

***SLC6A1* – Estimated incidence & Variant interpretation**

December 05, 2019



Dennis Lal

Genomic Medicine Institute, Lerner Research Institute ***Cleveland Clinic, Cleveland, Ohio, USA***

Epilepsy Center, Neurological Institute, ***Cleveland Clinic, Cleveland, Ohio, USA***

Stanley Center for Psychiatric Research, ***Broad Institute of Harvard and M.I.T, Cambridge, USA***

Analytic and Translational Genetic Unit, *Massachusetts General Hospital, Harvard University, Boston, US*

Cologne Center for Genomics, ***University of Cologne, Cologne, Germany***

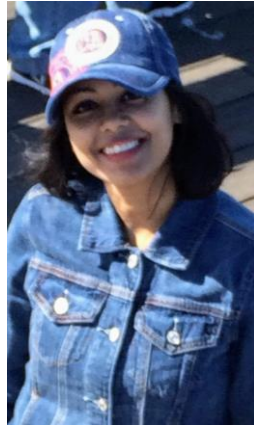
- All information/data (in more detail) are also included in the manuscript Amber sent to everyone



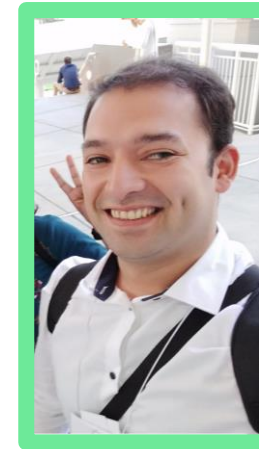
Team members who generated results which will be presented today



Javier Lopez
PhD student



Dr. Sumaiya Iqbal
Scientist



Dr. Eduardo Perez-Palma
Scientist

A lot of additional work for
SLC6A1, e.g. drafted the *NORD* report

Estimating the birth incidence of de novo variant associated neurodevelopmental disorders

- Hundreds of monogenic neurodevelopmental disorders (NDDs) have been identified.
- Epidemiological gene-disorder specific incidence rates have been reported for only a few genes.
- **Goal: Predict incidence for all sporadic *de novo* variant associated NDDs using a genetic data-informed statistical model.**



Estimating the birth incidence of de novo variant associated neurodevelopmental disorders

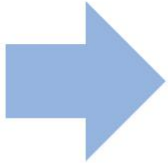
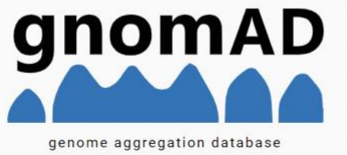
Methods

Selecting genes of interest

101 *de novo* variant associated NDD genes identified from the literature

De novo mutations in congenital heart disease with neurodevelopmental and other congenital anomalies
De novo variants in neurodevelopmental disorders with epilepsy
De Novo Mutation in Genes Regulating Neural Stem Cell Fate in Human Congenital Hydrocephalus
 Prevalence and architecture of *de novo* mutations in developmental disorders

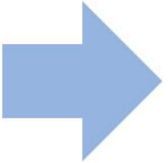
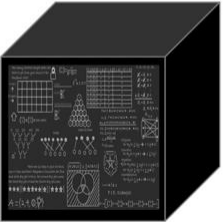
3,106 genes intolerant to variation identified using gnomAD constraint metrics



Estimation of incidence

Adjusted mutational model*
 • Mutation rate
 • Gene size
 • Gene variant tolerance
 • Pathogenic CNV rate

*Samocha et al., 2014



Validation of incidence estimates

1) Correlation of incidence estimates with reported pathogenic patient variants



2) Corroboration with reported estimates identified through systematic literature review

Estimated incidence matches reported estimates

2) Comparison with reported incidence estimates

Gene	Disease	Incidence in 100,000 births		Significant Difference
		Calculated	Reported	
SCN1A	Dravet Syndrome (OMIM: 607208)	6.69-7.62	4.78	no
			4.54	no
			5.90	no
			4.10	no
SLC2A1	GLUT1 Deficiency Syndrome (OMIM: 606777)	1.65-2.22	1.20	no
			2.95	no
TBX5	Holt-Oram Syndrome (OMIM: 142900)	0.39-0.45	0.56	no
STXBP1	STXBP1 Encephalopathy (OMIM: 612164)	3.30-3.81	1.09	yes
			0.82	yes
SALL1	Townes-Brocks Syndrome (OMIM: 107480)	0.30-0.36	0.42	no
KCNQ2	KCNQ2 Encephalopathy (OMIM: 613720)	2.93-3.59	1.18	no
			1.23	no
CDKL5	CDKL5 Deficiency Disorder (OMIM: 300672)	1.81-2.49	1.77	no
			0.96	no

