

IMAGINE ID

“So what does this mean for my child?”

Rare Disease

- Affects < 5 in 10,000 of the general population
- 1 in 17 people affected at some point in their life
- 80% of rare diseases have a genetic component
- Small structural changes of the genome such as Copy Number Variations (CNV's) or Single Nucleotide Variants (SNV's) can cause or increase the risk of certain diseases

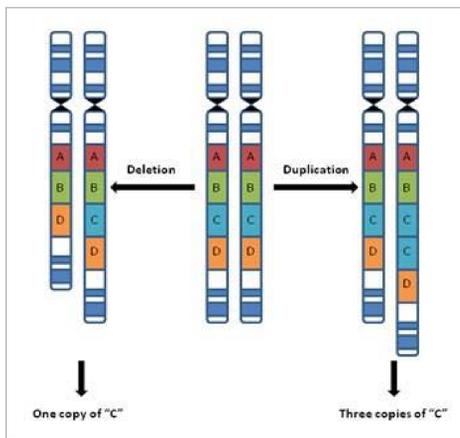


Figure 1: Diagram of copy number variant deletions and duplications

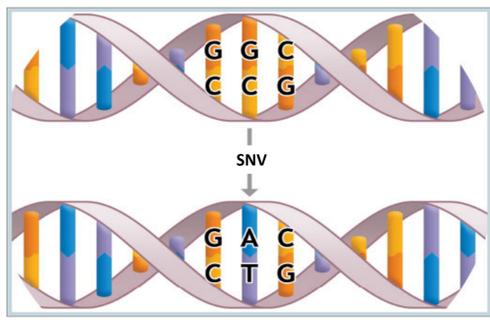


Figure 2: Diagram of single nucleotide variant mutation

Inclusion Criteria

- ✓ Children aged 4 and over
- ✓ Clinically significant CNV(s) or SNV
- ✓ Has intellectual disability, learning difficulties, or developmental delay

Where do we recruit from?

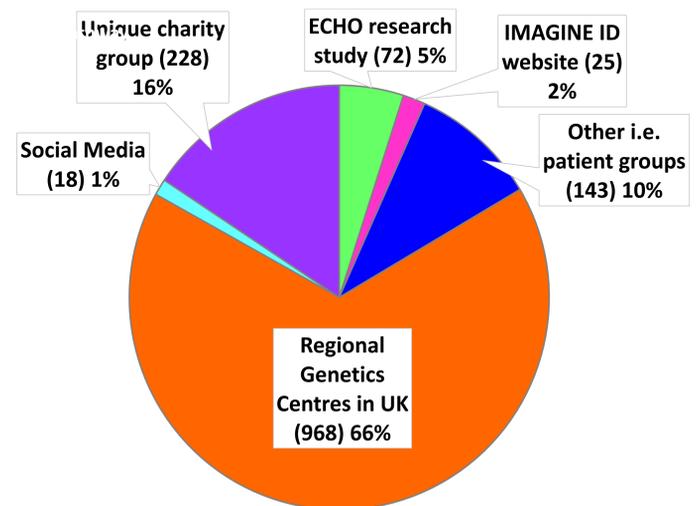


Figure 3: Graph showing recruitment pathway of IMAGINE ID participants

Neurodevelopment

- Growth of neurological pathways in the brain that influence performance or functioning
- Defects in this can cause intellectual disability (ID), learning difficulties or developmental delay
 - Significant limitations in cognitive function and adaptive behaviours
 - Failure to meet developmental milestones
- CNV's account for approximately 14% of ID (Cooper et al., 2011)
- CNV's also associated with increased risk of psychiatric illness such as autism spectrum disorders and schizophrenia (Doherty & Owen, 2014).

Our recruitment so far...

