

Parental Variant Study is Informative for Variant Classification in Significant Number of Neurodevelopment Genes

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BACKGROUND

- Parental variant study (PVS) can provide powerful segregation data for variant classification.
- However, PVS utility is limited in genes with reduced penetrance, variable expressivity, or a nonspecific associated phenotype¹, which is common in neurodevelopmental disorders.
- We sought to identify characteristics common to neurodevelopment genes for which PVS was informative for variant classification.

VARIANTS RECLASSIFIED TO LIKELY PATHOGENIC (all *de novo*)

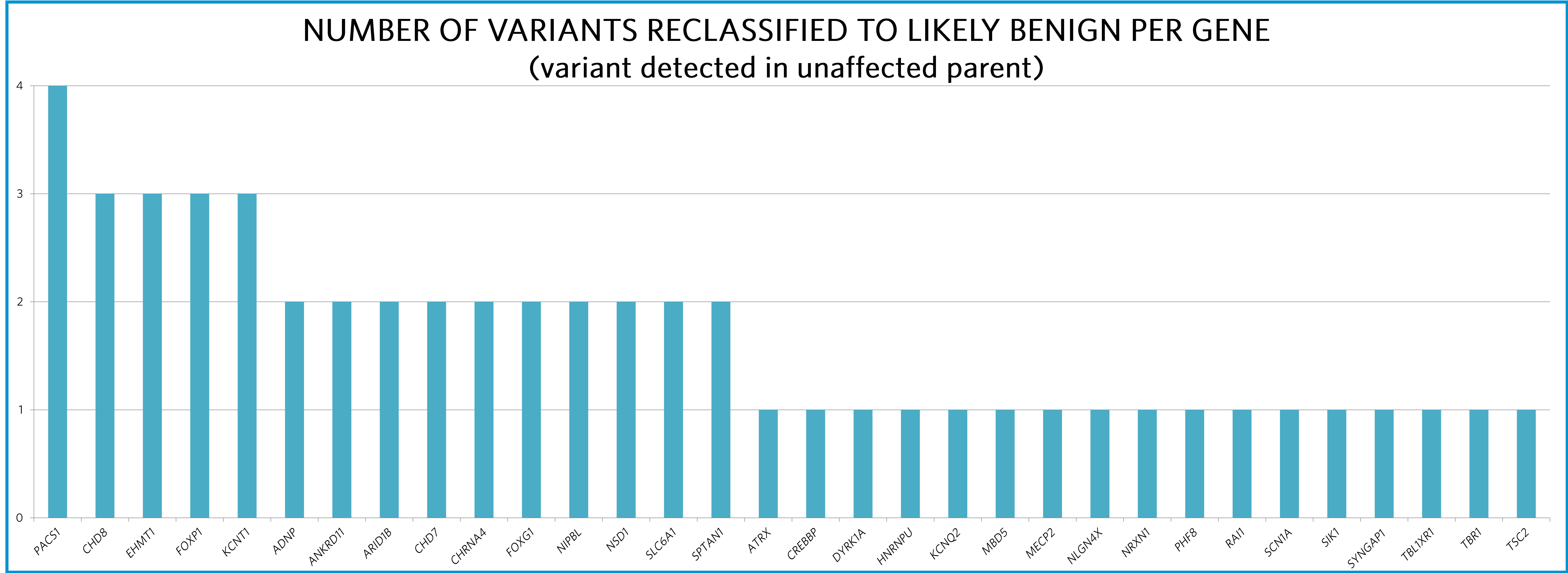
Gene	Alteration	Molecular Diagnosis	Proband clinical summary (abbreviated)
ATP1A2	p.R937H (c.2810G>A)	ATP1A2-related neurological disorder	Teenage female: global DD, ID, autism, epilepsy syndrome (NOS), macrocephaly, dysmorphic features, melanoma, precocious puberty
CHD2	p.R1074Q (c.3221G>A)	CHD2-related neuro-developmental disorder	School-age male: generalized epilepsy, DD, behavioral problems.
CREBBP	p.R1498Q (c.4493G>A)	Rubinstein-Taybi syndrome	School-age female: autism, speech/language deficit, short stature, dysmorphic facial features/ flat facial appearance, abnormalities of fingers and toes
KCNQ2	p.Y280C (c.839A>G)	KCNQ2-related neonatal epilepsy	Toddler female: Infantile/epileptic spasms @ 12 hours of life, hypsarrhythmia variant on EEG
KCNQ2	p.R332G (c.994A>G)	KCNQ2-related neonatal epilepsy	School-age female: generalized idiopathic epilepsy @ 3 days of life, global DD/ID, cortical visual impairment, static encephalopathy, dysphagia, hypothyroidism, GERD, allergies
KCNQ2	p.V543M (c.1627G>A)	KCNQ2-related neonatal epilepsy	Infant male: myoclonic seizures @ 4 months, DD, hypotonia, lachrimal problems, short stature, external hydrocephaly on CT
PCDH19	p.R198P (c.593G>C)	PCDH19-related epilepsy	Toddler female: developmental and speech delay, dysmorphic facial features, focal seizures, asymmetric myelination on brain MRI, family history of seizures (maternal, paternal)