Estimating the birth incidence of de novo variant associated neurodevelopmental disorders

2) Comparison with reported incidence estimates

Gene	Disease	Incidence in 100,000 births		Significant Difference
		Calculated	Reported	
SCN1A	Dravet Syndrome (OMIM: 607208)	6.69-7.62	4.78	no
			4.54	no
			5.90	no
			4.10	no
SLC2A1	GLUT1 Deficiency Syndrome (OMIM: 606777)	1.65-2.22	1.20	no
			2.95	no
TBX5	Holt-Oram Syndrome (OMIM: 142900)	0.39-0.45	0.56	no
STXBP1	STXBP1 Encephalopathy (OMIM: 612164)	3.30-3.81	1.09	yes
			0.82	yes
SALL1	Townes-Brocks Syndrome (OMIM: 107480)	0.30-0.36	0.42	no
KCNQ2	KCNQ2 Encephalopathy (OMIM: 613720)	2.93-3.59	1.18	no
			1.23	no
CDKL5	CDKL5 Deficiency Disorder (OMIM: 300672)	1.81-2.49	1.77	no
			0.96	no

SLC6A1

2.65 (90%CI: 2.38-2.86) per 100,000 births

Estimating the birth incidence of de novo variant associated neurodevelopmental disorders

2) Comparison with reported incidence estimates

Gene	Disease	Incidence in 100,000 births		Significant Difference
		Calculated	Reported	
SCN1A	Dravet Syndrome (OMIM: 607208)	6.69-7.62	4.78	no
			4.54	no
			5.90	no
			4.10	no
SLC2A1	GLUT1 Deficiency Syndrome (OMIM: 606777)	1.65-2.22	1.20	no
			2.95	no
TBX5	Holt-Oram Syndrome (OMIM: 142900)	0.39-0.45	0.56	no
STXBP1	STXBP1 Encephalopathy (OMIM: 612164)	3.30-3.81	1.09	yes
			0.82	yes
SALL1	Townes-Brocks Syndrome (OMIM: 107480)	0.30-0.36	0.42	no
KCNQ2	KCNQ2 Encephalopathy (OMIM: 613720)	2.93-3.59	1.18	no
			1.23	no
CDKL5	CDKL5 Deficiency Disorder (OMIM: 300672)	1.81-2.49	1.77	no
			0.96	no

SLC6A1

2.65 (90%CI: 2.38-2.86) per 100,000 births

Number of births for the United States in 2018 was 3,788,235 (cdc.gov)

->

98 new patients every year in the US alone

Lopez at al., (in review)

In the most comprehensive sequencing screens *SLC6A1* is among the most frequent mutated genes

- Three large genomic screens with 8565, 9170 and 9769 epilepsy patients have been reported. In one study Pathogenic variants of *SLC6A1* are consistently identified in these large datasets, falling in the **top twenty** in one study and **top ten in the other two studies**.
- Further, in the largest autism sequencing study to date (N=11,986 patients), *SLC6A1* was also among the **top ten genes**, with the most significant enrichment in autism patients compared to 23,598 controls.

