

# Gene Discovery

## Progressive Supranuclear Palsy

## Corticobasal Degeneration

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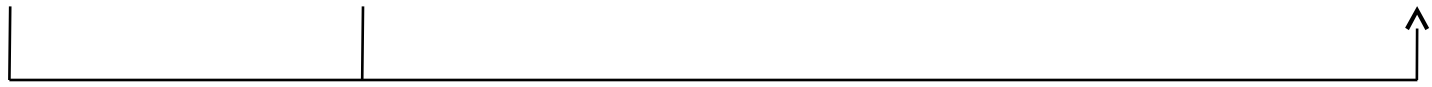
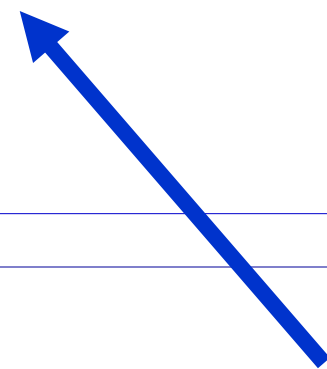
# Human disease genetics

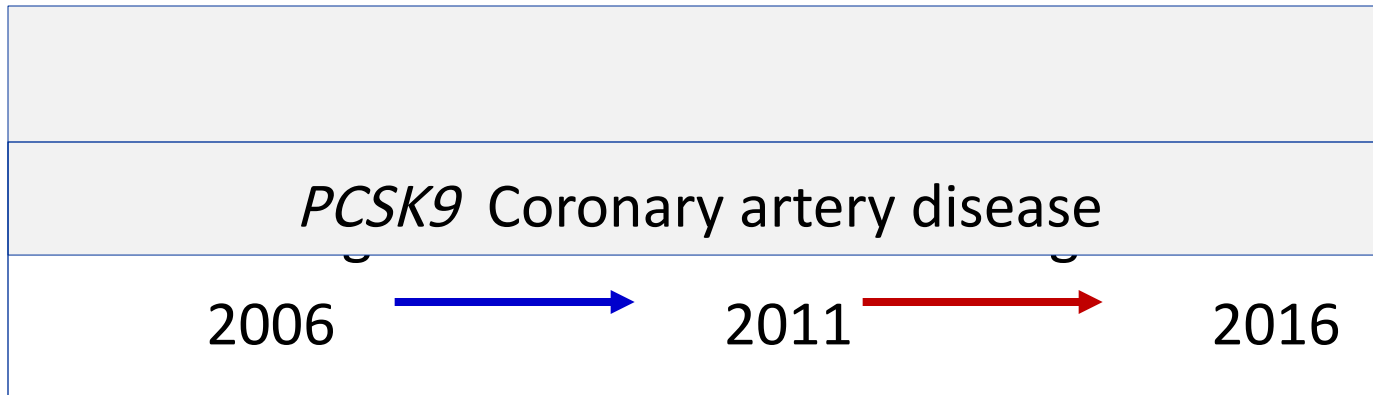
- Study human disease mechanisms directly in humans
- Prediction
- Mechanism
- Drug targets



# Human disease genetics

Does this work?





# Drug targets – supported by genetics

Visscher *et al.* Am J. Hum. Genet. 101, 5-22 (2017)

Target	Disorder	Drug
<b>HMG co-A reductase</b>	<b>Heart disease</b>	<b>statins</b>
NPC1L1	Heart disease	Zetia (ezetimibe)
<b>PCSK9</b>	<b>Heart disease</b>	<b>monoclonal antibody</b>
VCAM1	MS	natalizumab
IL2RA	MS	daclizumab
TNF- $\alpha$	RA	infliximab
SLC30A8/KCNJ11	Type 2 diabetes	ZnT-8 antagonists/Glyburide
PADI	Rheumatoid Arthritis	BB-CI-amidine/Toclilizumab
TNFR1/PTGER4/TYK2	Ankylosing Spondylitis (AS)	TNF-inhibitors/NSAIDS/fostamatinib
IL23A	Psoriasis (Ps)	Risankizumab
RANKL/ESR1	Osteoporosis	Denosumab/Raloxifene and HRT
DRD2	Schizophrenia	anti-psychotics
IL12B	AS, Ps, Psoriatic arthritis	Ustekinumab
ANGPTL3	Heart disease	monoclonal Ab/antisense oligos
APOC3	Heart disease	antisense oligos

