

# Molecular Pathology of Sarcomas: Diagnostic and Therapeutic Utility

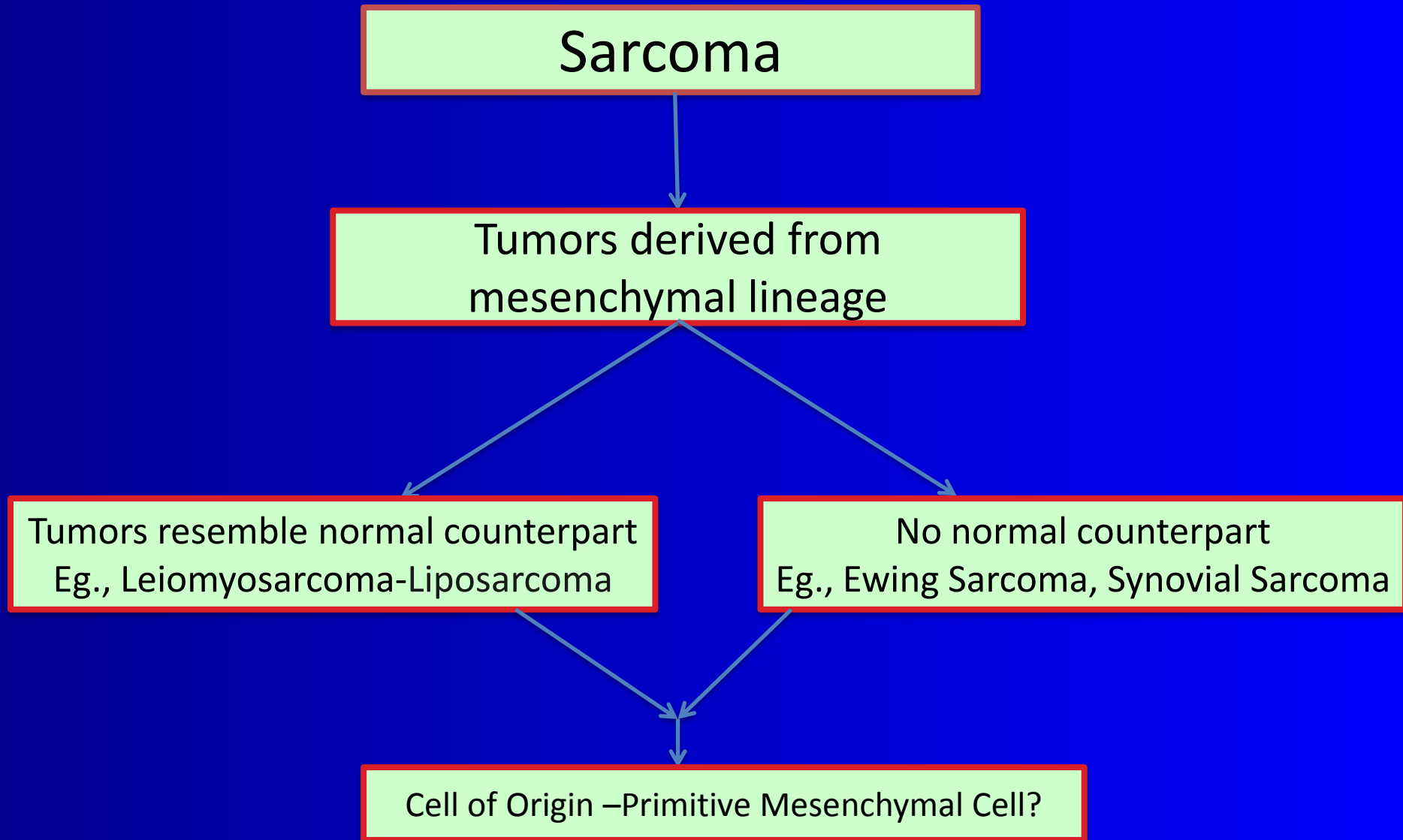
Meera Hameed MD



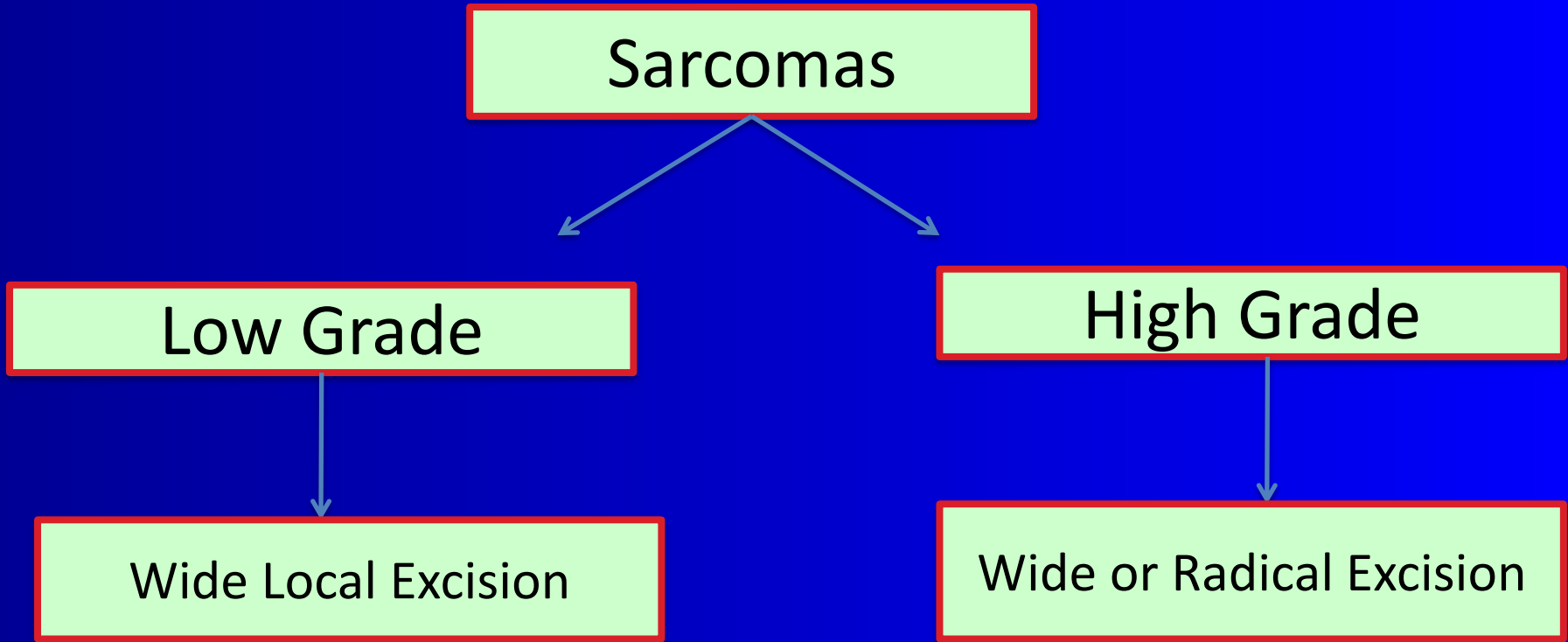
# Role of a Pathologist

- Custodians and Curators of tumor diagnostic specimens
- Appreciation of Pathogenesis
- Determination of sub types
- Appropriate Molecular Testing for Diagnosis, Prognosis and Therapeutics
- Critical Role in Sarcoma clinical team to streamline therapeutic strategies

# Conventional Pathology-Sarcomas



# Sarcomas-Clinical Management



Behavior: Indolent to highly invasive to metastatic

Prognosis: Age, tumor size, grade, depth, histological subtypes

# Chemotherapy

```
graph TD; A[Chemotherapy] --> B[Sensitive]; A --> C[Intermediate]; A --> D[Resistant]; B --- B_list["Gastrointestinal Stromal Tumor (GIST), Ewing Sarcoma, Rhabdomyosarcoma, Synovial Sarcoma, Myxoid Liposarcoma, Malignant Fibrous Histiocytoma"]; C --- C_list["Liposarcoma (other types), Myxofibrosarcoma, MPNST, Leiomyosarcoma"]; D --- D_list["Chondrosarcoma, Clear Cell Sarcoma, Epithelioid Sarcoma, Rhabdoid Tumor, Alveolar Soft Part Sarcoma"];
```

## Sensitive

Gastrointestinal Stromal Tumor (GIST)  
Ewing Sarcoma  
Rhabdomyosarcoma  
Synovial Sarcoma  
Myxoid Liposarcoma  
Malignant Fibrous Histiocytoma

## Intermediate

Liposarcoma (other types)  
Myxofibrosarcoma  
MPNST  
Leiomyosarcoma

## Resistant

Chondrosarcoma  
Clear Cell Sarcoma  
Epithelioid Sarcoma  
Rhabdoid Tumor  
Alveolar Soft Part Sarcoma

Histology driven Chemotherapy- Important for targeted and non-targeted therapy

# Diagnosis of Sarcomas

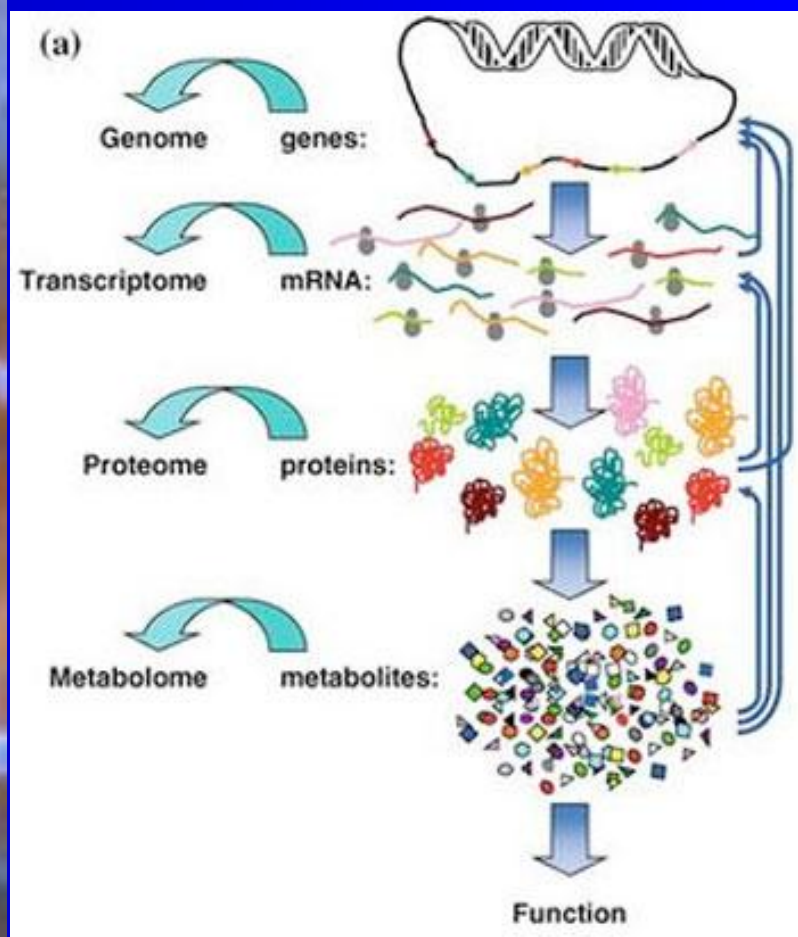
Traditional Pathology

Immunohistochemistry

Molecular Pathology

Diagnosis/  
Staging  
Prognosis

Diagnosis and direct treatment



# Molecular Pathology of Sarcomas

Specific Translocations or gene amplification

Defined by Oncogenic gene mutations

Complex karyotypes/genomic rearrangements

Diverse tumors in each class

# Molecular Pathology-Sarcomas

Translocation associated Sarcomas and relatively simple Karyotypes

Sarcomas with complex karyotypes and no specific translocations



Ewing Sarcoma/PNET  
Desmoplastic Small round cell tumor  
Alveolar Rhabdomyosarcoma  
Myxoid Liposarcoma  
Extraskeletal myxoid Chondrosarcoma  
Clear cell sarcoma (soft tissue)  
Angiomatoid fibrous histiocytoma  
Congenital/infantile Fibrosarcoma  
Low grade fibromyxoid sarcoma  
Inflammatory myofibroblastic tumor  
Alveolar Soft Part Sarcoma  
Synovial Sarcoma  
Epithelioid Hemangioendothelioma

Epithelioid Sarcoma  
Leiomyosarcoma  
Myxofibrosarcoma  
Adult fibrosarcoma  
Liposarcomas other than myxoid liposarcoma  
Embryonal and pleomorphic rhabdomyosarcoma  
Osteosarcoma  
Angiosarcoma  
Undifferentiated Pleomorphic sarcoma

Mutation Driven- Gastrointestinal Stromal Tumor

Amplification associated- Liposarcoma- Angiosarcoma

# Molecular Pathology-Sarcomas

- Ewing Sarcoma/PNET- First discovered translocation associated sarcoma t(11;22)(q14;q22) (EWS-FLI1) New Eng J Med, 309; 496-498, 1983

Sarcoma Type	Translocation	Fusion gene	Year
Ewing Sarcoma	t(21;22)	EWSR1-ERG	1993
Clear Cell Sarcoma	t(12;22)	EWSR1-ATF1	1993
Myxoid/round cell Liposarcoma	t(12;16)	FUS-DDIT3	1993
ARMS	t(2;13)&(1;13)	PAX3&PAX7-FOXO1A	1994
DSRCT	t(11;22)	EWS-WT1	
Extraskeletal Myxoid Chondrosarcoma	t(9;22)	EWSR1-NR4A3	1995
	t(9;17)	EWSR1-TAF2N	1999
Synovial Sarcoma	t(X;11)	SYT-SSX1 and SSX2	1995
DFSP	t(17;22)	COL1A1-PDGFB	1997
Congenital fibrosarcoma	t(12;15)	ETV6-NTRK3	1998
IMT	t(2p23)	Alk Fusions (many partners)	2000
Alveolar Soft Part Sarcoma	t(X;17)	ASPL-TFE3	2001
Low Grade Fibromyxoid sarcoma	t(7;16)	FUS-ATF1	2003
Angiomatoid Fibrous Histiocytoma	t(12;16)	FUS-ATF1	2000
	t(12;22)	EWSR1-ATF1&CREB1	2007

Sarcomas with simple  
karyotypes-Pathology  
Perspective

Round Cell

Spindle Cell

Epithelioid Cell

Immunohistochemistry- Generally non-lineage specific  
(overlapping)

Molecular Testing

# Translocation associated sarcomas

Tumor Type	Translocation	Fusion gene(s)
Alveolar Soft Part Sarcoma	der(17)t(x;17)	ASPL-TFE3
Alveolar Rhabdomyosarcoma	t(2;13) &t(1;13)	PAX3-FOXO1 &PAX7-FOXO1
Angiomatoid Fibrous Histiocytoma	t(2;22) , t(12;22) &t(12;16)	EWSR1-CREB1, EWSR1-ATF1 &FUS-ATF1
Clear Cell Sarcoma	t(12;22) &t(2;22)	EWSR1-ATF1 &EWSR1-CREB1
Congenital infantile fibrosarcoma	t(12;15)	ETV6-NTRK3
Dermatofibrosarcoma Protuberans	t(17;22)	COL1A1-PDGFB
Desmoplastic small round cell tumor	t(11;22)	EWSR1-WT1
Endometrial Stromal sarcoma	t(7;17), t(6;7) &t(6;10)	JAZF1-SUZ12, JAZF1-PHF1 &EPC1-PHF1
Ewing Sarcoma/PNET	t(11;22), t(21;22), t(7;22), t(2;22), inv(22), t(6;21)	EWSR1-FLI1, EWSR1-ERG, EWSR1-ETV1. EWSR1-E1AF. EWSR1-FEV. EWSR1-ZSG &FUS-ERG
Extraskeletal myxoid chondrosarcoma	t(9;22), t(9;17), t(9;15)	EWSR1-NR4A3, RBP56-NR4A3, TCF12-NR4A3, TFG-NR4A3
Inflammatory myofibroblastic tumor	t(3;9), t(1;2), t(2;19), t(2;17), t(2;2), t(2;17)	TPM3-ALK, TPM4-ALK, CLTC-ALK, RANBP2-ALK
Low grade Fibromyxoid sarcoma	t(7;16) &t(11;16)	FUS-CREB3L2 &FUS-CREB3L1
Myxoid-Round cell Liposarcoma	t(12;16) &t(12;22)	FUS-DDIT3 &EWS-DDIT3
Epithelioid Hemangioendothelioma	t(1;3)(p36;q25)	WWTR1-CAMTA1
Synovial Sarcoma	t(X;18) &t(X;20)	SS18-SSX1, SS18-SSX2, SS18-SSX4 &SS18L1-SSX1

