



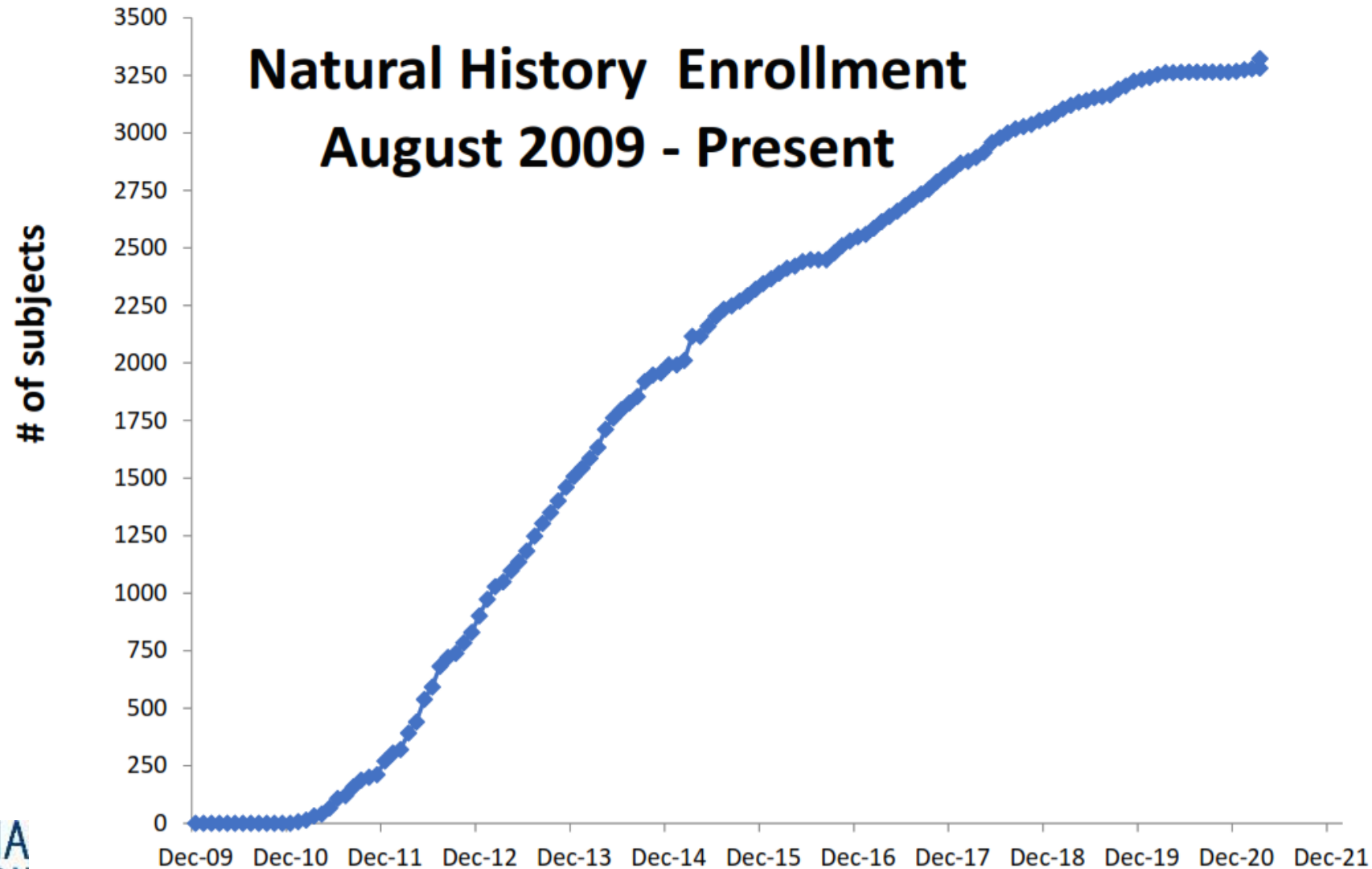
Biobank Project: Progress & Plans

Carlos Cruchaga. PhD

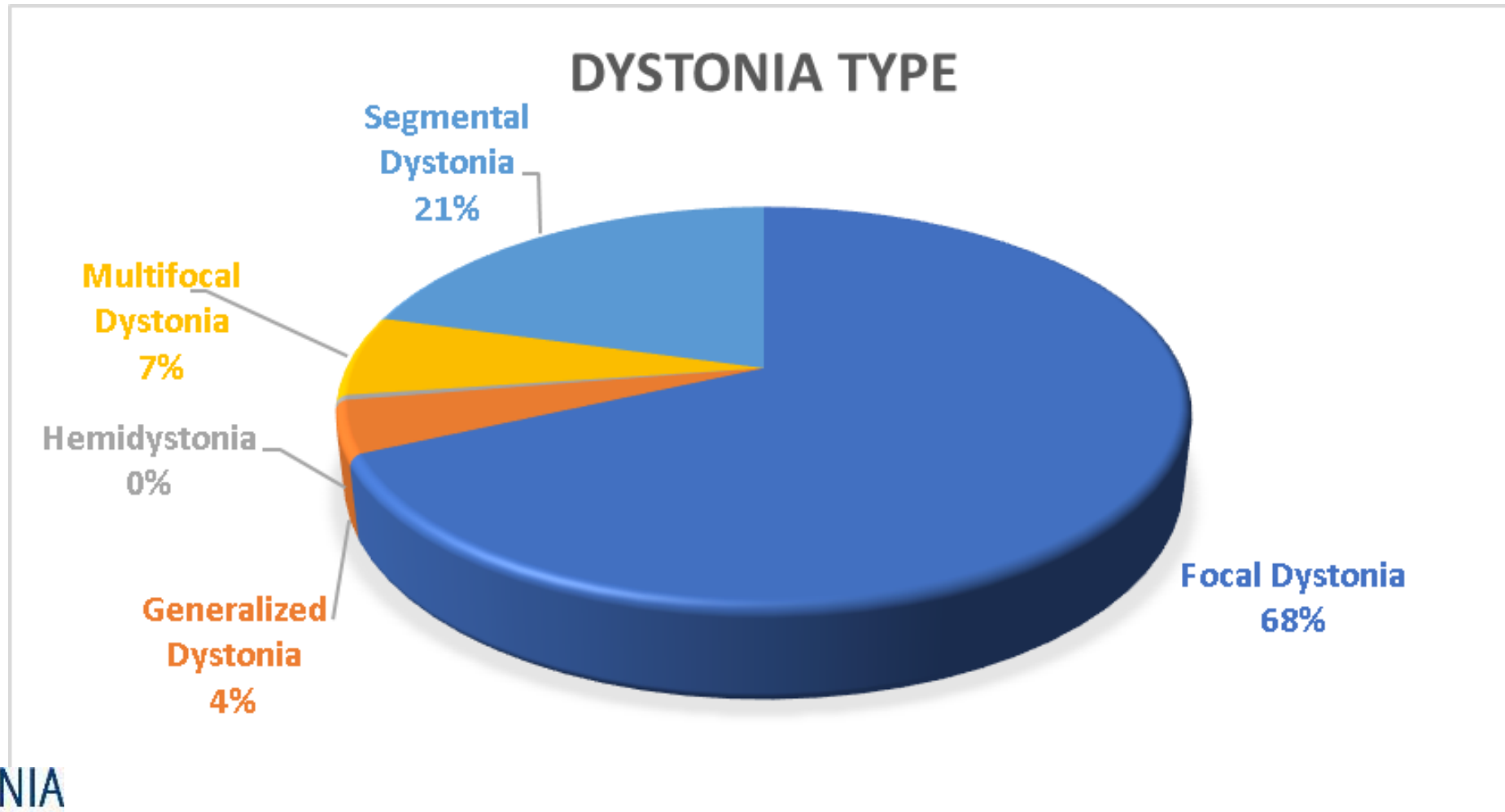
Current Biobank

- Obtain baseline blood for DNA-> Coriell
- DNA for more than >3,200 Dystonia Coalition participants.
 - Around 50% are from cervical dystonia (CD)
- DNA has been instrumental to identify new genes for dystonia

