

# Phenotype mining in electronic health records

Genomic Medicine XI - September 5<sup>th</sup>, 2018

**Patient #1: Diagnosed with cystic fibrosis**

- Bronchiectasis
- Pancreatitis **CFTR ΔF508/ΔF508**
- Asthma

**Diagnosed patients**

**Undiagnosed patients**

**Patient #2: Suspected genetic disease**

- Hypoglycemia
- Failure to thrive **????**
- Enlarged liver
- Developmental delay

**Patient #3** **CFTR L206W/L206W**

- Chronic sinusitis
- Chronic cough/wheeze
- Bronchiectasis

**Patient #4** **DRC1 Q118\*/Q118\***

- Otitis media
- Recurrent pneumonia
- Bronchiectasis

Variant knowledge

Recognition of atypical disease

# CYSTIC FIBROSIS; CF

## INHERITANCE

- Autosomal recessive

## GROWTH

### Other

- Failure to thrive

## CARDIOVASCULAR

### Heart

- Cor pulmonale

## RESPIRATORY

### Airways

- Chronic bronchopulmonary infection
- Bronchiectasis
- Asthma
- Pulmonary blebs
- Pseudomonas colonization

## ABDOMEN

### Pancreas

- Pancreatic insufficiency in 80%

### Biliary Tract

- Biliary cirrhosis

## HPO

1508

1648

6538

2110

2099

-

-

1738

2613

## Phecodes

264.2 Failure to thrive.....1.62

415.1 Acute pulmonary heart disease.....1.49

483 Acute bronchitis & bronchiolitis.....1.00

496.3 Bronchiectasis.....1.80

495 Asthma.....0.98

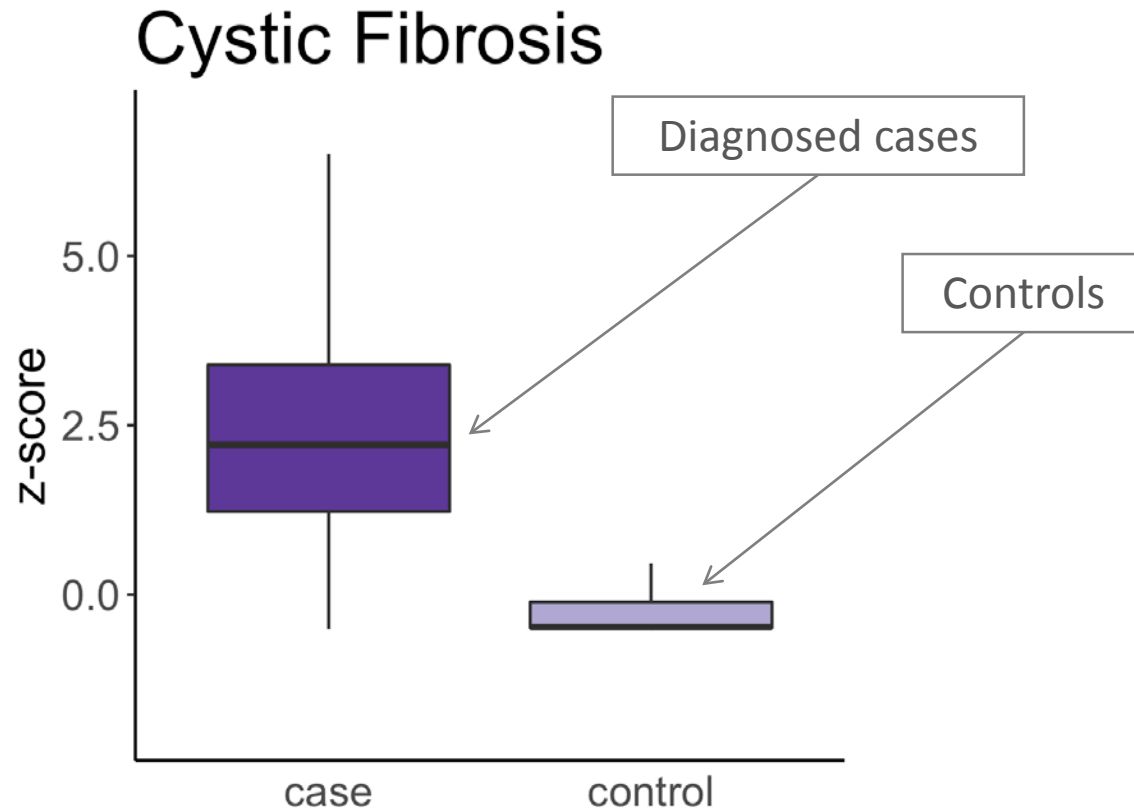
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577 Diseases of pancreas.....1.42

