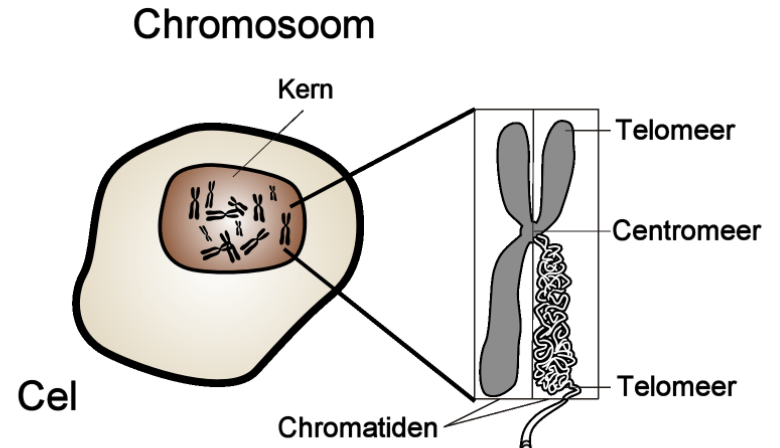
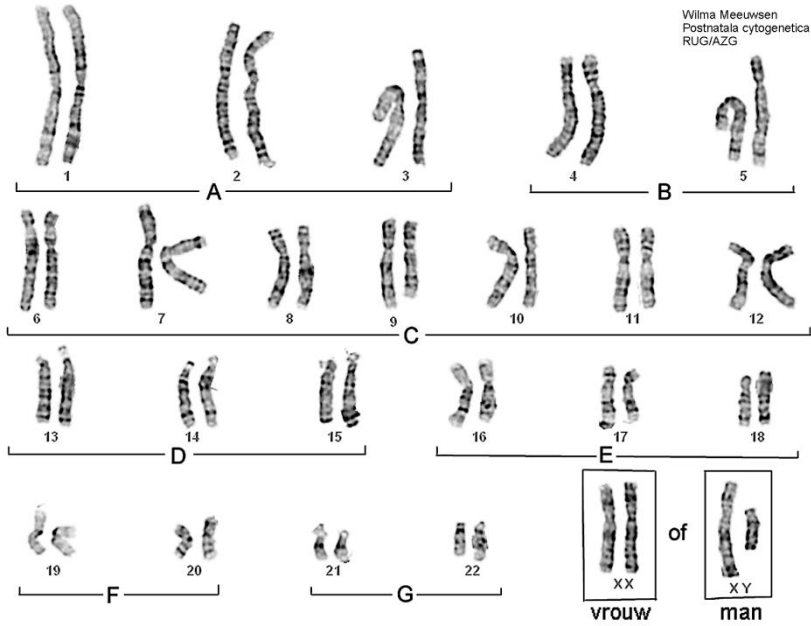




Sectie Genoom Diagnostiek
12 laboratorium specialisten, 75 analisten
>20,000 genetics tests
Karyotypering
SNP & Oligo Arrays
FISH
Sequentie analyse



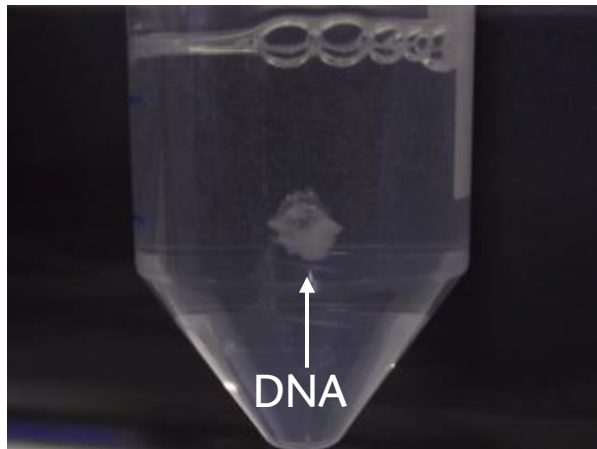


Basenpaar

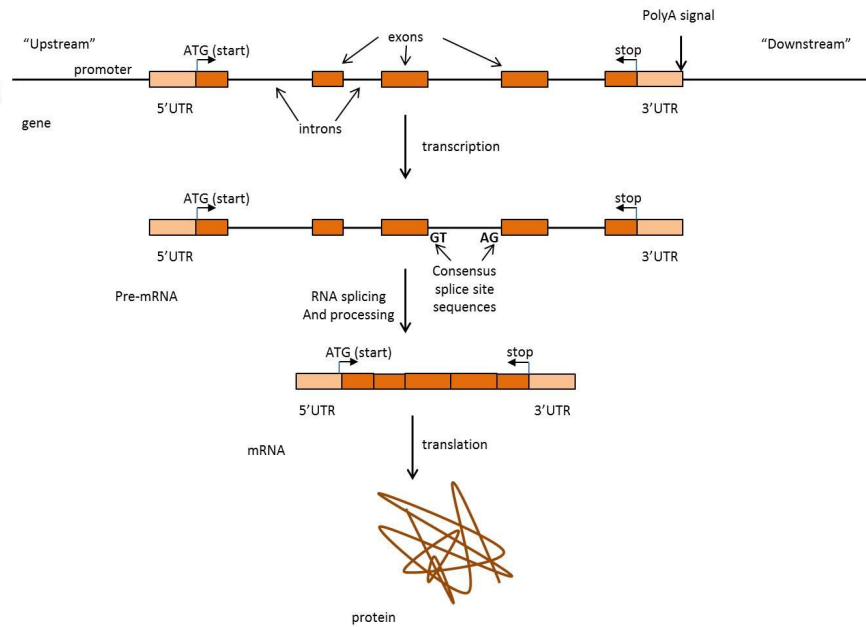
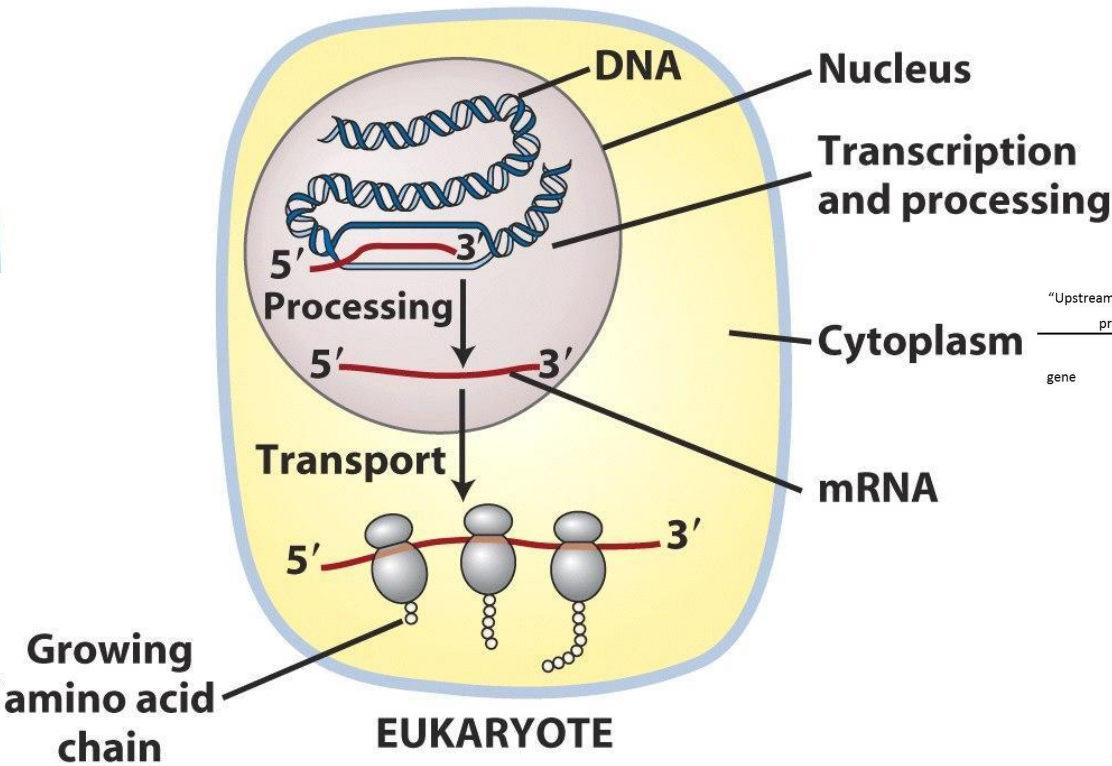
Histonen



DNA-dubbelstreng

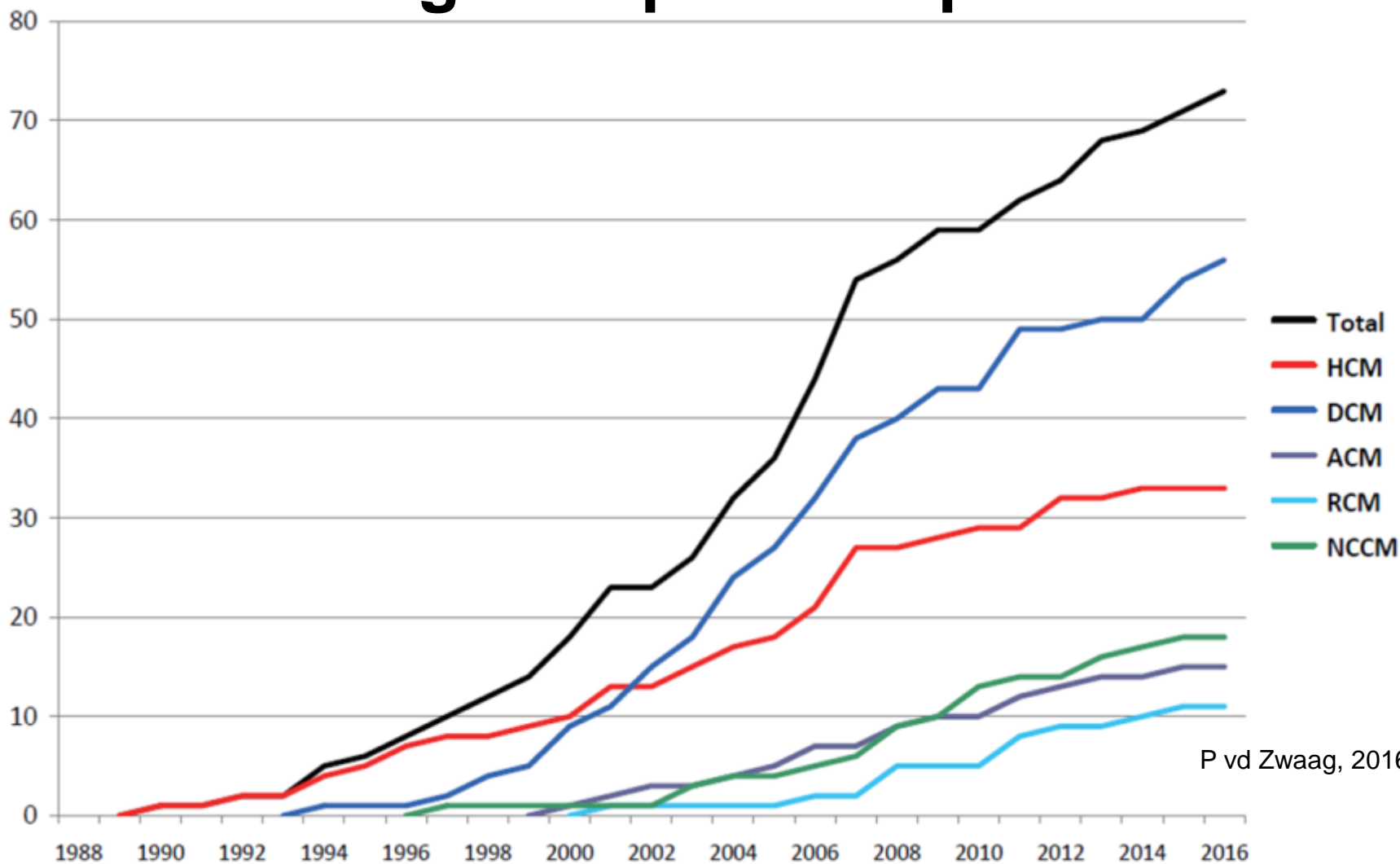


(b)





