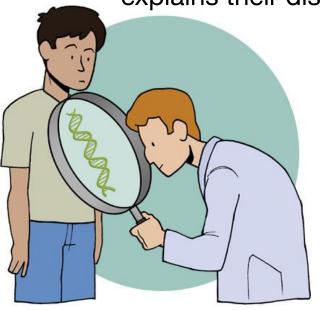


genome diagnostics

find flaws in patient DNA that explains their disease

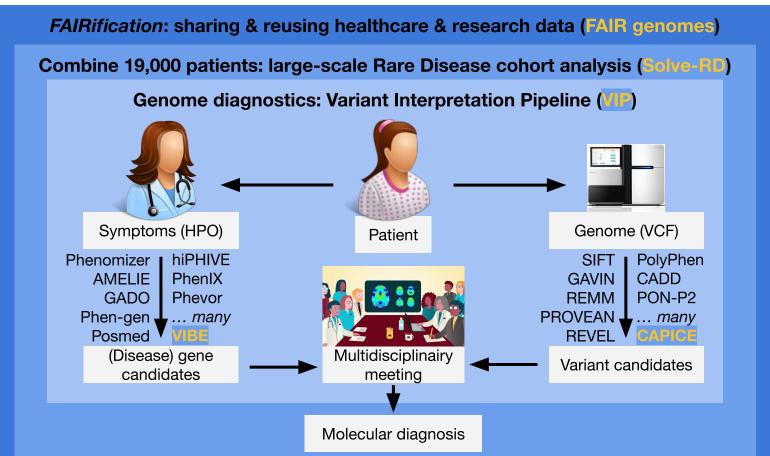


give a patient an **answer**, a **prognosis**, and better **treatment** options

https://www.mcri.edu.au/content/rare-disease

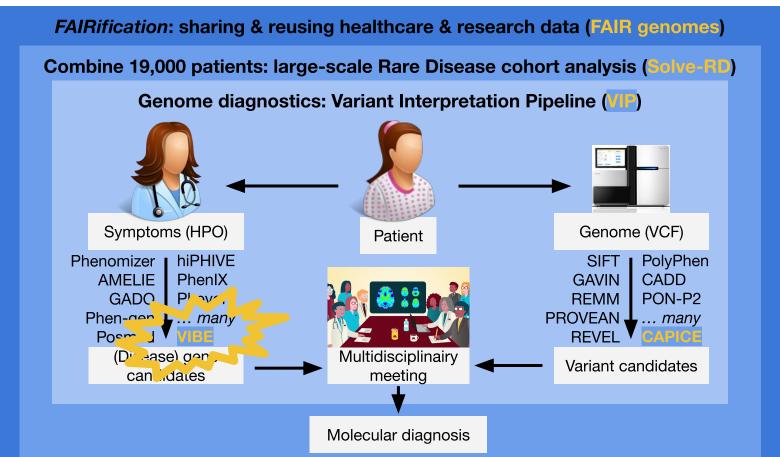
The topics for today





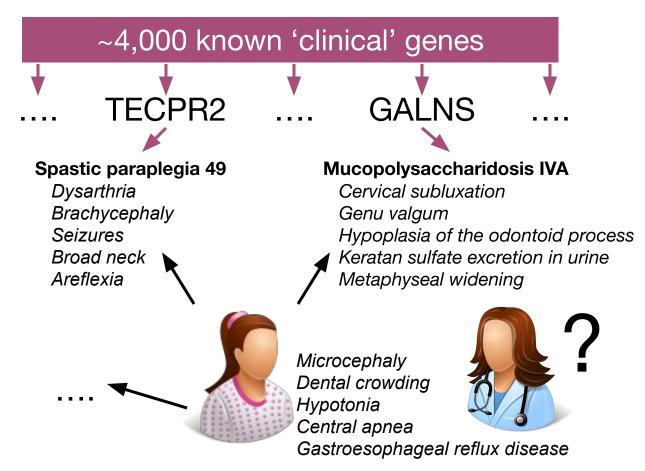
First up: VIBE





Symptoms to genes...?





Few tools suitable for routine diag.



Tool	Suitable for routine diagnostics?
------	-----------------------------------

Phevor No, online only

Phen-gen No, embedded some variant prioritizer

OVA No, online only

AMELIE No, online only

PubCaseFinder No, online only

SSAGA No, closed source, unavailable

Phenomizer No, closed source, online only

eXtasy No, software has been abandoned

Posmed No, software/site is gone without a trace

OMIM Explorer No, software/site is gone without a trace

patient_sim No, software/site is gone without a trace

Phenotips Now commercial, cloud-based, if that is acceptable

PhenIX / hiPHIVE Embedded in a variant prioritizer (standalone possible)

GADO Yes, open source, offline cmdline executable available

FYI: new tool **LIRICAL** did not exist yet when VIBE was developed

VIBE: prioritize by real evidence



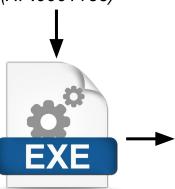
Abnormality of the cerebral white matter (HP:0002500)

+

Atrial septal defect (HP:0001631)

+

Arachnodactyly (HP:0001166)



| The property of the property

... and **prioritize** the genes, please

- Explain why: link to publications
- Suitable for routine diagnostics
- Stand-alone cmdline executable
- Open Source & as web tool
 https://molgenis.org/vibe

Main data source:

DisGeNET

- Curated
- Literature
- Animal models

Publication:

van der Velde, KJ, van den Hoek, S, van Dijk, F, et al. **A pipeline-friendly software tool for genome diagnostics to prioritize genes by matching patient symptoms to literature.**Advanced Genetics, 2020: 1:e10023

Advanced Genetics. 2020; 1:e10023. https://doi.org/10.1002/ggn2.10023



https://github.com/molgenis/vibe

Implementation: Sander van den Hoek

Time to benchmark!



