CÖRE DIAGNOSTICS™

Case ID	: 24010022470
Patient Name	: Mr. R SUSIL WEDDIKKARA
Age/DOB/Sex	: 78 Years / / Male
Hospital Name	: Aegle Omics (Private) Limited, Colombo
Physician Name	: Dr. Wasantha Rathnayake
Regn Date	: 02-Aug-2024 17:43
Collection On	: 01-Aug-2024 00:00
Reported On	: 13-Aug-2024 13:32
Process AT	: CORE-Gurugram
Ref no	:
Sample Type	: FFPE Block
Report Status	: Final

MC-2256

UNIQUE PATIENT ID: 135552

TEST NAME

IDH 1 & 2 Mutation Analysis

SPECIMEN INFORMATION

Received 1 paraffin block labelled as GJ4788Ad

CLINICAL HISTORY

? High grade oligo

METHODOLOGY

PCR + Sequencing

RESULT

Wild Type

DIAGNOSIS

MOLECULAR TEST	INTERPRETATION	Molecular Mutation Tested	Result
IDH1 Mutation IDH1 Mutation Exon 4Wild Type	Wild Type	IDH1 132	Wild Type
IDH2 Mutation IDH2 Mutation Exon 4Wild Type	Wild Type	IDH2 172	Wild Type

COMMENTS

Negative for IDH1 codon 132 (R132H) and IDH2 codon 172 mutation by PCR and pyrosequencing. All controls worked appropriately.
2. A positive test indicates the presence of an IDH1 or IDH2 mutation and supports a diagnosis of grade II or III astrocytoma, oligodendroglioma, oligoastrocytoma or secondary glioblastoma. It is important to note that IDH1 and IDH2 mutations have been found in a variety of other tumors.
3. IDH1 codon 132 and IDH2 codon 172 mutations have been identified in more than 70% of brain tumors diagnosed as grade II and III astrocytoma, oligodendroglioma, oligoastrocytoma and secondary glioblastomas. These mutations are rarely found in other brain tumors and non-brain tumors. The ordering physician is responsible for the diagnosis and management of disease and decisions based on the data provided.
4. False-negative results may occur in specimens when tumor cells comprise <40% of the cell population. Tumor cells are routinely enriched by macrodissection to avoid false-ne

COMMENTS

Assay Description And Methodology:

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COLLEGE of AMERICAN PATHOLOGISTS
AU-ID-2010258

Dr. Shivani Sharma
DCP, DNB, DipRCPath.
Reg. No. 1906

Dr. Rahul Katara
Ph.D.

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Formalin-fixed, paraffin embedded tumor tissue sections are deparaffinized and DNA is extracted using the DNeasy Blood and Tissue Kit (Qiagen, Valencia, CA). Mutated IDH oncogenes are detected using Sequencing based PCR kit. Mutation of (IDH-1) appears to be a very strong prognostic factor in diffuse gliomas and mutations of the related (IDH-2) gene were also detected in astrocytic and oligodendroglial gliomas lacking (IDH-1) mutations.

Intended Use:

This test is intended to be used and be interpreted in conjunction with all other available clinical and laboratory information. Diagnosis of glioma; patients with glioma or AML for whom prognosis/risk stratification is sought.

The test is validated for use with CRC FFPE tissue specimens that contain at least 40% tumor area, or that can be enriched to that tumor content in the course of a histological specimen review. The test has not been validated on other specimen types or other human malignancies.

Disclaimer:

This test is performed using an in-house developed and validated test. The assay is designed to perform the reactions at the specified analytical sensitivity given that the template DNA is not heavily fragmented and does not contain materials that could inhibit the amplification reaction.

REFERENCES

1. Dieffenbach CW, and GS Dveksler 2003 PCR Primer: A Laboratory Manual. Cold Spring Harbor, New York: ColdSpring Harbor Laboratory Press.

2. Innis MA, DH Gelfand, JJ Sninsky, and TJ White (eds.) 1990 PCR Protocols: A Guide to Methods and Applications. San Diego, California:Academic Press.

3. McPherson MJ, SG Moller, R Beynon, and C Howe 2000 PCR: Basics from Background to Bench. Heidelberg:Springer-Verlag.

4. Parsons DW, Jones S, Zhang X, et al. An integrated genomic analysis of human glioblastoma multiforme. Science. 2008;321:1807–1812.

5. Balss J, Meyer J, Mueller W, et al. Analysis of the IDH1 codon 132 mutation in brain tumors. Acta Neuropathol. 2008;116:597–602.

