

Molecular Diagnostics In Mesenchymal Cancers

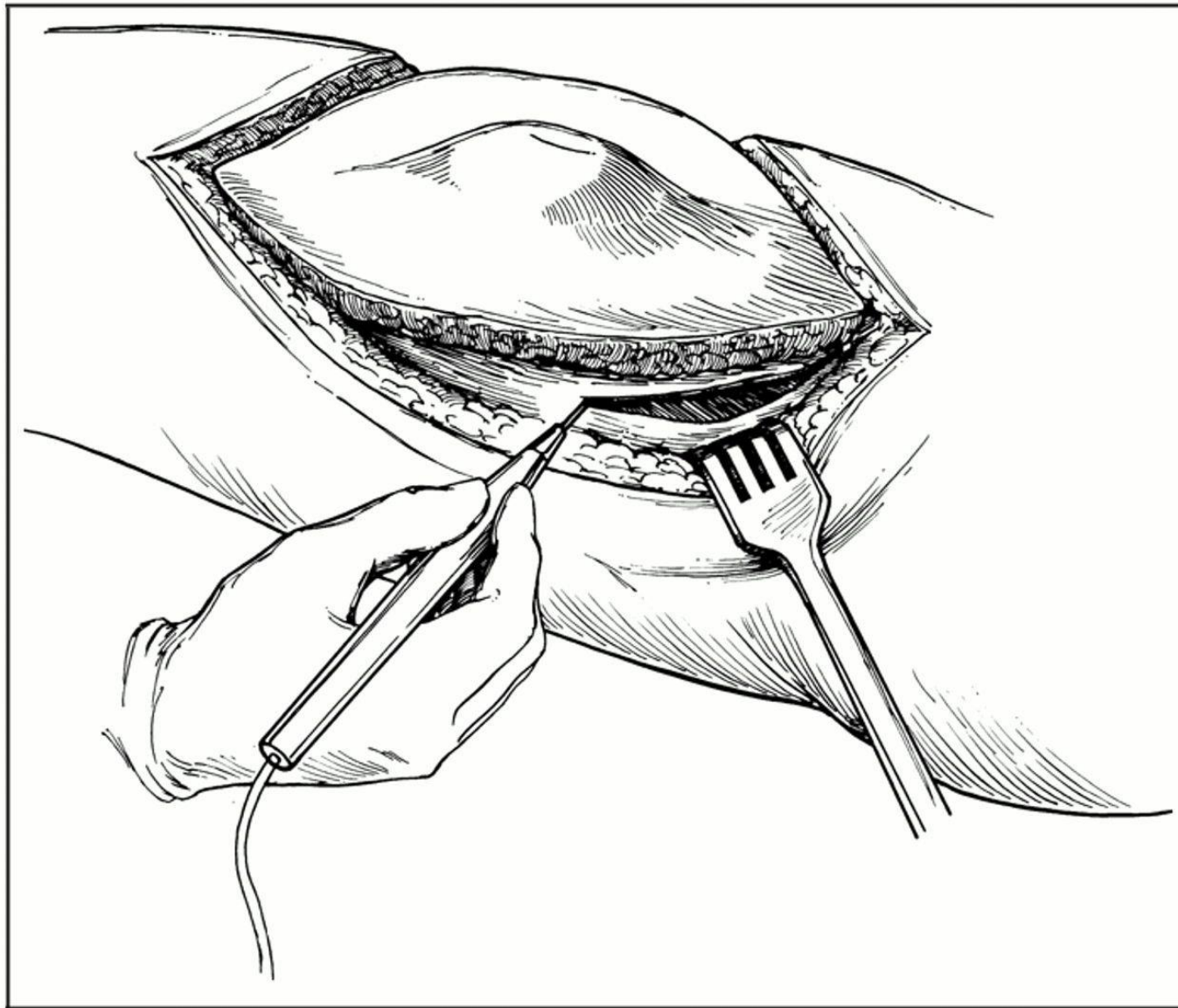
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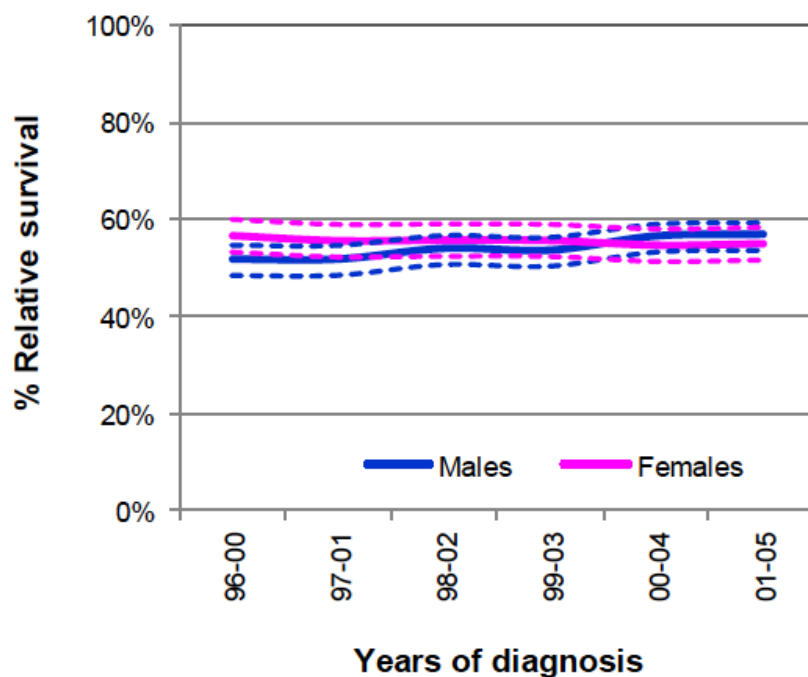
Outline

- Mesenchymal tumours– classification.
- Sarcomas and Molecular diagnostic assays (genetic).
- Recent developments in sarcoma diagnosis

