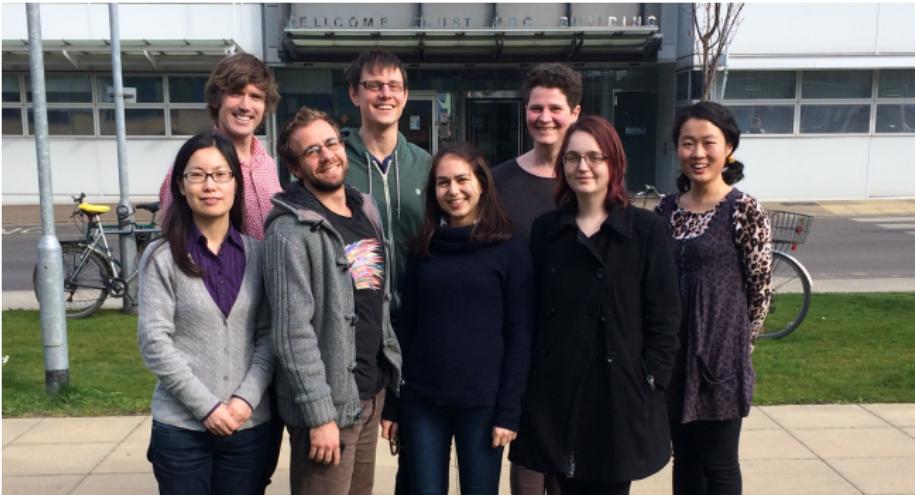
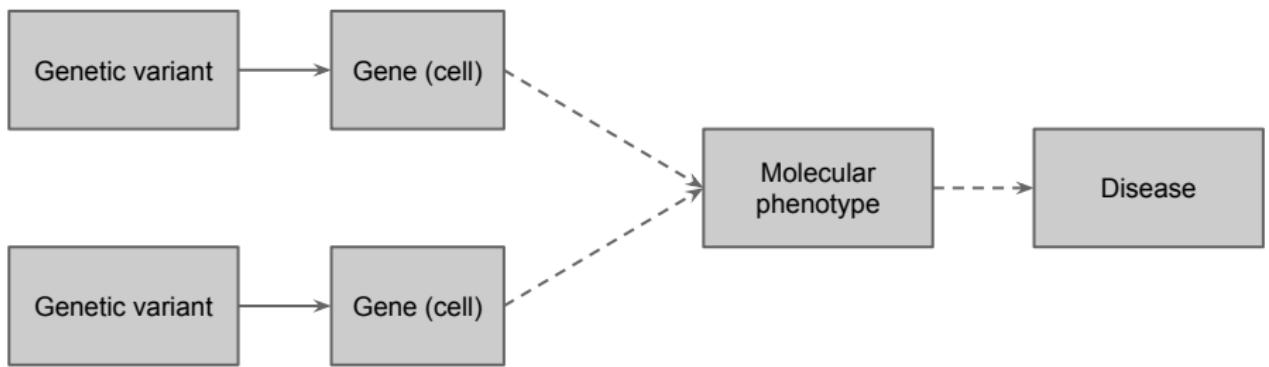
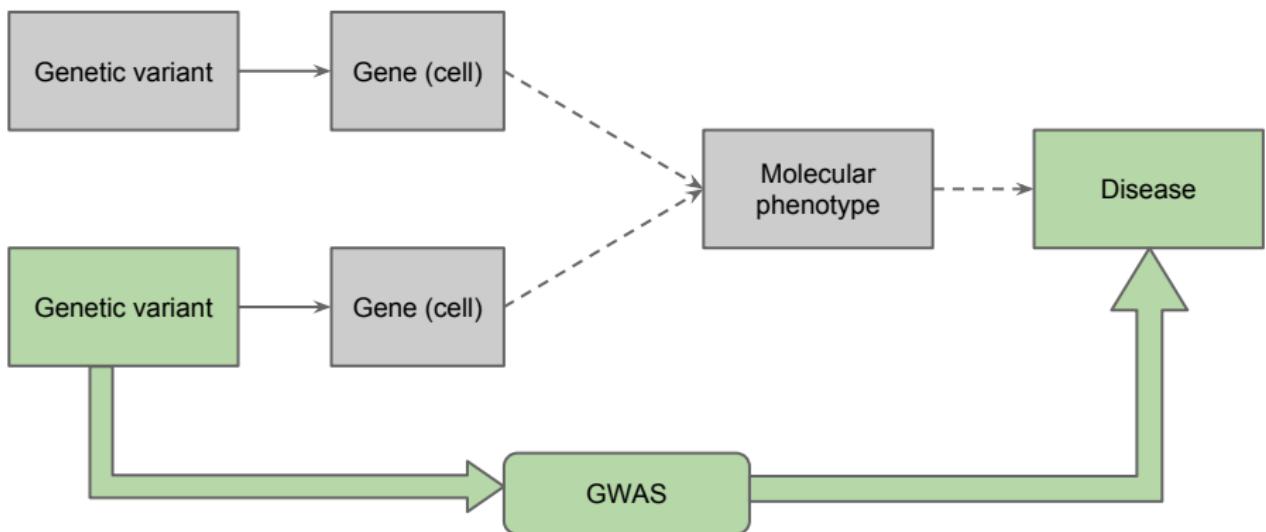


Integrating genetic association and gene expression to identify causal genes in type 1 diabetes

