LABORATORY REPORT

Name	: **Ms. POONAM**	Sex/Age	: **Female / 41 Years**	Case ID	: **20500117128**
Ref. By	:	Dis. At	:	Pt. ID	:
Bill. Loc.	: Neuberg Diagnostics Pvt Ltd Delhi			Pt. Loc	:
Reg Date and Time	: 13-May-2022 11:05	Sample Type	: Tissue	Mobile No.	:
Sample Date and Time	: 13-May-2022 11:05	Sample Coll. By	: non STMPL	Ref Id1	: 2155147986
Report Date and Time	: 18-May-2022 16:31	Acc. Remarks		Ref Id2	: NDPL-DELHI

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS

Immunohistochemestry ER-PR & Her2Neu

Specimen	**Right BCS with axillary clearance**
Natural of material	**Paraffin Block(Received single labelled as H06/22/G)**
Fixation time	**Unknown**
***Specimen immersion time (cold ishemia time)**	**Unknown**
Block no	**H06/22/G**
Clinical Diagnosis	**Ca. right breast stage - T2N0M0. , Mammograpy - III , defined nodular mass (BIRADA V)**
Morphological Diagnosis	**Invasive carcinoma - NOS**
Antigen Retrieval By	**Ventana CC1**
Detection System	**Ventana Ultra View Univarsal DAB Kit**
Result Of Estrogen Receptor - ER [EP1 DAKO]	
Intensity Score for ER	**3+ (strong)**
Percentage Score ER	**5 (90%)**
Total Score & Interpretation ER	**(8)Positive**
Result For Progesterone Receptor - PR [PG R636 DA	
Intensity Score for PR	**3+ (strong)**
Percentage Score PR	**5 (90 %)**
Total Score & Interpretation PR	**(8) Positive**
HER2NEU [C-er B 2 oncoprotein DAKO]	
IHC score for Her2neu	**0 (Negative)**

- All controls show appropriate reactivity.
- False negative results can occur due to poor antigen preservation.
- Intensity and percentage positivity of hormonal receptor study can vary in different areas of tumor as well as in primary site as well as metastatic tumor deposits. This relates to tumor heterogeneity as well as poor preservation of the antigen due suboptimal fixation. Hence if one particular biopsy show negative hormone receptor study then co-relation with grade of tumor and if required repeat testing from another tumor block should be carried out for further confirmation.
- Specimen subject to predictive marker study (ER, PR & Her 2neu) should be fixed in 10% neutral buffered formalin for at least 6 hrs and up to 72 hrs. The volume of formalin should be at least 10 times the volume of the specimen.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. , D.N.B.

Dr. Bhavna Mehta
M.D. (P.D.C.C)
(Histo & Renal pathologist)

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NOTE:
This Sample was outsourced

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- Specimen immersion time in formalin fixative is the interval between time of removal of specimen and time of putting the specimen in formalin fixative. The specimen should be immersed in fixative within one hour of the biopsy or resection. If delivery of a resection specimen to the pathology department is delayed , the tumor should be bisected prior to immersion in the fixative.
- Negative Her 2 neu results by IHC with unknown fixation time or unknown Specimen immersion time should be further confirmed by repeat testing with another biopsy with adequate fixation.
- *Percentage of cells with nuclear positivity for ER may be reported as a specific number or a range if more than 10%.*

Invasive carcinomas with 1 to 10% of cells staining for ER (not PgR) are reported as "Low Positive" and the following report comment is recommended:
"The cancer in this sample has a low level (1-10%) of ER expression by IHC. There are limited data on the overall benefit of endocrine therapies for patients with low level (1-10%) ER expression but they currently suggest possible benefit, so patients are considered eligible for endocrine treatment. There are data that suggest invasive cancers with these results are heterogeneous in both behavior and biology and often have gene expression profiles more similar to ER negative cancers."
The Low Positive designation applies only to invasive carcinoma and is not used for Progesterone receptor or DCIS.

For cases in which no internal controls are present and the ER result is either negative or Low Positive, the following report comment is recommended:
"No internal controls are present, but external controls are appropriately positive. If needed, testing another specimen that contains internal controls may be warranted for confirmation of ER status."

When a tumor is negative but no internal control cells are present, the pathologist must exercise judgment as to whether the assay can be interpreted as a true negative. This should include consideration of histologic type and grade, cold ischemia and fixation times, and the status of external controls. If the pathologist decides that hormone receptor status cannot be determined, the test should be reported as such and repeated on another block or specimen.

Technical issues prevent the test from being reported as positive, negative, or equivocal. This may occur if specimen handling was inadequate, if artifacts (crush or edge artifacts) make interpretation difficult, or if the analytic testing failed.

---------- End Of Report ----------

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For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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Table 1. Reporting Results of Estrogen Receptor (ER) and Progesterone Receptor (PgR) Testing

Result	Criteria	Comments
Positive	Immunoreactive tumor cells present (≥1%)	Invasive carcinomas with 1 to 10% of cells staining for ER (not PgR) are reported as "Low Positive" and the following report comment is recommended: "The cancer in this sample has a low level (1-10%) of ER expression by IHC. There are limited data on the overall benefit of endocrine therapies for patients with low level (1-10%) ER expression but they currently suggest possible benefit, so patients are considered eligible for endocrine treatment. There are data that suggest invasive cancers with these results are heterogeneous in both behavior and biology and often have gene expression profiles more similar to ER negative cancers." The Low Positive designation applies only to invasive carcinoma, and is not used for Progesterone receptor or DCIS.
Negative	<1% immunoreactive tumor cells present	

Table 2. Allred Score* for Estrogen and Progesterone Receptor Evaluation

Proportion Score	Positive Cells, %	Intensity	Intensity Score
0	0	None	0
1	<1	Weak	1
2	1 to 10	Intermediate	2
3	11 to 33	Strong	3
4	34 to 66		
5	≥67		

Table 3. Reporting Results of HER2 Testing by Immunohistochemistry (IHC)

Result	Criteria
Negative (Score 0)	No staining observed *or* Membrane stating that is incompleteand is faint/barely perceptible and within ≤10% of tumor cells
Negative (Score 1+)	Incomplete membrane staining that is faint/barely perceptible and within>10% of tumor cells*
Equivocal (Score 2+)†	Weak to moderate complete membrane staining in >10% oftumor cells *or* Complete membrane staining that is intense but within ≤10% of tumor cells*
Positive (Score 3+)	Complete membrane staining that is intense and >10% of tumor cells*

*Readily appreciated using a low-power objective and observed within a homogeneous and contiguous population of invasive tumor cells.

†Must order reflex test (same specimen using ISH) or order a new test (new specimen if available, using IHC or ISH).

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