

# バイオインフォマティクスとは？

## What is bioinformatics?

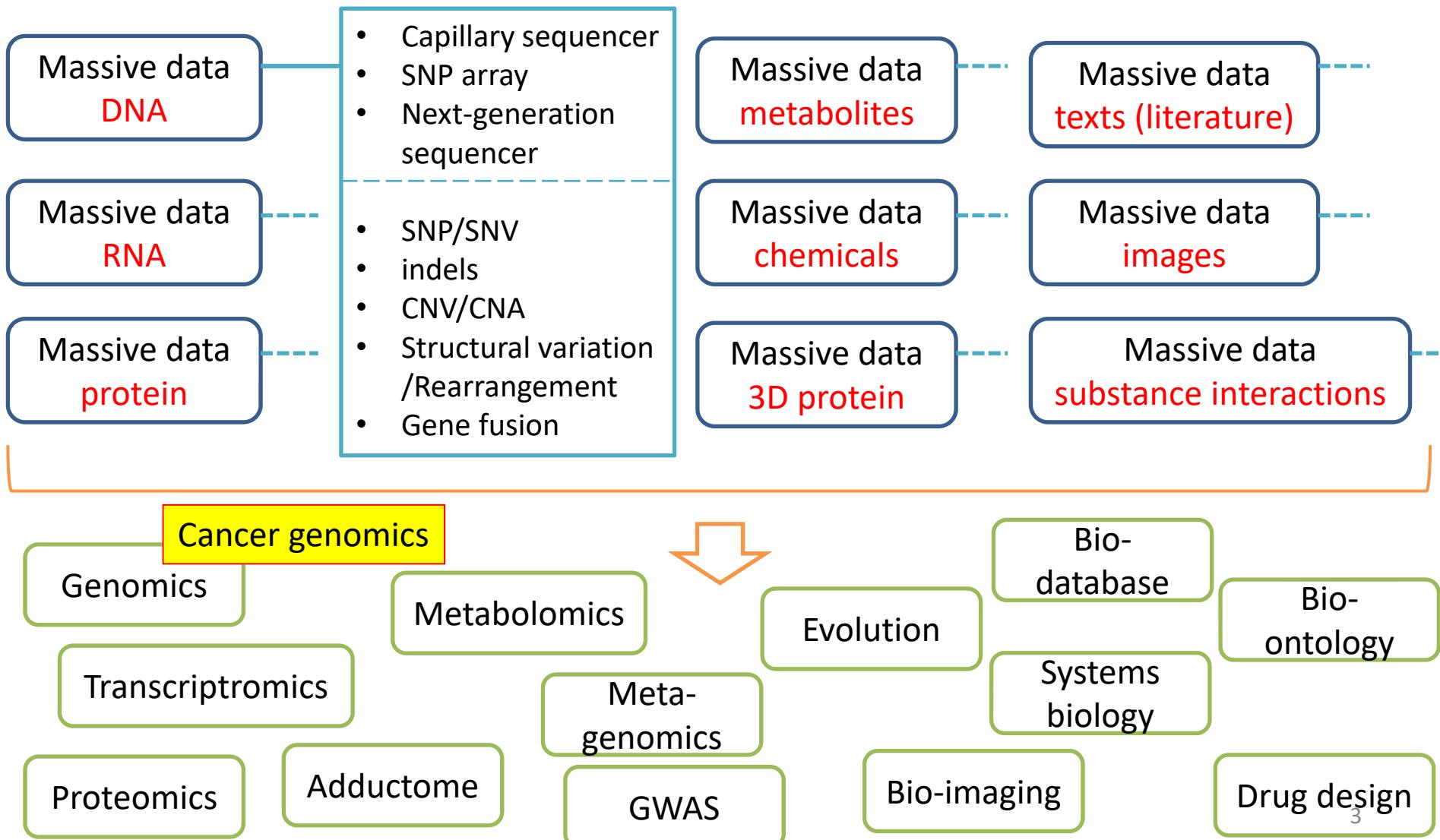
\* 日本語で行います

研究所  
バイオインフォマティクス部門  
加藤 譲

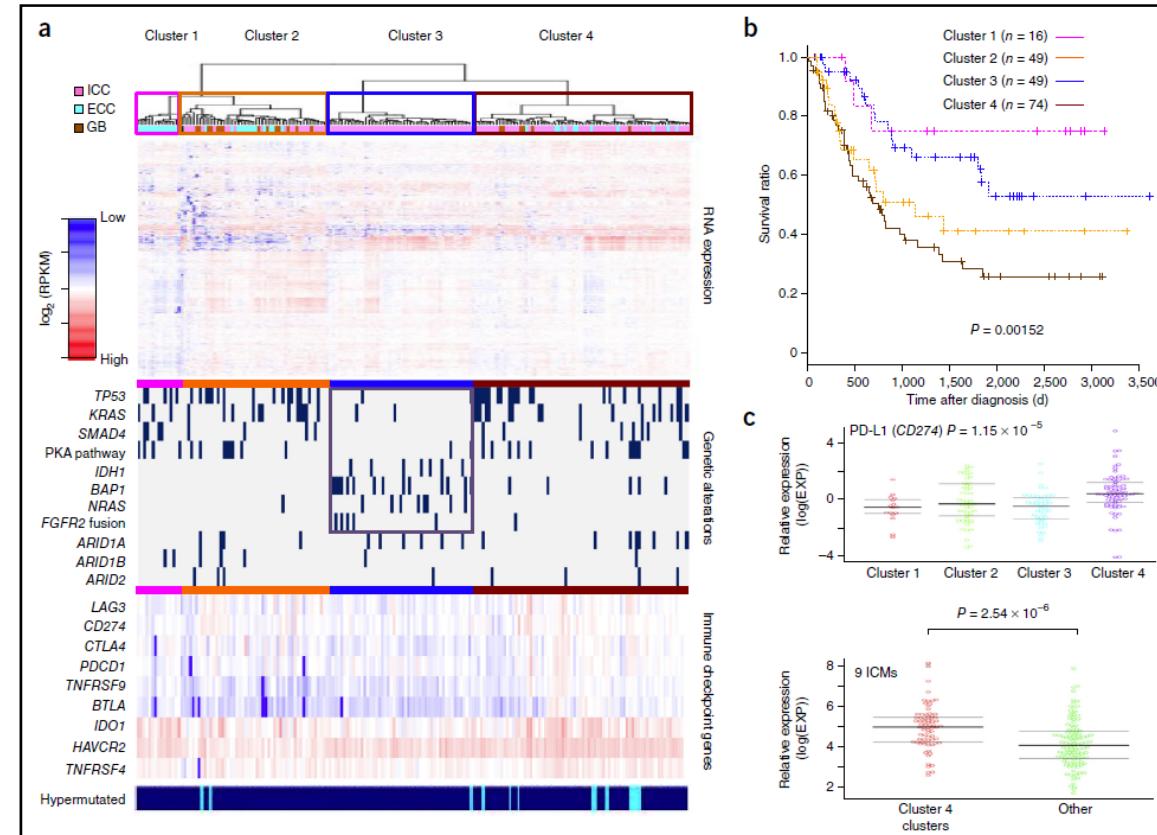
# Outline

1. General concepts of bioinformatics
  - Within my limited experiences though...
2. Its application to genomic medicine
  - clinical sequencing

# Bioinformatics: greedy and cloudy discipline



# RNA analysis and the clinical relationships in bile-duct cancer genomics



(Nakamura et al, Nat Genet, 2015)

- Bioinformatics support for Shibata group in NCC

NGS data

6 TB data

@PERI8:9:45  
 CCCTCAGCTACGGGGGGGGGGTGGCTTCTCTGTTACCTGGTG  
 GTGGCGGCTGTGACGCTCCTGCTGCGCAGCCCCAGAACGGC  
 CGGAGCCATCCCACCGCCTACCGTACCGGCACATCGATCCAAT  
 GATAACGGCTGAGCACA  
 +  
 /0(..0\*\*\*0000000000%02..(15030111/322-\*%-, (03/24)+--  
 22/++230000.+++.2111----%\*\*\*(\*\*-1,1/\*+-(-  
 \*\*2++\*+\*/1,0(0..0.4%+++4223+++4\*.).\*\*\*+\*024%++2+\*\*+,  
 ...

200 columns (samples)

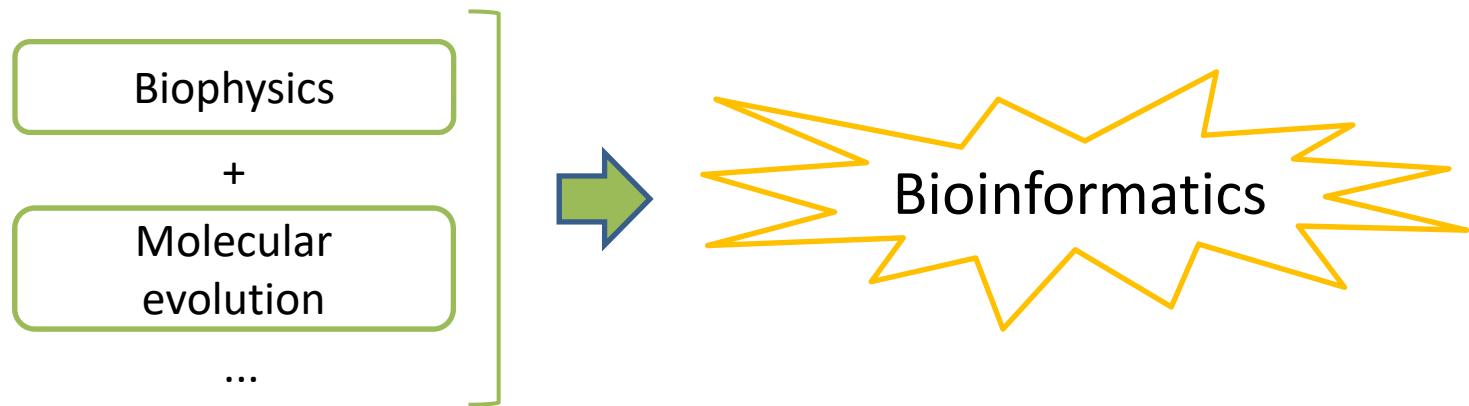
40,000 rows (transcripts)

Clustering analysis

Gene	BD003T	BD004T	BD005T	BD006T	BD007T
ENST0000031.35851	81.2562	58.13853	35.76353	40.48326	
ENST0000010.01731	1.137802	32.82091	15.14492	2.095884	
ENST000003.982066	0	0	0	0	0
ENST000001.120111	1.371183	5.04892	2.619011		
ENST000000	0	0	0	0	0
ENST000000.241376	0.119728	0.021227	0.009749	0	
ENST000000.061229	0.032396	0.057434	0.039568	0.093569	
ENST000000.146.4966	0.581962	0	0	0	
ENST000000.163.5045	163.5045	205.3889	162.6099	96.99319	
ENST000000.0	0	0	0	0	
ENST000000.0	0	0	0	0	
ENST000000.8.933542	8.933542	1.986797	2.840649	4.501061	0.370228
ENST000000.3.923663	0.3923663	0.688758	2.00794	1.949078	0.777532

# Birth of bioinformatics

- It's in 1970s



Protein sequence \*1 letter = 1 amino acid

1. MKILETPFASGDLISMLVLLPDEVSDLERIEKTINFE...
2. MKILETPFASGDLISMLVLNPDEVSDLERIEKFINFE...
3. MKILETPSSGDLSMLVLIPDEVSDLERIEKTINFE...
- ...

How different?

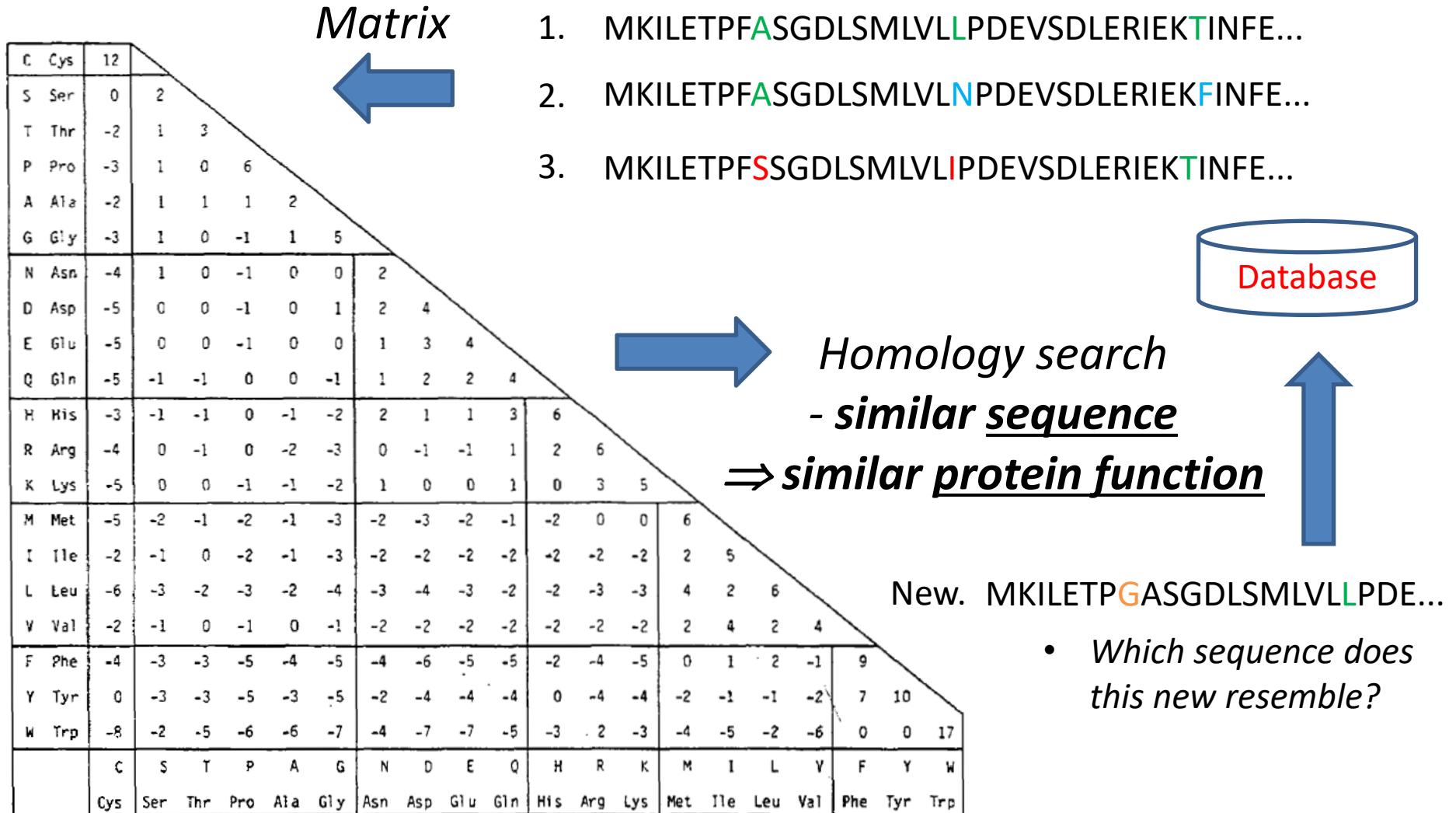
How about sorting out sequences obtained so far...?

