Helix Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) Panel

Item	Description
Test Name	Helix Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) Panel
Test Type	Cardio
Catalog Number	CPVT1
Procedure Code	H00623-2 (Helix)
Test Description	This panel evaluates 7 genes that have an established, primary association with hereditary catecholaminergic polymorphic ventricular tachycardia (CPVT).
Genes Tested	*TECRL, CALM1, CALM2, CALM3, CASQ2, RYR2, TRDN*
Genetics Information	This test utilizes next-generation sequencing to detect single nucleotide variants, insertions and deletions up to 20 bp, and copy number variants in genes associated with hereditary forms of catecholaminergic polymorphic ventricular tachycardia (CPVT).
Indications For Testing	Providing a genetic evaluation for individuals with a personal and/or family history suggestive of a hereditary form of catecholaminergic polymorphic ventricular tachycardia. Establishing a diagnosis of catecholaminergic polymorphic ventricular tachycardia.
Clinical Descriptions	Channelopathies are a broad spectrum of arrhythmogenic and electrophysiological disorders affecting heart ion channels. There are many different causes of channelopathies, which range from environmental exposures, such as medications, to inherited genetic risk factors. In cases where an external cause is not identified, or a family history is suspicious of a hereditary risk of channelopathy, diagnostic genetic testing may be ordered. Catecholaminergic polymorphic ventricular tachycardia (CPVT) is an electrophysiologic disorder of the heart which predisposes those affected to develop arrhythmias. While patients with CPVT often have normal resting electrocardiograms (ECGs) and normal heart imaging, both exercise and emotional stress can risk development of arrhythmogenic events (commonly ventricular tachycardia) which may result in syncope or, in rare cases, cardiac arrest or sudden death. Hereditary forms of CPVT may follow autosomal dominant or autosomal recessive inheritance patterns. Note that some of these genes may also be associated with other unrelated conditions; this means that when undergoing this test, there is a possibility of incidentally detecting carrier status for, or predisposition to, one of these unrelated conditions.
Conditions	Catecholaminergic polymorphic ventricular tachycardia In addition, one or more of the genes on this panel are associated with other conditions for which a predisposition to, or carrier status of, may be identified: Autosomal dominant long QT syndrome (C*ALM1, CALM2, CALM3, TRDN*)
Interpretation	All detected variants are evaluated according to American College of Medical Genetics and Genomics recommendations. Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance.

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Reclassification Of Variants	Helix reviews variant classifications annually when they arise in routine processes and upon request from providers. The timing of re-review depends on clinical risk. Providers can request a variant re-review by contacting Helix Customer Support. If a classification by Helix is updated, Helix identifies affected past patients and issues revised reports. Updated results are communicated to providers prior to results being uploaded to the EHR, and patients are notified through the EHR patient portal.
Variant Evaluation	Variant classification is performed using the guidelines set forth by the American College of Medical Genetics and Genomics and the Association for Molecular Pathology, with modifications as suggested by domain specific Expert Panels of the Clinical genome Resource (ClinGen) when available. Variant pathogenicity is categorized as benign, likely benign, variant of uncertain significance (VUS), likely pathogenic, or pathogenic.
Turnaround Time - Standard	Typically 7 to 21 days
Turnaround Time - Requery (SOQO®)	Typically ≤ 5 days
Available In NY State	Yes
Test Classification	This test was developed, and its performance characteristics determined, by Helix, Inc. in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.
Performing Laboratory Information	CLIA Laboratory Number: 05D2117342 Laboratory Hours of Operation: Monday-Saturday (7AM-10:30PM PST) Address: 10170 Sorrento Valley Road, Suite 100, San Diego, CA 92121 Helix Customer Service: (844) 211-2070 Email: support@helix.com
Regulatory Information	CLIA Complexity: High Test Classification: Non-Waived/ Laboratory Developed Test
CLIA Category	Chemistry / Routine Chemistry

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Methods & Limitations for Helix Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) Panel

