

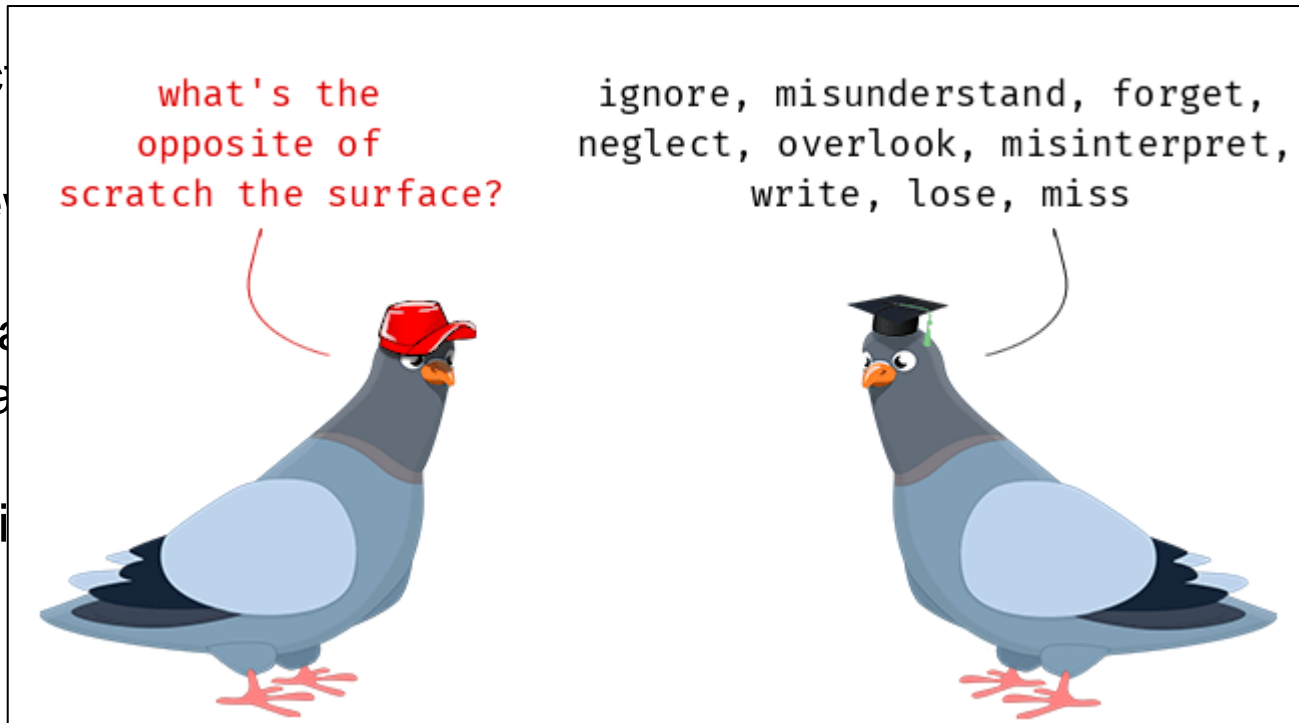
Introduction to Systems Immunology

Technologies, Methods, Applications

Emanuele de Rinaldis
FOCIS – June 8-9 , 2026

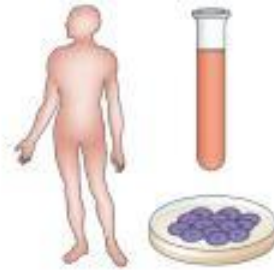
Outline

- ☐ Introduction
- ☐ Brief view
- ☐ Data and
visualiza
- ☐ Discussi



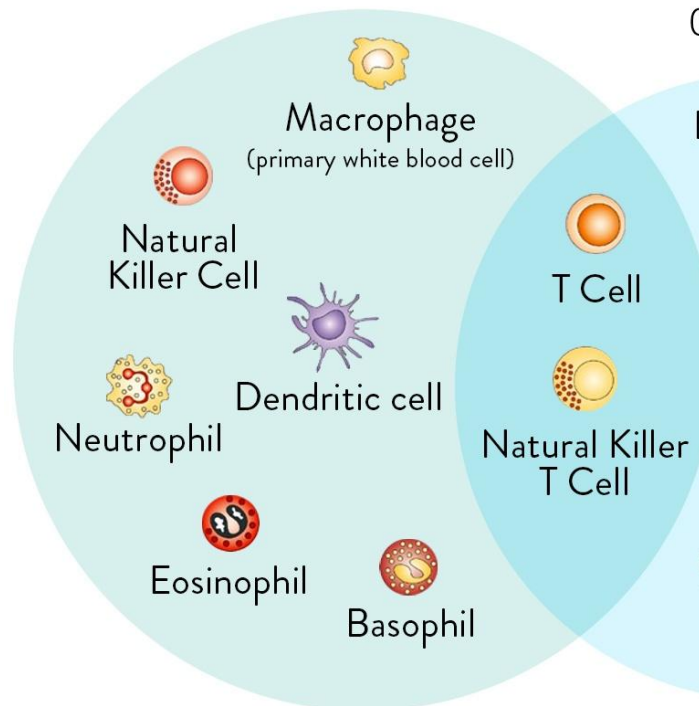
ons
nd

The Immune System



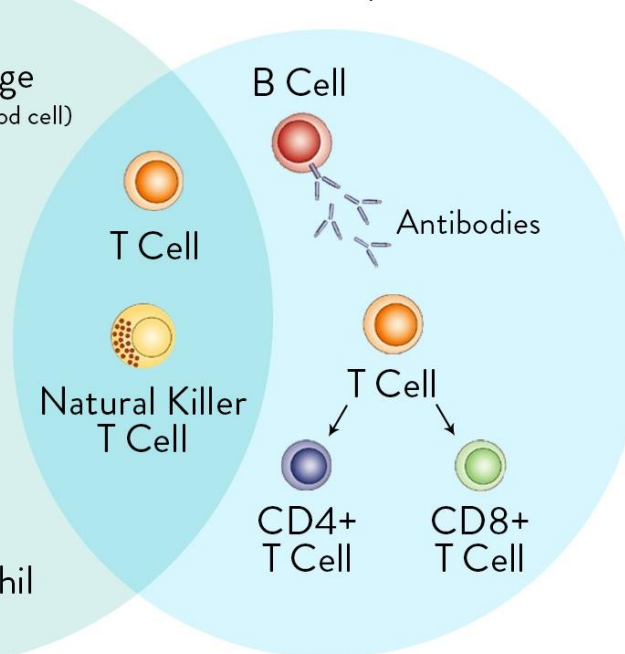
INNATE IMMUNITY

(rapid response)

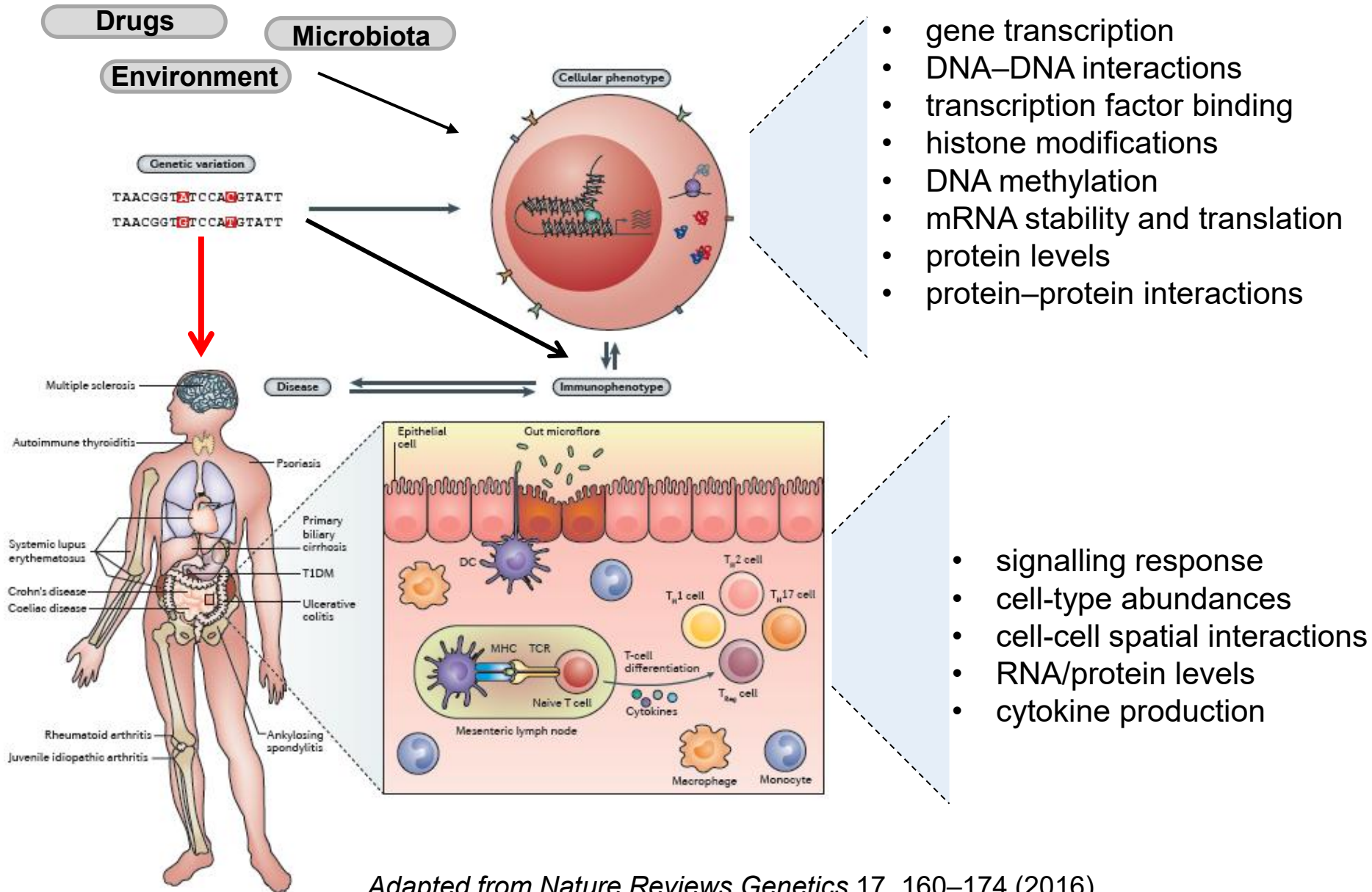


ADAPTIVE IMMUNITY

(slow response)



Systems Immunology

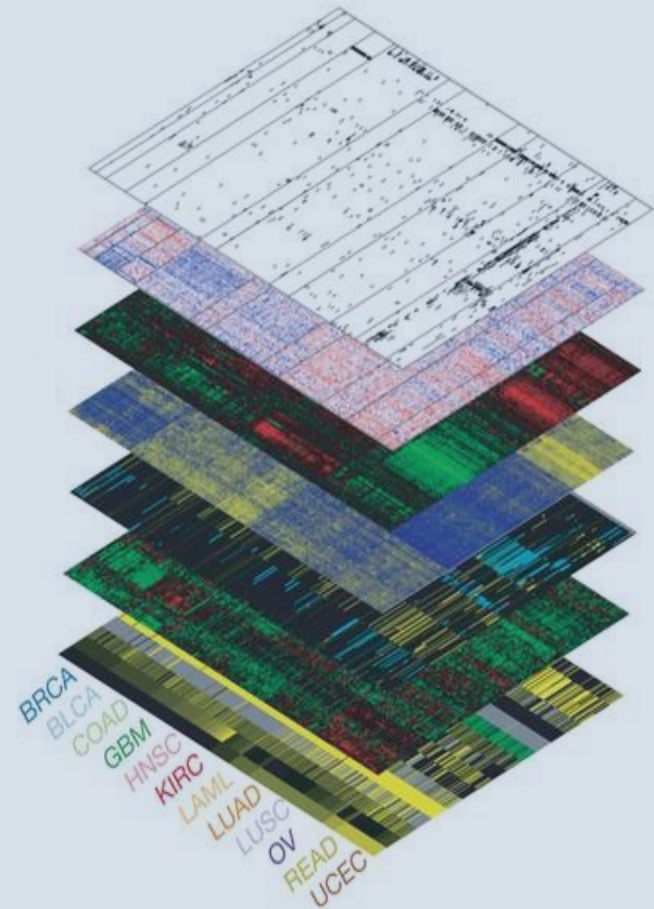
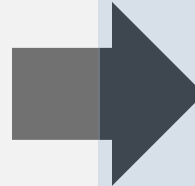


Adapted from *Nature Reviews Genetics* 17, 160–174 (2016)

Technologies

Confidential - Sensitive

Data



Technologies



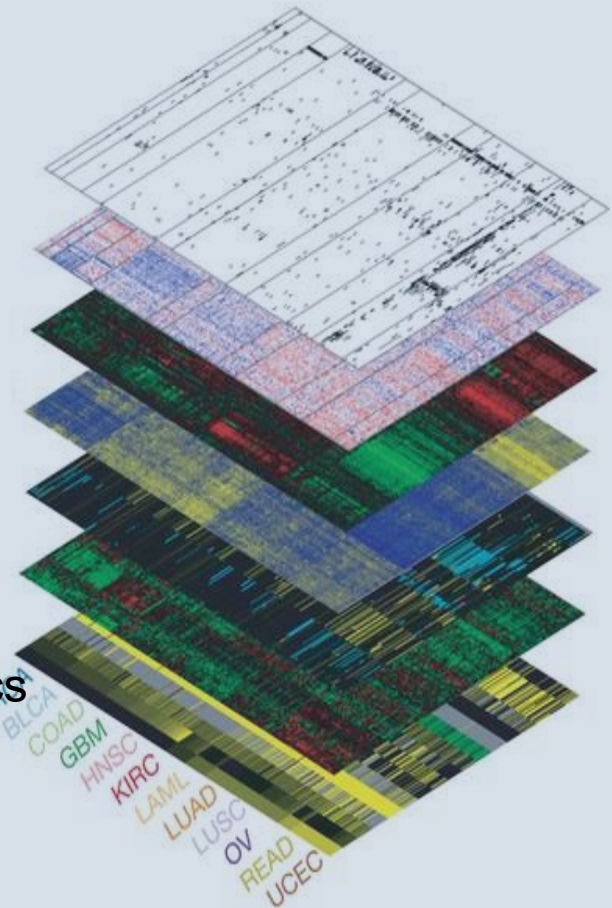
Analysis



Math
Stats,
Bioinformatics
ML/AI



Data



Immune Cell Profiling: Flow Cytometry and Gene Expression

PCR 1988

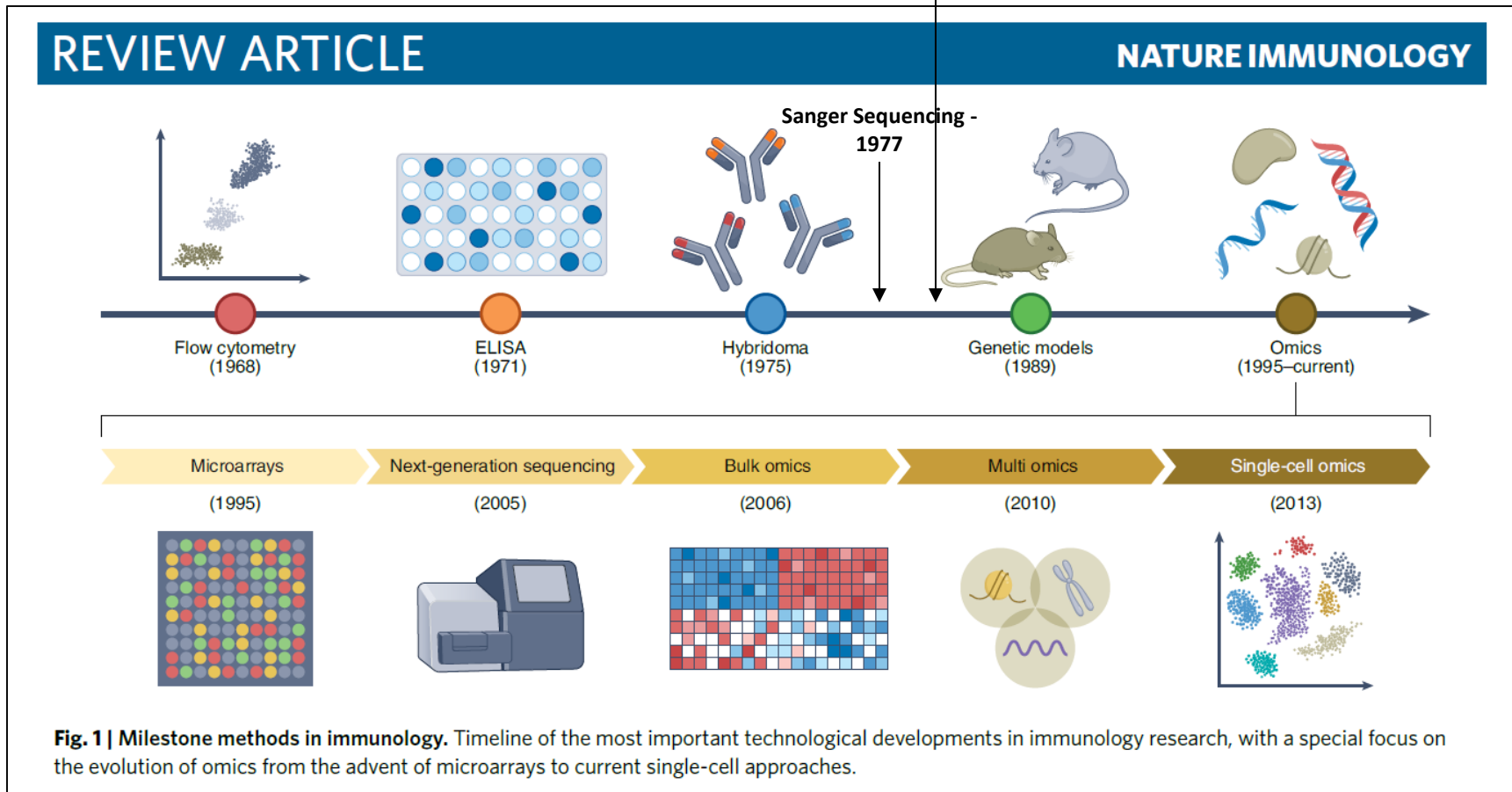
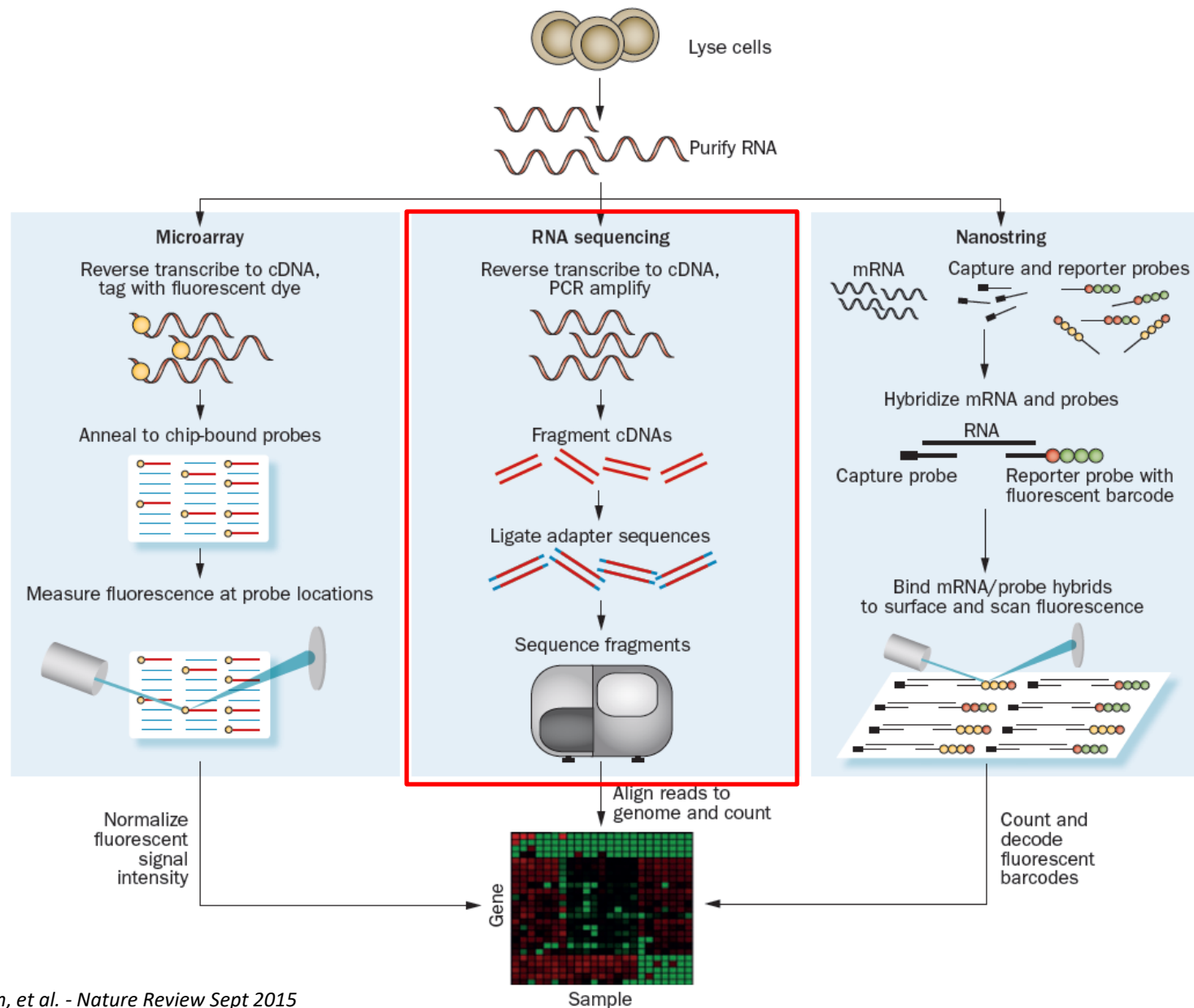


Fig. 1 | Milestone methods in immunology. Timeline of the most important technological developments in immunology research, with a special focus on the evolution of omics from the advent of microarrays to current single-cell approaches.

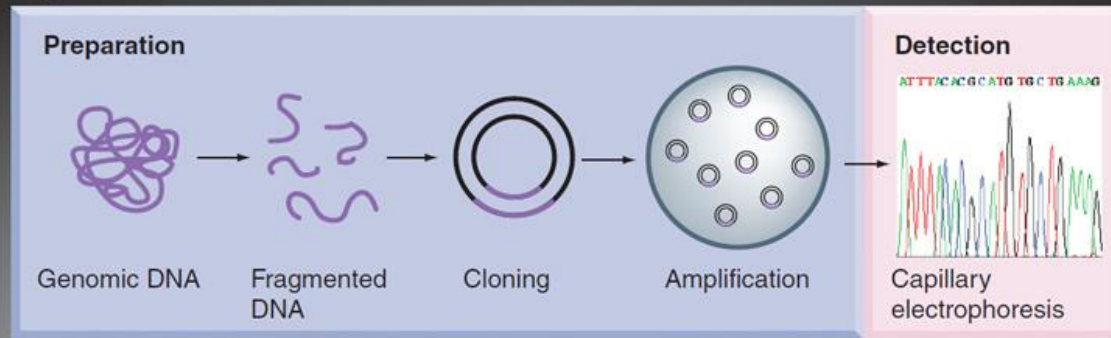
Nature Immunology volume 23, pages1412–1423 (2022)

Gene Expression in “Bulk” Samples

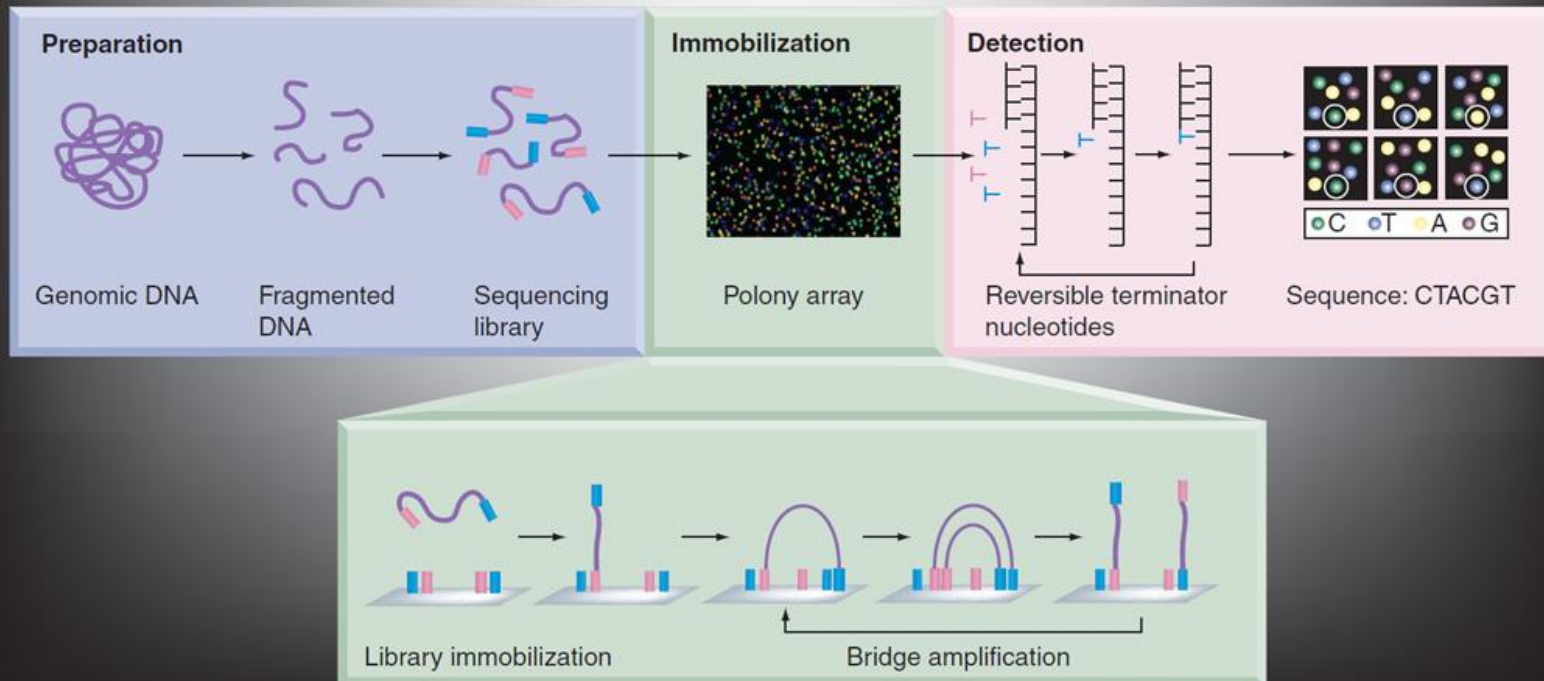


Next Generation Sequencing – The Illumina Platform

Sanger sequencing



Next-generation sequencing



Lots of sequenced reads...

Illumina NovaSeq 6000: up to 20 billion reads, 3.000Gb data, less than 2 days



What do we do with them ?

Reads

denovo Assembly

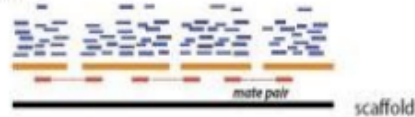
Find overlapping reads



Assemble reads into contigs



Join contigs into scaffolds using mate pairs



Join scaffolds into "finished" sequence

Sequencing of a new organism
Meta-Genomics
Reconstructing cancer genomes

Reference based analysis

Analysis based on a known reference genome

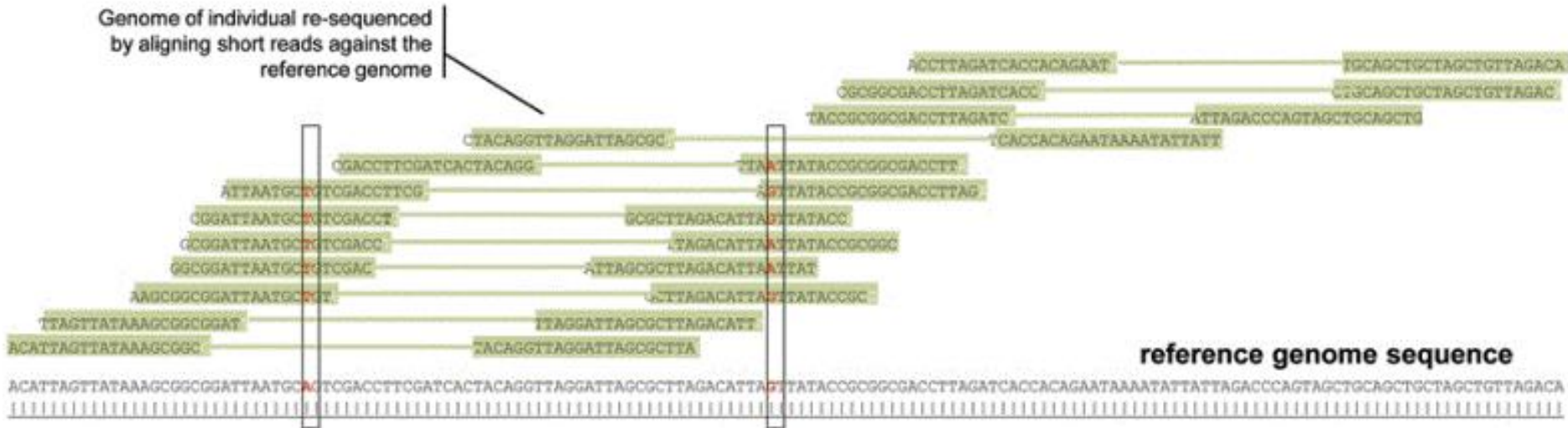
TGACATGCTGTGATGCCCA CAGTCG TAGATCGTGGATTACACAGCTGACAGTA GACATG ACA

CAGTCG

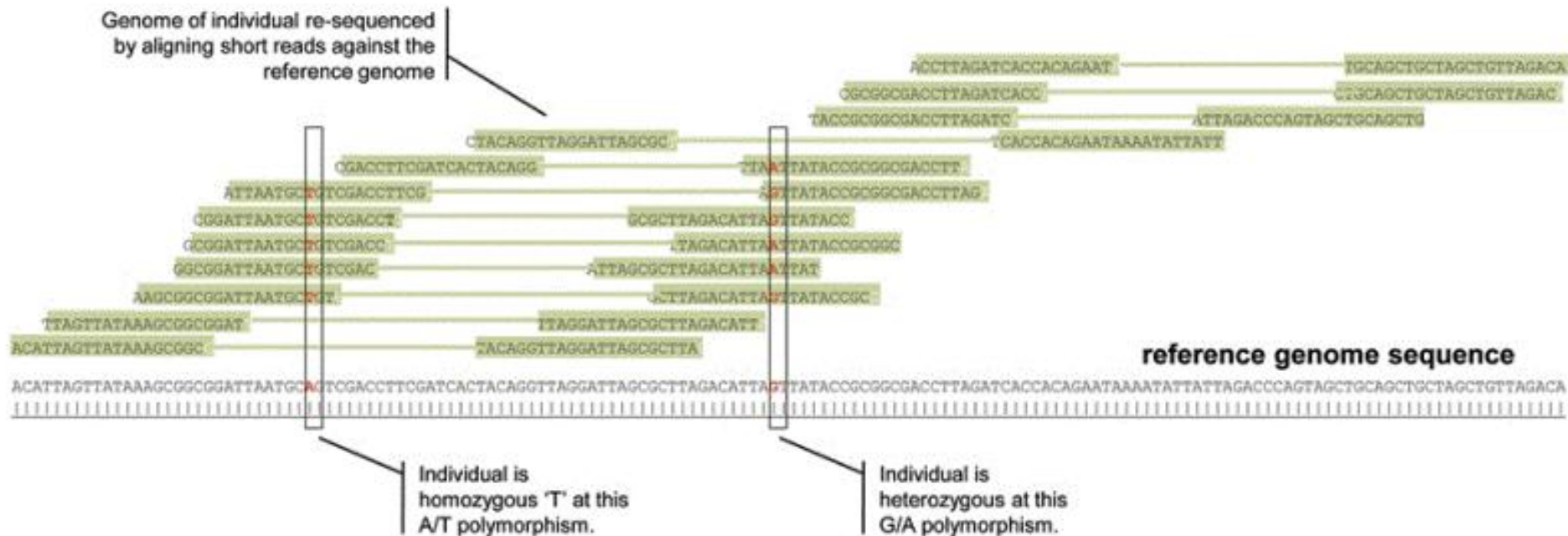
GACATG

Organism specific experiments
Annotating functional elements

Reads Alignment

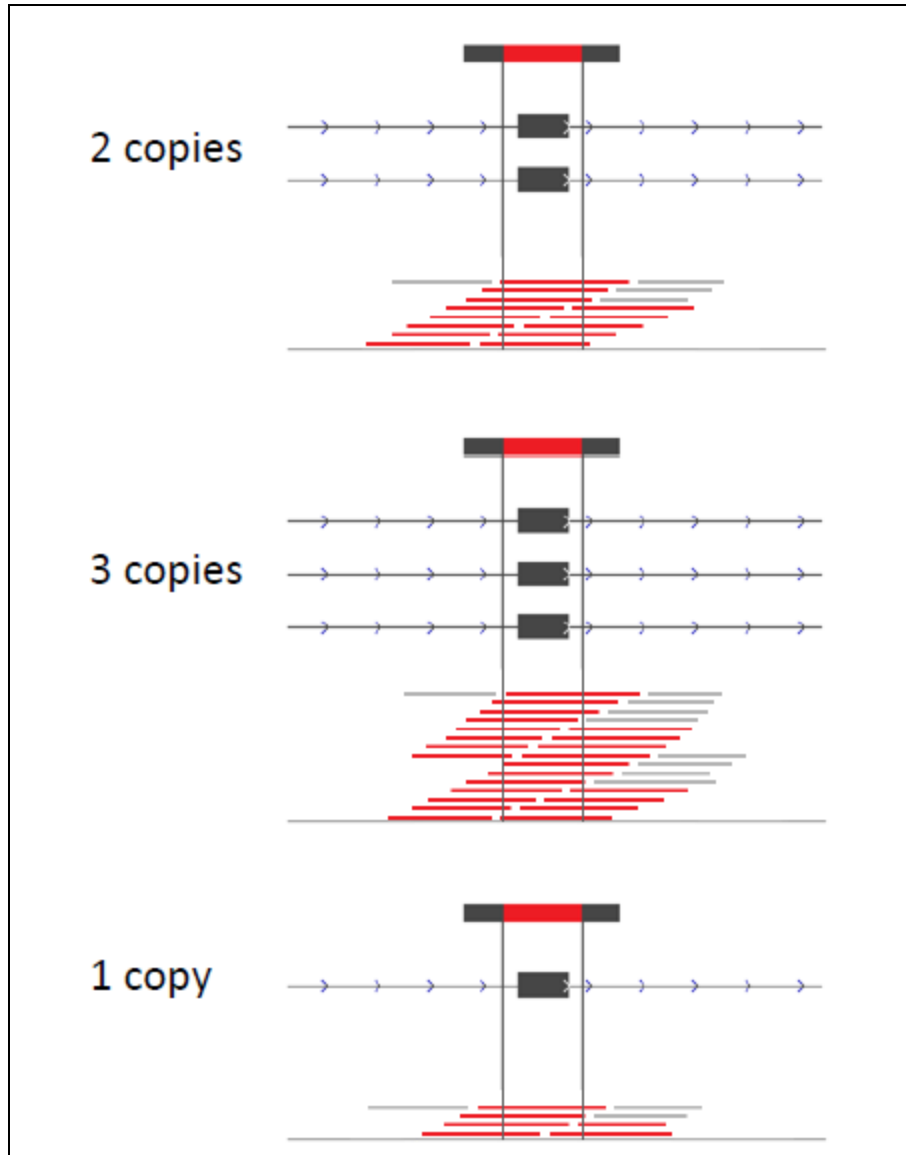


Genome Sequencing: Variant Calling



Differences between aligned reads and reference genome can be identified → variants

Genome Sequencing: Copy Numbers



- The number of aligned reads on a given region is proportional to the number of starting DNA copies of that region
- This information can be used to infer DNA copy number variations (CNVs)

RNA Sequencing

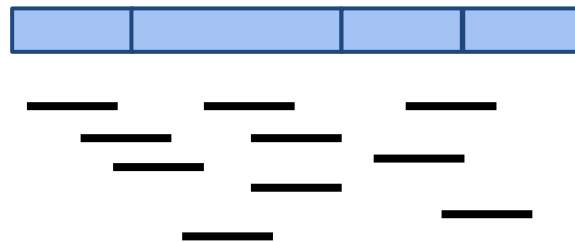
DNA



RNA

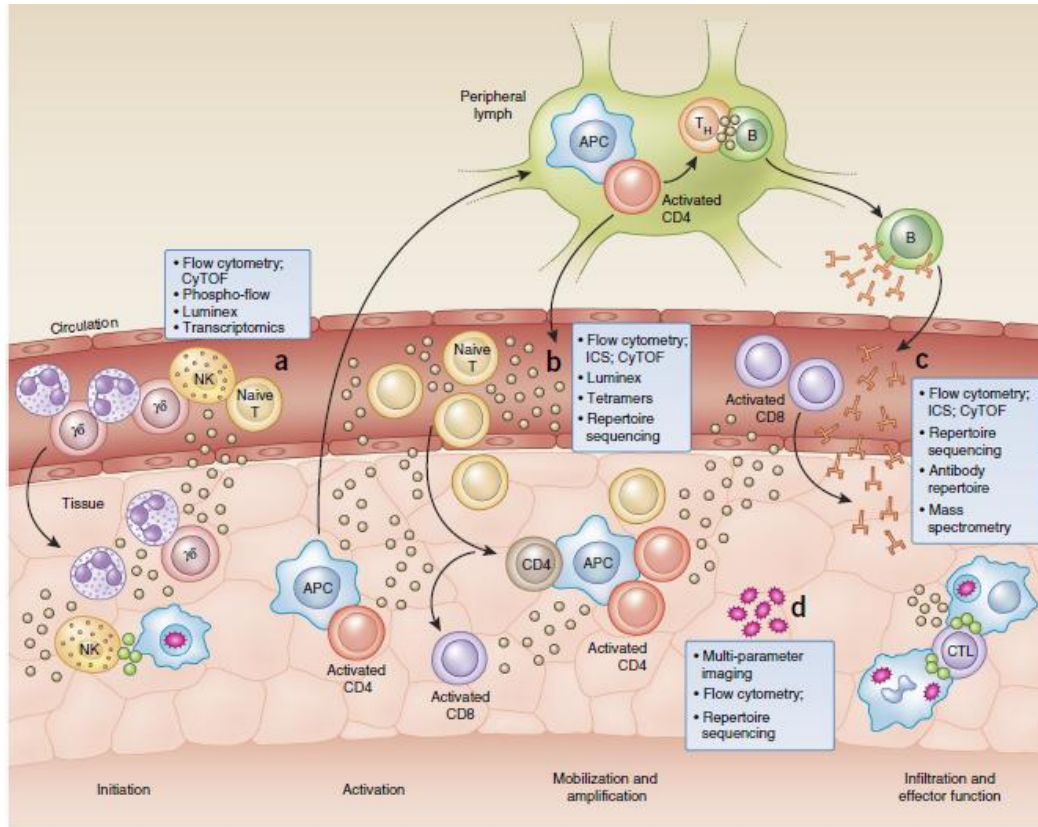


RNA



- The number of aligned reads on a given RNA is proportional to the number of its starting molecules
- This information can be used to infer RNA abundances

