

Next Generation Sequencing and

Bioinformatics Analysis Pipelines

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Today's lecture

- Management of NGS data at NGI/SciLifeLab
- Examples of analysis pipelines:
 - Human exome/genome sequencing
 - Assembly using long reads
 - Clinical routine sequencing















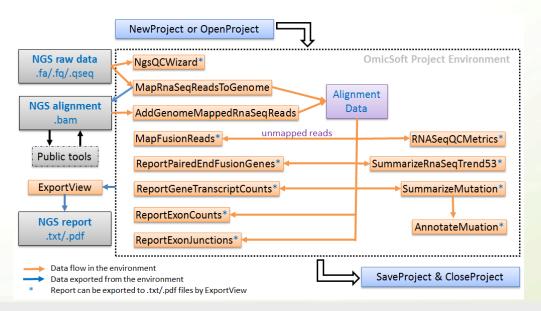


What is an analysis pipeline?

Basically just a number of steps to analyze data



Pipelines can be simple or very complex...







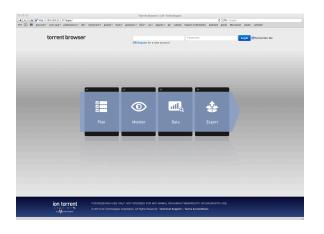






Some analysis pipelines for NGS data

Ion TorrentTorrent Suite Software



Illumina GATK, Galaxy,...



PacBioSMRT analysis portal



- Enables variant calling, de novo assembly, RNA expression analyses, ...
- Many other tools exists, also from commercial vendors





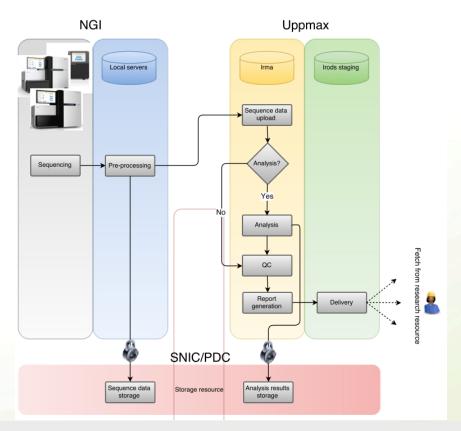






Data processing at NGI

- Raw data from is processed in automated pipelines
- Delivered to user accounts at UPPNEX













In-house development of pipelines

- In some cases NGI develops own pipelines
- But only when we see a need for a specific analysis

Some examples follows:

- I. Building a local variant database (WES/WGS)
- II. Assembly of genomes using long reads
- III. Clinical sequencing Leukemia Diagnostics



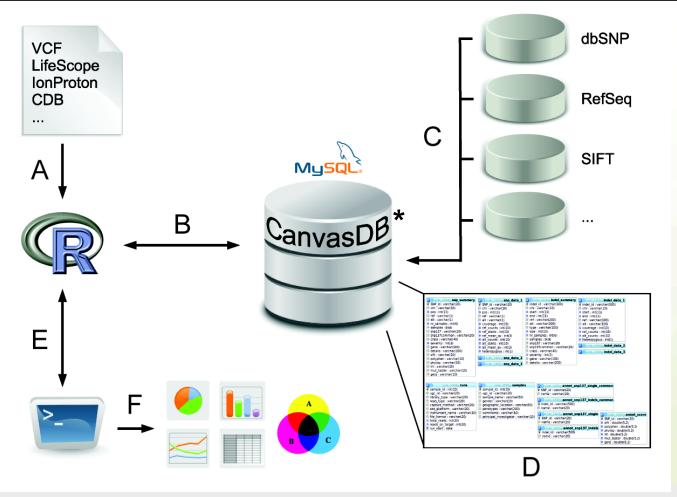








Example I: Computational infrastructure for exome-seq data













Background: exome-seq

- Main application of exome-seq
 - Find disease causing mutations in humans

Advantages

- Allows investigate all protein coding sequences
- Possible to detect both SNPs and small indels
- Low cost (compared to WGS)
- Possible to multiplex several exomes in one run
- Standardized work flow for data analysis

Disadvantage

All genetic variants outside of exons are missed (~98%)







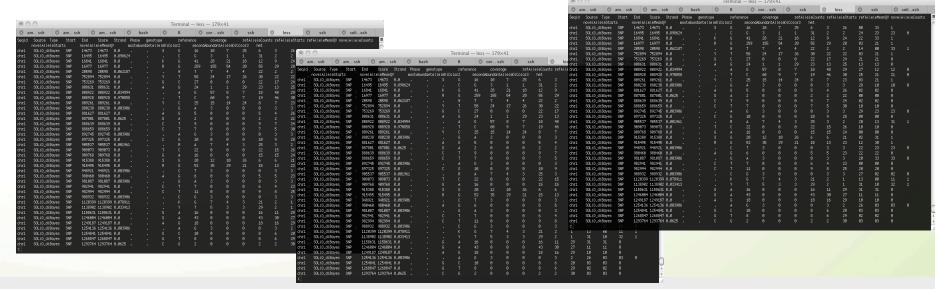




Exome-seq throughput

- We are producing a lot of exome-seq data
 - 4-6 exomes/day on Ion Proton
 - In each exome we detect
 - Over 50,000 SNPs
 - About 2000 small indels
 - => Over 1 million variants/run!
 - In plain text files









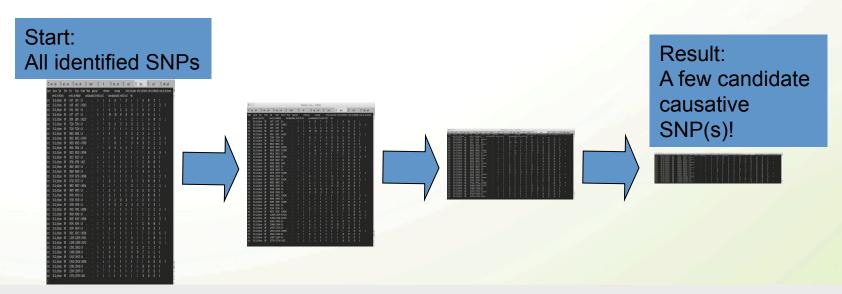






How to analyze this?

