

MDM2 (12q15) Amplification, Well-Differentiated Liposarcoma/Atypical Lipomatous Tumor, FISH, Tissue

## Overview

#### **Useful For**

Detection of MDM2 amplification

Supporting the diagnosis of many neoplasms, including, but not limited to, well-differentiated liposarcoma, atypical lipomatous tumor, parosteal osteosarcoma and central low-grade osteosarcoma

#### **Reflex Tests**

| Test Id | Reporting Name     | Available Separately | Always Performed |
|---------|--------------------|----------------------|------------------|
| _PBCT   | Probe, +2          | No, (Bill Only)      | No               |
| _PADD   | Probe, +1          | No, (Bill Only)      | No               |
| _PB02   | Probe, +2          | No, (Bill Only)      | No               |
| _PB03   | Probe, +3          | No, (Bill Only)      | No               |
| _IL25   | Interphases, <25   | No, (Bill Only)      | No               |
| _1099   | Interphases, 25-99 | No, (Bill Only)      | No               |
| _1300   | Interphases, >=100 | No, (Bill Only)      | No               |

## **Testing Algorithm**

This test includes a charge for the probe application, analysis, and professional interpretation of results for 1 probe set (2 individual fluorescence in situ hybridization [FISH] probes). No analysis charges will be incurred if an insufficient number of representative cells are available for analysis.

#### **Method Name**

Fluorescence In Situ Hybridization (FISH)

## **NY State Available**

Yes

## Specimen

## **Specimen Type**

Tissue

## **Ordering Guidance**

This test does not include a pathology consultation. If a pathology consultation is requested, order PATHC / Pathology Consultation and the appropriate fluorescence in situ hybridization test (FISH) test will be added and performed at an



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additional charge.

### **Shipping Instructions**

Advise Express Mail or equivalent if not on courier service.

## **Necessary Information**

- **1.** A pathology report is required for testing to be performed. If not provided, appropriate testing and/or interpretation may be compromised or delayed. Acceptable pathology reports include working drafts, preliminary pathology, or surgical pathology reports.
- 2. The following information must be included in the report provided:
- -Patient name
- -Block number must be on all blocks, slides, and paperwork
- -Date of collection
- -Tissue source
- 3. A reason for testing must be provided. If this information is not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.

## **Specimen Required**

Submit only 1 of the following specimens:

#### **Preferred**

Specimen Type: Tissue block

**Collection Instructions:** Submit a formalin-fixed, paraffin-embedded tumor tissue block. Blocks prepared with alternative fixation methods may be acceptable; provide fixation method used.

## **Acceptable**

Specimen Type: Tissue slides

Slides: 1 Hematoxylin and eosin-stained and 4 unstained

**Collection Instructions**: Submit 1 slide stained with hematoxylin and eosin and 4 consecutive unstained, positively charged, unbaked slides with 5-micron-thick sections of the tumor tissue.

#### **Forms**

If not ordering electronically, complete, print, and send an Oncology Test Request (T729) with the specimen.

## Specimen Minimum Volume

Slides: 1 Hematoxylin and eosin-stained and 2 unstained

#### Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

## **Specimen Stability Information**

| Specimen Type | Temperature         | Time | Special Container |
|---------------|---------------------|------|-------------------|
| Tissue        | Ambient (preferred) |      |                   |



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| Refrigerated |  |
|--------------|--|

## **Clinical & Interpretive**

## **Clinical Information**

Differential Diagnosis of Well-Differentiated Liposarcoma/Atypical Lipomatous Tumor:

The histological discrimination of well-differentiated liposarcoma/atypical lipomatous tumor (WDL/ALT) from lipoma can be diagnostically challenging. However, standard cytogenetic identification of ring and giant rod chromosomes strongly support the diagnosis of WDL/ALT. These abnormal chromosomes are mainly composed of amplified sequences derived from chromosome bands 12q13-15 and contain several amplified genes, including *MDM2*, *CPM*, *CDK4*, and *TSPAN31*. *MDM2* is amplified in greater than 99% of WDL and up to 30% of other types of sarcomas.

#### Differential Diagnosis of Osteosarcoma:

The histological discrimination of parosteal or low-grade central osteosarcoma from other morphologically similar, but clinically distinct, entities can be difficult. Amplification of genomic material derived from chromosome 12q13-15, which contains several genes, including *MDM2*, has been shown to be a recurrent finding in a large proportion (67%-100%) of parosteal and central low-grade osteosarcomas. Therefore, the detection of *MDM2* gene amplification by fluorescence in situ hybridization may be a useful adjunct to support a diagnosis of low-grade central or parosteal osteosarcoma in the proper histopathologic context. Amplifications of 12q13-15 (including *MDM2*) are less common in conventional high-grade osteosarcoma, estimated to occur in approximately 5% to 10% of tumors.

#### Reference Values

An interpretive report will be provided.

## Interpretation

A neoplastic clone is detected when the percent of cells with an abnormality exceeds the normal reference range for the *MDM2* fluorescence in situ hybridization (FISH) probe set.

Differential Diagnosis of Well-Differentiated Liposarcoma/Atypical Lipomatous Tumor:

A positive result is consistent with amplification of the *MDM2* gene locus (12q15) and, in the proper clinical and pathologic context, may support the diagnosis of well-differentiated liposarcoma/atypical lipomatous tumor (WDL/ALT). *MDM2* amplification may be seen in other neoplasms and is not diagnostic in isolation. Clinical and pathologic correlation is required.

A negative result is consistent with absence of amplification of the *MDM2* gene locus (12q15) but does not exclude the diagnosis of WDL/ALT. Clinical and pathologic correlation is required.

