



TOHOKU
UNIVERSITY

Integration of Genomic and Phenomic Information in Medicine

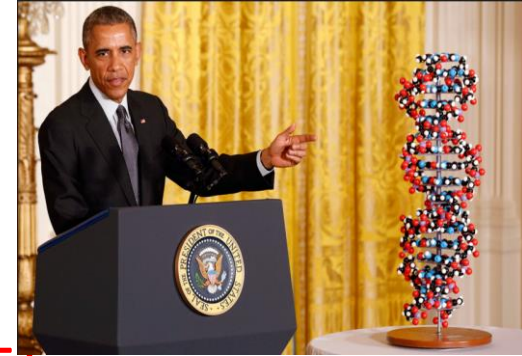
~Tohoku Medical Megabank Experience~

Special Adviser to the Executive Director
Tohoku Medical Megabank Organization, Tohoku University
Professor Emeritus
Tokyo Medical and Dental University
Hiroshi Tanaka

World-wide Trends of Genome/Omics in Medicine

Clinical Implementation of Genome/Omics Medicine

- Impact of Next Generation Sequencer (NGS)
- **Clinical sequencing (CS)** in hospitals in US
- the first trial: **Medical College of Wisconsin** (2010)
 - Followed by **Baylor Medical College** (2011) and spread
- President Obama **Precision Medicine Initiative (2015)**
- 1. Clinical sequencing of **germline (innate) genome**
 - To find **'causative gene' of undiagnosed disease** at POC (hospital)
- 2. Clinical sequencing of **somatic genome of cancer tissue**
 - Memorial Sloan Kettering CC, MD Anderson CC etc. (2012)
 - **TCGA (2006~)**、**ICCG (2008~)** revealed **driver/passenger mutations**
 - Identify the driver mutation and assign **molecularly-targeted drug**

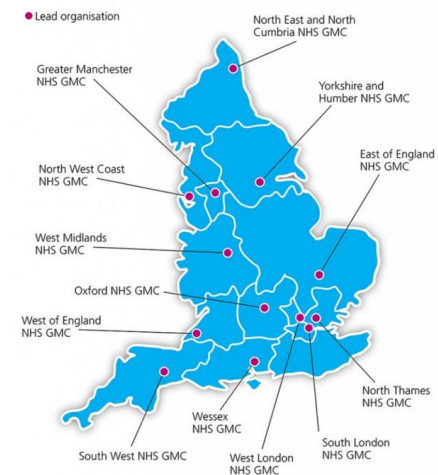


Obama's PMI

Another Trends: Large-scale Genomic Cohort/Biobank

World-wide Spread of Genomic Biobank

- UK biobank
 - a large long-term biobank study in the United Kingdom (2006-2010, 62M £ , 2011-16, 25M £)
 - investigate the respective contributions of genetic predisposition and environmental exposure (nutrition, life style, etc)
 - about 500,000 volunteers in the UK
 - Aged from 40 to 69. Initial enrollment took place over four years
 - the volunteers will be followed for at least 25 years thereafter
- Genomics England
 - four-year 100,000 Genomes Project, 2013-2017
 - Disease oriented genomic biobank
 - perform whole genome sequencing of 100,000 participants.
 - focusing on rare diseases, cancer, and infectious diseases
- BBMRI (Biobanking and BioMolecule Resource Research Infra)
 - More than 300 biobanks in Europe recruited to join BBMRI.
 - Harmonization and Standardization to pool biobank data
- Many other biobanks
 - Estonia, , Singapore, Australia, Taiwan etc.



NHS Genome Medical Center

Information Basis for Genome Medicine Big Data

- Biobank
 - an organized collection of human biological material and associated information stored for research purposes
 - Genomic Biobank
 - repositories of human DNA and/or associated data, collected and maintained for biomedical research
- Types of Biobank
 - Disease-oriented (genomic) biobank
 - BioBank Japan (BBJ : 2003-) 200,000 patients,
 - World pioneer project for starting GWAS study to discover disease susceptibility gene
 - Population-based (genomic) biobank
 - UK biobank, etc. In Japan, Tohoku Medical Megabank (ToMMo: 2012-) 150,000 healthy people for at least 20 years
- Change of the functional role in genome era
 - **Former**: transplantation, source of therapeutics (umbilical blood, stem cell etc.)
 - **Present** : **information basis** for genome/omics medicine, Medical Big Data
- Towards Individualized Medicine and Healthcare
 - Disease mechanism and etiology have **a vast variety of** (personalized) **intrinsic subtypes**
 - **Big Data** (many patient cases) are necessary to collect/find out **as many individualized or stratified subtypes** (stratified patterns)

These Two Trends merge in near future and support the genome/omics medicine

In the hospital

Clinical genome medicine

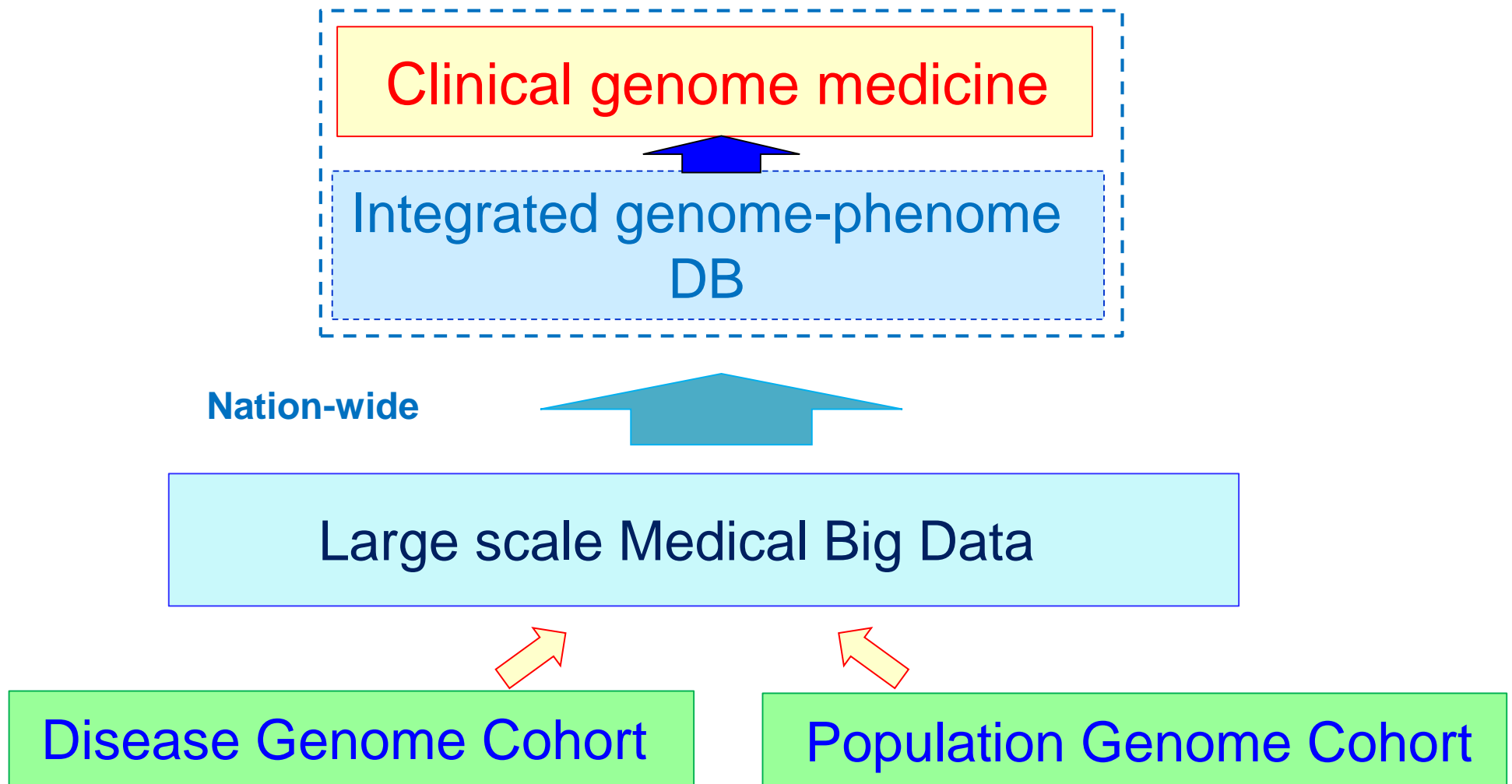
Integrated genome-phenome
DB

Nation-wide

Large scale Medical Big Data

Disease Genome Cohort

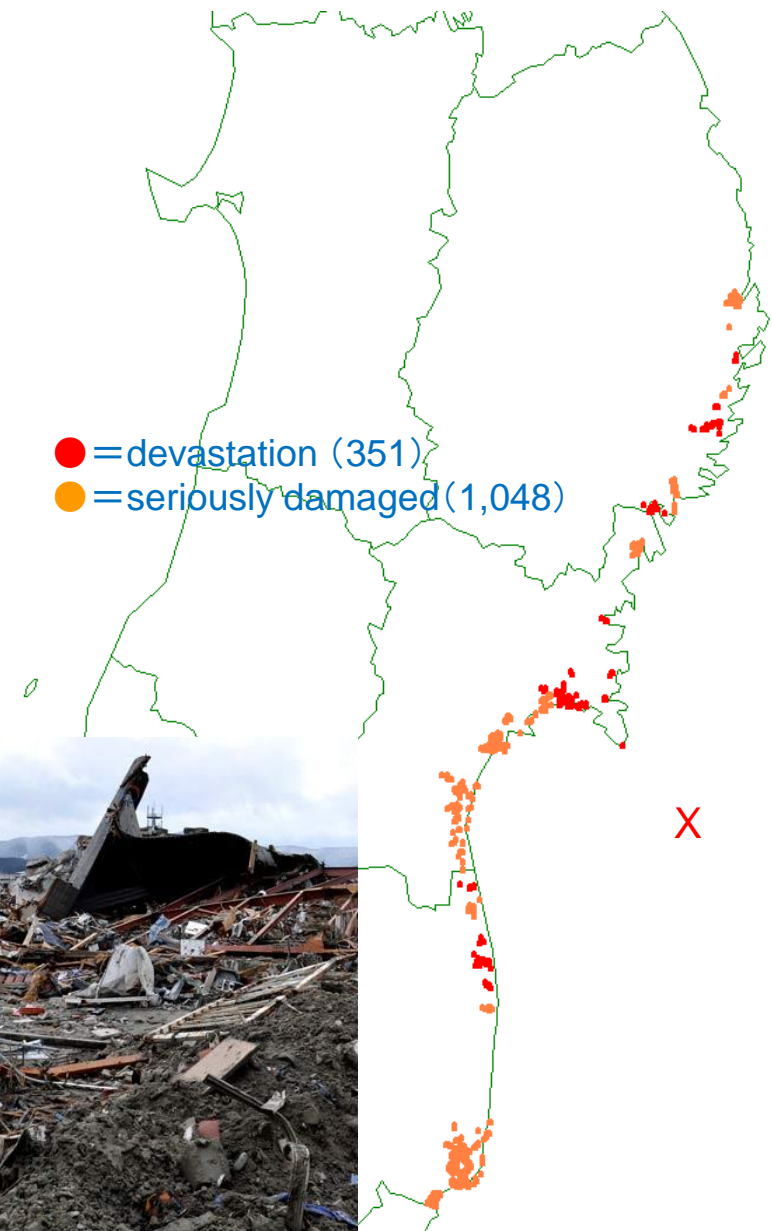
Population Genome Cohort



Tohoku Medical Megabank Project

The Great East Japan Earthquake Disaster

- 14:46, March 11, 2011
- Earthquake off the Pacific coast of Japan
- Magnitude 9.0
- Powerful tsunami waves reached heights of up to 40.5 m
- Most disastrous earthquake that has ever experienced in Japan after World War II
- The number of dead and missing persons are
 - Miyagi Prefecture 10,817
 - Iwate Prefecture 5,815
 - Fukushima Prefecture 1,814
 - Total 18,550 (incl. other areas)
- Medical institutions
 - hospital, clinics
 - devastation 351
 - seriously damaged 1,048



