

Sequencing DNA

Prior to the mid-1970's no method existed by which DNA could be directly sequenced. Knowledge about gene and genome organization was based upon studies of prokaryotic organisms and the primary means of obtaining DNA sequence was so-called reverse genetics in which the amino acid sequence of the gene product of interest is back-translated into a nucleotide sequence based upon the appropriate codons.

- Maxam-Gilbert DNA Sequencing
- Sanger (didexoy) DNA Sequencing

Allan Maxam / Walter Gilbert DNA Sequencing

Sequencing single-stranded DNA

Two-step catalytic process:

1) Break glycoside bond between the ribose sugar and the base / displace base

Purines react with dimethyl sulfate

Pyrimidines react with hydrazine

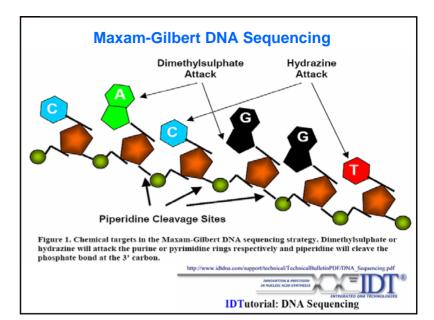
2) Piperidine catalyzes phosphodiester bond cleavage where base displaced

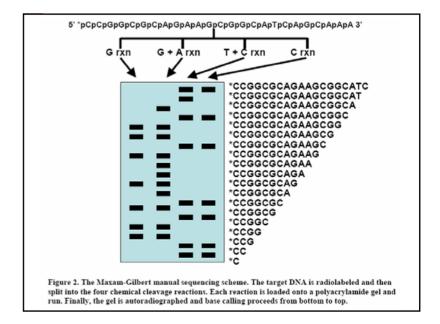
"G" - dimethyl sulfate and piperidine

"A + G" - dimethyl sulfate and piperidine in formic acid

"C" - hydrazine and piperidine in 1.5M NaCl

"C + T" - hydrazine and piperidine



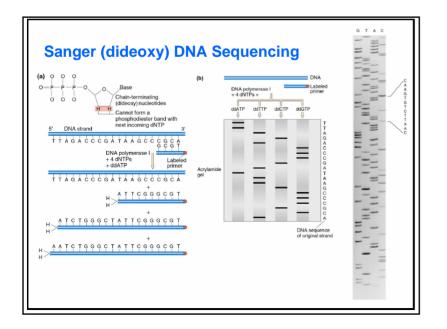


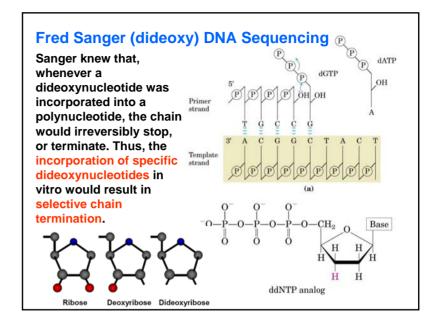
Maxam-Gilbert DNA Sequencing

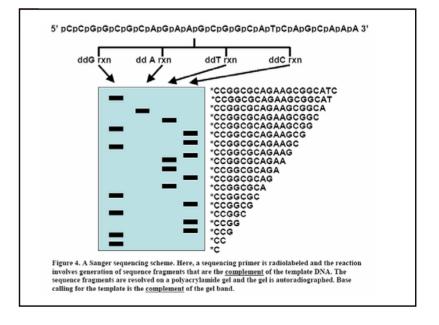
- 200-300 bases of DNA sequence every few days
- Use large amounts of radioactive material, 35S or 32P
- Constantly pouring large, paper thin acrylamide gels
- Hydrazine is a neurotoxin

Early Benefits -

Discovery that the gene for ovalbumin in chicken and the gene encoding β -globin in rabbit contained non-coding gaps in the coding regions. These gaps< were flanked by the same dinucleotides in the two genes; GT on the 5' end of the gaps and AG on the 3' end of the gaps. Soon, the terms intron and exon were added to the genetic lexicon to describe the coding and non-coding regions of eukaryotic genes (1977).







