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the pathogenicity of CNVs in neurodevelopmental disorders

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Title: NeuroCNVscore: **A Tissue Specific Framework to Prioritize the Pathogenicity of CNVs in Neurodevelopmental Disorders**

Short title: Prioritizing the pathogenicity of CNVs

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Abstract

cial role in the genetic etiology of NDDs by disturbing gene expression dire

requence or remotely at three-dimensional genome level which can exe

e-specific manner. There are tools for prioritizing the pathogenicity of C **Background**: Neurodevelopmental disorders (NDDs) are associated with altered development of the brain especially in childhood. Copy number variants (CNVs) play a crucial role in the genetic etiology of NDDs by disturbing gene expression directly at linear sequence or remotely at three-dimensional genome level which can exert in a tissue-specific manner. There are tools for prioritizing the pathogenicity of CNVs, but none focuses specifically on NDDs, although the increased number of NDD studies using whole-genome sequencing has generated a large amount of CNVs. **Methods:** Using an XGBoost classifier, we integrated 189 features that represent genomic sequences, gene information, and functional/genomic segments for evaluating genomewide CNVs in a neuro/brain-specific manner. We utilized Human Phenotype Ontology to construct an independent NDD-related set. **Results:** Our neuroCNVscore framework (https://github.com/lxsbch/neuroCNVscore) achieved high predictive performance (PR $= 0.82$; AUC $= 0.85$) and outperformed an existing reference method SVScore. Predicted pathogenic CNVs were enriched in known autism associated genes. **Conclusions**: The neuroCNVscore prioritizes functional, deleterious and pathogenic CNVs in NDDs at whole genome-wide level, which is important for genetic studies and clinical genomic screening of NDDs as well as for providing novel biological insights into NDDs.

Key Words: Neurodevelopmental disorder; Copy number variant; Pathogenicity; Tissue specificity; Gene expression

Key Messages:

What is already known on this topic

CNVs are important in the genetic etiology of NDDs. Systematic identification of CNV pathogenicity by virtue of their size, number and impact on genome is challenge. Several tools are available to evaluate CNVs or structural variants, but none on CNVs specific in NDDs.

What this study adds

The neuroCNVscore is a useful tool in prioritizing functional and/or pathogenic CNVs in NDDs at whole genome-wide level in a neuro/brain-specific manner.

How this study might affect research, practice or policy

TRE-INDE-Given the expanding studies on NDDs and the usage of sequencing in clinical practice, our neuroCNVscore speeds up the screening on pathogenic CNVs, which facilitates the clinical diagnoses of CNVs with unknown significant, and thus may provide novel biological insights into NDDs.

Introduction

Neurodevelopmental disorders (NDDs) are characterized by the inability to achieve cognitive, emotional, and motor developmental milestones including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and schizophrenia. It is estimated to affect over 11.3%, and 15% of the population in low and middle-income countries $\frac{1}{2}$ and US, $\frac{2}{3}$ respectively. NDD's heritability is high that has been estimated from twin and family studies as 50% to 90% in ASD, 388% in ADHD 4 and 85% in schizophrenia.⁵ Genomic alterations are commonly found in children with NDDs. However, the explained genetic etiology of NDDs accounts for only a small proportion.

itive, emotional, and motor developmental milestones including autism speder (ASD), attention deficit hyperactivity disorder (ADHD) and schizophre
timated to affect over 11.3%, and 15% of the population in low and middle-i Copy number variants (CNVs) have been shown to be important for NDD genetic etiology. 6, 7 However, systematic identification of CNV pathogenicity by virtue of their number, size and impact on the genome is still a challenge. It is approximately 1,000 CNVs per genome ranging in size from 50 base pairs (bp) to several mega bases (Mb). CNVs, by definition, result in gain or loss of DNA segments (copy number loss and copy number gain), that are exerted by altering the dosage of gene regions $\frac{8}{3}$ as well as by disrupting non-coding areas, 7, 9 which requires various genomic assays in both tissue-specific and non-specific manner to dissect. Growing number of studies by whole genome sequencing (WGS) and the complexity of identifying pathogenic CNVs make computational prediction an appropriate tool.

Many assessing tools have been developed to evaluate the pathogenicity of single nucleotide variants (SNVs), ^{10 11} but fewer studies have systematically focused on assessing the pathogenic CNVs, especially none in NDD related CNVs. Recently, SVScore, ¹² SVFX, ¹³ SVPath, ¹⁴ and AnnotSV ¹⁵ have been developed to interpret the SVs by integrating results from prediction matrices of SNPs, using cancer related SVs as inputs, counting SVs with overlapped exons, or integrating multiple sources to annotate SVs. However, the aggregated effects on SNPs, somatic impacts of SVs, or only overlapping exons without tissue-specific information may bias the effects of CNVs, and germline variations are the major focus in NDDs.

core, ¹² SVFX, ¹³ SVPath, ¹⁴ and AnnotSV¹⁵ have been developed to interp
by integrating results from prediction matrices of SNPs, using cancer relate
puts, counting SVs with overlapped exons, or integrating multipl We here present a novel supervised machine learning framework, named as neuroCNVScore (https://github.com/lxsbch/neuroCNVscore), to score the pathogenicity of CNVs related to NDDs. We hypothesize that the computational prediction on pathogenic CNVs would benefit from a set of comprehensive tissuespecific features covering the whole genomic regions. Hence, we utilized cleaned germline CNVs from published NDD studies, 16-19 and gene lists together with a comprehensive set of neuro/brain-specific data on non-coding regions from ENCODE, ²⁰ Roadmap, ²¹ EpiMap ²² and PsychENCODE ²³ to train our models. Moreover, we constructed an NDD disease associated independent dataset using Human Phenotype Ontology (HPO) to validate trained models. The performance of neuroCNVScore was compared with a reference method SVScore. ¹² This neuroCNVScore is designed for

assessing the pathogenicity of CNVs in NDDs generated from association studies or clinical diagnoses.

