

Variant: *NM\_006767.4(LZTR1):c.1943-256C>T*

Version: 1.1

[CA10119150](#)

[522800 \(ClinVar\)](#)

Gene: [LZTR1](#)

Condition: RASopathy ([MONDO:0021060](#))

Inheritance Mode: Autosomal recessive inheritance

UUID: 18f4ca55-c967-4dd9-970b-992922e00cc0

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### *HGVS expressions*

**NM\_006767.4(LZTR1):c.1943-256C>T**

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NC\_000022.11:g.20995490C>T

CM000684.2:g.20995490C>T

NC\_000022.10:g.21349779C>T

CM000684.1:g.21349779C>T

NC\_000022.9:g.19679779C>T

NG\_034193.1:g.18222C>T

ENST00000700578.1:c.1943-256C>T

ENST00000415817.2:c.371+6C>T

ENST00000495142.6:n.2039C>T

ENST00000642151.1:c.1774-256C>T

ENST00000643578.1:n.1965-256C>T

ENST00000643710.1:n.804-256C>T

ENST00000646124.2:c.1943-256C>T

ENST00000646506.1:n.1810-256C>T

ENST00000215739.12:c.1943-256C>T

ENST00000415354.6:c.371+6C>T

ENST00000439171.5:c.341+6C>T

ENST00000452988.5:c.122-273C>T

ENST00000463909.1:n.402C>T

ENST00000479606.5:n.2089-256C>T

ENST00000491432.5:n.364-256C>T

ENST00000495142.5:n.559-256C>T

NM\_006767.3:c.1943-256C>T

**Pathogenic**

Met criteria codes **5**

PM2\_Supporting

PM3\_Strong

PS3\_Supporting

PP1\_Strong

PVS1

Not Met criteria codes **2**

BA1

BS1

Evidence Links **0**

Expert Panel

[RASopathy VCEP](#)

Criteria Specification Information

[Criteria Specification](#): *ClinGen RASopathy Expert Panel Specifications to the ACMG/AMP Variant Interpretation Guidelines for LZTR1 Version 1.3.0*











[Criteria Specification Approval History](#)

## Evidence submitted by expert panel





**RASopathy VCEP**

The c.1943-256C>T (p.T648fs\*36) variant in LZTR1 is a nonsense variant predicted to cause a premature stop codon in biologically-relevant-exon 17/21 is predicted to lead to nonsense mediated decay in a gene in which loss-of-function is an established disease mechanism (PVS1). The highest population minor allele frequency in gnomAD v2.1.1 is 0.00001557 (2/22704 alleles) in the South Asian population, which is lower than the ClinGen RASopathy VCEP threshold ( $\leq 0.000025$ ) for PM2\_Supporting, meeting this criterion (PM2\_Supporting). This variant has been detected in 4 individuals with RASopathy. All were compound heterozygous for the variant and a pathogenic or likely pathogenic variant and 3 of those were confirmed in trans by parental testing (c.27dup (p.Gln10Alafs\*24), c.1030del (p.Ser344fs), c.2178C>A (p.Tyr726Ter), c.27dupG (p.Gln10Alafs\*24), 3.5 PM3 points, PMIDs: 29469822 and 32623905, SCV000748478.4, SCV001445973.1, GeneDx, Broad Center for Mendelian Genomics) (PM3\_Strong). The variant has been reported to segregate with RASopathy in  $\geq 7$  affected meioses from 4 families (PP1\_Strong; PMIDs: 29469822 and 32623905, SCV000748478.4, SCV001445973.1, GeneDx, Broad Center for Mendelian Genomics). ERK activation assay in patient-specific cardiomyocytes showed significantly increased levels of phosphorylated ERK indicating that this variant impacts protein function (PMID:32623905)(PS3\_Supporting). In summary, this variant meets the criteria to be classified as pathogenic for autosomal recessive RASopathy based on the ACMG/AMP criteria applied, as specified by the ClinGen RASopathy VCEP: PVS1, PM3\_Strong, PP1\_Strong, PS3\_Supporting, PM2\_Supporting. (ClinGen RASopathy VCEP specifications version 1.3; 12/3/2024)

**Met criteria codes**

<b>PM2_Supporting</b>	 	The highest population minor allele frequency in gnomAD v2.1.1 is 0.00001557 (2/22704 alleles) in the South Asian population, which is lower than the ClinGen RASopathy VCEP threshold ( $\leq 0.000025$ ) for PM2_Supporting, meeting this criterion (PM2_Supporting).
<b>PM3_Strong</b>	 	This variant has been detected in 4 individuals with RASopathy. All were compound heterozygous for the variant and a pathogenic or likely pathogenic variant and 3 of those were confirmed in trans by parental testing (c.27dup (p.Gln10Alafs*24), c.1030del (p.Ser344fs), c.2178C>A (p.Tyr726Ter), c.27dupG (p.Gln10Alafs*24), 3.5 PM3 points, PMIDs: 29469822 and 32623905, SCV000748478.4, SCV001445973.1, GeneDx, Broad Center for Mendelian Genomics) (PM3_Strong).
<b>PS3_Supporting</b>	 	ERK activation assay in patient-specific cardiomyocytes showed significantly increased levels of phosphorylated ERK indicating that this variant impacts protein function (PMID:32623905)(PS3_Supporting).
<b>PP1_Strong</b>	 	The variant has been reported to segregate with RASopathy in $\geq 7$ affected meioses from 4 families (PP1_Strong; PMIDs: 29469822 and 32623905, SCV000748478.4, SCV001445973.1, GeneDx, Broad Center for Mendelian Genomics).
<b>PVS1</b>	 	The c.1943-256C>T (p.T648fs*36) variant in LZTR1 is a nonsense variant predicted to cause a premature stop codon in biologically-relevant-exon 17/21 is predicted to lead to nonsense mediated decay in a gene in which loss-of-function is an established disease mechanism (PVS1).

**Not Met criteria codes**

<b>BA1</b>	 	No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
<b>BS1</b>	 	No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline

Curation History [↗](#)




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