Patient Story 1: Portrait of my family (Seth Bittker)



- **Me** (46 years old): Pains in extremities, insomnia, and digestive issues. Onset gradual but got bad about four years ago
- **My son** (9 years old): Autism diagnosis when younger, regressive but likes bonding, great memory, slow processing, very bad handwriting
- My daughter (7 years old): Modest OCD
- **Sister** (44 years old): Arthritis, nerve degeneration, insomnia, and fatigue. Was using a wheelchair briefly but somewhat better now. Onset about 11 years ago after birth of first child
- **Mother** (73 years old): Arthritis like condition, bones break easily, pains in joints
- Father (76 years old): Healthy

Can genetic information provide some insight into what is affecting my family?

Alternative Treatments

- My mother, my sister, me, my son, and my daughter have all been through incidents where we were negatively affected by oral supplementation of vitamin D.
- Very high levels of oxidative stress in the family based on test results. I need antioxidants to fall asleep. My son also does well on a carotenoid mix.
- It seems that something like celiac affects my family.
- Some supplements are helpful:
 - Me, my sister, my mother, and my daughter but not my son benefit from carnitine supplementation.
 - Me, my sister, and my mother seem to benefit from thiamine.
 - All of us seem to benefit from methylfolate.
 - My son needs supplemental methylcobalamin. He has modest methylmalonic acidemia based on test results. Without methylcobalamin he will regress.
 - My sister and mother and to a lesser extent myself benefit from lysine.
- Some signs in test results of auto-immunity, but traditional rheumatological medicines and analgesics were not helpful.

Genetic Tests

- We have done a number of clinical genetic testing with no definite diagnosis, but some suggestive evidences.
 - My sister and my mother have a defect on mitochondrial DNA (mtDNA) of unknown significance. Since mtDNA is inherited solely from the mother, I would have it too. Therefore, it may be a contributor, but may not be the primary causative issue with respect to our family health conditions. Because my mtDNA would not be passed onto my kids and I see some aspects of what affects me and affects them as similar.
 - We did different genome tests (i.e., genes related to neurology and autism for me and my son, respectively, and whole genome test for my sister and parents)
 - The test did reveal that I have two gene defects associated with Charcot-Marie-Tooth disease but I have one of each gene and supposedly you need two bad copies to show the symptoms.
 - I also decided to use direct to consumer genetic service, hoping to find an answer for our complex family health conditions.

What is Direct-to-Consumer (DTC) genetic testing?

- It provides genetic reports directly to consumers (no need to get health care provider referrals).
- One of these DTC companies is called 23andMe and I used their services.
- In addition to a limited FDA approved genetic risk factor reports, raw genetic data is also provided to consumers.
- It is based on saliva samples and we were not able to get enough sample from my son but did the testing on me and my sister.

EXAMPLE: 23andMe–Inherited Conditions

5

NAME	CONFIDENCE	CONFIDENCE 🔻
Fanconi Anemia (FANCC-related)	****	Variant Present
Alpha-1 Antitrypsin Deficiency	****	Variant Absent
Bloom's Syndrome	****	Variant Absent
Canavan Disease	****	Variant Absent
Connexin 26-Related Sensorineural Hearing Loss	****	Variant Absent
Cystic Fibrosis	****	Variant Absent
DPD Deficiency	****	Variant Absent
Factor XI Deficiency	****	Variant Absent
Familial Dysautonomia	****	Variant Absent
Familial Hypercholesterolemia Type B	****	Variant Absent
Familial Mediterranean Fever	****	Variant Absent
G6PD Deficiency	****	Variant Absent
Gaucher Disease	****	Variant Absent

Typically, it is available for <u>known recessive genetic conditions (requires 2 copies of mutations)</u>. The report shows if consumer has one of the known mutations.

