

Factor II (F2) G20210A Variant

Indications for Ordering

- Individuals with venous thromboembolism (VTE), especially before age 50
- Individuals with unprovoked VTE at any age
- Women with VTE associated with pregnancy, use of oral contraceptives, or hormone replacement therapy (HRT)
- Women with unexplained recurrent second- or third-trimester pregnancy loss

Test Description

PCR and fluorescence monitoring for *F2* G20210A (c.20210G>A) variant

Tests to Consider

Typical testing strategy

- Testing should be performed in cases where the results will impact management of the individual or family members
- Testing is based on family and patient history and may include the following
 - Activated protein C resistance (with or without reflex to factor V Leiden [*FVL*] variant; factor V R2 A4070G variant)
 - Factor II activity (prothrombin [*F2*] variant G20210A)
 - Antithrombin activity (ATIII)
 - Protein C activity
 - Free protein S antigen
 - Antiphospholipid syndrome (beta-2 glycoprotein 1 antibodies, IgG and IgM; anti-cardiolipin antibodies, IgG and IgM; lupus anticoagulant)

Primary test

[Prothrombin \(F2\) G20210A Mutation 0056060](#)

- Order to detect prothrombin G20210A variant
- Evaluate for increased genetic risk of VTE in a variety of populations

Related tests

[Factor II, Activity \(Prothrombin\) 0030007](#)

- Evaluate possible factor II deficiency

[Factor V Leiden \(F5\) R506Q Mutation 0097720](#)

- Order to detect factor V Leiden variant
- Genetic test for the most common genetic cause of thrombophilia

[Thrombotic Risk, DNA Panel 0056200](#)

- Acceptable panel to detect the two most common inherited thrombophilias

[Thrombotic Risk, Inherited Etiologies \(Most Common\) with Reflex to Factor V Leiden 0030133](#)

- Acceptable panel to screen for common inherited thrombophilias

Disease Overview

Prevalence and/or incidence

- Heterozygosity
 - Caucasians – 2-5%
 - African Americans – 0.3%
 - Asians and Native Americans – rare
- Homozygosity for G20210A – ~1/10,000

Risk estimates for thrombotic events if variant present

- *F2* G20210A
 - Second most common genetic defect influencing risk for VTE
 - Most common – *FVL*
- VTE
 - Adults with first VTE – 6-14% carry the G20210A variant
 - Unclear whether heterozygosity increases the risk of recurrent VTE after a first episode
- Arterial thromboembolism
 - Not a major risk factor
- Myocardial infarction and stroke
 - No convincing association has been demonstrated for heterozygosity or homozygosity
- Risk for prothrombin thrombophilia impacted by
 - Coexisting genetic thrombotic disorders (eg, *FVL*)
 - Coinheritance of G20210A and factor V Leiden R506Q
 - ~1 in 1,000 individuals
 - 1-5% in individuals with VTE
 - Earlier age of VTE and higher risk of recurrent thrombosis than heterozygotes for either single gene variant
 - Acquired thrombotic risk factors (eg, malignancy, hyperhomocysteinemia)
 - Nongenetic risk factors (eg, pregnancy, oral contraceptive use, HRT, selective estrogen-receptor modulators, travel, central venous catheters, surgery, and transplantation)
- Prothrombin thrombophilia – mild risk increase for pregnancy loss and preeclampsia

Genetics

Gene – Factor 2 (*F2*) G20210A

Inheritance – incomplete autosomal dominant

Penetrance – variable; many adults who are heterozygous or homozygous for G20210A do not experience VTE

Structure/function

- The F2 G20210A variant is associated with increased prothrombin levels
- Higher levels of prothrombin increase the rate of thrombin generation, resulting in excessive growth of fibrin clots

Test Interpretation

Sensitivity/specificity

- Clinical sensitivity – ~10%
- Analytical sensitivity/specificity – 99%

Results

- Heterozygous – 1 copy of variant detected
 - Genotype associated with elevated prothrombin levels and an increased risk for VTE
 - Adults have a 2- to 4-fold increase in thrombotic risk
- Homozygous – 2 copies of variant detected
 - Associated with elevated prothrombin levels and an increased risk for VTE
- Rare genotype
 - Greater risk for thrombosis than heterozygous
- Negative – no copies of the variant detected
 - Does not exclude elevated prothrombin levels and hereditary forms of VTE due to other causes

Limitations

- Genetic causes of thrombosis, other than the prothrombin G20210A variant, will not be detected
- Rare diagnostic errors may occur due to primer-site variants
- Nongenetic factors may contribute to the etiology of thrombosis