Two types of Cohort Study in ToMMo

- Residential Cohort
- Birth-Three generation cohort

deCODE Study

Iceland deCODE Genetics

- Family-based Prospective Cohort
- 296 K participants (whole nation)
- DNA samples from 95 K (1/3)
- Family history available from 1650

Residential Cohort



1070 genomes



Delopement of Japonica array



This year, 200,000 genome including three generation cohort



Finally, 150,000 genome analysis: WGS and Japonica array

Environmental factors
Whole genome sequence

Japanese genome structure
iJGVD / genome variation database

Japonica Array with
Genotype imputation

transmission disequilibrium test
IBD (identity by descent) mapping etc.

Analysis for Gene-environment interactions

Whole-genome sequencing
(N = 2,230)



Identification of SNPs
(30.6 million) and
Indels (3.6 million)



Chip-genotype imputation
(N = 95,085)



Familial imputation
(N = 296,526)

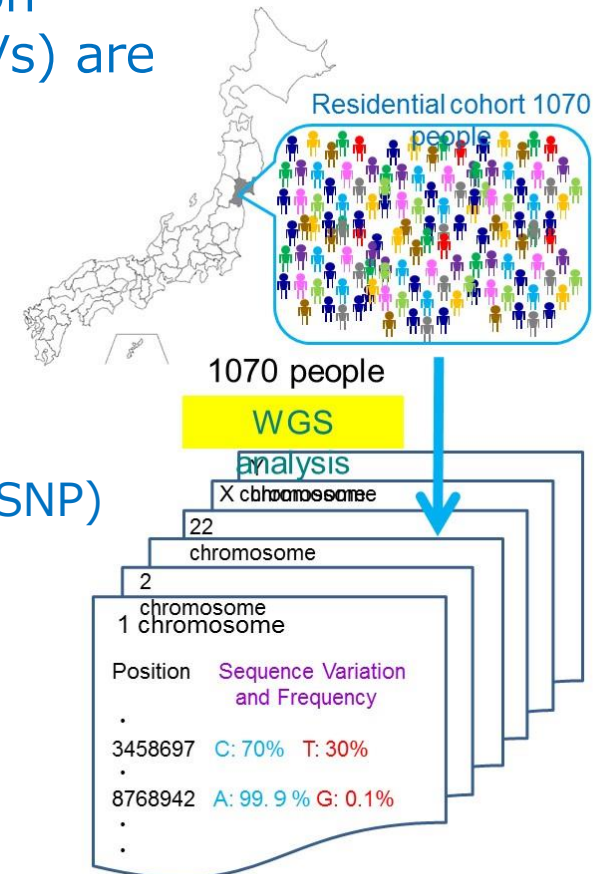


Association Analyses

Deep whole genome sequencing Japanese Healthy Population

Whole Genome Sequencing in Tohoku Medical Megabank Project

- Whole genome sequencing (WGS) of **1,070** healthy Japanese individuals was executed
 - by PCR-free sequencing
 - more than 30X coverage (average 32.4X) .
- **First results** of WGS in healthy Japanese
- Single laboratory, single protocol and single measurement method
- Would be a basis for personalized medicine and prevention
- Very rare as well as **novel single-nucleotide variants (SNVs)** are identified
 - Totally **21.2 million SNV**
 - **12 million novel SNV**
- A reference panel of 1,070 Japanese individuals (1KJPN)
 - From the identified SNVs, we construct 1KJPN,
 - including some very-rare SNVs.
- Information of Genome Sequences
 - Information of statistical frequency of SNV (up to singleton SNP)
 - Genome sequences are open by controlled access
- From this panel, we designed **custom-made SNP array for Japanese**
 - Japonica array
 - 650 thousand SNV



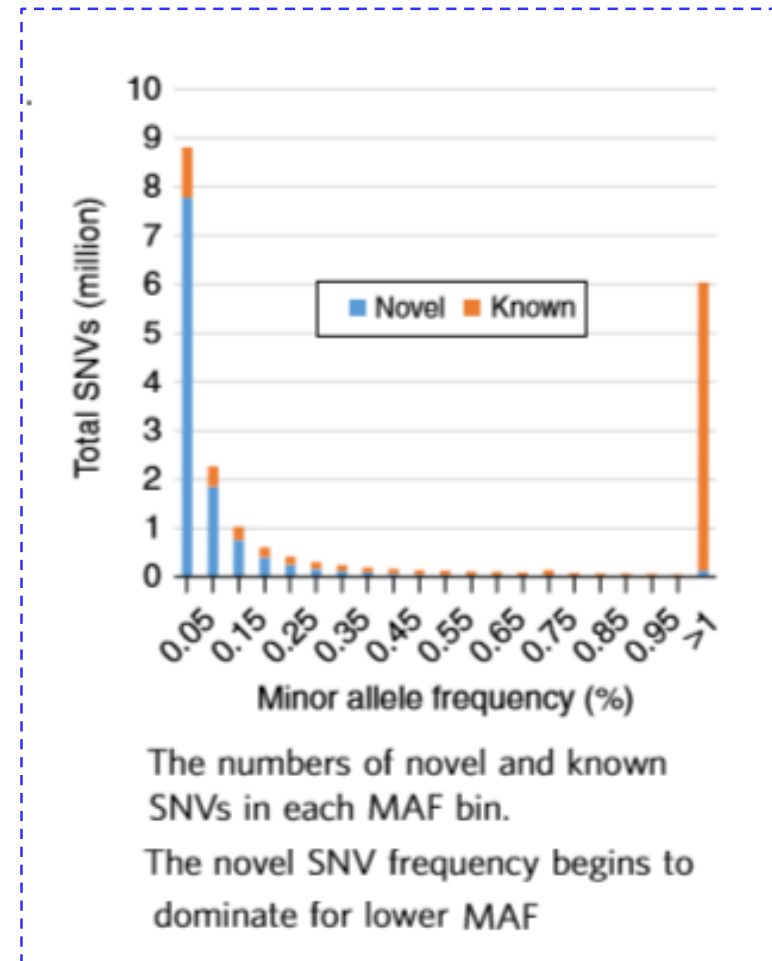
Data Processing and variant discovery

- Material

- 1344 candidates were selected from biobank
 - Considering traceability of participants' information
 - Quality and abundance of DNA sample for SNP array and WGS
- 1070 samples were selected by measured results by Omni2.5
 - By filtering out close relatives and outliers
- Sequenced by Illumina Hiseq2500
 - Using PCR-free protocol

- Variant discovery

- 21.2 million high confident SNV
- 12 million novel SNVs
 - After several filtering procedure, high confident SNVs
 - Reference genome: GRCh37/hg19
 - False discovery rate <1.0%



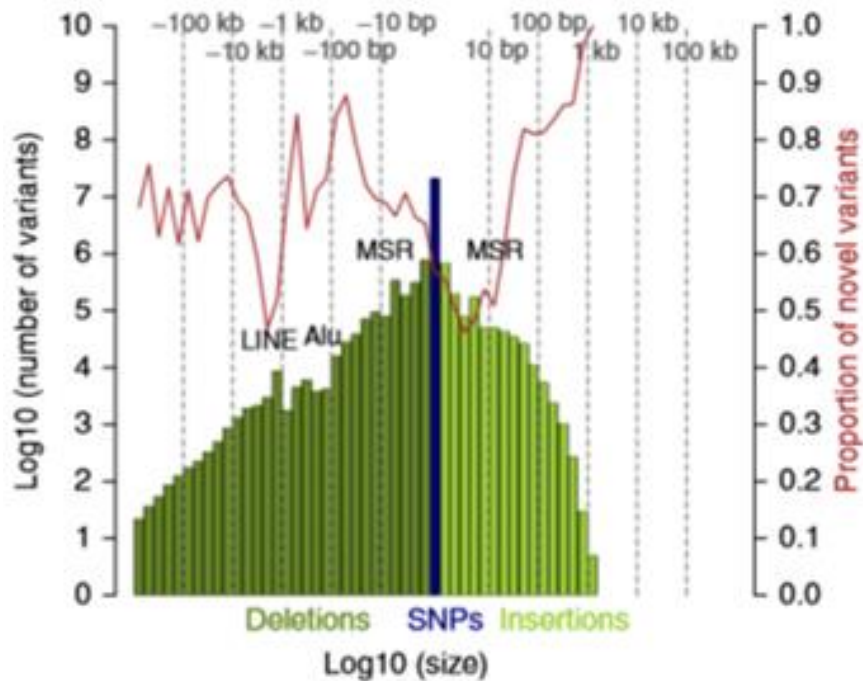
Summary of WGS of Japanese individuals and variant detection in autosomes.

