Proof-of-Concept for Single-Platform Trio Carrier Screening of FMR1, SMN1/2, and CFTR Variants using PCR and Capillary Electrophoresis with Consolidated Workflows

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Summary

- Carrier screening for fragile X syndrome, cystic fibrosis and spinal muscular atrophy often requires distinct molecular diagnostic methods and analysis platforms for each gene.
- We demonstrate the feasibility of trio carrier screening of *FMR1*, *SMN1/2* and CFTR using existing workflows and a single analysis platform with electrophoresis conditions harmonized across multiple CE instrument models.
- This approach reduces hands-on and instrument time and simplifies required instrumentation and consumables, providing a cost-effective option for laboratories who are interested in trio carrier screening.

Introduction

Carrier screening provides valuable information for couples to help guide their reproductive decision-making. Screening studies have shown that as many as 1 in 20 individuals is a carrier for one of the three most common hereditary genetic conditions: spinal muscular atrophy, fragile X syndrome, and cystic fibrosis. The genes causing these disorders each present a unique technical challenge, and each usually requires a distinct molecular diagnostic method and analysis platform. As a result, a simple, costeffective, and unified screening system is not yet available for this trio of carrier genes. Here we demonstrate the feasibility of analyzing combinations of PCR products from these genes on a single capillary electrophoresis (CE) instrument using a co-injection strategy to demonstrate feasibility on multiple CE instrument models.

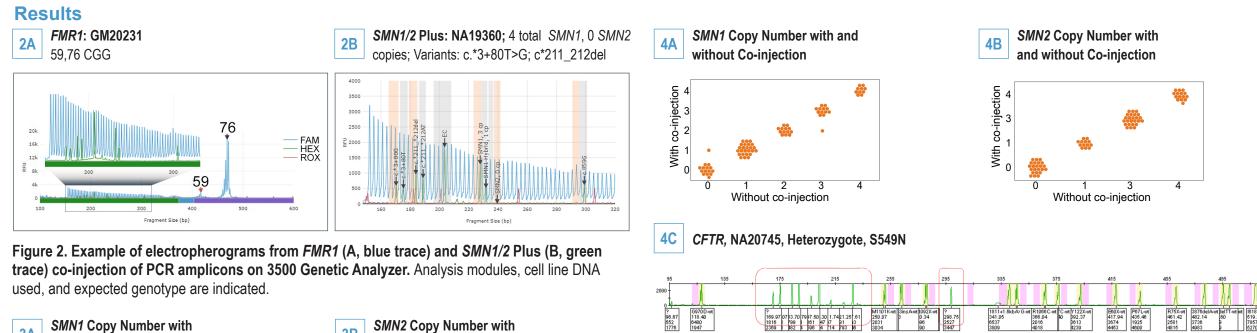
Methods

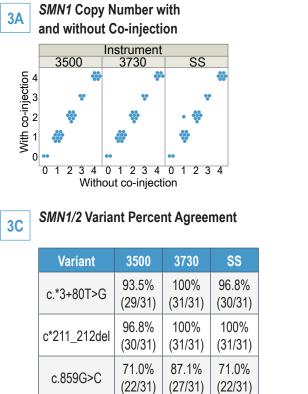
DNA samples were PCR amplified using AmplideX[®] PCR/CE FMR1^{*}, and SMN1/2 Plus* kits (Asuragen) and electrophoresed on the Applied Biosystems[™] 3500, 3730 and SeqStudio Genetic Analyzers (Thermo Fisher Scientific). *FMR1* amplicons (FAM labelled) were combined with SMN1/2 Plus products (HEX labelled) in a single CE formulation to create different genotype combinations, including 0 to \geq 4 copies of SMN1 or SMN2 and all *FMR1* categories, with 86 sample combinations total. Data were processed using AmplideX® Reporter Software without optimization of electropherogram characteristics for co-injection. QC failures were excluded from analysis. Proof-of-concept for co-injection of CFTR and SMN1/2 Plus amplicons was demonstrated on a 3500 CE instrument using 94 combinations of AmplideX[®] PCR/CE CFTR[‡] amplicons (created from prototype reagents) and SMN1/2 amplicons of different genotypes.

