



# Cancer genomics

David Haussler

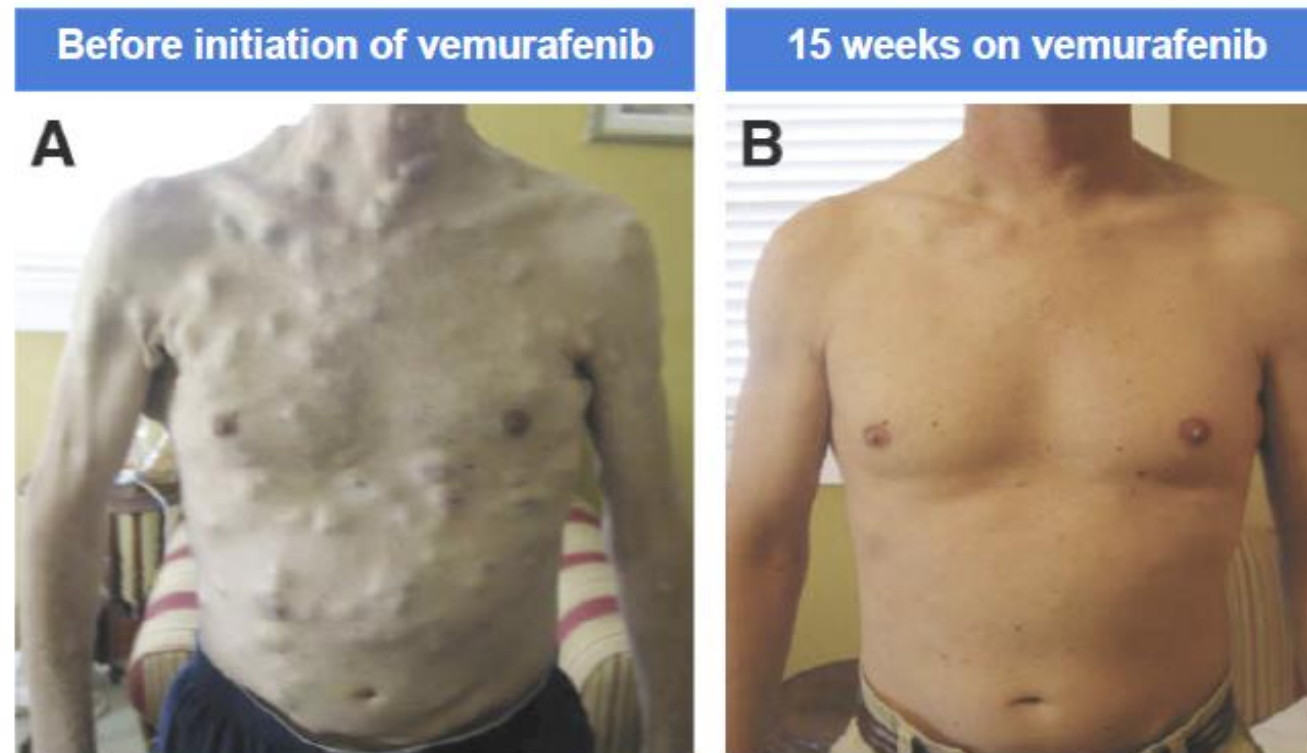
University of California, Santa Cruz



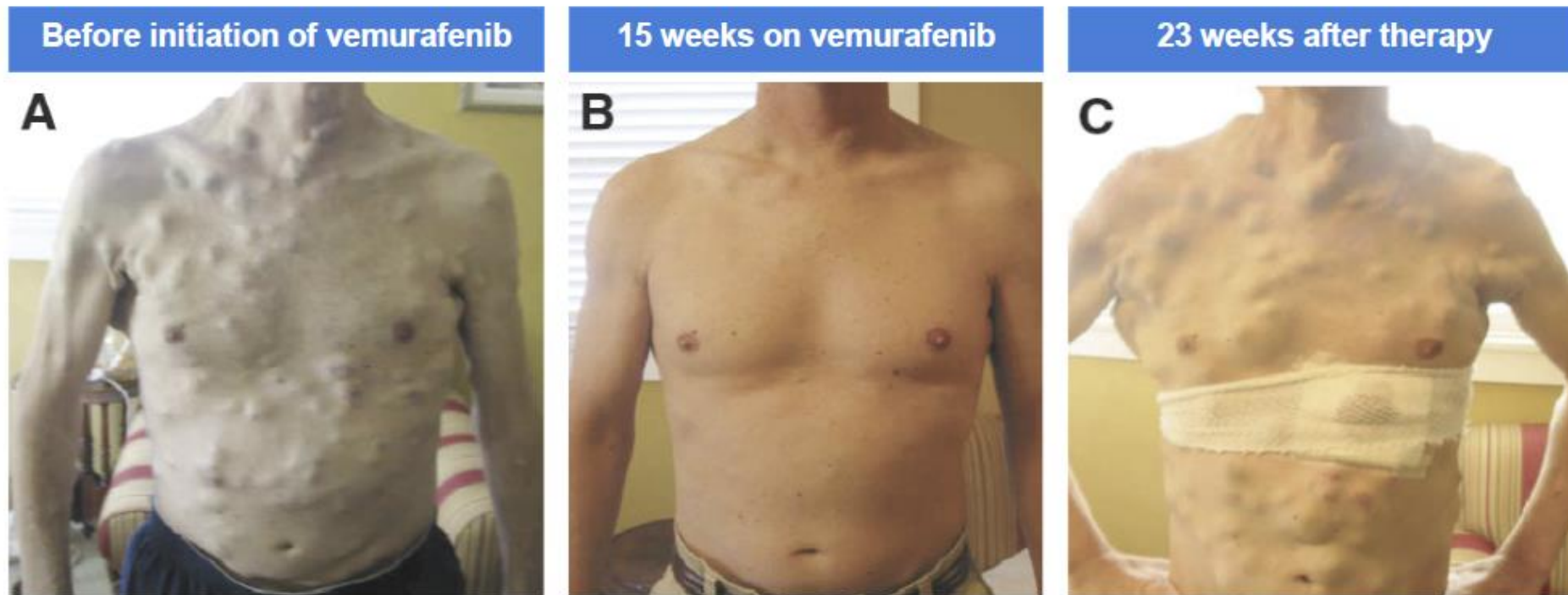
UC SANTA CRUZ



In cancers driven by a single mutation, like BRAF V600 in metastatic melanoma, targeted drugs can give spectacular results



But combination or immunotherapies will be required to prevent relapse, just as in the treatment of HIV AIDS



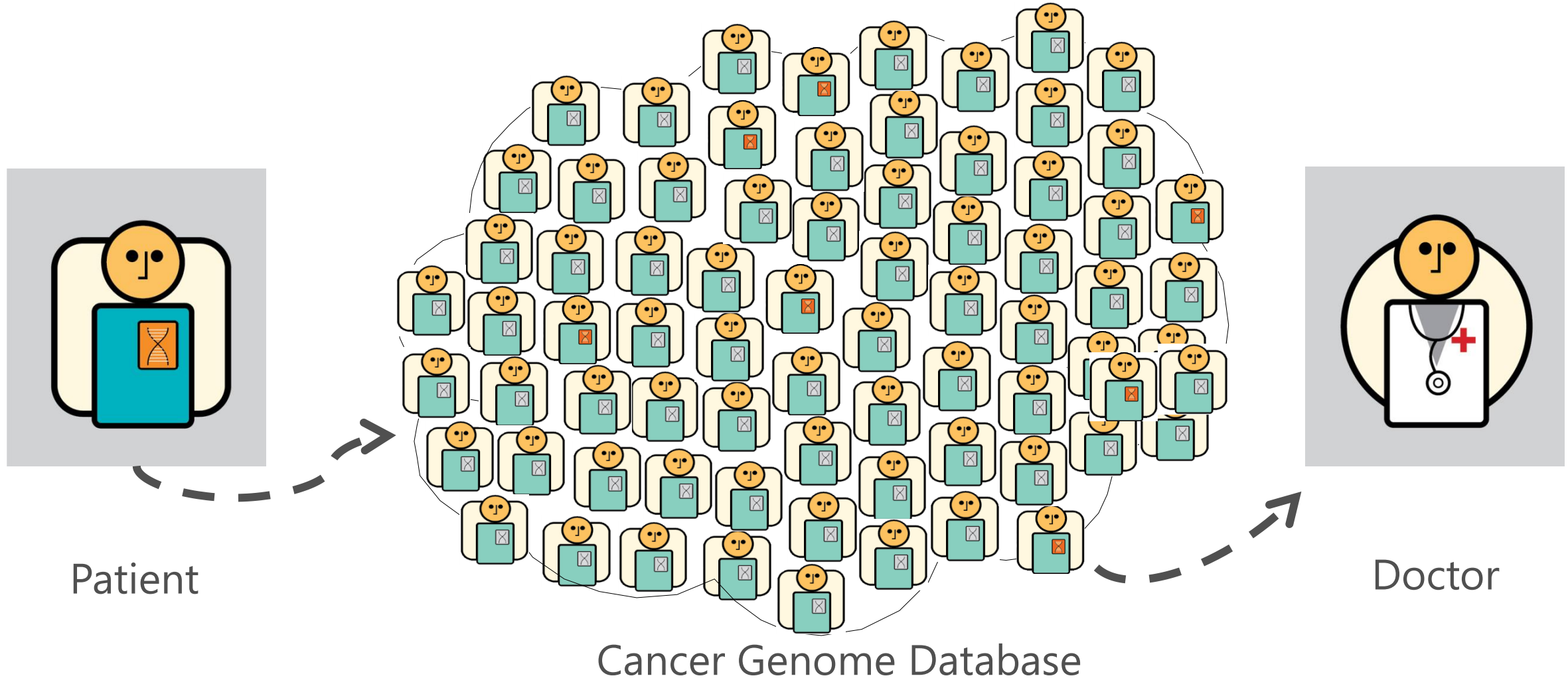
# Some motivations for large-scale application of comparative genomics in cancer

- Bring data to research and insights to clinical practice
- Learn to link phenotypes, including clinical outcomes, to underlying molecular aberrations
- Create the infrastructure to select patient populations for targeted clinical trials, and to enable a new kind of global rapid learning cycle that complements targeted trials
- Gain a mechanistic, molecular level understanding of the etiology of disease and mechanisms of resistance to treatment

