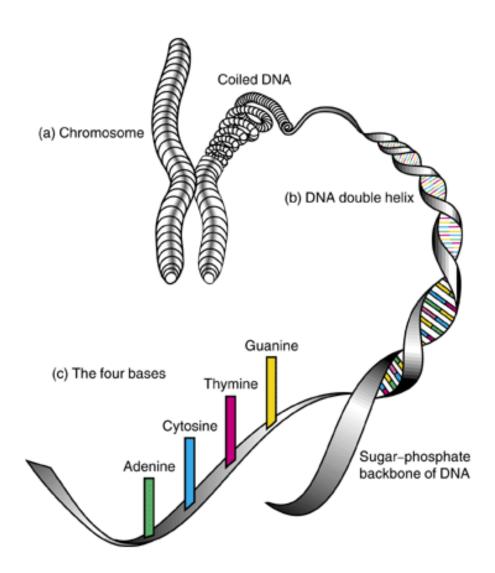


Molecular Diagnostics for Genetic Diseases

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Growth of Clinical Genetics at Children's National

Huge increase in number of patients seen in the Division of Genetics and Metabolism

- 2009-1,800
- 2016-8,500

Correlates with large increase in new hires of ABMG Clinical Geneticists and CGCs

2009- 5 ABMG Clinical Geneticists and 5 CGCs

2016- 14 ABMG Clinical Geneticists and 18 CGCs

This resulted in an explosion of genetic testing at CN



Genetic Testing at Children's National

6/2013- Molecular Diagnostics Laboratory in Division of Laboratory Medicine goes live with Chromosomal Microarray

© American College of Medical Genetics and Genomics ACMG STANDARDS AND GUIDELINES

Genetics

ACMG Standards and Guidelines for constitutional cytogenomic microarray analysis, including postnatal and prenatal applications: revision 2013

Sarah T. South, PhD1.2, Charles Lee, PhD3, Allen N. Lamb, PhD1.2, Anne W. Higgins, PhD4 and Hutton M. Kearney, PhD5; for the Working Group for the American College of Medical Genetics and Genomics (ACMG) Laboratory Quality Assurance Committee

Microarray methodologies, including array comparative genomic hybridization and single-nucleotide polymorphism-detecting arrays, are accepted as an appropriate first-tier test for the evaluation of imbalances associated with intellectual disability, autism, and multiple congenital anomalies. This technology also has applicability in prenatal specimens. To assist clinical laboratories in validation of microarray methodologies for constitutional applications, the American College of Medical Genetics and Genomics has produced the following revised professional standards and guidelines.

Genet Med advance online publication 26 September 2013

Key Words: constitutional; guidelines; microarray; postnatal; prenatal; standards



Genetic Testing at Children's National

6/2013- Molecular Diagnostics Laboratory in Division of Laboratory Medicine goes live with Chromosomal Microarray

8/2014-Transitioned to first and only FDA cleared Chromosomal Microarray

🧌 / News / FDA Clearance of Genetic Test for Developmental Delays and Intellectual Disabilities in Children

Product News: FDA Clearance of Genetic Test for Developmental Delays and Intellectual Disabilities in Children

19 Mar 2014













CytoScan® Dx Assay represents a technology leap over traditional postnatal genetic tests and significantly improves diagnostic capability

Affymetrix, Inc. has announced that it has received 510(k) clearance from the U.S. Food and Drug Administration (FDA) to market its CytoScan® Dx Assay. This assay is intended for the postnatal detection of DNA copy number variants (CNV) in patients referred for chromosomal testing.

CytoScan Dx Assay is designed to help physicians diagnose children's developmental and intellectual disabilities more comprehensively by enabling a high-resolution genome-wide analysis of genetic aberrations. High resolution analysis can reveal small aberrations not readily seen using traditional techniques.





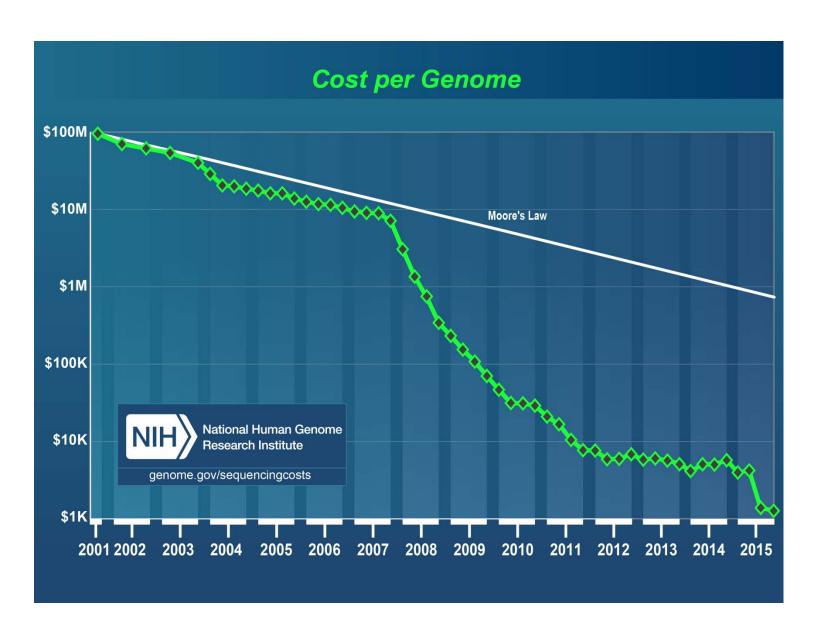
CytoScan® Dx Assay

To aid in the diagnosis of developmental delay and intellectual disability



Unrivaled performance. Results that matter.

Sequencing Advancements Driving Innovation



Prior Options for Clinical Sequencing

Single gene sequencing Small gene panels Large gene panels

Advantages

- -Targeted to diagnose specific diseases or conditions
- -Uncommon incidental findings
- -Turn around time between 4-8 weeks

Disadvantages

- -A negative result will lead to a completely new test needing to be ordered
- -Patient will need to come back in for recollect and insurance will be billed again for a totally new test
- -No customization of testing to specific patient

Whole Exome Sequencing Whole Genome Sequencing

Advantages

- -Comprehensive
- -One test for all genes
- -Unlikely to need an additional test ordered in immediate future
- -Less money than ordering several other tests incrementally

<u>Disadvantages</u>

- -Possibilities for many incidental findings
- -Variants of uncertain significance will be higher

Children's National ...

- -Genes of uncertain significance will be reported
- -Long turn around time 4-6 months
- -Very expensive for a single test

New Option for Sequencing Through CNMC

- 2/2015 Molecular Diagnostics Laboratory goes live with Clinical Personalized Sequencing Program
 - Using high throughput genomic sequencing we sequence all clinically relevant genes for every patient tested
 - We take a personalized approach to analyze and interpret only clinically relevant genes for that particular patient
 - Phenotype driven
 - Ability to leverage Chromosomal Microarray results to focus the analysis even further
 - If negative, additional genes to analyze can be added on, and since we have the data all we have to do is unmask the additional gene content



Benefits to Patients, Physicians, and Lab

- Cost savings
 - Patient is billed less for initial test and any additional genes can be analyzed for a low cost
 - Laboratory can reduce interpretation costs and focus on variants in the genes that matter to the patient
- Shorter turn around time
 - Patient doesn't need to wait 4-6 months to get results
 - Currently 4-6 weeks
- Comprehensive
 - All clinically relevant genes are sequenced and additional genes can be analyzed for mutations rapidly by unmasking data
- Fewer incidental findings and variants of uncertain clinical significance
 - Patients analysis is customized to them, which yields less VUS results and no incidental findings
 - Laboratory spends less money on the interpretations and confirmations since the analysis is focused on clinically relevant genes



Ordering Process



Ordering Process

- At present, we are really only accepting samples on patients in CNHS.
 - Hopefully this will change soon!
- Therefore, the best approach for our community pediatricians to have genetic testing done through CNHS is to refer your patient to the Genetics Department. This referral also includes the added benefits of:
 - Pre- AND post-test genetic counseling
 - Insurance authorization
 - Our lab offers the ability to extract and hold DNA at the time of the initial genetic visit. Therefore, when authorization is obtained, the family doesn't have to come back for a separate blood draw.



