CÖRE DIAGNOSTICS™

MC-2256

Case ID	: **24010002000**
Patient Name	: **Mrs. PRIYALAKSHMI DE SILVA**
Age/DOB/Sex	: **59 Years / / Female**
Hospital Name-1	: Aegle Omics (Private) Limited, Colombo
Physician Name	: Dr. Mahendra Perera
Registration On	: 04-Jul-2024 13:21
Collection On	: 02-Jul-2024 00:00
Reported On	: 08-Jul-2024 19:56
Process AT	: CORE-Gurugram
Ref ID	:
Sample Type	: FFPE Block
Report Status	: Interim

UNIQUE PATIENT ID : 5501

TEST NAME

MSI

SPECIMEN INFORMATION

Received 01 paraffin block labelled as IN/2947 A11. Peripheral blood in EDTA collected on 02/07/2024.

CLINICAL HISTORY

High grade carcinoma.

METHODOLOGY

PCR, Fragment Analysis

RESULTS

Test Details	Results
NR-21	Stable
NR-24	Stable
BAT-25	Stable
BAT-26	Stable
MONO-27	Stable
Impression	MSI-S(MSI-Stable)

INTERPRETATION

Microsatellite instability	Remarks
MSI-H(MSI-High)	≥40% of the loci studied are unstable.
MSI-L(MSI-Low)	<40% of the loci studied are unstable.
MSI-S(MSI-Stable)	None of the loci studied are unstable.

COMMENTS

1. This test examines instability of microsatellites as per National Cancer Institute guidelines1 .
2. The mononucleotide markers are quasi-monomorphic and used to determine MSI.
3. The profiles of the normal tissue (blood) have been compared to the tumor tissue to elucidate results.
4. Results are meant to be interpreted in context of clinical findings, and other laboratory data.
5. Genetic counseling is recommended.

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APPENDIX

Microsatellite instability (MSI) is a sign of DNA mismatch repair (MMR) deficiency, presenting as accumulation of mutations in DNA 'microsatellites' (1-9 nucleotides). The MMR system involves at least ten proteins, including MLH1, MSH2, MSH6, and PMS2 as among the most frequently mutated or epimutated (MLH1) genes in cancer 2 . MSI has recently been shown to occur at a frequency of 1-30% in most types of cancers. MSI -High indicates a tumor with instability in two or more microsatellites.

Nearly 15 % of colorectal carcinomas (CRC) display high level microsatellite instability (MSI-H) including 3% occurrence of hereditary non-polyposis colorectal cancer (HNPCC) or Lynch syndrome(LS) 3,4 . More than 90% of LS with MSI-H/L have been reported to have MMR deficiency 5 . MSI-Low (L) indicates a tumor with instability in one of five microsatellite repeats. Since instability in even a single marker can be indicative of MMR deficiency, in such cases it is recommended to use additional techniques such as immunohistochemistry (IHC) staining for mismatch repair proteins. MSI-Stable indicates a lack of microsatellite instability in a tumor.

A lack of microsatellite instability would be unusual in colorectal cancers from individuals with Lynch syndrome (HNPCC), although it does not completely exclude this possibility. Evaluation of mismatch repair deficiency by Microsatellite Instability by IHC may be helpful in this determination. This interpretation may not apply to tumors other than colon cancers. The lack of microsatellite instability does not rule out the possibility of other colon cancer-associated genetic disorders.

REFERENCES

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Sample Type	: FFPE Block
Report Status	: Interim

MC-2256

UNIQUE PATIENT ID : 5501

TEST NAME

P53

SPECIMEN INFORMATION

Received one paraffin block labeled as 2947 A11.

CLINICAL HISTORY

Large pelvic cystic mass, septated with cystic & solid areas.

METHODOLOGY

Immunohistochemistry

IMMUNOHISTOCHEMISTRY STUDIES

P53 (BP53-12): Abnormal (mutant)

TECHNICAL NOTE

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 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. These assays have not been validated on decalcified specimens.

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If you have any questions about this report or would like to have a conversation about the test results, please feel free to reach out to us at

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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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