'The Age of Genomic Medicine'

Action Duchenne Conference, 2019

Structure

Brief Introduction

What is a genome and what is genomics?

How do we sequence DNA?

Genomics in the UK

Why is genomics relevant for Duchenne?



The future of medicine is patient-centric and data-driven







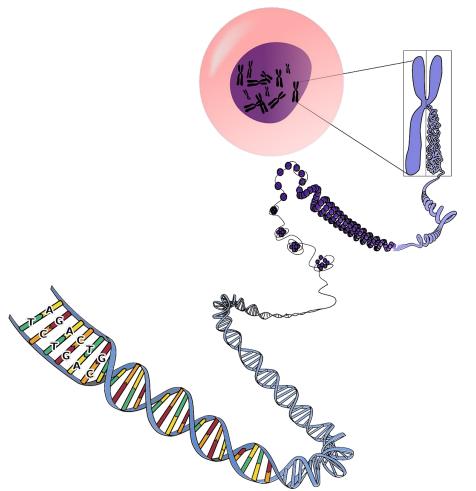
A copy of the 'recipe for life' in every cell

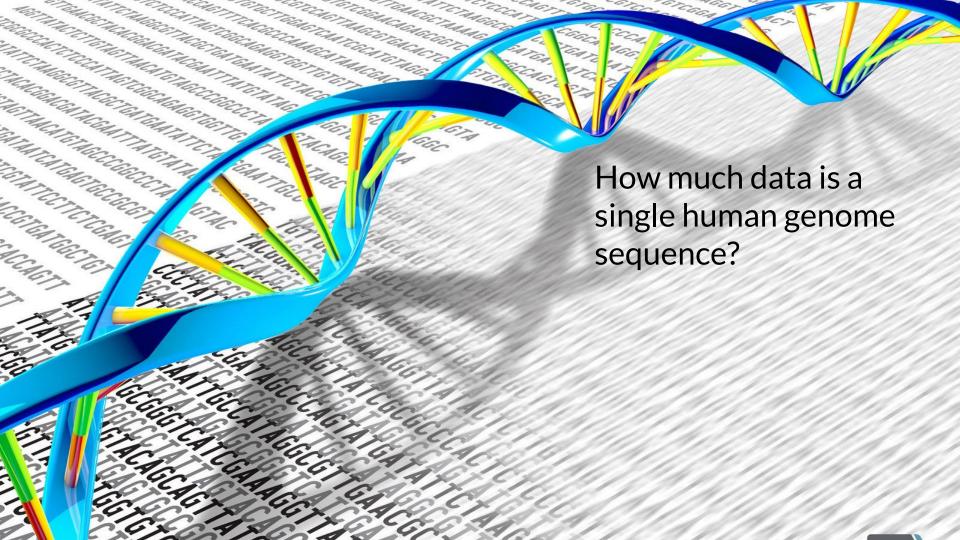
Our bodies have:

