

# Genomics England

# Biomedical Research in Cancer & Rare Disease

Parker Moss

Manchester, 6 July 2022



# Our history



December 2012

Announced by former Prime Minister David Cameron – an Olympic Legacy



July 2013

Genomics England formally launched by then Secretary of State for Health during NHS 65<sup>th</sup> Anniversary Celebrations



November 2016

Former Prime Minister Theresa May opens a new Sequencing Centre



July 2017

Chief Medical Officer launches Generation Genome and the Life Sciences report



December 2018

Genomics England reaches goal of sequencing 100,000 genomes

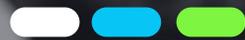


January 2019

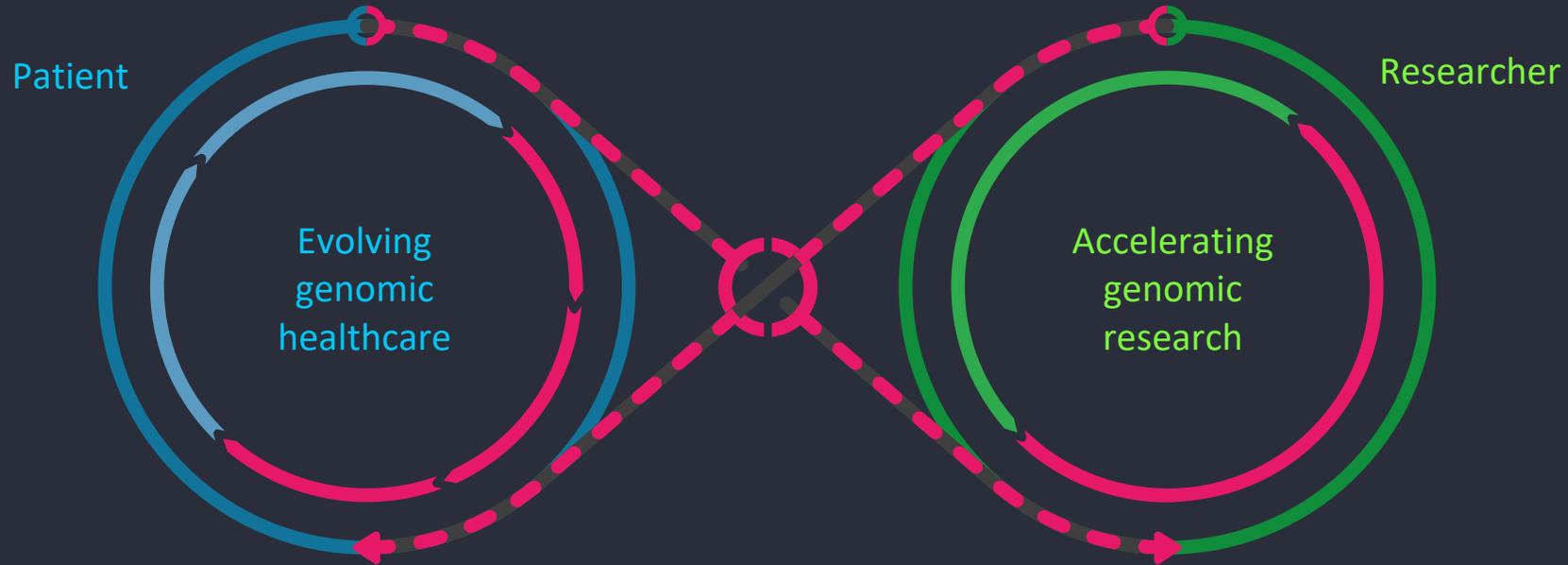
Long Term Plan “an NHS where access to secure linked clinical, genomic and other data will support new medical breakthroughs and consistent quality of care”



Our vision is a world  
where **everyone benefits**  
from genomic healthcare



# GEL Strategy: An Infinity Loop



Patients



Healthcare teams



Researchers

# The UK ecosystem



8 out of 10

Tier 1 pharma access our data

# 100,000 Genomes Project Data

Release v.15

	Cancer	Rare Disease	Total
Genomics	Participants <b>17,243</b>	<b>75,948</b>	<b>93,191</b> + 35K COVID
	Genomes <b>31,208</b> Germline + Tumour 30x 100x	<b>75,894</b> Germline <20% Singleton	<b>107,102</b> + 35K COVID

# 100,000 Genomes Project Data

Genomics



- Tumour staging
- Tumour location
- Histological subtype
- Treatment regimen
- Pathology full-text
- Radiology full-text



- Hospital Episode Statistics
- Mental Health Services Data Set



- Mortality data ONS

Clinical Data



- COVID-19 status



- Exit questionnaire



- Primary Care Data (coming soon)

