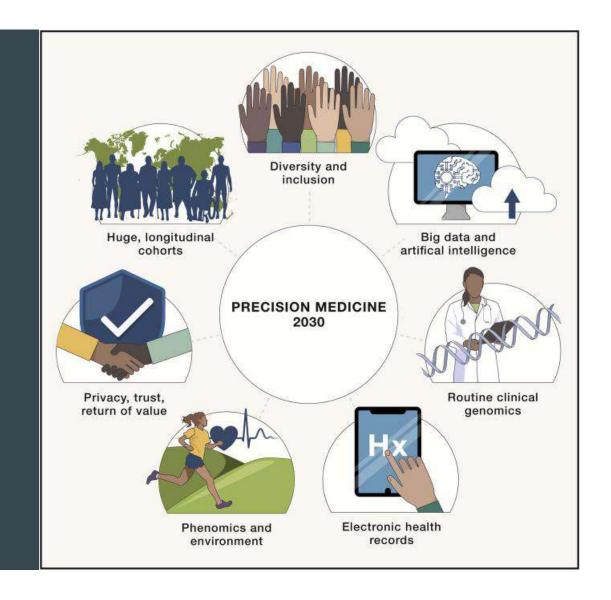
臺灣人體生物資料庫

蘇明威 wei@ibms.sinica.edu.tw Precision medicine in 2030—seven ways to transform healthcare



Transparency

THE END OF THEORY

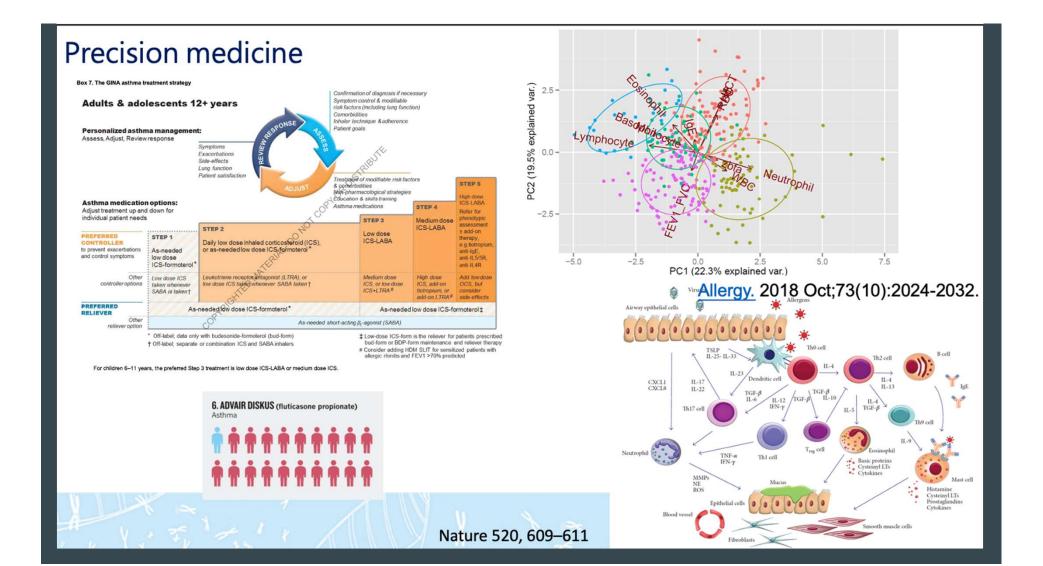
Financial Crises, the Failure of Economics, and the Sweep of Human Interaction

Richard Bookstaber



SELF-TRACKING

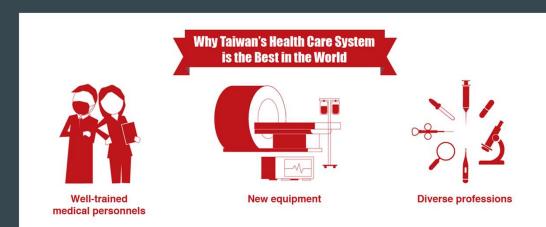
技术扩展了人类可以测量的生命领域, 让前所未有的更高领率记录成为可能。 我们要应用数据,而不是被数据所提拉。





Why Taiwan?

- Holo Taiwanese
- Hakka Taiwanese
- Mainianders
- Taiwanese indigenous proples
- Taiwanese new immigrants







<u>https://ogme.edu.tw/lc/culturalGroups</u> https://tendashsix.com/taiwan-medical-service-ranked-first/

TWB infrastructure

招募/追蹤參 與者

- 1、設置駐站
- 2、推廣宣傳
- 3、簽署知情同 意書
- 4、填寫問卷
- 5、收集檢體
- 6、個案追蹤

資料及檢體

- 1、檢查、儲存、 維護問卷資 料
- 2、整理、分析、 公布描述性 統計資料
- 3、儲存、管理、 檢體
- 4、萃取儲存、 管理DNA

檢體加值

- 1、全基因體定型
- 2、全基因體定 序
- 3 · HLA
- 4、外顯子定序
- 5、代謝體
- 6、環境因子

資料及檢體 釋出

- 1、開放申請
- 程序、科學、 倫理(EGC)審 查
- 3、釋出資料、 檢體
- 4、追蹤成果

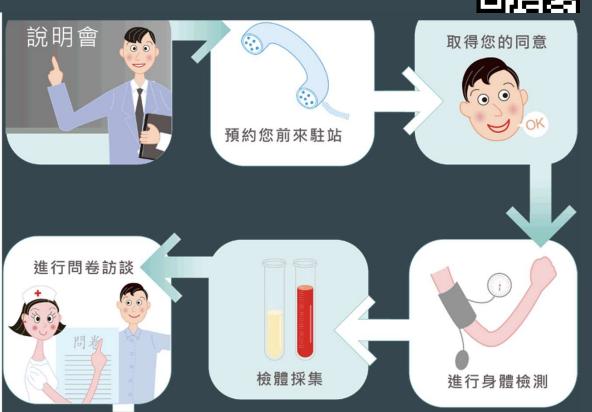
資訊系統、個資安全維護



參與流程 (https://reurl.cc/n5j5Vv)







