



AMP-Based Variant Classification with VSClinical

Darby Kammeraad
Field Application Scientist Manager

Kammeraad@goldenhelix.com

CIOReview

20 Most Promising Biotech
Technology Providers

Gartner

Hype Cycle for Life sciences

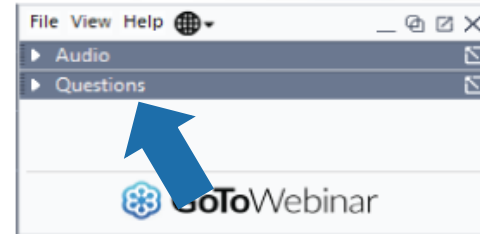
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TECH OUTLOOK

Top 10 Analytics
Solution Providers

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The logo for CIOReview, with "CIO" in red and "Review" in blue.

20 Most Promising Biotech
Technology Providers

The logo for Gartner, in blue.

Hype Cycle for Life sciences

The logo for Pharma Tech Outlook, with "pharma" in red and "TECH OUTLOOK" in blue.

Top 10 Analytics
Solution Providers

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- The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Who Are We?

Golden Helix is a global bioinformatics company
founded in 1998



Filtering and Annotation

ACMG+AMP Guidelines

Clinical Reports

CNV Analysis

Pipeline: Run Workflows



Variant Warehouse

Centralized Annotations

Hosted Reports

Sharing and Integration



CNV Analysis

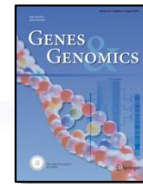
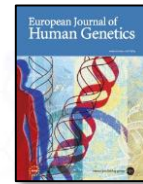
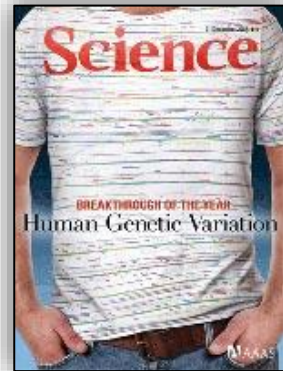
GWAS | Genomic Prediction

Large-N Population Studies

RNA-Seq

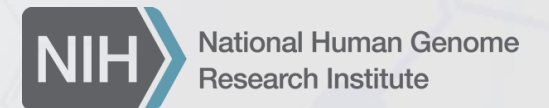
Large-N CNV-Analysis

Cited in 1,000s of Peer-Reviewed Publications



Over 400 Customers Globally

GOLDEN HELIX
Enabling Precision Medicine



When you choose Golden Helix, you receive more than just the software



SOFTWARE IS VETTED

- 20,000+ users at 400+ organizations
- Quality & feedback



DEEPLY ENGRAINED IN SCIENTIFIC COMMUNITY

- Give back to the community
- Contribute content and support



SIMPLE, SUBSCRIPTION- BASED BUSINESS MODEL

- Yearly fee
- Unlimited training & support











INNOVATIVE SOFTWARE SOLUTIONS

- Cited in 1,000s of publications

Gene Panel | Exome | Genome

Sequencer

Products	Bioinformatics Pipeline	Function
 DNaseq (Sentieon)  TNseq (Sentieon)  VS-CNV	FASTQ BAM VCF	<ul style="list-style-type: none">▸ Single nucleotide variation▸ Copy number variation & loss of heterozygosity▸ Chromosomal aberration
Annotations	Annotated VCF	<ul style="list-style-type: none">▸ Public & commercial annotations to enrich genomic data sets
 VarSeq  VSReports  VSPipeline	Clinical Report	<ul style="list-style-type: none">▸ Annotate & filter▸ Visually inspect alignments▸ Variant prioritization▸ Clinical assessment
 VSClinical	Automated ACMG & AMP Guidelines	<ul style="list-style-type: none">▸ Clinical variant interpretation in concordance with ACMG & AMP Guidelines
 VSWarehouse	Data Warehousing Web-Enabled Interface + Powerful API: JSON, XML, TSV, CSV, SQL, FHIR	<ul style="list-style-type: none">▸ Clinical assessment catalog▸ Advanced data querying▸ Versioning▸ Interoperability▸ Compliance with HIPPA, CLIA & CAP data discovery



