Overview

Useful For
Providing a comprehensive genetic evaluation for patients with a personal or family history suggestive of autoinflammatory syndromes and related disorders

Establishing a diagnosis of autoinflammatory disease, and in some cases guiding management and allowing for surveillance of disease features

Identification of pathogenic variants within genes known to be associated with autoinflammatory disorders allowing for predictive testing of at-risk family members

Genetics Test Information
This test includes next-generation sequencing and supplemental Sanger sequencing to evaluate for the genes listed on the panel.

Highlights
This test uses next-generation sequencing to test for variants in the CARD14, IL10RA, IL10RB, IL1RN, IL36RN, ISG15, LPIN2, MEFV, MKV, NLRP12, NLRP3 (CIAS1), NOD2 (CARD15), PLCG2, PSMB8, PSTPIP1 (CD2BP1), RBCK1 (HOIL1), SH3BP2, and TNFRSF1A genes.

Identification of a pathogenic variant may assist with prognosis, clinical management, familial screening, and genetic counseling.

Reflex Tests

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Reporting Name</th>
<th>Available Separately</th>
<th>Always Performed</th>
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<tbody>
<tr>
<td>FIBR</td>
<td>Fibroblast Culture</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CRYOB</td>
<td>Cryopreserve for Biochem Studies</td>
<td>No</td>
<td>No</td>
</tr>
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</table>

Testing Algorithm

For skin biopsy or cultured fibroblast specimens, fibroblast culture and cryopreservation testing will be performed at an additional charge. If viable cells are not obtained, the client will be notified.

Special Instructions

- Informed Consent for Genetic Testing
- Blood Spot Collection Card-Spanish Instructions
- Primary Immunodeficiencies Patient Information
- Blood Spot Collection Card-Chinese Instructions
- Informed Consent for Genetic Testing (Spanish)

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

NY State Available
Test Definition: AUTOP
Autoinflammatory PID Gene Panel

Yes

**Specimen**

**Specimen Type**
Varies

**Advisory Information**
Targeted testing for familial variants (also called site-specific or known mutation testing) is available for the genes on this panel. See:

- KVAR1 / Known Variant Analysis-1 Variant, Varies
- KVAR2 / Known Variant Analysis-2 Variants, Varies
- KVAR3 / Known Variant Analysis-3+ Variants, Varies

Call 800-533-1710 to confirm the appropriate test for targeted testing.

**Necessary Information**

1. Primary Immunodeficiencies Patient Information (T791) is required. See Special Instructions.

   **Note:** Testing may proceed without the Patient Information however it aids in providing a more thorough interpretation. Ordering physicians are strongly encouraged to fill out the form.

2. Include physician name and phone number with specimen.

**Specimen Required**
Submit only 1 of the following specimens:

**Preferred:**

**Specimen Type:** Whole blood

**Container/Tube:** Lavender top (EDTA)

**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

**Specimen Type:** Blood spot

**Supplies:** Card-Blood Spot Collection Filter Paper (T493)
Test Definition: AUTOP
Autoinflammatory PID Gene Panel

**Container/Tube:**

**Preferred:** Collection card (Whatman Protein Saver 903 Paper)

**Acceptable:** Whatman FTA Classic paper, Ahlstrom 226 filter paper, or Blood Spot Collection Card (T493)

**Specimen Volume:** 2 to 5 blood spots on collection card

**Collection Instructions:**

1. An alternative blood collection option for a patient <1 year of age is finger stick.

2. Let blood dry on the filter paper at ambient temperature in a horizontal position for 3 hours.

3. Do not expose specimen to heat or direct sunlight.

4. Do not stack wet specimens.

5. Keep specimen dry.

**Additional Information:**

1. For collection instructions in Spanish, see Blood Spot Collection Card-Spanish Instructions (T777) in Special Instructions.

2. For collection instructions in Chinese, see Blood Spot Collection Card-Chinese Instructions (T800) in Special Instructions.