data and tubes



data

 一般參與者問卷資料:基本人口學變項、個人健康行為、生活環境、 飲食狀況、家族疾病史、女性相關問題、經濟狀況、中醫體質

問項、簡易智能量表(下載詳細問卷內容PDF檔)(下載簡易版問卷內容PDF檔)(下載追蹤版問卷內容PDF檔)。

2. 一般參與者身體檢測資料:身高、體重、體脂肪、腰臀圍、血壓、脈搏、骨密度、肺功能(下載詳細檢測內容PDF檔)。

3. 一般參與者血液與尿液檢驗資料(下載詳細檢測內容PDF檔)(下載一般 參與者血液與尿液檢驗資料項目PDF檔):

(血液學檢驗項目):紅血球、白血球、血小板、血紅素、血球比容、 醣化血色素值。

(血清學檢驗項目): 飯前血糖、總膽固醇、三酸甘油脂、高密度脂蛋白膽固醇、低密度脂蛋白膽固醇。

(肝膽功能類檢驗項目):總膽紅素、白蛋白、血清麩胺酸苯醋酸轉氨基酶、血清麩胺酸丙酮酸轉氨基酶、 γ-麩胺醯轉移酶、甲型胎

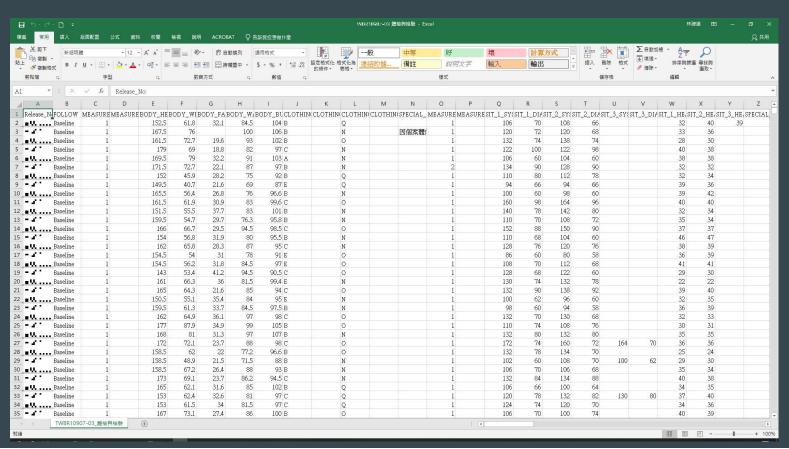
兒血清蛋白。

(腎臟功能類檢驗、尿液檢驗):血中尿素氮、肌酸酐、尿酸、尿中微白蛋白。

(病毒檢驗項目): C型肝炎抗體、 B型肝炎表面抗原、 B型肝炎表面抗體、 B型肝炎核心抗體、 B型肝炎e抗原。

4. 一般參與者生物檢體:DNA、血漿、尿液。

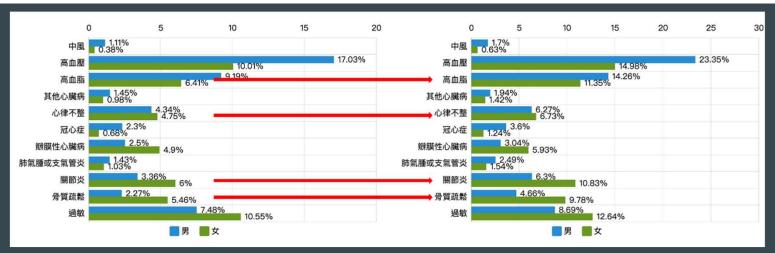
dataland



data

			單位換算:GB	申請人數	所需儲存容量
Genotyping					
.CEL檔 30 MB		0.03	114601	3438.03	
NGS sequencing					
VCF	GATK	5 GB	5	1496	7480
VCI	Ion Proton	500 MB	0.5	514	257
MET sequencing					
.txt與.ida	at圖檔	100 MB	0.1	2474	247.4
HLA typing					
.csv與BAM檔		400 MB	0.4	1102	440.8
Metabolomics					
FID與SER檔 15 M		15 MB	0.015	869	13.035
總計(GB)					11876.265
總計(TB)					11.876265
			單位換算:GB	申請人數	所需儲存容量
Genotyping					
PLINK				數位資料集	2ТВ
Imputation (TWB_1.0 \cdot 2.0 \cdot 1.0+2.0)			数位具作未	210	
進階追蹤資料				數位資料集	3ТВ
joint calling				Illumina	500G

			單位換算:GB	申請人數	所需儲存容量
NGS sequencing					
Fastq (.gz · (Only Illumina)	80 GB	80	1496	119680
VCF	iSAAC	5 GB	5	996	4980
ВАМ	iSAAC	50 GB	50	996	49800
	GATK (BWA)	150 GB	150	1496	224400
	Ion Proton	400 GB	400	514	205600
總計(GB)					604460
總計(TB)					604.46



