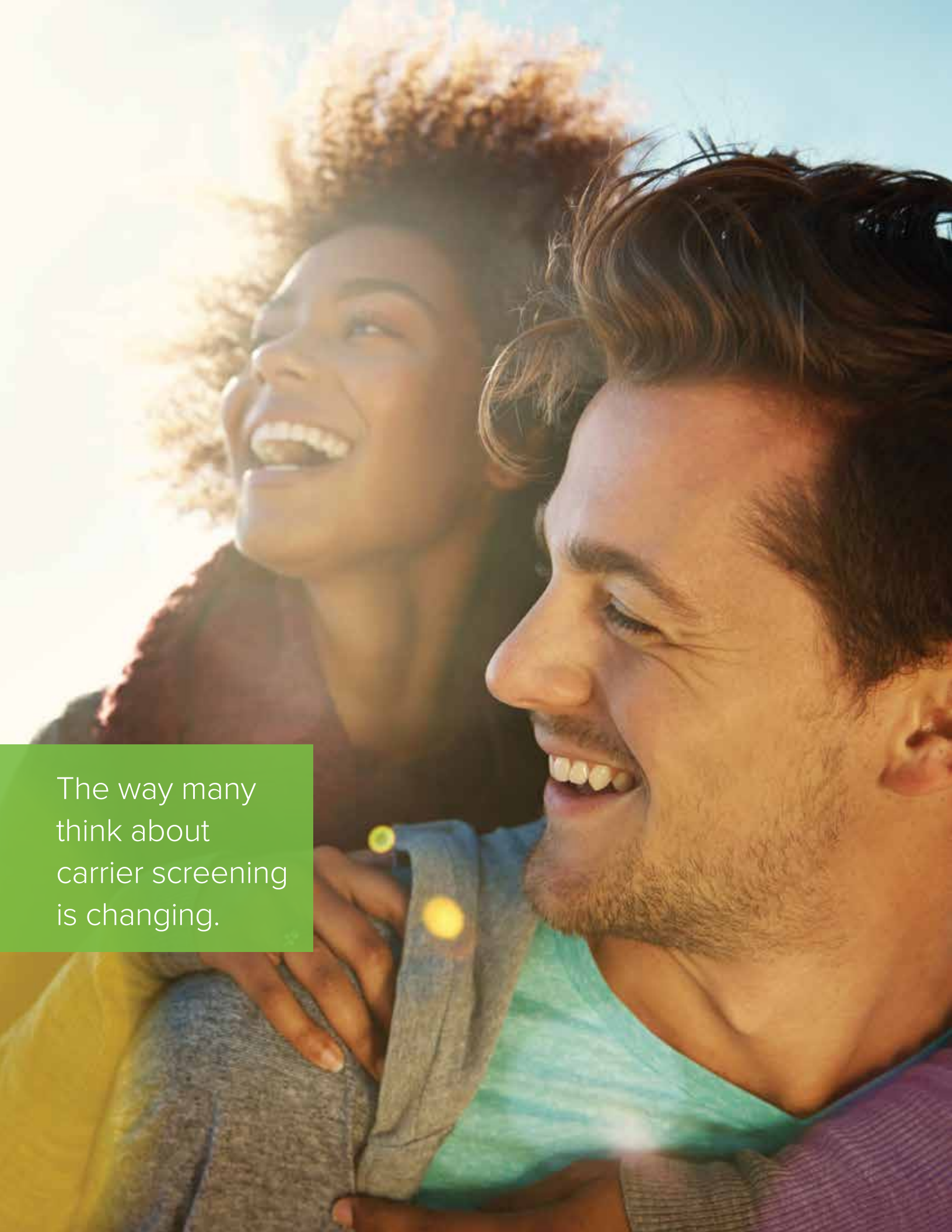




Inheritest[®]
CARRIER SCREEN

Genetic testing services
and support, from
preconception to prenatal

A close-up photograph of a young man and woman embracing outdoors. The woman, on the left, has voluminous curly hair and is smiling broadly, looking upwards. The man, on the right, has short dark hair and a light beard, also smiling and looking towards the woman. They are both wearing casual clothing. The background is a bright, hazy sunset or sunrise sky with soft, glowing light and some lens flare effects. A green rectangular box is overlaid on the lower-left portion of the image, containing white text.

The way many
think about
carrier screening
is changing.

