# SCOTTISH MOLECULAR PATHOLOGY LABORATORY CONSORTIUM

GENOMIC TEST DIRECTORY

FOR

MOLECULAR PATHOLOGY





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## INTRODUCTION

#### NHS SCOTLAND LABORATORY GENETIC SERVICES

NHS Scotland genetics services are delivered through four regional genetics centres in Aberdeen, Dundee, Edinburgh and Glasgow. Each centre offers a closely integrated laboratory and clinical service. NHS National Services Scotland commission the four genetics centres in Scotland work as a formal consortium arrangement, to deliver equitable, high quality genetic testing service for Scotland. All laboratories are accredited by United Kingdom Accreditation Service (UKAS) in accordance with the recognized ISO 15189:2012 standard.

Molecular genetics testing was nationally designated in 1985 and cytogenetics in 2009. Molecular pathology testing services was nationally commissioned as a single designated multi-site national specialist service from 1 April 2013.

Genetics and molecular pathology services are evolving and increasing each year with advancing knowledge, technology, and the increasing utility of stratified medicine. The increase in molecular pathology, in particular, is increasingly being driven by the development and availability of targeted treatment therapies in both solid tumours and haematological malignancies.

Molecular pathology centres deliver the vast majority of services on a regional basis, providing testing for the local and neighbouring healthboards. A limited number of specialist tests are provided in designated centres to cover the population of Scotland.

#### **PURPOSE OF DOCUMENT**

The Scottish Molecular Pathology Laboratory Consortium Genomic Test Directory contains a list of all services currently available in Scotland.

This document will be reviewed annually.

#### NHS SCOTLAND GENETIC LABORATORY CONTACT DETAILS

#### • Aberdeen (NHS Grampian)

Address: Genetics and Molecular Pathology Laboratory Services, Polwarth Building,

Foresterhill, Aberdeen AB25 2ZD

Email address: gram.molgen@nhs.scot

Website: https://www.nhsgrampian.org/service-hub/north-of-scotland-medical-genetics

#### Dundee (NHS Tayside)

Address: East of Scotland Regional Genetics Service, Level 6, Ninewells Hospital, Dundee DD1 9SY

Email address: Tay.esrq@nhs.scot

Website: <a href="https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/Genetics/PROD\_295540/index.htm">https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/Genetics/PROD\_295540/index.htm</a>

## Edinburgh Genetics (NHS Lothian)

Address: South East Scotland Genetic Service, Western General Hospital, Crewe Road,

Edinburgh, EH<sub>4</sub> 2XU

Email address: edinburgh.dna@nhslothian.scot.nhs.uk /

wgh.cytogenetics@nhslothian.scot.nhs.uk

Phone: 0131 537 1116 / 0131 537 1940

Website: https://services.nhslothian.scot/clinicalgeneticsservice/GeneticLaboratoryServices/Pa

qes/default.aspx

#### Edinburgh Molecular Pathology (NHS Lothian)

*Molecular Pathology – Solid Tumours*, Department of Laboratory Medicine, Royal Infirmary of Edinburgh, 51 Little France Crescent, Old Dalkeith Road, Edinburgh EH16 4SA

Email address:molecular.pathology@nhslothian.scot.nhs.uk

Tel: 0131 242 7141

Haematology Malignancy Diagnostic Service (HMDS), Haematology/Biochemistry Combined Reception, Department of Laboratory medicine, Western General Hospital, Crewe Road, Edinburgh EH4 2XU

Email address: HMDS.Lothian@nhslothian.scot.nhs.uk

Tel: 0131 537 1145/2374

## • Glasgow (NHS Greater Glasgow & Clyde)

Address: West of Scotland Centre for Genomic Medicine, Laboratory Genetics, Level 2B Laboratory Medicine & FM Building, Queen Elizabeth University Hospital, Glasgow G<sub>51</sub> 4TF

Email address: Genetic.Laboratories@ggc.scot.nhs.uk

Website: https://www.nhsqqc.org.uk/about-us/professional-support-sites/laboratory-

medicine/laboratory-disciplines/laboratory-genetics/#

#### **TEST REQUESTING**

Testing will be delivered either in the local centre or the designated centre, according to the test directory. Regardless of testing centre, all samples should be directed to the local genetics laboratory in the first instance, with referrals being forwarded by them where required/if appropriate. Samples should be accompanied with the appropriate completed referral forms (or proforma, if required). For local sample acceptance policies and referral forms, please see the local laboratory website.

Consent for genetic testing should be gained for testing before the sample is referred to the laboratories. This is of particular importance in testing where there may be germline implications and a possible impact on family members e.g. BRCA1/2 testing in ovarian tumours, inherited predisposition to haematological malignancies.

Services are provided for the clinical indications listed when referred from the appropriate specialties.

#### SAMPLE REQUIREMENTS

A range of sample types may be referred for molecular pathology testing including blood, marrow, formalin fixed paraffin embedded (FFPE) tissue etc. For specific sample requirements associated with each test, please see the local laboratory websites.

#### **TESTING METHODOLOGY**

Different methods are utilised depending on the scope of testing. These methods include techniques to detect a single variant up to genome wide screens. The different methods include:

- PCR (polymerase chain reaction)
- Sanger sequencing
- Next Generation Sequencing (NGS; DNA or RNA based) panels vary in size from a small, targeted panels to gene screens and may include detection of fusion genes Fragment analysis
- Multiplex Ligation Probe Amplification (MLPA) including methylation specific type (MS-MLPA)
- Fluorescent In Situ Hybridisation (FISH)
- PCR/FLA (fragment length analysis)
- Pyrosequencing (pyroseq), including MS-pyroseq
- Allele specific PCR (COBAS)
- Karyotype
- Microarray (SNP array)
- qRT PCR (quantitative real-time PCR)
- RT-PCR (reverse transcription PCR)
- Real time AS-PCR (allele specific PCR)
- High resolution melt
- Nested RT-PCR

#### **SCOPE AND RANGE OF TEST**

The scope and range of testing refers to the extent of testing and the types of variant that will be detected.

The scope of testing includes:

- Targeted screen testing of specific region(s) e.g. gene rearrangements, amplifications or DNA level variant
- Whole gene screen sequence of coding region of relevant gene(s)
- Copy number (variant)/(CNV) assessment of gene level copy number
- Genomic screen detection of large scale rearrangements

The types of variants detected include:

- Small sequence variants
  - o Single nucleotide variants (SNVs)
  - Insertions / deletions (indels)
- Copy number variants (CNVs)
  - Exon level
  - o Genome wide level
- Genome wide rearrangements

The targets tested refer to the genes / regions tested for the particular clinical indication.

#### **REPORTING TIMES**

Reporting times are listed based on calendar days (except where indicated). These range from 3 to 42 days depending on urgency and complexity of testing. NB. Different reporting times may be evident in some clinical indications due to differences in local clinical practice.

