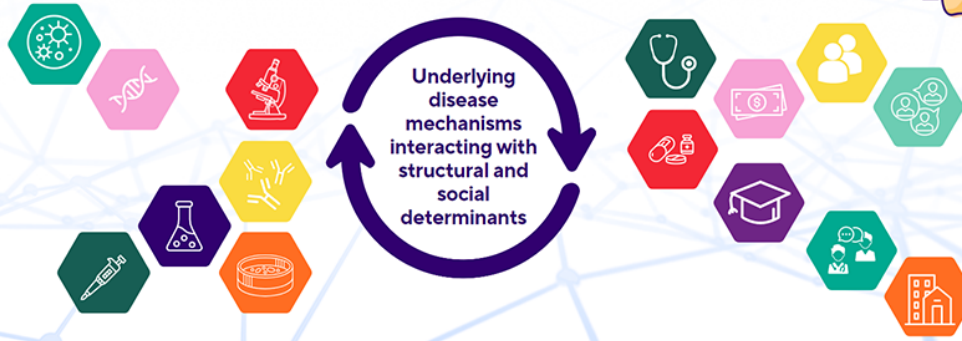




19TH ANNUAL CHILD HEALTH RESEARCH DAYS  
**Outcomes in Child Health**



October 25 + 26, 2023 | RBC Convention Centre, Winnipeg, Manitoba

Abstract Submission Form

## CHRDS 2023: Abstract Submission Form

### Submitter Name

Jose Peralta-Huertas

### Presenter Name

Jose Peralta-Huertas

### Presenter Status

Non-Trainee

### Research Category

Basic Science

### Role in the project

Design  
Analyze Data  
Write Abstract

### Title

Multi-OMICS for Variants of Uncertain Significance identified on Genome Wide Sequencing in Patients with Suspected Inherited Metabolic Disorders

### Background

The Canadian Prairie Metabolic Network (CPMN) offers genome-wide sequencing (GWS) to patients suspected of having inherited metabolic disorders. A DNA variant identified by GWS is classified as Pathogenic (P), Likely Pathogenic (LP), Benign (B), Likely Benign (LB) or as a Variant of Uncertain Significance (VUS). P and LP, and B and LB mean that there is >90% certainty of the variant being disease-causing or harmless, respectively. A VUS means that the significance of the variant is inconclusive and may be of limited clinical utility. VUSs present challenges for genetic health care providers (HCP) when disclosing GWS results to patients and their families. In our experience, 33% of CPMN patients receiving GWS have VUS variants detected. In the attempt to reclassify a VUS into a P, LP, B, or LB variant, further analyses may be helpful.

### Objective

Integrating Multi-OMICS approaches into the diagnostic pipeline has been shown to increase the diagnostic utility of GWS.

### Methods

A team of University of Manitoba scientists will lead the Multi-OMICS pipeline by providing bioinformatics, functional studies using fruit flies (*Drosophila*), transcriptomics, induced pluripotent stem cell (iPSC) studies, proteomics, and/or metabolomic studies. The terms of reference for the Multi-OMICS pipeline are

being finalized.

## Results

To date, several VUS and LP variants identified through CPMN have been investigated, and reclassified or confirmed using clinically available technologies such as flow cytometry, histochemical assays, and immunoassays.

## Conclusion

We anticipate the Multi-OMICS platform will lead to reclassification of VUSs and increase the diagnostic yield of GWS by 10 to 20%. Integration of Multi-OMICS into clinical genetic practice will help realize the full potential of GWS. Multi-OMICS will enhance our interpretation of genomic variants, promote collaboration between clinicians and research scientists, provide Manitoban patients with access to state-of-the-art science and positively impact clinical care and quality of life.

## Authors

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