FAMILY-BASED LINKAGE ANALYSIS AND FULL EXOME SEQUENCING FOR THE IDENTIFICATION OF

POTENTIAL RISK VARIANTS IN IgA NEPHROPATHY



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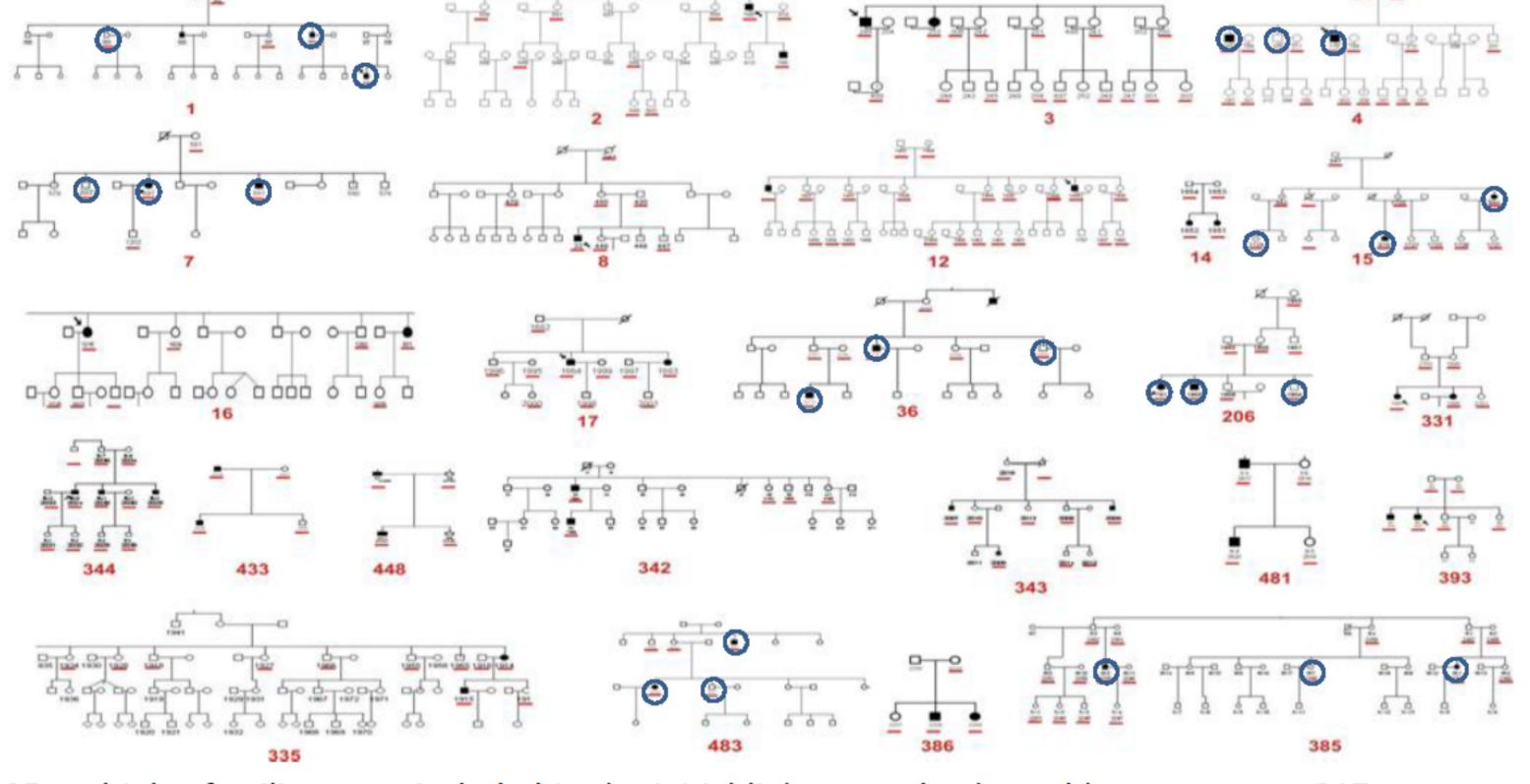
INTRODUCTION AND OBJECTIVES

