

# Evaluation of c. \* 3 + 80T> G or c. \* 211\_ \* 212del duplication variants frequency in Italian population

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## Abstract

The variants c.\*3+80T>G and c.\*211\_\*212del are associated with gene duplication of SMN1 in cis, therefore in subjects with two copies of SMN1, the co-occurrence of the duplication variants indicates an increased carrier risk. The finding of these variants in SMA carrier testing relates with an increased residual risk of being a carrier in all the ethnic groups and it varies between different populations, based on the prevalence of SMN1 duplication.

## Methods and Specimens

SMN1-SMN2 genotype analysis was performed using the AmpliX SMN1 Plus CE Kit (ASURAGEN) (Fig. 1, Fig. 2). Variants were revealed by Asuragen test and confirmed by Sanger sequencing (Fig. 3, Fig. 4). Specimens included 122 SNA samples obtained from parents of subjects affected by SMA (with 0 SMN1 copies) and blood samples from 363 subjects of the general Italian population undergoing carrier testing. To better evaluate the association of the variants in subjects with 3 copies, the frequency of the variants in this subgroup was calculated including further 17 DNA samples with 3 SMN1 copies.

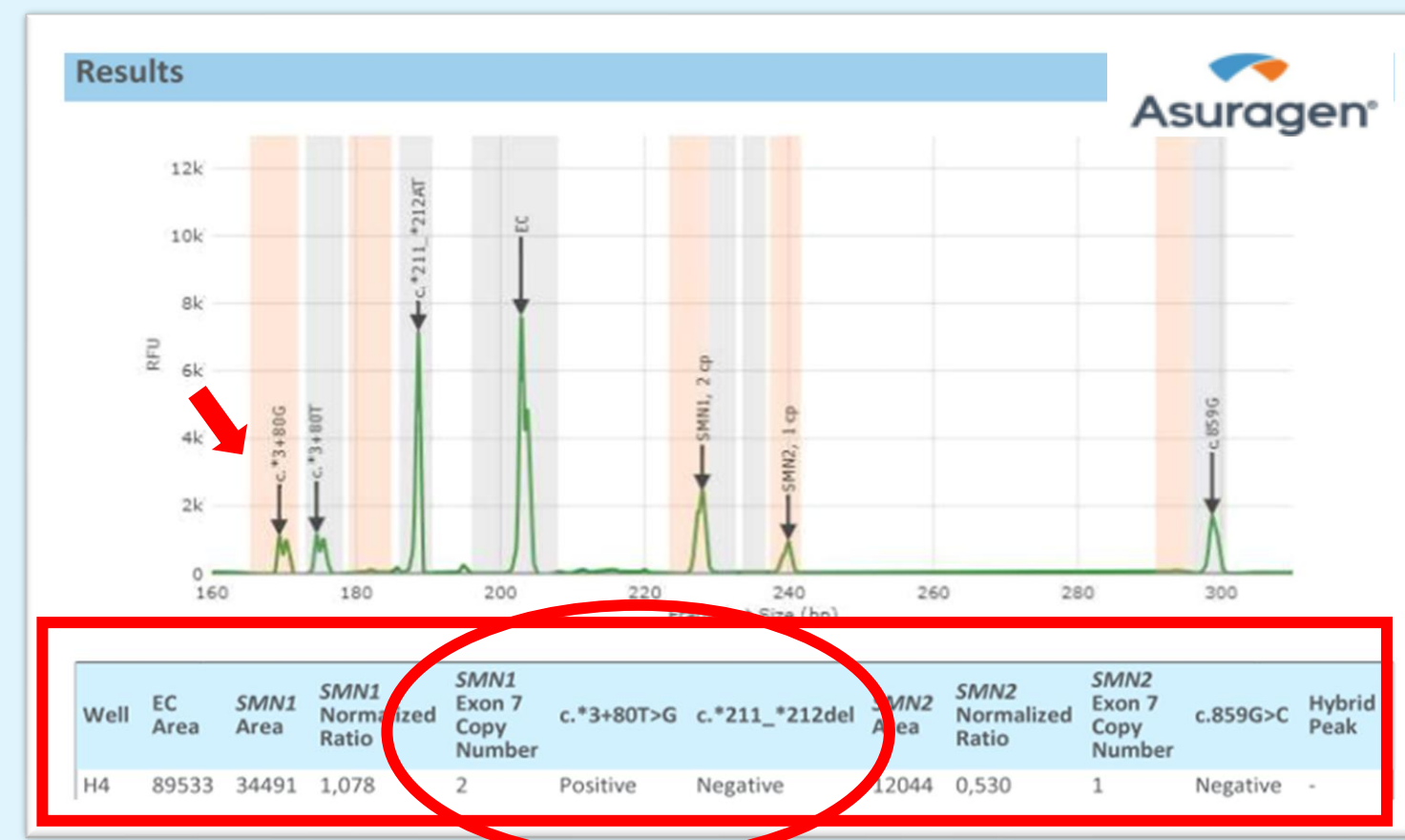


Fig. 1: Asuragen Reporter Image: Silent Carrier Subject with 2 copies of SMN1 and c.\*3+80T>G variant

