

## PD-L1 (SP263) - IHC Test Report

|              |                                      |                      |                     |
|--------------|--------------------------------------|----------------------|---------------------|
| Patient Name | L.G.R. Bandara                       | Order ID             | 1090394             |
| Age / Gender | 48 Years / Male                      | Sample ID            | 8773694             |
| Physician    | Dr. Senaka Kandegedara               | Collection Date      | NA                  |
| Customer     | MCC18718-Aegle Omics Private Limited | Sample Received Date | 24-10-2024 05:40 PM |
| Report Date  | 04-11-2024 05:50 PM                  | Report Status        | Final               |

Lab/Biopsy No : MBI-5150-24

Clinical Details : Lung biopsy - Adenocarcinoma

Specimen received : One block

Gross Examination : One block labelled as S2554-C

## Test interpretation/Result:

| IHC Markers | Tumor cell proportion score (TPS) | Result                                                      |
|-------------|-----------------------------------|-------------------------------------------------------------|
| PD-L1 IHC   | 0%                                | Negative.<br>No membranous staining evident in tumor cells. |

## Note:

A sample from this individual was referred to our laboratory for "Combo Test" (Two different tests were performed & two different reports shall be sent). Results of these two reports have to be interpreted while making a clinical decision.  
Report 1 of 2 (Report 2 of 2 is due for release).

## Comments:

- PD-L1 testing done by ventana PD-L1 (SP263) assay using rabbit anti-human PD-L1/CD274 monoclonal antibody (clone SP 263) on Ventana benchmark autostainer with optiview DAB IHC detection kit.
- PD-L1 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.
- Roche's Ventana PD-L1 (SP263) assay is CE (European Conformity) labelled to inform treatment decisions in lung cancer patients being considered for keytruda (pembrolizumab) immunotherapy as a first line of treatment for high PD-L1 expressors.
- Recommended positive cut off for PD-L1 (clone SP 263) in lung cancer(NSCLC) : > or = 50% of tumor cells. Studies showed superior progression free survival and overall survival in first-line treatment of mNSCLC with PD-L1 expression > or = 50% of tumor cells. There is also high degree of concordance between SP 263 (CE marked) and 22c3 assays (FDA approved) if a 50 % cut off point is applied in both cases.
- Recommended positive cut off of PD-L1 (clone SP 263) for metastatic urothelial carcinoma is > or = 25% of tumor cells.
- Clinical utility of this PD-L1 clone SP 263 assay needs to be verified in clinical studies for tumors other than NSCLC and urothelial carcinoma.

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**Note:**

System level Controls (internal & or external) run with the test are satisfactory. Reagents used are the complimentary diagnostic assay consisting of primary antibody PD-L1 clone SP 263 and Optiview DAB detection on a Ventana Benchmark autostainer. This assay has not been validated on decalcified tissue and result should be interpreted with caution given the likelihood of false negativity of decalcified specimen. Specimen should be processed by routine tissue processing method. Inappropriate fixation (nonformalin) and processing may give erroneous result.

The performance characteristics of this assay has been determined by MedGenome. Performance characteristics refer to the analytical performance of the test.

**Please correlate the block# given with that of its HPE report.**

**References:**

1. Kerr K. M., Nicolson. M.C.; Non-small cell lung cancer, PDL-1 and the Pathologist. Arch Pathol Lab Med. 2016;140:249-254.
2. Fred . Hirsch , McElhinny A, Dave Stanforth D. PD-L1 Immunohistochemistry Assays for Lung Cancer: Results from Phase 1 of the Blueprint PD-L1 IHC Assay Comparison Project. Journal of Thoracic Oncology. 2017; 12: 208–22.
3. Scholl L.M. et al. 2016. Programmed Death Ligand-1 Immunohistochemistry—A New Challenge for Pathologists. A Perspective From Members of the Pulmonary Pathology Society Arch Pathol Lab Med. 140: 341-344.
4. Ratcliffe et al. Agreement between Programmed Cell Death Ligand-1 Diagnostic Assays across Multiple Protein Expression Cutoffs in Non–Small Cell Lung Cancer. Clin Cancer Res July 15 2017 (23) (14) 35853591; DOI: 10.1158/1078-0432.

**Enclosed :** One block



**Verified By**

**Dr. Rumana Tasneem**  
**Junior Pathologist, MBBS, MD**  
**KMC Reg No. 96079**



**Approved By**

**Dr. Syed Muqlisur Rehman, MD (Path)**  
**Molecular Pathologist**  
**KMC Reg No. - 71468**

**\*\*\*End of Report\*\*\***

**CONDITIONS OF LABORATORY TESTING AND REPORTING**

Medgenome Labs Ltd, Bangalore, Karnataka, India

- Laboratory results should be used with other clinical information to determine a final diagnosis.
- In case of unexpected test results please contact the laboratory. We will investigate and repeat analysis if possible.
- The medical report must be viewed and reproduced as a whole
- This medical report is not intended for medico-legal purposes.
- The medical report is to be interpreted and used by medical personnel only
- Assays are performed and reported in accordance with the stated schedule.
- There may be circumstances beyond our control that delay results, e.g., invalid assay run.
- The results of a laboratory test are dependent on the quality of the sample as well as the assay procedure.
- A requested test may not be carried out if:
  - Sample is insufficient or inappropriate
  - Sample quality is unsatisfactory
  - Request for testing is withdrawn by the ordering doctor or patient
  - There is discord between the labelling of the sample container and the name on the test requisition.
- For any query contact customer support : +91(0)8067154932/33

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