Advantages of dideoxy DNA Sequencing

- Elimination of dangerous chemicals (hydrazine)
- Greater efficiency (>3x)

Taq polymerase makes DNA strands off of a template at rate of about 500 bases per minute

Chemical synthesis of a 25-mer oligonucleotide takes more than two hours.

→ High Throughput Methods (Human Genome Project)

Automated DNA sequencing Primer Template of unknown sequence Dve-labeled segments of DNA, template with four dNTPs Dye-labeled segments are applied to a capillary gel and subjected to electrophoresis CCT GT TTG AT G GT G GT T CCG A A A T C G G Laser beam Computer-generated result after bands migrate past detector

Automated Fluorescence Sequencing

In 1986, Leroy Hood and colleagues reported on a DNA sequencing method in which the radioactive labels, autoradiography, and manual base calling were all replaced by fluorescent labels, laser induced fluorescence detection, and computerized base calling.

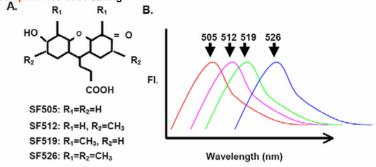
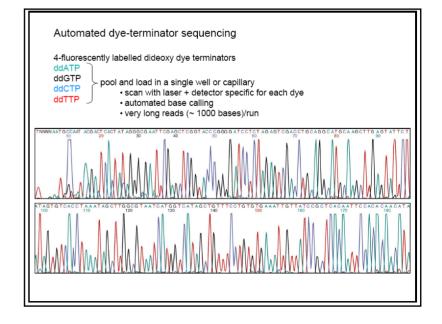


Figure 5. A. Chemical structure of the four succinyfluorescein dyes developed at DuPont. B. Normalized fluorescence emission spectra for each of the four dyes following excitation at 488nm. Shifts in the spectra were achieved by changing the side groups R₁ and R₂.



Human Genome Project

Begun formally in 1990, the U.S. Human Genome Project was a 13-year effort coordinated by the U.S. Department of Energy and the National Institutes of Health. The project originally was planned to last 15 years, but rapid technological advances accelerated the completion date to 2003.

Project goals:

- identify all the approximately 20,000-25,000 genes in human DNA,
- determine the sequences of ~3 billion chemical base pairs of human DNA,
- · store this information in databases,
- · improve tools for data analysis,
- · transfer related technologies to the private sector, and
- · address the ethical, legal, and social issues (ELSI) from the project.
- sequence 500 Mb/year at < \$0.25 per finished base
 (Sequenced >1,400 Mb/year at <\$0.09 per finished base)
- complete genome sequences of E. coli, S. cerevisiae, C. elegans, D. melanogaster
- develop genomic-scale technologies (oligo syn, DNA microarrays, 2-hybrid sys)

Physical mapping and sequencing of the human genome Genomic DNA BAC library (bacterial artificial chromosome) Organized mapped large done contigs BAC to be sequenced Shotgun dones Shotgun ... ACCGTAAATGGCTGATCATGCTTAAA sequence TGATCATGCTTAAACCCTGTGCATCCTACTG... Assembly ... ACCGTAAATGGCTGATCATGCTTAAACCCTGTGCATCCTACTG... Nature (2001) 409 p. 860-921

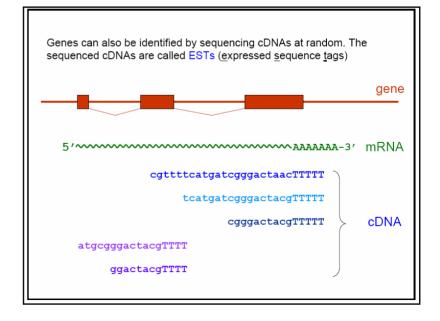
HGP Hero - Jim Kent (research scientist at UC Santa Cruz)

The human genome project was ultimately a race between Celera Genomics and the public effort, with the final push being a bioinformatics problem to put all of the sequence reads together into a draft genome sequence. Jim Kent was a grad student at UCSC, who worked for weeks developing the algorithm to put all of this together, beating Celera by 3 days to an assembled human genome sequence.

