

# 22q11.2 microdeletion

## Fact sheet

- Microdeletion (loss of genetic information) of about 3 million bases (3 megabases) on the long arm of chromosome 22 in position 11
- Associated with DiGeorge syndrome and velo-cardio-facial syndrome
- Occurs spontaneously in more than 90% of those affected, can also be inherited in 6% – 28%<sup>1</sup> of the cases
- Clinical abnormalities, particularly heart defects, may have different manifestations, depending on the severity of the disease

### Determination of a 22q11.2 microdeletion

**Non-invasive prenatal test to exclude or detect a 22q11.2 microdeletion<sup>2</sup>** for singleton pregnancy (using the proprietary & CE-marked *dmap* software)

**NEW** – can be selected in combination with both PrenaTest<sup>®</sup> options 2 and 3

Test result provided only with **cffDNA level  $\geq$  11%** in addition to other quality criteria

If quality criteria are not met: no repetition/no invoicing

**NEW** – post analysis possible with PrenaTest<sup>®</sup> data  $\leq$  3 months; without new blood sample

**Test results require 2 additional working days<sup>3</sup>** after analysis of test options 2/3 – to be invoiced separately

### Test accuracy of the PrenaTest<sup>®</sup> for the determination of the 22q11.2 microdeletion

**Phase 1** – A total of 469 samples were tested, of which 175 (37.3%) met the quality criteria. Three positive samples with a 22q11.2 microdeletion were correctly determined (3/3, 100%). All negative samples were correctly classified (172/172, 100%). There were no false-positive or false-negative results.

**Phase 2** – In a final internal blinded study, 20 samples from Phase 1 were examined. All samples were classified correctly. Due to the low number of cases a concrete test sensitivity and specificity cannot be derived.

### Limitations

#### cffDNA level

The detection or exclusion of a 22q11.2 microdeletion is currently only possible for specimens which have a cffDNA level of at least 11% (in addition to other quality criteria).

#### Mother is the carrier of the microdeletion

It is possible that the mother is the carrier of the 22q11.2 microdeletion. This can lead to discordant (false-positive) test results.

#### Size of the microdeletion

In more than 85% of affected persons, the deletion includes a region measuring approx. 2.5 megabases in the 22q11.2 region of chromosome 22. This region is investigated with the PrenaTest<sup>®</sup>. A small percentage of affected persons has an even smaller deletion or point mutation in the affected region which cannot be detected with the PrenaTest<sup>®</sup>. This can lead to discordant (false-negative) test results.

#### Microduplication in the investigated gene region

In the investigated gene region of chromosome 22, microduplications can also occur. These are not determined with the PrenaTest<sup>®</sup>.

### Reasons for the genetic examination

This examination is particularly useful in cases of abnormalities on ultrasound, for example during organ screening, which may correlate with a DiGeorge or velo-cardio-facial syndrome:

- Congenital heart defect
- Detection of an aberrant subclavian artery
- Kidney malformation
- Growth retardation
- Cleft lip and palate
- Increased nuchal translucency
- Small thymus

### Clinical lab routine

- Over 1,000 tests successfully performed since June 2016
- So far no discordant results based on feedback from doctors
- But: false-negative or false-positive results cannot be excluded

### Please note:

The cffDNA level is highly individual and increases in later gestational weeks. Therefore it is possible that due to a cffDNA level that is too low, no test result can be achieved. A new blood sample is not requested provided the cffDNA level is sufficient for determining fetal trisomies 13, 18, 21 as well as gonosomal aneuploidies.

Week 12 – 14	Week 19 – 23
Samples with cffDNA $\geq$ 11%	Samples with cffDNA $\geq$ 11%
47.25%	52.78%
Samples with cffDNA < 11%	Samples with cffDNA < 11%
53.75%	47.22%

Correlation between cffDNA level and gestational week based on data of lab routine (12/2018 – 03/2019)

1 Fernández L et al. Higher frequency of uncommon 1.5-2 Mb deletions found in familial cases of 22q11.2 deletion syndrome.

Am J Med Genet A. 2005 Jul 1;136(1):71-5.

2 OMIM# of the disease: 188400 (DGS), 192430 (VCFS)

3 Monday to Friday, except holidays