



# Clinical Sequencing by Sanger: State of the Art in a Next-Gen World

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ARUP Laboratories

# Objectives

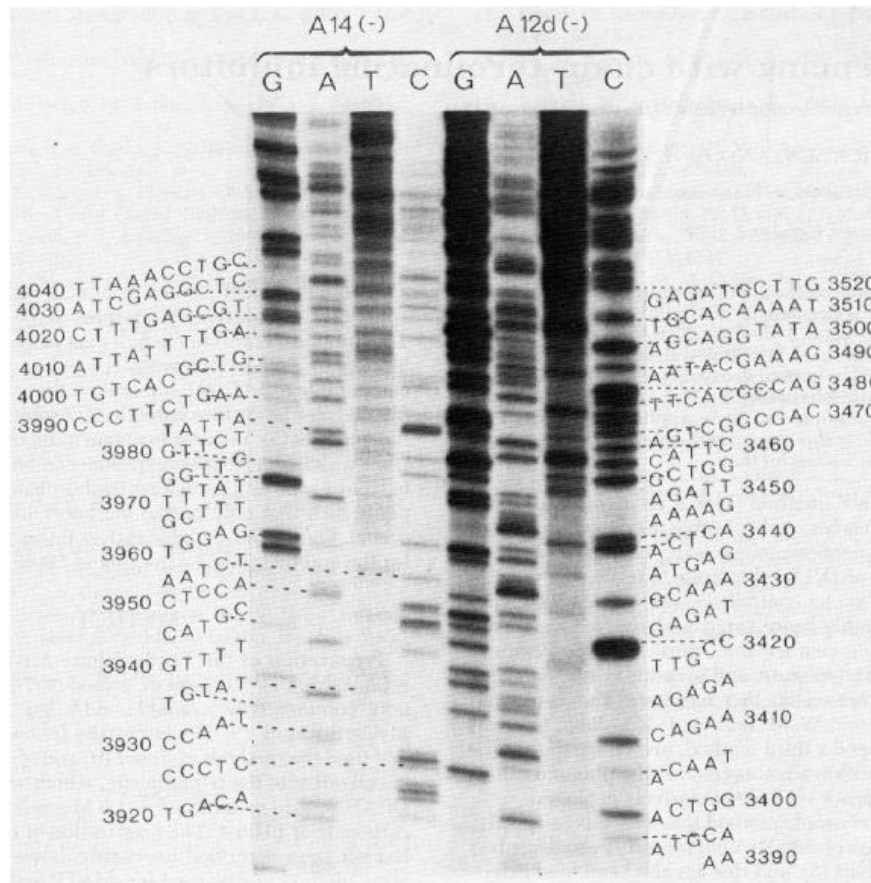
- Describe assay design considerations for complete coverage of regions to be interrogated
- Discuss validation approaches to establish performance characteristics and ensure test accuracy and robustness
- List challenges in and solutions for complex data analysis and interpretation
- Discuss workflow measures for implementing efficient Sanger sequencing assays into the clinical laboratory

## DNA sequencing with chain-terminating inhibitors

(DNA polymerase/nucleotide sequences/bacteriophage  $\phi$ X174)

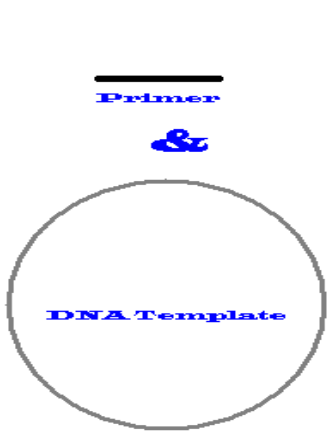
F. SANGER, S. NICKLEN, AND A. R. COULSON

Medical Research Council Laboratory of Molecular Biology, Cambridge CB2 2QH, England

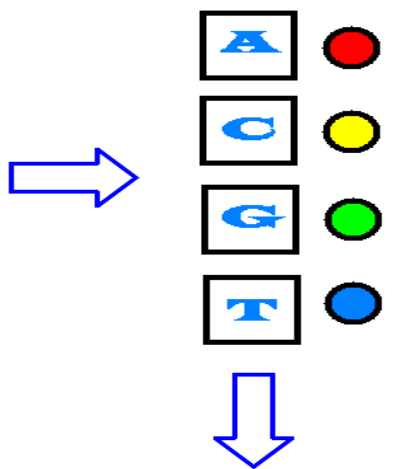


1977

# 1986 - ABI Sequencing (Sanger with Fluorescent Terminator)



**AmpliTaq DNA Polymerase,  
dNTPs, & Dye Deoxy  
Terminators**

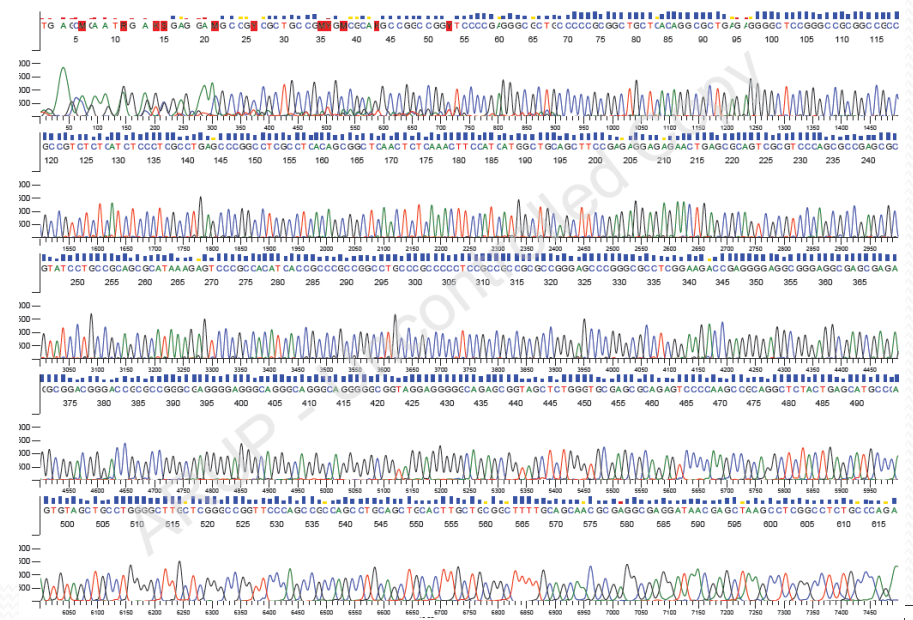
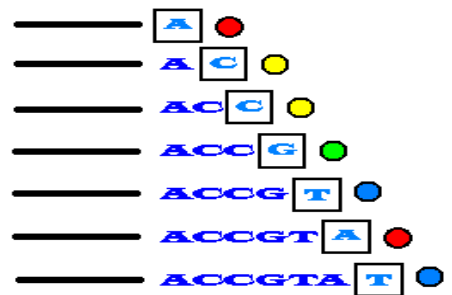


**Cycle Sequencing:**

**Annealing of Primer  
Single Primer**

**Extension  
Incorporation of  
Dye Labeled  
Terminator**

**Products  
Various size  
fragments with  
last nucleotide  
labeled**



3100 GENETIC ANALYZER

- SYSTEM COMPONENTS
  - Instrument Elements
  - Computer System
  - Consumables
- APPLICATIONS SETUP
  - ANALYZING SEQUENCING SAMPLES
  - ANALYZING FRAGMENT ANALYSIS SAMPLES

# Clinical Sequencing Assays

- Analytical Validation
  - Familiarity
  - Design
  - Optimization
  - Accuracy
  - Robustness (reproducibility)
  - Interpretation
- Clinical validation
  - Clinical sensitivity
  - Clinical specificity

# Familiarization and Planning

- Reference sequence

Gene	GBK file (analysis)	GBK file (reporting)	Mutation database numbering differences	MLPA exon numbering differences	<a href="#">GVIE - ARUP Wiki</a>	CDS	Inheritance
<i>PTEN</i>	NC_000010.10	NM_000314.4	None	NO		No	A.dominant

- Alternative transcripts
- Homology checks
  - pseudogenes
- Inheritance
- Databases
  - Locus specific
- Known benign variants

# Regions Interrogated

- Targeted exons
  - Example: MEN2
- All coding exons
  - 'Full gene or full sequence analysis'
- Intron/exon boundaries
  - +20--+50
- Known deep intronic mutations
- Regulatory regions
  - 5' UTR, promoter
  - 3' UTR

# Primer Design

- Often per exon
- Design around pseudogenes
- Avoid known variants
  - Interfere with PCR
- All at same PCR conditions?