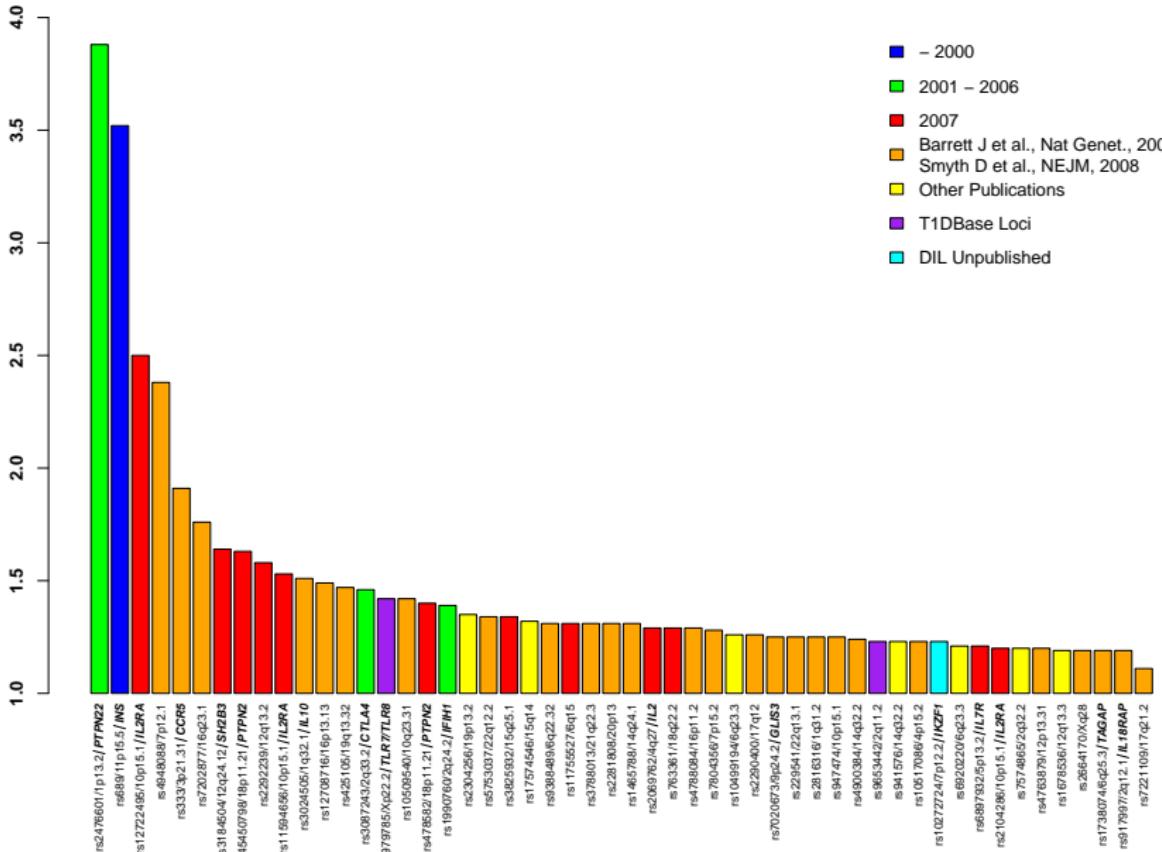
Chris Wallace

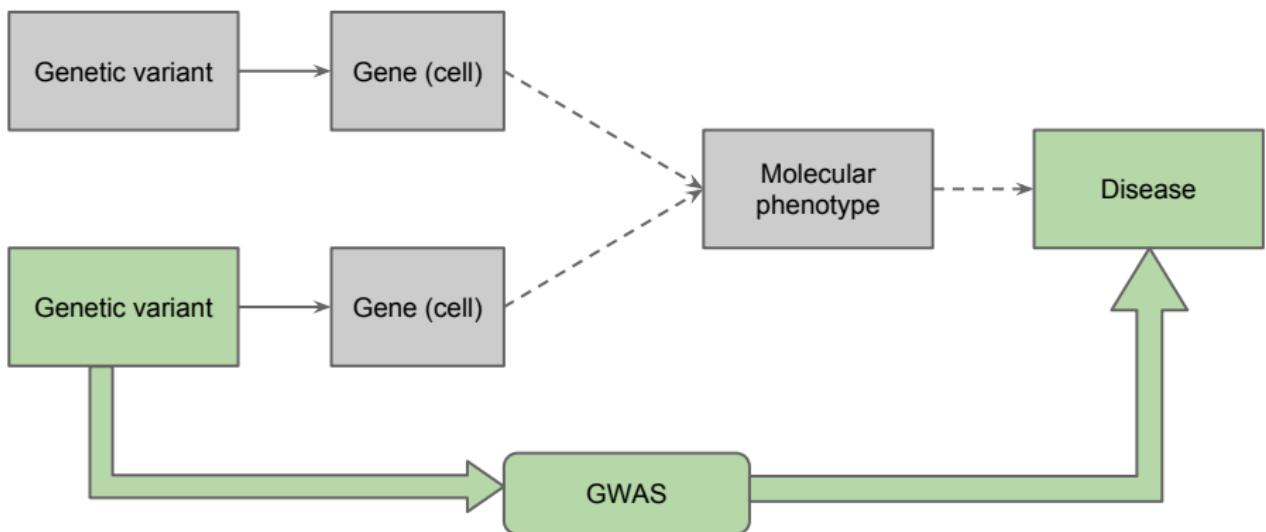






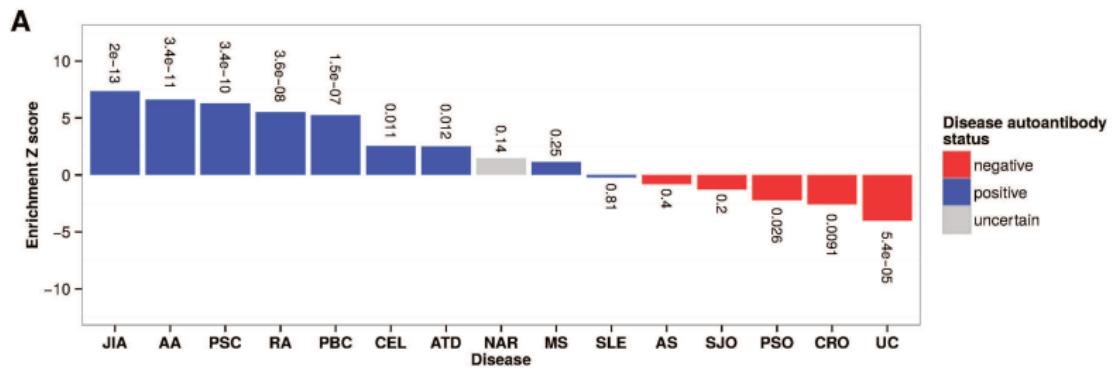
Relative risk (between homozygotes)

