

임상 적용 가능한 유전체의학 update

김 경 철

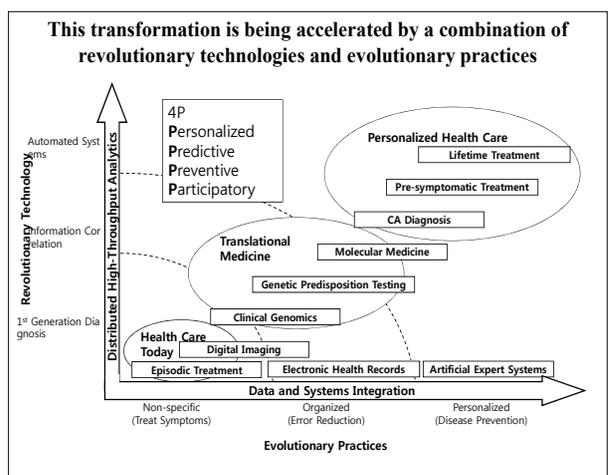
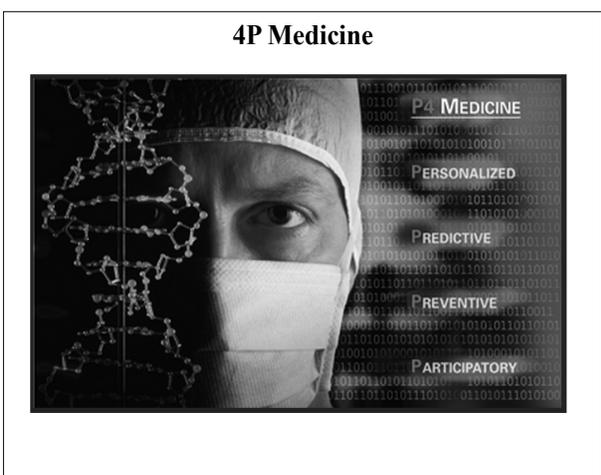
차의과대학 차음병원 임상유전체 센터

- Today's Topic
- 1 **Personalized Medicine** 이란 무엇인가?
 - 2 **Genomics** 의 기본 개념과 발전 상황
 - 3 유전과 환경의 상호작용에 대한 이해
 - 4 유전체학의 임상 적용 : 질병예측 및 건강증진

Accidents and Disease should be preventive

“모든 사고 (질병)은 예방되어야 하며 예방되기 위해서는 예측되어야 한다”

Episodic Treatment → Early Dx & Tx → Preventive Medicine → Predictive Medicine



What's Personalized Medicine

Procrustes (Προκρούστης)

VS

Tailored medicine

Personalized medicine is a medical model that proposes the **customization** of healthcare, with all decisions and practices being **tailored** to the individual patient by use of genetic or other information.

Smoking vs Gene of Lung Cancer

GSTM1) Polymorphisms and Lung Cancer

Genotype of CYP2D6 in 130 cases and 170 control cases

Application of Clinical Genomics

Potential Roles of Genomics in Cancer

- Is my disease still in remission?
- Is my therapy having the desired effect, with acceptable toxicity?
- How do various potential therapies compare with respect to efficacy and safety?
- Compared to other people with my classification, how aggressive is my case and what are the implication for treatment?
- Are my cancer cells malignant, and if so, what is the precise classification of my cancer?
- Do I have cancer cells in my body?
- What is my risk of developing cancer in my lifetime?

각막 이영양증/ 라식 수술

각막 이영양증은 인간염색체 5q에 위치하는 TGFB1 유전자의 돌연변이가 주 원인으로 알려져 있는 상염색체 우성 유전질환.

한국인은 1300명당 1명에서 발생. 아벨리노(Avellino) 각막이영양증은 라식수술을 시행한 경우 각막 혼탁이 증가되는 것으로 보고되고 있습니다. 따라서 아벨리노(Avellino) 각막이영양증 돌연변이를 갖는 경우, 라식수술은 금기

정상형

돌연변이형

장기 이식 수술과 이식 거부 예측 프로그램 : 알로맵(AlloMap)

- Reduce the immune response leading to organ rejection

AlloMap® The Future IMAGE of Heart Transplant Management

Research for the future: Personalized medicine

Goals for personalized medicine:

- Identify genetic differences between people that affect drug response
- Develop genetic tests that predict an individual's response to a drug
- Tailor medical treatments to the individual
 - Increase effectiveness
 - Minimize adverse side effects

Drug toxic but NOT beneficial

Drug NOT toxic and NOT beneficial

Drug NOT toxic and beneficial

Drug toxic but NOT beneficial

Same diagnosis, same prescription

Pharmacogenetics Evaluates how an individual's genetic makeup corresponds to their response to a particular medication.

Pharmacogenomics Combines pharmacogenetics with genomic studies. Uses large groups of patients to evaluate how candidate drugs interact with a range of genes and their protein products.

Illustration by Chris Twichell



Erbix (Cetuximab)

Developed by Merck, under license from Imclone

The First Targeted Drug For Colorectal Cancer

The Effectiveness Of Erbix Is Determined By The Genetic Makeup Of A Colorectal Tumor.

항 종	유전자 관사	관련 임상제
비 갈	EGFR 유전자 돌연변이검사 (대동) - 암기서열검사 - PNA 기반 실시간 중합효소연쇄반응 플랫폼	이해사정 타바페양
대갈살	EGFR shandix에 관박도지환한 암기검사 KRAS 유전자 돌연변이검사 (대동) - 암기서열검사 - PNA 기반 실시간 중합효소연쇄반응 플랫폼	알바텍스주 력타릭스주
만상물수병백발방	BCR/ABL 유전자타바페양사 (대동) BCR/ABL 유전자 Inatib 비상 돌연변이검사	글라박양
공상물수병백발방 GGT	C-사 유전자 돌연변이검사 - 암기서열검사	글라박양 수양양

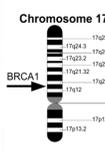
And Vectibix. (Journal Of Clinical Oncology In 2008)

BRCA1 유전자와 유방암



BRCA1 gene

Chromosome 17



24 exons, 1863 Amino Acids coding

일반 USA 여성의 평생 유방암 유병률 12.5%이나 BRCA1 돌연변이 인 경우 7배에 해당하는 80% 이상의 확률, 전체 대상자의 10%에서 돌연변이

(한국인 경우 유방암 평생 유병률은 72%, 난소암은 24.6% 한국인 유전성 유방암 연구, 서울대 김성원교수)



Rising debates



Perspective

23andMe and the FDA

George J. Anon, J.D., M.P.H., and Sherman Elias, M.D.
N Engl J Med 2014; 370:985-990 | March 13, 2014 | DOI: 10.1056/NEJp131007

Comments open through March 19, 2014

FDA marketing authorization for the device.” On December 5, the company announced that it was complying with the FDA’s demands and **discontinued running the commercial**, noting on its website, “At this time, we have suspended our health-related genetic tests to comply immediately with the [FDA] directive to discontinue new consumer access during our regulatory review process.”

In this exploratory study of 12 volunteer adults, the use of WGS was associated with **incomplete coverage of inherited disease genes, low reproducibility of detection of genetic variation with the highest potential clinical effects, and uncertainty about clinically reportable findings.** In certain cases, WGS will identify clinically actionable genetic variants warranting early medical intervention. These issues should be considered when determining the role of WGS in clinical medicine.

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Causes of human genetic variation

1. Chromosome aberrations


Normal

Deletion

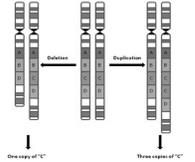
Duplication

Inversion

Trisomy
2. Tandem repeat polymorphisms

... ATTCCGATATATAT ...

... ATTCCGATATATATATAT ...
3. Insertion or deletion and copy number variation (CNV)



The Reference Genome

A A T C G

A A T C G D Deletion

A A T C G D D Duplication

A A T C G D D D D D D D D D D Complex CNV

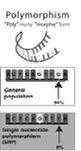
A A T C G Inversion

A A T C D Deletion

Causes of human genetic variation

4. Somatic mutations (*BRAF/KRAS*.)


5. Single nucleotide polymorphisms (SNP), germline mutation



Spelling Option

Genetic Alphabetic Order 4 Letters

LIVE ATCG

LOVE ...ATTCCGCTACTACT...

LOVE ...ATTCCGATACTACT...

