

Unlabeled/Investigational Uses

I will not be discussing unlabeled/investigational uses of medical devices or pharmaceuticals during this presentation.

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Asuragen, a Bio-Techne Brand

Presenter Financial Disclosure

I have the following financial relationships to report within the past 24 months with ACCME defined ineligible companies:

I am an employee of Asuragen, a Bio-Techne Brand

Pranesh Rao, MS

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Asuragen, a Bio-Techne Brand

A whole exon targeted PCR/Nanopore sequencing assay that reveals SNVs, indels and CNVs across *SMN1* and *SMN2* with implications for SMA carriers and disease severity

Pranesh Rao, MS

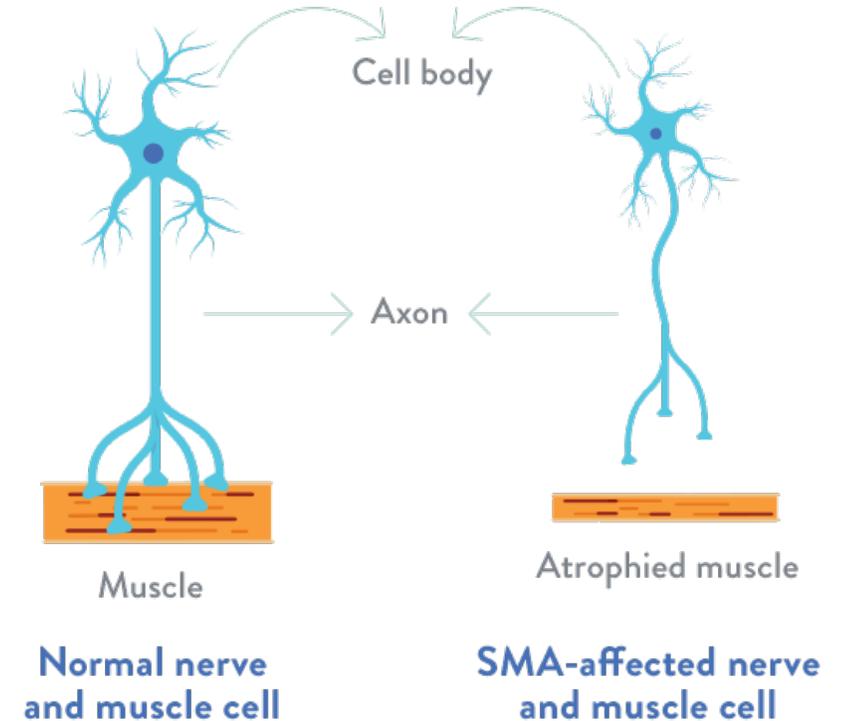
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What is Spinal Muscular Atrophy (SMA)?

A potentially fatal disease with a high carrier rate affecting diverse populations

Loss of the *SMN1* gene function results in progressive weakness of neuromuscular functions



<https://www.togetherinsma.com/>

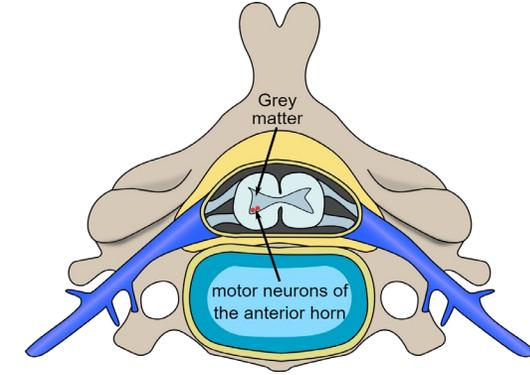
<https://www.mda.org/disease/spinal-muscular-atrophy>

What is Spinal Muscular Atrophy (SMA)?

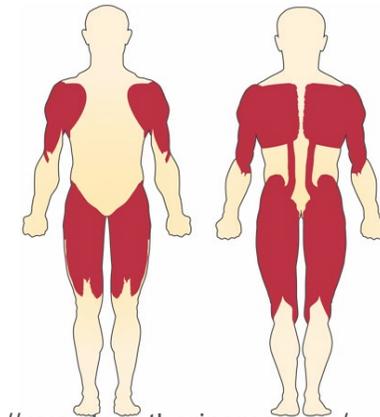
A potentially fatal disease with a high carrier rate affecting diverse populations

Loss of the *SMN1* gene function results in progressive weakness of neuromuscular functions

Historically, a leading genetic cause of infant death



Loss of anterior horn cells of the spinal cord and brain stem nuclei causing progressive weakness in skeletal muscles, and a wide range of phenotypes. Over 50% of cases can lead to death.



<https://www.togetherinsma.com/>

<https://www.mda.org/disease/spinal-muscular-atrophy>

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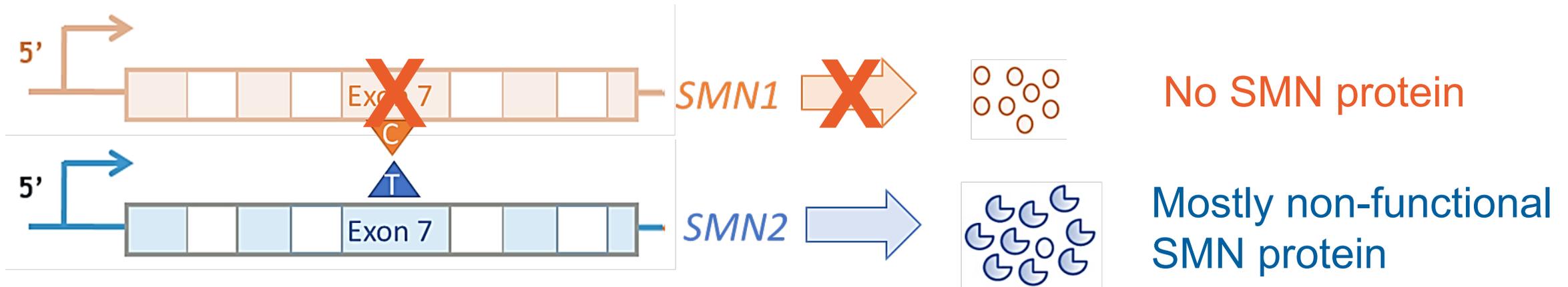
Recent breakthrough therapies can ameliorate disease and are driving increased testing & newborn screening



www.curesma.org

SMN1, SMN2 and SMA

SMA carriers and patients are informed by *SMN1* and/or *SMN2* copy numbers



<i>SMN1</i> copy number	Diagnosis/Carrier Status	Abilities	Prevalence
0	SMA	Depends on disease severity	 1 in ~10,000
1	Carrier	Normal function	 1 in ~50

