

# Dissecting the Genetic Basic of Complex Disease Using AI

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**Conflicts:** Personalis, SensOmics, Qbio, January AI, Filtricine, Mirvie, Fodsel, Protos, Xthera, Marble Therapeutics, Exposomcs, Iollo, RTHM, Mitrix, Yuvan, Onza, Next Thought, Orange Street Ventures

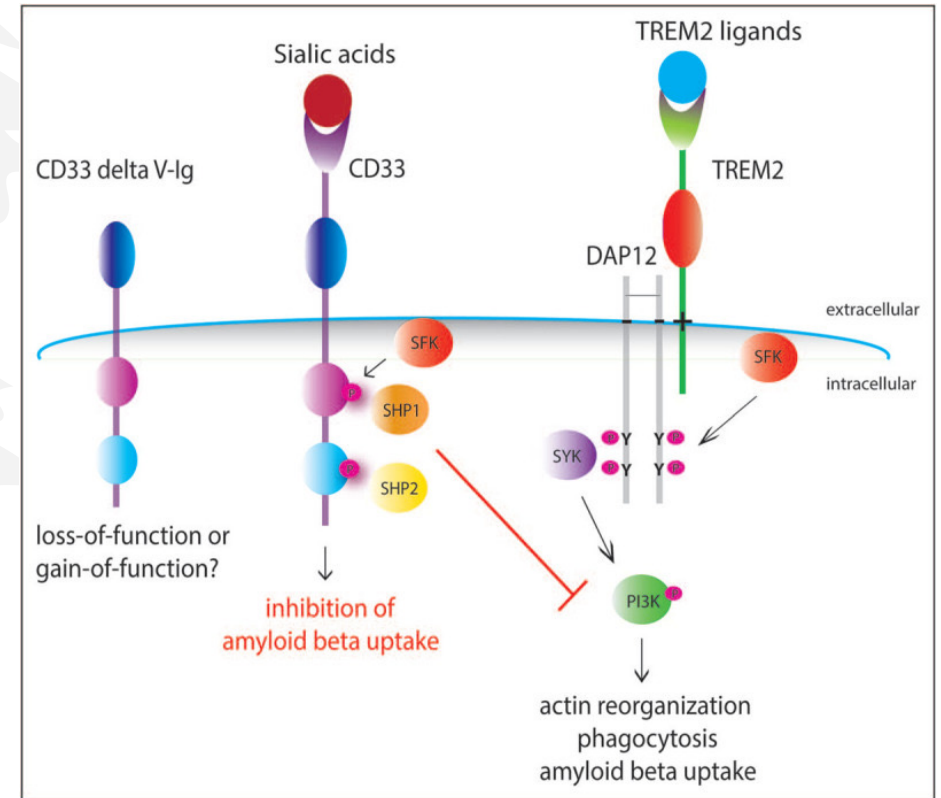


# Major Goals in Genetics and Genomics

## 1. Understand the Genetic Basic of Human Disease

- Provides insights into biological pathways involved
- e.g. Alzheimers and immune function e.g. *CD33*, *TREM2*

## 2. Predict Genetic Risk and Prognosis



# Genome Sequencing

## – First 70 People



*Twelve have important pathogenic mutations:*

- SDHB (2X): high freq. of neuroendocrine tumors<sup>^</sup>
- APC (2X): Colon cancer
- BRCA1: Breast & ovarian cancer
- MUTYH: Colon cancer
- SLC7A9: Cystinuria
- RBM20: Dilated cardiomyopathy<sup>^</sup>
- CHEK2: Breast cancer
- PROC: Affects coagulation
- HNF1A: MODY mutation<sup>^</sup>
- ABCC8: Hyperinsulinemic hypoglycemia

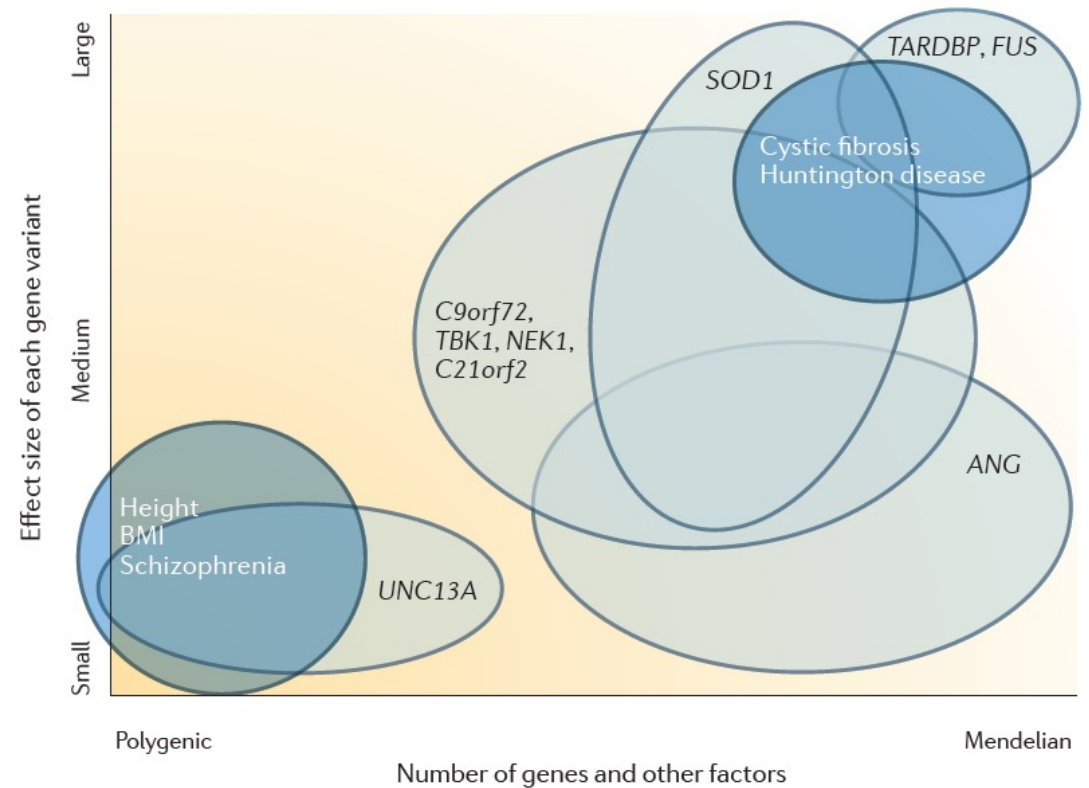
# Genetics involves:



Single gene (Mendelian) MODY genes (e.g. HNF1a)



Complex disease: Thought to be due to many genetic changes of small effect



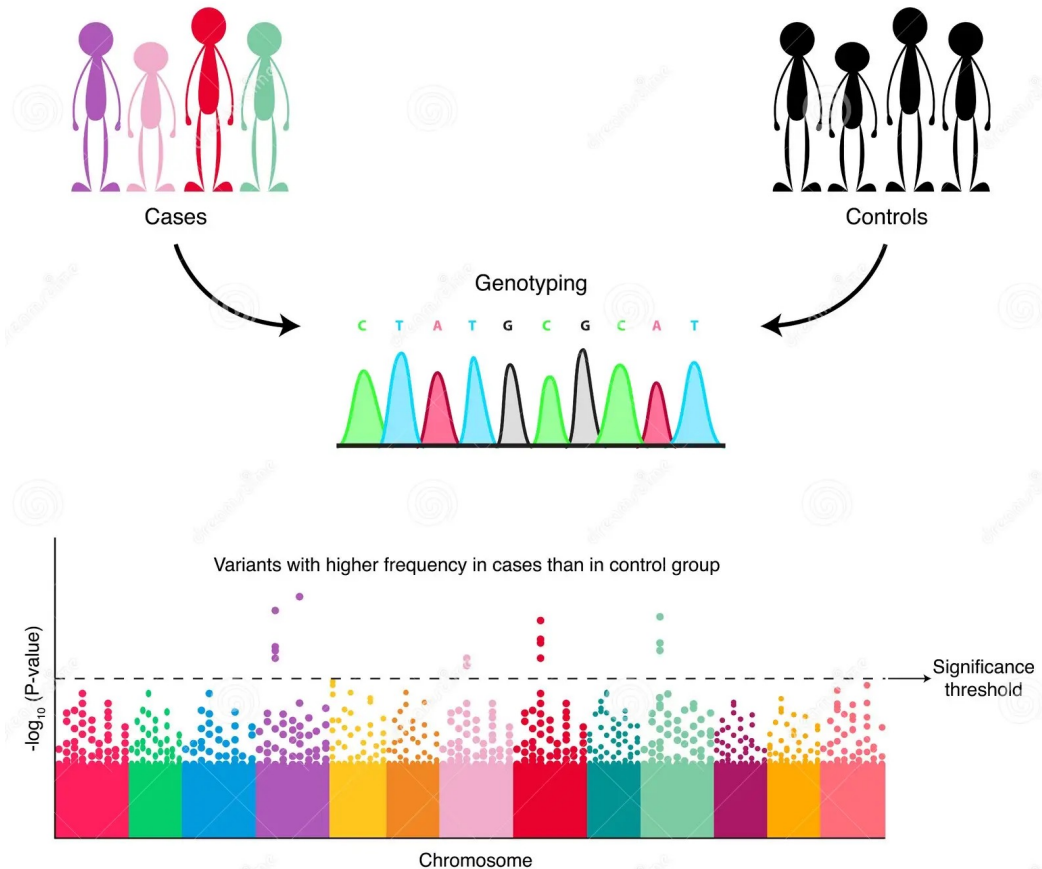
Many



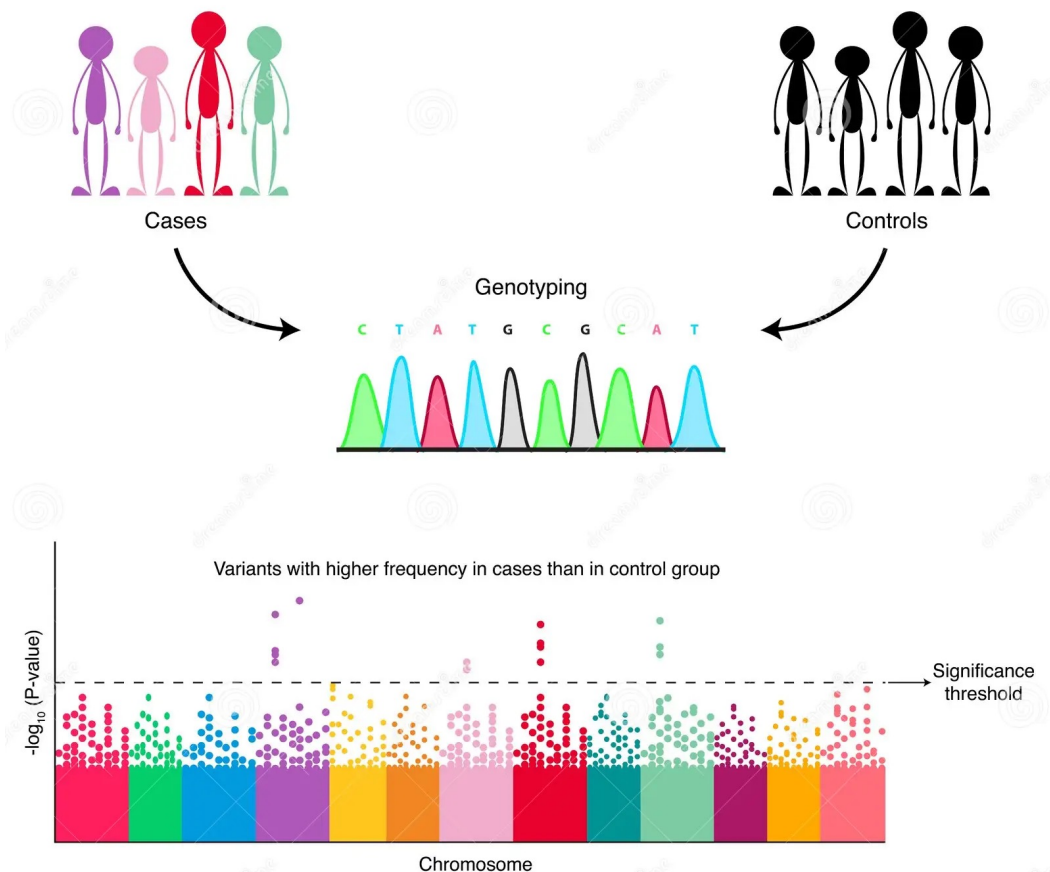
Single gene



# Genome-Wide Association Studies (GWAS)



# Genome-Wide Association Studies (GWAS)



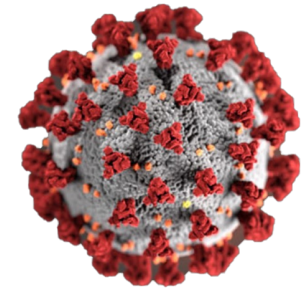
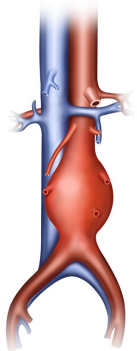
## Polygenic Risk Score

<u>Disease</u>	<u># SNPs</u>
Coronary Artery Disease	6.6M
Atrial Fibrillation	6.7M
Type 2 Diabetes	6.9M
Inflammatory Bowel Disease	6.9M
Breast Cancer	5.2K

[Khara et al. Nat Genet. 2018 50: 1219–1224](#)

# Three Approaches For Analyzing Complex Disease

1. Rare pathogenic gene variants
2. Common variants from GWAS signals
3. Noncoding rare variants



## Decoding the Genomics of Abdominal Aortic Aneurysm

Jingling Li,<sup>1,2,6,7</sup> Cuiqing Pan,<sup>1,3,6,7</sup> Sai Zhang,<sup>1,6,7</sup> Joshua M. Spin,<sup>3,4,6</sup> Alicia Deng,<sup>3,4,6</sup> Lawrence L.K. Leung,<sup>3,4,6</sup> Ronald L. Dalman,<sup>5,7</sup> Phillip S. Tsao,<sup>3,4,6,7</sup> and Michael Snyder<sup>1,2,6,7</sup><sup>1</sup>Department of Genetics, Center for Genomics and Personalized Medicine, Stanford University School of Medicine, Stanford, CA 94305, USA

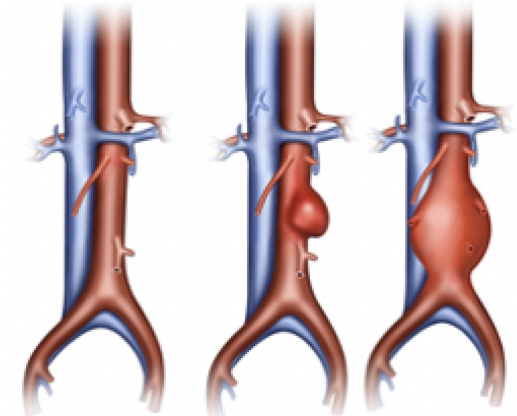
# Abdominal Aortic Aneurysm (AAA)

