

Report Contents

- 1. Coriell Personalized Medicine Collaborative Research Study Report. This report includes all data included in the clinical report as well as supplemental interpretations and educational material. This research report is based on Questionnaires Finalized on 08/01/2010**
- 2. Clinical Report. This report was generated and approved by Coriell's CLIA certified genotyping laboratory.**



Sample Results

Coriell Institute for Medical Research

403 Haddon Avenue
Camden, New Jersey 08103 USA
Phone: 888-580-8028
Fax: 856-964-0254
cpmc.coriell.org

CPMC Research Study Report

Name:	NATALIE DEMO	Gender:	Female
Date of Birth:		Date Collected:	11-30-2016
Coriell ID:	DEMONAT	Date Received:	11-30-2016
Lab Accessioning Number:	DEMONAT	Date of Report:	02-24-2015
Ordering Physician:	Dr. Edward Viner		

Risk of Developing Chronic Obstructive Pulmonary Disease (COPD) Based on:

- CPMC COPD Variant 1 (rs1828591)
- Family History
- Smoking Status

The CPMC is a research study investigating the utility of personalized genomic information on health and health behavior. Most common health conditions are caused by an interaction between multiple genetic variants and non-genetic risk factors such as lifestyle and environment. The genetic variant risk in this report is based on one genetic variant, but does not represent your complete genetic risk for COPD. These results were generated as part of this research study in a CLIA-approved laboratory.

More information about the study, how to interpret CPMC results, and how we calculate risk is available on our website <http://cpmc.coriell.org> or by contacting our genetic counselor. Participants may schedule an appointment with our board-certified genetic counselor through the web portal by clicking on "request an appointment". Our genetic counselor also can be reached by email at cpmcgc@coriell.org or by phone at 888-580-8028.

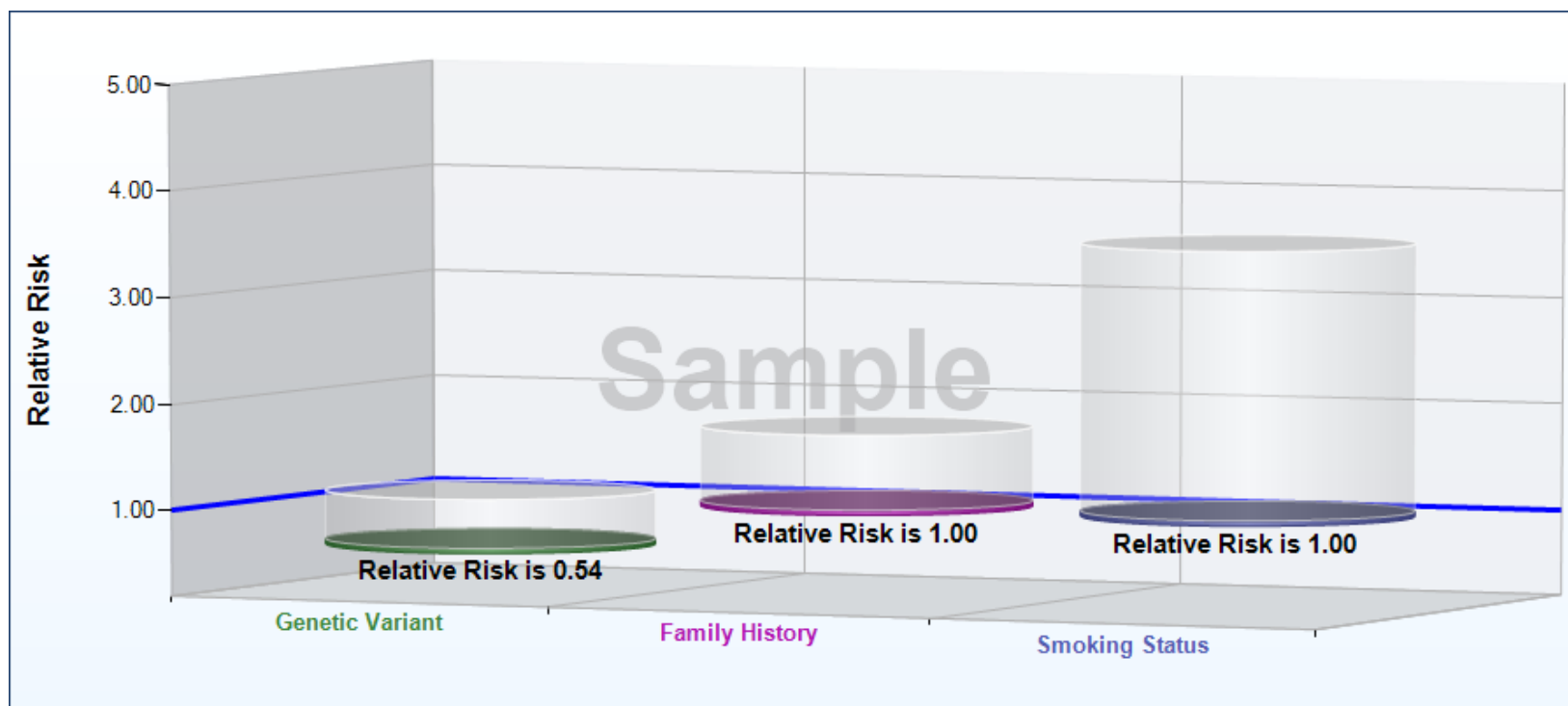
This research report includes all data included in the clinical report as well as supplemental interpretations and educational material. Please see the report that follows for the official clinical report.