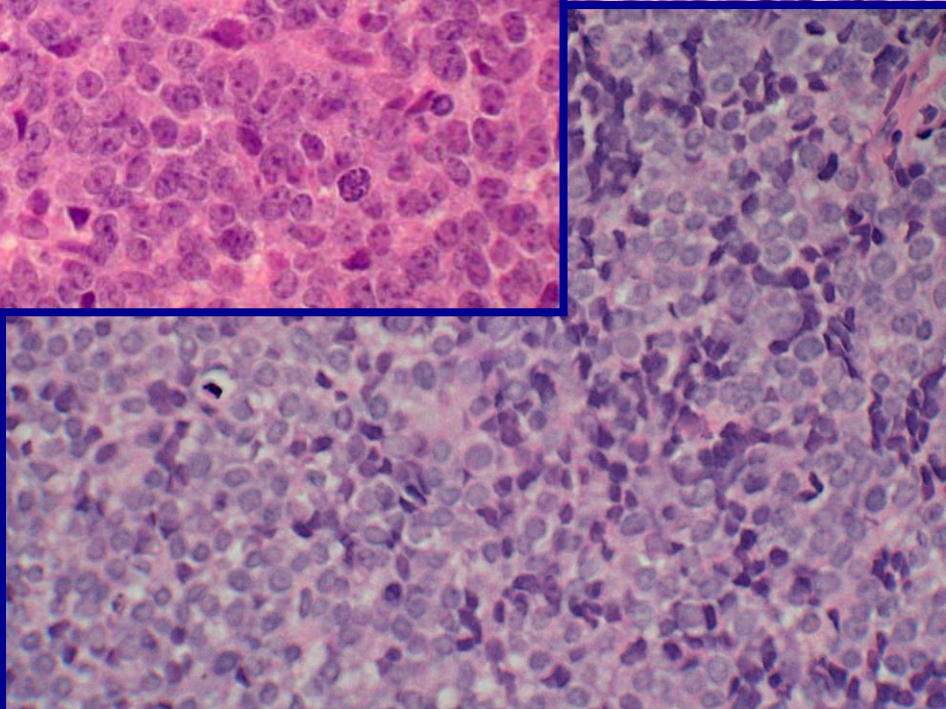
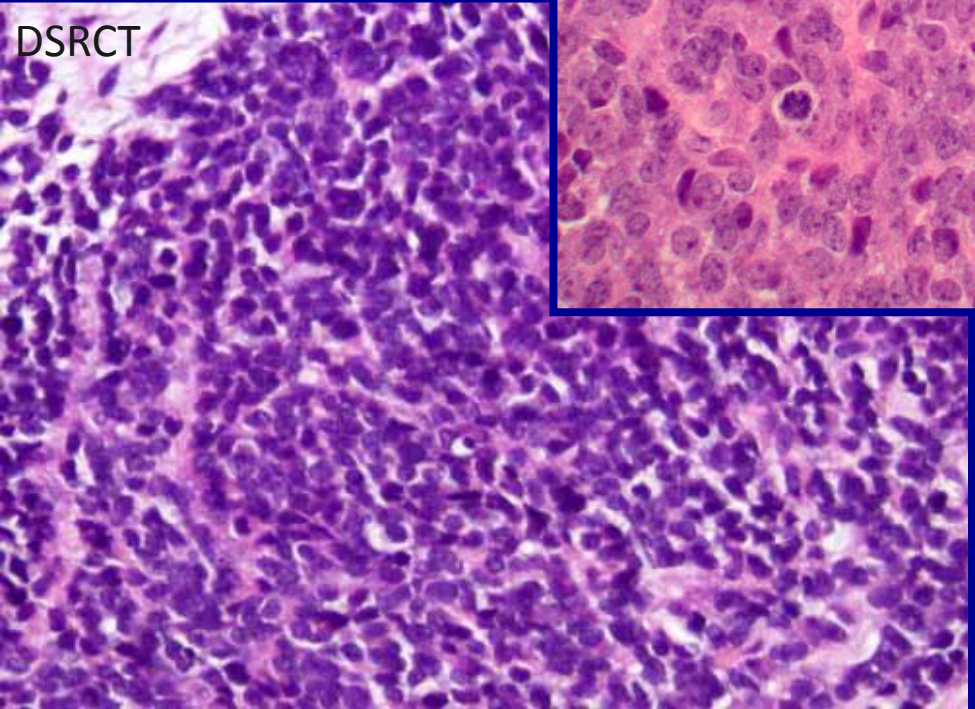
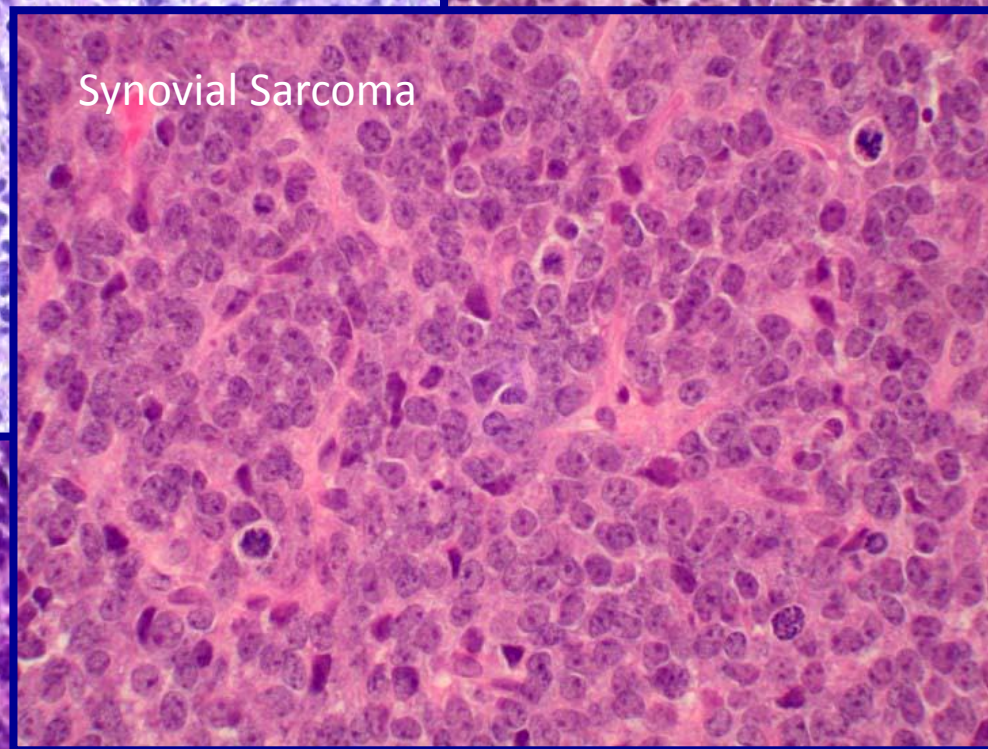
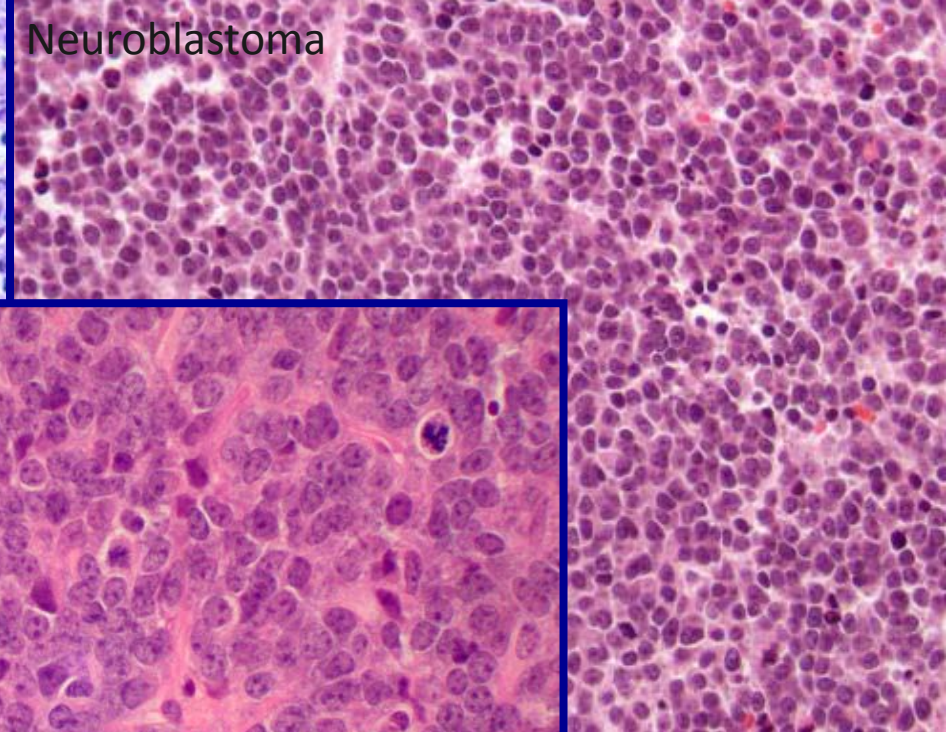
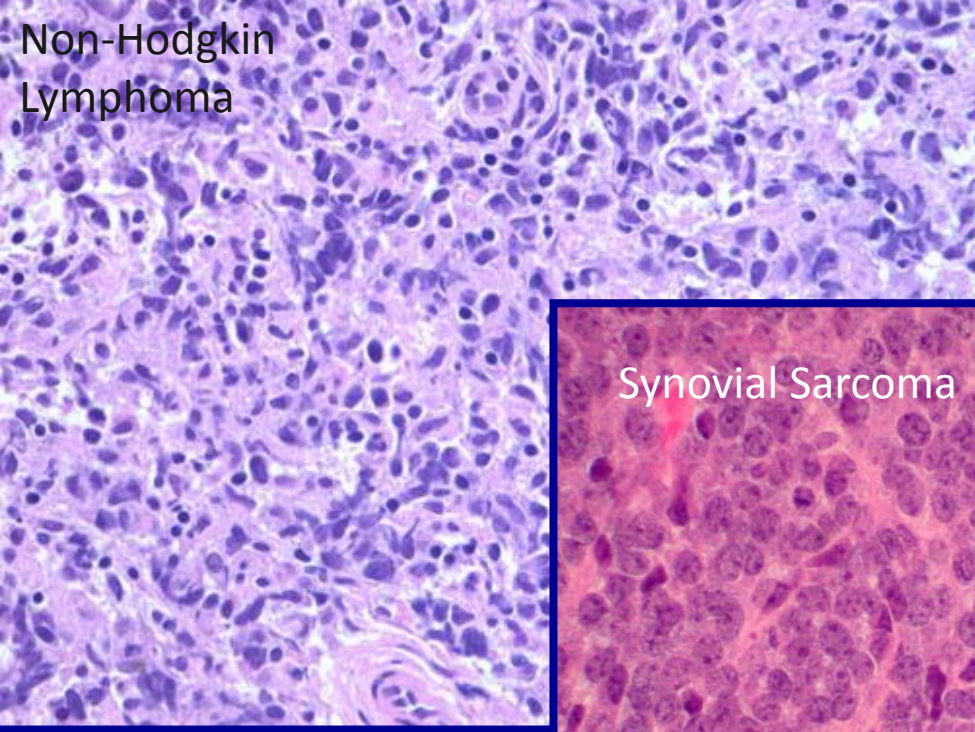
# **Molecular Testing in Sarcomas- Caveats**

# Infidelity in Chromosomal Translocations

Translocation	Gene Fusion	Tumor Type	Site/Organs
t(12;15)	ETV6-NTRK3	Infantile Fibrosarcoma Mesoblastic Nephroma Secretory carcinoma breast Salivary gland carcinoma- mammary analog AML	Soft Tissue Kidney Breast Salivary Gland Blood &BM
t(X;17)	ASPL-TFE3	Alveolar Soft Part Sarcoma Renal Cell Carcinoma Subset of PECOMAs	Soft Tissue Kidney Soft tissue
t(1;2)	TPM3-ALK	Inflammatory myofibroblastic tumor (IMT) Anaplastic Large Cell Lymphoma (ALCL)	Soft tissue, abdomen Skin, Lymph nodes
t(12;22) t(2;22)	EWSR1-ATF1 EWSR1-CREB1	Angiomatoid Fibrous Histiocytoma & Clear Cell Sarcoma	Soft Tissue

# EWSR1 is a sort after Gene for Sarcoma Translocations

Tumor Type	Translocation	Fusion genes
Ewing Sarcoma	t(11;22)(q24;q12) t(21;22)(q22;q12) t(7;22)(q22;q12) t(17;22)(q12;q12) t(2;22)(q31;q12) t(2;22)(q33;q12) t(1;22)(p36.1;q12) t(20;22)(q13;q12) (inv)22	EWSR1-FLI-1 EWSR1-ERG EWSR1-ETV1 EWSR1-E1AF EWSR1-SP3 EWSR1-FEV1 EWSR1-ZNF278 EWSR1-NFATC2 EWSR1-ZSG
Angiomatoid Fibrous Histiocytoma	t(12;22)(q13;q12)	EWSR1-ATF1
Clear cell Sarcoma	t(12;22)(q13;q12)	EWSR1-ATF1
Desmoplastic Small Round Cell Tumor	t(11;22)(p13;q12)	EWSR1-WT1
Extraskeletal myxoid chondrosarcoma	t(9;22)(q22;q12)	EWSR1-NR4A3
Myxoid/round cell liposarcoma	t(12;22)(q13;q12)	EWSR1-DDIT3
Myoepithelioma	t(19;22)(q13;q12) t(1;22)(q23;q12) t(6;22)(p21;q12)	EWSR1-ZNF44 EWSR1-PBX1 EWSR1-POU5F1



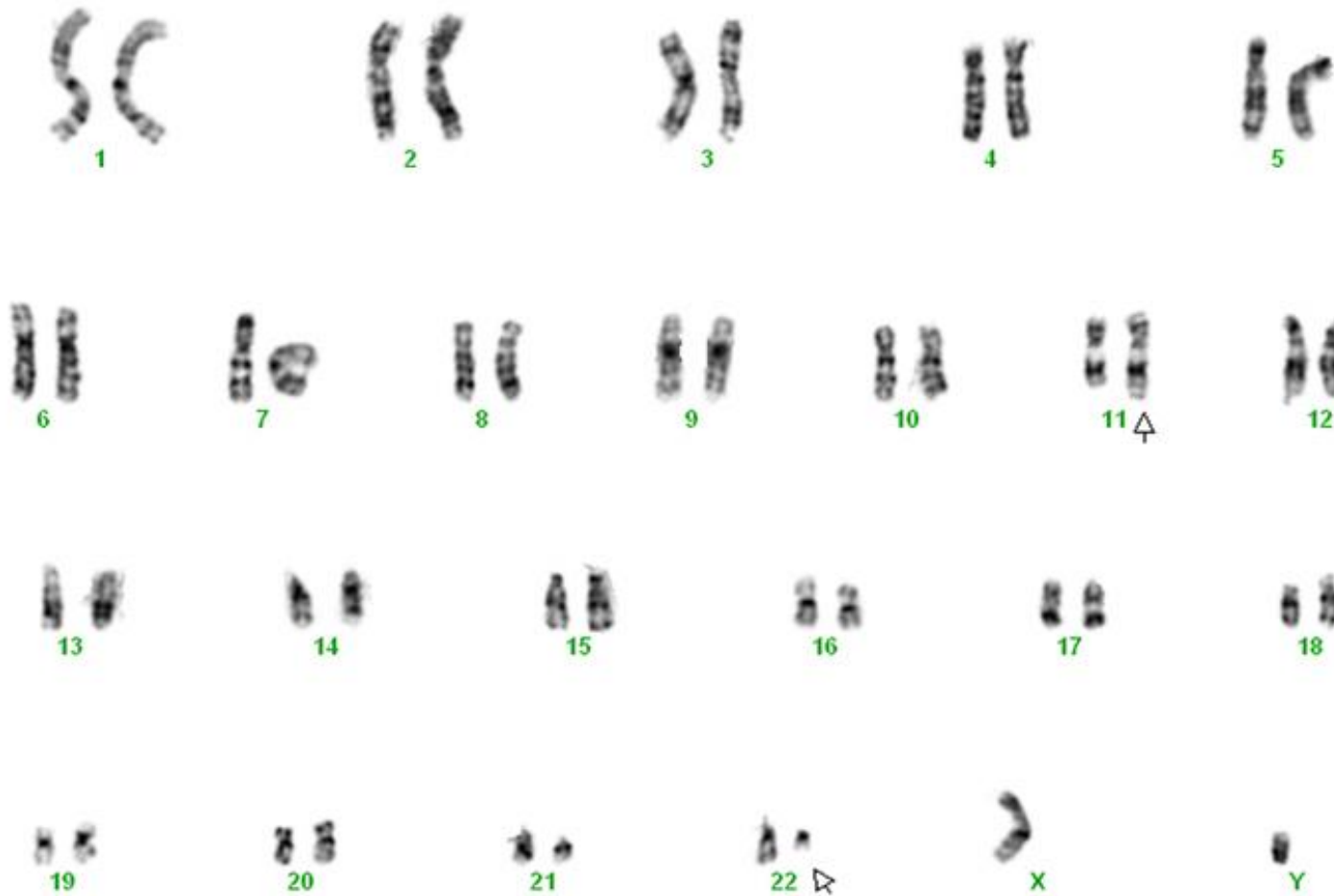
CD99

*Sensitive but not a specific Marker*

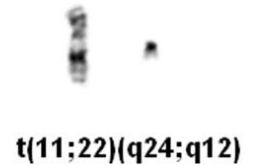
# Immunohistchemical Profile of Round Cell Tumors

Tumor	CD99	Fli1	LCA	B	T	TdT	CK	Chr	S-100	Des	Myogenin	WT1
Ewing/ PNET	+	+	-	-	-	-	+/-	-	+/-	-	-	-
LBL/ALL	+	+	+/-	+/-	+/-	+	+/-	-	-	-	-	+/-
NHL-other	+/-	+	+	+	+	-	-	-	-	-	-	-
Mesen.Chondro sarcoma	+	-	-	-	-	-	-	-	+	+/-	+/-	-
Small Cell OS	+/-	-	-	-	-	-	+/-	-	+/-	+/-	-	-
Rhabdomyosarc oma	+/-	-	-	-	-	-	-	-	-	+	+	+/- cyto)
DSCRT	+	-	-	-	-	-	+	-	+/-	+	-	+
Neuroblastoma	-	-	-	-	-	-	+/-	+	+/-	-	-	-

# Ewing Sarcoma

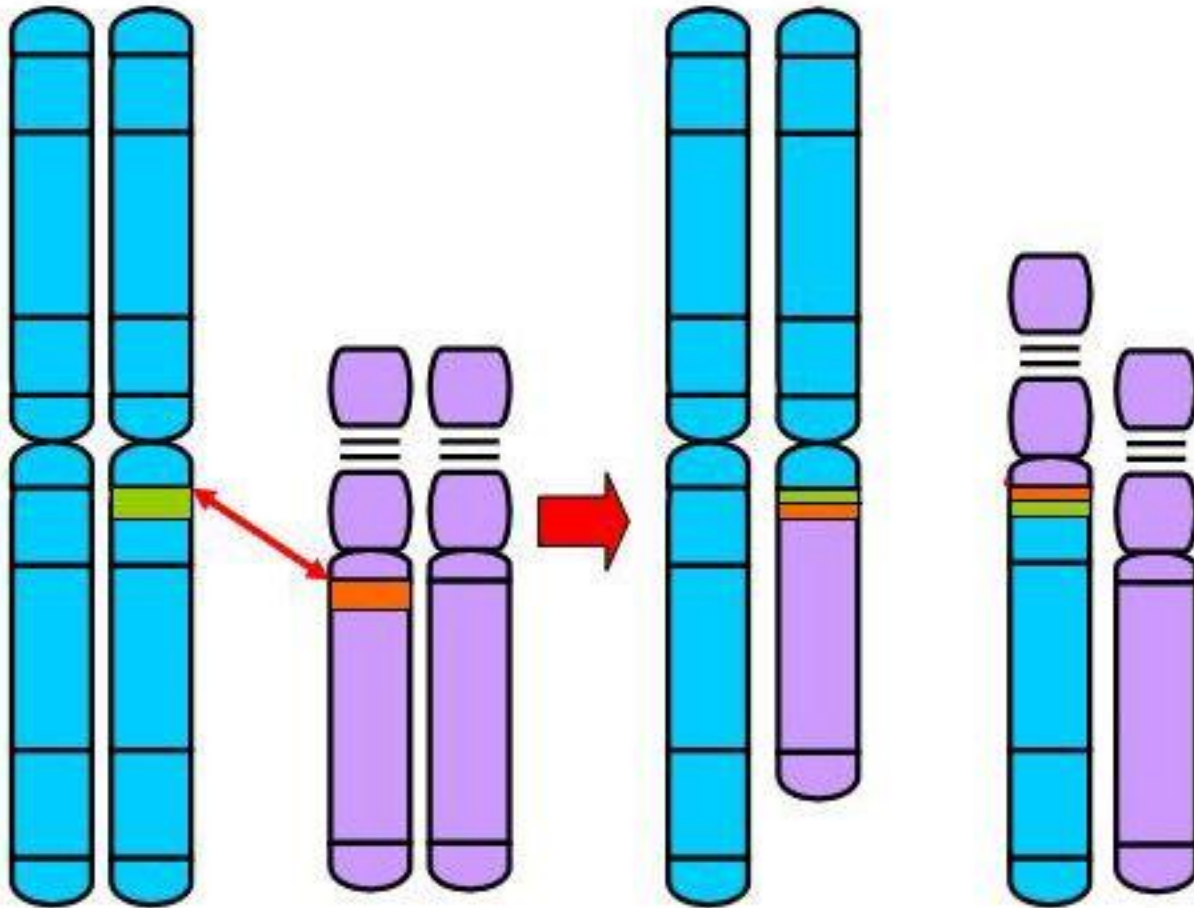


46,XY,t(11;22)(q24;q12)

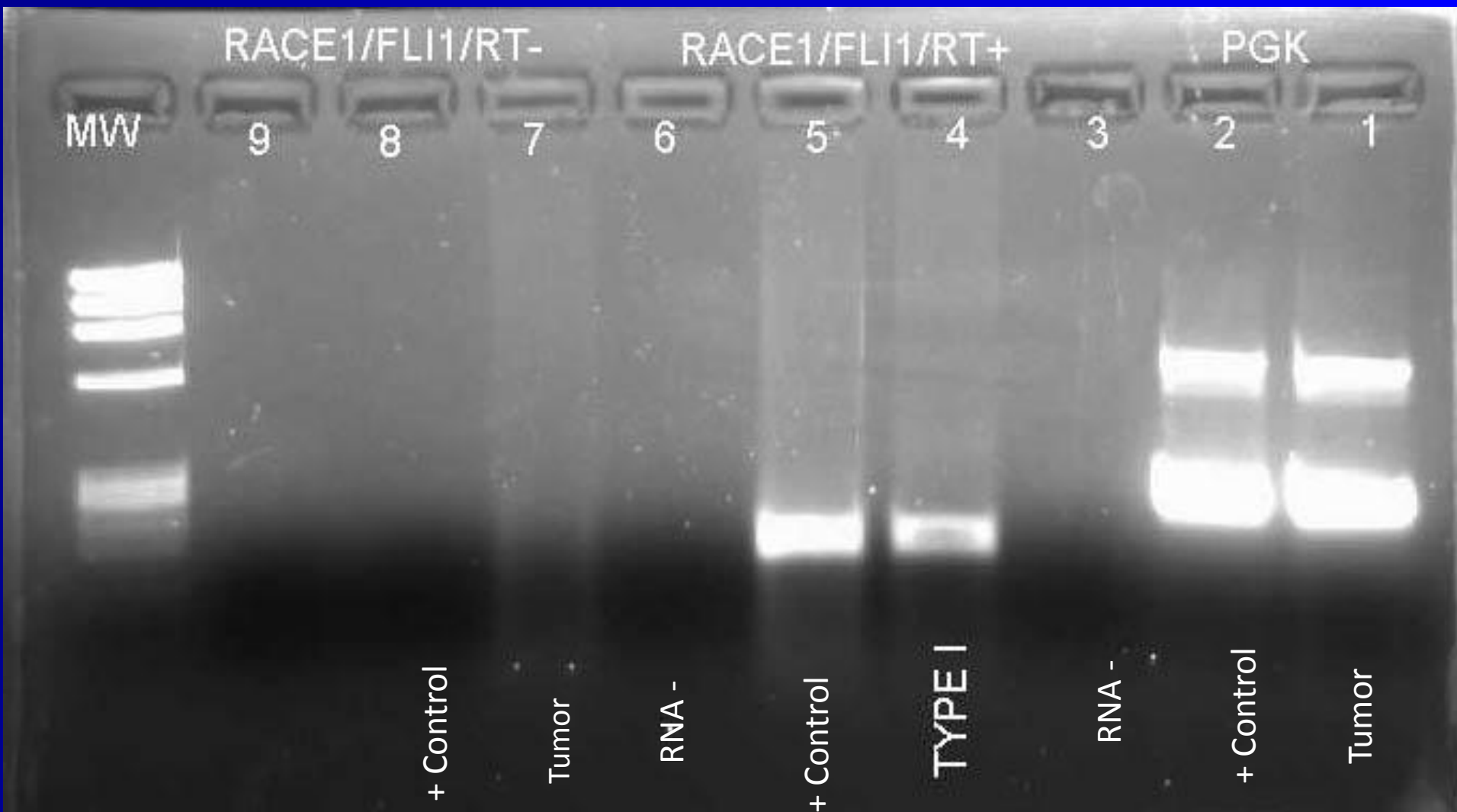


t(11;22)(q24;q12)