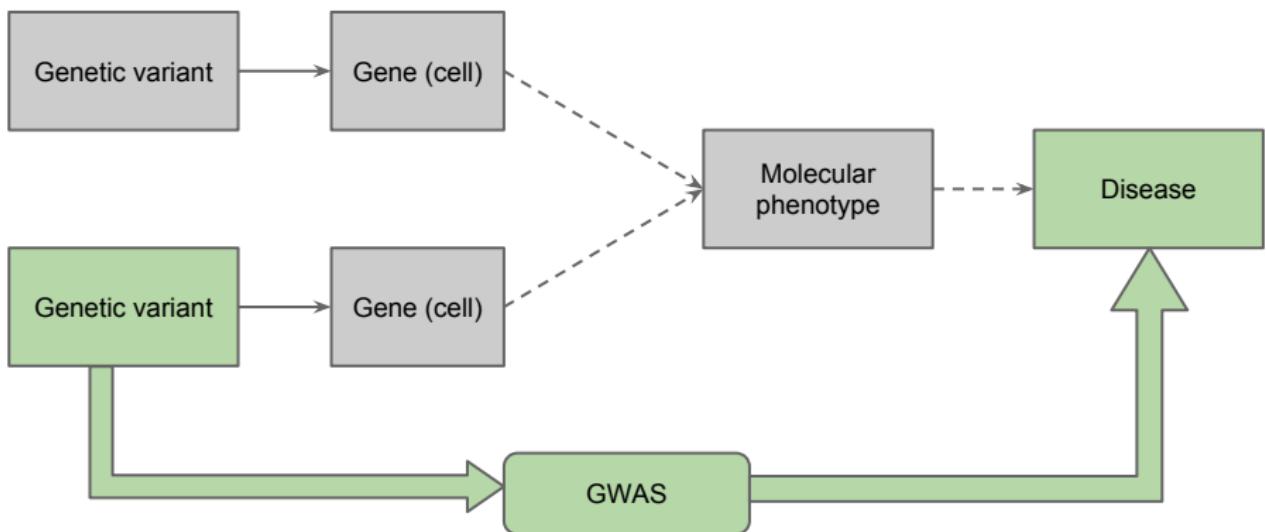


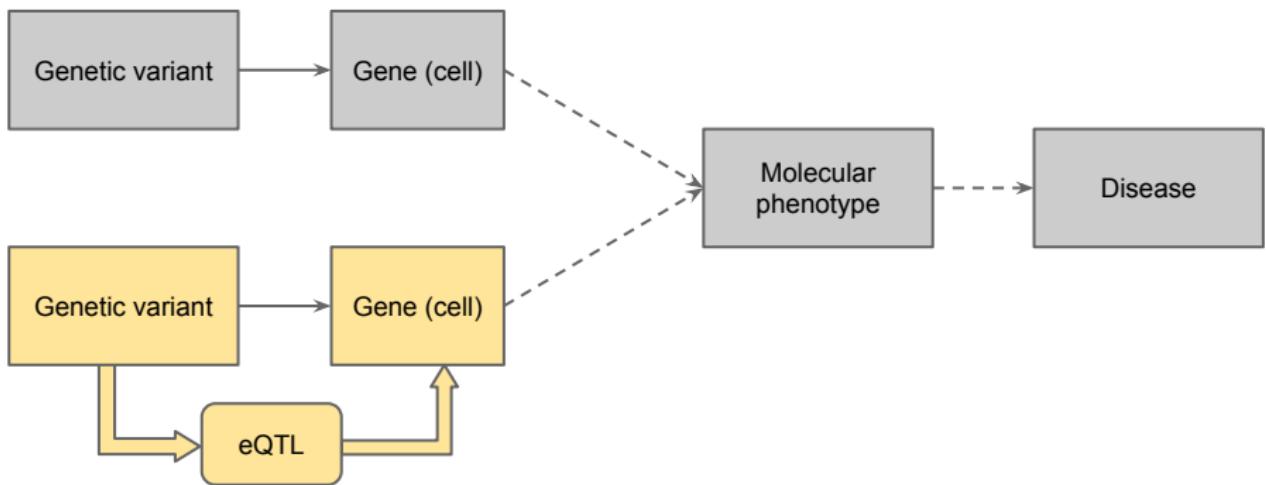


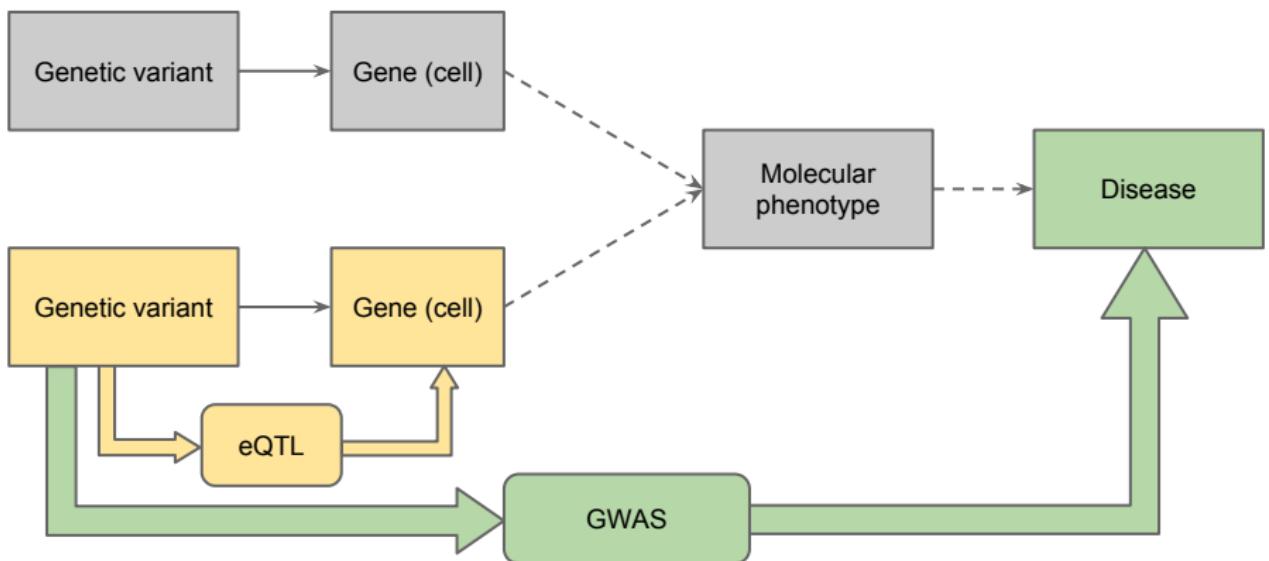
ImmunoChip: dense genotyping of immune disease associated genetic regions