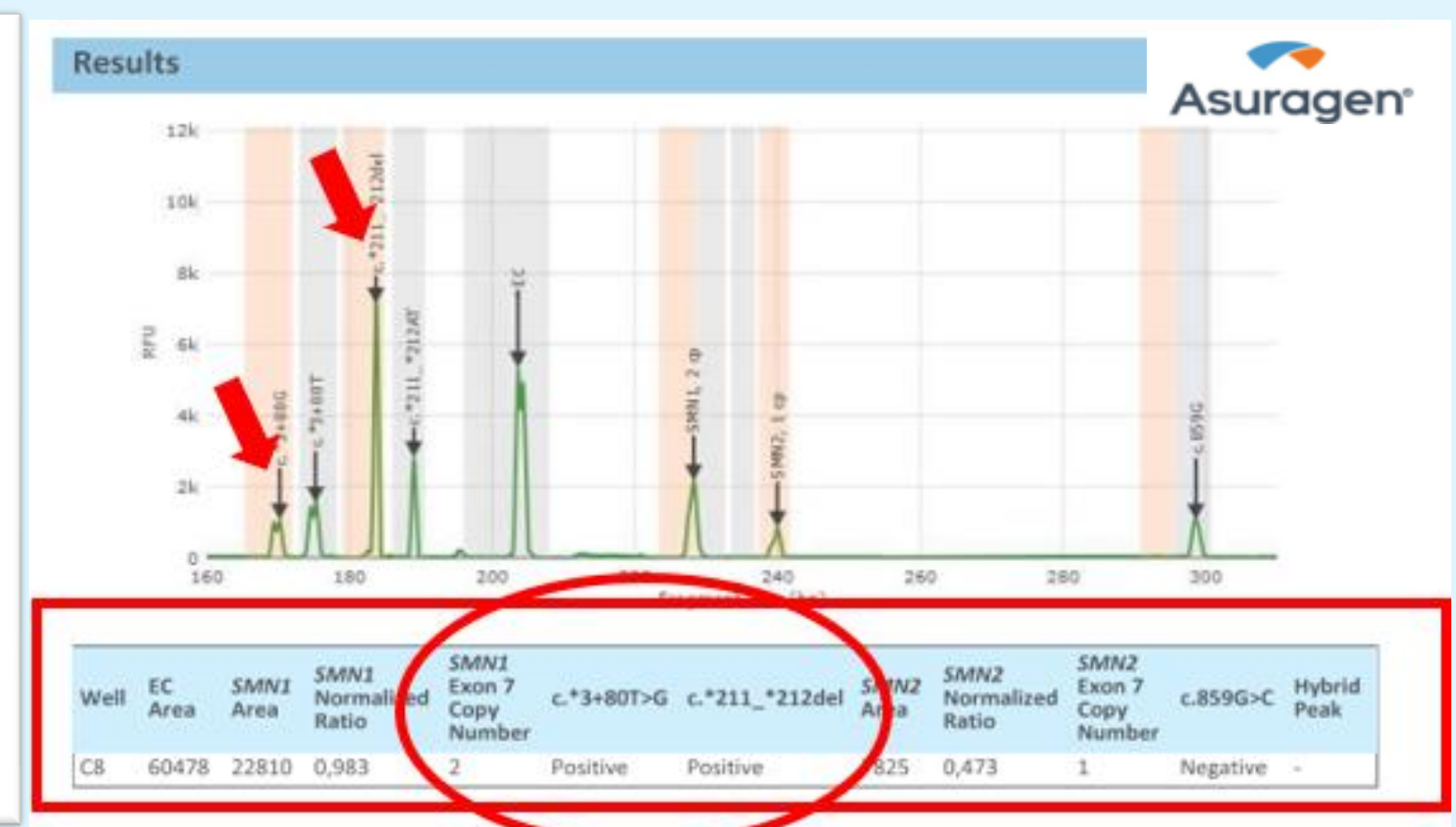


Fig. 2: Asuragen Reporter Image: Subject of Italian population with 2 copies of SMN1 and both c.\*3+80T>G and c.\*211\_\*212del variants

