

Quarterly HOTLINE: Effective **January 4, 2019**

New Test	3001132	Capillary Malformation-Arteriovenous Malformation (<i>EPHB4</i> and <i>RASAI</i>) Sequencing, and (<i>RASAI</i>) Deletion/Duplication	CMAVM PAN
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Available Now

Methodology: Polymerase Chain Reaction/Sequencing/Multiplex Ligation-dependent Probe Amplification
Performed: Sun- Sat
Reported: Within 1 month

Specimen Required: Collect: Lavender (EDTA), Pink (K₂EDTA), or Yellow (ACD).
Specimen Preparation: Transport 3 mL whole blood. (Min: 1 mL)
Storage/Transport Temperature: Refrigerated.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 month; Frozen: 6 months

Interpretive Data:

Background Information for Capillary Malformation-Arteriovenous Malformation (*EPHB4* and *RASAI*) Sequencing and (*RASAI*) Deletion/Duplication:

Characteristics: Multifocal, randomly distributed, capillary malformations (CM) of the skin that may be associated with a fast-flow lesion (arteriovenous malformations [AVM] or arteriovenous fistula). Fast-flow lesions in the skin, muscle, bone, or central nervous system can cause life-threatening complications such as bleeding, congestive heart failure, or neurological consequences. Capillary malformation-arteriovenous malformation syndrome type 1 (CM-AVM1) is caused by *RASAI* pathogenic variants; capillary malformation-arteriovenous malformation syndrome type 2 (CM-AVM2) is caused by *EPHB4* pathogenic variants.

Incidence: Estimated at 1 in 20,000 for CM-AVM1 and 1 in 12,000 for CM-AVM2.

Inheritance: Autosomal dominant; approximately one-third of *RASAI* pathogenic variants are de novo.

Penetrance: 90-95 percent.

Cause: Pathogenic *RASAI* and *EPHB4* variants.

Clinical Sensitivity: Not well-established, but at least 65 percent.

Methodology: Bidirectional sequencing of all coding regions and intron-exon boundaries of the *EPHB4* and *RASAI* genes; Multiplex Ligation-dependent Probe Amplification (MLPA) to detect large *RASAI* deletions/duplications.

Analytical Specificity and Sensitivity: 99 percent.

Limitations: Diagnostic errors can occur due to rare sequence variations. Regulatory region variants and deep intronic variants will not be detected. Large deletions/duplications will not be detected in *EPHB4*. The breakpoints of large *RASAI* deletions/duplications will not be determined.

See Compliance Statement C: www.aruplab.com/CS

CPT Code(s): 81479

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.