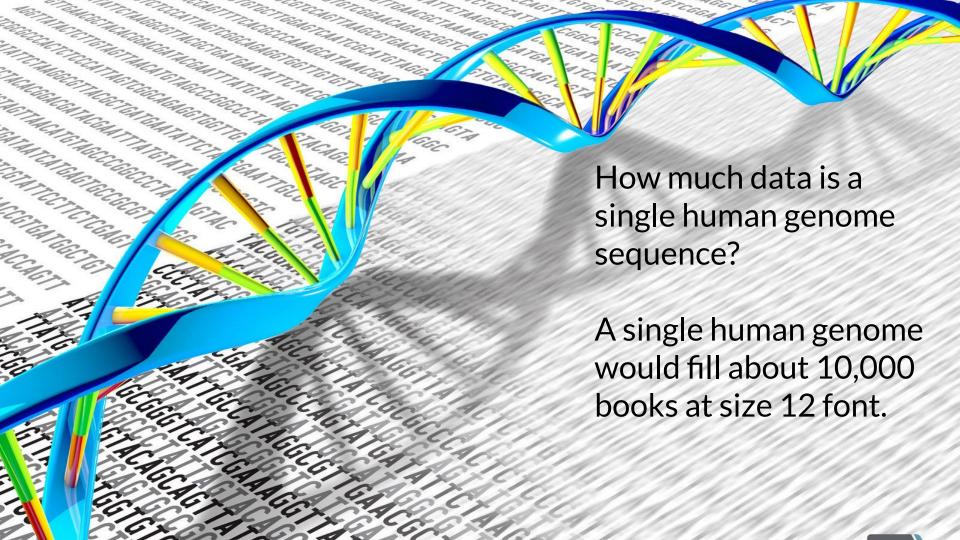
trillions of cells

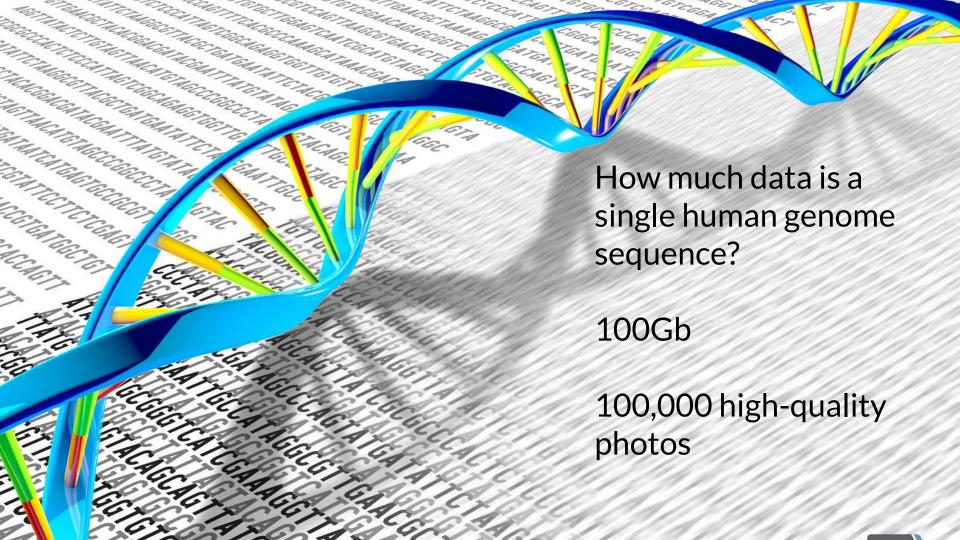
6.2 billion bases of DNA in every cell

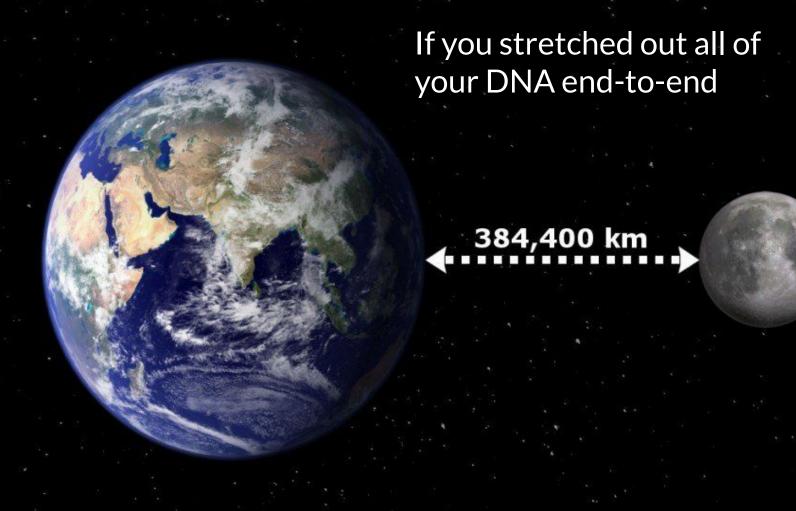
Packaged into 23 chromosomes













If you stretched out all of your DNA end-to-end

384,400 km

It would reach the moon



If you stretched out all of your DNA end-to-end

384,400 km

It would reach the moon

and back



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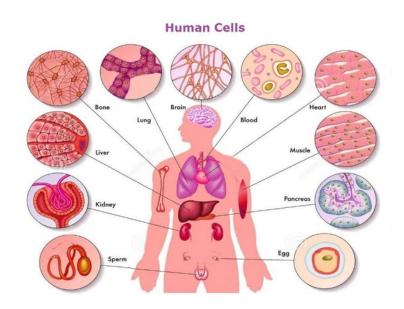
384,400 km

It would reach the moon

and back

1500 times

DNA is in every cell, but only DNA in the sperm or eggs gets passed on to the next generation.



