



Dr. Robert Y. Osamura

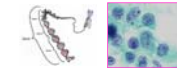
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Ancillary and Molecular Testing

Learning Objectives:

1. Principles of molecular techniques
2. Applications of molecular techniques in cancer cytopathology
 - a. In situ hybridization
 - b. Mutational analysis
3. Cytological materials for molecular testing



What is genomic(molecular) pathology in cancers?

Analysis of changes of genes of the cancer cells.

Amplification

Mutation point mutation deletion mutation

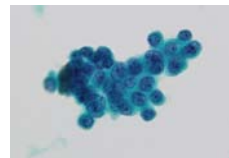
Rearrangement

To predict response to the molecular targeted therapy

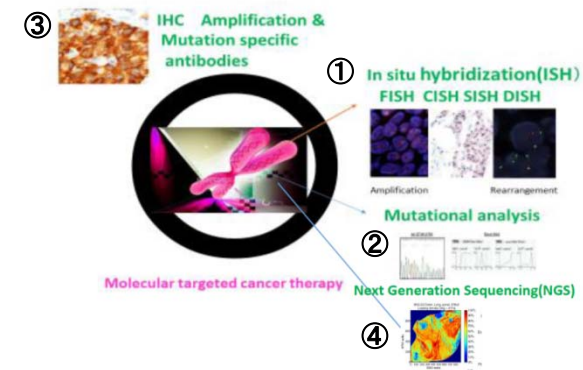
In situ hybridization

Direct sequencing

Allele specific detection



Four ways to detect genetic changes with NGS





Genomic(molecular) pathology & Cytology

Immunohistochemistry

Over-expression:HER2

Mutation

Positive staining:p53

Negative staining:DAXX/ATRX

Mutation specific antibody:EGFR BRAF KRAS

Re-arrangement:ALK

Gene expression and changes

Amplification:In situ hybridization(ISH) FISH CISH DISH

Rearrangement & translocation:FISH CISH DISH

Mutation point mutation deletion insertion

Sanger direct sequencing Allele specific detection

Next Generation Sequencing(NGS)

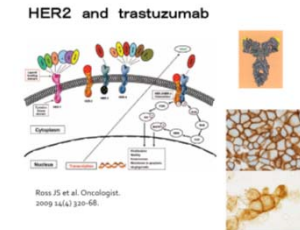
Application of Cytological materials to HER2 FISH,CISH,SISH DISH

Direct smear(FNA)

Fresh Archival

Liquid based cytology(LBC)

Cell block



HER2 testing 2013

1.Immunohistochemistry 3+ >10%

2.Single probe ISH <4 4-6 >6

3.Dual probe ISH >2

HER2 testing 2007

"Equivocal" → Retest

IHC 3+ >30%

FISH 1.8-2.2

Algorithm

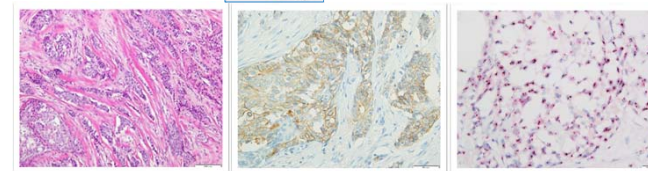


(Arch Pathol Lab Med. doi: 10.5858/arpa.2013-0953-SA)



Detection of target molecule in breast cancers

HER2 2+ , DISH(+)