- Traditional analysis A lot of filtering!
 - Typical filters
 - Focus on rare SNPs (not present in dbSNP)
 - Remove FPs (by filtering against other exomes)
 - Effect on protein: non-synonymous, stop-gain etc
 - Heterozygous/homozygous
 - This analysis can be automated (more or less)













Why is this not optimal?

Drawbacks

- Work on one sample at time
 - Difficult to compare between samples
- Takes time to re-run analysis
 - When using different parameters
- No standardized storage of detected SNPs/indels
 - Difficult to handle 100s of samples

Better solution

- A database oriented system
 - Both for data storage and filtering analyses



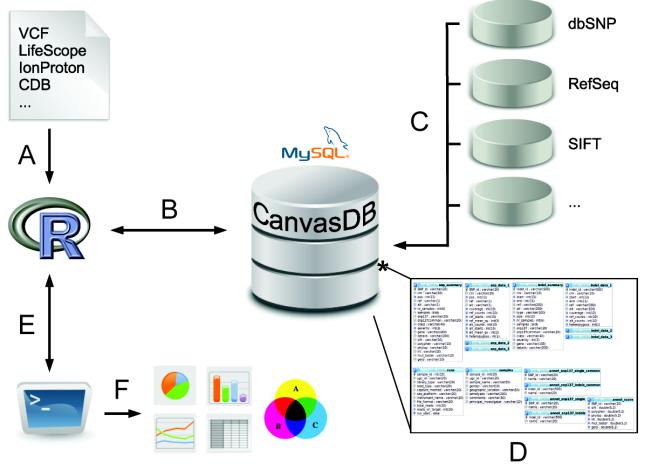








Analysis: In-house variant database



*CANdidate Variant Analysis System and Data Base

Ameur et al., Database Journal, 2014



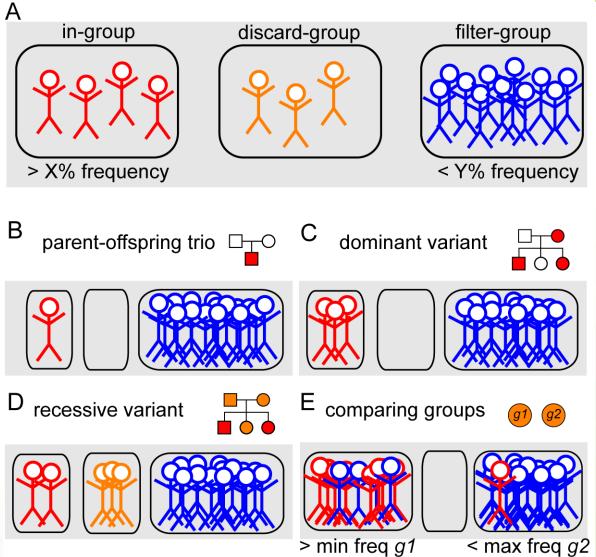








CanvasDB - Filtering











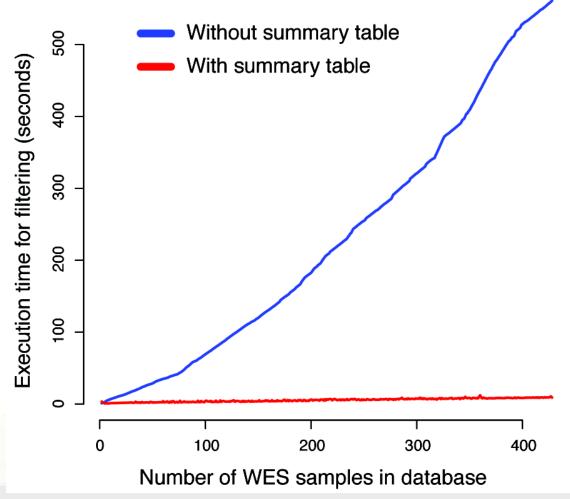


< max freq g2



CanvasDB - Filtering speed

Rapid variant filtering, also for large databases







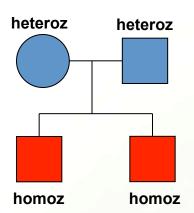






A recent exome-seq project

- Hearing loss: 2 affected brothers
 - Likely a rare, recessive disease
 - => Shared homozygous SNPs/indels



- Sequencing strategy
 - TargetSeq exome capture
 - One sample per PI chip



nr reads	(% mapped)	76M-89M (97%)
mapped reads	(% on target)	73M-88M (83%)
SNPs	(% in dbSNP)	85k-93k (93%)
Indels	(% in dbSNP)	5k-6k (48%)





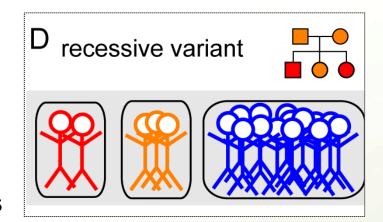






Filtering analysis

- CanvasDB filtering for a variant that is...
 - rare
 - at most in 1% of ~700 exomes
 - shared
 - found in both brothers
 - homozygous
 - in brothers, but in no other samples
 - deleterious
 - non-synonymous, frameshift, stop-gain, splicing, etc...



> cand <- filterRecessive(c("up_001_1","up_001_2"), outfile="cand.txt") Total time for filtering: 27.012s





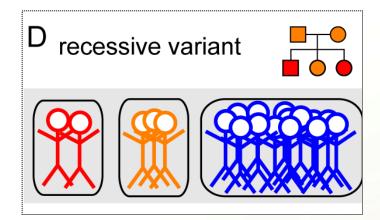






Filtering results

- Homozygous candidates
 - 2 SNPs
 - stop-gain in STRC
 - non-synonymous in PCNT
 - 0 indels



- Compound heterozygous candidates (lower priority)
 - in 15 genes

```
        sample_name
        class
        chr
        pos
        ref
        alt
        snp137
        gene
        ref_counts
        alt_counts

        up_001_1
        stopgain
        chr15
        43896948
        G
        A rs144948296
        STRC
        3
        55

        up_001_2
        stopgain
        chr15
        43896948
        G
        A rs144948296
        STRC
        5
        55

        up_001_1
        nonsynonymous
        chr21
        47808772
        G
        A rs35044802
        PCNT
        1
        14
```

=> Filtering is fast and gives a short candidate list!