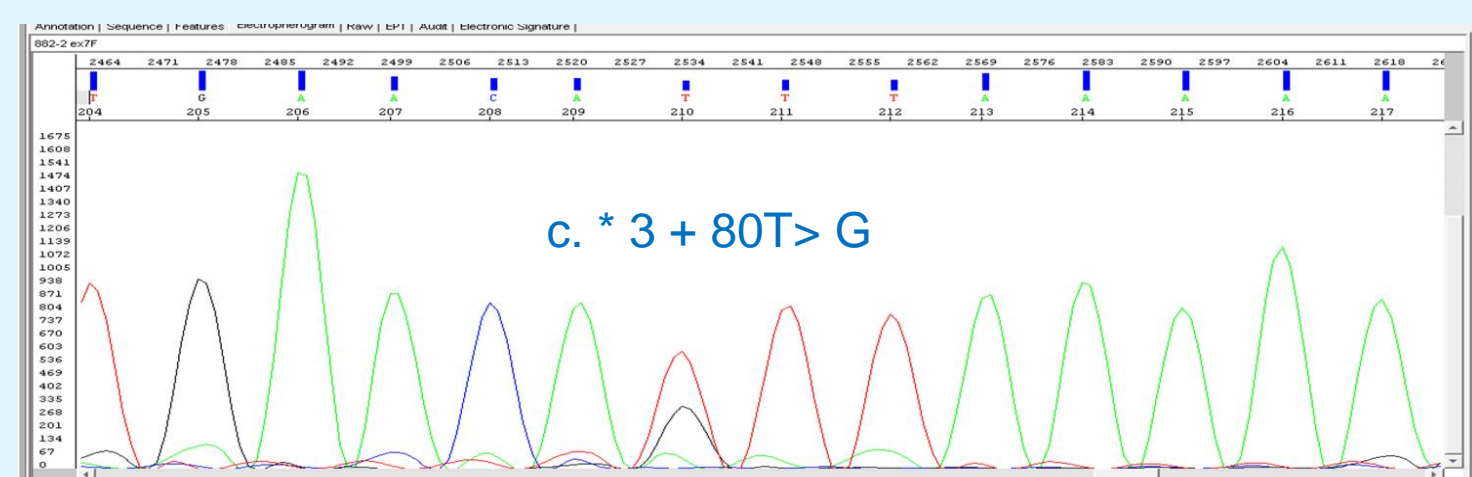


Fig. 3: c.\*3+80T>G sequence

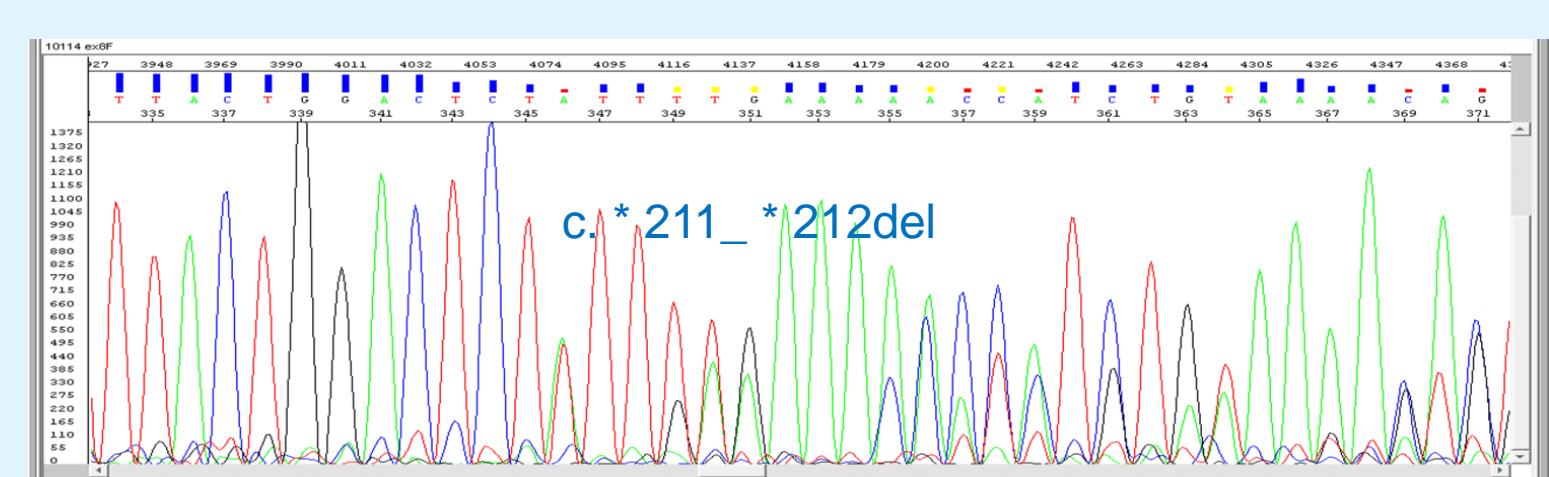


Fig. 4: c.\*211\_\*212del sequence

## Aim of the Study

The study aims to evaluate the frequency of carriers of c. \*3+80T>G and c.\* 211\_\*212del in the Italian population, after all, to date there are no specific data of frequency and correlation of these variants with SMN1 duplication in this ethnic group.

## Results

Among parents of affected children, the analysis revealed a genotype 1 SMN1 copy in 112 (91,8%) individuals, in all of them no case with variants was observed. Moreover, we identified 2 SMN1 copies in 10 subjects (8.2%); 1 subject (10%) out of these carried the c. \* 3 + 80T> G variant. Among subjects of general Italian population were observed: 7 cases (2%) with 1 copy of SMN1 (carriers), 334 cases (92%) with 2 copies of SMN1 and 22 (6%) with 3 copies of SMN1; among them, 6 cases (1.6%) were found to be carriers of the duplication variants and 2 out of these had 2 SMN1 copies (0.6%), the remaining 4 subjects had 3 SMN1 copies. With these cases should be considered other 17 subjects known to have 3 copies of SMN1 for a total of 39 cases, 6 of which showed up duplication variants (15,4%).

Parents of affected children* (*with 0 SMN1 copies)					General Italian population					