Simple



Flexible



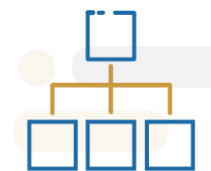
Scalable



Variant annotation
filtering, and interpretation



Powerful GUI with
rich visualizations



Repeatable
workflows

- **Included Default Workflows**

- **Trio Analysis**

- De novo candidates
- Dominant Heterozygous
- Compound Heterozygous
- Recessive Homozygous
- X-Linked
- Known Rare Pathogenic

- **Hereditary Gene Panel**

- **Somatic Mutation Workflows**

- Cancer Gene Panels
- Tumor/Normal Pair Analysis

- **Example Projects**

- Example TruSight Cardio Gene Panel
- Example YRI Exome Trio Analysis
- Example Tumor-Normal Pair Analysis

VarSeq – Annotations

- **Curated Public databases**

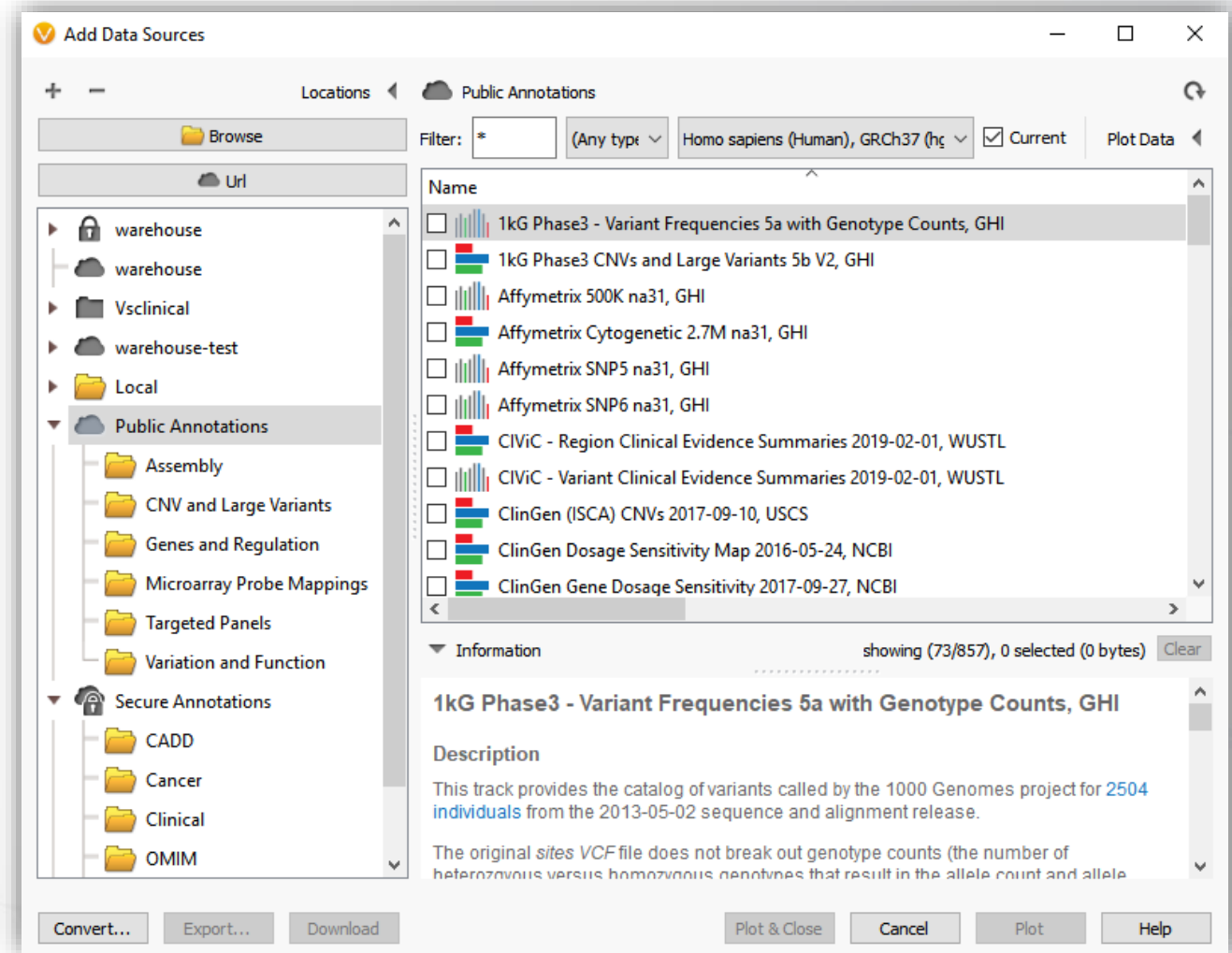
- 1kG Phase3 Variant Frequencies
- ClinVar
- CIViC
- dbNSFP Functional Predictions
- dbSNP
- ExAC
- RefSeq Genes, NCBI
- ClinGen Dosage Sensitivity Mapping