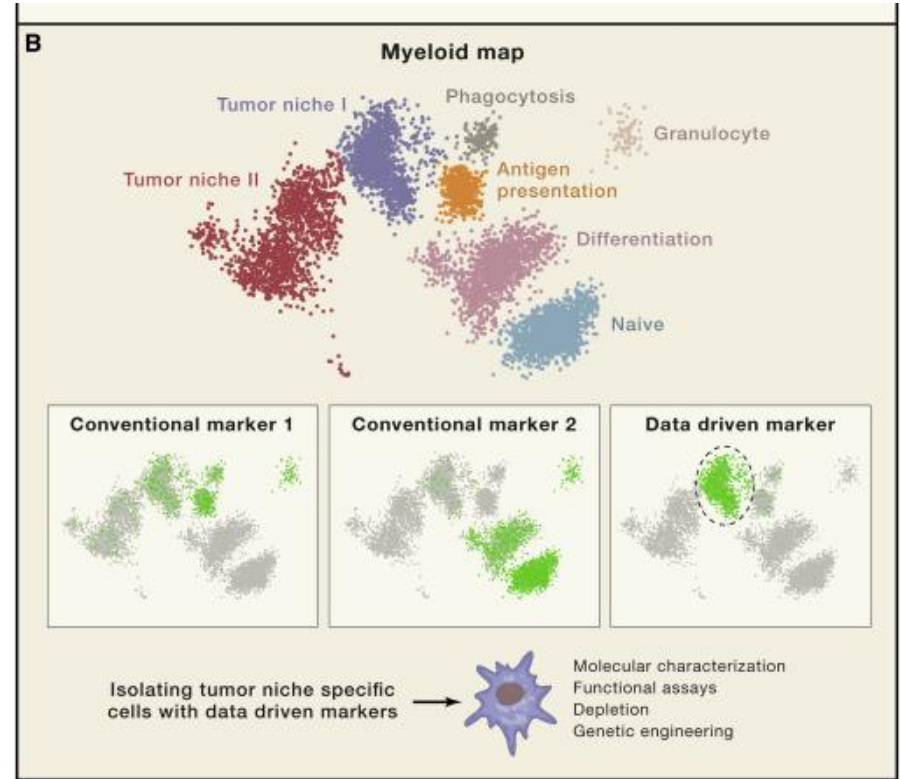
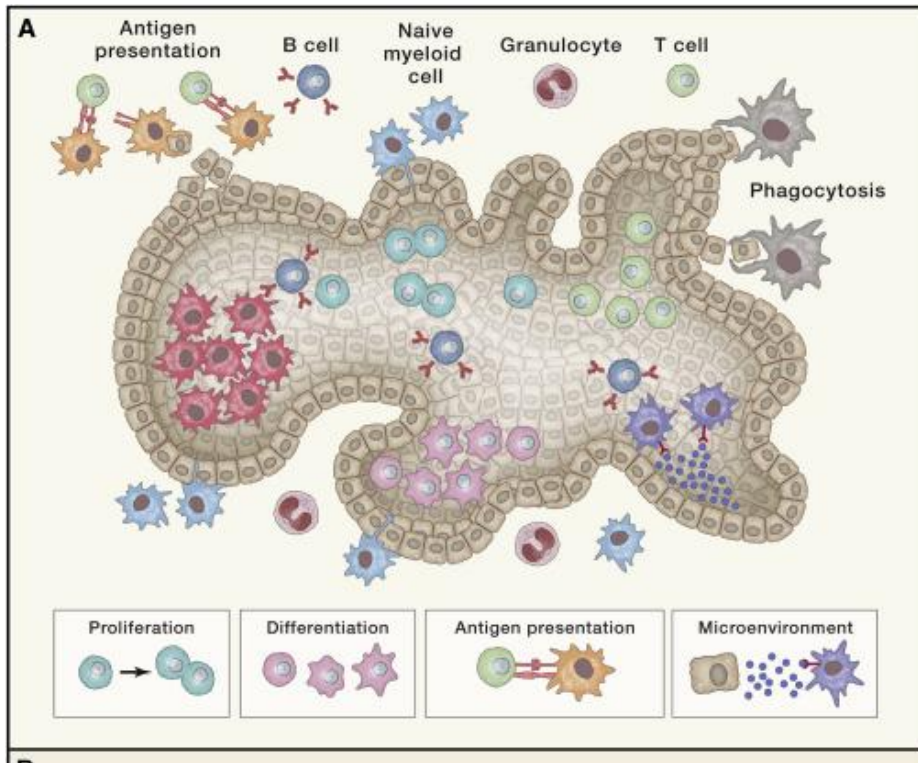
Immune Systems Heterogeneity



6 JULY 2017 | VOL 547 | NATURE | 27

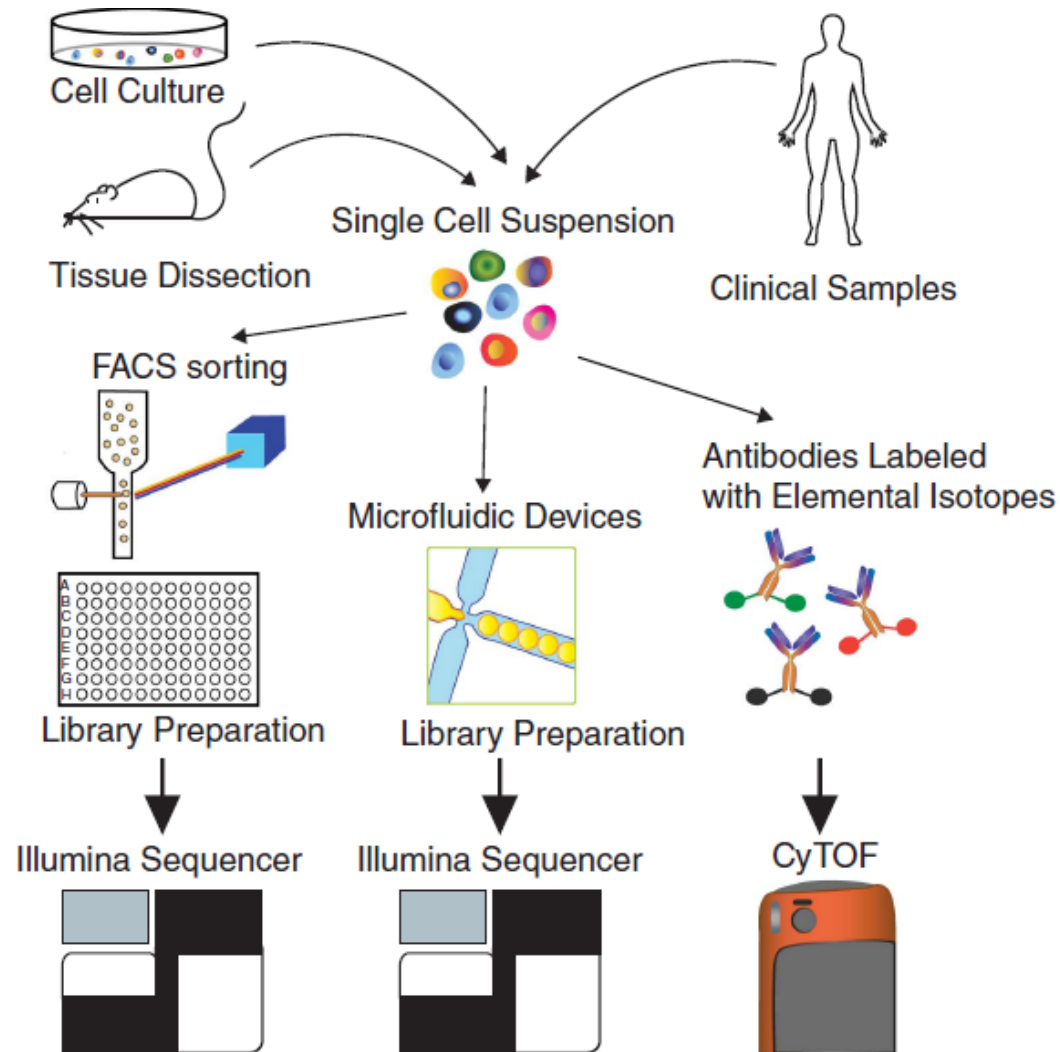
- ❑ Average signals are measured and fails to capture sample heterogeneity
- ❑ Individual cell properties and interplay between different cell subtypes can be captured

Dissecting tissue heterogeneity at single-cell level

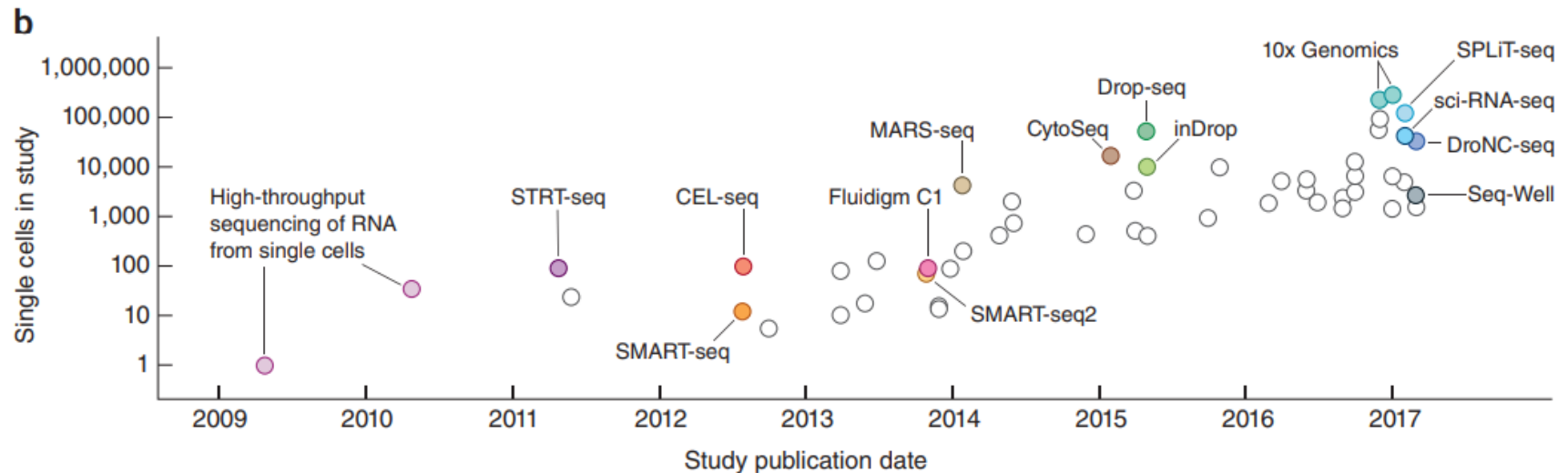
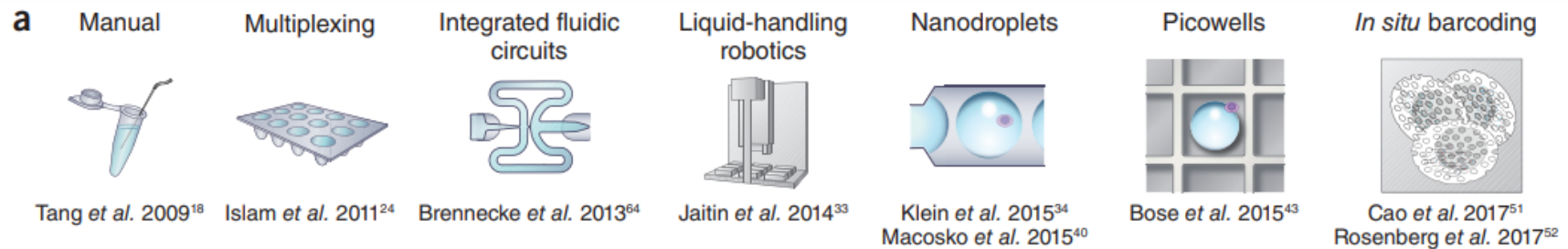


Giladi A, Amit I. Cell. 2018 Jan

Single-Cell Analysis

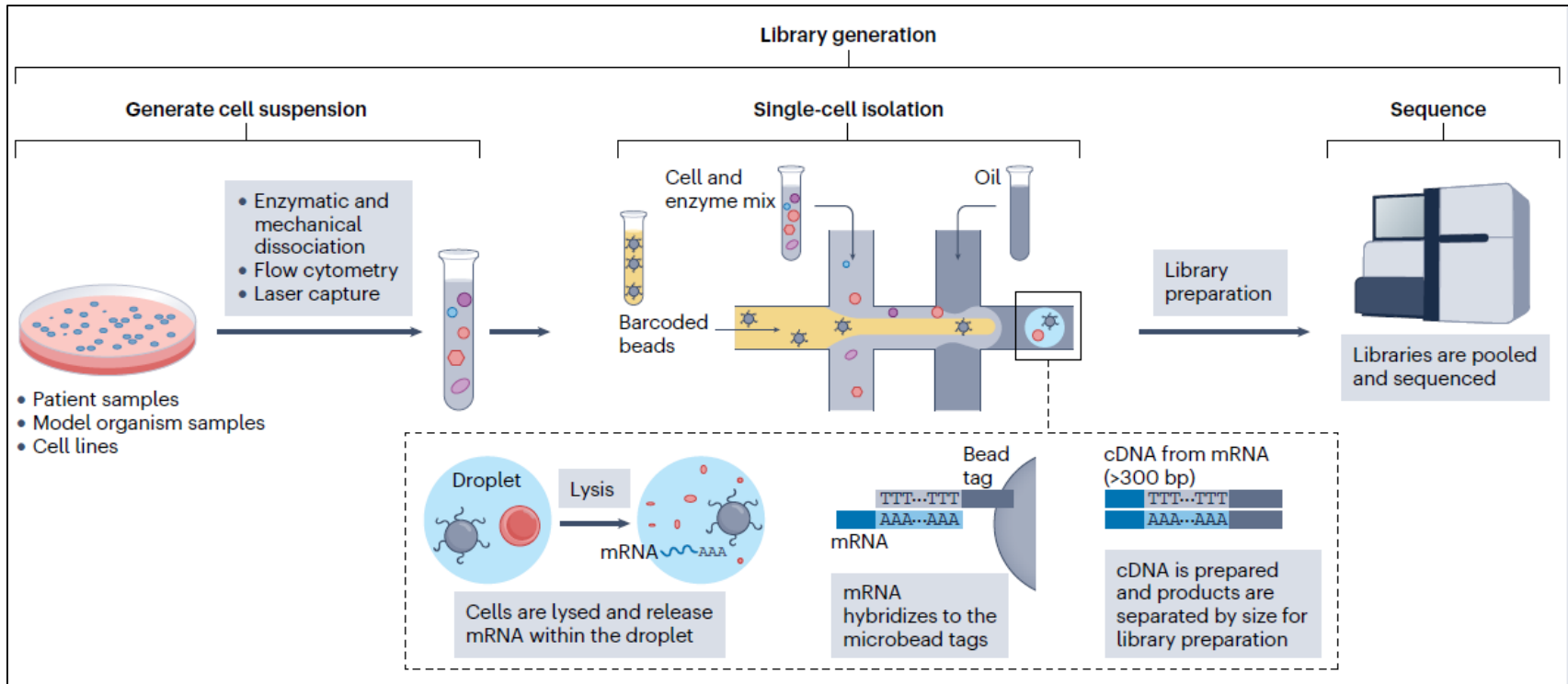


Development of Single-Cell Technologies



Basic workflow in 10X Chromium

Individual cells must be trapped within a space that is not continuous with spaces containing any other individual cells.

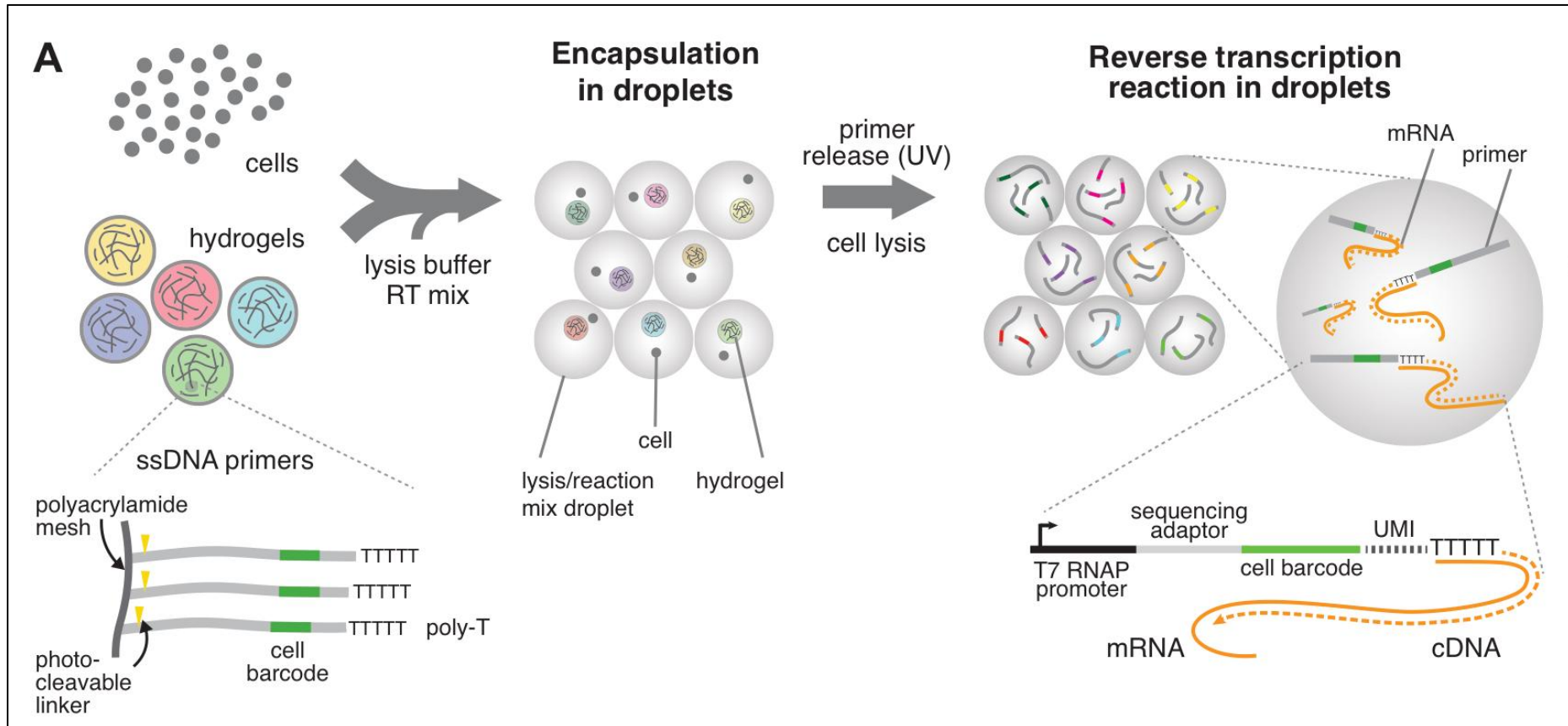


Nature Reviews Drug Discovery volume 22, pages496–520 (2023)

- **10X:** combines an aqueous flow of cells, barcoded primers carried in beads, lysis buffer and reverse transcription enzymes with oil to create microdroplet reaction chambers.
- **Plate-based** technologies perform this step in microwells
- Automated **microfluidic devices** use other forms of microchamber.

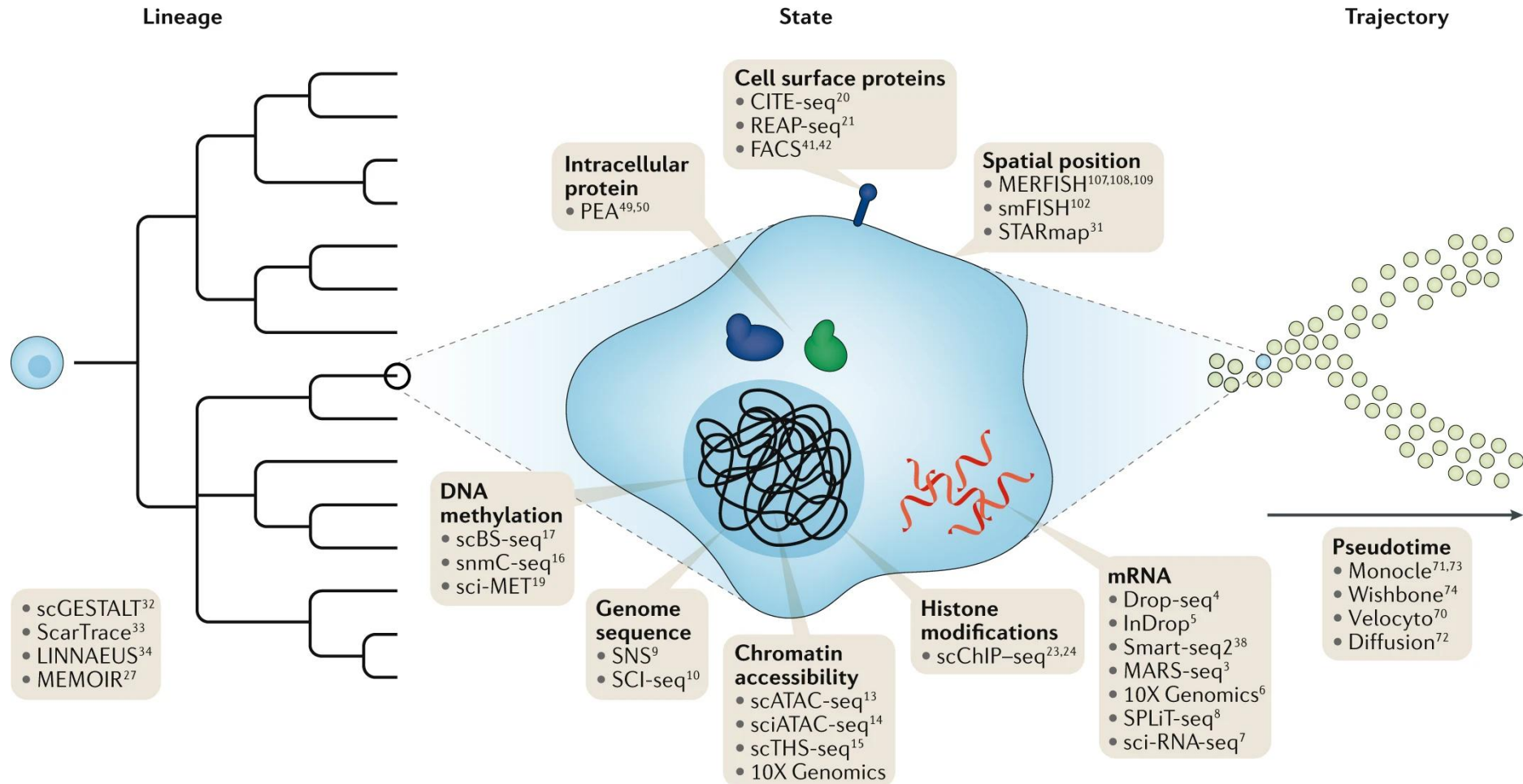
InDrop: Barcoding process

Co-encapsulation of cells, barcodes (delivered by hydrogel bead), and RT-lysis reagents into microfluidic droplets.



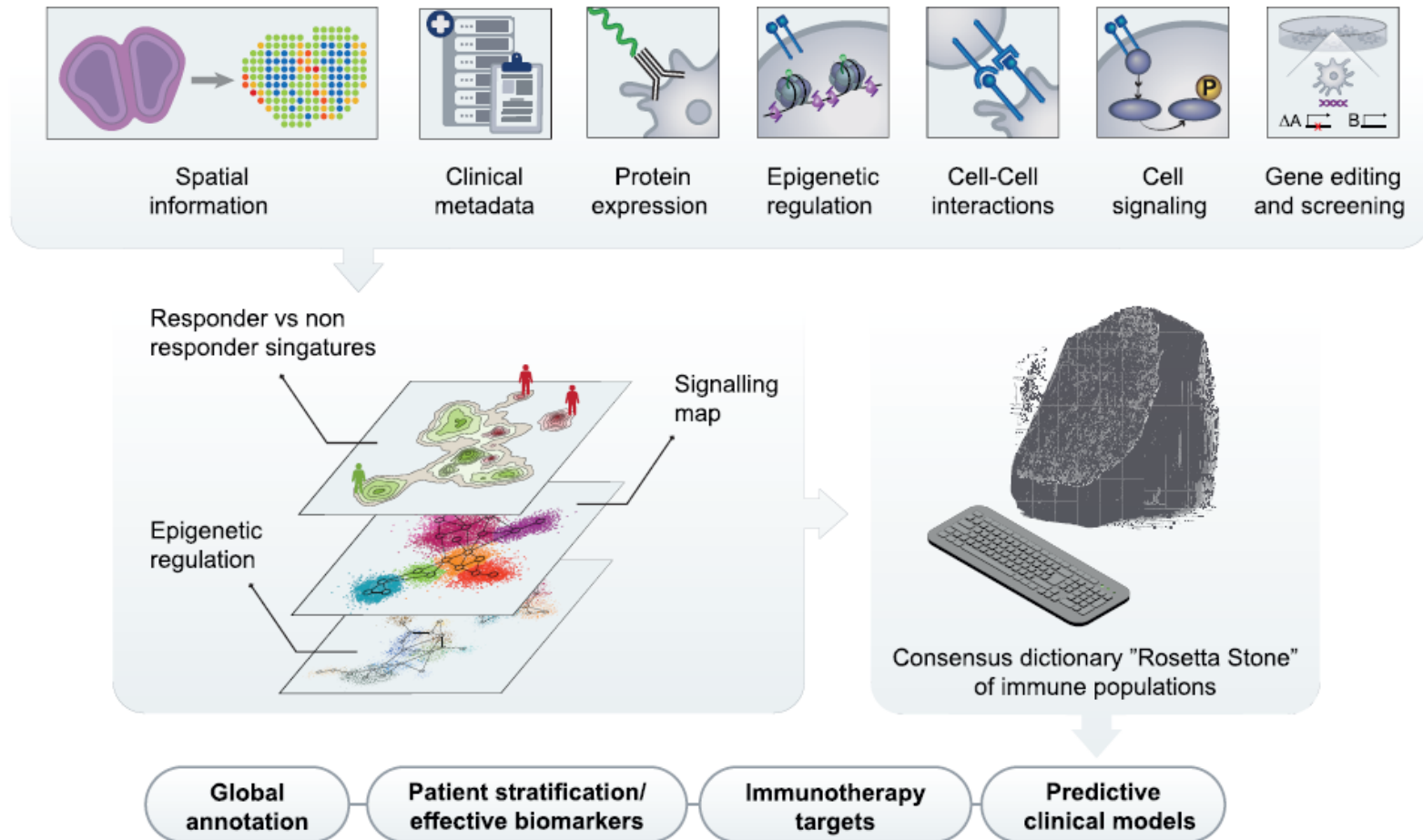
Single-cell multi-omics

Multimodal and integrative methods for single-cell analyses

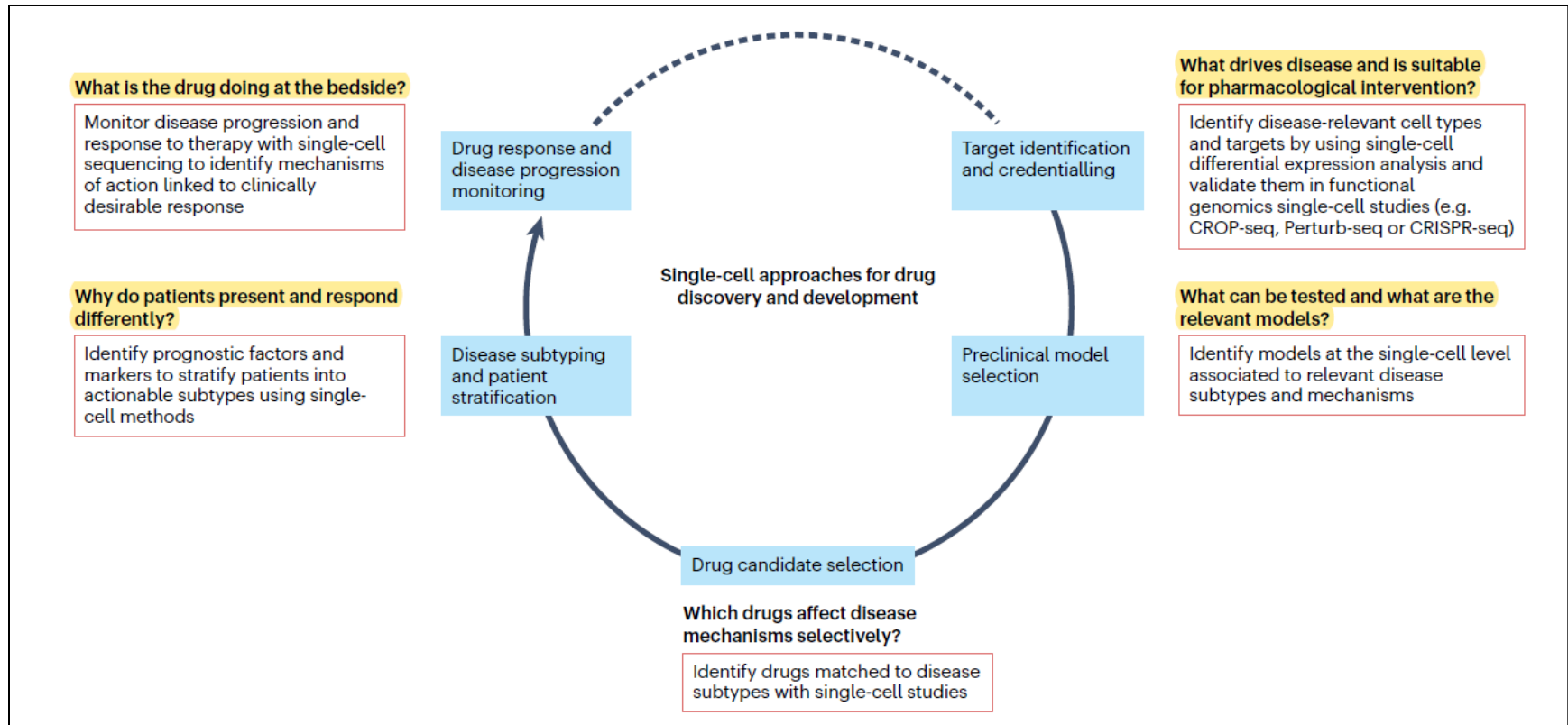


Systems Biology Through Single-Cell Multi-omics

“Rosetta Stone”: deciphering the different immune populations and states across datasets



Applications To Drug Discovery



Applications To Drug Discovery

Compound screening

a Standard high-throughput chemical screens

- 100k–1M compounds
- Typically one compound dose tested on one condition



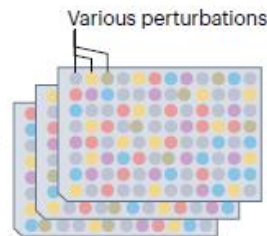
List of most active compounds

Dose-response and other studies

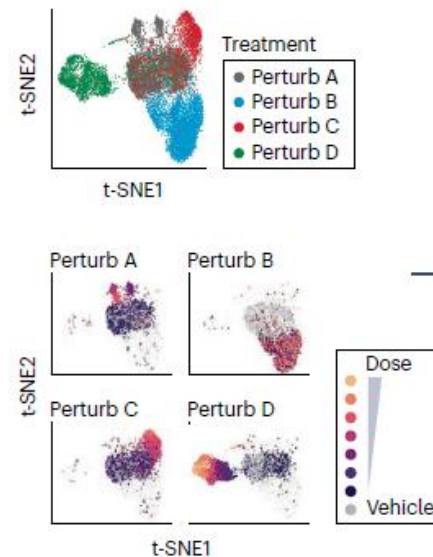
Hits suitable for drug discovery

b Single-cell high-throughput chemical screens

- 100–1,000 drugs
- Typically 5–10 drug doses tested on several cell lines (~100k–1M single cells in all)

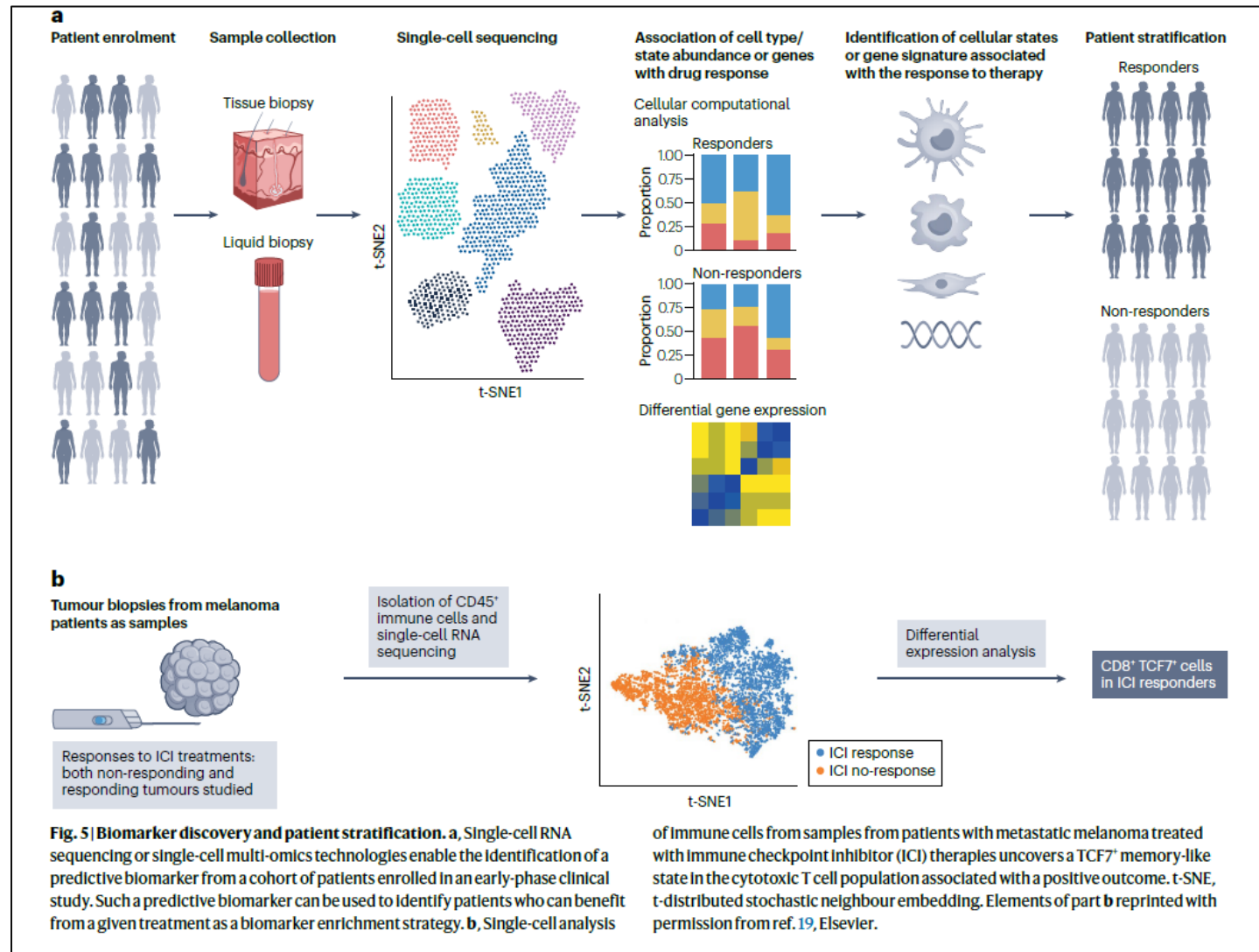


Pooling
scRNA-seq



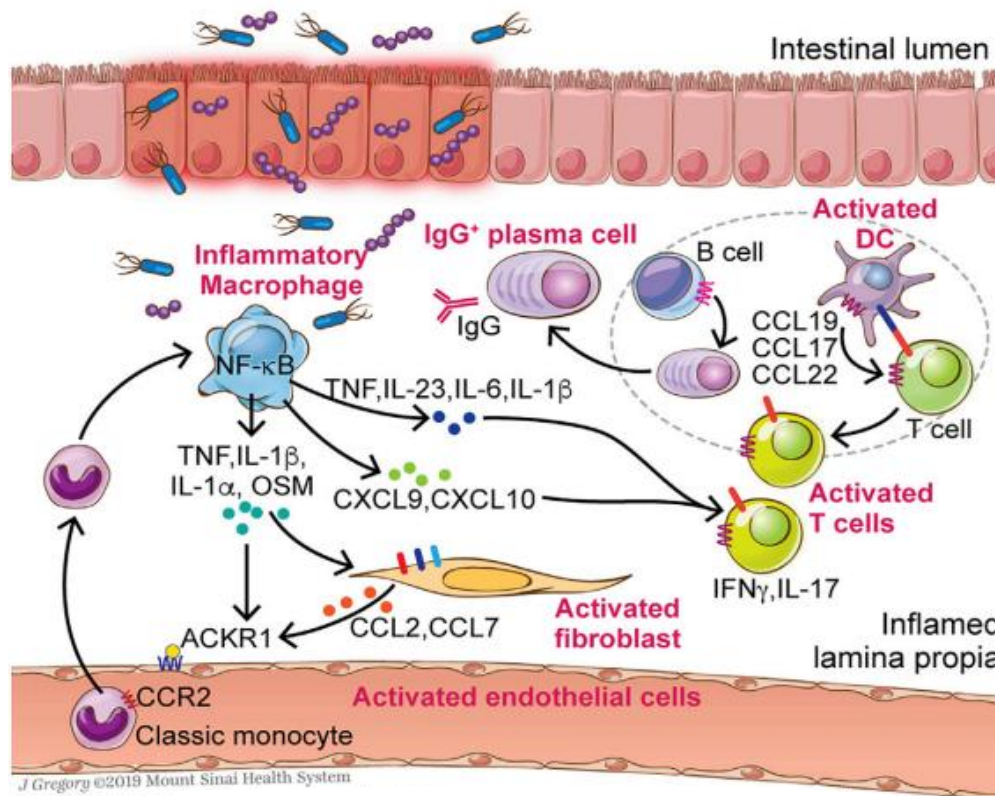
Hints on drug's
MoA

Single-Cell for Biomarker Discovery and Patient Stratification



Single-Cell-Based Biomarker of response in anti-TNF therapy (CD)

GIMATS^{high} Module in CD inflamed ileums associates with resistance to anti-TNF responder CD patients

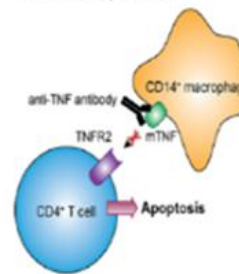


□ GIMATS=IgG plasma cells, inflammatory mononuclear phagocytes, activated T cells, and stromal cells

□ Existence of two qualitatively distinct subsets of disease, with distinct responses to anti-TNF therapy.

