Using Big Data to Uncover Novel Insights into the Genetic Etiology of Cancer

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Cancer Institute



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Big (Data) Question

How do we utilize genomic data to better understand cancer risk?

Inherited

Rare, High-penetrant Mutations

Common Inherited Variants

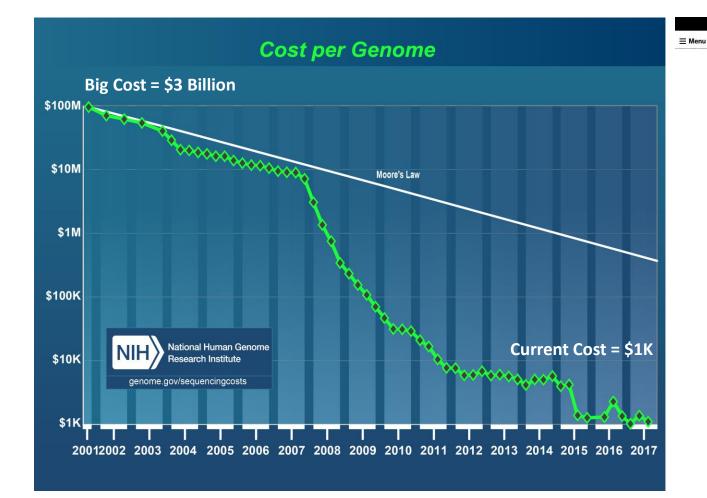




Tumor Genomes

Genetic Mosaicism

Drastic Improvements and Cost Reductions in Sequencing/Genotyping Technology

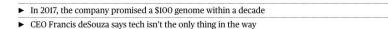


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Prognosis

A \$100 Genome Within Reach, Illumina CEO Asks If World Is Ready

By <u>Kristen V Brown</u> February 27, 2019, 2:04 PM EST







Francis deSouza Photographer: Jeff Spicer/PA Wire via AP



Inference Difficult from N=1

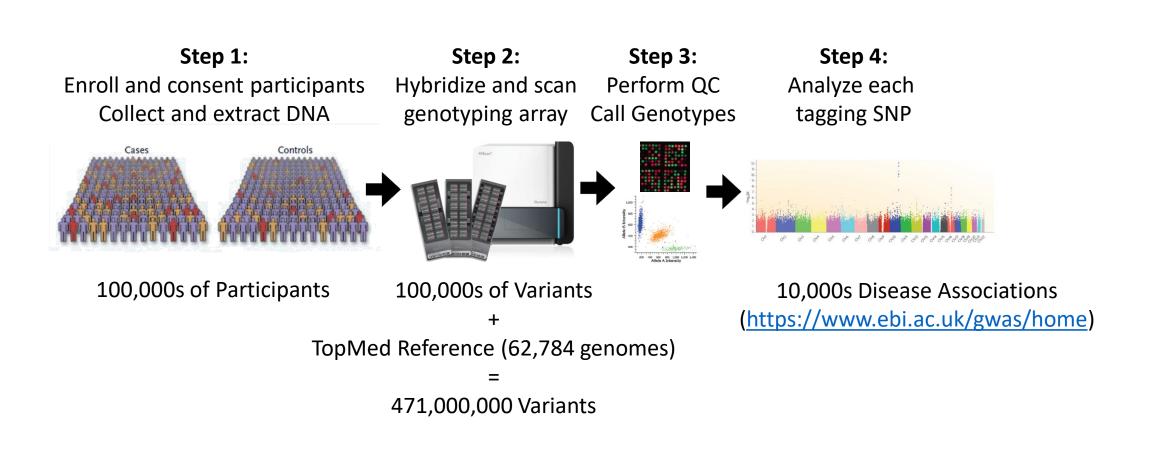
Jeanne Calment

(1875-1997)



- Longest confirmed human lifespan on record (122 years, 164 days)
- Diet/Lifestyle:
 - Consumed over 2 pounds of chocolate a week
 - Drank copious amounts of port wine
 - Smoked for almost 100 years (>73,000 cigarettes!!)
- Never developed cancer

Genome Wide Association Studies: GWAS 101



Progress in Prostate Cancer

- Most common male non-skin cancer in the developed world
 - 174,650 new cases expected in US in 2019
 - 31,620 deaths expected in US in 2019
- Firmly established risk factors (2006 "Pre-GWAS era")
 - 1. Increasing age
 - 2. Family history of prostate cancer
 - 3. Ancestry
 - African Americans 1.6x risk and 2.4x mortality