**All these require statistical power**

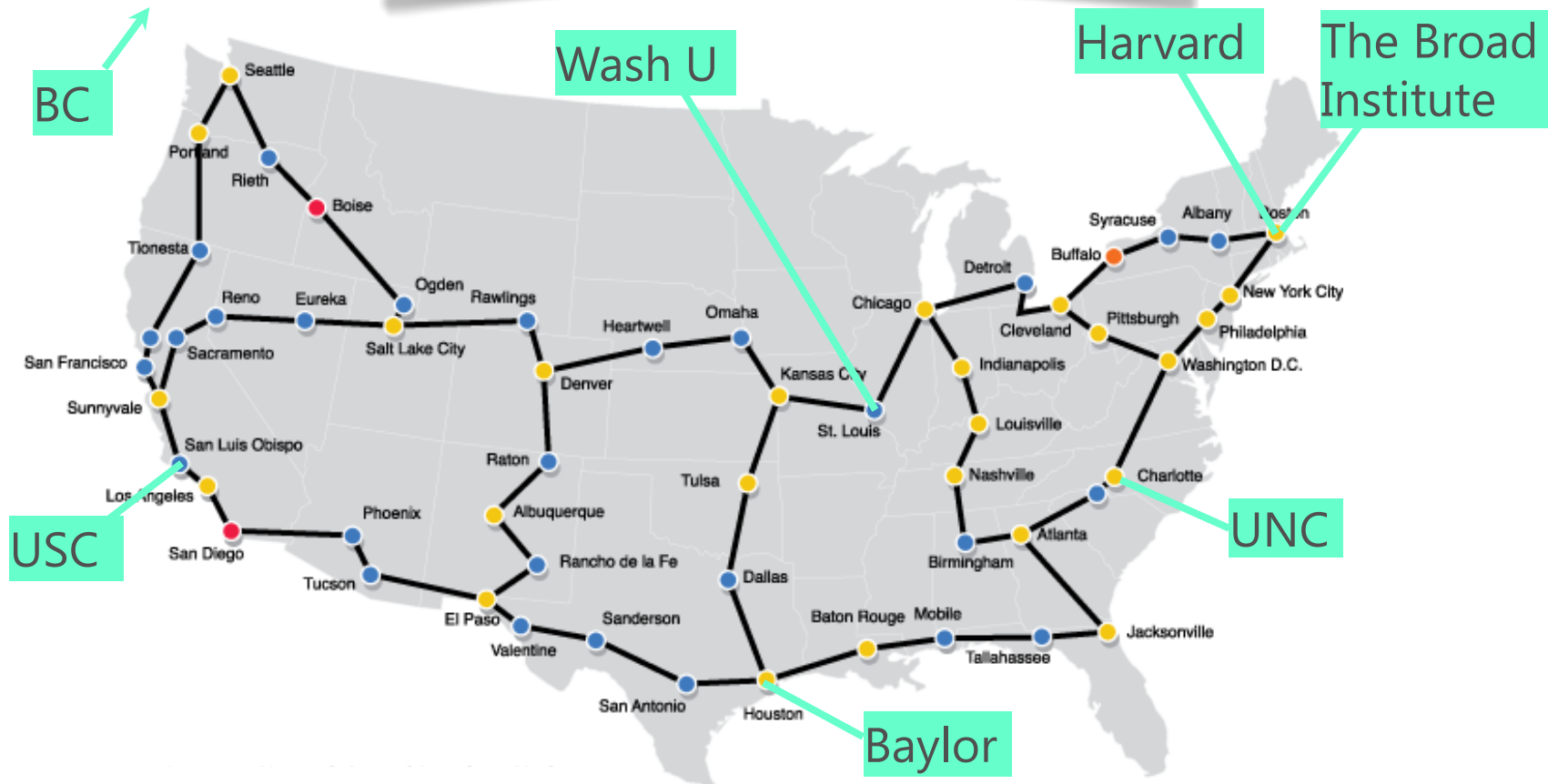


# Genomes are the key to the future of cancer treatment



# The Cancer Genome Atlas: 10,000 tumors from 20 adult cancers

TCGA Sequencing Centers



# TCGA Analysis Centers

Institute for Systems Biology, Seattle

Oregon H&S U

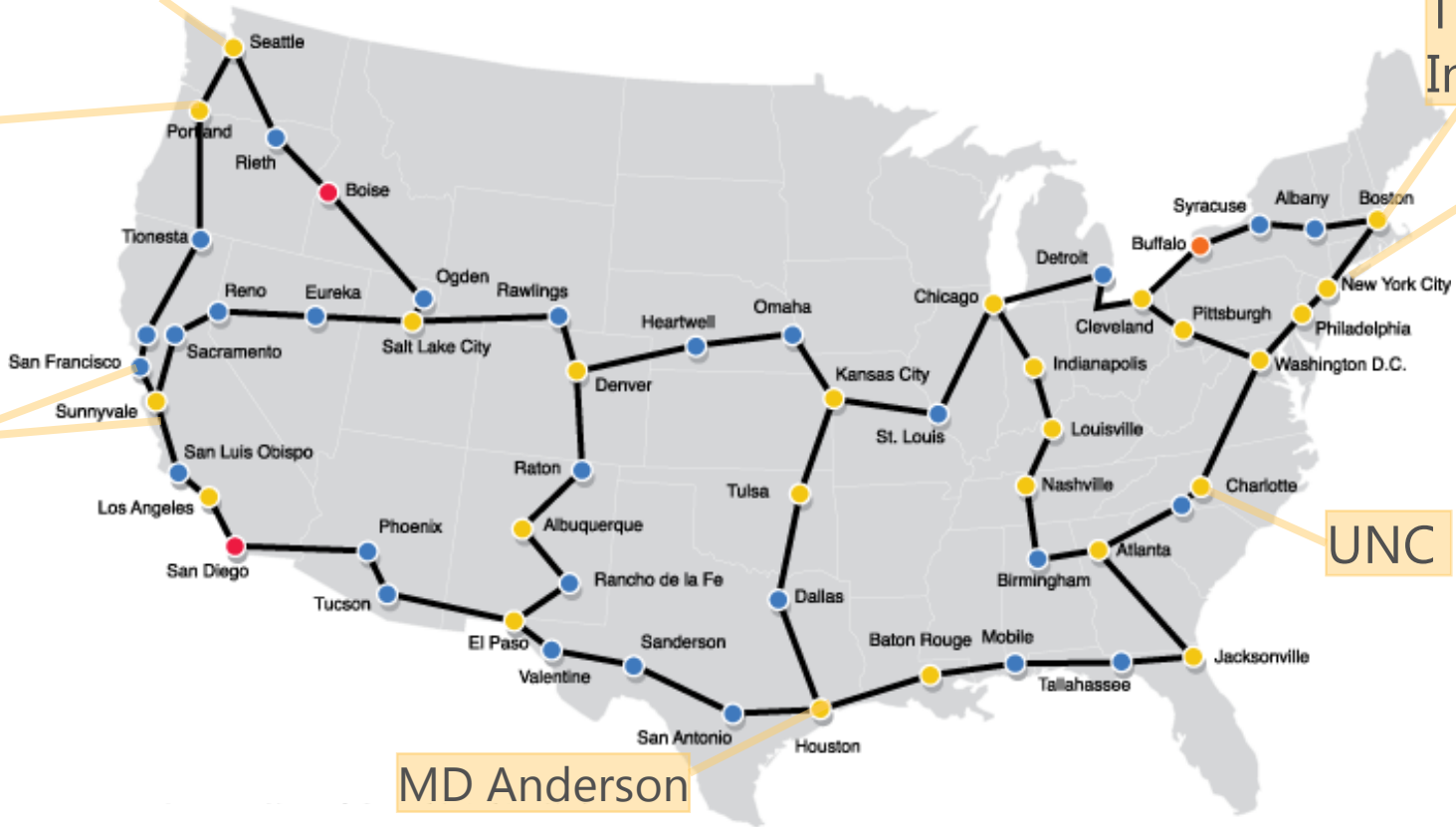
The Broad Institute

MSK Cancer Ctr

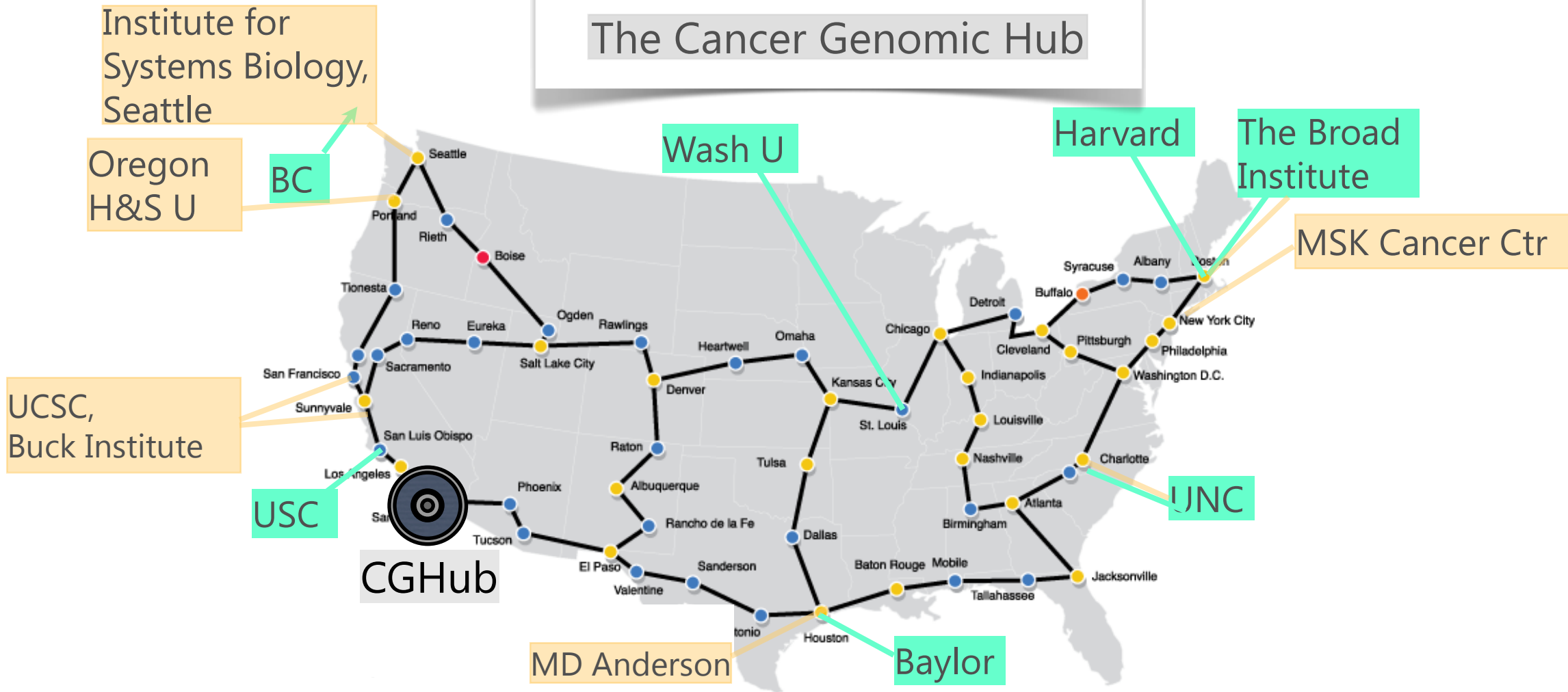
UCSC, Buck Institute

UNC

MD Anderson



# The Cancer Genomic Hub





# CENCER GENOMICS HUB

- Total Cost ~ \$100/year/genome at 50K genomes
- Houses genomes from all major NCI projects
- Planned 5 PB, Scalable to 20 PB

