

# Advancements in Genomic Analysis at Children's Mercy Kansas City

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# Survey





# ~8000 known genetic diseases

- affects 1 in 30 children in the US
- causes 1 in 6 children's hospital admissions
- causes 1 in 5 deaths in the roughly 60,000 babies born in the Kansas City area



# The hard facts

- We know the genetic cause of <5000 of these diseases
- Diagnosis often takes years
- Diagnosis often impacts treatment and always impacts families
- Imagine....



**A critically ill newborn...**



**A sick 10 year old with muscle  
weakness...**



**A mother with no hope for an answer...**





# The Human Genome

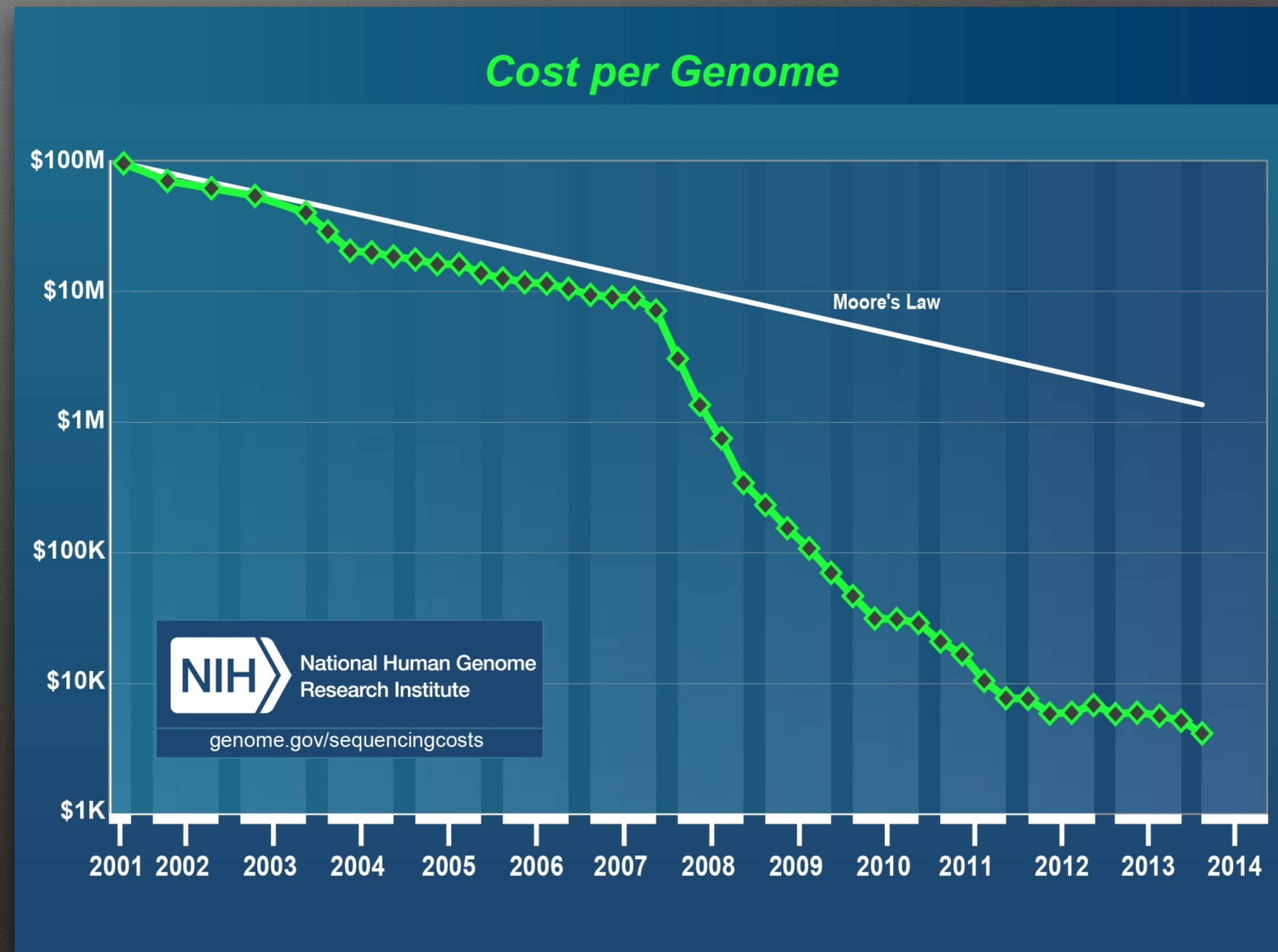
6.4 billion letters in pairs

19,000 genes - coding for roughly 100,000 proteins