Aantal genen per hartspierziekte



P vd Zwaag, 2016

2005

LMNA/C

MYH7

TNNI3

(PKP2)



2012

CSRP3

MYBPC3

LMNA/C

TNNT2

TPM1 (exon6B)

MYH7

DSC2

DSP

TMEM43

DES

MYH7

TNNI3

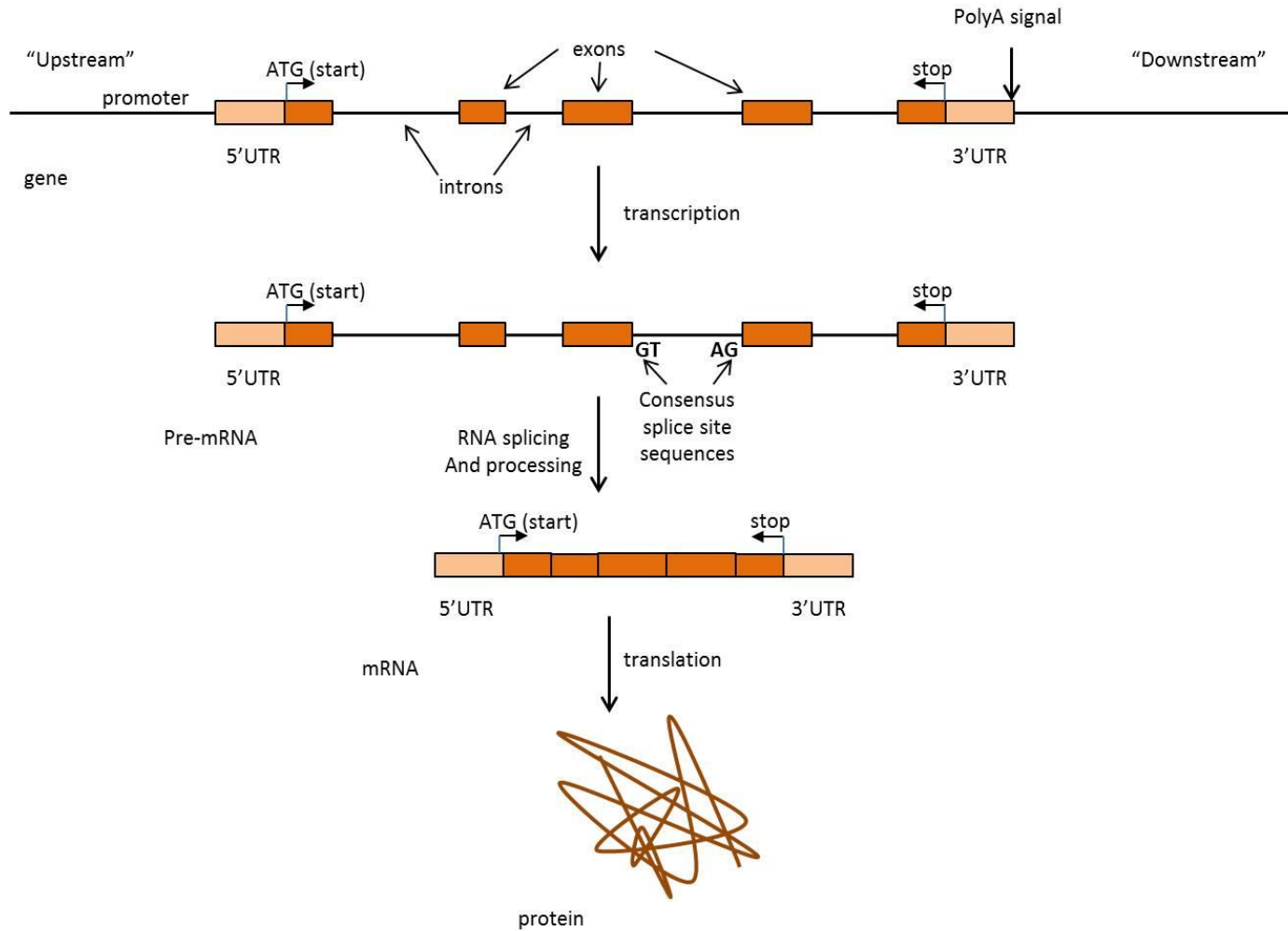
PLN

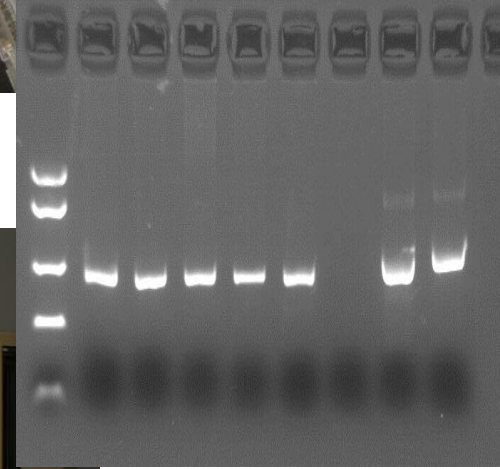
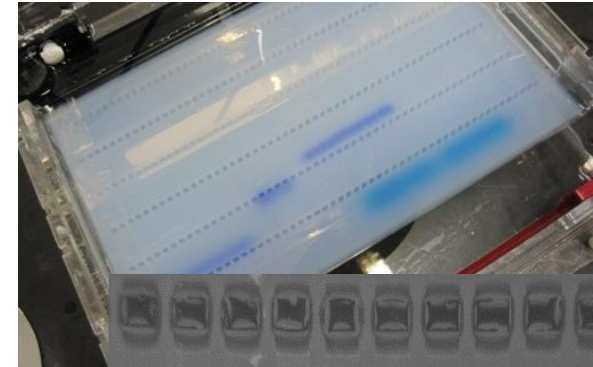
KBTBD13

PKP2

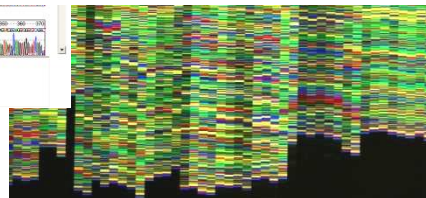
DSG2

JUP



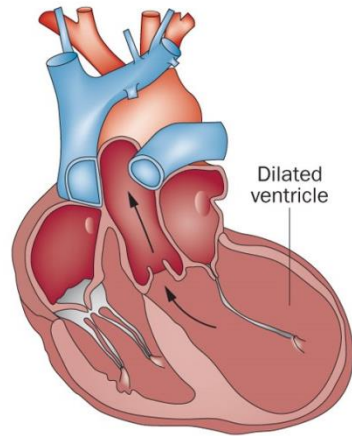


<http://www.allesoverdna.nl/woordenboek/dna-sequenzen.html>



DCM:

b

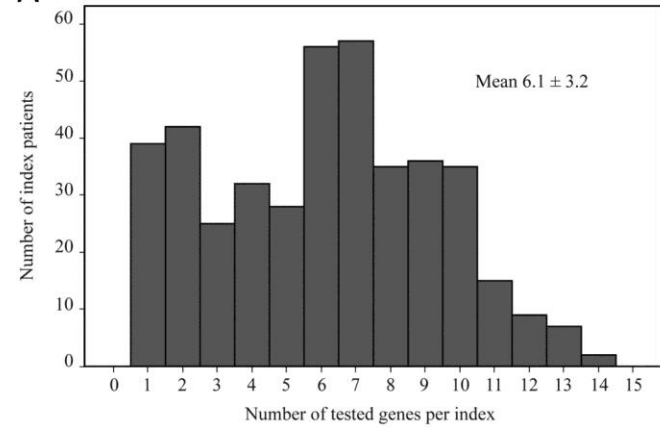


European Journal of Heart Failure
doi:10.1093/eurjhf/hft013

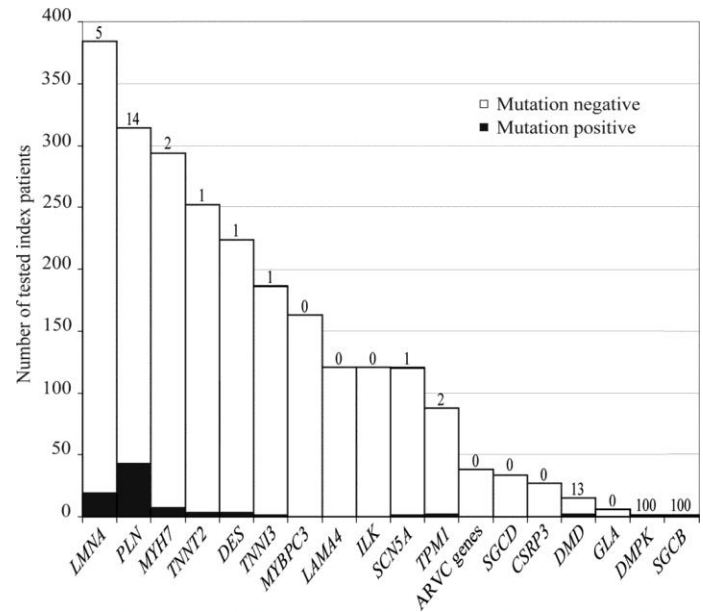
Genetic analysis in 418 index patients with idiopathic dilated cardiomyopathy: overview of 10 years' experience

Karin Y. van Spaendonck-Zwarts^{1,2*}†, Ingrid A.W. van Rijsingen³†, Maarten P. van den Berg⁴, Ronald H. Lekanne Deprez², Jan G. Post⁵, Anneke M. van Mil⁶, Folkert W. Asselbergs⁷, Imke Christiaans², Irene M. van Langen¹, Arthur A.M. Wilde³, Rudolf A. de Boer⁴, Jan D.H. Jongbloed¹, Yigal M. Pinto³†, and J. Peter van Tintelen^{1,8}†

A



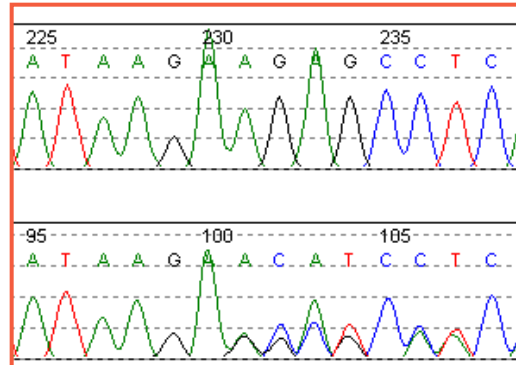
B



van Spaendonck (2012) Eur J Heart Fail 15:376-84

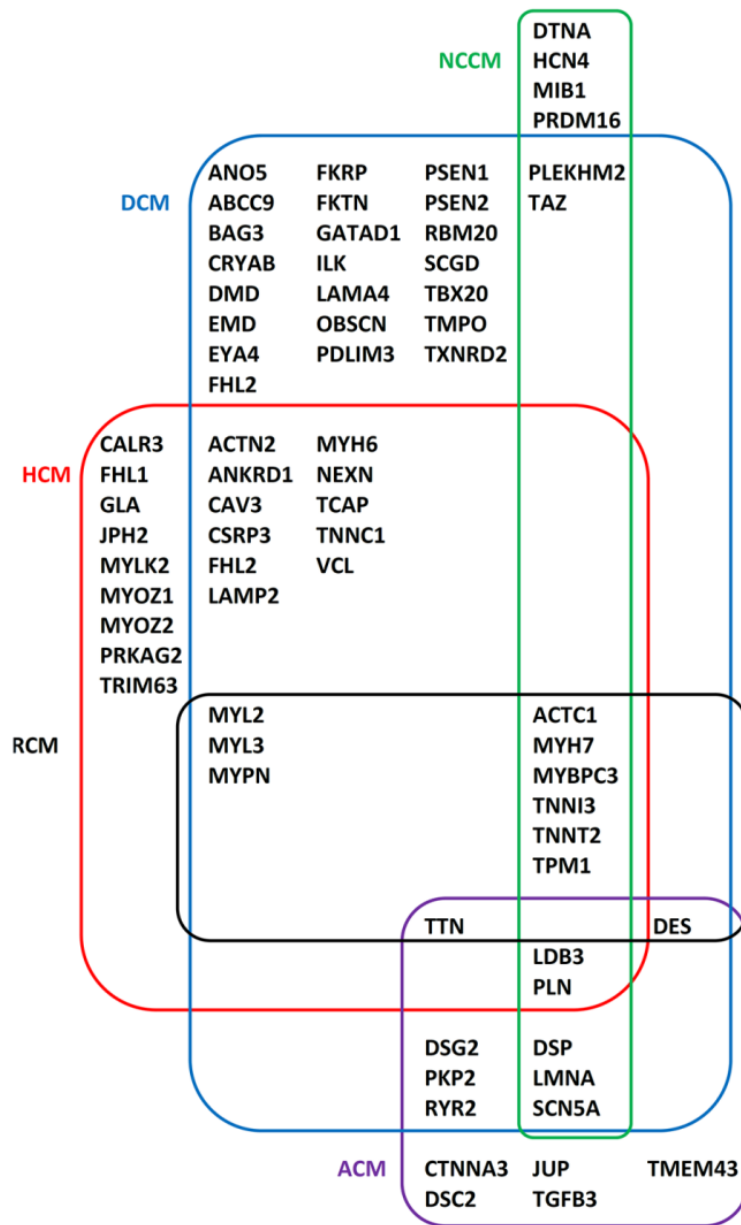


Screening
Kandidaat Gen(en)



