- Romano R, Bertolino A, Gigante A, Martino D, Livrea P, Defazio G. Impaired cognitive functions in adult-onset primary cranial cervical dystonia. Park Relat Disord 2014;20:162–165.
- Prell T, Peschel T, Köhler B, et al. Structural brain abnormalities in cervical dystonia. BMC Neurosci 2013;14:123. https://doi.org/10. 1186/1471-2202-14-123
- Filip P, Gallea C, Lehéricy S, et al. Disruption in cerebellar and basal ganglia networks during a visuospatial task in cervical dystonia. Mov Disord 2017;32:757–768.
- 12. Munoz DP, Everling S. Look away: the anti-saccade task and the voluntary control of eye movement. Nat Rev Neurosci 2004;5: 218–228.
- Terao Y, Fukuda H, Hikosaka O. What do eye movements tell us about patients with neurological disorders? -an introduction to saccade recording in the clinical setting. Proc Japan Acad Ser B Phys Biol Sci 2017;93:772–801.
- 14. Beck RB, Kneafsey SL, Narasimham S, et al. Reduced frequency of ipsilateral express saccades in cervical dystonia: probing the nigro-tectal pathway. Tremor Other Hyperkin Mov (NY) 2018;8:4–8.
- Stell R, Bronstein AM, Gresty M, Buckwell D, Marsden CD. Saccadic function in spasmodic torticollis. J Neurol Neurosurg Psychiatry 1990;53:496–501.
- Brodoehl S, Wagner F, Prell T, Klingner C, Witte OW, Günther A. Cause or effect: altered brain and network activity in cervical dystonia is partially normalized by botulinum toxin treatment. NeuroImage Clin 2019;22:101792. https://doi.org/10.1016/j.nicl. 2019.101792
- Boyce MJ, Canning CG, Mahant N, Morris J, Latimer J, Fung VSC. The Toronto Western spasmodic torticollis rating scale: reliability in neurologists and physiotherapists. Park Relat Disord 2012;18: 635–637.
- Tsui JKC, Jon Stoessl A, Eisen A, Calne S, Calne DB. Double-blind study of Botulinum toxin in spasmodic torticollis. Lancet 1986;328: 245–247.
- Jost WH, Hefter H, Stenner A, Reichel G. Rating scales for cervical dystonia: a critical evaluation of tools for outcome assessment of botulinum toxin therapy. J Neural Transm 2013;120:487–496.
- Hallett PE. Primary and secondary saccades to goals defined by instructions. Vision Res 1978;18:1279–1296.
- Antoniades C, Ettinger U, Gaymard B, et al. An internationally standardised antisaccade protocol. Vision Res 2013;84:1–5.
- Fischer B, Ramsperger E. Human express saccades: extremely short reaction times of goal directed eye movements. Exp Brain Res 1984; 57:191–195.
- Smyrnis N, Karantinos T, Malogiannis I, et al. Larger variability of saccadic reaction times in schizophrenia patients. Psychiatry Res 2009;168:129–136.
- IBM Corp. Released 2016. IBM SPSS Statistics for Windows, Version 24.0. Armonk, NY: IBM Corp.
- 25. Zigmond AS, Snaith RP. The hospital anxiety and depression scale. Acta Psychiatr Scand 1983;67:361–370.
- Hallett M. Neurophysiology of dystonia: the role of inhibition. Neurobiol Dis 2011;42:177–184.
- 27. Coe BC, Munoz DP. Mechanisms of saccade suppression revealed in the anti-saccade task. Philos Trans R Soc B Biol Sci 2017;372 (1718):20160192. https://doi.org/10.1098/rstb.2016.0192
- Xu KZ, Anderson BA, Emeric EE, et al. Neural basis of cognitive control over movement inhibition: human fMRI and primate electrophysiology evidence. Neuron 2017;96:1447–1458.e6.
- 29. Stinear CM, Byblow WD. Impaired inhibition of a pre-planned response in focal hand dystonia. Exp Brain Res 2004;158:207–212.
- Everling S, Dorris MC, Klein RM, Munoz DP. Role of primate superior colliculus in preparation and execution of anti-saccades and pro-saccades. J Neurosci 1999;19:2740–2754.
- Everling S, Munoz DP. Neuronal correlates for preparatory set associated with pro-saccades and anti-saccades in the primate frontal eye field. J Neurosci 2000;20:387–400.

