

Population Genetics & Drug Discovery

examples from Finland

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EARLY SETTLEMENT

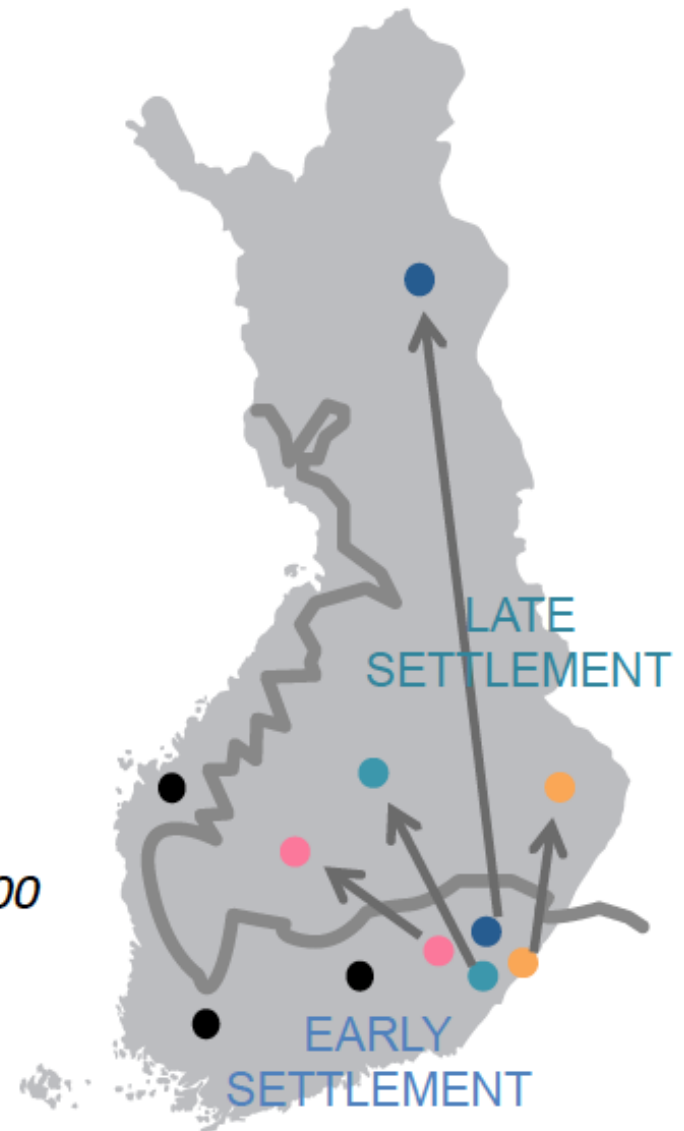
- 2000-10 000 years ago
- South and Coast

