

Colorectal Cancer - Predictive Testing for Anti-EGFR Therapy

Colorectal cancer (CRC) is the third most common cancer diagnosed in men and women in the United States (excluding skin cancers), and is the second most common cause of cancer deaths in both men and women. Two anti-EGFR monoclonal antibodies (cetuximab and panitumumab) are available for treatment of advanced CRC. KRAS, BRAF, and possibly NRAS mutations are associated with resistance to anti-EGFR therapy.

Genetics and Test Information

Gene	KRAS	NRAS	BRAF
Gene Function	GTPase-encoding gene in the RAS/RAF/MAPK pathway	GTPase-encoding gene in the RAS/RAF/MAPK pathway	Kinase-encoding gene in the RAS/RAF/MAPK pathway
Mutations	Majority of oncogenic mutations: codons 12 and 13 (>90%) Most of the remaining activating mutations: codons 61 and 146 ^a	Majority of activating mutations: codon 61 ^a Mutually exclusive with <i>KRAS</i> mutations in individuals with CRC Associated with relative resistance to anti-EGFR therapy	Majority of activating mutations: codon 600 Mutually exclusive with <i>KRAS</i> mutations in individuals with CRC
Sensitivity/ Specificity	Clinical sensitivity: activating <i>KRAS</i> mutations found in ~40% of CRCs Analytic sensitivity/specificity: 100%	Clinical sensitivity: oncogenic <i>NRAS</i> mutation found in ~3% of CRCs Analytic sensitivity/specificity: 100%	Clinical sensitivity: activating <i>BRAF</i> mutation found in ~10% of CRCs Analytic sensitivity/specificity: 100%
Results	Oncogenic KRAS mutation detected Lack of response to therapy with antibodies targeted to EGFR is predicted Negative No oncogenic KRAS mutation detected Follow-up BRAF testing is advised prior to initiation of anti-EGFR therapy	Positive • Oncogenic NRAS mutation detected • Predictive of relative resistance to anti-EGFR therapy Negative • No oncogenic NRAS mutation detected	Positive • Oncogenic BRAF mutation detected • Available data suggest resistance to anti-EGFR therapy • Appears to be associated with a worse prognosis Negative • No oncogenic BRAF mutation detected

^aGuidelines recommended extended *RAS* testing, which includes codons 12, 13, 59, 61, 117, and 146. (National Comprehensive Cancer Network, 2021¹).

Featured ARUP Testing

KRAS Mutation Detection 0040248

Method: Polymerase Chain Reaction/Pyrosequencing

May assist in predicting response to anti-EGFR therapy in CRC

NRAS Mutation Detection by Pyrosequencing 2003123

Method: Polymerase Chain Reaction/Pyrosequencing

May assist in predicting response to anti-EGFR therapy in CRC

BRAF Codon 600 Mutation Detection by Pyrosequencing 2002498

Method: Polymerase Chain Reaction/Pyrosequencing

May assist in predicting response to anti-EGFR therapy in $\ensuremath{\mathsf{CRC}}$

Gene	KRAS	NRAS	BRAF
Limitations	Limit of detection	Limit of detection	Limit of detection
	 Pyrosequencing: 10% mutant alleles NGS: 5% mutant alleles 	 Pyrosequencing: 10% mutant alleles NGS: 5% mutant alleles 	 Pyrosequencing: 10% mutant alleles NGS: 5% mutant alleles
	Pyrosequencing: oncogenic mutations outside of codons 12, 13, 61 will not be detected	Pyrosequencing: oncogenic mutations outside of codons 12, 13, 61 will not be detected	Pyrosequencing: oncogenic mutations outside of codon 600 will not be detected
	A substantial portion of individuals with wild-type KRAS still fail to respond to anti-EGFR agents, implicating downstream mutations	Presence or absence of mutations does not guarantee a response or lack of response to anti-EGFR therapy	

 $^{^{}a}$ Guidelines recommended extended *RAS* testing, which includes codons 12, 13, 59, 61, 117, and 146. (National Comprehensive Cancer Network, 2021 1).

References

1. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Colon cancer. Version 2.2021. [Updated: Jan 2021; Accessed: Feb 2021]

Related Information

Colorectal (Colon) Cancer

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