

Frequency of *BBS* and *ALMS1* Variants in a Cohort With Early-Onset Obesity

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Summary

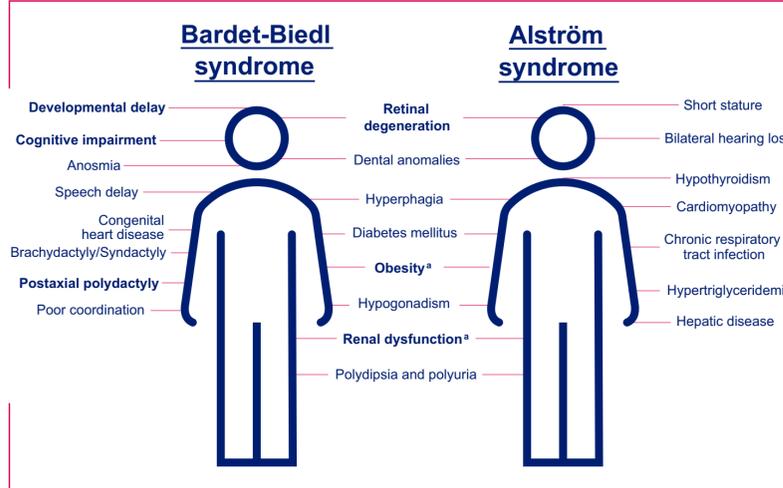
In a large cohort of individuals with early-onset, severe obesity, biallelic variants in genes associated with Bardet-Biedl syndrome (BBS) or Alström syndrome were identified in 1.96% of individuals

Genetic testing may provide additional evidence to support the clinical diagnosis of individuals with BBS and Alström syndrome

Introduction

- BBS and Alström syndrome are rare autosomal recessive syndromes characterized by early-onset, severe obesity and hyperphagia; evidence suggests dysfunction of primary cilia plays a key role in both syndromes¹⁻³
- Both BBS and Alström syndrome are diagnosed on the basis of clinical features; some common clinical features are similar between the syndromes, including obesity, diabetes mellitus, visual impairment, and renal anomalies, while others are distinct (Figure 1)^{1,2,4}
- Variants in >20 genes are associated with BBS; variants in *ALMS1* are associated with Alström syndrome^{1,5}
- Genetic testing may aid in or confirm the clinical diagnosis of patients with syndromic obesity^{2,6}
- The frequency of variants in genes associated with BBS and Alström syndrome in individuals with severe, early-onset obesity irrespective of clinical features is unknown

Figure 1. Clinical characteristics of Bardet-Biedl syndrome and Alström syndrome.^{2,4,7,8}



Characteristics in bold denote primary features for clinical diagnosis of each syndrome, unless otherwise noted. *Primary clinical diagnostic features of Bardet-Biedl syndrome; minor criteria for diagnosis of Alström syndrome.

Objectives

- To evaluate the frequency of variants in BBS- and Alström syndrome-associated genes in individuals tested as part of the Uncovering Rare Obesity[®] genetic testing program

Methods

Uncovering Rare Obesity[®] Program

- Uncovering Rare Obesity[®] was launched in May 2019 with a 40-gene panel of obesity-associated genes; the panel was expanded in July 2021 to include 79 genes and 1 chromosomal region (Table)
- Individuals may be eligible to receive a no-charge genetic test and 2 genetic counseling sessions if they are located in the United States and its territories, and
 - Are ≤18 years of age with body mass index ≥97th percentile, or
 - Are ≥19 years of age with body mass index ≥40 kg/m² and have a history of childhood obesity, or
 - Have a select family member who was previously tested
 - Show clinical symptoms of BBS
- Samples are collected via blood or buccal swab; tests are evaluated by a Clinical Laboratory Improvement Amendments–accredited laboratory