PTEN Amplicon Sizes

Amplicon	Amplicon size (bp)
Exon 1	252
Exon 2	296
<del>Exon 3</del>	<del>220</del>
Exon 3 new	400
Exon 4	234
Exon 5 short	342
Exon 5 long	396
Exon 6	383
<del>Exon 7</del>	<del>355</del>
Exon 7 new	356
Exon 8 short	299
Exon 8 long	497
Exon 9	322
Promoter	697

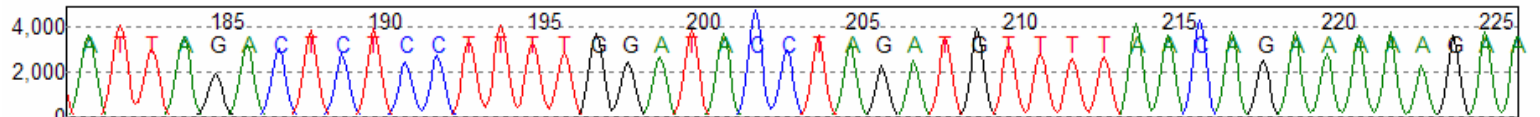
PTEN PCR and Sequencing Primers:

Exon	Forward Primer (5' → 3')	Reverse Primer (5' → 3')
1	TGTA AAAACGACGGCCAGTCATTTCCATCCTGCAGAAGA	CAGGAAACAGCTATGACCCAAACTACGGACATTTTCGC
2	TGTA AAAACGACGGCCAGTACCTTTTATTACTCCAGCTATAGTG	CAGGAAACAGCTATGACCTGTGGCTTAGAAATCTTTTCTAAATG
3	<del>TGTA AAAACGACGGCCAGTCTGTGCTTTTGGTTTTTCTTGATAGTA</del>	<del>CAGGAAACAGCTATGACCTGTAAACAAGCAGATAAGTTTCAG</del>
3 new	TGTA AAAACGACGGCCAGTGGGGTATTTGTTGGATTATTTATTT	CAGGAAACAGCTATGACCCCAACAATGTTTTACCTCATCA
4	TGTA AAAACGACGGCCAGTAAAGATTCAGGCAATGTTTGTAGT	CAGGAAACAGCTATGACCTCTCACTCGATAATCTGGATGAC
5s	TGTA AAAACGACGGCCAGTTTATTCTGAGGTTATCTTTTACCACA	CAGGAAACAGCTATGACCGAAACCCAAATCTGTTTTCCA
5l	TGTA AAAACGACGGCCAGTCTGTTAAGTTTGTATGCAACATTTCT	CAGGAAACAGCTATGACCTTTCCAATAAATCTCAGATCCAG
6	TGTA AAAACGACGGCCAGTAAATGGCTACGACCCAGTTAC	CAGGAAACAGCTATGACCTAATTTGTTCAAATGCTTCAGAAA
7	<del>TGTA AAAACGACGGCCAGTATTGCTGATATTAATCATTAAATCGF</del>	<del>CAGGAAACAGCTATGACCAACAATTATAGTTGTTACATGCA</del>
7 new	TGTA AAAACGACGGCCAGTAAATCGTTTTGACAGTTTGACA	CAGGAAACAGCTATGACCCACCTGCAGATCTAATAGAAAACA
8s	TGTA AAAACGACGGCCAGTCAAAATGTTTCACTTTGGGTA AAA	CAGGAAACAGCTATGACCGCTGTACTCTAGAAATTAACACACA
8l	TGTA AAAACGACGGCCAGTTGCCTTATAATAGTCTTTGTGTTTACC	CAGGAAACAGCTATGACCGTCAAGCAAGTTCTTCATCAGC
9	TGTA AAAACGACGGCCAGTTGTTTCATCTGCAAAATGGAAT	CAGGAAACAGCTATGACCTGGTGTTTTATCCCTCTTGATAAAAA
promoter	TGTA AAAACGACGGCCAGTCCATCTCAGCTTTCATCATCAG	CAGGAAACAGCTATGACCCGGTTAGAAAAGACGAAGAGGA

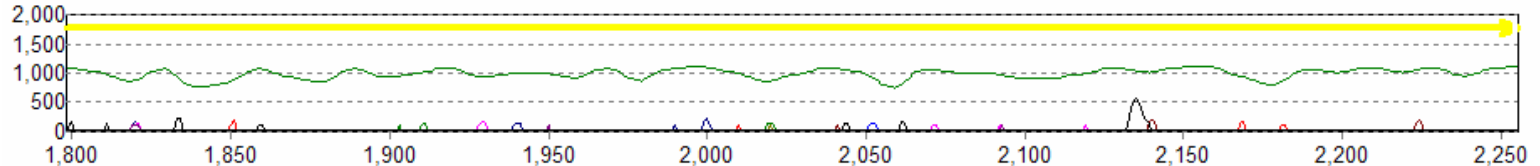
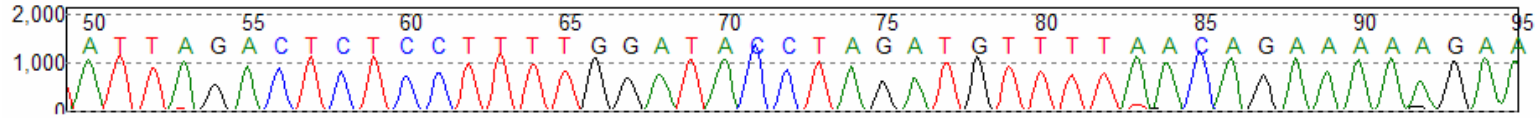


# Sanger Sequencing Alignment Using Mutation Surveyor Software

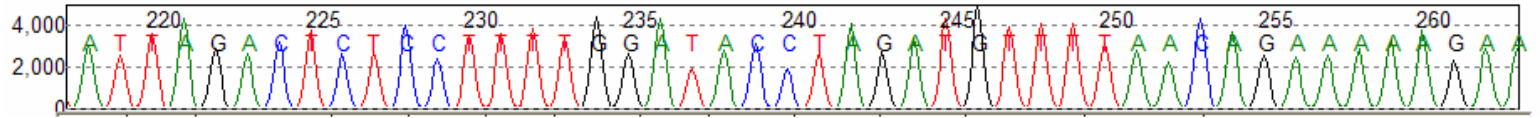
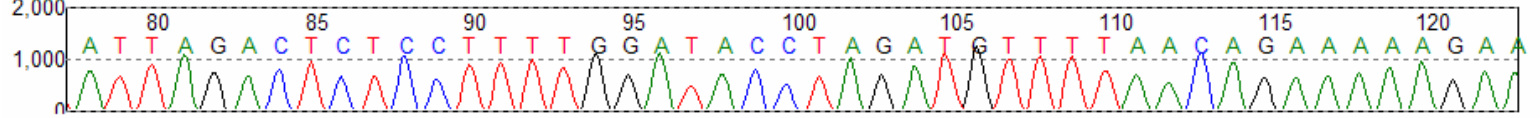
Reference seq



