Overview

Useful For
Supporting the diagnosis of synovial sarcoma when used in conjunction with an anatomic pathology consultation

Reflex Tests

<table>
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<tr>
<th>Test ID</th>
<th>Reporting Name</th>
<th>Available Separately</th>
<th>Always Performed</th>
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</table>

Testing Algorithm
This test does not include a pathology consult. If a pathology consultation is requested, PATHC / Pathology Consultation should be ordered and the appropriate FISH test will be ordered and performed at an additional charge.

This test includes a charge for application of the first probe set (2 FISH probes) and professional interpretation of results.

Additional charges will be incurred for all reflex probes performed. Analysis charges will be incurred based on the number of cells analyzed per probe set. If no cells are available for analysis, no analysis charges will be incurred.

Method Name
Fluorescence In Situ Hybridization (FISH)

NY State Available
Yes

Specimen

Specimen Type
Tissue

Advisory Information
This test does not include a pathology consultation. If a pathology consultation is desired, order PATHC / Pathology Consultation.

Shipping Instructions
Advise Express Mail or equivalent if not on courier service.

Necessary Information
A reason for referral and pathology report are required in order for testing to be performed. Send information with specimen. Acceptable pathology reports include working drafts, preliminary pathology or surgical pathology reports.

**Specimen Required**
Submit only 1 of the following specimens:

**Specimen Type:** Tissue

**Preferred:** Tissue block

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

**Acceptable:** Slides

**Collection Instructions:** Four consecutive, unstained, 5-micron-thick sections placed on positively charged slides, and 1 hematoxylin and eosin-stained slide.

**Forms**
If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

- Oncology Test Request (T729)
- Cardiovascular Test Request (T724)

**Specimen Minimum Volume**
Two consecutive, unstained, 5-micron-thick sections placed on positively charged slides and 1 hematoxylin and eosin-stained slide

**Reject Due To**
All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

**Specimen Stability Information**

<table>
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<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
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**Clinical and Interpretive**

**Clinical Information**
Synovial sarcoma (SS) is a malignant soft tissue tumor that predominantly occurs in the lower limbs of children and young adults. This tumor accounts for approximately 5% to 10% of soft tissue tumors, has a poor prognosis, and may occur in other areas of the body such as the head and neck, heart, abdominal wall, mediastinum, and lung, in addition to the extremities. Histologically, SS is grouped either into the monophasic subtype consisting of mostly spindle cells or the biphasic subtype consisting of epithelial and spindle cells. Depending on the site of origin, the differential diagnosis of SS can include mesothelioma, fibrosarcoma, solitary fibrous tumor, leiomyosarcoma,
malignant peripheral nerve sheath tumors, epithelioid sarcoma, and clear cell sarcoma. In addition, when the SS is poorly differentiated, the differential diagnosis broadens to include the small round-blue cell tumors (Ewing sarcoma, alveolar rhabdomyosarcoma, and neuroblastoma). Accurate diagnosis of SS is important for appropriate clinical management of patients. Although immunohistochemical markers can be helpful in the correct diagnosis of these various tumor types, recent molecular studies have shown the superior specificity of molecular makers in differentiating SS from other tumors.

A recurrent, tumor-specific translocation t(X;18)(p11.2;q11.2) is observed in approximately 90% of synovial sarcomas. A single gene, SS18 (SYT), has been implicated on 18q11.2, while 1 of 3 related genes, SSX1, SSX2, or infrequently SSX4, is usually involved on Xp11.2. The prevalence of SS18-SSX1 is about twice that of SS18-SSX2 in most studies. Detection of these transcripts is usually performed by reverse transcriptase-PCR (RT-PCR) (SYT / Synovial Sarcoma RT-PCR), which allows specific identification of SS18-SSX1 or SS18-SSX2. Identification of the SS18-SSX1 fusion is associated with an unfavorable outcome with significantly shorter overall survival when compared to the SS18-SSX2 fusion. Unfortunately, RT-PCR results may be equivocal or falsely negative due to many reasons such as when the available RNA is of poor quality or if a rare translocation partner is present. In these cases, FISH testing can be used to identify SS18 gene rearrangements in these tumors, which supports the diagnosis of SS.

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 cutoff for the SS18 (SYT) FISH probe.

A positive result suggests rearrangement of the SS18 (SYT) gene region at 18q11.2 and supports the diagnosis of synovial sarcoma (SS).

A negative result suggests no rearrangement of the SS18 (SYT) gene region at 18q11.2. However, this result does not exclude the diagnosis of SS.

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

Fixatives other than formalin (eg, Prefer, Bouin) may not be successful for FISH assays; however, nonformalin-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
FISH analysis was performed on 36 formalin-fixed, paraffin-embedded tissue samples including 14 synovial sarcoma (SS) tumors and 22 noncancerous control specimens or nonSS tumors. The normal controls were used to generate a normal cutoff for this assay. Using reverse transcriptase-PCR (RT-PCR) analysis, 11 SS tumors had the SSX1 translocation partner and 3 tumors had the SSX2 translocation partner. Rearrangement of SS18 was identified in all 14 SS specimens with 10 exhibiting the expected signal pattern and 4 with an atypical signal pattern.

Clinical Reference
1. World Health Organization Classification of Tumours. Pathology and Genetics of Tumours of Soft Tissue and Bone. Edited by CDM Fletcher, K Unni, F Mertens. IARC: Lyon 2002, pp 200-204
Performance

Method Description

The test is performed using a commercially available SS18 (SYT) dual-color break-apart strategy probe (BAP). Formalin-fixed, paraffin-embedded tissues are cut at 5 microns and mounted on positively charged glass slides. The selection of tissue and the 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 etcher 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 50 interphase nuclei (100 total) with the results expressed as the percent of abnormal nuclei. (Unpublished Mayo method)

PDF Report

No

Day(s) and Time(s) Test Performed

Specimens are processed Monday through Sunday.

Results reported Monday through Friday 8 a.m.-5 p.m.

Analytic Time

7 days

Maximum Laboratory Time

10 days

Specimen Retention Time

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

Performing Laboratory Location

Rochester

Fees and Codes

Fees

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

Test Classification

This test was developed using an analyte specific reagent. Its performance characteristics were determined by Mayo
Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

**CPT Code Information**

88271x2, 88291 À¢â‚¬â€œ DNA probe, each (first probe set), Interpretation and report

88271x2 À¢â‚¬â€œ DNA probe, each; each additional probe set (if appropriate)

88271x1 À¢â‚¬â€œ DNA probe, each; coverage for sets containing 3 probes (if appropriate)

88271x2 À¢â‚¬â€œ DNA probe, each; coverage for sets containing 4 probes (if appropriate)

88271x3 À¢â‚¬â€œ DNA probe, each; coverage for sets containing 5 probes (if appropriate)

88274 w/modifier 52 À¢â‚¬â€œ Interphase in situ hybridization, <25 cells, each probe set (if appropriate)

88274 À¢â‚¬â€œ Interphase in situ hybridization, 25 to 99 cells, each probe set (if appropriate)

88275 À¢â‚¬â€œ Interphase in situ hybridization, 100 to 300 cells, each probe set (if appropriate)

**LOINC® Information**

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