Type	Highest Function	<i>SMN2</i> Copy#
1	Never Sit	2
2	Never Stand	3
3	Stand Alone	3-4
4	Stand Alone	>4

General population carrier screening recommended by ACMG^{1,2} and ACOG³

1. Prior TW. *Genet in Med.* 2008.
 2. Gregg, A. R. et al. *Genet Med.* 2021.
 3. Committee Opinion No. 691. *Obstetrics Gynecol* 2017

SMN1/2 sequencing assay

Assay should resolve complex variations and high homology to inform:

- **Diagnostic and Carrier Risk**
- **Disease severity**

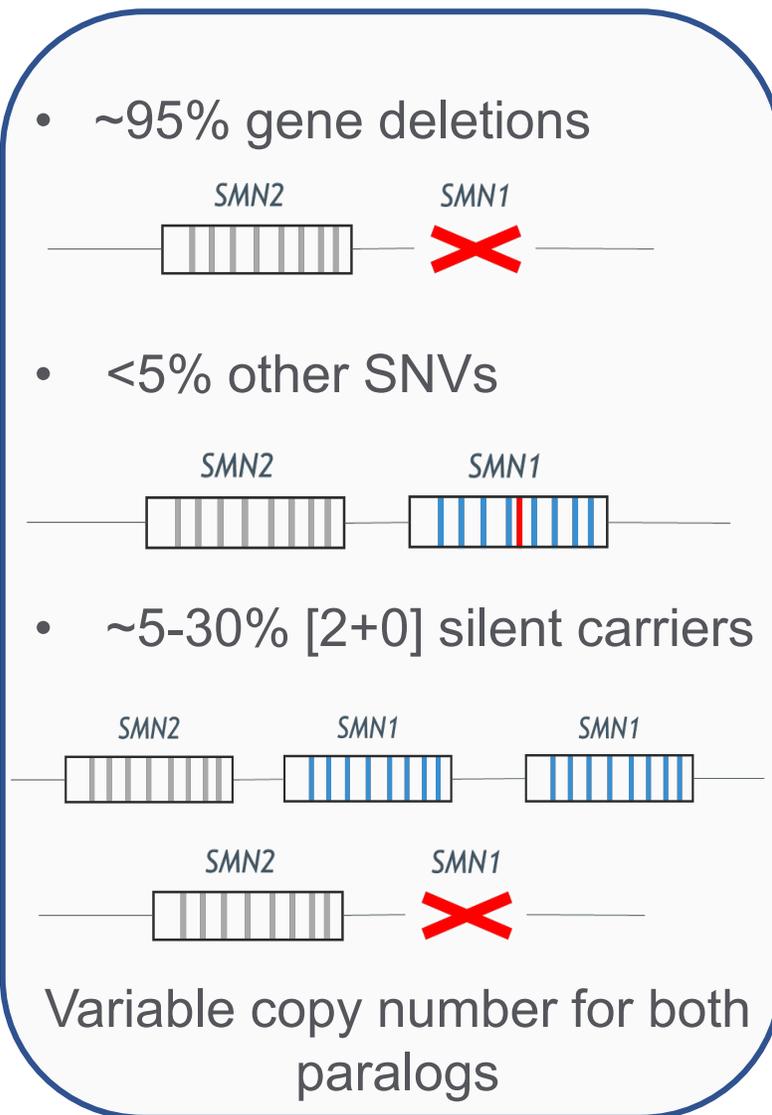
SMN1 copy number

SMN1/2 hybrids

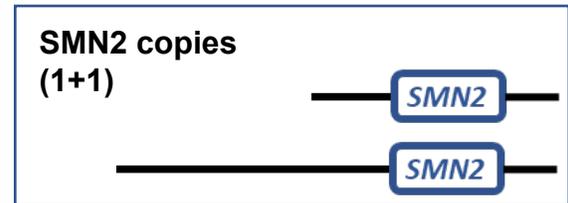
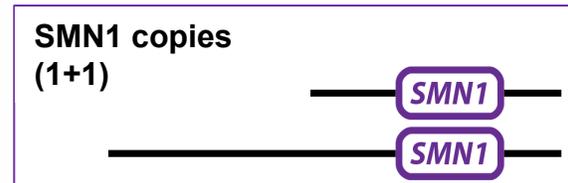
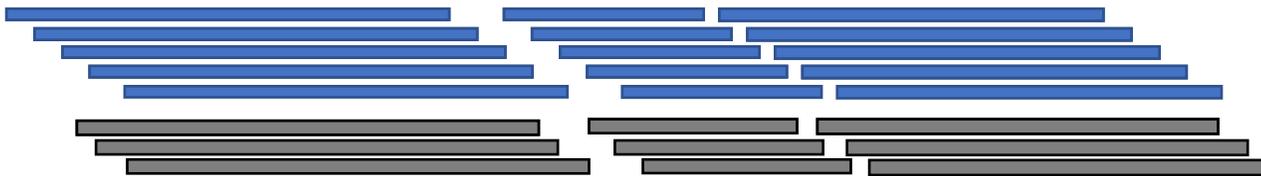
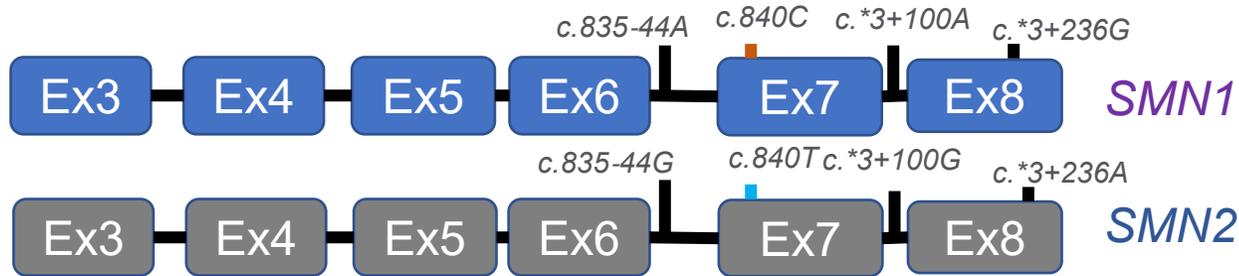
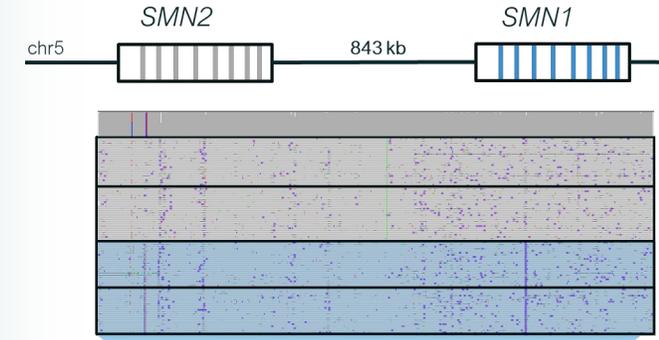
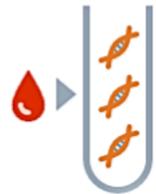
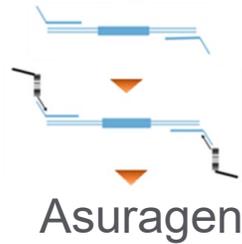
SMN2 copy number

