

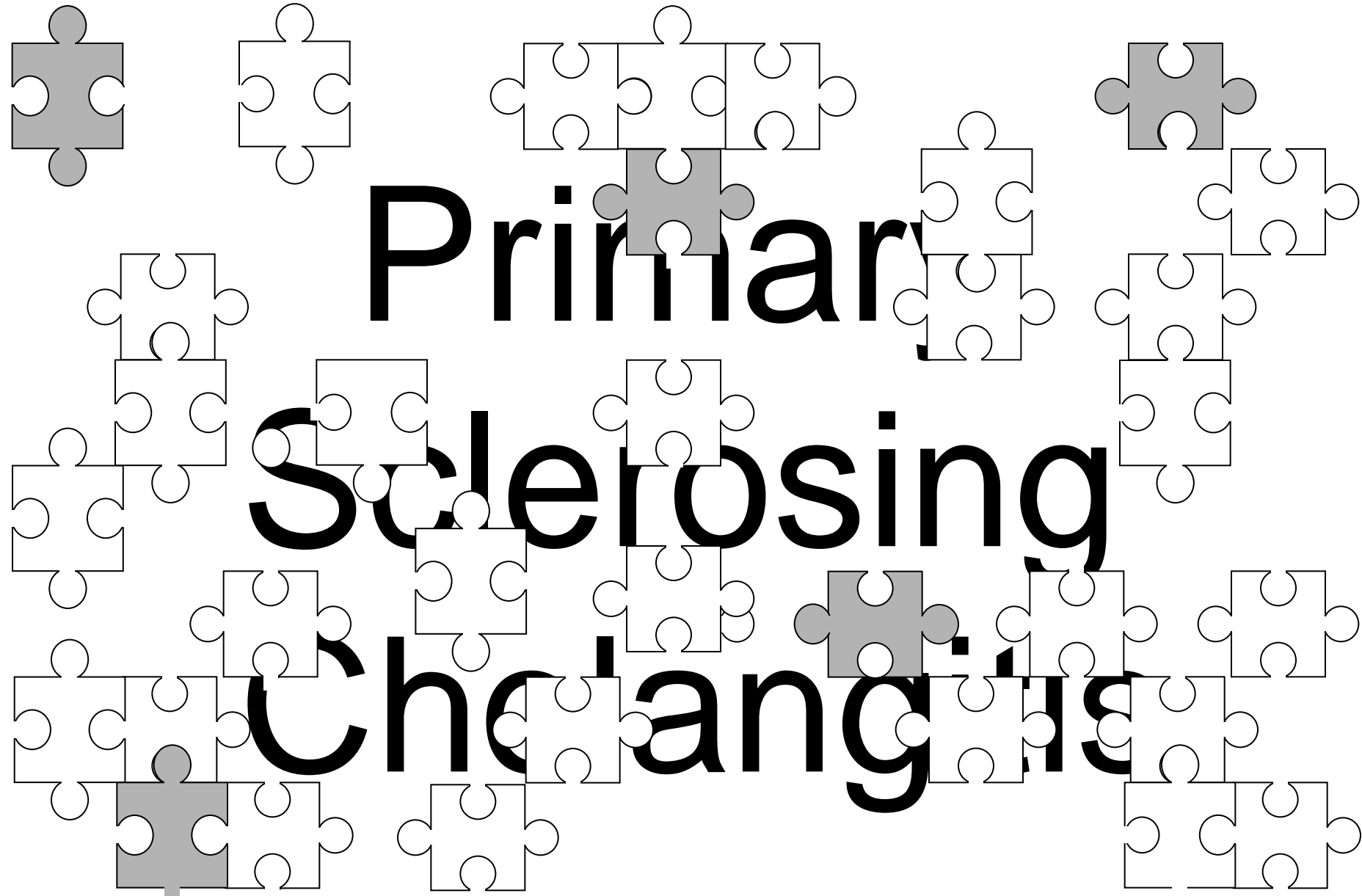


PROGRESS: Beginning to Understand the Genetic Predisposition to PSC

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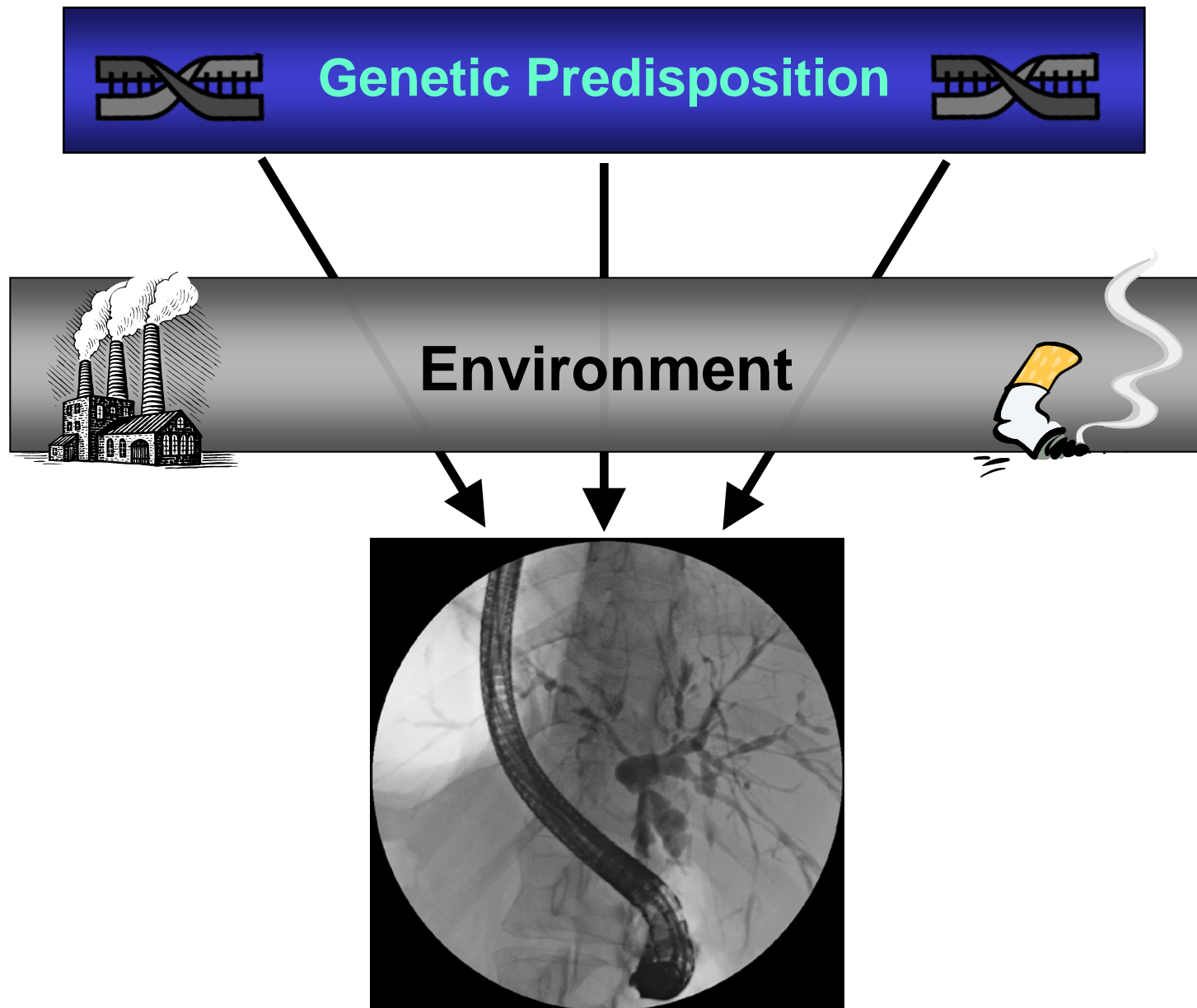


