

# CYP21A2 Mutations Found in Congenital Adrenal Hyperplasia Patients in the California Population

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# 21 Hydroxylase Deficiency

## ❑ Classic CAH – Salt Wasting

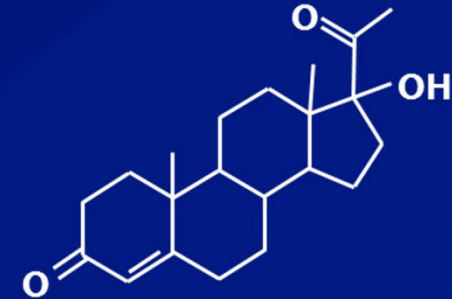
- Severe to complete loss of 21-OH activity
  - Loss of electrolyte homeostasis
  - Adrenal crises and risk of death

## ❑ Classic CAH - Simple Virilizing

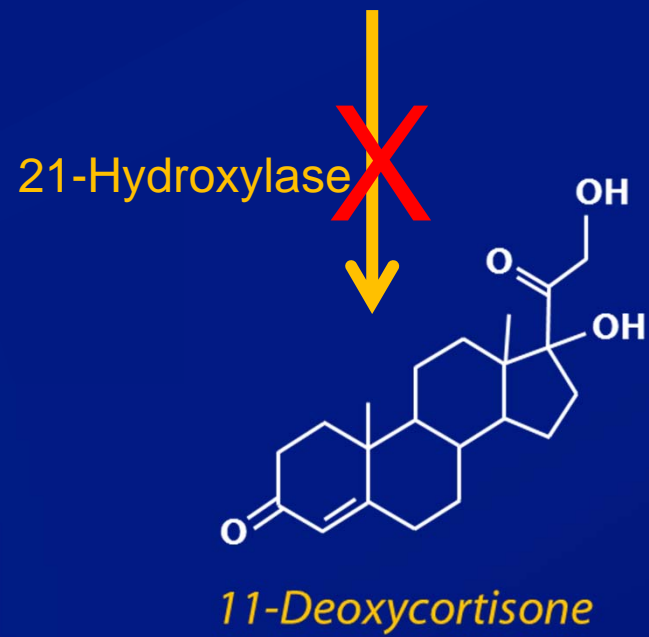
- Partial 21-OH activity
  - Normal sodium balance
  - Elevated androgen production

## ❑ Non-classical CAH

- Usually asymptomatic until puberty



*17- $\alpha$ -Hydroxyprogesterone*



*11-Deoxycortisone*

# Primary CAH Newborn Screen

- ❑ **Primary Screen by Immunoassay for 17- $\alpha$  OHP**
- ❑ **High false-positive rate**
  - 17- $\alpha$  OHP levels are high in premature and/or stressed babies
    - Stratification by birth weight or gestational age for 17OHP cut-offs
  - Lack of specificity with immunoassay
    - Cross-reaction with other steroids
    - Matrix effects

# Second-Tier CAH Screens

## □ CAH Steroid Profiling by LC MS/MS

- $([17\text{-OHP}] + [4\text{-androstenedione}]) / [\text{cortisol}]$

## □ CAH Molecular Screening of CYP21A2 mutations

- Gene rearrangements
  - PCR or Multiple Ligation Probe Amplification (MLPA)
- CYP21A2 mutation analysis
  - Multiplex mutation panel genotyping
  - Complete gene sequencing

