

Absence of mutations of the BRAF gene in malignant melanoma of soft parts (clear cell sarcoma of tendons and aponeuroses)

Panagopoulos, Ioannis; Mertens, Fredrik; Isaksson, Margareth; Mandahl, Nils

Published in: Cancer Genetics and Cytogenetics

10.1016/j.cancergencyto.2004.04.008

2005

Link to publication

Citation for published version (APA):

Panagopoulos, I., Mertens, F., Isaksson, M., & Mandahl, N. (2005). Absence of mutations of the BRAF gene in malignant melanoma of soft parts (clear cell sarcoma of tendons and aponeuroses). Cancer Genetics and Cytogenetics, 156(1), 74-76. https://doi.org/10.1016/j.cancergencyto.2004.04.008

Total number of authors:

General rights

Unless other specific re-use rights are stated the following general rights apply: Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights

- Users may download and print one copy of any publication from the public portal for the purpose of private study
- You may not further distribute the material or use it for any profit-making activity or commercial gain
 You may freely distribute the URL identifying the publication in the public portal

Read more about Creative commons licenses: https://creativecommons.org/licenses/

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Download date: 11. Dec. 2025

Absence of mutations of the BRAF gene in malignant melanoma of soft parts (clear cell sarcoma of tendons and aponeuroses)

Ioannis Panagopoulos*, Fredrik Mertens, Margareth Isaksson and Nils Mandahl

Department of Clinical Genetics, Lund University Hospital, S-221 85 Lund, Sweden

Running title: No BRAF mutations in malignant melanoma of soft parts

Keywords: malignant melanoma of soft parts, clear cell sarcoma, translocation, *EWS* gene, *ATF1* gene, *BRAF* gene

*Corresponding author. Department of Clinical Genetics, University Hospital, SE-221 85 Lund, Sweden. Tel.: +46 46 172889; fax.: +46 46 131061.

E-mail adress: Ioannis.Panagopoulos@klingen.lu.se

Abstract

Malignant melanoma of soft parts (MMSP, also called clear cell sarcoma of tendons and aponeuroses) is cytogenetically characterized by the translocation t(12;22)(q13;q12) resulting in the chimeric EWSR1/ATF1 gene. MMSP shares a number of morphologic, histologic and immunohistochemical features with malignant melanoma of the skin, causing diagnostic difficulties in the distinction between MMSP and metastatic malignant melanoma with an unknown primary site. Recently, a high incidence of activating mutations in the kinase domain of the BRAF gene has been reported in malignant melanoma of the skin. The most common mutation (V599E) is the T1796A substitution in exon 15, leading to an exchange of valine for glutamic acid at position 599. Because of the extensive clinical, histologic and immunohistochemic similarities with melanoma, we decided to analyze whether MMSP also has mutations in the BRAF gene. Eight MMSP with an EWSR1/ATF1 chimeric transcript, one soft tissue metastasis of a malignant melanoma of the skin and one malignant melanoma cell line were examined. Both conventional melanomas had the exon 15 T1796A (V599E) mutation, but none of the MMSP was found to harbor any mutation in exon 11 or 15 of the BRAF gene. Our data further emphasize that MMSP and conventional malignant melanoma develop through different genetic pathways.

1. Introduction

Malignant melanoma of soft parts (MMSP, also called clear cell sarcoma of soft tissue) is a rare malignant soft tissue tumor first described by Enzinger [1] and has since been accepted as a distinct clinicopathological entity. The tumor is particularly associated with tendons and aponeuroses but other tumor locations have also been reported including the head and neck, ear, penis, kidney and colon [2]. MMSP is most commonly found in young adults between the age of 20 and 40 years, but has also been described in children and elderly [3,4]. Repeated local relapse is very common and with time, most tumors metastasize to lymph nodes, the lungs, skeleton, brain or liver [2]. Clonal chromosome abnormalities have been described in MMSPs and the translocation t(12;22)(q13;q12) seems to be pathognomonic [5,6]. The t(12;22) results in rearrangements of the *EWSR1* gene on chromosome 22 and the *ATF1* gene in 12q13 creating a chimeric *EWSR1/ATF1* gene in which the 3′-terminal part of *EWSR1* is replaced by the 3′-terminal part of *ATF1* [7].