Genetic Variant Result, Details and Population Data

Chronic Obstructive Pulmonary Disease (COPD)

Risk factors may be related to each other and risk estimates cannot be combined.

This graph provides a summary of the relative risks for one genetic variant, family history, and smoking status.



You reported you are a woman, between 25 and 44 years old; an estimated 4 in 100 women in your age group have COPD.

Chart Color	Relative Risk Due To:	Your Risk	Minimum Risk	Maximum Risk	Interpretation
	Genetic Variant	0.54	0.54	1.00	You have 2 copies of the protective variant. Based on this result, your risk to develop COPD is 46% lower (or 0.54 times less likely) than someone with no copies of this protective genetic variant. <i>Having this protective genetic variant lowers your risk of COPD.</i>
	Family History	1.00	1.00	1.70	Based on your family history, you are at a lower risk to develop COPD compared to someone with at least 1 parent with COPD.
	Smoking Status	1.00	1.00	3.50	Because you are not a smoker, you are at a lower risk to develop COPD compared to current and former smokers.

Chronic Obstructive Pulmonary Disease (COPD)

Risk Due To Genetic Variant #1 (rs1828591)

Your Result: 2 copies of the protective variant were detected (GG).

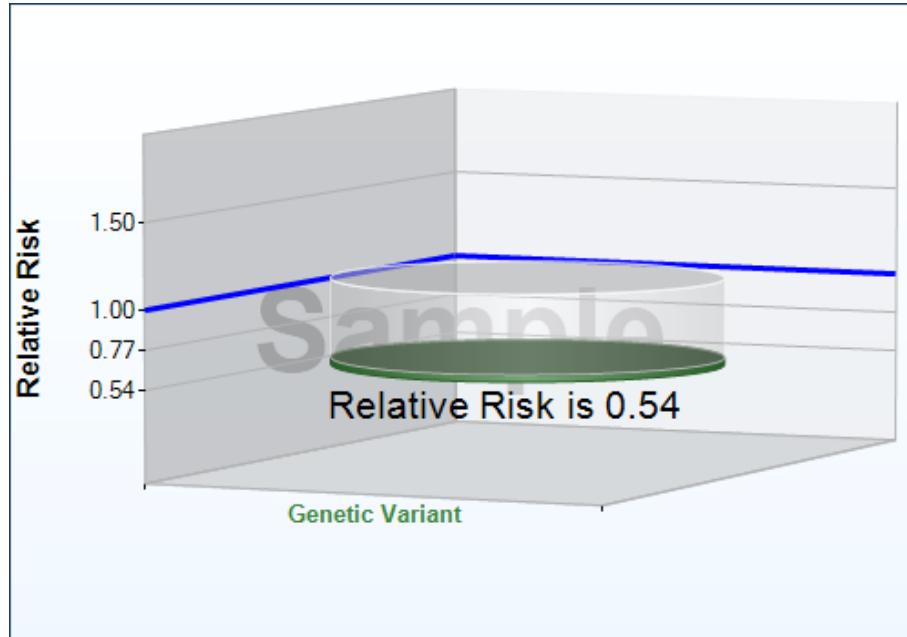
Non-Protective Variant = A Protective Variant = G

Chart Color	Your Risk	Minimum Risk	Maximum Risk	Interpretation
	0.54	0.54	1.00	<p>You have 2 copies of the protective variant. Based on this result, your risk to develop COPD is 46% lower (or 0.54 times less likely) than someone with no copies of this protective genetic variant.</p> <p><i>Having this protective genetic variant lowers your risk of COPD.</i></p>

Genetic Variant Risk is based on the number of copies of this protective genetic variant.