## SOLID MALIGNANCIES

## ADULT GRANULOSA CELL TUMOUR

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	Sanger	Targeted screen	SNV	FOXL2 (Cys134Trp)	14
Dundee	Sanger	Targeted screen	SNV	FOXL2 (Cys134Trp)	14
EdinburghMP	Sanger	Targeted screen	SNV	FOXL2 (Cys134Trp)	14
Glasgow	Sanger	Targeted screen	SNV	FOXL2 (Cys134Trp)	14

#### REFERRAL CRITERIA

• Ovarian sex cord stromal tumour – differential diagnosis includes adult granulosa cell tumour

- Pathology
- Gynaecological MDT

## **BREAST CANCER**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	FISH	Targeted screen	Copy number	ERBB2 (HER2)	14
Dundee	FISH	Targeted screen	Copy number	ERBB2 (HER2)	14
EdinburghMP	FISH	Targeted screen	Copy number	ERBB2 (HER2)	14
Glasgow	FISH	Targeted screen	Copy number	ERBB2 (HER2)	14

## REFERRAL CRITERIA

• Invasive primary breast cancer, recurrent and metastatic tumours identified to have borderline HER2 expression by immohistochemistry (IHC) (score of 2+)

- Pathology
- Oncology

## COLORECTAL CANCER

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
	NGS_DNA	Targeted screen	SNVs, indels	KRAS (codons 12, 13, 59, 61, 117, 146) NRAS (codons 12, 13, 59, 61, 117, 146) BRAF (codon 600)	14
Aberdeen	PCR/FLA	Targeted screen	MSI	NR21, NR24, BAT26, BAT25, MONO27 microsatelllite repeats	14
	MS-MLPA	Targeted screen	methylation	MLH1	14
	NGS_DNA	Targeted screen	SNVs, indels	KRAS (codons 12, 13, 59, 61,117, 146) NRAS (codons 12, 13, 59, 61) BRAF (codon 600)	14
Dundee	PCR/FLA	Targeted screen	MSI	NR21, NR24, BAT26, BAT25, MONO27 microsatelllite repeats	14
	MS-MLPA	Targeted screen	methylation	MLH1	28
	NGS_DNA	Targeted screen	SNVs, indels	KRAS (codons 12, 13, 59, 61, 117, 146) NRAS (codons 12, 13, 59, 61) BRAF (codon 600) TP53 (if requested by Oncology)	14
EdinburghMP	PCR/FLA	Targeted screen	MSI	NR21, NR24, BAT26, BAT25, MONO27 microsatellite repeats	14
	MS-pyroseq	Targeted screen	methylation	MLH1	28
	NGS_DNA	Targeted screen	SNVs, indels	KRAS (codons 12, 13, 59, 61, 117, 146) NRAS (codons 12, 13, 59, 61) BRAF (codon 600)	14
Glasgow	PCR/FLA	Targeted screen	MSI	NR21, NR24, BAT26, Bat25, MONO27 microsatellite repeats	7
	MS-pyroseq	Targeted screen	methylation	MLH1	14

NB Reporting times influenced by local clinical practice

## REFERRAL CRITERIA

• All new diagnoses of colorectal cancer

- Pathology
- Oncology

#### **GASTRIC CANCER**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	FISH	Targeted screen	Copy number	ERBB2 (HER2)	14
Dundee	FISH	Targeted screen	Copy number	ERBB2 (HER2) EGFR	14
EdinburghMP	FISH	Targeted screen	Copy number	ERBB2 (HER2)	14
Glasgow	FISH	Targeted screen	Copy number	ERBB2 (HER2)	14

#### REFERRAL CRITERIA

• Upper GI (gastric and gastro-oesophageal) biopsies or excisions

#### Reflex FISH testing acceptance criteria:

- Testing is initiated by MDT
- Cases scored as HER2 IHC o, 1+ or 3+ do not require FISH
- HER2 IHC 2+ require FISH testing

#### Reflex testing is not done on:

- Negative (o, 1+) HER2 IHC cases
- Positive (+++) HER2 IHC cases
- Patients for surgery who may not need Herceptin/chemotherapy treatment
- Very frail patients who will be given "best supportive care" only

- Oncology
- Pathology

#### **GASTROINTESTINAL TUMOURS**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Dundee	NGS_DNA	Targeted screen	SNVs, indels	KIT (exons 9, 11, 13, 17, region of 8) PDGFRA (exons 12, 14, 18) BRAF (codon 600)	14
EdinburghMP	NGS_DNA	Targeted screen	SNVs, indels	KIT (exons 9, 11, 13, 17) PDGFRA (exons 12, 14, 18) BRAF (codon 600)	14

#### REFERRAL CRITERIA

- Analysis of all resected moderate-risk and high-risk GISTs, regardless of location, is recommended, as well as all diagnostic biopsies in which neoadjuvant therapy is contemplated and all biopsies of inoperable GIST.
- In some cases, mutational analysis may be of direct diagnostic value. Identification of a typical mutation seen in GISTs may be of value in supporting the diagnosis of GIST, particularly if a broader differential diagnosis had previously been considered.
- The clinical utility of characterising secondary mutations to guide subsequent oncological management remains uncertain.

- Oncology
- Pathology

## GLIOMA (INCLUDING HIGH GRADE)

#### **AVAILABLE TESTING**

Centre	Method	Scope a	Scope and range of test		TAT
EdinburghMP	NGS_DNA	Targeted screen	SNVs, indels	IDH1 (codon 132) IDH2 (codon 172) BRAF (codon 600) TP53 (hotspots)	14
	MS-pyroseq	Targeted screen	methylation	MGMT	7
Glasgow	NGS_DNA	Targeted screen	SNVs, indels	IDH1 (codon 132) IDH2 (codon 172) BRAF (codon 600)	14
	MS-pyroseq	Targeted screen	methylation	MGMT	7

## REFERRAL CRITERIA

• Investigations are performed as directed by referral following neuropathological assessment and diagnosis of glioma

- Oncology
- Neuropathology

## **HEAD AND NECK CANCER (SQUAMOUS)**

#### **AVAILABLE TESTING**

Centre	Method	Scope and rar	ige of test	Targets	TAT
Glasgow	PCR/FLA	Targeted screen	Types 16 and 18	HPV type 16/18	14

## REFERRAL CRITERIA

• Analysis is performed following pathological assessment in patients undergoing investigations for head & neck squamous cell carcinoma (HNSCC).

- Oncology
- Pathology

#### **LUNG CANCER**

#### **AVAILABLE TESTING**

Centre	Method	Scope and ra	nge of test	Targets	TAT
	NGS_DNA	Targeted screen	SNVs, indels	EGFR (exons 18, 19, 20, 21) KRAS (codons 12, 13, 61) BRAF (codon 600)	14
Aberdeen	NGS_RNA	Targeted screen	Specific rearrangements	ALK ROS1 RET	14
	FISH	Targeted screen re	Specific rearrangements	ALK ROS1 RET	14
Dundee	NGS_DNA	Targeted screen	SNVs, indels	EGFR (exons 18, 19, 20, 21) KRAS (codons 12, 13, 61) BRAF (codon 600)	14
EdinburghMP	NGS_DNA	Targeted screen	SNVs, indels	EGFR (exons 18, 19, 20, 21) KRAS (codons 12, 13, 61) BRAF (codon 600) Additional targets: FGFR, MET	14
	FISH	Targeted screen	Specific rearrangements	ALK ROS1 RET (upon request)	14
Glasgow	NGS_DNA	Targeted screen	SNVs, indels	EGFR (exons 18, 19, 20, 21) KRAS (codons 12, 13, 61) BRAF (codon 600)	14
	FISH	Targeted screen	Specific rearrangements	ALK ROS1	14

#### REFERRAL CRITERIA

• Usually non-squamous Non Small Cell Lung Cancer (NSCLC) although there may be scenarios where clinicians wish to test other subtypes of NSCLC e.g. never smokers or long-time exsmokers with squamous tumours, tumours with unusual phenotype, eligible for tyrosine kinase inhibitor therapy.

