MRN: 500000005 HCN:
TESTING LONGNAME, MARYLOUWCH
SEX: F DOB: 28 NOV 1981
123 COLLEGE ST
TORONTO ON M5M 2P1 T: 416-888-1111
DEPT: WCH Surgery
PROV: INPATIENT, ATTENDING PHYSICIAN CSN:65115

Sinai Health | Mount Sinai Hospital
Joseph & Wolf Lebovic Health Complex
Pathology
600 University Ave
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Clinic ID:	ENDO	Medical Record #:	80662035
Clinic Name:	ENDOSCOPY	Last Name:	TESTINGLONGNAME
Physician:	BOLLEGALA, DR. NATASHA	First, Middle:	MARYLOUWCH
Procedure Date:	2024-05-31	DOB/Gender:	28 NOV 1981
Accession Date:	2024-05-31	Health Card #:	
Report Date:	2024-07-12*	Visit #:	7218 202510

declines investigation/treatment
send to PCP

FAXED

JUL 23 2024

SUPPLEMENTAL SURGICAL PATHOLOGY REPORT

Copies to:

SUPPLEMENTAL INFORMATION:

ADDENDUM (June 6th, 2024):
Immunohistochemistry:
Mismatch Repair (MMR): MLH1 deficient (abnormal MLH1 / PMS2 staining; dMMR)
Tumour considered MSI-H

PD-L1: Positive (CPS > 5 (40)
HER2: Negative (0)

ADDENDUM (July 12, 2024):
Molecular Analysis:
MLH1 Promoter Methylation: PRESENT

COMMENT
Given the molecular findings, the loss of MLH1 is most likely sporadic in nature. Unless there is a suggestion for a hereditary condition (i.e. compelling family history, diagnosis under age 50, polyposis), then a referral to genetics is not indicated at this time.

Molecular Testing – Technical Details
DNA extracted from microdissected tumour tissue was treated with sodium bisulfite, followed by amplification of a segment of the MLH1 [NM_000249.3] promoter region (c.-248_-178) using methylation specific real-time PCR on the Roche LightCycler 96. The methylation status of MLH1 is determined by calculating the percentage of methylated reference (PMR) by comparing the amplification of MLH1 to the amplification of the reference gene Alu. Methylation at locations other than those covered by the primers and probes will not be detected. Results of this test must always be interpreted within the clinical context and other relevant data, and should not be used alone for a diagnosis of malignancy. This test is not intended to detect minimal residual disease.

These tests were developed and their performance characteristics determined by Mount Sinai Hospital, Department of Pathology and Laboratory Medicine. This laboratory is accredited to ISO 15189 Plus by Accreditation Canada Diagnostics. These tests were validated according to accepted practice guidelines for clinical molecular genetic testing by the ACMG and CCMG.

PATHOLOGY DIAGNOSIS

1, 2. Duodenum (D2, cap), biopsies:
- Mild intraepithelial lymphocytosis (likely secondary to Helicobacter pylori gastritis)

3. Stomach (antrum and body), biopsy:
- Active chronic gastritis; Helicobacter pylori identified with histochemical stains (H. pylori gastritis)
- Intestinal metaplasia; negative for dysplasia

4. Stomach (mass), biopsy:
- Moderately differentiated gastric adenocarcinoma (intestinal type)
- Immunohistochemical biomarkers pending

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Clinic ID:	ENDO	Medical Record #	80662035
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SUPPLEMENTAL SURGICAL PATHOLOGY REPORT SPS-24-15414

COMMENT:
Biomarker results will be reported in a supplemental report.

Specimen: 1. DUODENUM BIOPSY
2. DUODENUM BIOPSY, CAP
3. GASTRIC ANTRUM BIOPSY, AND BODY
4. GASTRIC BIOPSY, MASS

Gross Description

1. The specimen container is labelled with the patient's identification and contains 3 pieces of tan soft tissue measuring 0.2 to 0.4 cm in greatest dimension.

- 1 submitted in toto

2. The specimen container is labelled with the patient's identification and contains 4 pieces of tan soft tissue measuring 0.6 to 0.7 cm in greatest dimension.

- 1 submitted in toto

3. The specimen container is labelled with the patient's identification and contains 4 pieces of tan soft tissue measuring 0.2 to 0.6 cm in greatest dimension.

- 1 submitted in toto

4. The specimen container is labelled with the patient's identification and contains multiple fragments of tan soft tissue measuring 0.8 x 0.6 x 0.2 cm in aggregate dimension.

- 1 submitted in toto

Grossed by: N. Saito, Pathologists' Assistant

Microscopic Description

RESULTS

Mismatch Repair
Immunohistochemistry (IHC) Testing for Mismatch Repair (MMR) Proteins
MLH1 Result: Loss of nuclear expression
MSH2 Result: Intact nuclear expression
MSH6 Result: Intact nuclear expression
PMS2 Result: Loss of nuclear expression
Background nonneoplastic tissue / internal control with intact nuclear expression

HER2 Test(s) Performed HER2 by IHC Results Negative (Score 0)

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Clinic ID:	ENDO	Medical Record #:	8086203
Clinic Name:	ENDOSCOPY	Last Name:	TESTINGLONGNAME
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Aaron Pollett, MD,FRCPC