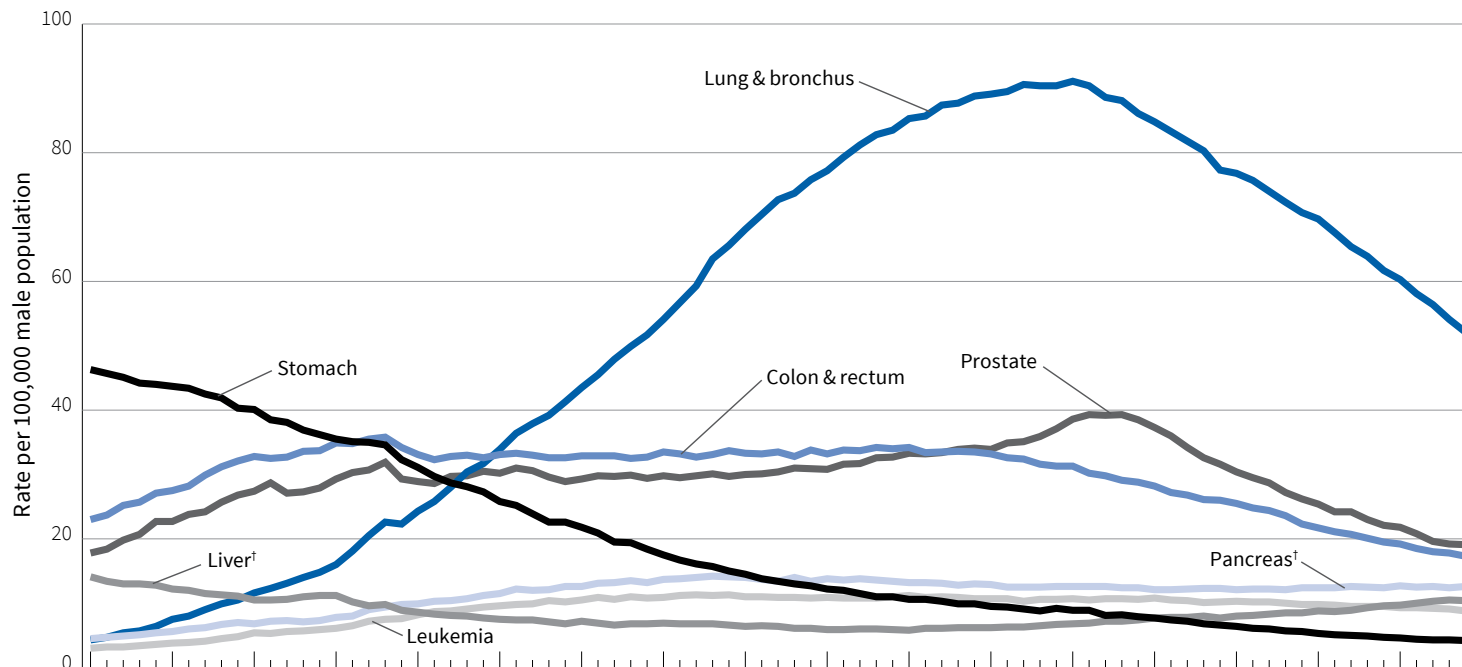


# **Cancer Genomics**

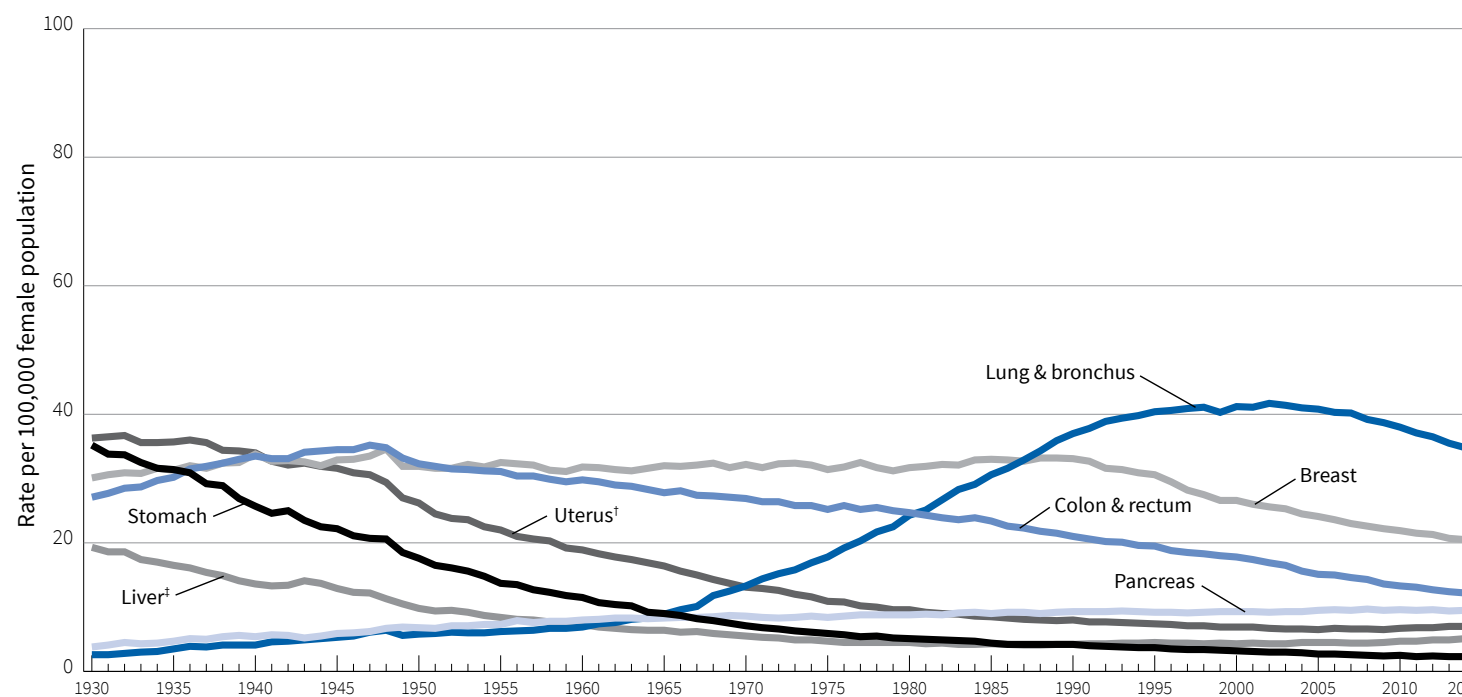
## **Intro Slides**

# Epidemiology of cancer-related mortality rates in the United States (1930-2014)

**Men**

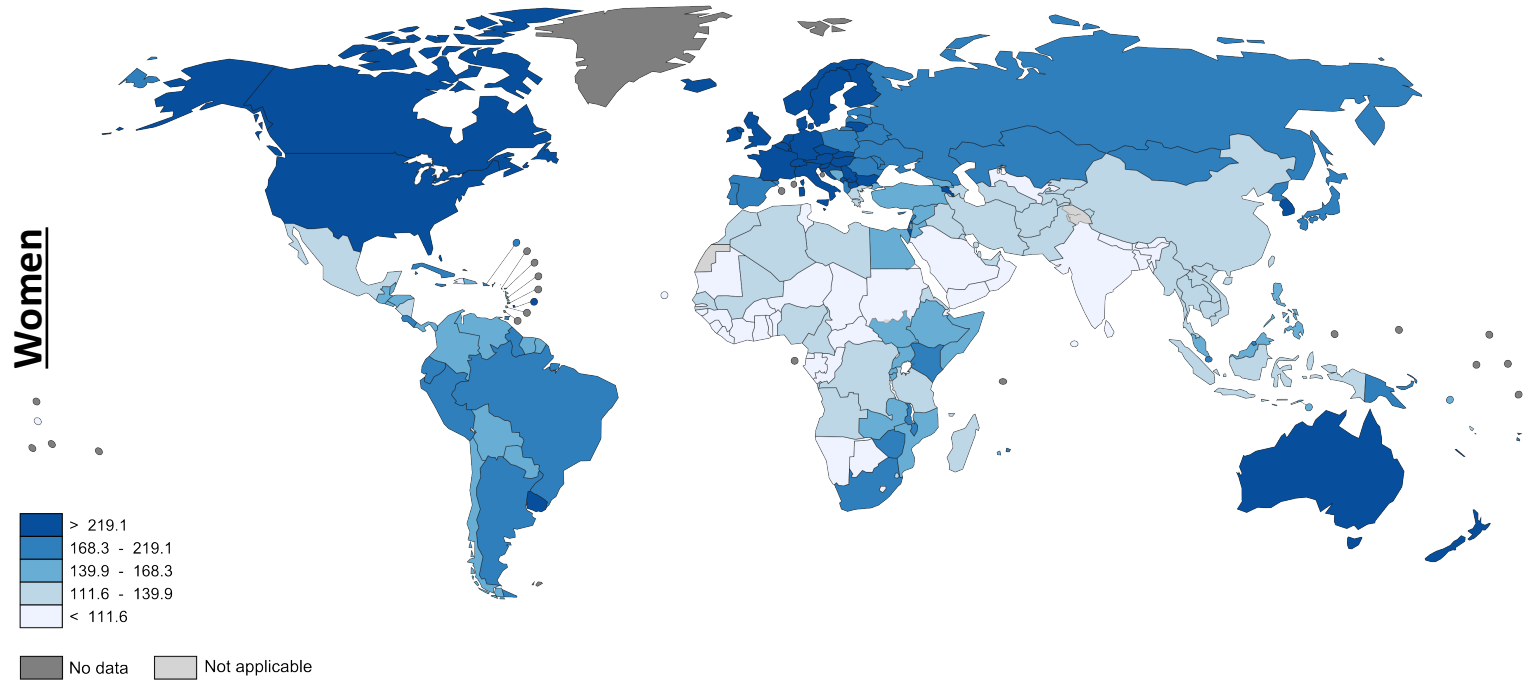
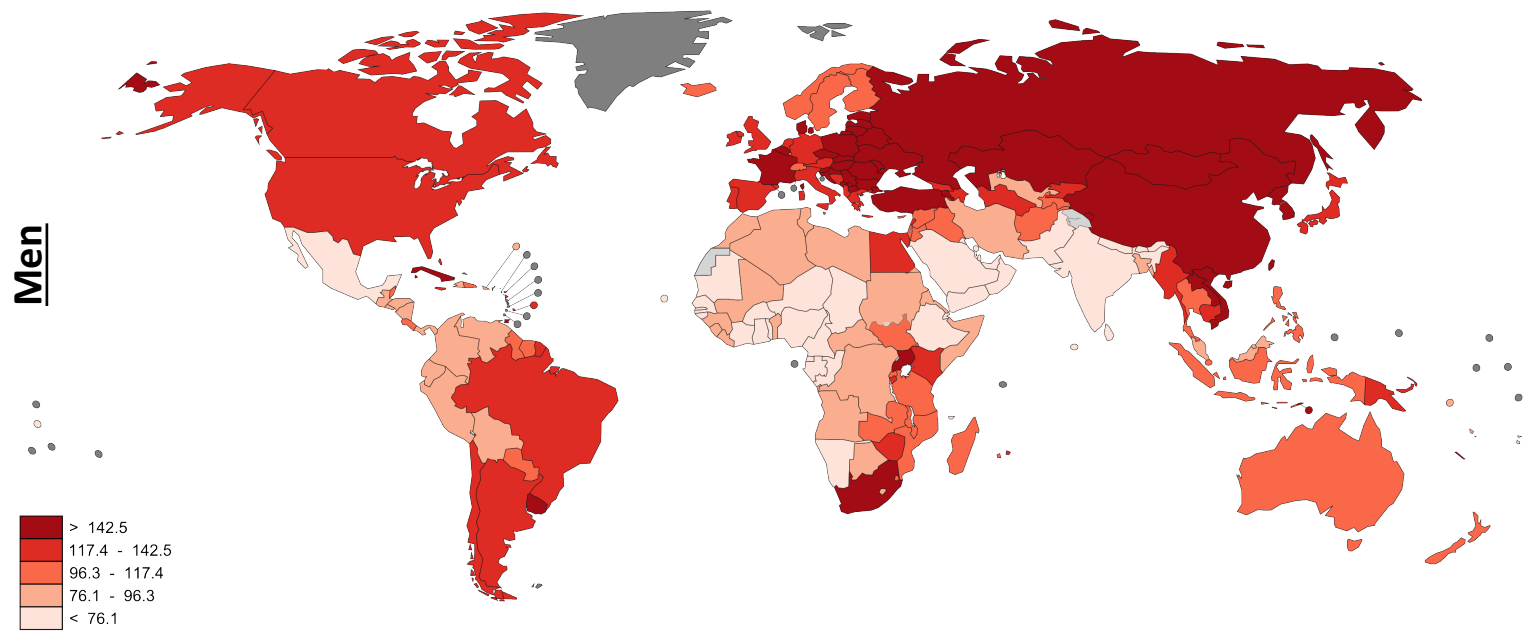


**Women**



Source: ACS, US Mortality Volumes 1930 to 1959, US Mortality Data 1960 to 2014, National Center for Health Statistics, Centers for Disease Control and Prevention.

# Estimated Cancer Incidence Worldwide (2012)



Source: World Health Organization

# Goals of the The Cancer Moonshot Initiative

## **Accelerate progress in cancer, including prevention & screening**

- From cutting-edge basic research to wider uptake of standard care

## **Encourage greater cooperation and collaboration**

- Break down silos within and between academia, government, and private sector

## **Enhance data sharing**

- Accessible data that is universally usable
- Annotated patient-level clinical and –omics data

# Summary of the 10 Recommendations

- A. Establish a network for **direct patient involvement**
- B. Create a translational science network devoted to **immunotherapy**
- C. Develop ways to overcome **resistance to therapy**
- D. Build a national cancer **data ecosystem**
- E. Intensify research of the major drivers of **childhood cancer**
- F. Minimize cancer treatment's debilitating **side effects**
- G. Expand use of proven **prevention and early detection** strategies
- H. Mine past patient data to predict future **patient outcomes**
- I. Develop a 3D **cancer atlas**
- J. Develop new cancer **technologies**

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# Intensify research of the major drivers of childhood cancer

- Goal – Accelerate the development of new therapies that target these cancer-causing proteins
  
- **Fusion oncoproteins**
  - Enhance understanding of molecular and biochemical mechanisms of transformation driven by fusion oncoproteins
  - Develop faithful models
  - Identify key dependencies

# Develop a 3D cancer atlas

- Goal – Enable predictive models of tumor progression and response to treatment
- **Generation of human tumor atlases**
  - Adult and pediatric cancers
  - From tumor development through metastasis
  - Immune cell characterization and other cells in the microenvironment
  - Premalignant lesions to create a Pre-Cancer Genome Atlas (PCGA)



# Precision Medicine Initiative

“To enable a new era of medicine through research, technology, and policies that empower patients, researchers, and providers to work together toward development of individualized care.”