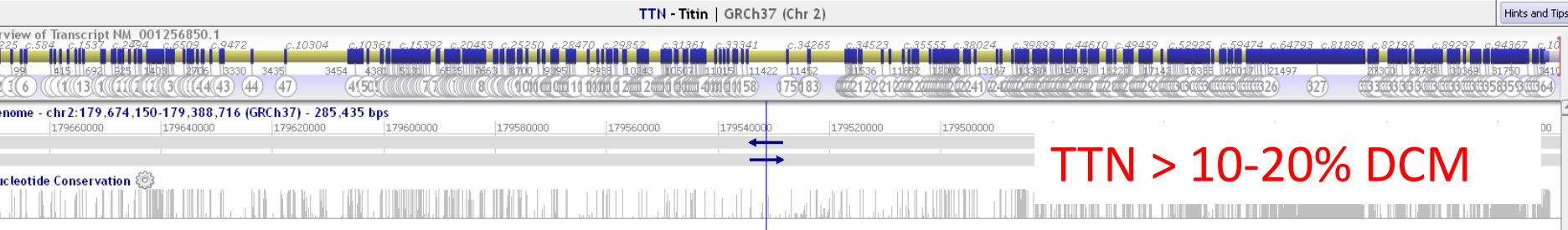
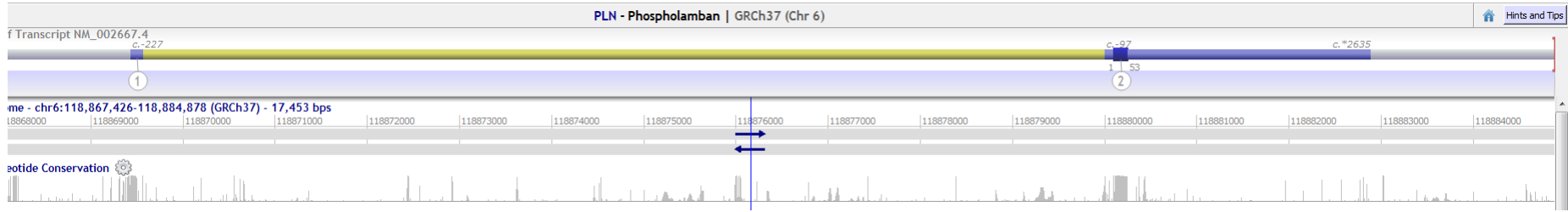
Next Generation
Sequencing





PA vd Zwaag, 2016





Fun facts:

- *PLN* heeft 1 exon
- *PLN* heeft 158 coderende nucleotiden
- Het grootste exon is 158 nucleotiden

Fun facts:

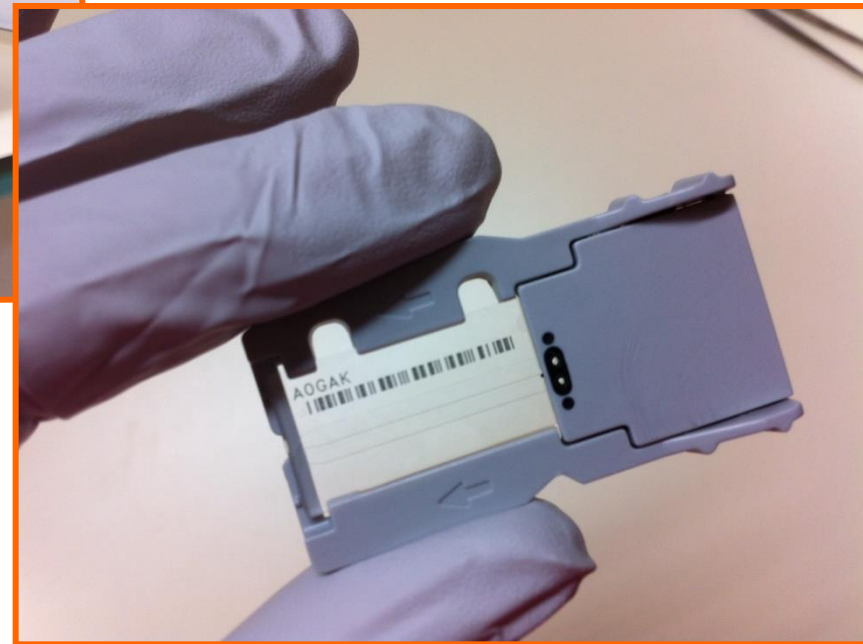
- *TTN* heeft 363 exonen
- *TTN* heeft 107 973 coderende nucleotiden (680x *PLN*)
- Het grootste exon is 17 402 nucleotides
- *RYR2* is 14 904 nucleotides (95x *PLN*)

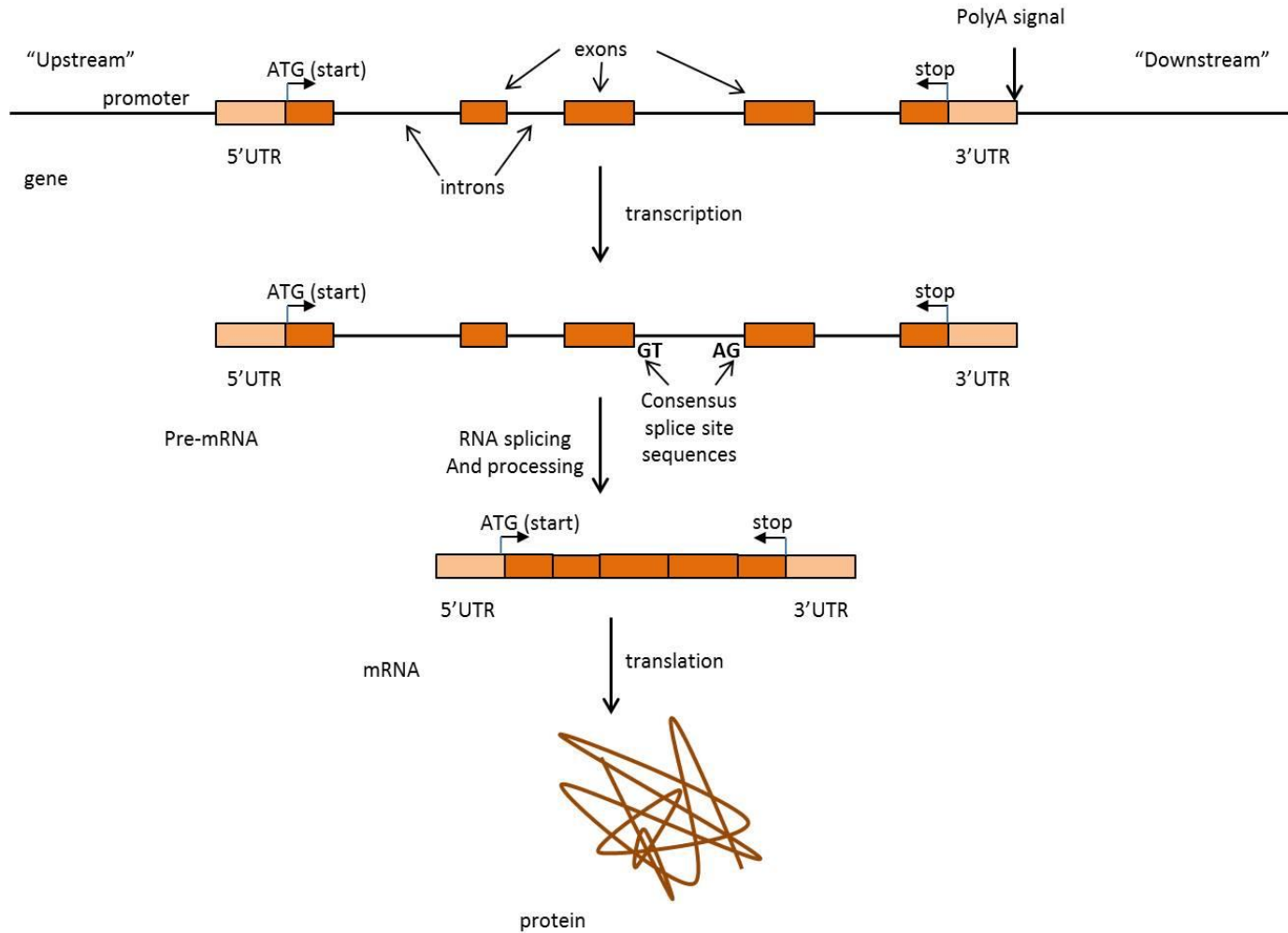




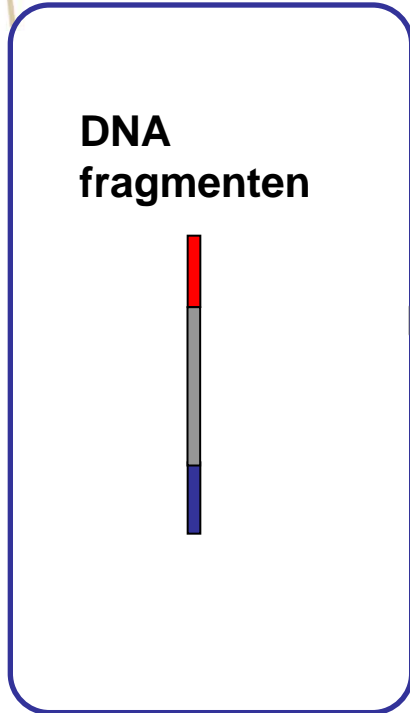
12 patiënten
1 run
50-200 genen

Gerichte (panel analyse):
55/60 genen

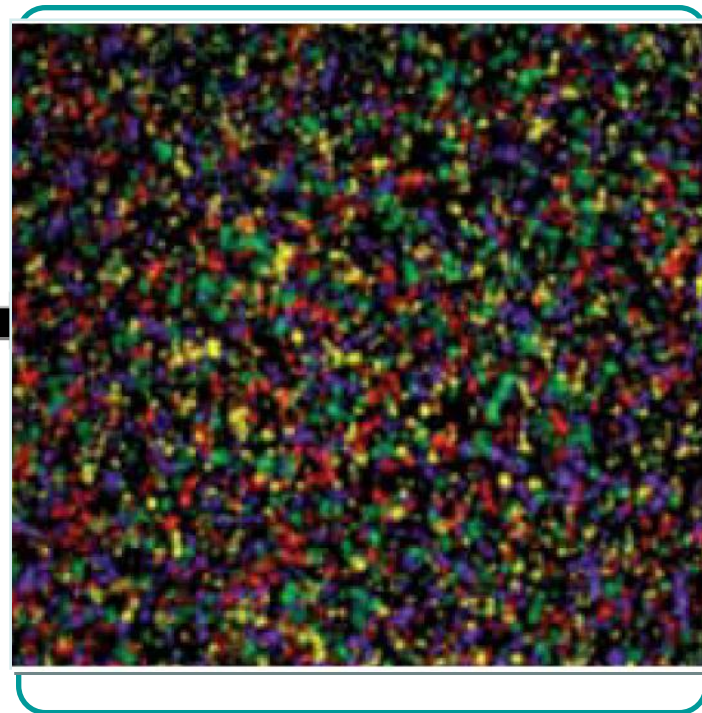




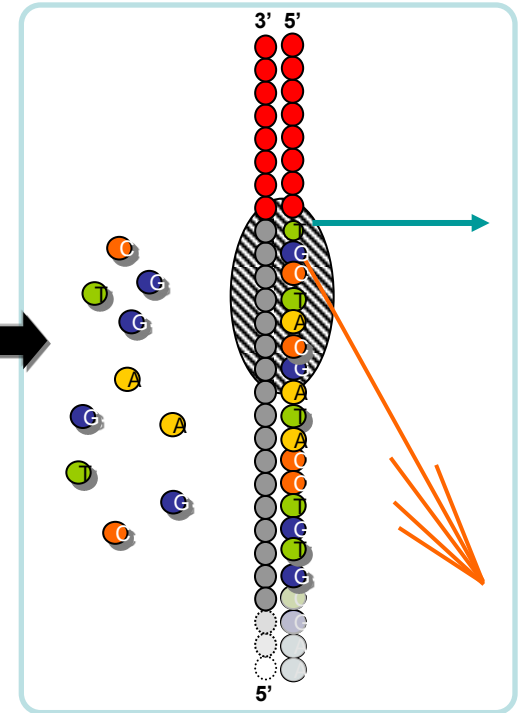
DNA volgordes bepalen:



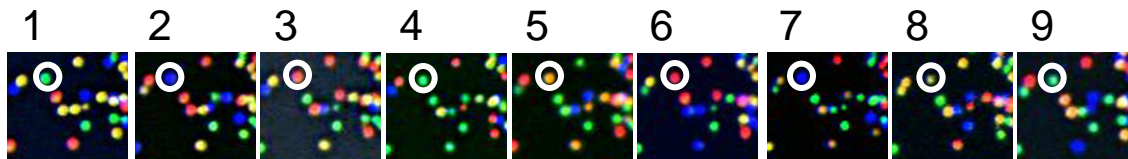
DNA voorbereiding



Clusters genereren



Sequentie analyse

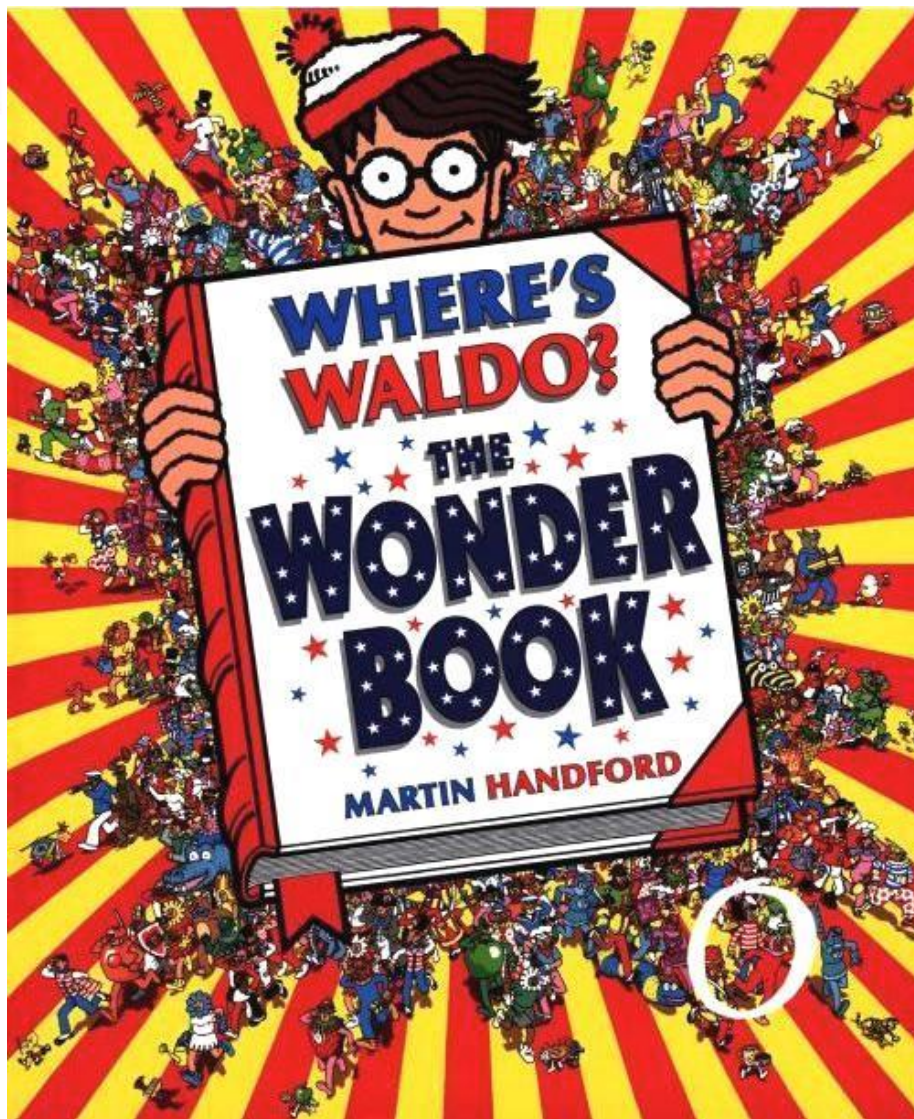


Plaatjes maken



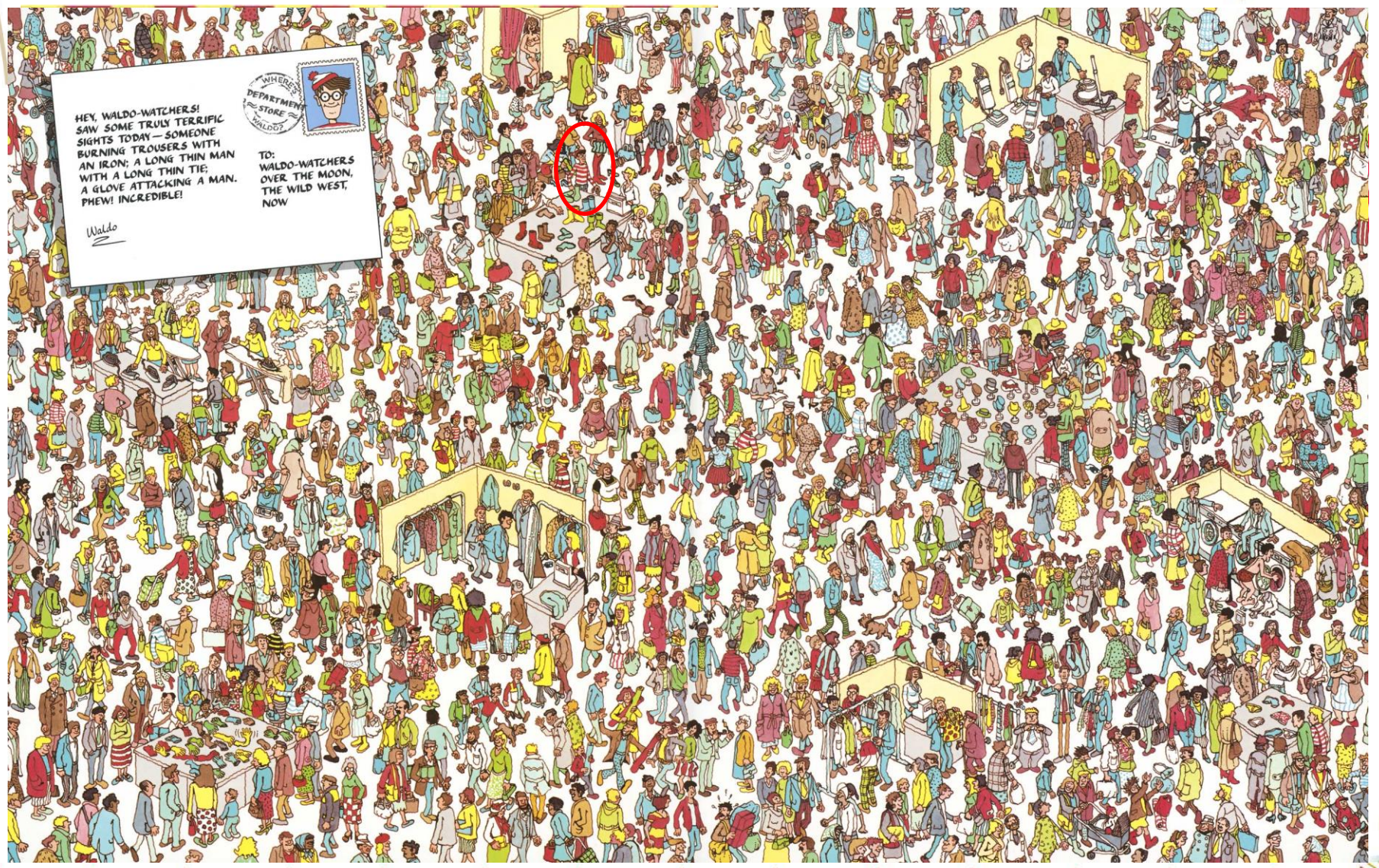
Basen bepalen





Ziekteverwekkende Variant vinden





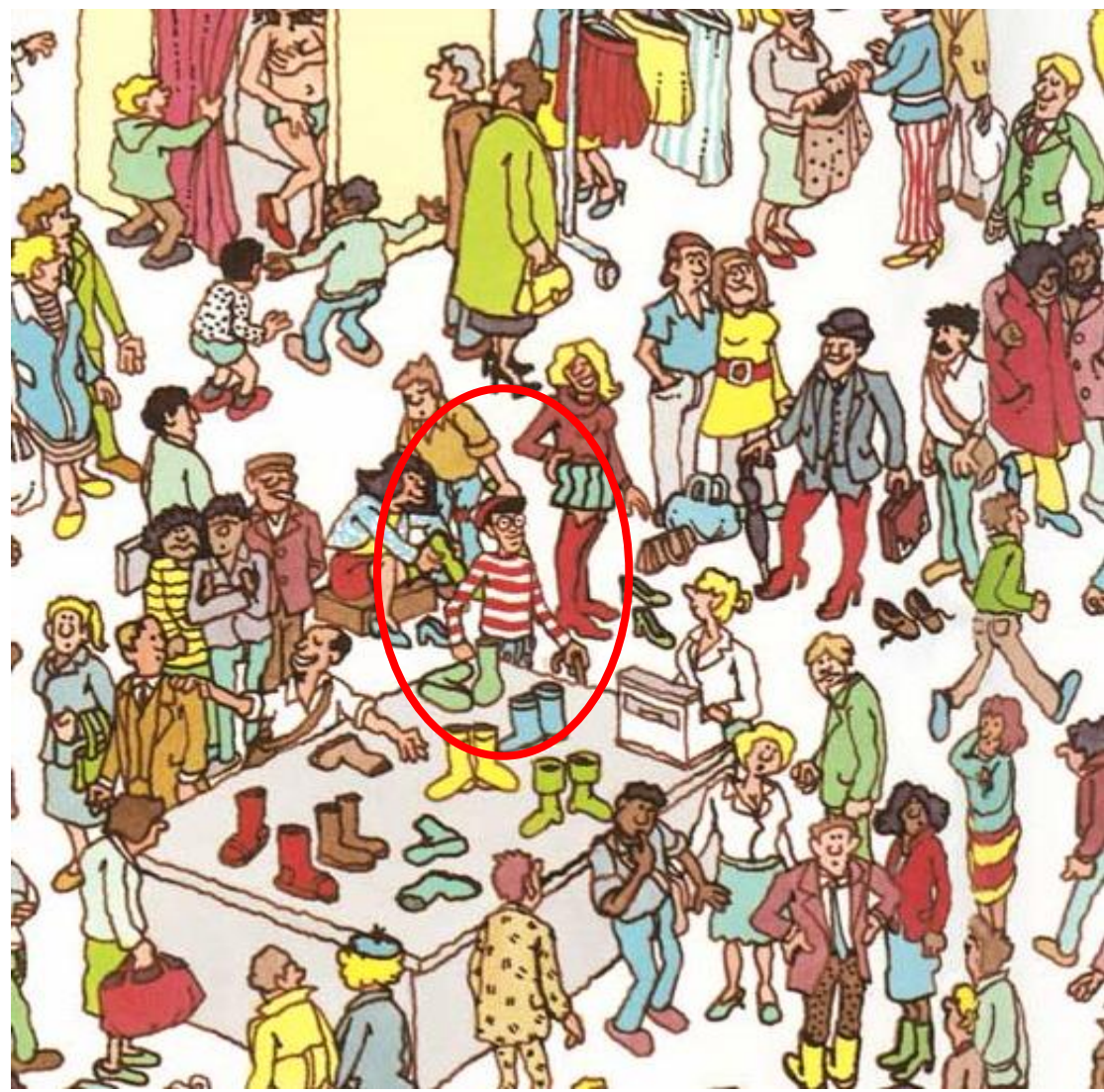
HEY, WALDO-WATCHERS!
SAW SOME TRULY TERRIFIC
SIGHTS TODAY—SOMEONE
BURNING TROUSERS WITH
AN IRON; A LONG THIN MAN
WITH A LONG THIN TIE,
A GLOVE ATTACKING A MAN.
PHEW! INCREDIBLE!