DIVISION OF LABORATORY MEDICINE LABORATORY TEST REQUISITION # 5 (Molecular) Requesting Physician: *Requesting Physician Signature:______; Pager #: ______ or provide at least 2 of the following: Service: *Collection Date & Time: _____ ____(date); ______(time) Name: *Specimen Source: _____ *Collected by: ____ DOB: *ICD10 DIAGNOSIS CODE(S) MANDATORY: MRN: Insurance company (required): Insurance Authorization (circle one): NOT REQUIRED or GRANTED If authorization was granted, please provide authorization number and time frame: Name of Primary Contact (physician, genetic counselor, nurse) AANP Aortic Aneurysm Panel ARVD ARVD Panel BRUGA Brugada Syndrome Panel Number for Primary Contact CFTR CFTR Sequencing PBMTNC Chimerism - Post BMT Engraftment without Cell Selection Clinical Indication and Family History PTCHD Chimerism - Pre BMT (Donor) PTCHR Chimerism - Pre BMT (Recipient) CMA Chromosome Microarray CARP Comprehensive Arrhythmia Panel ARCP Comprehensive Arrhythmia & Cardiomyopathy Panel CCMP Comprehensive Cardiomyopathy Panel CONTX Comprehensive Connective Tissue Panel CEPIL Comprehensive Epilepsy Panel Comprehensive Hearing Loss Panel CHLP COMO Comprehensive OI Panel Personalized Sequencing Panel Pre-Built Gene Lists (Select below): CONNX Connexin Panel Aplastic Anemia Panel CPVTP CPVT Panel CUTIS Cutis Laxa Panel Comprehensive Brain Malformation Panel Cystic Fibrosis 60 Mutations CFPCR Comprehensive Charcot-Marie-Tooth Panel DCMP Dilated Cardiomyopathy Comprehensive NeuroMuscular Panel Congenital Disorders of Glycosylation Panel DNEXT DNA Extraction DOMOI Dominant OI Panel Congenital Muscular Dystrophy Panel ECTOP Ectopia Lentis Panel Congenital Myastenia syndrome Panel EDSP Ehlers Danlos Syndrome Panel Congenital Myopathy Panel FVL Factor V Leiden Mutation Testing Congenital Disorders of Glycosylation Panel FBN1 FBN1 Sequencing Febrile Seizure Panel FRAGX Fragile X Hemophagocytic Lymphohistiocytosis (HLH) Panel HCMP Hypertrophic Cardiomyopathy Panel Intellectual Disability / Autism Spectrum Disorder Panel LVNCP Left Ventricular NonCompaction Panel Microcephaly Panel LOEYS Loeys-Dietz Panel Nuclear Mitochondrial Gene Panel LONGQT Long QT Syndrome Primary Ciliary Dyskinesia (PCD) Panel NATP NAT Panel Rett / Angelman syndrome Panel NOONAN Noonan Spectrum Disorders Panel X-linked Intellectual Disability Panel FIIM Prothrombin Gene Mutation (G20210A) Personalized Sequencing Panel Custom Gene List (write gene list below) PTEN PTEN Sequencing RECOI Recessive OI Panel SEPIL STAT Epilepsy Panel STICK Stickler Syndrome Panel Personalized Sequencing Panels - MUST be discussed with Molecular Lab Personalized Sequencing Panel by Gene List. Select either pre-built gene list or custom gene list in right column. If selecting a custom gene PSPGL list, please either list genes, attach a gene list to this requisition, or email the list to the LabMed Genetic Counselors. Personalized Sequencing Panel by Phenotype. Clinical indication PSPP MUST be completed. Please allow 2-3 days for gene list to be Ethnicity (check all that apply) Parental Testing African American Chromosome Microarray Parental Testing must attach the child's test results or include the following information: Asian European Caucasian Child's Name: Middle Eastern Child's MRN: Native American NGS Parental Testing Pacific Islander Undefined must attach the child's test results or include the following information: Child's Name:

*Regulred Field

Child's MDN:

Questions/concerns can be addressed by contacting the Molecular Lab at v2631

Personalized Sequencing Panels (PSP)

PSP by Gene List

- Physician provides gene list
- Lab determines:
 - Is gene available for sequencing
 - Is gene well covered

PSP by Phenotype

- Physician provides a phenotype
- Lab generates a gene list using:
 - HPO
 - OMIM
 - PubMed
 - GeneTests
 - Other labs panels
 - Regions of homozygosity and/or CNVs (determined by chromosomal microarray)
- Lab determines:
 - Is gene available for sequencing
 - Is gene well covered



Personalized Sequencing Panels (PSP)

- Pricing based on number of genes
 - 1 gene
 - 2-5 genes
 - 6-15 genes
 - 16-50 genes
 - 51-100 genes
 - 101-150 genes
 - 151-200 genes
 - 201-250 genes
 - 251-300 genes
 - 301-500 genes

- If additional genes are requested, as long as the total # of genes stays within the same bracket a second analysis is available free of charge
- If the additional genes requested requires jumping to a different bracket (or if we have already done one free second analysis) then a minimal charge is associated with adding on additional genes that equals the difference between two brackets



Genes associated with Autism

ent Name:DUMMY,CUSTOM l:11111111 ering Physician:HOFHERR,SEAN ical Indication:-	Date of Birth:1975-06-0 Accession Number:W11 Order Date:02/16/2015	11	Age:39y8m Container ID:L111111111 Order Started By:HOFHERR,SEAN Selected Genes	Sex:Fem Case Nur
Add a Gene List Add by Phenotype		Add Genes	ACSL4 (Phenotype:Autism)	
	henotypes that your patient is exhibiting. Selecting from the lint genes to the panel you are ordering. You may select multip autism Filter Reset		ADSL (Phenotype:Autism) AGTR2 (Phenotype:Autism) ALDH5A1 (Phenotype:Autism) ALG13 (Phenotype:Autism) ALMS1 (Phenotype:Autism) ARK (Phenotype:Autism) ARX (Phenotype:Autism) ATRX (Phenotype:Autism) CACNG2 (Phenotype:Autism) CACNG2 (Phenotype:Autism) CACNG2 (Phenotype:Autism) CACNG2 (Phenotype:Autism) CACNG2 (Phenotype:Autism) CACNG2 (Phenotype:Autism) CHNT5 (Phenotype:Autism) CHD7 (Phenotype:Autism) CHRNA7 (Phenotype:Autism)	
Add by Syndrome/Genetic Disorde	er		154 Genes	
► Add Genes ► Add/Remove Genes by Regions o	of Interest		122 Genes in TrusightOne ☑ Only Show TrusightOne Genes	
, in a second of the second of			Save as Panel Remove Selected Genes	Undo Previous



ACSL4 vs CHD7

ACSL4 (X-linked Mental Retardation, type 68)

- X-linked Inheritance
- Phenotype: nonsyndromic, intellectual disability and autism in males
- Females have highly variable cognitive capacities, ranging from moderate mental retardation to normal intelligence depending on her lyonization.

CHD7 (CHARGE syndrome)

- Autosomal Dominant Inheritance
 - Phenotype: <u>c</u>oloboma, <u>h</u>eart defects, choanal <u>a</u>tresia, <u>r</u>etarded growth and development, <u>g</u>enital abnormalities, and <u>e</u>ar anomalies
- Autism included in the phenotype, but certainly not the main feature



Genes associated with Developmental Delay

Test Creation Test Review	
tient Name:DUMMY,CUSTOM N:1111111 dering Physician:HOFHERR,SEAN nical Indication:- Add a Gene List Add by Phenotype You can choose from the set of phenotypes that your patient is exhibiting. Selecting from the list of phenotypes will add the relevant genes to the panel you are ordering. You may select multiple phenotypes to add to your panel Phenotypes Global developmental delay (10 genes) Mild global developmental delay (1 gene) Profound global developmental delay (10 genes) Moderate global developmental delay (1 gene) Profound global developmental delay (10 genes) Severe global developmental delay (103 genes) Severe global developmental delay (103 genes)	Age:39y8m Container ID:L111111111 Order Started By:HOFHERR,SEAN Selected Genes Add Genes AAAS (Phenotype:Global developmental delay) AARS (Phenotype:Global developmental delay) ABAT (Phenotype:Global developmental delay) ABC8 (Phenotype:Global developmental delay) ABC01 (Phenotype:Global developmental delay) ABC01 (Phenotype:Global developmental delay) ACADM (Phenotype:Global developmental delay) ACADM (Phenotype:Global developmental delay) ACADS (Phenotype:Global developmental delay) ACADS (Phenotype:Global developmental delay)
Add by Syndrome/Genetic Disorder Add Genes Add/Remove Genes by Regions of Interest	ACAT2 (Phenotype:Global developmental delay) ACSF3 (Phenotype:Global developmental delay) ACSL4 (Phenotype:Global developmental delay) ACTA2 (Phenotype:Global developmental delay) ACTB (Phenotype:Global developmental delay) ACTG1 (Phenotype:Global developmental delay) ACY1 (Phenotype:Global developmental delay) 919 Genes 703 Genes in TrusightOne Only Show TrusightOne Genes Save as Panel Remove Selected Genes Undo Previous



