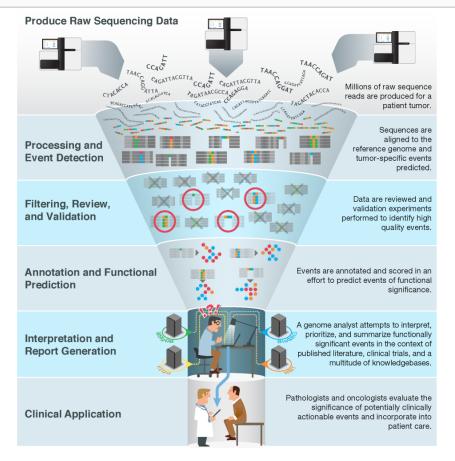


Development of Informatics Resources for Interpretation of Clinically Actionable Variants in Cancer

ITCR 2017 Annual Meeting Santa Cruz, CA Wednesday, May 31, 2017

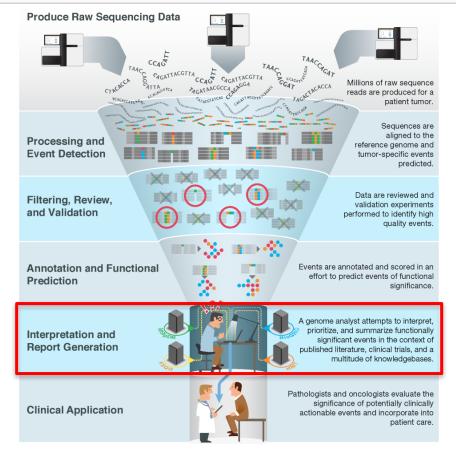
Obi Griffith <obigriffith@wustl.edu>

Background: High-throughput sequencing has been largely automated allowing rapid identification of somatic and germline variants in tumors





Problem: Clinical interpretation of genomic alterations remains a major bottleneck for realizing precision medicine





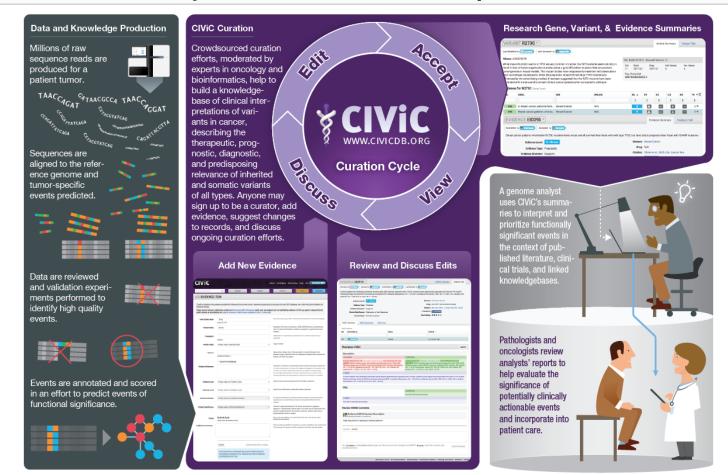
Clinical interpretations of variants are currently created in private academic silos or restricted-access commercial databases