Computer!

Dayhoff matrix

Homology search

# Dayhoff matrix & homology search



(Dayhoff et al, 1978)

# Homology search

- DNA

		Matrix			
		A	T	G	C
A	A	5	-4	-4	-4
	T	-4	5	-4	-4
	G	-4	-4	5	-4
	C	-4	-4	-4	5

New: A T G C

Seq1: T T G C

$$-4 + 5 + 5 + 5 = 11$$

Seq2: T C G C

$$-4 - 4 + 5 + 5 = 2$$



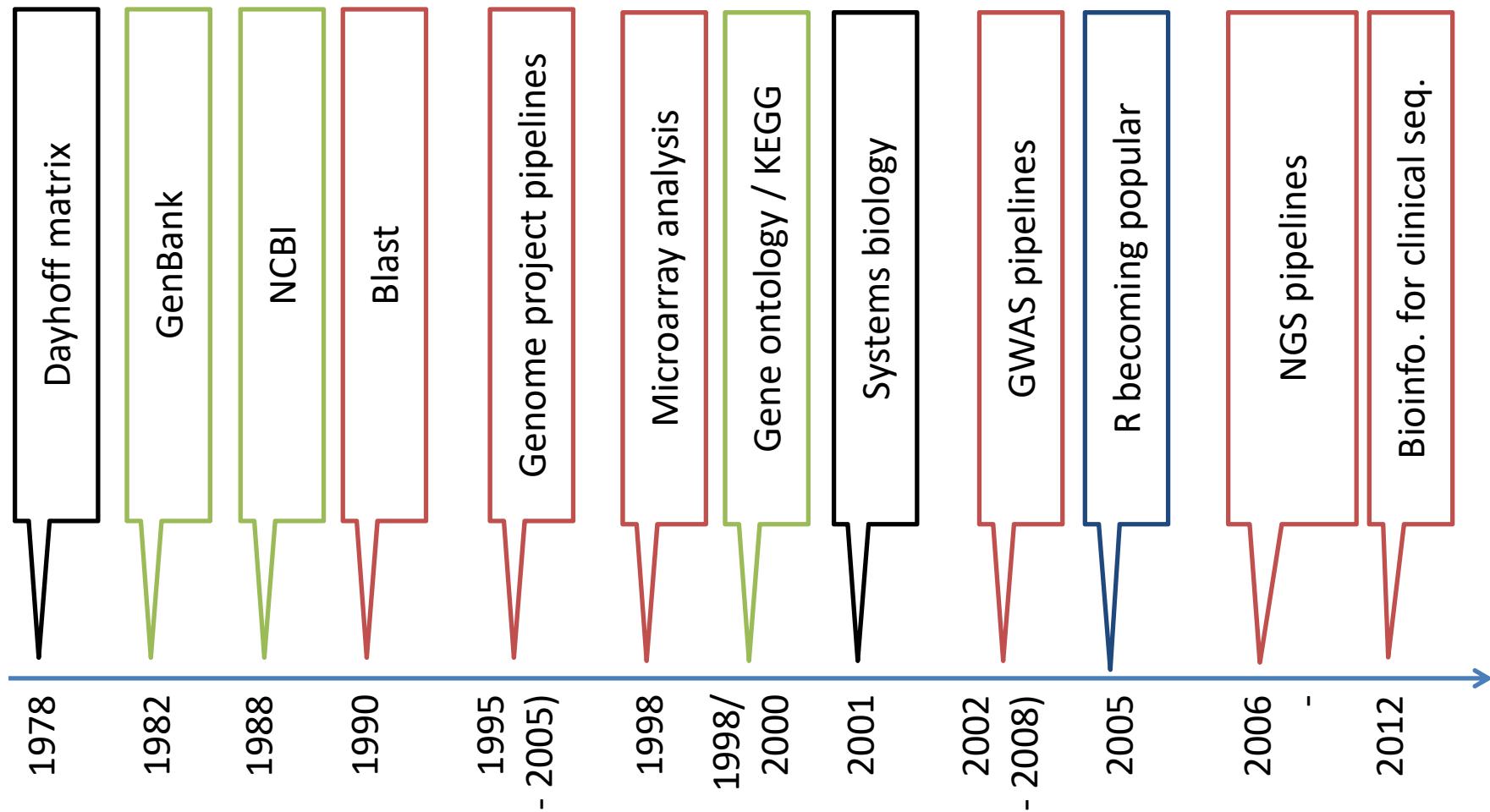
*New is more similar to seq1  
even in the protein function.*

*(Say, seq1 function is  
well-known.)*

- Protein (amino acid sequence)

Same idea

# Brief history of bioinformatics

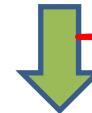


# The essence

# Signal from Noise

## – a needle in a haystack –

- High-throughput experiments
  - Noisy massive data



Bioinformatics

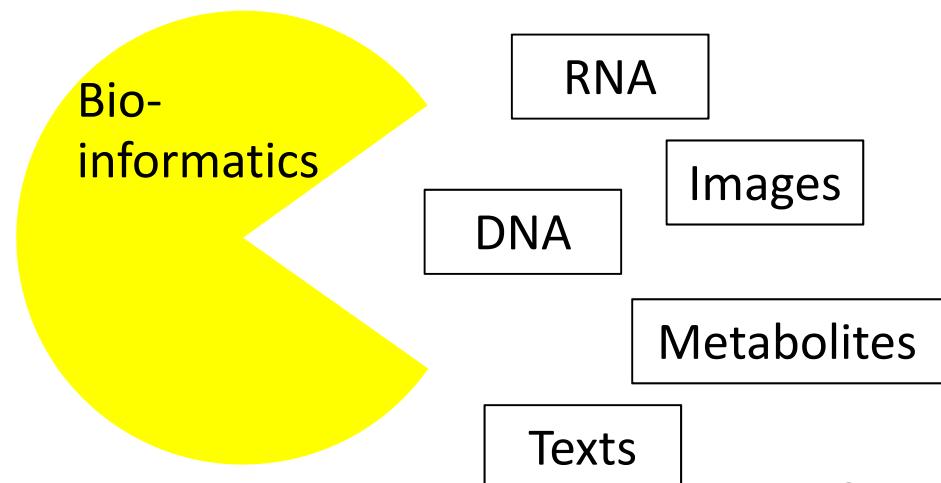
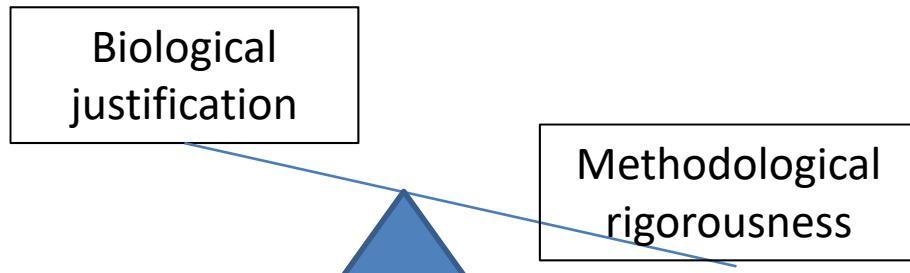
Biological information

Data type: phenotypic or molecular?	Data quantity	Emphasis: discovery or proof?
Bioinformatics	Molecular	Great many (>millions)

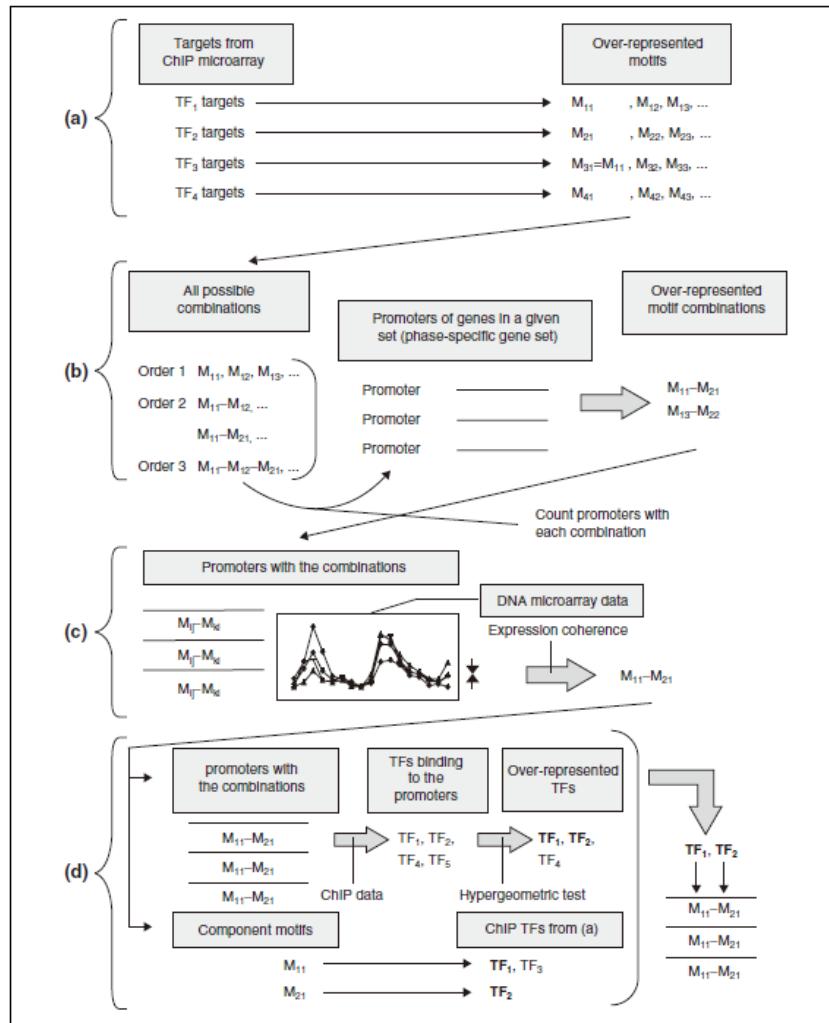
# The methodological aspect

## *The theoretical basis*

- Mechanics:  
*Newton's three laws*
  - Statistics:  
*population and sampling*
  - Bioinformatics:  
*NOTHING...?*
- The spirit of “**pragmatism**”  
✓ Whatever method,  
as long as useful

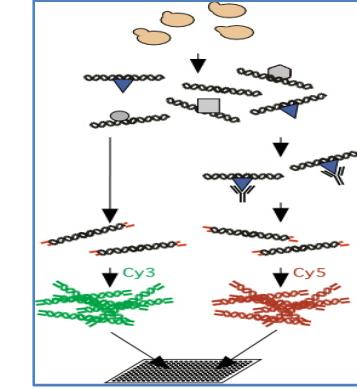


# Discovery, relaxing methodological rigorousness



```
>YOR128C
TCGAAAAAGATCATT...
>YOR119W
CAGTTTATATAAAATT...
> ...
```

Promoter sequences represented by 200 \* 6000 letters



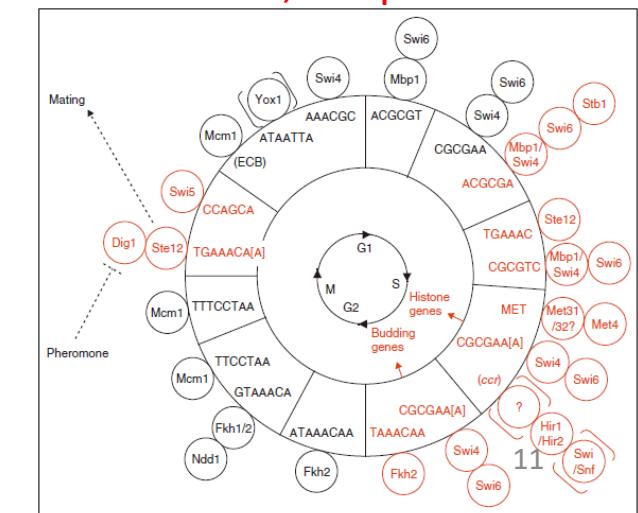
(Lee et al., Cell, 2002)

Binding data represented by 113 \* 6000 p-values

In the step (a): search TF-binding motif  
 200,000 statistical tests! ⇒ 200,000 p-values

As, simply,  
 score...

(Kato et al, Genome Biol., 2004)



# Therefore, collection of arts

## SKILL

### Level I

Programming:  
Linux, Perl, R, SQL

Practically  
enough...

### Level II

Molecular  
biology

Genome  
biology

AND

Hopefully...