STRC - a candidate gene

STRC

From Wikipedia, the free encyclopedia

Stereocilin is a protein that in humans is encoded by the STRC gene. [1][2][3]

This gene encodes a protein that is associated with the hair bundle of the sensory hair cells in the inner ear. The hair bundle is composed of stiff microvilli called stereocilia and is involved with mechanoreception of sound waves. This gene is part of a tandem duplication on chromosome 15; the second copy is a pseudogene. Mutations in this gene cause autosomal recessive non-syndromic deafness.^[3]

=> Stop-gain in STRC is likely to cause hearing loss!



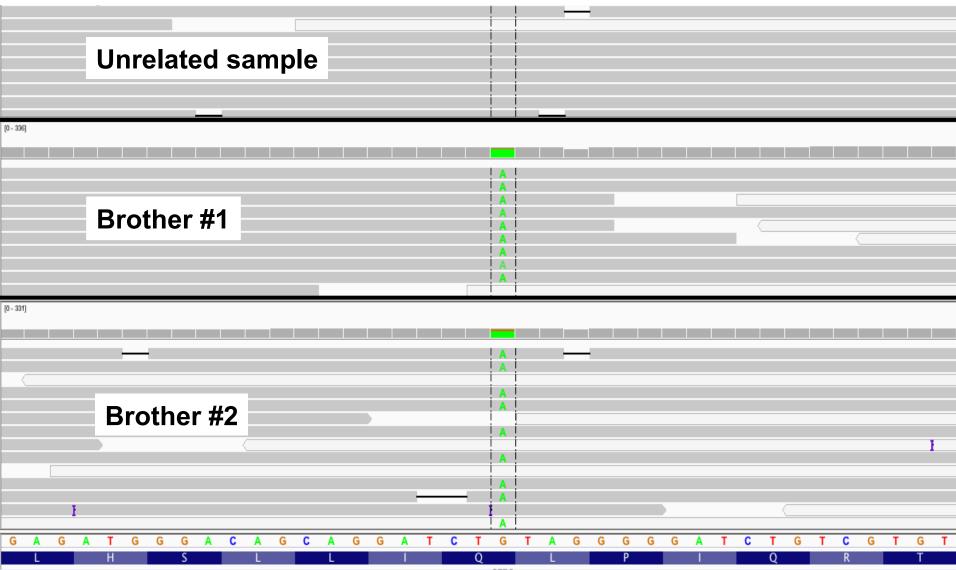








IGV visualization: Stop gain in STRC













STRC, validation by Sanger

Stop-gain site

Stop-gain site

*A04_0_032 Fragment base #172. Base 172 of 366 *

T C C C C T A N A G A T C C T G C T G T C C C A T C T C

Brother #1

*A05_0_047 Fragment base #168. Base 168 of 363 *

T C C C C C T A N A G A T C C T G C T G T C C C A T C T C

Brother #2

- Does not seem to be homozygous...
 - Explanation: difficult to sequence STRC by Sanger
 - Pseudo-gene with very high similarity
- New validation showed mutation is homozygous!!











CanvasDB – some success stories

Solved cases, exome-seq - Niklas Dahl/Joakim Klar

Neuromuscular disorder NMD11
Artrogryfosis SKD36
Lipodystrophy ACR1
Achondroplasia ACD2

Ectodermal dysplasia ED21 Achondroplasia ACD9

Ectodermal dysplasiaED1ArythrodermaAV1IchthyosisSD12

Muscular dystrophy DMD7
Neuromuscular disorder NMD8

Welanders myopathy (D) W

Skeletal dysplasia SKD21

Visceral myopathy (D) D:5156

Ataxia telangiectasia MR67

Exostosis SKD13

Alopecia AP43

Epidermolysis bullosa SD14

Hearing loss D:9652











Success rate >80% for

recent Proton projects!

CanvasDB - Availability

CanvasDB system now freely available on GitHub!

Installation of the CanvasDB system

This section describes how to download and install CanvasDB on your local computer. Make sure that MySQL, R and ANNOVAR are running on your computer before starting the installation.

Step 1. Download code from github

```
$ git clone https://github.com/UppsalaGenomeCenter/CanvasDB.git
$ cd CanvasDB
```

Step 2. Set the current path to 'rootDir' in canvasDB.R











Next Step: Whole Genome Sequencing

New instruments at SciLifeLab for human WGS...



Capacity of HiSeq X Ten: 320 whole human genomes/week!!!

More work on pipelines and databases needed!!!











Analysis of WGS data @ SciLifeLab

We have a working group for WGS at SciLifeLab!

wgs-toolbox@scilifelab.se

Contacts with Genomics England initiated for analyses



















The SciLifeLab Human WGS Initiative

- WGS of patient cohorts (n=10,000 ind/year)
- Genetic Variant Database for the Swedish Population (n=1000)



















The Swedish Genetic Variant Project

- A. Identify a cohort that reflects the genetic structure of the Swedish population
- B. Generate WGS data using short- and long-read MPS technologies
- C. Establish a user-friendly database to make information available to the research community (association analyses) and clinical genetics laboratories.

















The Swedish Twin registry

- Inclusion based on twinning
- Distribution like population density
- General population-prevalence of any disease
- 10,000 individuals have been analysed with SNP arrays
- Identify 1,000 individuals based on genetic structure and diversity across Sweden.









