

Mapping of relatedness in a Norwegian ALS cohort

Maria Fahlström¹, Camilla Novy^{1,2}, Daphne van Oosten³, Guido Alves⁴, Karl Bjørnar Alstadhaug⁵, Ingrid Kristine Bjørnå⁶, Geir Bråthen⁷, Hanne Elisabeth Eide-Leigh⁷, Agnethe Eltoft⁸, Natasha Demic⁹, Heidi Øyen Flemmen¹⁰, Anna Kristine Grav¹¹, Erika Hallerstig¹², Ineke HogenEsch¹³, Grethe Kleveland¹⁴, Kristine Forselv¹⁵, Angelina Maniaol¹⁶, Åse Hagen Morsund¹⁷, Katrin Schlüter¹⁸, Elin Seim¹⁹, Gudveig Lunde Toverud⁸, Ole-Bjørn Tysnes^{20,21}, Øystein Holla¹, Magnus D. Vigeland²², Trygve Holmøy^{2,23}, Helle Høyen^{1,2}

¹Department of Medical Genetics, Telemark Hospital Trust, Skien, Norway, ²Faculty of Medicine, Institute of Clinical Medicine, University of Oslo, Oslo, Norway, ³Department of Neurology, UMC Utrecht Brain Center, Utrecht, The Netherlands, ⁴Center for Movement Disorders, Stavanger University Hospital, Stavanger, Norway, ⁵Department of Neurology, Nordland Hospital Trust, Bodø, Norway, ⁶Department of Neurology, Vestre Viken Hospital Trust, Drammen, Norway, ⁷Department of Neurology and Clinical Neurophysiology, St.Olavs Hospital, Trondheim University Hospital, Trondheim, Norway, ⁸Department of Neurology, University Hospital of North Norway, Tromsø, Norway, ⁹Department of Neurology, Vestfold Hospital Trust, Tønsberg, Norway, ¹⁰Department of Neurology, Telemark Hospital Trust, Skien, Norway, ¹¹Department of Neurology, Nord-Trøndelag Hospital Trust, Namsos, Norway, ¹²Department of Neurology, Østfold Hospital Trust, Grålum, Norway, ¹³Department of Neurology, Fonna Hospital Trust, Haugesund, Norway, ¹⁴Department of Neurology, Innlandet Hospital Trust, Lillehammer, Norway, ¹⁵Department of Neurology, Sørlandet Hospital Trust, Kristiansand, Norway, ¹⁶Department of Neurology, Oslo University Hospital, Oslo, Norway, ¹⁷Department of Neurology, Møre og Romsdal Hospital Trust, Molde, Norway, ¹⁸Department of Neurology, Stavanger University Hospital, Stavanger, Norway, ¹⁹Department of Neurology, Førde Hospital Trust, Førde, Norway, ²⁰Department of Neurology, Haukeland University Hospital, Bergen, Norway, ²¹Clinical Department 1, University of Bergen, Bergen, Norway, ²²Department of Forensic Sciences, Oslo University Hospital, Oslo, Norway, ²³Department of Neurology, Akershus University Hospital, Lørenskog, Norway