S--> CF48\_E12F.ab1--> Quality(0-100):49



S<<- CF48\_E12R.ab1<<- Quality(0-100):53



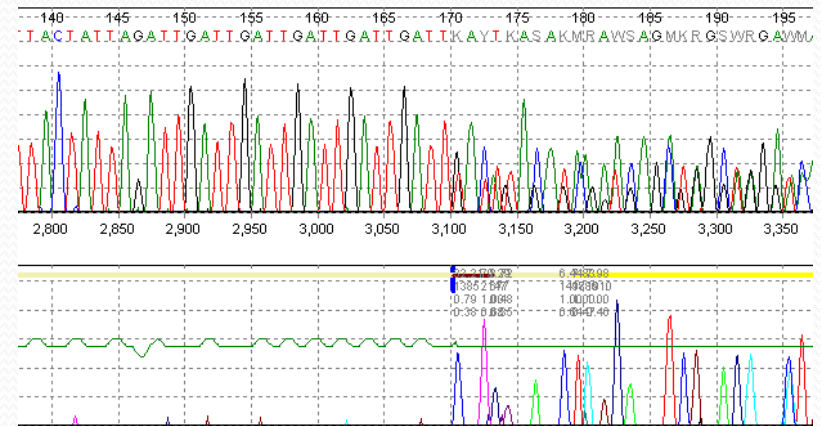
Forward

Reverse

Reference seq

# Difficult Regions

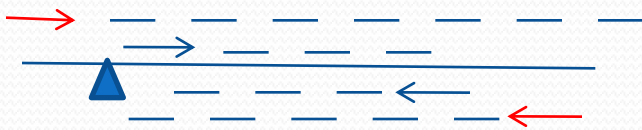
- High GC content
  - Optimization
- Secondary structure
  - Optimization or avoidance
- Benign Insertions/deletions
  - Example: CFTR GATT
- Pseudogenes
  - Example: PMS2
- Repeat motifs
  - Example: CFTR intron 8 TG/T
  - Example: Homopolymers



CFTR GATT

# Primer Design

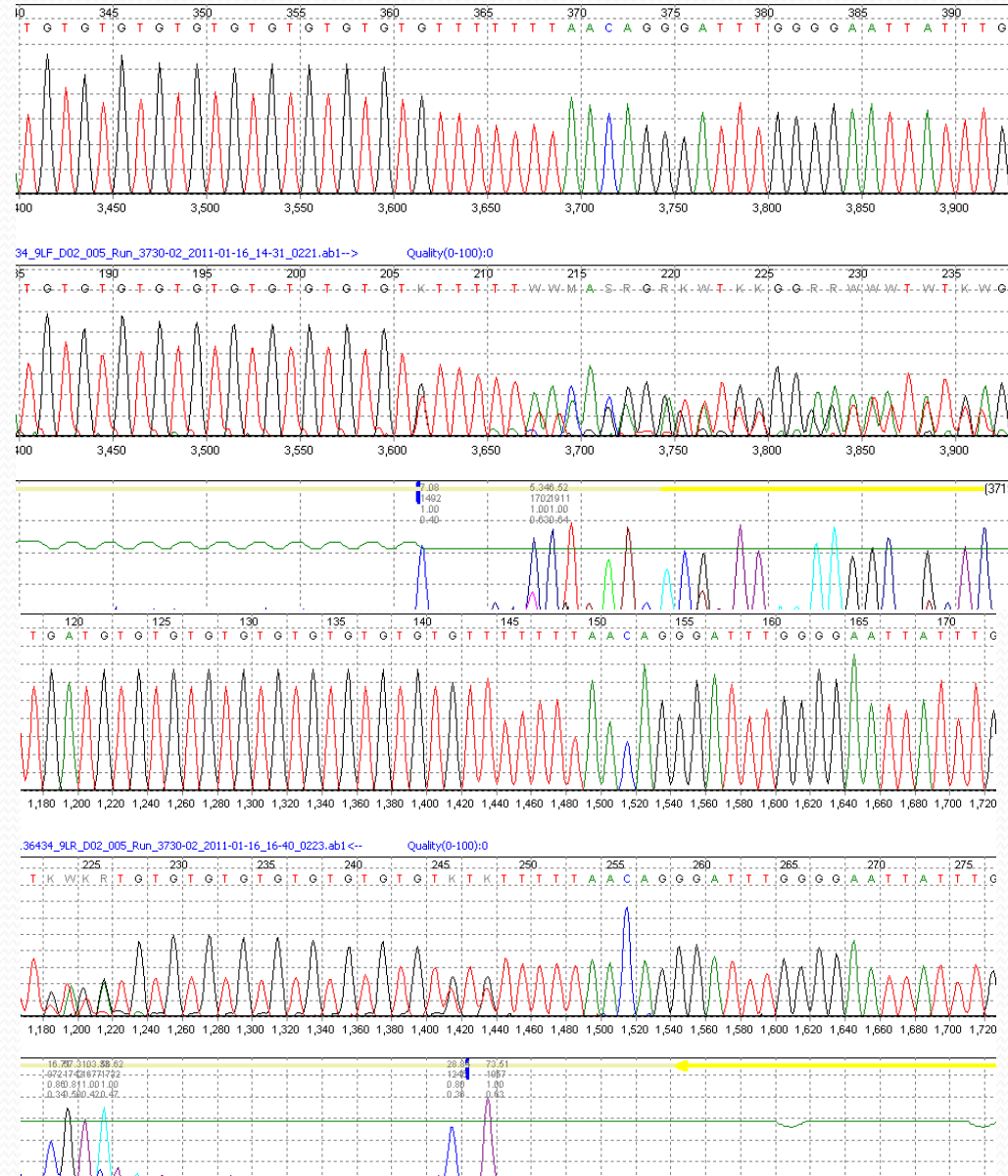
- Design Long and Short amplicons
- Cover all regions



