

Cancer Clinical Whole Genome Sequencing

Satoru Miyano, Ph.D.

Abbreviated to
IMSUT

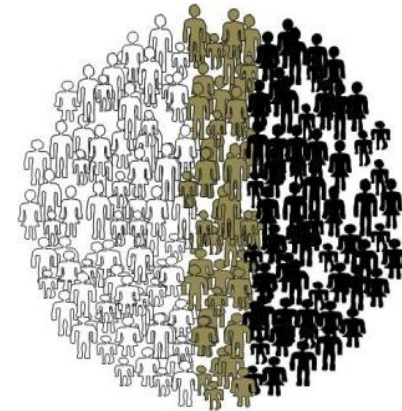
Director, Human Genome Center

The Institute of Medical Science, The University of Tokyo, Japan

“The Only Flower in the World”
– Genetic Variations –

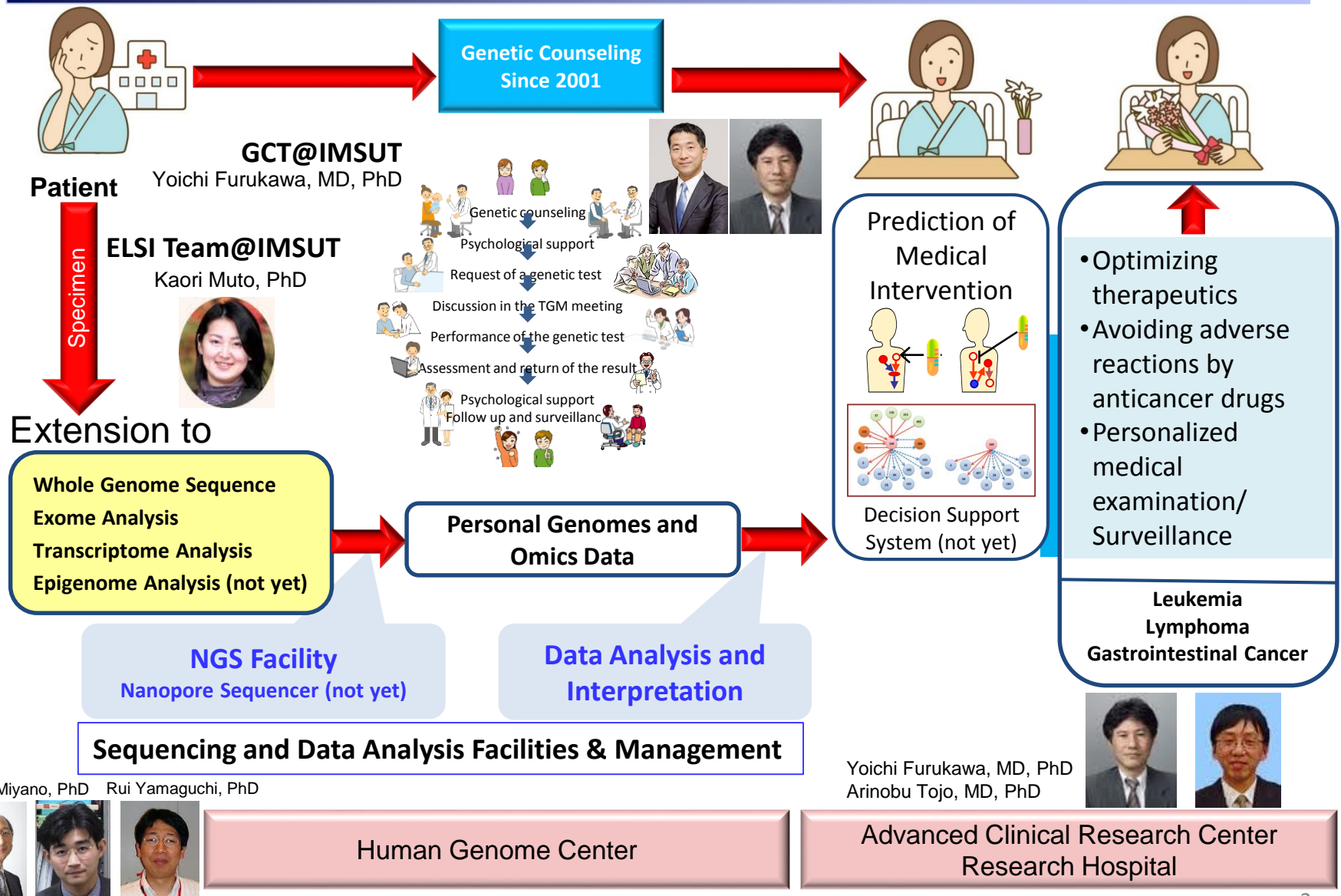


1/2 → Cancer
1/3 → Death



Extension to Whole Genome Sequencing, and More@IMSUT

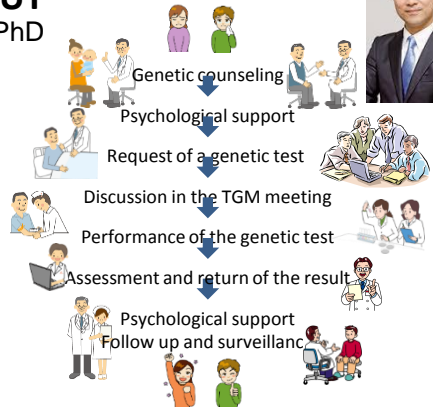
Since 2013



GCT@IMSUT
Yoichi Furukawa, MD, PhD

ELSI Team@IMSUT
Kaori Muto, PhD

**Genetic Counseling
Since 2001**



Prediction of Medical Intervention