- Oncology
- Pathology

## LUNG CANCER, CELL FREE DNA

#### **AVAILABLE TESTING**

Centre	Method Scope and range of test Targets		Targets	TAT	
Aberdeen	Allele specific PCR (COBAS)	Targeted screen	SNVs, indels	EGFR (exons 18, 19, 20, 21)	7
EdinburghMP	Allele specific PCR (COBAS)	Targeted screen	SNVs, indels	EGFR (exons 18, 19, 20, 21)	7

## REFERRAL CRITERIA

- Non-squamous Non Small Cell Lung Cancer (NSCLC)/Lung Cancer patients, where
  - o no biopsy material is available, or
  - o biopsy material is unsuitable for molecular analysis, or
  - o patient unwell and biopsy cannot be obtained, or
  - o for monitoring purposes to detect emergence of resistance mutations, or
  - o patient otherwise eligible for tyrosine kinase inhibitor therapy

#### **REQUESTING SPECIALTIES**

Oncology

## MELANOMA (MALIGNANT, METASTATIC)

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	NGS_DNA	Targeted screen	SNVs, indels	BRAF (codon 600) NRAS (codons 12, 13, 59, 61) KIT (exon 9, 11, 13, 17)	14
Dundee	NGS_DNA	Targeted screen	SNVs, indels	BRAF (codon 600) NRAS (codons 12, 13, 59, 61) KIT (exon 9, 11, 13, 17, 18)	14
EdinburghMP	NGS_DNA	Targeted screen	SNVs, indels	BRAF (codon 600) NRAS (codons 12, 13, 59, 61) KIT (exon 9, 11, 13, 17, 18) GNA11 additional target – reported if present	14
Glasgow	NGS_DNA	Targeted screen	SNVs, indels	BRAF (codon 600) NRAS (codons 12, 13, 59, 61) KIT (exon 9, 11, 13, 17)	14

#### REFERRAL CRITERIA

- Request from Oncology/MDT for patients with metastatic disease, or locally advanced progression, being considered for adjuvant therapy
- If, following review, the patient's co-morbidities exclude them from adjuvant therapy testing is not indicated

- Oncology
- Pathology

## **MESOTHELIOMA**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	FISH	Targeted screen	Copy number	CDKN2A/CEP9	21
Dundee	FISH	Targeted screen	Copy number	CDKN2A/CEP9	14
Glasgow	FISH	Targeted screen	Copy number	CDKN2A/CEP9	14

NB Reporting times influenced by local clinical practice

## REFERRAL CRITERIA

• Diagnostic uncertainty re: mesothelioma or benign or reactive mesothelial proliferation

- Oncology
- Pathology

## **MUCOEPIDERMOID CARCINOMA**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Dundee	FISH	Targeted screen	Specific rearrangements	MAML2	14

#### REFERRAL CRITERIA

- Salivary gland excision specimens/core biopsies
  - o To confirm morphological impression of a mucoepidermoid carcinoma (MEC) in challenging/higher grade cases
  - o To exclude a MEC when it is among a list of differentials in a hard to classify tumour (such as a tumour comprising predominantly of clear cells or oncocytic cells)
  - o In a core biopsy of a salivary tumour where diagnosis is challenging and extensive surgery is planned
- Jaw cysts
  - o Where mucous cells are prominent to exclude intraosseous MEC
- Lymph node
  - Where tumour deposits look like metastatic MEC (primary site may be unknown)

- Oncology
- Pathology

## **NEUROBLASTOMA**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
	FISH	Targeted screen	Copy number	MYCN	3
Aberdeen	FISH	Targeted screen	Copy number	1p, 11q and 17 status	14
EdiabusabC	FISH	Targeted screen	Copy number	MYCN	3
EdinburghG	SNP array	Genomic screen	Copy number	MYCN, 1p, 11q and 17 status	14
Glasgow	FISH	Targeted screen	Copy number	MYCN	3

## REFERRAL CRITERIA

• Investigations are performed as directed by referral following neuropathological assessment and diagnosis of neuroblastoma

- Oncology
- Neuropathology

## **OLIGODENDROGLIOMA**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Glasgow	FISH	Targeted screen	Copy number	1p/19q (PET specimens)	14
	FISH	Targeted screen	Copy number	1p/19q (PET specimens)	14
EdinburghG	SNP array	Genomic screen	Copy number	1p/19q status whole genome (fresh/frozen tissue)	14

## REFERRAL CRITERIA

• Investigations are performed as directed by referral following neuropathological assessment and diagnosis of oligodendroglioma

- Oncology
- Pathology

#### **OVARIAN CANCER**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	NGS_DNA	Whole gene screen	SNVs, indels	BRCA1 and BRCA2	42
Glasgow	NGS_DNA	Whole gene screen	SNVs, indels	BRCA1 and BRCA2	42

#### REFERRAL CRITERIA

- First line/maintenance newly diagnosed, advanced (FIGO stage III or stage IV), high grade epithelial ovarian cancer, fallopian tube or primary peritoneal cancer that is in response (complete or partial) to platinum based chemotherapy
- Second line/relapsed platinum-sensitive relapsed high grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete response or partial response) to platinum based chemotherapy

**N.B**. Germline testing of *BRCA1* and *BRCA2* is also available in these patients, and should be performed in parallel. Please refer to the Scottish Genetics Laboratory Consortium Genomic Test Directory for Rare & Inherited Disease

- Oncology
- Pathology

## RENAL CELL CARCINOMA (RCC)

#### **AVAILABLE TESTING**

Centre	Method	Scope and	range of test	Targets	TAT
Aberdeen	FISH	Targeted screen	Specific rearrangements	Depending on type; TFE3 VHL/CEP3	21
	Microarray	Genomic screen	Copy number	Whole chromosome or whole chromosome arm gains / losses	21
	FISH	Targeted screen	Specific rearrangements	TFE <sub>3</sub>	21
Dundee	NGS_DNA Sanger/MLPA	Whole gene screen and CNV	SNVs, indels, exon level CNV	VHL SDH FH FLCN	56
EdinburghMP	FISH	Targeted screen	Specific rearrangements	TFE <sub>3</sub> VHL ALK	14

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

Testing should be considered in the following cases when the results will impact diagnosis and patient management:-

- A younger age group of less than 30 years (and may be considered for the 30 to 40 year age group)
- A strong family history of renal tumours
- Multiple tumours (in the absence of a known genetic syndrome)
- A rare tumour type with genetic associations
- For the above points germline testing (NGS\_DNA/Sanger/MLPA) would be recommended first.
- SDH and FH testing of tumour following on from suggestive IHC but no germline pathogenic variant detected
- Unusual morphology
- TFE<sub>3</sub> testing can be used to make a diagnosis of a MiT translocation tumour which may also be important for treatment
- Copy number variant analysis of chromosome 3p aids diagnosis of clear cell renal carcinoma
- Copy number variant analysis can help distinguish between oncocytoma, chromophobe RCC and papillary RCC
- ALK associated RCC can occur in children with sickle cell trait or adults without sickle cell trait (rare)

