



Barcode

GENETIC TEST REQUISITION FORM

Test Code: **SLS161003** Test Name: HBOC Comprehensive Panel (19 Gene) TR ID:
 Test Code: **SLS810001** Test Name: PDL-1 22C3 (Dako) TR ID:
 Test Code: **SLS162000** Test Name: Somatic Advantage 74 Gene Test TR ID:
 Test Code: Test Name: TR ID:

PATIENT DETAILS

Patient MRN/UHID #:
 Patient Name: **Mrs. J.A Sunethra Perera** DOB: Age: **76** Sex: **F**
 Marital Status: Nationality: Contact No.:
 Address:
 Email ID: Pincode:
 ID Proof: Driving License Aadhaar Card Voter ID card Ration card Others: _____

ADDITIONAL DETAILS IF REQUIRED

Transfusion Date (if available): Blood Group:

CLINICIAN INFORMATION

Referring Clinician: **Dr. Sujeewa Siyambalapitiya** Clinician Contact:
 Referring Hospital: **Aegle Omics Private Limited**
 Email Id:
 Address:

ADDITIONAL FAMILY MEMBERS' DETAILS

Disease Status - Affected: Age at Diagnosis:
 Affected Sibling/Family members: Yes No (If yes, provide the details in the table below)

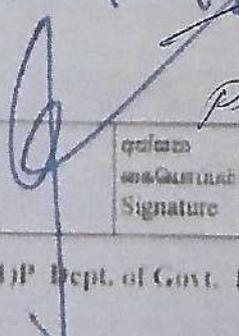
| Name | Relation with Patient | Type of cancer | Age at Diagnosis | Sex |
|------|-----------------------|----------------|------------------|-----|
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SAMPLE COLLECTION INFORMATION

Date & Time of Collection: **08/08/2024** Sample collected by:
 Clinical History/Pathology Report Attached: H and E Slides sent:

FOR OFFICIAL USE ONLY

Region: Bill type (for internal use only):
 Sales person: GC done by: GC date:

| | | | | | | | | | |
|--------------------------------------------------------------|----------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|--------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|--|
| සෞඛ්‍ය තත්වය Health | මහලු In | වෛද්‍ය මධ්‍යස්ථානයේ වෛද්‍ය Out Patient Department | වෛද්‍ය සංඛ්‍යාව OPD No | | | | | | |
| | | | PIN | | | | | | |
| මවු Name | Mr J.A.C. Suresh Kumar | | | | | | | | |
| විද්‍යාල Address | | | වයස (වස) Age (Years) | | මම/ඇම/මහලු Sex | M | | | |
| | | | | | | F | | | |
| වෛද්‍ය මධ්‍යස්ථානය Referred by | සර්ව සාධක ජන සං. ආයතන Government Hosp. | <input type="checkbox"/> | වෛද්‍ය මධ්‍යස්ථානය පුද්ගල වශයෙන් Private Dispensary | <input type="checkbox"/> | වෛද්‍ය මධ්‍යස්ථානය ජන සං. ආයතන MOH | <input type="checkbox"/> | වෛද්‍ය මධ්‍යස්ථානය වෙනත් Self/Other | <input type="checkbox"/> | |
| වෛද්‍ය ඓතිහාසය සහ විචාරය Clinical History and Examination | | | | | | විද්‍යාල විචාරය Investigation | | | |
| | | | | | | FBC | <input type="checkbox"/> | | |
| | | | | | | UFR | <input type="checkbox"/> | | |
| | | | | | | ESR | <input type="checkbox"/> | | |
| | | | | | | | <input type="checkbox"/> | | |
| | | | | | | | <input type="checkbox"/> | | |
| | | | | | | | <input type="checkbox"/> | | |
| වෛද්‍ය Treatment | | | | | | <p>↓ CA Breast w/vt</p> <p>lung metastasis</p> <p>HRP FH panel</p> <p>+ ADLI (SP262)</p> <p>Plus - further PM TRF T88</p> | | | |
| වෛද්‍ය මධ්‍යස්ථානය Referred to | | | | | වෛද්‍ය සහතිකය Signature |  | | | |

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Provisional Diagnosis Coding [ICPC-2 E]

| | | | | | | | |
|------------------------------|---|------------------------------------|----|-------------------------------------|----|----------------------|---|
| General / system unspecified | 1 | Respiratory | 6 | Digestive / GIT | 11 | SYMPTOMS / COMPLAINS | S |
| Cardiovascular | 2 | Musculoskeletal | 7 | Endocrine / Metabolic / Nutritional | 12 | INFECTIONS | I |
| Skin | 3 | Neurological | 8 | Urological | 13 | TRAUMA / INJURIES | T |
| Eye | 4 | Psychological | 9 | Pregnancy / Child bearing / FP | 14 | CONGENITAL ANOMALIES | C |
| Ear | 5 | Blood-Bld. Organs and Immune Mech. | 10 | Genital (M / T) | 15 | NEOPLASM | N |

| | | |
|-------------------------------------|-----------------|----|
| Provisional Diagnosis (if multiple) | Other Procedure | 16 |
|-------------------------------------|-----------------|----|