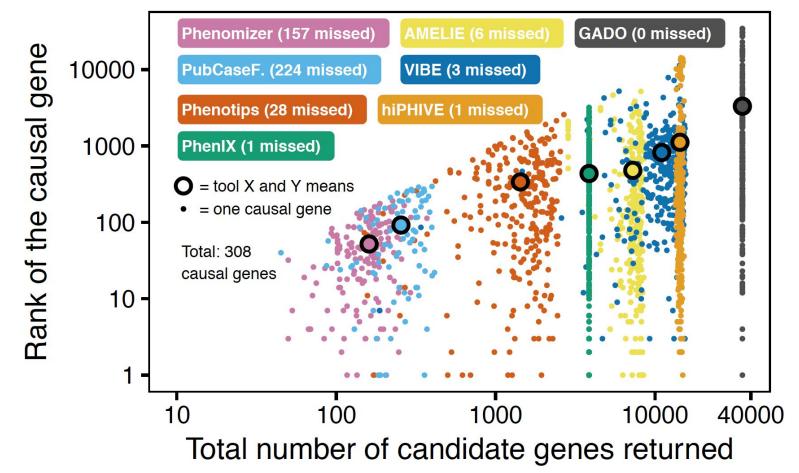
- 305 solved RD patient cases from Trujillano et al. (http://dx.doi.org/10.1038/ejhg.2016.146)
- Per case: HPO terms & molecular diagnosis (i.e. causal variant in a disease gene)

Assess 8 different tools:

→ VIBE, GADO, AMELIE, hiPHIVE, PhenIX, PubCaseFinder, Phenotips, Phenomizer

Huge differences in output size

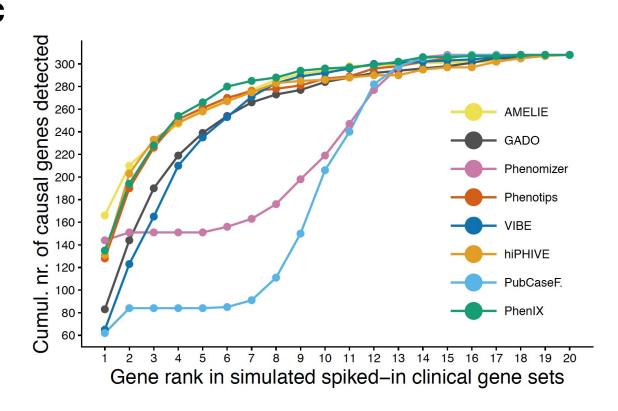




How do they work in practice?



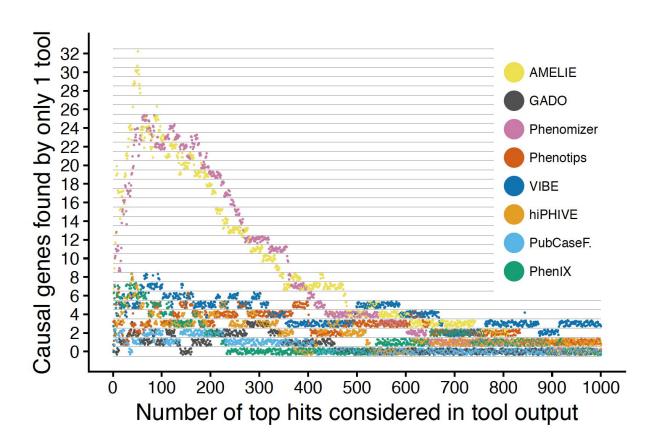
- Need realistic scenario
- Simulate: 20 candidate
 genes, 1 is
 real
- Where does a tool rank it?
- Repeat for all.



High amount of complementarity

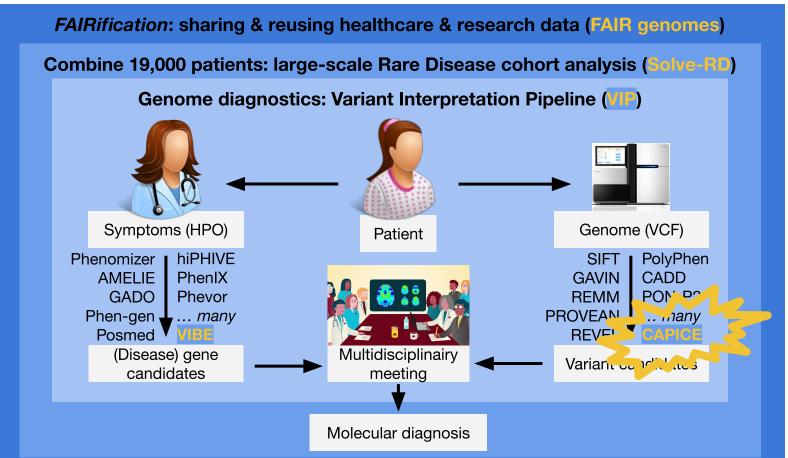


- Consider
 unique hits
 among all
 tools
- Sliding rank cutoff1-1000



Second: CAPICE



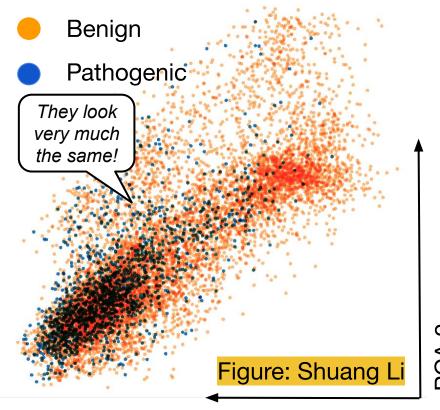


CAPICE: the challenge



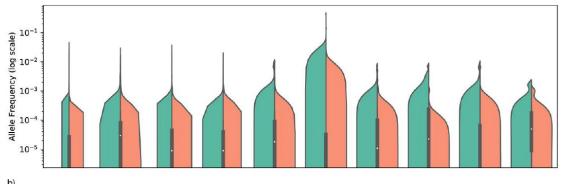
Dozens of 'variant pathogenicity prediction' tools, many limitations. Need a **fresh take**.