GENOMIC ALTERATIONS				
GENE ALTERATION	INTERPRETATION			
PIK3CA H1047R	Mutations in PIK3CA have been reported in 26% to 33% of breast cancer cases (COSMIC, Jun 2012 and Kalinsky et al., 2009; 19671852). Activating mutations in PIK3CA, such as the one seen here, may predict sensitivity to inhibitors of PI3 kinase or its downstream signaling pathway (the PI3K/Akt/mTOR pathway) (Huang et al., 2007; 18079394). The mTOR inhibitors temsirolimus and everolimus have been tested in several clinical trials in breast cancer, and have been approved by the FDA for use in other tumor types. Inhibitors of PI3K and Akt are currently in clinical trials in breast cancer, alone or in combination with other therapies. PIK3CA mutations may play a role in resistance to hormonal therapy in ER+ breast cancers (Miller et al., 2011; 22114931). Activating mutations in PIK3CA may also confer resistance to anti-Her2 therapies (Chakrabarty et al., 2010; 20581867, Kataoka et al., 2010; 19633047, Wang et al., 2011; 21676217); combined inhibition of Her2 and the PI3K pathway may be required in tumors with ERBB2 amplification and PIK3CA mutation, though this remains an area of active investigation.			
 CCND1 amplification 	CCND1 amplification has been reported in approximately 10-15% of invasive breast cancers, more frequently in BRCA-negative cancers (Elsheikh et al., 2008; 17653856, Bane et al., 2011; 21327470). There are no approved therapies that directly target the protein product of CCND1 (Cyclin D1); however, CCND1 amplification may predict sensitivity to inhibitors of Cdk4 and Cdk6, which are currently under investigation in clinical trials. Overexpression of Cyclin D1 has also been associated with resistance to endocrine therapy in breast cancer (reviewed in Lange et al., 2011; 21613412; Musgrove and Sutherland, 2009; 19701242, Butt et al., 2005; 16113099)			
ODH1 E167*	CDH1 mutations are present in approximately 17% of breast cancers, and more often in luminal type cancers (COSMIC, Jun 2012, Hollestelle et al., 2010; 19593635). Loss of the E-cadherin protein, which is encoded by the CDH1 gene, has been associated with poor prognosis in triple negative breast cancer (Kashiwagi et al., 2010; 20551954, Tang et al., 2011; 21519872). Presently, there are no targeted therapies to address loss of CDH1/E-cadherin.			

- Interpretations have limited provenance and no mechanism for feedback
- This problem would be better addressed by an open public domain effort



We created CIViC to address this need - an open knowledgebase and curation system for clinical interpretation of variants in cancer



www.civicdb.org



See paper published earlier this year for more details

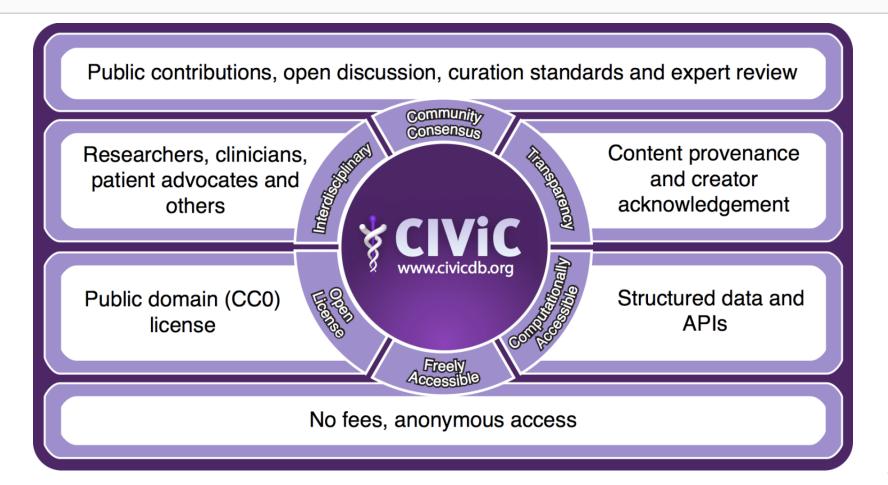
CIViC is a community knowledgebase for expert crowdsourcing the clinical interpretation of variants in cancer

Affiliations | Contributions | Corresponding authors

Nature Genetics **49**, 170–174 (2017) | doi:10.1038/ng.3774 Published online 31 January 2017



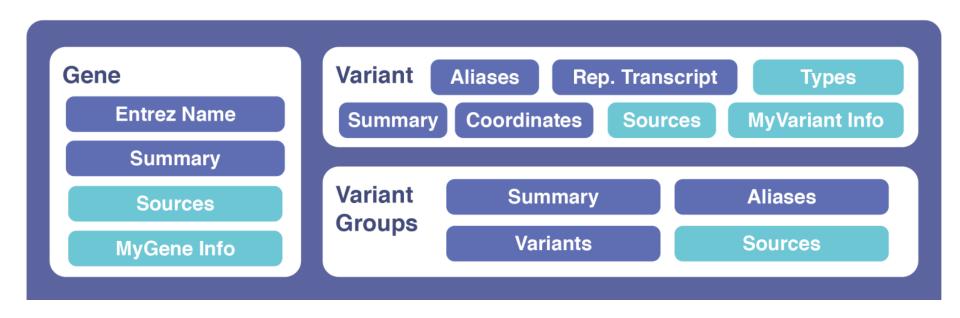
CIViC Principles: Total commitment to standards, openness, transparency