# 100,000 Genomes Project Data

Genomics



**Clinically  
accredited  
pipelines**

for diagnostics

Clinical Data



**Lifetime  
follow-up**

+ full retrospective  
data



**Re-engagement**

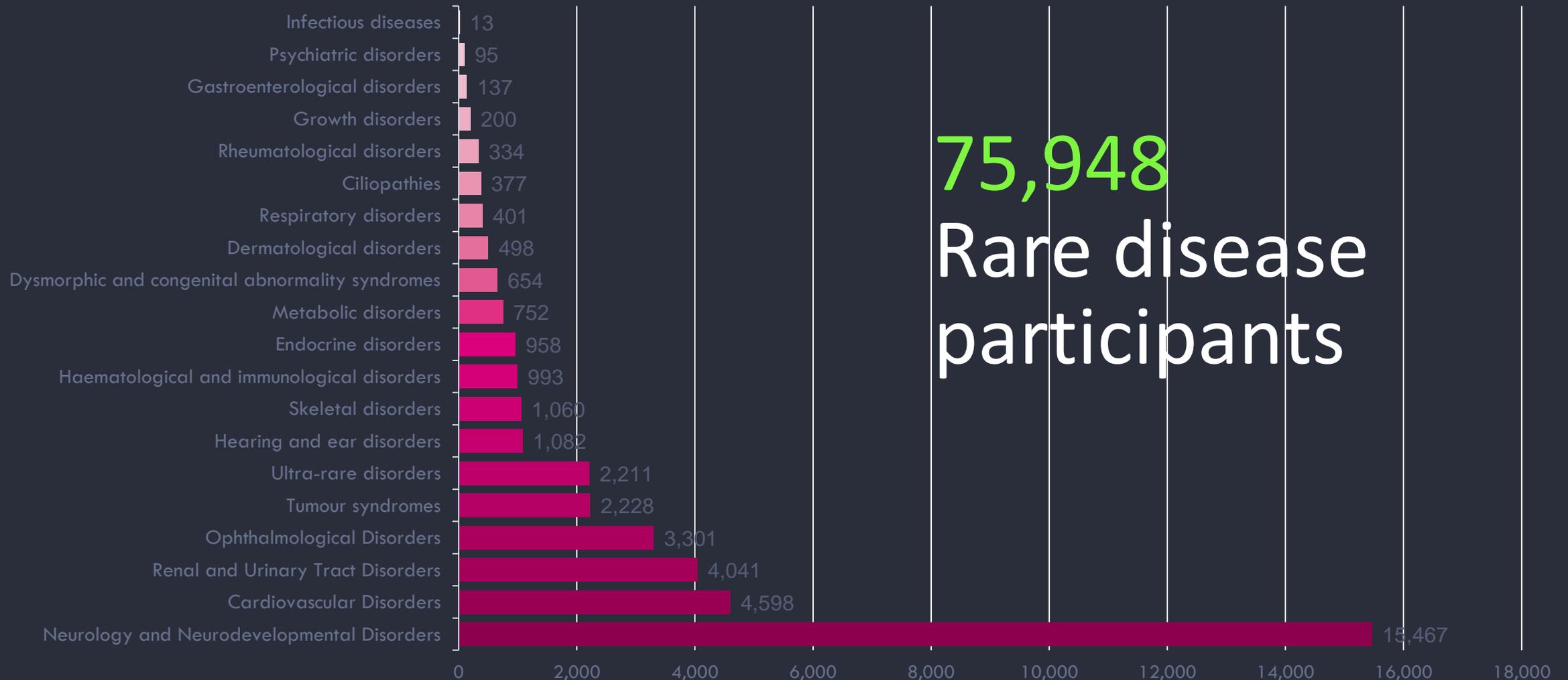
re-phenotyping

re-sampling

re-cruiting

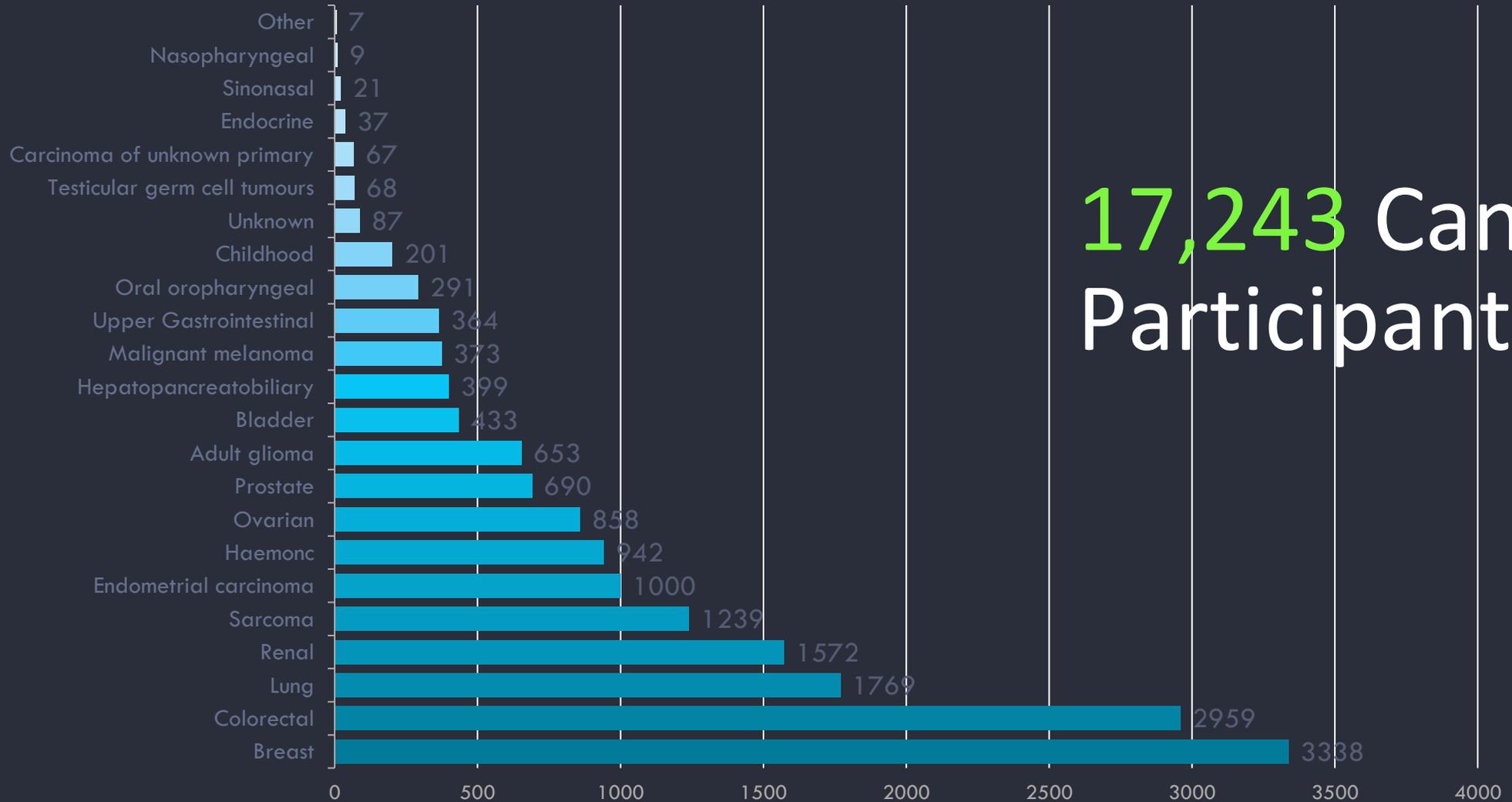
Consent

# 100KGP Rare Diseases Participants



See [Cohort browser](#) for genomes count detail in research environment

# 100KGP Cancer participants



17,243 Cancer Participants

# NHS Genomic Medicine Service

Beyond 100,000

