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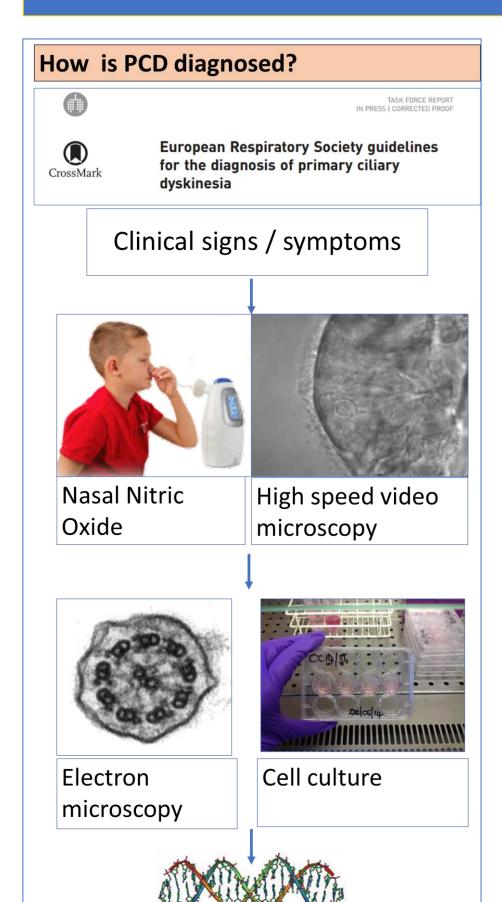
Development and first results of the BEAT-PCD international Primary Ciliary Dyskinesia gene variant database: Cilia Var

Amelia Shoemark

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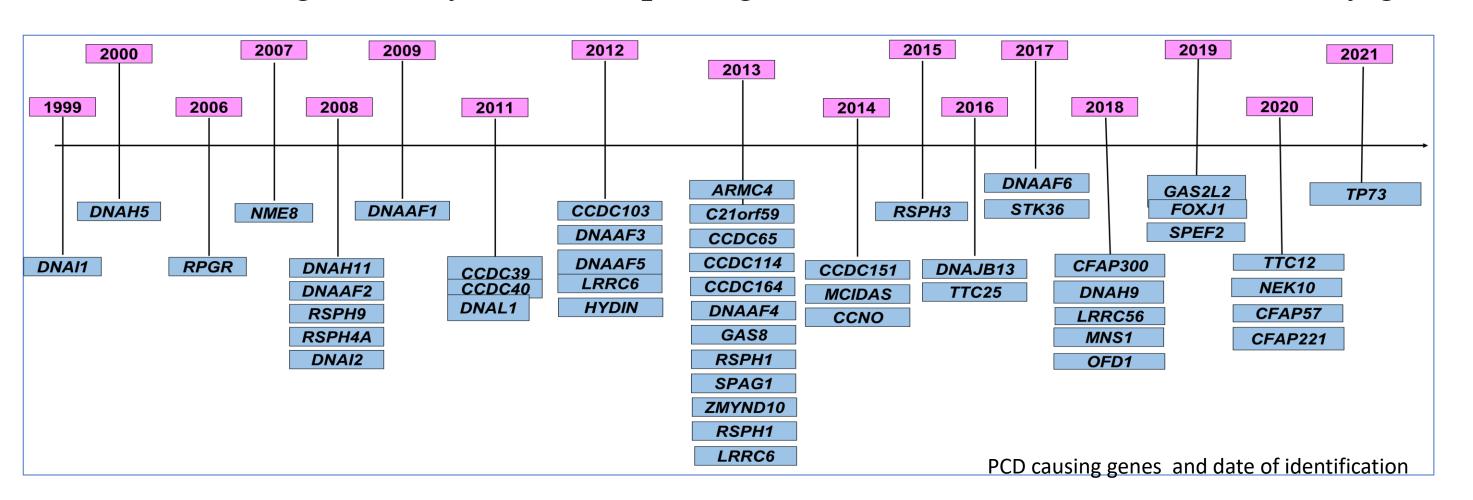
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Background



Genetics

PCD can be diagnosed by bi-allelic pathogenic mutations in one of >50 ciliary genes.



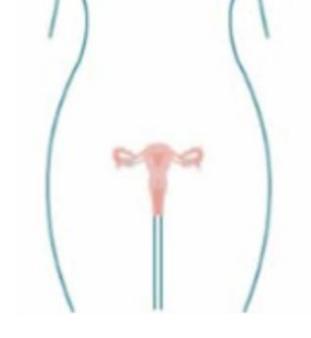
~ 60% of patients with an identified genetic cause have private mutations, that have not been previously reported in another patient.

