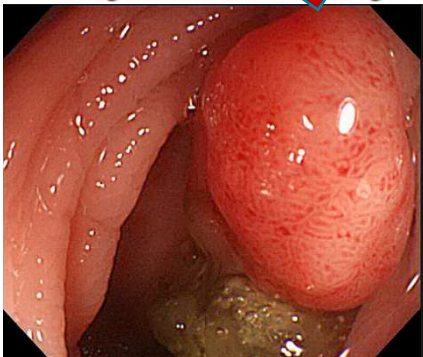
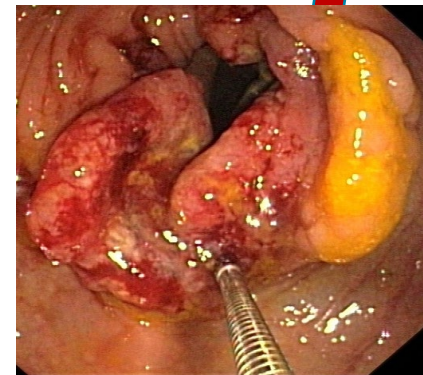


Fig. 2. Genetic alterations and the progression of colorectal cancer. The major signaling pathways that drive tumorigenesis are shown at the transitions between each tumor stage. One of several driver genes that encode components

of these pathways can be altered in any individual tumor. Patient age indicates the time intervals during which the driver genes are usually mutated. Note that this model may not apply to all tumor types. TGF- β , transforming growth factor- β .



TIMING:
Typically
several years
between each
phase



Cancer and Genetics

Germ line

Born with a genetic configuration which makes cancer development likely

- **5-10% of all cancers**
- **50 different hereditary cancer syndromes**

Somatic (acquired)

Develop a genetic modification after birth which causes cancer

- **90-95% of all cancers**

Important Concept:

Genes Involved in Cancer

Oncogenes

A gene that has the potential to cause cancer

~84 known

TP 53 Gene
Keeps cells from growing and dividing too fast

Tumor Suppressor Genes

A gene that protects from getting cancer

~54 known

BRCA Genes
Repair damaged DNA (radiation or other environmental/chemical injuries)

Mismatch Repair Genes
Repairs DNA as its being reproduced

DECISION POINT # 2

Oh my, tough choices.
I am glad I don't have
to decide!!

Option 3:

**The hereditary
genetic test is
positive**
(Lynch syndrome/BRCA)

- Does knowing the result impact mortality?

Option 4:

Liquid Biopsies
What are they?

- Are we getting close to seeing results of liquid biopsies in the records?



You have chosen

OPTION 3

**The hereditary genetic test is positive
(Lynch syndrome/BRCA)**

**Does knowing the result impact
mortality?**

Cancer Risk Increases with Lynch Syndrome

- ❑ Is one of the most common cancer susceptibility syndromes.

~1:370 people have this disorder.

- ❑ Is a result of a germline mutation in one of the DNA mismatch repair genes
- ❑ Predisposes an impacted individual to a high incidence of cancer.

~1.2 % people with it know they have it

Cancer Risk up to age 70 years old for Lynch syndrome patients

Colorectal

Up to ~80%

Endometrium

~60%

Stomach

~13%

Ovary

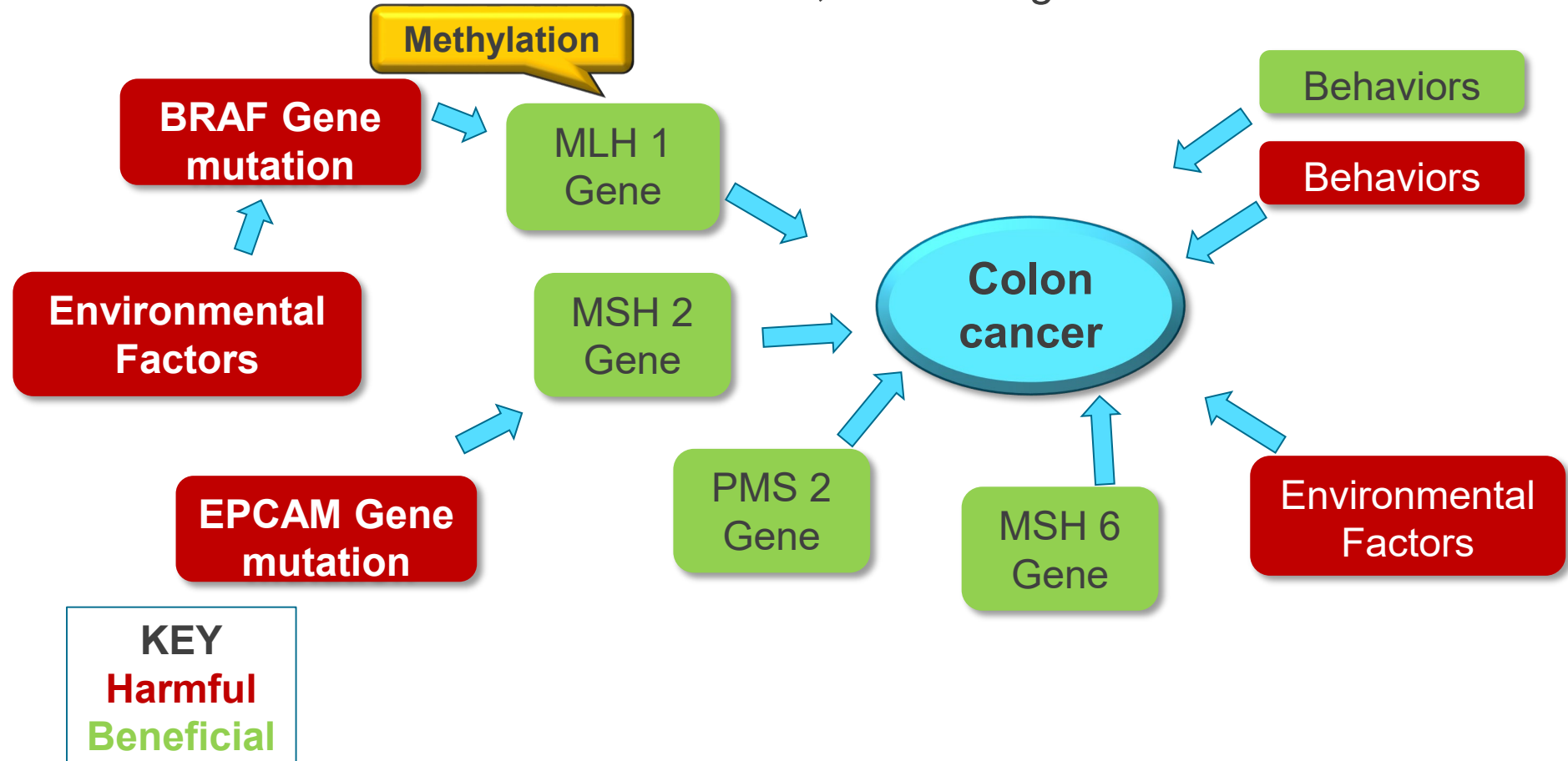
~24%

Many others

Smaller %

Lynch Syndrome Cancer Genetics: It can be complicated

Diseases can be a combo of one or more genes, one or more behaviors, and one or more environmental factors, with both good and harmful effects.



Lynch Syndrome: Prevention/Screening Mortality Results

A 2013 article by H. Jarvinen et al documents that:

Colon cancer screening helps!

Impact

- Decreases incidence of invasive colon cancer by 62%
- Decreases mortality by 65%

Adherence

- | | |
|-----------------------------------|-----|
| • Colonoscopy | 80% |
| • Endometrial cancer surveillance | 63% |
| • Hysterectomy and BSO choice | 19% |

Cancer Risk Increases with BRCA 1 and 2 mutations

- ❑ BRCA genes code for proteins which repair damaged DNA
- ❑ Mutations in the BRCA gene predispose an individual to an increased risk of cancer
- ❑ Several interventions can improve mortality risk
 - Intensive screening
 - Hormonal medical therapy
 - Risk-reducing surgery

Can genetic testing lead to improved risk?