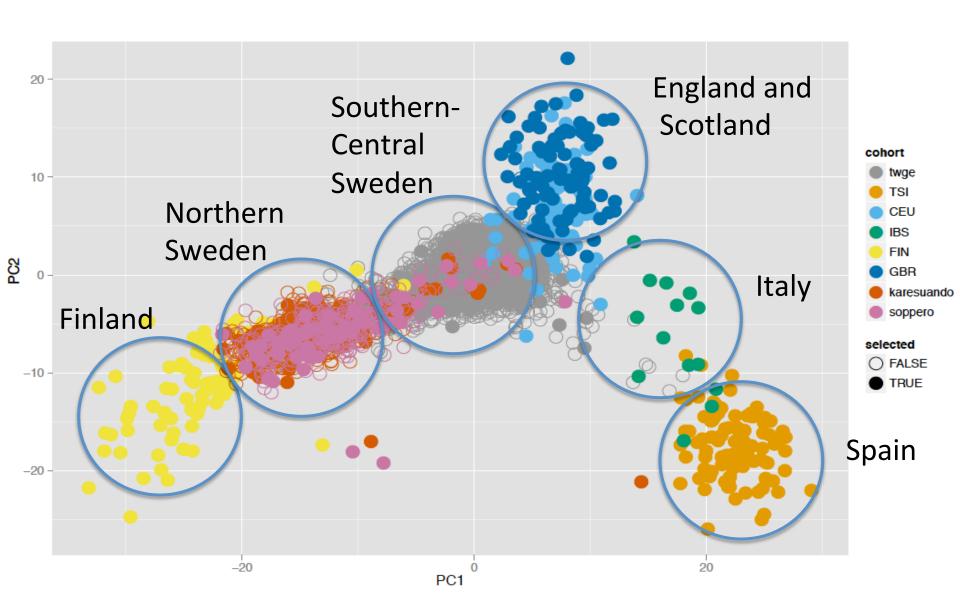




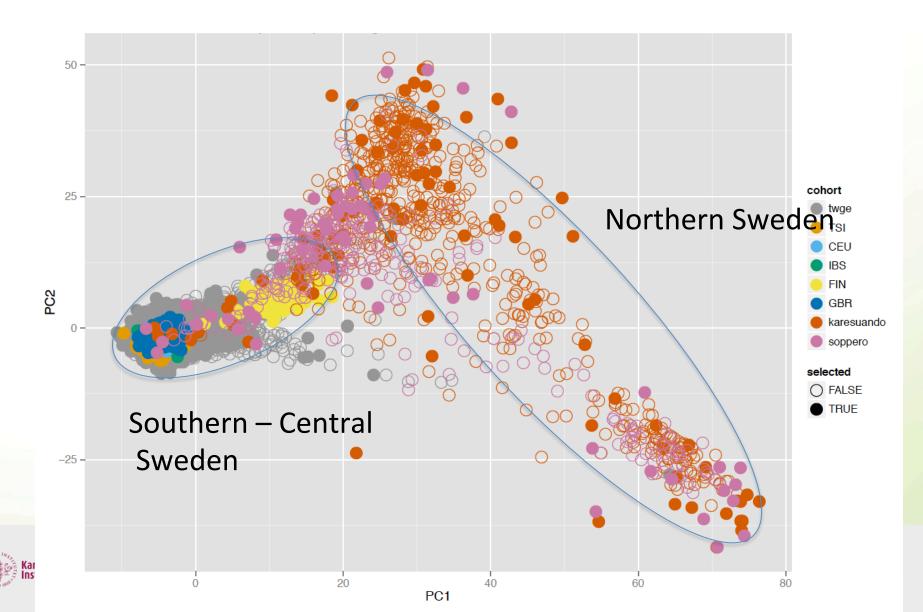




Principal components of European samples from 1,000 genomes project and 10,000 Swedish samples



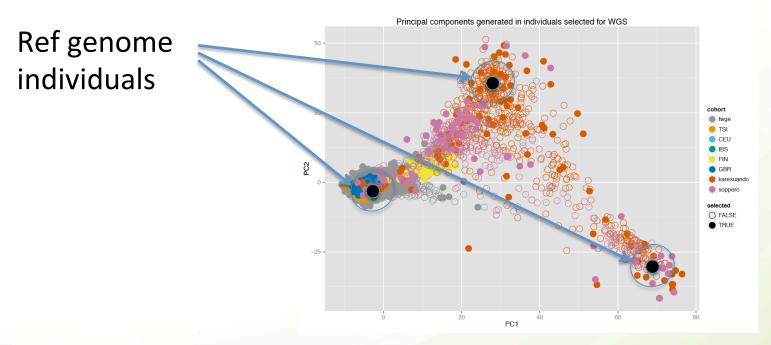
European samples from 1,000 genomes project and 1,000 selected Swedish samples



WGS of Swedish control cohort

Step 1: 30X Illumina data of the 1,000 individuals (Q2 2016)

Step 2: PacBio de novo sequencing of 3 individuals (Q2 2016)



Step 3: Sequencing of HLA and other clinically relevant loci

















Example II:

Assembly of genomes using Pacific Biosciences













Genome assembly using NGS

- Short-read de novo assembly by NGS
 - Requires mate-pair sequences
 - Ideally with different insert sizes
 - Complicated analysis
 - Assembly, scaffolding, finishing
 - Maybe even some manual steps
 - => Rather expensive and time consuming
- Long reads really makes a difference!!
 - We can assemble genomes using PacBio data only!





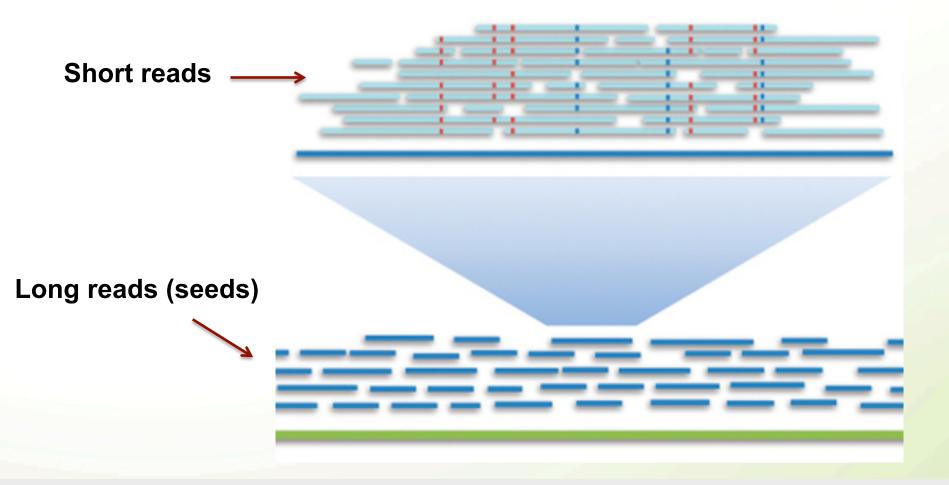






HGAP de novo assembly

HGAP uses both long and shorter reads







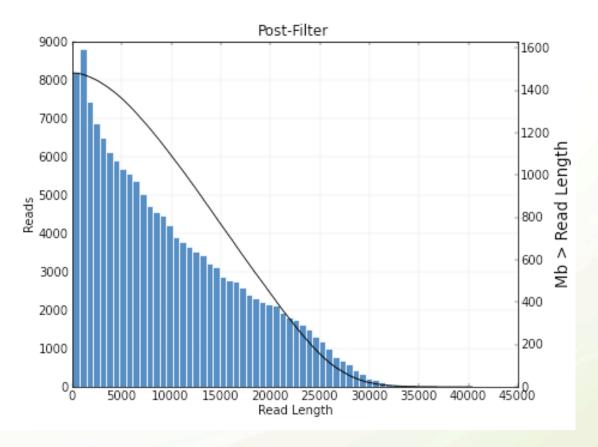






PacBio - Throughput & read lengths

>10kb average read lengths! (run from April 2014)



