

Case ID	102240091589
Patient Name	B.A.K.M. WEERAKOON
Age/Sex	62 Year /Female
Hospital Location	Colombo, Colombo, Sri Lanka
Hospital Name	Aegle Omics (Private) Limited, Colombo
Physician Name	Dr. Mahendra Perera
Date & Time of Accessioning	06/06/2024 17:51 Hrs
Date & Time of Reporting	08/06/2024 18:32 Hrs

TEST NAME

Ki-67

SPECIMEN INFORMATION

Number of Samples Received	Received 4 paraffin blocks Collected on 04/06/2024 at 00:00 Hrs
Test performed on	RG-9723-A1

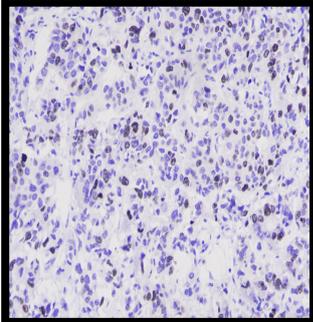
CLINICAL HISTORY

Carcinoma right breast.

METHODOLOGY

Immunohistochemistry

IMMUNOHISTOCHEMISTRY STUDIES

Markers	Result		Image
Ki-67 (BH360)	% of positive nuclei	40%	

TECHNICAL NOTE

- Ki-67 is a nuclear protein found in all phases of the cell cycle and is a marker of cell proliferation. The monoclonal antibody MIB-1 is the most commonly used antibody for assessing Ki-67 in formalin-fixed paraffin-embedded tissue sections. The percentage of Ki-67 positive tumor cells determined by IHC is often used to stratify patients into good and poor prognostic groups, but there is a lack of consensus on scoring, definition of low versus high expression, an appropriate cut point for positivity, or which part of the tumor should be scored (eg, leading edge, hot spots, overall average).²⁶ There is also a paucity of data on the effects of preanalytic variables (e.g., ischemic time, length of fixation, antigen retrieval) on Ki-67 staining. For these reasons, routine testing of breast cancers for Ki-67 expression is not currently recommended by either ASCO or the National Comprehensive Cancer Network (NCCN).
- All immunohistochemistry markers have been evaluated in the context of appropriate positive and negative controls. A result is considered uninterpretable as a result of the type of fixative used (non 10% neutral buffered formalin), time to fixation (> 1



MC-2256



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hour), duration of fixation (> 6 hr or < 72 hour), strong decalcification, or inappropriate staining of normal internal or external assay controls. An alternative sample for retesting is then usually recommended.

3. Assay has been performed on formalin fixed paraffin embedded tissue, using the polymer based detection system for Immunohistochemistry studies.

4. Cold ischemia and fixation time: Not known

Disclaimer : These assays have not been validated on decalcified specimens.

REFERENCES

1. Dowsett M, Nielsen TO, A'Hern R, et al. Assessment of Ki67 in breast cancer: recommendations from the International Ki67 in breast cancer working group. J Natl Cancer Inst. 2011;103(22):1656-1664.



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If you have any questions about this report or would like to have a conversation about the genetic implications of these test results, please feel free to reach out to us at **+91 8882899999 (Toll Free) or geneCORE@corediagnostics.in** to schedule a session with our resident genetic counselor

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1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form.
2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory.
3. The reported results are for information and are subject to confirmation and interpretation by the referring doctor.
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The test was processed in Lab 102.