Overview

Useful For
Diagnosis of individuals suspected of having autosomal recessive polycystic kidney disease (ARPKD)

Prenatal diagnosis if there is a high suspicion of ARPKD based on ultrasound findings

Carrier testing of individuals with a family history of ARPKD but an affected individual is not available for testing or disease-causing mutations have not been identified

Genetics Test Information
This test includes next-generation sequencing to evaluate for mutations in the PKHD1 gene. Sanger sequencing may be performed to confirm detected variants.

Reflex Tests

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<th>Reporting Name</th>
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<td>Fibroblast Culture for Genetic Test</td>
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<td>CULAF</td>
<td>Amniotic Fluid Culture/Genetic Test</td>
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<tr>
<td>MATCC</td>
<td>Maternal Cell Contamination, B</td>
<td>Yes</td>
<td>No</td>
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</table>

Testing Algorithm

For prenatal specimens only: If amniotic fluid (nonconfluent cultured cells) is received, amniotic fluid culture/genetic test will be added and charged separately. If chorionic villus specimen (nonconfluent cultured cells) is received, fibroblast culture for genetic test will be added and charged separately. For any prenatal specimen that is received, maternal cell contamination studies will be added.

Special Instructions
- [Molecular Genetics: Congenital Inherited Diseases Patient Information](#)
- [Informed Consent for Genetic Testing](#)
- [Informed Consent for Genetic Testing (Spanish)](#)

Method Name
Custom Sequence Capture and Targeted Next-Generation Sequencing (NGS) followed by Polymerase Chain Reaction (PCR) and Sanger Sequencing when appropriate

NY State Available
Yes

Specimen

Specimen Type
Varies
Test Definition: ARPKZ
ARPKD Full Gene Analysis

**Additional Testing Requirements**

*All prenatal specimens must be accompanied by a maternal blood specimen; order MATCC / Maternal Cell Contamination, Molecular Analysis on the maternal specimen.*

**Shipping Instructions**

Whole blood specimens preferred to arrive within 96 hours of collection.

Prenatal specimens can be sent Monday through Thursday and **must be received by 5 p.m. CST on Friday** in order to be processed appropriately.

**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.

**Additional Information:** To ensure minimum volume and concentration of DNA is met, the preferred volume of specimen must be submitted. Testing may be canceled if DNA requirements are inadequate.

Submit only 1 of the following specimens:

**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 specimen in original tube.

**Specimen Stability Information:** Ambient (preferred)/Refrigerated

**Prenatal Specimens**

Due to the complexity of prenatal testing, consultation with the laboratory is required for all prenatal testing.

**Specimen Type:** Amniotic fluid

**Container/Tube:** Amniotic fluid container

**Specimen Volume:** 20 mL

**Specimen Stability Information:** Refrigerated (preferred)/Ambient
Test Definition: ARPKZ
ARPKD Full Gene Analysis

Specimen Type: Chorionic villi

Container/Tube: 15-mL tube containing 15 mL of transport media

Specimen Volume: 20 mg

Specimen Stability Information: Refrigerated

Acceptable:

Specimen Type: Confluent cultured cells

Container/Tube: T-25 flask

Specimen Volume: 2 flasks

Collection Instructions: Submit confluent cultured cells from another laboratory.

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 in Special Instructions:
   
   - Informed Consent for Genetic Testing (T576)
   - Informed Consent for Genetic Testing-Spanish (T826)

