

Clinical Exome Sequencing Analysis

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|---------------------|--------------------|------------------------|------|
| Patient name | : Selvi. XXX | PIN | : XX |
| Gender/ Age | : Female / 8 Years | Sample number | : XX |
| Referring clinician | : XX | Sample collection date | : XX |
| Hospital/Clinic | : XX | Sample receipt date | : XX |
| Specimen | : Peripheral Blood | Report date | : XX |

Clinical history

Proband, Selvi. XXX was first born to third degree consanguineous parents. She is a term baby presented with chief complaints of neck stiffness at 2.5 years of age, droopy eyes, poor balancing and coordination of legs and hands. Her MRI brain indicative of right vertebral artery shows attenuated flow and left transverse sinus attenuated and appears irregular. Her EEG indicative of abnormal record with epileptic form activity. Proband has younger sister and brother who is alive and well. Proband, Selvi. XXX is suspected to be affected with progressive cerebellar ataxia and has been evaluated for pathogenic variations.

Results

No pathogenic or likely pathogenic variant causative of the reported phenotype was detected

List of uncertain significant variant identified related to the phenotype:

| Gene | Region | Variant* | Allele Status | Disease | Classification* | Inheritance pattern |
|--------------|--------|---------------------------|---------------|--|---------------------------|------------------------|
| ADPRS (+) | Exon 6 | c.902T>C (p.Leu301Pro) | Homozygous | Neurodegeneration, childhood-onset, stress-induced, with variable ataxia and seizures (OMIM#618170) | Uncertain Significance | 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

ADPRS: c.902T>C

Variant summary: A homozygous missense variation in exon 6 of the *ADPRS* gene (chr1:g.36093196T>C, NM_017825.3, Depth: 105x) that results in the amino acid substitution of Proline for Leucine at codon 301 (p.Leu301Pro) was detected.

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

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: Neurodegeneration, childhood-onset, stress-induced, with variable ataxia and seizures (OMIM#618170) is caused by homozygous mutation in the *ADPRS* gene (OMIM*610624). Stress-induced childhood-onset neurodegeneration with variable ataxia and seizures (CONDSIAS) is an autosomal recessive neurodegenerative disorder with onset in the first years of life following normal early development. Patients have cyclic episodic deterioration in response to stress, such as infection or febrile illness. The severity is highly variable: some patients develop seizures early in life that are associated with loss of developmental milestones and early sudden death in childhood, whereas others present at a later age with muscle weakness, gait ataxia, impaired speech, more subtle clinical deterioration, and cognitive decline. Neurologic involvement includes gait ataxia, cerebellar signs associated with cerebellar atrophy, generalized brain atrophy, impaired intellectual development, hearing loss, and peripheral neuropathy. This disease follows autosomal recessive pattern of inheritance [2].

Variant classification: Based on the evidence, this variant is classified as variant of uncertain significance. 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.
- 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 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 | 3.67 Gb |
| Data ≥ Q30 | 96.64% |

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 [3].

References

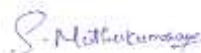
1. Richards, S, et al. Standards and Guidelines for the Interpretation of Sequence Variants: A Joint Consensus Recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. Genetics in medicine: official journal of the American College of Medical 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. 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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