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500 Chipeta Way, Salt Lake City, Utah 84108-1221

phone: 801-583-2787, toll free: 800-522-2787

Patient Age/Sex: 34 years Female Tracy I. George, MD, Chief Medical Officer

Specimen Collected: 14-Mar-22 13:58

Cystic Fibrosis, 165 Var. w/Rflx | Received: 14-Mar-22 13:58 Report/Verified: 15-Mar-22 09:54

to Seq

Result Procedure Units Reference Interval

Cystic Fibrosis, Allele Negative

Cystic Fibrosis, Allele Negative

2.

Cystic Fibrosis 5T Not Applicable

Variant

CF Expanded Var Rflx 0 variants f1 i1

to Seq Interp

### Result Footnote

CF Expanded Var Rflx to Seq Interp

No pathogenic CF variants were detected by the Cystic Fibrosis (CFTR) Expanded Variant Panel; therefore, CFTR gene sequencing was performed.

TEST PERFORMED - 2013663

TEST DESCRIPTION - Cystic Fibrosis (CFTR) 165 Pathogenic Variants with Reflex to Sequencing

INDICATION FOR TEST - Confirm Diagnosis

No pathogenic variants were detected in the CFTR gene.

#### INTERPRETATION

No pathogenic variants were detected in the CFTR gene by the Cystic Fibrosis 165 Pathogenic Variants assay and bidirectional sequencing of the coding regions and intron-exon boundaries. Although this result does not exclude cystic fibrosis (CF) disease or carrier status, the risk for such is greatly reduced.

#### RECOMMENDATIONS

Medical management should rely on clinical findings and family history. If clinical suspicion for CF remains high, consider sweat chloride testing or CFTR deletion/duplication analysis (Deletion/Duplication Analysis by MLPA, ARUP test code 3003144), which detects an additional 1-2 percent of CFTR variants. Genetic consultation is indicated.

#### COMMENTS

Reference Sequence: GenBank # NM\_000492.3 (CFTR)

Nucleotide numbering begins at the "A" of the ATG initiation codon.

Likely benign and benign variants are not reported

Specimen: Whole Blood

Symptoms: Yes Family History: No

This result has been reviewed and approved by Rong Mao, M.D.

#### Test Information

i1: CF Expanded Var Rflx to Seq Interp

BACKGROUND INFORMATION: Cystic Fibrosis (CFTR) Expanded

Variant Panel with Reflex

to Sequencing

\*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Unless otherwise indicated, testing performed at:

**ARUP Laboratories** 

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Tracy I. George, MD

**ARUP Accession:** 22-073-900161 Report Request ID: 15082796

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Patient Report

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Tracy I. George, MD, Chief Medical Officer

Patient Age/Sex: 34 years Female

# Test Information

il: CF Expanded Var Rflx to Seq Interp

CHARACTERISTICS OF CYSTIC FIBROSIS (CF): Chronic sino-pulmonary disease, gastrointestinal malabsorption/pancreatic insufficiency, and obstructive azoospermia. Symptoms of a CFTR-related disorder include: pancreatitis, bilateral absence of the vas deferens, nasal polyposis, or bronchiectasis.

INCIDENCE: 1 in 2,300 Ashkenazi Jewish, 1 in 2,500 Caucasians, 1 in 13,500

Hispanics, 1 in 15,100 African Americans, 1 in 35,100 Asians.

INHERITANCE: Autosomal recessive.

PENETRANCE: High for severe pathogenic variants and variable for variants of varying clinical consequences.

Cause of CF: Two severe pathogenic CFTR variants on opposite chromosomes. CAUSE OF CFTR-RELATED DISORDERS: Two pathogenic CFTR variants on opposite chromosomes, at least one of which is classified as mild or a variant of varying clinical consequences.

VARIANTS TESTED:

\*Note: variants are listed by standard nomenclature. Legacy names are also provided for the 23 recommended ACMG variants.

