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Case study 1: Positive results validate candidate genes

Case study 2: Negative results reveal incorrect diagnoses

Mind the gaps

Undiagnosed Diseases Network

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Usher syndrome gene discovery

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Usher syndrome - the leading cause of deafblindness

- Prevalence ≈ 1 per 6,000 births in the US (more common than ALS or Huntington's Disease)
- Congenital deafness (~4% of deaf have Usher)
 Sensorineural hearing loss
 Vestibular dysfunction
- Retinitis pigmentosa
 Loss of rod photoreceptors
 Progressive tunnel vision as cones die



Multiple Usher genes with multiple functions

Type	Human	Protein: potential function
USH1B	MY07A	MyosinV11A: motor activity
USH1C	USH1C	Harmonin: scaffold
USH1D	CAD23	Cadherin: calcium dependent adhesion
USH1E	-	Unknown
USH1F	PCDH15	Protocadherin15: adhesion, signaling
USH1G	USH1G	SANS: membrane associated scaffold
USH1H	-	Unknown
USH1J	CIB2	Calcium and integrin binding protein
USH1K	-	Unknown
USH2A	USH2A	Usherin: Laminin-like transmembrane protein
USH2C	GPR98	Vlgr1: G-protein coupled receptor, signaling
USH2D	CIP98	Whirlin: scaffold
USH3A	CLRN1	Clarin1: 4-pass transmembrane protein
USH3B	HARS	Histidyl-tRNA Synthetase

Genetic counseling is important for Usher patients

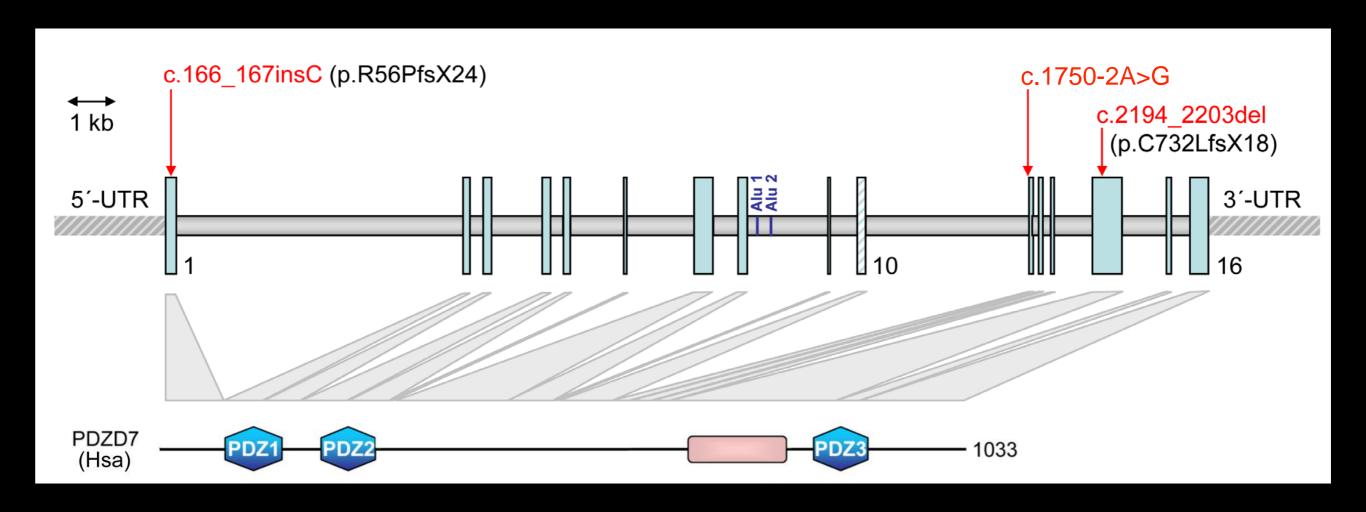


Gene discovery is important for Usher patients



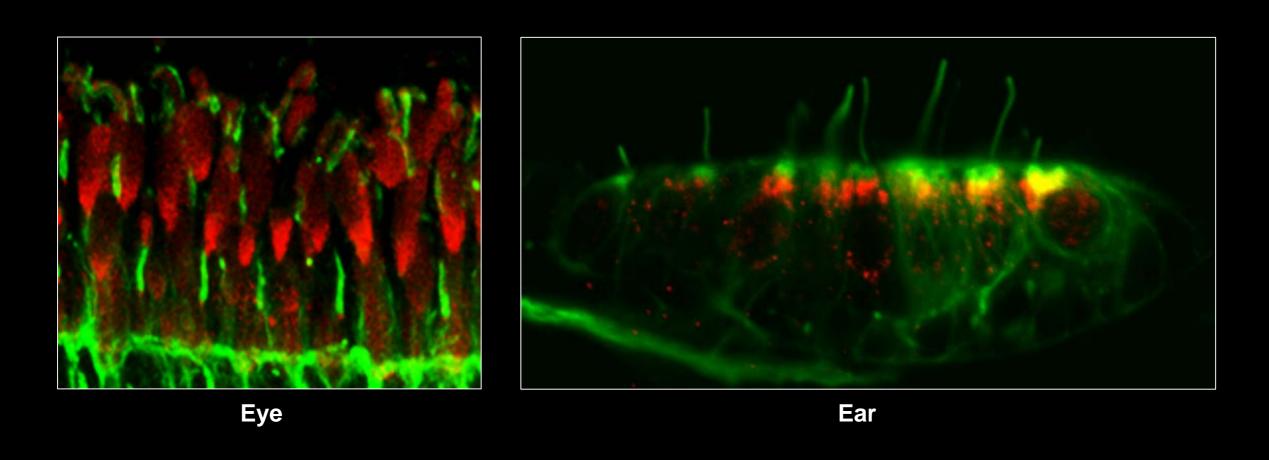


Exome sequencing of undiagnosed patients identifies mutations in PDZD7, a gene of unknown function



