

Name: Paul M Morrison | DOB: 3/1/1978 | MRN: 00584833 | PCP: Christopher Ryan Anderson, MD | Legal Name: Paul M Morrison

# IGH Somatic Hypermutation Analysis, B-Cell Chronic Lymphocytic Leukemia

Collected on August 11, 2021 10:11 AM

## Lab tests - Blood (Blood, Venous)

### Results

#### BCLL Result

Value

**see interpretation**

#### Specimen Type

Value

**Blood**

**Final Diagnosis**

Value

**SEE COMMENTS**

Peripheral blood, IGH somatic hypermutation analysis:

A mutated IGH V rearrangement was identified. The level of mutation identified was 6.8%.

The IGH V allele identified was 3-7\*01.

Somatic hypermutation of the immunoglobulin heavy chain gene variable region (IGH-V) status is a recognized prognostic marker in chronic lymphocytic leukemia. Mutated CLL is defined by the presence of >2% IGH-V somatic mutation (or <98% identity to the closest germline sequence) and is independently associated with a relatively favorable prognosis. In contrast, unmutated IGH-V status, defined as <=2% somatic mutation (or >=98% germline sequence identity) is associated with relatively adverse prognosis (Oscier D et al, 2002, 12149195). Correlation of these results with clinical, pathologic and other pertinent laboratory data is required for final interpretation.

Signing Pathologist: Min Shi, M.D., Ph.D.

-----ADDITIONAL  
INFORMATION-----

Method Summary - IGH V-region (IGHV) somatic mutation analysis: DNA is extracted and IGH gene rearrangements are amplified by PCR method using leader and/or FR1 forward primers. Next generation sequencing of the PCR product clonal IGH variable (IGHV) region is performed. Sequences of functional IGHV rearrangements are compared to a germline IGH sequence database to determine the closest IGHV gene exon and percent nucleobase identity. Mutated IGHV status is assigned when the analyzed clonal sequence is greater than 2% different from the germline reference and unmutated status is defined as 2% or less deviation from the reference.

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.

Test Performed by:

Mayo Clinic Laboratories - Rochester Main Campus

200 First

Street SW, Rochester, MN 55905

Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D0404292

Authorizing provider: Hani Alkhatib

Collection date: August 11, 2021 10:11 AM

Result date: August 19, 2021 3:27 PM

Result status: Final

Resulting lab:

MAYO CLINIC LABORATORIES

3050 Superior Drive NW

ROCHESTER MN 55901

507-266-5700

24D1040592 (CLIA #)

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## Chronic Lymphocytic Leukemia, FISH

Collected on August 11, 2021 10:11 AM

### Results

#### Result

Value

**SEE COMMENTS**

Testing is complete. Final report has been sent to the referring laboratory.

Note: There may be a delay of up to 2 hours before report is available to view in Mayo Access.

Test Performed by:

Quest Diagnostics/Nichols Institute  
33608 Ortega Highway  
San Juan Capistrano, CA 92675-2042

 Scan 1

Authorizing provider: Hani Alkhatib

Collection date: August 11, 2021 10:11 AM

Specimens: Blood (Blood, Venous)

Result date: August 19, 2021 11:19 AM

Result status: Final (Edited)

Resulting lab:

MAYO CLINIC LABORATORIES

3050 Superior Drive NW

ROCHESTER MN 55901

507-266-5700

24D1040592 (CLIA #)

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SEND TO: MAYO CLIN LABS  
 3050 SUPERIOR DR NW  
 ATTN: REFERRALS  
 ROCHESTER, MN 55901



Quest Diagnostics, Incorporated  
 133608 Ortega Hwy., San Juan Capistrano, CA 92675  
 CLIENT SERVICES - (800) 553-5445  
 Director: Irina Maramba, M.D., Ph.D.

PATIENT NAME <b>MORRISON, PAUL M</b>		PATIENT ID NO. <b>G711046931</b>		DATE <b>08/11/2021</b>	TIME <b>10:11</b>
ACCESSION NO. <b>27662038</b>	AGE <b>43</b>	SEX <b>MALE</b>	SAMPLE ID NO. <b>10239782631</b>	OTHER ID NO. <b>NG</b>	RECEIVED <b>08/13/2021</b>
REMARKS			REFERRING PHYSICIAN <b>ALKHATIB HANI</b>	REPORTED <b>08/17/2021</b>	STATUS <b>DUPLICATE</b>

TEST	RESULT (* = OUT OF RANGE)	UNITS	REFERENCE RANGE
<b>FISH; B Cell CLL Panel</b>	<b>See Below</b>		
<b>Order ID:</b>	<b>21-219405</b>		
<b>Specimen Type:</b>	<b>Blood</b>		
<b>Clinical Indication:</b>	<b>FISH STUDY FOR ONCOLOGY</b>		
<b>RESULT:</b>			
<b>POSITIVE FISH RESULT for 13q14.3 DELETION ;</b>			
<b>NEGATIVE FISH RESULT for TRISOMY 12 and DELETIONS of 6q, ATM and TP53</b>			
<b>INTERPRETATION:</b>			
FISH analysis showed deletion of 13q14.3 in 78% of cells. The 13q14 deletion is a recurrent abnormality in chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), and also is seen in other hematologic neoplasms. In CLL/SLL, 13q14.3 as the sole abnormality has a favorable prognosis; however, metaphase chromosome analysis is required to classify this deletion as the sole cytogenetic abnormality.			
Please expect the result of any other concurrent test in a separate report.			
<b>RECOMMENDATIONS:</b>			
Correlation with a chromosome result as well as other clinical and laboratory findings is recommended. Periodic monitoring may be useful in assessing remission/relapse status.			
<b>NOMENCLATURE:</b>			
nuc ish.(SEC63, MYB) x2 [100], (ATMx2) [100], (D12Z3x2) [100], (DLEUx1, LAMP1x2) [78/100], (TP53x2) [100]			
<b>ASSAY INFORMATION:</b>			
Method: FISH (Digital Image Analysis: MetaSystems/Metafer) Cells Counted: 300			
This test will not detect other cytogenetic abnormalities that may have clinical significance. Fluorescence in-situ hybridization (FISH) was performed using the probes specific for chromosome regions 6q21/6q23 (SEC63, MYB), 11q22.3 (ATM), 12 centromere (D12Z3), 13q14 (DLEU), 13q34 (LAMP1), and 17p13.1 (TP53; p53) [MetaSystems].			
The cutoff values for peripheral blood and bone marrow are, respectively: 6q21- (4%) (6%), 6q23- (4%) (3%), 6q- (4%) (5%), 11q- (6%) (4%), +12 (4%) (5%), 13q- (4%) (4%), -13 (4%) (3%), 17p- (5%) (5%).			
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano, CA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.			
<b>Arturo Anguiano, MD, FFACMG</b>		<b>(800) NICHOLS-4307</b>	
<b>Electronic Signature:</b>		<b>8/17/2021 6:52 PM</b>	