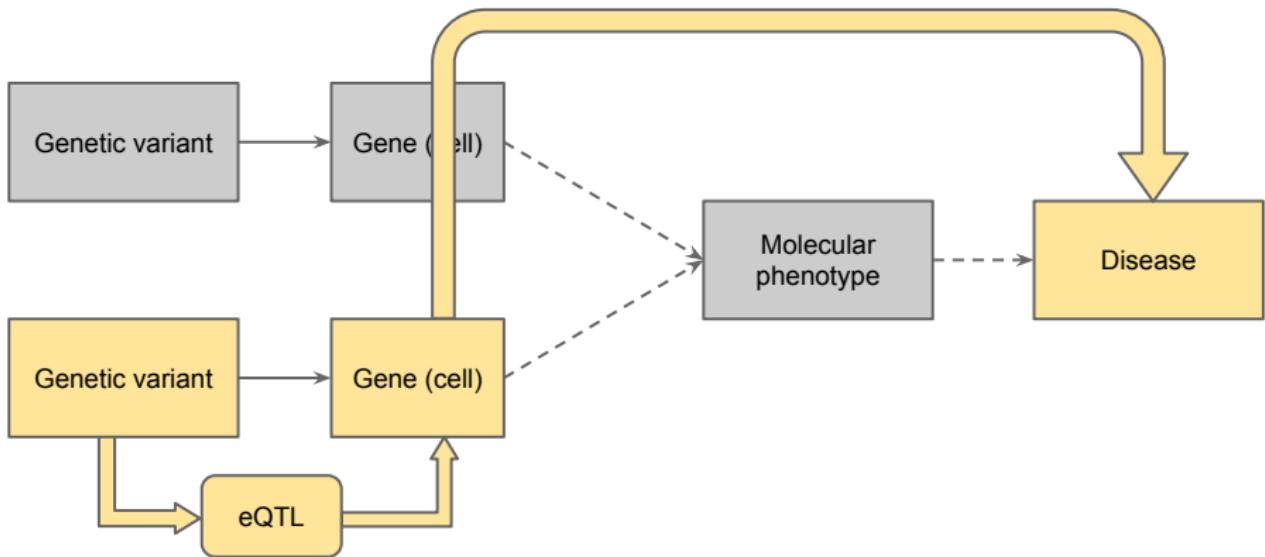
- Four new T1D associated regions
- Associated SNPs localized to enhancer sequences active in thymus, T and B cells
- Collation of results using same chip enabled comparative analyses with other autoimmune diseases





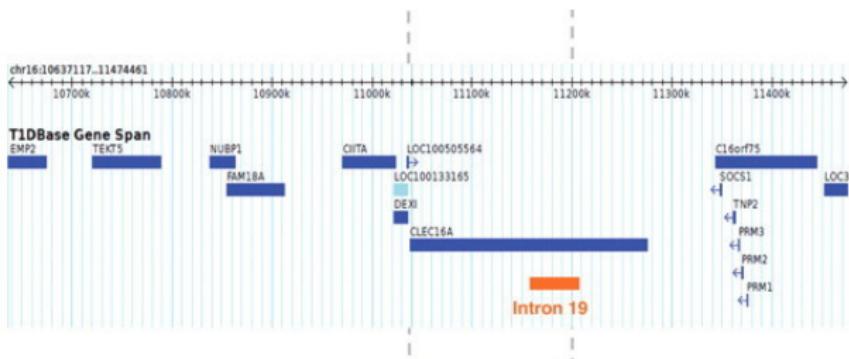




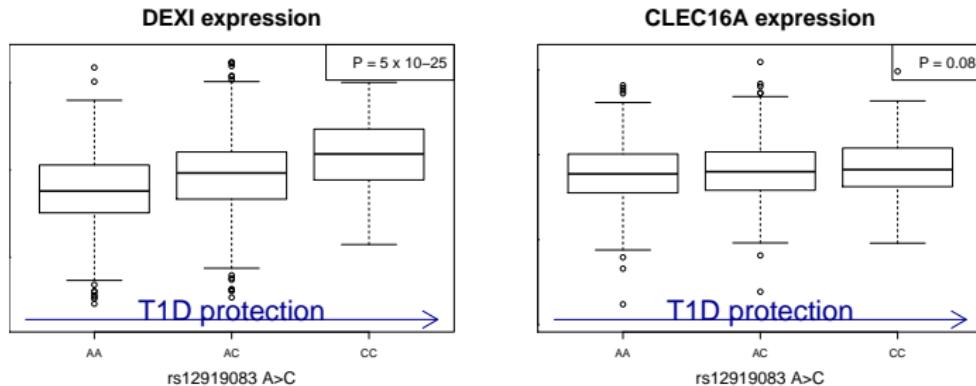
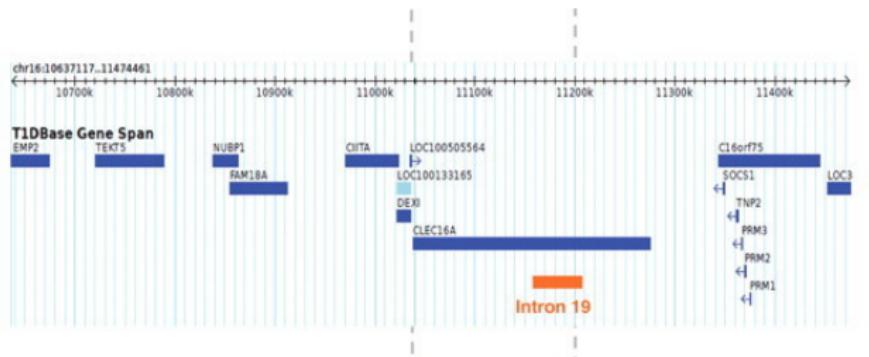