## Clinical Facts

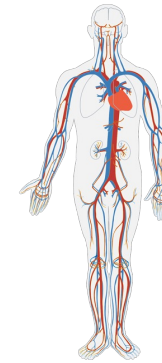
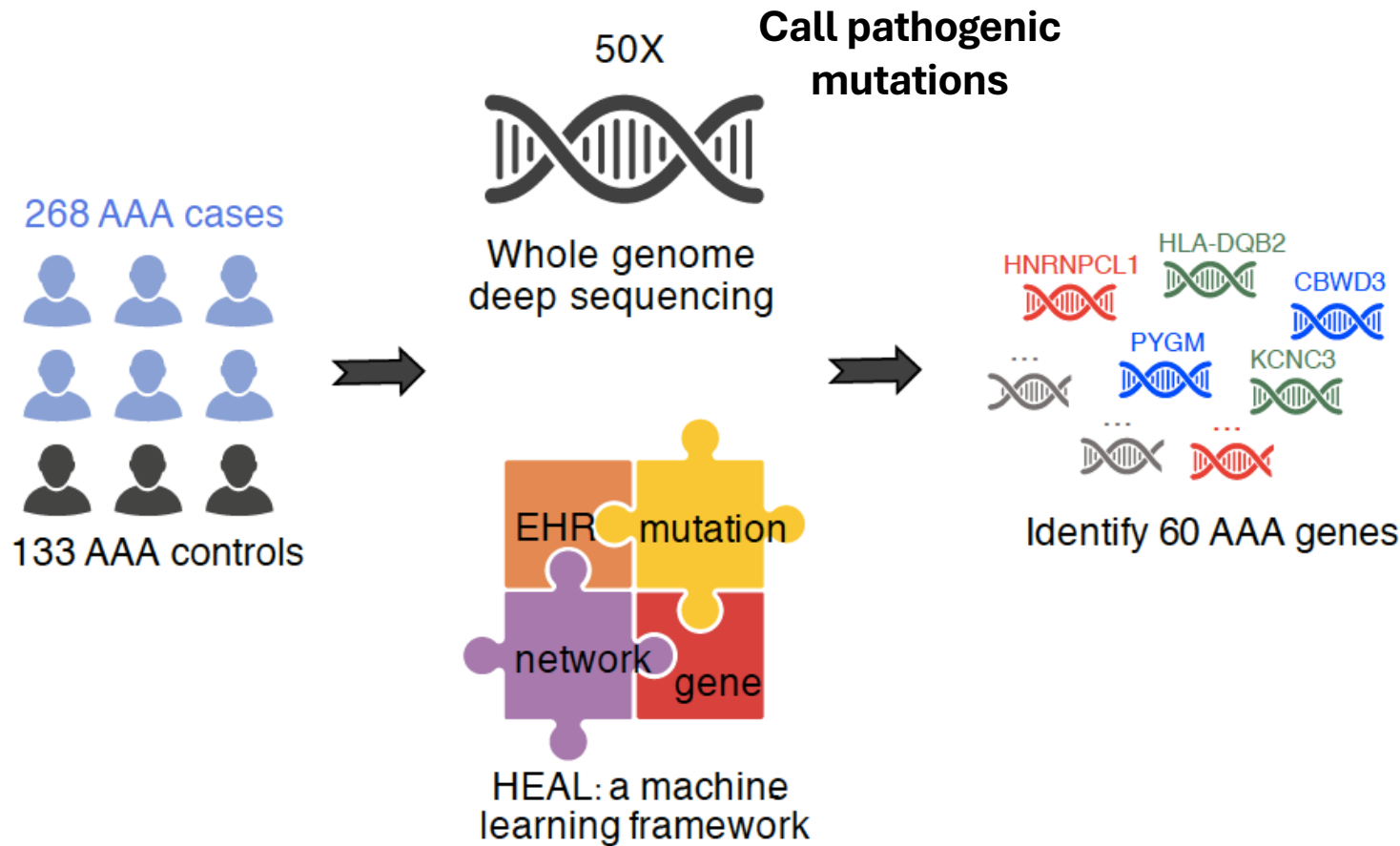
- Asymptomatic at onset - fast growing
- 90% mortality rate upon rupture
- The 10<sup>th</sup> leading cause of death in US
- **No early screening tool**

## Epidemiology

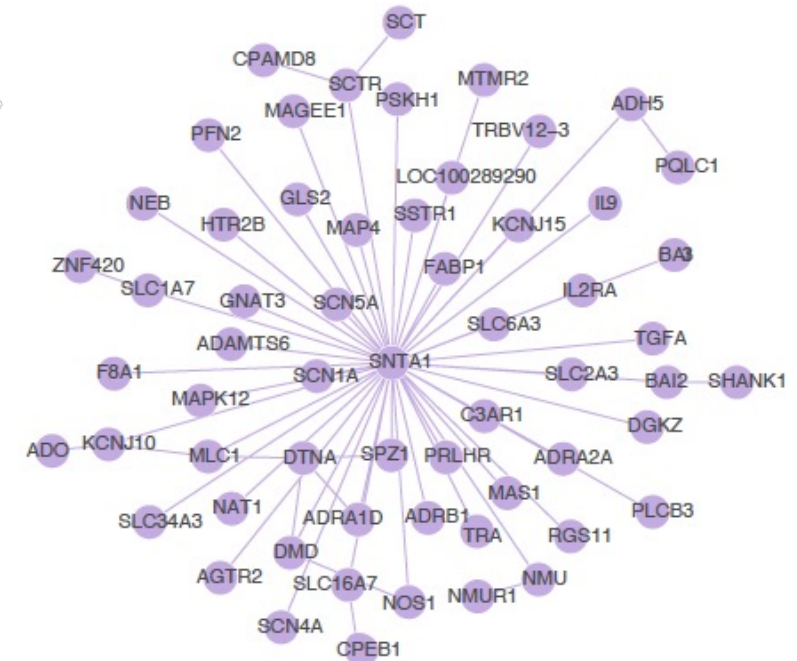
- **Heritability: 70%**
- Aged population >50 yo.
- Lifestyle matters
- High blood pressure
- Cholesterol etc



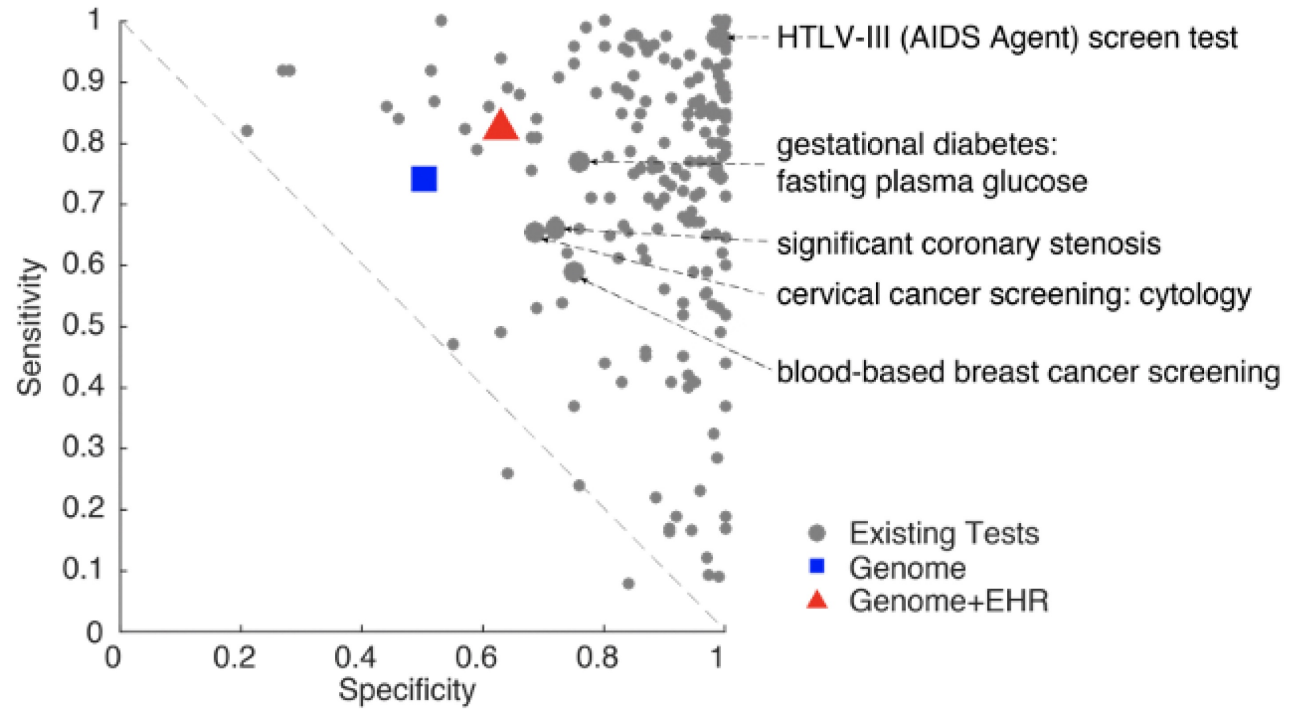
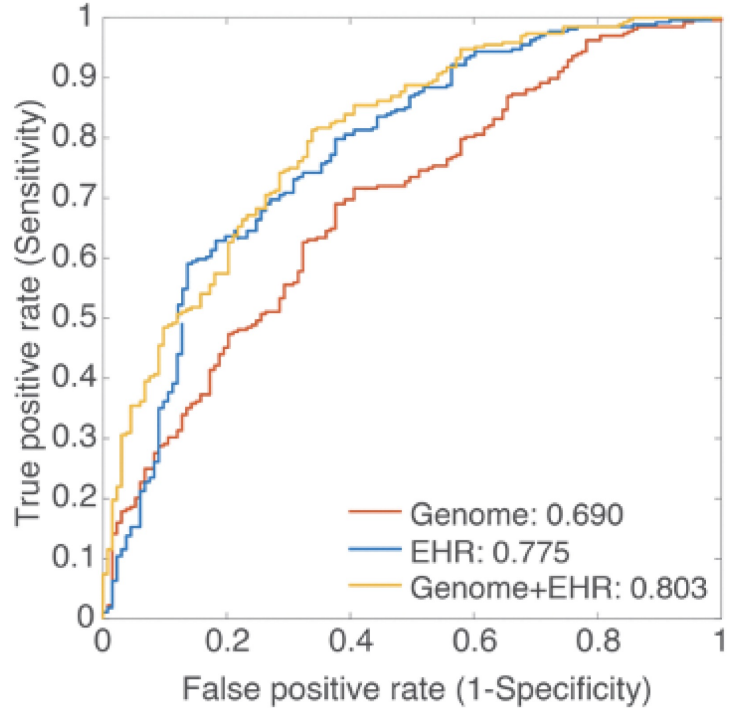
# Identifying Genes Associated with AAA



## Blood Circulation, Blood Pressure, Cardiomyopathy



# HEAL accurately predicts AAA risk -> clinical utility



# ME/CFS

- Affect 2-4% of US population
- Known to have a genetic component
  - SNP based: Chris Ponting 9.5%
- Few (7-10) genes identified

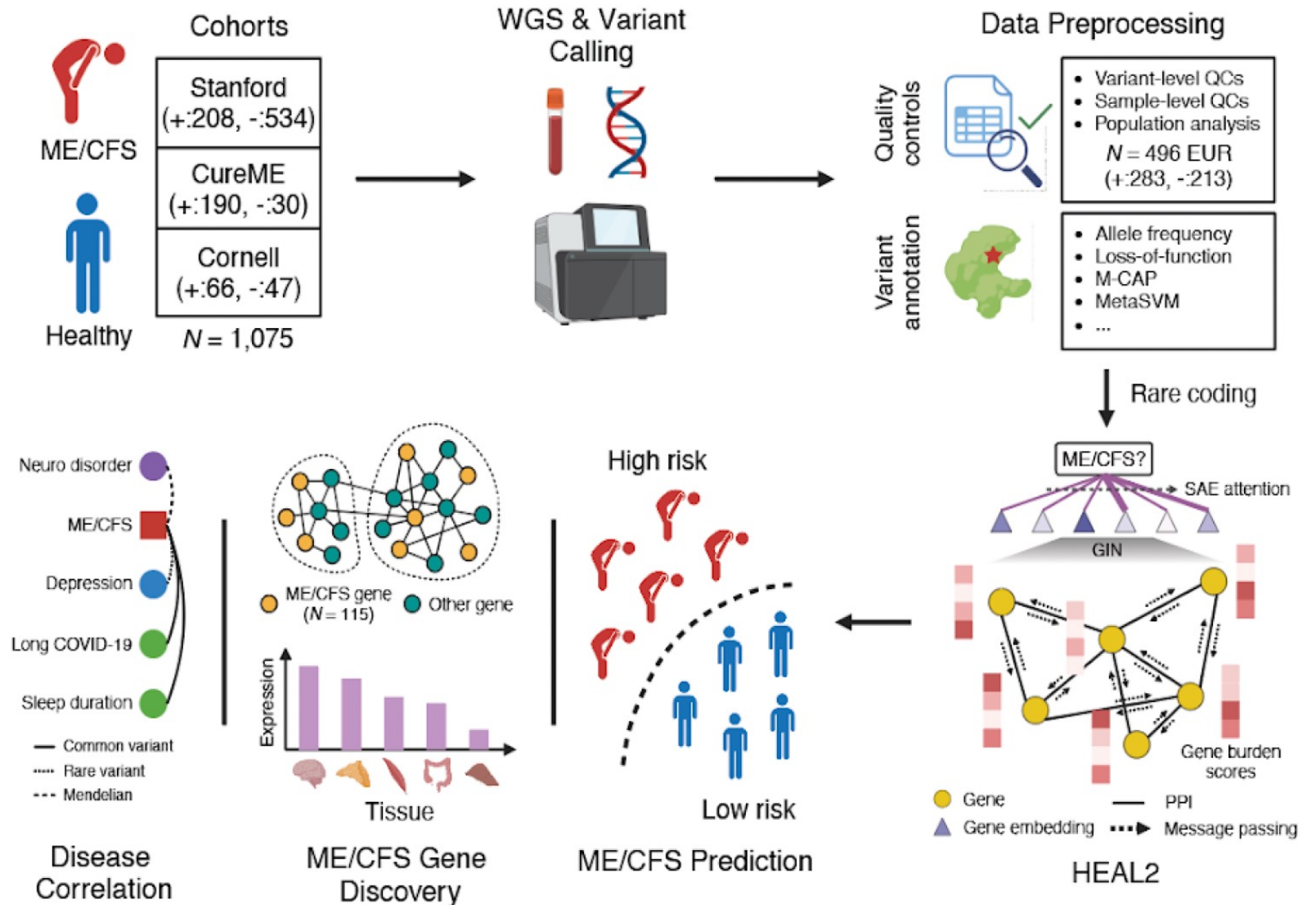
# Cohorts

ME/CFS Disease Cohorts	Sequenced Samples
Maureen Hanson (Cornell)	N=113 (Cases-66, Controls-47)
Fereshteh (Stanford)	N=364 (Cases-208, Controls-156)
UK Biobank	N=220 (Cases-190, Controls-30)
<b>Total</b>	<b>697</b>

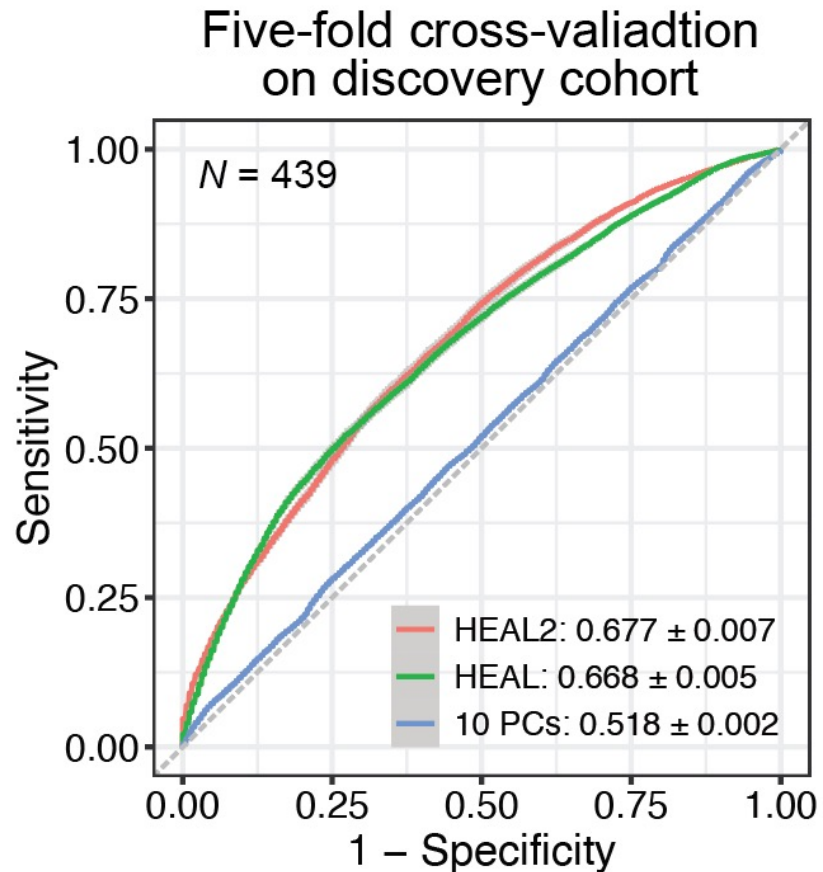
Controls	Samples
iPOP	110 (7 MECFS carriers/cases)
hPOP	268
<b>Total</b>	<b>378</b>

