



**A new approach for Next Generation Sequencing in prenatal diagnosis applied to a case of Charcot-Marie-Tooth syndrome.**

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Complete List of Authors:	Dello Russo, Claudio; Altamedica, Fetal-Maternal Medical Centre, Human Genetics padula, francesco; Altamedica, Fetal-Maternal Medical Centre, Prenatal Diagnosis Di Giacomo, Gianluca; Altamedica, Fetal-Maternal Medical Centre, Human Genetics Mesoraca, Alvaro; Altamedica, Fetal-Maternal Medical Centre, Human Genetics Gabrielli, Ivan; Altamedica, Fetal-Maternal Medical Centre, Human Genetics Bizzoco, Domenico; Altamedica, Fetal-Maternal Medical Centre, Human Genetics Giorlandino, Claudio; Altamedica, Fetal-Maternal Medical Centre, Prenatal Diagnosis
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3 Manuscript words: 1430

4 Table: 1

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7 Claudio Dello Russo<sup>1</sup>, Francesco Padula<sup>2</sup>, Gianluca Di Giacomo<sup>1</sup>, Alvaro Mesoraca<sup>1</sup>, Ivan  
8 Gabrielli<sup>1</sup>, Domenico Bizzoco<sup>1</sup>, Claudio Giorlandino<sup>2</sup>

9 <sup>1</sup> Altamedica, Fetal-Maternal Medical Centre - Department of Human Genetics, Rome, Italy.

10 <sup>2</sup> Altamedica, Fetal-Maternal Medical Centre - Department of Prenatal Diagnosis, Rome,  
11 Italy.

12

13 Corresponding author:

14 **Claudio Dello Russo**

15 Department of Human Genetics

16 Altamedica, Fetal-Maternal Medical Centre

17 Viale Liegi 45 – 00198 Rome – Italy

18 Telephone: +39068505804

19 Fax: +39068605815

20 E-mail address: [claudio.dellorusso@artemisia.it](mailto:claudio.dellorusso@artemisia.it)

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23 The authors report no conflict of interest.

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26 To date, a great effort has been made to introduce NGS prenatal diagnosis, both in  
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28 and 13 and, in the latest studies, for single gene disorder analysis, and in invasive prenatal  
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31 **What does this study add?**

32 We have introduced a new target resequencing NGS approach in prenatal diagnosis for the  
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34 Our method is applicable to high-risk pregnancies when an ultrasound screening fails to show  
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43 **Research letter**

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127 We identified a missense mutation in gene *MFN2* (OMIM 608507) c.1126A>G  
128 (NM\_014874), p.Met376Val (NP\_055689.1), previously described as CMT2A2 (OMIM  
129 609260) disease causing<sup>7,8</sup>; this mutation was present in heterozygous form both in the mother  
130 and her fetus and was absent in the father; Sanger sequencing method confirmed the presence  
131 of the mutation (Figure 1). Given the autosomal dominant form of the pathology, the patient  
132 and her fetus were both found to be affected by CMT disease type 2A2<sup>9</sup>. No other pathogenic  
133 mutation was found.

134 During post-test genetic counseling, the patient was informed both regarding possible  
135 penetrance variability of CMT2 and, in case of the syndrome, about the probability of an early  
136 onset of pathological signs at same age as the mother (the second year of life). This was a  
137 crucial point since the early onset of the syndrome is strictly correlated to its severity. The  
138 patient chose to terminate the pregnancy. For further pregnancies, we suggested the patient  
139 have preimplantation genetic diagnosis.

140 The NGPD was very suitable for prenatal diagnosis as it is compatible with the limited  
141 quantity and quality of the DNA extracted from the fetal sample through chorionic villous  
142 sampling, and, above all, with the times foreseen in prenatal diagnostics; indeed, the results  
143 are available after about two weeks and reporting occurred during the fifteenth week of  
144 pregnancy. Moreover, the use of a high-throughput NGS platform, NextSeq500, has made a  
145 cost reduction possible.