CIViC data model (gene -> variant -> evidence)

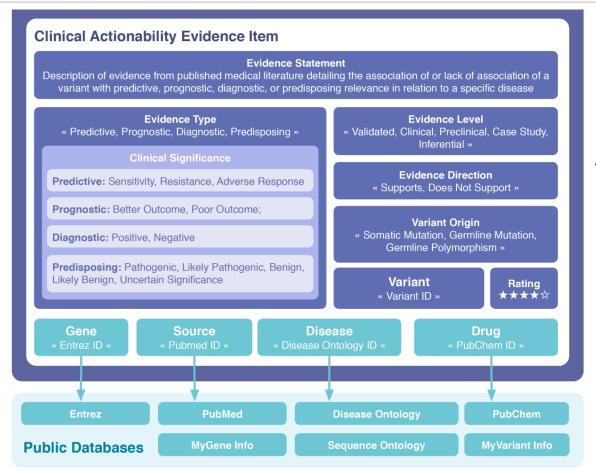
BRAF V600E predicts sensitivity to vemurafenib in melanoma



Variant = point mutations, insertions, deletions, translocations, RNA fusions, RNA expression, etc. Somatic OR Germline



CIViC data model (gene -> variant -> <u>evidence</u>)

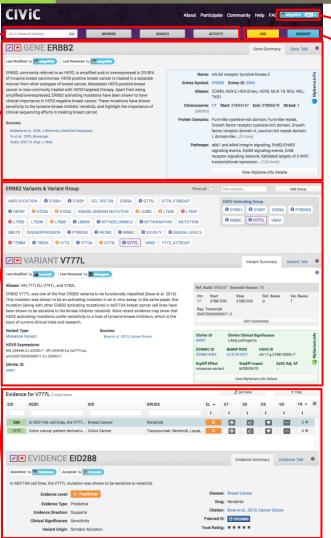


Evidence is categorized by:
Type (Drug response, prognostic, etc)
Level (Clinical, pre-clinical, etc)
Direction (supports or refutes)



Advanced search and browsing

Expert-curated knowledge



Optional login Add/Suggest

Gene summaries

Variant summaries and coordinates

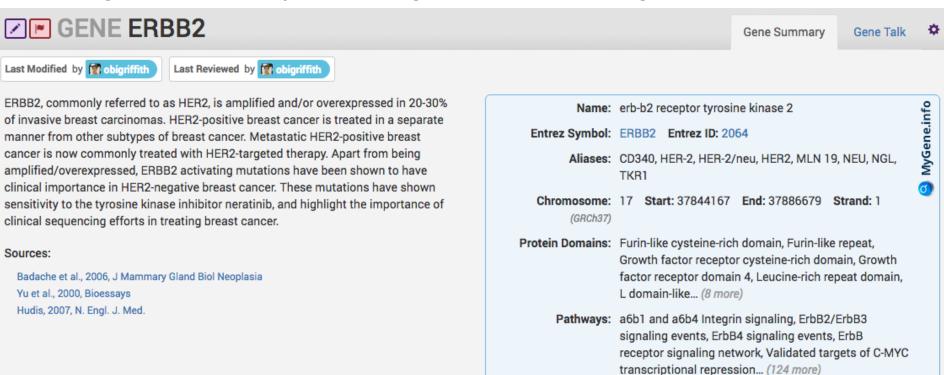
Structured Evidence

A quick tour of the CIViC site:

www.civicdb.org



Curated gene summaries provide a high-level overview at gene level

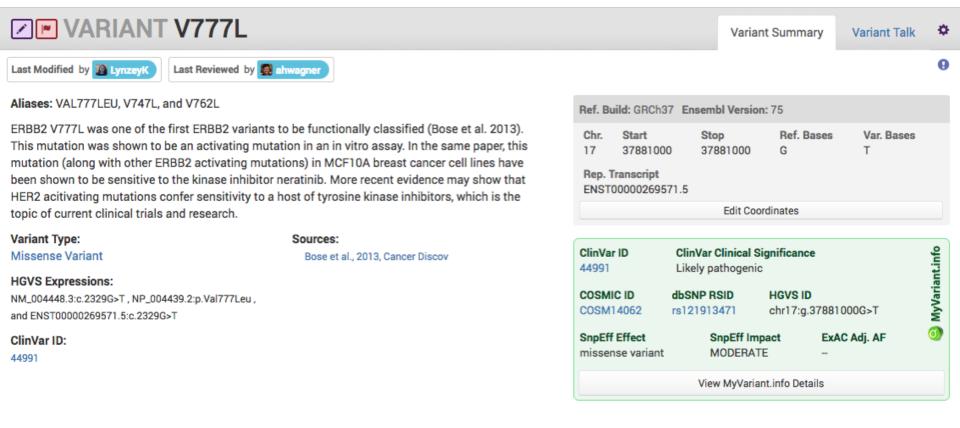


Supplemented with source citations and gene details from mygene.info (Entrez name, symbol, aliases, domains, pathways)



View MyGene.info Details

Curated variant summaries provide a high-level overview at variant level



Supplemented with curated aliases, Sequence Ontology terms, sources, HGVS expressions, ClinVar links, coordinates and variant details from myvariant.info



Curated evidence statements are the foundational unit of CIViC



Evidence is curated with structured data (Level, Type, Direction, Variant Origin, and Clinical Significance), linked to Drugs, Disease Ontology, PubMed and Trust rating assigned with 5-star system



Curator activity is tracked for attribution, notifications and provenance





All curated entries have "Talk pages" and "Subscribe" option

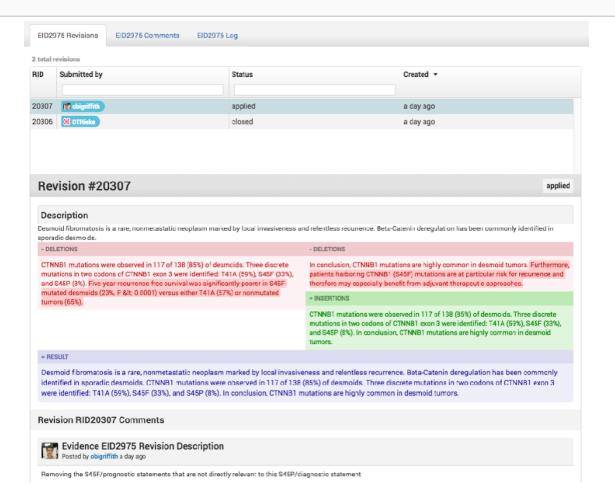


Talk pages (genes, variants, evidence) track the complete history of comments and revisions

Curators and editors have to option to "Follow" any entry (gene, variant, evidence) to receive notifications of proposed changes or additions



Revisions are tracked with detailed GitHub style diffs and comments





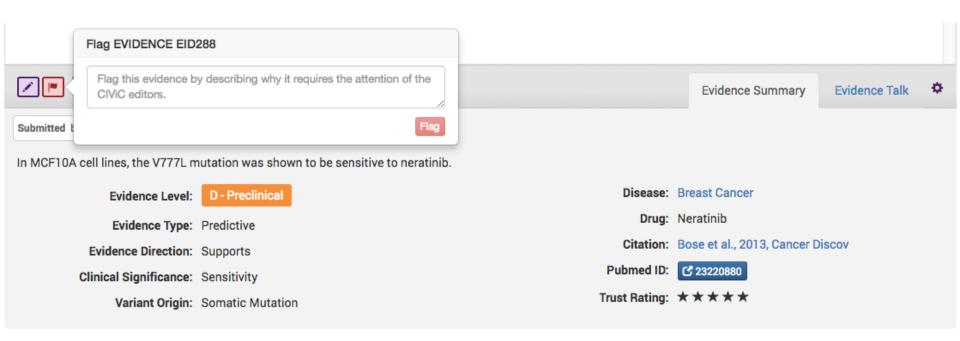
All curated entries (genes, variants, evidence) can be "Flagged" or Revised