Methods

Data collection and pre-processing/harmonization

The training set (identified by genomic coordinates) was gathered from several casecontrol based NDD studies. We assigned CNVs from cases as likely pathogenic (LP). In contrast, the CNVs from unaffected individuals and parents served as the control. Together, we collected 86,694 CNVs in the LP and 786,058 in the control set from four data sources, respectively (**Error! Reference source not found.. 1**).

collection and pre-processing/harmonization
 collection and pre-processing/harmonization
 confidential: For Review Only and CNVs from cases as likely pathogenic

points and NDD studies. We assigned CNVs from cases as Initial data filtering and harmonization were performed on all autosomal chromosome CNVs in three major steps. We first removed CNVs <50 bp and divided CNVs into copy number loss and copy number gain giving their potential impacts on the genome. Next, we deleted CNVs which had 90% reciprocal overlapped between LP and control. Finally, we applied an empirical cumulative distribution function with bin size of 60 to generate size matched LP and control to overcome the amount of disparity on CNVs. For each type, we sampled the same number of LP CNVs and matched the number of control CNVs in every bin. For training, we retained 13,857 cleaned LP CNVs and 13,859 cleaned control CNVs.

the record of HPO: 0012759 (neurodevelopmental abnormality associated g
common CNVs, we kept CNVs with quality record PASS, and allele freque
To avoid over estimation, we removed those CNVs with 90% reciprocal of
the train Next, we constructed the independent test set by assembling 51,819 disease associated variations from ClinVar and 136,181 common CNVs from GnomAD 2.1. For the NDD related set, we retained CNVs with length > 50 bp, germline, pathogenic, and the record of HPO: 0012759 (neurodevelopmental abnormality associated genes). For common CNVs, we kept CNVs with quality record PASS, and allele frequency > 0.1. To avoid over estimation, we removed those CNVs with 90% reciprocal overlap with the training dataset under the same variant type.

Finally, we collected several NDD related gene lists to test the biological validity and robustness of neuroCNVscore including CHD8 target genes, ²⁴ human postsynaptic density (PSD) proteins ²⁵ and ASD risk genes (FDR \leq 0.3). ¹⁸ The overall workflow is outlined in **Figure 1**.

This study has been approved by the Ethics Committee of Beijing Children's Hospital, Capital Medical University (2018-k-62).

A comprehensive tissue-specific feature collection and feature matrix construction For each CNV, a broad range of features was compiled into a feature matrix. We leveraged 189 features in total from three different levels: (1) gene level (Gen), (2) functional/genomic segment level (Fun), and (3) sequence level (Seq). The description of features is shown in **Table S1**.

In brief, a set of gene level features ($N = 62$) that capture gene essentiality, dosage sensitivity and neurodevelopmental phenotype associated genes were collected. Since

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rimentally identified or computational predicted regulatory regions at a tific manner. Lastly, the features at sequence level ($N = 7$) comprised of GC cos species conservation score (phylop46way and phastcon46way which ar non-coding CNVs can disrupt regulatory regions affecting gene expression and translation in a linear or 3D manner, we obtained a regulatory cascade catalogue ($N =$ 120 at functional/genomic segment level) by integrating multi-omics data covering experimentally identified or computational predicted regulatory regions at a tissuespecific manner. Lastly, the features at sequence level $(N = 7)$ comprised of GC content. cross species conservation score (phylop46way and phastcon46way which are derived from phyloP or Hidden Markov Model via multiple alignment of 45 vertebrate genomes to the human genome), heterochromatin positions, collapsed repeat regions (DacMapExclude, DukeMapExclude are genomic regions calculated by different algorithms) retrieved from UCSC, and human accelerated regions accessed from Doan *et al.*. ²⁶ These features could facilitate the identification of functional genomic regions and/or filter the genomic regions which may cause artefacts by downstream segments.

Based on various features, annotations were performed in three distinct ways: (1) sum up the number of overlapped features with a given CNV, (2) a discrete value that denotes the number of the features which has >50% reciprocal overlapped regions with a given CNV, (3) average value of overlapped regions between the feature and a given CNV. After initial annotation, we divided the entire feature matrix into length of each CNV and then applied min-max scaling. Considering the differences in features, e.g. triplosensitivity is a measurement only for the copy number gain, we kept 172 features out of 189 for the copy number loss model and 172 features in the copy number gain model, respectively.

Design of XGBoost model and the training strategy

rithms (Naive Bayes, Logistic Regression, Support Vector Machine

Roost), and found XGBoost had the best performance in the python frameworl

it 0.22.1 with the binary logistic objective function. A total of 80%/20%

int s To choose an appropriate model, we compared the performances among different algorithms (Naïve Bayes, Logistic Regression, Support Vector Machine, and XGBoost), and found XGBoost had the best performance in the python framework from Scikit 0.22.1 with the binary logistic objective function. A total of 80%/20% of the variant sets was used as training/test sets, respectively. Next, we trained the XGBoost model with optimized parameters by using grid search and evaluated our models through an independent test set. Additionally, we assessed the performance by comparing our model with SVScore.

Statistics

Statistical analyses were performed using Python (version 2.7). The performance was measured by precision-recall (PR) and receiver operating characteristic (ROC) curves. For individual feature comparison, we applied two-tailed Wilcoxon rank-sum tests. All genomic data is in GRCh37 genome build. Figures were generated by the ggplot package in R (version 3.6.1) or matplotlib in Python.

Patient and public involvement

Patients or the public were not involved in the design, or conduct, or reporting, or dissemination plans of our research. No ethical issues are involved in this study as this paper only used the data deposited in the public accessible databases.

Results

Individual feature analyses highlight the importance to collect a comprehensive feature set

Confidual feature analyses highlight the importance to collect a comprehant and the characteristics of CNVs in NDDs, we investigated distributions between LP and control sets. In total, we observed 121 and 106 signeres at To understand the characteristics of CNVs in NDDs, we investigated distribution of features between LP and control sets. In total, we observed 121 and 106 significant features at the threshold of $P = 0.05$ in copy number loss and copy number gain models. respectively (**Table S2**). This demonstrated a large spectrum of features showing significant differences between sets, and an integrated feature framework prone to the pathogenic status of CNVs that were functionally relevant.

