Finding new therapeutic targets through genetics & sequencing

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Overview

Examples from inflammatory bowel disease
IL-23 pathway

NOD2, mycobacterial diseases, & innate immune cells

TNF pathway

Systematically leveraging high throughput sequencing to prioritize new targets

- Phenotype driven
- Genotype (Encode data) driven

The IL-23 pathway in immunemediated diseases

Multiple signals in IL23R gene region: uncommon protective Arg381Gln allele





Arg381Gln protective allele in IL23R is a lossof-function allele

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PLos one

Inflammatory disease protective R381Q IL23 receptor The IL23R R381Q Gene Variant Protects against polymorphism results in decreased primary CD4+ and Immune-Mediated Diseases by Impairing IL-2° Th17 Effector Response in Humans Paola Di Meglio¹, Antonella Di Cesare^{1,3}, Ute Lago CD8+ human T-cell functional responses Villanova¹, Isabella Tosi¹, Francesca Car Department of Internal Medicine, Section of Digerive Diseases, Yale University, New Haven, CT 06520 Edited by Warren Leon & d. National Heart, Lung and Blood Institute, National Institutes of Health, Bethesida, MD, and accepted by the Editorial Board April 27, 2011 (received for review November 29, 2010) 1 St. John's Institute of Dermatology, King's Con Genetics, King's College London > to any ing the R3810 IL23R allele. Because Department of Internal Medicine, Section of Digestive Diseases, Yale University, New Haven, CT 06520 Ritu Sarin, Xingxin Wu, and Clara Abraham¹ Anti-p40 treatment (blocks The SNP (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the L-23 receptor (II-23R) confers the snp (c1142G > A;pR381Q) in the log (c1142G + c1142) confers the snp (c1142G + c11 carted by warren Leonard, National Heart, Lung, a 27, 2011 (received for review November 29, 2010) Approved in psoriasis

■ IBD phase III studies ongoing

- Issues: How to block IL23 pathway?
 - Blocking IL-23 alone vs. IL12/23??
 - Blockade at what level? Receptor? JAK?

NOD2, mycobacterial disease & innate immune cells

The Immunochip effort in IBD: a large scale international collaboration



38,565 cases, **37,747** controls

■ 71 new loci → 163 loci with genome-wide significant association (~1500 genes)

Jeff Barrett Luke Jostins

163 loci→ improved network analysis—key role of *directionality*



Top module: omental adipose (macrophage enriched) from obese patients

Eric Schadt Ken Hui

163 loci→ improved network based analyses based on gene co-expression

 Co-expression modules: tracking similar gene expression based on large microarray datasets
 The co-expression module with the greatest enrichment of IBD-associated genes: 523 gene module in omental adipose tissue (macrophage-enriched gene expression)—value of direct ex-vivo tissue analysis





NOD2-centric view of the submodule: 7 IBDassociated genes near NOD2



(hematopoietic cell kinase)

The TNF pathway

IBD is a TNF-mediated disorder

- TNF-overexpressing mice develop ileitis and arthritis
- Anti-TNF is a highly effective treatment for IBD
- GWAS: multiple TNF-mediated signals
 NF-kB (NFKB1, REL, RELA, TNFAIP3)
- TNF: crucial in pathogen eradication—reactivation of tuberculosis a side effect of anti-TNF therapy

Molecular integration of TNF and 3'UTRs: crucial role of kinetics/functional responses

nature immunology

The stability of mRNA influences the temporal order of the induction of genes encoding inflammatory molecules

Shengli Hao & David Baltimore



TNF A20 (TNFAIP3)

CCL2—max association in 3'UTR

Kinetics of gene expression: multiple ub/dub associations: NDFIP1, CPEB4, CUL2, UBE2L3, as well as TNFAIP3 (15 loci inolved (p < 0.001) Few AREs (<2), very stable mRNA