Table. Uncovering Rare Obesity[®] Genetic Panel–Included Genes and Regions

BBS- or Alström syndrome–associated genes			
<i>ALMS1</i>	<i>ARL6 (BBS3)</i>	<i>BBIP1 (BBS18)</i>	<i>BBS1</i>
<i>BBS10</i>	<i>BBS12</i>	<i>BBS2</i>	<i>BBS4</i>
<i>BBS5</i>	<i>BBS7</i>	<i>BBS9 (PTHB1)</i>	<i>C8ORF37 (BBS21)</i>
<i>CEP290 (BBS14)</i>	<i>IFT172</i>	<i>IFT27 (BBS19)</i>	<i>IFT74 (BBS20)</i>
<i>LZTFL1 (BBS17)</i>	<i>MKKS (BBS6)</i>	<i>MKS1 (BBS13)</i>	<i>SDCCAG8 (BBS16)</i>
<i>TRIM32 (BBS11)</i>	<i>TTC8 (BBS8)</i>	<i>WDPCP (BBS15)</i>	
Non-BBS- or non-Alström syndrome–associated genes or regions			
<i>ADCY3</i>	<i>BDNF</i>	<i>GNAS</i>	<i>KSR2</i>
<i>LEP</i>	<i>LEPR</i>	<i>MC3R</i>	<i>MC4R</i>
<i>NCOA1 (SRC1)</i>	<i>NTRK2</i>	<i>PCSK1</i>	<i>PHF6</i>
<i>POMC</i>	<i>RAI1</i>	<i>SH2B1</i>	<i>SIM1</i>
<i>CPE</i>	<i>AFF4</i>	<i>CREBBP</i>	<i>CUL4B</i>
<i>DNMT3A</i>	<i>DYRK1B</i>	<i>EP300</i>	<i>HTR2C</i>
<i>INPP5E</i>	<i>ISL1</i>	<i>KIDINS220</i>	<i>MAGEL2</i>
<i>MECP2</i>	<i>MRAP2</i>	<i>NR0B2</i>	<i>NRP1</i>
<i>NRP2</i>	<i>PCNT</i>	<i>PHIP</i>	<i>PLXNA1</i>
<i>PLXNA2</i>	<i>PLXNA3</i>	<i>PLXNA4</i>	<i>PPARG</i>
<i>PROK2</i>	<i>RAB23</i>	<i>RPGRIP1L</i>	<i>RPS6KA3</i>
<i>SEMA3A</i>	<i>SEMA3B</i>	<i>SEMA3C</i>	<i>SEMA3D</i>
<i>SEMA3E</i>	<i>SEMA3F</i>	<i>SEMA3G</i>	<i>TBX3</i>
<i>TRPC5</i>	<i>TUB</i>	<i>UCP3</i>	<i>VPS13B</i>
16p11.2 ^a			

^aAssessment for rearrangement of the 16p11.2 chromosomal region.

Frequency Analysis

- 22 BBS-associated genes and *ALMS1* were sequenced in individuals with severe obesity who had tests submitted to the Uncovering Rare Obesity[®] program
- Variants were classified on the basis of the American College of Medical Genetics criteria as pathogenic/likely pathogenic (P/LP) or as a variant of uncertain significance (VUS)
- Individuals were determined to have biallelic (≥2 alleles in 1 gene), heterozygous (1 allele in 1 gene), or composite heterozygous (1 allele per gene in multiple genes) variants

Results

- Sequences of 8,459 individuals with early-onset, severe obesity were analyzed
 - Data on clinical characteristics other than early-onset, severe obesity and details on whether individuals had genes sequenced because of suspected syndromic obesity were not available
- In this cohort, 1.96% of individuals were biallelic for *BBS* or *ALMS1* variants, 26.80% carried heterozygous variants in a single gene, and 4.00% were composite heterozygous (Figure 2)
 - Biallelic *BBS* and *ALMS1* variants were identified in 1.36% and 0.60% of individuals, respectively
 - 0.34% of those with biallelic variants had ≥2 P/LP alleles (*BBS*: 0.30%; *ALMS1*: 0.04%); after excluding individuals from a known BBS specialty clinic, this frequency was 0.24% (Figure 3)
 - 1.62% of individuals had biallelic variants with ≥1 VUS allele