A

SNP

Informally, the term mutation is often used to refer to a harmful genome variation that is associated with a specific human disease, while the word polymorphism implies a variation that is neither harmful nor beneficial.

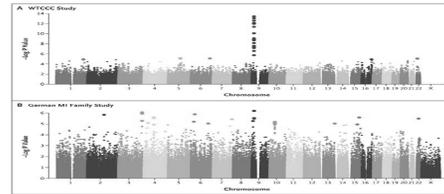
Selection of SNPs in Candidate Genes

Give high priority

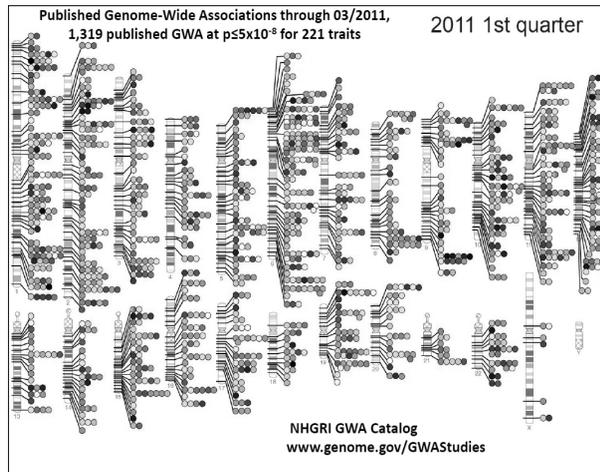
- 1) SNPs that are part of the HapMap project
- 2) SNPs mentioned in the literature as associating with a phenotype of interest
- 3) SNPs with good minor allele frequencies (MAF) (>5%)
- 4) SNPs altering an amino acid – a change in protein structure dictates a change in protein function (non-synonymous SNPs)
- 5) SNPs affecting mRNA splicing – splice site SNPs
- 6) Others – ABI, Perlegen, comparative genomics, transcription factor binding site, etc
- 7) Tag SNP – LD block : Haplotype
- 8) GWAS data

Genome wide association (GWA) study

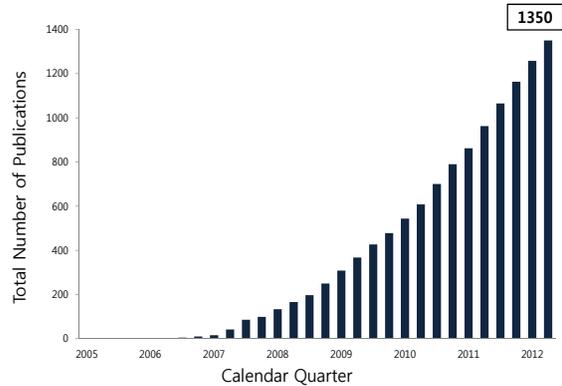
- The first major GWAS was published in Nature in February 2007 by Robert Sladek *et al.* in a study searching for type II diabetes variants
- Numerous genome-wide association studies for the diseases coronary heart disease, type 1 diabetes, type 2 diabetes, rheumatoid arthritis, Crohn's disease, bipolar disorder, and hypertension has studied.
- One of the challenges for a successful GWAS in the future will be to apply the findings in a way that accelerates drug and diagnostics development



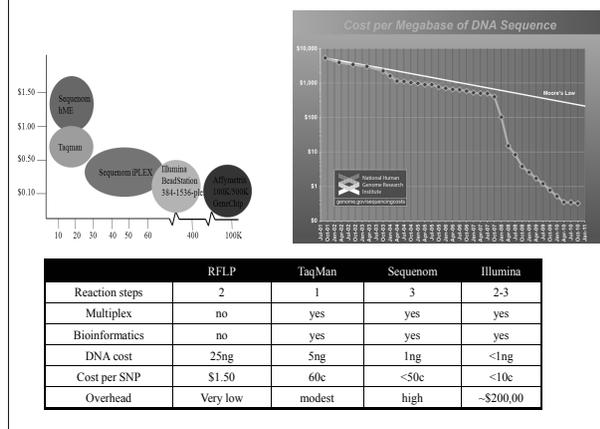
A WTCC study in coronary artery disease (Samani, NEJM 2007)



Published GWAS Reports, 2005 – 6/2012



Comparison of Methods



fishing with reel

Candidate Gene Association Study (CGAS)

Genome-Wide Association Study (GWAS)

with Bottom trawl

Whole genome sequencing history

연도	주체	기술	소요시간	비용
2000	Human Genome Project	Sanger sequencing	10년	30억 달러
2000	Celera Genomics	Sanger sequencing	4년	3억 달러
2007	Craig Venter Institute	Sanger sequencing	4년	7,000만 달러
2007	Baylor College of Medicine	Roche 454 (제임스왓슨)	수개월	100만달러
2007	Beijing Genome Institute	Illumina Solexa	수개월	50만 달러
2009	Stanford University	Helicos Helicoscope	수개월	48,000달러
2009	서울 의대 유전체학연구소	Illumina, Solexa Macrogen	수개월	30,000달러
2010	Complete Genomics	Complete Genomics	수개월	4,400달러
2011	Life Technology(ABI)	SOLID5500, NGS(2세대)	48시간	3,000달러
2012~2013	The Ion PGM™	Next-NGS (3세대)	8시간	2,000달러
2013 ~	Oxford Nanopore(TBD)	Nanopore,(4세대)	15분	1,000달러

1,000달러 게놈 시장의 시작!!

시퀀서 (sequencer)

A, T, G, C 네 종류의 DNA 염기를 읽어 주는 장비

Capillary (Sanger) Sequencer

생거 (Sanger) 방식으로 DNA 염기를 읽어 주는 가장 기본적인 표준 장비 (Gold Standard)

3500xL Genetic Analyzer

Frederick Sanger
 Born: 13 August 1918 (age 95)
 Biochemistry, England, United Kingdom
 Nationality: British
 Fields: Biochemist
 Institutions: Cambridge University, Laboratory of Molecular Biology
 Awards: Nobel Prize in Chemistry (1980)
 Honorary degrees: 1995, 1999
 Honorary doctorates: 1995, 1999

life technologies

NGS(Next Generation Sequencing)

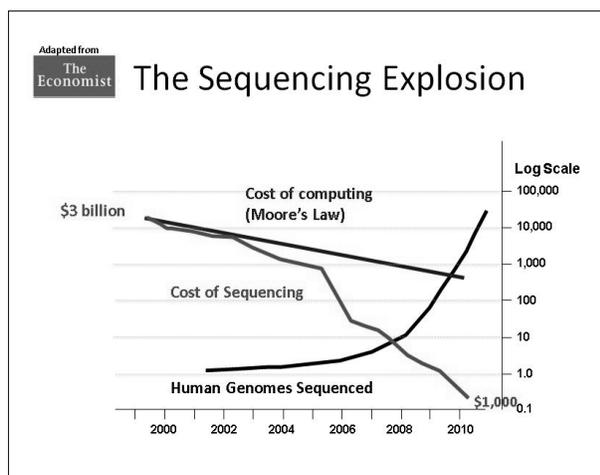
	ABI 3730XL	Roche (GS FLX)	Roche (GS Junior)	Illumina (Miseq)	Illumina (HiSeq)	Ion-torrent PGM(318)	Ion-torrent Proton	PacBio RS C2
Chemistry	Sanger Sequencing	Pyrosequencing	Pyrosequencing	sequencing by synthesis(SBS)	sequencing by synthesis(SBS)	semiconductor	semiconductor	Single molecule real time sequencing
Amplification	x	Emulsion PCR	Emulsion PCR	Bridge PCR	Bridge PCR	Emulsion PCR	Emulsion PCR	x
Sequencing Speed	20kb/h	30 Mb/h	3.5 Mb/h	200 - 210 Mb/h	2.2 Gb/h	4.4 Gb/h	130-270Mb/h	50 Mb/h
output/run	1.9-94Kb	700Mb	35Mb	7.8 - 8.5 Gb	600G	120G	1-2 G	100Mb
Time/run	20min-3h	23h	10h	39 h	11 days	27 h	7.3 h	2-4 h
Read length	400-900bp	700bp	400bp	2*250bp	2*100bp	2*150bp	400bp	200bp
# of reads/run	-	1M	0.1M	30 - 34 million	6 million	1.2 million	-	60-80 million
Cost per run (total)	-	\$7,000	-	\$128K	\$654K	-	-	\$695K
Cost per gb	\$2,457,600	\$10,240	-	\$502	\$41	-	\$1,000	\$2,000
Accuracy	99.9%	99.9%	99.9%	98%	98%	98%	98%	98% (87%CLR), 99%(CCS)
Advantage	Long individual reads, useful for many applications	Long read size, fast	-	potential for high sequence yield, depending upon sequencer model and desired application	-	less expensive equipment, fast	-	Longest read length, fast Detects 4nc, 5mc, 6na
Disadvantage	More expensive and	Runs are expensive Homopolymer errors	-	Equipment can be very expensive	-	Homopolymer errors	-	low yield at high accuracy Equipment can be very expensive

Oxford Nanopore in 2013

DNA can be sequenced by threading it through a microscopic pore in a membrane. Bases are identified by the way they affect ions flowing through the pore from one side of the membrane to the other.

