

## Premature Ovarian Insufficiency

### Precision Panel



### Overview

Premature Ovarian Insufficiency (POI) also known as premature ovarian failure or premature menopause, is defined as cessation of menstruation before the expected age of menopause. It is a loss of ovarian function before the age of 40 and it is a major cause of female infertility. There is an array of etiologies, including genetic, autoimmune and iatrogenic causes. It is a highly heterogeneous condition presenting with ovarian dysgenesis and primary amenorrhea, or with secondary amenorrhea and it can be associated with other congenital or acquired abnormalities. Since the age of menopause is an inheritable trait, POI has a strong genetic component worth investigating. POI is considered primary when the ovary fails to function normally and secondary if the hypothalamus and pituitary fail to provide appropriate gonadotropin stimulation. POI not only interferes with a woman's reproductive potential, but it is also associated with an increased risk of osteoporosis, cardiovascular disease and earlier mortality.

The Igenomix Premature Ovarian Insufficiency Precision Panel can be used to make a directed and accurate differential diagnosis of infertility ultimately leading to a better management of the patient and achieve a healthy baby at home. It provides a comprehensive analysis of the genes involved in this disease using next-generation sequencing (NGS) to fully understand the spectrum of relevant genes involved.

### Indications

The Igenomix Premature Ovarian Insufficiency Precision Panel is indicated for those patients with clinical suspicion or diagnosis with or without the following manifestations:

- Signs of Turner syndrome: short stature, webbed neck, shieldlike chest etc
- Thyroid involvement: goiter, exophthalmos, bradycardia or tachycardia
- Adrenal insufficiency: orthostatic hypotension, hyperpigmentation, hypotension, decreased axillary and pubic hair
- Autoimmunity: vitiligo, nail dystrophy, mucocutaneous candidiasis, alopecia areata etc
- Hypoestrogenism: atrophic vaginitis, hot flashes, night sweats, vaginal dryness, irritability, decreased sexual desire
- Enlarged ovaries

## Clinical Utility

The clinical utility of this panel is:

- The genetic and molecular confirmation for an accurate clinical diagnosis of a symptomatic patient.
- Early initiation of treatment with a multidisciplinary team for an initial consultation, workup and assisted reproductive technologies (ART), replacement hormonal therapy (RHT), and prevention of complications associated with multiorgan involvement.
- Risk assessment and genetic counselling of asymptomatic family members according to the mode of inheritance.

