



Polycystic Kidney Disease

Precision Panel



Overview

Polycystic Kidney Disease (PKD) is an inherited multisystemic and progressive disorder characterized by cyst formation and enlargement of the kidneys and other organs. Cysts are noncancerous round sacs containing fluid. These cysts eventually deteriorate renal anatomy and physiology causing them to lose function over time. Polycystic kidney disease is classified into two distinct disorders based on the inheritance pattern: autosomal dominant PKD (ADPKD) and autosomal recessive PKF (ARPKD). ARPKD is the most aggressive form and presents with severe pulmonary insufficiency and progressive renal failure with early onset during infancy. If left untreated, ARPKD is lethal before adolescence. ADPKD usually manifests during adulthood and is the most common inherited cause of chronic kidney disease. Cystic kidneys are common causes of end-stage renal disease, both in children and adults.

The Igenomix Polycystic Kidney Disease Precision Panel can be used to make a directed and accurate differential diagnosis of renal cysts ultimately leading to a better management and prognosis of the disease. It provides a comprehensive analysis of the genes involved in this disease using next-generation sequencing (NGS) to fully understand the spectrum of relevant genes involved.

Indications

The Igenomix Polycystic Kidney Disease Precision Panel is indicated for those patients with a clinical suspicion or diagnosis of polycystic kidneys presenting with:

- Gross hematuria
- Flank or abdominal pain
- Recurrent urinary tract infections
- Nephrolithiasis
- Palpable kidneys on abdominal exam
- Signs of chronic kidney disease (hypertension, fluid overload, uremia)
- Extrarenal cysts: hepatic, pancreatic, cerebral berry aneurysm
- Maternal oligohydramnios and Potter sequence





Clinical Utility

The clinical utility of this panel is:

- The genetic and molecular confirmation for an accurate clinical diagnosis of a symptomatic patient.
- Early initiation of treatment with a multidisciplinary team in the form of medical care with blood pressure control to prevent and delay end-stage renal disease, related complications and/or renal transplantation.
- Provide regular ultrasound and laboratory monitoring improving clinical management of patients, enhancing further with emerging therapeutic options.
- Genetic counselling session for risk assessment of asymptomatic family members according to the mode of inheritance.

| GENE | OMIM DISEASES | INHERITANCE* | % GENE COVERAGE (20X) | HGMD** |
|---------|--|--------------|--------------------------|------------|
| ALG8 | Polycystic Liver Disease With Or Without Kidney Cysts | AD,AR | 99.5 | 22 of 22 |
| ALG9 | Polycystic Kidney Disease Potter Type I, With Microbrachycephaly, Hypertelorism, And Brachymelia | AR | 99.99 | 6 of 6 |
| ANKS6 | Nephronophthisis | AR | 93.45 | 17 of 17 |
| ARVCF | 22q11.2 Deletion Syndrome | - | 99.95 | 2 of 2 |
| BICC1 | Cystic Renal Dysplasia, Autosomal Dominant Polycystic Kidney Disease | AD | 99.89 | 5 of 5 |
| CDC73 | Parathyroid Carcinoma, Familial Isolated Hyperparathyroidism, Hyperparathyroidism-Jaw Tumor Syndrome | AD | 100 | 95 of 95 |
| СОМТ | 22q11.2 Deletion Syndrome | AD | 99.98 | 5 of 5 |
| CPT2 | Carnitine Palmitoyl Transferase II Deficiency | AD,AR | 99.99 | 116 of 116 |
| DNAJB11 | Polycystic Kidney Disease With Or Without Polycystic Liver Disease | AD | 99.89 | 6 of 6 |
| DYNC2H1 | Short-Rib Thoracic Dysplasia With Or Without Polydactyly, Jeune Syndrome | AR,MU,D | 99.78 | 214 of 221 |
| DZIP1L | Autosomal Recessive Polycystic Kidney Disease | AR | 99.83 | 5 of 5 |
| ESCO2 | Roberts Syndrome, Sc Phocomelia Syndrome | AR | 99.69 | 32 of 32 |
| ETFA | Multiple Acyl-CoA Dehydrogenase Deficiency | AR | 92.33 | 32 of 32 |
| ETFB | Multiple Acyl-CoA Dehydrogenase Deficiency | AR | 100 | 21 of 21 |
| ETFDH | Multiple Acyl-CoA Dehydrogenase Deficiency | AR | 100 | 221 of 222 |
| EYA1 | Branchiootorenal Syndrome, Otofaciocervical Syndrome, Bor Syndrome | AD | 100 | 197 of 199 |
| GANAB | Autosomal Dominant Polycystic Kidney Disease | AD | 100 | 19 of 19 |
| GATA3 | Hypoparathyroidism, Sensorineural Deafness, And Renal Disease | AD | 100 | 81 of 81 |
| GLIS3 | Neonatal Diabetes Mellitus With Congenital Hypothyroidism | AR | 99.83 | 21 of 21 |
| GP1BB | Bernard-Soulier Syndrome, 22q11.2 Deletion Syndrome, Fetal And Neonatal Alloimmune Thrombocytopenia | AR | 74.08 | 26 of 50 |
| HIRA | 22q11.2 Deletion Syndrome | - | 99.99 | 5 of 5 |
| IFT43 | Cranioectodermal Dysplasia, Retinitis Pigmentosa, Short-Rib Thoracic Dysplasia With Polydactyly | AR | 100 | 6 of 6 |
| JMJD1C | 22q11.2 Deletion Syndrome | - | 99.09 | 27 of 27 |
| LRP5 | Polycystic Liver Disease With Or Without Kidney Cysts, Van Buchem Disease Type 2, Isolated Polycystic Liver Disease | AD,AR | 98.12 | 265 of 269 |
| MKKS | Bardet-Biedl Syndrome, Mckusick-Kaufman Syndrome | AR | 89.96 | 71 of 71 |
| MKS1 | Bardet-Biedl Syndrome, Joubert Syndrome, Meckel Syndrome Type 1 | AR | 99.98 | 49 of 49 |
| NEK1 | Amyotrophic Lateral Sclerosis, Orofaciodigital Syndrome Type 2 | AD,AR,MU,D | 99.83 | 73 of 74 |
| NPHP3 | Meckel Syndrome, Nephronophthisis, Renal-Hepatic-Pancreatic Dysplasia, Senior-Loken Syndrome | AR | 99.99 | 84 of 84 |
| OFD1 | Joubert Syndrome, Orofaciodigital Syndrome Type 1, Simpson-Golabi- Behmel Syndrome Type 2, Primary Ciliary Dyskinesia | X,XR,XD,G | 98.09 | NA of NA |
| PEX12 | Peroxisome Biogenesis Disorder 3a (Zellweger), Infantile Refsum Disease, Zellweger Syndrome | AR | 100 | 38 of 38 |