EXAMPLE: 23andMe–Health Reports

NAME	CONFIDENCE	YOUR RISK	AVG. RISK	COMPARED TO AVERAGE
Atrial Fibrillation	****	33.9%	27.2%	1.25x 🚍
Age-related Macular Degeneration	statatat	13.8%	6.5%	2.11x 🔳
Rheumatoid Arthritis	statatat	3.1%	2.4%	1.30x I
Type 1 Diabetes	statate	1.8%	1.0%	1.79x I
Celiac Disease	statatat	0.48%	0.12%	4.08x I
Esophageal Squamous Cell Carcinoma (ESCC)	statate	0.43%	0.36%	1.21x
Stomach Cancer (Gastric Cardia Adenocarcinoma)	****	0.28%	0.23%	1.22x
Scleroderma (Limited Cutaneous Type)	****	0.13%	0.07%	1.90x
Primary Biliary Cirrhosis	statate.	0.11%	0.08%	1.43x I
Alcohol Dependence	***			+
Asthma	***			+
Bladder Cancer	***			+
Celiac Disease: Preliminary Research	***			+
Chronic Lymphocytic Leukemia	***			+

Health reports provide risk prediction summary of conditions for which consumer is at increased or decreased risk.

EXAMPLE: 23andMe–Disease Overview

Your Results > Share your health results Show information for Seth Bittker and an age range of 18-79 • • assuming European • ethnicity Seth Bittker 3.1 out of 100 men of European ethnicity share Seth Bittker's genotype What does the Odds Calculator show me? Use the ethnicity and age range selectors above to see the estimated incidence of Rheumatoid Arthritis due to genetics for men with Seth Bittker's genotype. The 23 and Me Odds Calculator assumes that a person is free of the condition at the lower
Show information for Seth Bittker and an age range of 18-79 • Seth Bittker 3.1 out of 100 men of European ethnicity share Seth Bittker's genotype Seth Bittker's genot
Seth Bittker What does the Odds Calculator show me? Seth Bittker Use the ethnicity and age range selectors above to see the estimated incidence of Rheumatoid Arthritis due to genetics for men with Seth Bittker's genotype. The 23 and Me Odds Calculator assumes that a person is free of the condition at the lower
 will develop Rheumatoid Arthritis between the ages of 18 and 79. Average 2.4 out of 100 men of European ethnicity w develop Rheumatoid Arthritis between the ages of 18 and 79. Average 2.4 out of 100 men of European ethnicity w develop Rheumatoid Arthritis between the ages of 18 and 79.

It provides more details about the meaning of calculated risks for diseases and could be useful for educated non-specialist.

EXAMPLE: 23andMe–Technical Reports

8

* Odds ratios are repo	rted for all available ethn	icities.		
This SNP is tightly li MMEL1. MMEL1 en	inked to another SN icodes a member of	IP that has beer f a protein fami	n found to be associated with RA. The or ly that breaks down other proteins in orc	iginal SNP lies in a non-coding part of a gene called der to regulate various cellular processes.
It is not clear how N SNP could also affe	IMEL1 might contri ct a more distant ge	bute to RA. If the ene. This SNP m	ne protein does function in RA, the SNP c nay also be a signpost for an as-yet-undis	could be involved in regulating MMEL1 levels. The scovered SNP in another gene.
The studies whose from the United Kir	data we report as aj ngdom.	pplicable to the	ose of "European" ancestry confirmed the	e association between this SNP and RA in samples
The association has	not been investiga	ted in samples	of Asian or African ancestry.	
Citations Wellcome Trust Case Co	ntrol Consortium (2007)	. "Genome-wide as	sociation study of 14,000 cases of seven common c	diseases and 3,000 shared controls." Nature 447(7145):661-78.
Plenge et al. (2007) . "TR	AF1-C5 as a risk locus fo	r rheumatoid arthri	tisa genomewide study." N Engl J Med 357(12):11	199-209.
Ouimet et al. (2000) . "N	eprilysin II: A putative no	CD 40	e and its isoforms in CNS and testis." Biochem Biopl	hys Res Commun 271(3):565-70.
Barton et al. (2008) . "Rh	eumatoid arthritis suscep	tibility loci at chror	ci conter risk of meumatoid arthritis. <i>Wat Genet</i> 40(mosomes 10p15, 12q13 and 22q13." <i>Nat Genet</i> 40((10):1216-23. (10):1156-9.
Gene or region: 60 SNP: rs2327832	q23 region			
	SNP used	Genotype	Adjusted Odds Ratio*	
Seth Bittker	rs2327832	GG	European: 1.61 Asian: NA (not applicable)	

Technical reports provide more technical detail for genetic risk factors (SNPs). For example, it shows SNP level contribution to odds ratio and related references (scientific literatures).