Decision Support System (not yet)

Optimizing therapeutics

- Avoiding adverse reactions by anticancer drugs
- Personalized medical examination/Surveillance

Leukemia
Lymphoma
Gastrointestinal Cancer

NGS Facility
Nanopore Sequencer (not yet)

Data Analysis and Interpretation

Sequencing and Data Analysis Facilities & Management

Satoru Miyano, PhD Rui Yamaguchi, PhD

Yoichi Furukawa, MD, PhD
Arinobu Tojo, MD, PhD



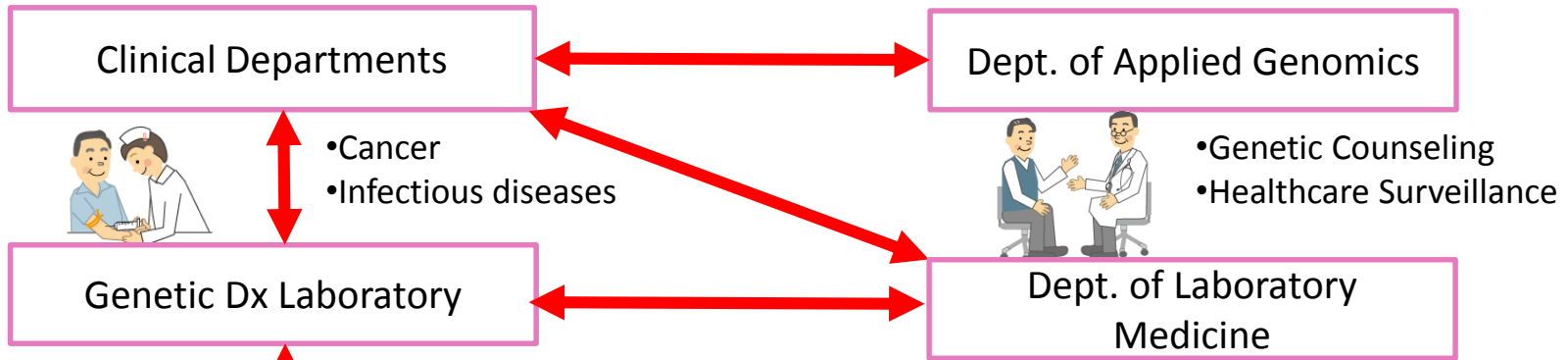
Seiya Imoto, PhD

Human Genome Center

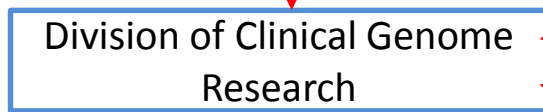
**Advanced Clinical Research Center
Research Hospital**