Cancer Risk up to age 70 years old for BRCA patients

**Breast
(women)**

45 to 70%

Ovary

15 to 40%

Prostate

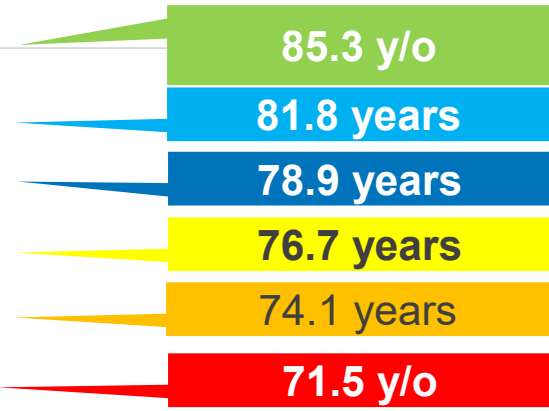
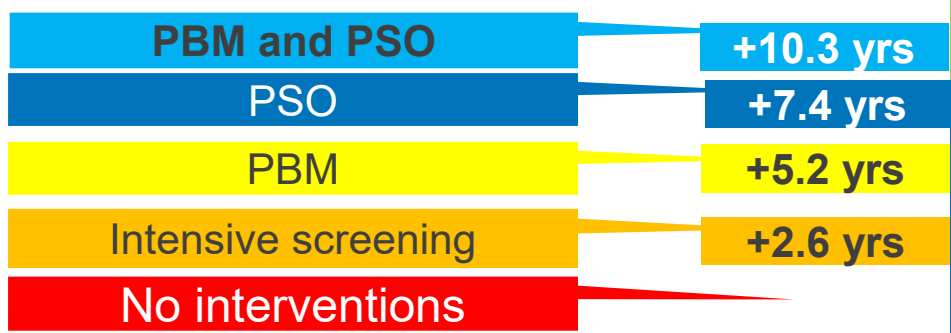
14 to 19%

Many others

Smaller %

Life Expectancy of a 30 year old woman

Typical risk



BRCA 1 positive Options for care:

- 1. No interventions
- 2. Intensive screening (including alternating mammograms and MRI's)
- 3. Prophylactic bilateral mastectomy (PBM)
- 4. Prophylactic salpingo-oophorectomy (PSO)
- 5. COMBO: PBM and PSO



Other conditions:

Hereditary Hemochromatosis

Malignant Hyperthermia

Early dx and great treatment compliance can lead to mortality risk similar to that of the unaffected

All the other diseases listed in the American College of Medical Genetics and Genomics have treatments/strategies thought to favorably impact mortality



You have chosen

OPTION 4
Liquid Biopsies
What are they?

- **Are we getting close to seeing results of liquid biopsies in the records?**

Liquid Biopsies

Able to find small amounts of DNA, RNA, and proteins in the circulating blood that can indicate disease

Sudden Unexplained Death

**Molecular Analysis of DNA for heritable heart disorders
(NY—Erdman, 2013)**

Evaluating the unborn baby

**cffDNA—cell free fetal DNA
(Bianchi)**

**Evaluating cancer
(detect, track treatment,
check for recurrence)**

ctDNA—circulating tumor

Liquid Biopsies 2017 study Sudden arrhythmic death syndrome (SADS)

**SADS definition:
Sudden death with negative autopsy and toxicological analysis**

302 validated SADS cases

**Median age: 24 years
Males: 65%**

**Test: 77 electrical and cardiomyopathy genes using
American College of Medical Genetics guidelines**

**Results: Pathogenic or “likely pathogenic” variant found
in 40 cases (13%)**

Liquid Biopsies---ctDNA

Science (Jan 18, 2018)

A blood test (CancerSEEK) which detects 8 common cancers described.

Ovary

Liver

Stomach

Pancreas

Esophagus

Colon

Lung

Breast

- **DNA analysis and protein analysis.**
- **Test detected cancer 70% of the time**

Sensitivity: ranged from 69% to 98% for 5 cancer types with no screening tests currently available

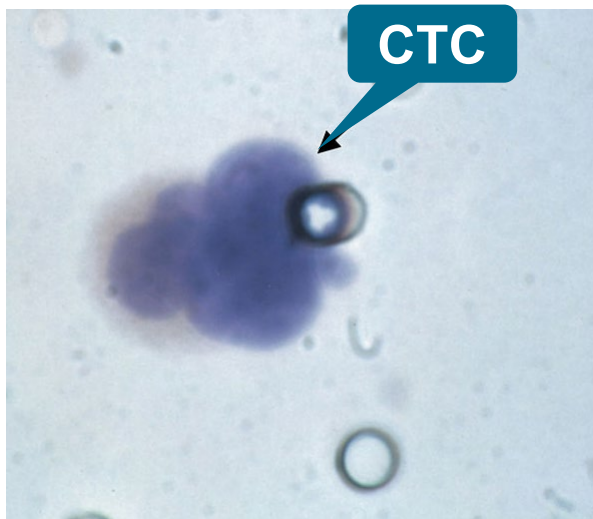
Specificity: 99% (7 out of 812 healthy controls scored positive)

Example of studies on liquid biopsies and future use

December 2018

Researchers from MD Anderson/Northwestern/Other make the following points:

- **Metastatic breast cancer (MBC) prognosis varies by presence/amount of circulating tumor cells (CTCs)**
- **CTC counts might be important for treatment decisions. Future clinical trials needed.**



2,436 patients

- **Threshold $< \text{or } > 5$ CTC's per 7.5 ml**

Those with < 5 CTC's had much better survival regardless of cancer characteristics (HER/ER status)

Testing for cancer--things might be chan

Remember this slide

Testing for cancer in the future might include:

- More use of pre-symptomatic predictive testing
- Cancer mutation testing
 - Hereditary cancer syndrome
 - Somatic mutations

Cancer—Genetics—Example—Colon cancer

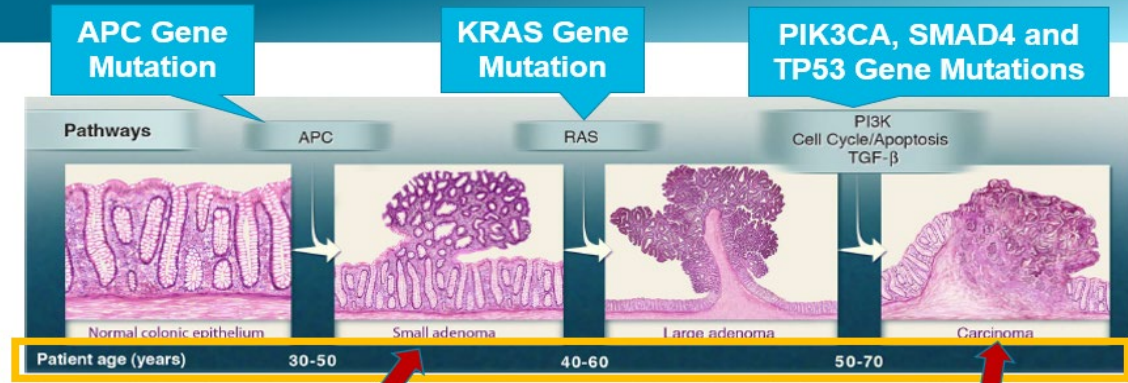
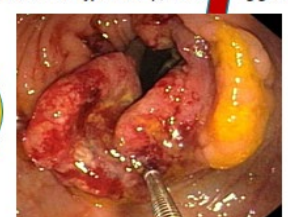


Fig. 2. Genetic alterations and the progression of colorectal cancer. The major signaling pathways that drive tumorigenesis are shown at the transitions between each tumor stage. One of several driver genes that encode compo-

nents of these pathways can be altered in any individual tumor. Patient age indicates the time intervals during which the driver genes are usually mutated. Note that this model may not apply to all tumor types. TGF-β, transforming growth factor-β.



TIMING:
Typically
several years
between each
phase



SCOR
The Art & Science of Risk

Life

1) Note

Figure as used in Vogelstein, Bert et al Cancer Genome Landscapes. Science. 29 March 2013 Vol 339

DECISION POINT # 3

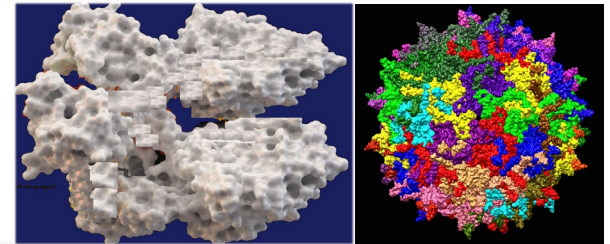
Option 5:

**The PI obtained a genetic test.
How accurate is it?**

When a test is reported to be negative is it negative?

Option 6:

Gene Editing:



CRISPR and adeno-associated virus



**You have chosen
Option 5**

**The patient obtained a genetic test.
How accurate is it?**

**When a test is reported to be negative is it
negative?**

Genetic Testing:

Characteristics of a good test



The genetic test was negative!!

Characteristics of a good test		Genetic testing
100 % Sensitive	100% Specific	Varies
Inexpensive		No
Accurate and reproducible		Typically
Ordering person has a thorough understanding of the test		Varies
Tested individual can easily understand the results		Varies
Established testing protocol/process with little modification or changes anticipated		Not typically
Abnormalities point to one and only one disorder		Not typically
Always actionable		No
Always one test for each disorder		No
Results are always yes or no		No

Genetic Test Results

Category	Characteristics
Pathogenic	Variant previously associated as cause of the disorder
Likely Pathogenic	Variant expected to cause the disorder
Variants of uncertain significance	Variant that might be causative
Likely benign	Variant probably not causative
Benign	Variant recognized as neutral

It is not uncommon for sequence variations to move from one category to another over time



Genetic Testing:

Characteristics of a good test



The genetic
test was
negative!!