All curated entries (genes, variants, evidence) can be "Flagged" for problems or revisions proposed



Flagging allows for very quick/easy marking of content needing immediate review or caution with use





EDIT EVIDENCE ITEM EID1177 Complete your edits, then click the 'Submit Revision for Review' button. Origin of variant * Variant Origin Somatic Mutation PubMed ID for the publication associated with the evidence statement (e.g. * Puhmed ID 26243863 Ottotion: Kovuri et al., 2015, Caneer Discov Please enter a disease name. If you are unable to locate the disease in the * Disease Colon Cancer dropdown, please check the 'Could not find disease' checkbox below and enter Disease Ontology ID: 219 the disease in the field that appears. Description of evidence from published medical literature detailing the * Evidence Statement Colon cancer patient derived xenografts with HER2 mutations association of or lack of association of a variant with diagnostic, prognostic or are sensitive to HER2 targeted drugs and the greatest tumor predictive value in relation to a specific disease (and treatment for predictive reduction was seen with the combination of a tyrosine kinase evidence). Data constituting protected health information (PHI) should not be inhibitor with trastuzumab. entered. Please familiarize yourself with your jurisdiction's definition of PHI before contribution. Type of clinical outcome associated with the evidence statement. Predictive Evidence Type Evidence pertains to a variant's effect on therapeut e response Type of study performed to produce the evidence statement Evidence Level D - Preclinical evidence In vivo or in vitro models support association An indicator of whether the evidence statement supports or refutes the clinical * Evidence Direction Supports significance of an event. Evidence Type must be selected before this field is The experiment or study supports this variant's response to a drug Positive or negative association of the Variant with predictive, prognostic, * Clinical Significance Sensitivity diagnostic, or predisposing evidence types. If the variant was not associated Aspec ated with positive response to treatment with a positive or negative outcome, N/A should be selected. Cvidence Type must be selected before this field is enabled For predictive evidence, specify one or more drug names. Drugs specified must Drug Names Lapatinib possess a PubChem ID (e.g., 44462760 for Dobrafenib). Neratinib Trastuzumab × + Please indicate whether the drugs specified above are substitutes, or are used in Drug Interaction Type Combination sequential or combination treatments The drugs listed were used in as part of a combination therapy approach Please rate your evidence on a scale of one to five stars. Use the star rating Well supported evidence. Experiments are well controlled, and results are convincing. Any discrepancies from expected results are well-explained and not Please provide a short description of your edits to this Evidence record. * Revision Description

Submit Revision for Review

Cancel

Revisions (or new submissions) are made through a sophisticated data entry page

Dynamic form adjusts for evidence type

Live type-ahead suggestions and Ontology look-ups

Warnings for merge conflicts

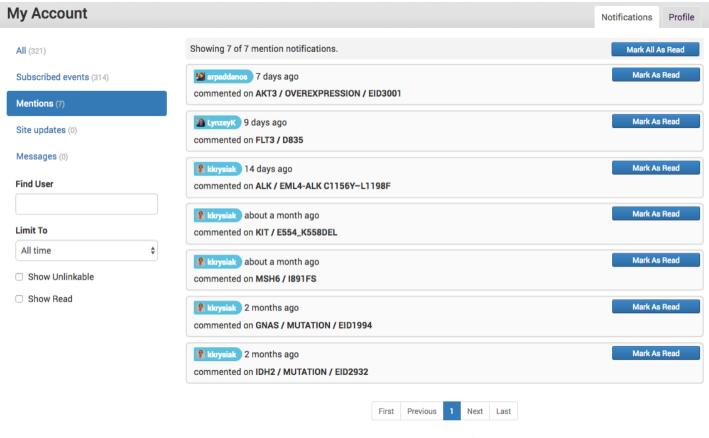


Users can create detailed profiles, self-organize into curation groups, and compete for badges





Users receive notifications, site mentions, updates and messages





All data are available via TSV data dumps or API (json)

Data Releases

Disclaimer: TSV releases of CIViC data are provided at regular intervals for the convenience of those who require the use of a static file. For most users, we recomend utilizing our API which is documented here. Using the API will provide you with the richest metadata about CIViC entries as well as the most current versions of all evidence statements. In fact, the entire CIViC web frontend runs off the exact same API that is available for public use.

