

Genetic etiology for children with Appaxia of Speech in a Brazilian cohost



Childhood Apraxia of Speech (CAS) is a neurological childhood speech sound disorder in which the precision and consistency of movements underlying speech are impaired in absence of neuromuscular deficits (ASHA, 2007). The first gene implicated in speech and language disorders was **FOXP2** (Lai et al. 2001). Subsequent investigation has identified associations that implicate other genes and chromosomal regions (Easing et al, 2019; Hildebrand et al., 2020; Kaspi et al., 2022) implicating around 38 genes to date. In this work we aimed to identify genetic etiology in 93 unrelated probands ascertained with CAS.

References

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Subjects and Methods:

Phase I Recruited subjects

ABRAPRAXIA's children database (around 500 subscribers with primary speech development impairment referred to by their parents).

Phase II Selecion

Random Selection

with severe Apraxia.

150 children

The SLPs of the recruited subjects completed a protocol based on checklists for identifying discriminative signs for CAS (ASHA, 2007; Shriberg, et.al, 2010; Iuzzini-Seigel & Murray, 2017), recorded videos in different tasks speech

assessment.

Phase III

Protocols

Phase IV Confirm diagnosis

SLP with expertise in CAS confirm the diagnosis. The criteria recommended in the consensus described in the Technical Report (ASHA, 2007) were adopted. For minimally verbal subjects or those who did not respond to formal tests and protocols, the "sCAS" hypothesis was

considered.

Phase V Genetic anamnesis

Genetic anamnesis - Whole exome sequencing was conducted to 93 probands (29 had already done the test in private labs).

Phase VI Exome

Exome sequencing -Copy number variants (CNVs) were detected using NextGene's CNV

Phase VII Data analysisech in a Brazilian cohort

Data analysis.

The study was approved by Human Research Ethics Committee from Instituto de Biociências, Universidade de São Paulo, CEP/USP and financially supported by ABRAPRAXIA, FAPESP (CEPID-14/50931-3) and, CNPq.

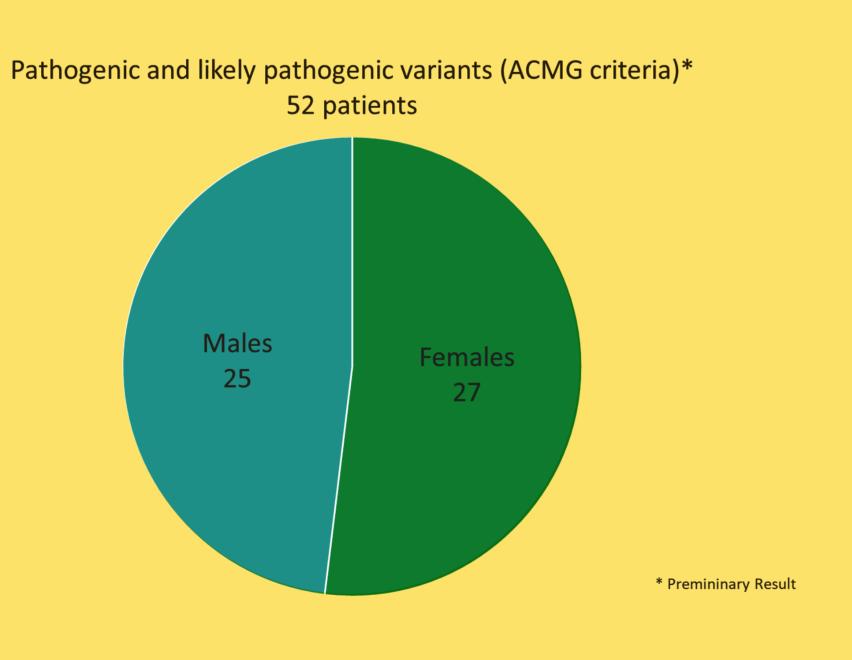
USP, University of São Paulo, as the major institution of higher learning and research in Brazil, is responsible for educating a large part of Brazilian Masters and Ph.D's.

ABRAPRAXIA is a Brazilian association founded by parents that has as mission to promote actions that enables children with CAS to reach their best potential.

56% 44%

The genetic architecture of CAS is complex and heterogeneous!