Genomic Medicine @ IMSUT

IMSUT Hospital for Translational Research



Advanced Clinical Research Center



Human Genome Center

Laboratory of DNA Information Analysis

Laboratory of Sequence Data Analysis

•Development of Medical Informatics

Health Intelligence Center

Division of Health Medical Data Science

Division of Health Medical Computational Science

•Big Data Science

NGS



Super Computer



Healthcare Data Analysis



Informatics, Sequencing, Data Analysis Facilities & Management

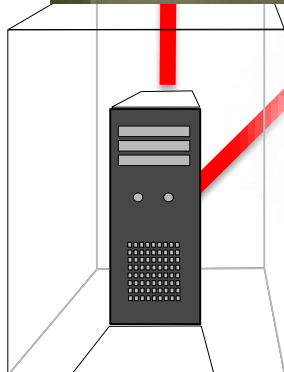
Managed in a separated way from medical record

Closed Network

Being expanded



Clinical Sequence Lab

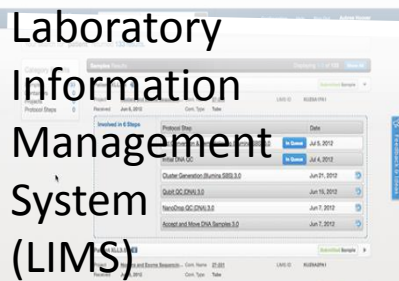


Highly Secured Supercomputer System for Clinical Sequence

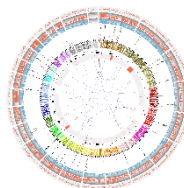
Computation nodes: 3,840 CPU cores
Storage: Lustre file system (642TB)



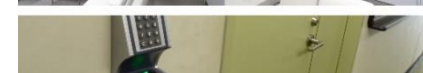
All logs from input to output are automatically recorded with software versions, parameters, who did, etc.