Carrier screening, once thought to be a test primarily for specific ethnic groups, is now often recommended for every patient. The American Congress of Obstetricians and Gynecologists (ACOG) recently updated its recommendations, stating that carrier screening for spinal muscular atrophy (SMA), in addition to cystic fibrosis (CF), "should be offered to all women who are considering pregnancy or are currently pregnant."⁷



COMPREHENSIVE, VERSATILE, COVERING WHAT MATTERS

Inheritest® provides carrier screening for more than 110 severe disorders that can cause cognitive or physical impairment and/or require surgical or medical intervention. Selected to focus on severe disorders of childhood onset, and to meet ACOG and the American College of Medical Genetics and Genomics (ACMG) criteria, many of the disorders share a recommendation for early intervention.

Inheritest offers multiple panels to suit the diverse needs of your patients:

CORE PANEL 3 GENES	Focuses on mutations for CF, SMA, and fragile X syndrome , with the following carrier risks: CF: as high as 1 in 24 ⁸ (varies by ethnicity) SMA: as high as 1 in 47 ⁹ (varies by ethnicity) Fragile X syndrome: approximately 1 in 259 females (all ethnicities) ¹⁰
SOCIETY-GUIDED PANEL 14 GENES	Includes mutations for more than 13 disorders listed in ACOG and/or ACMG recommendations
ASHKENAZI JEWISH PANEL 48 GENES	Enhanced panel includes mutations for more than 40 disorders relevant to patients of Ashkenazi Jewish descent
COMPREHENSIVE PANEL 144 GENES	Includes mutations for more than 110 disorders across 144 different genes—includes all disorders in <i>Core, Society-guided, and Ashkenazi Jewish</i> panels

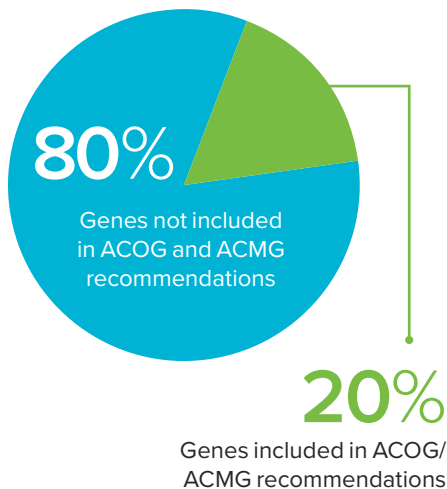


Figure 1: percentage of patients who screened positive for a mutation in at least one gene in the Inheritest *Comprehensive* panel

THE CASE FOR EXPANDED CARRIER SCREENING

While some providers may only screen for CF or select screening based on ethnicity, the case for more comprehensive screening is becoming clear. According to a bulletin from the World Health Organization, the global prevalence at birth of all single-gene disorders is about 10 per 1000.¹

Our internal laboratory data also supports the case for more comprehensive screening. In screening over a thousand patients with the *Comprehensive* panel, our data showed that focusing only on disorders listed in ACOG/ACMG recommendations can result in a significant number of missed carriers² (see figure 1).

Of the disorders a *Comprehensive* panel can identify:*

- 115 can result in severe early onset, increased childhood mortality, or shortened lifespan
- 78 may cause intellectual disability
- 77 are metabolic disorders that may have treatment benefit with early medical intervention
- 62 may cause loss of vision/ eye problems in affected individuals—*early identification could be beneficial*
- 39 may cause deafness/ hearing loss—*early identification could be beneficial*
- 6 are X-linked, meaning only the mother has to be a carrier for the child to be at risk

i Some disorders will have characteristics of multiple categories.

ANCESTRY AND FAMILY HISTORY CAN BE A MYSTERY

An absence of disorders in a patient's family can be an insufficient guide for targeted screening. For example, more than 80% of infants with CF are born to families with no prior family history.⁵ In addition, early studies estimated that each person carries three to five mutations, which, if passed along in a pregnancy, could lead to a genetic disorder.⁶

*Based on information on the relevant disorders compiled from Genetics Home Reference and GARD.^{3,4}

¹Next-generation sequencing is used for the *Comprehensive*, *Ashkenazi Jewish*, and *Society-guided* panels. PCR with reflex to Southern blot is used for fragile X syndrome analysis, quantitative PCR analysis is used for SMA analysis and deletion/duplication analysis is used for alpha-thalassemia analysis. While all panels include CF analysis, the *Core* panel uses a bead-based array that identifies 97 common CF mutations.