Total samples	1,070	
Total raw bases	100.4 trillion bases	
Mean sequenced depth	32.4 ×	
<i>SNVs</i>	<i>High-confidence SNVs</i>	
Total	21,221,195	
Number of known variants*	9,219,783	
Number of novel variants*	12,001,412	
Novelty rate	56.55%	
Average number per sample	2,716,853	
Average individual heterozygosity	1,532,773	
<i>Deletions</i>	<i>1 bp ≤ length < 100 bp</i>	<i>100 bp ≤ length</i>
Number of sites overall	1,969,302	47,343
Number of novel variants†	1,429,636	—
Novelty rate	72.60%	—
Number of inframe/frameshift	3,112/4,454	—
Average number per sample	190,857	2,654
<i>Insertions</i>	<i>1 bp ≤ length < 100 bp</i>	<i>100 bp ≤ length</i>
Number of sites overall	1,384,230	9,354
Number of novel variants†	1,037,839	9,354
Novelty rate	74.98%	—
Number of inframe/frameshift	1,577/2,506	—
Average number per sample	159,359	45

Copy number Variants

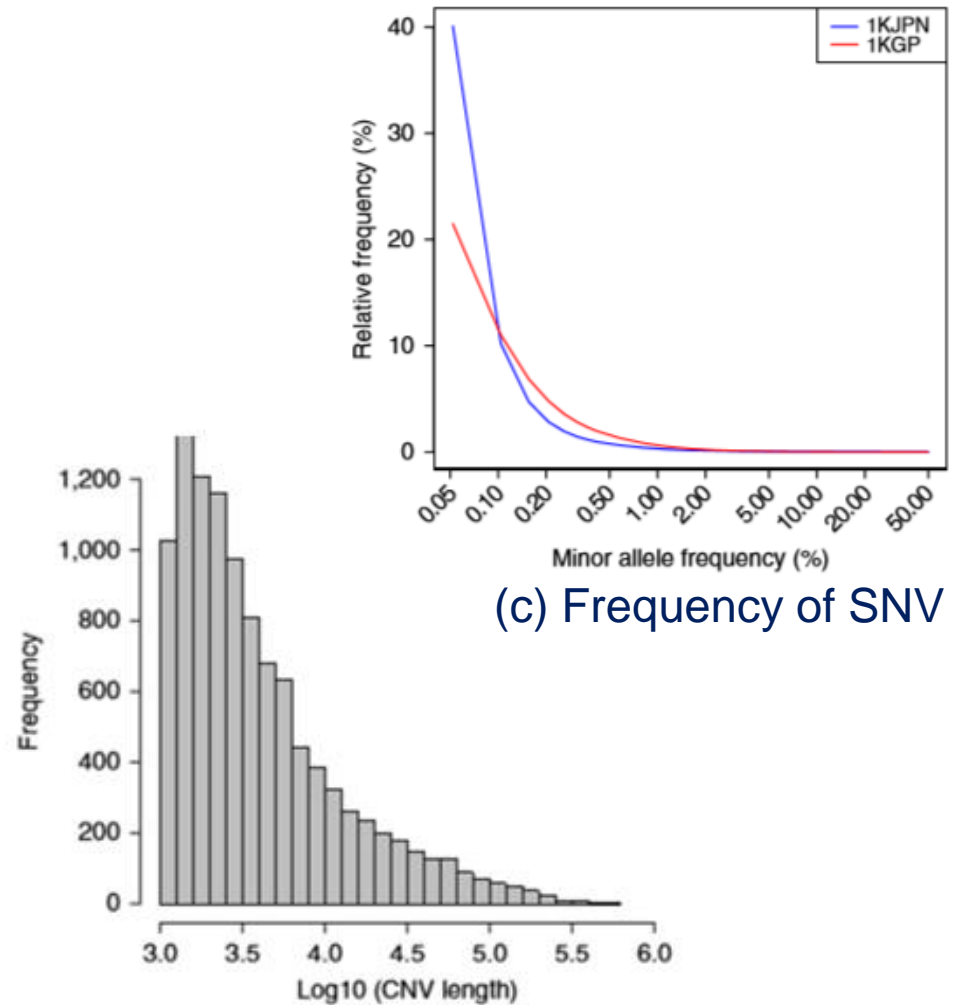
25,923

Statistics of Indel and SNV



The size-frequency spectrum of SNVs, deletions and insertions discovered by high-coverage sequencing in 1KJPN. Novelty rates are shown by the red line. Peaks corresponding to long interspersed elements (LINE), Alu and microsatellite repeat (MSR) are shown.

(a) Size-frequency of Del, SNP, Ins



(c) Frequency of SNV

Size-frequency spectrum of CNVs estimated from high-coverage sequencing data in the genic regions in 1KJPN.

(b) Size-frequency of CNV

Japonica Array

- Novel custom-made SNP array
 - based on the 1KJPN panel, for whole-genome imputation of Japanese individuals.
- The array contains 659, 253 SNPs
 - tag SNPs for imputation,
 - SNPs of Y chromosome and mitochondria,
 - SNPs related to previously reported genome-wide association studies and pharmacogenomics.
- Better imputation performance
 - for Japanese individuals than the existing commercially available SNP arrays
 - Common SNPs ($MAF > 5\%$), the genomic coverage of the Japonica array ($r^2 > 0.8$) was 96.9%
 - Coverage of low-frequency SNPs ($0.5\% < MAF \leq 5\%$): 67.2%,
- High quality genotyping performance
 - of the Japonica array using the 288 samples in 1KJPN;
 - Average call rate 99.7%
 - Average concordance rate 99.7% to the genotypes obtained from high-throughput sequencer.

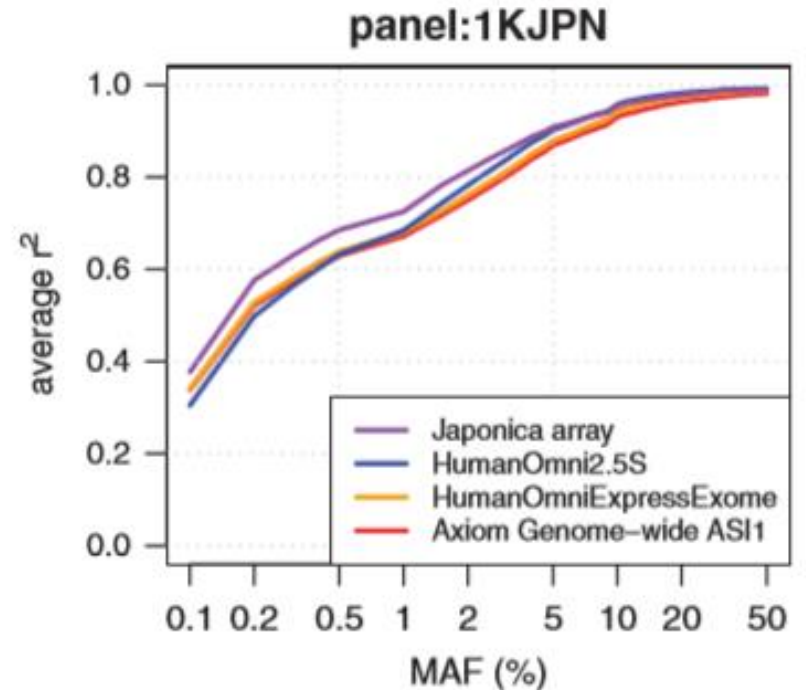
Japonica Array

Category of SNPs on the Japonica array

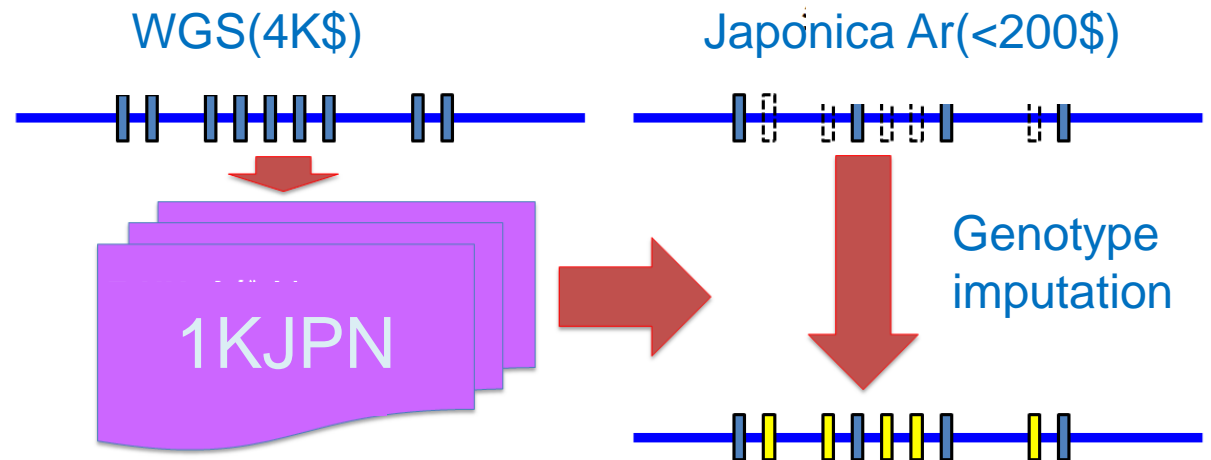
Category	Number of SNPs ^a	Array occupancy rate
Tag SNPs (including X chromosome)	638 269	96.8%
Pharmacogenomics markers	2028	0.31%
Y chromosome	275	0.04%
Mitochondria	70	0.01%
NHGRI GWAS catalog	10 798	1.64%
HLA	3906	0.59%
Untaggable functional SNPs	3990	0.61%
Total	659 253	—

Abbreviations: GWAS, genome-wide association studies; SNP, single nucleotide polymorphism.

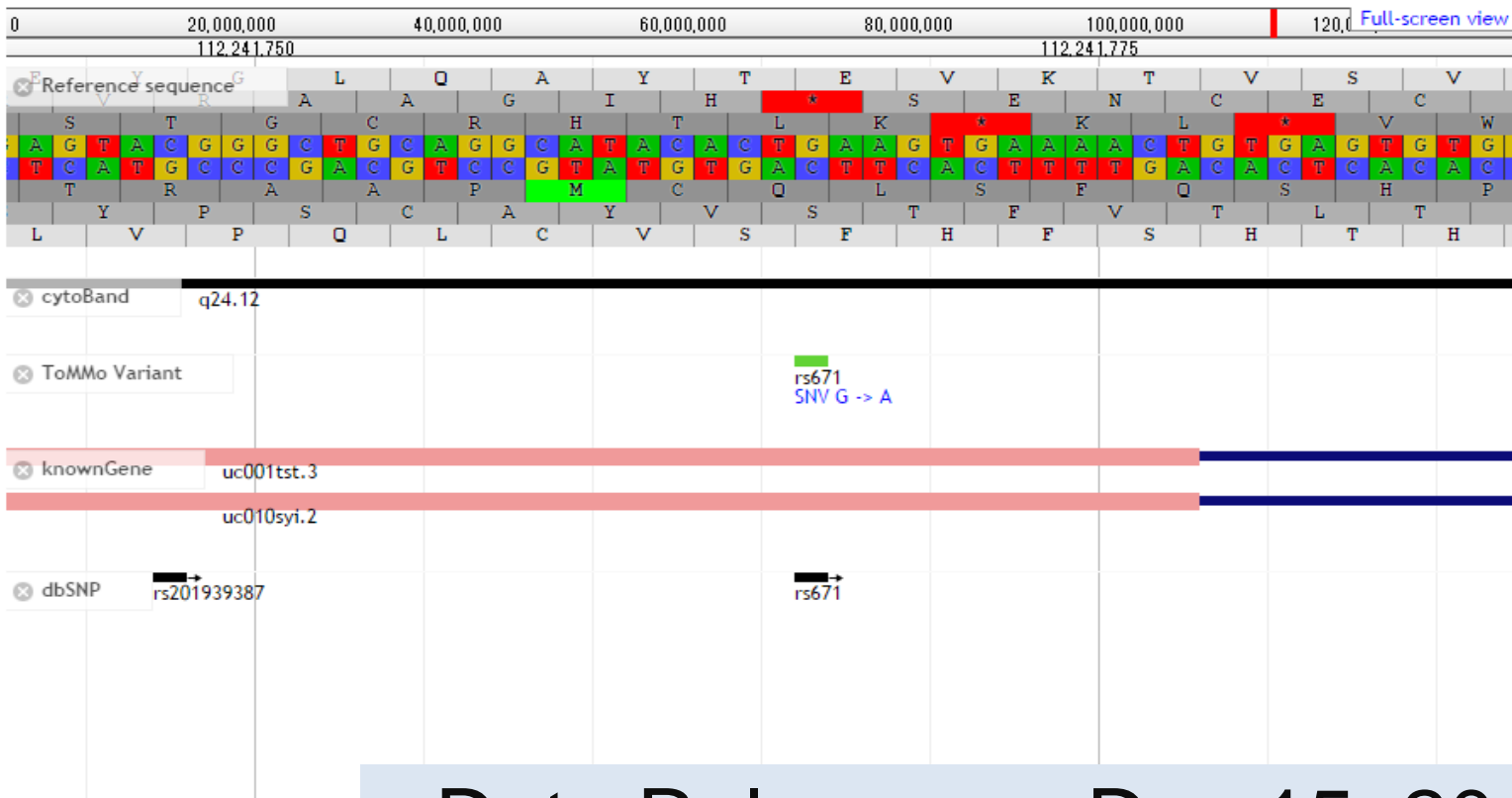
^aSome SNPs are overlapped among categories.



