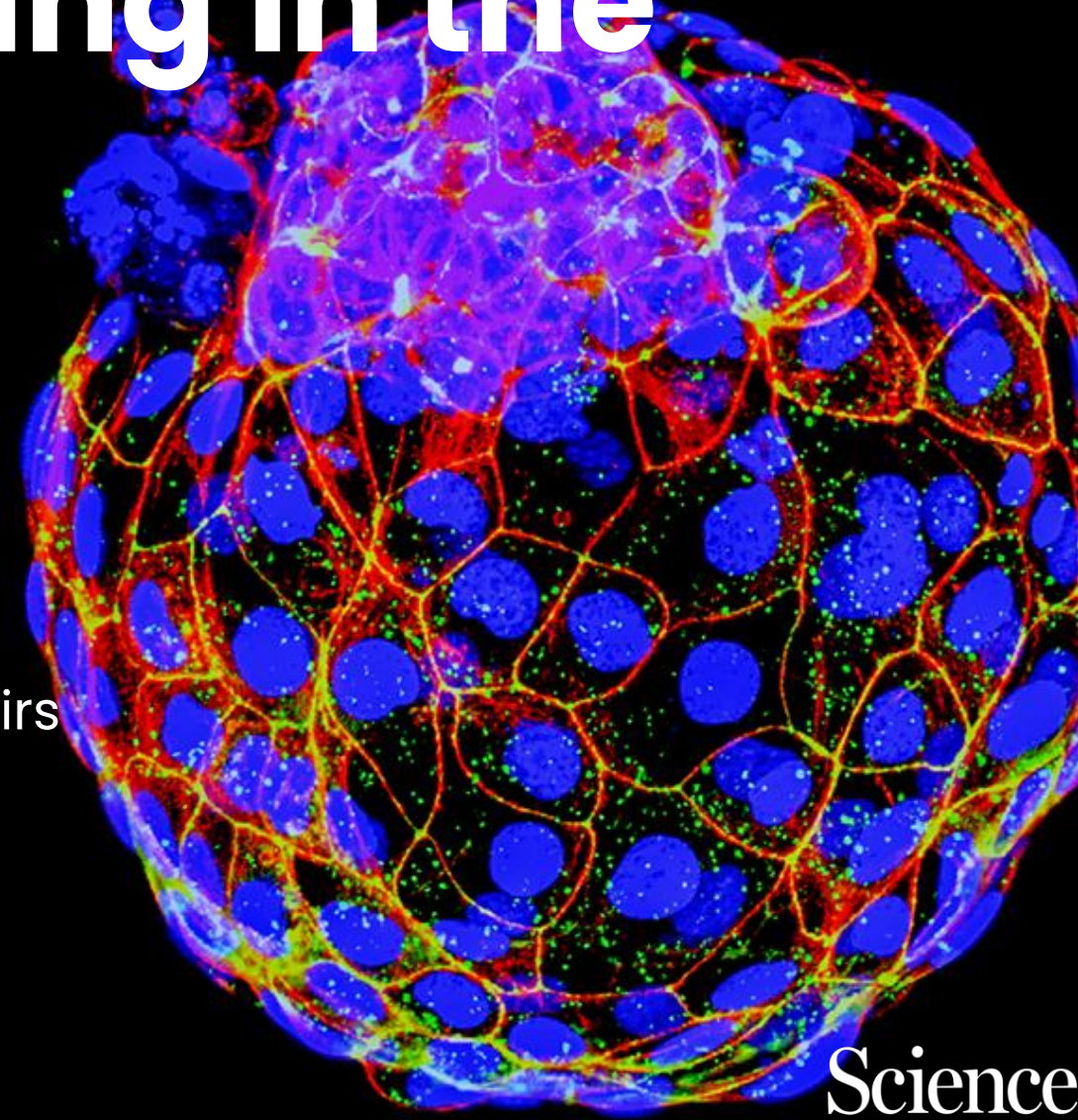


# Polygenic Risk Scoring in the Human Embryo

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**Genomic Prediction**

Adjunct Professor  
Department of Human Genetics  
**Rutgers University**



Science

# **Disclosure**

Full-time employee at Genomic Prediction, a PGT service provider (including “PGT-P”)

