

# NEXT GENERATION SEQUENCING (NGS) ANALYSIS OF PATIENTS WITH IDIOPATHIC EPILEPSY: DESIGN OF DIFFERENT GENETIC PANELS

Castellotti B<sup>1</sup>, Gellera C<sup>1</sup>, Magri S<sup>1</sup>, Freri E<sup>2</sup>, Ragona F<sup>2</sup>, Canafoglia L<sup>4</sup>, Baranello G<sup>3</sup>, Alfei E<sup>3</sup>, Santi M<sup>5</sup>, Taroni F<sup>1</sup>, Franceschetti S<sup>4</sup>, DiFrancesco J.C<sup>4,5</sup>, Granata T<sup>2</sup>



<sup>1</sup> SOSD Genetica delle Malattie Neurodegenerative e Metaboliche IRCCS Fondazione Istituto Neurologico "C. Besta" - Milano

<sup>2</sup> U.O Neuropsichiatria Infantile IRCCS Fondazione Istituto Neurologico "C. Besta" - Milano

<sup>3</sup> U.O Neurologia dello Sviluppo IRCCS Fondazione Istituto Neurologico "C. Besta" - Milano

<sup>4</sup> U.O Neurofisiologia ed Epilettologia Diagnostica IRCCS Fondazione Istituto Neurologico "C. Besta" - Milano

<sup>5</sup> U.O Neurologia Università Milano Bicocca <sup>4</sup>



## Objectives

In order to analyze a large series of patients with different types of epilepsy, we designed a NGS genetic panel for the analysis of 46 disease genes. This genes were selected due to their involvement in different forms of epilepsy, such as treatable forms, epileptic encephalopathies, benign epilepsy, myoclonic epilepsy, progressive epilepsy, epilepsy with febrile seizures, neuronal migration disorders, subcortical dysplasia, bilateral perisylvian polymicrogyria, heterotopic periventricular nodular microcephaly.