His efforts ensured that the human genome data remained in the public domain and were not patented into private intellectual property.

Kent built a grid of cheap, commodity PC's running the Linux operating system and other Freeware to beat Celera's, what was thought of then as the, world's most powerful civilian computer. In June 2000, thanks to the work done by Kent and several others, the Human Genome Project was able to publish its data in the Public Domain just hours ahead of Celera.

Kent went on to write BLAT and the UCSC Human Genome Browser to help analyze important genome data, receiving his PhD in biology in 2002. He remained at UCSC to work primarily on web tools to help understand the human genome. He helped maintain and upgrade the browser, and worked on projects such as comparative genomics and Parasol.



Finding genes in genomes

- compare to EST or cDNA sequence
- look for open reading frames
- · similarity to other genes and proteins
- Gene prediction algorithms (identifying splice sites, coding sequence bias, etc.)

Genomics vs. Proteomics

With the completion of a rough draft of the human genome in the Spring of 2003, many researchers began looking at how genes and proteins interact to form other proteins. A surprising finding of the Human Genome Project is that there are far fewer protein-coding genes in the human genome than proteins in the human proteome (20,000 to 25,000 genes vs. about 1,000,000 proteins). The human body may contain more than 2 million proteins, each having different functions. The protein diversity is thought to be due to alternative splicing and post-translational modification of proteins. The discrepancy implies that protein diversity cannot be fully characterized by gene expression analysis, thus proteomics is needed for characterizing cells and tissues.

The BIG QUESTION:

Why do we have so few genes?

Species	Genome size	Number of genes
Human (Homo sapiens)	2.9 billion base pairs	25,000 - 30,000
Fruit fly (Drosophila melanogaster)	120 million base pairs	13,600
Worm (Caenorhabditis elegans)	97 million base pairs	19,000
Budding yeast (Saccharomyces cerevisiae)	12 million base pairs	6,000
E. coli	4.1 million base pairs	4,800

Functional genomics and proteomics

- Identify genes and proteins encoded in the genome (Gene finding)
- Measure gene expression on a genome-wide scale (microarrays)
- Identify protein function
 30-50% of the genes in a genome are of unknown function
- Identify protein interactions, biochemical pathways, gene interaction networks inside cells

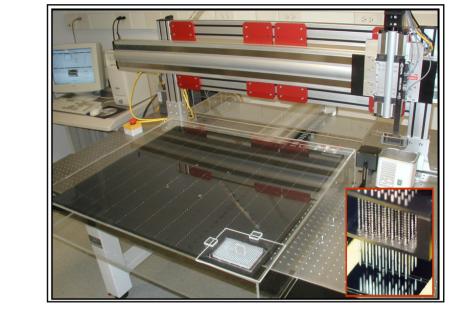
Methods of making microarrays

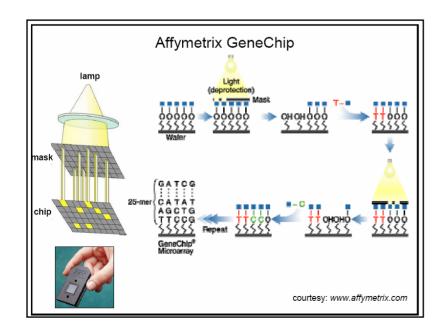
- · Robotic spotting
 - · using a printing tip
 - · using inkjets
- · Synthesis of oligonucleotides
 - photolithography (Affymetrix)
 - · using inkjets
 - Digital Light Processor (DLP) or Digital Micromirror Device (DMD)