## WGS Cancer indications

- Wave 1: Acute Leukemias, Paediatric Tumors, Sarcomas
- Wave 2: Ovarian HGS, Triple Negative Breast, Glioma, Other Heam Onc, Various relapse & refractory

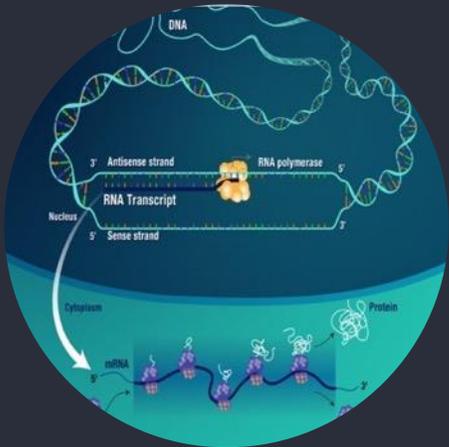
## WGS Rare Disease indications

- Wave 1: 20 rare conditions
- Wave 2: +10 rare conditions

~ 10,000 participants  
will enter the dataset in  
next data release v.16

# New initiatives

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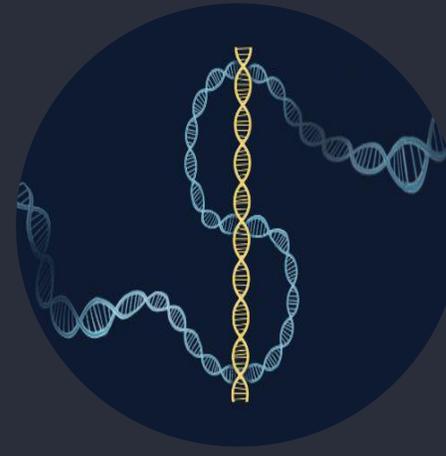
Transcriptomics  
& Proteomics in Rare  
Disease



