Molecular diagnosis as an incidental finding from preconception carrier screening

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1. Introduction

Carrier screening to identify individuals or couples at-risk for having children with severe autosomal recessive and X-linked conditions is recommended by both the American College of Medical Genetics and Genomics (ACMGG) and the American College of Obstetricians and Gynecologists (ACOG)¹⁻². Although screening was initially limited to a few conditions in high-risk populations³⁻⁴, the application of nextgeneration sequencing (NGS) methods to carrier screening allows clinical laboratories to perform simultaneous testing of hundreds of genes in a single assay. While these expanded carrier screens offer greater sensitivity and increased yield⁵⁻⁶, they also present new opportunities to detect clinically-significant findings unrelated to the intended scope of testing. In the context of preconception carrier screening, the detection of pathogenic variants in either a homozygous or compound heterozygous state may represent an incidental disclosure of a disease status unknown to the patient or referring physician, particularly for conditions associated with reduced penetrance or variable presentation. Herein, we report the prevalence of such findings identified through targeted carrier screening.

2. Methods

- •A retrospective analysis of 73,753 carrier screening records was performed for cases tested from October 2017 to June 2020. •All results were reviewed for the presence of homozygous or compound heterozygous variants of known phase in an autosomal recessive gene.
- •Results for male specimens were reviewed for the presence of hemizygous variants in an X-linked gene.

3. Results

- A total of 474 cases were identified involving 14 genes predicted to result in at least 17 distinct Mendelian disorders of varying severity.
- 401/474 cases (85%) had variants associated with asymptomatic or mild presentations
- Includes 308 homozygous alpha-thalassemia 3.7 deletion carriers and 93 homozygous Duarte (D2) galactosemia carriers • 68/73 cases (93%) were enriched for deleterious variants associated with moderate to profound recessive conditions (Tables 1-2).
- 2 male specimens were identified with pathogenic hemizygous deletions of the DMD gene (exon 45-47 deletion, exon 43-47 deletion).

4. Summary

- These data indicate that a small percentage of individuals undergoing carrier screening will have an incidental finding that may require clinical evaluation.
- It is often impossible to determine whether individuals with a molecular diagnosis are affected or symptomatic due to limited access to clinical information.
- The frequency of cases is likely underestimated in this study due to masking of non-targeted variants in panel genes. Comprehensive review of all coding regions as well as increasing the number of genes included on carrier screening panels is predicted to increase the percentage of cases identified.

Tables

	Gene		Variant	No. of	% of	
Disease	Symbol	Variant	Classification	Cases	Cases	
Hereditary Fructose Intolerance	ALDOB	c.1005C>G	Р	1	0.0033	
Wilson Disease	ATP7B	c.2804C>T	Р	1	0.0029	
Wilson Disease	ATP7B	c.2383C>T	Р	1	0.0029	
Wilson Disease	ATP7B	c.3207C>A	Р	1	0.0029	
Cystic Fibrosis	CFTR	c.1521 1523delCTT	Р	2	0.0027	
Cystic Fibrosis	CFTR	c.3209G>A	LP	1	0.0014	
Dihydropyrimidine dehydrogenase						Table 1. Cases with homozy
deficiency	DPYD	c.1905+1G>A	Р	1	0.0033	variants in autosomal reces
Pompe disease	GAA	c32-13T>G	Р	2	0.0065	genes, P=Pathogenic, LP=Lil
Hemoglobin C disease	HBB	c.19G>A	Р	5	0.0068	Pathogenic
Sickle cell disease	HBB	c.20A>T	Р	18	0.0244	ratiogenic
Hemoglobin E disease	HBB	c.79G>A	Р	5	0.0068	
Familial Mediterranean fever	MEFV	c.2177T>C	Р	5	0.0146	
Abetalipoproteinemia	MTTP	c.1783C>T	Р	1	0.0029	
Phenylalanine hydroxylase deficiency	PAH	c.1139C>T	Р	1	0.0029	
Phenylalanine hydroxylase deficiency	PAH	c.442-1G>A	Р	1	0.0029	
Phenylalanine hydroxylase deficiency	PAH	c.1208C>T	Р	1	0.0029	
Spinal Muscular Atrophy	SMN1	exon 7 deletion	Р	2	0.0027	

	Gono		No. of	% of
Disease	Symbol	Construct(c)	No. of	
Disease	Symbol	Genotype(s)	Cases	Cases
Hemoglobin H disease	HBA1/HBA2	SEA/ααCS	1	0.0021
Hemoglobin SC disease	HBB	c.[19>A];[20A>T]	19	0.0026
		c.[2080A>G];[2177T>C],		
Familial Mediterranean Fever	MEFV	c.2040G>C];[c.2080A>G]	3	0.0088
Phenylalanine hydroxylase				
deficiency	PAH	c.[143T>C];[165delT]	1	0.0029

Table 2. Cases with compound heterozygous variants in autosomal recessive genes

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