~ 1 Gb of sequence from one PacBio SMRT cell





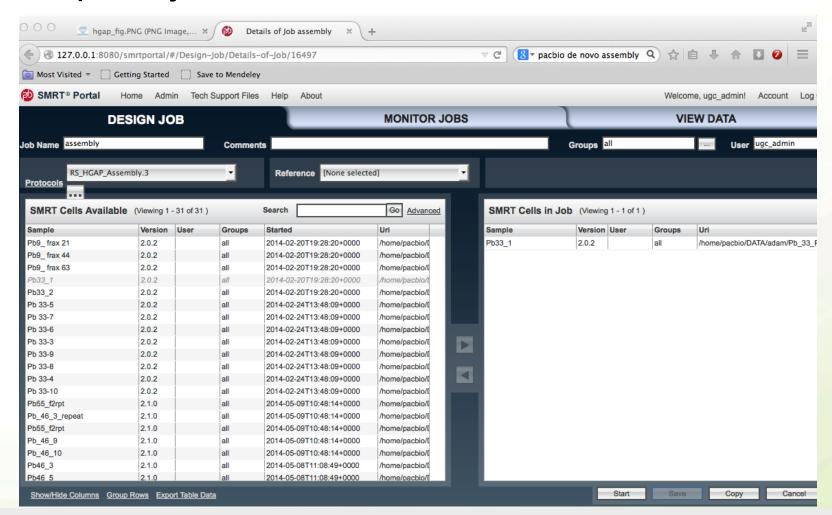






PacBio assembly analysis

Simple -- just click a button!!







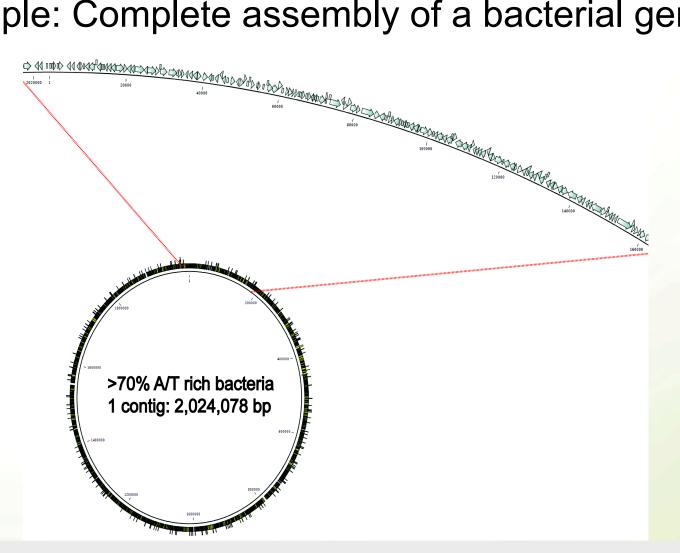






PacBio assembly, example result

Example: Complete assembly of a bacterial genome













PacBio assembly – recent developments

Also larger genomes can be assembled by PacBio..

2013 2014 Spinach⁵ 1 Gb Contig N50 Drosophila4 531 kb 170 Mb Arabidopsis³ Contig N50 120 Mb Yeast2 4.5 Mb Contig N50 Bacteria¹ 12 Mb 7.1 Mb 1-10 Mb Resolve most Human⁶ Finished chromosomes 3.2 Gb Genomes Contig N50 4.4 Mb Max=44 Mb (Assembly powered by Google Cloud)











Assembly of large genomes

A computational challenge!!

WEDNESDAY, FEBRUARY 12, 2014

Data Release: ~54x Long-Read Coverage for PacBio-only De Novo Human Genome Assembly

We are pleased to make publicly available a new shotgun sequence dataset of long PacBio® reads from a human DNA sample. We previously released sequence data using Single Molecule, Real-Time (SMRT®) Sequencing of ~10x coverage of this sample, sufficient for reference-based detection of structural variation. Today we expand on that release with additional data that increases the total sequencing coverage to ~54x. This long-read data has enabled the generation of the first de novo human genome assembly from PacBio-only sequence reads.

Download the 54x long-read coverage dataset.

405,000 CPUh used on Google Cloud!





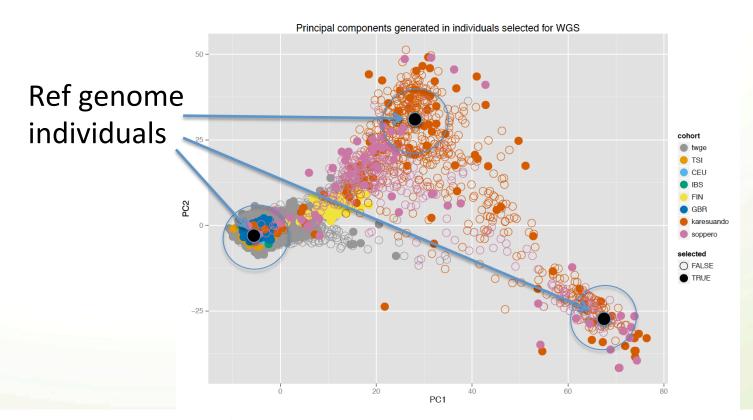






De novo WGS of Swedish cohort

Establish Swedish reference genome sequences by *de novo* assembly of long-read PacBio data (+10X Genomics?)



