Extracted DNA is enriched for targeted regions and then sequenced using the Helix Exome+ (R) assay on an Illumina DNA sequencing system. Data is then aligned to a modified version of GRCh38 and all genes are analyzed using the MANE transcript and MANE Plus Clinical transcript, when available. Small variant calling is completed using a customized version of Sentieon's DNAseq software, augmented by a proprietary small variant caller for difficult variants. Copy number variants (CNVs) are then called using a proprietary bioinformatics pipeline based on depth analysis with a comparison to similarly sequenced samples. Interpretation is based upon guidelines published by the American College of Medical Genetics and Genomics (ACMG) and the Association for Molecular Pathology (AMP) or their modification by ClinGen Variant Curation Expert Panels when available. Interpretation is limited to the transcripts indicated on the report, +/- 10 bp into intronic regions, except as noted below. Helix variant classifications include pathogenic, likely pathogenic, variant of uncertain significance (VUS), likely benign, and benign. Variants classified as pathogenic, likely pathogenic, or VUS are included in the report. All reported variants (except for VUSs with limited evidence of pathogenicity) are confirmed through secondary manual inspection of DNA sequence data or orthogonal testing. Benign and likely benign variants are not reported but are available upon request. Risk estimations and management guidelines included in this report are based on analysis of primary literature and recommendations of applicable professional societies, and should be regarded as approximations.

Based on validation studies, this assay delivers > 99% sensitivity and specificity for single nucleotide variants and insertions and deletions (indels) up to 20 bp. Larger indels and complex variants are also reported but sensitivity may be reduced. Based on validation studies, this assay delivers > 99% sensitivity to multi-exon CNVs and > 90% sensitivity to single-exon CNVs. This test may not detect variants in challenging regions (such as short tandem repeats, homopolymer runs, and segment duplications), sub-exonic CNVs, chromosomal aneuploidy, or variants in the presence of mosaicism. Phasing will be attempted and reported, when possible. Structural rearrangements such as inversions, translocations, and gene conversions are not tested in this assay unless explicitly indicated. Additionally, deep intronic, promoter, and enhancer regions may not be covered. It is important to note that this assay cannot detect all variants known to increase disease risk, and that a negative result does not guarantee that the tested individual does not carry a rare, undetectable variant in genes analyzed. Any potential incidental findings outside of these genes and conditions will not be identified, nor reported. The results of a genetic test may be influenced by various factors, including bone marrow transplantation, blood transfusions, or in rare cases, hematolymphoid neoplasms.

Gene Specific Notes:
TRDN: Evaluation of Chr6:123636725 (c.22+29A>G) will be performed

Disclaimer:
This test was developed and validated by Helix, Inc. This test has not been cleared or approved by the United States Food and Drug Administration (FDA). The Helix laboratory is accredited by the College of American Pathologists (CAP) and certified under the Clinical Laboratory Improvement Amendments (CLIA #: 05D2117342) to perform high-complexity clinical tests. This test is used for clinical purposes. It should not be regarded as investigational use only or for research use only.

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Targeted Genes & Methodology for Helix Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) Panel

The following applies to the Helix Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) Panel. Testing is performed to evaluate for the presence of variants in coding regions and extending to +/- 10 base pairs of adjacent intronic sequences on either side of the coding exons of the genes analyzed. In addition, the analysis will cover select non-coding variants, as listed below. Next-generation sequencing is performed to test for the presence of small variants and copy number variants in the genes analyzed. Confirmation of select reportable variants may be performed by alternate methodologies based on internal laboratory criteria.

This list is current from September 2023 to the present. This document is intended to highlight additional evaluations for variants of high clinical interest as well as technical limitations. For questions regarding genes, reference transcripts, or specific regions covered, contact Helix Customer Service at (844) 211-2070.

Genomic Build: GRCh38
Catalog Number: CPVT1

Gene	Transcript	Additional Evaluations	Technical Limitations
TECRL	NM_001010874.5	–	–
CALM1	NM_006888.6	–	–
CALM2	NM_001743.6	–	–
CALM3	NM_005184.4	–	–
CASQ2	NM_001232.4	–	–
RYR2	NM_001035.3	–	–
TRDN	NM_006073.4	Chr6:123636725 (c.22+29A>G)	–

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