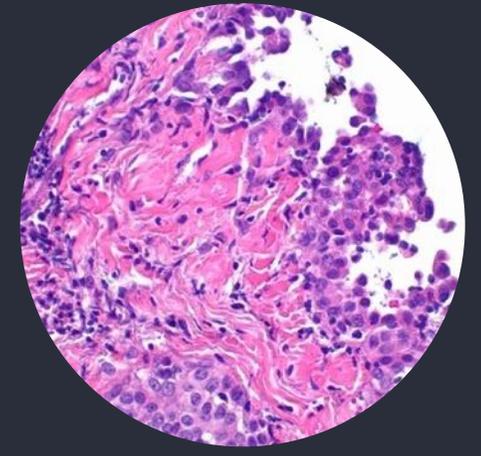
Newborn sequencing



Diversity



Nanopore Sequencing  
in Cancer

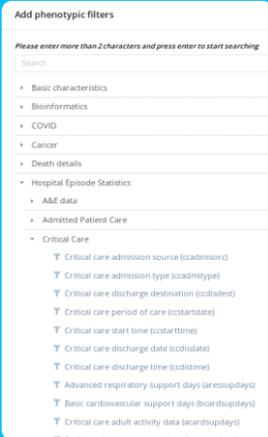


Radiogenomics  
in Cancer

# GEL's Trusted Research Environment: AWS & Lifebit

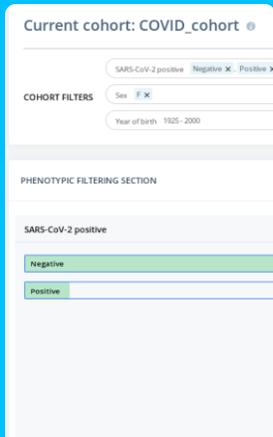
## GEL CloudOS

### Explore Data



Using Intuitive data browser

### Build Cohort



Flexible patient stratification

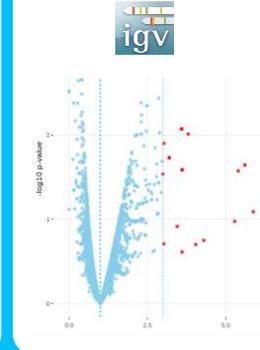
### Analyse Data

Tool repository & Bring Your Own  
**GWAS & PheWAS**

Seamless collaboration in Private Work Spaces

Interactive Analysis  
 

Visualise results  

Command Line Interface & APIs

Workflow Automation



## Lifebit AI Engine

### Advanced Analytics & Deep Learning

Data Science

AI

ML

NLP

### Target Generation

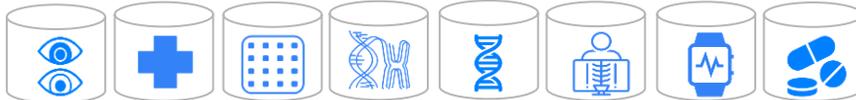
Automate targets generation & novel drug discovery from multi-omic and other data

### Validation Automation

NLP & Knowledge Graph to validate findings & accelerate approval

### Data Federation

**Genomics**  
england



Pharma Data



View demo [here](#)  
Password:  
**GEL\_Lifebit\_Demo**

# Rare Disease Analysis with Aggregate VCFs

gVCF: ~78K rare disease and cancer germline

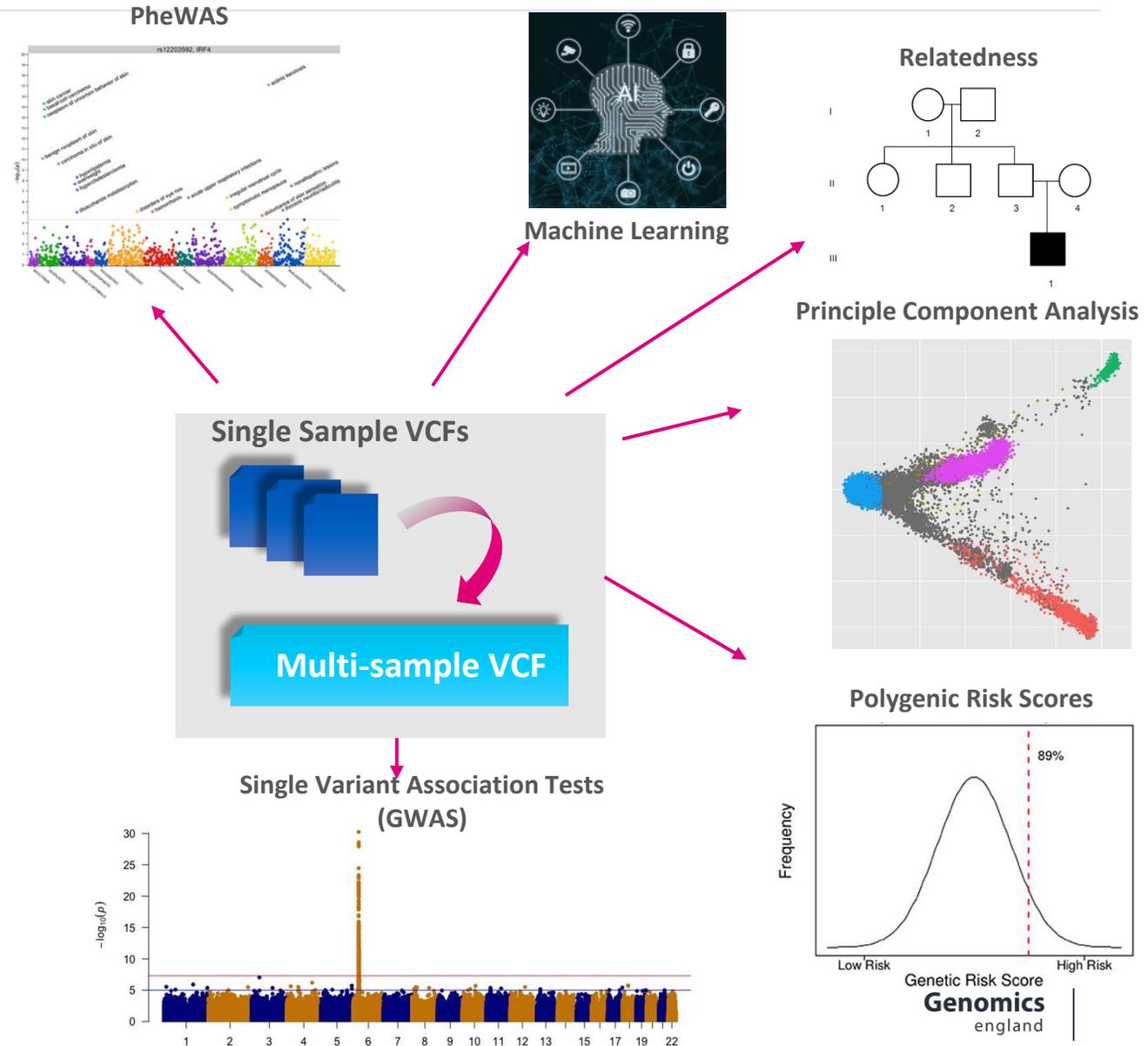
Tight sample QC with PCA and detailed functional annotation files (**Ensembl Variant Effect Predictor**, **ClinVar**, loss of function from **loftee**, population specific allele frequencies from **gnomAD** and **ExAC**, non-coding epigenetic markers from **ENCODE**, **Roadmap** and **spliceAI**)