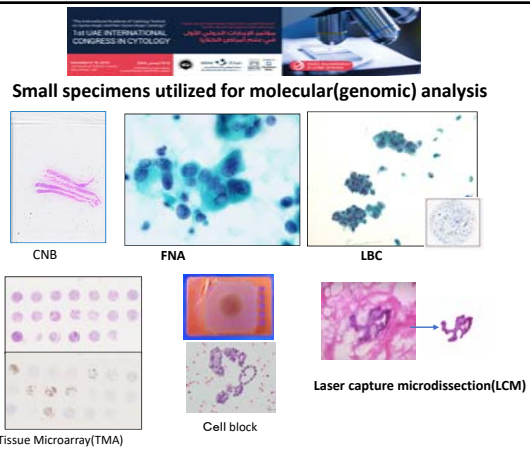


Invasive ductal carcinoma

HER2 2+

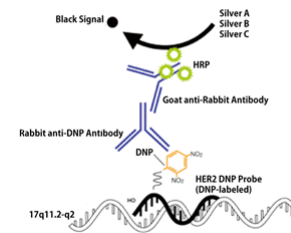
DISH(+)
HER2/Chr17 ratio 3.84

HER2 positive → Anti-HER2 therapy

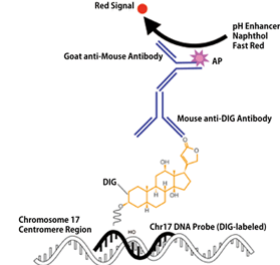


Dual Color *in situ* Hybridization(DISH)

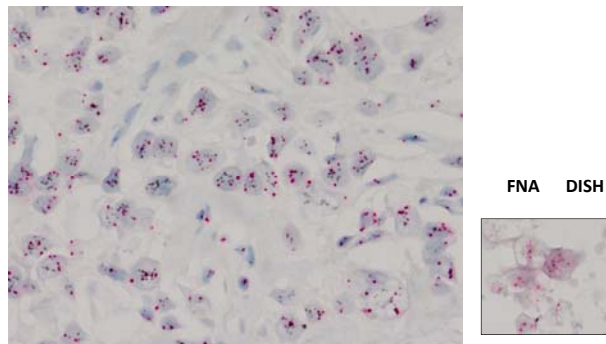
Step1
Silver ISH for HER2



Step2
RED ISH for Chromosome 17



HER2 DISH on histology and cytology Invasive ductal carcinoma



Histology 2.9 HER2 amplification Cytology 2.7

Molecular(Genomic) pathology: Cytology vs Histology

Cytology: FNA EUS-FNA LBC Cell block

Histology: Formalin-fixed paraffin embedded(FFPE) sections

Cytology: Whole nuclei ideal

Histology: Sectioned nuclei

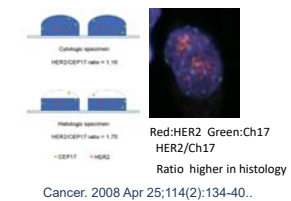
Numbers of genes may differ

HER2/Ch17 ratio: lower in histology

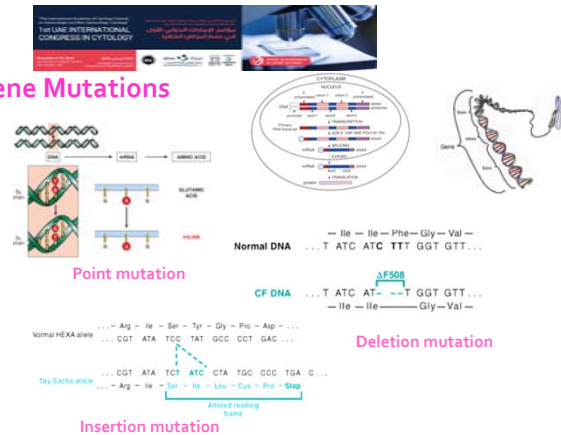
Cytology: No paraffin embedding

Histology: Paraffin embedding

DNA RNA preservation



Gene Mutations



Methods to detect mutations

Sanger's Direct sequencing
Pyrosequencing
Allele specific analysis
idensy® (Arkray)

Next generation sequencing
Whole genome sequencing(NGS)
Targeted NGS

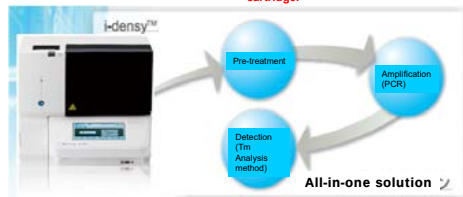
Allele specific mutational detection

Japanese word for **gene** → **idenshi** 遺伝子 → **i-densy**

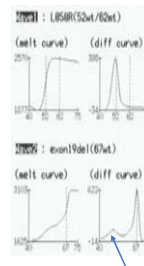
i-densy website
<http://i-densy.arkray.co.jp/index.html>

Fully automated gene analyzer
i-densy™ IS-5320

- ✓ 80 min from start to result output and using whole blood
- ✓ Measurement of up to 3 SNPs with one cartridge.



