

# FACTOR V LEIDEN

Conference 12/20/2005



# INTRODUCTION

- Dahlback described an inherited (autosomal dominant) disorder associated with venous hypercoagulation (1993).
- This disorder is due to a mutation in Factor V gene on chromosome 1 (the mutated gene is called Factor V Leiden). Mutation at nucleotide 1691: Guanine-> Adenine, causing substitution at position 506: Arginine-> Glutamine

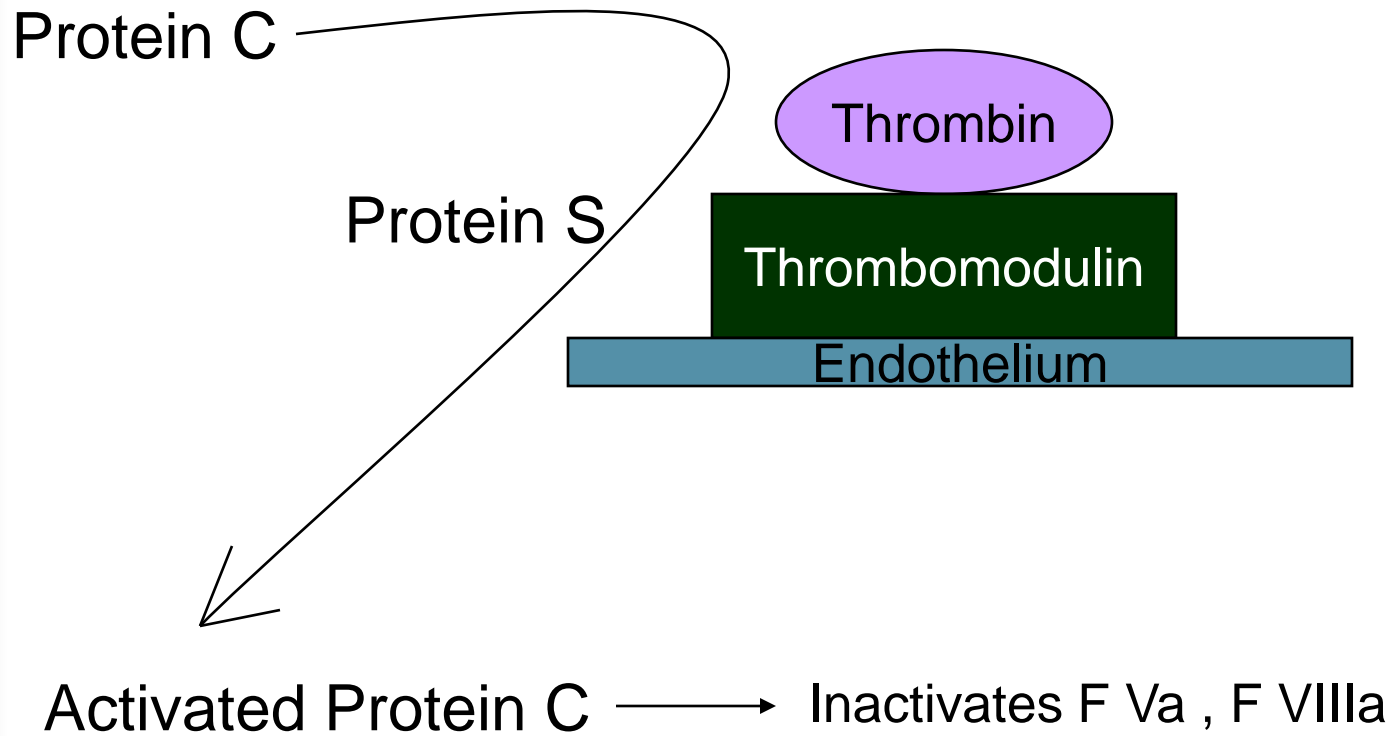
Note: FV HR2 haplotype (A4070G, His199Arg) has unknown risk



