

Variant: *NM_000546.5(TP53):c.221C>T (p.Ala74Val)*

Version: 1.1

CA000077 [↗](#)

141547 (ClinVar) [↗](#)

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

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

Inheritance Mode: Autosomal dominant inheritance

UUID: ad0ddb25-8464-4d3f-b3c7-c54eb5535e21

Approved on: 2025-01-16

Published on: 2025-01-16

HGVS expressions

NM_000546.5:c.221C>T

NM_000546.5(TP53):c.221C>T (p.Ala74Val)

NC_000017.11:g.7676148G>A

CM000679.2:g.7676148G>A

NC_000017.10:g.7579466G>A

CM000679.1:g.7579466G>A

NC_000017.9:g.7520191G>A

NG_017013.2:g.16403C>T

ENST00000503591.2:c.221C>T

ENST00000508793.6:c.221C>T

ENST00000509690.6:c.-21-912C>T

ENST00000514944.6:c.96+234C>T

ENST00000604348.6:c.221C>T

ENST00000269305.9:c.221C>T

ENST00000269305.8:c.221C>T

ENST00000359597.8:c.221C>T

ENST00000413465.6:c.221C>T

ENST00000420246.6:c.221C>T

ENST00000445888.6:c.221C>T

ENST00000455263.6:c.221C>T

ENST00000503591.1:c.221C>T

ENST00000505014.5:n.477C>T

ENST00000508793.5:c.221C>T

ENST00000509690.5:c.-21-912C>T

ENST00000514944.5:c.96+234C>T

ENST00000604348.5:c.221C>T

ENST00000610292.4:c.104C>T

ENST00000610538.4:c.104C>T

ENST00000615910.4:c.221C>T

ENST00000617185.4:c.221C>T

ENST00000619485.4:c.104C>T

ENST00000620739.4:c.104C>T

ENST00000622645.4:c.104C>T

ENST00000635293.1:c.104C>T

NM_001126112.2:c.221C>T

NM_001126113.2:c.221C>T

NM_001126114.2:c.221C>T

NM_001126118.1:c.104C>T
NM_001276695.1:c.104C>T
NM_001276696.1:c.104C>T
NM_001276760.1:c.104C>T
NM_001276761.1:c.104C>T
NM_001276695.2:c.104C>T
NM_001276696.2:c.104C>T
NM_001276760.2:c.104C>T
NM_001276761.2:c.104C>T
NM_000546.6:c.221C>T
NM_001126112.3:c.221C>T
NM_001126113.3:c.221C>T
NM_001126114.3:c.221C>T
NM_001126118.2:c.104C>T
NM_001276695.3:c.104C>T
NM_001276696.3:c.104C>T
NM_001276760.3:c.104C>T
NM_001276761.3:c.104C>T

Likely Benign

Met criteria codes 4

PM2_Supporting BS2_Supporting
BS3 BP4

Not Met criteria codes 18

BS1 BS4 BP3 BP2 PVS1
BP7 PS1 PS2 PS3 PS4 BA1
PP1 PP3 PP4 PM6 PM1
PM5 PM4

Evidence Links 3

Expert Panel

TP53 VCEP

Criteria Specification Information

Criteria Specification: ClinGen TP53 Expert Panel
Specifications to the ACMG/AMP Variant Interpretation
Guidelines for TP53 Version 2.1.0

Criteria Specification Approval History
Criteria Specifications for this VCEP

Evidence submitted by expert panel

TP53 VCEP

The NM_000546.6: c.221C>T variant in TP53 is a missense variant predicted to cause substitution of alanine by valine at amino acid 74 (p.Ala74Val). This variant has been observed in 2-3 heterozygous unrelated females from the same data source with no personal history of cancer prior to age 60 years and no personal history of sarcoma at any age (BS2_Supporting; Internal lab contributors). This variant has an allele frequency of 0.000006782 (8/1179650 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 functional transactivation and retained growth suppression activity indicating that this variant does not impact protein function (BS3; PMIDs: 12826609, 29979965, 30224644). Computational predictor scores (BayesDel = -0.2135; Align GVGD Class C0) are below the recommended thresholds (BayesDel ≤ -0.008 and an Align GVGD Class ≤ 55), evidence that does not predict a damaging effect on TP53 via protein change. SpliceAI predicts that the variant has no impact on splicing. (BP4_Moderate). In summary, this variant meets the criteria to be classified as likely benign for Li Fraumeni syndrome based on the ACMG/AMP criteria applied, as specified by the ClinGen TP53 VCEP: BS2_Supporting, BS3, BP4_Moderate, PM2_Supporting. (Bayesian Points: -6; VCEP specifications version 2.1; 1/16/2025).

Met criteria codes			
PM2_Supporting			This variant has an allele frequency of 0.000006782 (8/1179650 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).
BS2_Supporting			This variant has been observed in 2-3 heterozygous unrelated females from the same data source with no personal history of cancer prior to age 60 years and no personal history of sarcoma at any age (BS2_Supporting; Internal lab contributors).
BS3			In vitro assays performed in yeast and/or human cell lines showed functional transactivation and retained growth suppression activity indicating that this variant does not impact protein function (BS3; PMIDs: 12826609, 29979965, 30224644). Giacomelli A549_p53NULL_Etoposide_Z-score (LOF <=-0.21) = 0.700463717 Giacomelli A549_p53WT_Nutlin-3_Z-score (DN=>0.61) = -0.214822468 PubMed:30224644  Kato transactivation functional, 82.8% PubMed:12826609  N/A PubMed:29979965 
BP4			BP4_MODERATE Computational predictor scores (BayesDel = -0.2135; Align GVGD Class C0) are below the recommended thresholds (BayesDel ≤ -0.008 and an Align GVGD Class ≤ 55), evidence that does not predict a damaging effect on TP53 via protein change. SpliceAI predicts that the variant has no impact on splicing. (BP4_Moderate).
Not Met criteria codes			
BS1			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BS4			No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
BP3			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
PVS1			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
PS1			

No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline			
PS2		✖	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
PS4		✖	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
PP1		✖	No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PP3		✖	No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PP4		✖	No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PM6		✖	No code specific comments provided, please refer to the summary above or general recommendations provided in the guideline
PM1		✖	This variant does not reside within a region of TP53 that is defined as a mutational hotspot by the ClinGen TP53 VCEP (PM1 not met).
PM5		✖	2 different missense variants (p.Ala74Gly, p.Ala74Ser) in the same codon have been reported (ClinVar Variation IDs: 1787901, 1361776). 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).
PM4		✖	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.