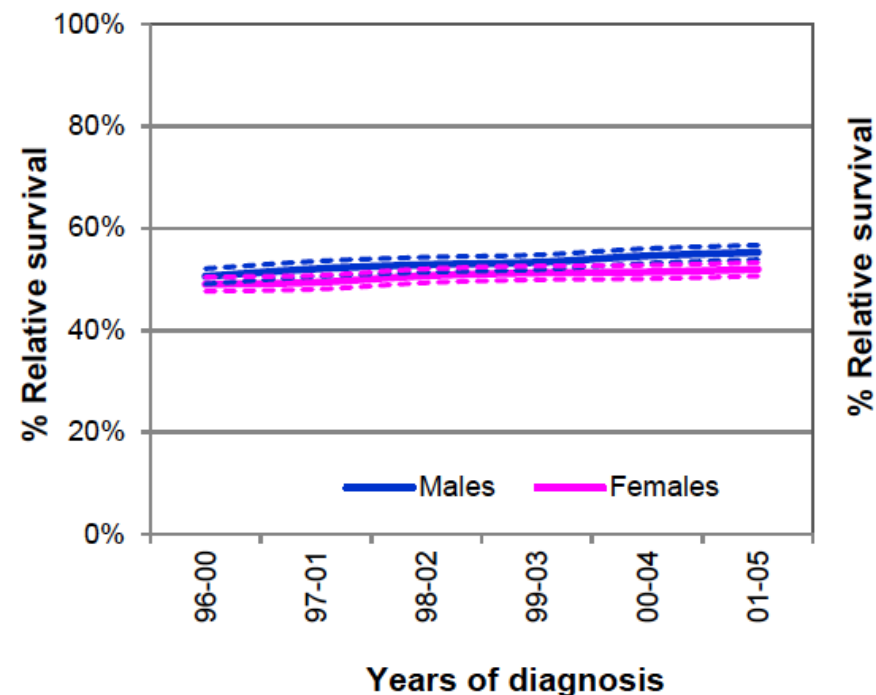


Survival Rates

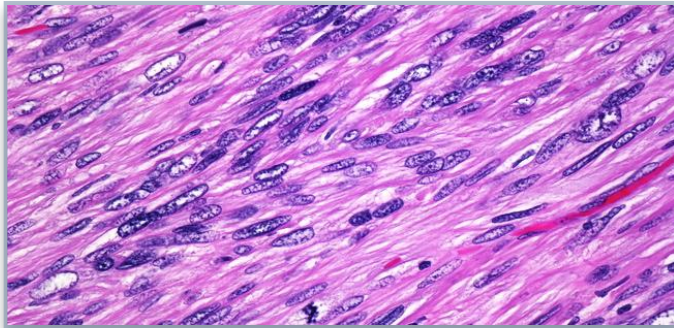
**Figure 6b: Bone sarcoma 5-year rolling
5-year relative survival rates in males and females
(UK: 1996-2010)**



**Figure 6a: Soft tissue sarcoma (excluding skin)
5-year rolling 5-year relative survival rates
in males and females (UK: 1996-2010)**

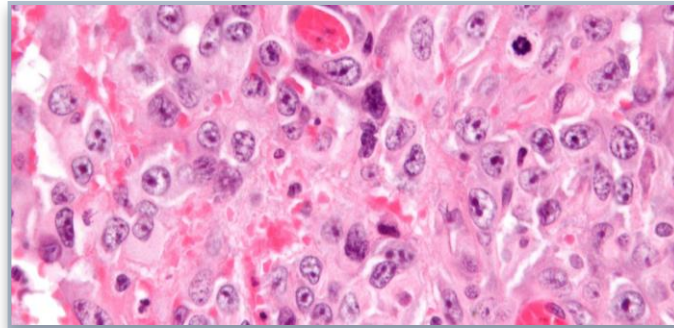


Classification of mesenchymal tumours



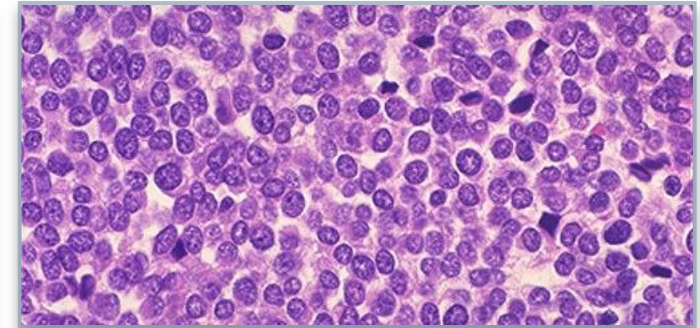
SPINDLE CELL

- Leiomyosarcoma
- Spindle cell rhabdomyosarcoma
- Fibrosarcoma
- Spindle cell sarcoma NOS



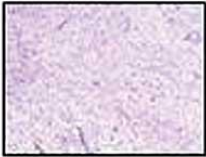
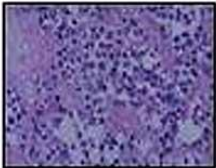
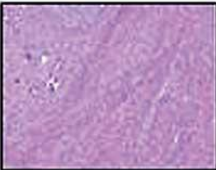
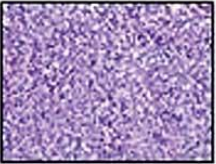
EPITHELIOID CELL

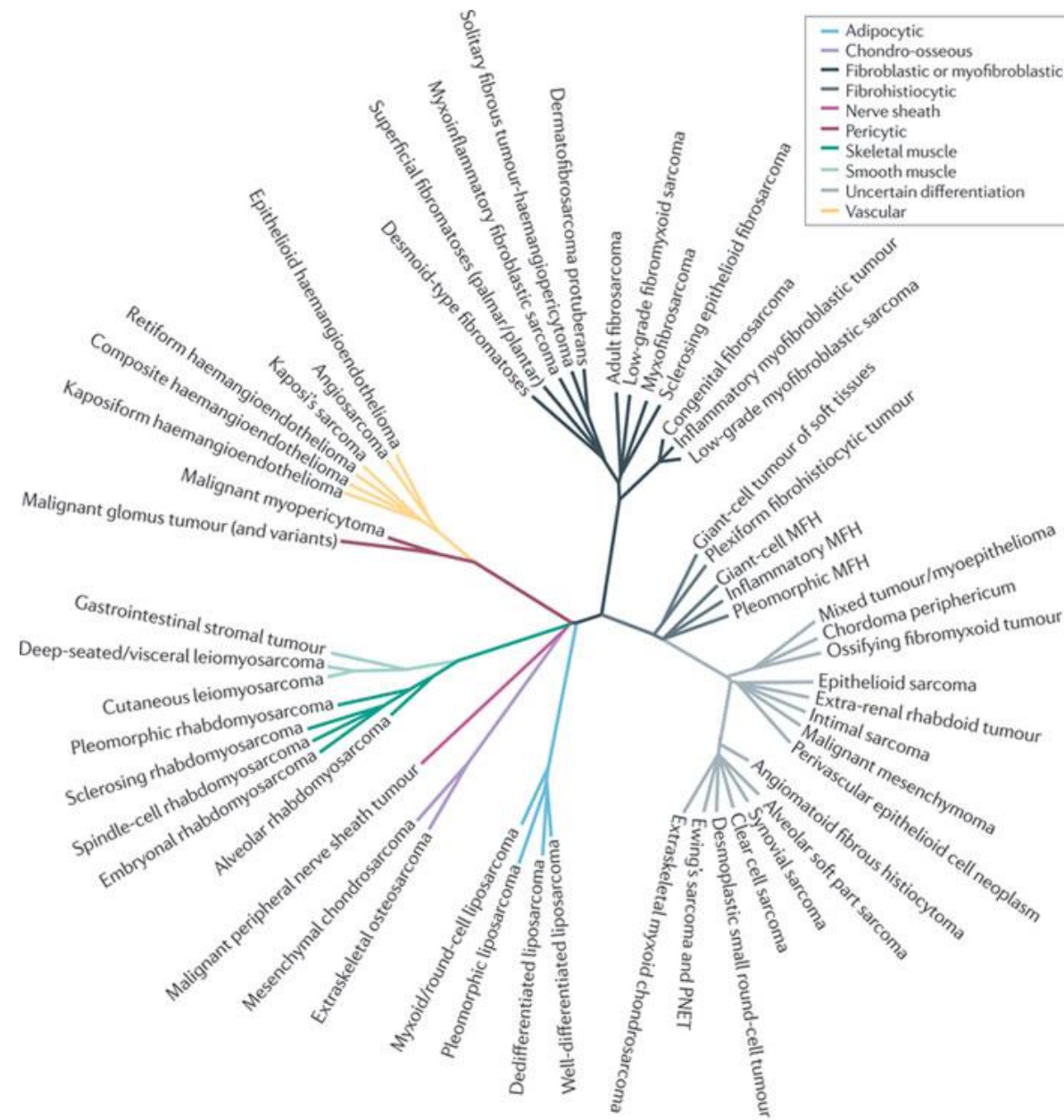
- Epithelioid sarcoma
- Epithelioid MPNST
- Epithelioid angiosarcoma
- Malignant rhabdoid tumour
- Metastatic Melanoma
- Metastatic carcinoma