PSC

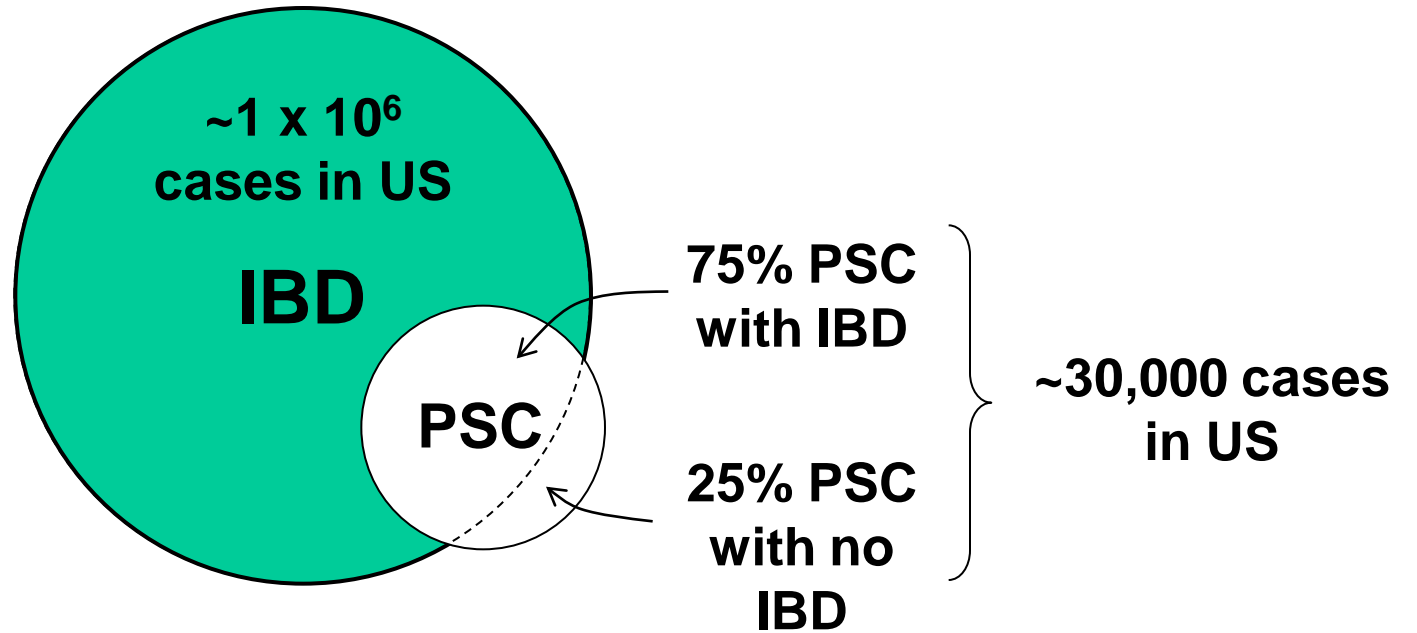
- In 1924, Delbet described the first case of PSC
- Early 1980' s first PSC case-series reports in medical literature
Drs. R. Wiesner, N. LaRusso, Mayo Clinic, USA
Dr. R. Chapman, United Kingdom
- To date, etiology of PSC remains unknown
- No medical therapy available

What is the cause of PSC?

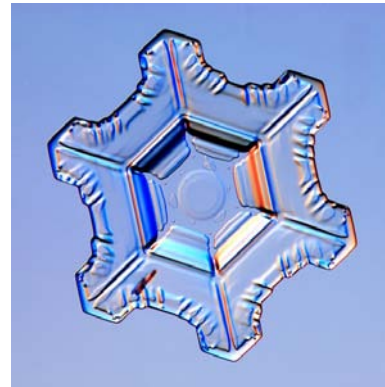
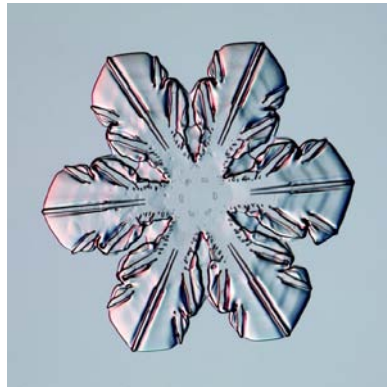
Proposed Pathogenesis of PSC?



