

Clinical Exome Sequencing Analysis

Patient name	: XXX	PIN	: XX
Gender/ Age	: Female/ 10 Years	Sample number	: XX
Referring Clinician	: XX	Sample collection date	: XX
Specimen	: Peripheral Blood	Sample receipt date	: XX
		Report date	: XX

Clinical history

Proband, Selvi. XXX was second born to third degree consanguineous parents. She is a term baby with chief complaints of difficulty in speech from 4 years of age, autistic features, developmental delay and loss of previously acquired skills. Her EEG is within normal limits. Her Acylcarnitine and amnio acid profile indicative of normal findings. Her P300 latencies and BAEP latencies are within normal limits bilaterally. Her Ultra high field 3T MRI - Brain with MRA & MRV indicative of moderate to severe bilateral cerebral hemispheres white matter and cortical atrophy with reduced white matter bulk of the bilateral cerebral white matter suggesting neurodegeneration, lateral ventricles and third ventricle shows dilation, bilateral cerebral cortical sulci dilated, moderate diffuse thinning of the corpus callosum seen and normal study of MRA/MRV of intra cranial vessel. She has a younger brother with similar complaints. Proband, Selvi. XXX is suspected to be affected with Mucopolysaccharidosis type III and has been evaluated for pathogenic variations.

Results

Likely pathogenic variant causative of the reported phenotype was identified

List of significant variant identified related to the phenotype:

Gene	Region	Variant*	Allele Status	Disease	Classification*	Inheritance pattern
NAGLU (+)	Exon 2	c.419A>G (p.Tyr140Cys)	Homozygous	Mucopolysaccharidosis type IIIB (Sanfilippo B) (OMIM#252920)	Likely pathogenic (PM2, PP5, PP3, PM5, PM1, BP1)	Autosomal recessive

*Genetic test results are based on the recommendation of American college of Medical Genetics [1].

No other variant that warrants to be reported for the given clinical indication was identified.

Interpretation

***NAGLU*: c.419A>G**

Variant summary: A homozygous missense variation in exon 2 of the *NAGLU* gene (chr17:g.42537433A>G, NM_000263.4, Depth: 140x) that results in the amino acid substitution of Cysteine for Tyrosine at codon 140 (p.Tyr140Cys) was detected.

Population frequency: This variant has minor allele frequency of 0.0020% in gnomAD database and has not been reported in 1000 genomes databases.

Clinical and Literature evidence: This variant has been classified as pathogenic in ClinVar database [3]. This variant has been Mucopolysaccharidosis type IIIB in both homozygous and compound heterozygous state [4].

In silico predictions: The *in-silico* predictions of the variant are damaging by SIFT, PolyPhen-2 (HumDiv), LRT and MutationTaster2. The reference codon is conserved across mammals in PhyloP and GERP++ tools.

OMIM phenotype: Mucopolysaccharidosis type IIIB (Sanfilippo B) (OMIM#252920) is caused by homozygous or compound heterozygous mutation in the *NAGLU* gene (OMIM*609701). Sanfilippo syndrome B is an autosomal recessive lysosomal storage disorder characterized by the accumulation of heparan sulfate. Clinically, patients have progressive neurodegeneration, behavioral problems, mild skeletal changes, and shortened life span. The clinical severity ranges from mild to severe. This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a likely pathogenic variant. **In this view, clinical correlation and familial segregation analysis are strongly recommended to establish the significance of the finding. If the results do not correlate, additional testing may be considered based on the phenotype observed.**

Recommendations

- Sequencing the variant(s) in the parents and the other affected and unaffected members of the family is recommended to confirm the significance.
- Sanger sequencing is strongly recommended to rule out false positives.
- Alternative test is strongly recommended to rule out the deletion/duplication.
- Genetic counselling is recommended.

