# **Preimplantation genetic diagnosis**

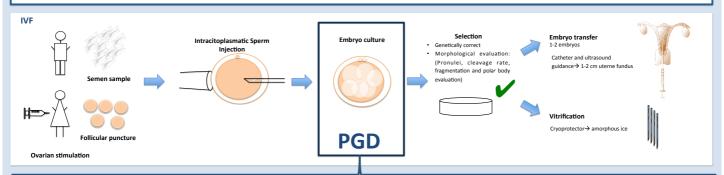


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#### INTRODUCTION

Preimplantation Genetic Diagnosis (PGD) is the process of screening embryos for genetic abnormalities prior to be transferred to the uterus going through an in vitro fertilisation process. Firstly this technique was developed for use in fertile patients to avoid birth of an affected child with single gene disorder or chromosomal abnormality. Nowadays, while a common use is in subfertile patients to improve chance of successful pregnancy, it is also used to cure a sibling with a serious problem of compatibility or to avoid some late onset diseases, such as cancer.



#### 1. BIOPSY Trophectoderm Polar body Dav 0-1 5-6 Inner mass and Cells 6-8 trophectoderm cells Removed Some trophectoderm Polar body 1 hlastomere Disease Maternal Maternal/paternal Maternal/ paternal Mosaicism Yes, but less IVF cycle Same Same cryopreservation

# 2. GENETIC ANALYSIS

#### FISH

Cytogenetic analysis in an interphase nuclei. DNA probe + fluorophore.

Some chromosomes can only be tested (8,9, 15, 16, 17, 22, 13, 18, 21, X, Y)

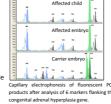


Down's syndrome

#### PCR

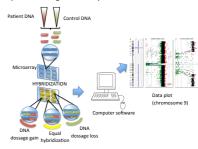
Molecular analysis DNA amplification

- → Endonuclease digestion
- → Gel electrophoresis
- → SSCP/DGGE
  →RFLP/ARMS test/VNTR/OLA
- Amplification errors and allele drop out must be considered.



#### aCGH

Patient and control DNA are amplified and labelled with fluorescent dyes. Both are applied to the microarray which has immobilised probes. The microarray results are analysed with a scanner and a computer software generates the plot.



# TYPES OF PGD

#### ANEUPLOIDY SCREENING

A different number of chromosomes:

- Monosomy (a missing chromosome): X missing→ Turner's syndrome
- Trisomy (an extra chromosome): 21 extra > Down's syndrome

- Polyploidy (more than two copies of each chromosome)
  - ✓ Implantation failures → Miscarriages (the risk rises with the age of the women)
  - ✓ Birth diseases

#### STRUCTURAL REORGANIZATIONS

Translocations: exchange of material between two chromosomes





✓ Balanced translocations→ unaffected individuals but risk to create unbalanced gametes and have miscarriages or affected offspring.

#### SINGLE- GEN DISORDERS

Gene mutations associated to monogenic diseases

10 most common indications:



Autosomal

Steinert myotonic distrophy Hungtington disease Charcott Marie Tooth disease

Haemophilia
Fragile X syndrome
Duchenne/ Becker muscular
distrophy

Specific gene mutations associated with some cancers:

- BRCA1/2→ breast cancer
- APC→ familial adenomatous polyposis

## **HLA** matching

CANCER

Selection of a histocompatible sibling to facilitate a bone marrow transplant.



Ab recognise non compatible HLA markers and destroy the cells.



#### Is PGD safe

PGD has been practised for many years without problems, however, it is not 100% reliable, so a prenatal test must be done after getting pregnant.

#### Where are the limits of PGD?

PGD is regulated in each country by the law. In Spain, 14/2006 law says it can be performed to detect serious, early and not curable diseases and to solve some problems of infertility, many times related with chromosomal disorders. Other indications, such as HLA compatibility and late onset diseases, must be approved by the "Comisión Nacional de Reproducción Humana Asistida".

## Are the non viable embryos destroyed?

Not always, according to the law 14/2006, in Spain, embryos can be either cryopreserved and used by the couple, given to reproductive purpose or to science research or simply destroyed.

# Does the end justify the means when having a soon to cure the other?

PGD allows to find the compatible embryo with his previous soon. The problems to find HLA compatibility makes PGD an optimism technique to get allogeneic hematopoietic stem cells.

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