



***Initiatives based on genomes and
e-health databases in Estonia***

Lili Milani, PhD



estonian genome center
university of tartu

Estonian Biobank



- Prospective, longitudinal, volunteer-based
- 52,000 participants - 5% of the adult population of Estonia
- Health records, diet, physical activity, etc.
- DNA, plasma and cell samples
- Estonian Human Genes Research Act
- Broad informed consent
- Open for research: Clear access rules

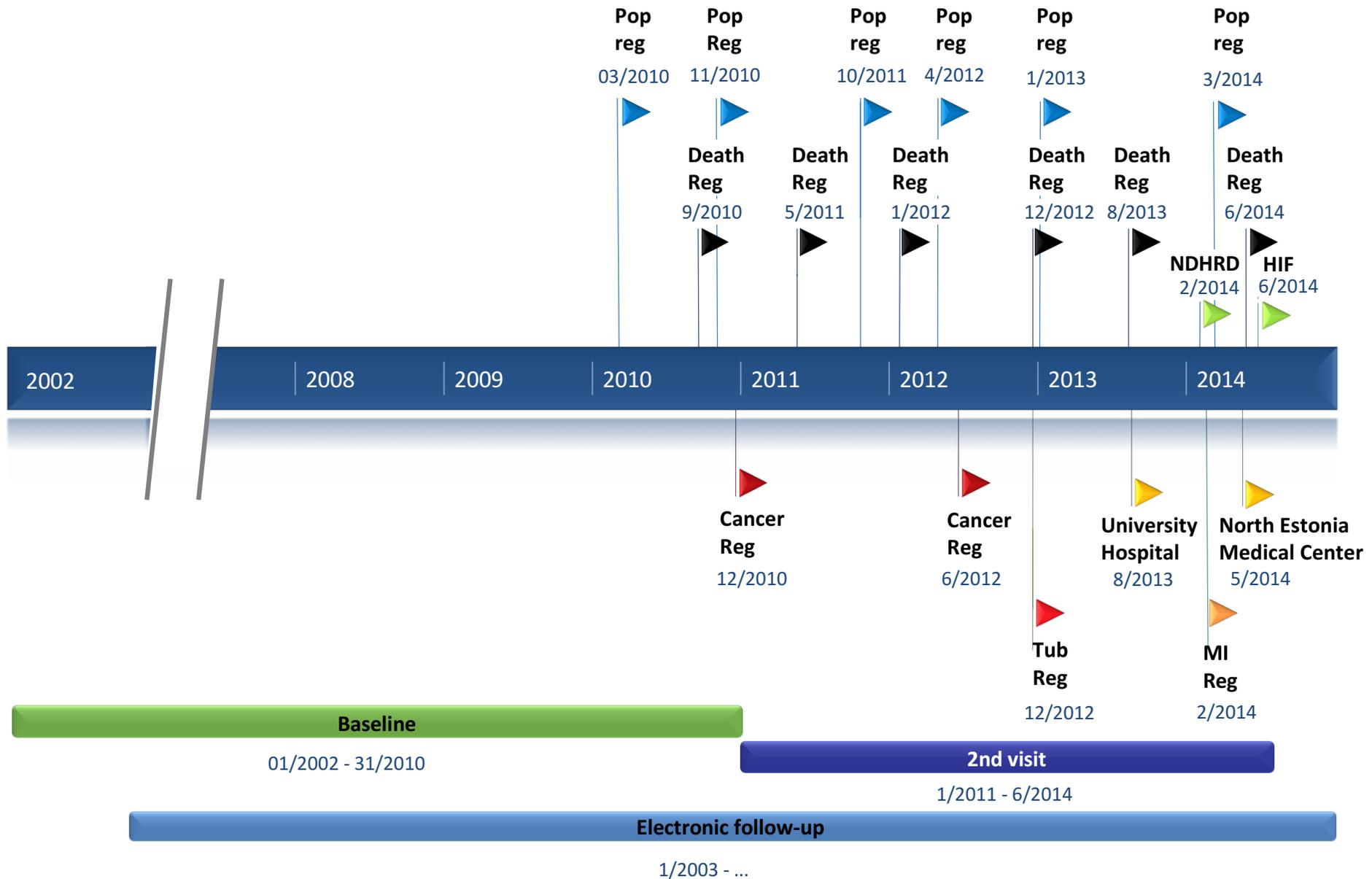


Estonian biobank: omics profiling

Method	Sample size
Whole genome sequencing	2,400
Whole exome sequencing	2,500
Genome-wide genotyping arrays	50,000
Genome-wide methylation arrays	700
Genome-wide expression arrays	1,100
mRNA sequencing	600
Total RNA sequencing	50
Metabolomics (NMR)	11,000
Metabolomics (MS/MS)	1,100
Telomere length	5,200
Clinical biochemistry	2,700
IgG glycosylation	1,000