Genes associated with Speech Delay

order: W1111_L1111111111_111111:	L1_MO0026	
Test Creation Test Review		
ient Name:DUMMY,CUSTOM N:11111111 lering Physician:HOFHERR,SEAN iical Indication:-	Date of Birth: 1975-06-08 Accession Number: W1111 Order Date: 02/16/2015	Age:39y8m Sex:Ferr Container ID:L111111111 Case Nu Order Started By:HOFHERR,SEAN
	delayed speech Filter Reset	Selected Genes AAAS (Phenotype:Global developmental delay) AARS (Phenotype:Global developmental delay) ABAT (Phenotype:Global developmental delay) ABCC8 (Phenotype:Global developmental delay) ABCD1 (Phenotype:Global developmental delay) ABCD4 (Phenotype:Global developmental delay) ACADM (Phenotype:Global developmental delay) ACADS (Phenotype:Global developmental delay) ACADS (Phenotype:Global developmental delay) ACADS (Phenotype:Global developmental delay) ACAT2 (Phenotype:Global developmental delay) ACSF3 (Phenotype:Global developmental delay) ACSL4 (Phenotype:Global developmental delay) ACTA2 (Phenotype:Global developmental delay) ACTA2 (Phenotype:Global developmental delay) ACTB (Phenotype:Global developmental delay) ACTG1 (Phenotype:Global developmental delay) ACY1 (Phenotype:Global developmental delay)
Add by Syndrome/Genetic Diso Add Genes Add/Remove Genes by Regions		919 Genes 703 Genes in TrusightOne ✓ Only Show TrusightOne Genes Save as Panel Remove Selected Genes Undo Previous
	Save Order	Cancel



Genes associated with Motor Delay

Order: W1111_L11111111111111111111111111111111			
Test Creation Test Review			
ient Name:DUMMY,CUSTOM N:1111111 dering Physician:HOFHERR,SEAN nical Indication:- Add a Gene List Add by Phenotype	Date of Birth:1975-06-08 Accession Number:W1111 Order Date:02/16/2015	Age:39y8m Container ID:L111111111 Order Started By:HOFHERR,SEAN Selected Genes Add Genes	Sex:Fer Case No
You can choose from the set of phenotypes that your patier of phenotypes will add the relevant genes to the panel you phenotypes to add to your panel Phenotypes motor delay Motor delay (369 genes)		AAAS (Phenotype:Global developmental delay) ARS (Phenotype:Global developmental delay) ABAT (Phenotype:Global developmental delay) ABCC8 (Phenotype:Global developmental delay) ABCD1 (Phenotype:Global developmental delay) ABCD4 (Phenotype:Global developmental delay) ACADM (Phenotype:Global developmental delay) ACADS (Phenotype:Global developmental delay) ACADS (Phenotype:Global developmental delay) ACAT2 (Phenotype:Global developmental delay) ACSF3 (Phenotype:Global developmental delay) ACSCA (Phenotype:Global developmental delay) ACTA2 (Phenotype:Global developmental delay) ACTA2 (Phenotype:Global developmental delay) ACTA2 (Phenotype:Global developmental delay) ACTB (Phenotype:Global developmental delay) ACTG1 (Phenotype:Global developmental delay) ACY1 (Phenotype:Global developmental delay)	
 Add by Syndrome/Genetic Disorder Add Genes Add/Remove Genes by Regions of Interest 		919 Genes 703 Genes in TrusightOne ✓ Only Show TrusightOne Genes Save as Panel Remove Selected Genes Undo Pro	



Child w/ developmental delay AND failure to thrive

Test Creation	Test Review				
ient Name:DUN N:11111111 Jering Physician nical Indication	:HOFHERR,SEAN	Date of Birth:1975-06-08 Accession Number:W1111 Order Date:02/16/2015		Age:39y8m Container ID:L111111111 Order Started By:HOFHERR,SEAN	Sex:Femal Case Num
Add a Gene			Add Genes	Selected Genes	
of phenotype phenotypes to Phenotypes Failure to thr Failure to thr Failure to thr	ive (535 genes)	failure to thrive Filter Reset genes) courrent infections (7 genes)	:]	ARS (Phenotype:Global developmental delay, Failure to the ABCD1 (Phenotype:Global developmental delay, Failure to the ACADS (Phenotype:Global developmental delay, Failure to the ABCS (Phenotype:Global developmental delay, Failure to the ADAR (Phenotype:Global developmental delay, Failure to the ABCY (Phenotype:Global developmental delay, Failure to the ABCY (Phenotype:Global developmental delay, Failure to the AIMP1 (Pheno	o thrive) thrive) thrive) thrive) trive) thrive)
			oldi Gole Elst	□ ALDH18A1 (Phenotype:Global developmental delay, Failure to ti □ ALG3 (Phenotype:Global developmental delay, Failure to ti □ ARFGEF2 (Phenotype:Global developmental delay, Failure to thi □ ASL (Phenotype:Global developmental delay, Failure to ti □ ASS1 (Phenotype:Global developmental delay, Failure to ti □ ASXL1 (Phenotype:Global developmental delay, Failure to ti	hrive) to thrive) rive) thrive)
Add Genes	rome/Genetic Disord			□ ATP5E (Phenotype:Global developmental delay, Failure to 306 Genes 232 Genes in TrusightOne ✓ Only Show TrusightOne Genes	thrive)



Child with developmental delay, failure to thrive AND coloboma

der: W1111_L1111111111_11111111_M00026				
est Creation lest Review				
ent Name:DUMMY,CUSTOM 1:11111111 Pring Physician:HOFHERR,SEAN cal Indication:-	Date of Birth: 1975-06-08 Accession Number: W1111 Order Date: 02/16/2015		Age:39y8m Container ID:L111111111 Order Started By:HOFHERR,SEAN	Sex:Fem Case Nur
Add a Gene List			Selected Genes	
Add by Phenotype		Add Genes	☐ BMP4 (Phenotype:Global developmental de	•
You can choose from the set of phenotypes that your pa of phenotypes will add the relevant genes to the panel y phenotypes to add to your panel		Remove Genes	CC2D2A (Phenotype:Global developmental thrive, Coloboma) CEP290 (Phenotype:Global developmental	
Phenotypes coloboma	Filter Reset		thrive, Coloboma) CREBBP (Phenotype:Global developmenta	
Chorioretinal coloboma (56 genes) Ciliary body coloboma (2 genes)		Filter Genes	thrive, Coloboma) HRAS (Phenotype:Global developmental de	
Coloboma (92 genes) Irido-fundal coloboma (11 genes)		Clear Gene List	☐ KIF7 (Phenotype:Global developmental dela	ay, Failure to thrive, Coloboma)
Iris coloboma (129 genes) Lens coloboma (2 genes) Lower eyelid coloboma (5 genes)			 □ KRAS (Phenotype:Global developmental de □ NRAS (Phenotype:Global developmental de 	
Macular coloboma (20 genes) Optic nerve coloboma (43 genes)			OFD1 (Phenotype:Global developmental de TMEM138 (Phenotype:Global developmental)	
Retinal coloboma (14 genes) Upper eyelid coloboma (7 genes)			thrive, Coloboma)	
			TMEM216 (Phenotype:Global developmenta thrive, Coloboma)	al delay, Failure to
			TMEM237 (Phenotype:Global developments thrive, Coloboma)	al delay, Failure to
Add by Syndrome/Genetic Disorder			17 Genes	
* Add Genes * Add/Remove Genes by Regions of Interest			12 Genes in TrusightOne ☑ Only Show TrusightOne Genes	
Additionate Galles by Regions of Interest			Save as Panel Remove Selected Ge	nes Undo Previous
Save	Order			Cancel



Child with AOH on CMA

est Creation	Test Revie	ew					
nt Name:DU :11111111 ring Physicia cal Indication	an:HOFHEF				Accessio	Birth:1975-06-08 n Number:W1111 ate:02/16/2015	Age:39y8m Sex Container ID:L111111111 Cas Order Started By:HOFHERR,SEAN
Add Genes Add/Remov You can filte Click Import	enotype drome/Ger ve Genes b er your list t to upload	y Regions of I to contain or a file contain	nly those g	enes in Regions data. Import Start	of Interest.	Length (bp)	Selected Genes Add Genes ADCY3 (ROI:2:24654450-28687043) ADIPOQ (ROI:3:183296542-187221936) AHSG (ROI:3:183296542-187221936) AKR7A2 (ROI:1:19021597-24531154) AKR7A3 (ROI:1:19021597-24531154) ALDH4A1 (ROI:1:19021597-24531154) ALG3 (ROI:3:183296542-187221936) ALPL (ROI:1:19021597-24531154) APOA1 (ROI:1:19021597-24531154) APOA4 (ROI:1:115114365-121994700) APOA4 (ROI:11:115114365-121994700)
	он	High Percent AOH High Percent AOH	1	19021597 156343606	24531154 159817278	5,509,557 3,473,672	□ APOA5 (ROI:11:115114365-121994700) □ APOC3 (ROI:11:115114365-121994700) □ ARHGEF11 (ROI:1:156343606-159817278) □ ARHGEF12 (ROI:11:115114365-121994700)
☑ LC	ОН	High Percent AOH	1	193475878	202204213	8,728,335	☐ ASPM (ROI:1:193475878-202204213) ☐ BACE1 (ROI:11:115114365-121994700)
☑ LC	OH All	High Percent AOH Unsele	2 ect All	24654450	28687043	4,032,593	1101 Genes 152 Genes in TrusightOne ✓ Only Show TrusightOne Genes