Japonica array (96sample)



- ToMMo integrated database enables to generate health-science big-data
- Information in the integrated database will be open to research laboratories in Japan
- ToMMo integrated data will be of important for **new drug development for specific group of people**



iJGVD

<http://ijgvd.megabank.tohoku.ac.jp/>

Data Release on Dec 15, 2015

Japanese Multi omics reference panel : jMorp



[Top](#) | [Statistics](#) | [Help](#) | [About](#)

Welcome to
Japanese Multi Omics
Reference Panel.

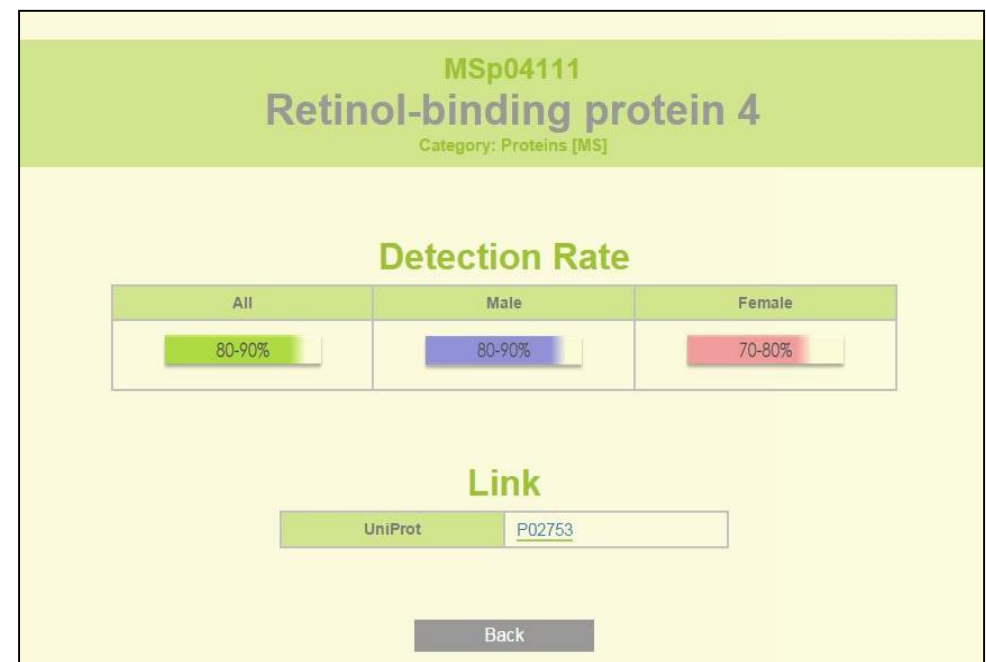
Last Updated July 7, 2015

[Metabolites \[NMR\]](#) | [Metabolites \[MS\]](#) | [Proteins](#)

Item Table 494 Items Exist

▲▼ToMMo Compound ID	▲▼Name	▲▼Category	▲▼Mean	▲▼SD	▲▼CV	▲▼N	▲▼Notes
TCC000019	Tetradecanedioic acid	Metabolites [MS]	3.16e+2	3.73e+2	1.18e+0	501	provisional
TCC000058	PG(15:0/0:0)	Metabolites [MS]	7.59e+1	1.01e+2	1.33e+0	489	
TCC000204	Biocytin	Metabolites [MS]	3.42e+1	6.25e+1	1.83e+0	499	
TCC000256	9,12,13-TriHOME	Metabolites [MS]	4.81e+1	9.58e+1	1.99e+0	496	provisional
TCC000776	L-leucyl-L-proline	Metabolites [MS]	4.59e+1	3.18e+1	6.92e-1	501	
TCC000800	LysoPE(18:1 (11Z)/0:0)	Metabolites [MS]	1.41e+2	2.56e+2	1.81e+0	479	
TCC000821	(Z)-3-Oxo-2-(2-pentanyl)-1-cyclopenteneacetic acid	Metabolites [MS]	9.36e+2	9.21e+2	9.85e-1	501	

Metabolomics and Proteomics reference database from 500 cohort participants



MSP04111
Retinol-binding protein 4
Category: Proteins [MS]

Detection Rate

All	Male	Female
80-90%	80-90%	70-80%

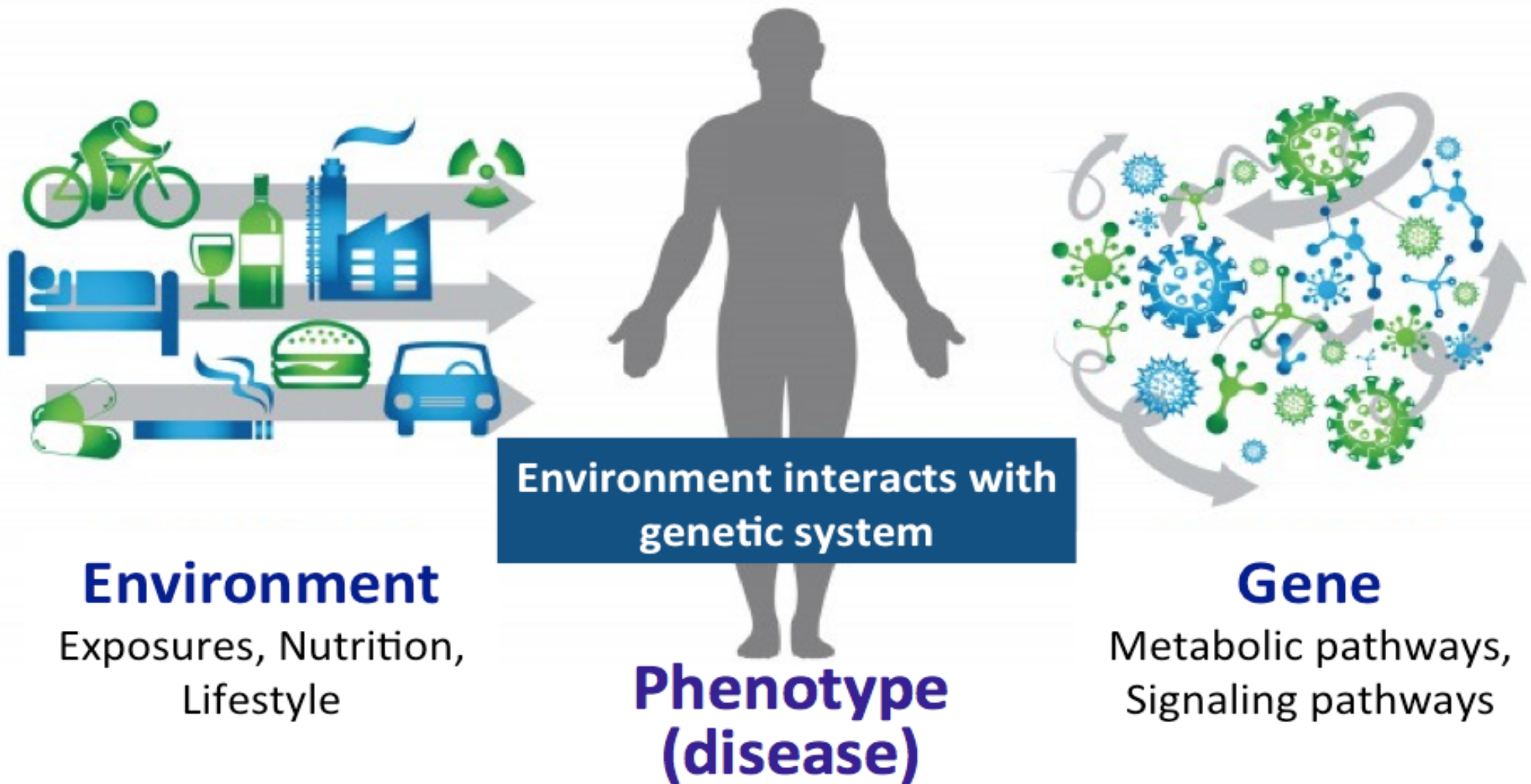
Link

UniProt

<https://jmorp.megabank.tohoku.ac.jp/>

Integrated Database for genomic and environmental information

Gene-environment interactions causing common disease



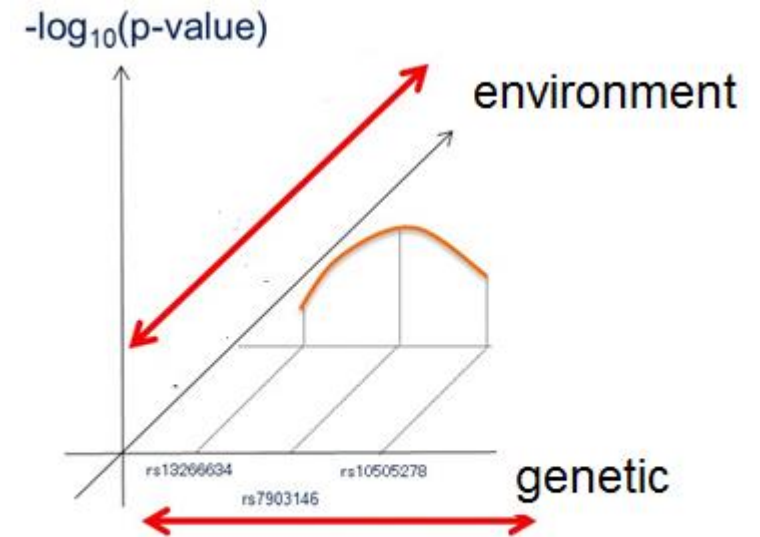
Precise Stratification

Personalized prevention

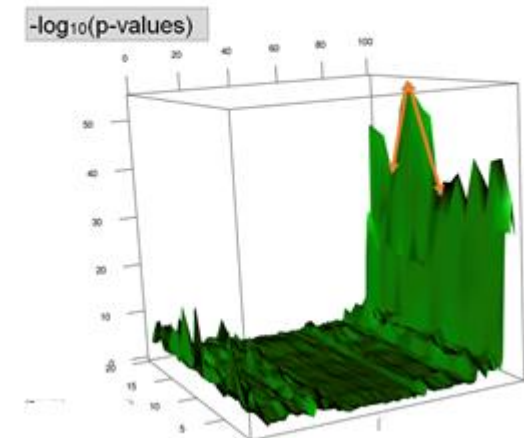
Idiosyncratic Effect of Combination of GxE factors