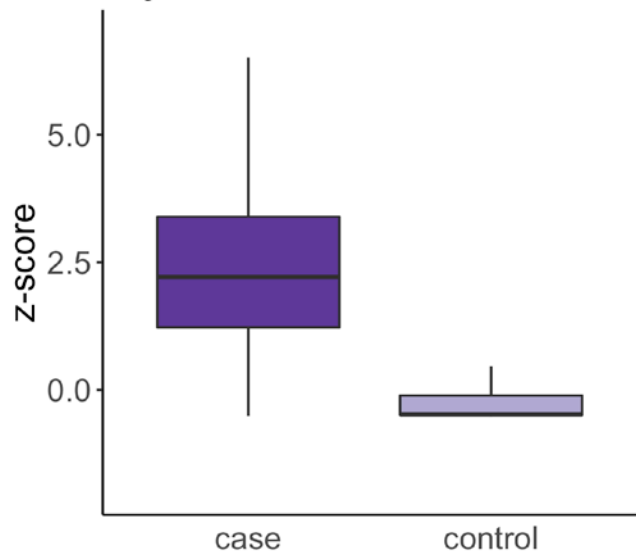
571.6 Primary biliary cirrhosis.....2.06

# Do diagnosed patients have higher phenotype risk scores?

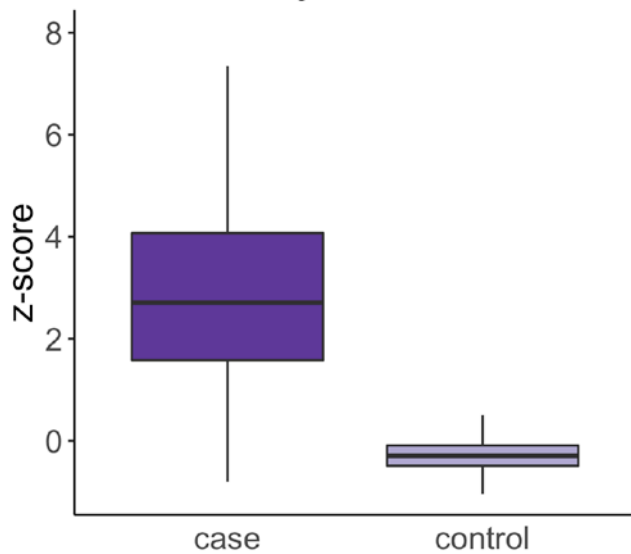


*You can differentiate a group individuals diagnosed with a disease using **only the features** of the disease*

