MAYO CLINIC LABORATORIES

Test Definition: HYPBG

Hypobetalipoproteinemia Gene Panel, Varies

Overview

Useful For

Providing a genetic evaluation for patients with a personal or family history suggestive of familial hypobetalipoproteinemia

Genetics Test Information

This test utilizes next-generation sequencing to detect single nucleotide and copy number variants in 5 genes associated with familial hypobetalipoproteinemia: *ANGPTL3, APOB, MTTP, PCSK9,* and *SAR1B*. See Targeted Genes and Methodology Details for Hypobetalipoproteinemia Gene Panel and Method Description for additional details.

Identification of a disease-causing variant may assist with diagnosis, prognosis, clinical management, familial screening, and genetic counseling for familial hypobetalipoproteinemia.

Prior Authorization is available for this assay.

Special Instructions

- Informed Consent for Genetic Testing
- Informed Consent for Genetic Testing (Spanish)
- Hereditary Dyslipidemia Patient Information
- Targeted Genes and Methodology Details for Hypobetalipoproteinemia Gene Panel
- Hypobetalipoproteinemia Gene Panel (HYPBG) Prior Authorization Ordering Instructions

Method Name

Sequence Capture and Targeted Next-Generation Sequencing followed by Polymerase Chain Reaction (PCR) and Sanger Sequencing

NY State Available

Yes

Specimen

Specimen Type

Varies

Ordering Guidance

This gene panel contains genes in common with HCHLG / Hypercholesterolemia Gene Panel, Varies. These tests should not be ordered concurrently as they assist in diagnosing conflicting disorders. For low levels of cholesterol (hypocholesterolemia), order this test. For high levels of cholesterol (hypercholesterolemia), order HCHLG.

Customization of this panel and single gene analysis for any gene present on this panel are available. For more

information see CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies.

Targeted testing for familial variants (also called site-specific or known mutations testing) is available for the genes on this panel. See FMTT / Familial Variant, Targeted Testing, Varies. To obtain more information about this testing option, call 800-533-1710.

Shipping Instructions

Specimen preferred to arrive within 96 hours of collection.

Necessary Information

Prior Authorization is available, **but not required**, for this test. If proceeding with the prior authorization process, submit the required form with the specimen.

Specimen Required

Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Any anticoagulant
Specimen Volume: 3 mL
Collection Instructions:
1. Invert several times to mix blood
2. Send whole blood specimen in original tube. **Do not aliquot.**
Specimen Stability Information: Ambient (preferred)/Refrigerated

Forms

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file.
The following documents are available:
-Informed Consent for Genetic Testing (T576)
-Informed Consent for Genetic Testing (Spanish) (T826)
2. Hereditary Dyslipidemia Patient Information
3. Hypobetalipoproteinemia Gene Panel (HYPBG) Prior Authorization Ordering Instructions
4. If not ordering electronically, complete, print, and send a Cardiovascular Test Request (T724) with the specimen.

Specimen Minimum Volume

1 mL

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Clinical & Interpretive

Clinical Information

Monogenic causes of hypobetalipoproteinemia include familial hypobetalipoproteinemia (FHBL), abetalipoproteinemia (ABL), chylomicron retention disease (CMRD), loss of function variants in *PCSK9*, and familial combined hypolipidemia (FCH).

FHBL is the most common form of hypobetalipoproteinemia and is characterized by apolipoprotein B (ApoB) levels below the 5th percentile and low-density lipoprotein cholesterol (LDL-C) concentrations in the range of 20 mg/dL to 50 mg/dL. FHBL displays codominant inheritance, whereby heterozygous individuals may be asymptomatic or have mild disease, and (rare) compound heterozygous and homozygous individuals develop more severe, early-onset disease. In cases of mild to moderate FHBL with little or no liver involvement, prognosis is good and, in fact, may be associated with increased longevity. In severe disease, symptoms include fatty liver, which may progress to cirrhosis over time, symptoms of fat malabsorption, failure to thrive, and neurological and ocular dysfunction. FHBL is most commonly due to disease-causing truncating variants in the *APOB* gene resulting in reduced or nonfunctional protein.

