

Genomic Approaches Towards Better Understanding and Treating DM



Massachusetts
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Technology



KOCH INSTITUTE
for Integrative Cancer Research at MIT



ERIC T. WANG

LABORATORY

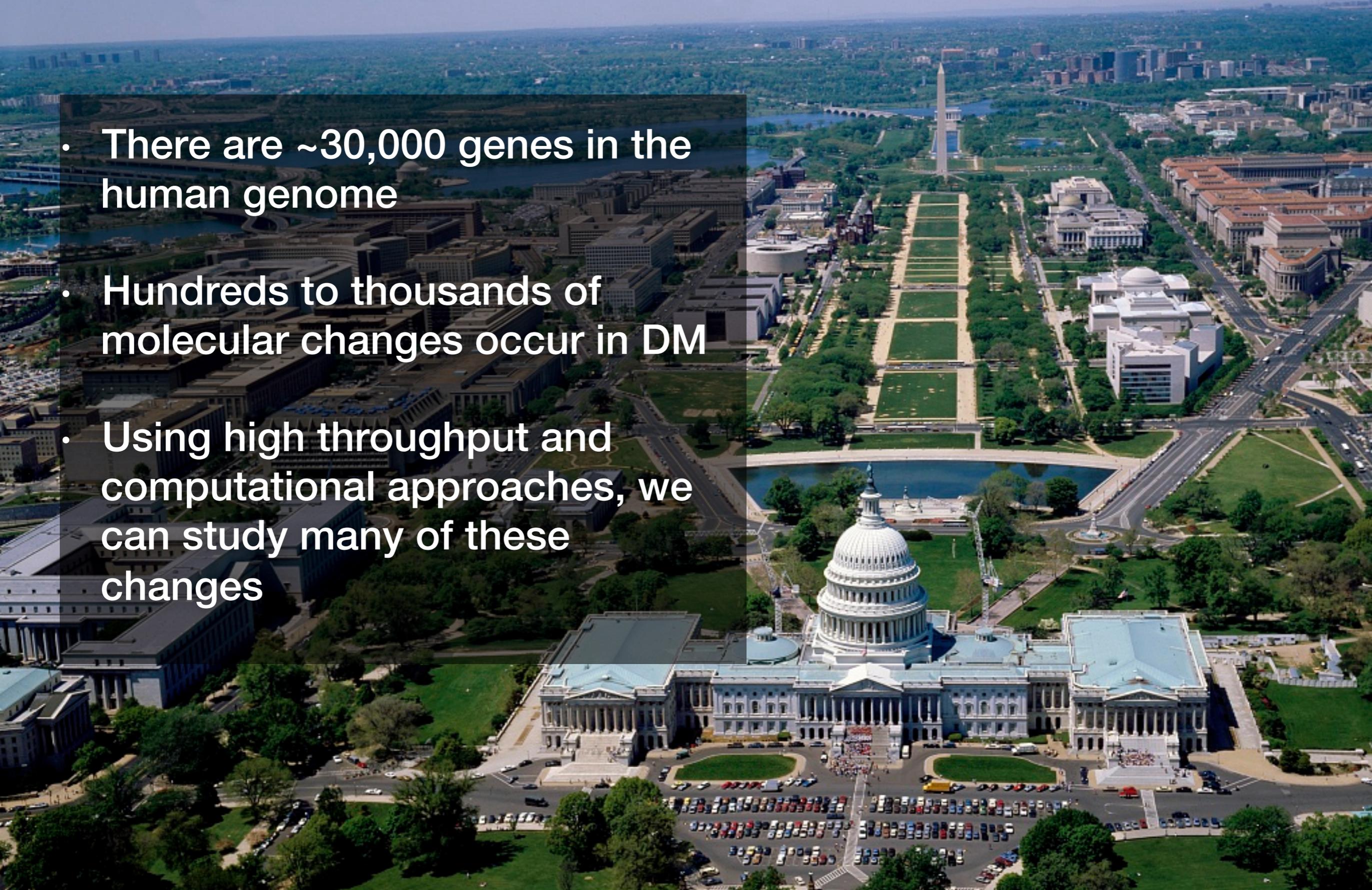




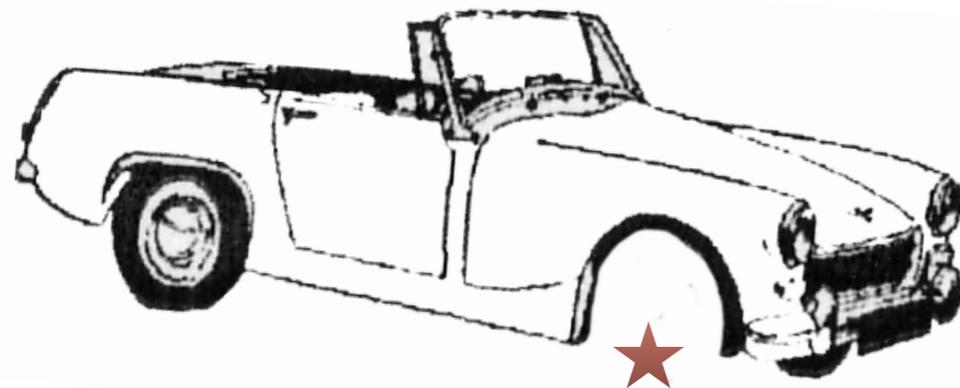
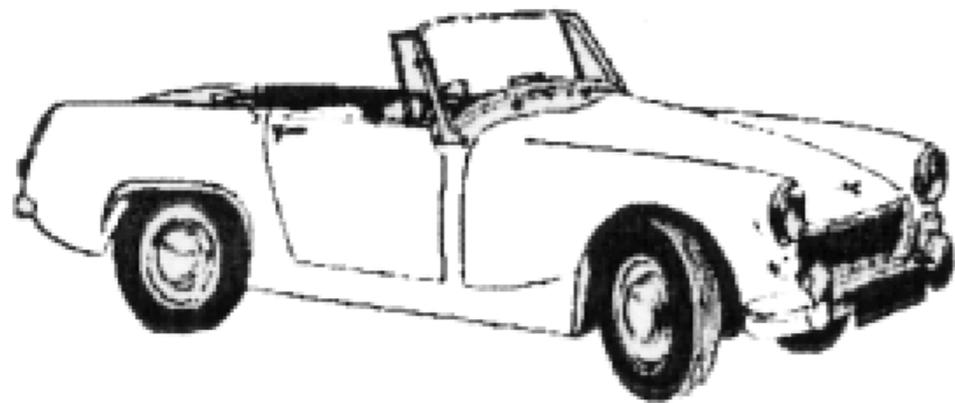


