



Biomnis



Management of **solid tumours** in Biopathology





| Discipline | Affected organ / Tumours | Immunohistochemistry | Molecular cytogenetics (FISH) | Molecular biology | Other relevant specialised medical pathology tests | |
|-----------------------------|----------------------------------|---|---|--|---|--|
| Gynecology | Breast | OR / PR / HER2 / KI67 PDL-1 | HER2 amplification ● | Somatic BRCA 1/2 ⁽¹⁾ ● PIK3CA ⁽¹⁾ ● PAM50 ⁽¹⁾ | HER2-serum ⁽¹⁾ Evaluation of the risk of toxicity of fluoropyrimidines (5-FU) CA 15-3 / ACE | |
| | Ovary | MMR (MLH1 / MSH2 / MSH6 / PMS2) / PDL-1 | | Somatic BRCA 1/2 ⁽¹⁾ ● MSI ⁽¹⁾ - MLH1 methylation ⁽¹⁾ | CA 125 - HE4 (ROMA Score) / ACE / CA 19.9 / CA 72.4 | |
| | Uterus, cervix and endometrium | MMR (MLH1 / MSH2 / MSH6 / PMS2) / PDL-1 | | MSI ⁽¹⁾ - MLH1 methylation ⁽¹⁾ | HPV / SCC / Cyfra 21.1 / CA 125 / ACE / CA 19.9 | |
| Digestive system | Stomach and oesogastric junction | HER2 / MMR (MLH1 / MSH2 / MSH6 / PMS2) / PDL-1 | HER2 amplification ● / MET amplification - NTRK 1-2-3 rearrangement | MSI ⁽¹⁾ - MLH1 methylation ⁽¹⁾ | Evaluation of the risk of toxicity of fluoropyrimidines (5-FU) / EBV | |
| | Stomach and small intestine | MMR (MLH1 / MSH2 / MSH6 / PMS2) / PDL-1 | | NGS Panel: CKIT ● - PDGFRA ● - BRAF | Evaluation of the risk of toxicity of fluoropyrimidines (5-FU) | |
| | Colo-rectal | MMR (MLH1 / MSH2 / MSH6 / PMS2) / PDL-1 | HER2 amplification ● / MET amplification - NTRK 1-2-3 rearrangement | SEPTINE 9 / NGS Panel: AKT1 - ALK - BRAF ● - CTNNB1 - EGFR - HER2 ● - FBXW7 - FGFR1 - FGFR2 - FGFR3 - KIT - KRAS ● - MAP2K1 - MET - NRAS ● - PDGFRA - PIK3CA - PTEN - SMAD4 - STK11 - TP53 MSI ⁽¹⁾ - MLH1 methylation ⁽¹⁾ | AFP / ACE / CA19-9 Pancreas: VIP / Gastrin / Glucagon Liver: Type III procollagen Evaluation of the risk of toxicity of fluoropyrimidines (5-FU) | |
| Pulmonology | Pancreas | | NTRK 1-2-3 rearrangement | Somatic BRCA 1/2 ⁽¹⁾ ● / MSI ⁽¹⁾ | | |
| Dermatology / Ophthalmology | Lung | ALK / ROS1 / PDL-1 | Rearrangement: ALK ● / ROS1 ● / RET ● / NTRK 1-2-3 ● / NRG1 Amplification: ALK, MET, HER2, FGFR1 | NGS Panel: AKT1 - ALK - BRAF ● - DDR2 - EGFR ● - HER2 - FGFR1 - FGFR2 - FGFR3 - KIT - KRAS - MAP2K1 - MET ● - NRAS - PDGFRA - PIK3CA - PTEN - STK11 - TP53 Liquid biopsy : EGFR ⁽¹⁾ ● | ProGRP / NSE / CYFRA 21 / SCC / ACE | |
| Musculoskeletal system | Skin/Eye | Melanoma | PDL-1 | Monosomy 3 (Uveal melanoma) | NGS Panel: BRAF ● - NRAS - CKIT | |
| Musculoskeletal system | Bone and soft tissue | Ewing's Sarcoma / Neuroectodermal Tumour primitive / Small desmoplastic tumour round cells / Clear cell sarcoma | | EWSR1 rearrangement | | |
| | | Liposarcoma | | MDM2 amplification DDIT3 rearrangement (CHOP) | | |
| | | Synovialosarcoma Inflammatory myofibroblastic tumour | | SS18 Rearrangement (SYT) | | |
| | | Rhabdomyosarcoma | | ALK rearrangement | | |
| | | Infantile fibrosarcoma | | FOXO1A rearrangement (FKHR) | | |
| Central Nervous System | Brain | Glioma | | 1p/19q co-deletion p16 deletion / EGFR amplification | MGMT methylation ⁽¹⁾ | |
| | | Medulloblastoma | | NMYC amplification CMYC amplification | | |
| Uro-Nephrology | Bladder | | | | Non-invasive molecular test for bladder cancer monitoring | |
| | Prostate | MMR (MLH1 / MSH2 / MSH6 / PMS2) / PDL-1 | | Somatic BRCA 1/2 ⁽¹⁾ ● | PSA | |
| | Testicle | | | | hCG dimeric molecule (alpha + beta) hCG - free beta chain - subunit | |
| Endocrinology | Adrenal glands | Neuroblastoma | | NMYC amplification / 1p36 deletion | Chromogranin A | |