ROUND CELL

- Ewing Sarcoma
- Desmoplastic round cell tumour
- Alveolar rhabdomyosarcoma
- Neuroblastoma
- Lymphoma
- Organ specific – Wilm's tumour, hepatoblastoma, pleuropulmonary blastoma

DIFFERENTIATION		Subtypes	Chromosomal traslocations	Fusion trascripts
	ADIPOCYTIC TUMORS	<i>Lipoblastoma:</i>	t(7;8)(q31;q13); t(8;8)(q24;q13)	PLAG1-COL1A2; PLAG1-HAS2
		<i>Myxoid liposarcoma</i>	t(12;16)(q13;p11); t(12;22)(q13;q12)	CHOP-TLS; CHOP-EWS
	FIBROBLASTIC/ MYOFIBROBL. TUMORS	<i>Inflammatory myofibroblastic tumor</i>	t(1;2)(q25;p23); t(2;19)(p23;q13); t(2;17)(p23;q23)	TPM3-ALK; ALK-TPM4; ALK-CLTC
		<i>Infantile fibrosarcoma</i>	t(12;15)(p13;q25)	ETV6-NTRK3
		<i>Dermatofibrosarcoma protuberans/ Giant cell fibroblastoma</i>	t(17;22)(q22;q13)	COL1A1-PDGFB
	SKELETAL MUSCLE TUMORS	<i>Alveolar rhabdomyosarcoma</i>	t(2;13)(q35;q14); t(1;13)(p36;q14)	PAX3-FKHR; PAX7-FKHR
	TUMORS OF UNCERTAIN DIFFERENTIATION	<i>Angiomatoid fibrous histiocyoma</i>	t(12;22)(q13;q12); t(12;16)(q13;p11)	
		<i>Synovial sarcoma</i>	t(X;18)(p11.2;q11.2)	SYT-SSX1/2/4
		<i>Alveolar soft part sarcoma</i>	t(X;17)(p11;q25)	TFE3/ASPL
		<i>Clear cell sarcoma</i>	t(12;22)(q13;q12)	EWS-ATF1
		<i>Extraskeletal myxoid chondrosarcoma</i>	t(9;22)(q22;q12); t(9;15)(q22;q21)	EWS-TEC; CHN-TFC12
		<i>Desmoplastic small round cell tumor</i>	t(11;22)(p13;q12)	EWS-WT1
	EWING SARCOMA		t(11;22)(q24;q12); t(21;22)(q22;q12); t(17;22)(q12;q12); t(7;22)(p22;q12);	FLI1-EWS; ERG-EWS E1AF-EWS; ETV1-EWS



Molecular classification of mesenchymal tumours

Amplification		
Translocations – chimeric fusion genes		
Point mutations – oncogene		
Complex Karyotype		

Gene Amplification – diagnostic tests

MDM2 amplification

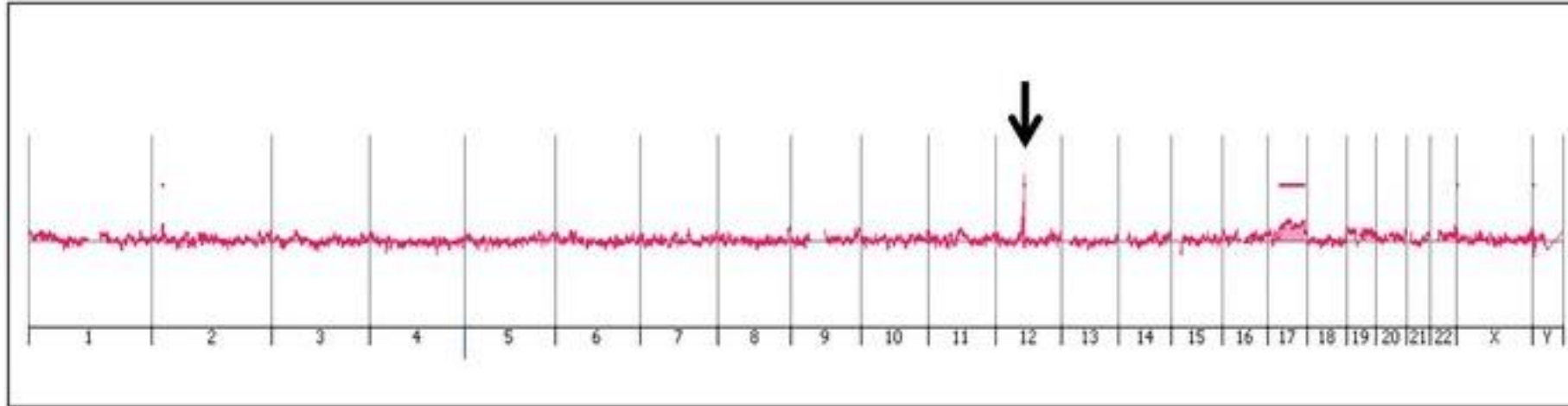
- Atypical lipomatous tumour/ dedifferentiated liposarcoma
- Low grade osteosarcoma / parosteal osteosarcoma