- FISMA compliant
- 1st NIH Trusted Partner
- COTS hardware
- High availability
- CentOS, standard linux tools
- General Parallel Filesystem
- Dual RAID 6
- Co-location opportunities



CGHub at San Diego  
Supercomputer Center



# Current Stats (as of July 4, 2013)



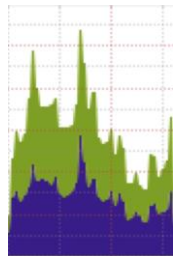
490,516 total files downloaded



5,910 TB transferred



544 TB data  
46,212 files



3 Gb/s typical downloads in aggregate  
outbound from CGHub



# Future Requires Global Network of Hubs

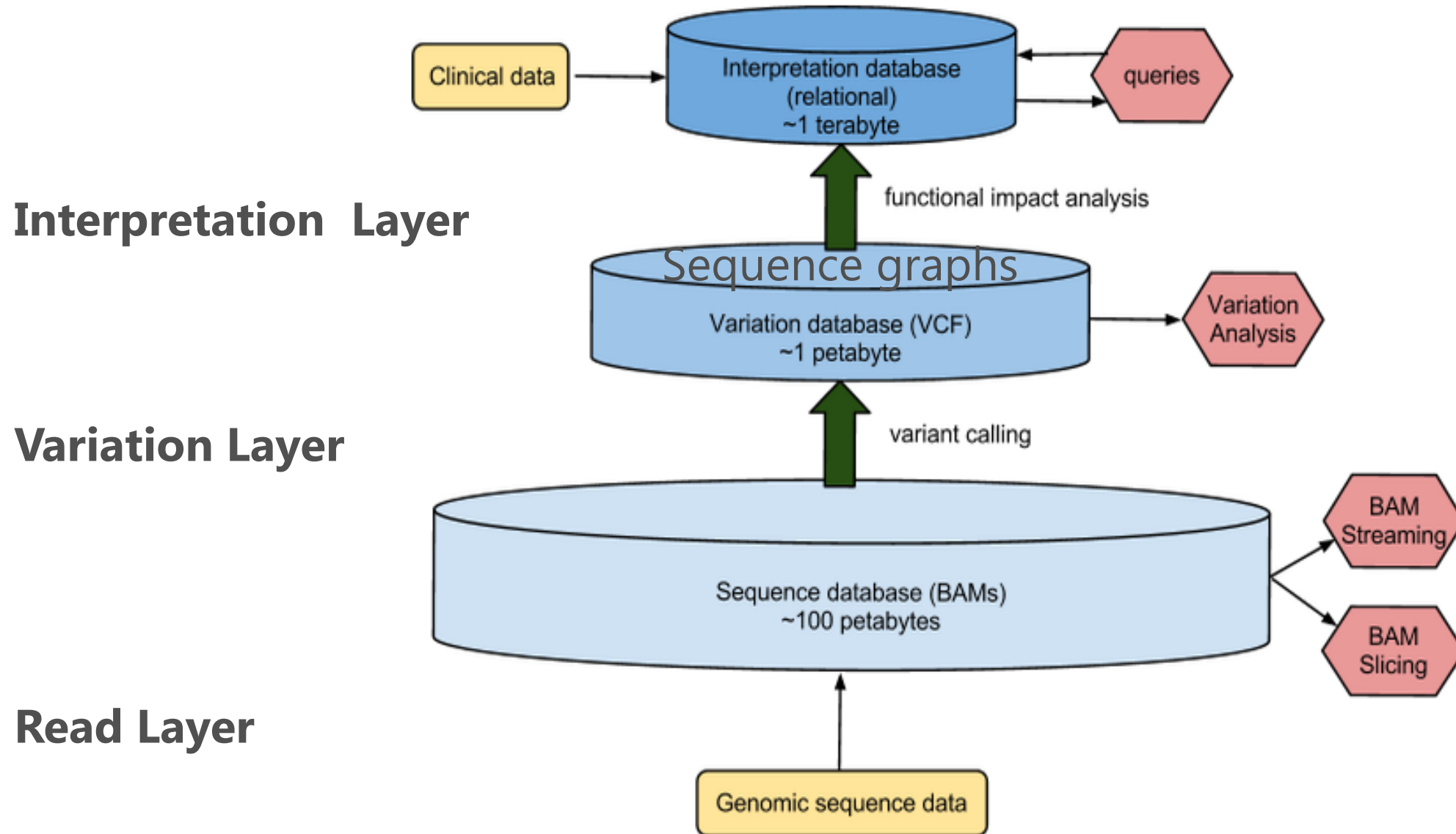


# Different Requirements for 1M Genomes

- Different types of data interactions:
  - Support both research and clinical practice
  - Compute within a provided cloud
  - Separately URIed, metadata-tagged parts of a single patient file supporting 3rd party mashups and tools
- Harmonized portable consents, sample donor has fined-grained control of who can access their data parts, trusts the security provided
- APIs, not file formats. 3rd parties must be able to build on it: goal to enable research and clinical analysis, not usurp it
- Benchmarking so all can use system to improve methods, e.g. variant calling

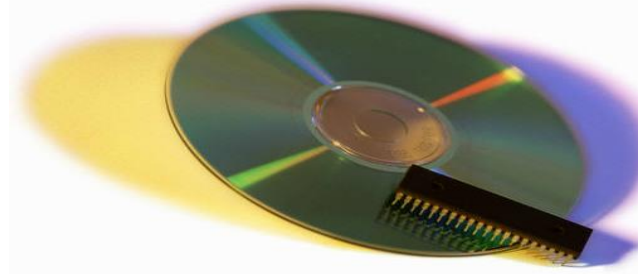


# Possible Genome Commons Architecture



# What would it cost to store and analyze 1M Cancer Genomes in 2014?

- Our estimate is ~ \$50/genome/year in 2014 to store and analyze 1M whole genomes (~ 100 petabytes, 2 months of YouTube growth)
  - 25,000 disks and 100,000 processor cores
  - Including operating costs: space, electricity, operators
  - Including 2nd center to protect against disasters
- Note that cancer is the high water mark for global genome commons requirements, requirements for other diseases are smaller, less complex, assuming cancer includes full germline and somatic cell analysis

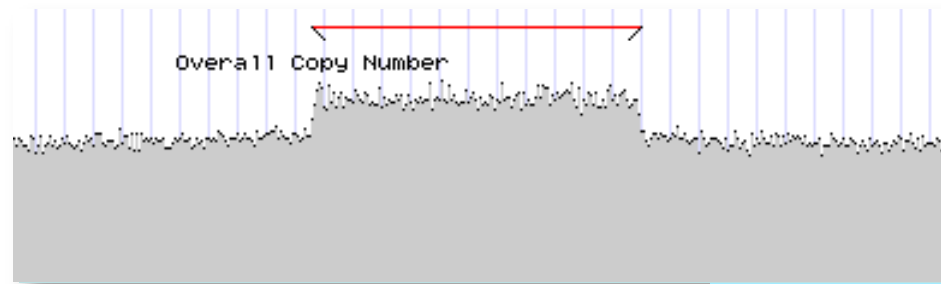


# Global Alliance to Enable Responsible Sharing of Genomic and Clinical Data

- Founding partners on June 5, 2013: 70+ leading health care, research, and disease advocacy organizations from over 40 countries
- Mission: to enable rapid progress in biomedicine
- Plan:
  - create and maintain the interoperability of technology platform standards for managing and sharing genomic data in clinical samples;
  - develop guidelines and harmonizing procedures for privacy and ethics in the international regulatory context;
  - engage stakeholders across sectors to encourage the responsible and voluntary sharing of data and of methods.



# Extracting molecular state from raw DNA reads



chr2 : 29,064,107

OV-0751 Somatic Reads

```
CCTTTGTCTGCATTCTGTGGAATTGCTGGCTGGCTGCACCCTATATTGTCTGAGAACAGAGTGGCTACAggagatttaaccccacctgatctcacgatgggagaggagacgccatctgcagcagtggtggtag
CCTTTGTCTGCATTCTGTGGAATTGCTGGCTGGCTGCACCCTATATTGTCTGAGAACAGAGTGGCTACACAGAAAATGGAGGCCATCAGAGGGCATCTCC
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CTAGATTGTCTGAGAACAGAGTGGCTACACAGAAAATGGAGGCCCTCAGAGGGCATCACCTCCACTTCCCATCGCTGCCATCTGTCTCCCACC
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TGCACCCTATATTGTCTGAGAACAGAGTGGCTACACAGAAAATGGAGGCCACAAAGGGCCACTTCCCCACCTCCCCTCCCTGCCACTGGCTCCCTCC
cactttctacagacgatgtcaccttcacctCACAGAAAATGGAGGCCATCAGAGGGCATCTCCTccatctccategctgccatctgtctcccacc
```

chr2 : 28,500,054

Tandem Duplication Size = 564,053 bp

Zack Sanborn, now at Five3 Genomics



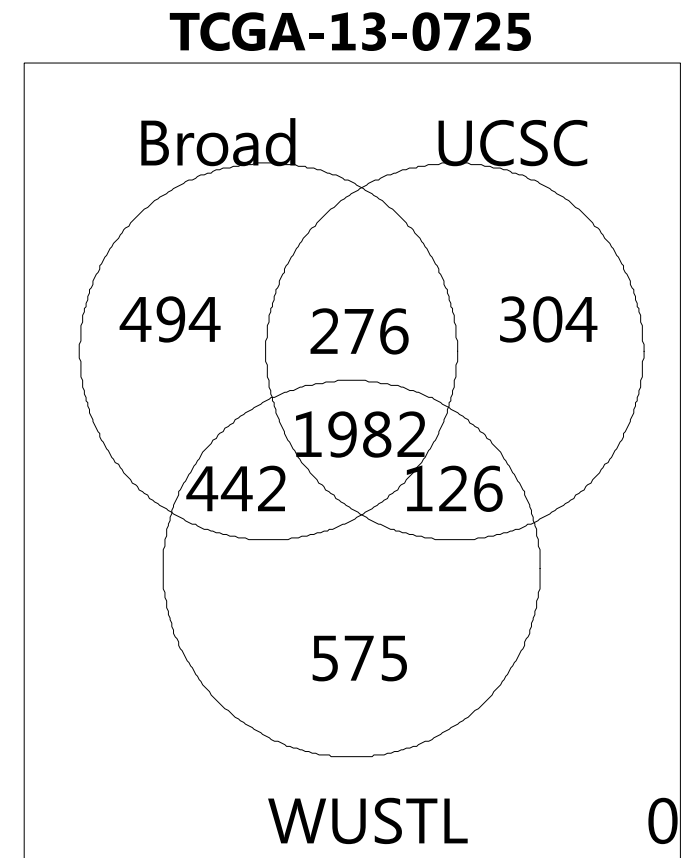


# Completely solved problem? Not yet.

Given the same raw sequence (BAM) files, different mutation calling pipelines do not completely agree

