

B-Catenin Mutation Analysis, Next-Generation

Sequencing, Tumor

1-800-533-1710

Patient ID	Patient Name		Birth Date	Sex	Age
321	TESTRNV, IMPLEMENTATION		1968-02-19	М	55
Order Number     Client Order Number       X100412653     X100412653		Ordering Physician Test,Atlas	Report Notes		1
Account Information C7028846 DLMP Rochester		Collected 29 Mar 2023 06:33			

# **B-Catenin Mutations Analysis, Tumor**

### Result

Provided diagnosis: breast adenocarcinoma

No reportable sequence variants were detected within the analyzed regions of the tested genes listed in the method description.

# Interpretation

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This result does not provide evidence for a diagnosis of desmoid-type fibromatosis or beta-catenin activated hepatocellular adenoma or hepatocellular carcinoma, in which CTNNB1 mutations are common.

# **Additional Information**

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# **CLINICAL TRIALS**

Possible clinical trials of benefit for this patient can be found at the following sites:

1) ClinicalTrials.gov:

- www.clinicaltrials.gov/ct2/search/advanced 2) Mayo Clinic: www.mayo.edu/research/clinical-trials/
- 3) National Cancer Institute: www.cancer.gov/clinicaltrials/search

# Specimen

Tissue, Tumor

**Tissue ID** 

1234

**MCR** 

Disclaimer

(CTNNB1) gene.

(Test ID CTNBT).

Method

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This test cannot differentiate between somatic and germline alterations. Additional testing may be necessary to clarify the significance of results if there is a potential hereditary risk.

Microscopic examination is performed by a pathologist to identify

sequencing is performed to evaluate the presence of a mutation

in all coding regions and exon/intron boundaries of the BCAT

Variant nomenclature is based on build GRCh37 (hg19). For

details about gene transcripts (RefSeq accession numbers),

specific targeted regions of each gene, and additional

information on this test, see www.mayocliniclabs.com

areas of tumor for enrichment by macrodissection. DNA is extracted from FFPE or cytology slides, and next generation

DNA variants of uncertain significance may be identified.

A negative result does not rule out the presence of a variant that may be present but below the limits of detection of this assay. The analytical sensitivity of this assay for sequence reportable alterations is 5% mutant allele frequency with a minimum coverage of 500X in a sample with =20% tumor content.

Point mutations and small insertion/deletion mutations will be detected in the BCAT (CTNNB1) gene only. This test may detect single exon deletions but does not detect multi-exon deletions, duplications or genomic copy number variants.

Rare polymorphisms may be present that could lead to false-negative or false-positive results.

The presence or absence of a variant may not be predictive of response to therapy in all patients.

Test results should be interpreted in the context of clinical, tumor sampling, histopathological, and other laboratory data. If results obtained do not match other clinical or laboratory findings,

### **Performing Site Legend**

MCR Mayo Clinic Laboratories - Rochester Main Campus 200 First Street SW. Rochester. MN 55905 William G. Morice M.D. Ph.D 24D0404292	Code	Laboratory	Address	Lab Director	CLIA Certificate
	MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW, Rochester, MN 55905	William G. Morice M.D. Ph.D	24D0404292

Report Status: Final Received and reported dates and times are reported in US Central Time.



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contact the laboratory for discussion. Misinterpretation of results may occur if the information provided is inaccurate and/or incomplete.

Reliable results are dependent on adequate specimen collection and processing. This test has been validated on cytology slides and formalin-fixed, paraffin-embedded tissues; other types of fixatives are discouraged. Improper treatment of tissues, such as decalcification, may cause PCR failure.

# **Released By**

THERESA Smedberg

Received: 30 Mar 2023 11:16

MCR

Reported: 30 Mar 2023 11:58

### **Laboratory Notes**

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.

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