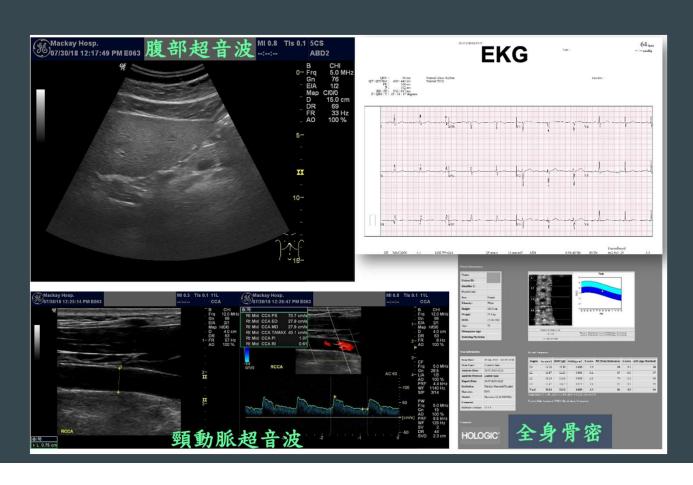
Urinary metabolites (µg/g crea.)	TWB (n=1,155)	NHANES (n=2,974) ^a	
Melamine (µg/mmol crea.)	0.46 (0.43-0.49)		
MEHP	11.37 (10.69-12.09)	N.D.b	
МЕОНР	8.17 (7.81-8.54)	3.70 (3.49-3.92)	
МЕННР	12.68 (12.06-13.33)	5.86 (5.62-6.12)	
MECPP	19.17 (18.36-20.02)	9.14 (8.58-9.74)	
мсмнр	3.88 (3.61-4.16)		
MBzP	1.04 (0.98-1.1)	4.63 (4.06-5.28)	
MnBP	20.51 (19.46-21.61)	10.2 (9.53-10.9)	
MiBP	8.38 (7.92-8.87)	8.71 (8.06-9.42)	
MEP	12.86 (11.82-13.99)	34.7 (31.0-39.0)	
MMP	2.22 (2.09-2.36)		
MINP	N.D.b	N.D.b	
Data from the urine samples of 2015-2016 for the U.S. population from the National Health and			

*Data from the urine samples of 2015-2016 for the U.S. population from the National Health and Nutrition Examination Survey. (NHANES, 2019)

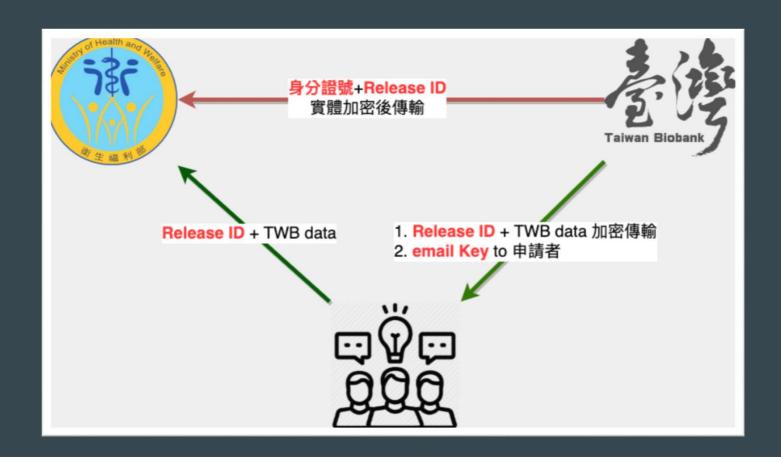
^bN.D., the chemical was analyzed but the proportion of results below limit of detection was too high to provide a valid result.

Characteristics	Male (%)	female (%)
вмі		
<18.5	1.29	4.42
18.5-24	35.83	56.96
24-27	35.25	22.58
>27 (Obesity)	27.62	16.05
Waist-Hip Ratio		
M ≥ 0.92; F ≥ 0.88	36.05	30.00
Body Fat Rate (male, female)		
≦17% , ≦20%	12.42	2.02
17-23% , 20-27%	39.11	20.02
23-25%, 27-30%	16.02	17.81
>25% , >30%	32.45	60.11

advance follow-up program



TWB-NHIRD



TWB - NHIRD

Diseases	Sex	TWB (%)	NHIRD (%)
Diabetes	Male	10.98	12.53
Diabetes	Female	7.25	8.84
Hypertension	Male	29.12	26.7
riypertension	Female	16.86	17.08
Hyperlipidemia	Male	26.69	26.09
пуретприченна	Female	20.51	21.05

- 全國設置40個駐站
- 14萬一般民眾參與,追蹤3萬5千例
- 完整生活問卷、檢測資料、生物檢體
- 數位資訊 1.2 Petabyte (PB)
- 生物檢體 >300萬管,
- 資訊安全及隱私保護獲國際雙認證
- 設置Taiwan View公開網站
- 建立基因體學、表觀基因體學、代謝體計學、及環境暴露等資訊
- 一般民眾之描述性統計分析
- 申請者成功串聯健保資料庫
- 成功國際傳輸

- 2,000 例全基因體序列
- 開發國人專屬全基因體定型晶片TWB2
- 10萬筆全基因體定型
- 建立以GRCh38版人類基因體參考序列
- 基因體定型晶片之基因體插補
- 完成逾2,000筆尿液塑化劑代謝物分析