MYC amplification

- Radiation induced angiosarcoma

Copy number profile

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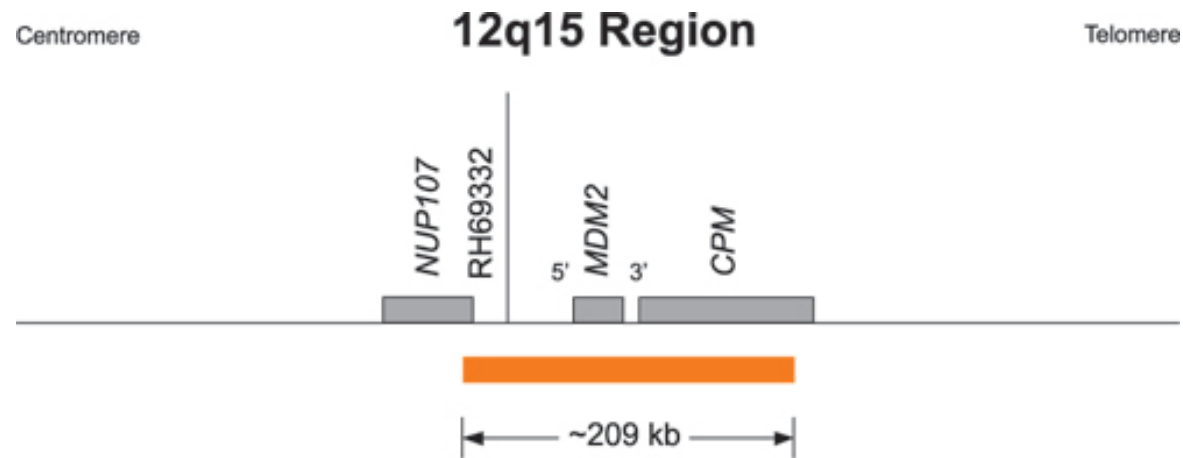


Chr12q – MDM2 locus

FISH

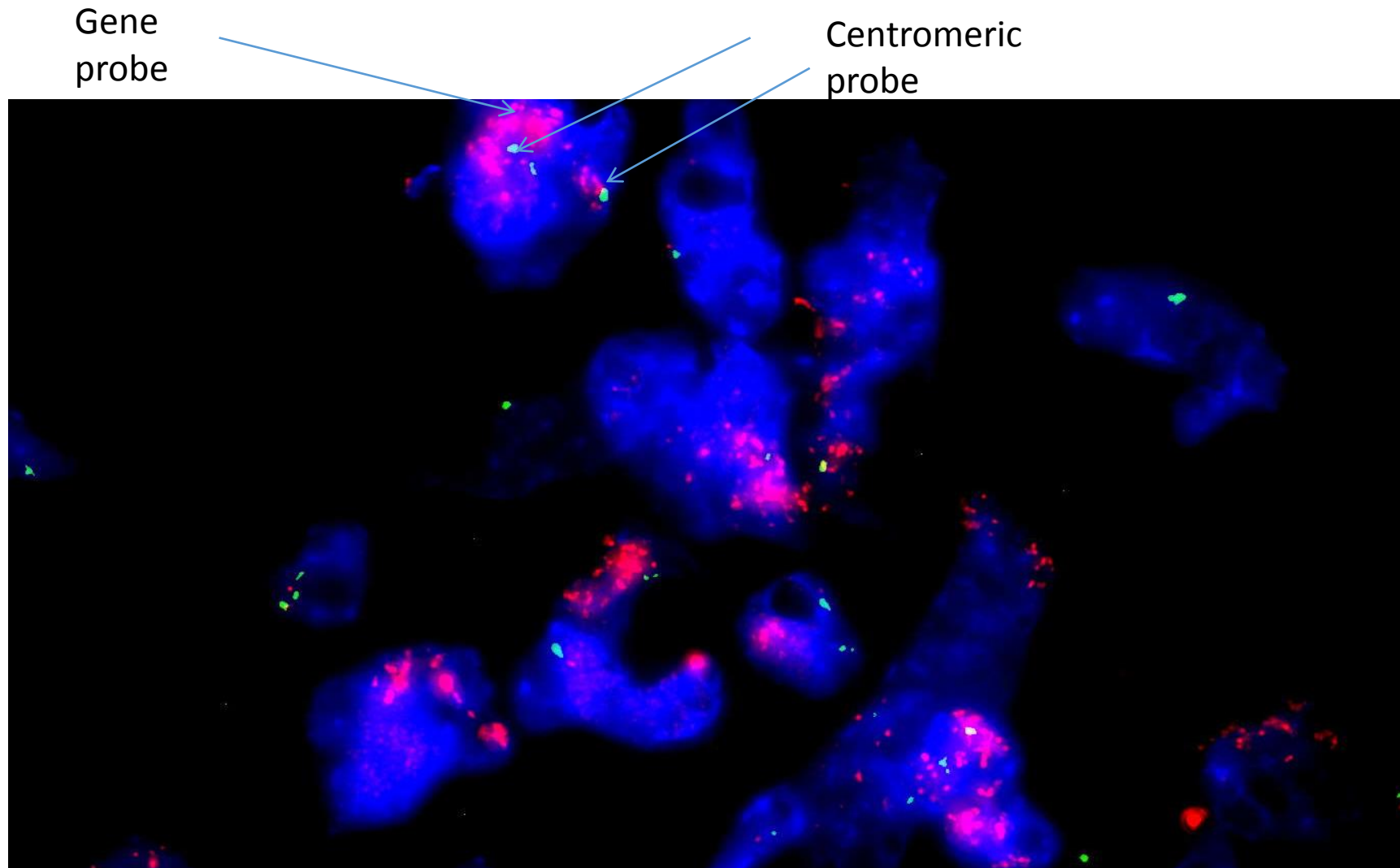
(Design for amplification)

- Assay design –
- centromeric probe (enumerate the chromosomes)
- gene probe (enumerate the gene copy number)



LSI MDM2 SpectrumOrange Probe

MDM2 amplification – Well differentiated liposarcoma



- Addition of centromeric probe for the chromosome of interest—enables one to count number of chromosomes present.
- Diploid,
- aneuploid,
- low level copy gain,
- high level amplification