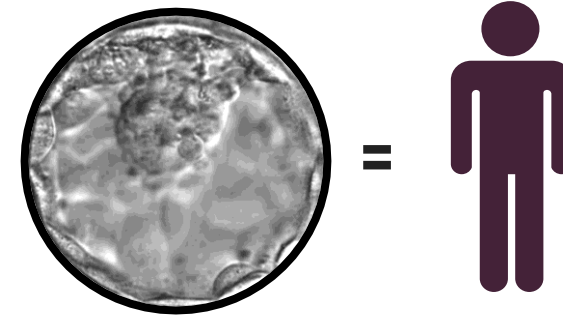
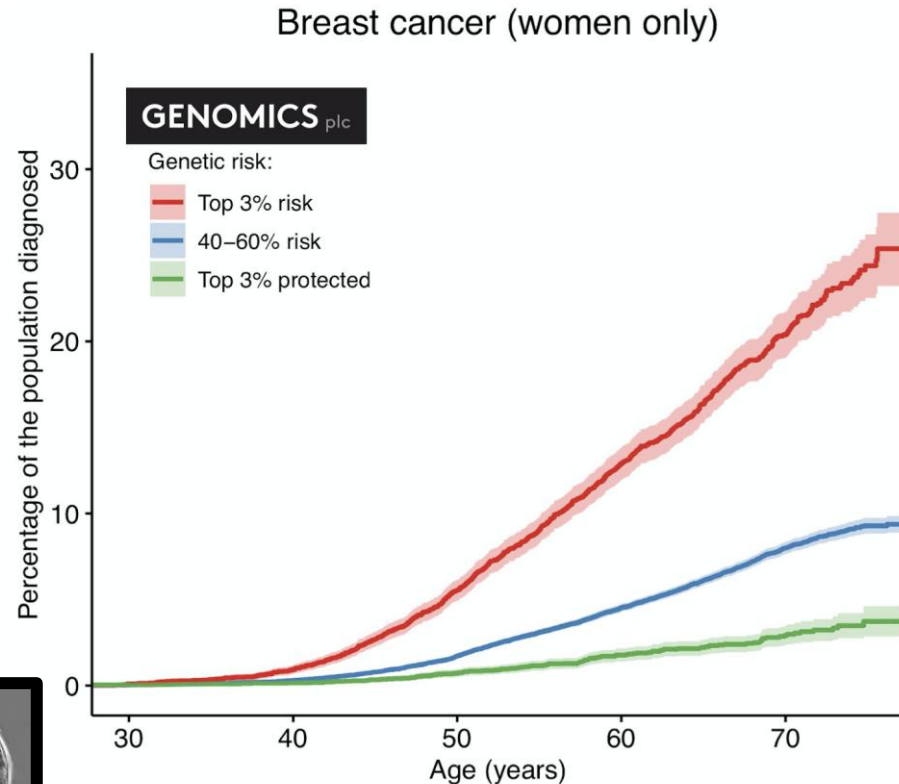
# **PRS in PGT**

Concept and Clinical Utility

Challenges

Future Applications

# Polygenic Risk Scores



**99.7%**  
**Genotyping**  
**Accuracy**

Treff et al. **EJMG** 2019

# Example of a “PGT-P” Report

## Euploid embryos

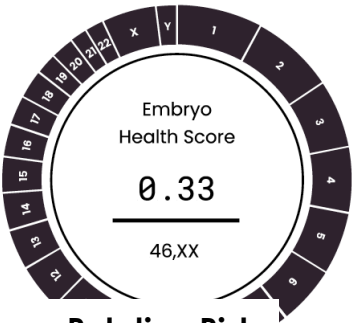
#	PGT-A	Sex
7	46,XX	female
9	46,XX	female
3	46,XY	male
10	46,XY	male
4	46,XX	female
1	46,XY	male
8	46,XX	female
11	46,XX	female
6	46,XX	female
5	46,XY	male

