



BRAF V600E GENETIC MUTATION ANALYSIS FOR UNKNOWN MALIGNANCY POTENTIAL THYROID TUMORS AND PAPILLARY THYROID MICROCARCINOMAS



Sezer H¹, Cantürk Z¹, Ergül E², Tarkun İ¹, Cetinarslan B¹
Kocaeli University School of Medicine¹Department of Endocrinology and Metabolism and
²Medical Biology and Genetic KOCAELI/TURKEY

Aim: The purpose of this study was to analyze the clinicopathologic parameters BRAF V600E mutational status in PTMCs and UMP TTs.

Material and Method: 72 PTMCs and 20 UMP TTs tissues were included in this study. Genomic DNA was extracted from paraffin-embedded tumor tissue. The paraffin-embedded thyroid tumor samples were cut into 5 µm sections. The tumor areas dewaxed and dissected. DNA was isolated using QIAamp® DNA FFPE tissue kit. We amplified exon 15 of the BRAF gene, which contains the BRAF V600E mutation with RFLP analysis by using the following primers. The PCR products were electrophoresed in polyacrilamide gel. Samples were stained with silver nitrate and imaged.

Results: BRAF V600E mutation frequency in PTMCs was % 41,6 (72/30), in UMP WDTs was % 80 (10/8). The BRAF V600E mutation was significantly associated with the classic variant of PTC % 73,3 (P= 0,047). Micro-PTCs BRAF positivity was significantly related to invasion of thyroid capsule % 66,67 (p=0,003) and absence of the tumor capsule % 80 (p=0,003). There was no significant correlation between the occurrence of BRAF V600E mutation and advanced disease stages, extrathyroidal extension, cervical lymph node metastasis, age, gender, multifocality in PTMCs. The odd ratio for female sex in BRAF positive PTMCs was 2,46 for Hashimoto thyroiditis in BRAF positive PTMCs was 2,12.

Conclusion: BRAF mutation was significantly associated with the classic variant, absence of the tumor capsule and penetration of the thyroid capsule in PTMCs. UMP WDT lesions of the thyroid with BRAF mutation may represent PTC precursors or less aggressive type of PTCs. Tumor recurrence and poorer prognosis wasn't associated with BRAF V600E mutation after a median follow up of 22 months.

Demographic characteristic

Groups	n	%	
Tumor Types	UMPTT	20	21,74
	PTMC	72	78,26
Sex	Male	22	23,91
	Female	70	76,09
Age at Diagnosis	<45 Yaş	38	41,30
	≥45 Yaş	54	58,70
Tumor Diameter (mm)	≤5 mm	25	27,17
	>	67	72,83
Radiation History	No	90	97,83
	Yes	2	2,17
Type of surgery	Lobectomy	2	2,17
	Total Thyroidectomy	90	97,83
Central Node Dissection	No	84	91,30
	Yes	8	8,70
Lateral Node Dissection	No	88	95,65
	Yes	4	4,35
BRAF Mutation	Mutant (Yes)	38	41,30
	Wild Type (No)	54	58,70
Hashimoto Thyroiditis	No	56	60,87
	Yes	36	39,13
Graves Disease	No	88	95,65
	Yes	4	4,35
Regional Metastasis	No	89	96,74
	Yes	3	3,26
Distant Organ Metastasis	No	91	98,91
	Yes	1	1,09
RAI Treatment	No	43	46,74
	Yes	49	53,26
Preoperative Diagnosis	No	39	42,39
	Yes	53	57,61
Family History	No	85	92,40
	Yes	7	7,60

Tumor Diameter UMPTT and PTMC Groups

Groups	N	Min.	Max.	Mean	SS
UMPTT Group	20	6	65	23,40	17,23
PTMC Group	72	1	10	6,70	2,33

General Characteristics of UMPTT Group

	n	%	
Sex	Male	10	50,00
	Female	10	50,00
Age	<45	12	60,00
	≥45	8	40,00
Histological subtype	UMPTT	10	50,00
	UMPWDT	10	50,00
Hashimoto Thyroiditis	No	17	85,00
	Yes	3	15,00
Graves Disease	No	17	85,00
	Yes	3	15,00
RAI Treatment	No	20	100,00
Total Tiroidektomi	No	1	5,00
	Yes	19	95,00
Lobectomy	No	19	95,00
	Yes	1	5,00
Central Lymph Node	No	19	95,00
Dissection	Yes	1	5,00
BRAF Mutation	Wild Tip (No)	12	60,00
	Mutant (Yes)	8	40,00
Radiation History	No	19	95,00
	Yes	1	5,00

Some characteristics for BRAF (+) and (-) UMPTT Groups

UMPTT Groups	BRAF (-)	BRAF (+)	p
Age	45,83±11,41	43,63±6,93	0,631
Follow Up (month)	18,91±11,29	22,5±11,76	0,510
Tumor Diameter (mm)	18,58±12,88	30,63±21,11	0,129
Pre op. TSH Level (mIU/L)	0,84±0,94	1,8±1,95	0,155

REFERENCES

- Parma J, Dupreez L, Van Sande J, et al. Somatic mutations in the thyrotropin receptor gene cause hyperfunctioning thyroid adenoma. *Nature* 1993; **365**: 649.
- O Sullivan C, Barton CM, Staddon SL, et al. Activating point mutations of the gsp oncogene in human thyroid adenomas. *Mol Carcinog* 1991; **4**: 435.
- Suarez HG, du Villard JA, Caillou B, et al. Gsp mutations in human thyroid tumors. *Oncogene* 1991; **6**: 677.
- Lyons J, Landis CA, Harsh G, et al. Two G protein oncogenes in human endocrine tumors. *Science* 1990; **249**: 655.
- Lemoine NR, Mayall ES, Wyllie FS, et al. High frequency of ras oncogene activation in all stages of human thyroid tumorigenesis. *Oncogene* 1989; **4**: 159.
- Bignell GR, Canzian F, Shayeghi M et al. Familial nontoxic multinodular thyroid goiter locus to chromosome 14q but does not account for familial for nonmedullary thyroid cancer. *Am J Hum Genet* 1997; **61**: 1123.
- Liem AA, Chamberlain MP, Wolf CR, Thompson AM. The role of signal transduction in cancer treatment and drug resistance. *EJSO* 2002; **28**: 679-84.
- Platanias LC. Map kinase signaling pathways and hematologic malignancies. *Blood* 2003; **101**: 4667-79.
- Kolch W. Meaningful relationships: The regulation of the Ras/Raf/MEK/ERK pathway by protein interactions. *Biochem J* 2000; **351**: 289-305.
- Hoshino R, Chatani Y, Yamori T, et al. Constitutive activation of the mitogen-activated protein kinase signaling pathway in human tumours. *Oncogene* 1999; **18**: 813-822.