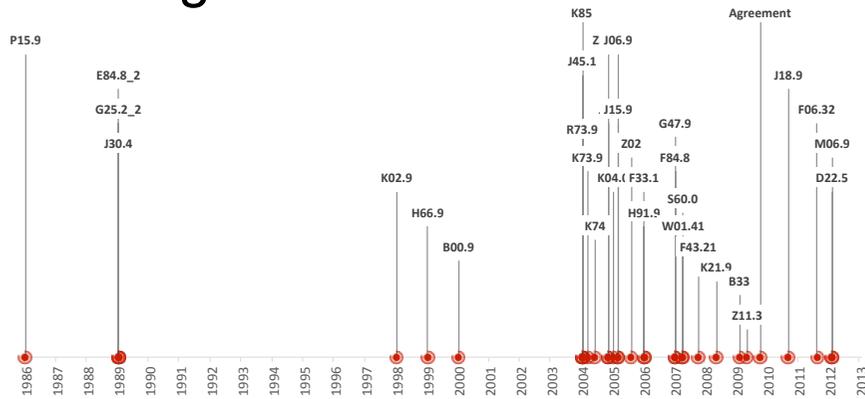


Timeline: linking to registries

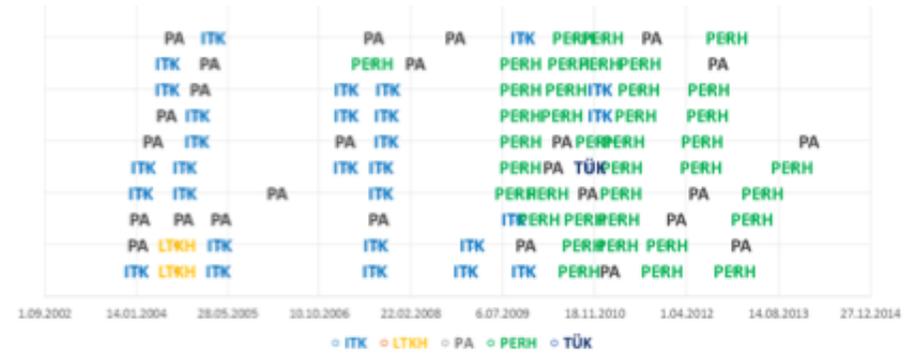


Disease trajectories

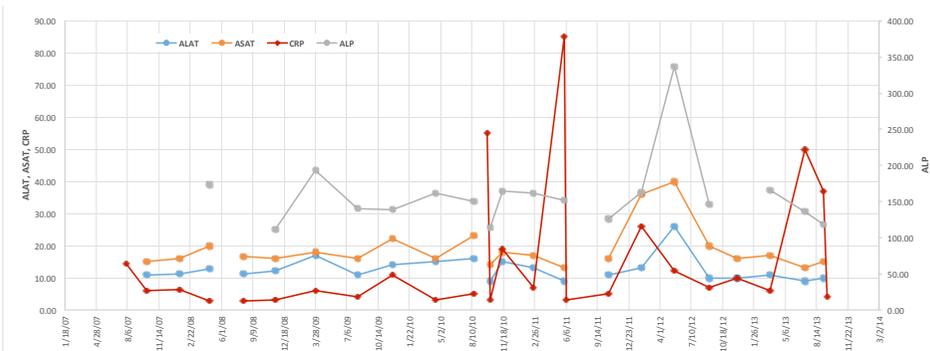
- Diagnosed diseases



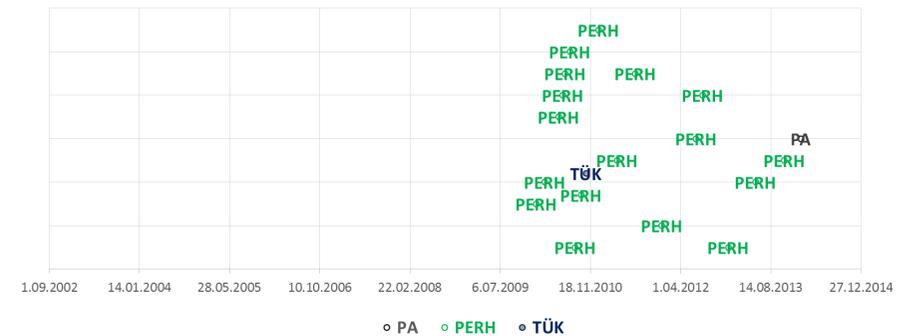
- Health insurance bills



- Clinical lab measurements



- Full free-text records