- 334,602 variants (gnomAD, ClinVar, VKGL)
 - 293,921 'neutral' DNA variants
 - 40,681 pathogenic DNA variants
- Added many genomic annotations
 - CADD 1.4 features (*n*=92)
 - Conservation scores (GERP)
 - Functional data (DNase hypersens.)
 - gnomAD AF (from exome & genome)
 - Transcript information (expression)
 - Protein-level scores (SIFT)
 - o etc

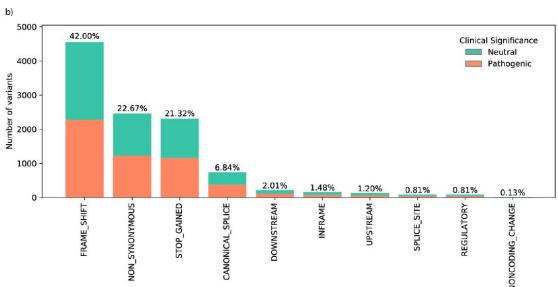


CAPICE trick: fully balanced data





← allele frequency



← molecular effect

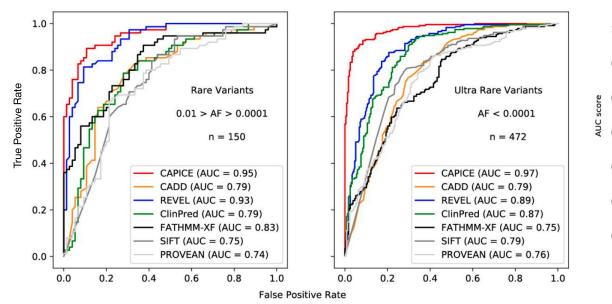
→ into XGBoost Machine Learning

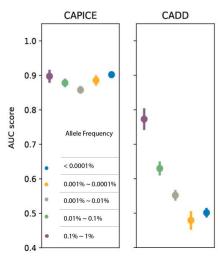
Shuang Li et al.

CAPICE: results



- Automated pathogenicity prediction for any DNA variant
- → Retains high performance *especially* on ultra-rare variants

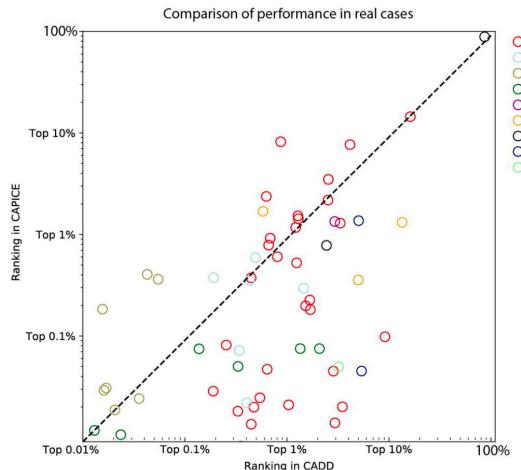






CAPICE: on solved patient cases





- Non-synonymous
 Canonical splice
- Stop-gained
- Frame-shiftUpstream
- Regulatory
- O Intronic
- Splice-siteIn-frame

Publication:

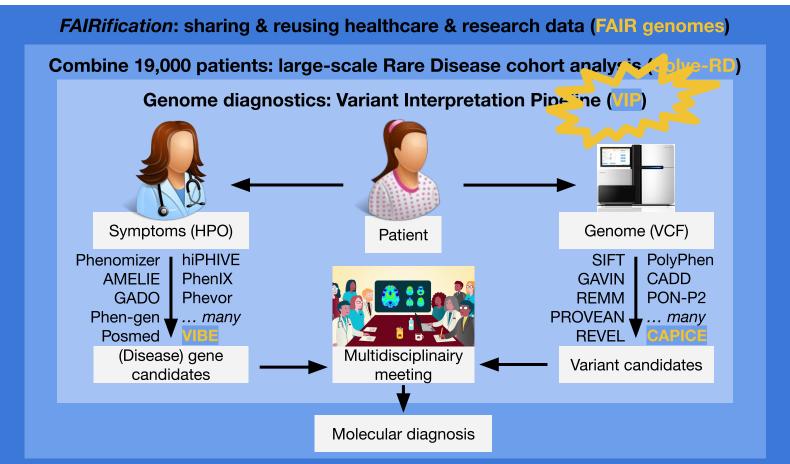
Li, S., van der Velde, K.J., de Ridder, D. *et al.* CAPICE: a computational method for Consequence-Agnostic Pathogenicity Interpretation of Clinical Exome variations. *Genome Med* **12**, 75 (2020). https://doi.org/10.1186/s13073-020-00775-w

CAPICE prioritizes 48/58 of variants in the top 1%, CADD does 35/58.

Shuang Li et al.

Combine all tools: VIP





Developing NGS pipelines for RD



Collaborations







CINECA



Scope



 Routine genome diagnostics (GD)



Diagnostics in development (GDIO)



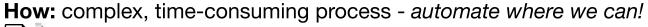
 Genetic (rare) disease research

Variant Interpretation Pipeline



Goal: to reduce 100,000 DNA variants (VCF) to ~10 best candidates for multidisc. meeting







Why?

- 1. Reduce repetitive manual work (more time to solve difficult cases)
- 2. **Freedom to design** exactly how we want it (not closed-source product)
- 3. **Open Source** for community use & development (e.g. via VKGL)
- 4. Can prepare for WGS/*omics (e.g. RNA-sequencing integration)
- 5. Innovative new methods can be quickly tested and adopted Cleo van Diemen

Pipeline, a 'pipe dream'? No!

















Variant calls

Add genomic annotations

Apply decision tree & filters

Generate report



0.7461

0.9622

河 JAM3

☑ CLNS

河 TTC8

70 c.346G>A

7 c.578G>A

河 c.963del

p.Glu116Lvs

p.Cvs193Tvr



GitHub https://github.com/molgenis/vip https://github.com/molgenis/vip-report https://github.com/molgenis/vip-report-api https://github.com/molgenis/vip-decision-tree

Dennis Hendriksen Bart Charbon, et al.