- Oncology
- Pathology

#### **SARCOMA**

#### **AVAILABLE TESTING**

Centre	Method	Scope and	d range of test	Targets	TAT
Aberdeen	FISH	Targeted screen	Gene rearrangements and amplifications	EWSR1, SS18, FOXO1, FUS, MDM2, USP6	21 (EWSR1-7)
Dundee	FISH	Targeted screen	Specific rearrangements	EWSR1, SS18, COL1A1::PDGFB	14
EdinburghMP	FISH	Targeted screen	Gene rearrangements and amplifications	DDIT <sub>3</sub> , COL <sub>1</sub> A <sub>1</sub> , EWSR <sub>1</sub> , FOXO <sub>1</sub> , FUS, JAZF <sub>1</sub> , MDM <sub>2</sub> , SS <sub>1</sub> 8, TFE <sub>3</sub> , USP <sub>6</sub>	14
	NGS_DNA	Targeted screen	SNVs, indels	GNAS, CTNNB1	14
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	28
Glasgow	FISH	Targeted screen	Gene rearrangements and amplifications	SS18, EWSR1, FOXO1, PAX7::FOXO1, PAX3::FOXO1, FUS, DDIT3 and MDM2	14
	PCR/FLA	Targeted screen	Specific rearrangements	SS18::SSX1, SS18::SSX2, EWSR1::FLl1, PAX3::FOXO1, PAX7::FOXO1, and FUS::CREB3L2	14

#### REFERRAL CRITERIA

- Translocation sarcoma where differential diagnosis includes such tumours [Ewing's sarcoma / round cell tumours, alveolar rhabdomyosarcoma, myxoid liposarcoma, synovial sarcoma, low grade fibromyxoid sarcoma/sclerosing epithelioid fibrosarcoma, alveolar soft part sarcoma, clear cell sarcomas, endometrial stromal sarcoma, Dermatofibrosarcoma protuberans (DFSP)].
- MDM2 gene amplification for tumours where differential diagnosis includes atypical lipomatous tumour, well differentiated liposarcoma, dedifferentiated liposarcoma, parosteal osteosarcoma, low grade central osteosarcoma.
- CTNNB1 mutation testing to help clinical management for cases where differential diagnosis includes desmoid fibromatosis
- GNAS mutation for fibrous dysplasia.
- USP6 rearrangement for cases where diagnostic clarification is required [myofibroblastic/fibroblastic lesions such as nodular fasciitis and bone lesions such as aneurysmal bone cysts or mimics]

- Oncology
- Pathology

## SOLID TUMOUR, OTHER

## **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	FISH	Targeted screen	Specific rearrangements	As indicated/required	21
Aberdeen	Karyotype	Genomic screen	Large scale rearrangements	As indicated/required	21
Dundee	FISH	Targeted screen	Specific rearrangements	As indicated/required	21
Dondee	Karyotype	Genomic screen	Large scale rearrangements	As indicated/required	21
EdinburghG	FISH	Targeted screen	Specific rearrangements	As indicated/required	21
Ediliborgild	SNP array	Genomic screen	Specific rearrangements	As indicated/required	21
Glasgow	FISH	Targeted screen	Specific rearrangements	As indicated/required	21
Glasgow	Karyotype	Genomic screen	Large scale rearrangements	As indicated/required	21

## REFERRAL CRITERIA

• A tumour biopsy where available genetic testing would aid in the diagnosis or prognostication

- Oncology
- Pathology

## THYROID CANCER

#### **AVAILABLE TESTING**

Centre	Method	Scope and ra	inge of test	Targets	TAT
Aberdeen	NGS_DNA	Targeted screen	SNV, indels	BRAF (codon 600) HRAS (codon 12, 13, 61) KRAS (codon 12, 13, 61, 117, 146) NRAS (codon 12, 13, 59, 61) RET mutation (hotspot)	14
	FISH or NGS_RNA	Targeted screen	Specific rearrangements	RET	14
Dundee	NGS_DNA or pyroseq	Targeted screen	SNV, indels	BRAF (codon 600)  KRAS (codon 12, 13, 61, 117, 146)  NRAS (codon 12, 13, 59, 61)  RET mutation (hotspot)	14
EdinburghMP	NGS_DNA	Targeted screen	SNV, indels	BRAF (codon 600) HRAS (codon 12, 13, 61) KRAS (codon 12, 13, 61, 117, 146) NRAS (codon 12, 13, 59, 61) RET mutation (hotspot) TP53 (hotspots)	14
	FISH	Targeted screen	Specific rearrangements	RET	14
Glasgow	NGS_DNA	Targeted screen	SNV, indels	BRAF (codon 600) HRAS (codon 12, 13, 61) KRAS (codon 12, 13, 61, 117, 146) NRAS (codon 12, 13, 59, 61) RET mutation (hotspot)	14

#### REFERRAL CRITERIA

- BRAF and/or RAS mutations for indeterminate nodules and malignant tumours
- RET fusions for papillary/anaplastic carcinoma
- RET mutations for medullary/anaplastic carcinoma

- Oncology
- Pathology

## **UVEAL MELANOMA**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
EdinburghMP	NGS_DNA	Targeted screen	SNV, indels	GNA11, GNAQ (hotspots)	14
CI.	NGS_DNA	Targeted screen	SNV, indels	BRAF (codon 600)	14
Glasgow	FISH	Targeted screen	Specific CNV	Chromosomes 3, 6, 8	14

## REFERRAL CRITERIA

• Primary uveal melanoma

- Oncology
- Pathology

# HAEMATOLOGICAL MALIGNANCIES

## ACUTE LYMPHOBLASTIC LEUKAEMIA (ALL)

## AVAILABLE TESTING

Centre	Method	Scope and	range of test	Targets	TAT
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	14
Aberdeen	FISH	Targeted screen	Specific rearrangements	B-ALL: BCR::ABL1 ETV6::RUNX1 TCF3::PBX1 TCF3::HLF FIP1L1::PDGFRA KMT2A PDGFRB ABL1 and 2 Others if required e.g. ploidy  T-ALL: ABL1 ABL2 FIP1L1::PDGFRA PDGFRB	14 (BCR::ABL- 3)
	Array	Genomic screen	Genomic screen Ploidy and (specific) deletions	EBF1, IKZF1, CDKN2A/B, PAX5, ETV6, BTG1, RB1 and PAR1 (CRLF2)	14
	NGS_RNA	Targeted screen	Specific rearrangements	Including: BCR::ABL1 (qualitative) ETV6::RUNX1 TCF3::PBX1 TCF3::HLF KMT2A::AFF1 KMT2A::MLLT1 KMT2A::MLLT3 KMT2A::MLLT4 KMT2A::MLLT4 KMT2A::MLLT10 KMT2A::ELL	14
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21 (if urgent - 14)
Dundee	FISH	Targeted screen	Specific rearrangements	BCR::ABL1 ETV6::RUNX1 KMT2A (MLL) Ploidy  If required screening for ABL- class gene fusions ABL1,ABL2, PDGRFA and PDGRFB::CSF1R, FIP1L1::PDGFRA T-CELL TCRA/D	14 (BCR-ABL- 3)