ABL is a rare (<1:1,000,000) condition characterized by triglyceride concentrations of less than 30 mg/dL, cholesterol concentrations of less than 30 mg/dL, and undetectable LDL and ApoB levels. Clinical presentation is similar to that described above for compound heterozygous and homozygous FHBL. ABL displays autosomal recessive inheritance and is caused by compound heterozygous or homozygous disease-causing variants in the *MTTP* gene.

CMRD is a rare lipid malabsorption syndrome that typically presents in young infants with diarrhea, steatorrhea, abdominal distention, and failure to thrive. Laboratory findings include LDL-C and high-density lipoprotein cholesterol-C reduction of approximately 50% with normal triglyceride concentrations. CMRD displays autosomal recessive inheritance and is caused by compound heterozygous or homozygous disease-causing variants in the *SAR1B* gene.

Heterozygous loss-of-function variants in the *PCSK9* gene are associated with mild to moderate reduction in LDL-C and normal health with significantly lower prevalence of atherosclerotic heart disease. Rare individuals with biallelic loss-of-function variants in *PCSK9* have been reported with extremely low levels of LDL-C (approximately 15 mg/dL), normal health and reproductive capacity, and no evidence of neurologic or cognitive dysfunction. Notably, heterozygous gain-of-function variants in *PCSK9* are associated with familial hypercholesterolemia.

Finally, FCH is a very rare condition of panhypolipidemia associated with normal health and significantly lower prevalence of atherosclerotic heart disease. This condition is caused by loss-of-function variants in the *ANGPTL3* gene. Similar to FHBL and *PCSK9*, FCH displays codominant inheritance, with heterozygotes having normal HDL-C and LDL-C concentrations that are below the 25th percentile, while compound heterozygous and homozygous individuals display significant reductions in HDL-C levels as well.

Reference Values

An interpretive report will be provided.

Interpretation

All detected variants are evaluated according to American College of Medical Genetics and Genomics

recommendations.(1) Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance.

Cautions

Clinical Correlations:
Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Misinterpretation of results may occur if the information provided is inaccurate or incomplete.

If testing was performed because of a clinically significant family history, it is often useful to first test an affected family member. Detection of a reportable variant in an affected family member would allow for more informative testing of at-risk individuals.

To discuss the availability of additional testing options or for assistance in the interpretation of these results, contact the Mayo Clinic Laboratories genetic counselors at 800-533-1710.

Technical Limitations:
Next-generation sequencing may not detect all types of genomic variants. In rare cases, false-negative or false-positive results may occur. The depth of coverage may be variable for some target regions; assay performance below the minimum acceptable criteria or for failed regions will be noted. Given these limitations, negative results do not rule out the diagnosis of a genetic disorder. If a specific clinical disorder is suspected, evaluation by alternative methods can be considered.

There may be regions of genes that cannot be effectively evaluated by sequencing or deletion and duplication analysis as a result of technical limitations of the assay, including regions of homology, high guanine-cytosine (GC) content, and repetitive sequences. Confirmation of select reportable variants will be performed by alternate methodologies based on internal laboratory criteria.

This test is validated to detect 95% of deletions up to 75 base pairs (bp) and insertions up to 47 bp. Deletions-insertions (delins) of 40 or more bp, including mobile element insertions, may be less reliably detected than smaller delins.

Deletion/Duplication Analysis:
This analysis targets single and multi-exon deletions/duplications; however, in some instances, single exon resolution cannot be achieved due to isolated reduction in sequence coverage or inherent genomic complexity. Balanced structural rearrangements (such as translocations and inversions) may not be detected.

This test is not designed to detect low levels of mosaicism or to differentiate between somatic and germline variants. If there is a possibility that any detected variant is somatic, additional testing may be necessary to clarify the significance of results.

Genes may be added or removed based on updated clinical relevance. Refer to the Targeted Genes and Methodology Details for Hypobetalipoproteinemia Gene Panel for the most up to date list of genes included in this test. For detailed information regarding gene specific performance and technical limitations, see Method Description or contact a laboratory genetic counselor.

