PredictSNP Onco: Towards Personalized Medicine in Children's Oncology

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INTRODUCTION

Despite significant recent improvements in pediatric oncology, the success rate for the treatment of certain malignancies remains challenging [1]. Therefore, there is a great demand for novel approaches such as "personalized oncology," which breaks the traditional "one-sizefits-all" paradigm and tries to deliver the right care to the right patient at the right time. It is based on the design of the most suitable therapeutic plan for each patient by the oncology experts in a very limited time frame. The experts have to evaluate a vast amount of data about the patient and the tumor from the detailed molecular characterization and various bioinformatics analyses [2]. Even though this approach requires a lot of effort, it is used in many hospitals around the globe, demonstrating its positive impact [3-5].

This approach is also used in the Department of Children's Oncology of the University Hospital in Brno. Their data acquisition pipeline [6] is based on transcriptome sequencing of the tumor, followed by *in silico* analyses of identified mutations and changes in metabolic pathways. However, structural analysis is missing in the current pipeline. Therefore, structure-based prediction of the effect of mutations and evaluation of binding affinities of possible drugs is of great interest.

OBJECTIVES & CHALLENGES

>The service must be **fully automatic** and should not need any user interactions

>The pipeline must provide all relevant data about the possible impact of mutation

>The calculations must be highly parallel and executable on supercomputers to achieve execution time less than 14 days because the Board needs to make the decision quickly

>All the results must be presented in a comprehensive and straightforward way using appropriate color coding and visual elements as the medical experts are not protein chemists

>The tool should be easy to use and must not require any knowledge about the studied proteins

>The tool must provide interactive and user-friendly web interface as multiple hospitals around the world can benefit from our analyses

WORKFLOW

REPORT



		Wild Type ΔΔG (kcal/mol)			Mutant R132H		Mutant – Wild Type ΔΔG (kcal/mol)		
Protein PDB ID: 110L					ΔΔG (kcal/mol))			
Predict_SNP						87%			
STABILITY - Rosetta	0			1.1		1.1			
STABILITY - FoldX		0		0.8		0.8			
	Bottler	neck Å	Throughput	Bottle	neck Å	Throughput	Bottleneck ΔÅ	Throughput	
FUNCTION	2.	.1	0.84	2.	1	0.89	0	0.05	
Tunnels	1.	.8	0.7	1.	9	0.8	0.1	0.1	
	1.	.6	0.6	1	8	0.79	0.2	0.19	
	1.	.7	0.57	1.	7	0.57	0	0	
	Releva	ance %	Volume Å ³	Releva	ince %	Volume Å ³	Average Δ %	Volume Δų	
FUNCTION	10	00	3623	10	00	4283	100	660	
Cavities	5	1	2131	4	9	2152	50	21	
	3	2	1375	3	1	1321	31.5	-54	
	Resid	ue name and nu	ımber	Resid	ue name and nu	mber	Residue name and	number	
FUNCTION	Arginine 132 Histidine 132 R13		R132H						
Catalytic Residues	Tyrosine 139 Tyrosine 139								
		Lysine 212			Lysine 212				
		Aspartate 275			Aspartate 275				
	Residue	Number	pka	Residue	Number	pka	ΔρΚα		
FUNCTION	Ar	Arginine 132 - 14.23 Histidine 132 - 6.47 -7.76							
Catalytic Residues pKa	Tyrosine 139 - 12.58		58	Tyrosine 139 - 12.58		0			
	Ľ	Lysine 212 - 11.56			Lysine 212 - 10.73		-0.83		
	As	Aspartate 275 - 4.60			Aspartate 275 - 3.32		-1.28		



INHIBITORS CaverDock	Ebound kcal/mol	Emax kcal/mol	RMSD Å	Ebound kcal/mol	Emax kcal/mol	RMSD Å	Ebound ΔE (kcal/mol)	Emax ΔE (kcal/mol)	RMSD Ɓ
Alfentanil	-8.6	-4.2	0.2	-8.9	-4.4	0.1	-0.3	-0.2	-0.1
Prostaglandin E2	-10.9	-7.9	0.9	-10.7	-7.4	0.4	0.2	0.5	-0.5
Propoxyphene	-10	-5.8	1.5	-10.6	-5.4	1.4	-0.6	0.4	-0.1
Sulfamethazine	-10.1	-8.8	0.4	-10.9	-9.1	0.7	-0.8	-0.3	0.3
Rivastigmine	-10.1	-7	0.6	-9.4	-7.4	0.9	0.7	-0.4	0.3
Droperidol	-9.3	-6.8	1.1	-9.1	-6.4	0.7	0.2	0.4	-0.4
iso Misoprostol	-9.4	-5.2	1.4	-9.8	-5.8	1.1	-0.4	-0.6	-0.3
Fluvastatin	-9.6	-5.3	0.7	-10.4	-5.4	1.4	-0.8	-0.1	0.7
Dehydrocholic acid	-8.8	-6	0.2	-9.7	-6.3	0.7	-0.9	-0.3	0.5
Rofecoxib	-10.3	-6.7	0.5	-11.1	-6.1	0.9	-0.8	0.6	0.4

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