Waldo

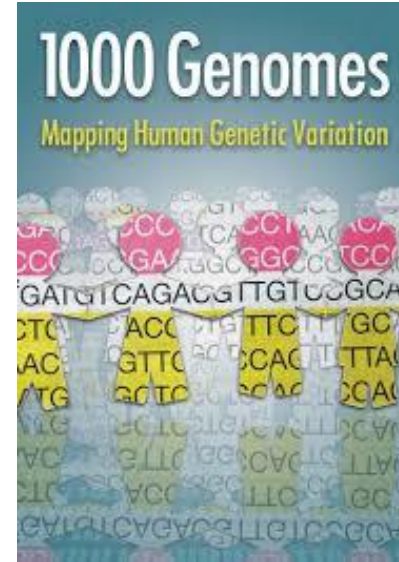
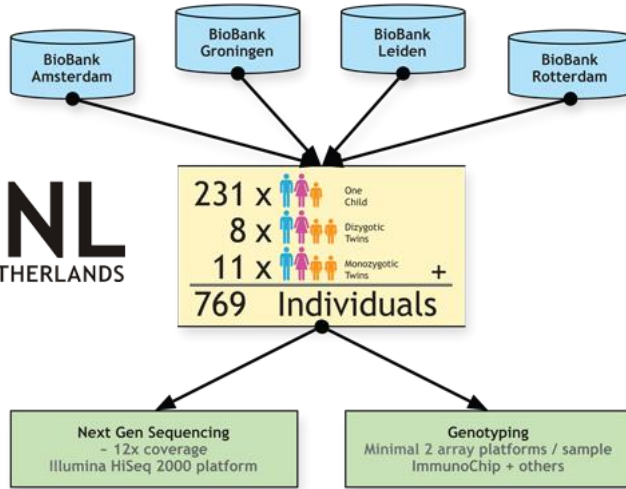


TO: WALDO-WATCHERS
OVER THE MOON,
THE WILD WEST,
NOW





Go•NL
GENOMEoftheNETHERLANDS



Controle
groepen
gebruiken

Exomen van >60.000 mensen



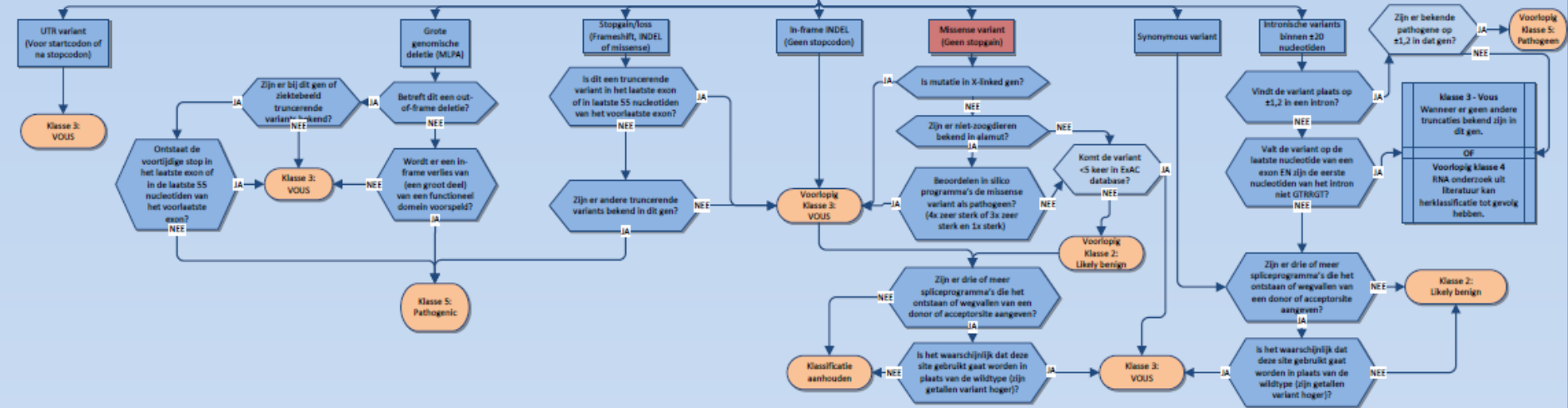
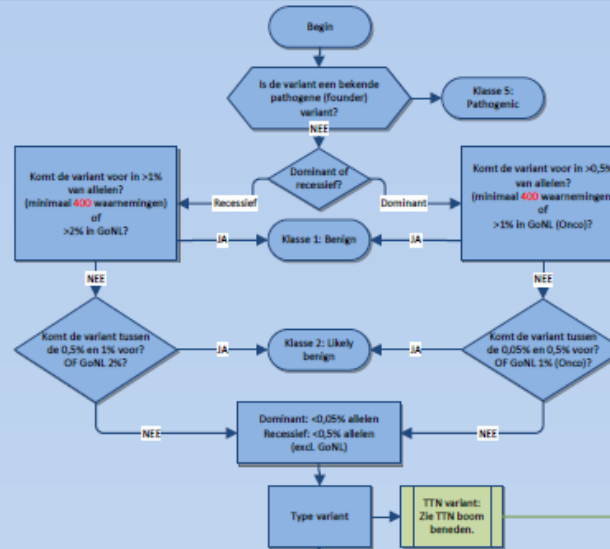
Predictie Programma	Sterk	Zeer sterk
PhyloP	>2.5	≥3 conserved
Grantham	>100 (tot 149) (= moderately radical)	>150 (= radical)
Align-GVGD	C35-C55	C65
PolyPhen2-HumVar	Possibly Damaging (0.45-0.9)	Probably Damaging (>0.9)
SIFT		Deleterious (≤0.05)
MutationTaster		Disease-causing (range 0 to 1)

Populatie AF (allelfrequentie):
 0,05% allelen = 0,0005 AF
 0,1% allelen = 0,001 AF
 1,0% = 0,01 AF

INDEL = insertie/deletie

AF (de allel balance) 0,2 - 0,3 beoordelen. Alleen VOUS/LP/P kijken of het een artefact of pseudogen is.

Sterk geconserveerd houdt in:
Minstens 4x zoogdier
 +
1x niet-zoogdier



Welke mutatie is daadwerkelijk ziekteverwekkend?



MIM +190182
Gene Function
Mapping
Molecular Genetics
Phenotype
Animal Model
Allelic Variants
View List
References
Contributors
Creation Date
Edit History
Gene map
Entrez Gene

Online Mendelian Inheritance in Man

Search OMIM for

Display Detailed Show 20 Send to

+190182
TRANSFORMING GROWTH FACTOR-BETA RECEPTOR, TYPE II; TGFB2

Alternative titles; symbols

COLORECTAL CANCER, HEREDITARY NONPOLYPOSIS, TYPE 6, INCLUDED; HNPCC6, INCLUDED
COLON CANCER, HEREDITARY NONPOLYPOSIS, TYPE 6, INCLUDED

My NCBI
Sign In



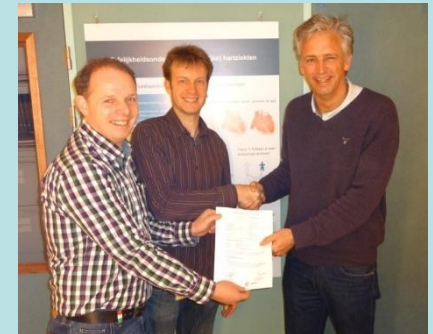
Welke mutatie is daadwerkelijk ziekteverwekkend?

- **Pathogeen**
- **Waarschijnlijk pathogeen**
- **Onbekende betekenis**
- **Waarschijnlijk onschuldig**
- **Onschuldig**

*ABCC9, ACTC1, ACTN2,
ANKRD1, BAG3, CALR3,
CAV3, CRYAB, CSRP3/MLP,
DES, DMD, DSG2, DSG3*

Sinds September 2012 in Routine Diagnostiek:

1150 patiënten 55 genen panel
1020 patiënten 60 genen panel
2170 patiënten totaal



*TCAP, TMEM43, TNNC1,
TNNI3, TNNT2, TPM1, TTN,
TXNRD2, VCL, ZASP/LDB3*

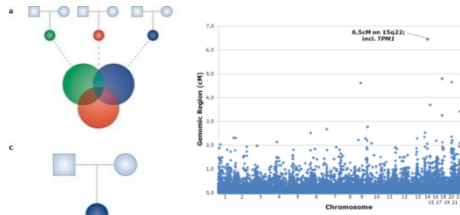


Gene panel based resequencing

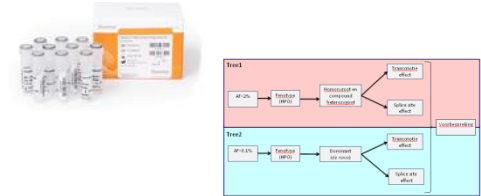
ABCC9, ACTC1, ACTN2, ANKRD1, BAG3, CALR3, CRYAB, SRP3/MLP, DES, DMD, DSC2, DSG2, DSP, EMD, GLA, JPH2, JUP, LAMA4, LAMP2, LMNA, MYBPC3, MYH6, MYH7, MYL2, MYL3, MYPN, MYOZ1, MYOZ2, PKP2, PLN, PRKAG2, PSEN1, PSEN2, RBM20, RYR2, SCN5A, SGCD, TAZ, TBX20, TCAP, TMEM43, TNNC1, TNNI3, TNNT2, TPM1, TTN, VCL, ZASP



Exome Sequencing



Whole Genome Sequencing



Exoom (WES) vs Whole genome (WGS)