Some important questions:

1. How long ago was the test done?
2. Is there a known mutation in the family?
3. Do we have the test report or is it a verbal result? If verbal, did the patient get pre and post test genetic counseling?
4. Is this a diagnostic test or a pre-symptomatic test?

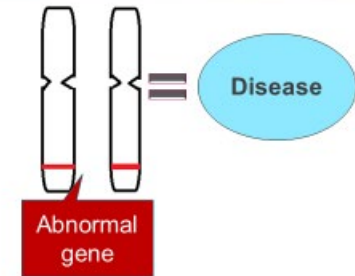
Genetic Testing:

Remember these slides?

A positive test doesn't mean the person will get the disorder

Important Concept:

"Multiple variables influence the impact of genetic expression"



Penetrance

- ☐ Full
- ☐ Variable

Variable expressivity

- ☐ Age
- ☐ Mutation type
- ☐ Genetic heterogeneity
- ☐ Environmental exposure
- ☐ Parent-of-origin effects (i.e. Prader-Willi Syndrome)
- ☐ Sex-limited expression (i.e. male pattern baldness)
- ☐ Anticipation
- ☐ Mosaicism

Knowing exactly what test was done is important

Important Concept:

"There are many genetic testing techniques"

Biochemical testing

- Protein analysis/Enzyme assays/Analytes

DNA analysis

- Real-time PCR
Small number of genes tested
- High-density DNA array testing
Analyze for 1,000,000 gene variants
- Highly efficient DNA sequencing techniques (next generation sequencing)
Entire human genome

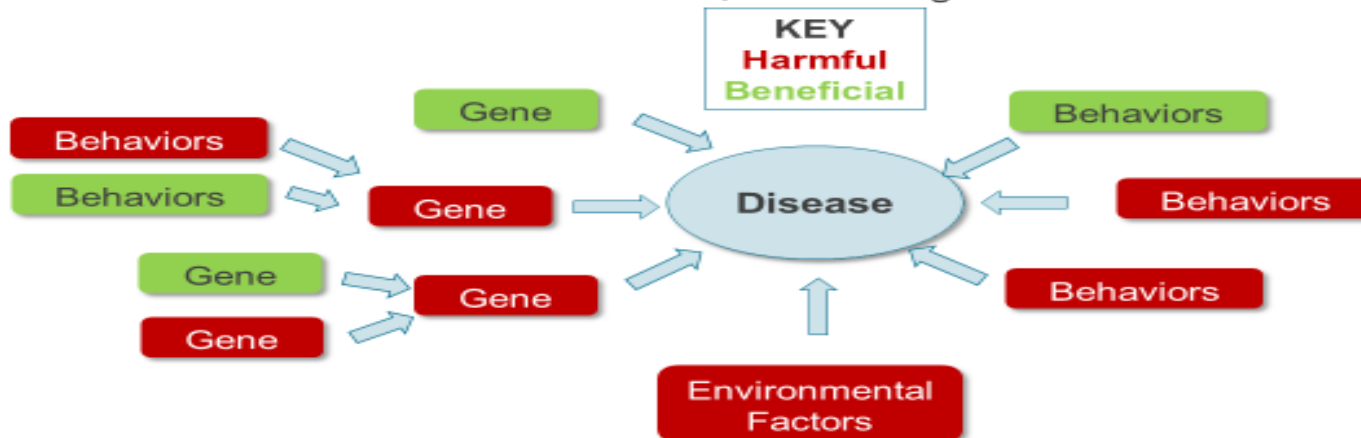
Remember this slide?

For many diseases there are multiple genes and environmental factors involved. Are all of these known?

Concept

"Interaction of Many Factors"

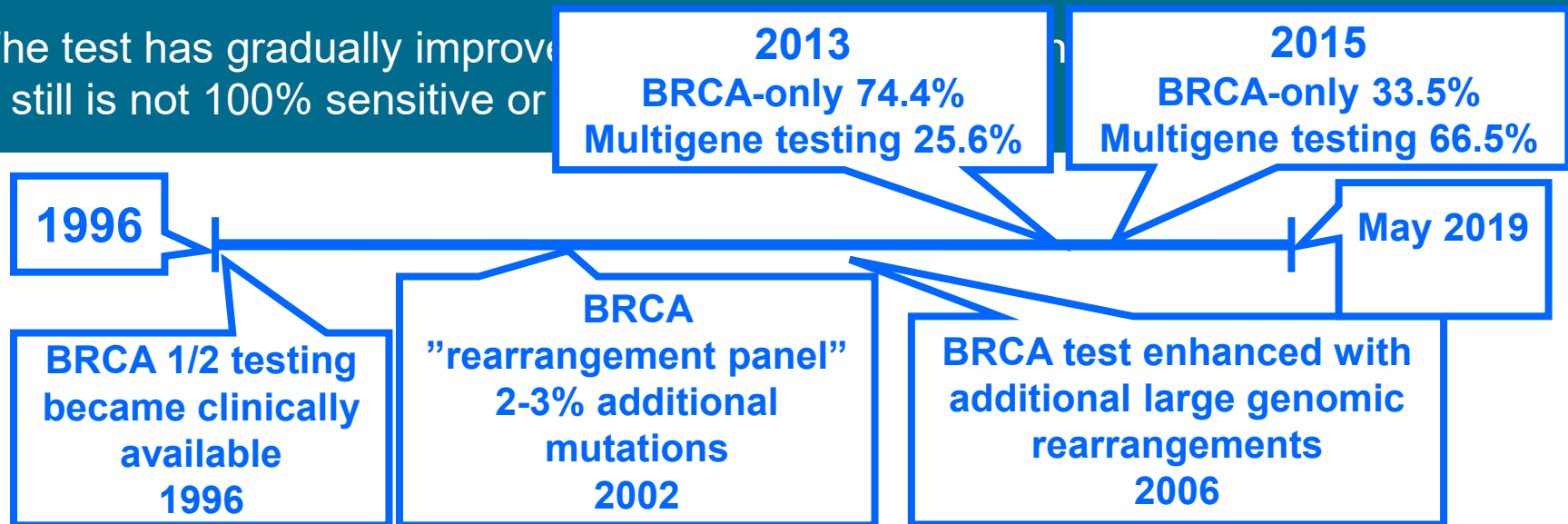
Diseases can be a combo of one or more genes, one or more behaviors, and one or more environmental factors, with both good and harmful effects.



Testing: One important question is
“How long ago was the test completed?”

Example: BRCA

- The test has gradually improved
- It still is not 100% sensitive or



4 types of clinical testing:

- 1) Full gene sequencing
- 2) Panel for the founder mutations common in Ashkenazi Jewish populations
- 3) Mutation specific assay
- 4) Large genomic re-arrangement testing

But remember that BRCA is not the only gene associated with hereditary cancer syndromes involving the breasts.
TP53, PTEN, PALB2, CHEK2, ATM, MSH6 and others

Testing: Another question is “Are most genetic mutations involving the disease in question known?”

In Hypertrophic Cardiomyopathy for instance only about 50% of the time can a specific mutation be found in an impacted individual

Testing:
Another question to consider
“Is the disease mostly genetically influenced?”

Huntington's Disease is always associated with a genetic abnormality.
This is not true for many other diseases.

Huntington's Disease involves only 1 gene. The genetic test is close to
100% sensitive and specific

Huntington's Disease involves only inheriting 1 copy of the abnormal gene

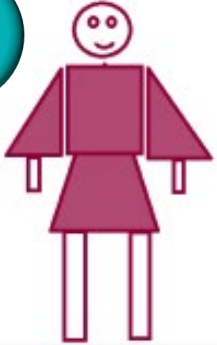
Huntington's Disease always develops when the gene is mutated

There is no effective treatment or cure for Huntington's disease.

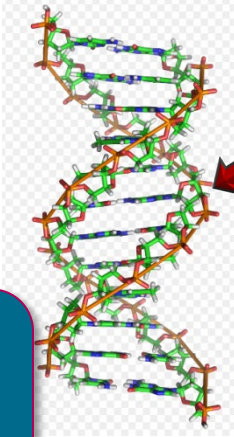
Only about 15% of people take the reliable test (available since
1993) when the disease is present in a parent.
This compares to 60% of people given the choice of BRCA testing

Genetic Testing—Scenarios 1 and 2

1



Family member who has Lynch Syndrome



Mutation found

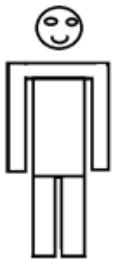
Test for that specific mutation in all family members

If negative this is a true negative genetic test

If positive, the individual has Lynch syndrome

This individual would typically be managed like those with Lynch syndrome

2



Increased chance for inconclusive results

- FH of Lynch-like tumors
- No personal hx. of cancer
- No specific mutation known in the family

If test is negative, is it:
Because that gene is not mutated in the family?
or
The mutation does exist in the family but the tested person doesn't have it?