Genes & Diseases





| PEX5 | Cerebrohepatorenal Syndrome, Infantile Refsum Disease, Zellweger Syndrome | AR | 100 | 12 of 12 |
|---------|---|-----------|-------|-----------------|
| PKD1 | Autosomal Dominant Polycystic Kidney Disease | AD | 97.98 | 2078 of 2136 |
| PKD2 | Autosomal Dominant Polycystic Kidney Disease | AD | 95.5 | 352 of 359 |
| PKHD1 | Autosomal Recessive Polycystic Kidney Disease | AR | 99.97 | 582 of 585 |
| RREB1 | 22q11.2 Deletion Syndrome | - | 99.92 | 8 of 8 |
| SEC24C | 22q11.2 Deletion Syndrome | - | 99.98 | NA of NA |
| SHANK3 | Phelan-Mcdermid Syndrome, Monosomy 22q13.3 | AD, MU, P | 96.67 | NA of NA |
| SIX1 | Branchiootorenal Syndrome, Autosomal Dominant Deafness, Bor Syndrome | AD | 73 | 20 of 20 |
| SKIV2L | Trichohepatoenteric Syndrome | AR | 99.98 | 33 of 33 |
| TBX1 | DiGeorge Syndrome, Velocardiofacial Syndrome, 22q11.2 Deletion Syndrome, 22q11.2 Microduplication Syndrome | AD,AR | 88.7 | 35 of 42 |
| TMEM107 | Meckel Syndrome, Orofaciodigital Syndrome XVI, Meckel Syndrome | AR | 100 | 3 of 3 |
| TMEM231 | Joubert Syndrome With Oculorenal Defect, Meckel Syndrome, Orofaciodigital Syndrome Type 3 | AR | 98.63 | 20 of 21 |
| TRIP11 | Achondrogenesis Type Ia, Osteochondrodysplasia | AR | 98.94 | 20 of 21 |
| TSC1 | Lymphangioleiomyomatosis, Tuberous Sclerosis | AD | 99.86 | 390 of 406 |
| TSC2 | Lymphangioleiomyomatosis, Tuberous Sclerosis | AD | 100 | 1157 of 1159 |
| TTC37 | Trichohepatoenteric Syndrome | AR | 100 | 66 of 66 |
| UFD1 | 22q11.2 Deletion Syndrome | - | 99.98 | NA of NA |
| WDR35 | Cranioectodermal Dysplasia, Short-Rib Thoracic Dysplasia With Or Without Polydactyly | AR | 100 | 31 of 33 |
| ZNF423 | Nephronophthisis, Joubert Syndrome With Oculorenal Defect | AD,AR | 100 | 10 of 10 |

*Inheritance: AD: Autosomal Dominant; AR: Autosomal Recessive; X: X linked; XLR: X linked Recessive; Mi: Mitochondrial; Mu: Multifactorial. **Number of clinically relevant mutations according to HGMD

Methodology





Call +34 963 905 310 or send an email to supportspain@igenomix.com for any of the following objectives:

- Get more information about the test.
- Request your kit.
- Request a pick up of the kit after collecting the sample.

References

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