## Melanoma Markers: BRAF V600E



## Melanoma Markers: BRAF V600E

Melanoma is a type of skin cancer that can potentially be lethal if not effectively detected and treated. However, differentiation between a cancerous melanoma growth and an ambiguous benign skin nevi poses a visual challenge, necessitating the use of histological staining procedures for definitive diagnosis.<sup>6</sup>

Cutaneous melanoma has one of the highest mutational rates among all solid tumor types, expressing mutations involved in cell cycle regulation, proliferation, and programmed cell death.<sup>4</sup> One such gene known to be implicated in melanoma neoplasms is the gene BRAF.<sup>4</sup>

BRAF is a gene that encodes a protein, also called BRAF, which plays a key role in regulating cell proliferation, differentiation, and survival.<sup>1</sup> When the BRAF gene mutates to become hyperactive, unregulated malignant cell growth can occur.<sup>1</sup> Studies have found BRAF mutations to be present in more than 50% of melanomas.<sup>1,6</sup> In more than 90% of these mutations, the BRAF mutation has been a particular substitution mutation in codon 600 where the codon for valine (V) is swapped with the codon for glutamic acid (E), giving it the name V600E.<sup>2,5</sup> Clinically, BRAF mutations are most commonly found in melanoma patients who do not have chronic sun-induced damage.<sup>2</sup>

Anti-BRAF V600E antibodies are developed to be specific for the mutated BRAF protein resulting from the BRAF V600E gene mutation.<sup>3</sup> Studies have found BRAF V600E immunostaining to be highly sensitive and highly specific for the BRAF V600E mutation.<sup>3</sup> The identification and detection of BRAF V600E mutation has opened the door for targeted therapies and improved patient outcomes.<sup>4</sup>

In melanoma cases where overactive mutated BRAF is found, BRAF inhibitors may be administered as a targeted therapeutic cancer treatment.<sup>4</sup> Multiple targeted therapies such as vemurafenib, dabrafenib, and encorafenib have been approved by the FDA as BRAF inhibitors.<sup>1</sup>

## **BRAF Stains and Illustrations**



Colon ca stained with BRAF V600E [VE1] antibody



To learn more about Biocare's BRAFV600E antibody offerings, please visit our website at biocare.net or call our technical support team at 1-800-799-9499, Option 3.

2. Ascierto, P. A., Kirkwood, J. M., Grob, J. J., Simeone, E., Grimaldi, A. M., Maio, M., Palmieri, G., Testori, A., Marincola, F. M., & Mozzillo, N. (2012). The role of BRAF V600 mutation in melanoma. Journal of translational medicine, 10, 85. https://doi.org/10.1186/1479-5876-10-85

4. Tanda, E. T., Vanni, I., Boutros, A., Andreotti, V., Bruno, W., Ghiorzo, P., & Spagnolo, F. (2020). Current state of target treatment in BRAF mutated melanoma. Frontiers in Molecular Biosciences, 7, 154. https://doi.org/10.3389/ fmolb.2020.00154

5. Trudel, S., Odolczyk, N., Dremaux, J., Toffin, J., Regnier, A., Sevestre, H., Zielenkiewicz, P., Arnault, J. P., & Gubler, B. (2014). The clinical response to vemurafenib in a patient with a rare BRAFV600DK601del mutation-positive melanoma. BMC cancer, 14, 727. https://doi.org/10.1186/1471-2407-14-727

6. Weinstein, D., Leininger, J., Hamby, C., & Safai, B. (2014). Diagnostic and prognostic biomarkers in melanoma. The Journal of clinical and aesthetic dermatology, 7(6), 13-24.

<sup>1.</sup> Algathama A. (2020). BRAF in malignant melanoma progression and metastasis: potentials and challenges. American journal of cancer research, 10(4), 1103–1114.

<sup>3.</sup> Bledsoe, J. R., Kamionek, M., & Mino-Kenudson, M. (2014). BRAF V600E immunohistochemistry is reliable in primary and metastatic colorectal carcinoma regardless of treatment status and shows high intratumoral homogeneity. The American journal of surgical pathology, 38(10), 1418–1428. https://doi.org/10.1097/PAS.00000000000263