### Level III

AND

Classical  
statistics

Computer-  
intensive statistics

### Expertise level

OR

Bayes  
statistics

Graph theory

Machine  
learning

Molecular  
evolution

Lexical  
analysis

Pattern  
recognition

Statistical  
genetics

Syntactic  
analysis

Information  
theory

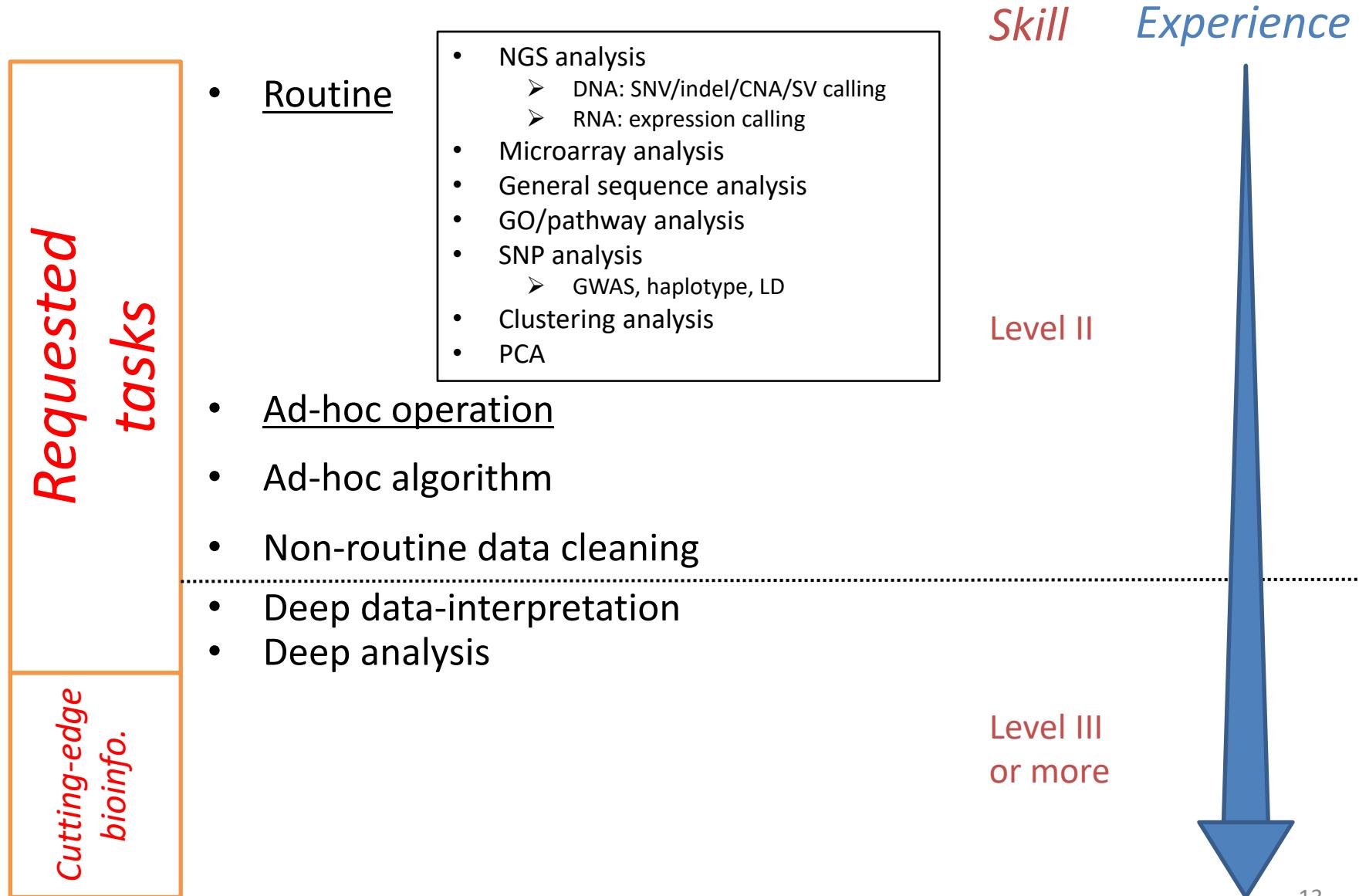
Combinatorics

Algorithm

Data mining

More...

# Is level II enough?



# Routine/Ad-hoc operation?

- NGS routine

*On Linux*

```
# make index  
bwa index -p human_chrs.fa -a bwtsw human_chrs.fa  
  
# aln  
bwa aln -t 6 human_chrs.fa test.fastq      1> test.aln 2> test.aln.err  
# samse  
bwa samse  human_chrs.fa test.aln test.fastq 1> test.sam 2> test.sam.err  
  
# bwasw  
bwa bwasw -t 6 human_chrs.fa test.fastq 1>| tmp.sw.1 2>| tmp.sw.2  
  
# sam -> bam  
## with index  
samtools view -bS test.sam > test.bam  
  
## no index  
samtools faidx  human_chrs.fa (=>.fai) # fasta index  
samtools view -bt human_chrs.fa.fai test.sam > test.bam  
  
# bam -> sam  
samtools view -h test.bam > test.sam  
  
...
```

- Ad-hoc operation

1. Installation of a public bioinformatics tool
  - Eg, “bwa” on the left
2. Understand the manual
  - Though, sometimes
3. Apply to your own data
  - Eg, command lines on the left
4. Get results

# Advanced type of working: division of labor

- When bioinformatics tasks are many and complex, ...



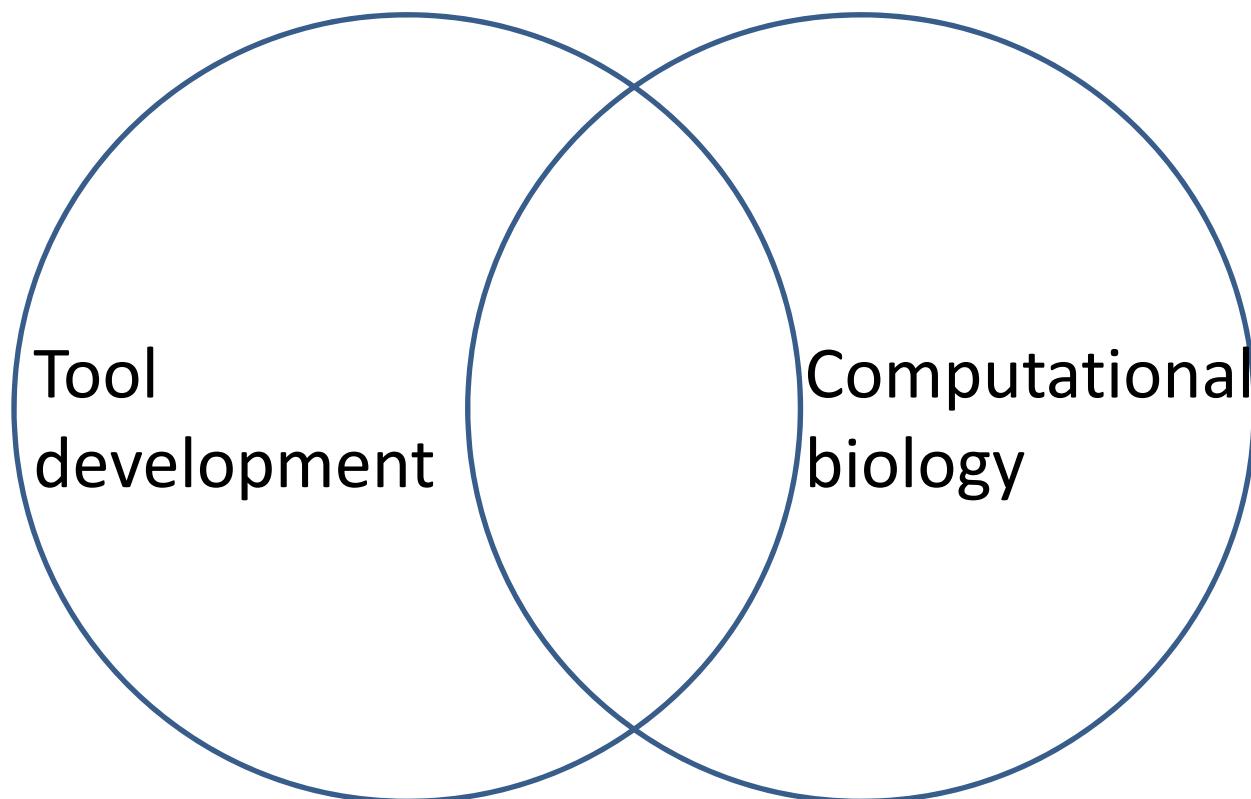
**Algorithm design**

~= experimental design  
by scientists

**Implementation (coding)**

~= perform experiment  
by technical staff / technicians

# Two extreme types of studies



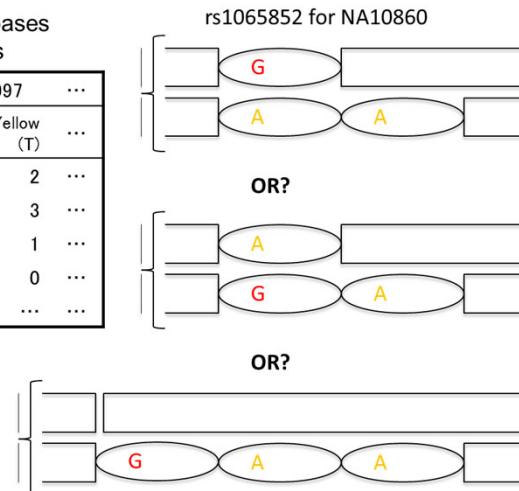
# Example of tool development

## Problem in RETINA data

- What is the configuration of haplotypes(/genotypes)?

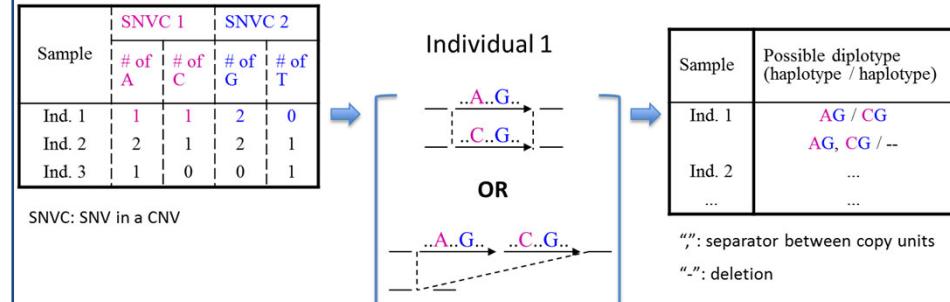
RETINA data: total number of bases over homologous chromosomes

Sample name	rs1065852		rs3892097		...
	FAM (G)	Yellow (A)	FAM (C)	Yellow (T)	...
NA10860	1	2	1	2	...
NA11992	0	3	0	3	...
NA12878	1	1	1	1	...
NA12239	2	0	2	0	...
...	...	...	...	...	...



## Principle of the algorithms

- List all possible diplotypes (pairs of haplotypes) that are consistent with the total numbers

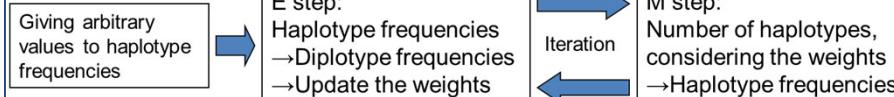


## Principle of the algorithms

- Repeat E- and M-steps to estimate haplotype frequencies
  - Using possible diplotypes obtained at the previous step

Sample	Possible diplotype	Weight (probability that the sample takes this diplotype)	Diplotype frequency under Hardy-Weinberg equilibrium
Ind. 1	haplotype 1 / haplotype 1	$w_{11} \propto F(h_1 / h_1)$	$F(h_1 / h_1) = 1 \cdot F(h_1) \cdot F(h_1)$
	haplotype 1 / haplotype 2	$w_{12} \propto F(h_1 / h_2)$	$F(h_1 / h_2) = 2 \cdot F(h_1) \cdot F(h_2)$
	haplotype 2 / haplotype 3	$w_{13} \propto F(h_2 / h_3)$	$F(h_2 / h_3) = 2 \cdot F(h_2) \cdot F(h_1)$
	...	...	...

Ind. 2	haplotype 1 / haplotype 1	$w_{21} \propto F(h_1 / h_1)$	$F(h_1 / h_1) = 1 \cdot F(h_1) \cdot F(h_1)$
	...	...	...
F(x): frequency of x			



Haplotype (14 SNVC sites)	True count	True frequency	Estimated frequency
AA-AA.....AA	428	0.3639	0.3683
AA-AA....ABAB	382	0.3248	0.3235
BA-AA.....AAAB	244	0.2075	0.2066
AA-A.....AAA	24	0.0204	0.0194
-----	23	0.0196	0.0199
AA-AAAA--AAA	21	0.0179	0.0167
BA-AAAA.....AA	18	0.0153	0.0153
AA-AA.....AAAB, AA-AA.....ABAB	16	0.0136	0.0118
AA-A.....AAA	11	0.0094	0.0079
AA-AA.....AAA, AA-AA.....AAA	6	0.0051	0.0050
BA.....ABA.....AB	-	-	0.0009
...	...	...	...