IgA nephropathy (IgAN) is the most common form of primary glomerulonephritis world-wide. The pathogenetic mechanisms are still unknown, however IMMUNOLOGICAL and GENETIC FACTORS seem to play a key role in disease susceptibility. The strong genetic component is supported by familial clustering, ethnic variation in prevalence and by reports of large pedigrees containing multiple affected individuals. IgAN is a genetically complex disease depending on the complex interaction of multiple genes and environmental factors. Genomewide linkage studies (GWLS) and genome-wide association studies (GWAS) have been performed to identify specific genetic markers involved in IgAN. Three GWLS of familial IgAN have reported linkages at the following chromosomal regions 2q36, 4q26–31, 6q22–23 and 17q12–22, however, no disease genes were identified within these areas.

Aim of our study was to find rare, high penetrant risk variants, combining family-based linkage analysis with full exome sequencing.

MATERIALS & METHODS

Multiplex families included in the linkage study and sequencing study



25 multiplex families were included in the initial linkage study, the red bars represent 217 genotyped subjects. Subjects included in our exome sequencing study are circled in blue

MATERIALS & METHODS

Linkage Analysis

Samples Preparation

DNA was extracted using the QIAGEN QIAamp Midi kit from EDTA anticoagulated peripheral blood collected from 25 Italian families of south italian ancestry.

Genotyping

Genotyping was performed using Illumina HumanCytoSNP-12 BeadChip. Data was exported from Genome Studio Software.

Quality Control

Individuals with more than 5% missing genotypes and more than 5% mendelian errors were excluded. Markers that failed the Hardy-Weinberg test ($P \le 1 \times 10^{-6}$) and those with MAF ≤ 0.05 were excluded. Genotyping errors were also detected and removed using Merlin error detection analysis (--error option).

Linkage Analysis

Prepare DNA fragments for sequencing

Generate sequence reads (NGS)

Align reads to reference genome

Annotation and functional characterizatio

SIFT, SeattleSeq, PolyPhen, MutationTaster, Condel)

Codon 121 GGA>AGA

Exon 2, c.361 G>A

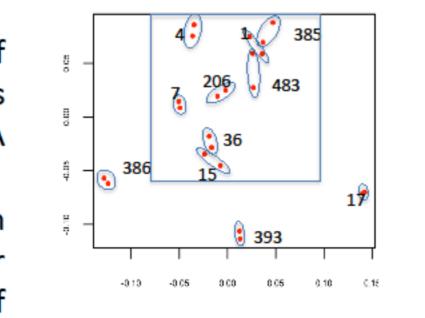
Enrich for coding exons

After quality control and pedigree corrections, 267 individuals for a total of 23 families and 227,114 SNPs were available for analysis. Non-parametric linkage (modeling linkage-disequilibrium with a r²>0.10) analysis was performed on 16 most informative families. Linkage analysis was carried out under models of locus homogeneity or heterogeneity (specifying IgAN as an autosomal dominant trait with disease allele frequency of 0.001 and estimated penetrance of 75%).

Sequencing strategy definition

After performing linkage analysis we evaluated the genetic distance in terms of IBS between all cases in the 11 families linked to chromosome 4q26. 16 cases from the closest 8 families (blue rectangle) were prioritized for DNA sequencing(see plot).

For the selection of the internal (intra-family) negative controls we performed an IBD analysis on each of these 8 families and identified the closest relative (for each affected) with less IBD-sharing (genetically discordant) in the region of interest .



We performed full exome sequencing on 16 most informative IgAN patients belonging to 8 non consanguineous families. We also sequenced 8 familial controls.

