MAYO CLINIC LABORATORIES

Test Definition: SGTF

MYB (6q23) Rearrangement FISH, Tissue

Overview

Useful For

Identifying *MYB* gene rearrangements

Supporting the diagnosis of primary salivary gland adenoid cystic carcinomas when used in conjunction with an anatomic pathology consultation

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
_PBCT	Probe, +2	No, (Bill Only)	No
_PADD	Probe, +1	No, (Bill Only)	No
_PB02	Probe, +2	No, (Bill Only)	No
_PB03	Probe, +3	No, (Bill Only)	No
_IL25	Interphases, <25	No, (Bill Only)	No
_I099	Interphases, 25-99	No, (Bill Only)	No
_I300	Interphases, >=100	No, (Bill Only)	No

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 fluorescence in situ hybridization (FISH) test will be ordered and performed at an additional charge.

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

Appropriate ancillary probes may be performed at consultant discretion to render comprehensive assessment. Any additional probes will have the results included within the final report and will be performed at an additional charge.

Method Name

Fluorescence In Situ Hybridization (FISH)

NY State Available

Yes

Specimen

Specimen Type

Tissue

Shipping Instructions

Advise Express Mail or equivalent if not on courier service.

Necessary Information

1. A pathology report is required for testing to be performed. If not provided, appropriate testing and/or interpretation may be compromised or delayed. Acceptable pathology reports include working drafts, preliminary pathology, or surgical pathology reports.

2. The following information must be included in the report provided:

-Patient name

-Block number - must be on all blocks, slides, and paperwork

-Date of collection

-Tissue source

3. A reason for testing must be provided. If this information is not provided, an appropriate indication for testing may be entered by Mayo Clinic Laboratories.

Specimen Required

Submit only 1 of the following specimens:

Preferred:

Specimen Type: Tissue block

Collection Instructions:

1. Submit a formalin-fixed, paraffin-embedded tumor tissue block. Blocks prepared with alternative fixation methods will be attempted but are less favorable for successful results by fluorescence in situ hybridization testing.
2. Provide fixation method used.

Additional Information:

1. Paraffin-embedded specimens can be from any anatomic location (skin, soft tissue, lymph node, etc).
2. Bone specimens that have been decalcified will be attempted for testing, but the success rate is approximately 50%.

Acceptable:

Specimen Type: Tissue slides

Slides: 1 Hematoxylin and eosin-stained and 2 unstained

Collection Instructions: Submit 2 consecutive unstained, positively charged, unbaked slides with 5 micron-thick sections of the tumor tissue and 1 slide stained with hematoxylin and eosin.

Forms

If not ordering electronically, complete, print, and send an Oncology Test Request (T729) with the specimen.

Specimen Minimum Volume

Slides: 1 Hematoxylin and eosin stained and 2 unstained

Reject Due To

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

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Tissue	Ambient (preferred)		
	Refrigerated		

Clinical & Interpretive

Clinical Information

Salivary adenoid cystic carcinomas (ACC), although uncommon, are frequent among salivary gland malignancies. ACC is typically an aggressive tumor with a poor prognosis. Histologically, ACC show significant morphologic overlap with other salivary gland tumors but have a much different clinical course. Because ACC requires a management distinct from histologically similar lesions, it is important to make an accurate diagnosis. Translocations between *MYB* (6q23.3) and *NFIB* (9p23-p22.3) have been identified in a large proportion of primary salivary gland ACC. These alterations have not been identified in other salivary gland tumors. Therefore, separation of *MYB*, in the proper clinical and histologic context, is diagnostic for ACC and can be confirmed by fluorescence in situ hybridization with *MYB* break-apart probes.

Reference Values

An interpretive report will be provided.

Interpretation

MYB will be clinically interpreted as positive, negative, or equivocal.

A neoplastic clone is detected when the percent of cells with an abnormality exceeds the normal cutoff for the MYB probe set.

A positive result is consistent with rearrangement of the *MYB* gene and likely reflects *MYB* fusion with a partner gene. A positive result is diagnostic of adenoid cystic carcinomas (ACC). A confirmed diagnosis of ACC results in specific clinical management that may be distinct from the management of other salivary gland neoplasms.

A negative result suggests a *MYB* gene rearrangement is not present. A negative result does not exclude the diagnosis of ACC, as a subset of ACCs do not show an *MYB* rearrangement.

Cautions

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

This fluorescence in situ hybridization (FISH) assay does not rule out other chromosome abnormalities.