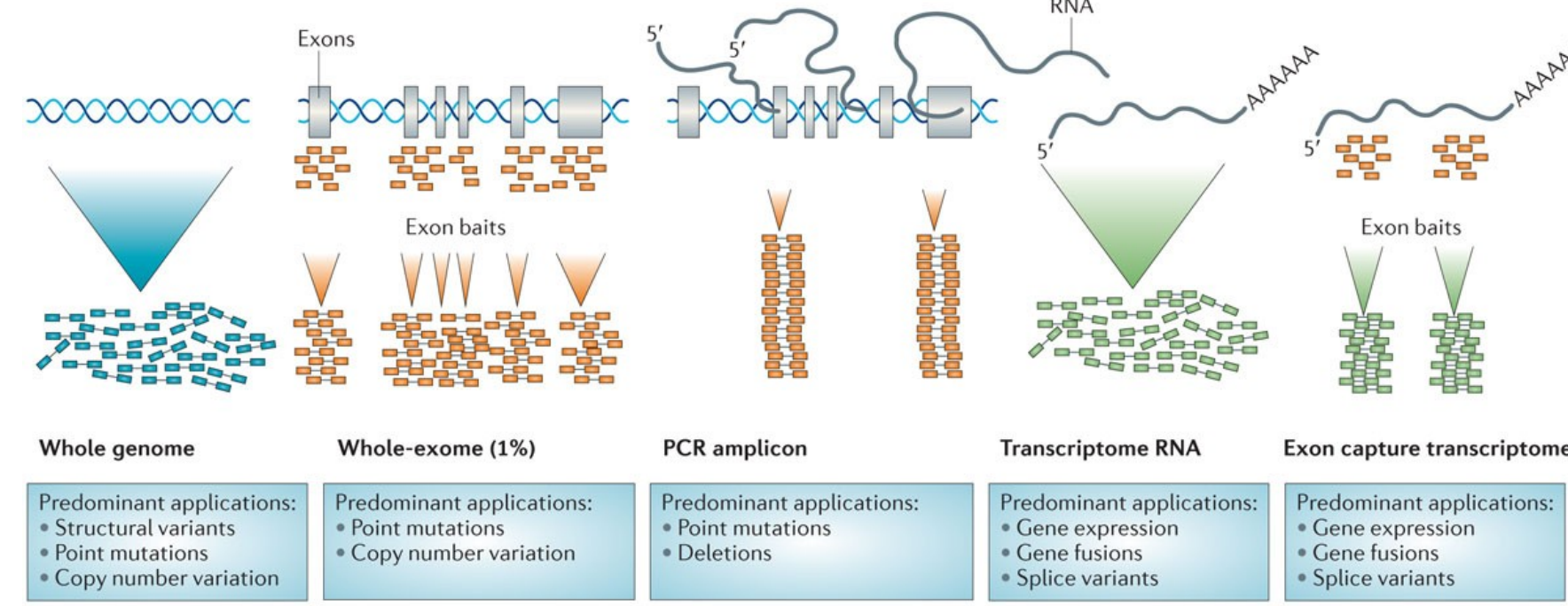
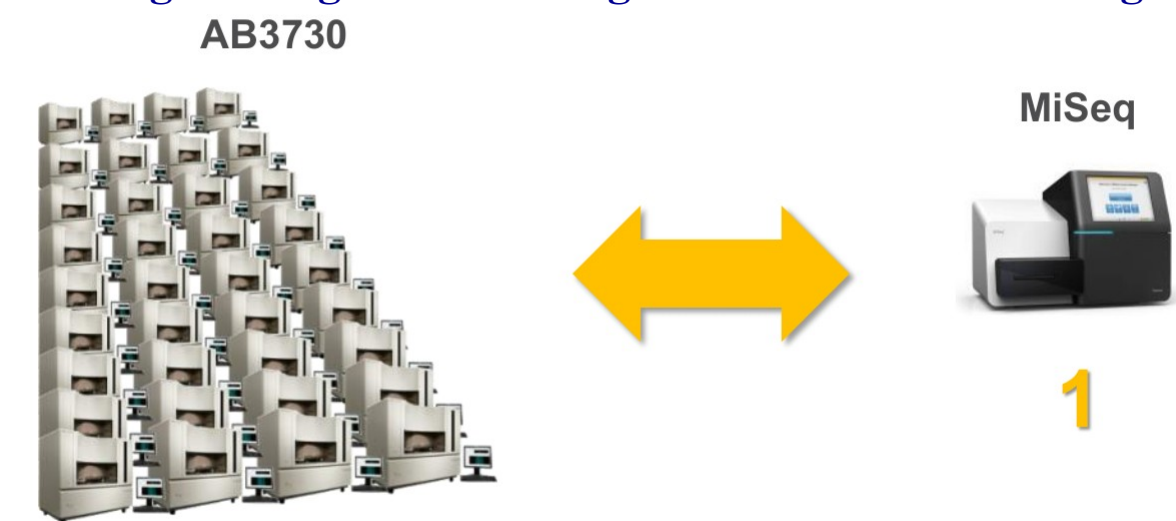
## Materials and methods

We conducted a preliminary study in 50 patients from 49 unrelated families. The analysis was carried out by a NGS method using the TruSeq Custom Amplicon Illumina technology and the MySeq Illumina apparatus.

**Results** The primary filtering process showed the presence of a total of 100 variants presenting a MAF<1% (on average 2 variants for patient). The secondary filtering process allowed us to extract about 63 exonic or splicing variants of possible pathogenic significance. In 41 patients (82%) we report at least one variant with unknown significance and in 12 patients (24%) we reported one mutation of possible pathological role. These variants were present in the following genes: GRIN2A, GRIN2B, POLG, SLC6A8, ATP1A3, PRRT2, TUBB8, PPT1, CDKL5, RELN, FOXG1, SLC2A1, KCNQ3 and COL4A1. Two mutations, one in the FOXG1 gene and one in the CDKL5 gene, are nonsense mutations, two other mutations, one in the ATP1A3 gene and one in the TUBB8, are intron splicing variants, while all the other variants are missense mutations. All mutations were novel and were confirmed by Sanger sequence analysis.

