MAYO CLINIC LABORATORIES

Test Definition: BRFKT

BRAF and KIT Mutation Analysis, Next-Generation Sequencing, Tumor

Overview

Useful For

Identifying specific mutations within the *BRAF* and *KIT* genes that predict response to therapy

Genetics Test Information

This test uses targeted next-generation sequencing to evaluate for somatic mutations within the *BRAF* and *KIT* genes. See Targeted Genes and Methodology Details for BRAF/KIT Mutation Analysis for details regarding the targeted gene regions evaluated by this test.

This test is performed to evaluate for somatic mutations within solid tumor samples. It **does not assess** for germline alterations within the *BRAF* and *KIT* genes.

Additional Tests

Test Id	Reporting Name	Available Separately	Always Performed
SLIRV	Slide Review in MG	No	Yes

Testing Algorithm

When this test is ordered, slide review will always be performed at an additional charge.

Special Instructions

- Tissue Requirements for Solid Tumor Next-Generation Sequencing
- Targeted Genes and Methodology Details for BRAF/KIT Mutation Analysis

Highlights

This test evaluates formalin-fixed, paraffin-embedded tumor or cytology slides from patients with melanoma for gene mutations in the *BRAF* and *KIT* genes to identify candidates for targeted therapy.

Method Name

Sequence Capture and Targeted Next-Generation Sequencing (NGS)

NY State Available

Yes

Specimen

Specimen Type

Varies

Necessary Information

A pathology report (final or preliminary), at minimum containing the following information, **must accompany specimen for testing to be performed**:

1. Patient name
2. Block number-must be on all blocks, slides, and paperwork (can be handwritten on the paperwork)
3. Tissue collection date
4. Source of the tissue

Specimen Required

This assay requires at least 20% tumor nuclei.

-Preferred amount of tumor area with sufficient percent tumor nuclei: tissue 216 mm(2)
-Minimum amount of tumor area: tissue 36 mm(2)
-These amounts are cumulative over up to 10 unstained slides and must have adequate percent tumor nuclei
-Tissue fixation: 10% neutral buffered formalin, not decalcified
-For specimen preparation guidance, see Tissue Requirement for Solid Tumor Next-Generation Sequencing. In this document, the sizes are given as 4 mm x 4 mm x 10 slides as preferred: approximate/equivalent to 144 mm(2) and the minimum as 3 mm x 1 mm x 10 slides: approximate/equivalent to 36 mm(2).

Preferred: Submit 3, if available, or 2 of the following specimens.
Acceptable: Submit **at least one** of the following specimens.

Specimen Type: Tissue block
Collection Instructions: Submit a formalin-fixed, paraffin-embedded tissue block with acceptable amount of tumor tissue.

Specimen Type: Tissue slide
Slides: 1 Hematoxylin and eosin-stained and 10 unstained
Collection Instructions:
Submit the following slides:
1 slide stained with hematoxylin and eosin
AND
10 unstained, nonbaked slides with 5-micron thick sections of the tumor tissue.
Note: The total amount of required tumor nuclei can be obtained by scraping up to 10 slides from the same block.
Additional Information: Unused unstained slides will not be returned.

Specimen Type: Cytology slide (direct smears or ThinPrep)
Slides: 1 to 3 Slides
Collection Instructions: Submit 1 to 3 slides stained and coverslipped with a total of 5000 nucleated cells (preferred), or a minimum of 3000 nucleated cells.
Note: Glass coverslips are preferred; plastic coverslips are acceptable but will result in longer turnaround times.
Additional Information: Cytology slides will not be returned. An image of the slides will be stored per regulatory requirements.

Forms

If not ordering electronically, complete, print, and send an Oncology Test Request (T729) with the specimen.

Specimen Minimum Volume
See Specimen Required

Reject Due To
All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		
	Refrigerated		

Clinical & Interpretive

Clinical Information
The signaling pathways stimulated by the KIT protein control many important cellular processes, such as cell growth and division (proliferation), survival, and movement (migration). KIT protein signaling is important for the development and function of certain cell types, including early blood cells (hematopoietic stem cells), mast cells, cells in the gastrointestinal tract, and melanocytes. BRAF is a member of the mitogen-activated protein/extracellular signal-regulated (MAP/ERK) kinase pathway, which plays a role in cell proliferation and differentiation. Dysregulation of this pathway is a key factor in tumor progression.