T1D / monocyte eQTL study identified *DEXI* as a candidate causal T1D gene

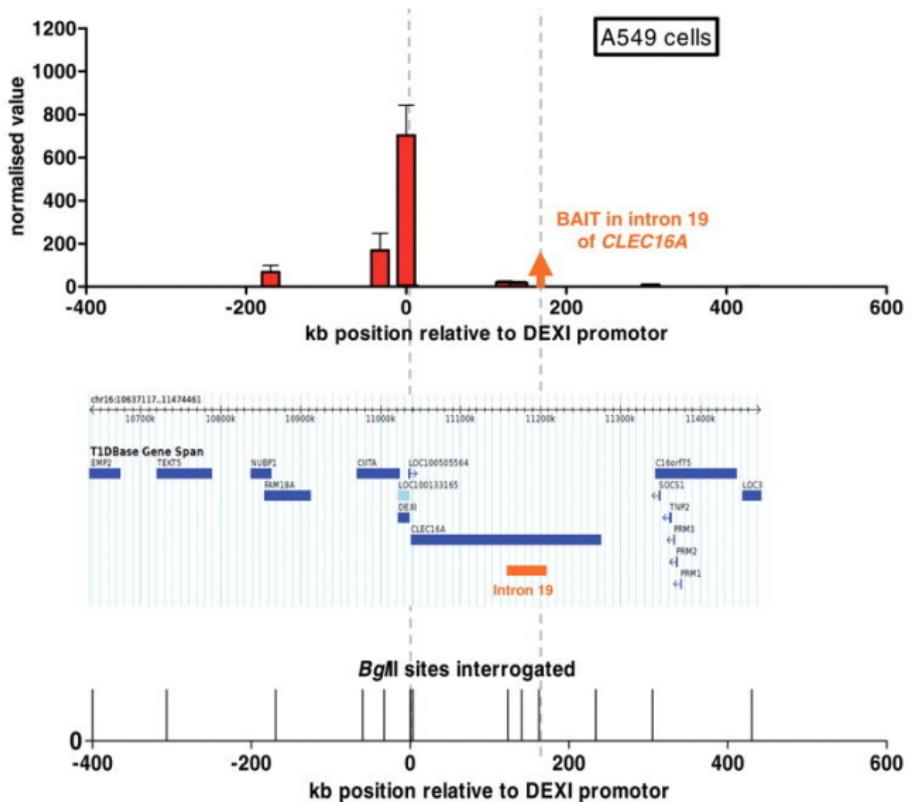
- 1,400 eQTL monocyte samples (Gutenberg Heart Study)
- highlighted 21 genes in 14/49 distinct T1D regions
- including *DEXI* on chromosome 16p13.3



T1D / monocyte eQTL study identified *DEXI* as a candidate causal T1D gene



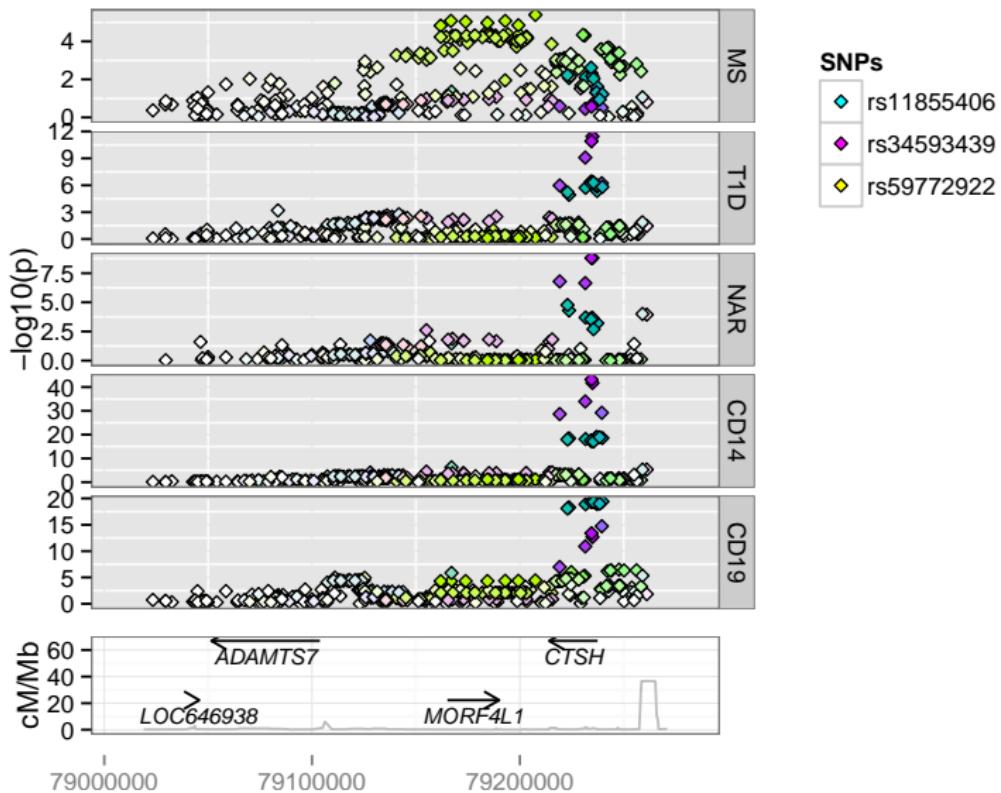
Chromosome conformation capture (3C) supported *DEXI*



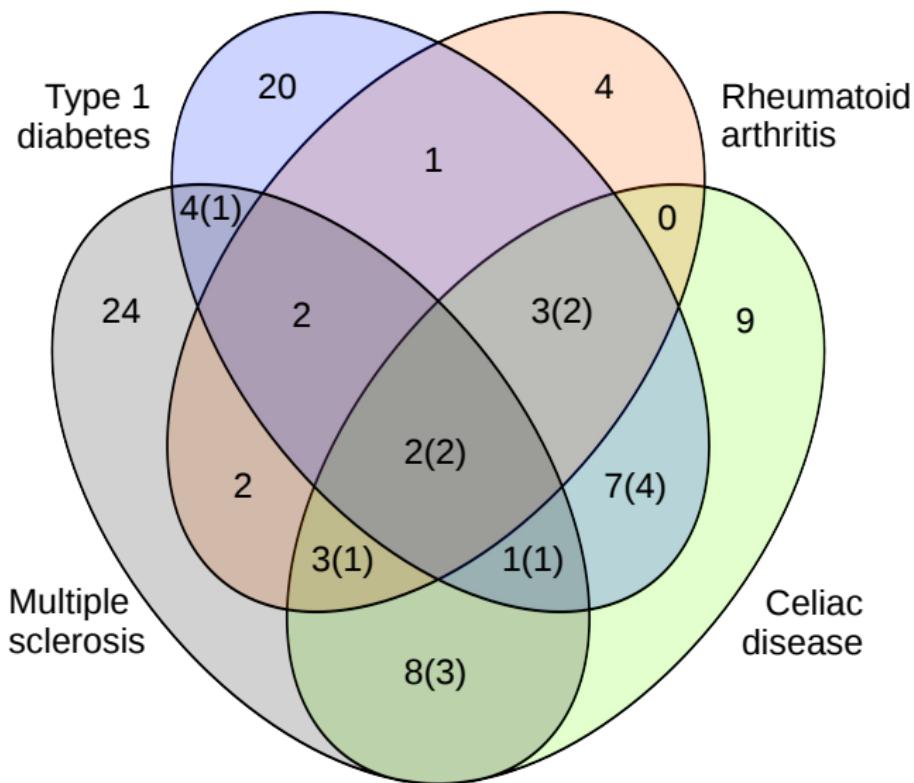
Six candidate causal autoimmune disease genes

