

EDITORIAL

New year, new issue



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European Journal of Human Genetics (2022) 30:1–2; <https://doi.org/10.1038/s41431-021-01014-5>

In this issue we publish a collection of papers devoted to the genetics of hearing loss [1–4]. Prof Roux has produced an insightful commentary on these to provide a summary [5]. We continue to seek suggestions for topic collections and special issues. By gathering together related reviews and research papers we hope to facilitate a broader understanding of the issues.

What then can be found in this month's issue of *European Journal of Human Genetics* for the practicing Clinical Geneticist? Bruel and colleagues characterise variants in *ITSN1* as a novel genetic cause for neurodevelopmental disorders [6]. The *ITSN1* protein is highly expressed in neurons and plays a role in neurodevelopment. The associated phenotypes include intellectual disability and autism. Both loss-of-function and missense variants were identified. Variants in *SOX11* have been associated with a Coffin-Siris phenotype. Hanker et al describe a new family, demonstrating transmission from a mildly affected mother [7]. Oculo-motor apraxia is confirmed as a feature. White-Sutton syndrome is associated with variants in *POGZ*. This new series defines the dysmorphism and identifies retinitis pigmentosa and cleft palate as associations [8]. The prenatal phenotype of bi-allelic *PKNP* variants is described by Neuser [9]. Post-mortem findings included brain hypoplasia and evidence of a neuronal migration disorder.

While clinicians may recognise the benefits of genetic testing for patients; patients and families may not always agree. Ahmed and colleagues present a decision support aid to facilitate cascade screening for beta-thalassaemia [10]. The sharing of genetic information within families can also be problematic. Finn and colleagues identify a number of perceived barriers to sharing cancer genetic risk information with relatives [11]. Emphasising the benefits of sharing the cancer risk information may encourage discussion. Many people seek genetic testing to understand their disease risk via non clinical routes. For example, polygenic risk scores from private providers. A study in this month's *EJHG* suggests that over half of people who obtain a polygenic risk score have an adverse psychological reaction and few are equipped to fully understand the implications [12]. Nonetheless, there is some limited evidence that polygenic risk scores can lead to improvements in health behaviour [13].

This month we also have papers of interest to laboratory geneticists. A study of variants in the *NPC1* gene will help clarify variant interpretation for diagnosis of Niemann-Pick disease [14]. They demonstrate that a polymorphic variant in *NPC1* is required to be present before a synonymous variant can activate cryptic splicing and lead to a frameshift. Evidence continues to emerge that exome sequencing can be a cost effective diagnostic strategy. First tier exome sequencing could save over euros 3 000 per patient [15]. Laboratory managers can be increasingly confident that exome sequencing could be offered as the initial test of choice in neurodevelopmental disorders.

Alisdair McNeill^{1,2}✉

¹Department of Neuroscience, The University of Sheffield, Sheffield, UK. ²Sheffield Clinical Genetics Department, Sheffield Children's Hospital NHS Foundation Trust, Sheffield, UK.

✉email: a.mcneill@sheffield.ac.uk

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AUTHOR CONTRIBUTIONS

AM conceived and wrote this article.

COMPETING INTERESTS

The author declares no competing interests.

ADDITIONAL INFORMATION

Correspondence and requests for materials should be addressed to Alisdair McNeill.

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