# Template for Reporting Results of Quantitative IHC Biomarker Testing of Specimens From Patients With Carcinoma

**Version:** 1.1.0.0
**Protocol Posting Date:** November 2021
The use of this protocol is recommended for clinical care purposes but is not required for accreditation purposes.

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With guidance from the CAP Cancer and CAP Pathology Electronic Reporting Committees.
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**Accreditation Requirements**
Completion of the template is the responsibility of the laboratory performing the biomarker testing and/or providing the interpretation. When both testing and interpretation are performed elsewhere (eg, a reference laboratory), synoptic reporting of the results by the laboratory submitting the tissue for testing is also encouraged to ensure that all information is included in the patient's medical record and thus readily available to the treating clinical team. This template is not required for accreditation purposes. At this point, the breast biomarker template should be used for ER, PR, Ki67, and HER2 reporting. The purpose of this template is to support a generic and extensible reporting framework for various IHC based biomarkers.

**Summary of Changes**

**v 1.1.0.0**
- Added accreditation requirements statement
- Reordering of the biomarkers
- Added Controls questions for HER2 and Ki-67
- Addition of a generic repeating section for reporting additional biomarkers





Replaced by version 1.1.0.1 on September 20, 2023, Obsolete as of June 2024 (8 months after newest release date)

## Reporting Template

**Protocol Posting Date: November 2021**
**Select a single response unless otherwise indicated.**

**CASE SUMMARY: (Quantitative IHC Biomarker Reporting)**

**SPECIMEN INFORMATION**

**+Case Identifier: _____**
**+Block Designation: _____**
**+Anatomic Site: _____**
**+Diagnosis: _____**

**+Biomarker(s) Assessed (select all that apply)**

___ PD-L1 IHC

**PD-L1 IHC Results**
**+Interpretation**
___ Positive
___ Negative
___ Cannot be determined (indeterminate)
**+Percentage of Tumor Cells with Staining (TPS): _____ %**
**+Number of Tumor and Immune Cells with Staining per 100 Tumor Cells (CPS): _____**
**+Specify Percentage of Tumor-associated Immune Cells with Staining: _____ %**
**+Specify Percentage of Tumor Area Occupied by Tumor-associated Immune Cells:_____**
**+Comments: _____**

**PD-L1 Methods**
**+Antibody**
___ 22C3
___ SP142
___ SP263
___ 28-8
___ Other (specify): _____

**+Controls (select all that apply)**
___ Internal control cells present; expected immunoreactivity
___ Internal control cells present; no immunoreactivity of either tumor cells or internal controls
___ External controls available, expected immunoreactivity
___ External controls available; no immunoreactivity in expected cells

**+Assay Information**
___ Food and Drug Administration (FDA) cleared test / vendor (specify): _____
___ Laboratory-developed test

**+Specify Quantitative Imaging Analytics Performed: _____**

___ MMR IHC

**MMR IHC Results**

**+Interpretation**

___ No loss of nuclear expression of MMR proteins
___ Loss of nuclear expression of MLH1 and PMS2
___ Loss of nuclear expression of MSH2 and MSH6
___ Loss of nuclear expression of only PMS2 or MSH6
___ Other (specify): _____
___ Cannot be determined (indeterminate)

**+Comments: _____**

**MMR Staining**

**+Nuclear MLH1 staining**

___ Intact
___ Loss
___ Other (specify): _____

**+Nuclear PMS2 staining**

___ Intact
___ Loss
___ Other (specify): _____

**+Nuclear MSH2 staining**

___ Intact
___ Loss
___ Other (specify): _____

**+Nuclear MSH6 staining**

___ Intact
___ Loss
___ Other (specify): _____

**MMR IHC Methods**

**+Controls (select all that apply)**

___ Internal control cells present; expected immunoreactivity
___ Internal control cells present; no immunoreactivity of either tumor cells or internal controls
___ External controls available, expected immunoreactivity
___ External controls available; no immunoreactivity in expected cells