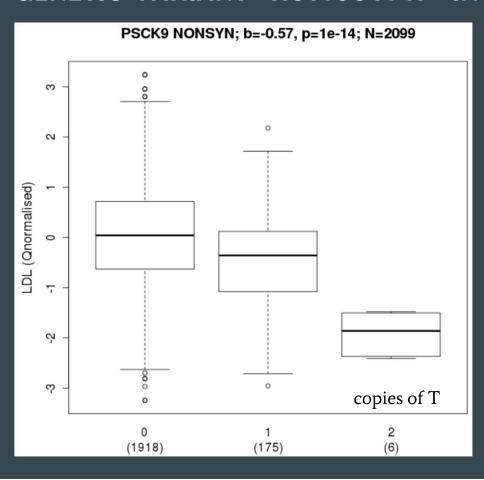
釋 ● 支援41個機構之141件計畫

收

- 釋出數位資料超過九千萬人次、生物檢 體近18萬管
- 申請者發表相關國際期刊逾200篇
- 開發釋出申請系統,優化申請流程,提 升便捷與安全之異地服務系統

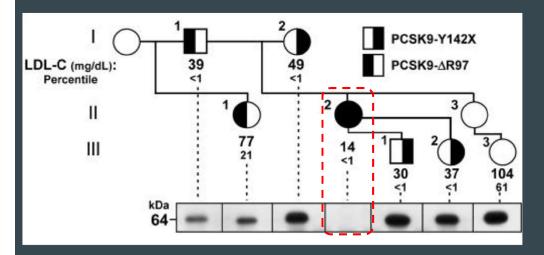


GENETIC VARIANT "RS11591147" IN PCSK9



- Carriers of <u>T</u> variant have <u>lower</u> levels of <u>LDL</u> cholesterol than carriers of G variant
- LDL is a strong risk factor for <u>heart disease</u>

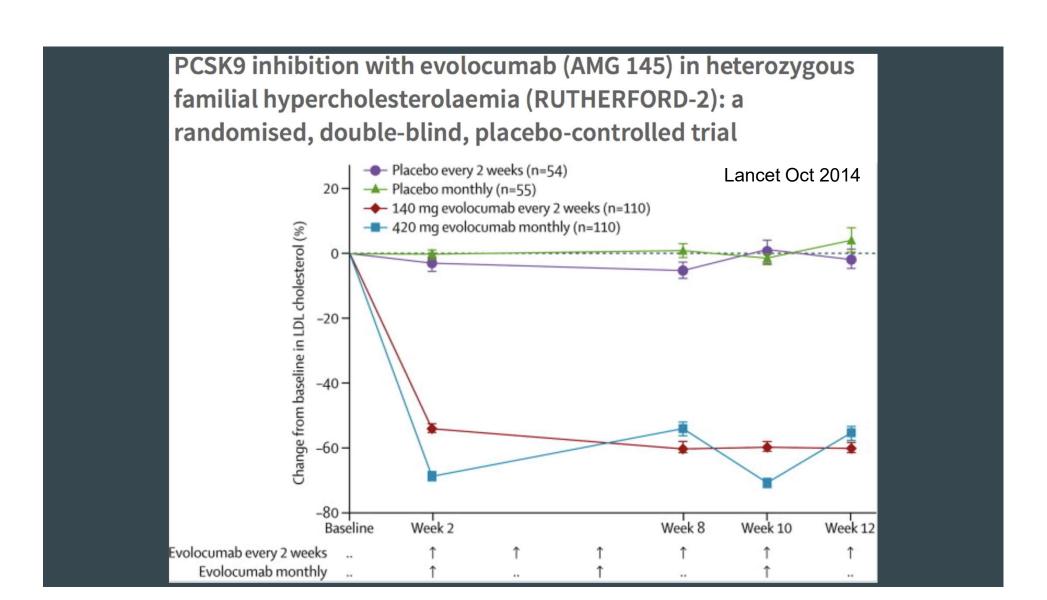
A HUMAN KNOCK-OUT OF PCSK9 (2006)



Individual <u>II.2 has zero working copies of PCSK9</u> gene

- no circulating PCSK9 and an LDL-C of only 14 mg/dL
- apparently healthy, fertile, normotensive, college-educated woman with normal liver and renal function tests who works as an aerobics instructor
- Why is this very interesting observation?
 Inhibiting PCSK9 might be a safe way to reduce LDL

Zhao et al. AJHG 2006



N Engl J Med 2017; 376:1713-1722

ORIGINAL ARTICLE

Evolocumab and Clinical Outcomes in Patients with Cardiovascular Disease

Marc S. Sabatine, M.D., M.P.H., Robert P. Giugliano, M.D., Anthony C. Keech, M.D., Narimon Honarpour, M.D., Ph.D., Stephen D. Wiviott, M.D., Sabina A. Murphy, M.P.H., Julia F. Kuder, M.A., Huei Wang, Ph.D., Thomas Liu, Ph.D., Scott M. Wasserman, M.D., Peter S. Sever, Ph.D., F.R.C.P., and Terje R. Pedersen, M.D. for the FOURIER Steering Committee and Investigators*

FDA Approves Amgen's Repatha (evolocumab) to Prevent Heart Attack and Stroke











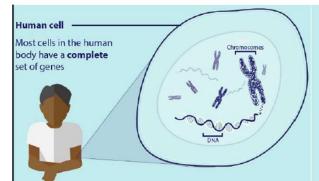
Dec I 2017

In the Repatha cardiovascular outcomes study (FOURIER), <u>Repatha reduced the risk of heart attack</u> by <u>27%</u>, the <u>risk of stroke</u> by <u>21%</u> and the risk of <u>coronary revascularization</u> by <u>22%</u>..



https://www.biobank.org.tw/





Your **genome** is one whole set of all your genes plus all the DNA between your genes.

There are around 20,000 genes in your genome

Now

AGC

We know that the non-gene (non-coding) parts of your genome may have a role to play so we look at the whole thing, every single letter, and how the different parts work together.

