



Cerebrum DX

Genekor Medical S.A. | 52, Spaton Ave., 15344, Gerakas, Athens, Greece ,G.E.MI. nr: 0007856001000
 email: info@genekor.com, www.genekor.com | Tel. (+30) 210 6032138 Fax. (+30) 210 6032148
 Scientific Director: George Nasioulas PhD

SAMPLE INFORMATION

Name :	-	Date Received :	-
Medical ID :	-	Date of Report :	-
Date of Birth :	-	Req. Physician :	-
Location :	-	Barcode :	-
Material :	WHOLE PERIPHERAL BLOOD	Reason of referral:	Myopathies

CerebrumDX analysis by Next Generation Sequencing

Results associated with the reason of referral

Gene	Variant	Clinical Significance	Zygoty
<i>COL4A2</i>	NM_001846.4:c.964C>T, p.(Arg322*)	Likely Pathogenic variant	Heterozygous
<i>PLEC</i>	NM_201378.4:c.3485G>A, p.(Arg1162His)	Variant of Uncertain Significance (VUS)	Heterozygous



Electronically Signed by - Georgia Pepe, MSc Molecular Biologist, AMKA:09038403029

- George Nasioulas, PhD Molecular Biologist, Scientific Director, AMKA:26025301255

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Variants Details

COL4A2, Exon 17, NM_001846.4:c.964C>T, p.(Arg322*)

[ClinGen](#)
[HPO](#)
[ClinVar](#)

This sequence change creates a premature translational stop signal (p.Arg322*) in the *COL4A2* gene. It is expected to result in an absent or disrupted protein product. Loss-of-function variants in *COL4A2* are known to be pathogenic ([PMID: 22333902, 30315939](#)). This variant is present in population databases at a very low frequency (rs1237717942, gnomAD_exom <0.01%) but is not listed in the mutation database ClinVar. Based on the classification criteria set by the ACMG and AMP ([PMID: 25741868](#)) this variant has been classified as likely pathogenic. According to international guidelines it is recommended that relatives of the patient are tested for the above mutation.

The *COL4A2* gene has been localized to chromosome 13q34 and encodes the alpha-2 chain of type IV collagen. Type IV collagen is associated with laminin, entactin and heparan sulfate proteoglycans to form the sheetlike basement membranes that separate epithelium from connective tissue. *COL4A2* mutations are a novel major risk factor for familial cerebrovascular disease, including porencephaly and small-vessel disease with reduced penetrance and variable phenotype, which might also be modified by other contributing factors. Additionally, the *COL4A2* gene has preliminary evidence supporting a correlation with autosomal recessive leukoencephalopathy ([PMID: 36324412, 22333902, 33912663, 36603335](#)).



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PLEC ,Exon 27, NM_201378.4:c.3485G>A, p.(Arg1162His)

ClinGen

HPO

ClinVar

Gene	PLEC	OMIM
Disease associated with pathogenic variants in this gene	Epidermolysis bullosa simplex 5A, Ogn type, Autosomal dominant epidermolysis bullosa simplex 5B, with muscular dystrophy, Autosomal recessive	
Variant	NM_201378.4:c.3485G>A, p.(Arg1162His)	
Zygoty	Heterozygous	
Type of variant	Missense	
Allele frequency (dbSNP)	0.01%	rs782533009
Grantham score	29	
Protein position information	In a domain of the protein that is not known to be functionally important	
ClinVar	Variation ID: 851190	
In silico analysis	Tolerated	
Clinical Significance	Variant of Uncertain Significance (VUS)	



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Methodology

Genomic DNA was extracted from the sample under investigation and was analysed by a solution based capture approach using the target enrichment panel (KAPA HyperCap Heredity Panel, Roche). Sequencing was carried out using the DNBSEQ-G400 sequencing platform (MGI). Reads were aligned to the reference sequence (GRCh37), and sequence changes were identified and interpreted in the context of a single clinically relevant transcript. Unless otherwise stated, this assay targets all coding regions of the indicated transcripts and 10 base pairs of flanking intronic sequences. The mean coverage was ...x with ..% of all targeted regions sequenced with $\geq 20x$ depth.

