

# GENETIC STUDY OF HYPERTROPHIC CARDIOMYOPATHY

## PARTIAL REPORT

<b>Patient Name:</b> NA	<b>Patient Birth Date:</b> NA
<b>Medical reference:</b> NA	<b>Patient Gender:</b> NA

**Consultancy Referral Number:** NA  
**Specimen Type:** NA  
**Requisition Date:** NA  
**Fulfillment Date:** NA

**Referring physician:** NA,  
**Harvesting facility:** NA  
**Referring facility:** NA  
**Purpose:** NA

**Referral reason:** NA  
**Sample Reference:** NA

### 1 – RESULTS

This genetic study shows 4 genetic variants in the genes *MYBPC3*, *MYH7*, *PLN*, and *TNNT2* that can be associated with hypertrophic cardiomyopathy.

### 1 – GENETIC INFORMATION

The results, described according to HGVS nomenclature (<http://www.hgvs.org>), are presented in the following table.

Gene	Genetic variant references		Nucleotidic change	Aminoacidic change	Observation
	HGMD	Ensembl			
<i>MYBPC3</i>	–	–	c.3188-21A>G	–	Genetic intronic variant in heterozygosity that may cause changes in splicing. Not described in the literature and of unknown clinical significance.
<i>MYH7</i>	CM050712	rs3729823	c.4472C>G	p.Ser1491Cys	Mutation in heterozygosity.
<i>PLN</i>	CR111409	–	c.*-30G>T	–	Mutation in heterozygosity.
<i>TNNT2</i>	CD044989	rs45533739	c.53-11_53-7delCTTCT	–	Polymorphism in heterozygosity.

Hypertrophic cardiomyopathy is mainly caused by genetic alterations that deregulate the cardiac contraction mechanism comprising the dysfunction of the mechanical, biochemical and cell bioenergetics.

- ***MYBPC3*, c.3188-21A>G:** The *MYBPC3* gene encodes for the cardiac myosin binding protein C, a sarcomeric motor protein important for cardiac muscle contraction. This intronic variant was found in a Portuguese cohort of 300 patients with clinical diagnosis of HCM. As so it is considered as an HCM-related polymorphism and may contribute to HCM severity when associated with other genetic variants.
- ***MYH7*, CM050712 / rs3729823:** The *MYH7* gene encodes for the beta heavy chain subunit of the cardiac isoform of myosin, a sarcomeric motor protein with ATPase activity and hence important in cardiac contraction. This mutation is considered to be a risk factor or a disease modifier and not an HCM-causative variant [1, 2].
- ***PLN*, CR111409:** The *PLN* gene encodes the phospholamban protein, whose unphosphorylated form acts as an inhibitor of sarcoplasmic reticulum calcium ATPase in cardiac muscle cells. This genetic variant is potentially associated with the development of hypertrophic cardiomyopathy (HCM) and it was described in a North American cohort of over 1000 HCM-patients [3, 4]. This genetic variant is located in the promotor region of *PLN* gene. *In vitro* functional studies demonstrated that mutations in this region decrease promotor activity, affecting protein expression [5]. Both inhibition and overexpression of phospholamban have been associated with the development of primary

**Sample Reference: NA**  
**Genetic Test: HCMHG2**

cardiomyopathies [6, 7].

- **TNNT2, CD044989 / rs45533739**: The *TNNT2* gene encodes for the troponin T, the alpha-tropomyosin-binding subunit of the sarcomeric troponin complex that regulates muscle contraction in response to the intracellular calcium concentration. This polymorphism is associated with left ventricular hypertrophy and increased interventricular septal wall thickness. HCM patients who are homozygous carriers of this variant present a larger left ventricular mass/height ratio [8].

This information is supported by peer reviewed scientific papers indexed on PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>) and also by The Human Gene Mutation Database (HGMD Professional<sup>®</sup> version 2013.4) [4], accessed on 4<sup>th</sup> November 2014.

Hypertrophic cardiomyopathy has a 50% chance of being transmitted to family relatives; therefore, we recommend a carrier testing for these genetic variants to direct members of the patient.

Example

**Sample Reference: NA**  
**Genetic Test: HCMHG2**

## 2 – TECHNICAL INFORMATION

### 2 – METHODOLOGY

1. A commercial kit was used to perform DNA extraction and purification from na. DNA concentration and quality were evaluated with MultiskanGo spectrophotometer (Thermo Scientific).
2. Genotyping was performed through molecular analysis of 963 genetic variants in 57 genes associated with hypertrophic cardiomyopathy.
3. Genotyping was achieved using a high-throughput DNA Microchip platform, the iPlex MassArray system from Agena. This array platform allows an optimal genetic analysis by combining the benefits of accurate primer extension chemistry with MALDI-TOF mass spectrometry. The different masses of each generated PCR product are then converted into genotype information.

### 2 – TEST ACCURACY

**The technical accuracy of this test is estimated to be 99%.**

HeartGenetics applies a rigorous quality control which may not exclude the possibility of error that might influence the test results. The results presented in this report are limited to the available scientific knowledge at the time this test was developed.