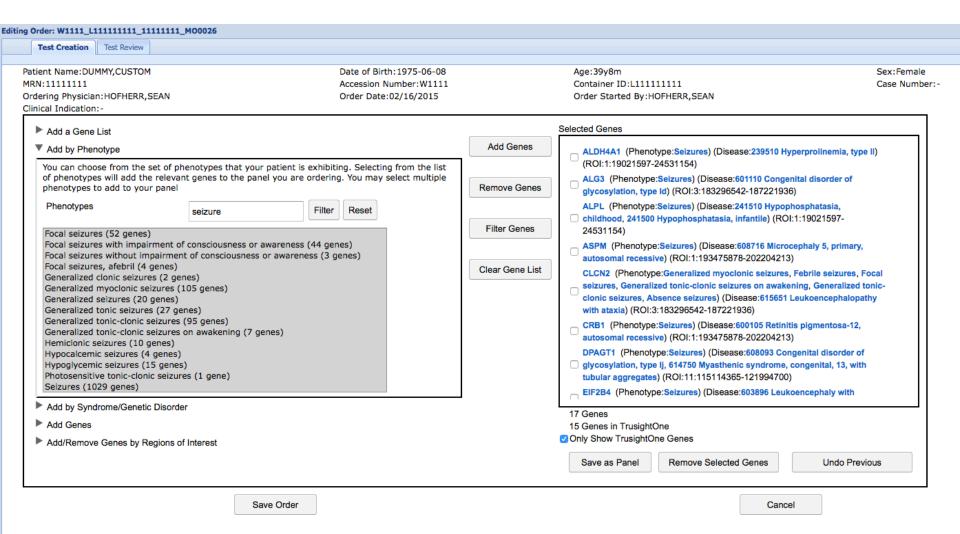


Child with AOH on CMA

Test Creation Test Review			
ient Name:DUMMY,CUSTOM N:1111111 Accession Num dering Physician:HOFHERR,SEAN order Date:02 Add a Gene List Add by Phenotype	mber:W1111	Age:39y8m Container ID:L111111111 Order Started By:HOFHERR,SEAN Selected Genes ALDH4A1 (Disease:239510 Hyperprolinemia, type II) (ROI:1:19021597-	Sex:Fema Case Nun
Add by Syndrome/Genetic Disorder		24531154)	
You can choose from the set of syndromes below. Selecting a syndrome will add the genes to the panel you are ordering. You may select multiple syndromes to add to you syndrome Syndrome Filter Reset All Autosomal Dominant Autosomal Recessive X-Linked Dominant X-Linked R 100100 ?Prune belly syndrome (1 gene) 102700 Adenosine deaminase deficiency, partial (1 gene) 102700 Severe combined immunodeficiency due to ADA deficiency (1 gene) 103050 Adenylosuccinase deficiency (1 gene) 107741 Hyperlipoproteinemia, type III (1 gene) 107741 [Myocardial infarction susceptibility] (1 gene) 113750 Albinism, oculocutaneous, type VI (1 gene) 113750 [Skin/hair/eye pigmentation 4, fair/dark skin] (1 gene) 116920 Leukocyte adhesion deficiency (1 gene) 124000 Mitochondrial complex III deficiency, nuclear type 1 (1 gene) 125400 Dentin dysplasia, type I, with microdontia and misshapen teeth (1 gene) 130070 Ehlers-Danlos syndrome, progeroid type, 1 (1 gene) 131200 {Endometriosis, susceptibility to, 1} (1 gene) 133540 Cockayne syndrome, type B (1 gene) 135400 Hypertrichosis terminalis, generalized, with or without gingival hyperplasis Add Genes Add/Remove Genes by Regions of Interest	Filter Genes	ALG3 (Disease:601110 Congenital disorder of glycosylation, type Id) (ROI:3:183296542-187221936) ALPL (Disease:241510 Hypophosphatasia, childhood, 241500 Hypophosphatasia, infantile) (ROI:1:19021597-24531154) ASPM (Disease:608716 Microcephaly 5, primary, autosomal recessive) (ROI:1:193475878-202204213) C1QA (Disease:613652 C1q deficiency) (ROI:1:19021597-24531154) C1QB (Disease:613652 C1q deficiency) (ROI:1:19021597-24531154) C1QC (Disease:613652 C1q deficiency) (ROI:1:19021597-24531154) CA2 (Disease:259730 Osteopetrosis, autosomal recessive 3, with renal tubular acidosis) (ROI:8:83376886-87696925) CCT5 (Disease:2596840 Neuropathy, hereditary sensory, with spastic paraplegia) (ROI:5:6926518-11835536) CD3D (Disease:615617 Immunodeficiency 19) (ROI:11:115114365-121994700) CD3E (Disease:615615 Immunodeficiency 18) (ROI:11:115114365-60 Genes 52 Genes in TrusightOne Only Show TrusightOne Genes Remove Selected Genes Undo Previous	ious



Child with AOH on CMA and a phenotype of seizures

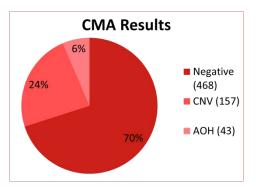


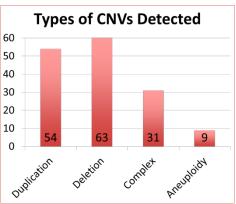


CMA case examples



CytoScan®Dx Assay: Our 1st year experience





AOH & Identity by descent	N
1 st degree relative	1
2 nd degree relative	8
3 rd degree relative	13
4 th degree relative	13

AOH & UPD	N
Chr 7	2
Chr 14	4
Chr 15	2

Common Cl	Common CNVs Identified N				
1q21 del	ASD, microcephaly	2			
1q21 dup	ASD, macrocephaly	2			
3q13 del	Primrose	1			
5p15 del	Cri du chat	1			
5q35 del	Sotos	1			
5q35 dup	Hunter McAlpine	1			
7q11 del	Williams	5			
15q11 del	PWAS	2			
15q11 dup	PWAS	2			
16p11 dup	ASD	1			
16p13 dup	CREBBP	2			
17p11 del	Smith Magenis	1			
17p11 dup	Potocki Lupski	1			
18p11 del	18p-	1			
18p11 trip	Tetrasomy 18p	1			
18q22 del	18q-	3			
22q11 del	VCF	6			
22q11 dup		4			
22q13 del	Phelan McDermid	2			

Inheritance of CNVs	N
De novo	15
Maternal	29
Paternal	11

Complex CNVs Identified		
Dup/Trip of 1q44		
Derivative chromosome 8		
15q13 AND 16p11 (220 kb,		
obesity) del syndromes		
16p12 AND 17p12 (HNPP)		
del syndromes		
Cat eye syndrome		
Complex X rearrangement		

Aneuploidy	N
Trisomy 13	1
Trisomy 18	2
Trisomy 21	1
47,XXY	2
47,XYY	2
48,XXYY	1
Mosaic Trisomy 14	1
Mosaic Turner	1



Is it 22q11?