Zebrafish Pdzd7a is localized with other Usher proteins

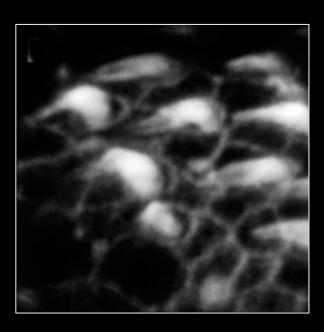
Pdzd7 + ac-tubulin



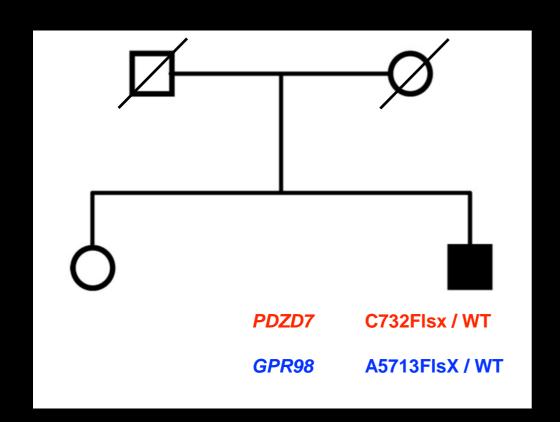
Stereocilia are defective after pdzd7a knockdown

