Expanding the clinical phenotype of autosomal dominant dyskeratosis congenita caused by TERT mutations

Lina Basel-Vanagaite,⁴² Inderjeet Dokal,³ Hannah Tamary,²⁴ Abraham Avigdor,⁵ Ben Zion Garty,³⁶ Alexander Volkov,⁷ and Tom Vulliamy³ ⁴Schneider Children's Medical Center of Israel and Raphael Recanati Genetics Institute, Rabin Medical Center, Beilinson Campus, Petah Tikva, Israel; ²Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel; ³Academic Unit of Paediatrics, Institute of Cell and Molecular Science, Barts and the London School of Medicine and Dentistry, UK; ⁴Pediatric Hematology-Oncology, Schneider Children's Medical Center of Israel, Petah Tikva, Israel; ⁵Division of Hematology and Bone Marrow Transplantation, Chaim Sheba Medical Center, Tel-Hashomer, Israel; ⁶Department of Pediatrics B, Schneider Children's Medical Center of Israel, Petah Tikva, Israel; ⁷The Department of Pathology, Chaim Sheba Medical Center, Tel-Hashomer, Israel

Citation: Basel-Vanagaite L, Dokal I, Tamary H, Avigdor A, Garty BZ, Volkov A, Vulliamy T. Expanding the clinical phenotype of autosomal dominant dyskeratosis congenita caused by TERT mutations. Haematologica 2008 June; 93(6):943-944. doi: 10.3324/haematol.12317

Supplementary Table 1. Clinical features of the known or putative mutation carriers.

Individual	<i>Current age/age at onset of the disease (yr)</i>	CBC (RBC×10º²/L; WBC Pit/10º/L, Hb-g%, MCV-µm²)	Bone marrow examination) (Liver and spleen abnormalities GOT-IU/L, GPT-IU/L, bilirubin-mg/dL)	Pulmonary symptoms	Premature grey hair	Other	Cause of death
I-1	deceased/57	WBC 4.9 Hb 11 Plt 26	Hypocellularity, dyserythropoiesis	Liver enzymes NA, bilirubin 2.5	None	NA	— My	vocardial infarction
II-1	deceased/35	NA, abnormal	NA	NA	Yes	Yes	— F	Respiratory failure
II-4	deceased/24	NA, abnormal	NA	Liver disease GOT-19 Bilirubin - 1.3 Splenomegaly	Yes	Yes	Osteoporosis, L1 vertebral fractur	Hepatic e failure
-7*	52/healthy	WBC 5.32 RBC 4.86 Hb 13.9 MCV 84.5 Plt 191	NP	GOT-16 GPT-14 Bilirubin-0.8	None	Yes	-	-
III-2*	30/ healthy	WBC 4.35 RBC 3.88 Hb 11.6 MCV 91 Plt 169	NP	GOT-19 GPT-17 Bilirubin 0.6	None	Yes	_	-
III-4	deceased/7	RBC 3.35	BM cellularity 25-30% BM colony assay: markedly reduced BFU and CFU number and mega colonies	with varicosis	Restrictive interstitial pulmonary disease	Yes	Retinal detachment at birth; Strabismu: Cardiac fibrosis	Respiratory failure s
III-6*	33/18	WBC 1.69 RBC 3.91 Hb 13.3 MCV 92 Pit 42	NA	GOT 46 GPT 163 -irregular liver textur Splenomegaly	CT lungs fibrotic e changes in both apical regions	Yes	-	
III-7*	30/16	WBC 2.67 RBC 3.7 Hb 12.2 MCV 95 Plt 41	NA	GOT 31 GPT 27 Bilirubin 1.7 Splenomegaly	None	Yes	Dilated cardiomyopat	hy

*: those shown to be heterozygous for TERT c.1892G>A. Samples from the other affected individuals were not available for genotyping. NA : not available; NP; not performed; PM: post mortem examination; GOT: glutamic oxaloacetate transaminase; GPT : glutamic pyruvate transaminase; BM: bone marrow; BFU: blood forming units; CFU: colony-forming units.