

Variant: *NC_012920.1:m.8993T>C*

Version: 1.0

[CA120596](#)

[9642 \(ClinVar\)](#)

Gene: MT-ATP6 (HGNC:undefined)

Condition: mitochondrial disease (MONDO:0044970)

Inheritance Mode: Mitochondrial inheritance

UUID: 78912cb6-b192-4466-9395-e4e013a9ef90

Approved on: 2021-05-05

Published on: 2021-06-10

HGVS expressions

NC_012920.1:m.8993T>C

J01415.2:m.8993T>C

ENST00000361899.2:c.467T>C

Pathogenic

Met criteria codes **5**

PS3_Supporting PP3 PP1_Moderate

PS4 PM5

Not Met criteria codes **4**

PVS1 PM6 PS1 PS2

Evidence Links **1**

Expert Panel

[Mitochondrial Diseases VCEP](#)

Criteria Specification Information **!**

[Criteria Specifications for this VCEP](#)

Evidence submitted by expert panel

Mitochondrial Diseases VCEP

The m.8993T>C (p.L156P) variant in MT-ATP6 has been reported in >16 individuals with primary mitochondrial disease with onset ranging from the first year of life to adulthood; and who had features variably consistent with Leigh syndrome and neurogenic muscle weakness, ataxia, and retinitis pigmentosa (NARP) (PS4; PMIDs: 8395787, 16532470, 30128709, 29101127, 28003964, 26265210, 22819295, 19046652, 18055910, 16049925, 10604142). Per our literature review and a recently published review, there are no published de novo occurrences of this variant (PMID: 30763462). This variant is located at the same amino acid position as another well-known pathogenic variant, m.8993T>G (p.L156R) (PM5). This variant segregated with disease in multiple affected members in multiple families and several healthy family members had lower to undetectable levels of the variant (PP1_moderate; PMID: 10604142). In silico tools predict this variant to be pathogenic (PP3). Cybrid studies (homoplasmic for this variant) showed reduced ATP production compared to Rho+ control cell lines (PS3_supporting; PMID: 19160410). In summary, this variant meets criteria to be classified as pathogenic for primary mitochondrial disease inherited in a maternal manner. This classification was approved by the NICHD U24 Mitochondrial Disease Variant

Curation Expert Panel on February 17, 2021. Mitochondrial DNA-specific ACMG/AMP criteria applied: PS3_supporting, PS4, PM5, PP1_moderate, PP3).

Met criteria codes

PS3_Supporting	✓	See Figure 2 PubMed:19160410
PP3	✓	APOGEE: 0.95 (P) [also HmtVAR: 0.9 (P)]
PP1_Moderate	✓	More than 5 segregations - White et al., 1999: Family 11 (I-2 is healthy with 53% het in blood; II-2 is healthy with 74% het in blood; III-1 is healthy with 88% het in blood; III-3 is healthy with 17% het in blood; III-4 is healthy with 44% het in blood; and III-5 is healthy with 0% het in blood; PROBAND (III-2) is affected with 90% het in blood and 96% het in FCL); Family 12 (I-2 is healthy with 0% het in blood; II-2 is healthy with 77% het in blood; II-3 is healthy with 0% het in blood; II-4 is healthy with 0% het in blood; III-2 is healthy with 33% het in blood; PROBAND (III-1) is affected with 85% het in blood and 92% het in FCL); Family 13 (I-2 is healthy with 0% het in blood and 14% het in lymphoblasts; II-2 is healthy with 62% het in blood and 74% het in lymphoblasts; III-2 is affected with 89% het in blood, 93% het in FCL, 92% het in lymphoblasts, and 93% het in skeletal muscle; III-3 is affected with 83% het in blood and 76% het in lymphoblasts; PROBAND (III-1) is most severely affected family member with 93% het in blood, 92% het in FCL, 94% het in lymphoblasts, and 95% het in skeletal muscle).
PS4	✓	Variant present in ≥16 unrelated probands all meeting criteria outlined in mito VCEP specifications
PM5	✓	m.8993T>G (p.L156R) is a well-characterized pathogenic variant

Not Met criteria codes

PVS1	✗	This is a single nucleotide change.
PM6	✗	Per our review and Ganetzky et al., 2019, no de novo occurrences of m.8993T>C.
PS1	✗	No other pathogenic variants resulting in this amino acid change have been reported to date.
PS2	✗	Per our review and Ganetzky et al., 2019, no de novo occurrences of m.8993T>C.

[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.