



diseaseGPS genetic disorder auxiliary diagnosis system

Manual 1.0

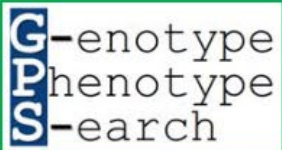


1 Phenotypic diagnosis

2 Genetic diagnosis

3 Integrated diagnosis

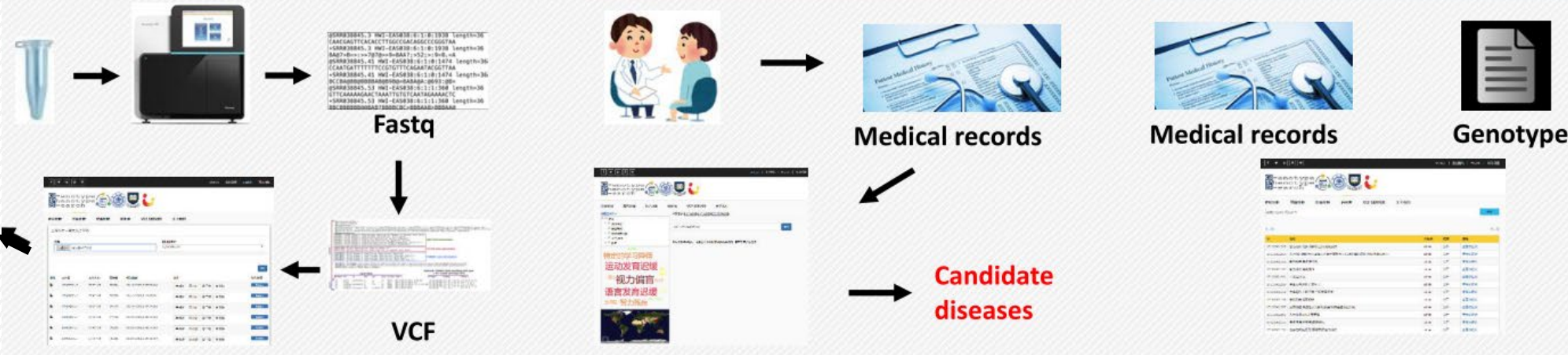
diseaseGPS: Genotype Phenotype Search



Genotype Phenotype Search(GPS)



Pathogenic
variants



diseaseGPS
Genetic diagnosis

diseaseGPS
Phenotypic diagnosis

diseaseGPS
Case database

diseaseGPS Integrated diagnosis



The subsequent process demonstrations have all used this sample patient

- Patient ID: example
 - Phenotype: Diabetes mellitus, Hyperglycemia, Cor pulmonale, Pulmonary artery stenosis, Polyuria, Ventricular septal defect, Atrial septal defect, Poor wound healing
 - HPO terms: HP:0000819,HP:0003074,HP:0001648,HP:0004415,HP:0000103,HP:0001629,HP:0001631,HP:0001058
 - VCF file: example.vcf
 - Pathogenic gene: GATA6
 - Variants number: 65900→4217(After screening)
-
- ✓ After the integrated analysis by diseaseGPS, the phenotype score of OMIM:600001 is 0.75, ranking third; the genotype score in OMIM is 1.00, ranking fifth; the final comprehensive score is 0.87, ranking first.
 - ✓ Confirmed by the clinical physician, the patient's pathogenic gene is GATA6, and the genetic disorder suffered is OMIM:600001
 - ✓ OMIM:600001, HEART DEFECTS, CONGENITAL, AND OTHER CONGENITAL ANOMALIES; HDCA. For more details, please refer to the OMIM database link: <https://www.omim.org/entry/600001?search=600001&highlight=600001>























Phenotypic Diagnosis



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Hide phenotype tree <<

- (1)  All
- (2)  Phenotypic abnormality
-  Abnormality of the genitourinary system
 -  Abnormality of head or neck
 -  Abnormality of the eye
 -  Abnormality of the ear
 -  Abnormality of the nervous system
 -  Abnormality of the breast
 -  Abnormality of the endocrine system
 -  Abnormality of prenatal development or birth
 -  Growth abnormality
 -  Abnormality of the integument
 -  Abnormality of the voice
 -  Abnormality of the cardiovascular system
 -  Abnormality of blood and blood-forming tissue
 -  Abnormality of metabolism/homeostasis
 -  Abnormality of the respiratory system
 -  Neoplasm
 -  Abnormality of the immune system
 -  Abnormality of the digestive system