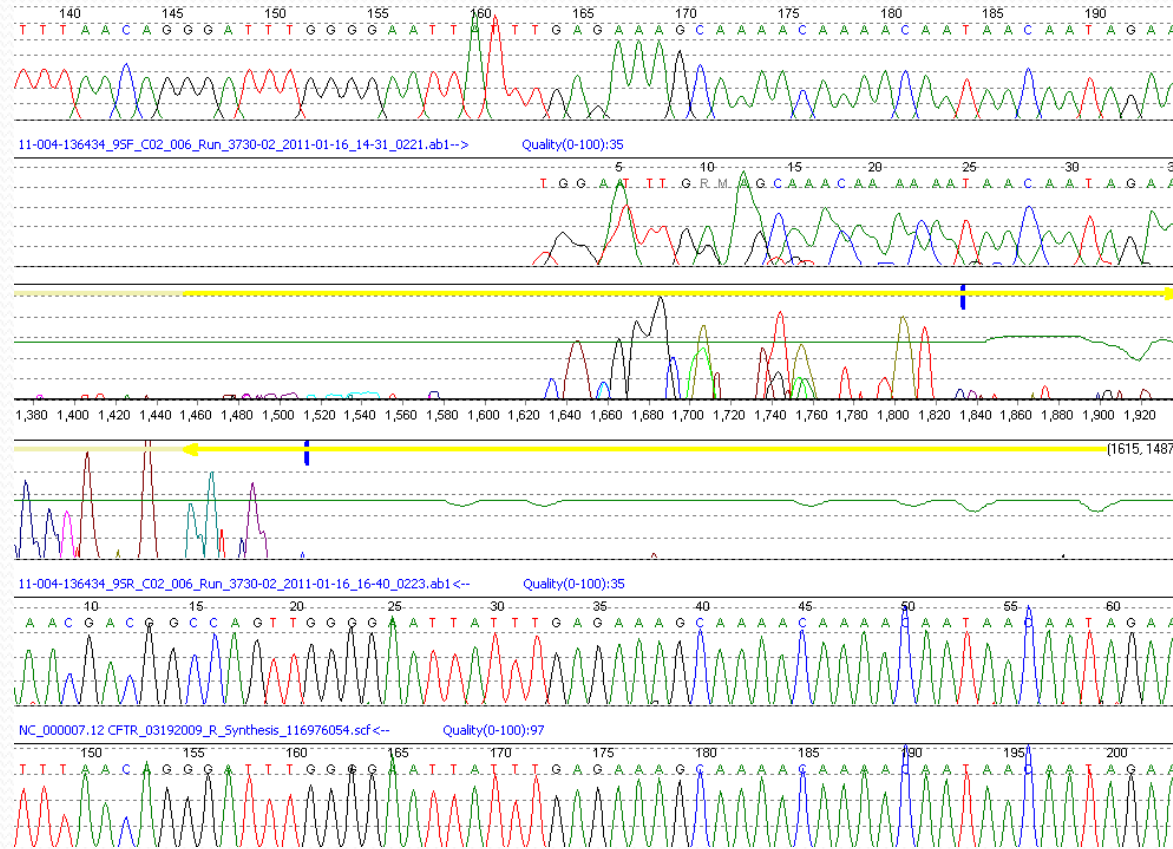
CFTR intron 8

TG/T region

F and R primers for Long amplicon



# Primer Design



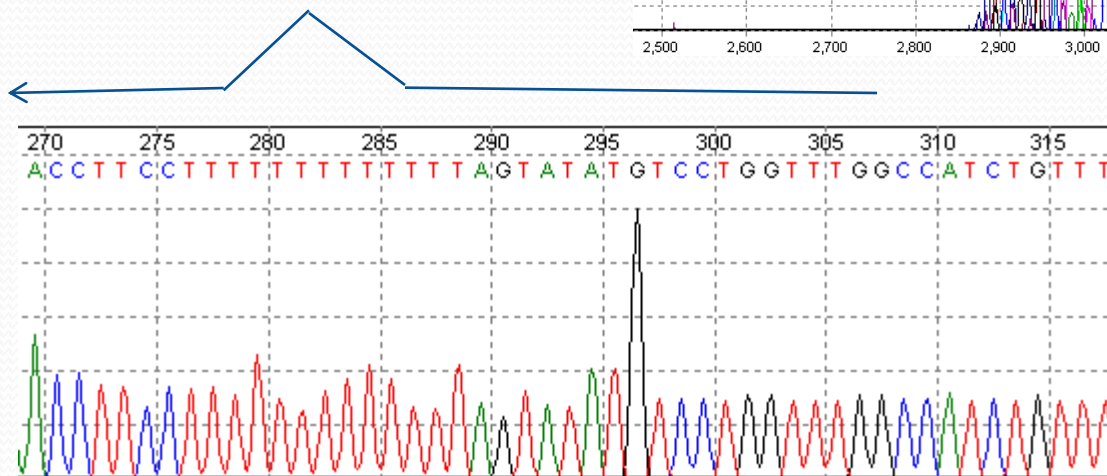
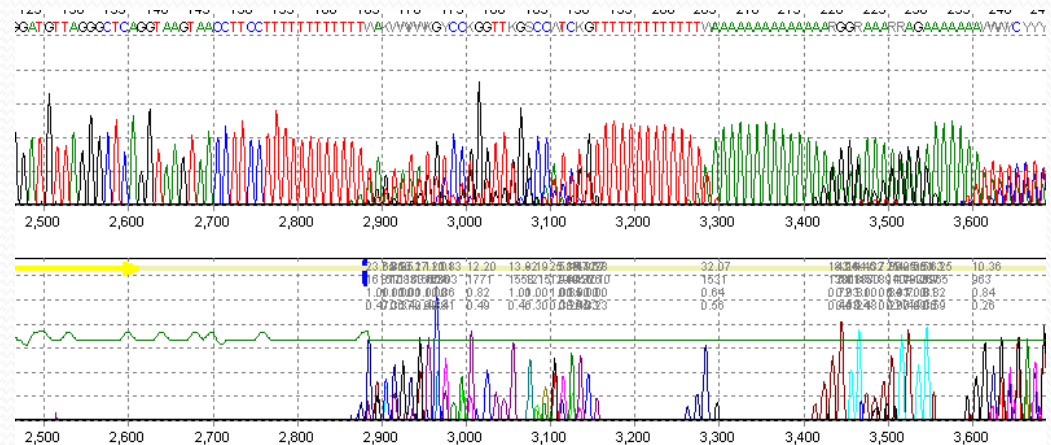
CFTR intron 8

TG/T region

F and R primers for Short amplicon

# Primer Design

- Loop-out/masking



# Analytical Validation

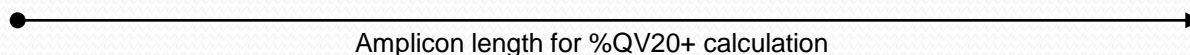
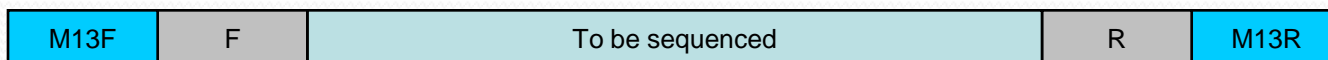
- Performance characteristics
  - \*Accuracy

Results							
PTEN Exon	Clinically Diagnosed Sample 1	Clinically Diagnosed Sample 2	Accuracy 1 (Cftr33)	Accuracy 2 (M3 DNA)	Accuracy 3 (CF16) 11.21.08	Accuracy 4 (CFTR41) 12.3.08	Accuracy 5 (11F)
1	wt	wt	wt	wt	wt	wt	wt
2	wt	wt	wt	wt	wt	wt	wt
3	wt	wt	wt	wt	wt	wt	wt
4	wt	Splice site mutation c.253+1G>GC	wt	wt	wt	wt	wt
5	c.1420C>CT	wt	wt	wt	wt	wt	wt
6	wt	wt	wt	wt	wt	wt	wt
7	wt	wt	wt	wt	wt	wt	wt
8	wt	wt	wt	wt	wt	wt	wt
9	wt	wt	wt	wt	wt	wt	wt
promoter	wt	c.1-1085C>CT	wt	wt	wt	wt	wt
Intron	IVS1= c.80-96A>AG IVS8= c.1026+32T>TG	IVS1= c.80-96A>AG IVS4= c.253+1G>GC IVS8= c.1026+32T>TG	IVS1= c.80-96A>AG IVS8= c.1026+32T>TG	wt	IVS1= c.80-96A>AG IVS8= c.1026+32T>TG	wt	wt

# Quality checks

- Trace scores: average quality score
- Signal intensity
- Signal to noise ratio
- %QV20+ :percentage of bases with quality values  $\geq 20$

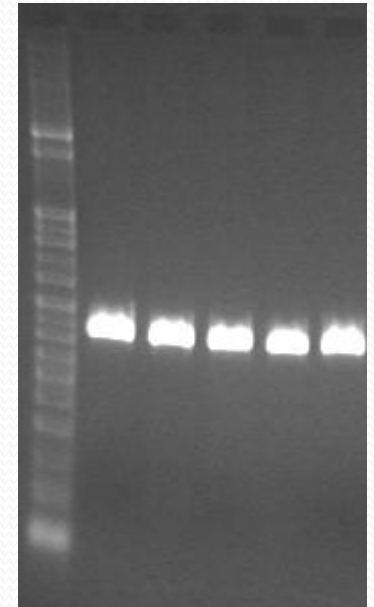
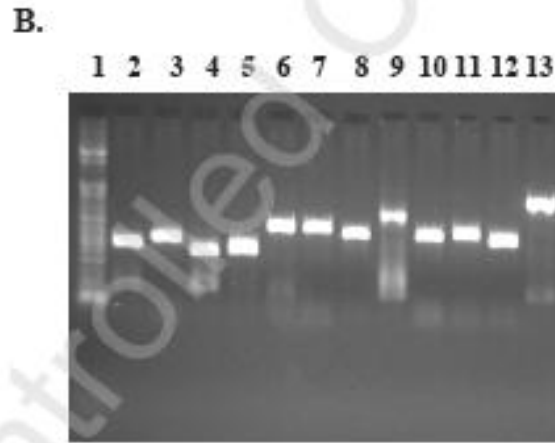
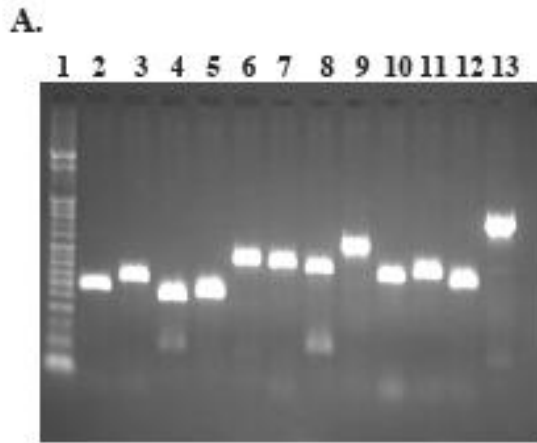
Total amplicon length