Case Study #1

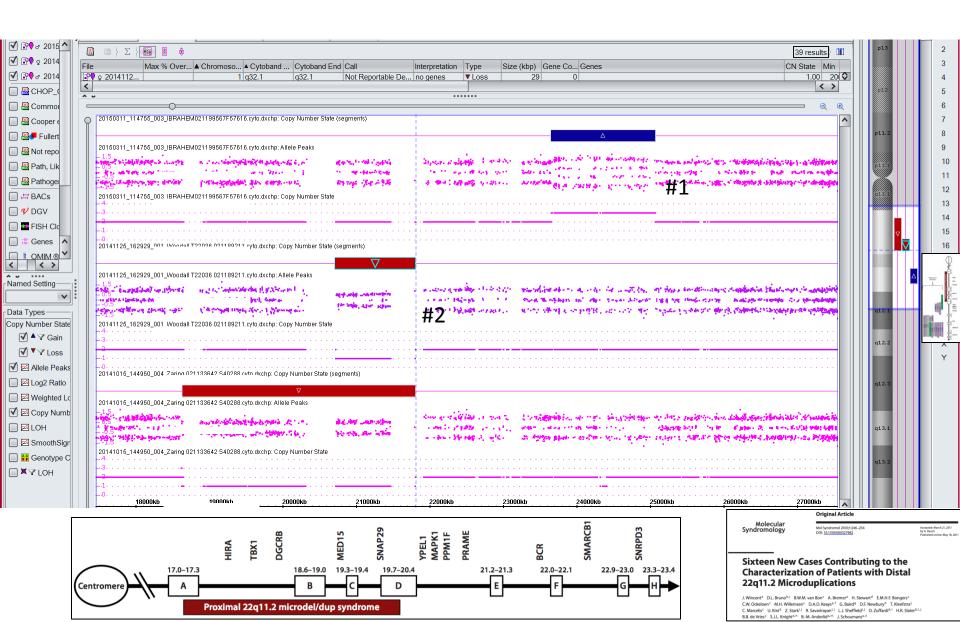
- 2.5 year old male
- Seen in clinic
- Developmental delay
- Limited speech
- Mild hypotonia

Case Study #2

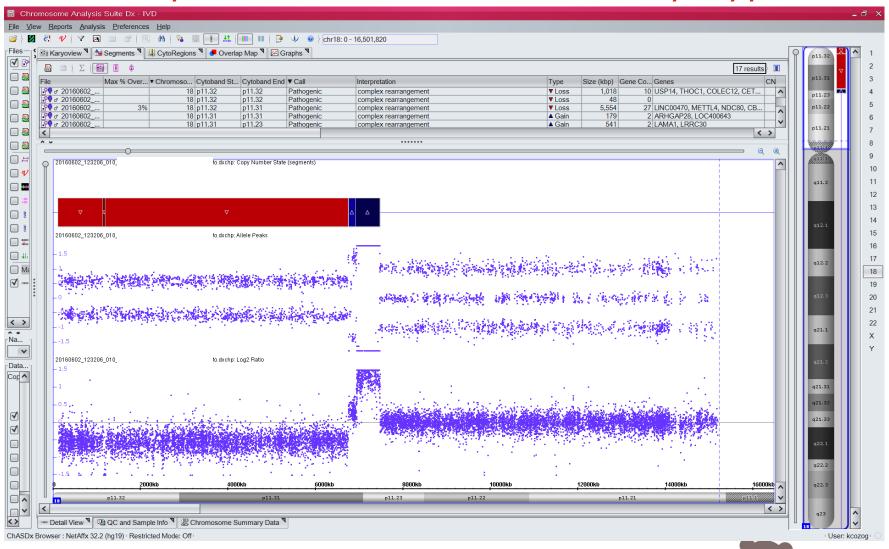
- 1 day old female
- Seen in NICU
- Prenatal diagnosis of TOF
- No additional malformations



22q11 – Array is better than FISH



Array is better than FISH and Karyotype



Children's National ...

PWAS

Case Study #3

- 4 day old male
- Seen in NICU
- Profound hypotonia
- No major malformations

Case Study #4

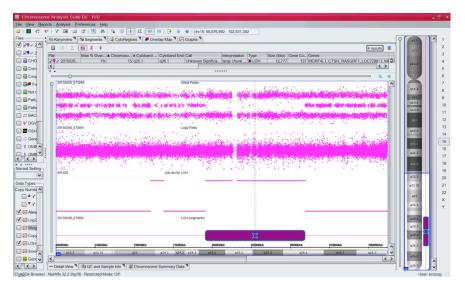
- 16 month old male
- Seen in clinic
- Developmental delays
- Happy demeanor
- Wide-based gait



PWAS

Case Study #3

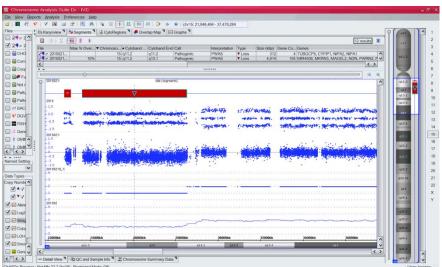
12.8Mb AOH at 15q25.1q26.1 Concerning for UPD



F/U methylation studies confirm PWS

Case Study #4

5.8Mb deletion of 15q11.2q13.1



Phenotype consistent with AS



NGS case examples



Case Example #1

- 4-month-old boy with encephalopathy, myoclonus, spasticity, diffuse cerebral volume loss, and central apnea seen in Genetics clinic for the first time.
- "I think the most cost-effective approach will be to obtain a Personalized Gene Panel sequencing for genes that have previously been associated with the aforementioned conditions, mainly early myoclonic encephalopathy. This Gene Panel will include the following genes: STXBP1, ARX, SLC25A22, PNKP, AMT, GLDC, GCSH, GLYCTK, ABAT, ATP7A, ADSL, ARHGEF9, GLRA1, GLRB, SLC6A5, SETBP1 and GPHN."
- Insurance authorization was obtained and testing was sent:

RESULT SUMMARY: NEGATIVE. No clinically relevant alterations were identified in this patient.

CLINICAL INDICATION: 7 month old male with encephalopathy, myoclonus, spasticity, diffuse cerebral volume loss, and central apnea.

GENES ANALYZED*: ABAT, ADSL, AMT, ARHGEF9, ARX, ATP7A, GCSH, GLDC, GLRA1, GLRB, GLYCTK, GPHN, PNKP, SETBP1, SLC25A22, SLC6A5, STXBP1

*See Limitations section for information regarding areas of low coverage.



Case Example #1

- Return visit to Genetics: 11-month-old boy with a history of polyhydramnios in-utero, microcephaly, encephalopathy, stimulation myoclonus/excessive startle reflex, spasticity, central apnea and trichomegaly.
- "PAA and UOA have been normal in the past, as was a PSP including several genes known to be associated with a similar phenotype. At this point, I would like to add a few genes to the already sent PSP.
- A FREE second look was obtained:

RESULT SUMMARY: POSITIVE. Testing identified that this patient is compound heterozygous for two variants in TSEN54. One of these variants is a known pathogenic mutation. The other variant is a likely pathogenic deletion of two basepairs. Homozygous and compound heterozygous mutations in TSEN54 have been associated with multiple forms of pontocerebellar hypoplasia (MIM#610204, 277470, 225753).

<u>CLINICAL INDICATION:</u> A Personalized Sequencing Panel is requested on an 11 month old male with a history of encephalopathy, myoclonus, spasticity, central apnea, and trichomegaly.

GENES ANALYZED*: ALDH7A1, ASNS, ASXL1, B3GNT1, B0LA3, CDKL5, DAG1, FKRP, FKTN, GLRX5, HDAC8, ISPD, LARGE, LIAS, MECP2, NIPBL, PCDH19, PNPLA6, POMGNT1, POMT1, POMT2, RAD21, SCN1A, SEPSECS, SMC1A, SMC3, TSEN2, TSEN34, TSEN54

*See Limitations section for information regarding areas of low coverage.

RESULTS:

1) Pathogenic change in Gene TSEN54 Variant c.919G>T p.A307S Effect: Pathogenic

2) Likely Pathogenic change in Gene TSEN54 Variant c.670_671delAA p.K224fs Effect: Likely Pathogenic



Benefits

This approach benefited this family in multiple aspects:

- 1. Provided patient with a diagnosis without a second 'stick.'
 - In general, babies don't like having their blood drawn.
- 2. Provided patient with a diagnosis at minimal cost.
 - Because of original gene list and tiered pricing structure, there was 'wiggle room' for the ordering physician to add on more genes without generating an additional cost to the family.
- 3. Provided the ordering physician with a diagnosis without having to interact with the insurance company again.
 - We all know how painful that experience can be!



Case Example #2

23yo Female G1Po

U/S identified bilat enlarged and cystic kidneys

Seen at CNMC at 36 wk GA to discuss diagnosis, L&D plans, long-term prognosis

"At this point, the clinical picture seems consistent with autosomal recessive polycystic kidney disease."



Baby transferred to CNMC on DOL 2

- Respiratory Distress
- Hypoglycemia
- Minor dysmorphic features noted

Molecular genetic testing for PKD1, PKD2, HNF1B, PKHD1 obtained Baby deteriorated on DOL3, was unable to be resuscitated and expired NBS abnl for CPTII was called out the next day



CPT2 genes were added on to sample in lab

RESULT SUMMARY: POSITIVE ANALYSIS. Testing identified a homozygous known pathogenic mutation in CPT2. Homozygous and compound heterozygous mutations in CPT2 have been associated with many forms of CPTII deficiency, including lethal neonatal CPTII deficiency (MIM#608836).