## Discussion and conclusions

In order to extend the genetic analysis in a wide spectrum of diseases related to epilepsy, we are currently planning a second panel design using Nextera Rapid Capture technology. This panel contains also genes involved in other diseases presenting an epileptic phenotype such as Sialidosis, Lafora, Unverricht-Lundborg, Kufs, Niemann Pick and Gaucher. The platform will include the analysis of 93 genes. Our encouraging preliminary results suggest the usefulness of a NGS approach for large scale genetic investigation to increase the diagnostic score in the context of epilepsies.



Whole Genome, Whole Exome, Gene Panels, Nature Reviews | Drug Discovery

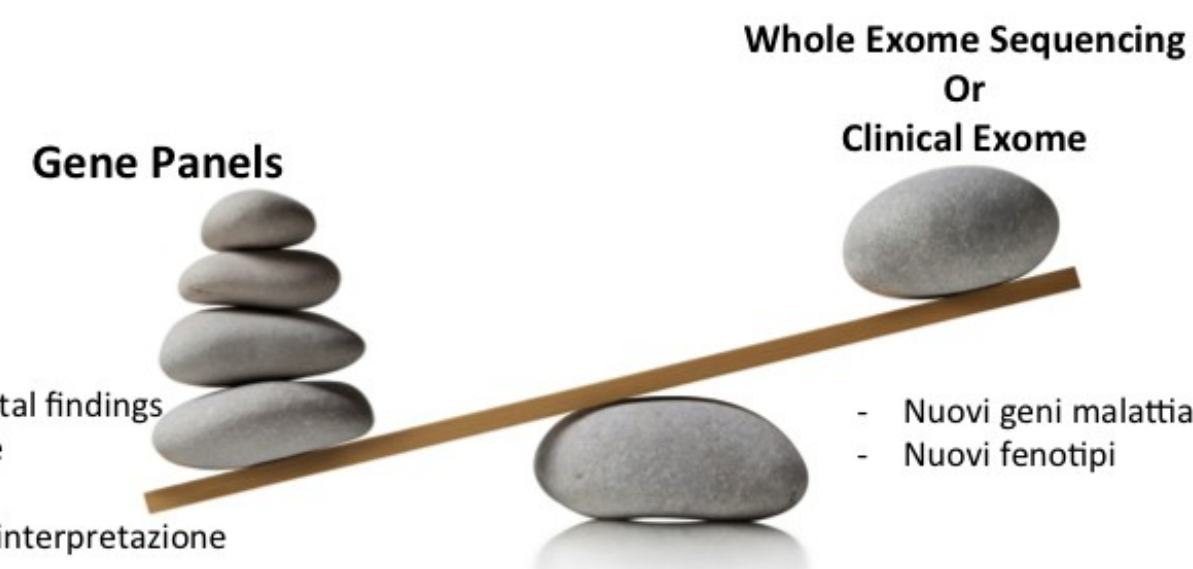
## NGS in Clinica: Gene panel vs WES

**Clinical implications of genetic advances in Charcot-Marie-Tooth disease**

Next-Generation Sequencing: From Basic Research to Diagnostics

**Clinical exome sequencing in neurology practice**

Exome Sequencing in the Clinical Diagnosis of Sporadic or Familial Cerebellar Ataxia