# Chromosomal Translocation



# EWING SARCOMA-RT-PCR

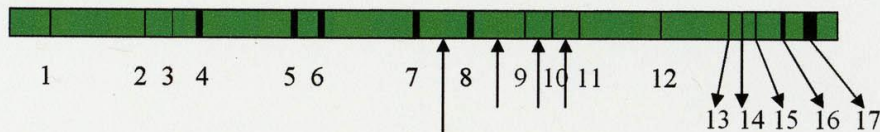


Ewing Sarcoma with Type I fusion

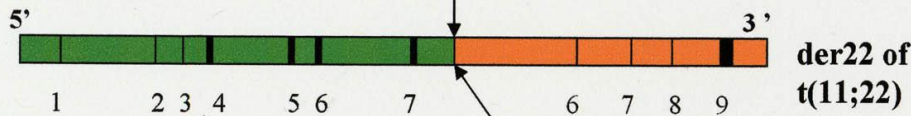
# EWS-FLI-1 Gene Fusion

## FUSION TYPES

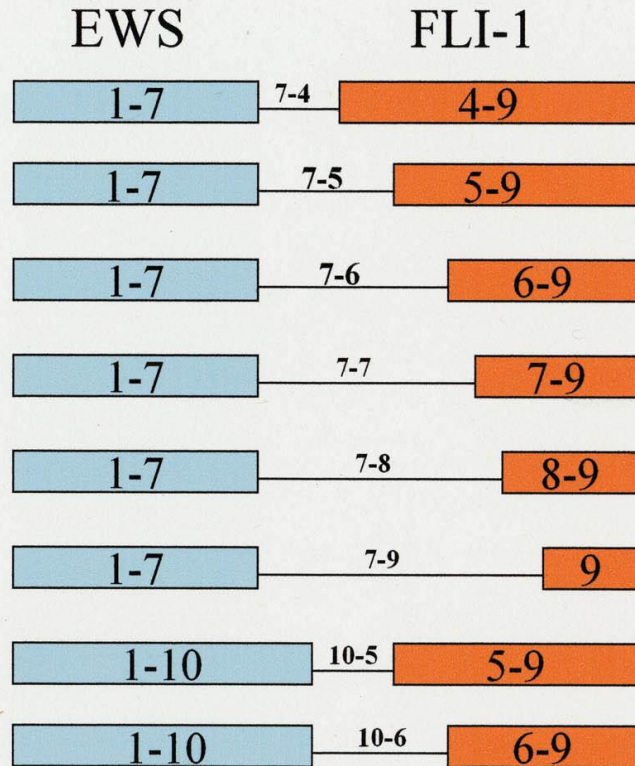
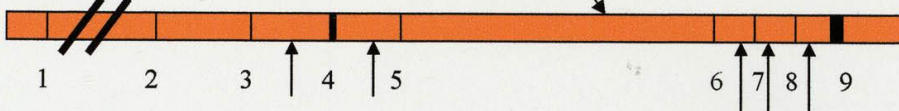
EWS 22q12



EWS/FLI-1 fusion gene (Type 1 - exons 7-6)

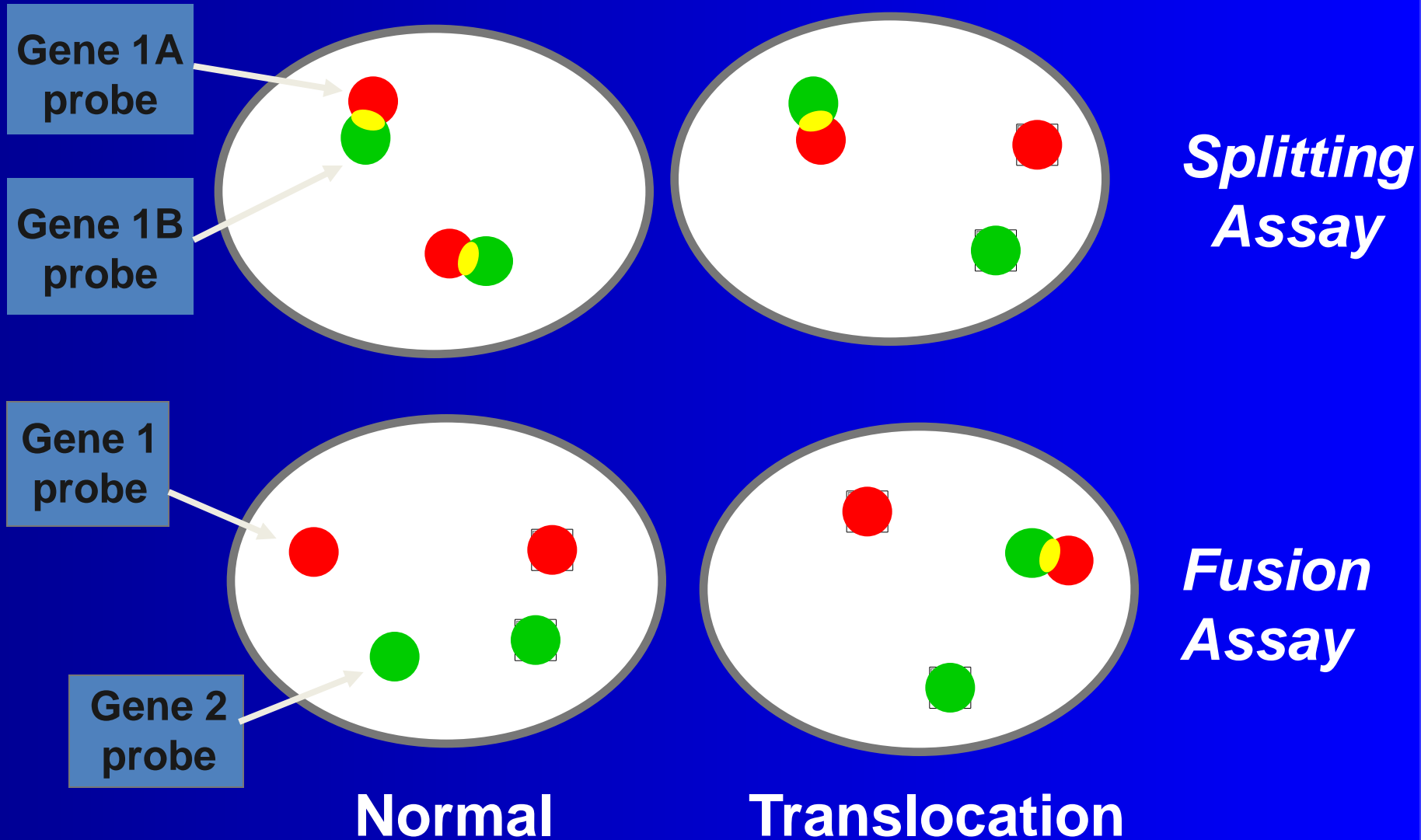


FLI-1 11q24

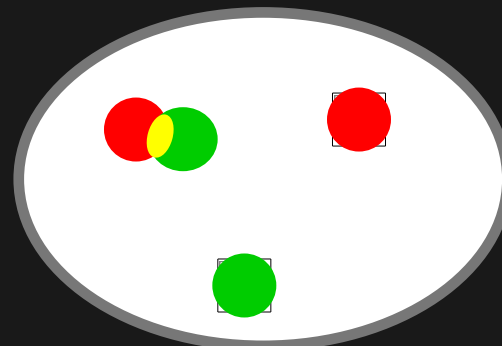
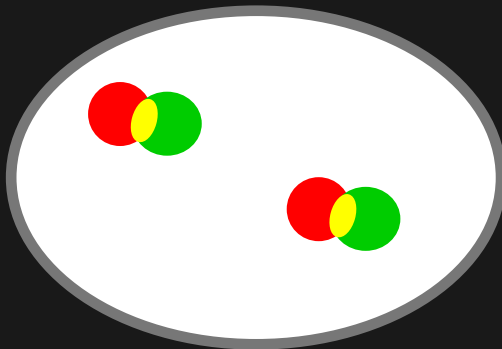


**Variant Fusions: EWSR1-ERG, EWSR1-ETV1, EWSR1-E1AF, EWSR1-FEV, EWSR1-ZSG & FUS-ERG**

# Fluorescence *in situ* hybridization detection of chromosomal translocations



# Ewing Sarcoma diagnosis by Fluorescent in-situ Hybridization



A fluorescence microscopy image showing several cells. The nuclei are stained blue with DAPI. In one cell, there are three distinct fluorescent signals: one red, one green, and one yellow. The text "1r/1g/1y signals seen with EWSR1 probe" is overlaid on the image.

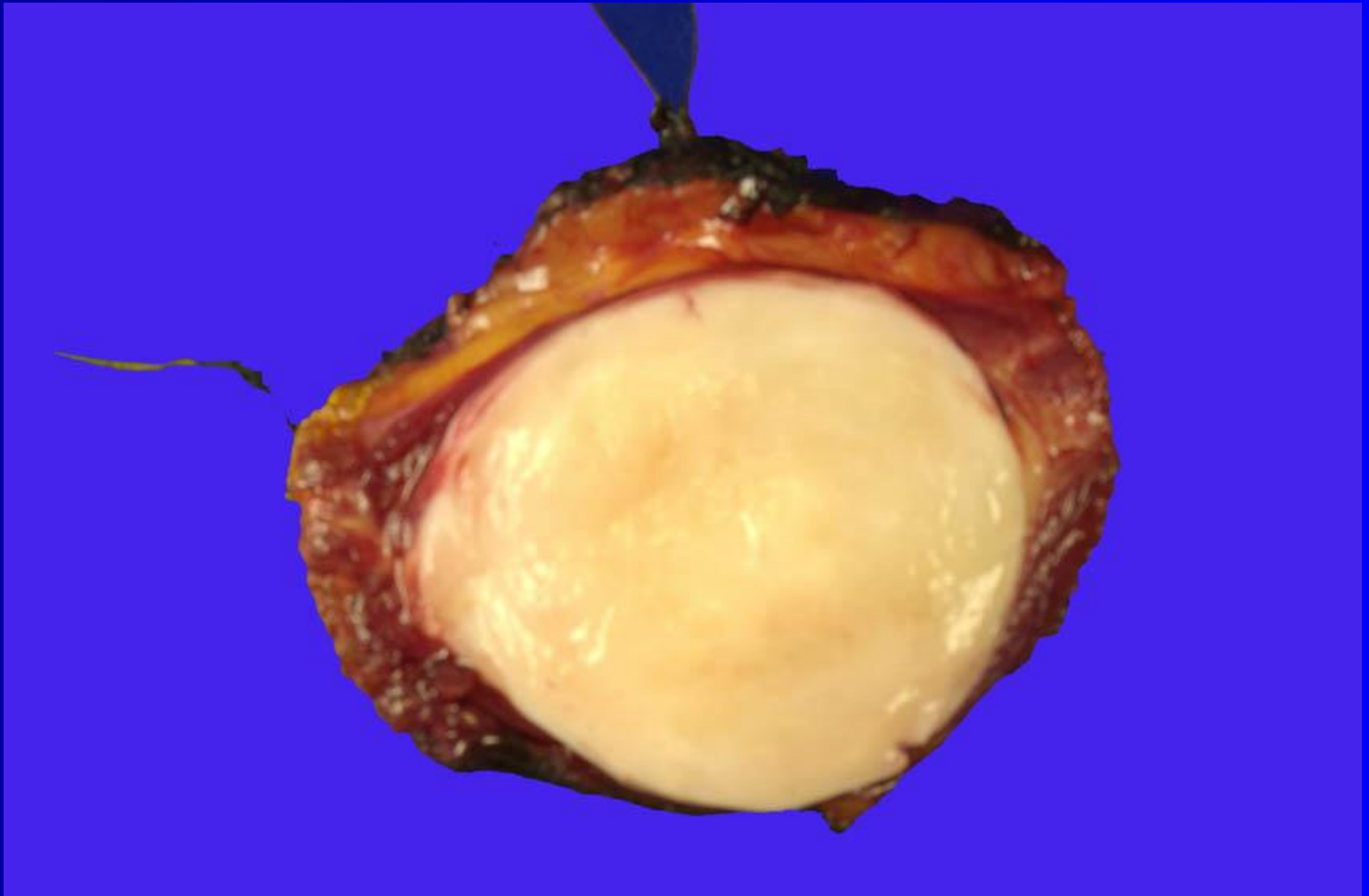
**1r/1g/1y signals seen with EWSR1 probe**

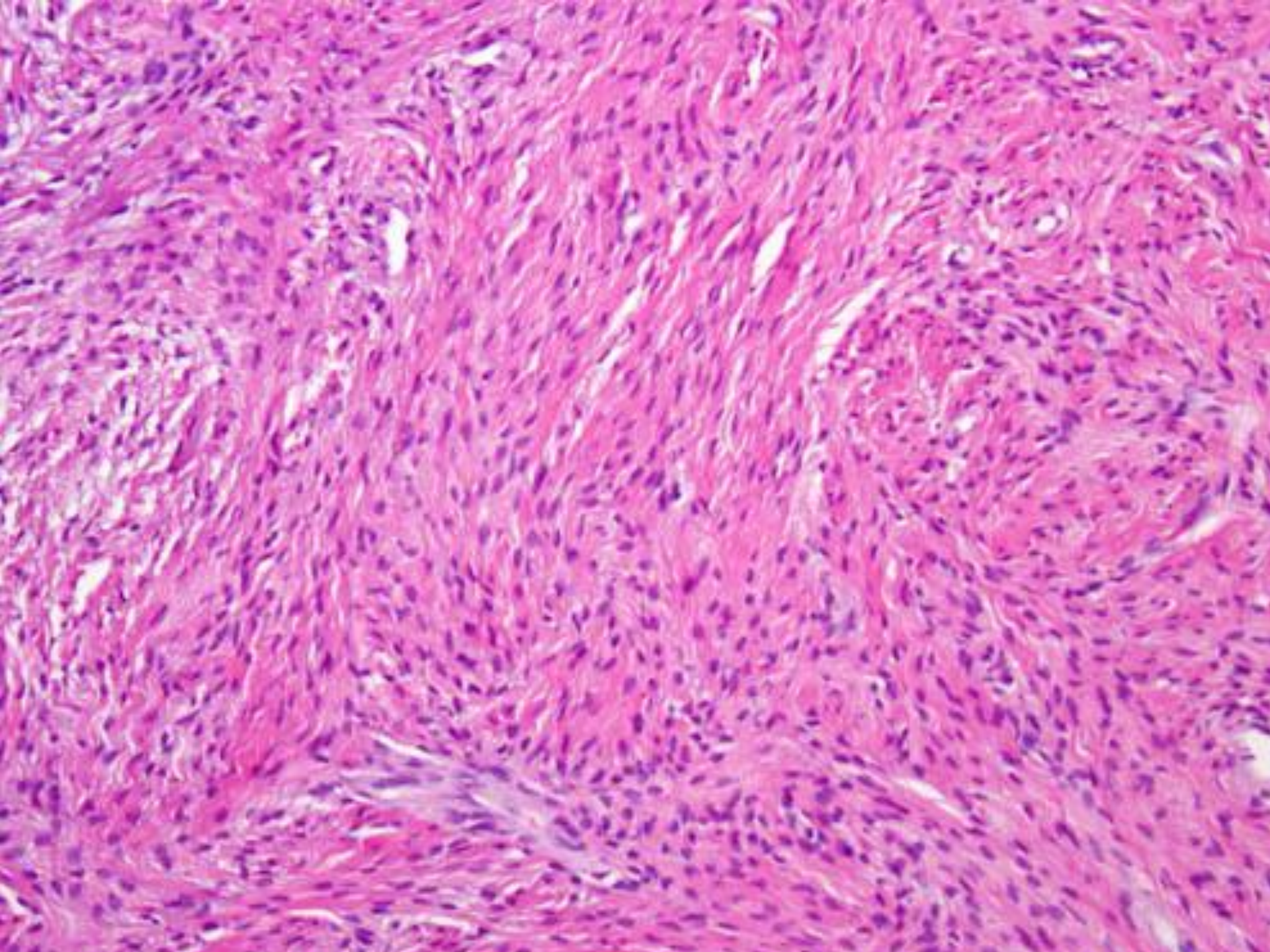
split signal seen with EWS breakapart probe

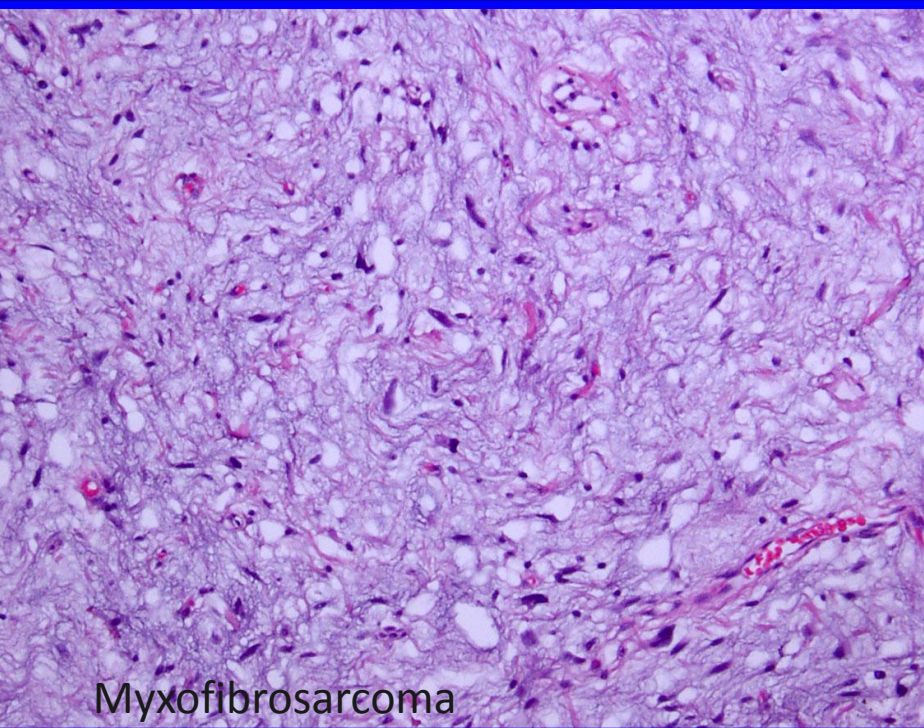
# **Molecular Testing for Sarcomas-*What can the Pathologist provide?***

- **Diagnosis**
- **Round Cell Neoplasms: Ewing vs DSRCT vs Small Cell OS vs Poorly Differentiated Synovial Sarcoma vs. Alveolar Rhabdomyosarcoma vs. Neuroblastoma**
- **Spindle cell neoplasms- Confirm Synovial Sarcoma**
- **Benign or Malignant:**
- **Low Grade Fibromyxoid Sarcoma vs Perineurioma vs low grade myxofibrosarcoma vs. fibromatosis**

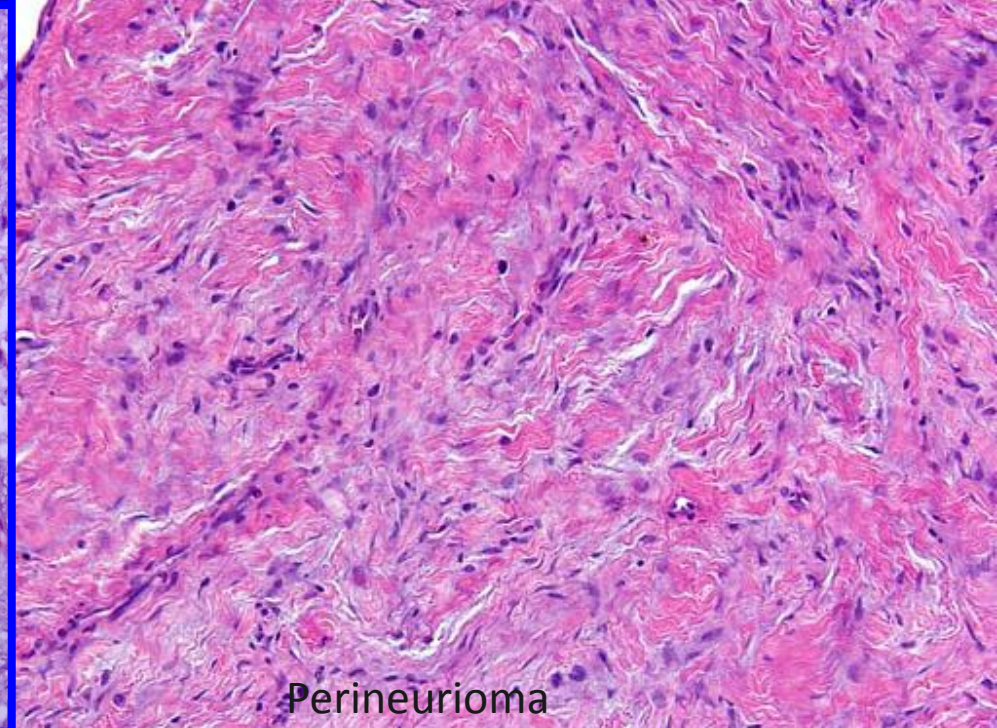
25 year old female with a soft tissue mass of left leg