			C :	EDE. II/ZE. CDI/AL A/D	
	Λ	Genomic screen	Genomic screen	EBF1, IKZF1, CDKN2A/B,	
	Array	(if requested by	Ploidy and (specific)	PAX5, ETV6, BTG1, RB1 and	14
		clinician)	deletions	PAR1 (CRFL2), iAMP21	
	Karyotype	Genomic screen	Large scale	All	14
	- //		rearrangements	(within resolution of method)	'
				B-cell:	
				BCR::ABL1,	
				ETV6::RUNX1,	
				TCF3::-PBX1	
				TCF3::HLF	
				KMT <sub>2</sub> A	
				ploidy.	
				If required screening for ABL-	
			Specific	class fusions:-	
EdinburghG	FISH	Targeted screen	rearrangements	ABL1, ABL2,	7
			rearrangements	FIP1L1::PDGRFA	
				PDGRFB	
				<u>T-cell</u> :	
				TCRAD, TCRB.	
				If required screening for ABL-	
				class fusions:-	
				ABL1, ABL2,	
				FIP1L1::PDGRFA	
				PDGRFB	
	Array	y SNP Array	Genomic screen Ploidy and (specific) deletions	EBF1, IKZF1, CDKN2A/B, PAX5,	
				ETV6, BTG1, RB1 and PAR1	14
				(CRLF <sub>2</sub> )	
	RT-PCR	RT-PCR Targeted screen	Specific rearrangements	BCR::ABL1	
				ETV6::RUNX1	
				TCF3::PBX1	
EdinburghMP				KMT2A::AFF1	3*
				KMT2A::MLLT1	
				KMT2A::MLLT3	
				KMT2A::AFDN	
				KMT2A::ELL	
	Karyotype	Genomic screen	Large scale	All	14
	, ,,		rearrangements	(within resolution of method)	,
			Company	BTG1, CDKN2A/b, EBF1, ETV6,	
	Λ	Conomicator	Genomic screen	IKZF1, PAX5, PAR1 (CRLF2)	
	Array	Genomic screen	Ploidy and (specific)	and RB1	14
			deletions	Ploidy group determination	
				iAMP21 B-cell:	
				B-ceii:   BCR::ABL1,	
				ETV6::RUNX	
Glasgow					
Glasgow				TCF3::PBX1	
				TCF3::HLF KMT2A	
			Specific		7
	FISH	Targeted screen	Specific	ploidy.	7 (if urgent - 2)
			rearrangements	If required screening for ABL-	(if urgent - 3)
				class fusions:-	
				ABL1, ABL2, FIP1L1:: PDGRFA	
				PDGRFB	
				I DOM D	

			T-cell: Screening for ABL-class fusions:- ABL1, ABL2 FIP1L1::PDGRFA PDGRFB	
PCR/FLA	Targeted screen	Specific rearrangements	BCR::ABL (qualitative)	14 (if urgent - 7)

<sup>\*</sup> refers to working days

## REFERRAL CRITERIA

- New diagnosis of acute lymphoblastic leukaemia (ALL)
- Relapsed ALL

## **REQUESTING SPECIALTIES**

NB Reporting times influenced by local clinical practice

## ACUTE LYMPHOBLASTIC LEUKAEMIA (ALL), MINIMAL RESIDUAL DISEASE (MRD)

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	qRT-PCR	Targeted screen	Specific rearrangements	BCR::ABL1 quantitation [E1A2 and E13A2/E14A2]	21
Dundee	qRT-PCR (GeneXpert)	Targeted screen	Specific rearrangements	BCR::ABL1 quantitation [E1A2 and E13A2/E14A2]	14
Edinburgh MP	RT-PCR	Targeted screen	Specific rearrangements	BCR::ABL1 quantitation [E1A2 and E13A2/E14A2] ETV6::RUNX1 (relative) TCF3::PBX1 (relative)	14
	qRT-PCR	Targeted screen	Specific rearrangements	BCR::ABL1 quantitation [E1A2 and E13A2/E14A2]	14
Glasgow	Seq/qPCR	Targeted screen	Specific rearrangements	IgH/TCR gene rearrangement work up	28
	qPCR	Targeted screen	Specific rearrangements	MRD patient specific monitoring (day 29 and week 14)	7

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

#### BCR-ABL1

- o All patients with a BCR-ABL1 rearrangement identified at diagnosis
- o Patients on tyrosine kinase inhibitor therapy (treatment response assessment)
- Patients undergoing reduced intensity conditioning (RIC) allograft for BCR-ABL1
  positive ALL require BCR-ABL monitoring every 3 months post-transplant for a
  minimum of 2 years.
- IgH/TCR minimal residual disease
  - Paediatric and young adult patients (≤45 years) with a new diagnosis of ALL should be referred for MRD target identification (IgH/TCR gene rearrangements) and follow up as per trial protocols (ALLTogether trial)
  - o 'Off-trial' MRD analysis and monitoring is available for paediatric and young adult patients who are not enrolled on the trial
  - Older adults requiring MRD are referred on a case-by-case basis by the managing team and samples are sent to the adult reference laboratory in London

#### REQUESTING SPECIALTIES

## ACUTE MYELOID LEUKAEMIA (AML)

## AVAILABLE TESTING

Centre	Method	Scope and ra	nge of test	Targets	TAT
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	14
	NGS_RNA	Targeted screen	Specific rearrangements	Including: BCR::ABL1 (qualitative) RUNX1::RUNX1T1 CBFB::MYH11 PML::RARA (qualitative) KMT2A::AF1 KMT2A::MLLT1 KMT2A::MLLT3 KMT2A::MLLT4 KMT2A::MLLT10 KMT2A::MLLT10 KMT2A::ELL	14
Aberdeen	PCR/FLA	Targeted screen	Specific rearrangements	FLT <sub>3</sub> ITD & TKD, NPM <sub>1</sub>	14 (FLT3-7)
	FISH	Targeted screen	Specific rearrangements	As required/indicated: BCR::ABL1 RUNX1::RUNX1T1 PML::RARA DEK::NUP214 KMT2A CBFB MECOM Chr 5 and 7 (copy number)	14 (PML::RARA - 3)
	NGS_DNA	Targeted screen	SNV, indels	Myeloid NGS Panel (agreed whole gene / hot-spots	28
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	14
	Array	Genomic screen  (Used if karyotype poor quality)	Large scale and targeted rearrangements	All (within resolution of method)	14
Dundee	FISH	Targeted screen	Specific rearrangements	As required/indicated BCR::ABL1 RUNX1::RUNX1T1, CBFB::MYH11 PML::RARA KMT2A MECOM	14 (PML::RARA or BCR::ABL1 - 3)
EdinburghG	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	14
	FISH	Targeted screen	Specific rearrangements	KMT2A EVI1 and others as required/indicated FAST FISH: MDS5, MDS7 and 3q26	14 (3 if urgent)
EdinburghMP	RT-PCR	Targeted screen	Specific rearrangements	BCR::ABL1 RUNX1::RUNX1T1 CBFB::MYH11	3*

	PCR/FLA NGS_DNA NGS_DNA	Targeted screen  Targeted screen  Targeted screen	Specific rearrangements Specific rearrangements SNVs, indels	PML::RARA KMT2A::AFF1 KMT2A::AFDN KMT2A::MLLT1 KMT2A::MLLT3 KMT2A::ELL FLT3 ITD & TKD NPM1 CBF Leukaemia only: KIT (exons 9, 11, 13, 17) Myeloid NGS panel Panel	3* 14
	NGS_RNA	Targeted screen	Multiple rearrangements	(agreed whole gene / hot-spots)  Myeloid NGS panel Panel	42
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	14
	RT-PCR	Targeted screen	Specific rearrangements	BCR::ABL (quantitative and qualitative), RUNX1::RUNX1T1 CBFB::MYH11 inv (16) PML::RARA (qualitative) FLT3 ITD & TKD, NPM1	14
Glasgow	Sanger	Targeted screen	Specific rearrangements	FLT <sub>3</sub> (codon 8 <sub>35</sub> , 8 <sub>3</sub> 6)	14
Glasgow	FISH	Targeted screen	Specific rearrangements	As required/indicated e.g. BCR::ABL1 RUNX1::RUNX1T1 PML::RARA DEK::NUP214 KMT2A MECOM CBFB Chr 5 and 7 (loss/deletion) TP53/17 centromere	3 (same day PML- RARA if received before 1pm)

<sup>\*</sup>refers to working days

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

Morphologically or immunophenotypically identified acute myeloid leukaemia or likely AML

- Intensive-treatment eligible AML :
- Not fit for intensive treatment: FLT<sub>3</sub> NPM<sub>1</sub> G-banding and MLL MECOM/<sub>3</sub>q<sub>2</sub>6 FISH as appropriate
- Relapse in accordance with clinical requirements and diagnostic findings.