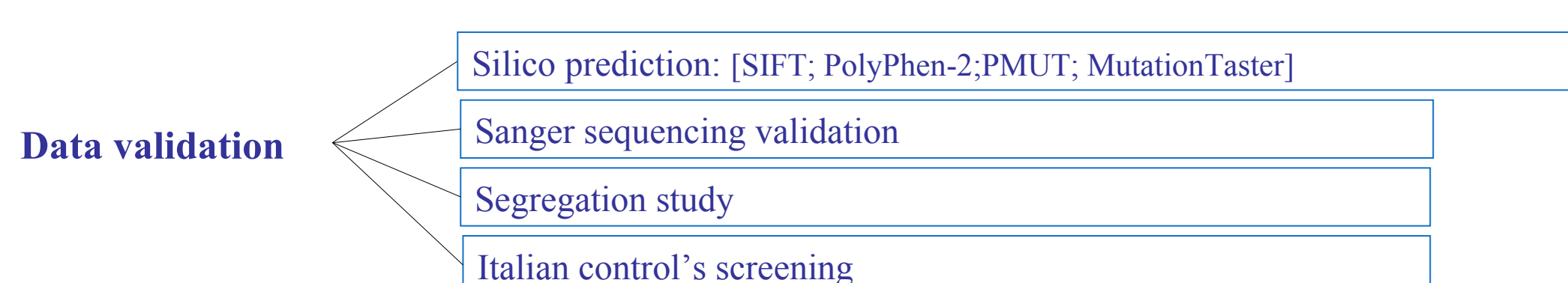


## TruSeq Custom Amplicon design

## RESULTS

**Number of patients:** 50  
**Patients with variants:** 41 (82%)  
**Patients with mutations with pathological effect:** 12 (24%)  
**Patients with variants of unknown significance (VUS):** 29 (58%)  
**No variants:** 9 (18%)

## Data analysis



- Clearly pathogenic (10 mutations in 6 patients)
- Unknown significance (VUS) (31 variants in 22 patients)
- Unlikely to be pathogenic (2 variants in 2 patients)
- no variants in 10 patients

## Classification

- 1 - Clearly not pathogenic
- 2 - Unlikely to be pathogenic
- 3 - Unknown significance (VUS)
- 4 - Likely to be pathogenic
- 5 - Clearly pathogenic