2 PubMed

LP

LP

Pipeline has everything you expect



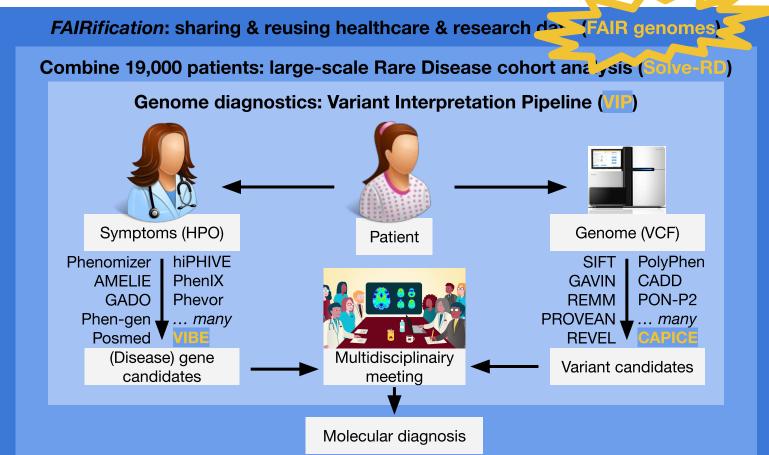


- Gene/transcript annotations (RefSeq, ENSEMBL)
- Transcript-specific effect predictions
- → Allele frequencies (gnomAD, 1000G, GoNL, ..)
- → MVLs (inhouse, VKGL, ClinVar, CLINVITAE, ..)
- → Linkouts (OMIM, Orphanet, literature, ..)
- Inheritance matching (+CGD inheritance modes)
- → Conservation scores (PhyloP, CADD, REMM, ..)
- → Splice predictions (SpliceAl, MaxEntScan, ...)
- Gene panel filters (inclusive and exclusive)
- → Quality filters, BAM file inspection, etc etc etc

+ VIBE CAPICE others!

Zoom out a bit: FAIR Genomes





NGS analysis flow

FAIR Genomes: re-use NGS in NL



Previous NL sharing efforts (Fokkema et al. 2019): better & faster variant classification

Consortium: 61 people from 14 Dutch institutes, working towards guideline & implementation



What was the phenotype of the patient?



What kind of sharing is allowed by the consent?



Which tissue was sampled?



Which sample prep kit was used?



What type of NGS machine was used?



What software was used to perform read mapping?



Which protocol was used to interpret the data?

The dream, when FAIR:

"I would like to please have all nationally available VCF files for PBMC samples from cardiomyopathy patients sequenced whole-exome on HiSeq machines processed with GATK 4.0, for which consent allows re-analysis."

Join us at:



https://github.com/fairgenomes



What is FAIR Genomes?



61 people from 14 institutes (NL). F2F meetings, Zoom calls, focus workshops. Interacting with EJP-RD CDE, Solve-RD RD3, 1+MG, GA4GH, Phenopackets, X-omics, and others.

Together we define what meta data is needed to find, share and reuse NGS data in research and healthcare. Forming an evolving semantic model for properties and values.

Currently **9 modules with 107 elements**: Personal (13), Clinical (19), Material (14), Sample Preparation (9), Sequencing (12), Analysis (10), Informed Consent Form (9), Individual Consent (15), Study (6).

Focus on being harmonized with EJP-RD Common Data Elements, RD3, PhenoPackets, MIABIS, etc. All models, coded lookups, applications free & open source software.

Join us at: https://github.com/fairgenomes

Together building semantic model



FAIR Genomes semantic metadata model

The FAIR Genomes semantic metadata model to power reuse of NGS data in research and healthcare. Version 0.0, 2020-12-19. This model consists of 9 modules that contain 107 metadata elements in total.

Module overview

Name	Description	Ontology	Nr. of elements
Study	A detailed examination, analysis, or critical inspection of a subject designed to discover facts about it.	NCIT:C63536	6
Personal	Data, facts or figures about an individual; the set of relevant items would depend on the use case.	NCIT:C90492	13
Informed consent form	A document explaining all the relevant information to assist an individual in understanding the expectations and risks in making a decision about a procedure. This document is presented to and signed by the individual or guardian.	NCIT:C16468	9
Individual consent	Consent by a patient to a surgical or medical procedure or participation in a clinical study after achieving an understanding of the relevant medical facts and the risks involved.	NCIT:C16735	15
Clinical	Data obtained through patient examination or treatment.	NCIT:C15783	19
Material	Natural substances derived from living organisms such as cells, tissues, proteins, and DNA.	NCIT:C43376	14
Sample preparation	A sample preparation for assay that preparation of nucleic acids for a sequencing assay.	OBI:0001902	9
Sequencing	The determination of complete (typically nucleotide) sequences, including those of genomes (full genome sequencing, de novo sequencing and resequencing), amplicons and transcriptomes.	EDAM:topic_3168	12
Analysis	Apply analytical methods to existing data of a specific type.	EDAM:operation_2945	10

All modules, data elements and values are linked to **ontologies**.

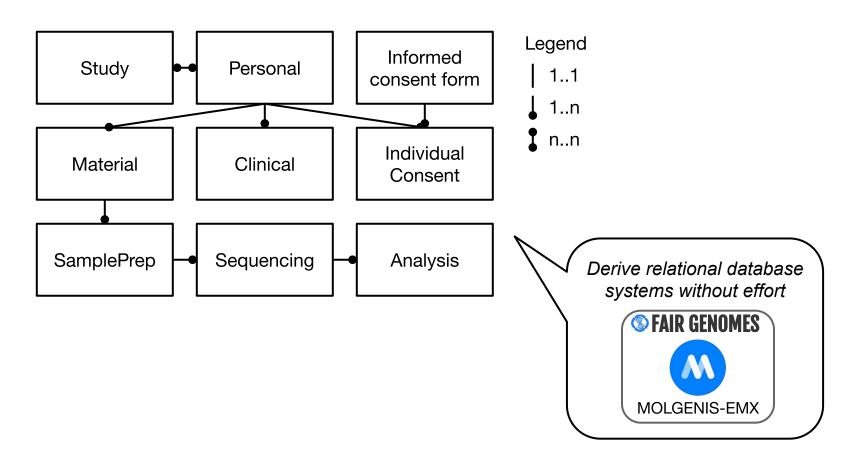
You can use HL7 **NullFlavors** to explain why values are missing.