Gene	Disease(s)	Direction
<i>Resting B cells + monocytes</i>		
<i>RGS1</i>	Celiac, MS	-
<i>SYNGR1</i>	Primary Billiary cirrhosis	+
<i>Resting + activated monocytes</i>		
<i>ADAM15</i>	Crohn's	?
<i>CARD19</i>	Crohn's, ulcerative colitis	+
<i>LTBR</i>	Primary Billiary cirrhosis	+
<i>CTSH</i>	T1D, narcolepsy	-

CTSH monocyte expression linked to T1D and narcolepsy



Colocalisation applied to four autoimmune diseases



Leveraging information across diseases identified 11 novel associations

Four new T1D associations

- *FASLG* (celiac disease)
- *ANKRD55* (rheumatoid arthritis, multiple sclerosis)
- *TNFAIP3* (rheumatoid arthritis, celiac disease)
- *IKZF1* 5' region (multiple sclerosis)

Two new associations with T1D regions

- *AFF3* (rheumatoid arthritis, **celiac disease**)
- *CTSH* (**celiac disease**)

3/9 T1D unique regions overlap type 2 diabetes associations

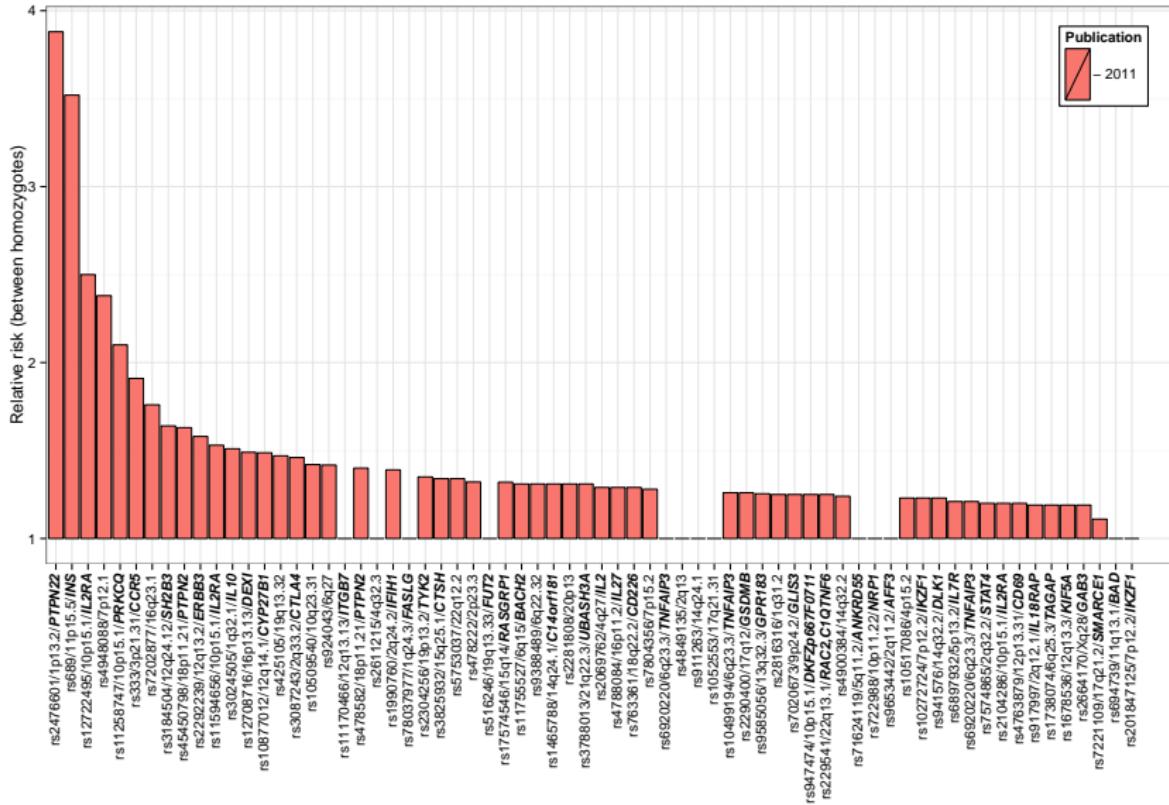
Region	Candidate Gene	T1D association		T2D association		Concordance
		OR	P	OR	P	
6q22.32	–	1.108	6.76×10^{-8}	1.06	7.9×10^{-5}	↑
9p24.2	<i>GLIS3</i>	1.092	2.97×10^{-6}	1.05	7.3×10^{-5}	↑
16q23.1	<i>BCAR1</i>	1.266	3.47×10^{-14}	1.12	2.0×10^{-5}	↓

