

HER2, Breast, DCIS, Quantitative Immunohistochemistry, Manual with HER2 FISH Reflex

## Overview

#### **Useful For**

Determining overexpression of HER2 protein on formalin-fixed, paraffin-embedded tissue sections in ductal carcinoma in situ or solid/intracystic papillary carcinoma breast tissue with a reflex to FISH testing if the specimen is equivocal (2+)

### **Reflex Tests**

Test Id	Reporting Name	Available Separately	Always Performed
HERBN	HER Breast IHC Automated NO Reflex	Yes	No
H2BR	HER2, Breast Tumor, FISH, Tissue	Yes	No

## **Testing Algorithm**

Cases that are equivocal (2+) by immunohistochemical stain will reflex to *HER2* amplification by FISH at an additional charge.

# **Method Name**

Ventana Pathway Immunoperoxidase Stain with Manual Quantitative Immunohistochemistry

#### **NY State Available**

Yes

# **Specimen**

# **Specimen Type**

Special

## **Ordering Guidance**

This test is only for ductal carcinoma in situ or solid/intracystic papillary carcinoma breast tissue. For gastroesophageal cancer, order HERGM / HER2, Gastric/Esophageal, Semi-Quantitative Immunohistochemistry, Manual or HERGN / HER2, Gastric/Esophageal, Semi-Quantitative Immunohistochemistry, Manual, No Reflex.

## **Shipping Instructions**

Attach the green pathology address label included in the kit to the outside of the transport container.

# **Necessary Information**

Include accompanying pathology report stating the final diagnosis.



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**Specimen Required** 

Supplies: Pathology Packaging Kit (T554)

**Specimen Type:** 

**Preferred:** A paraffin-embedded tissue block containing breast cancer tissue that has been fixed in 10% neutral buffered formalin within 1 hour from surgical collection time and for a total of 6 to 72 hours and shipped at ambient temperature **Acceptable:** 5 Unstained sections containing breast carcinoma on charged slides cut at 4 microns less than 1 month ago and shipped at ambient temperature. Tissue on the slides should have been fixed in 10% neutral buffered formalin within 1 hour from surgical collection time and for a total of 6 to 72 hours.

#### **Collection Instructions:**

- 1. Submit paraffin-embedded ductal carcinoma in situ or solid intracystic papillary carcinoma breast carcinoma tissue.
- 2. Paraffin blocks will be returned with final report.

#### **Forms**

If not ordering electronically, complete, print, and send an <a href="Immunohistochemical">Immunohistochemical</a> (IHC)/In Situ Hybridization (ISH) Stains
<a href="Request">Request</a> (T763)</a>

# **Specimen Minimum Volume**

Entire specimen

### Reject Due To

No specimen should be rejected.

# **Specimen Stability Information**

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

# Clinical & Interpretive

#### **Clinical Information**

The *HER2* (official gene name *ERBB2*) proto-oncogene encodes a membrane receptor with tyrosine kinase activity and homology to the epidermal growth factor receptor.

Amplification and overexpression of the *HER2* gene in human breast, endometrial, ovarian, and other epithelial cancers have been associated with a shorter disease-free interval and shorter overall survival. Overexpression of HER2 protein is an indication for Herceptin therapy in patients with breast cancer.

#### **Reference Values**

Reported as negative (0, 1+), equivocal (2+), and strongly positive (3+) according to the interpretation guidelines for the FDA-approved Ventana Pathway HER2 (4B5) antibody.



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## Interpretation

Results are reported as negative (0, 1+), equivocal (2+), and strongly positive (3+) according to the interpretation guidelines for the FDA-approved Ventana Pathway HER2 (4B5) antibody.

#### **Cautions**

The performance and quality of immunohistochemical stains in formalin-fixed, paraffin-embedded tissue depends critically on proper fixation.

### **Clinical Reference**

- 1. Riber-Hansen R, Vainer B, Steiniche T: Digital image analysis: a review of reproducibility, stability and basic requirements for optimal results. Apmis 2012 April;120(4):276-289
- 2. Gavrielides MA, Gallas BD, Lenz P, et al: Observer variability in the interpretation of HER2/neu immunohistochemical expression with unaided and computer-aided digital microscopy. Arch Pathol Lab Med Feb;135(2):233-242
- 3. Cuadros M, Villegas R: Systematic review of HER2 breast cancer testing. Appl Immunohistochem Mol Morphol Jan 2009;17(1):1-7
- 4. Nassar A, Cohen C, Agersborg SS, et al: Trainable immunohistochemical HER2/neu image analysis: a multisite performance study using 260 breast tissue specimens. Arch Pathol Lab Med 2011 July;135(7):896-902

#### **Performance**

#### **Method Description**

Testing is performed using FDA-approved Ventana Pathway HER2 (4B5) rabbit monoclonal primary antibody and a proprietary detection system. (Package insert: PATHWAY anti-HER-2/neu (4B5) Rabbit Monoclonal Primary Antibody)

Scoring is performed according to ASCO/CAP guidelines as follows:

- -Score of 3+ is defined as circumferential membrane staining that is complete, intense and in greater than 10% of invasive tumor cells
- -Score of 2+ is defined as weak to moderate complete membrane staining observed and in greater than 10% of the invasive tumor cells; or circumferential membrane staining that is complete, intense and in less than or equal to 10% of invasive tumor cells
- -Score of 1+ is defined as incomplete membrane staining that is faint or barely perceptible and in greater than 10% of the invasive tumor cells; or weak to moderate complete membrane staining observed and less than 10% of the invasive tumor cells
- -Score of 0 is defined as no staining observed or membrane staining that is incomplete and is faint or barely perceptible and in less than or equal to 10% of the invasive tumor cells. (Wolff AC, Hammond ME, Hicks DG, et al. Human Epidermal Growth Factor Receptor 2 Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologists Clinical Practice Guideline Focused Update. [published online ahead of print May 30, 2018]. J Clin Oncol. doi: 10.1200/JCO.2018.77.8738.)

## **PDF Report**

No



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# Day(s) Performed

Monday through Friday

## **Report Available**

4 to 14 days

## **Specimen Retention Time**

Until 1 week after results are reported. Materials made at Mayo Clinic may be retained at Mayo Clinic indefinitely.

# **Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Main Campus

#### Fees & Codes

#### **Fees**

- Authorized users can sign in to <u>Test Prices</u> 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 <u>Customer Service</u>.

### **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
HERDM	HER BreastDCIS IHC Manual + Reflex	Obsolete

Result ID	Test Result Name	Result LOINC® Value
MA017	Tumor classification	21918-8
70980	Interpretation	50595-8
70981	Participated in the Interpretation	No LOINC Needed
70984	Material Received	81178-6
70982	Report electronically signed by	19139-5
71623	Disclaimer	62364-5
71837	Case Number	80398-1