First Swedish PacBio WGS

- 20 kb library
- 157 SMRT cells
- 140 Gb data (~45X)
- FALCON assembly

	First PacBio Assembly
# of contigs (>=0 bp)	7708
# of contigs (>=1000 bp)	7653
Total length (>=0 bp)	2844 Mb
Total length (>=1000 bp)	2844 Mb
No of contigs	7692
Largest contig	19.5 Mb
Total contig length	2844 Mb
N50	4.35 Mb
N75	1.97 Mb











Why clinical WGS using long reads?

Precision medicine requires high-quality genome sequences!

- Resolving repetitive and complex regions
- Annotation of unknown genomic regions
- Haplotype phasing

• ...

Jim Lupski: "The Goal Is De Novo Assembly in the Clinic"















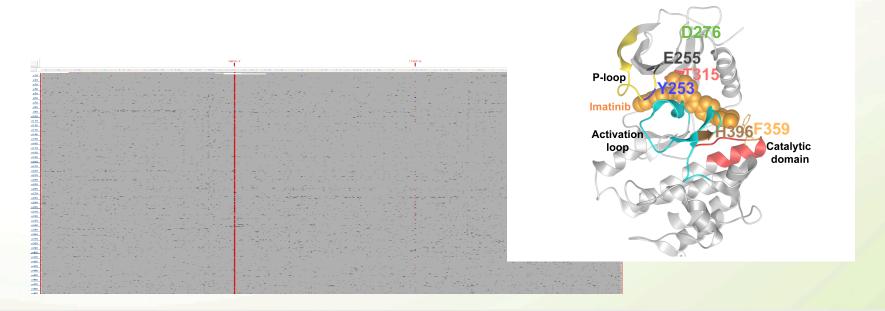






Example III:

Clinical sequencing for Leukemia Treatment









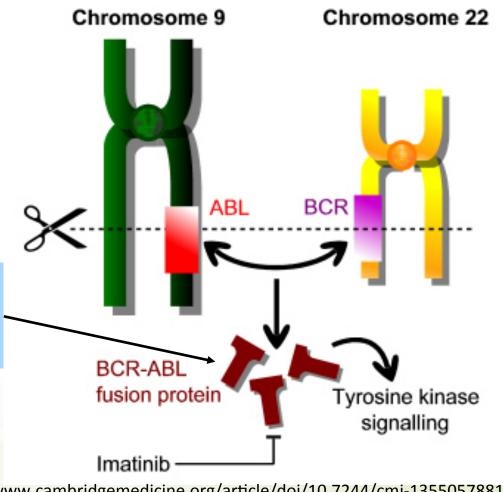




Chronic Myeloid Leukemia

BCR-ABL1 fusion protein – a CML drug target

The BCR-ABL1 fusion protein can acquire resistance mutations following drug treatment













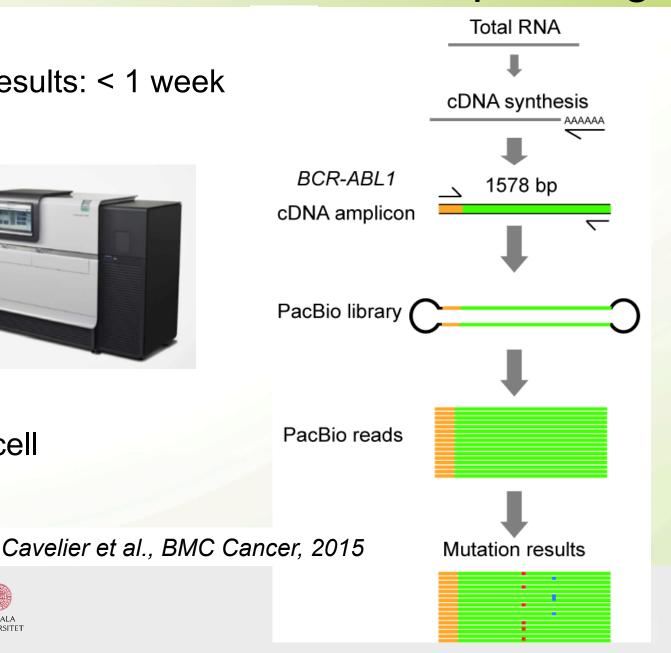


BCR-ABL1 workflow - PacBio Sequencing

From sample to results: < 1 week



1 sample/SMRT cell





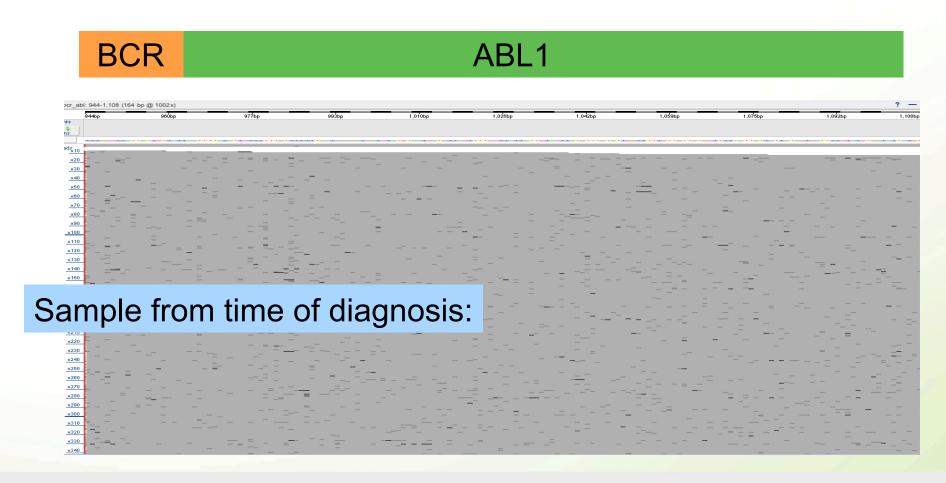






BCR-ABL1 mutations at diagnosis

PacBio sequencing generates ~10 000X coverage!