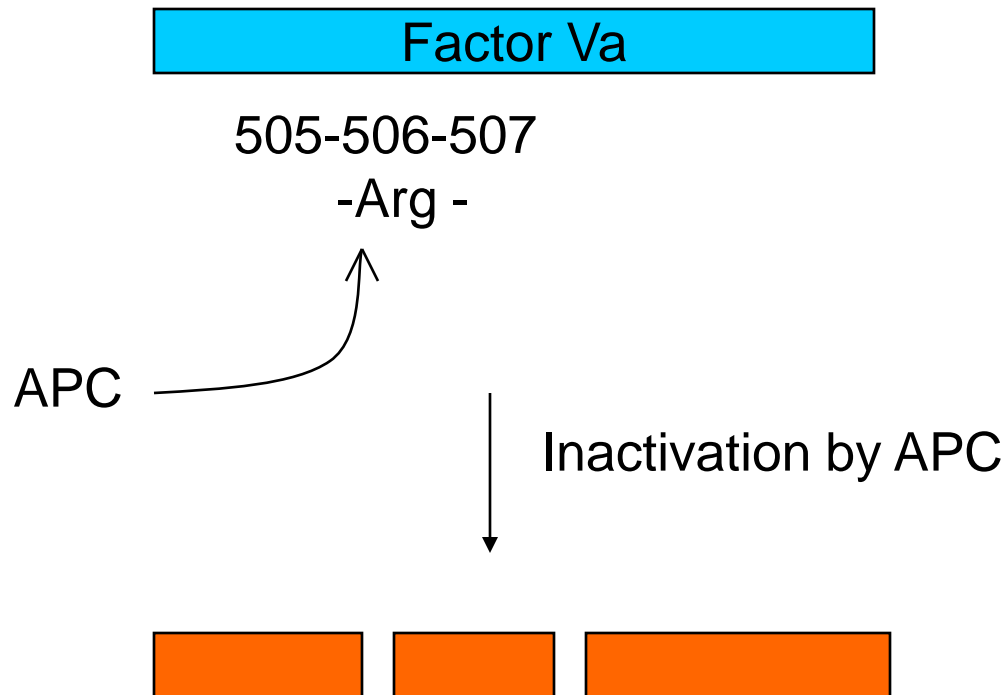
## INTRODUCTION (cont'd)

- Review of Protein C pathway: down-regulation of coagulation with activated protein C complex (APC)

