

Molecular In My Pocket™ ...

ONCOLOGY: Molecular Biomarkers in Tumors of the Central Nervous System

Samples to test: Primary or recurrent tumors; formalin-fixed paraffin-embedded tissue (FFPE).

Biomarker	Specific alterations Alternative terms	Indications	Result interpretation significance	Assays Techniques
IDH1 IDH2	<i>IDH1</i> : Mutations in codon R132 <i>IDH2</i> : Mutations in codons R140, R172	Diagnosis Prognosis	Diagnostic molecular biomarker of astrocytoma, <i>IDH</i> -mutant and oligodendroglioma, <i>IDH</i> -mutant and 1p/19q-co-deleted. Associated with improved prognosis except when the tumor also has a homozygous deletion of <i>CDKN2A/B</i>	NGS, Sanger sequencing, genotyping, PCR-based assays, IHC
1p/19q co-deletion	Deletion	Diagnosis Prognosis	1p/19q whole-arm co-deletion is a diagnostic molecular biomarker of oligodendroglioma and is associated with improved prognosis.	FISH, array, NGS
BRAF	Mutations (particularly V600E); fusions	V600E mutations are therapeutic: Fusions such as <i>BRAF-KIAA1549</i> are diagnostic	Seen in a variety of tumors such as pleomorphic xanthoastrocytoma, ganglioglioma, pilocytic astrocytoma, diffuse low-grade glioma, MAPK pathway-altered. V600E mutations are targetable; fusions are potentially targetable.	NGS, Sanger sequencing, genotyping, PCR-based assays, IHC, RT-PCR, AMP
H3-3A (previously H3F3A) H3C2 (previously HIST1H3B)	Mutations in codons K27 and G34	Diagnosis	Diagnostic molecular biomarker of diffuse midline glioma, H3 K27-altered, and diffuse hemispheric glioma, H3 G34-mutant	NGS, Sanger sequencing, genotyping, PCR-based assays, IHC
TERT	Promoter mutation	Prognosis	Diagnostic molecular biomarker of glioblastoma, <i>IDH</i> -wildtype when seen in <i>IDH</i> -wild type lower-grade astrocytomas. Present in almost all oligodendroglioma, <i>IDH</i> -mutant and 1p/19q-co-deleted.	NGS, pyrosequencing, Sanger sequencing, genotyping, PCR-based assays
MGMT	Promoter methylation	Prognosis Therapeutic	Associated with more favorable prognosis and response to temozolomide in patients with glioblastoma, <i>IDH</i> -wildtype.	Methylation-specific PCR-based assays, bisulfite real-time bisulfite sequencing
ATRX	Loss of function mutations; loss of protein expression	Diagnosis	Diagnostic molecular biomarker for astrocytoma, <i>IDH</i> -mutant. Associated with <i>IDH1</i> and <i>IDH2</i> mutations. Typically mutually exclusive with 1p/19q co-deletion. Supportive diagnostic biomarker for diffuse hemispheric glioma, H3 G34-mutant and high-grade astrocytoma with piloid features.	NGS, pyrosequencing, Sanger sequencing, IHC
ZFTA (previously C11orf95)	Fusion	Diagnosis Prognosis	Diagnostic molecular biomarker for supratentorial ependymoma, <i>ZFTA</i> fusion-positive. <i>ZFTA</i> -fusion positive ependymomas tend to show more aggressive behavior.	NGS, RT-PCR, AMP, FISH
EGFR chromosome 7 chromosome 10	<i>EGFR</i> amplification Gain of chromosome 7 Loss of chromosome 10	Diagnosis	If a histologic grade 2 or 3, <i>IDH</i> -wildtype diffuse astrocytic glioma has any one of the following three molecular alterations, it can be classified as a glioblastoma, <i>IDH</i> -wildtype: <i>EGFR</i> amplification, <i>TERT</i> promoter mutation, or combined gain of chromosome 7 and loss of chromosome 10.	FISH, array, NGS, , pyrosequencing, Sanger sequencing, genotyping, PCR-based assays

Abbreviations: NGS: next-generation sequencing; IHC: immunohistochemistry; FISH: fluorescence *in situ* hybridization; AMP: anchored multiplex PCR; RT-PCR: reverse transcription-polymerase chain reaction.

Where to test: Testing should be performed in the laboratories that are certified under clinical laboratory improvement amendments of 1988 (CLIA-88) as qualified to perform high complexity (molecular pathology) testing.

References: 1. Louis DN, *et al.* (Eds). WHO Classification of Tumours of the Central Nervous System. Vol 1. 4th ed. Geneva, Switzerland: World Health Organization; 2016. 2. Louis DN, *et al.* cIMPACT-NOW update 6: new entity and diagnostic principle recommendations of the cIMPACT-Utrecht meeting on future CNS tumor classification and grading. *Brain Pathology* 2020;30 (4):844-856.