See below for Additional Technical Information topics
***MET* Gene Amplification by FISH**
Lung Cancer Molecular Markers

MET Gene Amplification by FISH

Indications for Ordering

Aids in prognostication and therapeutic decisions for neoplasms where amplification has been demonstrated

Test methodology

FISH
- Fluorescence in situ hybridization (FISH) analysis on formalin-fixed, paraffin embedded tumor tissue
- DNA probes
  - *MET* (7q31.2)
  - *CEP7* (control probe)
- 40 cells evaluated from regions of tumor identified on histopathologic review of a matching hematoxylin and eosin stained section

Tests to Consider

Primary test

MET Gene Amplification by FISH 2013082
- Screening test for MET gene amplification

Related test

c-MET by Immunohistochemistry 2008652
- Detects overexpression of c-MET protein

Disease Overview

Prognostic/therapeutic issues

- In lung cancer, *MET* gene amplification is associated with acquired resistance to EGFR inhibitors
  - Occurs in 5-20% of patients with *EGFR*-mutated tumors
- Amplification is associated with tumor progression and a poor prognosis in other tumors
  - Breast
  - Clear cell ovarian
  - Colorectal
  - Esophageal
  - Gastric
  - Glioma
  - Head and neck
  - Mesenchymal
  - Renal
  - Thyroid
- Multiple ongoing trials using EGFR inhibitors, with some tumors showing sensitivity to crizotinib

Genetics

Gene – *MET*

Test Interpretation

Results

- Amplified
  - *MET*/*CEP7* ≥2.0 **OR**
  - Average *MET* copy number per cell is ≥6.0
- Nonamplified
  - MET/CEP7 <2.0

Limitations

- Results must be interpreted in the context of morphological and other relevant data
- Results may be compromised if the recommended fixation procedures have not been followed

Lung Cancer Molecular Markers

Indications for Ordering

Mutation testing to aid in selection of tyrosine kinase inhibitor (TKI) and/or immune checkpoint inhibitor therapy

Tests to Consider

Typical testing strategy

Minimum initial recommendation – lung cancer panel that includes simultaneous ordering for mutations in *ALK, EGFR,* and *ROS1* genes

Primary tests

Determine eligibility for TKI therapy (panel tests)

Lung Cancer Panel 2008894
- Screening panel detects
  - *EGFR* mutations
  - ALK and ROS1 fusion proteins

Lung Cancer Panel with *KRAS* 2008895
- Screening panel detects
  - *EGFR* and *KRAS* mutations
  - ALK and ROS1 fusion proteins

Determine eligibility for TKI therapy (single tests)

ALK (D5F3) with Interpretation by Immunohistochemistry 2007324
- Detects ALK fusion proteins

ALK (D5F3) by Immunohistochemistry with Reflex to ALK Gene Rearrangements by FISH 2011431
- Detects ALK fusion proteins and *ALK* gene rearrangements in solid tumors

ALK Gene Rearrangements by FISH, Lung 2006102
- Screening test for all ALK fusions
- Use this test if the companion diagnostic test for crizotinib is required
- Does not identify the translocation partner or variant

EGFR Mutation Detection by Pyrosequencing 2002440

KRAS Mutation Detection 0040248
- Predicts response to anti-EGFR and MAPK pathway therapies in a variety of malignancies (eg, colorectal and lung cancer)

c-MET by Immunohistochemistry 2008652
- Detects overexpression of c-MET protein

MET Gene Amplification by FISH 2013082
- Aids in prognostication and therapeutic decisions for neoplasms where amplification has been demonstrated
- Screening test for *MET* gene amplification

RET Gene Rearrangements by FISH 2012654
- Detects *RET* gene rearrangements in solid tumors
- Does not identify the translocation partner or variant

ROS1 by FISH 2008418
- Detects *ROS1* gene rearrangements in solid tumors
- Does not identify the translocation partner or variant

ROS 1 with Interpretation by Immunohistochemistry with Reflex to FISH if Equivocal or Positive 2008414
- Detects ROS1 fusion proteins and *ROS1* gene rearrangements

Screening for immune checkpoint inhibitor therapy FDA-approved PD-L1 companion tests

PD-L1 22C3 IHC for NSCLC with Interpretation, pembrolizumab (KEYTRUDA) 2013284
- Companion diagnostic test to aid in prediction of response to pembrolizumab (KEYTRUDA) as first- or second-line monotherapy for patients with non-small cell lung cancer (NSCLC)
- Can be performed in conjunction with or instead of PD-L1 28-8
- For NSCLC specimens only
  - For gastroesophageal junction (GEJ), urothelial, and cervical specimens, see PD-L1 22C3 IHC with Combined Positive Score (CPS) Interpretation, pembrolizumab (KEYTRUDA) 3000197

