

Case ID : 24010006052
 Patient Name : Ms. W.K DASANTHI NIROSHA
 Age/DOB/Sex : 46 Years / / Female
 Hospital Name-1 : Aegle Omics (Private) Limited, Colombo
 Physician Name : Dr. Mahendra Perera
 Registration On : 11-Jul-2024 10:35
 Collection On : 08-Jul-2024 00:00
 Reported On : 15-Jul-2024 13:39
 Process AT : CORE-Gurugram
 Ref ID :
 Sample Type : Biopsy
 Report Status : Final



UNIQUE PATIENT ID : 99695

TEST NAME

Estrogen Receptor

SPECIMEN INFORMATION

Received three paraffin blocks. Test performed on block number LR677B1E.

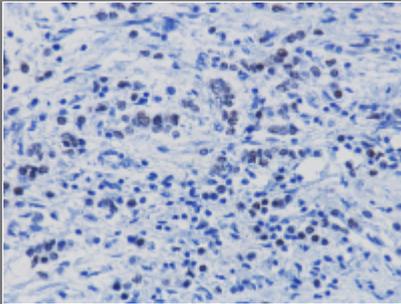
CLINICAL HISTORY

Invasive carcinoma of the breast composed of both round and spindle cells.

METHODOLOGY

Immunohistochemistry

DIAGNOSIS

MARKERS & CLONE	RESULT	IMAGE
ER (BH 292)	Positive 70% strong (Allred score 8)	

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 Process AT : CORE-Gurugram
 Ref no :
 Sample Type : FFPE Block
 Report Status : Final



UNIQUE PATIENT ID: 99695

TEST NAME

HER2

SPECIMEN INFORMATION

Received three paraffin blocks. Test performed on block number LR677B1E.

CLINICAL HISTORY

Invasive carcinoma of the breast composed of both round and spindle cells.

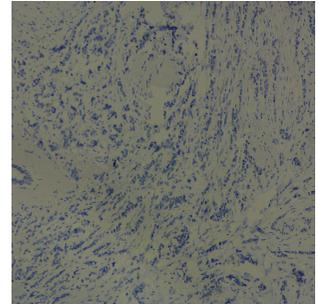
METHODOLOGY

Immunohistochemistry

IMMUNOHISTOCHEMISTRY STUDIES

Markers(Clones)	Result	Image
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Percent of cells with nuclear staining in the invasive component of the tumor	0
Intensity of staining	No staining observed.



Gargy Gupta

Dr. Gargy Gupta
 DNB, Reg. No. 012332

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COMMENTS

HER-2 Significance:

The HER2 gene is responsible for the formation of HER2 Protein, which is a Human growth Factor Receptor. A positive HER2 test result would mean overexpression of Her2 protein and is seen in about 20% of breast carcinomas.

Various studies have shown that these HER2 positive tumours have aggressive growth, metastasize faster and have less favourable prognosis than HER2 negative tumours.

However, they have shown to have good response to AntiHER2 therapy (either monoclonal antibodies or relevant tyrosine kinase inhibitors). The ASCO/CAP scoring guidelines are as follows:

Note:

If the HER2 result in a core needle biopsy specimen of primary breast cancer is negative, a new HER2 test may be ordered on excision specimen.

Unusual staining patterns of HER2 IHC are considered HER2 equivocal. IHC staining moderate to intense but incomplete (basolateral or lateral) or circumferential IHC staining that is intense in <10% of tumor cell.

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.

As cold ischemia time is not known, the results of this assay may be interpreted with caution.

These assays have not been validated on decalcified specimens.

Reference:

REFERENCES:

Wolff AC, Hammond ME, Hicks DG, et al. Recommendations for human epidermal growth factor receptor 2 testing in breast cancer; American Society of Clinical Oncology/College of American Pathologists. Arch Pathol Lab Med 2014;138(2):241-256
Hammond ME, Hayes DF, Dowsett M, et al. American Society of Clinical Oncology/College of American Pathologists guideline recommendations for immunohistochemical testing of estrogen and progesterone receptors in breast cancer. Arch Pathol Lab Med 2010 Jul;134(7):e48-72.