Example: Familial Mediterranean fever Niemann-pick disease type A



(3)

Search

Name	Explanation	Detail
Poor wound healing	A reduced ability to heal cutaneous wounds.	
Atrial septal defect	Atrial septal defect (ASD) is a congenital abnormality of the interatrial septum that enables blood flow between the left and right atria via the interatrial septum.	Swiss cheese atrial septal defect Sinus venosus atrial septal defect Unroofed coronary sinus Primum atrial septal defect Secundum atrial septal defect Patent foramen ovale
Ventricular septal defect	A hole between the two bottom chambers (ventricles) of the heart. The defect is centered around the most superior aspect of the ventricular septum.	Inlet ventricular septal defect Gerbode ventricular septal defect Muscular ventricular septal defect Restrictive ventricular septal defect Subarterial ventricular septal defect Non-restrictive ventricular septal defect Perimembranous ventricular septal defect

(4)

STEP① Input Phenotype

- (1) Click on the  icon before the symptom to expand more detailed symptoms
- (2) Click on the  icon before the symptom to add the symptom to the symptom input box
- (3) Phenotype input box
- (4) Phenotype information sheet

- ◆ After entering all the phenotypes of the patient, users can click the "Search" button to obtain the diagnosis results of phenotype-driven genetic disorders.




STEP② View Phenotypic Diagnosis Results

Genotype
Phenotype
Search

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3. HEART DEFECTS, CONGENITAL, AND OTHER CONGENITAL ANOMALIES; HDCA (1)
(Score: 0.75, P-Value: <0.01)



Pancreatic hypoplasia-diabetes-congenital heart disease syndrome is characterized by partial pancreatic agenesis, diabetes mellitus, and heart anomalies (including transposition of the great vessels, ventricular or atrial septal defects, pulmonary stenosis, or patent ductus arteriosus).

Synonym:
PANCREATIC HYPOPLASIA, CONGENITAL, WITH DIABETES MELLITUS AND CONGENITAL HEART DISEASE
PANCREATIC AGENESIS AND CONGENITAL HEART DEFECTS; PACHD

OMIM Gene(Cytogenetic location): [GATA6\(18q11.2\);](#) (2)
HPO Gene(Cytogenetic location): [GATA6\(18q11.2\);](#)

Mode of inheritance: Autosomal dominant inheritance;
Age of death: -
Prevalence: <1/1000000
INDEL: |chr:-
Clinical modifier: -
Onset: All ages
OMIM: 600001 (3)

- (1) Genetic disorder name and its predicted diseaseGPS score. The phenotype score for OMIM:600001 is 0.75, ranking third among all genetic disorders
- (2) Pathogenic gene
- (3) OMIM ID
- ◆ Users can click on the name of a genetic disorder to get more detailed information



(1) Disease OMIM:600001

Home page

(2)

Seached phenotype	Disease phenotype	Similarity
Diabetes mellitus	Diabetes mellitus	100.00%
Hyperglycemia	Hyperglycemia	100.00%
Pulmonary artery stenosis	Pulmonary artery stenosis	100.00%
Ventricular septal defect	Ventricular septal defect	100.00%
Atrial septal defect	Atrial septal defect	100.00%
Cor pulmonale	Abnormal cardiac ventricle morphology	85.71%
Polyuria	Abnormality of the urinary system physiology	62.50%
Poor wound healing	Abnormality of head or neck	40.00%

(3)

Other phenotypes of this disease:

Abnormality of the musculature

Aplasia of the left hemidiaphragm

Abnormal umbilical cord blood vessels

Aplasia/Hypoplasia of the pancreas

Abnormal heart valve physiology

Abnormal ventriculoarterial connection

Morphological central nervous system abnormality

Colon perforation

Abnormal umbilicus morphology

Abnormal nervous system morphology

HEART DEFECTS, CONGENITAL, AND OTHER CONGENITAL ANOMALIES; HDCA

Text:Congenital heart defects and other congenital anomalies (HDCA) is caused by heterozygous mutation in the GATA6 gene (601656) on chromosome 18q11.Clinical Features:Yorifuji et al. (1994) described a nonconsanguineous Japanese family in which the mother had undergone cardiac surgery at 19 years of age for patent ductus arteriosus and atrial septal defect. She developed diabetes mellitus after her third pregnancy at the age of 28 years. After 2 offspring were found to have hypoplasia of the pancreas, she was reexamined; abdominal CT scan showed hypoplasia of the pancreas. Only the head and the uncus of the pancreas were present; most of the body and tail were absent. The first 2 offspring of this woman had died soon after birth from unknown causes. The third child had diabetes and cyanotic congenital heart disease and died at 2 years and 8 months. Necropsy showed severe hypoplasia of the pancreas. Cardiac anomalies consisted of transposition of the great vessels, ventricular septal defects, pulmonic stenosis, and atrial septal defect. The fourth-born child had tetralogy of Fallot which was corrected surgically at the age of 6 years. At the age of 14 years, a routine school urinalysis showed glucosuria. Ultrasonographic studies of the abdomen could not identify the body of the pancreas although the splenic vein was clearly visible. Only the head and the uncus of the pancreas were demonstrated.Balasubramanian et al. (2010) reported 3 unrelated children with pancreatic agenesis, confirmed by abdominal scan, and congenital heart defects. The first patient was a 4-year-old girl, born of nonconsanguineous parents, who developed hyperglycemia within the first 12 hours of life that required continuous insulin infusion and who also had exocrine pancreatic deficiency requiring replacement therapy. CT scan of the abdomen failed to show pancreatic tissue; on MRI, a small amount of

(4)

STEP③ View Detailed Information

- (1) OMIM ID
- (2) Similarities between searched phenotypes and disease phenotypes
- (3) Other phenotype of this genetic disorder
- (4) Textual description of this genetic disorder



(1)

Upload File - Maximum for 5GB

File:

Genome Version:

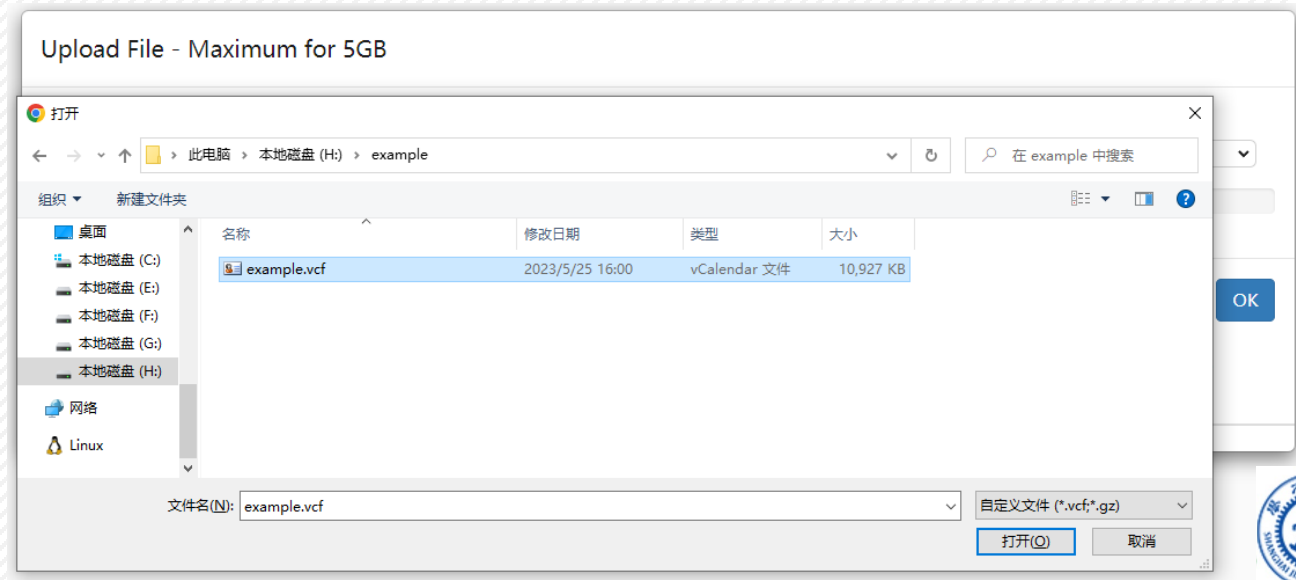
(2)

Notice: VCF files in this folder will be **deleted** after close, please download/export them to local disk on time.