# ME/CFS Study design

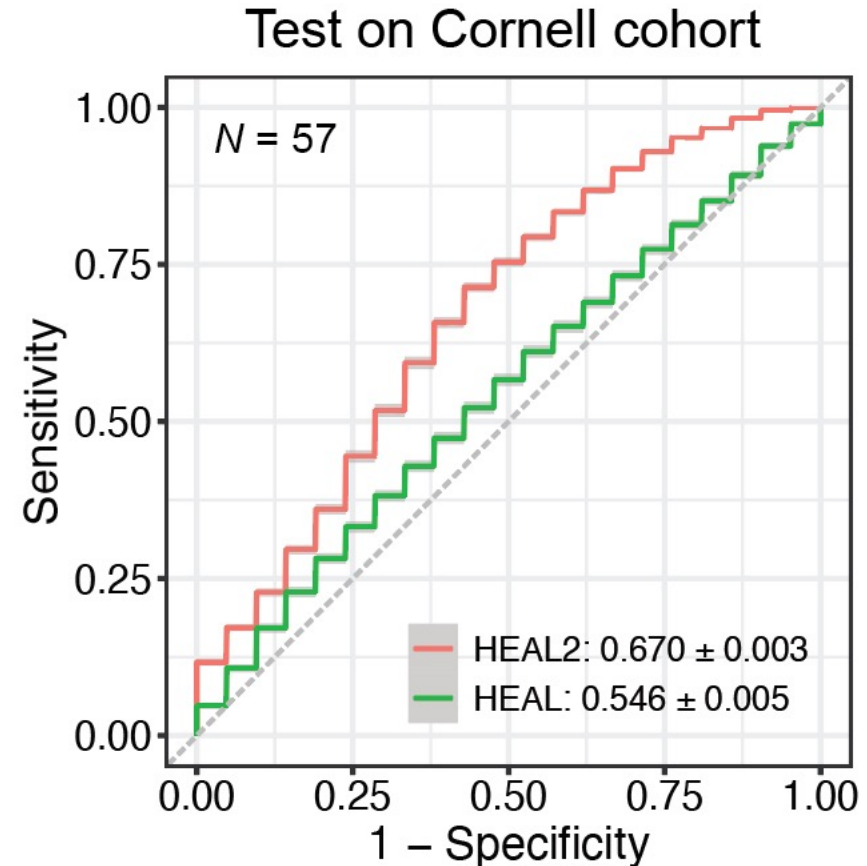
- **HEAL2** extends our previous model, HEAL, by aggregating the mutational burden across genes and utilizing a graph neural network to model gene-gene interactions, derived from known protein-protein interactions



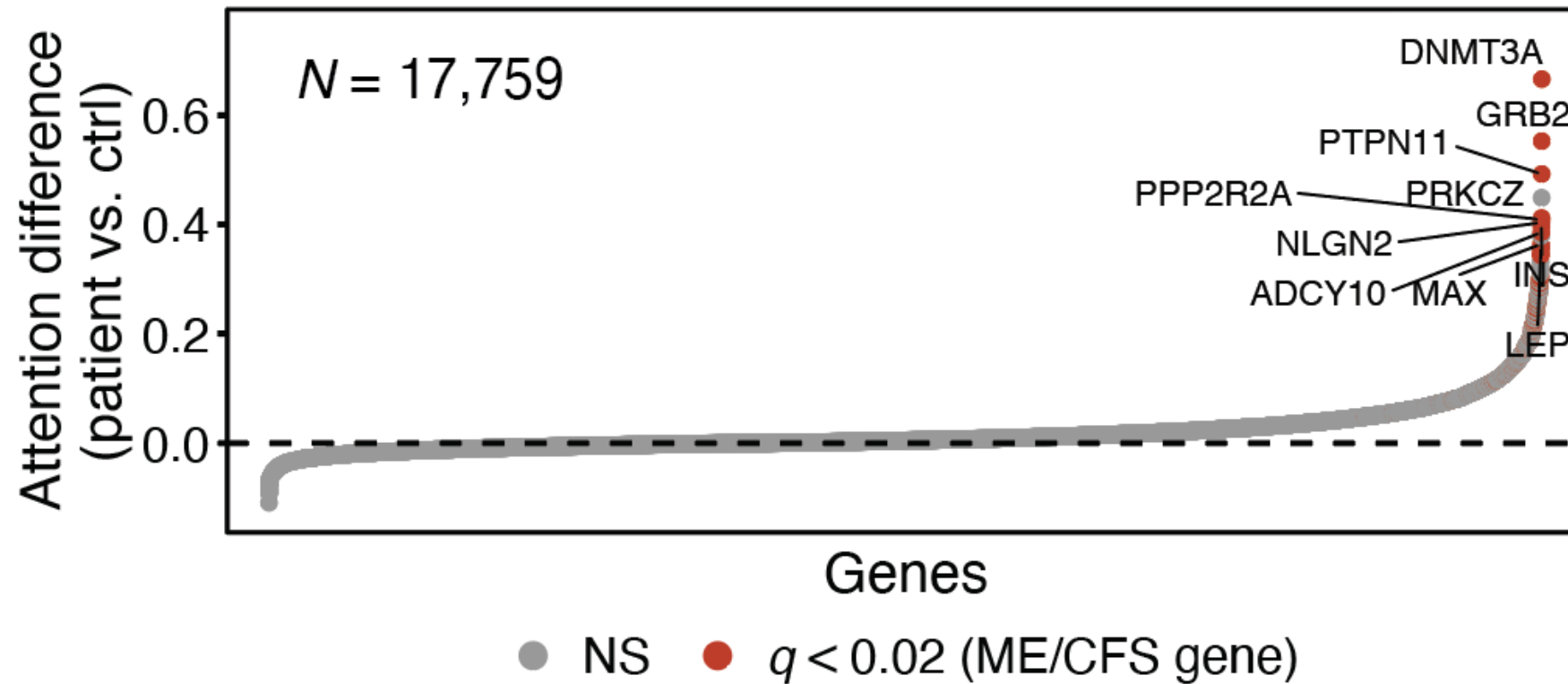
# HEAL2 accurately predicts ME/CFS from rare variants – outperforming HEAL



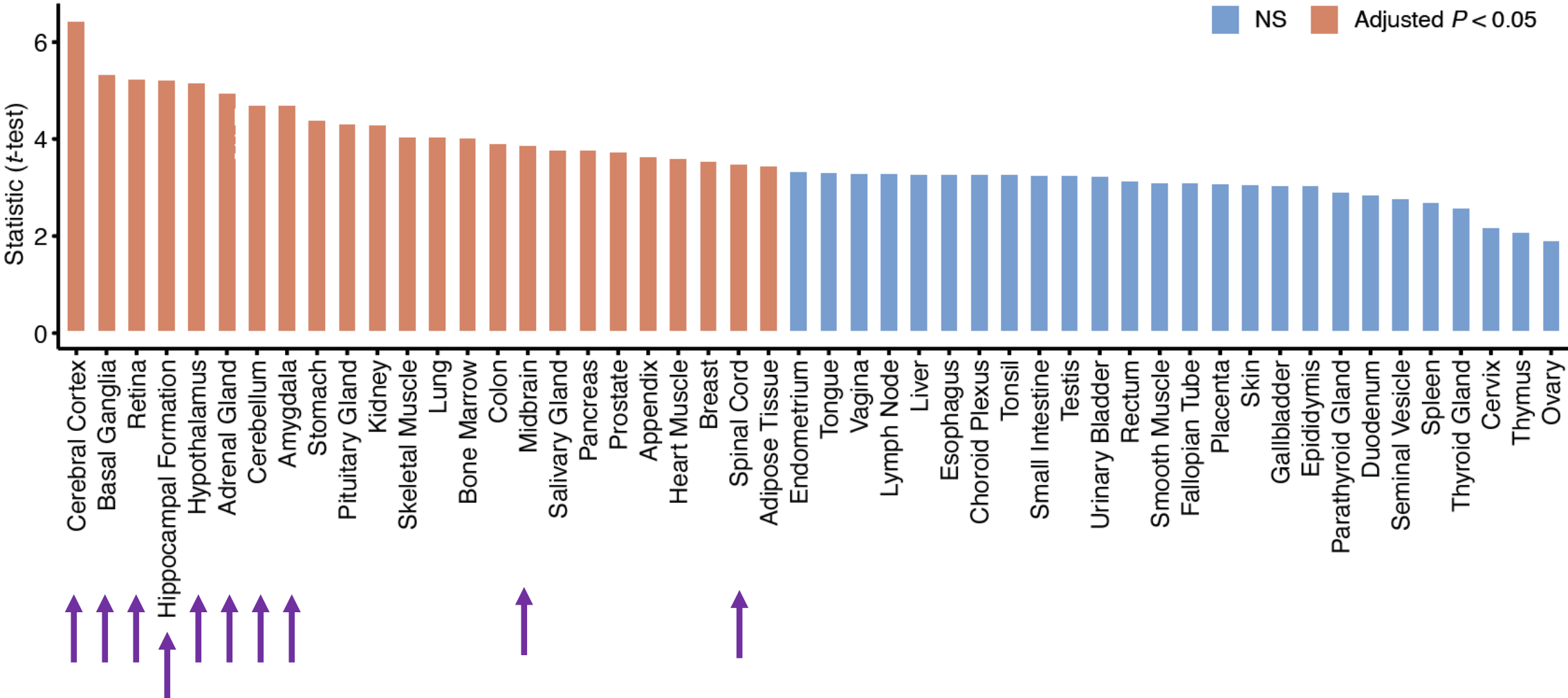
Discovery cohort:  
Stanford + UK CureME



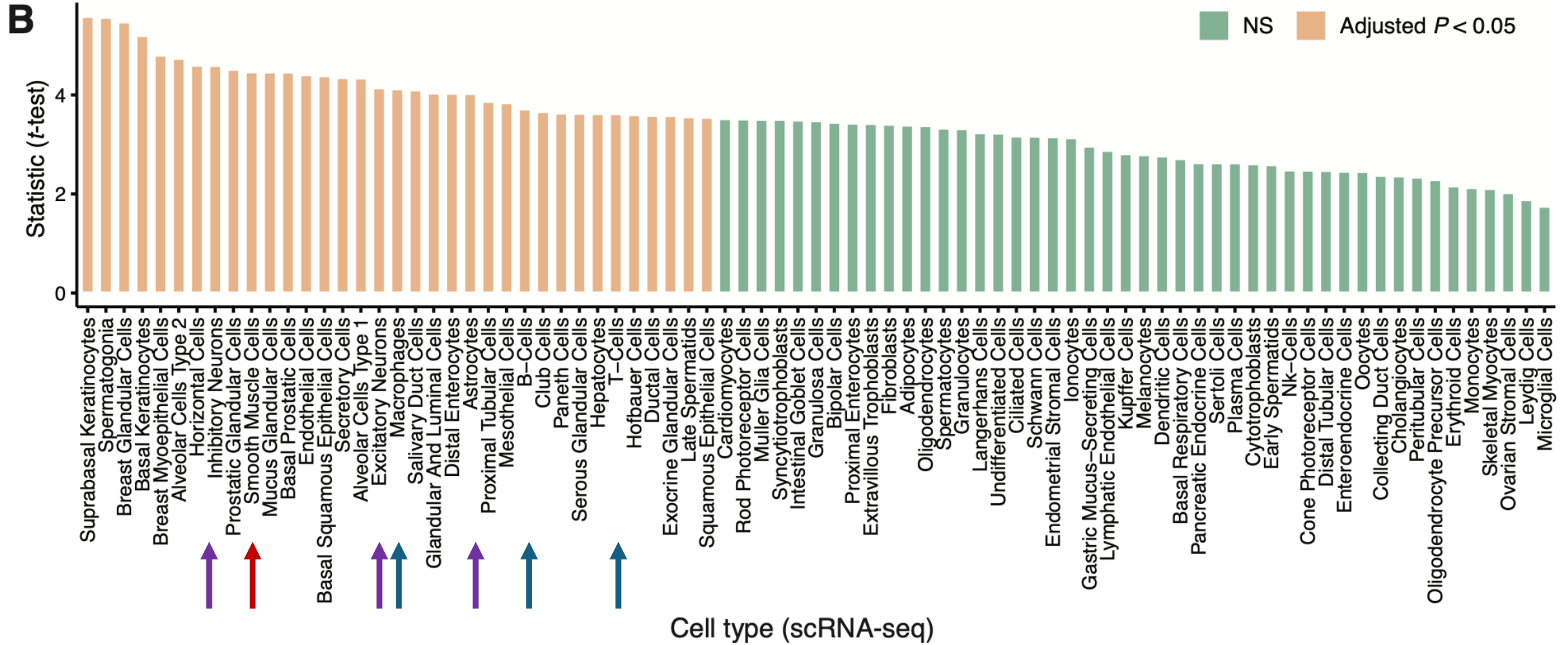
# HEAL2 identified 115 ME/CFS genes distinguishing cases from controls



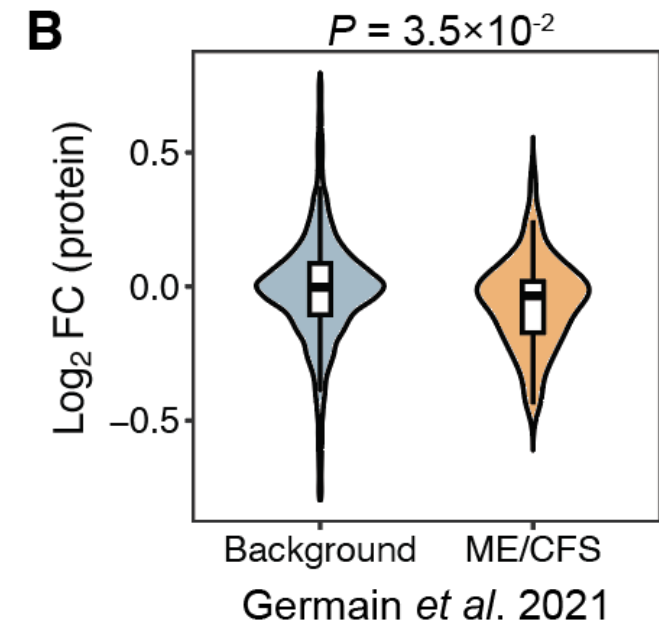
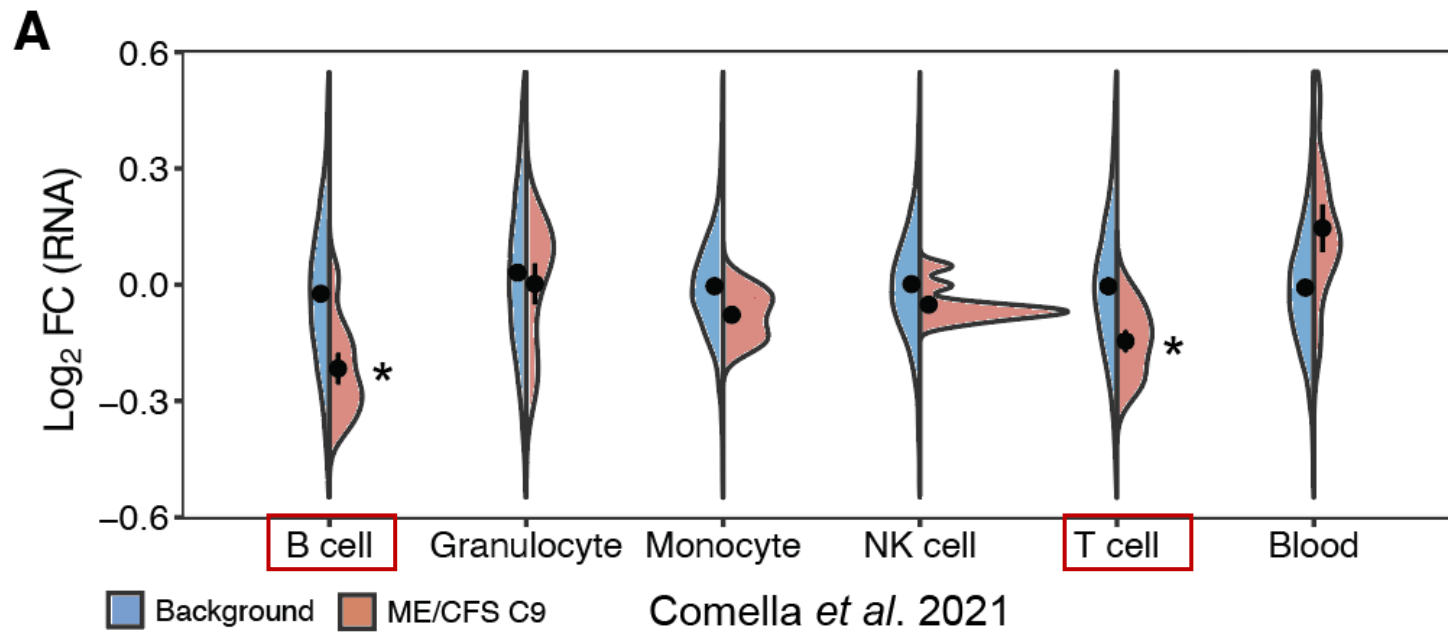
# The identified ME/CFS genes are highly expressed in CNS