SMN1 variants
*c.*3+80T>G* &
*c.*211_*212del*

SMN2 variant
c.859G>C

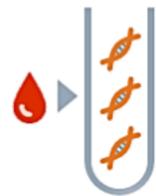
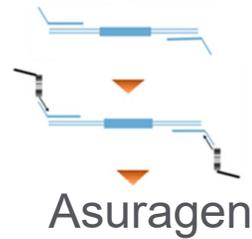


Streamlined PCR/Nanopore workflow[‡] addresses current assay challenges



[‡] - Prototype assay

Streamlined PCR/Nanopore workflow[‡] addresses current assay challenges



Long-Range
PCR

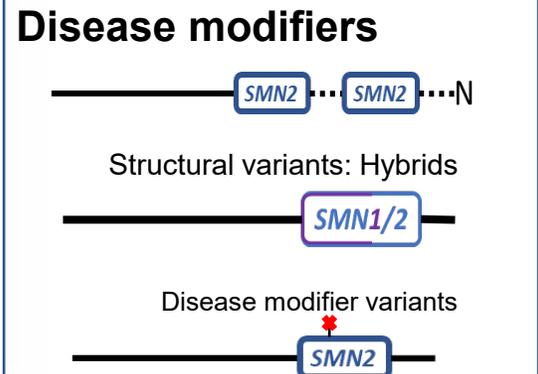
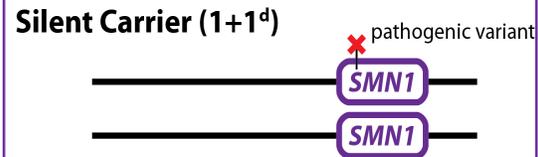
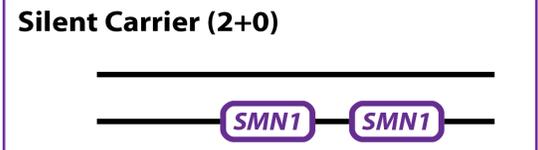
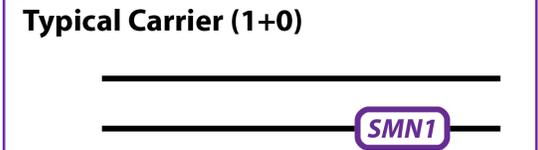
Long-Read
Sequencing

CNV prediction ML model trained on an independent cohort of:

- 102 cell line samples
- 227 whole blood samples derived from single automated gDNA isolation method

Data presented on analysis of:

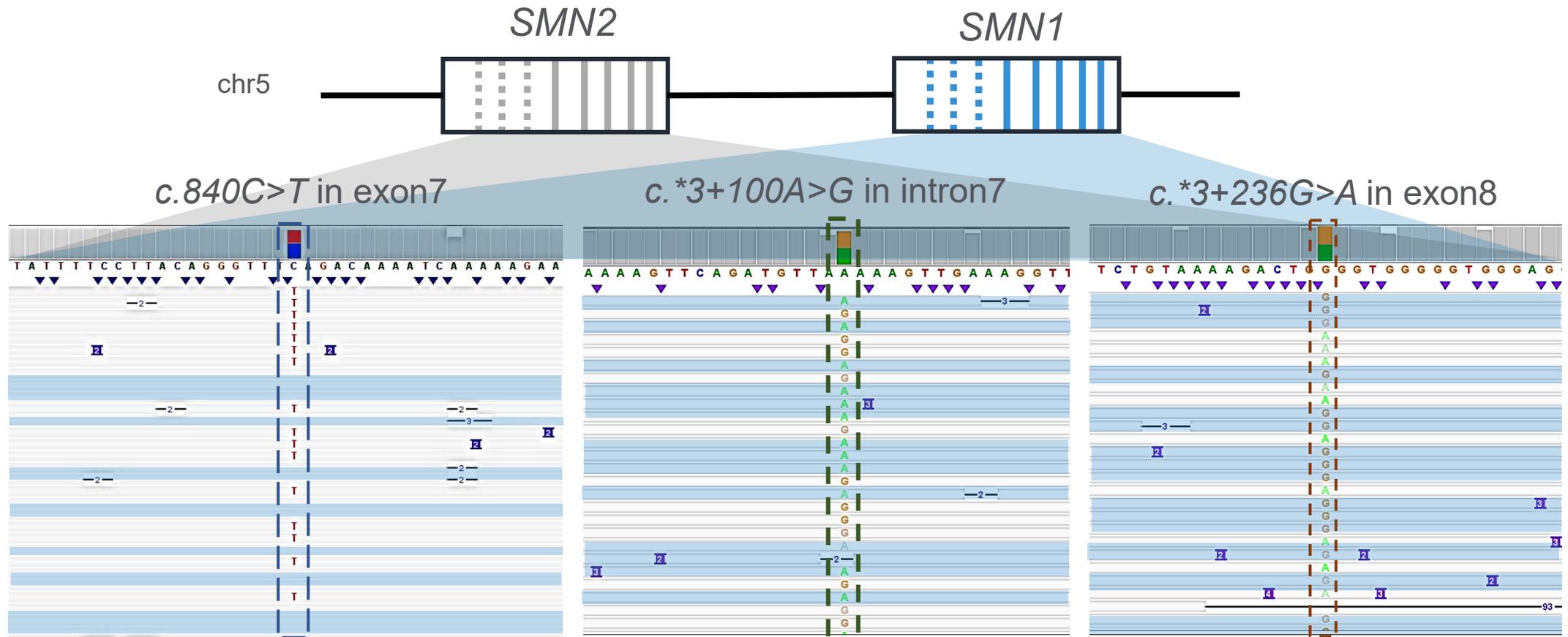
- 61 *SMN1/2* cell-lines representative of CNVs and intragenic variants
- 287 presumed normal whole blood samples with diverse methods of gDNA isolation