<u>CLINICAL INDICATION</u>: Infant male with echogenic kidneys, history of prenatal oligohydramnios, hypoglycemia, hypothermia, respiratory distress, and an abnormal nbs.

GENES ANALYZED: CPT2, HNF1B, PKD1*, PKD2, PKHD1, SLC25A20 (Alias: CACT)
*See Limitations section for information regarding areas of low coverage.

RESULTS:

1) Pathogenic change in Gene CPT2 Variant c.680C>T p.P227L Effect: Pathogenic

INTERPRETATION:

Variant 1

CPT2

c.680C>T

p.P227L

This patient is homozygous for a missense substitution in CPT2. Homozygous and compound heterozygous mutations in CPT2 homozygous been associated with many forms of CPTI deficiency, including lethal neonatal CPTII deficiency (MIM#608836). The detected change results in a single amino acid substitution (Pro>Leu) within exon 4. There is a moderate physicochemical difference resulting from the change of this highly conserved amino acid. This alteration has been reported before in databases of affected individuals and publications as a pathogenic mutation in patients with lethal neonatal CPTII deficiency.1,2 Based on the available information, this variant is pathogenic. (NM 000098.2)

Lethal Neonatal CPTII

Liver failure, hypoketotic hypoglycemia, cardiomyopathy, respiratory distress, and/or cardiac arrhythmias occur. Affected individuals have liver calcifications and cystic dysplastic kidneys [Vladutiu et al 2002b, Sigauke et al 2003].

Neuronal migration defects including cystic dysplasia of the basal ganglia have been reported [Pierce et al 1999].

Prognosis is poor. **Death occurs** within days to months.



Benefits

This approach benefited this family in multiple aspects:

- 1. Provided patient with a diagnosis at minimal cost.
 - Sample was in the lab at time of abnormal NBS result which was after patient's demise and there was no additional charge to add on the CPT2 gene.
- 2. Provided the family with the correct recessive disorder.
 - Recurrence risk is same for ARPKD and CPTII = 25%.
 - But with proper diagnosis and molecular confirmation, future pregnancies can be tested.
- 3. Quick turn-around-time of process helped ensured family was aware of the actual diagnosis.
 - Results were disclosed with genetic counseling as part of the autopsy meeting with parents.



- Newborn male born at an estimated 36-37 weeks to a G8P5 \rightarrow 6 mom with no prenatal care.
- Apgars of 7¹, 9⁵
- Developed respiratory distress and transferred to CNHS on an oscillator.
- Consult requested because of respiratory distress and concern for possible skeletal dysplasia
- PE: limited because of clinical state
 - Camptodactyly
 - Underrotated thumbs



Consangunineous family
Parents: normal stature
2 siblings A&W with normal stature
12 year-old sister with
• Short stature
• Broad joints
• Hip/knee dislocations

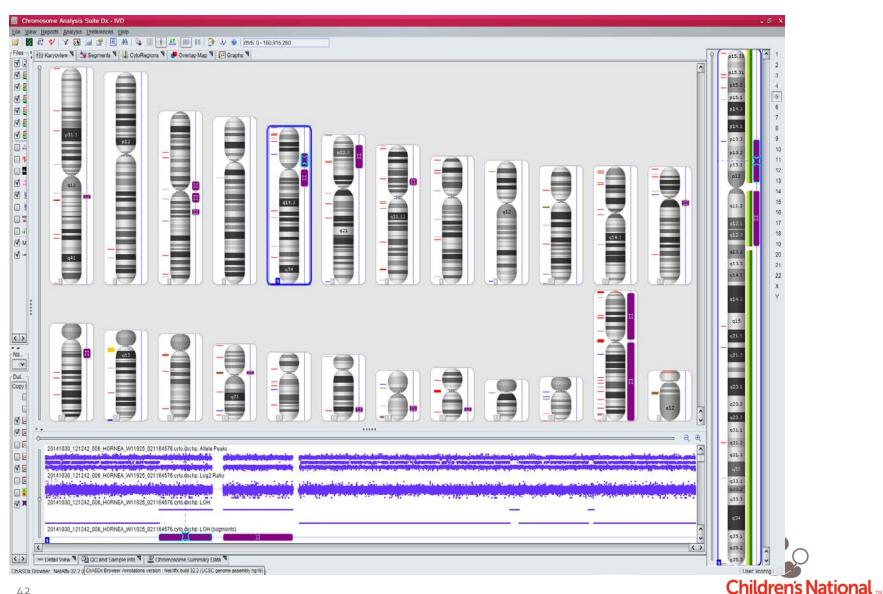
Hypodontia

Scoliosis

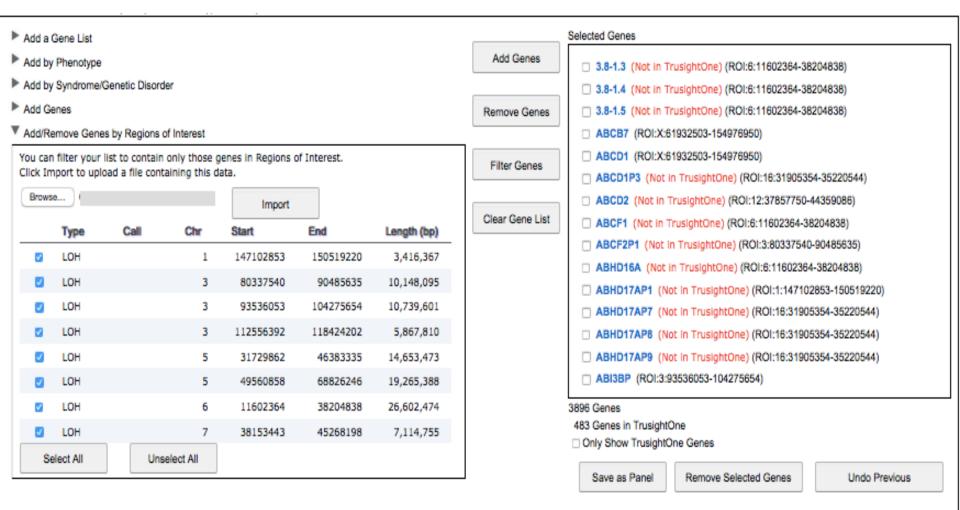
- Normal intelligence
- No prior genetic workup (and no active insurance to facilitate a workup)



