

Clinical Exome Sequencing Analysis – Carrier Screening

| | | |
|-------------------------------|--------------------|------------------|
| Patient name | : Mr. XXX | Mrs. YYY |
| Gender/ Age | : Male/ 35 Years | Female/ 23 years |
| PIN | : XX | XX |
| Sample no | : XX | XX |
| Specimen | : Peripheral blood | Peripheral blood |
| Sample collection date | : XX | XX |
| Sample receipt date | : XX | XX |
| Report date | : XX | XX |
| Referring clinician | : XX | |
| Hospital/Clinic | : XX | |

Clinical history

Mr. XXX and Mrs. YYY are second-degree consanguineous couple with bad obstetric history. Their previous two children succumbed to Harlequin ichthyosis. Clinical exome sequencing in the Product of Conception of their second pregnancy revealed two homozygous variants of uncertain significance c.163+5G>A in the *ABCA12* gene causative of Harlequin fetus type of congenital ichthyosis and c.1259G>A in the *SLC27A4* gene causative of Ichthyosis prematurity syndrome. They have an ongoing pregnancy (LMP- 24/07/2023) of 17 weeks GA. Mr. XXX and Mrs. YYY have been evaluated for carrier status of pathogenic variations.

Results

Mr. XXX and Mrs. YYY are found to be carriers of uncertain significance variant in the *ABCA12* gene (c.163+5G>A) and the *SLC27A4* gene (p.Arg420His).

Mrs. YYY is found to be carrier of likely pathogenic variants in the *CENPJ* gene (p.Val777SerfsTer3), and *SGSH* gene (p.Arg304Cys).

List of common uncertain significant variants identified related to the phenotype:

| Disease | Mr. XXX | Mrs. YYY |
|--|---|---|
| <p>Ichthyosis, congenital, autosomal recessive 4A (OMIM#601277)</p> <p>Ichthyosis, congenital, autosomal recessive 4B (harlequin) (OMIM#242500)</p> <p>Mode of inheritance: AR</p> | <p>CARRIER</p> <p>Gene: <i>ABCA12</i> Intron 2, c.163+5G>A, 5' splice site, Heterozygous</p> <p>Classification: Uncertain Significance</p> | <p>CARRIER</p> <p>Gene: <i>ABCA12</i> Intron 2, c.163+5G>A, 5' splice site, Heterozygous</p> <p>Classification: Uncertain Significance</p> |
| <p>Ichthyosis prematurity syndrome (OMIM#608649)</p> <p>Mode of inheritance: AR</p> | <p>CARRIER</p> <p>Gene: <i>SLC27A4</i> Exon 9, c.1259G>A, p.Arg420His, Heterozygous</p> <p>Classification: Uncertain Significance</p> | <p>CARRIER</p> <p>Gene: <i>SLC27A4</i> Exon 9, c.1259G>A, p.Arg420His, Heterozygous</p> <p>Classification: Uncertain Significance</p> |

Previously reported homozygous variants of uncertain significance in *ABCA12* gene (c.163+5G>A) and *SLC27A4* gene (c.1259G>A; p.Arg420His) in POC sample of their second pregnancy are found in heterozygous state in the sample of Mr. XXX and Mrs. YYY in this couple carrier analysis.

List of carrier variants identified:

| Disease | Mr. XXX | Mrs. YYY |
|--|-----------------------------|---|
| <p>Microcephaly 6, primary, autosomal recessive (OMIM#608393)</p> <p>Mode of inheritance: AR</p> | <p>NON - CARRIER</p> | <p>CARRIER</p> <p>Gene: <i>CENPJ</i> Exon 7, c.2328dupA, p.Val777SerfsTer3, Heterozygous</p> <p>Classification: Likely Pathogenic</p> |
| <p>Mucopolysaccharidosis type IIIA (Sanfilippo A) (OMIM#252900)</p> <p>Mode of inheritance: AR</p> | <p>NON - CARRIER</p> | <p>CARRIER</p> <p>Gene: <i>SGSH</i> Exon 7, c.910C>T, p.Arg304Cys, Heterozygous</p> <p>Classification: Likely Pathogenic</p> |

*Genetic test results are reported 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.

Variant Interpretation

Interpretation for the common significant variant identified in Mr. XXX and Mrs. YYY related to the phenotype

ABCA12: c.163+5G>A

Variant summary: A heterozygous 5' splice site variation in intron 2 of the *ABCA12* gene (chr2:g.215111592C>T, NM_173076.3, Depth: >77x) that affects the invariant GT donor splice site of exon 2 (c.163+5G>A) was detected..

