

ARiA VIII Symposium

Advances and Research in ATTR Amyloidosis

Genetic Testing: Value and modern approaches

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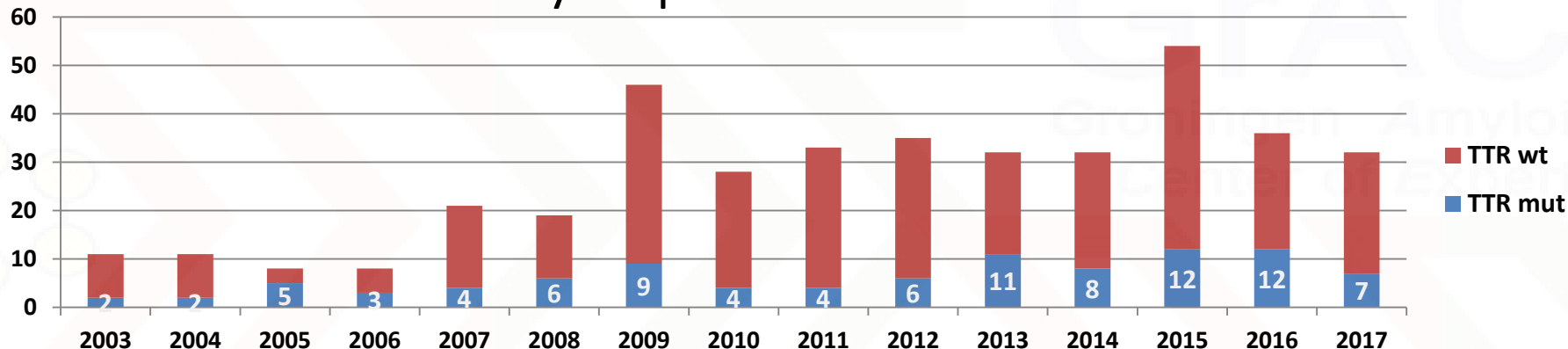


Disclosures?

- > To discuss with Pfizer/Synergy what's obligatory
- > No additional disclosures

Genetic testing: background

- > Sanger sequencing of *TTR* gene started in 1995 in UMCG
 - Genetic testing is covered by healthcare insurance in the Netherlands
- > over 500 *TTR* analyses performed



Genetic testing: background

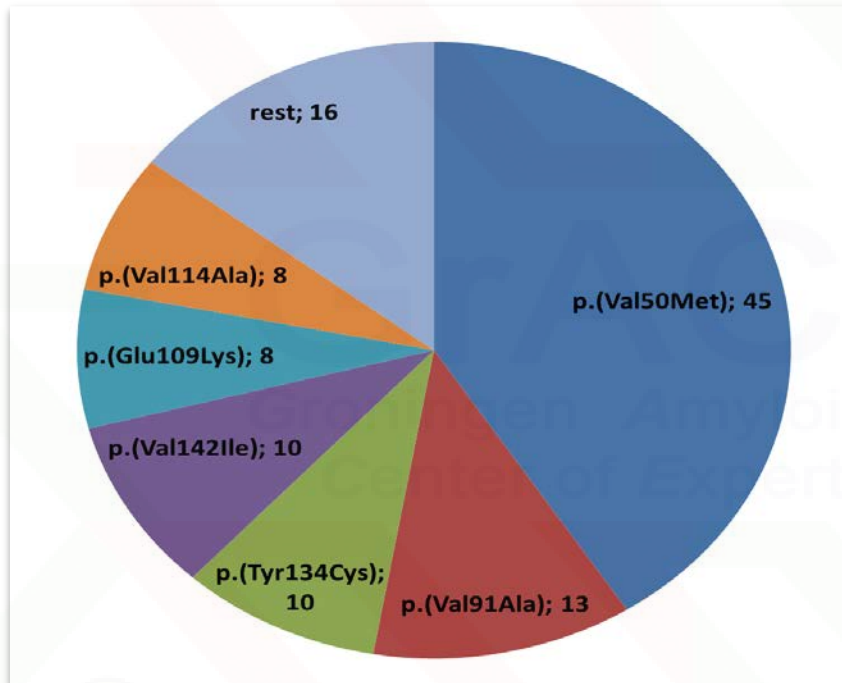
> 18 unique *TTR* variants identified in 110 patients

> 52 families:

- Largest family: 13 cases
- 35 single cases

> New nomenclature:

- p.(Val50Met) = Val30Met



Genetic testing: modern approach

- > Amyloidosis gene panel introduced in 2017
 - *APOA1, APOA2, APOC2, APOC3, B2M, CST3, FGA, GSN, IL31RA, LYZ, OSMR, TTR*

- > 58 probands sequenced
 - 3 pathogenic variants identified
 - > 2 in TTR [p.(Val50Met) and p.(Val142Ile)], 1 in APOA1
 - 4 variants of unknown significance identified
 - > In APOC3, IL31RA and GSN (2x)
 - Mean turn-around-time 31 days (range 15-45 days)



Genetic testing: modern approach

- > *TTR* gene also present on cardiomyopathy panel

- > 6 *TTR* variants identified in 2002 cardiomyopathy samples
 - c.148G>A p.(Val50Met) Pathogenic
 - c.424G>A p.(Val142Ile) Pathogenic
 - c.127A>C p.(Ser43Arg) Likely pathogenic
 - c.280G>C p.(Asp94His) [2x] Variant of unknown significance
 - c.355G>A p.(Asp119Asn) Variant of unknown significance

Genetic testing: value

- > Differentiate between ATTR and other amyloidosis subtypes
- > Differentiate between wild-type and inherited ATTR amyloidosis
- > Genotype-phenotype correlations
- > Cascade family screening

Genetic testing: value

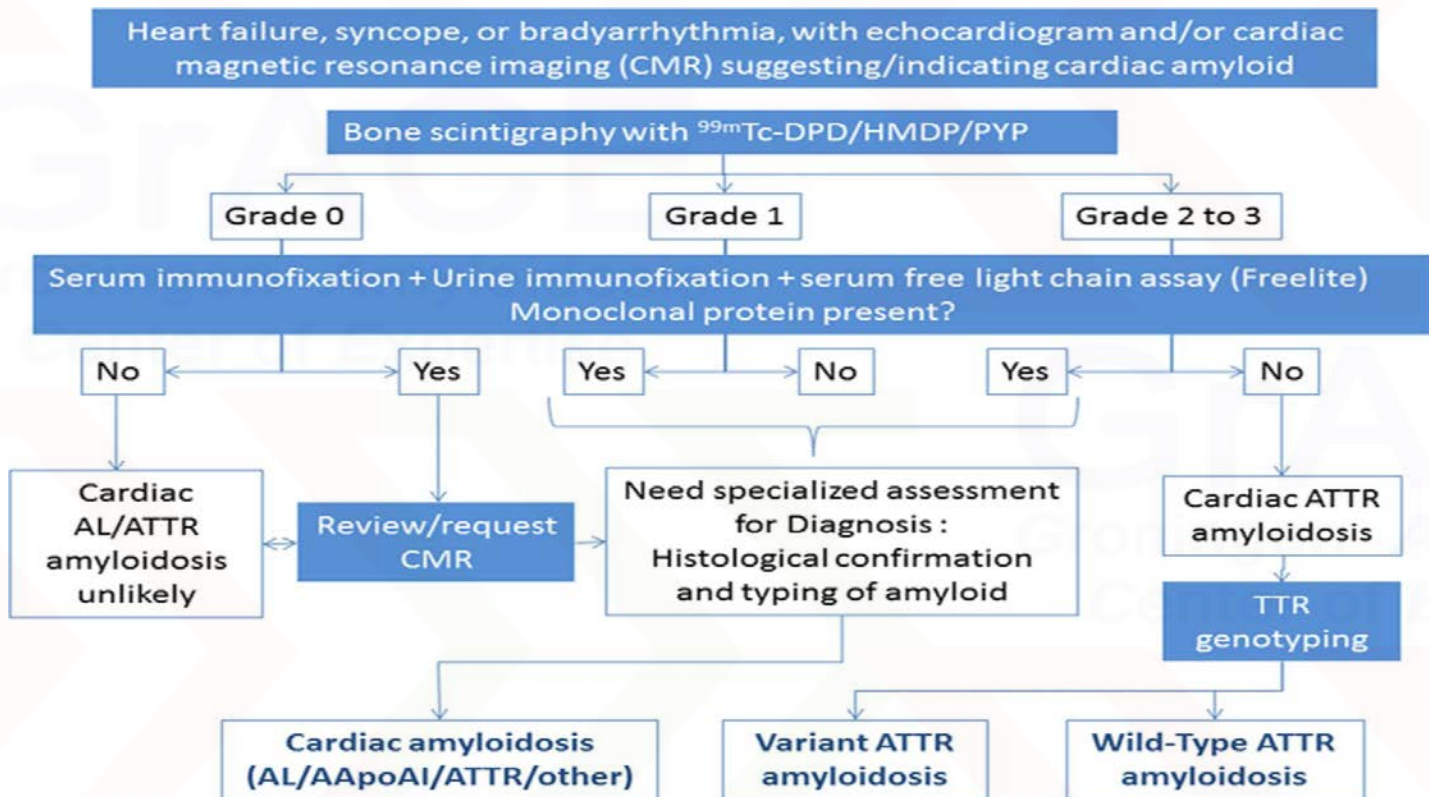
> Differentiate between ATTR and other amyloidosis subtypes