Histologically, the tumor shows a characteristic architecture of nests or short fascicles of epithelioid or spindle-shaped cells with clear to granular eosinophilic cytoplasm [2]. Immunohistochemically, the tumor cells express S-100 protein, HMB-45, vimentin, and the microphthalmia transcription factor, and synthesize melanin [2]. In a recent study, Segal et al. [8] used cDNA microarray to show that MMSP has a gene expression profile closely related to melanoma. Because MMSP shares a number of morphologic features with conventional malignant melanoma, there are diagnostic difficulties in the distinction between MMSP and metastatic malignant melanoma with an unknown primary site [2].

Recently, a high incidence of activating mutations in the *BRAF* gene has been reported in melanoma cell lines, melanoma short term cultures, primary and metastatic

melanomas and nevi [9-12]. All the mutations were detected in the kinase domain of the *BRAF* gene and found in exons 11 and 15 [9]. By far, the most common mutation (V599E) is the T1796A single base substitution in exon 15, leading to an exchange of valine for glutamic acid at position 599 [9]. Mutated BRAF proteins posses ten fold higher basal kinase activity and are more than 100 times as efficient in transforming NIH3T3 as compared to the wild-type *BRAF* gene [9].

Because of the extensive clinical, hictologic and genetic similarities with melanoma, we decide to analyze whether MMSP also has mutations in the *BRAF* gene.

2. Materials and methods

The material consisted of eight MMSP with an *EWSR1/ATF1* chimeric transcript, the melanoma cell line SK-MEL-28 and a soft tissue metastasis from a malignant melanoma of the skin. The clinical data and the cytogenetic and molecular identification of the fusion gene have been reported [13].

Tumor tissue pieces adjacent to those used for histological examination had been frozen and stored at –80 °C. A one-step PCR was then performed using the primer combination BRAFEx11For: ATCCCTCTCAGGCATAAGGTAATG and BRAFEx11Rev: GCGAACAGTGAATATTTCCTTTGA and BRAFEx15For: TGCTTGCTCTGATAGGAAAATGAG and BRAFEx15Rev:
TCTCAGGGCCAAAAAATTTAATCA for amplification of exons 11 and 15 of the *BRAF* gene, respectively. The 50 μL reaction volume contained 20 mM Tris-HCl pH 8.4 (at 25°C), 50 mM KCl, 1.5 mM MgCl₂, 0.2 mM of each dNTP, 1 unit Platinum*Taq* DNA polymerase (Invitrogen), 0.5 μM of each of the forward and reverse primers and 300 ng of the genomic DNA. After an initial denaturation at 94°C for 5 minutes, 30 cycles of 1 minute at 94°C, 1 minute at 58°C, and 1 minute at 72°C were run using a

PCT-200 DNA Engine (MJ Research), followed by a final extension for 10 minutes at 72°C. For sequence analysis, the amplified fragments were run on 1.5% agarose gels, purified using the Qiagen gel extraction kit (Qiagen), and directly sequenced using the dideoxy procedure with an ABI Prism BigDye terminator cycle sequencing ready reaction kit (PE Applied Biosystems) and the same primers as for PCR on the Applied Biosystems Model 3100-Avant DNA sequencing system.

3. Results and discussion

None of the MMSP was found to harbor any mutations in exon 11 or 15 of the *BRAF* gene whereas both malignant melanomas showed the previously described [9] exon 15 T1796A (V599E) mutation (Figure 1). Sequencing of the entire PCR products from the MMSP confirmed a wild-type sequence over the entire exons 11 and 15. Although the present study was limited to eight samples, it seems safe to conclude that *BRAF* mutations are rare in MMSP. Consequently, if *BRAF* is activated in MMSP (which remains to be determined) then that is unlikely to result from an intrinsic genomic mechanism. Our data further highlight the fact that MMSP is genetically different from conventional melanoma.

Acknowledgments

This work was supported by the Swedish Cancer Society, the Swedish Child Cancer Fund and Gunnar Nilsson Cancer Foundation.