Population frequency: This variant has not been reported in gnomAD database and 1000 genomes databases.

In-silico prediction: The reference codon is conserved across mammals in PhyloP and GERP++ tools.

OMIM phenotype: Ichthyosis, congenital, autosomal recessive 4A (OMIM#601277) and Ichthyosis, congenital, autosomal recessive 4B (harlequin) (OMIM#242500) are caused by homozygous or compound heterozygous mutation in the *ABCA12* gene (OMIM*607800). These diseases follow autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a variant of uncertain significance.

This variant [ABCA12: c.163+5G>A] has been previously reported in POC sample of their second pregnancy in homozygous state.

SLC27A4:c.1259G>A

Variant summary: A heterozygous missense variation in exon 9 of the *SLC27A4* gene (chr9:g.128353476G>A, NM_005094.4, Depth: >133x) that results in the amino acid substitution of Histidine for Arginine at codon 420 (p.Arg420His) was detected.

Population frequency: This variant has minor allele frequency of 0.007% in gnomAD database and has minor allele frequency of 0.039% in 1000 genomes databases.

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

OMIM phenotype: Ichthyosis prematurity syndrome (OMIM#608649) is caused by mutation in the *SLC27A4* gene (OMIM*604194). This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a variant of uncertain significance.

This variant [*SLC27A4*:c.1259G>A; p.Arg420His] has been previously reported in in POC sample of their second pregnancy in homozygous state.

Interpretation for the significant carrier variants identified in Mrs. YYY

***CENPJ*:c.2328dupA**

Variant summary: A heterozygous single base pair insertion in exon 7 of the *CENPJ* gene (chr13:g.24905710insT, NM_018451.5, Depth:160x) that results in a frameshift and premature truncation of the protein 3 amino acids downstream to codon 777 (p.Val777SerfsTer3) was detected. This variant is a frameshift variant which occurs in an exon of *CENPJ* upstream where nonsense mediated decay is predicted to occur. This variant is predicted to cause loss of normal protein function through protein truncation.

Population frequency: This variant has not been reported in gnomAD database and 1000 genomes databases.

Clinical and Literature evidence: This variant has been previously classified as pathogenic in ClinVar database [3].

***In-silico* prediction:** The *in-silico* predictions of the variant are damaging by MutationTaster2.

OMIM phenotype: Microcephaly 6, primary, autosomal recessive (OMIM#608393) is caused by homozygous mutation in the *CENPJ* gene (OMIM*609279). This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a likely pathogenic variant.

***SGSH*: c.910C>T**

Variant summary: A heterozygous missense variation in exon 7 of the *SGSH* gene (chr17:g.80212110G>A, NM_000199.5, Depth: 167x) that results in the amino acid substitution of Cysteine for Arginine at codon 304 (p.Arg304Cys) was detected.

Population frequency: This variant has minor allele frequency of 0.0013% in gnomAD database and has not been reported in 1000 genomes databases.

Clinical and Literature evidence: This variant has been previously classified as uncertain significance in ClinVar database [4].

In-silico prediction: 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 IIIA (Sanfilippo A) (OMIM#252900) is caused by homozygous or compound heterozygous mutation in the *SGSH* gene (OMIM*605270). This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as a likely pathogenic variant.

Additional variants

The additional significant variant identified may or may not be related to patient's phenotype. Phenotype – genotype correlation is recommended.

List of additional common variants identified:

| Disease | Mr. XXX | Mrs. YYY |
|---|---|---|
| Metachromatic leukodystrophy (OMIM#250100) Mode of inheritance: AR | CARRIER Gene: <i>ARSA</i> Exon 3, c.619G>A, p.Ala207Thr, Heterozygous Classification: Uncertain Significance | CARRIER Gene: <i>ARSA</i> Exon 3, c.619G>A, p.Ala207Thr, Heterozygous Classification: Uncertain Significance |
| {Hemolytic uremic syndrome, atypical, susceptibility to, 3} (OMIM#612923) {Macular degeneration, age- related, 13, susceptibility to} (OMIM#615439) Mode of inheritance: AD Complement factor I deficiency (OMIM#610984) Mode of inheritance: AR | CARRIER Gene: <i>CFI</i> Exon 11, c.1421G>A, p. Arg474Gln, Heterozygous Classification: Uncertain Significance | CARRIER Gene: <i>CFI</i> Exon 11, c.1421G>A, p. Arg474Gln, Heterozygous Classification: Uncertain Significance |