Sequencing Results for *PTEN*

EXON 1	TS	QV20+	AL (in bp)	%QV20	S/N (A)	S/N (C)	S/N (G)	S/N (T)	SI (A)	SI (C)	SI (G)	SI (T)
sample1_Acc_ex1F	43	227	270	84.074	625	308	423	275	4031	1997	2396	2284
sample1_Acc_ex1R	46	238	270	88.148	1643	801	1514	878	10706	5418	8925	7372
sample1_Within_ex1F	39	215	270	79.63	817	338	537	328	5523	2268	3047	2761
sample1_Within_ex1R	46	234	270	86.667	1641	822	1789	936	11283	5418	10631	7470
sample1_Betw_ex1F	39	221	270	81.852	347	159	233	175	3349	1330	1697	1674
sample1_Betw_ex1R	46	236	270	87.407	1304	612	1173	684	9187	4062	7181	5642
<b>Average</b>	<b>43.2</b>	<b>228.5</b>	<b>270</b>	<b>84.63</b>	<b>1062.8</b>	<b>506.667</b>	<b>944.83</b>	<b>546</b>	<b>7346.5</b>	<b>3415.5</b>	<b>5646.2</b>	<b>4534</b>
<b>Standard Deviation</b>	<b>3.43</b>	<b>9.1378</b>	<b>0</b>	<b>3.3844</b>	<b>546.55</b>	<b>277.831</b>	<b>637.8</b>	<b>328.63</b>	<b>3477.6</b>	<b>1795.3</b>	<b>3764.8</b>	<b>2619</b>

# Reproducibility - PCR product

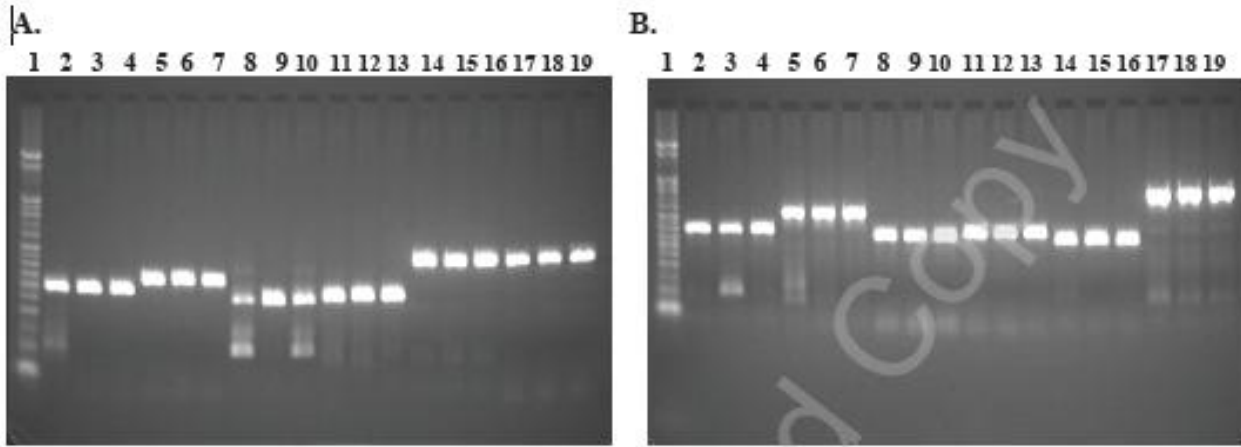


\*Intra-run variability

Re-design of exon 3

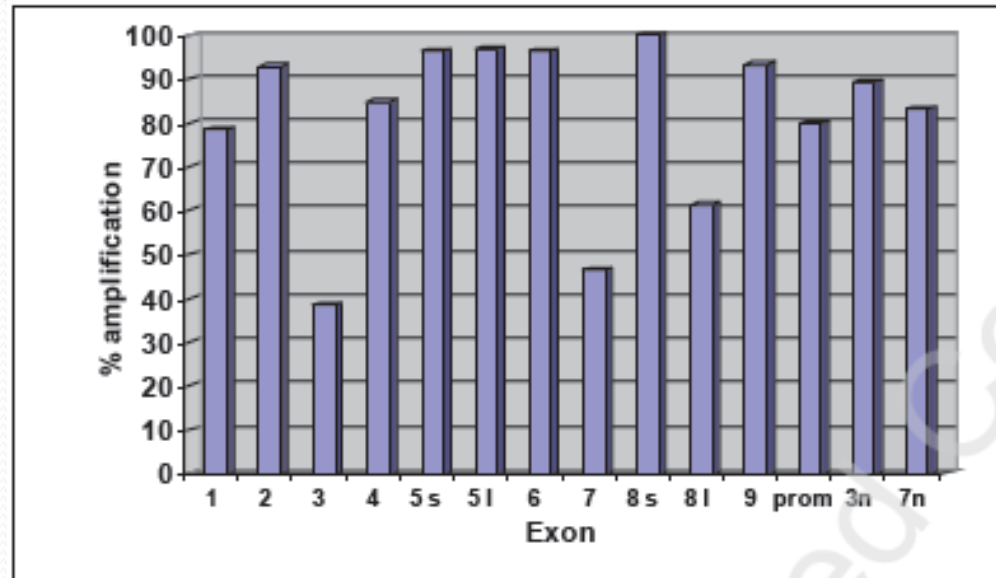


# Reproducibility - PCR products



\*Inter-run

All reactions



# Workflow

Sample receipt → Extraction → PCR set up



Amplification



PCR clean-up → Sequencing set up → Sequencing



Sequencing clean-up → Detection → Analysis

# Workflow

- M13 tagged primers
- Workflow
  - Low throughput – per sample
  - High throughput – per exon
- Primer plate

PCR Tray Map

	Sample #1	Sample #2	Sample #3	Sample #4	Sample #5	Sample #6	Sample #7	Sample #8	Sample #9	Sample #10	Sample #11	Sample #12
	1	2	3	4	5	6	7	8	9	10	11	12
A	10	10	10	10	10	10	10	10	10	10	10	10
B	11	11	11	11	11	11	11	11	11	11	11	11
C	13	13	13	13	13	13	13	13	13	13	13	13
D	14	14	14	14	14	14	14	14	14	14	14	14
E	15	15	15	15	15	15	15	15	15	15	15	15
F	16	16	16	16	16	16	16	16	16	16	16	16
G												
H												

Thermocycler method: pcr- men



# Clinical Parameters

- Clinical sensitivity
  - Percent affected individuals in which mutations can be found in the gene
  - Mutation detection rate
- Clinical specificity
  - Percent of unaffected individuals in which mutations are found in a gene
  - Penetrance
- Reference or reportable range
  - Description of gene regions interrogated
  - Mutations tested
  - Zygosity

# Implementation

- Validation summary
  - With refseq, known SNPs, known double mutations, database information
- Standard operating procedure
- Training
- Costs
- Test information
- Reporting
- Internal databases
- Proficiency testing

# Reporting

- Result
  - Standard vs Traditional nomenclature
    - Example: Beta globin amino acids are commonly known from the mature protein (-1 amino acid)
  - Nucleic Acid
    - Example: c.2183delAA
  - Amino Acid
    - Example p.G542X
- Reference sequence (version) and numbering scheme
- Interpretation
- Recommendations

# ACMG Recommendations

- Report clinical significance
- “... the laboratory must provide the interpretive information and a best estimate of clinical significance for the variants....”
- ACMG recommendations for standards and interpretation and reporting of sequence variations. Richards et al. Genet Med 2008 10:294-300

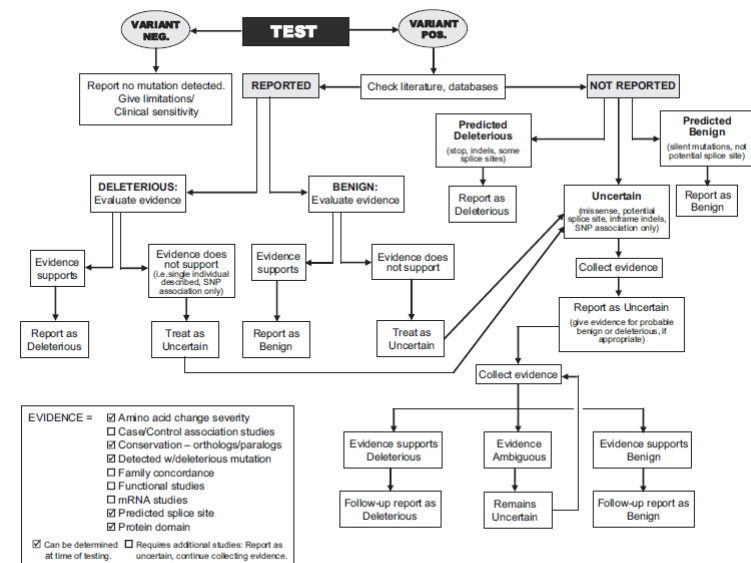


Fig. 1. A decision tree for interpretation of sequence variants and clinical reporting. Evidence that can be used to support sequence variant interpretation is shown in the box at the bottom.