Understanding dual targeting: TNF/IL23 in Chron's Disease

TNFi responder



* Schmitt et al. Gut. 2019 M
Atreya et al., GASTROEN

Results of Novel Clinical Study Show Adults with Moderately to Severely Active Ulcerative Colitis Achieved Higher Rates of Clinical Response, Clinical Remission, and Endoscopic Improvement at 12 Weeks with Guselkumab and Golimumab Combination Therapy Versus Either Monotherapy Alone

The VEGA Phase 2a proof-of-concept study shows 83.1 percent of patients who received combination therapy achieved the primary endpoint of clinical response and 36.6 percent of patients achieved clinical remission at week 12

The VEGA study represents a first-of-its-kind biologic combination assessment of an interleukin (IL)-23p19 subunit antagonist with a tumor necrosis factor-alpha (TNFα) antagonist in ulcerative colitis



of single-cell
in Phase 2a
py

erative Colitis

nical Study

on therapeutics for patients with autoimmune
s will apply its proprietary single-cell
e 2a clinical trial evaluating the efficacy and

s of patients with inflammatory bowel
or how we can apply our integrated platform
y data that will fuel Celsius' novel target and

collaboration. Celsius retains the ability to
enomic information, and will further

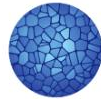
pidly integrate and interrogate the large
ific officer of Celsius. "The longitudinal patient

Working Hypo
responders

non-

Feagan BG, Sands BE, Sandborn WJ et al. VEGA Study Group. Gusel kumab plus golimumab combination therapy versus guselkumab or golimumab monotherapy in patients with ulcerative colitis (VEGA): a randomised, double-blind, controlled, phase 2, proof-of-concept trial. *Lancet Gastroenterol Hepatol.* 2023;8(4):307–320

Human Cell Atlas



HUMAN
CELL
ATLAS

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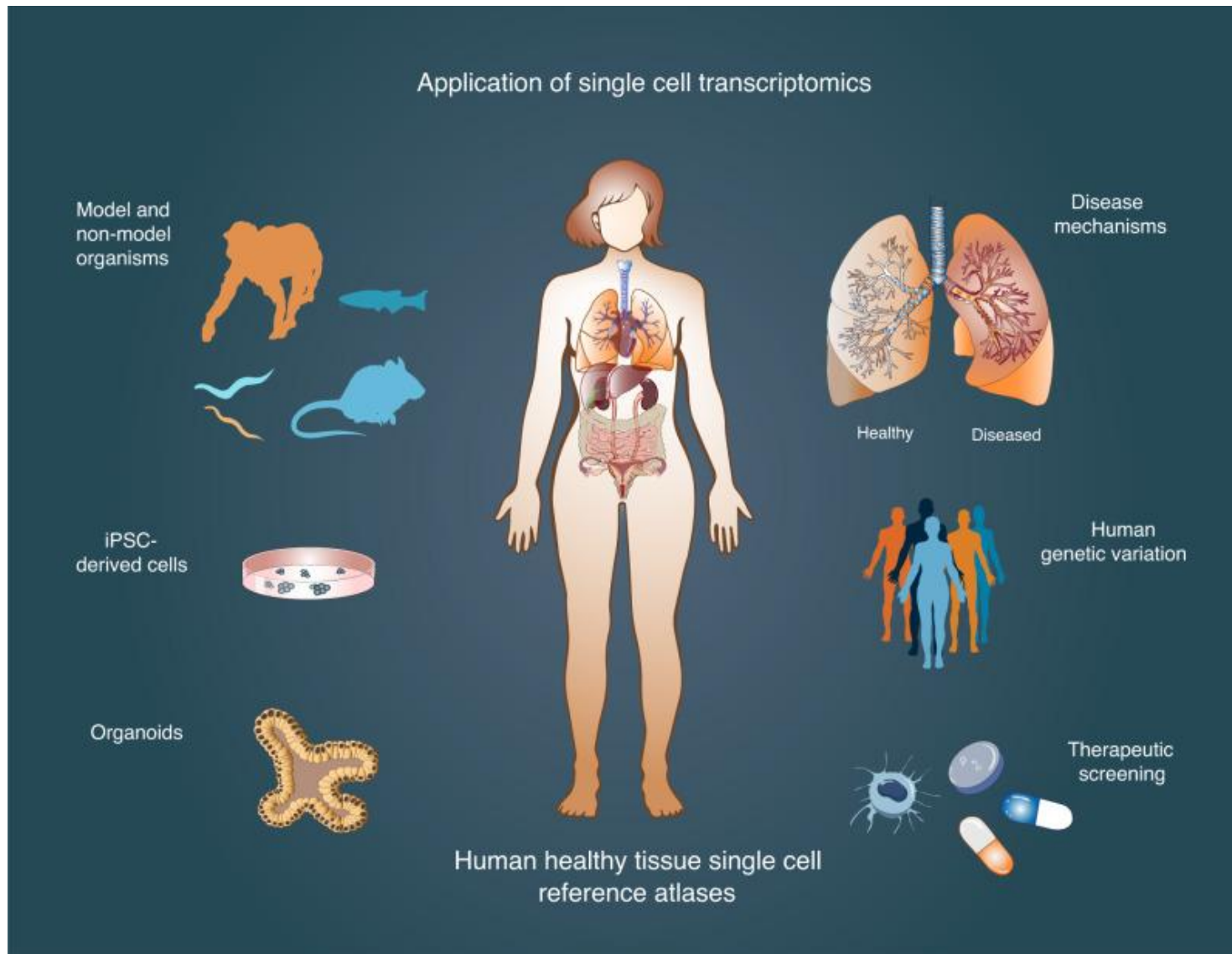
Join/Contact ▾

MISSION

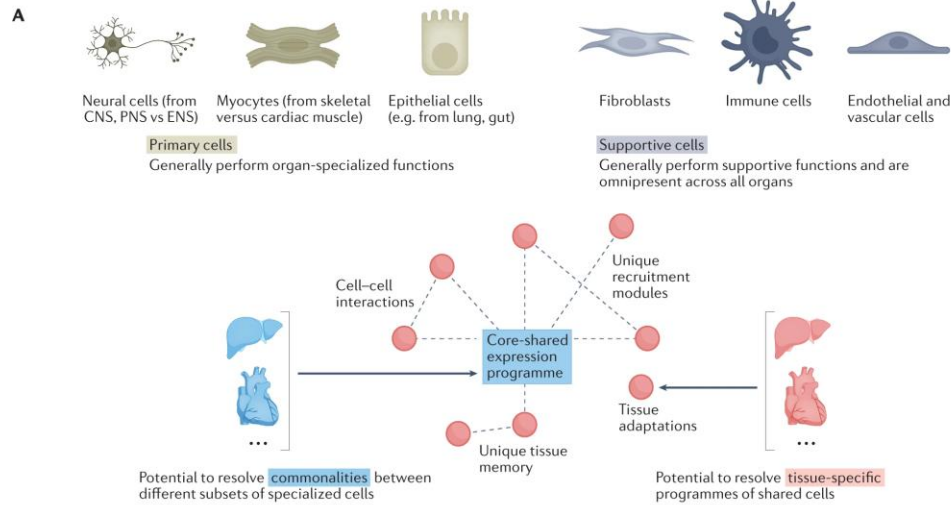
To create comprehensive reference maps of all human cells—the fundamental units of life—as a basis for both understanding human health and diagnosing, monitoring, and treating disease.

<https://www.humancellatlas.org/>

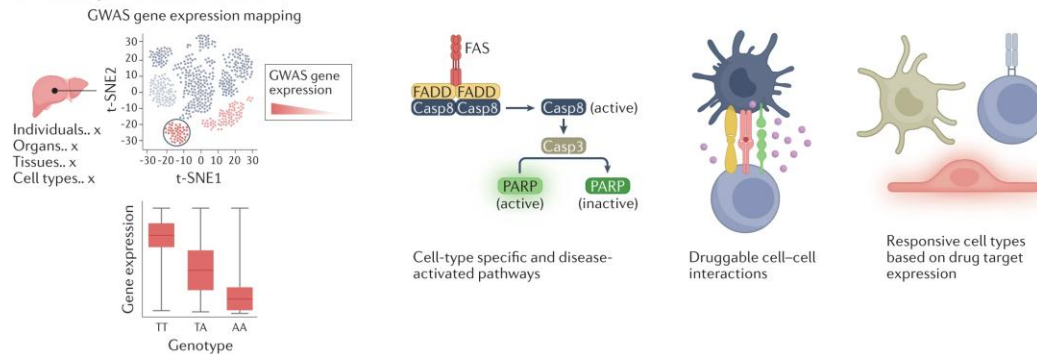
Single-Cell Atlas



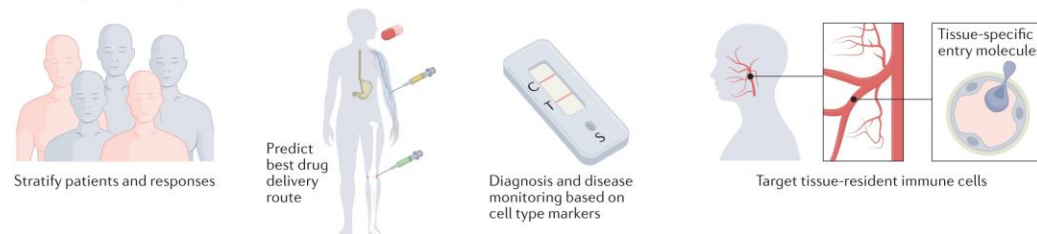
Single-Cell Cross-Tissue Comparisons



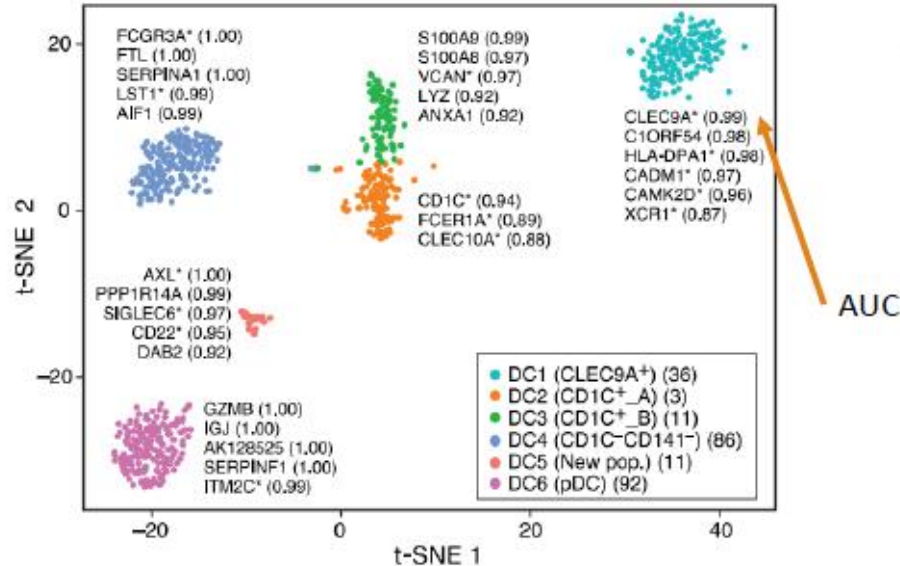
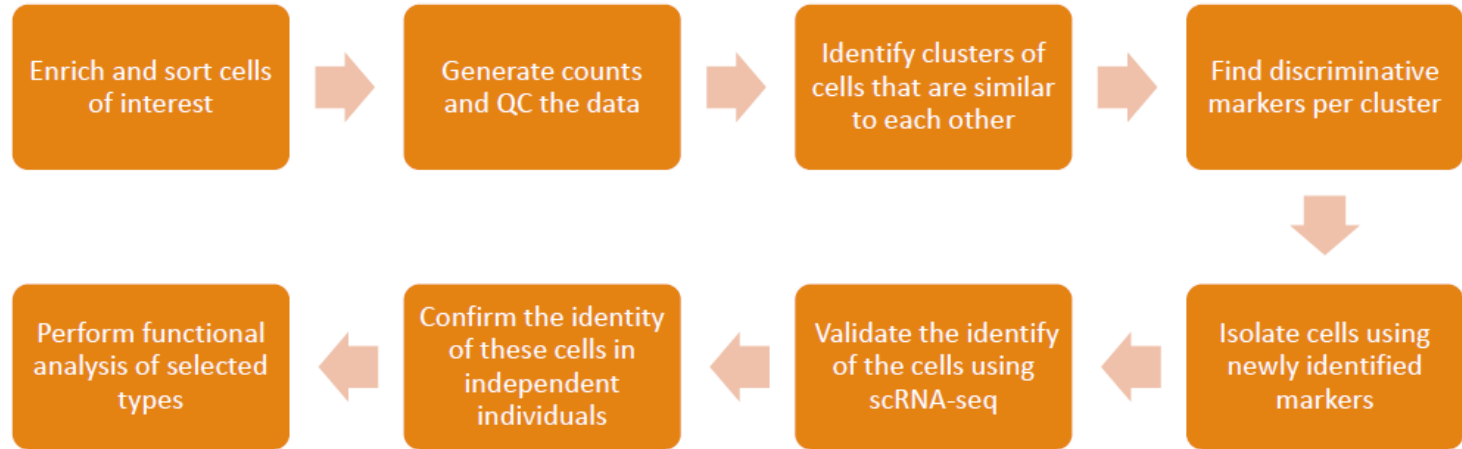
Ba Tissue-specific disease mechanisms



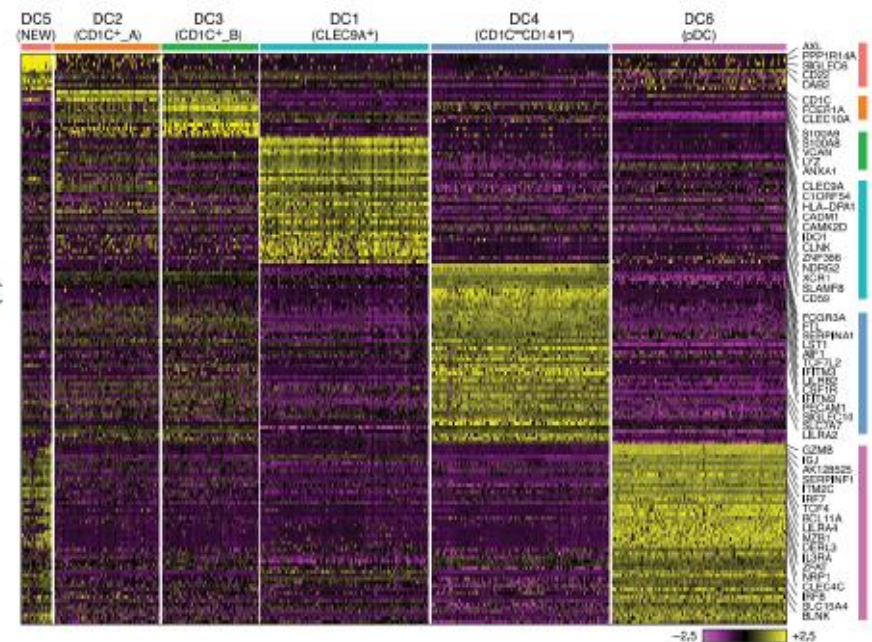
Bb Therapeutic avenues



Immune System Heterogeneity: Reclassification of DCs and monocytes by scRNA-Seq



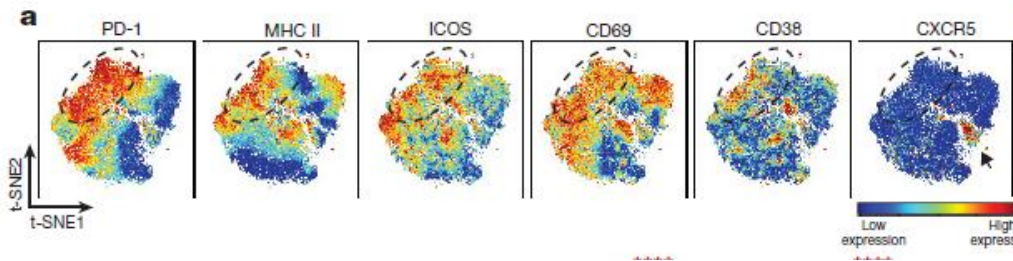
2.400 HLA-DR⁺lineage⁻ cells



Villani et al. Science 21 Apr 2017

Novel pathological cell types: expanded peripheral Th subsets in RA

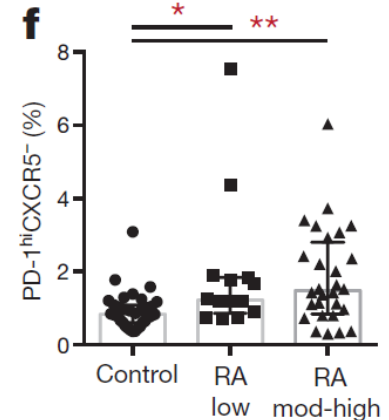
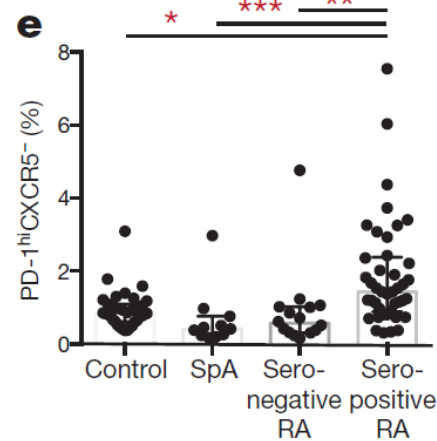
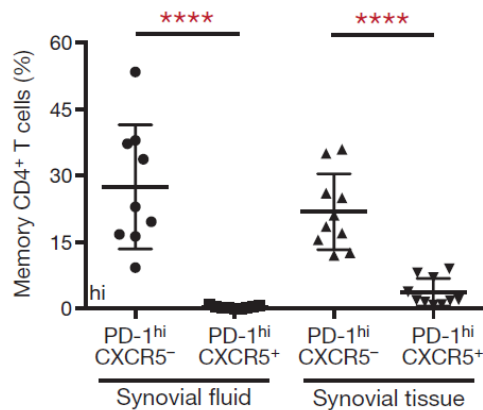
PD-1^{hi} CXCR5⁻ CD4⁺



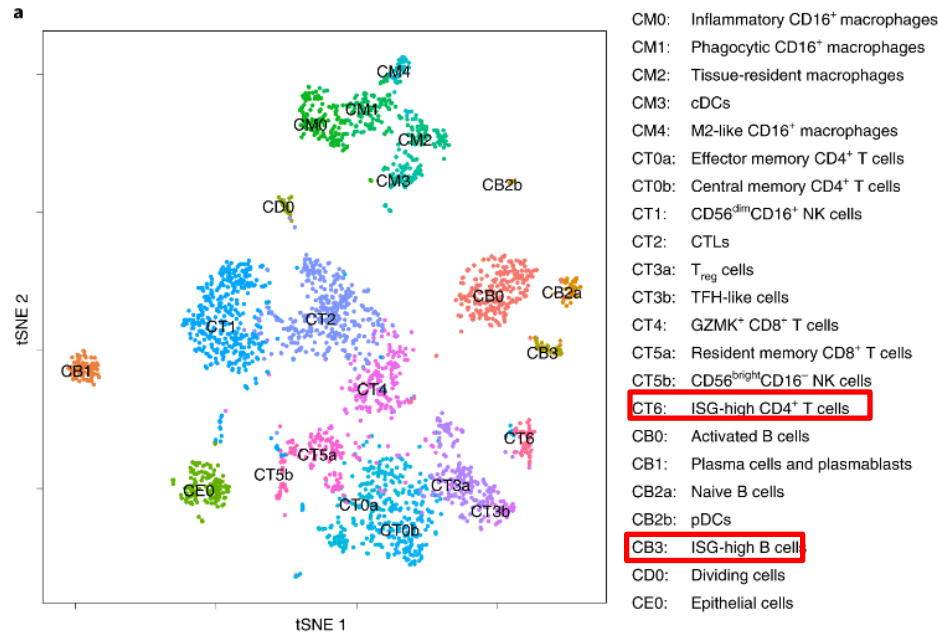
- ❑ Pathologically expanded peripheral T helper cell subset drives B cells in RA
- ❑ Expression of chemokine receptors that direct migration to inflamed sites, such as CCR2, CX3CR1, and CCR5
- ❑ Synovial PD-1^{hi} CXCR5⁻ CD4⁺ T cells express factors associated with B-cell help (ICOS, IL21, MAF).

synovial

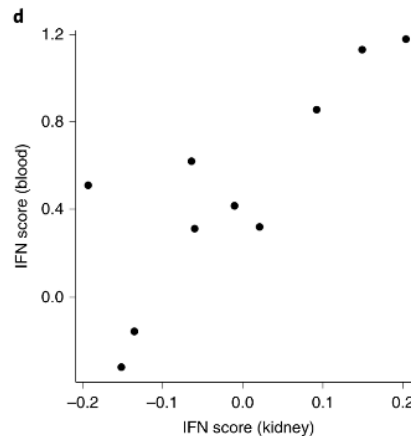
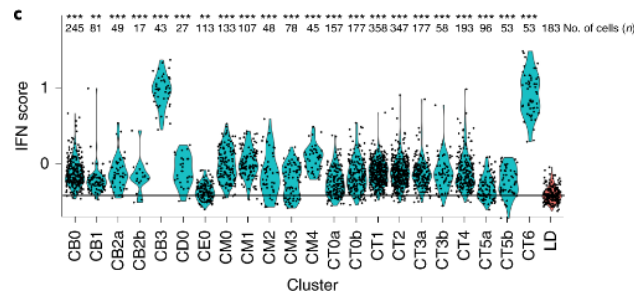
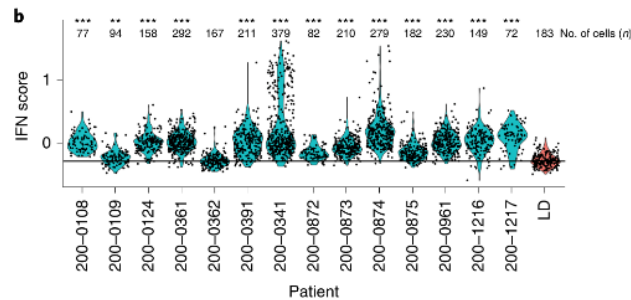
d



Immune cell landscape in kidneys of patients with lupus nephritis



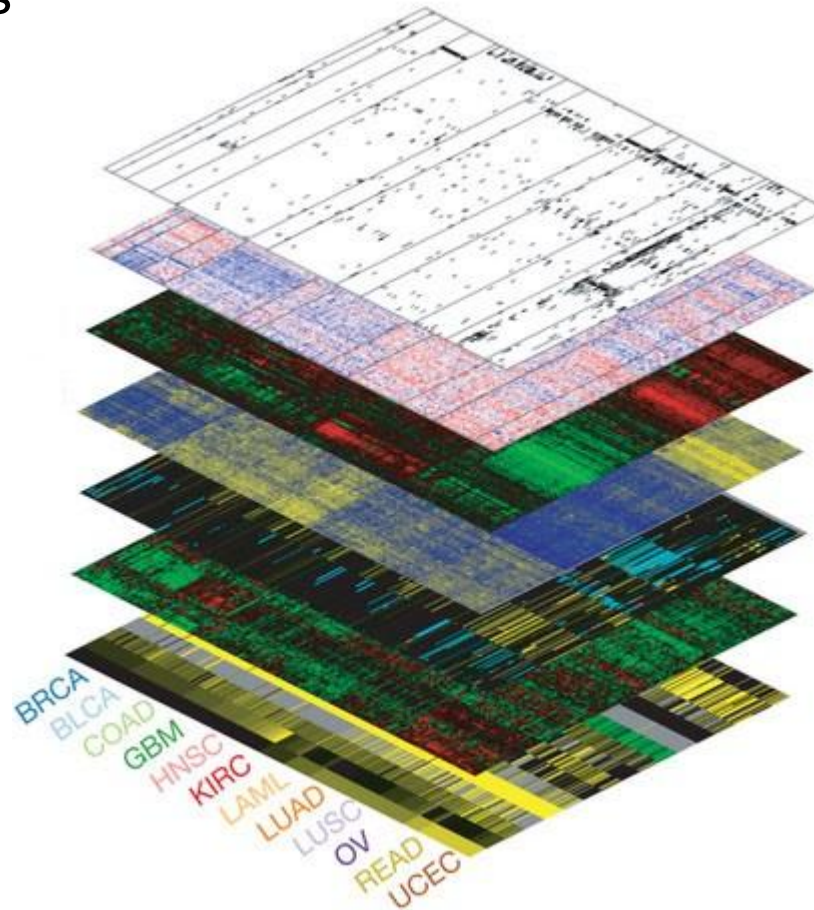
- First single-cell dissection of LN
- 24 patients, 10 ctrls
- 21 subsets of leukocytes, including clusters of myeloid cells, T-cells, NK, B-cells
- CXCR4, CX3CR1 broadly expressed
- Use of urine liquid biopsies and kidney samples



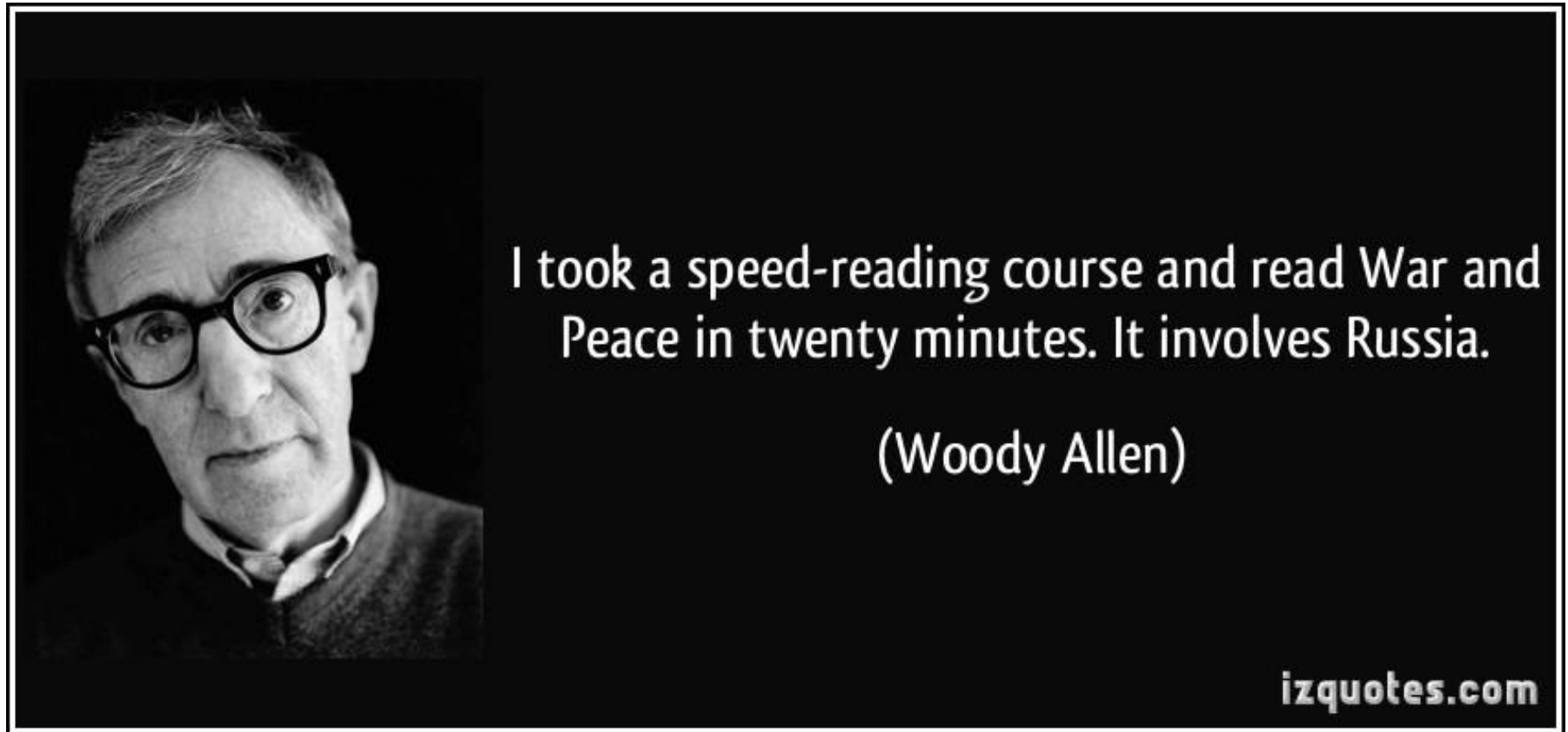
DATA AGGREGATION AND VISUALIZATION

Data Dimensionality

- Gene/protein expression
- Methylation
- Epigenetics markers
- Genetics SNPs
- Metabolomics
-



Data aggregation is any process in which information is gathered and expressed in a summary form, for purposes such as statistical analysis

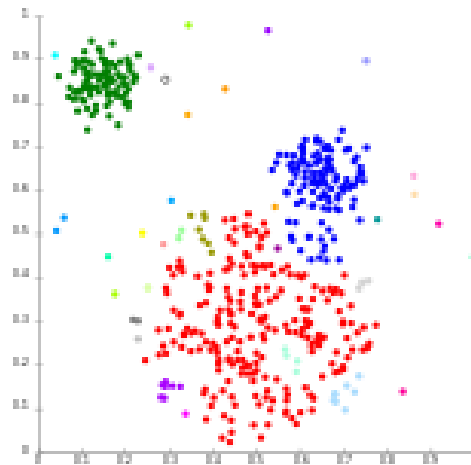


- Clustering and Geometrical Representation of Data
- Dimensions Reduction
- Pathways and Gene Sets

Clustering

Finding a partition such that:

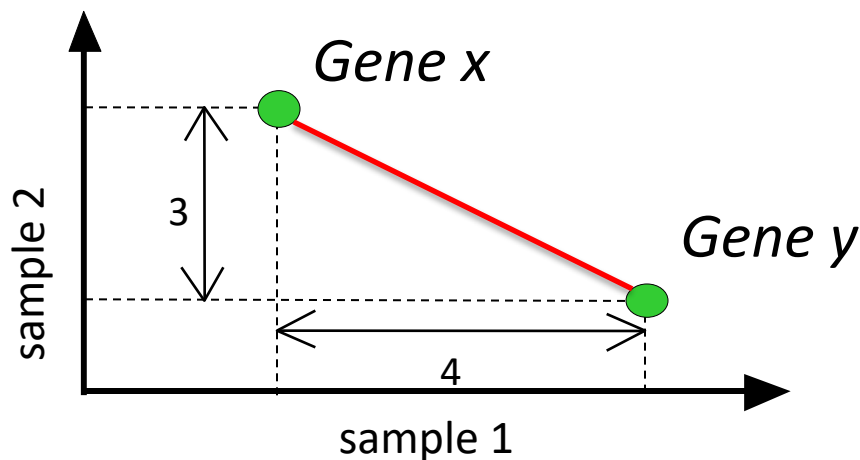
- Distance between objects within the same cluster is **minimised**
- Distance between objects from different clusters is **maximised**



Requires defining a similarity measure

Geometrical Distances as measures of similarity

	Sample 1	Sample 2
Gene X	2	3
Gene Y	5	1

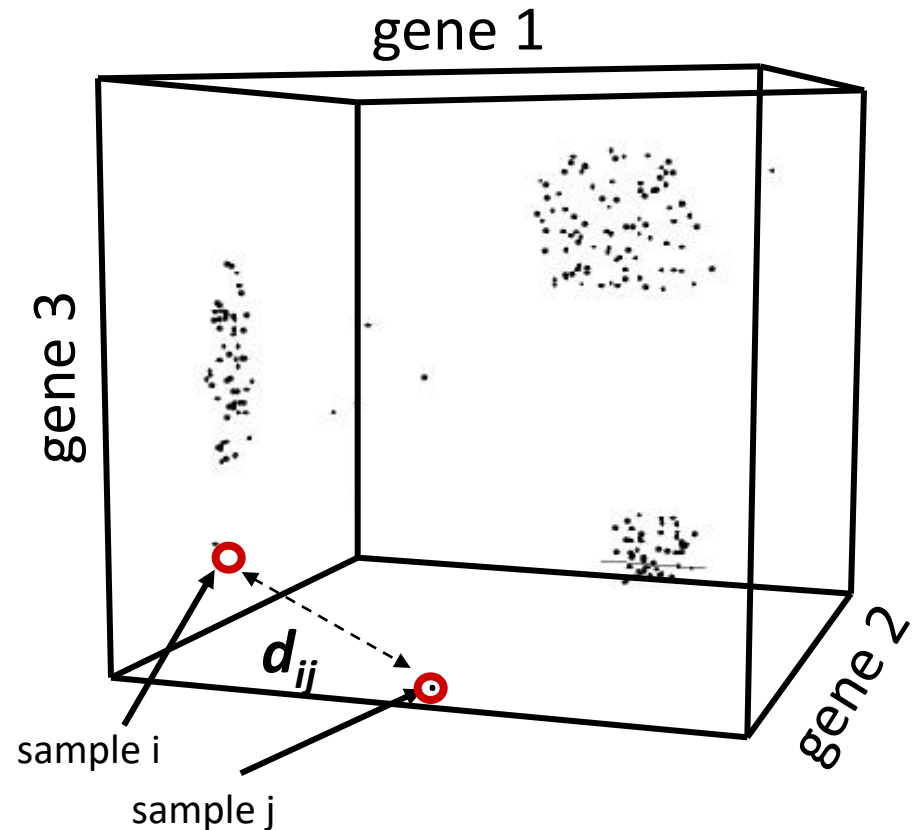


- Euclidean distance : $\sqrt{4^2 + 3^2} = 5$
- Manhattan distance : $4 + 3 = 7$
- "sup" distance : $\max\{4, 3\} = 4$

- Similarity among genes/samples is expressed as a mathematical distance
- Genes/samples close in the “expression space” have similar expression profiles

Geometrical Distances as measures of similarity

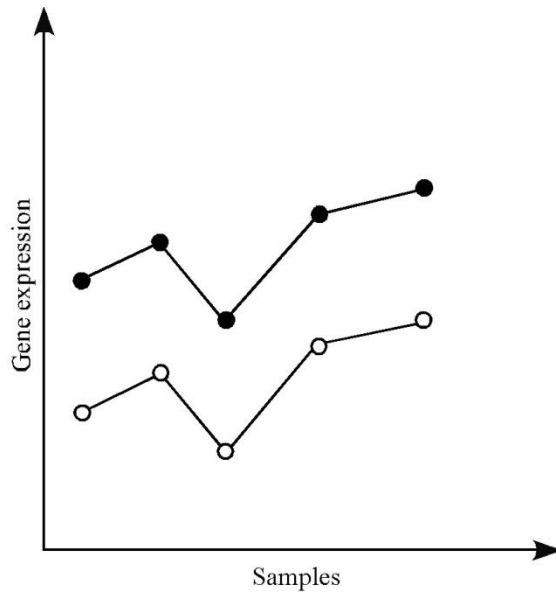
	Sample 1	Sample 2
Gene 1	2	3
Gene 2	5	1
Gene 3	7	4



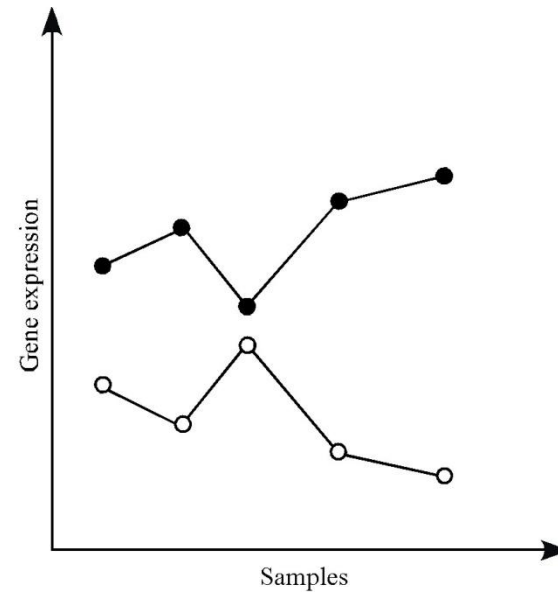
- ❑ N genes = N dimensions

- ❑ each sample can be represented as a point in the N-dimensional space

Similarity based on correlation



positive correlation



negative correlation

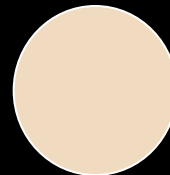
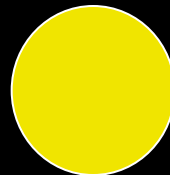
$$\sigma(x, y) = E [(x - E[x])(y - E[y])],$$

- correlation distance : $\frac{\text{cov}(a,b)}{\text{std}(a) \cdot \text{std}(b)}$

At the beginning, each object (gene) is a cluster. In each of the subsequent steps, the two *closest* clusters are merged into one cluster until there is only one cluster left.

