

Are some high level mosaics really meiotic aneuploidies?

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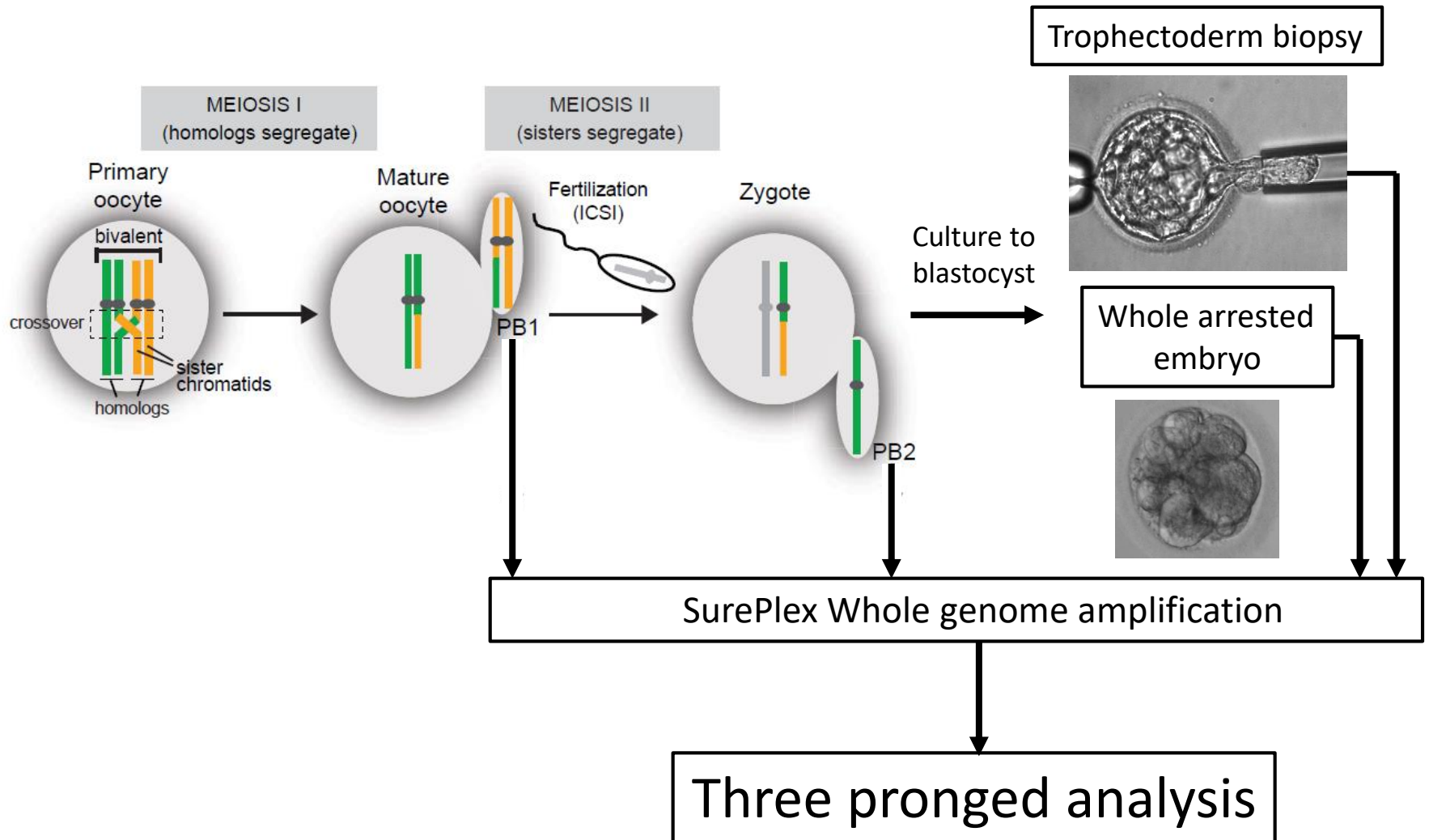
Mosaic embryos

- Mosaicism is a common feature of human preimplantation embryos and is often detected when performing PGT-A on trophectoderm biopsy samples.
- Compared to euploid embryos, mosaic embryos appear to result in a lower pregnancy rate and a higher miscarriage rate.
- “Mosaic aneuploid embryos with < 40% abnormal cells in the TE sample had an OIR of 50% compared to 27% for mosaics with 40–80% abnormal cells in the TE, and 9% for complex mosaic embryos.”

