

Molecular Diagnosis of Lung Cancers

Abstract

Recent advances in cancer diagnosis have seen a rapid and accurate diagnostic test. Initially used as research tools the molecular diagnostic tests have been applicable in the clinical scenario.

Purpose: Current study focuses on the significant approach of detection of epidermal growth factor receptor (EGFR) mutations in exon 18-21 and anaplastic lymphoma kinase gene (ALK) rearrangement analysis using molecular methods such as pyrosequencing and fluorescence *in-situ* hybridization (FISH) on formalin fixed paraffin embedded (FFPE) from tissue biopsy and cell blocks of 267 lung cancer patients.

Methods: In this study, FISH using a break-apart probe for the ALK gene was performed on formalin fixed paraffin-embedded tissue to determine the incidence of ALK rearrangements and hybridization patterns in 267 patients with a referred diagnosis of non-small cell lung cancer. EGFR mutations detection was performed on 267 samples by using Pyrosequencing.

Results: Among the 267 patients 11 were positive for ALK-1 gene rearrangement. 260 of the 267 cases were confirmed of adenocarcinoma and 7 of the 267 cases were squamous cell carcinoma. EGFR mutations were detected in 55 patients. The most common mutations found were exon 19 (56.36%), exon 21 (27.27%), exon 20 (3.63%) and exon 18 (9.09%). The influence of gender, non-smoking, and histological type on the EGFR mutations showed increase in female group.

Conclusions: Mutation detection testing is mandatory in lung carcinomas for the diagnosis and management of NSCLC.

Keywords: EGFR mutation analysis, Molecular diagnosis, ALK gene rearrangement

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Introduction

Lung cancer is the leading cause of cancer-related deaths in the world. Histologically, the World Health Organization (WHO) classifies lung cancer into non-small cell lung cancer (NSCLC, 85%) and small-cell lung cancer (15%). Depending upon the stages of the disease, there are four treatment strategies, including surgery, radiation therapy, chemotherapy, and/or targeted therapy. The use of targeted kinase inhibitors is dependent on the targets such as epidermal growth factor receptor (EGFR) or activating chromosomal fusions involving the ALK kinase, which are effective if there is an association of the molecular alterations in the tumors [1]. Therefore, molecular tests are routinely performed to identify mutations in oncogenes in lung cancer,

including EGFR and ALK. Molecular tests help in identifying those patients who respond to targeted therapy; and reduce side effects of ineffective treatments. The use of tyrosine kinase inhibitors (TKI), gefitinib or erlotinib, requires confirmation of somatic activating EGFR mutation.

ALK gene rearrangements have been reported in 2% to 13% of patients with NSCLC [1]. ALK-rearranged tumors typically lack EGFR and KRAS mutations. Recent studies have demonstrated that lung cancers harboring ALK rearrangements do not respond to EGFR-specific tyrosine kinase inhibitors, but benefit from ALK kinase (i.e., crizotinib).

Now-a-days along with the routine histology testing molecular tests have been used frequently in diagnosis. However, some of