- 32. Mahajan A, Zillgitt A, Alshammaa A, et al. Cervical dystonia and executive function: a pilot magnetoencephalography study. Brain Sci 2018;8(9):159. https://doi.org/10.3390/brainsci8090159
- Ospina-García N, Escobar-Barrios M, Rodríguez-Violante M, Benitez-Valenzuela J, Cervantes-Arriaga A. Neuropsychiatric profile of patients with craniocervical dystonia: a case-control study. Clin Neurol Neurosurg 2020;193:105794. https://doi.org/10.1016/j.clineuro.2020.105794
- Avanzino L, Tinazzi M, Ionta S, Fiorio M. Sensory-motor integration in focal dystonia. Neuropsychologia 2015;79:288–300.
- 35. Desrochers P, Brunfeldt A, Sidiropoulos C, Kagerer F. Sensorimotor control in dystonia. Brain Sci 2019;9:1–18.
- 36. Zee DS, Lasker AG. Antisaccades: probing cognitive flexibility with eye movements. Neurology 2004;63:1554.
- Barbosa P, Kaski D, Castro P, Lees AJ, Warner TT, Djamshidian A. Saccadic direction errors are associated with impulsive compulsive behaviours in Parkinson's disease patients. J Parkinsons Dis 2019;9: 625–630.
- Reuter B, Rakusan L, Kathmanna N. Poor antisaccade performance in schizophrenia: an inhibition deficit? Psychiatry Res 2005; 135:1–10.
- Kahana Levy N, Lavidor M, Prosaccade VE. Antisaccade paradigms in persons with Alzheimer's disease: a meta-analytic review. Neuropsychol Rev 2018;28:16–31.

Supporting Data

Additional Supporting Information may be found in the online version of this article at the publisher's web-site.

The Parkinson's Disease DNA Variant Browser

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ABSTRACT: Background: Parkinson's disease (PD) is a genetically complex neurodegenerative disease with ~20 genes known to contain mutations that cause PD or atypical parkinsonism. Large-scale next-generation sequencing projects have revolutionized genomics research. Applying these data to PD, many genes have been reported to contain putative disease-causing mutations. In most instances, however, the results remain quite limited and rather pre-liminary. Our aim was to assist researchers on their search for PD-risk genes and variant candidates with an easily accessible and open summary-level genomic data browser for the PD research community.

Methods: Sequencing and imputed genotype data were obtained from multiple sources and harmonized and aggregated.

Results: In total we included a total of 102,127 participants, including 28,453 PD cases, 1650 proxy cases, and 72,024 controls.

Conclusions: We present here the Parkinson's Disease Sequencing Browser: a Shiny-based web application that presents comprehensive summary-level frequency data from multiple large-scale genotyping and sequencing projects https://pdgenetics.shinyapps.io/VariantBrowser/. Published © 2021 This article is a U.S. Government work and is in the public domain in the USA. *Movement Disorders* published by Wiley Periodicals LLC on behalf of International Parkinson and Movement Disorder Society.

Key Words: Parkinson's disease; sequencing; data browser; genetics

Parkinson's disease (PD) is a neurodegenerative disease hallmarked by dopaminergic neuron degradation and Lewy-body inclusions in the brain. The exact molecular mechanisms underlying PD remain largely unknown, but the disease is influenced by age, environmental, and complex genetic factors. Putative deleterious and highly functional variants in more than 20 genes and 90 common genetic risk variants have been associated with PD or atypical parkinsonism. However, the population risk of known mutations and risk loci only represents a fraction of the known detectable heritable component of disease, suggesting that additional genetic influence is yet to be identified.^{1,2} Most genes associated with PD have been discovered through linkage mapping studies in large family studies, such as *SNCA*³ and *LRRK2*.⁴⁻⁶ Some studies contain large sequencing cohort validation analyses such as the one nominating *VPS13C*.⁷ The majority of the recent studies that nominate potential PD genes lack replication of results. Current research aggregation resources such as ClinVar are useful for searching known pathogenic variants, but the information presented often misses the context behind the clinical interpretation and lacks large case–control frequency information. Although other resources such as MDSGene (https:// www.mdsgene.org/) provide in-depth genotype– phenotype information, however, they lack large study case–control frequencies.⁸

Next-generation sequencing has produced petabytes of genomic data and has transformed genomic medicine. However, databases housing these data, such as gnomAD⁹ and BRAVO variant browser,¹⁰ do not contain disease-specific data (yet), and there is a need for accessible resources that specifically include allele frequencies per disease group. Here, we aggregated multiple genomic data sets based on PD cases and controls and created an exonic summary data user-friendly browser, https://pdgenetics.shinyapps.io/VariantBrowser/.

