## Lab Alert: New Solid Tumor Molecular Assays Assessing Biomarker Targets for FDA-Approved Therapies

Date: February 18, 2022

Dear Regional Pathology Services Clients,

We are very excited to announce two new molecular gene panels as added tools in the field of personalized medicine! These two gene panels are available effective today.

\*\*\*These new tumor panels will either require prior-authorization or a signed ABN. \*\*\*

## I. Solid Tumor Precision Panel

Test Name: Solid Tumor Precision Panel

**Test code: STPP** 

**Specimen Type:** FFPE tissue block, or 5 Unstained slides- 5-10µm thick at least 5mm X 5mm tumor tissue, preferably 10mm X 10mm tumor tissue, with accompanying H&E if possible

Unacceptable specimens: Paraffin blocks with low tumor percentage. Tissue fixed in heavy

metal fixative or decalcified tissue.

**CPT Code:** 81445

**TAT:** 5 -10 business days

The Solid Tumor Precision Panel is for assessment of molecular genetic biomarker targets for FDA-approved therapies in solid tumors. This gene panel will assess 49 genes (see below) for somatically-derived, selected hotspot mutations including single nucleotide variants (SNVs), small insertions or deletions (indels), copy number variations (CNV) and structural variants (inter-genetic and intra-genetic fusions).

SNVs and Indels (DNA)				CNVs (DNA)	Fusions (RNA)				
AKT1	CDKN2A	FGFR1	HRAS	MTOR	RAF1	CDKN2A del	ALK	MET	RSPO2
AKT2	CHEK2	FGFR2	IDH1	NRAS	RET	PTEN del	AR	NRG1	RSPO3
AKT3	CTNNB1	FGFR3	IDH2	NTRK1	ROS1	EGFR amp	BRAF	NTRK1	
ALK	EGFR	FGFR4	KIT	NTRK2	SMO	ERBB2 amp	EGFR	NTRK2	
AR	ERBB2	FLT3	KRAS	NTRK3	TP53	FGFR1 amp	ESR1	NTRK3	
ARAF	ERBB3	GNA11	MAP2K1	PDGFRA		MET amp	FGFR1	NUTM1	
BRAF	ERBB4	GNAQ	MAP2K2	PIK3CA			FGFR2	RET	
CDK4	ESR1	GNAS	MET	PTEN			FGFR3	ROS1	

Note: This assay is designed to identify well-characterized Tier 1 and Tier 2 hotspot variants [CAP/ASCO/AMP Guidelines; Li, M. et .al. JMD 2017 19(1):4-23] and does not assess full genes. For specific gene panel coverage information, please contact the laboratory.



This new gene panel is especially recommended for the subpanel tumor types (Lung, Colorectal, Melanoma, Gastrointestinal stromal tumors-GIST). Other panel testing may be indicated for certain solid tumors (e.g. ovarian, endometrial, breast, prostate), depending on therapeutic considerations (e.g. PARP inhibitors, etc).

Variant Type	Limit of Detection			
Single Nucleotide Variants	5% variant allele fraction (20% tumor cellularity preferred)			
Small Indels (≤15 base pairs)	5-10% variant allele fraction (20% tumor cellularity)			
Large Indels (>15 base pairs)	Limit of Detection has not been established			
Copy Number Amplifications	15% tumor cellularity			
Copy Number Losses (CDKN2A and PTEN genes	70% tumor cellularity			
Inter-genetic and Intra-genetic Fusions	30% tumor cellularity			

## II. Tumor Mutational Burden (TMB) Assay

**Test Name:** Tumor Mutational Burden

Test code: TMBO

**Specimen Type**: FFPE tissue block, or 5 Unstained slides- 5-10µm thick at least 5mm X 5mm tumor tissue, preferably 10mm X 10mm tumor tissue, with accompanying H&E if possible

Unacceptable specimens: Paraffin blocks with low tumor percentage. Tissue fixed in heavy

metal fixative or decalcified tissue.

**CPT Code:** 81479

**TAT:** 5 -10 business days

The Tumor Mutation Load (TML) Assay is a targeted next-generation sequencing assay that is designed for providing an accurate assessment of TMB (mutations/Mb). Studies have shown that tumors that have a high tumor mutation burden/load (TML or TMB) potentially have a better response to immunotherapy.