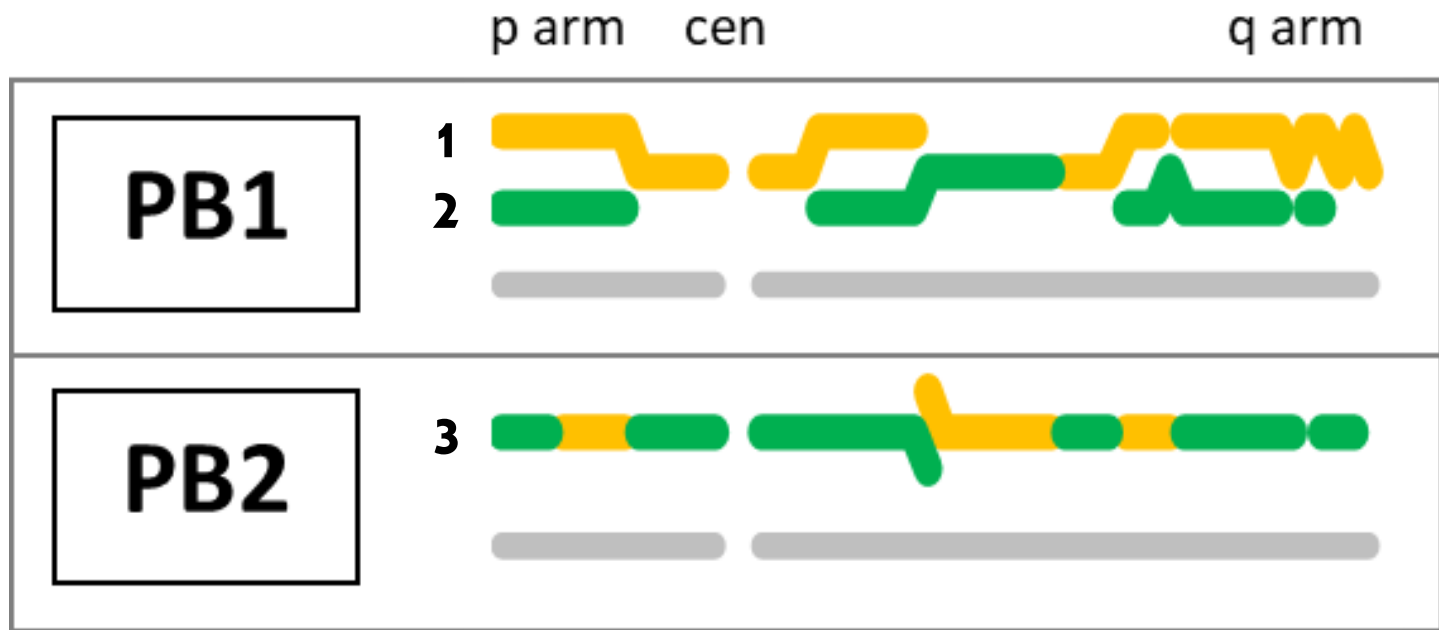
Munné et al 2019

?????