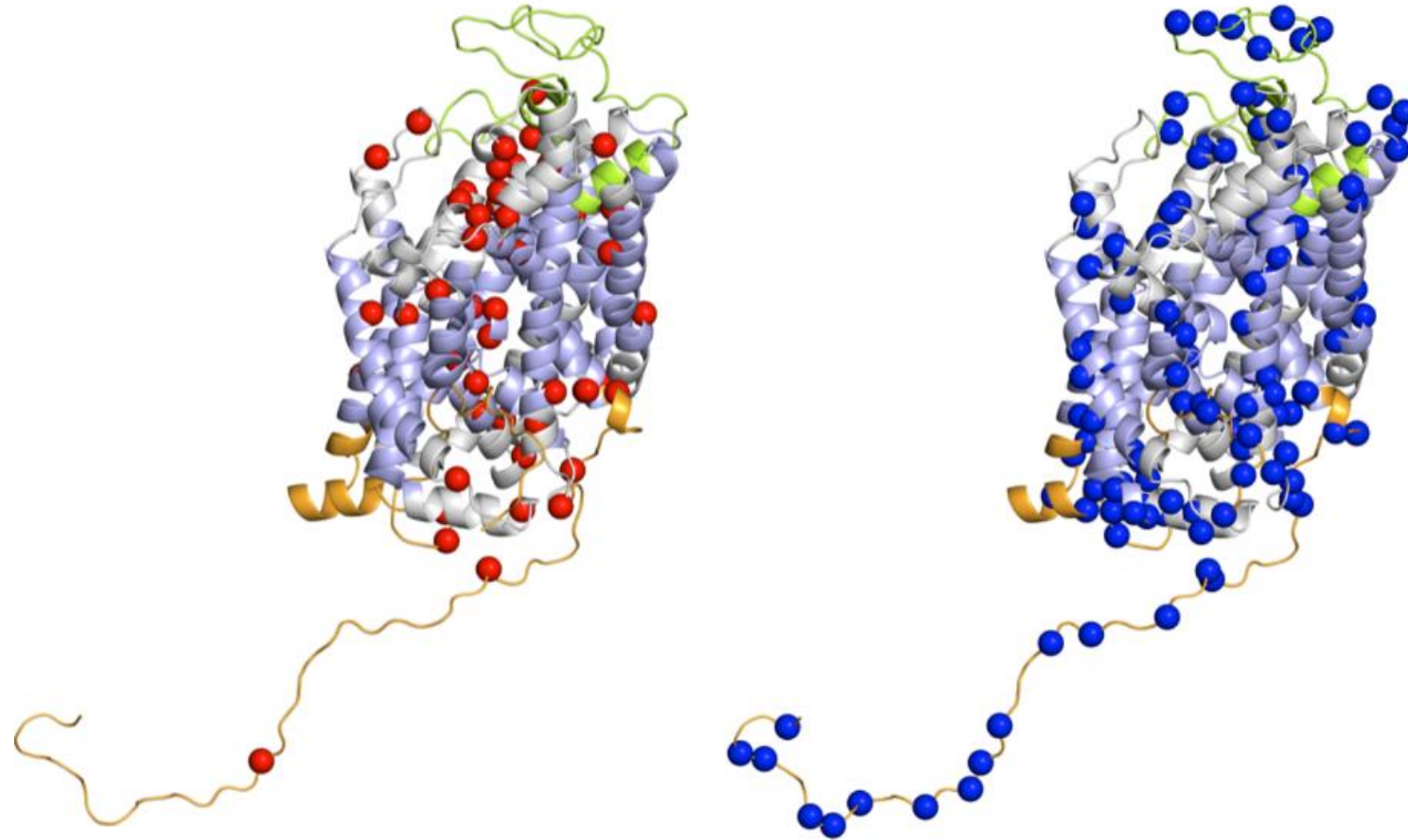
Patients captured by routine clinical sequencing – challenges and opportunities

- <http://simple-clinvar.broadinstitute.org>

Variants on GAT-1 the SLC6A1 protein

- No experimentally solved structure
- Structure computationally determined using an existing solved structure of 41% sequence identity
 - Using RaptorX software
 - P-value of the predicted structure = $2.79e^{-14}$ ($< e^{-14}$ is a good indicator)
- Domains: 12 Helical domains, 1 Extracellular and 2 cytoplasmic domains, and rest are the hinge regions in between helical segments