LATE SETTLEMENT

- 16th century
- multiple bottle necks

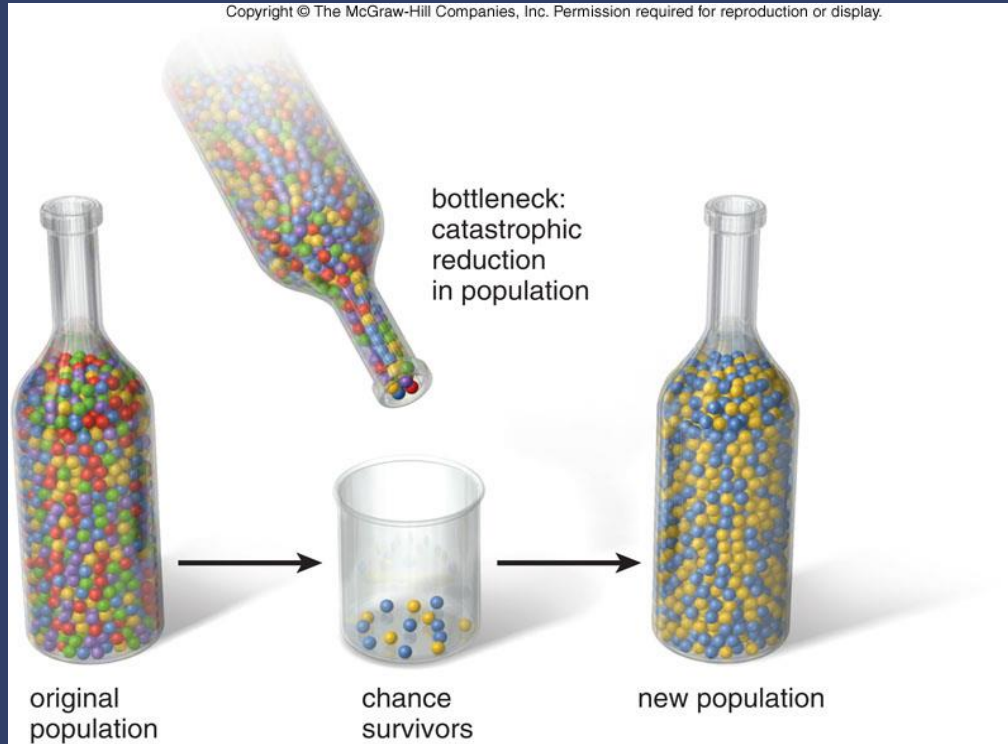
EXPANSION

- 18th century – *population 250 000*
- Today – ***population 5.4 million***



Effect of population bottleneck

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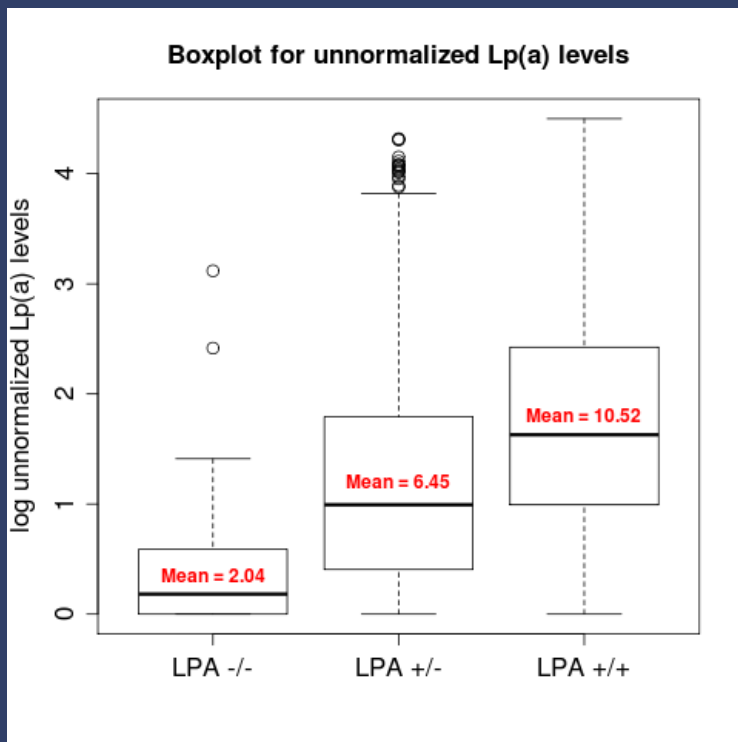


Finns have dramatically fewer rare DNA variants than other Europeans

Some rare DNA variants jump to unusually high frequencies:

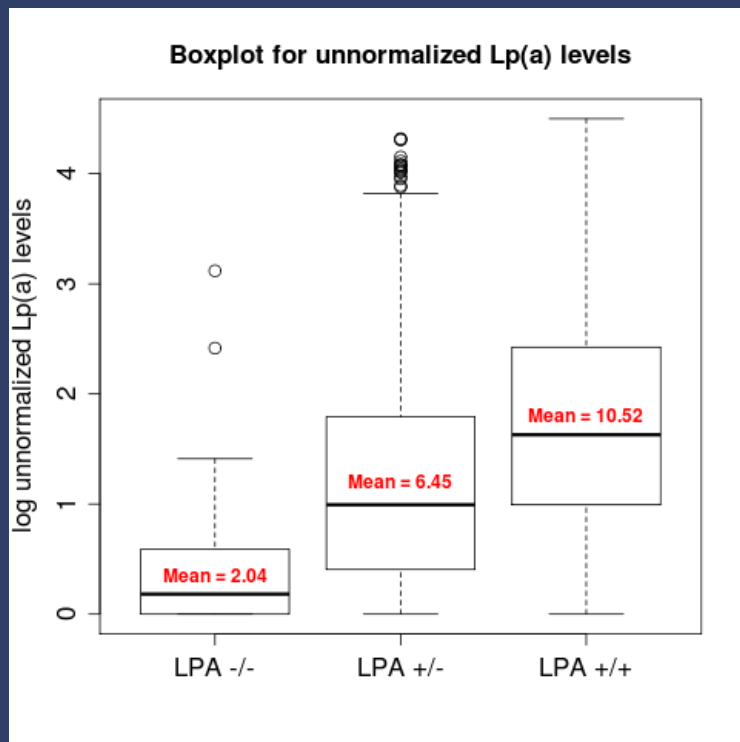
- Some are known causes of Finnish enriched diseases
- Thousands more alter or truncate proteins – some may improve health – **unique opportunity for discovery!**