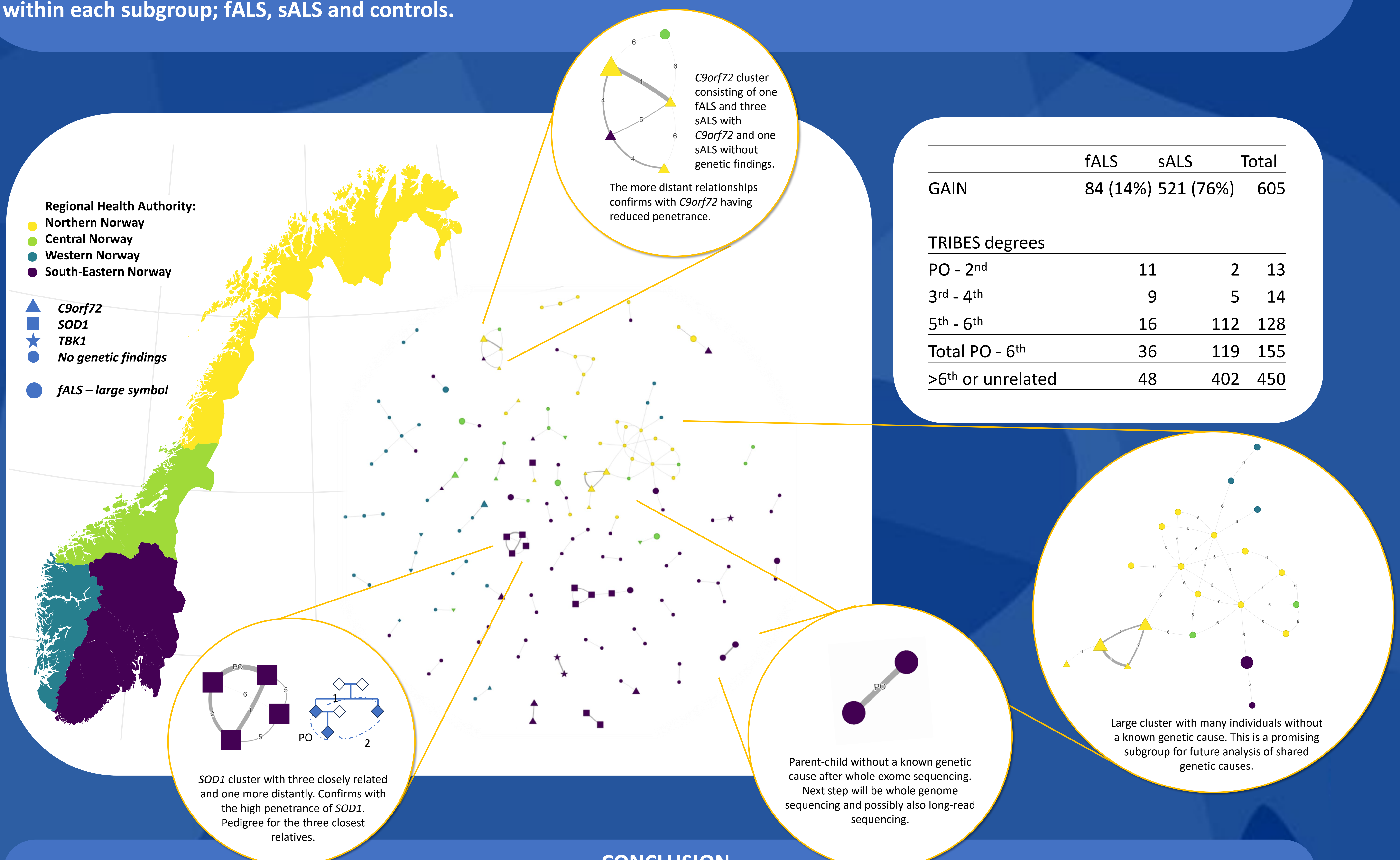
e-mail: maria.fahlstrom@sthf.no

INTRODUCTION

The GAIN study (Genetics of ALS in Norway) , initiated in 2019, has enrolled over 700 ALS patients, collecting data on both close and distant relatives with ALS. Given that most people are not aware of disease history and cause of death of their distant relatives, identifying alternative measures of familial aggregation would enhance our understanding of the underlying genetics of ALS in Norway. In this study, we used an Identity-by-Descent (IBD) analysis tool to investigate close and distant relationships (parent-offspring (PO) – 6th degree) within the cohort. In particular, we were interested in clusters of participants with identical genetic variants. Further, we aimed to determine the proportion of relatedness among ALS patients compared to geographically matched controls.

METHODS

Whole-exome sequencing data from 605 ALS patients were processed using an in-house Nextflow pipeline. All participants provided written informed consent. IBD analysis was performed with the TRIBES¹ pipeline (minimum IBD segment length set to 7 cM), focusing on pairwise relationships up to the 6th degree. Results were visualized as a network, with samples annotated by place of residence, pathogenic genetic variants, and self-reported familial (fALS) or sporadic ALS (sALS). To compare the proportion of relatedness between the ALS cohort and geographically matched controls, a permutation test was performed to assess the average degree of relatedness within each subgroup; fALS, sALS and controls.



CONCLUSION

The study reveals previously unrecognized distant relationships among ALS patients in the GAIN cohort, across both familial and sporadic cases. Clustering of SOD1- and C9orf72-patients confirm high penetrance of SOD1 and intermediate penetrance of C9orf72. Clusters including patients without variants in known ALS genes are promising subgroups for future analysis of shared genetic causes. Unfortunately, the permutation test did not give a conclusive result due to too small cohort.