

Bone Marrow Failure Gene Sequencing Panel

Genes Tested:

ABCB7, ACD, ADA2 (CECRI), AK2, ALAS2, ANKRD26, AP3B1, ATM, ATR, BLM, BRCA1, BRCA2, BRIP1, C15orf41, CARD11, CBL, CD40LG, CDAN1, CEBPA, CLPB, CSF3R, CTC1, CXCR2, CXCR4, CYCS, DDX41, DKC1, DNAJC21, DNMT3A, DUT, EFL1, EIF2AK3, ELANE, EPO, ERCC4, ERCC6L2, ETV6, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, G6PC3, GATA1, GATA2, GFII1, GLRX5, GPIBA, GPIBB, GP9, GRHL2, HAX1, HOXA11, HYOU1, IKZF1, ITGA2B, ITGB3, JAGN1, JAK2, KIF23, KIT, KLF1, KRAS, LAMTOR2, LIG4, LYST, MAD2L2, MASTL, MBD4, MECOM, MPL, MRTFA (MKL1), MYH9, MYSM1, NAF1, NBN, NHEJ1, NHP2, NOP10, NSMCE3, PALB2, PARN, PAX5, PGM3, POT1, PTPN11, PUS1, RAB27A, RAC2, RAD51, RAD51C, RBM8A, RFWD3, RMRP, RNF168, RPL11, RPL15, RPL18, RPL26, RPL27, RPL31, RPL35, RPL35A, RPL5, RPL9, RPS10, RPS15, RPS15A, RPS19, RPS24, RPS26, RPS27, RPS27A, RPS28, RPS29, RPS7, RTEL1, RUNX1, SALL4, SAMD9, SAMD9L, SBDS, SBF2, SEC23B, SH2B3, SLC19A2, SLC25A38, SLC35C1, SLC37A4, SLX4, SMARCD2, SRP54, SRP72, STIM1, STK4, STN1, TAZ, TCIRG1, TCN2, TERC, TERF2IP, TERT, TET2, THPO, TINF2, TLR8, TP53, TRNT1, TSR2, TUBB1, UBE2T, USB1, VPS13B, VPS45, WAS, WDRI, WIPF1, WRAP53, XRCC2, YARS2, ZCCHC8

Description:

This panel is specifically designed to diagnose the most common genetic causes of bone marrow failure including dyskeratosis congenita, Diamond Blackfan anemia, Fanconi anemia, congenital dyserythropoietic anemia, familial bone marrow failure, Schwachman Diamond syndrome, congenital amegakaryocytic thrombocytopenia/other syndromic thrombocytopenia, and inherited causes of neutropenia. Bone marrow failure syndromes may be inherited as autosomal dominant, autosomal recessive, or X-linked disorders. Malignant transformation is a significant risk for individuals with many of these disorders; thus, accurate and timely diagnosis is crucial for appropriate medical surveillance and management.

This panel also includes sequencing for somatic level variants in *CSF3R*, *RUNX1*, *TLR8* and *TP53*. Acquired variants in *CSF3R* have been reported in patients with severe congenital neutropenia (SCN), as well as in patients whose SCN has undergone progression to myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML) (Germeshausen et al.

2007; Touw 2015). Acquired variants in *RUNX1* have been reported in patients with MDS/AML who have undergone progression from SCN, including in combination with previously acquired *CSF3R* variants (Skokowa et al. 2014). Acquired variants in *TP53* have been reported in patients with Shwachman-Diamond syndrome (SDS), and may be an early event predisposing SDS patients to transformation to MDS/AML (Xia et al. 2018). Mosaic gain-of-function variants in *TLR8* have been reported to cause neutropenia, antibody deficiency, lymphoproliferation, and bone marrow failure (Aluri et al. 2021). Variants in these 4 genes are reported if the variant allele frequency is 5% or higher.