Myeloid NGS panel - All intensive treatment-eligible AML patients (<65). Selected relapsed AML patients to provide therapeutic information.

#### REQUESTING SPECIALTIES

# ACUTE MYELOID LEUKAEMIA (AML) REMISSION STATUS ASSESSMENT (MINIMAL RESIDUAL DISEASE, MRD)

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	qRT-PCR	Targeted screen	Specific rearrangement	BCR::ABL1 quantitation	21
Dundee	qRT-PCR (GeneXpert)	Targeted screen	Specific rearrangement	BCR::ABL1 quantitation	14
Edinburgh MP	RT-PCR	Targeted screen	Specific rearrangements	BCR::ABL1 [quantitative] RUNX1::RUNX1T1 [quantitative] PML::RARA [quantitative] CBFB::MYH11 [quantitative]	14
	RT-PCR	Targeted screen	Specific rearrangements	NPM1 (type A, B, D) [quantitative]	7 (3* post cycle 2)
Glasgow	qRT-PCR	Targeted screen	Specific rearrangements	BCR::ABL1 quantitation	14

<sup>\*</sup>refers to working days

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

#### First assessment

- Molecular analysis: PML::RARA, CBFB::MYH11, RUNX1::RUNX1T1, BCR::ABL1 fusion or NPM1 mutation (type A, B, D)
- Other abnormalities (e.g. KMT<sub>2</sub>A; uncommon NPM<sub>1</sub> mutation by arrangement/send away)

## <u>Subsequent assessments</u>

- Molecular analysis: PML::RARA, CBFB::MYH11, RUNX1::RUNX1T1, BCR::ABL1 fusion or NPM1 mutation (type A, B, D)
- Other abnormalities (e.g. KMT2A; uncommon NPM1 mutation by arrangement/send away)

Note – NGS is not routinely used for monitoring of remission status.

#### **REQUESTING SPECIALTIES**

#### **CHIMAERISM**

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test	Targets	TAT	
		STR pre-transplant assessment	Screening performed for 11	20	
	PCR/FLA		EuroChimerism STR markers	30	
Glasgow	PCR/FLA	Whole blood post-transplant chimerism	Informative markers as selected during	1,	
		Lineage-specific post-transplant chimerism	pre-transplant assessment	14	
	FISH	X/Y sex markers	X and Y chromosome	7	

#### REFERRAL CRITERIA

- All patients and potential donors being considered for allogeneic stem cell transplant for any indication should be referred for STR pre-transplant assessment
- Whole blood post-transplant chimerism is performed at day 14-28 and then from Day 50 as required
- Lineage-specific post-transplant chimerism monitoring is performed for adult patients from Day 50 and for paediatric patients by request

#### REQUESTING SPECIALTIES

## CHRONIC LYMPHOCYTIC LEUKAEMIA (CLL)

#### **AVAILABLE TESTING**

Centre	Method	Scope and range of test		Targets	TAT
Aberdeen	FISH	Targeted screen	Specific rearrangements	TP <sub>53</sub> IGH::CCND1 if requested	21
Aberdeen	NGS_DNA	Whole gene screen	SNVs, indels	TP <sub>53</sub>	21
Dundee	Array	Genomic screen	Large scale and targeted rearrangements	TP53, ATM, 13q14, trisomy 12. Any other relevant findings including CNN LOH	21
	Sanger	Whole gene screen	SNVs, indels	TP <sub>53</sub>	21
EdinburghG	FISH	Targeted screen	Specific rearrangements	TP <sub>53</sub> , ATM IGH::CCND1 if requested	21
EdinburghMP	Sanger	Whole gene screen	SNVs, indels	TP <sub>53</sub> IGHV mutation status	21
Glasgow	FISH	Targeted screen	Specific rearrangements	TP <sub>53</sub> , ATM Differential diagnoses: TP <sub>53</sub> , ATM and <i>IGH::CCND</i> 1, 13q14, 13q34, and 12 centromere	21
	Sanger	Whole gene screen	SNVs, indels	TP <sub>53</sub>	28

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

- Prior to treatment Assessment of TP53 status (even if previously performed)
- IGH/CCND1 undertaken to aid in differential diagnoses

## REQUESTING SPECIALTIES

## **CHRONIC MYELOID LEUKAEMIA (CML)**

#### **AVAILABLE TESTING**

Centre	Method	Scope a	nd range of test	Targets	TAT
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	14
Aberdeen	FISH	Targeted screen	Specific rearrangements	BCR::ABL1	3
	NGS_RNA	Targeted screen	Specific rearrangements	BCR::ABL1 (qualitative)	14
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	14 (if urgent - 10)
Dundee	FISH	Targeted screen	Specific rearrangements	BCR::ABL1	3
	qRT-PCR (GeneXpert)	Targeted screen	Specific rearrangements	BCR::ABL1 (qualitative)	14
EdinburghG	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	14
	FISH	Targeted screen	Specific rearrangements	BCR::ABL1	3
EdinburghMP	RT-PCR	Targeted screen	Specific rearrangements	BCR::ABL1 (qualitative and quantitative)	3
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Glasgow	FISH	Targeted screen	Specific rearrangements	BCR::ABL1	7 (if urgent - 3)
	RT-PCR	Targeted screen	Specific rearrangements	BCR::ABL1 (qualitative and quantitative)	14 (if urgent - 7)

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

• Chronic Myeloid Leukaemia (CML) or suspected Chronic Myeloid Leukaemia. Molecular assessment will aid diagnosis or management (identify fusion variant for MRD).

## **REQUESTING SPECIALTIES**

# CHRONIC MYELOID LEUKAEMIA (CML), MINIMAL RESIDUAL DISEASE (MRD)

#### **AVAILABLE TESTING**

Centre	Method	Scope and	d range of test	Targets	TAT
Abordoon	qRT-PCR	Targeted screen	Specific rearrangement	BCR::ABL1 quantitation [E1A2 and E13A2/E14A2]	21
Aberdeen	Sanger	Targeted screen	SNVs, indels	BCR::ABL1 kinase domain mutation (KDM)	21
Dundee	qRT-PCR (GeneXpert)	Targeted screen	Specific rearrangement	BCR::ABL1 quantitation [E1A2 and E13A2/E14A2]	14
EdiahowahMD	qRT-PCR	Targeted screen	Specific rearrangement	BCR::ABL1 quantitation [E1A2 and E13A2/E14A2]	14
EdinburghMP	Sanger	Targeted screen	SNVs, indels	BCR::ABL1 kinase domain mutation (KDM)	21
Glasgow	qRT-PCR	Targeted screen	Specific rearrangement	BCR::ABL1 quantitation [E1A2 and E13A2/E14A2]	14

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

- MRD assessment to aid management.
- Clinically thought to have BCR-ABL1 TKD resistance mutations.

