PERSPECTIVES IN GENOMICS

Cytopostgenomics: What is it and how does it work?

Ivan Y. Iourov^{1,2,*}

¹Yurov's Laboratory of Molecular Genetics and Cytogenomics of the Brain, Mental Health Research Center, Moscow 117152, Russia; ²Laboratory of Molecular Cytogenetics of Neuropsychiatric Diseases, Veltischev Research and Clinical Institute for Pediatrics of the Pirogov Russian National Research Medical University, Moscow 125412, Russia

In 2018, a special hot-topic issue of *Current Genomics* covering numerous important aspects of molecular cytogenetics and cytogenomics in the postgenomic era was published (*Current Genomics*, Volume 12, Issue/Number 3, Pages: 157-246) [1]. As a result, the theoretical basis for a new emerging field of cytogenomic research tentatively termed as "cyto(post)genomics" was provided. Tragically, the passing away of my co-editor and closest colleague, Professor Yuri B. Yurov [2], hindered immediate attempts to delineate the area of "cytopostgenomics". Accordingly, I take the opportunity to contribute a *Perspectives in Genomics* article to re-introduce cytopostgenomics in remembrance of Professor Yuri B. Yurov, the brilliant researcher of chromosomes and cellular genomes.

More than a decade ago, cytogenomics (molecular cytogenomics) was introduced to define a body of research in human genomics (genetics) focused on genomic variations and architecture at microscopic/submicroscopic level and at molecular resolutions [3]. Later, it expanded to include a wide spectrum of applications of whole-genome Copy Number Variation (CNV) analysis (cytogenomic analysis of cytogenomic variations) in diagnostic research [4, 5].

Currently, cytogenomics (in its widest sense) seems to encompass almost all areas of chromosome biology addressed in the genomic context [1, 3-5]. Using postgenomic approaches to chromosomal variations and instability, a number of discoveries in chromosome biology and re-evaluations of current concepts in genomics have been made [6]. In addition to analysis of submicroscopic genomic variations for the association with specific phenotypes [3-5], cytogenomics has shed light on genome behavior (i.e. genome instability) throughout ontogeny [7] including more specific genomic changes (accumulation of somatic genomic variations) associated with normal and abnormal aging [8, 9]. Moreover, genome-environment interactions highlighting normal and pathogenic responses of cellular genomes to environmental stimuli, which partially underlie somatic mutagenesis, have been highlighted [10]. The variable effects of the genomic variations have resulted in the interpretational problem of cytogenomic data [3-6, 11]. Fortunately, postgenomic research has provided numerous bioinformatic opportunities to solve the problem by proposing a variety of algorithms for processing molecular cytogenetic and (cyto)genomic data [11, 12]. As a result, actual cytogenomic research cannot be appropriately performed without corresponding postgenomic analysis (*i.e.* systems biology approaches and pathway-based classification) [12]. Furthermore, genome analysis for specific medical tasks (e.g. pediatric research) has already benefited from the application of postgenomic approaches to processing genomic data [13]. More precisely, pathway-based views on human diseases have heavily influenced our understanding of the disease etiology [14]. Finally, postgenomic approaches to processing cytogenomic data are able to deliver effective therapeutic interventions in individual cases of chromosomal imbalances, which are generally considered to be incurable conditions [15]. In total, one can conclude that, with the development of postgenomic technologies for assessing molecular and cellular effects of the genomic variations, cytogenomics has evolved in a kind of a new emerging field of bioscience. To define the result of this evolution, the term "cytopostgenomics" may be introduced to cover a new emerging field focused on causes and consequences of genome variations (specific architecture) at chromosomal level unveiled by postgenomic analyses.

Big medical data sets require us to reach an unprecedentedly high level of basic and diagnostic research for the interpretation in therapeutic purposes [16]. Cytopostgenomic studies, which include not only the detection of genomic variations, but also the definition of their functional consequences and impacts on the phenotype may solve the problem of interpreting big genomic data in chromosomal diseases/imbalances. Once solved, our understanding of chromosome/genome variations will be significantly advanced in order to deliver successful therapeutic interventions in previously incurable chromosomal and genomic diseases. The cyto(post)genomic research in the author's labs is partially supported by RFBR and CITMA according to the research project No. 18-515-34005.