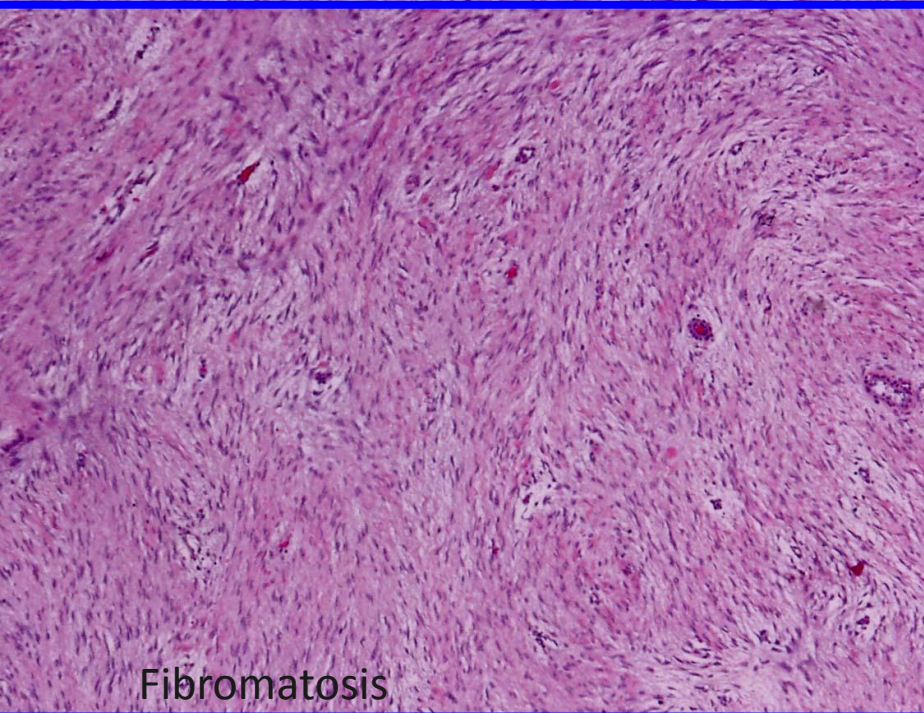




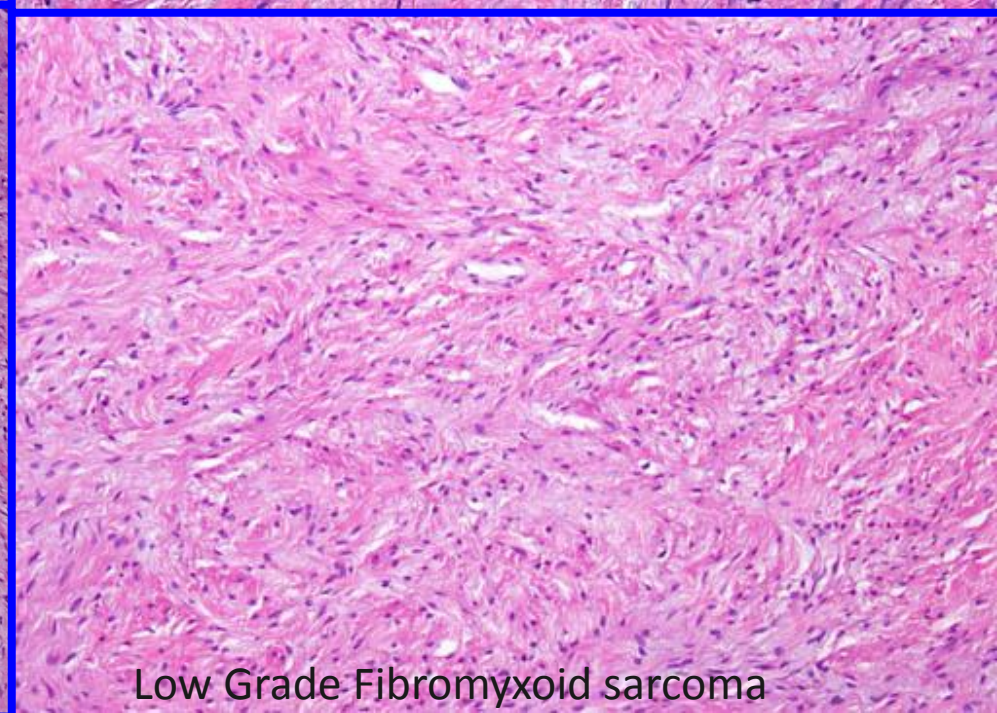
Myxofibrosarcoma



Perineurioma



Fibromatosis

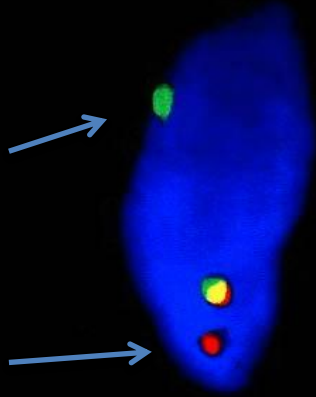


Low Grade Fibromyxoid sarcoma

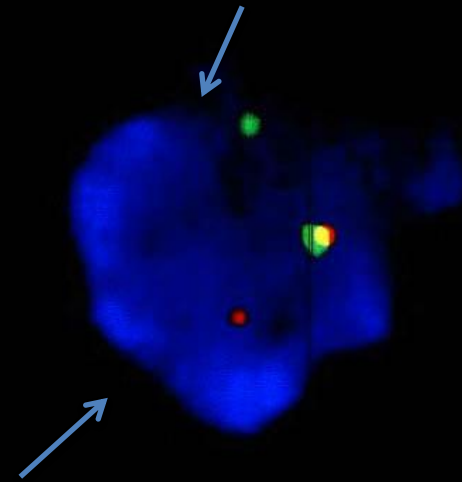
# Low Grade Fibromyxoid Sarcoma

Translocation associated sarcoma-t(7;16)(q33;p11)- FUS-CREB3L2

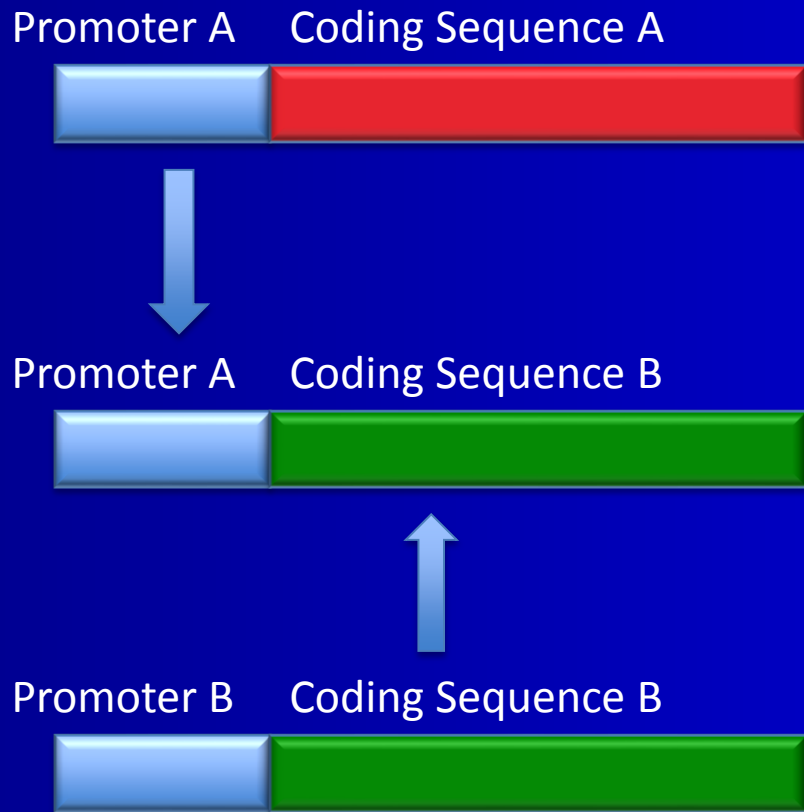
FUS break apart Probe with Split Signal



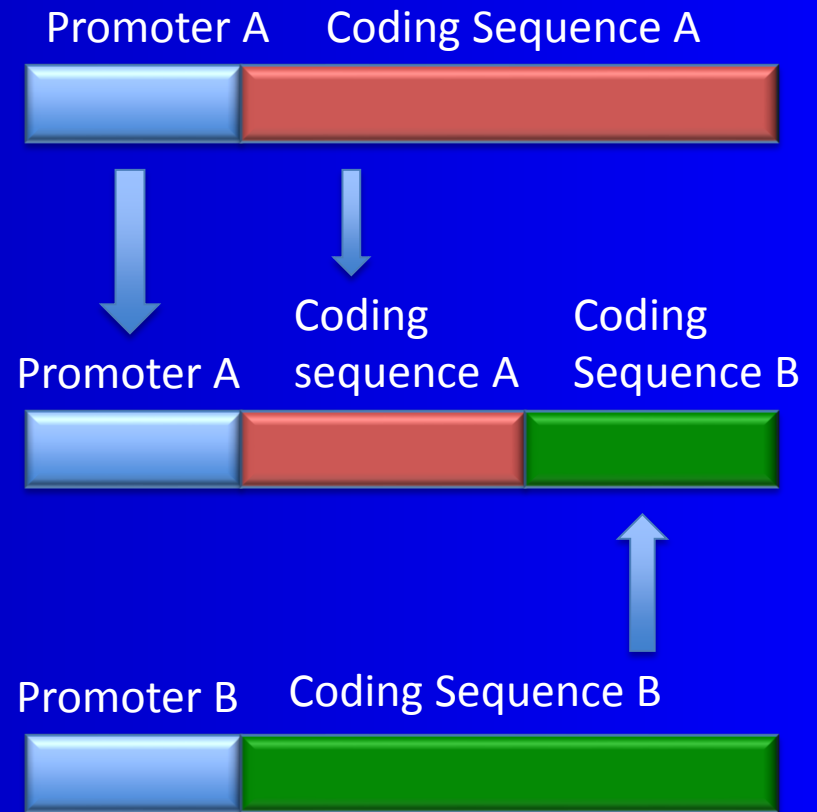
FUS break apart Probe with Split Signal



# Outcome of Chromosomal rearrangements



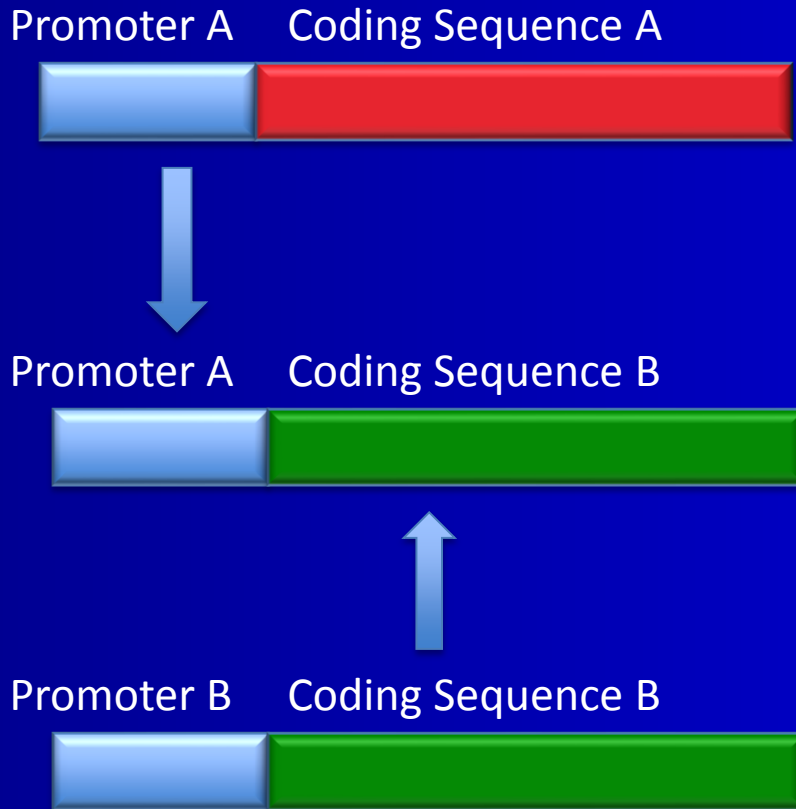
**Deregulated Gene**



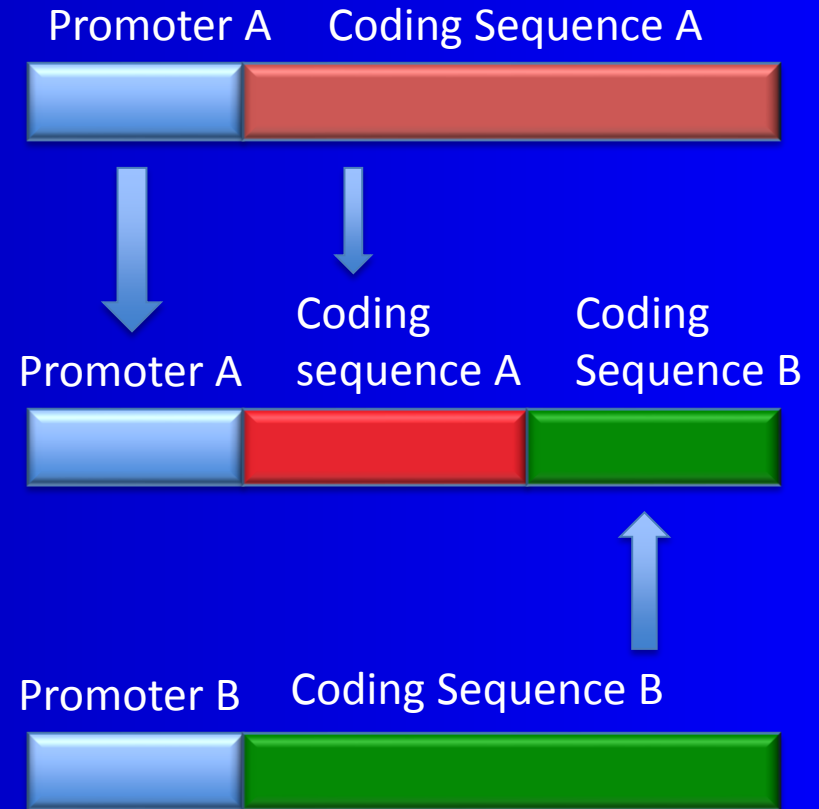
**Fusion Gene**

# Can Fusion genes be Targeted?

## Deregulated Gene ✓



## Fusion Gene ✗



# Targeted Therapy –Translocation-associated sarcomas

## Tumor Type

- Dermatofibrosarcoma Protuberans (DFSP)
- Inflammatory Myofibroblastic Tumor (IMT)
- Diffuse type Tenosynovial Giant Cell Tumor (PVNS)

## Fusion gene- Target

- *COL1A1-PDGFB* – Imatinib
- *Multiple Partners-ALK*- Crizotinib
- *COL6A3-CSF1*- Imatinib

# Targeted Therapy – Translocation associated sarcoma

Elusive



Fusion Gene

**Few down stream Targets**  
Alveolar Rhabdomyosarcoma- *PAX3-FOXO1A*

Ewing Sarcoma *EWSR1* and *FUS-*

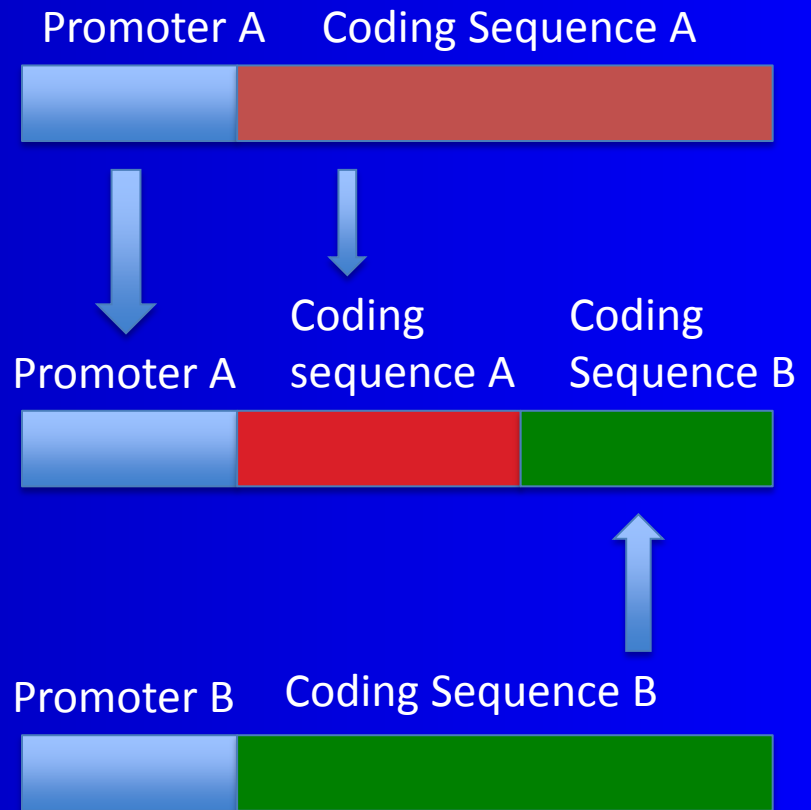
**IGF1R**

Alveolar Soft Part Sarcoma- *ASPS-TFE3*  
Clear Cell Sarcoma- *EWSR1-ATF1* or *CREB1*