BEYOND NGS TO DELIVER GREATER ACCURACY

Inheritest Carrier Screen uses next-generation sequencing (NGS)[†] to capture a broad spectrum of mutations, including rare variants, with Sanger sequencing and other appropriate technologies to confirm positive results and deliver optimal sensitivity and specificity.



FOCUSED PARTNER TESTING

If your patient's result is positive, Integrated Genetics can offer her partner full gene sequencing for any autosomal recessive gene in the Inheritest panels (except SMA, for which we offer partners SMN1 copy number analysis).

Full gene sequencing detects disease-causing variants as well as variants of uncertain significance, to identify a greater number of potentially at-risk pregnancies.



PRENATAL DIAGNOSIS

Additionally, once an at-risk pregnancy is identified, we can perform prenatal diagnostic testing—for any of the disorders in the Inheritest panels—to deliver insights regarding the baby's condition.

Where some testing service providers are unable to offer single gene testing, VUS identification, or prenatal diagnosis—sometimes resulting in time-consuming retesting—Integrated Genetics offers a continuum of care for patients that can both save time and reduce anxiety.

Inheritest® Core panel

Cystic fibrosis (97 mutations)

Spinal muscular atrophy

Fragile X syndrome (females only)

Inheritest® Society-guided panel

NEW Alpha-thalassemia

Beta hemoglobinopathy; includes sickle cell disease, hemoglobins C, D, E, and O, and beta thalassemias

Bloom syndrome

Canavan disease

Cystic fibrosis

Familial dysautonomia

Fanconi anemia group C

Fragile X syndrome (females only)

Gaucher disease

Mucopolidosis type IV

Niemann-Pick disease types A and B

Spinal muscular atrophy

Tay-Sachs disease

Inheritest® Ashkenazi Jewish panel

Abetalipoproteinemia

NEW Alpha-thalassemia

Alport syndrome, *COL4A3*-related

Arthrogyriposis, mental retardation, and seizures (AMRS)

NEW Ataxia-telangiectasia

Bardet-Biedl syndrome, *BBS2*-related

NEW Beta hemoglobinopathy; includes sickle cell disease, hemoglobins C, D, E, and O, and beta thalassemias

Bloom syndrome

Canavan disease

Carnitine palmitoyltransferase II deficiency

Congenital amegakaryocytic thrombocytopenia

Congenital disorder of glycosylation type 1a

Cystic fibrosis

NEW Cystinosis

Dihydrolipoamide dehydrogenase deficiency

Ehlers-Danlos syndrome type VIIC

Familial dysautonomia

Familial hyperinsulinism, *ABCC8*-related

NEW Familial Mediterranean fever

Fanconi anemia group C

Fragile X syndrome (females only)

Galactosemia, *GALT*-related

Gaucher disease

Glycogen storage disease type Ia

NEW Glycogen storage disease type III

Joubert syndrome 2

Maple syrup urine disease type 1A

Maple syrup urine disease type 1B

NEW Metachromatic leukodystrophy

Mucopolidosis type IV

Multiple sulphatase deficiency

Nemaline myopathy, *NEB*-related

Niemann-Pick disease types A and B

NEW Phenylalanine hydroxylase deficiency, includes phenylketonuria (PKU)

