### **Description:**

Fragile X syndrome is the most common inherited cause of intellectual disability. It affects predominantly males but affected females may show mild intellectual disability. Large increases in the number of CGG repeats (greater than 200) in the FMR1 gene result in decreased expression of the FMRP protein and is associated with Fragile X syndrome. Females with between 55 to 200 repeats are considered to be premutation carriers, as they are at risk for passing on an expanded number of CGG repeats in the following generation. Premutation carriers in both males and females have been described with behavioral problems and mild intellectual disability. Males carrying a premutation may develop late-onset neurologic symptoms such as tremors and ataxia (abnormal gait) known as the Fragile X Tremor Ataxia Syndrome (FXTAS). Female premutation carriers are at some risk for FXTAS-type symptoms, but are at a higher than expected risk for developing premature ovarian failure.

## **Indications:**

- Intellectual disability or developmental delay of unknown etiology predominantly in males.
- Family history of Fragile X syndrome or nonspecific intellectual disability.
- Features of autism in either males or females.
- Women with premature menopause.
- Tremor or ataxia in males over 50 with known family history of Fragile X.

## Specimen:

At least 2 mLs of whole blood in lavender top (EDTA) tube or 2 cytobrushes. Label with patient's name, birth date, and date of collection. Direct amniotic fluid (20ml), chorionic villi, or products of conception (POC)

(10-200mg sterile tissue) acceptable for *FMR1* repeat size analysis only.

# **Testing Methodology:**

DNA extracted from peripheral white blood cells is analyzed by the polymerase chain reaction (PCR). The PCR fragment is designed to flank the area of repeats and effectively alters the size of the PCR product correspondingly to the repeat size. The DNA of premutation males and full mutation males and females is also subjected to allele-specific methylation PCR (mPCR) followed by capillary electrophoresis to determine methylation status.

### Sensitivity:

Full mutations of the Fragile X gene (*FMR1*) are associated with Fragile X syndrome in >99% of cases.

### **Turn-Around Time:**

14 days

## **CPT Codes:**

• 81243, 81244

Please call 1-866-450-4198 for current pricing, insurance preauthorization or with any billing questions.

#### **Results:**

Each test report includes a detailed interpretation of the genetic findings, the clinical significance of the result, and specific recommendations for the clinical management and additional testing, if warranted. Results will be reported to the referring physician or health care provider as specified on the test requisition form.

# **Shipping Instructions:**

Please enclose test requisition with sample. All information must be completed before sample can be processed.



Genetics and Genomics Diagnostic Laboratory CLIA#: 36D0656333 Phone: (513) 636-4474 Fax: (513) 636-4373 Email: LabGeneticCounselors@cchmc.org www.cincinnatichildrens.org/genetics Place samples in styrofoam mailer and ship at room temperature by overnight Federal Express to arrive Monday through Saturday.

#### Ship to:

Genetics and Genomics Diagnostic Laboratory 3333 Burnet Avenue NRB 1042 Cincinnati, OH 45229 513-636-4474

#### **References:**

Biancalana, V., Glaeser, D., McQuaid, S., & Steinbach, P. (2015). EMQN best practice guidelines for the molecular genetic testing and reporting of fragile X syndrome and other fragile X-associated disorders. European journal of human genetics : EJHG, 23(4), 417–425.

Boyle, L., & Kaufmann, W. E. (2010). The behavioral phenotype of FMR1 mutations. American journal of medical genetics. Part C, Seminars in medical genetics, 154C(4), 469–476.

Finucane, B., Abrams, L., Cronister, A., Archibald, A. D., Bennett, R. L., & McConkie-Rosell, A. (2012). Genetic counseling and testing for FMR1 gene mutations: practice guidelines of the national society of genetic counselors. Journal of genetic counseling, 21(6), 752–760.

Hagerman, R. J., & Hagerman, P. (2016). Fragile Xassociated tremor/ataxia syndrome - features, mechanisms and management. Nature reviews. Neurology, 12(7), 403– 412.

Hoyos, L. R., & Thakur, M. (2017). Fragile X premutation in women: recognizing the health challenges beyond primary ovarian insufficiency. Journal of assisted reproduction and genetics, 34(3), 315–323. Jiraanont, P., Hagerman, R. J., Neri, G., Zollino, M., Murdolo, M., & Tassone, F. (2016). Germinal mosaicism for a deletion of the FMR1 gene leading to fragile X syndrome. European journal of medical genetics, 59(9), 459–462.

Juusola, J., Anderson, P., Fernanda S., Wilkinson, D., Pandya, A., Ferreira-Gonzalez, A. (2012). Performance evaluation of two methods using commercially available reagents for PCRbased detection of FMR1 mutation. Journal of molecular diagnostics, 14(5), 476-486.

Kidd, S. A., Lachiewicz, A., Barbouth, D., Blitz, R. K., Delahunty, C., McBrien, D., Visootsak, J., & Berry-Kravis, E. (2014). Fragile X syndrome: a review of associated medical problems. Pediatrics, 134(5), 995–1005.

Latham, G. J., Coppinger, J., Hadd, A. G., & Nolin, S. L. (2014). The role of AGG interruptions in fragile X repeat expansions: a twenty-year perspective. Frontiers in genetics, 5, 244.

Lozano, R., Azarang, A., Wilaisakditipakorn, T., & Hagerman, R. J. (2016). Fragile X syndrome: A review of clinical management. Intractable & rare diseases research, 5(3), 145–157.

Monaghan, K. G., Lyon, E., Spector, E. B., & erican College of Medical Genetics and Genomics (2013). ACMG Standards and Guidelines for fragile X testing: a revision to the diseasespecific supplements to the Standards and Guidelines for Clinical Genetics Laboratories of the American College of Medical Genetics and Genomics. Genetics in medicine : official journal of the American College of Medical Genetics, 15(7), 575–586.

Wakeling, E., Nahhas, F., Feldman, G. (2014). Extra alleles in FMR1 triplet-primed PCR: artifact, aneuploidy, or somatic mosaicism? Journal of molecular diagnostics, 16(6), 689-696.