Probe used: HEALTHCARE HER2/CEP17 dual color probe. HER2: Orange, CEP17: Green 1.17

COMMENTS

Table 1. Criteria Used in the ToGA Trial 6 for Scoring HER2 Expression by Immunohistochemistry (IHC) in Gastric and Esophagogastric Junction Adenocarcinoma

Dr. Gargy Gupta

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HER2 IHC Score	HER2 IHC Pattern in Surgical Specimen	HER2 IHC Pattern in Biopsy Specimen	HER2 Expression Assessment
0	No reactivity or membranous reactivity in	No reactivity or no membranous reactivity in any cancer cell	Negative by IHC
1+	Faint or barely perceptible membranous reactivity in =10% of cancer cells; cells are reactive only in part of their membrane	Cancer cell cluster* with a faint or barely perceptible membranous reactivity irrespective of percentage of cancer cells positive	Negative by IHC
2+	Weak to moderate complete, basolateral or lateral membranous reactivity in >10% of tumor cells	Cancer cell cluster* with a weak to moderate complete, basolateral, or lateral membranous reactivity irrespective of percentage of cancer cells positive	Equivocal by IHC
3+	Strong complete, basolateral or lateral membranous reactivity in =10% of cancer cells	Cancer cell cluster* with a strong complete basolateral, or lateral membranous reactivity irrespective of percentage of cancer cells positive	Positive

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 (Greater than 6 hour or less than 72 hour), strong decalcification, or inappropriate staining of normal internal or external assay controls. An alternative sample for retesting is then usually recommended.
- Assay has been performed on formalin fixed paraffin embedded tissue, using the polymer based detection system for Immunohistochemistry studies.

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

REFERENCES

- Wolff AC, Hammond MEH, Allison KH, et al. HER2 testing in breast cancer: American Society of Clinical Oncology/College of American Pathologists clinical practice guideline focused update. Arch Pathol Lab Med. 2018;142(11):1364-1382

Dr. Gargy Gupta
 DNB, Reg. No. 012332



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LABORATORY TEST REPORT

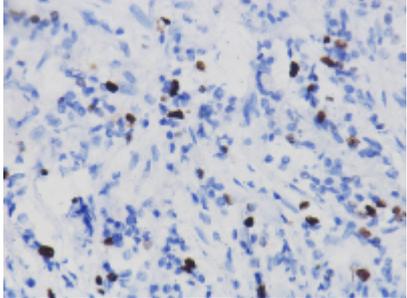
TEST NAME :
 Ki-67

SPECIMEN INFORMATION :
 Received three paraffin blocks. Test performed on block number LR677B1E.

CLINICAL HISTORY :
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METHODOLOGY :
 Immunohistochemistry

DIAGNOSIS :

MARKER & CLONE	RESULT	IMAGES
Ki67 (BH360)	20%	

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UNIQUE PATIENT ID : 99695

TEST NAME

P53

SPECIMEN INFORMATION

Received three paraffin blocks. Test performed on block number LR677B1E.

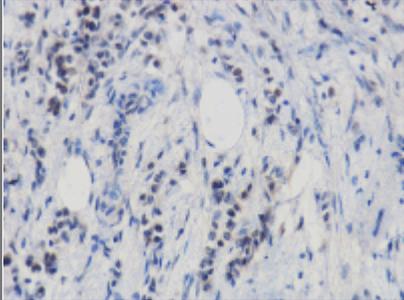
CLINICAL HISTORY

Invasive carcinoma of the breast composed of both round and spindle cells.

METHODOLOGY

Immunohistochemistry

IMMUNOHISTOCHEMISTRY STUDIES

MARKERS (CLONES)	RESULT	IMAGES
P53 (BP53-12)	35-40% WEAK NUCLEAR STAINING	

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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UNIQUE PATIENT ID : 99695

TEST NAME

PR

SPECIMEN INFORMATION

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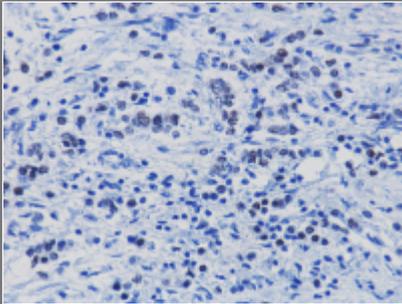
CLINICAL HISTORY

Invasive carcinoma of the breast composed of both round and spindle cells.

METHODOLOGY

Immunohistochemistry

DIAGNOSIS

MARKER & CLONE	RESULT	IMAGE
PR (BH-357)	Positive 70% strong (Allred score 8)	



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3. The reported results are for information and are subject to confirmation and interpretation by the referring doctor.
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