# REQUESTING SPECIALTIES

# LEUKAEMIA, OTHER

#### **AVAILABLE TESTING**

Centre	Method	Scope an	d range of test	Targets	TAT
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Aberdeen	FISH	Targeted screen	Specific rearrangements	As indicated/required	7
	NGS_RNA	Targeted screen	Specific rearrangements	As indicated/required	14
Dundee	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
	FISH	Targeted screen	Specific rearrangements	As indicated/required	7
EdinburghG	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
	FISH	Targeted screen	Specific rearrangements	As indicated/required	7
Glasgow	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Glasgow	FISH	Targeted screen	Specific rearrangements	As indicated/required	7

#### REFERRAL CRITERIA

• Suspected acute leukaemia with clinical reasons to suspect translocation, or indication of likely translocation on karyotyping. Assessment will aid diagnosis or management.

## REQUESTING SPECIALTIES

# LYMPHOMA/LYMPHOPROLIFERATIVE DISEASE

# AVAILABLE TESTING

Centre	Method	Scope and r	ange of test	Targets	TAT
Aberdeen	FISH	Targeted screen	Specific rearrangements	DLBCL: MYC with BCL2 and BCL6 where required.  Burkitt lymphoma: MYC with BCL2 and BCL6 where required.  Burkitt-like lymphoma (if MYC negative):  11q23/q24/cen  Follicular lymphoma: BCL2  Mantle cell lymphoma: IGH::CCND1  Anaplastic large cell lymphoma (ALCL): ALK, DUSP22::IRF4  MALT lymphoma: MALT1	21 (Burkitt-7)
	PCR/FLA	Targeted screen	Clonality studies	IgH, IgK PCR assay TCRG, TCRB PCR assay	21
	RT-PCR	Targeted screen	Specific variant	MYD88 (p.L265P) as requested	21
	Sanger	Targeted screen	Specific variant	Hairy cell leukaemia: BRAF (p.V6ooE)	21
Dundee	FISH	Targeted screen	Specific rearrangements	High Grade B cell MYC, IGH::MYC with BCL2 and BCL6 where required.  Burkitt: MYC, IGH::MYC with BCL2 and BCL6 where required.  Follicular lymphoma: BCL2, IGH::BCL2  Mantle cell lymphoma: CCND1, IGH::CCND1  Anaplastic large cell lymphoma: ALK, DUSP22::IRF4  MALT: MALT1, IGH::MALT1, with BIRC3::MALT1, BCL6 if required  DLBCL: MYC, BCL2, BCL6, IGH::MYC, IGH::BCL2, IRF4::DUSP22 where required	21 High grade/Burkitt MYC - 14
	PCR/FLA	Targeted screen	Clonality studies	IgH, IgK PCR assay TCRG, TCRB PCR assay	21
EdinburghG	FISH	Targeted screen	Specific rearrangements	High-grade B Cell lymphoma: MYC - with BCL2, BCL6, IGH-MYC, IGH, IGK, IGL where required  Burkitt-like lymphoma (if MYC negative): 11q23/q24/cen  Follicular lymphoma: BCL2 (and BCL6 if requested)  Mantle cell lymphoma: IGH-CCND1  ALCL: ALK (if negative then DUSP22/IRF4 and/or TP63 on request)  MALT lymphoma: MALT1	14
	PCR/FLA	Targeted screen	Clonality studies	IGH IGK IGL clonality TCRB TCRG clonality [TCRD if appropriate]	14
EdinburghMP	Real time AS-PCR	Targeted screen	Specific variant	MYD88 (p.L265P)	14
	Pyroseq	Targeted screen	Specific variant	Hairy cell leukaemia: BRAF (p.V6ooE)	14

	Karyotype (if fresh material available)	Genomic screen	Large scale rearrangements	All (within resolution of method)	28
Glasgow	FISH	Targeted screen	Specific rearrangements	High grade lymphoma: MYC, IGH::MYC. If MYC rearranged, IGH::BCL2 and BCL6 Follicular lymphoma: IGH::BCL2. If BCL2 not rearranged, BCL6 Mantle cell lymphoma IGH::CCND1 ALCL: ALK, DUSP22/IRF4 MALT lymphoma : MALT1. If MALT rearranged, BIRC3::MALT1 T-PLL: TCL1	14 (MYC-3) 14 for NHL (if urgent - 3)
	PCR/FLA	Targeted screen	Clonality studies	IgH, IgK PCR assay TCRG, TCRB PCR assay	21
	Sanger	Targeted screen	Specific variant	MYD88 (p.L265P)	14

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

- Investigations to aid diagnosis and classification of lymphoma / lymphoproliferative disorder.
  - o G-banding [where bone marrow involvement has been confirmed]
  - o IG and TCR clonality where required
  - Appropriate FISH and molecular assay depending on suspected disease sub type [see table]

### **REQUESTING SPECIALTIES**

## **MYELOMA**

#### AVAILABLE TESTING

Centre	Method	Scope and ra	ange of test	Targets	TAT
Aberdeen	FISH	Targeted screen	Specific rearrangements	IGH::FGFR <sub>3</sub> IGH::MAFB IGH::PDGFRA TP <sub>53</sub> CDKN <sub>2</sub> C CKS <sub>1</sub> B	21
Dundee	FISH	Targeted screen	Specific rearrangements	IGH::FGFR3 IGH::MAF IGH::MAFB CKS1B::CDKN2C D13S319::13q34 TP53	21
EdinburghG	FISH	Targeted screen	Specific rearrangements	IGH::FGFR <sub>3</sub> IGH::MAF TP <sub>53</sub> CKS <sub>1</sub> B::CDKN <sub>2</sub> C	21
Glasgow	FISH	Targeted screen	Specific rearrangements	IGH::FGFR3 IGH::MAF IGH BAR TP53 CDKN2C and CKS1B ATM IGH::CCND1	21

#### REFERRAL CRITERIA

- Transplant eligible only: FISH analysis on CD138+ plasma cells
- Patients with poor response to initial therapy (WoSCAN CMG guidelines)
- Patients in whom the treating clinician thinks it will alter therapy (WoSCAN CMG guidelines)

#### **REQUESTING SPECIALTIES**

# MYELOPROLIFERATIVE NEOPLASMS (MPN)

# AVAILABLE TESTING

Centre	Method	Scope and	range of test	Targets	TAT
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
	FISH	Targeted screen	Specific rearrangements	FIPL1::PDGFRA PDGFRB	21
	NGS_RNA	Targeted screen	Specific rearrangements	FIPL1::PDGFRA PDGFRB FGFR1	21
Aberdeen	PCR/FLA	Targeted screen	Specific variants; SNVs, indels as indicated	Differential diagnoses:  JAK2 p.(V617F)  JAK2 (exon 12)  CALR exon 9 insertions and deletions  MPL p.(W515L)	21
	qRT-PCR	Targeted screen	SNV	KIT D816V	21
	NGS_DNA	Targeted screen	SNV, indels	Myeloid NGS Panel (agreed whole gene / hot-spots	42
Dundee	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21 (10 if urgent)
	Array	Genomic screen (Used if karyotype poor quality)	Large scale and targeted rearrangements	All (within resolution of method)	21
	FISH	Targeted screen	Specific rearrangements	FIPL1::PDGFRA PDGFRB	21
	PCR/FLA and Sanger	Targeted screen	Specific variants; SNVs, indels	MPD: JAK2 p.(V617F) JAK2 (exon12) CALR exon 9 insertions and deletions MPL exon 10 KIT D816V	21
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
EdinburghG	FISH	Targeted screen	Specific rearrangements	BCR::ABL1 (if requested) Eosinophilia and Hypereosinophilia: FIPL1::PDGFRA PDGFRB FGFR1	21
	RT AS-PCR	Targeted screen	Specific variants	KIT D816V	14
	RT AS-PCR	Targeted screen	Specific variants	JAK <sub>2</sub> (V617F)	21
EdinburghMP	High resolution melt analysis	Targeted screen	Specific variants; SNVs, indels	JAK2 exon 12 mutation MPL exon 10 p.(W515 and S505)	28
	PCR/FLA	Targeted screen	Specific variants; SNVs, indels	CALR exon 9 mutation	28
	Nested RT- PCR	Targeted screen	Specific rearrangements	FIP1L1::PDGFRA	14