People with one copy of the protective variant were compared to people with no copies of the protective variant to determine relative risk.

A relative risk less than 1.00 indicates a decreased risk.



These results are based on multiple studies.

Chronic Obstructive Pulmonary Disease (COPD)

Risk Due To Family History

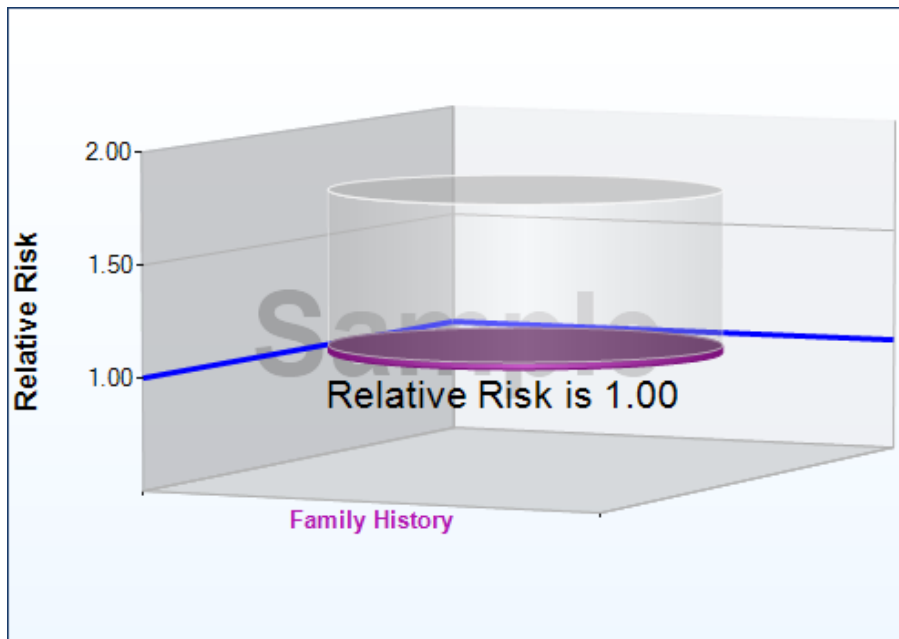
You reported that neither of your parents have COPD.

Chart Color	Your Risk	Minimum Risk	Maximum Risk	Interpretation
	1.00	1.00	1.70	Based on your family history, you are at a lower risk to develop COPD compared to someone with at least 1 parent with COPD.

Risk is compared based on family history.

People who have at least one parent with COPD were compared to people who do not have any parents with COPD to determine the relative risk of developing COPD.

A relative risk greater than 1.00 indicates an increased risk.



These results are based on a single study.

Chronic Obstructive Pulmonary Disease (COPD)