Latest data set: Genetic variants on *SLC6A1* and the GAT1 protein

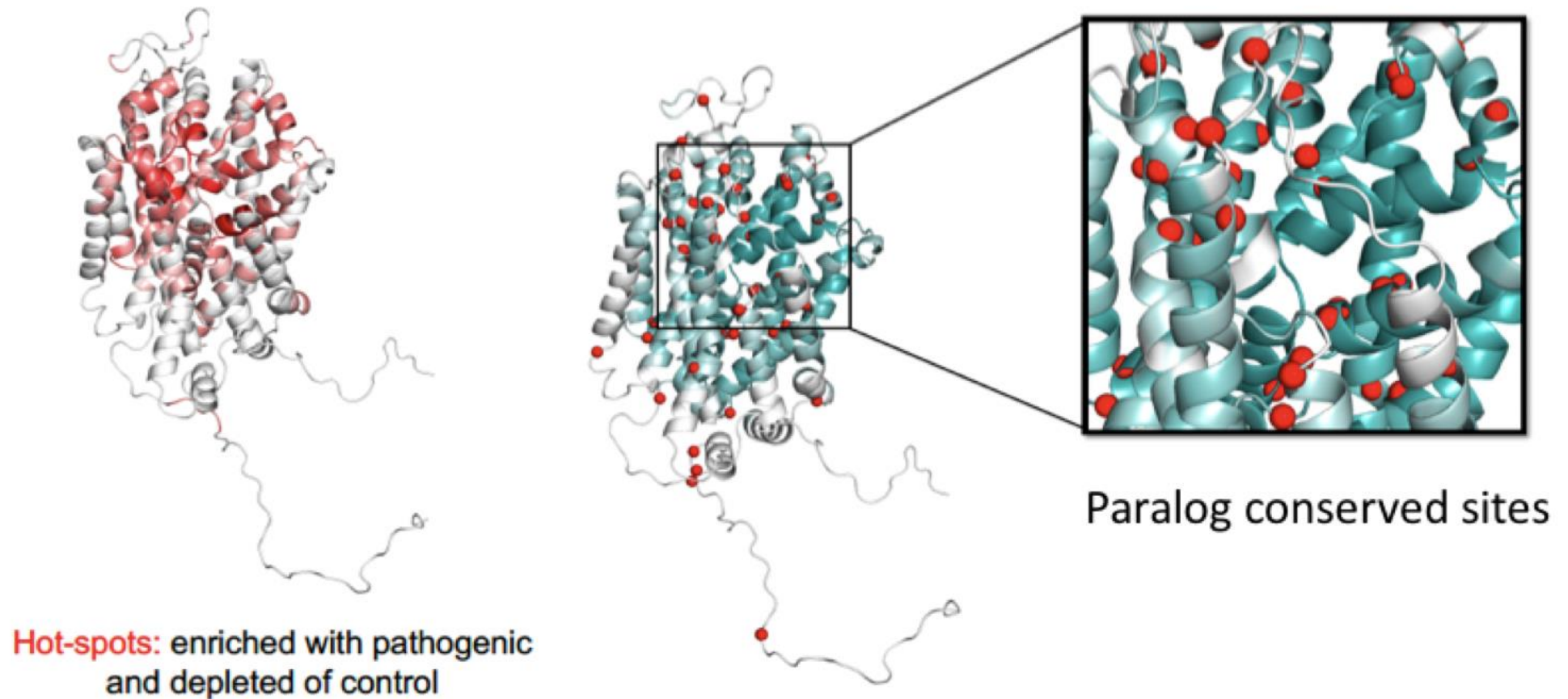


● gnomAD variant positions in *SLC6A1*
(control)

