Noonan Syndrome / RASopathy Disorders
Indication-Specific Gene Panel

**Including:** sequencing and high resolution deletion/duplication analysis

**PANEL DESCRIPTION:**

RASopathy disorders refer to a group of developmental syndromes caused by mutations in genes belonging to the RAS/MAPK pathway. In general, these conditions share the findings of short stature, congenital heart defects, and developmental delays. The incidence ranges from 1 in 1,000-2,500 for Noonan syndrome to very rare in cardiofaciocutaneous syndrome (300 individuals reported). This indication-specific panel is designed to detect both sequence-based mutations and small-scale deletions or duplications within 11 genes associated with Noonan syndrome and RASopathy disorders.

**PANEL OVERLAP:**

Due to the phenotypic overlap between various syndromes, the Autism/Intellectual Disability/Multiple Anomalies Panel, which covers all the genes in the Noonan Syndrome/RASopathy Disorders panel, as well as additional genes of clinical significance, may be appropriate for some patients.

**PANEL DETAILS:**

- This panel includes both sequencing and high resolution deletion/duplication analysis of the genes specified.
  - **Sequencing** is performed using a customized next generation sequencing library. Analysis includes the coding exons of all genes in the panel plus ten bases into the introns and untranslated regions (5' and 3'). Sanger sequencing is performed to confirm variants suspected or confirmed to be pathogenic.
  - **Deletion/duplication analysis** is performed using a high resolution, custom microarray platform designed to target the genes of interest at the exon level.
- Detection rates are limited to the genes specified; this test does not provide whole genome analysis.
- Gene panels are a more cost-effective approach than single gene testing to confirm or establish a diagnosis. However, if single gene testing is desired for the patient or family members of an individual with a known mutation, that must be ordered separately.

**ADDITIONAL TESTING DETAILS:**

- If microarray analysis is performed, it will be done using a high resolution, single nucleotide polymorphism (SNP) platform designed to interrogate the whole genome at a resolution much higher than is possible using traditional karyotyping or fluorescence in situ hybridization (FISH) methodologies. Our High Density SNP array contains a total of 2.6 million markers distributed throughout the genome for the detection of both genomic dosage anomalies (deletions and duplications) and regions of homozygosity (ROH; regions lacking typical amounts of genetic variation). This marker density provides a global resolution of 10 Kb to 20 Kb for copy number changes and 5 Mb resolution for ROH.

**RECOMMENDED TESTING STRATEGY:**

Tests below can be ordered individually, however our laboratory’s recommended Comprehensive Testing for Noonan syndrome and RASopathy disorders includes the following three tests:

- **Next Generation Sequencing**
  - This gene test panel covers 11 genes associated with Noonan syndrome and RASopathy disorders. Next generation sequencing (NGS) analyzes multiple genes at once, making this a cost-effective method of testing genes known to be as associated with these indications.
**Targeted Deletion/Duplication Analysis**
- If no pathogenic aberrations are detected by NGS, Deletion/Duplication Analysis is performed to identify partial or whole gene deletions and duplications in the associated genes.

**High Density SNP Microarray**
- Phenotypic features of Noonan syndrome/RASopathy disorders overlap with features of multiple microdeletion and microduplication syndromes. High Density SNP Microarray assesses for these copy number changes.

**DISORDERS INCLUDED IN THIS PANEL:**
- Noonan-like

**INDICATIONS FOR TESTING:**
- Short stature
- Congenital heart defects
- Developmental delay, learning disability or intellectual disability
- Low set or widely spaced nipples
- Vision/hearing problems
- Broad or webbed neck
- Curly or sparse hair
- Low muscle tone
- Large head size
- Skin problems
- Characteristic facial features

**SPECIMEN COLLECTION & TRANSPORT:**
Complimentary test kits are available upon request, but are not required.

**SAMPLE TYPE and REQUIREMENTS:**
- **blood, > 3 months of age:** 3-5 ml whole blood in an EDTA tube (purple top)
- **blood, newborn:** 1-3 ml whole blood in an EDTA tube (purple top)
- **buccal swab:** 5 swabs
- **extracted DNA:** 5 µg in a DNA microcentrifuge tube

**SHIPPING:**
- Maintain and ship samples at room temperature.
- Coordinate transport for sample to be received in our laboratory within 24-48 hours of collection.
  - **LOCAL:** Call 402-559-5070 (option 1)
  - **OUT OF AREA:** Prior to shipment, please fax the completed test request form to 402-559-7248, including the FedEx® airbill tracking number.
    - Saturday delivery MUST be checked when sending FedEx® on Friday.
    - Please include Internal Billing Reference # 3155070600 on the FedEx® airbill.
    - **Ship To:** Human Genetics Laboratory – Zip 5440
      UNMC Shipping & Receiving Dock
      601 S. Saddle Creek Road
      Omaha, NE 68106

**REQUIRED FORM:** The following form can be downloaded via our website.
- Postnatal Test Request Form
OPTIONAL FORM:
• Informed Consent for Genetic Testing

POTENTIAL TEST RESULTS:
Once a variant is confirmed, our laboratory team interprets this information in conjunction with the patient’s clinical findings and the scientific literature in order to classify a finding. There are three possible results:

• A normal result indicates that sequencing or deletion/duplication analysis of the genes analyzed did not find any pathogenic mutations or variants of uncertain clinical significance (or no clinically-significant chromosome anomalies were identified by microarray analysis).

• An abnormal (or pathogenic) result indicates that a pathogenic mutation was identified (or microarray analysis identified a genomic dosage anomaly [deletion or duplication] or ROH that likely provides an explanation for the individual’s clinical findings). Any available information regarding the phenotype associated with that mutation will accompany the technical details on the report.

• In some cases, the clinical significance of an identified sequence variant (or chromosomal anomaly detected by microarray) may not be well understood. These variants (anomalies) will be reported as variants of uncertain clinical significance (UCS). Any available information about the molecular characteristics of the genetic change and the relationship of the genetic change to phenotype will be included on the report. Over time, as more patients are reported, a variant of uncertain clinical significance may be revised to an informative result, and a revised report will be generated.

• Parental testing may be recommended in order to classify the result as de novo or familial for the purpose of recurrence risk calculation.

TURN-AROUND-TIMES: For all sample types, results are typically available in 2-6 weeks.

BILLING: Our laboratory offers patient/self-pay, insurance (including Medicare/Medicaid), and client/institution billing options. Verifying coverage requirements or obtaining preauthorization PRIOR TO OR AT THE TIME OF SPECIMEN COLLECTION is often necessary. We provide preauthorization services upon request by calling 402-559-5070 (option 3); the following form is helpful for obtaining the information required by insurance providers and can be downloaded via our website.
• Request for Insurance Preauthorization

In some circumstances, a test may be warranted even though insurance coverage is denied or not guaranteed. For these situations, we request the following form be signed by the patient and submitted with the sample. This helps inform patients of their potential financial responsibility, should the costs of genetic testing not be paid by their insurance provider.
• Advanced Beneficiary Notice of Noncoverage (ABN) – required when billing Medicare

CPT CODES:
• Next Generation Sequencing: 81407(x2)
• Targeted Deletion/Duplication Analysis: 81228
• High Density SNP Microarray Analysis: 81229, 88230

PRICING: For current costs contact the laboratory billing staff at 402-559-5070 (option 3).

GENE LIST:
This panel includes 11 genes.

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REFERENCES:
updated 5/2016