Among these significant features, functional/genomic segment features ranked higher than the others. Most of the highly ranked features were related to histone modification markers (e.g. H3K27me3, H3K27ac) and 3D chromatin related features (e.g. enhancers) (**Figure 2**). This is expected since noncoding regions account for 98% of the human genome and CNVs can affect the genome by interrupting the regulatory regions.

Comparisons among four algorithms show that XGBoost outperforms others

To find an optimal model for discriminating pathogenic CNVs, we evaluated the predictive performance of Naïve Bayes, Logistic Regression, Support Vector Machine (SVM) and XGBoost on the test sets (**Figure 3**). XGBoost model performed the best (average precision (AP) and area under curve (AUC) were 0.82, 0.85 for copy number loss; AP and AUC were 0.80, 0.84 for copy number gain). Therefore, we applied the XGBoost to construct the neuroScoreCNV.

Accuracy assessments reveal better performance of neuroScoreCNV

M) and XGBoost on the test sets (Figure 3). XGBoost model performed th
rage precision (AP) and area unde[r](#page-24-1) curve (AUC) were 0.82, 0.85 for copy n
AP and AUC were 0.80, 0.84 for copy number gain). Therefore, we appli
loost We evaluated the performance of neuroScoreCNV and SVScore by the independent set as described in the flowchart (**Fig. 1**). neuroScoreCNV achieved relatively higher performance compared to SVScore (**Figure 4B, D**). For two different types of models, we observed $AP = 0.88$, $AUC = 0.93$ at copy number loss (**Figure 4A, B**, orange line), and $AP = 0.68$, $AUC = 0.67$ at copy number gain model (**Figure 4C, D**, orange line). The different performances between models are in agreement with a previous study. ¹³

Moreover, we investigated the biological validity and robustness from two aspects. It was shown interruptions at conserved regions could cause diseases since these regions are normally functional. ²⁷ Therefore, we first computed the CNV pathogenic scores generated with the new feature matrices in which a conservation score (i.e. PhyloP46way, one of the commonly used conservation score that considering individual base conservation) was excluded. We observed higher CNV pathogenic

scores (≥ 0.7) tended to have higher conservation scores after correlating log10(PhyloP46way) and new pathogenic scores (**[Figure 5A](#page-24-2), B**). Then, we checked if our predicted scores were capable of prioritizing CNVs with known NDD associated genes. LP CNVs covered significantly $(P < 0.05)$ more NDD related genes than the control group (**Figure 5B**). Overall, our approach achieved higher performance in discriminating LP CNVs from control or benign CNVs.

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ol group (Figure 5B). Overall, our approach achieved higher performat
iminating LP CNVs from control or benign CNVs.
ure importancy highlights the imp **Feature importancy highlights the important role of regulatory regions in NDDs** We computed the feature importancy by permutation. We categorized model features into three groups: functional/genomic level (Fun), gene level (Gen) and sequence level (Seq) (**Figure 6**, **Table S3**). The most important features were genes with haploinsufficiency scores (PHI) and triplosensitivity scores (PTS). PHI reflects the probability of one single functional copy to be sufficient to maintain function, whereas PTS suggests the probability of an additional copy of a gene for generating phenotypes. PHI and PTS are important parameters for evaluating the pathogenicity in clinical diagnoses based on the ACMG guidelines. ²⁸ This is also true in neuroCNVScore. In NDDs, several studies found pathogenic CNVs were sensitive to dosage. ²⁹

Additionally, we noticed several phenotypes were prominent such as HPO: 000717 (autism associated genes), HPO: 0002960 (autoimmunity associated genes) and HPO: 0025031 (abnormality of the digestive system associated genes). It is known that immune system abnormalities and/or gastrointestinal symptoms can co-occur with

ASD ³⁰ and schizophrenia. ³¹ Compelling evidence demonstrated autoimmune response was important in ASD. ³² Purified IgG containing antibodies from the mothers of children with ASD can cause abnormal behaviours in animal models. 33, 34

Among important features at the functional/genomic segment level, we obstach and the syndical set in 3D chromatin conformation including enhancers and 'n
while, DNase-Seq which suggests active regulatory elements at open c Among important features at the functional/genomic segment level, we observed several key players in 3D chromatin conformation including enhancers and TADs. Meanwhile, DNase-Seq which suggests active regulatory elements at open chromatin was also an important feature. The emerging evidence has highlighted the role of 3D chromatin conformation in relation to NDDs. 23, 35 Collectively, studying the interaction between CNVs and the higher order of chromatin conformation could provide novel insights into the etiology of NDDs and explain the missing heredity of NDDs.

Discussion

In this work, we introduced a novel framework, neuroCNVscore, to ascertain the pathogenicity of CNVs in NDDs. NeuroCNVscore outperformed a commonly used tool SVScore on independent datasets from ClinVar and gnomAD. Importantly, neuroCNVscore has unique ability to prioritize the functional, deleterious and pathogenic CNVs derived from either NDD's association studies or clinical diagnoses, which may provide biological new insights into NDDs, especially at the threedimensional genome level.

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andly, we validated our models at an NDD associated independent datasementry and a published tool, SVScore. Furthermore, we created a compreh
interaction (N = 189) at gene, functional genomic, and sequence infically, we in There are several factors contribute to the accuracy and robustness of neuroCNVscore. First, we used a high-quality set of germline CNVs from published NDD studies as the training set, which assures that our model is of high quality. Secondly, we validated our models at an NDD associated independent dataset and outperformed a published tool, SVScore. Furthermore, we created a comprehensive feature collection $(N = 189)$ at gene, functional genomic, and sequence levels. Specifically, we incorporated a significant amount of tissue-specific functional genomic data. As a result, we can not only identify the genes disrupted by CNVs, but also the disrupted regulatory elements that act in a tissue-specific manner during development. This is especially important for the studies in NDD since brain tissue is normally hard to access.