CE Parameters	3500 (50cm)	SeqStudio (28cm)	3730 (50cm)
Oven Temperature	60	60	63
Injection Voltage (kV)	2.5	6	2.5
Injection Time (s)	20	2	20
Run Voltage (kV)	19.5	6	15
Run Time (s)	2400	3300	4200
Formulation Ratio HiDi:Ladder: <i>FMR1:SMN1/2</i> Plus	10:2:1:2°		

^aFor CFTR+SMN1/2 Plus. 9:2:2:2 ratio was used

Figure 1. CE co-injection conditions.





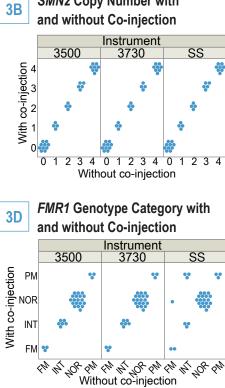


Figure 3. Agreement between separate and co-injection of FMR1 and SMN1/2 Plus Amplicons. A) Copy number agreement for SMN1 was 100% on 3500 (30/30), 100% on 3730 (29/29) and 96.6% on SeqStudio (28/29). B) Copy number agreement for SMN2 was 100% on 3500 (31/31), 3730 (30/30) and SegStudio (31/31). C) Percent agreement of three SNPs/INDEL between separate and co-injection for each Genetic Analyzer. SMN1 gene duplication variants associated with silent carriers (c.*3+80T>G, c.*211+212del) were occasionally not detected by the software but present in CE trace; visual review of CE traces is recommended during analysis. SMN2 c.859G>C concordance impacted by FAM to HEX bleed-over of FMR1 peaks ~20-21 CGG repeats, but not relevant for carrier status. D) Agreement of FMR1 repeat length categories was 100% on 3500 (31/31), 100% on 3700 (31/31) and 87.1% on SeqStudio (27/31). Full and intermediate mutation dropouts were observed on SeqStudio, suggesting that further optimization is needed. Note: $4 = \ge 4$; SS=SegStudio; PM=premutation; NOR=normal; INT=intermediate; FM=full mutation

Figure 4. Agreement between separate and co-injection of CFTR and SMN1/2 Plus Amplicons. PCR amplicons were combined and resolved on 3500. A) Copy number agreement for SMN1 was 97.4% (74/76). B) Copy number agreement for SMN2 was 100% (76/76). Percent agreement of three SNPs/INDEL between separate and co-injection were 100% (76/76) for c.*3+80T>G, 100% (76/76) for c*211 212del, 98.7% (75/76) for c.859G>C. C) Example of electropherogram from CFTR and SMN1/2 Plus co-injection. Only HEX Channel is pictured. SMN1/2 Plus peaks are circled in red. Other peaks, CFTR PCR amplicons, are annotated by variant. Analysis tool, cell line DNA used, and expected genotype are indicated. Agreement of CFTR results between separate and co-injection was 100% (94/94) for cell line and blood-derived gDNA samples and synthetic mixes covering all 34 variants detected in this reaction. The CFTR assay requires two tubes to detect all 67 variants covered by the complete panel. Note: $4 = \geq 4$.

Conclusions

- We demonstrated the feasibility of co-injecting PCR products from AmplideX[®] FMR1+SMN1/2 Plus and CFTR prototype+SMN1/2 Plus kits using existing PCR workflows and harmonized CE injection conditions.
- For *FMR1+SMN1/2* Plus co-injection, >95% genotype concordance was observed in both assays with stand-alone injections using 3500 and 3730 CE instruments.
- For *CFTR*+*SMN1/2* Plus co-injection, >97% genotype concordance was observed in both assays with stand-alone injections using the 3500 CE instrument.
- Additional optimization may expand the potential of this single-platform "Trio" PCR workflow across reagents, instruments and/or software.

*Research use only. Not for use in diagnostic procedures. *Product in development. Specifications not finalized. Presented at AMP 2020