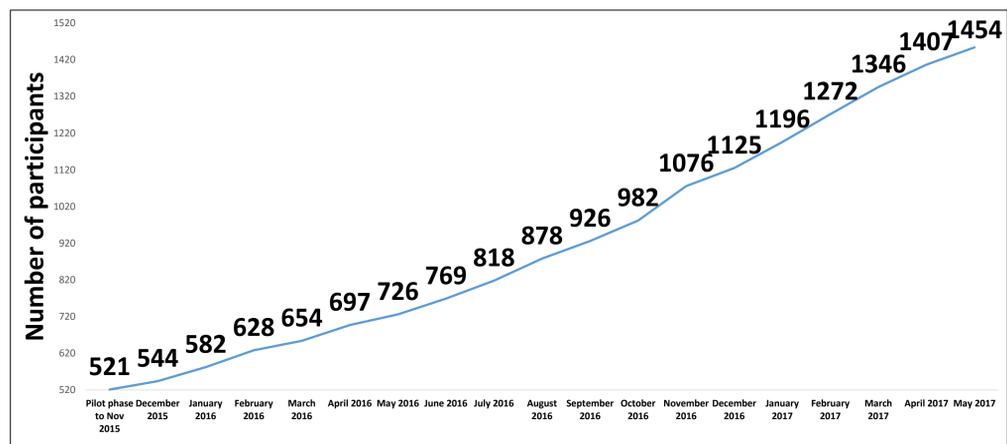


Figure 4: Graph showing cumulative recruitment to date for IMAGINE ID

Aims

- A question parents often ask when their child has a genetic condition is:
 - “So what does this mean for my child?”
- To answer this we are:
 - Collecting information about a large group of children with ID and a confirmed genetic change
 - Conducting research to find out how genetic changes affect children and young people's behaviour

Age of IMAGINE ID cohort

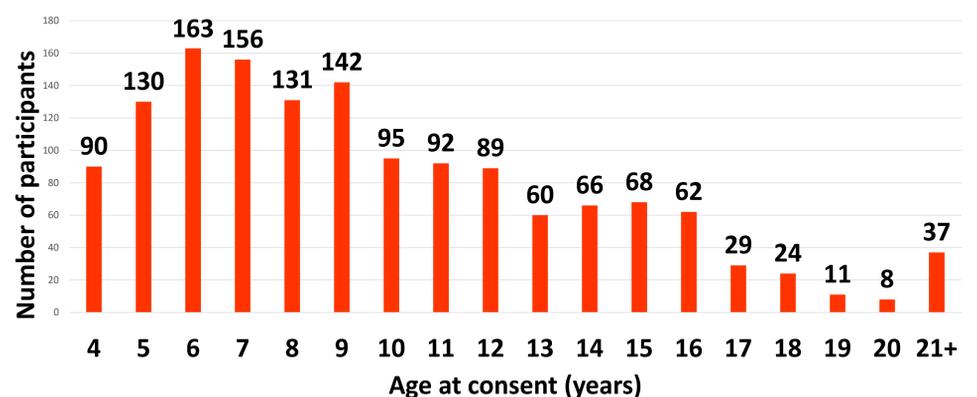


Figure 5: Graph showing age of participants at the time of consent

IMAGINE id

Gender of participants

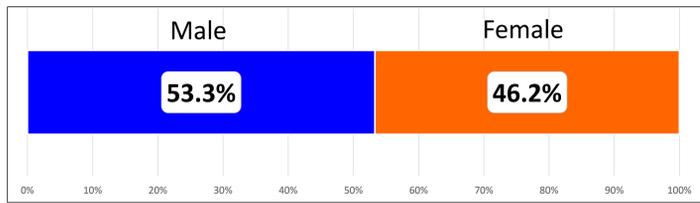


Figure 6: Graph showing proportion of male to female in the cohort



Feedback from families on DAWBA Report



Recurrent CNV’s observed in cohort

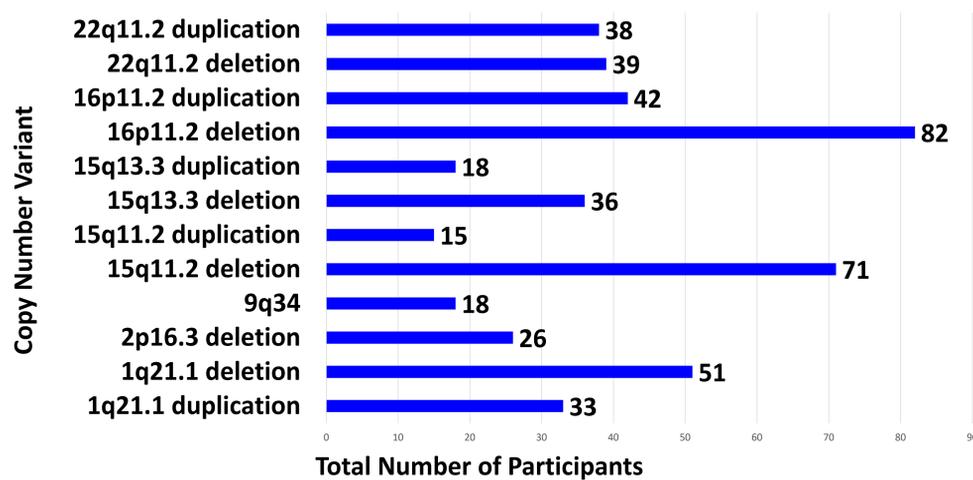


Figure 7: Graph showing recurrent CNV distribution

What does the study involve?