| | | |
|--|---|---|
| <p>CHAND syndrome (OMIM#214350)</p> <p>Popliteal pterygium syndrome, Bartsocas-Papas type 1 (OMIM#263650)</p> <p>Mode of inheritance: AR</p> | <p>CARRIER</p> <p>Gene: <i>RIPK4</i> Exon 8, c.1681G>A, p.Val561Met, Heterozygous</p> <p>Classification: Uncertain Significance</p> | <p>CARRIER</p> <p>Gene: <i>RIPK4</i> Exon 8, c.1681G>A, p.Val561Met, Heterozygous</p> <p>Classification: Uncertain Significance</p> |
| <p>Dyssegmental dysplasia, Silverman-Handmaker type (OMIM#224410)</p> <p>Schwartz-Jampel syndrome, type 1 (OMIM#255800)</p> <p>Mode of inheritance: AR</p> | <p>CARRIER</p> <p>Gene: <i>HSPG2</i> Exon 16, c.2038G>A, p.Ala680Thr, Heterozygous</p> <p>Classification: Uncertain Significance</p> | <p>CARRIER</p> <p>Gene: <i>HSPG2</i> Exon 16, c.2038G>A, p.Ala680Thr, Heterozygous</p> <p>Classification: Uncertain Significance</p> |

Recommendations

- Sequencing the variant(s) in the parents and the other affected and unaffected members of the family is recommended to confirm the significance.
- Alternative test is strongly recommended to rule out the deletion/duplication.
- Genetic counseling 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 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 haplotype caller 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 (v3.1.2,2.1.1), ClinVar, OMIM, dbSNP, NCBI RefSeq Genes. In-silico predictions of the variant was carried out using VS-SIFT, VS-PolyPhen2, PhyloP, GERP++, CADD, 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

| | Mr. XXX | Mrs. YYY |
|-----------------------|---------|----------|
| Total reads generated | 8.29 Gb | 8.33 Gb |
| Data ≥ Q30 | 94.21% | 94.40% |

