

# MINTIE identifies novel structural and splice variants in RNA-seq data

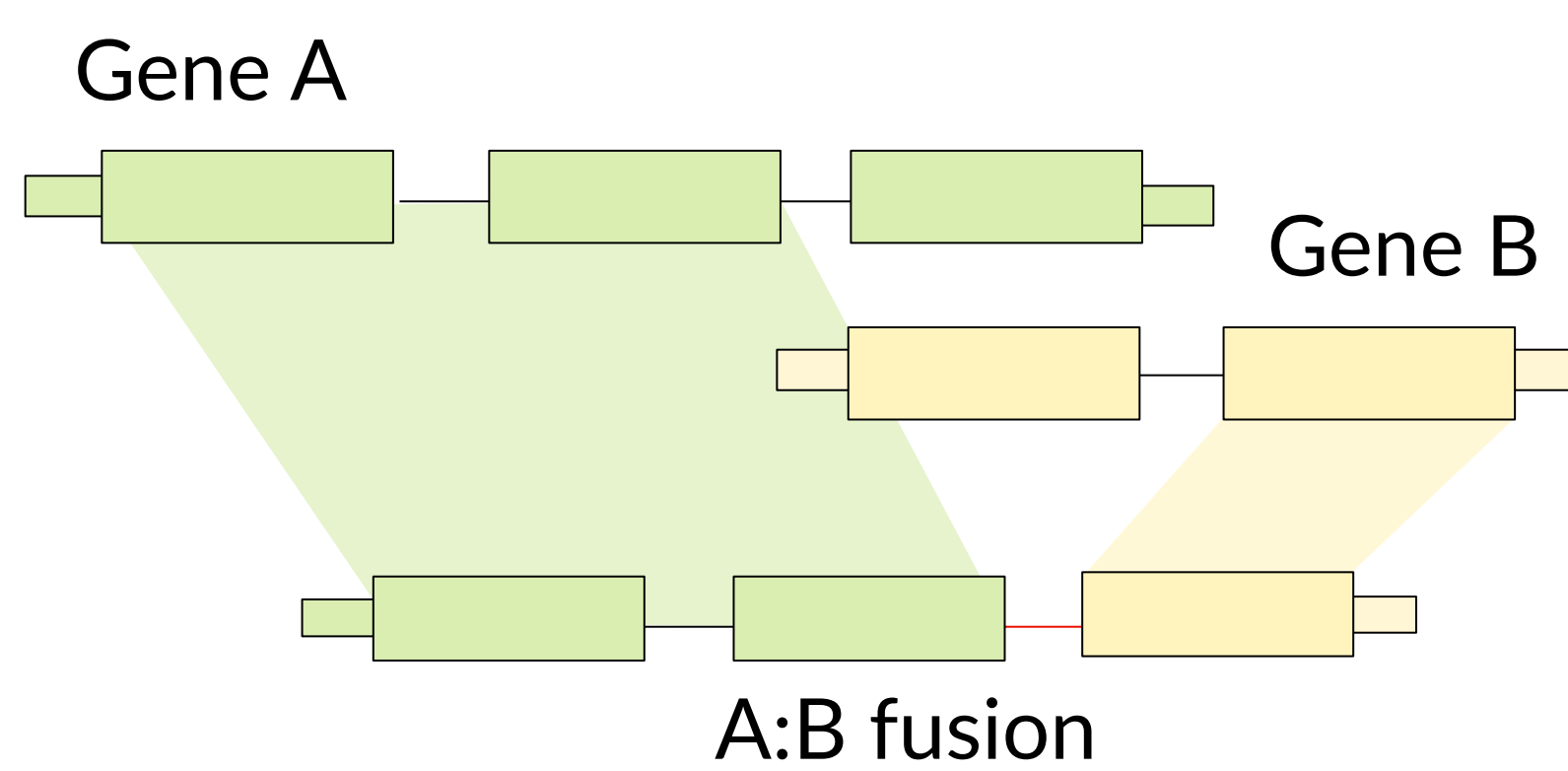
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## Motivation

- Genomic rearrangements can modify gene function, and have been shown to be drivers in both cancer and rare disease.
- Some transcriptomic variants (such as irregular fusions and duplications) are difficult to detect in RNA-seq.