**MET**

Synovial Sarcoma – *SS18-SSX1* or *SSX2*

**FGFR - PDGFRA**



# Molecular Sarcomas with Driver Mutations

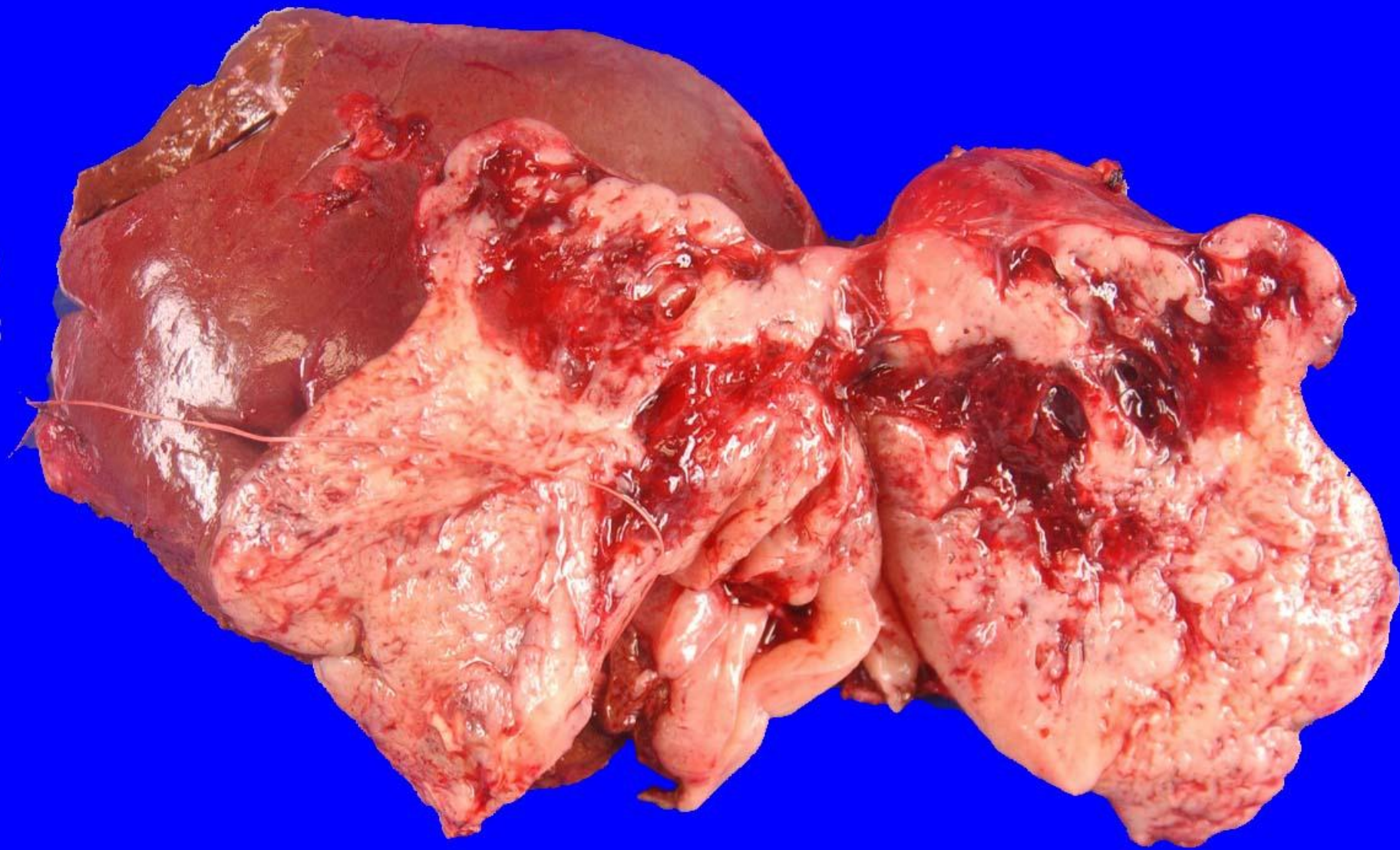


RAMÓN Y CAJAL

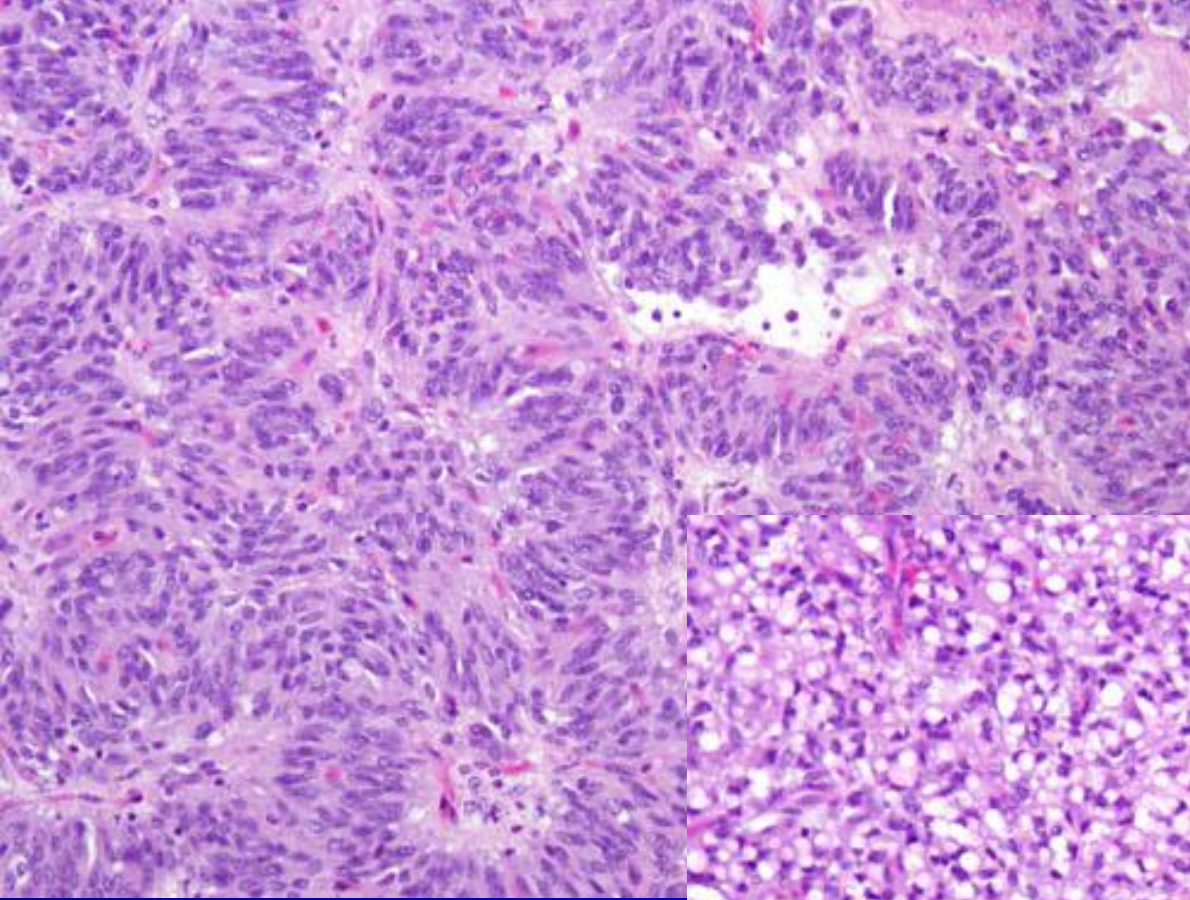
# Gastrointestinal Stromal Tumor (GIST)

- The most common sarcoma of GI tract
- Most Common Location: Stomach, Small Bowel
- Also abdomen, mesentery and extra-GI GIST
- Annual Incidence-4000-5000 cases in United States
- Cell of Origin- Interstitial Cells of Cajal (“GI pacemaker cells”)
- Mutations in C-kit gene, less commonly PDGFR-Alpha and rare BRAF mutation (7% of GIST pts)

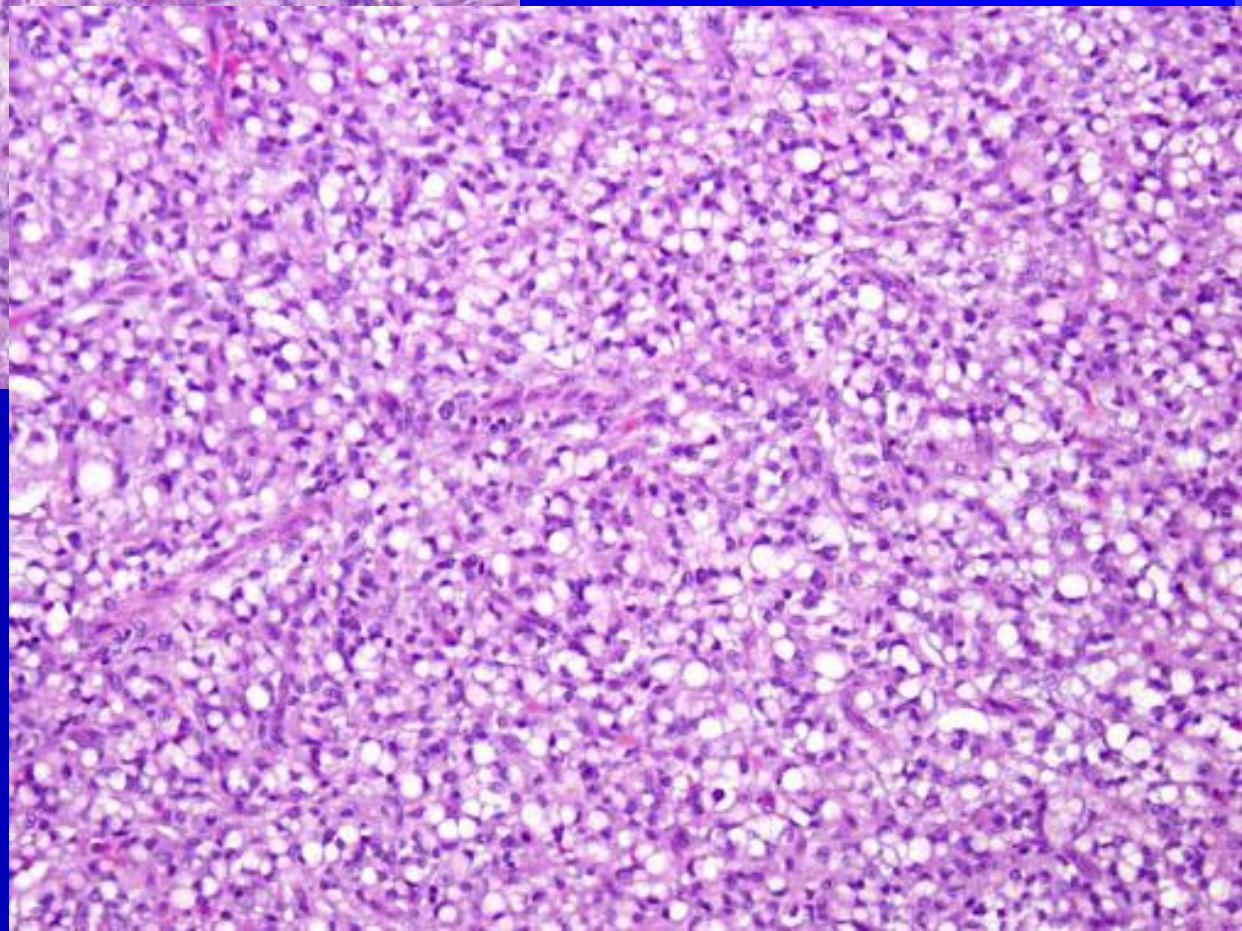
**Leading model for kinase-targeted therapy**

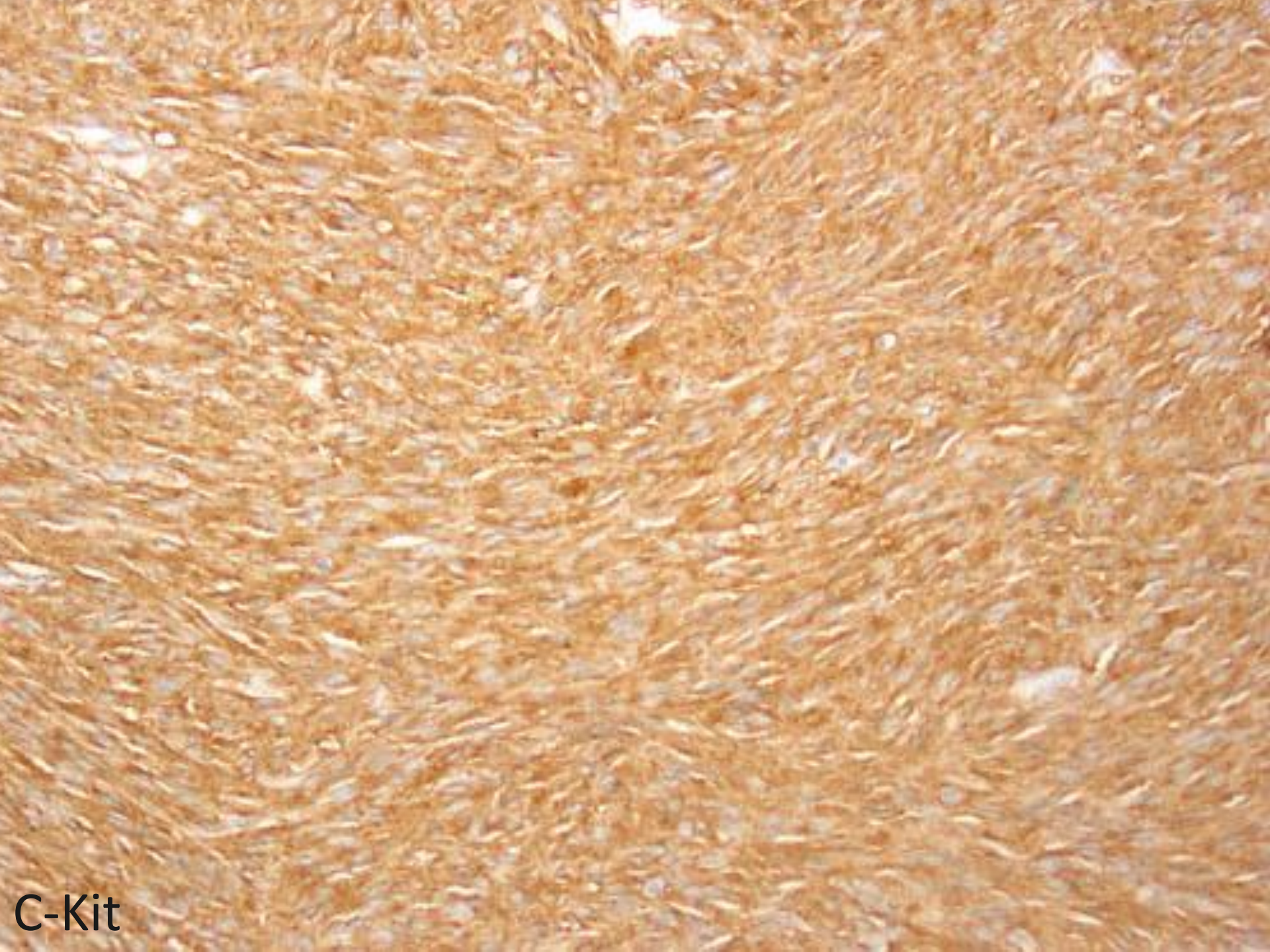


GIST-Spindle Cell Type



GIST-Epithelioid Type





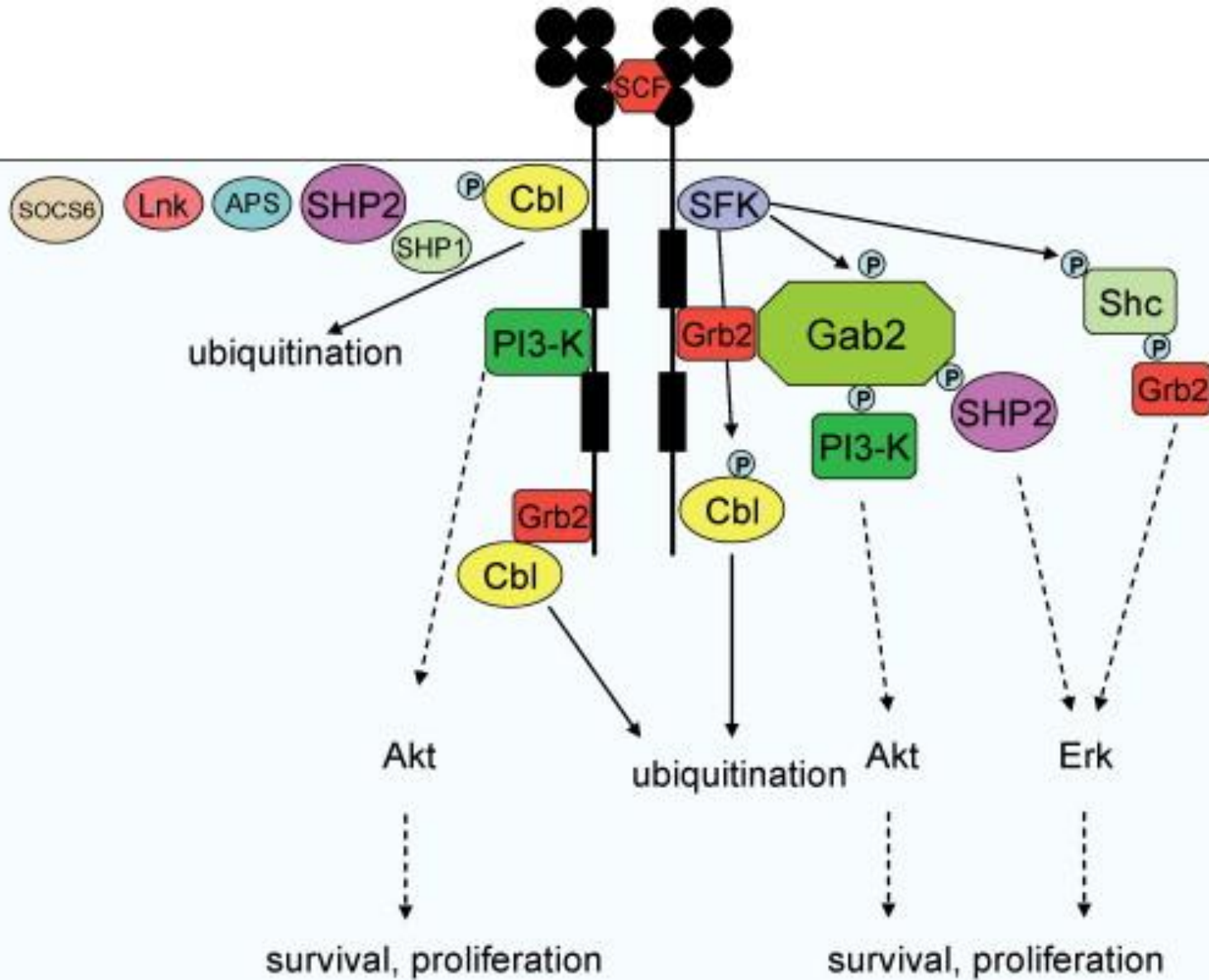
C-Kit

# C-kit/CD-117

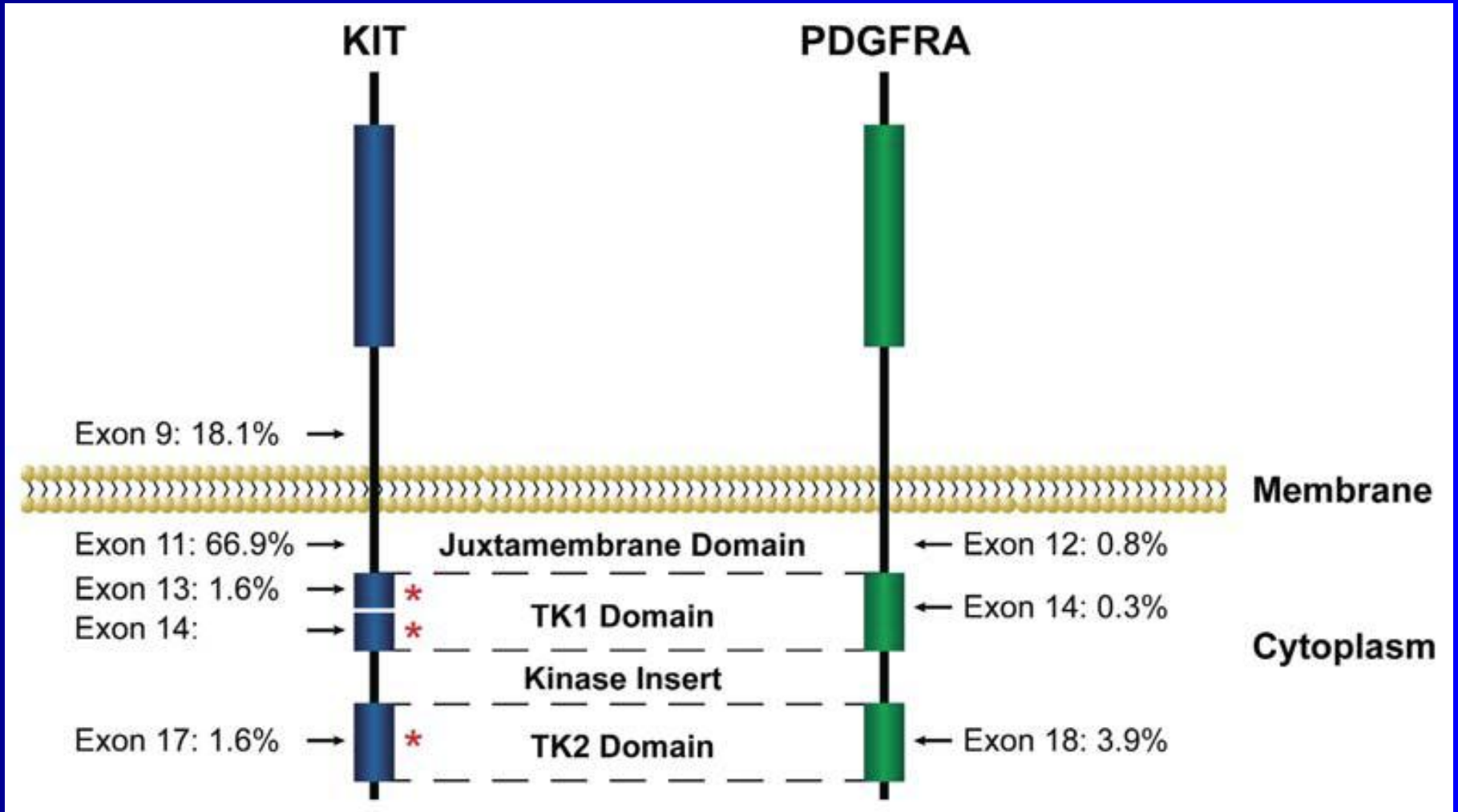
- **CD-117/C-Kit is a class III receptor tyrosine kinase**
- **Location: chromosome 4q12-13 close to PDGFRA and FLK1 receptor tyrosine kinases**
- **Role: normal development and function of ICC, hematopoiesis, gametogenesis and melanogenesis**
- **Activating kit mutations : GIST, seminomas, AML, melanomas, mastocytosis and some thymomas**



# C-Kit Signaling Pathway



# Kit and PDGFRA mutations in GIST



(adapted from Heinrich et al ASCO, 2003)


# Diagnosis of GIST

- **Strong C-kit immunoreactivity**
- **Activating mutations exons 9 and 11 - 80%**
- **Rare mutations – exons 13 and 17**
- **PDGFRA (exons 12,14,18)- 10-15%**
- **No mutation ~ 10%**
- **C-Kit IHC negative GIST (4%)- usually PDGFRA mut**
- **GIST with no known mutations**
- **Pediatric GIST – multifocal gastric- indolent**
- **GIST associated with Neurofibromatosis -1**

# Types of Kit Mutations

- Common Site is 5' end of exon 11-"hot-spot"
- Point Mutations
- In-frame deletions
- Deletions → Do worse
- Substitutions
- Less common site-3'end of exon 11-  
Internal tandem duplications (ITD) → Indolent
- Exon 9- at EC domain-insertion of two AA,  
AY502-3- small bowel → More Aggressive