While the neuroCNVscore performed well, it may be improved by incorporating expert-curated CNVs from whole genome sequencing studies in NDDs and healthy controls. Along with the increased knowledge and functional genomics data on noncoding regions, additional informative features can be integrated into the model to better address the hidden mechanisms. Moreover, we developed neuroCNVscore based on XGBoost, but it is worth exploring deep learning algorithms in the future.

Together, our neuroCNVscore performed well and is a useful tool for generating hypotheses in genome wide association studies in NDDs and could facilitate the understanding of genetic etiology of NDDs.

Competing Interests

The authors declare that they have no competing interests.

Author Contributions

lesigned the study, performed the analysis and drafted the manuscript. WX acipated in the design and interpretation of the data and revised the manuscript and YZ participated in the interpretation of data. CH coordinated t XL designed the study, performed the analysis and drafted the manuscript. WX and FL participated in the design and interpretation of the data and revised the manuscript. PZ, RG and YZ participated in the interpretation of data. CH coordinated the project and supervised the study. XN coordinated the project and acquisition the funding. WL coordinated the project, supervised the study, critically reviewed and revised the manuscript. All authors read and approved the final manuscript.

Availability of Data and Materials

All features analysed during this study are collected from public datasets. Sources can be found from https://github.com/macarthur-lab/gene lists. All CNV training data are included in these publications $16-19$ and testing data are from the ClinVar database. The source code is available at https://github.com/lxsbch/neuroCNVscore.

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Figure Legends

regulatory relationships in developing human brain. *Nature* 2016;538:5:
doi: 10.1038/nature19847
Confidential: For Review Only and the season of every consider the sease of training set and test set are listed. The trai Figure 1. The flowchart of neuroCNVscore development and evaluation in this study. In Data Sets, the sources of training set and test set are listed. The training set was derived from four NDDs studies under the case-control design, while the validation set was from ClinVar and GnomAD. The numbers of raw and cleaned CNVs in the brackets are indicated. LP, likely pathogenic. In Neuro-features, comprehensive neuro/brain related features were gathered at gene, sequence, and functional/genomic segments levels. In Prediction and Validation, biological validations were performed in two ways: 1) correlations between phyloP46way and the pathogenic scores generated by the new model where phyloP46way was excluded from the feature matrix; 2) using the independent set of NDD related gene lists including PSD genes to cognition, CHD8 targets, and ASD risk genes.

Figure 2. Comparisons of top three features between control and LP (likely pathogenic)

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sets. The top three significant features between control and LP sets in copy number loss (A) and copy number gain (B). The X-axis shows the significant feature types. Fun level, Function/genomic segment level. The Y-axis is the value of log transformed feature matrices. Unpaired *t*-tests were applied and significant levels were. **** *P* < 0.0001.

The matrices. Unpaired *t*-tests were applied and significant levels were. ***

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102. **Figure 3.** Performances on CNVs among Naïve Bayes, Logistic Regression, Support Vector Machine (SVM) and XGBoost algorithms. XGBoost showed the best performance by precision-recall curve and ROC curve for both copy number loss (A, B) and copy number gain (C, D). AP: average precision; AUC: area under curve.

Figure 4. Performances on neuroCNVscore and SVScore in the independent set as described in the flowchart of Figure 1. Precision-Recall (A) and ROC (B) curves calculated with copy number loss from the independent dataset; Precision-Recall (C) and ROC (D) curves calculated with copy number gain from the independent dataset.

Figure 5. Biological validation of neuroCNVscore. The plot (A) shows the comparisons between PhyloP scores (log10(PhyloP46way)) and pathogenic scores generated by excluding PhyloP46way from the original neuroCNVscore model, regions with higher pathogenic scores tend to have higher PhyloP scores. The number of NDD related genes (B) between predicted LP and control groups in both copy number loss and copy number gain models shows that more NDD related genes are found in LP. To present the figures in a clearer way, PhyloP46way and count were log-transformed. **P* < 0.05 .

From Review Changes **Figure 6.** Top 20 features from feature importance analyses. Highly important features of copy number loss model (A) and copy number gain model (B) are listed. All the feature names were colored and formatted as following: feature type (Fun_/Gen_ /Seq_feature names (original sources)_tissue type (if applicable). Fun: Function, in blue; Gen: Gene, in green; Seq: Sequence, in purple.

Supplementary Tables

Table S1. A detailed feature description.

Table S2. Individual feature comparisons.

Table S3. Feature importancy.

140x202mm (600 x 600 DPI)

252x172mm (300 x 300 DPI)

276x190mm (300 x 300 DPI)

Supplementary Tables

Table S1. A detailed feature description. This table includes all features used in our model. These features are grouped into three levels: gene, functional/genomic segment and sequence. A brief description along with references is described on each feature.

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Table S2. Individual feature comparisons. This table compares all of the features used in the copy number loss and copy number gain models. The comparisons were made using the two-tailed Wilcoxon rank-sum test, with a significant cut off of $P = 0.05$. All the feature names were reformatted as followed: feature type (Fun_level/Gen_level/Seq_level)_feature names(original sources)_tissue type (if applicable). Fun: Function; Gen: Gene; Seq: Sequence.

Table S3. Feature importancy. In the copy number loss and copy number gain models, we calculated feature importancy. *P* = 0.05 is set as the significant level. All the feature names were reformatted as feature names (original sources)_tissue type (if applicable).