What is PCD?

Dysfunction of multiple motile cilia Incidence ~1:7500

Heterogenous multi-system disorder Symptoms include:

- Respiratory
 - neonatal respiratory distress
 - Wet/ productive cough
 - Recurrent chest infections **Bronchiectasis**
- Chronic Rhinitis / sinusitis
- Recurrent otitis media
- Situs Inversus or complex congenital heart disease
- Other features
- Hydrocephalus
- Retinal abnormalities
- Infertility



Increasing numbers of variants of unknown significance (VUS, i.e. unknown if they are pathogenic or non-pathogenic) are identified.

As clinical genetic testing is increasingly implemented for PCD, there is a need to develop a public access resource to identify if variants have previously been reported to be associated with disease.

Aim: To establish an online open database registering mutations and specific combinations of mutations causing PCD.

Methods

- A panel of clinicians and geneticists with expertise in PCD identified database fields to link each variant with the associated diagnostic, clinical and genetic evidence supporting pathogenicity.
- A PubMed search was conducted using search terms ("name of the gene" AND "cili*" NOT "review") to identify published mutations in PCD genes.
- Database curators checked mutation nomenclature and classification of variants was carried out following ACMG guidelines.

Data	col	lected

Affected siblings

Neonatal respiratory

FEV1% pred

distress y/n

Nasal NO (nl/min) TEM (consensus guideline) High speed video **Immunofluorescene Clinical fields:** PCD +tve/-tve (ERS guideline) At point of diagnosis:

Genetics fields:

Diagnostic fields:

Bronchiectasis y/n Infertility y/n Lobetomy y/n Otitis media y/n Productive/ wet cough y/n Chronic rhinitis y/n

Results



Literature search 651 papers

Abstract review 262 selected

Patients

1551 from literature 466 from 4 diagnostic centres



1648 Mutations



Discussion

2nd September 2022

Mutation nomenclature verification and classification following ACMG guidelines



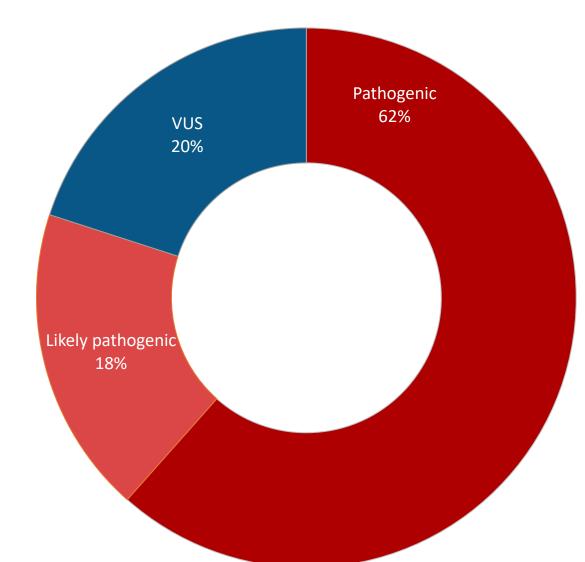
The online open database CiliaVar will go live on

Annual updates from published literature and new

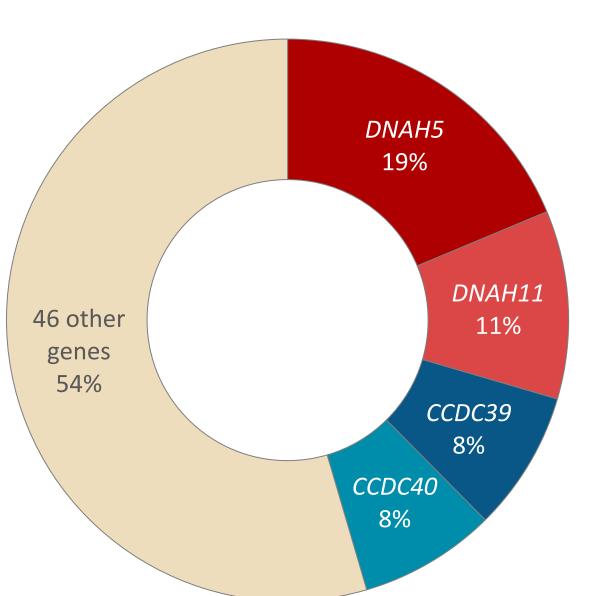
1648 mutations were included in CiliaVar.

The most common variants reported are CCDC40: c.248del (n=41 patients) and DNAI1: c.48+2dupT (n=49).