146 The major advantage of using a commercial, not customized library, to study selected genes,  
147 is to avoid a long and laborious internal development validations phase in the laboratory, and  
148 thereby reaching a level of reliability which would be difficult to obtain with the software  
149 usually utilized for the design of custom probes.

150 'The use of TSO for library preparation allows the customization of the NGPD panel for genes not  
151 analysed in the current version. Moreover, the NGPD software allowed filtering and analysis of  
152 only clear pathogenic gene variants, selected from the main annotation database, thereby  
153 excluding issues with reporting of variants with uncertain clinical significance, particularly in  
154 prenatal diagnosis.

155 In a perspective for the future, our centre is currently running a pilot study on the application  
156 of NGPD in a low-risk population of pregnant women, aiming to identify the frequency of  
157 autosomal recessive diseases and their association with gene mutations responsible for lethal  
158 fetal disorders.

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191 **Table 1**

192 NGPD panel: genetic diseases are listed on the left and on the right the associated genes

193 included in NGPD panel.

GENETIC DISEASE	ASSOCIATED GENES
ACHONDROGENESIS, TYPE IA/TYPE IB	<i>TRIP11/SLC26A2</i>
HYPOCHONDROGENESIS/ACHONDROGENESIS, TYPE II	<i>COL2A1</i>
ACHONDROPLASIA	<i>FGFR3</i>
ALAGILLE SYNDROME 1/TETRALOGY OF FALLOT	<i>JAG1</i>
APERT SYNDROME	<i>FGFR2</i>
ATELOSTEOGENESIS, TYPE I	<i>FLNB</i>
ATAXIA-TELANGIECTASIA VARIANT	<i>ATM</i>
BARDET-BIEDL SYNDROME 1	<i>BBS1/BBS10</i>
BLOOM SYNDROME	<i>BLM</i>
CANAVAN DISEASE	<i>ASPA</i>
CARDIOFACIOCUTANEOUS SYNDROME 1	<i>BRAF</i>
CHARCOT MARIE TOOTH DISEASE	<i>BSCL2, DNM2, EGR2, FGD4, FIG4, GARS, GDA P1, GJB1, HSPB1, HSPB8, KIF1B, LITAF, LMNA, MFN2, MPZ, MTMR2, NDRG1, NEFL, PMP22, P RPS1, PRX, RAB7A, SBF2, SH3TC2, TRPV4</i>
RHIZOMELIC CHONDRODYSPLASIA PUNCTATA, TYPE 1	<i>PEX7</i>

COFFIN-LOWRY SYNDROME	<i>RPS6KA3</i>
CORNELIA DE LANGE SYNDROME 1	<i>NIPBL</i>
CORNELIA DE LANGE SYNDROME 2	<i>SMC1A</i>
COSTELLO SYNDROME	<i>HRAS</i>
CROUZON SYNDROME	<i>FGFR2</i>
DYSAUTONOMIA, FAMILIAL	<i>IKBKAP</i>
CORTICAL DYSPLASIA, COMPLEX, WITH OTHER BRAIN MALFORMATIONS 1	<i>TUBB3</i>
CAMPOMELIC DYSPLASIA WITH AUTOSOMAL SEX REVERSAL	<i>SOX9</i>
EHLERS-DANLOS SYNDROME, TYPE VIIC/TYPE I/AUTOSOMAL RECESSIVE, CARDIAC VALVULAR FORM/TYPE IV/TYPEVI	<i>ADAMTS2/COL1A1/COL1A2/COL3A1/COL5A1/C OL5A2/PLOD1</i>
ELLIS-VAN CREVELD SYNDROME	<i>EVC</i>
EPIDERMOLYSIS BULLOSA SIMPLEX, DOWLING-MEARA TYPE/GENERALIZED	<i>KRT5/KRT14</i>
PHENYLKETONURIA	<i>PAH</i>
CYSTIC FIBROSIS	<i>CFTR</i>
GALACTOSEMIA	<i>GALT</i>
HOLT-ORAM SYNDROME	<i>TBX5</i>