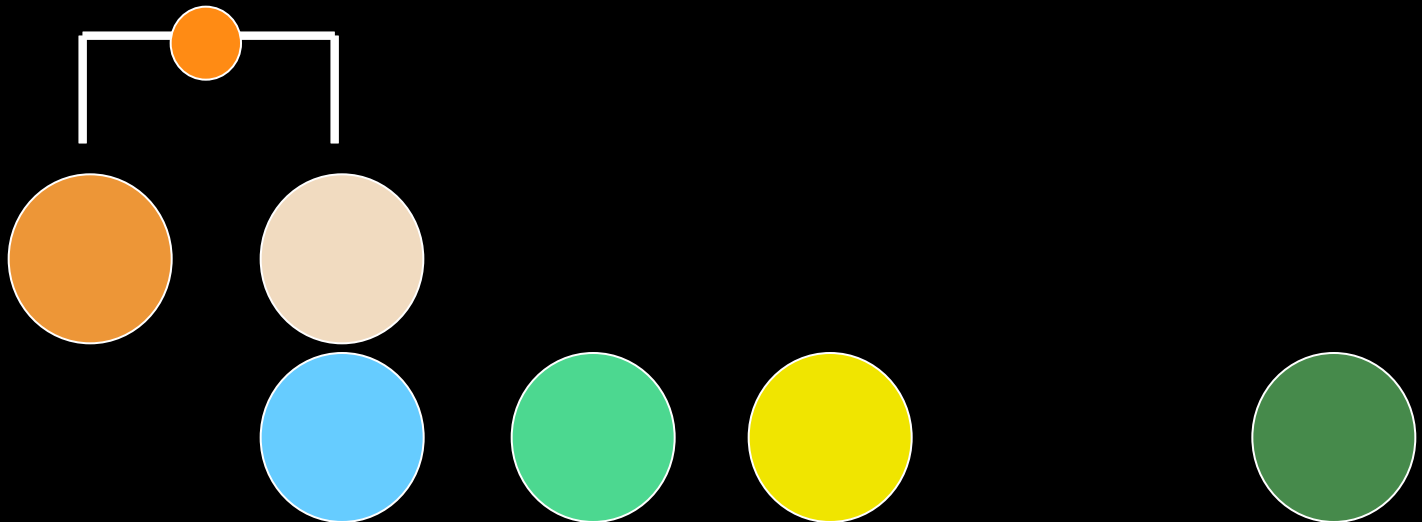
Hierarchical Clustering

Similarity distance: color



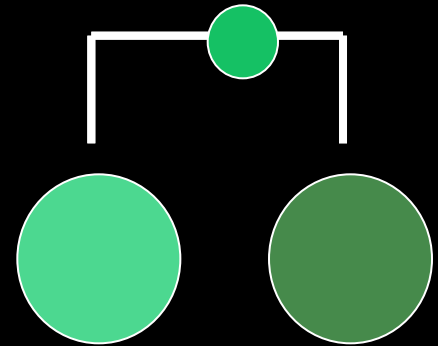
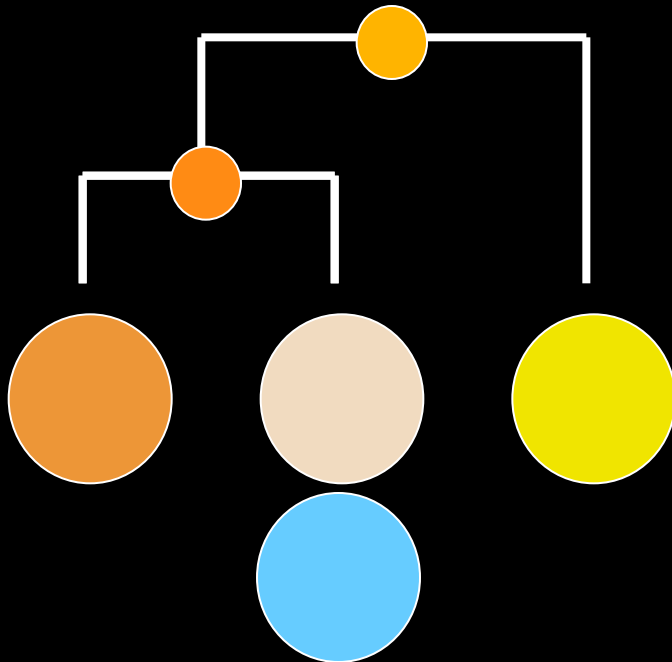
Hierarchical Clustering

Similarity distance: color



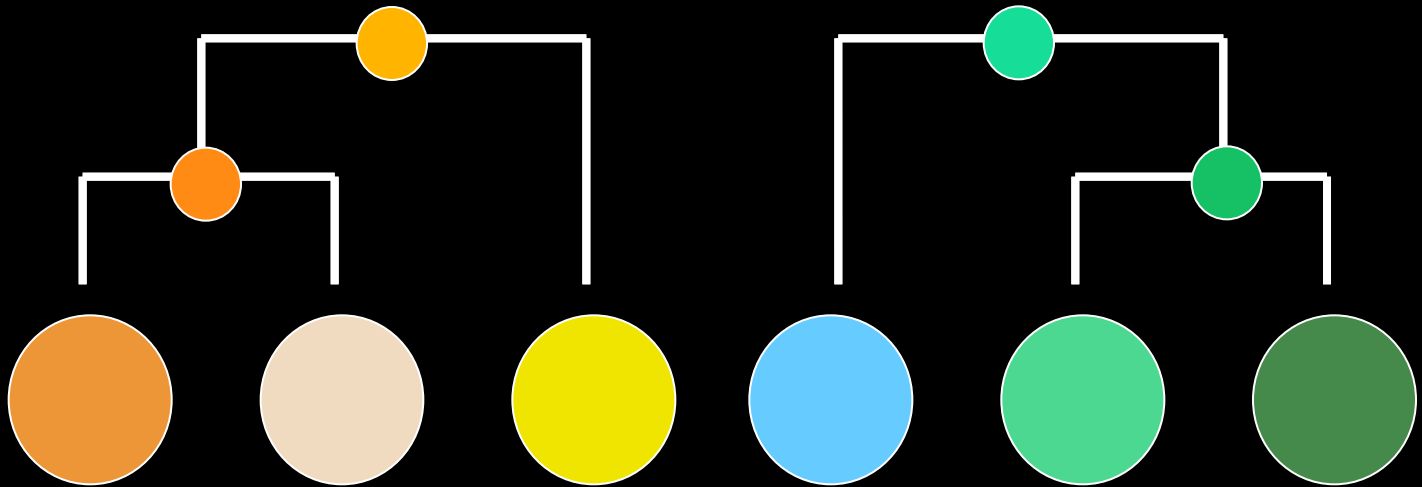
Hierarchical Clustering

Similarity distance: color



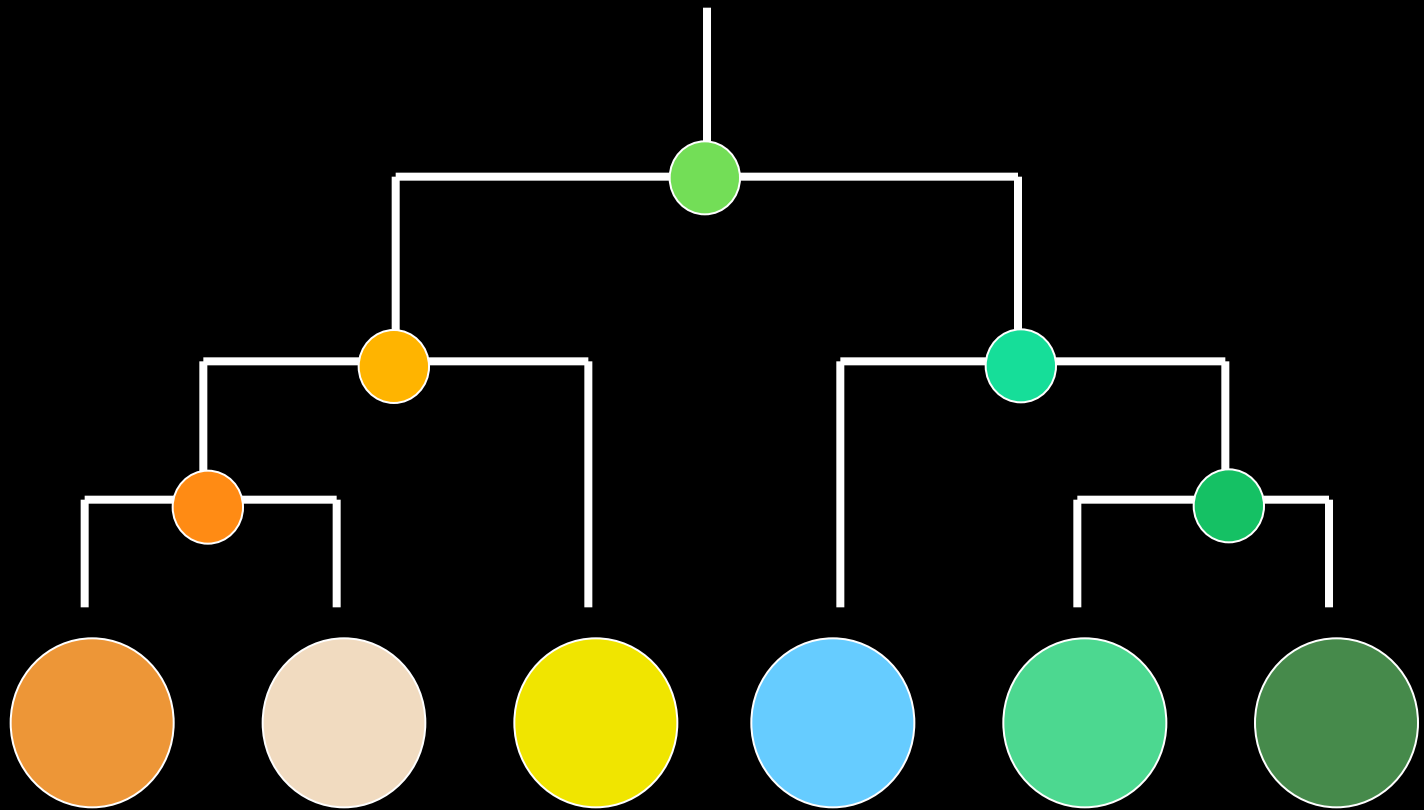
Hierarchical Clustering

Similarity distance: color

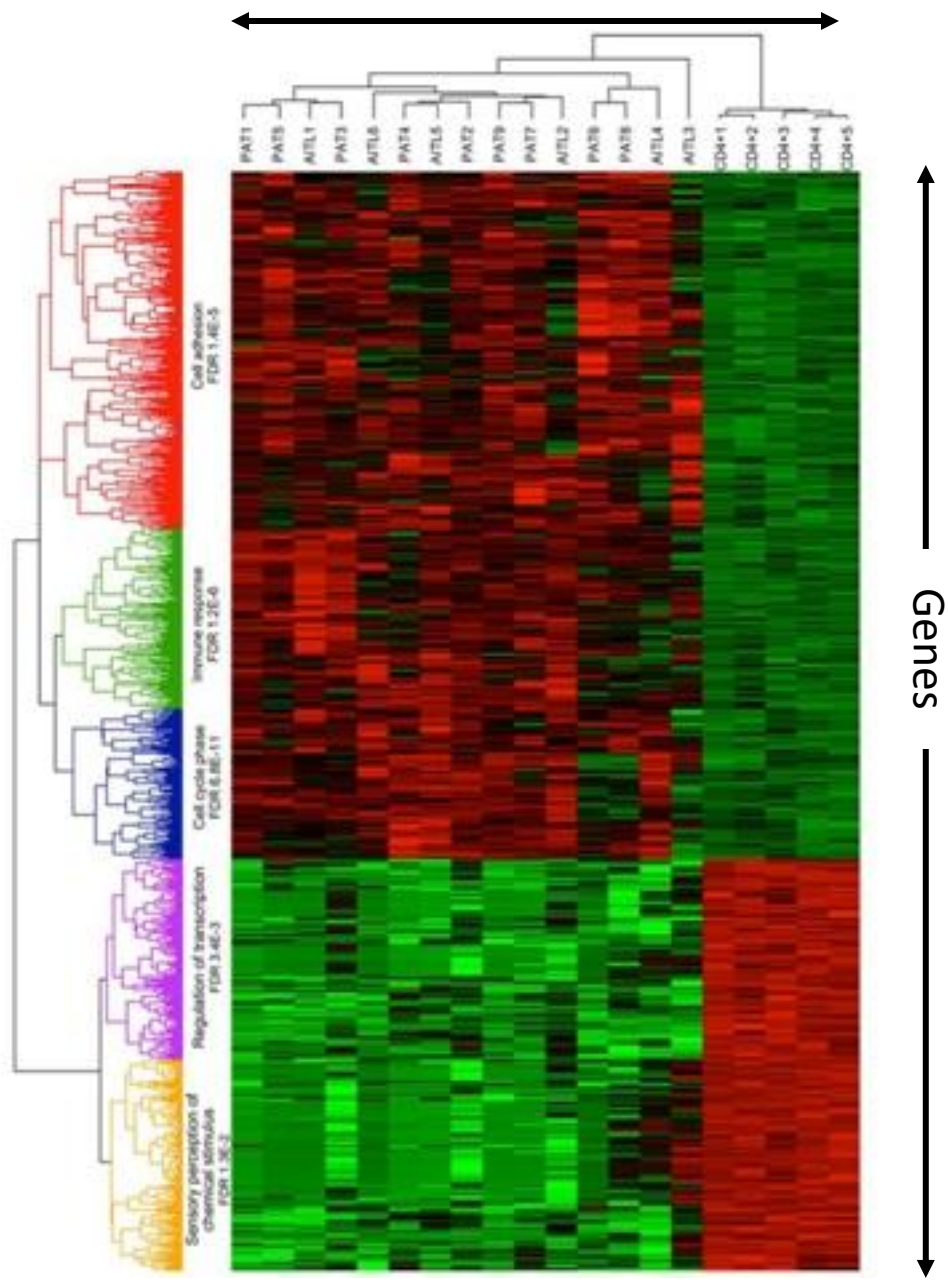


Hierarchical Clustering

Similarity distance: color



Samples



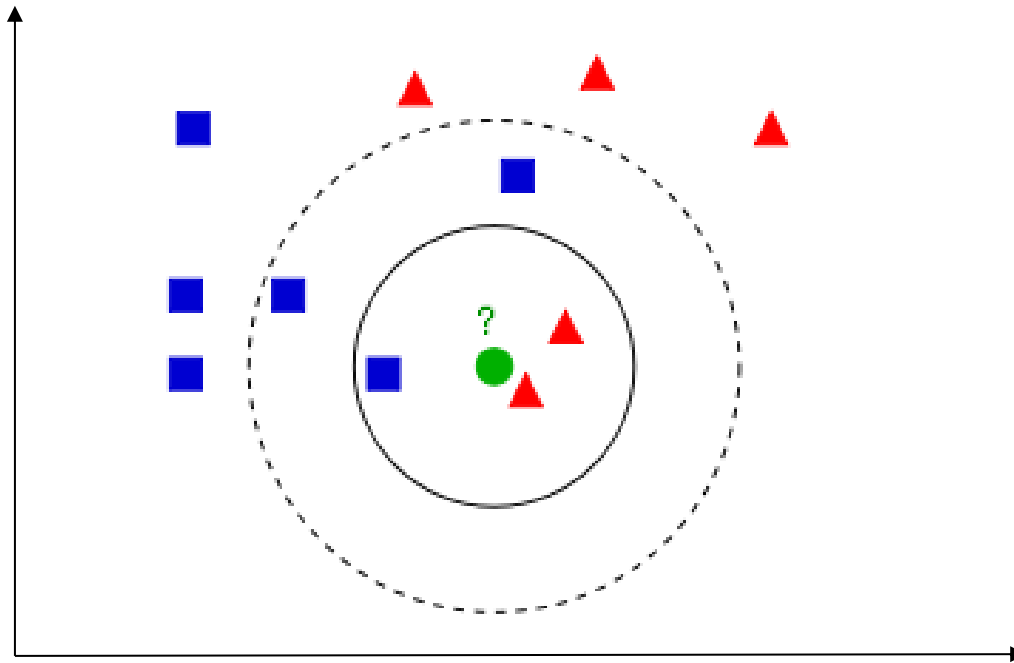
Supervised Clustering (Classification)

- use pre-existing biological information (e.g. tumor type, immune cell type, responders/non-responders etc.)
- Are used to infer which class an unknown sample belongs to
- Machine learning methods: **k-nearest neighbors**, SVM, Random forests, Bayesian networks, Deep Learning

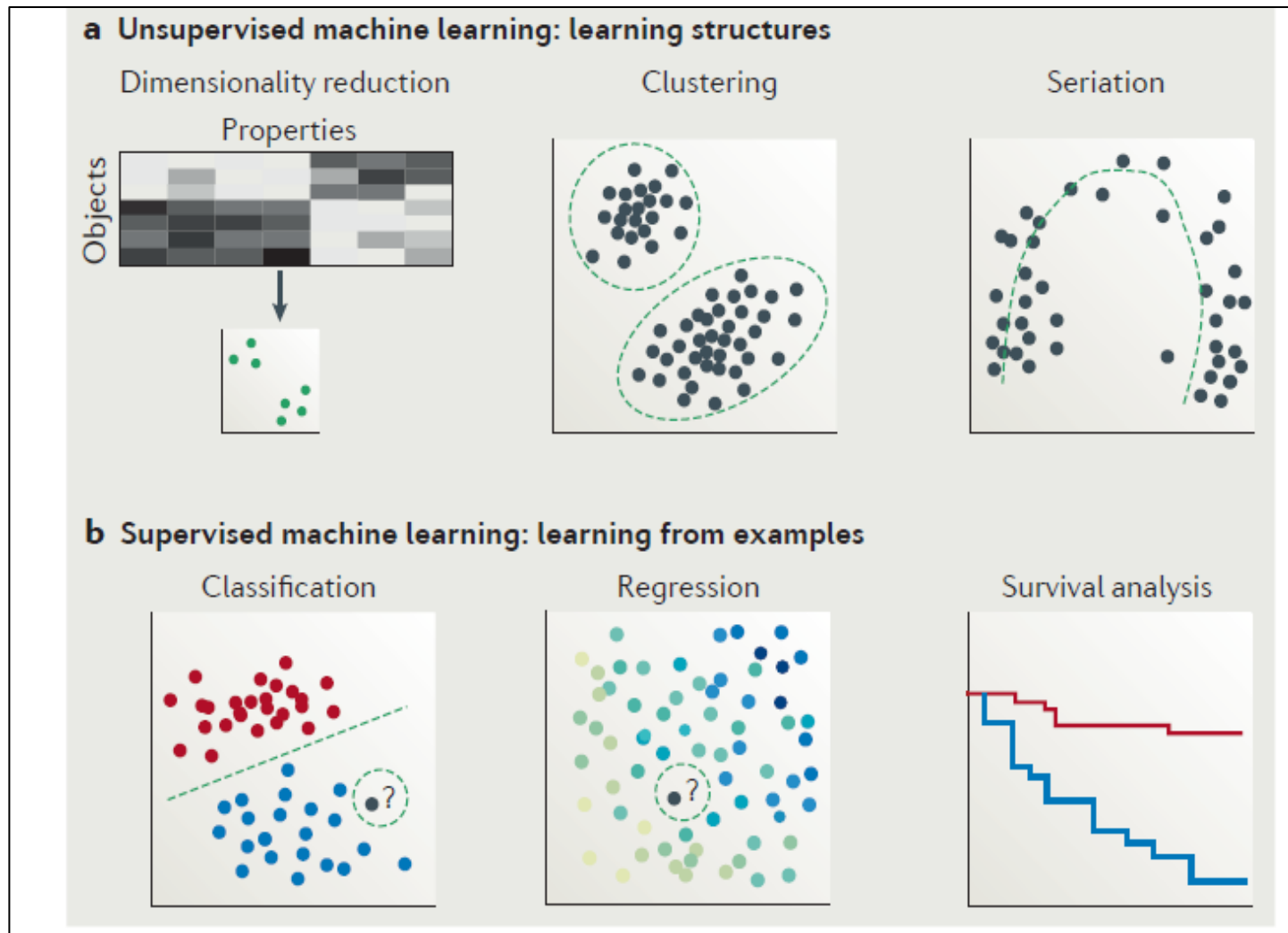
k-nearest neighbors classification (k-NN)

An object is classified by a majority vote of its neighbours, with the object being assigned to the class most common among its k nearest neighbours (k is a positive integer, typically small).

If $k = 1$, then the object is simply assigned to the class of that single nearest neighbour.



Supervised and Unsupervised Machine Learning



Q & A

25 YEARS OF FOCIS

JUNE 24-27

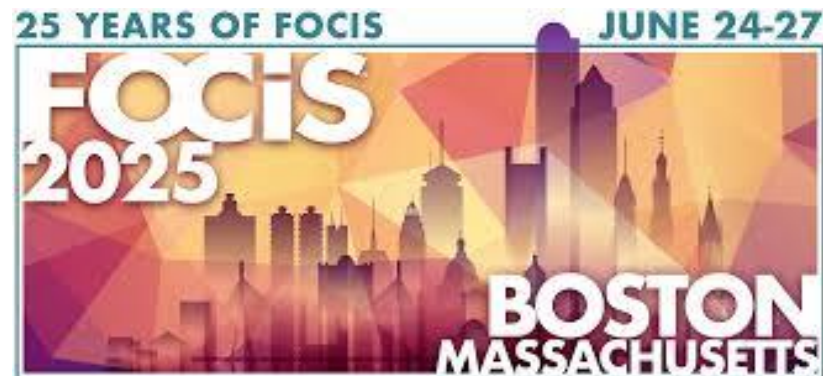


Deep Dive into Case Studies:

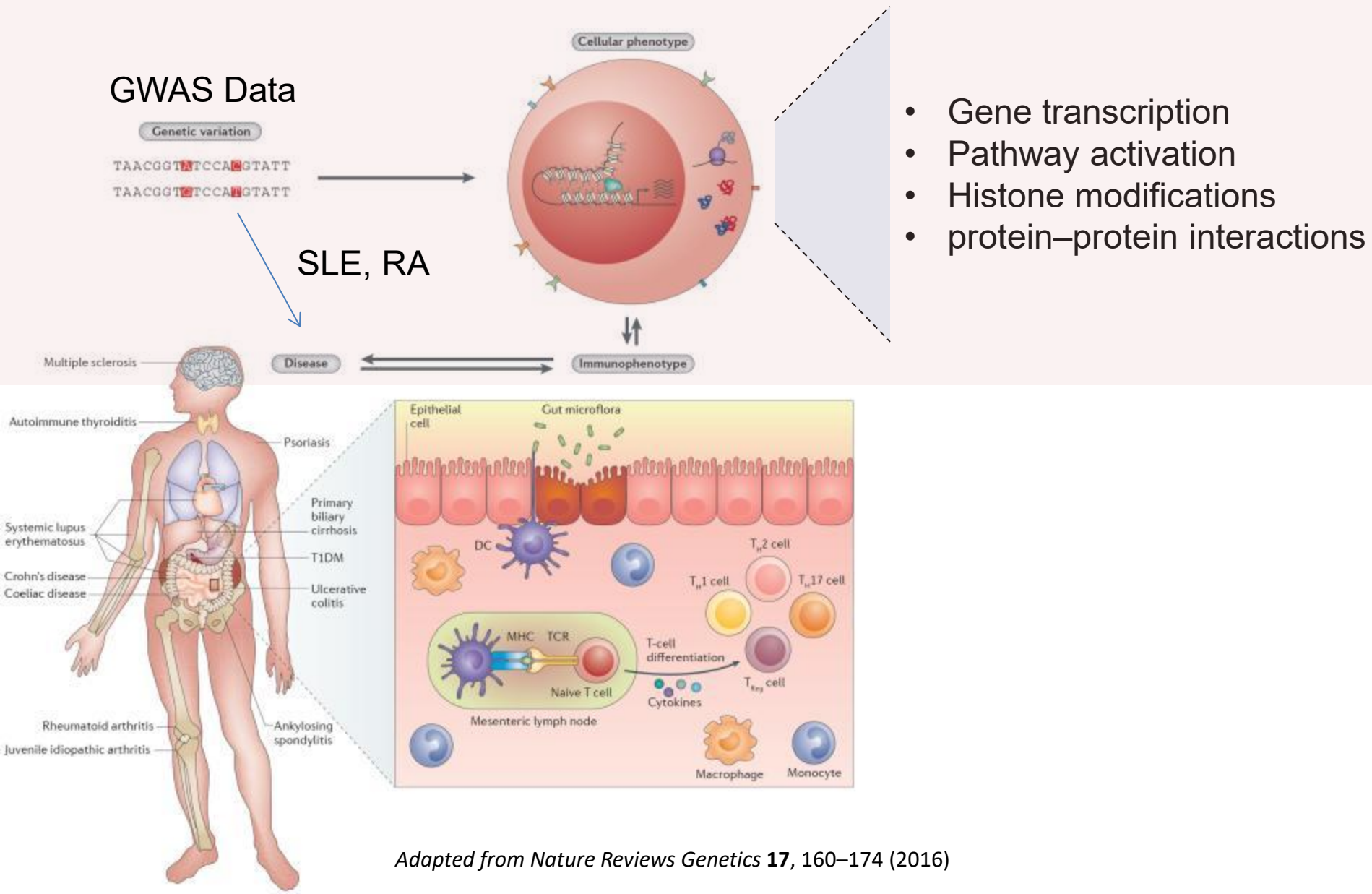
Systems Immunology to Novel Therapeutic Insights

Emanuele de Rinaldis

Workshop in Systems Immunology
June 23rd, 2025



Exploring connections between Genetics, Immune Phenotypes and Clinical Phenotypes



Leveraging on integration of orthogonal data sets to identify genes of therapeutic interest in RA (R. Plenge's)

LETTER

doi:10.1038/nature12873

Genetics of rheumatoid arthritis contributes to biology and drug discovery

[Nature](#). 2014 Feb 20;506(7488):376-8

Understanding SLE biology and stratifying patients using blood bulk gene expression data (V. Pascual's)

Article

Cell

Personalized Immunomonitoring Uncovers Molecular Networks that Stratify Lupus Patients

[Cell](#). 2016 Apr 21;165(3):551-6

Genetics and Drug Discovery in RA – Study Workflow

LETTER

doi:10.1038/nature12873

Genetics of rheumatoid arthritis contributes to biology and drug discovery

Identification of SNPs associated to RA

From SNPs to causal genes through gene-mapping

Characterization of results

Data integration and genes prioritization

Assessment of the workflow using validated targets

- 
- Novel loci associated to RA
 - New hints on disease biology
 - Novel candidate targets
 - Repositioning of existing drug targets

- **Genome Wide Association Studies (GWAS) and Meta-Analysis**
 - Genome variability and SNPs
 - Logistic Regression
 - Linkage Disequilibrium
 - Imputation
 - Manhattan Plots
- **Multiple Testing**
- **Network Analysis**
- **Fine-mapping and data integration**
 - Epigenetics data
 - Transcriptional data → eQTLs
- **Statistical enrichment**



Identification of SNPs
associated to RA

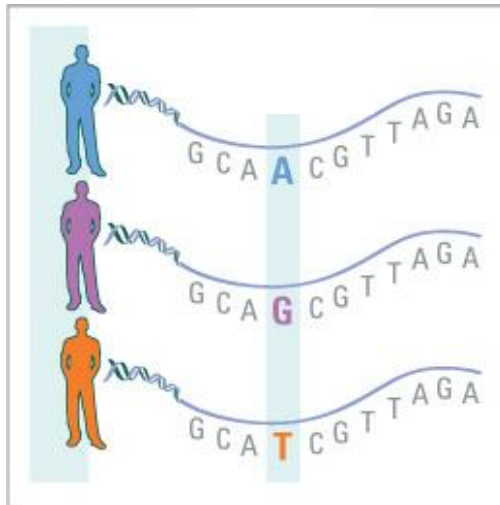
From SNPs to causal
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Characterization
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Data integration
and genes
prioritization

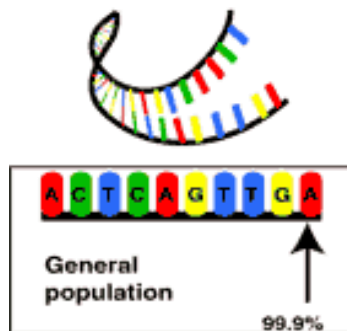
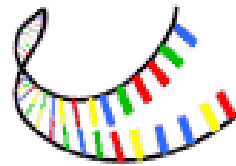
Assessment of
the workflow
using validated
targets

Genetic Variability



Polymorphism

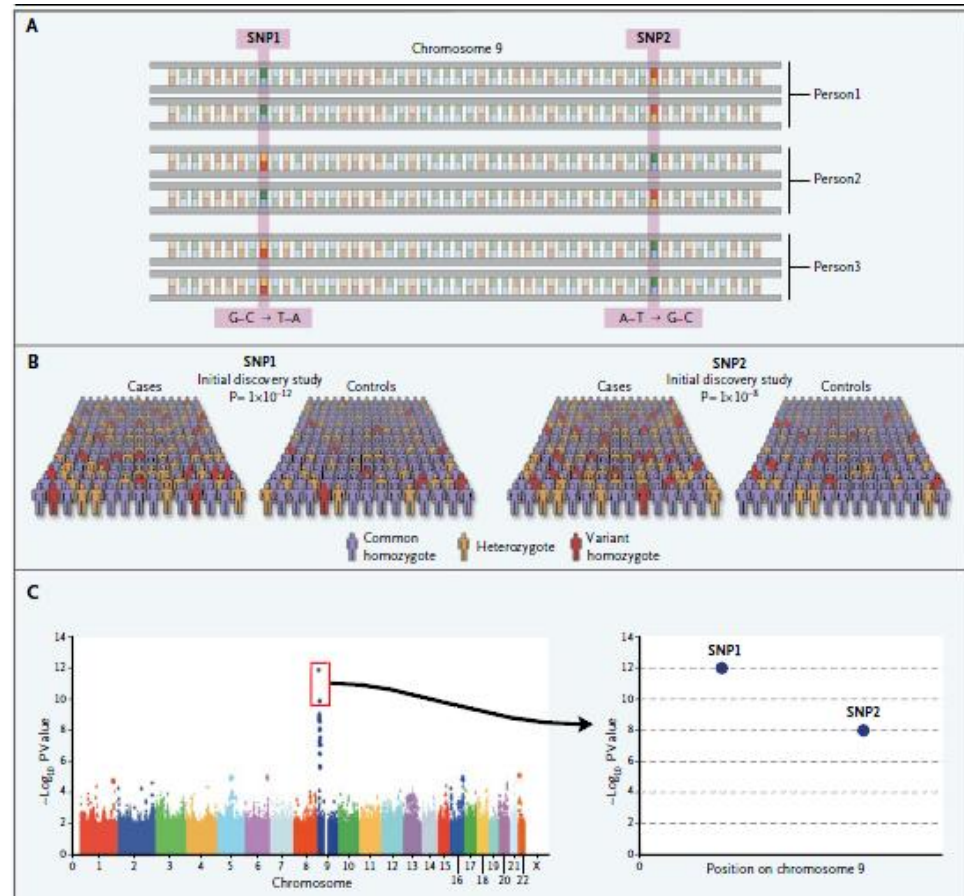
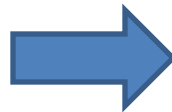
"Poly" *many* "morph" *form*



SNP: common ($>1\%$) variant of one **Single Nucleotide**

Mutation: typically a rare variant, associated with a disease

Genome-Wide Association Studies (GWAS)



N Engl J Med. 2010 Nov 18;363(21):2076-7.

Extraction of germline DNA (e.g. blood)

Genome-wide association study: An approach used in genetics research to look for associations between many - typically hundreds of thousands - specific genetic variations - most commonly single-nucleotide polymorphisms - and particular diseases

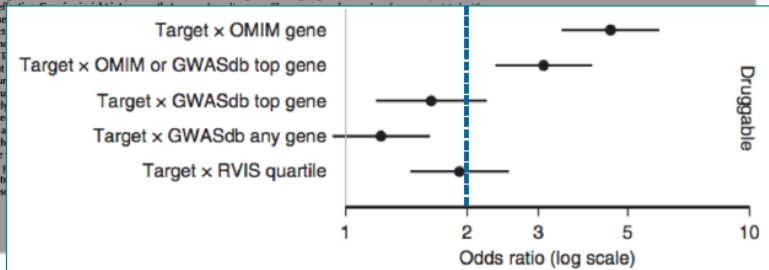
Why Pharma Is Investing in Genetics

The support of human genetic evidence for approved drug indications

Matthew R Nelson¹, Hannah Tipney², Jeffery L Painter¹, Judong Shen¹, Paola Nicoletti³, Yufeng Shen^{3,4}, Aris Floratos^{3,4}, Pak Chung Sham^{3,4}, Mulin Jun Li^{5,7}, Junwen Wang^{6,7}, Lon R Cardon³, John C Whittaker² & Philippe Sansse²

Over a quarter of drugs that enter clinical development fail because they are ineffective. Human genetic evidence is an important influence on drug development decisions. We estimate the impact of human genetic evidence on drug development decisions by comparing the proportion of drugs that are approved with and without genetic support. We found that the proportion of drugs that are approved with genetic support is significantly higher than those without genetic support. Therefore, using the genetic evidence to select the best drug targets and indications could increase the success of drug development.

~2-fold increase in success for genetic targets



RESEARCH ARTICLE

Are drug targets with genetic support twice as likely to be approved? Revised estimates of the impact of genetic support for drug mechanisms on the probability of drug approval

Emily A. King¹*, J. Wade Davis, Jacob F. Degner

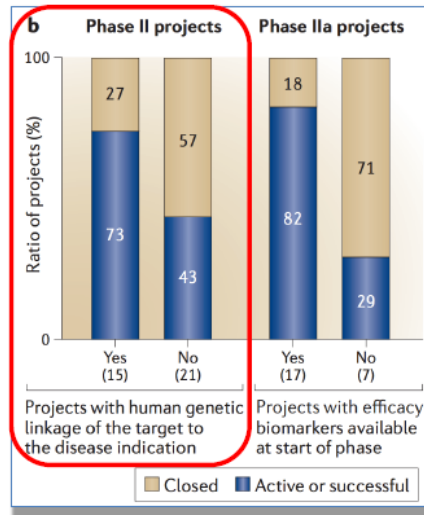
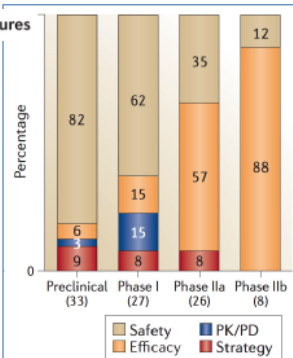
Department of Computational Genomics, AbbVie, North Chicago, Illinois, United States of America

* emily.king@abbvie.com

Lessons learned from the fate of AstraZeneca's drug pipeline: a five-dimensional framework

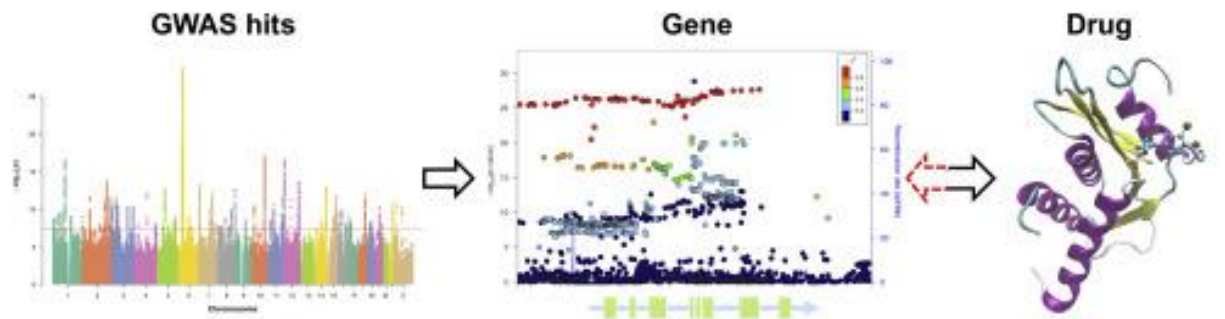
David Cook, Deang Brown, Robert Alexander, Ruth March, Paul Morgan, Gemma Satterthwaite and Menelaos N. Pangalos

b Project closures



- ❑ When causality is clear (Mendelian traits or coding variants) fold increase for success greater than 2 folds
- ❑ Limited contribution to GWAS genetic evidences not in OMIM → undetermined function

Lessons Learnt from Human Genetics



Trait	Gene with GWAS hits	Known or candidate drug
Type 2 Diabetes	<i>SLC30A8/KCNJ11</i>	ZnT-8 antagonists/Glyburide
Rheumatoid Arthritis	<i>PADI4/IL6R</i>	BB-CI-amidine/Tocilizumab
Ankylosing Spondylitis(AS)	<i>TNFR1/PTGER4/TYK2</i>	TNF-inhibitors/NSAIDs/fostamatinib
Psoriasis(Ps)	<i>IL23A</i>	Risankizumab
Osteoporosis	<i>RANKL/ESR1</i>	Denosumab/Raloxifene and HRT
Schizophrenia	<i>DRD2</i>	Anti-psychotics
LDL cholesterol	<i>HMGCR</i>	Pravastatin
AS, Ps, Psoriatic Arthritis	<i>IL12B</i>	Ustekinumab

Visschner et al. (2017) 10 Years of GWAS Discovery: Biology, Function, and Translation. *AJHG*

Single test for association



Do people carrying a certain genotype have an increased probability of having the disease?

SNP	S_IBD1	S_IBD2	S_IBD3	S_Cont1	S_Cont2	S_Cont3
rsxxxxx	0	0	1	0	1	0
rsxxxx0	0	0	0	0	0	0
rs...	1	0	0	0	2	1
rs...	0	0	0	1	0	1
rs...	0	0	1	1	1	1
PC1	..					
PC2			..			
PC ..						..

$$\text{Log}\left(\frac{p}{1-p}\right) = \beta_0 + \beta_1 \text{snp} + \beta_2 \text{pc1} + \beta_3 \text{pc2} + \beta_4 \text{pc3} + \dots$$

The tool used was “plink”, What we get back is:
the value of B1, and
a p-value for B1 being different than zero.

