

A novel Next Generation Sequencing (NGS) panel to facilitate the diagnostic process of X-linked hypophosphataemia (XLH) and other genetic disorders of renal phosphate wasting

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Conclusion

- In this study, we created a new NGS tool for an easy, fast, and reliable diagnostic process of XLH caused by inactivating mutations in the *PHEX* gene and including mosaicisms in *PHEX*.
- In addition, our approach further enables to reveal molecular changes in ten other candidate genes leading to related disorders of renal phosphate wasting as differential diagnosis to XLH.
- Molecular genetic proven diagnosis of a disorder of renal phosphate wasting allows not only a certain genetic counselling, but also to initiate the most promising therapeutic approach.

Background

X-linked hypophosphataemia (XLH) is the most common genetic disorder of renal phosphate wasting. It is caused by inactivating mutations in *PHEX* (located at Xp22.1), encoding fibroblast growth factor 23 (FGF23)-cleavage enzyme, which regulates the phosphaturic secretion. Affected individuals present with a broad phenotypic spectrum, ranging from isolated hypophosphatemia up to severe symptoms, such as rickets with extreme lower limb deformities, bone pain, distinct tooth problems, pseudo fractures, and disproportionate short final height.

On one side, early treatment has a strong impact on the long-term outcome; but on the other side, the diagnosis of this rare disorder is often delayed. The clinical and laboratory based diagnosis in XLH is hampered by related disorders with an overlapping phenotype, but caused by other gene defects than in *PHEX*. Therefore, molecular confirmation of the diagnosis is strongly recommended (1).

The importance of molecular diagnosis has risen dramatically, since there is a new treatment with a selective licensure for XLH with an FGF23 antibody as alternative to the conventional therapy.

In the past, genetic testing of *PHEX* (composed of 22 exons) has been done by Sanger sequencing, being both expensive and time consuming, followed by MLPA analysis. Our goal was to develop an easy, fast, and reliable tool for XLH and related disorders.

Patients and Methods

First, a NGS panel was developed *in silico* (see table 1 for technical details) including *PHEX* and the ten other genes: *FGF23*, *DMP1*, *ENPP1*, *SLC34A3*, *CLCN5*, *SLC34A1*, *SLC9A3R1*, *FAM20C*, *FGFR1*, and *KL*.

Technical Panel Data	Values
Number of genes	11
Panel size	45,98 kb
Primer Pools	2
Total number of exons	136
Total number of amplicons	245
Amplicon lengths	ca. 125-275 bp
Covering	99,88%