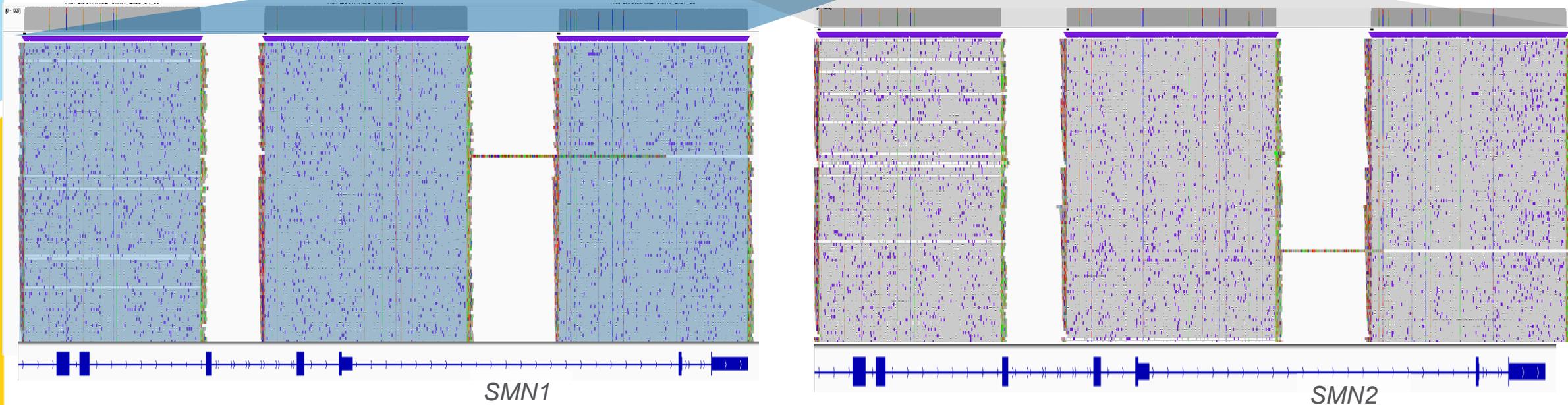
[‡] - Prototype assay

Nanopore reads span *SMN1/2* exons 3 through 8

Reads aligned to their respective reference genes using paralog-specific variants (PSVs)



PSVs used in decision tree machine learning model to predict *SMN1/2* copy numbers[‡]

