

# Test Catalog

Diagnostic. Prognostic. Predictive. Predisposition.





# FGFR2 Rearrangement

#### Methodology

**FISH** 

### **Test Description**

Probes: FGFR2 (10q26.13)

Disease(s): Cholangiocarcinoma (bile duct cancer) and various solid tumors

## **Clinical Significance**

FGFR2 fusions are under active clinical study in a range of solid tumors, with targeted therapy already available to certain cholangiocarcinoma patients. FGFR2 fusions occur at highest frequency in intrahepatic cholangiocarcinoma (iCCA), observed in 10-16% of patients. This lab-developed test uses a break-apart FISH probe to detect the presence of FGFR2 fusions (translocations). Fusion partners of FGFR2 are not specifically identified.

# **Specimen Requirements**

Bone marrow aspirate: N/A

Peripheral blood: N/A

• Fresh, unfixed tissue: N/A.

• Fluids: N/A

• Paraffin block: Send paraffin block. Also send circled H&E slide for tech-only (required).

• Cut slides: H&E slide (required) plus 4 unstained slides cut at 4-5 microns. Circle H&E slide for tech-only.

#### **Storage & Transportation**

Use cold pack for transport. Make sure cold pack is not in direct contact with specimen.

#### CPT Code(s)\*

88374x1 automated or 88377x1 manual

#### **New York Approved**

Yes

#### Level of Service

Technical, Global

#### **Turnaround Time**

3-5 days

#### References

Newsroom page, published April 20, 2020. Am J Managed Care website. <a href="https://www.ajmc.com/newsroom/-fda-approves-orphan-drug-pemigatinib-for-rare-bile-duct-cancer-cholangiocarcinoma">https://www.ajmc.com/newsroom/-fda-approves-orphan-drug-pemigatinib-for-rare-bile-duct-cancer-cholangiocarcinoma</a> Accessed June 20, 2020

Please direct any questions regarding coding to the payor being billed.

<sup>\*</sup>The CPT codes provided with our test descriptions are based on AMA guidelines and are for informational purposes only. Correct CPT coding is the sole responsibility of the billing party.

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