- **Lock down version**

- **Notifications for track updates**

- **Premium Annotations:**

- CADD
- COSMIC
- Conservation Scores
- SIFT/PolyPhen2
- Splice Site Algorithms
- OMIM phenotypes and Genes

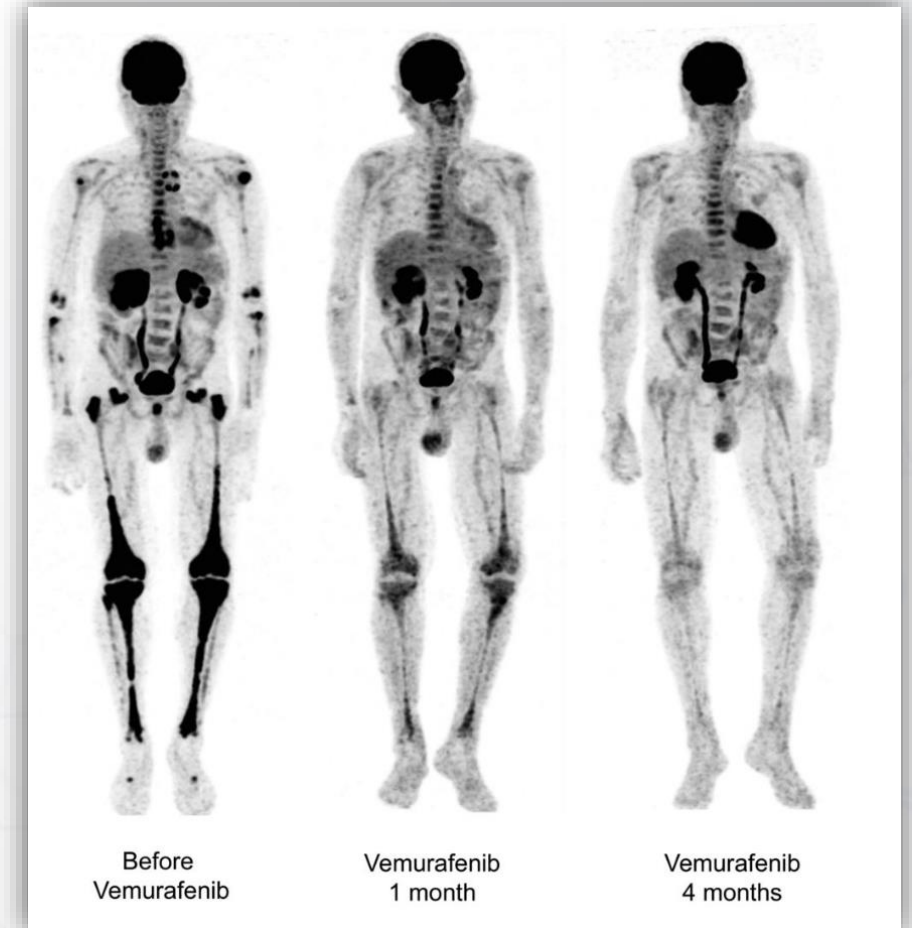


- **Biomarker Definition**

- Biological states with indications for treatments, prognostic, or diagnostic outcomes
- Presence or absence of proteins, antigens, and specific genomic attributes of the tumor

- **Common Cancer Biomarkers**

- HER2+: High levels of HER2 receptor protein
- MSI-H: Microsatellite instability-high
- BRAF^{V600E}: Activating mutation V600E
- ERBB2^{Amp}: Amplification of ERBB2
- BCR-ABL1: Activation of ABL1 with BCR fusion
- TP53^{WT}: No significant alterations of critical TSG



Haroche J. et al. Dramatic efficacy of vemurafenib in both multisystemic and refractory Erdheim-Chester disease and Langerhans cell histiocytosis harboring the *BRAF* V600E mutation. *Blood* 2013 121