Methods

Data Aggregation

We collected sequencing data from multiple different sources (Table 1). The PD Genome Project includes publicly available whole-genome sequencing data from AMP-PD (https://amp-pd.org/) and other sources. The International Parkinson's Disease Genomics Consortium (IPDGC) cohort from Parkinson's Disease Genetics Sequencing Consortium (PDGSC) data was downloaded in November 2019 and was processed using a previously described pipeline, https://github.com/ipdgc/pdgsc. The IPDGC resequencing project is a resequencing data set that includes a large number of monogenic genes (ATP13A2, FBXO7, GBA, LRRK2, MAPT, PARK7 [D]-1], PINK1, PLA2G6, PRKN, SNCA, and VPS35) and genome-wide association study (GWAS) loci regions from a previous PD GWAS.¹¹ The IPDGC genotype data were processed using a previously described quality control pipeline that has been previously described here, https://github.com/neurogenetics/GWAS-pipeline.^{1,12} It was imputed using the Haplotype Reference Consortium Panel and filtered with the estimated r2 (RSQ) threshold of 0.8. UK Biobank (UKB) exome data (field 23160, "Population-level FE variants, PLINK format") were downloaded in May 2019.13 The PD status of the UKB participants was based on UKB field number 42033, "Source of Parkinson's disease report," which determined the PD status on 3 criteria: self-report, hospital admission, and death registries. UKB proxy cases were defined

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Study	Data Type	Cases (n)	Controls (n)	Total (n)
PD Genome Project ^a	WGS	2745	4071	6816
IPDGC Exomes	WES	2110	2978	5088
IPDGC Resequencing project	Resequencing data	3073	2136	5209
IPDGC GWAS Cohort	Imputed array data	21,412	23,894	45,306
UK Biobank	WES	114	38.263	40,027
UK Biobank (proxy cases)	WES	1650	NA	NA
TOTAL (excluding proxy cases)		29,454	71,342	100,796

TABLE 1. Description of the data cohorts

WGS, whole-genome sequencing; WES, whole-exome sequencing.

^aThis includes AMP-PD release 1 genome data (https://amp-pd.org/).

as participants with no PD but with a parent with PD based on UKB field numbers 20107 and 20110, "Illnesses of father" and "Illnesses of mother." Additional quality control was done to remove participants without casecontrol status and mean depth of less than 20. Note that the vast majority of data are from European ancestry. Data were trimmed to exome calling regions identical to those used in gnomAD, specifically bait-covered regions plus 50 bp upstream and downstream. Before merging, all hg38 data were mapped to hg19 using CrossMap v0.4.0,¹⁴ and each data set was filtered for relatedness by excluding individuals with PIHAT values > 0.125. After merging, duplicate samples were removed based on either sample ID or PIHAT values > 0.8 using PLINK v1.9¹⁵ (Fig. S1). The data were merged, and allele count and frequency were generated using PLINK. Merged data were annotated using ANNOVAR¹⁶ (Fig. 1).

Browser Design

The IPDGC Sequencing Browser was designed using the Shiny library under R version 3.6.1. All data present in the browser are nonidentifiable aggregate summary-level data. The design was inspired by the gnomAD and BRAVO variant browsers, featuring gene-level information panel and separate variant-level windows. However, this browser increases the information density presented in a single page format with collapsible and information panels to search results facilitating the user visualization and interpretation. It also contains an integrated tutorial function to guide new users. The browser is an open-source project, and the code is available on our GitHub platform, https:// github.com/kimjonggeolj/ipdgc_exome_browser.

Results

After quality control, we included a total of 6,126,909 variants from 102,446 participants, specifically 29,454 PD cases, 1650 proxy cases from UKB, and 71,342 controls. Of the 3,581,869 exonic variants (\sim 58%), 2,144,315 (\sim 60%) were nonsynonymous variants, and 1,078,658 (\sim 30%) were synonymous