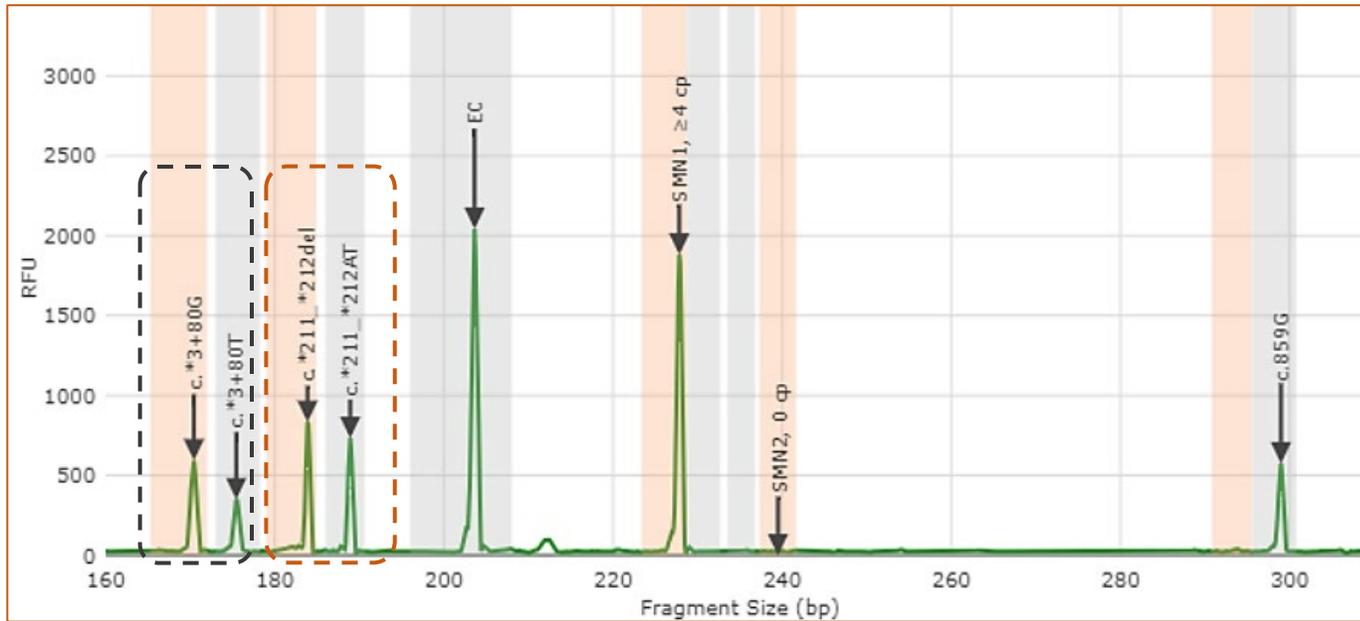


Results confirmed with comparator assay: AmplideX[®] PCR/CE *SMN1/2* Plus Kit*

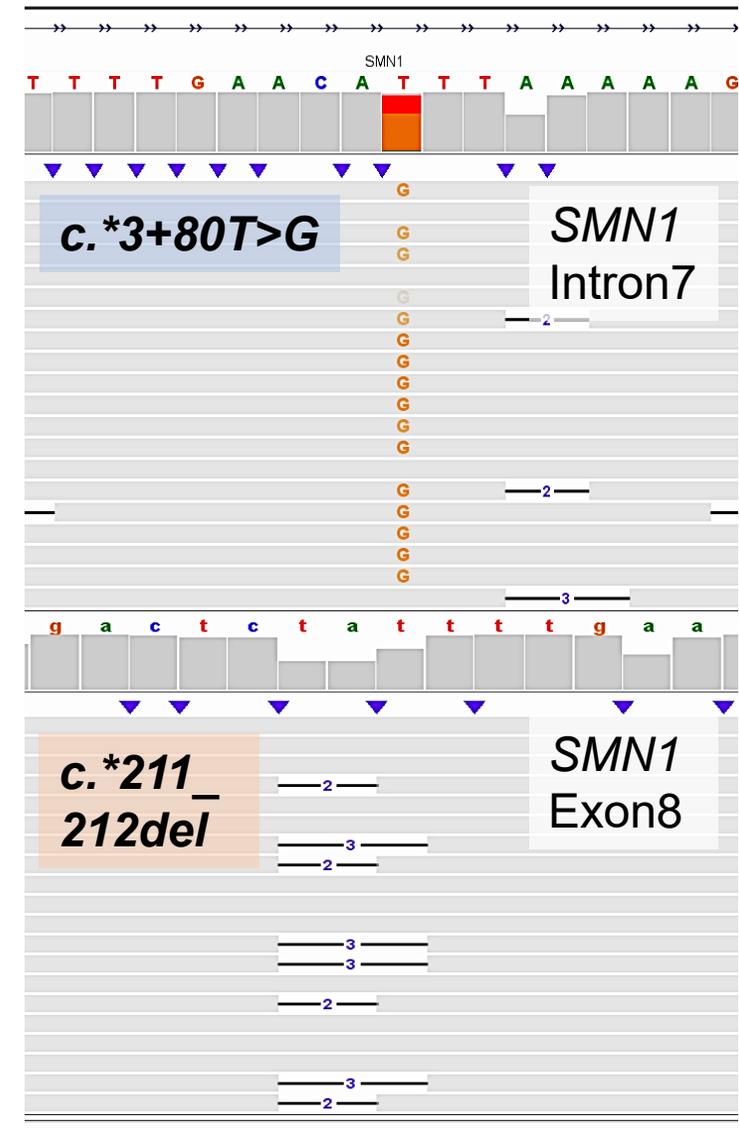
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* - Research Use Only. Not for use in diagnostic procedures

SMN1 silent carrier analysis from *c.*3+80T>G* & *c.*211_212del* variant allele frequency[‡]



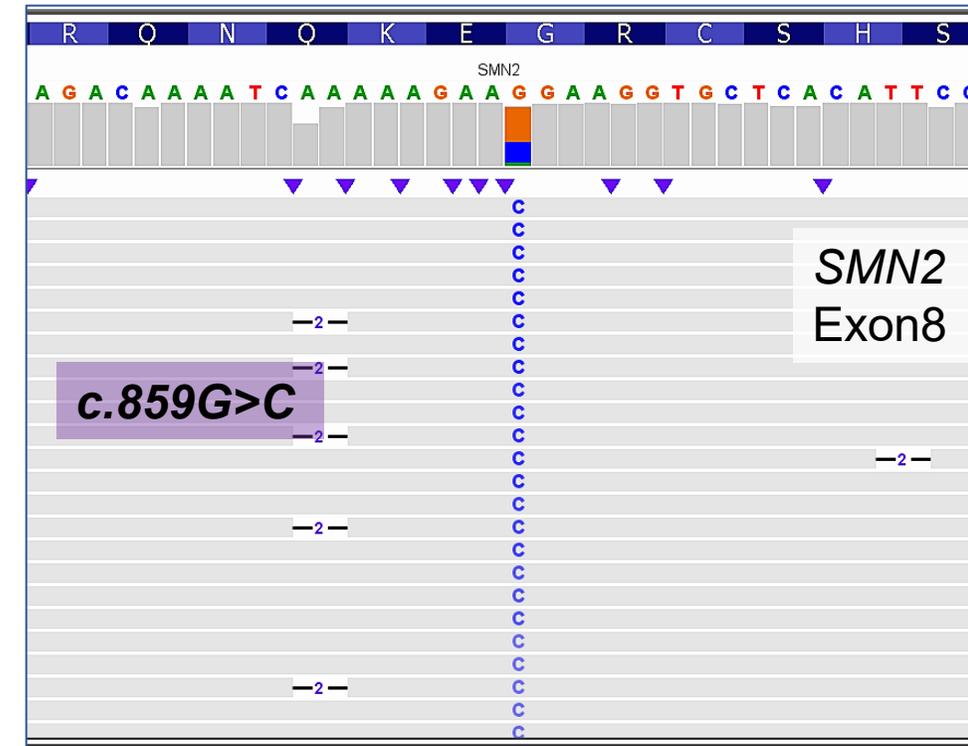
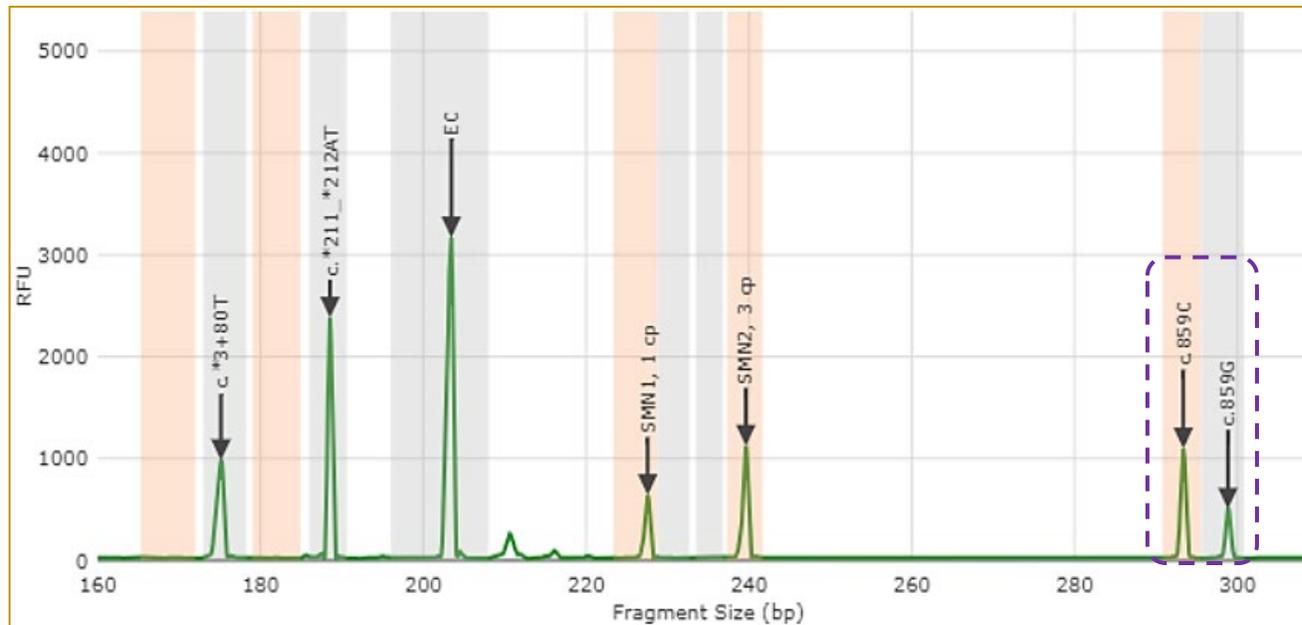
AmplideX[®] PCR/CE SMN1/2 Plus kit* used as the comparator method



