# QMS in FISH-PGD procedures

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Repromeda, Brno, Czech Rep. Veterinary Research Institute, Brno Genprogress, Brno, Czech Rep. PGD - aneuploidy screening



# Counseling

Qualified physician

- Inclusion criteria for PGS (indications)
   Recurrent miscarriage
   Repeated implantation failure
  - Advanced maternal age







 chromosome 15 satellite III probe (D15Z1)

 testing on uncultured lymphocytes from both reproductive partners

chromosome Y satellite III probe (DYZ1, Yq12) – testing on male partner's uncultured lymphocytes



12.9% (54/417)

# Suspected rare polymorphism

- Reanalysis of blastomeres using telomeric probes
- Contemporaneous testing of polymorphism type on parents' lymphocytes



# **Biopsy and fixation**

- Multinucleated or anucleated blastomeres are not suitable
- ♦ 1-2 cell biopsy
- ♦ Fixation
  - acetic acid/methanol
  - HCI/tween
  - HCI/tween and acetic acid/methanol

### Localization of nuclei on slide

- Recording positions in phase contrast
- Computer-controlled motorized stage (motion controller based on stepping motors)

# FISH

- Many variations in FISH methods have been published and all appropriately validated methods are acceptable
- Better to avoid pretreatment (pepsin and paraformaldehyd)
- Verification of denaturation, hybridization and wash temperatures
- Instruments should be calibrated periodically

# Scoring

- Scoring criteria should be established
- Two independent scorers
- ♦ All single cell images should be captured
- Multinucleated blastomeres are not suitable for PGD because the number of chromosomes in each nucleus varies greatly
- Binucleated blastomeres
   When both nuclei are chromosomally normal the remainder of the embryo is probably also normal
- "No result rescue" is recommended to reduce the number of cells with dubious results
   resultring to the same chromosome
  - reanalyzing with a probe binding to the same chromosome but to a different locus



Reanalysis of spare embryos

◆ Total error rate <10%

Interlaboratory tests



Translocation carriers		
♦ Neonatal popul.	rcp t	0.2%
	rob t	0.1%
♦ Infertile couples		0.6%
♦ IVF failure		3.2%
Recurrent abortions		9.2%



# Counseling Qualified physician Inclusion criteria for PGD High recurrence risk at conception for a specific genetic disorder (e.g. >10% for chromosomal rearrangements) PGD for translocations can be offered as an alternative to prenatal diagnosis and pregnancy termination of unbalanced fetuses



# Sperm analysis as a prognostic tool

- Pregnancy rate is inversely proportional to the number of abnormal gametes (embryos)
- Unbalanced sperm in carriers Rcpt 19-81% Rob t 3 - 36%
  - (40 70% in our laboratory) (4 - 24% in our laboratory)
- Patients with 65% or fewer chromosomally abnormal spermatozoa have a good chance of conceiving.
   Patients with higher rates will have to produce 10 or more good quality embryos to have a reasonable chance of conception.
- More embryos needed than for aneuploidy screening

### Probe selection

- Appropriately qualified personnel
- Breakpoint spanning probes
  - differentiate between unbalanced, balanced and normal
  - QC, QA, validation
  - time-consuming, expensive
- Commercial probes (centromeric, subtelomeric, locus specific)





telomeric probe: chr. 14



### Manufacturers

- Abbott (Vysis)
- ♦ CytoCell
- Kreatech Diagnostics
- It is possible to combine probes from different manufacturers
- fluorochromes
  - green

  - ground
     red (Cytocell, red filter)
     red (Kreatech, Abbott, gold filter)
  - green

# Probe testing

- It is necessary to assess each probe combination prior to clinical treatment (probe validation)
  - on metaphase chromosomes Informativeness (ability to detect unbalanced) rearrangements)
  - on interphase cells
    - quantitative assessment of the assay and qualitative assessment of FISH signal intensity and discreteness
    - Interpretending of the second seco
  - \* FISH efficiency is higher in blastomeres than in lymphocytes

# No result rescue

♦ Subtelomeric probe from non-translocated segment to verify centromeric probe



# Prenatal diagnosis

 Prenatal diagnosis testing to confirm the results of PGD is strongly encouraged because PGD have technical limitations that include the possibility for a false negative result

rob(13;14) uncultured amniocytes TEL13q TEL14q

