Overview

Useful For
Confirmation of suspected clinical diagnosis of Li-Fraumeni syndrome or Li-Fraumeni-like syndrome
Identification of familial TP53 variant to allow for predictive testing in family members
Predictive testing of an asymptomatic child is not recommended.

Genetics Test Information
This test evaluates for the presence of germline TP53 variants associated with Li Fraumeni syndrome.
For patients with a history of hematologic malignancy and/or bone marrow transplant, consultation with the laboratory is required prior to submitting a specimen.

Additional Tests

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Reporting Name</th>
<th>Available Separately</th>
<th>Always Performed</th>
</tr>
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<tbody>
<tr>
<td>COLAB</td>
<td>Hereditary Colon Cancer CGH Array</td>
<td>Yes, (order FMTT)</td>
<td>Yes</td>
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</tbody>
</table>

Testing Algorithm
When this test is ordered, comparative genomic hybridization array will always be performed at an additional charge.
See TP53 Mutation Testing Analysis in Special Instructions.

Special Instructions
- Molecular Genetics: Inherited Cancer Syndromes Patient Information
- Informed Consent for Genetic Testing
- TP53 Mutation Testing Algorithm
- Informed Consent for Genetic Testing (Spanish)

Method Name
Polymerase Chain Reaction (PCR) Amplification followed by DNA Sequencing
COLAB: Gene Dosage Analysis by Array Comparative Genomic Hybridization (aCGH)

NY State Available
Yes

Specimen

Specimen Type
Varies

Advisory Information
This test is not appropriate for evaluation of somatic TP53 alterations. To evaluate for the presence of somatic TP53
alterations for diagnostic or prognostic purposes in patients with chronic lymphocytic leukemia, see P53CA / Hematologic Neoplasms, TP53 Somatic Mutation, DNA Sequencing Exons 4-9, Varies.

**Shipping Instructions**
Specimen preferred to arrive within 96 hours of collection.

**Specimen Required**

**Patient Preparation:** A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

**Specimen Type:** Whole blood

**Container/Tube:**

**Preferred:** Lavender top (EDTA) or yellow top (ACD)

**Acceptable:** Any anticoagulant

**Specimen Volume:** 3 mL

**Collection Instructions:**

1. Invert several times to mix blood.

2. Send specimen in original tube.

**Forms**

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available in Special Instructions:
   - [Informed Consent for Genetic Testing](T576)
   - [Informed Consent for Genetic Testing-Spanish](T826)

2. [Molecular Genetics: Inherited Cancer Syndromes Patient Information](T519) in Special Instructions

**Specimen Minimum Volume**

1 mL

**Reject Due To**

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

**Specimen Stability Information**

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

Clinical Information
Li-Fraumeni syndrome (LFS) is a rare autosomal dominant hereditary cancer syndrome associated with germline variants in the **TP53** (also **p53**) gene. LFS is predominantly characterized by sarcoma (osteogenic, chondrosarcoma, rhabdomyosarcoma), young-onset breast cancer, brain cancer (glioblastoma), hematopoietic malignancies, and adrenocortical carcinoma in affected individuals. LFS is highly penetrant; the risk for developing an invasive cancer is 50% by age 30 and 90% by age 70 with many individuals developing multiple primary cancers. Childhood cancers are also frequently observed and typically include soft-tissue sarcomas, adrenocortical tumors, and brain cancer. Other reported malignancies include melanoma, Wilms tumor, kidney tumors, gonadal germ cell tumor, pancreatic cancer, gastric cancer, choroid plexus cancer, colorectal cancer, prostate cancer, endometrial cancer, esophageal cancer, lung cancer, ovarian cancer, and thyroid cancer.

There are published criteria for the use in establishing a clinical diagnosis of classic Li-Fraumeni syndrome and Li-Fraumeni-like (LFL) syndrome that include the above features listed. A larger percentage of families that meet the classic LFS criteria are predicted to have a detectable variant within the **TP53** gene than families that meet the less strict LFL criteria (Birch's and Eeles' definitions).

Reference Values
An interpretive report will be provided.

Interpretation
All detected alterations are evaluated according to American College of Medical Genetics and Genomics recommendations.(1) Variants are classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance.

Cautions
Some individuals who have a diagnosis of Li-Fraumeni syndrome or Li-Fraumeni-like syndrome may have a variant that is not identified by this method (eg, deep intronic alterations, promoter alterations). The absence of a variant, therefore, does not eliminate the possibility of a diagnosis of Li-Fraumeni syndrome or Li-Fraumeni-like syndrome. For predictive testing of asymptomatic individuals, it is important to first document the presence of a **TP53** gene variant in an affected family member.

In some cases, DNA alterations of undetermined significance may be identified.

It is strongly recommended that asymptomatic patients undergoing predictive testing receive genetic counseling both prior to testing and after results are available.

Rare alterations exist that could lead to false-negative or false-positive results. If results obtained do not match the clinical findings, additional testing should be considered.

Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Errors in the interpretation of results may occur if information given is inaccurate or incomplete.

Clinical Reference
2. Lindor NM, McMaster ML, Lindor CJ, Greene MH, National Cancer Institute, Division of Cancer Prevention,
Performance

Method Description

Bi-directional sequence analysis is performed to test for the presence of a variant in exons 1 through 11 of the \textit{TP53} gene.\footnote{Unpublished Mayo method}

Additionally, array comparative genomic hybridization (aCGH) is used to test for the presence of large deletions and duplications.\footnote{Aradhya S, Lewis R, Bonaga T, et al: Exon-level array CGH in a large clinical cohort demonstrates increased sensitivity of diagnostic testing for Mendelian disorders. Genet Med. 2012;14[6]:594-603}

PDF Report

No

Day(s) and Time(s) Test Performed

Performed weekly; Varies

Analytic Time

14 days

Maximum Laboratory Time

20 days

Specimen Retention Time

Whole Blood: 2 weeks (if available) Extracted DNA: 3 months

Performing Laboratory Location

Rochester

Fees and Codes

Fees

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

Test Classification

This test was developed and its performance characteristics 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
**Test Definition: TP53Z**
TP53 Gene, Full Gene Analysis

**81351**
Hereditary Colon Cancer CGH Array, additional test

**81228**

**LOINC® Information**

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