ENCEFALOPATIE EPILETTICHE:	GENE	PROTEIN
<b>FORME TRATTABILI</b>		
ADPT1A16	5q23.2	Aldehyde Dehydrogenase 7 Family, Member A1
SLC2A1	1p34.2	Solute Carrier Family 2 (Facilitated Glucose Transporter), Member 1
PNPO	17q21.32	Pyridoxamine 5-Phosphate Oxidase
PHGDH	1p12	Phosphoglycerate Dehydrogenase
SLC6A8	1q28	Solute Carrier Family 6 (Neurotransmitter Transporter), Member 8
<b>epilessie precoci/encefalopatie epilettiche</b>		
KCNT1	9q34.3	Potassium Channel, Subfamily T, Member 1
ARX	Xp21.3	Aristaless Related Homeobox, Mental Retardation, X-Linked
STXBP1	9p24.1	Syntaxin Binding Protein
CDKL5	Xp22.13	Cyclin-Dependent Kinase-Like 5
FOXG1	14q13.3	Forhead Box G1
MCP2P	1q28	Methyl CpG Binding Protein 2 (Rett Syndrome)
UBE3A	15q11.2	Ubiquitin Protein Ligase E3A (Angelman)
KCNQ2	20q13.33	Potassium Voltage-Gated Channel, KCQ-Like Subfamily, Member 2
KCNQ3	8q24	Potassium Voltage-Gated Channel, KCQ-Like Subfamily, Member 2
GRIN2A	16p13.2	Glutamate Receptor, Ionotropic, N-Methyl D-Aspartate 2A
GRIN2B	12q12	Glutamate Receptor, Ionotropic, N-Methyl D-Aspartate 2B
GABRB3	15q12	Gamma-Aminobutyric Acid (GABA) A Receptor, Beta 3
HCN1	5p12	Hyperpolarization Activated Cyclic Nucleotide-Gated Potassium Channel
<b>BENIGNE</b>		
KCNQ2	20q13.33	Potassium Voltage-Gated Channel, KCQ-Like Subfamily, Member 2
KCNQ3	8q24.2	Potassium Voltage-Gated Channel, KCQ-Like Subfamily, Member 3
SCN2A	2q24.3	Sodium Channel, Voltage-Gated, Type II, Alpha Subunit
PRRT2	16p11.2	Proline-Rich Transmembrane Protein 2
ATP1A2-A12	1q23.2	ATPase, Na+/K+ Transporting, Alpha 2 Polypeptide
<b>MIOCLONICA MALIGNA</b>		
SYNGAP1	6p21.32	Synaptic Ras GTPase Activating Protein 1
CHD2	15q26.1	Chromodomain Helicase DNA Binding Protein 2
<b>MIGRANTI</b>		
KCNT1	9q34.3	Potassium Channel, Subfamily T, Member 1
SCN2A	2q24.3	Sodium Channel, Voltage-Gated, Type II, Alpha Subunit
PLCB1	20p12.3	Phospholipase C, Beta 1
SCN1A	2q24.3	Sodium Channel, Voltage-Gated, Type I, Alpha Subunit
<b>PROGRESSIVE</b>		
CTSD	11p15.5	Cathepsin D Ceroid-Lipofuscinosis, Neuronal 10
POGZ	15q26.1	Polymerase (DNA Directed), Gamma
TWINKLE C10ORF2	10q24.31	Chromosome 10 Open Reading Frame 2
PPT1 (CLN1)	1p34.2	Palmitoyl-Protein Thioesterase 1
<b>CONVULSIONI FEBBRILI</b>		
SCN1A	2q24.3	Sodium Channel, Voltage-Gated, Type I, Alpha Subunit
SCN2A	2q24.3	Sodium Channel, Voltage-Gated, Type II, Alpha Subunit
SCN1B	19q13.12	Sodium Channel, Voltage-Gated, Type I, Beta Subunit
SCN8A	12q13.13	Sodium Channel, Voltage-Gated, Type VIII, Alpha Subunit
GABRG2	5q34	Gamma-Aminobutyric Acid (GABA) A Receptor, Gamma 2
PCDH19	10q22.1	Protocadherin 19
CHD2	15q26.1	Chromodomain Helicase DNA Binding Protein 2
CACNA1A	19p13.2	Calcium Channel, Voltage-Dependent, P/Q Type, Alpha 1A Subunit
<b>DISORDINI MIGRAZIONE NEURONALE</b>		
DKC	Xq23	Doublecortin
PAFAH1B1/FLJ1	17q13.3	Platelet-Activating Factor Acetylhydrolase 1b, Regulatory Subunit 1
FLNA	Xq28	Filamin A
TUBA1A	12q13.12	Tubulin, Alpha 1a
TUBB2B	6p25.2	Tubulin, Beta 2B Class IIB
TUBB3	16q24.3	Tubulin, Beta 3 Class III
TUBB8	10p15.3	Tubulin, Beta 8 Class VIII
<b>DISPLASIA SOTTOCORTICALLI</b>		
HESX1	3p14.3	Homeobox 1
COL4A1	13q34	Collagen, Type IV, Alpha 1
COL4A2	13q34	Collagen, Type IV, Alpha 2
<b>POLIMICROGIRIE BILATERALI FRONTO-TEMPORALI</b>		
GPR56	16q13	G Protein-Coupled Receptor 56
<b>POLIMICROGIRIE BILATERALI PERISILVANE</b>		
SRPX2	Xq21.33-q23	Sushi-Repeat Containing Protein, X-Linked 2
EMX2	10q26.11	Empty Spiracles Homeobox 2
<b>MICROCEFALIA ETEROTOPICA NODULARE PERIVENTRICOLARE</b>		
ARHGAP2	1q21-q22	Rho/Rac Guanine Nucleotide Exchange Factor (GEF) 2
<b>DISORDINI DI RELINA</b>		
RELN	7q22	Reelin
VLDLR	9p24	Very Low Density Lipoprotein Receptor