Guidelines for actionable variants

Gene	Type of mutation	Justification	Reference		
GCK	Immediately actionable				
	All stop mutations	Loss of function	(1)		
	All frame-shift mutations	Loss of function	(1)		
	All exon deletions except for deletion of Exon 1A	Loss of function	(1)		
	Duplication of exon 2 and 3	Previously seen to co-segregate with MODY in Danish patients	Unpublished		
	Whole gene deletion	No gene	(2)		
	Missense mutations: • Gly72Arg • Ala176Thr • Arg191Trp • Arg191Gln • Thr206Met • Thr228Met • Ala456Val	Pathogenic variants	Appendix 1		
	 Splice mutations: c.45+1G>T (PMID: 15928245) c.483+1G>A c.864-1G>A 	Pathogenic variants	Appendix 1		
	Possibly actionable variants				
	All in-frame insertions, deletion or duplications	Possible loss of function	(1)		
	Splice mutations 3 nucleotides into the intron region.	Likely to cause alternative splicing	(1)		
	Missense mutations	Likely to be pathogenic	(3)		
	Promoter: Islet promoter variant in c71G>C	Reduces gene expression in vitro through loss of regulation by Sp1	(1,4)		
	Exon deletions of exon 1A	Possible loss of function	(1)		
	Non-actionable variants				
	Common missense with a MAF of more than 0.5% in the Gnomad database or in 6,293 of Danish population-based of unselected samples.	Variants of no clinical relevance	(1)		
	Thr343ProThr343Arg	Variants of no clinical relevance	(5) Appendix 2		
	Mutations located more than 3 nucleotides into the intron region	Variants of no clinical relevance	(1)		
	Synonymous mutations	Variants of no clinical relevance	(1)		

Gene	Type of mutation	Justification	Reference		
<i>HNF1A</i>	Immediately actionable				
	All stop mutations	Loss of function	(6)		
	All frame-shift mutations	Loss of function	(6)		
	All exon deletions	Loss of function	(6)		
	Whole gene deletion	No gene	(6)		
	Missense mutations: • Arg131Trp • Arg159Gln • Arg159Trp • Arg203Cys • Arg203His • Arg229Pro • Cys241Gly • Thr260Met • Arg263His • Arg271Gln	Pathogenic variants	Appendix 1		
	 Arg271Trp Val370Phe Pro379Ala Pro447Leu Possibly actionable variants 				
	All in-frame insertions, deletion or duplications	Possible loss of function	(6,7)		
	Splice mutations 3 nucleotides into the intron region.	Likely to cause alternative splicing	(6)		
	Missense variants	Likely to be pathogenic	(6,8)		
	Splice mutations: c.1502-6G>A	Loss of function as it leads to skipping of exon 7 and has been found in 15 previous families.	(6,9,10)		
	Variants requiring no actions				
	Common missense with a MAF of more than 0.5% in the Gnomad database or in 6293 of Danish population-based of unselected samples.	Variants of no clinical relevance	(6)		
	Mutations located more than 3 nucleotides into the intron region	Variants of no clinical relevance	(6)		
	Synonymous mutations	Variants of no clinical relevance	(6)		

HNF4A	Immediately actionable				
	Immediately actionable				
	All stop mutations in exon 1-7	Loss of function	(6)		
	All frame-shift mutations in all exons?	Loss of function	(6)		
	All exon deletions	Loss of function	(6)		
	P2 promoter:	Affecting transcription factor	(11)		
	• C181G>A	binding sites	Appendix 1		
	• C178 A/G				
	Whole gene deletion	No gene	(12)		
	Missense mutations:	Pathogenic variants	Appendix 1		
	Arg63Trp				
	Arg112Trp				
	Arg114Trp				
	Arg290Ser				
	Arg309Cys				
	Possibly actionable variants				
	All in-frame insertions, deletion or	Possible loss of function	(6)		
	duplications				
	Splice mutations 3 nucleotides into the	Likely to cause alternative splicing	(6)		
	intron region.	, , , , , , , , , , , , , , , , , , , ,			
	c.319+5G>A	Causing aberrant splicing	(13)		
	Hg19: 43036120G>A		(https://databases.lovd.nl		
	Hg38: 44407480G>A		shared/genes/HNF4A)		
	Missense mutations	Likely to be pathogenic	(6)		
	Exon duplication	Possible loss of function	NA		
	P2-Promoter		(14-16)		
	Any mutations located within this		Total P2:		
	region:		https://www.ncbi.nlm.nih		
	Hg19: Chr20: 42984246-42984321		gov/nuccore/AF509467.1		
	Hg38: Chr20: 44355606-44355681				
	Variants not actionable				
	Common missense with a MAF of more	Variants of no clinical relevance	(6)		
	than 0.5% in the Gnomad database or in				
	6293 of Danish population-based of				
	unselected samples.				
	Val380lle	Variant of no clinical relevance	Appendix 2		
	Mutations located more than 3	Variants of no clinical relevance	(6)		
	nucleotides into the intron region		\-'		
	Synonymous mutations	Variants of no clinical relevance	(6)		