Allelic copy number	True count	True frequency	Estimated frequency
1 (copy)	1130	0.9609	0.9601
0 (copies)	23	0.0196	0.0200
2 (copies)	23	0.0196	0.0200
3 (copies)	-	-	<10 <sup>-10</sup>

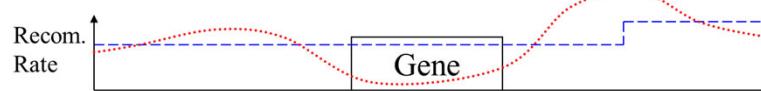
CNV-phaser  
(Kato et al,  
Am. J. Hum. Genet., 2008)

MOCS-phaser  
(Kato et al,  
Bioinformatics, 2008)

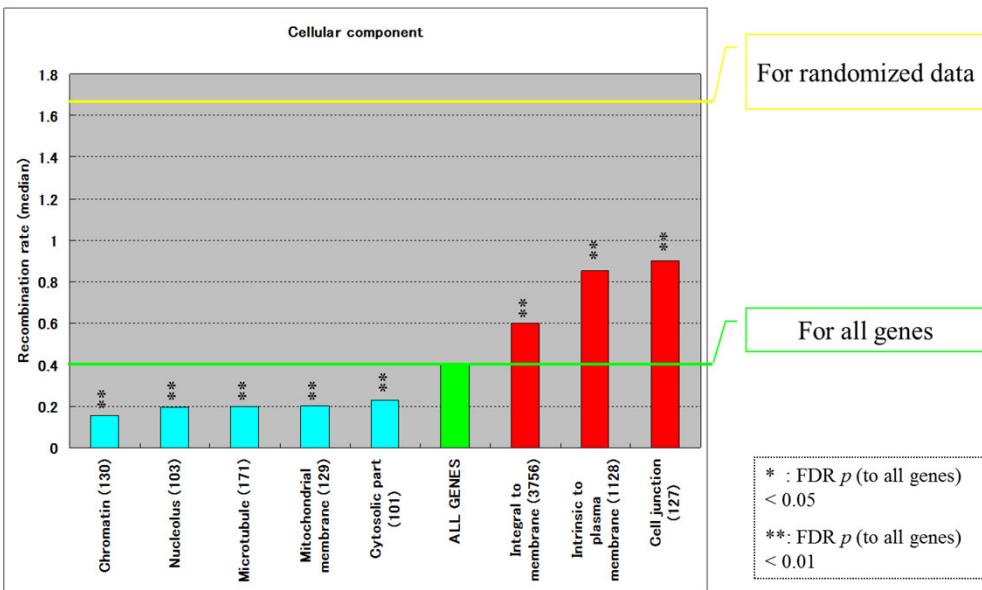
# Example of computational biology

## Background

- 2003 – The complete sequence of the human genome
  - an “average” sequence
- 2005 – The International HapMap Project, Phase I  
 2007 – The International HapMap Project, Phase II
  - Polymorphism in human genomes
  - Focused on single nucleotide polymorphism (SNP)
    - ✓ Catalogued SNP genotypes for 270 individuals in three ethical populations (Asian, African, European) at 3 million SNP loci
  - Medical application as well as biological investigation
- The first data on human recombination rates at a high resolution
  - New statistical methods (by a HapMap group) to infer recombination rates from large-scale SNP genotyping data
  - kilo-base level high-resolution

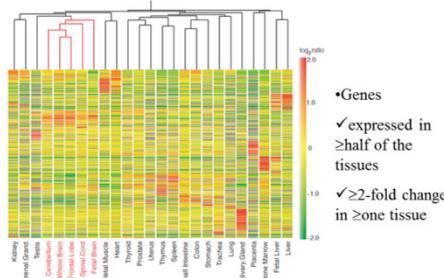


## Gene Ontology: cellular component

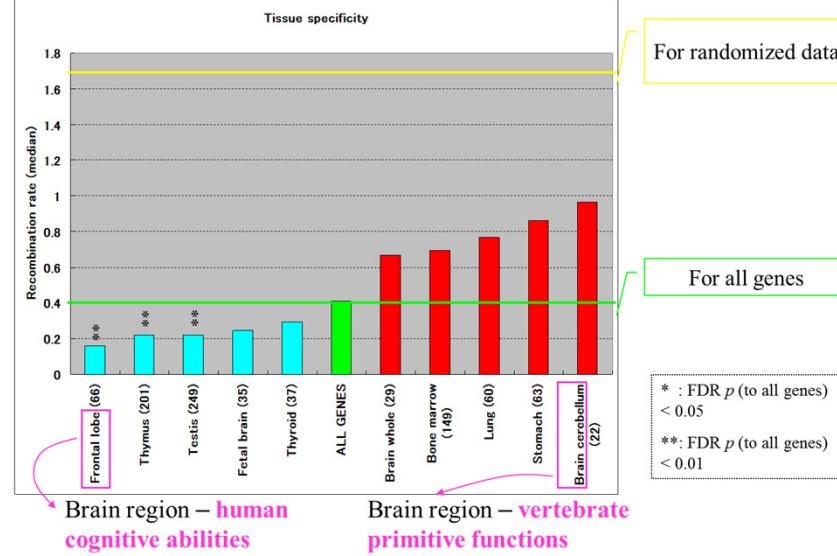


## Tissue-specific genes

- Tissue-specific genes
  - We performed microarray experiments.
  - Microarrays with ~30,000 probes for 25 tissue samples
  - Genes highly expressed (FDR p < 0.001) in each tissue
  - The clustering analysis confirmed that we successfully measured expression levels.
  - Genes highly expressed in only one tissue → tissue-specific genes

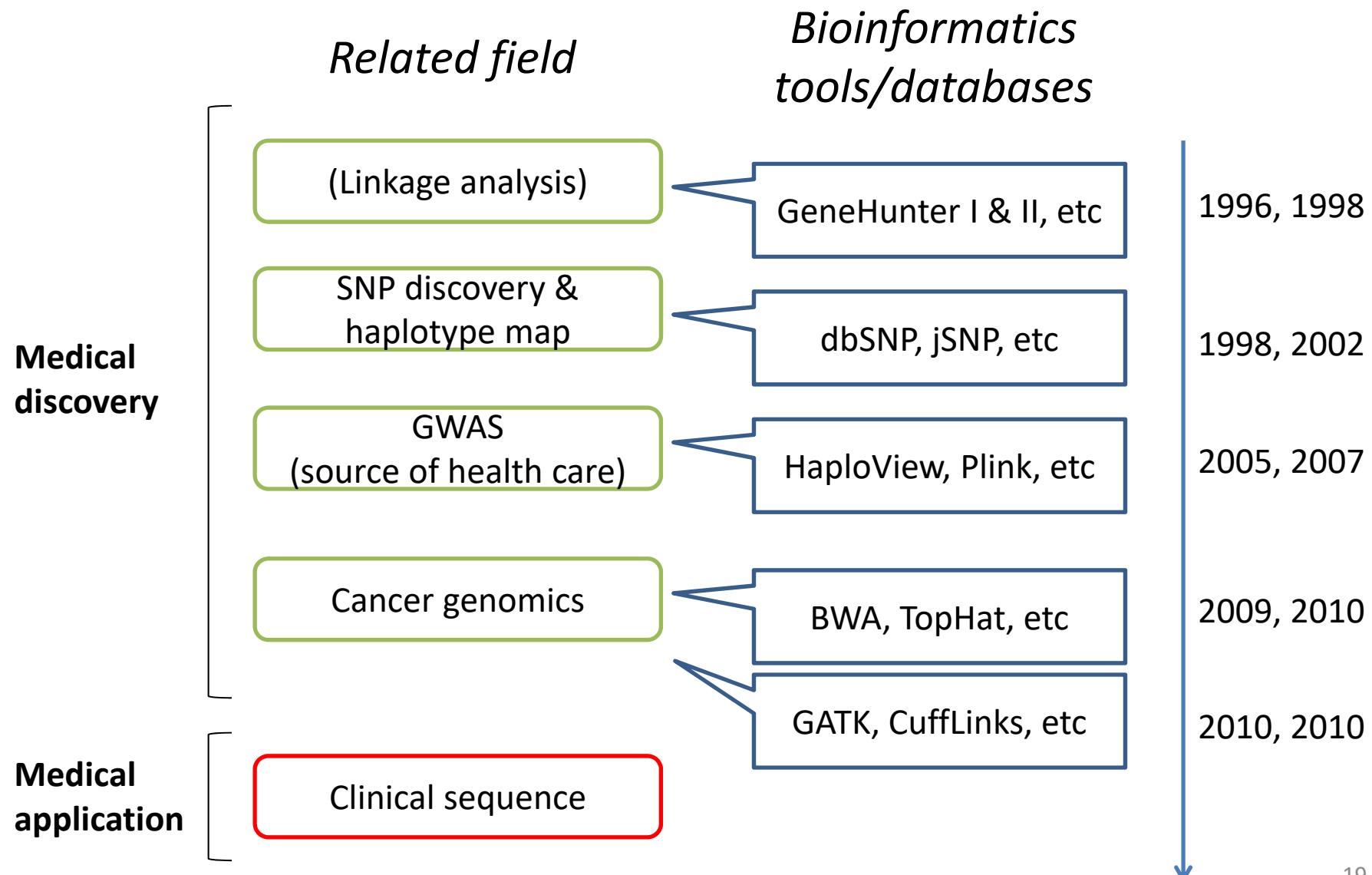


## Tissue-specific genes



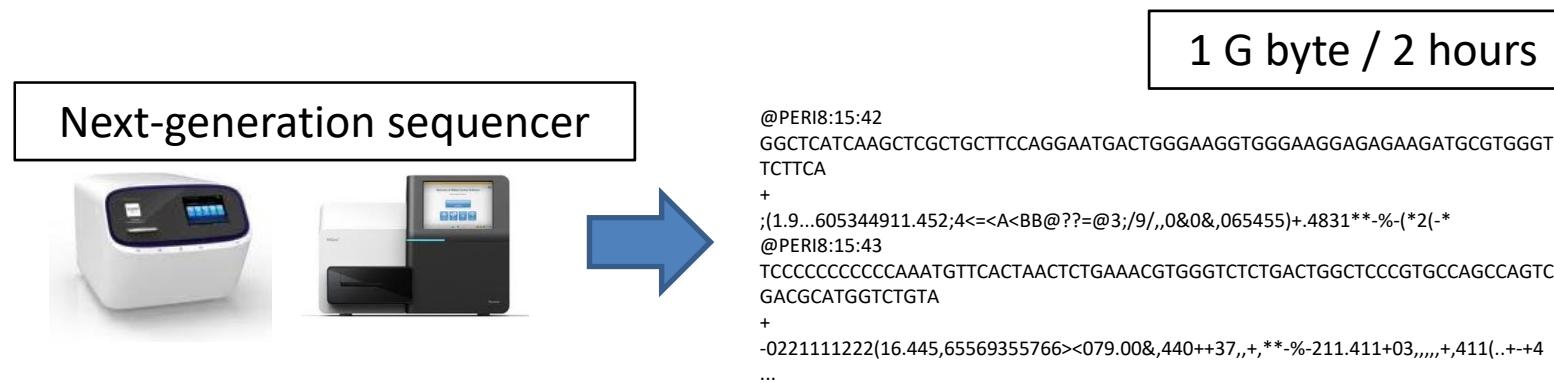
(Kato et al., Hum. Mol. Genet., 2008)  
18

# Genomic medicine & bioinformatics



# The latest – clinical sequencing

- Detection of **different mutations in just one assay**
  - *Multiplex PCR, mass spectrometry, FISH*
    - ✓ Mostly, single type and single to several mutations
  - *Next-generation sequencing*
    - ✓ Point mutations, fusions, amplifications, deletions
    - ✓ All exons of ~100 genes (in our case)
    - ✓ Potential for research discovery



# Gene alterations and drugs

Table 1 | Genomic alterations as putative predictive biomarkers for cancer therapy