Some AREs (2-4), moderately stable mRNA

Many AREs (4-10), unstable mRNA

Systematically leveraging high throughput sequencing to prioritize new targets: phenotype to genotype (1)

LOF, protective alleles as ideal therapeutic targets PCSK9 & CAD

- IL23R & psoriasis/IBD/ankylosing spondylitis
- CCR5 & HIV
- □ IFIH1 & T1DM?
- Value of sequencing
 - Targeted re-sequencing of GWAS signals: enormous structure-function data useful for improved targeting

Systematically leveraging high throughput sequencing to prioritize new targets: phenotype to genotype (2)

- Early onset, severe cases: medical resequencing
 LOF IL10 pathway genes

 bone marrow transplantation
 - New biology: Nick Volker—young boy with early onset IBD→ XIAP mutation (essential for NOD2signaling)
- -omics data & systems biology
 - RNASeq: improved quantification should improve predictive models
 - Systematic interrogation of disease-associated transcription factors: ChIPSeq
- Cross-phenotype analyses: immune-mediated diseases & infectious diseases

Striking overlap of loci between diseases: the genetics of infectious diseases



MSMD, Mendelian susceptibility to mycobacterial disease

Genotype to phenotype: rare coding mutations and *gains* of functional moieties

Gains of glycosylation comprise an unexpectedly large group of pathogenic mutations

Guillaume Vogt¹, Ariane Chapgier¹, Kun Yang^{1,2}, Nadia Chuzhanova^{3,4}, Jacqueline Feinberg¹, Claire Fieschi^{1,5}, Stéphanie Boisson-Dupuis¹, Alexandre Alcais¹, Orchidée Filipe-Santos¹, Jacinta Bustamante¹, Ludovic de Beaucoudrey¹, Ibrahim Al-Mohsen⁶, Sami Al-Hajjar⁶, Abdulaziz Al-Ghonaium⁶, Parisa Adimi⁷, Mehdi Mirsaeidi⁷, Soheila Khalilzadeh⁷, Sergio Rosenzweig^{8,17}, Oscar de la Calle Martin⁹, Thomas R Bauer¹⁰, Jennifer M Puck¹¹, Hans D Ochs¹², Dieter Furthner¹³, Carolin Engelhorn¹⁴, Bernd Belohradsky¹⁴, Davood Mansouri⁷, Steven M Holland⁸, Robert D Schreiber¹⁵, Laurent Abel¹, David N Cooper⁴, Claire Soudais¹ & Jean-Laurent Casanova^{1,2,16}

Mutations involving gains of glycosylation have been considered rare, and the pathogenic role of the new carbohydrate chains has never been formally established. We identified three children with mendelian susceptibility to mycobacterial disease who were homozygous with respect to a missense mutation in *IFNGR2* creating a new N-glycosylation site in the IFN γ R2 chain. The resulting additional carbohydrate moiety was both necessary and sufficient to abolish the cellular response to IFN γ . We then searched the Human Gene Mutation Database for potential gain-of-N-glycosylation missense mutations; of 10,047 mutations in 577 genes encoding proteins trafficked through the secretory pathway, we identified 142 candidate mutations (~1.4%) in 77 genes (~13.3%). Six mutant proteins bore new N-linked carbohydrate moieties. Thus, an unexpectedly high proportion of mutations that cause human genetic disease might lead to the creation of new N-glycosylation sites. Their pathogenic effects may be a direct consequence of the addition of N-linked carbohydrate.

Genotype to phenotype: the Encode approach

Covalent modifications: missense mutations &

- Glycosylation
- Phosphorylation
- Ubiquitination/sumoylation
- Regulation of expression
 - Conserved sequences
 - AU-rich elements: RNA-binding protein sites in 3'UTR
 - TF-binding sites, miRNA-binding sites, splice sites
- Analysis and information dissemination:
 - validity & magnitude of effects
 - Bioinformatic probability vs. experimental validation
 - Frequency, population specificity
 - Distinguishing negative selection from drift

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