

OUARTERLY REPORT FALL 2022

UDNCONNECT.ORG | UDN@HMS.HARVARD.EDU

INTRODUCTION PAGE 2

WHERE WE ARE NOW

MISSION & VISION

The Undiagnosed Diseases Network (UDN) is a research study that is funded by the National Institutes of Health Common Fund with the purpose of bringing together clinical and research experts from across the United States to solve the most challenging medical mysteries using advanced technologies.

Through this study, we hope to both help individual patients and families living with the burden of undiagnosed diseases, and contribute to the understanding of how the human body works.

CURRENT STATUS

UDN sites continue to evaluate participants and support research into undiagnosed and rare conditions. Since NIH Common Fund support for the UDN is ramping down, we are working on sustainability strategies, including the development of a foundation, to support the work of the network. We aim to make the transition from the current UDN to a sustainable model seamless and smooth for patients and families. If you are interested in partnering with the UDN on sustainability efforts, please contact UDN@hms.harvard.edu.

RECENT PUBLICATIONS

Loss of function variants in MYCBP2 cause neurodevelopmental phenotypes and corpus callosum dysgenesis (<u>PMID: 36200388</u>)

The recurrent de novo c.2011C>T missense variant in MTSS2 causes syndromic intellectual disability (<u>PMID: 36067766</u>)

Beyond race: recruitment of diverse participants in clincal genomics research in rare disease (<u>PMID: 36072659</u>)

AnFiSA: An open-source computational platform for the analysis of sequencing data for rare genetic disease (PMID: 35998814)

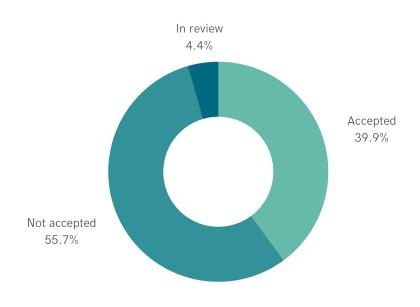
Adults with lysosomal storage diseases in the undiagnosed diseases network (PMID: 35848209)



APPLICATIONS PAGE 3

LATEST NUMBERS

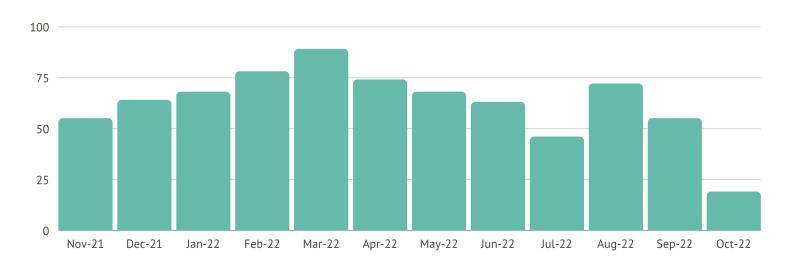
Of 6,055 applications received, 2,416 have been accepted, representing all US states, the District of Columbia, and more than 25 countries. Currently, there are 269 applications undergoing medical record review. Applicants are not accepted for a variety of reasons, including lack of objective findings. Applicants who are not accepted may receive recommendations for additional tests or evaluations during the review process.



Applicants present with a wide variety of symptoms, with neurologic symptoms being the most common clinical presentation (40%).

The small majority of applicants are female (53%), and 40% are under 18 years old. Of the applicants accepted for participation in the study, 50% are female, and 61% are under 18 years old. The majority of applicants (83%) and accepted participants (79%) identify as Non-Hispanic white.

APPLICATIONS PER MONTH





EVALUATIONS PAGE 5

EVALUATION PROCESS

As part of the UDN evaluation process, multiple specialists are consulted to provide input on each individual case. Often, participants are evaluated by these specialists at one of the 12 UDN clinical sites. In cases where participants are not able to travel to a UDN site, telehealth visits may be performed. To date, 2,020 evaluations have been completed.



DIAGNOSES

Providing diagnoses to participants is a central goal of the UDN. Thus far, 630 certain or highly likely diagnoses (in 607 participants) have been identified. The majority of diagnoses (81%) have been made through exome or genome sequencing. Other diagnoses have been made primarily based on clinical grounds (6%) or directed clinical testing based on phenotype (9%). The remaining 4% of diagnoses were identified through a genome-wide assay such as chromosomal microarray or karyotype.