Risk Due To Smoking Status

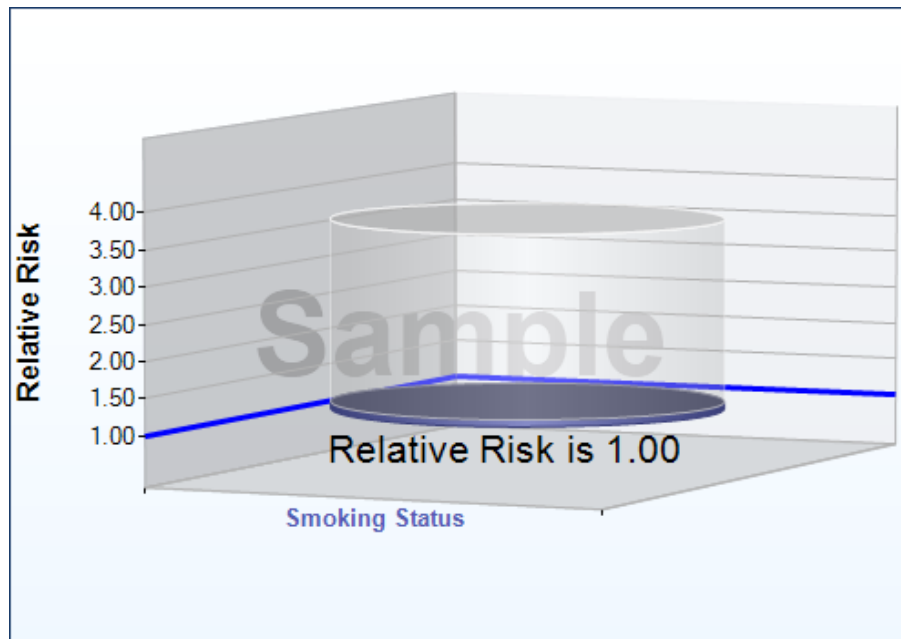
You reported that you do not smoke.

Chart Color	Your Risk	Minimum Risk	Maximum Risk	Interpretation
	1.00	1.00	3.50	Because you are not a smoker, you are at a lower risk to develop COPD compared to current and former smokers.

Risk is compared based on smoking habits.

People who are current smokers or former smokers are compared to people who have never smoked to determine relative risk.

A relative risk of greater than 1.00 indicates an increased risk.



These results are based on multiple studies.

Chronic Obstructive Pulmonary Disease (COPD) - Variant #1 (rs1828591)

We all have 2 copies of every gene, one from each of our parents.
Each copy may have small changes called genetic variants.
Some genetic variants are associated with an increased risk of disease.
Some genetic variants are associated with a decreased risk of disease.

This genetic variant is **protective**. Having one or two copies of this variant **lowers** your risk for COPD.

How Common Is This Variant?

Non-Protective Variant = A Protective Variant = G

AA - 16 in 100 people have 2 copies of the non-protective variant

AG - 59 in 100 people have 1 copy of the non-protective variant and 1 copy of the protective variant

GG - 25 in 100 people have 2 copies of the protective variant

This frequency is based on data from an African American population.



Gene: HHIP

Chromosome: 4q31.21

Causes

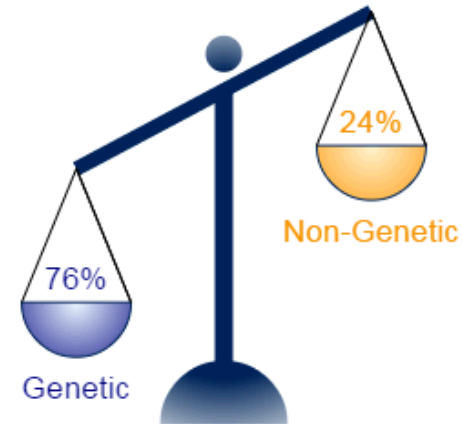
Genetic vs. Non-Genetic Risk Factors

Chronic Obstructive Pulmonary Disease (COPD) can be caused by both genetic factors and non-genetic (or environmental) risk factors.

It is estimated that **non-genetic** factors (like smoking) account for about **24%** of the risk of COPD.

It is estimated that **76%** of the risk for COPD is based on **genetic** risk factors. This estimate accounts for both known and unknown gene variants.

There are many different genetic and non-genetic risk factors that contribute to the risk of COPD. We are only able to tell you about your family history risk, 1 genetic and 1 non-genetic risk factor at this time.