1. 52 patients (27 females, 25 males): Pathogenic and likely pathogenic variants (ACMG criteria) were confirmed.



IV. Most of identified syndromes

of inheritance (35 syndromes),

(3 syndromes) were identified.

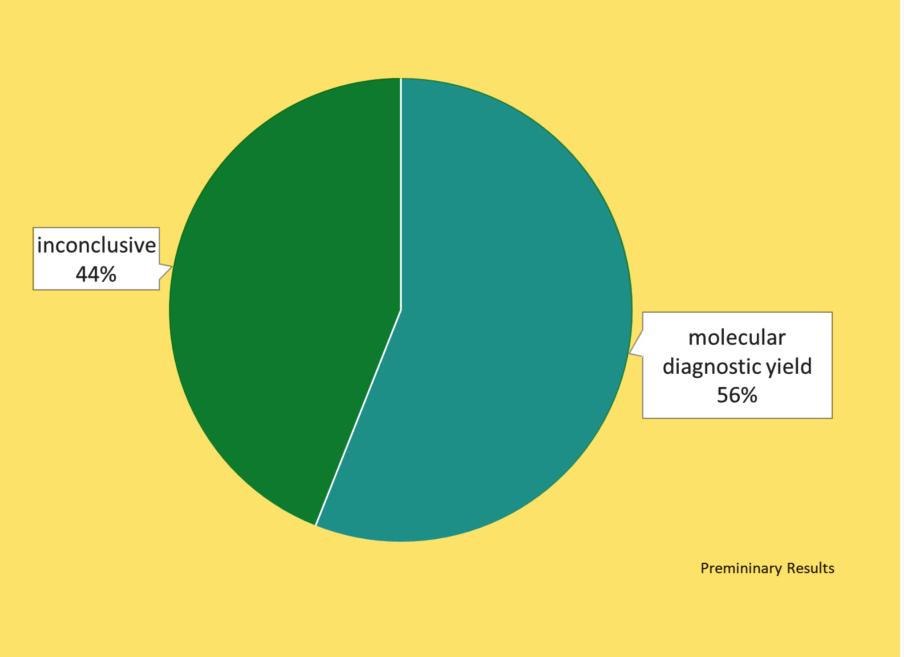
syndromes with autosomal

recessive (1 syndrome)