- Interaction of genomic and environmental factor
- Idiosyncratic Effect: colon cancer

		CYP1A2 Phenotype \leq Median		CYP1A2 Phenotype $>$ Median	
		Likes rare/medium meat	Likes well-done meat	Likes rare/medium meat	Likes well done meat
Non-Smoker	NAT2 Slow	1	1.9	0.9	1.2
	NAT2 Rapid	0.9	0.8	0.8	1.3
Ever-Smoker	NAT2 Slow	1	0.9	1.3	0.6
	NAT2 Rapid	1.2	1.3	0.9	8.8



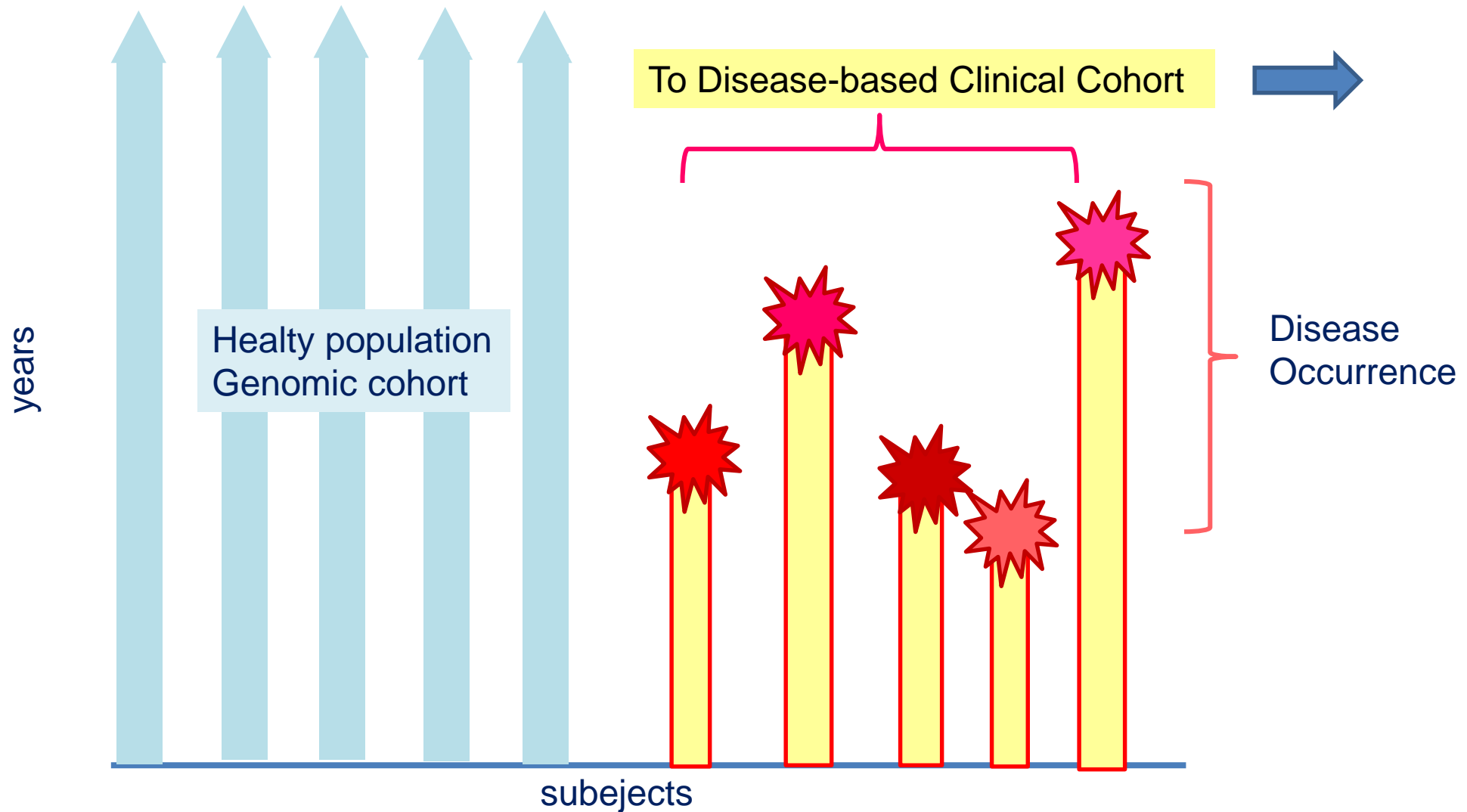
Simulation result



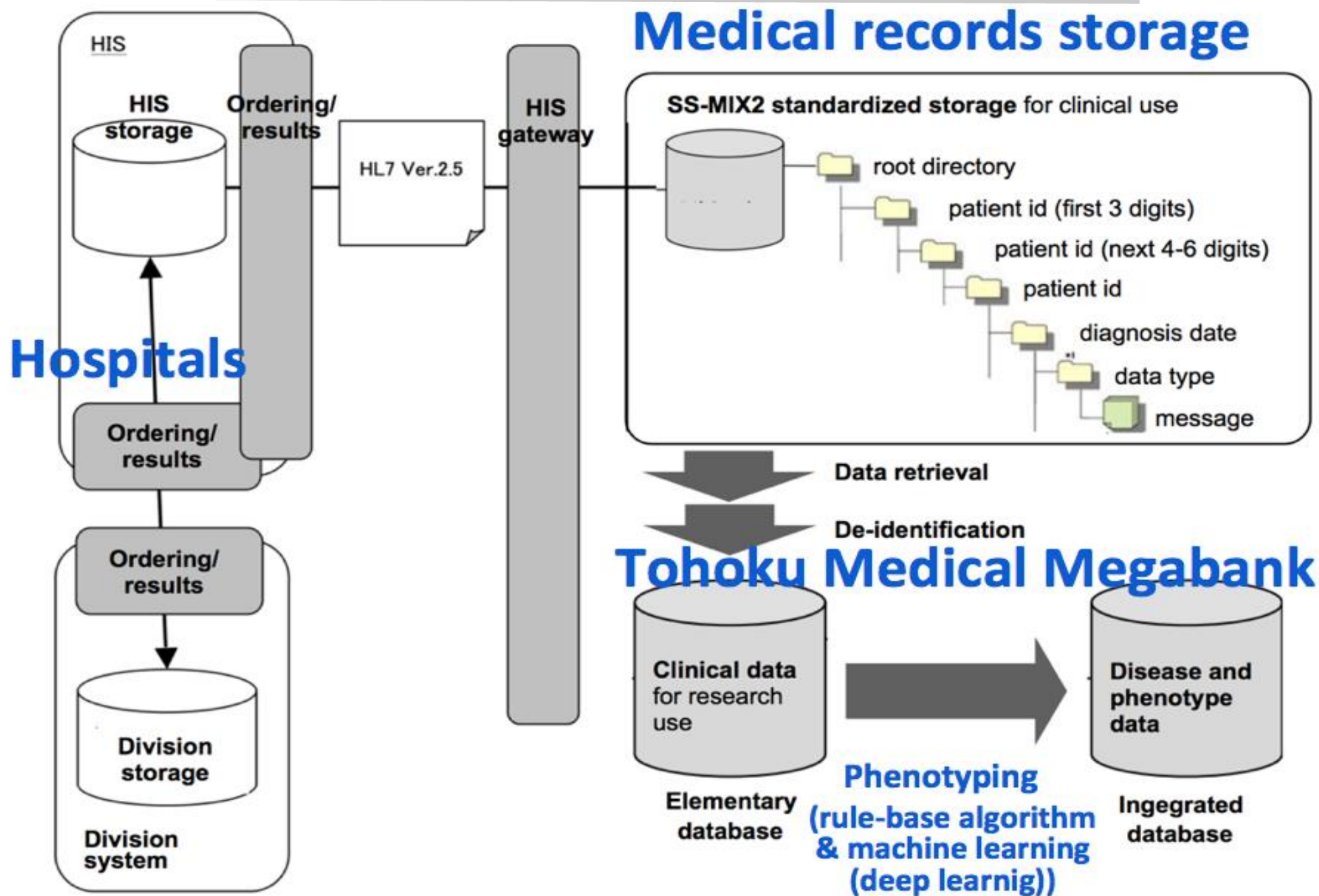
L. Le Marchand, JH. Hankin, LR. Wilkens, et al Combined Effects of Well-done Red Meat, Smoking, and Rapid N-Acetyltransferase 2 and CYP1A2 Phenotypes in Increasing Colorectal Cancer Risk, Cancer Epidemiol. Biomarkers Prev 2001;10:1259-1266

Towards Disease-oriented Biobank

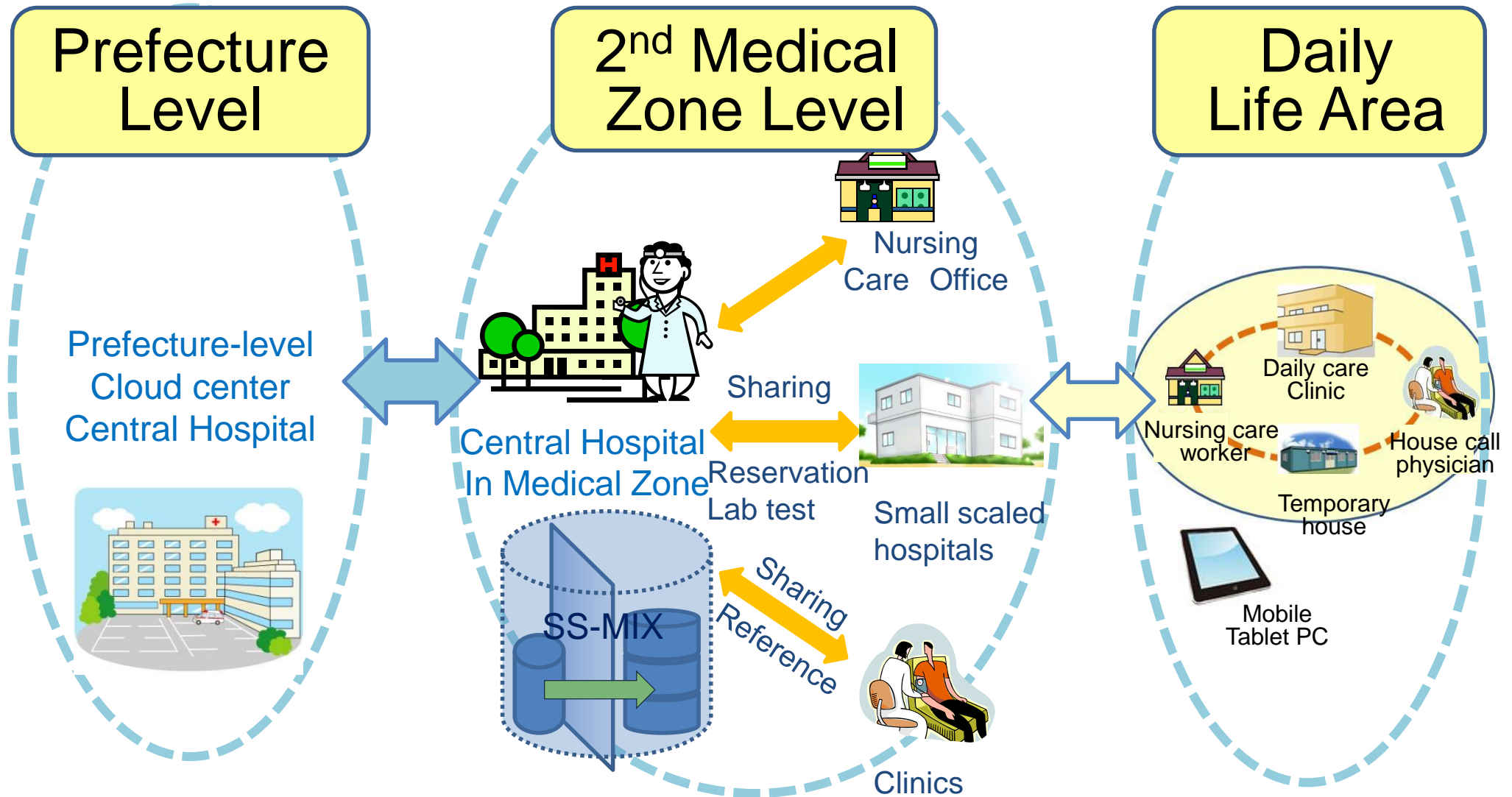
Population and Disease-based Mixed Genome Cohort