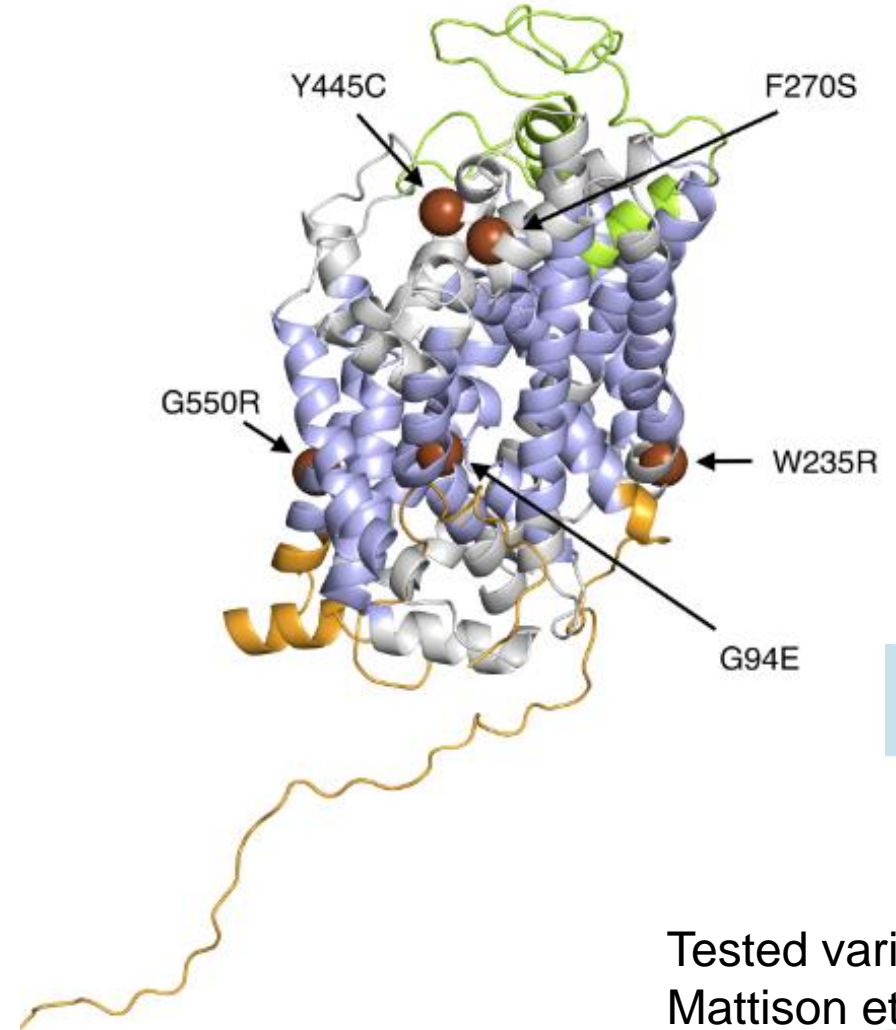
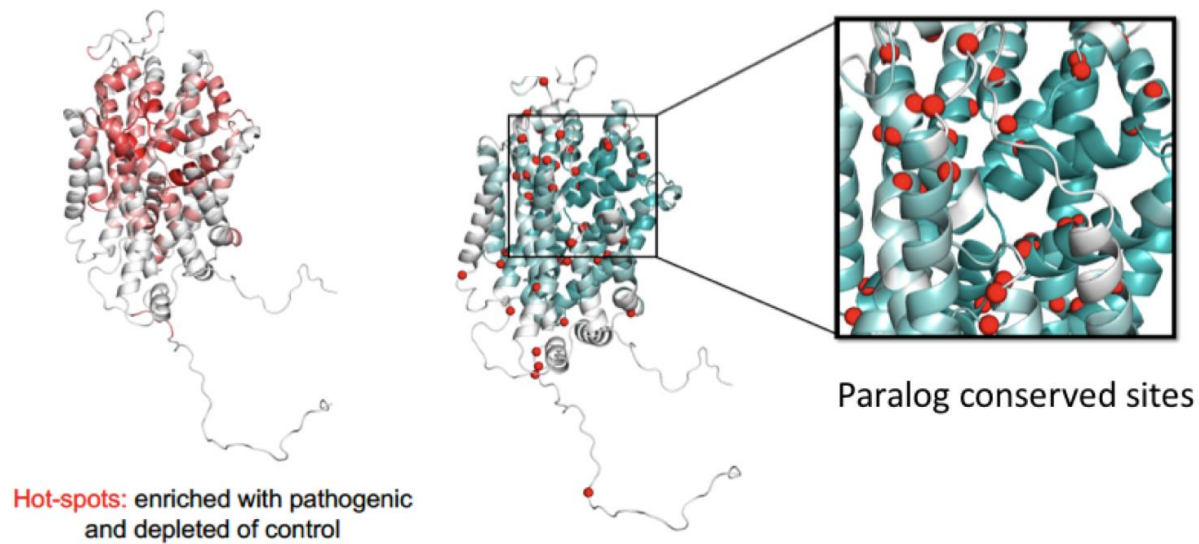
● Epilepsy patient variants positions in *SLC6A1*



Patient variants cluster in a hot spot, which is conserved across related transporters



All functionally tested variants where loss-of-function missense variants and are located across the hotspot



Summary

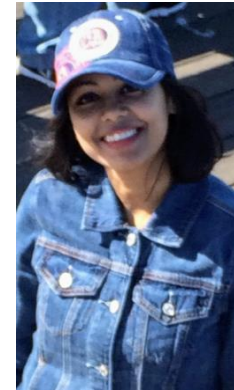
- *SLC6A1* deficiency disorder is a frequent rare neurodevelopmental disorder
- The number of patients are increasing
- Variant analyses support that GAT-1 loss-of-function is the patho-mechanism also for missense variants



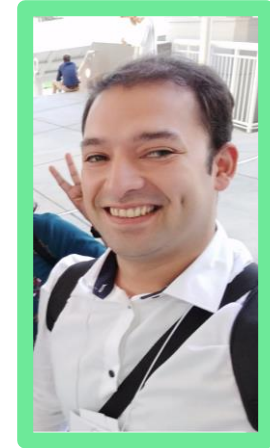
Acknowledgement



Javier Lopez
PhD student



Sumaiya Iqbal
Postdoc



Eduardo Perez-Palma
Postdoc

lald@CCF.org
dlal@Broadinstitute.org

@LalDennis 