Methodology



Part 1 – Polar body analysis

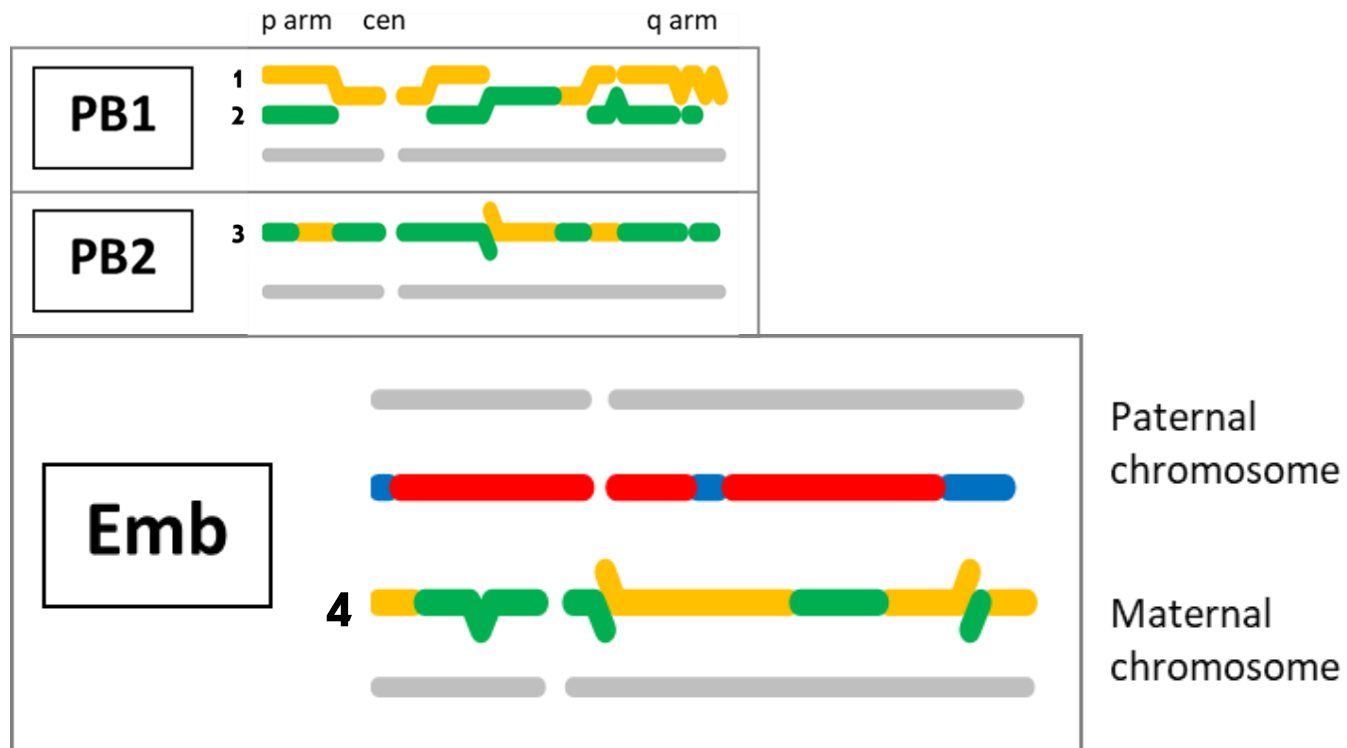


Maternal haplotype 1

Maternal haplotype 2