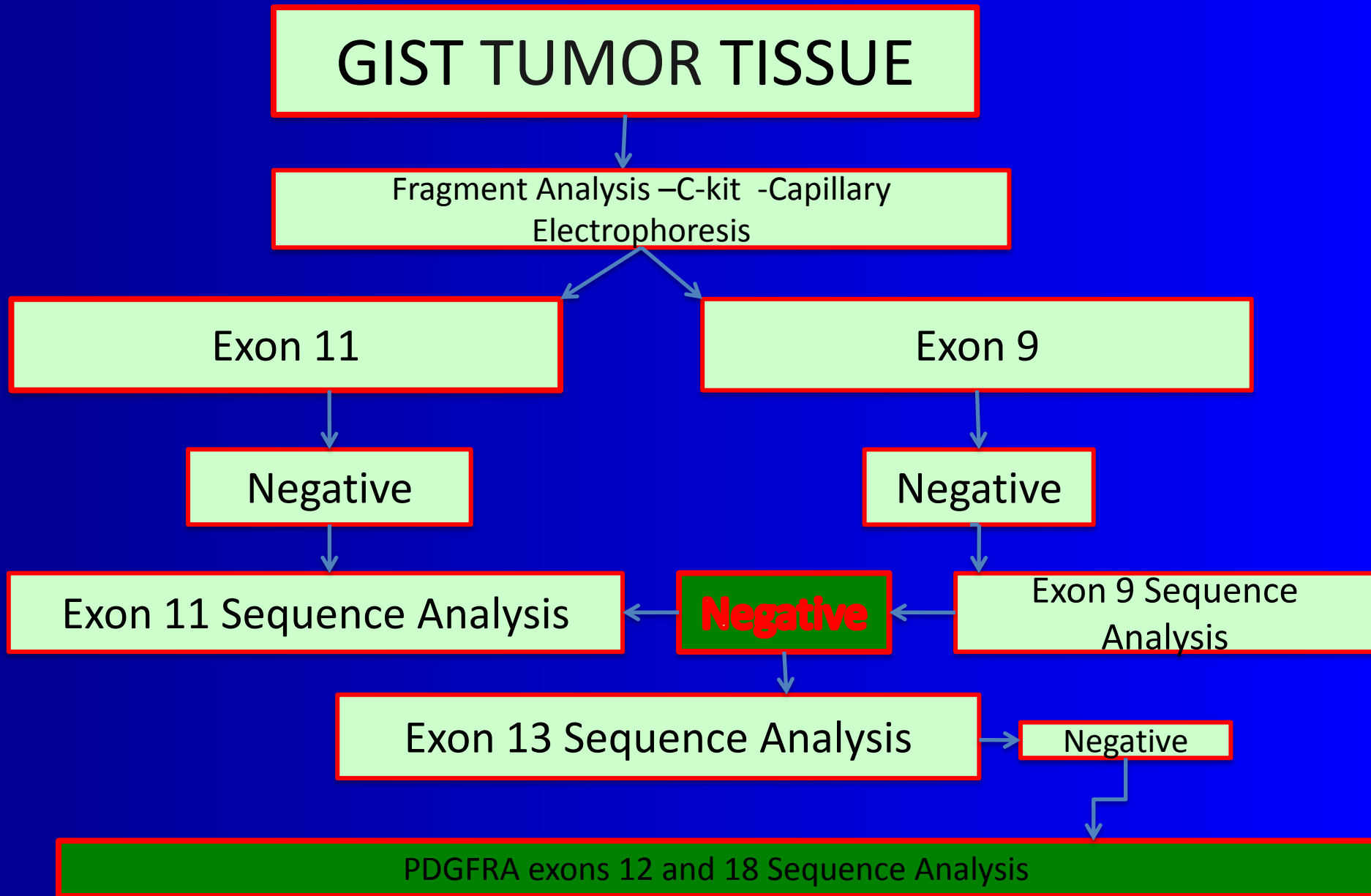
# PDGFRA mutations

- One-third of GISTS lacking in Kit mutations
- Exons 12, 14 or 18
- Gastric Location, epithelioid morphology
- Variable IHC expression for C-kit
- Indolent behavior
  
- Hot spot- second kinase domain (exon 18-D842V)  Insensitive to Imatinib therapy

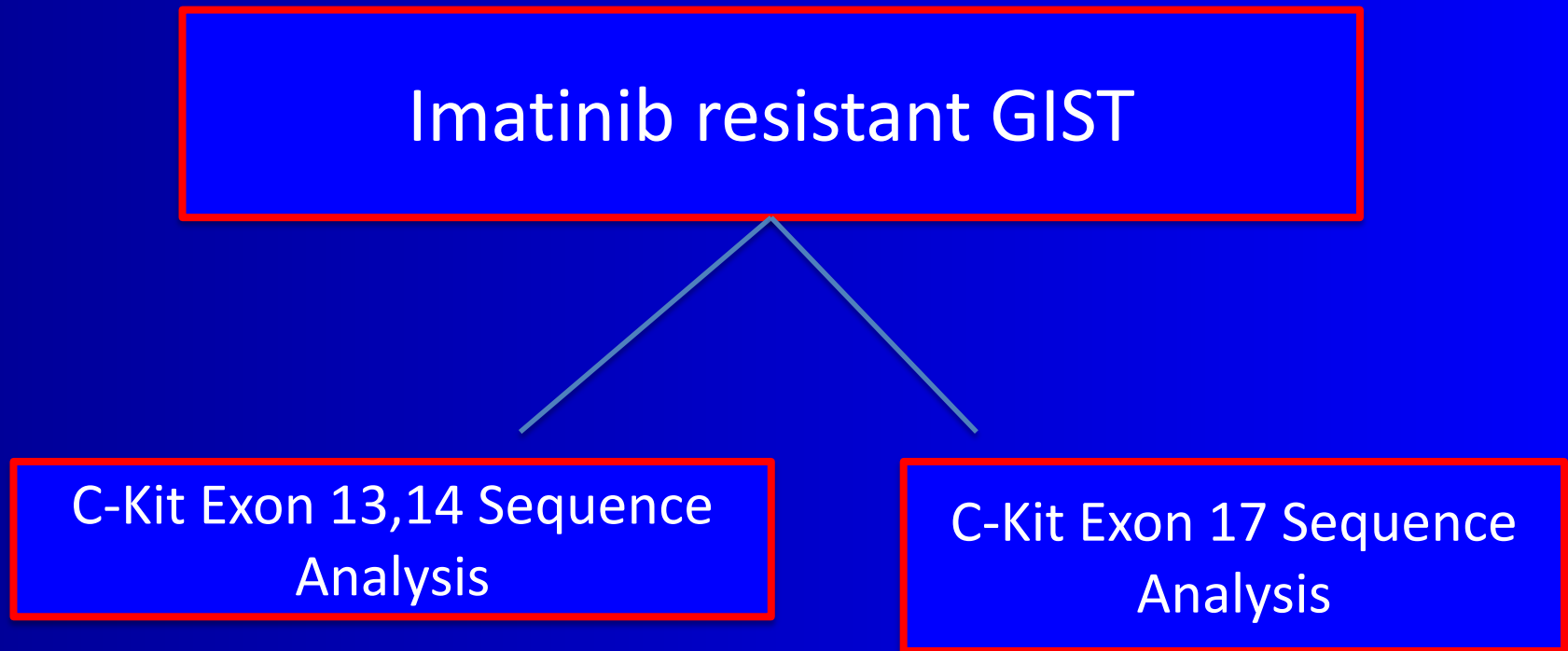
# GIST-Indications for mutation Testing

- **NCCN Task Force Report -2010**
- **High-Risk GISTs –(>5 cm and >5 mitoses/50 high power fields)**
- **Metastatic GISTs**
- **GISTs which are negative for C-kit by immunohistochemistry**
- **GISTs with epithelioid morphology**
- **Small bowel GISTs**
- **GISTs resistant to imatinib**

# Testing Algorithm for C-kit and PDGFRA

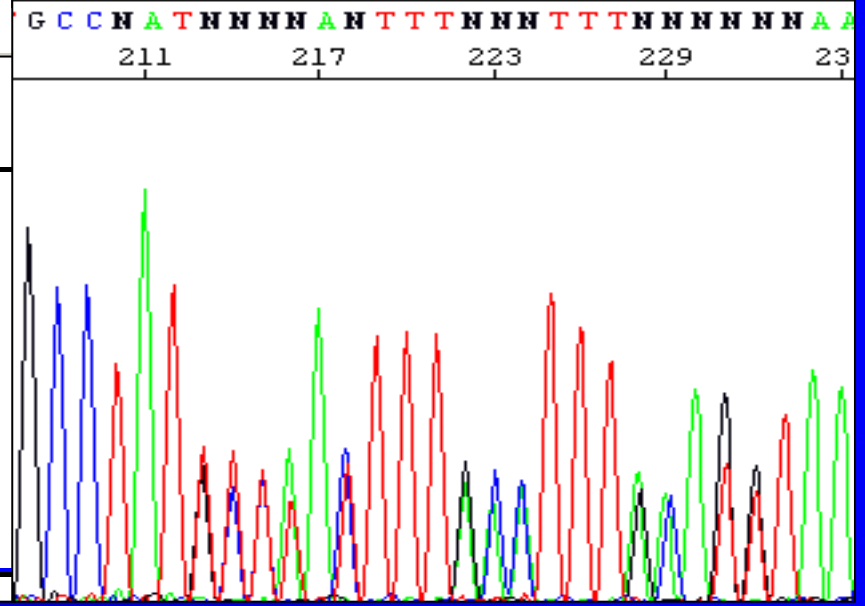
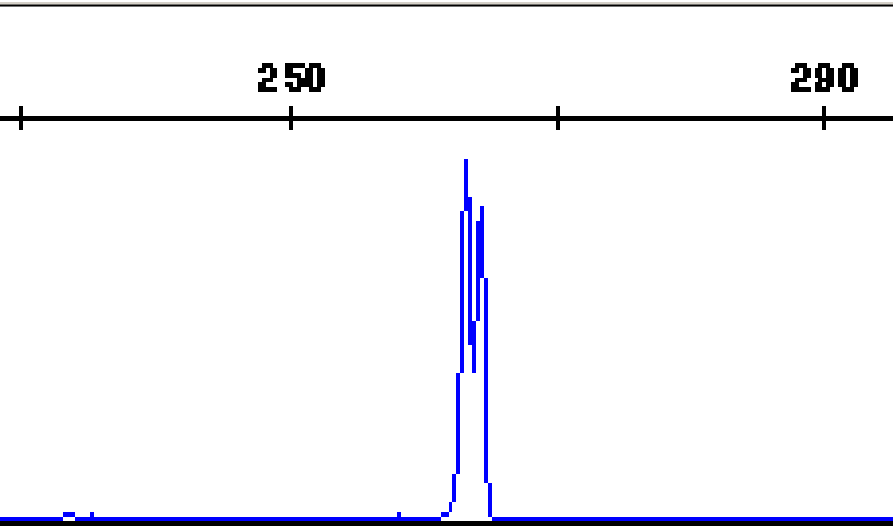
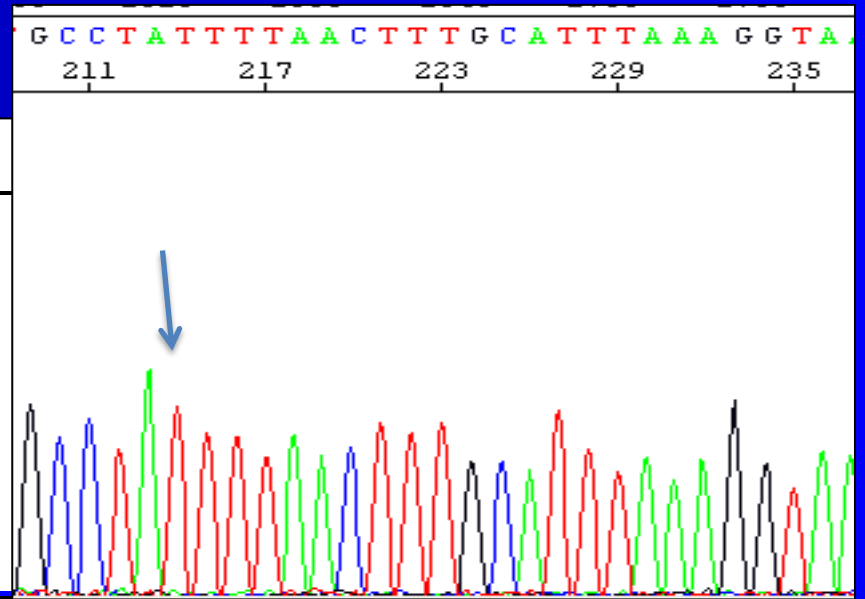
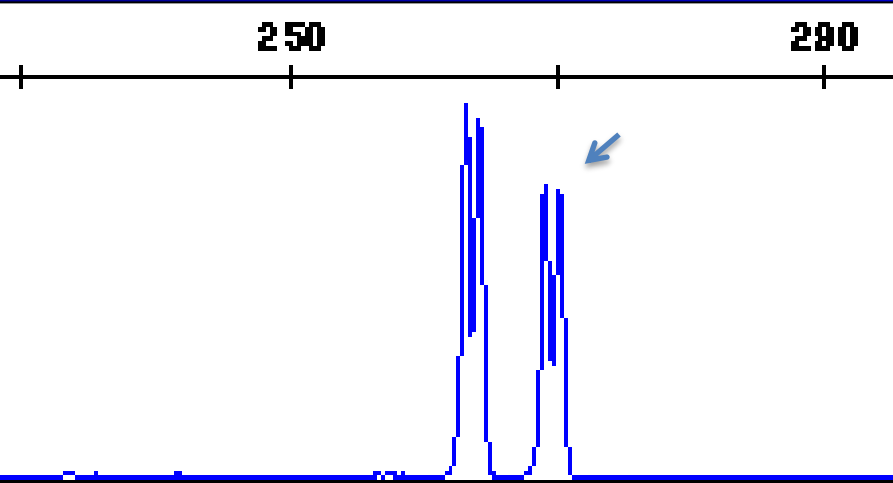


# Molecular Testing for Second Site Mutation



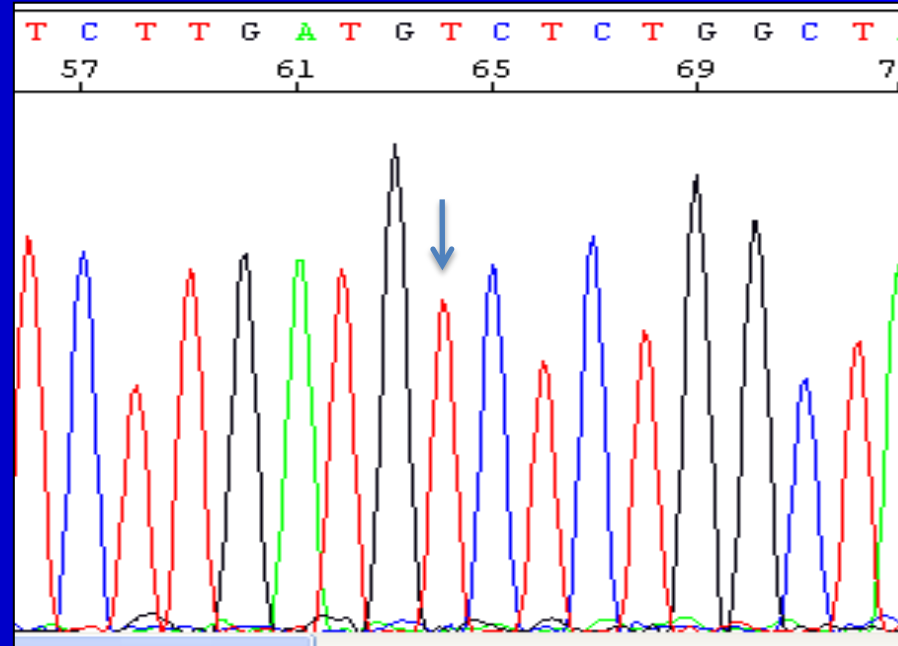
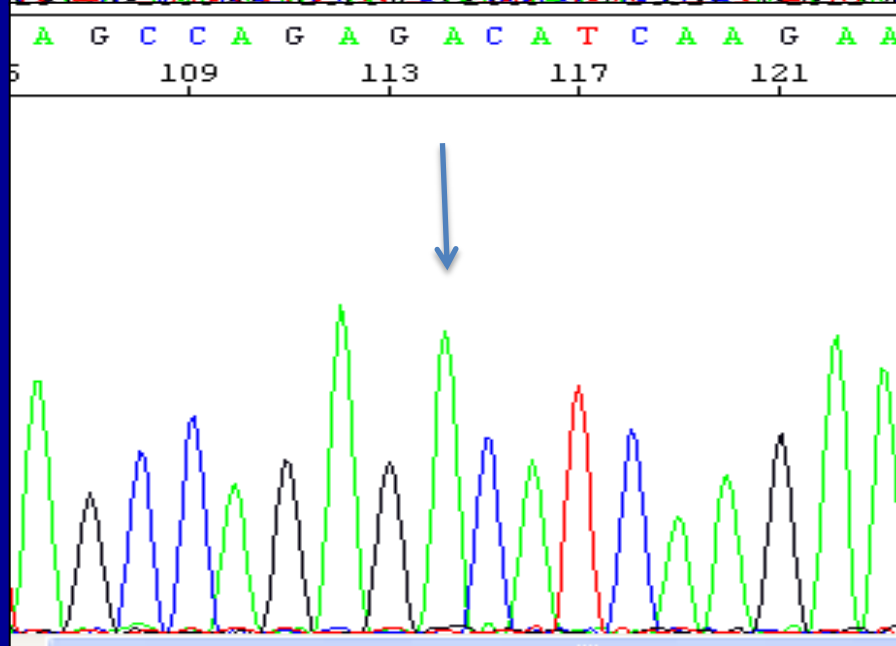
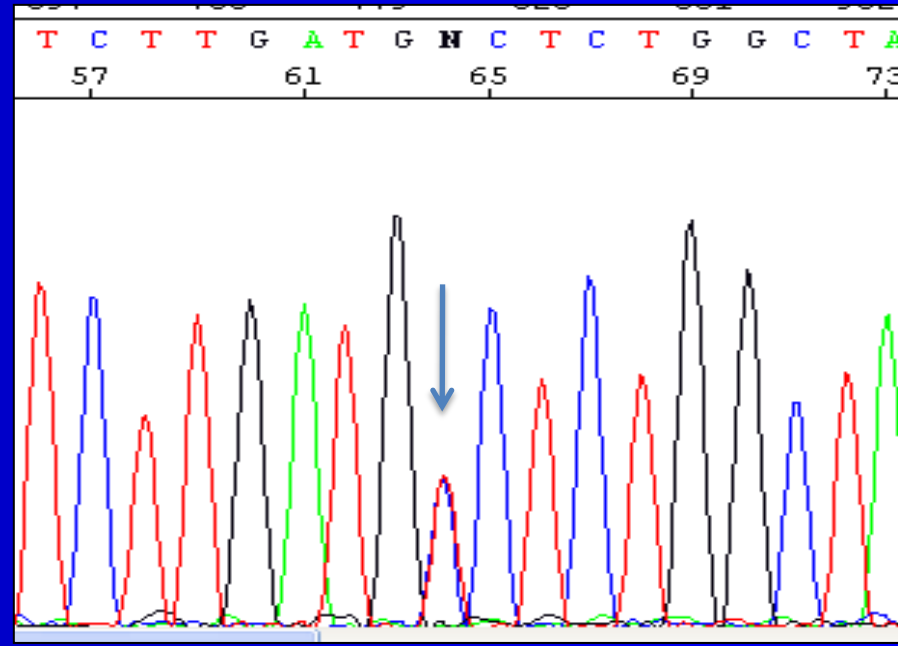
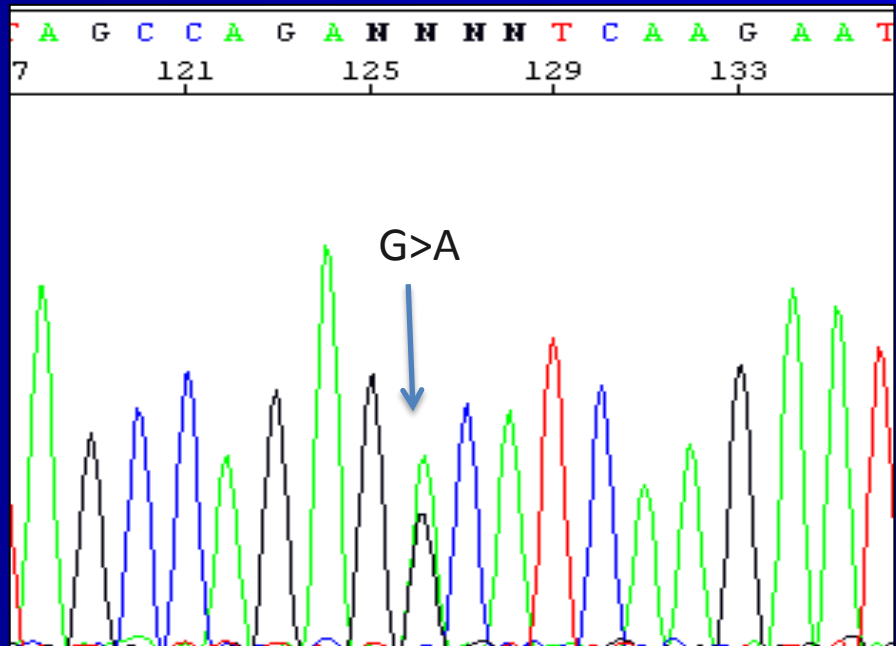
# Exon 9 Sequencing

## Exon 9 Fragment Analysis



c.1509ins6, (GCCTAT)