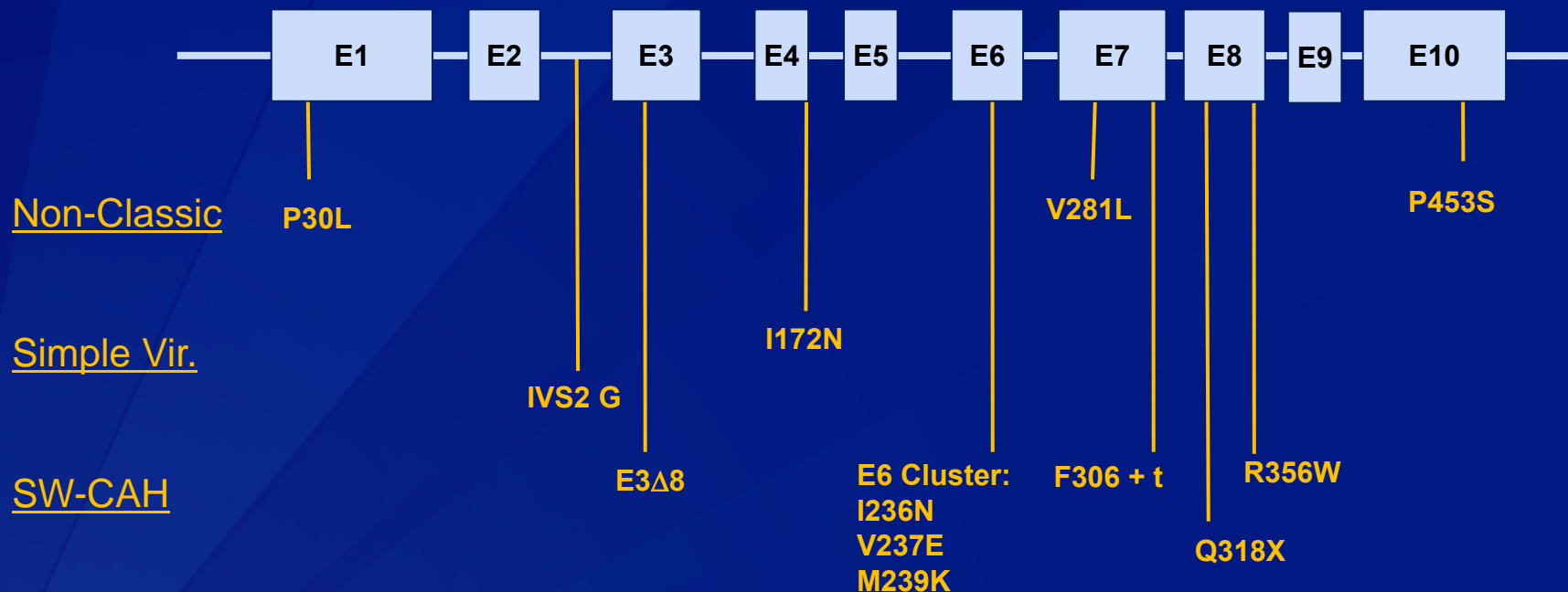
# Collaboration with California NBS

- **California has been screening for CAH since 2005**
  - Primary 17OHP screen with FIA - four birth weight cutoffs
  - 2<sup>nd</sup> tier MS/MS for steroid panel for slightly elevated 17OHP
  
- **Collaboration to characterize newborn specimens of CAH cases**
  - Mixture of 128 of Classic and Non-classic CAH and screen negatives
  - 50 normal controls, blinded to analysts
  
- **Goal: Determine if genotype analysis of CYP21A2 could increase the specificity of CAH screening for California NBS**