- WGS
- Exome
- Fusion
- Structure



Data Analysis Rooms



All rooms are monitored

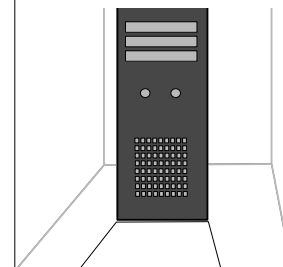
Clinician's office

VPN connected to Clinician's office with Thin Client

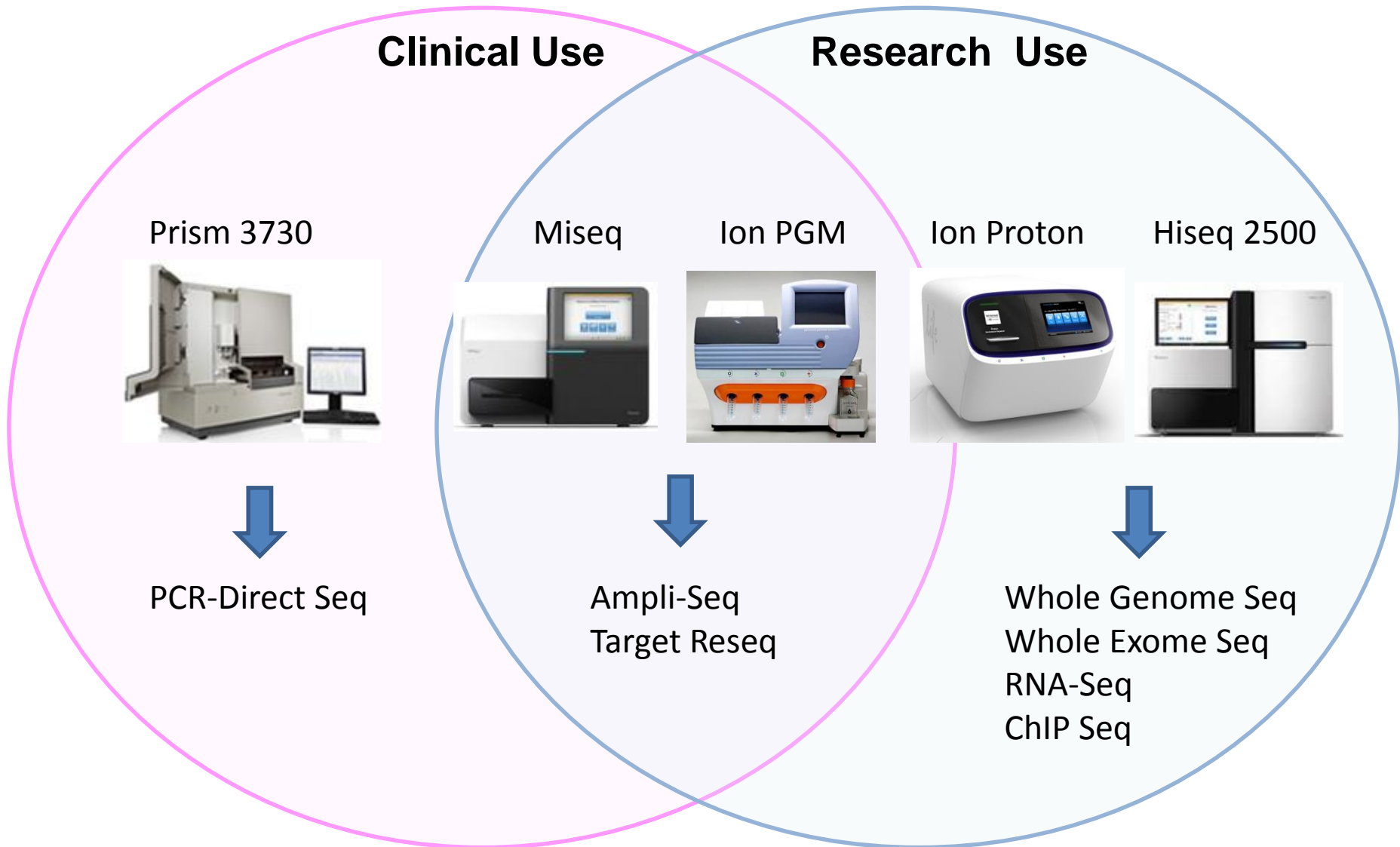


Control Room

Managed by Supercomputer SE group



Sequencers @ IMSUT for GM

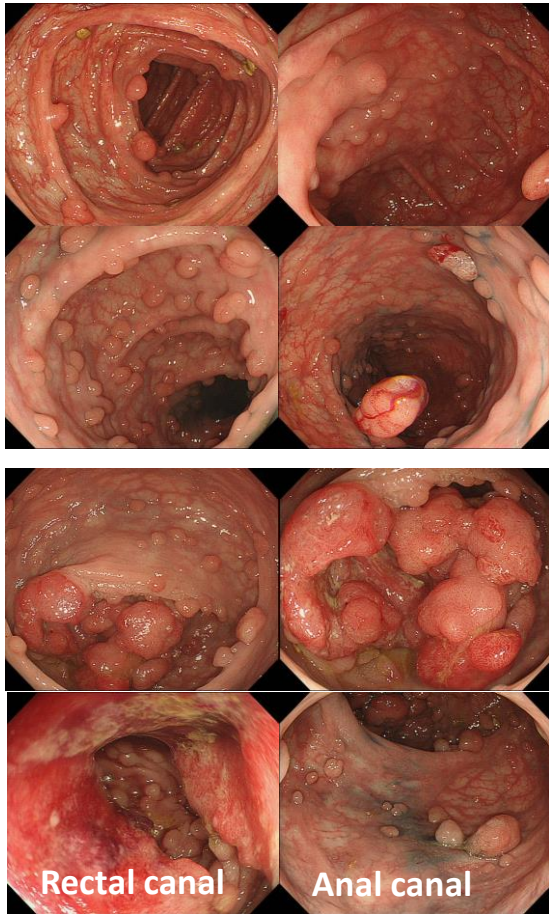


Primary Activities @ IMSUT

- **WGS-based clinical sequence**
for colorectal cancer patients
 - FAP, Lynch, PMP, etc.
- **Panel-based clinical sequence**
for hematological disorder patients
 - MDS, ALL, etc.
- **Utilization of AI-based interpretation system**
 - IBM Watson Genomic Analytics since 2015