You have chosen

**OPTION 6:
Gene Editing:**

**Error
detected**



CRISPR and adeno-associated virus

Exciting New Technologies Gene Therapy/Editing

**Gene editing involves modifying
the genetic sequence of DNA**



**2576 studies were identified using
“Gene Modification” in the search
engine of the ClinicalTrials.gov site**

Gene Therapy/Editing with use of viral vectors

Viral vector characteristics

- Able to attach to and enter the target cell
- Successful transfer to the nucleus
- Lack of toxicity



Viral vectors:

- Retroviruses
- Lentiviral viruses
- Foamy viruses
- Adeno-Associated virus

Advantages of the virus

- Reliably (~100%) inserts genetic material into Chromosome 19 at a specific site
- Is non-pathogenic
- Requires a single injection

Disadvantages of the virus

- Carries only a small amount of genetic material
- Difficult to produce
- Expensive to produce

117 clinical trials thus far

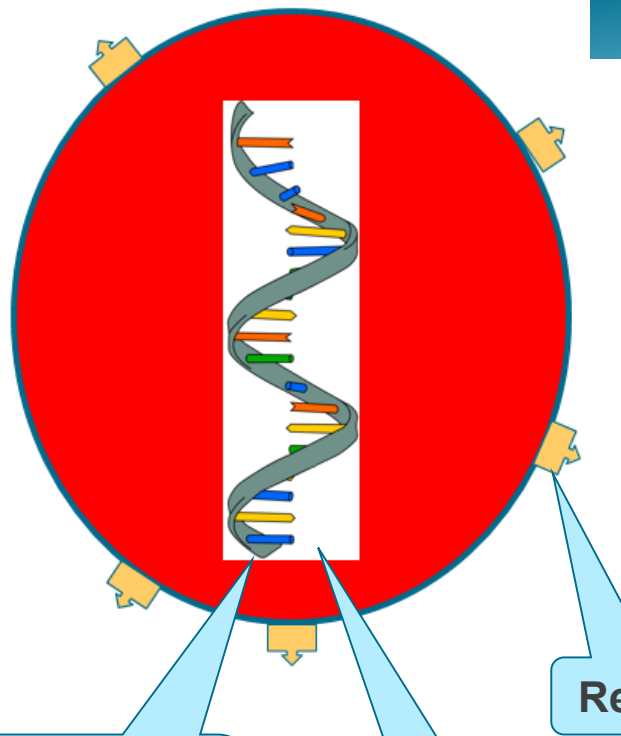
Gene Therapy/Editing

Autosomes, sex-chromosomes, mitochondrial genomes



The human genome is DNA organized as 23 chromosomes including 22 autosomes (named 1-22), and one sex chromosome (either X or Y). Humans are diploid, with each somatic cell consisting of two sets of 23 chromosomes, one paternally inherited (blue) and one maternally inherited (pink). The Y chromosome is necessarily paternally inherited. The mitochondrial genome (mt) is inherited solely from mitochondria in the ova and therefore exhibits exclusive matrilineal inheritance.

UpToDate®



Re

Adeno-associated virus

DNA

Human Cell

The virus inserts genetic material at a specific site on Chromosome 19

Gene Therapy/Editing

Hemophilia A –Factor VIII clotting factor gene	80% of cases
Hemophilia B- Factor IX clotting factor gene	20% of cases

Hemophilia B treatment

Adeno-associated virus (AAV)

10 men injected with:

- AAV with a bioengineered capsid
- Liver-specific promotor
- Factor IX Padua transgene

Followed for 28-78 weeks

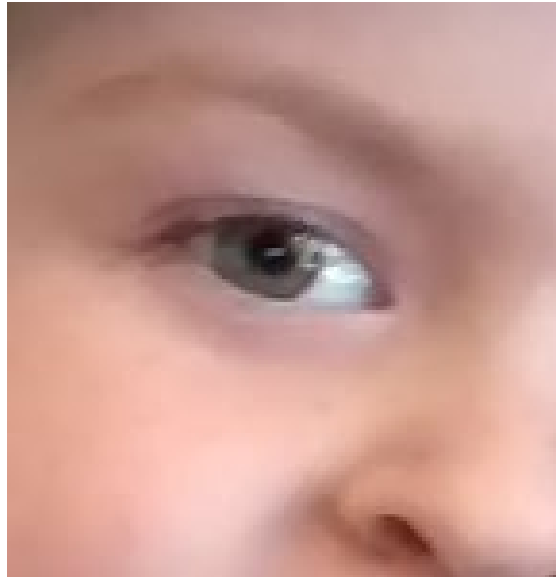
- Bleeding rate decreased from 11.1 events/year to 0.4 events/year
- 8/10 able to stop factor injections
- No significant side effects

Gene Therapy/Editing

The first FDA approved gene therapy for a genetic disease (not cancer).

- Hereditary Retinal Dystrophies:
 - Group of genetic retina disorders—Mutation in one of ~220 genes.
 - Biallelic RPE65 mutation is one of these
 - ~1,000 to 2,000 patients in the USA
- Luxturna was FDA approved in Dec, 2017

- **A normal copy of the RPE65 gene is injected into the eye.**
- **Adeno-associated virus (AAV) used.**
- 150 billion viral vector particles carrying the normal gene injected.



**93% of patients
had improved
vision**

Price tag
reported to be
~\$850K

Gene Therapy/Editing—CAR-T

2 medications were FDA approved in 2017

Dramatic results in 3 recent studies!

1) 57% complete response in 28 patients with refractory B-cell lymphomas

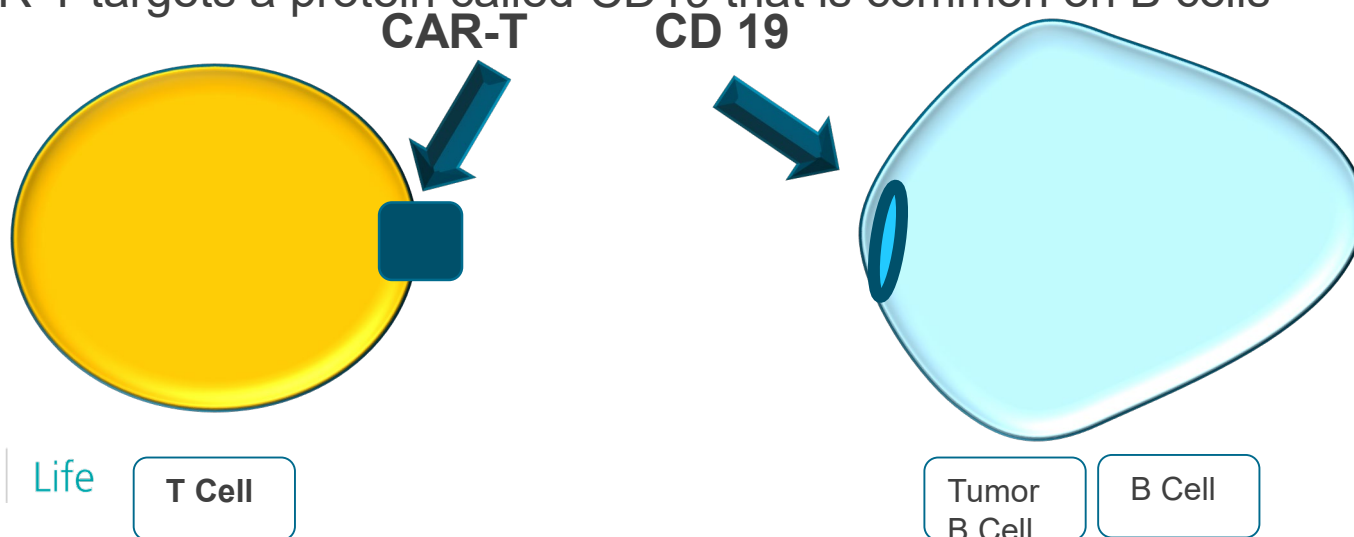
2) 54% complete response in 101 patients with refractory large B-cell lymphomas

2) 90% complete remission in 30 children with refractory acute lymphoblastic leukemia (ALL)

- Serious side effects and death have been associated with the tx.
 - Cytokine release syndrome occurs frequently (~50-90% of the time)
 - Fever, hypoxia, hypotension

Gene Therapy/Editing—CAR-T

- Killer T cells are part of the immune system
 - They seek out and destroy invading antigens.
 - They are very specialized and have specific targets
- **T cells removed from a cancer patient** (B-cell acute lymphoblastic leukemia and non-Hodgkin lymphoma).
- **Genetically engineer a specific T-cell receptor** (Chimeric T cell antigen receptor (CAR-T) that interacts with the cancer
 - These cells are synthetic molecules—they don't exist naturally
- **Administer these cells to the cancer patient**—the cells further multiply in the patient's body
- The CAR-T targets a protein called CD19 that is common on B cells



Gene Therapy/Editing—Sickle Cell Treatment

That is a
lot of
breaking
news!!!