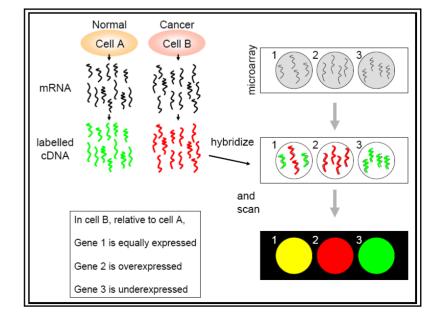


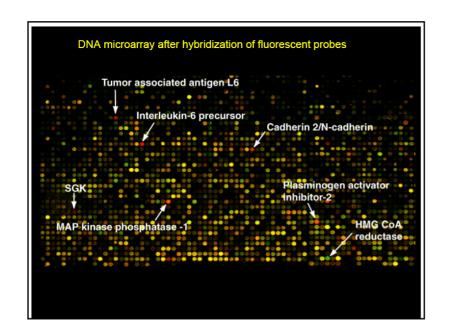
Microarrays can be used to study gene expression, DNA-protein interactions, mutations, protein-protein interactions, etc., all on a genome-wide scale

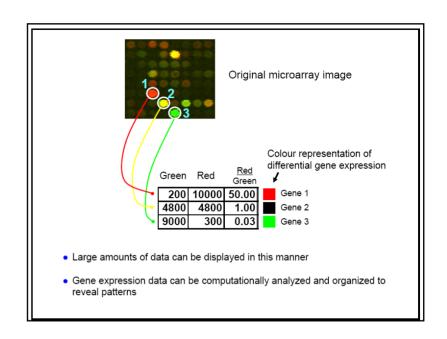
Note: Thanks to Prof. Vishy Iyer for many of these slides on microarrrays.

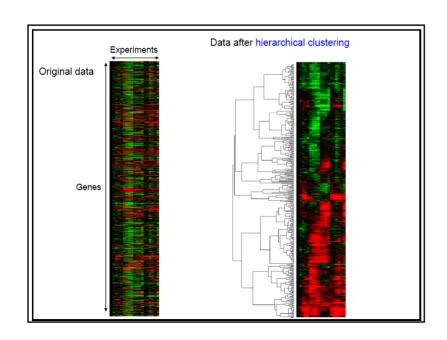


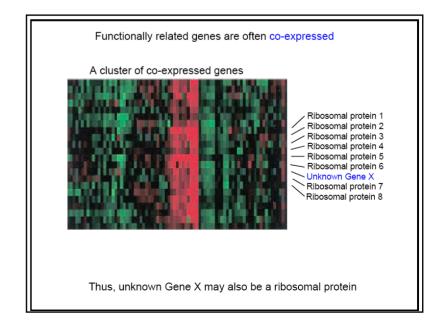


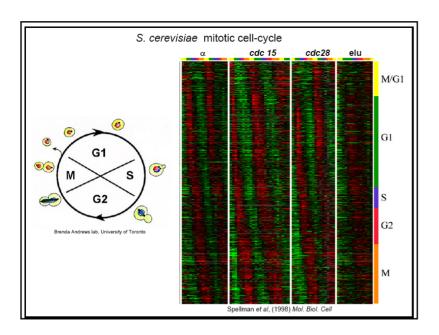












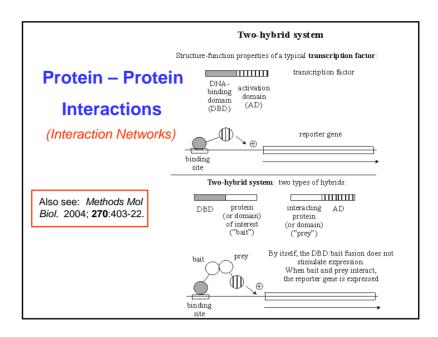
Some Examples / Applications

- DLBCL
- P4 Medicine

Distinct types of diffuse large B-cell lymphoma identified by gene expression profiling