Familial Adenomatous Polyposis; FAP

Colonoscopy



Clinical Features of FAP

- 100s~1,000s adenomatous polyps in the colon
- Estimated penetrance for adenomas >90%
- Untreated polyposis leads to 100% risk of cancer
- Extra-colonic tumors (desmoid, osteoma, upper GI, thyroid, brain, and others)

Genetics of FAP

- Autosomal dominant inheritance
- Germline mutation in the *APC* gene

Multiple polyps throughout the large intestine
Advanced rectal cancer (Ra; T3N1M0)

Identification of a large deletion in *APC* by WGS

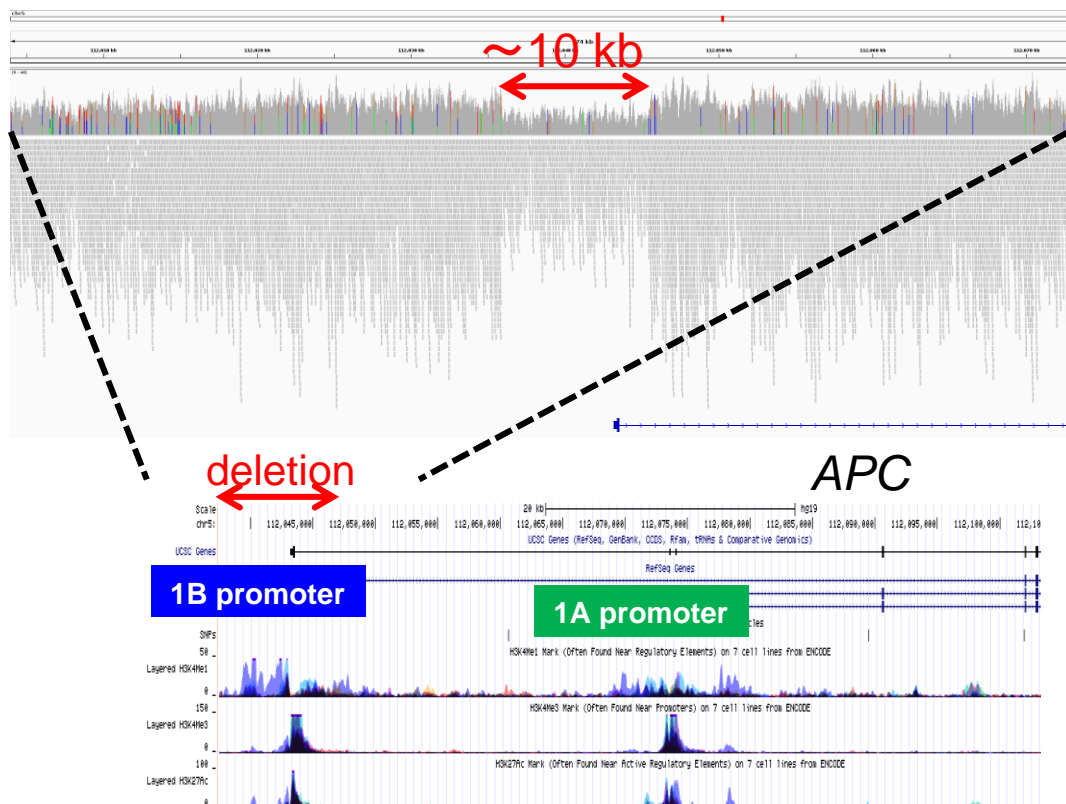
(A) SNV in *APC*

Types	Variants
intronic	c.136-53T>C
intronic	c.729+88T>C
synonymous	c.1458T>C, p.Y486Y
synonymous	c.1635G>A, p.A545A
synonymous	c.4479G>A, p.T1493T
synonymous	c.5034G>A, p.G1678G
synonymous	c.5268T>G, p.S1756S
nonsynonymous	c.5465T>A, p.V1822D
synonymous	c.5880G>A, p.P1960P