## Aneuploid embryos

#	PGT-A	Sex
2	45,XY,-10	male
12	47,XY,+22	male

Embryo #4

Euploid  
Female



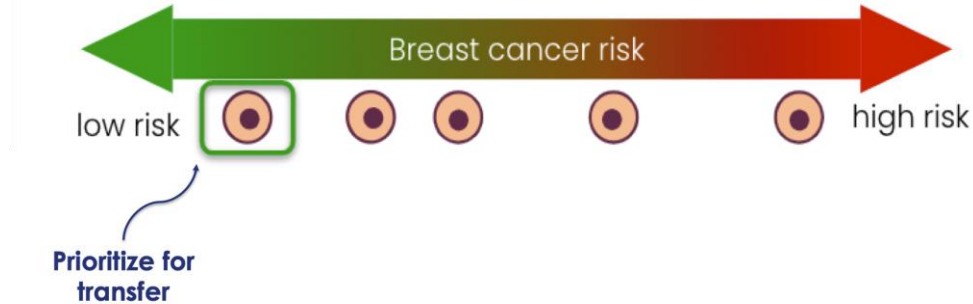
Absolute Risk

Relative Risk

	Risk	Avg Risk	Ratio	Risk Percentile
Type 1 Diabetes	0.59%	0.70%	0.84x	45
Type 2 Diabetes	19.17%	32.07%	0.6x	5
Breast Cancer	16.34%	10.43%	1.57x	95
Basal Cell Carcinoma	29.65%	27.00%	1.1x	75
Malignant Melanoma	1.86%	2.10%	0.89x	35
Heart Attack	12.11%	15.87%	0.76x	16
Atrial Fibrillation	21.30%	26.70%	0.8x	30
Coronary Artery Disease	23.15%	31.70%	0.73x	17
Inflammatory Bowel Disease	2.34%	1.44%	1.62x	88
Asthma	10.73%	5.00%	2.15x	97
Schizophrenia	0.69%	1.13%	0.61x	33

# Clinical Utility of PGT-P

- **Tool to prioritize transfer of euploid embryos**



- **⚠ PGT-P is not intended to discard embryos ⚠**
- **PGT-P is not intended to select for cosmetic traits**  
(but it is technically possible ⚠).
- **Patients with family history**

**~1.5% of all IVF  
couples are  
already affected  
with T1D**

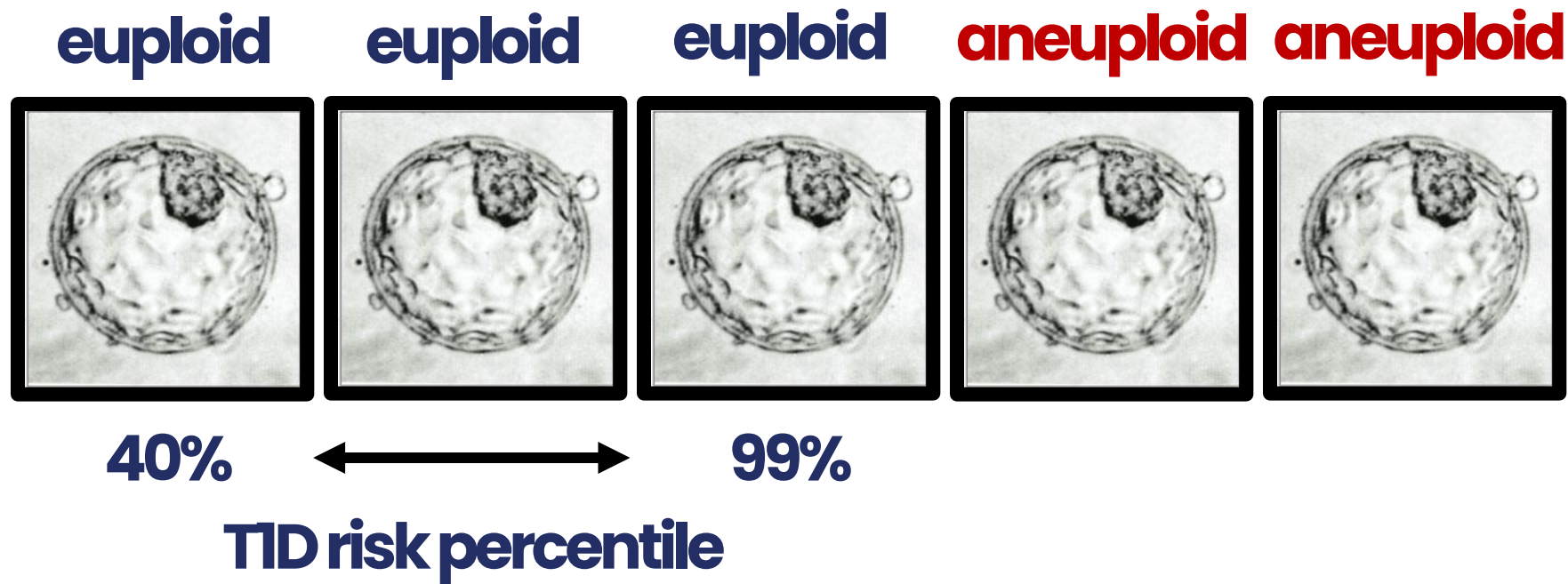
## **Fertility treatment and childhood type 1 diabetes mellitus: a nationwide cohort study of 565,116 live births**