SMN1 copy number	General Italian population	%	Tot subjects with duplication variants	% subjects with duplication variants	SMN1 copy number	General Italian population	%	Retrospective cases with 3 SMN1 copies	Tot subjects with duplication variants	% subjects with duplication variants
1 copy	112	91,8%	0	0%	1 copy	7	2% (carriers)	-	0	0%
2 copies	10	8,2%	1	10%	2 copies	334	92%	-	2/334	0,6% (Increased risk to be silent carriers)
3	-	-	-	-	3	22	6%	17(§)	6/39	15,4%
Tot	122	100%	1	0,8%	Tot	363	100%	na	na	na

## Discussion and Conclusions

Gene duplication variants in SMN1 can adjust the risk of being a silent carrier and help informed reproductive decisions for couples. This study confirms the association (p<0.01) of c.\*3+80T>G and c.\*211\_\*212del variants with SMN1 duplication in Italian population: frequencies of 15,4% in 3 copies SMN1 individuals and 0,6% in 2 copies SMN1 individuals as evaluated for European Caucasian population, versus 0 cases with variants detection in carrier 1+0.

Analysis of these variants is important to better understand the residual risk of being a silent carrier (2+0) in subjects with 2 copies of SMN1 who undergo carrier screening. In fact, although absence of these variants does not exclude that a particular individual is a 2/0 SMA carrier, their presence is valuable to substantially increase residual risk in putative carriers, thus improving genetic counselling.

## Bibliography

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3	-	-	-	-	3	22	6%	17(\$)	6/39	<b>15,4%</b>
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