## Point mutations called in tumor TCGA-13-0725

Total calls:	Called by 2 other centers	Called by at least 1 other
Broad: 3,194	62%	85%
UCSC: 2,688	74%	89%
WUSTL: 3,125	63%	82%

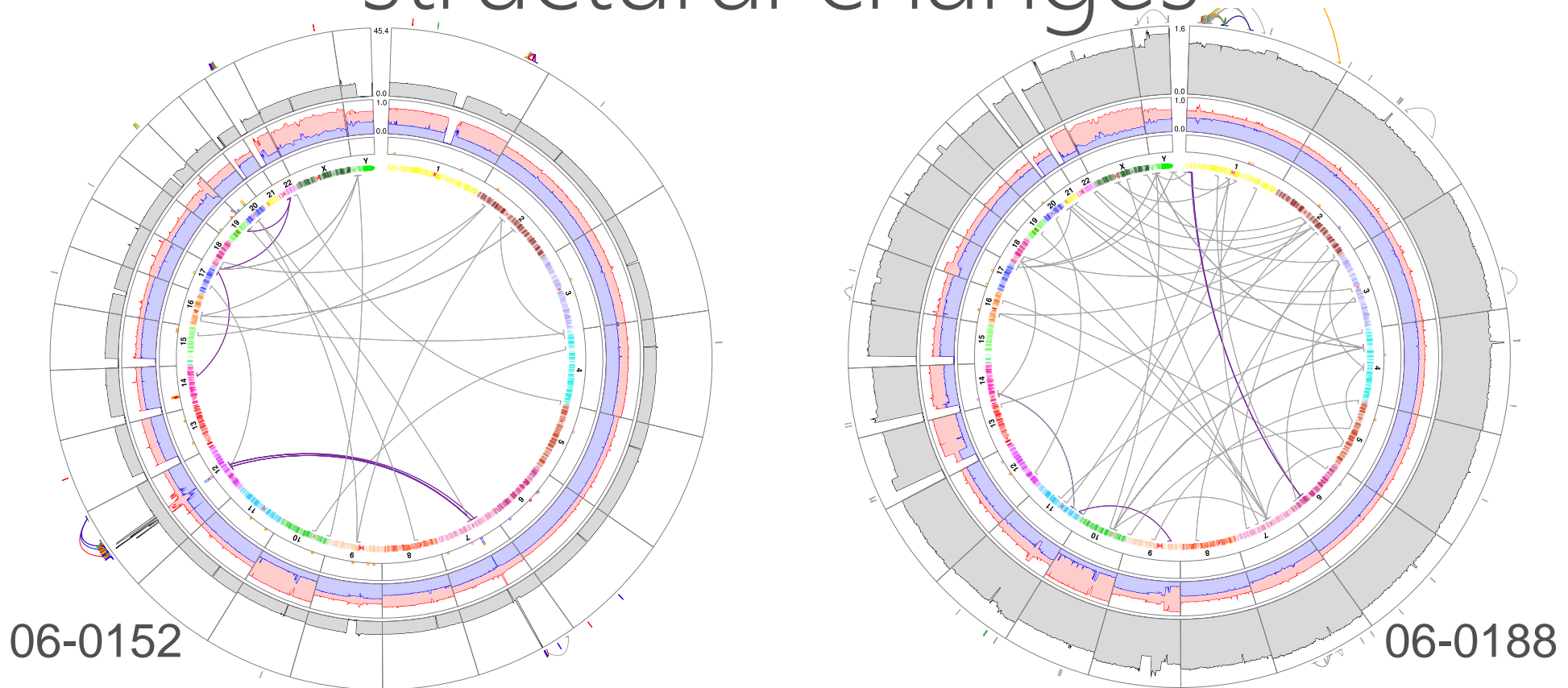


**Still work to do to harden mutation-calling software, even for point mutations**

**UCSC, Broad are leading a series of TCGA/ICGC international benchmark challenges. Visit [cghub.ucsc.edu](http://cghub.ucsc.edu) for TCGA Benchmark 4**



# Even more differences in calling structural changes



- 2 Glioblastoma samples. Circle plot shows amplifications, deletions, inter/intra chromosomal rearrangement
- These 2 samples have 23/25 top Broad, 21/29 top UCSC events

# In 11/16 WGS TCGA glioblastoma cases similar events lead to homozygous loss of CDKN2A/B

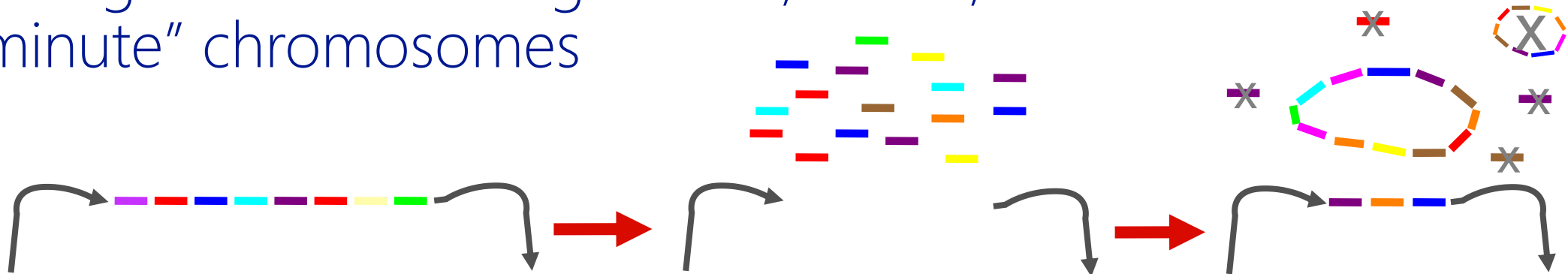
	One Copy Deleted by	Other Copy Deleted by
5 GBMs	Focal Loss	Arm-Level loss of chr9p (via inter-chrom translocation)
3 GBMs	Focal Loss	Arm-Level loss of chr9p (mechanism unknown)
2 GBMs	Focal Loss	Complete loss of chr9
1 GBM	Focal Loss	Complex event
5 GBMs	<i>No loss detected</i>	<i>No loss detected</i>