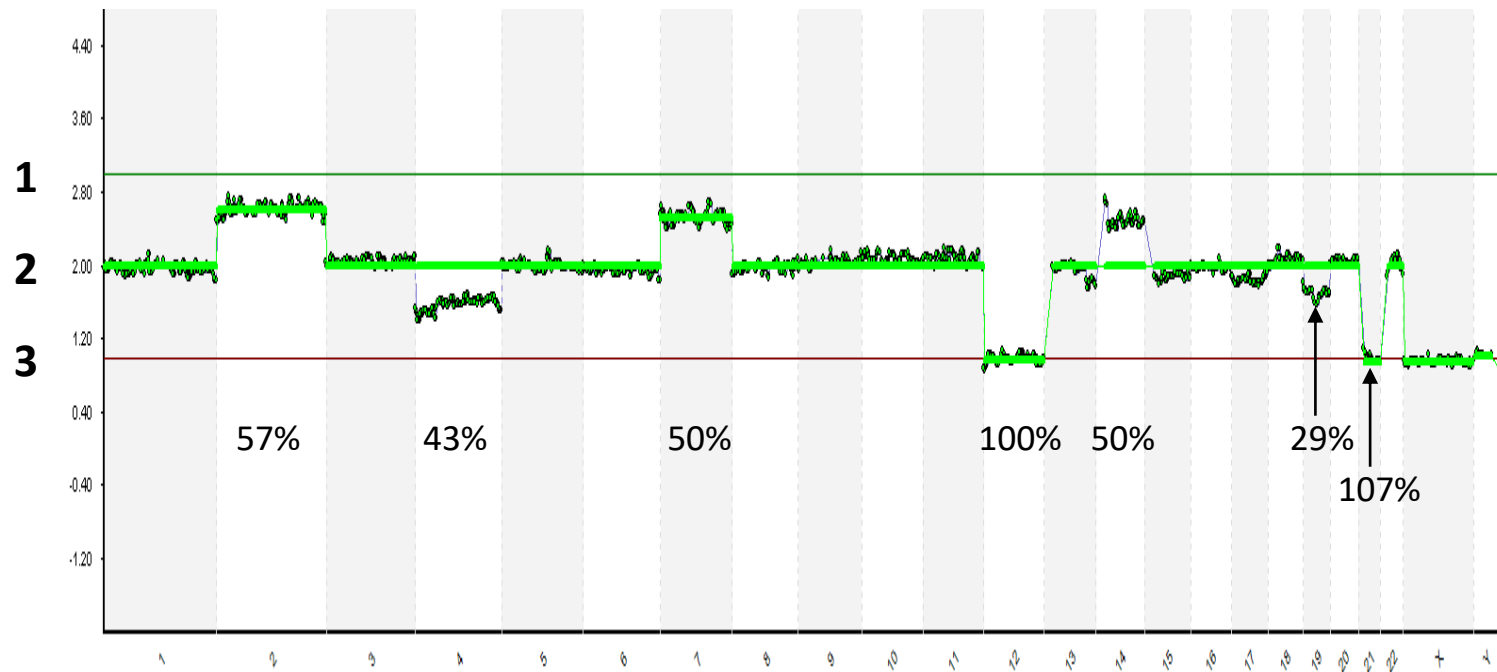
4th chromatid in the embryo

Part 2 - Karyomapping



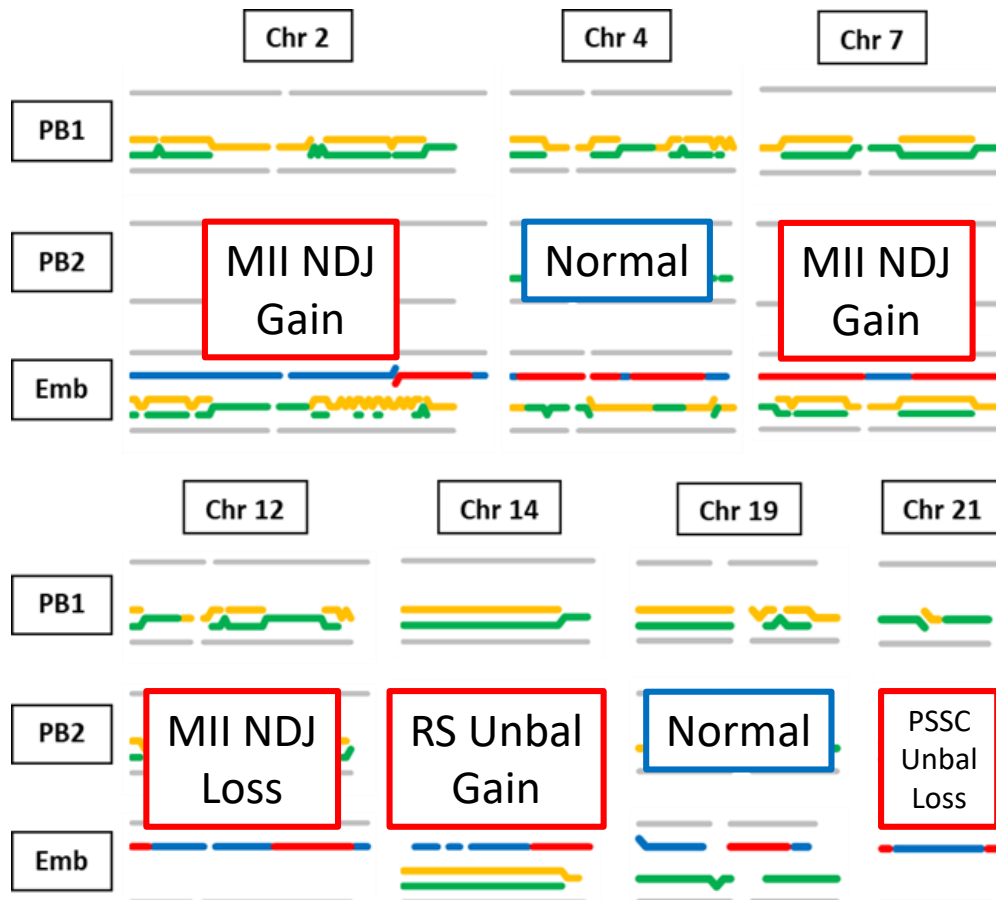
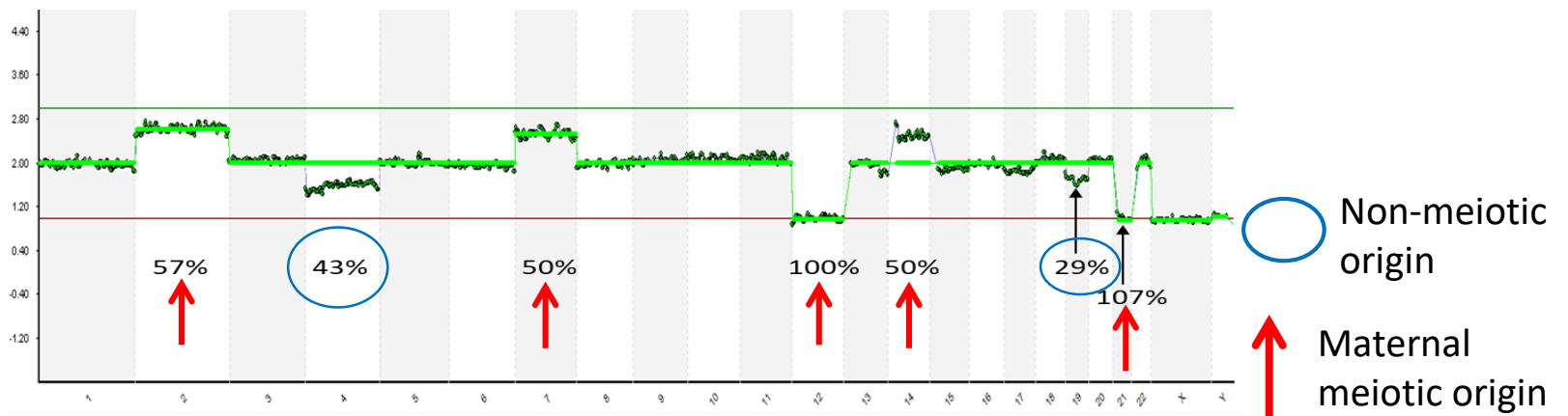
- No paternal meiotic errors observed
- Karyomapping confirmed 100% of meiotic errors identified in the polar body analysis