EGFR Deletion mutation exon 19



EGFR in lung cancer

Point mutation on exon 21 L858R
Deletion mutation exon 19 746-750

Point mutation on exon 21

more responsive to gefitinib Sasaki et al. Clin Cancer Res 11:2924, 2006
L858R mutation good response Sone et al. Lung cancer 54:103, 2006

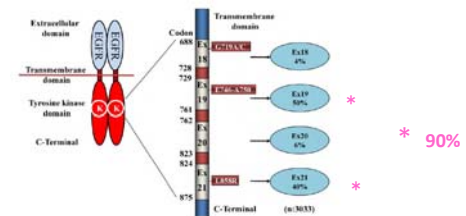
Exon 19 deletion Longer overall survival
Higher response rate
Longer TTP

KRAS mutation (40%) No response to gefitinib Kosaka et al. 2004
EGFR immunohistochemistry- not useful

EGFR FISH amplification No higher response No longer TTP No longer OS
Mutation, not amplification, may serve as predictors of gefitinib response
Sone et al. Cancer 109:1836, 2007

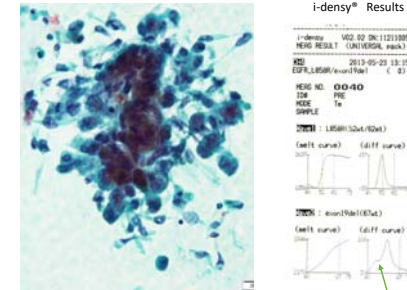
Applications of the mutational analysis on tissues(histology) and cells(cytology)

EGFR and lung cancers

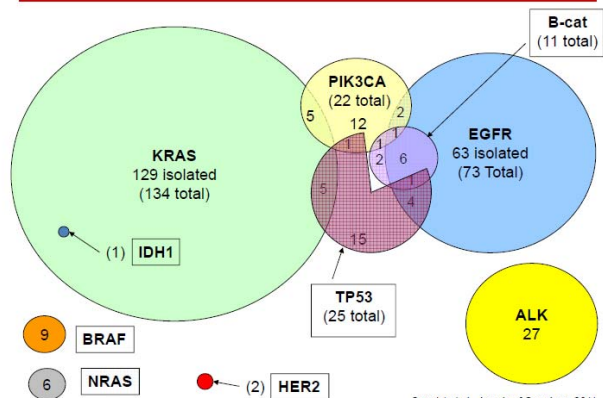


Yoshida T et al. *Biochem Pharmacol.* 2010 May 25. Frequency of EGFR mutations in NSCLC (n = 3033)

Mutational analysis from cytology specimens EGFR exon 19 deletion



Overlap of Mutations - NSCLC



Cytology and ALK FISH

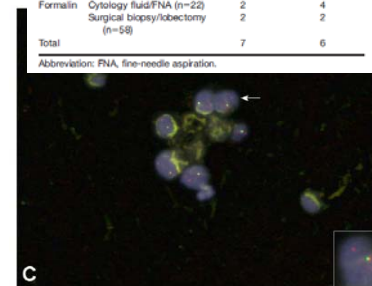
Cytology Specimens Offer an Effective Alternative to Formalin-Fixed Tissue as Demonstrated by Novel Automated Detection for ALK Break-Apart FISH Testing and Immunohistochemistry in Lung Adenocarcinoma

Cancer (Cancer Cytopathol) 2014;000:000-000.