These TSV files do not contain user profile data, pending or rejected evidence items, discussion and commentary, or data provenance and revision history.

Date	Gene Summaries	Variant Summaries	Variant Group Summaries	Evidence Summaries
Nightly	≛ GeneSummaries.tsv	♣ VariantSummaries.tsv	♣ VariantGroupSummaries.tsv	♣ ClinicalEvidenceSummaries.tsv
01-may-2017	≛ GeneSummaries.tsv	♣ VariantSummaries.tsv	♣ VariantGroupSummaries.tsv	♣ ClinicalEvidenceSummaries.tsv
01-apr-2017	± GeneSummaries.tsv	♣ VariantSummaries.tsv	♣ VariantGroupSummaries.tsv	♣ ClinicalEvidenceSummaries.tsv
01-mar-2017	± GeneSummaries.tsv	VariantSummaries.tsv	♣ VariantGroupSummaries.tsv	♣ ClinicalEvidenceSummaries.tsv

Get a list of evidence items

This endpoint returns a listing of evidence items in CIVIC. This index style endpoint is paginated by default. You can use the count and page parameters or the previous and next links to iterate through all the evidence items.

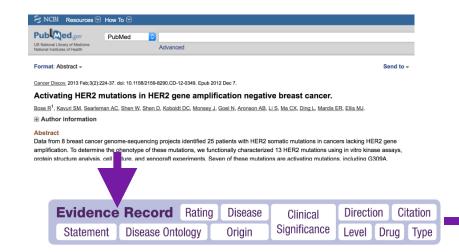
HTTP Request

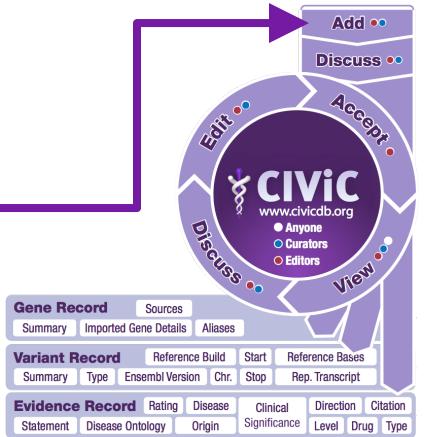
GET https://civic.genome.wustl.edu/api/evidence_items

```
{
    "_meta": {
        "current_page": 1,
        "per_page": 25,
        "total_pages": 69,
        "total_count": 1722,
        "links": {
            "next": "https://civic.genome.wustl.edu/api/evidence_items?count=25&pa
```



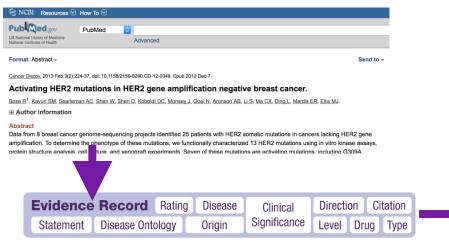
The CIViC curation cycle promotes quality, provenance and an up-todate knowledgebase





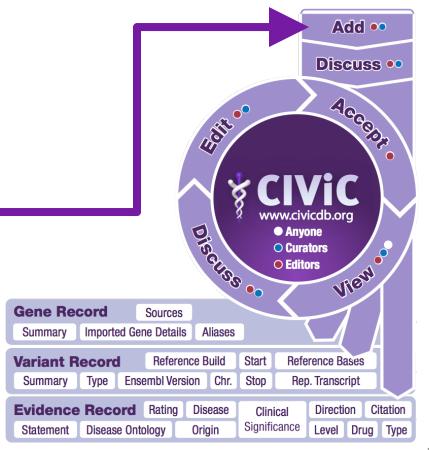


The CIViC curation cycle promotes quality, provenance and an up-todate knowledgebase



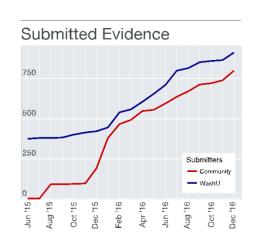
How is quality maintained?