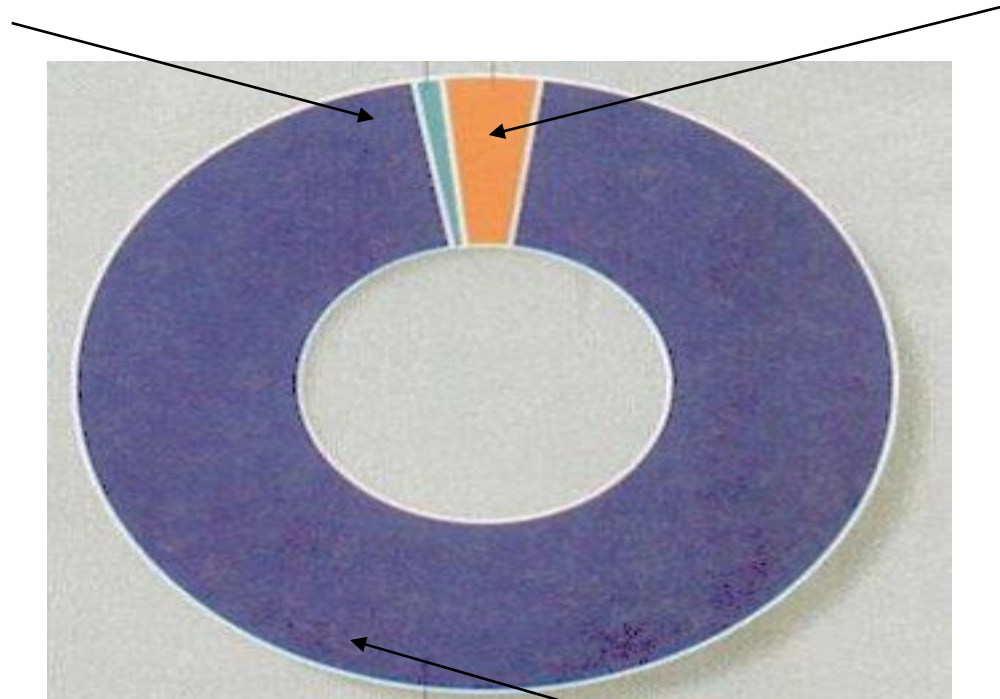
1.2% of DNA codeert voor eiwitten

3.8% geconserveerd in zoogdieren

→ Exoom
(alle **exonen** van
een **genoom**)

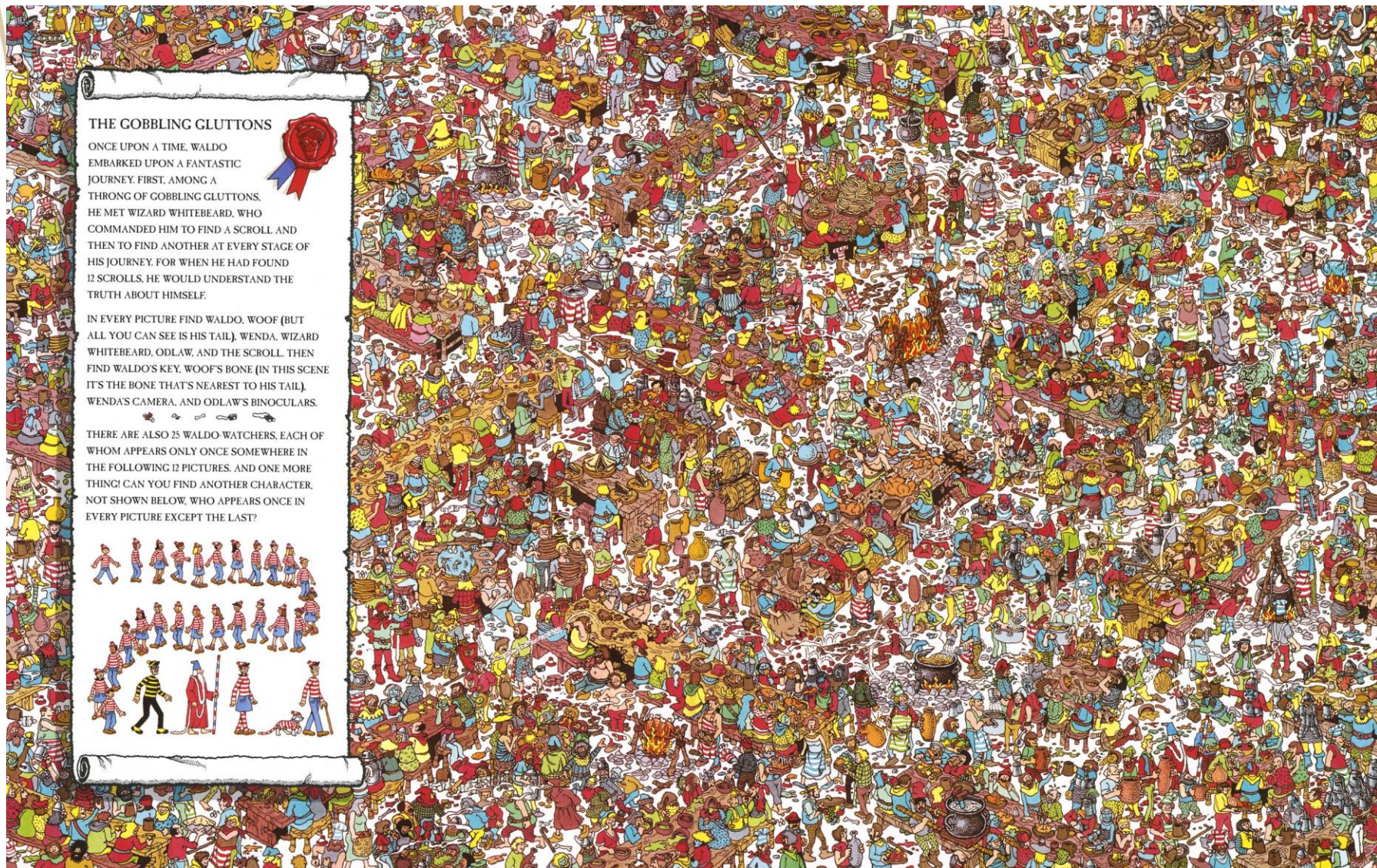
(>180,000 exons)

..bevat 80% van
alle mutaties



95% van DNA geen/
onbekende functie





THE GOBBLING GLUTTONS



ONCE UPON A TIME, WALDO EMBARKED UPON A FANTASTIC JOURNEY. FIRST, AMONG A THRONG OF GOBBLING GLUTTONS, HE MET WIZARD WHITEBEARD, WHO COMMANDED HIM TO FIND A SCROLL, AND THEN TO FIND ANOTHER AT EVERY STAGE OF HIS JOURNEY. FOR WHEN HE HAD FOUND 12 SCROLLS, HE WOULD UNDERSTAND THE TRUTH ABOUT HIMSELF.

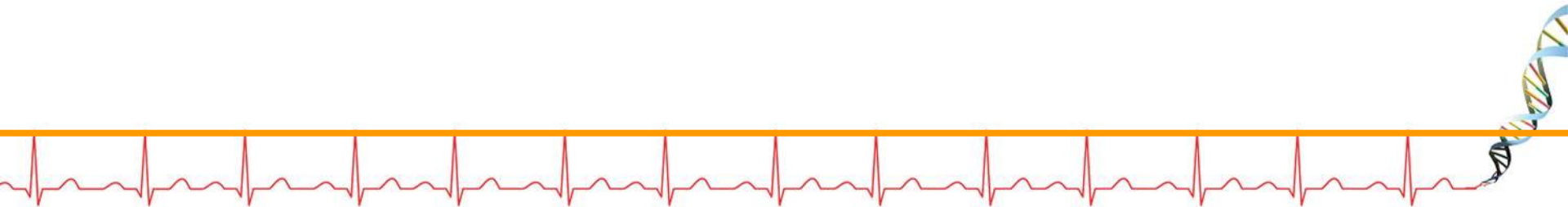
IN EVERY PICTURE FIND WALDO, WOOF (BUT ALL YOU CAN SEE IS HIS TAIL), WENDA, WIZARD WHITEBEARD, ODLAW, AND THE SCROLL. THEN FIND WALDO'S KEY, WOOF'S BONE (IN THIS SCENE IT'S THE BONE THAT'S NEAREST TO HIS TAIL), WENDA'S CAMERA, AND ODLAW'S BINOCULARS.

THERE ARE ALSO 25 WALDO WATCHERS, EACH OF WHOM APPEARS ONLY ONCE SOMEWHERE IN THE FOLLOWING 12 PICTURES. AND ONE MORE THING! CAN YOU FIND ANOTHER CHARACTER, NOT SHOWN BELOW, WHO APPEARS ONCE IN EVERY PICTURE EXCEPT THE LAST?



Waarom toch Exoom sequencing?

- *Flexibel: geen vast genen set
- *Alle genen: grotere kans op diagnose (“exoom openen”)
 - > kinderen met cardiomyopathie
- *Zelfde test voor alle ziekten
- *Nieuwe genen vinden



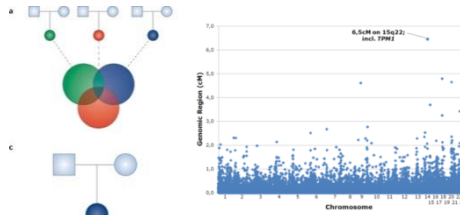


Gene panel based resequencing

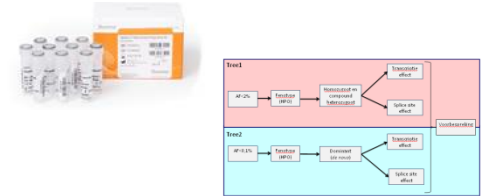
ABCC9, ACTC1, ACTN2, ANKRD1, BAG3, CALR3, CRYAB, SRP3/MLP, DES, DMD, DSC2, DSG2, DSP, EMD, GLA, JPH2, JUP, LAMA4, LAMP2, LMNA, MYBPC3, MYH6, MYH7, MYL2, MYL3, MYPN, MYOZ1, MYOZ2, PKP2, PLN, PRKAG2, PSEN1, PSEN2, RBM20, RYR2, SCN5A, SGCD, TAZ, TBX20, TCAP, TMEM43, TNNC1, TNNI3, TNNT2, TPM1, TTN, VCL, ZASP