EVEN MORE BREAKING NEWS!!!!

March, 2017 Development

French investigators published in the NEJM the results of a cure for sickle-cell disease in a young boy

- **Stem cells were removed** from the bone marrow
- The **stem cells were genetically edited** to remove the single genetic mutation that causes sickle cell disease
- The **stem cells were then infused back**
- **2 years later the patient has enough normal RBC's** to avoid the side effects of the disorder

Current and Future Developments CRISPR---Headlines

BREAKING NEWS!!!!
August 2017 Development

Human embryo genes edited at the University of Oregon

CRISPR-cas technology was
used to alter the MYBPC3
mutation involved with
hypertrophic cardiomyopathy.

CRISPR-Cas was Science as
2015 “Breakthrough of the
Year”



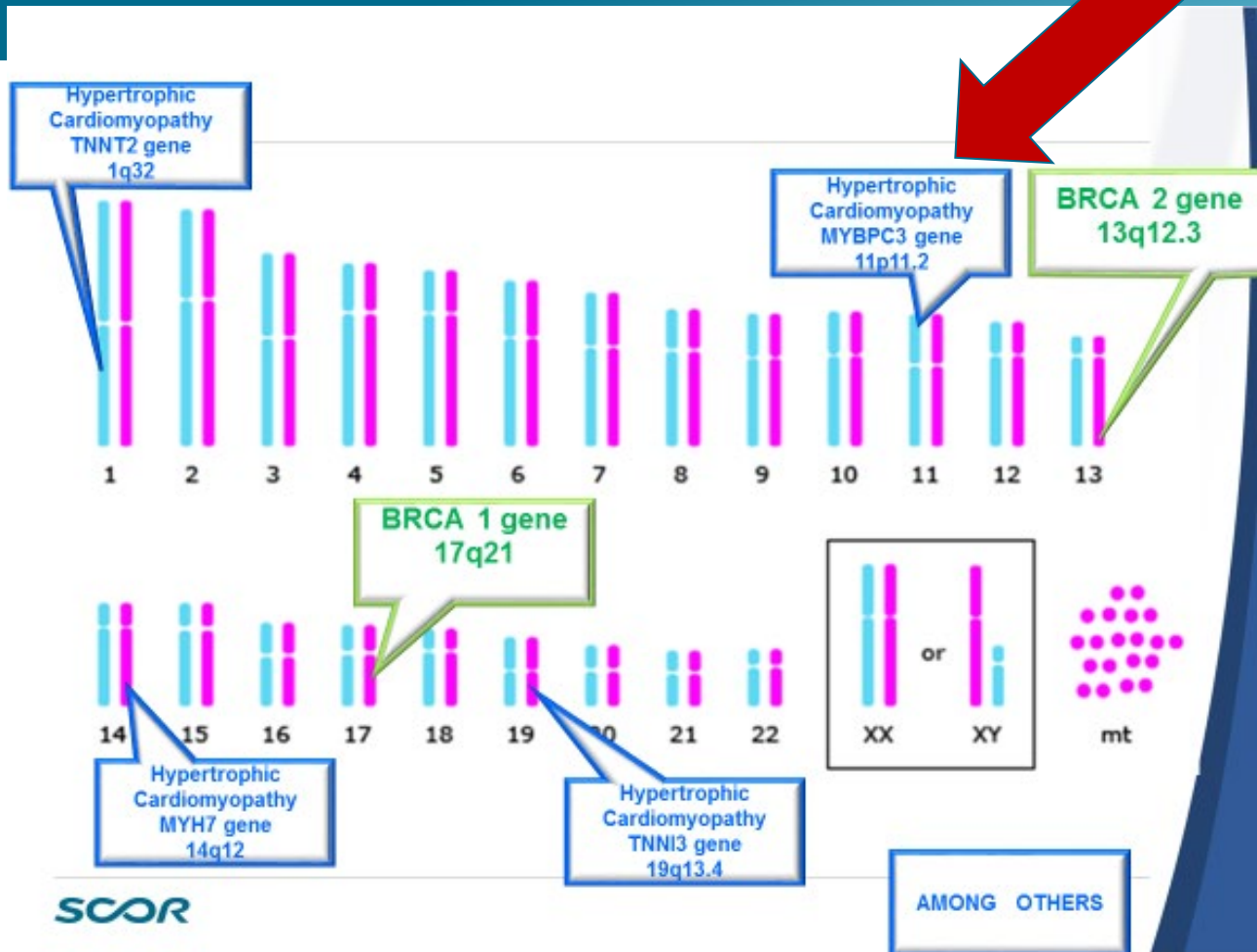
Pictured: Individual blastomeres within early embryos two days after introducing the CRISPR gene editing system. A new study revealed that each new cell in the developing embryos was uniformly free of a disease-causing mutation. *Credit: OHSU*

CRSPR-cas and HCM gene editing

MYBPC3 gene

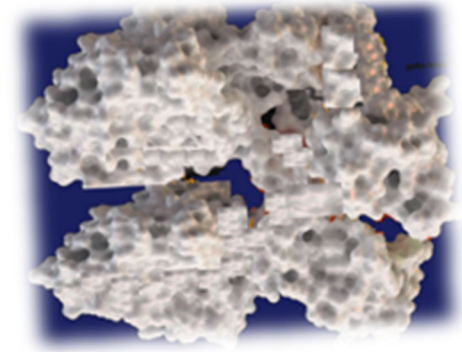
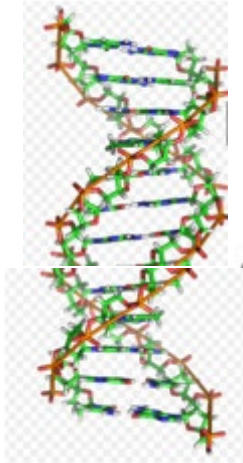
❑ Accounts for 40% of all known HCM genetic defects

❑ Study took a male with a known 4 bp GAGT deletion in exon 16



GAGT

CRSPR-cas 9 functions much like scissors

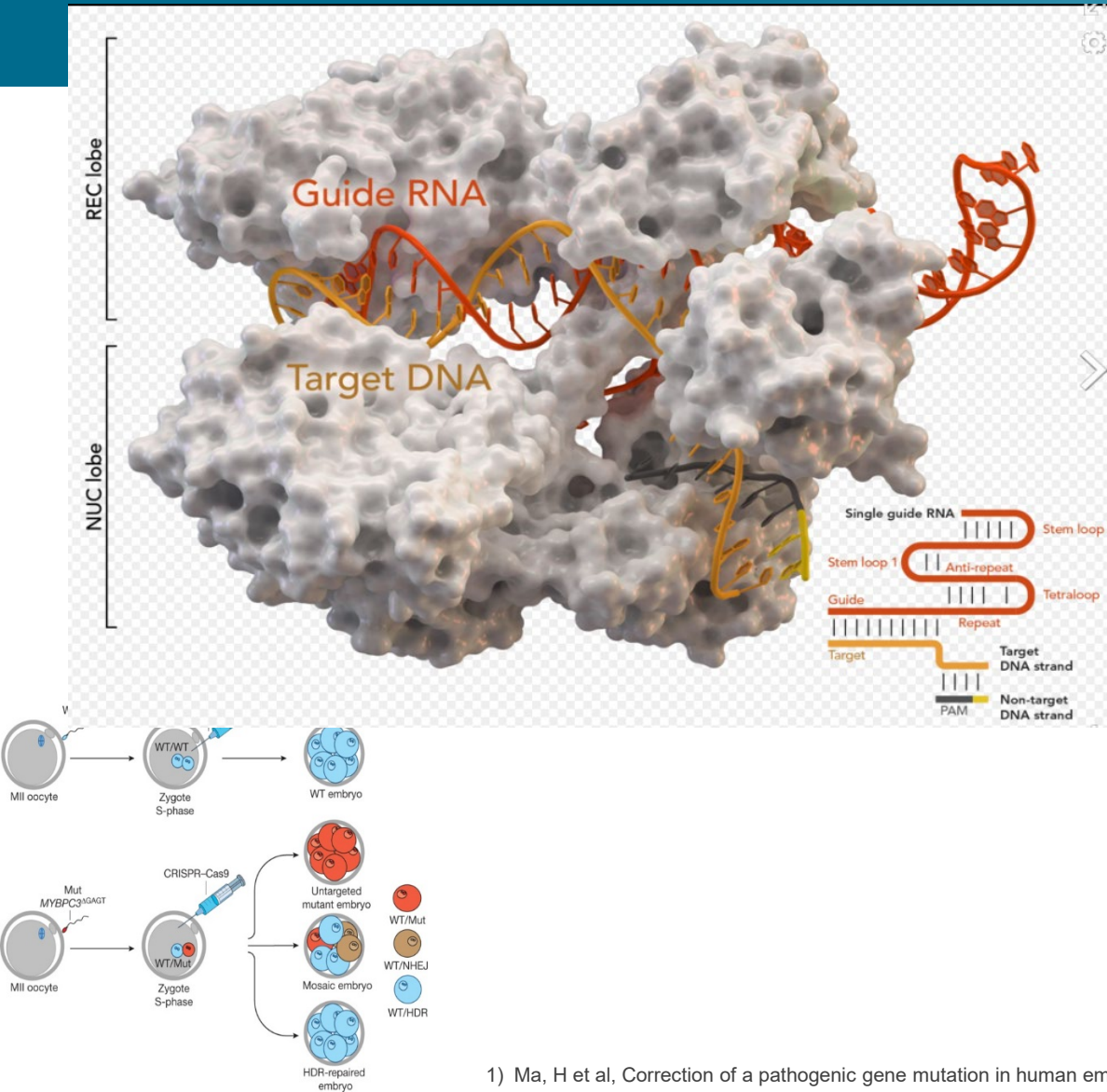


CRSPR-cas 9





CRSPR-cas and HCM gene editing



❑ The CRSPR-cas 9 unzips the DNA with the defect

❑ Both strands of the DNA are cut

❑ The DNA repairs itself using the homology-directed repair (HDR) type system using the non-mutant homologous chromosome

