



Sample Information

Patient Name: 邱鈺倫
Gender: Female
ID No.: K220923417
History No.: 41242006
Age: 49

Ordering Doctor: DOC8769F 黃紹禮
Ordering REQ.: OBRFUEN
Signing in Date: 2022/01/21

Path No.: S111-98214
MP No.: MY22003
Assay: Oncomine Myeloid Assay
Sample Type: Bone Marrow
Bone Marrow Aspirating Date: 2022/01/18

Reporting Doctor: DOC5466K 葉奕成 (Phone: 8#5466)

Note:

Sample Cancer Type: Acute Myeloid Leukemia

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Relevant Acute Myeloid Leukemia Variants

Gene	Finding	Gene	Finding
ABL1	None detected	MECOM	None detected
ASXL1	None detected	MLLT3	None detected
CEBPA	None detected	MYH11	None detected
CREBBP	None detected	NPM1	None detected
FLT3	None detected	NUP214	None detected
IDH1	None detected	RARA	None detected
IDH2	None detected	RUNX1	None detected
KMT2A	None detected	TP53	None detected

Relevant Biomarkers

Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
SF3B1 p.(K666N) c.1998G>C splicing factor 3b subunit 1 Allele Frequency: 4.55% Prognostic significance: None Diagnostic significance: None	None	luspatercept	0

Public data sources included in relevant therapies: FDA1, NCCN, EMA2, ESMO

Public data sources included in prognostic and diagnostic significance: NCCN, ESMO

Prevalent cancer biomarkers without relevant evidence based on included data sources

TET2 p.(Q1546*) c.4636C>T, JAK2 p.(V617F) c.1849G>T

Variants (Exclude variant in Taiwan BioBank with >1% allele frequency)

DNA Sequence Variants

Gene	Amino Acid Change	Coding	Variant ID	Locus	Allele Frequency	Transcript	Variant Effect	Coverage
SF3B1	p.(K666N)	c.1998G>C	COSM132937	chr2:198267359	4.55%	NM_012433.4	missense	2000
TET2	p.(Q1546*)	c.4636C>T	.	chr4:106196303	49.60%	NM_001127208.2	nonsense	1996
JAK2	p.(V617F)	c.1849G>T	COSM12600	chr9:5073770	86.62%	NM_004972.4	missense	1950
EZH2	p.(E745K)	c.2233G>A	.	chr7:148504761	46.47%	NM_004456.5	missense	1999

Gene Fusions (RNA)

Genes	Variant ID	Locus	Read Count
FHIT-TIRAP	FHIT-TIRAP.F8T4.Non-Targeted	chr3:59908072 - chr11:126168153	441

Biomarker Descriptions

JAK2 (Janus kinase 2)

Background: The JAK2 gene encodes a non-receptor, membrane associated protein tyrosine kinase (PTK). JAK2 is a member of the Janus kinase (JAK) family that includes JAK1, JAK2, JAK3, and TYK2. Janus kinases are characterized by the presence of a second phosphotransferase-related or pseudokinase domain immediately N-terminal to the PTK domain¹. JAK kinases function with signal transducer and activator of transcription (STAT) proteins to facilitate intracellular signal transduction required for cytokine receptor and interferon-alpha/beta/gamma signaling^{1,2,3}. Since JAK2 functions in interferon receptor signaling, inactivation of JAK2 is proposed to inhibit presentation of tumor antigens and contribute to immune evasion^{4,5}.

Alterations and prevalence: Clonal expansion of hematopoietic cells in myeloproliferative neoplasms (MPNs) has been associated with loss of heterozygosity on chromosome 9p and subsequently to the acquisition of a dominant somatic gain-of-function V617F mutation in the pseudokinase domain of JAK2^{6,7}. The JAK2 V617F mutation has been observed rarely in acute myeloid leukemia (AML)^{8,9}. Mutations in the pseudokinase domain of JAK2 including R683G have been detected in 8% of ALL^{10,11}. JAK2 fusions are observed in myeloid and lymphoid leukemias with partner genes including TEL, PCM1, and BCR genes^{12,13,14,15}. JAK2 fusions are infrequently observed in solid tumors¹⁶. As with JAK1, truncating mutations in JAK2 are common in solid tumors and particularly enriched in uterine cancers¹⁶.

Potential relevance: Currently, no therapies are approved for JAK2 aberrations. The JAK2 V617F mutation is considered diagnostic of the various MPNs including polycythemia vera (PV), essential thrombocythemia (ET), and primary myelofibrosis (PMF)^{17,18,19}. In addition to JAK2 V617F, JAK2 exon 12 mutations are also a major diagnostic criteria of PV¹⁸. Ruxolitinib²⁰ (2011) is a JAK1/2 inhibitor FDA approved for PMF and PV, although specific JAK2 alterations are not indicated. Other JAK inhibitors including tofacitinib (2012)

Biomarker Descriptions (continued)

and baricitinib (2018) are approved for the treatment of rheumatoid arthritis. Clinical cases associated with high tumor mutational burden (TMB) but failure to respond to anti-PD1 therapy were associated with loss of function mutations in JAK1/2²¹. Some case studies report efficacy with ruxolitinib in myeloid and lymphoid leukemias, although duration of complete response was limited^{12,13,14,15}.