Loss-of-function variant in LPA protects from Coronary Heart Disease



Finnish enriched DNA variant lowers LPA levels

Loss-of-function variant in LPA protects from Coronary Heart Disease



Association for LPA splice variants with cardiovascular diseases

Study	Ncases n/N	Ncontrols n/N	Odds Ratio (95% CrI)	Odds Ratio (95% CrI)
FINRISK (CHD)	1076/25020	23944/25020		0.79 (0.72 to 0.86)
Estonian ExomeChip (IHD+HF)	768/4600	3832/4600		0.69 (0.31 to 1.50)
Estonian Imputed (IHD+HF)	853/7953	7100/7953		0.83 (0.51 to 1.36)
MIGEN ExA (MI)	8890/18176	9286/18176		0.88 (0.78 to 0.99)
Total	11587/55749	44162/55749		0.84 (0.80 to 0.88)

0.5 1 2

Each copy of LPA lowering variant lowers CHD risk by **15-20% !!!**

Finnish enriched DNA variant lowers LPA levels

Such examples provide
precise clues to interventions
that could be safe and
effective

Key elements for drug discovery efforts

- Extensive health and registry data
 - Fully available to research
 - Collected consistently over a large population
 - Longitudinal data over decades
- Population participation and recall studies
- Integration with disease consortia

Registry data available for research purposes

NATIONAL REGISTERS

NAME OF REGISTER	DATA INCLUDED IN REGISTER	KEEPER	ESTABLISHED IN COMPUTER FORMAT
Hospital Discharge Register (HILMO)	Homes and institutions for the mentally disabled, including information on treatment	THL	1967
Finnish Registry for Kidney Diseases	Diseases, type of treatment, and laboratory tests	ETK	1964
Cancer Register	Cancer patient information from hospitals, pathology, laboratory measurements etc.	THL	1953
Finnish Register of Visual Impairment	Patient's visual ability	THL	1983
National Infectious Diseases Register	Detailed information on cases in infectious diseases	THL	1989
Register of Congenital Malformations	Infants and fetuses	THL	1963
Drug Reimbursement Registers	Disease that is being treated and medication used	KELA	1967
Medical Birth Register	Information on all births in Finland, from gestation week 22+0 or birthweight 500g	THL	1987
Cause-of-Death Register	Intermediate cause of death and contributing causes of death	STAT	1969
Register on Occupational Disease	Diagnosis of occupational disease	FIOH	1964
Drug Surveillance Register		FIMEA	1982
National Sickness Insurance	Social benefit information	KELA	1967
Register on Pensions	Work pension information, age of individual, type of pension	ETK	1962
Finnish Employment Register	Work in private sector, work as entrepreneur and work without pay	ETK	
Central Population Register	Relations (stillbirths are not registered)	VRK	1973
Register on Social Assistance		THL	1985
Child Welfare Register	Individual-level information on children taken into custody	THL	1991

THL = National Institute of Health and Welfare
 ETK = The Finnish Kidney and Liver Association
 KELA = Social Insurance Institution

STAT = Statistics Finland
 FIOH = Finnish Institute of Occupational Health
 FIMEA = National Agency for Medicine