HYPOCHONDROPLASIA	<i>FGFR3</i>
HYPOPHOSPHATASIA, INFANTILE	<i>ALPL</i>
LISSENCEPHALY, X-LINKED, 1	<i>DCX</i>
LISSENCEPHALY 3	<i>TUBA1A</i>
JOUBERT SYNDROME 3/5/6/8/7/9/2	<i>AHI1/CEP290/TMEM67/ALR13B/RPGRIP1L/CC2 D2A/TMEM216</i>
KABUKI	<i>KMT2D</i>
MARFAN DISEASE	<i>FBN1</i>
MECKEL SYNDROME	<i>MKS1</i>
MICROCEPHALY	<i>ASPM</i>
MUCOLIPIDOSIS	<i>MCOLN1</i>
NAIL-PATELLA SYNDROME	<i>LMX1B</i>
NOONAN SYNDROME	<i>PTPN11/SOS1/KRAS/RAF1/BRAF/NRAS/CBL</i>
HOLOPROSENCEPHALY	<i>SHH/SIX3</i>
OSTEOGENESIS IMPERFECTA, TIPO I/II/III/IV/VII	<i>COL1A1/COL1A2/CRTAP/LEPRE1</i>
POLYMICROGYRIA	<i>TUBB2B</i>
POLYCYSTIC KIDNEY DISEASE	<i>PKD1/PKD2/PKHD1</i>
PFEIFFER SYNDROME	<i>FGFR1</i>

RETT SYNDROME	<i>MECP2</i>
SAETHRE-CHOTZEN SYNDROME	<i>TWIST1</i>
SECKEL SYNDROME	<i>ATR</i>
SMITH-LEMLI-OPITZ SYNDROME	<i>DHCR7</i>
DEAFNESS	<i>GJB2/GJB6</i>
SOTOS SYNDROME	<i>NSD1</i>
TAY-SACHS DISEASE	<i>HEXA</i>
TIROSINEMIA	<i>FAH</i>
TREACHER COLLINS SYNDROME	<i>TCOF1</i>
WILSON SYNDROME	<i>ATP7B</i>
ZELLWEGER SYNDROME	<i>PEX1</i>

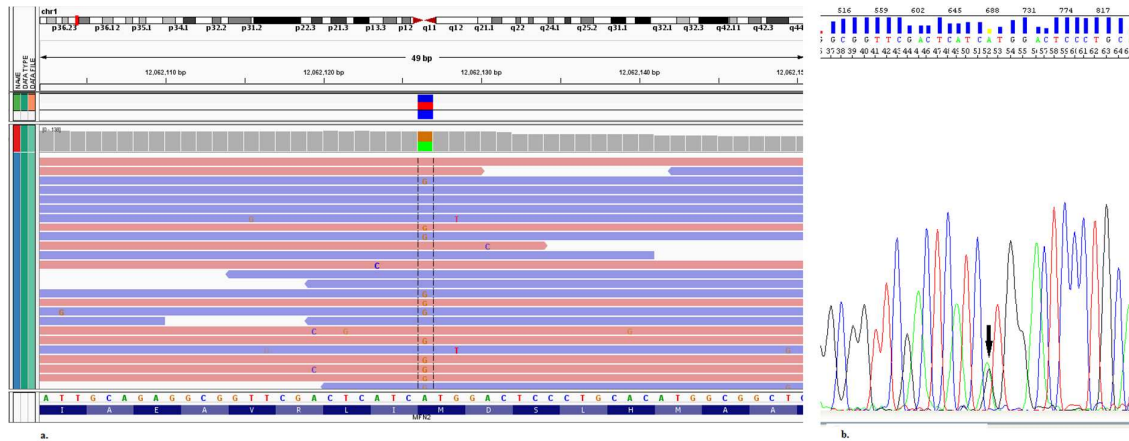
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196 **Figure 1**

197 *MFN2* c.1126A>G on CVS sample: a. NGS result displayed by Integrative Genome Viewer  
198 (IGV); b. variant confirmation by Sanger sequencing .