Clustering of filtered results into groups such as:

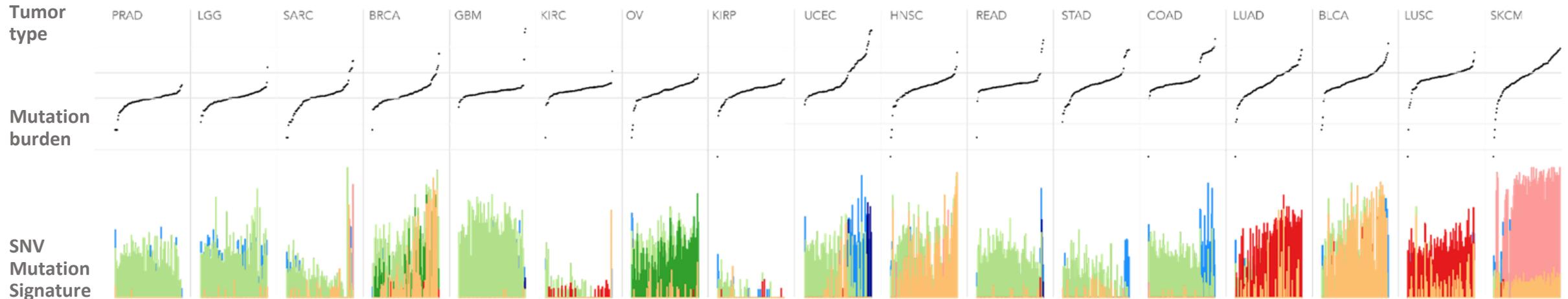
- Chromosome
- Variant type
- Consequence type
- Deleteriousness
- Pathogenicity

Accelerates:

- Derived Ancestry, Allele frequencies
- GWAS, PheWAS, PRS
- AI/ML validation



## Tumour mutation burden and signatures pre-calculated in the GEL research environment



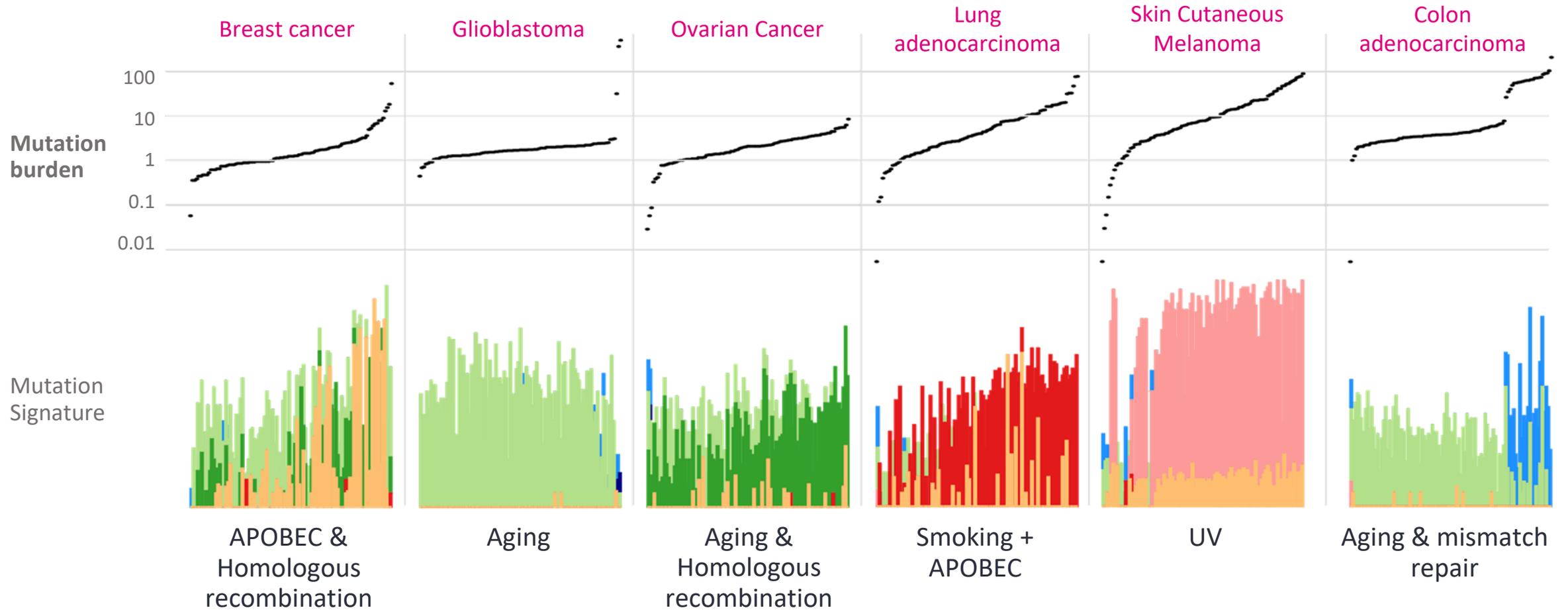
### Tumor mutation burden (TMB)