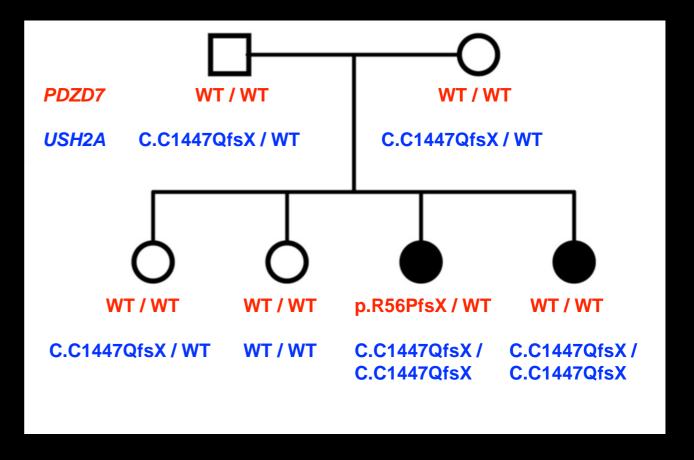
Control

pdzd7a MO

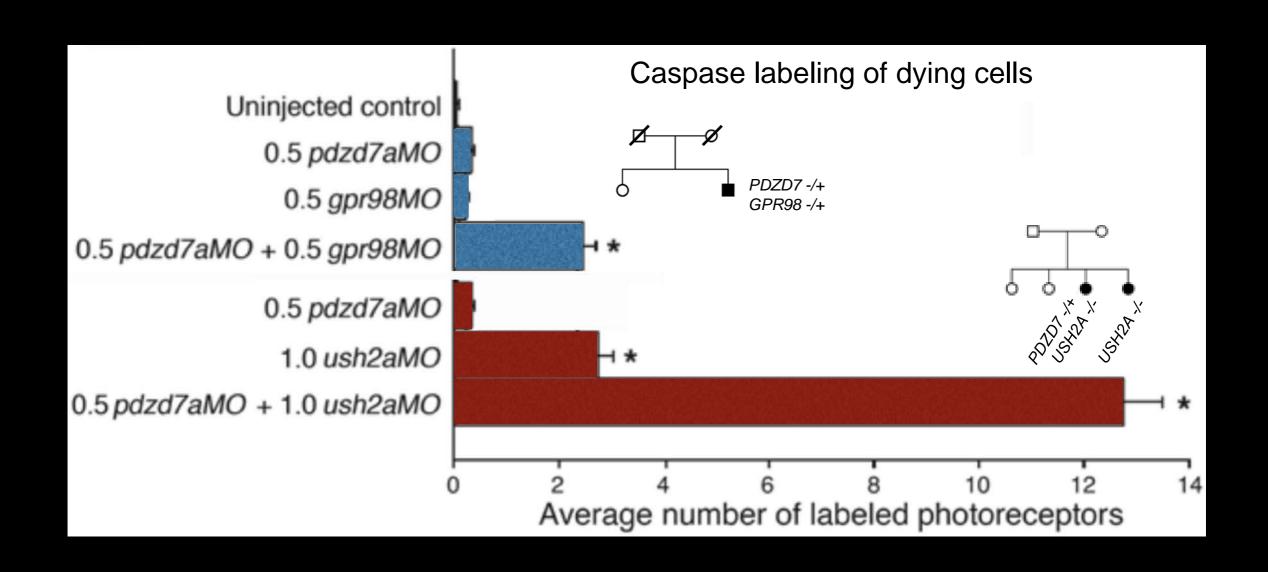


PDZD7 mutations are heterozygous in patients with known Usher gene mutations



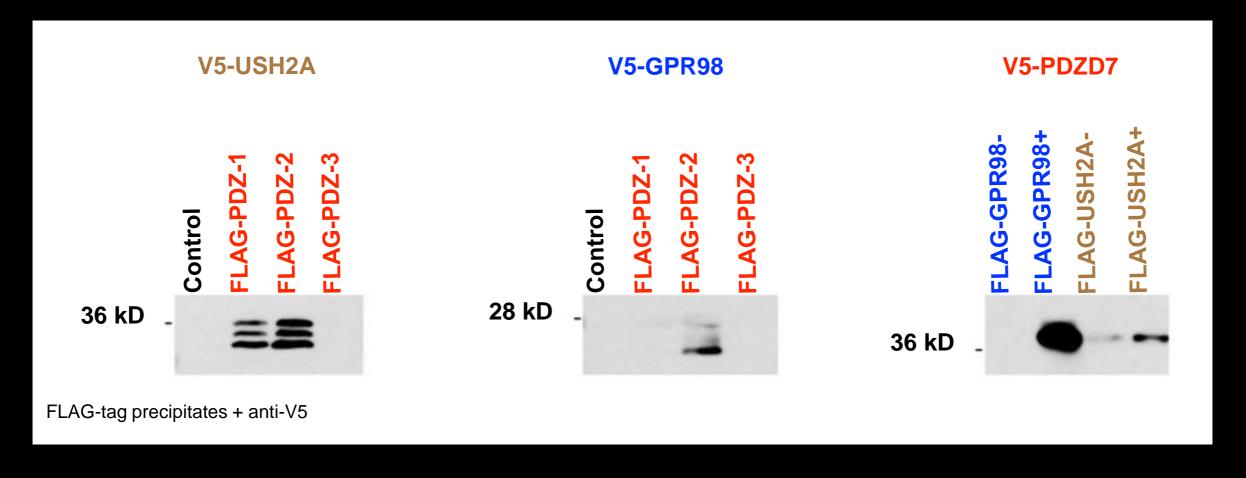


pdzd7a interacts with ush2a & gpr98 in photoreceptor cell death

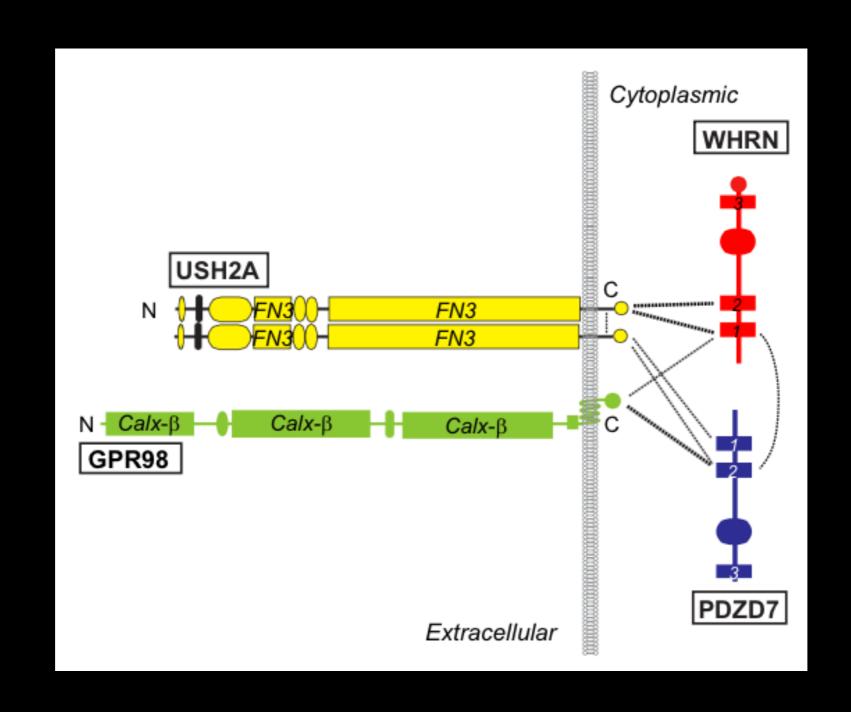


PDZD7 binds to USH2A & GRP98 proteins

HEK293T cells



PDZD7 forms a quaternary complex of USH 2 proteins



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PDZD7 causes disease

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PDZD7 causes disease

Where are the missing homozygous and compound heterozygous patients?

- embryonic lethal? (model organism data suggest not)
- patient pool too small?
 - limited access to patient data?
 - lack of communication (or sharing) among clinicians?

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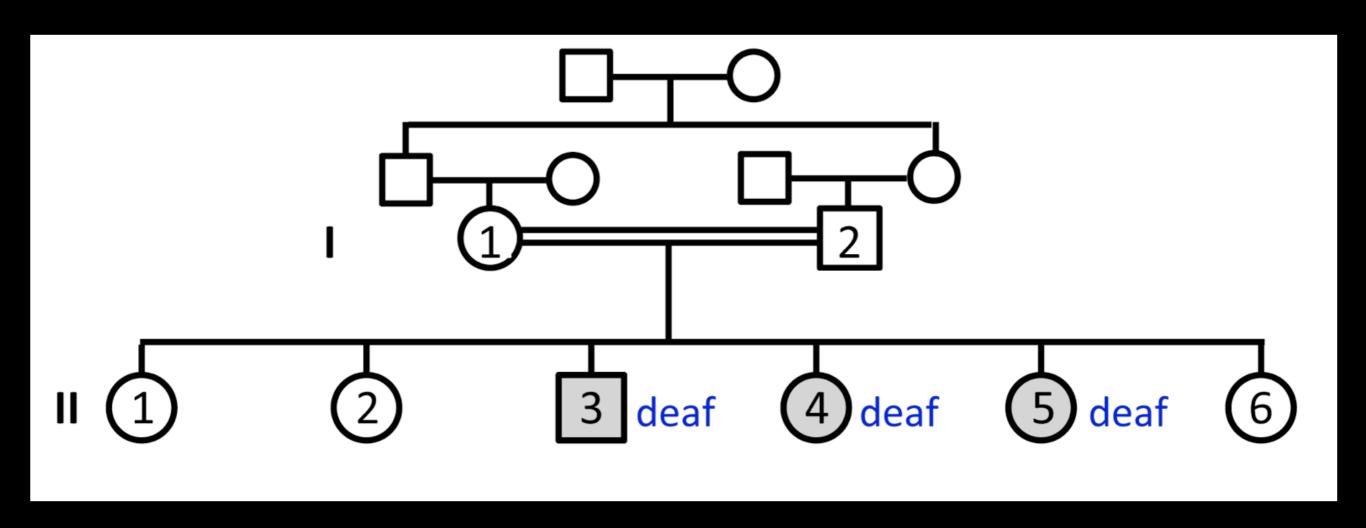
Case study 2: Negative results reveal incorrect diagnoses

