

Recommendation 7: Genetic Testing in Patients with UPIA

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Learning Objectives



At the end of this section participants should be able to:

- **List the spectrum of genetic tests studied in the evaluation of patients with UPIA**
- **Describe the shared epitope and its role in the evaluation of patients with UPIA**
- **Describe the role of HLA-B27 testing in the evaluation of patients with UPIA**

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There is no genetic test that can be routinely recommended [3b, D], however HLA-B27 testing may be helpful in specific clinical settings [5, D].

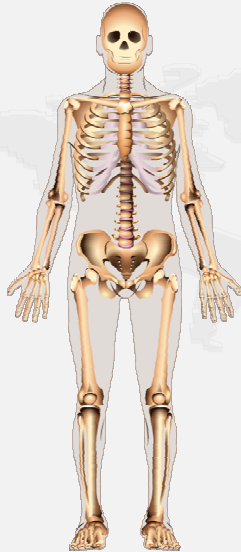
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There is no genetic test that can be routinely recommended [3b, D], however HLA-B27 testing may be helpful in specific clinical settings [5, D].

This recommendation had a strong agreement of 8.8/10.

93% of rheumatologists felt that this recommendation was already implemented in their practice.

Undifferentiated Arthritis



Undifferentiated Arthritis

- Early stage of classifiable disease
- Part of an overlap of disease
- Partial form of a defined disease
- Disease of unknown origin

UA envelops a heterogeneous group of recent onset arthritides that are not classifiable within established criteria sets such as those of the American College of Rheumatology (ACR) and The European League Against Rheumatism (EULAR).

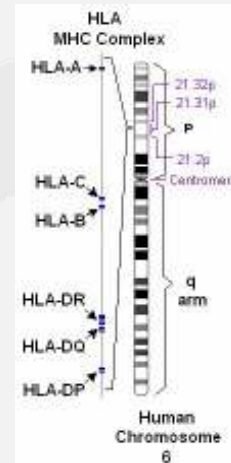
UA may represent an early stage of a classified form of arthritis that will eventually be definable; an overlap of more than one disease; a partial form of a defined disease; or a disease of unknown origin. UA overall has a better prognosis than RA as it encompasses a spectrum of self-limited disorders. As compared to RA, a patient with UA usually presents with fewer affected joints, less radiographic erosions, better functional ability, and a greater likelihood of being seronegative. Patients with UA are also less likely than patients with RA to require treatment that involves the use of corticosteroids (such as Prednisone) or DMARDs and a substantial proportion of UA patients remit spontaneously.

Hitchon CA, Peschken CA, Shaikh S, El-Gabalawy HS. Early undifferentiated arthritis. *Rheum Dis Clin N Am*. 2005;31:605-626.

The Superlocus HLA



- **HLA class I: A, B & C**
 - present peptides from inside the cell (including viral peptides if present)
 - Eg: HLA-B27
- **HLA class II: DR, DP, & DQ**
 - present antigens from outside of the cell to T-lymphocytes
 - Eg: Shared epitope



The Superlocus HLA

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HLA class II: DR, DP, & DQ

present antigens from outside of the cell to T-lymphocytes

Eg: Shared epitope

The HLA system is a superlocus, as it contains a large number of genes related to immune system function in humans. This group of genes resides on chromosome 6, and encode cell-surface antigen-presenting proteins and many other genes.

-HLA-B27 is a well known example of an HLA Class I antigen

-The shared epitope in RA is an example of a Class II antigen

Shared Epitope



- A short sequence of 5 amino acids which is shared amongst the different HLA-DRB1 alleles which have been associated with rheumatoid arthritis

Shared Epitope

The Shared Epitope is a short sequence of 5 amino acids which is shared amongst the different HLA-DRB1 alleles which have been associated with rheumatoid arthritis.

Shared Epitope



- **The evidence for SE diagnostic utility in UPIA, however, was poor. Only in one study the positive likelihood ratio for RA was relevant, but this result came from the study with the poorest quality and smallest sample size (1)**
- **SE was slightly associated with a poor prognosis of arthritis in terms of development of erosions, mortality, disability and persistent synovitis (2-6)**

Shared Epitope

- The evidence for SE diagnostic utility in UPIA, however, was poor. Only in one study the positive likelihood ratio for RA was relevant, but this result came from the study with the poorest quality and smallest sample size (1)
- SE was slightly associated with a poor prognosis of arthritis in terms of development of erosions, mortality, disability and persistent synovitis (2-6)

While the shared epitope is clearly implicated in the genetics of RA, it's role in the evaluation of patients with UPIA is less clear.