MATERIALS & METHODS

Exome Sequencing Study

We used the illumina HiScanSQ system for exome sequencing. Target regions were captured with the TruSeq Exome Enrichment and randomly fragmented and purified using a QIAquick PCR Purification kit (Qiagen). Adapters were ligated to each end of the fragments, and the resulting DNA library purified (using QIAquick PCR Purification kit). The magnitude of enrichment of captured ligation-mediated PCR products was determined using the Agilent 2100 Bioanalyzer. Next, each captured library was loaded onto the HiScanSQ platform, and paired-end sequencing was performed with read lengths of 101 bp. Sequence reads were mapped to the reference human genome (UCSC Genome Browser hg19) using Burrows-Wheeler. Single nucleotide variants (SNVs) and small insertion/deletions (Indels) were detected following the Best Practices Workflow of Genome Analysis Toolkit (GATK) using two algorithms: Unified Genotyper and Haplotype Caller.

Variant filtration ,Sanger Sequencing and TaqMan

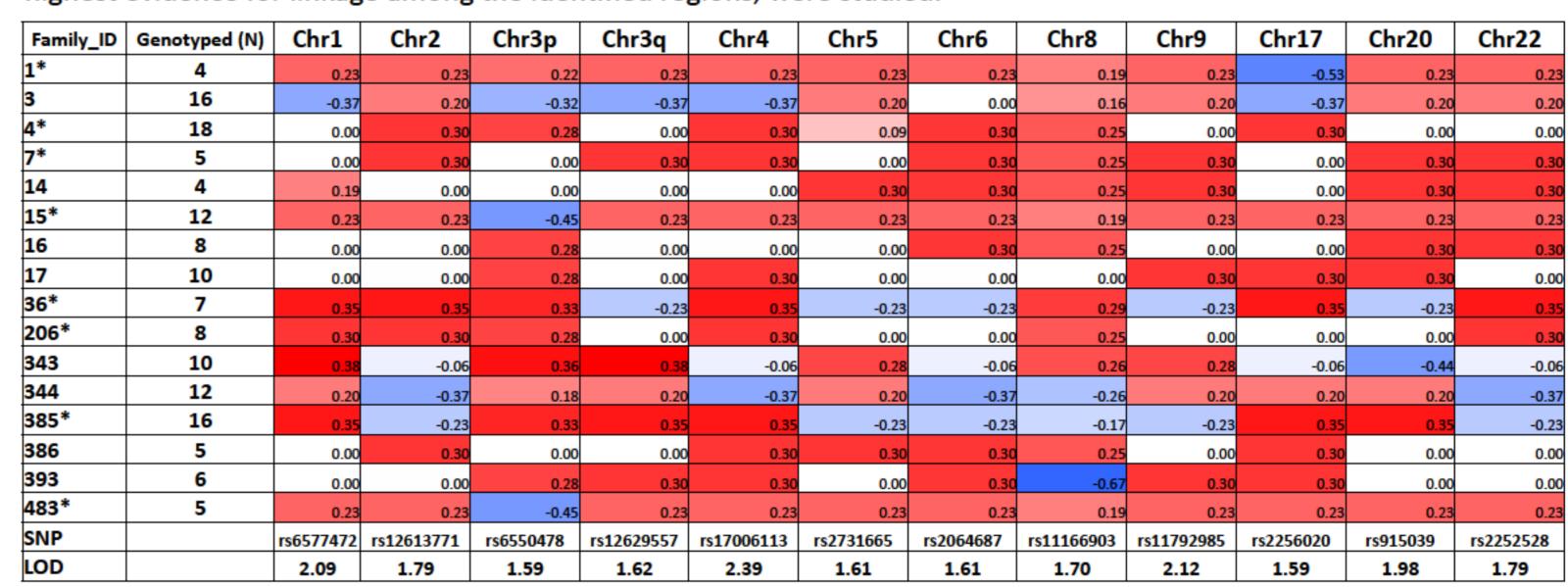
Assays

Variants were then annotated with snpEFF (snpEff_v2_0_5) and categorized into four classes (high, moderate, low and modifier) by their functional impact. SeattleSeq SNP annotation web interface was also used for annotating vcf files. Sequence data were filtered against multiple databases, namely, dbSNP137, 1000 Genomes Project using annovar and Minimum Allele Frequency(MAF) of 0.01 was chosen as a cutoff. Variants were then visualized with Integrative Genomics Viewer (IGV). Candidate variants were validated using Sanger Sequencing. Forward and reverse PCR primers were designed for each candidate variant. Purified products were sequenced in both forward and reverse directions on an ABI3730xl DNA analyser (Applied Biosystems). Analysis of sequence data was carried out using the Chromas 2.01 software. Human reference sequences were retrieved from the UCSC Genome Browser. Segregation patterns of validated variants were studied with classical TaqMan® Assays on a StepOnePlus Real-Time PCR System.