Disease unique regions more likely to relate to target of autoimmune destruction

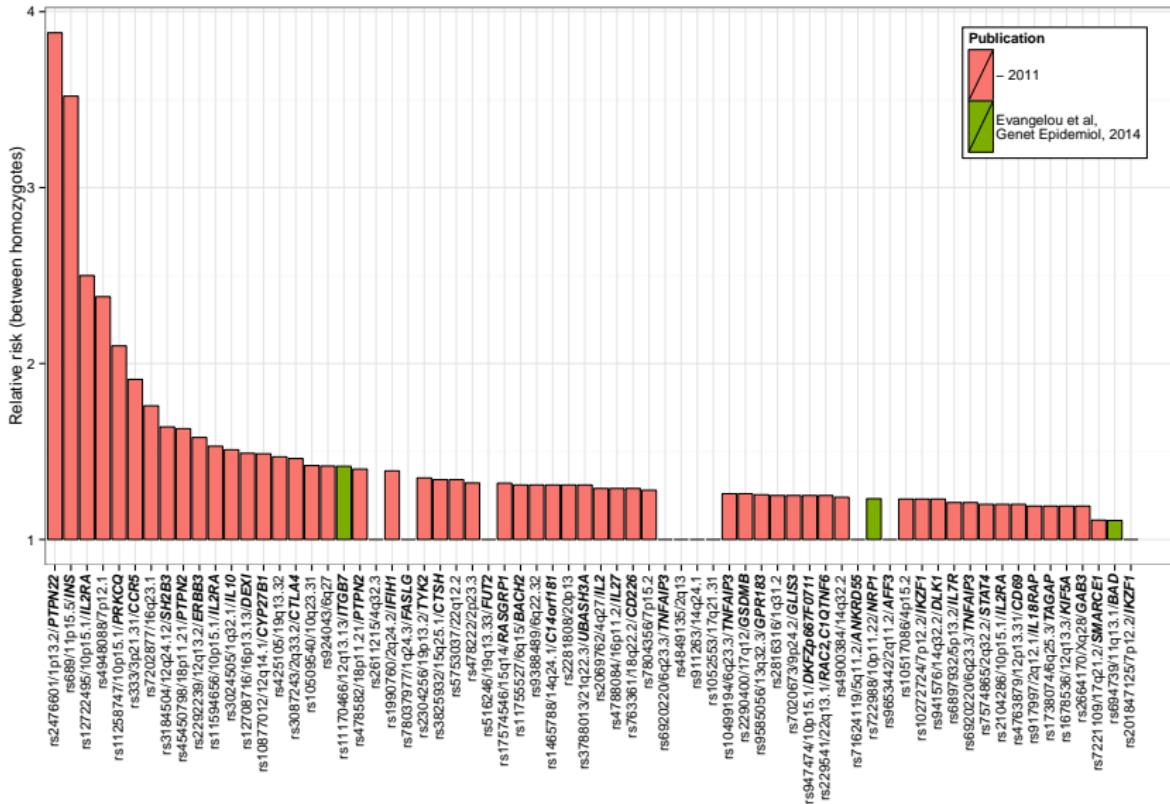
Systematic integration of GWAS, eQTL and other data for interpretation of GWAS results

- Identification of candidate causal genes through eQTL/disease colocalisation analyses
 - We need a wider variety of cells/states in eQTL studies (T cells, NK cells recently published)
 - We need larger eQTL studies (eg large multiethnic study of PBMCs recently published)
- Cross disease colocalisation can identify novel associations, disease-specific (autoimmune target specific?) associations
- Large scale application of chromosome conformation capture ("Hi-C") for gene regulatory regions

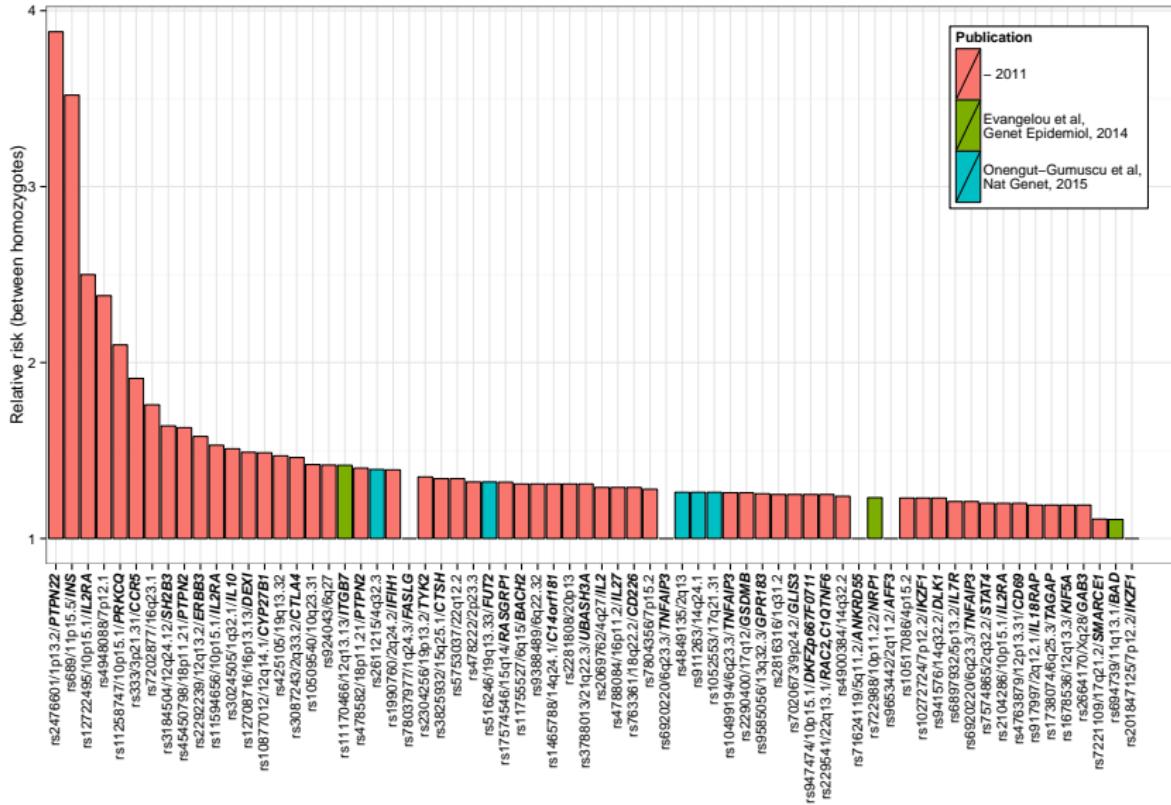
Where are we now?