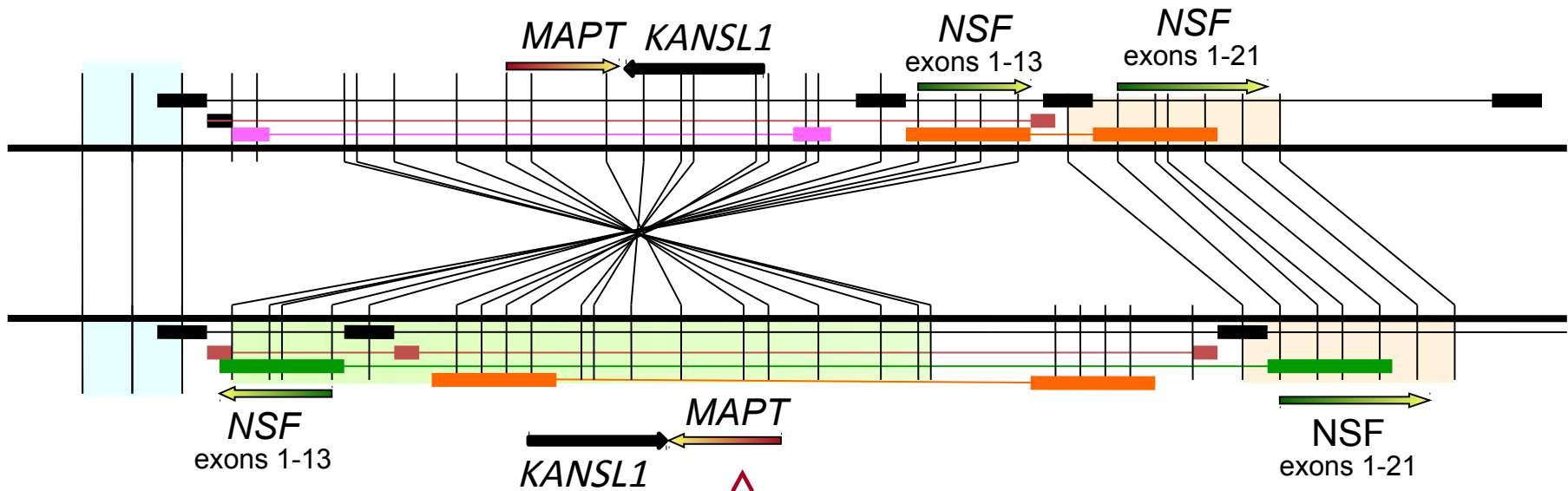


# PSP Genetics

## *MAPT* mutations

	PSP CBD	
exon 1	R5L	
exon 10	S285R, $\Delta$ 296, G303V, S305S N296H, N296N, P301S	
intron 10	E10+11, E10+16	
exon 13	G415S	