Table 1: Technical details of the panel

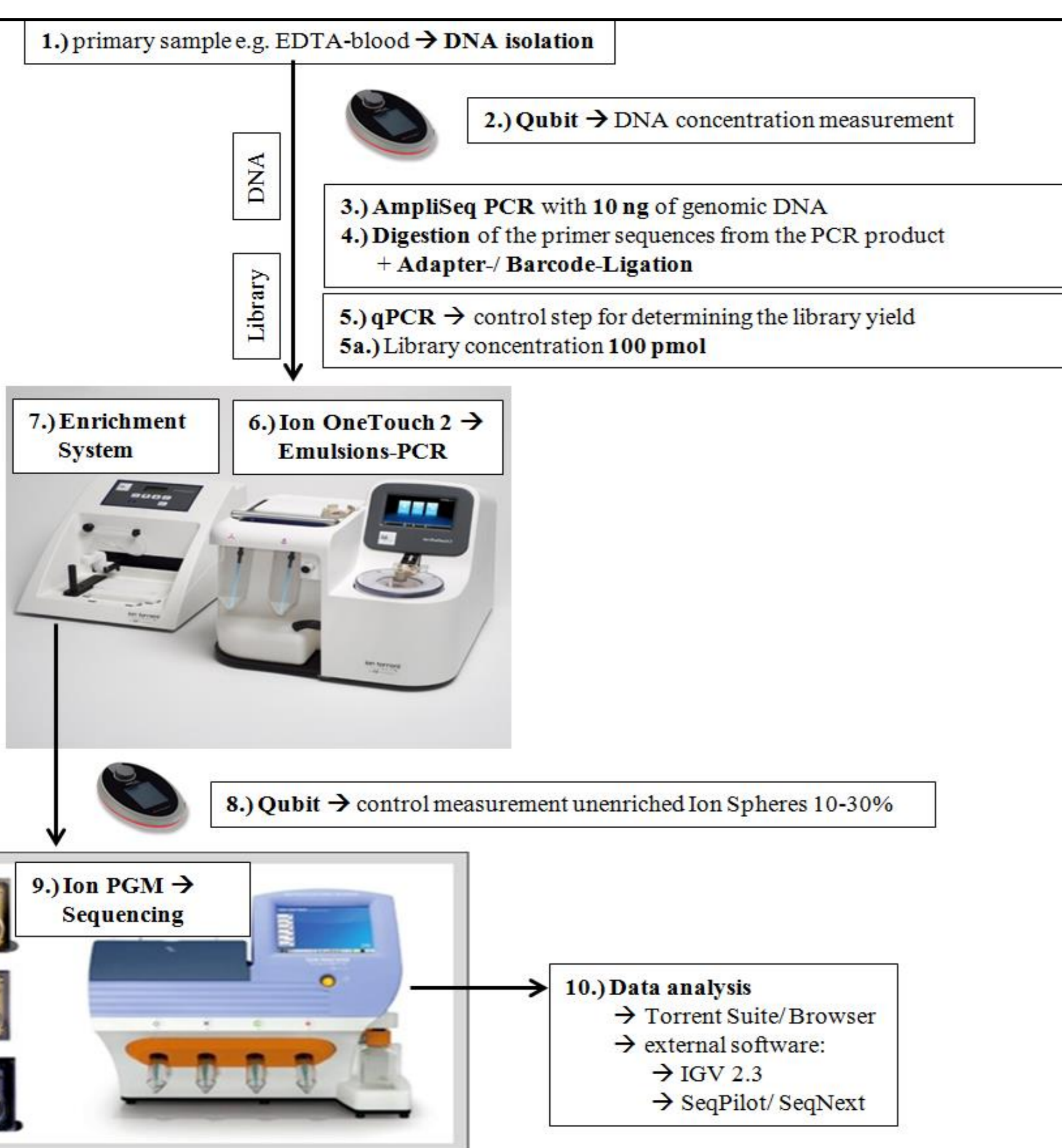


Figure 1: Methodical process of the molecular genetic analysis of the panel

DNA samples have been amplified using multiplex-PCR. NGS of 11 genes up to 40 samples at once have been done using the Ion PGM. For analysis of the sequencing data we used the software SeqPilot and for data analysis the Software GeneMarker 1.75.

Results

In all 50 samples the known *PHEX* mutation and in two the known polymorphism have been detected by the panel. All together, 42 different mutations were found, including nonsense (n=16), missense (n=12), and splice site mutations (n=4); further small deletions (n=6), small insertions (n=2), small duplications (n=1), and a large duplication (n=1) (see table 2).

Table 2: Results of the sequencing of the NGS panel: The patient samples are numbered from PHEX1-55. On the left side the different mutations, the kind of mutation and the concerned exon (and intron 21) of *PHEX* is demonstrated. Since the males only have one X-chromosome, they appear to be homozygous for the mutation, while the females appear to be heterozygous (with one exception). The blue underlined sample has been investigated in addition by MLPA, in the green one we detected a mosaicism in *PHEX*. het: heterozygous, hom: homozygous

In sample 55 we detected a mosaicism mutation in *PHEX* with the NGS panel (see figure 2). Based on this result, this patient could be treated by the new FGF23 antibody Burosumab.