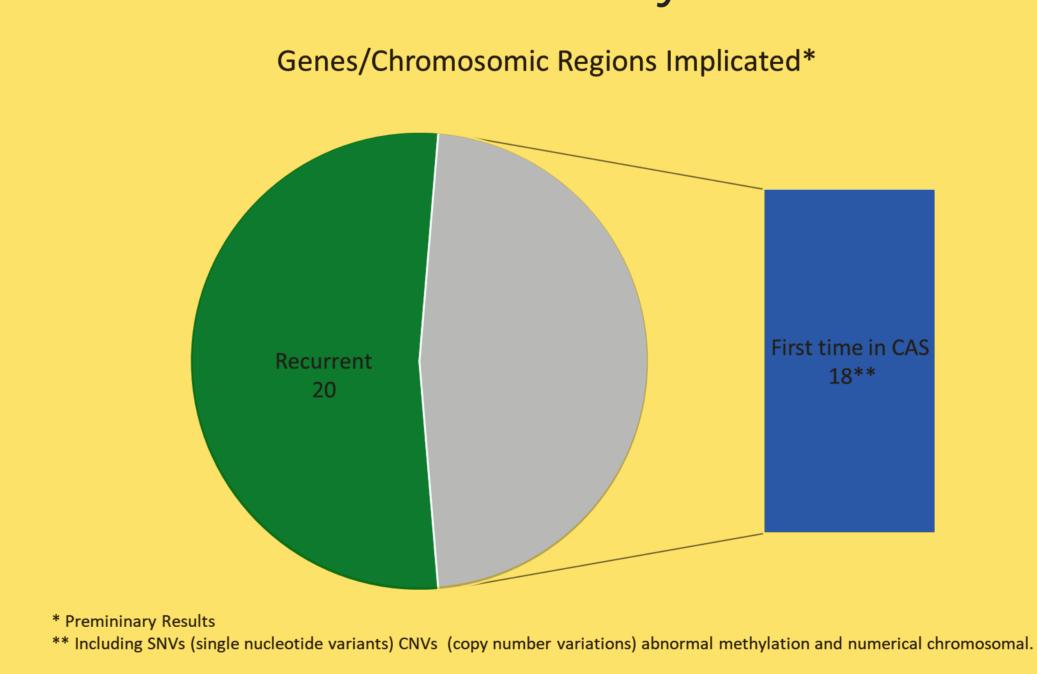
follow autosomal dominant pattern

and X-linked pattern of inheritance

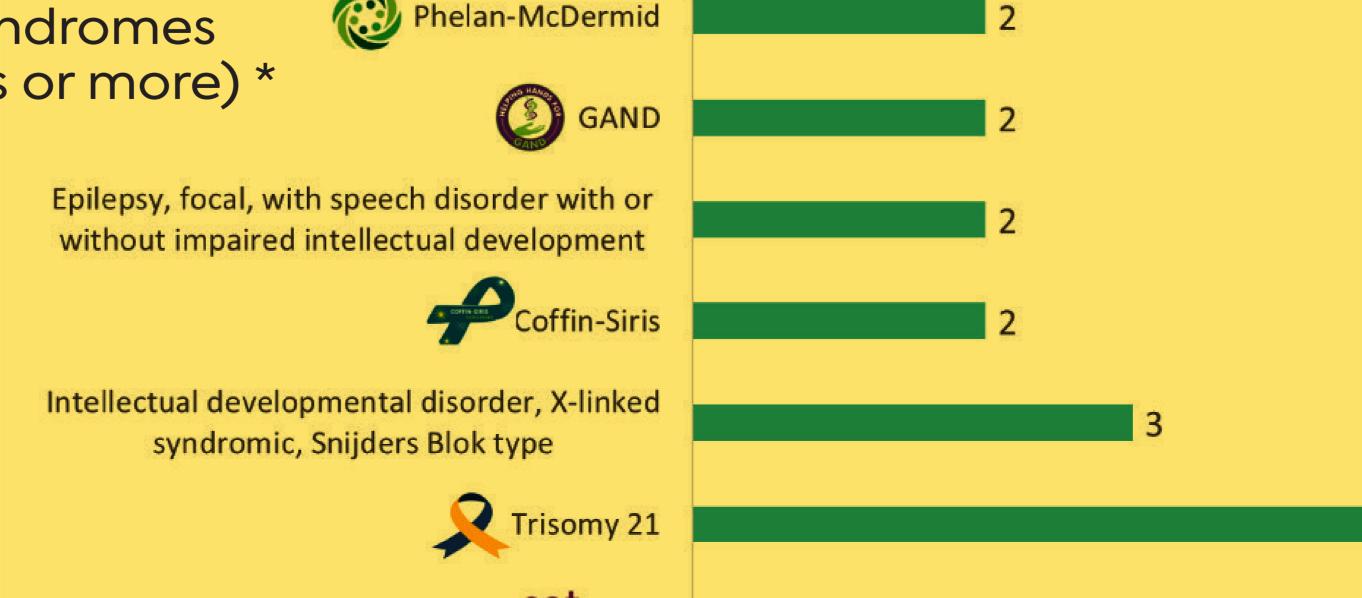
II. molecular diagnostic yield of 56% (52 patients).



III. 38 different genes/chromosomic regions implicated, 18 for the first time, in CAS, including SNVs (single nucleotide variants) CNVs (copy number variations) abnormal methylation and numerical chromosomal abnormality.



V. Recurrent syndromes (2 probands or more) *



between CAS and 18 syndromes, as Coffin-Siris syndrome (n=2).

IV. Genetic counseling support showed to be highly relevant for the families, which was effective for psychological (anxiety, guilt) and knowledge variables (i. e. understanding of causes and implications of genetic syndromes).

I. Indicates the majority of severe CAS (around

56%) has genetic factors, which reinforces the

importance of genetic tests in severe CAS patients.

II. Our data confirmed the heterogeneity of genet-

ic factors implicated in CAS as well the high yield of

III. We established for the first time the association

Next Steps:

Loncusion:

The preliminary results:

exome analysis in this condition.

We intend to carry out a complete genome sequencing with analysis of expression pathways, in patients whose exome result was inconclusive.

Note: Previous studies have identified 26% of genetic markers correlated to CAS.