H1



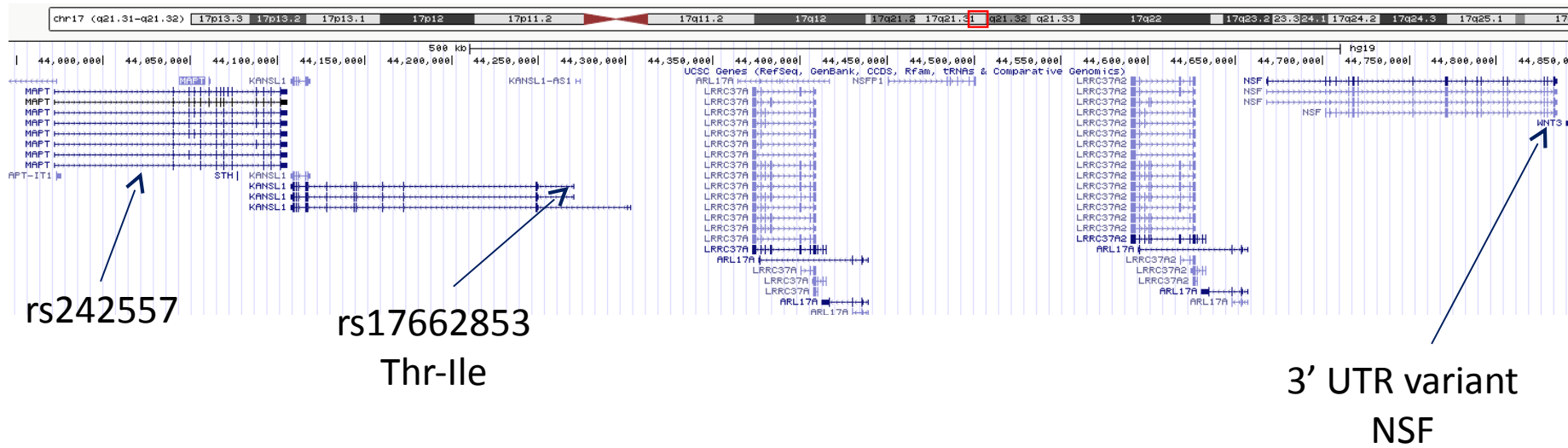
Stefansson *et al* (2005) Nature Genet. 37, 129

H2

MAPT encodes tau – protein in neurofibrillary tangles



863 kb

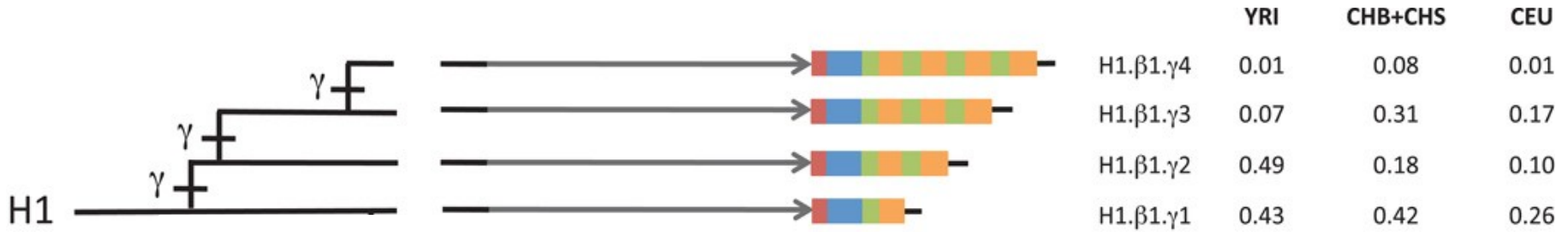


### Interpretations:

- *KANSL1* is tagging a regulatory element that alters *MAPT* expression/splicing
- *KANSL1* variant influences risk for PSP through activity of the *KANSL1* protein