Progress in Prostate Cancer

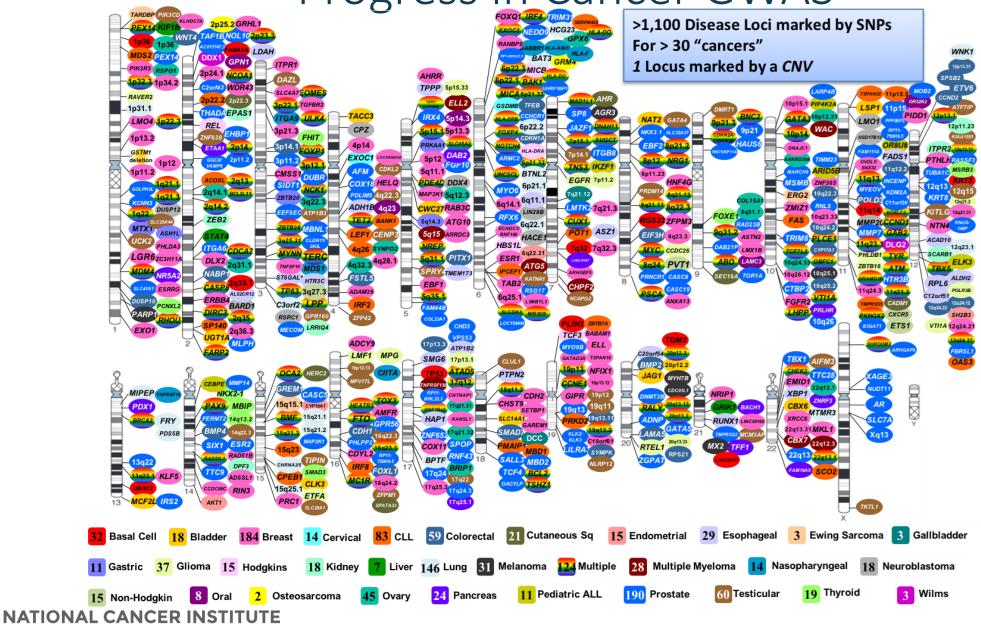
- 140,000 men across 50+ studies
 - 79,194 prostate cancer cases
 - 61,112 controls
- 160 germline susceptibility loci
 - highlight polygenic architecture
 - most with small effect sizes (OR<1.1)



Progress in Prostate Cancer

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 - 31,620 deaths expected in US in 2019
- Firmly established risk factors (2019)
 - 1. Increasing age
 - 2. Family history of prostate cancer
 - 3. Ancestry
 - 4. Approximately 160 germline susceptibility regions
 - new genetic loci for improved understanding of disease etiology
 - future value for individualized genetic risk prediction

Progress in Cancer GWAS



Progress in Cancer GWAS



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Discovering the causes of cancer and the means of prevention

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Confluence

Uncovering breast cancer genetics

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Our Research



Print This Page The Confluence project will develop a large research resource by 2020 to uncover breast cancer genetics through genome-wide association studies (GWAS). The resource will include at least 300,000 breast cancer cases and 300,000 controls of different races/ethnicities. This will be accomplished by the confluence of existing GWAS and new genome-wide genotyping data to be

How We Study Active Clinical

Studies

Public Health Impact of DCEG Research

Broad scientific aims that can be addressed through this resource include:

generated through this project.

- 1. To discover susceptibility loci and advance knowledge of etiology of breast cancer overall and by subtypes.
- 2. To develop polygenic risk scores and integrate them with known risk factors for personalized risk assessment for breast cancer overall and by subtypes.
- 3. To discover loci for breast cancer prognosis, long-term survival, response to treatment, and second breast cancer.

Eligibility criteria

To be eligible to participate, studies with cases of in situ or invasive breast cancer (females or males) must have:

- · Genome-wide genotyping data or germline DNA for genotyping, i.e.:
 - existing genome-wide genotyping data, or
 - germline DNA available for new genotyping, or
 - blood/buccal samples for germline DNA isolation and genotyping.
- Basic phenotype data (e.g. age at diagnosis, gender, family history of breast cancer)
- · Appropriate ethics approval for genetic studies and data sharing

Please refer to the Confluence study protocol (pdf, 788 KB) for more details on Confluence and how studies can participate.

