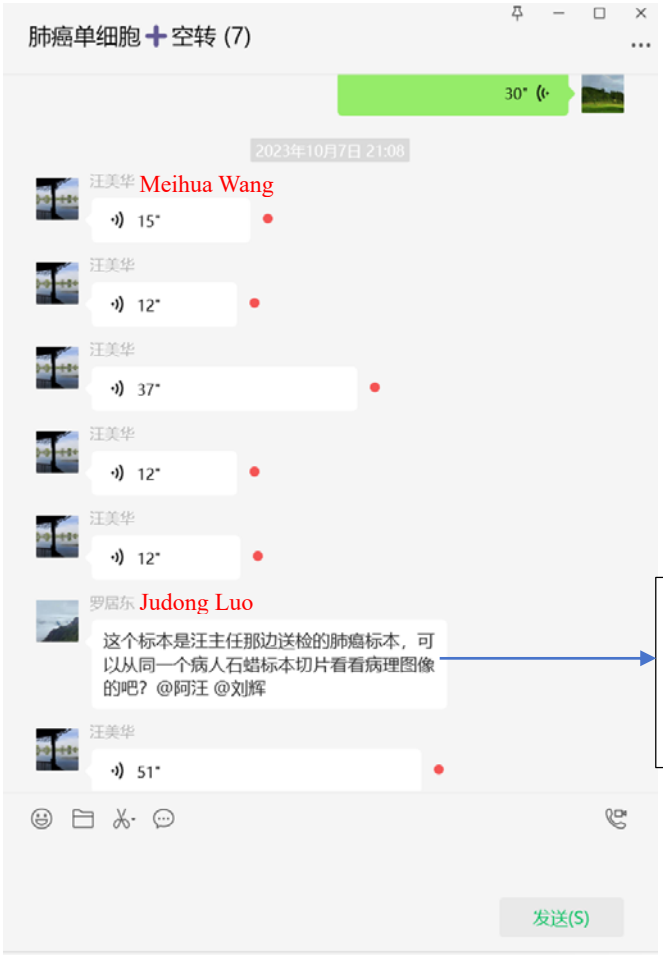


This specimen is a lung cancer specimen sent for examination by Director Wang. Can we take a paraffin specimen section from the same patient and see the pathological image?

What Director Wang means is that there is no difference between your pictures on the 28th and 29th@Hui Liu

The pathology of lung adenocarcinoma can be divided into these four subtypes

I want the doctor to see if there are any areas including these subtypes in the pathology image just sent.

Mark it out?

Can't open

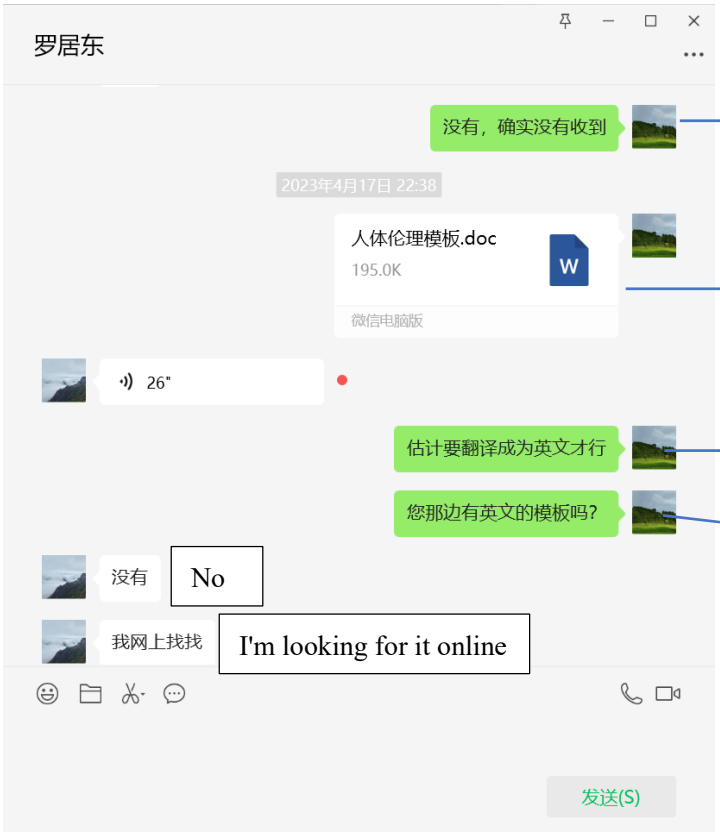
Immunofluorescence Experiment Instructions

There is another question I want to confirm, that is, for example, green (TIGIT), then all green places in the picture mean that the gene is expressed, right?

How long will it take to get the results?

6 cases, including 3 solid and 3 lepidic, and each case was cut into 3 white slices, 4 microns, unbaked slices

Okay, it takes about one week for the antibody to arrive, and it takes more than two weeks including the experiment



No, I did not receive it

Human body ethics template

I guess it needs to be translated into English

Do you have English templates there?

Prepare to vote for one of them

which one do you choose

The lepidic and solid forms of lung cancer

I will add the immunofluorescence results later.

Lepidic,Acinar,Papillary,Solid

Hey, Teacher Liu, there are four types of lung adenocarcinoma. The last time they asked them to do it was lepidic and solid. In fact, there are four types in total. I just communicated with the director of the thoracic surgery department and the director of the pathology department. Is it necessary for us to conduct spatial transcriptome sequencing of all four types? Do you think it is better to do single-cell transcriptome or spatial transcriptome, or single-cell and spatial transcriptome together?

But it will take a little longer. It is estimated that it will take half a year to one year. Maybe these four patterns can be completed in half a year.

Haven't sent it yet?

I haven’t written yesterday’s results yet

I'm making that picture clearer

Paper of Qianman Gao

This is my Chinese and English manuscript. I put the supplementary figures at the end of the Chinese version

Write like this or not. Make it clear.

I'll send it to you when I get to the lab after dinner. I save it on my computer.

I wrote about this in the methods section

Does the immunofluorescence method need to be written by the hospital staff?

You can find a paper on the subject and read it, it's usually written

The immunofluorescence experiment was done by an outside company, the hospital just provided the tumor samples

The text size on the figures would be better enlarged, some of the text is too small to read

This shouldn't be right

I read the description in the literature above and thought it was correct

It should be for the same histological pattern, some are cold tumors and some are hot tumors

Lepidic and solid are not the same

The lepidic has fewer mutations and fewer antigens, so there are not many immune cells.

You helped me change some places to histological subtypes and some places not, do I need to standardize?

I see the literature calls it both

I think it's better to call it a subtype

It's actually different stages of tumor progression

Okay, then I'll standardize

It's basically done

Thank you for your hard work, sir.

There are a few areas that feel like they could be analyzed in depth

A few pairs of receptor ligands were found earlier, but it's a bit of a shame that the later analysis didn't capture these receptor ligands for the analysis

Why don't you come to my office and we'll discuss it?

Take a picture. Let me see.

I'll be right back

There are 50 cancer-related pathways here

Translated into English except for the method section

Can you handle the methods section on your own?

It should work

Thank you for your hard work, sir.

The front is the receptor

This is not the right text, I thought it was Coinhibitory interaction (Lepidic)

This can be changed

I just took the name

Then change it

ips_ctla4_neg_pd1_pos to IPS score (ctla4:neg;pd1:pos)