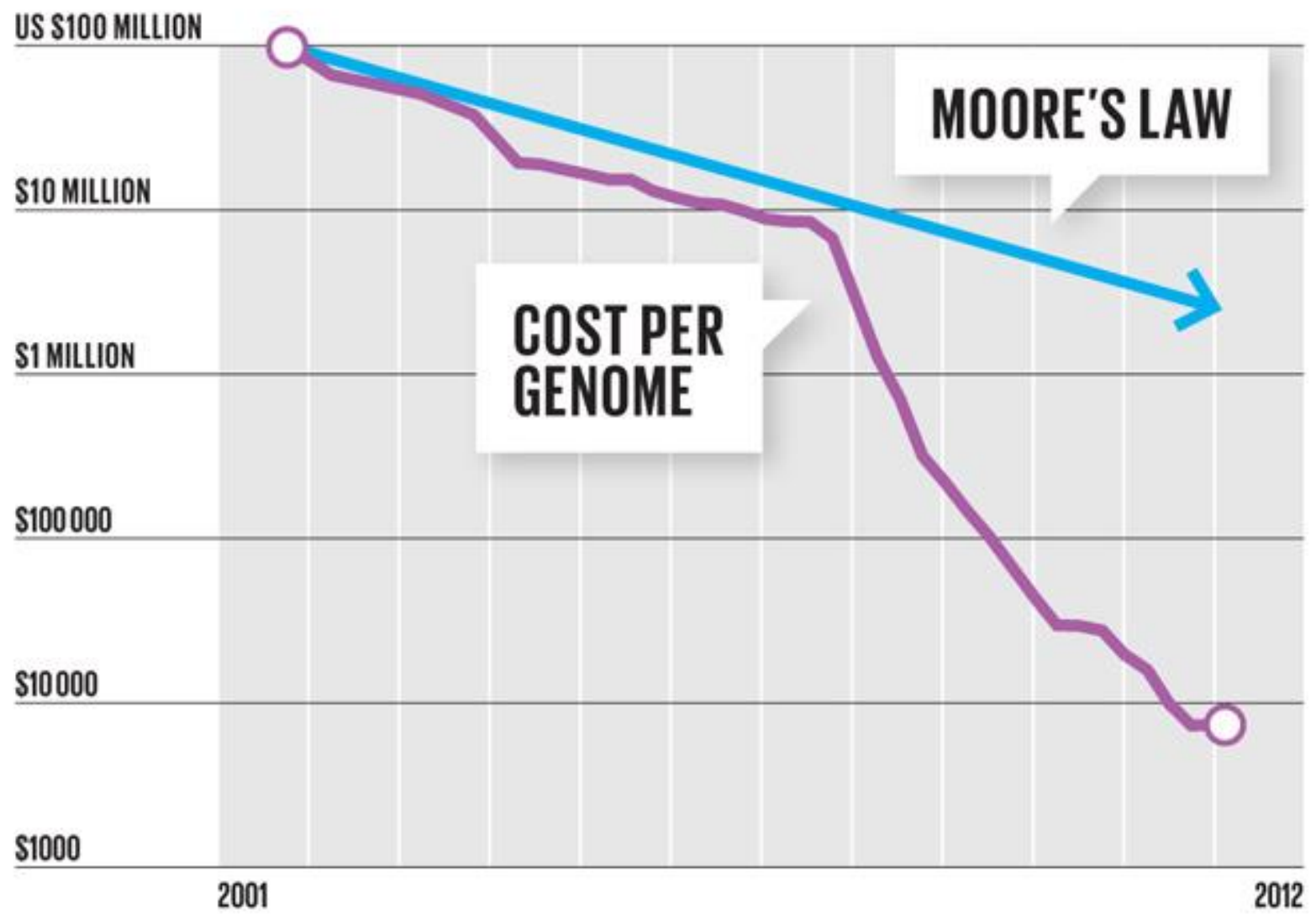


Exome Sequencing



Whole Genome Sequencing







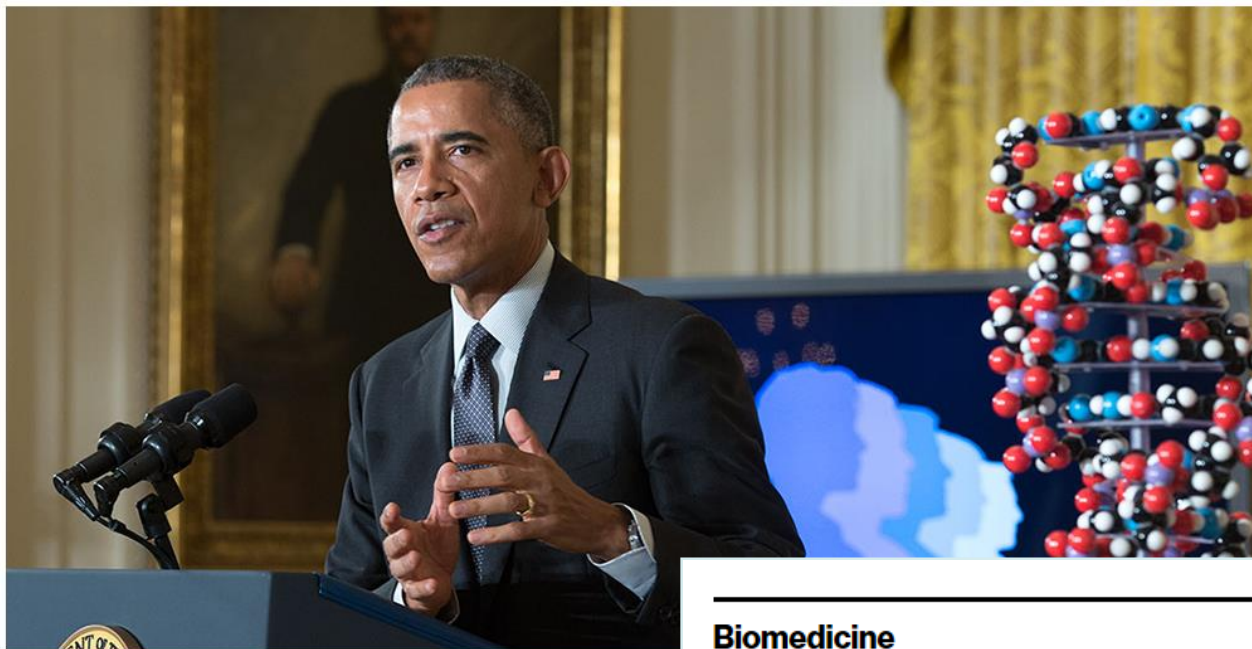
About Us ▾ | 100,000 Genomes Project ▾ | Taking Part ▾ | For Healthcare Professionals ▾ | Research ▾ | Indus

Home > The 100,000 Genomes Project

The 100,000 Genomes Project

The project will sequence 100,000 genomes from around 70,000 people. Participants are NHS patients with a rare disease, plus their families, and patients with cancer.

THE PRECISION MEDICINE INITIATIVE



Biomedicine

U.S. to Develop DNA Study of One Million People

An Obama initiative seeks to channel a torrent of gene information into treatments for cancer, other diseases.

Waarom genoom sequencing?

Sneller

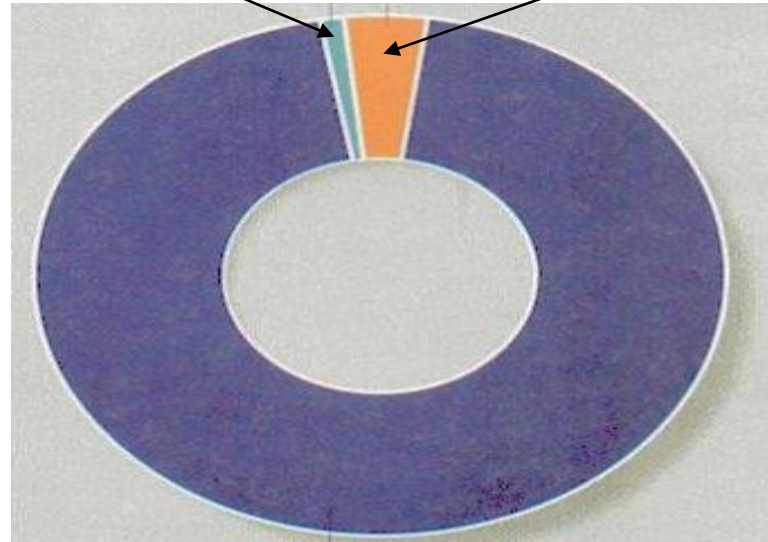
Beter

Meer informatie

Alles beschikbaar

1.2% of DNA codeert
voor eiwitten

3.8% geconserveerd
in zoogdieren



95% van DNA geen/
onbekende functie





NEWS IN FOCUS

BIOPIRACY Protocol will stop exploitation — and create red tape p.14

BOTANY Forensic chemistry to stop South Africa's plant thieves p.17

ASTRONOMY Telescope data bounty sparks access debate p.18

ASTRONOMY Physicists debate future of Argentina's cosmic-ray observatory p.20

CONRAD KOPPEL/CA LOGGETTY



The genomes of ill newborns can be sequenced in less than 24 hours to give clinicians a rapid diagnosis.

GENOMICS

Fast sequencing saves newborns

Rapid analysis of infant genomes is aiding diagnosis and treatment of inexplicably ill babies.

and healthy. Had physicians sent his DNA off for a conventional genomic test, the diagnosis could have taken more than a month — by which time he would probably have died.

The boy is one of 44 sick infants whose genomes Kingsmore's group has sequenced using a process that can provide a diagnosis in as little as 24 hours. In 28 of these cases, the researchers have been able to diagnose the baby's condition. And in about half of these, they have been able to recommend changes in treatment, Kingsmore reported on 19 September at the Genomics of Common Diseases meeting in Potomac, Maryland. On 6 October, his group will kick off a larger project to sequence hundreds of babies' genomes. It will be the first of four newborn-sequencing studies that each received multimillion-dollar grants from the US National Institutes of Health (NIH) in September 2013. The studies will address both the feasibility and the ethics of a process that could soon become standard for inexplicably ill newborns.

Over the next five years, Kingsmore's group will sequence the genomes of 500 sick babies from the Children's Mercy Hospital NICU and compare the infants' clinical outcomes with those of 500 NICU babies who are diagnosed using conventional genetic and metabolic tests. The researchers will assess whether rapid sequencing allows babies to avoid unnecessary tests and unhelpful treatments, and whether it helps parents to make decisions about care when the child is diagnosed as having a fatal disease. Even when an infant does die, Kingsmore says, a genome sequence and diagnosis can provide closure to parents and give more information about the genetic conditions they carry.

Kingsmore calls the rapid sequencing technique a 'factory' approach, in which four or five specialists each perform one step of the process — from the blood draw to the final

which time he would probably have died.

The boy is one of 44 sick infants whose genomes Kingsmore's group has sequenced using a process that can provide a diagnosis in as little as 24 hours. In 28 of these cases, the researchers have been able to diagnose the baby's condition. And in about half of these, they have been able to recommend changes in treatment, Kingsmore reported on 19 September at the Genomics of Common Diseases meeting in Potomac, Maryland. On 6 October, his group will kick off a larger project to sequence hundreds of babies' genomes. It will be the first of four newborn-sequencing





Home Wat we doen Voor wie Nieuws Organisatie Contact EN NL

Hoe meer we weten, hoe beter onze zorg

Hartwig Medical Foundation maakt op unieke wijze vooruitgang mogelijk in het onderzoek naar de behandeling van kanker in Nederland. Het is het eerste landelijke DNA data 'sequencing' centrum en brengt gepersonaliseerde zorg bij kanker een stap dichterbij.

BEKIJK VIDEO

“

Door alle medische informatie over individuele kankerpatiënten bijeen te brengen, ontstaat kennis die alle toekomstige patiënten unieke kansen op een betere behandeling biedt.



Emille Voest - Namens Antoni van Leeuwenhoek lid Raad van Toezicht, Hartwig Medical Foundation

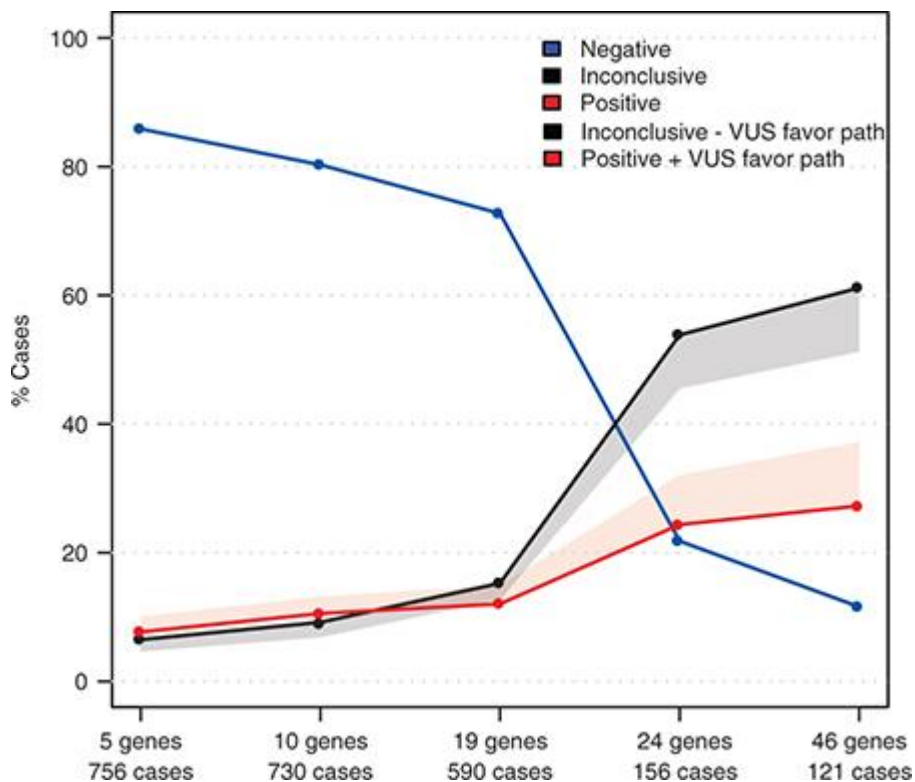
Informatie voor

- PATIENTEN
- ZORGPROFESSIONALS
- ONDERZOEKERS

18.000
Genomen
Per jaar!



Panel: meer genen = meer varianten



Klasse	Omschrijving	%
5	Pathofoon	>99%
4	Waarsch. Pathofoon	95-99%
3	Onzeker (VUS, variant of unknown significance)	5-95%
2	Waarsch. Niet pathofoon	0,1-5%
1	Niet pathofoon	< 0,1%

Ongeveer 50% heeft een variant waarvan de betekenis niet duidelijk is

Puch et al. Genetics in
Med. 2014

Varianten beter begrijpen:

- Data delen
- Data “cureren”
- RNA sequencen
- Functie testen: CRISP CAS e.a.