RESEARCH



estonian genome center
university of tartu

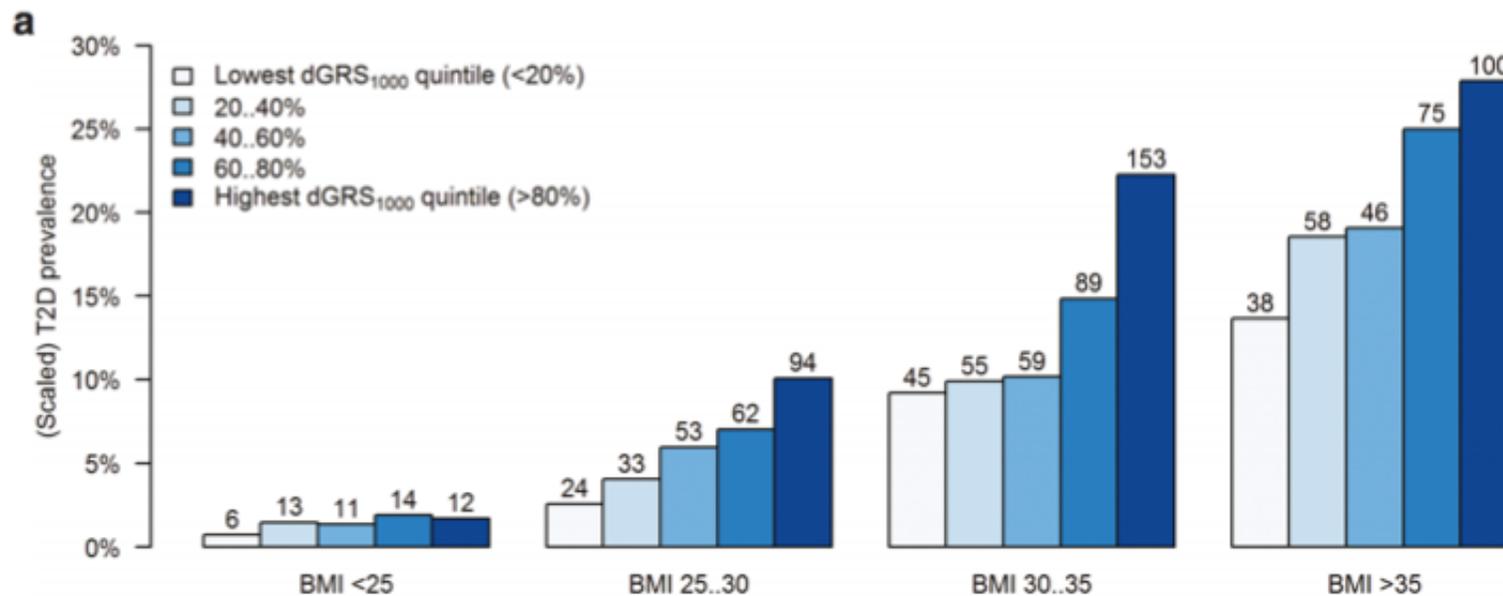


Open

Personalized risk prediction for type 2 diabetes: the potential of genetic risk scores

Kristi Läll, MSc^{1,2}, Reedik Mägi, PhD¹, Andrew Morris, PhD^{1,3,4}, Andres Metspalu, MD, PhD^{1,5}
and Krista Fischer, PhD¹