Please complete the study inventory Exit Disclaimer if you are interested in participating in Confluence. This inventory is for planning purposes only and implies no commitment to participate.

Confluence is supported by NCI Intramural Research funds.

Integrative Tumor Epidemiology Branch- Research Areas

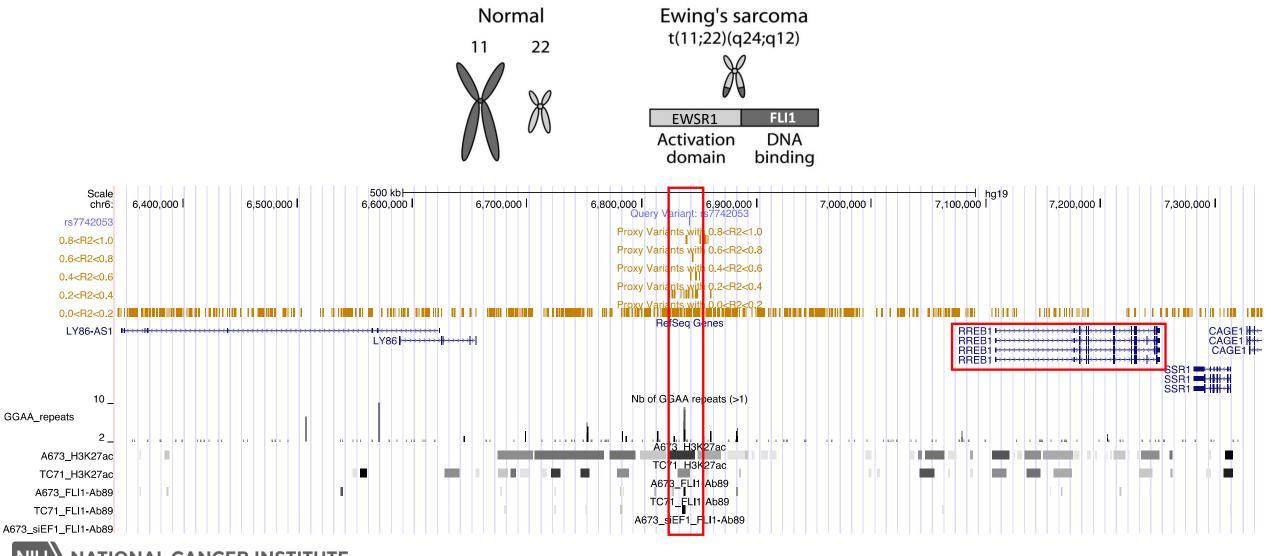
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NIH...Turning Discovery Into Health®



Integrative Analysis: Ewing Sarcoma 6p25.1 Susceptibility Region



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Machiela Nat Commun 2018

Integrative Analysis

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Division of Cancer Epidemiology & Genetics

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Our Research

Cancer Types

What We Study

Who We Study

How We Study

Active Clinical

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of DCEG Research

Studies

Sherlock-lung: A Genomic Epidemiologic St	udy of Lung Cancer in Never
Smokers	

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Sherlock-*lung* is a comprehensive study that aims to trace lung cancer etiology in never smokers by analyzing genomic data in tumor and surrounding lung tissue. Whole genome sequencing, whole transcriptome, and genome-wide methylation data will be analyzed to identify exogenous and endogenous processes involved in lung tumorigenesis. Analysis of the tumor microenvironment, clonal evolution, and circulating tumor DNA will be conducted in a subgroup of the cases. The molecular landscape will be integrated with histological and radiological features in order to develop a more refined classification of lung cancer in never smokers and provide insights into prognosis and treatment strategies.

