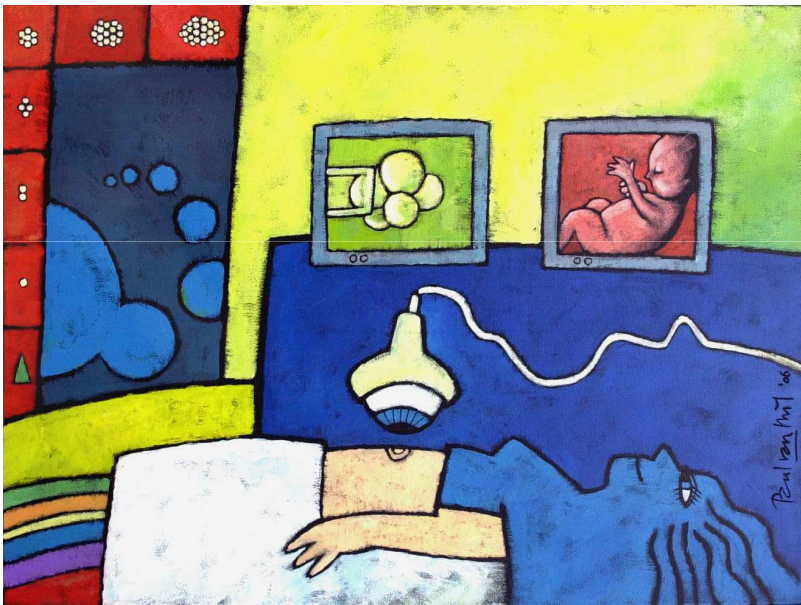


# PGD: the more, the better?

Edith Coonen  
Centrum voor Voortplantingsgeneeskunde  
Maastricht UMC



# Outline



- what is PGD/PGS
- how we do it
- how we might do it
- whom do we use it for
- whom might we use it for
- dilemma's
- concluding remarks

What is  
**Preimplantation Genetic Diagnosis**

Identification and transfer of embryos  
free from a particular genetic disease or  
chromosomal aberration to obtain a healthy child

# Preimplantation Genetic Diagnosis

- patients at high risk
- asked for by patients aware of their status
- mainly fertile patients (65%)
- prenatal diagnosis as alternative
- diagnosis just for the disorder
- no transfer of undiagnosed or affected embryos
- current techniques uncontroversial

What is

# Preimplantation Genetic Screening

Selection and transfer of embryos with best chromosomal status to improve IVF delivery rate

# Preimplantation Genetic Screening

- infertile or subfertile patients
- offered to patients previously unaware of their status
- improve quality of future child's life
- transfer of undiagnosed or 'inconclusive' embryos possible
- current technique controversial

Is it new?

## Preimplantation embryo selection

### Observational

- pronuclear status
  - 1PN embryo  $\neq$  viable
  - 3PN embryo = common cause of miscarriage
- multinucleated blastomeres

# Omics technology

## Embryo selection

### Genomics

- invasive test (biopsy)  
genes, chromosomes,  
transcripts (epigenetics)