^{*}Address correspondence to this author at the Yurov's Laboratory of Molecular Genetics and Cytogenomics of the Brain, Mental Health Research Center, Zagorodnoe shosse 2/16, Moscow 117152, Russia; Tel: +7-495-109-03-93+3500; E-mail: ivan.iourov@gmail.com

REFERENCES

- [1] Yurov, Y.B.; Iourov, I.Y. Editorial: Molecular cyto(post)genomics. Curr. Genomics, 2018, 19(3), 157.
- [2] Iourov, I.Y.; Vorsanova, S.G. Yuri B. Yourov (1951-2017), Mol. Cytogenet., 2018, 11(1), 36.
- [3] Iourov, I.Y.; Vorsanova, S.G.; Yurov, Y.B. Molecular cytogenetics and cytogenomics of brain diseases. Curr. Genomics, 2008, 9(7), 452-465.
- [4] South, S.T.; Lee, C.; Lamb, A.N.; Higgins, A.W.; Kearney, H.M. Working group for the American college of medical genetics and genomics laboratory quality assurance committee. ACMG standards and guidelines for constitutional cytogenomic microarray analysis, including postnatal and prenatal applications: Revision 2013. *Genet. Med.*, 2013, 15(11), 901-909.
- [5] Silva, M.; de Leeuw, N.; Mann, K.; Schuring-Blom, H.; Morgan, S.; Giardino, D.; Rack, K.; Hastings, R. European guidelines for constitutional cytogenomic analysis. *Eur. J. Hum. Genet.*, 2019, 27(1), 1-16.
- [6] Heng, H.H.; Horne, S.D.; Chaudhry, S.; Regan, S.M.; Liu, G.; Abdallah, B.Y.; Ye, C.J. A postgenomic perspective on molecular cytogenetics. Curr. Genomics, 2018, 19(3), 227-239.
- [7] Yurov, Y.B.; Vorsanova, S.G.; Iourov, I.Y. Ontogenetic variation of the human genome. Curr. Genomics., 2010, 11(6), 420-425.
- [8] Iourov, I.Y.; Vorsanova, S.G.; Yurov, Y.B. Genomic landscape of the Alzheimer's disease brain: Chromosome instability--aneuploidy, but not tetraploidy--mediates neurodegeneration. *Neurodegener. Dis.*, 2011, 8(1-2), 35-37.
- [9] Zhang, L.; Vijg, J. Somatic mutagenesis in mammals and its implications for human disease and aging. Annu. Rev. Genet., 2018, 52(1), 397-419.
- [10] Iourov, I.Y.; Vorsanova, S.G.; Yurov, Y.B. Somatic cell genomics of brain disorders: A new opportunity to clarify genetic-environmental interactions. Cytogenet. Genome. Res., 2013, 139(3), 181-188.
- [11] Rehm, H.L. A new era in the interpretation of human genomic variation. Genet. Med., 2017, 19(10), 1092-1095.
- [12] Iourov, I.Y.; Vorsanova, S.G.; Yurov, Y.B. In silico molecular cytogenetics: A bioinformatic approach to prioritization of candidate genes and copy number variations for basic and clinical genome research. Mol. Cytogenet., 2014, 7(1), 98.
- [13] Wright, C.F.; FitzPatrick, D.R.; Firth, H.V. Paediatric genomics: Diagnosing rare disease in children. Nat. Rev. Genet., 2018, 19(5), 253-268.
- [14] Iourov, I.Y.; Vorsanova, S.G.; Yurov, Y.B. Pathway-based classification of genetic diseases. Mol. Cytogenet., 2019, 12(1), 4.
- [15] Iourov, I.Y.; Vorsanova, S.G.; Voinova, V.Y.; Yurov, Y.B. 3p22.1p21.31 microdeletion identifies CCK as Asperger syndrome candidate gene and shows the way for therapeutic strategies in chromosome imbalances. Mol. Cytogenet., 2015, 8(1), 82.
- [16] Fröhlich, H.; Balling, R.; Beerenwinkel, N.; Kohlbacher, O.; Kumar, S.; Lengauer, T.; Maathuis, M.H.; Moreau, Y. Murphy, S.A.; Przytycka, T.M.; Rebhan, M; Röst, H.; Schuppert, A.; Schwab, M.; Spang, R.; Stekhoven, D.; Sun, J.; Weber A.; Ziemek, D.; Zupan, B. From hype to reality: Data science enabling personalized medicine. *BMC Med.*, **2018**, *16*(1), 150.