# Decoding the Genome

- Human Genome Project generated first “draft” in 15 months
  - Generating the sequence draft cost \$300 million
- Later released final sequence in 2003
  - Draft to final sequence cost an additional \$150 million
- HGP was a 13 year project costing roughly \$3 billion
- Today a HiSeq 4000 produces 16 human genomes in 3 days
  - Reagent costs of <\$1,600 per genome





# Data Deluge

TRANSIENT DATA	1.62TB	primary analysis
	301GB	secondary data
PERMANENT DATA	104GB	Fastq
	71GB	BAM
	1.2GB	VCF - variants only
	825MB	annotated variant file
TOTAL	177GB	per genome

The center is capable of generating 64 whole genomes every 6 days.





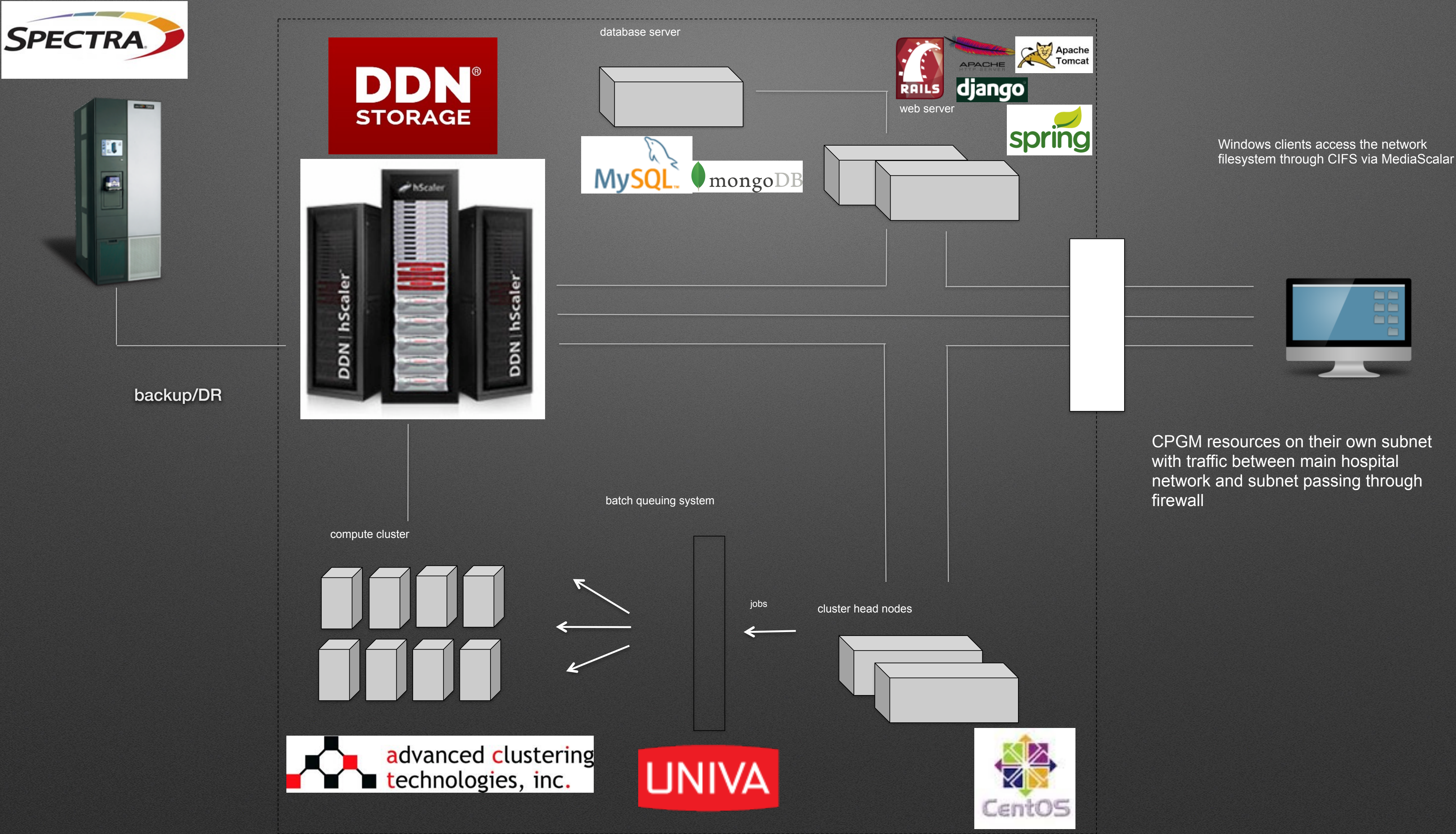
- Compute
  - Pinnacle Flex blades
  - 900 core
- Storage
  - DDN GS7K
  - WOS (In the works)