# Mutation Categories

- Previously reported
  - Pathogenic
  - Benign
  - But check original reports
- Previously unreported
  - Expected pathogenic
  - Suspected pathogenic
  - Uncertain
  - Suspected benign
- Further classification
  - Severe, moderate, mild, very mild

# Interpretation

- Exonic
  - Frameshift (presumed pathogenic)
  - Nonsense (presumed pathogenic, except 3' end?)
  - In-frame deletion/duplication (may or may not be pathogenic)
  - Missense (may or may not be pathogenic)

# Missense Mutation

- Evidences:
  - Reported before?
    - Seen in affected or control individuals?
  - Conserved amino acid?
    - Over gene families or species?
  - Active site in the protein?
  - Affect mRNA levels?
  - Occur in the general population?
  - Co-occurrence with causative mutations
  - Track with disease in the family?
  - Functional studies available?
    - IHC, structural analysis, RNA, biochemical studies

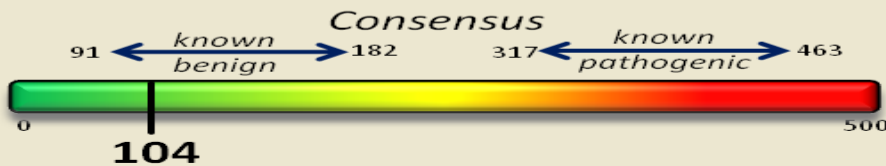
# Amino Acid Prediction

- Existing predictions programs
  - PolyPhen 2, SIFT, Pmut, PhD-SNP, nsSNPAnalyzer, AlignGVGD
- Predictions using machine learning classification tools.
  - Gene-specific algorithms outperform generalized tools
  - Developed a standardized metric for evaluation of uncertain gene variants.
  - Visualization models for clinical implementation
- Emerging “authoritative” (clinically curated) gene variant/disease archives

# ACADM UNCERTAIN VARIANTS

## ACADME - A170S

Predictor	Call	Score
SIFT	tolerated	21
PolyPhen	benign	27
PMut	neutral	7
MutPred	benign	45
PSAAP	benign	4

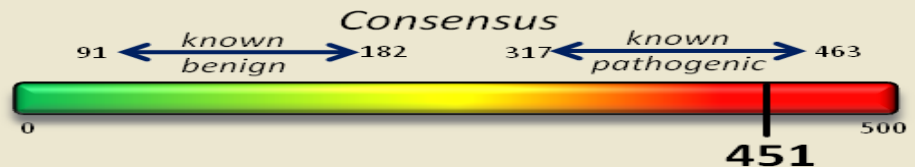


**PREDICTED BENIGN**

**PREDICTED PATHOGENIC**

## ACADME - A372D

Predictor	Call	Score
SIFT	affects function	98
PolyPhen	probably damaging	99
PMut	pathological	82
MutPred	pathogenic	88
PSAAP	pathogenic	84



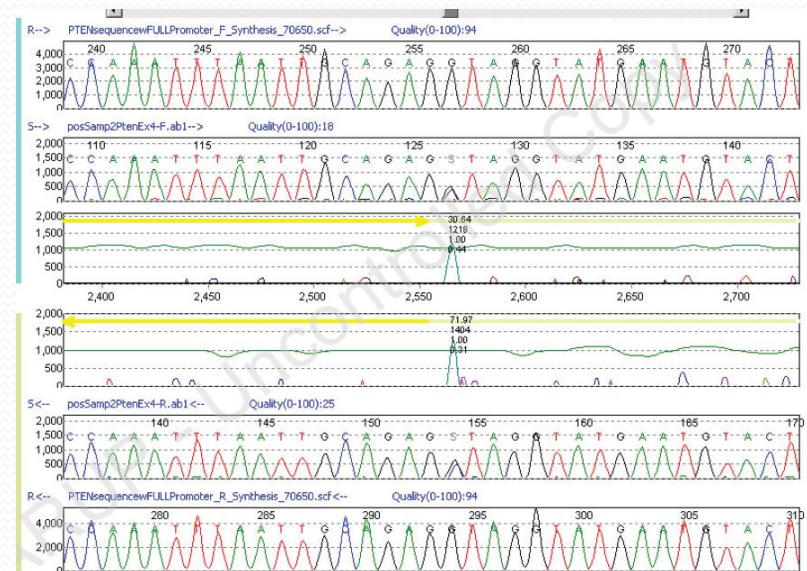
# Intronic Mutation

- Intronic

- has it been reported before?
- approximately 20-50 bases
- potential splice site

[http://www.fruitfly.org/seq\\_tools/splice.html](http://www.fruitfly.org/seq_tools/splice.html)

- consensus sequence GT .....AG
  - Donor GT(start of intron)
  - Acceptor GA (end of intron)
  - Branch site U(18-40 upstream of 3' splice site)



# Finding Rare Variants

- CFTR Example
  - Child with F508del/I1028T
  - Mother also with F508del/I1028T
  - *In cis*
  - Does not explain symptoms in child
- Alpha globin Example
  - Apparent homozygous for p.X143Glu (Hb Seal Rock)
  - Subsequent deletion analysis showed -3.7Kb deletion
  - Compound heterozygous
  - Mild Hb H disease

# Genetic Evidence

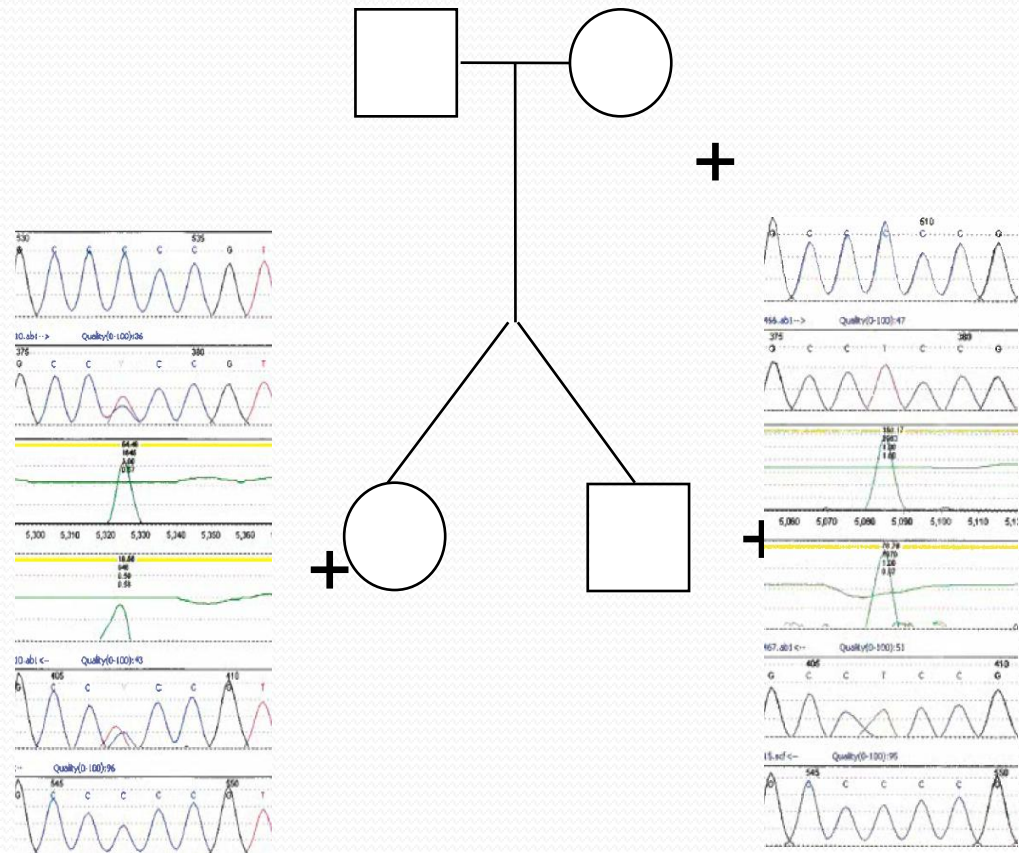
## Family Concordance Studies

- Autosomal dominant/ X-linked/*de novo* mutations
- Single (affected) individual from a family tested
  - Results: sequence variant of unknown significance
- Test additional family members
  - Affected/Unaffected
  - Greater statistical power with affected distant relatives
- Evaluate pedigree data for evidence of causality
- Test hypothesis: Variant confers specified risk against the hypothesis of complete neutrality
- Determine likelihood ratio for causation