Taking the 10,000 foot view

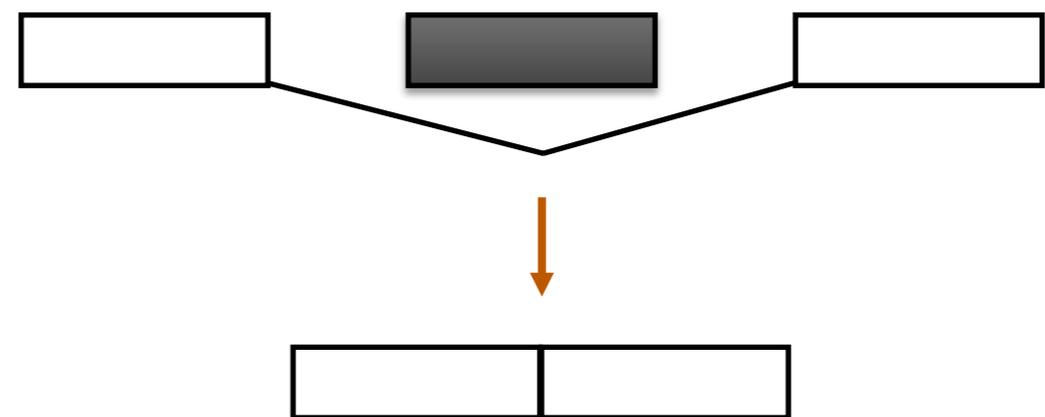
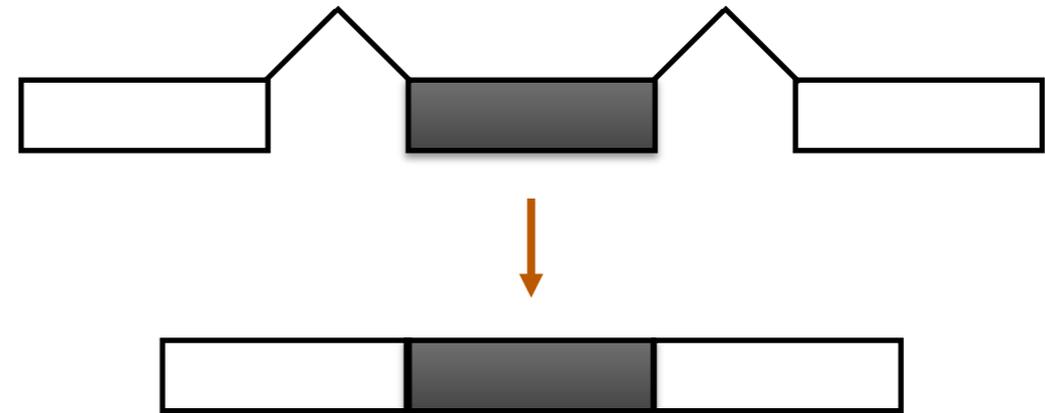
- There are ~30,000 genes in the human genome
- Hundreds to thousands of molecular changes occur in DM
- Using high throughput and computational approaches, we can study many of these changes