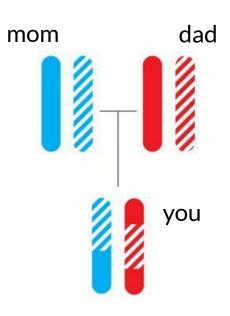


Image source: https://www.quora.com/How-many-cells-are-there-in-the-human-body

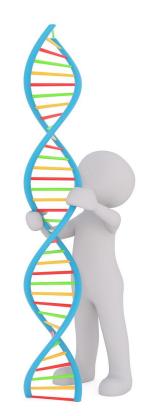
Image source: https://genetics.thetech.org/ask-a-geneticist/

Only 2% of human DNA is genes

About 2% of our DNA is genes, which turn into proteins. Proteins are the building blocks of cells, and they are different in every cell of our body.

10-20% of our DNA is regulatory, which turns genes on and off in different types of cells

The rest is more than likely doing nothing!



Genes turn into proteins, which determine how our cells work

DNA encodes a 'recipe' for creating proteins

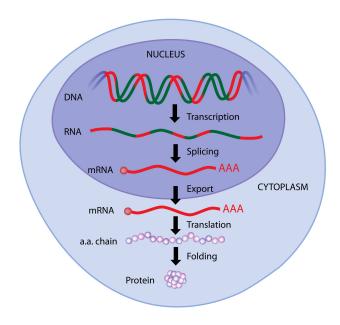


Image source: www.healio.com

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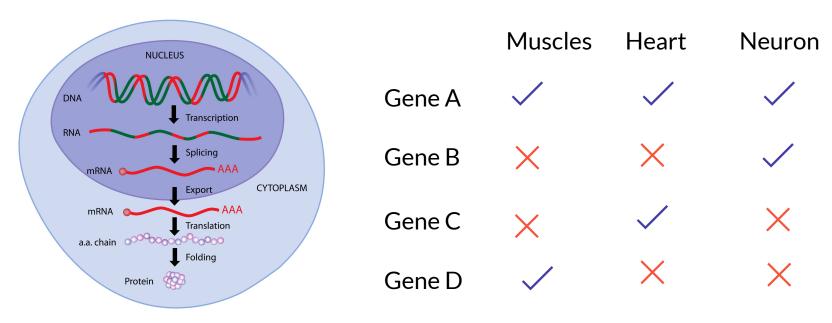
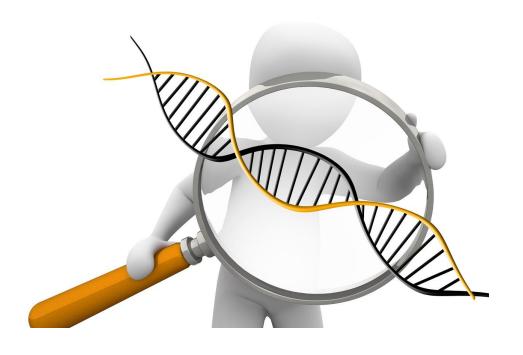


Image source: www.healio.com

Humans have about 20,000 genes!

Small changes to our DNA can have a big impact



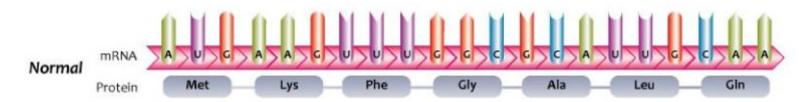
Small changes to the DNA can:

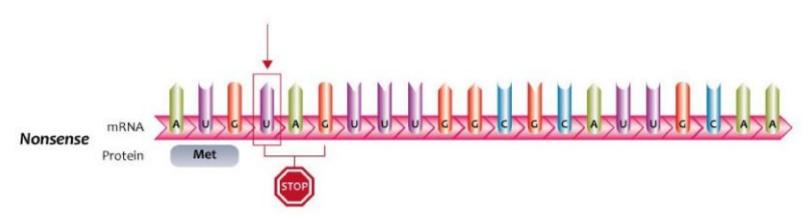
- Change amount of protein produced
- Change the shape of protein
- Destroy the protein

These small changes can change traits (like eye color) or risk of disorders (like DMD).