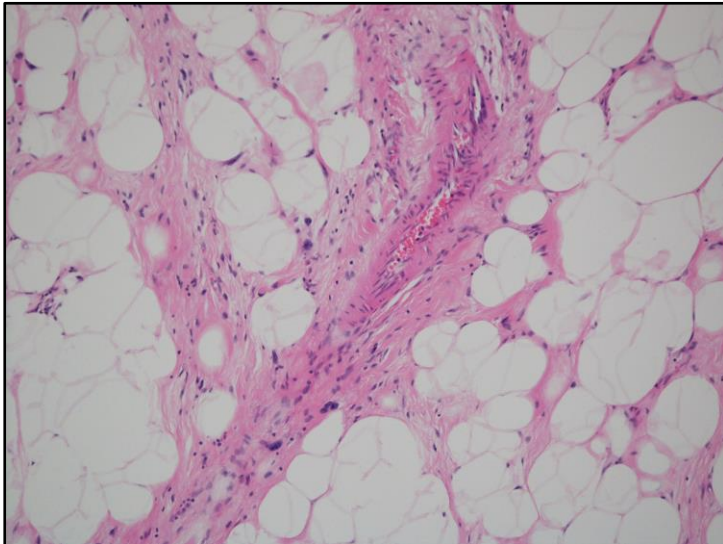
Atypical lipomatous tumour

Well differentiated Liposarcoma

Dedifferentiated liposarcoma

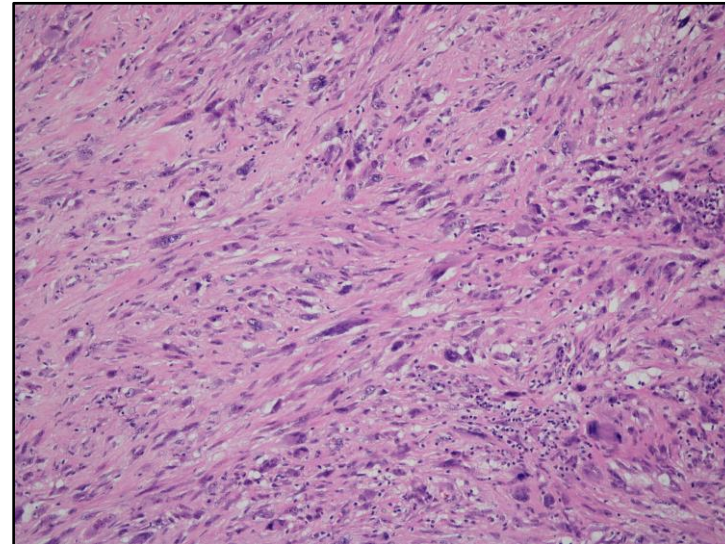
Well-differentiated –

slow growing, does not metastasize,
multiply recurrent, no
response to chemotherapy



Dedifferentiated–

aggressive, can metastasize, limited
and transient benefit to
chemotherapy, median survival
about 12 months



MDM2/CDK4 amplification – medical treatment options

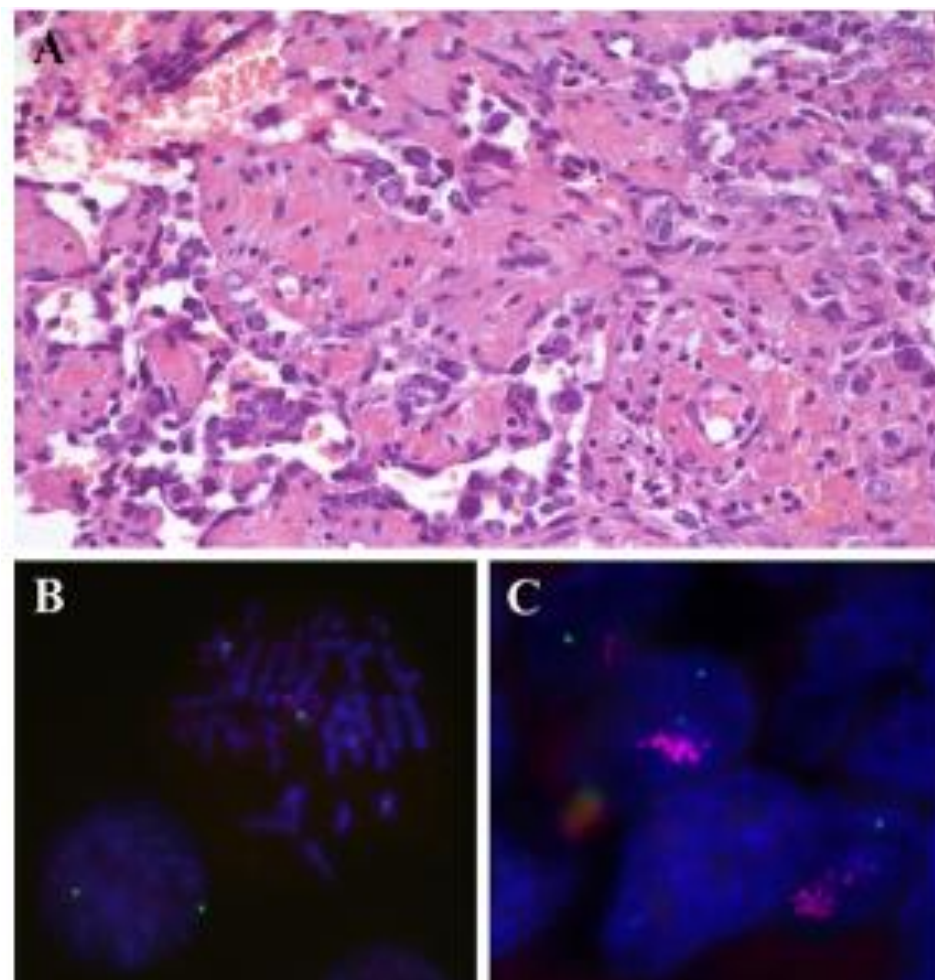
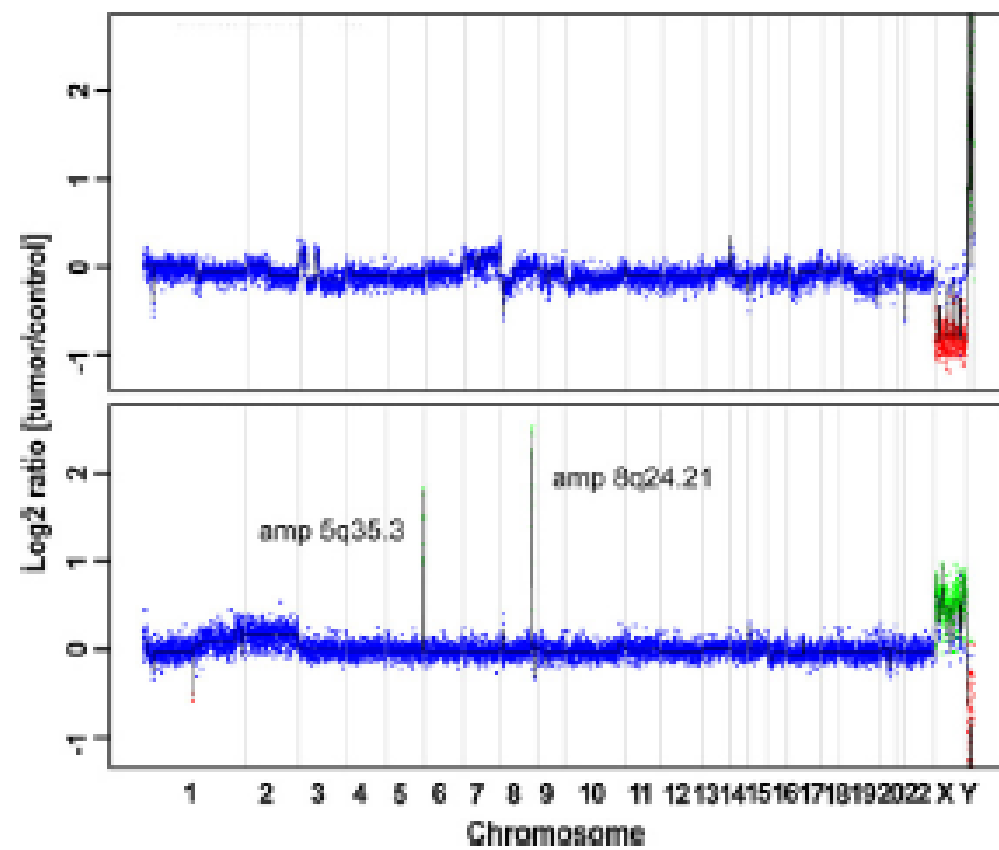
- RG7112
- Oral – inhibitor of *MDM2*
- Good response to well – dedifferentiated liposarcoma
- PD0332991
- SMI – Acts against *CDK4/6*
- Good progression free survival at 12 weeks.