PSC and IBD

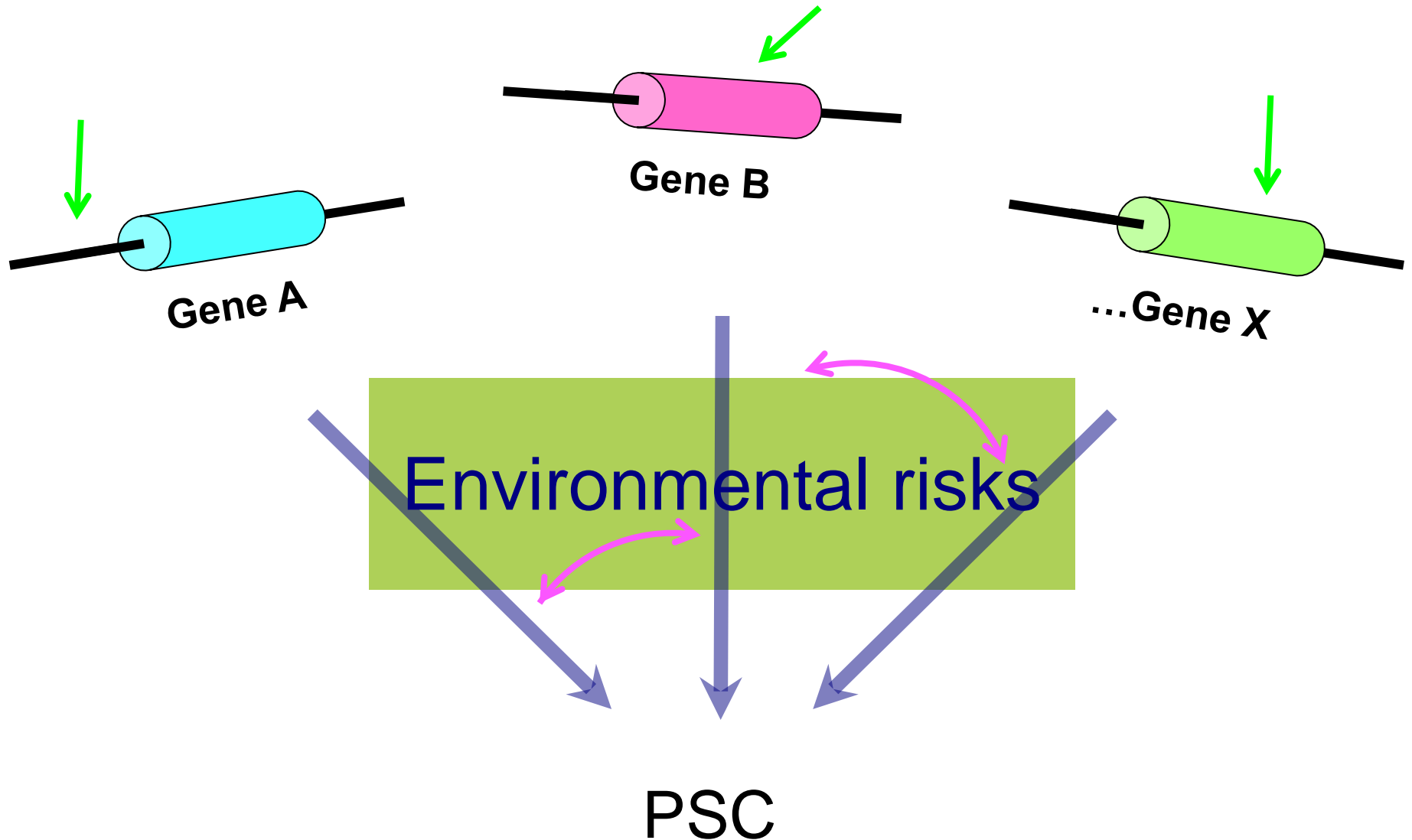


PSC is a Heterogeneous Disease



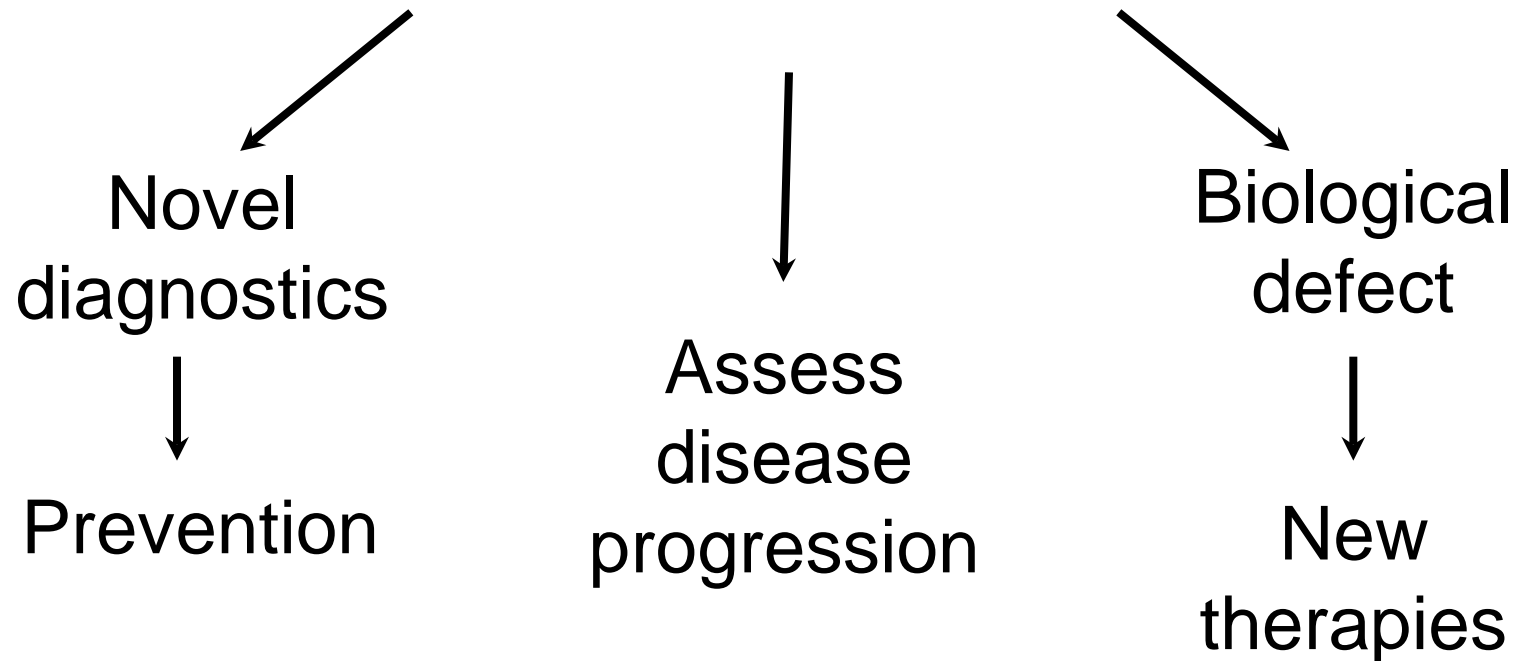
How can we find the causes of PSC?