Test Offerings:

Bone marrow failure syndromes 165 gene panel by NGS

Sub-panels are available for specific conditions:

- Chromosome Breakage Disorders
- Dyskeratosis congenita and telomere disorders
- Diamond Blackfan anemia
- Fanconi anemia
- Inherited neutropenia

Indications:

Bone Marrow Failure Syndromes Panel by NGS:

- Confirmation of genetic diagnosis in a patient with a clinical diagnosis of bone marrow failure or associated syndrome
- Carrier identification or presymptomatic diagnosis in individuals with a family history of bone marrow failure of unknown genetic basis

Gene Specific or Sub-panel Sequencing:

- Confirmation of genetic diagnosis in a patient with bone marrow failure and in whom a specific genetic diagnosis is suspected

Variant Specific Analysis:

- Presymptomatic testing of at-risk siblings and parents for medical management and prior to bone marrow donation
- Carrier identification in individuals in whom specific variant(s) have been identified in the proband with bone marrow failure
- Prenatal diagnosis of an at-risk fetus, after confirmation of variant(s) in the parent(s) and by prior arrangement only.

Specimen:

At least 3 mLs whole blood in a lavender top (EDTA) tube or saliva in an Oragene saliva kit. Please call 513-636-4474 for a free saliva collection kit.

Note: For post-transplant patients, we accept pre-transplant samples or post-transplant skin fibroblasts ONLY (blood, saliva, and cytobrushes are not accepted). Culturing of skin fibroblasts is done at an additional charge.

Testing Methodology:

Bone Marrow Failure Syndromes Panel by NGS:

This test is performed by enrichment of the coding exons, flanking intronic and untranslated regions (5' and 3'), as well as known pathogenic variants (HGMD 2021.2) in the promoter and deep intronic regions of the genes specified above using oligonucleotide probe hybridization followed by next-generation sequencing with >20X coverage at every target base. Regions with <20X will be filled in by Sanger sequencing.

All pathogenic and likely pathogenic variants, as well as variants of unknown (indeterminate) significance, as determined bioinformatically, are confirmed by Sanger sequencing. The limit of detection of somatic variants in *CSF3R*, *RUNX1*, *TLR8* and *TP53* with this methodology is 5%. Somatic variants with <20% variant allele frequency may not be confirmed by Sanger sequencing. A detailed non-coding variant list is available upon request.

Gene specific sequencing: PCR-based sequencing of the entire coding region and intron/ exon boundaries of the specified gene and selected known pathogenic variants in the promoter and deep intronic regions.

Variant specific analysis: Sanger sequencing following PCR amplification of the targeted variant(s) of the specified gene.

Test Sensitivity:

Analytical Sensitivity: The sensitivity of DNA sequencing is over 99% for the detection of nucleotide base changes, small deletions and insertions in the regions analyzed. Somatic variants in *TP53*, *TLR8*, *RUNX1*, and *CSF3R* are expected to be identifiable when they are present at a variant allele frequency greater than 5%.

Limitations: Variants in the regulatory regions and non-reported variants in the untranslated regions may not be detected by this test. Large deletions/duplications, large insertions and other complex genetic events will not be identified using sequencing methodology.

Regions of Homology

These gene regions with homology may generate suboptimal data with potential false negative results.

GENE	TRANSCRIPT	EXON	CHROM	EXON_START	EXON_END
<i>RPL15</i>	NM_002948	4	3	23960686	23960992
<i>EFL1</i>	NM_024580	7	15	82530647	82530862
<i>RBM8A</i>	NM_005105	6	1	145509165	145509211
<i>FANCD2</i>	NM_033084	22	3	10106039	10106113
<i>FANCD2</i>	NM_033084	14	3	10085512	10085548
<i>FANCD2</i>	NM_033084	17	3	10091057	10091189

Note: Deletion/duplication is available for many of the genes on this panel. For further details, visit: www.cincinnatichildrens.org/deldup.