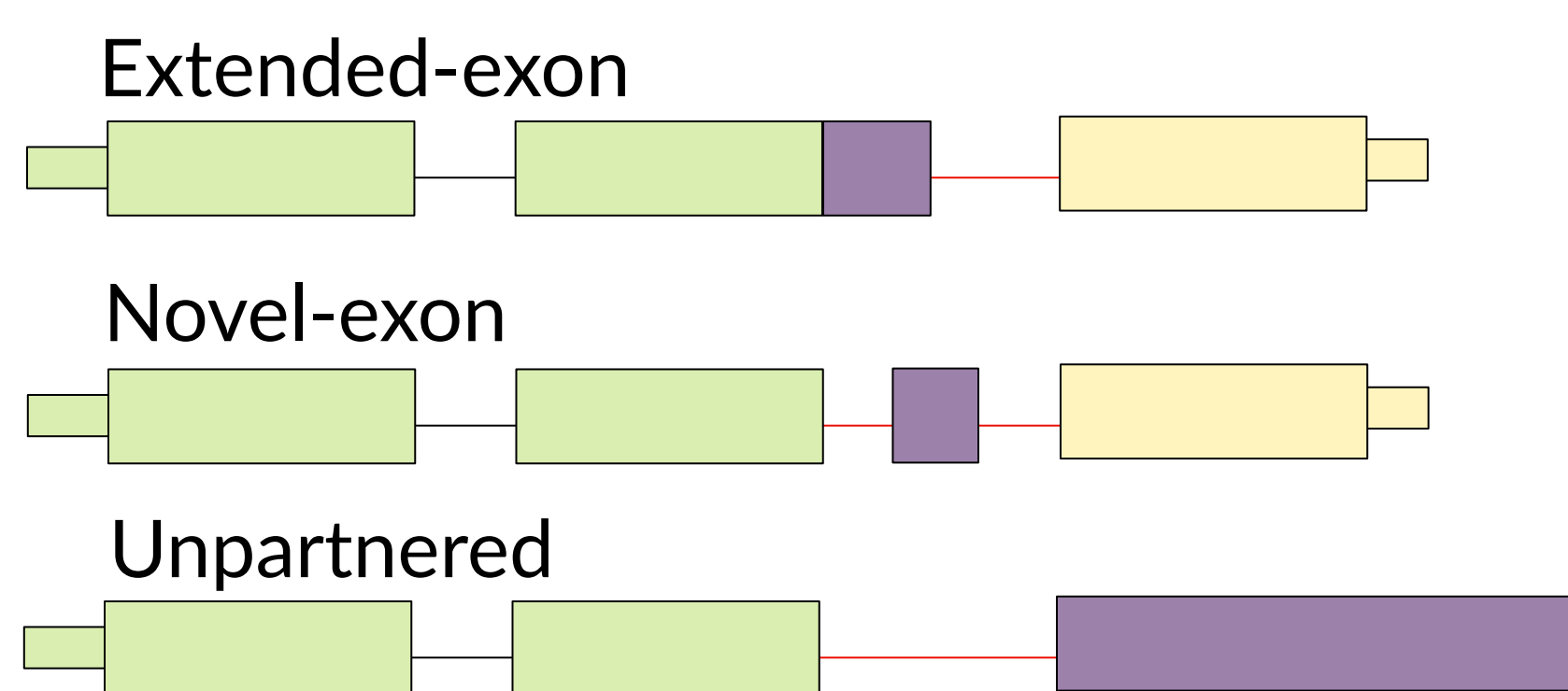
## Transcriptomic variants

Let's consider the **canonical fusion** as a single gene product formed by two genes joined at an **exon-exon boundary**:



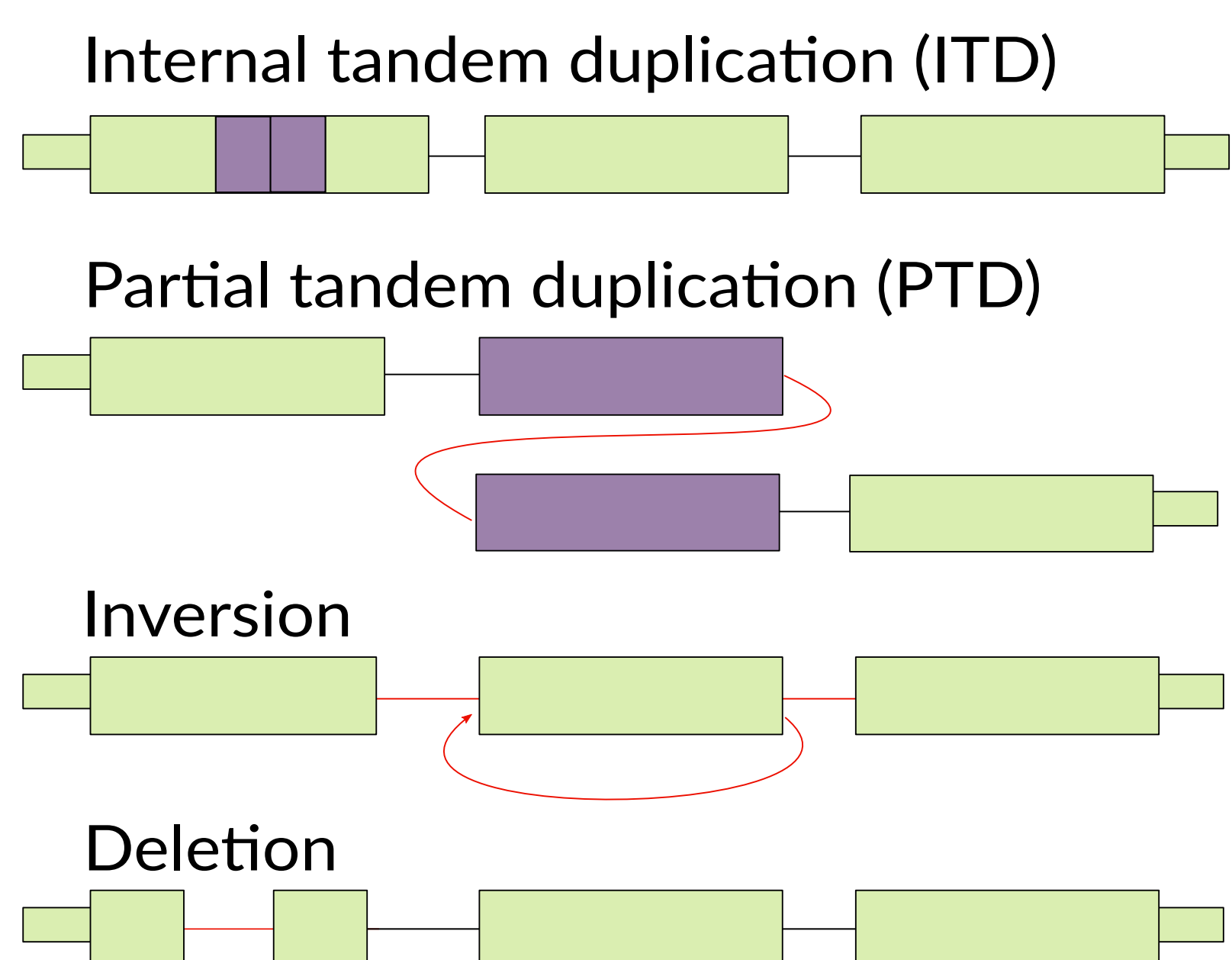
Fusion finders use very strict filters and do not consider non-standard fusions, such as:

## Non-canonical fusions

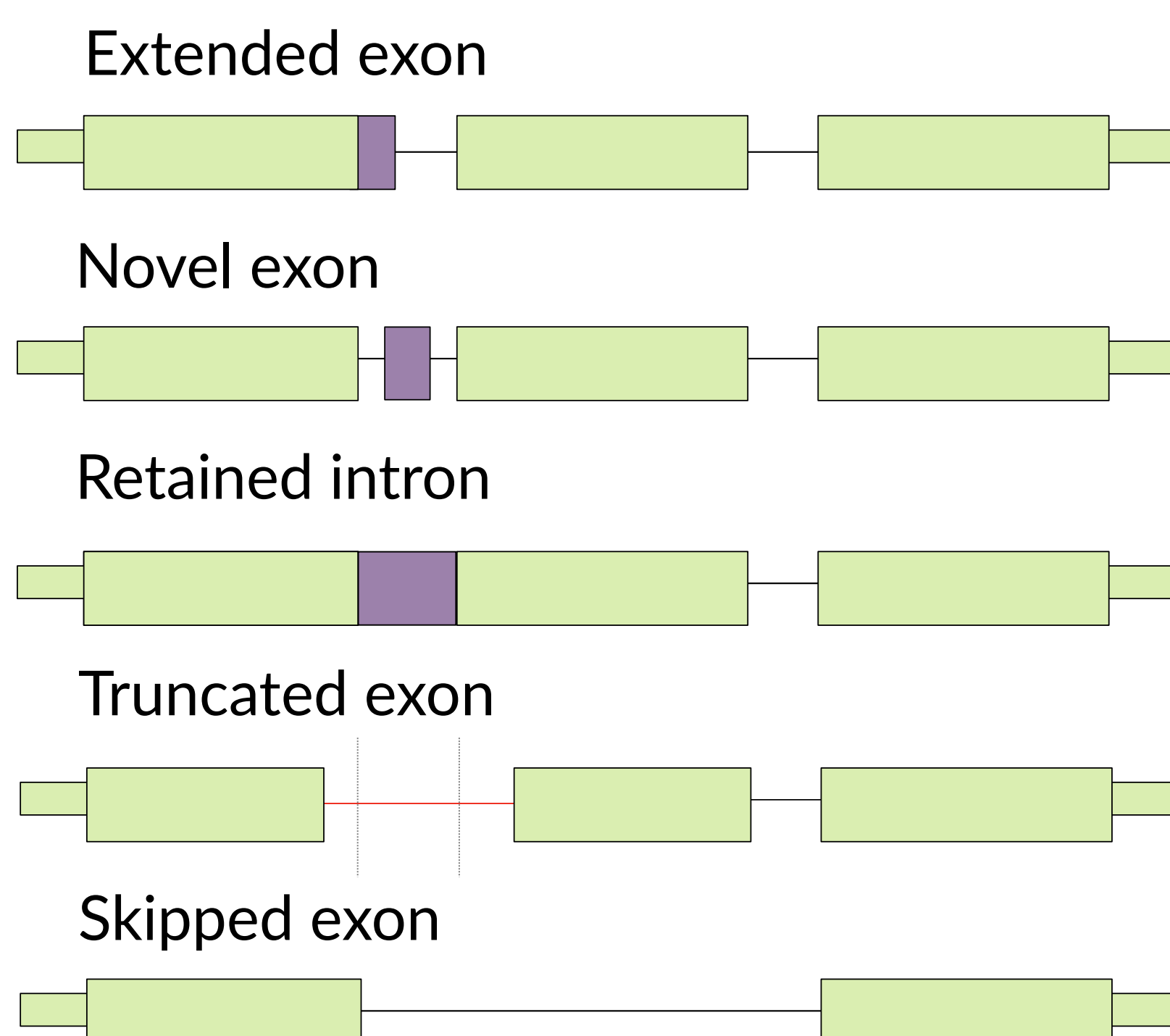


We also consider transcriptomic variants in single genes:

## Transcribed structural variants

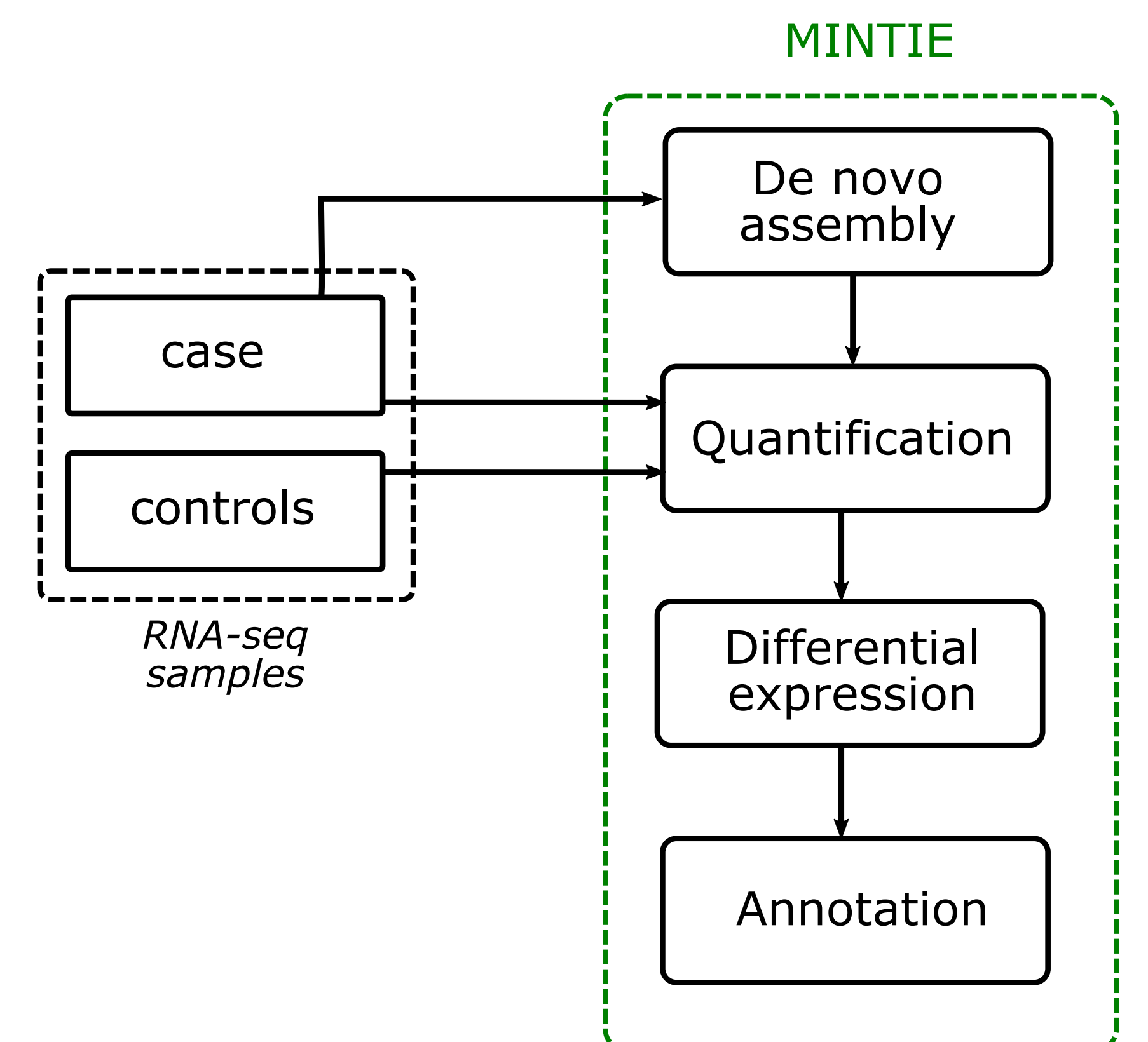


## Novel splice variants



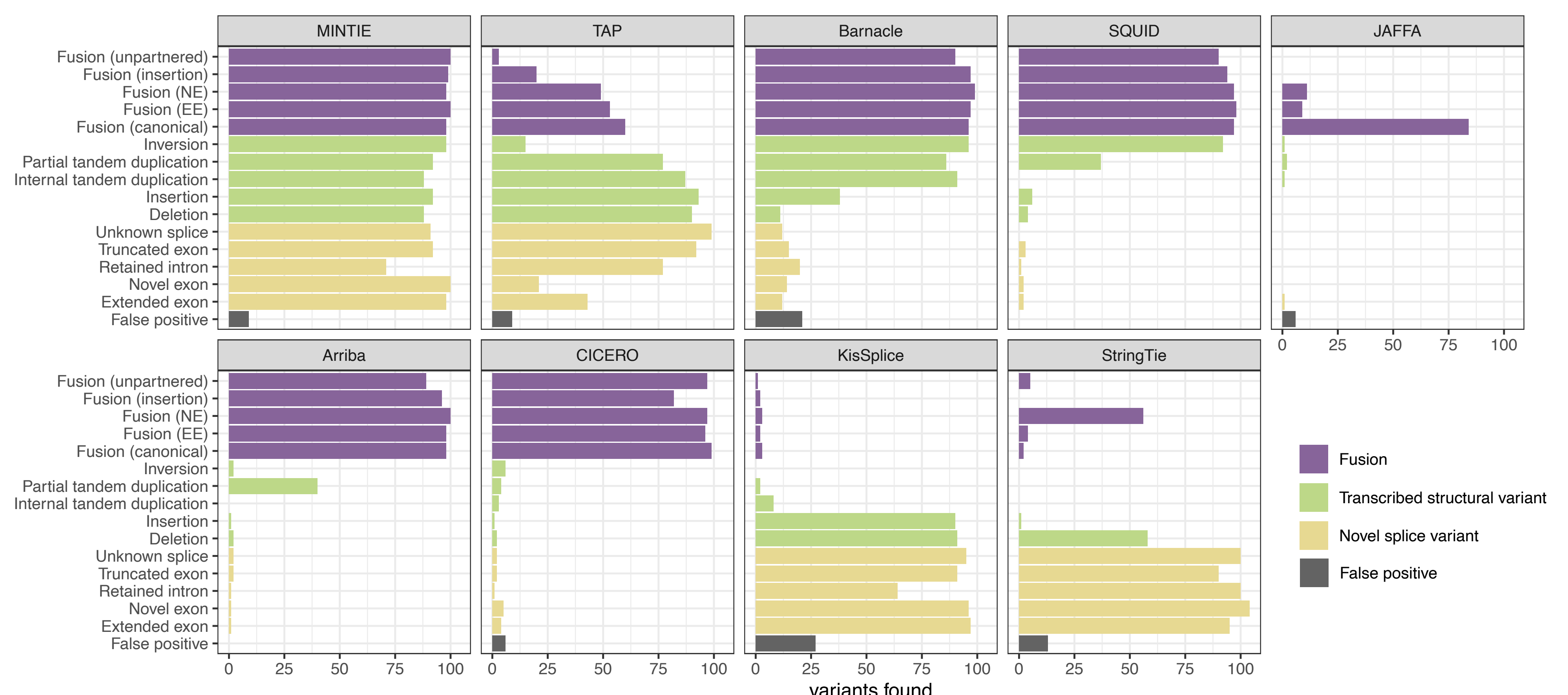
## The MINTIE method

1. De novo assemble all transcripts in the case sample.
2. Quantify all assembled transcripts in case and a set of controls (do not need to be normals).
3. Perform differential expression on assembled transcripts (case vs. controls).
4. Align significant transcripts and identify novel variants.