Fixatives other than formalin (eg, Prefer, Bouin's) may not be successful for FISH assays. Non-formalin fixed specimens will not be rejected.

Paraffin-embedded tissues that have been decalcified may not be successful for FISH analysis. The success rate of FISH studies on decalcified tissue is approximately 50%, but FISH will be attempted if sufficient tumor is present for analysis.

Fluorescence in situ hybridization studies will be attempted if sufficient tumor is present for analysis. The pathologist

reviewing the hematoxylin and eosin-stained slide may find it necessary to cancel testing if insufficient tissue/tumor is available for testing.

If no FISH signals or a lack of sufficient tumor tissue are observed post-hybridization, the case will be released indicating a lack of FISH results.

Clinical Reference

1. Mitani Y, Rao PH, Futreal PA, et al. Novel chromosomal rearrangements and break points at the t(6;9) in salivary adenoid cystic carcinoma: association with *MYB-NFIB* chimeric fusion, MYB expression, and clinical outcome. Clin Cancer Res 2011;17(22):7003-7014
2. West RB, Kong C, Clarke N, et al. *MYB* expression and translocation in adenoid cystic carcinomas and other salivary gland tumors with clinicopathologic correlation. Am J Surg Pathol 2011;35(1):92-99
3. Bell D, Roberts D, Karpowicz M, et al. Clinical significance of Myb protein and downstream target genes in salivary adenoid cystic carcinoma. Cancer Biol Ther 2011;12:569-573
4.Argyris PP, Wetzel SL, Greipp P, et al. Clinical utility of *myb* rearrangement detection and p63/p40 immunophenotyping in the diagnosis of adenoid cystic carcinoma of minor salivary glands: a pilot study. Oral Surg Oral Med Oral Pathol Oral Radiol. 2016;121(3):282-9. doi:10.1016/j.oooo.2015.10.016
5. The WHO Classification of Tumours Editorial Board: Central Nervous System Tumors. 5th ed. Lyon: IARC Press; 2021: 56-58. ISBN-13: 978-92-832-4508-7
6.Togashi Y, Dobashi A, Sakata S, et al. *MYB* and *MYBL1* in adenoid cystic carcinoma: diversity in the mode of genomic rearrangement and transcripts. Modern Pathology. 2018;31(6):934-46. doi:10.1038/s41379-018-0008-8

Performance

Method Description

This test is performed using a laboratory-developed MYB dual-color, break-apart strategy fluorescence in situ hybridization probe set. Paraffin-embedded tissue samples are cut at 5 microns and mounted on positively charged glass slides. The selection of tissue and the identification of target areas on the hematoxylin and eosin (H and E)-stained slide are performed by a pathologist. Using the H and E-stained slide as a reference, target areas are etched with a diamond-tipped engraving tool on the back of the unstained slide to be assayed. Each probe set is hybridized to the appropriate target areas, as indicated on the H and E, and 100 interphase nuclei are scored within the targeted areas. The results are expressed as the percent of abnormal nuclei.(Unpublished Mayo method)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

7 to 10 days

Specimen Retention Time

Slides used for analysis are retained by the laboratory in accordance with regulatory requirements. Client provided

paraffin blocks and extra unstained slides (if provided) will be returned after testing is complete.

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

Fees & 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 account representative. For assistance, contact Customer Service.

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

88271x2, 88291-DNA probe, each (first probe set), Interpretation and report
88271x2-DNA probe, each; each additional probe set (if appropriate)
88271x1-DNA probe, each; coverage for sets containing 3 probes (if appropriate)
88271x2-DNA probe, each; coverage for sets containing 4 probes (if appropriate)
88271x3-DNA probe, each; coverage for sets containing 5 probes (if appropriate)
88274 w/modifier 52-Interphase in situ hybridization, <25 cells, each probe set (if appropriate)
88274-Interphase in situ hybridization, 25 to 99 cells, each probe set (if appropriate)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
SGTF	MYB (6q23), FISH, Ts	In Process

Result ID	Test Result Name	Result LOINC® Value
54615	Result Summary	50397-9
54618	Interpretation	69965-2
54617	Result	62356-1
CG898	Reason for Referral	42349-1
54619	Specimen	31208-2
54620	Source	31208-2
54621	Tissue ID	80398-1
54622	Method	85069-3
54623	Released By	18771-6
55127	Additional Information	48767-8
53817	Disclaimer	62364-5