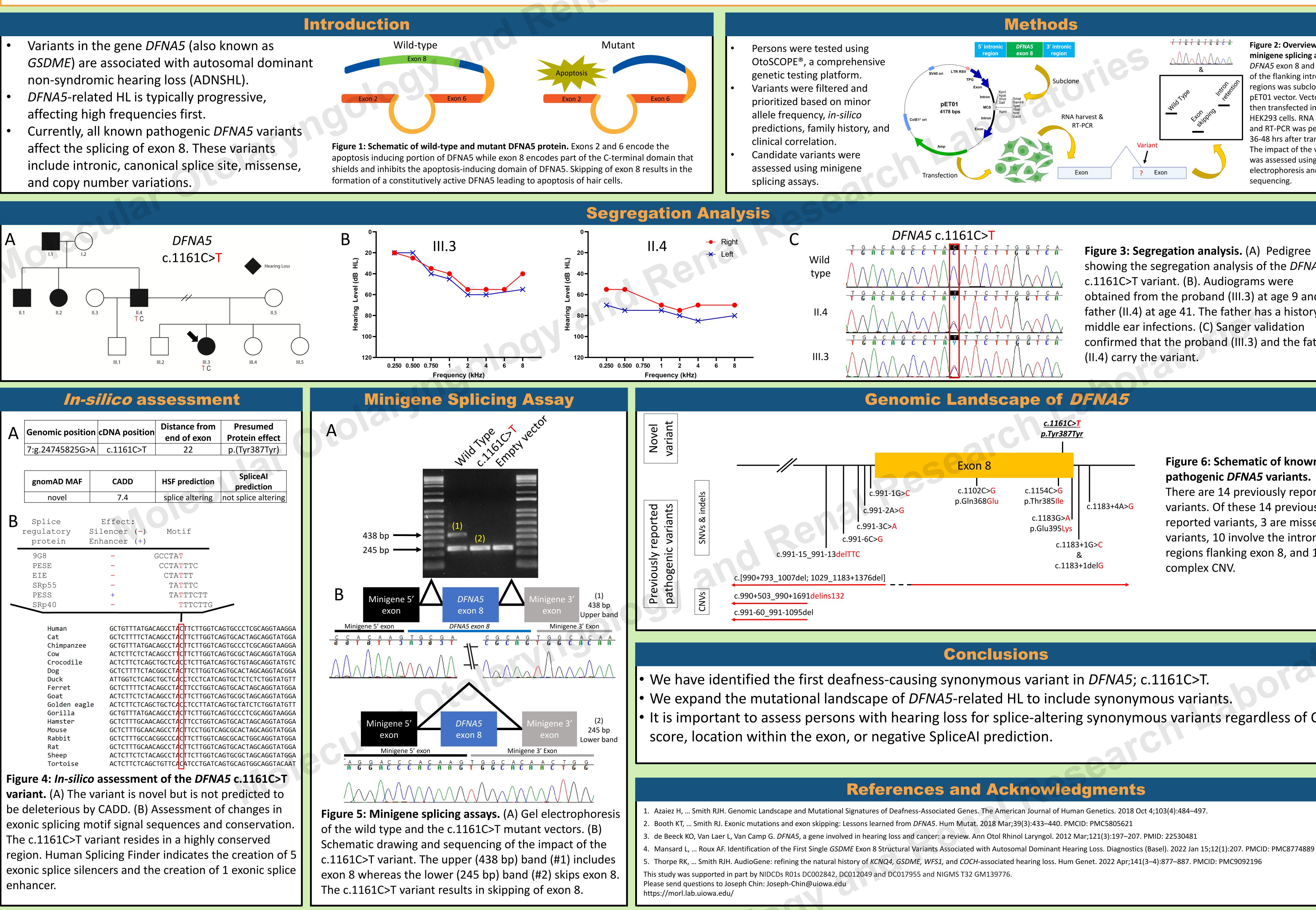