PD-L1 28-8 pharmDx by Immunohistochemistry with Interpretation, nivolumab (OPDIVO) 2013684
- FDA-approved complementary codiagnostic test to aid in prediction of response to nivolumab (OPDIVO) for patients with nonsquamous NSCLC, melanoma, urothelial carcinoma, and head and neck squamous cell carcinoma (HNSCC)

Monitor for *EGFR* T790M resistance

EGFR T790M Mutation Detection in Circulating Tumor DNA by Digital Droplet PCR 2012868
- Monitor blood plasma or cerebrospinal fluid (CSF) for
  - Development of *EGFR* T790M drug-resistant mutation in patients administered TKI therapy for *EGFR*-mutant NSCLC
  - Response to therapy and disease progression in patients receiving *EGFR* T790M-specific TKIs

Related test

Solid Tumor Mutation Panel by Next Generation Sequencing 2007991

- Aids in therapeutic decisions for solid tumor cancers
- Simultaneously evaluates mutations in multiple genes, including *AKT1, ALK, BRAF, EGFR, ERBB2, ERBB4, KRAS, NRAS*, and *PIKC3CA*
- Does not detect translocations

Test Methodology

ALK

- Immunohistochemistry (IHC) using ALK clone D5F3
- Fluorescence in situ hybridization (FISH)

EGFR – polymerase chain reaction (PCR) and pyrosequencing

- Detects mutations at codons 719 (exon 18), 768 and 790 (exon 20), 858 and 861 (exon 21)
- Detects deletions in exon 19

EGFR T790M (serum) – digital droplet PCR

KRAS – PCR and pyrosequencing

- Detects mutations at codons 12, 13 (exon 2), and 61 (exon 3)

c-MET – IHC

MET – FISH

PD-L1 – IHC

RET – FISH

- Detects all *RET* gene fusions

ROS1 – IHC (using ROS1 clone D4D6) with FISH reflex if equivocal

Test Interpretation

Results

Single gene testing (includes genes in panels) – see table

Limitations

- Results must be interpreted in the context of clinical findings and morphological and other relevant data
- Results may be compromised if the recommended tissue-fixation procedures have not been followed

Disease Overview

Incidence

Lung cancer is the second most common cancer in U.S.

Treatment issues

- Lung cancer has poor response to traditional chemotherapy agents
  - Dismal 5-year outcome when using these agents
  - Newer targeted agents have better response rates in specific individuals and tumor types
- Tumor response rates to targeted therapy are closely associated with mutation status of the tumor, especially for adenocarcinoma or mixed adenocarcinoma subtypes
- Mutation status
  - Determines TKI therapy eligibility
  - Confers resistance to TKIs (eg, *EGFR* T790M mutation)
    - Monitoring in serum for *EGFR* T790M mutation may detect TKI resistance sooner and alter treatment plans
- PD-L1 expression
  - May predict response to immune checkpoint inhibitor therapy

References

- Francis G, Stein S. Circulating cell-free tumour DNA in the management of cancer. Int J Mol Sci. 2015:16;14122-14142
- NCCN Clinical Practice Guidelines in Oncology, Lung Cancer Screening. National Comprehensive Cancer Network. Fort Washington: Pennsylvania [Accessed: February 2018]

Single Gene			
Gene	**Testing method**	**Test result**	
ALK	IHC	Positive – uniform membranous staining in tumor cells Equivocal – very weak cytoplasmic staining visible only on higher power by microscopy Negative – no cytoplasmic staining in tumor cells	May predict response to TKI therapy
	FISH	Positive – *ALK* gene rearrangements detected in ≥15% of nuclei • Does not identify translocation partner	May predict response to TKI therapy
EGFR	PCR/pyrosequencing	Positive – mutation detected	May predict response to TKI therapy
	EGFR T790M (serum) Digital droplet PCR	Positive – mutation detected • Expressed as percentage	Predicts resistance to TKI therapy
KRAS	PCR/pyrosequencing	Positive – mutation detected	May predict response to TKI therapy
MET	FISH	Positive – detects gene amplification	• May predict response to crizotinib TKI therapy • Associated with acquired resistance to EGFR inhibitors in 5-20% of patients with *EGFR*-mutated tumors

Gene	Testing method	Test result	
RET	FISH	Positive – gene rearrangements detected • Does not identify translocation partner	May predict response to TKI therapy
ROS1	IHC FISH reflex	Positive – cytoplasmic staining in tumor cells Equivocal – any degree of cytoplasmic staining or focal/weak membranous staining in tumor cells • Reflexes to FISH for confirmation	May predict response to TKI therapy