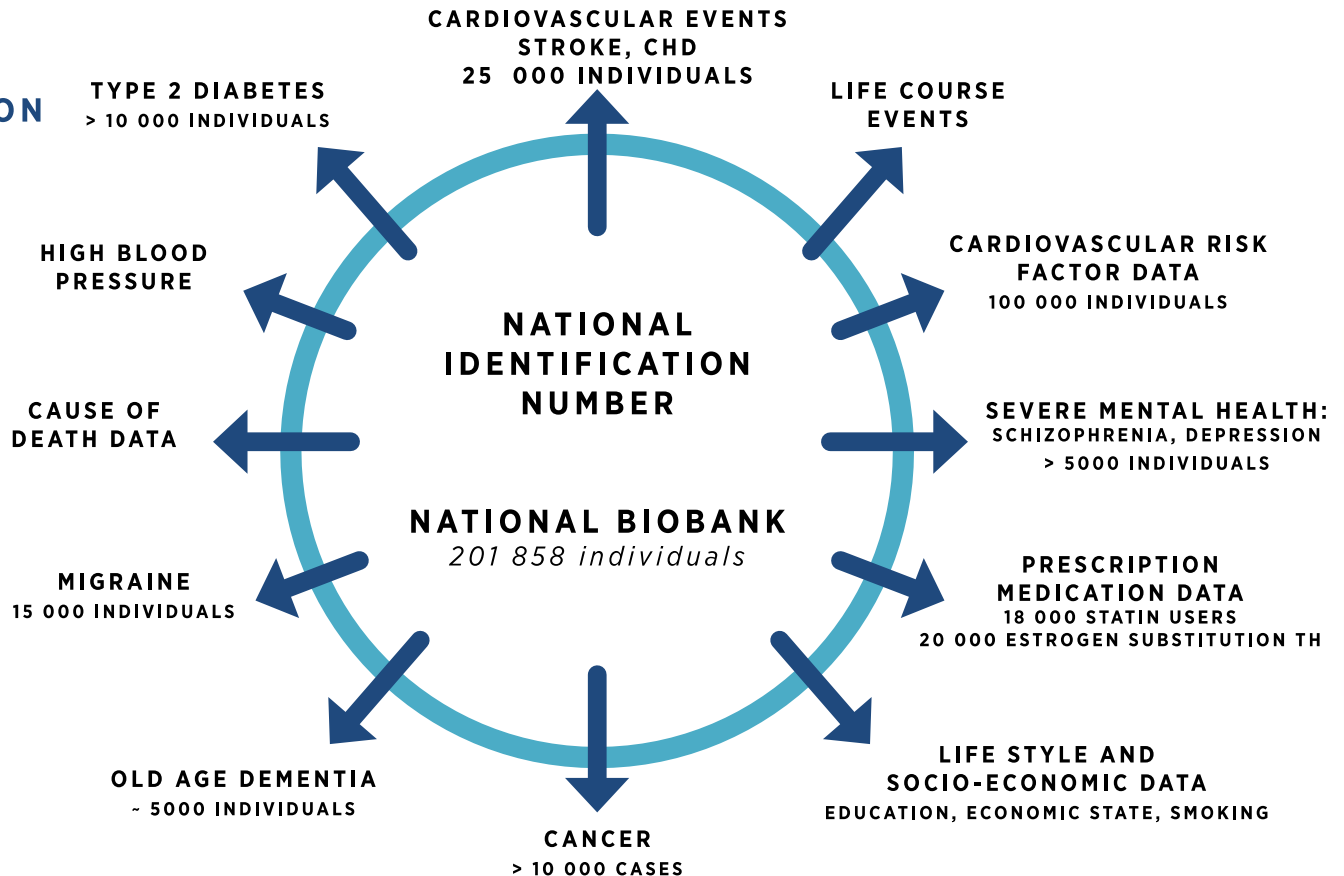
ETK = Finnish Centre for Pensions
 VRK = Central Population Register