An analogy

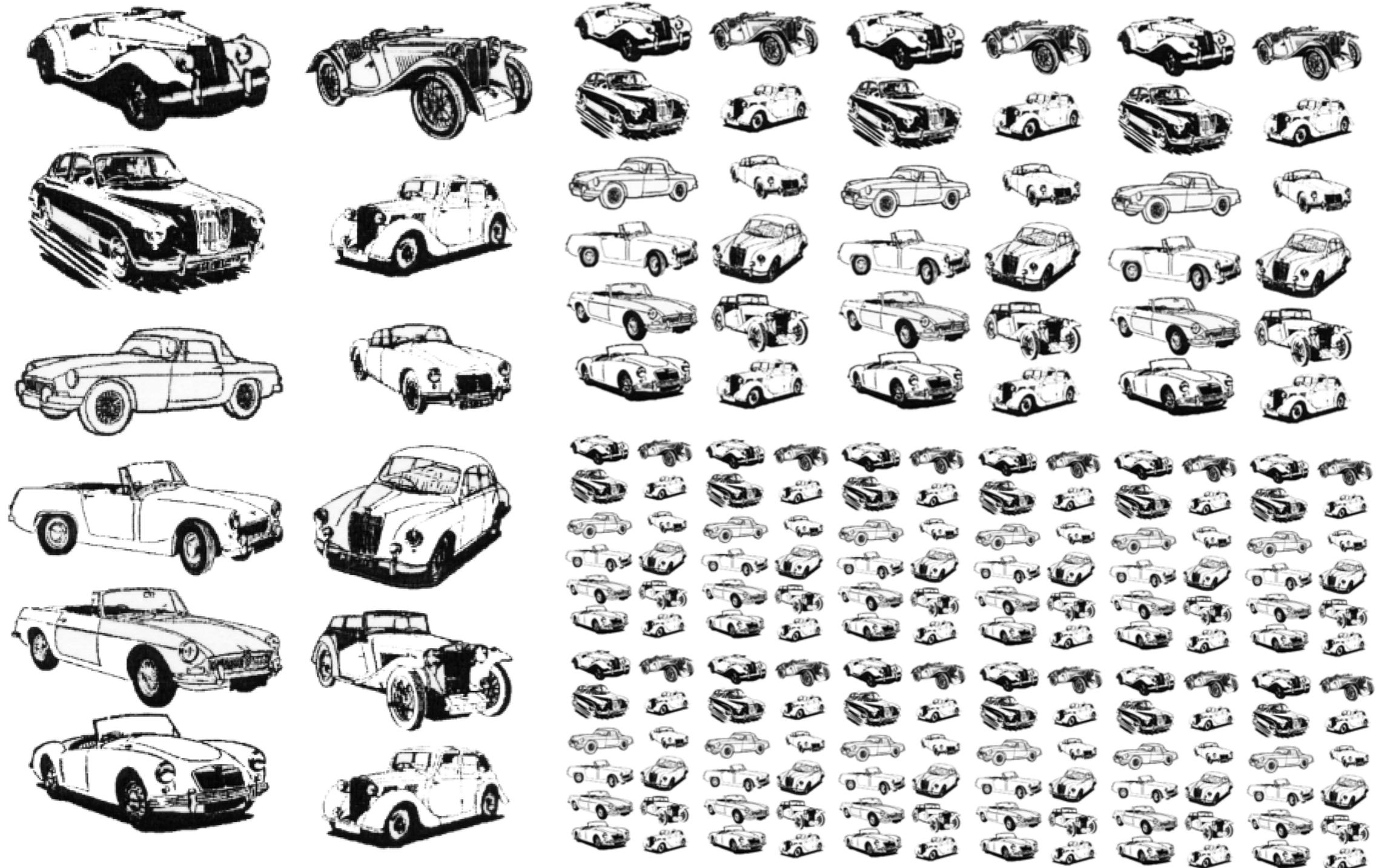


“Different” cars

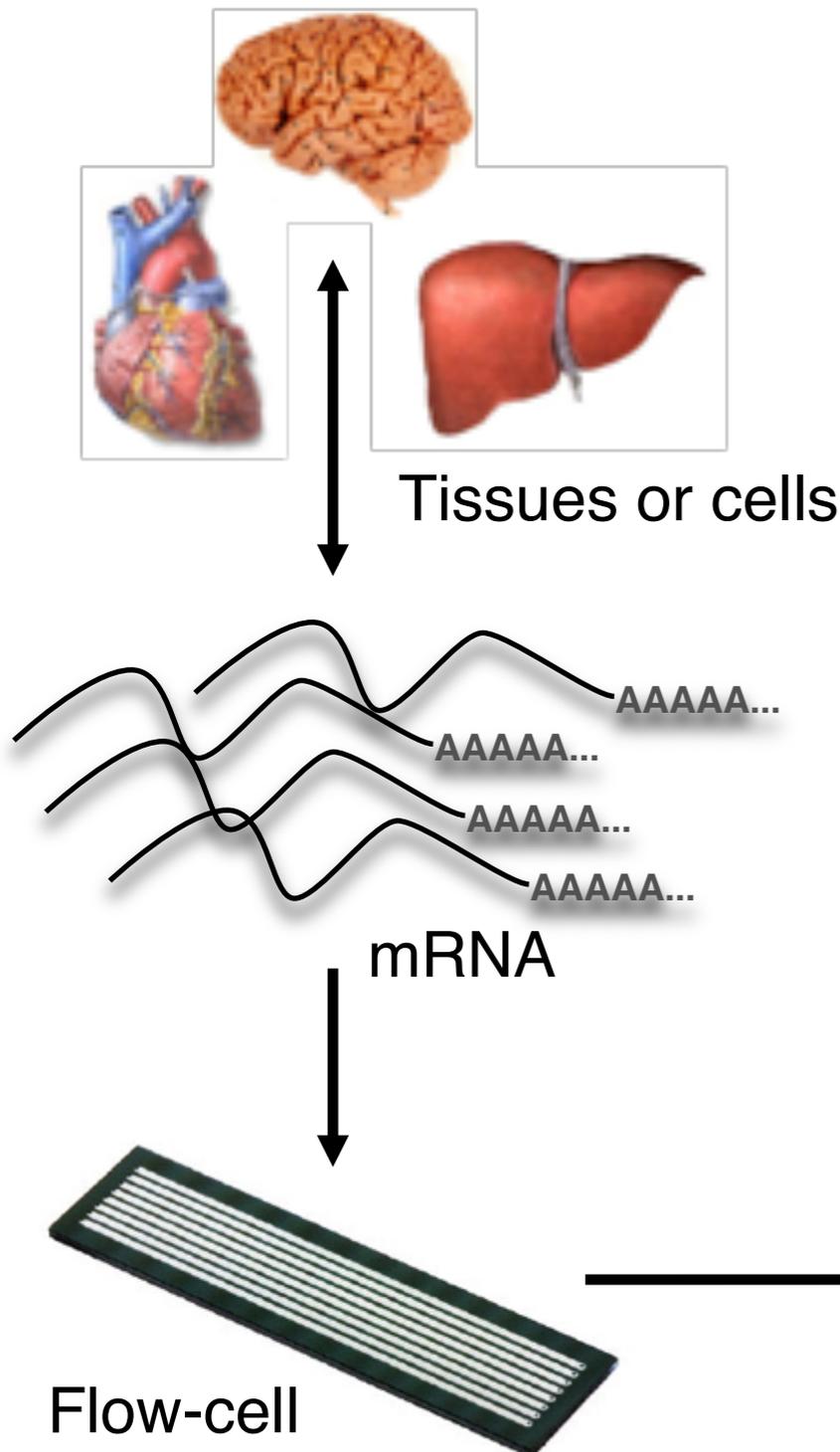


Different RNA isoforms

We try to look at ALL the RNA isoforms in the cell



Deep sequencing and computational tools allow us to observe thousands of RNA splicing changes



Chloride channel 1,
Cardiac troponin T,
Insulin receptor,
etc.