2. Molecular Genetics: Congenital Inherited Diseases Patient Information (T521) in Special Instructions

3. If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

Specimen Minimum Volume

Blood: 1 mL
Amniotic Fluid: 10 mL
Chorionic Villi: 5 mg

Reject Due To

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

Specimen Stability Information

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<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
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Clinical and Interpretive
Clinical Information
Autosomal recessive polycystic kidney disease (ARPKD) is a disorder caused by mutations in the polycystic kidney and hepatic disease 1 (PKHD1) gene. The incidence of ARPKD is approximately 1:20,000 and the estimated carrier frequency in the general population is 1:70. ARPKD is characterized by enlarged echogenic kidneys, congenital hepatic fibrosis, and pulmonary hypoplasia (secondary to oligohydranmios [insufficient volume of amniotic fluid] in utero). Most individuals with ARPKD present during the neonatal period and, of those, nearly one-third die of respiratory insufficiency. Early diagnosis, in addition to initiation of renal replacement therapy (dialysis or transplantation) and respiratory support, increases the 10-year survival rate significantly. Presenting symptoms include bilateral palpable flank masses in infants and subsequent observation of typical findings on renal ultrasound, often within the clinical context of hypertension and prenatal oligohydranmios. In rarer cases, individuals may present during childhood or adulthood with hepatosplenomegaly. Of those who survive the neonatal period, one-third progress to end-stage renal disease and up to one-half develop chronic renal insufficiency.

The PKHD1 gene maps to 6p12 and includes 67 exons. The PKHD1 gene encodes a protein called fibrocystin, which is localized to the primary cilia and basal body of renal tubular and biliary epithelial cells. Because ARPKD is an autosomal recessive disease, affected individuals must carry 2 deleterious mutations within the PKHD1 gene. Although disease penetrance is 100%, intrafamilial variation in disease severity has been observed. Mutation detection is often difficult due to the large gene size and the prevalence of private mutations that span the entire length of the gene.

Reference Values
An interpretive report will be provided.

Interpretation
All detected alterations are evaluated according to American College of Medical Genetics and Genomics (ACMG) recommendations. Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance.

Cautions
A small percentage of individuals who are carriers or have a diagnosis of autosomal recessive polycystic kidney disease (ARPKD) may have a mutation that is not identified by this method (eg, large genomic deletions/duplications, promoter mutations, deep intronic mutations). The absence of a mutation, therefore, does not eliminate the possibility of positive carrier status or the diagnosis of ARPKD. For carrier testing, it is important to first document the presence of a polycystic kidney and hepatic disease 1 (PKHD1) gene mutation in an affected family member.

Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Errors in our interpretation of results may occur if information given is inaccurate or incomplete.

Technical limitations:
In some cases, DNA variants of undetermined significance may be identified.

Rare polymorphisms exist that could lead to false-negative or false-positive results. If results obtained do not match the clinical findings, additional testing should be considered.

Evaluation tools:
Multiple in-silico evaluation tools were used to assist in the interpretation of these results. These tools are updated regularly; therefore, changes to these algorithms may result in different predictions for a given alteration. Additionally, the predictability of these tools for the determination of pathogenicity is currently unvalidated.
Unless reported or predicted to cause disease, alterations in protein coding genes that do not result in an amino acid substitution are not reported. These and common polymorphisms identified for this patient are available upon request.

Reclassification of Variants-Policy:

All detected alterations are evaluated according to American College of Medical Genetics and Genomics recommendations. Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance. At this time, it is not standard practice for the laboratory to systematically review likely pathogenic alterations or variants of uncertain significance that have been previously detected and reported. The laboratory encourages health care providers to contact the laboratory at any time to learn how the status of a particular variant may have changed over time.

Clinical Reference


Performance

Method Description

Next-generation sequencing is performed to test for the presence of mutations in 66 exons (exon 2-67) of the polycystic kidney and hepatic disease 1 (PKHD1) gene. Sanger sequencing is used to confirm alterations detected by next-generation sequencing when appropriate. (Unpublished Mayo method)

PDF Report

No

Day(s) and Time(s) Test Performed

Performed weekly; Varies

Analytic Time

14 days

Maximum Laboratory Time

20 days
**Test Definition: ARPKZ**

**ARPKD Full Gene Analysis**

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

**Performing Laboratory Location**
Rochester

**Fees and 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 Regional Manager. 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. This test has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Code Information**
81408
Fibroblast Culture for Genetic Test
88233-(if appropriate)
88240-(if appropriate)
Amniotic Fluid Culture/Genetic Test
88235-(if appropriate)
88240-(if appropriate)
Maternal Cell Contamination, B
81265-(if appropriate)

**LOINC® Information**

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