A tumor mutation burden will be reported as a Mutation Load (Mutations/Mb). The exact level of TML that should be used to predict response has not been definitively determined and may differ among tumor types. Pembrolizumab has been approved by the FDA for solid tumors with a TMB  $\geq$  10 mut/Mb in children and adults.



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- The assay detects low frequency somatic variants (SNPs and INDELs) from 409 genes, spanning ~1.7 Megabases (Mb) of genomic space, encompassing 1.2 Mb of exonic sequence.
- The limit of detection for the TMB Assay is 20% Tumor Cellularity.
- This assay can be ordered in conjunction with the Solid Tumor Precision Panel or as a stand-alone test.

New test build information:						
OrderCode	OrderName	ResultCode	ResultName	CPT		
STPP	Solid Tumor Precision Panel	STPPR	Solid Tumor Precision Panel	81445		
TMBO	Tumor Mutational Burden	TMB	Tumor Mutational Burden	81479		

OrderCode	OrderName	ResultCode	ResultName	CPT	
50GCP	50 Gene Cancer Panel	50GCP	50 Gene Cancer Panel	81445	
50GCPO	50 GENE CANCER PANEL/OTHER	50GCPO	50 GENE CANCER PANEL/OTHER	81450	
CCMP	COLON CANCER MUTATION PANEL	ССМР	COLON CANCER MUTATION PANEL	81445	
EGFR	EGFR Mutations	EGFR	EGFR Mutations	81235	
GIST	Gastrointestinal Stromal Tumor (GIST) Panel byNGS	GIST	Gastrointestinal Stromal Tumor (GIST) Panel by NGS	81210	
KITPB	Kit Mutation detection/Blood (D816V) KITPB		Kit Mutation detection/Blood (D816V)	81273	
KRASM	KRAS Mutation Detection KRASM KRAS Mutation Detection		81275, 81403		
LCMP	Lung Cancer Mutation Panel LCMP Lung Cancer Mutation Pan		Lung Cancer Mutation Panel	81445	
MMP	Melanoma Mutation Panel by Next Generation Sequencing	MMP	Melanoma Mutation Panel by Next Generation Sequencing	81445	
PIK3CA	PIK3CA Mutation Detection	PIK3CA	PIK3CA Mutation Detection	81309	
TP53P	P53P TP53 Mutation Detection/Paraffin		TP53P TP53 Mutation Detection/Paraffin		



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Update the order and results descriptions for the following tests (these tests can only be ordered on fresh specimens with a blast count >40%):						
OrderCode	OrderName	ResultCode	ResultName	CPT		
IDH12	IDH1 and IDH2 mutation detection	IDH12	IDH1 and IDH2 mutation detection	81403		
IDH12B	IDH1 and IDH2 mutation dection/blood	IDH12B	IDH1 and IDH2 mutation dection/blood	81403		

## **Additional Resources:**

- 1. Hellmann MD, *et al.* Nivolumab plus Ipilimumab in Lung Cancer with a High Tumor Mutational Burden. N Engl J Med. 2018 May 31;378(22):2093-2104.
- 2. Marabelle A, *et al.* Association of tumour mutational burden with outcomes in patients with advanced solid tumours treated with pembrolizumab: prospective biomarker analysis of the multicohort, open-label, phase 2 KEYNOTE-158 study. Lancet Oncol. 2020 Oct;21(10):1353-1365.
- 3. Palmeri M, *et al.* Real-world application of tumor mutational burden-high (TMB-high) and microsatellite instability (MSI) confirms their utility as immunotherapy biomarkers, ESMO Open, Volume 7, Issue 1,2022.
- 4. Strickler JH, Hanks BA, Khasraw M. Tumor Mutational Burden as a Predictor of Immunotherapy Response: Is More Always Better? Clin Cancer Res. 2021 Mar 1;27(5):1236-1241.
- **5.** https://www.fda.gov/drugs/drug-approvals-and-databases/fda-approves-pembrolizumab-adults-and-children-tmb-h-solid-tumors

If you have any questions about these new assays please contact your account manager at: <a href="https://www.reglab.org/contact-us/">https://www.reglab.org/contact-us/</a>