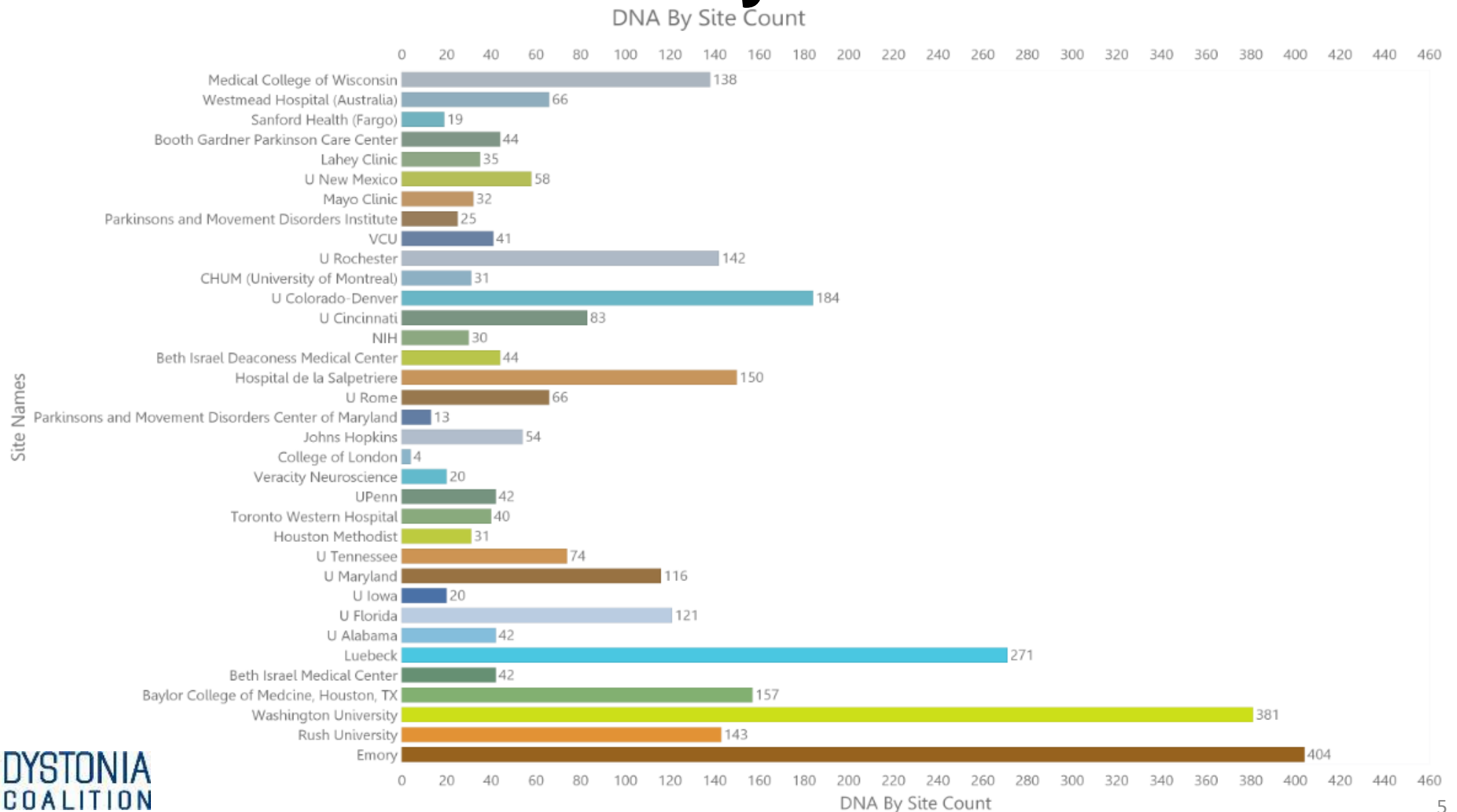
Current Biobank: DNA Available Baseline. Banked at Coriell



Current Biobank: DNA Available Baseline. Banked at Coriell



Current Biobank: DNA by site



Genetic Characterization of DC participants

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PhD

Satya R. Vemula, PhD

Jianfeng Xiao, MD, PhD

Misty M. Thompson, PhD

Joel S. Perlmutter, MD

Laura J. Wright, MA

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Sylvain Chouinard, MD

Lawrence Severt, MD,
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Pinky Agarwal, MD