Genetic Conditions Commonly Associated with Bone Marrow Failure

Gene	Inheritance	Condition
<i>ABCB7</i>	X linked	Sideroblastic anemia with ataxia
<i>ACD</i>	AD, AR	Dyskeratosis congenita
<i>ADA2 (CECR1)</i>	AR	Vasculitis, autoinflammation, immunodeficiency, and hematologic defects syndrome
<i>AK2</i>	AR	Reticular dysgenesis
<i>ALAS2</i>	X linked	Anemia, sideroblastic, 1; Protoporphyrin, erythropoietic, X-linked
<i>ANKRD26</i>	AD	Thrombocytopenia 2
<i>AP3B1</i>	AR	Hermansky Pudlak type 2
<i>ATM</i>	AR	Ataxia-telangiectasia
<i>ATR</i>	AR	Seckel syndrome
<i>BLM</i>	AR	Bloom syndrome
<i>BRCA1, BRCA2 (FANCD1), BRIP1 (FANCJ), ERCC4 (FANCF), FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, MAD2L2, PALB2 (FANCN), RAD51, RAD51C (FANCO), RFW3, SLX4 (FANCP), UBE2T, XRCC2</i>	AR; except: <i>FANCB</i> - X linked, <i>RAD51</i> - AD	Fanconi anemia
<i>C15orf41</i>	AR	Dyserythropoietic anemia, congenital, type 1b
<i>CARD11</i>	AD, AR	Immunodeficiency
<i>CBL</i>	AD	Noonan syndrome-like disorder with or without Juvenile Myelomonocytic Leukemia
<i>CD40LG</i>	X linked	X-linked hyper IgM syndrome
<i>CDAN1</i>	AR	Dyserythropoietic anemia, congenital, type 1a
<i>CEBPA</i>	AD	Leukemia, acute myeloid
<i>CLPB</i>	AR	3-methylglutaconic aciduria type VII, with cataracts, neurologic involvement and neutropenia
<i>CSF3R</i>	AD, AR and somatic	Severe congenital neutropenia 7 (SCN7) (AR); Hereditary neutrophilia (AD) predisposition to myelodysplastic syndrome (somatic)
<i>CTC1</i>	AR	Coats plus syndrome
<i>CXCR2</i>	AR	Myelokathexis
<i>CXCR4</i>	AD	WHIM syndrome
<i>CYCS</i>	AD	Thrombocytopenia 4
<i>DDX41</i>	AD	Myeloproliferative/lymphoproliferative Neoplasms, familial (multiple types), susceptibility to
<i>DKC1</i>	X linked	Dyskeratosis congenita or Hoyeraal Hreidarsson syndrome
<i>DNAJC21</i>	AR	Familial bone marrow failure syndrome type 3
<i>DNMT3A</i>	AD	Heyn-Sproul-Jackson syndrome; Tatton-Brown-Rahman syndrome; Acute Myeloid Leukemia
<i>DUT</i>	AR	Bone Marrow failure and Diabetes
<i>EFL1</i>	AR	Shwachman-Diamond syndrome
<i>EIF2AK3</i>	AR	Wolcott-Rallison syndrome
<i>ELANE (ELA2)</i>	AD	SCN1
<i>EPO</i>	AD, AR	Diamond Blackfan anemia (AR); erythrocytosis (AD)
<i>ERCC6L2</i>	AR	Familial bone marrow failure syndrome type 2
<i>ETV6</i>	AD	Thrombocytopenia 5; Acute myeloid leukemia

Genetic Conditions Commonly Associated with Bone Marrow Failure, Cont.