PSC is a Complex Disease



Rationale for Studying Genetic Predisposition to PSC

Identify genetic susceptibility of PSC



PROGRESS

(PSC Resource Of Genetic Risk Environment & Synergy Studies)

Established in 2005

- To better understand the cause(s) and pathogenesis of PSC
- To improve prediction and therapy of PSC

PROGRESS

(PSC Resource Of Genetic Risk Environment & Synergy Studies)

- Whole blood collection
 - biochemical testing
 - DNA isolation
 - cell-line creation
- Questionnaire data
- Family information (draw pedigrees)

PROGRESS

Study Requirements

- Read and sign a consent form
- Complete a questionnaire and a family information form
- Provide a sample of your blood
- Recipients of liver transplant are not excluded
- No need to visit Mayo Clinic to participate

PROGRESS - Database Enrollment

Microsoft Access - [formPSCProbandDemographics]

File Edit View Insert Format Records Tools Window Help

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Study ID# Exclude From Study Pedigree has been created

PSC Proband Demographics Form
(Study Group 5)

Study Group: Recruitment Source Mayo Clinic #

Personal Information

Initials First Name MI Last Name Nickname Sex

Date of Birth Race Specify Other Race

Home Phone # Alt. Phone # Deceased DOD

Street Address City State Zip Code Region

Recruitment Status

Consent Form Medical Questionnaire Specimen Kit Pediatric Kit

Mailed Date Mailed Date Mailed Date

Received Date Received Date Desk C

Response

Samples for Internal Use Only Withdrew from Study Kit Expiration

Notes

Sample Processing

DNA

BC

EBV

Follow Up Contacts

#	Study ID #	Date	Reason for Follow-Up	Results / Notes
1				

Record: 1 of 1

Lab Results

#	StudyID	Alk Phos	ALT	AMA	Thy Rec Ab	Thyper Ab	TSH	T4	Bilirubin:	Creatinine:	LabsType:
1											

Record: 1 of 1

PROGRESS - Database Phenotypes

Microsoft Access - [formPSCProbandDemographics]

File Edit View Insert Format Records Tools Window Help

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Study ID# Exclude From Study Deceased DOD

Study Group: Recruitment Source Mayo Clinic #

Personal Information

Initials	First Name	MI	Last Name	Sex	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PSC History

KNL Chart Review Year of Dx 0

Evidence of PSC

Disease Location

ERCP: Date

MRCP: Date

PTC: Date

Notes

Concurrent Disease Assessment:

Chart Reviewed Year

Quest Reviewed

Last Clinic Visit Year

IBD Year

IBD Age

IBD Type

IBD Type

CCA Year

CCA Age

CCA Location

CCA Evidence

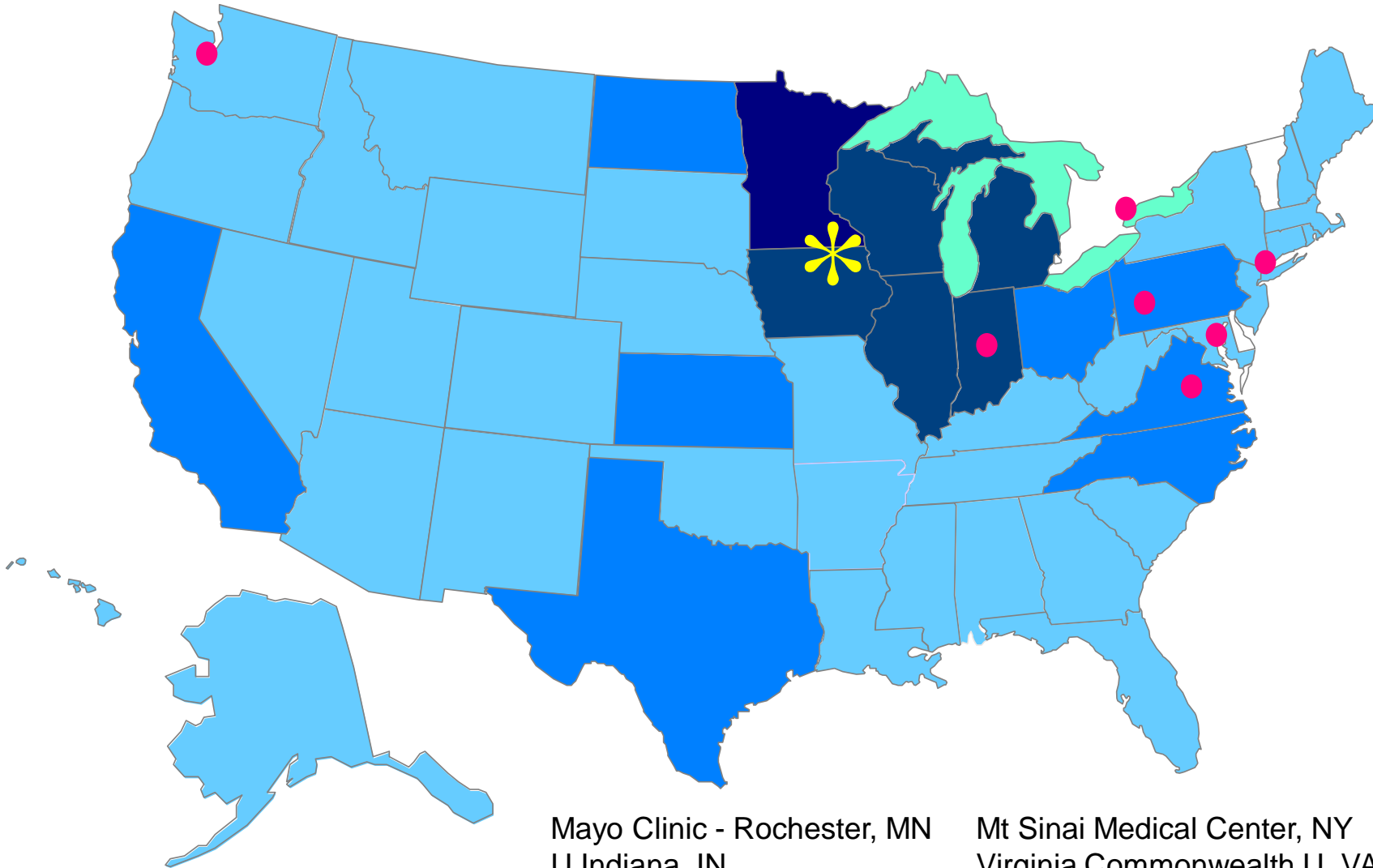
OLT Date

OLT Date

Colec. Date

PSC Proband Disease Phenotyping

PROGRESS Enrollment by State



Mayo Clinic - Rochester, MN
U Indiana, IN
Virginia Mason Clinic, WA
U Pittsburgh, PA

Mt Sinai Medical Center, NY
Virginia Commonwealth U, VA
Johns Hopkins U, MD
U Toronto, ON, Canada

PROGRESS: Recruitment by Medical Center

	<u>Consent</u>	<u>DNA</u>	<u>Questionnaire</u>
Mayo Clinic	807	651	661
U. Indiana	106	105	95
U. Toronto, CA	51	50	25
U. Pittsburgh	42	40	33
V.M. Clinic	40	40	34
V.C.U.	18	16	10
Mt. Sinai, NY	33	29	22
Johns Hopkins	2	0	1
Total collaboration^a	292	280	220
Total (all centers)	1,099	931 (1,281*)	881

^aincludes collection of 300 PSC DNAs from G.H and P. D. and 50 PSC DNAs from Poland.