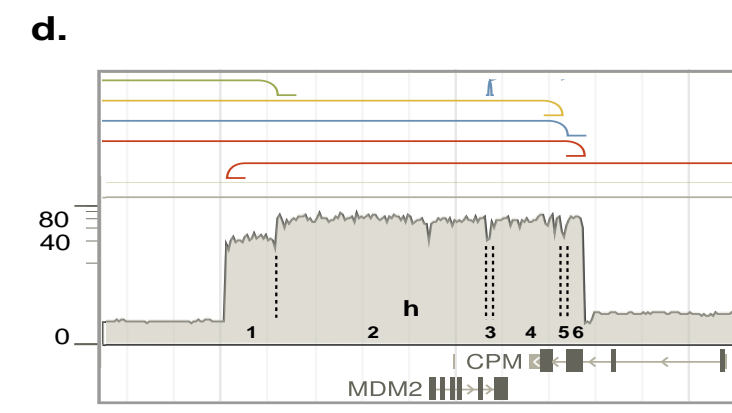
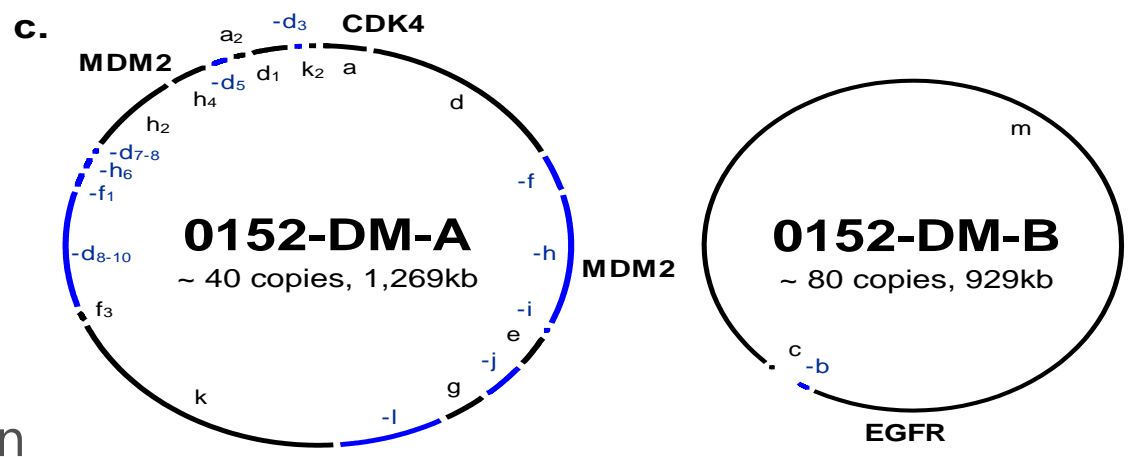
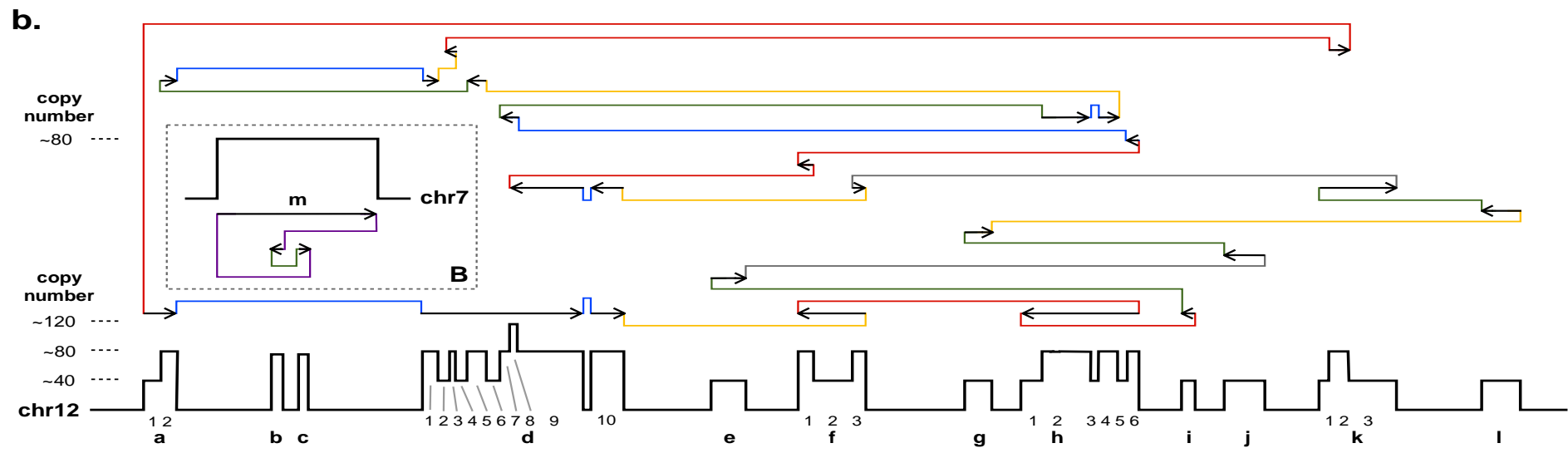
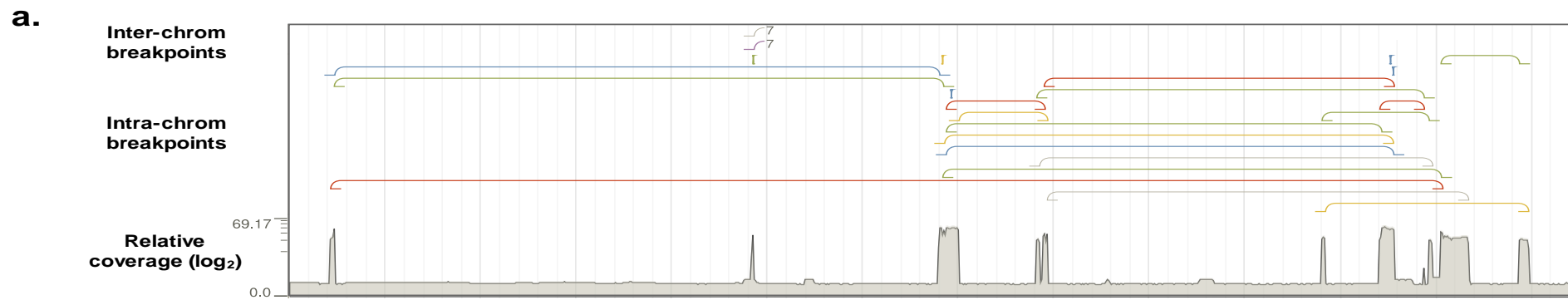


# Massive Genomic Rearrangement Acquired in a Single Catastrophic Event during Cancer Development

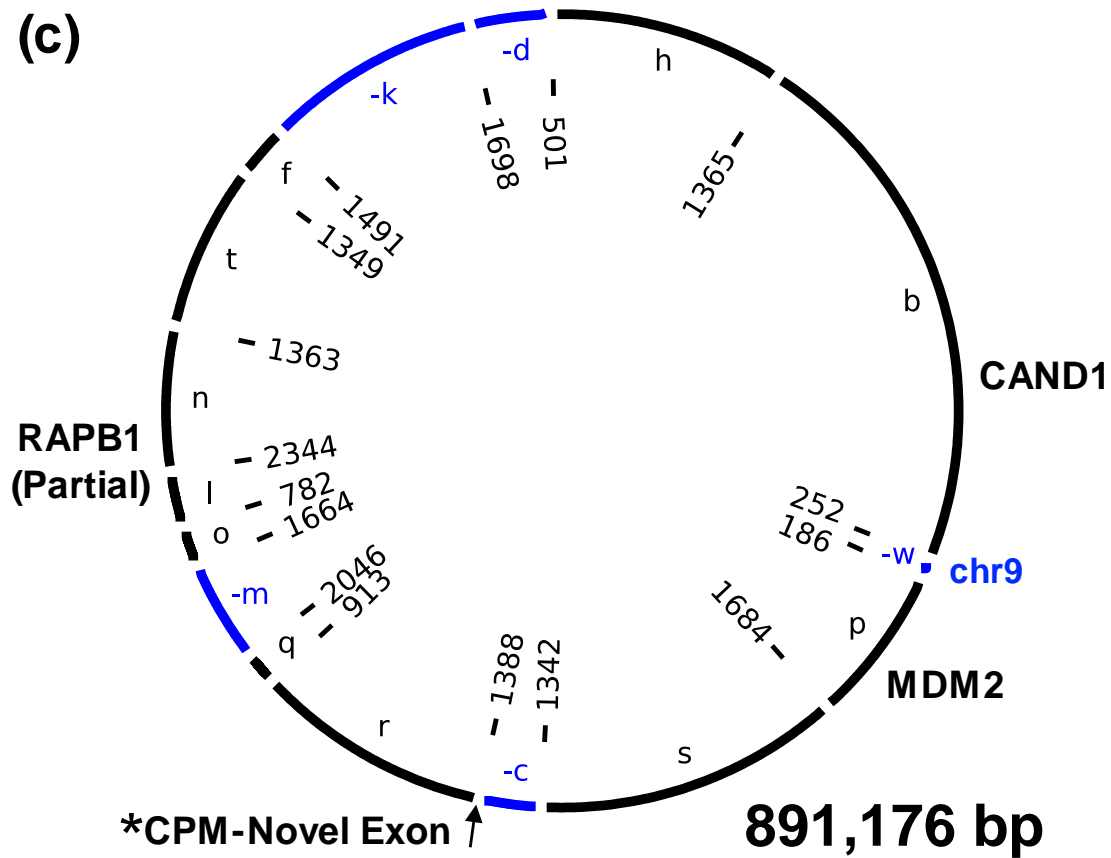
Philip J. Stephens,<sup>1</sup> Chris D. Greenman,<sup>1</sup> Beiyuan Fu,<sup>1</sup> Fengtang Yang,<sup>1</sup> Graham R. Bignell,<sup>1</sup> Laura J. Mudie,<sup>1</sup> Erin D. Pleasance,<sup>1</sup> King Wai Lau,<sup>1</sup> David Beare,<sup>1</sup> Lucy A. Stebbings,<sup>1</sup> Stuart McLaren,<sup>1</sup> Meng-Lay Lin,<sup>1</sup> David J. McBride,<sup>1</sup> Ignacio Varela,<sup>1</sup> Serena Nik-Zainal,<sup>1</sup> Catherine Leroy,<sup>1</sup> Mingming Jia,<sup>1</sup> Andrew Menzies,<sup>1</sup> Adam P. Butler,<sup>1</sup> Jon W. Teague,<sup>1</sup> Michael A. Quail,<sup>1</sup> John Burton,<sup>1</sup> Harold Swerdlow,<sup>1</sup> Nigel P. Carter,<sup>1</sup> Laura A. Morsberger,<sup>2</sup> Christine Iacobuzio-Donahue,<sup>2</sup> George A. Follows,<sup>3</sup> Anthony R. Green,<sup>3,4</sup> Adrienne M. Flanagan,<sup>5,6</sup> Michael R. Stratton,<sup>1,7</sup> P. Andrew Futreal,<sup>1</sup> and Peter J. Campbell<sup>1,3,4,\*</sup>

- **Chromothripsis:** DNA replication process get confused for a period or DNA is shattered into pieces by some high energy event when chromosome is in condensed state
- DNA repair mechanisms try to stitch genome back together
- Can generate rearrangements, losses, and circular "double minute" chromosomes