## Differential Diagnosis of Osteosarcoma:

A positive result is consistent with amplification of the *MDM2* gene locus (12q15) and, in the proper clinical and pathologic context, may support the diagnosis of parosteal osteosarcoma or low-grade central osteosarcoma. *MDM2* amplification may be seen in other neoplasms and is not diagnostic in isolation. Clinical and pathologic correlation is required.



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A negative result is consistent with absence of amplification of the *MDM2* gene locus (12q15) but does not exclude the diagnosis of low-grade central osteosarcoma or parosteal osteosarcoma. Clinical and pathologic correlation is required.

#### **Cautions**

This test is not approved by the US Food and Drug Administration, and it is best used as an adjunct to existing clinical and pathologic information.

Fixatives other than formalin (eg, Prefer, Bouin's) may not be successful for fluorescence in situ hybridization (FISH) assays. Non-formalin fixed samples will not be rejected.

Paraffin-embedded tissues that have been decalcified are generally unsuccessful for FISH analysis. The pathologist reviewing the hematoxylin and eosin-stained slide may find it necessary to cancel testing.

## **Supportive Data**

Fluorescence in situ hybridization (FISH) analysis was performed on 10 formalin-fixed, paraffin-embedded, well-differentiated liposarcoma/atypical lipomatous tumors (WDL/ALT) tumor samples and 25 normal controls. Amplification of *MDM2* was identified in the WDL/ALT samples and correlated with the CPM results. Amplification of *MDM2* was not observed in any of the control samples tumors.

### **Clinical Reference**

- 1. Erickson-Johnson MR, Seys AR, Roth CW, et al. Carboxypeptidase M: a biomarker for the discrimination of lipoma from liposarcoma. Mod Pathol. 2009;22(12):1541-1547
- 2. Jacob E, Erickson-Johnson MR, Wang X, et al. Assessment of *MDM2* amplification using fluorescence in situ hybridization on paraffin-embedded tissue discriminates atypical lipomatous tumors from lipomas. Mod Pathol. 2006;19:13A
- 3. He X, Pang Z, Zhang X, et al. Consistent amplification of FRS2 and MDM2 in low-grade osteosarcoma: A genetic study of 22 cases with clinicopathologic analysis. Am J Surg Pathol. 2018;42(9):1143-1155
- 4. Duhamel LAE, Ye H, Halai, D, et al. Frequency of Mouse Double Minute 2 (MDM2) and Mouse Double Minute 4 (MDM4) amplification in parosteal and conventional osteosarcoma subtypes. Histopathology. 2012;60(2):357-359
- 5. Dujardin F, Binh MBN, Bourvier C, et al. MDM2 and CDK4 immunohistochemistry is a valuable tool in the differential diagnosis of low-grade osteosarcomas and other primary fibro-osseous lesions of the bone. Mod Pathol. 2011;24(5):624-637
- 6. WHO Classification of Tumours Editorial Board. Soft Tissue and Bone. 5th ed. IARC; 2020. World Health Organization Classification of Tumours. Vol 3

#### **Performance**

## **Method Description**

This test is performed using commercially available *MDM2* (12q15) and chromosome 12 centromere (D12Z3) probes. Formalin-fixed, paraffin-embedded tissues are cut at 5 microns and mounted on positively-charged glass slides. The



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selection of tissue and the identification of target areas on the hematoxylin and eosin (H and E)-stained slide is performed by a pathologist. Using the H and E-stained-slide as a reference, target areas are etched with a diamond-tipped engraving tool on the back of the unstained slide to be assayed. The probe set is hybridized to the appropriate target areas, and 2 technologists each analyze 30 interphase nuclei (60 total) per probe set with the results expressed as a ratio MDM2:D12Z3 signals.(Unpublished Mayo method)

## **PDF Report**

No

## Day(s) Performed

Monday through Friday

## **Report Available**

7 to 10 days

#### **Specimen Retention Time**

Slides and H and E used for analysis are retained by the laboratory in accordance with regulatory requirements. Client provided paraffin blocks and extra unstained slides (if provided) will be returned after testing is complete.

## **Performing Laboratory Location**

Rochester

#### Fees & Codes

#### Fees

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

#### **Test Classification**

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

## **CPT Code Information**

88271x2, 88291-DNA probe, each (first probe set), Interpretation and report

88271x2-DNA probe, each; each additional probe set (if appropriate)

88271-DNA probe, each; coverage for sets containing 3 probes (if appropriate)

88271x2-DNA probe, each; coverage for sets containing 4 probes (if appropriate)

88271x3-DNA probe, each; coverage for sets containing 5 probes (if appropriate)

88274 w/modifier 52-Interphase in situ hybridization, <25 cells, each probe set (if appropriate)

88274-Interphase in situ hybridization, 25 to 99 cells, each probe set (if appropriate)

88275-Interphase in situ hybridization, 100 to 300 cells, each probe set (if appropriate)



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## **LOINC®** Information

| Test ID | Test Order Name            | Order LOINC® Value |
|---------|----------------------------|--------------------|
| MDM2F   | MDM2 (12q15) Amp, FISH, Ts | 93808-4            |

| Result ID | Test Result Name       | Result LOINC® Value |
|-----------|------------------------|---------------------|
| 54681     | Result Summary         | 50397-9             |
| 54684     | Interpretation         | 69965-2             |
| 54683     | Result                 | 62356-1             |
| 54917     | Specimen               | 31208-2             |
| 54686     | Source                 | 31208-2             |
| 54687     | Tissue ID              | 80398-1             |
| 54688     | Released By            | 19139-5             |
| CG929     | Reason For Referral    | 42349-1             |
| 55132     | Method                 | 85069-3             |
| 55133     | Additional Information | 48767-8             |
| 53396     | Disclaimer             | 62364-5             |