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UCSF 500 Cancer Panel Final Report

CCGL No: CCGL-1135

Tumor

Source: Brain, left frontal lobe,
Diagnosis: Diffuse astrocytoma, IDH-mutant, WHO grade II

Normal

Source: Peripheral Blood

Pathogenic or Likely Pathogenic SOMATIC ALTERATIONS

| VARIANT | TRANSCRIPT ID | CLASSIFICATION | READS | MUTANT ALLELE FREQUENCY |
|----------------|---------------|----------------|-------|-------------------------|
| ATRX p.S1236fs | NM_000489 | Pathogenic | 1198 | 7% |
| ATRX p.M860fs | NM_000489 | Pathogenic | 1492 | 12% |
| ATRX p.D774fs | NM_000489 | Pathogenic | 1394 | 16% |
| IDH1 p.R132H | NM_005896 | Pathogenic | 1376 | 33% |
| TP53 p.L252fs | NM_000546 | Pathogenic | 659 | 30% |
| TP53 p.T155P | NM_000546 | Pathogenic | 709 | 28% |

Reads indicate the number of unique DNA molecules sequenced. *Mutant Allele Frequency* indicates the percentage of the reads with the respective *Variant* and is affected by the degree of normal cell contamination of the sample and whether the variant is fully clonal or subclonal.

Pathogenic or Likely Pathogenic GERMLINE ALTERATIONS*

| VARIANT | TRANSCRIPT ID | CLASSIFICATION | READS (Normal/Tumor) | MUTANT ALLELE FREQUENCY (Normal/Tumor) |
|--------------------------|---------------|----------------|----------------------|--|
| MUTYH c.1187G>A, p.G396D | NM_001128425 | Pathogenic | 402/424 | 54%/50% |

*Germline variants are reported if classified as pathogenic or likely pathogenic in ClinVar and confirmed by a CCGL molecular pathologist. For variants not classified in ClinVar, truncating variants in well-established tumor suppressor genes are reported if present in <1% of 1000g or esp6500 datasets. Germline variants are limited to single nucleotide variants and small indels in gene coding regions.

INTERPRETATION

This diffuse astrocytoma demonstrates the p.R132H hotspot mutation in IDH1 and two inactivating mutations in the TP53 tumor suppressor gene at clonal mutant allele frequencies, one missense and the other a frameshift. These mutations are too far apart to phase but are likely to be occurring in trans and resulting in biallelic inactivation of TP53 in the tumor. Also seen are multiple frameshift mutations in the ATRX tumor suppressor gene, all at subclonal mutant allele frequencies suggesting that they are present within separate subclones of the tumor and arose during tumor progression. A couple somatic variants of unknown significance were also identified that are listed below. These include a missense mutation in the MET gene that localizes within the intracellular kinase domain of the encoded receptor tyrosine kinase. However, this specific variant has not been identified as a somatic variant before in human cancers [COSMIC database, version 81 release], and MET is not known to be a recurrently mutated gene in IDH-mutant diffuse lower-grade gliomas.

The tumor demonstrates a balanced diploid genome without chromosomal gains, losses, or focal amplifications or deletions identified. The tumor is microsatellite stable at the greater than 1,200 microsatellites assayed by this panel.

Together, the genetic profile is that of a diffuse astrocytic neoplasm, IDH-mutant. Diffuse astrocytomas, anaplastic astrocytomas, and secondary glioblastomas arising from lower-grade infiltrating astrocytomas within the cerebral hemispheres of adults are defined by the combination of IDH, ATRX, and TP53 mutations as seen in this tumor [refs.1-3]. Genetic features of an oligodendroglial neoplasm (e.g. chromosomes 1p/19 co-deletion and mutations in TERT promoter, CIC, or FUBP1) are not identified. Genetic features of an IDH-wildtype glioblastoma (e.g. EGFR, PTEN, CDKN2A, NF1, or TERT alterations) are not identified.