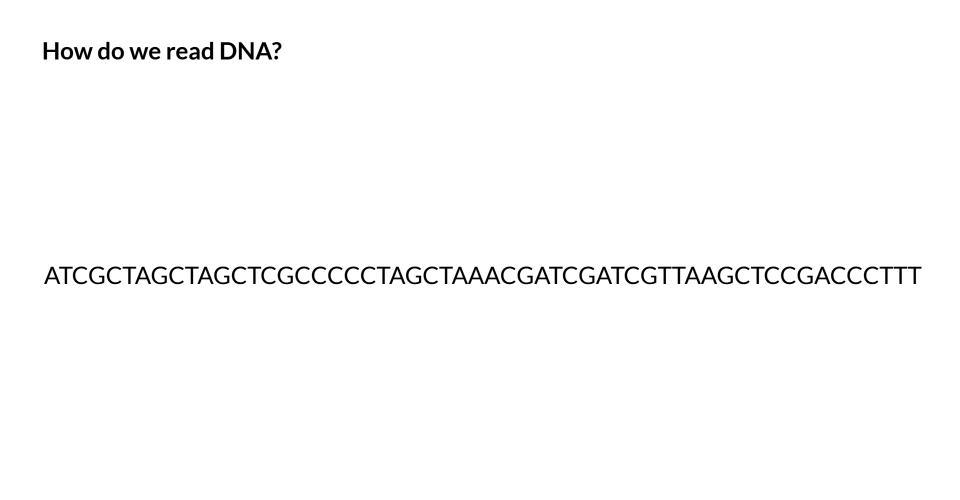


Single letter change can have a large impact





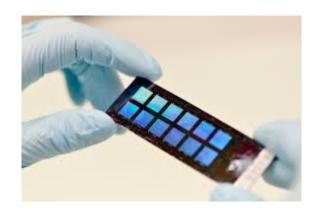
Adapted from Campbell NA (ed). Biology, 2nd ed, 1990





Genotyping, used by nearly all consumer DNA companies measures about 1 million pre-selected letters about 0.02% of the total DNA.

How do we read DNA? - Genotyping



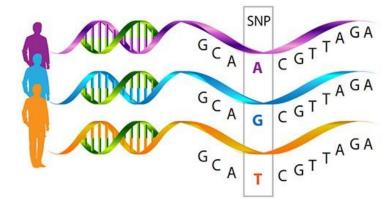


Image source: www.fimm.fi

Image source: www.cincinattichildrens.org

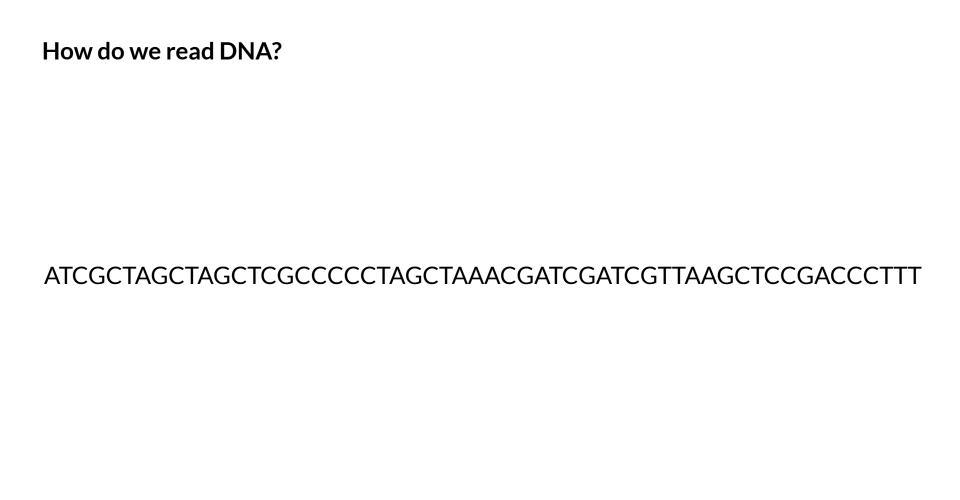
This technology tests between 500k and a few million locations in the DNA that commonly vary in humans. These are called single nucleotide polymorphisms (SNPs)

Pro: low-cost (\$20 - \$70 per person)

Con: incomplete and misses rare genetic

variation

This is the technology used by 23andMe, AncestryDNA, etc.