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128 (NM\_014874), p.Met376Val (NP\_055689.1), previously described as CMT2A2 (OMIM  
129 609260) disease causing<sup>7,8</sup>; this mutation was present in heterozygous form both in the mother  
130 and her fetus and was absent in the father; Sanger sequencing method confirmed the presence  
131 of the mutation (Figure 1). Given the autosomal dominant form of the pathology, the patient  
132 and her fetus were both found to be affected by CMT disease type 2A2<sup>9</sup>. No other pathogenic  
133 mutation was found.

134 During post-test genetic counseling, the patient was informed both regarding possible  
135 penetrance variability of CMT2 and, in case of the syndrome, about the probability of an early  
136 onset of pathological signs at same age as the mother (the second year of life). This was a  
137 crucial point since the early onset of the syndrome is strictly correlated to its severity. The  
138 patient chose to terminate the pregnancy. For further pregnancies, we suggested the patient  
139 have preimplantation genetic diagnosis.

140 The NGPD was very suitable for prenatal diagnosis as it is compatible with the limited  
141 quantity and quality of the DNA extracted from the fetal sample through chorionic villous  
142 sampling, and, above all, with the times foreseen in prenatal diagnostics; indeed, the results  
143 are available after about two weeks and reporting occurred during the fifteenth week of  
144 pregnancy. Moreover, the use of a high-throughput NGS platform, NextSeq500, has made a  
145 cost reduction possible.

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146 The major advantage of using a commercial, not customized library, to study selected genes,  
147 is to avoid a long and laborious internal development validations phase in the laboratory, and  
148 thereby reaching a level of reliability which would be difficult to obtain with the software  
149 usually utilized for the design of custom probes.

150 'The use of TSO for library preparation allows the customization of the NGPD panel for genes not  
151 analysed in the current version. ~~The use of TSO for library preparation allows the customization~~  
152 ~~of the NGPD panel, integrating it with genetic diseases not reported in the current version.~~

153 Moreover, the NGPD software allowed filtering and analysis of only clear pathogenic gene  
154 variants, selected from the main annotation database, thereby excluding issues with reporting  
155 of variants with uncertain clinical significance, particularly in prenatal diagnosis.

156 In a perspective for the future, our centre is currently running a pilot study on the application  
157 of NGPD in a low-risk population of pregnant women, aiming to identify the frequency of  
158 autosomal recessive diseases and their association with gene mutations responsible for lethal  
159 fetal disorders.

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192 **Table 1**

193 NGPD panel: genetic diseases are listed on the left and on the right the associated genes  
 194 included in NGPD panel.

GENETIC DISEASE	ASSOCIATED GENES	
ACHONDROGENESIS, TYPE IA/TYPE IB	<i>TRIP11/SLC26A2</i>	Formatted: Font: Italic
HYPOCHONDROGENESIS/ACHONDROGENESIS, TYPE II	<i>COL2A1</i>	Formatted: Font: Not Bold, Italic
		Formatted: Font: Italic
ACHONDROPLASIA	<i>FGFR3</i>	Formatted: Font: Not Bold, Italic
		Formatted: Font: Italic
ALAGILLE SYNDROME 1/TETRALOGY OF FALLOT	<i>JAG1</i>	Formatted: Font: Italic
		Formatted: Font: Not Bold, Italic
APERT SYNDROME	<i>FGFR2</i>	Formatted: Font: Italic
ATELOSTEOGENESIS, TYPE I	<i>FLNB</i>	Formatted: Font: Not Bold, Italic
		Formatted: Font: Italic
ATAXIA-TELANGIECTASIA VARIANT	<i>ATM</i>	Formatted: Font: Not Bold, Italic
BARDET-BIEDL SYNDROME 1	<i>BBS1/BBS10</i>	Formatted: Font: Italic
		Formatted: Font: Not Bold, Italic
BLOOM SYNDROME	<i>BLM</i>	Formatted: Font: Italic
CANAVAN DISEASE	<i>ASPA</i>	Formatted: Font: Not Bold, Italic
		Formatted: Font: Italic
CARDIOFACIOCUTANEOUS SYNDROME 1	<i>BRAF</i>	Formatted: Font: Not Bold, Italic
		Formatted: Font: Italic
CHARCOT MARIE TOOTH DISEASE	<i>BSCL2, DNM2, EGR2, FGD4, FIG4, GARS, GDA, P1, GJB1, HSPB1, HSPB8, KIF1B, LITAF, LMNA, MFN2, MPZ, MTMR2, NDRG1, NEFL, PMP22, P</i>	Formatted: Font: Not Bold, Italic
		<i>RPS1, PRX, RAB7A, SBF2, SH3TC2, TRPV4</i>
RHIZOMELIC CHONDRODYSPLASIA PUNCTATA, TYPE 1	<i>PEX7</i>	Formatted: Font: Italic
		Formatted: Font: Not Bold, Italic