Gene	Inheritance	Condition
<i>G6PC3</i>	AR	SCN4, nonsyndromic SCN, Dursun syndrome
<i>GATA1</i>	X linked	GATA1-related X-linked cytopenia
<i>GATA2</i>	AD	GATA2 deficiency
<i>GFI1</i>	AD	SCN2
<i>GLRX5</i>	AR	Anemia, sideroblastic, 3, pyridoxine-refractory
<i>GP1BA</i>	AD, AR	Bernard-Soulier syndrome, type A1/A2
<i>GP1BB</i>	AR	Bernard-Soulier syndrome, type B; Giant Platelet disorder, isolated
<i>GP9</i>	AR	Bernard-Soulier syndrome, type C
<i>GRHL2</i>	AR	Ectodermal dysplasia/short stature syndrome
<i>HAX1</i>	AR	SCN3, Kostmann syndrome
<i>HOXA11</i>	AD	Radioulnar synostosis with amegakaryocytic thrombocytopenia 1
<i>HYOU1</i>	AR	Immunodeficiency and hypoglycemia
<i>IKZF1</i>	AD	Immunodeficiency, common variable, 13
<i>ITGA2B</i>	AD, AR	Bleeding disorder, Platelet-type, 16, autosomal dominant; Glanzmann thrombasthenia 1, autosomal recessive
<i>ITGB3</i>	AD, AR	Bleeding disorder, Platelet-type, 24, autosomal dominant; Glanzmann thrombasthenia 2, autosomal recessive
<i>JAGN1</i>	AR	SCN6
<i>JAK2</i>	AD	Thrombocythemia 3 (AD, somatic); Erythrocytosis (somatic); Myelofibrosis (somatic), AML (somatic)
<i>KIF23</i>	AD	Anemia, congenital dyserythropoietic, type IIIA
<i>KIT</i>	AD	Mastocytosis, cutaneous; acute myeloid leukemia
<i>KLF1</i>	AD	Dyserythropoietic anemia, congenital, type IV
<i>KRAS</i>	AD	RAS-associated autoimmune leukoproliferative disorder; Cardiofaciocutaneous syndrome 2; Noonan syndrome 3
<i>LAMTOR2 (ROBLD3)</i>	AR	p14 deficiency
<i>LIG4</i>	AR	LIG4 syndrome
<i>LYST</i>	AR	Chediak Higashi syndrome
<i>MASTL</i>	AD	thrombocytopenia
<i>MBD4</i>	AR	Tumor predisposition syndrome 2
<i>MECOM</i>	AD	Radioulnar synostosis with amegakaryocytic thrombocytopenia 2
<i>MPL</i>	AR	Congenital amegakaryocytic thrombocytopenia
<i>MRTFA (MKL1)</i>	AR	Neutropenia with combined immune deficiency
<i>MYH9</i>	AD	Macrothrombocytopenia and Granulocyte inclusions with or without Nephritis or sensorineural Hearing Loss
<i>MYSM1</i>	AR	Familial bone marrow failure syndrome type 4
<i>NAF1</i>	AD	Pulmonary fibrosis and emphysema
<i>NBN</i>	AR	Nijmegen breakage syndrome
<i>NHEJ1</i>	AR	Severe combined immunodeficiency with microcephaly, growth retardation, and sensitivity to ionizing radiation
<i>NHP2 (NOLA2)</i>	AR	Dyskeratosis congenita
<i>NOPI0 (NOLA3)</i>	AR	Dyskeratosis congenita
<i>NSMCE3</i>	AR	Lung disease, immunodeficiency and chromosome breakage syndrome

Genetic Conditions Commonly Associated with Bone Marrow Failure, Cont.

