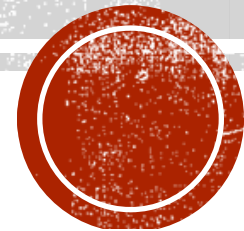
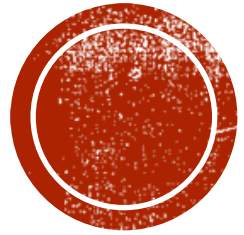


CASE 2019-1

Gestrich C, Jajosky A, Sadri N, Couce M, Cohen M

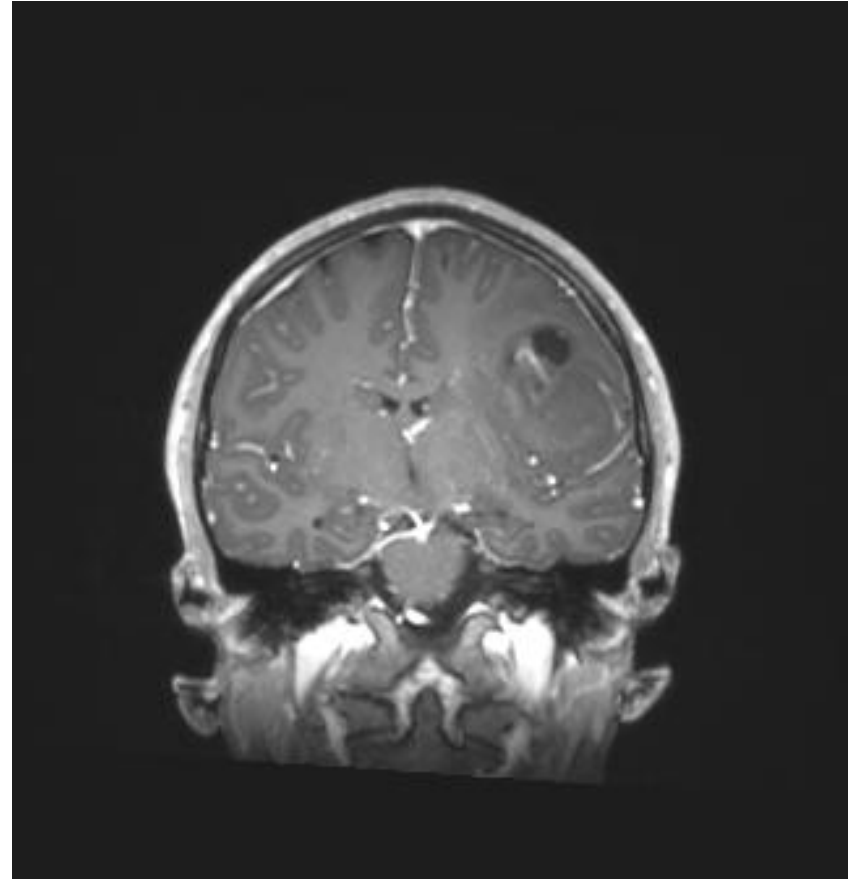
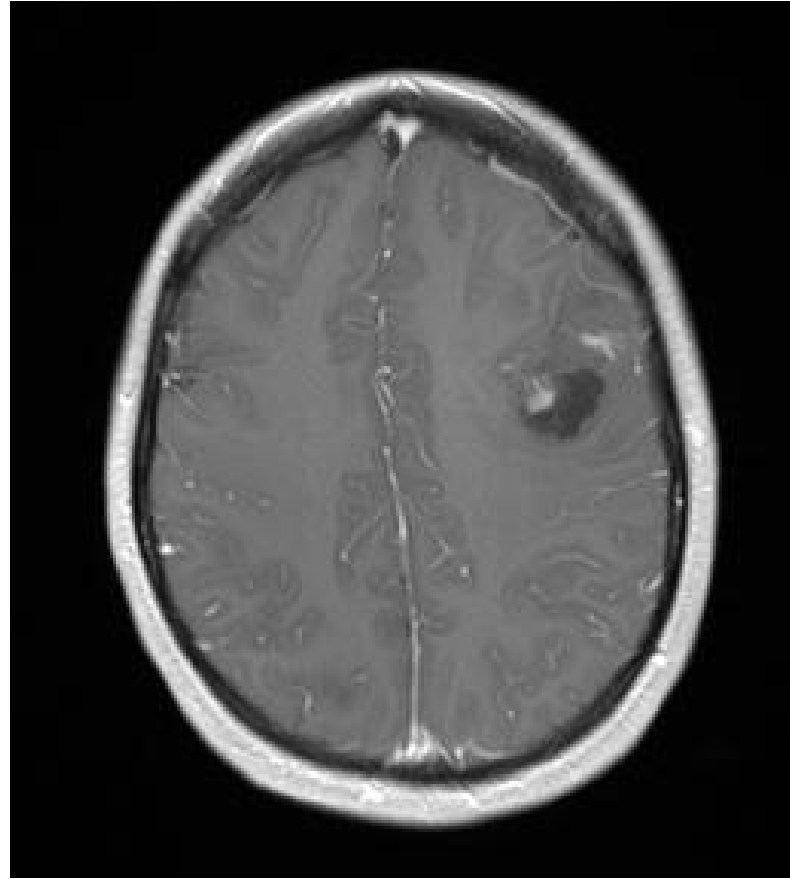
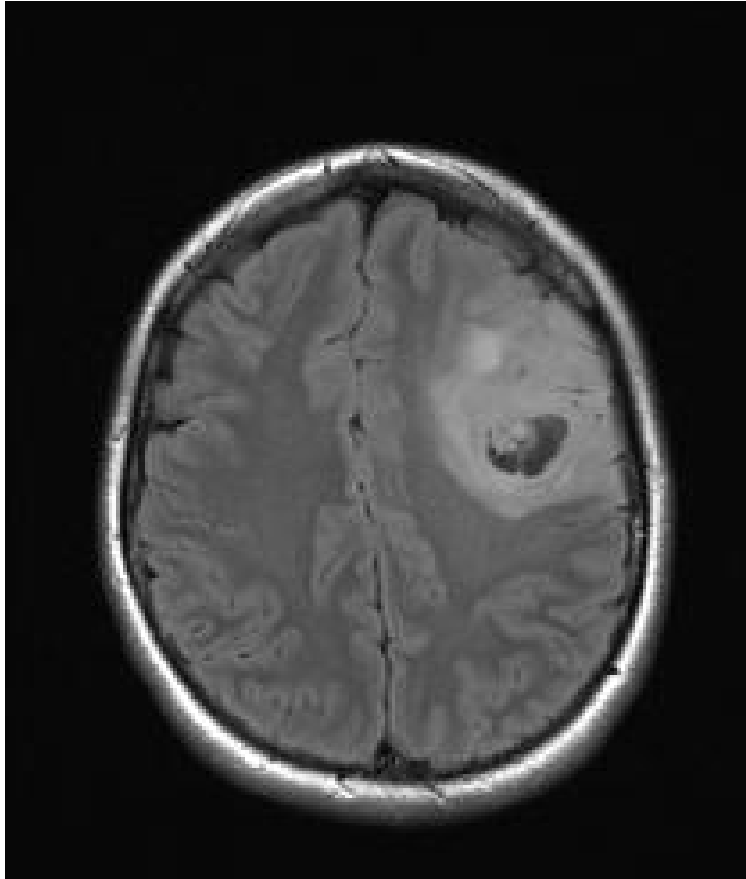


