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| --- | --- | --- | --- |
| Booking Date | 25/11/2024Lata GuptaDr. Amish Vora  |  Patient ID : 012411250196 Age : 81 Years | Reported on 02/12/2024 Sex - Female |
| Name |
| Ref By |

**DIAGNOSIS**: Her2 IHC 2+ (Equivocal) Breast Cancer IDC

**METHODOLOGY**: Fluorescence *in situ* Hybridization (FISH)

**PROBE NAME**: HEALTHCARE HER2/CEP17 dual color probe.

#  FISH:

|  |  |
| --- | --- |
| Total number of cells scored | 100 |
| Total number of HER2 signals | 265 |
| Total number of CEP17 signals | 190 |
| Average HER2 signals/cell | 2.65 |
| Computed Ratio | 1.39 |



 Cells showing HER2 signals (orange) and CEP17 signals (green).

  **CLINICAL INTERPRETATION:**

1. Negative for HER2/neu amplification as per ASCO 2018 guidelines.

2. 2. Her2:CEP17 ratio is <2 and Average Her2 signals <4 (Group 5).

 RECOMMENDATION:

**Please Note:** 1. Evaluation of this specimen shows a normal hybridization pattern. These findings are indicative that the patient is not eligible for anti HER2 therapy (Trastuzumab). 2. Her2 gene amplification is seen 18 to 20% of invasive breast cancers. These tumours show increased over all survival rate with Her2 targeted therapy such as Trastuzumab. 3. It has been recognised as a poor prognosis indicator in early breast cancer. 4. In cases where tumor heterogeneity is present, analysis of HER2 FISH on additional blocks is recommended for conclusive result.