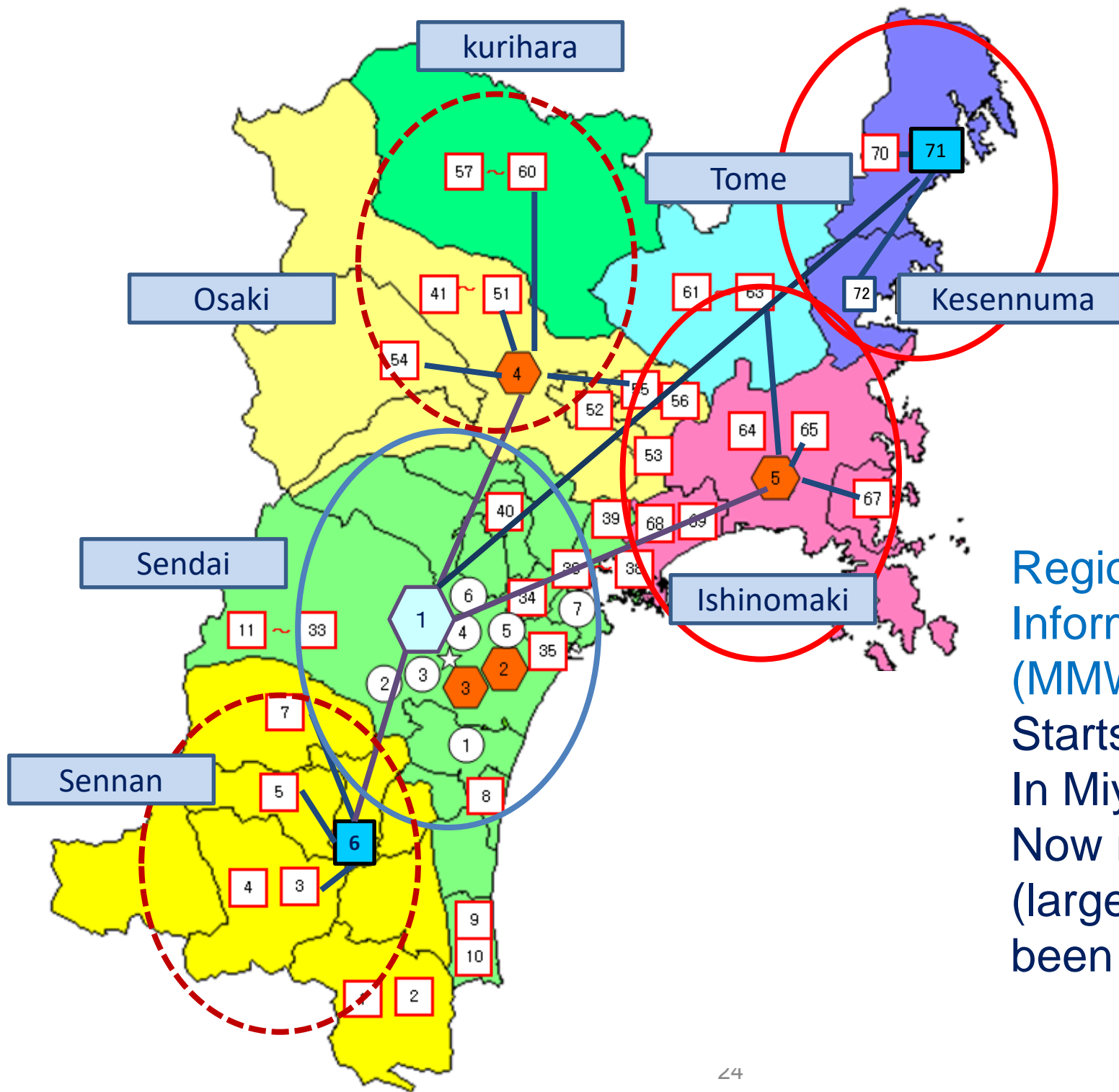


Clinical data collection and phenotyping



Disaster-tolerant Multi-hierarchical Regional Healthcare IT system





Regional Healthcare Information Network (MMWIN)

Starts August 10, 2012

In Miyagi Prefecture

Now most of hospitals (large/medium size) have been connected

Clinical genome/omics database

- Before TMM project, we have been engaged in Government-commissioned project
- Integration of genome/omics information and clinic-pathological information project in various cancer
- iCOD (integrated Clinical Omics Data Base) project
Mainly liver and colon cancer were dealt (about 1000 surgical cases)
- We measured Gene expression profiles and CNV were measured as genome/omics information.
- The relation between genome/omics and clinic-pathological information is analyzed
(Shimokawa, Tanaka et al. PloS Genomics 2010)

Case Archive

Case Archive

Clinical Omics Data Analysis

Clinical Omics Data Analysis

Gene Search

Gene Search

Database for Translational Research

Center for Information Medicine, Tokyo Medical and Dental University has developed "integrated Clinical Omics Database (iCOD)" aiming to establish the basis of Omics-based Medicine and Systems Pathobiology.

We have launched this project since 2005 with the support of Japan Science and Technology Agency and Ministry of Education, Culture, Sports, Science and Technology. In this iCOD, we have stored 525 patient case data of colon cancer, hepatic cellular carcinoma and oral tumor (in Japanese version). English version is available now, containing 140 patient cases of hepatic carcinoma.

We opened Japanese version in July 2008 and English version has been available since April 2009.

Downloading raw data

We prepared the raw data download page for the person who wants to analyze them with his/her own tool.

Download Page

News

2009/3/23 English site will be available in April 2009

Case Archive **Clinical Omics Data Analysis** **Gene Search**

Case Archive Clinical Omics Data Analysis Gene Search

Databases for Translational Research

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Case Archive

- Integrated Clinical Omics Database -

About the Case Database

The contents of this database are based on clinical, pathological, and environmental data obtained from patients who received medical care at Tokyo Medical and Dental University Hospital Faculty of Medicine, and other collaborating institutions since 2005. Informed consent was obtained from each patient.

Our target was mainly cancer patients. Extensive information on medical history, lifestyle, laboratory data, pathological findings, diagnosis, and prognosis were registered into the database. We also included gene expressions and detailed information of sample tissue obtained from the patients.

Select case list by disease

Display all case list

Hepatocellular carcinoma

Colorectal cancer (available soon)

Head and neck cancer (available soon)

Esophageal cancer (available soon)

Search cases

Keyword:

Disease: All

Category:

Item:

Value:

Condition:

Time:

NEW AND

<<prev Results 1 - 25 of 140 next>> 25

- 1: 01001092 Hepatocellular carcinoma**
- Treatment** hepatic S5 subsegmental resection + S6 partial resection
- Pathological information** T=T1,N=NO,M=MO
- 2: 01010162 Hepatocellular carcinoma**
- Treatment** hepatic S8 subsegmental resection
- Pathological information** T=T3,N=NO,M=MO
- 3: 01017648 Hepatocellular carcinoma**
- Treatment** hepatic right lobe resection
- Pathological information**
- 4: 01018257 Hepatocellular carcinoma**
- Treatment** hepatic S5+8 resection (right portal vein embolization)
- Pathological information** T=T3,N=NO,M=MO

Select case list by disease

Display all case list

Hepatocellular carcinoma

Colorectal cancer (available soon)

Head and neck cancer (available soon)

Esophageal cancer (available soon)

Search cases

Keyword:

Disease: All

Category:

Item:

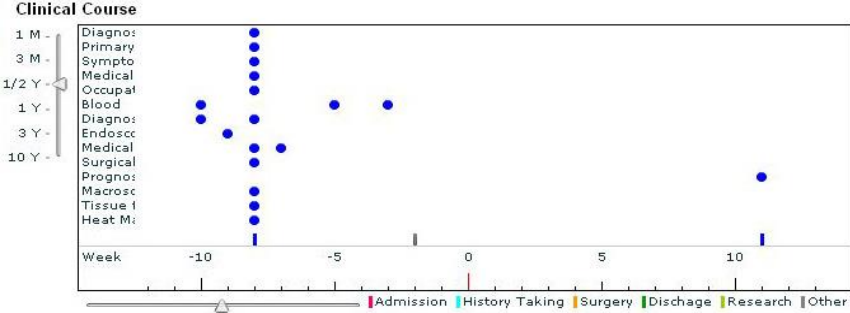
Value:

Condition:

Time:

NEW AND





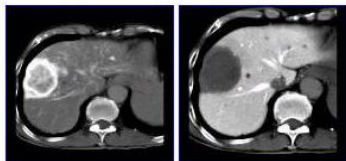
01010162

Summary
 HCC (T3N0M0 Stagell, 48mm diameter in anterior segment of rt hepatic lobe, solitary), 70's male, LC(Child-Pugh A(5), Liver damage B (ICGR15 15.3%, PT% 77%))

Diagnosis
 Hepatocellular carcinoma

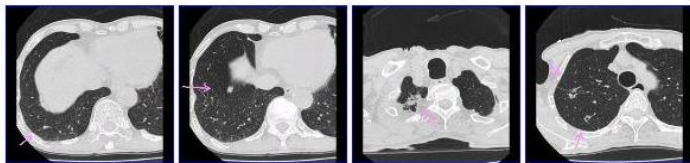
Clinical data

Angiography



Site of Examination: abdominal angiography
 Comments: HCCs in the hepatic right lobe segment.

CT



Site of Examination: lung
 Comments: Diagnosis: HCC. 1. Two nodules in the basal segment of the right lung → Metastatic nodules with bronchiectasis in the right S1 → findings also indicate lung cancer. 3. In right lung → possibly healed inflammation. 4. Healed inflammation in the right S2, right lung.