## Simulation results

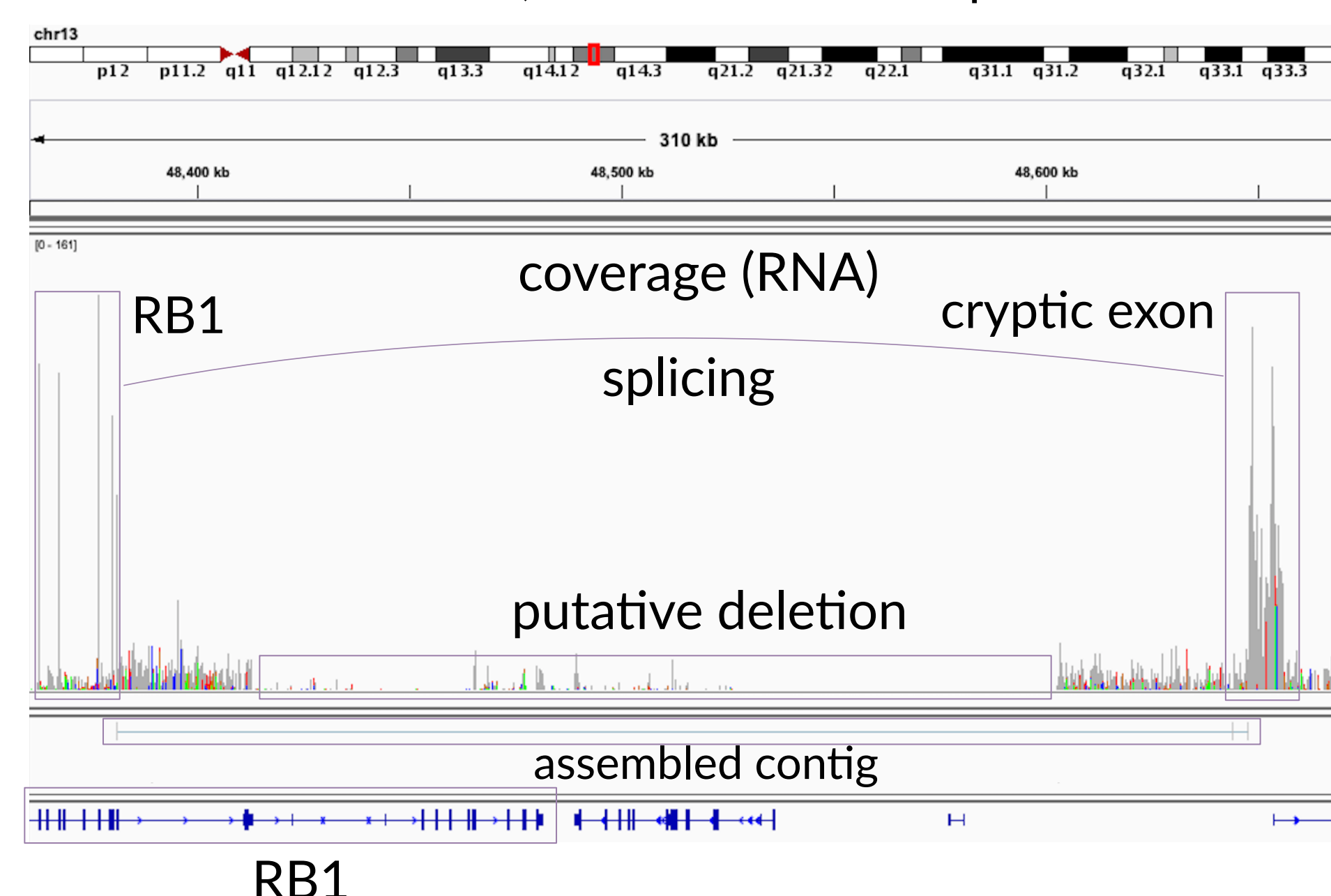
- We simulated 1500 variants across 15 types.
- MINTIE successfully found >70% of variants across all types.
- We ran these simulations on 8 other tools and found that MINTIE could find and annotate more variants than any other method.