**(myotonia)
arrhythmia?
insulin resistance?**

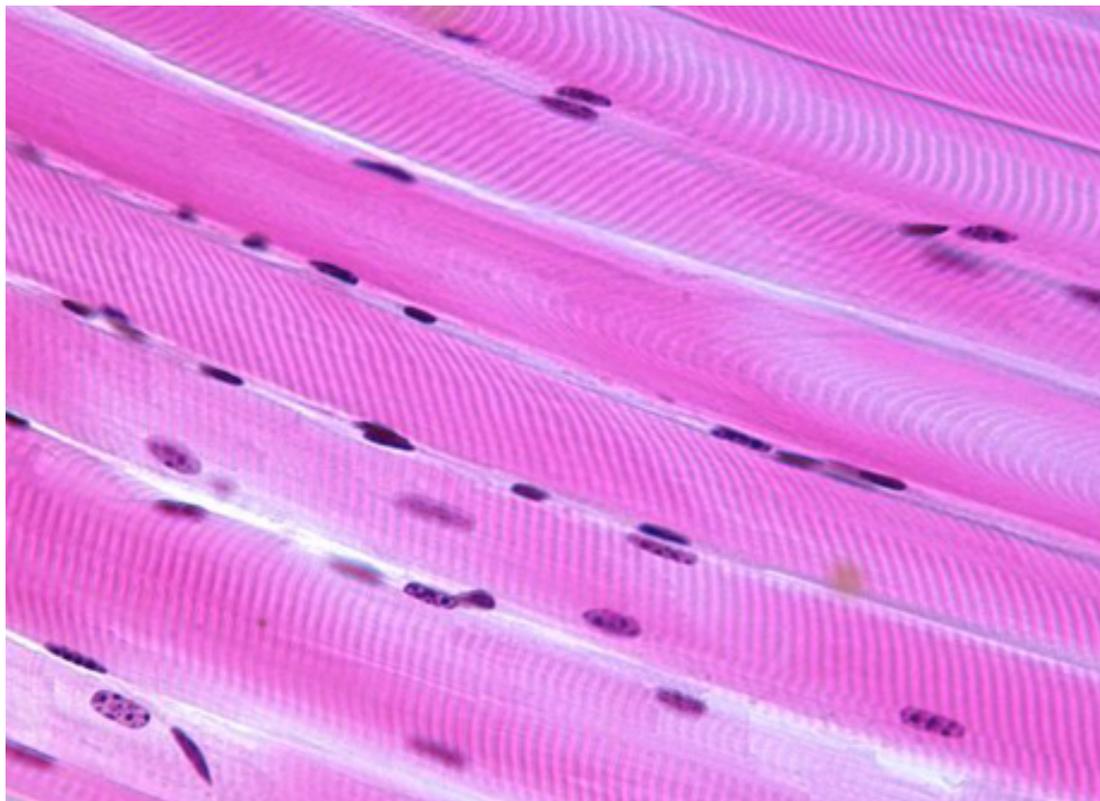
Millions of sequences that tell us the identity and quantity of RNA species

```
ATCAACGAGATAGGTTTCCCATACGTA  
CAGAGTTTAGAGATGAGATCGATAGAT  
CAGAGTTGAGAGCAGTAGGATATTAGA  
ATAGATGCGAGAGAGGGGGTTTATAAT  
CTGCTGAGAGTAGCTGCTGCTAGAGTT  
ACGAGACGCGCTTCGCTTTTAAAAGGG
```

