Next Generation Sequencing



Prof. Dagan Wells University of Oxford Director, Juno Genetics



Preimplantation genetic testing for an uploidy – A 30 year old idea

Proposed that an uploidy testing could assist embryo selection (Munne et al., 1993)

human reproduction

Diagnosis of major chromosome aneuploidies in human preimplantation embryos

Santiago Munné¹, Andrew Lee, Zev Rosenwaks, Jamie Grifo and Jacques Cohen



pGD\-

Preimplantation Diagnosis of Common Aneuploidies by the First- and Second-Polar Body FISH Analysis

Y. VERLINSKY,^{1,2} J. CIESLAK,¹ V. IVAKHNENKO,¹ S. EVSIKOV,¹ G. WOLF,¹ M. WHITE,¹ A. LIFCHEZ,¹ B. KAPLAN,¹ J. MOISE,¹ J. VALLE,¹ N. GINSBERG,¹ C. STROM,¹ and A. KULIEV¹

Most early attempts utilised cleavage stage biopsy and fluorescence *in situ* hybridisation (FISH)

Limited chromosomal analysis (5-9 chromosomes)

Suboptimal accuracy and reproducibility

Impact of day-3 biopsy on embryo viability

Clinical efficacy not supported by most randomised trials



By 2009 some PGT providers were testing as many as 12 chromosomes in each blastomere

Whole genome amplification (WGA) – First clinical application in PGT



Preimplantation Genetic Diagnosis of Inherited Cancer: Familial Adenomatous Polyposis Coli

ASANGLA AO,¹ DAGAN WELLS,² ALAN H. HANDYSIDE,⁴ ROBERT M. L. WINSTON,¹ and JOY D. A. DELHANTY^{2,3}

J Assist Reprod Genet. 1998 Mar;15(3):140-4. doi: 10.1023/a:1023008921386.

WGA can provide sufficient material for 'DNA hungry' methods

WGA + metaphase comparative genomic hybridization (CGH) (Wells et al 1999)

Nucleic AcidsDetailed chromosomal and molecular genetic analysis
of single cells by whole genome amplification and
comparative genomic hybridisation

Dagan Wells*, Jon K. Sherlock, Alan H. Handyside¹ and Joy D. A. Delhanty



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WGA can provide sufficient material for 'DNA hungry' methods

CGH shed light on true aneuploidy rate (Wells et al 1999; Wells and Delhanty, 2000; Voullaire et al 2000)

molecular human reproduction

Comprehensive chromosomal analysis of human preimplantation embryos using whole genome amplification and single cell comparative genomic hybridization



Dagan Wells¹ and Joy D.A.Delhanty

Clinical application of CGH in blastomeres (Wilton et al 2001) Clinical application of CGH in polar bodies (Wells et al 2002)



0GD)

First clinical application of comparative genomic hybridization and polar body testing for preimplantation genetic diagnosis of aneuploidy

Dagan Wells, Ph.D.,^{a,b} Tomas Escudero, B.Sc.,^b Brynn Levy, Ph.D.,^c Kurt Hirschhorn, M.D.,^c Joy D. A. Delhanty, Ph.D.,^a and Santiago Munné, Ph.D.^b



BIRTH OF A HEALTHY INFANT AFTER PREIMPLANTATION CONFIRMATION OF EUPLOIDY BY COMPARATIVE GENOMIC HYBRIDIZATION

LEEANDA WILTON, PH.D., ROBERT WILLIAMSON, PH.D., JOHN MCBAIN, M.B., B.S., DAVID EDGAR, PH.D., AND LUCILLE VOULLAIRE, M.SC.

Clinical application of CGH in blastomeres (Wilton et al 2001) Clinical application of CGH in polar bodies (Wells et al 2002)

But.....

Highly skilled Very labour intensive

Low throughput

High cost

It was not yet time for comprehensive chromosome screening, but all that was about to change...

Parallel development

CGH

blastocyst culture vitrification



Clinical application of comprehensive chromosomal screening at the blastocyst stage

William B. Schoolcraft, M.D.,^a Elpida Fragouli, Ph.D.,^{b,c} John Stevens, M.S.,^a Santiago Munne, Ph.D.,^d Mandy G. Katz-Jaffe, Ph.D.,^b and Dagan Wells, Ph.D., F.R.C.Path.^{b,c}

First encouraging clinical data (Schoolcraft et al., 2010)

Microarray CGH (Alfarawati et al 2011; Gutiérrez-Mateo et al 2011; Le Caignec et al 2006; Vanneste et al 2011)

All chromosomes assessed

Higher throughput

Still relatively expensive





Validation of microarray comparative genomic hybridization for comprehensive chromosome analysis of embryos

Cristina Gutiérrez-Mateo, Ph.D.,^a *Pere Colls, Ph.D.,*^a *Jorge Sánchez-García, Ph.D.,*^a *Tomas Escudero, B.Sc.,*^a *Renata Prates, B.Sc.,*^a *Kelly Ketterson, B.Sc.,*^a *Dagan Wells, Ph.D.,*^b *and Santiago Munné, Ph.D.*^a



Next generation sequencing (Wells et al 2014; Tan et al 2014)

All chromosomes assessed

Allows for higher throughput

Journal of **Medical Genetics**

Clinical utilisation of a rapid low-pass whole genome sequencing technique for the diagnosis of aneuploidy in human embryos prior to implantation

Dagan Wells,¹ Kulvinder Kaur,² Jamie Grifo,³ Michael Glassner,⁴ Jenny C Taylor,² Elpida Fragouli,⁵ Santiago Munne⁶

Sequence millions of DNA fragments from the biopsy specimen Measure proportion of fragments from each part of the genome