Natividad P. Stover, MD

On behalf of the Dystonia
Coalition Investigators,
Dystonia Genetic
Consortium

Clinical and genetic features of cervical
dystonia in a large multicenter cohort

OPEN

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Neurology Genetics


Table 3 Bioinformatic analysis of SVs identified in participants with CD

Gene	Participant (s)	cDNA	Protein	ACMG classification	dbSNP	Minor allele frequency			In silico pathogenicity/deleteriousness				Splicing (human splice finder 3.0)					
						EVS	1KG	ExAC	DC	SIFT	MutationTaster	PolyPhen-2	CADD raw	CADD Phred	Splice site distance	HSF matrices	ESE finder	ESR sequences
GNAL	DYS1579	c.40C>T	p.Q14*	Pathogenic					0.0005	NA	Disease causing	NA	2.72	22.5	142	None	None	ESE site broken
GNAL	n = 5	c.66C>T	p.R22R	Uncertain significance	rs73397885	0.01	0.008	0.00562	0.0025	Tolerated	Polymorphism	NA	2.43	22.1	79	New donor site	ESE site broken	None
GNAL	DYS497	c.139C>A	p.L47I	Likely pathogenic					0.0005	Damaging	Disease causing	Benign	2.55	22.3	6	None	ESE site broken	ESE site broken
GNAL	DYS734	c.214C>G	p.P72A	Likely pathogenic					0.0005	Tolerated	Disease causing	Benign	1.49	15.9	4	None	None	New ESS site
GNAL	n = 135	c.218+19C>A	NA	Likely benign	rs1895689	0.000307	0.348	0.2968	0.078	NA	NA	NA	1.16	14.1	19	None	None	None
GNAL	n = 74	c.932-7T>G	NA	Benign	rs3892113	0.06	0.044	0.0628	0.041	NA	NA	NA	0.05	4.1	7	None	None	None
GNAL	n = 33	c.1014C>T	p.A338A	Uncertain significance	rs41289504	0.01	0.0034	0.008831	0.016	Tolerated	Disease causing	NA	2.01	19.2	15	None	ESE site broken	New ESS site
GNAL	DYS41	c.1018G>A	p.G340S	Likely pathogenic	rs142792291	0.0001538		0.0000249	0.0005	Tolerated	Disease causing	Probably damaging	2.13	20.3	19	New acceptor site	None	New ESS site
GNAL	DYS87	c.1060G>A	p.V354M	Pathogenic					0.0005	Damaging	Disease causing	Probably damaging	2.57	22.4	61	None	ESE site broken	New ESS site
THAP1	DYS1729	c.57C>T	p.P19P	Uncertain significance	rs146087734	0.00023		0.000099	0.0005	Tolerated	Disease causing	NA	1.93	18.6	14	None	None	None
THAP1	DYS1706	c.71+9C>A	NA	Likely pathogenic	rs200209986	0.001999		0.001291	0.0005	NA	NA	NA	0.93	12.6	9	None	None	None
THAP1	DYS88	c.153C>G	p.S51R	Pathogenic					0.0005	Damaging	Disease causing	Probably damaging	5.06	27.1	81	None	None	None
THAP1	DYS1068	c.427A>G	p.M143V	Uncertain significance	rs374512193	0.00007		0.00007413	0.0005	Tolerated	Polymorphism	Benign	0.85	12.1	159	New acceptor site	None	None
TOR1A Exon 5	DYS266	c.823A>G	p.K275E	Uncertain significance	rs148036363	0.0002307		0.0003789	0.0005	Tolerated	Disease causing	Probably damaging	2.27	21.4	74	None	ESE site broken	None
TOR1A Exon 5	DYS1754	c.907_909 delGAG	p.E303del	Pathogenic	rs724159981				0.0005	NA	Disease causing	NA	2.73	22.5	158	None	ESE site broken	New ESS site
TOR1A Exon 5	DYS1565	c.962C>T	p.T321M	Uncertain significance				0.00001647	0.0005	Damaging	Disease causing	Probably damaging	2.06	19.6	213	None	None	New ESS site


cDNA/protein (GNAL-NM_001142339.2/NP_001135811.1, THAP1- NM_018105.2/NP_060575.1, TOR1A-NM_000113.2/NP_000104.1).

Abbreviations: 1KG = 1000 Genomes Project; ACMG = American College of Medical Genetics and Genomics; CADD = Combined Annotation-Dependent Depletion; CD = cervical dystonia; cDNA = complementary DNA; dbSNP = Single Nucleotide Polymorphism database; DC = Dystonia Coalition; ESE = exonic splicing enhancer; ESR = exonic splicing regulator; ESS = exonic splicing silencer; EVS = Exome Variant Server;