# ME/CFS genes are highly expressed in neurons, smooth muscle cells, and immune cells

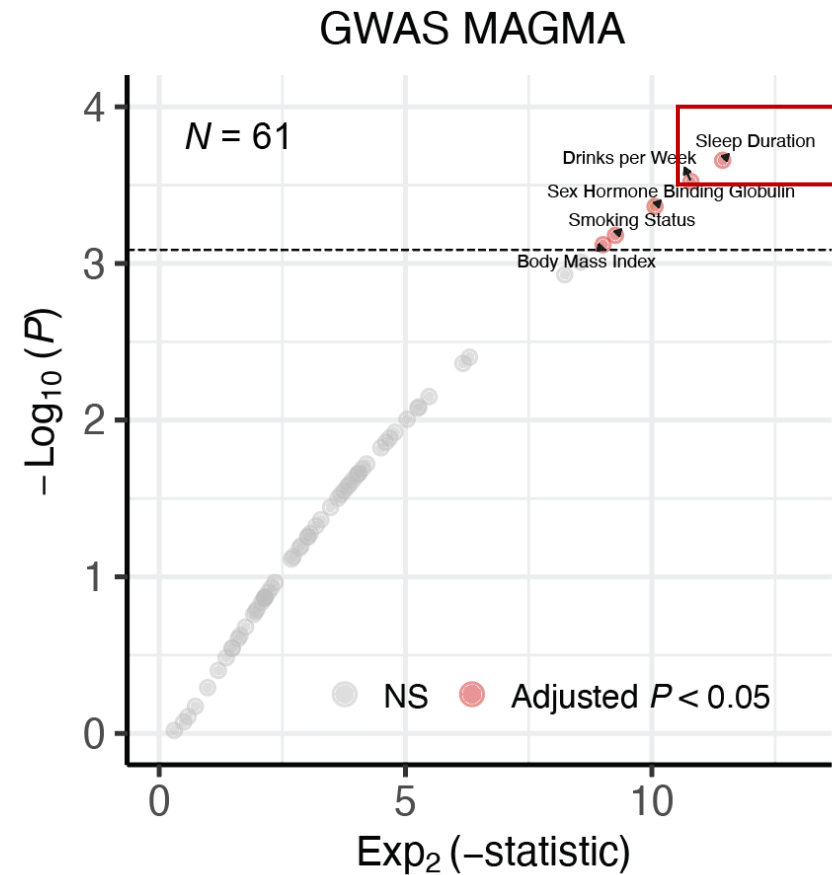
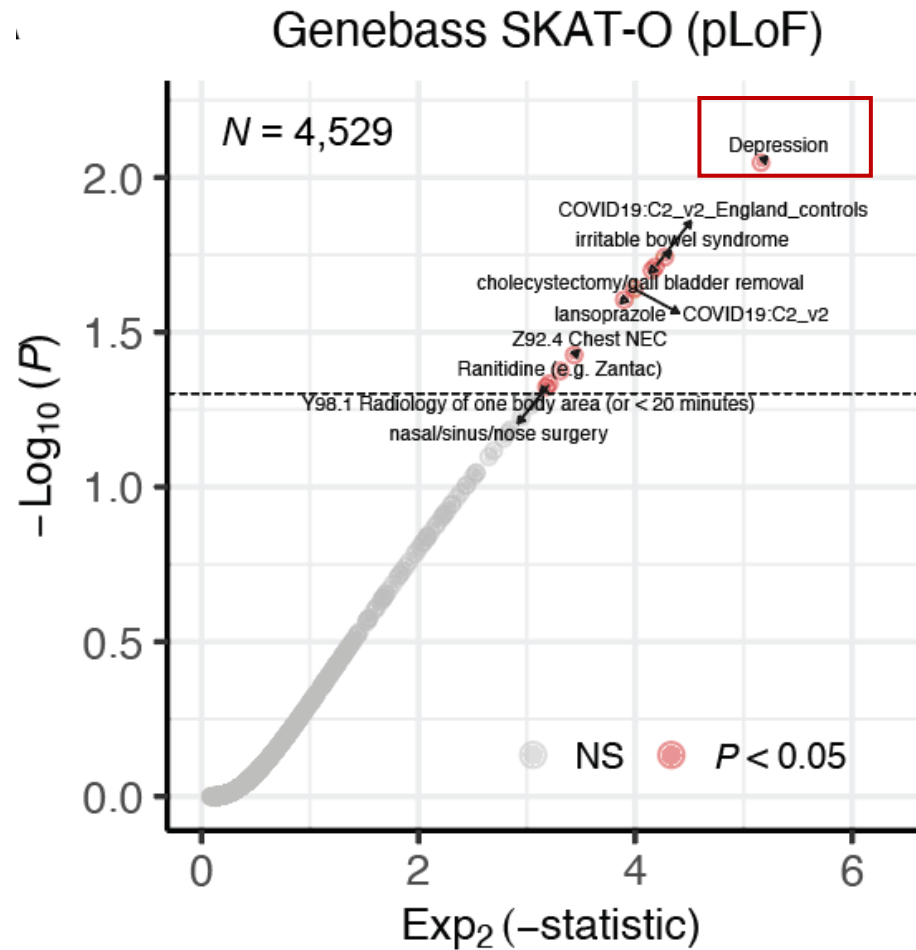


# ME/CFS genes are down-regulated in ME/CFS patients



and down-regulated in patient B and T cells

# ME/CFS genetically correlated with other diseases and traits



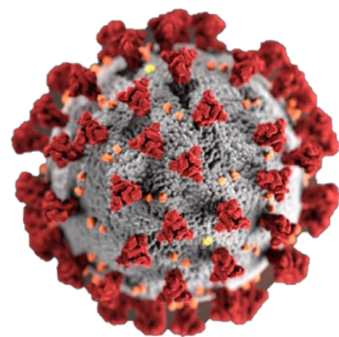
Sleep disturbance is a key symptom of ME/CFS

# Genetics of Complex Disease Using Machine Learning & GWAS Information

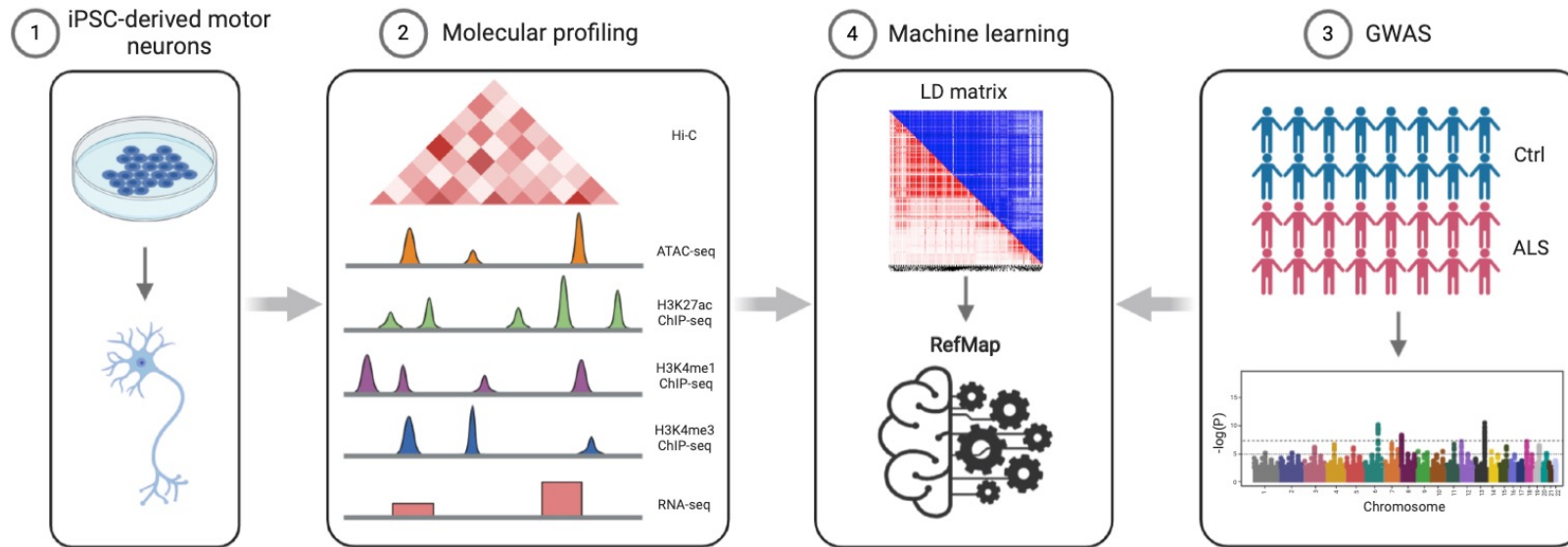
Sai Zhang, Johnathan Cooper-Knock

1. ALS

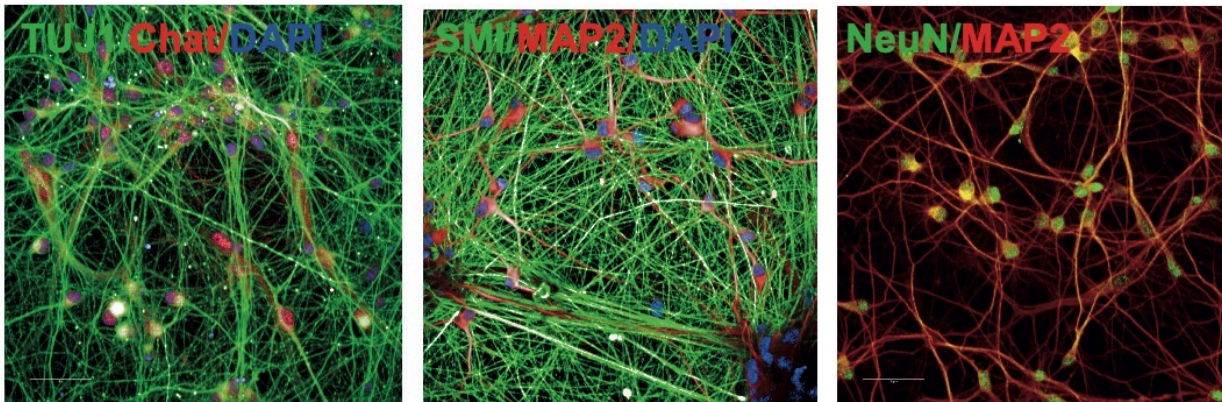
2. COVID-19 Severity



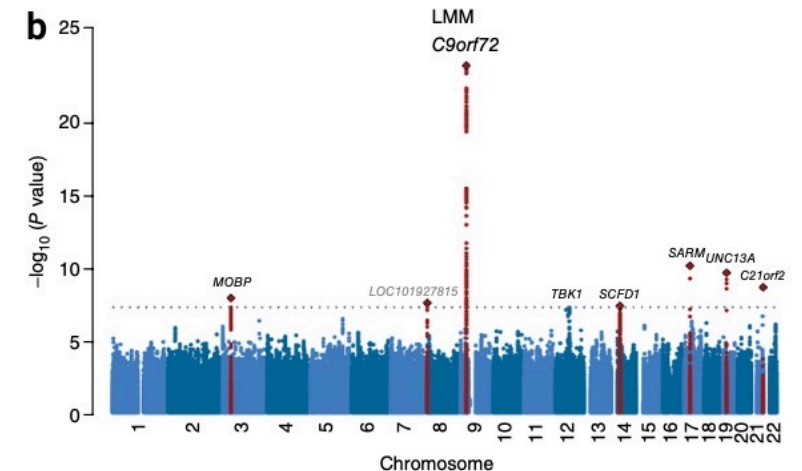
# Identification of ALS Genes Using Machine Learning (AI)



Profiling motor neurons for gene regulatory regions ATAC-Seq, etc



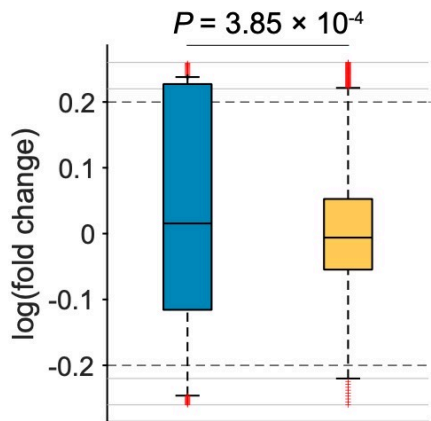
GWAS: 12,577 cases and 23,475 controls



Rheenen et al. Nature Genetics 2016

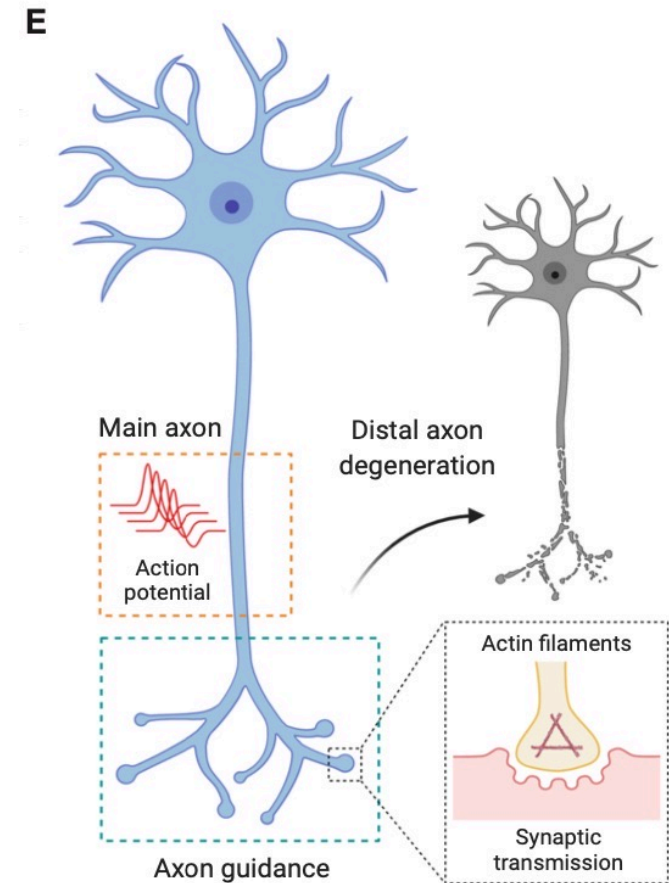
# RefMap identifies: 690 ALS genes (over the 7 known previously) Accounts for 36% of heritability (over the 6% known previously)

- Overlap with many well-known ALS genes  
*C9orf72, ATXN2, SIGMAR1*
- Significantly enriched with known ALS genes
  - Based on a well-curated ALS gene list ( $n=260$ )  
 $P=5.2e-3$  (OR=2.07)
  - ClinVar  $P=3e-2$  (OR=3.06)