- Barak Obama

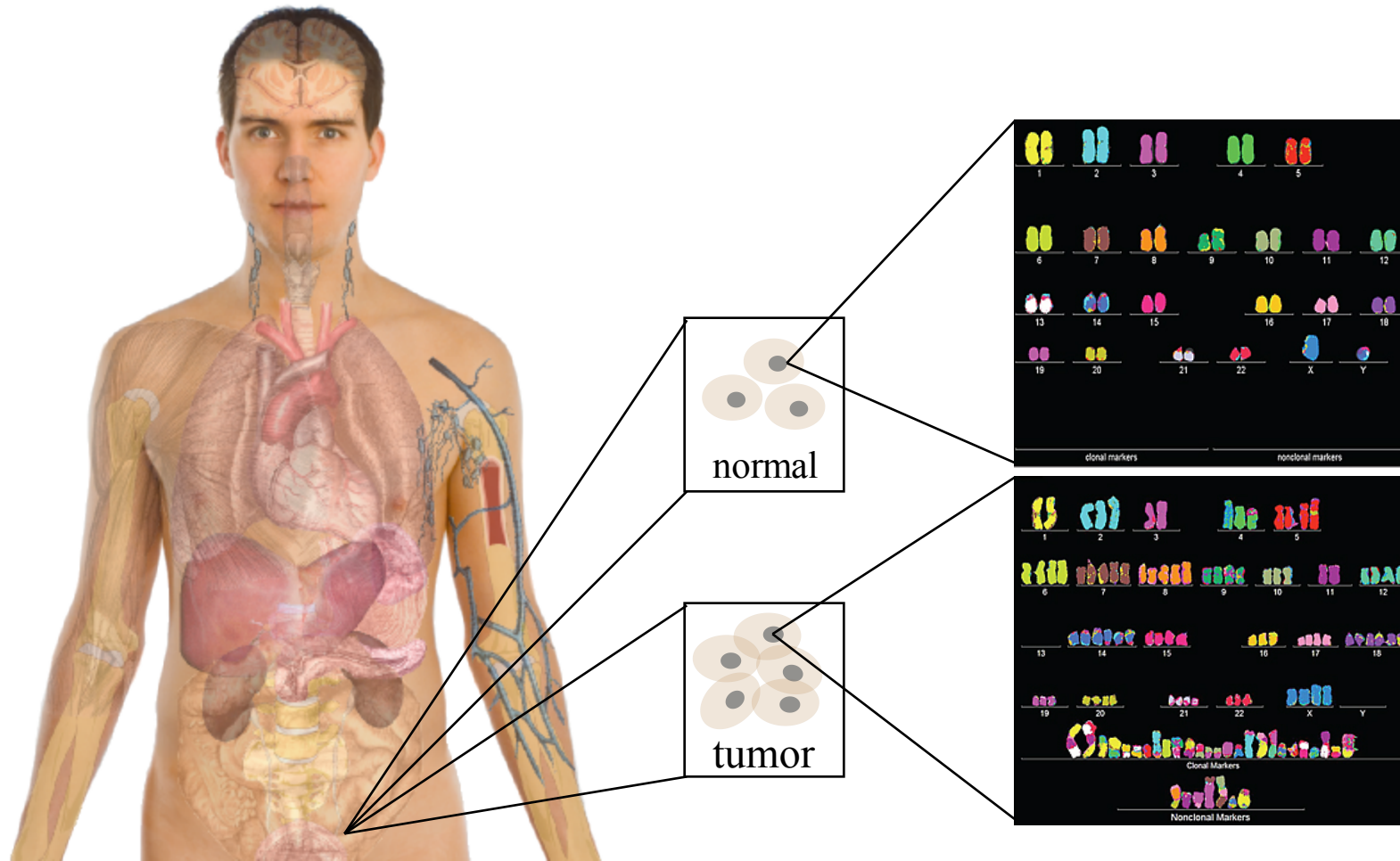


## **THE PRECISION MEDICINE INITIATIVE**

\$215 million was invested (NIH fiscal year 2016) to accelerate research for selecting the therapies that can be used in more individualized ways. NCI used \$70 million of that investment to advance the precision oncology.

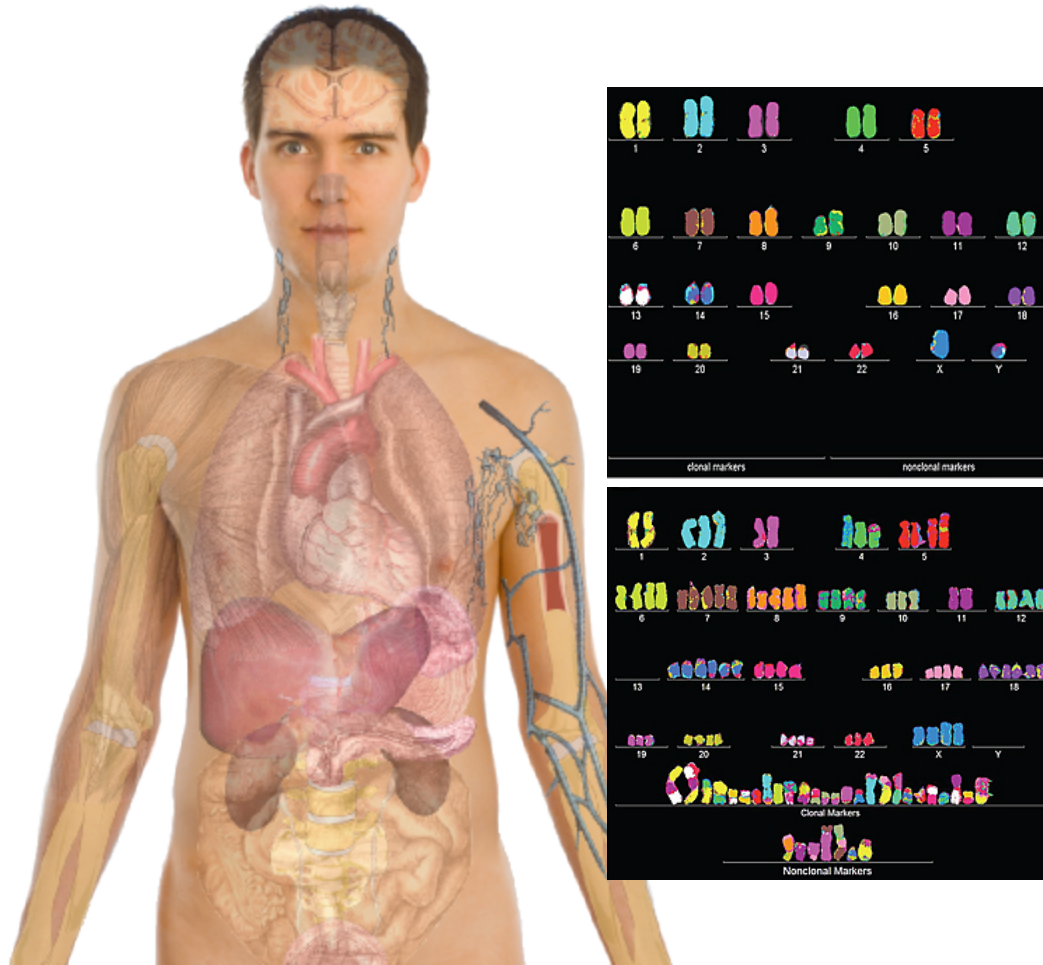
# Personal Genomics as a Gateway into Biology

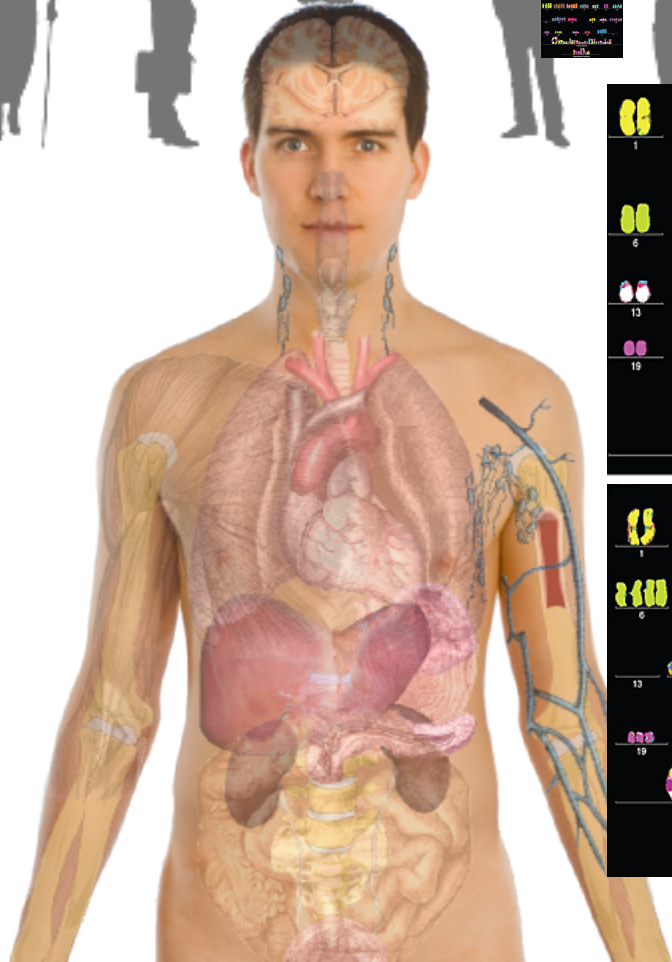
Personal genomes soon will become a commonplace part of medical research & eventually treatment (esp. for cancer). They will provide a primary connection for biological science to the general public.