Prevalence in biobank



GRS for Type 2 Diabetes: incident cases

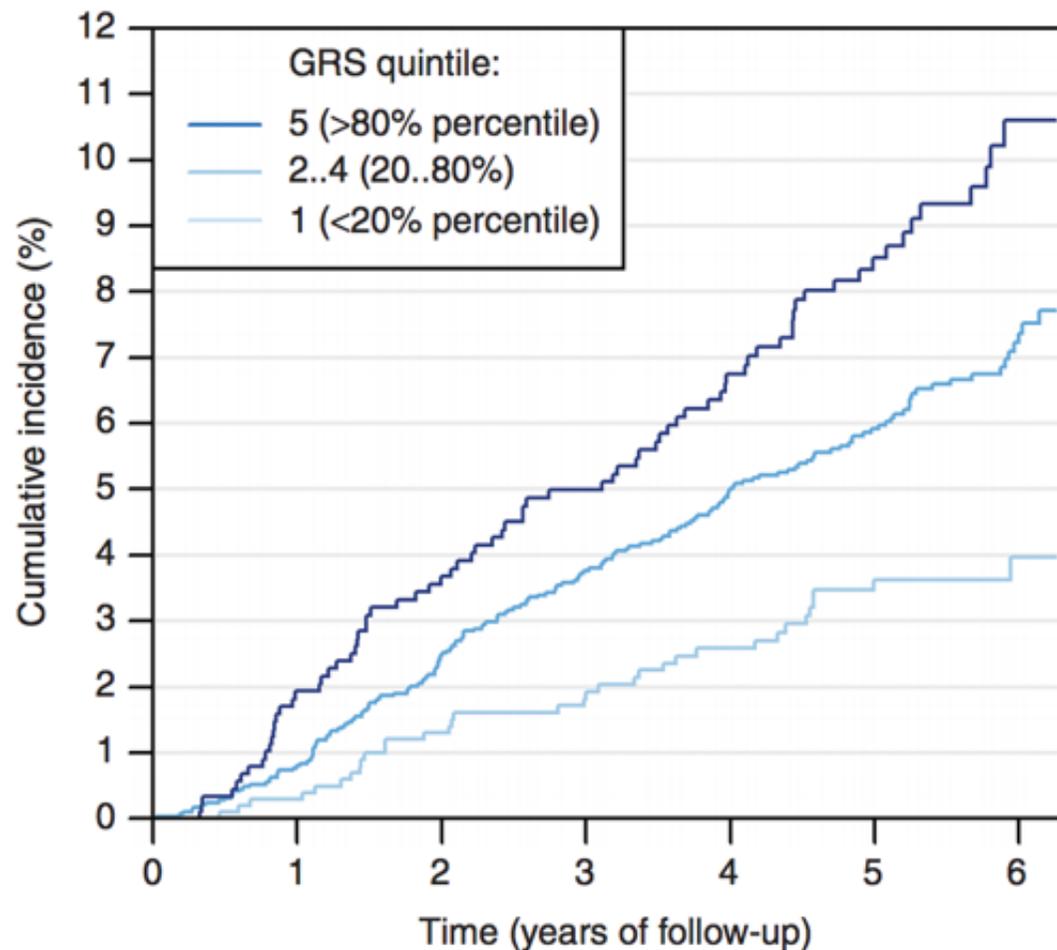
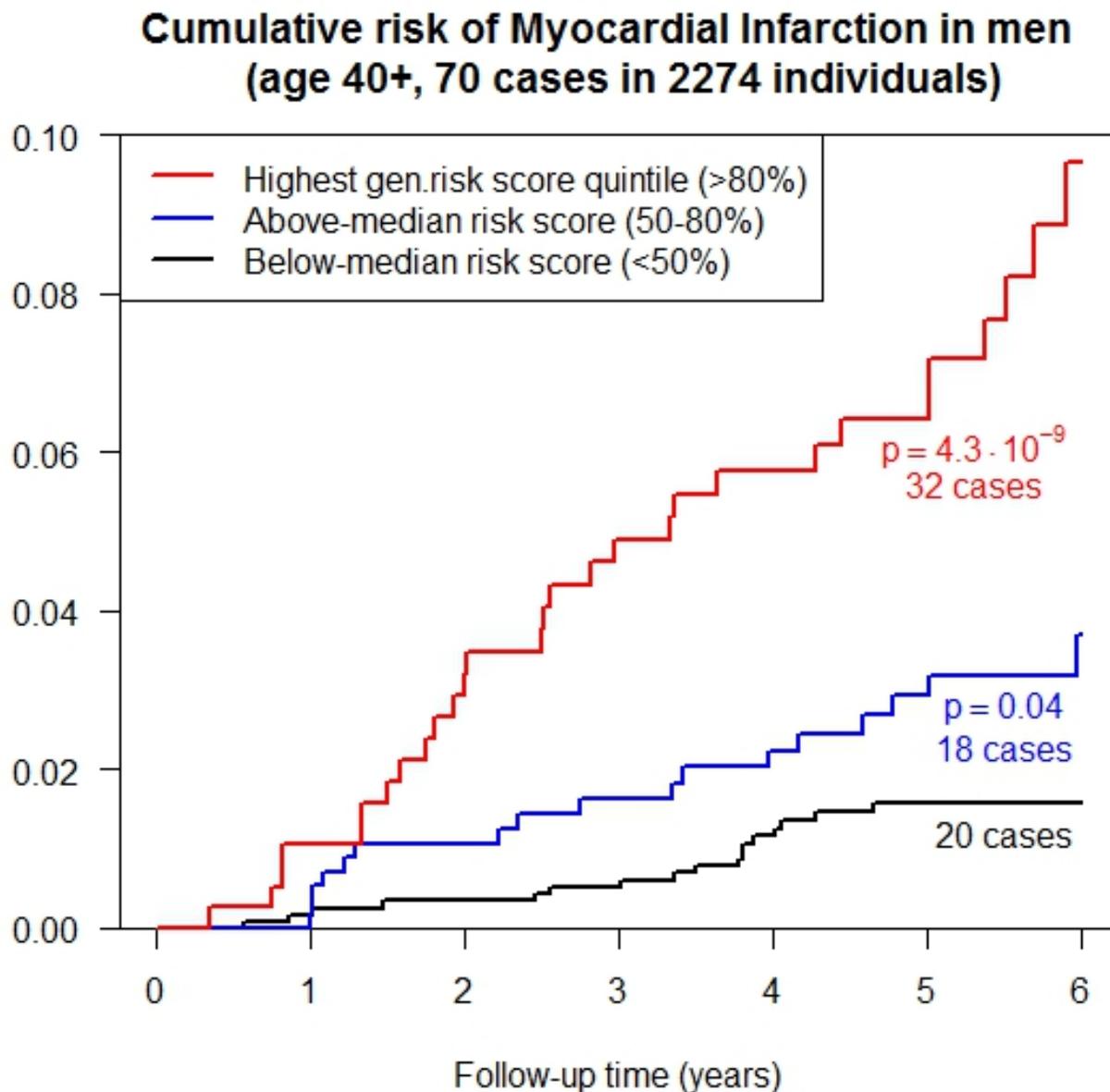