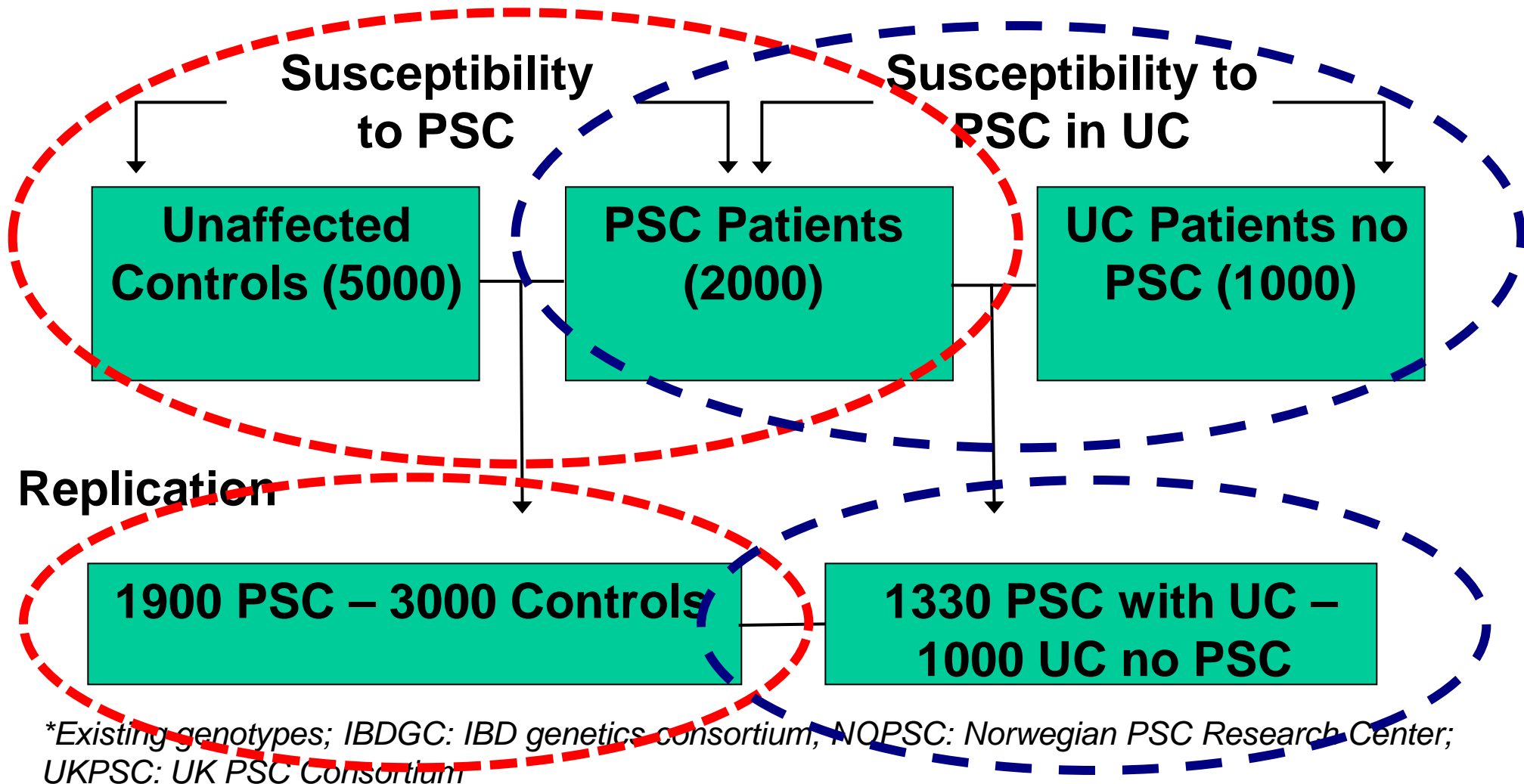
PROGRESS NIDDK Grant - Specific Aims

Aim 1: To expand PROGRESS, by:

- Continuing recruitment of PSC patients at Mayo Clinic
- Initiating referral of patients to PROGRESS by our external collaborators
- Fostering existing relationships with international PSC and IBD study groups

PROGRESS NIDDK Grant - Specific Aims

Aim 2: Genomic Wide Association Studies (GWAS)