### Proteomics

- non-invasive test (media)  
protein secretion

### Metabolomics

- non-invasive test (media)  
products secreted or taken up



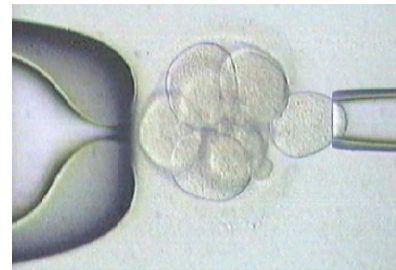
pgd/pgs

## Biopsy stages

polar body



cleavage stage



blastocyst



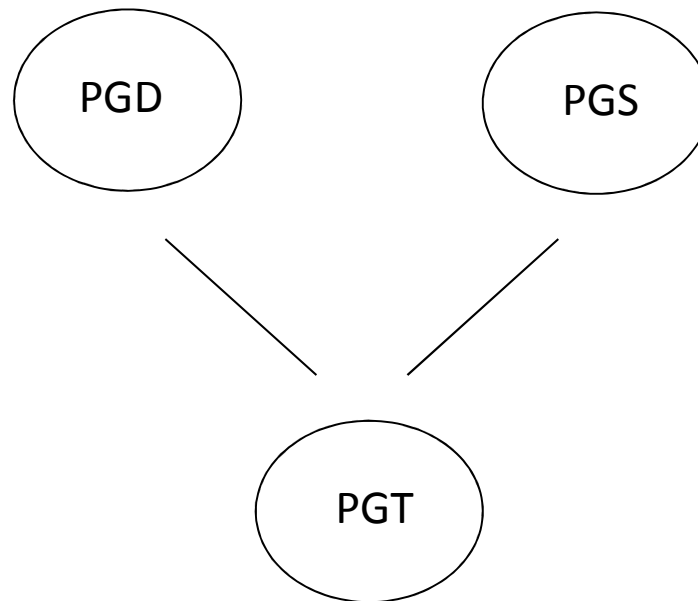
# Mosaicism

- biological phenomenon
- cells from one embryo have different chromosomal content
- present in all stages of preimplantation development
  - ~ 50% at cleavage stage
  - ~ 30% at blastocyst stage (Wells et al.)
- serious consequences for PGS (PGD)

PGD

The *more*, the better?

from targeted to comprehensive testing

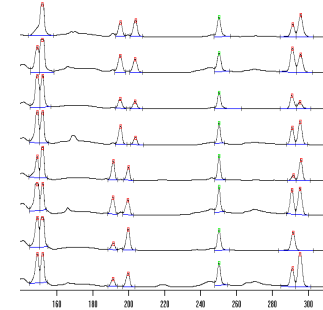


PGD

## Targeted testing

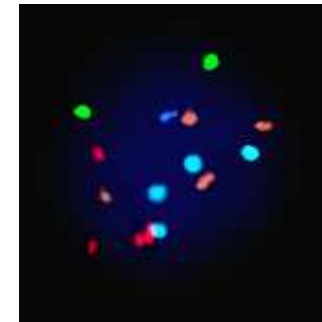
### Polymerase chain reaction (PCR)

analysis of specific mutation or linked markers  
single gene defects



### Fluorescent in situ hybridisation (FISH)

analysis of chromosomes  
sexing for X-linked disorders  
structural chromosome abnormalities  
PGS (copy number)



PGD

## Comprehensive testing

### Comparative Genomic Hybridisation

analysis of chromosomes and/or genes

array-CGH (chromosomes)

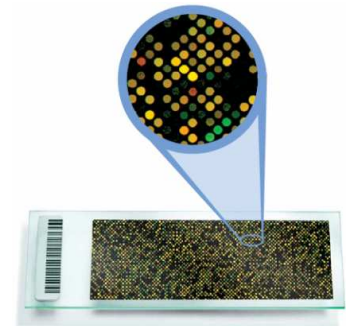
SNP array (chromosomes and genes)