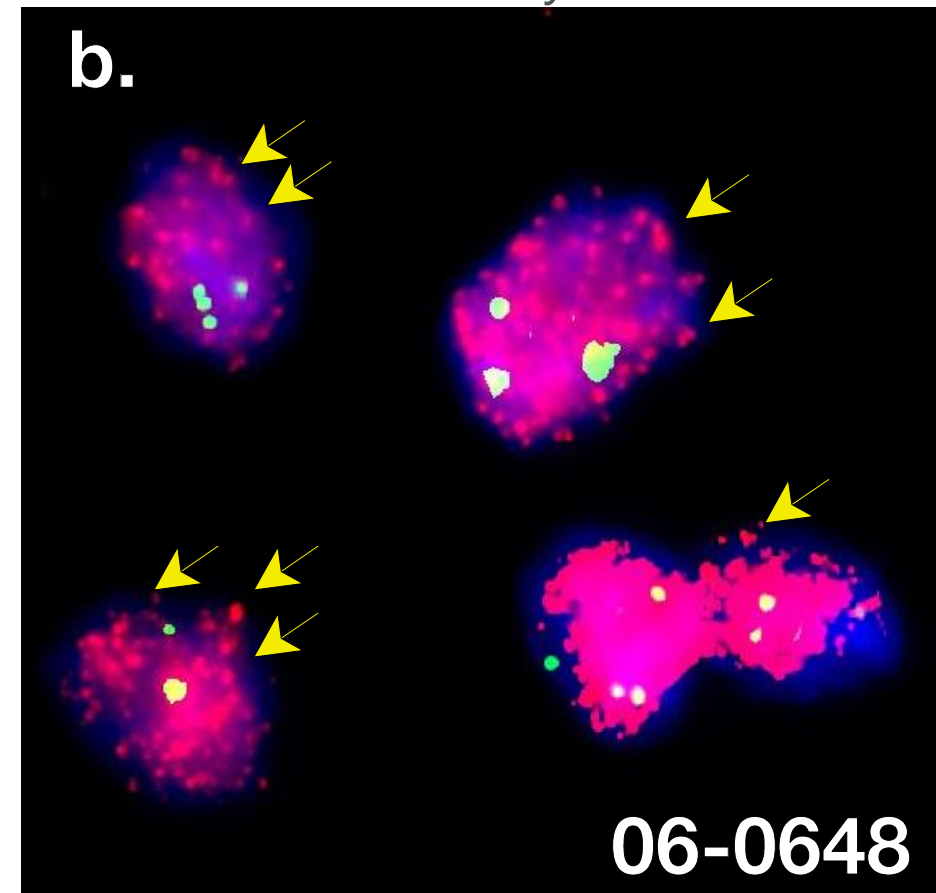




DM from another GBM tumor. We estimate 20% of GBMs have oncogenic DMs



Validation by FISH



# Highlights from analysis of 500 GBMs

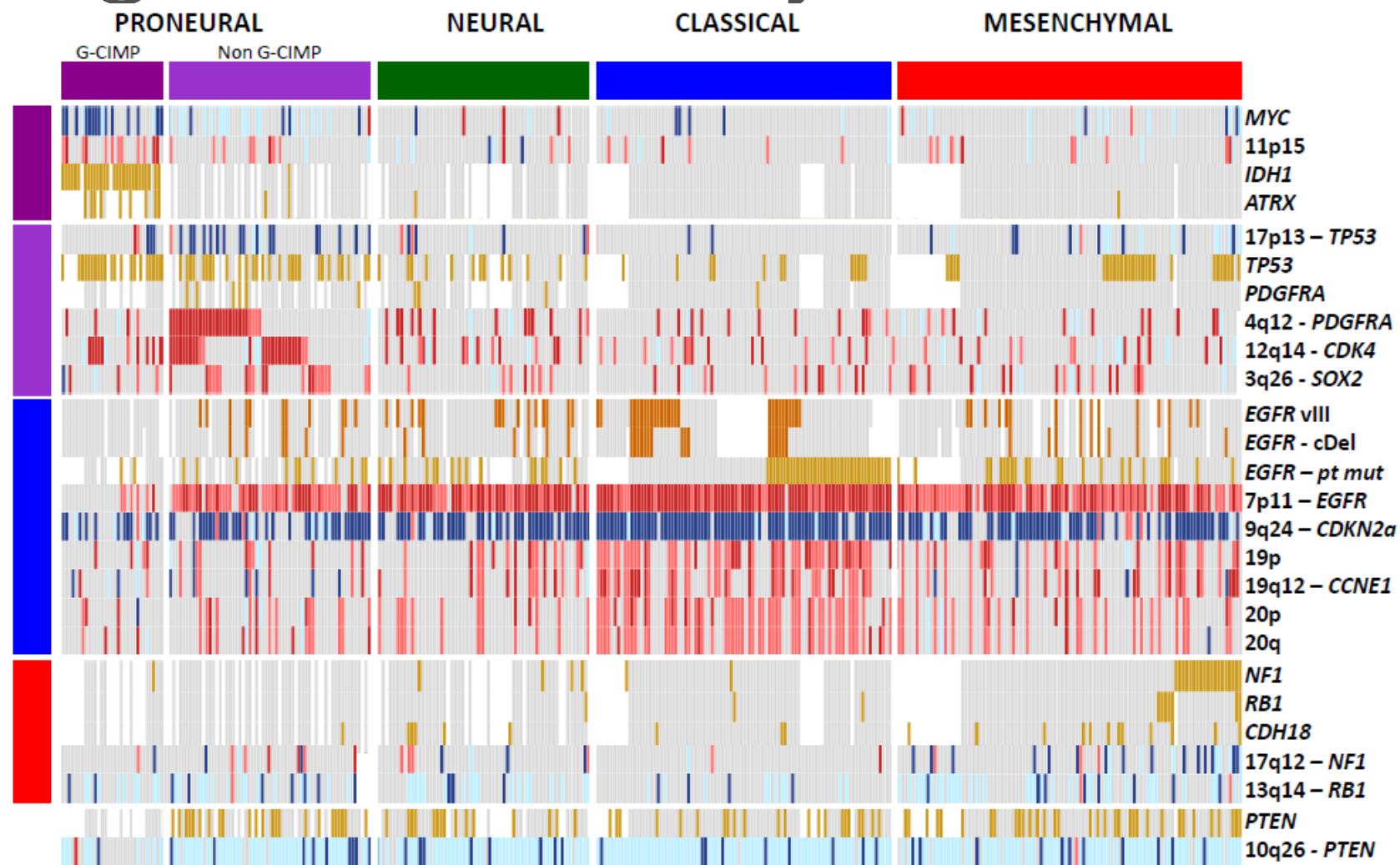
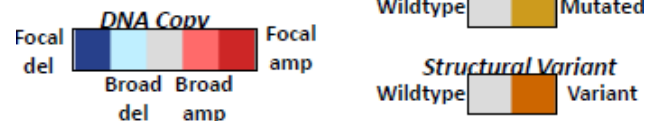
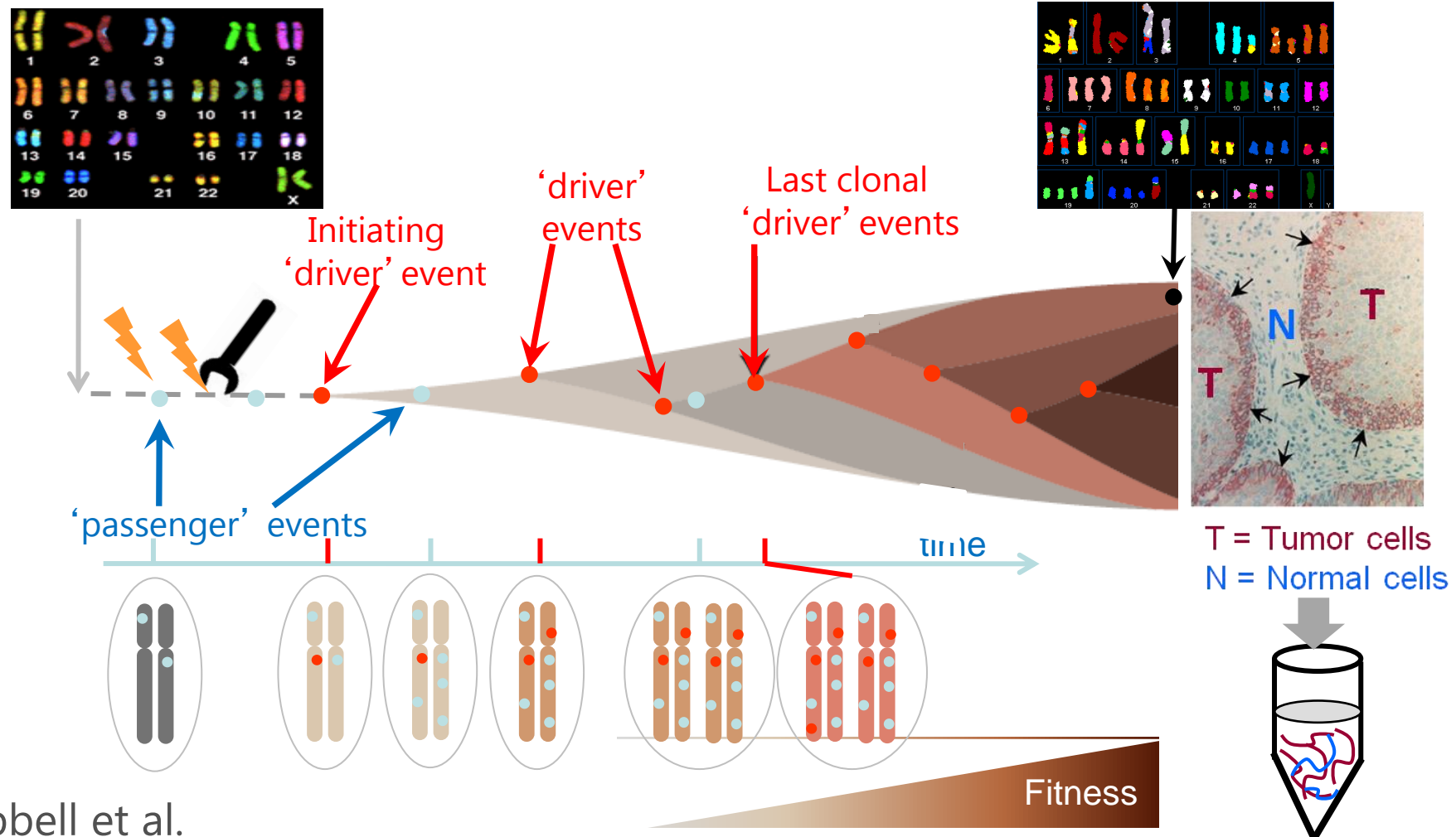


FIGURE LEGEND



# Tumors have metagenomes: mixture of clones resulting from somatic selection of subclones



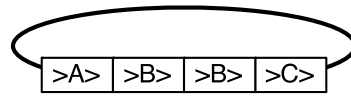




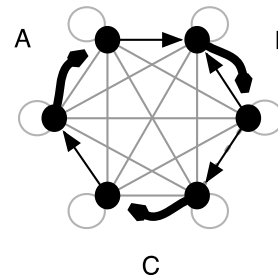
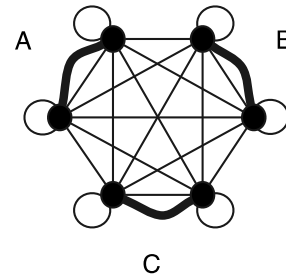
# Algebraic/Combinatorial Approach to Comparative Metagenomics

Flows:

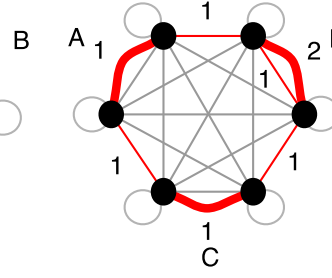
(a)



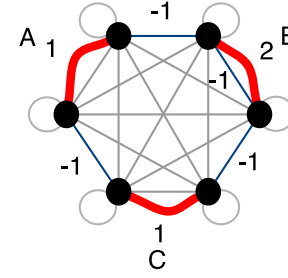
(b)



(c)

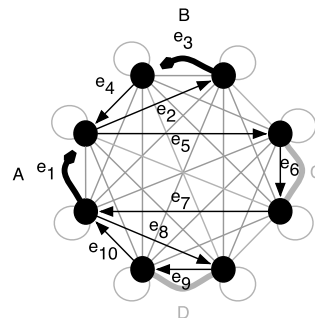


(d)