Joubert syndrome

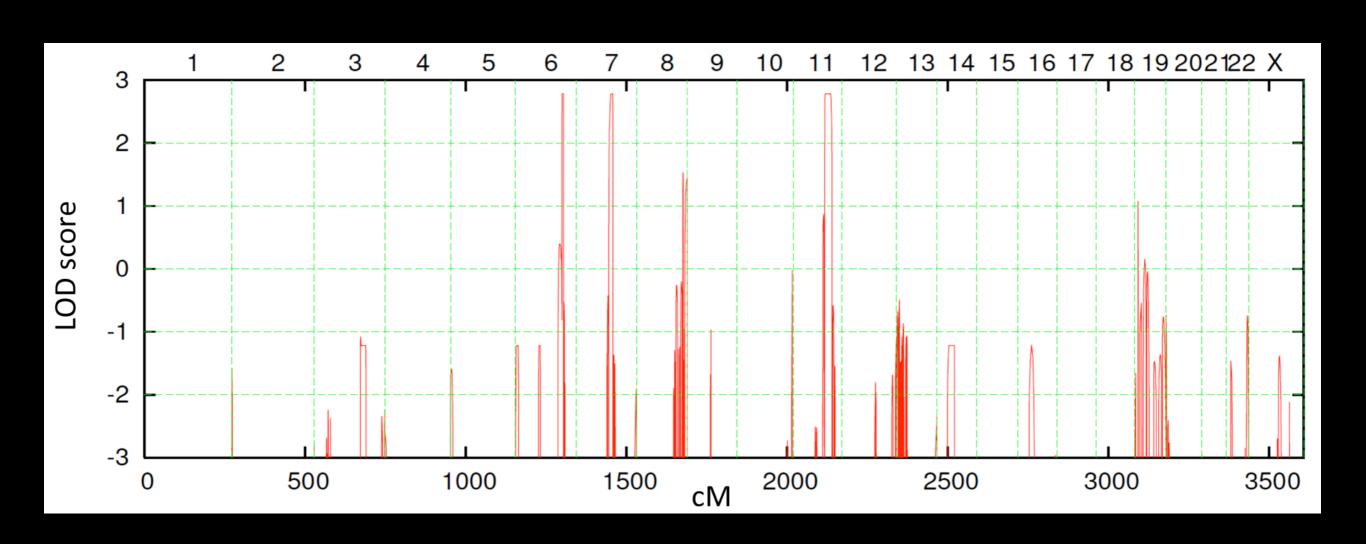
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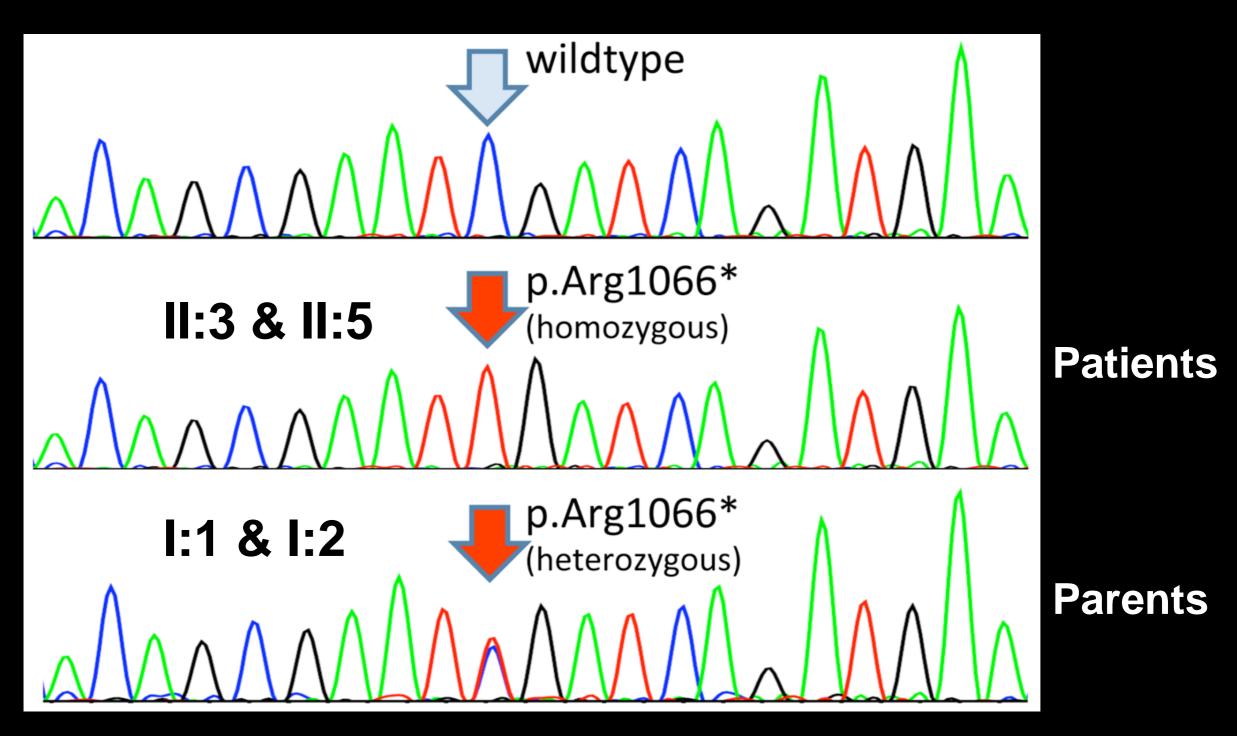
Consanguineous family with deafness