Identified in the submitted peripheral blood sample at heterozygous allele frequency is a missense variant in the MUTYH gene. This variant is present at 0.4% frequency in the NHLBI Exome Sequencing Project 6500 dataset and at 0.3% frequency in the ExAC database (dbSNP ID rs36053993). It has been found in individuals affected by MUTYH-associated polyposis and has been recurrently classified in the ClinVar database as Pathogenic by multiple submitters including

Invitae and Ambry Genetics. However, there is no loss of heterozygosity of this variant in the tumor, nor is a second alteration of the MUTYH gene identified in either the germline or tumor. Thus, the contribution of this MUTYH variant to this diffuse astrocytoma is uncertain, and this patient is expected to be a carrier only for MUTYH-associated polyposis (also known as familial adenomatous polyposis type 2, Online Mendelian Inheritance in Man entry #608456), an autosomal recessive disorder caused by homozygous or compound heterozygous inactivating germline mutations in the MUTYH gene on chromosome 1p34. Heterozygous carriers may possibly have an increased risk of colorectal and other cancers. Genetic counseling may be warranted.

References:

1. The Cancer Genome Atlas Research Network. Comprehensive, integrative genomic analysis of diffuse lower-grade gliomas. New England Journal of Medicine 372: 2481-2498, 2015.
2. Suzuki H, et al. Mutational landscape and clonal architecture in grade II and III gliomas. Nature Genetics 47: 458-468, 2015.
3. Eckel-Passow JE, et al. Glioma groups based on 1p/19q, IDH, and TERT promoter mutations in tumors. New England Journal of Medicine 372: 2499-2508, 2015.

| SOMATIC ALTERATIONS OF UNKNOWN SIGNIFICANCE* | | | | |
|--|---------------|----------------|-------|-------------------------|
| VARIANT | TRANSCRIPT ID | CLASSIFICATION | READS | MUTANT ALLELE FREQUENCY |
| FRS2 p.N283S | NM_001278351 | VUS | 2161 | 18% |
| MET p.A1261G | NM_001127500 | VUS | 1613 | 17% |

*The above variants have not yet been adequately characterized and are therefore classified as variants of unknown significance.

TEST METHODOLOGY:

The UCSF 500 Cancer Gene Test uses capture-based next-generation sequencing to target and analyze the coding regions of 479 cancer genes, as well as select introns of 47 genes (gene list on last page of this report). Genomic DNA was extracted from both tumor and normal tissue for library preparation. Target enrichment was performed by hybrid capture using custom oligonucleotides. Sequencing of captured libraries was performed on an Illumina HiSeq 2500. Sequence reads are de-duplicated to allow for accurate allele frequency determination and copy number calling. The analysis uses open source or licensed software for alignment to the human reference sequence UCSC build hg19 (NCBI build 37) and variant calling.

TEST LIMITATIONS:

This assay is designed to detect single nucleotide variants, small to medium insertion/deletions (indels), and copy number changes. Large insertions/deletions and gene rearrangements may also be detected by the assay; however, the sensitivity of detection of structural rearrangements is variable for different genes. If the pre-test probability of a structural rearrangement is high and the test is negative, an orthogonal testing method should be considered.

Specificity and sensitivity of this test to detect single nucleotide variants (SNVs) and small indels (≤ 5 bp) was determined by sequencing well characterized HapMap DNA samples from the Coriell Cell Repositories and comparing the genotypes produced by our assay with those from Illumina Platinum Genomes as the gold standard. For samples with at least 25% tumor, $\geq 200\times$ coverage for the tumor sample, and $\geq 100\times$ coverage for the normal sample, the sensitivity of the test for fully clonal SNVs and small indels is $>98\%$ and the positive predictive value for fully clonal SNVs and small indels is $>99\%$. Sensitivity for detection of copy number changes is $>98\%$ for samples with high tumor content. Sensitivity for detection of NPM1, FLT3, and EGFR exons 19 and 20 insertions and deletions is 95% .