THL Biobank - example of one Finnish Biobank

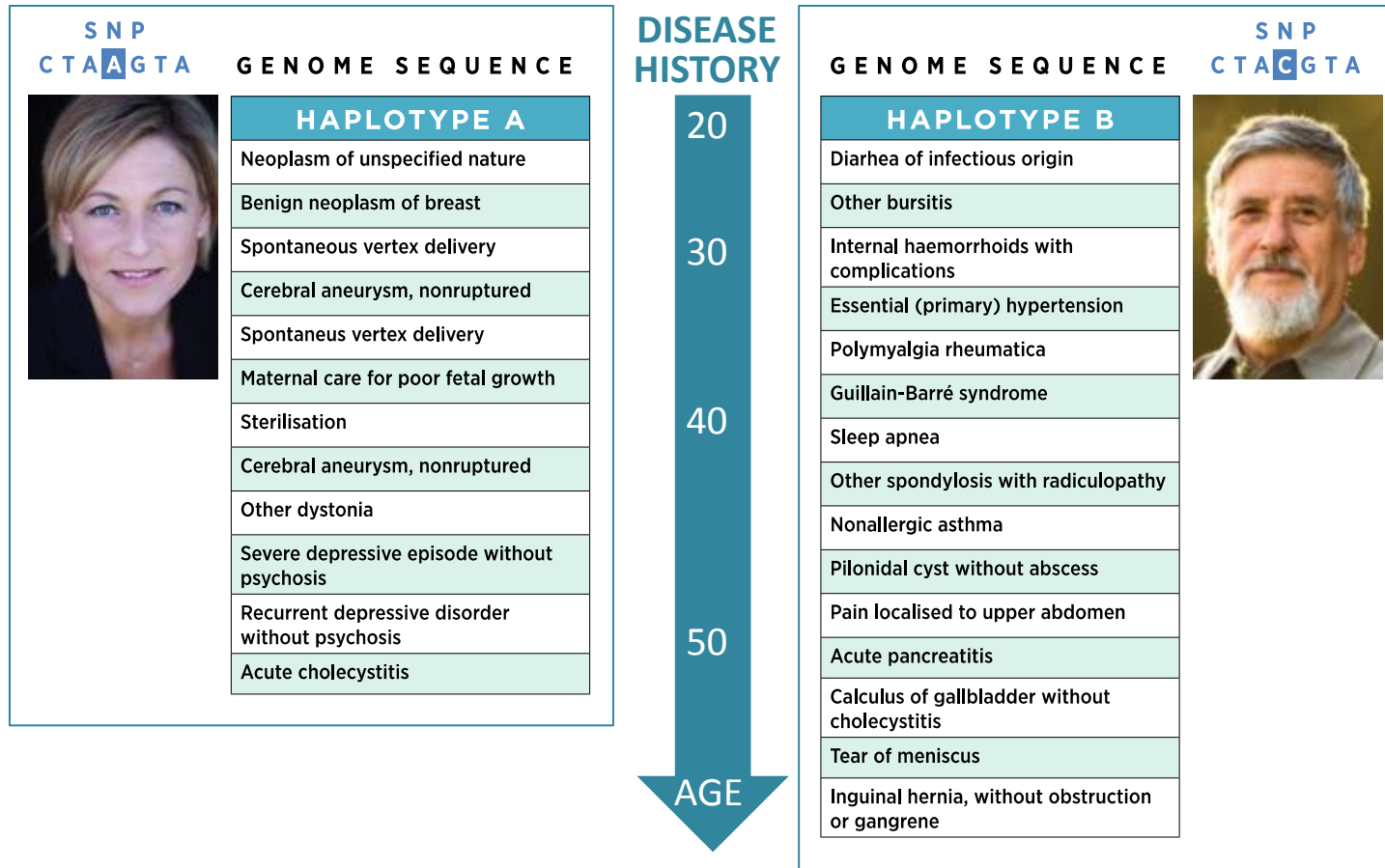
**130 000
INDIVIDUALS
FROM POPULATION
COHORTS**

**70 000
INDIVIDUALS
FROM DISEASE
COLLECTIONS**

**To date:
73,000 GWAS
26,000 WGS/WES**



Example of health histories from **two persons** from the national biobanks **with a 40 year follow-up**



Photos are used for illustrative purposes only. Photos by iStock photo. Posed by model.