Based on the available patient information, the following diagnostic algorithm was used.

- The genes described in the OMIM and HPO databases were selected as genes associated with the patient phenotype.
- Variant classification was performed according to the ACMG AND AMP guidelines (PMID: 25741868)
- Analysis of the mutations with damaging effect (frameshift, nonsense, missense, splicing mutations etc.) as well as de novo mutations was obtained.
- All clinically significant observations were confirmed by Sanger Sequencing analysis on SeqStudio Genetic Analyzer (Thermo Fisher Scientific).

*Note:

Every molecular test has an internal 0,5-1% chance of failure. This is due to rare molecular events and factors related to the preparation and analysis of the samples. Unless otherwise stated, this assay targets all coding regions of the indicated transcripts and 10 base pairs of flanking intronic sequences. Therefore, this method cannot detect variants in deep intronic or enhancer/promoter regions.

The method used achieves 99% sensitivity and specificity for single nucleotide variants and insertions and deletions



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Details about non-pathogenic variants

All individuals carry DNA changes (i.e., variants), and most variants do not increase an individual's risk of the disease. When identified, variants of uncertain significance (VUS) are reported. Benign variants (Polymorphisms) are not reported and available data indicate that these variants most likely do not cause increased risk for the disease. Present evidence does not suggest that non-clinically significant variant findings be used to modify patient medical management beyond what is indicated by the personal and family history and any other clinically significant findings.

Genes Analyzed (Table 1)

<i>ACTA1</i>	<i>ANO5</i>	<i>ATP2A1</i>	<i>B3GALNT2</i>	<i>BAG3</i>	<i>BICD2</i>	<i>BIN1</i>	<i>CAPN3</i>	<i>CAV3</i>
<i>CFL2</i>	<i>CHKB</i>	<i>COL12A1</i>	<i>COL4A1</i>	<i>COL4A2</i>	<i>COL6A1</i>	<i>COL6A2</i>	<i>COL6A3</i>	<i>CRPPA</i>
<i>CRYAB</i>	<i>DAG1</i>	<i>DES</i>	<i>DMD</i>	<i>DNAJB6</i>	<i>DYSF</i>	<i>EMD</i>	<i>FDX2</i>	<i>FHL1</i>
<i>FKRP</i>	<i>FKTN</i>	<i>FLNC</i>	<i>GAA</i>	<i>GMPPB</i>	<i>GOSR2</i>	<i>HNRNPDL</i>	<i>INPP5K</i>	<i>ITGA7</i>
<i>KBTBD13</i>	<i>KLHL40</i>	<i>KLHL41</i>	<i>LAMA2</i>	<i>LARGE1</i>	<i>LDB3</i>	<i>LMNA</i>	<i>LMOD3</i>	<i>MEGF10</i>
<i>MICU1</i>	<i>MME</i>	<i>MSTO1</i>	<i>MTM1</i>	<i>MYH7</i>	<i>MYO18B</i>	<i>MYOT</i>	<i>NEB</i>	<i>PLEC</i>
<i>PNPLA2</i>	<i>POGLUT1</i>	<i>POLG</i>	<i>POMGNT1</i>	<i>POMGNT2</i>	<i>POMK</i>	<i>POMT1</i>	<i>POMT2</i>	<i>PYROXD1</i>
<i>RBCK1</i>	<i>RYR1</i>	<i>SELENON</i>	<i>SEPTIN9</i>	<i>SGCA</i>	<i>SGCB</i>	<i>SGCD</i>	<i>SGCG</i>	<i>SMCHD1</i>
<i>SPEG</i>	<i>SPTBN4</i>	<i>SYNE1</i>	<i>TCAP</i>	<i>TK2</i>	<i>TMEM126B</i>	<i>TMEM43</i>	<i>TNNT1</i>	<i>TNPO3</i>
<i>TPM2</i>	<i>TPM3</i>	<i>TRAPPC11</i>	<i>TRIM32</i>	<i>TTN</i>	<i>VMA21</i>	<i>VPS13A</i>		



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Family tree

Note: The information shown on the family tree has been provided by the patient and not by medical records.



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