

## Variant: NM\_000527.4(LDLR):c.313+1G>A

Version: 1.0

CA023688 [↗](#)

3736 (ClinVar) [↗](#)

**Gene:** LDLR (HGNC:3949)

**Condition:** hypercholesterolemia, familial (MONDO:0007750)

**Inheritance Mode:** Semidominant inheritance

**UUID:** 1f8ff66d-e0d4-47ed-af0f-b63b943b5e33

**Approved on:** 2021-06-07

**Published on:** 2021-06-24

### HGVS expressions

**NM\_000527.4:c.313+1G>A**

NM\_000527.4(LDLR):c.313+1G>A

NC\_000019.10:g.11102787G>A

CM000681.2:g.11102787G>A

NC\_000019.9:g.11213463G>A

CM000681.1:g.11213463G>A

NC\_000019.8:g.11074463G>A

NG\_009060.1:g.18407G>A

ENST00000252444.10:c.571+1G>A

ENST00000559340.2:c.313+1G>A

ENST00000560467.2:c.313+1G>A

ENST00000558518.6:c.313+1G>A

ENST00000252444.9:c.567+1G>A

ENST00000455727.6:c.313+1G>A

ENST00000535915.5:c.191-2433G>A

ENST00000545707.5:c.313+1G>A

ENST00000557933.5:c.313+1G>A

ENST00000557958.1:n.400G>A

ENST00000558013.5:c.313+1G>A

ENST00000558518.5:c.313+1G>A

NM\_001195798.1:c.313+1G>A

NM\_001195799.1:c.191-2433G>A

NM\_001195800.1:c.313+1G>A

NM\_001195803.1:c.313+1G>A

NM\_000527.5:c.313+1G>A

NM\_001195798.2:c.313+1G>A

NM\_001195799.2:c.191-2433G>A

NM\_001195800.2:c.313+1G>A

NM\_001195803.2:c.313+1G>A

**Pathogenic**

Met criteria codes **6**

PM2 PS4 PP4 PS3\_Moderate

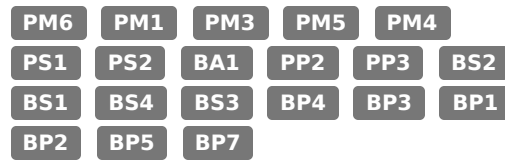
PP1\_Strong PVS1\_Strong

Not Met criteria codes **20**

Expert Panel

Familial Hypercholesterolemia VCEP [↗](#)

Criteria Specification Information **!**



Evidence Links 0

Evidence submitted by expert panel

***Familial Hypercholesterolemia VCEP***

The NM\_000527.4(LDLR):c.313+1G>A variant is classified as Pathogenic for Familial Hypercholesterolemia by applying evidence codes (PVS1\_Strong, PS4, PP1\_Strong, PM2, PS3\_Moderate and PP4) as defined by the ClinGen Familial Hypercholesterolemia Expert Panel LDLR-specific variant curation guidelines (<https://doi.org/10.1101/2021.03.17.21252755>). The supporting evidence is as follows: PVS1\_strong - Variant is in canonical GT +1 splice site, predicted to lead to exon 3 skipping (in frame). PS4 - Variant meets PM2. Identified in at least 14 unrelated index cases from Cardiovascular Genetics Laboratory (PathWest Laboratory Medicine WA) with DLCS equal or above 6. PP1\_strong - variant segregates with FH phenotype in 6 informative meioses in 5 families from different laboratories. PM2 - PopMax MAF = 0.00006156 (0.006%) in European non-Finnish exomes (gnomAD v2.1.1). PS3\_moderate Level 2 assays: PMID 19361455: Hmz patients' Epstein-Barr transformed lymphocytes, RNA and FACS assays - results - Alternative splicing: skipping of exon 3 or inclusion of intron 3; amount of cell-surface LDLR 33% of normal (Hmz); 12% LDL-LDLR uptake in Hmz ---- Aberrant transcripts confirmed by sequencing and above 25% of total transcript, and uptake is below 70% of wild-type, so PS3\_moderate is Met. PP4 - Variant meets PM2. Identified in 3 FH cases from Cardiovascular Research Group, Instituto Nacional de Saude Doutor Ricardo Jorge who fulfill Simon-Broome criteria and in 13 FH cases from University of British Columbia (UBC, Canada) and 14 from Cardiovascular Genetics Laboratory (PathWest Laboratory Medicine WA) with clinical Dutch Lipid Clinic Network Criteria score  $\geq 6$ .

