MAYO CLINIC LABORATORIES

1-800-533-1710

KI67B

Ki-67(MIB-1), Breast, Quantitative Immunohistochemistry, Automated

Patient ID	Patient Name		Birth Date	Gender	Age
SA00095500	TESTING, SHARI		1999-01-01	F	18
Order Number	**Client Order Number**	**Ordering Physician**	**Report Notes**		
SA00095500	SA00095500	CLIENT, CLIENT			
Account Information		**Collected**			
C7028846 DLMP Rochester		11 Aug 2017 00:00			

Ki67 Breast IHC Automated

Case Number CR-17-7847

Interpretation

MCR

Left breast, original accession: S17–123, block: S17–123-A1

SPECIAL PROCEDURE REPORT

Breast Biomarker(s) for:

Invasive or metastatic breast carcinoma

Result(s):

Ki-67 by Immunohistoche
mistry (IHC) Percentage of Positive Nuclei 62.3%

METHOD AND SCORING

Ki-67 (MIB-1) Breast Cancer Automated Scoring Method: Ki-67 (MIB-1) proliferation data must be interpreted within the clinical context for which the test was ordered. Recent studies have suggested that Ki-67 (MIB-1) analysis of paraffin-embedded breast cancer tissue specimens may provide useful prognostic information.

1. Urruticoechea A, Smith IE, Dowsett M. Proliferation marker Ki-67 in early breast cancer. J Clin Oncol 2005 Oct 1;23(28):7212–7220
2. de Azambuja E, Cardoso F, de Castro G Jr, et al. Ki-67 as prognostic marker in early breast cancer; a meta-analysis of published studies involving 12, 155 patients. Br J Cancer 2007 May 21; 96(10):1504–1513 Epub 2007 Apr 24 Immunohistochemical staining of the Ki-67 antigen in formalin-fixed paraffin-embedded tissue sections has been validated by our laboratory, using the MIB-1 clone and a proprietary detection system. All controls show appropriate reactivity. Ki-67(MIB-1)-stained slides are scanned using the Aperio ScanScope instrument, which captures digital images of the patient slide. A technologist views the digitized image on a computer monitor and using a tracing tool available in ImageScope (Aperio Technologies INC), traces around areas of invasive or metastatic cancer capturing no less than 75% of the total cancer within the image. The traced areas are then analyzed using an image analysis algorithm that renders the percentage of positive-staining tumor nuclei. The slides and test results are then reviewed by a pathologist who provides a final interpretation. This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Material Received

MCR

A. S17–123: Left breast
1 block

Report electronically signed by

MCR

Taofic Mounajjed, M.D. 3–5281

Tumor type

MCR

Primary invasive breast carcinoma

Tumor classification

MCR

Invasive breast carcinoma

Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
MCR	Mayo Clinic Laboratories - Rochester Main Campus	200 First Street SW, Rochester, MN 55905	William G. Morice M.D. Ph.D	24D0404292

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Received: 14 Aug 2017 12:20

Reported: 14 Aug 2017 14:26

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