MYC – radiation induced angiosarcoma

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Short Communication

MYC High Level Gene Amplification Is a Distinctive
Feature of Angiosarcomas after Irradiation or
Chronic Lymphedema



ORIGINAL RESEARCH

Fibroblastic growth factor receptor 1 amplification in osteosarcoma is associated with poor response to neo-adjuvant chemotherapy

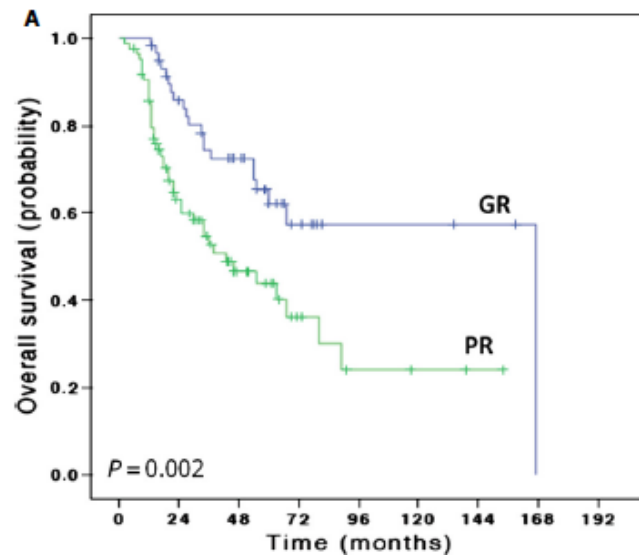
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Molecular classification of mesenchymal neoplasms

Amplification

Translocations –
chimeric fusion
genes

- Ewing's sarcoma – EWSR1-FLI1
- Synovial Sarcoma – SYT-SSX1

- Undifferentiated sarcoma
- Pleomorphic liposarcoma

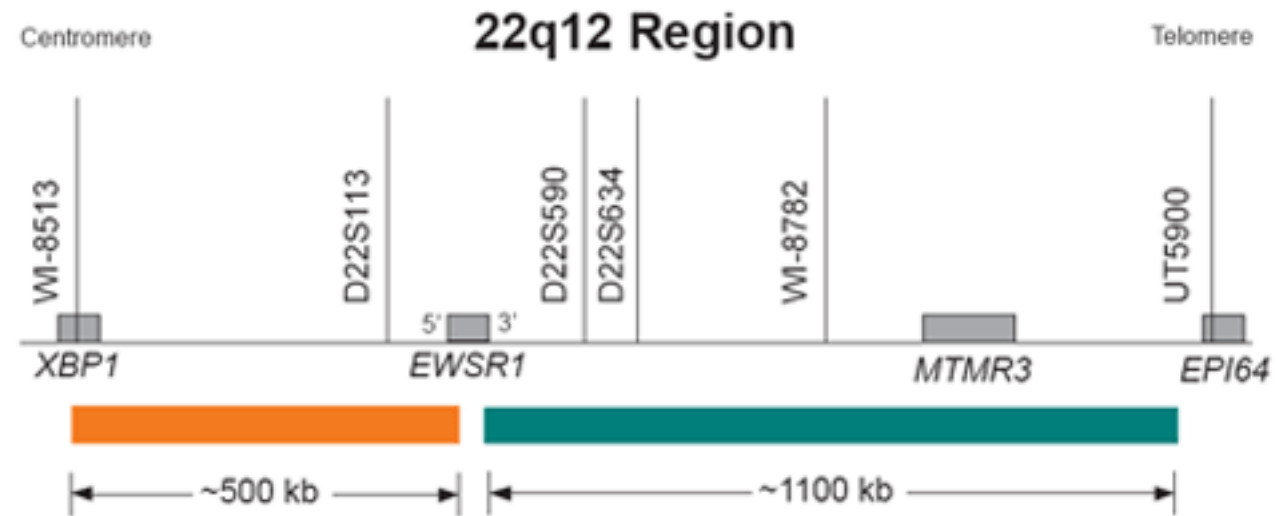
Fusion gene detection – diagnostic assays

- RT-PCR
- RNA-seq
- FISH
- Immunohistochemistry – e.g. *NAB2—STAT6* fusion in Solitary Fibrous Tumour.