- **Clinically Actionable Biomarkers**

- AMP guidelines best practice with clinical significance “Tiers” for drug response + prognostic/diagnostic implications
- Reports should include actionable results and include quality of clinical evidence in context to patient’s tumor

Tier I: Variants of Strong Clinical Significance

Therapeutic, prognostic & diagnostic

Level A Evidence

FDA-approved therapy
Included in professional guidelines

Level B Evidence

Well-powered studies with consensus from experts in the field

Tier II: Variants of Potential Clinical Significance

Therapeutic, prognostic & diagnostic

Level C Evidence

FDA-approved therapy for different tumor types or investigational therapies

Multiple small published studies with some consensus

Level D Evidence

Preclinical trials or a few case reports without consensus

Tier III: Variants of Unknown Clinical Significance

Not observed at a significant allele frequency in the general or specific subpopulation database, or pan-cancer or tumor-specific variant database

No convincing published evidence of cancer association

Tier IV: Benign or Likely Benign Variants

Observed at a significant allele frequency in the general or specific subpopulation databases

No existing published evidence of cancer association

1. Filter and select variants for evaluation

- Follows existing VarSeq filter workflow

2. Assess all evidence for variant

- Presented in VSClinical interpretation hub

3. Develop final classification

- Somatic
 - Oncogenicity scoring, Drug sensitivity, Drug Resistance, Prognostic and Diagnostic
- Secondary Germline
 - ACMG based classification criteria

4. Include interpretations in final clinical report





- Consistent results
- Shorten learning curve
- Staying abreast of new developments

Somatic

Oncogenicity Scoring Recommendations

Recommended to Score Oncogenic:

- SC+3** → The p.V600E variant occurs in 28296 samples in COSMIC.
- CE+3** → The p.V600E variant has been previously classified as pathogenic in ClinVar The p.V600E variant has been previously classified as oncogenic in CIVIC
- IP+1** → The p.V600E missense variant is predicted to be damaging by both SIFT and PolyPhen2 The valine residue at codon 600 of BRAF is conserved in all mammalian species The nucleotide c.1799 in BRAF is predicted conserved by GERP++ and PhyloP across 100 vertebrates.
- AR+1** → The p.V600E variant occurs in an active binding site.
- HR+1** → The p.V600E variant occurs in a cancer hotspot
- NP+1** → 16 variants within 6 amino acid positions of the variant p.V600E have been shown to be pathogenic, while none have been shown to be benign.

Recommended to Score Benign:

No Benign Criteria Recommended

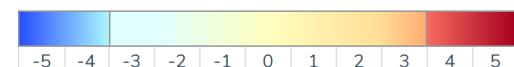
Oncogenicity Classification given Scored Criteria:

Oncogenic (+10)

Scored Criteria:

SC+3 CE+3 IP+1 AR+1 HR+1 NP+1

Oncogenicity Scale and Source:



The Golden Helix Oncogenicity score was developed to provide a criteria-based scoring system similar to the ACMG Guidelines but with the numeric pathogenicity scale introduced by Invitae's Sherlock scoring system. In consultation with the GA4GH Variant Interpretation in Cancer Consortium (VICC) system, the scoring rubric was designed to rank variants by their pathogenicity in the context of cancers. The most common somatic variants in COSMIC were used to tune and benchmark the scoring system along with variants with highly rated clinical evidence in CIVIC.

Germline

ACMG Classification

Scored Criteria by Strength:

Pathogenic	Very Strong		x0
	Strong	PS1	x1
	Moderate	PM2, PM1, PM5	x3
	Supporting	PP2, PP3	x2
Benign	Supporting		x0
	Strong		x0
	Stand Alone		x0

ACMG Classification:

Pathogenic

Rule Pathogenic (iii): 1 Strong AND ≥3 Moderate, or 2 Moderate and ≥2 Supporting, or 1 Moderate and ≥4 Supporting

Recommended Criteria:

- Perform functional assay to determine the effect of the variant in the gene
- Establish the state of the variant in the parents

AMP Guidelines – Annotations

Population Database to exclude common variants

Database	Web Address
1000 Genomes	http://www.internationalgenome.org/data/
dbSNP	https://www.ncbi.nlm.nih.gov/snp/
dbVAR	https://www.ncbi.nlm.nih.gov/dbvar/
ExAC	http://exac.broadinstitute.org/about
gnomad	https://gnomad.broadinstitute.org/