1) Ma, H et al, Correction of a pathogenic gene mutation in human embryos. Nature. Published Online 2 August 2017

The story of **CRISPR**

Clustered **R**egularly **I**nterspaced
Short **P**alindromic **R**epeats

RACECAR MADAM

Modified a
human embryo

1987

Japan
Yoshizumi
Ishino

First to
describe
CRISPR

1993

Netherlands
D Van
Soolingen

Used
CRISPR to
type M
tuberculosis

2005

Spain
Francisco Mojica
Ruud Jansen

Coined the
CRISPR
Term in 2001
and proposed
the theory that
it was used in
microbial
immunity

2012

USA
Jennifer Doudna
Emmanuelle
Charpentier

Developed a
single-guide
RNA which
when
combined to
Cas9 could cut
any DNA

2014

USA
Feng Zhang
George Church

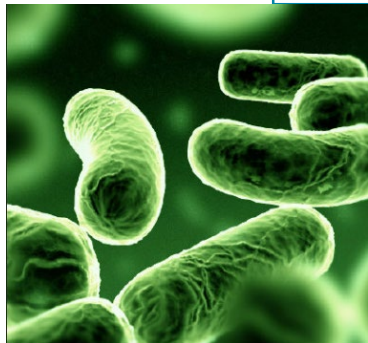
Used
CRISPR to
edit DNA in
human cell
cultures

2016

1st Clinical Trial
started
Cancer patients

2017

Late
2018

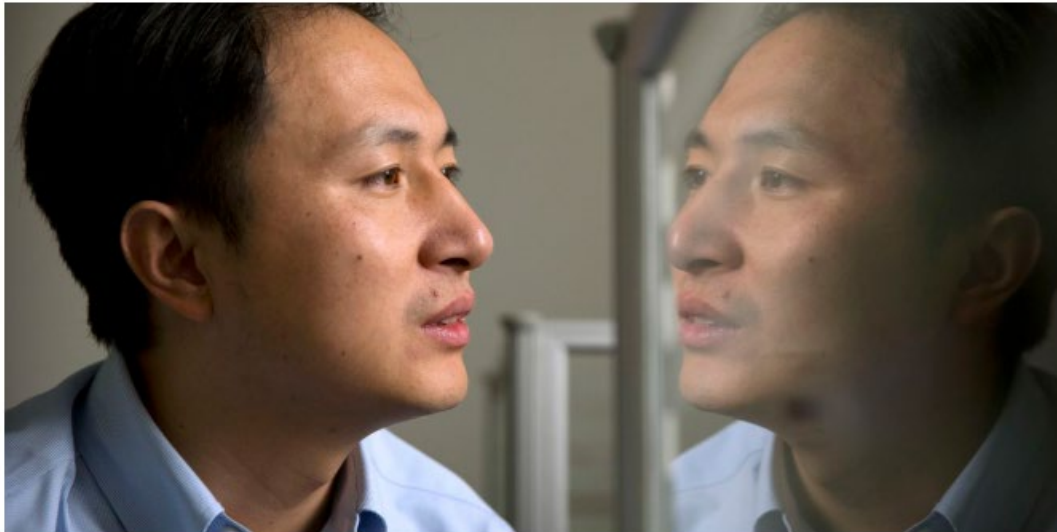


Current and Future Developments CRISPR---Headlines

BREAKING NEWS!!!!
November 2018



Chinese researcher claims first gene-edited babies



Chinese researcher, He Jiankui Ph.D. of Shenzhen

Twin girls born!
Lulu and Nana

DNA altered by CRISPR
technology.

Gene editing done to
prevent HIV acquisition

Current and Future Developments

January 2019



SCIENCE

LIFE | TRAVEL | ENTERTAINMENT | SPORTS | WEATHER | CRIME | ART & CULTURE

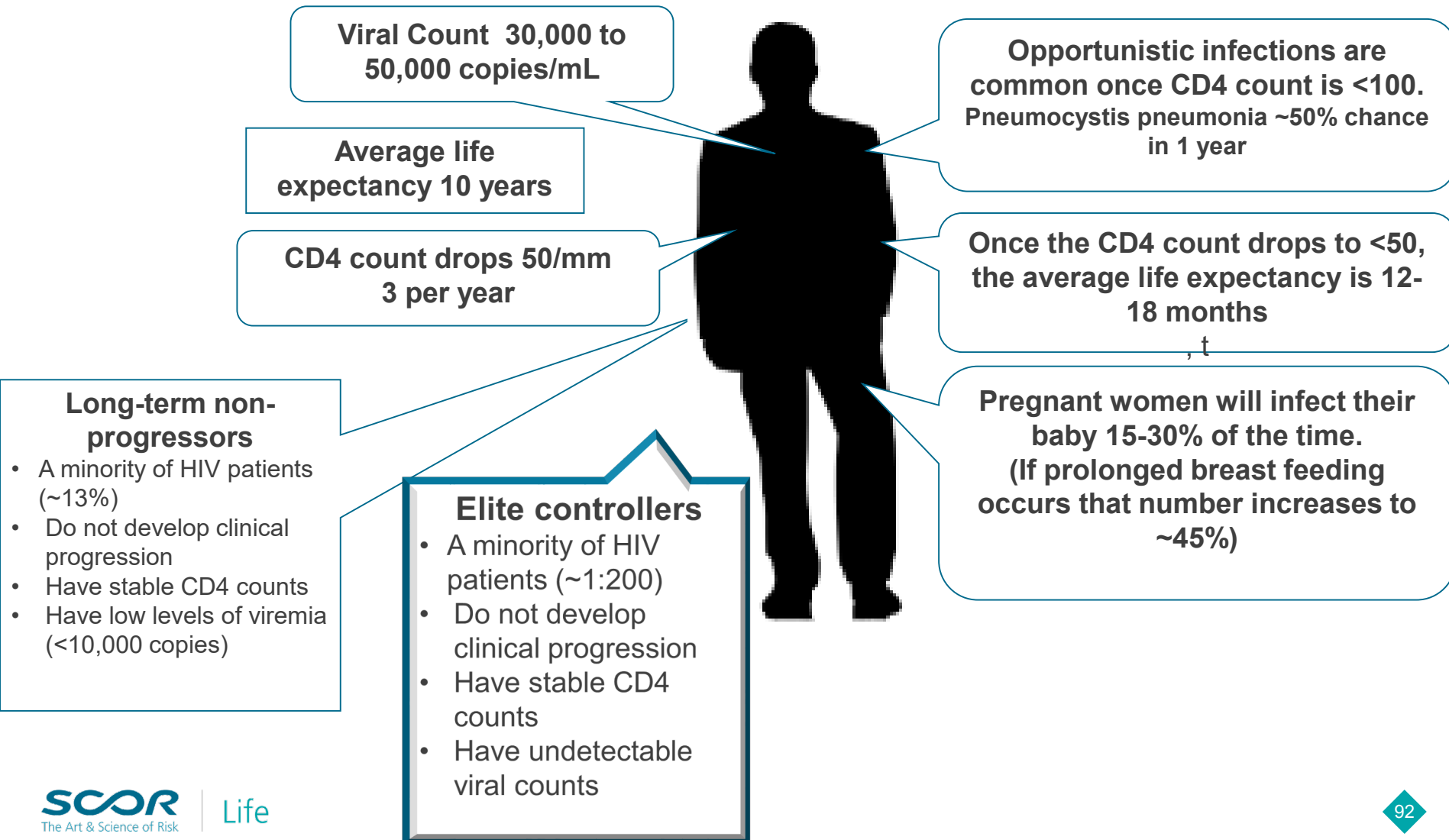
Chinese scientist who gene-edited babies fired by university