See:

https://github.com/fairgenomes/fairgenomes-semantic-model

Modules & links ("cardinality")





Core model: a YAML file



```
name: FAIR Genomes metadata model
description: The FAIR Genomes semantic metadata model to power reuse of NGS data in research and healthcare.
version: 0.0
date: 2020-12-19
lookupGlobalOptions: lookups/NullFlavors.txt
modules:
    - name: Personal
      description: Data, facts or figures about an individual; the set of relevant items would depend on the use case.
      ontology: NCIT:C90492 [http://purl.obolibrary.org/obo/NCIT C90492]
      elements:
          - name: Personal identifier
            description: An alphanumeric identifier assigned to a specific patient.
            ontology: NCIT:C164337 [http://purl.obolibrary.org/obo/NCIT C164337]
            values: UniqueID
          - name: Gender
            description: Biological sex is the quality of a biological organism based on reproductive function or organs.
            ontology: SIO:010029 [https://semanticscience.org/resource/SIO 010029.rdf]
            values: LookupOne [lookups/Gender.txt]
          - name: Genotypic sex
            description: A biological sex quality inhering in an individual based upon genotypic composition of sex chromosomes.
            ontology: PATO:0020000 [http://purl.obolibrary.org/obo/PATO 0020000]
            values: LookupOne [lookups/GenotypicSex.txt]
          - name: Country of residence
            description: Country of Residence at Enrollment.
            ontology: NCIT:C171105 [http://purl.obolibrary.org/obo/NCIT C171105]
            values: LookupOne [lookups/Countries.txt]
          - name: Ethnicity
            description: The biological quality of membership in a social group based on a common heritage.
            ontology: SIO:001014 [http://semanticscience.org/resource/SIO 001014]
            values: LookupMany [lookups/Countries.txt]
```

Model is just the means to an end





Community development

How to FAIRify NGS data?







Semantic metadata model (YAML)



SPAIR GENOMES



Model transformer (Java app)





ART-DECOR



RDF-TTL



Markdown



S FAIR GENOMES





Application #1: Nictiz



Gurnoor Singh, Jeroen Beliën, Sander de Ridder, K. Joeri van der Velde

are implementing a FAIR Genomes

ART-DECOR codebook for

Nictiz who develop & manage information standards for exchange of digital data in healthcare



https://www.nictiz.nl/standaardisatie/art-decor/



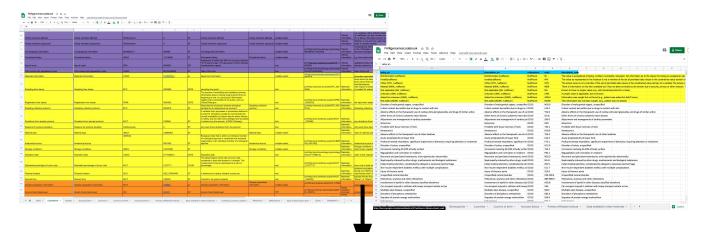
https://art-decor.org/

See:

https://github.com/fairgenomes/information/tree/master/fairgenomes_codebook_nictiz

Why an ART-DECOR codebook?





health RI enabling data driven health	- Generate Interoperable CRFs -		Sponsored by KWF (TealT2Health-R)
	Select EDC	-	- Annual is Key (mailtonian)
Welcome to the Registry in a Box iCRF Generator Belect an EDC from the dropdown and press Run		t Forms!	
For more useful tools and guidances, keep an eye soon have a Registry in a Box section!	on the health-ri website (https:/	/health-ri.org), which will	
	on the health-il website (https:/	/health-ri.org), which will	

iCRF Generator is a Java program that can generate the core of an interoperable electronic case report form (iCRF) for several of the major electronic data capture systems (EDCs)

de Ridder S and Beliën JAM. **The iCRF Generator: Generating interoperable electronic case report forms using online codebooks.** *F1000Research 2020, 9:81* (https://doi.org/10.12688/f1000research.21576.2)

Application #2: MOLGENIS



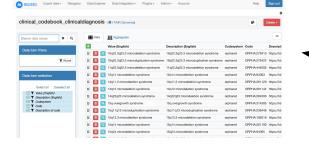
K. Joeri van der Velde, Gurnoor Singh, Fernanda de Andrade, Dieuwke Roelofs-Prins, Lennart F. Johansson, Bart Charbon & MOLGENIS Team

MOLGENIS: scientific data platform with flexible model, tailor to your needs, 100+ instances running





https://github.com/fairgenomes/fairgenomes-semantic-model/tree/main/transformation-output/molgenis-emx



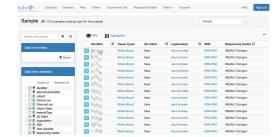
Powering ERNs

- GENTURIS →
- Ithaca
- Skin
- Cranio



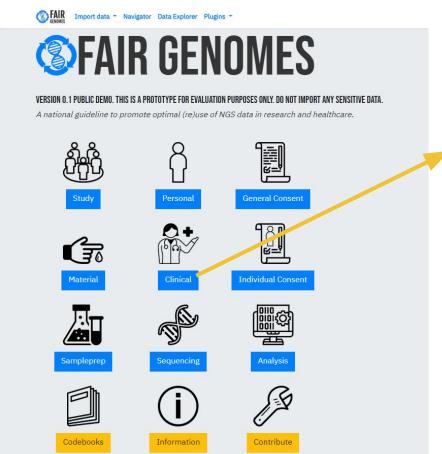
Solve-RD RD3 (https://github.com/molgenis/RD3_database)

Detailed NGS sample tracking



Public demo online





Please visit & give us feedback!

https://fairgenomes-acc.gcc.rug.nl

FAIR Import data T Navigator Data Explorer Plugins T	Help
CLINICAL	
Clinical ID *	
Visit 001	
Unique label or human-interpretable identifier for this Clinical record	
Phenotypic terms *	
Abnormal B cell count× Abnormality of skull size×	
MESH:D010641	
Unobserved phenotypes	
10 pairs of ribs× brain	
H.7:C0442737	
Type of phenotypic data *	
Image × Moving Image ×	
DC:DCMIType	
Clinical diagnosis	
4q21 microdeletion syndrome×	
SNOMEDCT:39154008	
Genetic diagnosis	
12q14 microdeletion syndrome × syn	
Acanthosis nigricans-insulin resistance-muscle cramps-acral enlargement syndrome	
Acanthosis nigricans-insulin resistance-muscle cramps-acrat emargement syndrome Achalasia-microcephaly syndrome	
Acral peeling skin syndrome	
Acrocallosal syndrome	
Acrocardiofacial syndrome	
Acrocephalosyndactyly	