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

**Specimen Type:** Peripheral blood mononuclear cells (PBMCs)

**Collection Instructions:** Send as a suspension in freezing medium or cell pellet frozen on dry ice.

**Specimen Stability Information:** Frozen

**Specimen Type:** Cultured fibroblasts

**Container/Tube:** T-75 or T-25 flask

**Specimen Volume:** 1 Full T-75 or 2 full T-25 flasks

**Additional Information:** Indicate the tests to be performed on the fibroblast culture cells. A separate culture charge will be assessed under FIBR / Fibroblast Culture. An additional 4 weeks is required to culture fibroblasts before genetic testing can occur.

**Specimen Stability Information:** Ambient (preferred)/Refrigerated <24 hours
**Specimen Type:** Skin biopsy

**Supplies:** Fibroblast Biopsy Transport Media (T115)

**Container/Tube:** Sterile container with any standard cell culture media (eg, minimal essential media, RPMI 1640). The solution should be supplemented with 1% penicillin and streptomycin. Tubes of culture media can be supplied upon request (Eagle's minimum essential medium with 1% penicillin and streptomycin [T115]).

**Specimen Volume:** 4-mm punch

**Additional Information:** A separate culture charge will be assessed under FIBR / Fibroblast Culture. An additional 4 weeks is required to culture fibroblasts before genetic testing can occur.

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

**Specimen Type:** DNA

**Container/Tube:** 2 mL screw top tube

**Specimen Volume:** 100mcL (microliters)

**Collection Instructions:**

1. The preferred volume is 100 mcL at a concentration of 250 ng/mcL

2. Include concentration and volume on tube.

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

**Forms**

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)

**Specimen Minimum Volume**

Whole blood: 1 mL

**Reject Due To**

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

**Specimen Stability Information**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varies</td>
<td>Varies</td>
<td></td>
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</tr>
</tbody>
</table>
Autoinflammatory disorders include several monogenic defects associated with abnormal activation of the innate immune system leading to clinically evident inflammation and high levels of acute-phase reactants. These disorders typically present in childhood, often manifesting with unexplained fevers. While these features can mimic infections or hematological neoplasias, the inflammatory lesions are non-neoplastic and sterile. While periodic fever adenitis pharyngitis aphthous ulcer (PFAPA) syndrome (aphthous stomatitis, pharyngitis, and adenitis), systemic juvenile idiopathic arthritis (sJIA), adult-onset Still disease, and Behcet disease overlap phenotypically with autoinflammatory conditions, a genetic cause of these disorders has not been identified and, therefore, they are not included on this panel. Several of the autoinflammatory conditions represented on this panel are responsive to IL-1 blocking therapies; therefore, determining the underlying genetic cause may help guide treatment decisions.

Monogenic autoinflammatory conditions include the periodic fever syndromes (ie, familial Mediterranean fever, cryopyrinopathy-associated periodic syndrome, Muckle-Wells syndrome, familial cold autoinflammatory syndrome, neonatal onset multisystem inflammatory disease or chronic infantile neurologic cutaneous and articular syndrome, tumor necrosis factor [TNF] receptor-associated periodic syndrome, hyper IgD syndrome/Mevalonate kinase deficiency), diseases with pyogenic lesions (ie, deficiency of IL-1 receptor antagonist [DIRA]; pyogenic arthritis, pyoderma gangrenosum and acne [PAPA]; Majeed syndrome), diseases with granulomatous lesions (ie, Blau syndrome), diseases with psoriasis (ie, deficiency of interleukin 36-receptor antagonist [DITRA]); diseases with panniculitis-induced lipodystrophy (JMP syndrome, chronic atypical neutrophilic dermatosis with lipodystrophy and elevated temperature syndrome[CANDLE], Nakajo-Nishimura syndrome [NNS], proteasome-associated autoinflammatory syndromes [PRAAS]). DITRA and CARD14-mediated psoriasis (CAMPS) both present with pustular skin lesions and early-onset inflammatory bowel disease (IBD). See Table 1 for a summary of genes included in this panel, associated diseases, and the mode of inheritance.