Figure 2 Cumulative incidence of type 2 diabetes in 4,881 genotyped individuals free of T2D aged 35–79 and with BMI >23 at baseline. In the figure, 6.25-year follow-up is presented because only 25% of individuals were followed for more than 6.25 years. Cumulative incidence is presented separately in three $dGRS_{1000}$ categories.



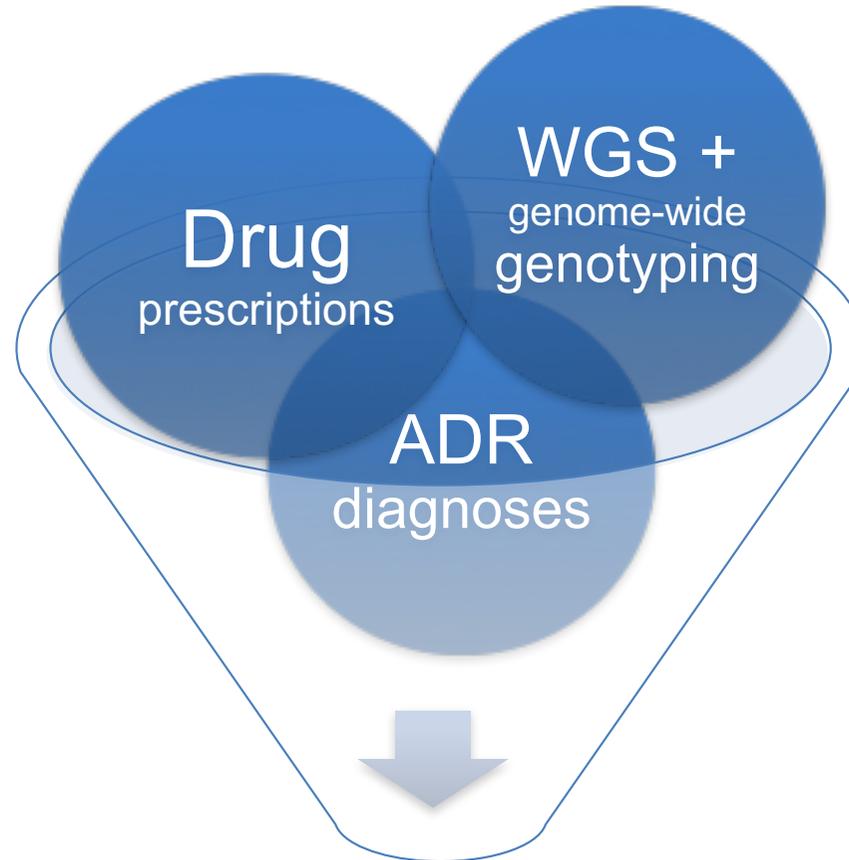
GRS for Coronary Artery Disease and prediction of incident Myocardial Infarction



A weaker, but still significant effect seen among females (p=0.005)



98% of Europeans carry ≥ 1 mutation relevant for drug treatment outcome



Pharmacogenomic study



TRANSLATION



estonian genome center
university of tartu



Feedback to participants

1. Risk for common diseases
 - Genetic risk
 - Lifestyle risk factors
2. Incidental findings (BRCA1/2, FH, etc)
 - Cascade screening
3. Pharmacogenetics
4. Carrier status