CMA revealed 4.7% AOH



Total Genes in AOH



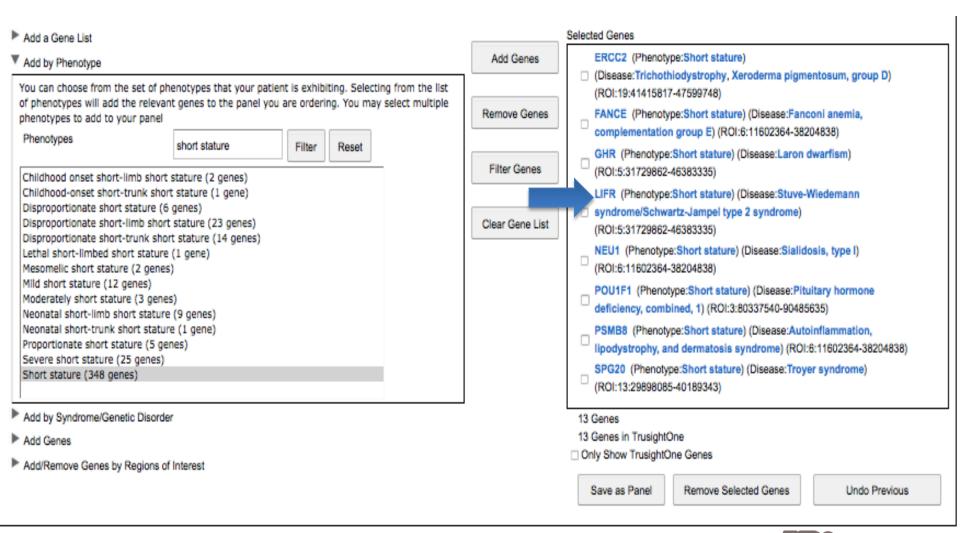


AR Genes in AOH

Add a Gene List	Selected Genes
Add by Phenotype	Add Genes ALDH5A1 (Disease:Succinic semialdehyde dehydrogenase deficiency)
Add by Syndrome/Genetic Disorder	(ROI:6:11602364-38204838)
You can choose from the set of syndromes below. Selecting a syndrome will add the relevant genes to the panel you are ordering. You may select multiple syndromes to add to your panel	Remove Genes AMACR (Disease:Alpha-methylacyl-CoA racemase deficiency, Bile acid synthesis defect, congenital, 4) (ROI:5:31729862-46383335)
Syndrome Filter Reset	Filter Genes APOC2 (Disease:Hyperlipoproteinemia, type Ib) (ROI:19:41415817-47599748)
○ All ○ Autosomal Dominant ② Autosomal Recessive ○ X-Linked Dominant ○ X-Linked Recessive	APOE (Disease:Sea-blue histiocyte disease) (ROI:19:41415817-47599748)
202110 17,20-lyase deficiency, isolated (1 gene) 202110 17-alpha-hydroxylase/17,20-lyase deficiency (1 gene) 204750 2-aminoadipic 2-oxoadipic aciduria (1 gene)	Clear Gene List ARFGEF2 (Disease:Periventricular heterotopia with microcephaly) (ROI:20:47108341-51230686)
610006 2-methylbutyrylglycinuria (1 gene) 231530 3-hydroxyacyl-CoA dehydrogenase deficiency (1 gene) 250620 3-hydroxylsobutryl-CoA hydrolase deficiency (1 gene)	ARL6 (Disease:{Bardet-Biedl syndrome 1, modifier of}) (ROI:3:93536053-104275654)
273750 3-M syndrome 1 (1 gene) 614205 3-M syndrome 3 (1 gene)	ATP6AP2 (Disease:?Parkinsonism with spasticity, X-linked) (ROI:X:2690826-58337890)
210200 3-Methylcrotonyl-CoA carboxylase 1 deficiency (1 gene) 210210 3-Methylcrotonyl-CoA carboxylase 2 deficiency (1 gene) 614739 3-methylgiutaconic aciduria with deafness, encephalopathy, and Leigh-lik	AVPR2 (Disease:Diabetes insipidus, nephrogenic) (ROI:X:61932503-154976950)
250950 3-methylglutaconic aciduria, type I (1 gene) 258501 3-methylglutaconic aciduria, type III (1 gene)	☐ B3GALTL (Disease:Peters-plus syndrome) (ROI:13:29898085-40189343)
610198 3-methylglutaconic aciduria, type V (1 gene) 257920 3MC syndrome 1 (1 gene)	78 Genes 70 Genes in TrusightOne
Add Genes	☐ Only Show TrusightOne Genes
Add/Remove Genes by Regions of Interest	Save as Panel Remove Selected Genes Undo Previous



Clinically Relevant Genes in AOH





Recommended Testing

- LIFR sequencing recommended
- Result: POSITIVE

Patient is homozygous for a known pathogenic mutation in exon 8 of *LIFR*. c.756dupT, which causes a frameshift

This is consistent with a diagnosis of Stuve-Wiedemann Syndrome. This is an autosomal recessive disorder characterized by skeletal changes, bowing of the lower limbs, severe osteoporosis and joint contractures, episodic hyperthermia, respiratory insufficiency and apnea, feeding problems and high mortality in early life. Those that survive tend to have normal intelligence.



Benefits

This approach benefited this family in multiple aspects:

- 1. Provided patient with a diagnosis at minimal cost.
 - Family refused to give an address; therefore, they were not eligible for Medicaid and were paying out-of-pocket for care.
- 2. Dictated medical care concern for frequent respiratory events led to tracheostomy.
- 3. As patient's sister was without insurance, it provided her with a presumed diagnosis.
- 4. Quick turn-around-time of process helped family decision making (ordering of microarray to return of sequencing results was 6 weeks).



Initial visit: 6 month old male with muscle weakness, hypotonia, and bilateral ptosis.

PE: myopathic face with positional plagiocephaly. Significant motor delay (head lag). Smiles and babbles.

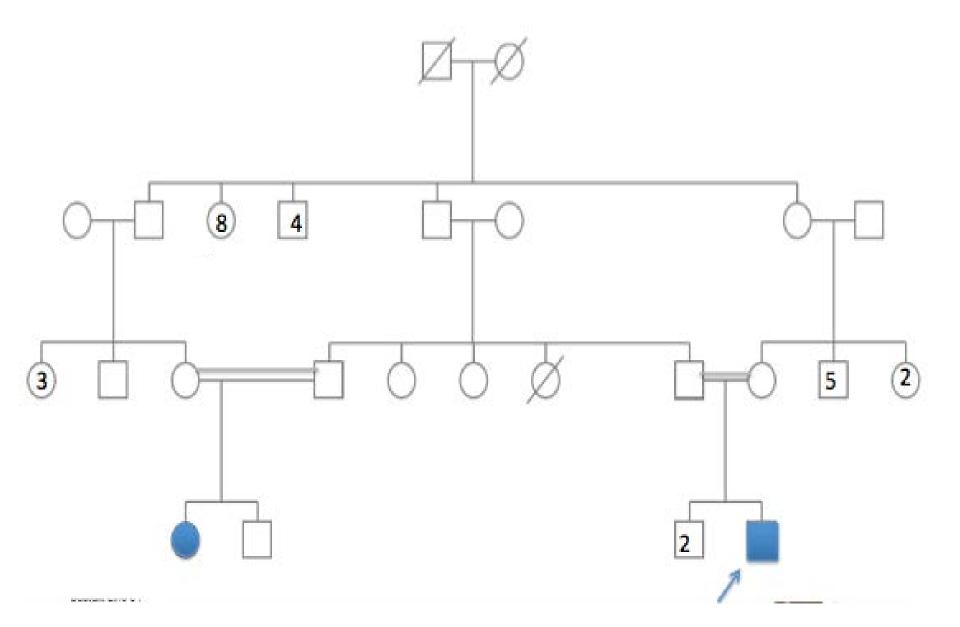
Reflexes: +1 symmetrically bilaterally on lower extremities. Unable to elicit reflexes on upper extremities.