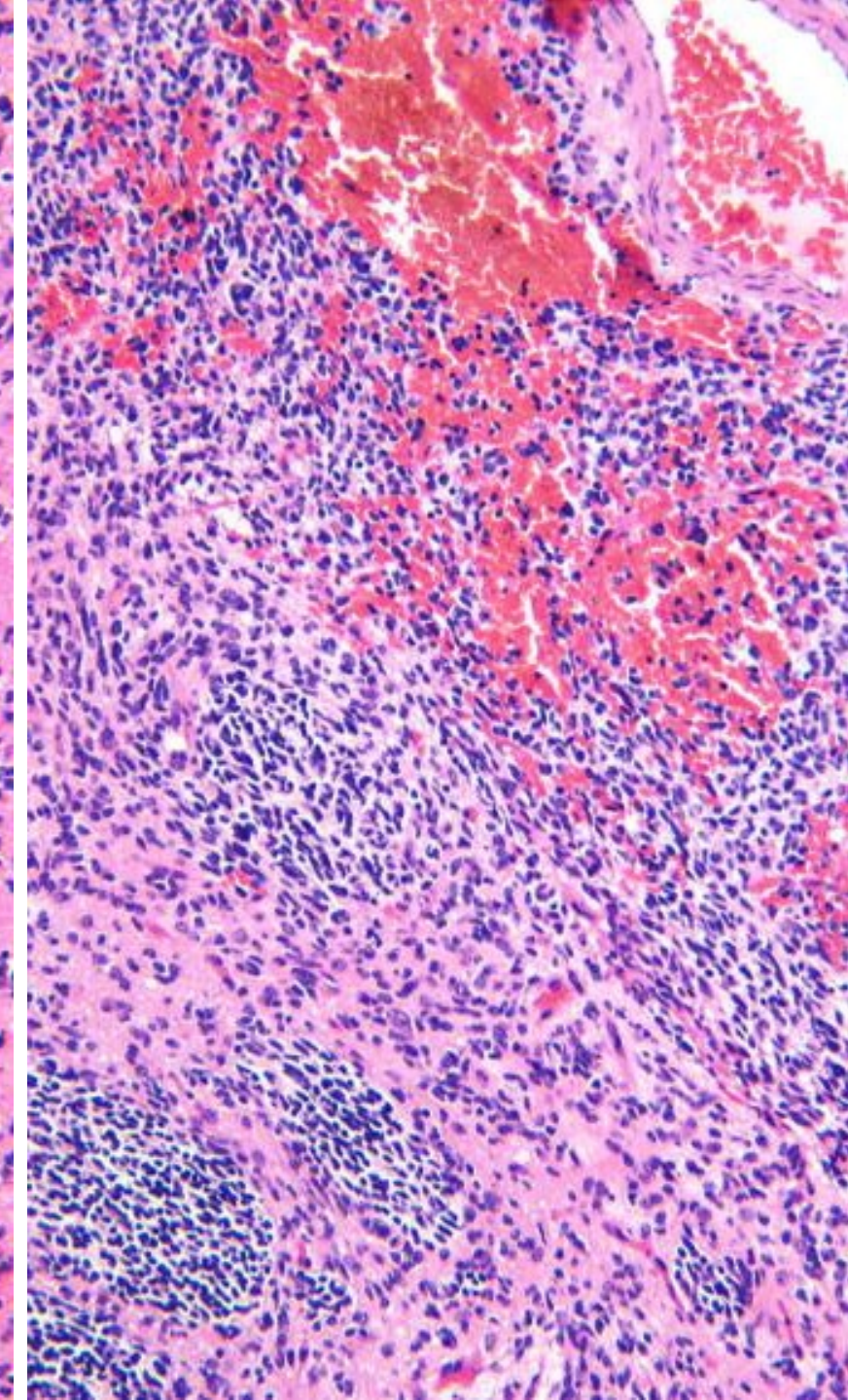
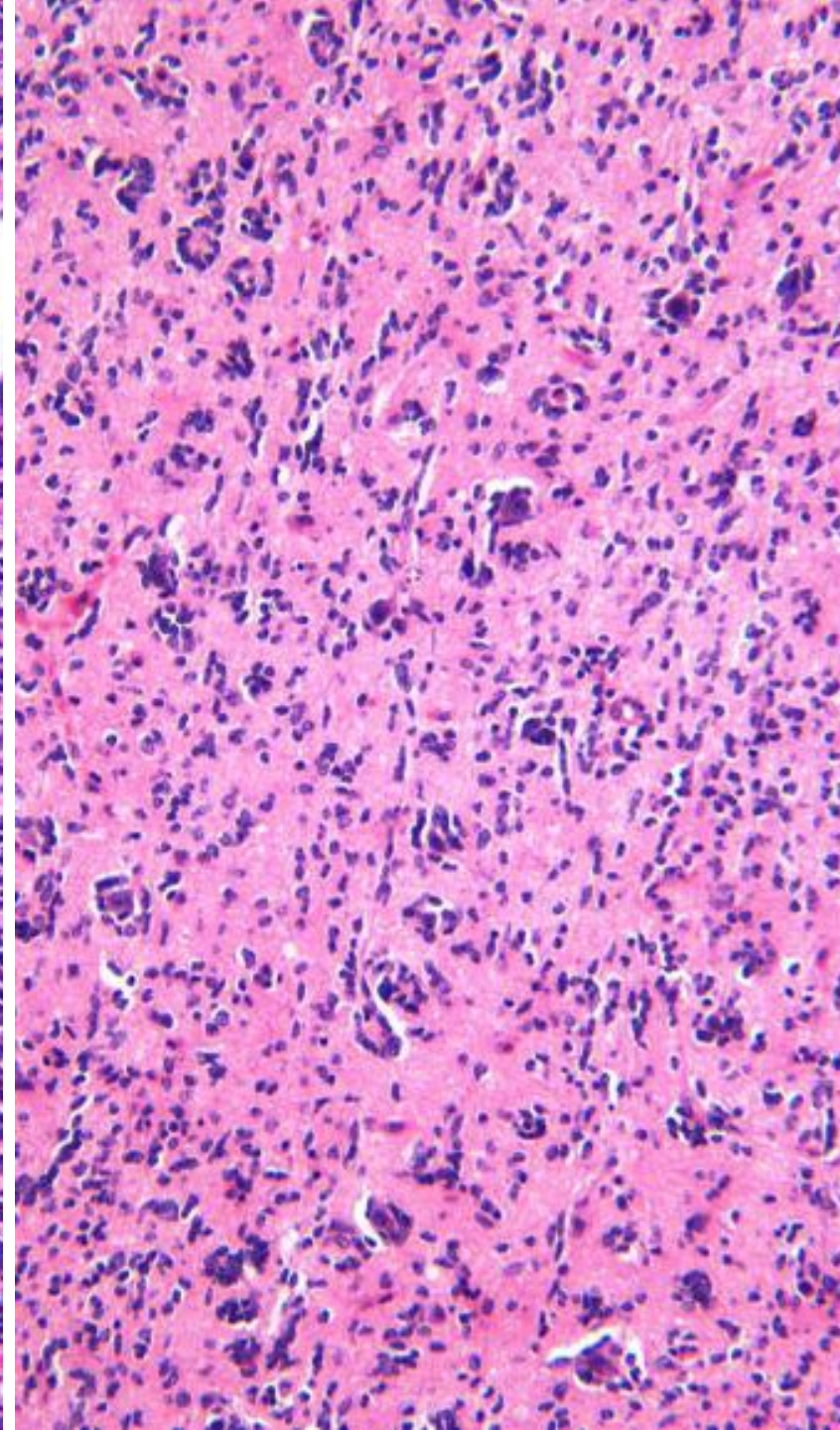