Mapping homozygosity by descent identifies no good candidates



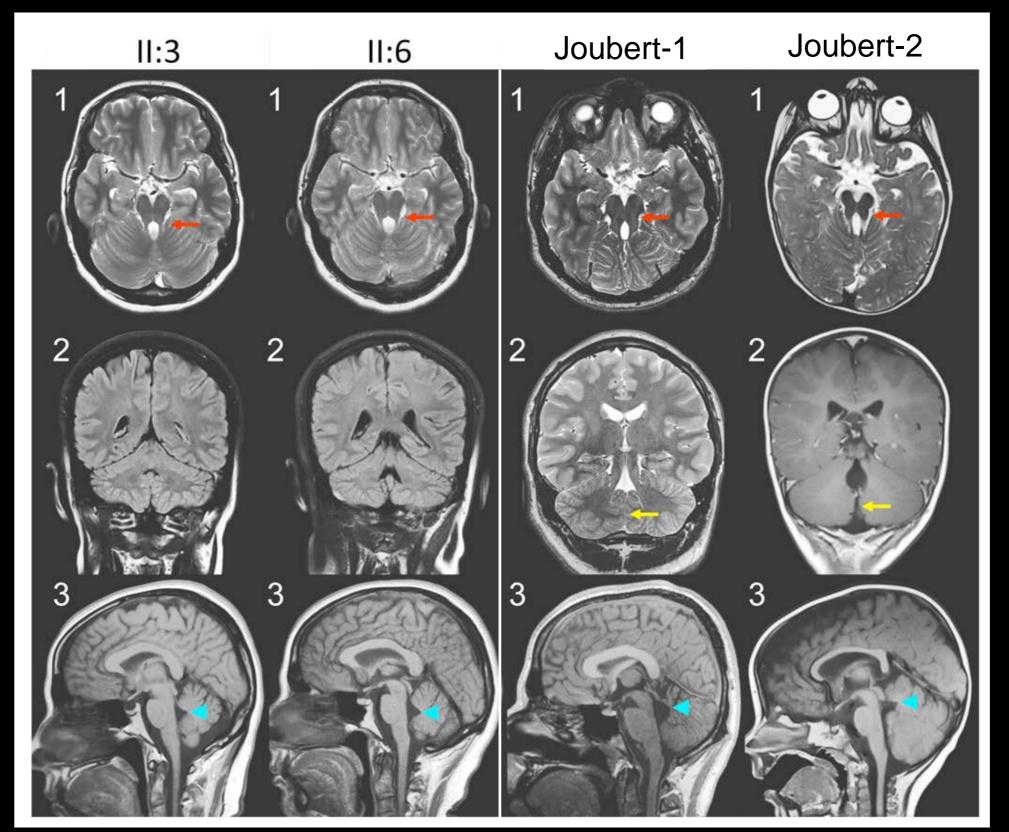
Whole exome sequencing for homozygous SNPs identifies mutation in *AHI1*, a gene responsible for Joubert syndrome



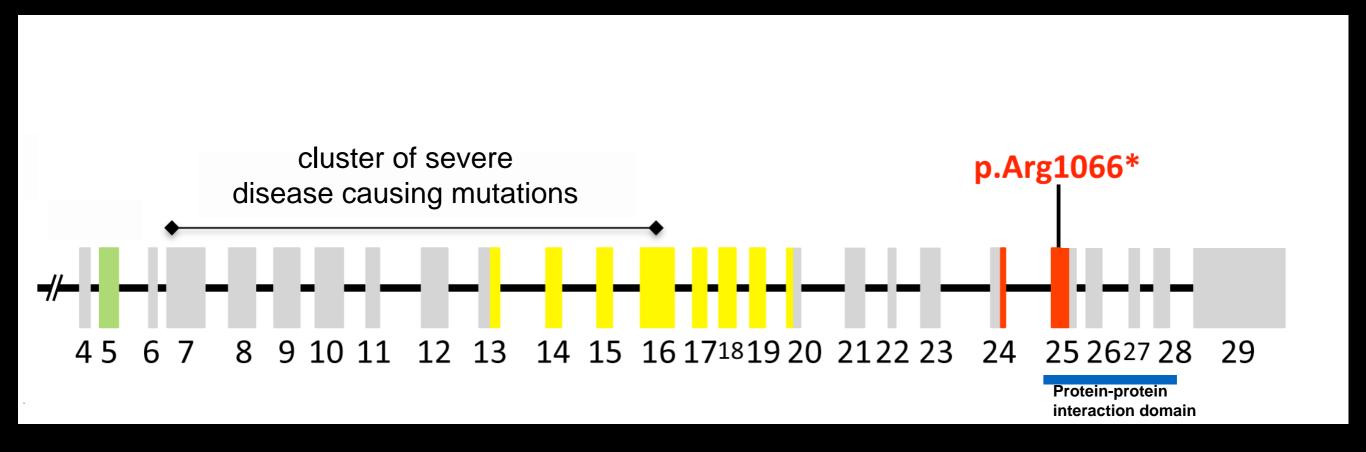
Joubert syndrome - a severe ciliopathy disease