New study designs facilitated

- Search for adverse outcomes before targeting protective mechanism (excess diagnoses, prescriptions, etc.)
- Use of prescription registry to enhance genetic studies of common outcomes

Protective LPA LoF variants show no elevated disease risk

LoF variant	Frequency in Finns	Frequency in non Finns
LPA1(4974)	2.8%	0.47%
LPA2(4289)	4.8%	3.6%



227 Finns homozygous/compound het



Linking to National Health Records

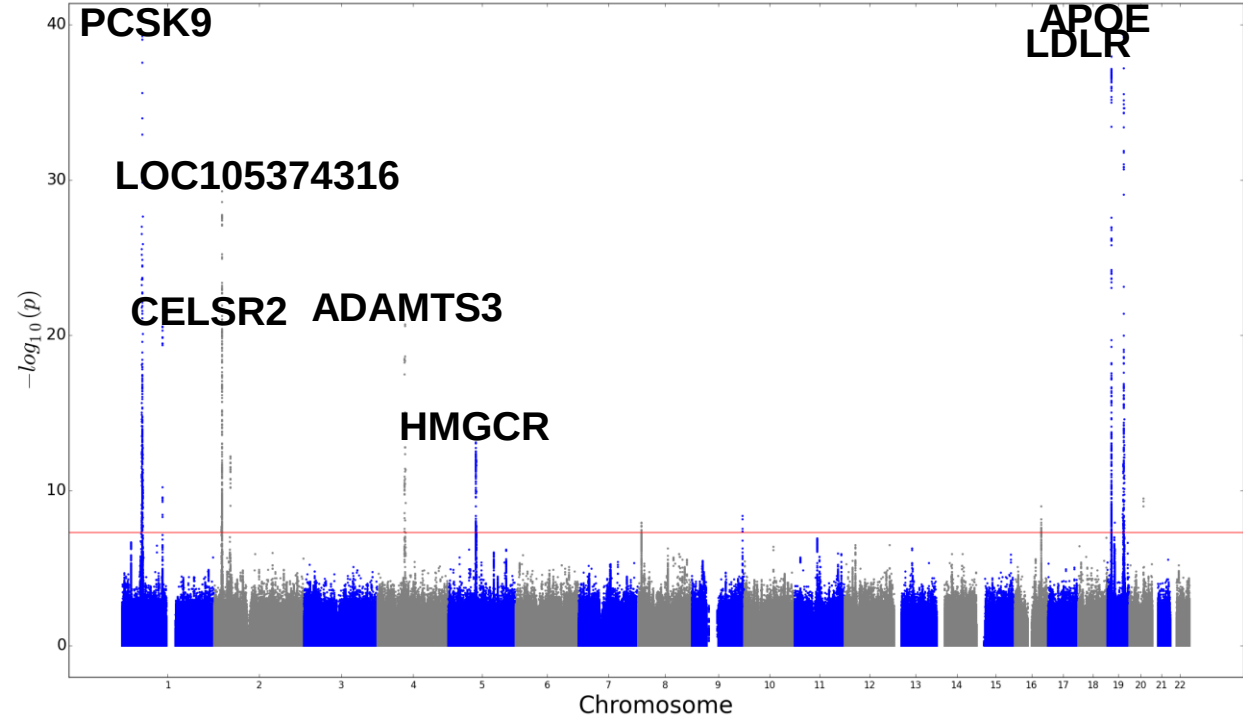


No sign of increased morbidity

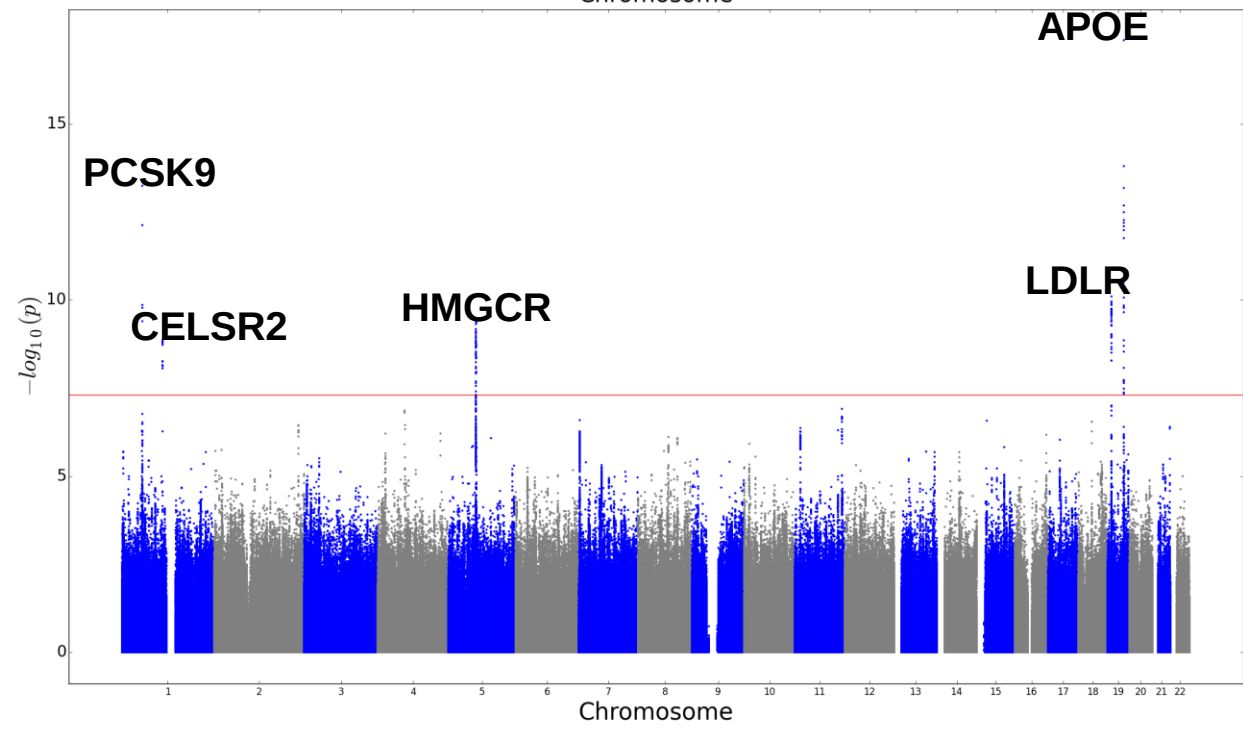
Drug registry genetics proof of concept: Statin use GWAS

