

Overview

Useful For

Aiding in the identification of normal and neoplastic MET expressing cells

Method Name

Immunohistochemistry (IHC)

NY State Available

Yes

Specimen

Specimen Type

Special

Shipping Instructions

Attach the green "Attention Pathology" address label (T498) to the outside of the transport container before putting into the courier mailer.

Necessary Information

A pathology/diagnostic report and a brief history are required.

Specimen Required

Specimen Type: Tissue

Supplies: Pathology Packaging Kit (T554)

Submit:

Formalin-fixed, paraffin-embedded tissue block

OR

3 Unstained glass, "positively charged" slides with 4-microns formalin-fixed, paraffin-embedded tissue

Collection Instructions: Store slides at 2 to 8 degrees C and send within 45 days.

Additional Information: One slide will be stained with hematoxylin and eosin and returned.

Forms

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

Reject Due To

Decalcified paraffin	Reject
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embedded tissue	
Wet/frozen tissue	Reject
Cytology smears	Reject
Noncharged slides	Reject
ProbeOn slides	Reject
Snowcoat slides	Reject
Nonformalin fixed tissue, including CytoLyt, SurePath, alcohol-formalin-acetic acid (AFA), 95% ethanol, PREFER and zinc formalin fixatives	Reject
Nonparaffin embedded tissue	Reject

Specimen Stability Information

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

Clinical & Interpretive

Clinical Information

MET is a cell surface receptor tyrosine kinase that regulates cellular proliferation, migration, and differentiation during development. Increased expression of MET has been shown to correlate with poor prognosis in non-small cell carcinomas of the lung and tumors of other sites. Immunohistochemistry evaluation using the MET (SP44) antibody can aid in identifying non-squamous non-small cell lung cancer patients who may be eligible for MET targeted therapies.

Reference Values

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An interpretive report will be provided.

**Interpretation**

Results are reported as percent of tumor cells with 3+ MET protein expression.

The US Food and Drug Administration approval for treatment of non-small cell lung cancer with Telisotuzumab vedotin-tllv is for tumors with strong (3+) MET expression in at least 50% of the tumor cells.

**Cautions**

This test has been validated for nondecalcified paraffin-embedded tissue specimens fixed in 10% neutral-buffered formalin. Recommended fixation time is between 6 and 48 hours. This assay has not been validated on tissues subjected to the decalcification process or use of alternative fixatives for bone and bone marrow specimens or cell blocks.

Age of a cut paraffin section can affect immunoreactivity. Slides not stored at 2 to 8 degrees C or stored at this temperature but not received for testing within 45 days of being made may have diminished antigenicity.

**Clinical Reference**

1. Wang M, Liang L, Lei X, et al. Evaluation of cMET aberration by immunohistochemistry and fluorescence in situ hybridization (FISH) in triple negative breast cancers. Ann Diagn Pathol. 2018;35:69-76.  
doi:10.1016/j.anndiagpath.2018.04.004
2. Rossi G, Ragazzi M, Tamagnini I, et al. Does immunohistochemistry represent a robust alternative technique in determining drugable predictive gene alterations in non-small cell lung cancer? Curr Drug Targets. 2017;18(1):13-26.  
doi:10.2174/1389450116666150330114441
3. Pyo JS, Kang G, Cho WJ, Choi SB. Clinicopathological significance and concordance analysis of c-MET immunohistochemistry in non-small cell lung cancers: A meta-analysis. Pathol Res Pract. 2016;212(8):710-6.  
doi:10.1016/j.prp.2016.05.006
4. Magaki S, Hojat SA, Wei B, So A, Yong WH. An introduction to the performance of Immunohistochemistry. Methods Mol Biol. 2019;1897:289-298. doi:10.1007/978-1-4939-8935-5\_25

**Performance****Method Description**

Immunohistochemical staining and detection of MET (SP44) is performed in formalin-fixed, paraffin-embedded tissue sections using the VENTANA MET (SP44) RxDx Assay. The 4-micron tissue sections are deparaffinized, subjected to heat-induced antigen retrieval and peroxidase inhibitor, incubated with a rabbit monoclonal antibody, and visualized using a proprietary kit detection system. Sections are counterstained with hematoxylin and post-counterstained with bluing. (Package insert: VENTANA MET (SP44) RxDx Assay. Ventana Medical Systems, Inc.; 1018335US Rev A, 05/14/2025)

Results are examined microscopically by the consulting anatomic pathologist and interpreted using the manufacturer-provided interpretation guide. (Instruction manual: VENTANA MET (SP44) RxDx Assay Interpretation Guide for Non-Squamous Non-Small Cell Lung Cancer. Ventana Medical Systems, Inc.; 1018336US Rev A, 05/14/2025)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

5 to 7 days

Specimen Retention Time

Until reported

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test has been modified from the manufacturer's instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

88360

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
METSP	MET (SP44), SemiQuant IHC, Manual	In Process

Result ID	Test Result Name	Result LOINC® Value
623180	Interpretation	59465-5
623181	Participated in the Interpretation	No LOINC Needed
623182	Report electronically signed by	19139-5
623183	Material Received	81178-6
623184	Disclaimer	62364-5
623185	Case Number	80398-1