# Protein C Pathway

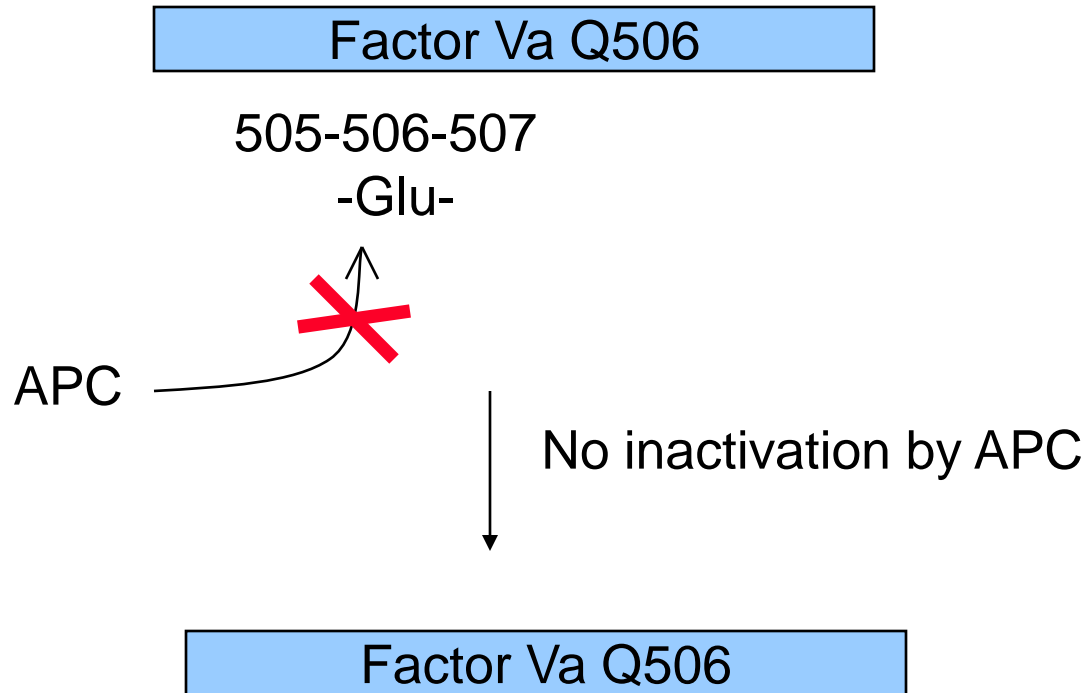


# Cleavage Site on Factor V by APC: Inactivation of Factor V in normal patient



# Cleavage Site on Factor V by APC:

No inactivation of Factor V in patient with  
Factor V Leiden (95% of APC resistance cases)





# Prevalence of Inherited Disorders in Hypercoagulation

- Factor V Leiden (12-40% of hypercoagulation cases), V
  - Prothrombin gene mutation (6-18%), V
  - Protein C deficiency (6-10%), V
  - Protein S deficiency (5-10%), V
  - Antithrombin III (AT III) deficiency (5-10%), V
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- \*\*\*Legends: A (arterial thrombosis), V (venous thrombosis)
  - Hypercoagulation incidence: 1/1,000/year



## Prevalence of Inherited Disorders in Hypercoagulation (cont'd)

- Lupus anticoagulant (LA) (10-20%), A+V
- Anticardiolipin antibodies (ACA) (5-10%), A+V
- Heparin-induced thrombocytopenia, A+V
- Hyperhomocysteinemia (10-20%) secondary to Methylene tetrahydrofolate reductase mutation, A+V





## Two Forms of Factor V Leiden

- Heterozygous: 3-7% of general population, 3-5 fold increase in risk of deep vein thrombosis, 20% have thrombosis by 33 y/o (mean age of first thrombotic episode)
- Homozygous: 0.06-0.25% of general population, 50-100 fold increase in risk of deep vein thrombosis, 40% have thrombosis by 33 y/o



## Other Relevant Information on Factor V Leiden

- Some patients do not have thrombosis unless exposed to hemostatic challenge
- Increased risk for hypercoagulation in combination with other risk factors (such as Protein C or S deficiency)
- Factor V procoagulant activity is normal
- Treatment: heparin, coumadin



# Testing for Factor V Leiden

- Clot-based testing (blue top tube)
- Polymerase chain reaction (PCR) testing (purple top tube)



## Clot-based Testing

- Determines the resistance to APC, using platelet-poor plasma
- Principle of test: in patient with APC resistance, Factor V is not inactivated by APC, hence (PTT with APC) is not prolonged. This will shorten the APC Ratio (APCR)



## Clot-based Testing (cont'd)

- $$\text{APCR} = (\text{PTT with APC}) / (\text{PTT without APC})$$

APCR > 2 -> negative for APC resistance

APCR < 2 -> positive for APC resistance

- Considerable overlap between FV Leiden heterozygous and normal

Note: cut-off value is dependent on particular test kits



## Clot-based Testing (cont'd)

- Inaccurate result with: intrinsic factor deficiency, lupus anticoagulant, anticoagulant (need to get pre-treatment sample)
- New generation test (COATEST by Chromogenix)
  1. Predilution of patient sample with FV deficient plasma before testing: alleviates coumadin interference
  2. Polybrene: alleviates heparin interference