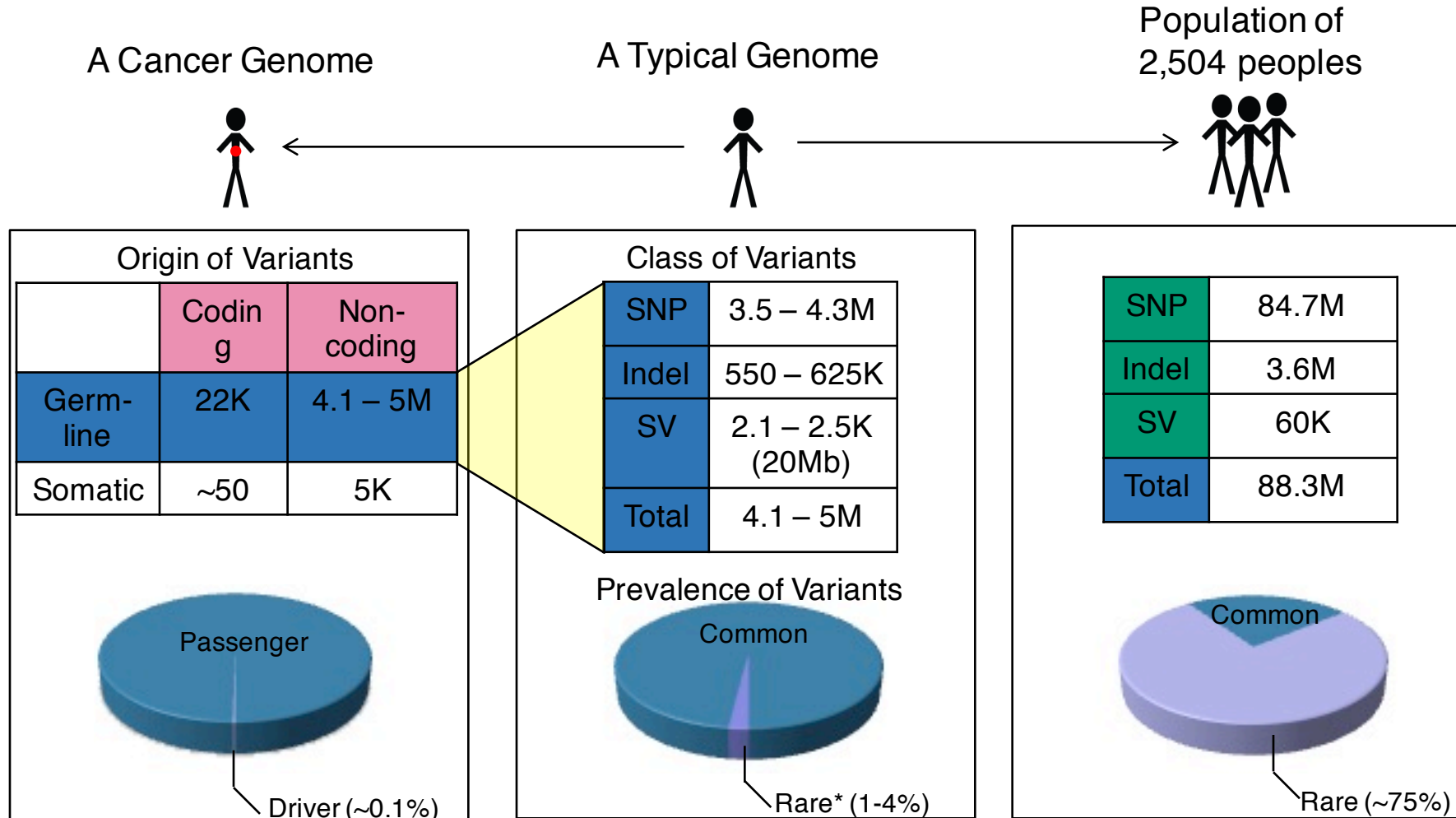
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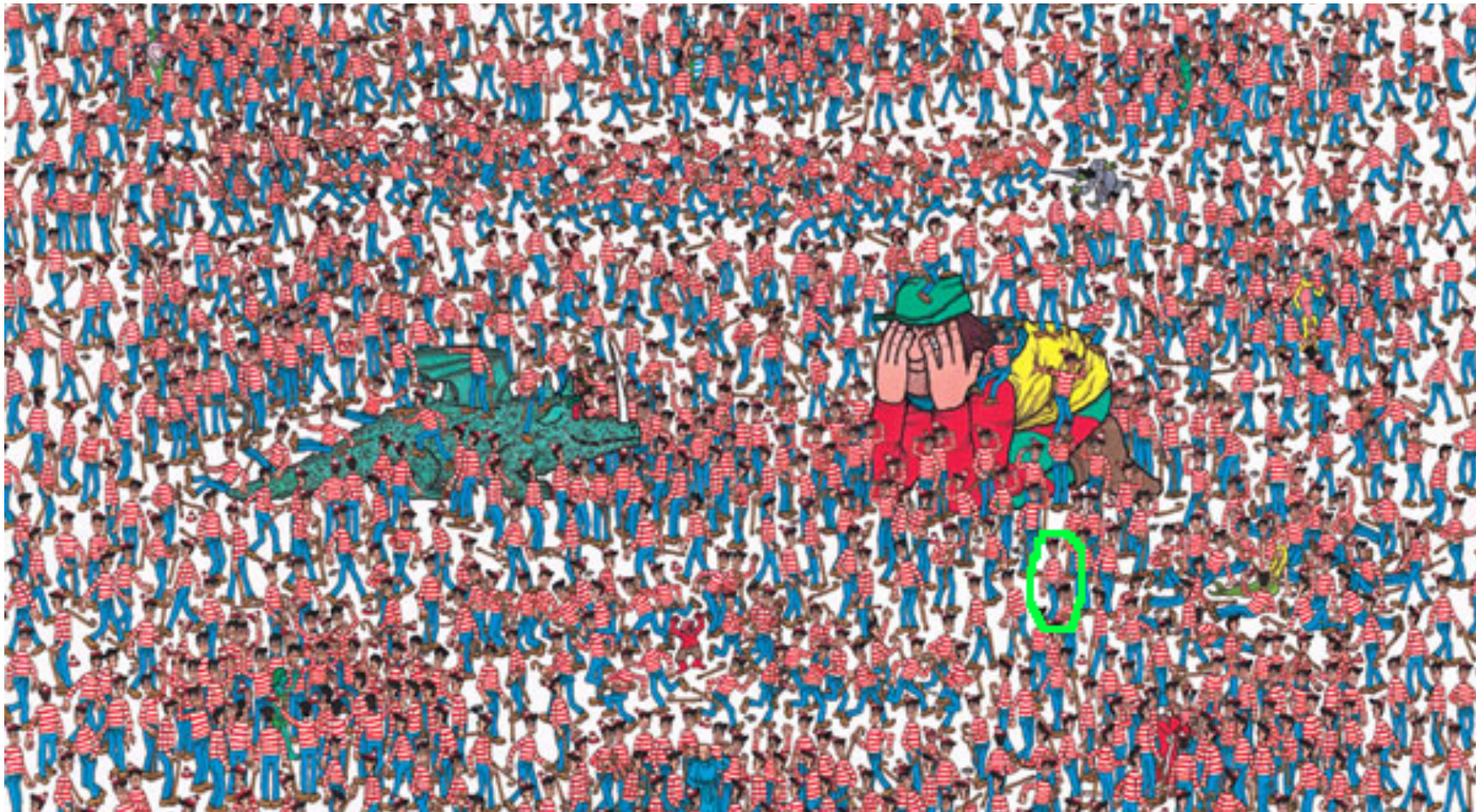
# Human Genetic Variation



\* Variants with allele frequency <0.5% are considered as rare variants in 1000 genomes project.

## Cancer drivers: Significance & identification

(Finding the key mutations in ~3M Germline variants & ~5K Somatic Variants in a Tumor Sample)



# Finding Key Variants

## Germline



**CAN YOU FIND THE PANDA?**

- **Common variants**

- Can be associated with phenotype (ie disease) via a Genome-wide Association Study (GWAS), which tests whether the frequency of alleles differs between cases & controls.
- Usually their functional effect is weaker.
- Many are non-coding
- Issue of LD in identifying the actual causal variant.

- **Rare variants**

- Associations are usually underpowered due to low frequencies.
- They often have larger functional impact
- Can be collapsed in the same element to gain statistical power (burden tests).
- In some cases, causal variants can be identified through tracing inheritance of Mendelian subtypes of diseases in large families.

# Cancer drivers: Significance & identification

Finding Key  
Variants

Somatic



CAN YOU FIND  
THE PANDA?

- **Overall**

- Often these can be conceptualized as very rare variants
- A challenge to identify somatic mutations contributing to cancer is to find driver mutations & distinguish them from passengers.