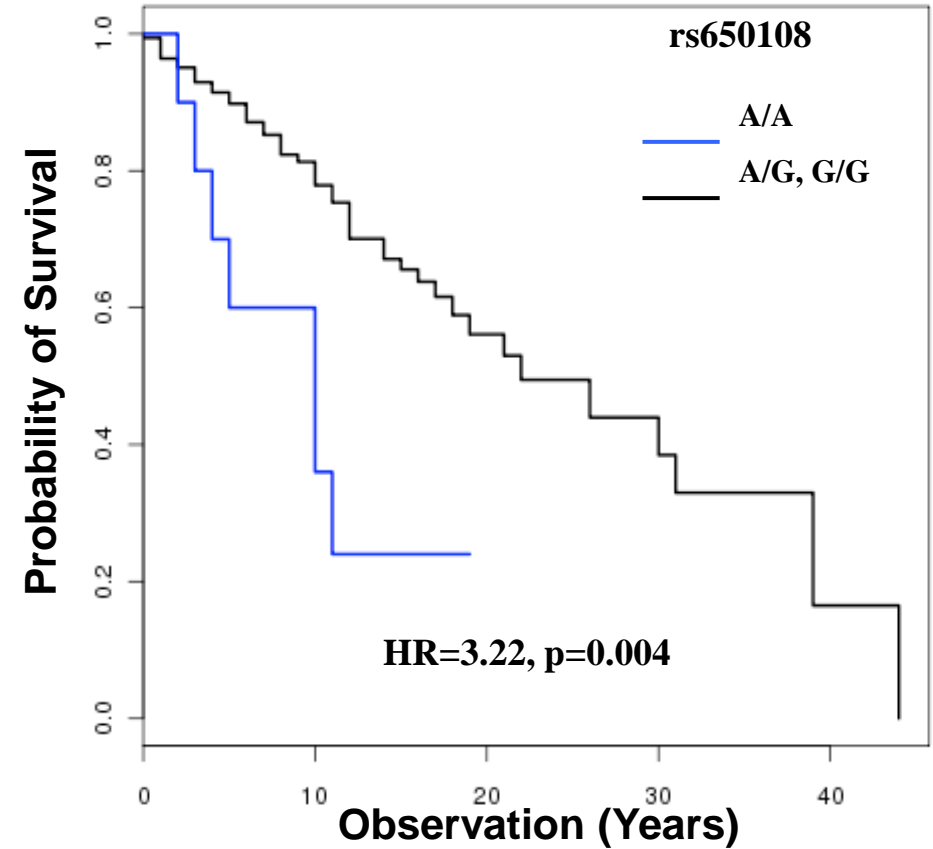
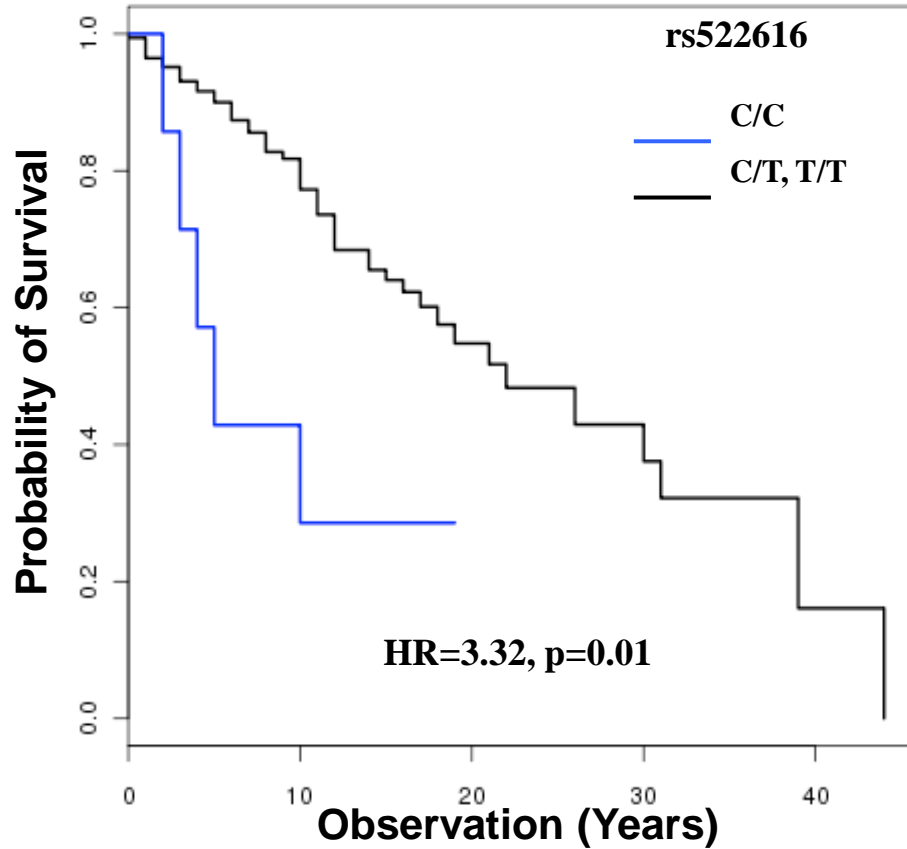


PROGRESS NIDDK Grant - Specific Aims

Aim 3

To determine environmental risk factors for PSC by performing a study of 1000 patients and 1000 controls utilizing the self-administered questionnaire data collected by PROGRESS

Outcome in PSC-UC Patients Homozygous for MMP3 rs522616 and rs650108 Genetic Variants



ImmunoChip Experiment

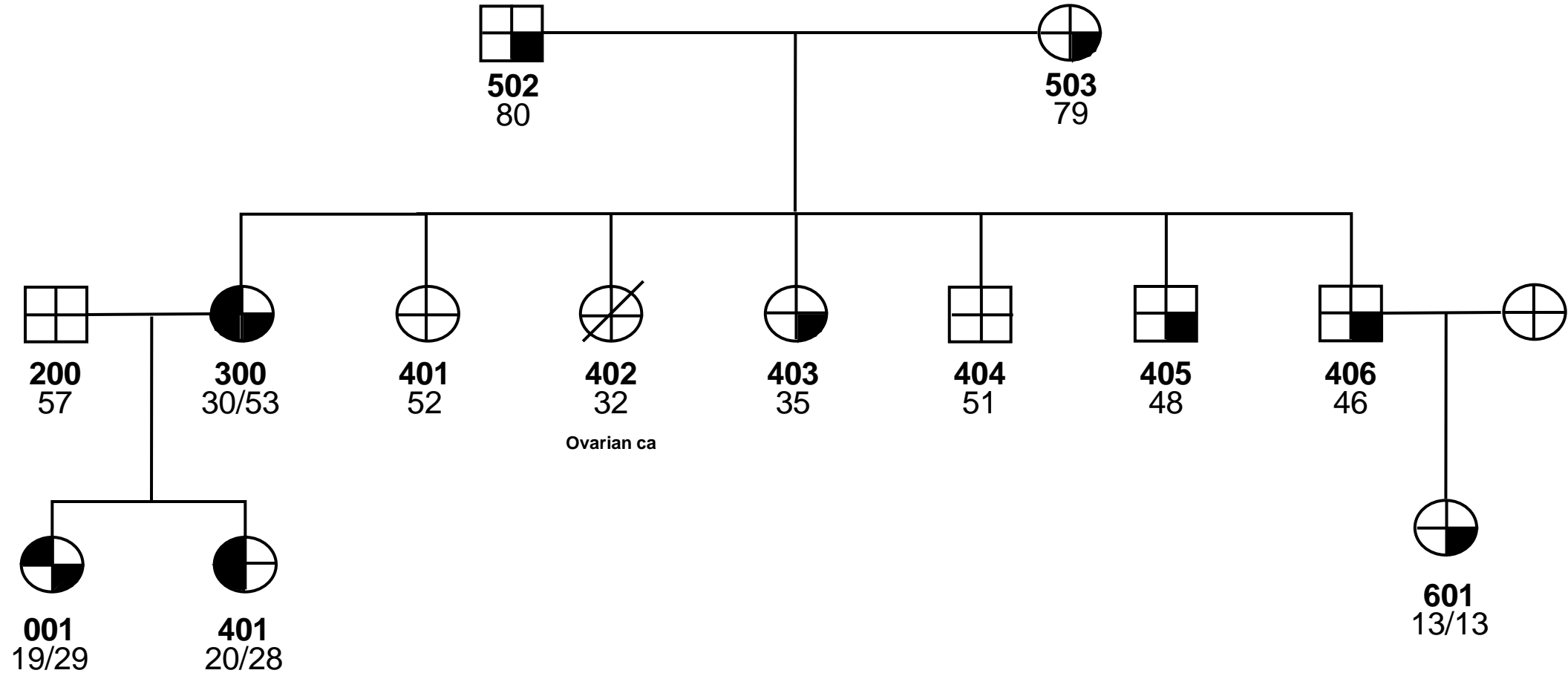
- 196,524 Single Nucleotide Polymorphisms (SNPs)
- 186 genetic loci with known autoimmune diseases associations

International PSC ImmunoChip Study

Origin	Cases	Controls
Belgium	163	1,425
Canada	323	0
Finland	308	504
France	45	0
Germany	852	5,435
Netherlands	255	3,421
Norway	504	1,412
Poland	43	541
Spain	27	284
Sweden	282	2,665
UK	1,121	8,970
USA	533	681
	4,456	25,338

Exome Sequencing of a Family

Pedigree #5139



Small duct



Primary Sclerosing Cholangitis (PSC)



Orthotopic Liver Transplantation (OLT)



Inflammatory Bowel Disease (IBD)



Gallstone Disease (GSD)

Hypothesis and AIM

- We hypothesized that families with multiple members affected by PSC might carry rare genetic polymorphisms.
- We aimed to perform exome sequencing and analysis in this multiply-affected PSC family as a pilot to inform future large-scale efforts.