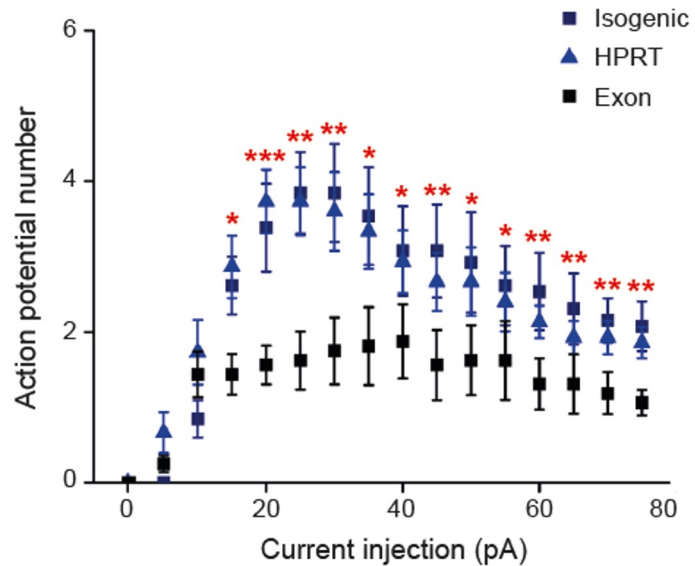
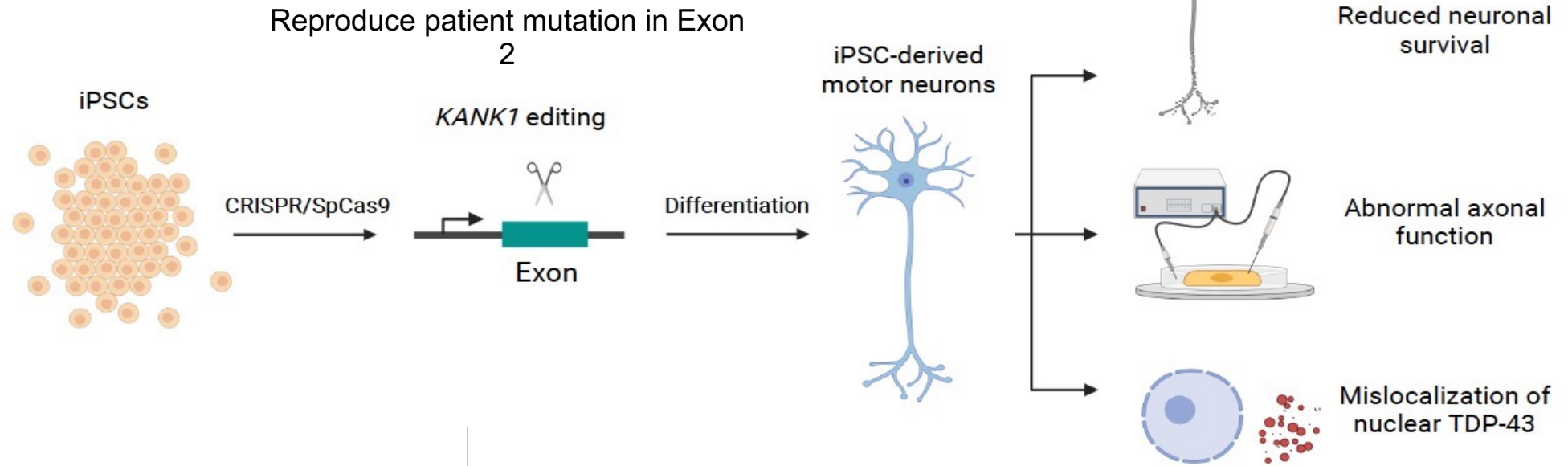


Down-regulated in both ALS brain tissues and iPSC MNs

Function in Distal regions of axons



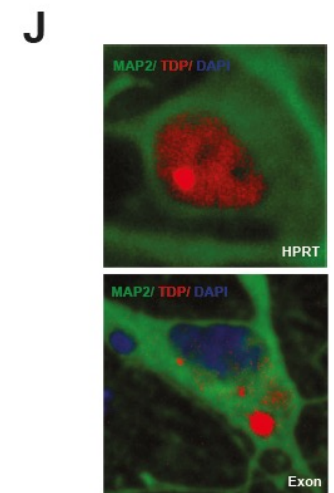
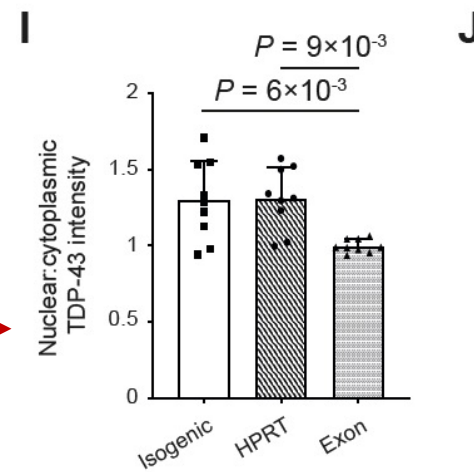
# Experimental validation of KANK1



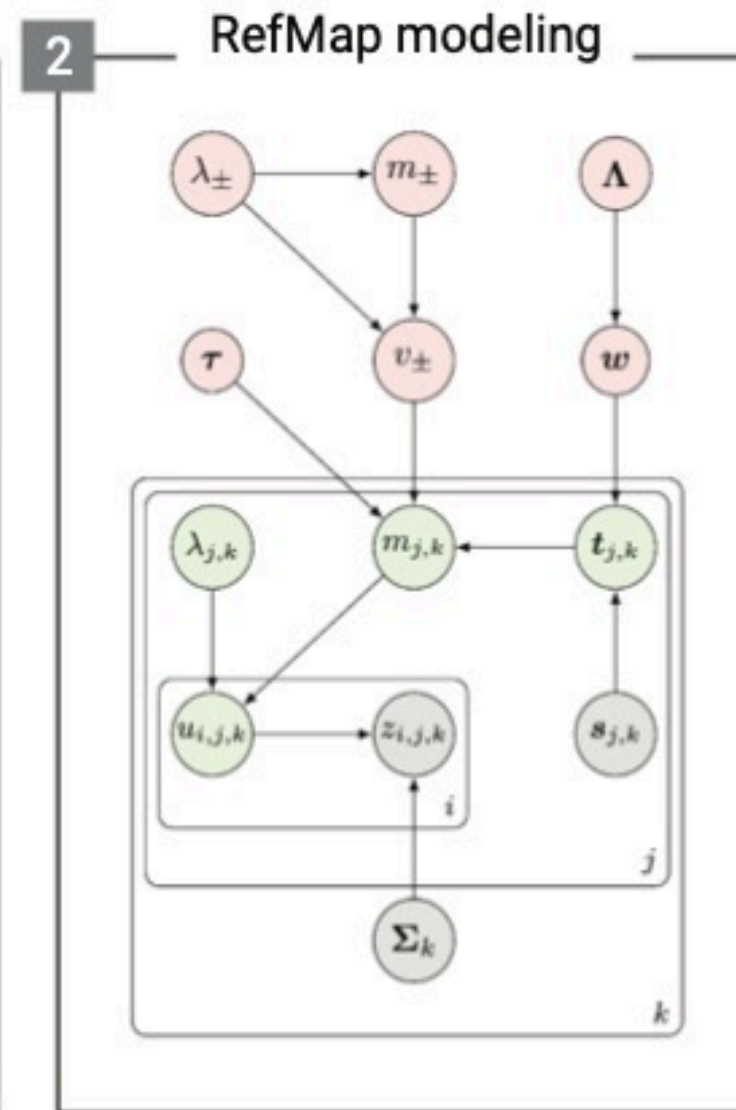
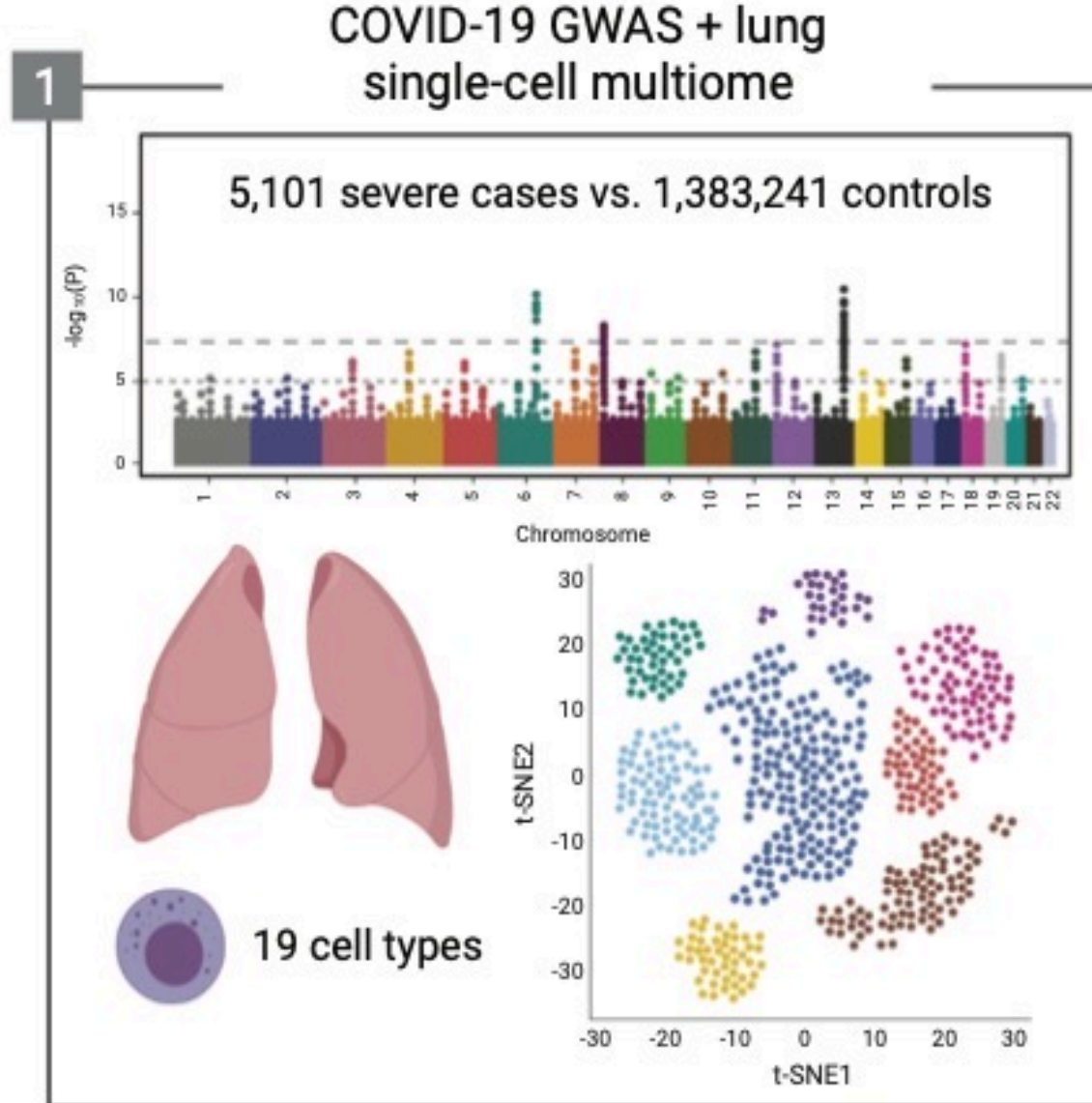
KANK1 ALS mutations cause:

hypoexcitability

TDP-43 mislocalization

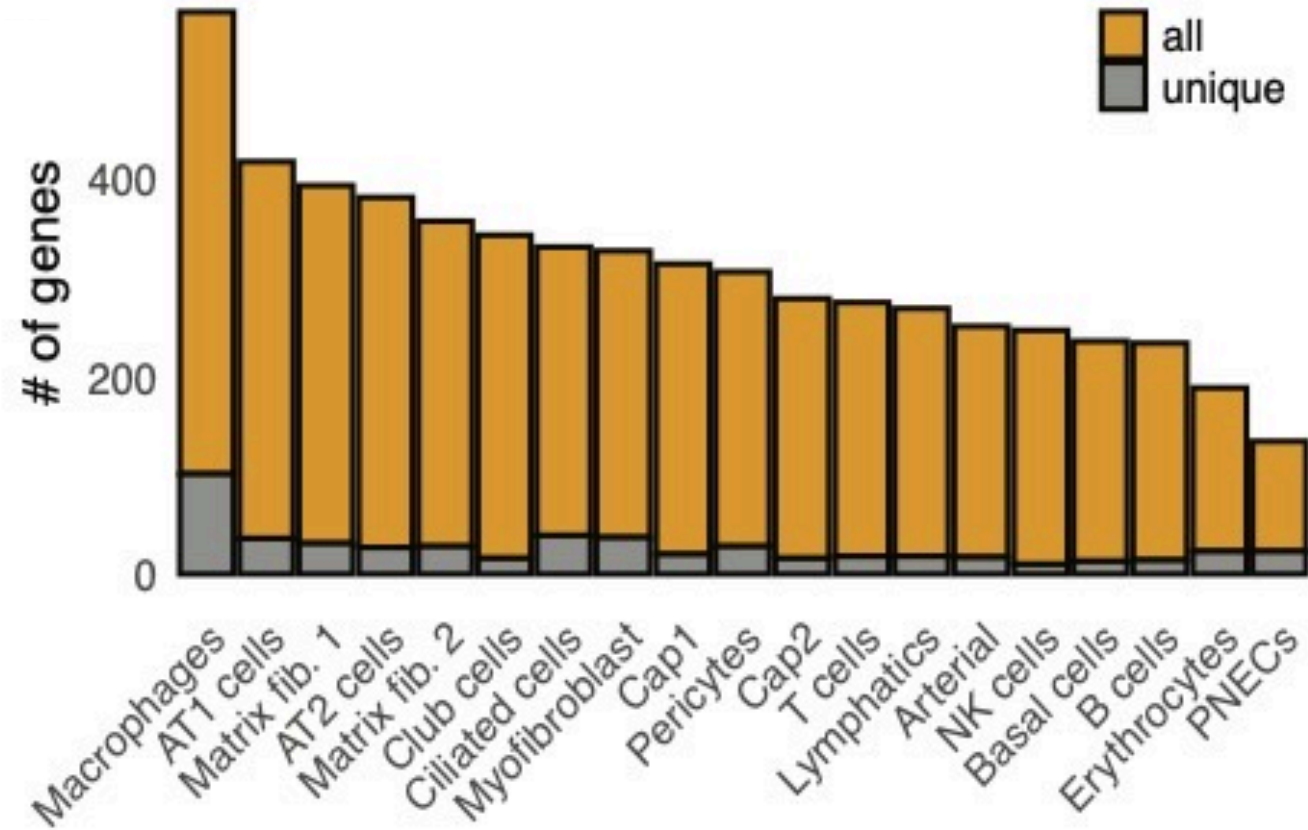


# COVID Severity: GWAS + Single-Cell Multiome → Genes

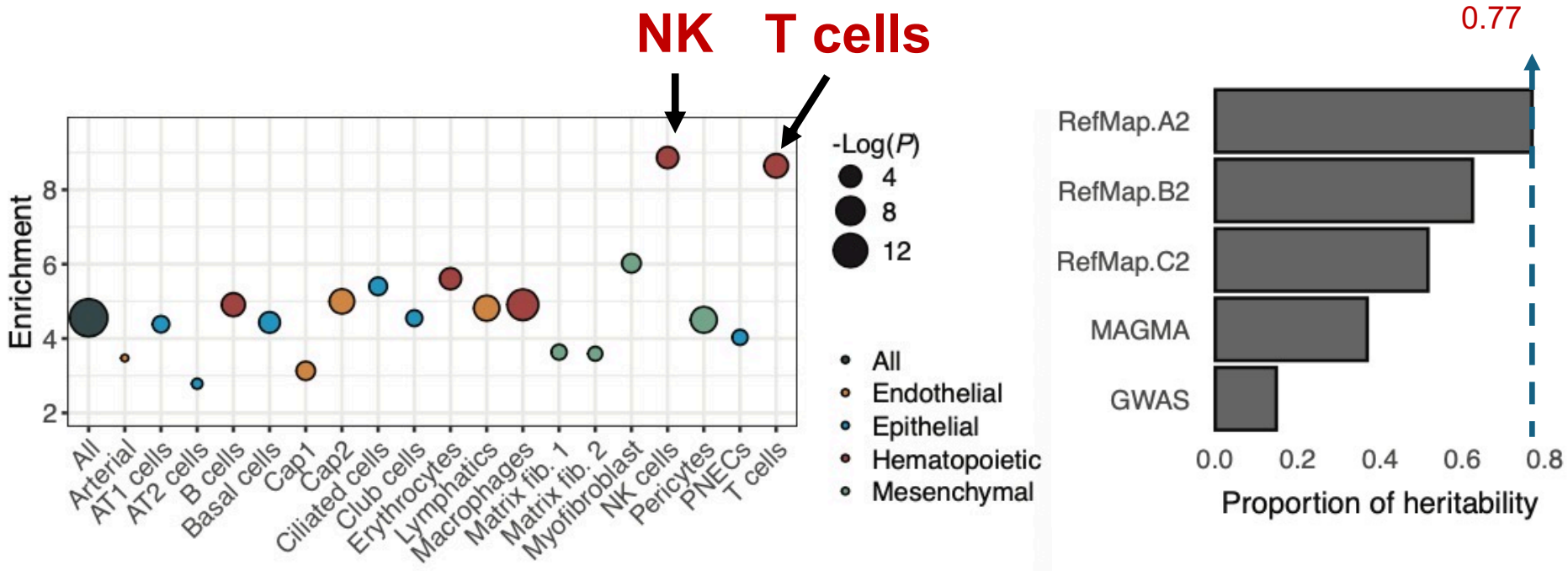


# Mapping Target Genes Per Cell Type

6,662 1kb regions →  
1,375 genes across 19 cell types

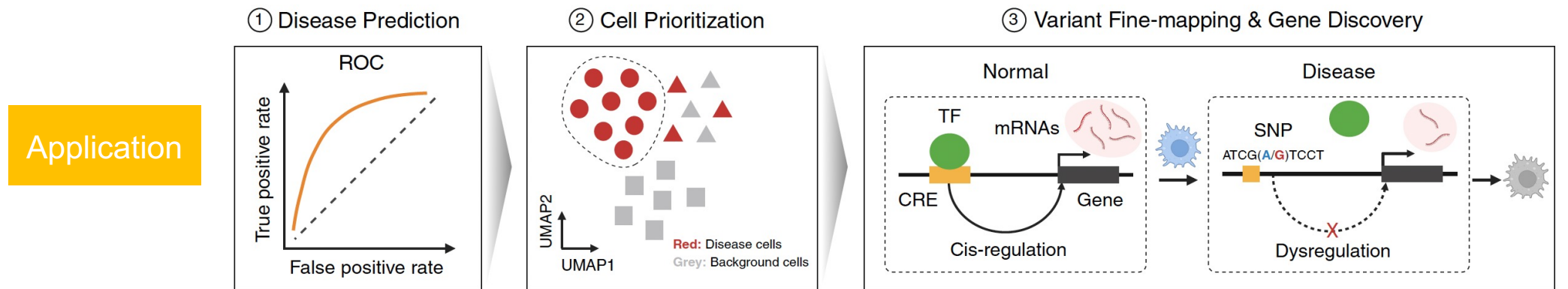
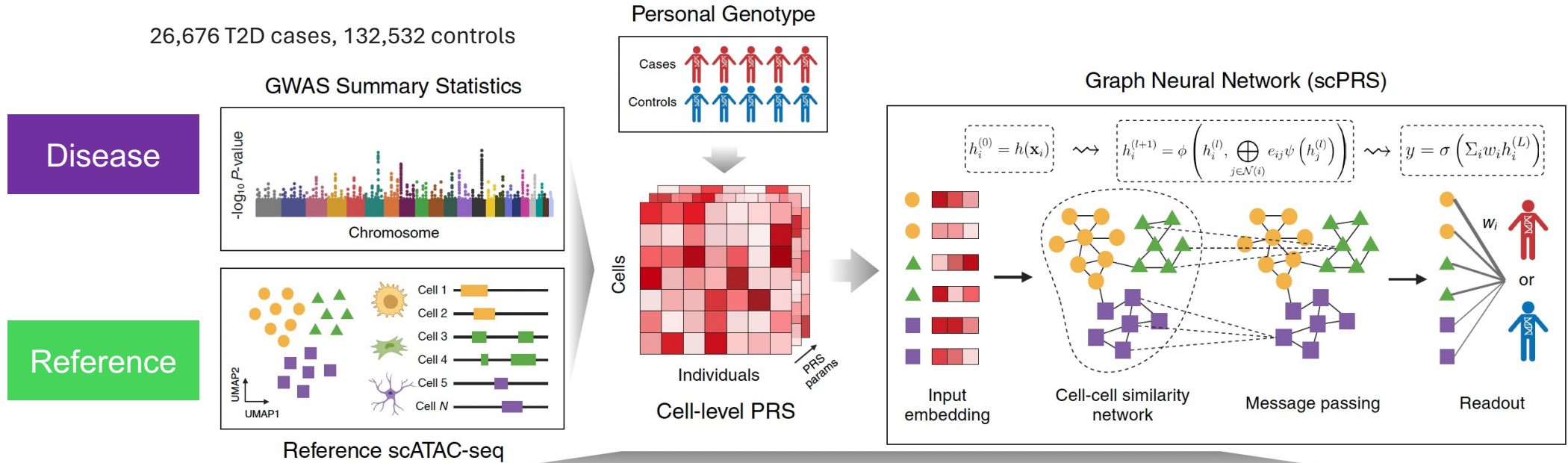


# Heritability Analysis Identifies NK Cells and Other Immune Cells

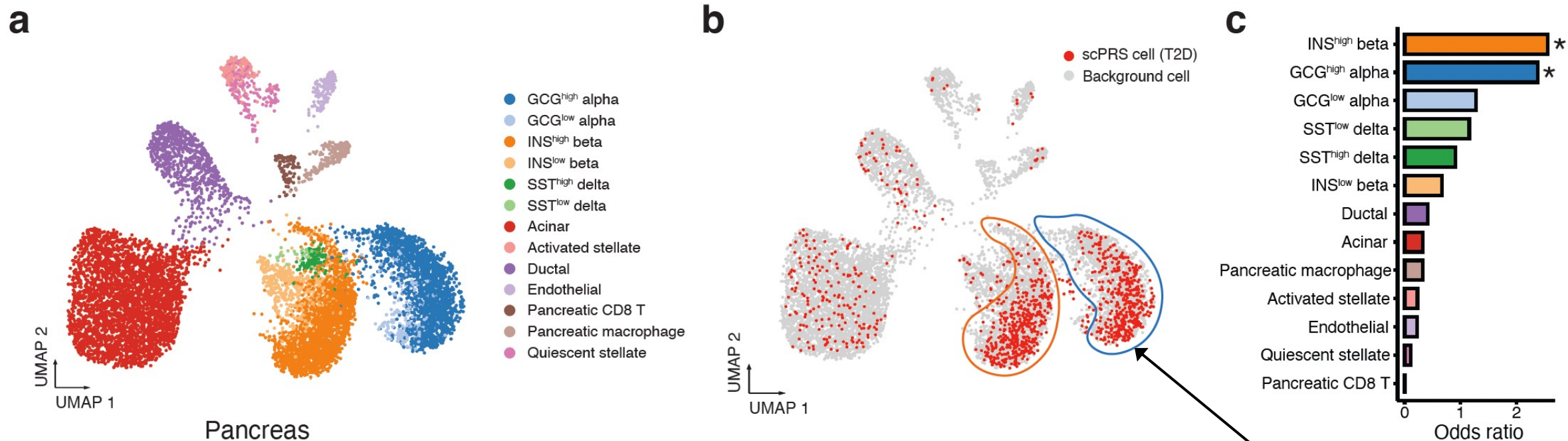


**Failed activation of NK cells** in the initial stage of SARS-CoV-2 infection is permissive of viral replication, leading to fatal hyperinflammation

# Single-cell PRS (scPRS)



# scPRS prioritizes T2D-critical cells



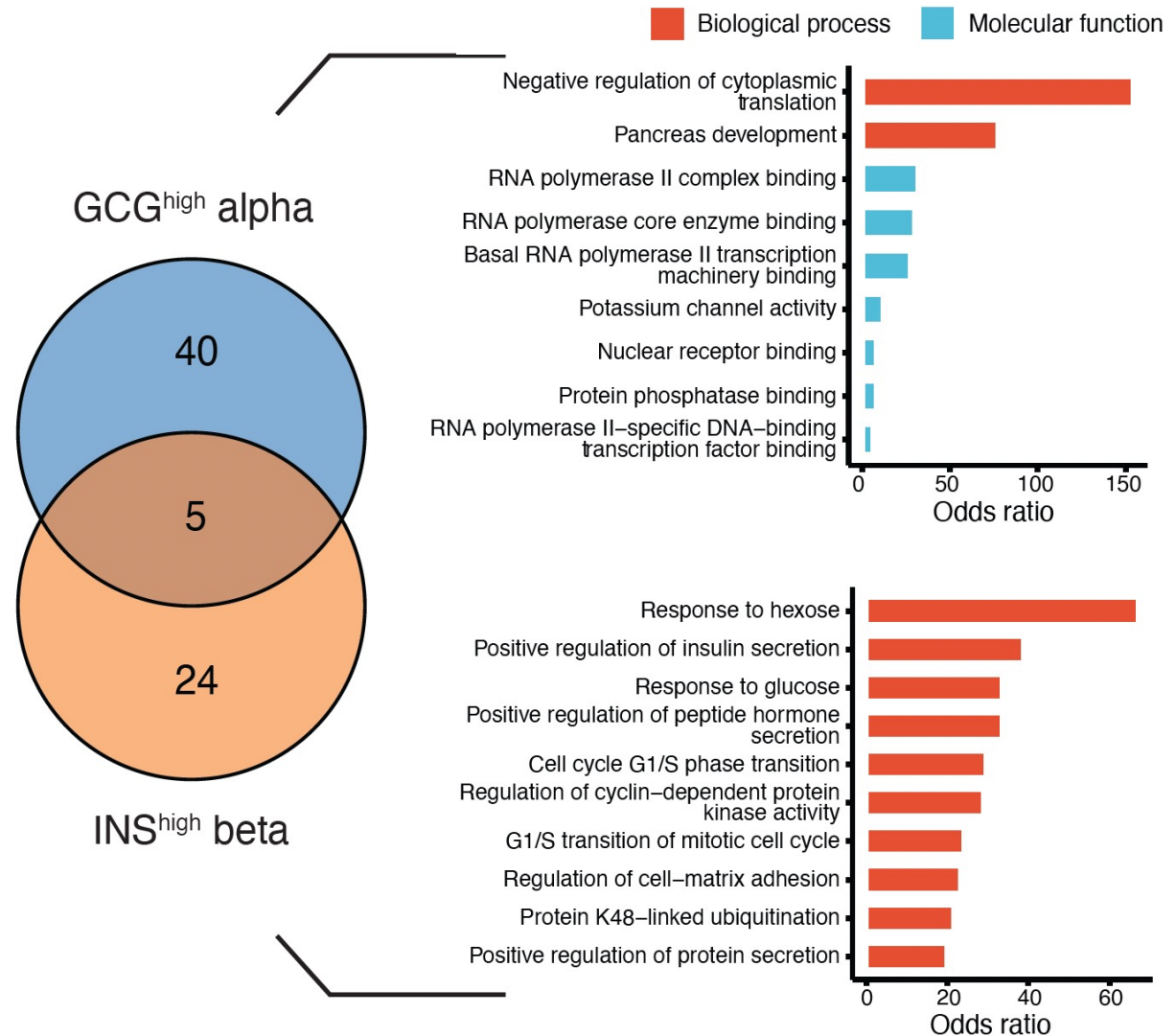
- **GCG<sup>high</sup> alpha:** counterpart of beta cells responsible for producing glucagon, increasingly linked to T2D
- **INS<sup>high</sup> beta:** beta cell dysfunction and cell death are key processes in the development of T2D

**We for the first time link alpha cell to T2D genetically!**

# scPRS identifies T2D risk genes and pathways

**Beta cell genes, 19 out of 29 (65.5%) are new.**

**Alpha cell genes, 32 out of 45 (71.1%) are new.**



# Conclusions

1. Novel AI approaches have led to new genes involved in AAA, ME/CFS, ALS, Long COVID  
→ Increase in heretability explained (e.g ALS 6% → 36%)
2. By combine AI approaches with single cell data we can identify relevant cell types Severe COVID: NK & T-cells; Diabetes: alpha cells
3. A focus on cell-specific genetic drivers has enabled us to find genetic associations where traditional approaches are underpowered.

# Acknowledgements

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David S. Lu

Faraz Ahmed

Andrew Grimson

Jennifer K. Grenier

**Maureen R. Hanson**

## **Carnegie Mellon**

Martin JinYE Zhang

## **China**

Han Li

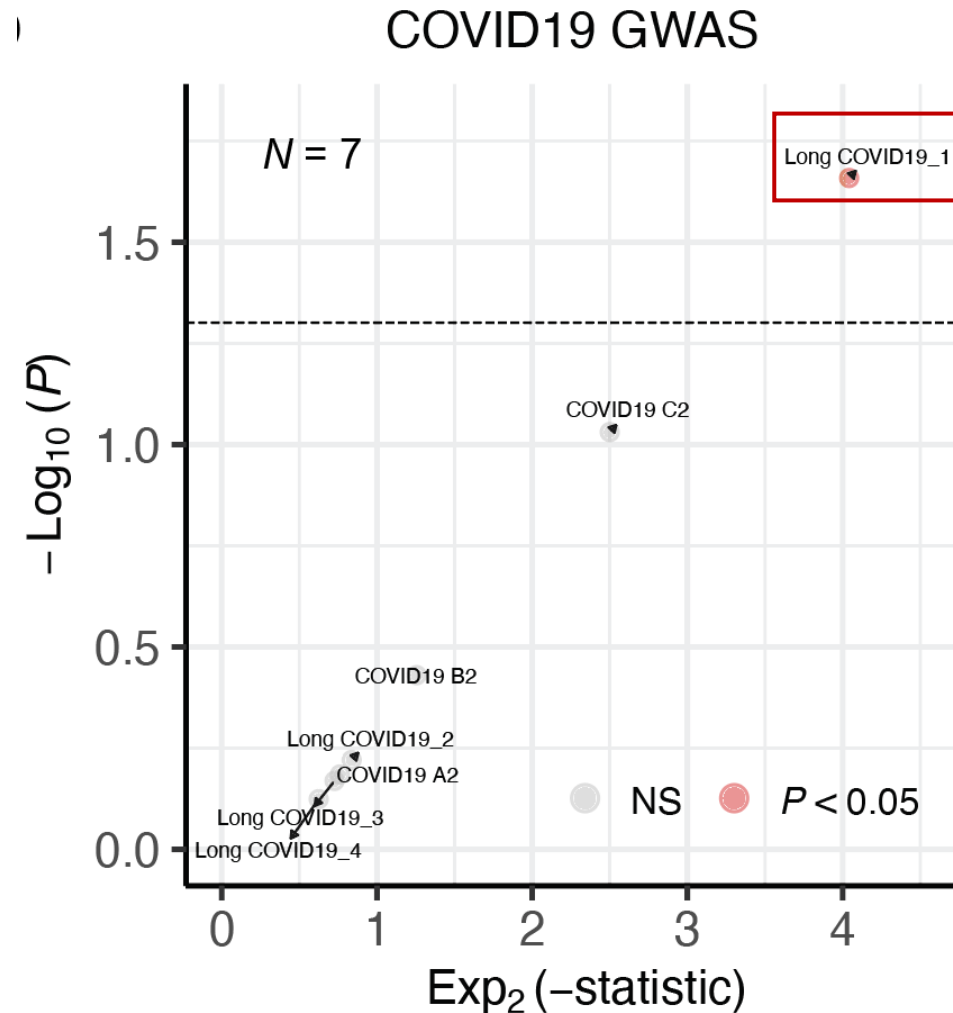
Support: MPS: NIH, Vinod Khosla, Candace & Bert Forbes

MJZ: Shurl and Kay Curci Foundation.