Calculated as the number of somatic non-synonymous small variants per Mb of coding sequences. High TMB can indicate patient's suitability for immunotherapy

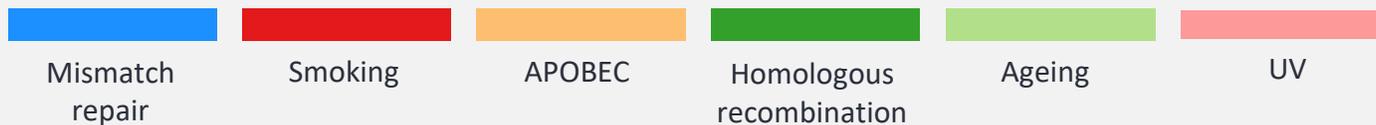
### Mutation signature

Characteristic combinations of mutation types arising from specific mutagenesis processes. For example, smoking causes C>A transversion signature

# Pan genomics markers in cancer



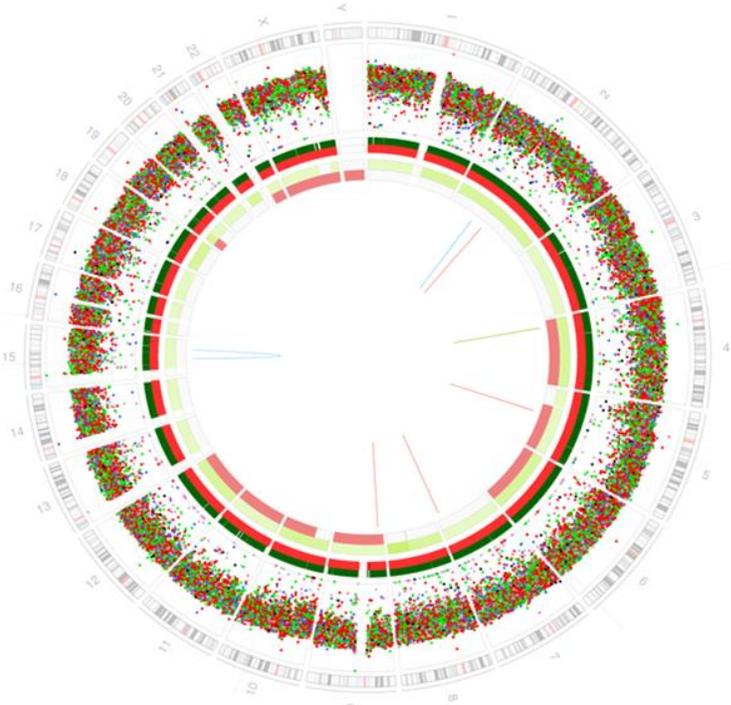
SNV signatures



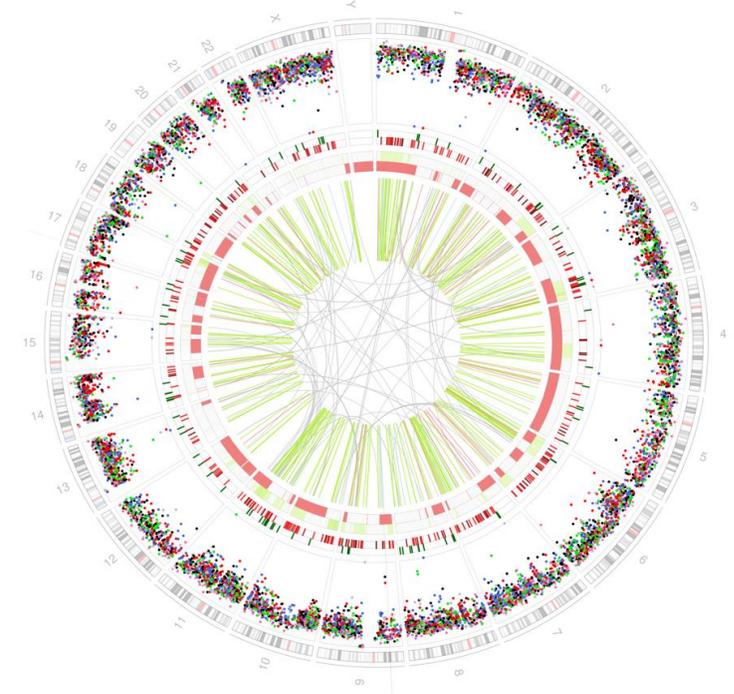
# Feature Extraction from the Whole Genome