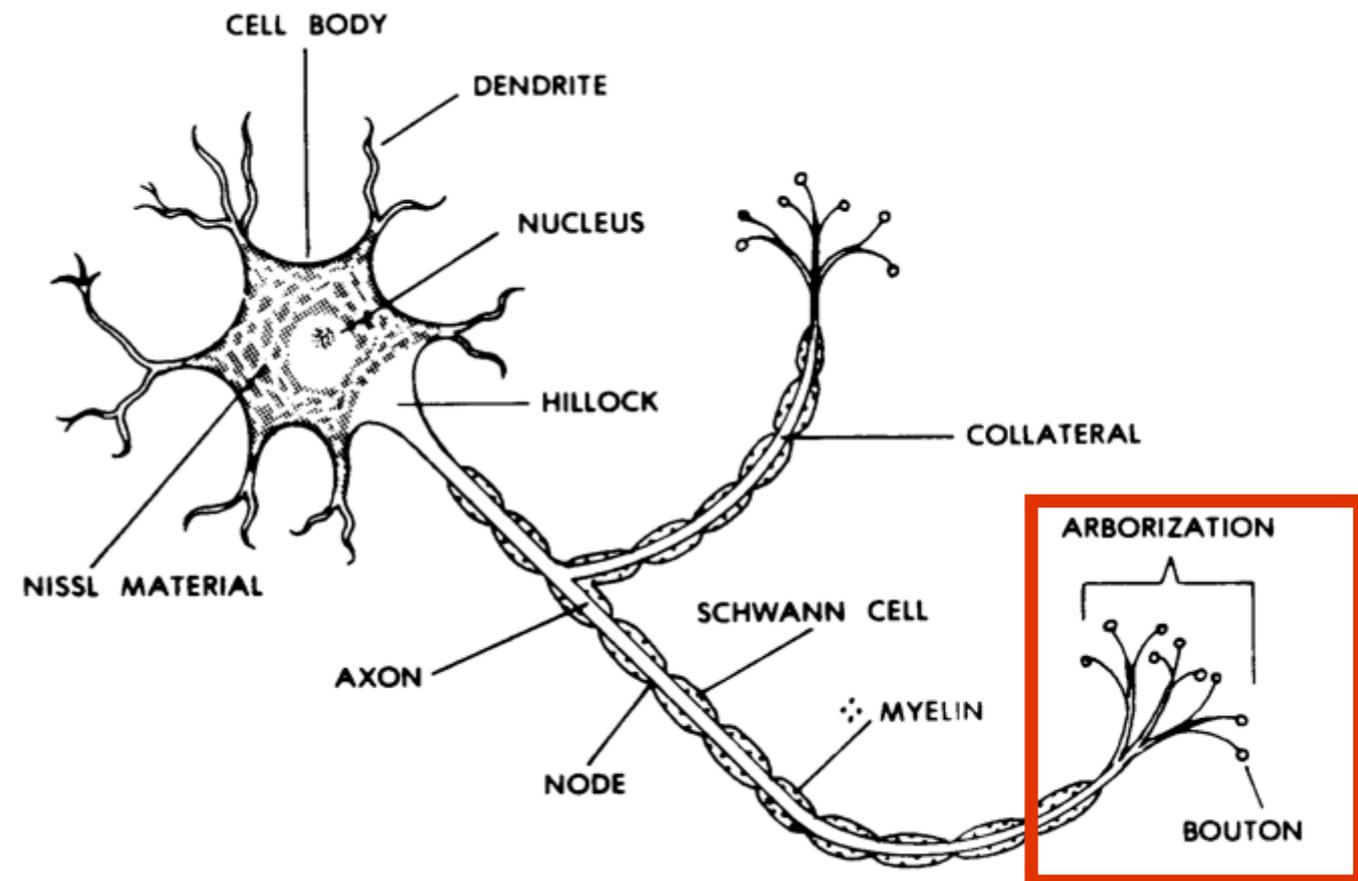
...

We also study where RNA is located in the cell

Muscle cells



Nerve cell

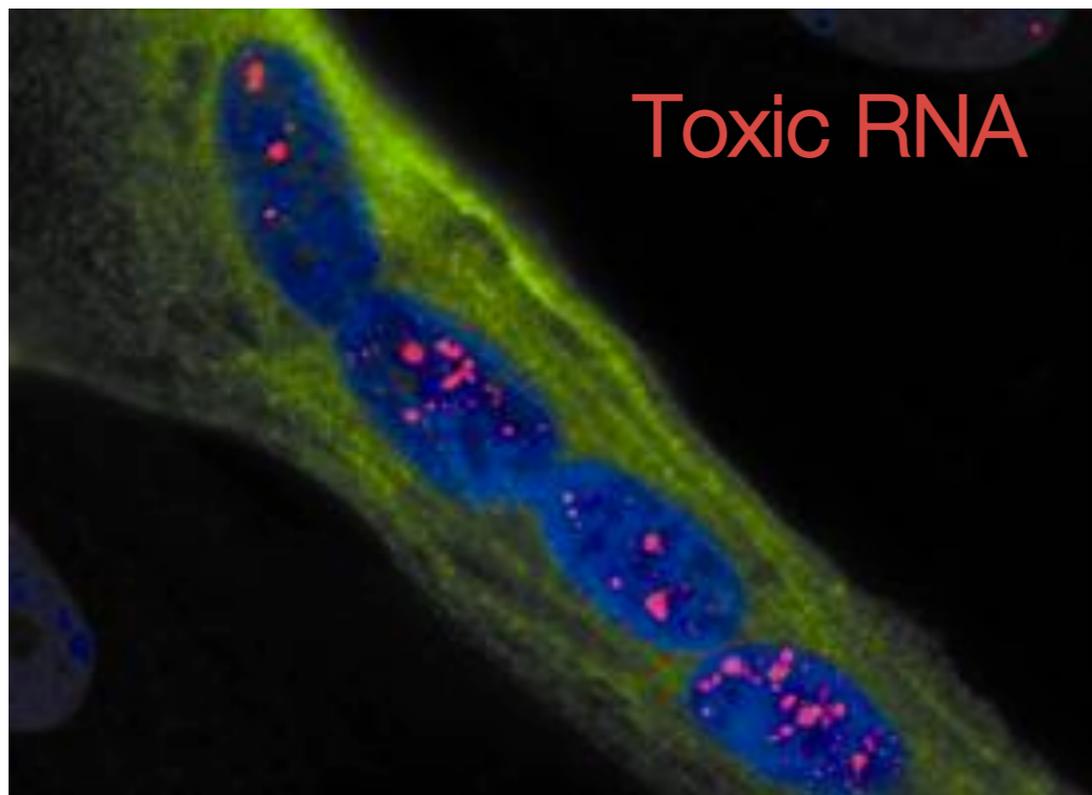


RNA can be carried to specific places in the cell before it is used to make protein, and