Gene	Inheritance	Condition
<i>PARN</i>	AD, AR	Dyskeratosis congenita (AR); Pulmonary fibrosis and/or bone marrow failure (AD)
<i>PAX5</i>	AD	Leukemia, acute lymphoblastic, susceptibility to, 3
<i>PGM3</i>	AR	Immunodeficiency 23
<i>POT1</i>	AD	Familial chronic lymphocytic leukemia
<i>PTPN11</i>	AD	Noonan syndrome 1
<i>PUS1</i>	AR	Myopathy, lactic acidosis, and sideroblastic anemia 1
<i>RAB27A</i>	AR	Griscelli syndrome type 2
<i>RAC2</i>	AR	Neutrophil immunodeficiency syndrome
<i>RBM8A</i>	AR	Thrombocytopenia-absent radius syndrome
<i>RMRP</i>	AR	Cartilage-hair hypoplasia
<i>RNF168</i>	AR	RIDDLE syndrome
<i>RPL5, RPL9, RPL11, RPL15, RPL18, RPL26, RPL27, RPL31, RPL35, RPL35A, RPS7, RPS10, RPS15, RPS15A, RPS19, RPS24, RPS26, RPS27, RPS27A, RPS28, RPS29, TSR2</i>	AD; except: TSR2 - X linked	Diamond Blackfan anemia
<i>RTEL1</i>	AD, AR	Dyskeratosis congenita
<i>RUNX1</i>	AD and somatic	Familial platelet disorders (germline); acute myeloid leukemia (germline); predisposition to myelodysplastic syndrome/ acute myeloid leukemia (somatic)
<i>SALL4</i>	AD	IVIC syndrome; Duane-radial ray syndrome
<i>SAMD9</i>	AD	MIRAGE syndrome
<i>SAMD9L</i>	AD	Ataxia-pancytopenia syndrome
<i>SBDS</i>	AR	Shwachman Diamond syndrome (SDS)
<i>SBF2</i>	AR	Thrombocytopaenia
<i>SEC23B</i>	AR	Dyserythropoietic anemia, congenital, type II
<i>SH2B3</i>	AD and somatic	Thrombocythemia; Myelofibrosis; Erythrocytosis
<i>SLC19A2</i>	AR	Thiamine-responsive megaloblastic anemia syndrome
<i>SLC25A38</i>	AR	Anemia, sideroblastic, 2, pyridoxine-refractory
<i>SLC35C1</i>	AR	Congenital disorder of glycosylation, type IIc
<i>SLC37A4</i>	AR	Glycogen storage disease type IB
<i>SMARCD2</i>	AR	Specific granule deficiency 2
<i>SRP54</i>	AD	Congenital neutropenia
<i>SRP72</i>	AD	Familial bone marrow failure syndrome type 1
<i>STIM1</i>	AD, AR	Stormorken syndrome (AD); Immunodeficiency 10 (AR)
<i>STK4</i>	AR	STK4 deficiency
<i>STN1</i>	AR	Coats plus syndrome with telomere defects
<i>TAZ</i>	X linked	Barth syndrome
<i>TCIRG1</i>	AD, AR	Osteopetrosis (AR), Congenital neutropenia (AD)
<i>TCN2</i>	AR	Transcobalamin II deficiency
<i>TERC (hTR)</i>	AD	Dyskeratosis congenita
<i>TERF2IP</i>	AD	Familial melanoma
<i>TERT</i>	AD, AR	Dyskeratosis congenita
<i>TET2</i>	AR	Immunodeficiency 75

Genetic Conditions Commonly Associated with Bone Marrow Failure, Cont.

Gene	Inheritance	Condition
<i>THPO</i>	AD	Thrombocythemia 1
<i>TINF2</i>	AD	Classic or severe DC, Revesz syndrome, Hoyeraal Hreidarrson syndrome; AD 3
<i>TLR8</i>	X Linked and somatic	Immunodeficiency 98 with autoinflammation, X-linked
<i>TP53</i>	AD and somatic	Familial bone marrow failure syndrome 5 (germline); transformation to myelodysplastic syndrome/acute myeloid leukemia in patients with Schwachman Diamond syndrome (somatic)
<i>TRNT1</i>	AR	Sideroblastic anemia with B-cell immunodeficiency, periodic fevers, and developmental delay; Retinitis Pigmentosa and erythrocytic microcytosis
<i>TUBB1</i>	AD	Macrothrombocytopenia, isolated, 1, autosomal dominant
<i>USB1</i>	AR	Clericuzio-type poikiloderma with neutropenia
<i>VPS13B</i>	AR	Cohen syndrome; congenital neutropenia with retinopathy
<i>VPS45</i>	AR	SCN5
<i>WAS</i>	X linked	Wiskott Aldrich syndrome, X-linked
<i>WDR1</i>	AR	WDR1 deficiency
<i>WIPF1</i>	AR	Wiskott Aldrich syndrome
<i>WRAP53 (TCAB1, WDR79)</i>	AR	Dyskeratosis congenita, Revesz syndrome, Hoyeraal Hreidarrson syndrome
<i>YARS2</i>	AR	Myopathy, lactic acidosis, and sideroblastic anemia 2
<i>ZCCHC8</i>	AD	Pulmonary fibrosis and/or bone marrow failure, telomere-related, 5