Table 1. Genes included in the Autoinflammatory Gene Panel (listed in alphabetical order)
<table>
<thead>
<tr>
<th>Gene</th>
<th>Description</th>
<th>OMIM</th>
<th>Mode</th>
<th>Description</th>
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<tbody>
<tr>
<td>CARD14</td>
<td>Caspase recruitment domain-containing protein 14 isoform 1</td>
<td>607211</td>
<td>Rare</td>
<td>AD</td>
</tr>
<tr>
<td>IL10RA</td>
<td>Interleukin-10 receptor subunit alpha precursor</td>
<td>146933</td>
<td>Rare</td>
<td>AR</td>
</tr>
<tr>
<td>IL10RB</td>
<td>Interleukin-10 receptor subunit beta precursor</td>
<td>123889</td>
<td>Rare</td>
<td>AR</td>
</tr>
<tr>
<td>IL1RN</td>
<td>Interleukin-1 receptor antagonist protein isoform 2</td>
<td>147679</td>
<td>Rare</td>
<td>AR</td>
</tr>
<tr>
<td>IL36RN</td>
<td>Interleukin-36 receptor antagonist protein</td>
<td>605507</td>
<td>Rare</td>
<td>AR</td>
</tr>
<tr>
<td>ISG15</td>
<td>Ubiquitin-like protein ISG15 precursor</td>
<td>147571</td>
<td>Rare</td>
<td>AR</td>
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<tr>
<td>LPIN2</td>
<td>Phosphatidate phosphatase LPIN2</td>
<td>605519</td>
<td>Primarily identified in Arab ethnicities</td>
<td>AR</td>
</tr>
<tr>
<td>MEFV</td>
<td>Pyrin isoform 1</td>
<td>608107</td>
<td>Primarily identified in Armenian, Arab, Turkish, Italian, and Jewish ethnicities</td>
<td>AR (most), AD (rarely)</td>
</tr>
<tr>
<td>Gene</td>
<td>Description</td>
<td>cDNA</td>
<td>Dominance</td>
<td>Phenotypes</td>
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<tr>
<td>MVK</td>
<td>Mevalonate kinase isoform a</td>
<td>251170</td>
<td>AR/AD</td>
<td>Hyperimmunoglobulinemia D syndrome (HIDS), Mevalonate kinase-associated</td>
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<tr>
<td></td>
<td>periodic fever syndrome, Mevalonic aciduria, Porokeratosis 3, multiple types</td>
<td></td>
<td></td>
<td>(AD)</td>
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<tr>
<td>NLRP12</td>
<td>NACHT, leucine rich repeat (LRR) and PYD domains-containing protein 12 isoform 2</td>
<td>609648</td>
<td>Rare</td>
<td>Familial cold autoinflammatory syndrome 2 (FCAS2)</td>
</tr>
<tr>
<td>NLRP3 (NALP3)</td>
<td>NACHT, LRR, and PYD domains-containing protein 3 isoform a</td>
<td>606416</td>
<td>AD</td>
<td>Familial cold autoinflammatory syndrome 1 (FCAS1), Muckle-Wells syndrome;</td>
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<tr>
<td></td>
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<td></td>
<td>Neonatal onset multisystem inflammatory disease (NOMID)/chronic infantile</td>
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<td>neurological cutaneous and articular syndrome (CINCA)</td>
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<tr>
<td>NOD2 (CARD15)</td>
<td>Nucleotide-binding oligomerization domain-containing protein 2 isoform 1</td>
<td>605956</td>
<td>Rare</td>
<td>Blau syndrome, Early-onset Sarcoidosis, Inflammatory bowel disease 1</td>
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<td>Pediatric granulomatous arthritis (PGA)</td>
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<td>Gene</td>
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<tr>
<td><strong>PLCG2</strong></td>
<td>1-Phosphatidylinositol 4,5-bisphosphate phosphodiesterase gamma-2</td>
<td>600220</td>
<td>Rare</td>
<td>AD</td>
</tr>
<tr>
<td><strong>PSMB8</strong></td>
<td>Proteasome subunit beta type-8 isoform E2 precursor</td>
<td>177046</td>
<td>Rare</td>
<td>AR</td>
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<tr>
<td><strong>PSTPIP1</strong> (CD2BP1)</td>
<td>Proline-serine-threonine phosphatase-interacting protein 1</td>
<td>606347</td>
<td>Rare</td>
<td>AD</td>
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</table>
Test Definition: AUTOP
Autoinflammatory PID Gene Panel