- 1 One protein uncorks the DNA helix into two strands.
- 2 A second protein creates a pore in the membrane and holds an "adapter" molecule.
- 3 The adapter molecule tethers bases in place long enough for them to be identified electronically.

나노 : 10억분의 1 미터



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Gene-Environment interaction for cardiovascular disease prevention

Gene vs Diet

NATURE VS NURTURE? WE HAVE THEM BOTH.

ENVIRONMENT

GENES

HEMOPHILIA COLON CANCER ALZHEIMER'S DISEASE STROKE CARDIOVASCULAR DISEASE LUNG CANCER MOTOR VEHICLE ACCIDENT
CYSTIC FIBROSIS BREAST CANCER ASTHMA DIABETES SKIN CANCER

Nature vs Nurture

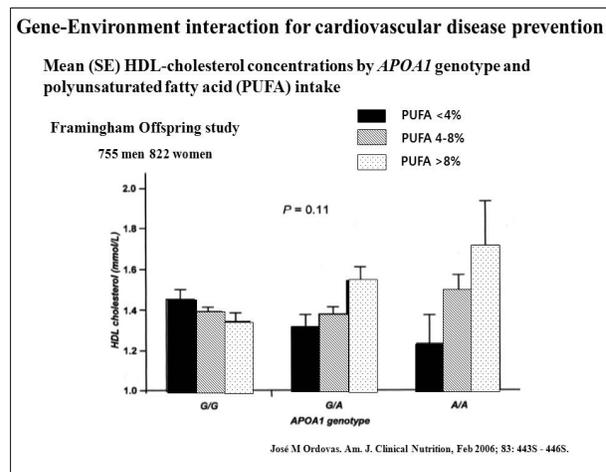
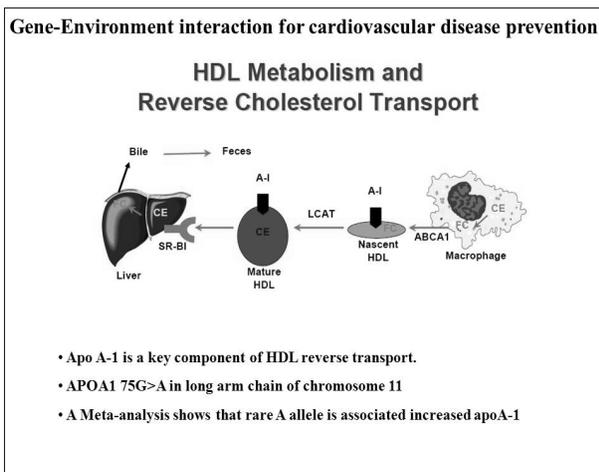
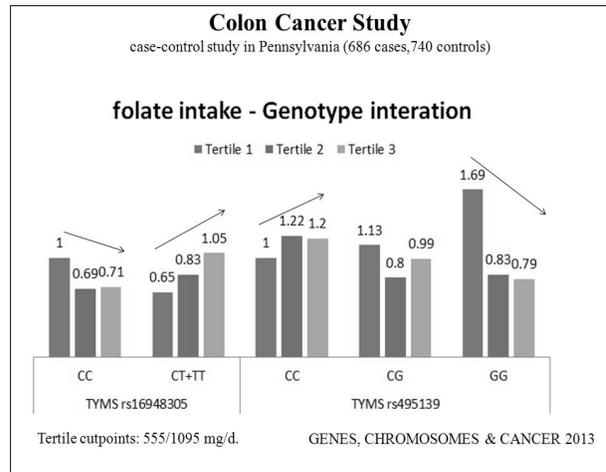
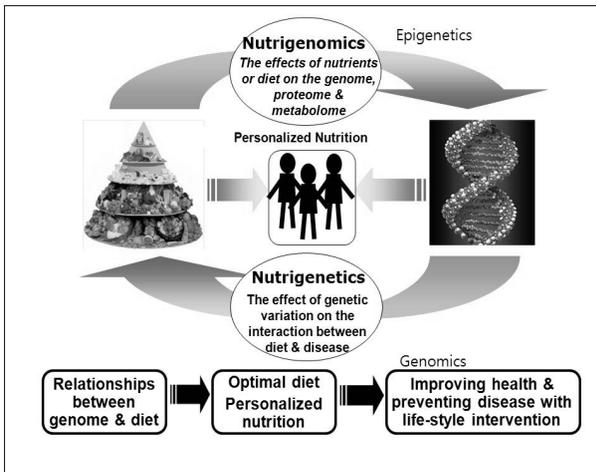
Good diet, bad genes

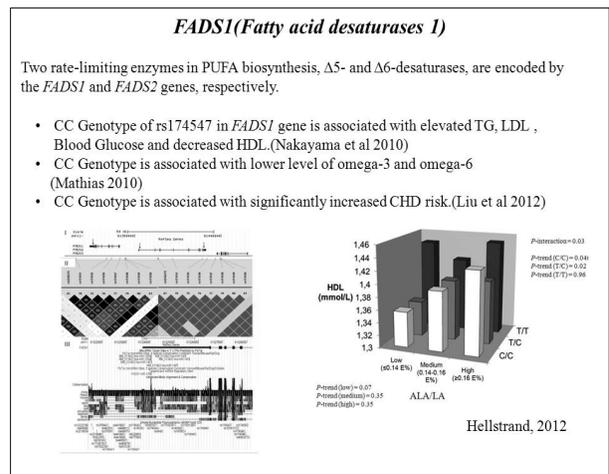
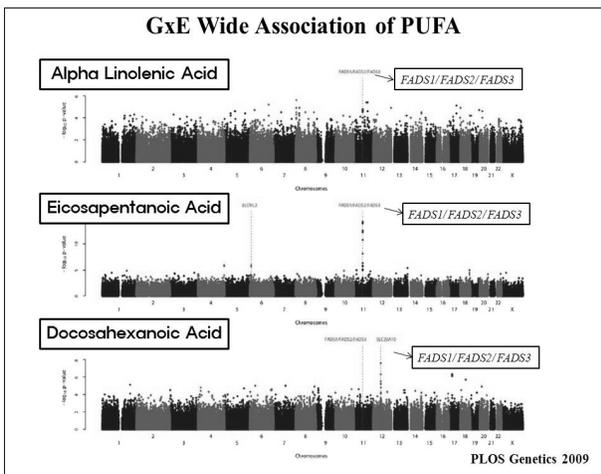
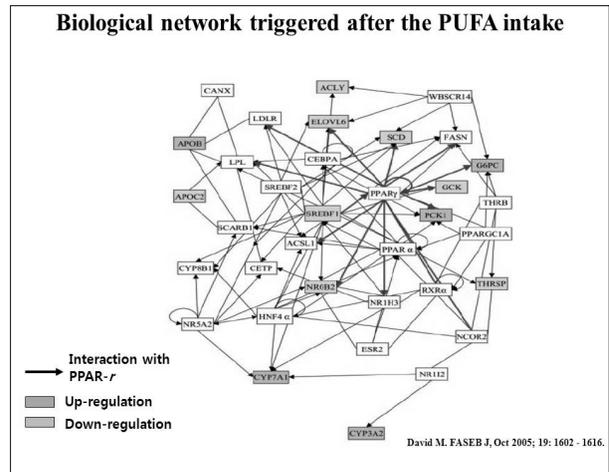
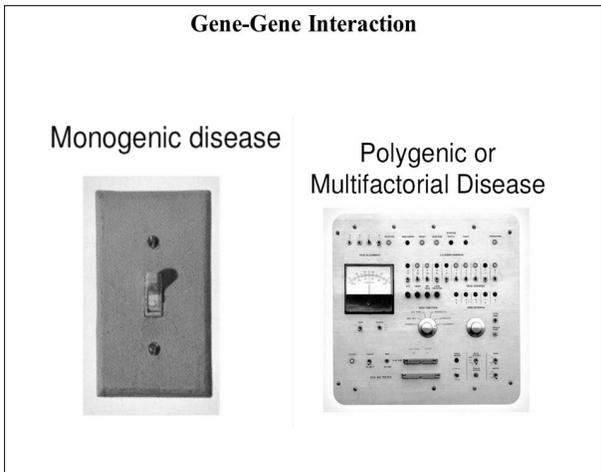
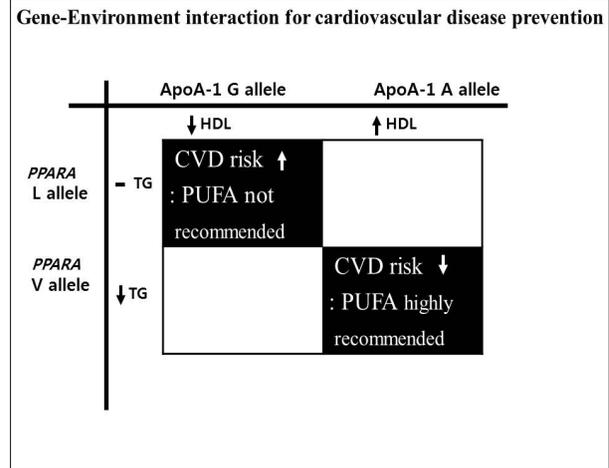
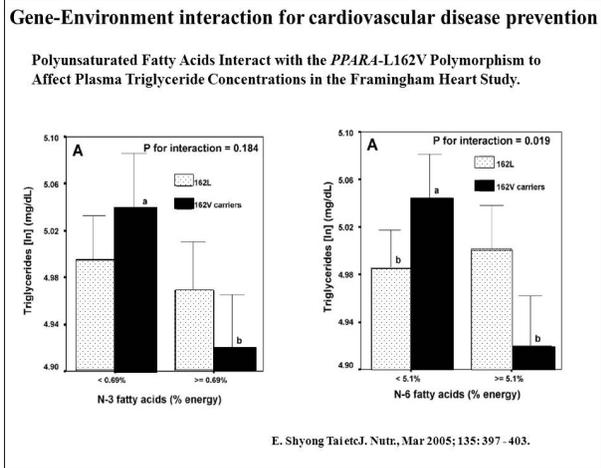
Bad diet, bad genes

