ARTICLE TYPE DESCRIPTION: presents the discovery of a novel variant or combination of variants in a cancer type. It should include a brief patient presentation and clinical interpretation of the finding. Ideally, the rapid communication format permits a level of facility in reporting new variants to the cancer community in a citable format.

MANUSCRIPT SETUP (2–3 pages total including one table and up to one figure, not including Additional Information or References)

TITLE PAGE including article title, all authors’ names and affiliations, corresponding author’s e-mail, and a short running title (50 characters or less, including spaces)

ABSTRACT (250 words max)

CASE PRESENTATION
Describes patient history and clinical presentation and any relevant background information on the disease.

TECHNICAL ANALYSIS—describe the testing methods used (panel testing, exome sequencing, genome sequencing, RNA-seq, etc.) and any relevant quality parameters (e.g., coverage). Note the source of testing if sent to an outside vendor. Description of bioinformatics analysis methods and approaches to variant filtration and interpretation.

TABLE 1. Genomic Findings
List any variants that may be relevant to the patient’s clinical presentation

<table>
<thead>
<tr>
<th>Gene/genomic location</th>
<th>Chr</th>
<th>HGVS DNA ref (if genic)</th>
<th>HGVS Protein ref</th>
<th>Variant type</th>
<th>Predicted effect</th>
<th>Allele Frequency</th>
<th>Target coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>RARA</td>
<td>17</td>
<td>c.826C&gt;T</td>
<td>p.R276W</td>
<td>Substitution</td>
<td>ATR resistance</td>
<td>13%</td>
<td>30x</td>
</tr>
<tr>
<td>STAT5B-RARA</td>
<td>17</td>
<td>t(17;17)(q21.2;q21.2)</td>
<td>n/a</td>
<td>STAT5B-RARA fusion</td>
<td>ATR resistance</td>
<td>n/a</td>
<td>30x</td>
</tr>
</tbody>
</table>
VARIANT INTERPRETATION
Describe the evidence that formed the basis for the interpretation for each variant. Describe the functional assays that were performed, if any.

SUMMARY
Discuss relevance of the discovered variant(s) to disease. Discuss any clinical implications from the findings, such as for management or treatment, the availability of clinical trials, and if known, clinical outcome.

ADDITIONAL INFORMATION
Ethics—state the relevant IRB approvals under which the work was performed and whether written and/or oral patient consent was obtained, or if the testing was done as part of routine clinical laboratory workup (wherein consent is implied).

Database Deposition and Access—all interpreted variants must be deposited in an appropriate publicly accessible database with accession numbers included in the manuscript (e.g., NCBI’s ClinVar, COSMIC).

Author contributions
Acknowledgments
Funding

REFERENCES