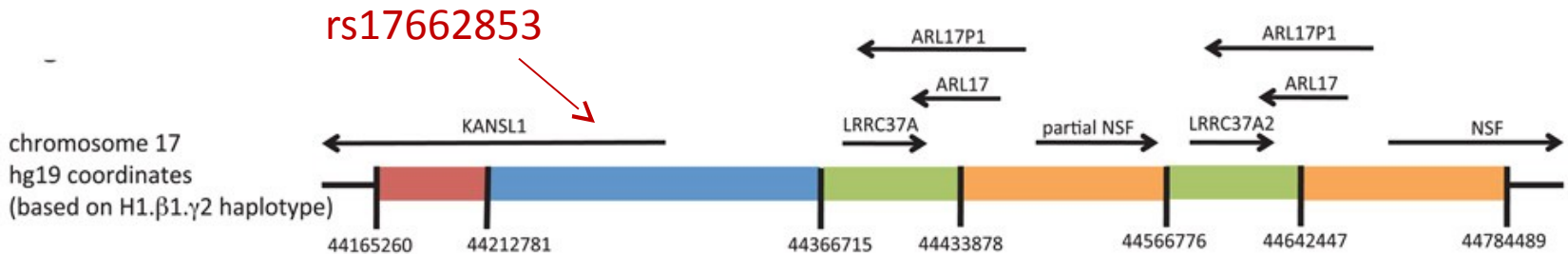


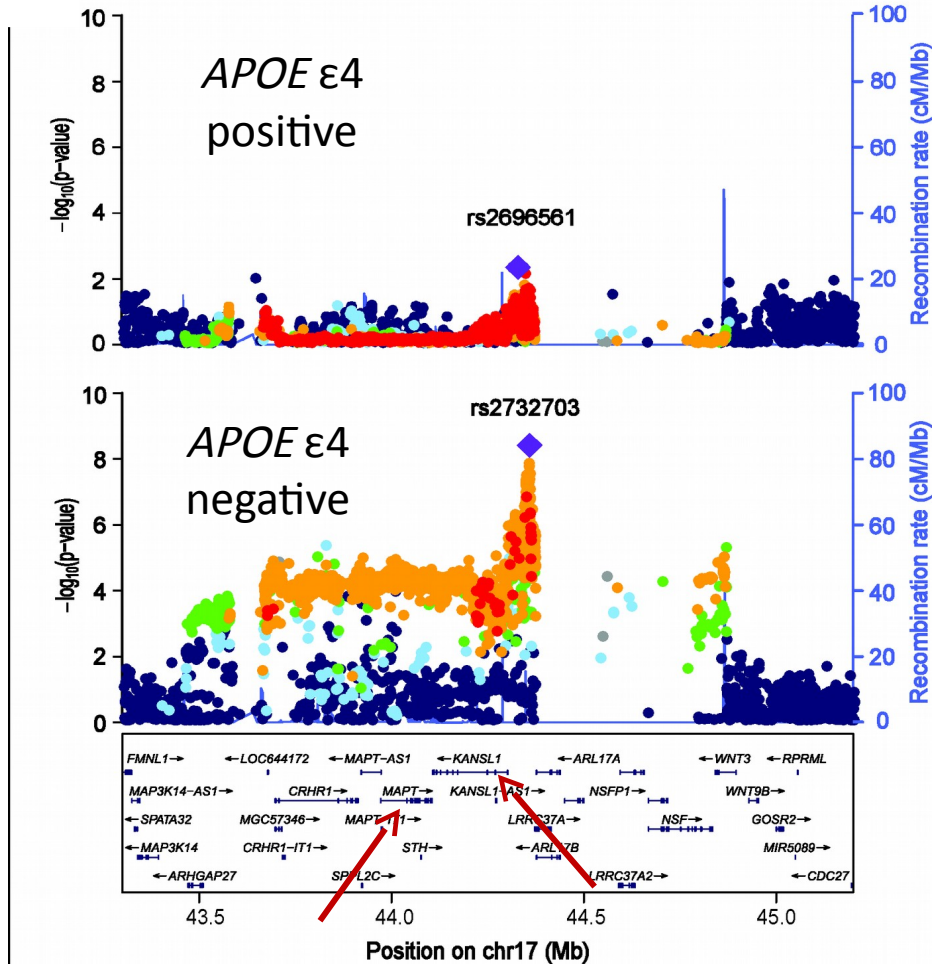




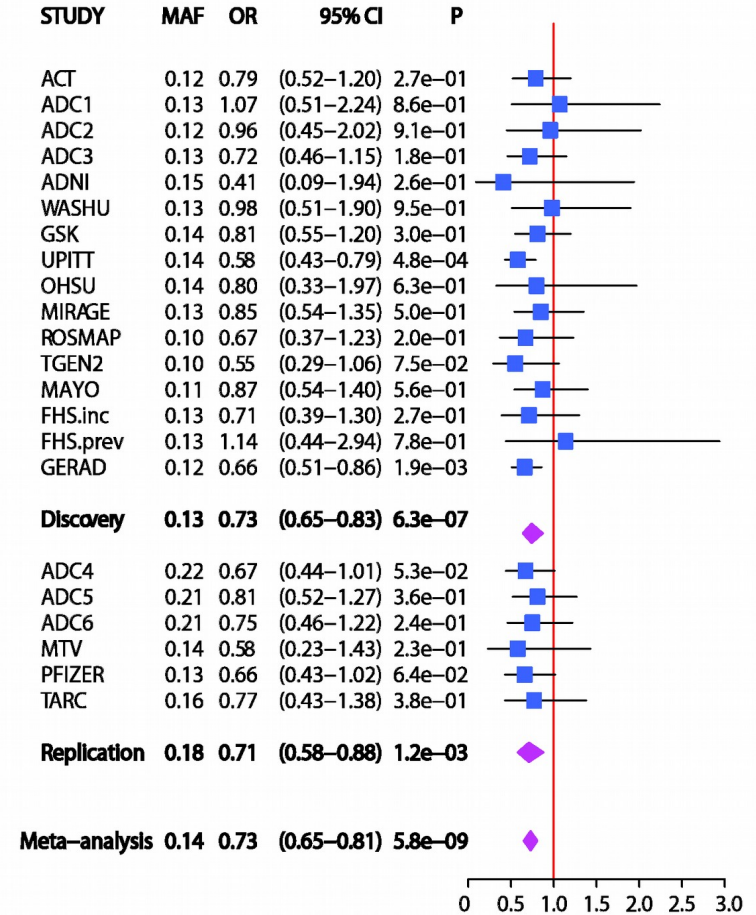
PSP risk

- One copy of *KANSL1* 5' end
- One – four copies NSF 5' end
- One copy of NSF 5' end





## B



SNP	CH	Closest Gene/Region	Meta-Analysis	
			OR (95% CI)	P
rs273270 3	17	KANSL1/LRRC37A	0.73 (0.65-0.81)	5.8x10 <sup>-9</sup>



## PSP Genetics

- GWAS array data
- Whole exome sequence data
- Whole genome sequence data
- Imputed genotypes