Other variable of
interest like
ethnicity, age, sex
can be added to
the model

Logistic regression



Test all SNPs for
association independently



Correct for multiple
testing

Instead of using 0.05 as a threshold for significance divide it by the total number of independent tests ($0.05/1M=5 \times 10^{-8}$ for genome-wide studies)

Linkage Disequilibrium

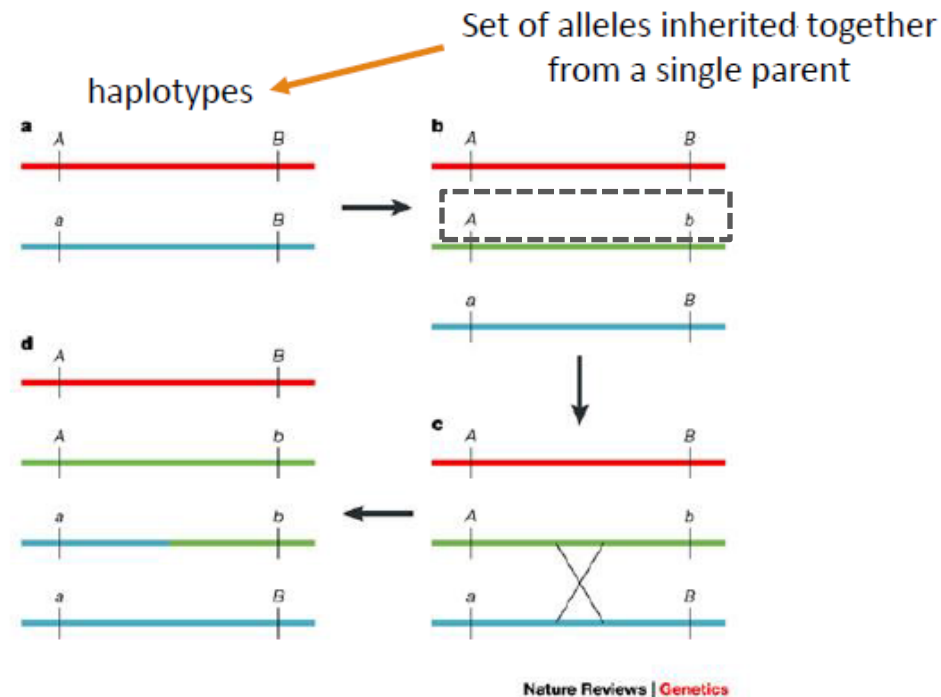


- early in the lifetime of the mutation, only three out of the four possible haplotypes will be observed in the population. **The b allele will always be found on a chromosome with the A allele at the adjacent locus**
- The association between alleles at the two loci will gradually be disrupted by recombination between the loci.
- This will result in the creation of the fourth possible haplotype and an eventual decline in LD among the markers in the population as the recombinant chromosome

Non-random association of alleles at different loci
(genetic positions)

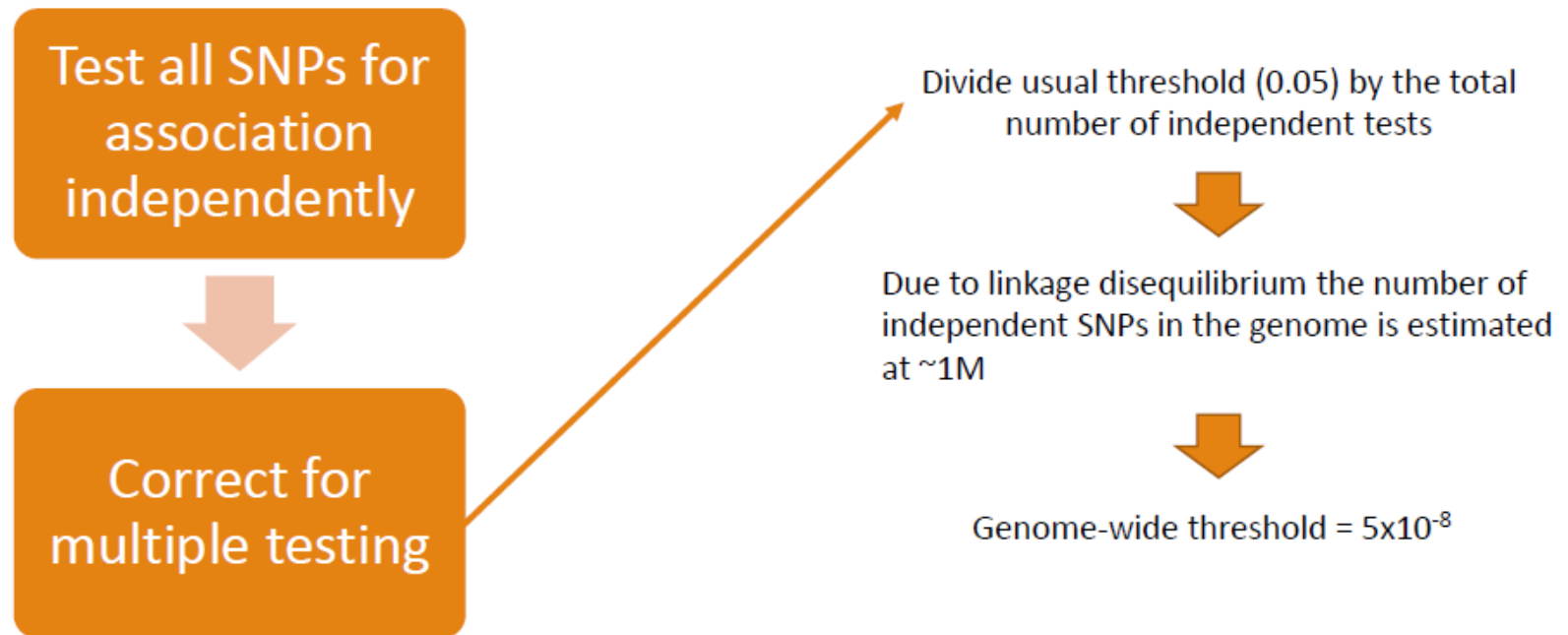


Genotypes are not independent but correlated

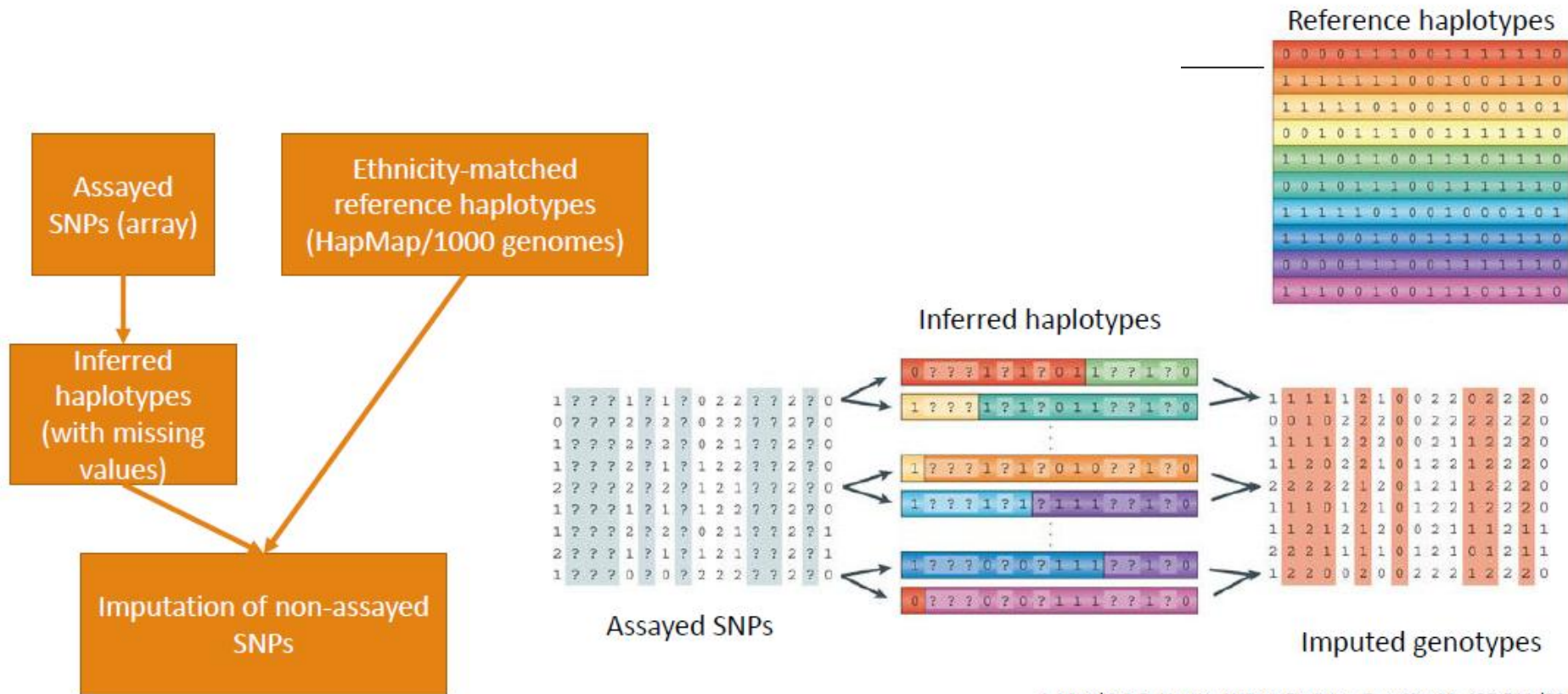


K. G. Ardlie, L. Kruglyak, M. Seielstad, *Nature reviews Genetics* 3, 299-309 (2002)

Multiple tests in the same cohort



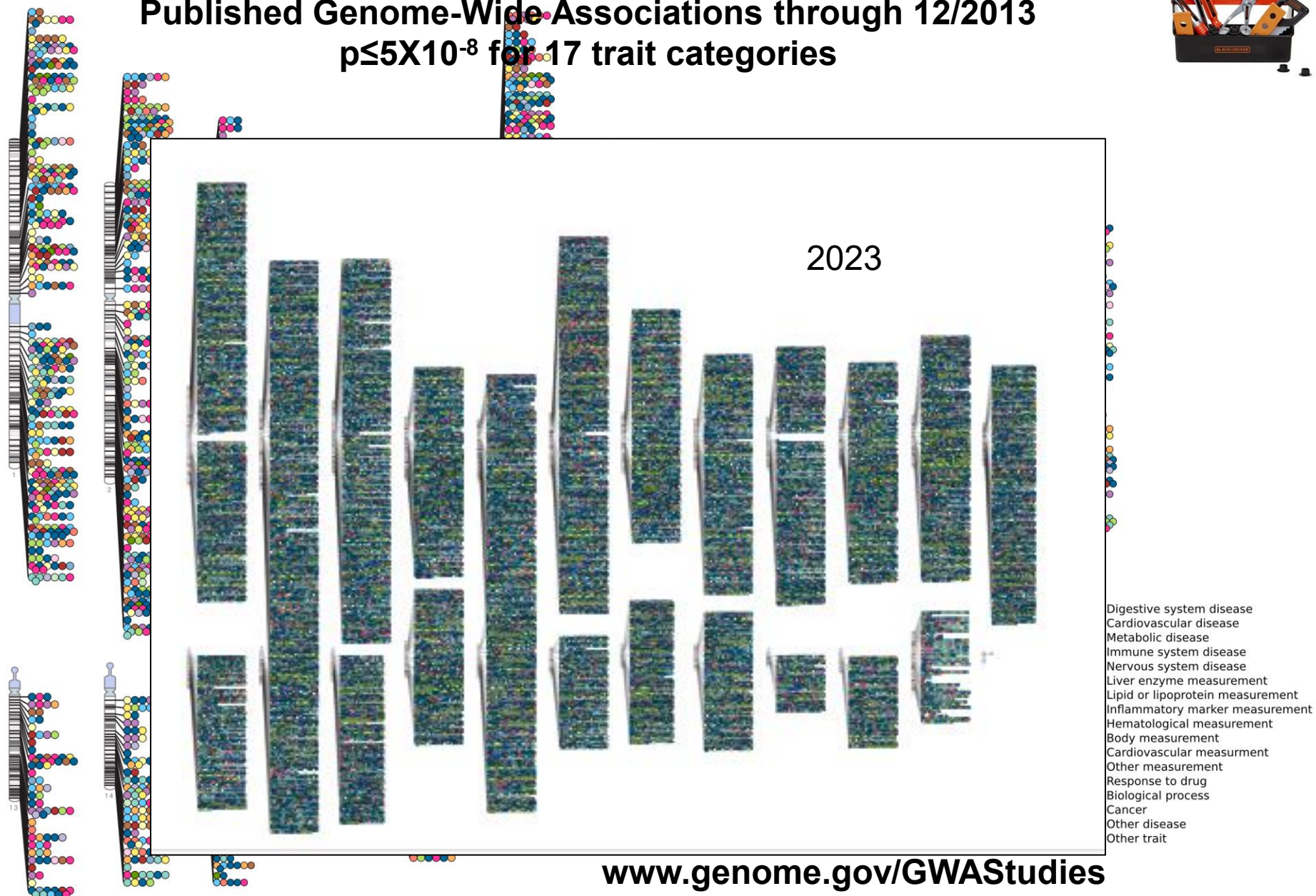
Imputation



J. Marchini, B. Howie, *Nature Reviews. Genetics* 11, 499-511 (2010)



Published Genome-Wide Associations through 12/2013 $p \leq 5 \times 10^{-8}$ for 17 trait categories



www.genome.gov/GWASTudies
www.ebi.ac.uk/fgpt/gwas/

Study Design

a

Stage 1 : Trans-ethnic GWAS meta-analysis

19,234 RA cases and 61,565 controls
(EUR : 14,361 RA cases and 43,923 controls)
(ASN : 4,873 RA cases and 17,642 controls)

57 loci (**17 novel**) $p_{val} < 10^{-8}$



146 loci with $P < 5.0 \times 10^{-6}$ in
trans-ethnic/EUR/ASN study

Stage 2 : *In silico* replication study

3,708 RA cases and 5,535 controls
(EUR : 2,780 RA cases and 4,700 controls)
(ASN : 928 RA cases and 835 controls)



20 loci with the highest statistical power
for EUR and ASN separately (in total 32 SNPs)

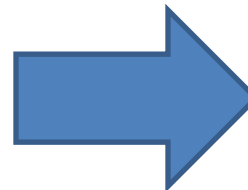
Stage 3 : *De novo* replication study

6,938 RA cases and 6,658 controls
(EUR : 995 RA cases and 1,101 controls)
(ASN : 5,943 RA cases and 5,557 controls)



Combining 1-3: **42 novel loci** with $P < 5 \times 10^{-8}$

[Nature](#). 2014 Feb 20;506(7488):376-81



**100 Total RA risk loci (58
known + 42 novel),
including 377 genes**

Identification of SNPs
associated to RA

From SNPs to causal
genes through fine-
mapping

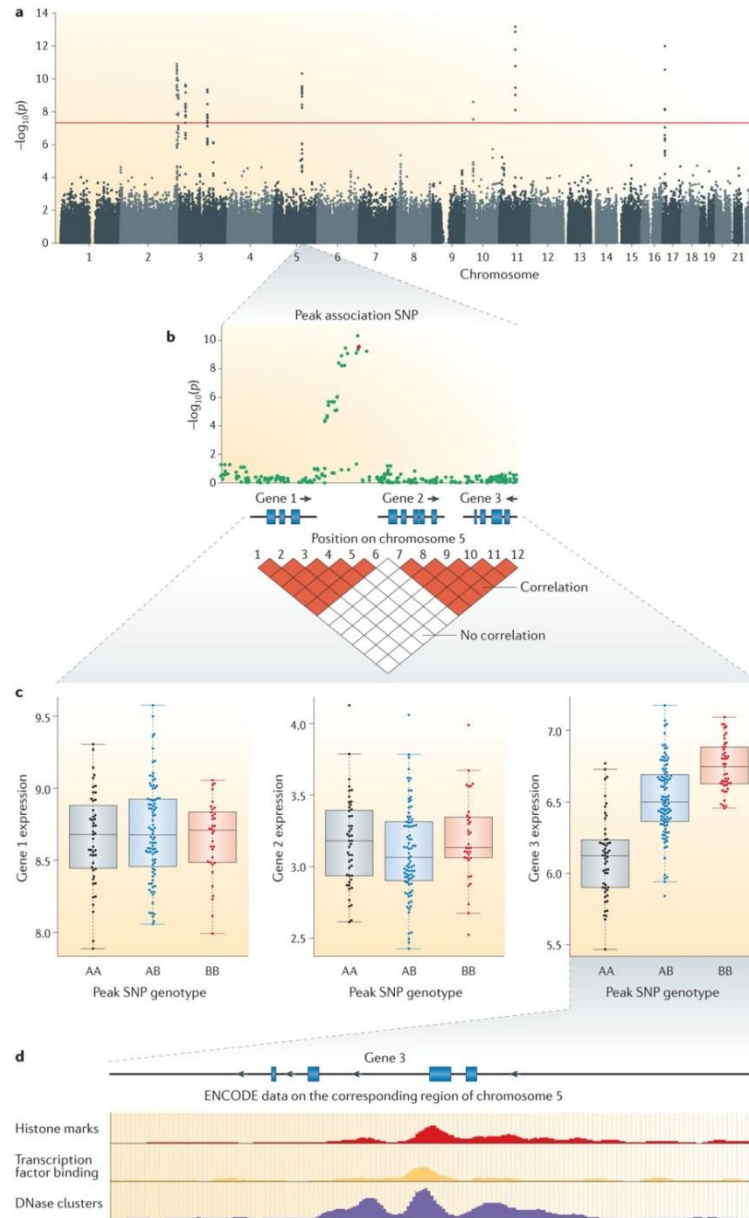
Characterization
of results

Data integration
and in-silico
genes
prioritization

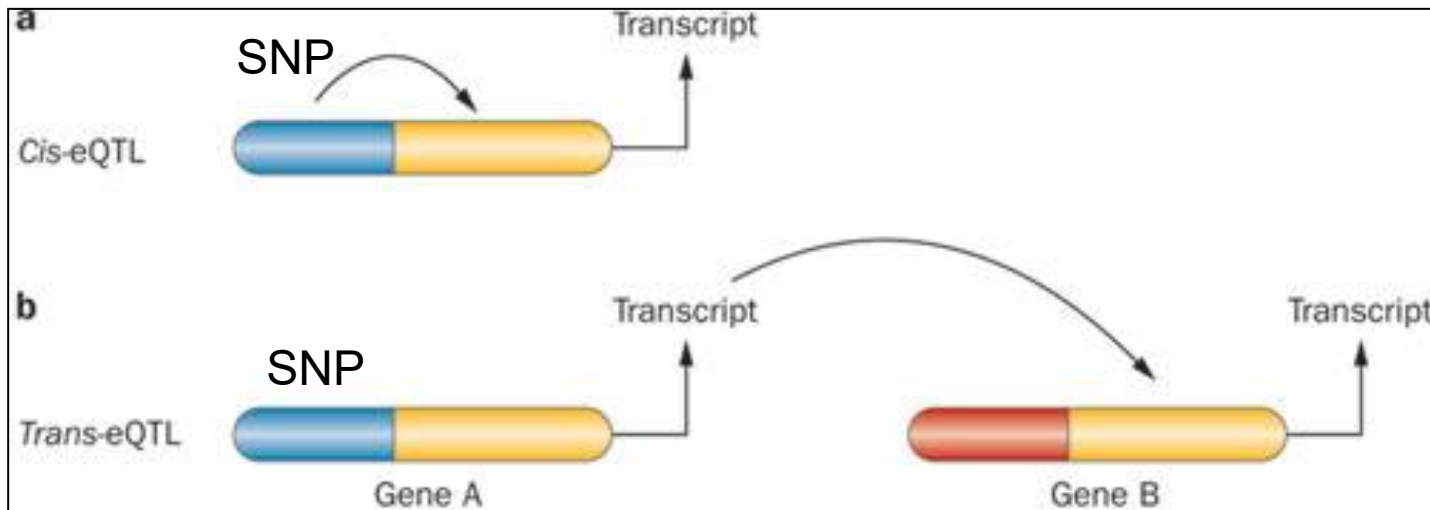
Assessment of
the workflow
using validated
targets

Fine-Mapping: overlaying different information to identify causal genes

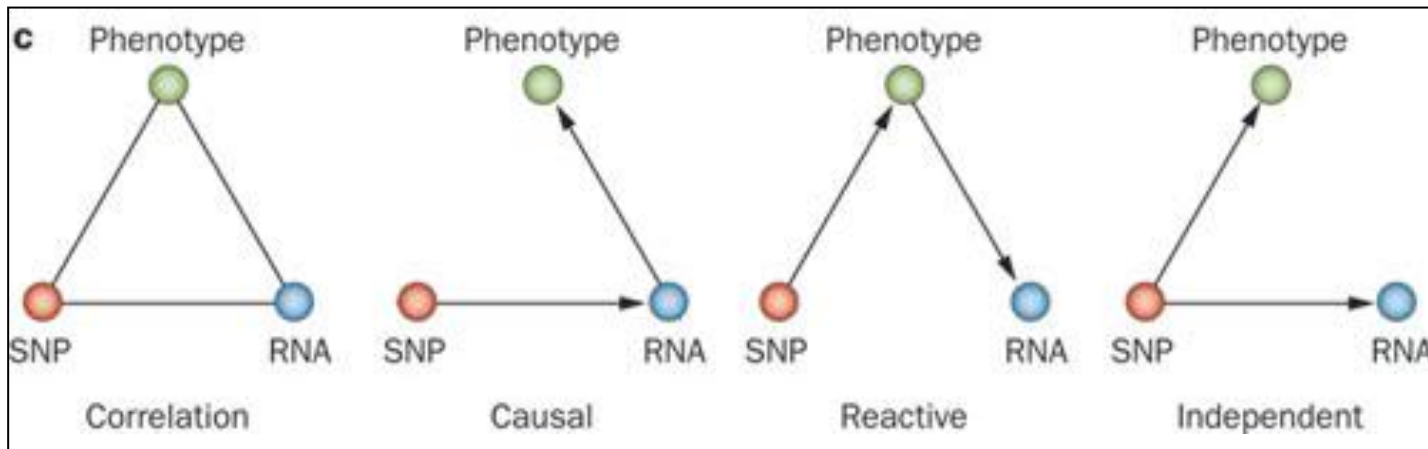
M. Civelek & A. J. Lusis – *Nat. Rev. Genetics*
(2013)



Combining DNA and RNA information – eQTLs and Causal Networks

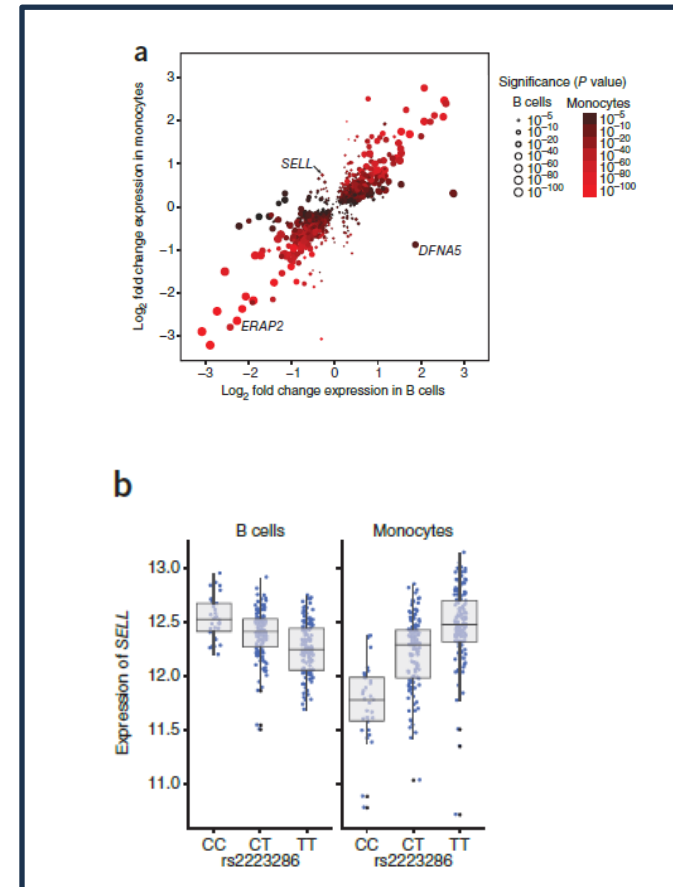
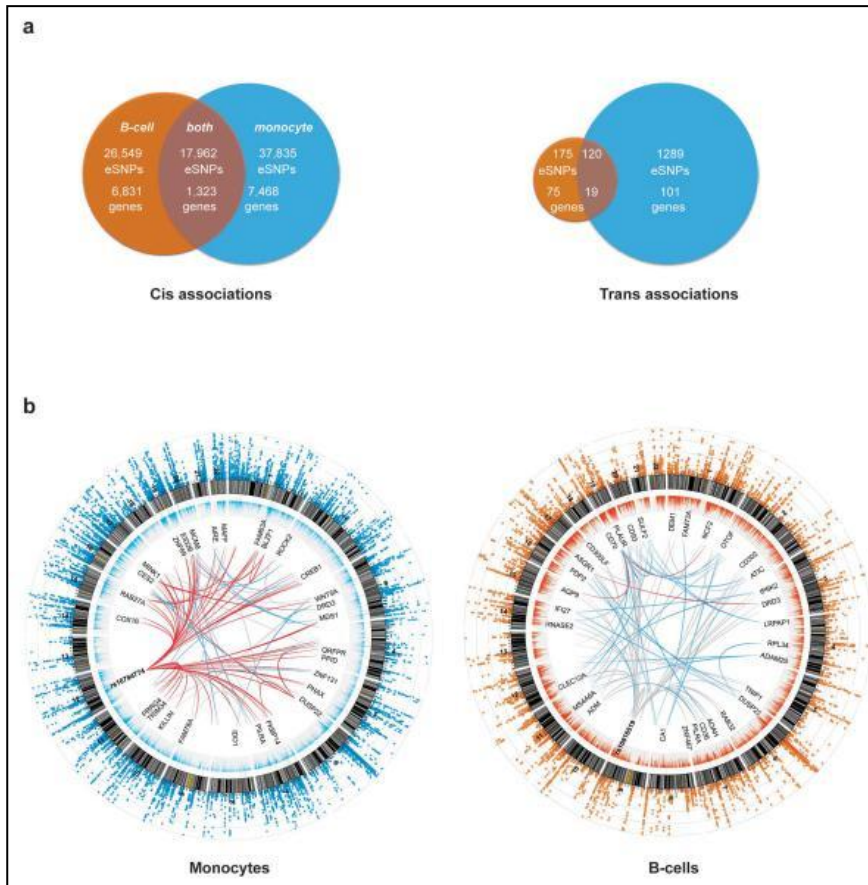


- DNA/RNA combined analysis can highlight eSNPs
- eSNPs exert an effect on genes' transcription



Using the SNP as a 'causal anchor', causal relationships between the three can be modelled: Causal Networks

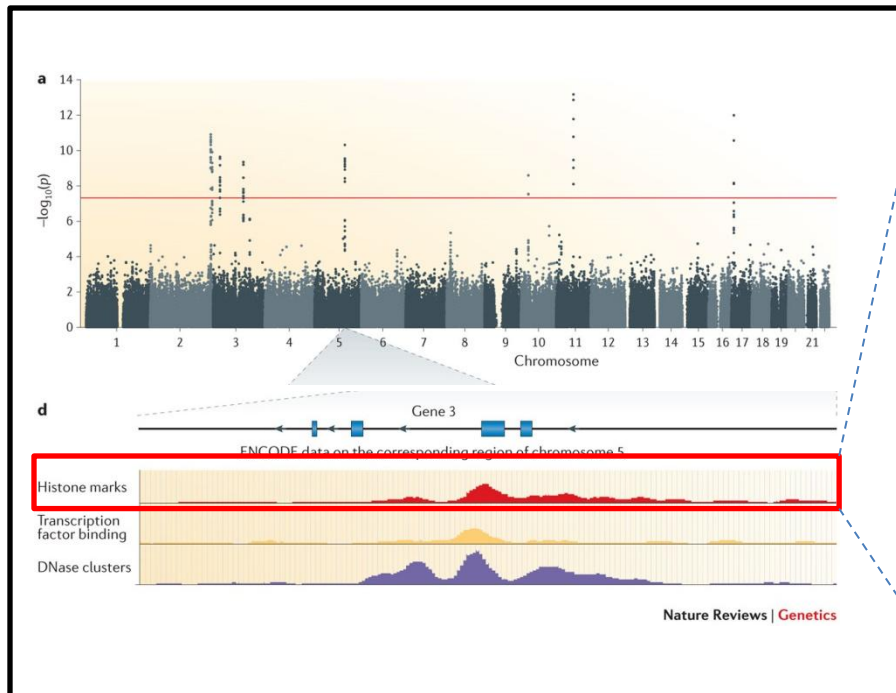
Cell type-specific eQTLs in B-cell and monocytes



Circos Plots

Assessment of enrichment of 100 non-MHC RNA risk loci in epigenetic chromatin marks

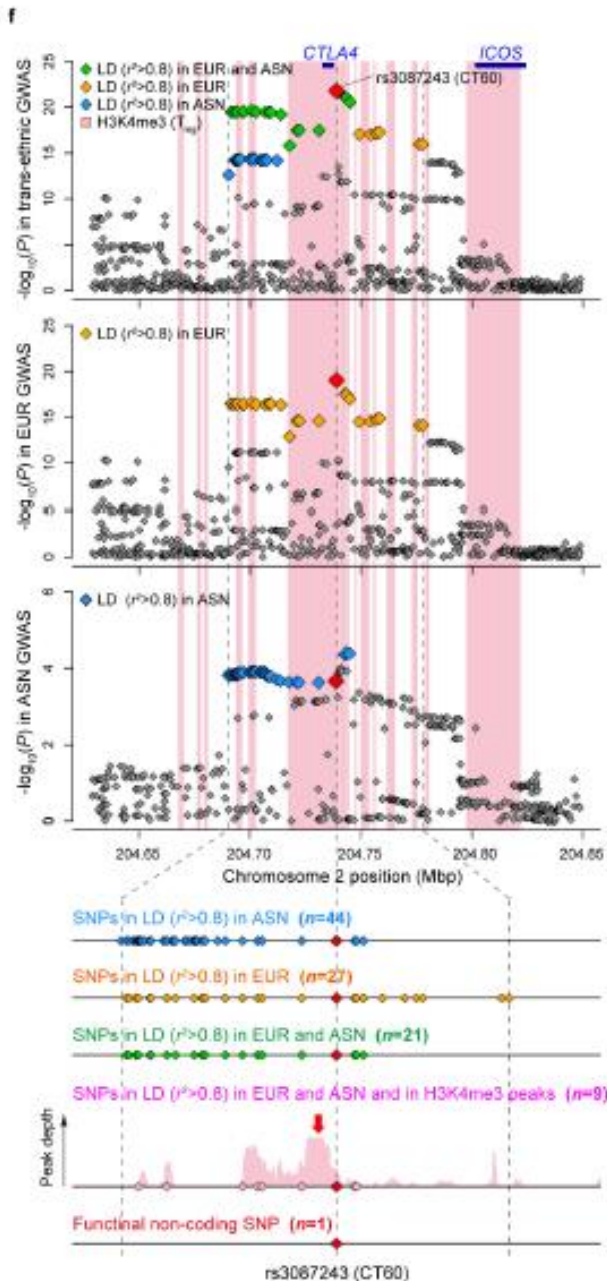
100 RA risk loci



d

Cell types	P for H3K4me3 enrichment
T _{reg} primary cells	$\leq 1.0 \times 10^{-5}$
CD4 ⁺ memory primary cells	3.0×10^{-5}
CD4 ⁺ naive primary cells	0.0041
CD8 ⁺ memory primary cells	0.0065
Smooth muscle, rectal	0.034
Mucosa, colon	0.038
CD8 ⁺ naive primary cells	0.12
Mucosa, stomach	0.13
CD34 ⁺ primary cells	0.18
CD34 ⁺ cultured cells	0.19
Mobilized CD34 ⁺ primary cells	0.19
CD19 ⁺ primary cells	0.24
CD3 ⁺ primary cells	0.30
Mucosa, duodenum	0.40
Muscle satellite cultured cells	0.46
Cingulate gyrus (brain)	0.53
Skeletal muscle	0.77
Mucosa, rectal	0.77
Smooth muscle, colon	0.79
Mesenchymal stem cells (adipose)	0.81
Adipose nuclei	0.84
Smooth muscle, duodenum	0.85
Mid frontal lobe (brain)	0.86
Hippocampus middle (brain)	0.91
Mesenchymal stem cells (bone marrow)	0.91
Pancreatic islets	0.93
Inferior temporal lobe (brain)	0.93
Substantia nigra (brain)	0.93
Adult kidney	0.94
Adult liver	0.95
Mesenchymal stem cells (adipocyte)	0.98
Mesenchymal stem cells (chondrocytes)	0.99
Anterior caudate (brain)	0.99
Smooth muscle, stomach	0.99

Example: Fine Mapping of CTLA4



Regional (trans-ethnic, European, Asian) SNP associations of the CTLA4 locus in stage 1 GWAS meta-analysis

1. functional non-coding variant of CT60 (rs3087243) showed the most significant association with RA.
2. Trans-ethnic fine mapping of candidate causal variants decreased the number of candidate variants from 44 (LD in Asians) and 27 (LD in Europeans) to 21 (LD in both populations).
3. **Selected the 9 candidate variants included in Treg H3K4me3 peaks, including CT60 (close to H3K4me3 summit)**

Identification of SNPs
associated to RA

From SNPs to causal
genes through fine-
mapping

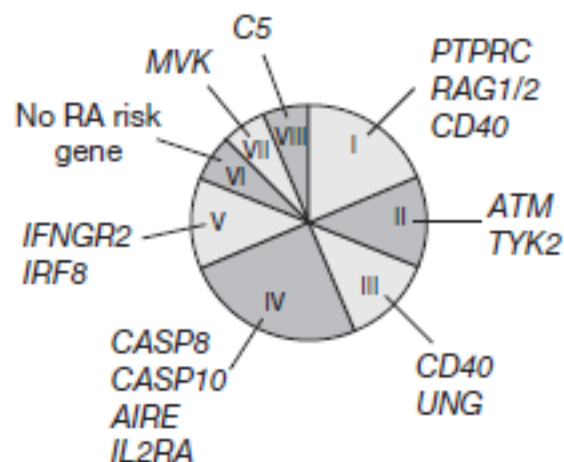
Characterization
of results

Data integration
and genes
prioritization

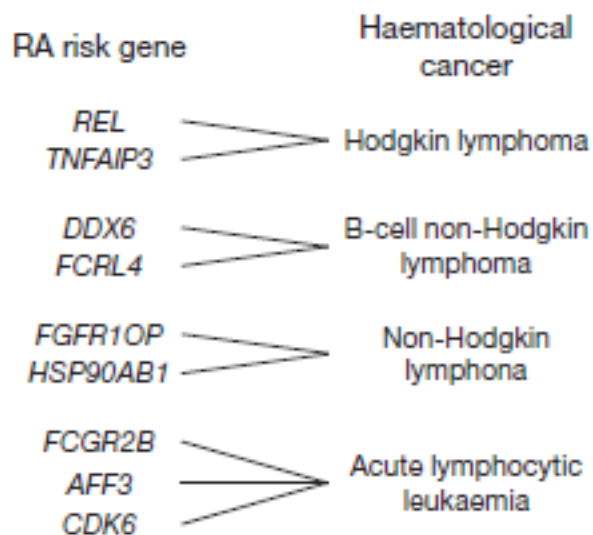
Assessment of
the workflow
using validated
targets

Characterization of Results (100 loci, 377 genes)

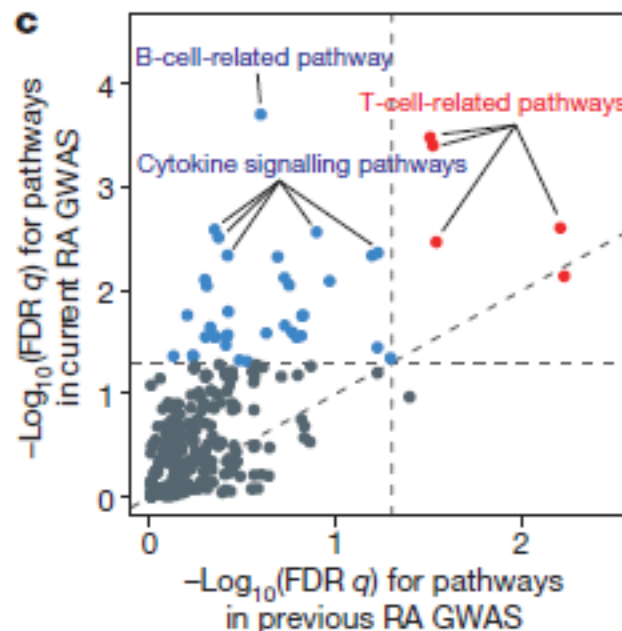
a PID categories and RA risk genes



b



c



Identification of SNPs
associated to RA

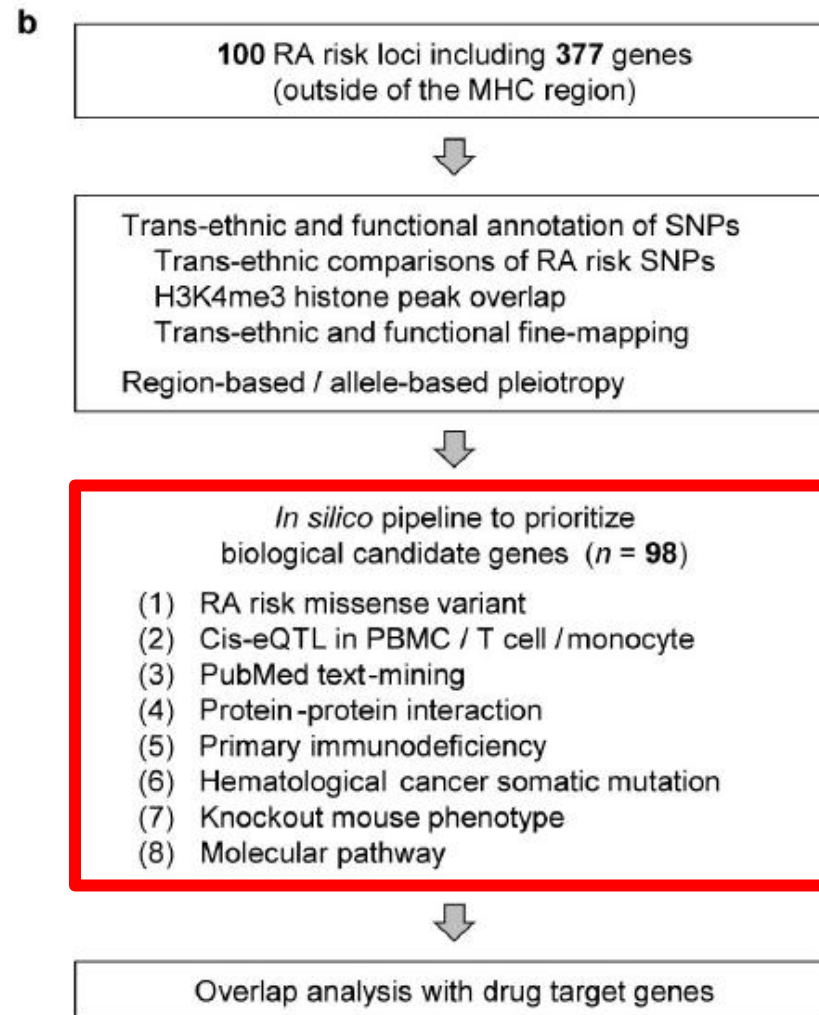
From SNPs to causal
genes through fine-
mapping

Characterization
of results

Data integration
and genes
prioritization

Assessment of
the workflow
using validated
targets

In-silico genes prioritization



[*Nature*](#). 2014 Feb 20;506(7488):376-81

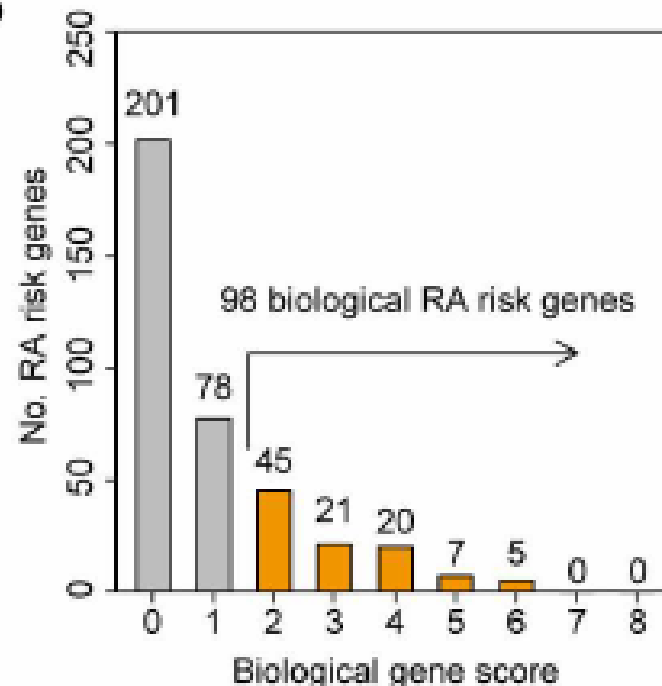
Prioritization of biological candidate genes from RA risk loci

a

Biological RA risk gene prioritization criteria

- (1) RA risk missense variant ($n = 19$)
- (2) Cis-eQTL ($n = 51$)
- (3) PubMed text-mining ($n = 90$)
- (4) Protein-protein interaction ($n = 63$)
- (5) Primary immunodeficiency ($n = 15$)
- (6) Hematological cancer ($n = 17$)
- (7) Knockout mouse phenotype ($n = 86$)
- (8) Molecular pathway ($n = 35$)

b



Identification of SNPs
associated to RA

From SNPs to causal
genes through fine-
mapping

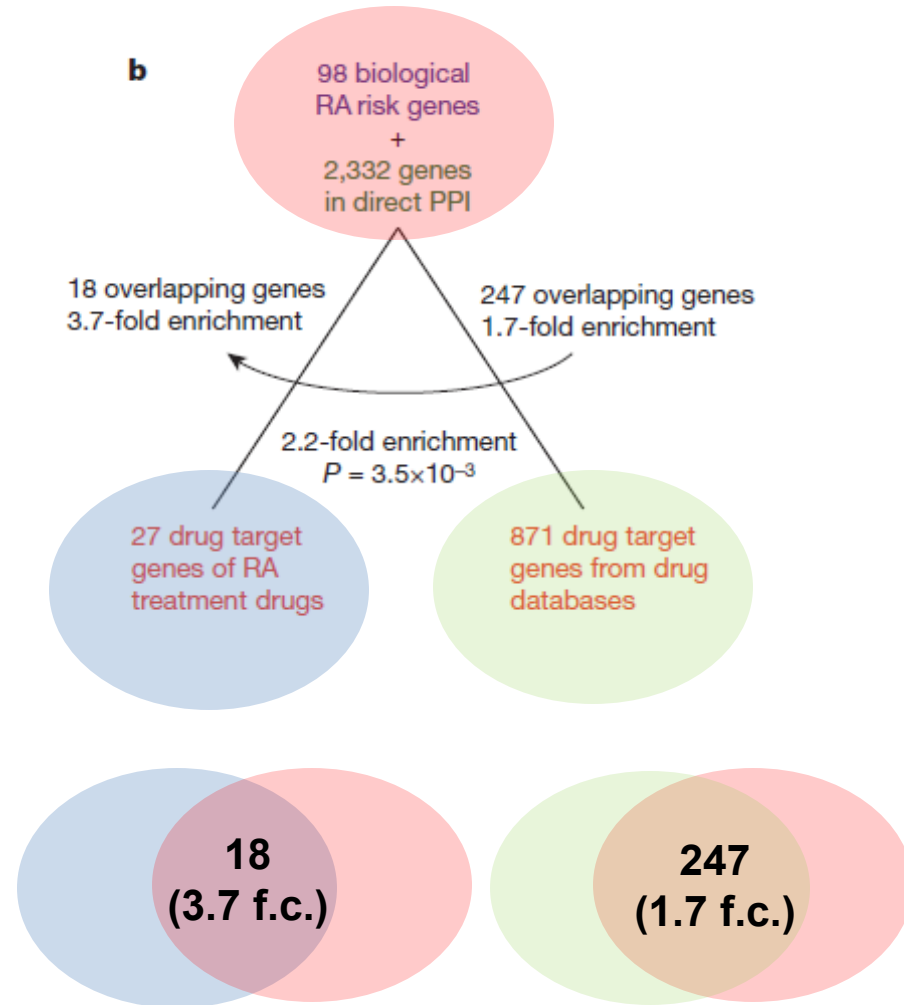
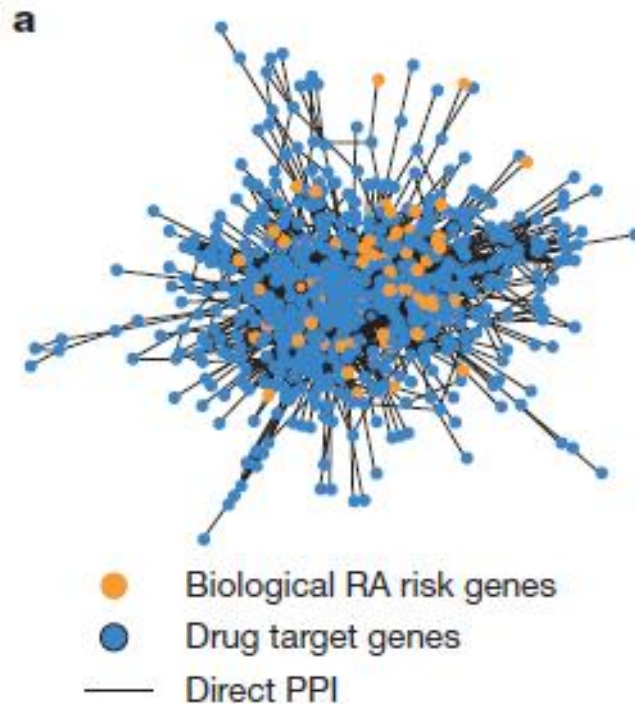
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Assessment of the workflow using validated targets

