Methylenetetrahydrofolate Reductase (MTHFR) 2 Variants
ARUP test code 0055655

MTHFR PCR Specimen            Whole Blood

MTHFR Variant: e.665C>T        Heterozygous

MTHFR Variant: e.1286A>C       Heterozygous

MTHFR Interpretation          See Note

Indication for testing: Determine genetic contribution to hyperhomocysteinemia.

Compound Heterozygous MTHFR e.665C>T/e.1286A>C: One copy each of the two MTHFR variants tested, e.665C>T (previously designated C677T) and e.1286A>C (previously designated A1298C), were detected. This genotype may be associated with a mild but clinically insignificant decrease in MTHFR enzyme activity.

This result has been reviewed and approved by

H=High, L=Low, *=Abnormal, C=Critical
Background Information: Methyleneetetrahydrofolate Reductase (MTHFR) 2 Variants

Characteristics: Variants in the MTHFR gene may reduce enzyme activity contributing to hyperhomocysteinemia. Although hyperhomocysteinemia was previously reported to be a risk factor for many conditions, especially venous thrombosis and cardiovascular disease, recent meta-analysis casts doubt on whether lifelong moderate homocysteine elevation has an effect on cardiovascular disease. The American College of Medical Genetics Practice Guidelines indicate that individuals with elevated homocysteine and two copies of the c.665C>T variant have an odds ratio of 1.27 for venous thromboembolism. Thus, they recommend MTHFR genotyping not be ordered as part of a routine evaluation for recurrent pregnancy loss or thrombophilia due to questionable clinical signficance.

Incidence: The allele frequency of the c.665C>T variant is 0.35 in European Caucasians, 0.3 in Hispanics, and 0.12 in African Americans.

Inheritance: Autosomal recessive; two copies of the c.665C>T variant may be a contributing factor to hyperhomocysteinemia. Variants Tested: c.665C>T(p.Ala222Val) and c.1286A>C(p.Glu429Ala). (legacy names C677T and A1298C, respectively).

Clinical Sensitivity: Undefined; hyperhomocysteinemia is caused by genetic, physiologic and environmental factors. MTHFR variants are only one contributing factor.

Methodology: Polymerase chain reaction (PCR) and fluorescence monitoring.

Analytical Sensitivity & Specificity: 99 percent.

Limitations: Only two MTHFR gene variants (c.665C>T and c.1286A>C) are tested. Diagnostic errors can occur due to rare sequence variations.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

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