Combined approaches



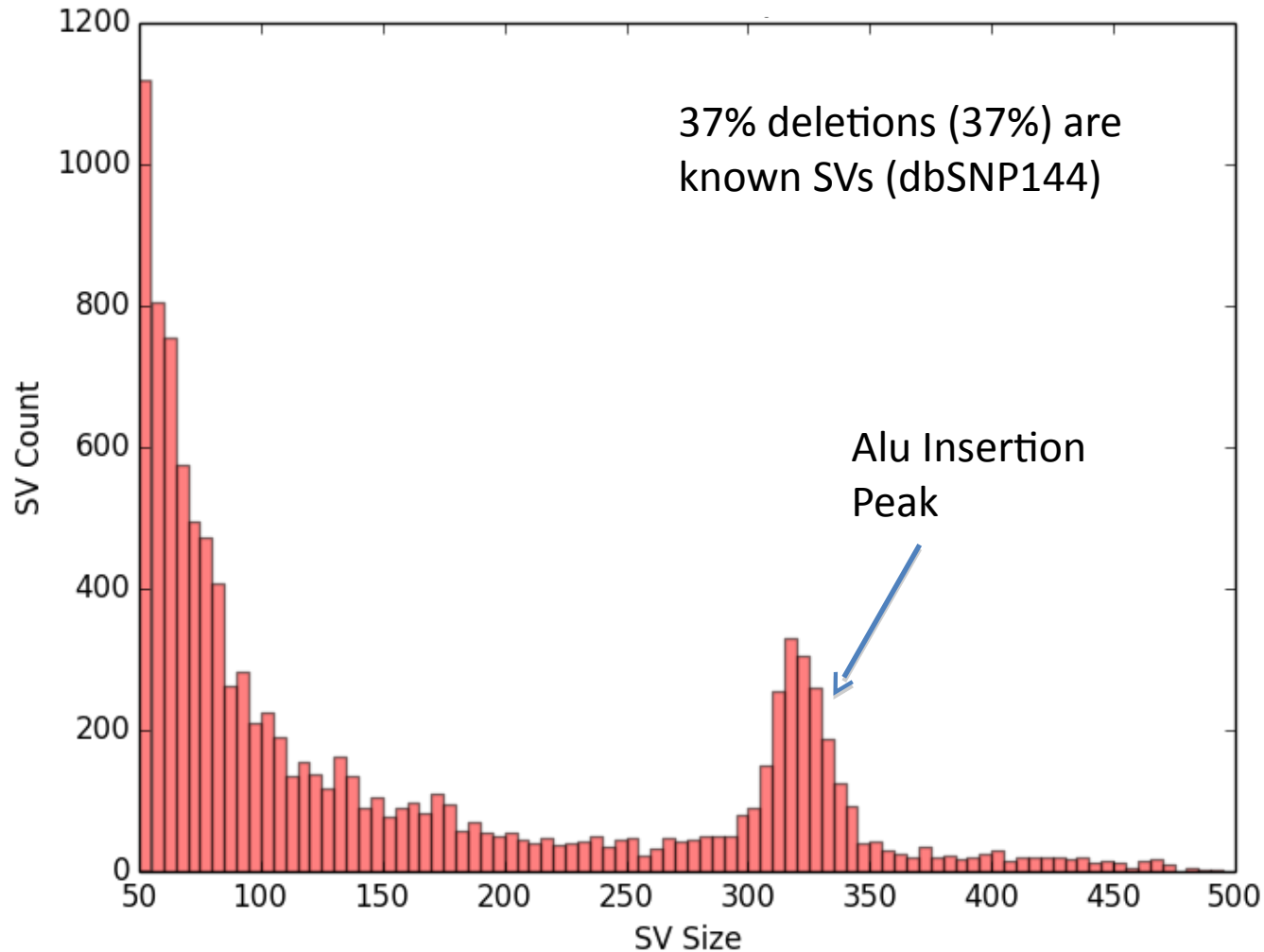
## PSP Genetics:

- 700 WES
- 2,000 WGS
- Controls: ~8,000 (ideal?)
- Controls available: ~5,000 for WES, 1,600 for WGS

## Challenges:

- Cases sequenced at different times and different platforms
- Controls sequenced separately from cases
- Controls sequenced at different times and different platforms
- WES capture – different reagents
- Case/control **data** needs to be identically processed
- Methods to detect structural variants not reliable

# Deletion Size Frequency 50-500 bp



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# Alzheimer's Disease Sequence Project, TOPMed, and others

## **Controls**

## WES

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5,000 unrelated AD cases

**5,000 elderly normal controls – Caucasians (non-Hispanics)**

GCAD: Call all data – **HG38**

Generate **gVCF** files: GATK  
ATLAS (?)

Consensus call set

Harmonized project level VCF - all data sets

**Goal: All variant positions  
called in all data sets**



# Model Organisms and Tauopathies

## Gene Discovery

### Loss-of-function mutations

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- Veterans Affairs Medical Center – Seattle
- Associate Professor - Department of Medicine, University of Washington
- Acting Director – Research at the Geriatric Research Education and Clinical Center, Seattle VA

# PSP/CBD GWAS Collaborators

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Thank you