CLIA NOTE:

This test was developed and its performance characteristics determined by the UCSF Clinical Cancer Genomics Laboratory. It has not been cleared or approved by the U.S. Food and Drug administration. The Clinical Cancer Genomics Laboratory is certified by the Clinical Laboratory Improvement Act of 1988 (CLIA certified) and as such is allowed to perform high complexity clinical testing.

| UCSF 500 Gene List | | | | | | | | | | |
|--------------------|--------|----------|---------|----------|----------|----------|----------|---------|--------|----------|
| ABL1 | ABL2 | ACVR1 | ACVR1B | AJUBA | AKT1 | AKT2 | AKT3 | ALK | AMER1 | APC |
| APOBEC3G | AR | ARAF | ARFRP1 | ARHGAP35 | ARID1A | ARID1B | ARID2 | ARID5B | ASH2L | ASXL1 |
| ASXL2 | ATF1 | ATM | ATR | ATRAX | AURKA | AURKB | AXIN1 | AXIN2 | AXL | BAP1 |
| BARD1 | BCL2 | BCL2A1 | BCL2L1 | BCL2L12 | BCL2L2 | BCL6 | BCOR | BCORL1 | BLM | BRAF |
| BRCA1 | BRCA2 | BRD4 | BRIP1 | BTG1 | BTK | C11orf30 | CALR | CARD11 | CBFB | CBL |
| CBLB | CCND1 | CCND2 | CCND3 | CCNE1 | CD274 | CD79A | CD79B | CDC42 | CDC73 | CDH1 |
| CDK12 | CDK4 | CDK6 | CDK8 | CDKN1A | CDKN1B | CDKN2A | CDKN2B | CDKN2C | CEBPA | CHD1 |
| CHD2 | CHD4 | CHD5 | CHEK1 | CHEK2 | CIC | CLDN18 | CNOT3 | COL1A1 | COL2A1 | CRCT1 |
| CREB1 | CREBBP | CRKL | CSF1R | CSF3R | CTCF | CTNNA1 | CTNNB1 | CUL3 | CUX1 | CXCR4 |
| CYLD | DCC | DDIT3 | DDR2 | DDX3X | DDX41 | DGKH | DICER1 | DIS3 | DNAJB1 | DNMT3A |
| DOT1L | DUSP2 | DUSP4 | DUSP6 | DYNC111 | EBF1 | EDNRB | EGFR | EGR1 | EIF1AX | ELF3 |
| EP300 | EPCAM | EPHA2 | EPHA3 | EPHA5 | EPHA7 | EPHB1 | EPOR | ERBB2 | ERBB3 | ERBB4 |
| ERCC1 | ERCC2 | ERG | ERRF1 | ESPL1 | ESR1 | ESR2 | ETS1 | ETV6 | EWSR1 | EZH1 |
| EZH2 | FAM46C | FANCA | FANCC | FANCE | FANCF | FANCG | FANCL | FAT1 | FAT3 | FBXW7 |
| FGF10 | FGF14 | FGF19 | FGF23 | FGF3 | FGF4 | FGF6 | FGFR1 | FGFR2 | FGFR3 | FGFR4 |
| FH | FLCN | FLT1 | FLT3 | FLT4 | FOXA1 | FOXL2 | FOXO1 | FOXP1 | FRS2 | FUBP1 |
| FUS | FYN | GAB2 | GATA1 | GATA2 | GATA3 | GLI1 | GLI2 | GNA11 | GNA13 | GNAQ |
| GNAS | GPC3 | GPR124 | GRIN2A | GRM3 | GSK3B | H3F3A | H3F3B | HDAC4 | HDAC9 | HEY1 |
| HGF | HIF1A | HIST1H3B | HMG2A | HNF1A | HOXB13 | HRAS | HSP90AB1 | HSPA2 | HSPA5 | ID3 |