Next generation sequencing allows us to read every letter tens or hundreds of times.

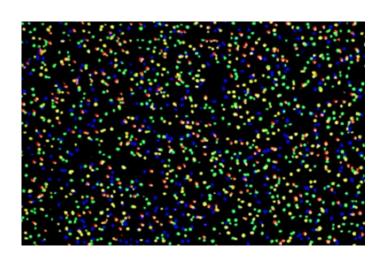
Sequencing can help us identify single letter changes

As well as deletions and duplications



How does sequencing work?



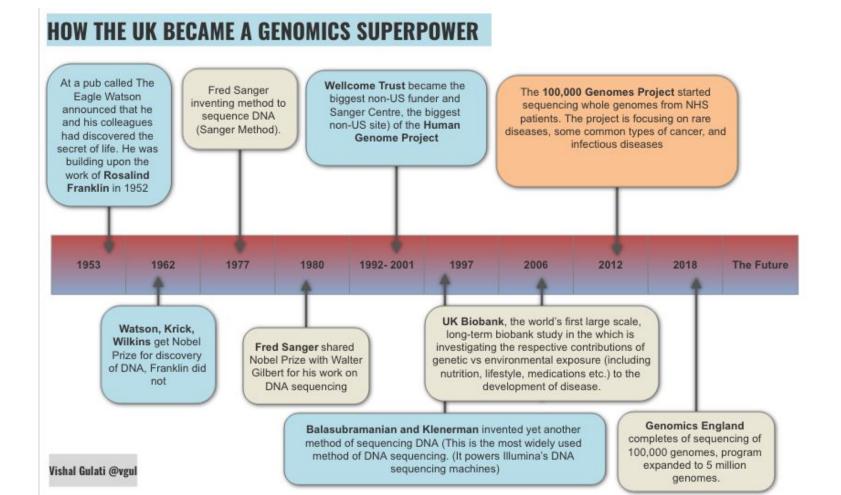


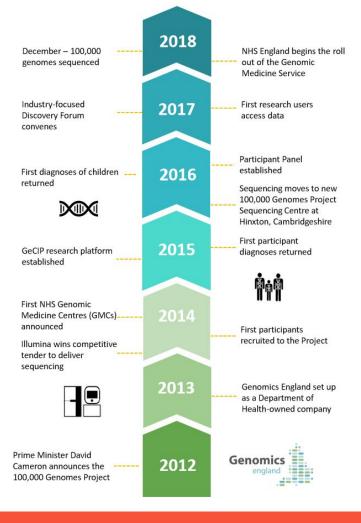
This technology tests specific genes in great detail, or the whole genome.

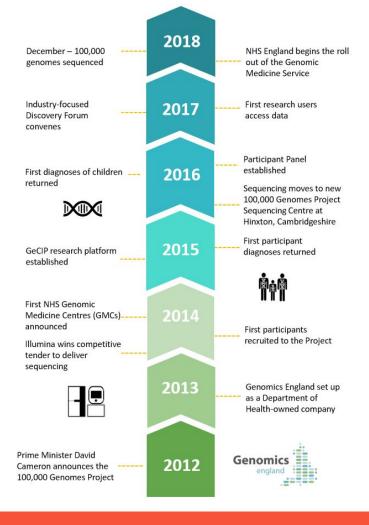
Pro: covers both rare and common variation

Con: more expensive - £300 - £1000

Next-generation is primarily used in research, but now offered by some direct-to-consumer companies.









This new initiative means:

- Faster diagnoses using better technology
- National rare disease strategy with genomics as an integral part

Why is genomics relevant for DMD? Don't we know the gene?

