

Variant: *NM_000546.5(TP53):c.818G>A (p.Arg273His)*

Version: 1.1

CA000434 [↗](#)

12366 (ClinVar) [↗](#)

Gene: TP53 ([HGNC:7157](#))

Condition: Li-Fraumeni syndrome ([MONDO:0018875](#))

Inheritance Mode: Autosomal dominant inheritance

UID: 8d32df42-16ac-41f2-9bf1-e2b9ce206190

Approved on: 2024-08-05

Published on: 2024-08-05

HGVS expressions

NM_000546.5:c.818G>A

NM_000546.5(TP53):c.818G>A (p.Arg273His)

NC_000017.11:g.7673802C>T

CM000679.2:g.7673802C>T

NC_000017.10:g.7577120C>T

CM000679.1:g.7577120C>T

NC_000017.9:g.7517845C>T

NG_017013.2:g.18749G>A

ENST00000503591.2:c.818G>A

ENST00000508793.6:c.818G>A

ENST00000509690.6:c.422G>A

ENST00000514944.6:c.539G>A

ENST00000604348.6:c.797G>A

ENST00000269305.9:c.818G>A

ENST00000269305.8:c.818G>A

ENST00000359597.8:c.818G>A

ENST00000413465.6:c.782+379G>A

ENST00000420246.6:c.818G>A

ENST00000445888.6:c.818G>A

ENST00000455263.6:c.818G>A

ENST00000504290.5:c.422G>A

ENST00000504937.5:c.422G>A

ENST00000509690.5:c.422G>A

ENST00000510385.5:c.422G>A

ENST00000610292.4:c.701G>A

ENST00000610538.4:c.701G>A

ENST00000610623.4:c.341G>A

ENST00000615910.4:c.785G>A

ENST00000617185.4:c.818G>A

ENST00000618944.4:c.341G>A

ENST00000619186.4:c.341G>A

ENST00000619485.4:c.701G>A

ENST00000620739.4:c.701G>A

ENST00000622645.4:c.701G>A

ENST00000635293.1:c.701G>A

NM_001126112.2:c.818G>A

NM_001126113.2:c.818G>A

NM_001126114.2:c.818G>A
NM_001126115.1:c.422G>A
NM_001126116.1:c.422G>A
NM_001126117.1:c.422G>A
NM_001126118.1:c.701G>A
NM_001276695.1:c.701G>A
NM_001276696.1:c.701G>A
NM_001276697.1:c.341G>A
NM_001276698.1:c.341G>A
NM_001276699.1:c.341G>A
NM_001276760.1:c.701G>A
NM_001276761.1:c.701G>A
NM_001276695.2:c.701G>A
NM_001276696.2:c.701G>A
NM_001276697.2:c.341G>A
NM_001276698.2:c.341G>A
NM_001276699.2:c.341G>A
NM_001276760.2:c.701G>A
NM_001276761.2:c.701G>A
NM_000546.6:c.818G>A
NM_001126112.3:c.818G>A
NM_001126113.3:c.818G>A
NM_001126114.3:c.818G>A
NM_001126115.2:c.422G>A
NM_001126116.2:c.422G>A
NM_001126117.2:c.422G>A
NM_001126118.2:c.701G>A
NM_001276695.3:c.701G>A
NM_001276696.3:c.701G>A
NM_001276697.3:c.341G>A
NM_001276698.3:c.341G>A
NM_001276699.3:c.341G>A
NM_001276760.3:c.701G>A
NM_001276761.3:c.701G>A

Pathogenic

Met criteria codes **7**

PM2_Supporting PP3 PM1
PP4_Moderate PS2 PS3 PS4

Not Met criteria codes **7**

BP4 BA1 PM5 BS2 BS1
BS3 PS1

Evidence Links **0**

Expert Panel

[TP53 VCEP](#)

Criteria Specification Information

[Criteria Specification:](#) *ClinGen TP53 Expert Panel Specifications to the ACMG/AMP Variant Interpretation Guidelines for TP53 Version 2.0.0*

[Criteria Specification Approval History](#)















[Criteria Specifications for this VCEP](#)

