



Copy number variants in a large cohort analysed with whole-exome sequencing: lessons for genetic diagnosis

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Background

- Whole-exome sequencing (WES) enables the simultaneous analysis of all coding regions of the human genome.
- In routine molecular genetic diagnosis, genome-wide detection of copy number variants (CNVs) enabled the characterization of patients within cohorts with a broad phenotypic spectrum.

Aim

To evaluate the efficacy of read depth-based CNV detection in routine diagnostics

Methods

- 3,319 consecutive samples (2016 -2020)
- Capture kit:
 - Agilent's SureSelect Human All Exon (n=2819)
 - Twist's Human Core Exome Kit (n=500)
- Sequencing: HiSeq4000 or NovaSeq
- Software: VarSeq (Golden Helix)
- Confirmation methodology: qPCR or MLPA

Results

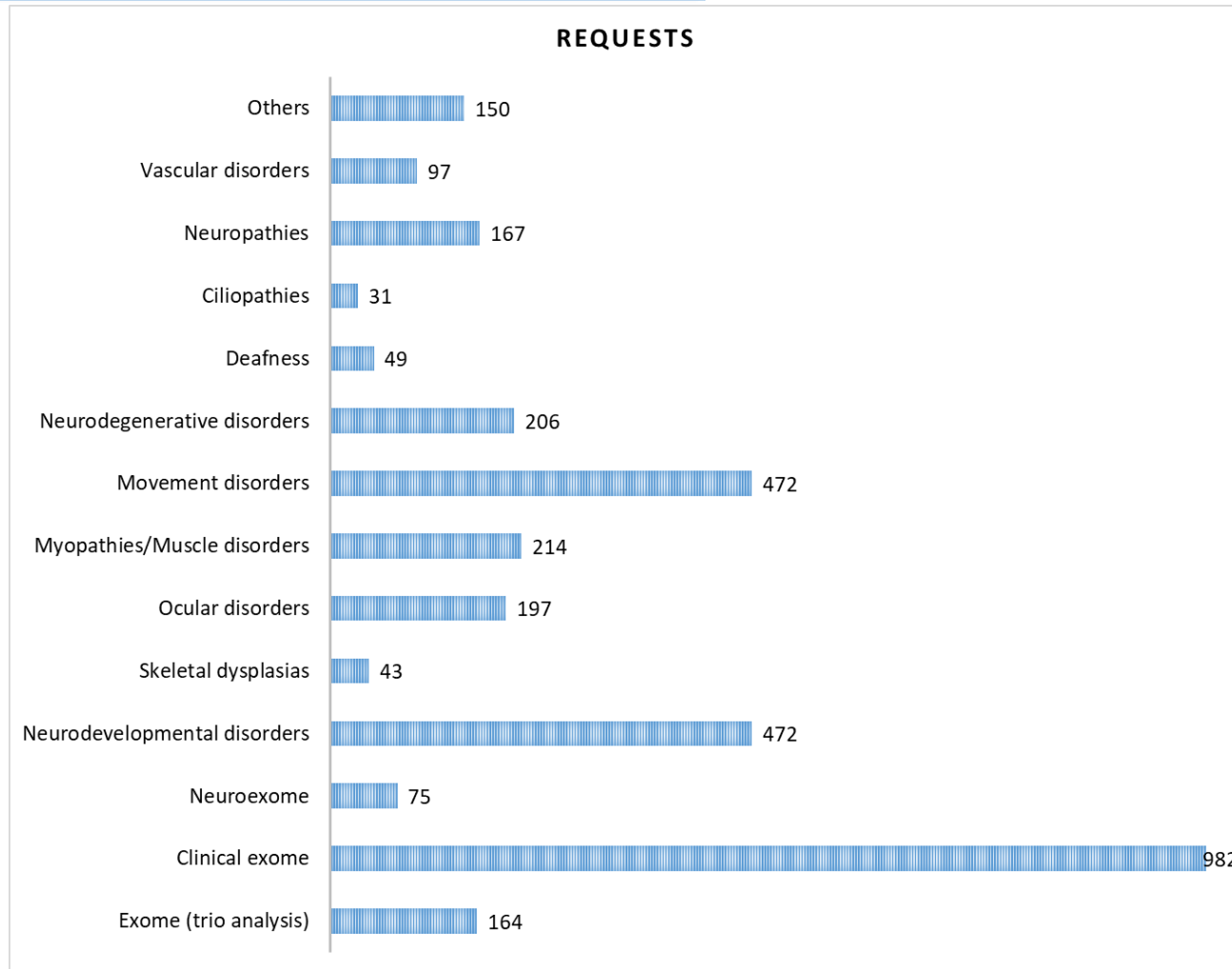


Figure 1 – Number of NGS-based genetic tests performed between 2016 and 2020 and subdivided by disease group.

The overall diagnostic yield attributable to CNVs was 4.6%

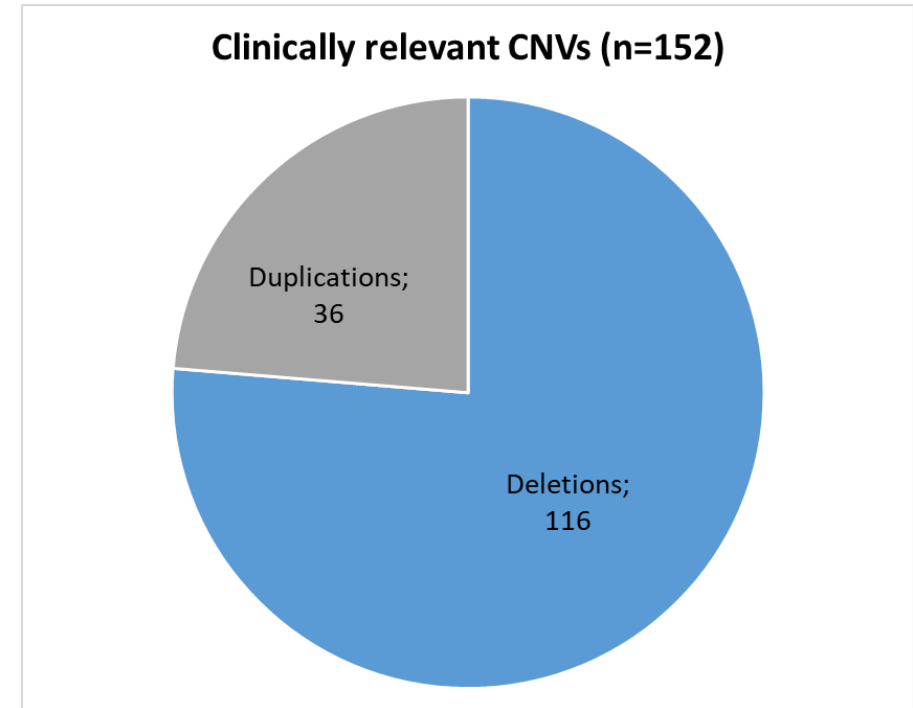
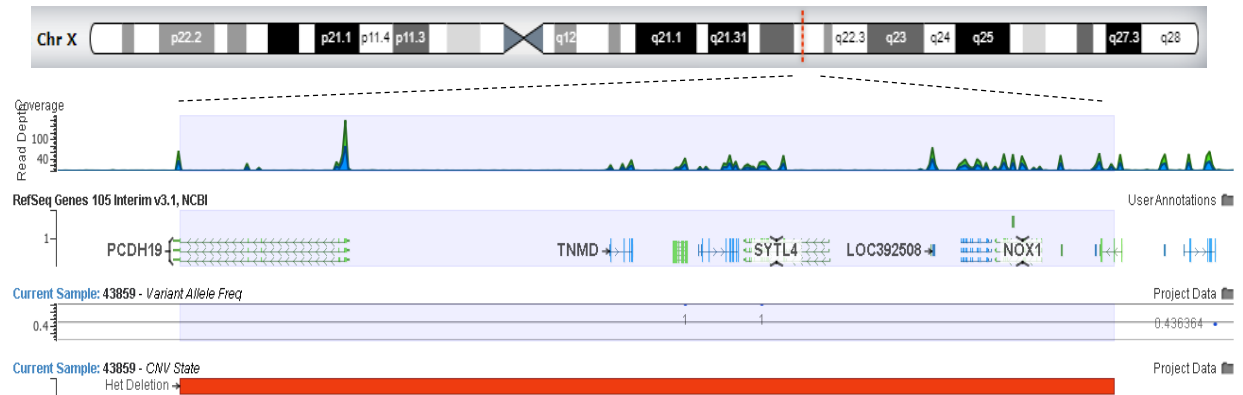