Reporting disease risk: type 2 diabetes

Aadu Õnnelemb

Diabeediriski analüüs

Sinu andmed

Mees Naine Vanus
Kaal Pikkus Võõumõõt
 Hüpertoonia Müokardinfarkt
Geneetilise riski skoor (GRS)

Pärilik diabeedirisk



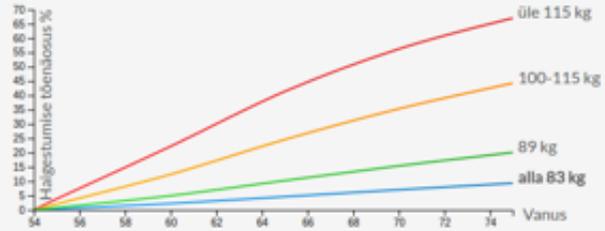
Seitsmel inimesel kümnest on sinust väiksem pärilik risk

Kahel inimesel kümnest on sinust suurem pärilik risk

Sinu geenide poolt määratud diabeedirisk on **keskmine**. Sinu elustiili poolt määratud risk on **madal**.

Kokkuvõttes on sinu risk haigestuda elu jooksul teist tüüpi diabeeti **madal**.

Diabeedirisk sõltub kehakaalust



Sinu tõenäosus haigestuda järgmise 10 aasta jooksul diabeeti on **2%**. Tõenäosus haigestuda enne 70. eluaastat on **18%**.

Ideaalkaalus, kuid sinuga ülejäänud näitajate poolest sarnase, inimese risk haigestuda diabeeti on **50% väiksem** kui sinul.

BRCA1/2 mutations detected by WGS

Gene	cDNA	Prot.	Pathogenic/benign	AC
BRCA1	c.4258C>T	p.Gln1420*	Known pathogenic (BIC)	1
BRCA1	c.1840A>T	p.Lys614*	Known pathogenic (BIC)	1
BRCA1	c.5329dupC (5382insC)	p.Ser1756fs*	Known pathogenic (BIC)	4
BRCA1	c.4035delA (4154delA)	p.Glu1345fs*	Known pathogenic (BIC)	6
BRCA2	c.8572C>T	p.Gln2858*	Known pathogenic (BIC)	2
BRCA2	c.467_468insT	p.Lys157fs*	Expected pathogenic	1
BRCA2	c.9097_9098insT	p.Thr3033Ilefs*10	Expected pathogenic	1

+ WES: 15 + Long-range haplotyping: 18
 = **Total 49 cases + cascade screening**



TRAINING



estonian genome center
university of tartu



ePerMed workshop for clinicians

YOUR INFORMATION ▶

YOUR DISEASE RISK ▼

YOUR CURRENT RISK is average, 2.4 %

EXPLORE how lifestyle changes may affect your risk. The risk graph below will be updated in realtime to reflect changes in your measurements.