5% were analysed
Only the active genes were looked at



Your genome

3 Billion

pairs of letters in the human genome

AAGTAATATGC TTCTAGGCGTC TCAAGATGCAT CTAGCACAGC GCCCTTTATTA TCTCTATACTCA ACTACTAGGGC TATTTCATATCT AAATACGCTCG AGGCTACTGAC TTATGCTATCG ATCTCGAGCGC TDCCGTAATTT TCGCGAATCAG AAGTAATATGC TTCTAGGCGTC TCAAGATGCAT CTAGCACAGC GCCCTTTATTA

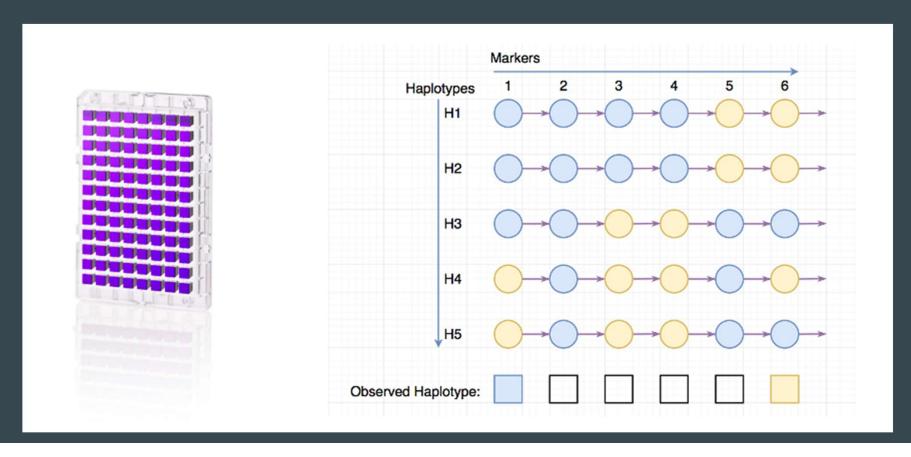
95% were unused All the non-gene sections that we didn't understand were disregarded as useless



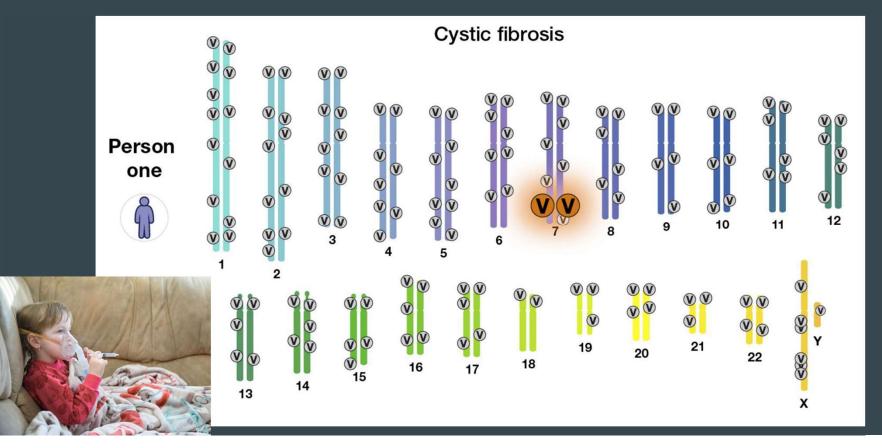




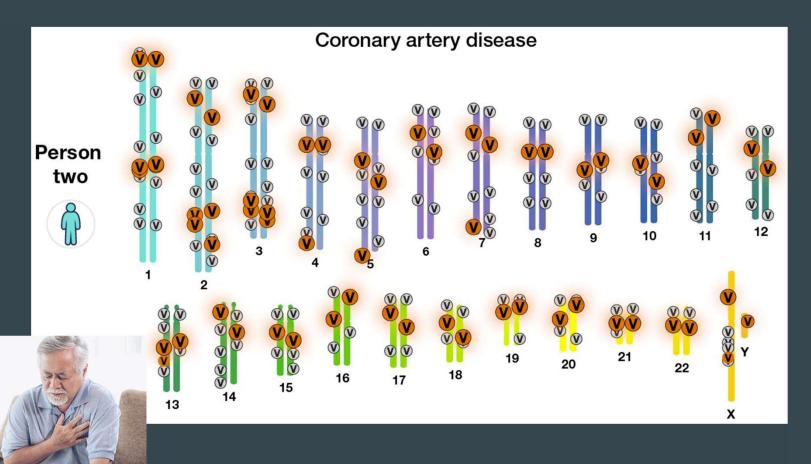
TWB2 axiom array

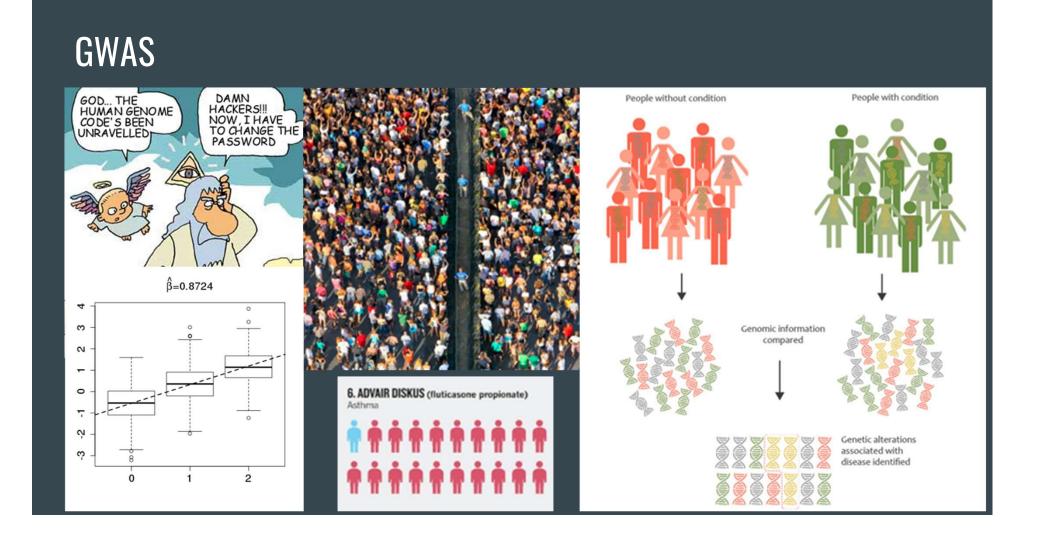


cystic fibrosis (囊狀纖維化) \rightarrow transmembrane conductance regulator (CFTR) gene on chromosome 7.