Ash A. Alizadeh^{1,2}, Michael B. Eisen^{2,3,4}, R. Eric Davis³, Chi Ma⁵, Izidore S. Lossos⁶, Andreas Rosenwald⁶, Jennifer C. Boldrick¹, Hajeer Sabet⁸, Truc Tran⁸, Xin Yu⁸, John I. Powell⁷, Liming Yang⁷, Gerald E. Marti⁸, Troy Moore⁹, James Hudson Jr⁸, Lisheng Lu¹⁹, David B. Lewis¹⁰, Robert Tibshirani¹¹, Gavin Sherlock⁴, Wing C. Chan¹², Timothy C. Greiner¹², Dennis D. Weisenburger¹², James O. Armitage¹³, Roger Warnke¹⁴, Ronald Levy⁶, Wyndham Wilson¹⁵, Michael R. Grever¹⁶, John C. Byrd¹⁷, David Botstein⁴, Patrick O. Armonia & Louis M. Staudf⁵

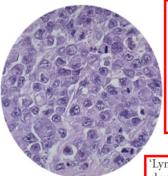
NATURE | VOL 403 | 3 FEBRUARY 2000 | www.nature.com



Diffuse large B-cell lymphoma (DLBCL), the most common subtype of non-Hodgkin's lymphoma, is clinically heterogeneous: 40% of patients respond well to current therapy and have prolonged survival, whereas the remainder succumb to the disease. We proposed that this variability in natural history reflects unrecognized molecular heterogeneity in the tumours. Using DNA microarrays, we have conducted a systematic characterization of gene expression in B-cell malignancies. Here we show that there is diversity in gene expression among the tumours of DLBCL patients, apparently reflecting the variation in tumour proliferation rate, host response and differentiation state of the tumour. We identified two molecularly distinct forms of DLBCL which had gene expression patterns indicative of different stages of B-cell differentiation. One type expressed genes characteristic of germinal centre B cells ('germinal centre B-like DLBCL'); the second type expressed genes normally induced during in vitro activation of peripheral blood B cells ('activated B-like DLBCL'). Patients with germinal centre B-like DLBCL had a significantly better overall survival than those with activated B-like DLBCL. The molecular classification of tumours on the basis of gene expression can thus identify previously undetected and clinically significant subtypes of cancer.

Despite the variety of clinical, morphological and molecular parameters used to classify human malignancies today patients receiving the same diagnosis can have markedly different clinical courses and treatment responses. The history of cancer diagnosis has been punctuated by reassortments and subdivisions of diagnostic categories. There is little doubt that our current taxonomy of cancer still lumps together molecularly distinct diseases with distinct clinical phenotypes. Molecular heterogeneity within individual cancer diagnostic categories is already evident in the variable presence of chromosomal translocations, deletions of tumour suppressor genes and numerical chromosomal abnormalities. The classification of human cancer is likely to become increasingly more informative and clinically useful as more detailed molecular analyses of the tumours are conducted.

The challenge of cancer diagnosis



Diffuse large B-cell lymphoma is the most common subtype of non-Hodgkin's lymphoma. With current treatments, long-term survival can be achieved in only 40% of patients. There are no reliable indicators — morphological, clinical, immunohistochemical or genetic — that can be used to recognize subclasses of DLBCL and point to a differential therapeutic approach to patients.

What type of cancer?

'Lymphochip', a microarray carrying 18,000 clones of complementary DNA designed to monitor genes involved in normal and abnormal lymphocyte development.

What is the underlying molecular basis?

What is the optimal treatment?

Hierarchical clustering of gene expression data (as ratios). A decide the second of t

Box 1: Gene-expression profiling with microarrays

Imagine a 1-cm² chessboard. Instead of 64 squares, it has thousands, each containing DNA from a specific gene. This is a DNA microarray. The activity of each gene on the microarray can be compared in two populations of cells (A and B).

