

Variant: *NM_000138.5(FBN1):c.6446A>G (p.Tyr2149Cys)*

Version: 1.0

CA016465 [↗](#)

42402 (ClinVar) [↗](#)

Gene: FBN1 ([HGNC:2200](#))

Condition: Marfan syndrome ([MONDO:0007947](#))

Inheritance Mode: Autosomal dominant inheritance

UUID: 4af545ca-cc58-4dda-a435-17262478443f

Approved on: 2024/8/22

Published on: 2024/8/22

HGVS expressions

NM_000138.5(FBN1):c.6446A>G (p.Tyr2149Cys)

NM_000138.5:c.6446A>G

NC_000015.10:g.48437011T>C

CM000677.2:g.48437011T>C

NC_000015.9:g.48729208T>C

CM000677.1:g.48729208T>C

NC_000015.8:g.46516500T>C

NG_008805.2:g.213778A>G

ENST00000559133.6:c.6446A>G

ENST00000674301.2:c.6446A>G

ENST00000682170.1:n.55A>G

ENST00000316623.10:c.6446A>G

ENST00000674301.1:c.1445A>G

ENST00000316623.9:c.6446A>G

ENST00000537463.6:c.*2209A>G

ENST00000559133.5:c.1753A>G

NM_000138.4:c.6446A>G

Pathogenic

Met criteria codes 7

PM2_Supporting PS2 PS4 PP2
PP3 PP4 PM1

Not Met criteria codes 19

PVS1 BS1 BS4 BS3 BS2
BP5 BP7 BP4 BP3 BP1 BP2
PS1 PS3 BA1 PP1 PM6
PM3 PM5 PM4

Evidence Links 0

Expert Panel

[FBN1 VCEP](#) [↗](#)

Criteria Specification Information

[↗](#) **Criteria Specification:** ClinGen FBN1 Expert Panel
Specifications to the ACMG/AMP Variant Interpretation
Guidelines Version 1

[↗](#) **PDF**

[↗](#) **Criteria Specification Approval History**

[↗](#) **Criteria Specifications for this VCEP**

Evidence submitted by expert panel

FBN1 VCEP

NM_000138.5 c.6446A>G is a missense variant in FBN1 predicted to cause a substitution of a tyrosine by cysteine amino acid 2149 (p.Tyr2149Cys). This variant has been identified in at least 13 individuals with features suggestive of, or consistent with, Marfan syndrome (MFS), including four patients meeting clinical diagnostic criteria for MFS, seven with thoracic aortic aneurysm or dissection (TAAD) with or without additional features of MFS, and two with unspecified clinical suspicion of MFS (PS4, PP4; Johns Hopkins, University of Texas-Houston, LMM, & Invitae internal data; PMIDs: 24793577, 27611364, 37684520, 31098894). The variant was found to be de novo in five of these patients, including three (maternity/paternity assumed) with phenotypes consistent with, but not highly specific to, FBN1, one (maternity/paternity assumed) with TAAD and borderline systemic involvement, and one (maternity/paternity confirmed) with a non-specific and genetically heterogeneous phenotype of TAAD and mitral valve prolapse (PS2; Johns Hopkins & Invitae internal data; PMIDs: 31098894, 37684520). It is absent from gnomAD (PM2_supporting; <https://gnomad.broadinstitute.org/>, v2.1.1, 3.1.2, 4.0.0). This variant introduces a novel cysteine residue which may impede the normal formation of essential disulfide bridges and occurs at a conserved residue in a critical calcium-binding site within a calcium-binding EGF-like domain (PM1). Computational prediction tools and conservation analysis support that this variant is likely to impact the protein (PP3; REVEL = 0.900). The constraint z-score for missense variants affecting FBN1 is 8.18 (PP2; gnomAD v4.0.0). In summary, this variant meets criteria to be classified as pathogenic for Marfan syndrome based on the ACMG/AMP criteria applied, as specified by the ClinGen FBN1 VCEP: PS2, PS4, PM1, PP2, PP3, PP4, PM2_supporting.

Met criteria codes

PM2_Supporting			absent from all versions of gnomAD
PS2			1 de novo with confirmed mat/pat, phenotype non-specific/high genetic heterogeneity (0.5 ClinGen de novo points) + 3 de novo with assumed mat/pat, phenotype consistent but not highly specific (1.5 ClinGen de novo points) + 1 de novo with assumed mat/pat, phenotype non-specific/high genetic heterogeneity (0.25 ClinGen de novo points) = 2.25 total de novo points = PM6_strong or PS2
PS4			12+ probands worth >4.0 PS4 points
PP2			no benign evidence
PP3			REVEL > 0.750
PP4			Johns Hopkins internal proband meets revised Ghent criteria
PM1			cysteine-creating variant in cbEGF32; also at a tyrosine in the consensus calcium-binding sequence

Not Met criteria codes

PVS1			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BS1			PM2_supporting met
BS4			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline

BS3			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BS2			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BP5			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BP7			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BP4			PP3 met
BP3			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BP1			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BP2			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PS1			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PS3			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BA1			PM2_supporting met
PP1			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PM6			see PS2
PM3			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PM5			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PM4			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline

Curation History 		
		<div><div></div><div>▼</div><div>▼</div></div>
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.