# Kit mutation exon 17- Resistance Mutation

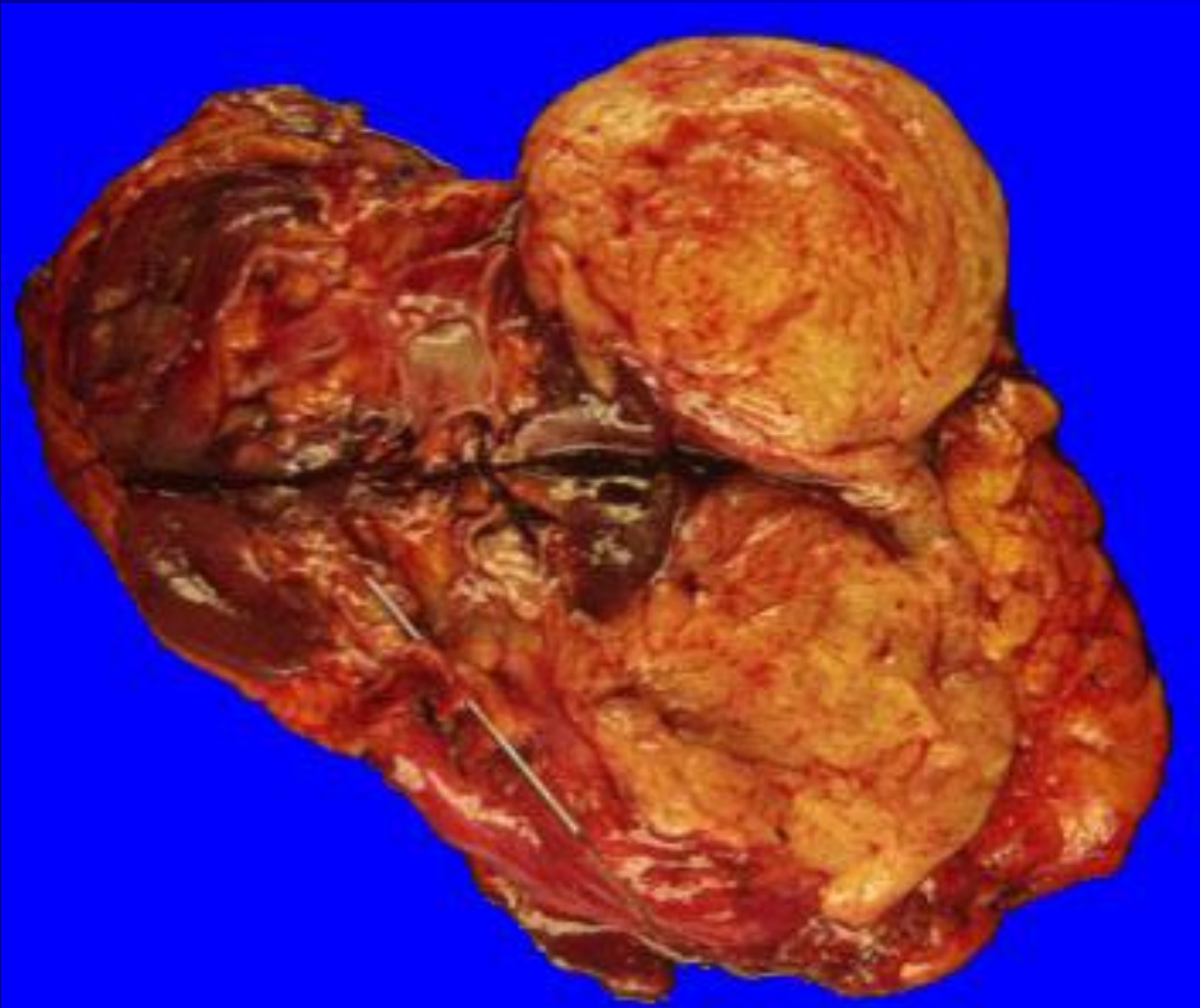


# GIST- Targeted Therapy

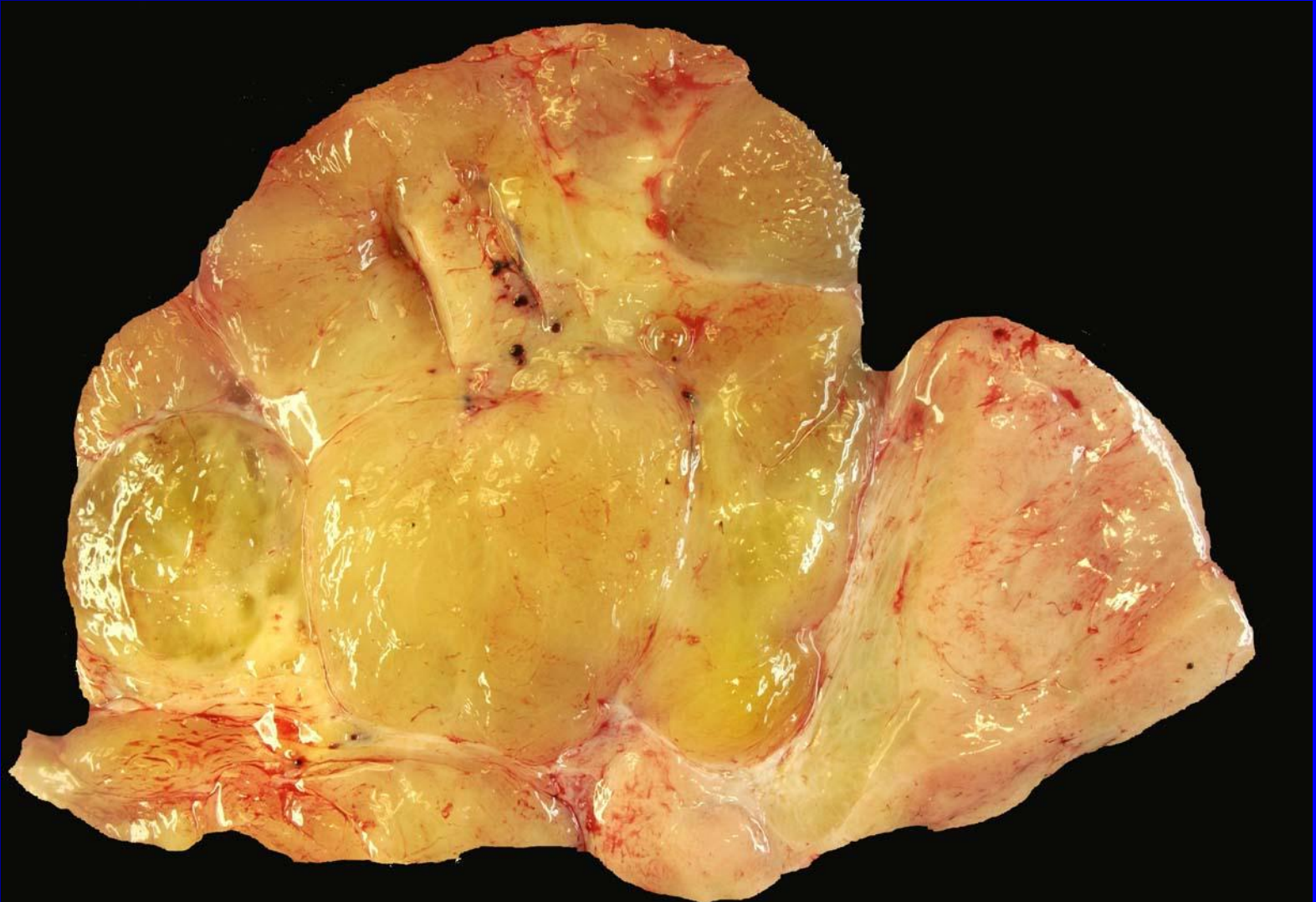
- Imatinib mesylate (STI571, Gleevec) is a selective tyrosine kinase inhibitor
- Targets Kit and PDGFRA
- Partial response or stable disease in 80% of patients with metastatic GIST
- Pathological response is necrosis and fibrosis and is heterogeneous
- Half of the patients will develop drug resistance
- Usually due to second site kit mutation
- Half of the resistant cases, no secondary mutations are identified

# Sarcomas with Specific Amplifications

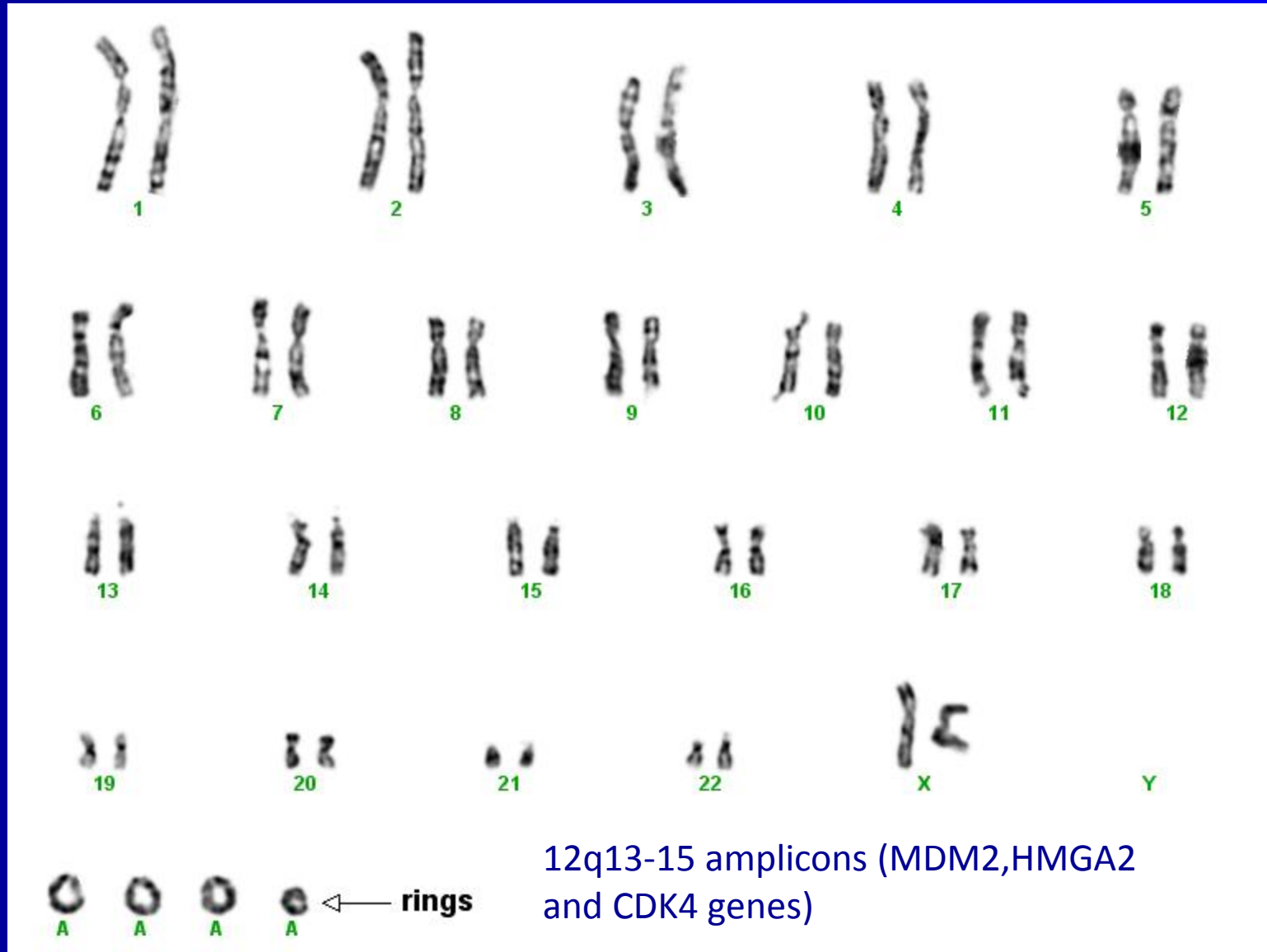
## Retroperitoneal Liposarcoma



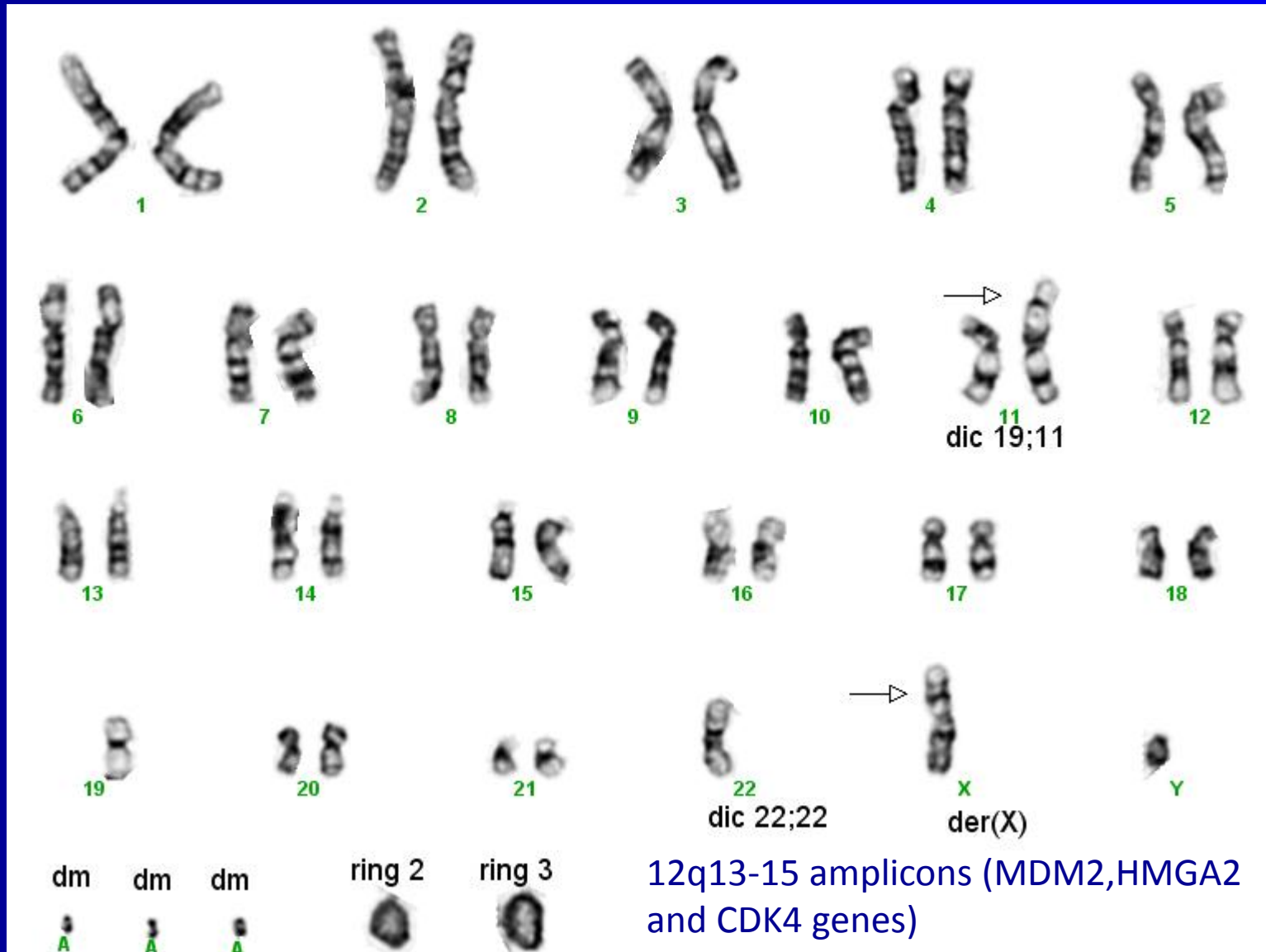
# Sarcomas with Specific Amplifications- Well-Differentiated and Dedifferentiated Liposarcoma

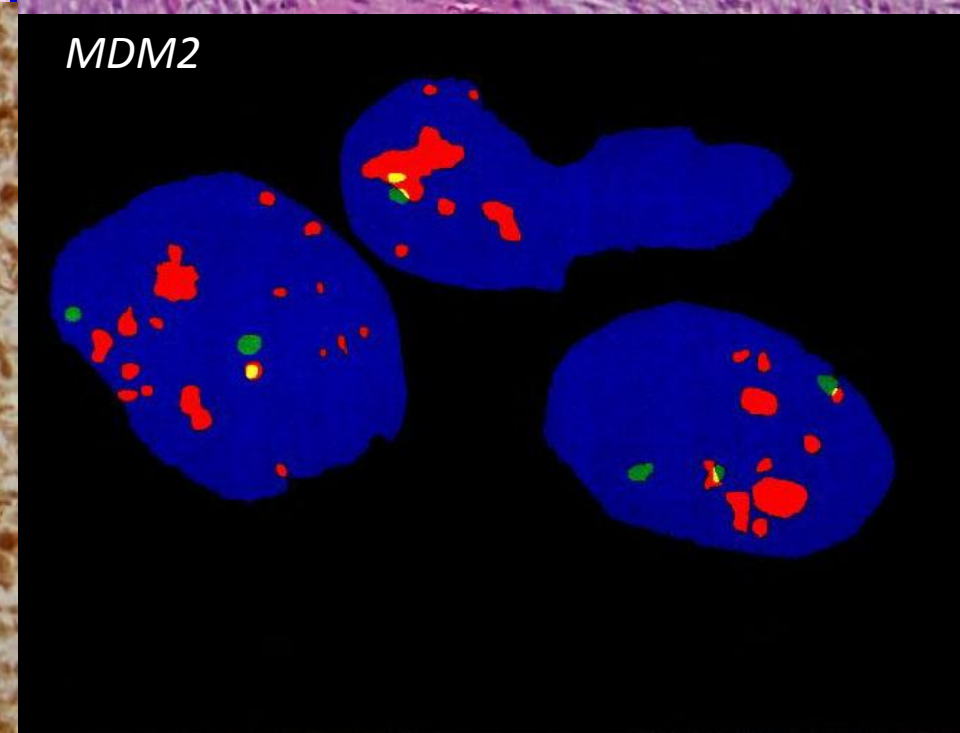
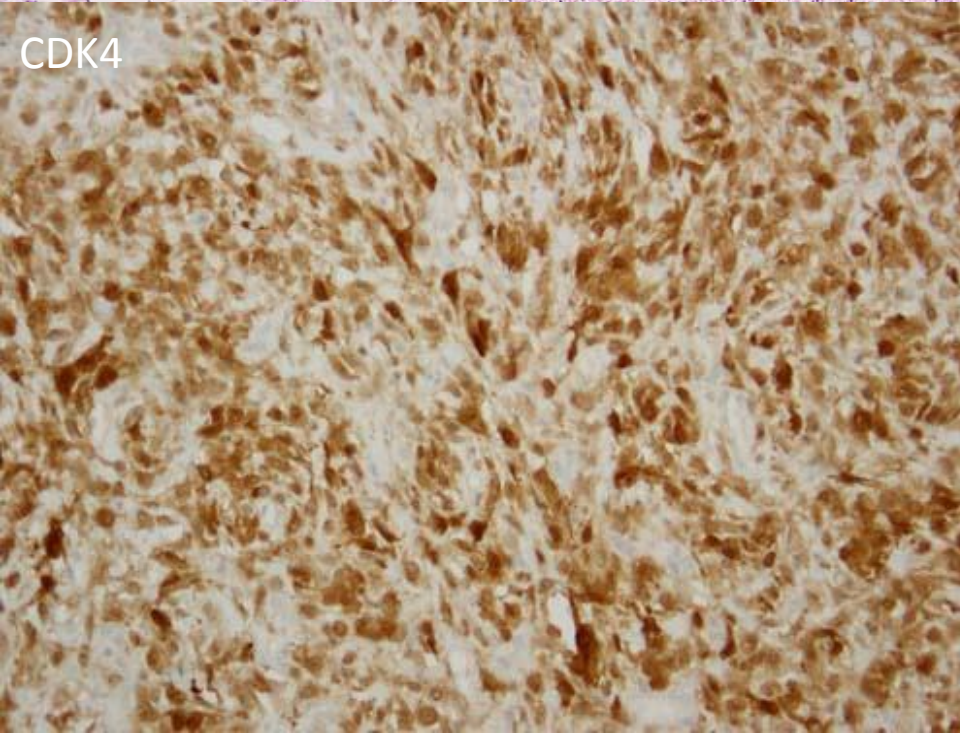
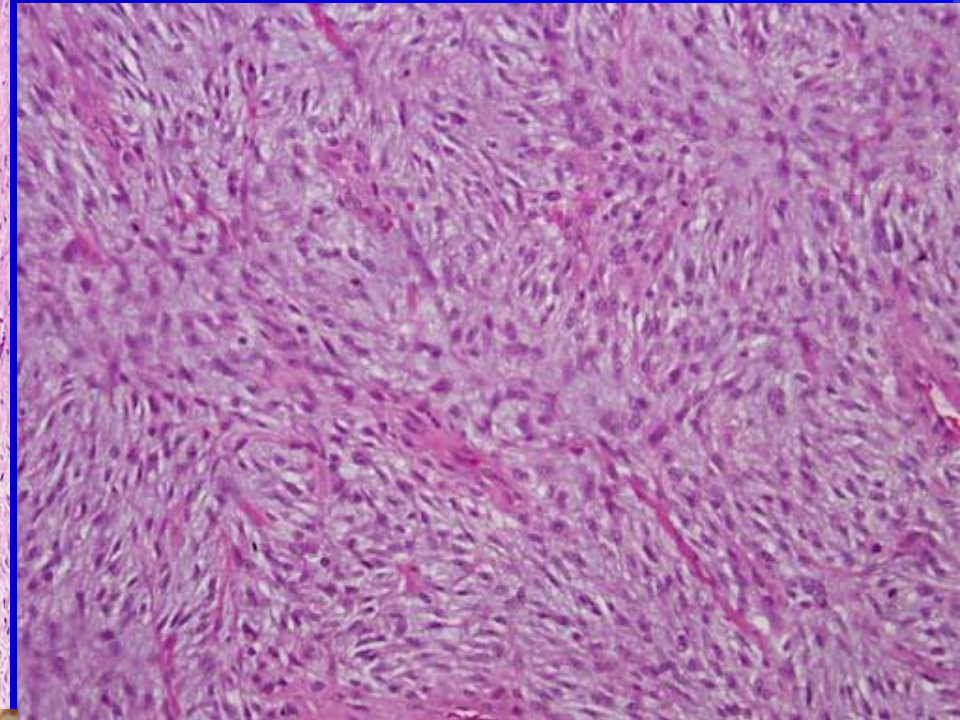
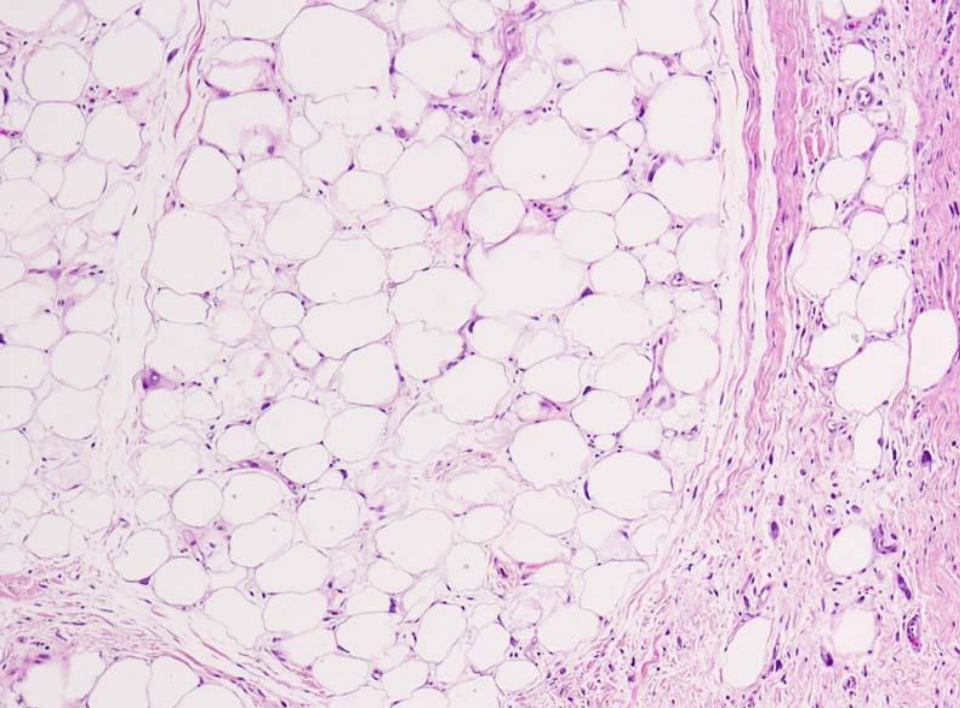