A Novel Genetic Variant of ABCB4 Gene in Pedigree #5139

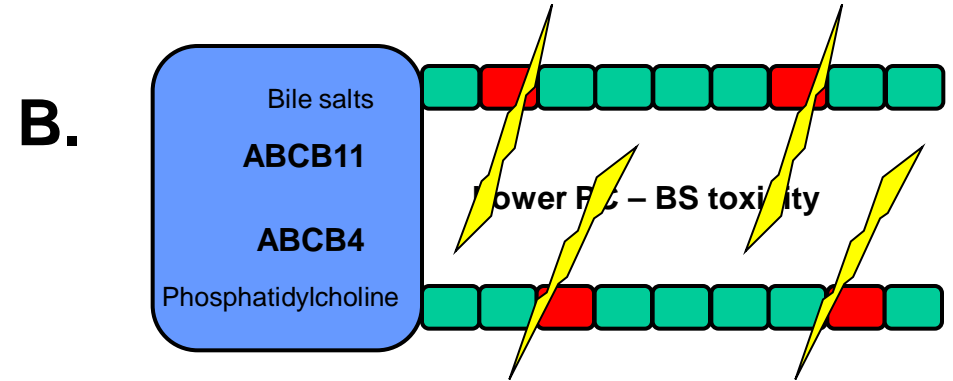
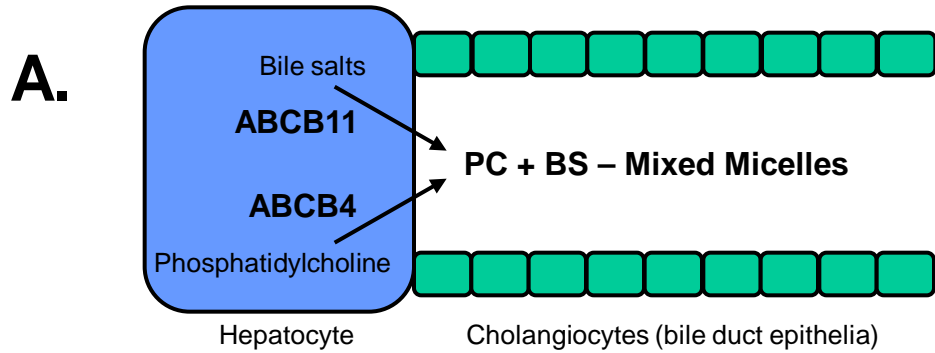
SNP	gene_name1	daughter1	father	mother	daughter2
rs31653(A/G)	ABCB4	hom	hom		
rs31668(C/A)	ABCB4	hom	hom	hom	hom
rs2230028(T/C)	ABCB4			het	
(G/A) R595X	ABCB4	het		het	het
rs2109505(T/A)	ABCB4	het		het	het
rs1202283(G/A)	ABCB4	het	hom		het
rs2302367(G/A)	ABCB4	het		het	het

ABCB4 and Liver Disease

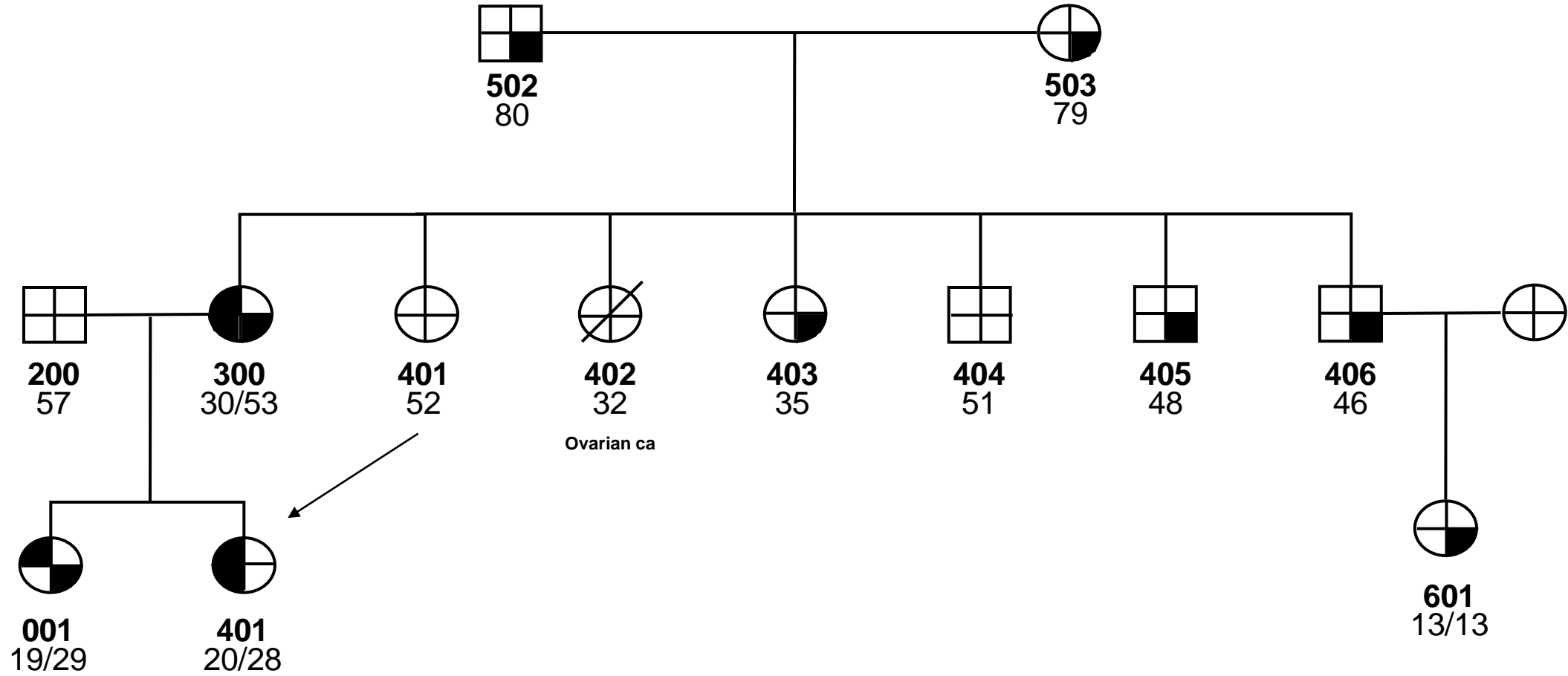
Defects in ABCB4 are known to cause a wide range of heritable cholestatic syndromes and contribute to cholelithiasis