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the pathogenicity of CNVs in neurodevelopmental disorders

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Title: NeuroCNVscore: **A Tissue-Specific Framework to Prioritize the Pathogenicity of CNVs in Neurodevelopmental Disorders**

Short title: Prioritizing the pathogenicity of CNVs

Authors: Xuanshi Liu¹, Wenjian Xu¹, Fei Leng¹, Peng Zhang¹, Ruolan Guo¹, Yue Zhang¹, Chanjuan Hao^{1*}, Xin Ni^{2*}, Wei Li^{1*}

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Example 18 Example 18 Example 18 Example 18 Example 18 Example 19 Example 18 Example 19 Example 18 E *Beijing Key Laboratory for Genetics of Birth Defects, Beijing Paediatric Research Institute; MOE Key Laboratory of Major Diseases in Children; Genetics and Birth Defects Control Centre, Beijing Children's Hospital, Capital Medical University, National Centre for Children's Health, Beijing, China*;

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Abstract

icial role in the genetic actiology of NDDs by disturbing gene expression d
earr sequence or remotely at three-dimensional genome level in a tissue-sp
ner. Despite the substantial increase in NDD studies employing whole-ge **Background**: Neurodevelopmental disorders (NDDs) are associated with altered development of the brain especially in childhood. Copy number variants (CNVs) play a crucial role in the genetic aetiology of NDDs by disturbing gene expression directly at linear sequence or remotely at three-dimensional genome level in a tissue-specific manner. Despite the substantial increase in NDD studies employing whole-genome sequencing, there is no specific tool for prioritizing the pathogenicity of CNVs in the context of NDDs. **Methods:** Using an XGBoost classifier, we integrated 189 features that represent genomic sequences, gene information, and functional/genomic segments for evaluating genome-wide CNVs in a neuro/brain-specific manner, to develop a new tool, neuroCNVscore. We utilized Human Phenotype Ontology to construct an independent NDD-related set. **Results:** Our neuroCNVscore framework (https://github.com/lxsbch/neuroCNVscore) achieved high predictive performance (PR $= 0.82$; AUC = 0.85) and outperformed an existing reference method SVScore. Notably, the predicted pathogenic CNVs showed enrichment in known genes associated with autism. **Conclusions**: NeuroCNVscore prioritizes functional, deleterious and pathogenic CNVs in NDDs at whole genome-wide level, which is important for genetic studies and clinical genomic screening of NDDs as well as for providing novel biological insights into NDDs.

Key Words: Neurodevelopmental disorder; Copy number variant; Pathogenicity; Tissue specificity; Gene expression

Key Messages:

What is already known on this topic

CNVs are important in the genetic aetiology of NDDs. Systematic identification of CNV pathogenicity by virtue of their size, number and impact on genome is challenge. Several tools are available to evaluate CNVs or structural variants, but none on CNVs specific for NDDs.

What this study adds

NeuroCNVscore is a useful tool in prioritizing functional and/or pathogenic CNVs in NDDs at whole genome-wide level in a neuro/brain-specific manner.

How this study might affect research, practice or policy

Archives Crew Given the expanding studies on NDDs and the usage of sequencing in clinical practice, our neuroCNVscore speeds up the screening on pathogenic CNVs, which facilitates the clinical diagnoses of CNVs with unknown significant, and thus may provide novel biological insights into NDDs.

Introduction

itive, emotional, and motor developmental milestones including autism speder (ASD), attention deficit hyperactivity disorder (ADHD) and schizophre
imated to affect over 11.3%, and 15% of the population in low and middle-in Neurodevelopmental disorders (NDDs) are characterized by the inability to achieve cognitive, emotional, and motor developmental milestones including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and schizophrenia. It is estimated to affect over 11.3%, and 15% of the population in low and middle-income countries (1) and US, (2) respectively. NDD's heritability is high that has been estimated from twin and family studies as 50% to 90% in ASD, (3) 88% in ADHD (4) and 85% in schizophrenia. (5) Genomic alterations are commonly found in children with NDDs. However, the explained genetic aetiology of NDDs accounts for only a small proportion.

Copy number variants (CNVs) are structural variants (SVs) in the genome that involve the gain or loss of large segments of DNA, which have been implicated in NDDs. (6,7) Systematic identification of CNV pathogenicity by virtue of their number, size and impact on the genome is still a challenge. It is approximately 1,000 CNVs per genome ranging in size from 50 base pairs (bp) to several mega bases (Mb). CNVs make effects by altering the dosage of gene regions (8) as well as by perturbing noncoding areas. (7,9) Growing number of studies by whole genome sequencing (WGS) and the complexity of identifying pathogenic CNVs call for computational prediction tools.

Many assessing tools have been developed to evaluate the pathogenicity of single nucleotide variants (SNVs), (10,11) but fewer studies have systematically focused on assessing the pathogenic CNVs, especially none in NDD-related CNVs. Recently, SVScore, (12) SVFX, (13) SVPath, (14) and AnnotSV (15) have been developed to interpret the SVs by integrating results from prediction matrices of SNPs, using cancer related SVs as inputs, counting SVs with overlapped exons, or integrating multiple sources to annotate SVs. However, the aggregated effects on SNPs, somatic impacts of SVs, or only overlapping exons without tissue-specific information may bias the effects of CNVs. As germline variations are the major focus in NDDs, a specific tool is needed for assessing the effects of CNVs on NDDs.

core, (12) SVFX, (13) SVPath, (14) and AnnotSV (15) have been development the SVs by integrating results from prediction matrices of SNPs, using ed SVs as inputs, counting SVs with overlapped exons, or integrating m ed SVs We here present a novel supervised machine learning framework, named as neuroCNVScore (https://github.com/lxsbch/neuroCNVscore), to score the pathogenicity of CNVs related to NDDs. We hypothesize that the computational prediction on pathogenic CNVs would benefit from a set of comprehensive tissuespecific features covering the whole genomic regions. Hence, we employed germline CNVs obtained from published NDD studies, (16-19) and curated gene lists together with a comprehensive set of neuro/brain-specific data on non-coding regions from ENCODE, (20) Roadmap, (21) EpiMap (22) and PsychENCODE (23) to train our models. Moreover, we constructed an independent dataset associated with NDDs by filtering the phenotypes from Human Phenotype Ontology (HPO, https://hpo.jax.org/) to evaluate the performance of our trained models. The performance of

neuroCNVScore was compared with a reference method SVScore. (12) This neuroCNVScore is designed for assessing the pathogenicity of CNVs in NDDs generated from association studies or genetic tests.

