

Overview

Useful For

Recognizing epithelial derivation of poorly differentiated malignant tumors

Subtyping intraductal papillary mucinous neoplasms when used in conjunction with mucin (MUC) 2, MUC5AC and MUC6

Testing Algorithm

For the initial technical component only immunohistochemical (IHC) stain performed, the appropriate bill-only test ID will be reflexed and charged (IHTOI). For each additional technical component only IHC stain performed, an additional bill-only test ID will be reflexed and charged (IHTOA).

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
IHTOI	IHC Initial, Tech Only	No	No
IHTOA	IHC Additional, Tech Only	No	No

Method Name

Immunohistochemistry (IHC)

NY State Available

Yes

Specimen

Specimen Type

TECHONLY

Ordering Guidance

This test includes only technical performance of the stain (no pathologist interpretation is performed). If diagnostic consultation by a pathologist is required order PATHC / Pathology Consultation.

Shipping Instructions

Attach the green pathology address label and the pink Immunostain Technical Only label included in the kit to the outside of the transport container.

Specimen Required

Supplies: Immunostain Technical Only Envelope (T693)

Specimen Type: Tissue

Container/Tube: Immunostain Technical Only Envelope

Preferred: 2 Unstained positively charged glass slide (25- x 75- x 1-mm) per test ordered; sections 4-microns thick

Acceptable: Formalin-fixed, paraffin-embedded (FFPE) tissue block

Digital Image Access

1. Information on accessing digital images of immunohistochemical (IHC) stains and the manual requisition form can be

accessed through this website: www.mayocliniclabs.com/test-info/ihc/index.html

2. Clients ordering stains using a manual requisition form will not have access to digital images.

3. Clients wishing to access digital images must place the order for IHC stains electronically. Information regarding digital imaging can be accessed through this website: www.mayocliniclabs.com/test-info/ihc/faq.html

Forms

If not ordering electronically, complete, print, and send an [Immunohistochemical \(IHC\)/In Situ Hybridization \(ISH\) Stains Request](#) (T763) with the specimen.

Reject Due To

- Wet/frozen tissue Reject
- Cytology smears
- Nonformalin fixed tissue
- Nonparaffin embedded tissue
- Noncharged slides
- ProbeOn slides

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
TECHONLY	Ambient (preferred)		
	Refrigerated		

Clinical & Interpretive

Clinical Information

Epithelial membrane antigen (EMA), also known as mucin 1 (MUC1), is expressed by epithelial cells of all types, mesothelial cells, perineural cells, and a subset of plasma cells. EMA is expressed by meningiomas, synovial sarcoma, epithelioid sarcoma, a subset of peripheral nerve sheath tumors, the lymphocyte-predominant cells of lymphocyte-predominant Hodgkin lymphoma, and anaplastic large cell lymphoma. Diagnostically, EMA is useful in recognizing epithelial derivation of poorly differentiated malignant tumors and, in conjunction with a panel of mucin markers (MUC2, MUC5AC, and MUC6), may be used in subtyping intraductal papillary mucinous neoplasms.

Interpretation

This test does not include pathologist interpretation; only technical performance of the stain. If interpretation is required order PATHC / Pathology Consultation for a full diagnostic evaluation or second opinion of the case.

The positive and negative controls are verified as showing appropriate immunoreactivity and documentation is retained at Mayo Clinic Rochester. If a control tissue is not included on the slide, a scanned image of the relevant quality control tissue is available upon request, .call 855-516-8404.

Interpretation of this test should be performed in the context of the patient's clinical history and other diagnostic tests by a qualified pathologist.

Cautions

Age of a cut paraffin section can affect immunoreactivity. Stability thresholds vary widely among published literature and are antigen-dependent. Best practice is for paraffin sections to be cut within 6 weeks.

Clinical Reference

1. Kwak H, Liu X, Allende D, et al: Interobserver variability in intraductal papillary mucinous neoplasm subtypes and application of their mucin immunoprofiles. *Modern Pathol.* 2016; 29:977-984
2. Ramezani M, Mohamadzaheer E, Khazaei S, et al: Comparison of EMA,CEA, CD10 and Bcl-2 Biomarkers by immunohistochemistry in squamous cell carcinoma and basal cell carcinoma of the skin. *Asian Pac J Cancer Prev.* 2016;17(3):1379-83. doi: 10.7314/apjcp.2016.17.3.1379
3. Song W, Flucke U, Suurmeijer AJH. Myoepithelial tumors of bone. *Surg Pathol Clin.* 2017 Sep;10(3):657-674. doi: 10.1016/j.path.2017.04.010

Performance**Method Description**

Immunohistochemistry on sections of paraffin-embedded tissue.(Cartun RW, Taylor CR, Dabbs DJ: Techniques of immunohistochemistry: Principles, pitfalls, and standardization. In: Dabbs DJ, ed. *Diagnostic Immunohistochemistry.* 5th ed. Elsevier; 2019:1-46)

PDF Report

No

Specimen Retention Time

Until staining is complete.

Performing Laboratory Location

Rochester

Fees & Codes**Test Classification**

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

88342-TC, primary

88341-TC, if additional IHC