	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Glasgow	FISH	Targeted screen	Specific rearrangements	BCR::ABL if requested FIP1L1::PDGFRA PDGFRB FGFR1 20q deletion	7 (3 if urgent)
	PCR/FLA	Targeted screen	Specific variants; SNVs, indels	JAK2 p.(V617F) JAK2 (exon12) CALR exon 9 insertions and deletions MPL exon 10 p.(W515L)	21

NB Reporting times influenced by local clinical practice

#### REFERRAL CRITERIA

- Myeloproliferative neoplasm (MPN) or suspected Myeloproliferative Neoplasm. Molecular assessment will aid diagnosis or management.
- For extended Myeloid NGS panel: Atypical MPNs (triple negative PMF phenotype, MDS/MPN overlap). Molecular assessment will aid diagnosis or management.

#### **REQUESTING SPECIALTIES**

# MYELODYSPLASTIC SYNDROME

# AVAILABLE TESTING

Centre	Method	Scope and	range of test	Targets	TAT
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Aberdeen	FISH	Targeted screen	Specific rearrangements	monosomy 5/5q- monosomy 7/7q- TP53 (on 5q- syndrome) others as required	21
	NGS_DNA	Whole gene screen	SNVs, indels	TP53 (5q- syndrome)	21
	NGS_DNA	Targeted screen	SNV, indels	Myeloid NGS Panel (agreed whole gene / hot-spots	42
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
	Array	Genomic screen (Used if karyotype poor quality)	Large scale and targeted rearrangements	All (within resolution of method)	21
Dundee	FISH	Targeted screen	Specific rearrangements	monosomy 5/5q- monosomy 7/7q- TP53 (on 5q- syndrome) others as required	21
	Sanger	Whole gene screen	SNVs, indels	TP53 (5q- syndrome)	21
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
EdinburghG	FISH	Targeted screen	Specific rearrangements	High risk MDS patients: monosomy 5/5q- monosomy 7/7q- EVI1 (3q26) TP53 (on 5q- syndrome)	21 (3 – HR MDS)
- II	NGS_DNA	Targeted screen	SNVs, indels	Myeloid NGS panel Panel (agreed whole gene / hot-spots)	42
EdinburghMP	NGS_RNA	Targeted screen	Multiple rearrangements	Myeloid NGS panel Panel (agreed fusion panel)	42
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Glasgow	FISH	Targeted screen	Specific rearrangements	monosomy 5/5q- monosomy 7/7q- TP53 (on 5q- syndrome) 20q, and others as required	3
	Sanger	Whole gene screen	SNVs, indels	TP53 (5q- syndrome)	28

NB Reporting times influenced by local clinical practice

## REFERRAL CRITERIA

- Known or suspected / high risk for the development of myelodysplasia. Assessment will aid diagnosis or management.
- Myeloid NGS panel: All transplant-eligible MDS patients (both low- and high-risk patient cohorts)(<65) / For differentiation of hypoplastic MDS/aplastic anaemia.

## REQUESTING SPECIALTIES

## PRIMARY MYELOFIBROSIS (UNDER 70YEARS)

#### **AVAILABLE TESTING**

Centre	Method	Scope a	and range of test	Targets	TAT
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Aberdeen	PCR/FLA	Targeted screen	Specific variants; SNVs, indels	MPD: JAK2 V617F CALR exon 9 MPL exon 10 p.(W515L)	21
	NGS_DNA	Targeted screen	SNV, indels	Myeloid NGS Panel (agreed whole gene / hot-spots	28
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Dundee	PCR/FLA / Sanger	Targeted screen	Specific variants; SNVs, indels	MPD: JAK2 V617F CALR exon 9 MPL exon 10	21
EdinburghG	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
	Real time AS- PCR	Targeted screen	Specific variants; SNV, indels	JAK2 (V617F)	21
	High resolution melt analysis	Targeted screen	Specific variants; SNVs, indels	CALR exon 9 MPL exon 10 p.(W515 and S505)	28
EdinburghMP	PCR/FLA	Targeted screen	Specific variants; SNVs, indels	CALR exon 9	28
	NGS_DNA	Targeted screen	SNV, indels	Myeloid NGS Panel (agreed whole gene / hot-spots	42
	NGS_RNA	Targeted screen	Multiple rearrangements	Myeloid NGS Panel	42
	Karyotype	Genomic screen	Large scale rearrangements	All (within resolution of method)	21
Glasgow	PCR/FLA	Targeted screen	Specific variants; SNVs, indels	MPD: JAK2 V617F CALR exon 9 MPL exon 10 p.(W515)	21

NB Reporting times influenced by local clinical practice

## REFERRAL CRITERIA

- Primary Myelofibrosis (PMF) or suspected PMF. Assessment will aid diagnosis or management.
- Myeloid NGS panel: All transplant-eligible patients with PMF (<65)

# REQUESTING SPECIALTIES

# PHARMACOGENOMIC TESTING

# DIHYDROPYRIMIDINE DEHYDROGENASE DEFICIENCY (DPYD)

#### AVAILABLE TESTING

Centre	Method	Scope and ra	inge of test	Targets	TAT
Aberdeen	Sanger	Targeted screen	Specific SNVs	*c.1236G>A/HapB3 c.1679T>G c.1905+1G>A c.2846A>T	14
Dundee	Sanger	Targeted screen	Specific SNVs	*C.1236G>/HapB3 c.1679T>G c.1905+1G>A c.2846A>T	14
EdinburghMP	PCR/FLA	Targeted screen	Specific SNVs	*C.1236G>/HapB3 C.1679T>G C.1905+1G>A C.2846A>T	14
Glasgow	PCR/FLA	Targeted screen	Specific SNVs	*c.1236G>/HapB3 c.1679T>G c.1905+1G>A c.2846A>T	14

<sup>\*</sup>c.1236G>A may be reported as c.1129-5923C>G (HapB3 – in linkage disequilibrium)

#### REFERRAL CRITERIA

• Patients potentially receiving fluoropyrimidine treatment

## REQUESTING SPECIALTIES

Oncology

# THIOPURINE S-METHYLTRANSFERASE (TPMT) DEFICIENCY

#### **AVAILABLE TESTING**

Centre	Method	Scope and rar	nge of test	Targets	TAT
Glasgow	PCR/FLA	Targeted screen	Specific SNVs	c.238G>C c.46oG>A c.719A>G	14

#### REFERRAL CRITERIA

- Patients potentially receiving thiopurine treatment.
- Patients with chronic inflammatory and autoimmune conditions, leukaemia and who may be subject to post-transplant rejection.

## **REQUESTING SPECIALTIES**

Oncology