karyomapping

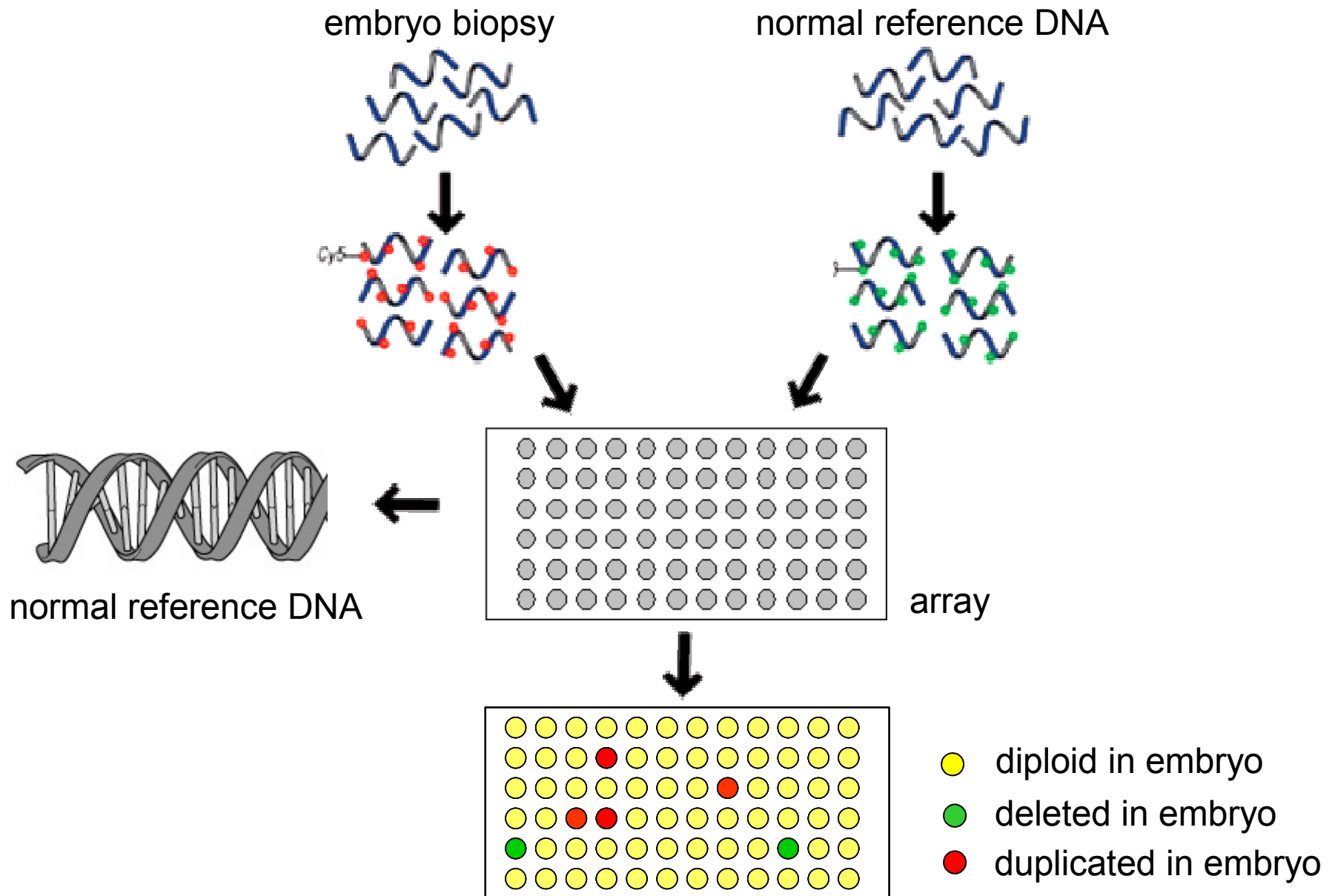
### Whole genome sequencing

next generation sequencing (NGS)

high-throughput genomic analysis



# Array-based Comparative Genomic Hybridisation



# Array-CGH

- measures DNA copy number
- only relative changes (aneuploidy)
- resolution ~ 1MB