TABLE 3. Technical Failure by Fixation and Specimen Type

Fixation	Specimen Type	Insufficient Cells	No Hybridization Signals
Alcohol	Cytology fluid/FNA (n=34)	3	0
Formalin	Cytology fluid/FNA (n=22)	2	4
	Surgical biopsy/lobectomy (n=58)	2	2
Total		7	6

Abbreviation: FNA, fine-needle aspiration.



EGFR mutation-specific antibodies

Jian Yu et al. Mutation-Specific Antibodies for the Detection of EGFR Mutations in Non-Small-Cell Lung Cancer Clin Cancer Res. 2009 May 15;15(9):3023-8.

Activating mutations within the tyrosine kinase domain of epidermal growth factor receptor (EGFR) are found in approximately 10% to 20% of non-small-cell lung cancer (NSCLC) patients and are associated with response to EGFR inhibitors.

The most common NSCLC-associated EGFR mutations are deletions in exon 19 and L858R mutation in exon 21, together accounting for 90% of EGFR mutations. Home-made antibodies

Screening a panel of 340 paraffin-embedded NSCLC tumor samples with these antibodies showed that the sensitivity of the immunohistochemistry assay is 92%, with a specificity of 99% as compared with direct and mass spectrometry-based DNA sequencing.

This simple assay for detection of EGFR mutations in diagnostic human tissues provides a rapid, sensitive, specific, and cost-effective method to identify lung cancer patients responsive to EGFR-based therapies



Next Generation Sequencing (NGS)

Detection of multiple mutations of the multiple target cancer genes
Detection of druggable genes and the genes for therapeutic prediction



Challenges and opportunities of next-generation sequencing: a cytopathologist's perspective

E. Vigliar, U. Malapelle, C. de Luca, C. Bellevisine and G. Troncone

*Pathology Division, Department of Public Health, University of Naples Federico II, Naples, Italy

Cytopathology 2015, 26, 271-283

Table 1. Head-to-head comparison of Ion Torrent/PGM and Illumina/MiSeq technologies

Sequencing platforms	Ion Torrent/PGM	Illumina/MiSeq
Principle	pH change monitoring	Reversible dye terminators
Amplification	Emulsion PCR	Bridge PCR
Read length	Up to 250 bp	Up to 250 bp
Principal error type	Homopolymeric regions	Substitution
DNA input (ng)	10	30-270
Number of neoplastic cells	100-1000	5000-15000
Run time (h)	4	27



FNA Smears as a Potential Source of DNA for Targeted Next-Generation Sequencing of Lung Adenocarcinomas

Amanda L. Treece, MD¹; Nathan D. Montgomery, MD, PhD^{2,3}; Nirali M. Patel, MD^{2,3}; Chris J. Cavalier, BS²; Leslie G. Dodd, MD²; Margaret L. Guley, MD, PhD^{2,3}; Jessica K. Booker, PhD²; and Karen E. Weck, MD, PhD^{2,3}

Cancer Cytopathology Month 2016

TABLE 3. Sequencing Success by Clinical Specimen Type

Specimen Type	Successful Cases, No.	Total Cases, No.	Successful, %
FNA direct smears	12	12	100 ^a
Surgical resections	55	57	96 ^{b,c}
Body fluid cell blocks	9	10	90
Small biopsies	48	60	80 ^b
FNA cell blocks	23	33	70 ^{a,c}

Abbreviation: FNA, fine-needle aspiration.

^aStatistically significant difference between FNA direct smears and FNA cell blocks ($P = .03$).

^bStatistically significant difference between surgical resections and small biopsies ($P = .0004$).

^cStatistically significant difference between surgical resections and FNA cell blocks ($P = .0003$).

A validation set of 10 slides from 9 patients with prior clinical epidermal growth factor receptor (EGFR) target sequencing and KRAS pyrosequencing (5 KRAS-positive/EGFR-negative and 4 KRAS-negative/EGFR-negative) underwent DNA extraction, quality assessment, and targeted NGS. Subsequently, lung adenocarcinoma specimens submitted for NGS solid tumor mutation panel testing in 1 calendar year (60 biopsies, 57 resections, 33 FNA cell blocks, 12 FNA smears, and 10 body fluid cell blocks) were reviewed for specimen adequacy, sequencing success, and DNA quality. **RESULTS:** All 10 val-

according to AC, was significantly better with FNA smears versus biopsies, resections, and FNA cell blocks. **CONCLUSIONS:** FNA smears of lung adenocarcinomas are high-quality alternative specimens for a targeted NGS panel with a high success rate in clinical practice. Cancer (Cancer Cytopathol) 2016;000:000-000. © 2016 American Cancer Society.