RESULTS

Linkage Analysis

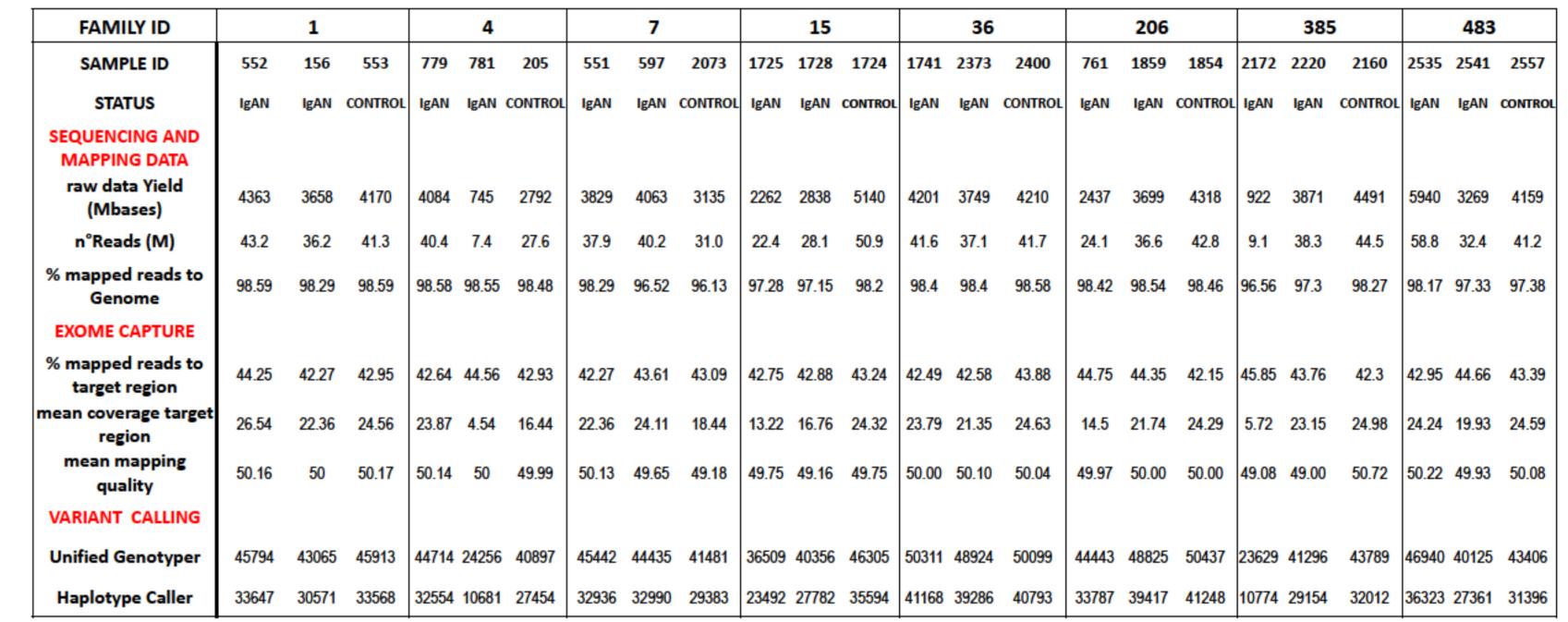
We confirmed and refined our previously published linked regions on chromosome 4q26, 6q22-23 and17q21. Linkage signals were also detected on other chromosomes. Eleven families linked to chromosome 4q24-28, that showed the highest evidence for linkage among the identified regions, were studied.