Laura Ozer Kettner, M.D.,<sup>a</sup> Niels Bjerregaard Matthiesen, Ph.D.,<sup>a</sup> Cecilia Høst Ramlau-Hansen, Ph.D.,<sup>b</sup>  
Ulrik Schiøler Kesmodel, Ph.D.,<sup>c</sup> Bjørn Bay, Ph.D.,<sup>d</sup> and Tine Brink Henriksen, Ph.D.<sup>a</sup>

## **Type 1 diabetes in children born after assisted reproductive technology: a register-based national cohort study**

**E. Norrman<sup>1,\*</sup>, M. Petzold<sup>2</sup>, T.D. Clausen<sup>3</sup>, A-K. Henningsen<sup>4</sup>,  
S. Opdahl<sup>5</sup>, A. Pinborg<sup>4</sup>, A. Rosengren<sup>6</sup>, C. Bergh<sup>7,†</sup>, and  
U-B. Wennerholm<sup>1,†</sup>**

# Example Case with a Child Affected with T1D





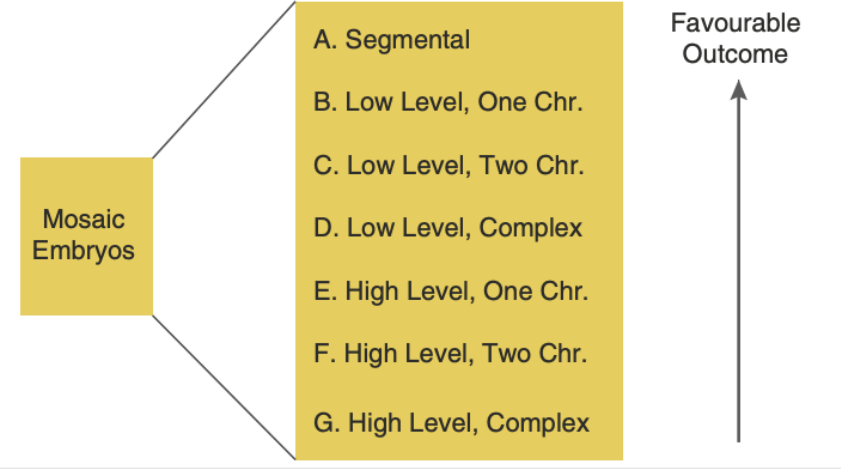
# **Challenges of PRS in the Preimplantation Embryo**

# “PGT-P” is too complicated for patients...

## Mosaicism

Using outcome data from one thousand mosaic embryo transfers to formulate an embryo ranking system for clinical use

Manuel Viotti, Ph.D.,<sup>a,b</sup> Andrea R. Victor, M.S.,<sup>a</sup> Frank L. Barnes, Ph.D.,<sup>a,b</sup> Christo G. Zouves, M.D.,<sup>a,b</sup> Andria G. Besser, M.S.,<sup>c</sup> James A. Grifo, M.D., Ph.D.,<sup>c</sup> En-Hui Cheng, Ph.D.,<sup>d</sup> Maw-Sheng Lee, M.D., Ph.D.,<sup>d,e</sup> Jose A. Horcadas, Ph.D.,<sup>f</sup> Laura Corti, M.Sc.,<sup>g</sup> Francesco Fiorentino, Ph.D.,<sup>h</sup> Francesca Spinella, Ph.D.,<sup>h</sup> Maria Giulia Minasi, M.Sc.,<sup>i,j</sup> Ermanno Greco, M.D.,<sup>i,j</sup> and Santiago Munné, Ph.D.<sup>k</sup>