Also: expanded ontologies



We will create a 'FairGenomes' ontology including terms currently **not available** in ontologies:

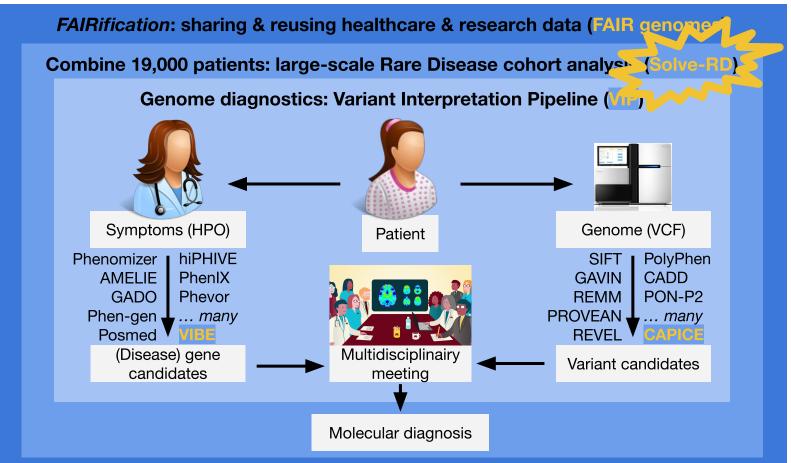
- Genotypic sex (ie. karyotypes, ~10 items)
- → NGS kits (~625 items, source: BioCompare)
- Sequencing instruments (adding ~10 items)
- Dutch hospitals (~110 items)
- More definitions as needed





Large-scale analysis: Solve-RD





Potentials and challenges in RD cohort analysis: the SolveRD cohort



- Omics analysis in health research is often performed using cohorts of patients with similar disease phenotypes
- For rare diseases often, these cohorts are small



Solve-RD – solving the unsolved rare diseases



- → EU funded research project
- → 1.1.2018 31.12.2022 (5 year project)
- → 22 partners from 10 countries
- Coordinated by Olaf Riess & Holm Graessner (Tübingen)
- Co-coordinated by Han Brunner (Nijmegen) and Anthony Brookes (Leicester)

Two streams of data



→ 19,000 Whole Exome Sequencing samples of rare disease patients for which no genetic diagnosis was made.

Newly generated novel omics data of those same patients

```
◆ WGS (2,000)
```

- Long-read sequencing (500)
- Deep-WES
- ◆ Transcriptomics
- Proteomics
- Methylation

(2,000 + 120 multi-omics)

Resources and infrastructures

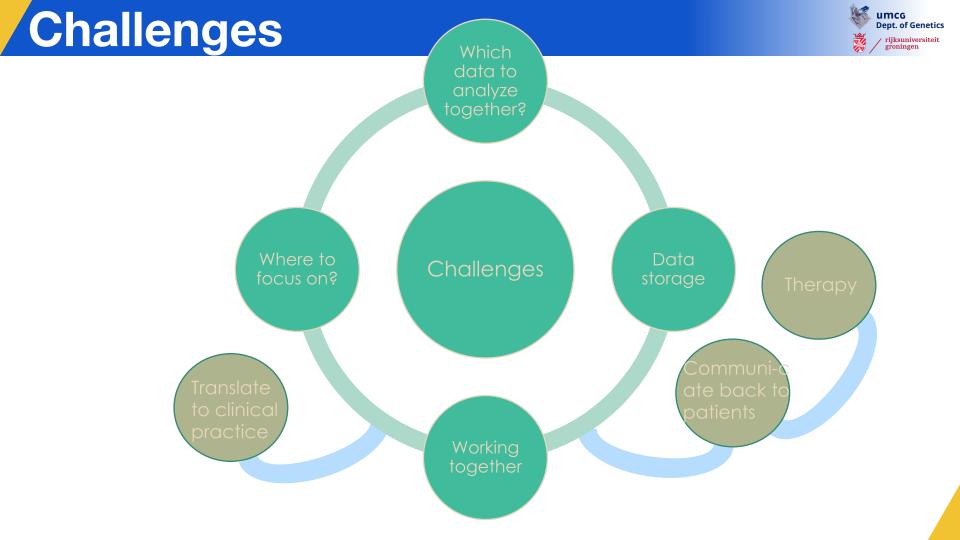


- → Core group of 4 European Reference Networks: ERN-RND, ERN-EURO-NMD, ERN-ITHACA, ERN-GENTURIS
- Associated networks: 6 additional ERNs and 2 Undiagnosed Patient Programmes (Italy, Spain)
- → Existing RD infrastructures: RD-Connect/ELIXIR, Orphanet, HPO, EuroGentest, Canadian Models and Mechanisms Network
- → Patient organisations: EURORDIS, Genetic Alliance UK

Potentials



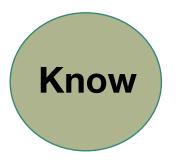
- → Make new diagnoses
- → Discover new geno-phenotype connections
- → Discover new syndromes
- Discover target for treatment of a rare disease
- Develop new or improved analysis methods
- → Bring together knowledge and know-how
- Ideal use-case to test functionality of infrastructure within challenging setting
- Ideal use-case to test functionality of (new) file format standards





Challenge: Phenotypic similarity

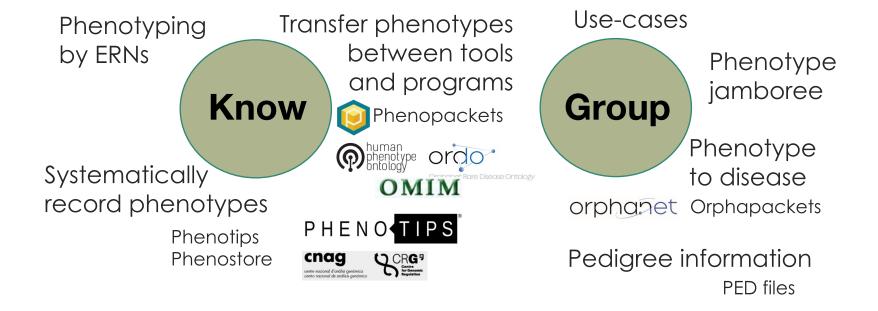
Patients with similar phenotypes may have pathogenic variants in the same gene.