Type	Name	Size	Variants	Time	Action	Status
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STEP① Upload VCF file

- (1) Click on the "Select File" button to upload VCF file from local disk
- (2) After the selection is complete, click the "OK" button to upload the file. At this time, the analysis will also be carried out synchronously. Please wait patiently



STEP② Analyze VCF file

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File:

选择文件 未选择任何文件

Genome Version:

hg19/CRCh37

OK

Notice: VCF files in this folder will be **deleted** after close, please download/export them to local disk on time.

Type	Name	Size	Variants	Time	Action	Status
	example.vcf	4.33 MB	4,217	5/25/2023, 9:57:54 AM	<div><div>Analyze</div><div>Diagnose</div><div>Download</div><div>Delete</div></div>	Ready



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Genotype

phenotype

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Toolbar: Display Filter Export Settings

Search:

Show 10 entries

CHROM	POS	ID	REF	ALT	QUAL	FILTER	Samples	#_Samples
1	976,245	.	A	C	1	PASS	NA	NA
1	976,259	.	C	G	1	PASS	NA	NA
1	981,869	rs757677789	G	C	1	PASS	NA	NA
1	981,876	.	T	G	1	PASS	NA	NA
1	981,882	.	T	A	1	PASS	NA	NA
1	981,890	.	A	C	1	PASS	NA	NA
1	982,097	.	A	T	1	PASS	NA	NA
1	1,447,869	.	C	G	1	PASS	NA	NA
1	1,447,894	.	G	C	1	PASS	NA	NA
1	1,447,938	rs779526741	C	T	1	PASS	NA	NA

Showing 1 to 10 of 1,000 entries

Previous

1

2

3

4

5

...

100

Next

➤ (1) Click on the “Analyze” button to get detailed variant information

➤ (2) Perform personalized operations such as "Display", "Filter", "Export", "Settings" and "Search" in the "Toolbar" module.



STEP③ Diagnosis VCF file

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ACMG-AMP Guidelines to Evidence of pathogenicity and benign

	Benign Evidence		Pathogenic Evidence			
	Strong	Supporting	Supporting	Moderate	Strong	Very strong
Population data(ESP/ExAC/1000 Genome)	Allele frequency > 5% BA1 Allele frequency > expected for disorder BS1 Inconsistent with observation in controls BS2			Absent in population databases or at extremely low frequency PM2	Prevalence in affecteds statistically increased over controls PS4	
Annotation and predictive data		Multiple computational studies show no impact on gene/gene product BP4 Missense in gene where only truncating cause disease BP1 Synonymous variant with non predicted splice impact BP7 In-frame indels in repeat	Multiple computational studies show deleterious impact on gene/gene product PP3	Novel missense change at the same position as another pathogenic missense change PM5 In-frame indels in non-repeat region or stop-loss PM4	Same amino acid change as another pathogenic missense change PS1	Predicted null variant in a gene where LOF is a known mechanism of disease(nonsense, frameshift, splice sites, initiation codon, exon deletion) PVS1
Functional data	Well-established functional studies show no deleterious effect BS3		Missense in gene with low rate of benign missense variants PP2	Missense in functional domain/mutation hotspot PM1	Well-established functional studies show a deleterious effect PS3	
Segregation data	Nonsegregation with disease BS4		Cosegregation with disease in multiple affected family members PP1			
De novo data				De novo (without paternity & maternity confirmed) PM6	De novo (paternity and maternity confirmed) PS2	
Allelic data		Observed in trans with a dominant variant BP2 Observed in cis with a pathogenic variant BP2		For recessive disorders, detected in trans with a pathogenic variant PM3		
Other database		Reputable source = benign BP6	Reputable source = pathogenic PP5			
Other data		Found in case with an alternate cause BP5	Patient's phenotype or FH highly specific for gene PP4			



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5. HEART DEFECTS, CONGENITAL, AND OTHER CONGENITAL ANOMALIES; HDCA

(Score: 1.00)

Pancreatic hypoplasia-diabetes-congenital heart disease syndrome is characterized by partial pancreatic agenesis, diabetes mellitus, and heart anomalies (including transposition of the great vessels, ventricular or atrial septal defects, pulmonary stenosis, or patent ductus arteriosus).