Cerebral Paralysis

K.H. wadanya / Narasim

Im 2

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[Handwritten signature]

Specific Diagnosis

Dr. Sreevatsa Rambalakshya
 Consultant Clinical Oncologist
 CNTH - Ragama

To: Whom This May Concern
21/08/24

RE: JAYAKODI ARACHCHIGE SUNETHRA PERERA

The abovementioned is a 76 year old Sri Lankan lady who was recently diagnosed with Metastatic Breast Cancer, and is on first line palliative Carboplatin / Gemcitabine. Her comorbidities include hypertension, and hyperlipidaemia, on medications. She also underwent total hysterectomy and bilateral salpingo-oophorectomy for a complex pelvic mass which was diagnosed as mucinous cystadenoma of the ovary.

Oncologic History

- She was initially diagnosed with Stage 2A CA Left Breast 8/2023 when she presented with a left breast mass which was biopsied and proven to be invasive carcinoma, grade 2, Ki67 45%, ER-, PR-, HER2-
- Staging CT scan showed no obvious distant metastases
- She underwent Left Wide Local Excision and Sentinel Lymph Node Biopsy 13/9/23
- Histopathology confirmed pT2N0 invasive carcinoma, 3cm in diameter, grade 3, positive for lymphovascular infiltration with clear surgical margins. Zero out of 4 lymph nodes were involved.
- She received adjuvant chemotherapy with 6 cycles of 3-weekly IV CMF from 4/12/23 to 21/3/24
- This was followed by adjuvant radiotherapy (2-field) 25# completed 5/2024

- She subsequently was found to have bilateral lung lesions on CT scan in 7/2024 when she developed persistent cough
- Biopsy of a left lung lesion confirmed adenocarcinoma, pending additional stains such as mammoglobin / TTF-1 etc but not including ER/PR/HER2
- The tumour specimen is also being sent for PD-L1 (SP263 assay) and somatic testing of HRR genes
- She was started on 3-weekly Carboplatin Gemcitabine 12/8/24 and reports some improvement in her cough

- She subsequently sought an opinion with our institution

In summary, this is an elderly Sri Lankan lady with history of Stage 2A Left Breast Cancer (Triple Negative) who underwent Left Wide Local Excision and Sentinel Lymph Node Biopsy 13/9/23, followed by Adjuvant CMFx6 and Adjuvant Radiotherapy completed in 5/2024. She subsequently developed Distant Relapse with Symptomatic Lung Metastases in 7/2024, for which she's on First Line Carboplatin Gemcitabine.

Our recommendation is as follow:

1. Complete Histopathological Investigations

-If the histological features are consistent with Metastatic Breast Cancer, then it is imperative to confirm A) ER/PR/HER2 status to direct targeted therapy (HER2 status should be defined as HER2-negative, HER2-low, or HER2-positive)

B) PD-L1 testing should be performed if this is Triple Negative Breast Cancer relapse, with the 22C3 Assay to determine if she would benefit from addition of Pembrolizumab as per KEYNOTE-355 (Patient would require PD-L1 CPS of 10 or more)

C) Next Generation Sequencing of the tumour specimen would be helpful if this was with a large gene panel covering tumour-agnostic indications e.g. TRK fusions, RET, MSI. One example of a testing platform would be FoundationOne CDx to provide comprehensive screening.

2. Germline Genetic Testing

-This would be helpful to determine if the patient would benefit from PARP inhibitors, and also understand the implications on her family members



3.Re-Assessment of the Disease after 2-3 cycles of Chemotherapy

-If the disease is responding, one could consider 4-6 cycles of doublet chemotherapy, followed by maintenance single agent chemotherapy to minimise toxicities

For your information please.

Thank you.

A handwritten signature in black ink, appearing to be 'S. Ow'.

Dr Samuel Ow
Senior Consultant
MCR No: 13212H
MBBS, MRCP(UK), M.Med (Int Med), MPH
Department of Haematology-Oncology
National University Cancer Institute, Singapore
National University Hospital

Dr Samuel Ow
Senior Consultant
Medical Oncology

HISTOPATHOLOGY REPORT

BASE HOSPITAL WARAKAPOLA

Name:-J.S.Perera

Gender: -Female

Case Number: - 655/W/23

Date of Procedure:-13-09-2023

Sample Received Date: - 18-10-2023

Age:-75 yrs.

Ward:- ward 05

BHT /Clinic :- 21773

Requested by:-Dr.R.A.Y.Rupasinghe
(VS)

Specimen: - (1) Wide local excision of left breast lump

(2) Left axillary lymph nodes

Macroscopy:-

(1) Fatty tissue with skin ellipse measuring 95x60x40 mm. Skin ellipse measuring 70x40 mm. There is a tumor measuring 30x25x20 mm, touching posterior surface, 5mm to skin, 30mm to lateral surface, 15mm to inferior surface and 30mm to superior surface.