- **Drivers**

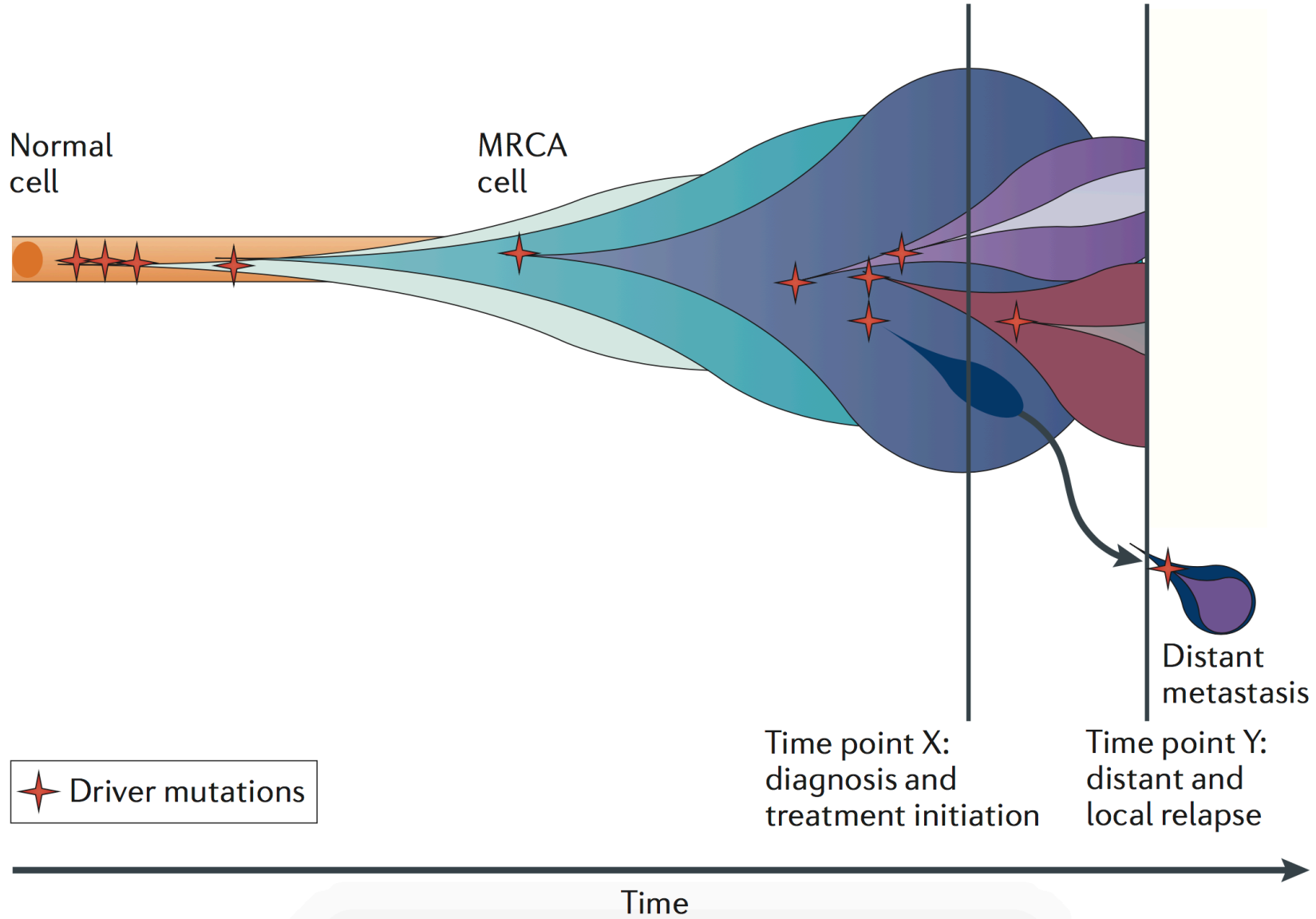
- Driver mutation is a mutation that directly or indirectly confers a selective growth advantage to the cell in which it occurs.
- A typical tumor contains 2-8 drivers; the remaining mutations are passengers.

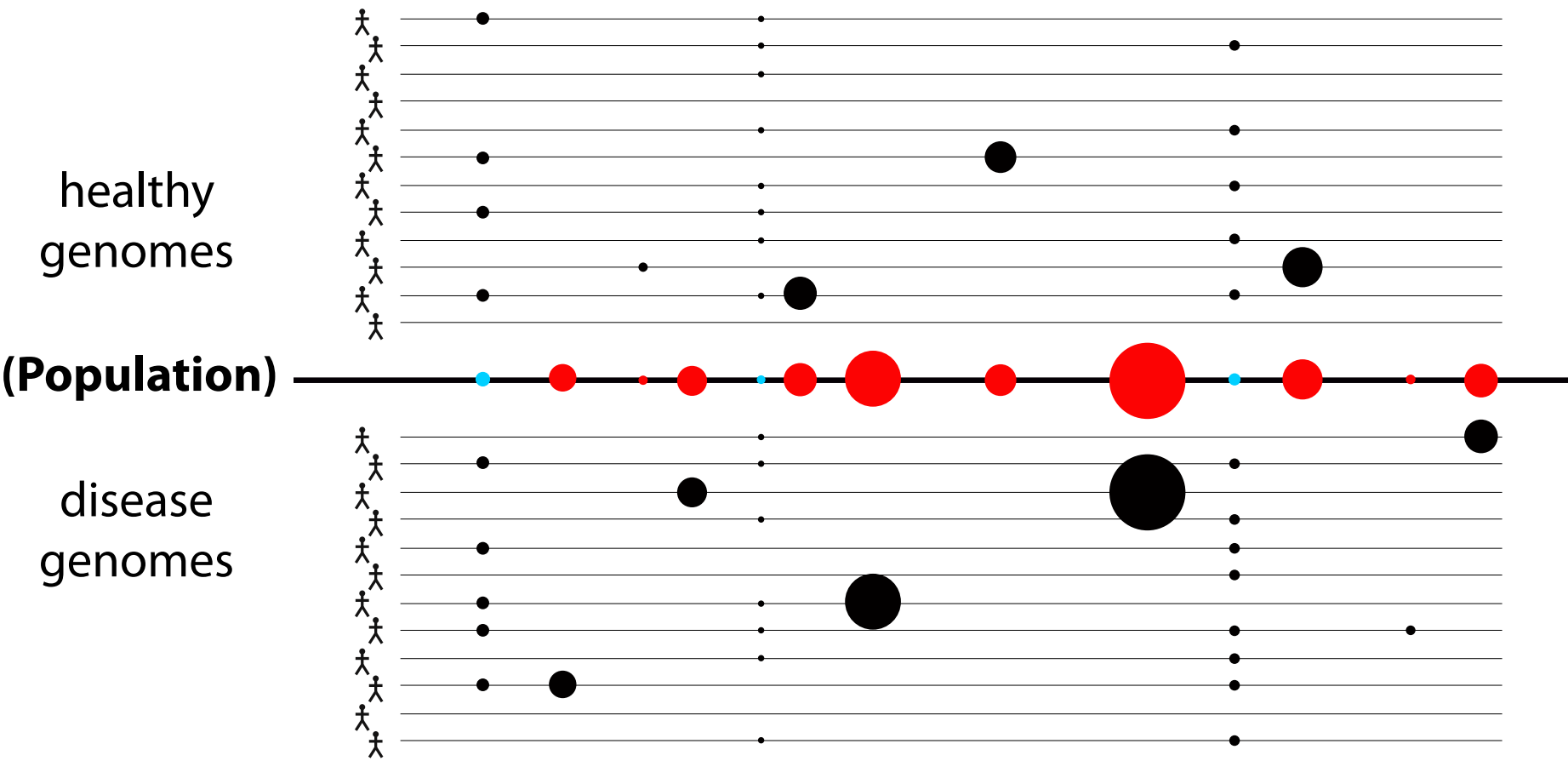
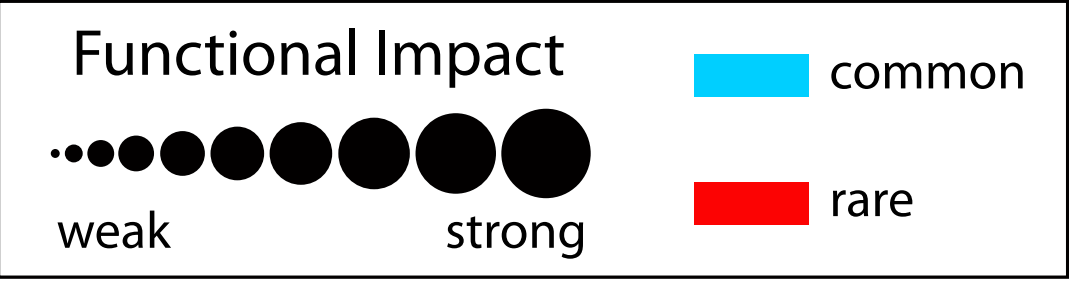
- **Passengers**

- Conceptually, a passenger mutation has no direct or indirect effect on the selective growth advantage of the cell in which it occurred.