> Bone scintigraphy with

^{99m}Tc -DPD/HMDP/PYP grade 1-3

- Not ATTR specific:
- ApoA1 p.Gln172Pro¹ (figure →)
- ApoA1 p.Leu174Ser²
- ApoA1 p.Arg78*³

1. Amyloid 2015;22: 252-3
2. Amyloid 2013;20:48-51
3. Kidney Intl 2003;64:11-6



Genetic testing: value

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Wild-type ATTR amyloidosis	Hereditary ATTR amyloidosis
Hypertrophic cardiomyopathy, carpal tunnel syndrome, spinal stenosis	Polyneuropathy and/or cardiomyopathy
Tendon ruptures	Autonomic neuropathy, eye/brain involvement
Sporadic, males > females, onset often >60yr	Autosomal dominant, onset and prognosis highly variable and mutation dependant

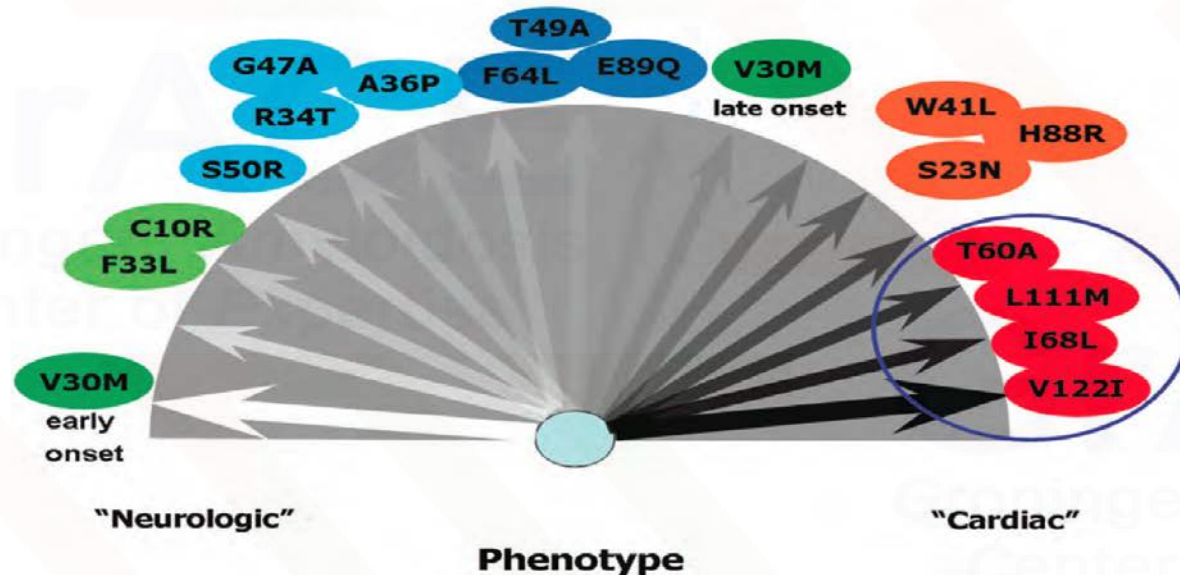
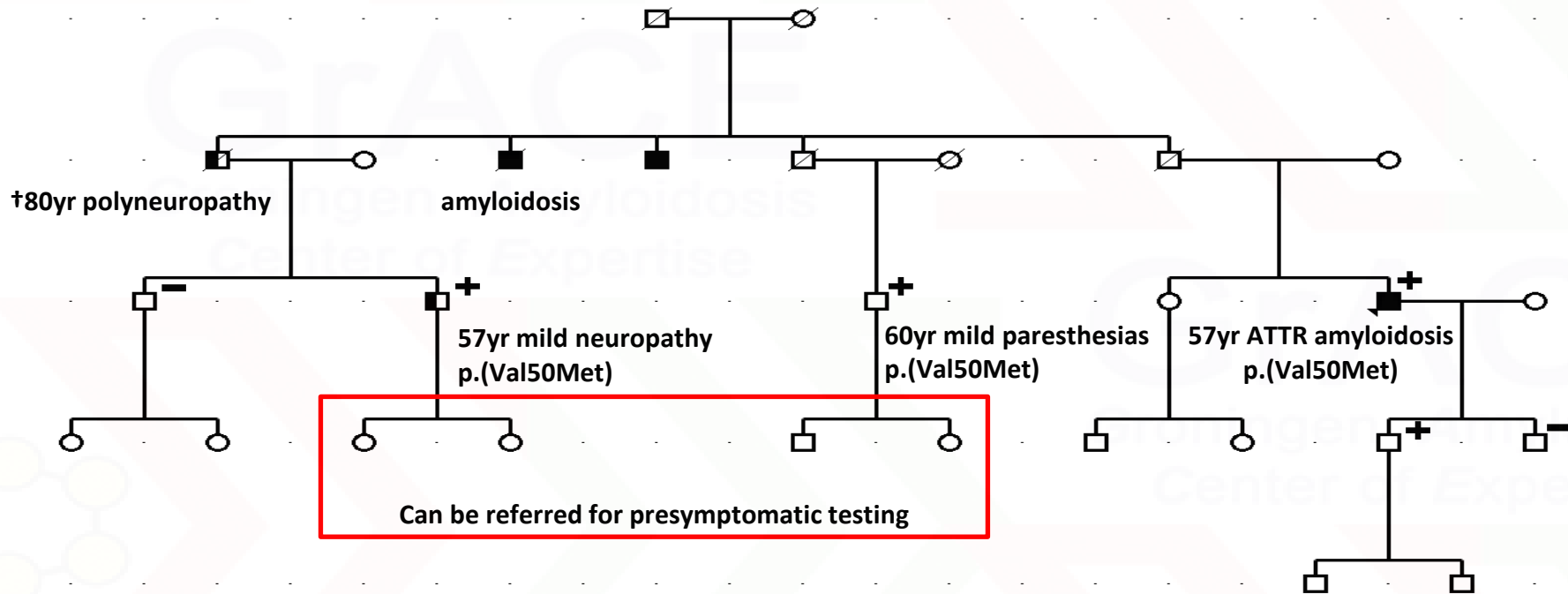


Figure 2 Possible spectrum of genotype–phenotype correlations in transthyretin-related amyloidosis. Phenotypic expression of transthyretin-related amyloidosis varies widely from an almost exclusively neurological involvement (Val30Met mutation with early-onset