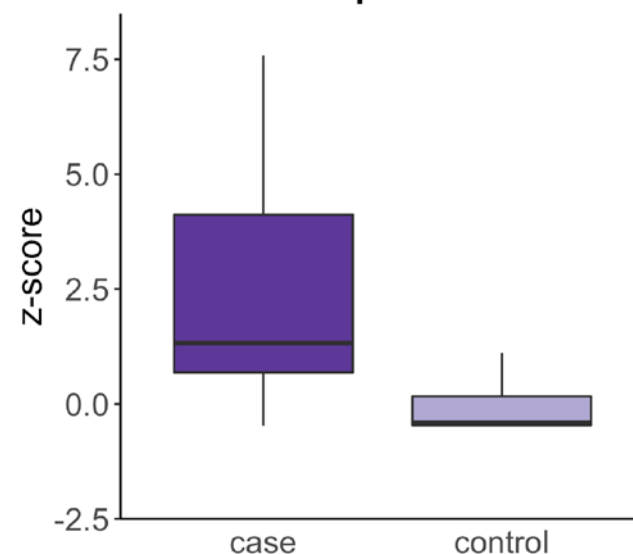
### Cystic Fibrosis



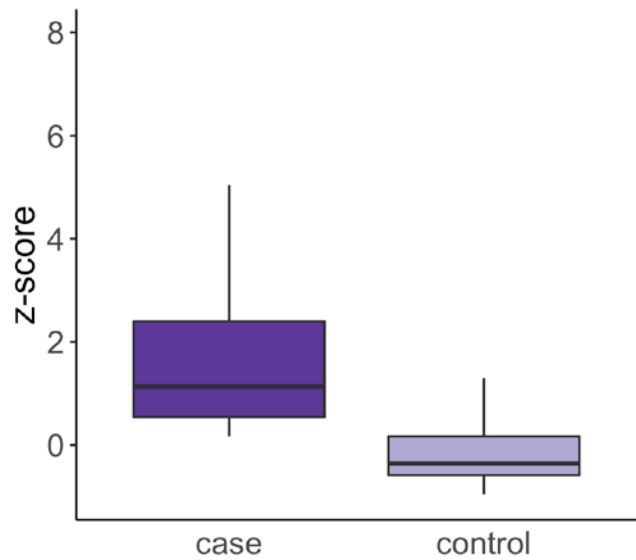
### Marfan Syndrome



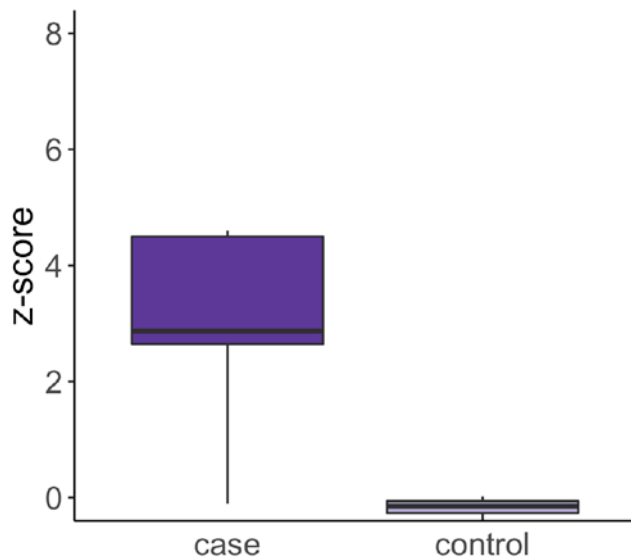
### Achondroplasia



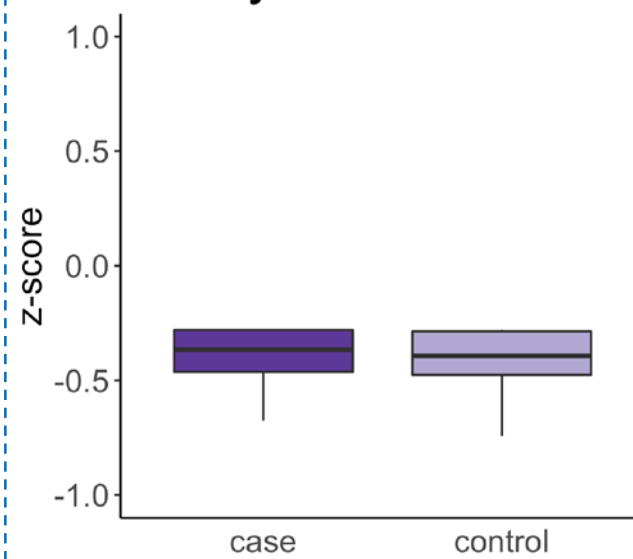
### Hemochromatosis



### Li-Fraumeni



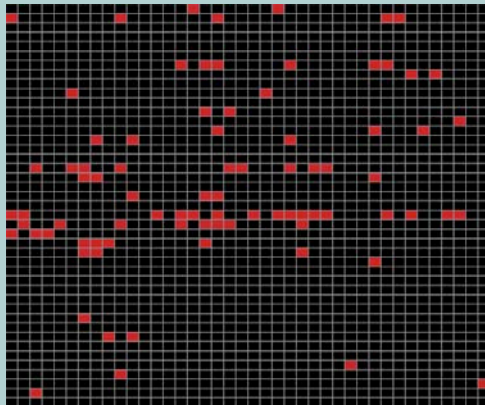
### Phenylketonuria



# Hypothesis free



X



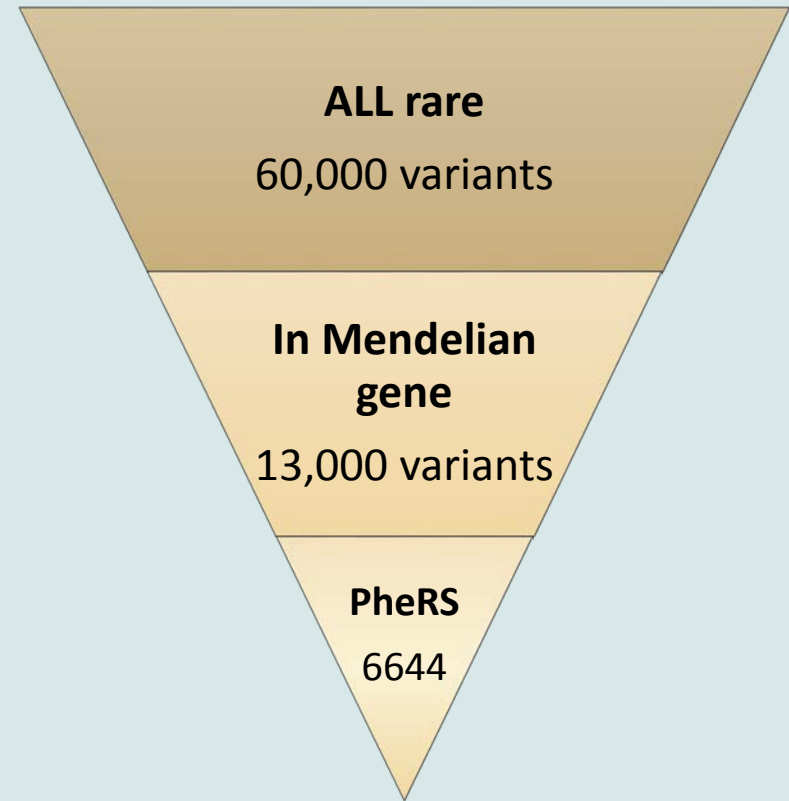
“Phenotype array” of  
~1500 phenotypes

= ~90  
million tests

~60,000 rare  
Exonic  
markers

# Hypothesis driven

*If a variant in gene X is linked to a phenotypic pattern,  
other variants in gene X will produce a similar pattern.*



# Application #1: Variant interpretation

Gene	Variant	dbSNP	HOM/ HET	Associated Mendelian Disease	OMIM Reported inheritance	Phenotype categories in PRS	Beta	P	ClinVar	HGMD
CFTR	c.1624G>T p.Gly542Ter	rs113993959	1/27	Cystic fibrosis	AR		1.39	2.9×10 <sup>-8</sup>	P	Y
CHRNA4	c.1448G>A p.Arg483Gln	rs55855125	1/21	Nocturnal frontal lobe epilepsy, 1	AD		0.58	9.0×10 <sup>-8</sup>	U	
DGKE	c.966G>A p.Trp322Ter	rs138924661	1/14	Nephrotic syndrome, type 7	AR		1.31	2.8×10 <sup>-7</sup>	LP	Y
SUOX	c.228G>T p.Arg76Ser	rs202085145	0/24	Sulfocysteinuria	AR		0.82	1.7×10 <sup>-6</sup>	U	
CFTR	c.1657C>T p.Arg553Ter	rs74597325	0/12	Cystic fibrosis	AR		1.81	2.1×10 <sup>-6</sup>	P	Y