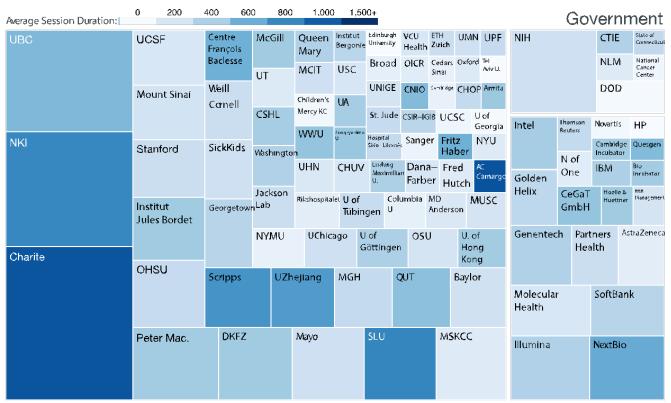
- Content creation is completely transparent
- Anyone can become a curator but this role has limited powers
- All content must be reviewed by a site editor or domain expert
- Users can not accept their own contributions
- Problems can be identified by comment or flag





CIViC contributions and site visits demonstrate strong community involvement





Academic Commercial



1st Hackathon / Jamboree in December began the task of coordinating curation effort

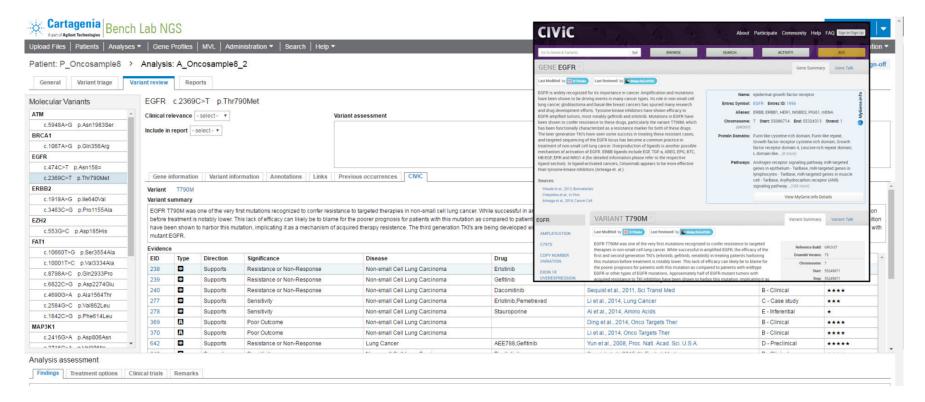
- Improved coverage of group areas of interest
 - Germline variants
 - Resistance mutations
 - Clinically-relevant fusions
 - Predisposing variants
- UI improvements
 - Badge implementation for curator motivation
- Community efforts
 - WikiData incorporation of CIViC
 - CIViCmine implementation and rule definition