**Met criteria codes**

<b>PM2</b>		PopMax MAF = 0.00006156 (0.006%) in European non-Finnish exomes (gnomAD v2.1.1).
<b>PS4</b>		Variant meets PM2. Identified in at least 14 unrelated index cases from Cardiovascular Genetics Laboratory (PathWest Laboratory Medicine WA) with DLCS equal or above 6. ---- PS4 is Met
<b>PP4</b>		Variant meets PM2. Identified in 3 FH cases from Cardiovascular Research Group, Instituto Nacional de Saude Doutor Ricardo Jorge who fulfill Simon-Broome criteria and in 13 FH cases from University of British Columbia (UBC, Canada) and 14 from Cardiovascular Genetics Laboratory (PathWest Laboratory Medicine WA) with clinical Dutch Lipid Clinic Network Criteria score $\geq 6$ . ---- PP4 is Met
<b>PS3_Moderate</b>		Level 2 assays: PMID 19361455: Hmz patients' Epstein-Barr transformed lymphocytes, RNA and FACS assays - results - Alternative splicing: skipping of exon 3 or inclusion of intron 3 (p.Pro105_Ala860delinsArgLysCysGlyProAlaPheAlaIleGluProlle); amount of cell-surface LDLR 33% of normal (Hmz); 12% LDL-LDLR uptake in Hmz ---- Aberrant transcripts confirmed by sequencing and above 25% of total transcript, and uptake is below 70% of wild-type, so PS3_moderate is Met / Level 2 assays: PMID 19148831: Epstein-Barr virus (EBV) transformed lymphocytes from Hmz patients, FACS, WB and RNA assays - results - amount of protein 10% of wild-type, 10% uptake, amount of transcripts 60-70% of wild-type ---- Uptake and amount of protein are below 70% of wild-type, so PS3_moderate is Met / Level 3 assays: PMID 8829662: Hmz patients' lymphocytes, RNA assays - results - skipping of exon 3 (p.Leu64_Pro105delinsSer) ---- Aberrant transcripts confirmed by sequencing, so PS3_supporting would be Met, but PS3_moderate is already Met

<b>PP1_Strong</b>	✓	variant segregates with FH phenotype in 6 informative meioses in 5 families from different laboratories (University of British Columbia and Cardiovascular Research Group, Instituto Nacional de Saude Doutor Ricardo Jorge): 5 affected family members have the variant and 1 non-affected family member does not have the variant. --- PP1_Strong is Met
<b>PVS1_Strong</b>	✓	Variant is in canonical GT +1 splice site, predicted to lead to exon 3 skipping (in frame), so PVS1_Strong is Met
<b>Not Met criteria codes</b>		
<b>PM6</b>	✗	no de novo cases were identified, so PM6 is Not Met
<b>PM1</b>	✗	Intronic variant, so PM1 is Not applicable
<b>PM3</b>	✗	not identified in individuals with other variants, so PM3 is Not Met
<b>PM5</b>	✗	Intronic variant, PM5 not applicable
<b>PM4</b>	✗	Intronic variant (predicted to cause in frame skipping of 1 whole exon - in PM4 is only considered indels smaller than whole exon to avoid double counting with PVS1), so PM4 is Not Met
<b>PS1</b>	✗	Intronic variant, PS1 not applicable
<b>PS2</b>	✗	no de novo cases were identified, so PS2 is Not Met
<b>BA1</b>	✗	FAF = 0.00002854 (0.003%) in european non-finnish exomes (gnomAD v2.1.1). FAF is not above 0.5%, so BA1 is Not Met.
<b>PP2</b>	✗	Not applicable
<b>PP3</b>	✗	PVS1_Strong is Met, so PP3 is not applicable
<b>BS2</b>	✗	no unaffected individuals identified with the variant, so BS2 is Not Met
<b>BS1</b>	✗	FAF = 0.00002854 (0.003%) in european non-finnish exomes (gnomAD v2.1.1). FAF is not above 0.2%, so BS1 is Not Met.
<b>BS4</b>	✗	no non-segregations were identified, so BS4 is Not Met
<b>BS3</b>	✗	Level 3(benign) assays: PMID 19361455: Hmz patients' Epstein-Barr transformed lymphocytes, RNA and FACS assays - results - Alternative splicing: skipping of exon 3 or inclusion of intron 3 (p.Pro105_Ala860delinsArgLysCysGlyProAlaPheAlaIleGluProlle); amount of cell-surface LDLR 33% of normal (Hmz); 12% LDL-LDLR uptake in Hmz ---- Aberrant transcripts confirmed by sequencing and whole cycle not above 90% of wild-type, BS3_supportig is Not Met / Level 3(benign) assays: PMID 19148831: Epstein-Barr virus (EBV) transformed lymphocytes from Hmz patients, FACS, WB and RNA assays - results - amount of protein 10% of wild-type, 10% uptake, amount of transcripts 60-70% of wild-type ---- Whole cycle not above 90% of wild-type, BS3_supporting is

Not Met / Level 3(benign) assays: PMID 8829662: Hmz patients' lymphocytes, RNA assays - results - skipping of exon 3 (p.Leu64\_Pro105delinsSer) ---- Aberrant transcripts confirmed by sequencing, so BS3\_supporting is Not Met

<b>BP4</b>	✘	PVS1_Strong is Met, so BP4 is not applicable
<b>BP3</b>	✘	Not applicable
<b>BP1</b>	✘	Not applicable
<b>BP2</b>	✘	not identified in individuals with other variants, so BP2 is Not Met
<b>BP5</b>	✘	Not applicable
<b>BP7</b>	✘	Intronic variant, so BP7 is not applicable

#### Curation History [↗](#)

Showing 1 to 1 of 1 rows	

The information on this website is not intended for direct diagnostic use or medical decision-making without review by a genetics professional. Individuals should not change their health behavior solely on the basis of information contained on this website. If you have questions about the information contained on this website, please see a health care professional.