variants (Table S1). As a positive control, we assessed the allele frequency of LRRK2 p.G2019S (rs34637584). This variant is one of the most common PD genetic factors associated with both familial and sporadic forms of disease.¹⁷ Our browser shows the minor allele frequency of this variant at 0.007716 for cases, 0.0003201 for controls, and 0.001212 for proxy cases. Zygosity distributions show a similar pattern. Of 23,068 cases and 64,036 controls, there are 354 heterozygous cases and 41 heterozygous controls. There is 1 homozygous carrier case, whereas there are no controls with the same zygosity pattern. An association test (chi square allelic test) without adjusting by any covariate but excluding proxy cases showed an odds ratio of 24.28 (95% CI, 17.57–33.6) and a P = 1.76 $\times 10^{-179}$, which is in line with previous reports for this variant. Another example is the SNCA p.A53T (rs104893877) variant, which was the first pathogenic SNCA variant described resulting in autosomaldominant PD.³ The browser shows 2 cases carrying this variant and no controls. The browser can also be used for autosomal-recessive disorders, for example, using PRKN (PARK2) p.R275W (rs34424986) as an example, one of the most common PRKN pathogenic variants.¹⁸ Six cases were homozygous for this variant, and no controls were identified in a homozygous state. The result showed confidence that the data set could be used to identify or provide evidence for a potential PD causal variant.

Discussion

Here we present the Parkinson's Disease DNA Variant browser, a public platform for the scientific community that allows rapid querying of specific genes and variants in several large case–control cohorts. Provided with a gene name or gene boundaries, the browser will present the user with summarized information on the variants found within the gene, such as the distribution of variants categorized by their functional consequences. Given a specific variant, the browser will present the user with annotated information on the variant including allele

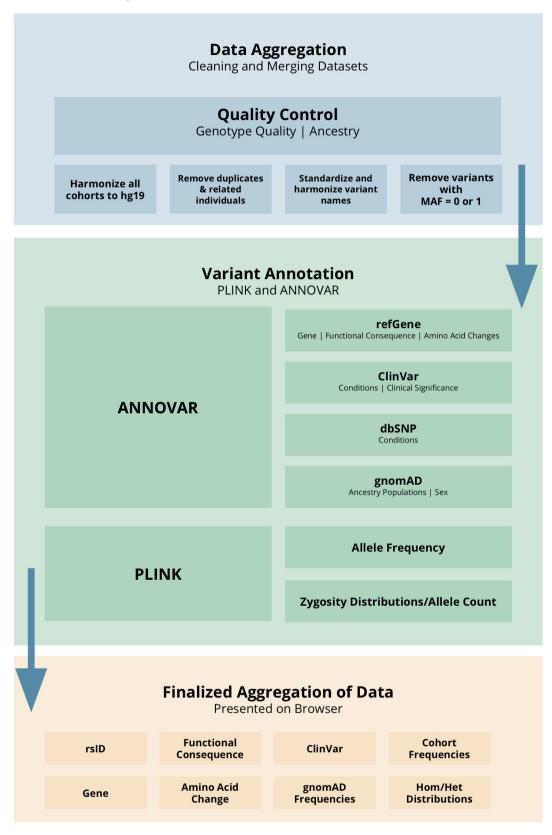


FIG. 1. Parkinson's Disease Sequencing Browser processing pipeline flowchart.

frequency, ClinVar information, and functional consequence. These functionalities can be used, for example, when assessing the frequency of a variant of interest identified in a PD case or within a family. As shown in the results of the *LRRK2* p.G2019S, *PRKN* p.R275W, and *SNCA* p.A53T examples, allele frequency and

zygosity distribution can give a researcher an idea of whether the reported risk variant may be enriched in PD cases.

Although we performed extensive quality control to ensure high-quality information was used, the data presented in the browser have inherent limitations. The data sets merged different sequencing technologies including whole-genome sequencing, whole-exome sequencing, resequencing, and imputed array-based genotyping and were aligned using different genome builds such as hg19 and hg38. This leaves gaps from low-imputation regions and cross-mapping failures, although the cross-mapping introduced less than 0.1% reduction in the total number of variants (Fig. S1). Although no sequencing or genotyping method can guarantee perfect data, imputed data because of its nature may add additional uncertainties regarding its results. Our quality control filters reduce this uncertainty, but nevertheless users should always consult the specific study-level breakdown of the variant frequency and count. The presented data only include autosomal data and do not contain any variants from sex chromosomes. Furthermore, the data presented only include exonic regions and their immediate flank; thus, it cannot provide information on the majority of the noncoding variants. Although this database contains multiple whole-exome and genome sequencing data, it may still be difficult to identify significant allele frequency and count differences between very rare variants, especially those of recessive inheritance. Researchers should use the annotated information such as ClinVar significance to critically assess any candidate variants. In addition, we only included a very limited amount of phenotypic data with case-control status, which creates potential bias for age-related penetrance. In future versions, we aim to include age of onset and other phenotype data if available. Of note, the majority of the data included are from European ancestry. We hope in future versions to increase the diversity of the data. Last, some genes, regions of interest, and structural variation are very complicated to genotype and sequence (including the GBA gene because of the high similarities with the pseudogene), and therefore interpretation of these complex regions should be done with caution. Future largerscale and targeted studies will hopefully resolve the issue with complex genomic regions.