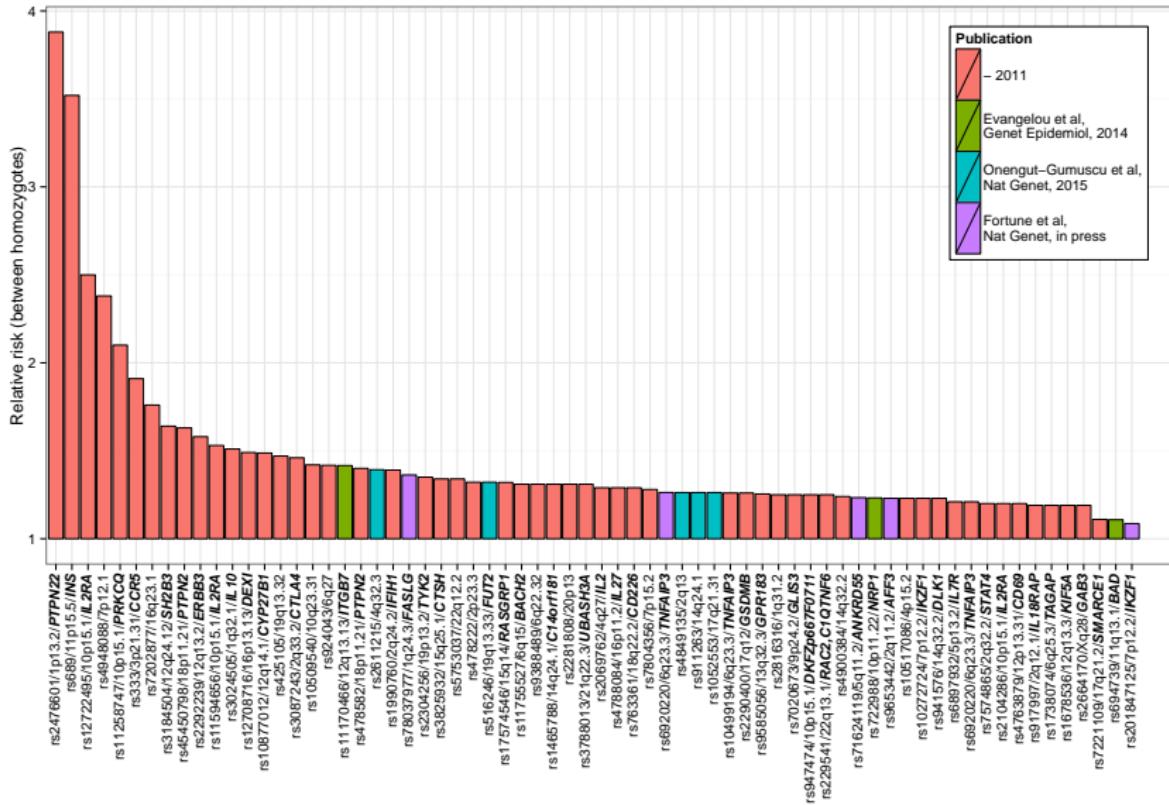
Where are we now?



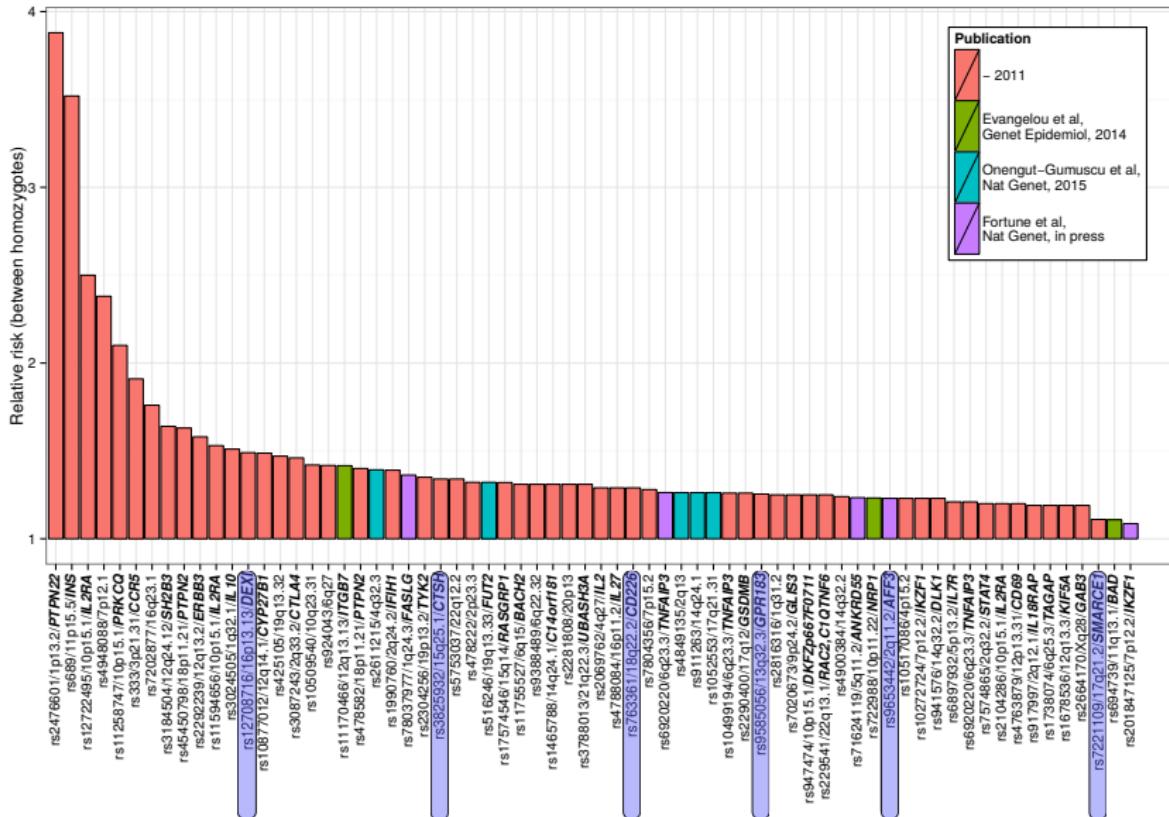
Where are we now?



Where are we now?



Where are we now?



Thanks to



Mary Fortune



Hui Guo



Olly Burren



Nick Cooper



John Todd

Stephen Sawcer (MS), Steve Eyre (RA), Steve Rich (T1D),
David van Heel (celiac disease)



Cambridge Institute for Medical Research