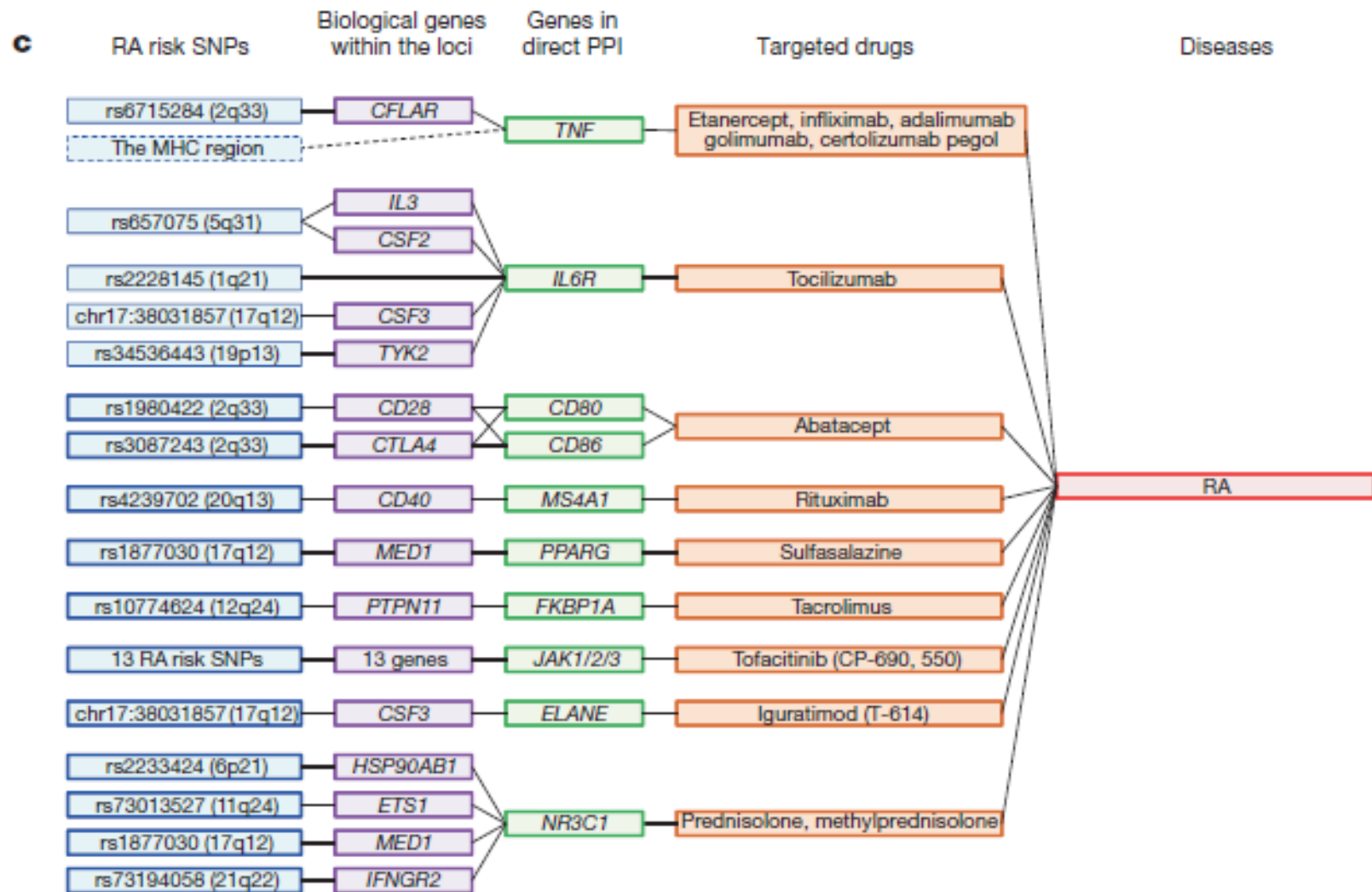
- 98 biological RA risk genes (score ≥ 2)
- +2,322 genes in PPI



➔ Strong enrichment for RA approved drugs (extracted from DrugBank TherapeuticTargets Database - TTD)

Mapping RA risk SNPs to drug targets

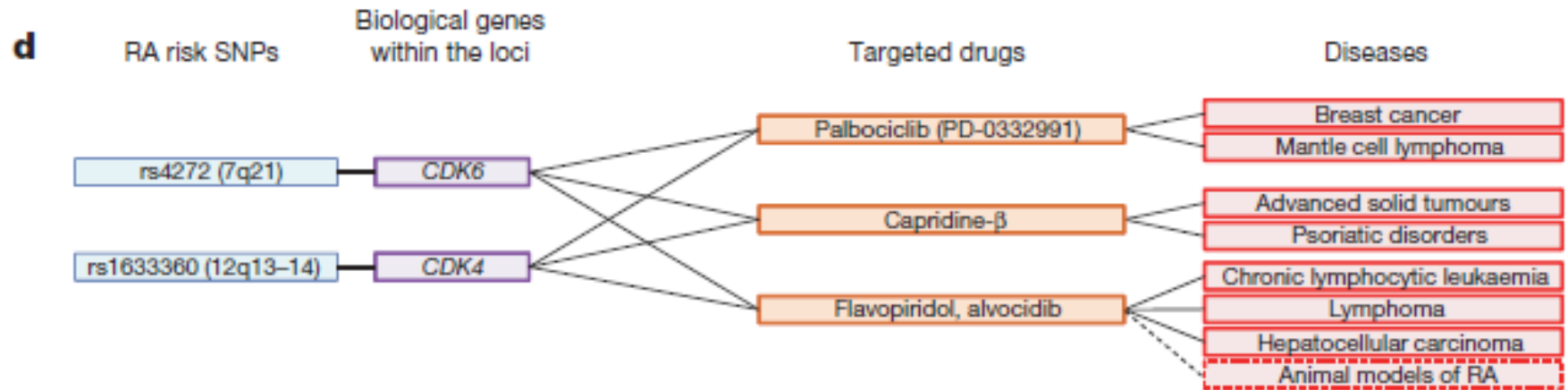
Example: PPI link to known RA drugs



- 98 biological RA risk genes (score ≥ 2)

Drug Repurposing

Connections between RA genes and drugs
indicated for other diseases



- Comprehensive genetic study with 100,000 subjects:
 - identified 42 novel RA risk loci
 - provided novel insights into RA pathogenesis.
 - demonstrated role of genetics for drug discovery

- Systematic approach to derive disease biological insights and novel drug candidates by integrating human genetic data with different layers of orthogonal information

Take Home Messages

- GWAS can be used to identify candidate regions and genes associated with risk of RA
- Testing millions of hypotheses implies hunting for very low p-values
- Using a series of strategies and additional data to understand the functions of associated genes to disease and prioritize them as possible targets
 - Epigenetics
 - PPI Network analysis
 - Link genetics to intermediate phenotypes (e.g. eQTLs)
- Enrichments for existing RA and other drugs supports the pipeline
- If new candidate RA genes can be targeted by existing drugs, drug repositioning opportunities can be evaluated

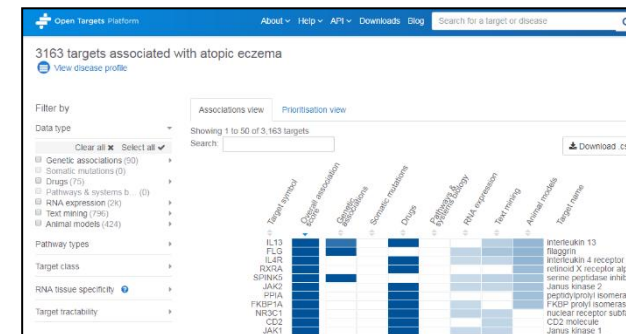
[illegible]

**Genetics, functional
genomics, immune-related
annotations,
network connectivity. 30
immune traits**

d

	PI rank	PI rating	Genomic predictors			Seed gene	Annotation predictors		
			nGene	cGene	eGene		tGene	pGene	dGene
ICAM1	5	4.36				✓			
TRAF1	6	4.34				✓			
STAT4	8	4.19							
PTPN2	9	4.09				✓			
CD40	10	4.02				✓			
CD8A	11	4.02							
CXCR5	15	3.85				✓			
IKBKKG	18	3.73							
IL6ST	19	3.71				✓			
GD4	20	3.70							
IRF5	21	3.68				✓			
TYK2	23	3.62				✓			
NFKBIA	24	3.59				✓			
TLR4	25	3.57							
HIF1A	27	3.56				✓			
ATFB6B	28	3.55				✓			
BCL2	29	3.53							
STAT1	31	3.48							
IRF1	33	3.46				✓			
BIRC3	34	3.45							
TNFAIP3	37	3.44							
IL2RA	46	3.38				✓			
IL2	47	3.37							
IRF9	48	3.36							
JAK3	52	3.33							
STAT5A	55	3.31				✓			
JAK1	56	3.31							
RELA	66	3.22							
EGFR	74	3.19							
IL6	84	3.14							
LCK	89	3.12							
TRAF2	157	2.90							
PLCG1	163	2.89							

Genetics, animal models, text-mining, druggability, animal models, text mining, pathways. All diseases



<https://www.targetvalidation.org/>

SLE Molecular Immune Monitoring – Study Workflow

Personalized Immunomonitoring Uncovers Molecular Networks that Stratify Lupus Patients

Romain Banchereau,^{1,7} Seunghee Hong,^{1,7} Brandi Cantarel,¹ Nicole Baldwin,¹ Jeanine Baisch,¹ Michelle Edens,¹ Alma-Martina Cepika,¹ Peter Acs,¹ Jacob Turner,¹ Esperanza Anguiano,¹ Parvathi Vinod,¹ Shaheen Khan,² Gerlinde Obermoser,¹ Derek Blankenship,¹ Edward Wakeland,² Lorian Nassi,^{2,3} Alisa Gotte,^{2,3,4} Marilyn Punaro,^{2,3} Yong-Jun Liu,^{1,5} Jacques Banchereau,⁶ Jose Rosello-Urgell,¹ Tracey Wright,^{2,3} and Virginia Pascual^{1,3,4}

¹Baylor Institute for Immunology Research, Dallas, TX 75204, USA

²UT Southwestern Medical Center, Dallas, TX 75235, USA

³Texas Scottish Rite Hospital for Children, Dallas, TX 75219, USA

⁴Vanderbilt University School of Medicine, Nashville, TN 37232, USA

⁵MedImmune, Gaithersburg, MD 20878, USA

⁶The Jackson Laboratory for Genomic Medicine, Farmington, CT 06030, USA

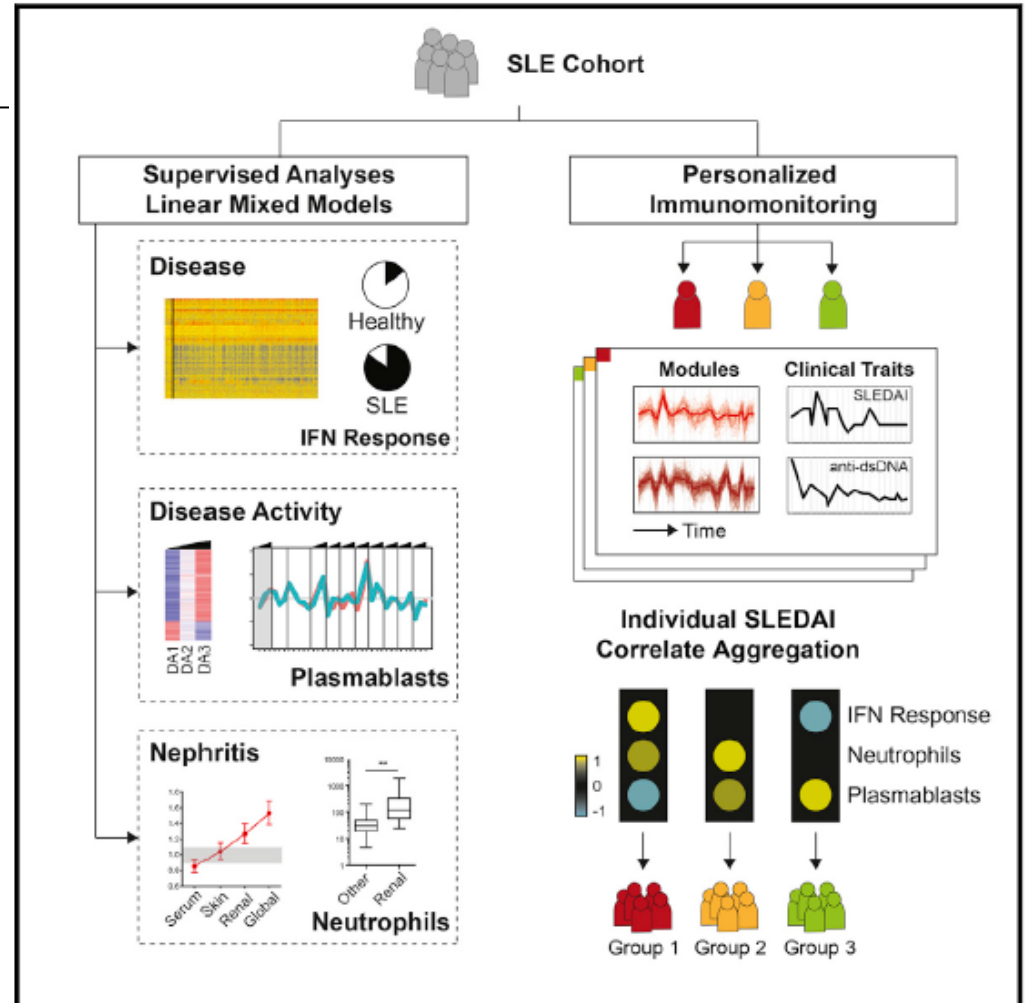
⁷Co-first author

*Correspondence: virginia.pascual@bswhealth.org

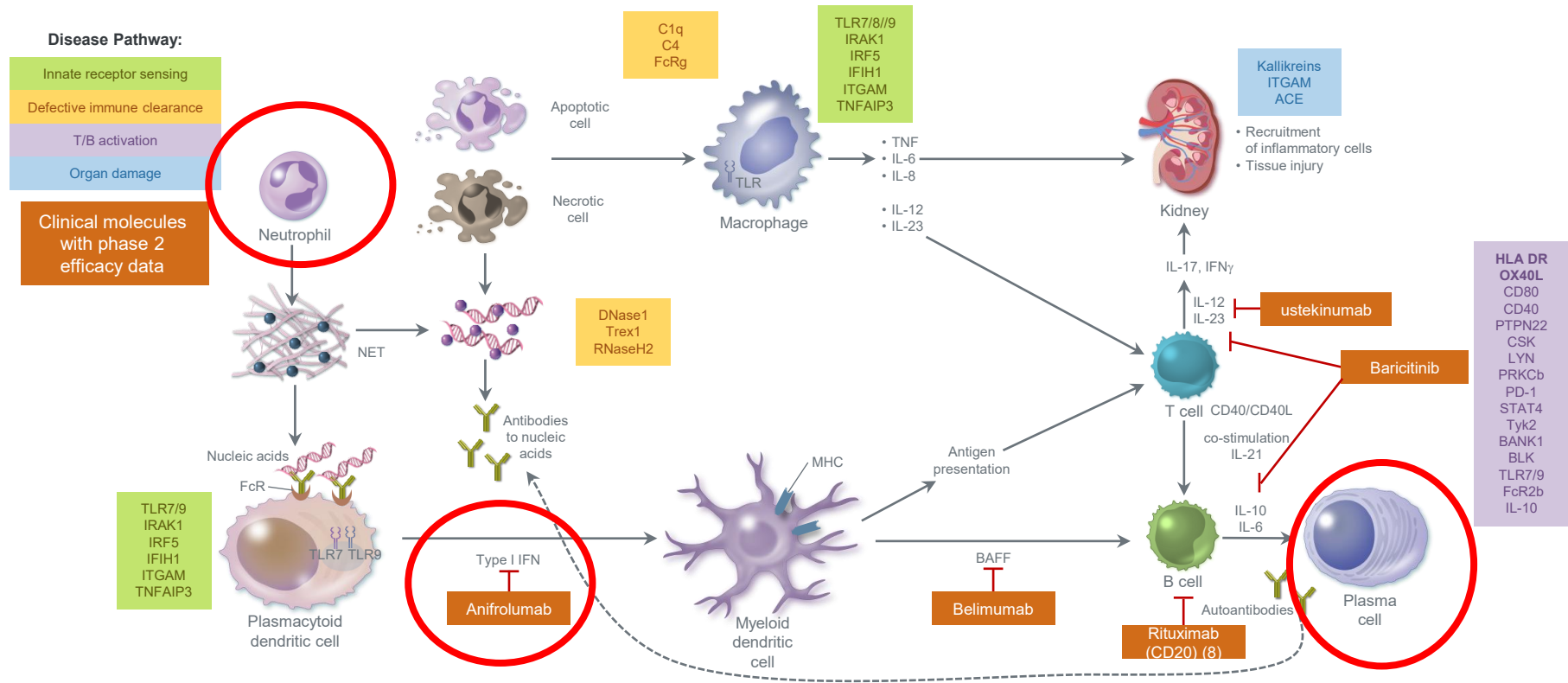
<http://dx.doi.org/10.1016/j.cell.2016.03.008>

Clinical and transcriptional profiling of 158 lupus pediatric patients, up to a period of 4 years

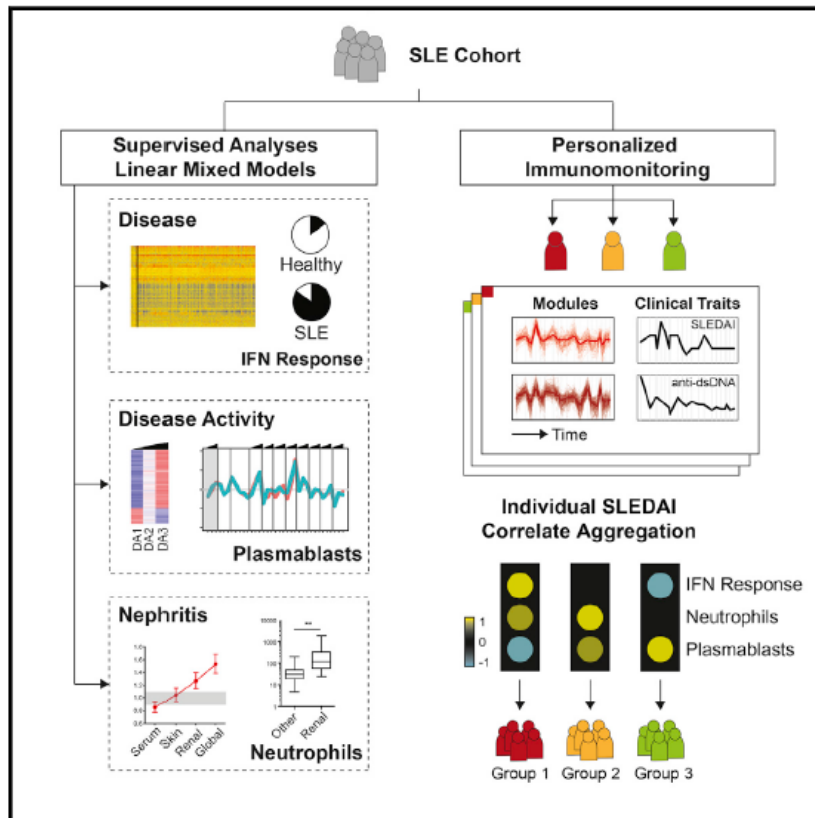
Cell. 2016 Apr 21;165(3):551-65



Cells and Pathways Driving SLE



Analytical Study Workflow



Clinical and transcriptional profiling of 158 lupus pediatric patients, up to a period of 4 years

Genes associated to SLE, DA, Race, Treatment, disease subtypes

From genes to blood modules

WGCNA modules for each patient and correlation with SLEDAI

Linking WGCNA to blood modules

Stratification of Patients into Groups

- **Gene Expression Analysis**
 - Multivariate linear regression modelling
 - Heat maps and Hierarchical Clustering
 - Aggregating gene expression through modules
 - WGCNA modules
 - Blood modules
 - Gene Set Enrichment Analysis



SLE Blood Transcriptional Fingerprint

Genes associated to
SLE, DA, Race,
Treatment, disease
subtypes

From genes to "blood
modules"

WGCNA
modules for
each patient and
correlation with
SLEDAI

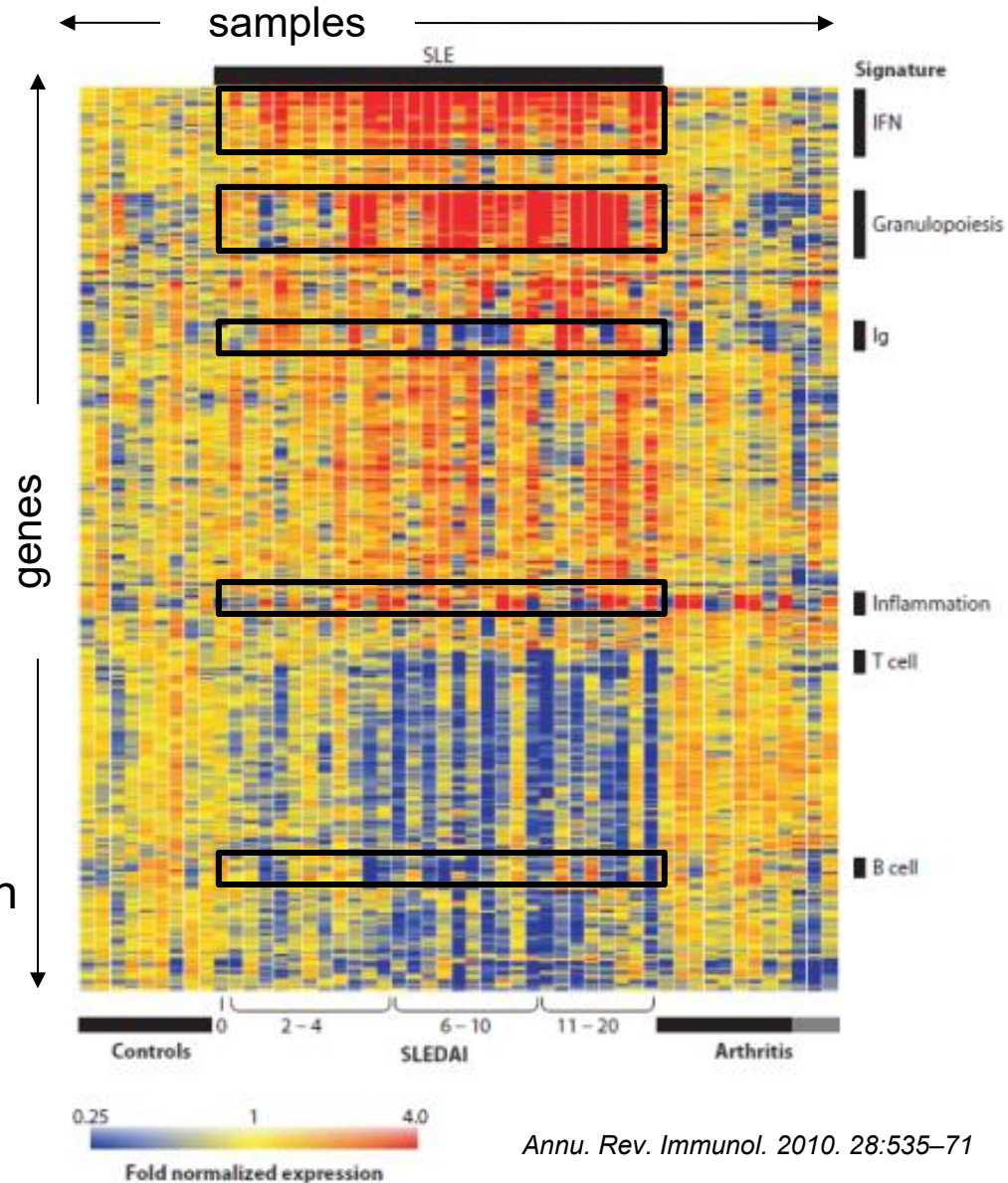
Linking WGCNA
to blood modules
for inference of
biological
function

Stratification of
patients into
groups

Gene Signatures



	Sample 1	Sample 2	Sample 3	Sample 4	Sample 5	Sample 6
Gene 1	1235	546	943	263	136	314
Gene 2	1266	32	556	435	687	2718
Gene 3	947	2829	389	3820	2039	1414
Gene 4	392	2398	84	829	4392	512



- Group of genes whose expression values, altogether, are associated with a given feature.
- Genes in signatures often show coordinated expression levels although this is not a requirement.

Differential Expressed Genes: Multivariate Linear Model

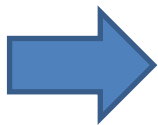


Example: 2 groups – SLE and Healthy Controls

$$y_{gi} = \beta_0 + \beta_1 x_{1i} + \beta_2 x_{2i} + \dots + \beta_p x_{pi} + \varepsilon_g$$

Explanatory Variables (e.g. SLE/Healthy, Disease Activity, Treatment etc.)

Expression of gene A



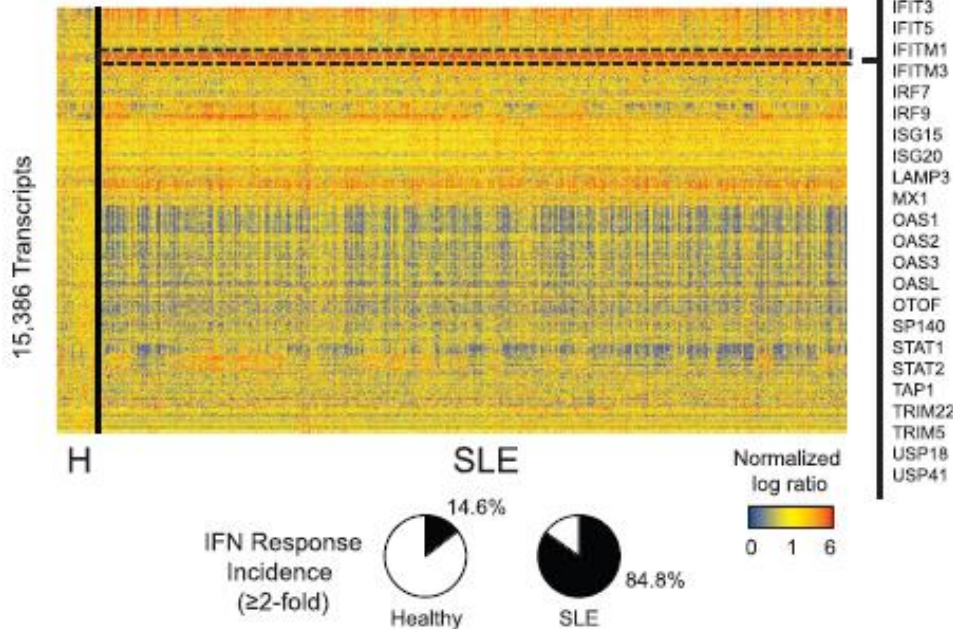
- Values of B coefficients
- P-value of B coefficients being different than 0

Genes Associated with SLE

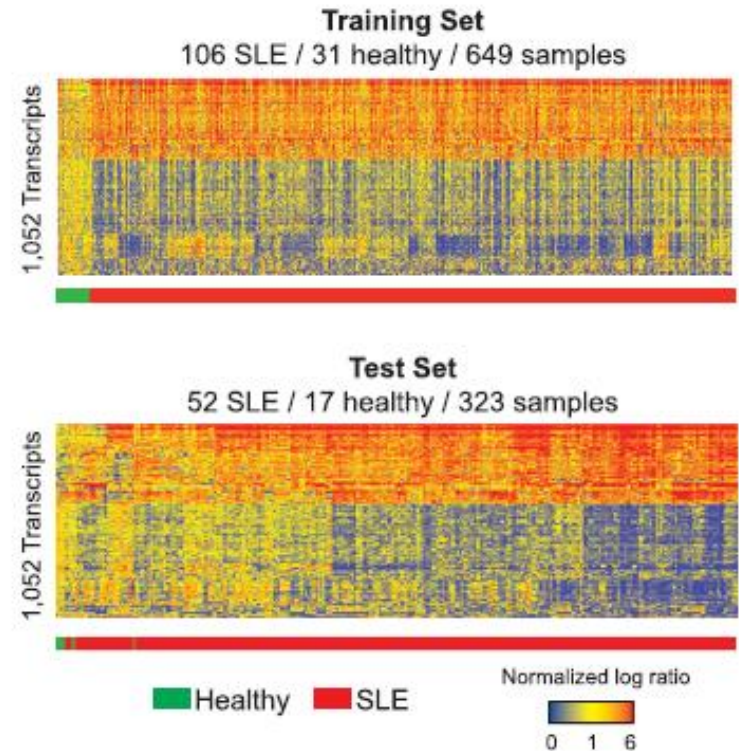
Interferon response

A

Dallas Pediatric SLE Cohort
158 SLE subjects (SLE)
48 healthy controls (H)
972 samples



B

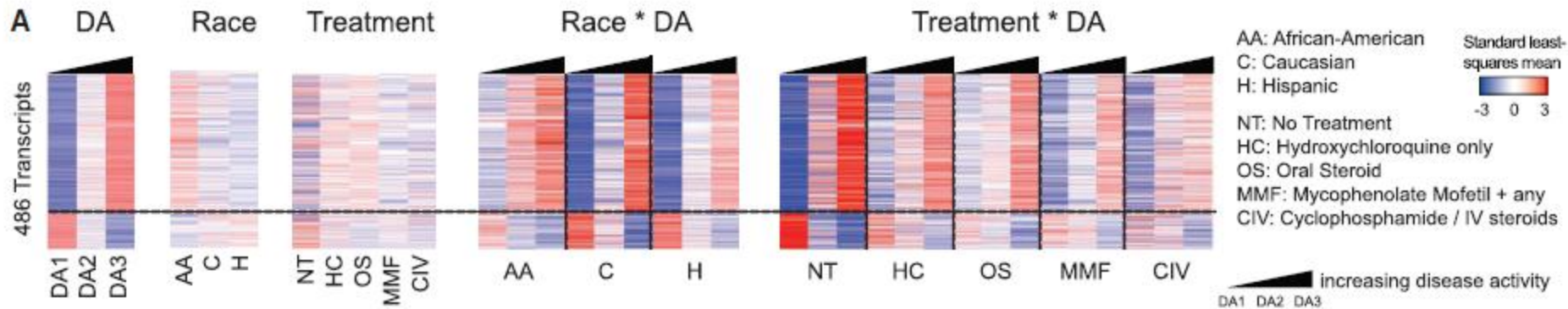


Cell. 2016 Apr 21;165(3):551-65

99

➔ 1.052 genes differentially expressed in SLE vs Healthy

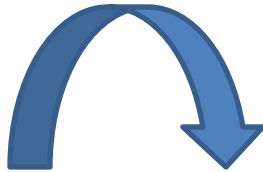
Genes Associated With SLE Disease Activity



- 486 Transcripts Differentially Expressed between DA1 (SLEDAI: 0-2) and DA3 (SLEDAI >7)
- Results stratified by Race, Treatment

SLE Blood Transcriptional Fingerprint

- % of genes up/down
- QuSage fold-change



Genes associated to
SLE, DA, Race,
Treatment, disease
subtypes

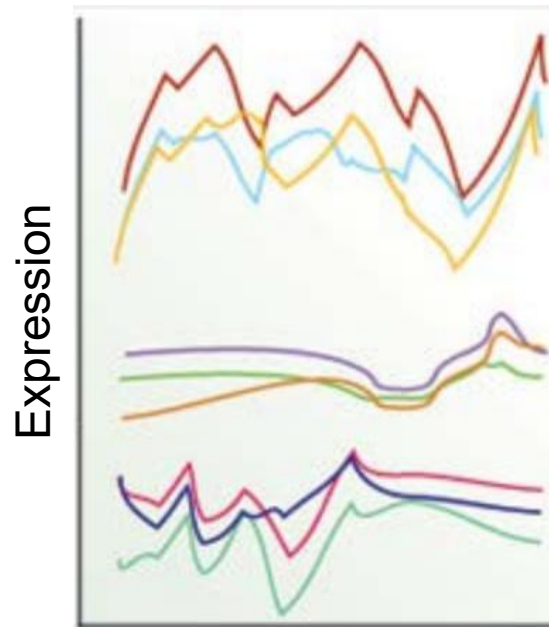
From genes to “Blood
Modules”

WGCNA
modules for
each patient and
correlation with
SLEDAI

Linking WGCNA
to blood modules
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Stratification of
patients into
groups

Building Transcriptional Blood Modules



Blood Samples (239)

Blood Module 1

Blood Module 2

Blood Module 3

239 Blood Samples:

- systemic juvenile idiopathic arthritis (n = 47)
- systemic lupus erythematosus (n = 40)
- type I diabetes (n = 20)
- metastatic melanoma (n = 39)
- acute infections (Escherichiacoli [n = 22]
- Staphylococcus aureus [n = 18], Influenza A [n = 16])
- liver-transplant recipients undergoing immunosuppressive therapy (n = 37).

260 blood modules identified

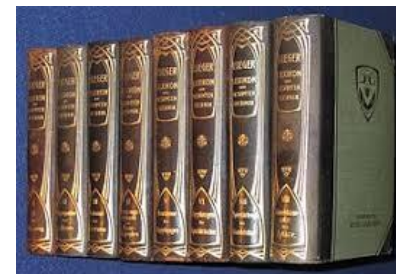


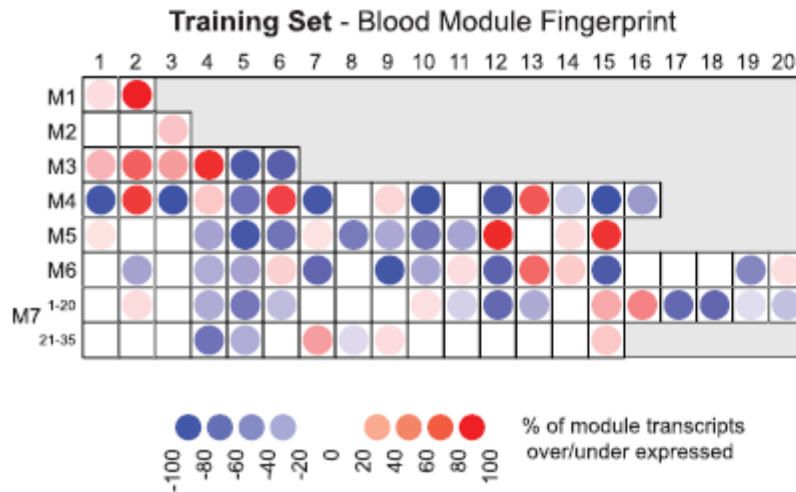
Table 1. Functional Interpretation of Transcriptional Modules

Module I.D.	Number of Probe Sets	Keyword Selection	Interpretation
M 1.1	76	Ig, Immunoglobulin, Bone, Marrow, PreB, IgM, Mu.	<u>Plasma cells.</u> Includes genes coding for Immunoglobulin chains (e.g., IGHM, IGJ, IGLL1, IGKC, IGHD) and the plasma cell marker CD38.
M 1.2	130	Platelet, Adhesion, Aggregation, Endothelial, Vascular	<u>Platelets.</u> Includes genes coding for platelet glycoproteins (ITGA2B, ITGB3, GP6, GP1A/B) and platelet-derived immune mediators such as PPPB (pro-platelet basic protein) and PF4 (platelet factor 4).