- The primary carers of the participants are invited to complete online questionnaires:
 - Development & Wellbeing Assessment (DAWBA)
 - Medical Questionnaire
 - Adaptive Behaviour Assessment System
- Once DAWBA has been completed, families receive a personalised summary report

Draw a Person

- We also ask participants to complete a drawing task to estimate their developmental level

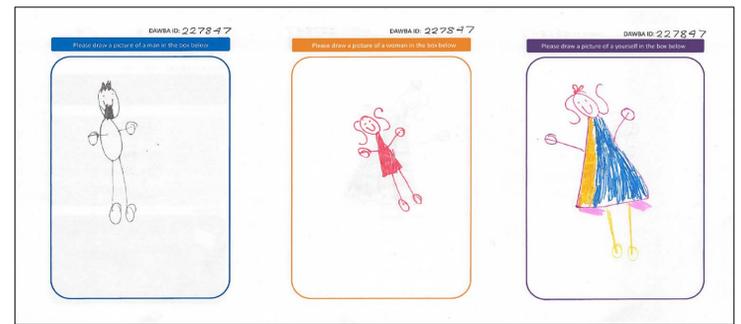


Figure 8: Diagram to show an example Draw a Person task

DAWBA Report

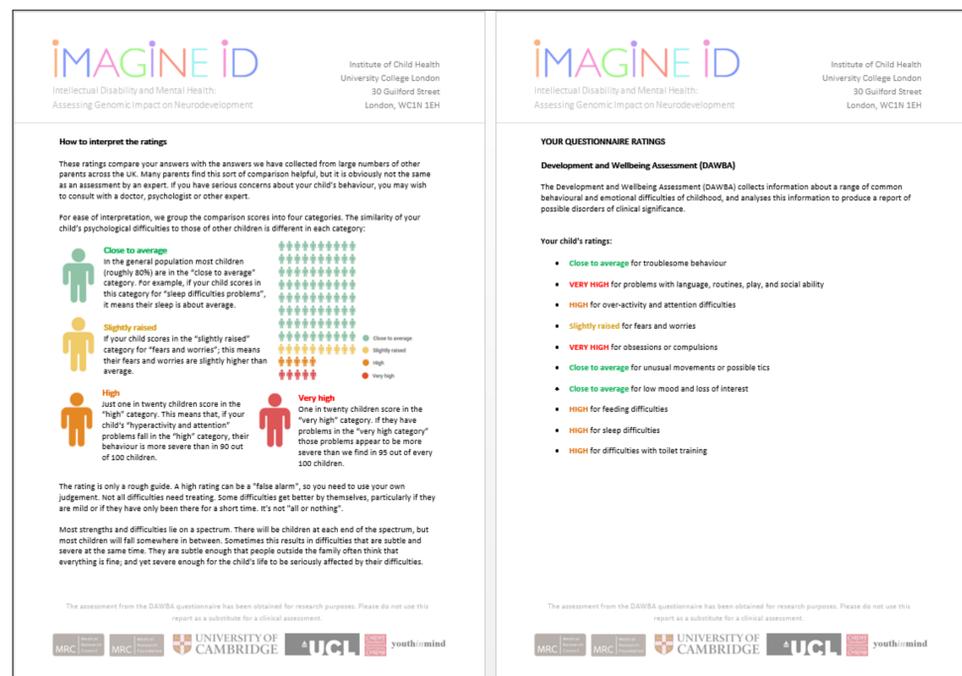


Figure 8: Diagram to show an example DAWBA report

Face-to-Face Assessment

- A proportion of participants are selected for further in-depth assessments in their home:
 - Child & Adolescent Psychiatric Assessment (CAPA)
 - Wechsler Abbreviated Scale of Intelligence (WASI)
 - CANTAB battery of tests
 - Wisconsin Card Sorting Test
- So far over 235 participants have been assessed



References

- Cooper G.M., Coe, B.P., Girirajan, S. et al. (2011) A copy number variation morbidity map of developmental delay. *Nature Genetics*, 43, 838-846.
- Doherty, J.L. & Owen M.J. (2014). Genomic insights into the overlap between psychiatric disorders: implications for research and clinical practice. *Genome Medicine*, 6, 29.