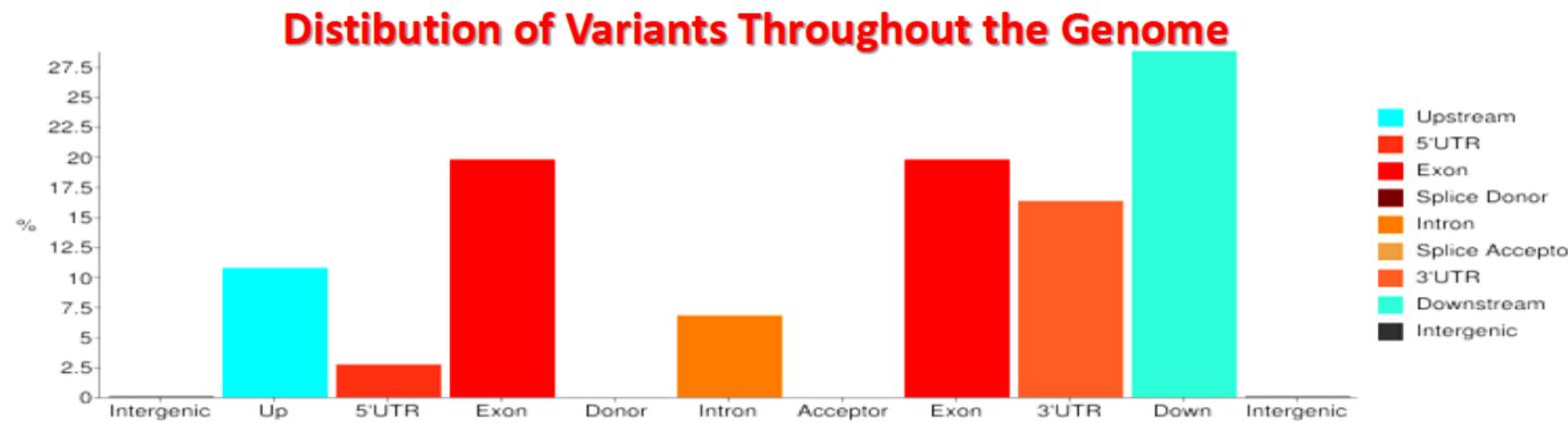


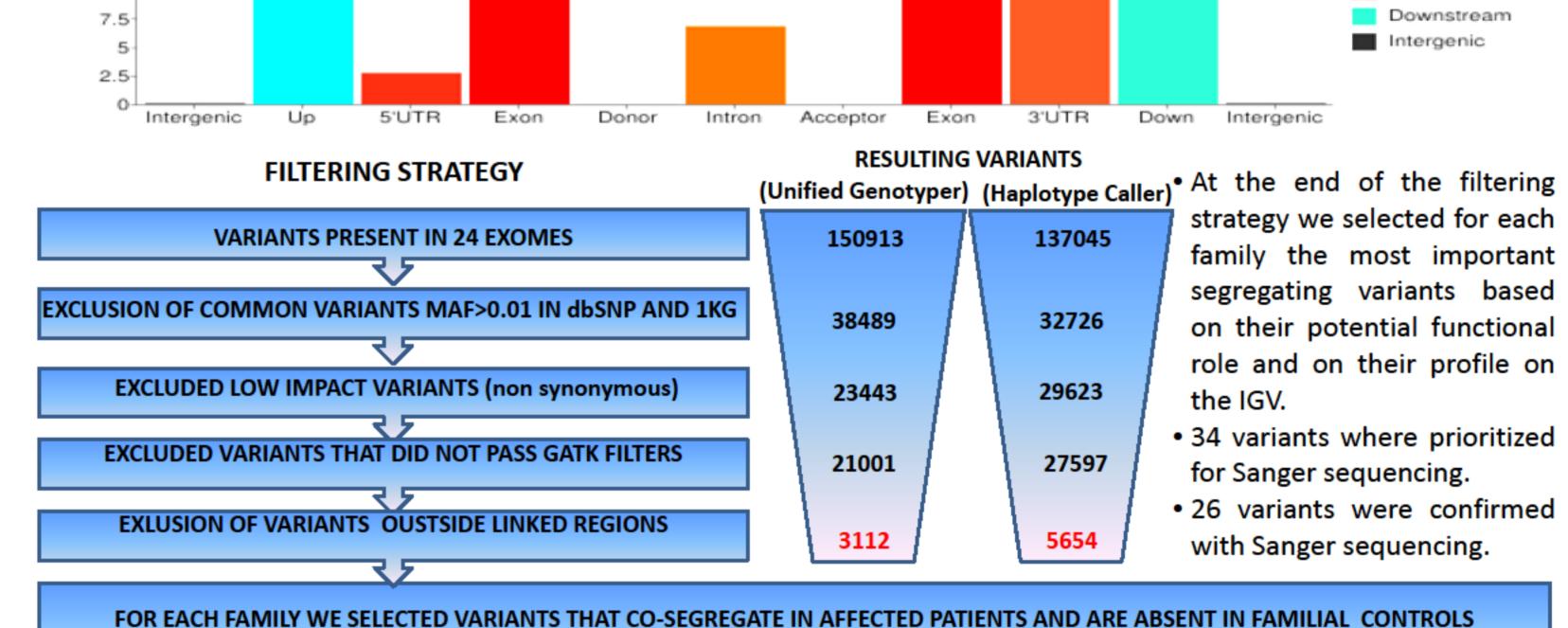
The table shows the families linked to each chromosomal region; positive and negative linkage signals are highlighted in red and blue respectively. The partial LOD contribution for each family is reported in each box. For each chromosome the top LOD score is also reported (* sequenced families).