## PGT-M example

### Euploid Embryos

#	Cycle Number	Grade *	PGT-A	CFTR: c.350G>A	CFTR: 5T	CFTR: c.2491G>T	CFTR: Interpretation	BRCA1: Deletion of exons 1-2	BRCA1: Interpretation	Sex
1	23472	6AA	46,XY	Negative	Heterozygous-Positive	Heterozygous-Positive	Compound Heterozygous	Negative	Negative	male
2	23472	6AA	46,XY	Heterozygous-Positive	Heterozygous-Positive	Negative	Compound Heterozygous	Heterozygous-Positive	Heterozygous Positive	male
3	23472	6AA	46,XY	Negative	Heterozygous-Positive	Heterozygous-Positive	Compound Heterozygous	Negative	Negative	male
4	23472	5AB	46,XY	Heterozygous-Positive	Negative	Heterozygous-Positive	Compound Heterozygous	Negative	Negative	male
5	23472	4AB	46,XY	Heterozygous-Positive	Heterozygous-Positive	Negative	Compound Heterozygous	Heterozygous-Positive	Heterozygous Positive	male
6	23472	4AA	46,XY	Heterozygous-Positive	Negative	Heterozygous-Positive	Compound Heterozygous	Negative	Negative	male
8	23472	3BA	46,XY	Negative	Homozygous-Positive	Negative	Homozygous Positive	Heterozygous-Positive	Heterozygous Positive	male
9	23472	5BB	46,XX	Heterozygous-Positive	Heterozygous-Positive	Negative	Compound Heterozygous	Heterozygous-Positive	Heterozygous Positive	female
10	23472	3BC	46,XX	Negative	Heterozygous-Positive	Heterozygous-Positive	Compound Heterozygous	Heterozygous-Positive	Heterozygous Positive	female
11	23472	3AB	46,XX	Heterozygous-Positive	Heterozygous-Positive	Negative	Compound Heterozygous	Negative	Negative	female
12	23472	6AB	46,XX	Negative	Homozygous-Positive	Negative	Homozygous Positive	Negative	Negative	female
14	23472	3BC	46,XX	Heterozygous-Positive	Heterozygous-Positive	Negative	Compound Heterozygous	Heterozygous-Positive	Heterozygous Positive	female

### Aneuploid Embryos

#	Cycle Number	Grade *	PGT-A	CFTR: c.350G>A	CFTR: 5T	CFTR: c.2491G>T	CFTR: Interpretation	BRCA1: Deletion of exons 1-2	BRCA1: Interpretation	Sex
7	23472	4AA	47,XX,+14	Heterozygous-Positive	Heterozygous-Positive	Negative	Compound Heterozygous	Heterozygous-Positive	Heterozygous Positive	female
13	23472	6BC	44,XY,-15,-20	Negative	Homozygous-Positive	Negative	Homozygous Positive	Negative	Negative	male
15	23472	6CB	45,XX,-22	Heterozygous-Positive	Heterozygous-Positive	Negative	Compound Heterozygous	Heterozygous-Positive	Heterozygous Positive	female

# Social and Racial Disparities

PGT-P Panel: Caucasian

Patient (or egg donor) self-reported ancestry: Caucasian(Non-Hispanic)  
Partner (or sperm donor) self-reported ancestry: Caucasian(Non-Hispanic)

## Euploid Embryos

#	PGT-A	Sex	Embryo Health Score
7	46,XX	female	0.77
9	46,XX	female	0.73
3	46,XY	male	0.7
10	46,XY	male	0.69
4	46,XX	female	0.33
1	46,XY	male	0.09
8	46,XX	female	0.08
11	46,XX	female	-0.11
6	46,XX	female	-0.22
5	46,XY	male	-1.19

## Aneuploid Embryos

#	PGT-A	Sex	Embryo Health Score
2	45,XY,-10	male	-
12	47,XY,+22	male	-

PGT-P panel: Hispanic/Native American

Patient (or egg donor) self-reported ancestry: Caucasian(Hispanic)  
Partner (or sperm donor) self-reported ancestry: Caucasian(Hispanic)