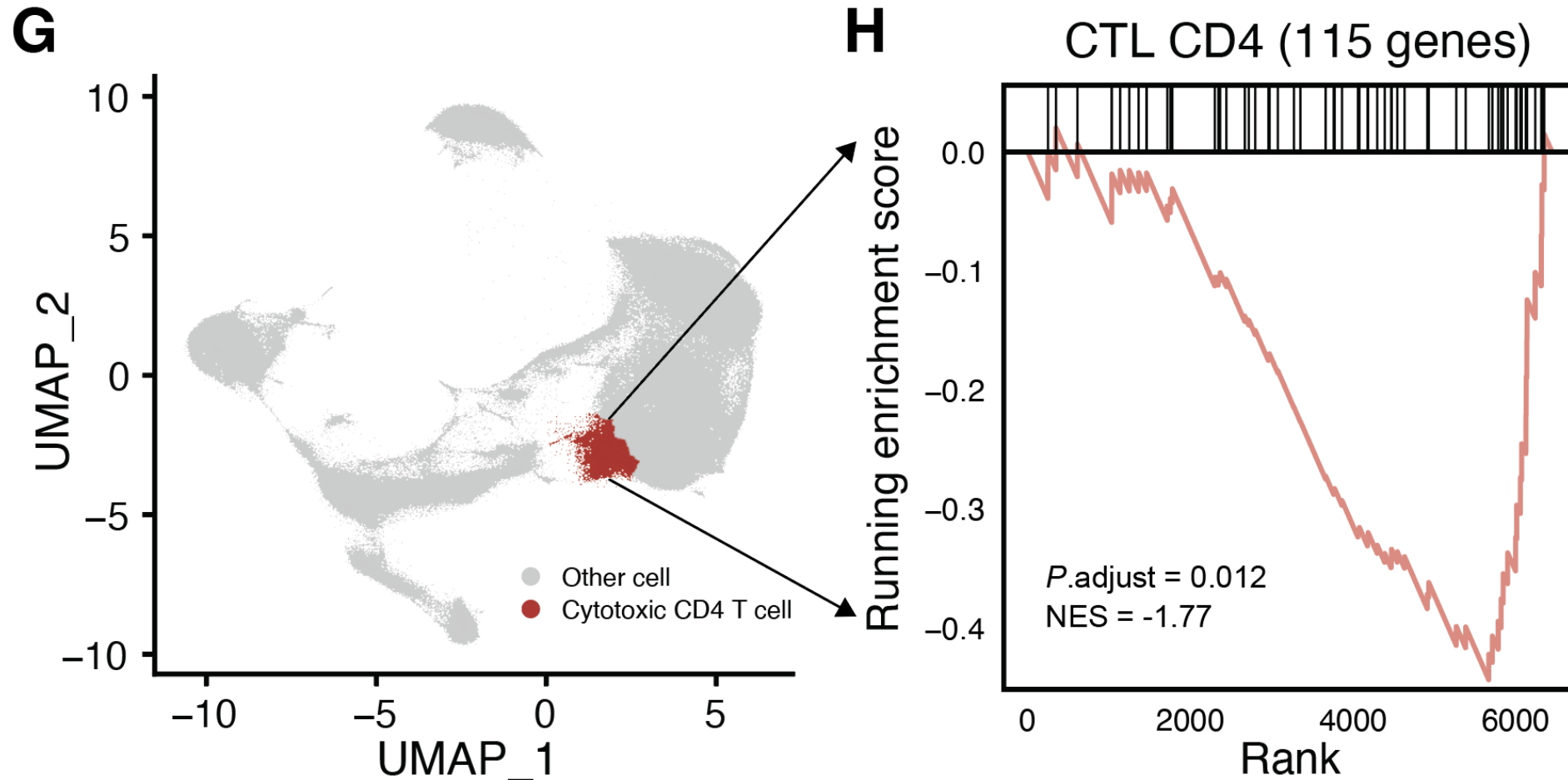
MH: NIH U54NS105541, U54AI178855



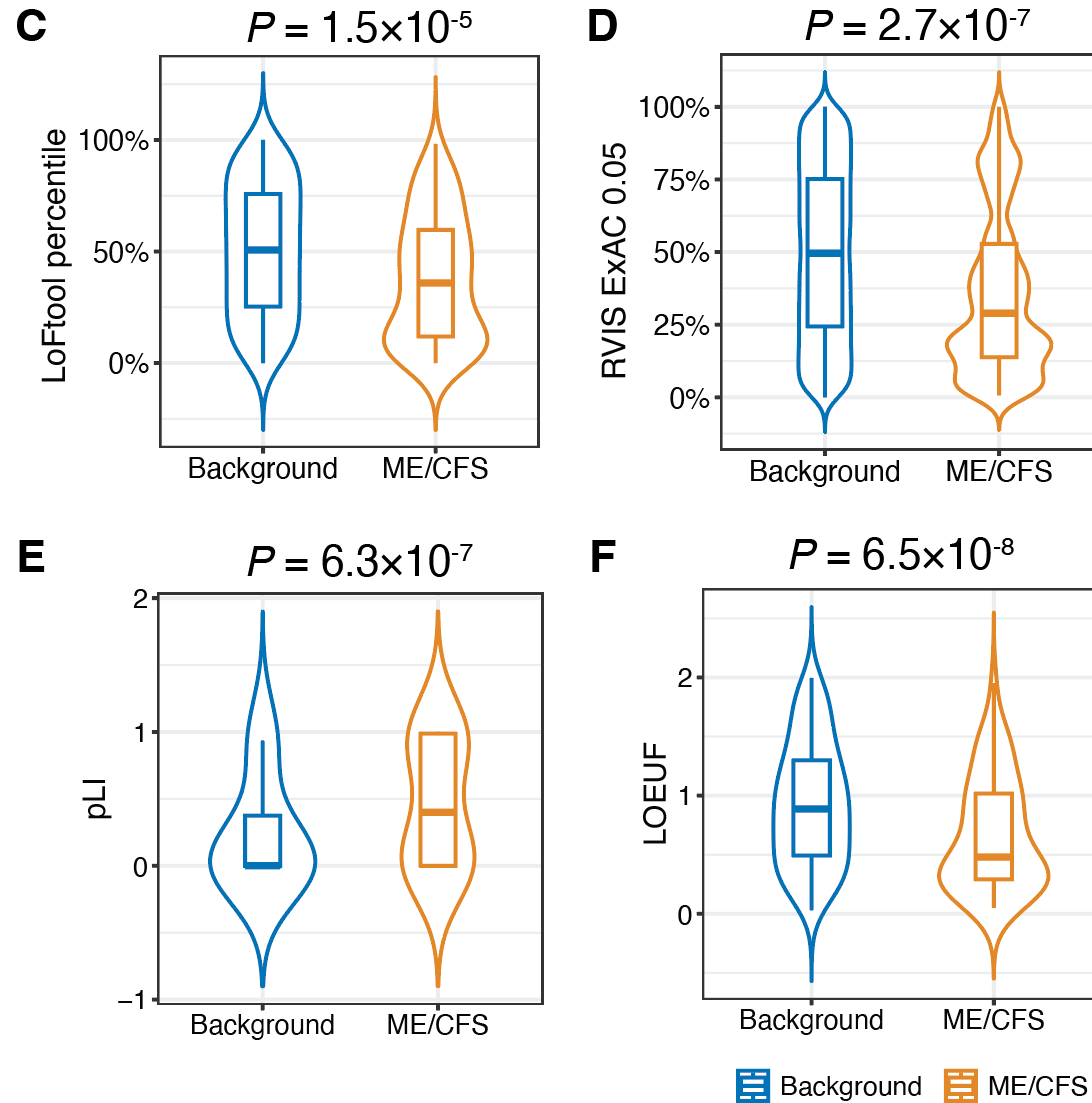
# ME/CFS is genetically correlated with long COVID19



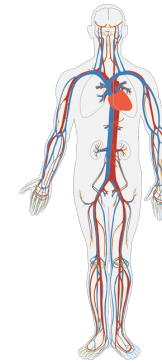
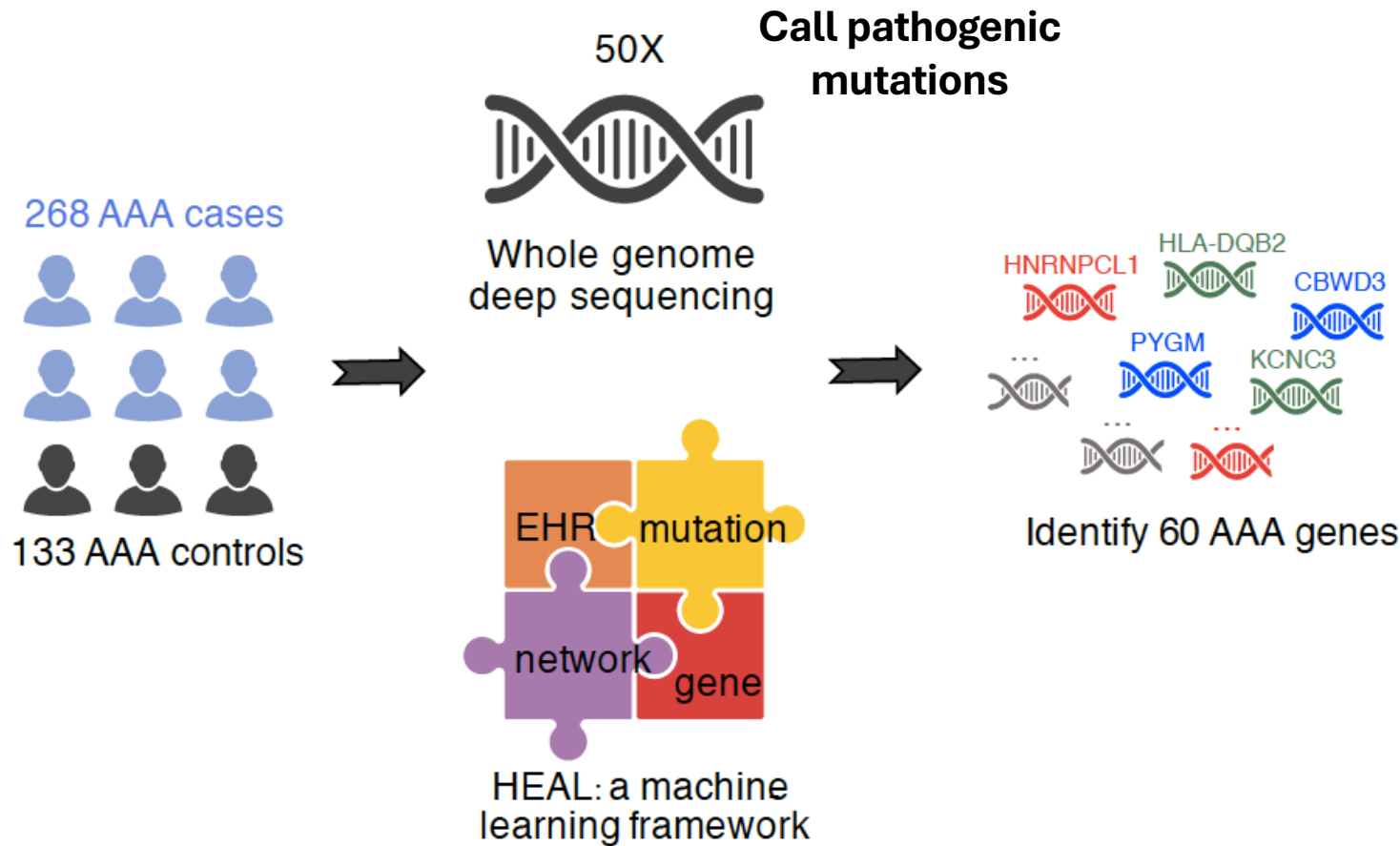
# ME/CFS genes lower expressed in patient cytotoxic T cells



