MAYO CLINIC
Mayo Medical Laboratories

LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME	PATIENT NUMBER	AGE	SEX	ACCESSION #
TESTING, 29004 IHCO	L3MRNG9170521	40Y	M	G9170521

ORDERING PHYSICIAN	CLIENT ORDER #	ACCOUNT #
		LIAISONS

COLLECTION DATE TIME	RECEIVED DATE TIME	REPORT PRINTED DATE TIME	SPECIMEN INFORMATION
10/12/11 09:09 A	10/12/11 09:09 A	10/13/11 03:35 P	DATE OF BIRTH:

Test Client
Attn: Mayo Liaisons
200 First Street SW
Rochester, MN 55905
507-284-8202

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
MMR Protein, IHC Only, Tumor				**REPORTED: 10/12/11 11:42 A**
Specimen		**Tissue-Tumor**		**MCR**
Specimen ID		**1037065**		**MCR**
Order Date		**12 Oct 2011 10:23**		**MCR**
Reason For Referral				**MCR**
Possible diagnosis of Hereditary Nonpolyposis Colon Cancer (HNPCC)/Lynch syndrome. Evaluate tissue for evidence of defective DNA mismatch repair.				
Method				**MCR**
Immunohistochemical staining (IHC) is used to determine the presence or absence of protein expression for one or more of the following: MLH1, MSH2, MSH6, and PMS2. Lymphocytes and normal epithelium exhibit strong nuclear staining to serve as positive internal controls for staining of these proteins.				
MLH1 IHC		**Performed**		**MCR**
MSH2 IHC		**Performed**		**MCR**
MSH6 IHC		**Performed**		**MCR**
PMS2 IHC		**Performed**		**MCR**
Result				**MCR**
Tumor type: colon adenocarcinoma IHC: Normal expression of MLH1, MSH2, MSH6, and PMS2				
Interpretation				**MCR**
The results of the IHC analysis suggest the presence of normal DNA mismatch repair function within the tumor. Thus, the likelihood that this individual has an inherited colon cancer syndrome due to defective DNA mismatch repair (HNPCC/Lynch syndrome) is reduced but not eliminated. These results reduce but do not completely rule out the possibility of defective DNA mismatch repair with in the tumor because approximately 5% of cases with defective				

** Perform Site Legend on last page of report*

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TESTING, 29004 IHCO	Final	10/12/11 09:09 A

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mismatch repair do not show absence of protein expression by IHC. These results also do not exclude the possibility that this individual's tumor is due to an inherited defect in another gene not involved in DNA mismatch repair. A significant fraction of clinically defined HNPCC cases (30% or more) do not have defective DNA mismatch repair as the underlying genetic basis of their disease.
Additionally, we cannot rule out the possibility that this individual or family has HNPCC/Lynch syndrome because this tumor could represent a sporadic occurrence. If there is a strong personal or family history of HNPCC/Lynch syndrome related cancers for this individual or if this individual has multiple tumors, consider microsatellite instability (MSI) testing on this tumor or a different tumor to further evaluate the possible role of defective DNA mismatch repair for this individual or family.
A genetic consultation may be of benefit.
CAUTIONS:
Test results should be interpreted in context of clinical findings, family history, and other laboratory data. If results obtained do not match other clinical or laboratory findings, please contact the laboratory for possible interpretation. Misinterpretation of results may occur if the information provided is inaccurate or incomplete.
Laboratory developed test.

Reviewed By: **Benjamin Robert Kipp** **MCR**
Release Date **12 Oct 2011 11:40** **MCR**

*** PERFORMING SITE**

MCR	Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.

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