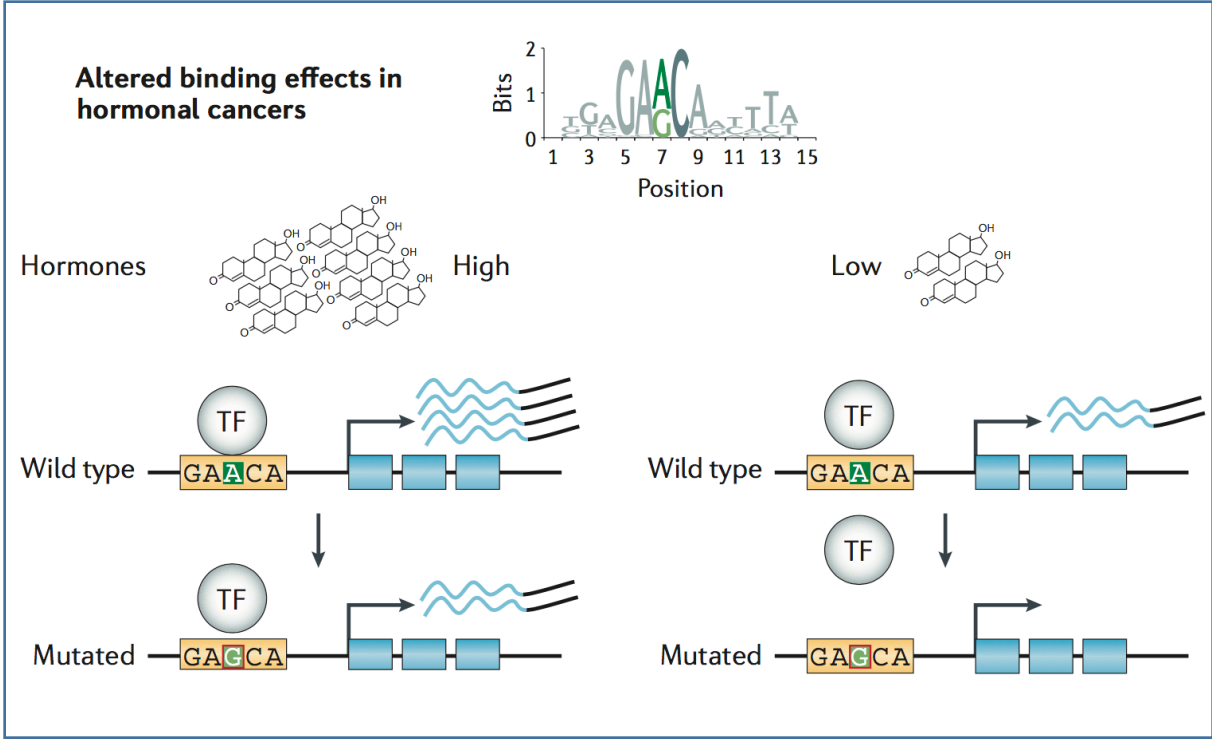
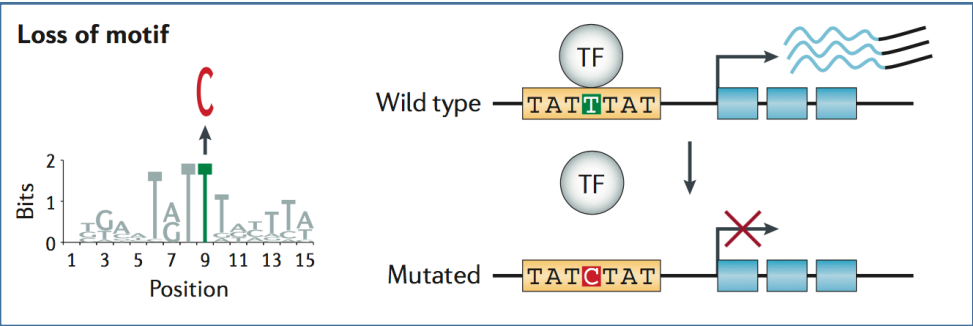
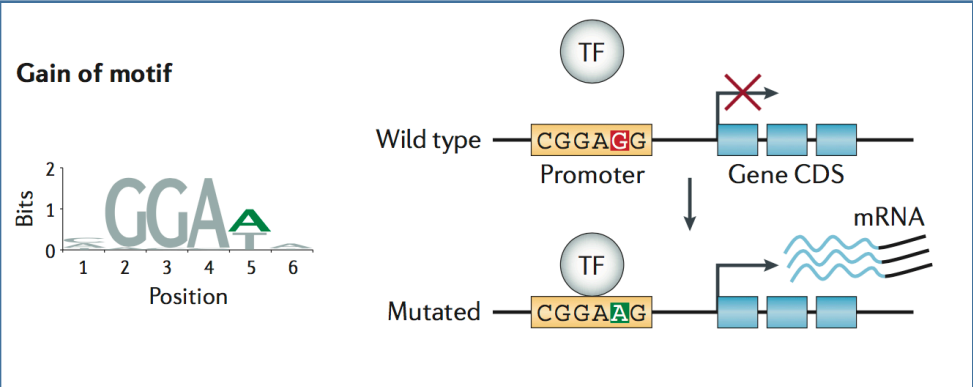
# Cancer drivers: Significance & identification







