1p/19q Deletion (FISH) in Oligodendroglioniomas

Indications for Ordering

- Diagnose oligodendroglioma brain tumors
  - Indicated in both low-grade and high-grade (anaplastic) oligodendrogliomas
- Predict response to therapy in oligodendrogliomas

Test Description

Fluorescent in situ hybridization (FISH)

Tests to Consider

**1p/19q Deletion by FISH 3001309**
- Use when oligodendrogliomas are suspected

**IDH1 R132 by Immunohistochemistry 2005857**
- Use when morphology indicates tumor may be a glioma
- Use to differentiate tumor from reactive gliosis

**IDH1 R132H Point Mutation with Interpretation by Immunohistochemistry 2007357**
- Includes pathologist interpretation

Disease Overview

Prevalence
- Second most common glioma in adults
- Accounts for 2% of central nervous system (CNS) tumors

Diagnostic issues
Malignant gliomas are the most common type of primary brain tumors (>70% of all CNS tumors)
- Subtypes – astrocytoma, oligodendroglioma
  - Differentiating astrocytoma from oligodendroglioma is crucial
- Treatment and prognosis differ between tumors
- Combined loss of chromosomal arms 1p and 19q is diagnostic for oligodendrogliomas
- Gain of chromosome 19 supports diagnosis of high-grade astrocytoma (glioblastoma)
- Loss of 1p may identify treatment-sensitive high grade oligodendroglioma (for both chemotherapy and radiotherapy)
  - Prognostic relevance in low-grade tumors less well characterized

Genetics

**Gene** – chromosomes 1 and 19 involved

**Structure/function**
Deletion of short arm of 1p and long arm of 19q results in loss of mediators of resistance to therapy

**Variants**
- 1p/19q codeletion is mutually exclusive for TP53 and ATRX mutations and EGFR amplification
- 1p/19q codeletion is frequently associated with IDH1 or IDH2 variants

Test Interpretation

**Results**
- Positive
  - Tumors with 1p/1q ratio <0.80 and ≥24% deleted cells are deemed deleted for 1p
  - Tumors with 19q/19p ratio <0.80 and ≥26% deleted cells are deemed deleted for 19q
  - Both deletions are associated with a better prognosis
    - Codeletion has better prognosis than single deletion
  - Presence of codeletion establishes diagnosis of oligodendroglioma
- Negative
  - Does not exclude diagnosis of oligodendroglioma

Limitations
Test should not be used alone for the diagnosis of malignancy