## Euploid embryos

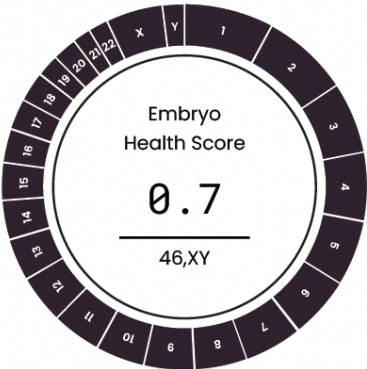
#	PGT-A	Sex	Embryo Health Score
6	46,XY	male	2.21
3	46,XX	female	1.74
7	46,XY	male	-0.08
9	46,XX	female	-1.47

## Aneuploid embryos

#	PGT-A	Sex	Embryo Health Score
4	45,XX,-22	female	-
5	45,XX,+13	female	-

Embryo #3

Euploid  
Male



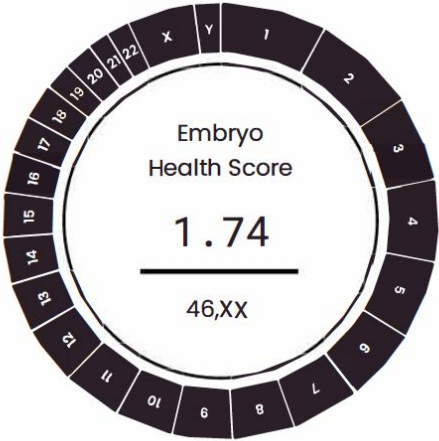
	Risk	Avg Risk	Ratio	Risk Percentile
Type 1 Diabetes	0.57%	0.70%	0.82x	42
Type 2 Diabetes	13.86%	30.57%	0.45x	1
Testicular Cancer	0.54%	0.52%	1.03x	64
Prostate Cancer	14.37%	14.27%	1.01x	57
Basal Cell Carcinoma	26.43%	26.00%	1.02x	56
Malignant Melanoma	2.57%	2.60%	0.99x	52
Heart Attack	11.26%	14.90%	0.76x	16
Atrial Fibrillation	41.43%	29.70%	1.4x	88
Coronary Artery Disease	35.61%	43.30%	0.82x	23
Inflammatory Bowel Disease	1.73%	1.44%	1.2x	72
Asthma	8.02%	5.00%	1.6x	90
Schizophrenia	1.00%	1.31%	0.76x	45

PGT-P panel: Hispanic/Native American

Patient (or egg donor) self-reported ancestry: Caucasian(Hispanic)  
Partner (or sperm donor) self-reported ancestry: Caucasian(Hispanic)

Embryo #3

Euploid  
Female



	Risk	Avg Risk	Ratio	Risk Percentile
Type 2 Diabetes	26.70%	46.19%	0.58x	11
Asthma	4.54%	5.00%	0.91x	44

# Social and Racial Disparities



BIOBANK JAPAN



NIH awards \$38 million to improve utility of polygenic risk scores in diverse populations



**CanPat**  
Canadian Partnership  
for Tomorrow's Health

# “The first “PGT–P” baby was born in 2020... how do you know this technology works if she is just 5?”

**scientific** reports

OPEN

Polygenic Health Index, General Health, and Pleiotropy: Sibling Analysis and Disease Risk Reduction

Erik Widen<sup>1,2</sup>, Louis Lello<sup>1,2</sup>, Timothy G. Raben<sup>1</sup>, Laurent C. A. M. Tellier<sup>1,2</sup> & Stephen D. H. Hsu<sup>1,2</sup>



**scientific** reports

OPEN

Sibling variation in polygenic traits and DNA recombination mapping with UK Biobank and IVF family data

Louis Lello<sup>1,2</sup>, Maximus Hsu<sup>1</sup>, Erik Widen<sup>1,2</sup> & Timothy G. Raben<sup>2</sup>



# Future Applications





Turning stem cells into  
human eggs

<https://conception.bio/>

If approved clinically, envision working with existing IVF clinics on this

- IVF clinics would take blood or skin samples from patients and send them to us – we would make eggs and/or embryos to send back
- Implantation procedures would occur as normal with IVF
- Could potentially enable much wider use of PGT-P given could create an higher number of eggs

Pablo Hurtado, Co-founder & CSO. *PCRS 2025*





# ¡Gracias!

diego@genomicprediction.com