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SMN2 disease modifier analysis using *c.859G>C* variant allele frequency[‡]



AmplideX[®] PCR/CE *SMN1/2* Plus kit* used as the comparator method

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SMN1/2 copy numbers up to 3 or more copies called with >95% accuracy in whole blood samples (n=287)

Independently trained with 102 cell-lines & 227 whole blood samples, single gDNA isolation method

SMN1 copy number accuracy 96.8%

Expected	≥ 3	0	0	6	30
	2	0	1	242	2
	1	0	6	0	0
	0	0	0	0	0
		0	1	2	≥ 3
		Predicted			

SMN2 copy number accuracy 95.1%

Expected	≥ 3	0	0	6	5
	2	0	4	150	1
	1	0	97	3	0
	0	21	1	0	0
		0	1	2	≥ 3
		Predicted			

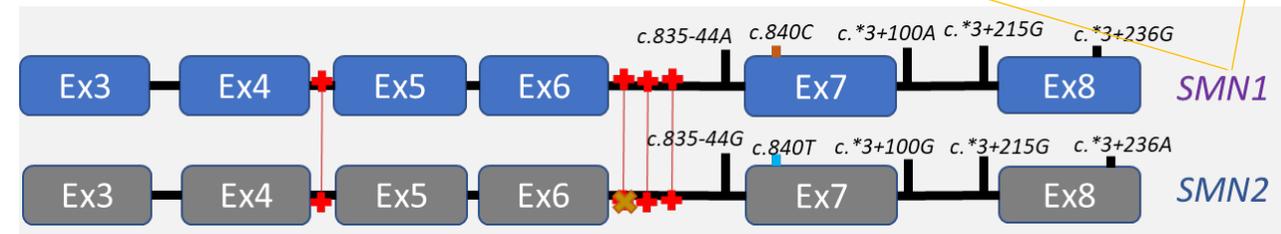
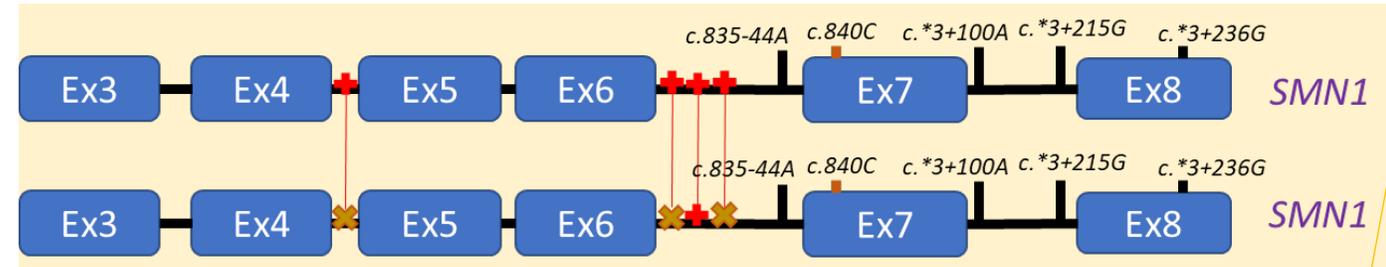
Reconciliation of outlier samples with longer-range PCR[‡]

SMN1 copy number prediction ($SMN1:SMN2=2:1$) discordant with comparator method= $3:1$

Longer amplicons resolve sequence population variation between and within genes

Clustering of read PSVs/SNPs reveals 4 distinct *SMN1* and *SMN2* clusters. $SMN1:SMN2=3:1$