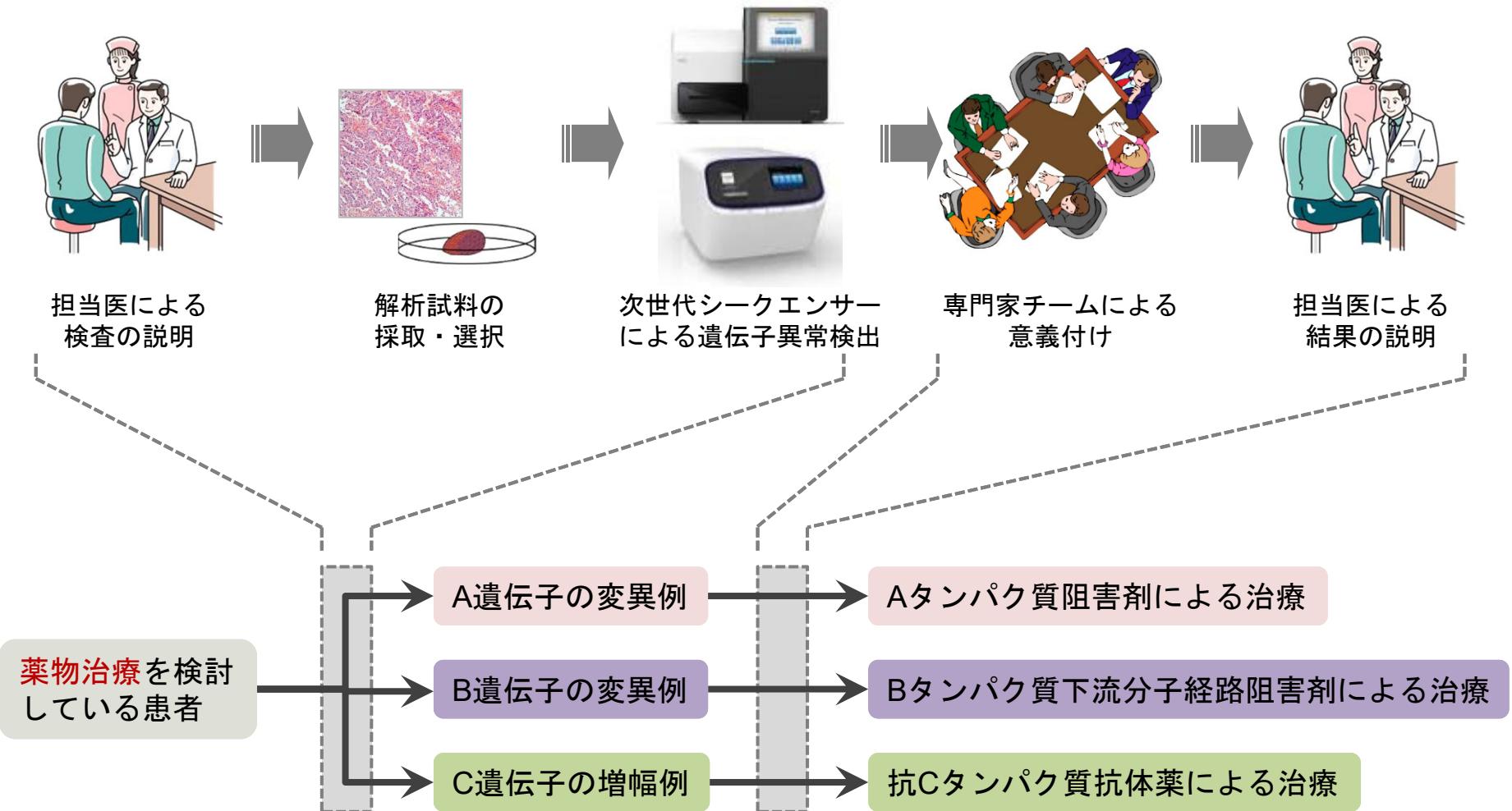
Genes	Pathways	Aberration type	Disease examples	Putative or proven drugs
PIK3CA <sup>53,55</sup> , PIK3R1 (REF. 53), PIK3R2, AKT1, AKT2 and AKT3 (REFS 54,55)	Phosphoinositide 3-kinase (PI3K)	Mutation or amplification	Breast, colorectal and endometrial cancer	• PI3K inhibitors • AKT inhibitors
PTEN <sup>56</sup>	PI3K	Deletion	Numerous cancers	• PI3K inhibitors
MTOR <sup>57</sup> , TSC1 <sup>58</sup> and TSC2 (REF. 59)	mTOR	Mutation	Tuberous sclerosis and Bladder cancer	• mTOR inhibitors
RAS family (HRAS, NRAS, KRAS), BRAF <sup>60</sup> and MEK1	RAS-MEK	Mutation, rearrangement or amplification	Numerous cancers, including melanoma and prostate cancer	• RAF inhibitors • MEK inhibitors • PI3K inhibitors
Fibroblast growth factor receptor 1 (FGFR1), FGFR2, FGFR3, FGFR4 (REF. 56)	FGFR	Mutation, amplification or rearrangement	Myeloma, sarcoma and bladder, breast, ovarian, lung, endometrial and myeloid cancers	• FGFR inhibitors • FGFR antibodies
Epidermal growth factor receptor (EGFR)	EGFR	Mutation, deletion or amplification	Lung and gastrointestinal cancer	• EGFR inhibitors • EGFR antibodies
ERBB2 (REF. 61)	ERBB2	Amplification or mutation	Breast, bladder, gastric and lung cancer	• ERBB2 inhibitors • ERBB2 antibodies
SMO <sup>62</sup> and PTCH1 (REF. 64)	Hedgehog	Mutation	Basal cell carcinoma	• Hedgehog inhibitor
MET <sup>63</sup>	MET	Amplification or mutation	Bladder, gastric and renal cancer	• MET inhibitors • MET antibodies
JAK1, JAK2, JAK3 (REF. 66), STAT1, STAT3	JAK-STAT	Mutation or rearrangement	Leukaemia and lymphoma	• JAK-STAT inhibitors • STAT decoys
Discoidin domain-containing receptor 2 (DDR2)	RTK	Mutation	Lung cancer	• Some tyrosine kinase inhibitors
Erythropoietin receptor (EPOR)	JAK-STAT	Rearrangement	Leukaemia	• JAK-STAT inhibitors
Interleukin-7 receptor (IL7R)	JAK-STAT	Mutation	Leukaemia	• JAK-STAT inhibitors
Cyclin-dependent kinases (CDK2 <sup>67</sup> , CDK4, CDK6, CDK8), CDKN2A and cyclin D1 (CCND1)	CDK	Amplification, mutation, deletion or rearrangement	Sarcoma, colorectal cancer, melanoma and lymphoma	• CDK inhibitors
ABL1	ABL	Rearrangement	Leukaemia	• ABL inhibitors
Retinoic acid receptor- $\alpha$ (RAR $\alpha$ )	RAR $\alpha$	Rearrangement	Leukaemia	• All-trans retinoic acid
Aurora kinase A (AURKA) <sup>68</sup>	Aurora kinases	Amplification	Prostate cancer and breast cancer	• Aurora kinase inhibitors
Androgen receptor (AR) <sup>69</sup>	Androgen	Mutation, amplification or splice variant	Prostate cancer	• Androgen synthesis inhibitors • Androgen receptor inhibitors
FLT3 <sup>70</sup>	FLT3	Mutation or deletion	Leukaemia	• FLT3 inhibitors
MET	MET-HGF	Mutation or amplification	Lung cancer and gastric cancer	• MET inhibitors
Myeloproliferative leukaemias (MPL)	THPO, JAK-STAT	Mutation	Myeloproliferative neoplasms	• JAK-STAT inhibitors
MDM2 (REF. 71)	MDM2	Amplification	Sarcoma and adrenal carcinoma	• MDM2 antagonist
KIT <sup>72</sup>	KIT	Mutation	GIST, mastocytosis, leukaemia	• KIT inhibitors
PDGFR $\alpha$ and PDGFR $\beta$	PDGFR	Deletion, rearrangement or amplification	Haematological cancer, GIST, sarcoma and brain cancer	• PDGFR inhibitors
Anaplastic lymphome kinase (ALK) <sup>73,73,74</sup>	ALK	Rearrangement or mutation	Lung cancer and neuroblastoma	• ALK inhibitors
RET	RET	Rearrangement or mutation	Lung cancer and thyroid cancer	• RET inhibitors
ROS1 (REF. 75)	ROS1	Rearrangement	Lung cancer and cholangiocarcinoma	• ROS1 inhibitors
NOTCH1 and NOTCH2	Notch	Rearrangement or mutation	Leukaemia and breast cancer	• Notch signalling pathway inhibitors

Gene alterations and  
molecularly targeted drugs  
(Reviewed by Simon et al, 2013)

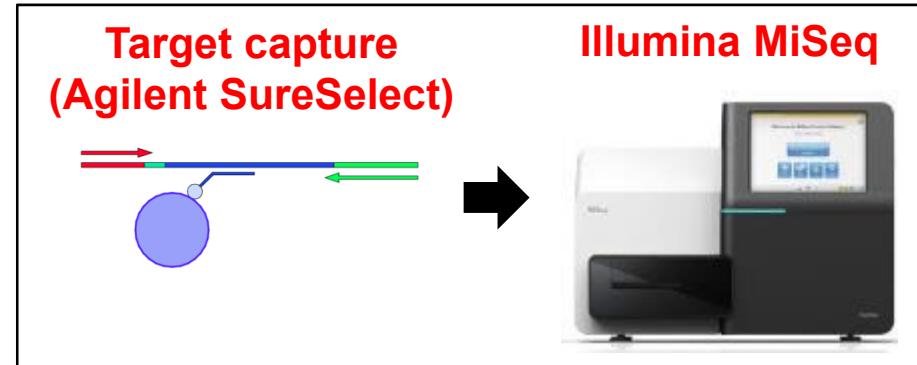
- If one assay simply detects these, ...

# Clinical sequencing for cancer in National Cancer Center, Japan

– Collaboration by doctors and scientists –



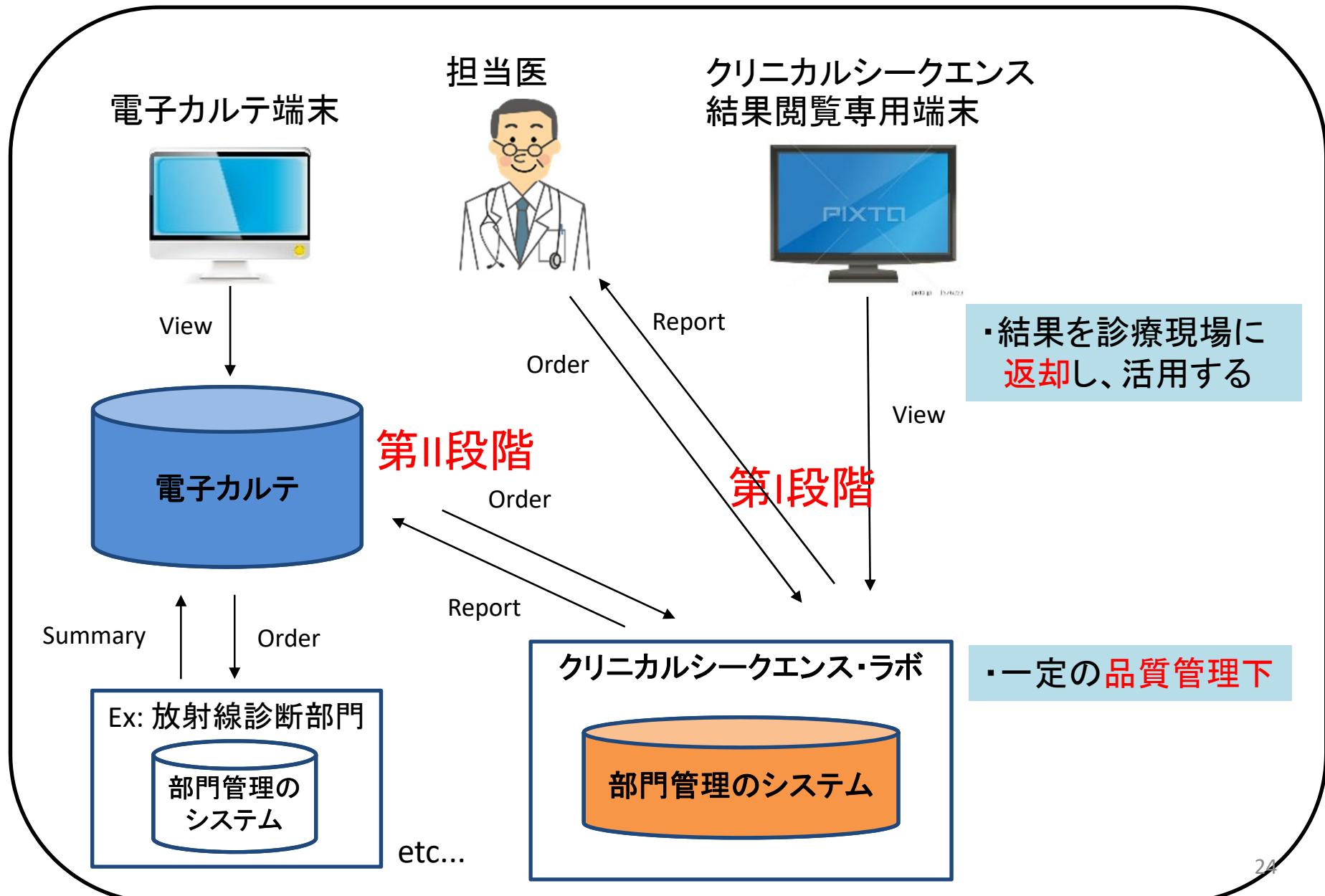
## Platform and genes



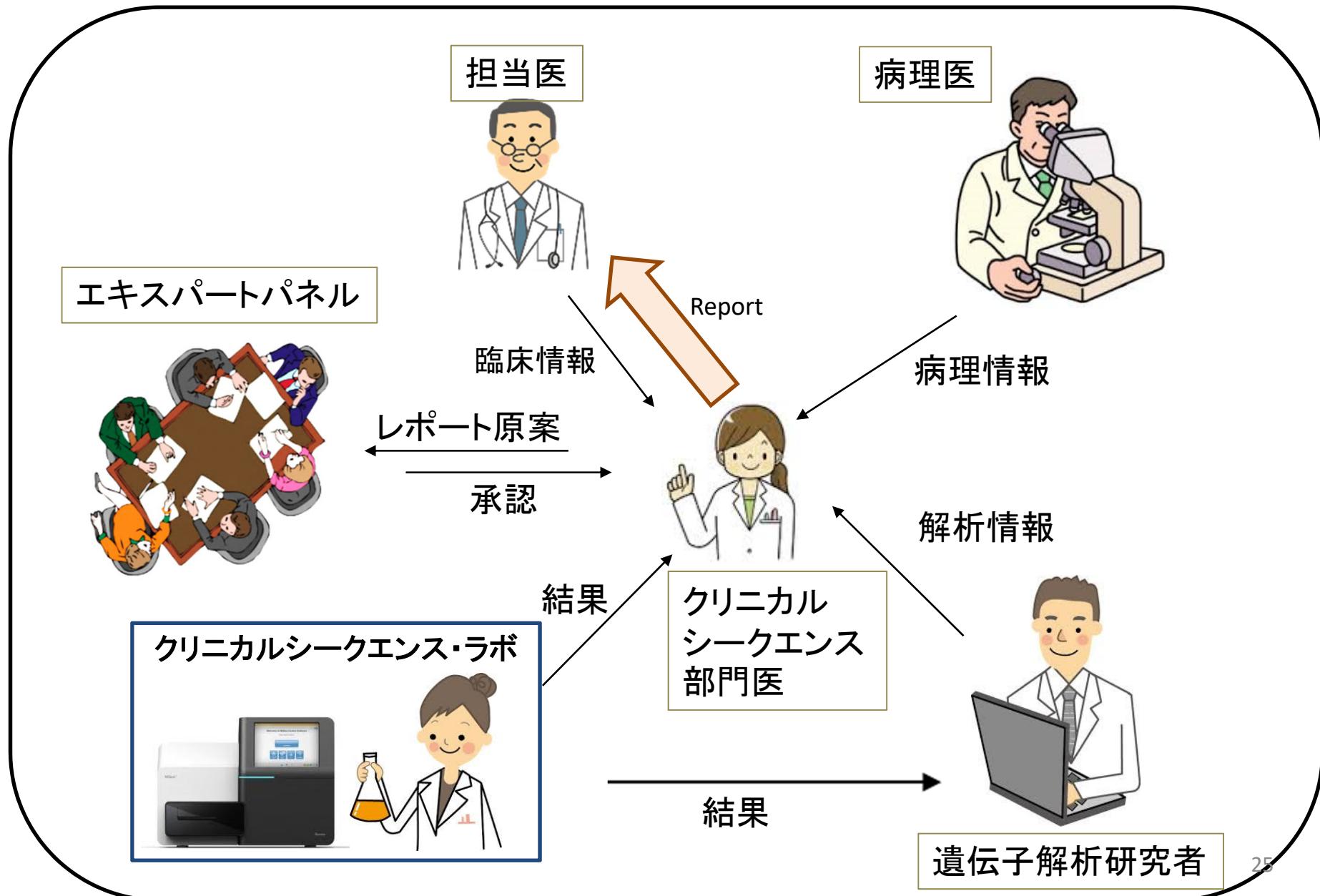
NCC oncopanel v2

	Mutation / Amplification			Fusion	
ABL1	CREBBP	IGF1R	NOTCH1	ROS1	ALK
AKT1	CTNNB1	IGF2	NOTCH2	SETD2	RET
AKT2	CUL3	IL7R	NOTCH3	SMAD4	ROS1
AKT3	DDR2	JAK1	NRAS	SMARCA4	FGFR2
ALK	EGFR	JAK2	NRG1	SMO	FGFR3
APC	ENO1	JAK3	NT5C2	STAT3	AKT3
ARID1A	EP300	KEAP1	PALB2	STK11	BRAF
ARID2	ERBB2	KIT	PBRM1	TP53	RAF1
ATM	ERBB3	KRAS	PDGFRA	TSC1	NOTCH1
AXIN1	ERBB4	MAP2K1	PDGFRB	VHL	NRG1
BAP1	EZH2	MAP2K4	PIK3CA		
BARD1	FBXW7	MAP3K1	PIK3R1		
BCL2L11	FGFR1	MAP3K4	PTCH1		
BRAF	FGFR2	MDM2	PTEN		
BRCA1	FGFR3	MET	RAC1		
BRCA2	FGFR4	MTOR	RAC2		
CCND1	FLT3	MYC	RAD51C		
CDK4	HRAS	MYCN	RAF1		
CDKN2A	IDH1	NF1	RB1		
CHEK2	IDH2	NFE2L2	RET		