Cancer Specific Databases

Database	Web Address
COSMIC	https://cancer.sanger.ac.uk/cosmic/
My Cancer Genome	https://www.mycancergenome.org/
Clinical Trials	https://clinicaltrials.gov/
CIVIC	https://civicdb.org
Cancer Hotspots	http://www.cancerhotspots.org
PMKB	https://pmkb.weill.cornell.edu/
ICGC Data Portal	https://dcc.icgc.org/
MSK-IMPACT	https://www.mskcc.org/msk-impact
TCGA	https://www.cancer.gov/about-nci/organization/ccg/research/structural-genomics/tcga

Sequence Repositories

Database	Web Address
NCBI genome	https://www.ncbi.nlm.nih.gov/genome/
RefSeqGene	https://www.ncbi.nlm.nih.gov/refseq/rsg/
Ensemble	https://grch37.ensembl.org/index.html

Clinical, Drug, and Prediction annotations

Database	Web Address
ClinVar	https://www.ncbi.nlm.nih.gov/clinvar/
Leiden	http://www.lovd.nl/
dbSNFP Predictor	https://sites.google.com/site/jpopgen/dbNSFP
Ensemble Predictor	https://uswest.ensembl.org/info/genome/index.html
DrugBank	https://www.drugbank.ca/
Clinical Genomic Database	https://research.nhgri.nih.gov/CGD/
Genetics Home Reference	https://ghr.nlm.nih.gov/

Splice Site and Functional Prediction Algorithms

Database	Web Address
Human Splicing Finder	http://www.umd.be/HSF/
MaxEntScan	https://www.hollywood.mit.edu/burgelab/maxent/Xm-entscan_scoreseq.html
NetGene2	http://www.cbs.dtu.dk/services/NetGene2/
NNSplice	http://www.fruitfly.org/seq_tools/splice.html
GeneSplicer	https://ccb.jhu.edu/software/genesplicer/
PolyPhen2	http://genetics.bwh.harvard.edu/pph2/
SIFT	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC168916
CADD	https://cadd.gs.washington.edu/
GERP++	http://mendel.stanford.edu/SidowLab/downloads/gerp

- **Cancer Interpretation Catalog**
 - Included with AMP Guidelines
- **Primary Values**
 - Curated by professionals in the clinical context
 - Jump starts interpretation
 - Accelerates time to reporting

Review and Save *BRAF*V600E Biomarker Summary in Melanoma:

To Save:

*BRAF*V600E Biomarker Summary

Edit of previous interpretation started 3 months ago


Interpretation:

[Revert to Saved Interpretation](#)

The hotspot for mutations in *BRAF* is at codon p.V600. Mutations at p.V600 occur within the activation segment of the kinase domain resulting in increased kinase activity. The most common activating mutation is the p.V600E mutation which results in an amino acid substitution at position 600 in *BRAF*, from a valine (V) to a glutamic acid (E). Approximately 80–90% of p.V600 *BRAF* mutations are p.V600E (COSMIC). (PMID: 25744437)

Share Anonymized Interpretation with the Golden Helix Curation Team

- **VSClinical conducts the clinical variant analysis based on ACMG and AMP guidelines**
 - Automated population of the clinical report-based workflow outcome
 - Standardizing of variant level interpretation based on customizable assessment catalogs
 - For somatic variants, GHI provides predefined clinical assessments via our CancerKB catalog
- **Rendering of clinical reports within seconds**
- **Supported output formats**
 - Word
 - PDF



Patient Name
NA12877

Report Date
06/18/2019

Tumor Type
Melanoma

Patient Information		Reference Information		Sample Information	
Patient Name	NA12877	Ordering Physician	Dr. Smith	Specimen Site	Skin
DOB	03/09/1993	Order Date	05/29/2019	Collection Date	06/09/2019
Sex	Female	Contact/Recipient		Received Date	06/10/2019
MRN	3513584			Accession #	3518451

ABOUT THE TEST
Golden Labs utilizes a Next Generation Sequencing (NGS) based assay of 50 cancer related genes to detect relevant genomic alterations that provide therapeutic guidance, disease diagnostic evidence or prognostic indication. See Method & Limitations.

RESULTS SUMMARY

Multiple genomic alterations detected, including biomarkers for FDA approved drugs for the patient's tumor type.