## Candidate variants in cancer and rare disease

### B-cell Acute Lymphoblastic Leukaemia

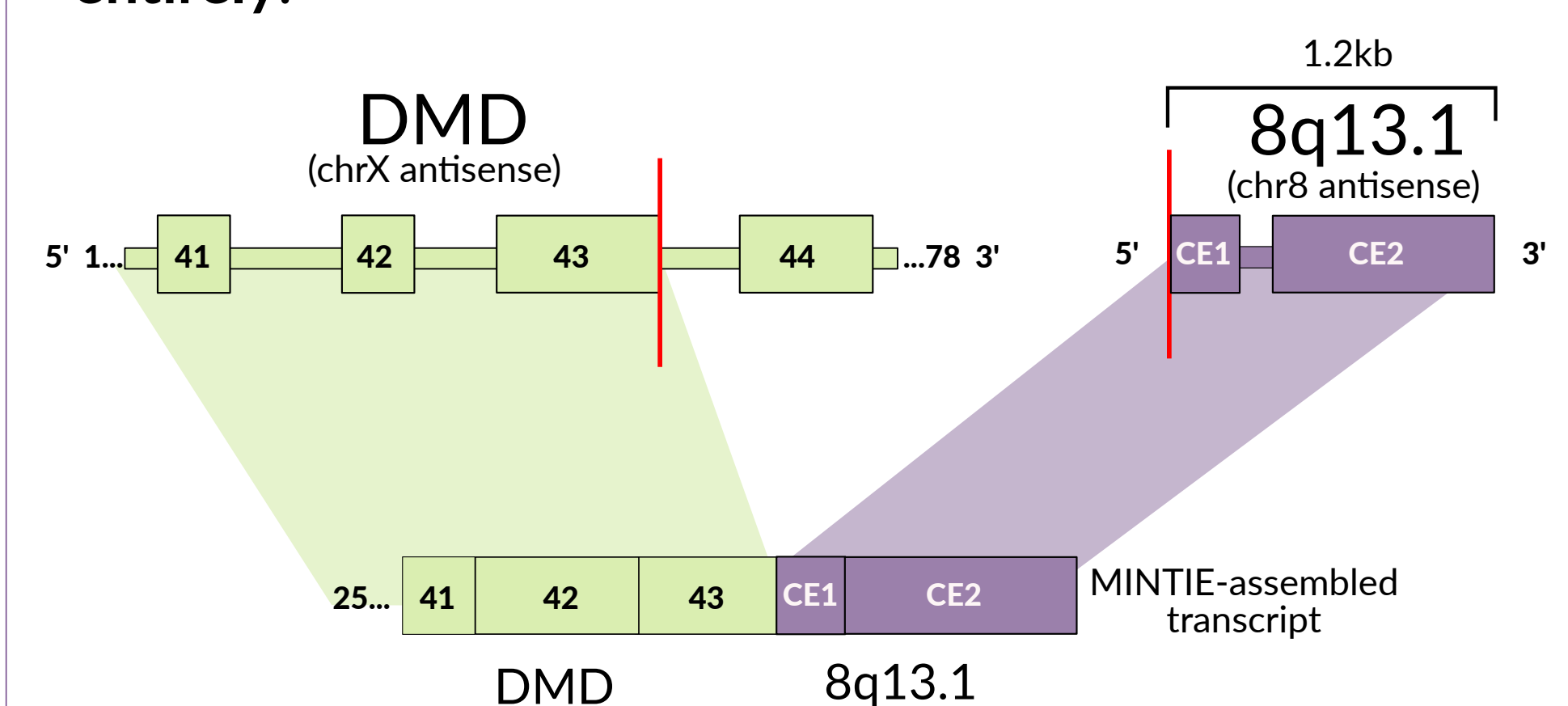
We ran MINTIE on 91 B-ALLs (Brown et al. 2020) from Melbourne's Royal Children's Hospital, and found several clinically relevant transcriptomic variants, including a recurrent RB1 unpartnered fusion found in three patients, novel ETV6 splice variants found in two patients and an IKZF1 and PAX5 PTD, each found in one patient.



Novel non-canonical fusion reveals likely loss-of-function deletion in tumour suppressor RB1.

### Rare muscle disease

We ran MINTIE on the RNA-seq from a cohort of 46 rare muscle disorder patients from a prior study (Cummings et al. 2017), and found three unpartnered fusions involving the muscle disease associated DMD gene, two of which were only identified in the DNA in the original study, and one of which was missed entirely.



Previously undetected non-canonical inter-chromosomal fusion between muscle disease-associated gene DMD and intergenic region on chromosome 8.