Review

Dystrophin and mutations: one gene, several proteins, multiple phenotypes

Prof Francesco Muntoni ^a ○ ☑, Silvia Torelli ^a, Alessandra Ferlini ^b

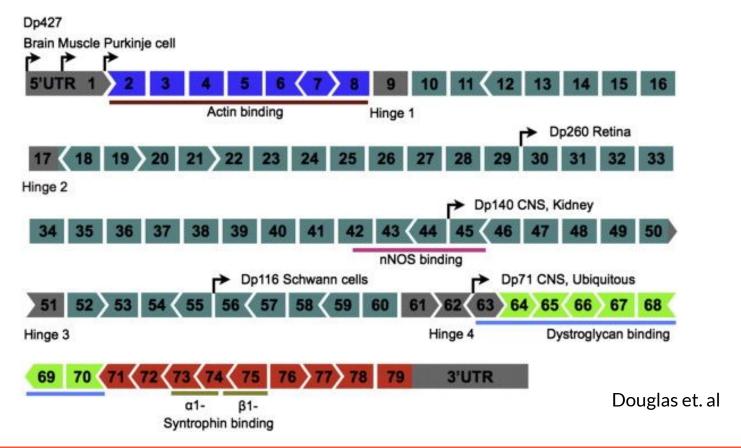
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https://doi.org/10.1016/S1474-4422(03)00585-4

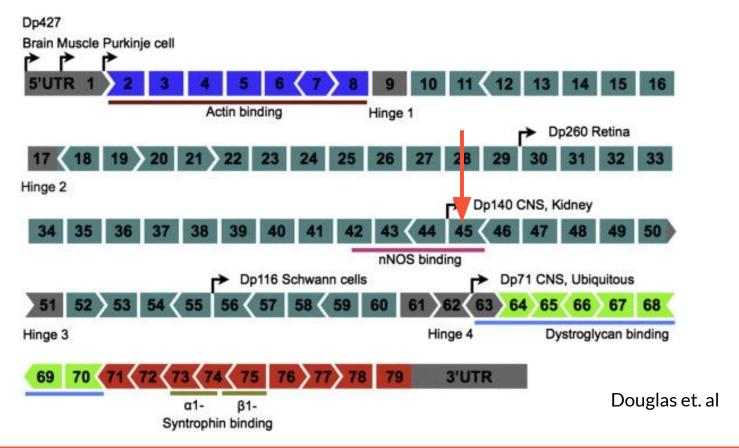
Get rights and content

Muntoni et. al, 2003

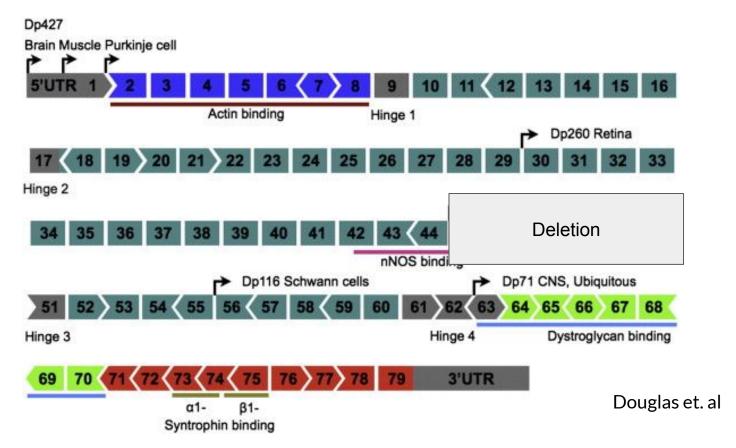
The Dystrophin gene is longest in the genome, with a complex set of genetic changes