c.1A>G, p.Met1Val; c.54-5940\_273+10250del21kb, Exons 2-3del; c.115C>T, p.Gln39X; c.178G>T, p.Glu60X; c.200C>T, p.Pro67Leu; c.223C>T, p.Arg75X; c.254G>A (Legacy G85E), p.Gly85Glu; c.262\_263delTT, p.Leu88IlefsX22 (aka p.Leu88fs); c.273+1G>A, Intronic; c.273+3A>C, Intronic; c.274-1G>A, Intronic; c.274G>A, p.Glu92Lys; c.274G>T, p.Glu92X; c.292C>T, p.Gln98X; c.313delA, p.Ile105SerfsX2 (aka p.Ile105fs); c.325\_327delTATinsG, p.Tyr109GlyfsX4 (aka p.Tyr109fs); c.328G>C, p.Asp110His; c.349C>T, p.Arg117Cys; c.350G>A (Legacy R117H), p.Arg117His; c.366T>A, p.Tyr122X; c.442delA, p.Ile148LeufsX5 (aka p.Ile148fs); c.489+1G>T (Legacy 621+1G>T), Intronic; c.531delT, p.Ile177MetfsX12 (aka p.Ile177fs); c.532G>A, p.Gly178Arg; c.579+1G>T (Legacy 711+1G>T), Intronic; c.579+5G>A, Intronic; c.579+3A>G, Intronic; c.580-1G>T, Intronic; c.595C>T, p.His199Tyr; c.613C>T, p.Pro205Ser; c.617T>G, p.Leu206Trp; c.658C>T, p.Gln220X; c.680T>G, p.Leu227Arg; c.722\_743del, p.Gly241GlufsX13 (aka p.Gly241fs); c.803delA, p.Asn268IlefsX17 (aka p.Asn268fs); c.805\_806delAT, p.Ile269ProfsX4 (aka p.Ile269fs); c.935\_937delTCT, p.Phe312del; c.948delT, p.Phe316LeufsX12 (aka p.Phe316fs); c.988G>T, p.Gly330X; c.1000C>T (Legacy R334W), p.Arg334Trp; c.1007T>A, p.Ile336Lys; c.1021T>C, p.Ser341Pro; c.1021\_1022dupTC, p.Phe342HisfsX28 (aka p.Phe342fs); c.1040G>A, p.Arg347His; c.1040G>C (Legacy R347P), p.Arg347Pro; c.1055G>A, p.Arg352Gln; c.1081delT, p.Trp361GlyfsX8 (aka p.Trp361fs); c.1116+1G>A, Intronic; c.1130dupA, p.Gln378AlafsX4 (aka p.Gln378fs); c.1155\_1156dupTA, p.Asn386IlefsX3 (aka p.Asn386fs); c.1202G>A, p.Trp401X; c.1203G>A, p.Trp401X; c.1209+1G>A, Intronic; c.1327\_1330dupGATA, p.Ile444ArgfsX3 (aka p.Ile444fs); c.1340delA, p.Lys447ArgfsX2 (aka p.Lys447fs); c.1364C>A (Legacy A455E), p.Ala455Glu; c.1393-1G>A, Intronic; c.1397C>A, p.Ser466X; c.1397C>G, p.Ser466X; c.1400T>C, p.Leu467Pro; c.1418delG, p.Gly473GlufsX54 (aka p.Gly473fs); c.1438G>T, p.Gly480Cys; c.1466C>A, p.Ser489X; c.1475C>T, p.Ser492Phe; c.1477C>T, p.Gln493X; c.1519\_1521delATC (Legacy I507del), p.Ile507del; c.1521\_1523delCTT (Legacy F508del), p.Phe508del; c.1545\_1546delTA, p.Tyr515X; c.1558G>T, p.Val520Phe; c.1572C>A,

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34 years Female

500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787 Tracy I. George, MD, Chief Medical Officer

Patient Age/Sex:

# Test Information

CF Expanded Var Rflx to Seq Interp p.Cys524X; c.1573C>T, p.Gln525X; c.1585-1G>A (Legacy 1717-1G>A), Intronic; c.1585-8G>A, Intronic; c.1624G>T (Legacy G542X), p.Gly542X; c.1645A>C, p.Ser549Arg; c.1646G>A, p.Ser549Asn; c.1647T>G, p.Ser549Arg; c.1651G>A, p.Gly551Ser; c.1652G>A (Legacy G551D), p.Gly551Asp; c.1654C>T, p.Gln552X; c.1657C>T (Legacy R553X), p.Arg553X; c.1675G>A, p.Ala559Thr; c.1679G>A, p.Arg560Lys; c.1679G>C (Legacy R560T), p.Arg560Thr; c.1680-886A>G, Intronic; c.1680-1G>A, Intronic; c.1703delT, p.Leu568CysfsX4 (aka p.Leu568fs); c.1705T>G, p.Tyr569Asp; c.1721C>A, p.Pro574His; c.1753G>T, p.Glu585X; c.1766+1G>A (Legacy 1898+1G>A), Intronic; c.1766+3A>G, Intronic; c.1792\_1798delAAAACTA, p.Lys598GlyfsX11 (aka p.Lys598fs); c.1911delG, p.Gln637HisfsX26 (aka p.Gln637fs); c.1923\_1931del9insA, p.Ser641ArgfsX5 (aka p.Ser641fs); c.1973\_1985del13insAGAAA, p.Arg658LysfsX4 (aka p.Arg658fs); c.1976delA, p.Asn659IlefsX4 (aka p.Asn659fs); c.2012delT, p.Leu671X; c.2051\_2052del, p.Lys684ThrfsX4; c.2051\_2052delinsG (aka c.2051\_2delinsG), p.Lys684SerfsX38; c.2052delA (Legacy 2184delA), p.Lys684AsnfsX38; c.2125C>T, p.Arg709X; c.2128A>T, p.Lys710X; c.2175dupA, p.Glu726ArgfsX4 (aka p.Glu726fs); c.2195T>G, p.Leu732X; c.2215delG, p.Val739TyrfsX16 (aka p.Val739fs); c.2290C>T, p.Arg764Ter; c.2453delT, p.Leu818TrpfsX3 (aka p.Leu818fs); c.2464G>T, p.Glu822X; c.2490+1G>A, Intronic; c.2491G>T, p.Glu831X; c.2537G>A, p.Trp846X; c.2538G>A, p.Trp846X; c.2551C>T, p.Arg851X; c.2583delT, p.Phe861LeufsX3 (aka p.Phe861fs); c.2657+5G>A (Legacy 2789+5G>A), Intronic; c.2668C>T, p.Gln890X; c.2737\_2738insG, p.Tyr913X; c.2780T>C, p.Leu927Pro; c.2810dupT, p.Val938GlyfsX37 (aka p.Val938fs); c.2834C>T, p.Ser945Leu; c.2875delG, p.Ala959HisfsX9 (aka p.Ala959fs); c.2908G>C, p.Gly970Arg; c.2988+1G>A (Legacy 3120+1G>A), Intronic; c.2988G>A, Intronic; c.2989-1G>A, Intronic; c.3039delC, p.Tyr1014ThrfsX9 (aka p.Tyr1014fs); c.3067\_3072delATAGTG, p.Ile1023\_Val1024del (aka I1023\_V1024del); c.3140-26A>G, Intronic; c.3194T>C, p.Leu1065Pro; c.3196C>T, p.Arg1066Cys; c.3197G>A, p.Arg1066His; c.3230T>C, p.Leu1077Pro; c.3266G>A, p.Trp1089X; c.3276C>A, p.Tyr1092X; c.3276C>G, p.Tyr1092X; c.3302T>A, p.Met1101Lys; c.3310G>T, p.Glul104X; c.3472C>T, p.Arg1158X; c.3484C>T (Legacy R1162X), p.Arg1162X; c.3528delC (Legacy 3659delC), p.Lys1177SerfsX15 (aka p.Lys1177fs); c.3532\_3535dupTCAA, p.Thr1179IlefsX17 (aka p.Thr1179fs); c.3587C>G, p.Ser1196X; c.3611G>A, p.Trp1204X; c.3612G>A, p.Trp1204X; c.3659delC, p.Thr1220LysfsX8 (aka p.Thr1220fs); c.3691delT, p.Ser1231ProfsX4 (aka p.Ser1231fs); c.3712C>T, p.Gln1238X; c.3718-2477C>T (Legacy 3849+10kbC>T), Intronic; c.3731G>A, p.Gly1244Glu; c.3744delA, p.Lys1250ArgfsX9 (aka p.Lys1250fs); c.3752G>A, p.Ser1251Asn; c.3763T>C, p.Ser1255Pro; c.3764C>A, p.Ser1255X; c.3773dupT, p.Leu1258PhefsX7 (aka p.Leu1258fs); c.3846G>A (Legacy W1282X), p.Trp1282X; c.3873+1G>A, Intronic; c.3909C>G (Legacy N1303K), p.Asn1303Lys; c.3937C>T, p.Gln1313X; c.3964-78\_4242+577del, Exons 22-23del; c.4025\_4028dup, p.Cys1344GlyfsX16 (aka p.C1344fs); c.4046G>A, p.Gly1349Asp; c.4077\_4080delTGTTinsAA, p.Val1360fsX3 (aka p.Val1360fs); c.4111G>T, p.Glu1371X; c.4251delA, p.Glu1418ArgfsX14 (aka p.Glul418fs). The IVS-8 variant, c.1210-12[5], will be reported only when R117H is detected or in patients who are reported to be symptomatic.

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# Test Information

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CLINICAL SENSITIVITY OF CFTR EXPANDED VARIANT PANEL: Ashkenazi Jewish 96 percent; Caucasian 92 percent; Hispanic 80 percent; African American 78 percent; Asian American 55 percent.

CLINICAL SENSITIVITY FOR SEQUENCING: 97 percent.

METHODOLOGY FOR CFTR EXPANDED VARIANT PANEL: Polymerase chain reaction (PCR) and fluorescence monitoring.

METHODOLOGY FOR SEQUENCING: Bidirectional Sanger sequencing of the CFTR coding region and intron-exon boundaries.

ANALYTICAL SENSITIVITY AND SPECIFICITY: 99 percent.

LIMITATIONS: Diagnostic errors can occur due to rare sequence variations. CFTR promoter and regulatory region variants and large gene deletions/duplications and inversions will not be detected.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

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