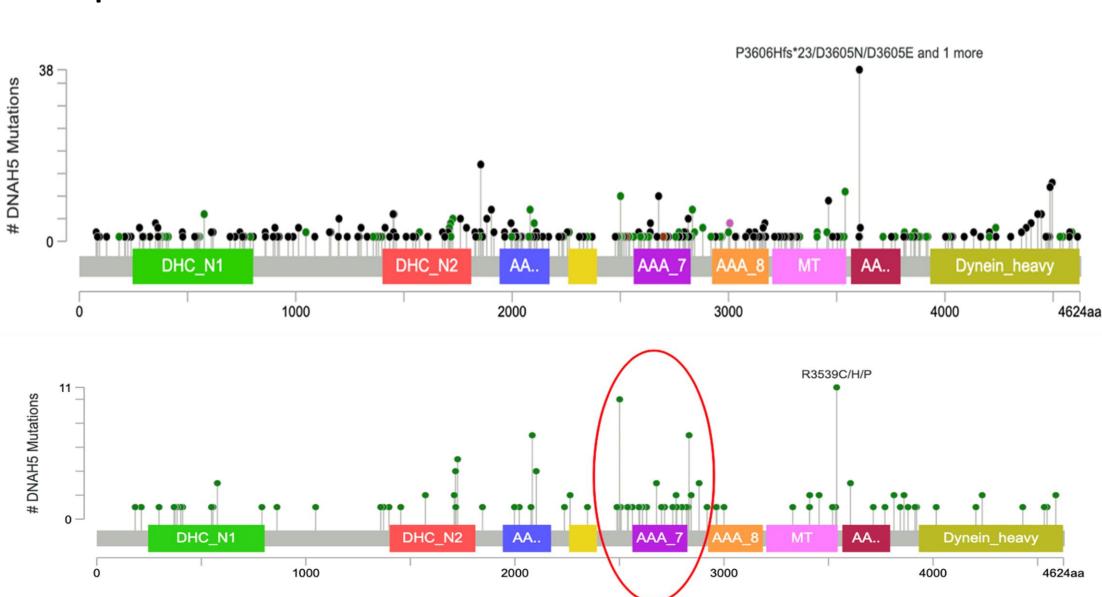
20% of the distinct mutations are classified as **VUS** and 93% of those VUS are missense mutations.



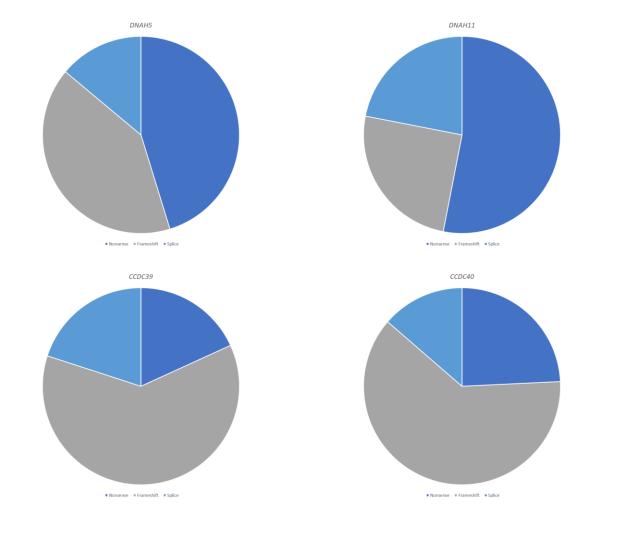
Most frequent causative genes in CiliaVar

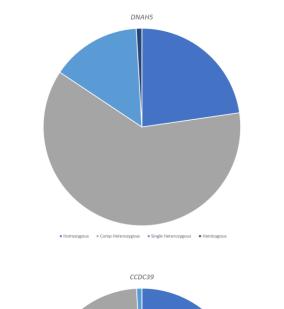


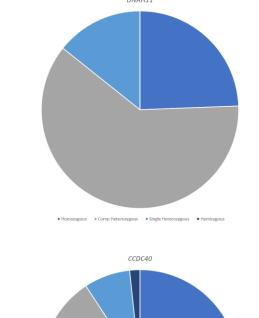
Mutations can be mapped onto genes to look for potential hotspots



Genotype – phenotype relationships can be explored CCDC39 & CCDC40 more frameshift & homozygous mutations







We aim to improve access to PCD variant information and diagnosis of PCD

Acknowledgements

clinical centres will be added

We would like to thank ERS for funding for BEAT-PCD and CFTR France for sharing knowledge on establishing genetic databases

The online open database CiliaVar will go live on 2nd September 2022 to improve access to PCD variant information and diagnosis of PCD