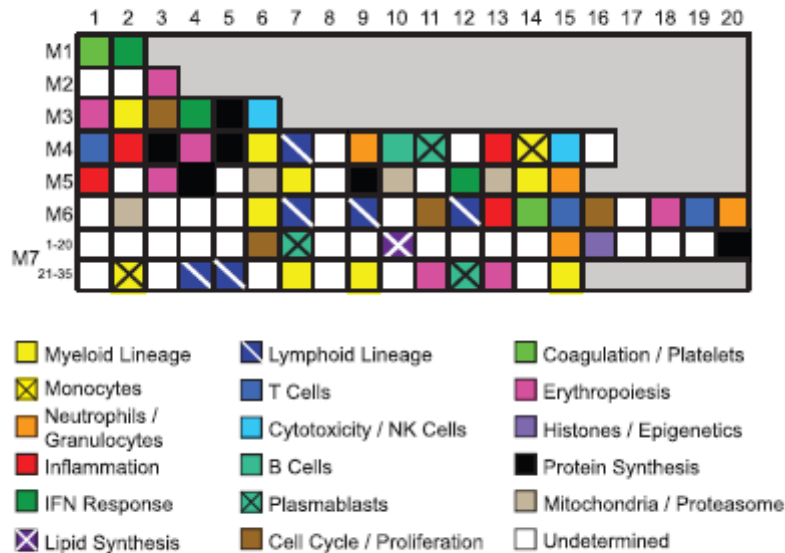
SLE vs Healthy: From Genes to Modules

C

Modules perturbed in SLE vs Healthy

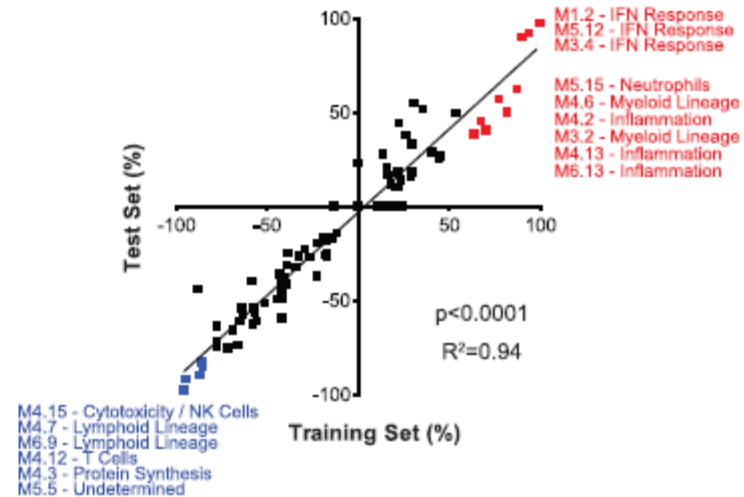


Blood Module Functional Map



D

Blood Module Fingerprint Reproducibility

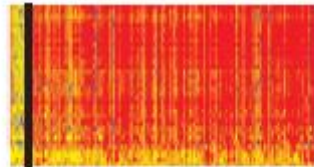


- **Over-expression** of IFN response, neutrophil, inflammation, cell cycle, erythropoiesis, and histone modules.
- **Down-regulation** of NK cell/cytotoxicity, lymphoid lineage, B cells, T cells, and protein synthesis

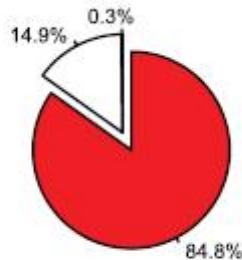
Over-expression of IFN, plasmablast and neutrophil module genes

E

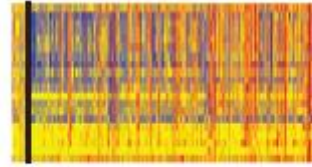
M1.2 - IFN Response



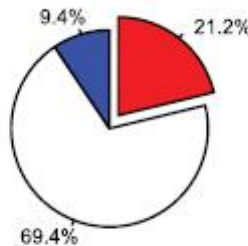
H SLE



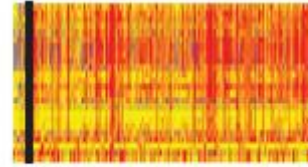
M4.11 - Plasmablasts



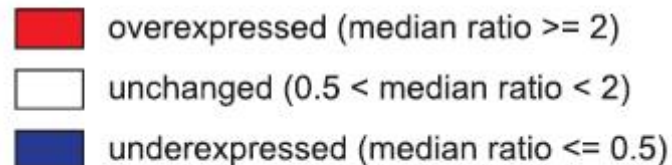
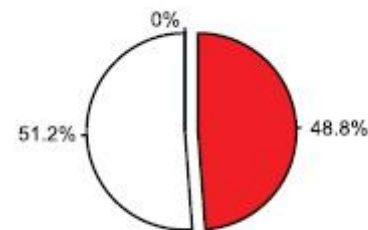
H SLE



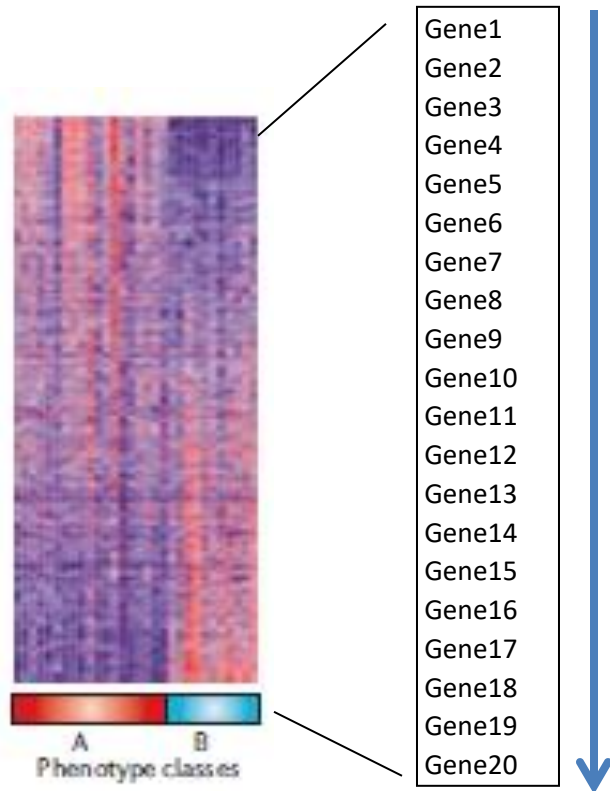
M5.15 - Neutrophils



H SLE

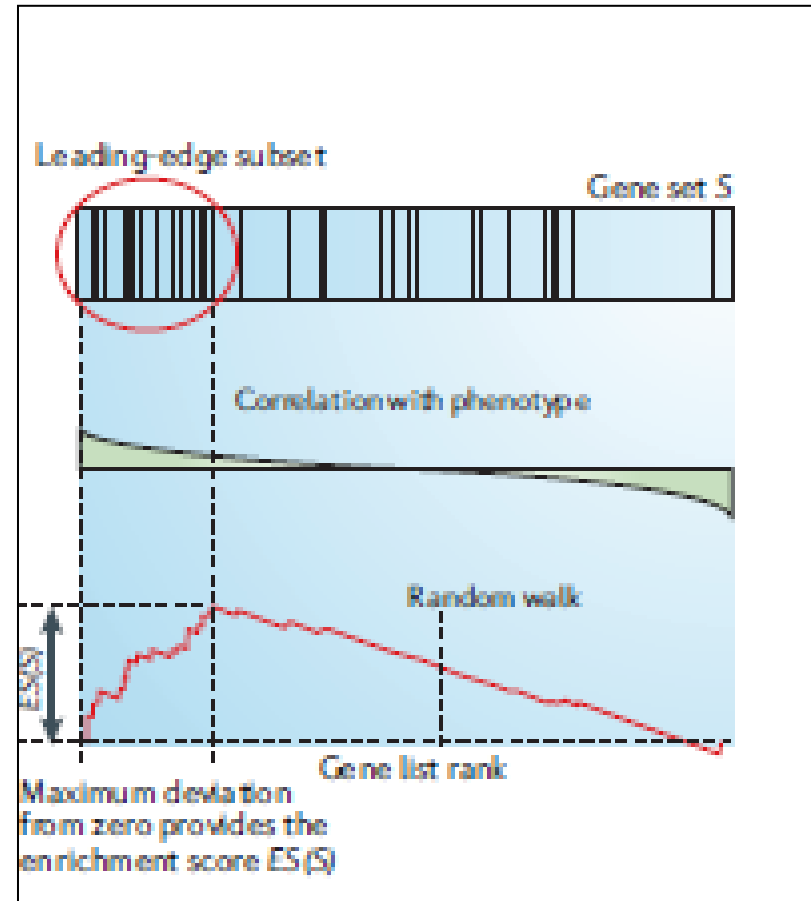
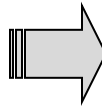


Gene Set Enrichment Analysis (GSEA)



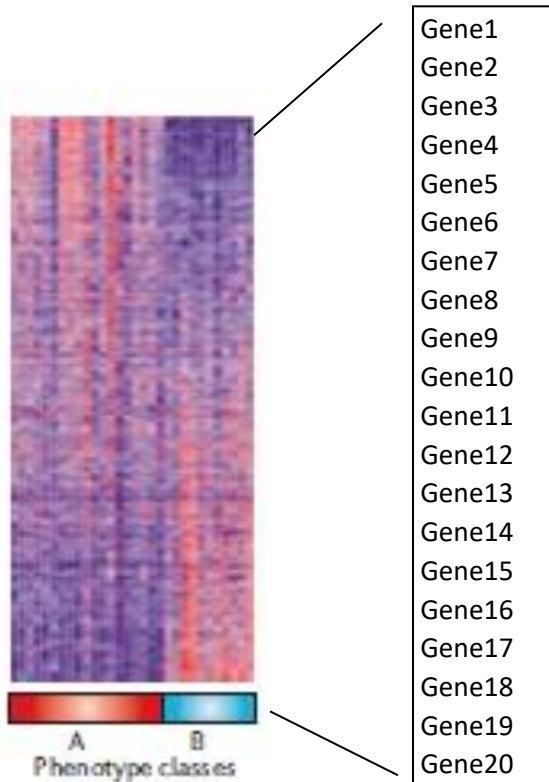
Genes are ranked according to their fold-change

Gene set databases
KEGG
GenMAPP
BioCarta
Expression signatures
Cytogenetic loci
Amplifications
Etc.

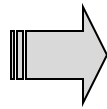


An enrichment score is calculated for each pathway, taking into account the directionality of the input list

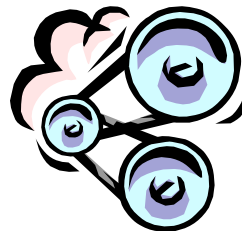
From Gene Expression To Gene Set Scores



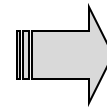
*List of perturbed
genes (differentially
expressed between
class A and B)*



Gene set databases
KEGG
GenMAPP
BioCarta
Expression signatures
Cytogenetic loci
Amplifications
Etc.



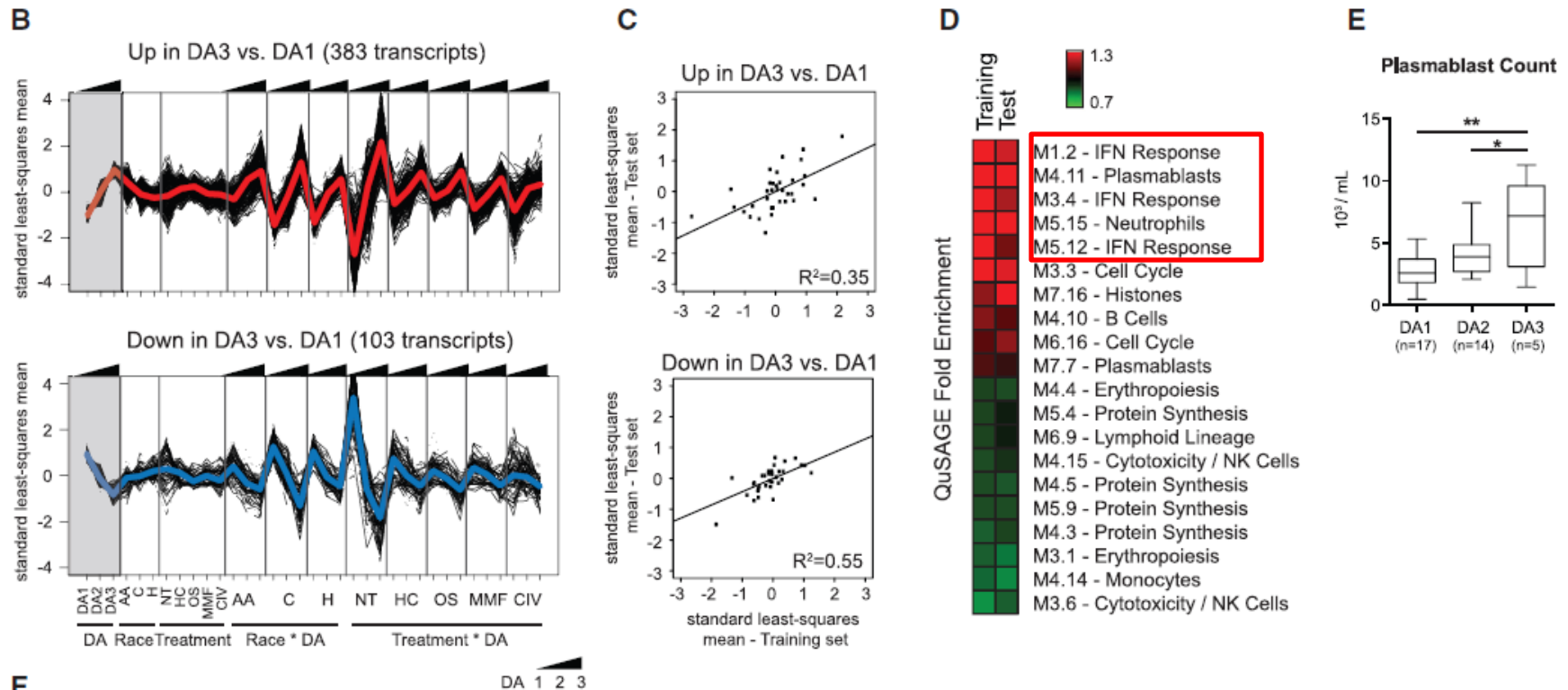
*Bioinformatics
analysis using
pathway DBs*



- **Apoptosis** (p-val=0.001)
- **Cell Cycle** (p-val=0.00004)

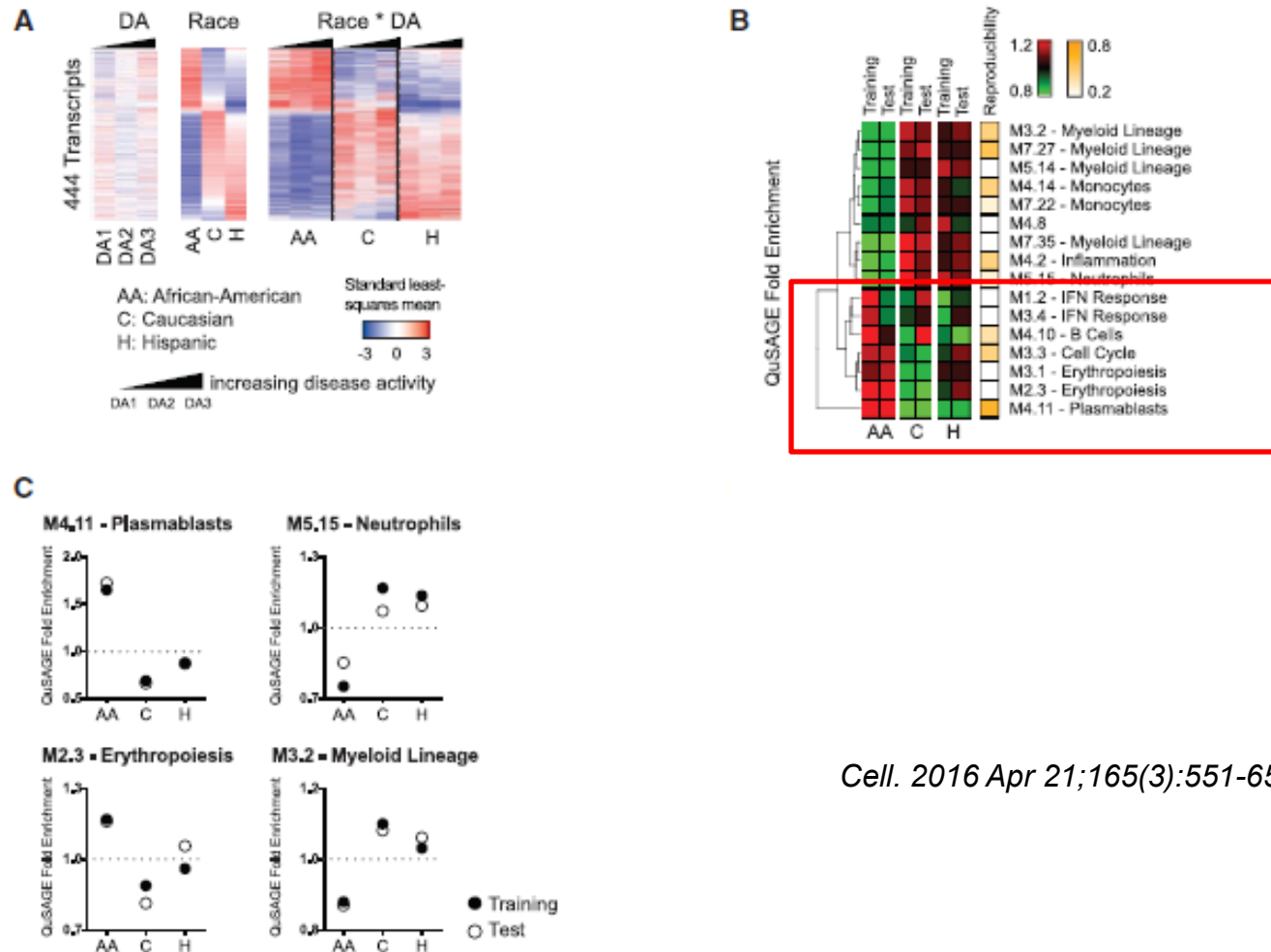
*List of perturbed
pathways*

From Genes to Modules Associated with Disease Activity



➔ Genes associated with DA are enriched for **IFN** and **Plasmablast** modules

Genes and Modules Associated With Race

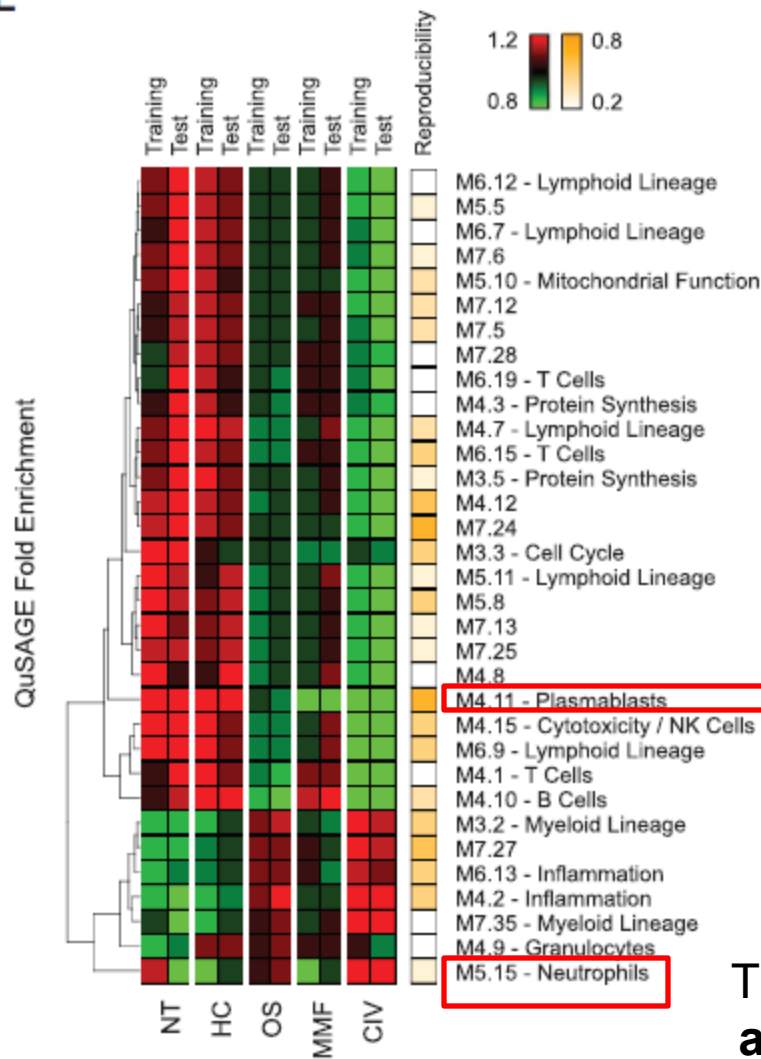


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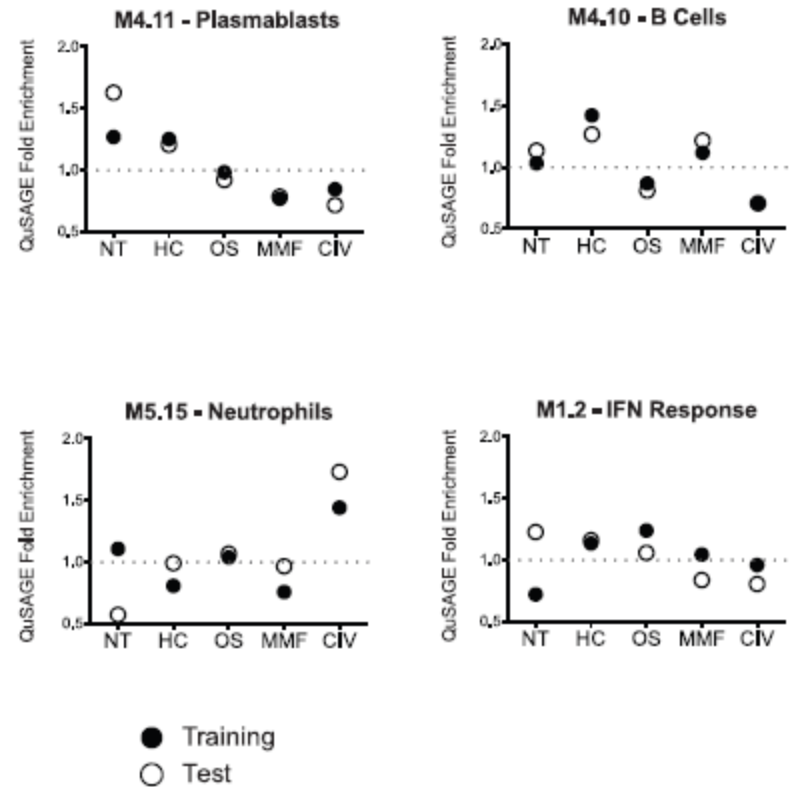
Increased Plasmablast Responses in African-American Patients

Modules Associated With Treatment

E

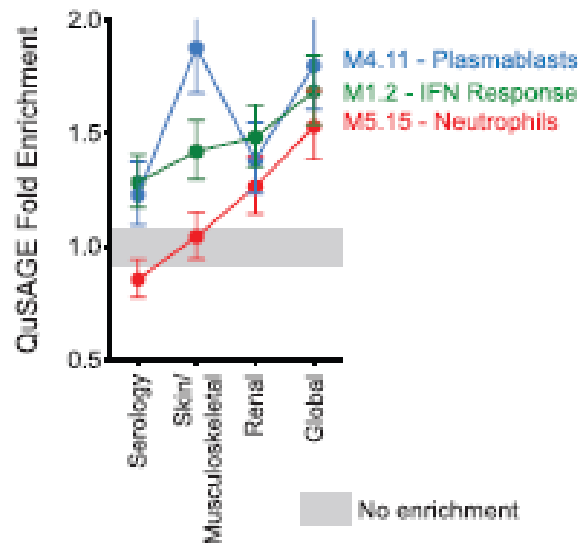
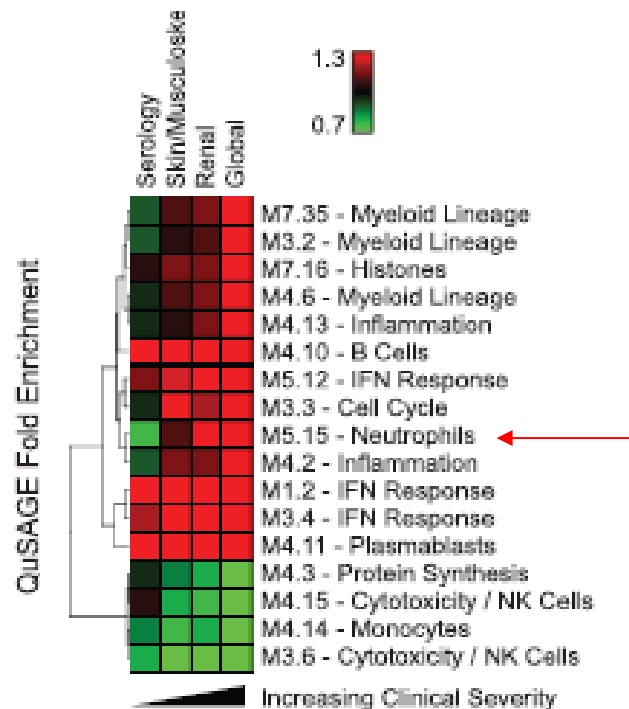


F

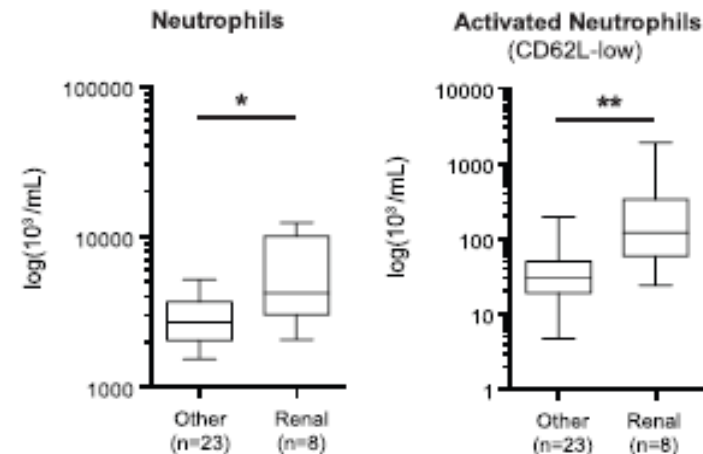


The plasmablast signature was decreased by all treatments compared to no treatment, but most strongly by (MMF) and CIV, two cytostatic drugs that suppress activated lymphocytes.

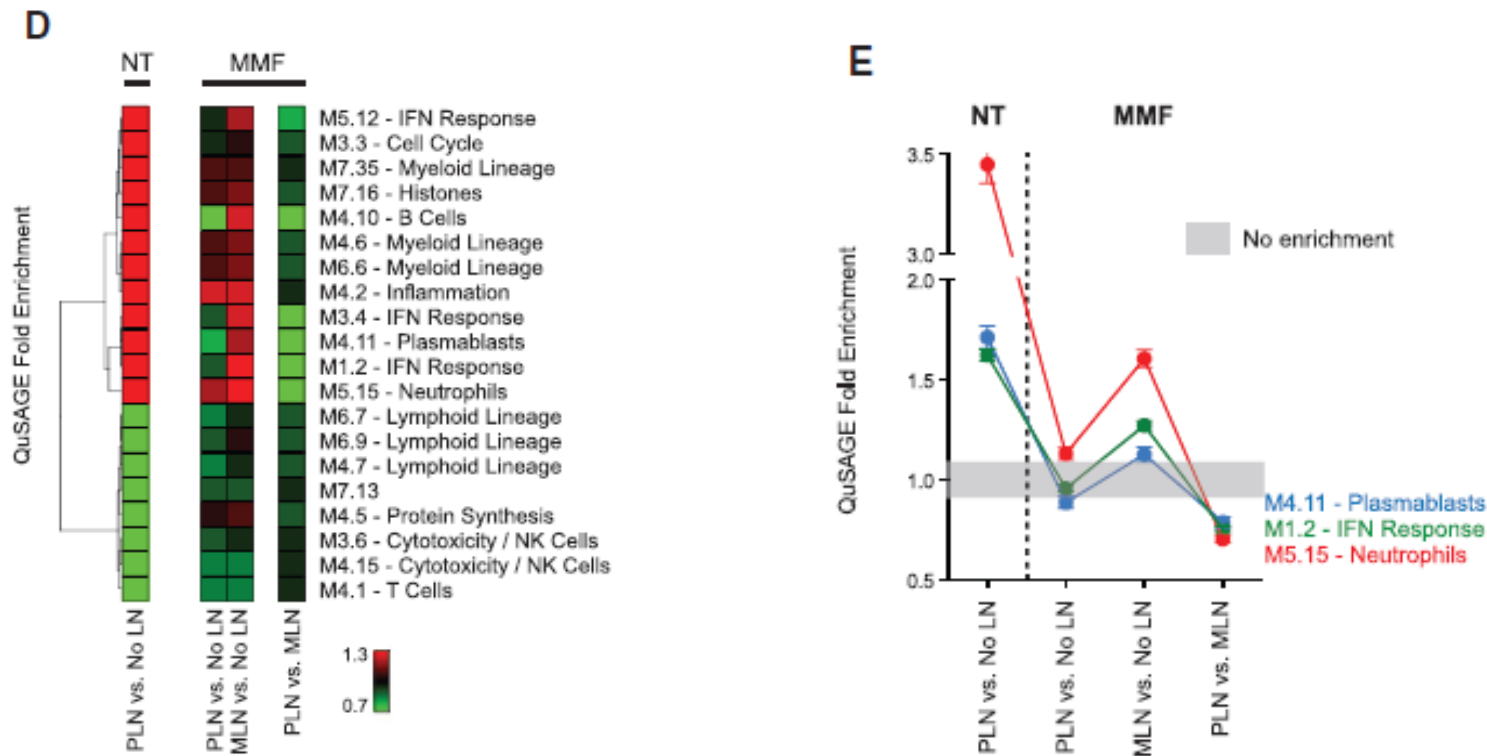
Modules associated with Disease Types



Neutrophil module is mostly associated with Lupus Nephritis



Modules associated with treatment in different nephritis subclasses



Distinct treatment response signatures across different nephritis subclasses: PLN (proliferative nephritis) vs MLN (membranous nephritis) , treated with MMF (mycophenolate mofetil)

SLE Blood Transcriptional Fingerprint

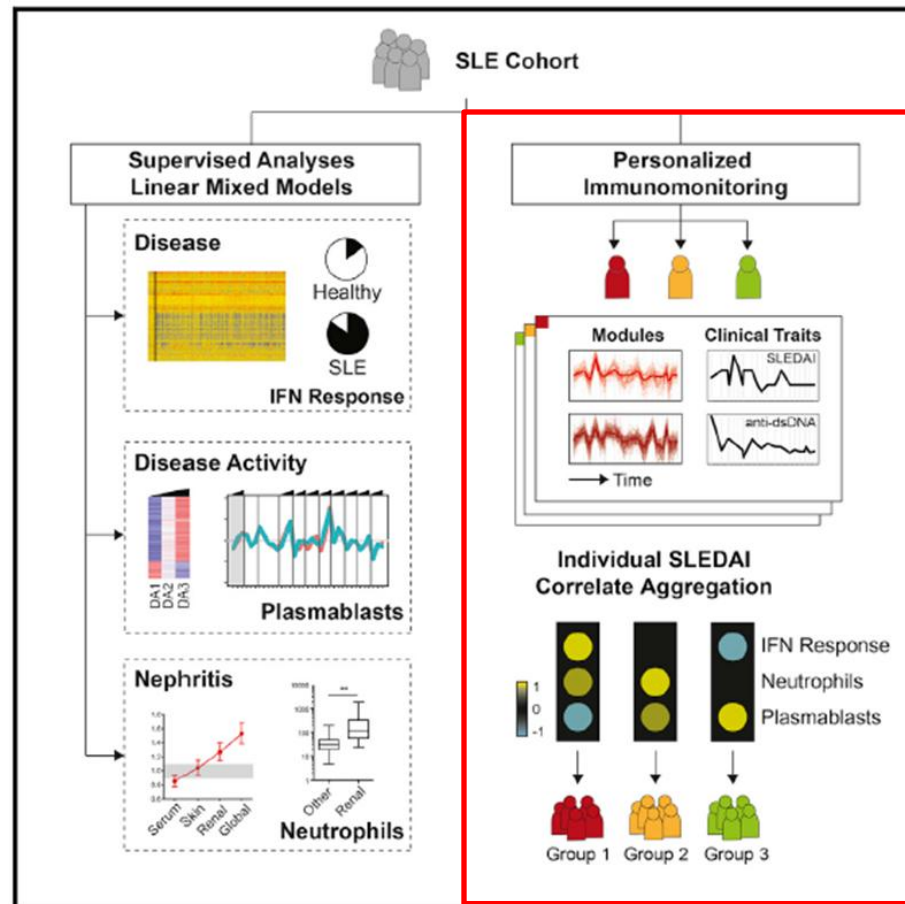
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From genes to “blood”
modules

WGCNA
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Linking WGCNA
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Stratification of
patients into
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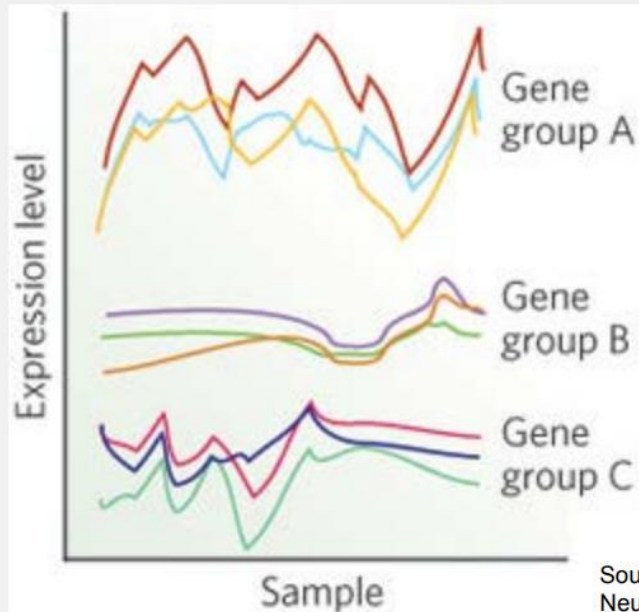
WGCNA – Weighted Gene Correlation Network



Aim of WGCNA: summarizing individual genes into modules, based on correlation

Modules found in WGCNA:

Groups of co-expressed genes (with similar expression profiles over a large group of individuals)



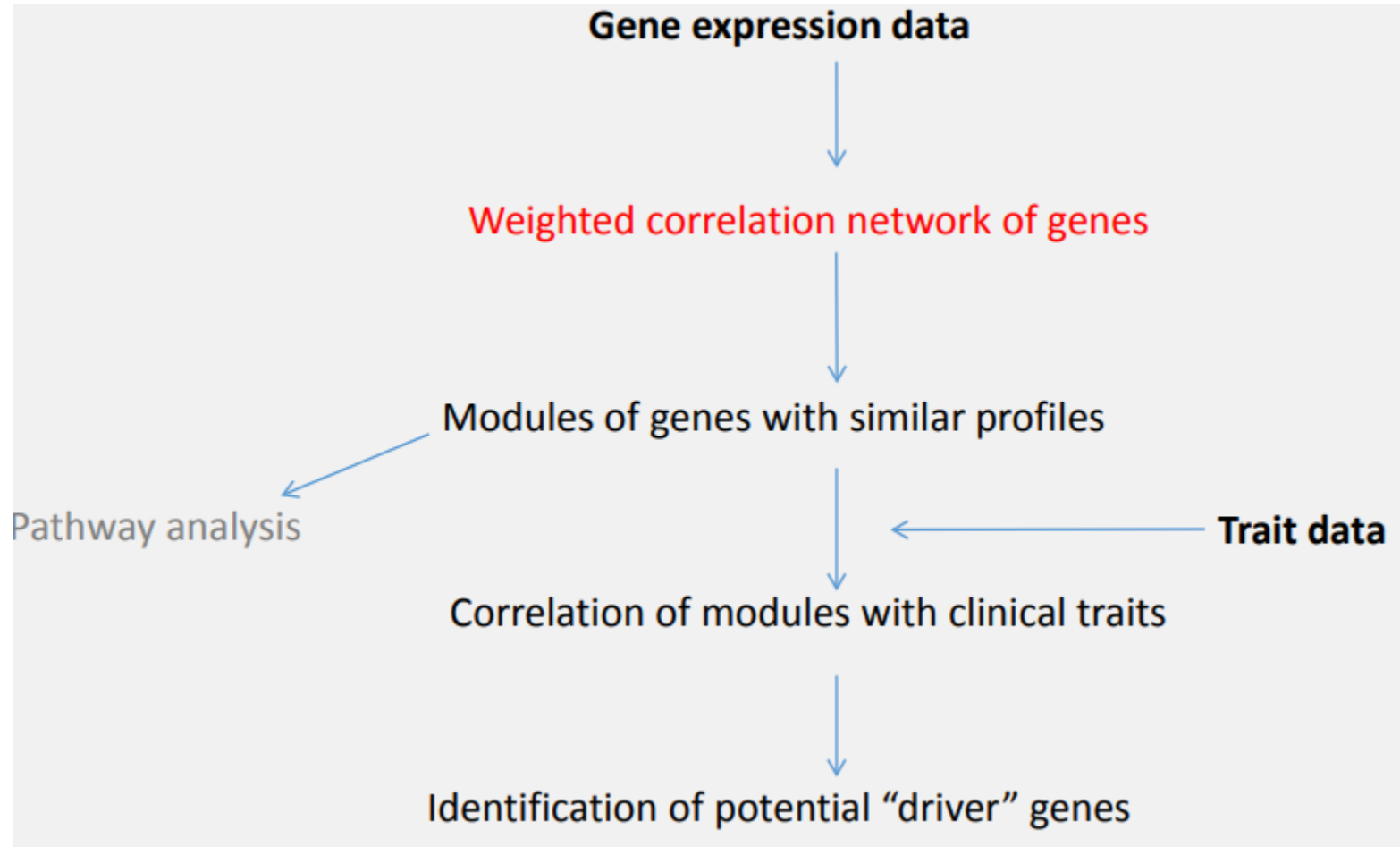
Source: Daniel H. Geschwind & Genevieve Konopka. Neuroscience in the era of functional genomics and systems biology, Nature 461, 908-915

Central Hypothesis:

Genes with **similar expression patterns** are of interest because they may be

- tightly co-regulated
- functionally related
- members of the same pathway

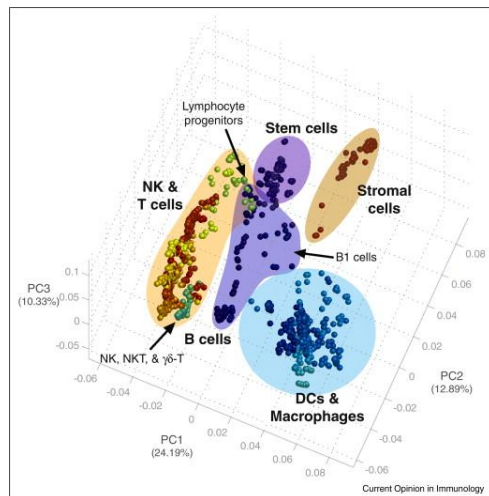
WGCNA – Workflow



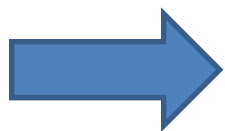
Measuring Modules with One Metrics: Eigengenes



	WGCNA MODULE X							
	Gene 1	Gene 2	Gene 3	Gene 4	Gene 5	Gene 6	Gene 7	Eigengene Value
sample 1	17	55	80	41	3	70	70	A
sample 2	43	100	56	91	72	22	2	B



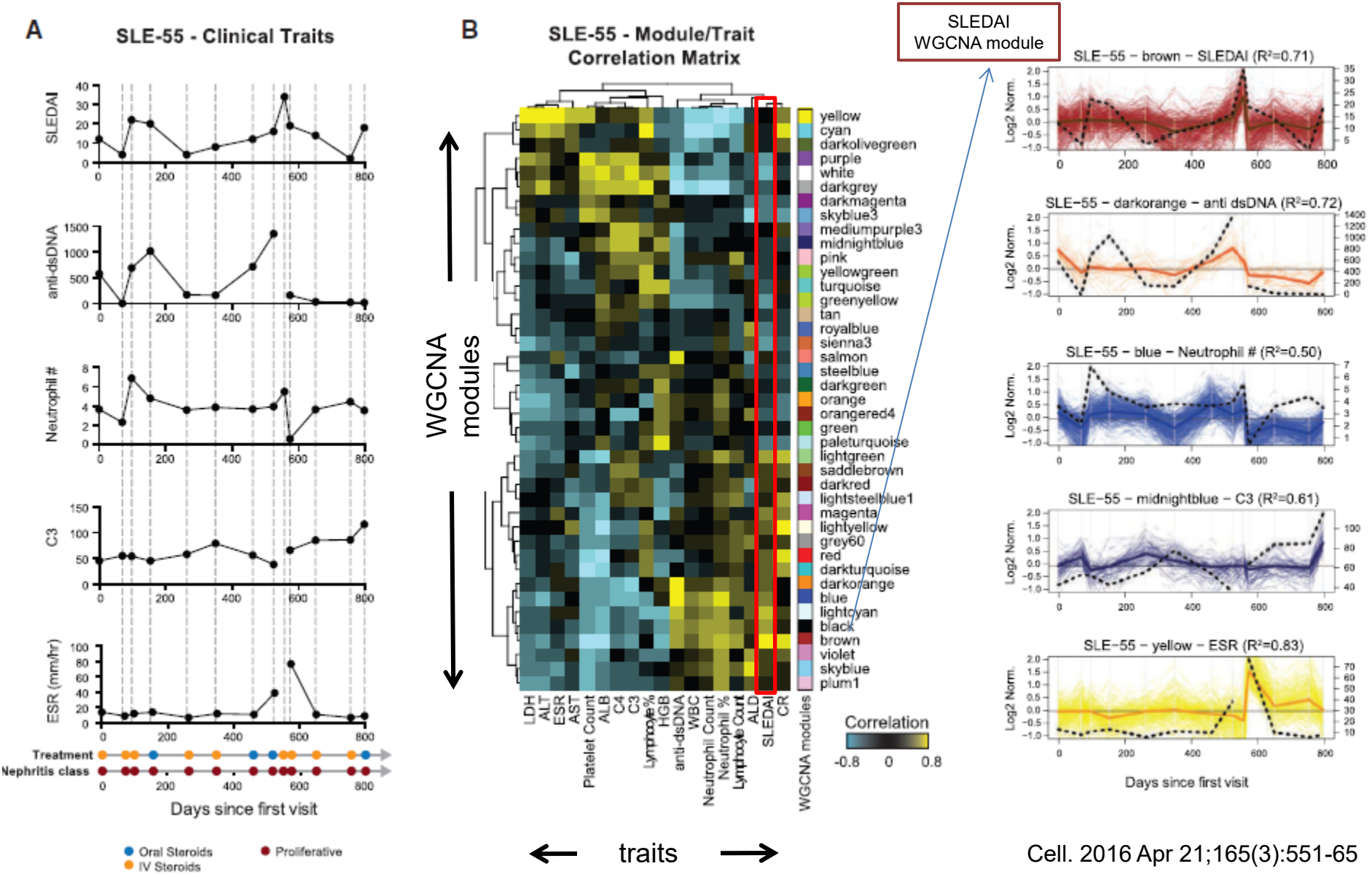
Kim and Lanier – Curr Opin Immun 2013



- Module's “eigengene” is the first principal component of the expression matrix of the corresponding module
- It can be used as summary score for a vector of genes in a sample

