Patient Report



Specimen ID: 046-225-9994-0

Control ID:

SAMPLE REPORT, 485140

Acct #: 90001325 Phone: (919) 361-7217 Rte: 99
Labcorp Of America
CMBP

1912 TW Alexander Dr Durham NC 27709

Patient Details

DOB:

Age(y/m/d): 000/00/00

Gender: N Patient ID: **Specimen Details**

Date collected: 02/14/2022 0000 Local

Date received: 02/15/2022
Date entered: 02/15/2022

Date reported: 02/15/2022 1508 ET

Physician Details

Ordering: Referring: ID:

NPI:

Ordered Items

KIT (D816V) Digital PCR, SpTst

	TESTS	RESULT	FLAG	UNITS	REFERENCE II	NTERVAL	LAB	
	KIT (D816V) Digital PCR, SpT	st						
	CKIT Result A	Positive					01	
The KIT D816V mutation was detected.								
	Results should be inter							
clinical, molecular, and cytogenetic findings for the most								
accurate interpretation. For serial monitoring of transcript								
levels, consider resubmitting a specimen using KIT (D816V)								
	Digital PCR test. (Labc	orp test c	ode 485126)					
	CKIT Quant Value	2.32		%			01	
	Specimen Type	Blood					01	
	Background						01	

Systemic mastocytosis (SM) is a hematopoietic neoplasm characterized by an abnormal growth of clonal mast cells in bone marrow and other extracutaneous organs.

KIT is a receptor tyrosine kinase involved in proliferation of mast cells, melanocytes, germ cells, and hematopoietic stem cells. Activation of KIT occurs upon binding of the stem cell factor ligand, which triggers autophosphorylation and dimerization of KIT. Activated KIT signals downstream protein kinase pathways which induces cell proliferation and gurnival

induces cell proliferation and survival. The vast majority (>90%) of SM cases have a somatic A to T missense mutation at position 2447 in exon 17 of the KIT gene. This KIT D816V mutation (c.2447 A>T, p.D816V) results in the substitution of aspartate (D) to valine (V) at codon 816 in the kinase activation loop domain of the protein causing a conformational change in the receptor. This conformational change results in ligand-independent constitutive activation of KIT and leads to increased cell proliferation and accumulation in various organs, and a reduction in cell death. The detection of KIT D816V is one of the minor diagnostic criteria for SM per the WHO system. KIT mutation detection is correlated with the proportion of lesional cells in the sample as well as the sensitivity of the detection method employed. Quantitative detection using digital PCR of the KIT D816V mutation may aid physicians in diagnosis and therapeutic monitoring of patients with SM. The reported values will allow clinicians to predict disease severity and/or monitor the effectiveness of treatment protocols and to detect increasing mutation levels that may be indicative of patient relapse. An effect of mutational dose on disease phenotype may also prove significant.

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVA	L LAB
Method/Extraction Nanoplate Digital PCF Total genomic DNA is digital PCR using wil The assay is designed mutation. Results are mutation can be detect	extracted and detect the reported as	ıtant-speci ne KIT D816 percent mu	fic prob V (KITc.: tated al:	es. 2447A>T) leles. The	02
References Akin C, Fumo G, Yavuz form of mastocytosis mutation and response Alvarez-Twose I, Gonz after imatinib mesyla well-differentiated s 2012;30(12):e126-e129	associated will to imatinib. It alez P, Morgate therapy in systemic masto	th a trans Blood. 20 gado JM, et n a patient	membrane 04;103(8 al. Com with	c-kit):3222-3225. plete response	01
Alvarez-Twose I, Matimastocytosis: a phase 17 KIT mutations and 2016;8(40): 68950-689 DeAngelo DJ, Radia DH MW, Bose P, Hexner ECO, Evans EK, Lin HM, Safety and efficacy of the phase 1 EXPLORER doi: 10.1038/s41591-0 PMCID: PMC8674134. Gotlib J, Kluin-Nelem midostaurin in advance 2016; 374(26):2530-29 Gotlib J, Gerds AT, EGundabolu K, Hobbs G, Padron E, Pancari P, Rampal R, Ranheim E, Wadleigh M, Walsh K, Version 2.2019, NCCN Compr Canc Netw. 2018 doi: 10.6004/jnccn.20 Gotlib J, Reiter A, EVannucchi AM, Platzbe Dybedal I, Hexner EO, Heaney ML, Oh ST, Ser safety of avapritinia analysis of the phase (12):2192-2199. doi: Epub 2021 Dec 6. PMII Greiner G, et al. 2016 for KIT D816V Quantif March 01; 64(3): 547-Kristensen T, Vestered 816v mutation in pat quantitative and high of Molecular Diagnost	to A, Morgado IV clinical review of the 963. H, George TI, D, Winton EF, Mar BG, Verstof avapritinity trial. Nat Me 921-01538-9. Enans HC, George and HC, George avapritinity for the 10 second systemic model of the 10 seco	Robinson W Horny HP, Tovsek S, D To in advance Co in advan	Actients E. Oncota A. Quier Tugnait Deininger Ed system C;27(12) EC 6. PM Al. Effica S. N Eng Mohan S. Mani A, Mohan S. Mital A. Bose Mital A.	lacking exon arget. y AT, Drummond M, Schmidt-Kittler MW, Gotlib J. mic mastocytosis: :2183-2191. ID: 34873347; acy and safety of I J Med. W, Gojo I, R, Oehler V, Oh S, Podoltsev N, lpaz M, Thota S, Mastocytosis, Oncology. J Natl I, Panse J, A, Hermine O, P, Pettit KM, Efficacy and sis: interim 021 Dec;27 d Precise Method hem. ection of the kit s using a	

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TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Reiter A, George TI, 0 prognostication, and 0 Blood. 2020 Apr 16;13! 2019000932. PMID: 3210 Ustun C, Arock M, Klus mastocytosis: from most Haematologica. 2016;10 Valent P, Akin C, Metoclassification and not Mar 16;129(11):1420-14	treatment of 5(16):1365-13 06312 in-Nelemans H lecular and g 01(10):1133-1 calfe DD. Mas wel emerging	advanced 376. doi: IC, et al. genetic pr 143. stocytosis treatment	systemic 10.1182/b Advanced ogress to 2016 up concepts	mastocytos: lood. systemic clinical dated WHO . Blood. 20		
Epub 2016 Dec 28. PMII Verstovsek S. 2012. Ad	D: 28031180; dvanced syste	PMCID: PM emic masto	C5356454. cytosis:	the impact	c of	
KIT mutation in diagno Haematology 90 (89-98)		ent, and p	rogressio	n. Eur J		
Intake Review	Completed					01
Director Review						
Dan Wang Director, Molecula LabCorp Center for Research Triangle 1-800-533-0567	r Molecular E		d Patholo	aλ		01
Comments:						

This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

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