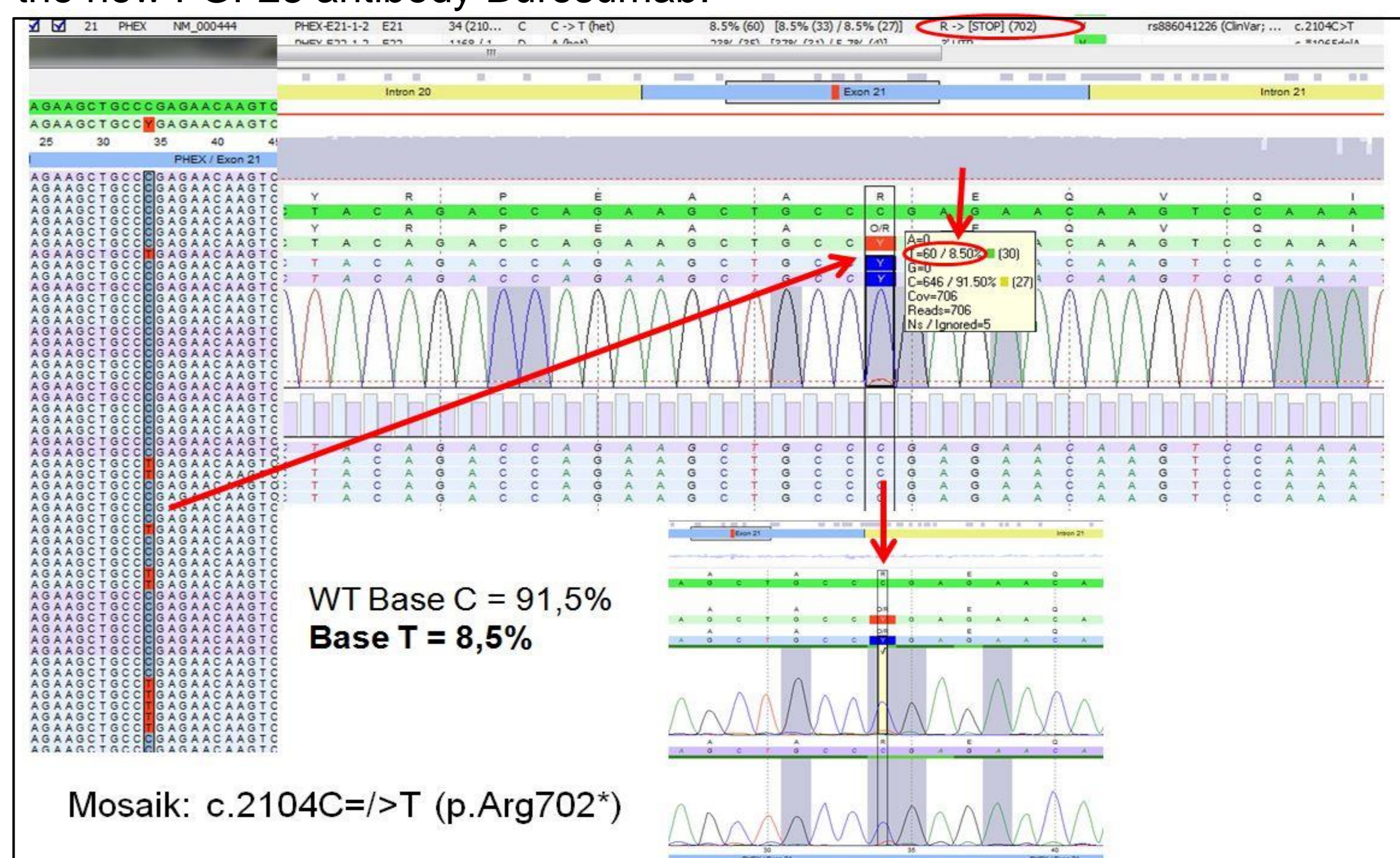


Figure 2: Mosaicism mutation in PHEX-55: NGS reads and confirmed result by Sanger Sequencing

In sample 53 we found two heterozygous mutations in the *ENPP1* gene and in sample 54 we revealed an homozygous mutation in *DMP1*.

Our results clearly demonstrate, that the panel is a reliable tool, not only for the molecular genetic diagnosis of XLH, but also for other disorders of renal phosphate wasting.

Reference

- 1)Clinical practice recommendations for the diagnosis and management of X-linked hypophosphataemia. Haffner et al. *Nature Reviews Nephrology* 2019
- 2)FGF23 and its role in X-linked hypophosphataemia-related morbidity. Beck-Nielsen et al. *Orphanet Journal of Rare Diseases* 2019