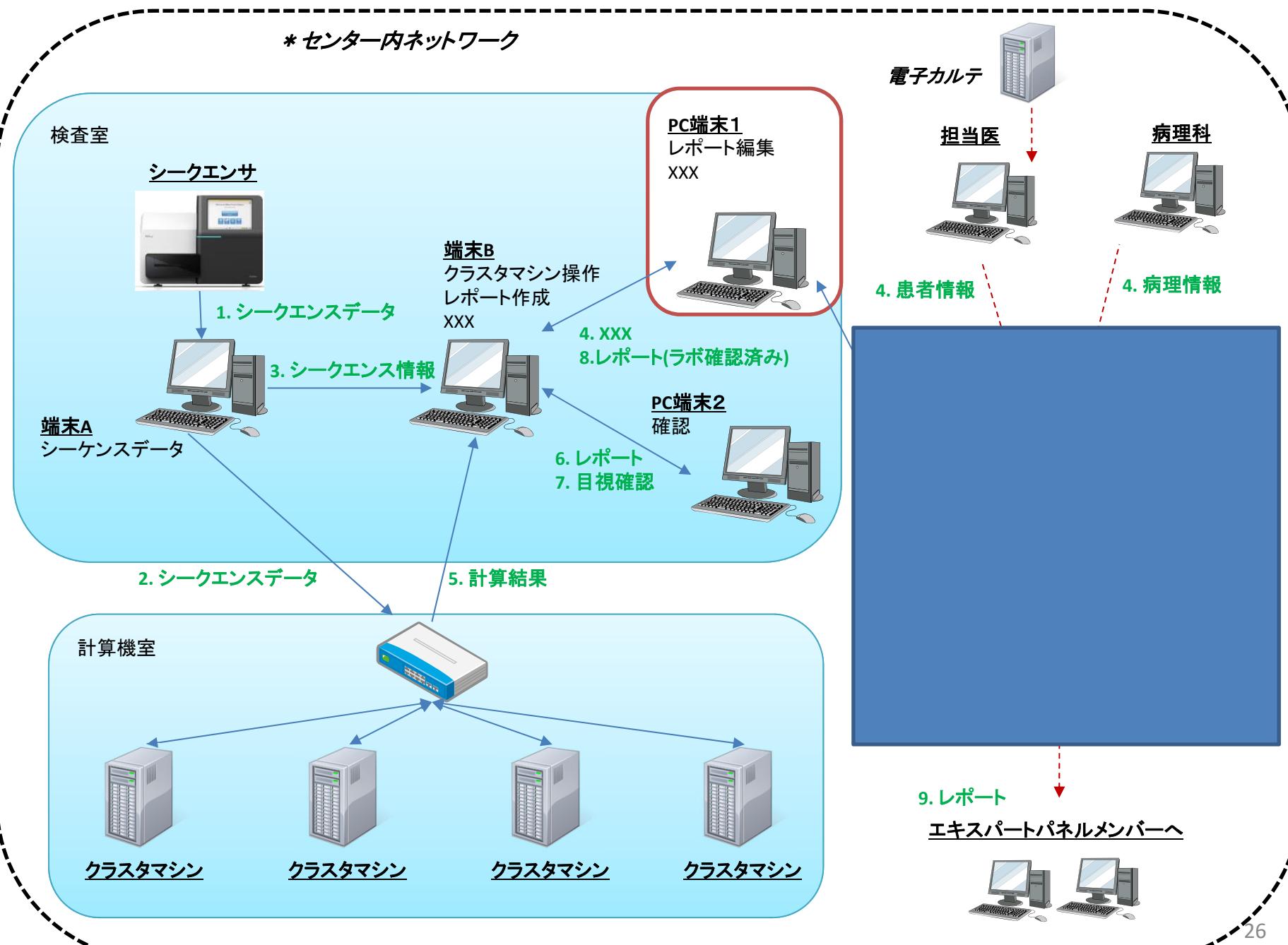
# ゲノム医療に向けて： 中央病院内 クリニカルシークエンス・ラボ(仮称) 運用計画(案)



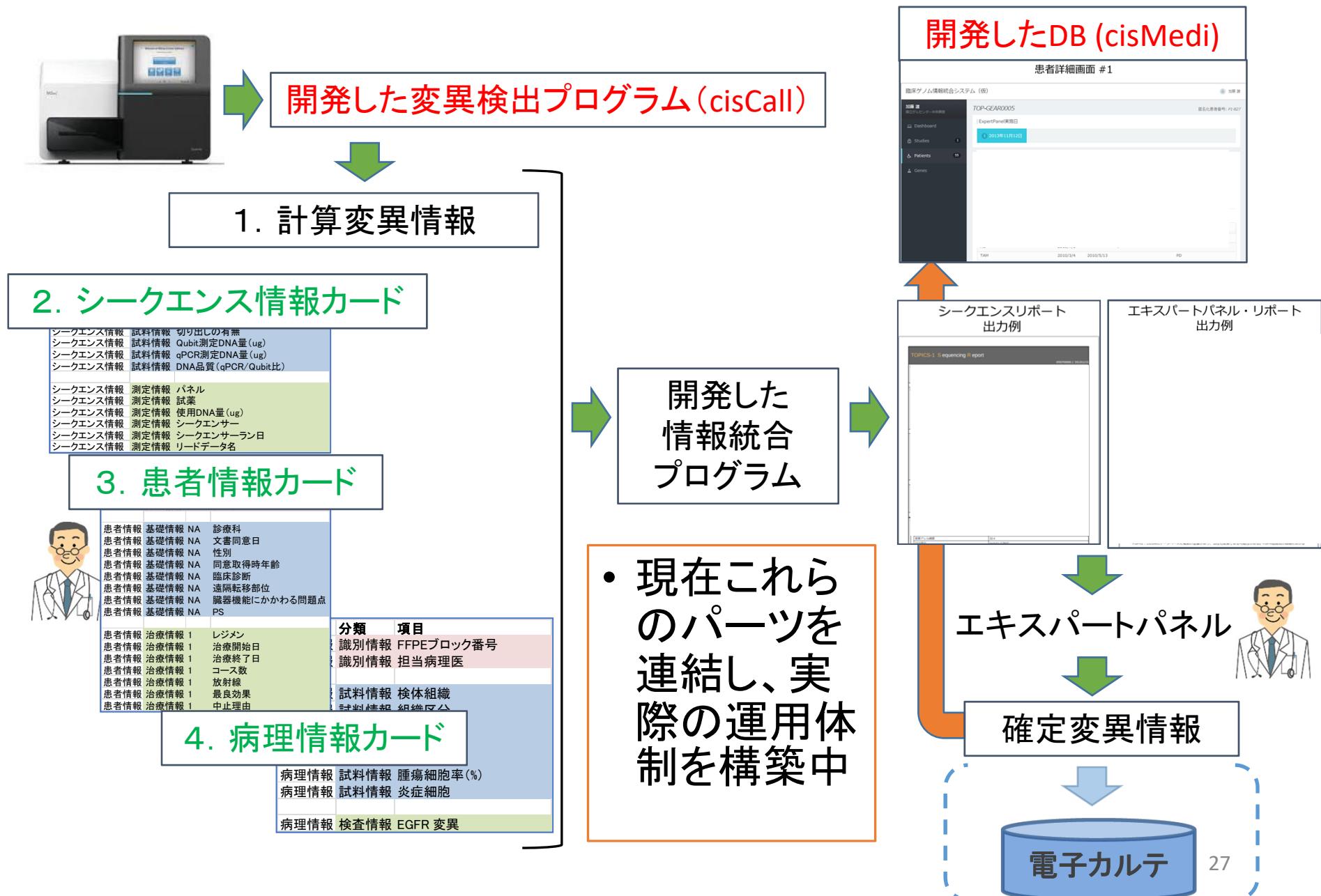
# ゲノム医療に向けて: 実施体制(暫定案)