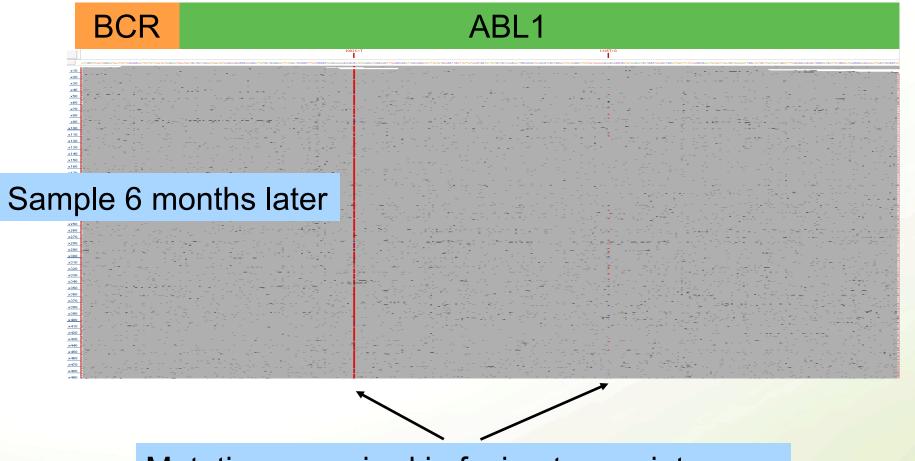


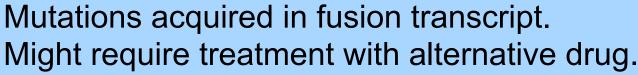






BCR-ABL1 mutations in follow-up sample









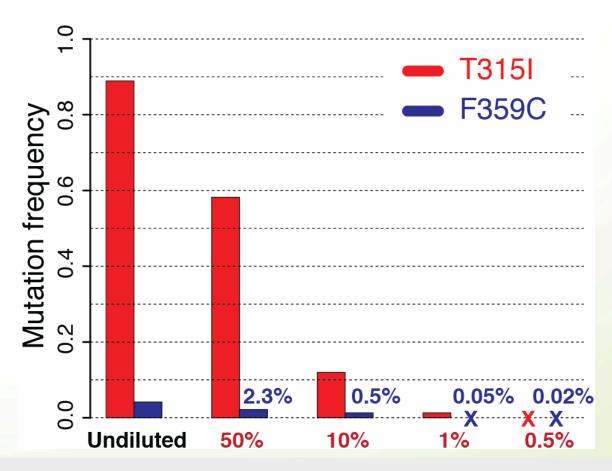






BCR-ABL1 dilution series results

Mutations down to 1% detected!





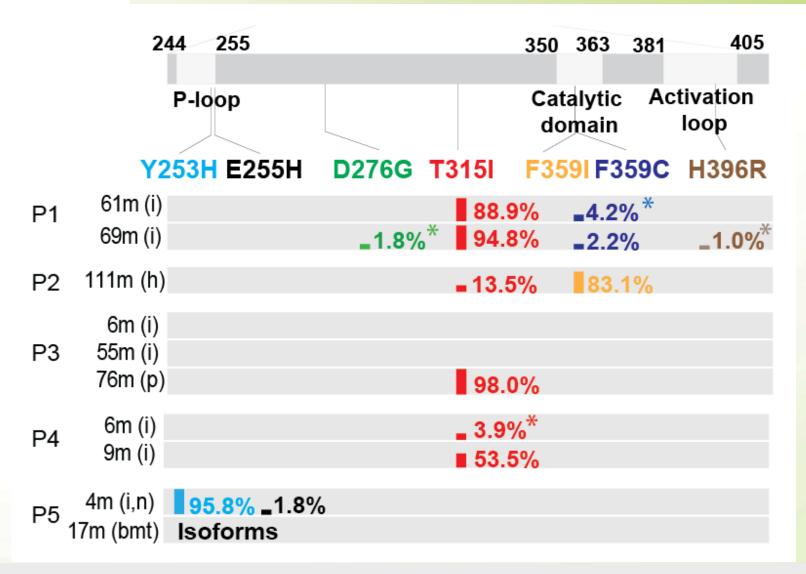








Summary of mutations in 5 CML patients





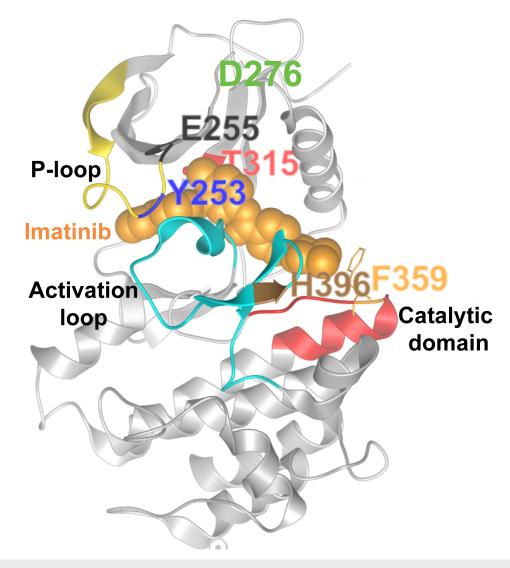








Mutations mapped to protein structure













BCR-ABL1 - Compound mutations





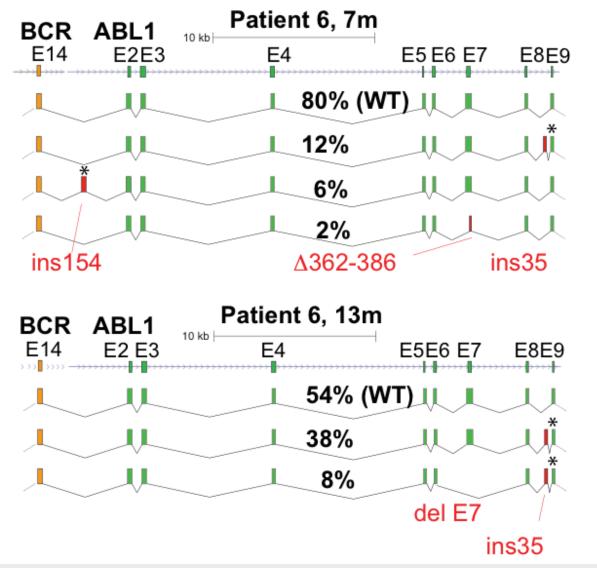








BCR-ABL1 - Multiple isoforms in one individual!





