

Oncogenicity Scoring in VSClinical

Dr. Nathan Fortier, Director of Research

CIOReview

20 Most Promising Biotech
Technology Providers

Gartner

Hype Cycle for Life sciences

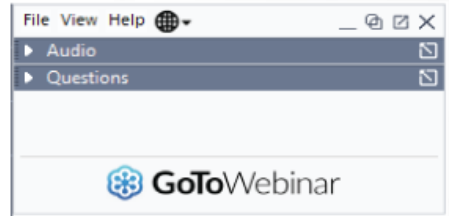
pharma
TECH OUTLOOK

Top 10 Analytics
Solution Providers

Questions



Ask a question by typing them in the "Questions" tab on your GoToWebinar Panel



NIH Grant Funding Acknowledgments

- Research reported in this publication was supported by the National Institute Of General Medical Sciences of the National Institutes of Health under:
 - Award Number R43GM128485-01
 - Award Number R43GM128485-02
 - Award Number 2R44 GM125432-01
 - Award Number 2R44 GM125432-02
 - Montana SMIR/STTR Matching Funds Program Grant Agreement Number 19-51-RCSBIR-005
- PI is Dr. Andreas Scherer, CEO Golden Helix.
- 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 Guidelines

Clinical Reports

CNV Analysis

Pipeline: Run Workflows



Variant Warehouse

Centralized Annotations

Hosted Reports

Sharing and Integration



CNV Analysis

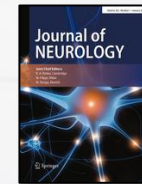
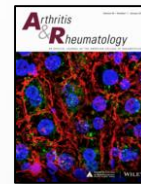
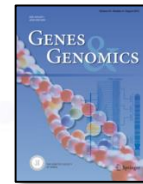
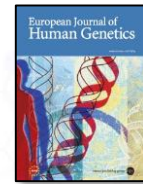
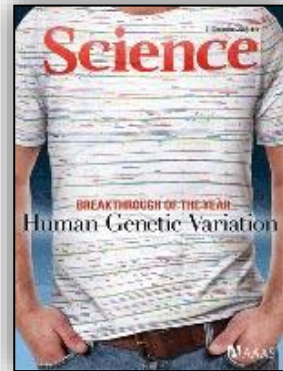
GWAS | Genomic Prediction

Large-N Population Studies

RNA-Seq

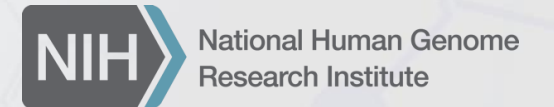
Large-N CNV-Analysis

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

BAM

VCF

 VSCNV[®]

Calling of CNVs

 varSEQ[®]

Annotating, filtering & prioritizing of
clinically relevant SNPs and CNVs

 VSClinical[®]

- Clinical interpretation of SNPs & CNVs
- ACMG & AMP guidelines assessing germline and somatic variations
- Clinical reporting

WORD
REPORT

PDF
REPORT

EXCEL
TABLE

Hallmarks of Cancer











Engines of Cancers

- Understanding cancer in a patient requires understanding its underlying biology
- Multiple hallmarks are required for tumorigenesis

A Disease of the Genome

- A given cancer gene plays a role in promoting or suppressing one or more of these hallmarks
- Genomic mutations enable hallmarks by:
 - Gain of function of a Oncogene
 - Loss of function of a Tumor Suppressor Gene (TSG)

Hallmarks for PTEN:

	P	S
 proliferative signalling		
 suppression of growth	■	
 escaping immunic response to cancer		■
 cell replicative immortality		■
 tumour promoting inflammation		
 invasion and metastasis		■
 angiogenesis		
 genome instability and mutations		■
 escaping programmed cell death		■
 change of cellular energetics	■	