SOMATIC ALTERATIONS DETECTED				
GENE	TYPE	DESCRIPTION	LOCATION	EVIDENCE
<i>BRAF</i>	Mutation	V600E	Exon 15 Missense	Tier I - Level A

BIOMARKER DETAILED RESULTS

BRAF

V600E

Tier I - Level A

Drug Sensitivity

Drug Resistance

Prognosis Evidence

Sensitivity to Drugs:

Dabrafenib + Trametinib

Vemurafenib + Cobimetinib

Encorafenib + Binimetinib

***BRAF* Clinical Significance:** *BRAF* (B-RAF proto-oncogene) is a serine/threonine specific protein kinase that regulates the MAP Kinase/ERK signaling pathways regulating many of the hallmarks of cancer including proliferation, differentiation, migration and apoptosis (PMID: 15520807, 15488754). *BRAF* that is commonly activated by somatic point mutation in many cancer types including melanomas, cancers of the colon and rectum, ovary, and thyroid gland (PMID: 17208430). Typically, *BRAF* mutations are mutually exclusive from other known oncogenic driver mutations *BRAF* mutation status can provide clinical utility as a diagnostic and prognostic marker as well as indicate sensitivity to *BRAF* and MEK inhibitors (PMID: 23594689).

***BRAF* Outcomes & Frequencies:** *BRAF*-mutant melanomas represent around 50% of all melanomas (PMID: 26091043). *BRAF* mutation status is crucial to determining whether a patient will benefit from *BRAF* inhibitor therapy (PMID: 25399551). The most prevalent *BRAF* mutations detected in melanoma are missense mutations that introduce an amino acid substitution at valine 600. Although the most common mutation is p.V600E (PMID: 12068308), a mutation resulting in substitution of valine (V) with a lysine (K) is seen in approximately 5-12% of melanomas (COSMIC, PMID: 20630094, 22536370). This mutation deregulates the protein's kinase activity leading to constitutive *BRAF* activation (PMID: 26150740).

V600E Biomarker Summary: The hotspot for mutations in *BRAF* is at codon p.V600. Mutations at p.V600 occur within the activation segment of the kinase domain resulting in increased kinase activity. The most common activating mutation is the p.V600E mutation which results in an amino acid substitution at position 600 in *BRAF*, from a valine (V) to a glutamic acid (E). Approximately 80–90% of p.V600 *BRAF* mutations are p.V600E (COSMIC).

Drug Sensitivity: *BRAF* p.V600E mutations are associated with increased sensitivity to *BRAF*

Signed Electronically by Darby Kammeraad | Medical Director: Leonard McCoy, M.D. | CLIA Number: 1234ABCD | Tue, Jun 18, 2019 page 1 of 6

- **Trusight Myeloid Gene Panel (568 Targets)**
 - Pre-run coverage and sample statistics
 - Exploring multiple variants
 - SNV: somatic missense BRAF^{V600E}
 - CNV: ERBB2^{Amp}
 - Fusion: BCR-ABL1
- **Explore VSClinical – AMP Guideline tabs**
 - Patient info
 - Mutation selection
 - Variant oncogenicity score
 - Biomarker interpretation + treatment options
 - Clinical report

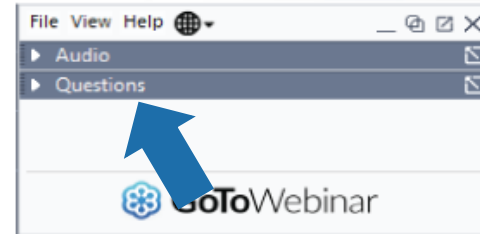


Project Demonstration

Questions & Answers



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Summer AMP Sale

VSClinical Cancer Pack	VSClinical Cancer PowerPack	Small Warehouse Pack	Large Warehouse Pack
\$23,995/15 months	\$29,995/15 months	\$47k/15 months	\$120k/15 months
2 users	2 users	2 users	Up to 10 users
VSClinical	VSClinical	VSClinical	VSClinical
AMP Add-On	AMP Add-On	AMP Add-On	AMP Add-On
	VS-CNV	VS-CNV	VS-CNV
	Sentieon Tier 1	Sentieon Tier 1	Sentieon Tier 1
		VSReports	VSReports
		VSPipeline	VSPipeline
		VSWarehouse	VSWarehouse
Packs Remaining: 3	Packs Remaining: 3	Packs Remaining: 3	Packs Remaining: 1

Buy two years, get the third year for free!

Questions & Answers



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