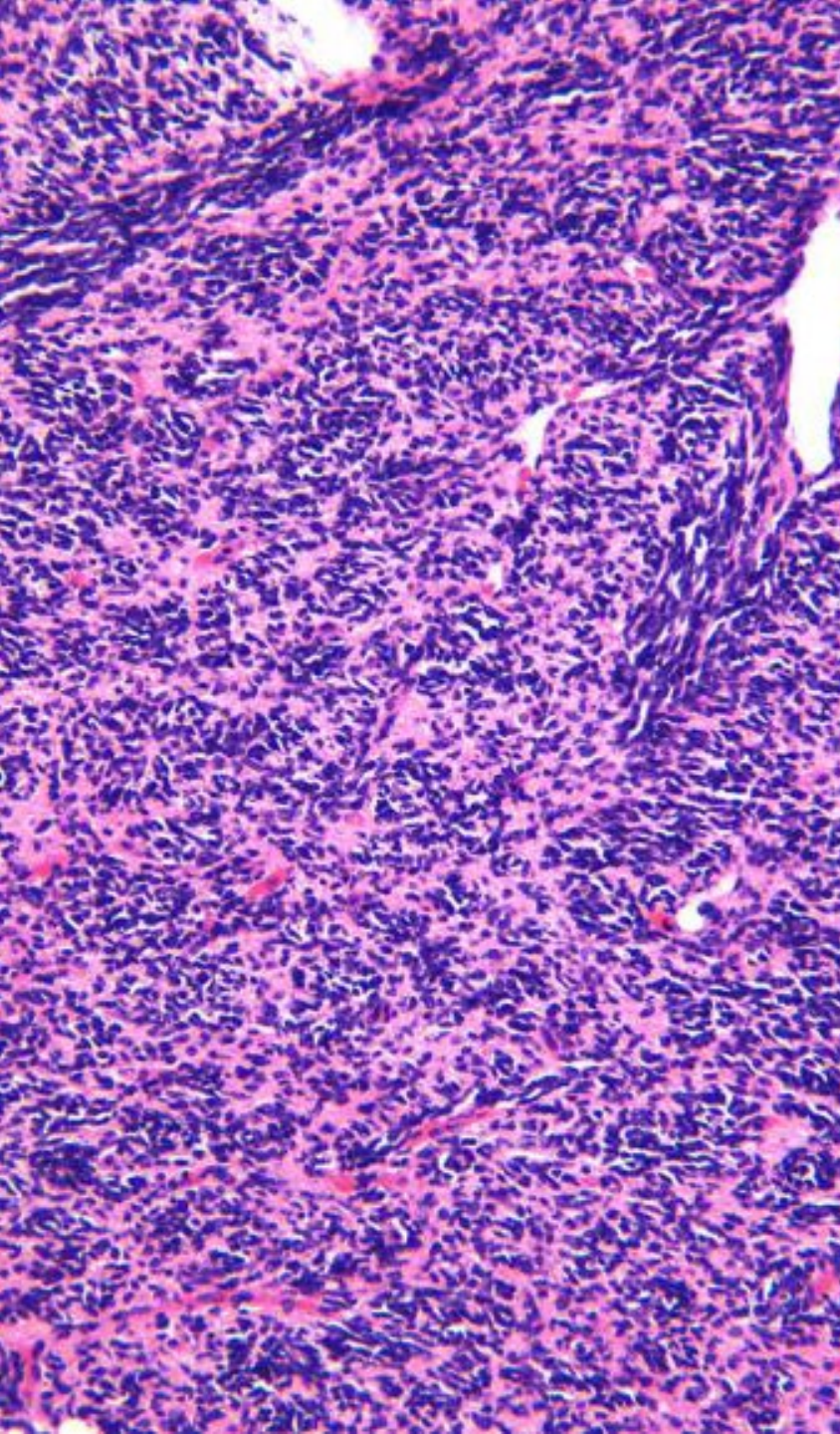