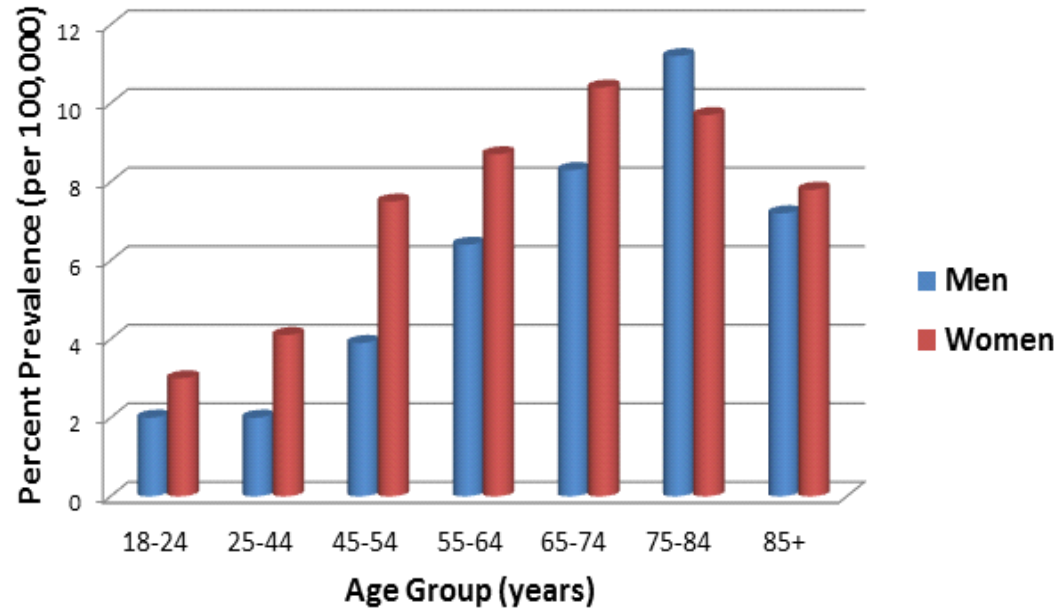


How Common

Age, gender, and smoking status contribute to your risk of COPD.

You reported you are a woman, between 25 and 44 years old; an estimated 4 in 100 women in your age group have COPD.

Prevalence of COPD in the U.S. from 2007-2009



Limitations

Chronic Obstructive Pulmonary Disease (COPD)

- This result alone does NOT diagnose COPD. COPD must be diagnosed by your health care provider.
- This result does NOT mean that you have or will absolutely develop COPD.
- This result does NOT mean that you will not develop COPD in the future.
- This result ONLY assesses your risk for developing COPD due to the factors presented in this report and does not mean that other genetic variants or risk factors for COPD are present or absent.
- Personal risk factors, such as age, family history or lifestyle, may have a greater impact on your risk to develop COPD than any individual genetic variant.
- Risk estimates are based on current available literature.
- Although rare, it is possible that you may receive an incorrect result; 100% accuracy of reported results cannot be guaranteed.
- Occasionally there may be a specific variant on a gene chip that is not able to be read or interpreted. In this case you will not receive a result for that variant. It is expected that you will receive results for about 95% of variants approved by the ICOB.
- Relative risks used to estimate risk of disease for CPMC participants are based on groups of people with the same risk or protective factor as the individual CPMC participant. In some cases, the relative risk is estimated based upon an odds ratio and known or assumed disease prevalence.
- Separate risk estimates for each risk or protective factor have been given. Risk or protective factors may be related to each other and risk estimates cannot be combined.
- Risk information for non-genetic factors is based on information you provided in your medical, family, lifestyle questionnaire. If you did not provide answers or if you answered "do not know", risk estimates for some factors may not be available.
- Risk information for non-genetic factors is based on information you provided in your medical, family, lifestyle questionnaire and may not be reflective of your current risk if any of these factors have changed. You will be given the opportunity to update your medical, family and lifestyle questionnaire responses periodically.
- Every effort will be made to provide you with risk information based on your reported race/ethnicity. However, data may not be available for all races/ethnicities for all risk factors. Please see your individual results to determine which race/ethnicity the data given is based on.
- For some risk factors data may be provided by gender. Every effort will be made to provide you with risk information based on your reported gender. However, when risk data is not available for both genders, risk results for the available gender will be provided.

Methods

Chronic Obstructive Pulmonary Disease (COPD)

This condition and genetic variant were approved by the Informed Cohort Oversight Board (ICOB)

Test Methodology

Saliva samples were collected using Oragene DNA Collection Kits (DNA Genotek) and DNA was extracted manually according to the manufacturer's instructions. Purified DNA was quantified using UV absorbance at 260 nm. Five hundred nanograms of the resulting DNA from each sample were used as template in the Affymetrix Genome-Wide Human SNP Nsp/Sty 6.0 GeneChip assay. Data analysis was performed using Affymetrix Genotyping Console software.

See [CPMC Technical Paper](#) for genetic variant selection and reporting methodology.