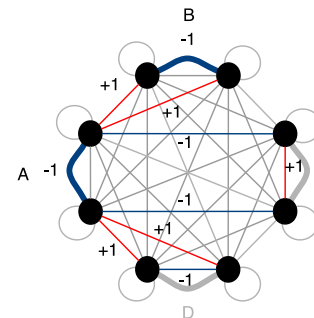


(e)

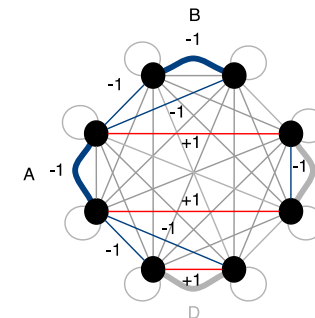
(a)



(b)



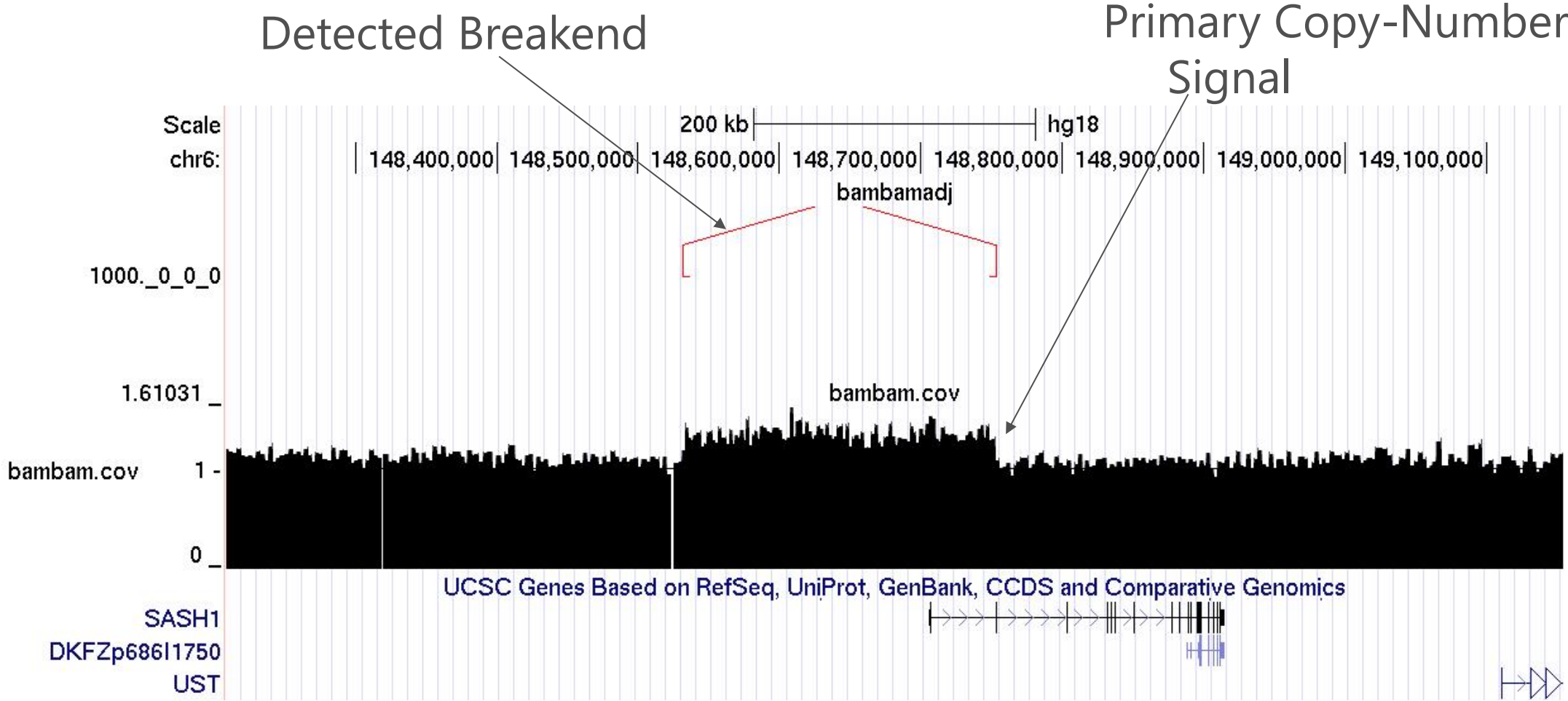
(c)



Alternating and simple flows:

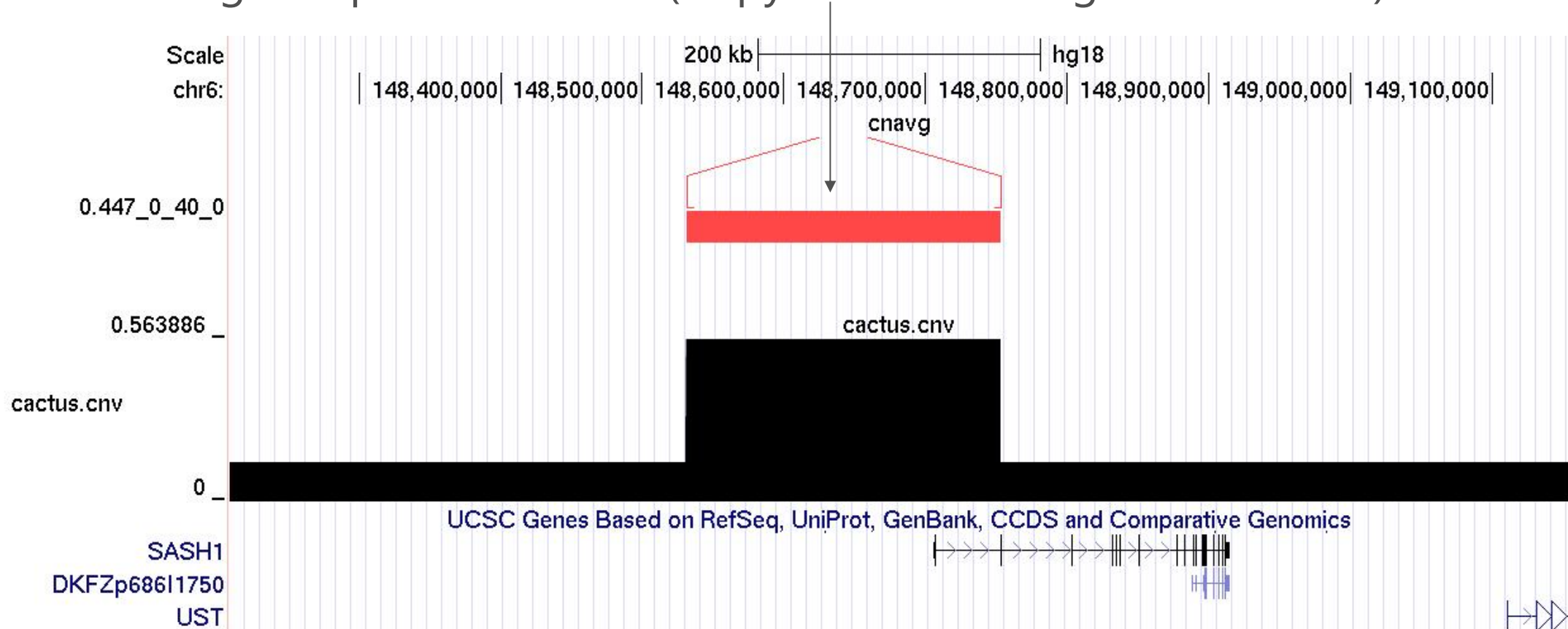


# Duplication – raw data



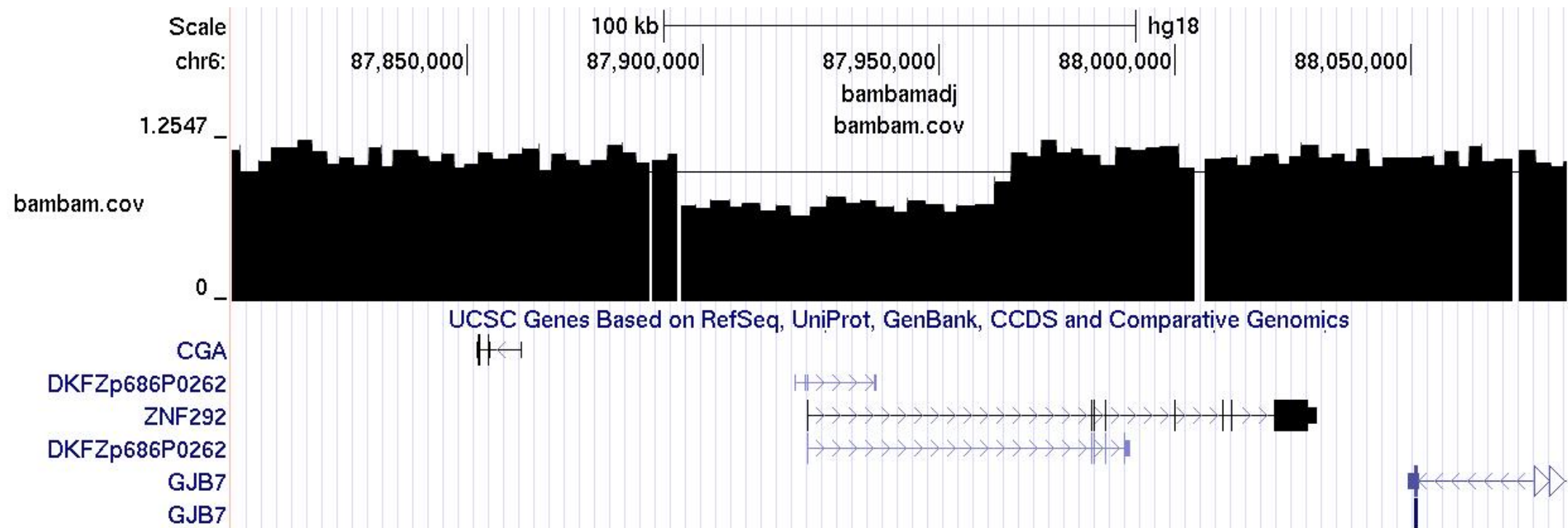
# Duplication – model from data

Single duplication event (Copy number change + Breakend)