23andMe–Raw Data

• 23andMe offers a service to allow users download raw data (not analyzed genetic data).

- Raw data can be then analyzed using other resources or tools. For example:
 - Promethease
 - SNPedia
- I used these two tools to interpret my own 23andMe raw genetic data (Example: next two slides).

EXAMPLE: Promethease

10

← → C [] file:///E:/	/Promethease/Promethease_2013_04_26_genome_Se	eth_Bittker_Full_20130426182728.html 😪 🚍
Bad news (hide) rs6920220(A;A) Magnitude: 3.5 Frequency: 2.7% Repute:Bad Repute:Bad	1.7x risk of Rheumatoid Arthritismore	Help interpreting your results. Show Everything
References. 15		
<u>gs192</u> Magnitude: 3.1 Repute: Bad	You have a combination of 2 SNP variations in I levels. A study of 37,026 individuals found that a single copy of a mutation in both SNPs. An addi mutation in one of the SNPs, and a single mutat who have double mutations in both genes are be *http://www.mthfrheds.com/ *https://www.23and *https://www.23andme.com/you/community/thre *http://www.youtube.com/watch?v=ZA8GUIRqIk sample of 37,000 individuals: * 677CT/1298AA 2 677CC/1298CA 20.8% - 1 heterozygous mutation heterozygous mutations (compound	MTHFR which influence homocysteine 19.8% of the participants had at a itional 0.08% had a double copy of a tion in the other. People with gs193 elieved to be critically impacted. Ime.com/you/community/thread/5312/ ad/2001/ KE MTHFR mutation frequencies in a 22.8% - 1 heterozygous mutation * on * 677CT/1298CA 19.8% - 2
r <u>s1142345(A;G)</u> Magnitude: 3 Frequency: <mark>5.3%</mark> Repute:Bad References:6	TPMT*3C . impaired drug metabolismmore	
rs1021737(T;T) Magnitude: 3 Frequency: 7.1%	significantly higher plasma total homocysteine c	concentrationmore

Promethease provides more detailed reports than 23andMe but less understandable for lay consumers.

EXAMPLE: SNPedia



SNPedia provides detailed information about SNPs and what the risks for particular polymorphisms are.

What I learned from using DTC genetic testing?

12

- I was hoping to find information that would help me better understand:
 - Which genetic polymorphisms are critical in the dysfunction that seems to be affecting my family?
 - Can we identify treatment options based on genetic information?
- However, I learned that:
 - There are no reliable resources to help patients answer these type of health related questions.
 - Using DTC resources was interesting but did not fulfill my needs.
 - There is a tremendous complexity in understanding genetic information.
 - Most likely, genetic data needs to be evaluated in relation with other biochemical testing.
 - It requires integrating genetic data into making diagnosis and selecting treatments, but currently there is no established method for health care providers and patients to do so.

Why am I interested to contribute to the EAIN-2419 project?

- After reading a large number of publications and educating myself about research on genetics of various conditions, I was disappointed to see that, despite many findings, the research community has not yet found practical ways to use published knowledge to improve patients' health.
- This PCORI project provides an excellent opportunity for the exchange of knowledge and expectations between patients/parents like me and the clinical and scientific experts, so our voices and opinions will be heard.
- As a parent eager to understand the biology and treatments of ASD, I have recently launched an in-depth interview series that I call <u>Autism</u> <u>Research Connections</u>. The focus is on translational research on autism biochemistry and therapeutics.