53

CONDITIONS HAVE
BEEN NEWLY
DESCRIBED

94

DIAGNOSES HAVE
BEEN MADE BASED
ON CLINICAL
GROUNDS OR
THROUGH DIRECTED
CLINICAL TESTING

21

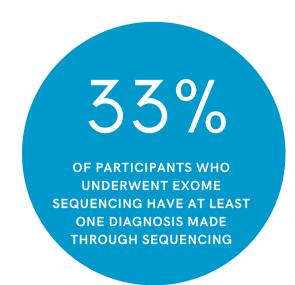
PARTICIPANTS HAVE MORE THAN ONE DIAGNOSIS



SEQUENCING PAGE 4

EXOME SEQUENCING

469 participants (231 children and 238 adults) have undergone exome sequencing. The most common symptom category for participants undergoing exome sequencing is neurology (46%).

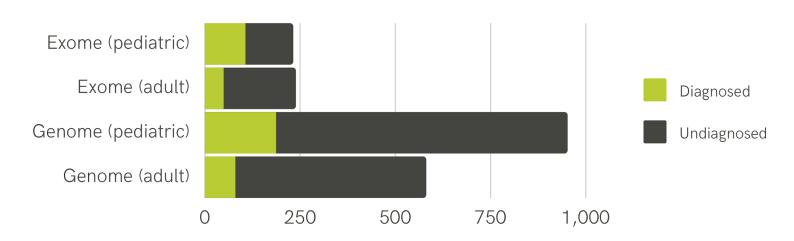


17%

OF PARTICIPANTS WHO
UNDERWENT GENOME
SEQUENCING HAVE AT LEAST
ONE DIAGNOSIS MADE
THROUGH SEQUENCING

GENOME SEQUENCING

1,534 participants (953 children and 581 adults) have undergone genome sequencing. Many of these participants had non-diagnostic exome sequencing prior to enrollment in the UDN. The most common symptom category for participants undergoing genome sequencing is neurology (50%).

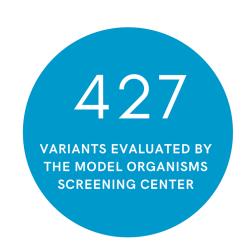




RESEARCH PAGE 6

MODEL ORGANISMS

The Model Organisms Screening Center (MOSC) is composed of two centers that use fruit fly (*Drosophila melanogaster*), nematode worm (*C. elegans*) and zebrafish (*Danio rerio*) genetics to evaluate the impact and function of genetic variants identified through the UDN.



275

NUMBER OF PARTICIPANTS
WITH METABOLOMICS
ANALYSES COMPLETE

METABOLOMICS

The Metabolomics Core provides comprehensive analytical methods, analyses, technologies, and metabolomics expertise to the UDN to aid in clinical diagnosis and investigate potential mechanisms underlying phenotypic changes in participants.

RNA SEQUENCING

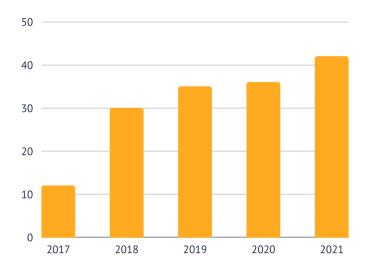
The UDN uses next-generation RNA sequencing methods to analyze the transcriptome of select UDN participants. RNA sequencing has the capability to quantify gene expression and can also facilitate the discovery of novel transcripts, identification of alternatively spliced genes, and detection of allelespecific expression.





DATA SHARING PAGE 7

DATA SHARING



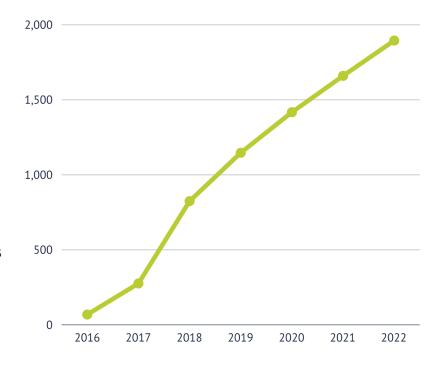
GENOMIC DATA

Genomic data are shared in the database of Genotypes and Phenotypes (dbGaP) under accession phs001232.

VARIANT-LEVEL DATA

Variant-level data are submitted to ClinVar, shared across the Matchmaker Exchange, and posted on the UDN website to facilitate collaborations and connections among researchers and families. The graph on the right shows the number of participant records shared across the Matchmaker Exchange over time.

The UDN is committed to collecting and sharing data in useful, sustainable, and responsible ways. In addition to sharing data in relevant research repositories as described below, for those participants who would like to do so, the UDN shares their information via participant pages on the UDN website to identify other similar patients. Investigators also disseminate UDN research by publishing in the scientific literature. The graph on the left shows the number of UDN publications per year.



616

VARIANT
INTERPRETATIONS
SUBMITTED TO CLINVAR

1895

RECORDS SHARED ACROSS MATCHMAKER EXCHANGE

207

PARTICIPANT PAGES
PUBLISHED ON UDN
WEBSITE