## PCR Testing

- Amplifies the mutated gene fragment. Results: negative, heterozygous, homozygous.
- Results not effected by factor deficiency, lupus anticoagulant, anticoagulant
- PCR testing cannot detect APC resistance not due to FV Leiden



## PCR Testing (cont'd)

- Genomic DNA from lymphocytes
- DNA sequence flanking the mutation site is amplified by PCR, resultant product is analyzed by restriction enzyme digestion
- Normal (wild type): two normal FV alleles  
Heterozygous: one abnormal allele  
Homozygous: two abnormal alleles





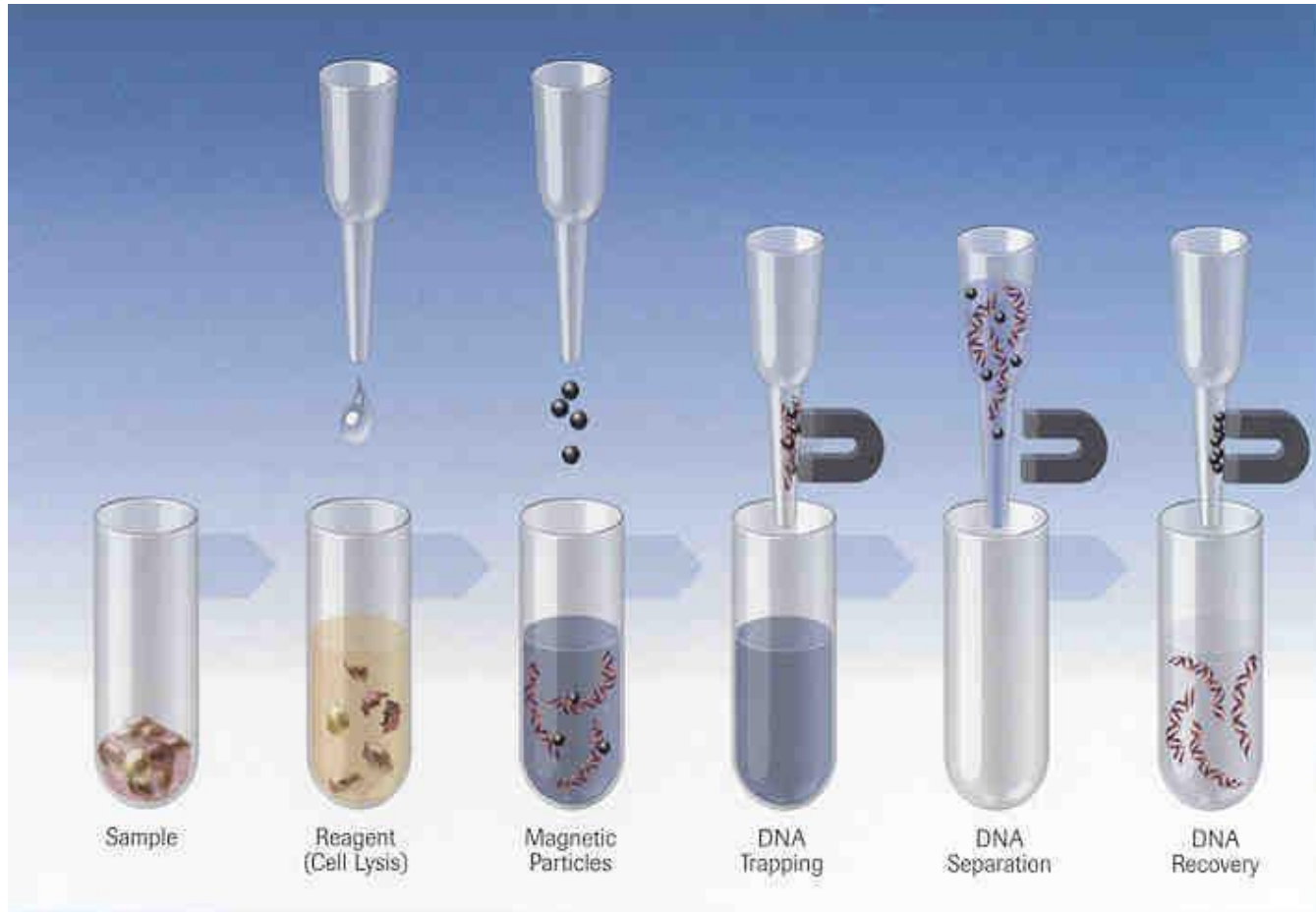
## New PCR Testing: LightCycler (Roche)