- Underdevelopment of the cerebellum and brainstem*
- Impaired intellectual development, seizures
- Retinitis pigmentosa
- Developmental abnormalities
- Kidney and liver abnormalities

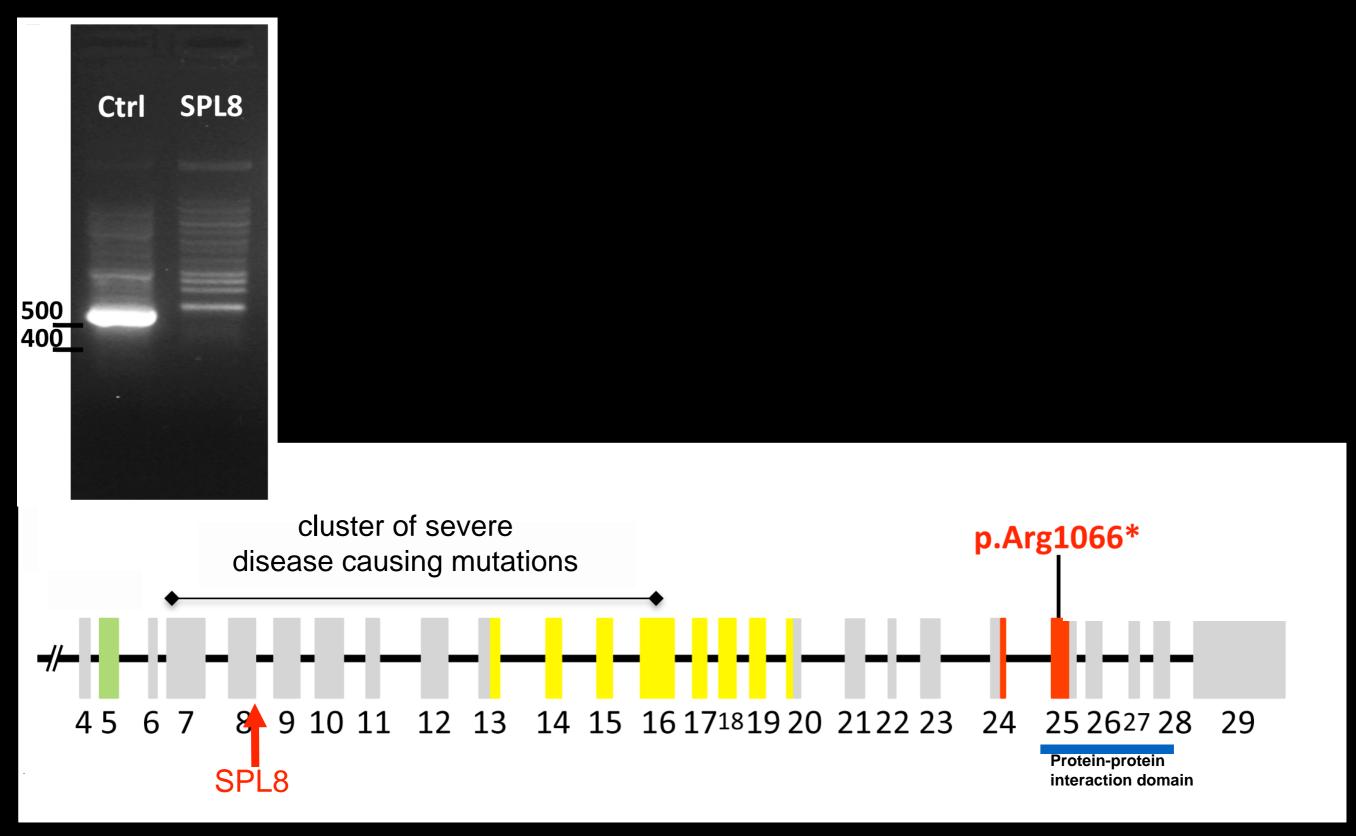
Homozygous patients have normal CNS MRIs



