

Postnatal Screening and Testing Options

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Learning Objectives

- Understand Newborn Screening process and purpose
- Become familiar with SNP Microarray, Single Gene, Multi-Gene Panel, and Exome genetic testing
- Recognize different considerations that go into genetic test selection

Newborn screening



Newborn Screening (NBS)

- Began in 1960's with Dr. Robert Guthrie's test for PKU in newborns
- State-run program, Health Resources and Services Administration (HRSA) recommends screening for 35 specific conditions
- Goal is to diagnosis individuals who would benefit from early intervention



<http://www.healthy.arkansas.gov>

NBS Roadmap

Blood (from heel-prick) sent to a state-run laboratory
(within 24-48 hours of life)



Physician is notified if any results are abnormal
(no news = good news)



Physician informs parents of the results and discusses a
follow-up plan

NBS Roadmap Example: Cystic Fibrosis

Newborn flags for elevated
IRT levels in blood spot test



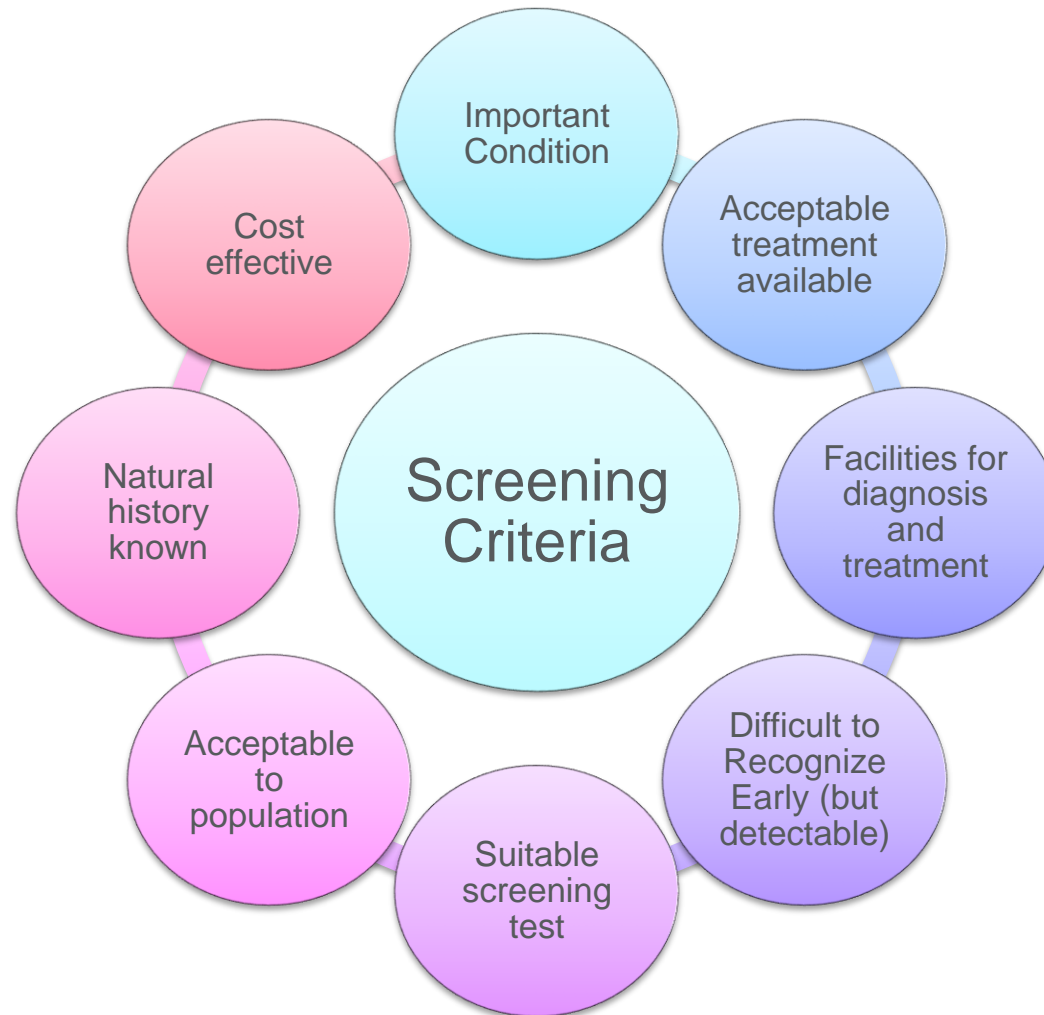
Confirmatory genetic testing
of the *CFTR* gene is ordered
for the newborn



Newborn is brought in at 4
weeks old for a sweat
chloride test

What conditions should we screen for?