METHODS

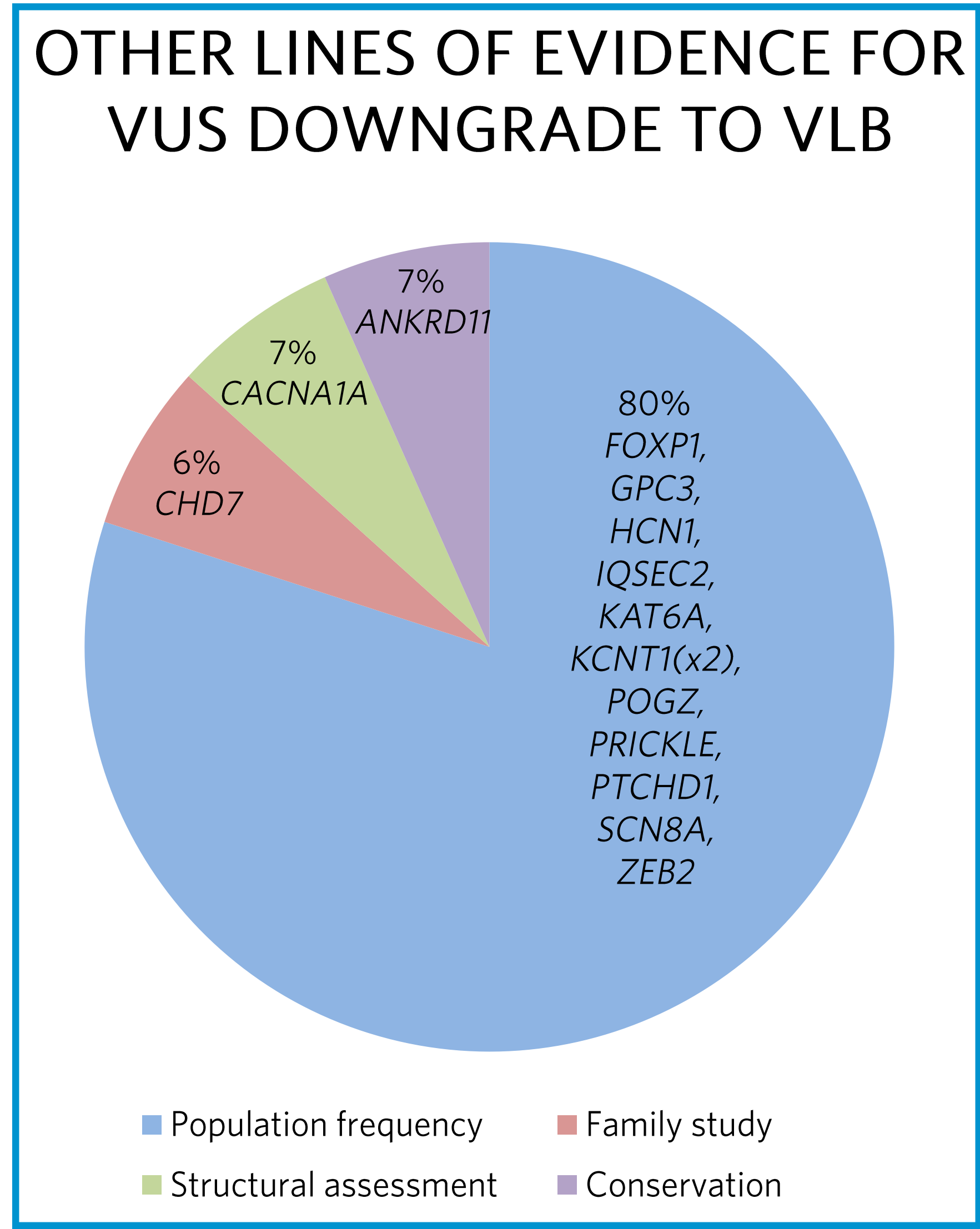
- Retrospective analysis of 100 cases for which PVS was completed July 2016- May 2017 for variants of unknown significance (VUS) found on multigene panel tests for neurodevelopmental disorders.
- VUS in autosomal dominant (AD) and X-linked (XL) genes were eligible for PVS.
- Genes in which PVS was/was not informative were compared.

RESULTS

- 179 unique VUS found in 84 AD or XL genes.
- 7 VUS in 5 genes upgraded due to *de novo* in proband 52 VUS in 32 genes downgraded due to detected in unaffected parent.
- 15 VUS in 14 genes downgraded due to other lines of evidence.