If the patient has had an allogeneic hematopoietic stem cell transplant or a recent blood transfusion, results may be

inaccurate due to the presence of donor DNA. Call Mayo Clinic Laboratories for instructions for testing patients who have received a bone marrow transplant.

Reclassification of Variants:
Currently, it is not standard practice for the laboratory to systematically review previously classified variants on a regular basis. The laboratory encourages healthcare providers to contact the laboratory at any time to learn how the classification of a particular variant may have changed over time.

Variant Evaluation:
Evaluation and categorization of variants are performed using published American College of Medical Genetics and Genomics and the Association for Molecular Pathology recommendations as a guideline.(1) Other gene-specific guidelines may also be considered. Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance. Variants classified as benign or likely benign are not reported.

Multiple in silico evaluation tools may be used to assist in the interpretation of these results. The accuracy of predictions made by in silico evaluation tools is highly dependent upon the data available for a given gene, and periodic updates to these tools may cause predictions to change over time. Results from in silico evaluation tools should be interpreted with caution and professional clinical judgment.

Rarely, incidental or secondary findings may implicate another predisposition or presence of active disease. Incidental findings may include, but are not limited to, results related to the sex chromosomes. These findings will be carefully reviewed to determine whether they will be reported.

Clinical Reference

1. Richards S, Aziz N, Bale S, et al: Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. Genet Med. 2015 May;17(5):405-424
2. Shapiro MD and Feingold KR: Monogenic disorders causing hypobetalipoproteinemia. In: Feingold KR, Anawalt B, Boyce A, et al, eds. Endotext [Internet]. MDTest.com, Inc; 2000. Updated October 4. 2021. Accessed February 9, 2022. Available at www.ncbi.nlm.nih.gov/books/NBK326744/

Performance

Method Description

Next-generation sequencing (NGS) and/or Sanger sequencing is performed to test for the presence of variants in coding regions and intron/exon boundaries of the genes analyzed, as well as some other regions that have known disease-causing variants. The human genome reference GRCh37/hg19 build was used for sequence read alignment. At least 99% of the bases are covered at a read depth over 30X. Sensitivity is estimated at above 99% for single nucleotide variants, above 94% for deletions-insertions (delins) less than 40 base pairs (bp), above 95% for deletions up to 75 bp and insertions up to 47 bp. NGS and/or a polymerase chain reaction-based quantitative method is performed to test for the presence of deletions and duplications in the genes analyzed.

There may be regions of genes that cannot be effectively evaluated by sequencing or deletion and duplication analysis as a result of technical limitations of the assay, including regions of homology, high guanine-cytosine (GC) content, and repetitive sequences. See Targeted Genes and Methodology Details for Hypobetalipoproteinemia Gene Panel for details regarding the targeted genes analyzed for each test and specific gene regions not routinely covered.(Unpublished Mayo method)

Confirmation of select reportable variants may be performed by alternate methodologies based on internal laboratory criteria.

Genes analyzed: *ANGPTL3, APOB, MTTP, PCSK9, SAR1B*

PDF Report
Supplemental

Day(s) Performed
Varies

Report Available
28 to 42 days

Specimen Retention Time
Whole blood: 2 weeks (if available); Extracted DNA: 3 months

Performing Laboratory Location
Rochester

Fees & Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information
81406
81407
81479

Prior Auhtorization
Insurance preauthorization is available for this testing; forms are available.

Patient financial assistance may be available to those who qualify. Patients who receive a bill from Mayo Clinic Laboratories will receive information on eligibility and how to apply.

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
HYPBG	Hypobetalipoproteinemia Gene Panel	51966-0

Result ID	Test Result Name	Result LOINC® Value
617310	Test Description	62364-5
617311	Specimen	31208-2
617312	Source	31208-2
617313	Result Summary	50397-9
617314	Result	82939-0
617315	Interpretation	69047-9
617316	Additional Results	82939-0
617317	Resources	99622-3
617318	Additional Information	48767-8
617319	Method	85069-3
617320	Genes Analyzed	48018-6
617321	Disclaimer	62364-5
617322	Released By	18771-6