

- 1st Immunohistochemistry Lab in Kolhapur District
- Frozen section for intraoperative diagnosis, Histopathology (Leica microtome)
- Ace Alera, US FDA Approved, Fully Automated Biochemistry Analyser
- Cell counter MEK 6420P from NIHON KOHDEN, Japan
- Hormone assay
- Biochemistry Analysers CHEM 7 from ERBA MANHIM, Germany
- Electrolyte Analyser
- Microbiology
- Internal and external quality control participation
- Stone analysis

C.S.No. 311, E-Ward, Near Hotel Maratha Regency, New Shahupuri, Kolhapur. Tel. (0231) 2667707, 2657707

HPE No : 81/22



Lab ID : 16

Sample Collection : 11/01/2022 16:35

Name :

Age : 70 Yrs. Sex : F

Sample Received : 11/01/2022 16:35

Ref. By :

Printed : 19/01/2022 16:56

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IMMUNOHISTOCHEMISTRY REPORT

Specimen

Left modified radical mastectomy.

Gross

Immunohistochemistry was performed on paraffin block no xxxxx for ER, PR & Her2Neu.

Microscopy

IHC MARKERS

- ESTROGEN RECEPTOR (ER)**
- PROGESTERONE RECEPTOR (PR)**
- HER – 2 neu (c-erb B2)**

RESULT

Positive
Negative
SCORE
3+

RESULT

Positive

Note

College of American Pathologists (CAP) guidelines for ER / PR scoring

IMMUNOREACTIVE TUMOR CELLS	REMARKS
>=1%	Positive 75-85% of Invasive Breast Cancers are positive for ER / PR
<1%	Suggested to be considered negative for ER / PR, but not conclusively proven
Absent	Negative 15-25% of Invasive Breast Cancers are negative for ER / PR

Clinical Use

This panel provides a complete hormone receptor profile in breast cancer for therapeutic purposes.

Comments

ER & PR: The effect of hormones in target organs is mediated by intracellular, largely intranuclear peptides known as hormone receptors. The estrogen receptors generally show lower concentrations in tumors of premenopausal women than in post menopausal women. The presence of hormone receptors in tumors correlates with histologic grade. These receptors in tumor tissue correlate well with response to hormone therapy.

Checked By



Dr. Meghana Chougule
M.D. (Pathology)

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Response to Hormone Therapy

- ER positive & PR positive tumors = 78%
- ER positive & PR negative tumors = 34%
- ER negative & PR positive tumors = 45%
- ER negative & PR negative tumors = 10%

HER-2-neu (C-erb-B2) : It is an oncogene that encodes a transmembrane glycoprotein with tyrosine kinase activity known as p185 belonging to the family of epidermal growth factor receptors.

Overexpression can be measured by Immunohistochemistry / FISH and a good correlation exists between the two methods. Tumors that are positive will respond to Trastuzumab (Herceptin).

Overexpression is seen in Breast carcinoma (22%), Lung adenocarcinoma (28%), Colorectal carcinoma (17%), Lung squamous cell carcinoma (11%) and Gastric adenocarcinoma (11%).

STAINING PATTERN	SCORE	RESULT
No staining is observed in invasive tumor cells	0	Negative
Weak incomplete membrane staining in any proportion of invasive tumor cells.	1+	Negative
Complete membrane staining that is non-uniform or weak but with obvious circumferential distribution in any proportion of tumor cells, or intense complete membrane staining in 30% or less of tumor cells.	2+	Weakly positive
Uniform intense membrane staining of > 30% invasive tumor cells.	3+	Strongly positive

Remarks: c-erb B2 by FISH technique is recommended for scores of 1+ and 2+.*****

NOTE:

1. Detection system used is Polymer HRP
2. Clones for antibodies are as under:
ER-Mouse Monoclonal (ID5)
PR-Mouse Monoclonal (PR88)
HER-2 NEU-EP 1045 Y- Rabbit Monoclonal
3. The impression is based on the material submitted and is not a complete surgical pathology report.
4. False negative IHC results due to inadequate fixation of the material sent for evaluation cannot be excluded.
5. Internal and external controls have worked satisfactorily.

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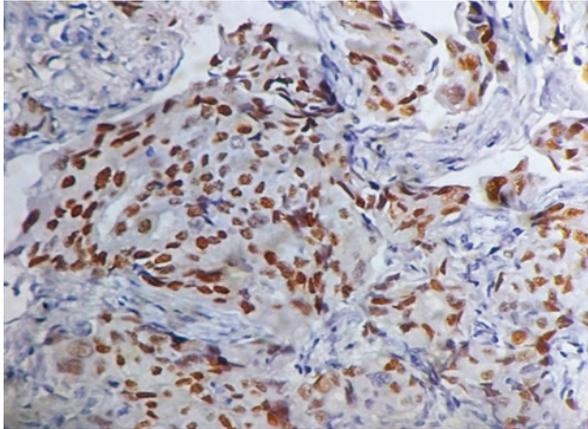
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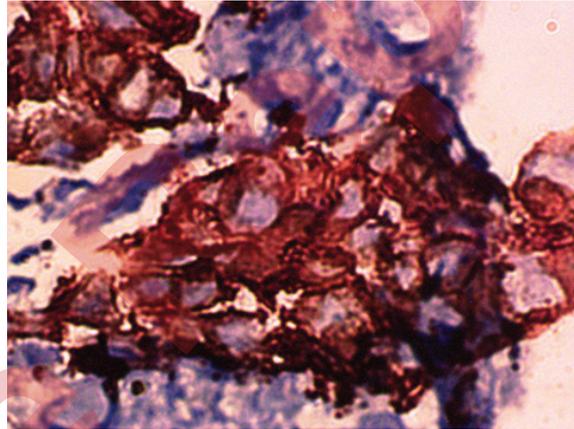
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image

Estrogen : Positive



Her2neu : Positive



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

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