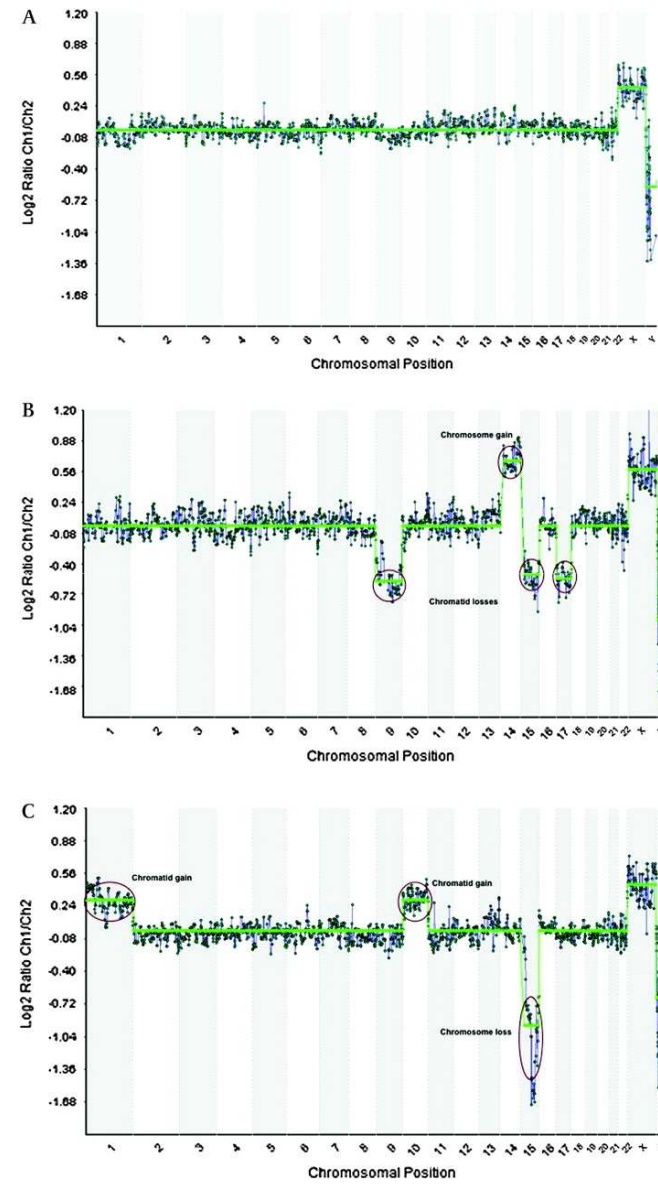
+

quick procedure  
(fresh transfer)  
relatively cheap

-

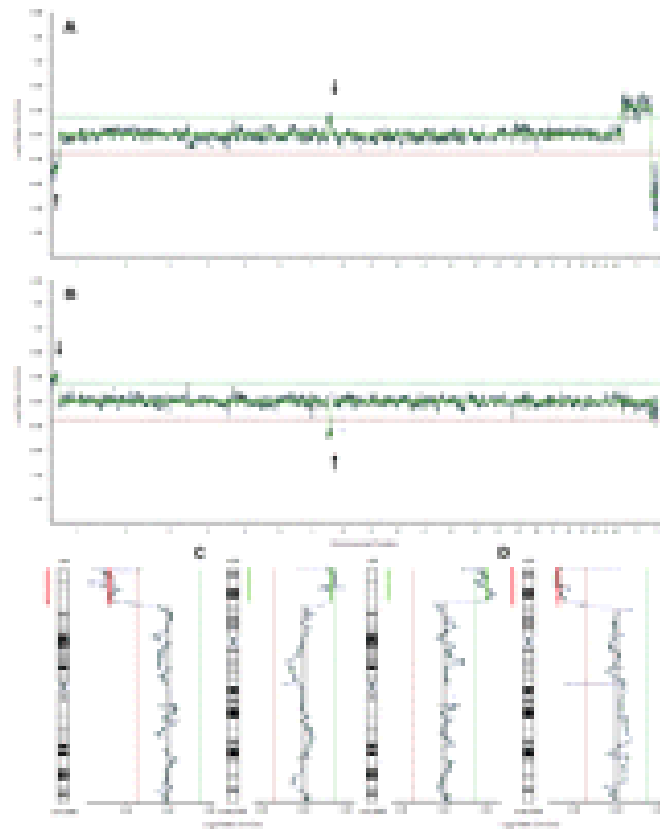
only chromosomes

# Array-CGH for aneuploidy screening

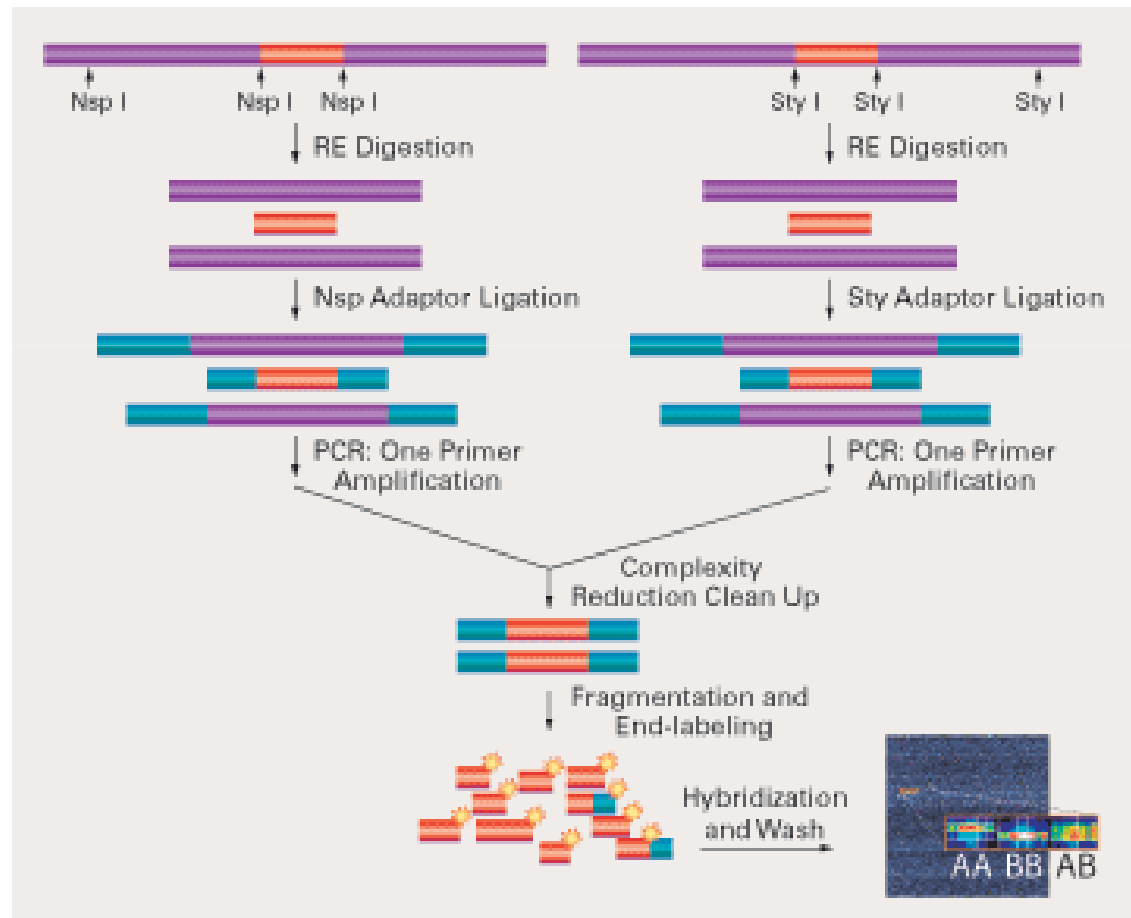




# Array-CGH for detection of translocations



# Single nucleotide polymorphism (SNP) array



# SNP array

- $10^7$  SNP's across genome
- measures single base pair changes
- detects

aneuploidy (parent of origin)

single gene and complex disorders

copy number variants

mitochondrial disorders

# SNP array

-

long protocol (embryo cryopreservation)

expensive

limited clinical application

# Karyomapping

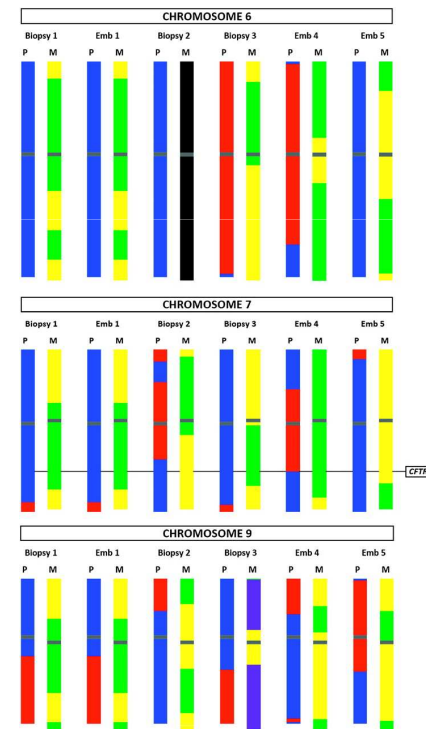
Interpreting SNP data

Handyside et al (2010) J Med Genet 47, 651-658

# Karyomapping

- genome wide analysis of genetic disease based on mapping crossovers between parental haplotypes
- high density genome wide SNP genotyping of proband, parents and appropriate family member(s) to establish phase
- Mendelian analysis and karyomapping of the parental and grandparental haplotypes for each chromosome or chromosome segment in recombinant chromosomes

Figure 1 consists of four panels (A, B, C, D) illustrating a genetic model. Panel A shows a male (XY) and a female (XX) with a recombination frequency of 0.5. Panel B shows the segregation of chromosomes into four possible gametes. Panel C shows the segregation of chromosomes into four possible zygotes. Panel D shows the segregation of chromosomes into four possible gametes.