WHO Screening Principles

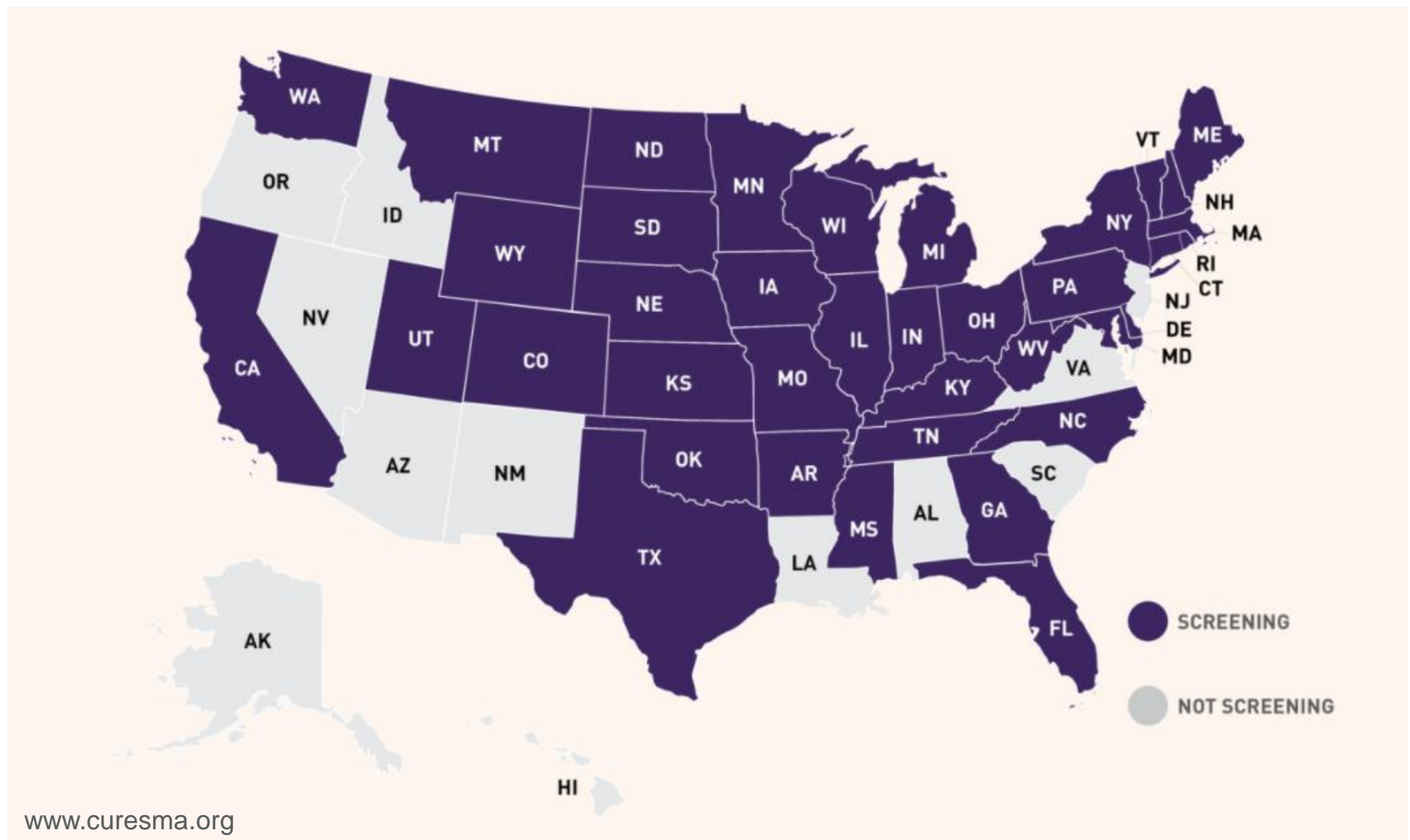


NBS Advancements: SMA

Spinal Muscular Atrophy (SMA)

- AR disease affecting the motor neurons in the spinal cord and brainstem, resulting in progressive motor weakness and atrophy
- FDA-approved treatment
 - Spinraza (Nusinersen) FDA-approved 12/23/2016 - first disease-modifying therapy for SMA patients, all types and ages.
 - Gene therapy (Zolgensma recently approved)
 - SMN1 gene replacement therapy

States screening for SMA on NBS



www.curesma.org

OH NBS

AA Disorders

Argininemia (ARG)
Argininosuccinic Acidemia (ASA)
Citrullinemia Type I (CIT) and Citrullinemia Type II (CIT II)
Homocystinuria (HCY)
Hypermethioninemia (MET)
Maple Syrup Urine Disease (MSUD)
Phenylketonuria (PKU)
Tyrosinemia Type I,II,III

Endo

Congenital adrenal Hyperplasia
Primary Congenital Hypothyroidism

FA Disorders

Carnitine Acylcarnitine Translocase Deficiency (CACT)
Carnitine Palmitoyl Transferase Deficiency Type II (CPT-II)
Carnitine Uptake Defect (CUD)
Glutaric Acidemia Type II (GA-2)
Long-Chain Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHAD)
Medium-Chain Acyl-CoA Dehydrogenase Deficiency (MCAD)
Trifunctional Protein Deficiency (TFP)
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (VLCAD)

LSD

Krabbe Leukodystrophy
Glycogen Storage Disease Type II (Pompe Disease)
Mucopolysaccharidosis type I (MPS I)

OA Disorders

2-Methylbutyryl-CoA Dehydrogenase Deficiency (2MBG)
3-Hydroxy-3-Methylglutaryl-CoA Lyase Deficiency (HMG)
3-Ketothiolase Deficiency (BKT)
3-Methylcrotonyl-CoA Carboxylase Deficiency (3-MCC)
Glutaric Acidemia Type I (GA-1)
Isobutyryl-CoA Dehydrogenase Deficiency (IBG)
Isovaleric Acidemia (IVA)
Methylmalonic Acidemia

- Cobalamin Disorders A and B (Cbl A,B)
- Methylmalonyl-CoA Mutase Deficiency (MUT)
- Methylmalonic Acidemia with Homocystinuria (Cbl C, D, F)

Multiple CoA Carboxylase Deficiency (MCD)
Propionic Acidemia (PROP)