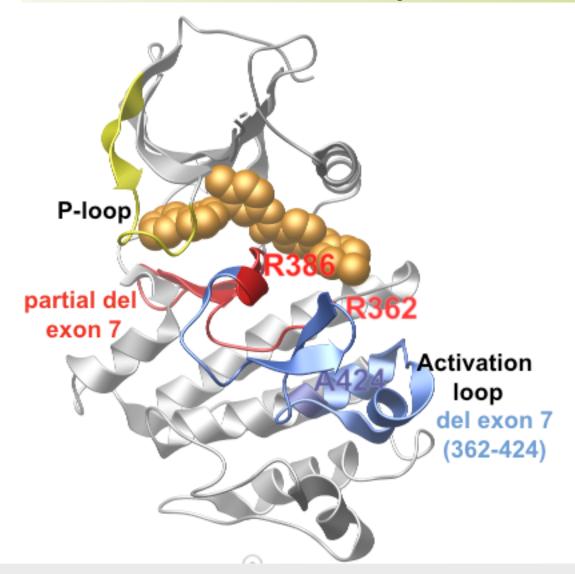








BCR-ABL1 – Isoforms and protein structure













Clinical Diagnosis of BCR-ABL1 mutations

Clinical Genetics



- Collection of samples
- Seq library preparation

Sequencing Facility



- SMRT sequencing
- Mutational analysis

IT developers



- Web server for results



- Over 120 patient samples run so far
- 100% of Sanger-positive mutations recovered
- Developments: Detect low frequency mutations down to 0.1%









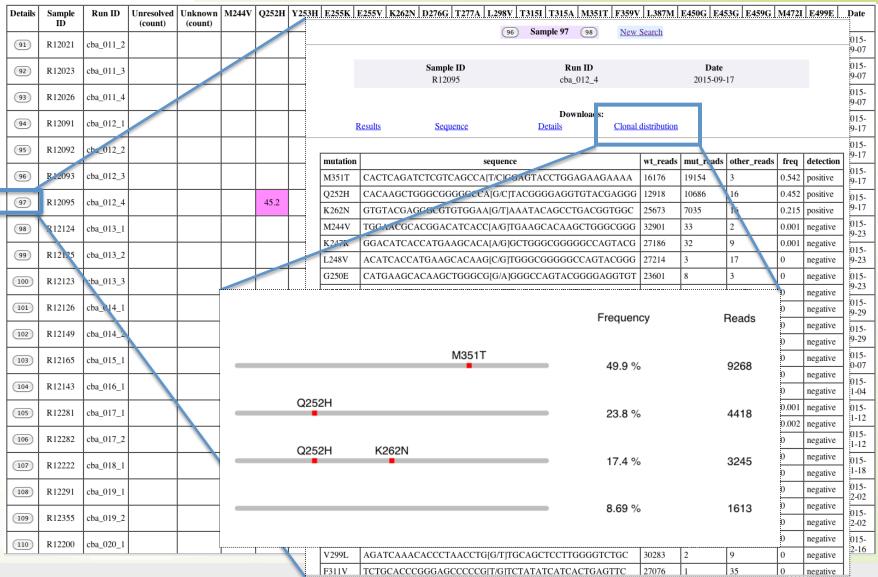








Web system for result sharing











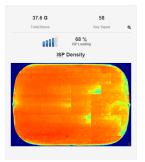


Ion Torrent – Ongoing developments

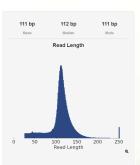
Ion S5 XL system

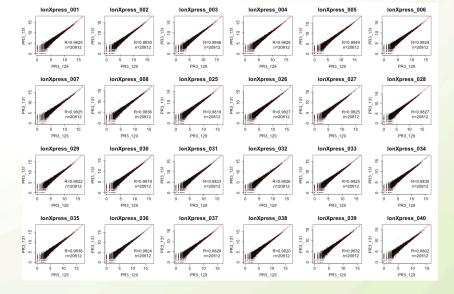


Ion Proton PII chip (EA)













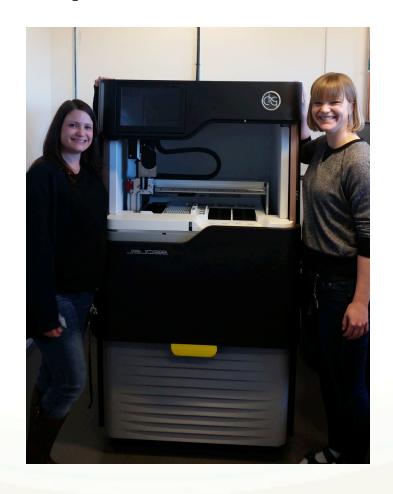






PacBio - Ongoing developments

Sequel - New instrument with higher throughput!



7x more data per SMRT cell!

Installation at NGI during 2016











Who does the sequencing?



Ulf Gyllensten Platform director



Inger Jonasson Facility manager



Olga Vinnere Pettersson Project coordinator



Adam Ameur Bioinformatician, NGS



Ignas BunikisBioinformatician, NGS



Christian Tellgren-Roth Bioinformatician, NGS



Susana Häggqvist Research engineer NGS



Ida Höijer Research engineer NGS



Cecilia Lindau Research engineer NGS



Maria Schenström Research engineer NGS



Magdalena Andersson Research engineer NGS



Ulrika Broström Research engineer NGS



Nina Williams
Research engineer
NGS



Carolina Ilbäck Research engineer NGS



Anna Petri Research engineer Sequencing Service



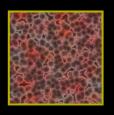
Anne-Christine Lindström Research engineer Sequencing Service

What we sequence at NGI /

SciLifeLab



























































Alzheimer's disease

Whole-genome sequencing Gene therapy Infection screen

Whole-transcriptome sequencing

Target sequencing

Cancer prognosis

Gene regulation Crohn's disease

Genomics of ageing

Exome sequencing

Schizophrenia

Cancer diagnostics

Organ donor matching **Gut microflora**

Gene fusions

RNA editing

HCV

Scoliosis

Immune response

Monogenic disorders

Sudden infant death

Cervical cancer

Lvnch syndrom Leukemia

Scoliosis

HLA typing

Dvslexia MRSA / BRSA screen

Sudden cardiac arrest

Transcriptional regulation **Prenatal diagnostics**

Muscle dystrophy Individualised cancer therapy

and much more...