# Genome Center Network







- Intel E5-2690 v3 @ 2.60GHz
  - w/ HT for 48 core
- 128GB of RAM
- 120GB Intel SSD
- 2x 1.6TB NVME drives
  - RAID0 @ 3.2TB for staging
- 10GbE







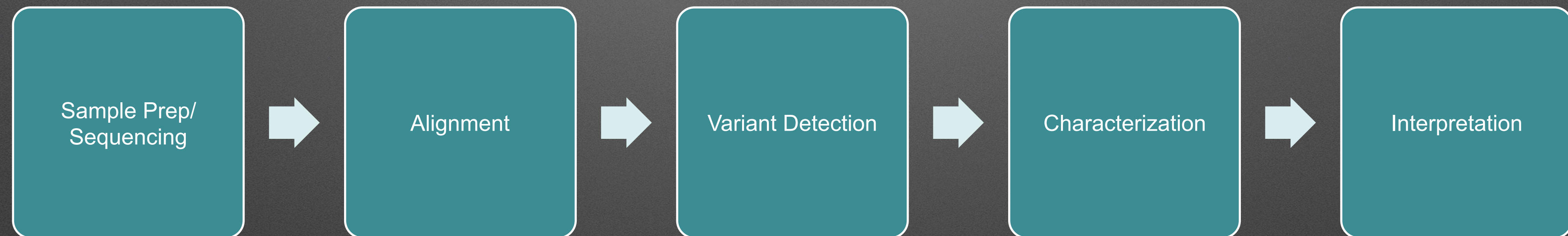
Method	Sample	DNA Isolation, QC & Shearing	Library Prep	Library QC	SBS	Alignment	Variant Calling	RUNES Variant Annotation	VIKING Provisional Diagnosis	Total
Published WGS <sub>50</sub>	Multiple <sup>c</sup>	2:30	3:15	1:30	25:30	14:40		2:30	0:05	50:00
SBS <sub>18</sub> , GSNAP/GATK	5006-01	2:30	3:15	1:30	19:45	22:30		0:29	na	49:59
WGS <sub>26</sub> , SBS <sub>18</sub> & Dragen	UDT_173	2:30	3:02	1:30	17:58	0:15	0:15	0:34	0:04	26:08
WGS <sub>26</sub> , SBS <sub>18</sub> & Dragen	UDT_103	2:30	3:05	1:30	18:25	0:19	0:22	0:31	0:05	26:47
WGS <sub>26</sub> , SBS <sub>18</sub> & Dragen	NA12878	2:30	3:15	1:30	18:00	0:19	0:22	0:33	n.a.	26:28
WGS <sub>26</sub> , SBS <sub>18</sub> & Dragen	NA12878	2:30	3:15	1:30	18:36	0:10	0:11	0:35	na	26:47