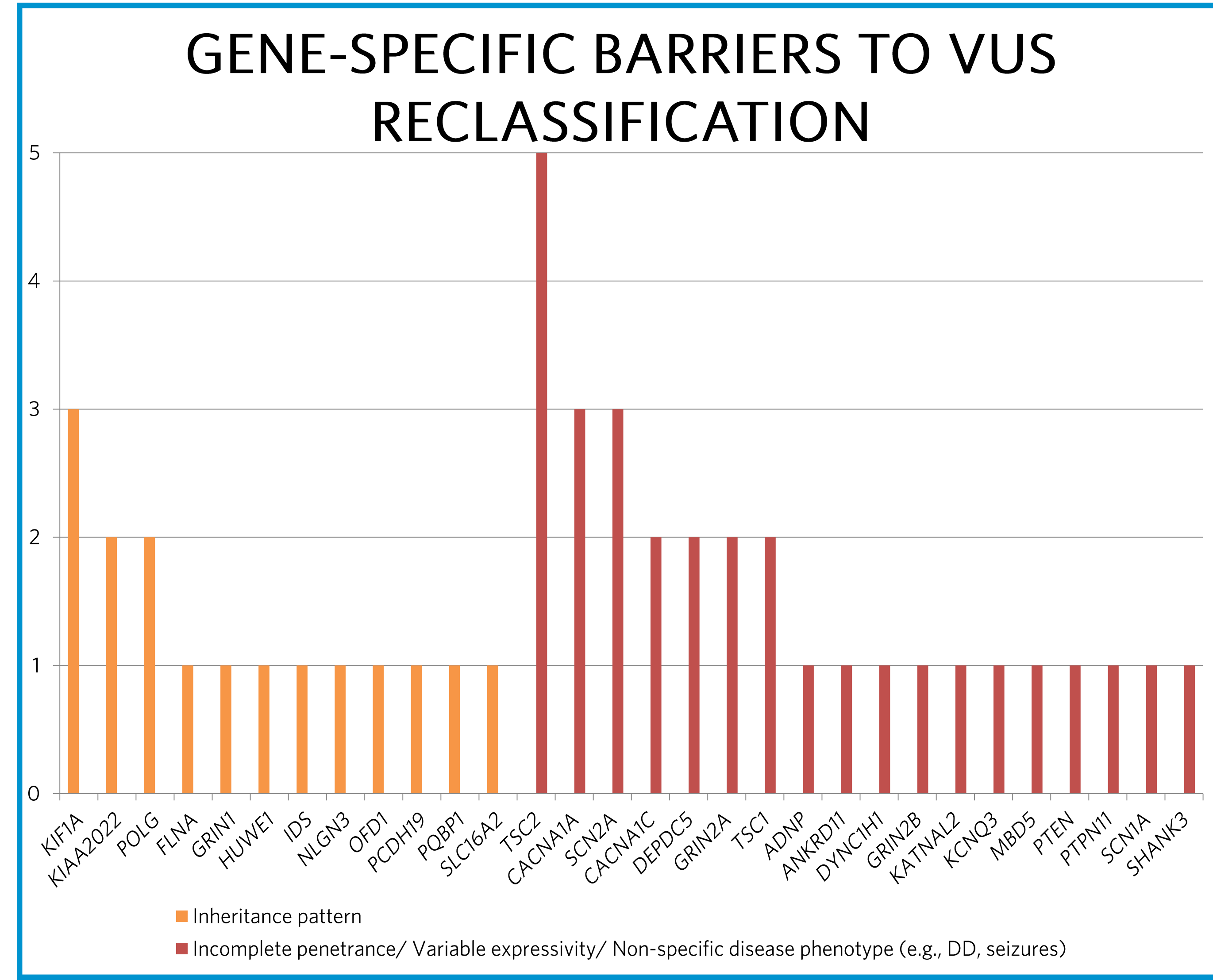
OTHER LINES OF EVIDENCE FOR VUS DOWNGRADE TO VLB



Evidence Type	Percentage
Population frequency	80%
Family study	6%
Structural assessment	7%
Conservation	7%

Genes included in Population frequency: FOXP1, GPC3, HCN1, IQSEC2, KAT6A, KCNT1(x2), POGZ, PRICKLE, PTCHD1, SCN8A, ZEB2.

GENE-SPECIFIC BARRIERS TO VUS RECLASSIFICATION



Gene	Number of Barriers
KIF1A	3
KIF2022	2
POLG	2
FLNA	1
GRIN1	1
HUWE1	1
ID5	1
NLGN3	1
OFD1	1
PCDH19	1
PQBP1	1
SLC16A2	1
TSC2	5
CACNA1A	3
SCN2A	3
CACNA1C	2
DEPDC5	2
GRIN2A	2
TSC1	2
ADNP	1
ANKRD11	1
DYNC1H1	1
GRIN2B	1
KATNAL2	1
KCNQ3	1
MBD5	1
PTEN	1
PTPN11	1
SCN1A	1
SHANK3	1

Legend: Inheritance pattern (orange), Incomplete penetrance/ Variable expressivity/ Non-specific disease phenotype (e.g., DD, seizures) (red)

TAKE-HOME POINTS

- PVS was informative for 45% (38/84) of genes with VUS and 19% (38/196) of all genes analyzed.
- PVS was most likely to be informative for genes associated with a well described syndrome or severe, early-onset phenotype.
- Understanding the types of genes for which PVS is likely to be informative may be useful for clinicians coordinating parental testing.
- Further understanding of the genes themselves may allow for effective variant classification using evidence not limited to PVS.

REFERENCES

1. Pesaran T et al. *Int J Breast Cancer*. 2016;2016:2469523. Epub 2016 Oct 16.