Good diet, good genes

Bad diet, good genes

The figures colored black represent the proportion of each group expected to go on to develop the disease.





PATHWAYFIT®
DIET, NUTRITION & EXERCISE
PERSONAL GENETIC REPORT

FADS1 and Omega 3,6

NAME: KYONG-CHOL KIM
SEX: MALE
ACC #: D3515283
DATE: MAY 28, 2013

DIET PAGE: 12

DIET OMEGA-6 AND OMEGA-3 LEVELS

Polysaturated fats (PUFAs) in our diet are composed of omega-3 and omega-6 fatty acids, both of which are recommended by the American Heart Association (AHA) for good heart health. Long-chain PUFAs are provided by our diet, but can also be synthesized in our bodies starting from the precursor essential fatty acids, linoleic acid (LA, omega-6) and alpha-linolenic acid (ALA, omega-3). Both omega-3 and omega-6 fats are processed in the body by the same enzyme complex^{1,2}. The major dietary sources of omega-3 fatty acids include foods, such as flaxseed and walnuts, as well as fish oils and fish such as salmon. Processed foods often contain high levels of omega-6, while healthy sources of omega-6 include evening primrose and borage oils, as well as olives, nuts and poultry. Historically, the ratio of omega-6 to omega-3 fats in the diet was maintained close to a healthy 1:1, while in the current Western diet it is estimated to be about 15:1³.

In recent genome-wide association studies that included over 10,000 people, it was found that those with the C/C or C/T genotypes at a variant in the FADS1 gene, which codes for one of the enzymes involved in processing omega-3 and omega-6 fats, had "Decreased" blood levels of arachidonic acid (AA), a long-chain omega-6 fat, as well as eicosapentaenoic acid (EPA), a long-chain omega-3 fat. On the other hand, those with a T/T genotype had "Typical" levels of these two omega-fats^{3,4,5}. Since both AA and EPA are precursors of biologically important metabolites, those with a "Decreased" outcome should increase their dietary intake of both omega-3 and omega-6 fatty acids. However, considering the current skewed ratio of omega-6:omega-3 fats, it is recommended that people monitor the intake of omega-6 fats from processed foods, while increasing their intake of omega-3 fats.

YOUR RESULT 4

DECREASED
People with your genotype were found to have decreased blood levels of an important omega-6 fat and an important omega-3 fat.

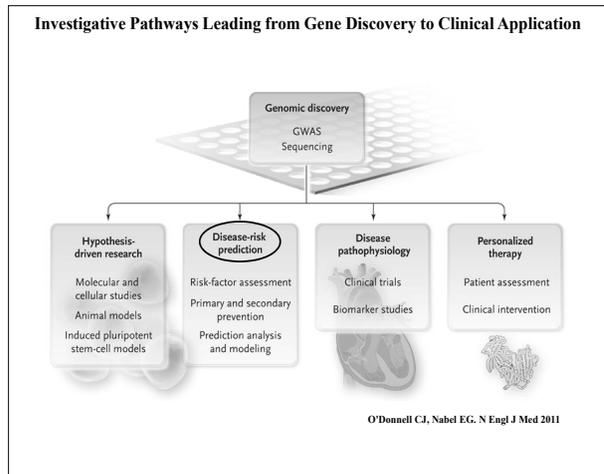
YOUR RELATED GENES

Gene Tested	Your Genotype	Scientific Strength
FADS1/rs174547	C/C	★★★★

FADS1-rs174547 C/C

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세계 유전체 시장의 현황 : 분야별 유전체 분석 시장 전망

(단위: 백만달러)

분류	2007	2008	2009	2014	CAGR% 2009-2014
Tools	541	611.1	691.8	1,315.10	13.7
Services	254.2	293	338.8	713.5	16.1
응용 분야					
Drug development	928.9	929.6	639	1298.3	15.2
- Clinical trials	176.1	193.7	210.9	480.9	16.9
- Whole genome testing	127.2	142.4	159.7	331.1	15.7
- Toxicology prediction	112	125.3	147	285.6	14.2
- Identification of drug resistance	91.6	106.2	121.4	230.7	12.7
Drug discovery	286.3	334.5	391.6	730.3	13.3
- Genotyping and DNA fragment analysis	100.2	110.4	133.1	275.2	15.2
- Genetic variation and interaction	85.9	97	113.6	219.1	14
- Cellular functions	57.3	73.6	82	138.8	11
- Others	42.9	53.5	62.7	102.2	10.3
전체	795.2	904.1	1,030.60	2,028.60	14.5

출처: Business Insights, TGA sequencing in Drug Discovery (2009)

※ 임상실험, 환자유전체 분석, 독성예측, 약제내성예측
※ 유전체 다양성 및 유전체 분석, 세포 기능분석

- 연평균 성장률 14.5%로 증가(2009-2014)
- 2014년 20억 달러 이상 예상 (분석용 시장 / 서비스 시장)

- 1) 유전체 분석용 시장
 - 개인 맞춤의학 및 신약개발 등의 응용 분야 기반 기술
 - 시장규모 13억 달러 이상 전망(2014)
- 2) 유전체 분석 서비스 시장
 - 연평균 성장률이 분석용 시장보다 더욱 높음
 - 유전체 분석이 대중화되고 점차 소비가 증가하고 있어 산업규모가 더욱 커질 것으로 전망

세계 유전체 시장의 현황 : 국가별 유전체 분석 시장 전망

(단위: 백만달러)