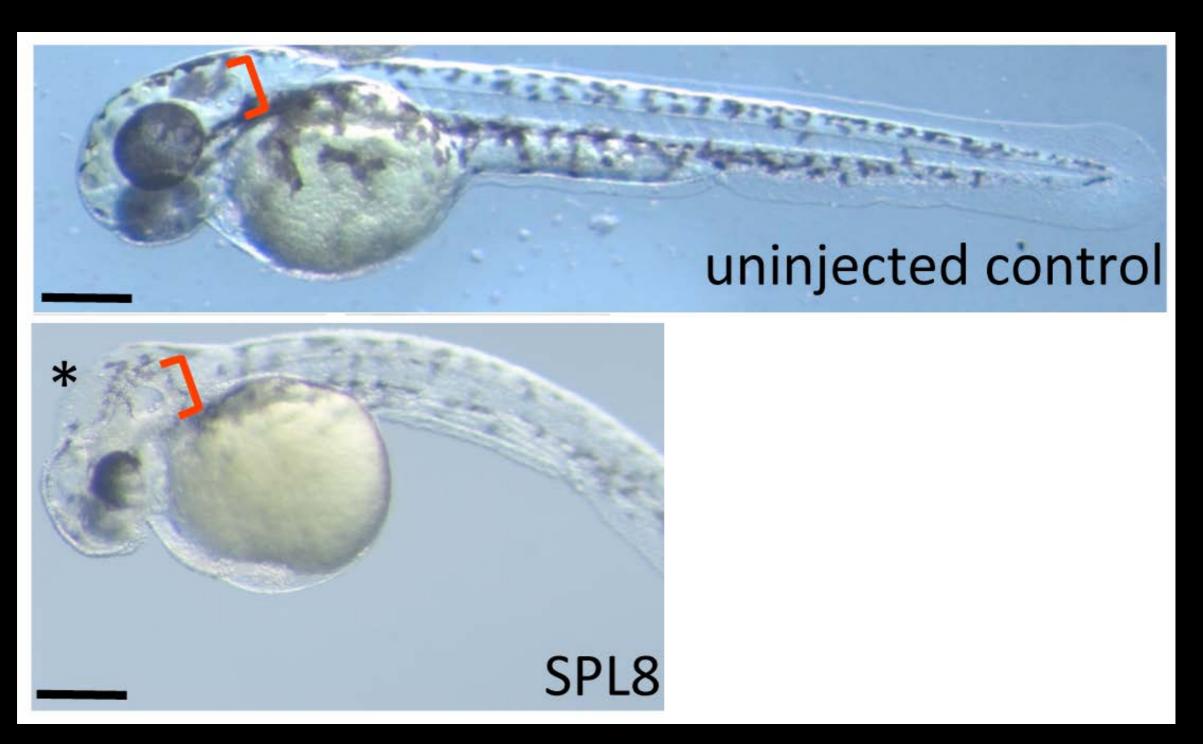
Nonsense mutation truncates the protein-protein interaction domain of *AHI1*



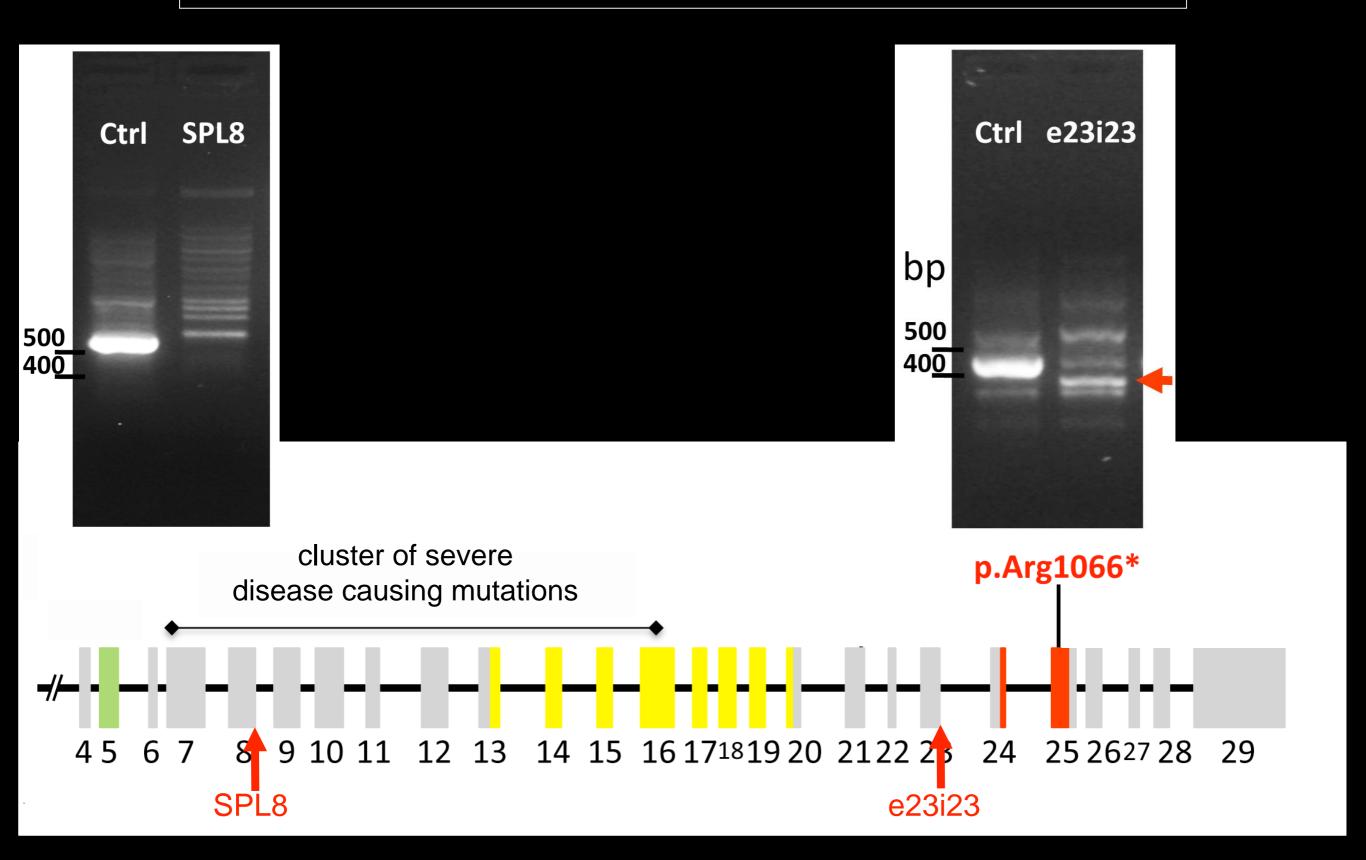
Targeting upstream in zebrafish gene blocks expression