Genome-Wide Association studies

**EMORY**
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PUBLIC
HEALTH

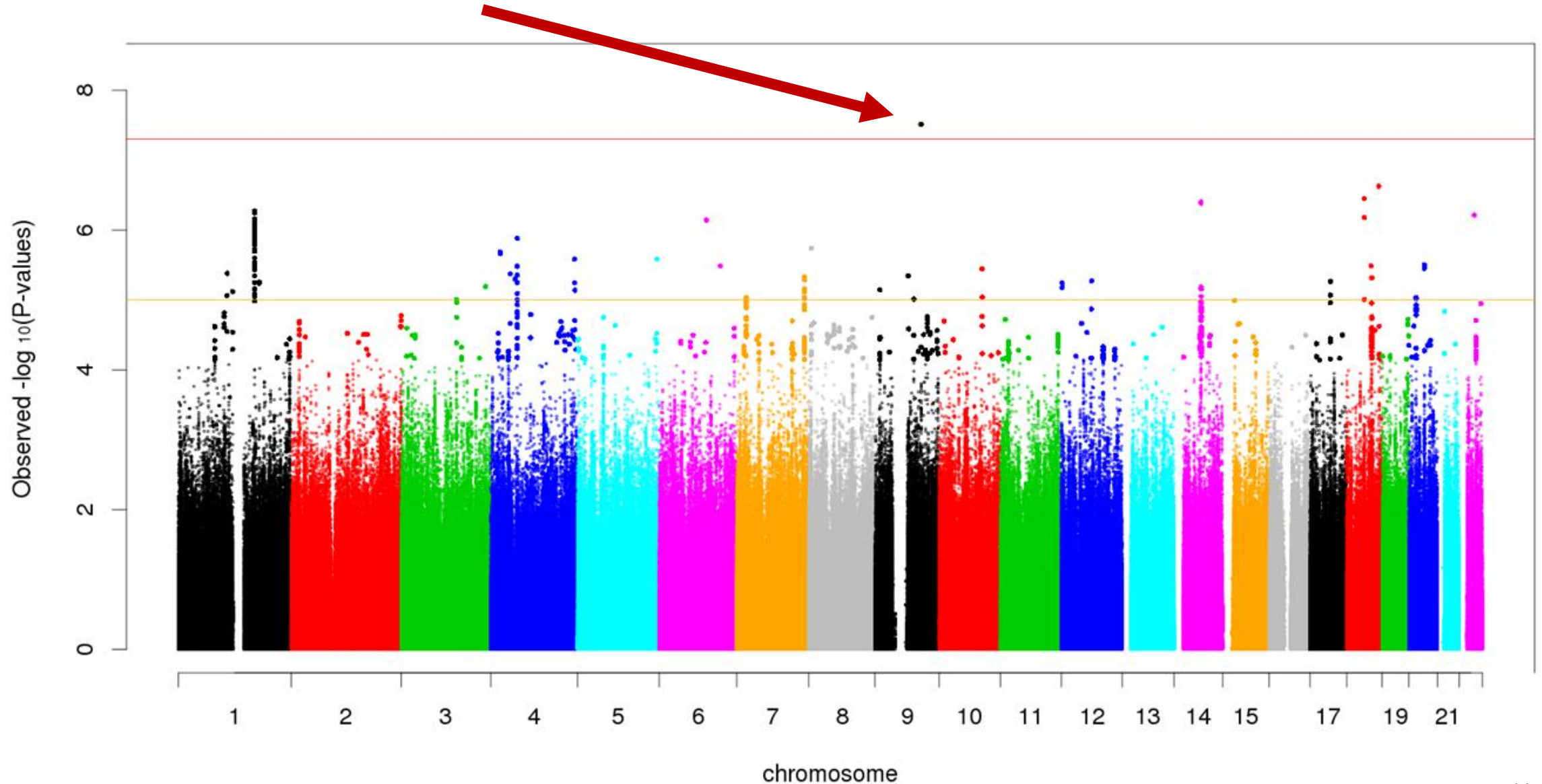
Genome-wide Association Study Identifies Common Genetic Variants Associated with Cervical Dystonia
Yan V. Sun^{1,2}, Chengchen Li¹, Qin Hui¹, Joel S. Perlmutter³, Samantha Ruehl⁴, Christine Klein⁵, Joseph Jankovic⁶, Richard L. Barbano⁷, Stephen G. Reich⁸, J. Douglas Bremner^{9,10}, Viola Vaccarino¹, Arshed A. Quyyumi¹¹, H. A. Jinnah¹², on behalf of the Dystonia Coalition Investigators

**EMORY**
UNIVERSITY
SCHOOL OF
MEDICINE

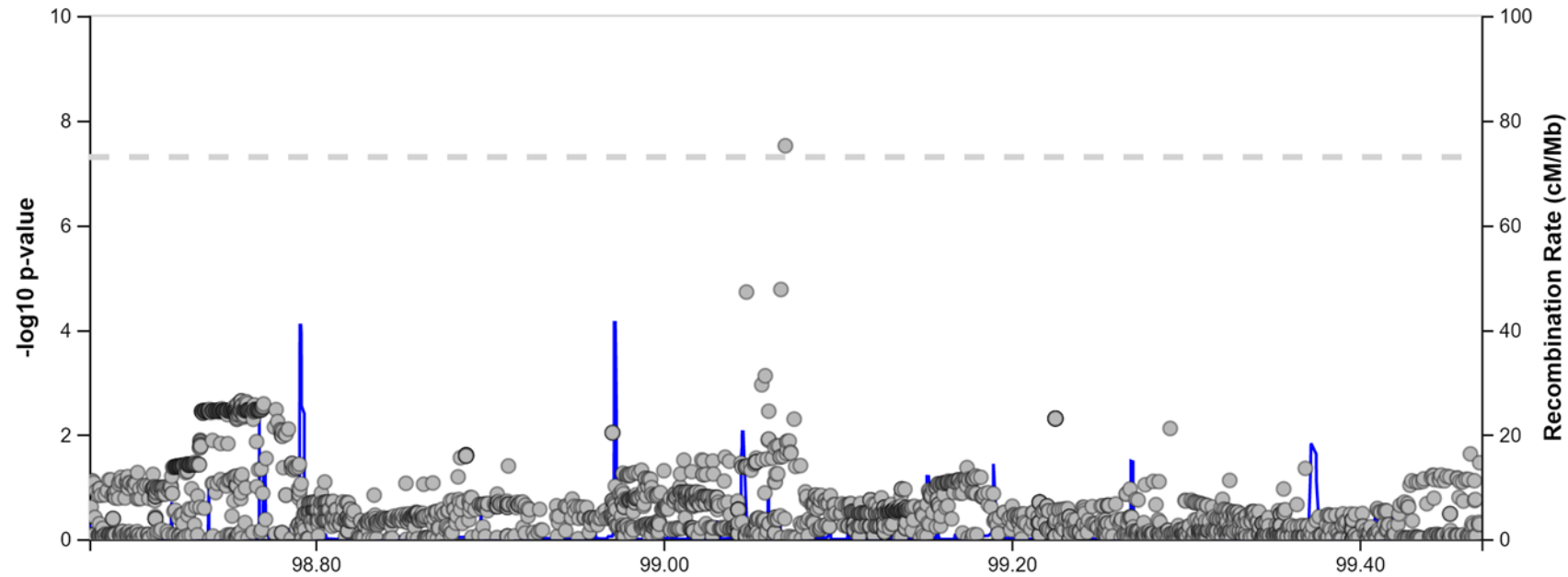
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919 cases and 1,491 controls

