

Name	: J A SUNETHRA PERERA	Age	: 76 Years
Referred By	: Dr SUJEEWA SIYAMBALAPITIYA	Gender	: Female
Sample ID	: CTRN-2024-02786	Sample Received Date	: 11-Sep-2024 00:00:00
MRD/MRN No.	:	Report Date	: 17-Sep-2024 18:00:03

## HISTOPATHOLOGY

### PD-L1(IHC)

**Lab no:** HLD/IHC-730-24

#### Specimen

*Specimen type:* Paraffin block no: 655/W/23

*Specimen site:* Left breast

*Screening done by:* Light microscopy

**Procedure** IHC was performed by DAKO Platform on the formalin fixed paraffin block.

#### Interpretation

Markers	Pattern	Intensity	Score(Tumor Proportion Score-TPS)
PD-L1 (22C3)	No staining in tumor cells seen.	No staining	0%

Markers	Pattern	Intensity	Score(Combined Positive Score-CPS)
PD-L1 (22C3)	No staining lymphocytes.	No staining	0%

#### Biomarker summary

**PD-L1(22C3) by immunohistochemistry shows no staining in tumor and other cells with TPS & CPS score of 0%.**

#### Interpretation :

##### Guidelines for therapy indications

Condition	Score Cut off
First-line Monotherapy for Nonsquamous and Squamous Advanced NSCLC	TPS more than or equal to 1%
Second-line or Greater Monotherapy for Nonsquamous and Squamous mNSCLC	TPS more than or equal to 1%
First-line Monotherapy in Metastatic or Unresectable, Recurrent HNSCC	CPS more than or equal to 1%
Advanced Esophageal or GEJ Carcinoma	CPS more than or equal to 10%
Advanced Cervical Cancer	CPS more than or equal to 1%
Advanced Triple-Negative Breast Cancer	CPS more than or equal to 10%

- PDL-1 Staining / expression is defined as complete or partial circumferential linear plasma membrane staining at any intensity that can be differentiated from background and diffuse cytoplasmic staining. Only cytoplasmic staining is not considered significant.

- The percentage of tumor cells that exhibit PDL-1 expression is recorded.

- Testing for PD-L1 should be done at time of diagnosis or prior to second line or greater treatment.

##### Indications for KEYTRUDA That Require PD-L1 Testing

a. Advanced NonSmall Cell Lung Cancer (NSCLC)

b. Metastatic or Unresectable, Recurrent Head and Neck Squamous Cell Carcinoma (HNSCC).

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- c. Advanced Esophageal or GEJ Carcinoma
- d. Advanced Cervical Cancer
- e. Advanced Triple-Negative Breast Cancer (TNBC)

**Note :**

\* The results obtained relate only to the type of sample given/received at that time. A single test result is not always indicative of the disease. Histopathological specimens will be discarded after 1 month. Slides and paraffin blocks of histopathology & cytology will be stored for 5 years.

### End of Report



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