Figure 2 – Distribution of the 152 clinically relevant CNVs detected in this cohort.

Results

Table I – Distribution of the 152 detected CNVs by disease group and respective diagnostic yield.

Disease group	Requests (total)	With CNVs	Diagnostic yield (attributable to a CNV)
Exome (trio analysis)	164	7	4.3%
Clinical exome	982	40	4.1%
Neuroexome	75	3	4.0%
Neurodevelopmental disorders	472	32	6.8%
Skeletal dysplasias	43	3	7.0%
Ocular disorders	197	15	7.6%
Myopathies/Muscle disorders	214	7	3.3%
Movement disorders	472	11	2.3%
Neurodegenerative disorders	206	3	1.5%
Deafness	49	4	8.2%
Ciliopathies	31	3	9.7%
Neuropathies	167	3	1.8%
Vascular disorders	97	2	2.1%
Others	150	14	9.3%



Patient:

- 1 year-old female patient
- Refractory seizures (onset at 4 months of age)
- Gene panel for epilepsies requested



Genetic defect:

- The ~626.8 Kb deletion occurs at Xq22.1, affecting the *PCDH19* gene and other neighboring locus.
- Defects in *PCDH19* are associated with developmental and epileptic encephalopathy type 9 and affecting only females.

Figure 4 – Illustrative example of a CNV detected by depth-based analysis.

Results

Table II – CNV type and size distribution by panel/disease group.

CNV type	Total		Intragenic		Multiple genes	
	Del	Dup	Del	Dup	Del	Dup
Exome (trio analysis)	2	5	1	4	1	1
Clinical exome	32	8	27	6	5	2
Neuroexome	2	1	2	1	0	0
Neurodevelopmental disorders	17	9	15	5	2	4
Skeletal dysplasias	3	0	3	0	0	0
Ocular disorders	15	1	15	1	0	0
Myopathies/Muscle disorders	6	1	6	1	0	0
Movement disorders	9	2	8	2	1	0
Neurodegenerative disorders	3	0	3	0	0	0
Deafness	3	1	3	1	0	0
Ciliopathies	3	0	3	0	0	0
Neuropathies	2	1	2	1	0	0
Vascular disorders	2	0	2	0	0	0
Others	13	3	11	2	2	1

Disease group

Discussion

Yield:

- ❑ Most of the CNVs detected in our cohort were intragenic
- ❑ Overall diagnostic yield attributable to CNVs was 4.6%
- ❑ By disease group:
 - ❑ 7.6% for ocular diseases
 - ❑ 6.8% for neurodevelopment disorders
 - ❑ 4.1% for clinical exome
 - ❑ 4.0% for neuroexome
 - ❑ 4.3% for WES trios
 - ❑ 3.3% for neuromuscular diseases
 - ❑ 2.3% for movement disorders
 - ❑ 2.1% for vascular diseases

Pros:

- ❑ WES allows the simultaneous detection of SNVs, InDels and CNVs
- ❑ Read depth-based CNV detection from WES data is a cost-effective add-on for diagnostic laboratories

Cons:

- ❑ High rate of false positives
- ❑ Requires confirmation by another methodology