Targeted therapies directed to pathways involving KIT and BRAF have demonstrated some success with increases both in progression-free and overall survival in patients with melanoma. Effectiveness of these therapies, however, depends in part on the mutation status of the pathway components.

Reference Values
An interpretive report will be provided.

Interpretation
The interpretation of molecular biomarker analysis includes an overview of the results and the associated diagnostic, prognostic, and therapeutic implications.

Cautions
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.

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% or more tumor content.

Point mutations and small deletion-insertion mutations (delins) will be detected in the *BRAF* and *KIT* genes only. This test may detect single exon deletions but does not detect multi-exon deletions, duplications, larger-scale genomic copy number variants, copy neutral loss of heterozygosity, or epigenetic modifications such as promoter methylation. Delins of 1000 bp or less are detectable with at least 50 or more supporting reads.

Variant allele frequency (VAF) is the percentage of sequencing reads supporting a specific variant divided by the total sequencing reads at that position. In somatic testing, VAF should be interpreted in the context of several factors including, but not limited to: tumor purity/heterogeneity/copy number status (ploidy, gains/losses, loss of heterozygosity) and sequencing artifact/misalignment.(1,2)

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, contact the laboratory for discussion. Misinterpretation of results may occur if the information provided is inaccurate 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 polymerase chain reaction failure.

Supportive Data

Performance Characteristics:
The limit of detection for calling a somatic variant (single nucleotide variants [SNV] and deletions-insertions [delins]) is 5% variant allele frequency if there is at least 500x deduplicated coverage.

Verification studies demonstrated concordance between this test and the reference method for detection of SNV and delins is 99.7% (699/701) and 96.6% (226/234) of variants. Concordance for the detection of delins was 98.9% (186/188) in variants 1 to 10 base pairs (bp) in size, 95.8% (23/24) in variants 11 to 50 bp in size, and 88.9% (8/9) in variants 51 to 200 bp in size.

Clinical Reference

1. Strom SP. Current practices and guidelines for clinical next-generation sequencing oncology testing. Cancer Biol Med. 2016;13(1):3-11. doi:10.28092/j.issn.2095-3941.2016.0004
2. Spurr L, Li M, Alomran N, et al: Systematic pan-cancer analysis of somatic allele frequency. Sci Rep. 2018;8(1):7735. Published 2018 May 16. doi:10.1038/s41598-018-25462-0
3. U.S. Food and Drug Administration (FDA): Table of Pharmacogenomic Biomarkers in Drug Labeling. FDA; Updated September 23,2025. Accessed July 15, 2025. Available at www.fda.gov/drugs/science-and-research-drugs/table-pharmacogenomic-biomarkers-drug-labeling
4. Pham DDM, Guhan S, Tsao H. KIT and melanoma: Biological insights and clinical implications. Yonsei Med J. 2020;61(7):562-571. doi:10.3349/ymj.2020.61.7.562
5. Carvajal RD, Antonescu CR, Wolchok JD, et al. KIT as a therapeutic target in metastatic melanoma. JAMA.

2011;305(22):2327-2334. doi:10.1001/jama.2011.746
6. Guo W, Wang H, Chunying L. Signal pathways of melanoma and targeted therapy. Signal Transduct Target Ther. 2021 20;6(1):424

Performance

Method Description

Next-generation sequencing is performed to evaluate the presence of a mutation in all coding regions of the *BRAF* and *KIT* genes. See Targeted Genes and Methodology Details for BRAF/KIT Mutation Analysis for details regarding the targeted gene regions evaluated by this test.(Unpublished Mayo method)

A pathology review and macro dissection to enrich for tumor cells are performed prior to slide scraping.

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

12 to 20 days

Specimen Retention Time

Tissue blocks: Unused portions of blocks will be returned; Tissue slides: Unused slides are stored for at least 5 years; Extracted DNA: 3 months

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

88381-Microdissection, manual
81406
81479
81479 (if appropriate for government payers)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
BRFKT	BRAF/KIT Mutation Analysis, Tumor	36908-2

Result ID	Test Result Name	Result LOINC® Value
617945	Result	82939-0
617946	Interpretation	69047-9
617947	Additional Information	48767-8
617948	Specimen	31208-2
617949	Tissue ID	80398-1
617950	Method	85069-3
617951	Disclaimer	62364-5
617952	Released By	18771-6