Endoscopic Screening Upper



Macroscopic findings

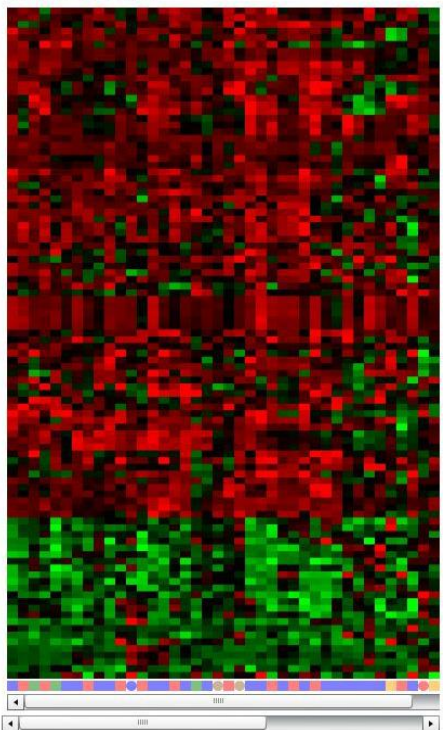
Number	1.0
Tumor multiplicity	single
Maximum diameter	5.5
Degree of hepatic damage	B
Growth type	Eg
Capsule formation	-
Capsule infiltration	+
Portal vein invasion	0
Hepatic vein invasion	0
Hepatic artery invasion	0
Bile duct invasion	0
T stage	T3
N stage	N0
M stage	M0

Pathological Data

Diagnosis	Hepatocellular carcinoma
Differentiation	poor
Grade	scirrhous
Growth type	lig
Capsule formation	-
Capsule infiltration	+
Portal vein invasion	1
Hepatic vein invasion	0
Portal vein/ hepatic vein invasion	+
Hepatic artery invasion	0
Bile duct invasion	0
stage)	III
non-cancerous region	NL

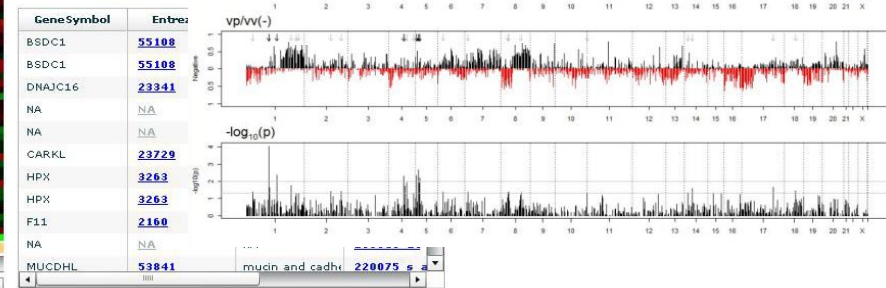
L1=Portal vein/Hepatic vein invasion / L2=Outcome

Molecular Layer Method:Clustering Criterion:Portal vein/H



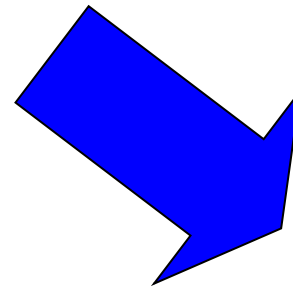
Molecular Data

- L1: - / L2: disease-free survival
- L1: - / L2: prevalent survival
- L1: - / L2: death of hepatic failure
- L1: - / L2: death of unrelated disease
- L1: - / L2: death of present disease
- L1: - / L2: null
- L1: + / L2: disease-free survival
- L1: + / L2: prevalent survival
- L1: + / L2: death of hepatic failure
- L1: + / L2: death of unrelated disease
- L1: + / L2: death of present disease
- L1: + / L2: null
- L1: null / L2: disease-free survival
- L1: null / L2: prevalent survival
- L1: null / L2: death of hepatic failure
- L1: null / L2: death of unrelated disease
- L1: null / L2: death of present disease
- L1: null / L2: null



Clinical Omics Data Analysis

- 2 Dimensional – 3 Layerd map
 - Connect three different layers
 - (Molecular, Pathological, Clinical Layer)
 - Principal component or user defined axis
- Pathome - Genome map
 - Canonical Correlation analysis
 - Connect Pathological information and genes



Databae for Translational Research

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2D-3L MAP

Pathome-Genome MAP (Regularized CCA)

About Clinical Omics Data Analysis

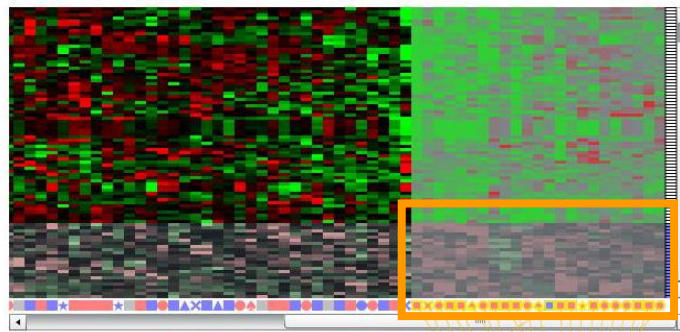
Clinical omics data analysis is a method of observing the correlation between pathology and genes using cross-sectional, statistical analysis of clinical, pathological, and molecular information. Types and equations of clinical, pathological, and molecular information layers are each determined and placed on our 2-dimensional-3-layered (2D-3L) map. By choosing one layer at a specific point, information of other layers at the specified point will be displayed, thus enabling you to visualize the correlation among the layers.

In addition, integrated display of all the data by using the regular canonical correlation analysis enables you to perceive the clinical and pathological information and their correlation to gene expression data at a glance.

2 Dimensional – 3 Layered Map

Molecular Layer

Molecular Layer Method: Clustering Criterion: Portal vein/Hepatic vein invasion p-value: Top 100 Genes



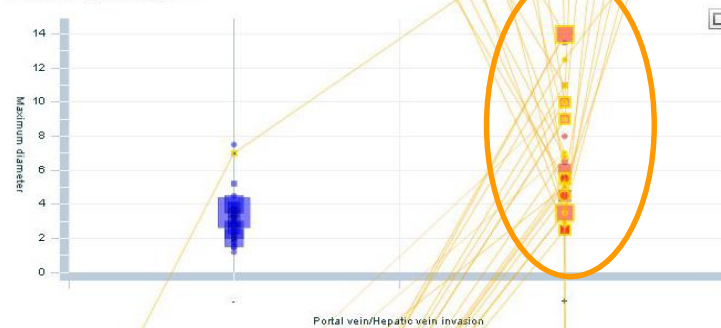
L1=Outcome / L2=Portal vein/Hepatic vein invasion

- L1: disease-free survival / L2: -
- L1: disease-free survival / L2: null
- L1: prevalent survival / L2: +
- ▲ L1: death of hepatic failure / L2: -
- ▲ L1: death of hepatic failure / L2: null
- ★ L1: death of unrelated disease / L2: +
- ▲ L1: death of present disease / L2: -
- ▲ L1: death of present disease / L2: null
- ✖ L1: null / L2: +
- L1: disease-free survival / L2: +
- L1: prevalent survival / L2: -
- L1: prevalent survival / L2: null
- ▲ L1: death of hepatic failure / L2: +
- ★ L1: death of unrelated disease / L2: -
- ★ L1: death of unrelated disease / L2: null
- ▲ L1: death of present disease / L2: +
- ✖ L1: null / L2: -
- ✖ L1: null / L2: null

GeneSymbol	EntrezID	GeneName	Probe ID	01987378	01058663	01
DKFZp762E1312	55355	NA	218726_at	1.494	1.366	1.05
MCM6	4175	MCM6 minichrom	201930_at	1.534	0.612	1.22
FARSLB	10056	phenylalanine-tr	223035_e_at	2.215	1.201	1.30

Pathological Layer

Pathological Layer Two axis

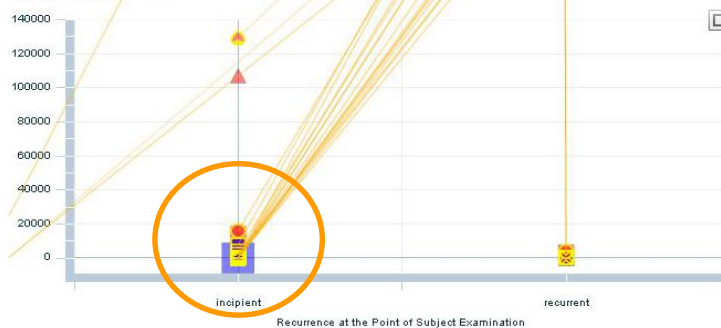


- L1: disease-free survival / L2: -
- L1: disease-free survival / L2: null
- L1: prevalent survival / L2: +
- ▲ L1: death of hepatic failure / L2: -
- ▲ L1: death of hepatic failure / L2: null
- ★ L1: death of unrelated disease / L2: +
- ▲ L1: death of present disease / L2: -
- ▲ L1: death of present disease / L2: null
- ✖ L1: null / L2: +
- L1: disease-free survival / L2: +
- L1: prevalent survival / L2: -
- L1: prevalent survival / L2: null
- ▲ L1: death of hepatic failure / L2: +
- ★ L1: death of unrelated disease / L2: -
- ★ L1: death of unrelated disease / L2: null
- ▲ L1: death of present disease / L2: +
- ✖ L1: null / L2: -
- ✖ L1: null / L2: null

	01058663	01242154	01248142	0125
Portal vein/Hepa	+	+	+	+
Maximum diame	2.8	3.5	6.8	3.5

Clinical Layer

Clinical Layer Two axis



- L1: disease-free survival / L2: -
- L1: disease-free survival / L2: null
- L1: prevalent survival / L2: +
- ▲ L1: death of hepatic failure / L2: -
- ▲ L1: death of hepatic failure / L2: null
- ★ L1: death of unrelated disease / L2: +
- ▲ L1: death of present disease / L2: -
- ▲ L1: death of present disease / L2: null
- ✖ L1: null / L2: +
- L1: disease-free survival / L2: +
- L1: prevalent survival / L2: -
- L1: prevalent survival / L2: null
- ▲ L1: death of hepatic failure / L2: +
- ★ L1: death of unrelated disease / L2: -
- ★ L1: death of unrelated disease / L2: null
- ▲ L1: death of present disease / L2: +
- ✖ L1: null / L2: -
- ✖ L1: null / L2: null