SF3B1 (splicing factor 3b subunit 1)

Background: The SF3B1 gene encodes the splicing factor 3b subunit 1 protein, a core component of the U2 small nuclear ribonucleoprotein (snRNP) complex of the spliceosome responsible for RNA splicing. SF3B1 is involved in recognition of the branch point sequence during selection of the 3' splice site. Recurrent somatic mutations in SF3B1 and other components of the splicing machinery including SRSF2, U2AF1, and ZRSR2, are common in myelodysplasia. These components experience mutations in a mutually exclusive manner suggesting a common impact on RNA splicing and the pathogenesis of myelodysplasia²². SF3B1 mutations are believed to contribute to aberrant post-translational inactivation of the regulatory complex PPP2R5A of protein phosphatase 2A (PP2A), leading to the activation and stabilization of MYC activation and impairing apoptosis²³.

Alterations and prevalence: SF3B1 mutations occur in the majority (70-80%) of myelodysplastic syndromes (MDS) with ring sideroblasts (RS) and at lower frequency in other myeloid neoplasms including MDS without RS (7%), chronic myelomonocytic leukemia (5-6%), therapy-related acute myeloid leukemia (AML) or AML with MDS features (5%), and de novo AML (3%)^{22,24,25}. Recurrent somatic SF3B1 mutations are also common in certain solid cancers including uveal melanoma (20-30%) and breast cancer (2%) and at lower frequencies in diverse cancer types^{16,26,27,28,29,30,31,32}. Cancer-associated recurrent missense mutations in SF3B1 occur within the HEAT repeat domains 5-9 at codon positions R625, K666, K700, G742, and D781³³. The functional significance of recurrent SF3B1 mutations is to alter branch point selection thus inducing cryptic 3' splice site selection^{33,34,35}.

Potential relevance: Currently, no therapies are approved for SF3B1 aberrations. SF3B1 mutations are associated with aggressive disease and shorter survival in patients diagnosed with chronic lymphocytic leukemia (CLL)³⁶. Investigational inhibitors of the spliceosome are in early clinical development^{37,38}.

TET2 (tet methylcytosine dioxygenase 2)

Background: TET2 encodes the tet methylcytosine dioxygenase 2 protein and belongs to a family of ten-eleven translocation (TET) proteins that also includes TET1 and TET3³⁹. TET2 is involved in DNA methylation, specifically in the conversion of 5-methylcytosine to 5-hydroxymethylcytosine^{40,41}. The TET proteins contain a C-terminal core catalytic domain that contains a cysteine-rich domain and a double stranded β -helix domain (DSBH)⁴². TET2 is a tumor suppressor gene. Loss of function mutations in TET2 are associated with loss of catalytic activity and transformation to hematological malignancies^{39,40,41}.

Alterations and prevalence: Somatic TET2 mutations, including nonsense, frameshift, splice site, and missense, are observed in 20-25% of myelodysplastic syndrome (MDS) associated diseases, including 40%-60% chronic myelomonocytic leukemia (CMML)⁴³. TET2 mutations at H1881 and R1896 are frequently observed in myeloid malignancies^{40,44}. TET2 mutations are also observed in 9% of uterine, 8% of melanoma and acute myeloid leukemia (AML), as well as 6% of diffuse large B-cell lymphoma (DLBCL).

Potential relevance: The presence of TET2 mutations may be used as one of the major diagnostic criteria in pre-primary myelofibrosis (pre-PMF) and overt PMF in the absence of JAK2/CALR/MPL mutations^{18,45}. TET2 mutations are associated with poor prognosis in PMF and increased rate of transformation to leukemia^{18,46}.

Relevant Therapy Summary

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types
 ☒ No evidence

SF3B1 p.(K666N) c.1998G>C

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
luspatercept	✕	✕	✕	○	✕

Relevant Therapy Details

Current ESMO Information

☒ In this cancer type ☐ In other cancer type ☐ In this cancer type and other cancer types

ESMO information is current as of 2021-11-01. For the most up-to-date information, search www.esmo.org.

SF3B1 p.(K666N) c.1998G>C

☐ Iuspatercept

Cancer type: Myelodysplastic Syndrome

Variant class: SF3B1 mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Refractory (Second-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Myelodysplastic Syndromes [Annals of Oncology (2020), <https://doi.org/10.1016/j.annonc.2020.11.002>]

Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

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