Other

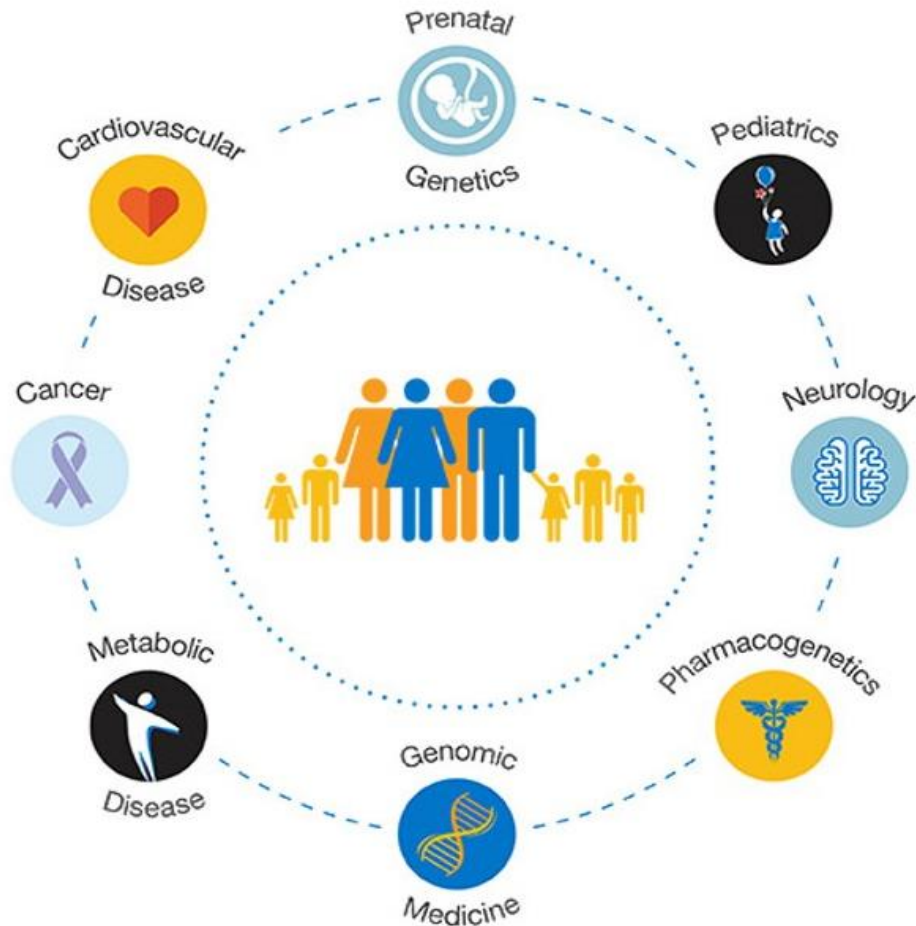
Biotinidase Deficiency (BIOT)
Cystic Fibrosis (CF)
Galactosemia (GALT)
Severe Combined Immunodeficiency (SCID)
Sickle Cell Disease (Hb SS)
Other Hemoglobinopathies (e.g. beta-Thalassemia)

NBS Challenges/Limitations

- Limitations to informed consent and pre-test counseling for mandatory test
- False positive results
- Patients lost to follow-up
- Some conditions screened don't have great therapy options
 - Ex: Krabbe
- Each state is different!