Phosphoglycerate dehydrogenase deficiency, *PHGDH*-related

Polycystic kidney disease, autosomal recessive

Retinitis pigmentosa 59

Smith-Lemli-Opitz syndrome

Spinal muscular atrophy

Tay-Sachs disease

Tyrosinemia type 1

Usher syndrome type IF

Usher syndrome type IIIA

Walker-Warburg syndrome, *FKTN*-related

Wilson disease

Zellweger spectrum disorder, *PEX2*-related

NEW Zellweger spectrum disorder, *PEX6*-related

Inheritest® Comprehensive panel

Abetalipoproteinemia	Familial Mediterranean fever	Metachromatic leukodystrophy	Primary hyperoxaluria type 2
Adenosine deaminase deficiency	Familial dysautonomia	Methylmalonic acidemia, <i>MMAA</i> -related	Propionic acidemia, <i>PCCA</i> -related
Alpha-mannosidosis	Familial hyperinsulinism, <i>ABCC8</i> -related	Methylmalonic acidemia, <i>MMAB</i> -related	Propionic acidemia, <i>PCCB</i> -related
NEW Alpha-thalassemia	Fanconi anemia group C	Methylmalonic acidemia, <i>MUT</i> -related	Pyruvate dehydrogenase deficiency, <i>PDHA1</i> -related
Alport syndrome, <i>COL4A3</i> -related	Fragile X syndrome (females only)	Mitochondrial acetoacetyl-CoA thiolase deficiency	Retinitis pigmentosa 59
Andermann syndrome	Fucosidosis	Mucopolipidosis type II and III, <i>GNPTAB</i> -related	Rhizomelic chondrodysplasia punctata type 1
Argininosuccinic aciduria	GM1 gangliosidosis and mucopolysaccharidosis type IVB	Mucopolipidosis type IV	Salla disease
Arthrogryposis, mental retardation, and seizures (AMRS)	GRACILE syndrome	Mucopolysaccharidosis type I	Sandhoff disease
Aspartylglucosaminuria	Galactosemia, <i>GALT</i> -related	Mucopolysaccharidosis type II	Sialidosis
Ataxia with vitamin E deficiency	Galactosialidosis	Mucopolysaccharidosis type IIIA	Sjogren-Larsson syndrome
Ataxia-telangiectasia	Gaucher disease	Mucopolysaccharidosis type IIIB	Smith-Lemli-Opitz syndrome
Autosomal recessive spastic ataxia of Charlevoix-Saguenay (ARSACS)	Glutaric acidemia type 1	Mucopolysaccharidosis type IIIC	Spinal muscular atrophy
Bardet-Biedl syndrome, <i>BBS1</i> -related	Glutathione synthetase deficiency	Mucopolysaccharidosis type IIID	<i>Sulfate transporter</i> -related osteochondrodysplasias, includes achondrogenesis type 1B, atelosteogenesis type 2, diastrophic dysplasia, and recessive multiple epiphyseal dysplasia
Bardet-Biedl syndrome, <i>BBS10</i> -related	Glutathione synthetase deficiency	Mucopolysaccharidosis type IV A	Systemic primary carnitine deficiency
Bardet-Biedl syndrome, <i>BBS2</i> -related	Glycine encephalopathy, <i>AMT</i> -related	Mucopolysaccharidosis type VI	Tay-Sachs disease
Beta hemoglobinopathy, includes sickle cell disease, hemoglobins C, D, E, and O, and beta thalassemias	Glycine encephalopathy, <i>GLDC</i> -related	Mucopolysaccharidosis type VII	Tyrosinemia type 1
Beta-mannosidosis	Glycogen storage disease type III	Multiple sulphatase deficiency	Usher syndrome type IF
Bloom syndrome	Glycogen storage disease type Ia	Nemaline myopathy, <i>NEB</i> -related	Usher syndrome type IIIA
Canavan disease	Glycogen storage disease type Ib	Nephrotic syndrome, <i>NPHS1</i> -related	Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)
Carbamoyl phosphate synthetase I deficiency	Guanidinoacetate methyltransferase deficiency	Nephrotic syndrome, <i>NPHS2</i> -related	Walker-Warburg syndrome, <i>FKTN</i> -related
Carnitine palmitoyltransferase II deficiency	HMG-CoA lyase deficiency	Neuronal ceroid-lipofuscinosis, <i>CLN3</i> -related	Wilson disease
Carnitine-acylcarnitine translocase deficiency	Hereditary fructose intolerance	Neuronal ceroid-lipofuscinosis, <i>CLN5</i> -related	X-linked severe combined immunodeficiency (SCID)
Cartilage-hair hypoplasia	Holocarboxylase synthetase deficiency	Neuronal ceroid-lipofuscinosis, <i>CLN8</i> -related	Xeroderma pigmentosum, <i>ERCC5</i> -related
Citrullinemia type I	Homocystinuria, <i>CBS</i> -related	Neuronal ceroid-lipofuscinosis, <i>PPT1</i> -related	Xeroderma pigmentosum, <i>XPA</i> -related
Cobalamin C disease	Hypophosphatasia, autosomal recessive	Neuronal ceroid-lipofuscinosis, <i>TPP1</i> -related	Xeroderma pigmentosum, <i>XPC</i> -related
Cohen syndrome	Joubert syndrome 2	Niemann-Pick disease type C, <i>NPC1</i> -related	Zellweger spectrum disorder, <i>PEX1</i> -related
Congenital amegakaryocytic thrombocytopenia	Junctional epidermolysis bullosa, <i>LAMA3</i> -related	Niemann-Pick disease type C, <i>NPC2</i> -related	Zellweger spectrum disorder, <i>PEX10</i> -related
Congenital disorder of glycosylation type 1a	Junctional epidermolysis bullosa, <i>LAMB3</i> -related	Niemann-Pick disease types A and B	Zellweger spectrum disorder, <i>PEX12</i> -related
Cystic fibrosis	Junctional epidermolysis bullosa, <i>LAMC2</i> -related	Nijmegen breakage syndrome	Zellweger spectrum disorder, <i>PEX2</i> -related
Cystinosis	Krabbe disease	Ornithine transcarbamylase deficiency	Zellweger spectrum disorder, <i>PEX26</i> -related
D-bifunctional protein deficiency	Leigh syndrome, French Canadian type	Phenylalanine hydroxylase deficiency, includes phenylketonuria (PKU)	Zellweger spectrum disorder, <i>PEX6</i> -related
Dihydropyrimidine dehydrogenase deficiency	Leigh syndrome, autosomal recessive, includes French Canadian type	Phosphoglycerate dehydrogenase deficiency, <i>PHGDH</i> -related	
NEW Dystrophinopathies, includes Duchenne and Becker muscular dystrophies and X-linked cardiomyopathy	Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)	Polycystic kidney disease, autosomal recessive	
	Maple syrup urine disease type 1A	Pompe disease	
	Maple syrup urine disease type 1B	Primary hyperoxaluria type 1	
Ehlers-Danlos syndrome type VIIC	Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)		
Ethylmalonic encephalopathy			