Genome-Wide Association studies



Genome-Wide Association studies



Hits in GWAS Catalog



Genome-Wide Association studies

- largest GWAS for any type of dystonia to date
- 1 common genome-wide significant variants ($p\text{-value} < 5 \times 10^{-8}$) in 1 distinct loci
- Chromosome 3 signal is close upstream of *COL8A1*
 - Defects in *COL8A1* are associated with corneal dystrophy and age-related macular degeneration.
- Gene-based analysis identified *DENND1A* to be significantly associated with cervical dystonia ($p\text{-value} = 1.23 \times 10^{-6}$).
- One low-frequency variant was associated with lower age-at-onset (16.4 ± 2.9 years, $p\text{-value} = 3.07 \times 10^{-8}$, $\text{MAF} = 0.01$), located within the *GABBR2* gene on chromosome 9 (rs147331823)

Genetics of dystonia

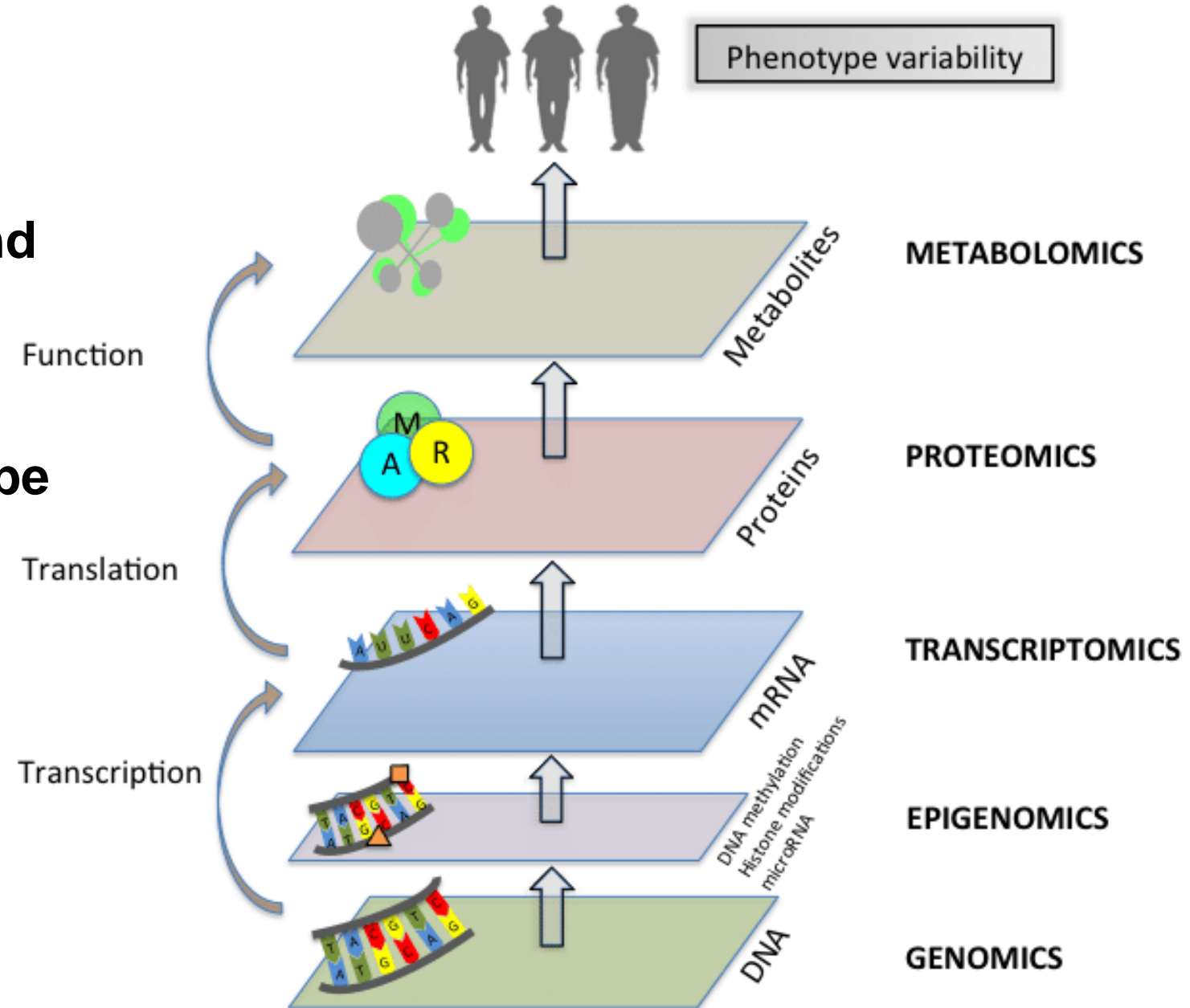
- Dystonia Coalition with GWAS data: 2,257
 - Collaboration with Drs. Klein and Lohmann
- Identification of variants and genes associated with risk and onset
- **Goal:** have GWAS data for all dystonia DNA
 - This will allow to identify genes, but also prediction models (PRS)
 - Generating WES (Drs. Klein and Lohmann) to look a rare coding variants