| | Pre-analytics | | | | | | Required informations | Test request form | | | | | | |
|--|--|---------------------|---|---|------------------------|--|-----------------------|---|--|--|--|--|--|--|
| | Paraffin embedded block | Slides | Extracted DNA | Cell free DNA Collection tube | Frozen plasma aliquots | Other | | | | | | | | |
| Molecular cytogenetics (FISH) | X | 3 coated slides 4µm | | | | | | | | | | | | |
| Molecular biology (tissue) | X | 6 slides slides 5µm | - 30 ng minimum - Extraction date - DNA concentration | | | For MSI analysis: it is essential to join a healthy tissue block/slice with the tumour block | Histological report | Solid Tumours - test request form - Ref. B9-INTGB | | | | | | |
| Molecular Biology on peripheral blood for circulating tumour DNA (liquid biopsy) | | | | X | X | | | | | | | | | |
| PROSIGNA™ PAM50 (prognostic gene signature assay) | X | 6 slides 5µm | | | | | | | | | | | | |
| SEPTINE 9 | | | | 2 x 3.5 ml frozen EDTA plasma Protocol - Ref. P21-INTGB | | | | | | | | | | |
| Non-invasive molecular test for bladder cancer monitoring | | | | 5 ml urine Collection kit on demand - Ref. K7-INTGB | | | | | | | | | | |
| RNASeq / TMB | Contact us: sales@ctie.eurofinseu.com | | | | | | | | | | | | | |
| Lymphoma | | | | | | | | | | | | | | |
| Other tests | Find all the essential information (pre-analytic, required documents, turnaround time etc.) relating to each analysis on www.eurofins-biomnis.ie > test Guide | | | | | | | | | | | | | |
| Immunohistochemistry | Eurofins Biomnis Ireland - Phone: 1800 303 349 - Email: sales@ctie.eurofinseu.com | | | | | | | | | | | | | |

Note

Three biopathology techniques can be used for the analysis of a biomarker for diagnostic, prognostic or theranostic purposes for solid tumours:

- ▶ **The ImmunoHistoChemistry (IHC) technique**, interpreted by an anatomopathologist, makes it possible to evaluate the level of expression of a protein (loss of expression or over-expression). It is evaluated as a percentage of cells or expression level (+, ++, +++).
Examples: HER2-IHC, PDL1-IHC, MMR-IHC.
- ▶ **The fluorescence in situ hybridisation (FISH) technique** interpreted by a cytogeneticist or an anatomopathologist with an expertise in cytogenetics, highlights a loss (deletion), a gain (over-representation and amplification) or a rearrangement of a locus. Two other derived techniques can also be used: CISH (Chromogenic ISH) and SISH (Silver-ISH). Eurofins Biomnis has opted for an fluorescence technique (Gold standard).
Example: HER2 FISH, ALK FISH.

The IHC and FISH techniques are carried out directly on a slide from a tissue block embedded in paraffin. (or on frozen tissue or on tissue apposition for the FISH technique).

- ▶ **Molecular biology techniques** are interpreted by a molecular biologist or an anatomopathologist with expertise in molecular biology. They can be performed on tissue or peripheral blood (liquid biopsy or circulating tumour DNA) and are initiated by DNA or RNA extraction. On tissue, a minimum percentage of 20% of tumour cells is essential for the proper performance of these techniques (a tumour infiltration check is systematically carried out by a Eurofins Biomnis pathologist) and the detection threshold of the technique used must be of the order of 5%. The techniques used routinely are varied: NGS (DNASeq and RNASeq), Sanger, RT-PCR, Fragment Analysis, Methyl-PCR, etc. NGS analysis allows several genes to be analysed in a single step.

NB: The quality of interpretation of a FISH or molecular biology test depends directly on the preanalytical conditions of the sample (ischaemia time, type of fixative and fixation time), the reagents used, the robustness of the molecular biology technique (e.g. amplicon or capture) and the expertise of the clinical pathologist or anatomopathologist.

Eurofins Biomnis Ireland
Blackthorn Road
Unit 3, Sandyford Business Centre
Sandyford Business Park - D18 E528
Phone: 1800 303 349
sales@ctie.eurofinseu.com
www.eurofins-biomnis.ie

Eurofins Biomnis International Division
17/19 avenue Tony Garnier
BP 7322 - 69357 LYON Cedex 07 - FRANCE

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