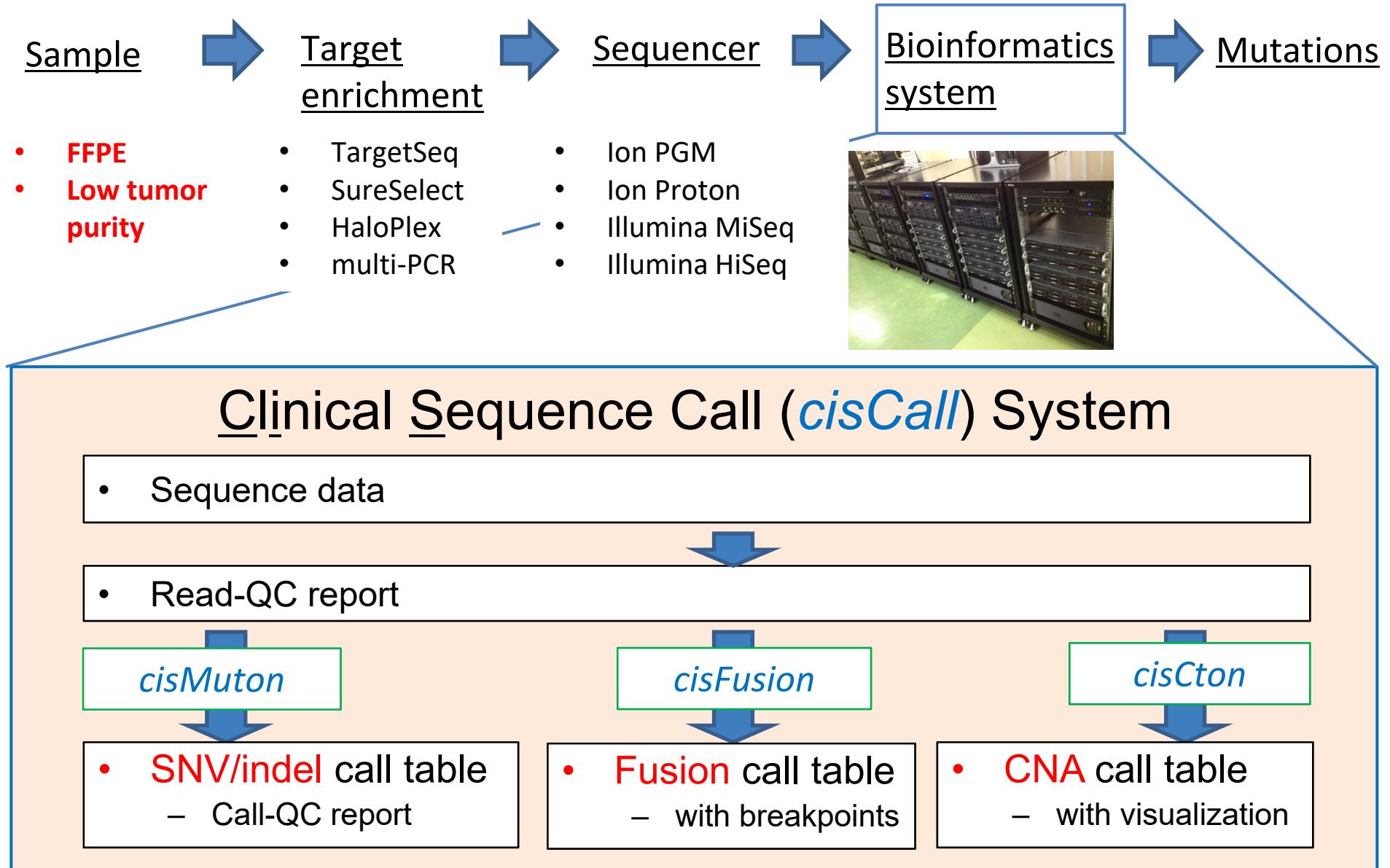
## ■データフロー(暫定案) \*バイオインフォマティクス部門設計



# システムモデル Ver. 1



# 開発した臨床シークエンス用変異検出プログラム（*cisCall*）



SNV  
– single nucleotide variation –  
and indel

# Principle of the detection method

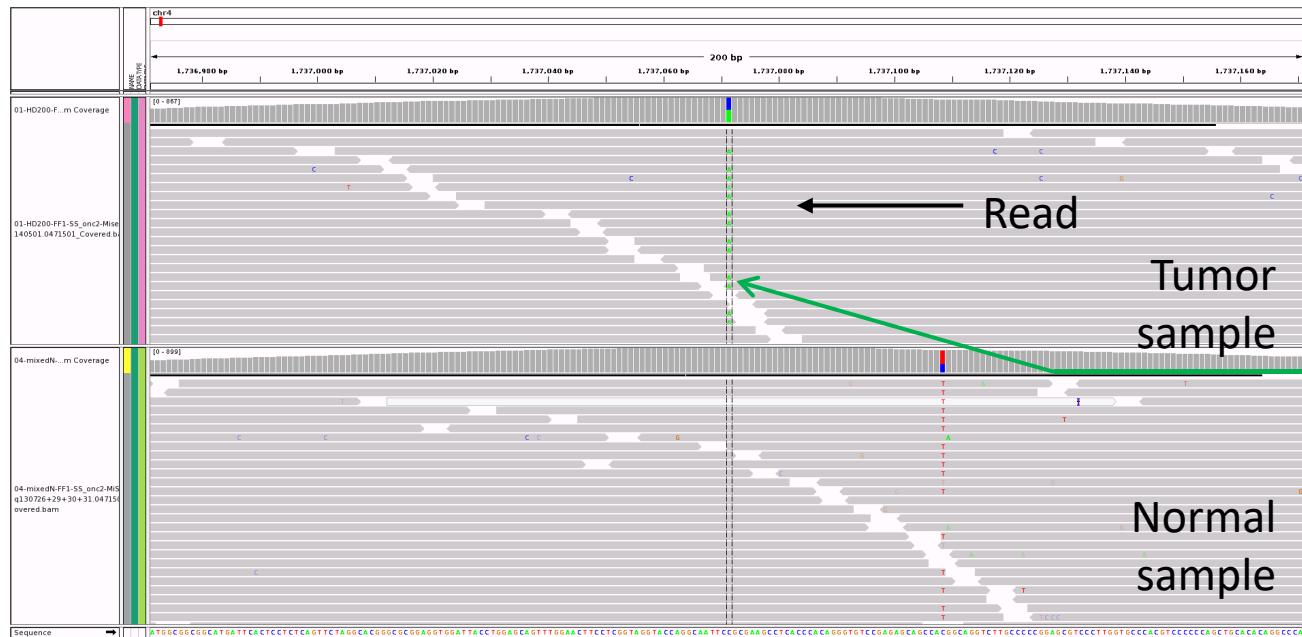
Fragmented DNAs are sequenced by NGS

Human genome DNA sequence

Variant in tumor sample

....AAAACCCCGGGGTTT....

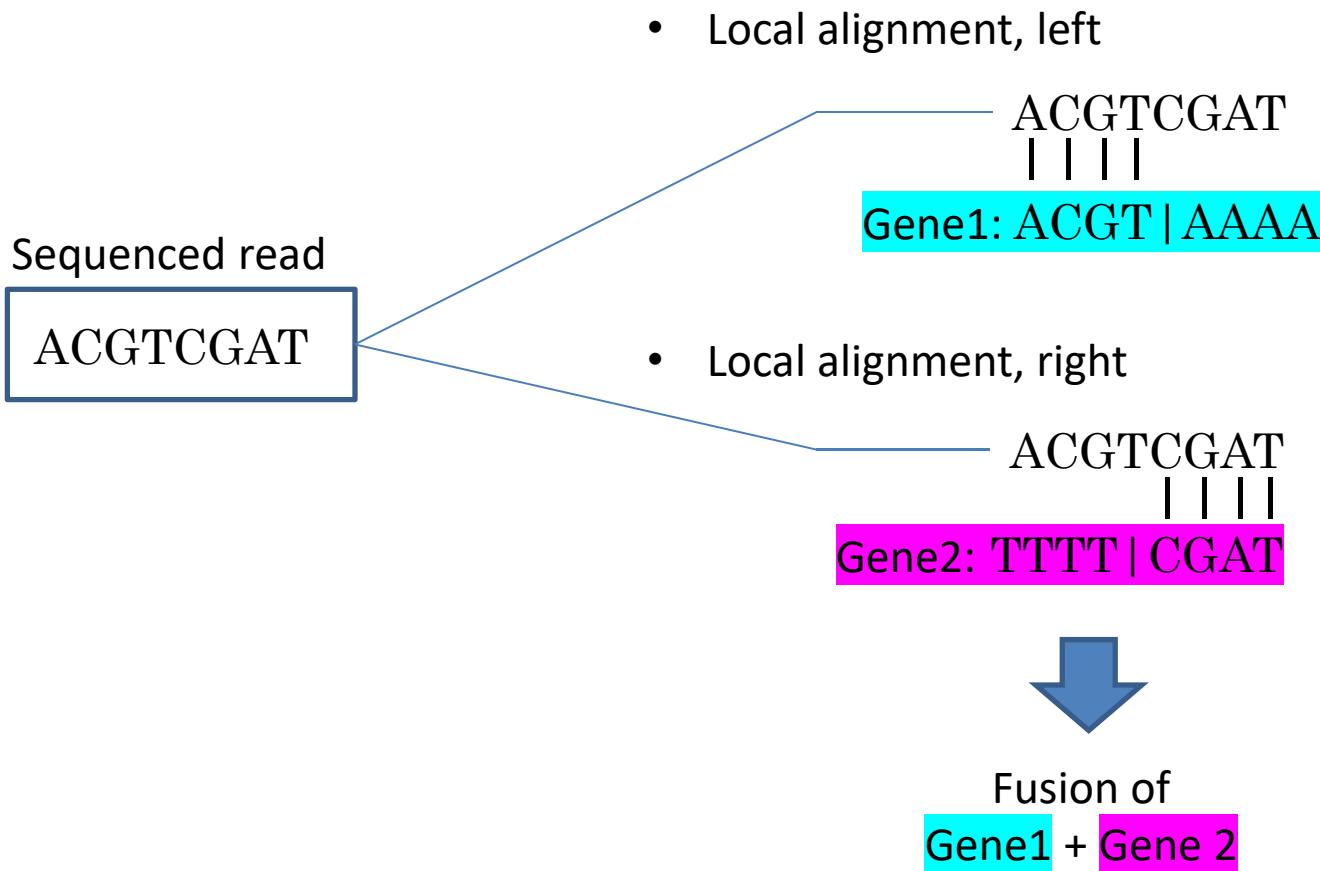
CCCCGG  
AGCCCG  
AAGCCC



- Identify bases present in the tumor but absent in the (unmatched) normal

# Fusion genes

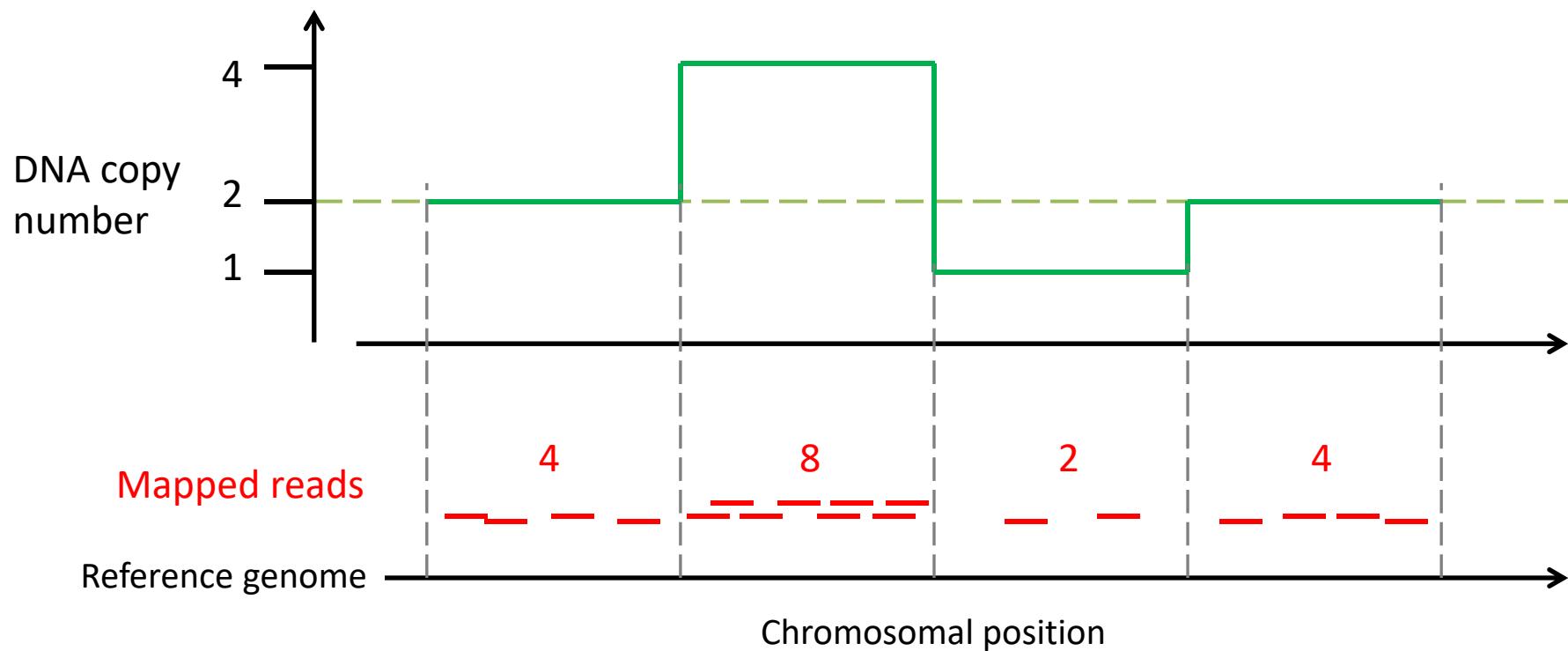
# Principle of the detection method



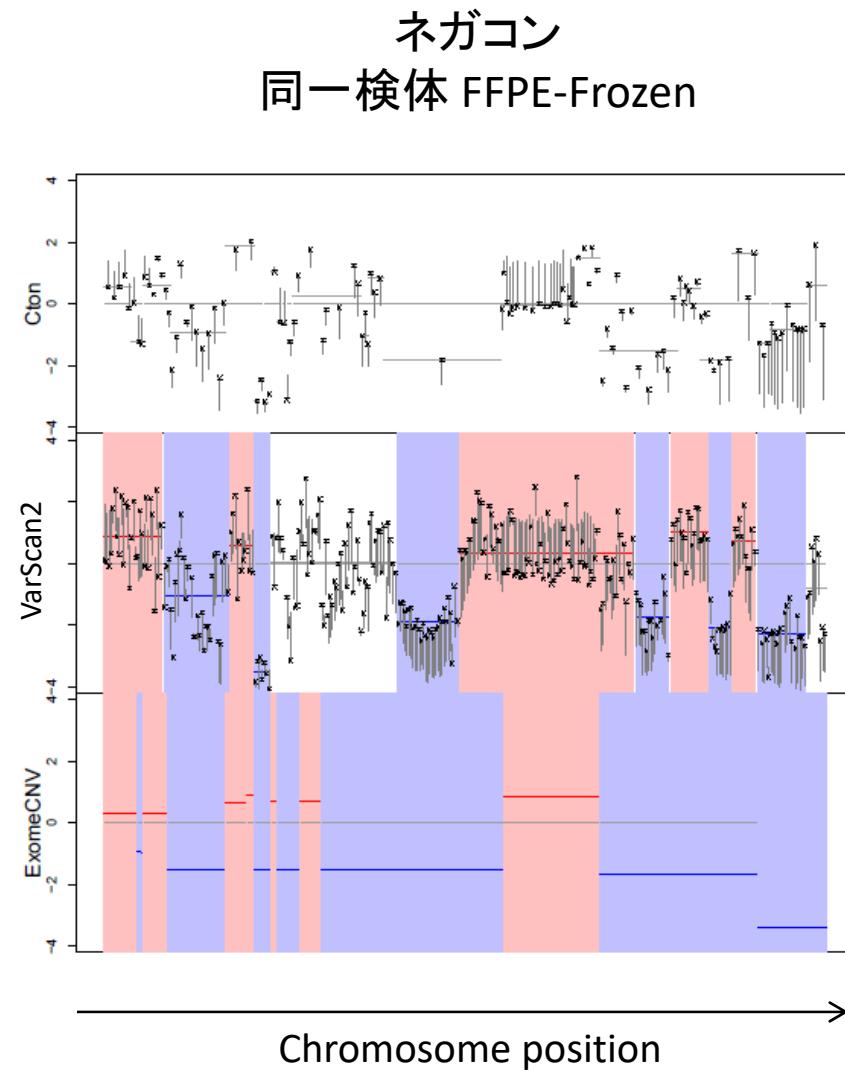
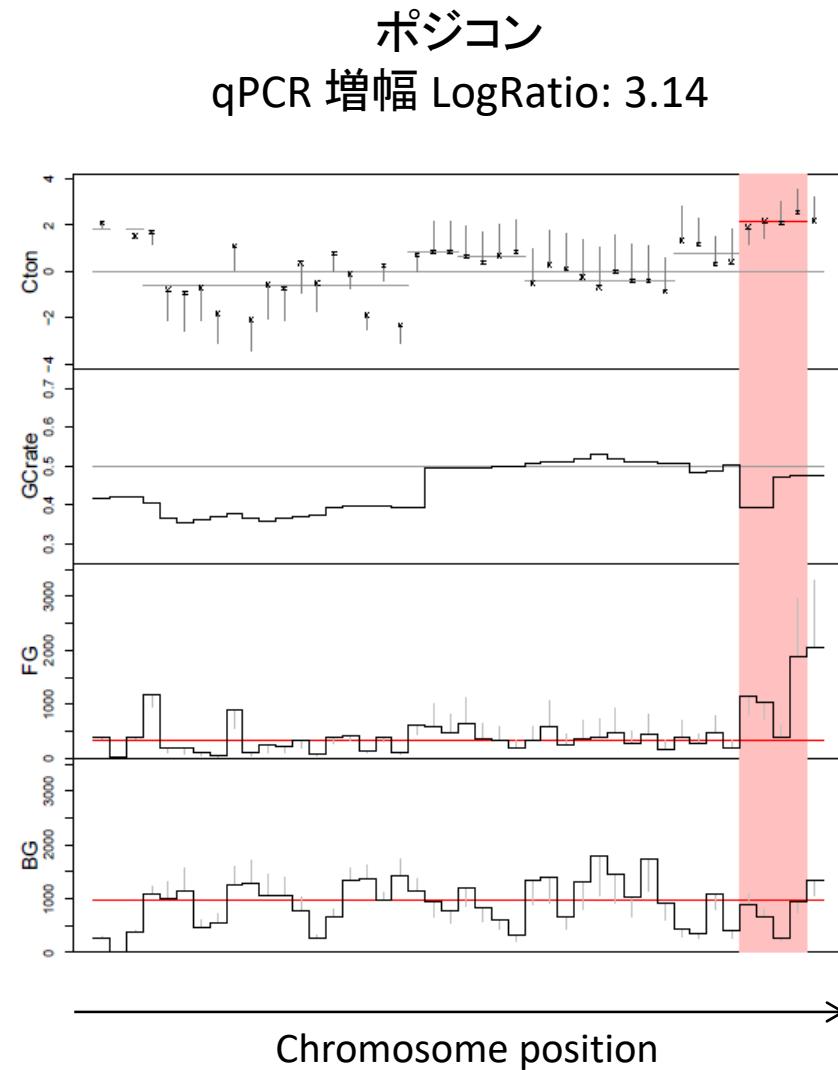
CNA  
– copy number alteration –