6. Bleeker FE, Lamba S, Leenstra S, et al. IDH1 mutations at residue p.R132 (IDH1(R132)) occur frequently in high-grade gliomas but not in other solid tumors. Hum Mutat. 2009;30:7–11.

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Physician Name	: Dr. Wasantha Rathnayake
Regn Date	: 02-Aug-2024 17:43
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UNIQUE PATIENT ID: 135552

TEST NAME

1p/19q Co-deletion (1p/19q) YB1104

SPECIMEN INFORMATION

Labelled as GJ4788A,d

CLINICAL HISTORY

? High grade oligo.

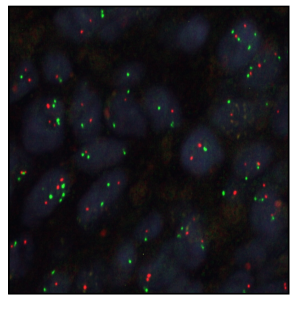
METHODOLOGY

Fluorescence In Situ Hybridization

DIAGNOSIS

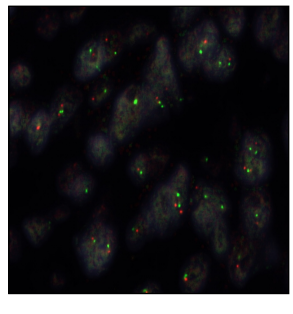
FISH MARKER	INTERPRETATION
1p deletion	**Negative**
19q Deletion	**Negative**

1p Deletion	
Total number of cells scored	100
Total number of 1p signals	190
Total number of 1q signals	220
Ratio of 1p/1q	0.86



Probe used: HEALTHCARE 1p36/1q25 dual color probe. 1p36: Orange, 1q25: Green

19q Deletion	
Total number of cells scored	100
Total number of 19q signals	220
Total number of 19p signals	240
Ratio of 19q/19p	0.92



Probe used: HEALTHCARE 19q13/19p13 dual color probe. 19q13: Orange, 19p13: Green

Overall Result:	**Negative for Co-Deletion**

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Dr.Sonika
Ph.D

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COMMENTS

1. A tumor is considered to have 1p or 19q deletion when the 1p probe to 1q probe ratio (1p/1q) or the 19q probe to 19p probe ratio (19q/19p) is 1.30. A tumor is considered to have chromosome 1 or 19 gain when the percentage of nuclei with > or =3 signals is >20%. A normal 1p/1q ratio is 0.9-1.05 and a normal 19q/19 p ratio is 0.93-1.02.

2. Deletions of the short arm of chromosome 1(1p) and long arm of chromosome 19 (19q), are strongly correlated with gliomas of oligodendroglial morphology. Approximately 70%, 50%, and 50% of oligodendrogliomas have deletions of 19q, 1p, and of both 19q and 1p, respectively.

3. Combined 1p and 19q loss is infrequent in gliomas of astrocytic origin. Thus, the presence of combined 1p/19q loss is strongly suggestive that a glioma is of oligodendroglioma lineage. The presence of gain of chromosome 19 supports a diagnosis of highgrade astrocytoma (glioblastoma multiforme). A negative result does not exclude a diagnosis of oligodendroglioma or highgrade astrocytoma. Clinico-radiological correlation is recommended.

4. Additionally it has been reported that chromosomal polysomy in anaplastic oligodendrogliomas with 1p/19q loss identifies tumors with a high risk potential for recurrence. Polysomy does not correlate with Ki-67 staining, and thus appears independent of proliferation activity.

Disclaimer:

- Testing only validated for FFPE specimens; specimens fixed in other than 10% neutral buffered formalin have not been validated using this method. Fixation time should not be less than 6 hours and not more than 72 hours for FISH testing.
- Specimens placed in decalcifying solution may have a false-negative result.
- This test is not FDA approved / cleared for specific uses.
- Repeat testing is recommended for discordant results.

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Scan to Connect

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

+91 88828 99999 or **info@corediagnostics.in**

CONDITIONS OF REPORTING

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.
4. Some tests are referred to other laboratories to provide a wider test menu to the customer.
5. CORE Diagnostics Pvt. Ltd. shall in no event be liable for accidental damage, loss, or destruction of specimen, which is not attributable to any direct and mala fide act or omission of CORE Diagnostics Pvt. Ltd. or its employees. Liability of CORE Diagnostics Pvt. Ltd. for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

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