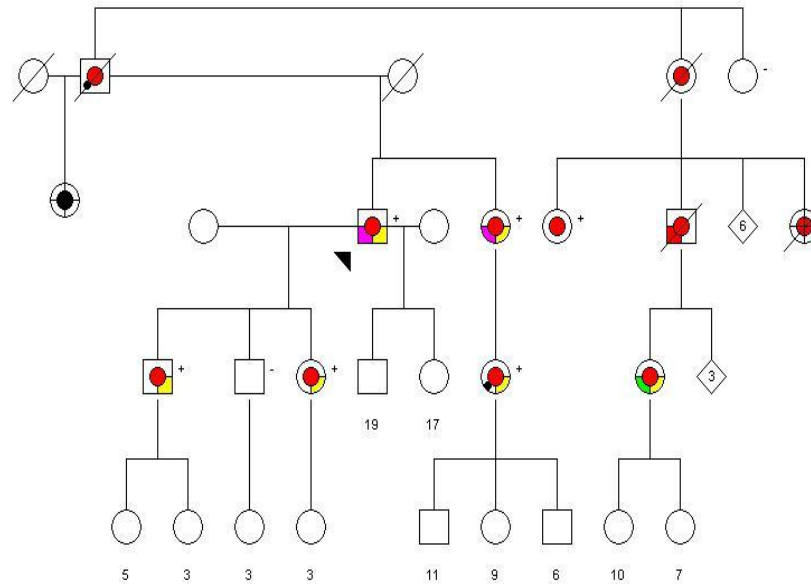
# MECP2 Missense Mutation

- In silico prediction
  - Polyphen2: unknown
  - SIFT: Tolerated
- Present in 'normal' mother
  - Variable phenotype due to X inactivation?
- Present in unaffected brother



# Extended Pedigree from Clinical Case

HHT 2 (ALK1) Pedigree



( R479Q)

Bayesian Factor = 461:1 in favor of causality

# Likelihood Ratios: In Favor of Causality

<b>Pedigree. Gene/Mutation</b>	<b>Bayesian Factor</b>
1. <i>ACVRL1</i> p.R479Q	461.58
2. <i>ACVRL1</i> p.G402S	19.31
3. <i>ACVRL1</i> p.C344R	139.15
4. <i>ACVRL1</i> p.E407G	63.63
5. <i>ENG</i> p.W196R	121.35
6. <i>ENG</i> p.L300P	31.82
7. <i>ENG</i> p.R529H	7.98

# Variant Annotation Summary

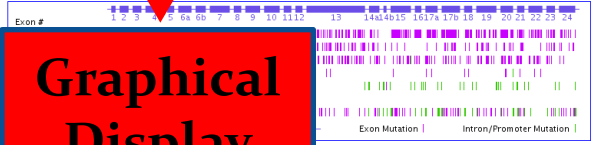
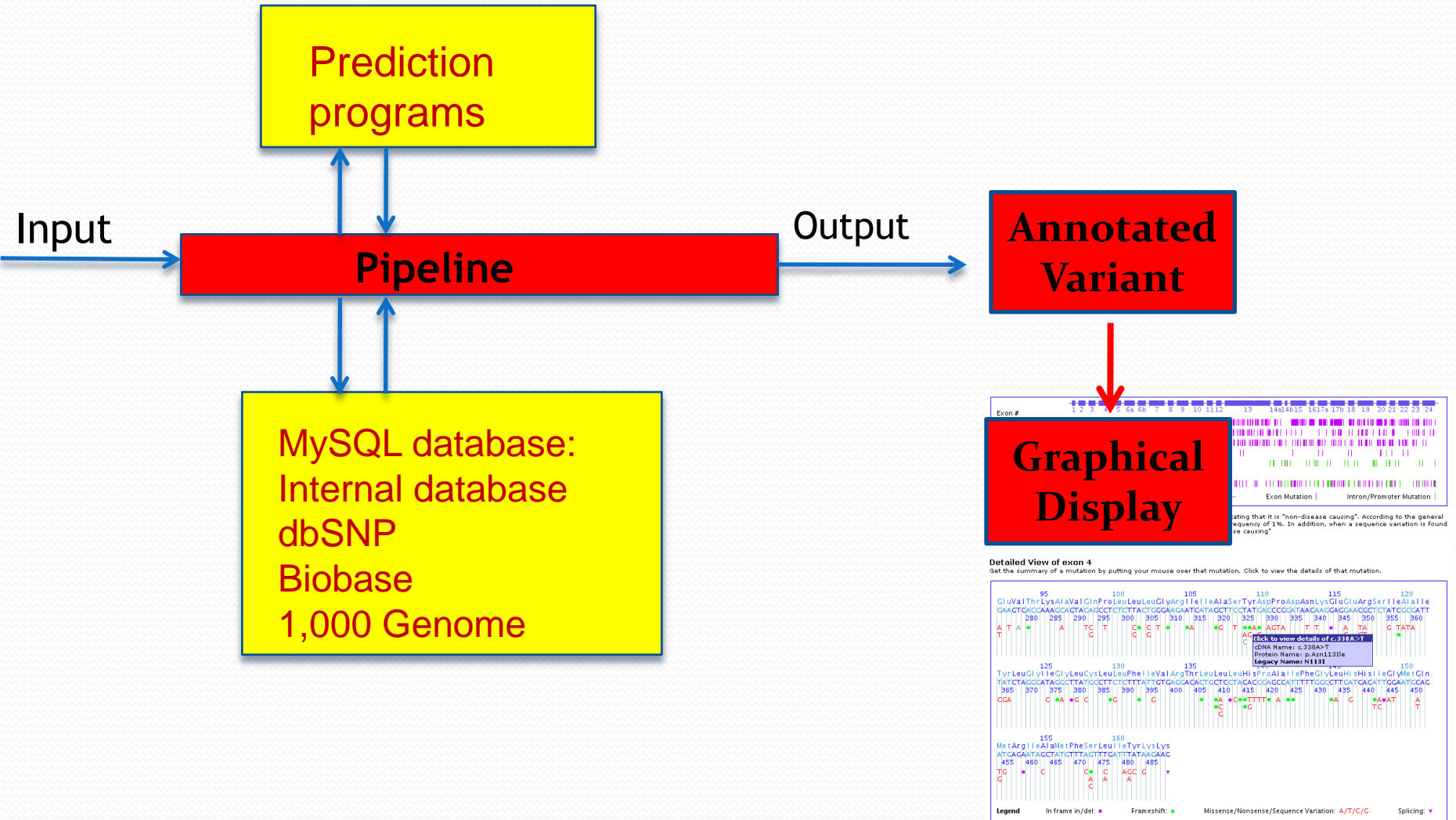
- Current manual method:
  - Check internal database for variant
  - Locus-specific databases
  - dbSNP, frequency (not all benign)
  - Prediction algorithms (Polyphen-2, Sift, others)
  - Literature search
  - Google

95 records found.