Methods

Data collection and pre-processing/harmonization

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Eveloped neuroCNVscore, which utilized XGBoost and comprehensive ge

features to evaluate the likelihood that a given CNV co We developed neuroCNVscore, which utilized XGBoost and comprehensive genomewide features to evaluate the likelihood that a given CNV contributes to the development or manifestation of NDDs. To assess the pathogenicity associated with CNV in NDDs, we gathered training set (identified by genomic coordinates) from several case-control NDD studies. We assigned CNVs from cases as likely pathogenic (LP). In contrast, the CNVs from unaffected individuals and parents served as the control. Together, we collected 86,694 CNVs in the LP set and 786,058 in the control set from four data sources, respectively (**Fig. 1**).

Initial data filtering and harmonization were performed on all autosomal chromosome CNVs in three major steps. Firstly, we excluded CNVs with a size smaller than 50 base pairs, and the remaining CNVs were categorized into two groups based on their impact on the genome: copy number loss and copy number gain. Next, we deleted CNVs which had 90% reciprocal overlap between LP and control. Finally, we applied an empirical cumulative distribution function with bin size of 60 to generate size matched LP and control to overcome the amount of disparity between groups. For each CNV type, we sampled an equal number of LP CNVs ensuring the matching of control CNVs in each bin. For training process, we retained 13,857 cleaned LP CNVs and 13,859 cleaned control CNVs.

59 cleaned control CNVs.
Next, we constructed an independent test set by assembling 51,819 d
ciated variations from ClinVar database (https://www.ncbi.nlm.nih.gov/cli
136,181 common CNVs from GnomAD 2.1 (http://www.gnomad Next, we constructed an independent test set by assembling 51,819 disease associated variations from ClinVar database (https://www.ncbi.nlm.nih.gov/clinvar/) and 136,181 common CNVs from GnomAD 2.1 (http://www.gnomad-sg.org/). For the NDD related set, we retained CNVs with length > 50 bp, germline, pathogenic, and the term of HPO: 0012759 (neurodevelopmental abnormality associated genes). For common CNVs, we kept CNVs with quality record PASS, and allele frequency > 0.1. To avoid over-estimation, we removed those CNVs with 90% reciprocal overlap within the training dataset under the same variant type.

Finally, we collected several NDD related gene lists to evaluate the biological validity and robustness of neuroCNVscore including CHD8 target genes, (24) human postsynaptic density (PSD) proteins (25) and ASD risk genes (FDR < 0.3). (18) The overall workflow is outlined in **Fig. 1**.

A comprehensive tissue-specific feature collection and feature matrix construction For each CNV, a broad range of features was compiled into a feature matrix. We leveraged 189 features in total from three different levels: (1) gene level (Gen), (2)

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functional/genomic segment level (Fun), and (3) sequence level (Seq). The description of features is shown in **Table S1**.

titivity and neurodevelopmental phenotype were collected. Since non-coding
disrupt regulatory regions to compromise gene expression and translatio
r or 3D manner, we obtained a regulatory cascade catalogue $(N = 1)$
tional/ In brief, a set of gene level features $(N = 62)$ that contain gene entity, dosage sensitivity and neurodevelopmental phenotype were collected. Since non-coding CNVs may disrupt regulatory regions to compromise gene expression and translation in a linear or 3D manner, we obtained a regulatory cascade catalogue $(N = 120$ at functional/genomic segment level). This catalogue integrated multi-omics data encompassing experimentally identified or computational predicted regulatory regions with a focus on tissue-specific annotation. Finally, the sequence level features ($N = 7$) comprised of information of GC content, cross species conservation score (phylop46way and phastcon46way which are derived from phyloP or Hidden Markov Model via multiple alignment of 45 vertebrate genomes to the human genome), heterochromatin positions, collapsed repeat regions (DacMapExclude, DukeMapExclude are genomic regions calculated by different algorithms) retrieved from the UCSC genome browser (http://genome.ucsc.edu/), and human accelerated regions accessed by Doan *et al.*. (26) These features were instrumental in identifying functional genomic regions and/or filtering out the genomic regions which may cause artefacts from downstream segments.

Based on a variety of features, annotations were performed in three distinct ways: (1) counting the number of overlapped features with a given CNV, (2) assessing a discrete value that denotes the number of the features which has >50% reciprocal

overlapped regions with a given CNV, (3) calculating the average value of overlapped regions between the feature and a given CNV. After initial annotation, we divided the entire feature matrix based on the length of each CNV and then applied min-max scaling. Considering the differences in features, e.g. triplosensitivity is a measurement only for the copy number gain, we kept 172 features out of 189 for the copy number loss model and 172 features out of 189 in the copy number gain model, respectively.

Design of XGBoost model and the training strategy

mg. Considering the differences in features, e.g. triplosensitivity is a measur
for the copy number gain, we kept 172 features out of 189 for the copy n
model and 172 features out of 189 in the copy number gain model, resp To choose an appropriate model, we compared the performances among different algorithms (Naïve Bayes, Logistic Regression, Support Vector Machine, and XGBoost), and we found that XGBoost had the best performance in the python framework from Scikit 0.22.1 with the binary logistic objective function. A total of 80%/20% of the variant sets was used as training/test sets, respectively. Next, we trained the XGBoost model with optimized parameters by using grid search and evaluated our models through an independent test set. Additionally, we assessed the performance by comparing our model with SVScore, which can evaluate various types of SV including CNV.

Statistics

Statistical analyses were performed using Python (version 2.7). The performance was measured by precision-recall (PR) and receiver operating characteristic (ROC) curves.