KIF1B	c.2021C>T p.Thr674Ile	rs41274468	0/21	Charcot-Marie-Tooth disease, 2A1	AD		0.79	5.3×10 <sup>-6</sup>		
VWF	c.5851A>G p.Thr1951Ala	rs144072210	0/21	Von Willebrand disease	AR*		0.53	8.6×10 <sup>-6</sup>		Y
KIF1A	c.2676C>T p.Ala993=	rs116297894	1/25	Spastic paraplegia-30	AR		0.84	1.3×10 <sup>-5</sup>	LB	
F10	c.872G>A p.Arg291Gln	rs149212700	0/15	Factor X deficiency	AR*		0.62	1.9×10 <sup>-5</sup>		
HFE	c.502G>C p.Glu168Gln	rs146519482	0/40	Hemochromatosis	AR		1.08	4.0×10 <sup>-5</sup>	U	Y
TG	c.229G>A p.Gly77Ser	rs142698837	0/69	Thyroid dysmorphogenesis	AR		0.26	6.0×10 <sup>-5</sup>		Y
SH2B3	c.1183G>A p.Glu395Lys	rs148636776	0/22	Familial erythrocytosis, 1	AD		1.48	6.1×10 <sup>-5</sup>		
SPTBN2	c.7109G>A p.Arg2370His	rs145522851	0/11	Spinocerebellar ataxia	AR*		0.75	9.0×10 <sup>-5</sup>		
FAN1	c.1520G>A p.Arg507His	rs150393409	0/434	Interstitial nephritis, karyomegalic	AR		0.15	9.9×10 <sup>-5</sup>		
PANK2	c.1561G>A p.Gly521Arg	rs137852959	0/26	HARP syndrome	AR		0.58	1.1×10 <sup>-4</sup>	P	Y
SH2B3	c.1183G>A p.Glu395Lys	rs148636776	0/22	Essential thrombocythemia	AD		0.33	1.4×10 <sup>-4</sup>		
AGXT	c.883G>A p.Ala295Thr	rs13408961	1/35	Primary hyperoxaluria, type I	AR		0.82	1.7×10 <sup>-4</sup>	U/LB	
PLCG2	c.751A>G p.Ile251Val	rs190840748	0/10	Familial cold autoinflammatory syn. 3	AD		0.70	1.9×10 <sup>-4</sup>		