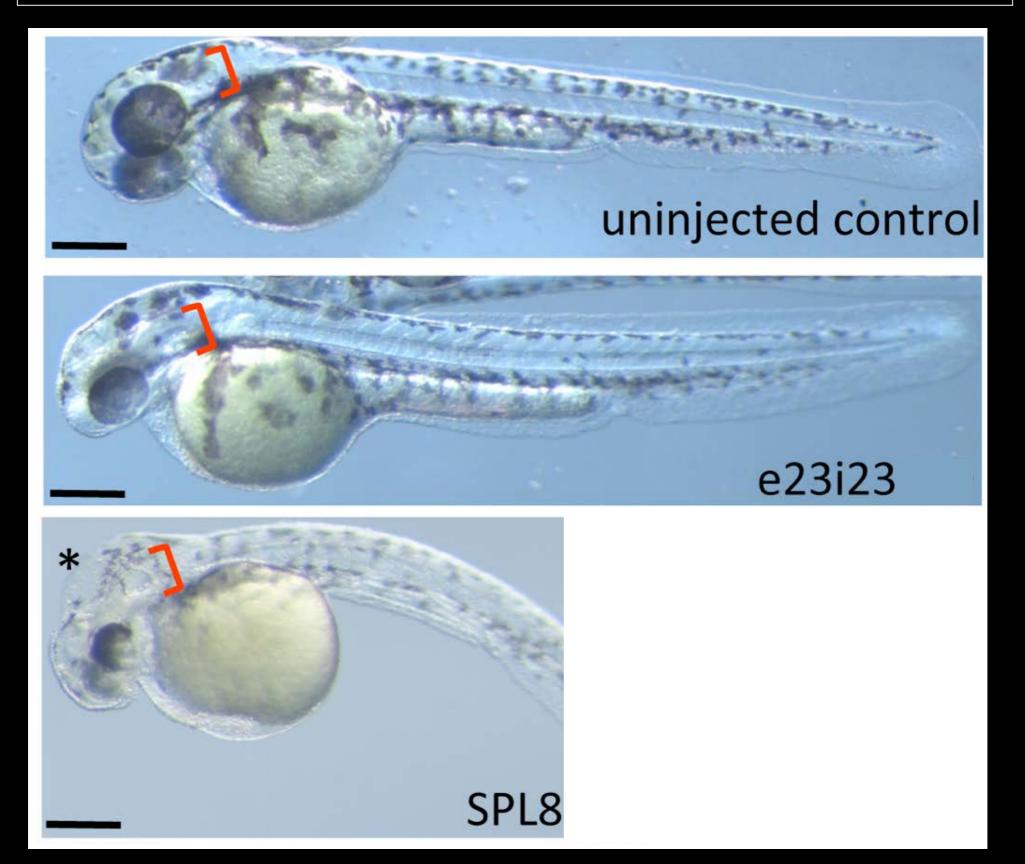
Upstream targeting produces strong ciliopathy phenotype



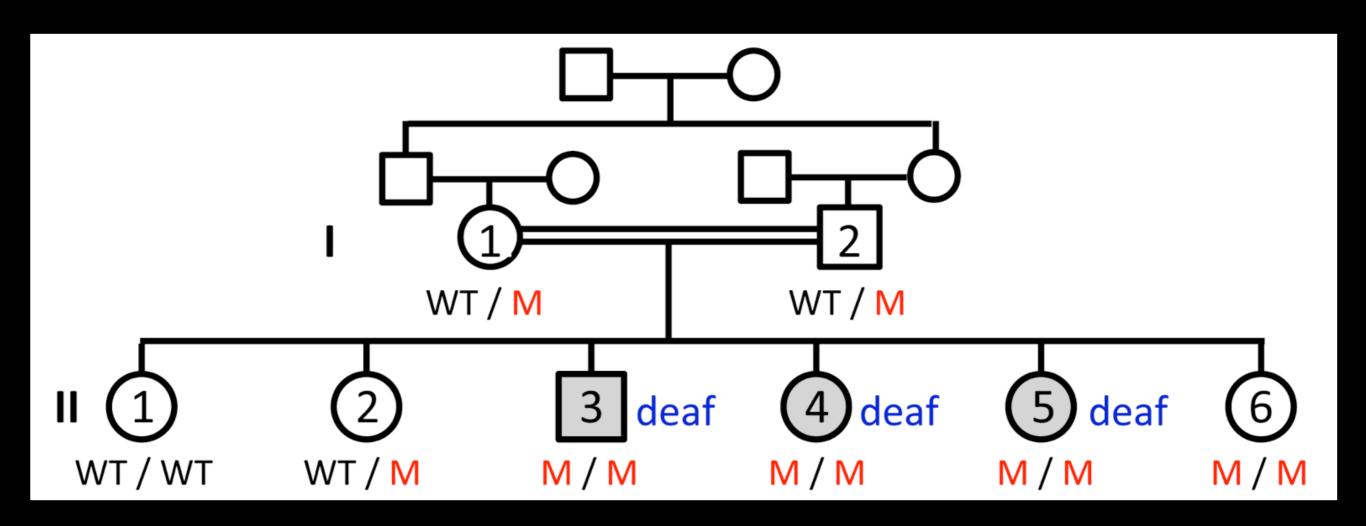
3' targeting truncates the protein



Truncated protein has no apparent phenotype



Nonsense AHI1 mutation is not linked to deafness



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Joubert syndrome

Mind the gaps (perspective from the bench)

- Barriers to accessing patient data
 - Sociological: clinical vs basic research attitudes
 - Limited access to clinical records: de-identified vs IRB
- Limited patient data: horde vs share variant & phenotypic data

Undiagnosed Diseases Network



Seven clinical sites, a coordinating center, two DNA sequencing cores, a metabolomics core, a model organisms screening center, and a central biorepository



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