## Genes & Diseases

| GENE            | OMIM DISEASES   | INHERITANCE* | % GENE COVERAGE (20X) | HGMD**     |
|-----------------|---|--------------|-----------------------|------------|
| <b>AARS2</b>    | Combined Oxidative Phosphorylation Deficiency, Leukoencephalopathy, Progressive, With Ovarian Failure           | AR           | 100                   | 54 of 54   |
| <b>AIRE</b>     | Autoimmune Polyendocrinopathy Syndrome Type I   | AD,AR        | 100                   | 135 of 135 |
| <b>ANAPC1</b>   | Rothmund-Thomson Syndrome Type 1  | AR           | 86.31                 | 3 of 4     |
| <b>B4GALNT1</b> | Autosomal Recessive Spastic Paraplegia  | AR           | 98.69                 | 13 of 13   |
| <b>BLM</b>      | Bloom Syndrome  | AR           | 97.19                 | 133 of 141 |
| <b>BMP15</b>    | Ovarian Dysgenesis, 46,XX Gonadal Dysgenesis  | X,G          | 98.05                 | -          |
| <b>BNC1</b>     | Premature Ovarian Failure, 46,XX Gonadal Dysgenesis   | AD           | 97.46                 | 3 of 3     |
| <b>CASP10</b>   | Autoimmune Lymphoproliferative Syndrome   | AD           | 99.86                 | 6 of 6     |
| <b>CDH23</b>    | Pituitary Adenoma, Usher Syndrome, Cushing Disease  | AD,AR        | 98                    | 400 of 403 |
| <b>CEP164</b>   | Nephronophthisis, Senior-Loken Syndrome   | AR           | 99.98                 | 10 of 10   |
| <b>CEP290</b>   | Bardet-Biedl Syndrome, Joubert Syndrome, Meckel Syndrome, Senior-Loken Syndrome                                 | AR           | 96.47                 | 293 of 327 |
| <b>CLPP</b>     | Perrault Syndrome   | AR           | 99.91                 | 11 of 11   |
| <b>CYP17A1</b>  | Congenital Adrenal Hyperplasia, 46,XY Disorder Of Sex Development Due To Isolated 17,20-Lyase Deficiency        | AR           | 100                   | 127 of 127 |
| <b>CYP19A1</b>  | Aromatase Deficiency, Aromatase Excess Syndrome   | AD,AR        | 100                   | 33 of 35   |
| <b>DCAF17</b>   | Woodhouse-Sakati Syndrome   | AR           | 98.77                 | 21 of 21   |
| <b>DIAPH2</b>   | Premature Ovarian Failure   | X,XD,G       | 98.66                 | -          |
| <b>EIF2B1</b>   | Leukoencephalopathy With Vanishing White Matter   | AR           | 100                   | 9 of 9     |
| <b>EIF2B2</b>   | Leukoencephalopathy With Vanishing White Matter   | AR           | 100                   | 30 of 30   |
| <b>EIF2B3</b>   | Leukoencephalopathy With Vanishing White Matter   | AR           | 97.55                 | 26 of 26   |
| <b>EIF2B4</b>   | Leukoencephalopathy With Vanishing White Matter   | AR           | 100                   | 31 of 31   |
| <b>EIF2B5</b>   | Leukoencephalopathy With Vanishing White Matter   | AR           | 100                   | 99 of 99   |
| <b>ERAL1</b>    | Perrault Syndrome   | AR           | 99.88                 | 1 of 1     |
| <b>ERCC6</b>    | Cerebrooculofacioskeletal Syndrome, Cockayne Syndrome, De Sanctis-Cacchione Syndrome, Premature Ovarian Failure | AD,AR        | 99.98                 | 127 of 128 |
| <b>FANCM</b>    | Premature Ovarian Failure   | AR           | 99.73                 | 59 of 61   |
| <b>FAS</b>      | Autoimmune Lymphoproliferative Syndrome, Vogt-Koyanagi-Harada Disease   | AD           | 100                   | 135 of 135 |
| <b>FASLG</b>    | Autoimmune Lymphoproliferative Syndrome   | AD           | 99.98                 | 8 of 9     |
| <b>FIGLA</b>    | Premature Ovarian Failure   | AD           | 98.47                 | 4 of 5     |
| <b>FMR1</b>     | Fragile X Mental Retardation Syndrome, Premature Ovarian Failure, Xq27.3q28 Duplication Syndrome                | X,XD,G       | 99.8                  | -          |
| <b>FOXL2</b>    | Premature Ovarian Failure   | AD           | 89.36                 | 136 of 201 |
| <b>FSHB</b>     | Hypogonadotropic Hypogonadism Without Anosmia, Isolated Follicle Stimulating Hormone Deficiency                 | AR           | 100                   | 8 of 8     |
| <b>FSHR</b>     | Ovarian Dysgenesis, 46,XX Gonadal Dysgenesis  | AD,AR        | 100                   | 41 of 43   |
| <b>GALT</b>     | Classic Galactosemia  | AR           | 100                   | 350 of 350 |
| <b>GDF9</b>     | Premature Ovarian Failure   | AR           | 100                   | 13 of 13   |

