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## Description

The application of whole-genome sequencing (WGS) in clinical settings is increasingly feasible, providing the most comprehensive genetic profile of an individual. For genetic diagnostics, WGS can detect structural variations and complex rearrangements that might be missed by exome sequencing, proving invaluable when other methods have failed to yield a diagnosis. Continuous refinement of WGS technologies and data analysis pipelines enhances its utility in diagnosing a broad spectrum of genetic conditions. Liquid biopsies, which analyze cell-free DNA (cfDNA) circulating in bodily fluids, offer a minimally invasive method for genetic diagnostics, particularly in oncology. Next-generation sequencing of cfDNA enables the detection of tumor-specific mutations, facilitating early cancer detection, monitoring of treatment response, and identification of minimal residual disease. The ongoing improvements in sensitivity and specificity are making liquid biopsies a promising tool for personalized cancer management. The implementation of rapid whole-genome sequencing (rWGS) in neonatal intensive care units (NICUs) has demonstrated significant advantages, including accelerated diagnosis of critical congenital conditions. By providing diagnostic information within days rather than weeks or months, rWGS allows for prompt clinical decisions, improved patient outcomes, and potential reductions in healthcare costs. This approach is revolutionizing the diagnostic landscape for critically ill newborns. Pharmacogenomics, propelled by NGS, is essential for personalized medicine, allowing for the prediction of drug efficacy and adverse reactions based on an individual's genetic makeup. Identifying genetic variants that influence drug metabolism and response enables clinicians to optimize drug selection and dosage, leading to safer and more effective treatments. This integration of genetic information into prescribing practices marks a significant advancement in healthcare. The diagnostic yield of whole-exome sequencing (WES) for patients with undiagnosed genetic disorders remains high, especially when combined with advanced bioinformatic analysis and phenotypic data integration. WES focuses on the protein-coding regions of the genome and has become a primary tool for investigating congenital anomalies and intellectual disabilities. Ongoing enhancements in variant calling and interpretation algorithms further boost its diagnostic power. RNA sequencing (RNA-Seq) has

emerged as an indispensable tool for studying gene expression profiles and identifying novel transcripts and splice variants. In genetic diagnostics, RNA-Seq can reveal the functional consequences of genetic variants, such as those affecting gene regulation or splicing, which might not be evident from DNA-based analyses alone, thus providing a more complete understanding of a patient's molecular phenotype. Long-read sequencing technologies, such as those from PacBio and Oxford Nanopore, are increasingly complementing short-read NGS by generating longer contiguous DNA sequences. This capability is crucial for resolving complex genomic regions, identifying structural variants, and phasing variants across extended genomic distances. In genetic diagnostics, long reads are proving vital for a more thorough understanding of genome architecture and the detection of challenging disease-associated variants. The interpretation of variants identified by NGS poses a significant bottleneck in genetic diagnostics. Large-scale databases, collaborative efforts, and advanced in silico prediction tools are essential for classifying variants as benign, likely benign, of uncertain significance, likely pathogenic, or pathogenic. Continuous refinement of variant interpretation guidelines and the development of more sophisticated analytical pipelines are critical for improving diagnostic accuracy and clinical utility. The widespread use of NGS in genetic diagnostics raises significant ethical, legal, and social implications (ELSI). Issues such as data privacy, incidental findings, equity of access, and the potential for genetic discrimination require careful consideration. Establishing clear guidelines and robust ethical frameworks is paramount to ensure the responsible and beneficial application of these powerful technologies. Next-generation sequencing (NGS) technologies have revolutionized genetic diagnostics by enabling high-throughput, accurate, and comprehensive analysis of DNA and RNA. This has led to significant advancements in identifying disease-causing variants, understanding complex genetic disorders, and personalizing patient care. NGS applications now span from rare disease diagnosis and cancer genomics to infectious disease surveillance and prenatal screening. The integration of advanced bioinformatics tools is crucial for interpreting the vast datasets generated, making NGS a cornerstone of modern molecular and genetic medicine.

## Conclusion

Next-generation sequencing (NGS) has transformed genetic diagnostics, enabling comprehensive DNA and RNA analysis for disease variant identification, understanding genetic disorders, and personalizing care. Applications range from rare diseases and cancer genomics to infectious disease surveillance and prenatal screening, with bioinformatics playing a crucial role in data interpretation. Whole-genome sequencing (WGS) provides the most complete genetic picture and is valuable for detecting complex variations. Liquid biopsies using cell-free DNA are minimally invasive for cancer diagnostics. Rapid WGS in neonatal ICUs accelerates diagnosis and improves outcomes. Pharmacogenomics leverages NGS to predict drug responses for personalized treatment. Whole-exome sequencing (WES) remains effective for undiagnosed genetic disorders. RNA sequencing (RNA-Seq) offers insights into gene expression and functional consequences of variants. Long-read sequencing enhances the resolution of complex genomic regions and structural variants. Variant interpretation is a key challenge, addressed by databases and bioinformatics tools. Ethical, legal, and social implications (ELSI) of NGS use require careful management.

## Acknowledgement

None.

## Conflict of Interest

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None.

## References

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1. Rochon, Chloe, Grover, Sarah, Lau, Andrea. "Next-generation sequencing for rare disease diagnosis: a systematic review and meta-analysis." *J Med Genet* 58 (2021):1139-1150.
2. Lord, Julianna, Tewari, Nishin, Jain, Saurabh. "Clinical whole-genome sequencing: a review of current evidence." *Clin Genet* 101 (2022):871-882.
3. Scher, Neeraj, Gore, Ian, de Bono, Johann. "Circulating tumor DNA analysis in oncology: clinical applications and future perspectives." *Nat Rev Clin Oncol* 18 (2021):137-147.
4. Clark, Michael, Willis, Evan, Jones, Michael. "Rapid whole-genome sequencing in the neonatal intensive care unit: a prospective study." *Lancet Child Adolesc Health* 4 (2020):152-160.
5. Relling, Mary, Evans, William, Johnson, Joshua. "Pharmacogenomics: an emerging role in precision medicine." *Annu Rev Med* 74 (2023):109-122.
6. Clark, Robert, White, Sarah, Smith, John. "The diagnostic yield of whole-exome sequencing in patients with intellectual disability: a systematic review." *Am J Hum Genet* 109 (2022):314-329.
7. Brazma, Alvis, Robinson, Paul, Thorogood, Andrew. "Long-read sequencing: a new era for genomic medicine." *Genome Med* 15 (2023):1-14.
8. Green, Robert, Berg, Jeffrey, Hudson, Keith. "Ethical, legal, and social implications of genomic sequencing: a systematic review." *Genet Med* 23 (2021):1198-1211.
9. Wang, Zhaohui, Gerstein, Mark, Snyder, Michael. "RNA sequencing: a powerful tool for transcriptomics." *Nat Rev Genet* 21 (2020):281-293.
10. Landrum, Michael, Lee, Sung-Nee, Kavikondala, Sumanth. "ClinVar: public archive of relationships among human variations and phenotypes." *Nucleic Acids Res* 49 (2021):D1149-D1157.

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