- Melting curve analysis method
- “Real time” analysis
- 35 thermal cycles in 25 min, followed by melting curve analysis in 5 min -> results in 30 min
- Batch of 32 samples
- Designed for clinical lab setting
- Optional module for automated DNA extraction (60 min for 32 sample extraction)

# MagNA Pure LC and LightCycler



# Magnetic Bead Technology for DNA Extraction



# LightCycler Schematics

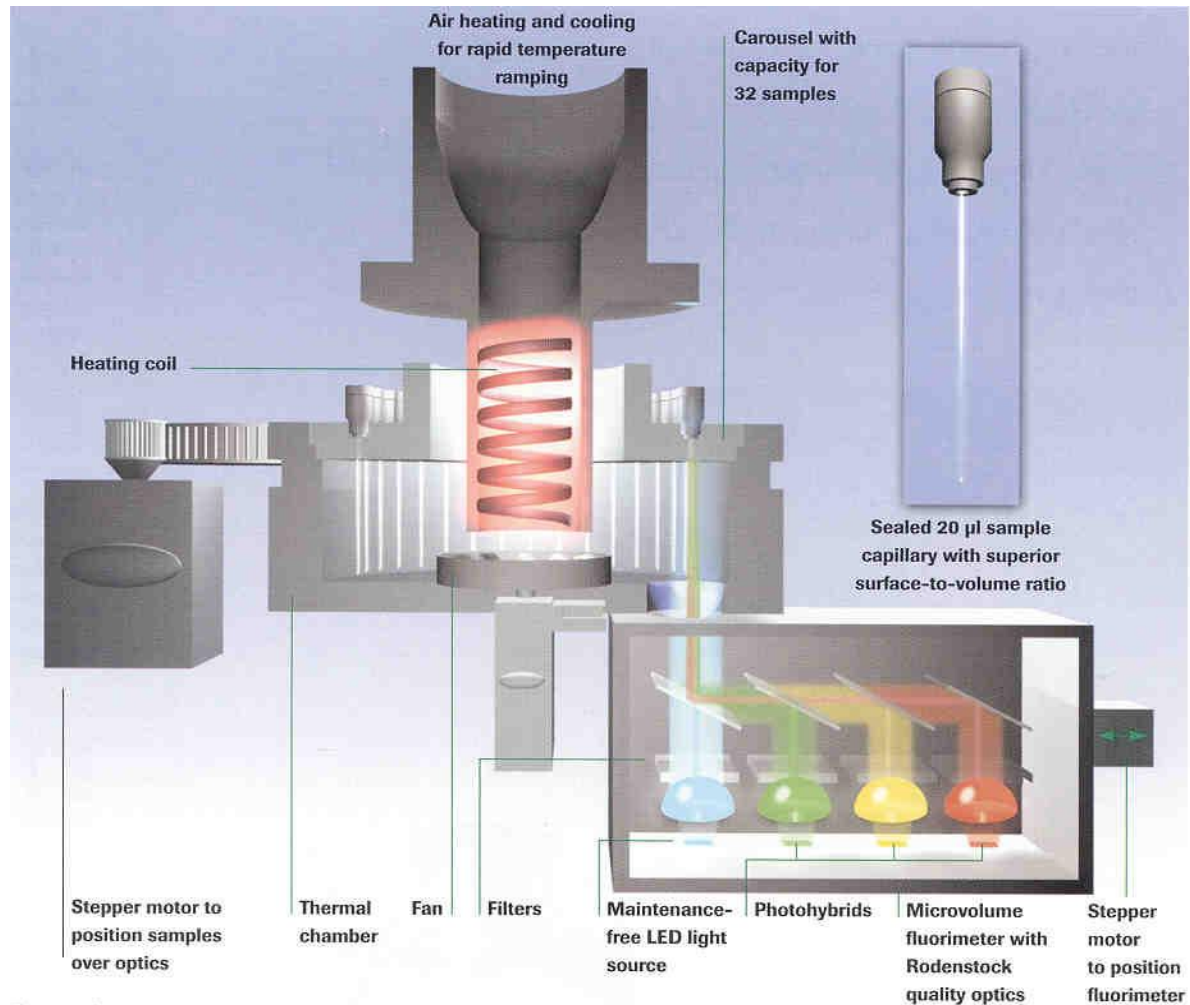
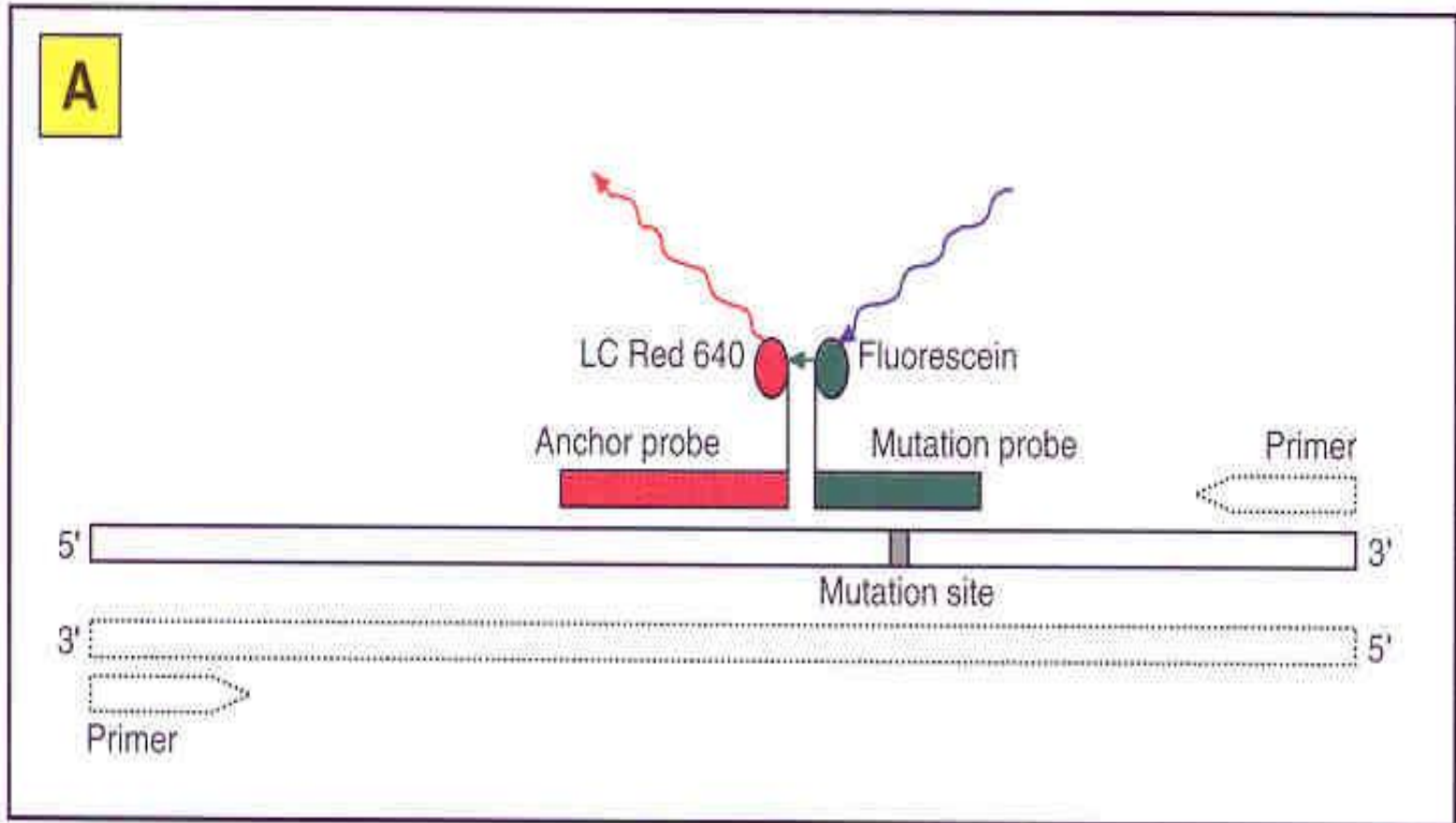
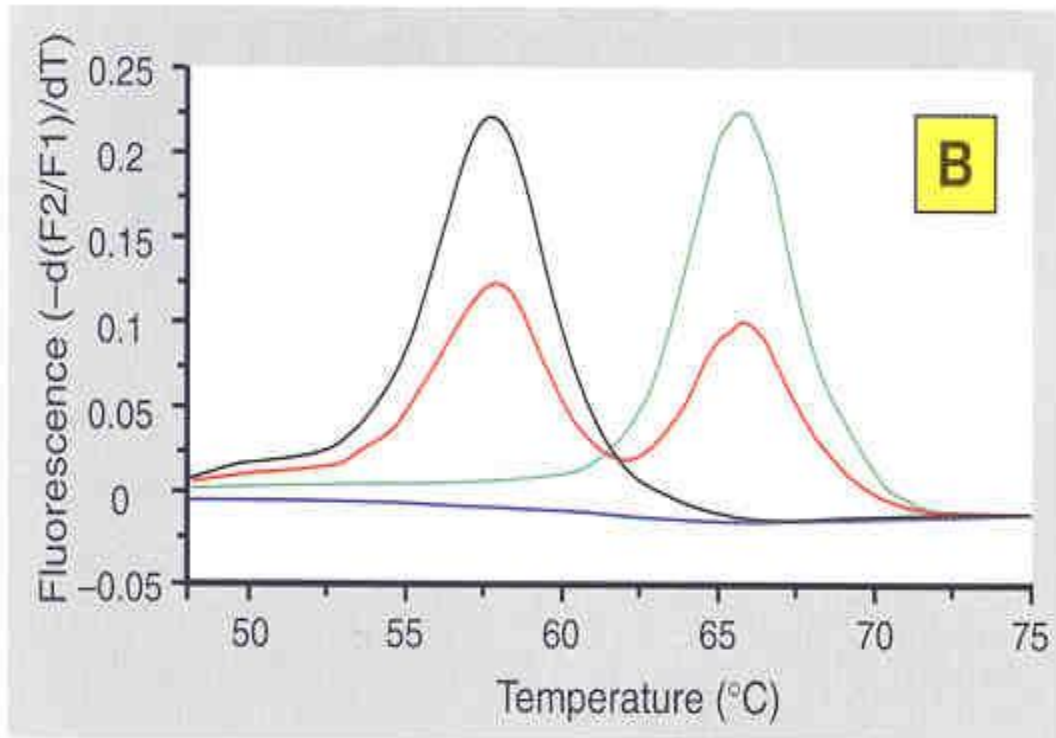


Figure 1. Schematic of the LightCycler System.

# FV Leiden Mutation: Hybridization Probe with Fluorescence Resonance Energy Transfer (FRET)



# FV Leiden Mutation: Melting Curve Analysis



- Sample 1 No template control
- Sample 2 Homozygous wild type
- Sample 3 Heterozygous
- Sample 4 Homozygous mutant