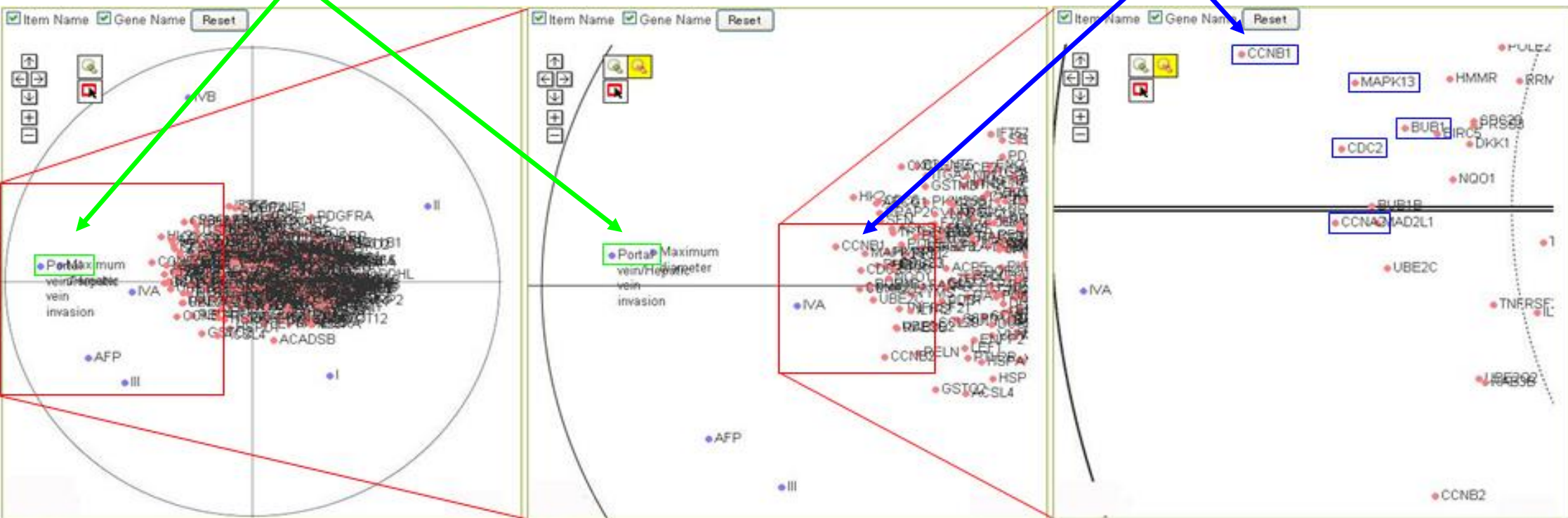
	01058663	01242154	01248142	0125
Recurrence at th	recurrent	recurrent	incipient	recurrent
AFP (alpha-fetop	331	355.8	142	9.7

Pathome - Genome map

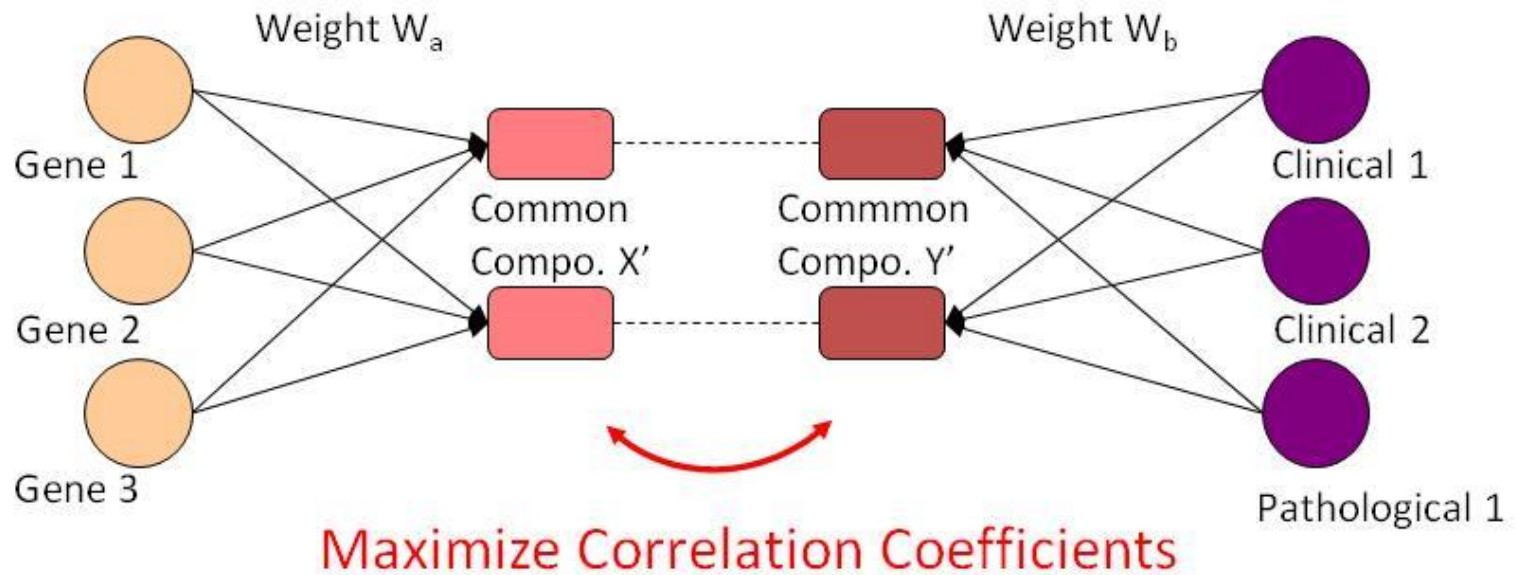
Display both Pathological states and Genes

Clinical data

Gene



Canonical Correlation Analysis

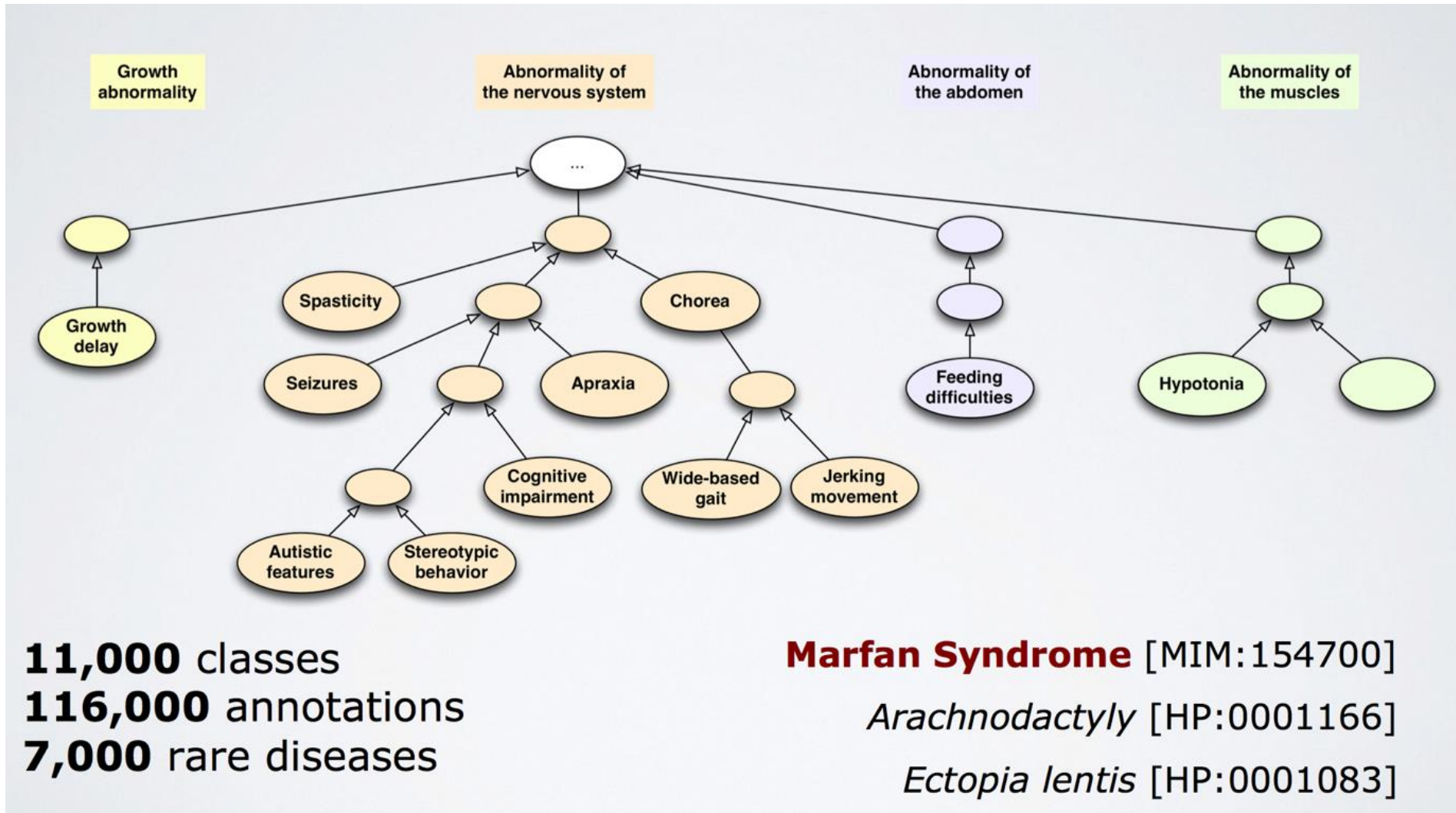


Gene expression X

Clinico-pathological Y

Human Phenotype Ontology (HPO)

Human Phenotype Ontology (HPO) is a controlled vocabulary used to describe phenotypic abnormalities seen in human disease



Phenotyping using HPO

Clinical summaries can be used for phenotyping by natural language processing using HPO

The screenshot displays the ARCHIVE v1.0.0 interface. At the top, there is a navigation bar with a search box labeled "Find a Patient" and links for "PATIENTS", "CASE FINDER", "GROUPS", and "TUDOR GROZA". Below the navigation bar, the patient's name "George Smith" and affiliation "Tudor Groza" are shown. A horizontal menu includes "Summary", "Demographics", "Practitioners", "Imagery", "Tests", "Clinical Summaries" (which is selected), "Diagnoses", "Attachments", "Sharing", "Forum", and "Analysis".

The main content area is divided into two columns. The left column contains a section for "Add a Summary" and a clinical summary dated "Sep 7, 2015 6 days ago" with an "Annotation Sufficiency" of four stars. The summary text describes Pfeiffer syndrome and lists several phenotypic features: proptosis, hypertelorism, beaked nose, hearing loss, and broad thumbs. Below the text are buttons for each feature, such as "x Proptosis (proptosis)", "x Hypertelorism (hypertelorism)", "x Convex nasal ridge (beaked nose)", "x Hearing impairment (hearing loss)", and "x Broad thumb (Broad thumbs)".

The right column shows a "Phenotype Profile" section with a corresponding "Annotation Sufficiency" of four stars. It lists several phenotypic categories with associated HPO terms: "Abnormality of head or neck" (Proptosis, Hypertelorism, Convex nasal ridge), "Abnormality of limbs" (Broad thumb), "Abnormality of the ear" (Hearing impairment), "Abnormality of the eye" (Proptosis, Hypertelorism), and "Abnormality of the skeletal system" (Broad thumb).

HPO-Japanese is under development, and the first draft will be released until March 2016.

Conclusion

- Large scale genomic cohort/biobank
- Information basis for genome/omics medicine and healthcare
- Source for Clinical and healthcare Big Data
- Personalized medicine and personalized
- Collect as many personalized (stratified) patterns or disease subtype