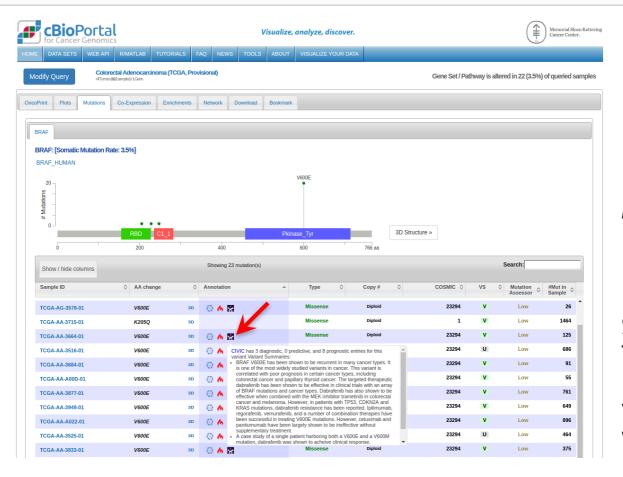


CIViC is now integrated into Agilent's Cartagenia Bench



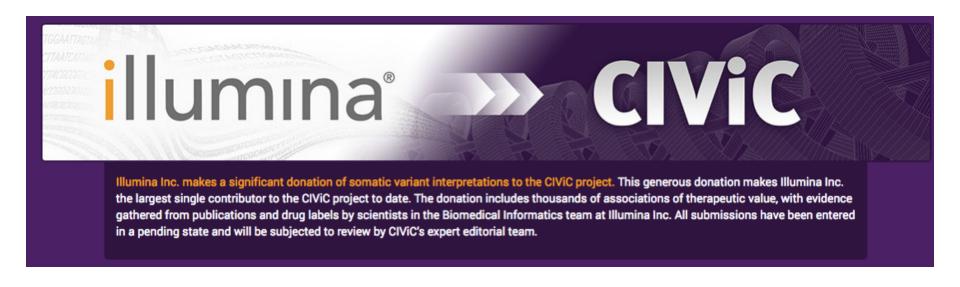


Also coming to cBioPortal: www.cbioportal.org/beta/



Many more:
BioGPS
DoCM
DGIdb
SolveBio
TGex
UCSC Browser
Varsome
WikiData

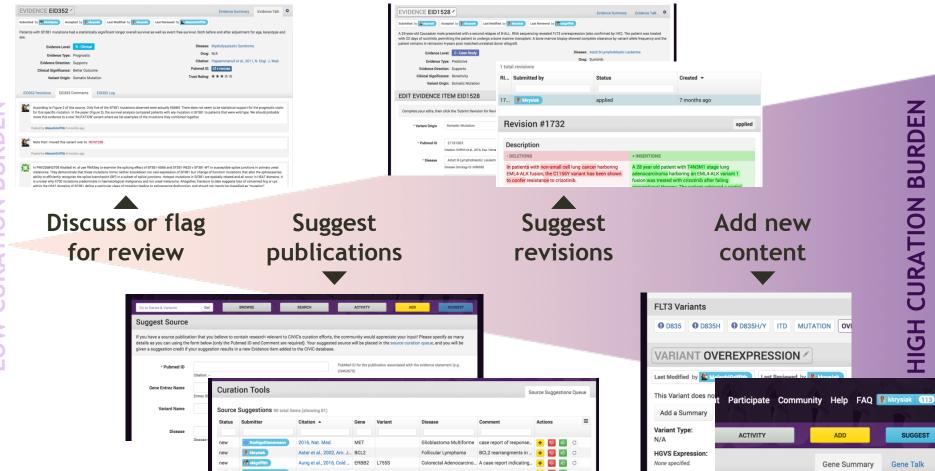
AACR CIViC announcement: Illumina has made a major knowledge donation to CIViC



Watch for another press release at ASCO and visit www.civicdb.org to learn more...



How can you participate? Visit www.civicdb.org to join as a curator



Conclusion and future direction

- Conclusion:
 - A high-quality knowledgebase of expert-curated variant interpretations
 - A sophisticated framework/platform for curation
 - A model for community-driven open science
- Future directions:
 - ClinGen collaboration engage more expert curators
 - Support complex genotypes
 - Support conference proceedings
 - APTRC supplement to create CIViC-based NGS panel (Salipante)



Acknowledgments

The CIViC Community



McDonnell Genome Institute

Griffith Lab (and CIViC team)

Obi Griffith Malachi Griffith Benjamin Ainscough Felicia Gomez Erica Barnell Katie Campbell Adam Coffman **Kelsy Cotto**

Arpad Danos Yan-Yang Feng Jasreet Hundal Kilannin Krysiak Lynzey Kujan Jason Kunisaki

Josh McMichael Cody Ramirez Zachary Skidmore Nick Spies Lee Trani Alex Wagner Jason Walker

Funding National Cancer Institute (ITCR U01)



Questions?

