Premature Ovarian Failure: FMR1 CGG Repeat Analysis

Test Code: MOFMR
Turnaround time: 2 weeks
CPT Codes: 81243 x1

Condition Description

FMR1-related disorders include fragile X syndrome, fragile X-associated tremor/ataxia syndrome (FXTAS), and FMR1-related premature ovarian failure (POF). FMR1-related premature ovarian failure (POF) is the onset of ovarian dysfunction or menopause before the age of 40 years. Women who are carriers of FMR1 premutation range expansions are at increased risk for POF (estimated as high as 21%), though penetrance of POF is not complete. Recent reports indicate that women who carry a premutation size expansion may have a slight increased risk for developing fragile X-associated tremor/ataxia syndrome (FXTAS), a disorder that causes tremors, balance problems, difficulty walking, and memory difficulty.

The FMR1 gene is located on the X chromosome. FMR1-related disorders are associated with the presence of a triplet (CGG) repeat expansion in the promoter of FMR1 leading to methylation and subsequent inactivation of the FMR1 gene. The normal range of CGG repeats is approximately 5-44. Repeats in this range are considered stable when passed from parent to child. Repeats in the 45-54 range are considered intermediate (or grey-zone), for which the risk of expansion to a full mutation of 200 repeats or more when passed to children is low but not well defined at this time. Individuals with approximately 55-200 CGG repeats are premutation carriers. Females with expansions in this range are at risk for POF. The number of repeats in this range is unstable and may expand when passed to children. Individuals with fragile X have over 200 CGG repeats. Males with over 200 repeats are almost always affected, while females may be more mildly affected. Women who are carriers of a full size expansion are not at increased risk of POF. Mosaicism has also been reported in some individuals with FMR1 mutations, indicating the presence of two different repeat sizes or variation in the extent of methylation.

Click here for the GeneReviews summary on this condition.

Genes

FMR1

Indications

This test is indicated for:

- Adult females with premature ovarian failure.

Methodology

The DNA surrounding the CGG repeat in the FMR1 gene is amplified by PCR and the size of the repeat is determined by capillary electrophoresis.

Detection

All cases of premutation expansion mutations for FMR1 will be detected by this assay.

Reference Range


Specimen Requirements

Submit only 1 of the following specimen types

Type: Whole Blood (EDTA)

Specimen Requirements:
EDTA (Purple Top)
Infants and Young Children (2 years of age to 10 years old): 3-5 ml
Older Children & Adults: 5-10 ml
Autopsy: 2-3 ml unclotted cord or cardiac blood

Specimen Collection and Shipping:
Ship sample at room temperature for receipt at EGL within 72 hours of collection. Do not freeze.

Type: DNA, Isolated

Specimen Requirements:
Microtainer
20µg
Isolation using the Perkin Elmer™Chemagen™ Chemagen™ Automated Extraction method or Qiagen™ Puregene kit for DNA extraction is recommended.

Specimen Collection and Shipping:

Disclaimer: This information is confidential and subject to change without notice. It may not be reproduced in whole or part unless authorized in writing by an authorized EGL representative.
Refrigerate until time of shipment in 100 ng/µL in TE buffer. Ship sample at room temperature with overnight delivery.

### Related Tests

- A comprehensive panel of genes associated with premature ovarian failure is available via test code MFMR1.
- FXTAS (FJ) is indicated for older men with late-onset, progressive ataxia and intention tremor or for fathers of women who are premutation range carriers of an *FMR1* expansion.
- Testing for fragile X syndrome (MFRA-X) is indicated for males and females with symptoms of Fragile X.
- The female infertility panel (XM051) is available for women experiencing infertility due to ovarian dysfunction or menopause.