Goals for the Biobank

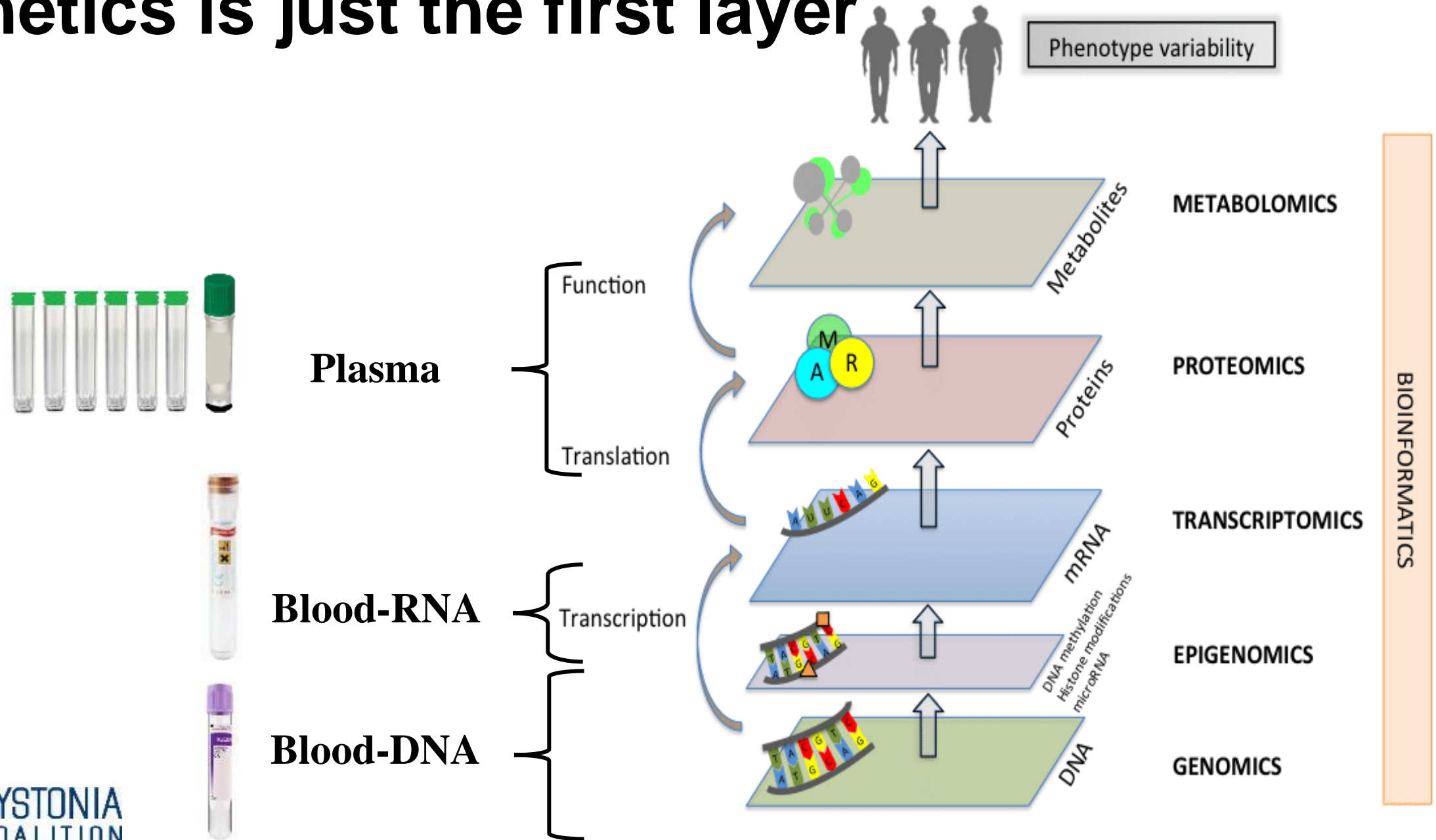
- To extend the current DNA repository by targeting BSP, LD and limb dystonia subjects as well as multiplex families.
 - Sporadic and familial presentations
 - Longitudinal (each visit)
- To develop a centralized repository of other blood-based materials
 - DNA
 - RNA
 - Plasma
- To identify novel genetic and proteomic factors for dystonia risk
- To identify genetic and proteomic factors that influence spread of dystonia

