

**FOXL2 Mutation Analysis, Next-Generation
Sequencing, Tumor**

Patient ID SA00175023	Patient Name TESTINGRNV, ABNORMAL Q	Birth Date 1985-12-12	Sex F	Age 39
Order Number SA00175023	Client Order Number SA00175023	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 28 Mar 2025 00:00		

FOXL2 Mutations Analysis, Tumor

Result

MCR

Provided diagnosis: ovary, adult granulosa cell tumor

The following CLINICALLY RELEVANT VARIANT was detected:

Gene: FOXL2

DNA Change: c.402C>G (Exon 1)

Amino Acid Change: p.C134W (Cys134Trp)

Variant Allele Frequency: 44.9%

No other reportable sequence variants were detected within the analyzed regions of the tested gene(s) listed in the method description.

Interpretation

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FOXL2 c.402C>G (p.C134W) (Exon 1)

FOXL2 encodes Forkhead box protein L2, or FOXL2, which is a transcription regulator involved in ovarian differentiation and maintenance [PMID:15300845, PMID:16153597, PMID:19429596, PMID:19744555]. FOXL2 has been reported to positively or negatively regulate a number of target genes, including genes involved in steroidogenesis, inflammation, apoptosis, and detoxification [PMID:15059956, PMID:17360647, PMID:20167115]. FOXL2 has also been proposed to be involved in stress response [PMID:19010791].

Mutations in FOXL2 are commonly found in adult granulosa cell tumors with the p.C134W mutation present in greater than 90%; however, the prevalence in tumors of variant morphology (e.g., diffuse) may be lower [PMID: 19516027, PMID: 20693978, PMID: 20198651].

This result supports a diagnosis of adult granulosa cell tumor.

There are currently no known clinically approved therapies that specifically target FOXL2 mutations.

Additional Information

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CLINICAL TRIALS

Possible clinical trials of benefit for this patient can be found at the following sites:

1) ClinicalTrials.gov:

www.clinicaltrials.gov/ct2/search/advanced

2) Mayo Clinic: www.mayo.edu/research/clinical-trials/ 3) National Cancer Institute: www.cancer.gov/clinicaltrials/search

REFERENCE TRANSCRIPT

Sequence variant nomenclature is based on the following RefSeq accession number (build GRCh37 (hg19)): FOXL2 NM_023067.

Specimen

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Tissue, Tumor

Tissue ID

MCR

12345

Method

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Microscopic examination is performed by a pathologist to identify areas of tumor for enrichment by macrodissection. DNA is extracted from FFPE or cytology slides, and next generation sequencing is performed to evaluate the presence of a mutation in exon 1 of the FOXL2 gene.

Variant nomenclature is based on build GRCh37 (hg19). For details about gene transcripts (RefSeq accession numbers), specific targeted regions of each gene, and additional information on this test, see www.mayocliniclabs.com (Test ID XL2T).

Disclaimer

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This test cannot differentiate between somatic and germline alterations. Additional testing may be necessary to clarify the significance of results if there is a potential hereditary risk.

DNA variants of uncertain significance may be identified.

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW, Rochester, MN 55905	Nikola Baumann Ph.D.	24D0404292

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A negative result does not rule out the presence of a variant that may be present but below the limits of detection of this assay. The analytical sensitivity of this assay for sequence reportable alterations is 5% mutant allele frequency with a minimum coverage of 500X in a sample with at least 20% tumor content.

Point mutations and small insertion/deletion mutations will be detected in the FOXL2 gene. This test may detect single exon deletions but does not detect multi-exon deletions, duplications, larger-scale genomic copy number variants, copy neutral loss of heterozygosity (LOH), or epigenetic modifications such as promoter methylation. DELINS of 1,000 bp or less are detectable with at least 50 or more supporting reads.

Variant allele frequency (VAF) is the percentage of sequencing reads supporting a specific variant divided by the total sequencing reads at that position. In somatic testing, VAF should be interpreted in the context of several factors including, but not limited to: tumor purity/heterogeneity/copy number status (ploidy, gains/losses, loss of heterozygosity) and sequencing artifact/misalignment [PMID: 27144058, PMID: 29769535].

Rare polymorphisms may be present that could lead to

false-negative or false-positive results.

The presence or absence of a variant may not be predictive of response to therapy in all patients.

Test results should be interpreted in the context of clinical, tumor sampling, histopathological, and other laboratory data. If results obtained do not match other clinical or laboratory findings, contact the laboratory for discussion. Misinterpretation of results may occur if the information provided is inaccurate and/or incomplete.

Reliable results are dependent on adequate specimen collection and processing. This test has been validated on cytology slides and formalin-fixed, paraffin-embedded tissues; other types of fixatives are discouraged. Improper treatment of tissues, such as decalcification, may cause PCR failure.

Released By

Katherine B. Geiersbach, M.D.

MCR

Received: 29 Mar 2025 17:08

Reported: 08 Apr 2025 15:22

Laboratory Notes

- 1 This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

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