(2) Fatty tissue collectively measuring 45x40x20 mm. Four lymph nodes identified.

Microscopy:- (1) Sections from the tumour show a 30mm, Grade III invasive ductal carcinoma. The tumour is composed of sheets and irregular clusters of cells (Tubules <10% - Score 3) . Nuclear pleomorphism is moderate (Score 2) Mitotic activity is 25/10hpf (Score 3). Foci of necrosis are noted.

No DCIS or LCIS identified.

It is 1mm from deep, 5mm away from the skin and well away from all other margins – inferior, superior, medial and lateral .

Lymphovascular emboli identified. No perineural invasion identified. Background breast tissue is unremarkable. No paget's disease.

(2) 4 lymph nodes with reactive changes. No tumour deposits.

HISTOPATHOLOGY REPORT

BASE HOSPITAL WARAKAPOLA

Name:-J.S.Perera

Gender: -Female

Case Number: - 655/W/23

Date of Procedure:-13-09-2023

Sample Received Date: - 18-10-2023

Age:-75 yrs.

Ward:- ward 05

BHT /Clinic :- 21773

Requested by:-Dr.R.A.Y.Rupasinghe
(VS)

Conclusion: -

Tumour site – Wide local excision of left breast lump

Tumour size – 30mm

Tumour type – Invasive ductal carcinoma (NOS)

Tumour grade (Nottingham) – Grade 3 (Total – 8/9)

(Tubule formation – Score 3, Nuclear pleomorphism – score 2, mitosis – score 3)

DCIS - Absent

LCIS – Absent

Resection margins – skin (anterior) 5mm clearance, Deep – 1mm clearance
superior Inferior, medial, lateral well clear

Lymphovascular emboli – Present

Perineural invasion - Absent

Paget's disease – Absent

Background breast tissue – Unremarkable

Lymph nodes - Total number of lymph nodes – 4

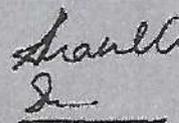
Total number of lymph nodes with tumour -0

Stage (TNM) – pT2 No

Block 1E is available for hormonal status (ER, PR, Her2, Ki67)

09.11.2023

Date



Dr.Avanthi Rajapakse
(MBBS, MD Path)
Consultant Histopathologist

Dr.Avanthi Rajapakse
M.B.B.S Dip.pathology,
MD (Histopathology),
Consultant Histopathologist,
BH-Warakapola/Mawanella

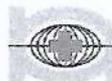
LABORATORY REPORT

NH/52/TO/LA/08
QAF REP FOR

CONFIDENTIAL



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SI NEQAS (BCS) MRI-Colombo

UPIN : NH2312242171
 PATIENT NAME : MRS J. SUNETHRA PERERA
 REF. DOCTOR : DR. SUJEEWA SIYABALAPITIYA
 AGE : 75 YEARS/7 MONTHS
 SERVICE REF. NO : CHL080322576
 GENDER : FEMALE

SAMPLE COLLECTED : 11/12/2023 08:25 AM
 READY DATE : 27/12/2023 02:28 PM
 PRINTED DATE : 27/12/2023 02:52 PM

IHC - ER

Immunohistochemistry Report

Indication - Invasive ductal carcinoma NOS
 Nottingham grade 3

Microscopy - ER - Repeated - Negative
 ----- PR - Repeated - Negative
 Her 2 - Negative
 Ki 67 - Repeated - 45%

F/4654/23
 27/12/2023

DR(MRS) JANAKIE FERNANDO.

J. Fernando
MB.B.S. D. PATH. MD (Histopathology)
CONSULTANT HISTOPATHOLOGY

Prof. Lal C. Chandrasena
 Laboratory Director
 B.Sc. (Anatomy), Ph.D. (Liverpool) F.R.C.C.
 F. (Path) C. (Gen), F.A.C.S., F.R.A.S.C.

Dr. Preethi Peera
 MBBS, D.PATH, MD MICRO
 Consultant Microbiologist

Prof. (Mrs) Joseph Peera
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 Consultant Microbiologist

Dr. Dhanusha Dasenayake
 Consultant Immunologist
 MBBS, Pg Dip Micro, MD

Dr. S. P. Hewa
 MBBS, Dip. in Pathology MD - Chemical Pathology
 Consultant Chemical Pathologist

Dr. Nadeeka Janaga
 MBBS, Dip in Med. Micro, M.D. (Med. Virology)
 Consultant Virologist

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Dr. (Ms) Nilukshi Perera
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 Consultant Haematologist

Dr. Aruna Jayawardena
 MBBS, D.PATH, MD
 Consultant Haematologist

Results relate only to the sample as received