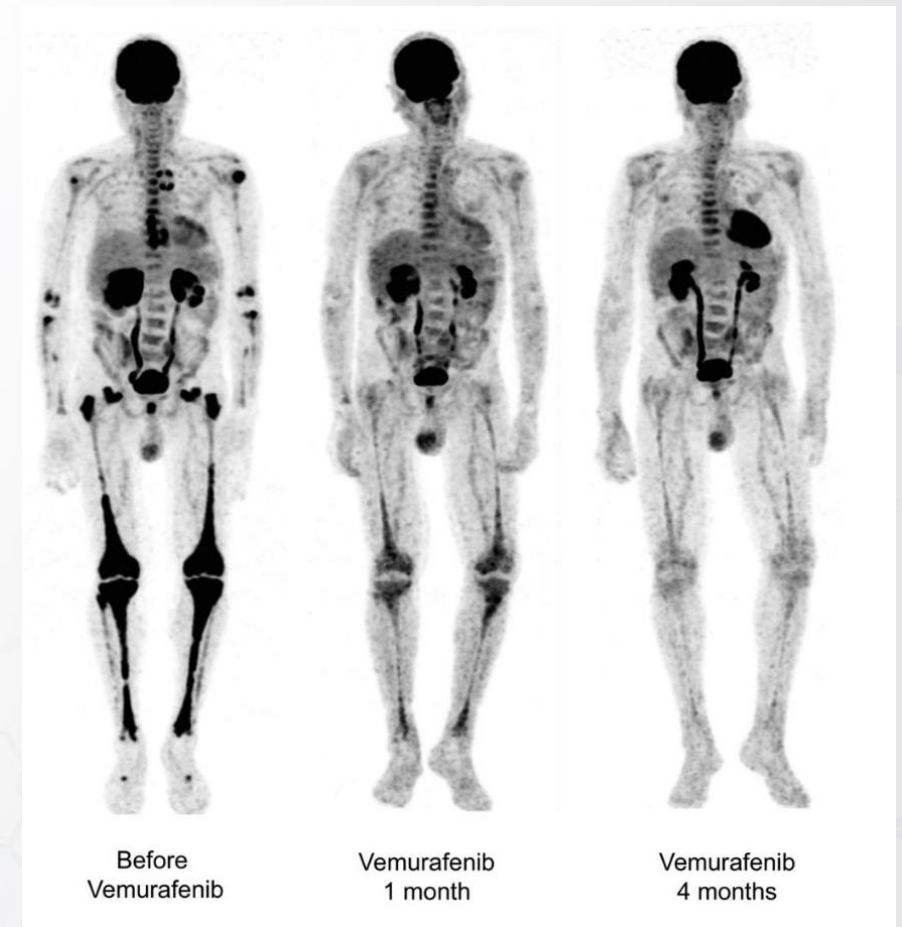
Biomarkers

■ Testable Biological Markers

- Biomarkers are biological states or measurements that provide indications for treatment, prognostic or diagnostic outcomes
- Range from presence or absence of proteins, antigens and specific genomic attributes of the tumor.

■ Common Cancer Biomarkers Examples

- HER2+: High levels of HER2 receptor protein
- MSI-H: Microsatellite instability-high
- BRAF^{V600E}: Presence of activating mutation V600E
- ERBB2^{Amp}: Amplification of ERBB2
- BCR-ABL1: Activation of ABL1 through fusion with BCR
- 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

Evidence Levels and Tiers

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 therapies 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 databases, or pan-cancer or tumor-specific variant databases

No convincing published evidence of cancer association

Tier IV: Benign or Likely Benign Variants

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

No existing published evidence of cancer association

VSClinical AMP Workflow

- Evaluate Which Variants to Report
- Classify Evidence Following AMP Guidelines
- Your Interpretations Saved & Re-Used
- Built In Auto-Scoring of Somatic & Germline (ACMG Guideline) Variants
- Integrated Reporting
- Results: **Comprehensive, Consistent, Efficient**