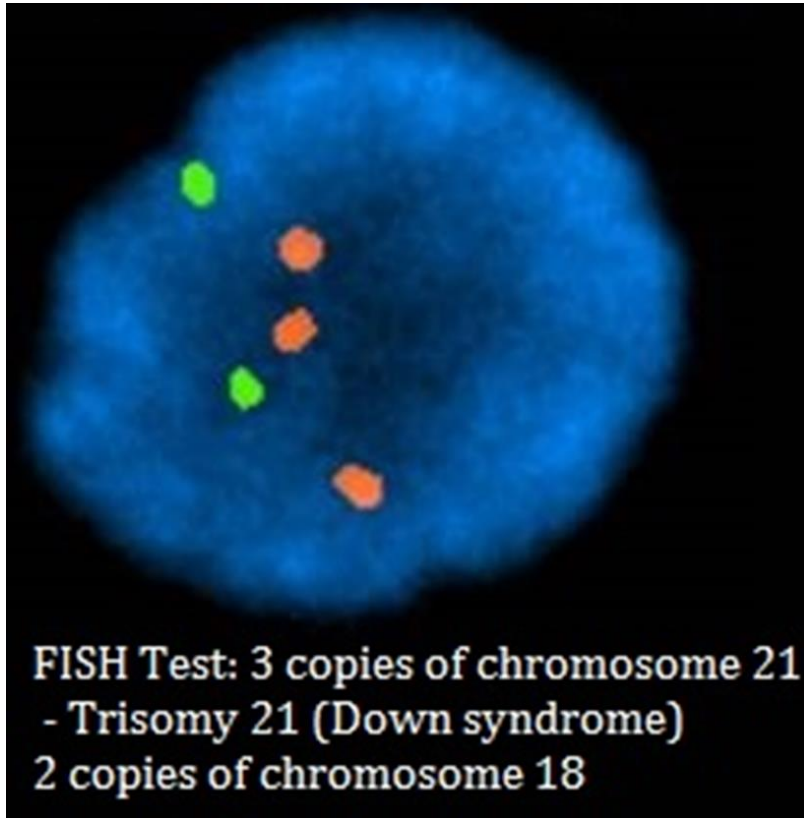
Postnatal Clinical Diagnostic Testing

Purpose of Clinical Testing

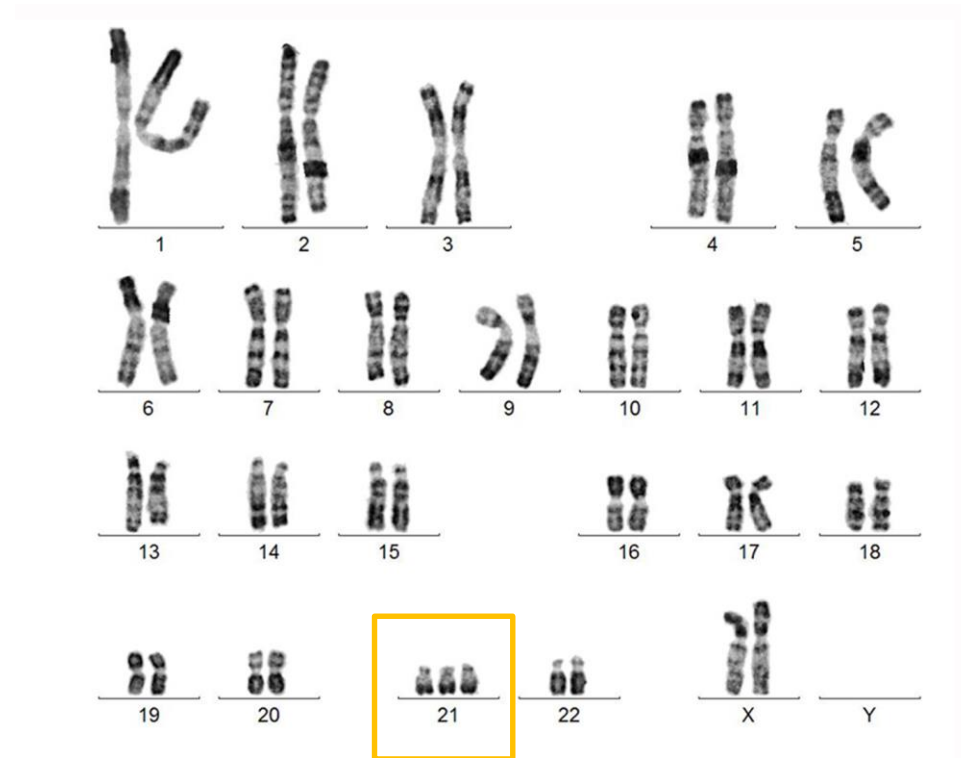


- Find a diagnosis
- Family planning or pregnancy decisions
- Treatment decisions
- Risk for future health concerns
- Risks for family members

Review/Shoutout!



FISH

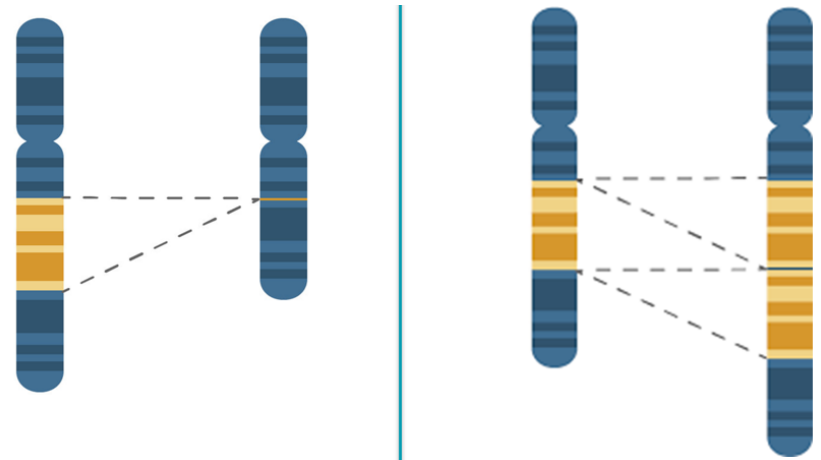


Karyotype

SNP Microarray

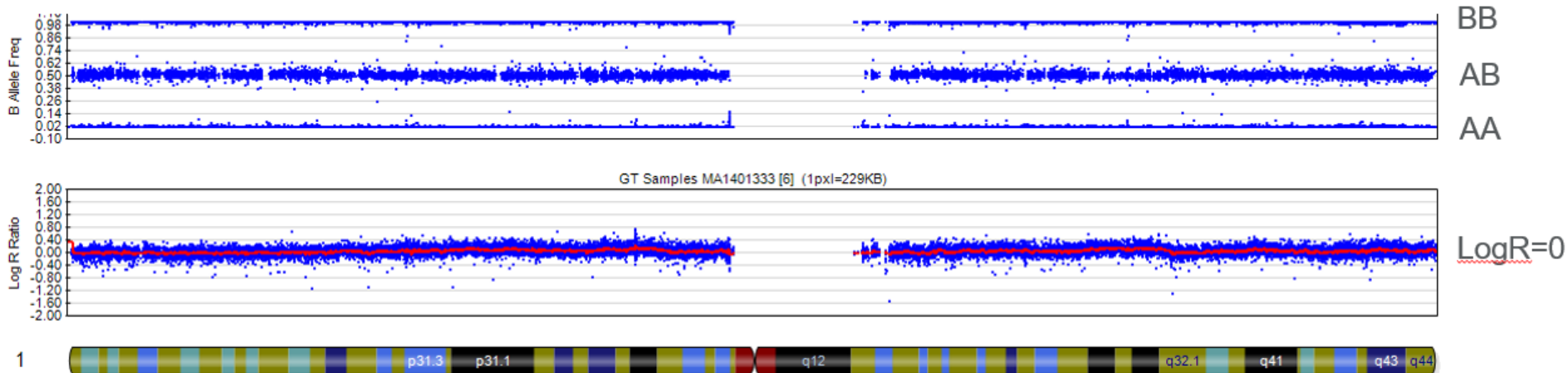
SNP Microarray

- Usually a front-line test in Genetics
- Detects deletions or duplications of DNA
- Can analyze which genes are in deletion or duplication
- Can identify Regions of Homozygosity (ROH)
- Limitations:
 - Cannot tell if a piece of DNA is moved to the wrong location (such as a translocation)
 - Cannot see if there is a small mutation, like a sequence change

