华中科技大学同济医学院附属同济医院

淋巴瘤突变检测报告单

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送检医院: 本院 科室: 门诊 床号: -

临床诊断: 恶性淋巴瘤(弥漫大B) 标本: FFPE 送检时间: 2017. 05. 09

检测项目:

CD83(7个外显子), B2M(3个外显子), IRF8(8个外显子), PKD1(47个外显子), PDCD2LG11(6个外显子), MYD88(7个外显子), BCL2(3个外显子), PDCD1LG2(6个外显子), FAT4(17个外显子), PIM1(7个外显子), IRF4(9个外显子), MYC(3个外显子), BCL6(8个外显子), KMT2D(54个外显子), BRAF(18个外显子), MEF2B(8个外显子), CD58(7个外显子), CREBBP(31个外显子), EZH2(21个外显子), CIITA(19个外显子), TP53(13个外显子), EP300(31个外显子), TNFAIP3(8个外显子), CD79B(7个外显子), MYOM2(36个外显子), PRDM1(8个外显子), CARD11(24个外显子), TNFSF9(3个外显子)

检测方法: PCR, 二代测序初筛(平台: Ion Torrent PGM), 一代测序验证(ABI 3500)

筛选条件:编码区序列短片段非同义突变;突变读数≥10;MAF<0.01或有临床意义的SNP位点

检测质量报告:

涵盖的基因数	28
扩增片段	1184
目标序列的碱基数	106730
每个碱基的覆盖度	757. 9
覆盖度一致性(%)	93. 30
1×覆盖度比例(%)	99. 82
20×覆盖度比例(%)	98. 15
100×覆盖度比例(%)	95. 31
杂合点突变数	5
纯合点突变数	0
杂合插入/缺失数	0
纯合插入/缺失数	0

标本突变报告

染色体位置	基因	编码区位置	突变类型	纯/杂合	突变比例	覆盖度	索引
chr 3:38182641	MYD88	c. 794T>C p. Leu265Pro	错义突变	杂合	26. 10%	996	COSMIC:85940
chr 17 : 62006799	CD79B	c. 586T>A p. Tyr196Asn	错义突变	杂合	10. 23%	1857	COSMIC:144393
chr 6:37138615	PIM1	c. 149G>C p. Gly50Ala	错义突变	杂合	15. 25%	931	
chr 22 : 41521911	EP300	c. 773C>T p. Thr258I1e	错义突变	杂合	47.00%	766	
chr 16: 2160828	PKD1	c. 4340C>T p. Ala1447Val	错义突变	杂合	50. 30%	994	dbSNP:rs76981724

结论:

1. 检测到MYD88基因第5号外显子存在错义突变,c.794T>C,p.Leu265Pro(p.L265P)。根据COSMIC等数据库及相关文献检索,该型体细胞突变曾在多种淋巴组织肿瘤中被检出(COSMIC:85940),为MYD88基因的突变热点。目前研究表明,对于大B细胞淋巴瘤,MYD88基因部分TIR结构域突变(L265P、V217F、S219C、S243N等)将导致NF-κB通路的激活,常见于活化B细胞样(ABC)亚型弥漫性大B细胞淋巴瘤(DLBCL)(约29%)(生发中心B细胞样(GCB)亚型虽有报道,但极罕见)【1,2】、原发皮肤的弥漫大B细胞细胞淋巴瘤(腿型)(约69%)【3】、原发中枢神经系统的淋巴瘤(PCNSL)(38-86%)【4-7】、原发睾丸的淋巴瘤(约近70%)【6,7】、原发皮肤的大B细胞淋巴瘤【8】以及ABC亚型的转化性滤泡性淋巴瘤

- (tFL)【9】,提示其与免疫豁免部位(中枢神经、睾丸等)的DLBCL(DLBCL-SS)存在较大的关联性。临床方面,携带MYD88基因L265P突变的DLBCL患者发病年龄更高,更易发生结外浸润,但其预后意义尚存争议。部分研究表明MYD88基因L265P突变的DLBCL患者预后相对较差,而另一部分研究则表明MYD88基因L265P突变并非为ABC-DLBCL的独立预后因素【10-13】。
- 2. 检测到CD79B基因第5号外显子存在错义突变, c.585T>C, p.Tyr196Phe (p.Y196F)。根据 COSMIC等数据库及相关文献检索,该型及该位点体细胞突变曾在多种淋巴组织肿瘤标本中被检 出,为CD79B的热点突变(COSMIC:220734:144393:220735:220736:220733)。目前研究表明, CD79B为癌基因,其突变可慢性激活B细胞受体通路而导致NF-κB通路的激活,多可与MYD88突变伴随,常见于多种DLBCL-SS【2,6,14-16】。在DLBCL中,携带CD79B突变的DLBCL患者多为预 后较差的ABC亚型,而GCB亚型中CD79B突变则极为罕见【17】。
- 3. 检测到PIM1基因第2号外显子存在错义突变,c.149G>C,p.Gly50Ala(p.G50A)。根据COSMIC 等数据库及相关文献检索,该型体细胞突变目前尚未见在肿瘤标本中被检出的报道。目前研究表明,PIM1为原癌基因,对于DLBCL,PIM1突变被认为是致病的驱动性突变(Driver mutation)【18】,其检出率在ABC-DLBCL中显著高于在GCB-DLBCL中【19,20】,在BCL6重排的DLBCL中也较为常见【21】。一项关于DLBCL的测序研究显示,PIM1突变多见于复发难治性DLBCL,携带者可表现为化疗耐受、复发难治,预后较差【22】。国外一项研究显示,部分PIM1点突变(未包括本例突变)可降低ABC-DLBCL对依鲁替尼(Ibrutinib)的敏感性【23】。
- 4. 检测到EP300基因第3号外显子存在错义突变, c.773C>T, p.Thr258Ile(p.T258I)。根据 COSMIC等数据库及相关文献检索,该型体细胞突变尚未见在肿瘤标本中被检出,且该型突变并非属于EP300基因常见的突变形式,因此该型突变对患者的致病意义及临床影响尚不明确。
- 5. 检测到PKD1基因第15号外显子存在错义突变,c.4340C>T,p.Ala1447Val(p.A1447V)。根据 COSMIC等数据库及相关文献检索,该型体细胞突变尚未见在肿瘤标本中被检出。目前研究认为,PKD1基因部分结构域的突变可导致PKD1的激活【24】。而PKD1作为EB病毒编码的LMP-1蛋白的 靶点,可介导EB病毒感染的恶性B细胞逃避利妥昔单抗(Rituximab)等药物的杀伤而促进恶性克隆的存活【25】。

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