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TECHNICAL ADVANCE

Detection of Aberrant TERT Promoter Methylation by Combined Bisulfite Restriction Enzyme Analysis for Cancer Diagnosis

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Aberrant CpG dinucleotide methylation in a specific region of the telomerase reverse transcriptase Q5 (TERT) promoter is associated with increased TERT mRNA levels and malignancy in several cancer types. However, routine screening of this region to aid cancer diagnosis can be challenging because i) several established methylation assays may inaccurately report on hypermethylation of this particular region, ii) interpreting the results of methylation assays can sometimes be difficult for clinical laboratories, and iii) use of high-throughput methylation assays for a few patient samples can be cost prohibitive. Herein, we describe the use of combined bisulfite restriction enzyme analysis (COBRA) as a diagnostic tool for detecting the hypermethylated TERT promoter using in vitro methylated and unmethylated genomic DNA as well as genomic DNA from four melanomas and two benign melanocytic lesions. We compare COBRA with MassARRAY, a more commonly used high-throughput approach, in screening for promoter hypermethylation in 28 formalin-fixed, paraffin-embedded neuroblastoma samples. COBRA sensitively and specifically detected samples with hypermethylated TERT promoter and was as effective as MassARRAY at differentiating high-risk from benign or low-risk tumors. This study demonstrates the utility of this low-cost, technically straightforward, and easily interpretable assay for cancer diagnosis in tumors of an ambiguous nature. (J Mol Diagn 2017, ■: 1-9; http://dx.doi.org/10.1016/ j.jmoldx.2017.01.003)

Q6 The telomerase reverse transcriptase (TERT) oncogene encodes the rate-limiting catalytic subunit of telomerase, the enzyme required by virtually all proliferative cells to maintain the integrity of chromosomal ends.^{1,2} Cancer cell lines and tissues have an uncontrolled capacity for proliferation, and TERT mRNA levels are inappropriately elevated through diverse mechanisms in approximately 85% to 90% of these cases.³⁻⁵ Certain mechanisms of TERT dysregulation predominate in some cancer types but not others. For example, activating point mutations in the TERT promoter are common in cancers such as melanoma, glioblastoma, thyroid cancer, bladder cancer, and liver cancer, 6^{-12} but not in others such as bone and soft tissue sarcomas, gastrointestinal stromal tumors, gastric cancer, and pancreatic cancer.^{13–16} Similarly, copy number amplification of TERT is more common in medulloblastoma, lung cancer, cervical cancer, and breast cancer, 17-20 whereas

structural rearrangements involving TERT are found in B-cell malignancies, neuroblastoma (NBL), and chromophobe renal cell carcinoma.^{10,21–23}

In addition to these genetic mechanisms of TERT dysregulation, a prominent epigenetic mechanism associated with cancer is CpG dinucleotide hypermethylation in the upstream of transcription start site (UTSS), a region located -541 to -483 bp upstream of the start codon of TERT (Figure 1A).^{24,25} Hypermethylation of CpG [F1] dinucleotides in the UTSS is associated with increased TERT mRNA levels and poorer patient outcomes²⁴⁻²⁶ and

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blotches observed on a subset of gels are the result of residue present on the surface on which those gels were imaged.

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