

Variant: *NM_000038.6(APC):c.4420G>A (p.Ala1474Thr)*

Version: 1.0

CA009532 [↗](#)

133530 (ClinVar) [↗](#)

Gene: APC ([HGNC:324](#))

Condition: familial adenomatous polyposis 1 ([MONDO:0021056](#))

Inheritance Mode: Autosomal dominant inheritance

UUID: 84be63ca-6205-415b-8aa7-b32b28a56daf

Approved on: 2023-02-26

Published on: 2023-03-14

HGVS expressions

NM_000038.6:c.4420G>A

NM_000038.6(APC):c.4420G>A (p.Ala1474Thr)

NC_000005.10:g.112840014G>A

CM000667.2:g.112840014G>A

NC_000005.9:g.112175711G>A

CM000667.1:g.112175711G>A

NC_000005.8:g.112203610G>A

NG_008481.4:g.152494G>A

ENST00000504915.3:c.4474G>A

ENST00000505350.2:c.*4426G>A

ENST00000507379.6:c.4366G>A

ENST00000509732.6:c.4420G>A

ENST00000512211.7:c.4420G>A

ENST00000257430.9:c.4420G>A

ENST00000257430.8:c.4420G>A

ENST00000508376.6:c.4420G>A

ENST00000508624.5:c.*3742G>A

ENST00000520401.1:c.230+11042G>A

NM_000038.5:c.4420G>A

NM_001127510.2:c.4420G>A

NM_001127511.2:c.4366G>A

NM_001354895.1:c.4420G>A

NM_001354896.1:c.4474G>A

NM_001354897.1:c.4450G>A

NM_001354898.1:c.4345G>A

NM_001354899.1:c.4336G>A

NM_001354900.1:c.4297G>A

NM_001354901.1:c.4243G>A

NM_001354902.1:c.4147G>A

NM_001354903.1:c.4117G>A

NM_001354904.1:c.4042G>A

NM_001354905.1:c.3940G>A

NM_001354906.1:c.3571G>A

NM_001127510.3:c.4420G>A

NM_001127511.3:c.4366G>A

NM_001354895.2:c.4420G>A

NM_001354896.2:c.4474G>A

NM_001354897.2:c.4450G>A
NM_001354898.2:c.4345G>A
NM_001354899.2:c.4336G>A
NM_001354900.2:c.4297G>A
NM_001354901.2:c.4243G>A
NM_001354902.2:c.4147G>A
NM_001354903.2:c.4117G>A
NM_001354904.2:c.4042G>A
NM_001354905.2:c.3940G>A
NM_001354906.2:c.3571G>A

Benign

Met criteria codes 3

BA1 BS3_Supporting BP1

Not Met criteria codes 4

PP3 PM2 PS3 BP4

Evidence Links 0

Expert Panel

InSiGHT Hereditary Colorectal Cancer/Polyposis VCEP

Criteria Specification Information

Criteria Specifications for this VCEP

Evidence submitted by expert panel

InSiGHT Hereditary Colorectal Cancer/Polyposis VCEP

The c.4420G>A variant in APC is a missense variant predicted to cause the substitution of Alanine by Threonine at amino acid position 1474 (p.Ala1474Thr). The highest population minor allele frequency of this variant in gnomAD v2.1.1 (non-cancer) is 1.13% in the African/African American population, which is higher than the ClinGen InSiGHT Hereditary Colorectal Cancer/Polyposis Expert Panel’s (HCCP VCEP) threshold ($\geq 0.1\%$) for BA1, and therefore meets this criterion (BA1). Functional study of β -catenin-regulated transcription assays indicate that this alteration suppresses CRT as effectively as wild type (BS3_Supporting; PMID: 18199528). Finally, APC is defined by the HCCP VCEP as a gene for which primarily truncating variants are known to cause disease (BP1). In summary, this variant meets the criteria to be classified as Benign for FAP based on the ACMG/AMP criteria applied, as specified by the HCCP VCEP: BA1, BP1, BS3_Supporting (VCEP specifications version 1; date of approval: 12/12/2022).

Met criteria codes

BA1	✓	The highest population minor allele frequency (non-cancer) in gnomAD v2.1.1 is 1.131% in the African/African American population, which is higher than the ClinGen InSiGHT Hereditary Colorectal Cancer/Polyposis threshold ($\geq 0.1\%$) for BA1, and therefore meets this criterion (BA1).
BS3_Supporting	✓	Functional study of β -catenin-regulated transcription assays indicated that this alteration suppressed CRT as effectively as wild type (PubMed:18199528, BS3_Supporting).
BP1	✓	APC, in which the variant was identified, is defined by the ClinGen InSiGHT Hereditary Colorectal Cancer/Polyposis VCEP as a gene for which primarily truncating variants are known to cause disease (BP1).

Not Met criteria codes

PP3	✖	Multiple lines of computational evidence suggest no splicing impact (SpliceAI and varSEAK).
PM2	✖	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
BP4	✖	No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline

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.