Muscleblind may participate in this process

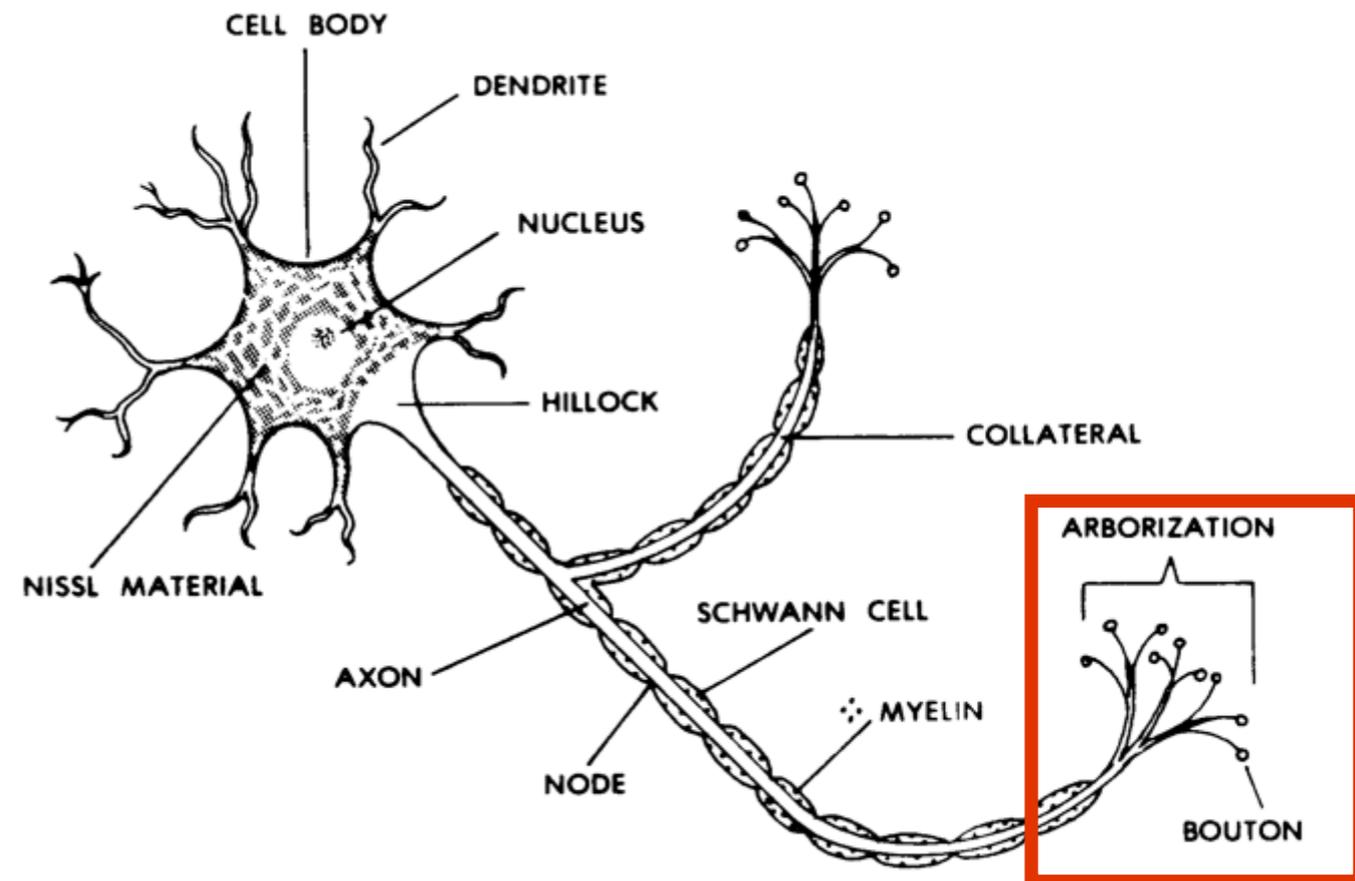
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DM muscle cells