DISCLOSURE

Unfortunately, none of the contributors have financial relationships to disclose.

22 YEAR OLD FEMALE WITH NEW ONSET SEIZURES





POINTS FOR DISCUSSION

1. Differential diagnosis
2. Diagnostic work-up
3. Prognosis



DIFFERENTIAL DIAGNOSIS

- Oligodendroglioma
- Ependymoma
- Astrocytoma
- Primitive neuroectodermal tumor



DIAGNOSTIC WORK-UP

- Immunohistochemistry
 - Positive: GFAP (weak), ATRX
 - Negative: IDH1-R132H, Olig2, synaptophysin, neurofilament, p53 (wild-type pattern)
 - Ki-67: 10% to >50%
- FISH
 - Negative for 1p/19q
- Molecular (Oncomine Comprehensive Assay v3)
 - *H3F3A* G34R c.103G>A, VAF = 30%
 - *TERT* c.146C>T, VAF = 30%
 - *MYCN* c.131C>T, VAF = 10%
 - No *IDH* 1 or 2 mutations

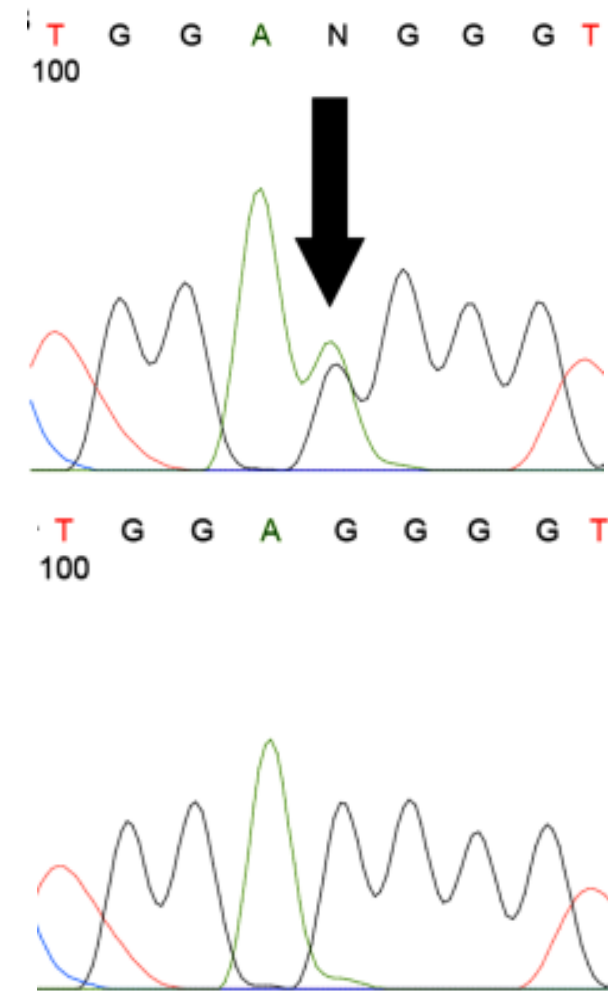
Final Diagnosis:

Diffuse astrocytic glioma, IDH wild-type, with molecular features of glioblastoma (WHO Grade IV)



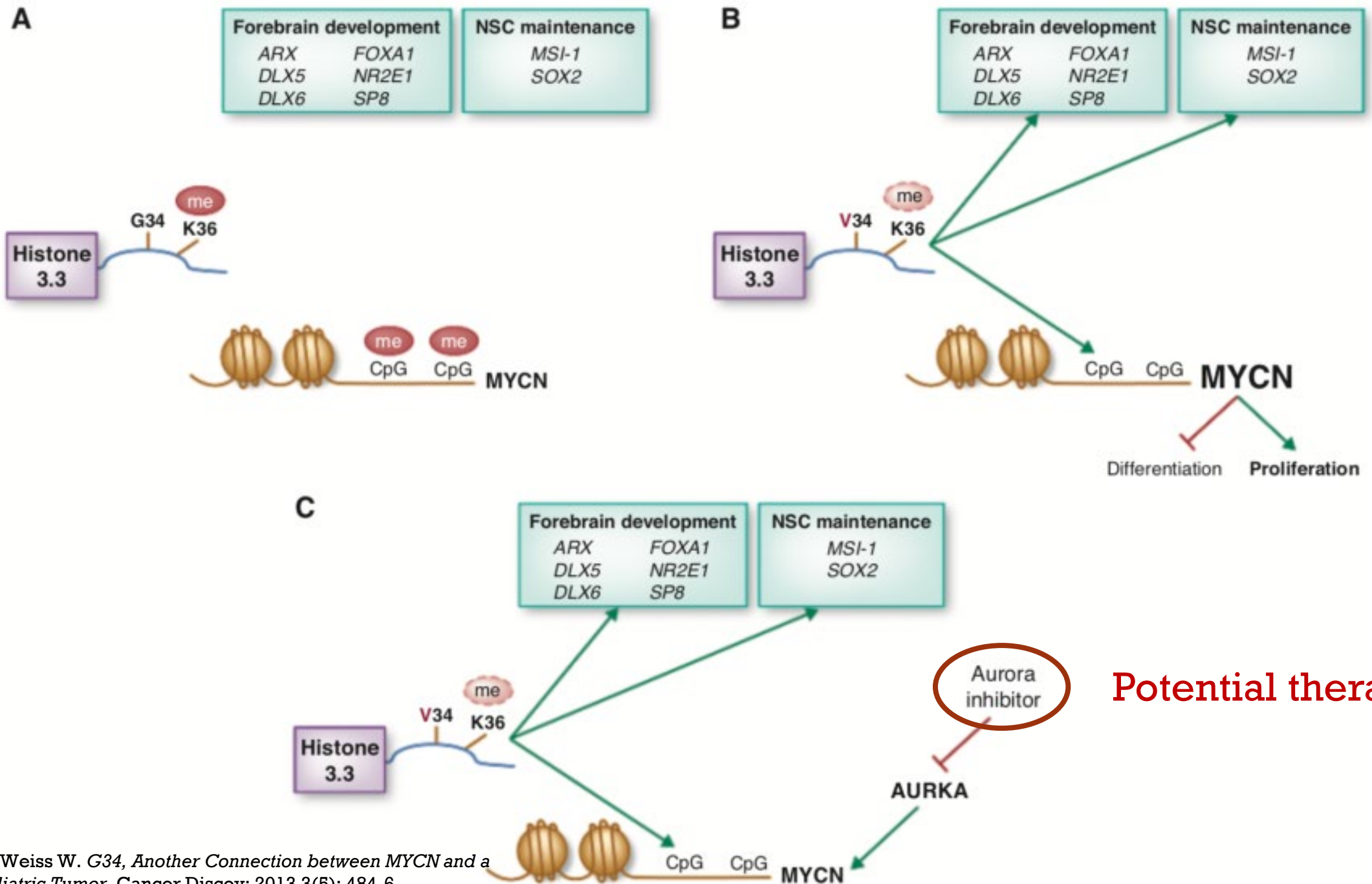
H3F3A G34R MUTATION

- Involves critical amino acids within the N-terminal tail of the histone H3 variants, H3.3 and H3.1
- Affects gene transcription by altering chromatin accessibility
- Tumors have expression profiles resembling embryonic and early fetal stages of neocortical and striatal development, which may explain “PNET-like” histologic features



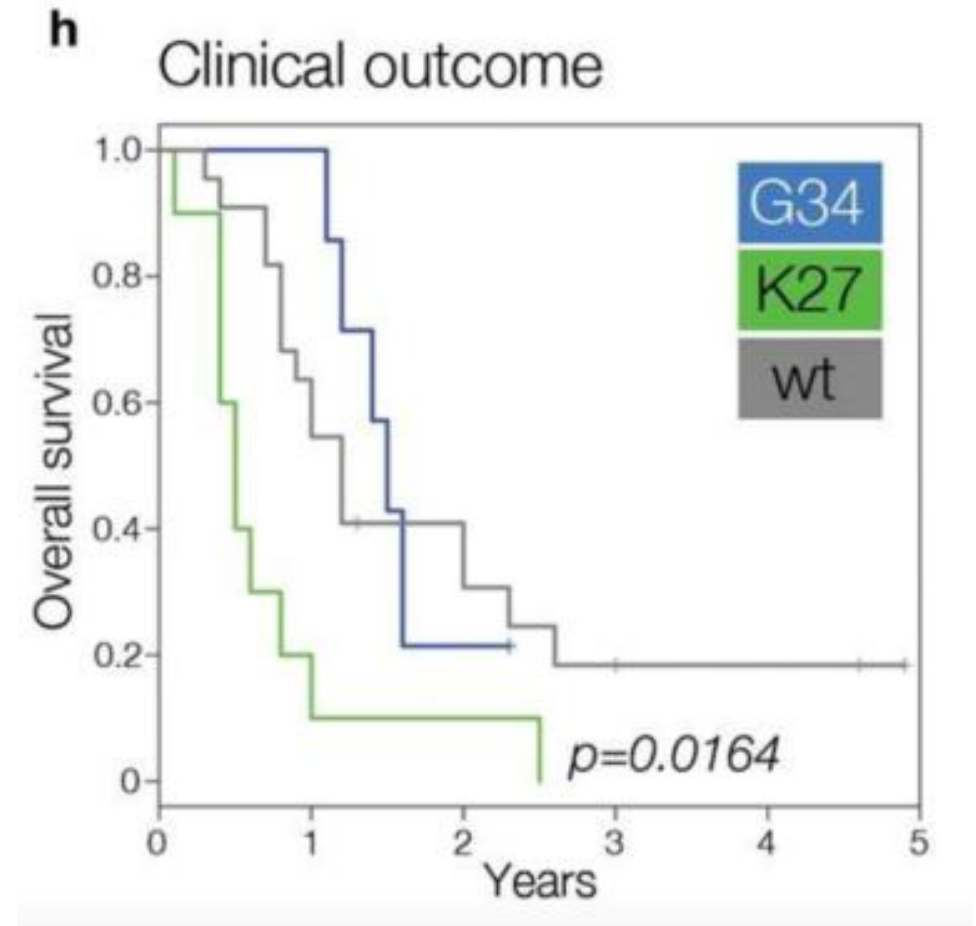
Yoshimoto K, et al. Prevalence and clinicopathological features of H3.3 G34-mutant high-grade gliomas: a retrospective study of 411 consecutive glioma cases in a single institution. *Brain Tumor Pathol.* 2017 Jul;34(3):103-112.





PROGNOSIS FOR THIS PATIENT?

- Better than *H3F3A* K27M mutant diffuse gliomas
- *TERT* mutation - reduced overall survival in absence of *IDH* mutation
- At 4 month follow-up (status post chemotherapy and proton therapy), patient is doing well with no recurrence



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