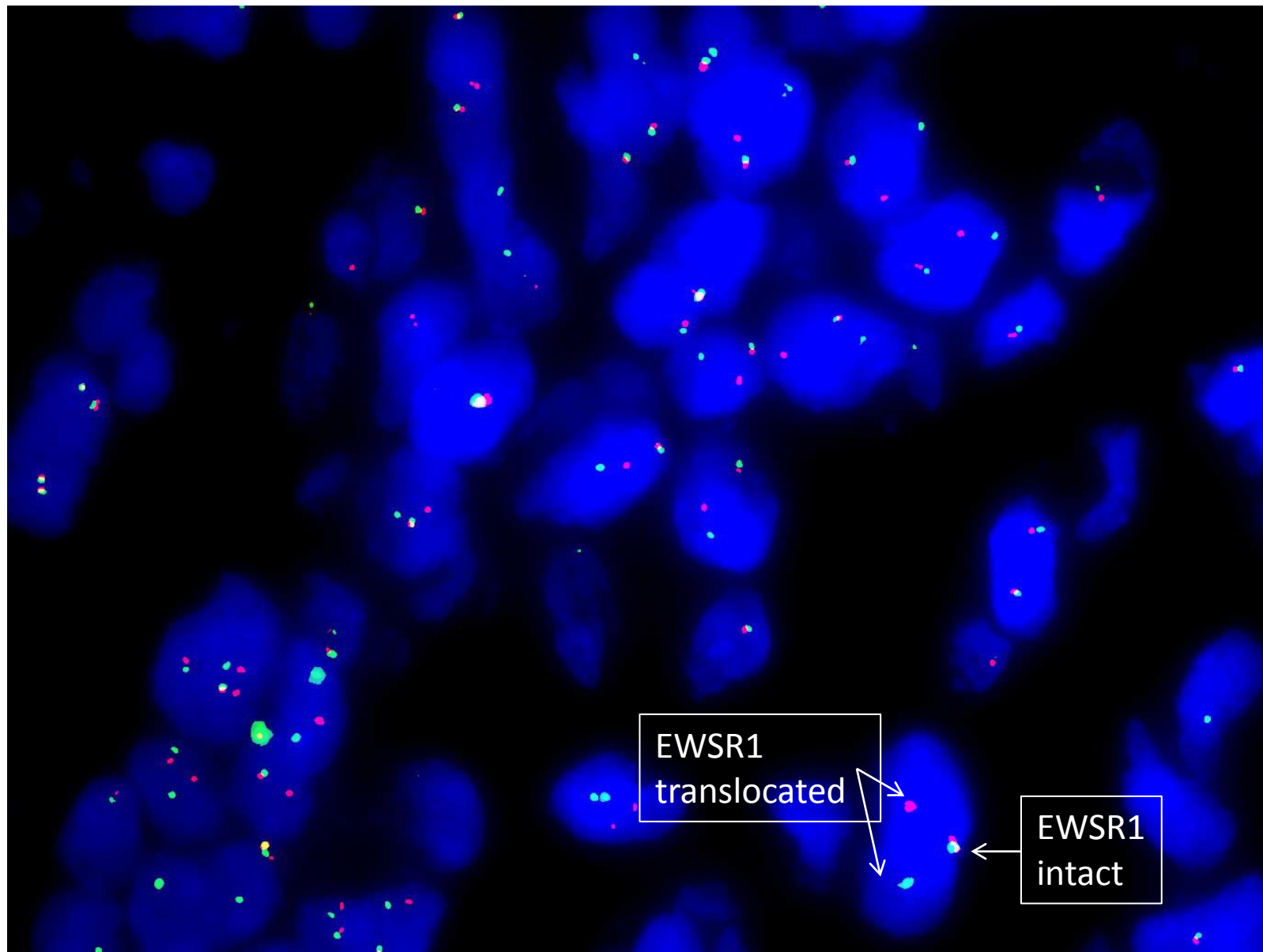
Break-apart FISH

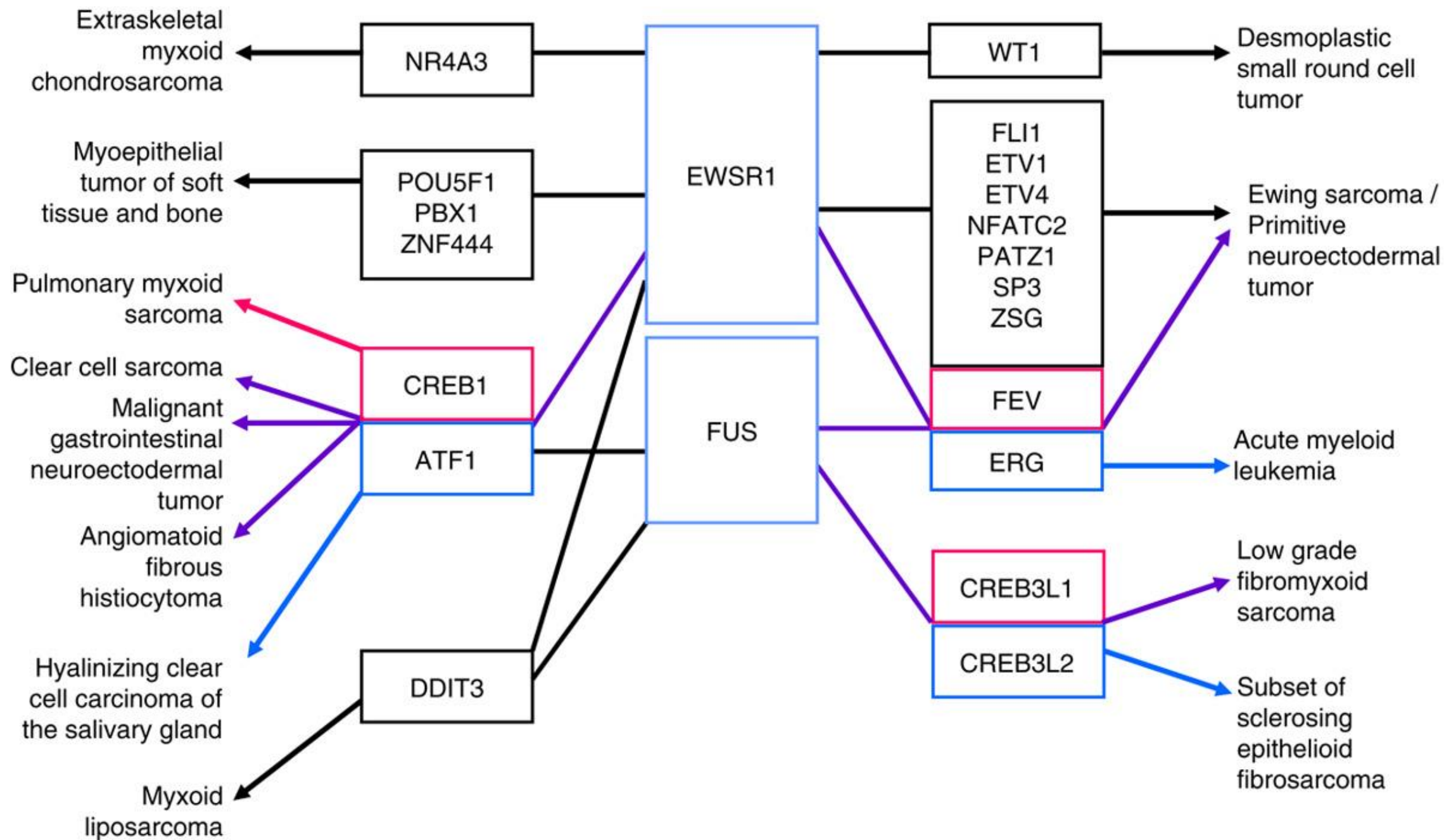
- Fusion detection: break-apart probe corresponding to the most commonly rearranged partner.
- E.g. FISH for Ewing sarcoma or myxoid liposarcoma:
- EWSR1 or FUS