Part 3 - NGS

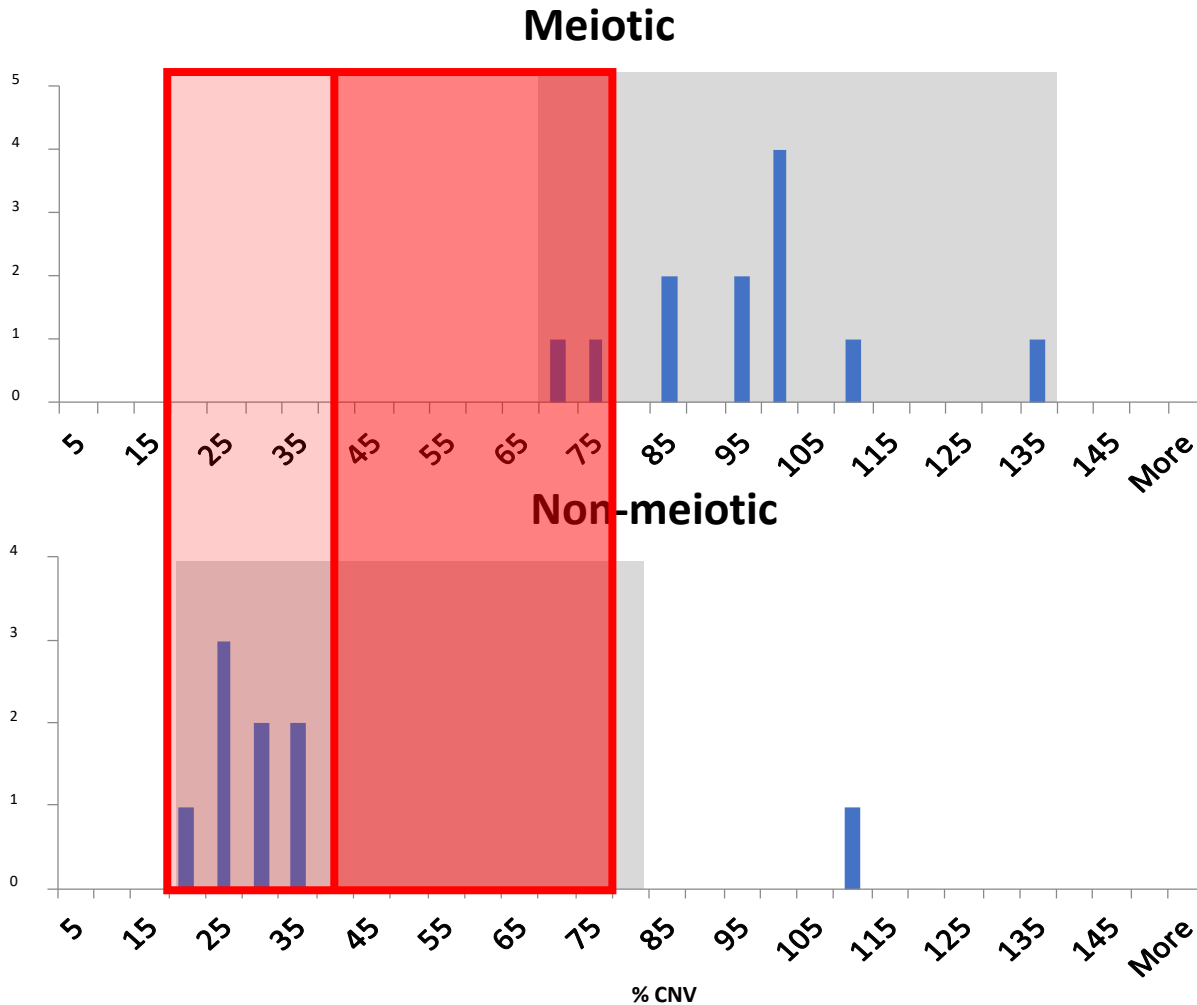


- Measure the level of copy number variations (CNVs)

Combined analysis of the 3 parts



Copy number variant (CNV) level of **meiotic** vs **non-mitotic** errors in TE biopsy samples



Findings

- Karyomap analysis of the trophectoderm biopsies and embryos was concordant for all of the meiotic aneuploidies identified by polar body analysis
- No paternal aneuploidies were identified by karyomap analysis in any of the embryos
- Non-meiotic changes (mosaics) were detected by NGS with predominantly low CNV levels
- All meiotic aneuploidies were detected by the NGS-based copy number analysis with a wide range of CNV levels
- **A significant portion of meiotic aneuploidies were classified as mosaic by CNV levels**

Clinical experience

- Thirteen couples consented to follow up of DNA from 21 “mosaic only” embryo biopsy samples by SNP genotyping and Karyomapping
- 63 chromosome copy number changes (both whole chromosome and segmental) were identified in the NGS as mosaic (range 1-13 per sample)
- 12 mosaic changes (19%) were identified as meiotic in origin in 10/21 samples (48%)*
- 5 mosaic embryos considered to be at low risk of an affected pregnancy after genetic counselling were transferred to four patients, resulting in three live births.

*This included one sample identified as a triploid with a single maternal meiotic trisomy.

Conclusions

- NGS-based copy number analysis of embryo samples robustly detects meiotic aneuploidy - not always expected 100% CNV
- NGS-based copy number analysis of embryo samples frequently detects non-meiotic CNVs, mostly in the region of low level mosaics
- **CNVs are not reliable for classifying meiotic vs mitotic errors in clinical trophoctoderm biopsy samples**
- SNP genotyping and karyomapping of embryo samples is an extremely robust tool for detecting meiotic aneuploidy
- SNP genotyping is useful to confirm mosaicism identified by NGS – optimising clinical outcomes following mosaic embryo transfer

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