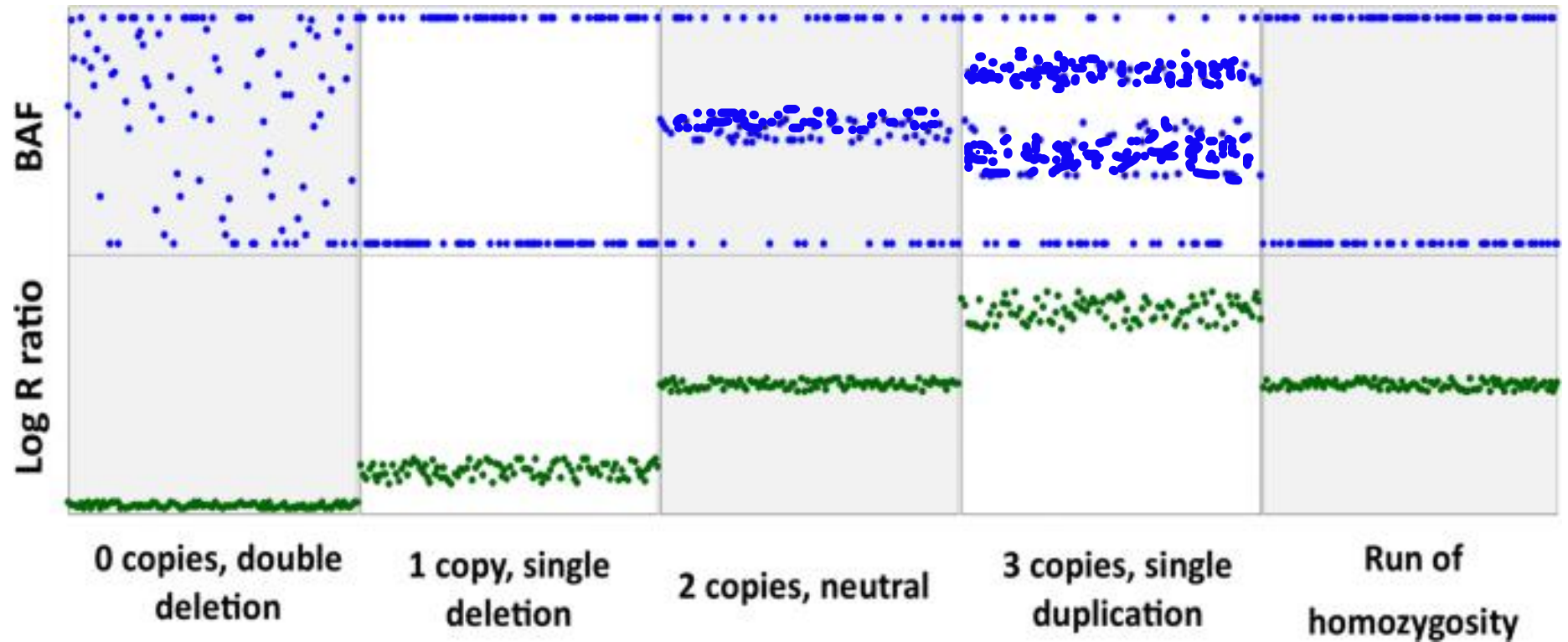


SNP Microarray Plot

Typical chromosome



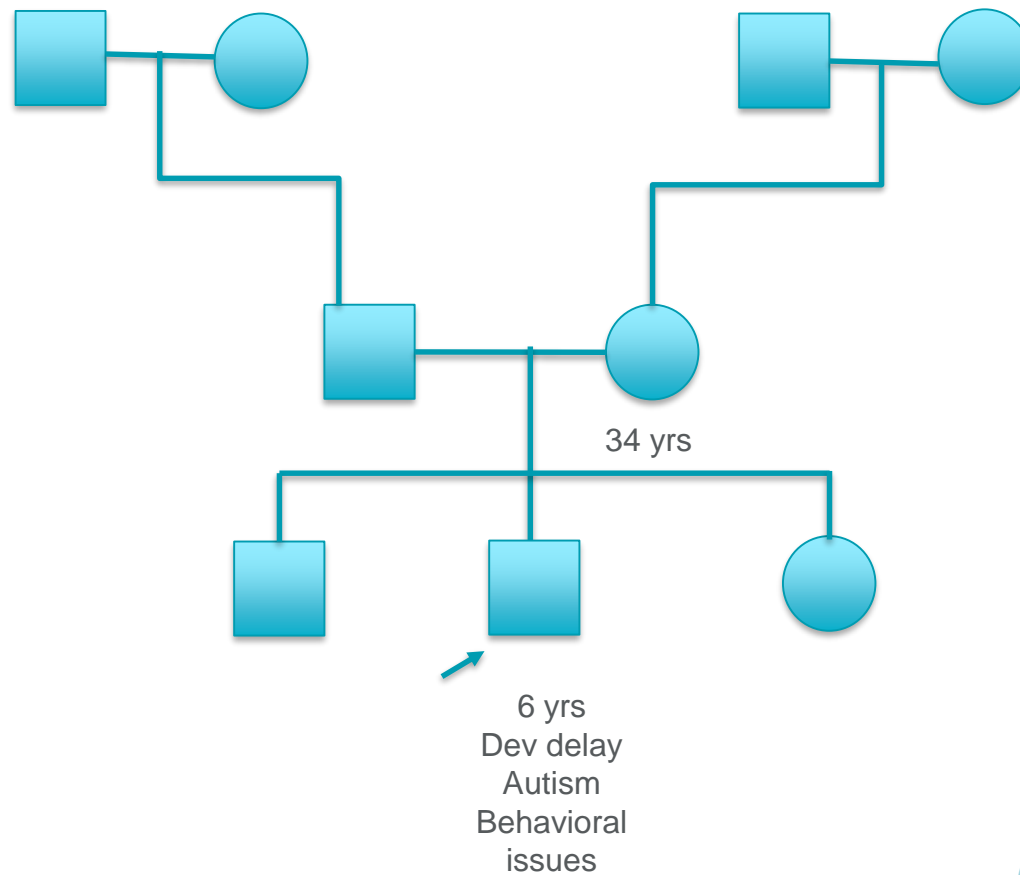
SNP Microarray Plot



Case Presentation

- 6 year old child presents with global developmental delay, autism, and behavioral issues

Pedigree

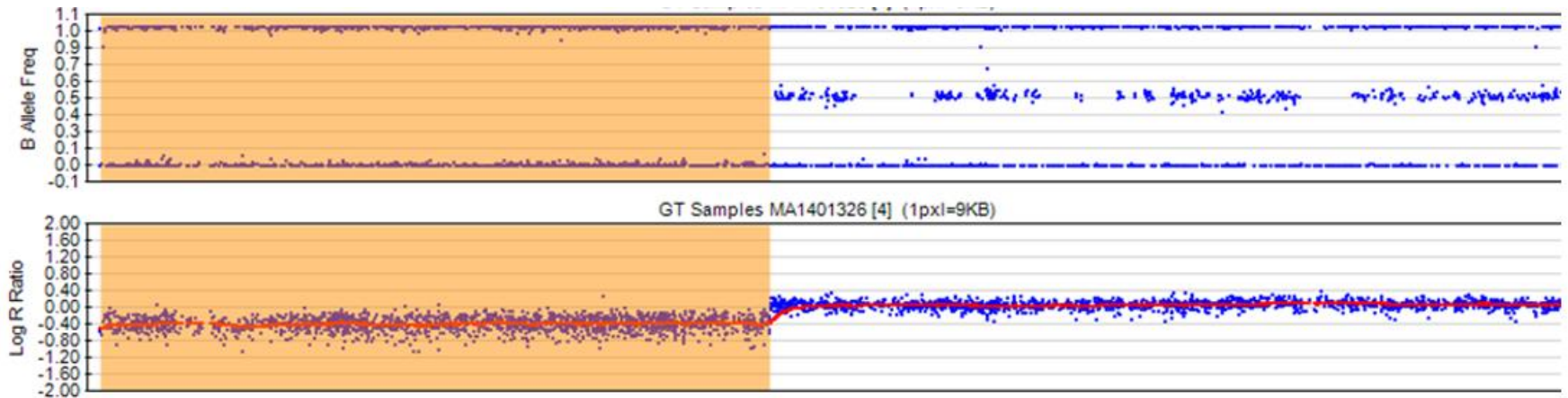


SNP Microarray Plot

Result:

arr[hg19] 6p25.3(108,666-1,505,511)X1

Terminal deletion of 1.4 Mb from the short arm of chromosome 6
(6p25.3)



Sequencing

What is Sequencing?

- Looks for smaller changes in our DNA

MISSENSE MUTATIONS change one word or letter

THE CAR WAS RED → THE CAR WAS **HAT**
→ THE CAR WAS **RDD**

INSERTION MUTATIONS add one word or letter

THE CAR WAS RED → THE CAR **HAT** WAS RED
→ THE CAR **ESW** ASR ED

NONSENSE MUTATIONS end the instructions too soon

THE CAR WAS RED → THE CAR

DELETION MUTATIONS

THE CAR WAS RED → **THE** WAS RED
→ **THE** RWA SRE D

Summary of Sequencing

Single Gene Test

One test looks for one gene/condition

- Ex: Cystic fibrosis

Multi-Gene Panel

One test looks at many genes based on:

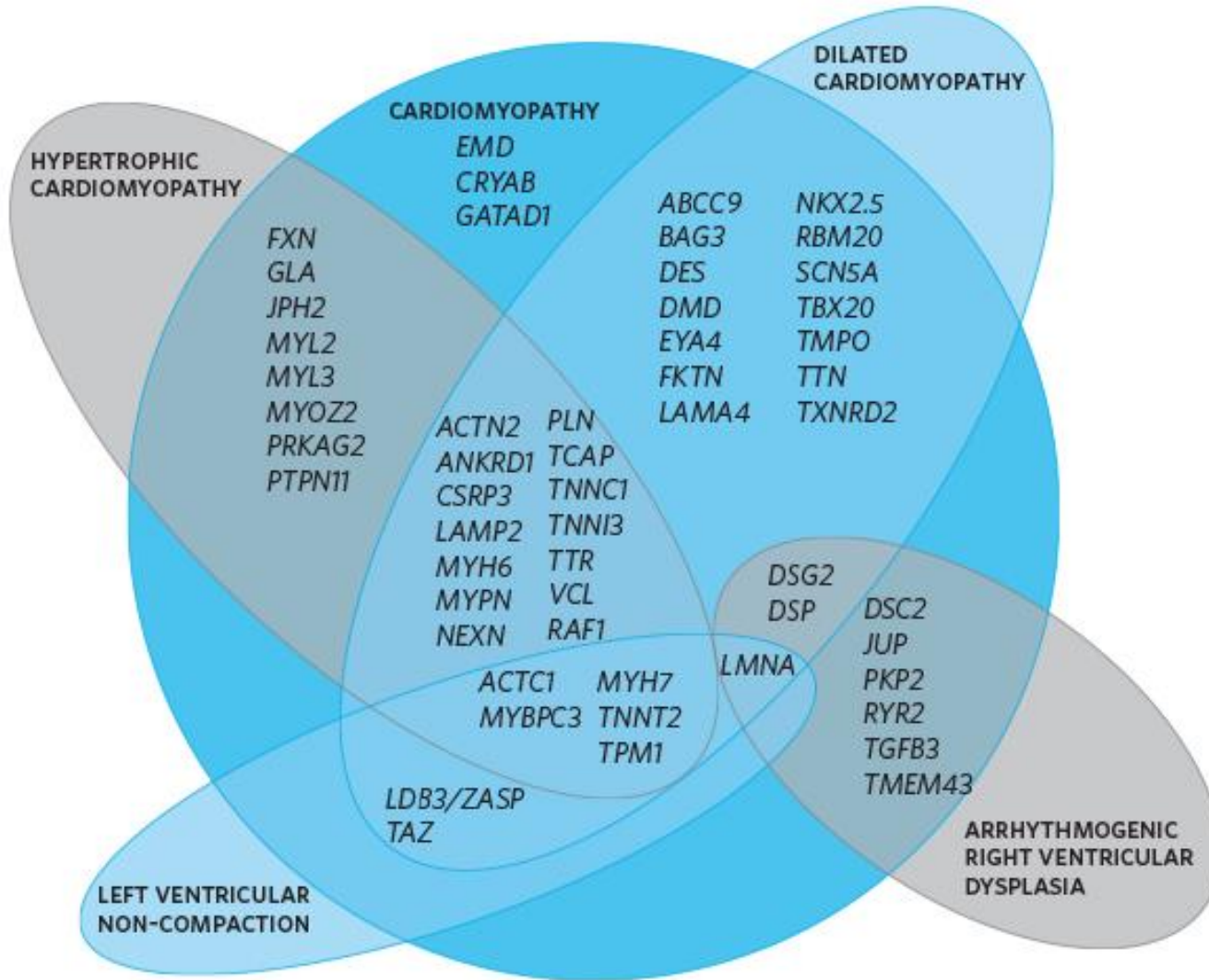
- Single condition/Dx (ex: breast cancer, Fanconi anemia)
- Group of conditions (ex: multiple cancers, autism/ID)
- Symptom (ex: epilepsy, immunodeficiency)

Exome

Reads through the regions of DNA (exons) that directly code for proteins







- One test looks for thousands of disorders!

Single Gene vs. Panel Testing



Not every panel is equal

Product Comparison

Test Name	Breast/Gyn Cancer Panel	Invitae Breast and Gyn Cancers Panel - Primary + Preliminary-Evidence Genes	Hereditary Breast and Gynecological Cancer Panel Updated (Sequencing)
Actions	 Remove From Compare  Add to Order	 Remove From Compare  Add to Order	 Remove From Compare  Add to Order
Lab Name	✓ GeneDx	✓ Invitae	✓ Blueprint Genetics
Category	Hereditary Breast and Ovarian Cancer Panel Tests	Hereditary Breast and Ovarian Cancer Panel Tests	Hereditary Breast and Ovarian Cancer Panel Tests
Test Code	B273	01201-1	ON1801-SEQ
Source	↗	↗	↗
Price	\$3,272.50	\$950.00	\$990.00
TAT	14 days	10-21 days	21-28 days
Techniques	Deletion/Duplication Sequencing	Deletion/Duplication Sequencing	Sequencing
Mechanisms	MLPA Next Generation Sequencing aCGH (Array Comparative Genomic Hybridization)	Next Generation Sequencing	Next Generation Sequencing
Overlapping Genes	ATM BARD1 BRCA1 BRCA2 BRIP1 CDH1 CHEK2 EPCAM MLH1 MSH2 MSH8 NBN NF1 PALB2 PMS2 PTEN RAD51C RAD51D TP53		
Unique Genes	FANCC MUTYH POLD1 RECQL	AKT1 CDC73 DICER1 FAM175A FANCC MRE11 MUTYH PIK3CA POLD1 RAD50 RINT1 SDHB SDHD SMARCA4 STK11 XRCC2	BLM DICER1 FANCM MRE11 RAD50 SMARCA4 STK11 XRCC2

Patient name: Jane Doe	Sample type: Blood	Report date:
DOB:	Sample collection date:	Invitae #:
Sex: Female	Sample accession date:	Clinical team:
MRN:		

Reason for testing

Diagnostic test for personal history of disease

Test performed

Sequence analysis of the 207 genes listed in the Genes Analyzed section.