Location	Mutation Type	Nucleotide Change	Protein Change	Transport Activity	Expression	References	Comments
5'UTR	Polymorphism	c.-207G>C				<a href="#">Pellekova et al. 2004</a>	
5'UTR	Uncertain	c.-185A>C		33		<a href="#">Calderon et al., unpublished</a>	
5'UTR	Uncertain	c.-149G>A		33		<a href="#">Calderon et al., unpublished</a>	
5'UTR	Deletion	c.-91_22del				<a href="#">Nezu et al. 1999</a>	
5'UTR	Polymorphism	c.-78C>T		33		<a href="#">Koizumi et al., 1999</a>	
5'UTR	Polymorphism	c.-77G>A		33		<a href="#">Koizumi et al., 1999</a>	
5'UTR	Polymorphism	c.-38A>C				<a href="#">Calderon et al., unpublished</a>	
Exon 1	Missense	c.3G>T	p.M1I	<5		<a href="#">Dobrowolski et al. 2005</a>	
Exon 1	Insertion	c.4_5insC	p.R2PfsX136			<a href="#">Nezu et al. 1999</a>	
Exon 1	Nonsense	c.12C>G	p.Y4X	<1		<a href="#">Wang et al. 2001</a>	
Exon 1-8	Deletion	c.33_1427del	p.G12_L477del	2		<a href="#">Large deletion found in two patients. Patient 1 of Italian descent was heterozygous for this mutation and p.G218VfsX68. Patient 2 of Mexican descent was heterozygous for this mutation and p.T219SfsX20.</a>	
Exon 1	Missense	c.43G>T	p.G15W	3			
Exon 1	Missense	c.51C>G	p.F17L	14			
Exon 1	Missense	c.56G>C	p.R19P	<5			
Exon 1	Missense	c.59T>A	p.L20H			<a href="#">Calderon et al., unpublished</a>	
Exon 1	Deletion	c.67_69delITTC	p.F23del	2		<a href="#">Lamhonwah et al. 2002</a>	
Exon 1	Missense	c.83G>T	p.S28I	<12		<a href="#">Rahbeeni et al. 2002</a>	

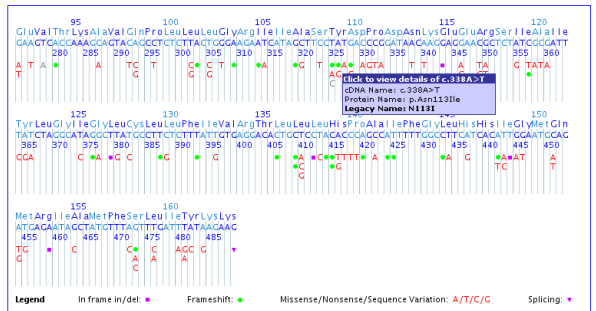
GALT Database

# Automated Pipeline



...ating that it is "non-disease causing". According to the general frequency of 1%. In addition, when a sequence variation is found re-causing"

**Detailed View of exon 4**  
Get the summary of a mutation by putting your mouse over that mutation. Click to view the details of that mutation.



Courtesy of P. Ridge

# Revolutionary Approach

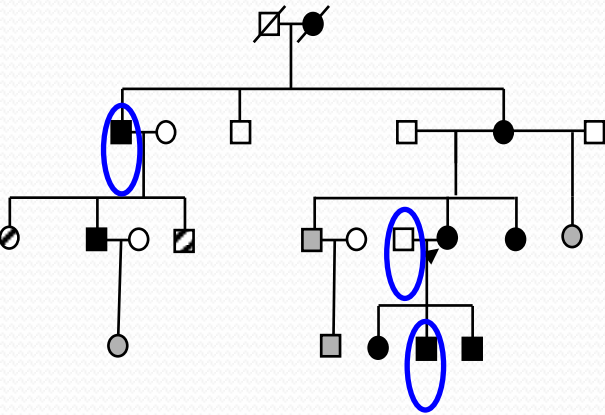
- Next-generation sequencing (NGS) 2005
  - Massive Parallel Sequencing in a flow cell (400 Mb to 30Gb)
  - Large scale sequencing/re-sequencing of the chromosome possible
    - Clonally amplified templates
    - Single molecule templates

# Next Gen Sequencing

- Gene panels
  - Genes known to cause disease
  - Variant discovery
- Whole exome
  - Gene discovery
- Whole genome
  - Gene discovery

# Data Analysis: Variant Filtering

Pinpoint which gene causes HHT<sub>4</sub>!



Kept affected SNVs (2 shared) ~36%



Remove unaffected SNVs ~25%



Remove 8 HapMap SNVs ~27%



Remove SNVs in dbSNP, pseudogenes, repeat regions ~7%



~5% remaining!

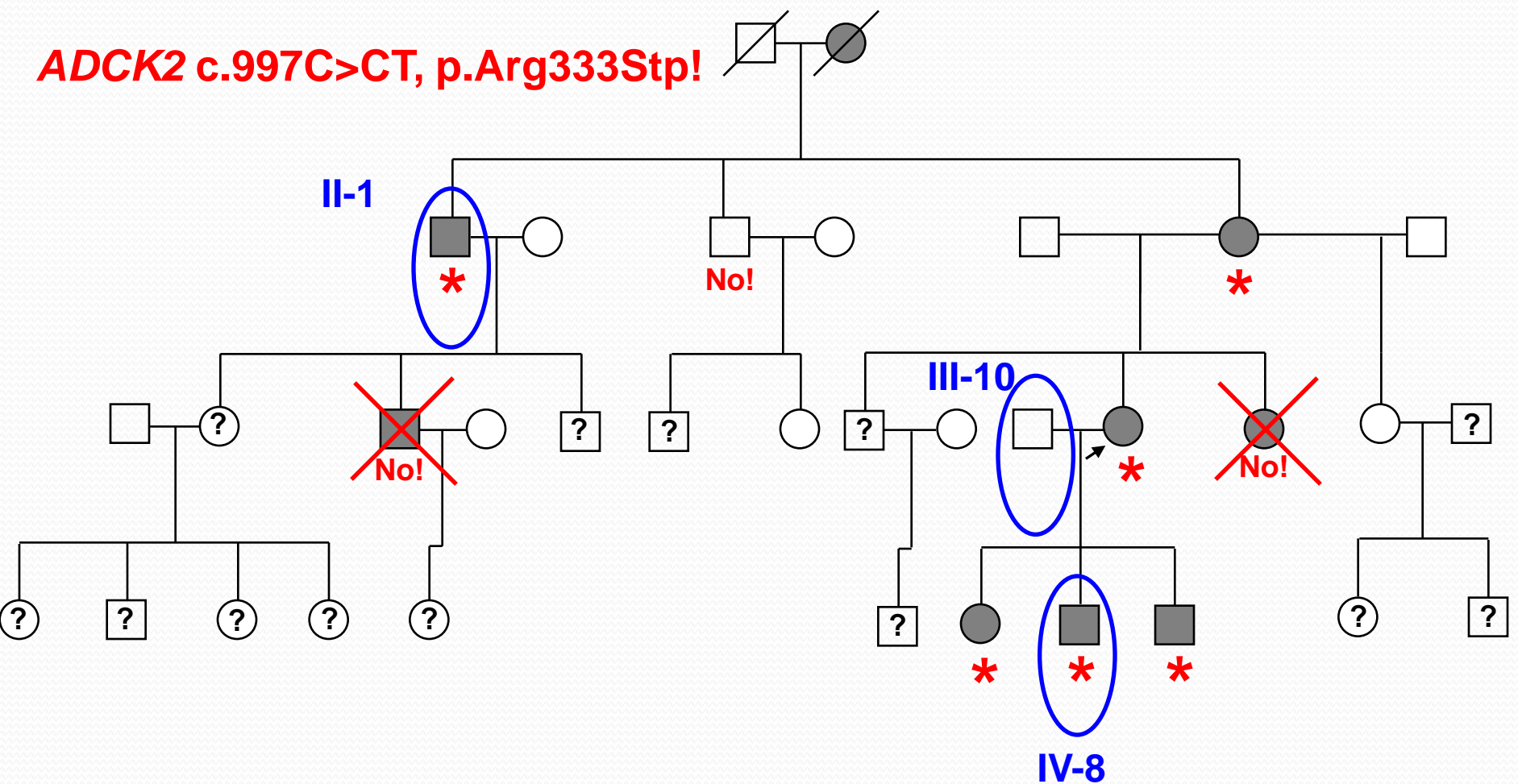
Focus on NS-SNVs in protein coding regions, UTR, splice sites

Lead candidate gene: *ADCK2* c.997C>CT, p.Arg333Stp



# ADCK2 Variant Segregation

ADCK2 c.997C>CT, p.Arg333Stp!



Did not track according to affected status

# Sanger Sequencing Continued Role

- Complex regions difficult to align with NextGen software
- Confirm that variants are “real”
- Confirm that variants are “significant”
  - Family concordance studies
- Familial testing

# Conclusions

- Sanger sequencing has allowed clinical testing for numerous diseases
- Proper design and validation of sequencing tests can prevent analytical errors
- Sequence complexity can be addressed by primer design
- Interpretation complexity still a challenge
- Mutation databases with evidences for classification are needed
- Sanger sequencing will remain important as companion to next generation sequencing

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