References

- [1] Enzinger FM. Clear-Cell Sarcoma of Tendons and Aponeuroses an Analysis of 21 Cases. Cancer 1965;18:1163-1174.
- [2] Weiss SW, Goldblum JR. Enzinger and Weiss's soft tissue tumors. St. Louis: Mosby, 2001.
- [3] Chung EB, Enzinger FM. Malignant melanoma of soft parts. A reassessment of clear cell sarcoma. Am J Surg Pathol 1983;7:405-13.
- [4] Deenik W, Mooi WJ, Rutgers EJ, Peterse JL, Hart AA, Kroon BB. Clear cell sarcoma (malignant melanoma) of soft parts: A clinicopathologic study of 30 cases. Cancer 1999;86:969-75.
- [5] Sandberg AA, Bridge JA. Updates on the cytogenetics and molecular genetics of bone and soft tissue tumors: clear cell sarcoma (malignant melanoma of soft parts). Cancer Genet Cytogenet 2001;130:1-7.
- [6] Mitelman F, Johansson B, Mertens F. Mitelman Database of Chromosome

 Aberrations in Cancer. http://cgap.nci.nih.gov/Chromosomes/Mitelman, 2004.
- [7] Zucman J, Delattre O, Desmaze C, Epstein AL, Stenman G, Speleman F, Fletchers CDM, Aurias A, Thomas G. *EWS* and *ATF-1* gene fusion induced by t(12;22) translocation in malignant melanoma of soft parts. Nat Genet 1993;4:341-5.
- [8] Segal NH, Pavlidis P, Noble WS, Antonescu CR, Viale A, Wesley UV, Busam K, Gallardo H, DeSantis D, Brennan MF, Cordon-Cardo C, Wolchok JD, Houghton AN. Classification of clear-cell sarcoma as a subtype of melanoma by genomic profiling. J Clin Oncol 2003;21:1775-81.
- [9] Davies H, Bignell GR, Cox C, Stephens P, Edkins S, Clegg S, Teague J,
 Woffendin H, Garnett MJ, Bottomley W, Davis N, Dicks E, Ewing R, Floyd

- Y, Gray K, Hall S, Hawes R, Hughes J, Kosmidou V, Menzies A, Mould C, Parker A, Stevens C, Watt S, Hooper S, Wilson R, Jayatilake H, Gusterson BA, Cooper C, Shipley J, Hargrave D, Pritchard-Jones K, Maitland N, Chenevix-Trench G, Riggins GJ, Bigner DD, Palmieri G, Cossu A, Flanagan A, Nicholson A, Ho JW, Leung SY, Yuen ST, Weber BL, Seigler HF, Darrow TL, Paterson H, Marais R, Marshall CJ, Wooster R, Stratton MR, Futreal PA. Mutations of the BRAF gene in human cancer. Nature 2002;417:949-54.
- [10] Omholt K, Platz A, Kanter L, Ringborg U, Hansson J. NRAS and BRAF mutations arise early during melanoma pathogenesis and are preserved throughout tumor progression. Clin Cancer Res 2003;9:6483-8.
- [11] Pollock PM, Harper UL, Hansen KS, Yudt LM, Stark M, Robbins CM, Moses TY, Hostetter G, Wagner U, Kakareka J, Salem G, Pohida T, Heenan P, Duray P, Kallioniemi O, Hayward NK, Trent JM, Meltzer PS. High frequency of BRAF mutations in nevi. Nat Genet 2003;33:19-20.
- [12] Yazdi AS, Palmedo G, Flaig MJ, Puchta U, Reckwerth A, Rutten A, Mentzel T, Hugel H, Hantschke M, Schmid-Wendtner MH, Kutzner H, Sander CA.

 Mutations of the BRAF gene in benign and malignant melanocytic lesions. J

 Invest Dermatol 2003;121:1160-2.
- [13] Panagopoulos I, Mertens F, Debiec-Rychter M, Isaksson M, Limon J, Kardas I, Domanski HA, Sciot R, Perek D, Crnalic S, Larsson O, Mandahl N. Molecular genetic characterization of the *EWS/ATF1* fusion gene in clear cell sarcoma of tendons and aponeuroses. Int J Cancer 2002;99:560-7.

Figure 1

Partial sequence chromatogram showing the *BRAF* exon 15 T1796A (V599E) mutation in the positive control and wild type sequence in an MMPS tumor biopsy.

Normal