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.

CPT Codes:

- **Bone Marrow Failure NGS Panel:** 81443
- **Single gene sequencing, targeted variant analysis, and deletion/duplication:** call for information.

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

Turn-Around Time:

- Bone Marrow Failure Syndromes Panel by NGS: 28 days
- Single Gene Sequencing: 28 days

Shipping Instructions:

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

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:

- Aluri, J., A. Bach, et al. (2021). Immunodeficiency and bone marrow failure with mosaic and germline TLR8 gain of function. *Blood*, 137(18), 2450–2462.
- Chirnomas, S.D. and G.M. Kupfer (2013) *The Inherited Bone Marrow Failure Syndromes. Pediatric Clinics of North America* 60(6): 1291-310.
- Dietz, A.C., P.A. Mehta, et al. (2017) *Current Knowledge and Priorities for Future Research in Late Effects after Hematopoietic Cell Transplantation for Inherited Bone Marrow Failure Syndromes: Consensus Statement from the Second Pediatric Blood and Marrow Transplant Consortium International Conference on Late Effects after Pediatric Hematopoietic Cell Transplantation. Biol Blood Marrow Transplant.* 23(5):726-735.
- Dietz, A.C., S.A. Savage, et al. (2017) *Late Effects Screening Guidelines after Hematopoietic Cell Transplantation for Inherited Bone Marrow Failure Syndromes: Consensus Statement From the Second Pediatric Blood and Marrow Transplant Consortium International Conference on Late Effects After Pediatric HCT. Biol Blood Marrow Transplant.* 23(9):1422-1428.
- Dokal, I., Tummala, H., and T. Vulliamy, (2022). Inherited bone marrow failure in the pediatric patient. *Blood*, 140(6), 556–570.
- Germeshausen, M., M. Ballmaier, et al. 2007. Incidence of CSF3R mutations in severe congenital neutropenia and relevance for leukemogenesis: results of a long-term survey. *Blood*. 109(1):93-9.
- Kallen, M. E., Dulau-Florea, A., Wang, W., & Calvo, K. R. (2019). Acquired and germline predisposition to bone marrow failure: Diagnostic features and clinical implications. *Seminars in hematology*, 56(1), 69–82.
- Skokowa, J., D. Steinemann, et al. 2014. Cooperativity of RUNX1 and CSF3R mutations in severe congenital neutropenia: a unique pathway in myeloid leukemogenesis. *Blood*. 123(14):2229-37.
- Thusberg, J., A. Olatubosun, et al. (2011). Performance of mutation pathogenicity prediction methods on missense variants. *Hum Mutat* 32(4): 358-368.
- Touw, I.P. 2015 *Game of clones: the genomic evolution of severe congenital neutropenia. Hematology Am Soc Hematol Educ Program.* 2015:1-7.
- Townsley, D.M, B. Dumitriu, et al. (2014). Bone marrow failure and the telomeropathies. *Blood* 124(18): 2775-83.
- Wegman-Ostrosky, T., & Savage, S. A. (2017). The genomics of inherited bone marrow failure: from mechanism to the clinic. *British journal of haematology*, 177(4), 526–542.
- Xia, J., C.A. Miller, et al. 2018. Somatic mutations and clonal hematopoiesis in congenital neutropenia. *Blood*. 131(4):408-416.