ER positive breast cancer  
Good outcome



ER positive breast cancer  
Poor outcome  
Mismatch repair deficient

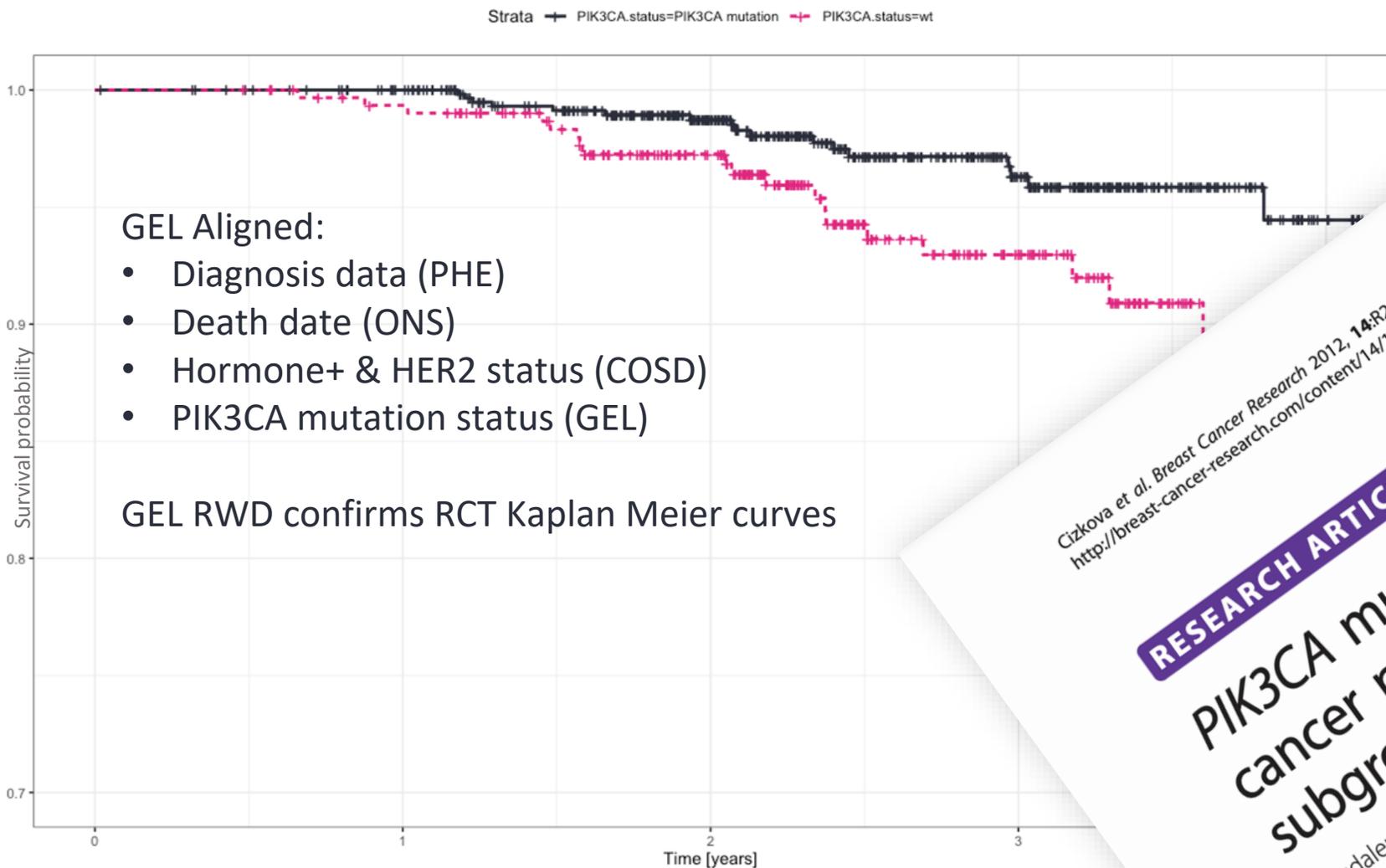


BRCA1 defective  
Poor Outcome  
Homologous Recombination  
deficiency

# Outcomes analysis from GEL RWD

## PIK3CA from GEL RWD predicts Breast Cancer Survival

Impact of somatic variant in PIK3CA on the survival of HR positive, Her2 negative breast cancer patients



Cizkova et al. Breast Cancer Research 2012, 14:R28  
<http://breast-cancer-research.com/content/14/1/R28>