Sample	Yield (GB)	Pipeline	Reads Aligned	Alignments with mapQ > 20	Variants Called	Analytic Sensitivity	Analytic Specificity
NA12878	133	DRAGEN	99.4%	95.48%	4,782,970	99.93%	99.87%
		GSNAP/GATK-1.6	98.5%	96.33%	5,343,988	99.54%	98.57%
NA12878	65 <sup>a</sup>	DRAGEN	97.7%	91.31%	4,633,357	99.42%	99.46%
		GSNAP/GATK-3.2	96.2%	92.86%	4,571,157	97.29%	95.35%
UDT_173 <sup>b</sup>	106	DRAGEN	99.5%	94.92%	4,742,150	96.13%	97.74%
		GSNAP/GATK-1.6	99.3%	96.88%	4,294,504	88.54%	98.06%



# Stat-Seq - Rapid Medical Genome Sequencing

1. Identify candidate patient
2. Parental consent
3. DNA Sample



~~30~~ hours

23

~~15~~ hours

.50

~~3~~ hours

.25

~~1.5~~ hours

.5

.5 hours

26  
= ~~50~~ hours



# Other benefits:

- Sure it's fast and gives great accuracy...
- We'll lessen our development load - mainly on our variant detection pipeline
- The Dragen can take BCL or Fastq files
- Our current max sequencing load can't touch this thing
- Frees up our compute cluster to develop new things and for other compute heavy jobs to be scheduled



# Does it make a difference?

## METHOD

Open Access

A 26-hour system of highly sensitive whole genome sequencing for emergency management of genetic diseases

