



Laboratory Investigation Report

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

Outsourced



SIN No: B2B2615379

Immunohistochemistry PDL1 22C3Dako(L)*

Immunohistochemistry (IHC) Number:
IHC-23707/22 (S-17965/21)

Specimen Type:

US guided trucut biopsy from right thigh lesion.

Histopathology (Biopsy) Opinion:

Moderately differentiated adenocarcinoma, metastasis to soft tissue.

Test Name

PD-L1 (Clone 22C3) Dako

Sample Adequacy:

Adequate tumor cells (>100 cells) are present: Yes

Immunohistochemistry (IHC) Result:

| <i>IHC Test /Marker</i> | <i>Tumor Proportion Score (TPS) %</i> | <i>Combined Positive Score (CPS) %</i> |
|--------------------------------|--|---|
| PD-L1 (Clone 22C3) Dako | 0% | 0% |

Control:

| | |
|------------------|----------|
| Internal Control | Present |
| External Control | Positive |

Interpretation

Pre-clinical studies suggest that positive PD-L1 immunohistochemistry in tumor cells may predict response to therapy with immune checkpoint inhibitors in certain clinical scenarios for Non-small cell lung carcinoma (NSCLC), cervical squamous cell carcinoma and endocervical adenocarcinoma, urothelial carcinoma, head and neck squamous cell carcinoma(HNSCC), gastric/gastro-esophageal junction adenocarcinoma and triple negative breast cancer (TNBC). This result should not be used as the sole factor in determining treatment, as other factors (for example, tumor mutation burden and microsatellite instability) have been also studied as predictive markers.

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Booking Centre :2277 - Home Collection DNCR, Delhi

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Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as 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 the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare 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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Scoring of PD-L1 is tumor site specific.

Staining can be present in both immune cell and tumor cell components.

Tumor cells: Any amount of partial or complete membrane staining is evaluated. Cytoplasmic staining is not included.

Immune cells: Both membrane or cytoplasmic staining of inflammatory cells (lymphocytes or macrophages) is counted.

Tumor proportion score (TPS) is the percentage of viable tumor cells showing partial or complete membrane staining relative to all viable tumor cells present in the sample.

$$\text{TPS} = \frac{\text{Number of PD-L1 positive tumor cells}}{\text{Total number of PD-L1 positive + PD-L1 negative tumor cells}} \times 100 \%$$

Combined positive score (CPS) is the number of PD-L1 staining cells (tumor cells, lymphocytes and macrophages) divided by total number of viable tumor cells, multiplied by 100.

$$\text{CPS} = \frac{\text{Number of PD-L1 staining cells (tumor cells, lymphocytes, macrophages)}}{\text{Total number of viable tumor cells}} \times 100 \%$$

Fixation

This test has been validated for non-decalcified paraffin embedded tissue specimens fixed in 10% neutral buffered formalin. This assay has not been validated on tissues subjected to the decalcification process and/ or use of alternative fixatives for bone/ bone marrow specimen or cell blocks.

Non small cell lung carcinoma

TPS divided into 3 groups:

TPS < 1%: no PD-L1 expression

TPS 1-49%: PD-L1 expression

TPS ≥ 50%: high PD-L1 expression

Cervical carcinoma

CPS divided into 2 groups:

CPS < 1: no PD-L1 expression

CPS ≥ 1: PD-L1 expression

Urothelial carcinoma

CPS divided into 2 groups:

CPS < 10: no PD-L1 expression

CPS ≥ 10: PD-L1 expression

Head and neck squamous cell carcinoma (HNSCC)

CPS divided into 3 groups:

CPS < 1: no PD-L1 expression

CPS ≥ 1: PD-L1 expression

CPS ≥ 20: PD-L1 expression

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Gastric/ gastroesophageal junction adenocarcinoma
CPS divided into 2 groups:
CPS<1: no PD-L1 expression
CPS≥1: PD-L1 expression

Triple negative breast cancer (TNBC)
Urothelial carcinoma
CPS divided into 2 groups:
CPS<10: no PD-L1 expression
CPS≥10: PD-L1 expression

IHC markers / Additional information:

- a) **Detection System:** *Optiview Amplification Kit with DAB – Ventana (IVD)*
- b) **Primary Antibodies:** *Monoclonal Mouse Anti-Human PD-L1, Clone 22C3 Dako*

Kindly correlate with clinical findings

*** End Of Report ***



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