Next-generation sequencing-based multi-gene mutation profiling of solid tumors using fine needle aspiration samples: promises and challenges for routine clinical diagnostics

Rashmi Kanagal-Shamanna, Bryce P Portier, Rajesh R Singh, Mark J Routhort, Kenneth D Aldape, Brian A Hanel, Hamed Rahimi, Nowlana G Roddy, Bedia A Barkoh, Bal M Mishra, Abhaya V Paladugu, Jawad H Manekia, Neda Kalhor, Sanchita Roy Chowdhuri, Gregg A Staerkel, L Jeffrey Medeiros, Rajyalakshmi Luthra and Keyur P Patel

Department of Hematopathology, The University of Texas M.D. Anderson Cancer Center, Houston, TX, USA

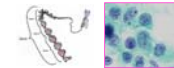
46 cancer-related genes using a 318-chip on Ion PGM Sequencer. All tested samples underwent successful targeted sequencing of 46 genes. We showed 100% concordance of results between next-generation sequencing and conventional test platforms for all previously known point mutations that included *BRAF*, *EGFR*, *KRAS*, *MET*, *NRAS*, *PIK3CA*, *RET* and *TP53* deletions of *EGFR* and wild-type calls. Furthermore, next-generation sequencing detected variants in 19 of the 31 (61%) patient samples that were not detected by traditional platforms, thus increasing the utility of mutation analysis; these variants involved the *APC*, *ATM*, *CDKN2A*, *CTNNB1*, *FGFR2*, *FLT3*, *KDR*, *KIT*, *KRAS*, *MLH1*, *NRAS*, *PIK3CA*, *SMAD4*, *STK11* and *TP53* genes. The results of this study show that next-generation sequencing-based mutational profiling can be performed on fine needle aspiration cytological smears and cell blocks. Next-generation sequencing can be performed with only nanograms of DNA and has better sensitivity than traditional sequencing platforms. Use of next-generation sequencing also enhances the power of fine needle aspiration by providing gene mutation results that can direct personalized cancer therapy. *Modern Pathology* (2014) 27, 314–327; doi:10.1038/modpathol.2013.122; published online 2 August 2013



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References:

- Osamura RY. [Roles of pathologists in molecular targeted cancer therapy](#). *J Cell Mol Med*. 2009 Nov-Dec;13(11-12):4286-90.
- Kato N, Itoh H, Serizawa A, Hatanaka Y, Umemura S, Osamura RY. [Evaluation of HER2 gene amplification in invasive breast cancer using a dual-color chromogenic in situ hybridization \(dual CISH\)](#). *Pathol Int*. 2010 Jul;60(7):510-5.
- Itoh H, Miyajima Y, Umemura S, Osamura RY. [Lower HER-2/chromosome enumeration probe 17 ratio in cytologic HER-2 fluorescence in situ hybridization for breast cancers: three-dimensional analysis of intranuclear localization of centromere 17 and HER-2 signals](#). *Cancer*. 2008 Apr 25;114(2):134-40.
- Kanagal-Shamanna R, Portier BP, Singh RR, et al. [Next-generation sequencing-based multi-gene mutation profiling of solid tumors using fine needle aspiration samples: promises and challenges for routine clinical diagnostics](#). *Mod Pathol*. 2014 Feb;27(2):314-27.
- Treece AL, Montgomery ND, Patel NM et al. [FNA smears as a potential source of DNA for targeted next-generation sequencing of lung adenocarcinomas](#). *Cancer Cytopathol*. 2016 Jun;124(6):406-14.