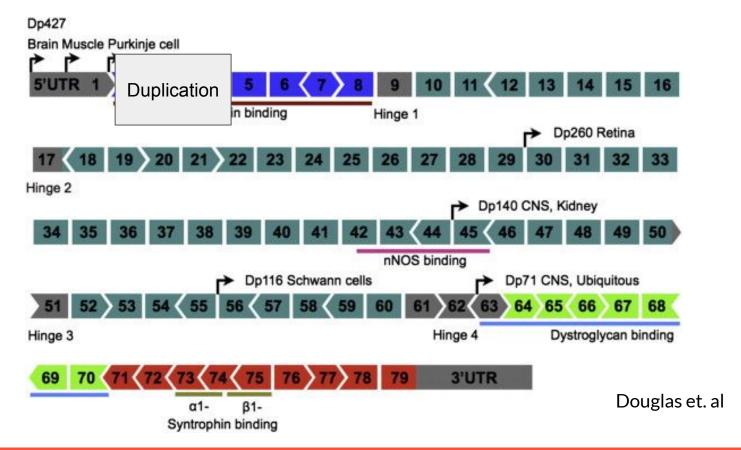
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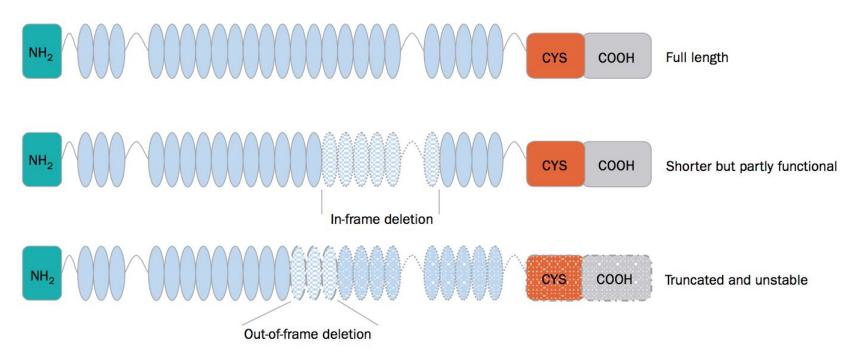
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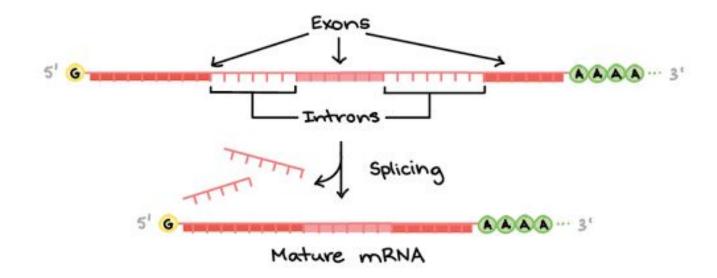


Different genetic variants cause different outcomes



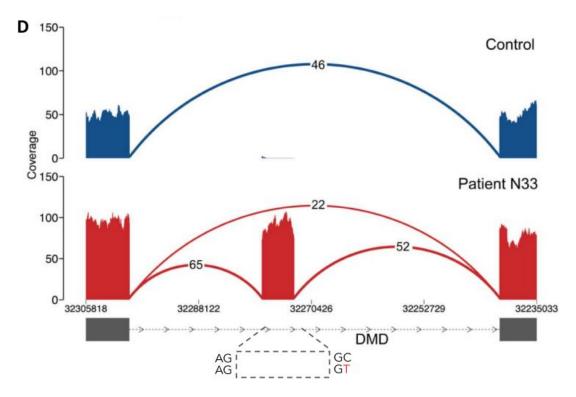
Muntoni et. al, 2003

RNA sequencing and whole genome sequencing is helping find previously hidden genetic variants



Khan Academy

RNA sequencing and whole genome sequencing is helping find previously hidden genetic variants



Cummings et. al, 2017

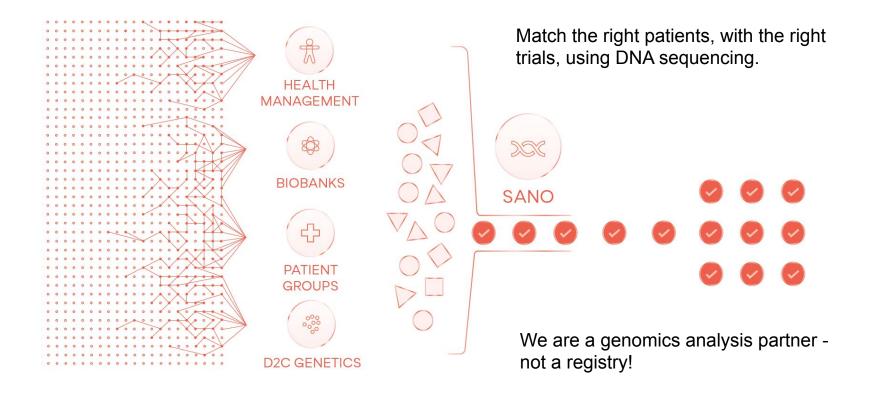
Treatments in DMD are more personalised, soon tailored to a <u>unique DNA change</u>