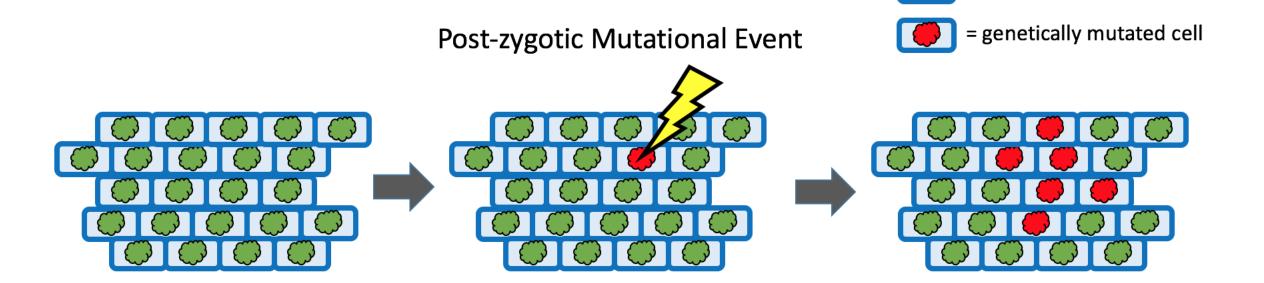
Sherlock-*lung* will include 2,500 never smoker lung cancer patients, a subset (n=~500) with "special exposures," such as coal, radon, asbestos, air pollution, and microbial infection. The remaining ~2000 cases will come from the "general population," with unknown exposures to lung cancer risk factors.

For more information about Sherlock-lung, please contact Maria Teresa Landi, M.D., Ph.D.

Integrative Tumor Epidemiology Branch - Research Areas

Genetic Mosaicism

• **Definition**: the presence of an acquired mutation in a clonal population of cells that differs from the inherited genome

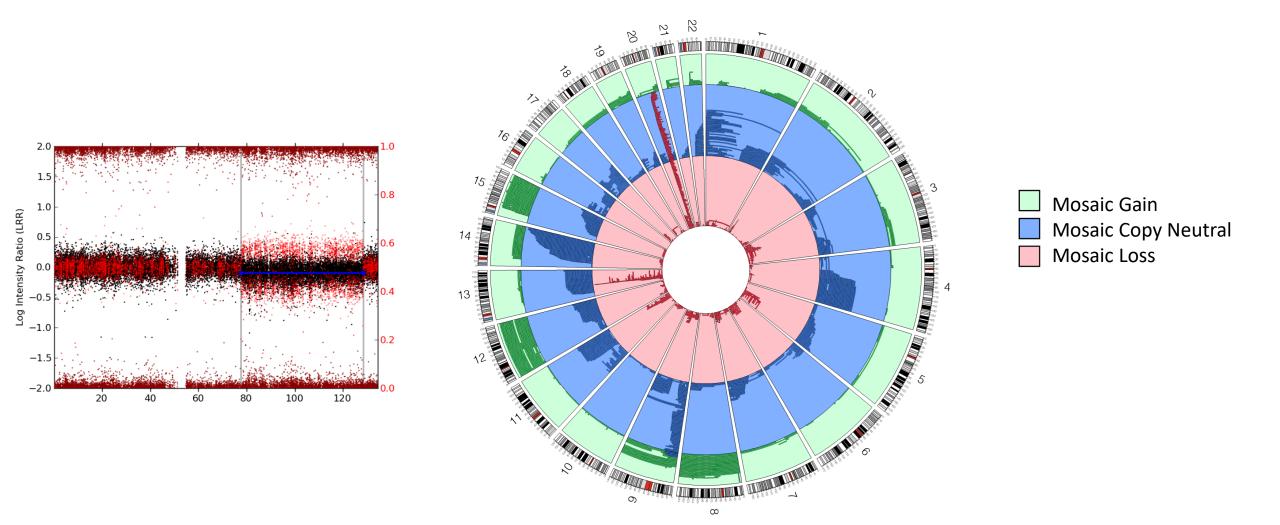


Normal Cellular Population

Mosaic Cellular Population

= genetically normal cell

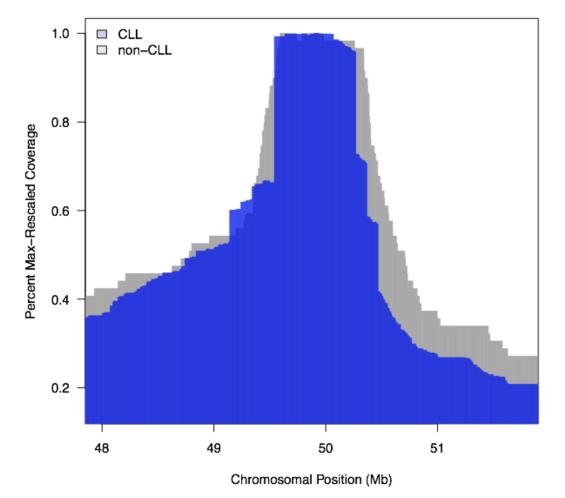
Age-related Autosomal Mosaicism in 127K Healthy Participants