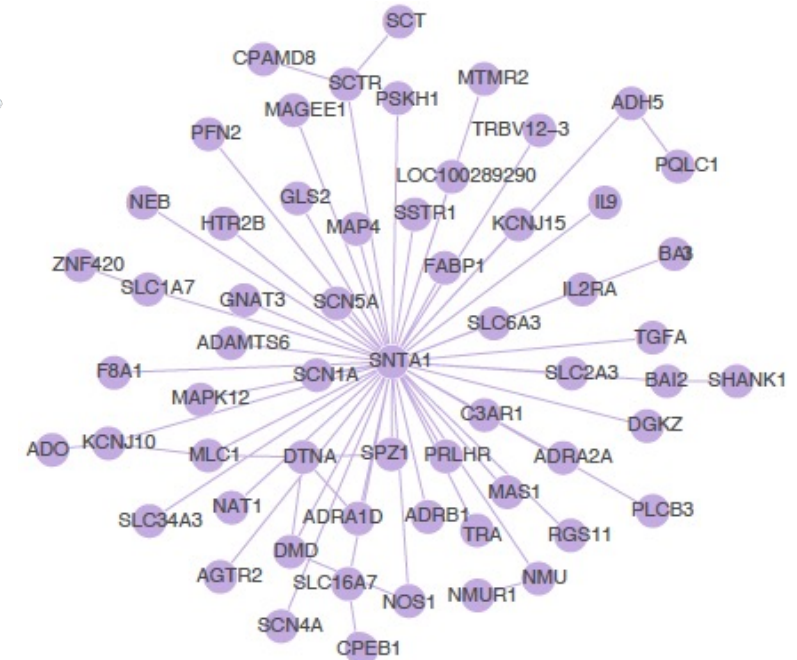
# ME/CFS genes are intolerant to LoF



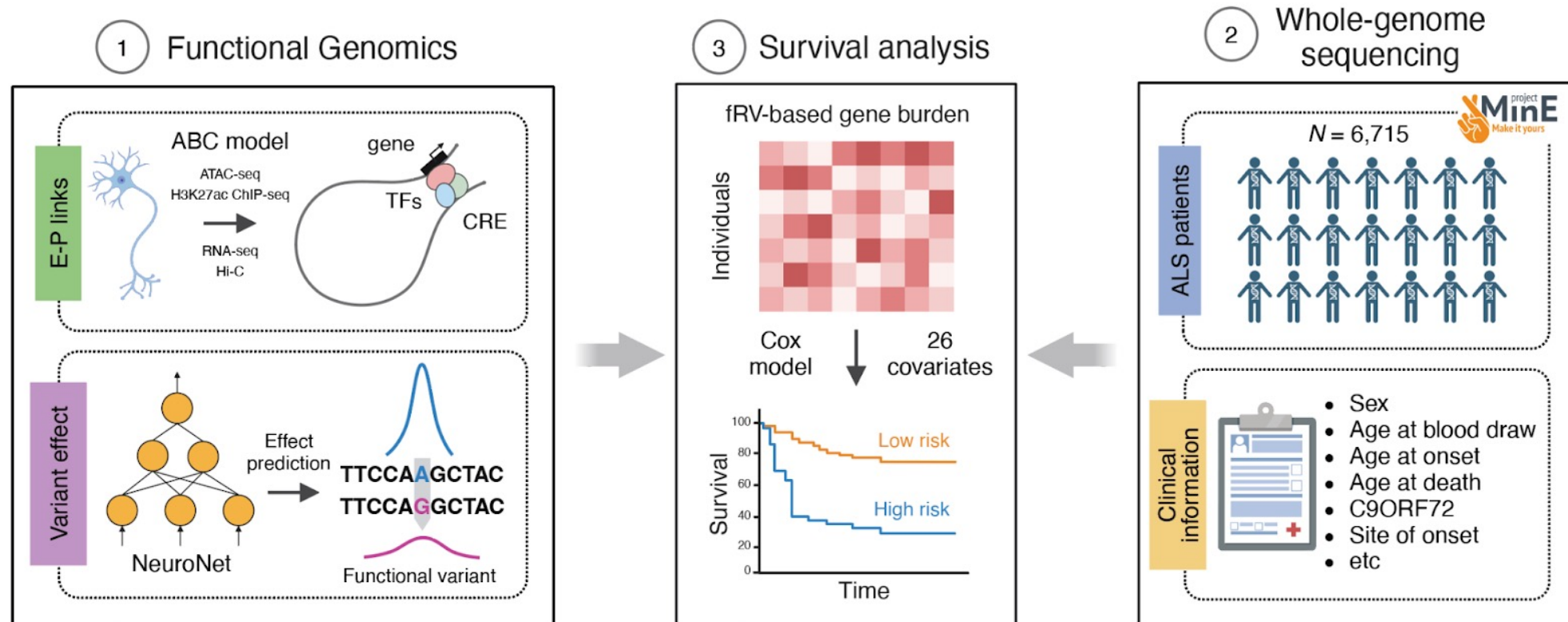
# Identifying Genes Associated with AAA



Blood Circulation, Blood Pressure, Cardiomyopathy

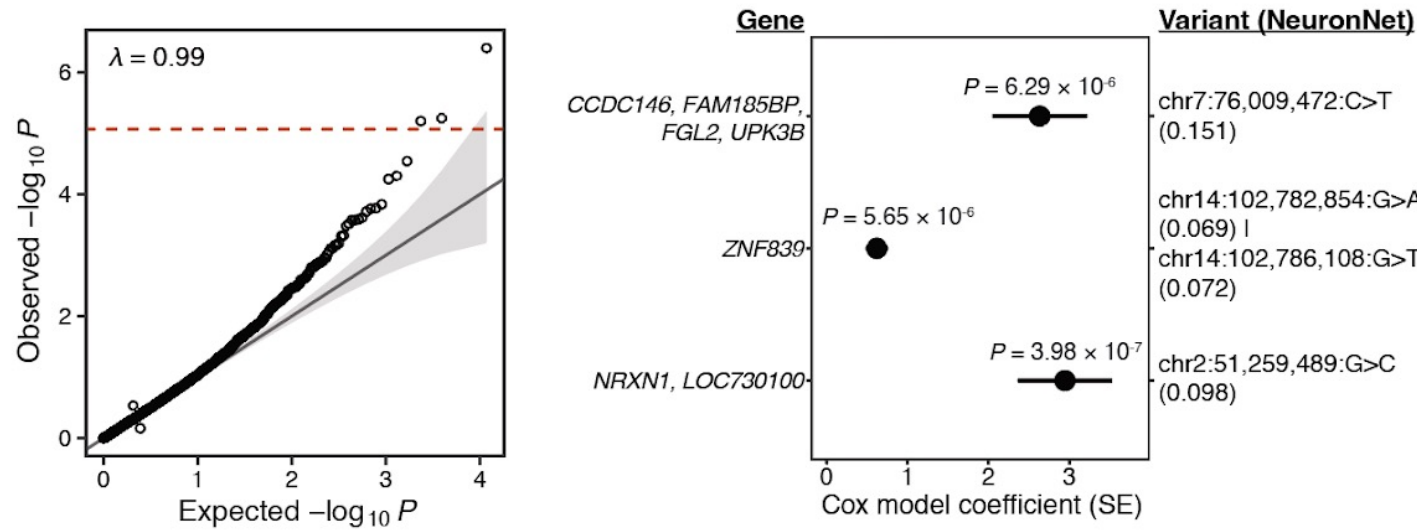


# Non-coding mutations which increase motor neuron expression of *CCDC146* shorten ALS survival

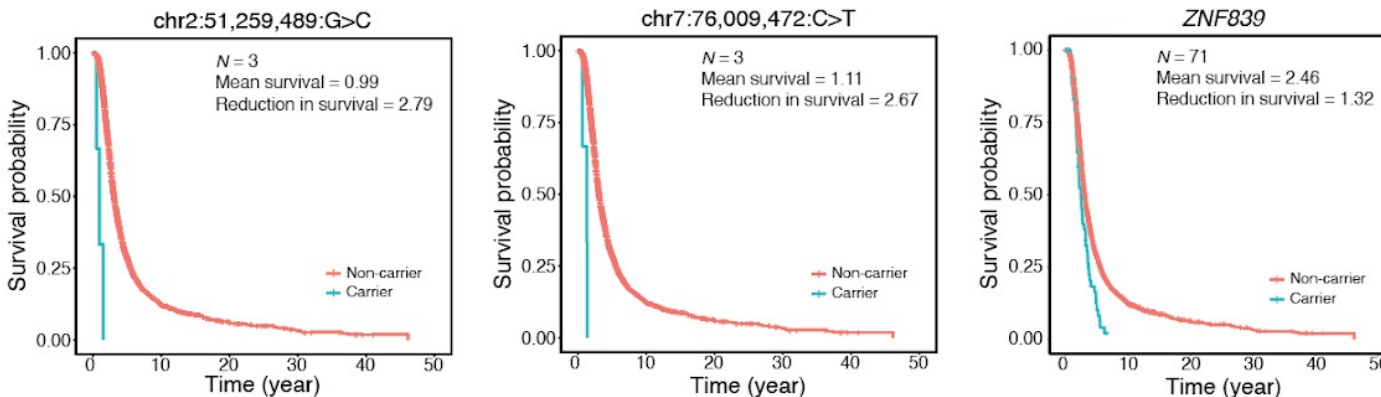


We identified non-coding rare variants which are functional within motor neurons and are linked to ALS survival

# Rare variant burden testing using non-coding variants prioritised by NeuroNet

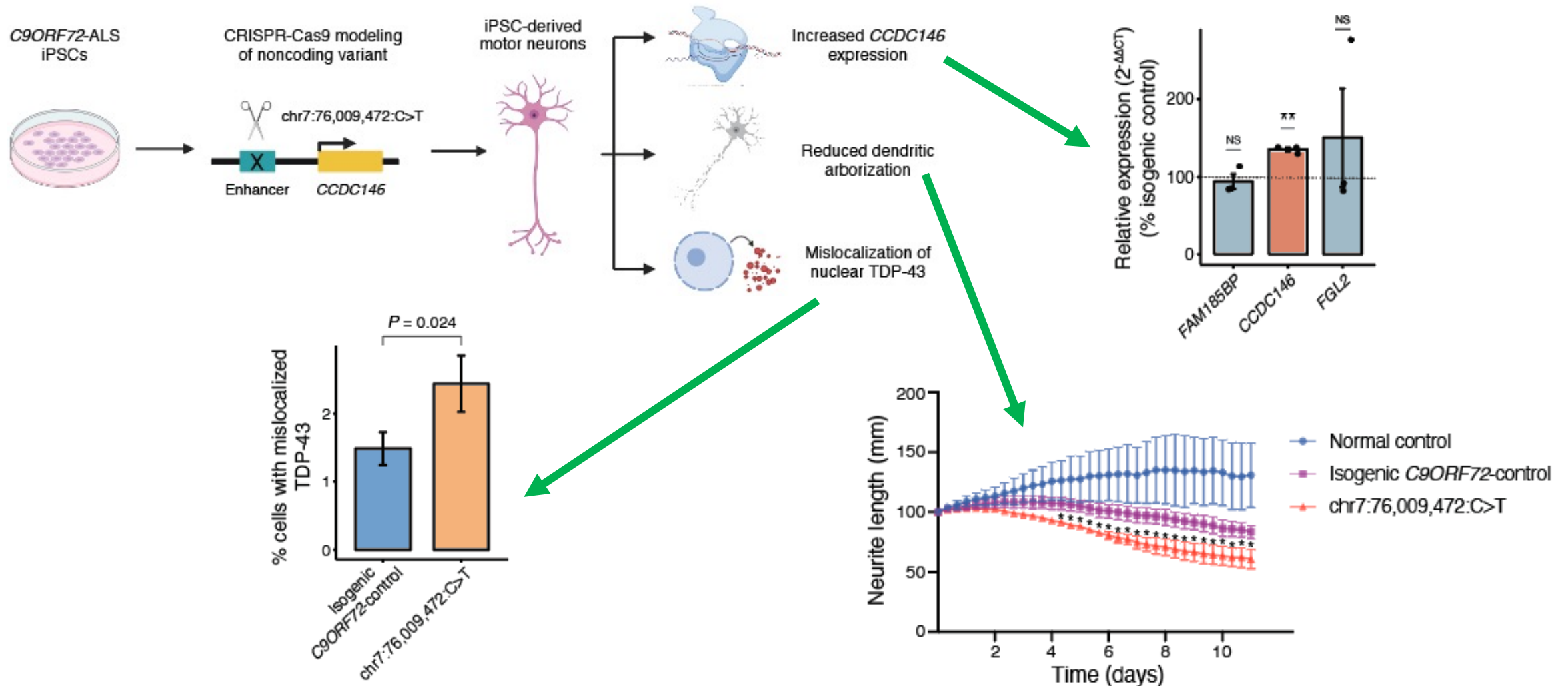


We identified non-coding variants linked to ALS survival but there was some ambiguity regarding target genes which required experimental interrogation.

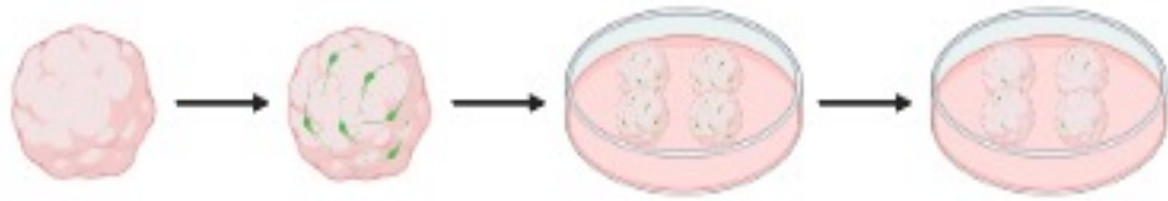


Non-coding variants are associated with >50% reduction in ALS survival.

# The chr7:76,009,472:C>T variant increases *CCDC146* expression in MN and exacerbates ALS-associated phenotypes

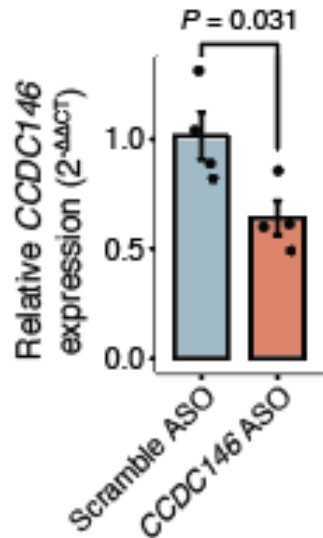


# ALS-associated survival defects in iPSC-derived neurons are completely rescued by ASO which reduces *CCDC146* expression

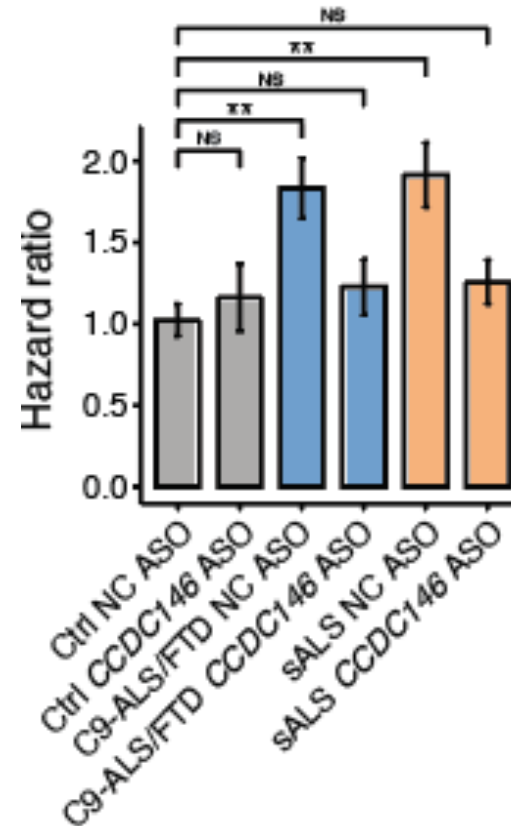


We tested an ASO knockdown of *CCDC146* in a 3D cultures of patient-derived neurons.

Ctrl, C9, sALS 3D iPSCs      SYN1:GFP lentivirus labeling      Embed 3D iPSCs      Longitudinal tracking: +Scramble ASO +*CCDC146* ASO

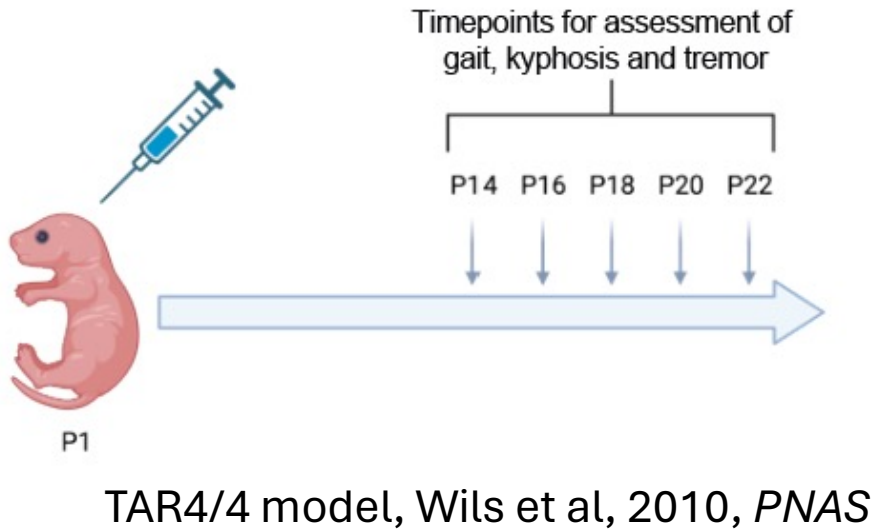


The ASO effectively reduces *CCDC146* expression

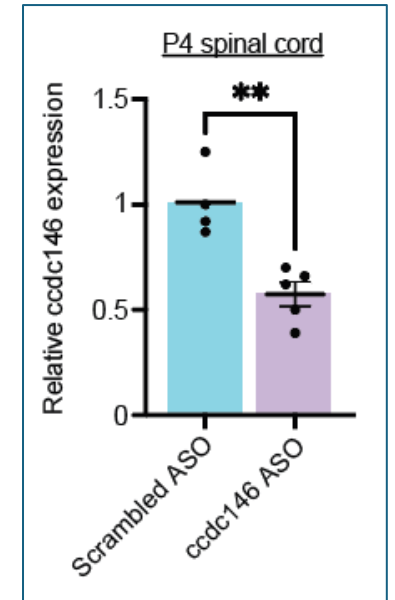
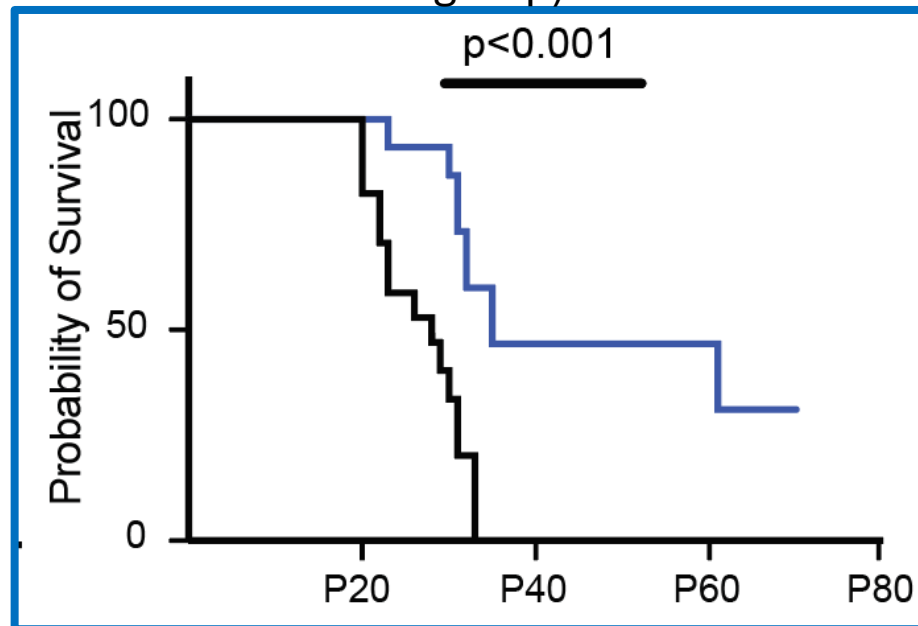


The ASO is not toxic to control neurons (grey) but completely rescues ALS patient neurons from glutaminergic insult. This has now been extended to n=15 different patient lines.

# ASO against murine *ccdc146* rescues motor phenotypes and extends survival in an aggressive mouse model of ALS



The ASO extends survival in TAR4/4 mice (n=15 each group)



The ASO effectively reduces *ccdc146* expression

# Knockdown of CCDC146 is likely to be well tolerated

- Humans and mice without CCDC146 present with non-syndromic male infertility only (Muroňová et al, 2024, *eLife*).
- ASO against CCDC146 was NOT toxic in 3D cultures of neurons derived from neurologically normal individuals, compared to scrambled ASO.
- ASO against murine *ccdc146* is NOT toxic in non-transgenic mice.