MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

SIN No:VSH1588157

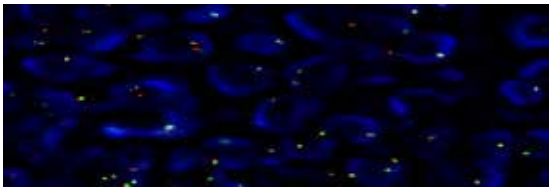
Cytogenetics

ROS1 (6q22) Gene Rearrangements, Fluorescence In-Situ Hybridization

Laboratory Number: F-547-22

Specimen: Received FFPE tissue from Block No: V-5220/22
Source of tissue: Right supraclavicular lymph node
Clinical History: Poorly differentiated carcinoma

Number of cells scored	100
Tumor cells with ROS1 rearrangement	01
Tumor cells without ROS1 rearrangement	99



Result: Negative for ROS1 gene rearrangement.

Interpretation: No separation of the 3'ROS1 and 5'ROS1 signals were observed suggesting presence of normal ROS1 gene.

Clinical Significance: Genomic alteration in ROS1 have been described in approximately 1-2% patients with lung adenocarcinoma. Clinical studies have shown that patients with non small cell lung cancer (NSCLS) containing ROS1 gene rearrangement respond favorable to crizotinib therapy.

Probe description: FISH on FPPE tissue using breakapart probe from TruFISH. LSI 3'-ROS1 is labeled with Spectrum Green and LSI 5'-ROS1 is labeled with Spectrum Orange and hybridize to ROS1 gene at the locus 6q22. This test is designed to detect the rearrangement involving the ROS1 gene. Signals scored in 100 nuclei from invasive or metastatic tumor after confirmation of probe performance by concurrent controls. **An abnormal signal pattern seen in 10 % or more of the evaluated tumor cells is considered a positive result.** This test was validated and its performance characteristics determined by Cytogenetics Laboratory, Max hospital. Since only a portion of the tumor was tested, it is possible that this result may not represent the entire tumor population.

Reference: Takeuchi K et al. RET, ROS1 and ALK fusions in lung cancer. Nat Med. 18(3):378-381, 2012. Bergthon et al., J of clinical Oncol 8:863-870, 2012

Kindly correlate with clinical findings

***** End Of Report *****

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Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
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Immunocytochemistry

SIN No:VSH1588157

PD-L1 (SP263) Ventana-IHC*, Tissue

Immunohistochemistry Number:
IHC- 14895/22 (V- 5220/22)

Specimen Type:
USG guided biopsy from Right supraclavicular lymph node

Clinical Data:
Suspected c/o Ca left lung with metastasis to mediastinal lymph node, cervical lymph node.

Histopathology Impression:
Deposit of Squamous cell carcinoma.

Immunohistochemistry Test:
PD-L1 (SP263) IHC.

Adequate Tumor Cells (≥ 100 Cells) Present: Yes.

Immunohistochemistry (IHC) Result:

IHC Marker	*Tumor Proportion Score (%)*
PD-L1 (SP263)	**3-4%**

Control:

Internal Control	Present
External Control	Positive

IHC Interpretation:
1) Any perceptible linear cell membrane, diffuse cytoplasmic or baso-lateral staining in viable tumor cells is considered positive.
2) Tumor associated immune cells, normal / non-neoplastic cells and necrotic cells are excluded from evaluation.
3) The cut of values of the tumor proportion score to be considered positive is determined according to the targeted therapy being used by the treating physician.

Note:
Patients with diagnosed case of autoimmune disease (active or previously documented) and / or current use of an immunosuppressive therapy are contraindicated for anti-PD-L1 therapy (NCCN).

IHC markers / Additional information:
a) Detection System: *Optiview DAB IHC Detection Kit - VENTANA (IVD).*
b) Primary Antibodies: *VENTANA PD-L1(Clone SP263), Rabbit Monoclonal Primary Antibody, IVD (Ref - 790-4905).*

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