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Person	Personal genome based prediction						
	Affected phenotype	CoBEL kaci	Pold	False Discovery Rate (G- value)	Affected larget genes	Fraction of relevant games	Personal medical phanolype
Biopheni Qurates	ateromat cardine output	87	2.00	1.09 x 10**	ADRAIA, ADRAID, ARBD. CACNER, CDCAR, COHR. DDAHI, ELN, FXN, MLYCD. NPPA, NRDI, PDLIND, PLN. PPARCCIA, PPARCCIB, RAFI. RERA, TMCD1	58%	Sensity Instany of APADIC and heart disease and pressured exclore sentiac death
	"Antrythmagenic right ve individuals. [] The dis expressive," Erd	etricular dy	splanis/s sortly far	witerry quality in millel and typical	a an inheritasi cantiomyspathy ealina By Vivolvas autosonal dominant tans	ted to affect ap mession with it	proximately 1 in 5,000 w penalturice and variable
George Church	preparaçãore: paresympathete: nerveza system devatorment		3.28	1184.10*	EURZ, HEBT, HESS, HOXAT, HOXBT, HOXBE, PLXMAA, TYAPIJA	H.	Randoliphia
	" a non-accordary inv	olvement of	Elo auto	nomic terrious	system in nancekpky is shongly sugg	esteri" (115	
Maha Angisi	epitiekai cak marphoperasia	80	2.11	1.32 + 15"	BASPI, DCL 118, EMP4, CTHNEH, EPE41LS, F207, GATAB, GDNF, GREAN, HEGT, HH, PAKE, PAKE, BALLY, SOG WT1	10%	possible karakola pilat
	"The opiderma (in keight	ais pharte)	kenne	ates mild hyper	kenstosia, hypogramultuste, and tolkout	w phagoing * D	10
Oli	decreased circulating application level (hypersubnervice)		3.28	8,94 x 12**	EDN1. NRIC2, SCAN18, SCANTO, SEC25A2, SECA44, T3NIP, WWOX	855	hypertension
	"A sodum-conserving pethological and epidem	interest in the	a context	of the contemp station, spicersi	crary high-acclum and kne-potassium c hepertension(,* (14)	del is maliets	plive, with documented
James Luppki	regulation of oligodendrocyte officeerballon	59	2.43	2.83 + 17*	ASPA, BMPA, CTIMBI, CRICHA, DUNI, DUNE, HOACE, HESI, HESE, DE, IDA, LINGOI, DUGE, PPARG, BHH, TOFPLS	73%	tamity teatory of patchy accreal patyneuropathy
	"Oligodenthocytes, the myele-forming gial calls of the central nervous sustain, maintain knoplem axonal integrit						-*mm



http://bejerano.stanford.edu



Randomize Medical Histories

- Define an association matrix linking enrichment and medical history, with the phenotypes observed in the five individuals as rows, and top enriched terms in all as columns. A cell in the matrix would be marked "true" only where the enriched term (of any individual) is thought to be related to the etiology of the phenotype (of any individual).
- One instance of this matrix was filled by a medical doctor based on their medical knowledge and training and another instance was independently filled using a literature survey. The objective was to compute the chance of associating a set of five individuals with random medical histories with the observed enrichments using one of the two association matrices as the "gold" association.
- We generated 1,000 sets of five individuals with random medical histories composed of similar disease profiles and assessed the likelihood of being able to associate them with enrichments. Successfully linking five random individuals with enrichments was highly significant using the association matrix generated by the medical doctor (P = 3.0 x 10-3) and by the matrix generated by literature survey (P = 3.0 x 10-2) suggesting our links between enrichment and medical histories are not just a function of the listed histories.