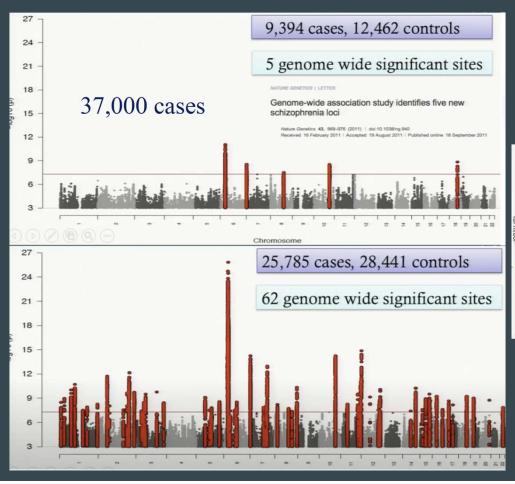


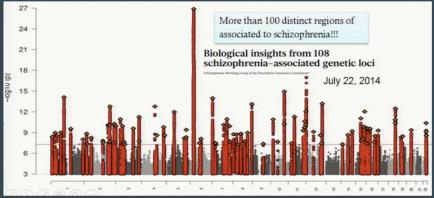
complex diseases (polygenic disease)





the power of sample size - schizophrenia | psychiatric genomics consortium





	用藥	未用藥
男	20	40
女	40	20

用藥組生病人數:男8人,女3人 未用藥組生病人數:男12人,女1人

用藥組罹病率: 男 8/20 = 0.4, 女 3/40 = 0.075 未用藥組罹病率:男 12/40 = 0.3,女 1/20 = 0.05

結論:藥物對男性有害也對女性有害

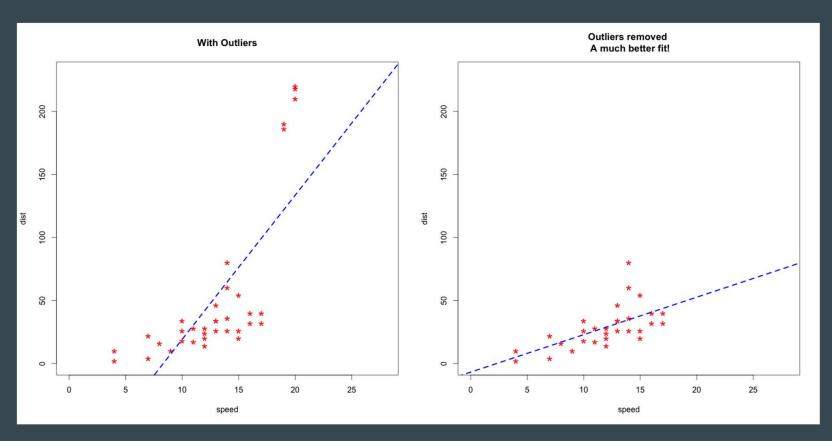
用藥組罹病率:(8+3)/(20+40) = 0.18

未用藥組罹病率:(12+1)/(40+20) = 0.22

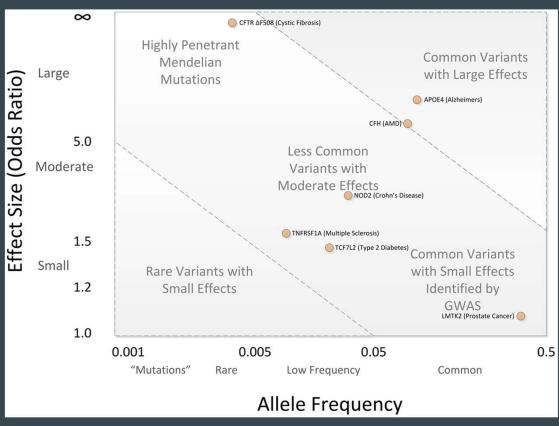
結論:藥物對人有益



linear regression (linearMod <- lm(glucose ~ bmi, data=twb))



EFFECT, MAF, AND REGION OF POWER



https://doi.org/10.1371/journal.pcbi.1002822



Published Ahead of Print on December 2, 2019 as 10.1212/WNL.000000000008700

ARTICLE

NOTCH3 cysteine-altering variant is an important risk factor for stroke in the Taiwanese population

Yi-Chung Lee, MD, PhD, Chih-Ping Chung, MD, PhD, Ming-Hong Chang, MD, Shuu-Jiun Wang, MD, PhD, and Yi-Chu Liao, MD, PhD

Neurology® 2020;94:1-10. doi:10.1212/WNL.000000000008700

Correspondence
Dr. Liao
ycliao5@vghtpe.gov.tw

NOTCH3 cysteine-altering variant is an important risk factor for stroke in the Taiwanese population

We <u>queried the Taiwan Biobank database</u> for cysteine-altering mutations in exons 2–24 of NOTCH3 within these genomes. The reference coding sequence of NOTCH3, NM_000435.3, was used for annotating the variants. (p.R544C (c.1630G>A), p.C853Y (c.2558G>A), and p.C884Y (c.2651G>A))