Methodology

DNA extracted from the blood, was used to perform targeted gene capture using a custom capture kit. The targeted libraries were sequenced to a targeted depth of 80 to 100X using GenoLab M sequencing

sequencing platform. This kit has deep exonic coverage of all the coding regions including the difficult to cover regions. The sequences obtained are aligned to human reference genome (GRCh38.p13) using Sentieon aligner and analyzed using Sentieon for removing duplicates, recalibration and re-alignment of indels. Sentieon DNAScope has been used to call the variants. Detected variants were annotated and filtered using the VarSeq software with the workflow implementing the ACMG guidelines for variant classification. The variants were annotated using 1000 genomes (V2), gnomAD (3.1.2,2.1.1), ClinVar, OMIM, dbSNP, NCBI RefSeq Genes. *In-silico* predictions of the variant was carried out using VS-SIFT, VS-PolyPhen2, PhyloP, GERP++, GeneSplicer, MaxEntScan, NNSplice, PWM Splice Predictor. Only non-synonymous and splice site variants found in the coding regions were used for clinical interpretation. Silent variations that do not result in any change in amino acid in the coding region are not reported.

Sequence data attributes

Total reads generated	11.99 Gb
Data ≥ Q30	88.70%

Genetic test results are reported based on the recommendations of American College of Medical Genetics [1], as described below:

Classification	Interpretation
Pathogenic	A disease-causing variation in a gene which can explain the patients’ symptoms has been detected. This usually means that a suspected disorder for which testing had been requested has been confirmed
Likely Pathogenic	A variant which is very likely to contribute to the development of disease however, the scientific evidence is currently insufficient to prove this conclusively. Additional evidence is expected to confirm this assertion of pathogenicity.
Variant of Uncertain Significance	A variant has been detected, but it is difficult to classify it as either pathogenic (disease causing) or benign (non- disease causing) based on current available scientific evidence. Further testing of the patient or family members as recommended by your clinician may be needed. It is probable that their significance can be assessed only with time, subject to availability of scientific evidence.

Disclaimer

- The classification of variants of unknown significance can change over time. Anderson Diagnostics and Labs cannot be held responsible for it.
- Intronic variants, UTR, Promoter region variants and CNV are not assessed using this assay.
- Certain genes may not be covered completely, and few mutations could be missed. Variants not detected by this assay may impact the phenotype.
- The variations have not been validated by Sanger sequencing.
- The above findings and result interpretation was done based on the clinical indication provided at the time of reporting.
- It is also possible that a pathogenic variant is present in a gene that was not selected for analysis and/or interpretation in cases where insufficient phenotypic information is available.
- Genes with pseudogenes, paralog genes and genes with low complexity may have decreased sensitivity and specificity of variant detection and interpretation due to inability of the data and analysis tools to unambiguously determine the origin of the sequence data in such regions.
- Incidental or secondary findings that meet the ACMG guidelines can be given upon request [5].

References

1. Richards, S, et al. Standards and Guidelines for the Interpretation of Sequence Variants: A Joint Consensus Recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. Genetics in medicine: official journal of the American College of Medical Genetics. 17.5 (2015): 405-424.
2. Amberger J, Bocchini CA, Scott AF, Hamosh A. McKusick's Online Mendelian Inheritance in Man (OMIM). Nucleic Acids Res. 2009 Jan;37(Database issue):D793-6. doi: 10.1093/nar/gkn665. Epub 2008 Oct 8.
3. <https://www.ncbi.nlm.nih.gov/clinvar/variation/VCV000371634.27>
4. Tessitore A, et al. Molecular defects in the alpha-N-acetylglucosaminidase gene in Italian Sanfilippo type B patients. Hum Genet. 2000 Dec;107(6):568-76. doi: 10.1007/s004390000429. PMID: 11153910.
5. Kalia S.S. et al., Recommendations for reporting of secondary findings in clinical exome and genome sequencing, 2016 update (ACMG SF v2.0): a policy statement of the American College of Medical Genetics and Genomics. Genet Med., 19(2):249-255, 2017.

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[APPENDIX: Current gene list used for screening of pathogenic and likely pathogenic variants](#)