# Cancer drivers: Significance & identification: functional annotations

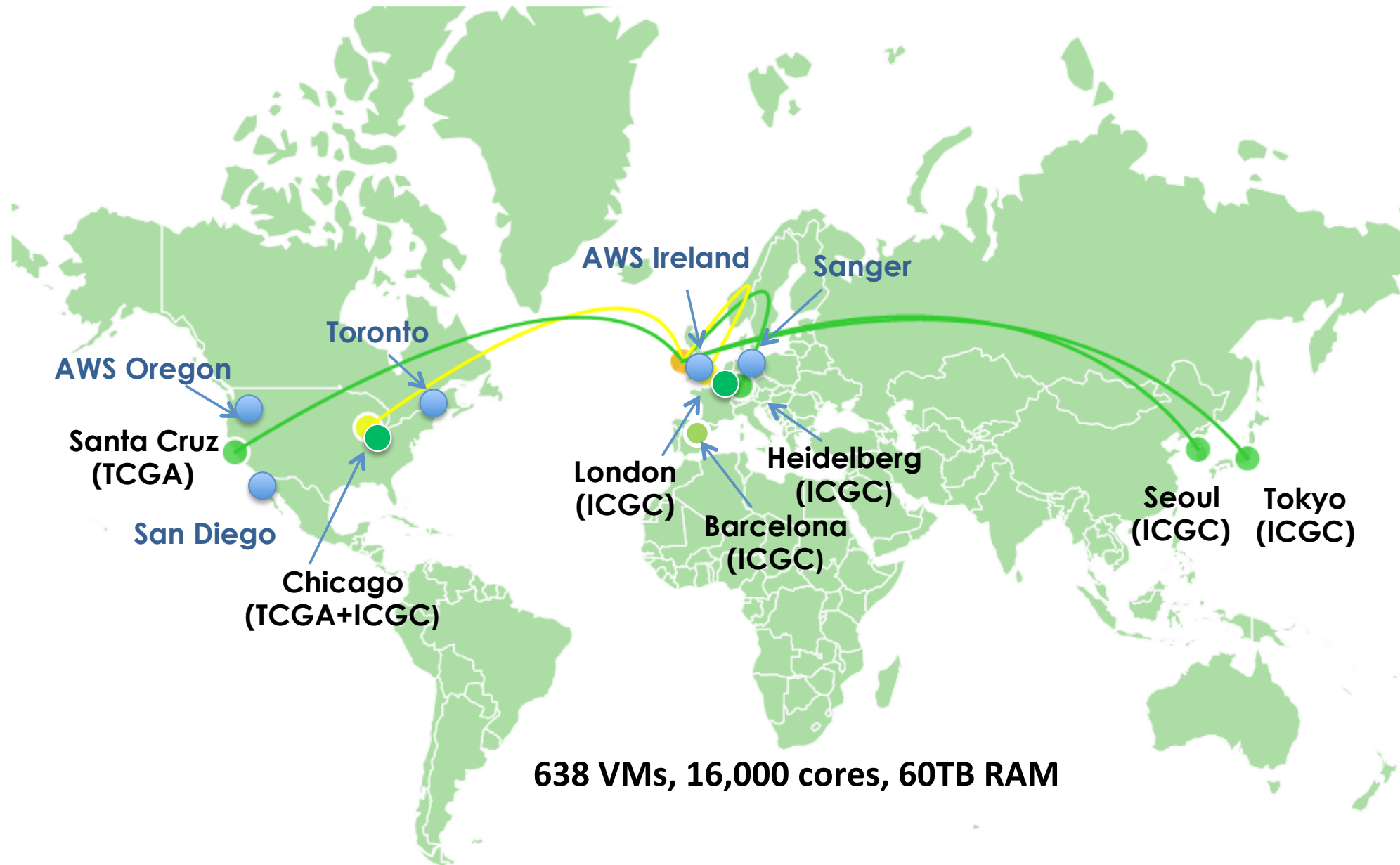


Khurana et al, NRG (2016)