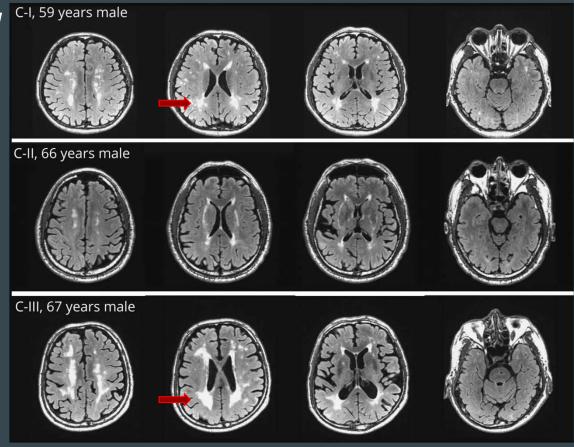
The cysteine-altering NOTCH3 variants identified from the Taiwan Biobank database were genotyped in the control participants and patients with stroke using the TaqMan genotyping assay

Only the NOTCH3 p.R544C variant was found in 4 individuals (TP-VGH (n = 550))

	Controls			Patients with stroke		
	Taiwan biobank (n = 6,488)	TP-VGH (n = 550)	Biobank + TP-VGH (n = 7,038)	TP-VGH (n = 350)	TC-VGH (n = 450)	TP-VGH + TC-VGH (n = 800)
Male	2,293 (35.3)	230 (41.8)	2,523 (35.8)	248 (70.9)	327 (72.7)	575 (71.9)
Age, y	48.4 ± 10.9	56.7 ± 15.0	49.1 ± 11.5	64.4 ± 13.6	67.5 ± 13.2	66.2 ± 13.5
Hypertension	682 (10.6)	186 (33.8)	868 (12.4)	248 (70.9)	329 (73.1)	577 (72.1)
Diabetes	300 (4.6)	72 (13.1)	372 (5.3)	130 (37.1)	168 (37.3)	298 (37.3)
Hyperlipidemia	388 (6.0)	138 (25.1)	526 (7.5)	129 (36.9)	181 (40.2)	310 (38.8)
Smoking habit	1,228 (18.9)	98 (17.8)	1,326 (18.8)	122 (34.9)	136 (30.4)	258 (32.4)
Alcohol consumption	387 (6.0)	108 (19.6)	495 (7.0)	56 (16.0)	87 (23.2)	143 (19.7)
Family history of stroke	1,146 (17.8)	_	_	40 (14.1)	14 (4.0)	54 (8.5)
NOTCH3 p.R544C mutation (+)	56 (0.9)	4 (0.7)	60 (0.9)	8 (2.3)	9 (2.0)	17 (2.1)

Physical examination revealed that they were free of neurologic deficits. Three of them received brain MRI scans, and all had a variable degree of

leukoencephalopathy C-1, 59 years male



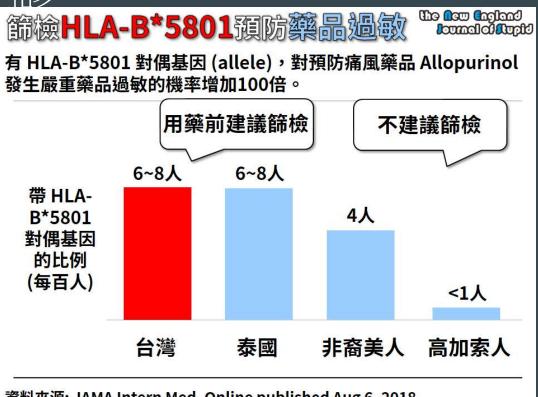
To clarify the role of these cysteine-altering NOTCH3 mutations in ischemic stroke

genotyped 800 patients with ischemic stroke(缺血性腦中風). No single patient was found to carry NOTCH3 p.C853Y or p.C884Y.



國內醫院基因體檢測門診





資料來源: JAMA Intern Med. Online published Aug 6, 2018

http://jerryljw.blogspot.com/2018/08/hla-b5801-use-of-hla-b5801-genotyping.html

frequency distribution of pharmacogenetic phenotypes predicted by genotypes of TWB cohort

Gene	Drug	Rx ^a /year	EM	IM	PM	ADR ^b carrier rate
CYP2B6	Efavirenz	1,662,525	66.0%	30.5%	3.6%	
CYP2C19	Clopidogrel	63,664,076	39.8%	56.4%	3.8%	
CYP2C9	Celecoxib	65,058,810	93.6%	6.3%	0.1%	
CYP3A5	Tacrolimus	10,272,406	8.1%	40.6%	51.2%	
IL28	Peginterferon	40,941	88.6%	11.1%	0.3%	
NAT2	Isoniazid	7,885,251	28.8%	59.2%	12.0%	
SLCO1B1	Simvastatin	50,695,934	78.9%	19.9%	1.3%	
TPMT	Azathioprine	7,435,217	97.0%	2.9%	0.02%	
UGT1A1	Atazanavir	719,793	53.2%	39.8%	7.0%	
VKORC1	Warfarin	16,121,944	1.1%	19.2%	79.7%	
HLA-A*3101	Carbamazepine	17,078,849				2.0%
HLA-B*1502	Carbamazepine	17,078,849				4.1%
HLA-B*5701	Abacavir	3,049,217				0.2%
HLA-B*5801	Allopurinol	23,888,472				10.5%
MT-RNR1	Amikacin	321,561				4.7%

 $^{^{}a}$ Rx = prescriptions.

NPJ Genom Med. 2021 Feb 11;6(1):10.

 $^{^{}b}ADR$ = adverse drug reactions.