Clinical
Report
Outline

Results

Biomarkers

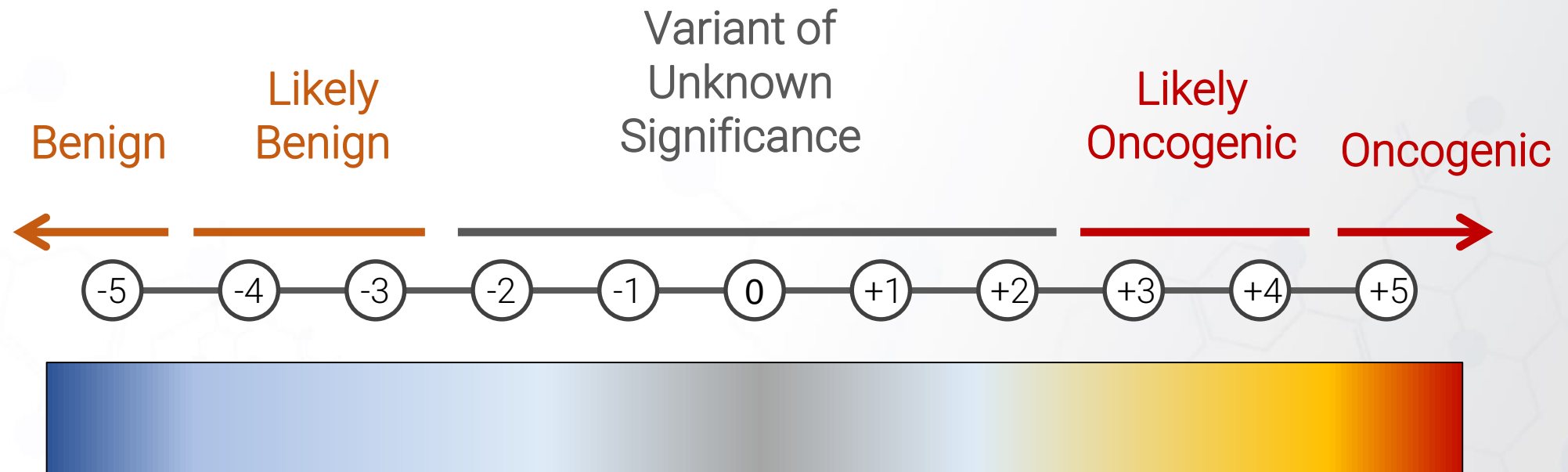
Secondary Germline

Variants of Unknown
Significance

Coverage Report

References

Oncogenicity Scale



- Germline Population Catalogs
- In-Silico Functional/Splicing
- Previous / Clinical Evaluations

- Somatic Catalogs
- Domain / Hotspot Analysis
- Gene Affinity to Variant Type

Oncogenicity Scoring

Applies To	Criteria	-5B	-3B	-2B	-1B	+10	+20	+30
All	Population Frequency	-5	-3		-1			
	Homozygous in Controls			-2	-1			
	In Somatic Catalogs					+1	+2	+3
	Relevant Variant Assessments				-1		+2	+3
Null	Damaging LoF					+1	+2	
	LoF are Oncogenic Mutations in Gene					+1		
Missense	Nearby Pathogenic Missense Variants						+2	
	In-Frame not in Repeat Region					+1		
	Somatic Hotspot & Active Binding Sites					+1	+2	
Non-Null	Computational Evidence				-1	+1		
All	Splice Site Prediction					+1	+2	
Non-Coding	Silent, Intronic, UTR, Intergenic Variants w/ No Splice Effect		-3					



Project Demonstration

Upcoming Webcasts

- **August: Using VSClinical AMP Guidelines to Perform Cancer Testing**
 - Reporting Secondary Germline findings using ACMG guidelines
 - Customizing clinical report to match the requirements of your lab
 - Dr. Eli Sward, Field Application Scientist
- **September: Cancer Interpretation Reuse and Golden Helix CancerKB**
 - Saving and re-using interpretations with your own lab knowledgebase
 - Starting with 80% of your report written with Golden Helix CancerKB
 - Gabe Rudy, VP Product & Engineering

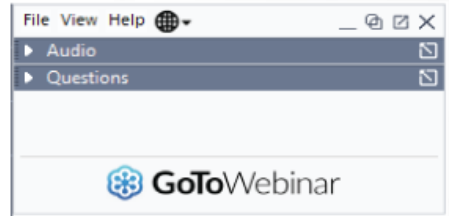
NIH Grant Funding Acknowledgments

- Research reported in this publication was supported by the National Institute Of General Medical Sciences of the National Institutes of Health under:
 - Award Number R43GM128485-01
 - Award Number R43GM128485-02
 - Award Number 2R44 GM125432-01
 - Award Number 2R44 GM125432-02
 - Montana SMIR/STTR Matching Funds Program Grant Agreement Number 19-51-RCSBIR-005
- PI is Dr. Andreas Scherer, CEO Golden Helix.
- The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Questions



Ask a question by typing them in the "Questions" tab on your GoToWebinar Panel



EXTENDED Limited Time Offer

15-months of VSClinical +Cancer Add-On
with a one-year license purchase

Ends on Labor Day, Sept 2, 2019

To learn more, mention it in the Q&A pane, reach out to your Area Director, or email info@goldenhelix.com.

New eBooks



We released two new eBooks – download
your complimentary copies!

bit.ly/ghiebooks

Questions



Ask a question by typing them in the "Questions" tab on your GoToWebinar Panel

