## Genomic Testing (Secondary Findings) ACT Sheet APOB, LDLR, PCSK9 Pathogenic Variants (Familial Hypercholesterolemia)

Pathogenic or likely pathogenic variants (mutations) in the *APOB, LDLR, or PCSK9* gene predispose to familial hypercholesterolemia, a condition in which elevated levels of low-density lipoprotein cholesterol (LDL-C) increase the risk of premature atherosclerotic cardiovascular disease (CVD) and tendon xanthomas. Most are heterozygotes (He-FH). Homozygotes (Ho-FH) experience a more aggressive course.

### YOU SHOULD TAKE THE FOLLOWING ACTIONS:

- Inform the individual (or parent/guardian) of the genomic screening result and that there is a high lifetime risk of developing disease.
- Obtain family and medical history and evaluate the patient.
- Measure blood pressure, blood glucose, and lipid levels.
- Refer for genetic consultation and counseling.

Clinical Considerations: While the American Academy of Pediatrics recommends routine lipid screening in childhood and adolescence, this is rarely performed leading to missed opportunities to identify children with lipid disorders such as familial hypercholesterolemia and initiate effective therapies to reduce the risk for premature cardiovascular disease. Males with FH have a 50% risk of CVD by age 50 years, while women have a 30% risk of CVD by age 60 years. Evaluation includes monitoring blood pressure, blood glucose, and lipid levels. Most individuals are heterozygotes (He-FH). If untreated, elevated LDL-C levels that may already be present in childhood predispose to coronary heart disease and stroke. Homozygotes (Hom-FH) experience a more aggressive course. Patients with FH and elevated LDL-C are candidates for lifelong, highintensity statin therapy beginning in children at age 8 or older and should consider daily aspirin if not contraindicated. Management may also include smoking cessation and encouraging physical activity, avoiding obesity and diets high in saturated fats and cholesterol, as well as limiting alcohol intake. Elevated blood pressure and diabetes are additional risk factors for CVD and should be treated aggressively. Most patients who are homozygous or compound heterozygous for pathogenic or likely pathogenic variants experience severe CVD by their mid-20s or earlier without aggressive treatment.

**Mode of Inheritance:** FH is inherited in an autosomal dominant manner. Individuals with either He-FH due to a pathogenic *APOB*, *LDLR*, or *PCSK9* variant develop FH with variable expressivity. Penetrance is high but incomplete.

Additional Information: <u>GeneReviews</u> <u>Medline Plus</u> <u>AHA</u> <u>ClinGen Actionability Report</u>

Referral (local, state, regional, and national): <u>Testing</u> <u>Find Genetic Services</u>

Disclaimer: This guideline is designed primarily as an educational resource for clinicians to help them provide quality medical care. It should not be considered inclusive of all proper procedures and tests or exclusive of other procedures and tests that are reasonably directed to obtaining the same results. Adherence to this guideline does not necessarily ensure a successful medical outcome. In determining the propriety of any specific procedure or test, the clinician should apply his or her own professional judgment to the specific clinical circumstances presented by the individual patient or specimen. Clinicians are encouraged to document the reasons for the use of a particular procedure or test, whether or not it is in conformance with this guideline. Clinicians also are advised to take notice of the date this guideline was adopted, and to consider other medical and scientific information that become available after that date.



© American College of Medical Genetics and Genomics, 2019 (Funded in part through MCHB/HRSA/HHS grant #UH9MC30770)

# American College of Medical Genetics ACT SHEET

### LOCAL RESOURCES: Insert local website links

State Resource site (insert website information)

| Name     |  |
|----------|--|
| URL      |  |
| Comments |  |

Local Resource Site (insert local and regional website information)

| Name     |  |
|----------|--|
| URL      |  |
| Comments |  |
|          |  |

#### APPENDIX: Resources with Full URL Addresses

Additional Information:

Gene Reviews https://www.ncbi.nlm.nih.gov/books/NBK174884/

Medline Plus https://medlineplus.gov/genetics/gene/apob/

American Heart Association http://www.heart.org/en/health-topics/cholesterol/causes-of-high-cholesterol/familialhypercholesterolemia-fh

ClinGen Actionability Report https://actionability.clinicalgenome.org/ac/Adult/ui/stg2SummaryRpt?doc=AC065

Referral (local, state, regional and national):

Testing https://www.ncbi.nlm.nih.gov/gtr/all/tests/?term=APOB

Find Genetic Services https://clinics.acmg.net

Disclaimer: This guideline is designed primarily as an educational resource for clinicians to help them provide quality medical care. It should not be considered inclusive of all proper procedures and tests or exclusive of other procedures and tests that are reasonably directed to obtaining the same results. Adherence to this guideline does not necessarily ensure a successful medical outcome. In determining the propriety of any specific procedure or test, the clinician should apply his or her own professional judgment to the specific clinical circumstances presented by the individual patient or specimen. Clinicians are encouraged to document the reasons for the use of a particular procedure or test, whether or not it is in conformance with this guideline. Clinicians also are advised to take notice of the date this guideline was adopted, and to consider other medical and scientific information that become available after that date.



© American College of Medical Genetics and Genomics, 2019 (Funded in part through MCHB/HRSA/HHS grant #UH9MC30770)