Thurman Wheeler, Charles Thornton

Nerve cell

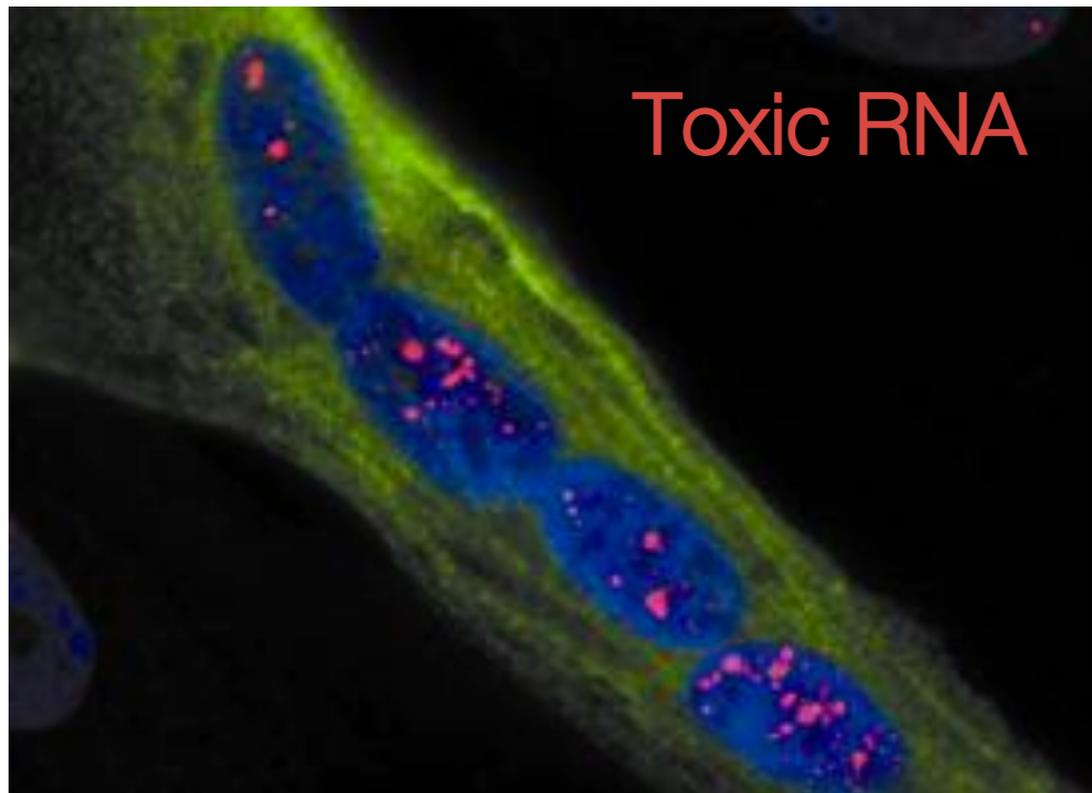


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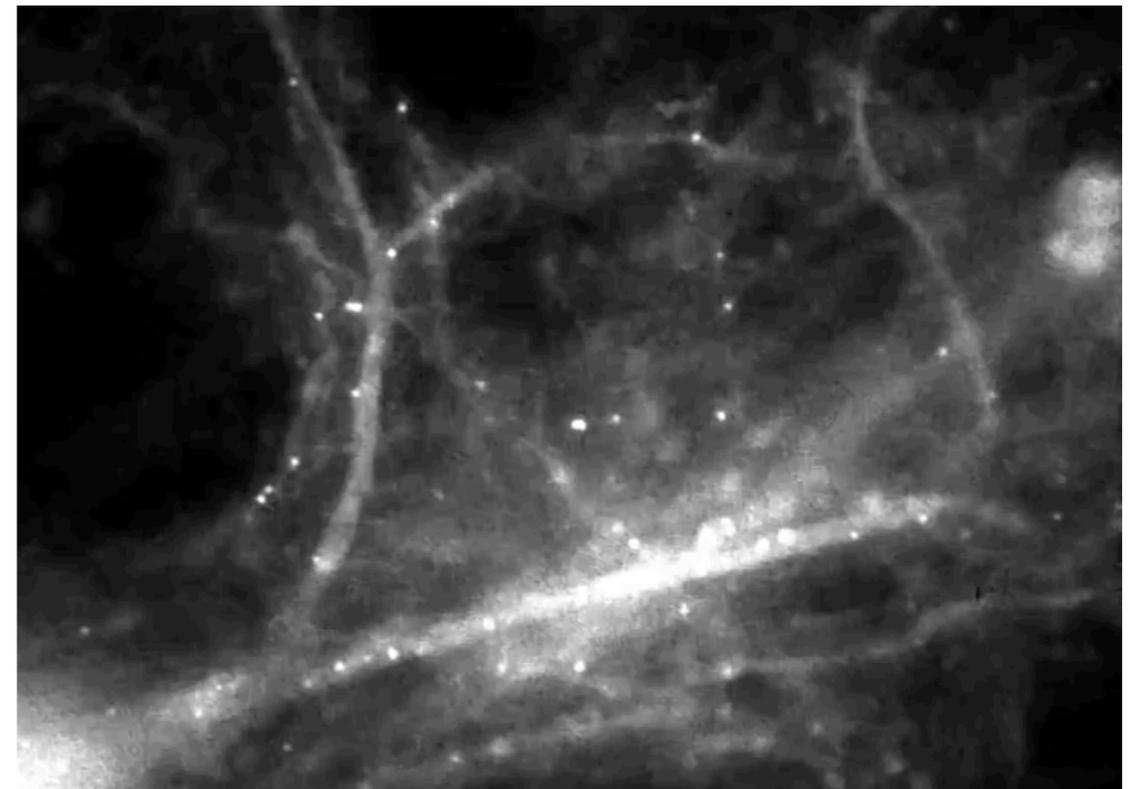
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DM muscle cells



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Nerve cell



Park et al 2014 (Rob Singer)

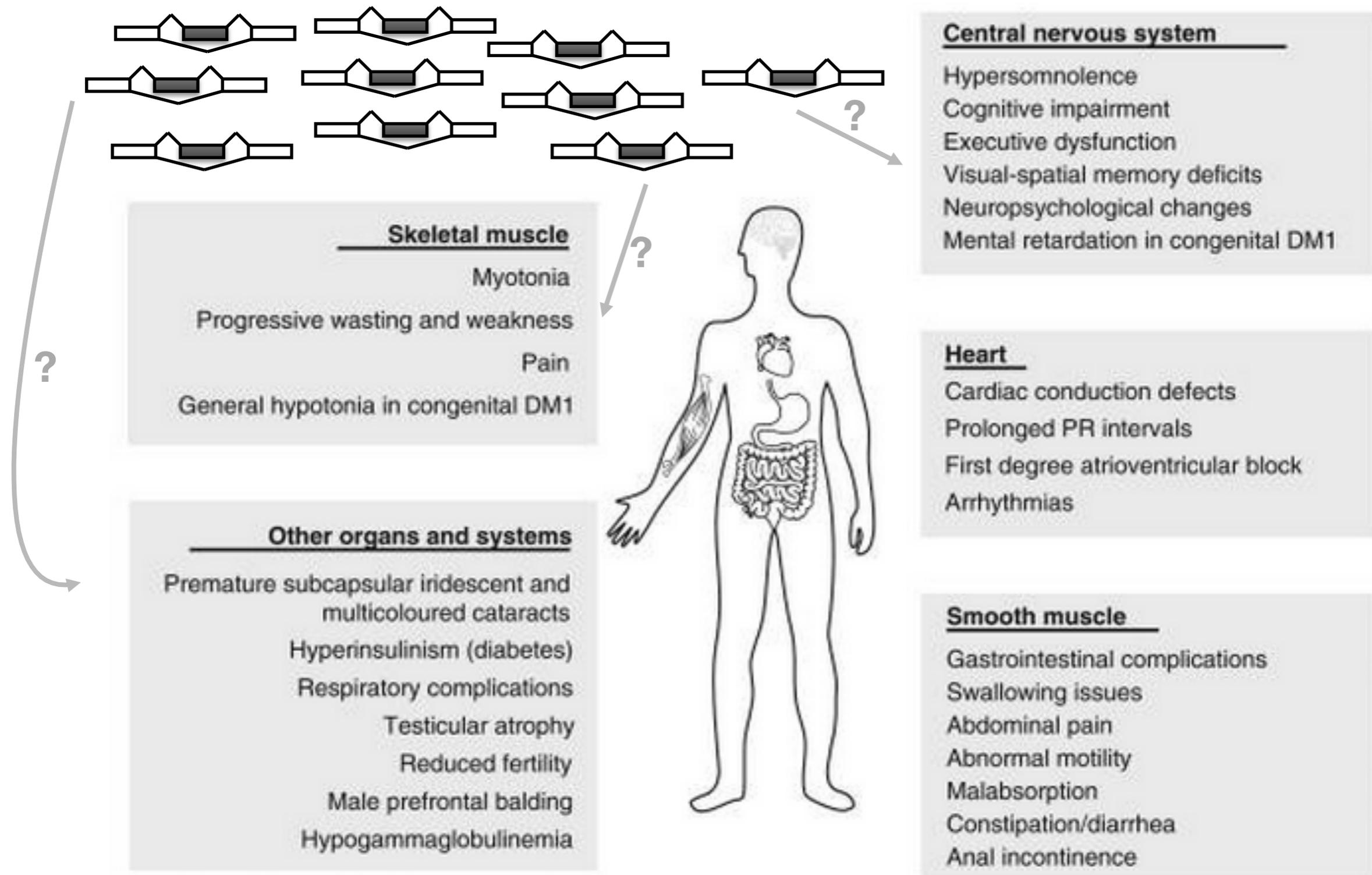
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Muscleblind may participate in this process