Challenge: Phenotypic similarity





Challenge: Technical similarity

- → WES data
 - Produced at different centers
 - Using different sequencers
 - Using different enrichment kits

- Different regions are covered
- Different dynamic in coverage

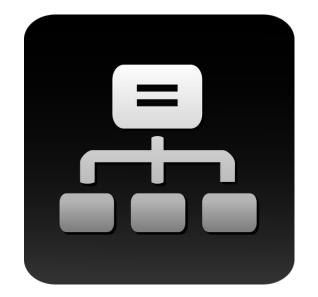
Agilent SureSelect CRE V1 54Mb Agilent SureSelect CRE V2 67Mb Agilent SureSelect v1 39Mb Agilent SureSelect v2 46Mb Agilent SureSelect v3 51Mb Agilent SureSelect v4 51Mb Agilent SureSelect v5 50Mb Agilent SureSelect v6 60Mb Agilent SureSelect v7 36Mb Baylor Custom v2.1 42Mb Broad AgilentCustom v1.1 33Mb Broad Custom v1 60Mb IDT xGen ExomeResearchPanel 39MB Illumina NexteraExome 37Mb Illumina NexteraExpandedExome 62Mb Illumina TruSeg v1.2 45Mb Illumina TruSegExome 37Mb Illumina TruSeqExpandedExome 62Mb Illumina TruSightOne v1 12Mb Nimblegen SegCapEZExome v2 36Mb Nimblegen SeqCapEZExome v2 47Mb Nimblegen_SeqCapEZExome_v3_64Mb Nimblegen SeqCapEZMedExome_47Mb Nimblegen SeqCapEZMedExomePlusMT 47Mb Prague Custom 41Mb Twist Bioscience Twist Human RefSeq Panel

WGS



Solution: Technical similarity

- Realign all data using same pipeline
 - ◆ CNAG-CRG DNA analysis pipeline



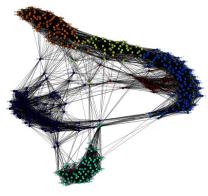


Solution: Technical similarity

- Different dynamic in coverage
 - CNV detection

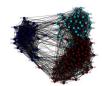
ClusterWES

Louvain clusters of samples with similar coverage patterns



Illumina Nextera Expanded Exome 62 Mb Louvain clusters of samples with similar coverage patterns





Broad Custom 60 Mb

Agilent SureSelect CRE V1 54Mb Agilent SureSelect CRE V2 67Mb Agilent SureSelect v1 39Mb Agilent SureSelect v2 46Mb Agilent SureSelect v3 51Mb Agilent SureSelect v4 51Mb Agilent SureSelect v5 50Mb Agilent SureSelect v6 60Mb Agilent SureSelect v7 36Mb Baylor Custom v2.1 42Mb Broad AgilentCustom v1.1 33Mb Broad Custom v1 60Mb IDT xGen ExomeResearchPanel 39MB Illumina NexteraExome 37Mb Illumina NexteraExpandedExome 62Mb Illumina TruSeg v1.2 45Mb Illumina TruSegExome 37Mb Illumina TruSeqExpandedExome 62Mb Illumina TruSightOne v1 12Mb Nimblegen SegCapEZExome v2 36Mb Nimblegen SeqCapEZExome v2 47Mb Nimblegen SegCapEZExome v3 64Mb Nimblegen SeqCapEZMedExome 47Mb Nimblegen SegCapEZMedExomePlusMT 47Mb Prague Custom 41Mb Twist Bioscience Twist Human RefSeq Panel WGS

Where to focus on?



Opportunity

→ Through large cohort size possibly relatively large number of same condition.

Challenges

- → Disease can be caused by
 - different variant types
 - variants located all over the genome
 - Somatic / mosaic variants
- Is the detected variant causal for the disease?



Where to focus on? | finding variants umcg Dept. of Genetics of Genetics of Inding variants of Complex of Genetics of Complex of Com

- → Group patients by phenotype
 - Determine consanguinity by RoH analysis
 - Gene burden analysis
- Specific use-cases
 - e.g. read expansion analysis in ataxias through long-read sequencing
 - Compound heterozygous variants of different types (e.g. SNV and CNV)

UNSOLVED CASES*

Definition: Rare disease cases with an inconclusive exome/genome

Number: 19,000 unsolved exomes/genomes

Main activities: Perform standardised collation and re-analysis

*in collaboration with all ERNs, Undiagnosed Disease Initiatives and further associated partners

SPECIFIC ERN COHORTS

Definition: Disease group specific cohorts from four core ERNs (exome available)

Number: a) 2,000 WGS for more complete (non-)coding sequence & CNV/SVs etc.;

- b) 500 long-read WGS;
 - c) >2,000 cases novel omics approaches
- Main activities: Conduct "beyond the exome" approaches

ULTRA RARE RARE DISEASES

Definition: Phenotypically most special/remarkable patients with a rare disease without an exome

Number: 1,200 exomes (300 per core ERN)

Main activities: Carry out phenotype jamborees and exome analysis

THE UNSOLVABLES

Definition: Highly recognisable clinically defined diseases / syndromes for which no disease gene was identified yet despite WES/WGS and considerable research invested

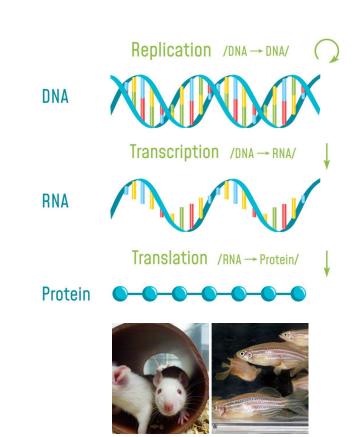
Number: 120 syndromes/ diseases

Main activities: apply all -omics tools to ,crack' the "Unsolvables"

Where to focus on? | causality

- Genomics
 - WES/WGS/Long-read/ Deep-WES
 - Methylomics
- Transcriptomics

- Proteomics
- Seeding awards for confirmation through animal model



Where to focus on?