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Other Genetic Markers Studied



- Large number of genetic markers tested
- Great heterogeneity (HLA nomenclature)

A1	B49	DQB1*05	DRB1*0101/2	DRB1*0405	DMA*0101/0102
A2	B50	DQB1*06	DRB1*0401	DRB1*0408	DMA*0101
A3	B51	DR*0101	DRB1*0101/2	DRB1*1101	DMA*0102
A10	B52	DR*0301	DRB1*0405/8/9	DRB1*1104	DMA*0103
A11	B53	DR*0401	DRB1*1001	DRB1*1201	C4AQ0
A23	B54	DQ*0301	DR1/Dw4	DRB1*13/14	C4AQ2
A24	B55	DQ*0302	DR1/Dw14	DRB1*0701	C4AQ3
A29	B56	DRB1*0101	Dw4/Dw14	DRB1*08	C4AQ6
A30	B57	DRB1*0401	DQ3/3	DRB1*0901	C4AQ6
A31	B58	DRB1*0403	DQ3/x	PTPN22 rs1217414	C4BQ0
A32	B60	DRB1*0404	DQ3/DERAA	PTPN22 rs2488458	C4BQ1
A33	B59	DRB1*0405	DQ5/5	PTPN22 rs12760457	C4BQ2
A34	B67	DRB1*0406	DQ5/x	PTPN22 rs11102685	C4BQ3
A68	B70	DRB1*0407	DQ5/DERAA	PTPN22 rs12730735	Fcgr 158FF
A69	B73	DRB1*0410	DQ3/5	PTPN22 rs2476601	Fcgr 158VV
A74	B78	DRB1*0802	DQx/x	PTPN22 rs1310182	Fcgr 158VV
A80	Shared epitope	DRB1*0803	DR4/4	PTPN22 rs1217388	IL-1RN*1
A-	DR1	DRB1*0901	DR4/x	PTPN22 ss38346942	IL-1RN*2
B7	DR4	DRB1*1001	DR4/DERAA	PTPN22 rs1217413	MIF-173
B8	DRB1*01	DRB1*1101	DR(1/10)/(1/10)	PTPN22 rs3811021	CATT
B12	DRB1*03	DRB1*1201	DR(1/10)/x	PTPN22 rs1217414	Filaggrin gene R501X
B13	DRB1*04	DRB1*1202	DR(1/10)/DERAA	PTPN22 rs2488458	Filaggrin gene 2282del4
B14	DRB1*07	DRB1*1301	DR4/(1/10)	PTPN22 rs2476601	Filaggrin gene 3702del1
B15	DRB1*08	DRB1*1302	DRx/x	PTPN22 rs38346944	MBL polymorphism
B16	DRB1*09	DRB1*1401	DRB1*01	PTPN22 rs1310182	FCN1 rs2989727
B18	DRB1*10	DRB1*1403	DRB1*04	PTPN22 rs38346943	FCN1 rs1071583
B27	DRB1*11	DRB1*1405	Dw4	PTPN22 rs1217413	FCN2 (rs7865453)
B35	DRB1*12	DRB1*1406	Dw14	PTPN22 rs3811021	FCN2 (-4AtoG) Prom A/G
B37	DRB1*13	DRB1*1501	DRB1*0101	PTPN22 rs3789604	FCN2 (T236M) Exon 8 C/T
B40	DRB1*14	DRB1*1502	DRB1*0102	CD14 (_159)	FCN2 (rs7851696)
B41	DRB1*15	DRB1*1602	DRB1*0103	TNFalpha (_308)	FCN3 (rs381138000)
B42	DRB1*16	DRB1*0401/0401	DRB1*15/16	CD14 (_159)	Poor sulphoxidation
B46	DQB1*02	DRB1*0404/0404	DRB1*0301	IL-4*33	HFE genotype 282C/282C
B47	DQB1*03	DRB1*0401/0404	DRB1*0401	IL-4R Q551R	HFE genotype 282C/C282Y
B48	DQB1*04	DRB1*0401/0405/8/9	DRB1*0404	DMA*0101/0101	HFE genotype C282Y

Other Genetic Markers Studied

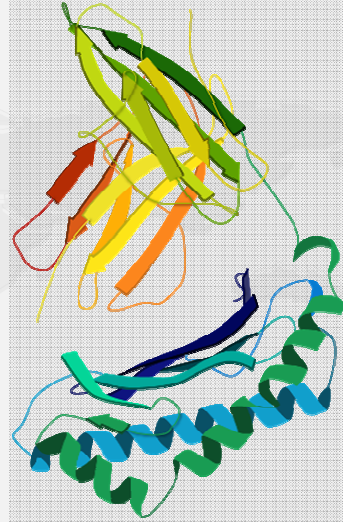
- Large number of genetic markers tested
- Great heterogeneity (HLA nomenclature)

The range of genetic markers tested was very wide and there was great heterogeneity in the association measures used.

HLA-B27

3
D

- **Current lack of evidence for the practical utility of genetics in UPIA is acknowledged**
- **HLA-B27 may be helpful in the appropriate clinical setting, namely when spondyloarthritis is suspected**



HLA-B27

The experts acknowledged the current lack of evidence for the practical utility of genetics in UPIA. However, based on their clinical experience, they chose to highlight that HLA-B27 may be helpful in the appropriate clinical setting, namely when spondyloarthritis is suspected.

Summary



- **A wide number of genetic tests have been studied in rheumatoid arthritis**
- **There is some evidence for the shared epitope in predicting a diagnosis of RA or a particular prognosis, but its value in the evaluation of patients with UPIA is less clear**
- **HLA-B27 may have a role in the evaluation of patients with UPIA in particular circumstances**

Summary

- A wide number of genetic tests have been studied in rheumatoid arthritis
- There is some evidence for the shared epitope in predicting a diagnosis of RA or a particular prognosis, but its value in the evaluation of patients with UPIA is less clear
- HLA-B27 may have a role in the evaluation of patients with UPIA in particular circumstances

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