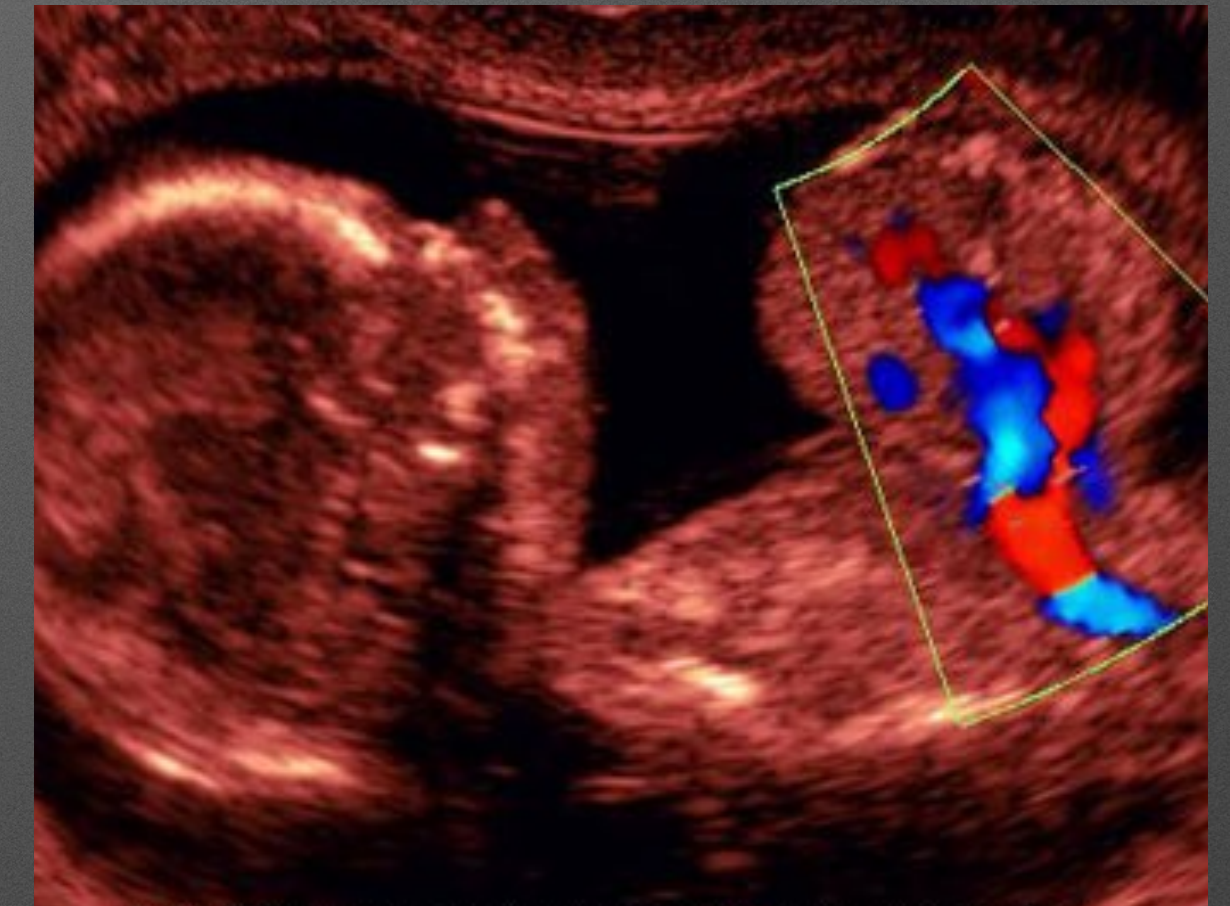


Neil A. Miller<sup>1†</sup>, Emily G. Farrow<sup>1,2,3,4†</sup>, Margaret Gibson<sup>1</sup>, Laurel K. Willig<sup>1,2,4</sup>, Greyson Twist<sup>1</sup>, Byunggil Yoo<sup>1</sup>, Tyler Marrs<sup>1</sup>, Shane Corder<sup>1</sup>, Lisa Krivohlavek<sup>1</sup>, Adam Walter<sup>1</sup>, Josh E. Petrikin<sup>1,2,4</sup>, Carol J. Saunders<sup>1,2,3,4</sup>, Isabelle Thiffault<sup>1,3</sup>, Sarah E. Soden<sup>1,2,4</sup>, Laurie D. Smith<sup>1,2,3,4</sup>, Darrell L. Dinwiddie<sup>5</sup>, Suzanne Herd<sup>1</sup>, Julie A. Cakici<sup>1</sup>, Severine Catreux<sup>6</sup>, Mike Ruehle<sup>6</sup> and Stephen F. Kingsmore<sup>1,2,3,4,7\*</sup>



# Patient CMH000487

- Fetal MRI: Several congenital anomalies
- Delivery in the CMH materno-fetal health center
- Admitted to the NICU
- Acute liver failure @ 2 months of age
- Cause unknown despite extensive testing





# Diagnosis and treatment change

- Following testing and confirmation - IV corticosteroids & immunoglobulin
- Liver function returned to normal and baby got to go home