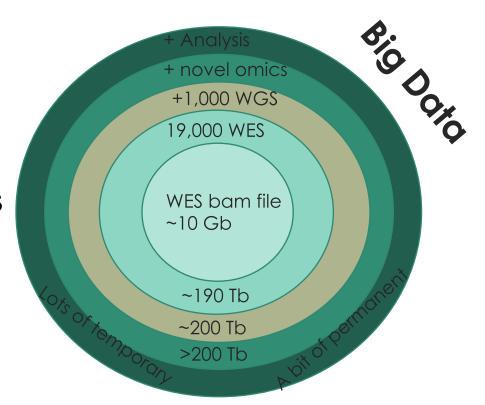
- Different working groups focus on different aspects
- Data Analysis Task Force (DATF)
 - Finding different types of variants in WES and novel omics data
 - E.g. SNV-inde, CNV, SV, methylation, splice-variants, etc.
 - Producing statistics on variants
 - E.g. Gene-burden and meta-analysis
- → Data interpretation Task Force (DITF)
 - Determine use-cases
 - Determining which variants are pathogenic
 - Determining which variants are causal for the patients disease

Data Storage



Challenge

- → Size
- → Versioning
- → Tracking files



Data Storage



Solutions

Large storing capacity at the European Genome-Phenome Archive (EGA)

Persistent identifiers | EGA Accession numbers

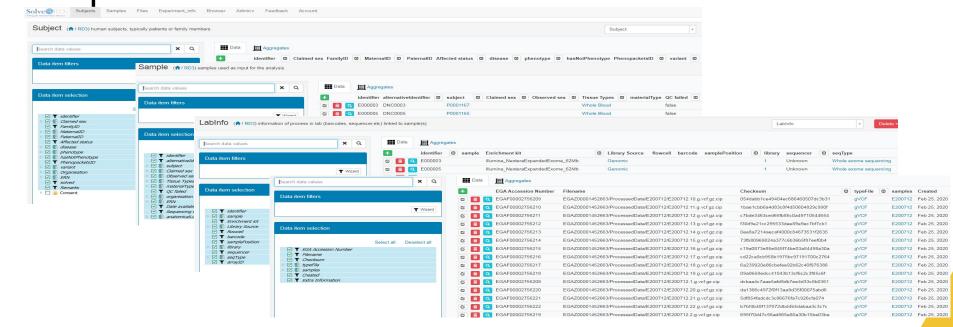
Tracking data using RD3

Data Storage | RD3

RD3: Rare disease data about data

Metadata on subject, samples, files and experiments





Working together



Challenges

- Data originates from many different locations
- Researchers are located at many different locations

Goal: Jointly analyze and interpret data

Working together



Solutions

- Direct access to data at EGA
 - Filesystem in UserSpace (FUSE)
 - Still optimizing performance

Working together

umcg Dept. of Genetics rijksuniversiteit groningen

10 nodes

220 cores

(shared)

2.040 Gb

RAM

Solutions

- → Two 'sandboxes'
- → Geno-Phenotype
 Analysis Platform
 (GPAP)

12 nodes 168 cores 672 Gb RAM 'Embassy sandbox' ~30Tb

Copy of post-bam files + phenotype and pedigree

GPAP (CNAG-CRG)

Phenotype and pedigree information

FUSE layer

EGA

RD3

Secure access

'UMCG sandbox'
Currently ~200Tb

Copy of bam + post-bam files + phenotype and pedigree



European Reference Networks

OUTCOME

✓ Novel RD

causes

omics

✓ Large

INFRA-

STRUCTURES

for HPO

based

√ Solve-RD

✓ Bespoke tools

phenotyping

Models and

Mechanism

Network

√ Value of new

diagnostic

care pathway

√ Added value of Multi-

strategies

Novel match-

making tools

standardised

RD cohorts



STAGED FNGAGEMENT

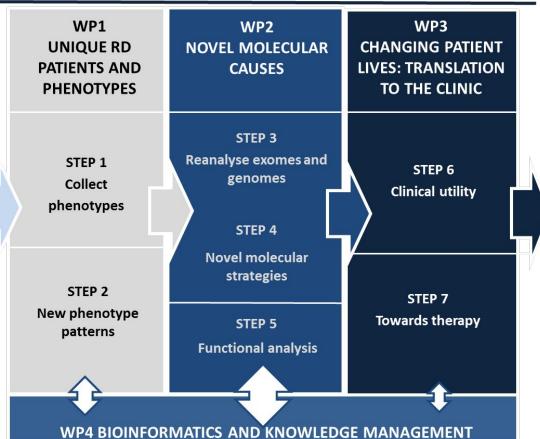
Stage 1 4 core ERNs

Stage 2 6 additional ERNs,

UDP of Italy and Spain

INPUT

- ✓ Clinical expertise and sophisticated diagnostic concepts
- ✓ Advanced research cohorts of unsolved RD cases
- ✓ Phenotypes and Genotypes
- √ Biomaterial



WP5 ENGAGEMENT AND IMPACT

Take home messages



- Large cohorts of rare disease patients create the potential to diagnose patients and discover causal genes and variants
- Clear phenotypic information is essential
- Depending on the question different type of omics data are informative
- Large cohorts produce lots of data

 \rightarrow

Acknowl.: VIP/VIBE/CAPICE



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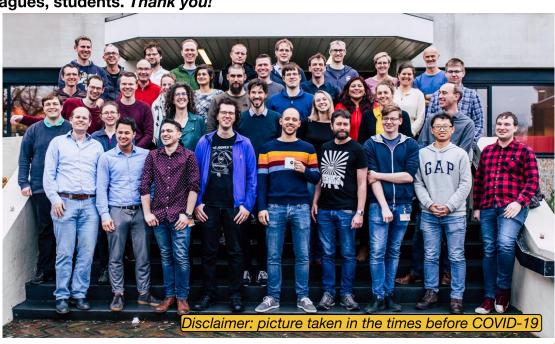


for Scientific Research









Acknowl.: FAIR Genomes

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