

# Cancer Prone Disease Section

## Mini Review

## Familial gastrointestinal stromal tumors (GISTs)

Lidia Larizza, Alessandro Beghini

Department of Biology and Genetics for Medical Sciences, Medical Faculty, University of Milan, Via Viotti 3/5, 20133 Milan, Italy (LL, AB)

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### Identity

#### Note

A recently described familial cancer syndrome characterized by development of multiple GISTs in different family members.

#### Inheritance

Autosomal dominant.

### Clinics

#### Phenotype and clinics

Symptoms are attributable to development of benign and malignant GISTs.

Hyperpigmentation and mast-cell disease may be associated.

- Etiology: GISTs originate from the CD34+/KIT+ interstitial cells of Cajal (ICCs) which development depends on the SCF/KIT interaction; germline/somatic KIT mutations in familial/solitary GISTs.

- Pathology: mesenchymal tumours developed in the gastrointestinal wall mainly characterized by positivity for both KIT and CD34; precursor tumour cells are likely ICCs that are located in and near the circular muscle layer of the stomach, small intestine and large intestine.

### Genes involved and proteins

#### KIT

#### Location

4q12

#### DNA/RNA

Description: 21 exons

#### Protein

Description: Transmembrane SCF/MGF receptor with tyrosine kinase activity; binding of ligand (SCF) induces receptor dimerization, autophosphorylation and signal transduction via molecules containing SH2- domains.

#### Mutations

Germinal: Small deletion of one of two consecutive valine residues (codon 559 or 560, GTTGTT).

Somatic: In frame deletions (550del27, 551del15, 559del6) and missense mutations (Lys 550Ile and Val559Asp); all mutations, clustered in exon 11, lead to constitutive phosphorylation and kinase activation.

### References

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