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.
- The variants of uncertain significance and variations with high minor allele frequencies which are likely to be benign will be given upon request.
- 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. PMID: 18842627; PMCID: PMC2686440.
3. <https://www.ncbi.nlm.nih.gov/clinvar/variation/VCV002308060.1>
4. <https://www.ncbi.nlm.nih.gov/clinvar/variation/VCV002197073.1>
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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AAAS, AARS2, ABAT, ABCA1, ABCA12, ABCA2, ABCA3, ABCA4, ABCB4, ABCB8, ABCD1, ABCD4, ABCG5, ABCG8, ACAD9, ACADSB, ACADVL, ACAT1, ACD, ACKR1, ACO2, ACOX1, ACOX2, ACP2, ACP5, ACTA1, ADAMTS10, ADAMTSL2, ADAMTSL4, ADAR, ADAT3, ADCY6, ADD3, ADGRG6, ADGRV1, ADRB2, ADRB3, ADSL, AEBP1, AGA, AGBL5, AGPAT2, AGRP, AGT, AGTR1, AGXT, AGXT2, AHCY, AH1, AHS5, AICDA, AIFM1, AIP1, AIRE, AK1, AKR1C4, AKR1D1, ALAD, ALAS2, ALDH18A1, ALDH6A1, ALDOA, ALDOB, ALG1, ALG12, ALG2, ALG3, ALG9, ALMS1, ALOX12B, ALOXE3, ALPL, ALS2, ALX3, ALX4, AMACR, AMBN, AMHR2, AMMECR1, AMN, AMPD1, AMPD2, AMPD3, AMT, ANGPTL3, ANO10, ANO5, ANTXR1, ANTXR2, AP4B1, AP4E1, AP5Z1, APOC2, APOE, APRT, AQP2, AQP7, ARFGF2, ARHGDI, ARHGFE6, ARL2B, ARL6, ARL6IP1, ASL, ASNS, ASPA, ASPM, ASS1, ATCAY, ATG5, ATIC, ATM, ATP2A1, ATP2B3, ATP6A2, ATP6V0A2, ATP6V1A, ATP6V1B1, ATP7A, ATP8A2, ATPAF2, ATR, AURKC, AVPR2, B2M, B3GAT3, B4GALNT1, B4GALT1, B4GAT1, B9D1, B9D2, BANF1, BBIP1, BBS1, BBS10, BBS12, BBS2, BBS4, BBS5, BBS7, BCAP13, BCL10, BCS1L, BGN, 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COL6A1, COL6A2, COL6A3, COL7A1, COL9A2, COLEC11, COLQ, COQ4, COQ6, COQ7, COQ9, COX10, COX14, COX20, COX4I2, COX6A1, COX6B1, COX8A, CPA6, CPLX1, CPN1, CPT1A, CPT2, CRADD, CRAT, CRB1, CRIPT, CRTAP, CRYAB, CRYBB1, CRYBB3, CSF2RB, CSF3R, CSTA, CSTB, CTC1, CTH, CTNNB1, CTNS, CTPS1, CTSA, CTSC, CTSO, CTSF, CTSK, CUBN, CUL7, CWF19L1, CYB5A, CYBA, CYBB, CYP11B1, CYP11B2, CYP17A1, CYP1B1, CYP24A1, CYP26C1, CYP27A1, CYP27B1, CYP2C19, CYP2D6, CYP2R1, CYP2U1, CYP4F22, CYP4V2, CYP7B1, D2HGDH, DAG1, DARS2, DBH, DBT, DCC, DCHS1, DCPS, DCTN1, DCXR, DDB2, DDC, DDHD1, DDHD2, DDOST, DDR2, DDRGK1, DDX11, DDX59, DES, DGKE, DGUOK, DHCR7, DHH, DHODH, DHTKD1, DIS3L2, DKC1, DLAT, DLEC1, D LG3, DLX5, DMD, DNA2, DNAAF3, DNAH1, DNAH11, DNAI1, DNAJB2, DNAJB2, DNAJC3, DNAJC6, DNAL4, DNASE1L3, DNMT3B, D OCK2, DOK7, DOLK, DPAGT1, DPH1, DPM2, DPYD, DPYS, DRAM2, DRC1, DNASB3, DSE, DSG1, DSG4, DSP, DST, DSTYK, DTNBP1, DUOX4, DYSF, EBP, ECEL1, ECHS1, ECM1, EDAR, EDARADD, EDC3, EDN1, EDN3, EDNRB, EFEMP2, EGFR, EGR2, 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ITGB3, ITGB6, ITK, ITPA, ITPR3, IVD, IYD, JAGN1, JAK3, JAM3, JPH1, JUP, KANK2, KATNB1, KCNJ1, KCNJ10, KCNJ11, KCNJ13, KCNMA1, KC NV2, KCTD7, KERA, KHCDC3L, KHK, KIAA0556, KIAA0753, KIF1A, KIF1C, KISS1, KISS1R, KIZ, KLC2, KLHC8B, KLHL15, KLHL3, KLHL41, KLHL7, KLK4, KNG1, KPTN, K RAS, KRT1, KRT10, KRT14, KRT25, KRT5, KRT74, KRT83, KRT85, KY, KYNU, L1CAM, L2HGDH, LAMA1, LAMA2, LAMB1, LAMB2, LAMB3, LAMC2, LAMTOR2, LBR, LCK, LCT, LEMD2, LEP, LGI4, LHB, LHCGR, LHFP15, LIG4, LIM2, LINS1, LIPC, LIPE, LIPH, LIPN, LIPT1, LMAN1, LMAN2L, LMF1, LMNA, LMOD3, LONP1, LPAR6, LPIN1, LPL, LRAT, LRBA, LRIG2, LRIT3, LRP2, LRPAP1, LRPPRC, LRR6, LRSAM1, LRTOMT, LSS, LTBP2, LZTFL1, MAB21L2, MAD2L2, MAG, MAMLD1, MAN1B1, MAN2B1, MAOA, MAP3K8, MAPKBP1, MAPT, MARS2, MASP1, MAT1A, MBOAT7, MBTPS2, MC1R, MC2R, MC4R, MCCC1, MCEE, MCM5, MCM9, MECP, MED12, ME D25, MEGF10, MEGF8, MEOX1, MET, METTL23, MFF, MFN2, MFRP, MFSD2A, MGAT2, MGME1, MGP, MID1, MID2, MITF, MKKS, MKS1, MLC1, MLPH, MMAA, MMACHC, MMADHC, MMP1, MMP2, 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