Title: X-Linked Acrogigantism GeneReview – Acromegaly: GPR101 variants of

uncertain significance

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Acromegaly: GPR101 Variants of Uncertain Significance

Because growth hormone (GH) excess occurring after closure of the epiphyseal cartilages results in acromegaly (rather than gigantism), the possibility that *GPR101* variants cause acromegaly has been investigated.

In the original publication [Trivellin et al 2014], the missense *GPR101* variant c.924G>C (p.Glu308Asp) was found in 4% of 248 patients with acromegaly. The variant was mostly found in tumors, and it was demonstrated to be somatic in one case. The overexpression of *GPR101* with this variant led to a modest increase in cell proliferation and GH release as compared with wild type *GPR101* in a pituitary cell line, suggesting a potential pathogenic role.

However, the allele frequency of the c.924G>C (p.Glu308Asp) variant was 0.94% in a cohort of 263 patients with acromegaly, and the frequency was not significantly different from the general population [Lecoq et al 2016]. In addition, in a large series of 579 patients [lacovazzo et al 2016], the c.924G>C (p.Glu308Asp) *GPR101* variant was found in four patients (0.69%) and solely in germline DNA. The allele frequency (0.45%) was not significantly different from the general population (the allele frequency reported in the Exome Aggregation Consortium – ExAC – database is 0.37%), and no other rare or novel *GPR101* variants, either germline or somatic, were identified.

In two further studies that recruited 215 and 61 patients with acromegaly, the variant was not identified in any of the patients [Ferrau et al 2016, Matsumoto et al 2016]. Thus, the role of this variant in the pathogenesis of acromegaly remains uncertain.

In one of the above-mentioned studies [Lecoq et al 2016], the novel germline c.1098C>A (p.Asp366Glu) *GPR101* variant was identified in one patient (0.4%) with sporadic acromegaly. *In silico* prediction supported a pathogenic role. However, this variant was not found in an independent series of 395 acromegaly patients [lacovazzo et al 2016]. Considering its rarity and the lack of functional studies, the significance of this variant is currently uncertain.

References

Ferrau F, Romeo PD, Puglisi S, Ragonese M, Torre ML, Scaroni C, Occhi G, De Menis E, Arnaldi G, Trimarchi F, Cannavo S. Analysis of GPR101 and AIP genes mutations in acromegaly: a multicentric study. Endocrine. 2016;54:762-7.

Iacovazzo D, Caswell R, Bunce B, Jose S, Yuan B, Hernandez-Ramirez LC, Kapur S, Caimari F, Evanson J, Ferrau F, Dang MN, Gabrovska P, Larkin SJ, Ansorge O, Rodd C, Vance ML, Ramirez-Renteria C, Mercado M, Goldstone AP, Buchfelder M, Burren C P, Gurlek A, Dutta P, Choong CS, Cheetham T, Trivellin G, Stratakis CA, Lopes MB, Grossman AB, Trouillas J, Lupski JR, Ellard S, Sampson JR, Roncaroli F, Korbonits M. Germline or somatic GPR101 duplication leads to X-linked acrogigantism: a clinico-pathological and genetic study. Acta Neuropathol Commun. 2016;4:56.

Lecoq AL, Bouligand J, Hage M, Cazabat L, Salenave S, Linglart A, Young J, Guiochon-Mantel A, Chanson P, Kamenicky P. Very low frequency of germline GPR101 genetic variation and no biallelic defects with AIP in a large cohort of patients with sporadic pituitary adenomas. Eur J Endocrinol. 2016;174:523-30.

Matsumoto R, Izawa M, Fukuoka H, Iguchi G, Odake Y, Yoshida K, Bando H, Suda K, Nishizawa H, Takahashi M, Inoshita N, Yamada S, Ogawa W, Takahashi Y. Genetic and clinical characteristics of Japanese patients with sporadic somatotropinoma. Endocr J. 2016;63:953-63.

Trivellin G, Daly AF, Faucz FR, Yuan B, Rostomyan L, Larco DO, Schernthaner-Reiter MH, Szarek E, Leal LF, Caberg JH, Castermans E, Villa C, Dimopoulos A, Chittiboina P, Xekouki P, Shah N, Metzger D, Lysy PA, Ferrante E, Strebkova N, Mazerkina N, Zatelli MC, Lodish M, Horvath A, de Alexandre RB, Manning AD, Levy I, Keil MF, Sierra Mde L, Palmeira L, Coppieters W, Georges M, Naves LA, Jamar M, Bours V, Wu TJ, Choong CS, Bertherat J, Chanson P, Kamenicky P, Farrell WE, Barlier A, Quezado M, Bjelobaba I, Stojilkovic SS, Wess J, Costanzi S, Liu P, Lupski JR, Beckers A, Stratakis CA. Gigantism and acromegaly due to Xq26 microduplications and GPR101 mutation. N Engl J Med. 2014;371:2363-74.