We try to study how ALL RNAs move and localize in the cell...



...so that we can better connect molecular events with the symptoms experienced in DM



The Team



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Graduate Student



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Acknowledgments

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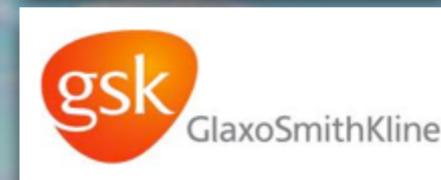
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Swanson Biotechnology Core



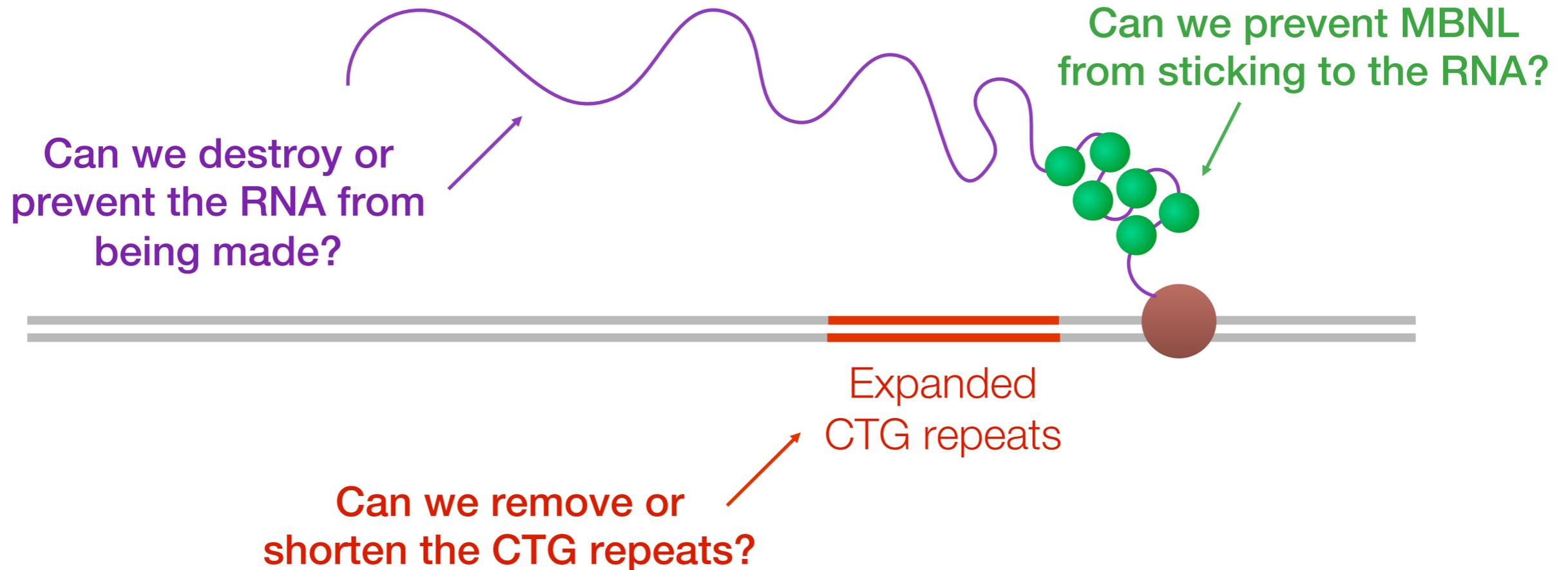
MDF Postdoctoral Fellowship

NIH Early Independence Award

Kathy and Curt Marble Cancer Research Fund

Ultimately, our goal is to better understand DM so that we can effectively treat it

What are the downstream consequences of CTG repeat expansions?



When we have molecules that can do these things, can we make sure they get to the right cells in the body?