국가	2007	2008	2009	2014	CAGR% 2009-2014
북미	361.4	411.9	470.7	955.1	14.7
Tools	245.8	278.2	316	605.7	13.9
Service	115.6	133.7	154.7	329.4	16.3
유럽	255.6	300	339.9	645.1	13.7
Tools	179.7	201.8	227	416.4	12.9
Service	85.8	98.2	112.9	228.7	15.2
아시아	115.4	133.6	155	334.4	16.6
Tools	79.7	91.7	105.6	220.2	15.8
Service	35.7	41.9	49.4	114.2	18.2
기타	52.9	58.6	65	114	11.9
Tools	35.8	39.4	43.2	72.8	11
Service	17.1	19.2	21.8	41.2	13.6
total	795.2	904.1	1,030.60	2,028.60	14.5

출처: Business Insights, TGA sequencing in Drug Discovery (2009)

- 미국과 캐나다를 포함하는 북아메리카 시장이 가장 큰 규모로 2014년 935백만 달러의 시장 형성 전망
- 아시아의 유전체 분석 시장은 2014년 334백만 달러 규모로 예상 평균성장률이 가장 높은 16.6%로, 빠르게 발달하고 있음을 알 수 있음

세계 유전체 시장의 현황 : 북미 주요 업체의 특징 비교

	23andMe	Navigenics	Pathway Genomics
설립 현황	<ul style="list-style-type: none"> 2006년 설립(Mountain View, CA) 2007년 DTC 런칭 	<ul style="list-style-type: none"> 2007년 설립(Foster City, CA) 2008년 DTC 런칭 Life Technologies가 인수 -> 현재 DTC 중단 	<ul style="list-style-type: none"> 2008년 설립(San Diego, CA) 2008년 DTC 런칭 -> 현재 DTC 중단
성격	<ul style="list-style-type: none"> Entertainment 성격의 서비스 유방암, 전식 등 중병과 관련된 질병 검사 오래된/원손 잡이 쓴 인식 정도, 유당 분해 능력 등 검사 -> 개인의 유전적 특징 파악 목적 	<ul style="list-style-type: none"> 건강 및 치료목적의 서비스 위암, 대장암, 폐암, 유방암, 뇌졸중, 뇌동맥류, 심장마비 등 23가지 질병에 대한 예측과 맞춤관리 정보를 제공 	<ul style="list-style-type: none"> 건강 및 치료목적의 서비스 열성질환, 약물반응유과, 복합성 질환 뿐만 아니라 23andMe와 같이 개인 조상 추적
전략	<ul style="list-style-type: none"> 가장 저렴한 DTC 서비스 -> 현재까지 가장 많은 고객 유지 -> 100만 고객 유지 목표 	<ul style="list-style-type: none"> Corporate 중심의 마케팅 -> 기업의 사원 복지정책의 일환 	<ul style="list-style-type: none"> Blue shield 보험사와 계약 다이어트, 올림픽 운동 선수 건강 가이드라인에 이용 해외 시장 적극적으로 개척

차음의 특화 검진 : 맞춤 유전체 검사

HELLO X GENE 헬로진 유전체 검사

유형민감성 요약결과

내 몸의 유전체 45% 45% 27%

내과계 질환

질환	유형민감성	유형민감성	유형민감성	유형민감성
심혈관 질환	0.21	0.23	0.21	0.24
당뇨병	0.21	0.23	0.21	0.24
암	0.21	0.23	0.21	0.24
신장 질환	0.21	0.23	0.21	0.24
골다공증	0.21	0.23	0.21	0.24
비만	0.21	0.23	0.21	0.24
알코올 의존성	0.21	0.23	0.21	0.24
우울증	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23	0.21	0.24
우울장애	0.21	0.23	0.21	0.24
불안장애	0.21	0.23	0.21	0.24
ADHD	0.21	0.23	0.21	0.24
ADD	0.21	0.23	0.21	0.24
자폐성 장애	0.21	0.23	0.21	0.24
정신분열증	0.21	0.23	0.21	0.24
조울증	0.21	0.23		

체크1 : 다중 마커 (multiple marker)를 사용하는지

헬로진 염		헬로진 일반질환	
Phenotype	Gene	Phenotype	Gene
담도계암	CYP1A1	심근경색증	APOA5
방광암	MYC	심방세동	4q25
자궁내막암	MMP7	관상동맥질환	HMGCR
유방암	ESR1	뇌졸중	9p21
혈관성 간암	MDM2	뇌졸중	WNK1
대장암	CRP	골관절염	FTO
혈장암	NRS42	류마티스관절염	GDF5
미만성 위암	PTPRCAP	만성신장질환	UMOD
난소암	9p22	파킨슨병	PARK16
장형위암	IL-17A	진식	GPR154
갑상선암	FOXE1	우울증	TPH2
폐암	ERCC6	비만	FTO
고환암	UCK2	제2형당뇨병	KCNQ1
자궁경부암	IL12B	고중성지방혈증	APOA5
전립선암	8q24	고밀도콜레스테롤수치	EDN1
식도평평상피암	ALDH2	저밀도콜레스테롤수치	HMGCR

체크1 : 다중 마커 (multiple marker)를 사용하는지

헬로진 염		헬로진 일반질환	
Phenotype	Gene	Phenotype	Gene
담도계암	CYP1A1	심근경색증	APOA5
방광암	MYC	심방세동	4q25
자궁내막암	MMP7	관상동맥질환	HMGCR
유방암	ESR1	뇌졸중	9p21
혈관성 간암	MDM2	뇌졸중	WNK1
대장암	CRP	골관절염	FTO
혈장암	NRS42	류마티스관절염	GDF5
미만성 위암	PTPRCAP	만성신장질환	UMOD
난소암	9p22	파킨슨병	PARK16
장형위암	IL-17A	진식	GPR154
갑상선암	FOXE1	우울증	TPH2
폐암	ERCC6	비만	FTO
고환암	UCK2	제2형당뇨병	KCNQ1
자궁경부암	IL12B	고중성지방혈증	APOA5
전립선암	8q24	고밀도콜레스테롤수치	EDN1
식도평평상피암	ALDH2	저밀도콜레스테롤수치	HMGCR

질병민감성 상세결과

위암 (Gastric cancer)

적게 위암 환자의 5-10%를 차지하는 유전적 위암은 형태학적으로 미만성 위암과 장형 위암으로 분류됩니다. 미만성 위암은 암세포가 서로 떨어져 있으며 위벽에 넓게 퍼져나가면서 생기고, 심하지 않더라도 암세포가 국한된 구역에 집중됩니다. 특히 젊은 여성에게 많이 생기는데 복막으로 전이가 흔하여 위암 중에서 예후가 가장 나쁩니다. 장형 위암은 암세포가 이웃 세포와 결합하고 있는 위암을 일하며 주로 위에 서식하는 헬리코박터 피로리균에 감염되어 발생합니다. 남성과 고령자에게 발병할 확률이 높으며, 주로 역양을 형성하여 위의 정중부와 소만부에 발생합니다.

유전형 분석 결과

유전자	유전형	대립인자	위험인자
IL17A	A/G	A/G	A
VCAN	G/G	G/T	G
PTPRCAP	A/C	A/C	A

FADS1 and HDL Cholesterol

DECREASED HDL CHOLESTEROL

High-density lipoprotein (HDL) cholesterol is known as good cholesterol, because high levels of HDL cholesterol seem to protect against heart attack, while low levels of HDL cholesterol (less than 40 mg/dL) increase the risk of heart disease⁹⁴. While multiple mechanisms are known to account for this, the major one is thought to be the role of HDL in transporting excess cholesterol away from the arteries and back to the liver, where it is passed from the body⁹⁵. Your HDL cholesterol can be measured with a simple blood test. In men, typical HDL cholesterol levels range from 40 to 50 mg/dL. In women, female hormones cause typical HDL cholesterol levels to range from 50 to 60 mg/dL; however, after menopause there is a tendency for decreased HDL cholesterol levels. Foods containing trans fats can lower HDL cholesterol levels, which is unhealthy. Cholesterol levels should be monitored by your physician.

A genetic result of "High" or "Above Average" does not mean you have decreased HDL cholesterol levels, but tells you that you may have a high propensity for decreased HDL cholesterol levels. On the other hand, a result of "Low" or "Below Average," tells you that you have a lower than average propensity for decreased HDL cholesterol levels. Our genetic testing is based on a genetic profile with individuals from the Framingham Heart Study who had decreased HDL cholesterol levels. A result of "High" means that you share a similar genetic profile with individuals from the Framingham Heart Study who had decreased HDL cholesterol levels measuring, on average, below 46 mg/dL with approximately 37% of individuals measuring below 40 mg/dL. On the other hand, a result of "Above Average" means that you share a similar genetic profile with individuals measuring, on average, below 50 mg/dL HDL cholesterol with approximately 30% of individuals measuring below 40 mg/dL HDL cholesterol⁹⁶.