[Risk interpretation based on Coriell's COPD Risk Algorithm Version 1 (February 23, 2015)]

1. Stack, C. et al (2011). Genetic risk estimation in the Coriell Personalized Medicine Collaborative. *Genet Med.* 13(2):131-139.
2. Hersh, CP. et al (2011). Family history is a risk factor for COPD. *Chest.* 140(2):343-50.
3. Forey, BA. et al. (2011). Systematic review with meta-analysis of the epidemiological evidence relating smoking to COPD, chronic bronchitis and emphysema. *BMC Pulm Med.* 11:36
4. Akinbami, LJ. and Liu, X. (2011). Chronic obstructive pulmonary disease among adults aged 18 and over in the United States, 1998-2009. *NCHS Data Brief.* 63:1-8.
5. Ingebrigtsen, T. (2010). Genetic influences on Chronic Obstructive Pulmonary Disease - a twin study. *Respir Med.* 104(12):1890-5.
6. van Durme, Y.M.T.A. et al (2010). Hedgehog-interacting protein is a COPD susceptibility gene: the Rotterdam Study. *Eur Respir J.* 36(1):89-95.
7. McVean G.A. et al (2012). An integrated map of genetic variation from 1,092 human genomes. *Nature.* 491; 56-65.

Sample Results



Coriell Institute for Medical Research

Coriell Genotyping and Microarray Center
403 Haddon Avenue Camden, NJ 08103
Phone: 856-966-7377 Fax: 856-964-0254 www.coriell.org

Clinical Report for Chronic Obstructive Pulmonary Disease (COPD) Genetic Variant 1 (rs1828591)

Name:	NATALIE DEMO	Sample Type:	Saliva
Race/Ethnicity:	Black or African-American	Gender:	Female
Date of Birth:		Date Collected:	11-30-2016
Coriell ID:	DEMONAT	Date Received:	11-30-2016
Lab Accessioning Number:	DEMONAT	Date of Report:	02-24-2015
Ordering Physician:	Dr. Edward Viner		

Name of Gene/Region: HHIP		Chromosomal Location: 4q31.21
Variants tested	Result	Reference Genotype
rs1828591	GG	AA
Interpretation	Individuals with this result are 46% less likely (or 0.54 times as likely) to develop COPD as someone with no copies of this protective variant. These risk estimates are based on studies involving multiple populations that include individuals with European ancestry. When race/ethnicity specific risk estimates are not available, risk estimates based on Caucasian populations are provided.	
Other Risks	Other genetic variants and other risk factors including co-morbidities, lifestyle and family history may contribute to the risk of COPD. For additional information on other risk factors please see the accompanying CPMC research report.	

Risk interpretation based on Coriell's COPD Clinical Risk Algorithm Version 1 (February 23, 2015)

Test Limitations

DNA-based testing is highly accurate, however there are many sources of potential error including: mis-identification of samples, rare technical errors, trace contamination of PCR reactions, and rare genetic variants that interfere with analysis. There may be other variants, not included in this test, that influence the risk to develop COPD. This test is not diagnostic for COPD and cannot rule out the risk of developing COPD in the future. Risk estimates are based on current available literature (see reference). This test or one or more of its components was developed and its performance characteristics determined by the Coriell Institute for Medical Research. It has not been approved by the Food and Drug Administration (FDA). The FDA has determined that such approval is not necessary. The Coriell Institute is regulated under the Clinical Laboratory Improvement Amendments (CLIA) of 1988 as qualified to perform high-complexity testing.

Test Methodology

Saliva samples were collected using Oragene DNA Collection Kits (DNA Genotek) and DNA was extracted manually according to the manufacturer's instructions or automatically using a DNAdvance Kit (Agencourt). Purified DNA was quantified using UV absorbance at 260 nm. Five hundred nanograms of the resulting DNA from each sample were used as template in the Affymetrix Genome-Wide Human SNP Nsp/Sty 6.0 GeneChip assay. Data analysis was performed using Affymetrix Genotyping Console software.

Electronically signed by

Marie Hoover, PhD, Laboratory Director

This clinical report only includes data generated in the CLIA approved genotyping laboratory, for additional information please see the CPMC research report.

References

1. van Durme, Y.M.T.A. et al (2010). Hedgehog-interacting protein is a COPD susceptibility gene: the Rotterdam Study. Eur Respir J. 36(1):89-95.