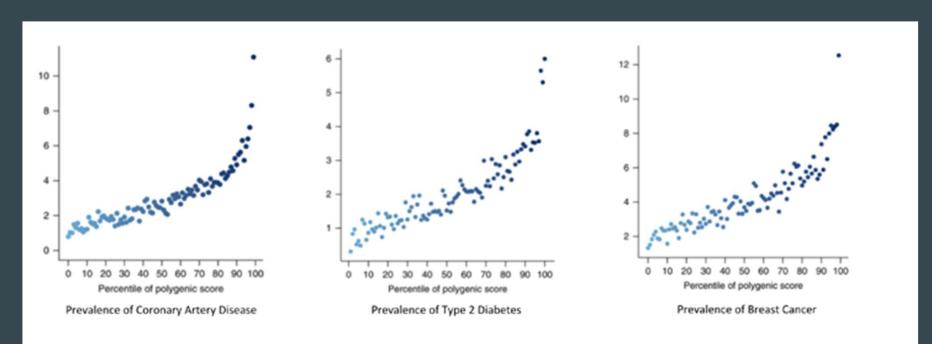
polygenic risk score

Discovery GWAS					
	Weight*	Risk Allele			
SNP1	0.2	Α			
SNP2	-0.3	С			
SNP3	0.1	G			
Individual	Alleles SNP1	Alleles SNP2	Alleles SNP3		
1	AT	AA	CG		
2	AA	CA	GG		
3	π	AC	CG		
4	П	AA	GG		
5	TA	CA	GC		
6	AT	CA	CG		
7	AA	AA	GG		
8	AA	CC	CG		
9	TA	CC	GC		
10	AT	AA	CG		

PRS:

Individual	SNP 1	SNP 2	SNP 3	PRS
1	0.2+0.0	0.0+0.0	0.0+0.1	0.3
2	0.2+0.2	-0.3+0.0	0.1+0.1	0.3
3	0.0+0.0	0.0-0.3	0.0+0.1	-0.2
4	0.0+0.0	0.0+0.0	0.1+0.1	0.2
5	0.0+0.2	-0.3+0.0	0.1+0.0	0.0
6	0.2+0.0	-0.3+0.0	0.0+0.1	0.0
7	0.2+0.2	0.0+0.0	+0.1+0.1	0.6
8	0.2+0.2	-0.3-0.3	0.0+0.1	-0.1
9	0.0+0.2	-0.3-0.3	0.1+0.0	-0.3
10	0.2+0.0	0.0+0.0	0.0+0.1	0.3

disease risk prediction



"...it is time to contemplate the inclusion of polygenic risk prediction in clinical care, and discuss relevant issues."

Khera et al. Nature Genetics 50, 1219–1224 (2018)

Direct to consumer genetic testing (DTG)







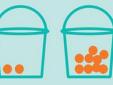


For most health conditions (like diabetes or cancers), each person has some risk of developing the condition during their life. This diagram represents this as a bucket - a person experiences the condition when their bucket gets full up.

Most health conditions arise due to a combination of genetic and other risk factors.



Other factors





Everyone starts life with some genetic risk factors for the condition. Some people have very few, some people have a lot. You are born with this risk and you can't change it. Direct-to-consumer genetic tests aim to measure this risk (though their measurement is often far from perfect).



Over the course of life, people are exposed to other factors that increase the chance of them experiencing the condition.



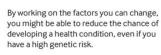


If you had more genetic risk factors in your bucket to begin with, it takes fewer other risk factors to fill the bucket and result in the health condition.

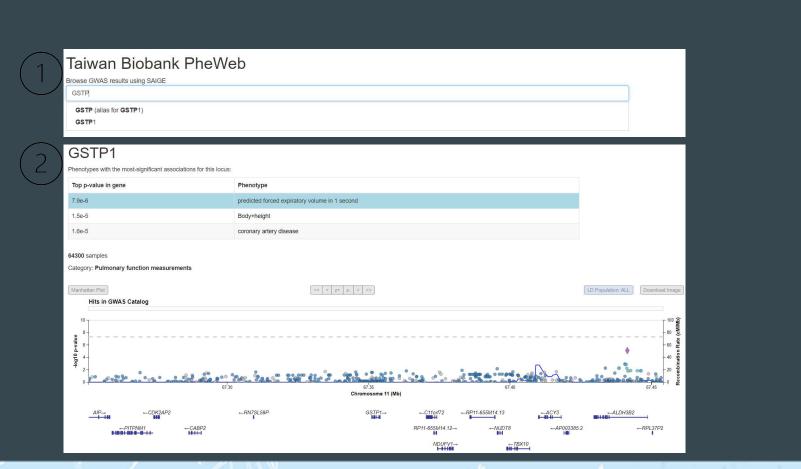


Some of the other factors, you can't change, like your age. Some factors, you might be able to work on, like smoking, or alcohol intake.

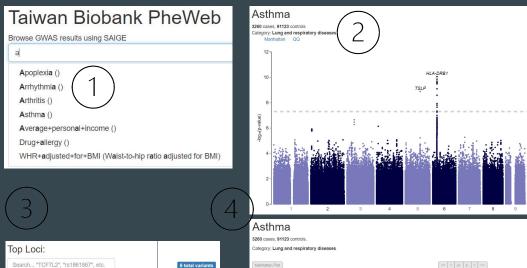
Even if you have a 'high genetic risk' of a particular condition, for most health conditions, having a high genetic risk does not mean you'll



BMJ 2019:367:I5688







Nearest Gene(s)

HLA-DRB1

TSLP

Variant

17:38,066,267 G / T (rs1008723)

6:32,570,149 A / G (rs2454137)

5:110,401,872 T / C (rs1837253)

3:54,464,879 G / T (rs140359708)

6:31,850,973 G / A (rs189984590)

4:14,120,444 T / C (rs573242823)

← Previous 1 Next →

MAF

0.26

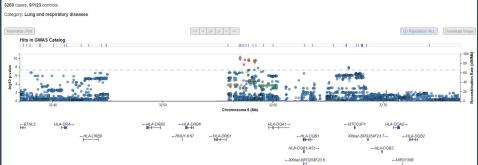
0.37

0.37

0.019

0.028

0.0019





Download summary statistics



He is the oldest known representation of a being that does not exist in physical form but symbolises ideas about the supernatural.