YOUR PROBABILITY 4

AVERAGE
Based on your genetic profile you have an average likelihood for decreased HDL cholesterol levels.

YOUR RELATED GENES

Gene Tested	Your Genotype	Scientific Strength
APOA5-rs180005	G/A	★★★★
ANGPTL4-rs2967005	A/A	★★★★
CE9P-rs247858	C/T	★★★★
CE9P-rs11	C/C	★★★★
IGM12-rs1680914	A/G	★★★★
HNF4A-rs1300961	C/C	★★★★
KCTD10-rs238104	G/G	★★★★
LCAT-rs2271263	G/G	★★★★
LIPC-rs10466917	C/T	★★★★
LPL-rs4939883	C/C	★★★★
LPL-rs12678919	A/A	★★★★

Elevated LDL cholesterol

DECREASED HDL CHOLESTEROL

Low-density lipoprotein (LDL) is the type of cholesterol that can become dangerous if you have too much of it. Like gunk clogging up your kitchen drain, LDL cholesterol can form plaque and build up in the walls of your arteries. This can make your arteries narrower and less flexible, putting you at risk for conditions like a heart attack or stroke. Optimally, LDL levels should be less than 100 mg/dL. Near-optimal levels range from 100 to 129 mg/dL and borderline high from 130 to 159 mg/dL. A score greater than 160 mg/dL is high and greater than 190 mg/dL is very high. Your physician can measure your cholesterol levels.

A genetic result of "High" or "Above Average" does not mean you have elevated LDL cholesterol levels, but tells you that you may have a genetic propensity for elevated LDL cholesterol levels. On the other hand, a result of "Low" or "Below Average," tells you that you have a lower than average genetic likelihood for elevated LDL cholesterol levels. However, you could still develop problems with your LDL levels as a result of your diet and other factors. This report is based on genetic variants studied in over 19,000 individuals. A genetic result of "High" means that you share a similar genetic profile with individuals from the Framingham Heart Study who had elevated LDL cholesterol levels measuring, on average, above 139 mg/dL with approximately 25% of individuals measuring above 160 mg/dL. A genetic result of "Above Average" means that you share a similar genetic profile with individuals measuring, on average, above 130 mg/dL LDL with approximately 17% of individuals measuring above 160 mg/dL LDL cholesterol⁹⁷. A genetic result of "Average" means that you share a similar genetic profile with individuals measuring, on average, near-optimal LDL cholesterol levels. Diet plays an important part in LDL levels. Processed foods and foods high in trans fat contribute to elevated LDL levels.

YOUR PROBABILITY 4

ABOVE AVERAGE
You share a similar genetic profile with individuals who exhibit borderline-high LDL cholesterol levels. Therefore, you have a higher than average likelihood for elevated LDL (bad) cholesterol levels.

YOUR RELATED GENES

Gene Tested	Your Genotype	Scientific Strength
APOB-rs494713	C/C	★★★★
APOB-rs53335	G/G	★★★★
CELR2-rs12740774	G/G	★★★★
HMGCR-rs3846663	C/T	★★★★
HNF1A-rs265000	C/C	★★★★
INTERGENIC-rs1021008	G/G	★★★★
LDLR-rs531720	G/G	★★★★
MARF-rs6102059	C/T	★★★★
NCR1-rs10451989	C/T	★★★★
PCSK9-rs1206510	T/T	★★★★

Calculating my genome risk for CHD

MYOCARDIAL INFARCTION

GENE/LOCUS	MARKER	GENOTYPE	ODD RATIO
LTA	rs1041981	A/C	1.2
MIAT	rs2331291	C/C	1.5
PSMA6	rs1048990	C/C	1.6

1.2X1.5X1.6= 2.88?

	LTA		MIAT		PSMA6		LTA+MIAT		LTA+MIAT+PSMA6	
	present	absent	present	absent	present	absent	present	absent	present	absent
MI	12	10	15	10	16	10	10	12	6	15
healthy	100	100	100	100	100	100	40	160	20	180
Odd ratio	1.2		1.5		1.6		3.3		3.60	

	Genetic high risk		Genetic high risk + smoking		Gene + smoking + obesity		smoking + obesity+inactivity	
	present	absent	present	absent	present	absent	present	absent
MI	6	15	5	16	5	16	5	16
healthy	20	180	15	185	14	186	12	188
Odd ratio	3.60		3.85		4.15		4.90	

Tell to patients their personalized risk for CHD according to genome*environmental data

체크 2 : 한국인의 관심 질병에 대해 검사하는가.

서양인의 데이터로 만들어진 연구 논문에서 인용한 유전체별 질병의 위험도를 한국인에게 적용할 수 있는가?

↑ YOUR PROBABILITY ↓

↑ YOUR RELATED GENES ↓

Gene Tested	Your Genotype	Scientific Strength
ADIPOQ	G/G	★★★★
APOLA2	T/T	★★★★
FTO	T/T	★★★★
KCTD10	G/G	★★★★
LPC6	T/T	★★★★
MMAB	G/C	★★★★
PRR43	C/C	★★★★

AND MORE...

?(A:A) (A:G) (G:G) 28

체크 3 : 질병을 피할 수 있는 길을 제시하는가 (영양-유전체 상호작용)

Gene vs Diet

NATURE VS NURTURE? WE HAVE THEM BOTH.

ENVIRONMENT

GENES

HAEMOPHILIA	COLON CANCER	ALZHEIMER'S DISEASE	STROKE	CARDIOVASCULAR DISEASE	LUNG CANCER	MOTOR VEHICLE ACCIDENT
DIETIC FIBROSIS	BREAST CANCER	DIABETES	ASTHMA		SKIN CANCER	

Matching diet based on my genome

NAME/ID: KYONG-CHOL KIM
SEX: MALE
ACC #: E0515293
DATE: MAY 28, 2013

DIET MATCHING DIET TYPE

Your diet has been selected by looking at many genetic variants associated with how people respond to the different macronutrients (proteins, fats and carbohydrates) in their food^{2,3,4,5,6,7}. Your genetic risk profiles discussed in the Metabolic Health Factors section of this report were also evaluated to determine your recommended diet⁸. Together, your genetic results suggest which one of the following diets may be best for you: "Low Fat," "Low Carb," "Mediterranean" or a "Balanced Diet." It is highly recommended to discuss any change in your diet plan with your health care provider.

YOUR DIET RECOMMENDATIONS

- ✓ Eat a diet lower in fat instead of a low carbohydrate, Mediterranean or other diet.
- ✓ You are likely to be an extreme snacker, so be sure to have healthy snacks available.
- ✓ You may indulge more than average on tempting foods, as you have a genetic marker associated with eating disinhibition. Reduce your exposure to foods that tempt you.
- ✓ As someone who has enhanced bitter taste perception, you may not like the taste of certain healthy vegetables, such as broccoli or leafy greens. Try recipes that mask the bitter flavors without adding too many calories.
- ✓ Since you have decreased sensitivity to sweet taste, you may need to watch how much sugar or other caloric sweeteners, such as agave nectar, honey or other syrups, are in the foods you eat.

DIET

PAGE 8

↑ YOUR RESULT ↓

LOW FAT DIET

Your genotype is associated with weight loss or other health benefits from a diet lower in fats, especially saturated fats.

↑ YOUR RELATED GENES ↓

Gene Tested	Your Genotype	Scientific Strength
ADIPOQ	G/G	★★★★
APOLA2	T/T	★★★★
FTO	T/T	★★★★
KCTD10	G/G	★★★★
LPC6	T/T	★★★★
MMAB	G/C	★★★★
PRR43	C/C	★★★★

AND MORE...

Matching exercise based on my genome

EXERCISE BLOOD PRESSURE RESPONSE TO EXERCISE

High blood pressure, also known as hypertension, is a common health issue. It has been estimated that a majority of people will have hypertension at some time in their lives. A genetic variant in the EDN1 gene has been shown to increase the likelihood of hypertension in people who were low in cardiorespiratory fitness, which refers to the ability of the heart and lungs to provide muscles with oxygen for physical activity¹. This genetic variant did not show an effect in people who were high in cardiorespiratory fitness. If you have this variant, your result is "Exercise Strongly Recommended," since you may need to exercise to reduce your chances of hypertension. If you do not have the variant, your result is "Exercise Recommended," since exercise is still the right decision to manage other risk factors for high blood pressure you may have.