In summary, we present here an online resource developed for the PD research community to quickly retrieve annotated genomic information on genes and variants in a user-friendly manner, without any required data science or coding experience. Users can access the browser to get information on reported PD risk factors or supplement their own research with data from a large-scale data set. We envisage this browser to be the first step toward easily sharing genomic information that will be continuously updated as new data become available.

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References

- Nalls MA, Blauwendraat C, Vallerga CL, et al. Identification of novel risk loci, causal insights, and heritable risk for Parkinson's disease: a meta-analysis of genome-wide association studies. Lancet Neurol 2019;18:1091–1102.
- 2. Blauwendraat C, Nalls MA, Singleton AB. The genetic architecture of Parkinson's disease. Lancet Neurol 2020;19:170–178.
- 3. Polymeropoulos MH, Lavedan C, Leroy E, et al. Mutation in the alpha-Synuclein gene identified in families with Parkinson's disease. Science 1997;276(5321):2045–2047.
- Funayama M, Hasegawa K, Kowa H, Saito M, Tsuji S, Obata F. A new locus for Parkinson's disease (PARK8) maps to chromosome 12p11.2-q13.1. Ann Neurol 2002;51:296–301.
- Zimprich A, Biskup S, Leitner P, et al. Mutations in LRRK2 cause autosomal-dominant parkinsonism with pleomorphic pathology. Neuron 2004;44:601–607.
- Paisán-Ruíz C, Jain S, Evans EW, et al. Cloning of the gene containing mutations that cause PARK8-linked Parkinson's disease. Neuron 2004;44:595–600.
- Lesage S, Drouet V, Majounie E, et al. Loss of VPS13C function in autosomal-recessive parkinsonism causes mitochondrial dysfunction and increases PINK1/Parkin-dependent Mitophagy. Am J Hum Genet 2016;98:500–513.
- Kasten M, Hartmann C, Hampf J, et al. Genotype-phenotype relations for the Parkinson's disease genes Parkin, PINK1, DJ1: MDSGene systematic review. Mov Disord 2018;33:730–741.
- 9. Karczewski KJ, Francioli LC, Tiao G, et al. The mutational constraint spectrum quantified from variation in 141,456 humans. Nature 2020;581:434-443.
- University of Michigan and NHLBI. The NHLBI trans-omics for precision medicine (TOPMed) whole genome sequencing program. BRAVO. 2018.
- 11. Nalls MA, Pankratz N, Lill CM, et al. Large-scale meta-analysis of genome-wide association data identifies six new risk loci for Parkinson's disease. Nat Genet 2014;46:989–993.
- 12. Blauwendraat C, Heilbron K, Vallerga CL, Bandres-Ciga S, von Coelln R, Pihlstrøm L, et al. Parkinson's disease age at onset genome-wide association study: defining heritability, genetic loci, and α -synuclein mechanisms. Mov Disord 2019;34:866–875.
- 13. Bycroft C, Freeman C, Petkova D, et al. The UKbiobank resource with deep phenotyping and genomic data. Nature 2018;562:203–209.
- Zhao H, Sun Z, Wang J, Huang H, Kocher J-P, Wang L. CrossMap: a versatile tool for coordinate conversion between genome assemblies. Bioinformatics 2014;30:1006–1007.
- 15. Chang CC, Chow CC, Tellier LC, Vattikuti S, Purcell SM, Lee JJ. Second-generation PLINK: rising to the challenge of larger and richer datasets. Gigascience 2015;4:7.
- Wang K, Li M, Hakonarson H. ANNOVAR: functional annotation of genetic variants from high-throughput sequencing data. Nucleic Acids Res 2010;38:e164.
- 17. Correia Guedes L, Ferreira JJ, Rosa MM, Coelho M, Bonifati V, Sampaio C. Worldwide frequency of G2019S LRRK2 mutation in Parkinson's disease: a systematic review. Parkinsonism Relat Disord 2010;16:237–242.
- Klein C, Djarmati A, Hedrich K, et al. PINK1, Parkin, and DJ-1 mutations in Italian patients with early-onset parkinsonism. Eur J Hum Genet 2005;13(9):1086–1093.

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