Patient 55: Linking WGCNA modules to clinical traits by correlation

Patient- specific modules of co-expressed transcripts over time are identified by WGCNA. Analysis run on WGCNA modules (eigengenes) correlated with continuous clinical traits



Patient 55: Linking WGCNA Modules to Blood Modules

Genes associated to
SLE, DA, Race,
Treatment, disease
subtypes

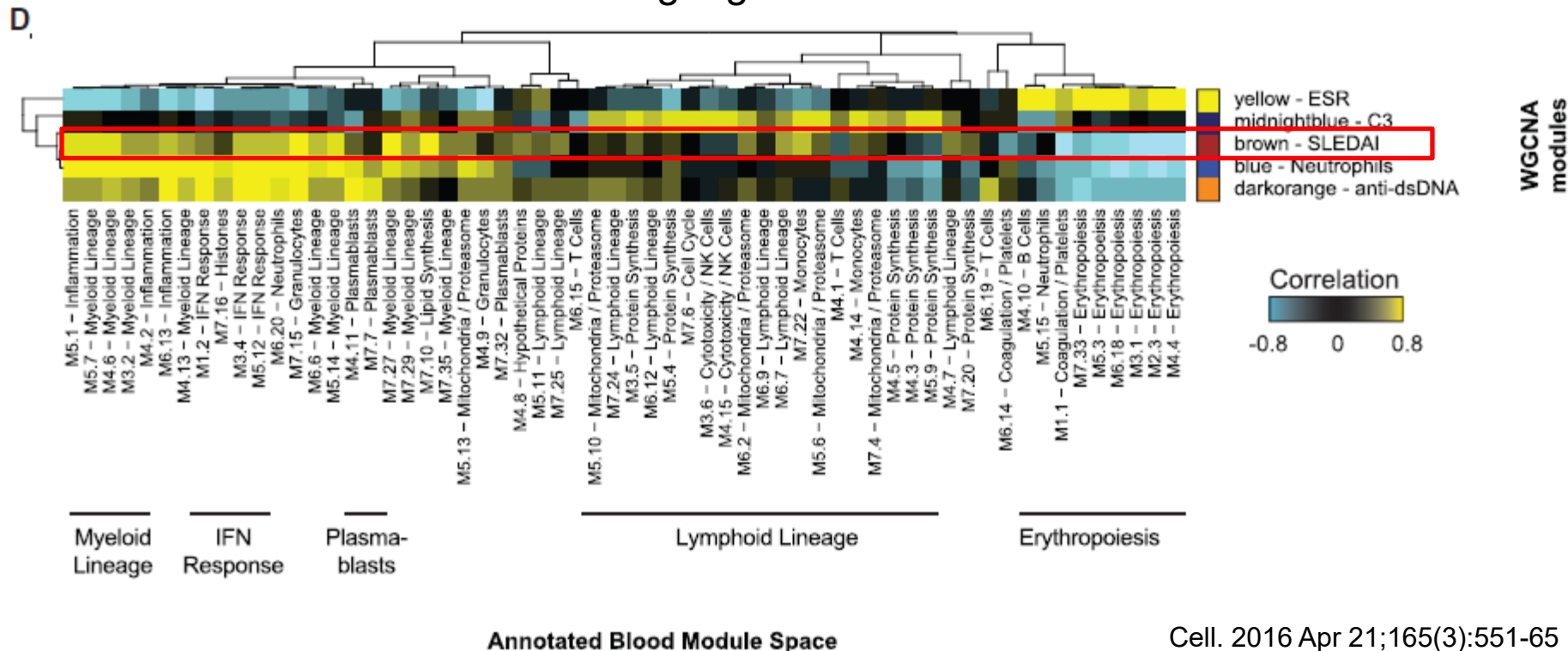
From genes to “blood
modules”

Extract WGCNA
modules for
each patient and
correlation with
SLEDAI

Linking WGCNA
to blood modules
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Stratification of
patients into
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Correlation between patient SLE-55 WGCNA and blood modules using eigengenes



SLE Blood Transcriptional Fingerprint

Genes associated to
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From genes to “blood”
modules

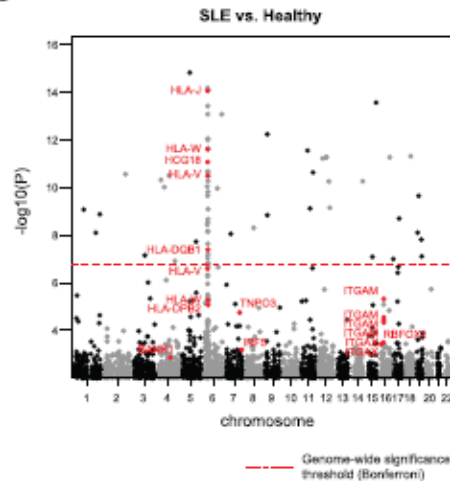
WGCNA
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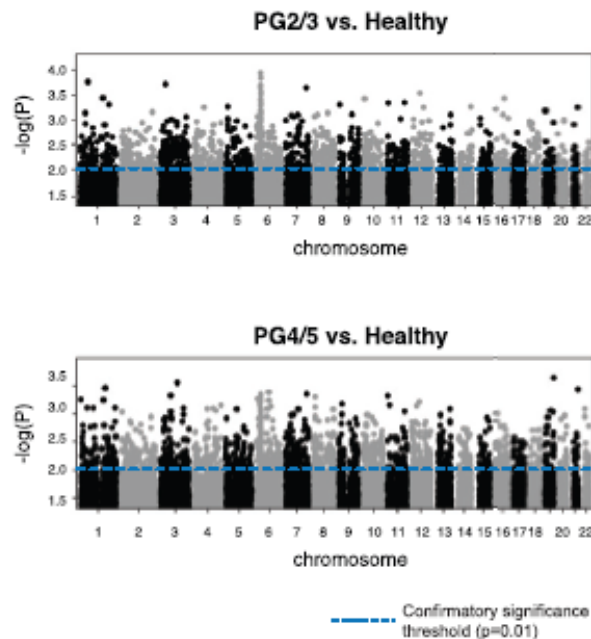
Genetic Analysis of Patients Groups

C

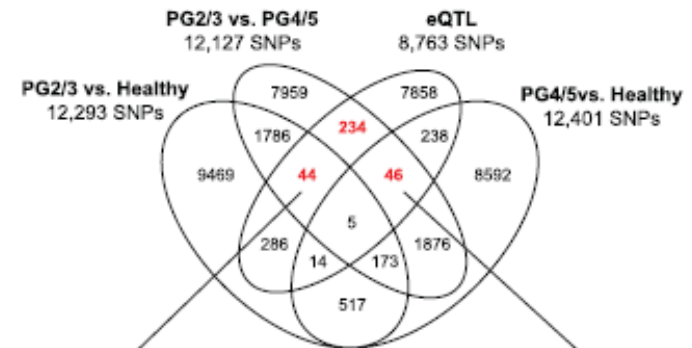


- To find a genetic basis for these clusters, SNP analysis was conducted (135 patients + HCs)
- SNPs differentiating between PG2/3 and PG4/5 were found
- Intersection with eQTL SNPs (SNPs associated with DA genes expression) points to IFN-inducible genes

D



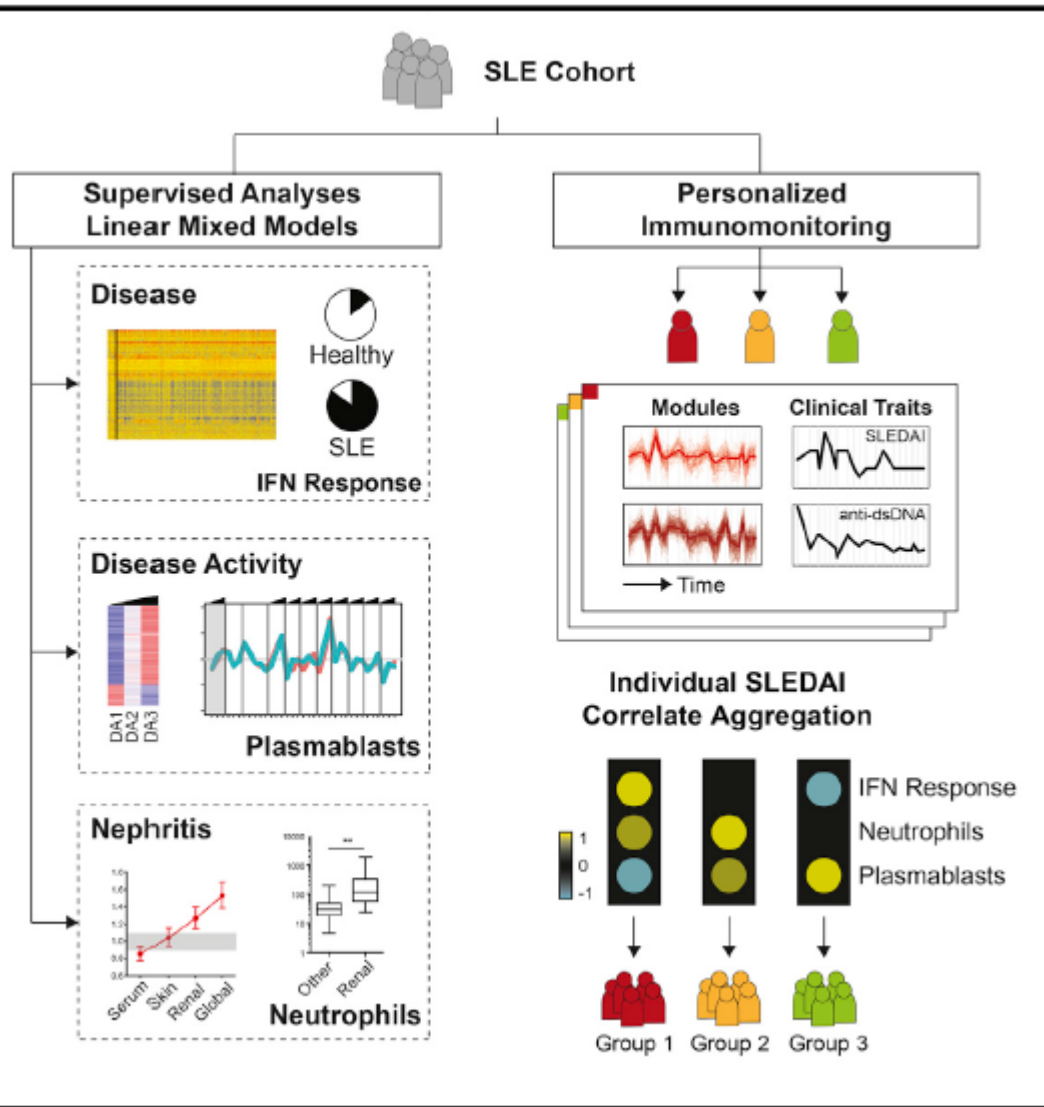
E



ABR, AK2, ALDH3B1, ANKMY2, ANKRD16, APBB3, BZW2, C12orf5, C16orf80, CACNA1E, CCDC90A, CCR1, CCR1L2, CD300LB, CXCL16, DTX2, EIF3I, ENTPD6, FLJ14107, GALNT12, GLT1D1, GRINA, HYAL2, ICT1, ITSN2, LOC643802, LPIN2, MCM2, NARF, NOD2, OLIG2, P4HTM, PELO, PPP1CA, PTPN12, PYGB, RAB1F, RBCK1, RPPH1, SIGLEC9, SNORA12, SUMO2, SVIL, TMEM60, TNFAIP2, TRIB3, TSTD2, UBE2J2, ZNF586

ADPRH, ANO8, BANK1, BATF, BRP44, C19orf38, C7orf59, CAT, CCDC59, CCPG1, CENPE, CLEC10A, COPS6, CRYL1, DDX11, DISC1, DOCK5, ERICH1, F2R, FAM103A1, FAM133B, FANCL, GRAMD4, GRIP2, HIATL2, HP, KLHL7, LARP4, LILRB3, LZIC, MBOAT7, NDUFB1, PADI4, PARK7, PELO, PLSCR4, PML, PTP4A3, SIGLEC9, TSC22D2, TXNL4B, TYK2, ZC3H11A, ZNF133, ZNF580, ZNF611

Let's Recap

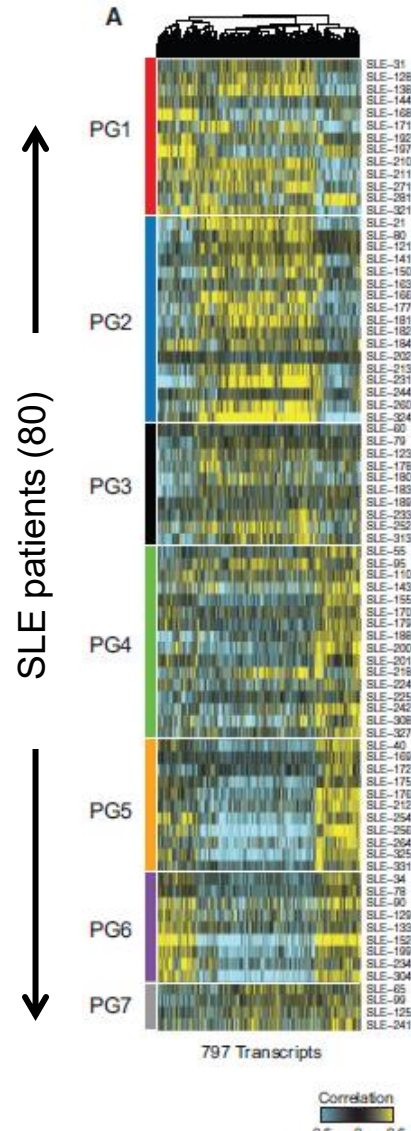


- Supervised analysis, linear models and blood module analyses led to identification of:
 - i) IFN response module in SLE
 - ii) Plasmablasts associated to DA
 - iii) neutrophils associated to nephritis
- Different immune signatures correlating with SLEDAI (7 groups)
- Groups supported by different genotypes
- Supports the development of customized treatment strategies.

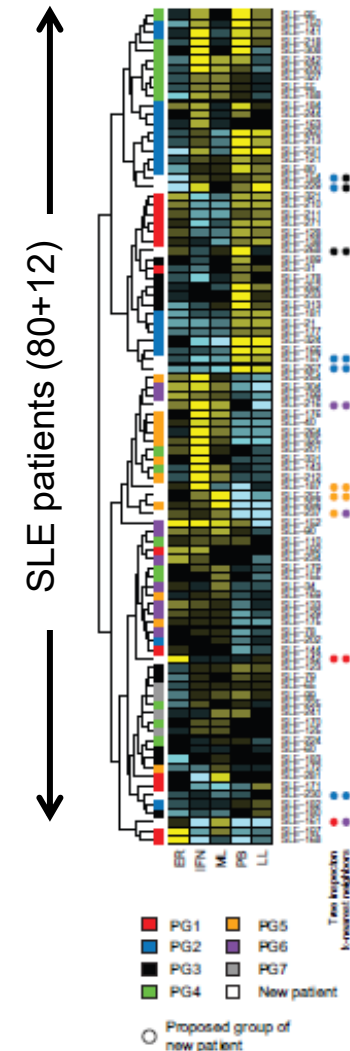
A Targeted Panel for SLE Patient Stratification

Can we find a gene panel which allows direct patients stratification ?

- Hierarchical clustering of the 797 transcripts **differentially correlating with SLEDAI** between the seven patient groups



- Assignment of novel 12 patients to each of the groups “guilt-by-association”



- Clinical and transcriptional profiling of 158 lupus patients up to a period of 4 years
- IFN, Plasmablast and Neutrophil signatures driving SLE
- Neutrophil-related signatures associate with progression to active nephritis
- Molecular correlates of disease activity stratify patients into seven major groups
- Molecular stratification may improve the outcome of clinical trials in SLE

Take Home Messages

- Interpreting biological meaning of ~25K genes in a heterogeneous sample such as blood – starting from bulk data – is extremely complex!
- One way to address this is to aggregate this information into functional building blocks (i.e. dimensionality reduction):
 - “blood modules” : of general use, obtained from previous analysis of 239 disease blood samples
 - “WGCNA modules”: patient specific and obtained from correlation analysis of the SLE study data set
- Blood modules can be (tentatively) assigned a biological meaning looking at their gene content
- Patient-specific WGCNA modules can be associated to clinical phenotypes based on longitudinal correlation
- For each sample, each module can be measured with one number (e.g. % of genes up- or down-regulated in the module, or eigenvalue). This approach has the statistical advantage of reducing number of tests
- Patients' SLEDAI can be associated with different modules. On this basis patients can be stratified into classes, presumably having different underlying biology and needing different treatments

sanofi

sanofi



ensocell
therapeutics

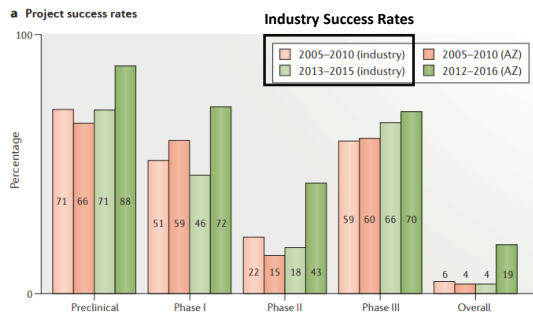
Single-cell RNA sequencing of human tissue supports successful drug targets

**Emma Dann^{*1,2}, Erin Teeple^{*3}, Rasa Elmentaite²,
Kerstin B Meyer¹, Giorgio Gaglia³, Frank Nestle⁴, Virginia
Savova³, Emanuele de Rinaldis³⁺, Sarah A Teichmann^{1,2,5}**

1. Wellcome Sanger Institute, Wellcome Genome Campus, Hinxton, Cambridge, UK
2. Ensocell Therapeutics, BioData Innovation Centre, Wellcome Genome Campus, Hinxton, Cambridge, UK
3. Precision Medicine & Computational Biology, Sanofi Research US, Cambridge, MA, USA
4. Research & Development, Sanofi, Cambridge, MA, USA
5. Theory of Condensed Matter, Cavendish Laboratory/Dept Physics, University of Cambridge, JJ Thomson Ave, Cambridge, UK

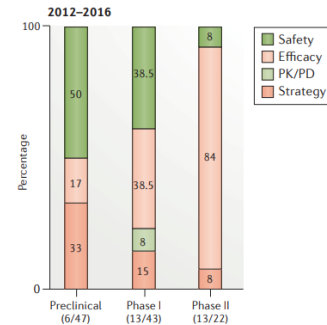
*Authors contributed equally +Co-Corresponding and senior authors

Motivation: how can single cell data support decision making in target discovery?



AstraZeneca (AZ) performance improvement after instituting a new drug development framework focusing on 5 priority areas: target, tissue, safety, patient, potential (5Rs). Note that Phase II success rates remain below half of projects.

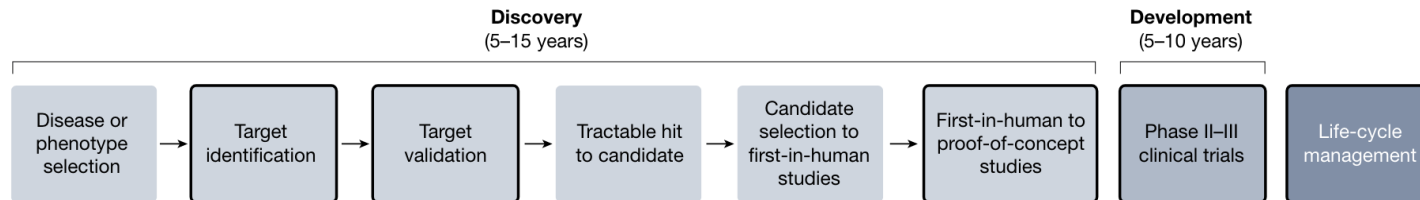
Morgan et al. *Nat Rev Drug Discov* 2018



2012-2016 reasons for failure by project phase. There exists a persistent need for new information to inform drug development work.

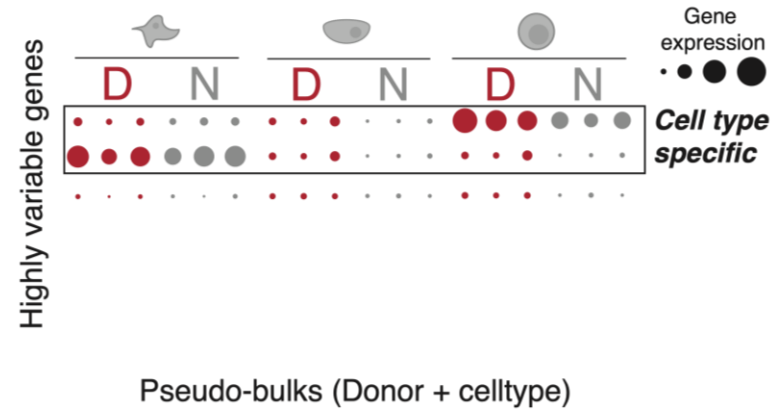
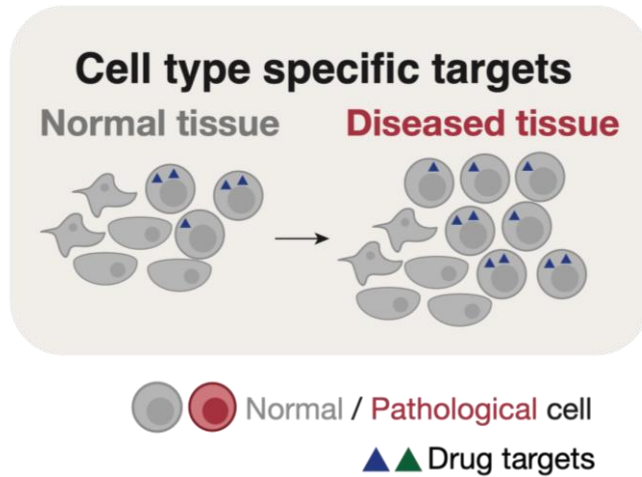
Morgan et al. *Nat Rev Drug Discov* 2018

90% of drug development failures stem from inadequate target selection for a disease



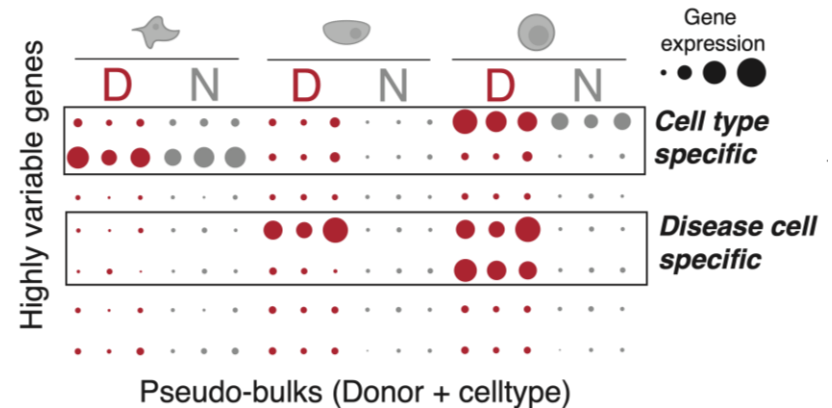
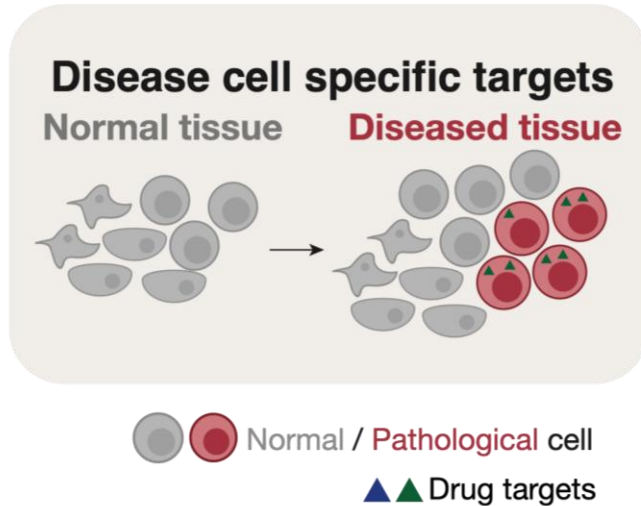
How can single-cell RNA-seq boost the selection of promising drug targets ?

scRNAseq support: cell type-specific expression in disease-relevant tissue



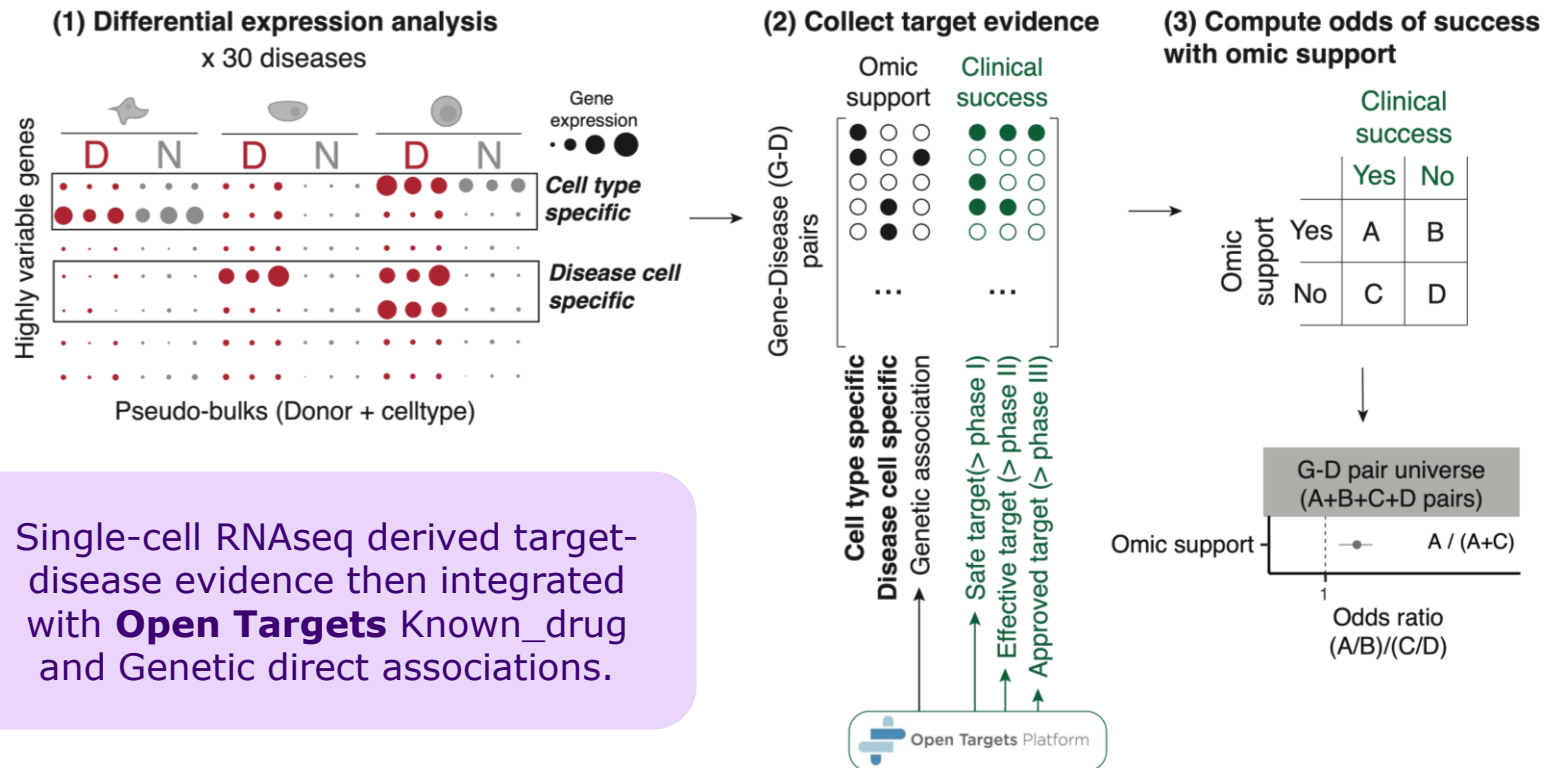
Cell type specific support defined as differential expression across cell types in disease.

scRNAseq support: cell type-specific expression in Disease (D) versus Normal (N)

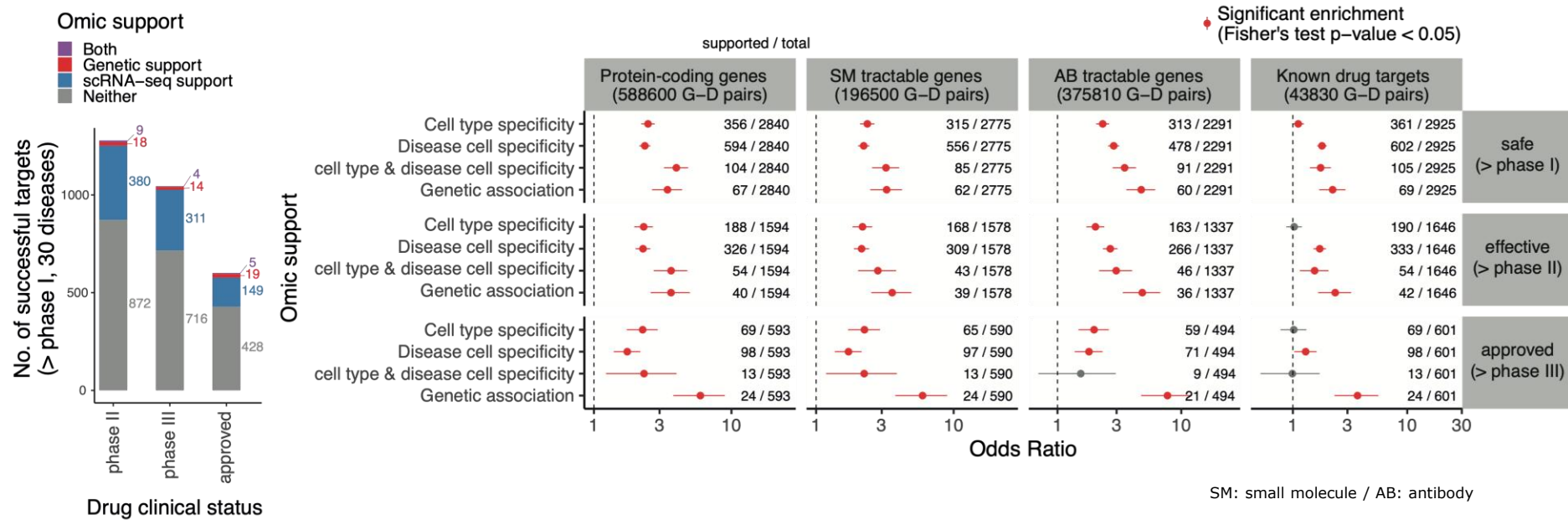


Disease cell specific support defined as differential expression in cell types in disease vs normal.

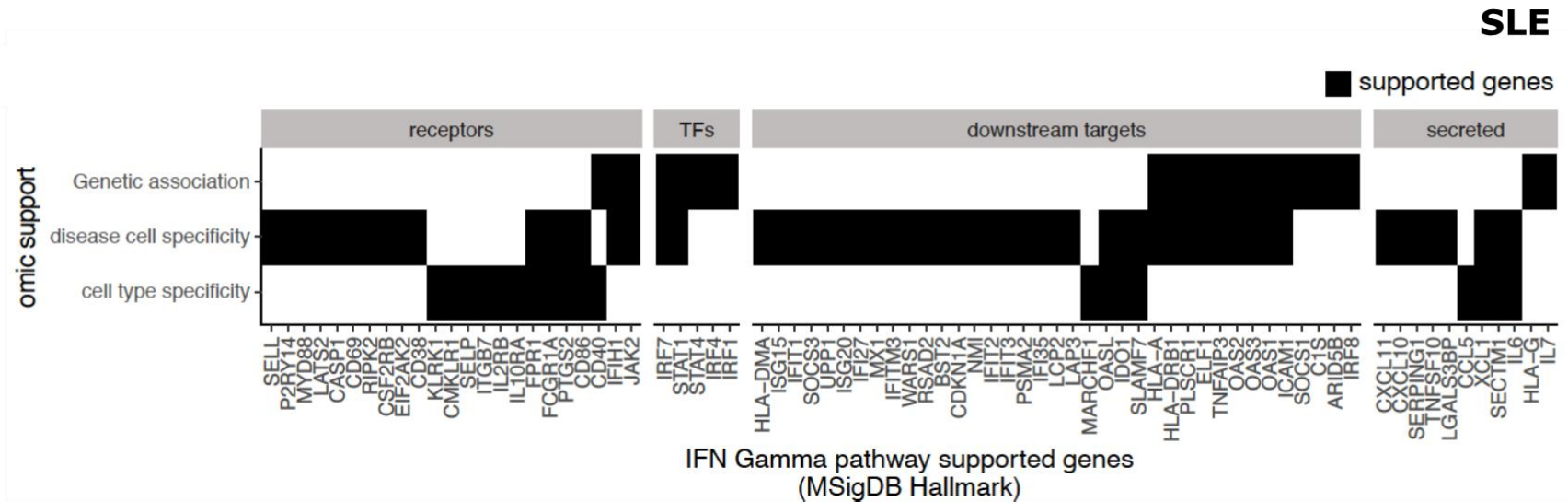
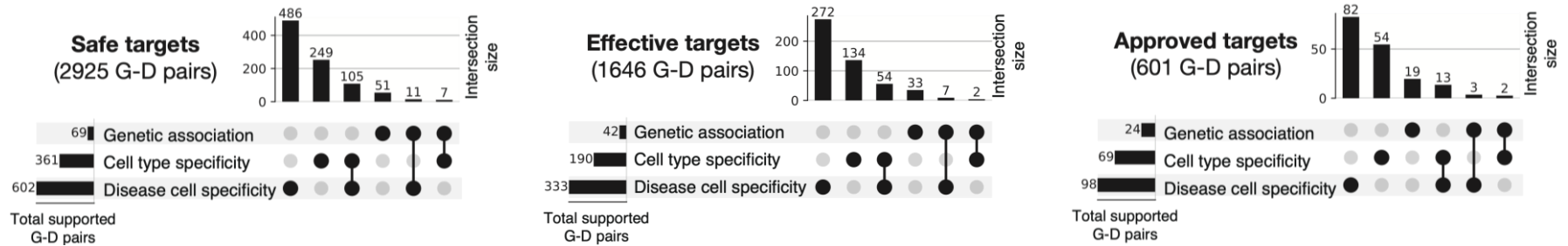
Approach: Evaluating scRNA-seq support for known drug targets



Targets with single-cell support have 3x higher odds of clinical success



Single-cell support identifies a target space complementary to direct genetic evidence



Summary

- Retrospective analysis of association between cell type-specific expression and target success.
- scRNA-seq support is found to be associated with greater odds of clinical trial success
- scRNA-seq support identifies a target space complementary to genetics, with distinctive molecular and druggability characteristics.
- **Next steps:**
 - Expand the number of diseases included in the analysis by matching to disease-relevant tissue (not all will have disease versus control evidence analysis)
 - scRNAseq is a rich data source – additional association evidence approaches can be considered

Q & A

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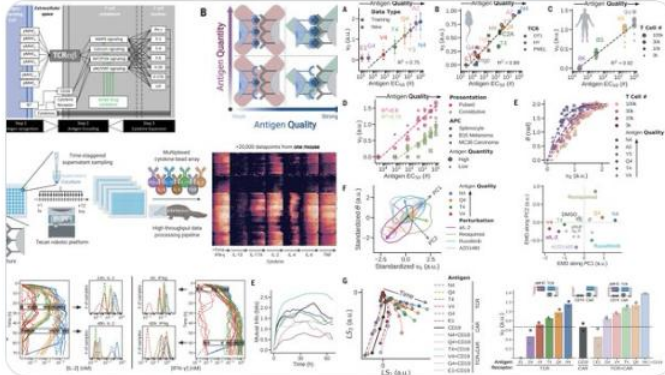
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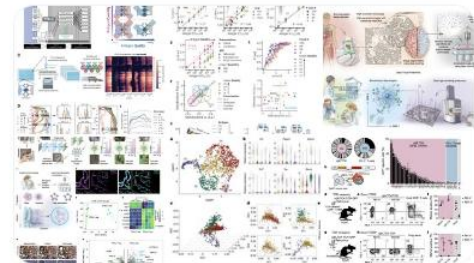
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The support of human genetic evidence for approved drug indications

Matthew R Nelson , Hannah Tipney, Jeffery L Painter, Judong Shen, Paola Nicoletti, Yufeng Shen, Aris Floratos, Pak Chung Sham, Mulin Jun Li, Junwen Wang, Lon R Cardon, John C Whittaker & Philinne Sansau

Nature Genetics 47, 856–860 (2015) | [Cite this article](#)

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Analysis

Refining the impact of genetic evidence on clinical success

<https://doi.org/10.1038/s41586-024-07316-0> Eric Vallabh Minikel¹, Jeffery L. Painter^{2*}, Coco Chengliang Dong³ & Matthew R. Nelson^{4,5,6}
Received: 5 July 2023

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Genetic factors associated with reasons for clinical trial stoppage

RESEARCH

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Leveraging large-scale multi-omics evidences to identify therapeutic targets from genome-wide association studies



© Lopez^{1,2}, Ian Dunham^{1,2,3} & David Ochoa^{1,2,3}

Estimating the impact of single-cell RNA sequencing of human tissues on drug target validation

 Emma Dann,  Erin Teeple,  Rasa Elmentaite,  Kerstin B Meyer,  Giorgio Gaglia,  Frank Nestle,  Virginia Savova,  Emanuele de Rinaldis,  Sarah A Teichmann

doi: <https://doi.org/10.1101/2024.04.04.24305313>

- ❖ Genetically supported targets have twice the chances of success in clinic
- ❖ 2/3 FDA approved drugs are supported by genetics
- ❖ Genetics predicts safety of drug targets
- ❖ Genetics predicts drug target direction of effect
- ❖ Single cell data identifies targets more likely to enter in clinical development