

ABN 42 100 504 883





To: PETER MAC CANCER CENTRE

ST ANDREWS PL **EAST MELBOURNE**

VIC 3002

Patient: URN: DOB:

SEX:

A. Patient

«location»

01-Jan-2000

Sample: Ext Ref:

15K3975-1

Collected: 01-Jan-2000 01-Jan-2000

Received:

Specimen: Block ID:

Location:

Requester: Which Doctor

CANCER PANEL REPORT

Clinical Details

Results

Gene	Reference	Nucleotide Change	Inferred Protein Change	Read Depth¶	Classification
BRAF	NM_004333. 4	c.1855T>C	NP_004324.2:p.(Trp6 19Arg)	1995/9730 20.5%	Unclassified

[¶] variant reads / total reads

Interpretation

BRAF: CurVariant chr7:g.140453080A>G not yet curated.

Methods

Tumour DNA is analysed using the xxxx Cancer Panel, which targets ...

The variants detected by this assay should be confirmed by a second method before being used to guide clinical decisions.

Comments

DNA extraction of this tissue sample produced sufficient good quality material for testing. Sample processing passed all expected QC metrics and high quality sequence with high coverage (99999 mean aligned reads/amplicon) and uniformity (0 % amplicons >0.2 mean aligned reads) was obtained.

BRAF belongs to the RAF family of serine-threonine protein kinases. RAF kinases are central mediators in the MAP kinase signaling cascade and exert their effect predominantly through phosphorylation and activation of MEK. This occurs following dimerization (hetero- or homo-) of RAF molecules. As part of the MAP kinase pathway, RAF is involved in many cellular processes, including cell proliferation, differentiation, and transcriptional regulation. Mutant BRAF has been implicated in the pathogenesis of several cancers, including melanoma, non-small cell lung cancer, colorectal cancer, papillary thyroid cancer, and ovarian cancer. The most frequently reported BRAF mutation is an activating missense mutation in which the amino acid glutamic acid is substituted for valine at amino acid position 600 (V600E) for which the small molecule inhibitor vemurafenib is approved for metastatic melanoma.

Please contact the laboratory on xxxxxx if you wish to discuss this report further.

This test has not yet been fully validated to the current NPAAC requirements for an in-house IVD and results should be interpreted accordingly. All findings should be confirmed by an independent clinical assay. For further information, please contact the laboratory.

Reported by: Authorised by:

20-Jan-2016 6:06 PM Reported:

Low quality amplicons:

Regions of interest coverage:

References:

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