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PANCREATIC AGENESIS AND CONGENITAL HEART DEFECTS; PACHD

Pathogenic Gene Based on ACMG: **GATA6**(Pathogenic)

Evidence of Pathogenicity:

Very strong	PVS1						
Strong	PS1	PS2	PS3	PS4			
Moderate	PM1	PM2	PM3	PM4	PM5	PM6	
Supporting	PP1	PP2	PP3	PP4	PP5		

Evidence of Benign:

Stand-alone	BA1						
Strong	BS1	BS2	BS3	BS4			
Supporting	BP1	BP2	BP3	BP4	BP5	BP6	BP7

OMIM Gene(Cytogenetic location): **GATA6**(18q11.2);

HPO Gene(Cytogenetic location): **GATA6**(18q11.2);

Mode of inheritance: Autosomal dominant inheritance;

Age of death: -

Prevalence: <1/1000000

INDEL: |chr:-

Clinical modifier: -

Onset: All ages

OMIM: **600001**





STEP① Upload VCF file

(1)

Upload File - Maximum for 5GB

File:

Genome Version:

Notice: VCF files in this folder will be **deleted** after close, please download/export them to local disk on time.

Type	Name	Size	Variants	Phenotype	Action	Status
example.vcf	4.33 MB	4,217	Please enter HPO name or HPO ID	Analyze Diagnose Download Delete	Ready	

(2)

OK

- (1) Click on the “Select File” button to upload VCF file from local disk
- (2) After the selection is complete, click the "OK" button to upload the file. At this time, the analysis will also be carried out synchronously. Please wait patiently



STEP② Input Phenotype

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Upload File - Maximum for 5GB

File: Genome Version:

OK

Notice: VCF files in this folder will be **deleted** after close, please download/export them to local disk on time.

Type	Name	Size	Variants	Phenotype	Action	Status
File	example.vcf	4.33 MB	4,217	<div>(1)<div><div>× Diabetes mellitus</div><div>× Hyperglycemia</div><div>× Cor pulmonale</div><div>× Pulmonary artery stenosis</div><div>× Polyuria</div><div>× Ventricular septal defect</div><div>× Atrial septal defect</div><div>× Poor wound healing</div></div></div> <div>(2)<div>Analyze Diagnose Download Delete</div></div>	Ready	

- (1) Input Phenotype
- (2) After inputting the phenotype, click the "Diagnose" button to perform an integrated diagnosis



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Detail Concise Show all Score: 0 1

1. HEART DEFECTS, CONGENITAL, AND OTHER CONGENITAL ANOMALIES; HDCA
(Score: 0.87)

Pancreatic hypoplasia-diabetes-congenital heart disease syndrome is characterized by partial pancreatic agenesis, diabetes mellitus, and heart anomalies (including transposition of the great vessels, ventricular or atrial septal defects, pulmonary stenosis, or patent ductus arteriosus).

Synonym:
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Pathogenic Gene Based on ACMG: [GATA6\(Pathogenic\)](#)

Evidence of Pathogenicity:

Very strong	PVS1						
Strong	PS1	PS2	PS3	PS4			
Moderate	PM1	PM2	PM3	PM4	PM5	PM6	
Supporting	PP1	PP2	PP3	PP4	PP5		

Evidence of Benign:

Stand-alone	BA1						
Strong	BS1	BS2	BS3	BS4			
Supporting	BP1	BP2	BP3	BP4	BP5	BP6	BP7

OMIM Gene(Cytogenetic location): [GATA6\(18q11.2\)](#);
HPO Gene(Cytogenetic location): [GATA6\(18q11.2\)](#);
Mode of inheritance: Autosomal dominant inheritance;
Age of death: -
Prevalence: <1/1000000
INDEL: |chr:-
Clinical modifier: -
Onset: All ages
OMIM: 600001

STEP③ View Integrated Diagnosis Results

- (1) The integrated score for OMIM:600001 is 0.87, ranking first among all genetic disorders
- ◆ The other detailed information is consistent with the phenotype analysis and genotype analysis. You can click on it to obtain more detailed information.

Welcome experts to use diseaseGPS!
Thank you for your suggestions and guidance!