# Challenges for CAH Molecular Screening

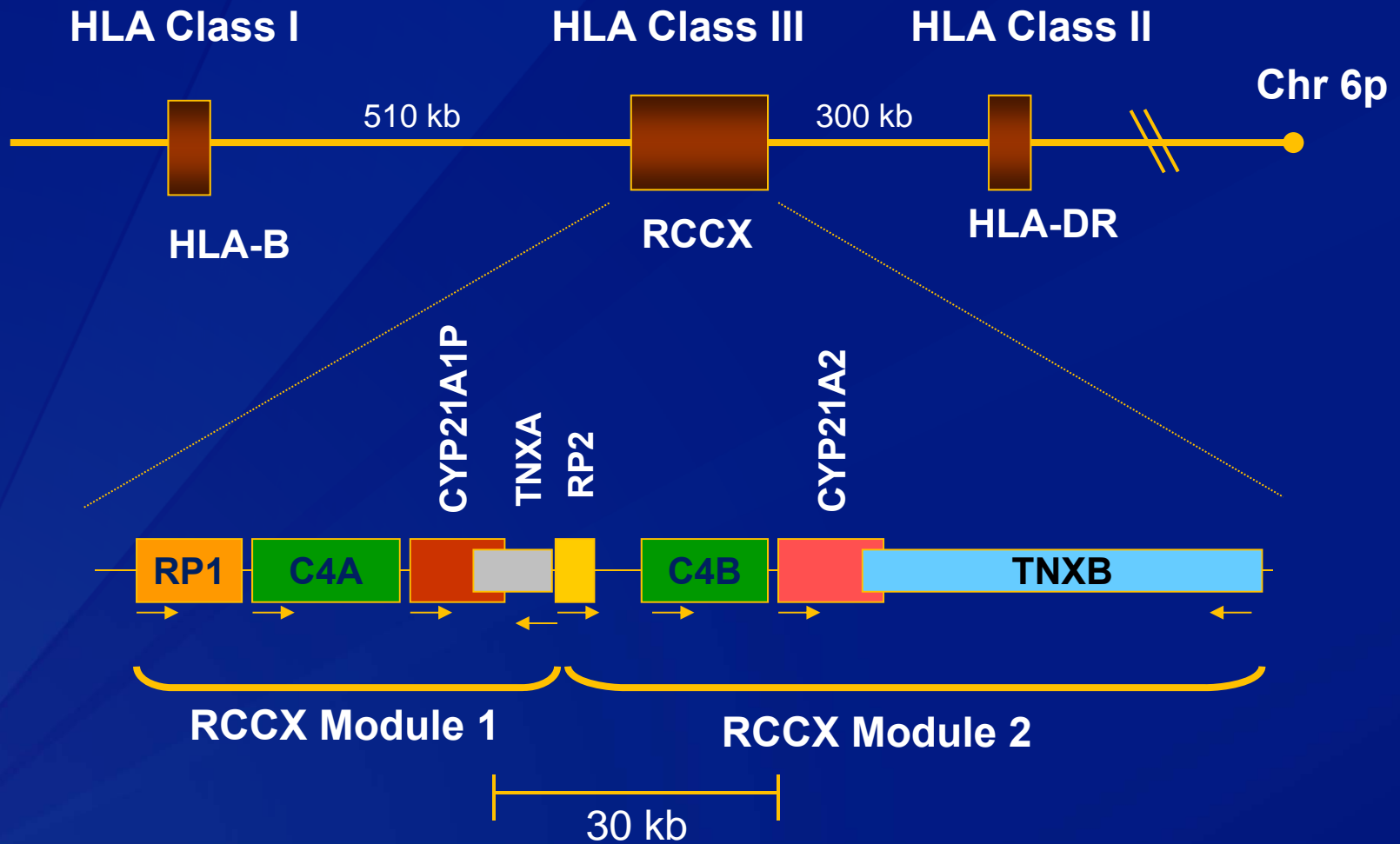
- ❑ **CAH is a multi-gene disorder**
  - 90-95% due to 21OH deficiency – CYP21A2
  - 5% due to 11 $\beta$ -hydroxylase – CYP11B1
  - 17 $\alpha$ -hydroxylase, 3 $\beta$ -hydroxysteroid dehydrogenase, lipoid CAH
- ❑ **Chromosomal region is complex**
  - RCCX gene module repeats
  - CYP21A1P pseudogene sequence 98% identical to CYP21A2
- ❑ **Not known if common mutation panel adequately covers the California population**

# Common CYP21A2 Mutation Panel



Gene deletions ( 30kb  $\Delta$  and intragenic  $\Delta$  ) plus gene conversions account for ~30% of CAH-causing mutations