Potential to examine DNA sequence as well as detect aneuploidy

Provides PGT-A at lower cost than other methods

Clinical outcome of preimplantation genetic diagnosis and screening using next generation sequencing

Yueqiu Tan^{1,5,6†}, Xuyang Yin^{3,4,7†}, Shuoping Zhang^{1,6,8}, Hui Jiang^{4,7,11}, Ke Tan^{1,5}, Jian Li², Bo Xiong⁶, Fei Gong^{1,6}, Chunlei Zhang^{4,7}, Xiaoyu Pan^{4,7,14}, Fang Chen^{4,7,16}, Shengpei Chen^{4,7,15}, Chun Gong², Changfu Lu^{1,6}, Keii Luo^{1,6}, Yifan Gu^{1,6}, Xiuqing Zhang⁷, Wei Wang^{3,4}, Xun Xu², Gábor Vajta^{2,9}, Lars Bolund^{2,10}, Huanming Yang^{2,12,13}, Guangxiu Lu^{1,5,6,8}, Yutao Du^{3*} and Ge Lin^{1,5,6,8*}



Next generation sequencing (NGS)



Next generation sequencing (NGS)



Sequences are aligned to the human genome

ATTAGACTTAGCCTAGATTCCAATGACTG



Thousands of DNA fragments from each chromosome are identified (but <0.1% of genome sequenced)



Next generation sequencing (NGS)



Additional information from NGS: Mosaicism



ACSHeldinite In possibles so fair to see faire on also mees aic segmental abnormality on chromosome 5

NGS is the most effective method for detecting mosaic trophectoderm biopsies

Latest developments:

Achieving maximum PGT-A accuracy by extracting more information from NGS



NGS-based PGT-A: Latest developments



Extracting more information from next generation sequencing (PGTseq)

NGS-based PGT-A: Latest developments



All autosomes have the same copy number

X-chromosome also has the same copy number

No Y-chromosome

Therefore, normal female?

Only methods that include polymorphism analysis can detect XXX triploidy

Validated PGT-A methods can provide a molecular fertilization/ploidy check

Correct assignment of ploidy (haploidy/diploidy/triploidy) is important

1PNs – 63% that produce blastocysts turn out to be diploid

3PNs- Almost half that form blastocysts turn out to be diploid

Traditionally, these potentially viable embryos have been wrongly discarded

They can be considered for transfer and may produce healthy babies

2PNs – Approximately 1% are triploid or haploid

PGTseq molecular fertilization check that has close to 100% accuracy

Most methods involve WGA

Low pass genome sequence provides information on the amount of DNA from each chromosome

Polymorphic sites are sequenced at insufficient depth for genotyping



Analysis of polymorphisms using NGS

Most methods involve WGA

Deep sequencing of each sample –

Aim is to provide sufficient coverage depth for accurate genotyping of multiple polymorphisms on each chromosome



Alternatively, targeted PCR amplification of polymorphisms from additional aliquot of WGA product

Analysis of polymorphisms using NGS

Instead of WGA, can perform PGT-A via massive targeted amplification

Thousands of defined sites containing polymorphisms reproducibly amplified - Guarantees accurate genotyping with less sequencing



Advantages of NGS-based PGT including polymorphism analysis

Increased accuracy of an euploidy detection

Detection of 23,X and 69,XXX (molecular fertilization check, >99% accurate)

Detection of some forms of uniparental disomy





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Detection of some forms of uniparental disomy

Detection of contamination



Contamination detection



Biopsy sample is contaminated

Contamination detection

Re-biopsy result



Advantages of NGS-based PGT including polymorphism analysis

Increased accuracy of aneuploidy detection

Detection of 23,X and 69,XXX

Detection of some forms of uniparental disomy

Detection of contamination

More accurate detection of mosaicism

Confirmation of siblingship between embryos

Confirmation of relationships



Important part of routine QC using PGTseq

Compare relatedness of all samples on a PGT-A run

Does not require parental DNA



Genetically identical

Sibling



Confirmation of relationships



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Detection of contamination

More accurate detection of mosaicism

Confirmation of siblingship between embryos

Can reveal parental origin of meiotic aneuploidies

NGS approaches based upon targeted amplification can permit high accuracy PGT-M in combination with PGT-A

WGA methods increase the rate of allele dropout (although less so for some modern WGA methods)



Accurate genomic variant detection in single cells with primary template-directed amplification

Veronica Gonzalez-Pena^{a,b,1}, Sivaraman Natarajan^{b,c,1}, Yuntao Xia^a, David Klein^a, Robert Carter^a, Yakun Pang^{a,b}, Bridget Shaner^c, Kavya Annu^b, Daniel Putnam^c, Wenan Chen^c, Jon Connelly^d, Shondra Pruett-Miller^d, Xiang Chen^c, John Easton^c, and Charles Gawad^{a,b,c,e,2}

REDIS 2024

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pGDIS 20^L

NGS allows sequencing of mutations at the same time as performing PGT-A

NGS approaches based upon targeted amplification can permit high accuracy PGT-M in combination with PGT-A

Using a targeted amplification method, applied at the blastocyst stage, ADO is extremely rare (0.17%)



Analysis of the mutation site alone provides high accuracy PGT-M

without needing a reference individual (linked markers become less important)

without expensive microarrays or large panels of polymorphisms

Conclusions

Next generation sequencing has ushered in a new age in preimplantation genetic testing

PGT-A using NGS, including analysis of polymorphisms, provides the highest accuracy yet achieved haploidy, triploidy, some UPD, contamination, sample identity, molecular fertilization check

However, levels of validation still require improvement

NGS provides highly accurate PGT-M, especially when combined with targeted amplification methods

With continually improving WGA methods and falling costs of sequencing, genome sequencing of embryos is becoming a realistic possibility.

Will that be clinically useful?

Is it ethically acceptable?





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