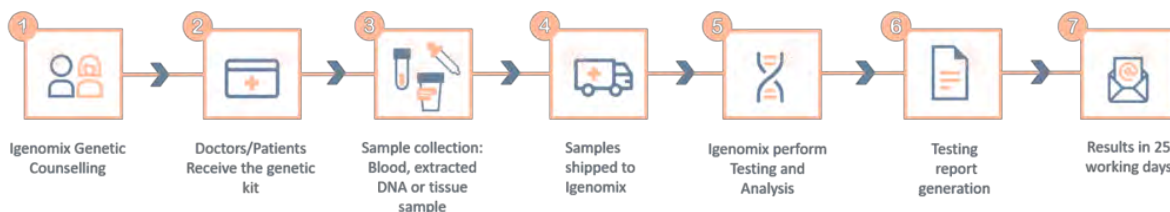


|                 |   |         |       |            |
|-----------------|---|---------|-------|------------|
| <b>GNAS</b>     | ACTH-Independent Macronodular Adrenal Hyperplasia, McCune-Albright Syndrome   | AD      | 99.95 | 263 of 273 |
| <b>GNRHR</b>    | Hypogonadotropic Hypogonadism Without Anosmia, Normosmic Congenital Hypogonadotropic Hypogonadism   | AR      | 100   | 59 of 59   |
| <b>HFM1</b>     | Premature Ovarian Failure   | AR      | 99.17 | 10 of 10   |
| <b>INVS</b>     | Senior-Loken Syndrome   | AR      | 99.9  | 38 of 38   |
| <b>IQCB1</b>    | Senior-Loken Syndrome   | AR      | 99.98 | 43 of 43   |
| <b>KISS1R</b>   | Hypogonadotropic Hypogonadism With Or Without Anosmia, Kallmann Syndrome, Normosmic Congenital Hypogonadotropic Hypogonadism                      | AD,AR   | 99.41 | 42 of 43   |
| <b>LARS2</b>    | Perrault Syndrome   | AR      | 99.99 | 20 of 20   |
| <b>LHB</b>      | Hypogonadotropic Hypogonadism Without Anosmia   | AR      | 100   | 11 of 11   |
| <b>LHCGR</b>    | Hypergonadotropic Hypogonadism  | AD,AR   | 100   | 75 of 75   |
| <b>LMNA</b>     | Dilated Cardiomyopathy-Hypergonadotropic Hypogonadism Syndrome  | AD,AR   | 100   | 619 of 620 |
| <b>MCM3AP</b>   | Autosomal Recessive Peripheral Neuropathy With Or Without Impaired Intellectual Development   | AR      | 99.96 | 22 of 22   |
| <b>MCM8</b>     | Premature Ovarian Failure   | AR      | 99.94 | 10 of 10   |
| <b>MCM9</b>     | Ovarian Dysgenesis  | AR      | 99.93 | 12 of 12   |
| <b>MRPS22</b>   | Combined Oxidative Phosphorylation Deficiency, Ovarian Dysgenesis, 46,XX Gonadal Dysgenesis   | AR      | 100   | 10 of 10   |
| <b>MSH5</b>     | Premature Ovarian Failure   | AR      | 100   | 4 of 4     |
| <b>NBN</b>      | Nijmegen Breakage Syndrome, Hereditary Breast And Ovarian Cancer Syndrome   | AR,MU,P | 100   | 200 of 200 |
| <b>NOBOX</b>    | Premature Ovarian Failure   | AD      | 90.55 | 14 of 17   |
| <b>NPHP1</b>    | Joubert Syndrome, Senior-Loken Syndrome, Bardet-Biedl Syndrome  | AR      | 100   | 58 of 59   |
| <b>NPHP3</b>    | Meckel Syndrome, Senior-Loken Syndrome  | AR      | 99.99 | 84 of 84   |
| <b>NPHP4</b>    | Senior-Loken Syndrome   | AR      | 99.96 | 118 of 119 |
| <b>NR5A1</b>    | 46,XX Sex Reversal, 46,XY Sex Reversal, Premature Ovarian Failure, 46,XX Gonadal Dysgenesis   | AD      | 99.97 | 222 of 224 |
| <b>NUP107</b>   | Galloway-Mowat Syndrome, Ovarian Dysgenesis, 46,XX Gonadal Dysgenesis   | AR      | 99.91 | 15 of 15   |
| <b>PMM2</b>     | Congenital Disorder Of Glycosylation  | AR      | 100   | 127 of 129 |
| <b>POF1B</b>    | Premature Ovarian Failure   | X,XR,G  | 99.54 | -          |
| <b>POLG</b>     | Mitochondrial DNA Depletion Syndrome  | AD,AR   | 99.92 | 325 of 326 |