For individual feature comparison, we applied two-tailed Wilcoxon rank-sum tests. All genomic data is in GRCh37 genome build. Figures were generated by the ggplot package in R (version 3.6.1) or matplotlib in Python.

Patient and public involvement

Patients or the public were not involved in the design, or conduct, or reporting, or dissemination plans of our research. No ethical issues are involved in this study as this paper only used the data deposited in the public accessible databases.

Results

Feature analyses pinpoint comprehensive feature sets

Example 12 and public involvement
that or the public were not involved in the design, or conduct, or reporting, emination plans of our research. No ethical issues are involved in this study
r only used the data deposite To understand the characteristics of CNVs in NDDs, we investigated the distribution of features between LP and control sets. In total, we observed 121 and 106 significant features at the threshold of $P = 0.05$ in copy number loss and copy number gain models, respectively (**Table S2**). These findings demonstrated that a large spectrum of features have significant differences between sets.

Among these significant features, functional/genomic segment features ranked higher than the others. Most of the highly ranked features were related to histone modification markers (e.g. H3K27me3, H3K27ac) and 3D chromatin related features (e.g. enhancers) (**Fig. 2**). This is as expected since noncoding regions account for 98% of the human genome and CNVs can affect the gene function by interrupting the regulatory regions.

parisons among four algorithms reveal the superior performance of XG
and an optimal model for identifying pathogenic CNVs, we evaluated the preor
parance of Naive Bayes, Logistic Regression, Support Vector Machine (SVM
oos **Comparisons among four algorithms reveal the superior performance of XGBoost** To find an optimal model for identifying pathogenic CNVs, we evaluated the predictive performance of Naïve Bayes, Logistic Regression, Support Vector Machine (SVM) and XGBoost on the test sets (**Fig. 3**). The XGBoost model showed the highest performance (average precision (AP) and area under curve (AUC) were 0.82, 0.85 for copy number loss; AP and AUC were 0.80, 0.84 for copy number gain). Therefore, we applied the XGBoost model to construct our neuroScoreCNV framework.

Accuracy assessments reveal better performance of neuroScoreCNV than SVScore

We evaluated the performance of neuroScoreCNV and SVScore by an independent set as described in the flowchart (**Fig. 1**). NeuroScoreCNV achieved relatively better performance evaluated by both AP and AUC values compared to SVScore (**Fig. 4**). The different performances between models are in agreement with a previous study. (13)

Moreover, we investigated the biological validity and robustness from two aspects. It was shown that interruptions at conserved regions could cause diseases since these regions are normally functional. (27) Therefore, we first computed the CNV pathogenic scores generated with the new feature matrices in which a conservation score (i.e.

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PhyloP46way, one of the commonly used conservation score that considering individual base conservation) was excluded. We observed that higher CNV pathogenic scores (≥0.7) tended to have higher conservation scores, as indicated by the correlation between $\log_{10}(PhyloP46way)$ and the new pathogenic scores (**Fig. 5A, B**). Then, we checked if our predicted scores were capable of prioritizing CNVs with known NDDassociated genes. LP CNVs covered significantly $(P < 0.05)$ more NDD-related genes than the control group (**Fig. 5B**). Overall, our approach achieved higher performance in discriminating LP CNVs from control or benign CNVs.

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ked if our predicted scores were capable of prioritizing CNVs with known
ciated genes. LP CNVs covered significantly ($P < 0.05$) more NDD-related
the c **Feature importancy highlights the important role of regulatory regions in NDDs** We categorized model features into three groups: functional/genomic level (Fun), gene level (Gen) and sequence level (Seq) and computed the feature importancy by permutation. (**Fig. 6Figure 6**, **Table S3**). The most important features were genes with haploinsufficiency scores (PHI) and triplosensitivity scores (PTS). PHI reflects the probability of one single functional copy to be sufficient to maintain function, whereas PTS suggests the probability of an additional copy of a gene for generating phenotypes. PHI and PTS are important parameters for evaluating the pathogenicity in clinical diagnoses based on the ACMG guidelines. (28) This is also true in neuroCNVScore. In NDDs, several studies found pathogenic CNVs were sensitive to dosage. (29)

Additionally, we noticed several prominent phenotypes such as HPO: 000717 (autism associated genes), HPO: 0002960 (autoimmunity associated genes) and HPO:

0025031 (abnormality of the digestive system associated genes). It is known that immune system abnormalities and/or gastrointestinal symptoms can co-occur with ASD (30) and schizophrenia. (31) Compelling evidence has demonstrated the importance of autoimmune response in ASD. (32) Purified IgG containing antibodies from the mothers of children with ASD can cause abnormal behaviours in animal models. (33,34)

TRY ONLY Among the important features at the functional/genomic segment level, we observed several key players in 3D chromatin conformation including enhancers and topologically associated domains (TADs). Meanwhile, DNase-Seq which suggests active regulatory elements at open chromatin was also an important feature. The emerging evidence has highlighted the role of 3D chromatin conformation in relation to NDDs. (23, 35) Collectively, studying the interaction between CNVs and the higher order of chromatin conformation could provide novel insights into the aetiology of NDDs and explain the missing heredity of NDDs.

Discussion

In this study, we have introduced a novel framework, neuroCNVscore, to evaluate the pathogenicity of CNVs in NDDs. NeuroCNVscore outperformed a commonly used tool SVScore on independent datasets from ClinVar and gnomAD. Importantly, neuroCNVscore has unique ability to prioritize the functional, deleterious and
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pathogenic CNVs derived from either NDD's association studies or clinical diagnoses, which may provide biological insights into NDDs, especially at the three-dimensional genome level.

There are several factors contribute to the accuracy and robustne
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3 studies as the training set, ensuring the high reliability of this model. See
alida There are several factors contribute to the accuracy and robustness of neuroCNVscore. First, we used a high-quality set of germline CNVs from published NDD studies as the training set, ensuring the high reliability of this model. Secondly, we validated our models by using an independent dataset associated with NDD, which outperformed a published tool, SVScore. Furthermore, we curated a comprehensive feature collection $(N = 189)$ at gene, functional genomic, and sequence levels. Specifically, we incorporated a significant amount of tissue-specific functional genomic data, enabling the identification of disrupted genes and regulatory elements that act in a tissue-specific manner during development. This is especially important for the studies in NDD since brain tissue is normally hard to access.