**+Assay Information**

___ Food and Drug Administration (FDA) cleared test / vendor (specify): _____
___ Laboratory-developed test

**+Specify Quantitative Imaging Analytics Performed: _____**

___ HER2 IHC

**HER2 IHC Results**

**+Interpretation**

___ Positive
___ Negative
___ Equivocal
___ Cannot be determined (indeterminate)

**+Scoring System**

___ Breast
___ Gastric
___ Other (specify): _____

**+Score**

___ 0
___ 1+
___ 2+
___ 3+
___ Other (specify): _____

**+Specify Percentage of Cells with Uniform Intense Complete Membrane Staining: _____ %**

**+Comments: _____**

**HER2 IHC Methods**

**+Antibody**

___ HercepTest
___ 4B5
___ SP3
___ Other (specify): _____

**+Controls**

___ External controls available, expected immunoreactivity
___ External controls available; no immunoreactivity in expected cells

**+Assay Information**

___ Food and Drug Administration (FDA) cleared test / vendor (specify): _____
___ Laboratory-developed test

**+Specify Quantitative Imaging Analytics Performed: _____**

___ Estrogen Receptor IHC

**Estrogen Receptor IHC Results**

**+Interpretation**

___ Positive
___ Negative
___ Cannot be determined (indeterminate)
**+Specify Tumor Cell Percent Positive: _____ %**

**+Tumor Cell Staining Intensity**

___ Strong
___ Moderate
___ Weak
___ Other (specify): _____

**+Comments: _____**

**Estrogen Receptor IHC Methods**

**+Antibody**

___ SP1
___ 6F11
___ 1D5
___ Other (specify): _____

**+Controls (select all that apply)**

___ Internal control cells present; expected immunoreactivity
___ Internal control cells present; no immunoreactivity of either tumor cells or internal controls
___ External controls available, expected immunoreactivity
___ External controls available; no immunoreactivity in expected cells

**+Assay Information**

___ Food and Drug Administration (FDA) cleared test / vendor (specify): _____
___ Laboratory-developed test
**+Specify Quantitative Imaging Analytics Performed: _____**

___ Progesterone Receptor IHC

**Progesterone Receptor IHC Results**

**+Interpretation**

___ Positive
___ Negative
___ Cannot be determined (indeterminate)

**+Specify Tumor Cell Percent Positive: _____ %**

**+Tumor Cell Staining Intensity**

___ Strong
___ Moderate
___ Weak
___ Other (specify): _____

**+Comments: _____**

**Progesterone Receptor IHC Methods**

**+Antibody**

___ 1E2
___ 636
___ SP2
___ Other (specify): _____

**+Controls (select all that apply)**

___ Internal control cells present; expected immunoreactivity
___ Internal control cells present; no immunoreactivity of either tumor cells or internal controls
___ External controls available, expected immunoreactivity
___ External controls available; no immunoreactivity in expected cells

**+Assay Information**

___ Food and Drug Administration (FDA) cleared test / vendor (specify): _____
___ Laboratory-developed test

**+Specify Quantitative Imaging Analytics Performed: _____**

___ Ki-67 IHC

**Ki-67 IHC Results**

**+Specify Tumor Cell Percent Positive: _____ %**

**+Comments: _____**

**Ki-67 IHC Methods**

**+Antibody**

___ MIB1

___ Other (specify): _____

**+Controls**

___ External controls available, expected immunoreactivity

___ External controls available; no immunoreactivity in expected cells

**+Assay Information (eg., Laboratory-developed Test): _____**

**+Specify Quantitative Imaging Analytics Performed: _____**

**Other Biomarker(s) (may repeat for up to 10 biomarkers)**
**Specify Biomarker : _____**
**Results**
**+Interpretation**
___ Positive
___ Negative
___ Cannot be determined (indeterminate)
**+Tumor Cell Staining Intensity : _____ %**

**+Comments : _____**

**Methods**
**+Specify Antibody : _____**

**+Controls (select all that apply)**
___ Internal control cells present; expected immunoreactivity
___ Internal control cells present; no immunoreactivity of either tumor cells or internal controls
___ External controls available, expected immunoreactivity
___ External controls available; no immunoreactivity in expected cells

**+Assay Information**
___ Food and Drug Administration (FDA) cleared test / vendor (specify) : _____
___ Laboratory-developed test

**+Specify Quantitative Imaging Analytics Performed : _____**

**COMMENTS**

**Comment(s) : _____**