Outlier sample: RS4939



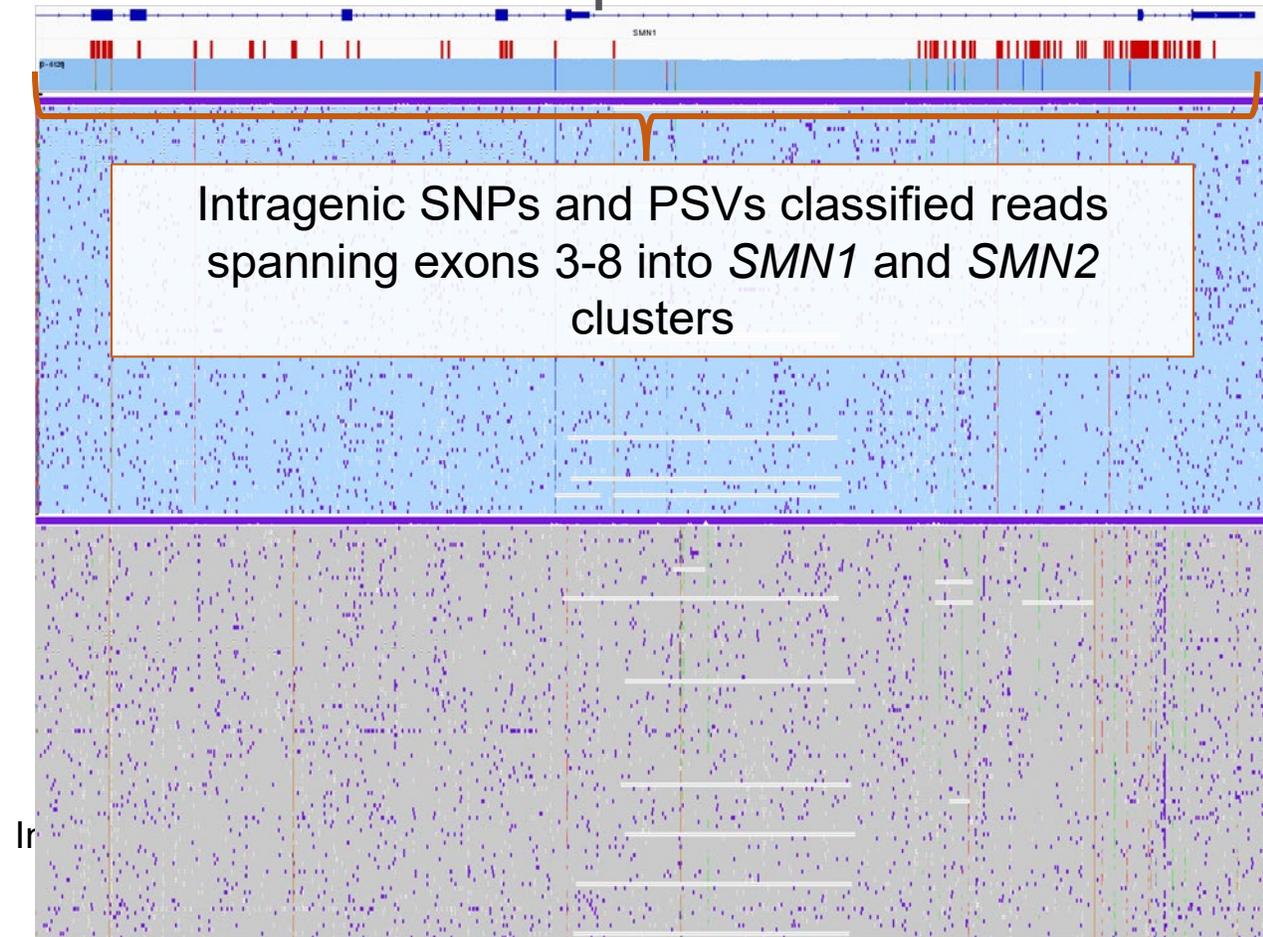
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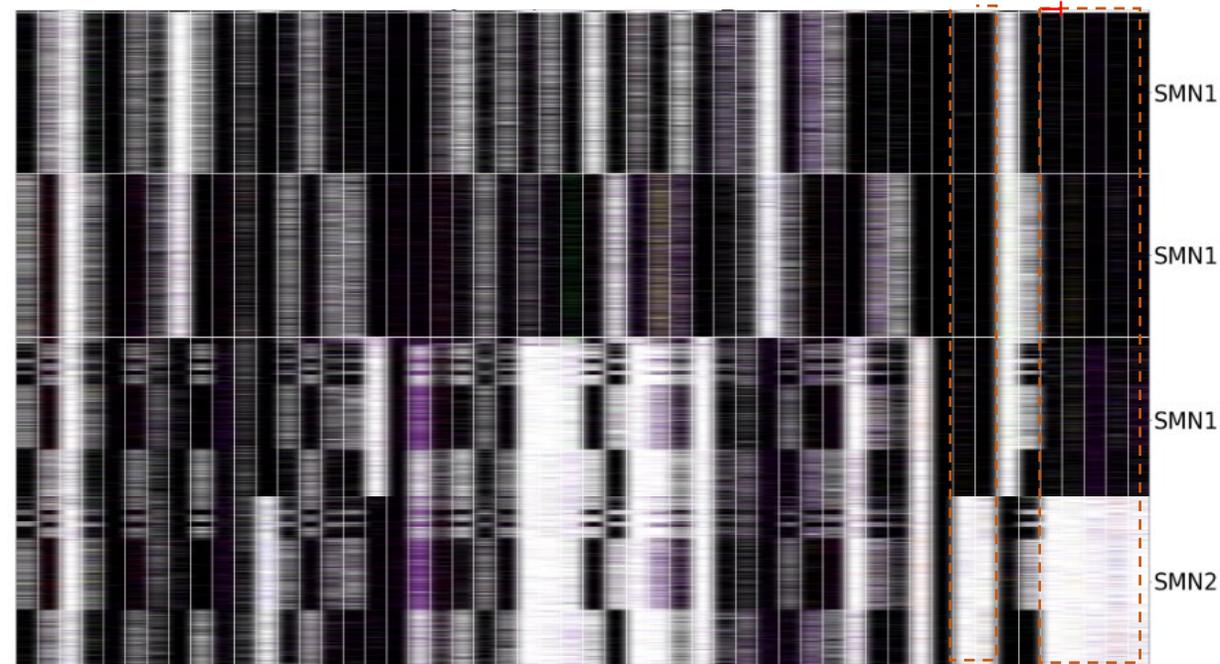
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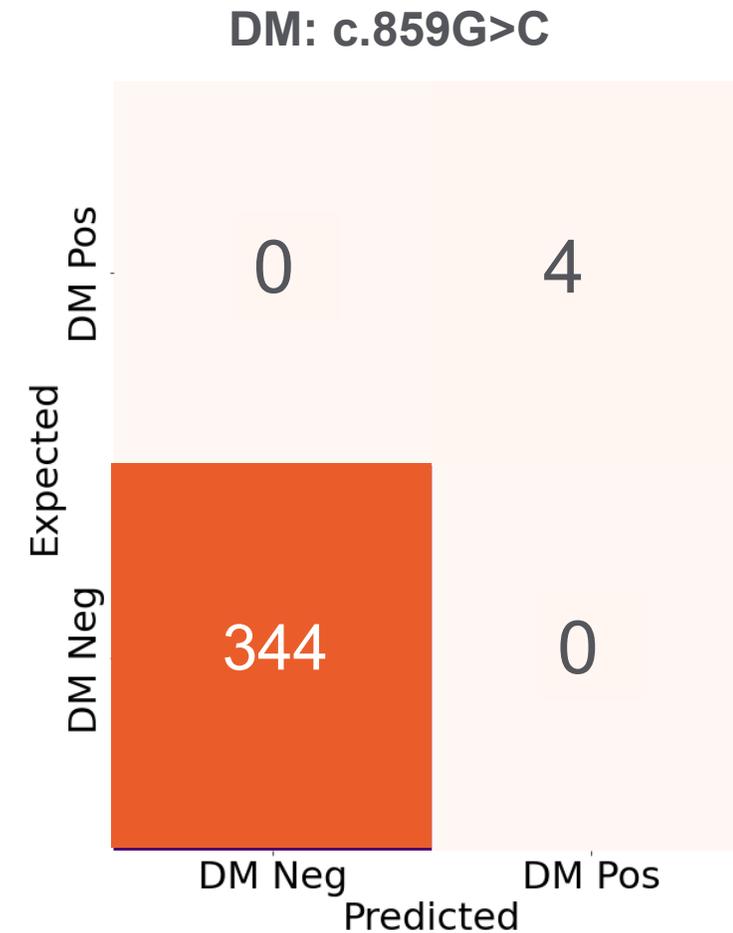
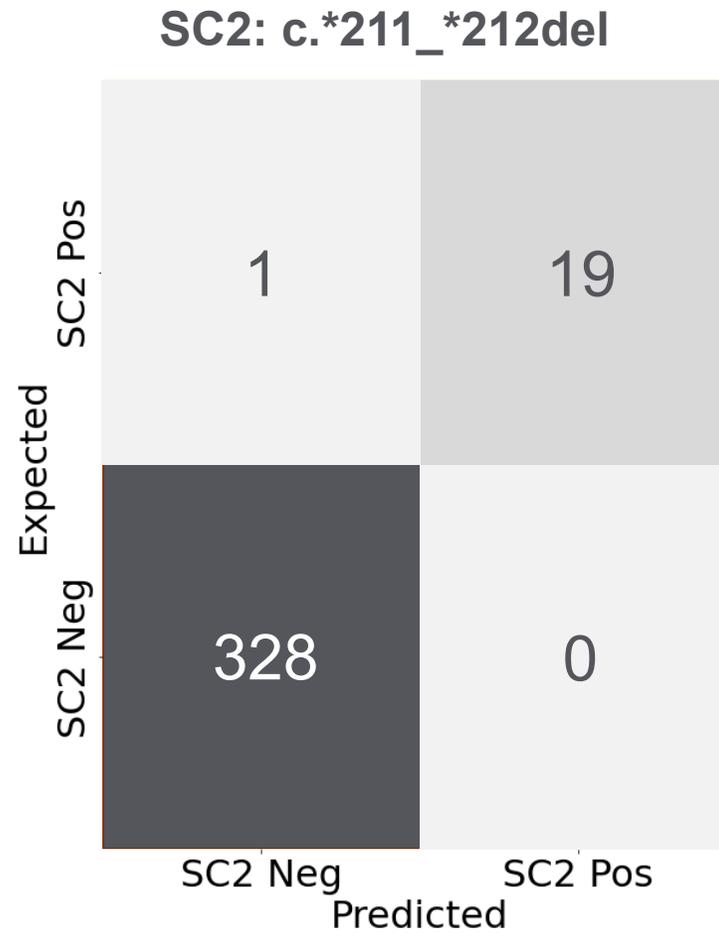
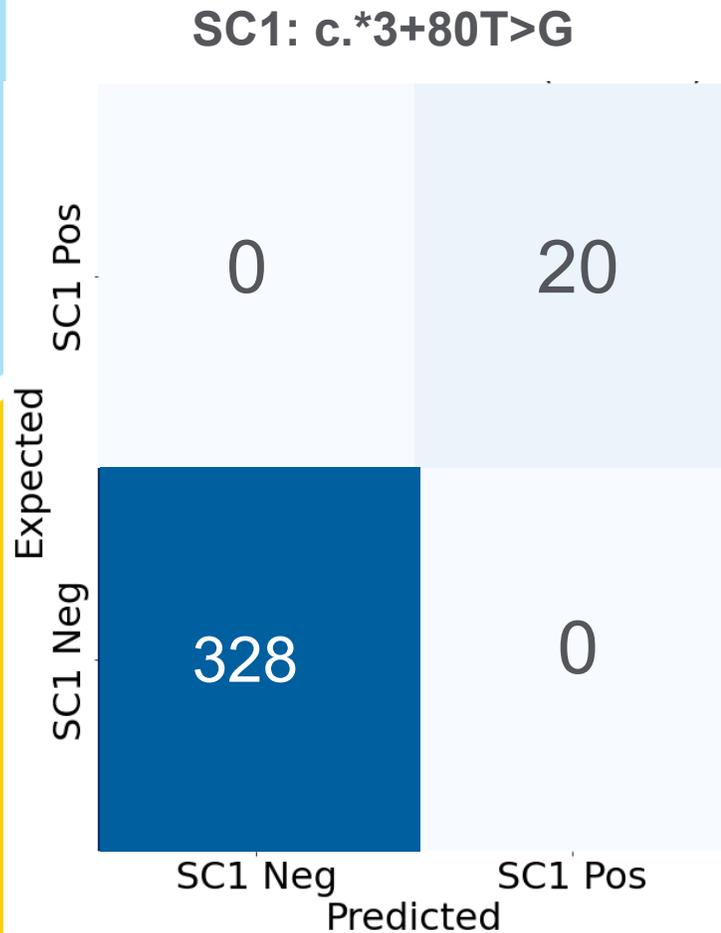
SNPs and PSV base position by read



Intragenic SNVs/indels inform clustering within paralogs

PSVs help clustering across *SMN1/2* paralogs

SMN1 silent carrier variant & SMN2 DM variant calls showed 99.7% agreement with reference assay



Conclusions

- PCR/Nanopore sequencing enables comprehensive and accurate genotyping of *SMN1* and *SMN2*[‡]
- CNVs, large exon deletions, SNVs and indels were analyzed using PSVs with a machine learning approach to achieve reliable gene-specific assignments
- Using 348 samples, genotype accuracy was 95-100% across all variant types compared to reference methods

Assay has potential to help:

Standardize SMA screening and molecular diagnostics



Expand to both conventional and challenging genes



Address gaps in equity with many current testing regimes, consistent with recent ACMG recommendations

Acknowledgements



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Nisha Vishag



Dr. Bradley Hall



Dr. Gary Latham



Ryan Routsong



Dr. Bradley Martin



Dr. Bryan Killinger



Christopher J Fraher



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