| IDH1 | IDH2 | IGF1R | IGF2 | IGF2R | IKBKE | IKZF1 | IKZF2 | IKZF3 | IL2RB | IL7R |
| INHBA | INPP4B | IPMK | IRF4 | IRS2 | JAK1 | JAK2 | JAK3 | JAZF1 | KAT6A | KDM5A |
| KDM5C | KDM6A | KDR | KEAP1 | KIT | KLF4 | KLHL6 | KMT2A | KMT2B | KMT2D | KNSTRN |
| KRAS | LEF1 | LIFR | LRP1B | LZTR1 | MALAT1 | MAML2 | MAP2K1 | MAP2K2 | MAP2K4 | MAP3K1 |
| MAP3K2 | MAP3K5 | MAP3K7 | MAP3K9 | MAPK1 | MCL1 | MDM2 | MDM4 | MED12 | MEF2B | MEN1 |
| MET | MGA | MGMT | MITF | MLH1 | MLH3 | MPL | MRE11A | MSH2 | MSH3 | MSH6 |
| MTOR | MUTYH | MYB | MYBL1 | MYC | MYCL | MYCN | MYD88 | MYH9 | NAV3 | NBN |
| NCKAP5 | NCOA2 | NCOA3 | NCOR1 | NF1 | NF2 | NFE2L2 | NFKBIA | NFKBIE | NIPBL | NKX2-1 |
| NOTCH1 | NOTCH3 | NPM1 | NRAS | NSD1 | NT5C2 | NTRK1 | NTRK2 | NTRK3 | NUP93 | NUTM1 |
| OR5L1 | PAK1 | PAK3 | PALB2 | PARK2 | PAX3 | PAX5 | PAX7 | PAX8 | PBRM1 | PDCD1LG2 |
| PDGFB | PDGFRA | PDGFRB | PDK1 | PHF6 | PHOX2B | PIK3CA | PIK3CG | PIK3R1 | PIK3R2 | PLAG1 |
| PLCB4 | PMS1 | POLD1 | POLE | POLQ | POT1 | POU3F2 | PPM1D | PPP2R1A | PPP6C | PRDM1 |
| PREX2 | PRKACA | PRKAG2 | PRKAR1A | PRKCA | PRKCH | PRKDC | PTCH1 | PTCH2 | PTEN | PTK2B |
| PTPN1 | PTPN11 | PTPRB | PTPRD | PTPRK | PTPRT | RAC1 | RAD21 | RAD50 | RAD51 | RAD51C |
| RAD51D | RAF1 | RARA | RASA1 | RASA2 | RB1 | RBM10 | REL | RELA | RET | RHEB |
| RHOA | RICTOR | RIT1 | RNF43 | ROBO1 | ROS1 | RPL10 | RPTOR | RRAGC | RRAS | RRAS2 |
| RSPO2 | RSPO3 | RUNX1 | RUNX1T1 | SDHB | SDHD | SETBP1 | SETD2 | SF3B1 | SH2B3 | SHH |
| SIN3A | SLIT2 | SLITRK6 | SMAD2 | SMAD3 | SMAD4 | SMARCA2 | SMARCA4 | SMARCB1 | SMC1A | SMC3 |
| SMO | SNCAIP | SOC3S1 | SOS1 | SOS2 | SOX10 | SOX2 | SOX9 | SPEN | SPOP | SPRED1 |
| SPRY1 | SPRY2 | SPRY4 | SPTA1 | SRC | SRSF2 | SS18 | STAG2 | STAT3 | STAT4 | STAT6 |
| STK11 | SUFU | SYK | SYNE1 | TADA1 | TBX3 | TCEB1 | TCF7L2 | TERT | TET2 | TFE3 |
| TFEB | TGFBR2 | TLR4 | TMPRSS2 | TNFAIP3 | TNFRSF14 | TOP1 | TOP2A | TP53 | TRAF3 | TRAF7 |
| TRIM28 | TSC1 | TSC2 | TSHR | TSHZ2 | TSHZ3 | TSLP | TTYH1 | TYK2 | U2AF1 | USP7 |
| VEGFA | VHL | WHSC1 | WISP3 | WRN | WT1 | XBP1 | XPO1 | YAP1 | YWHAE | ZBTB20 |
| ZFH3 | ZFH4 | ZMYM3 | ZNF217 | ZNF703 | ZRSR2 | | | | | |

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