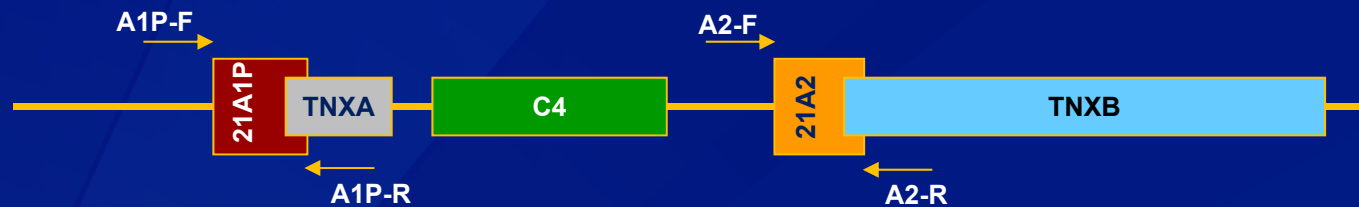
# CYP21A2 Genomic Region



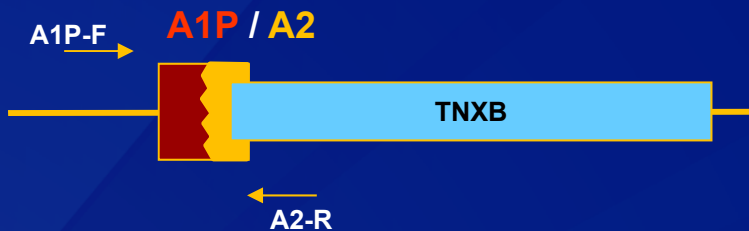


# PCR-Based Detection of Chromosome Deletion and Gene Conversion Alleles

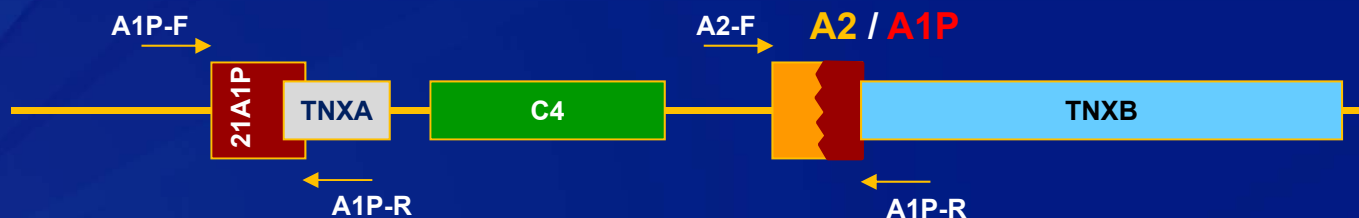
Most-common chromosome arrangement



30Kb Deletion



Gene Conversion



# CYP21A2 and CYP21A1P PCR

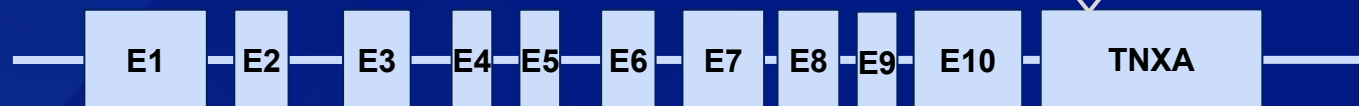
**CYP21A2**

A2-F  
→



**CYP21A1P**

A1P-F  
→



←  
TNXB-R

150bp del

←  
TNXA-R

**CYP21A2**

**A2-F + TNXB-R**

**5.6 kb**

**30kb Deletion**

**A1P-F + TNXB-R**

**6.1 kb**

**Gene Conversion**

**A2-F + TNXA-R**

**5.5 kb**

# Genotyping Approach

- ❑ Long-range PCR profile to detect 30 kb deletions and gene conversions
- ❑ Perform complete gene sequence of CYP21A2 and the 30 kb deletion and gene conversion PCR amplicons
- ❑ Evaluate gene copy number by MLPA for 30 kb deletions, gene conversions, and possible hemizygous CYP21A2