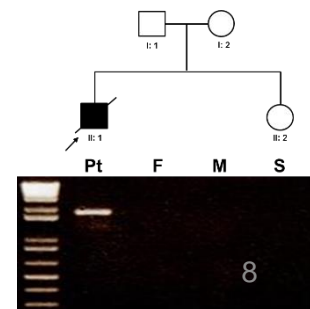


No deleterious variants

(B) SV in *APC*

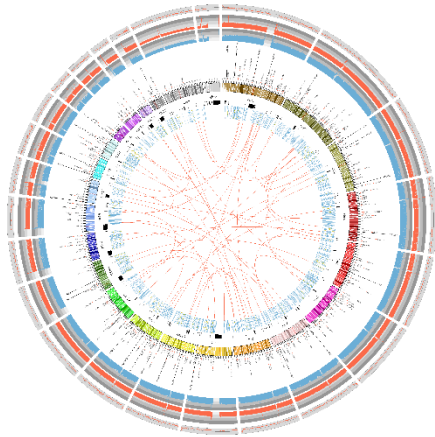


Long-range PCR confirmed a large deletion in the FAP patient.

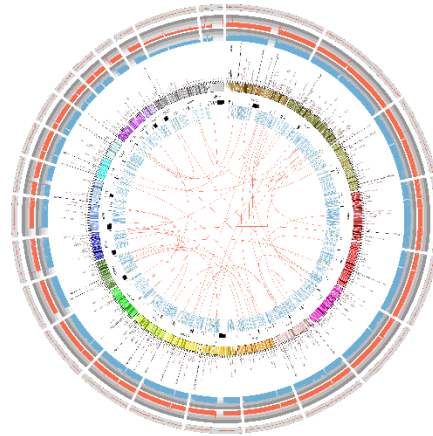


Structural Variations in FAP by WGS

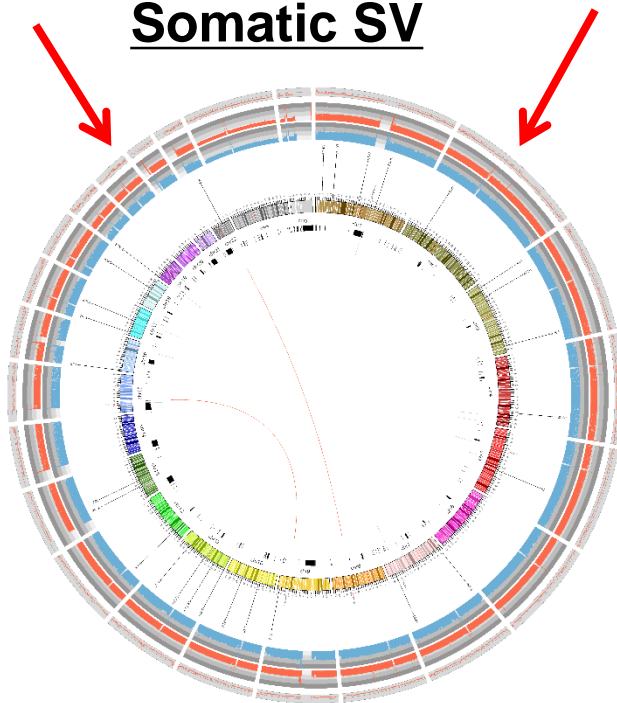
SV in Polyp



SV in Normal



Somatic SV



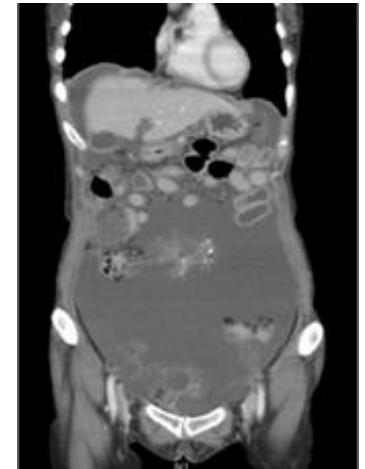
By WGS, translocations and large INDELs, non-coding mutations are detectable.



Interpretation is a big challenge.

WGS of rare & neglected tumor

- **Pseudomyxoma peritonei (PMP)**: a rare disease occurring
1-2 cases in 1000,000
- The tumor cells produce mucin or gelatinous fluid, resulting in the abdominal distension.
- A slow growing disease
- But malignant transformation leads to poor prognosis..