Goal: to Understand the Phenotypic Variability

- We need to go beyond just GWAS/WGS
- Molecularly Phenotype Clinical cohorts
- Generating multiple layers of omic data



Genetics is just the first layer



A Metabolomic Study of Cervical Dystonia

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A metabolomic study of cervical dystonia

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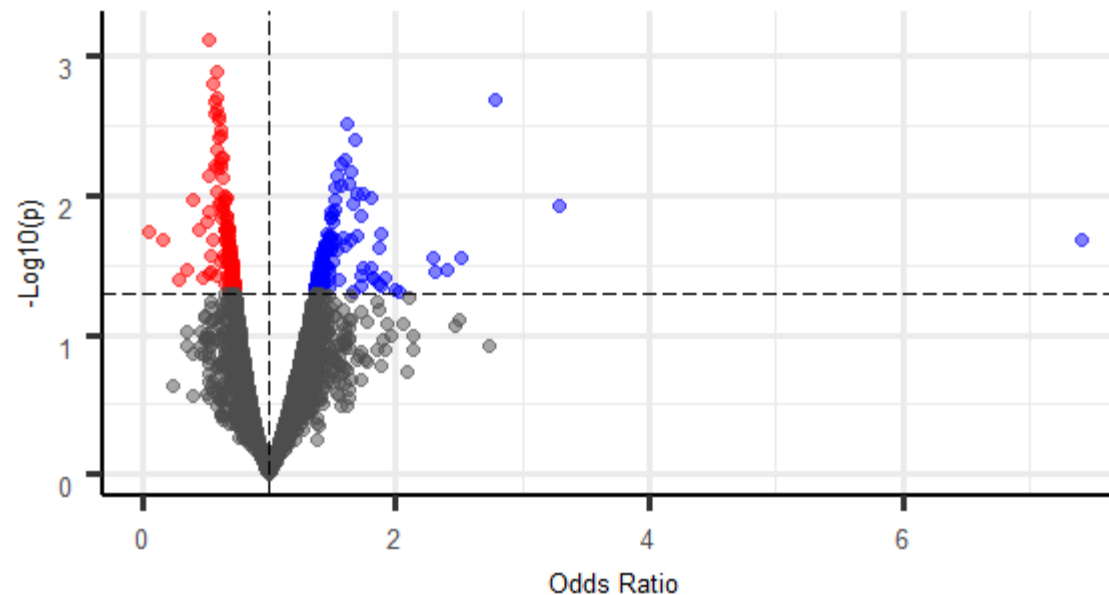
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A Metabolomic Study of Cervical Dystonia

- Plasma samples from 100 cases with idiopathic cervical dystonia and 100 controls
- 7,346 metabolic features remained after quality control
- 289 significantly associated with case-control status



A Metabolomic Study of Cervical Dystonia

- Plasma samples from 100 cases with idiopathic cervical dystonia and 100 controls
- 7,346 metabolic features remained after quality control
- 289 significantly associated with case-control status
- 9 biological processes to be significantly associated at $p < 0.05$,
 - 5 carbohydrate metabolism pathways
 - 3 lipid metabolism pathways

Summary

- **The goals is to molecularly characterized the DC cohort**
 - Genetic (GWAS, WGS), epigenomics (longitudinal), transcriptomics (longitudinal), proteomic (longitudinal), metabolomic and lipidomics
- **Deep molecular phenotyping of well clinically characterized cohorts will lead to the identification of:**
 - Novel genes and pathways implicated on the diseases
 - A deeper understanding pathologic events
 - Novel molecular phenotypes
 - Novel therapeutic targets
- **The multi-omic data (genetic, epigenetic, transcriptomic, proteomic, metabolomic, between others) will allow to a more personalize prediction of disease risk and treatment**

Q & A

Biobank (BB) Project

Washington University in St. Louis

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