- Neoplastic
- Endocrine, metabolic/Blood
- Nervous/Psychiatric/Sensory
- Circulatory/Respiratory
- Digestive/Genitourinary
- Musculoskeletal/Dermatologic
- Other symptoms/Injuries

# Application #2: WES interpretation

## Proband phenotype

### Clinical symptoms and physical findings

#### GROWTH PARAMETERS

Failure to thrive ..... 264.2

#### CARDIOVASCULAR

Patent ductus arteriosus ..... 747.13

#### GASTROINTESTINAL

Elevated hepatic transaminase ..... 573.6

Gastroesophageal reflux

#### GENITOURINARY

Hydrocele testis ..... 603.1

#### BEHAVIOR, COGNITION AND DEVELOPMENT

Global developmental delay ..... 315

Delayed speech and language development ..... 315.2

#### DIGESTIVE SYSTEM

Hepatomegaly ..... 573.3

#### METABOLISM/HOMEOSTASIS

Recurrent hypoglycemia ..... 251.1

Neonatal hypoglycemia ..... 656.3

## Candidate variants

Heterozygous Variants						
Gene	Chr Position rs#	Change	Effect	Proband	Mother (Unaff)	Father (Unaff)
COL9A1 NM_001851.4	chr6	A → T	splice donor 10.9>2.7	●○	○○	●○
	70991091	c.876+2T>A				
	rs149830493					
ELN NM_000501	chr7	G → A	missense	●○	○○	●○
	73470684	c.1234G>A				
	rs375116795	p.Gly412Arg				
PIGN NM_012327	chr18	T → C	missense	●○	○○	●○
	59757754	c.2238A>G				
	rs200658159	p.Ile746Met				
POLG NM_002693.2	chr15	G → C	missense	●○	○○	●○
	89872002	c.1084C>G				
	rs763248358	p.Leu362Val				
RFT1 NM_052859.3	chr3	C → T	missense	●○	●○	○○
	53140879	c.782G>A				
	rs374781452	p.Arg261Gln				

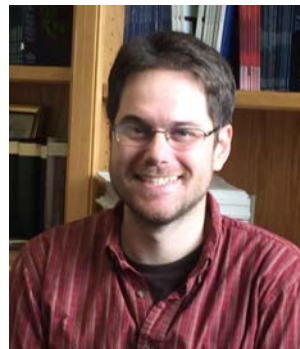
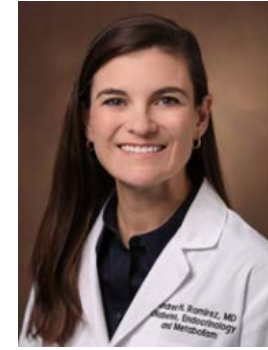


# Application #3: Finding undiagnosed patients?

- **Approach:** Use the wealth of knowledge already generated.
- **Utility:** Which diseases are most important to diagnose?
- **Scope:** Which diseases are most likely undiagnosed? *This may change as knowledge of pathogenic variants increases*

The valley of improbability

# Acknowledgements



VANDERBILT UNIVERSITY  
MEDICAL CENTER

**UDN**  
Undiagnosed  
Diseases Network

**emerge**  
network