Toll-free (within the US) at
800.848.4436

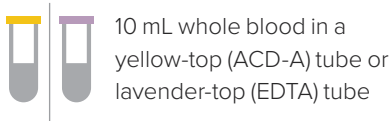
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Integrated Genetics is a brand used by Esoterix Genetic Laboratories, LLC, a wholly owned subsidiary of Laboratory Corporation of America® Holdings.

Test panel name	Test number
Core Panel	451964
Society-guided Panel	451960
Ashkenazi Jewish Panel	451920
Comprehensive Panel	451950
Gene-specific Sequencing	451910
Mutation-specific Sequencing	451382/640



A continuity of care, pioneering science, professional service

Inheritest is available through Integrated Genetics, which delivers a continuity of care for your patients, from carrier screening to noninvasive prenatal testing (NIPT, also known as cfDNA testing) to diagnostic testing.

We provide the scientific expertise you need, and the customer experience patients want.



RAPID RESULTS

Samples have a typical turnaround time of 14 calendar days after a test arrives at our lab.



EXTENSIVE MANAGED CARE CONTRACTS

Help patients maximize their benefits.



CONVENIENT BLOOD DRAWS

We have a nationwide network of patient service centers, allowing for convenient access to sample collection. Visit www.LabCorp.com to find your nearest location.



GENETIC COUNSELING

Patients with a positive test result may be offered counseling, and Integrated Genetics offers the largest national commercial network of genetic counselors to help inform and support patients. Visit our online scheduler at integratedgenetics.com or call 855.422.2557. To learn more about genetic inheritance and carrier screening for genetic disorders visit www.integratedgenetics.com/videos.

REFERENCES

1. Genomics and World Health. Report of The Advisory Committee on Health Research. World Health Organization, Geneva, 2002.
2. Internal data from 2,501 specimens reported between 2/2/16 and 12/14/16
3. Genetic and Rare Diseases Information Center (GARD). <https://rarediseases.info.nih.gov>. Accessed August 8, 2017.
4. Genetics Home Reference. <https://ghr.nlm.nih.gov>. Accessed August 8, 2017.
5. Wildhagen MF, et al. Screening for cystic fibrosis and its evaluation. *British Medical Bulletin* 1998;54 (No. 4): 857-875.
6. Chong JX, et al. A population-based study of autosomal-recessive disease-causing mutations in a founder population. *Am J Hum Genet*. 2012 Oct 5; 91(4): 608-Q20.
7. American College of Obstetricians and Gynecologists. Carrier screening for genetic conditions. Committee opinion no. 691. *Obstet Gynecol* 2017;129:e41-55
8. American College of Obstetricians and Gynecologists. Update on carrier screening for cystic fibrosis. Committee Opinion No. 486. April 2011.
9. Sugarman EA, et al. Pan-ethnic carrier screening and prenatal diagnosis for spinal muscular atrophy: clinical laboratory analysis of >72,400 specimens. *Eur J Hum Genet* 2012; 20:27-32.
10. Dombrowski C, et al. Premutation and intermediate-size FMR1 alleles in 10572 males from the general population: loss of an AGG interruption is a late event in the generation of fragile x syndrome alleles. *Hum Mol Genet* 2002; 11 (4): 371-8.