WGS!! for

**Clarification of tumorigenesis
&
Identification of driver mutations**



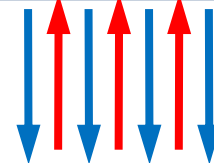
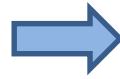
Clinical Sequencing with IBM Watson Genomic Analytics

Since July 2015

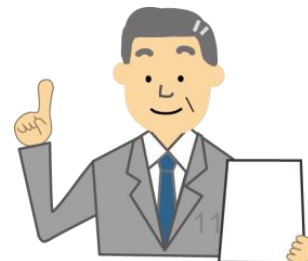
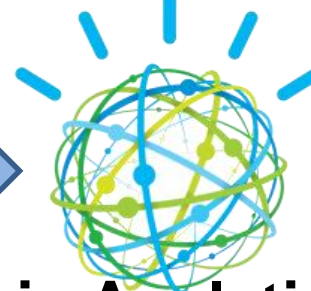
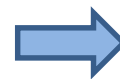
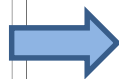
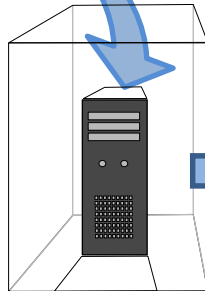
Somatic mutation
1,000 ~ 100,000