# What are we really accomplishing here?

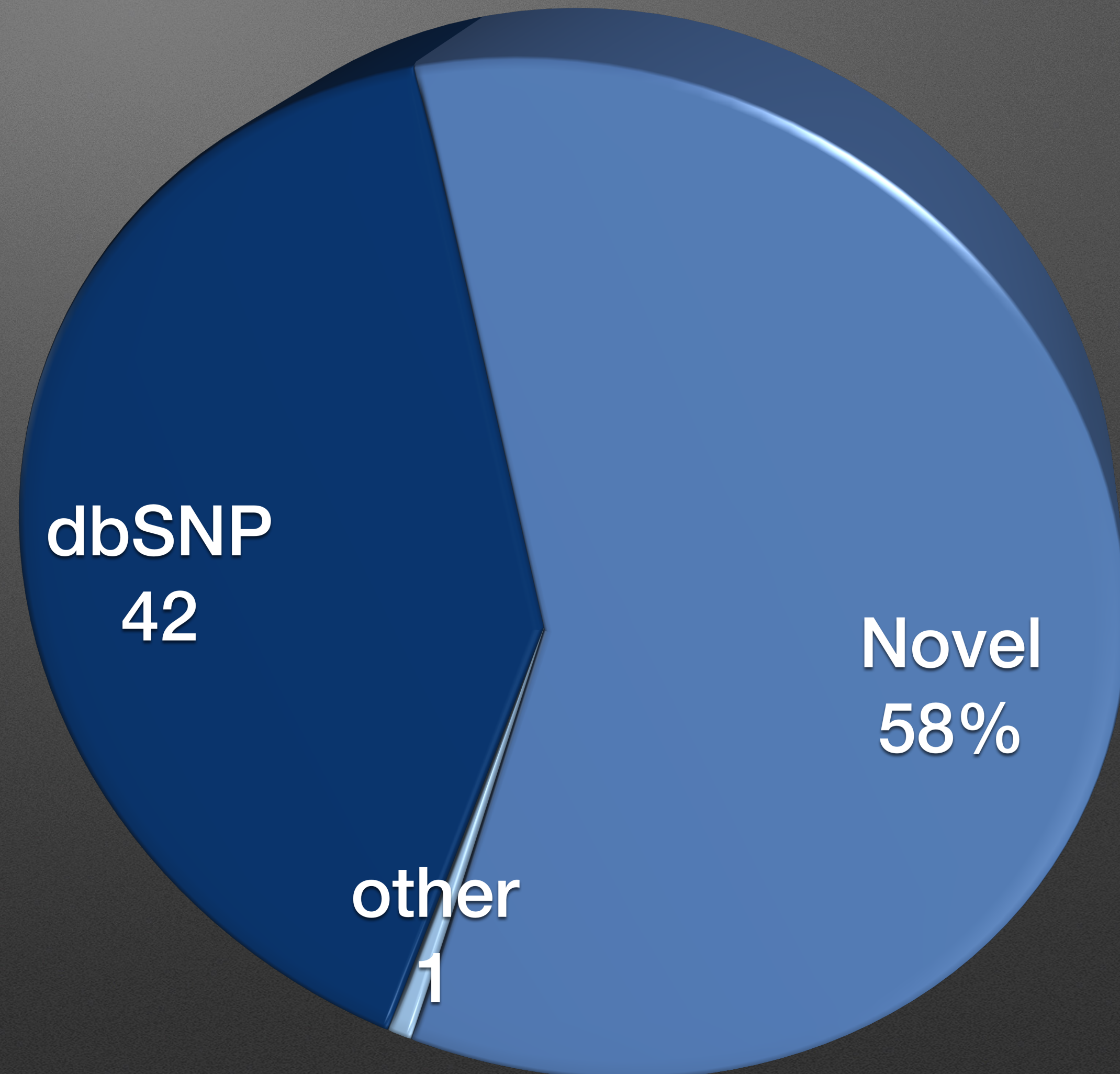
- Rapidly diagnose critically ill patients
- Create a paradigm shift
- End the diagnostic odyssey
- Enable powerful treatment options
- Identify genes for which no other test exists
- Discover new disorders and disease genes