↑ YOUR RESULT ↓

EXERCISE STRONGLY RECOMMENDED

Your genotype is associated with an increased likelihood of elevated blood pressure, if you have low fitness levels. Exercise may help you manage your blood pressure.

↑ YOUR RELATED GENES ↓

Gene Tested	Your Genotype	Scientific Strength
EDN1	T/T	★★★★

Hypertension 2007

EXERCISE HDL (GOOD) CHOLESTEROL RESPONSE TO EXERCISE

One of the health benefits of exercise can be the improvement of your cholesterol. HDL cholesterol is known as the good cholesterol, and having more HDL is beneficial. Most people can improve their HDL levels by exercising. In the Heritage Family Study, people with the A/G and G/G genotypes were more likely to have an "Enhanced Benefit" in their HDL levels by exercising². People with "Normal Benefit" may also increase their HDL levels by exercising, but may not experience an enhanced effect.

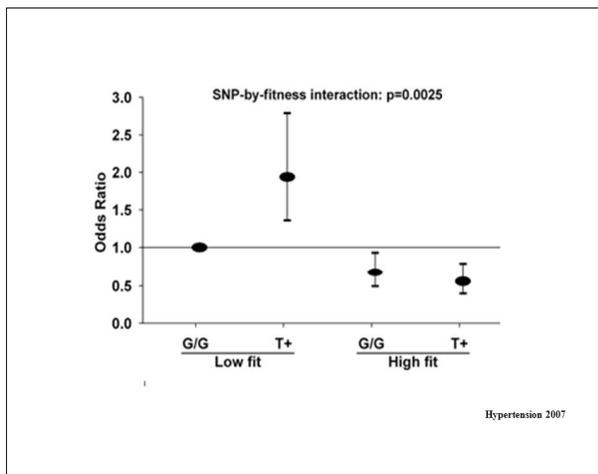
↑ YOUR RESULT ↓

NORMAL BENEFIT

Your genotype is associated with a typical increase in HDL (good) cholesterol in response to a 20-week endurance training program.

↑ YOUR RELATED GENES ↓

Gene Tested	Your Genotype	Scientific Strength
PPARG	A/A	★★★★



체크 4 : 모든 검사에는 evidence와 한계를 명시하는가?

DIET MATCHING DIET TYPE

Your diet has been selected by looking at many genetic variants associated with how people respond to the different macronutrients (proteins, fats and carbohydrates) in their food^{2,3,4,5,6,7}. Your genetic risk profiles discussed in the Metabolic Health Factors section of this report were also evaluated to determine your recommended diet⁸. Together, your genetic results suggest which one of the following diets may be best for you: "Low Fat," "Low Carb," "Mediterranean" or a "Balanced Diet." It is highly recommended to discuss any change in your diet plan with your health care provider.

YOUR DIET RECOMMENDATIONS

- ✓ Eat a diet lower in fat instead of a low carbohydrate, Mediterranean or other diet.
- ✓ You are likely to be an extreme snacker, so be sure to have healthy snacks available.
- ✓ You may indulge more than average on tempting foods, as you have a genetic marker associated with eating disinhibition. Reduce your exposure to foods that tempt you.
- ✓ As someone who has enhanced bitter taste perception, you may not like the taste of certain healthy vegetables, such as broccoli or leafy greens. Try recipes that mask the bitter flavors without adding too many calories.
- ✓ Since you have decreased sensitivity to sweet taste, you may need to watch how much sugar or other caloric sweeteners, such as agave nectar, honey or other syrups, are in the foods you eat.

↑ YOUR RESULT ↓

LOW FAT DIET

Your genotype is associated with weight loss or other health benefits from a diet lower in fats, especially saturated fats.

↑ YOUR RELATED GENES ↓

Gene Tested	Your Genotype	Scientific Strength
ADIPOQ	G/G	★★★★
APOLA2	T/T	★★★★
FTO	T/T	★★★★
KCTD10	G/G	★★★★
LPC6	T/T	★★★★
MMAB	G/C	★★★★
PRR43	C/C	★★★★

AND MORE...

★★★★	Results derived from a large study of approximately 2,000 or more people, with at least one additional study showing the same results (replication study).
★★★★	Results derived from a moderately-sized study of at least 400 people, with or without a replication study.
★★★★	Small study of less than 400 people in some cases, with other small replicated studies. Results in this category are preliminary, but pass our criteria for statistical significance.
★★★★	Results in this category should be considered extremely preliminary.

체크 5

: 약물 유전체 검사 : 현재 사용하는 약물 중심으로 검사하는가

Personalized Medicine by the Numbers

13 prominent examples of personalized medicine drugs, treatments and diagnostics products available in 2006¹
 72 prominent examples of personalized medicine drugs, treatments and diagnostics products available in 2011²

\$300,000,000 cost of sequencing a human genome in 2001³
\$5,000 cost of sequencing a human genome in 2011³

4% U.S. hospitals with fully operational electronic health records in 2008⁴
 22% U.S. hospitals with fully operational electronic health records in 2009⁴
 50% U.S. population that had medical information recorded in electronic health records in some form in 2010⁵

차움 임상유전체 센터 (Chaum Clinical Genome Center)

차움-차병원과 함께하는 건강관리 맞춤형 유전체 건강검진

(당일발) 일회 2014.07.29 09:30

식당 유전자 센터가 개설됩니다. 식습관 조절은 비만 예방이요.

차움 인터넷 임상유전체센터 건강검진 코스가 맞춤형 유전체 건강검진 결과를 설명하고 있다.

Bench to Bedside for Better Life

차움의 특화 검진 : 종합 보고서

성명	환자번호	성별	나이	국적	검진년도	종합검진	유전자검진
		Female	37	Kazakhstan	2014.06.03	O	O

제 1군 : 종합 검진 주요 소견

- Genit Endometriosis: Submucosal hemorrhagic gastritis
- Colorectal cancer: colon polyp: adenoma
- Thyroid: sono: 0.2cm benign cyst
- increased AFP: 10.3
- 0.2cm round ectopic: nodules in upper pole of right kidney