Conclusions

- Among 8,459 individuals sequenced as part of the Uncovering Rare Obesity[®] program, 1.96% had biallelic variants in BBS-associated genes or *ALMS1*
- BBS and Alström syndrome are heterogeneous diseases characterized by multiple evolving symptoms; more research is needed to determine if identification of individuals with biallelic variants may help identify and diagnose individuals with these syndromes

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Figure 2. Frequency of biallelic, heterozygous, and composite heterozygous variants in BBS-associated genes and *ALMS1* in a cohort of individuals with early-onset, severe obesity.

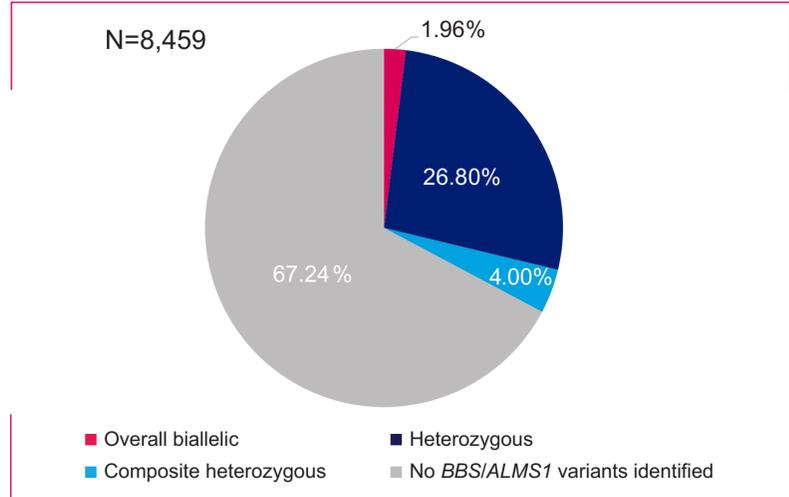
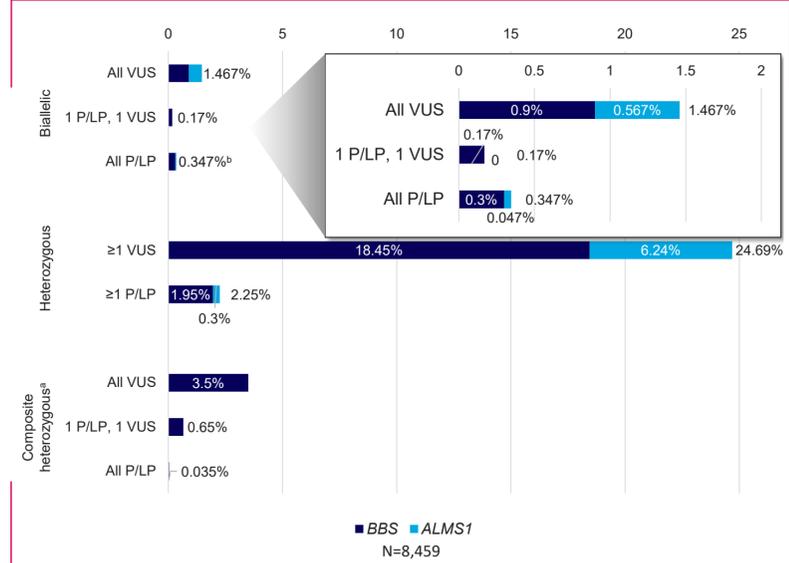


Figure 3. Comparison of *BBS* or *ALMS1* biallelic, heterozygous, and composite heterozygous genotypes in a cohort of individuals with early-onset, severe obesity.



Inset shows detailed comparison of *BBS* and *ALMS1* biallelic variants. *Composite heterozygous variants evaluated in BBS-associated genes only. †Overall frequency of 0.24% after excluding individuals from a known BBS specialty clinic. BBS, Bardet-Biedl syndrome; P/LP, pathogenic/likely pathogenic; VUS, variant of uncertain significance.