- Progressive Familial Intrahepatic Cholestasis 3
- Intrahepatic Cholestasis of Pregnancy
- Low Phospholipid Associated Cholelithiasis
- PSC

Physiopathology of ABCB4 Deficiency



Pedigree #5139



Small duct

Ovarian ca

Primary Sclerosing Cholangitis (PSC)

Orthotopic Liver Transplantation (OLT)

Inflammatory Bowel Disease (IBD)

Gallstone Disease (GSD)

Conclusions from Pedigree #5139

- The R595X mutation in ABCB4 is likely a strong contributor to the severe liver disease in this family
- Exome sequencing of mother's siblings will help to better define the contribution of the R595X mutation to PSC
- Exome or Whole Genome Sequencing in the near future will improve the diagnosis and therapy of PSC

PROGRESS Future Studies

- Whole Exome Sequencing in Selected TRIOs (affected patient and unaffected parents)
- Gene x Environment interaction studies
- Genomic-based disease outcome studies (prediction of disease progression)



Acknowledgements

- PSC patients and family members
- PSC Partners Seeking A Cure
- NIDDK RO1 grant (2011-2015)
- A. J. Sigismunda Palumbo Charitable Trust
- American Liver Foundation
- Mayo Clinic College of Medicine
- Division of Gastroenterology and Hepatology Mayo Clinic

Exome Sequencing

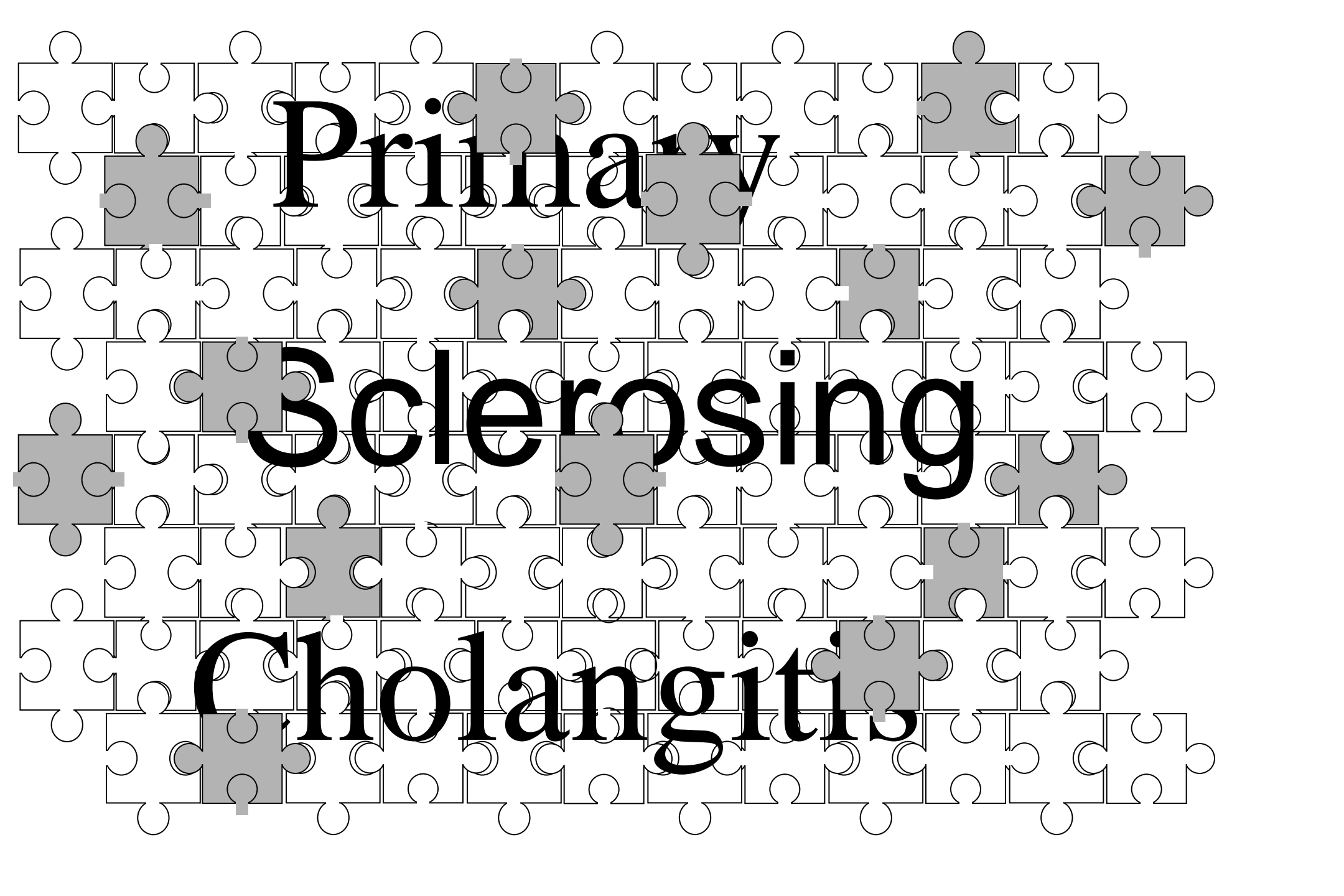
- **Exome enrichment:** Agilent SureSelect system
- **Sequencer:** Applied Biosystems SOLID v4
(All 4 DNAs sequenced on single slide, 50bp run)
- **Alignment to reference genome (hg18):** BioScope
- **Polymorphism calling:** BioScope diBayes and SAMtools pileup
- **Filtering and Annotation:** In-house tools

Filtering

Filter #1: SNPs present in all 3 affected individuals
Non-synonymous cSNP or splice-site
Not in dbSNP, 1000 genomes freq <0.01
Total # SNPs – 84

Filter #2: SNPs in cholestasis candidate genes2
Total # SNPs – 61

Overlap: 1 nonsense SNP/variant in MDR3 or ABCB4 (R595X)



Primary

Sclerosing

Cholangitis