CORE DIAGNOSTICS™

Your Test Result

Case ID	102230167522
Patient Name	BUDDHIKA SUSANTHA BADDAGE
Age/Sex	48 Year /Male
Hospital Location	Colombo, Colombo, Sri Lanka
Hospital Name	Novex Pharmaceuticals Limited, Colombo
Physician Name	Dr. Mahendra Perera
Date & Time of Accessioning	07/10/2023 19:56 Hrs
Date & Time of Reporting	12/10/2023 16:44 Hrs

Result

Report

TEST NAME

MMR Panel

SPECIMEN INFORMATION

Number of Samples Received	Received four paraffin blocks Collected on 05/10/2023 at 00:00 Hrs
Test performed on	WH-2488 F

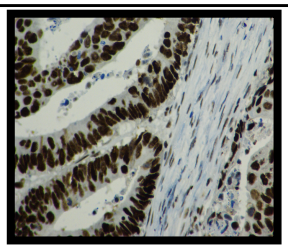
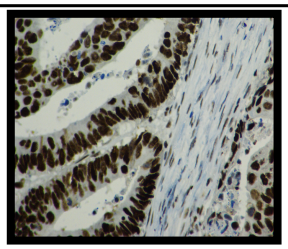
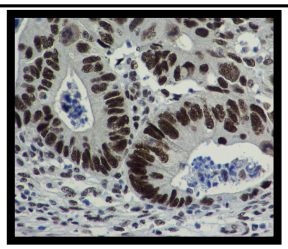
CLINICAL HISTORY

Moderately differentiated adenocarcinoma colon.

METHODOLOGY

Immunohistochemistry

IMMUNOHISTOCHEMISTRY STUDIES

Markers	Result	Image
hMSH-6(EP-49)	INTACT NUCLEAR EXPRESSION	
hMSH-2(RED2)	INTACT NUCLEAR EXPRESSION	
hMLH-1(GM011)	INTACT NUCLEAR EXPRESSION	

IMMUNOHISTOCHEMISTRY STUDIES

MC-2256

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COLLEGE of AMERICAN PATHOLOGISTS
AU-ID-2010258

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

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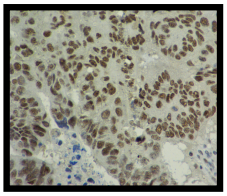
Markers	Result	Image
hPMS-2(EP-51)	INTACT NUCLEAR EXPRESSION	

IHC INTERPRETATION AND RESULT

- No loss of nuclear expression of MMR proteins: No evidence of deficient mismatch repair (low probability of MSI-H).
- Positive immunoreactivity for all MMR proteins indicates that this tumour does not have microsatellite instability (MSI) but is microsatellite stable (MSS) and therefore does not fall into the HNPCC (hereditary non-polyposis colon cancer) group of colorectal cancers .

#There are exceptions to the above IHC interpretation. These results should not be considered in isolation and clinical correlation with genetic counselling is recommended to asses the need for germline testing.

- **(Reference: Colon and Rectum- Biomarkers Colon Biomarkers (v 1.2.0.0 - CAP Protocol).**

COMMENTS

1. Several studies have shown that microsatellite stable (MSS) tumours have a less favorable prognosis and are more prone to lymph node and systemic metastasis when compared with MSI tumours. Also, current data shows that microsatellite stable (MSS) tumours may be less responsive to irinotecan than MSI tumours. However, MSS tumours are known to respond better to 5FU therapy than MSI tumours.
2. A normal (positive) result does not completely rule out Lynch Syndrome. Based on age of onset and family history, genetic counseling to consider additional tumor analysis, including microsatellite instability (MSI), DNA analysis, and follow-up may be warranted. Clinical correlation is recommended.
3. Pembrolizumab (Keytruda®) was approved by the FDA for adult and pediatric patients with metastatic or unresectable solid tumors that are either microsatellite instability-high (MSI-H) OR mismatch repair deficient (dMMR) that have progressed following prior treatment

TECHNICAL NOTE

Background nonneoplastic tissue/internal control show intact nuclear expression.

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

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Question?

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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.

4. Some tests are referred to other laboratories to provide a wider test menu to the customer.

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406, Udyog Vihar, Phase III, Gurgaon-122016

CORE Diagnostics Lab - New Delhi (103)
C-13, Green Park Extension, New Delhi-110016

CORE Diagnostics Lab - Bangalore (105)
1st Floor, KMK Tower, 142 KH Road, Bangalore-560027

CORE Diagnostics Lab - Lucknow (109)
J.S. Tower, Plot No. K-702, Sector-K, Ashiyana,
Near Raj Luxmi Sweets, Lucknow-226012

CORE Diagnostics Lab - Bhubaneswar (108)
Plot No. 249, Near Police Academy, AIIMS Nagar,
Patrapada, Bhubaneswar-751019

CORE Diagnostics Satellite Lab (110)
New Delhi 67, Hargobind Enclave, New Delhi - 110092

CORE Diagnostics and Realab Diagnostics (111)
New Delhi H64, Block H, Bali Nagar, New Delhi, Delhi 110015

CORE Diagnostics Satellite Lab
Guwahati Ground Floor, Honuram Boro Path, Shubham Velocity, GS Road, Dispur, Kamrup Metropolitan
Guwahati, Assam - 781005

The test was processed in Lab 102.