- Finrisk genotyped cohort N=25000
- Statin use data obtained from KELA
 - Months of use, starting age
- Roughly 7000 statin users versus 18000 who have never been prescribed statins

LDL as quantitative
trait; N=18000 non-
Statin users



7000 Statin users
versus 18000 non-
Statin users



Population participation & genotype-based recall



THE PEOPLE

HIGH LEVEL EDUCATION

ACCESS TO THEIR OWN DATA (PHR)

HIGH WILLINGNESS TO PARTICIPATE

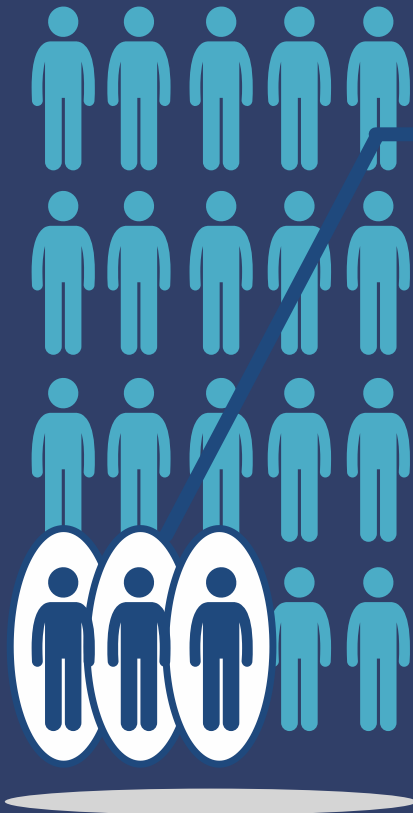
TRUST IN AUTHORITIES

TECH SAVVY

“You can count on Finns to participate in studies where they don’t stand to gain anything themselves.”