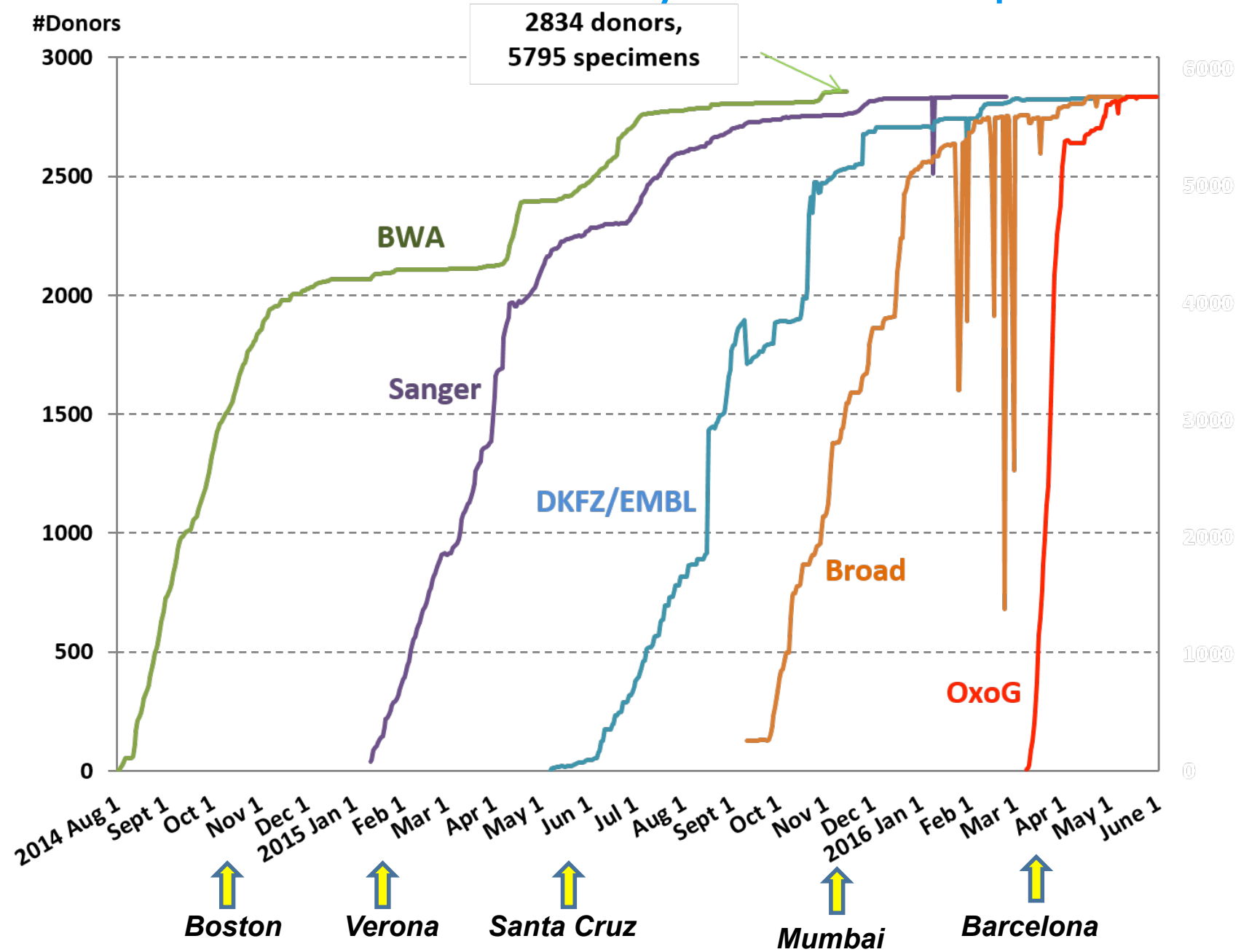
# **PCAWG**

## **Intro**

# PCAWWG Data Processing

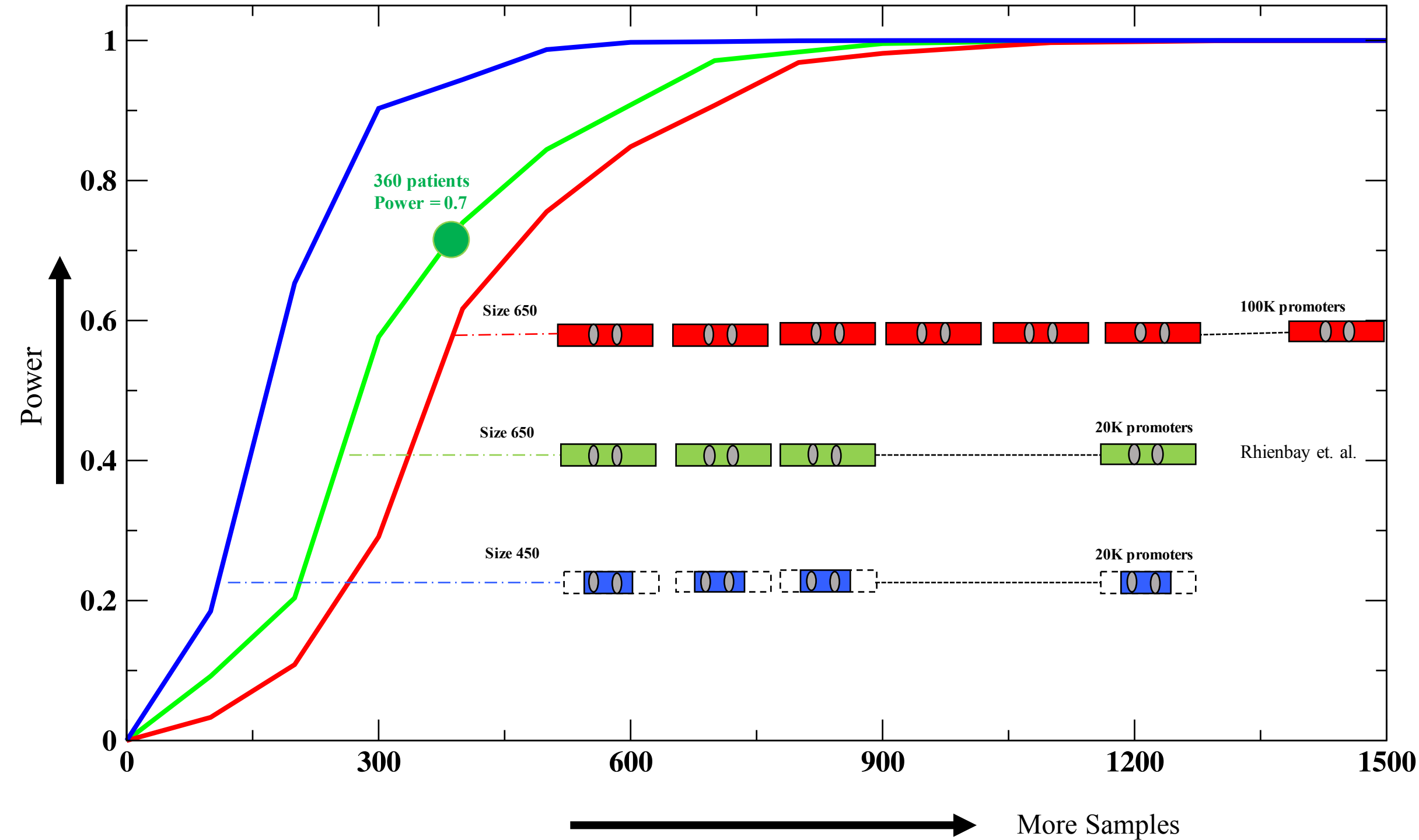


# PCAWWG Core Analyses Completed

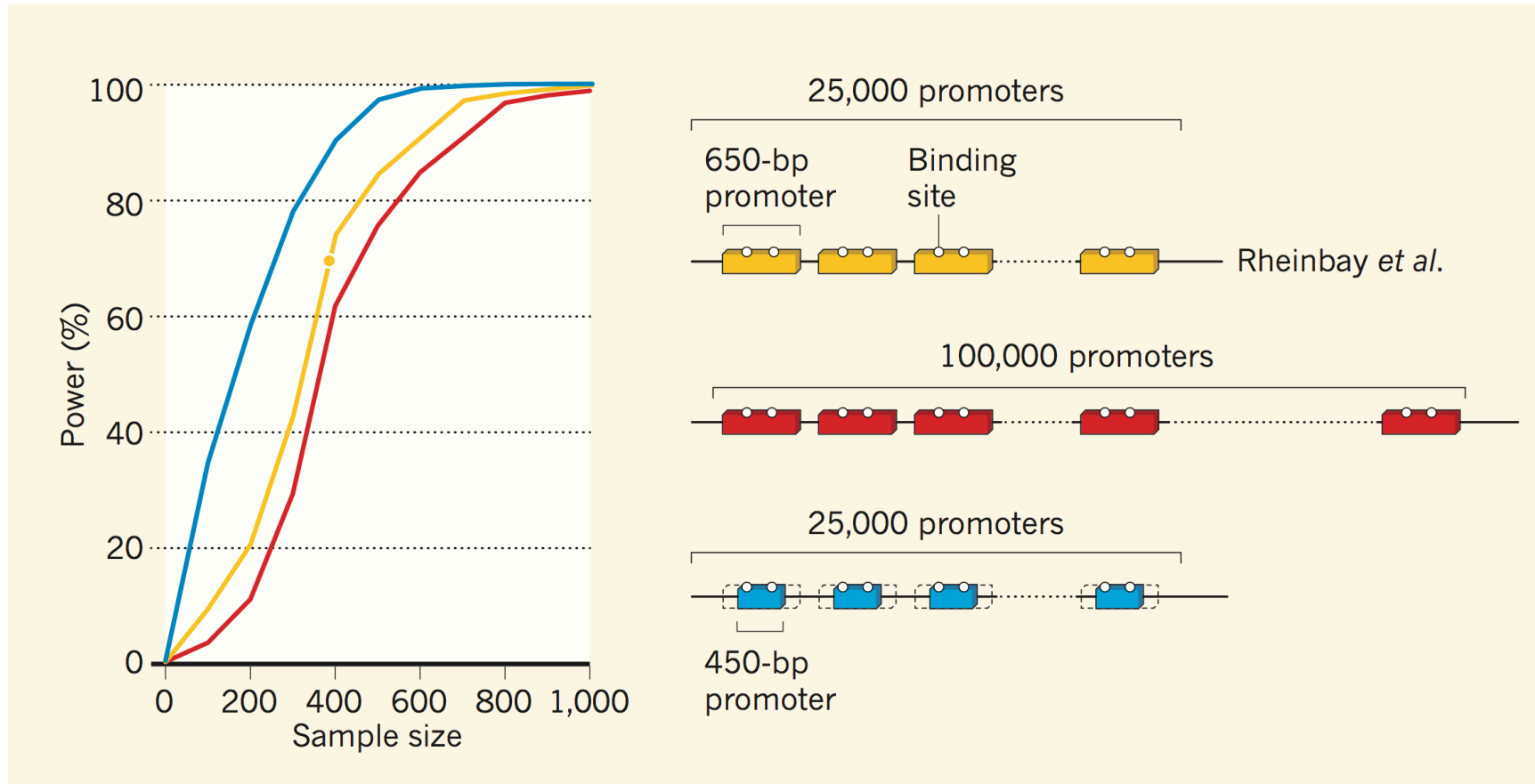