The NEW ENGLAND JOURNAL *of* MEDICINE

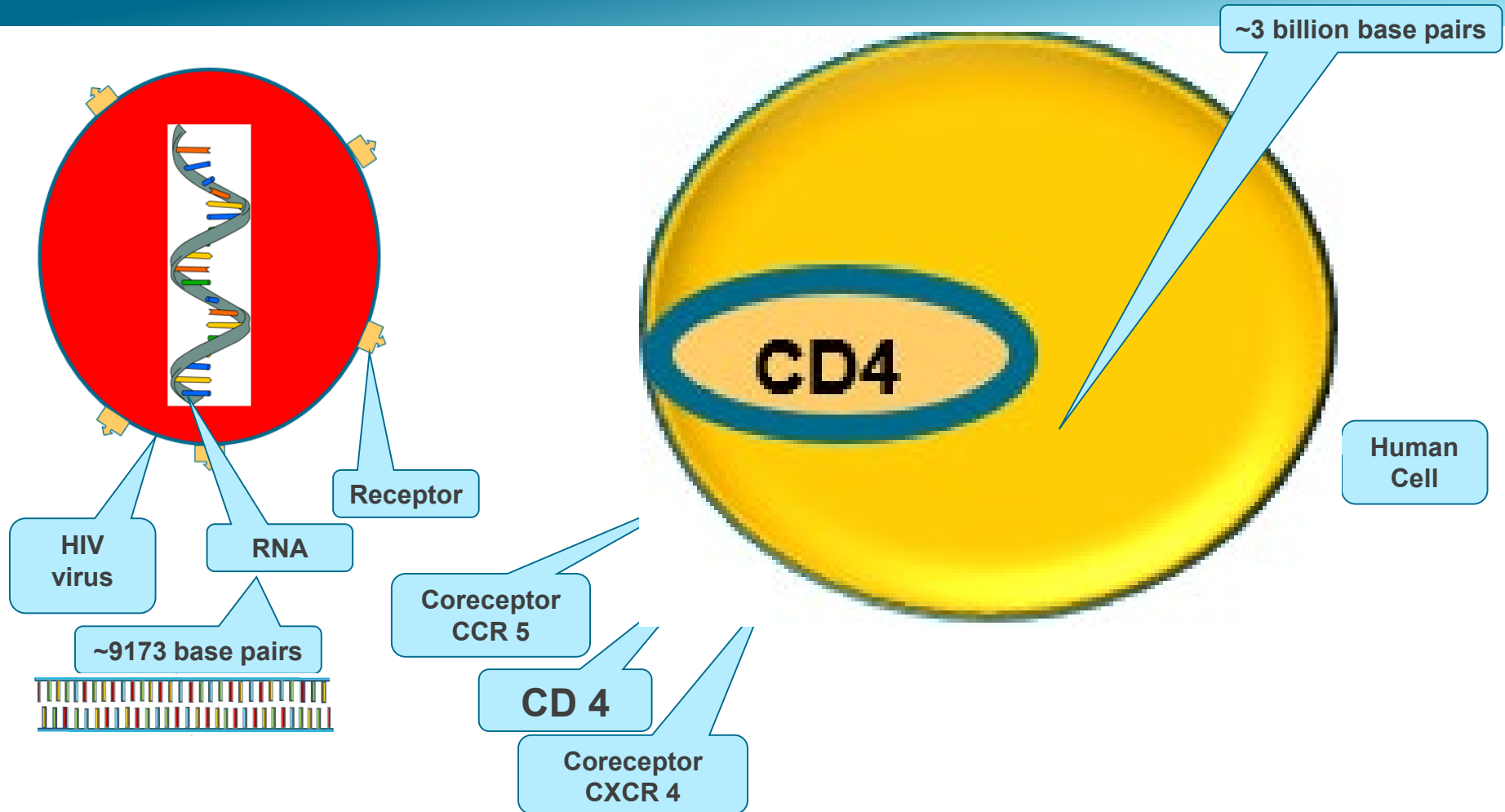
After the Storm — A Responsible Path for Genome Editing

George Q. Daley, M.D., Ph.D., Robin Lovell-Badge, Ph.D., and Julie Steffann, M.D., Ph.D.

Natural history of HIV infection prior to ART



HIV--Invasion of the T Helper Cell



HIV and the Berlin Patient

Time For a Story

Timothy Ray Brown



Dr. Gero Hutter



<https://62e528761d0685343e1c-f3d1b99a743ffa4142d9d7f1978d9686.ssl.cf2.rackcdn.com/files/67161/area14mp/image-20141214-6027-1q4lt2o.jpg> Accessed with Bing's "free to share and use commercially" search engine. Last accessed 5/21/2018

[http://www.cureaidsreport.org/interviews-q/#PrettyPhoto\[426\]/0/](http://www.cureaidsreport.org/interviews-q/#PrettyPhoto[426]/0/) Accessed 5/21/2018

Current work to develop a future “cure”

The Story Continues

Chemo was given but 7 months later the leukemia relapsed.

Mr Brown needed an allogeneic stem cell transplantation

Although Dr. Hutter had never treated an HIV patient before he wondered if he might be able to cure the HIV.

Dr. Hutter searched for and then performed a transplantation from a donor who was homozygous for the CCR5 mutation.

Mr. Brown required a second transplant after another relapse.

He suffered from graft versus host disease

Once recovering from this second transplant he is now AML free.

Amazingly he also became the first person to be cured from HIV

The Berlin Patient

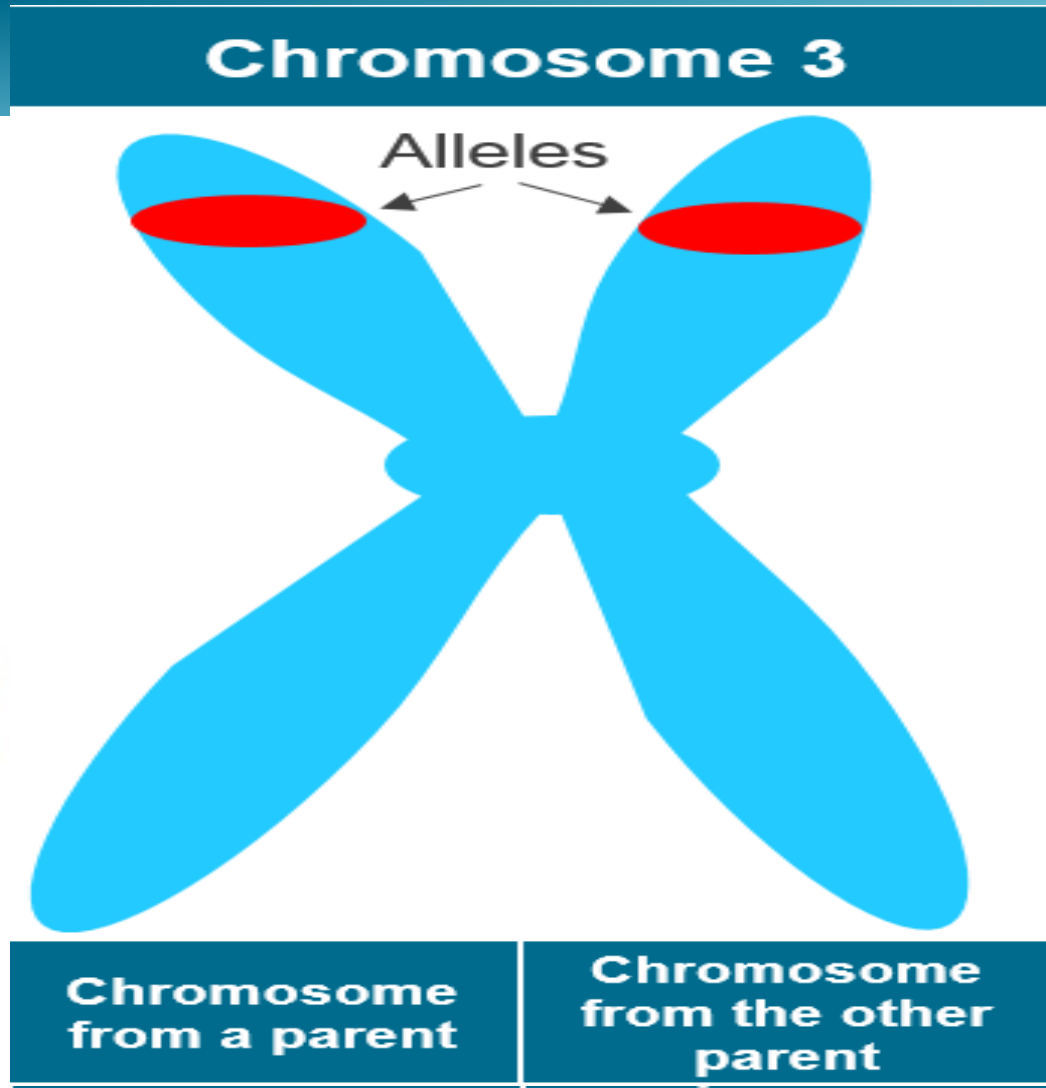
The protein in the CCR5 receptor is made from a gene in chromosome 3.