Weight: 3rd percentile

Length: 50th percentile

HC: 10th percentile



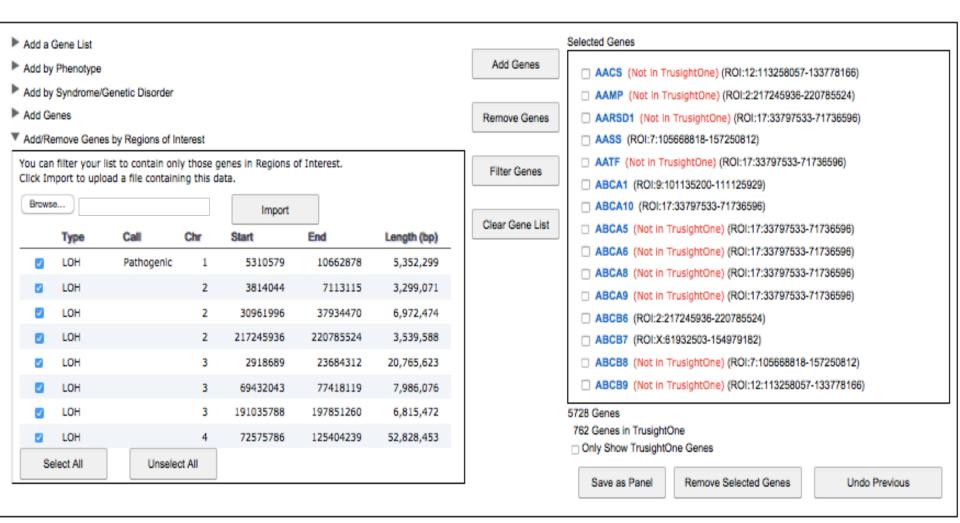




50

Childrens National TM

All Genes in AOH



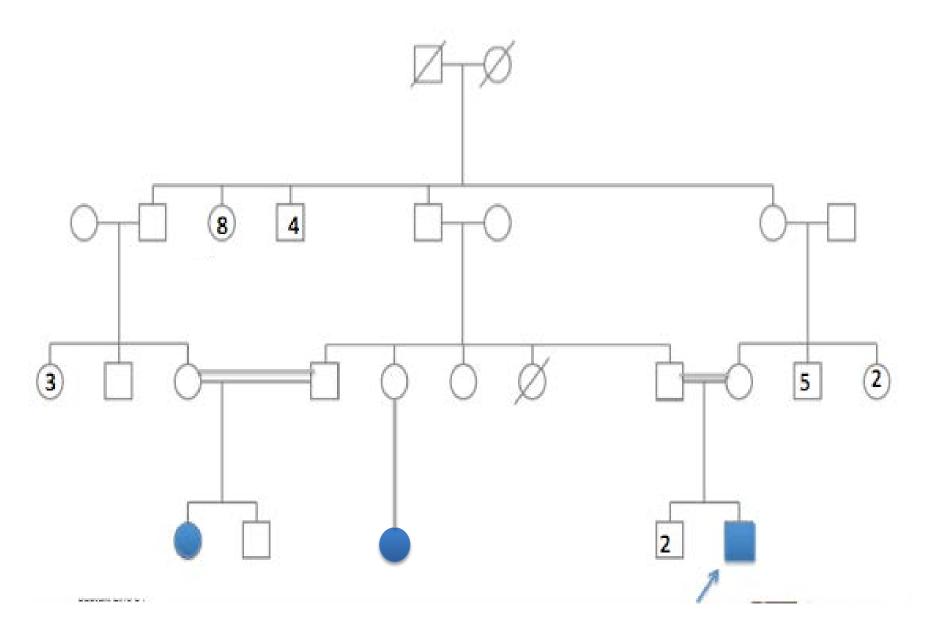


AR genes in AOH

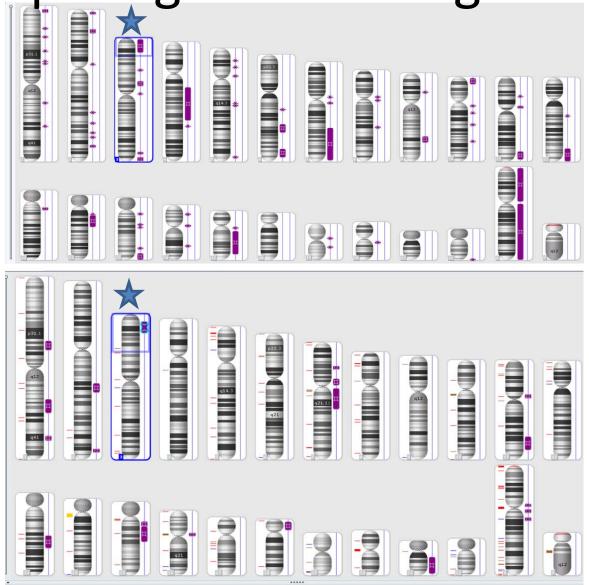
Add a Gene List	Selected Genes
Add by Phenotype	Add Genes AASS (Disease:Hyperlysinemia, Saccharopinuria)
▼ Add by Syndrome/Genetic Disorder	(ROI:7:105668818-157250812)
You can choose from the set of syndromes below. Selecting a syndrome will add the relevant genes to the panel you are ordering. You may select multiple syndromes to add to your panel	Remove Genes ABCA1 (Disease:Tangier disease) (ROI:9:101135200-111125929) ACACA (Disease:Acetyl-CoA carboxylase deficiency) (ROI:17:33797533-71736596)
Syndrome Filter Reset All Autosomal Dominant Autosomal Recessive X-Linked Dominant X-Linked Recessive	Filter Genes ACADS (Disease:Acyl-CoA dehydrogenase, short-chain, deficiency of) (ROI:12:113258057-133778166)
202110 17,20-lyase deficiency, isolated (1 gene) 202110 17-alpha-hydroxylase/17,20-lyase deficiency (1 gene) 204750 2-aminoadipic 2-oxoadipic aciduria (1 gene) 610006 2-methylbutyrylglycinuria (1 gene)	Clear Gene List ACE (Disease:Renal tubular dysgenesis) (ROI:17:33797533-71736596) ACP2 (Not in TrusightOne) (Disease:?Lysosomal acid phosphatase deficiency) (ROI:11:46891900-50200440)
231530 3-hydroxyacyl-CoA dehydrogenase deficiency (1 gene) 250620 3-hydroxylsobutryl-CoA hydrolase deficiency (1 gene) 273750 3-M syndrome 1 (1 gene)	ADAMTS17 (Disease:Weill-Marchesani-like syndrome) (ROI:15:91803213-102429049)
614205 3-M syndrome 3 (1 gene) 210200 3-Methylcrotonyl-CoA carboxylase 1 deficiency (1 gene)	AGK (Disease:Cataract 38, autosomal recessive, Sengers syndrome) (ROI:7:105668818-157250812)
210210 3-Methylcrotonyl-CoA carboxylase 2 deficiency (1 gene) 614739 3-methylgiutaconic aciduria with deafness, encephalopathy, and Leigh-lik 250950 3-methylgiutaconic aciduria, type I (1 gene)	AIMP1 (Disease:Leukodystrophy, hypomyelinating, 3) (ROI:4:72575786-125404239) AKR1C2 (Disease:46XY sex reversal 8) (ROI:10:1789658-11355672)
258501 3-methylglutaconic aciduria, type III (1 gene) 610198 3-methylglutaconic aciduria, type V (1 gene) 257920 3MC syndrome 1 (1 gene)	173 Genes 149 Genes in TrusightOne
Add Genes	□ Only Show TrusightOne Genes
Add/Remove Genes by Regions of Interest	Save as Panel Remove Selected Genes Undo Previous



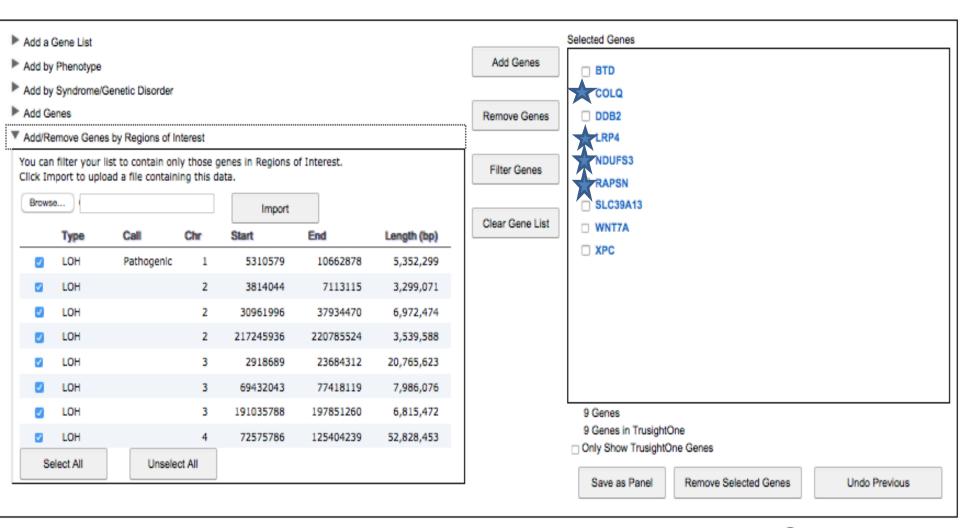
Surprise!



Comparing AOH amongst cousins



Common AR Genes





RESULT SUMMARY: POSITIVE ANALYSIS. Testing identified a homozygous variant in COLQ. This finding is pathogenic and consistent with a diagnosis of Endplate Acetylcholinesterase Deficiency (MIM#603034).

CLINICAL INDICATION: 2 year old male with hypotonia, developmental delay, and muscle weakness

GENES ANALYZED: COLQ, LRP4, NDUFS3, RAPSN

*See Limitations section for information regarding areas of low coverage.

RESULTS:

1) Pathogenic change in Gene COLQ Variant c.679C>T p.R227* Effect: Pathogenic

INTERPRETATION:

Variant 1

COLQ c.679C>T p.R227*

This patient is homozygous for nonsense substitution in COLQ. Homozygous and compound heterozygous alterations in COLQ have been associated with Endplate Acetylcholinesterase Deficiency (MIM#603034). The detected nonsense alteration in exon 12 interrupts the reading frame by introducing a premature stop codon. This alteration has been reported before in publications of individuals with Endplate Acetylcholinesterase Deficiency.1,2 Based on the available information at present, this variant is pathogenic. (transcript: NM_005677.3)

RECOMMENDATIONS: Clinical correlation between this result and the patient's phenotype is recommended. Genetic counseling is recommended to discuss the implications of this report.

Homozygous COLO mutation

Mutations in COLO cause a type of congenital myasthenic syndrome (CMS).

Phenotype: fatigue weakness of skeletal muscle with onset at or shortly after birth (or in early childhood)

Management: most individuals with CMS benefit from acetylcholine esterase inhibitors; however, those with *COLO* mutations can range from no response to <u>detrimental</u> effects.



Benefits

This approach benefited this family in multiple ways:

- 1. Provided a presumed diagnosis for the patient's cousins.
 - Which would allow for cheaper confirmation testing beneficial for the cousin whose insurance company had been denying genetic testing coverage.
- 2. Provided medical management recommendations not only for the patient, but his cousins.
- 3. Large, expensive genetic panels weren't necessary. All the testing was able to be completed for a lower price than the cost of most panels.



Questions/Concerns

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