# Whole genome sequencing

analysis of both coding and non-coding sequences

# Next generation sequencing (NGS)

whole exome sequencing

analysis of all coding sequences (genes)

-

not (yet) on single cell level



# High throughput sequencing

## personal genomics



James D Watson

May 31<sup>st</sup> , 2007

# Dilemma's

- informed consent

- clinically unproven technology

- specific

- explicit

- information of uncertain or no clinical significance

- unexpected findings

- right not to know

- decision needed quickly

- vulnerable patient group

# Dilemma's

- whose embryos are they anyway?

who is to decide which is the best embryo for transfer

geneticist, embryologist, gynaecologist, future parents

- the best embryo refers to 'best of'?

this batch of embryos

the best embryo to be expected after 'n' IVF cycles

# PGD: the *more*, the better?

- from targeted to comprehensive testing
- from couples at risk to general population



# PGD in the Netherlands

- since 1995
- one licensed centre

Maastricht UMC (Genetics & IVF)

- transport PGD (IVF)

UMC Utrecht

UMC Groningen

AMC Amsterdam



# PGD in the media



**'WÉÉR NEMEN  
WE AFSCHEID  
VAN EEN  
KINDJE DAT ZO  
WELKOM IS'**

Voor Rianne en Maarten van Asten was elke  
zwangerschap Russische roulette: zou hun kind de  
dodelijke ziekte van Huntington hebben of niet?  
Daarom besluten ze – na drie zwangerschappen nog  
steeds kinderloos – over te gaan op embryoselectie.

**Ons PGD avontuur!!**

**Op 15 februari 2011 is  
zoon van  
gefelicitiseerd!**

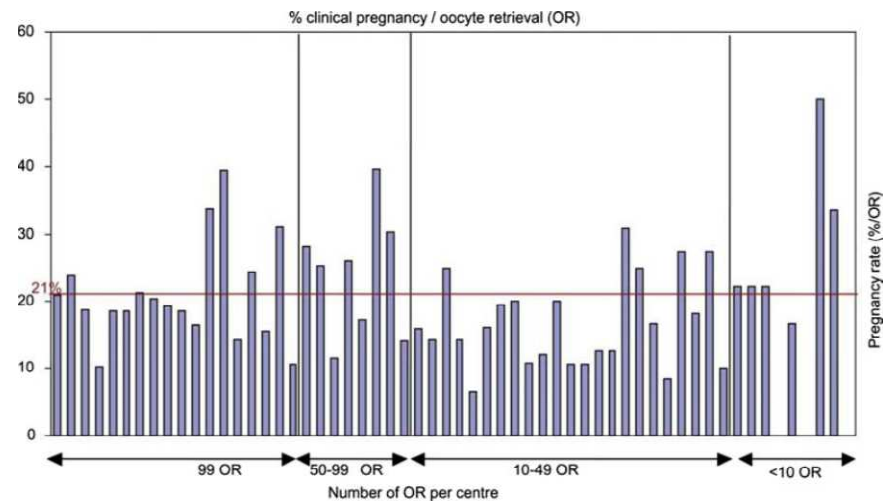
**Hieronder het ervaringsverhaal van  
een traject van preimplantatie genetische  
diagnostiek (PGD) hebben doorlopen.**

**flair**

**WAAROM  
zouden wij  
NIET voor  
EMBRYO-  
SELECTIE  
mogen gaan?'**

# PGD in Europe

## ESHRE PGD consortium



# Future Preimplantation genetic testing

- new technologies
- blastocyst biopsy and vitrification

**However ....**



## Combination of factors will limit the application of genome wide testing of embryos

- PGD is an inefficient procedure

150.000 embryos diagnosed for 5000 babies born

- methods are costly and lab protocols complex
- whole genome amplification from single or small cell numbers has serious flaws

amplification bias, incomplete coverage, errors

- the incidence of most aberrations in embryos is too low
- we get more information than we can handle

# Future

preconception screening (array, NGS)

- whole genome testing of parents

  - more cost effective

  - likely to identify risk of serious disease

- targeted testing in embryos

  - karyomapping

# PGD: the more, the better?

Not everything that counts can be counted

And not everything that can be counted, counts

(albert einstein)

# THANK YOU