Some people have a deletion of 32 bp in the gene which makes the CCR5 protein receptor.

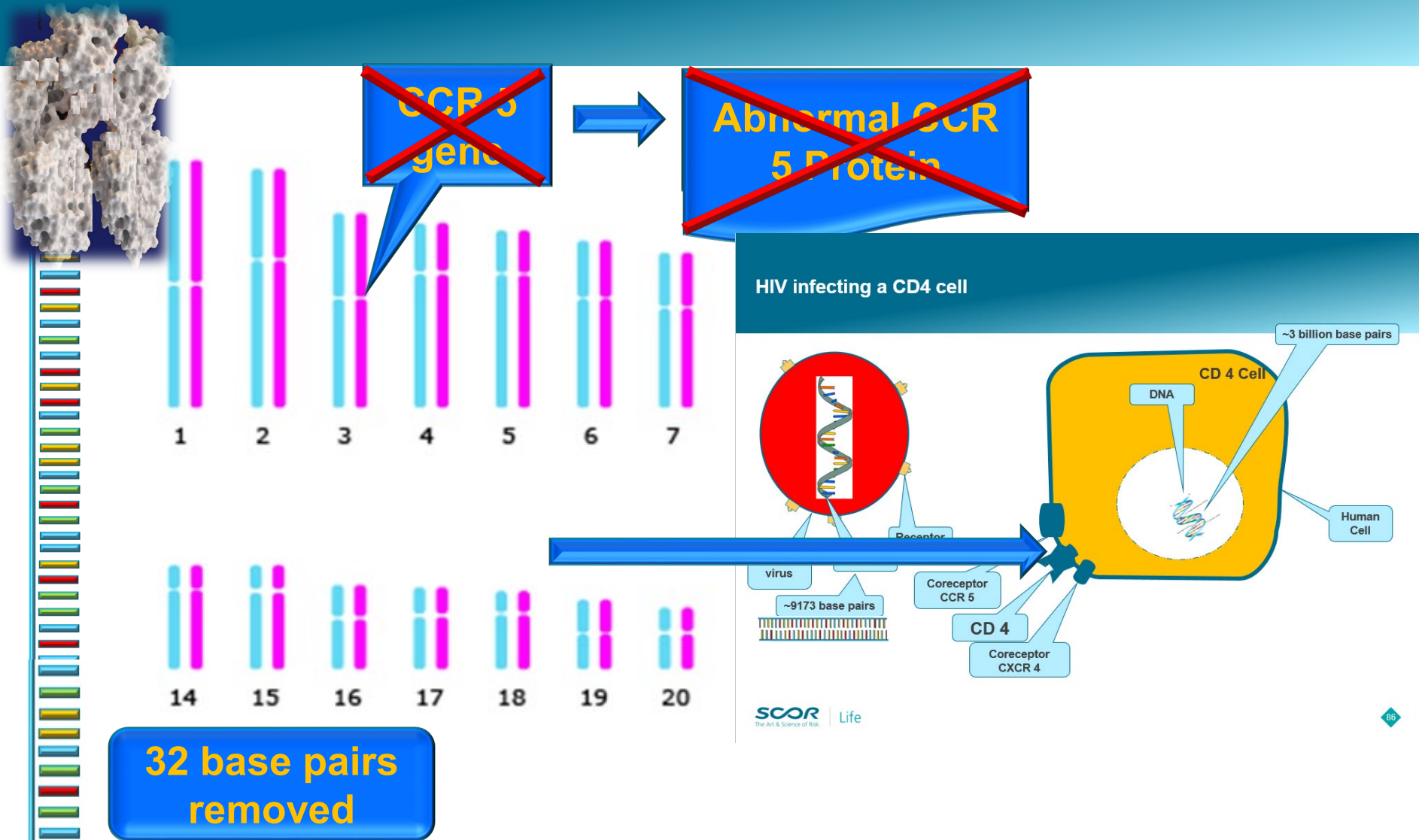
Without this functional receptor, the HIV virus has a harder time getting into the cell.

When the mutation involves one allele, it slows HIV progression.

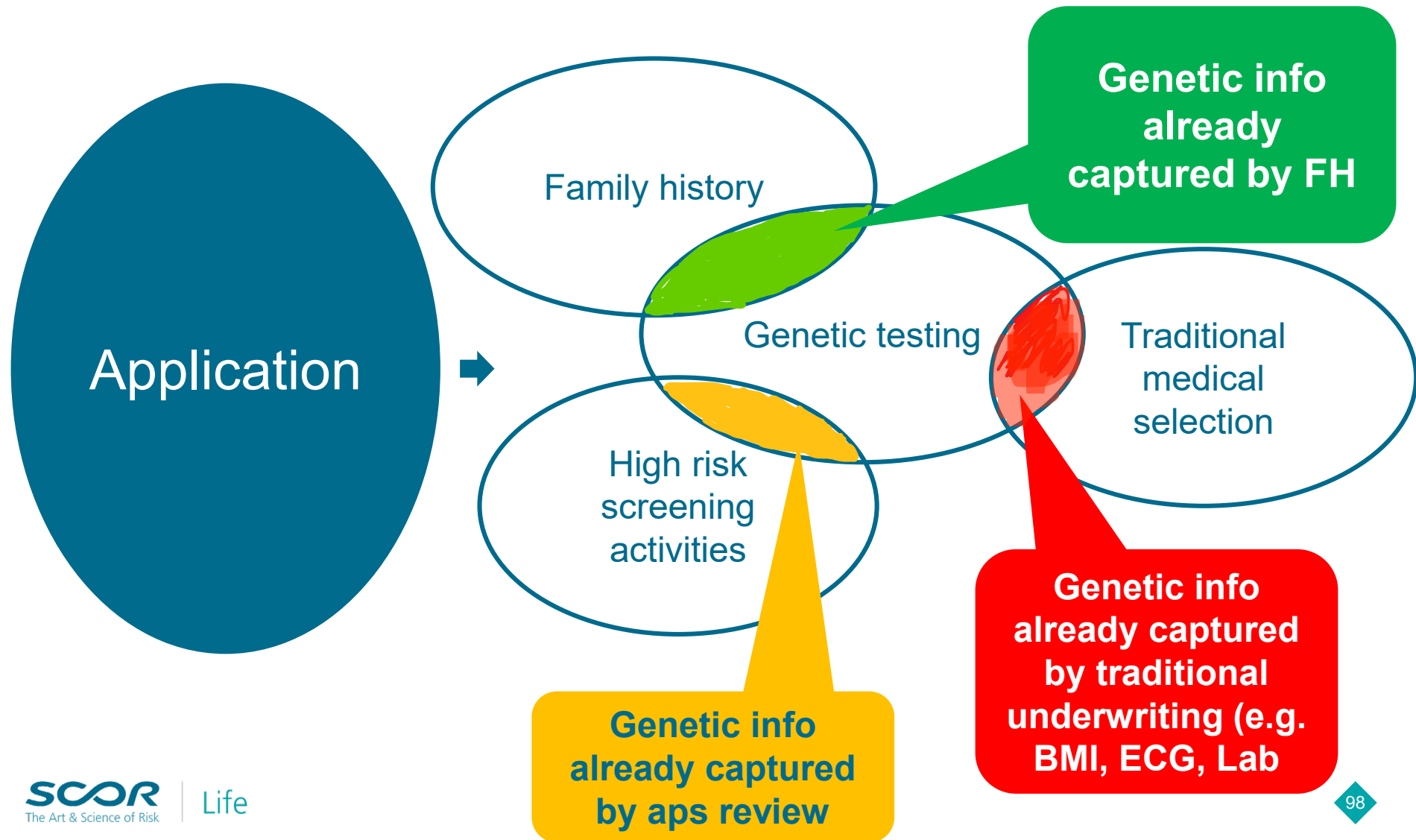
When the mutation involves both alleles, it can prevent HIV disease or disease progression.



CRSPR-cas and HIV prevention gene editing



Final thoughts regarding underwriting those with genetic testing



In Summary

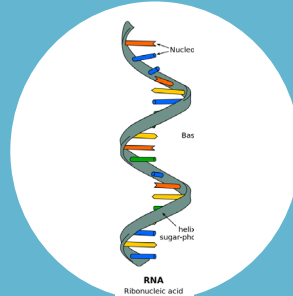
DNA

- Increased genetic testing
- Increased pre-symptomatic genetic testing
- Improved treatments



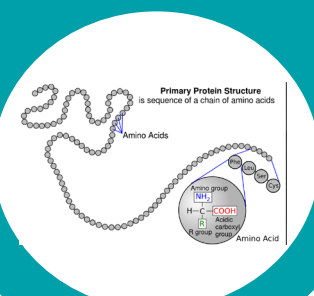
RNA

Significant increase in diagnostic and treatment opportunities



Protein

Work will continue



Questions or Comments?

Questions?

Comments?

Questions?

Questions?