### RESEARCH ARTICLE

## PIK3CA mutation impact on survival in breast cancer patients and in ER $\alpha$ , PR and ERBB2- $\mu$ subgroups

Magdalena Cizkova<sup>1,2</sup>, Aurélie Susini<sup>1</sup>, Sophie Vacher<sup>1</sup>, Géraldine Cizeron-Clairac<sup>1</sup>, Catherine Driouch<sup>1</sup>, Emmanuelle Fourme<sup>3</sup>, Rosette Lidereau<sup>1</sup> and Ivan Bièche<sup>1\*</sup>

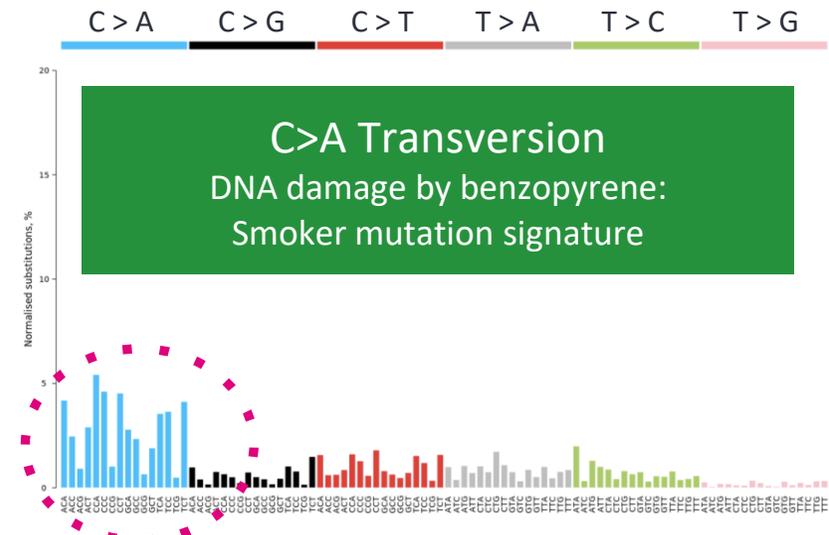
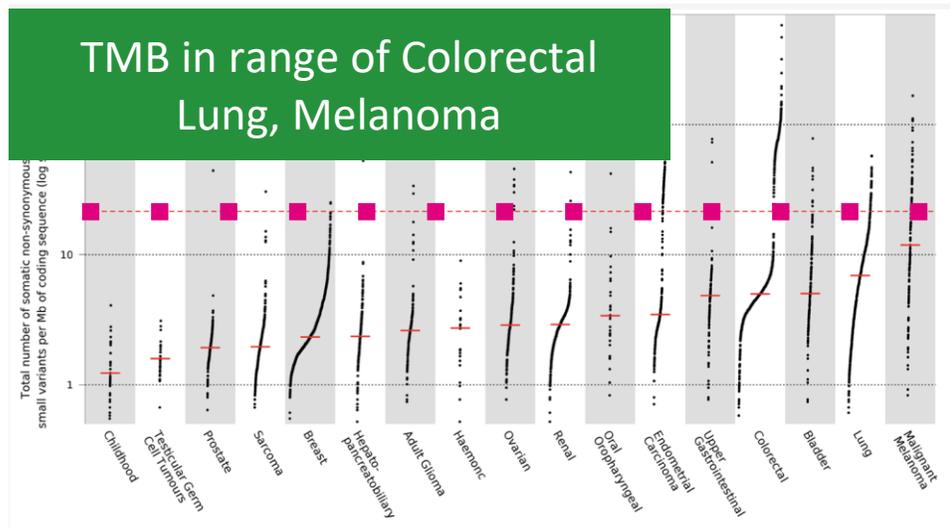
the oncogene showing the highest frequency of gain-of value of PIK3CA mutation status is controversial. prognostic significance of PIK3CA mutation in 151 tumors (33.4%). The receptor subgroup significantly long

# Clinically relevant findings by patient

Disease type	Disease subtype	Annotation group	Tumor type	Topography	Morphology
Carcinoma of unknown primary	Pathology indeterminate cancer NOS non carcinoma lymphoma sarcoma etc	SOLID	Metastases	C7.3, TX2000 Brain Tumor	M80106

Gene	GRCh38 coordinates ref/alt allele	Transcript	CDS change and protein change	Population germline allele frequency (1KG   gnomAD)	VAF	Alt allele/total read depth	Gene-level actionability	Gene mo ac
TP53	17:7675077G >A	ENTST00000269 305	c.535C>Tp. (His179Tyr)	-   -	0.78 (LOH)	57/73	Trial (NSC lung ca, ca, colorectal ca, head neck SCC, ovarian ca, prostate ca) Trial (NSC lung ca, breast ca, colorectal ca, esophageal SCC, head neck SCC, ovarian ca, pancreatic ca, urothelial ca) Trial (ovarian serous ca)	

Potential lung cancer drivers: RB1 & NF1 Frame Shifts



Lung is the likely primary tumor

- A recallable resource of exquisitely annotated rare disease and cancer data
- A world class bioinformatics team available for collaboration
- A community of 4000 clinical-academic collaboration partners, deeply embedded in GEL data
- A gateway to the NHS ecosystem

# Thank you

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