# Principle of the detection method

- Mapped sequence reads ↗, copy numbers ↗
- Difference in depth between the tumor and normal



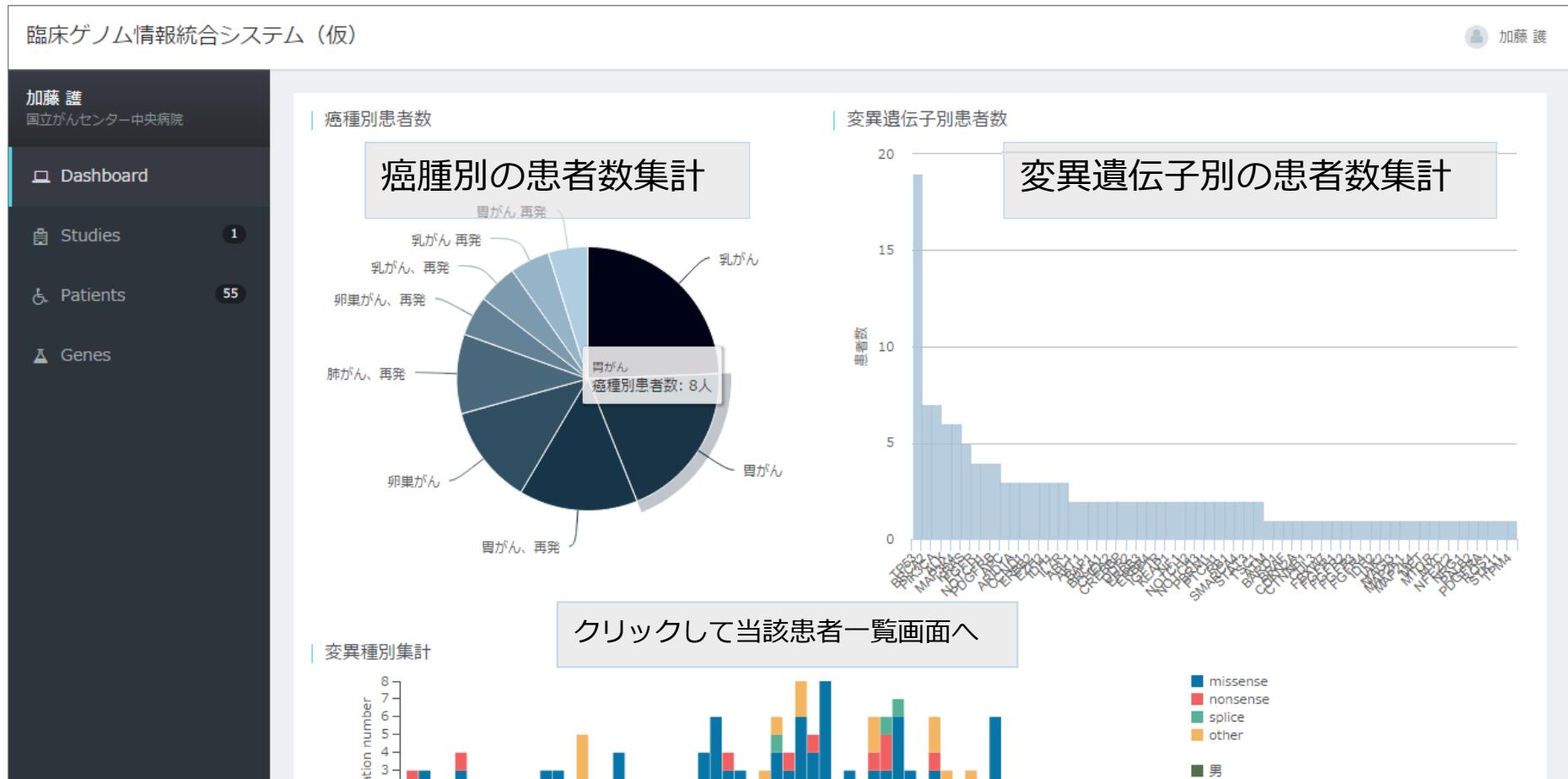
# In practice, ... This is the very place of bioinformatics



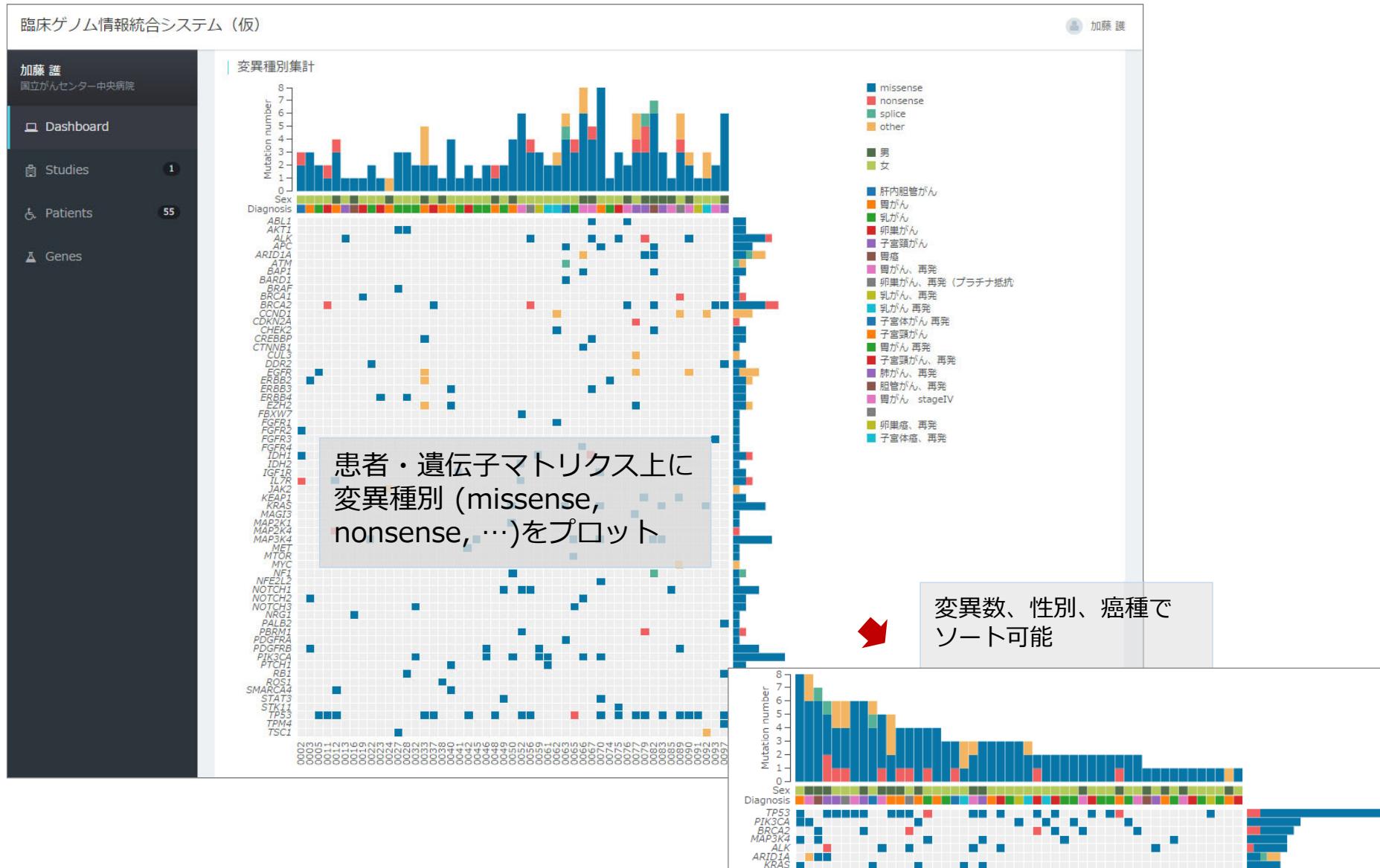
# 開発したDB (cisMedi): Database & post-calling system

# cisMedi system – Clinical Sequence Medical Information system

## ダッシュボード画面 #1 集計情報を表示



## ダッシュボード画面 #2



# 患者一覧画面

患者個別の情報を表示

臨床ゲノム情報統合システム（仮）

加藤 譲  
国立がんセンター中央病院

Dashboard

Studies 1

**Patients 55**

Genes

クリックして各患者の詳細画面へ

TOP-GEAR番号	患者実名	患者ID	匿名化患者番号	性別	臨床診断名	変異数	Mutated Genes
					肝内胆管がん	3	FGFR2, IDH1, IL
					胃がん	3	ERBB2, NOTCH2
					乳がん	2	EGFR, TP53
					卵巣がん	2	BRCA2, TP53
					胃がん	4	IL7R, MAP2K4, S
					子宮頸がん	1	ALK
					胃癌	1	NRG1
					卵巣がん	1	BRCA1
					乳がん	2	DDR2, MAP3K4
					卵巣がん	1	BRCA1
					胃がん	1	JAK2
					乳がん	3	AKT1, BRAF, TSC
					乳がん	3	AKT1, ERBB4, R
					乳がん	2	NOTCH3, PIK3C
					胃がん	5	CREBBP, EGFR, I
					卵巣がん	2	BRCA2, TP53
					胃がん	1	ROS1
					胃がん	4	ERBB3, EZH2, P
					乳がん	1	IGF1R
					卵巣がん	2	MET, TP53
					乳がん	1	MAP3K4 39

クリックして各変異遺伝子の詳細画面へ

# 患者詳細画面 #1

臨床ゲノム情報統合システム（仮）

加藤 譲  
国立がんセンター中央病院

ExpertPanel実施日  
1 2013年11月12日

匿名化患者番号: [redacted]

エキスパートパネル・  
リポートを出力

臨床情報  Expert Panel報告書を出力

性別: 女 同意取得時年齢: 診療科: 担当医:

検体番号: 文書同意日: 臨床診断: TNM分類: 再発

遠隔転移部位:  肝  肺  腹膜  リンパ節  骨  脳  その他 ()

PS: 1 保険: 臓器機能にかかわる問題点: なし

前治療

レジメン	放射線	治療開始日	治療終了日	コース数	最良総合効果	中止理由 ▾
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	PD

# エキスパートパネル・リポート 出力例

Expert Panel報告書		Expert Panel日:				
TOP-GEAR番号:		検体番号:				
同意取得時年齢:		診療科:				
文書同意日:	2	性別:	女			
遠隔転移部位:	<input checked="" type="checkbox"/> 肝臓 <input type="checkbox"/> 肺 <input type="checkbox"/> 腹膜 <input type="checkbox"/> LN <input type="checkbox"/> 骨 <input type="checkbox"/> 脳 <input type="checkbox"/> その他()	診療科:				
PS:	1	保険:	臓器機能にかかわる問題点:			
前治療						
レジメン	放射線	治療開始日	治療終了日	コース数	最良総合効果	中止理由
検体情報						
検体組織	採取法	組織型	切片の大きさ(cm)	腫瘍細胞率(%)		
肝臓(原発)	手術	腺癌		50		
* 広範な壊死や固定不良は認められない。						
Qubit測定DNA量(ug)	DNA品質(qPCR/Qubit比)					
1.62	0.794499					
遺伝子異常情報						
変異遺伝子	変異アレル頻度	CDS変化	アミノ酸変化	COSMIC ID		
IDH1	33.4	Exon4:c.C394T	p.R132C	28747		
IL7R	52.7	Exon5:c.T603A	p.Y201X			
FGFR2	69.4	Exon7:cG870T	p.W290C	1346285		
Expert Panelからの意見						
<ul style="list-style-type: none"><li>IDH1: 既知の機能獲得変異である。対応する治験薬なし。</li><li>IL7R: 短縮型変異のため、機能欠失変異と考えられる。対応する治験薬なし。</li><li>FGFR2: COSMICデータベースに複数の登録があり、活性化変異である可能性がある。FGFR阻害剤が候補にあがる</li></ul>						

# Conclusions

- Bioinformatics – greedy and cloudy discipline
  - ✓ Originally, it's generated from biophysics + molecular evolution
    - Alignment of protein (amino acid) sequences
    - Homology search
  - ✓ Expanding into many types of massive biological data
- The essence – signal from noise (a needle in a haystack)
  - ✓ Discovery > proof
    - Relaxing methodological rigorousness
  - ✓ Pragmatism – take in whatever method if useful
    - No theoretical basis...?
- Minimally required skills are NOT many
  - ✓ Programming: linux, perl, R, SQL
  - ✓ Biology: molecular biology, genome biology
- Can divide tasks into: algorithm design + program implementation
- Two study types: tool development + computational biology
- Expanding from science to medicine
  - ✓ Bioinformatics for clinical sequencing

END