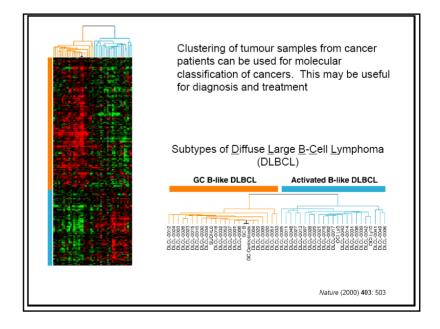
When a gene is expressed it makes a transcript, and the whole population of these products from a cell can be

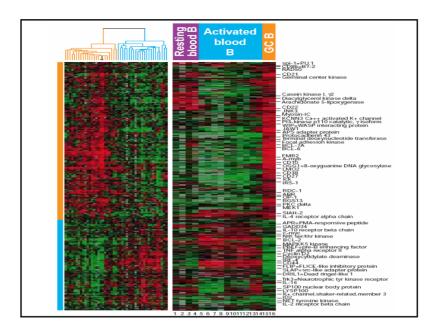
tagged with a fluorescent dye (say, red for the A cells, green for the B cells). The microarray is bathed in a mixture of the red and green transcripts.

Those that originate from a specific gene will bind to that gene on the microarray, turning red, green or somewhere in between, depending on the relative numbers of transcripts in the two cell types.

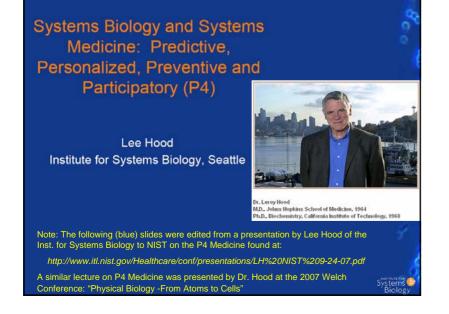
So the microarray provides

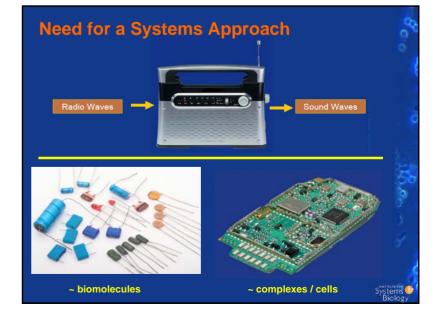
a snapshot of gene activity for thousands of genes. Data from many experiments can be compared and genes that have consistent patterns of activity can be grouped or clustered. In this way, genes that characterize a particular cell state, such as malignancy, can be identified — so providing new information about the biology of the cell state.