주요 권고안

방사선 유전체 검사 결과에 따른 맞춤형 진단 및 치료

benign 소견으로 신장 질환 관련

benign 소견으로 신장 질환과 정상

benign 소견으로 신장 질환

제 2군 : 인터넷이정 검사

주요 권고 사항: 관상동맥 및 암서 위험, 관상동맥 질환, 암 위험

만성질환: 고지혈증, 당뇨병, 고혈압, 만성 신장질환

자율신경계 이상: 자율신경계 이상 증상, HRV 낮기, 호흡기 질환

세포노화 지표: 새로운 노후를 반영함, comet assay, DRCM-SAP

혈관 건강: 뇌졸중과 심장, Coronary artery

장내 미생물: 주요 물질, 장내 미생물, Food allergy test

장내 세균상: 가스 분해 능력, 유전자 검사

장내 세균상: 유전자 검사

장내 세균상: 유전자 검사

유전자 검사: 유전자 검사

주요 권고안

관상동맥 질환: 관상동맥 질환, 관상동맥 질환

암 위험: 암 위험, 암 위험

자율신경계 이상: 자율신경계 이상, 자율신경계 이상

세포노화 지표: 새로운 노후를 반영함, comet assay, DRCM-SAP

혈관 건강: 뇌졸중과 심장, Coronary artery

장내 미생물: 주요 물질, 장내 미생물, Food allergy test

장내 세균상: 가스 분해 능력, 유전자 검사

장내 세균상: 유전자 검사

유전자 검사: 유전자 검사

제 3군 : 주요 유전체 검진

주요 유전체 검진: 유전자 검사, 유전자 검사

유전자 검사: 유전자 검사, 유전자 검사

유전자 검사: 유전자 검사, 유전자 검사

주요 권고안

유전자 검사: 유전자 검사, 유전자 검사

유전자 검사: 유전자 검사, 유전자 검사

유전자 검사: 유전자 검사, 유전자 검사

제 3군 : 주요 유전체 검사				주요 권고안
질병 예측 유전자 검사	심방세동, 관상동맥질환, 심근경색, 대장암, 관절염 등의 위험도가 상대적으로 높음 (별지 참조)	심장병의 위험도가 상대적으로 높으므로 고혈압 관리를 잘 받으세요. 대장암 위험 낮추도록 체중 감량 요함		
주요 약물 유전자 검사	베타 차단제(혈압약)에 잘 들음, MTX 항암제에 부작용 가능성 높음.	상기 약제를 사용할 경우 의사와의 상담이 필요함	대부분 약제들에 대한 유전적 특이성은 없음	
선천성 유전자 이상	모든 선천적 회귀 유전병에 대한 carrier는 없음	특별한 위험 요인 없음		
Pathway Fit : personalized Nutrition & Exercise	오메가3,6 레벨이 낮음, 식습 유전자는 많은 편 커피인 대사가 느림. 유유내당불내성이 있음, 비타민 B2, B12, 엽산, E 대사가 나쁨 운동을 통하여 혈압, 체중 감량, 당뇨 예방 효과 높음	지중해식 식이 추천, 오메가 3,6 더 많이 섭취 커피를 마시면 잠을 못잠, 우유를 마시면 설사함 비타민 B2, B12, 엽산, E 등의 섭취량을 늘릴 것 지구력 운동 적극 권장됨		
제 4군 : 대사증후군 유전체-위험요인 상호작용				주요 권고안
검사날짜	참고치	검사결과	Genetic risk	현재 비만 상태이며 혈압약을 드시는 상태입니다.
중성지방(TG)	150이하	229	평균 이하	식탐에 대한 유전자는 많으나, 비만 유전자는 적은 편
HDL 콜레스테롤	50이상	46	평균 이상	입니다. 즉 유전에 의한 비만이라기 보다는 생활습관과
LDL 콜레스테롤	130이하	108	평균 이상	관련이 있으므로 다이어트 및 운동을 열심히 하세요.
공복시혈당	100이하	77	평균	특별히 LDL 콜레스테롤의 유전적 위험이 높으므로 저지
혈압	120/80이하	130/90	평균 이상	방 식이를 통한 관리 요합니다.
비만(BMI)	25이하	41.3	평균	

유전체 및 환경 상호작용 을 통한 건강증진 예시

대항목	소항목	한00	안00	최00	오00
기본데이터	성별	2	1	2	2
	나이	28	31	53	28
신체 측정	키	160	160	163	167
	몸무게	53	120	66.8	67
	BMI	20.7	37.0	25.1	24.0
	체지방% 전체	28.7	42.3	37.3	43.2
	체지방% 상체	33.6	52.9	48.5	47.5
	체지방% 하체	38.6	45.3	41.8	49.8
	상체/하체비	0.87	1.17	1.17	0.95
	내장지방/전체지방	28%	44%	44%	27%
	Lean	35.9	66.52	40.1	38.32
	골밀도 척추	0.939	1.069	0.973	1.171
골밀도 골반	1.031	1.343	1.054	1.229	
신체 건강지수	1	5	3	3	

유전체 및 환경 상호작용 을 통한 건강증진 예시

대항목	소항목	한00	안00	최00	오00
기본데이터	성별	2	1	2	0
	나이	28	31	53	28
신체측정	키	160	180	163	167
	몸무게	53	120	66.8	67
	BMI	20.7	37.0	25.1	24.0
체지방%	전체	28.7	42.3	37.3	43.2
	상체	33.6	52.9	48.5	47.5
	하체	38.6	45.3	41.8	49.8
	상체/하체비	0.97	1.17	1.17	0.95




유전체 및 환경 상호작용 을 통한 건강증진 예시

대항목	소항목	한00	안00	최00	오00
	스트레스지수	3	1	3	5
	식욕지수	2	5	4	4
영양조사	총kcal	2100/2011	2400/2604	1800/1557	2100/2613
	탄수화물(%)	65/45	65/50	65/63	65/43
	단백질(%)	15/17	15/17	15/15	15/15
	지방(%)	20/38	20/32	20/24	20/43
	식이섭유(g)	25/22	29/28	22/20	25/25
식생활습관 건강지수		2	4	2	4
운동조사	운동빈도(회/1주)	1.5	0	4	1
	운동강도(분)	45	0	160	40
	운동타입	유산소운동	0	유산소운동	유산소운동
운동습관 건강지수		2	5	1	4

유전체 및 환경 상호작용 을 통한 건강증진 예시

대항목	소항목	한00	안00	최00	오00	
대사검사	수축기혈압	95	135	142	124	
	이완기혈압	65	85	85	79	
	혈당	78	88	92	75	
	SGOT	19	27	27	24	
	SGPT	16	55	26	33	
	총콜레스테롤	180	168	113	148	
	중성지방	72	165	72	43	
	HDL	67	42	56	54	
	LDL	99	93	43	85	
	f fatty acid	667	331	490	745	
	CRP	0.03	0.22	0.1	0.02	
	insulin	4.4	11	1.1	7.4	
	Hb	14.2	16.2	12.6	14.6	
	대사 건강지수		2	4	2	2

유전체 및 환경 상호작용 을 통한 건강증진 예시

대항목	소항목	한00	안00	최00	오00
운동습관 건강지수		2	5	1	4
유전자검사	간식(LEPR)	2	1	1	1
	대사(LEPR)	1.5	1.5	1.5	1.5
	공복감(NMB)	1	1	1	1
	포만감(F10)	1	1	1	1
	중동식탐(TAS2R38)	1	1	2	2
	설탕중독(SLC2A2)	1	1	1	1
	비만(F10,MC4R)	1.25	1	1.25	1.75
	LDL 콜레스테롤	1.8	1.5	1.7	1.7
	고혈당 위험	1.5	1.5	1.6	1.5
	오메가3,6 감소	1	1	1.5	1.5
유전자 건강지수		4	2	4	3

유전체 및 환경 상호작용 을 통한 건강증진 예시

Gene	Habit				
	1	2	3	4	5
1	Good Gene Good Habit		Good Gene Bad Habit		
2			안00(M/31)10		
3			오00(F/28)12		
4	한 00(F/28) 8 최 00(F/28) 8				
5	Bad Gene Good Habit		Bad Gene Bad Habit		

한국인 비만 유전자의 특징

Hb	Snacking		Hunger		Satiety		Food desire		Sweet tooth		Bitter taste		Oleity		Metabolism		Energy saving		Insulin resist	
	LEPR	TM6SF2	HNF1B	FTO	TAS2R38	ANKK1	DRD2	SLC2A2	TAS2R38	TAS2R38	FTO	MC4R	ADIPOQ	PPARG	PPARGC1A	FTO				
ASIAN	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
EUROPEAN	79%	28%	14%	194%	194%	0%	167%	361%	14%	56%	88%	13%	208%	14%						
AFRICAN	21%	167%	222%	444%	431%	0%	472%	472%	222%	38%	97%	58%	444%	278%						
AFRICAN	44.2%	35.1%	54.6%	46.6%	28.3%	33.6%	42.3%	44.9%	54.6%	40.0%	22.1%	33.6%	39.8%	54.6%						
AFRICAN	15.9%	8.1%	17.7%	33.6%	5.3%	4.5%	18.6%	19.5%	17.7%	3.5%	77.0%	7.1%	13.0%	23.2%						
AFRICAN	39.8%	56.8%	25.7%	19.5%	66.4%	75.7%	32.2%	33.6%	25.7%	50.4%	0.9%	54.0%	43.1%	24.8%						

한국인 비만 유전자의 특징

- 고도비만과 관련된 FTO 유전자의 비율은 서양인에 비해 적은 편이다 (17.7% vs 1.4%)
- 중추 신경계의 식욕과 관련된 비만 유전자 MC4R 유전자는 비슷하다 (5.5% vs 3.5%)
- 한국인은 간식섭취와 관련된 유전자 (LEPR) 빈도가 더 많고, 서양인은 폭식 (TAS2R38) 유전자 빈도가 더 많다
- 서양사람에겐 단맛중독 유전자 (SLC2A2)빈도가 있지만, 한국인에겐 거의 없다. 상대적으로 한국인을 쓴맛 애호가자 더 많다.
- 한국인에게 가장 유전하는 다이어트 방식은 저탄수화물 식이 (58%)이다.

한국인의 추천 다이어트