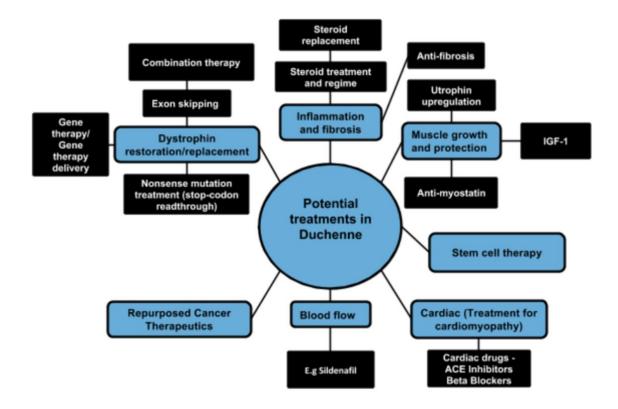
How do we make sure patients get the right treatment?



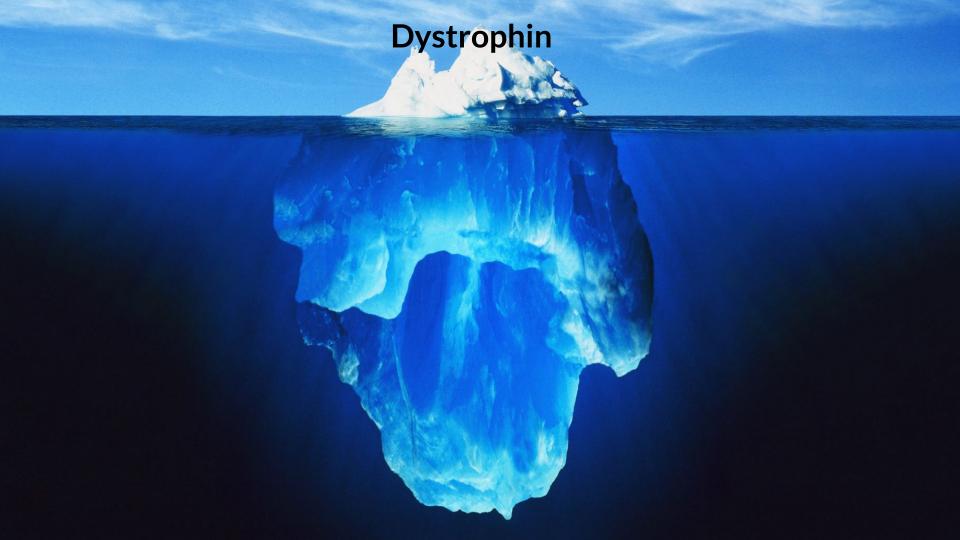
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How do we make sure patients get the right treatment?







Dystrophin

ANXA6 **CD40** UTRN GH/GHR ACTN3 LTBP4 SMCHD1 **BGN ITGA7** GDF8 LGALS1 SSPN JAG1

Hightower & Alexander, 2018

Towards a better understanding of genetic heterogeneity in rare disease



We would love to partner with more patient organisations, researchers, and clinicians to perform DNA sequencing and analysis in DMD.

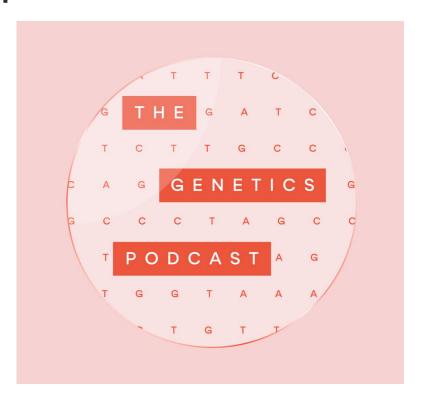
Even in 'single gene' disorders, every patient is different.

We need to embrace this and collect better data to understand it.





Great conversations about the future of genomics and personalised medicine



Several new conversations every month with a leader in the field of genomics and precision medicine.

Past guests include Eric Topol, Nick Sireau, Neil Bennett, Paul Wicks, and many more!

Email <u>podcast@sanogenetics.com</u> if you or a colleague have a story to tell!

This presentation will be on www.sanogenetics.com/action-duchenne-2019 in a few days!