Mapping
Variant
Analysis



Drug identified
summary

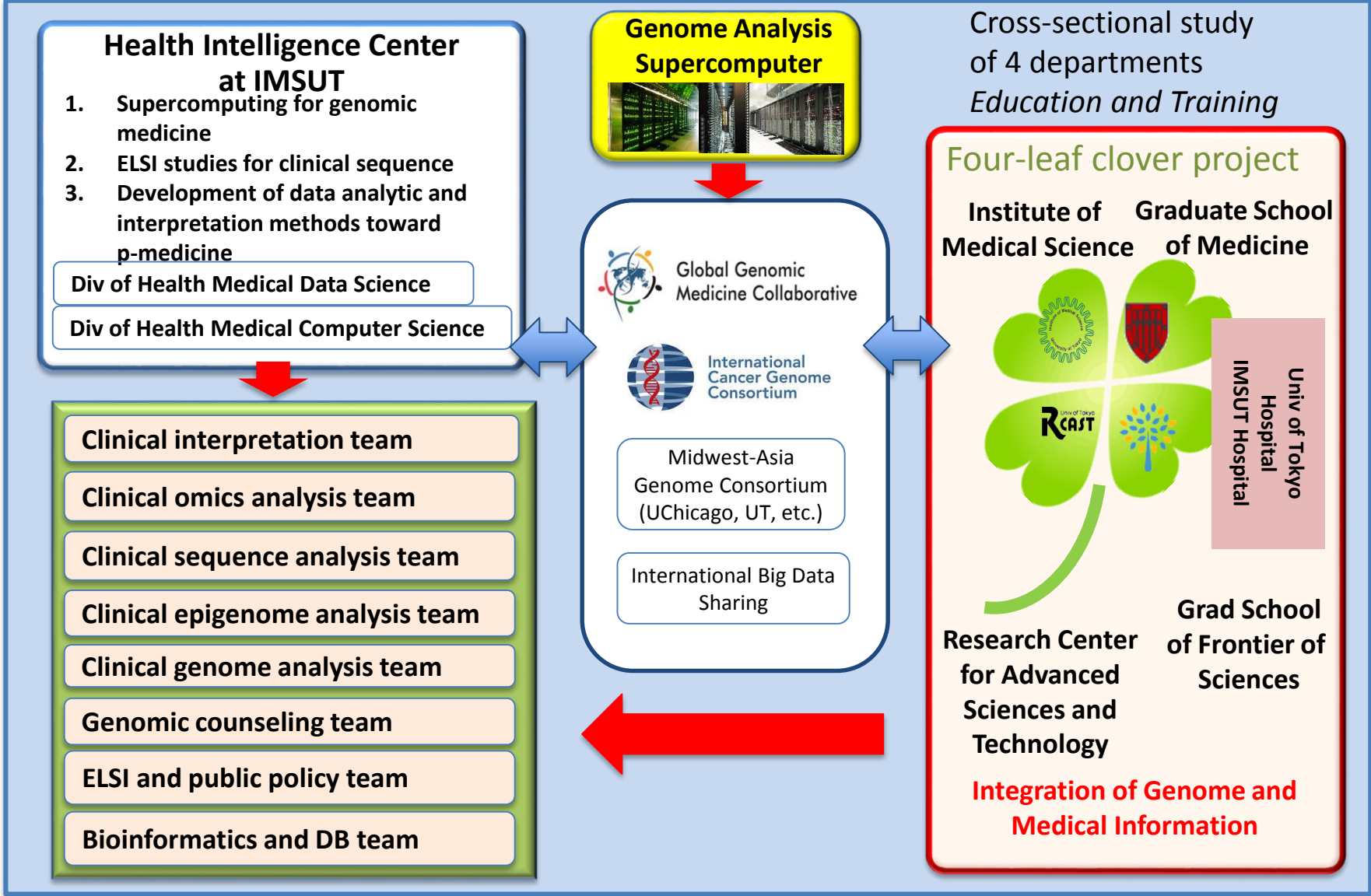


Watson Genomic Analytics

A new organization was established in the University of Tokyo

April 2015 –

Medical Genomics Research Initiative, the University of Tokyo



Collaboration started with Kanagawa Cancer Center



Kanagawa Cancer Center



The Institute of
Medical Science
The University of Tokyo

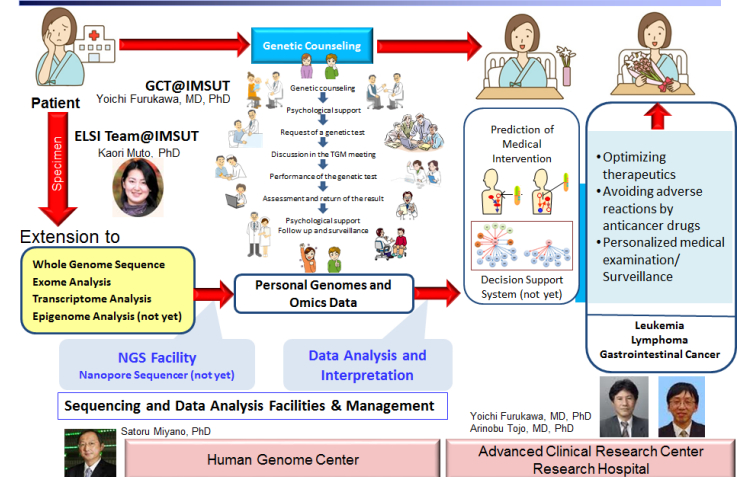
Clinics

415 beds



Basis for future cancer
prevention and therapy

Clinical Sequencing Research Team



Human Genome Center
the Institute of Medical Science, the University of Tokyo

Supercomputer

414 TFLOPS

12PB Lustre
File System

100PB
Archive
Storage



What opportunities do you see for collaboration with G2MC or among the attendees?

- Creation of international network, especially in Asian areas
- Sharing Bioinformatics methodologies, software applications, know-how
- Use of this network to encourage/enhance the Japanese communities, especially medical communities

Cancer GM Team @ IMSUT

(About 25 members; not enumerative)

- Colorectal cancer team

- Yoichi Furukawa, MD, PhD
- Kiyoshi Yamaguchi, PhD
- Rei Noguchi, PhD Student
- Technicians: Seira Hatakeyama, Kazuko Hamada + more

- Blood cancer team

- Arinobu Tojo, MD, PhD
- Masayuki Kobayashi, MD, PhD
- Kazuaki Yokoyama, MD, PhD
- Technicians: Mika Yamazaki + more

- Bioinformatics team

- Satoru Miyano, PhD
- Seiya Imoto, PhD
- Rui Yamaguchi, PhD
- Tetsuo Shibuya, PhD
- Rika Kasajima, PhD
- Engineers: Eigo Shimizu, Mitsuhiro Komura + Ayumu Saito + SEs

- ELSI team

- Koichiro Yuji, MD, PhD
- Kaori Muto, PhD
- Ayako Kamisato, PhD