<table>
<thead>
<tr>
<th>Gene</th>
<th>Description</th>
<th>Reference Value</th>
<th>Variant Type</th>
<th>Clinical Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>RBCK1 (HOIL1)</td>
<td>RanBP-type and C3HC4-type zinc finger-containing protein 1 isoform 2</td>
<td>610924</td>
<td>Rare</td>
<td>AR</td>
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<tr>
<td>SH3BP2</td>
<td>SH3 domain-binding protein 2 isoform a</td>
<td>602104</td>
<td>Rare</td>
<td>AD</td>
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<tr>
<td>TNFRSF1A</td>
<td>Tumor necrosis factor receptor superfamily member 1A precursor</td>
<td>191190</td>
<td>Primarily identified in Caucasians of western European ancestry</td>
<td>AD</td>
</tr>
</tbody>
</table>

AD=autosomal dominant AR=autosomal recessive XL=X-linked

Reference Values
An interpretive report will be provided.

Interpretation
Evaluation and categorization of variants is performed using the most recent published American College of Medical Genetics and Genomics (ACMG) recommendations as a guideline. Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance.

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 predictions made by these tools may change over time. Results from in silico evaluation tools should be interpreted with caution and professional clinical judgment.

Cautions
Clinical Correlations:

Some individuals who have involvement of one or more of the genes on the panel may have a variant that is not identified by the methods performed (eg, promoter variants, deep intronic variants). The absence of a variant, therefore, does not eliminate the possibility of disease. Test results should be interpreted in 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 family history of autoinflammatory disease, it is important to first test an affected family member. Identification of a pathogenic variant in an affected individual allows for more informative testing of at-risk individuals.

Technical Limitations:
Next-generation sequencing may not detect all types of genetic variants. The variant detection software has lower detection efficiency for insertion/deletion variants as compared to single nucleotide variants. Therefore, small deletions and insertions greater than 8 nucleotides in length may not be detected by this test. Copy number variations (CNV) are not currently reported for any of the genes on this panel. Additionally, rare polymorphisms may be present that could lead to false-negative or false-positive results. In some cases, DNA variants of undetermined significance may be identified. If results do not match clinical findings, consider alternative methods for analyzing these genes, such as Sanger sequencing or large deletion/duplication analysis.

If the patient has had an allogeneic blood or bone marrow transplant or a recent (ie, <6 weeks from time of sample collection) heterologous blood transfusion, results may be inaccurate due to the presence of donor DNA. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Reclassification of Variants Policy:

At this time, it is not standard practice for the laboratory to systematically review likely pathogenic variants or variants of uncertain significance that are 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. Consultation with a healthcare provider, or team of healthcare providers, with expertise in genetics and primary immunodeficiencies, is recommended for interpretation of this result.

A list including benign, likely benign, and high minor allele frequency (>1%) risk-associated variants detected is available from the lab upon request after results are received.

Contact the laboratory if additional information is required regarding the transcript or human genome assembly used for the analysis of this patient's results.

Clinical Reference


Performance
Method Description
Next-generation sequencing (NGS) is performed using an Illumina instrument with paired-end reads. The DNA is prepared for NGS using a custom Agilent SureSelect Target Enrichment System. Data is analyzed with a bioinformatics software pipeline. Supplemental Sanger sequencing may be performed occasionally in regions where NGS is insufficient for data capture or not specific enough to correctly identify a variant. (Unpublished Mayo method)

The following genes are evaluated in this multi-gene panel:

CARD14, IL10RA, IL10RB, IL1RN, IL36RN, ISG15, LPIN2, MEFV, MVK, NLRP12, NLRP3 (CIAS1), NOD2 (CARD15), PLCG2, PSMB8, PSTPIP1 (CD2BP1), RBCK1 (HOIL1), SH3BP2, TNFRSF1A

PDF Report
No

Day(s) and Time(s) Test Performed
Varies

Analytic Time
4 weeks

Maximum Laboratory Time
8 weeks

Specimen Retention Time
Extracted DNA: 2 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
81443

LOINC® Information

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<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<td>Autoinflammatory PID Gene Panel</td>
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<td>Result ID</td>
<td>Test Result Name</td>
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