- Invitae Primary Immunodeficiency Panel


RESULT: POSITIVE

One homozygous Pathogenic variant identified in CTPS1. CTPS1 is associated with autosomal recessive CTPS1 deficiency.

One Pathogenic variant identified in PMM2. PMM2 is associated with an autosomal recessive congenital disorder of glycosylation.

Additional Variant(s) of Uncertain Significance identified.

GENE	VARIANT	ZYGOSITY	VARIANT CLASSIFICATION
CTPS1	c.1692-1G>C (Splice acceptor)	homozygous	PATHOGENIC
PMM2	c.422G>A (p.Arg141His)	heterozygous	PATHOGENIC
MOGS	c.721C>T (p.Arg241Cys)	heterozygous	Uncertain Significance

About this test

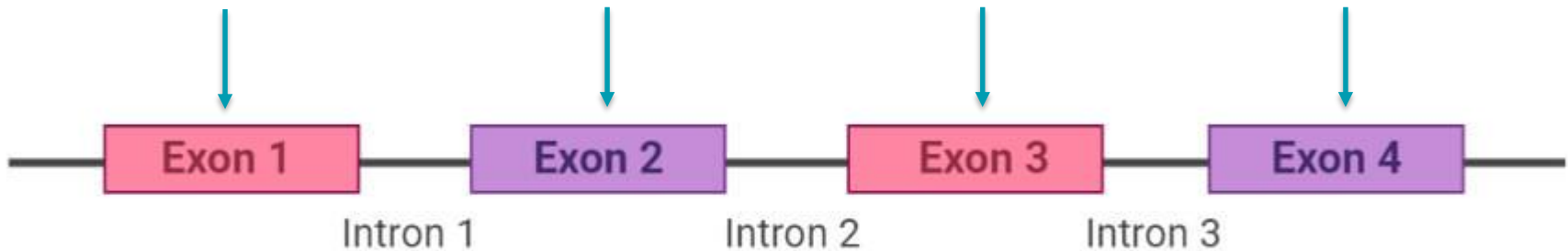
This diagnostic test evaluates 207 gene(s) for variants (genetic changes) that are associated with genetic disorders. Diagnostic genetic testing, when combined with family history and other medical results, may provide information to clarify individual risk, support a clinical diagnosis, and assist with the development of a personalized treatment and management strategy.

Report Example

CCHMC Approach

- If child presents with global developmental delay and autism, at CCHMC our standard of care is to order:
 1. SNP Microarray
 2. Fragile X
 3. Autism/ID panel*

Whole Exome Sequencing



- Sequencing of Exons
- Proband Only vs. Trio approach
- Answer found only ~25% for Trios
- Primary vs. Secondary Findings

Whole Genome vs. Whole Exome

Genome vs. Exome

Genome



A genome is like watching a football game from beginning to end.

Exome

Vs.



An exome is like reading about the game highlights the next day.

Exome Result Example

CHARACTERIZED GENETIC
ETIOLOGIES:

LIKELY POSITIVE

ALTERATION(S) WITH LIKELY
CLINICAL RELEVANCE DETECTED

Results Summary

Gene Symbol	Gene Inheritance	Characterized/ Uncharacterized Gene*	Protein Change	Nucleotide Change	Genotype	Alteration Type	Alteration Classification	Clinical Correlation
<i>PMPCA</i>	Autosomal recessive	Characterized	p.A377V	c.1130C>T	Homozygous, biparental	Missense	Likely pathogenic	Positive

Patient's likely diagnosis based on molecular results:
Spinocerebellar ataxia, autosomal recessive 2 (OMIM_213200)

Case Examples:

Single gene vs. panel vs. Exome

1. 15-year-old adolescent presents with hypertrophic cardiomyopathy

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1. 15-year-old adolescent presents with hypertrophic cardiomyopathy
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Case Examples:

Single gene vs. panel vs. Exome

1. 15-year-old adolescent presents with hypertrophic cardiomyopathy
2. 3-year-old presents with a family history of cardiomyopathy, and his mother has a known mutation in *EMD* gene
3. 5-day-old presents with dysmorphic facial features, failure to thrive, multiple congenital anomalies, and ataxia with no recognizable condition. All frontline testing is normal

Predictive or Predisposition Testing

- Used to determine a healthy person's predisposition to develop disease
- Testing usually sought based on family or medical history
- Should only be done in minors if there are medical interventions that would be recommended as children, if the testing is positive

Predictive or Predisposition Testing

- Treatments/Screening available
 - Cardiac Genetic Panels
 - Cancer Genetic Panels
- **Treatment not available**
 - AD Alzheimer's Disease
 - Huntington's Disease

Proactive Genetic Testing

- Marketed to healthy adults who want to understand their DNA and focus on prevention
- For example: Three testing options that analyze up to 147 genes that are well-established indicators of a significantly increased risk of developing hereditary cancers, cardiovascular conditions, and other medically important disorders

Testing Considerations

Test Interpretation

- Our technology is improving faster than our ability to correctly interpret results
- Types of Results:

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 - Negative
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 - Doesn't take away a clinical diagnosis for some conditions
 - Variant of Uncertain Clinical Significance (VUS)
 - Does not change medical management
 - Could be reclassified in the future

Other Considerations

- Picking the best test for your patient
 - Not every test is equal!
- Insurance
 - Will obtaining a diagnosis change management?
 - Will insurance company cover cost of testing?
 - GINA (Genetic Information Nondiscrimination Act)
- Incidental findings
 - Find Dx you weren't looking for
 - Parental relationships that weren't disclosed

Questions?

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