# Retroperitoneal Liposarcoma-WDLS

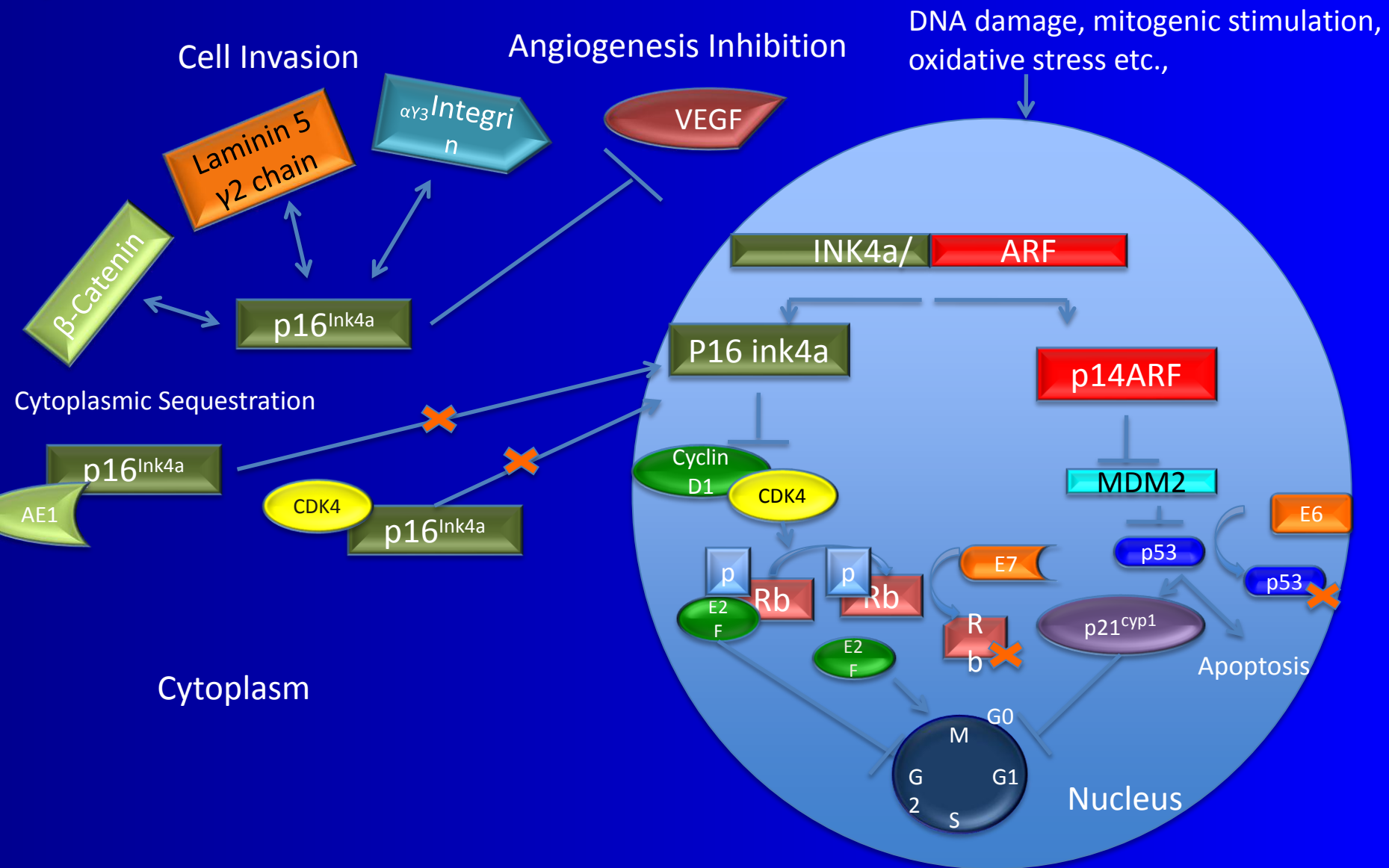


# Retroperitoneal liposarcoma - Dedifferentiated





# Retroperitoneal Liposarcoma



# Retroperitoneal Liposarcoma

Outcome depends on completeness of surgical resection and histology  
Poor outcomes in patients with rapidly growing or incompletely resected tumors

Poor response to Radiation and chemotherapy

Clinical Trials based on genomic targets

Nutlin-Competitive Inhibitor  
of MDM2-p53 interaction

CDK4 Inhibitor-Phase 1 and  
Phase II

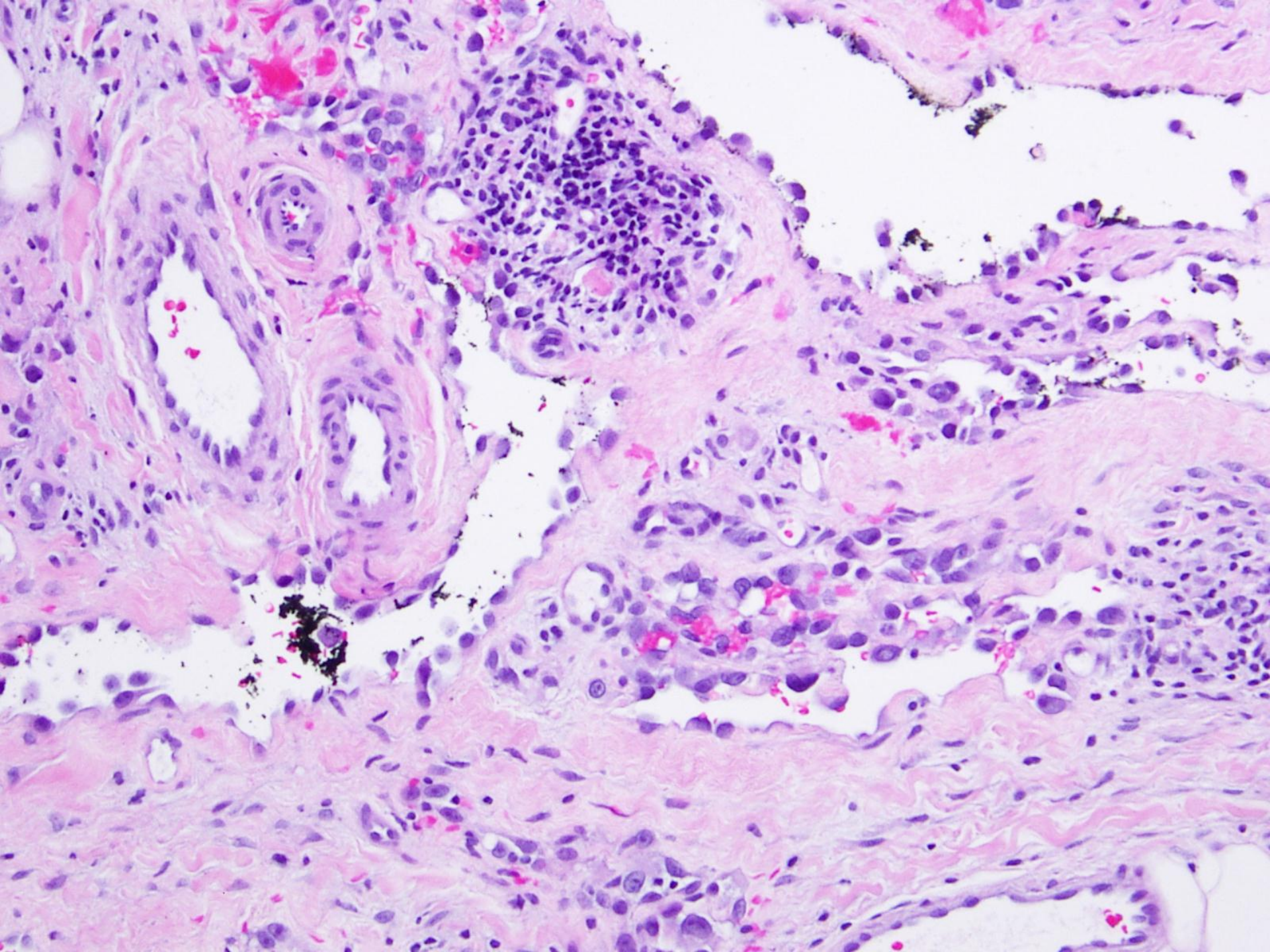
Aurora Kinase inhibitors

# Subtype Specific genomic Alterations

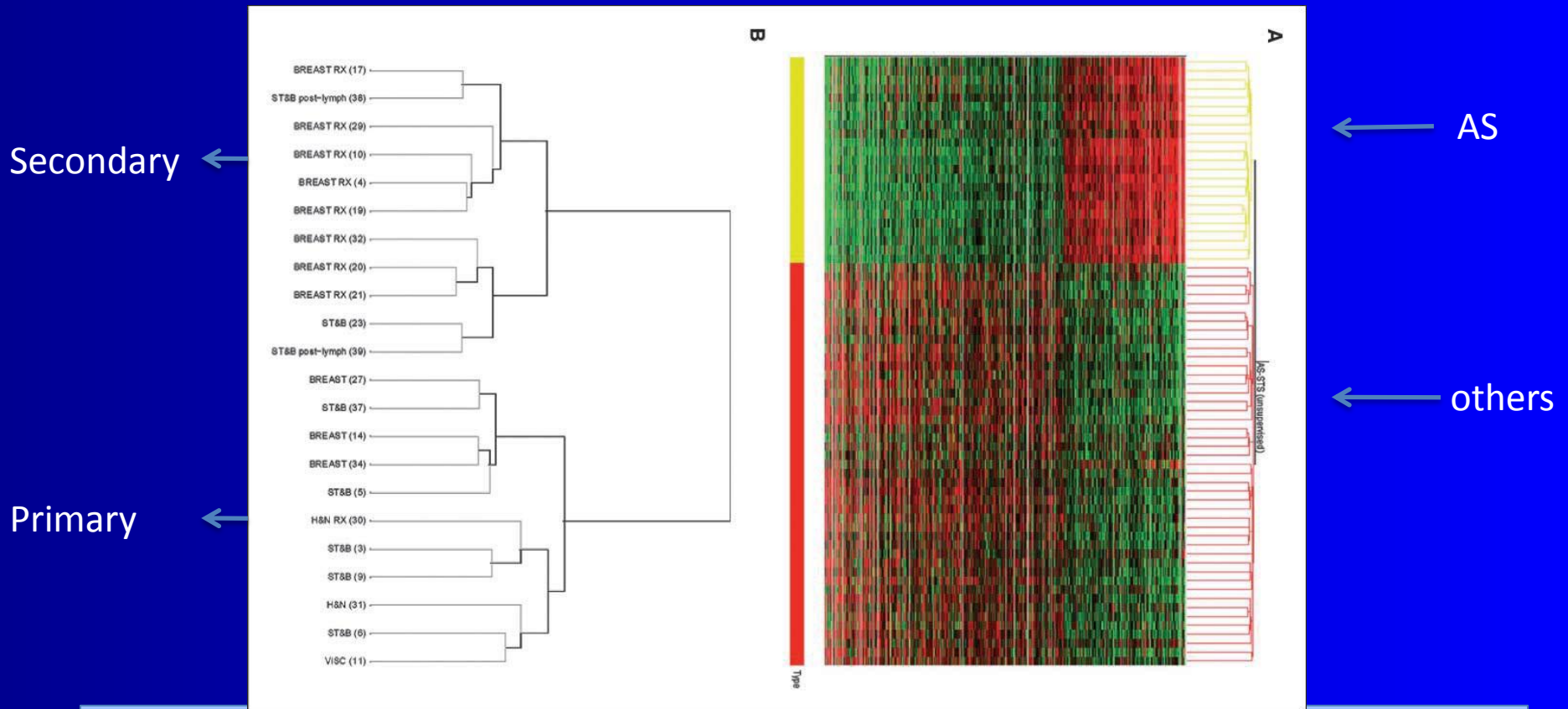
<b>Tumor Type</b>	<b>Gene Mutation</b>
• Pleomoprhic Liposarcoma	• TP53 (17%) and NF1 (8%)
• Myxofibrosarcoma	• NF1 (10.5%)
• Myxoid /round cell Liposarcoma	• PIK3CA (18%)

# Amplification Associated Sarcomas

- Angiosarcoma
- Biologically heterogeneous-Anatomical Site based
- Multifocal, local recurrence and early hematogeneous spread
- 30%- 5 year survival
- 40% of radiation induced sarcomas are angiosarcoma developing after RT therapy for breast cancer



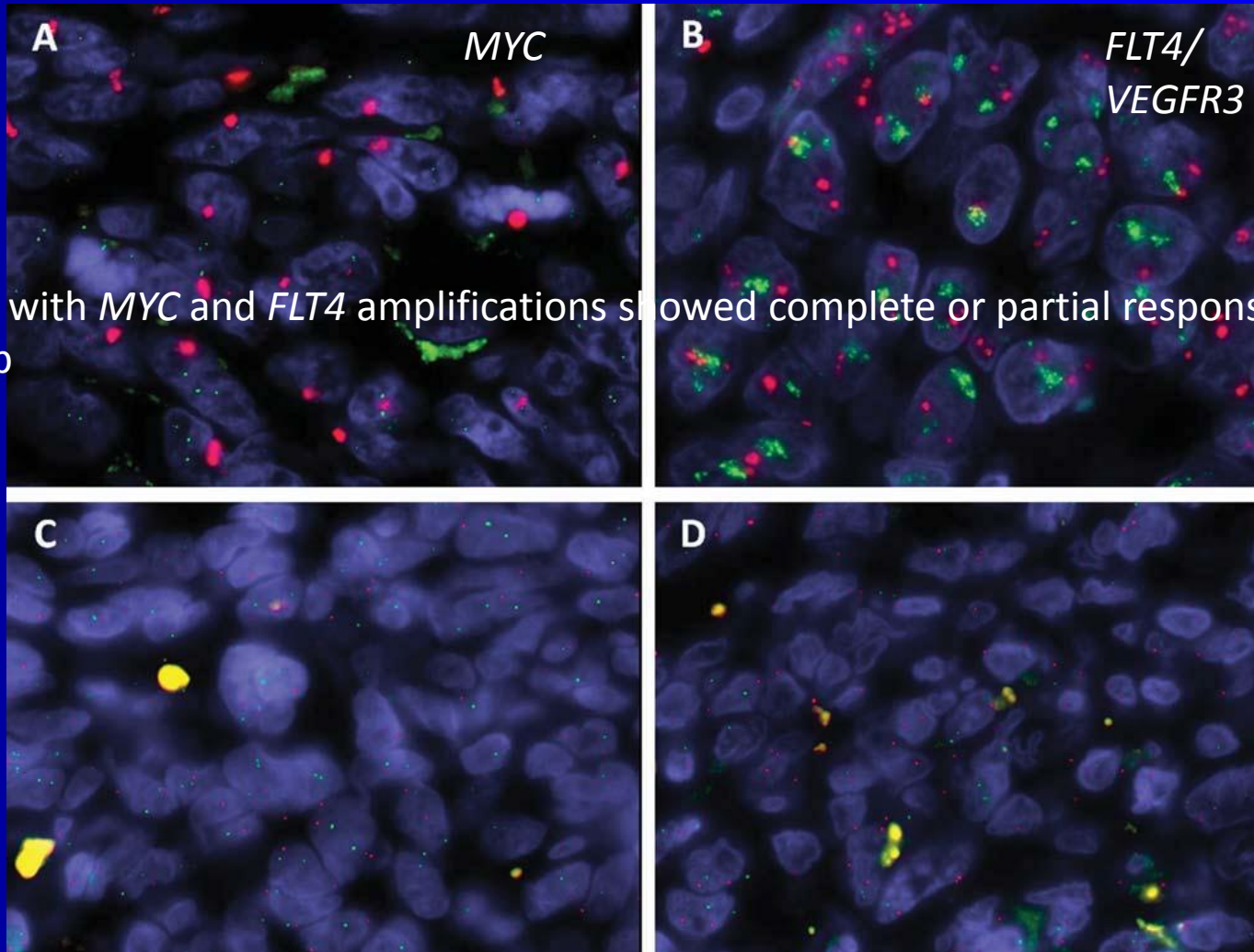
KDR Activating Mutations in Angiosarcomas are sensitive to specific kinase inhibitors. Antonescu et al., Cancer Res 2009;69:7175-7179



Up-regulation of vascular specific receptor tyrosine kinases (*TIE1*, *KDR* / *VEGFR2*, *SNRK*, *TEK*, *FLT1* / *VEGFR1* in AS- in breast/chest wall AS both primary and secondary 10% showed *KDR* mutations – sensitive to Sorafinib and Sunitinib

Consistent MYC and FLT4 gene amplifications in Radiation induced angiosarcoma but not in other radiation associated atypical vascular lesions. Guo et al., Genes, Chromosomes, Cancer 50:25-33,2010

Radiation associated Angiosarcoma



Patients with *MYC* and *FLT4* amplifications showed complete or partial response to Sorafinib

Primary Angiosarcoma

RT-induced Sarcoma- not AS

# Targeted therapy driven molecular testing

- Drug and Mutation Test
- Imatinib Mesylate-kit/PDGFR
- Imatinib mesylate- COL1A-PDGFR - t(17;22)
- Imatinib mesylate-CSF1-COL6A3 fusion
- PIK3CA inhibitors –PIK3CA mutation
- Crizotinib- Alk translocation
- Sorafenib-VEGFR2/KDR mutations
- Ridaforolimus- mTOR inhibitor- TSC1 and 2 loss and increased level of p70S6K
- Tumor Type
- Gastrointestinal stromal Tumor (GIST)
- Dermatofibrosarcoma Protuberans (DFSP)
- Giant cell tumor of tendon sheath
- Myxoid/round cell liposarcoma
- Inflammatory myofibroblastic tumor
- Angiosarcoma
- PEComa and related tumors

# Molecular Pathology of Sarcomas: Diagnostic and Therapeutic Utility

Is Molecular Testing useful?

Pediatric Round Cell and Spindle Cell Tumors:  
Diagnostic Utility

Benign vs Malignant Tumors

Targeted Therapy: GIST, DFSP, Angiosarcoma

## Clinical Trials

A meaningful outcome of these trials require accurate histopathological and appropriate molecular studies of these tumors by an experienced pathologist

It's all becoming clear  
now that I can  
get it into focus



Adapted from Nature Reviews

**Thank You**