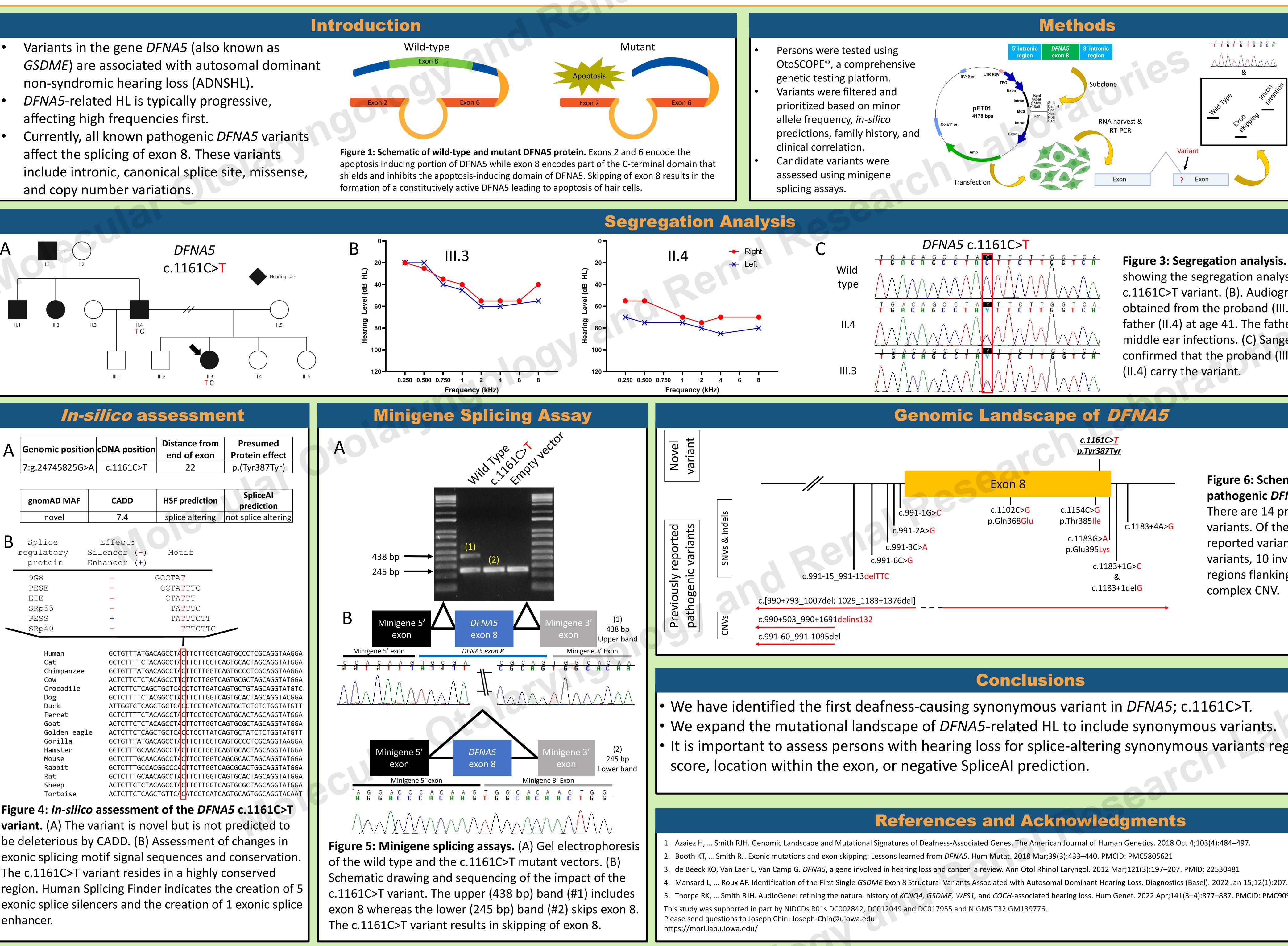