While the neuroCNVscore performed well, it may be improved by incorporating expert-curated CNVs from whole genome sequencing studies in NDDs and healthy controls. Along with the increased knowledge and functional genomics data on noncoding regions, additional informative features can be integrated into the model to better address the underlying mechanisms. Moreover, we developed neuroCNVscore based on XGBoost, but it is worth exploring deep learning algorithms in future investigation.

In summary, our neuroCNVscore is a useful tool for generating hypotheses in genome-wide association studies in NDDs and could facilitate the understanding of genetic aetiology of NDDs.

Competing Interests

The authors declare that they have no competing interests.

Author Contributions

Example 12
 Example 12 XL designed the study, performed the analysis and drafted the manuscript. WX and FL participated in the design and interpretation of the data and revised the manuscript. PZ, RG and YZ participated in the interpretation of data. CH coordinated the project and supervised the study. XN coordinated the project and acquisition the funding. WL coordinated the project, supervised the study, critically reviewed and revised the manuscript. All authors read and approved the final manuscript.

Availability of Data and Materials

All features analysed during this study are collected from public datasets. Sources can be found from https://github.com/macarthur-lab/gene_lists. All CNV training data are

included in these publications 16-19 and testing data are from the ClinVar database. The source code is available at https://github.com/lxsbch/neuroCNVscore.

Ethics Statement

This study has been approved by the Ethics Committee of Beijing Children's Hospital,

Capital Medical University (2018-k-62).

Acknowledgements

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Figure Legends

Figure 1. The flowchart of neuroCNVscore development and evaluation in this study. In Data Sets, the sources of training set and test set are listed. The training set was derived from four NDDs studies under the case-control design, while the validation set

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was from ClinVar and GnomAD. The numbers of raw and cleaned CNVs in the brackets are indicated. LP, likely pathogenic. In Neuro-features, comprehensive neuro/brain related features were gathered at gene, sequence, and functional/genomic segments levels. In Prediction and Validation, biological validations were performed in two ways: 1) correlation analyses between phyloP46way and the pathogenic scores generated by the new model where phyloP46way was excluded from the feature matrix; 2) utilization of an independent set of NDD related gene lists including PSD genes to cognition, CHD8 targets, and ASD risk genes.

nents levels. In Prediction and Validation, biological validations were performation ways: 1) correlation analyses between phyloP46way and the pathogenic
trated by the new model where phyloP46way was excluded from the feat **Figure 2.** Comparisons of top three features between control and LP (likely pathogenic) sets. The top three significant features between control and LP sets in copy number loss (A) and copy number gain (B). The X-axis shows the types of significant features. Fun level, Function/genomic segment level. The Y-axis displays the values of logtransformed feature matrices. Unpaired *t*-tests were applied and significant levels were. **** $P < 0.0001$.

Figure 3. Performances of Naïve Bayes, Logistic Regression, Support Vector Machine (SVM) and XGBoost algorithms in evaluating CNVs. XGBoost showed superior performance demonstrated by precision-recall curves and ROC curves for both copy number loss (A, B) and copy number gain (C, D). AP: average precision; AUC: area under curve.

Figure 4. Performances of neuroCNVscore and SVScore in an independent set as described in the flowchart of Figure 1. Precision-Recall (A) and ROC (B) curves were calculated with copy number loss from the independent dataset; Precision-Recall (C) and ROC (D) curves were calculated with copy number gain from the independent dataset.

alated with copy number loss from the independent dataset; Precision-Recent

ROC (D) curves were calculated with copy number gain from the independent

set.

Fig. 8. Biological validation of neuroCNVscore. The plot (A) sh **Figure 5.** Biological validation of neuroCNVscore. The plot (A) shows the comparisons between PhyloP scores (log10(PhyloP46way)) and pathogenic scores generated by excluding PhyloP46way from the original neuroCNVscore model, regions with higher pathogenic scores tend to have higher PhyloP scores. The number of NDD related genes (B) between the predicted LP and control groups in both copy number loss and copy number gain models shows that more NDD related genes are found in LP groups. For better presentation, log transformations were applied to PhyloP46way scores and the gene counts. $*P < 0.05$.

Figure 6. Top 20 features obtained from feature importance analyses. Highly important features of copy number loss model (A) and copy number gain model (B) are listed. All the feature names were color-coded and formatted as following: feature type (Fun_/Gen_/Seq_feature names (original sources)_tissue type (if applicable). Fun: Function, in blue; Gen: Gene, in green; Seq: Sequence, in purple.

Independent test set

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194x133mm (300 x 300 DPI)

https://mc.manuscriptcentral.com/bmjpo

252x172mm (300 x 300 DPI)

276x190mm (300 x 300 DPI)

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Supplementary Tables

Table S1. A detailed feature description. This table includes all features used in our model. These features are grouped into three levels: gene, functional/genomic segment and sequence. A brief description along with references is described on each feature.

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Table S2. Individual feature comparisons. This table compares all of the features used in the copy number loss and copy number gain models. The comparisons were made using the two-tailed Wilcoxon rank-sum test, with a significant cut off of $P = 0.05$. All the feature names were reformatted as followed: feature type (Fun_level/Gen_level/Seq_level)_feature names(original sources)_tissue type (if applicable). Fun: Function; Gen: Gene; Seq: Sequence.

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p-values: when $P < 1 \times 10^{-4}$, it is shown as ~ 0 , and when $1 \times 10^{-4} < P < 1$, it is shown as a decimal mode.

Table S3. Feature importancy. All the feature names were shown as feature names (original sources)_tissue type (if applicable). p-values: when *P*

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