- 1. Osbak KK, Colclough K, Saint-Martin C et al. Update on mutations in glucokinase (GCK), which cause maturity-onset diabetes of the young, permanent neonatal diabetes, and hyperinsulinemic hypoglycemia. Hum Mutat 2009;30:1512-26.
- 2. Birkebaek NH, Sorensen JS, Vikre-Jorgensen J, Jensen PK, Pedersen O, Hansen T. A De Novo Whole GCK Gene Deletion Not Detected by Gene Sequencing, in a Boy with Phenotypic GCK Insufficiency. Case Rep Genet 2011;2011:768610.
- 3. Bonnefond A, Boissel M, Bolze A et al. Pathogenic variants in actionable MODY genes are associated with type 2 diabetes. Nat Metab 2020;2:1126-1134.
- 4. Gasperikova D, Tribble ND, Stanik J et al. Identification of a novel beta-cell glucokinase (GCK) promoter mutation (-71G>C) that modulates GCK gene expression through loss of allele-specific Sp1 binding causing mild fasting hyperglycemia in humans. Diabetes 2009;58:1929-35.
- 5. Steele AM, Tribble ND, Caswell R et al. The previously reported T342P GCK missense variant is not a pathogenic mutation causing MODY. Diabetologia 2011;54:2202-5.
- 6. Colclough K, Bellanne-Chantelot C, Saint-Martin C, Flanagan SE, Ellard S. Mutations in the genes encoding the transcription factors hepatocyte nuclear factor 1 alpha and 4 alpha in maturity-onset diabetes of the young and hyperinsulinemic hypoglycemia. Hum Mutat 2013;34:669-85.
- 7. Willson JS, Godwin TD, Wiggins GA, Guilford PJ, McCall JL. Primary hepatocellular neoplasms in a MODY3 family with a novel HNF1A germline mutation. J Hepatol 2013;59:904-7.
- 8. Jafar-Mohammadi B, Groves CJ, Owen KR et al. Low frequency variants in the exons only encoding isoform A of HNF1A do not contribute to susceptibility to type 2 diabetes. PloS one 2009;4:e6615.
- 9. Bulman MP, Harries LW, Hansen T et al. Abnormal splicing of hepatocyte nuclear factor 1 alpha in maturity-onset diabetes of the young. Diabetologia 2002;45:1463-7.
- 10. Ellard S, Lango Allen H, De Franco E et al. Improved genetic testing for monogenic diabetes using targeted next-generation sequencing. Diabetologia 2013;56:1958-63.
- 11. Raeder H, Bjorkhaug L, Johansson S et al. A hepatocyte nuclear factor-4 alpha gene (HNF4A) P2 promoter haplotype linked with late-onset diabetes: studies of HNF4A variants in the Norwegian MODY registry. Diabetes 2006;55:1899-903.
- 12. Carette C, Dubois-Laforgue D, Saint-Martin C et al. Familial young-onset forms of diabetes related to HNF4A and rare HNF1A molecular aetiologies. Diabetic medicine : a journal of the British Diabetic Association 2010;27:1454-8.
- 13. Shepherd MH, Shields BM, Hudson M et al. A UK nationwide prospective study of treatment change in MODY: genetic subtype and clinical characteristics predict optimal glycaemic control after discontinuing insulin and metformin. Diabetologia 2018;61:2520-2527.
- 14. Ek J, Hansen SP, Lajer M et al. A novel -192c/g mutation in the proximal P2 promoter of the hepatocyte nuclear factor-4 alpha gene (HNF4A) associates with late-onset diabetes. Diabetes 2006;55:1869-73.
- 15. Thomas H, Jaschkowitz K, Bulman M et al. A distant upstream promoter of the HNF-4alpha gene connects the transcription factors involved in maturity-onset diabetes of the young. Hum Mol Genet 2001;10:2089-97.
- 16. Wirsing A, Johnstone KA, Harries LW et al. Novel monogenic diabetes mutations in the P2 promoter of the HNF4A gene are associated with impaired function in vitro. Diabetic medicine : a journal of the British Diabetic Association 2010;27:631-5.