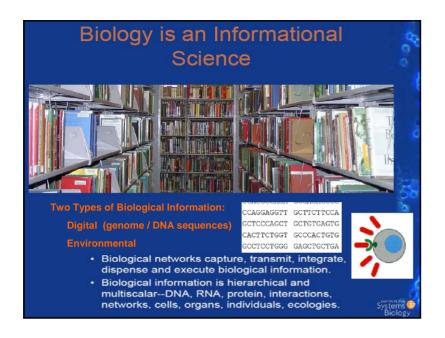


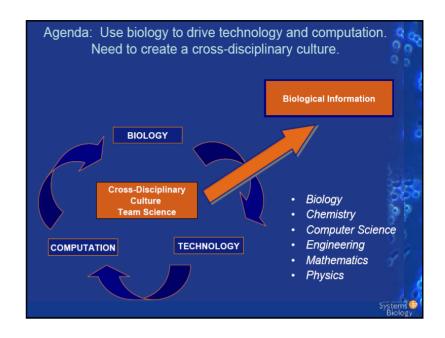


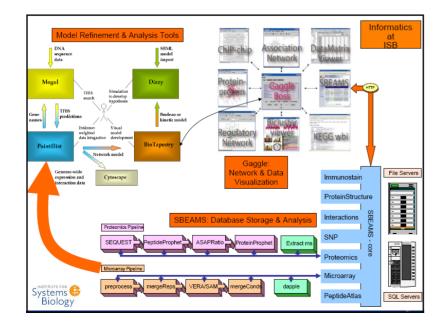
Using "clustering analysis," Alizadeh et al. could separate DLBCL into two categories, which had marked differences in overall survival of the patients concerned. The gene expression signatures of these subgroups corresponded to distinct stages in the differentiation of B cells, the type of lymphocyte that makes antibodies. В С All patients All patients Low clinical risk patients 1.0 ow Clinical Risk GC B-like Probability -9:0 Probability 6.00 **Activated B-like High Clinical Risk** 0.0 p=0.05 p=0.01p=0.002 0 2 4 6 8 10 12 2 4 6 8 10 12 0 2 4 6 8 10 12 Overall Survival (years) Overall Survival (years) Overall Survival (years)

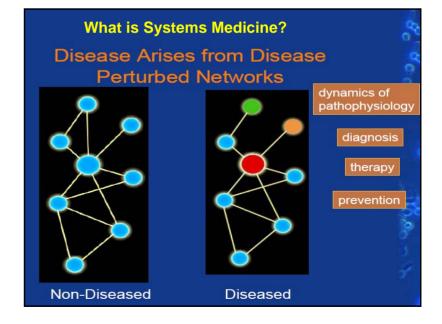


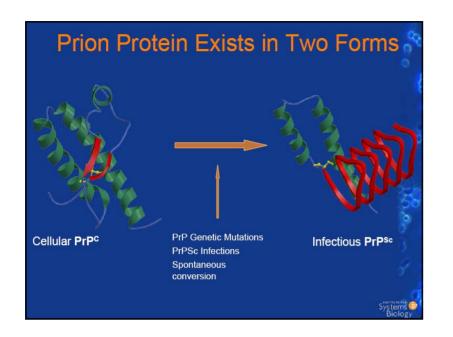


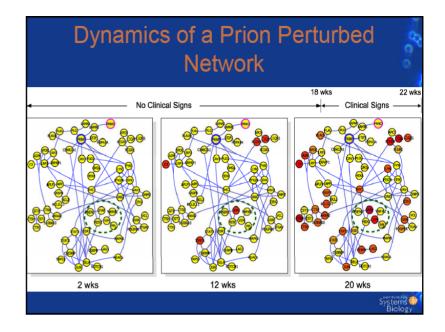












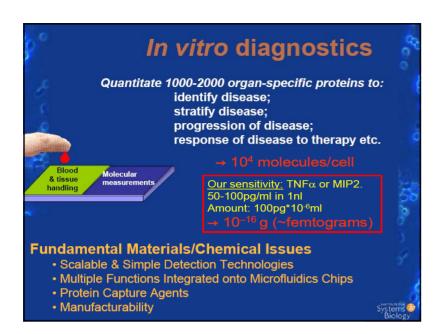
DEGs Encoding Known and Novel Prion Disease Phenotypes

- 7400 Differentially Expressed Genes (DEGs) in 5 inbred strains upon prion perturbation.
- Biological filters reduce to 924 core DEGs for prion disease
- 253/924 DEGs encode known disease phenotypes
- 671/924 DEGs encode novel disease phenotypes

Systems 😌 Biology

Organ-Specific Blood Proteins Will Make the Blood a Window into Health and Disease

- Perhaps 50 major organs or cell types--each secreting protein blood molecular fingerprint.
- The levels of each protein in a particular blood fingerprint will report the status of that organ. Probably need 10-50 organ-specific proteins per organ.
- Need to quantify 500-2500 blood proteins from a droplet of blood.
- Key point: changes in the levels of organ-specific markers will assess all diseases or environmental challenges for a particular organ



Predictive, Preventive, Personalized and Participatory Medicine (P4)

- · Predictive:
 - Probabilistic health history--DNA sequence
 - Biannual multi-parameter blood protein measurements
 - In vivo diagnostic measurements to stage and localize disease
- · Preventive:
 - Design of therapeutic and preventive drugs via systems approaches
- Personalized:
 - Unique individual human genetic variation mandates individual treatment
- Participatory:
 - Patient understands and participates in medical choices



Patient and physician education



