

# NEWSLETTER

This newsletter centers on reproductive topics with a genetics focus. If there is an organization or upcoming webinar you'd like me to include in a future newsletter, please feel free to reach out at [genetics@modernreproduction.org](mailto:genetics@modernreproduction.org).

**Sign up for the newsletter [here](#)**

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## Webinars

**COGEN -IVF  
WORLDWIDE  
ONLINE  
CONGRESS**

November 3rd, 2023 @  
**5:30 am ET**

**Register**

**FDA PUBLIC  
HEARING FOR  
GENE THERAPY**

October 31, 2023 @  
12:30 pm ET

**Register**

# NEWSLETTER

## *The little lit review*

1

The potential impact of implementation of expanded carrier screening on pediatric patient diagnoses: A retrospective chart review of patients who receive care in an outpatient genetics clinic in the northeast



Kelly Roche | Shama P. Khan | Christina Botti | Philip Giampietro | Sharon Anderson | Elena Ashkinadze

### Diagnosis

ABCA12-related congenital ichthyosis

Alport syndrome

AR primary microcephaly

Arginase deficiency

Aromatic L-amino acid decarboxylase deficiency

ARX-related disorder

Bardet-Biedl syndrome

Carnitine palmitoyltransferase II (CPT II) deficiency

Carnitine uptake deficiency

Charcot Marie Tooth Type 4C

Cobalamin C deficiency

Congenital adrenal hyperplasia

Dents disease, XL

DFNB4/Pendred syndrome

Duarte variant galactosemia (D2) homozygosity

Duchenne/Becker muscular dystrophy

Fabry disease

Familial Mediterranean Fever

Fanconi anemia type L

Fragile X

Friedreich's ataxia

Fructose 1,6 biphosphatase deficiency

Gilbert syndrome

Glucose-6-phosphate-dehydrogenase (G6PD) deficiency

Gaucher disease

GJB2 and GJB6-related hearing loss, digenic

GJB2-related hearing loss

GLDC-related disorder

Glycogen storage disease type IXa

GM1 gangliosidosis

HSD10-related disorder

Hunter syndrome

HUWE1-related intellectual disability syndrome

Hyperphenylalanemia

Hypohydrotic ectodermal dysplasia

Isovaleric acidemia

Mainzer-Saldino syndrome

Medium-chain acyl-CoA dehydrogenase (MCAD) deficiency

Methylmalonic acidemia (cobalamin B deficiency)

MICRO syndrome

MSTO1-related disorder

Mucopolipidosis type III gamma

Mucopolysaccharidosis type IIIB, Sanfillippo type B

MYO15A-related hearing loss

NSUN2-related disorder

Osteogenesis imperfecta

Partial biotinidase deficiency

PCDH15-related hearing loss

PIGN-related disorder

Polycystic kidney disease, AR

POU3F4-related hearing loss

PGAP1-related disorder

Primary ciliary dyskinesia

Progressive pseudorheumatoid arthropathy of childhood

Pycnodysostosis

Ribose-5-phosphate deficiency

Senior Loken syndrome

Spinal muscular atrophy Type 3

Usher syndrome

Very long-chain acyl-CoA dehydrogenase (VLCAD) deficiency

Wilson syndrome

Xeroderma pigmentosum

The authors performed a retrospective analysis from June 2017-2020 of one institute to identify if patients diagnosed with an autosomal recessive, x-linked recessive, or Fragile X would have otherwise been identified via expanded carrier screening.

There were 1189 families identified excluding those diagnosed with CF, SMA, hemoglobinopathies, thalassemia, endocrine disorders, PCDH19-related epilepsy, autosomal dominant, and x-linked dominant conditions. Of these families, 8% or 99 were included in the analysis.

60/99 cases would have been expected to be detected via a 526 gene panel.

For the 39/99, the reasons the diagnosis would not have been made with the 526 gene panel include:

1. 26/39 cases, the gene was not on the panel
2. 11/39 cases, the gene was on the panel but the individual had at least one VUS which would not have been expected to be reported out given carrier screening typically only reports out pathogenic and likely pathogenic variants
3. 2/39 were de novo variants

Importantly, one of the limitations of the analysis is that parents were not tested with the 526 panel, so carrier status was not confirmed. Additional cases may have been de novo or it is possible that even with screening, the parental variants may have been a false negative and still missed.

The authors pose that carrier screening is not only helpful for preimplantation genetic testing and prenatal diagnosis options but also for a reduction in the diagnostic odyssey, possible decrease cost in overall testing, targeted and earlier treatment, and reduction of potential irreversible harm for some conditions.

# NEWSLETTER

## *The little lit review*



### Genetic causes of sporadic and recurrent miscarriage

Pedro Melo, Ph.D., Rima Dhillon-Smith, Ph.D., Md Asiful Islam, Ph.D., Adam Devall, Ph.D.,  
and Arri Coomarasamy, M.D

The authors explored the genetic causes of both sporadic and recurrent miscarriage. Data is emerging but also not robust enough to determine genetic causes other than chromosomal abnormalities. Studies indicate genes involved in the immune response, coagulation, metabolism, and angiogenesis may underlie miscarriages.

Prevalence of chromosome abnormalities is similar for sporadic and recurrent miscarriage, indicating other factors as a cause for recurrent miscarriage such as uterine malformations, endocrine disorders, heightened immunity due to inflammation or infection, and 2-5% of cases secondary to parental translocation.

Male and female age are considered risk factors for miscarriage, particularly female age <20 and >40. Disorders associated to miscarriage include: inherited and acquire thrombophilia, subclinical hypothyroidism, thyroid autoimmunity, PCOS, and prolactin disorder.

>50% of first trimester miscarriages are due to genetic defects

30-60% = trisomies

11-13% = triploidy

10-15% = Monosomy X

9% = tetraploidy


2-6% = structural chromosome  
rearrangement

8% = mosaicism

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## Community Content:



**Screening for Vanishing Twins Guide**  
 Nuchal Translucency and Second Trimester Screening (NT + STS) is a screening test fo...  
[bornontario.ca](http://bornontario.ca)

BORN Ontario has done a great job at provider guides for what genetic tests to offer to patients. Of course, there may be differences from country to country pertaining to access and coverage.

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## Modern Reproduction Content:

Just like the weekly newsletter, we have a weekly blog post. Typically, the general population is the intended audience, but I know I like to take a peek at what general content is out there.



10/24/23

**Decoding Sperm SNA  
Fragmentation: What You Need  
to Know**

[Read More](#)


10/17/23

**Where can you learn more  
about some of the conditions  
assessed in pregnancy?**

[Read More](#)