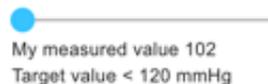
Total cholesterol: 5.3



HDL cholesterol (HDL): 2.3

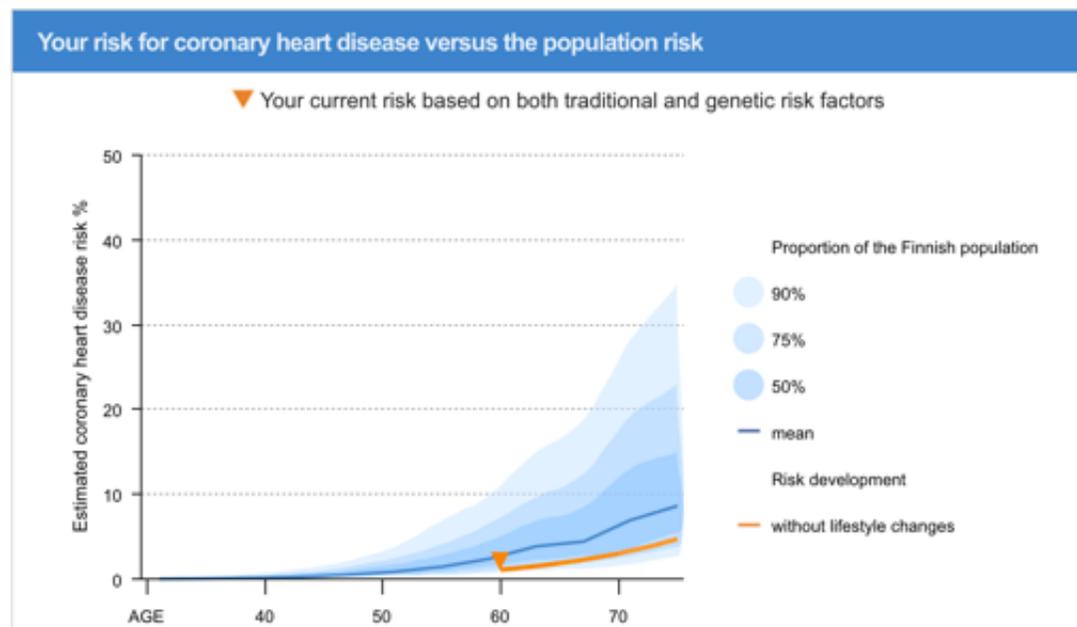
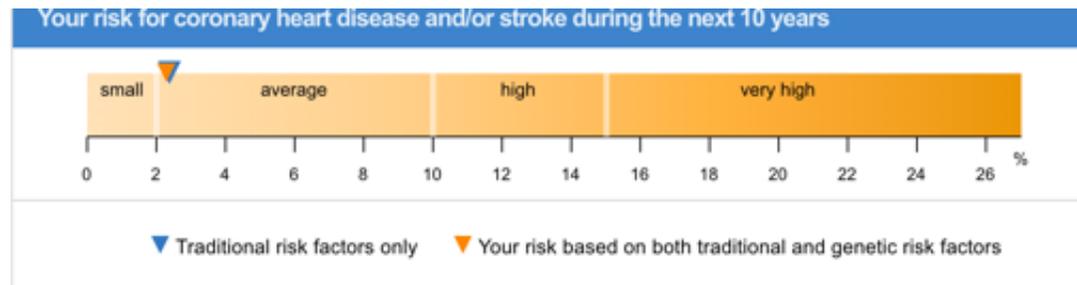


Systolic blood pressure: 102



Non-smoker:

Your genetic risk score for coronary heart:



Prof. Andres Metspalu, Tõnu Esko, Krista Fischer, Reedik Mägi, Maris Alver, Kristi Läll, Kristi Krebs, Tõnis Tasa, Mart Kals, Tom Haller, Neeme Tõnisson, Anu Reigo, Liis Leitsalu, Helene Alavere, Kristjan Metsalu, Kairit Mikkel, Mari-Liis Tammesoo



STACC

Software Technology and
Applications Competence Center

Prof. Jaak Vilo, Hedi Peterson, etc.

QURETEC

Regionaalhaigla



BioMed@STACC: the health data mining team

▼ 18 people

- Alexander Tkachenko
- Anne-Liis Tanav
- Dage Särg
- Gea Pajula
- Harry-Anton
- Karl-Oskar Masing
- Marek Oja
- Margus Jäger
- marje johanson
- Markus Lippus
- Mihkel Manguse
- monika soosaar
- Raul Sirel
- Robert Roosalu
- Sulev Reisberg
- Sven Laur
- Tormi Reinson
- Uku R

REPUBLIC OF ESTONIA
MINISTRY OF SOCIAL AFFAIRSE-HEALTH
ESTONIAN E-HEALTH FOUNDATIONProf. Eric Lander, Dr Sekar
Kathiresan, Daniel McArthurDr Ain Aaviksoo, Dr Krista Kruuv-
Käo, Indrek Jakobson, Marju RajuEesti
Haigekassa