# Results of CYP21A2 Genotyping

- ❑ **128 from NBS screen positive and screen negative CAH cases**
  - 114 samples with CYP21A2 mutations – 89% of cases
  - 9.6% of 228 chromosomes with multiple mutations
- ❑ **50 normal population controls**
  - 1 carrier for Salt Wasting allele (M239K)
  - 1 carrier for a gene conversion
  - 4 carriers for likely tri-allelic RCCX repeat with Q318X in cis
  - 2 carriers for Non-Classic alleles, V281L and c.\*13A>G

# CYP21A2 Panel Mutations

<b>CYP21A2 Mutations</b>	<b>Phenotype</b>	<b>Count</b>	<b>%</b>	<b>US Frequency (%)*</b>
P30L	Non-Classical	1	0.4	0.8
IVS2G	Salt Wasting/S. Virilizing	59	25.7	23.4
IVS2G + Other Mutations		12	4.8	1.6
Exon 3 8bp deletion	Salt Wasting	8	3.5	0.5
I172N	Simple Virilizing	13	5.7	12.6
I172N + Other Mutations		4	1.7	---
I236N/V237E/M239K	Salt Wasting	8	3.5	1.1
V281L	Non-Classical	4	1.7	12.6
F306+1	Salt Wasting	3	1.3	0.3
Q318X	Salt Wasting	15	6.5	3.3
Q318X + Other Mutations		7	3.0	---
R356W	Salt Wasting	18	7.8	3.6
P453S	Non-Classical	0	---	0.5
<hr/>				
<b>CYP21A2 Gene Recombinants</b>	<b>Phenotype</b>	<b>Count</b>	<b>%</b>	<b>US Frequency (%)*</b>
30 KB Deletion	Salt Wasting	47	20.4	30.5 - Combined
A2 Deletion - non 30 KB del PCR	Salt Wasting	12	5.2	
Large Scale Gene Conversion	Salt Wasting	4	1.7	

\*Finkelstein et al. (2011). Comprehensive genetic analysis of 182 unrelated families with congenital adrenal hyperplasia due to 21-hydroxylase deficiency. J Clin Endocrin Metab 96, E161–172

# CYP21A2 Mutations not on Panel

Additional Mutations	Phenotype	Count	%	US Frequency (%)*
c.-4C>T, c.738+74T	Undetermined	1	0.43	
T201A	Predicted Benign	1	0.43	
I291N	Predicted Damaging	1	0.43	
R316X	Salt Wasting	1	0.43	
H366Y	Salt Wasting	3	1.30	0.8
H366Y, c.*13A>G	Salt Wasting	1	0.43	
	Salt Wasting/S.			
R427C	Virilizing	1	0.43	0.3
R483Δ1nt	Salt Wasting	5	2.17	
R483W, c.*13A>G	Salt Wasting	1	0.43	
c.*13A>G	Non-Classical	1	0.43	

3 specimens detected by PCR or Common Panel

A2 Deletion / I291N

A2 Deletion / H366Y

A2 Deletion / c.-4C>T, C.738+74T

\*Finkelstain et al. (2011)

# Highlights of California CAH Cases

Out of 128 CAH screen-positive specimens

- ❑ 114 with mutations for both copies of CYP21A2
- ❑ 26 specimens with  $\geq 2$  mutations in cis in an allele – phase determined for all but one sample
- ❑ Overall CYP21A2 mutation profile similar to large US family study
  - 9 mutations not on common panel
  - 111/114 specimens with at least 1 mutation from panel

# Questions Going Forward

- ❑ **CYP21A2 mutation panels**
  - Classic CAH vs Non-Classic mutations
  - What is minimal frequency for inclusion
  
- ❑ **Samples with no CYP21A2 mutations detected**
  - Fail-safe 17OHP cutoffs?
  - Additional gene analysis
    - CYP11B for 11 $\beta$ -OH, CYP17A for 17 $\alpha$ -OH
  
- ❑ **Screening appropriate procedure**
  - Rapid and cost effective targeted genotyping from DBS
  - Interpretation of results – gene rearrangements and phasing



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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