EWSR1 BREAK APART DESIGN – DUAL COLOUR

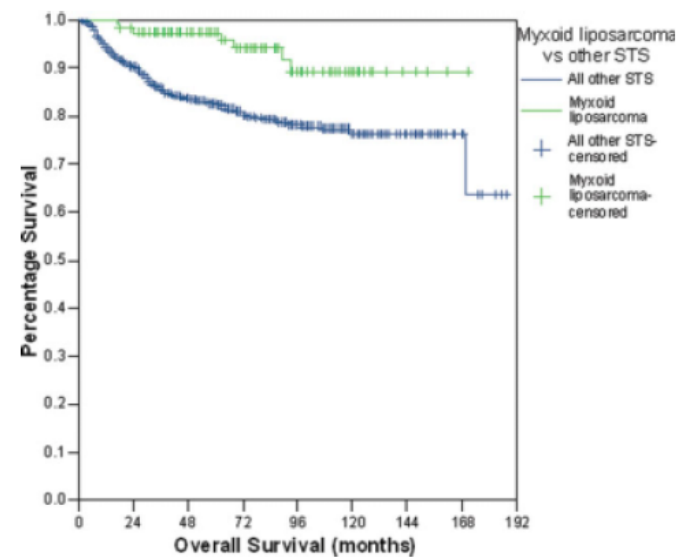
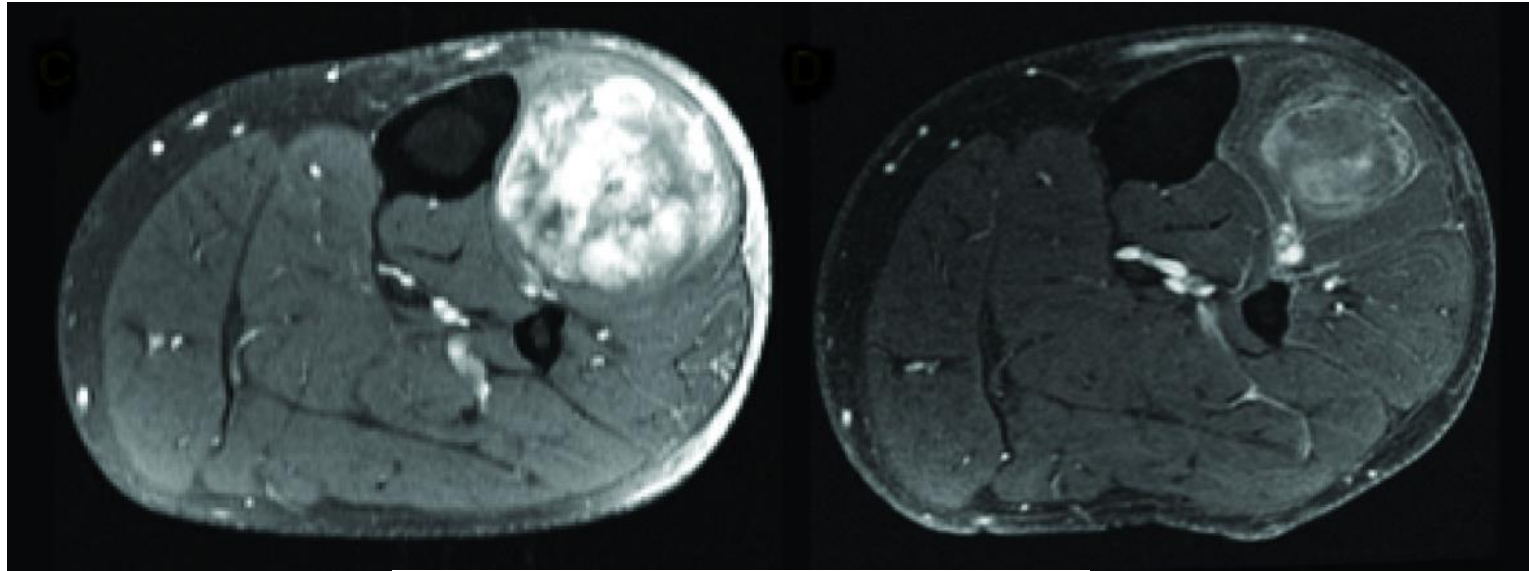


LSI EWSR1 Dual Color, Break Apart Rearrangement Probe

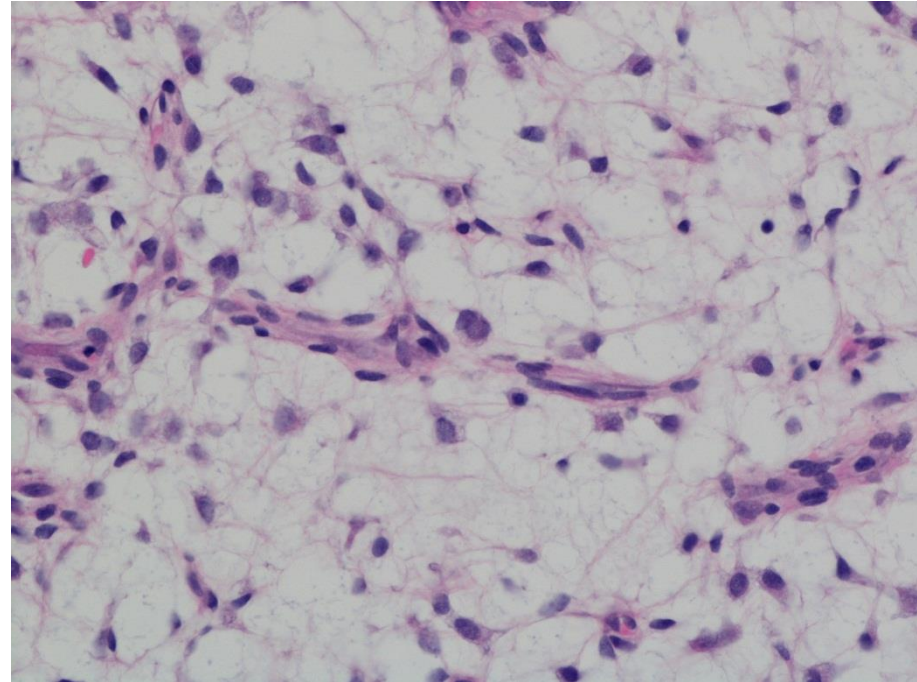
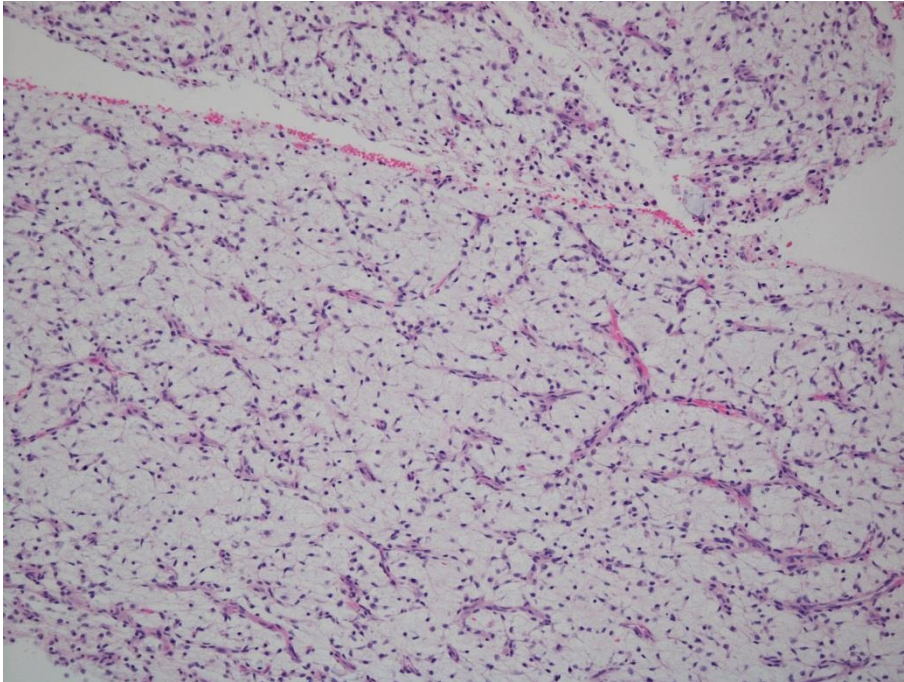




Myxoid liposarcoma



Myxoid/round cell liposarcoma



FISH — some cons

- Single gene assay
- Microscopic Interpretation can be complex
- Low throughput – one rearrangement at a time e.g. NSCLC (need to test for ALK, ROS1 and RET rearrangements.)

PLEXIFORM NEUROFIBROMA