| <b>POLR3H</b>   | 46,XX Gonadal Dysgenesis  | -       | 99.96 | 1 of 1     |
| <b>POR</b>      | Antley-Bixler Syndrome With Genital Anomalies And Disordered Steroidogenesis  | AD,AR   | 99.98 | 67 of 68   |
| <b>PRKCD</b>    | Autoimmune Lymphoproliferative Syndrome   | AR      | 100   | 9 of 9     |
| <b>PSMC3IP</b>  | Ovarian Dysgenesis, 46,XX Gonadal Dysgenesis  | AR      | 99.96 | 9 of 9     |
| <b>RASGRP1</b>  | Autoimmune Lymphoproliferative Syndrome   | AR      | 98.41 | 8 of 9     |
| <b>RCBTB1</b>   | Retinal Dystrophy With Or Without Extraocular Anomalies   | AR      | 99.94 | 10 of 10   |
| <b>RIN2</b>     | Macrocephaly, Alopecia, Cutis Laxa, And Scoliosis, Rin2 Syndrome  | AR      | 99.6  | 4 of 4     |
| <b>SDCCAG8</b>  | Bardet-Biedl Syndrome, Senior-Loken Syndrome  | AR      | 96.29 | 18 of 19   |
| <b>SOHLH1</b>   | Ovarian Dysgenesis  | AD,AR   | 100   | 9 of 10    |
| <b>SPIDR</b>    | 46,XX Gonadal Dysgenesis  | -       | 82    | 1 of 1     |
| <b>STAG3</b>    | Premature Ovarian Failure   | AR      | 98.88 | 16 of 16   |
| <b>STAR</b>     | Lipoid Congenital Adrenal Hyperplasia, Familial Glucocorticoid Deficiency   | AR      | 100   | 80 of 80   |
| <b>SYCE1</b>    | Premature Ovarian Failure   | AR      | 100   | 2 of 3     |
| <b>THOC6</b>    | Microcephaly, Mental Retardation, And Distinctive Facies, With Cardiacand Genitourinary Malformations   | AR      | 100   | 13 of 13   |
| <b>TRAF3IP1</b> | Senior-Loken Syndrome   | AR      | 97.54 | 15 of 15   |
| <b>TTI2</b>     | Severe Intellectual Disability-Short Stature-Behavioral Abnormalities-Facial Dysmorphism Syndrome   | AR      | 100   | 6 of 6     |
| <b>TWNK</b>     | Perrault Syndrome, Progressive External Ophthalmoplegia With Mitochondrial DNA Deletions  | AD,AR   | -     | -          |
| <b>USP8</b>     | ACTH-Secreting Pituitary Adenoma, Cushing Disease   | AD,AR   | 98.19 | 3 of 3     |
| <b>WDR19</b>    | Senior-Loken Syndrome, Jeune Syndrome   | AR      | 99.96 | 47 of 49   |
| <b>WT1</b>      | Denys-Drash Syndrome, Frasier Syndrome, 46,XY Complete Gonadal Dysgenesis , 46,XY Partial Gonadal Dysgenesis, Denys-Drash Syndrome, Wagr Syndrome | AD      | 98.92 | 178 of 185 |

\*Inheritance: AD: Autosomal Dominant; AR: Autosomal Recessive; X: X linked; XLR: X linked Recessive; Mi: Mitochondrial; Mu: Multifactorial.

\*\*Number of clinically relevant mutations according to HGMD

## Methodology



## Contact us

Call +34 963 905 310 or send an email to [supportspain@igenomix.com](mailto:supportspain@igenomix.com) for any of the following objectives:

- Get more information about the test.
- Request your kit.
- Request a pick up of the kit after collecting the sample.

## References

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