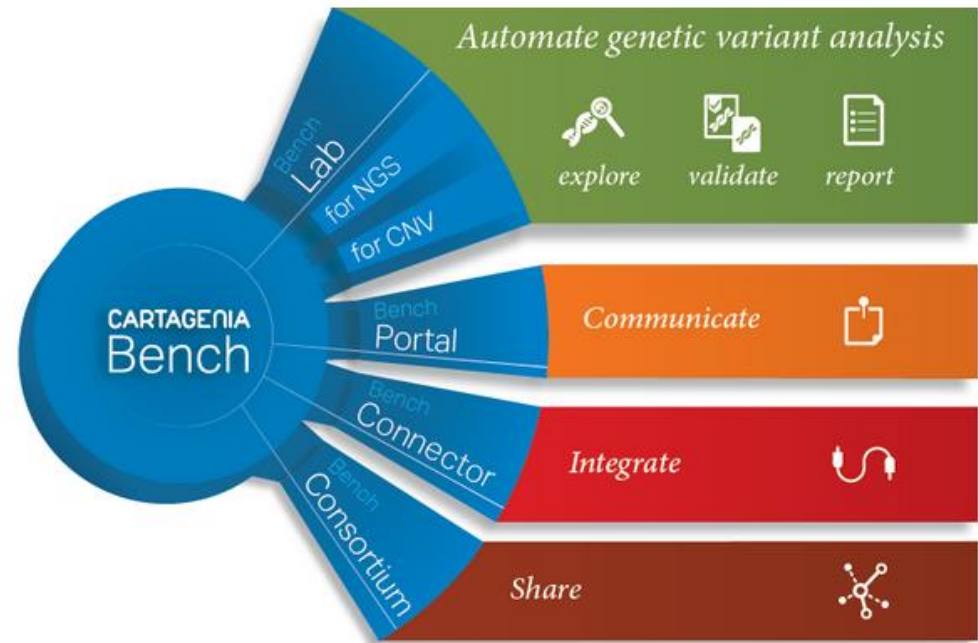


Varianten beter begrijpen:

- Data delen
- Data “cureren”
- RNA sequencen
- Functie testen: CRISP CAS e.a.



Gen panel gebaseerde analyses:



Dennis Dooijes (UMCU)
Ronald Lekanne dit Deprez (AMC)
Marjon Slegtenhorst (EMC)
Arthur van de Wijngaard (MUMC)
Jan Jongbloed (UMCG)

Varianten beter begrijpen:

Official journal of the American College of Medical Genetics and Genomics **ORIGINAL RESEARCH ARTICLE** | Genetics inMedicine

Open

Reassessment of Mendelian gene pathogenicity using 7,855 cardiomyopathy cases and 60,706 reference samples

Roddy Walsh, BSc, MSc^{1,2}, Kate L. Thomson, BSc, FRCPath^{3,4}, James S. Ware, PhD, MRCP^{1,2,5}, Birgit H. Funke, PhD, FACMG^{6,7}, Jessica Woodley, BSc³, Karen J. McGuire, BSc³, Francesco Mazzarotto, BSc, MSc^{1,2}, Edward Blair, BMSc, MRCP⁸, Anneke Seller, PhD³, Jenny C. Taylor, PhD^{9,10}, Eric V. Minikel, MS¹¹⁻¹⁴, Exome Aggregation Consortium¹⁴, Daniel G. MacArthur, PhD^{11,12,14,15}, Martin Farrall, FRCPath^{4,10}, Stuart A. Cook, PhD, MRCPATH^{2,5,16,17} and Hugh Watkins, MD, PhD^{4,10}

- Data delen

- Data “cureren”

Exomen van >60.000 mensen

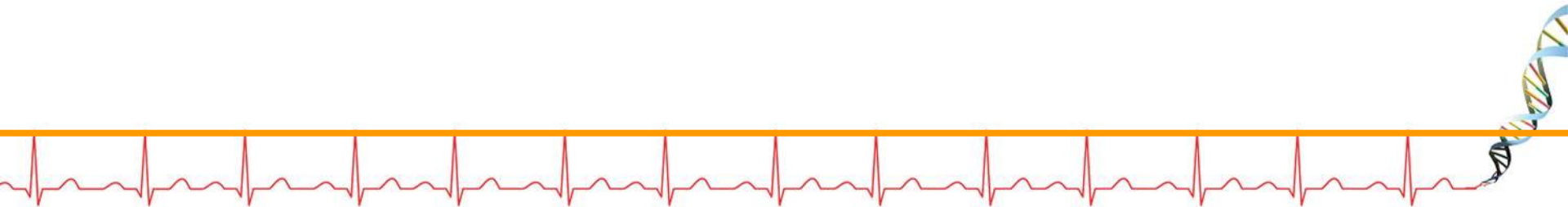
- RNA sequenzen

- Functie testen: CRISP CAS e.a.

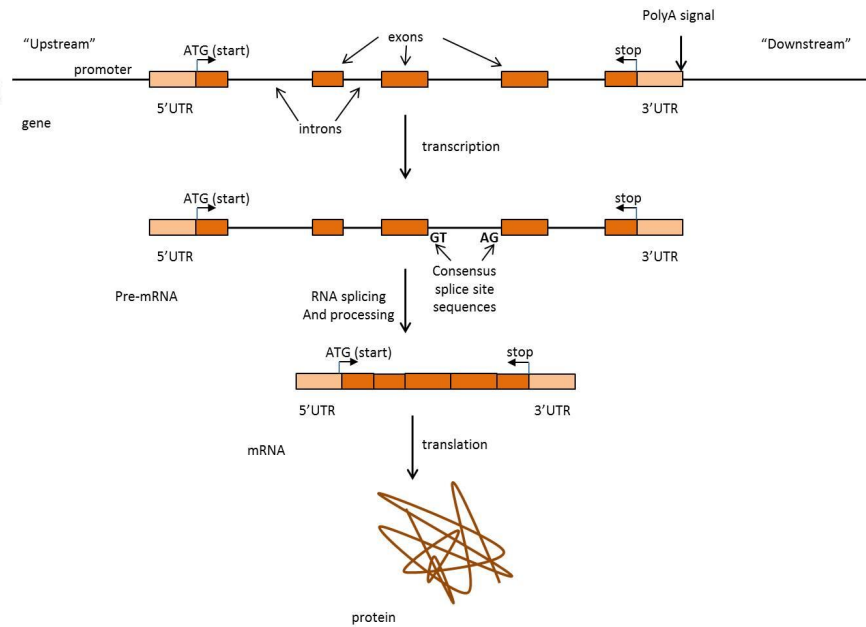
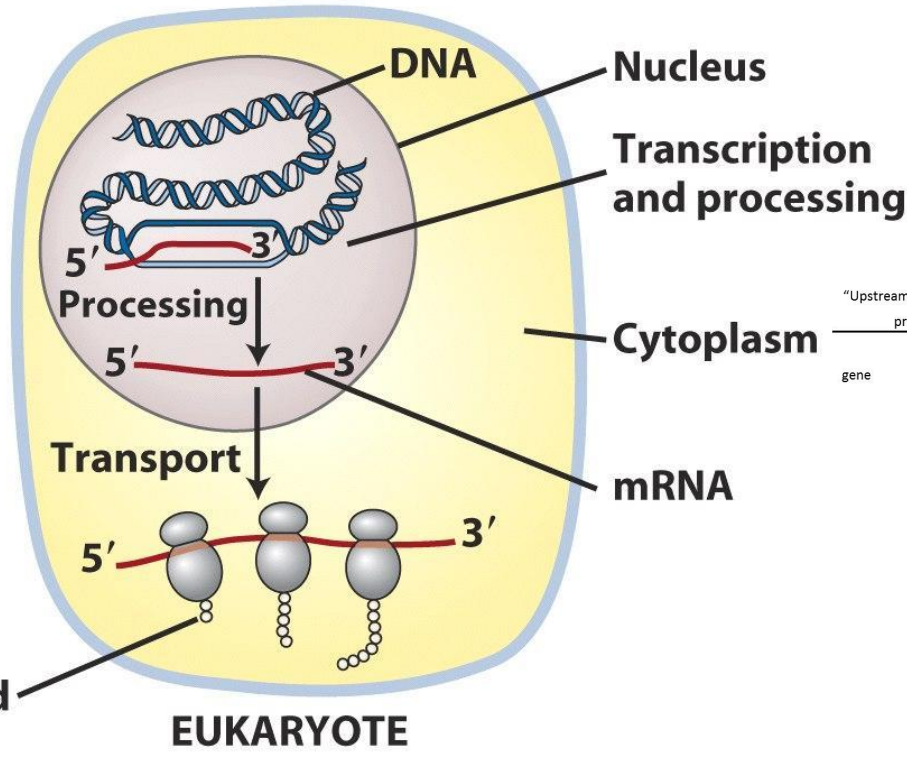


Varianten beter begrijpen:

- Data delen
- Data “cureren”
- RNA sequenzen
- Functie testen: CRISP CAS e.a.

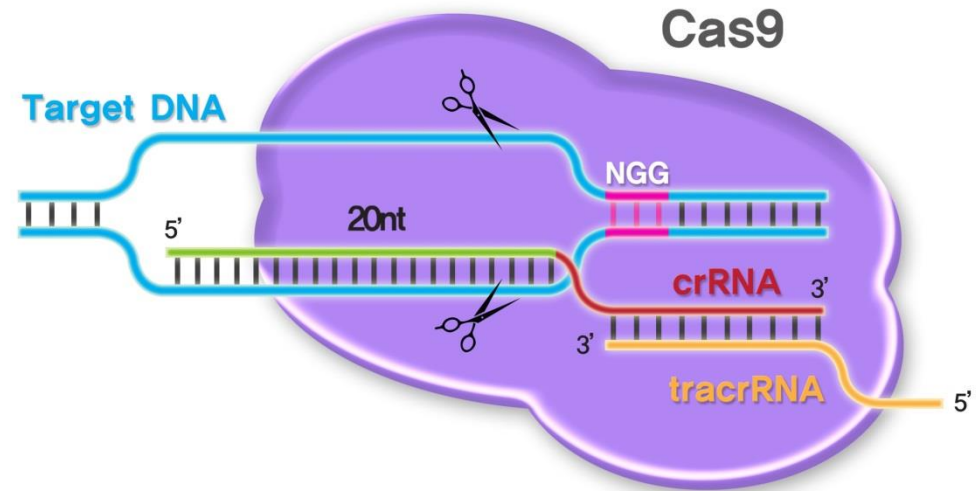


(b)



Varianten beter begrijpen:

- Data delen
- Data “cureren”
- RNA sequencen
- Functie testen: CRISP CAS e.a.



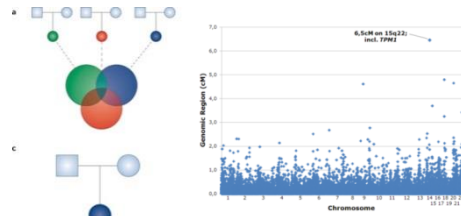


Gene panel based resequencing

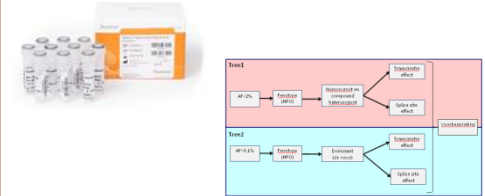
ABCC9, ACTC1, ACTN2, ANKRD1, BAG3, CALR3, CRYAB, SRP3/MLP, DES, DMD, DSC2, DSG2, DSP, EMD, GLA, JPH2, JUP, LAMA4, LAMP2, LMNA, MYBPC3, MYH6, MYH7, MYL2, MYL3, MYPN, MYOZ1, MYOZ2, PKP2, PLN, PRKAG2, PSEN1, PSEN2, RBM20, RYR2, SCN5A, SGCD, TAZ, TBX20, TCAP, TMEM43, TNNC1, TNNI3, TNNT2, TPM1, TTN, VCL, ZASP



Exome Sequencing



Whole Genome Sequencing





Vragen?