COFFIN-LOWRY SYNDROME	<i>RPS6KA3</i>	Formatted: Font: Italic
CORNELIA DE LANGE SYNDROME 1	<i>NIPBL</i>	Formatted: Font: Not Bold, Italic
CORNELIA DE LANGE SYNDROME 2	<i>SMC1A</i>	Formatted: Font: Italic
COSTELLO SYNDROME	<i>HRAS</i>	Formatted: Font: Not Bold, Italic
CROUZON SYNDROME	<i>FGFR2</i>	Formatted: Font: Italic
DYSAUTONOMIA, FAMILIAL	<i>IKBKAP</i>	Formatted: Font: Not Bold, Italic
CORTICAL DYSPLASIA, COMPLEX, WITH OTHER BRAIN MALFORMATIONS 1	<i>TUBB3</i>	Formatted: Font: Italic
CAMPOMELIC DYSPLASIA WITH AUTOSOMAL SEX REVERSAL	<i>SOX9</i>	Formatted: Font: Not Bold, Italic
EHLERS-DANLOS SYNDROME, TYPE VIIC/TYPE I/AUTOSOMAL RECESSIVE, CARDIAC VALVULAR FORM/TYPE IV/TYPEVI	<i>ADAMTS2/COL1A1/COL1A2/COL3A1/COL5A1/C OL5A2/PLOD1</i>	Formatted: Font: Italic
ELLIS-VAN CREVELD SYNDROME	<i>EVC</i>	Formatted: Font: Not Bold, Italic
EPIDERMOLYSIS BULLOSA SIMPLEX, DOWLING-MEARA TYPE/GENERALIZED	<i>KRT5/KRT14</i>	Formatted: Font: Italic
PHENYLKETONURIA	<i>PAH</i>	Formatted: Font: Not Bold, Italic
CYSTIC FIBROSIS	<i>CFTR</i>	Formatted: Font: Italic
GALACTOSEMIA	<i>GALT</i>	Formatted: Font: Not Bold, Italic
HOLT-ORAM SYNDROME	<i>TBX5</i>	Formatted: Font: Italic
HYPOCHONDROPLASIA	<i>FGFR3</i>	Formatted: Font: Not Bold, Italic
HYPOPHOSPHATASIA, INFANTILE	<i>ALPL</i>	Formatted: Font: Italic
		Formatted: Font: Not Bold, Italic



