

PITX2 Gene Analysis in Axenfeld-Rieger Syndrome

Clinical Features:

Axenfeld-Rieger syndrome (ARS) represents a spectrum of diseases that involve congenital anomalies of the anterior segment of the eyes. In addition, about 50% of patients will develop glaucoma, leading to decline of vision and potential blindness. The most prominent eye defects in ARS include (1) Axenfeld anomaly, characterized by a prominent Schwalbe's line and adherence of the iris to the cornea and trabecular meshwork, (2) Rieger anomaly, consistent with Axenfeld anomaly plus iris hypoplasia, eccentric pupils (corectopia) and/or iris holes (polycoria) and (3) Rieger syndrome, which includes Rieger anomaly as well as the non-ocular symptoms. These non-ocular findings include dental hypoplasia, mild craniofacial dysmorphism, and redundant umbilical skin. Cardiac defects, limb anomalies, pituitary abnormalities, sensory hearing loss and/or mental defects may also be present. Additional disorders such as iridogoniodysgenesis, iris hypoplasia and Peter's anomaly fall under the umbrella of ARS. ARS is fully penetrant but shows variable expression, even within a family.

Inheritance Pattern/Genetics:

ARS may be caused by variants in one of several different genes, the most common of which are in the *PITX2* and *FOXC1* genes, which encode different transcription factors. In general, variants in the *PITX2* gene has been seen more frequently in patients with ocular and systemic anomalies, whereas variant in *FOXC1* was found in patients with isolated ocular findings.

The inheritance pattern is autosomal dominant in the vast majority of cases and sporadic variants in Axenfeld anomaly and Rieger syndrome are not uncommon. Rarely, autosomal recessive inheritance has been reported in Rieger syndrome and Peter's anomaly.

Test Methods:

Using genomic DNA from the submitted specimen, the coding regions and splice junctions of the requested gene are PCR amplified and capillary sequencing is performed. Bi-directional sequence is assembled, aligned to reference gene sequences based on NCBI RefSeq transcript and human genome build GRCh37/UCSC hg19, and analyzed for sequence variants. Concurrent deletion/duplication testing is performed for most, if not all, of the coding exons using exon-level oligo array CGH (ExonArrayDx), and data analysis is performed using gene-specific filtering. Probe sequences and locations are based on human genome build GRCh37/UCSC hg19. Reported clinically significant variants are confirmed by an appropriate method. If present, apparently homozygous sequence variants are confirmed using alternate primer pairs to significantly reduce the possibility of allele drop-out. Sequence and copy number variants are reported according to the Human Genome Variation Society (HGVS) or International System for Human Cytogenetic Nomenclature (ISCN) guidelines, respectively.

Reportable variants include pathogenic variants, likely pathogenic variants and variants of uncertain significance. Likely benign and benign variants, if present, are not routinely reported but are available upon request.

Test Sensitivity:

Several studies of individuals diagnosed with various developmental eye defects of the Axenfeld-Rieger syndrome spectrum revealed a variant in the PITX2 gene in approximately 10% of patients. The sensitivity is higher among those patients who have both ocular and systemic manifestations (up to 40%). Overall, more than 30 distinct variants have been identified in this gene to date. In another study, 9 out of 70 patients (13%) with isolated ocular anomalies who tested negative for a PITX2 variant were found to have a variant in the transcription factor gene, FOXC1. Variants in the PAX6 gene is very rare in ARS. Since approximately 40% of all ARS cases have no identifiable variant in these genes, additional genetic loci are presumed to exist, and genes on chromosome 16q and 13q14 have been implicated in some studies. Sequence and deletion/duplication analysis as performed by GeneDx is expected to identify most types of variants in PITX2 and FOXC1, if they exist.

Most common in full-spectrum ARS are missense variants of PITX2 affecting the homeodomain of the transcription factor and resulting in haploinsufficiency, i.e., reduced DNA binding and transactivation of downstream target genes. Missense, nonsense, splicing and regulatory variants as well as small deletions and insertions have been reported. Gross chromosomal deletions involving PITX2 are not uncommon and account for about 5% of patients with ARS.³ Variants in FOXC1 include missense, and nonsense variants, small deletions/insertions and gene duplications.

References:

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