The Biobank Act of 2013

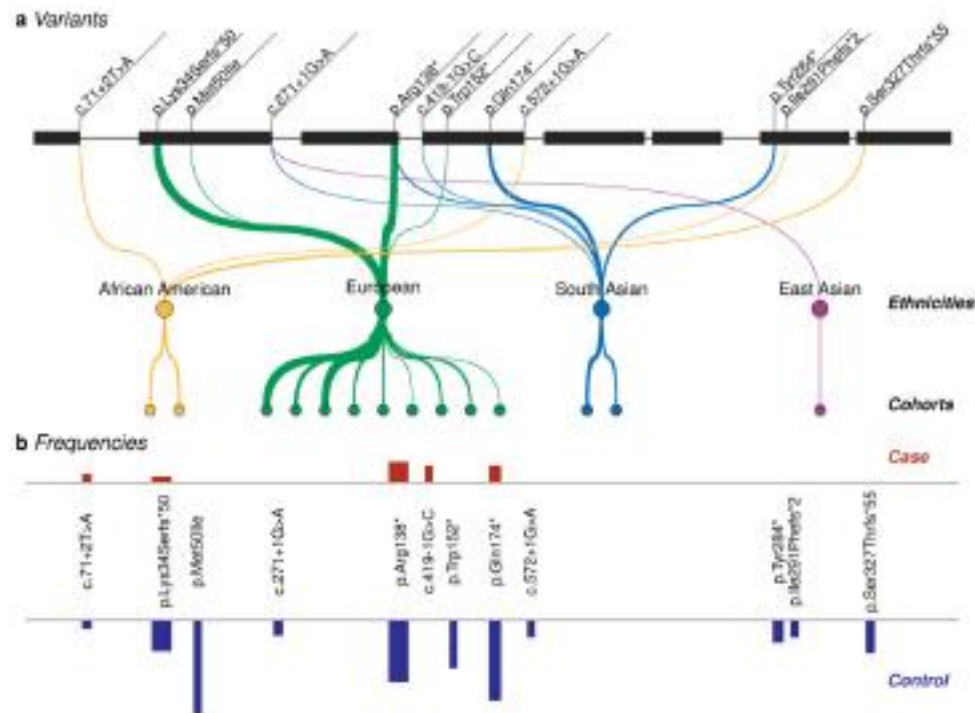
- Recalling made easy



**FAST & EASY
RECALLING**

**BIOBANK ACT
+
NATIONAL IDENTIFICATION
NUMBER**

Loss-of-function mutations in *SLC30A8* protect against type 2 diabetes



Truncating mutations in *SLC30A8* seen 3x more often in healthy controls than diabetics

STRONG protection against diabetes !!!

50% of all known Finnish R138X carriers
are around Jakobstad

And 12, i.e.
50% of them,
seem to have
a connection
to an island
called
Larsmo



Recalling SLC30A8 carriers

- More than 75% of individuals recalled have returned for extensive phenotyping involving a test meal and numerous blood draws over three hours
- 73 individuals already successfully studied under this protocol
- Almost all are healthy controls with no self-interest in the research

Integration with international disease consortium studies

No man is an island...

- Fun fact: Entire PMI will have fewer cases of IBD, early onset MI than have already been exome sequenced
- Most primary disease discoveries will continue to emerge collaboratively
- Biobanks allow deeper exploration of these findings, not unique access to them

RNF186 harbors UC protective truncating variant

Table 1 Association of p.R179X in *RNF186* with ulcerative colitis

Study	Data type	UC		Controls		Control MAF	<i>P</i>	OR
		179X	R179	179X	R179			
GWASseq	Sequence (targeted)	0	1774	6	1828	0.33%		
Finland	Sequence (exome)	0	1016	23	16223	0.14%		
Screen	-	0	2790	29	18051		0.022	0
US+Canada	Exome Chip	4	6354	21	12883	0.16%		
UK	Sequencing	2	3854	10	7294	0.14%		
Sweden	Exome Chip	2	1518	45	10813	0.41%		
Belgium	Genotyping	0	1696	0	1764	0.00%		
Germany	Genotyping	1	2035	7	4399	0.16%		
Dutch	Genotyping	1	1133	8	4164	0.19%		
Italy	Genotyping	0	0	2	1914	0.10%		
Iceland	Sequencing + Imputation	7	2899	4130	525358	0.78%		
						N cases 1453, N controls 264,744; MAF = 0.78%		
Replication							8.69x10 ⁻⁶	0.33 (0.20-0.55)
Combined (screen +replication)							6.89x10 ⁻⁷	0.30 (0.19-0.50)

UC, ulcerative colitis; OR, odds ratio; *P*, p-value. Screen + replication *P* value is computed using Mantel-Haenszel chi-squared test with continuity correction.



Collaborating Labs:

Aarno Palotie

Samuli Ripatti

Ben Neale

Dan MacArthur

International IBD Genetics Consortium