LISSENCEPHALY, X-LINKED, 1	<i>DCX</i>	Formatted: Font: Italic
LISSENCEPHALY 3	<i>TUBA1A</i>	Formatted: Font: Not Bold, Italic
JOUBERT SYNDROME 3/5/6/8/7/9/2	<i>AHI1/CEP290/TMEM67/ALR13B/RPGRIP1L/CC2</i>	Formatted: Font: Italic
	<i>D2A/TMEM216</i>	Formatted: Font: Not Bold, Italic
KABUKI	<i>KMT2D</i>	Formatted: Font: Italic
MARFAN DISEASE	<i>FBN1</i>	Formatted: Font: Not Bold, Italic
MECKEL SYNDROME	<i>MKSI</i>	Formatted: Font: Italic
MICROCEPHALY	<i>ASPM</i>	Formatted: Font: Not Bold, Italic
MUCOLIPIDOSIS	<i>MCOLN1</i>	Formatted: Font: Italic
NAIL-PATELLA SYNDROME	<i>LMX1B</i>	Formatted: Font: Italic
NOONAN SYNDROME	<i>PTPN11/SOS1/KRAS/RAF1/BRAF/NRAS/CBL</i>	Formatted: Font: Italic
HOLOPROSENCEPHALY	<i>SHH/SIX3</i>	Formatted: Font: Italic
OSTEOGENESIS IMPERFECTA, TIPO I/II/III/IV/VII	<i>COL1A1/COL1A2/CRTAP/LEPRE1</i>	Formatted: Font: Italic
POLYMICROGYRIA	<i>TUBB2B</i>	Formatted: Font: Italic
POLYCYSTIC KIDNEY DISEASE	<i>PKD1/PKD2/PKHD1</i>	Formatted: Font: Italic
PFEIFFER SYNDROME	<i>FGFR1</i>	Formatted: Font: Italic
RETT SYNDROME	<i>MECP2</i>	Formatted: Font: Italic
SAETHRE-CHOTZEN SYNDROME	<i>TWIST1</i>	Formatted: Font: Italic
SECKEL SYNDROME	<i>ATR</i>	Formatted: Font: Italic
SMITH-LEMLI-OPITZ SYNDROME	<i>DHCR7</i>	Formatted: Font: Italic

DEAFNESS	<i>GJB2/GJB6</i>	Formatted: Font: Italic
SOTOS SYNDROME	<i>NSD1</i>	Formatted: Font: Italic
TAY-SACHS DISEASE	<i>HEXA</i>	Formatted: Font: Italic
TIROSINEMIA	<i>FAH</i>	Formatted: Font: Italic
TREACHER COLLINS SYNDROME	<i>TCOF1</i>	Formatted: Font: Italic
WILSON SYNDROME	<i>ATP7B</i>	Formatted: Font: Italic
ZELLWEGER SYNDROME	<i>PEX1</i>	Formatted: Font: Italic

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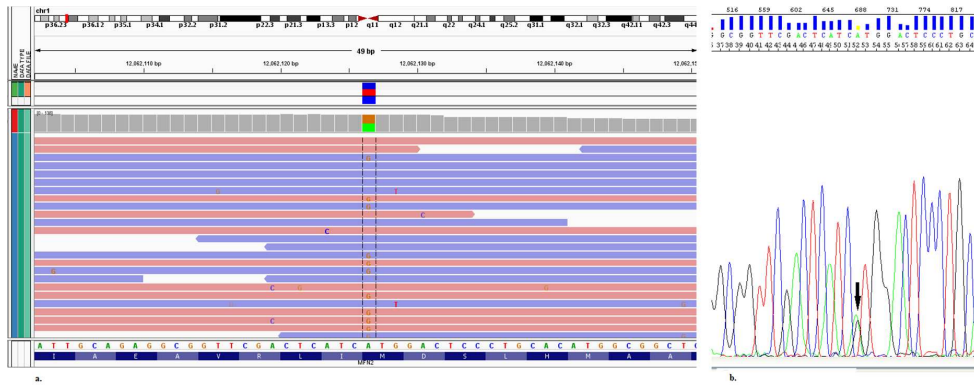
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197 **Figure 1**

198 *MFN2* c.1126A>G on CVS sample: a. NGS result displayed by Integrative Genome Viewer  
 199 (IGV); b. variant confirmation by Sanger sequencing.

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MFN2 c.1126A>G: a. NGS result displayed by Integrative Genome Viewer (IGV); b. variant confirmation by Sanger sequencing.

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