**Potential Paper E**  
**Intro (next few slides)**



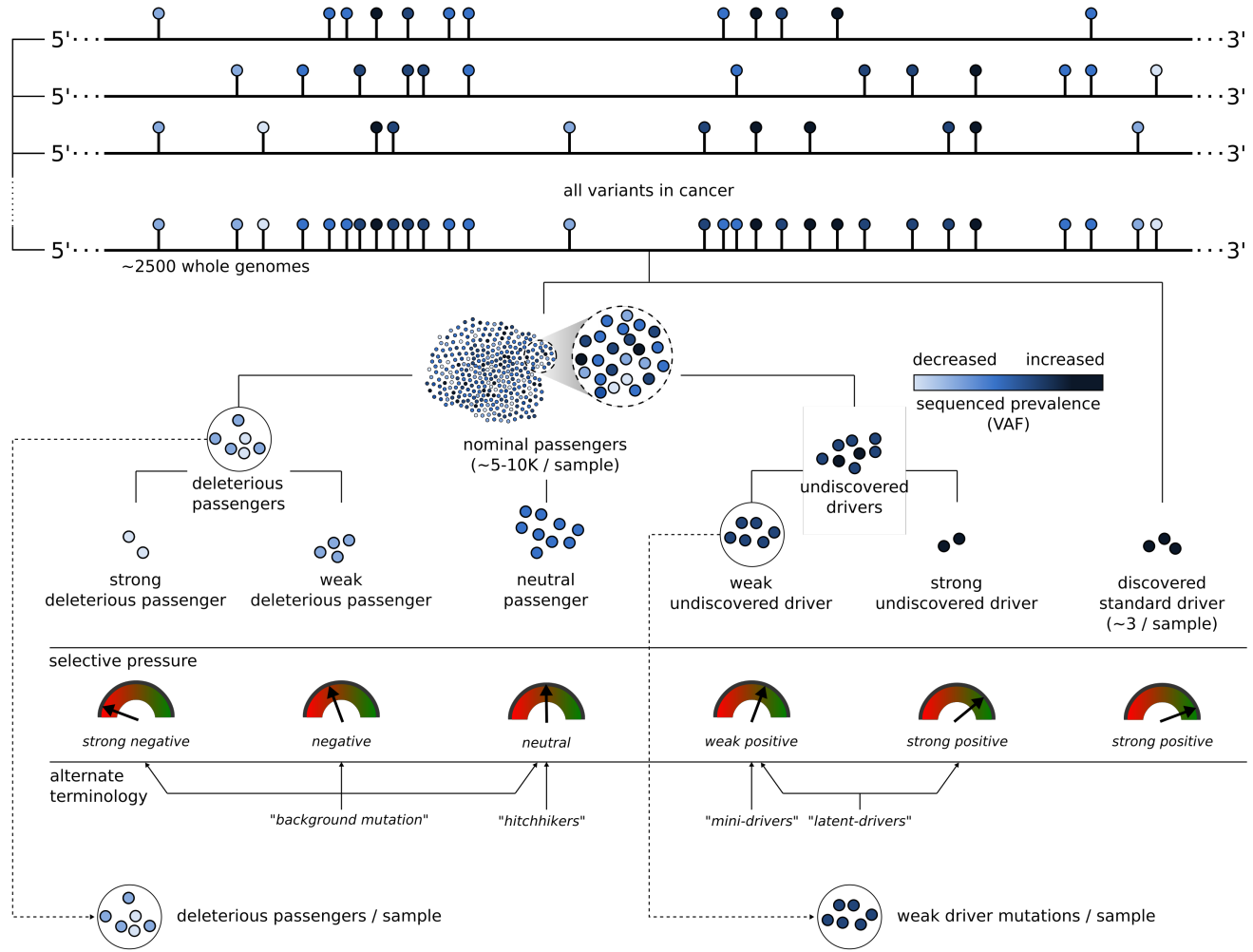


# Improving discovery of cancer-driving mutations in the non-coding genome



S. Kumar & M. Gerstein, *Nature* (2017)

a



b