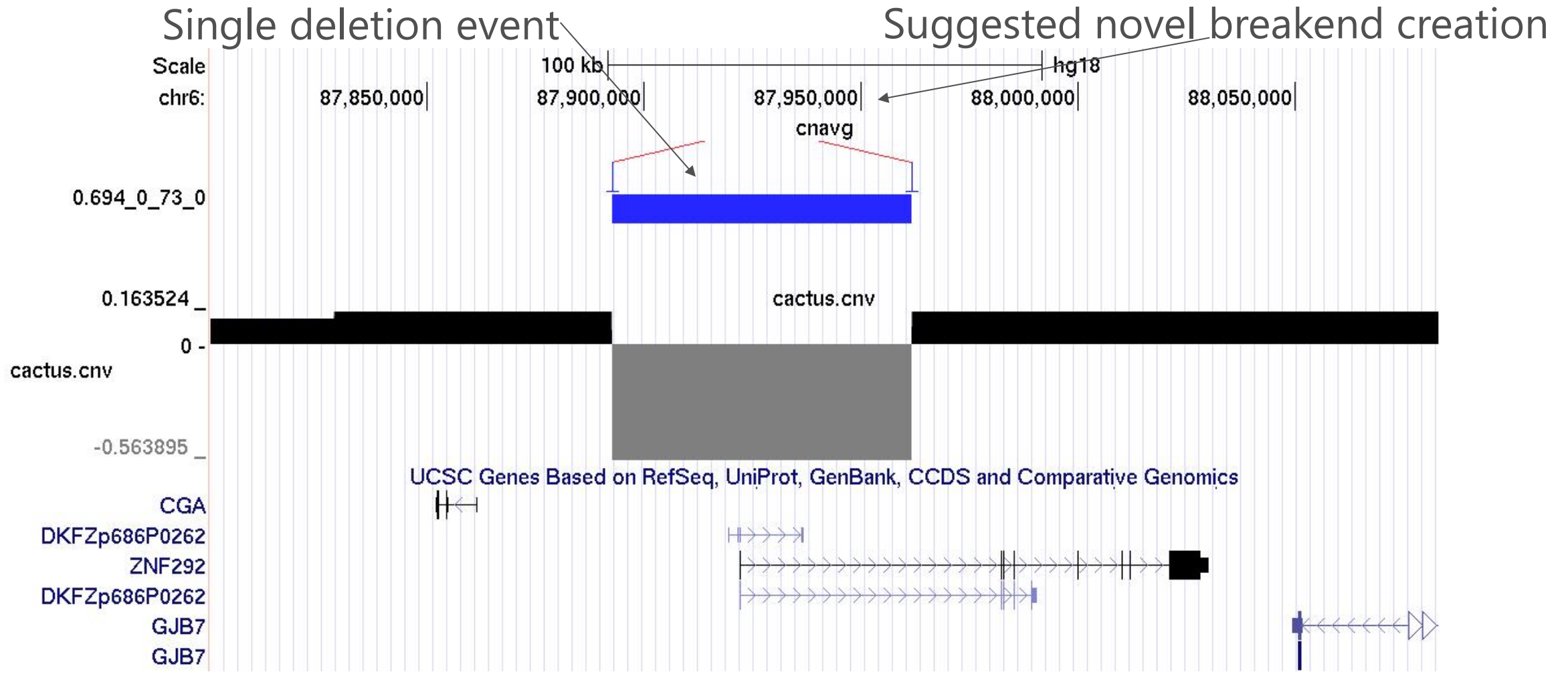


# Deletion – raw data

(No breakend detected)



# Deletion – model from data

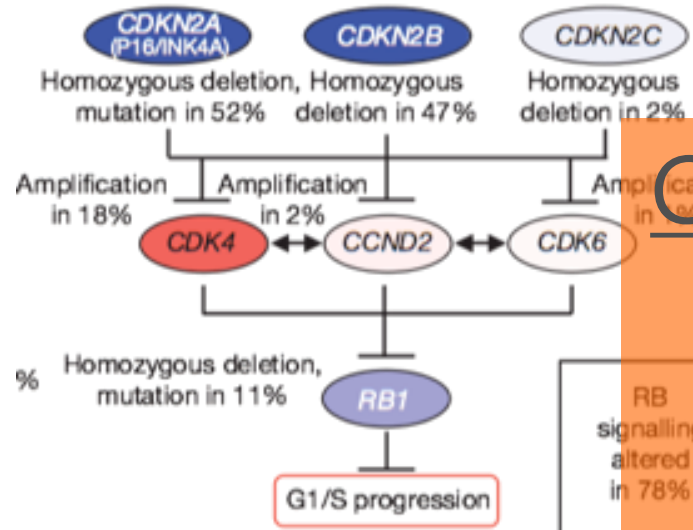


Blue = removal/deletion



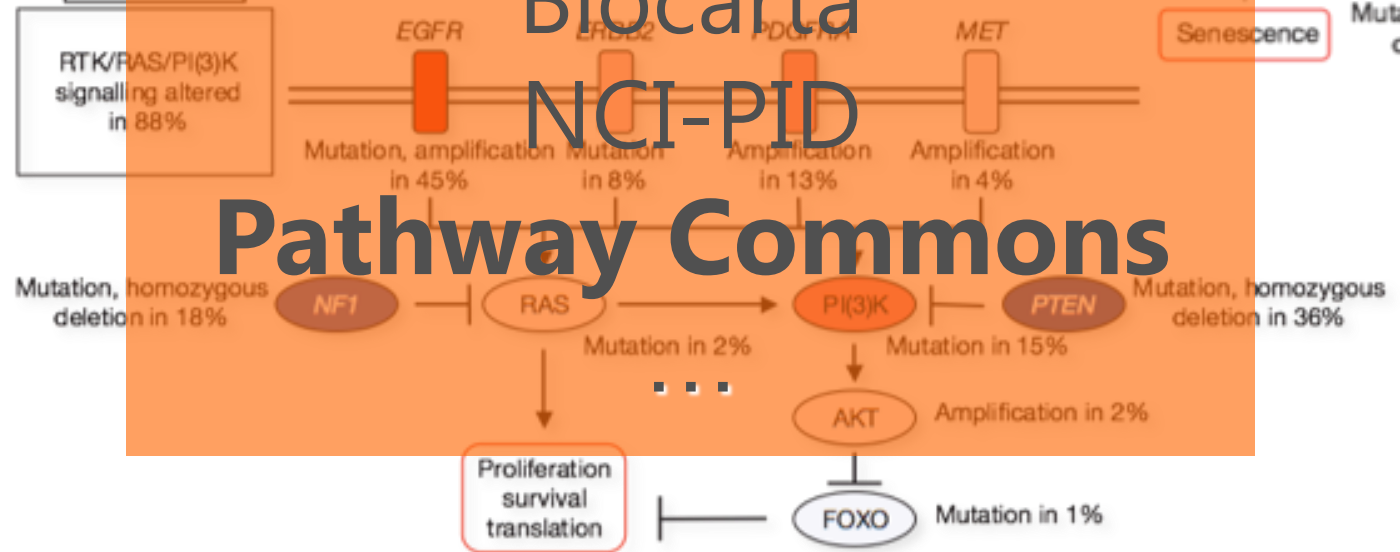
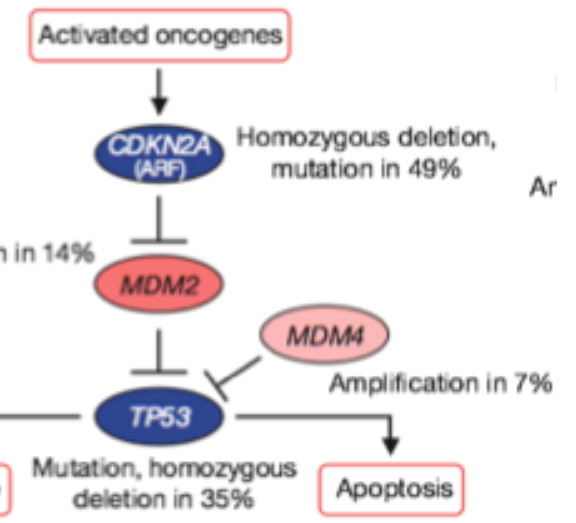
Finally, key is interpretation of genomics data at the pathway level

TCGA  
Glioblastoma  
Analysis



Curated and/or Collected  
Reactome  
KEGG  
Biocarta  
NCI-PID  
Pathway Commons

p53 signalling altered in 87%



# The Age of Opportunity for the Study of Genetics and Medicine

- #1 infrastructure issue is to achieve statistical power by aggregating information. We must head off the development of genomic information silos
- #1 interpretive challenge is to accurately read a genome and model effects of genetic changes on molecular pathways and phenotypes

**We must accelerate biomedical research and improve clinical practice by building new global platforms for storage, exchange and analysis of molecular and phenotypic information**





# Some Current Collaborators

## Collaborators

- Dave Patterson group, UC Berkeley
- David Altshuler, Charles Sawyers, Mike Stratton, Betsy Nabel, Brad Margus, Karen Kennedy, Tom Hudson
- Richard Durbin, Sanger Centre
- Broad Institute, Wash U., Baylor
- The Cancer Genome Atlas and its labs, esp. GBM analysis working group
- Stand Up To Cancer and its labs
- Intl. Cancer Genome Consortium and its labs
- Chris Benz, Buck Institute
- Laura Van't Veer, Laura Esserman, Joe Costello, Eric Collisson, Margaret Tempero, UCSF
- UCSC Storage Systems Group
- Joe Gray, Paul Spellman, OHSU

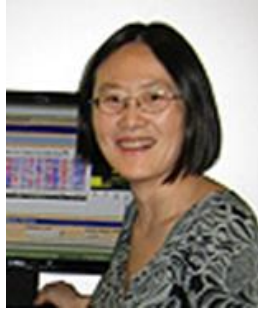


# UCSC Cancer Integration Group

**Josh Stuart, Co-PI**



**Jing Zhu**



**Charlie Vaske**



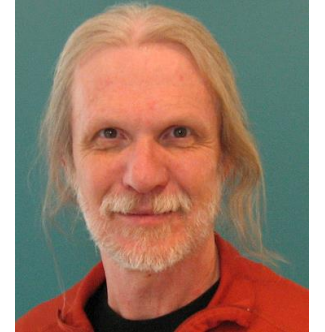
**Steve Benz**



**Zack Sanborn**



**Mark Diekhans \***



**Chris Benz**



**Chris Szeto**



**Sam Ng**



**Mia Grifford**



**James Durbin**



**Ted Goldstein**



**Melissa Cline**



**Sofie Salama \***



**Chris Wilks**



**Amie Radenbaugh**



**Brian Craft**



**Kyle Elrott**

**Adam Ewing**

**Mary Goldman**

**Singer Ma**

**Artem Sokolov**

**Theresa Swatloski**

**Daniel Zerbino**



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