Evidence submitted by expert panel















TP53 VCEP

The NM_000546.6: c.818G>A variant in TP53 is a missense variant predicted to cause substitution of arginine by histidine at amino acid 273 (p.R273H). This variant has been reported in numerous unrelated probands meeting Classic LFS and Revised Chompret criteria. Based on this evidence, this variant scores 8 total points meeting the TP53 VCEP phenotype scoring criteria of ≥ 8 points. (PS4_Very Strong; PMIDs, 16401470, 15390294, 9242456, 10864200, 1565144, 7732013; SCV000186052.8). This variant has been identified as a de novo occurrence with confirmed parental relationships in 1 individual with an LFS-associated cancer totaling 4 phenotype points (PS2; PMID: 1267231). At least two individuals with this variant were found to have a variant allele fraction of 5-25%, which is a significant predictor of variant pathogenicity (PP4_Moderate, PMID: 34906512, SCV000186052.8). This variant has an allele frequency of 0.00001186 (14/1179946 alleles) in the European (non-Finnish) population in gnomAD v4.1.0 which is lower than the ClinGen TP53 VCEP threshold (<0.00004) for PM2_Supporting, and therefore meets this criterion (PM2_Supporting). In vitro assays performed in yeast and/or human cell lines showed non-functional transactivation and loss of growth suppression activity indicating that this variant impacts protein function (PS3; PMIDs: 12826609, 30224644, 29979965). This variant resides within a codon (NM_00546.4: 273) of TP53 that is defined as a mutational hotspot by the ClinGen TP53 VCEP (PM1; PMID: 8023157). Computational predictor scores (BayesDel = 0.52; Align GVGD = Class 25) are above recommended thresholds (BayesDel > 0.16 and an Align GVGD Class of > 15), evidence that correlates with impact to TP53 via protein change (PP3). In summary, this variant meets the criteria to be classified as pathogenic for Li Fraumeni Syndrome based on the ACMG/AMP criteria applied, as specified by the ClinGen TP53 VCEP: PS4_Very Strong, PS2, PM2_Supporting, PS3, PP4_Moderate, PM1, PP3. (Bayesian Points: 22; VCEP specifications version 2.0; 7/24/2024).

Met criteria codes

PM2_Supporting	 	This variant has an allele frequency of 0.00001186 (14/1179946 alleles) in the European (non-Finnish) population in gnomAD v4.1.0 which is lower than the ClinGen TP53 VCEP threshold (<0.00004) for PM2_Supporting, and therefore meets this criterion (PM2_Supporting).
PP3	 	Computational predictor scores (BayesDel = 0.52; Align GVGD = Class 25) are above recommended thresholds (BayesDel > 0.16 and an Align GVGD Class of > 15), evidence that correlates with impact to TP53 via protein change (PP3).
PM1	 	This variant resides within a codon (NM_00546.4: 273) of TP53 that is defined as a mutational hotspot by the ClinGen TP53 VCEP (PM1; PMID: 8023157)
PP4_Moderate	 	At least two individuals with this variant were found to have a variant allele fraction of 5-25%, which is a significant predictor of variant pathogenicity (PP4_Moderate, PMID: 34906512, SCV000186052.8).
PS2	 	This variant has been identified as a de novo occurrence with confirmed parental relationships in 1 individual with an LFS-associated cancer totaling 4 phenotype points (PS2; PMID: 1267231).
PS3	 	In vitro assays performed in yeast and/or human cell lines showed non-functional transactivation and loss of growth suppression activity indicating that this variant impacts protein function (PS3; PMIDs: 12826609, 30224644, 29979965).
PS4	 	PS4_VERY STRONG APPLIED This variant has been reported in numerous unrelated probands meeting Classic LFS and Revised Chompret criteria. Based on this evidence, this variant scores 8 total points meeting the TP53 VCEP phenotype scoring criteria of ≥ 8 points. (PS4_Very Strong; PMIDs, 16401470, 15390294, 9242456, 10864200, 1565144, 7732013; SCV000186052.8)

Not Met criteria codes

BP4			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BA1			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PM5			5 different missense variants (p.Arg273Leu; p.Arg273Pro; p.Arg273Gly; p.Arg273Ser; p.Arg273Cys) in the same codon have been reported (ClinVar Variation IDs: 376655, 231060, 634682, 376656, 43594). However, the variants have not yet been curated to determine if they would be classified as pathogenic or likely pathogenic by the ClinGen TP53 VCEP's specifications (PM5 not evaluated).
BS2			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BS1			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
PS1			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline

Curation History [↗](#)

Showing 1 to 2 of 2 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.