### 2 – HEARTGENETICS PANEL

**OBSCN** (NM\_052843), **MYOM1** (NM\_003803.3), **ACTA1** (NM\_001100), **ACTC1** (NM\_005159), **DES** (NM\_001927), **CRYAB** (NM\_001885), **JPH2** (NM\_020433), **MAP2K2** (ENST00000262948), **MAP2K1** (ENST00000307102), **MYL2** (NM\_000432), **MYL3** (NM\_000258), **RAF1** (NM\_002880), **CAV3** (NM\_033337), **NDUFV2** (NM\_021074.4), **KLF10** (NC\_000008.11), **MYH6** (NM\_002471), **CALM3** (NM\_005184.2), **CASQ2** (NM\_001232), **TPM1** (NM\_000366), **SLC25A3** (NM\_005880.3), **FHL1** (NG\_015895.1), **MYPN** (NC\_000010.11), **NEXN** (ENST00000334785), **GLA** (NM\_000169), **TNNI3** (NM\_000363), **TTN** (NM\_133378), **PRKAG2** (NM\_016203), **SRI** (NC\_000007.14), **MYH7** (NM\_000257), **PDLIM3** (NM\_014476), **COA5** (NG\_031918.1), **VCL** (NM\_003373), **MTO1** (ENST00000498286), **MYLK2** (NM\_033118), **SLC25A4** (NM\_001151), **LDB3** (NM\_001080116), **FXN** (NM\_000144), **MRPL3** (NC\_000003.12), **LAMP2** (NM\_002294), **PLN** (NM\_002667), **TRIM63** (NC\_000001.11), **ANKRD1** (NG\_023227.1), **TCAP** (NM\_003673), **ACTN2** (NM\_001103), **FHOD3** (NC\_000018.10), **TNNT2** (NM\_000364), **SOS1** (NM\_005633), **MYO6** (NM\_004999), **MYBPC3** (NM\_000256), **BRAF** (NM\_004333), **MYOZ2** (NM\_016599), **NDUFAB1** (NC\_000015.10), **CSRP3** (NM\_003476), **FLNC** (NM\_001458), **CALR3** (NC\_000019.10), **COX15** (NM\_004376), and **TNNC1** (NM\_003280).

Cantanhede, NA

### TECHNICAL DIRECTION



**Helena Vazão**  
Molecular Biologist, PhD  
Associate Laboratory Director



**Susana Rodrigues Santos**  
Human Geneticist, Specialist  
Molecular Biologist, PhD  
Laboratory Director

It has been assumed as truthful all the above declarations about patient and medical identity, the purpose of the study, index case and nature of analysed biological products.  
Any total or partial reproduction is prohibited.

### 3 – REFERENCES

- [1] L. Hougs, O. Havndrup, H. Bundgaard, L. Køber, J. Vuust, L. A. Larsen, M. Christiansen, and P. S. Andersen, *European Journal of Human Genetics* **13**, 161 (2004).
- [2] E. Blair, C. Redwood, M. de Jesus Oliveira, J. Moolman-Smook, P. Brink, V. Corfield, I. Östman-Smith, and H. Watkins, *Circulation research* **90**, 263 (2002).
- [3] A. P. Landstrom, B. A. Adekola, J. M. Bos, S. R. Ommen, and M. J. Ackerman, *American heart journal* **161**, 165 (2011).
- [4] P. D. Stenson, E. V. Ball, M. Mort, A. D. Phillips, J. A. Shiel, N. S. Thomas, S. Abeyasinghe, M. Krawczak, and D. N. Cooper, *Human mutation* **21**, 577 (2003).
- [5] M. Medin, M. Hermida-Prieto, L. Monserrat, R. Laredo, J. C. Rodriguez-Rey, X. Fernandez, and A. Castro-Beiras, *European journal of heart failure* **9**, 37 (2007).
- [6] S. Minamisawa, Y. Sato, Y. Tatsuguchi, T. Fujino, S.-i. Imamura, Y. Uetsuka, M. Nakazawa, and R. Matsuoka, *Biochemical and biophysical research communications* **304**, 1 (2003).
- [7] J. P. Schmitt, M. Kamisago, M. Asahi, G. H. Li, F. Ahmad, U. Mende, E. G. Kranias, D. H. MacLennan, J. Seidman, and C. E. Seidman, *Science* **299**, 1410 (2003).
- [8] K. Komamura, N. Iwai, K. Kokame, Y. Yasumura, J. Kim, M. Yamagishi, T. Morisaki, A. Kimura, H. Tomoike, M. Kitakaze, *et al.*, *Journal of human genetics* **49**, 129 (2004).

**HeartGenetics is certified with ISO NP 9001:2008 for Quality Management System.**

Please visit [www.heartgenetics.com](http://www.heartgenetics.com) to find out more about other available genetic tests, namely Hereditary Thrombophilia, Familial Hypercholesterolemia, Molecular Risk Factors for Arterial Hypertension and Cardiovascular Pharmacogenetics. Ask your physician for more information.