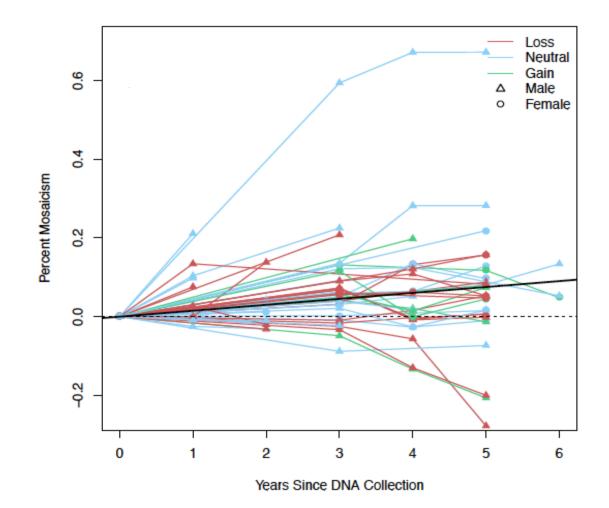
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Identification of Pre-leukemic Clones

- Mosaic 20q deletions cover same genomic footprint as del(20q) in myeloid malignancies
- Mosaic 13q14 deletions span the same genomic region as del(13q14) in MBL and CLL
- Frequencies of 20q and 13q14 deletions are higher than population rates of the respective disease
 - Not all individuals with mosaicism progress to disease
 - Having mosaicism in blood DNA increases hematologic cancer risk (OR=35)
 - Observed up to 15 years prior to diagnosis



Longitudinal Data: Biology is a Dynamic Process





Longitudinal Data



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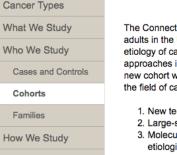
Active Clinical

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Connect Study



The Connect study is a new prospective cohort of 200.000 adults in the United States designed to further investigate the etiology of cancer and its outcomes, which may inform new approaches in precision prevention and early detection. The new cohort will capitalize on research innovations to advance the field of cancer epidemiology and prevention including:



for cancer prevention Advancing cancer research together

Print This Page

1. New technologies (e.g., tracking and sensors to measure behavior and environment);

2. Large-scale analyses of the genome, epigenome, transcriptome, proteome, metabolome, microbiome;

3. Molecular profiling of tumors and precursor lesions to study the natural history of cancer and its etiologic heterogeneity.

Overview of Study Setting and Design

The Connect study will be conducted within a set of integrated health care systems, with electronic medical records (EMRs), a passive follow-up system that is both cost effective and thorough. Consented participants ages 40-65 with no history of invasive cancer other than non-melanoma skin cancer from participating health systems will complete an online questionnaire at baseline and periodically throughout the duration of follow-up. Passive follow-up via tumor registries and EMRs will provide outcome information for cancers and their precursors. Blood, urine and saliva samples will be collected at baseline and repeatedly during follow-up in local clinics. Additional biological specimens including fecal and tissue specimens will be collected. This state-of-the-art cohort will be built with an efficient, flexible and integrated infrastructure that makes the most of modern interoperability standards in order to serve as a research workhorse for future generations of scientists at the NCI and across the extramural research community.



The Connect study is supported by the NIH Intramural Research Program.



Tools to Harness Big Data

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YRI	108	G: 98.15%, A: 1.85%				link
LWK	99	G: 96.97%, A: 3.03				link
GWD	113	G: 98.23%, A: 1.77				link
MSL	85	G: 99.41%, A: 0.59%				link
ESN	99	G: 99.49%, A: 0.51%				link
ASW	61	G: 95.9%, A: 4.1%			9 0.2375 li	link
ACB	96	G: 95.31%, A: 4.69	6 G: 79.17%, A	20.83% 0.000*	0.0175	link

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Key Points on Big Data

- Technologic improvements accelerate acquisition of big data
- Large samples enable discovery of novel etiologic insights
- Integrative analyses provide clues to biologic processes
- Importance of longitudinal data often overlooked
- Independent replication is essential





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DCEG is seeking talented fellows: https://dceg.cancer.gov/fellowship-training

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