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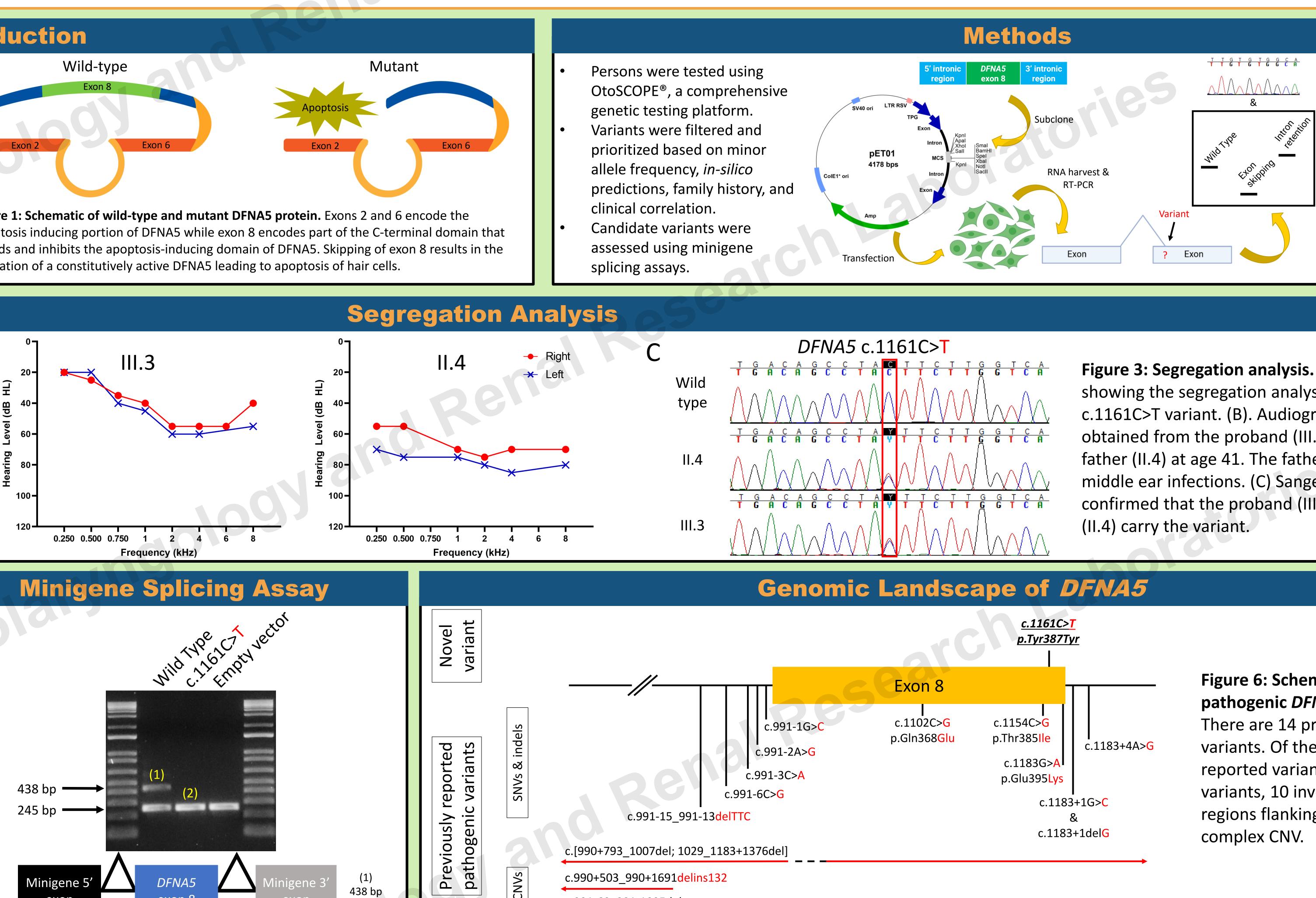
UNIVERSITY OF IOWA UNIVERSITY OF ICANV CARVER COLLEGE OF MEDICINE University of Iowa Health Care Introduction Methods Variants in the gene *DFNA5* (also known as Wild-type Mutant DFNA5 3' introni exon 8 region Persons were tested using 5' intronic region GSDME) are associated with autosomal dominant OtoSCOPE[®], a comprehensive genetic testing platform. non-syndromic hearing loss (ADNSHL). Variants were filtered and DFNA5-related HL is typically progressive, prioritized based on minor affecting high frequencies first. allele frequency, *in-silico* RNA harvest a predictions, family history, and Currently, all known pathogenic DFNA5 variants clinical correlation.

include intronic, canonical splice site, missense, and copy number variations.





Identification of the First Pathogenic Synonymous DFNA5 Variant



• It is important to assess persons with hearing loss for splice-altering synonymous variants regardless of CADD





Figure 2: Overview of minigene splicing assay. DFNA5 exon 8 and a portion of the flanking intronic regions was subcloned into a pET01 vector. Vectors were then transfected into HEK293 cells. RNA harvest and RT-PCR was performed 36-48 hrs after transfection. The impact of the variants was assessed using gel electrophoresis and Sanger sequencing.

Figure 3: Segregation analysis. (A) Pedigree showing the segregation analysis of the DFNA5 c.1161C>T variant. (B). Audiograms were obtained from the proband (III.3) at age 9 and her father (II.4) at age 41. The father has a history of middle ear infections. (C) Sanger validation confirmed that the proband (III.3) and the father

Figure 6: Schematic of known pathogenic DFNA5 variants. There are 14 previously reported variants. Of these 14 previously reported variants, 3 are missense variants, 10 involve the intronic regions flanking exon 8, and 1 is a