# Majority of variants are novel

Majority of variants not observed in other public databases

● Novel ● other ● dbSNP





# The nordic suite

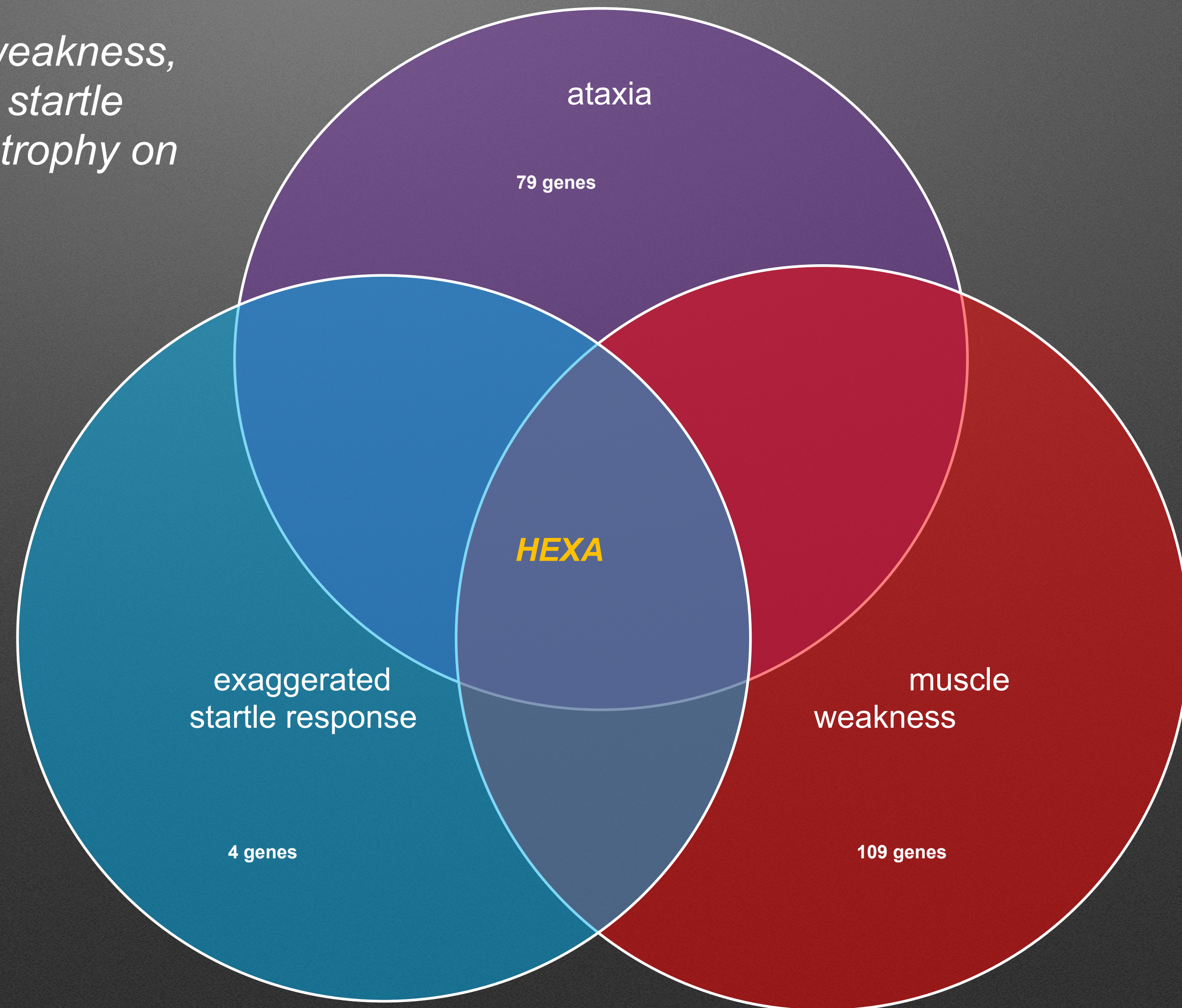
## SSAGA - clinical presentation

- Maps clinical symptoms to diseases to genes using standardized vocabularies
  - SNOMED, Human Phenotype Ontology
- Nominates superset of clinically relevant genes
- Shortens list of variants and candidate genes
- Standardizes clinical information to assist in interpretation of results
- Archival of patient clinical features



# The nordic suite

*13 mo. male with muscle weakness, developmental regression, startle reflex, ataxia and leukodystrophy on brain MRI...*





# The nordic suite

## RUNES - variant characterization

What does that mean???

- Variant calls must be evaluated to determine their functional consequence
- Characterization done through prediction tools and cross-referencing with external databases
- Final ACMG variant score

### annotations

affected gene(s)?

known disease gene?

transcript context?

cause loss of initiation

cause loss/gain of stop?

change amino acid?

disrupt translation frame?

disrupt splicing?

has variant been observed before?

known disease causing mutation?

known to be benign?

population allele frequency?



# The nordic suite

## The CMH Variant Warehouse

- database recording characterized results of every variant observed in the CPGM population
- 140M variants (as of 2016-03-28)
- 4584 patients and family members
  - 1803 TaGSCAN
  - 2315 exome
  - 447 whole genome
- Searchable by gene, category, allele frequency
- Curation tools based on ACMG recommendations for capturing in depth manual analysis



# The nordic suite

## VIKING - Interpretation

- Whole Genome Scale
- SSAGA and RUNES integration
- Trio/familial/set analysis
- Dynamic filtering
  - Relevant clinical features
  - Variant classification
  - Allele frequency







# Free for Academic/Research Use

Variant Warehouse - <https://warehouse.cmh.edu>

RUNES/Viking - <https://www.childrensmercy.org/genomesoftwareportal>

SSAGA - <https://ssaga.cmh.edu>

[bioinformatics@cmh.edu](mailto:bioinformatics@cmh.edu)



**“The best way to find yourself is to lose yourself in the service of others.”**

*–Mahatma Gandhi*

**Thank you.**