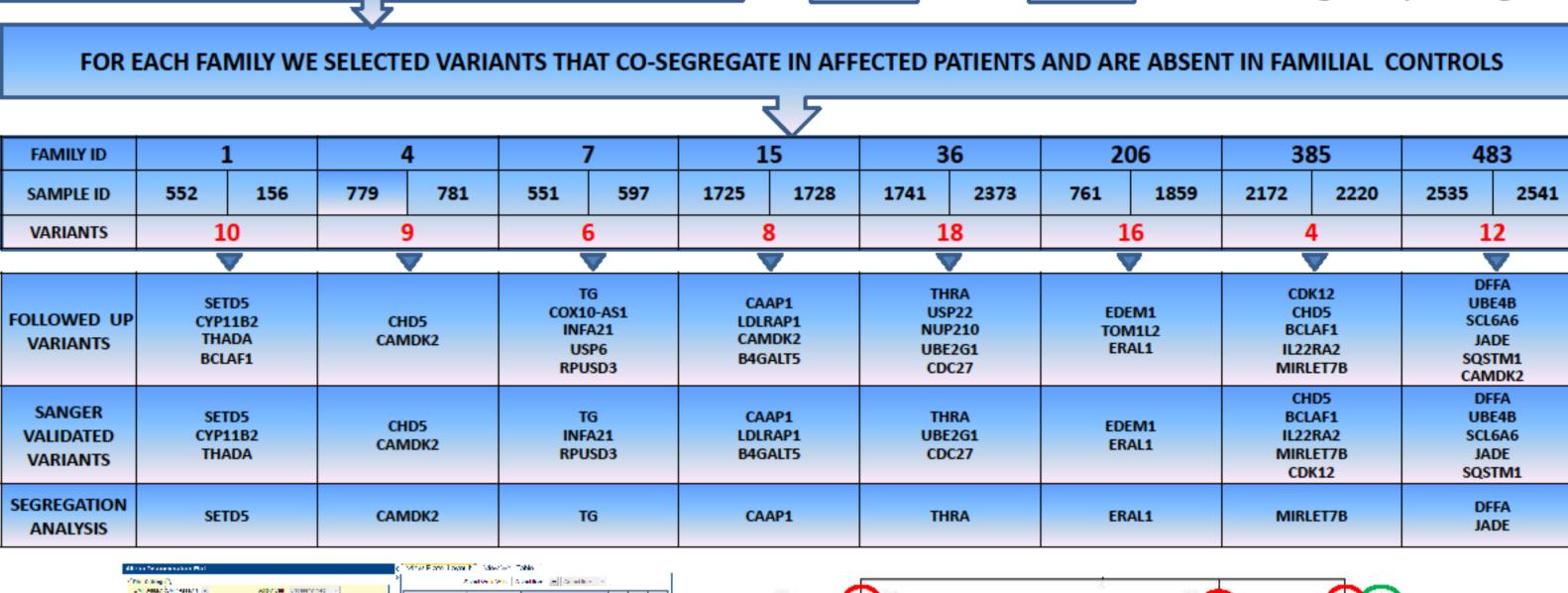
RESULTS

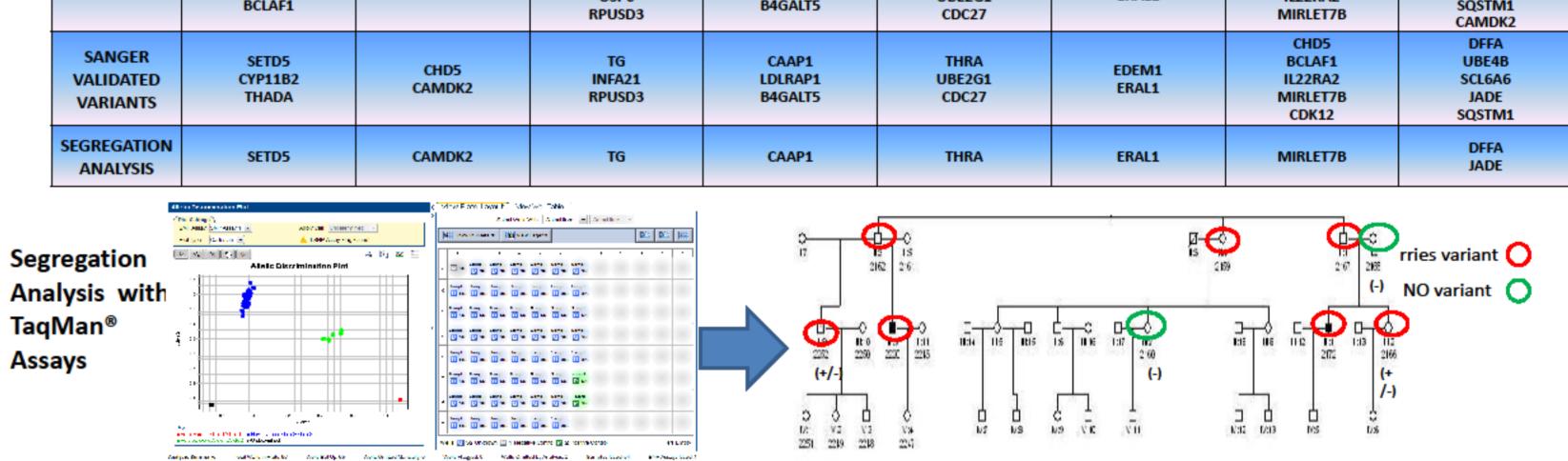
Exome Sequencing Study











Segregation with the affection status was found in each family. The MAF of candidate variants was also evaluated and checked in 200 population controls. We found that none of the studied variants were present in-house controls. Furthermore the variants were checked in the ExAC BROWSER and we verified that 29 of the followed-up variants were private variants (the remaining showed a MAF < 0.0001). Variants passing the segregation analysis were tested on 200 other familial / sporadic IgAN patients and were not found

CONCLUSIONS

- We confirmed and refined our previously published linked regions, linkage signals were also detected on other chromosomes.
- Within the linked regions, we identified and validated 26 high penetrant risk variants.
- The validated variants were very rare and segregated within affected individuals and were absent in all controls.
- Our exome sequencing data supports the hypothesis that IgAN is a disease characterized by extensive genetic
 heterogeneity with multiple genes affecting disease onset. This is supported by the finding that a single variant
 common to all our IgAN families wasn't detected.
- Different variants belonging to the same gene (CHD5 CAMDK2) were also detected.

Segregation analysis on the remaining Sanger validated variants will need to be performed. The functional role of these variants will need to be uncovered.











Gly121Arg