disease) to a predominant or exclusively cardiac involvement (Thr60Ala, Leu111Met, Ile68Leu, and Val122Ile mutations). In between, several transthyretin-related amyloidosis mutations are associated with variable degrees of neurological and cardiological involvement, including Val30Met with late-onset disease.

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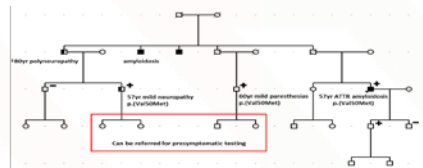
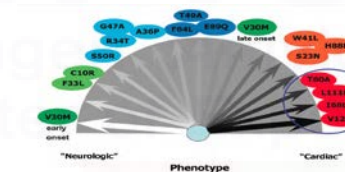
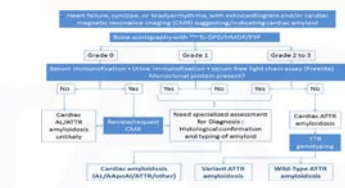
Genetic testing: value

- > Differentiate between ATTR and other amyloidosis subtypes
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- > Genotype-phenotype correlations

- > Cascade family screening
 - Presymptomatic testing after genetic counselling
 - Prevents diagnostic delay and enables early start of treatment
 - Non-carriers can be reassured
 - Screening of potential related liver donors

Genetic testing: value & modern approaches

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Questions?