Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref By	Reporting Date/Time

SIN No:SP0735852

TEST REQUESTED: **MICROSATELLITE INSATBILITY (MSI)**

METHOD USED
PCR & Fragment Analysis

CLINICAL INFORMATION
As per clinical data, ? Ca lung

SAMPLE INFORMATION
FFPE Block (Block No.: SC-1990/23 B, Tumor Content: ~50%)

MSS

RESULT SUMMARY	
Count of markers reported Unstable	**0**
Count of markers reported stable	**13**
Count of markers reported No Call	**0**
Reported Unstable Rate	**0%**

INTERPRETATION CRITERIA	
Minimum Unstable ratio to call MSI High (MSI-H)	**≥30%**
Minimum Unstable ratio to call MSI Low (MSI-L)	**1-29%**
Marker status for MSI Stable (MSS)	**<5% or all the markers are stable**

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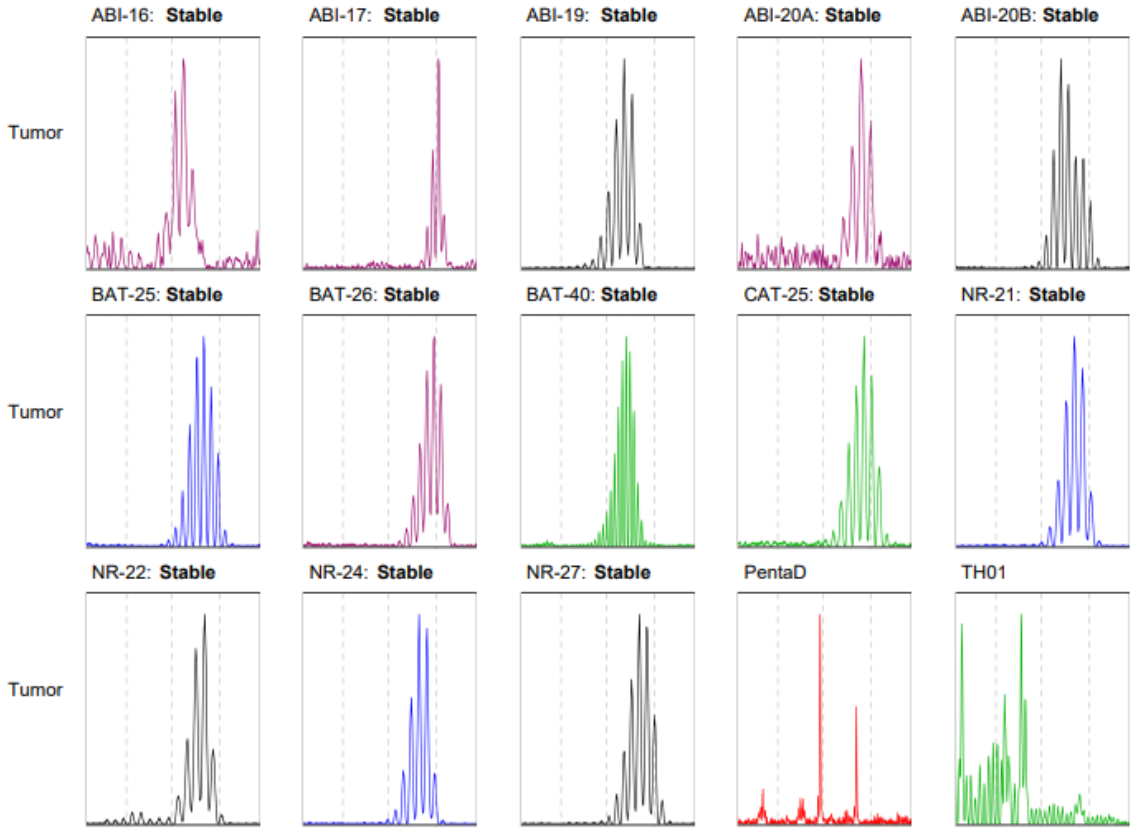
MAX ID	Overcall
SKDD.982225	**MSS**

Marker Details



Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Cent : :1104 - Max Smart- M S S S H, ,
The authentici y of the report can be verified by scanning the Q R Code on top of the page

MC-2714

Patient Name	Centre
Age/Gender	OP/IP No/UHID
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SIN No:SP0735852

General Comments

The NCCN panel recommends MSI testing for all patients with a personal history of colon or rectal cancer to identify individuals with Lynch syndrome, to inform use of immunotherapy in patients with metastatic disease, and to take informed decisions for patients with stage II disease. Lynch syndrome is the most common form of genetically determined colon cancer predisposition, accounting for 2% to 4% of all CRC cases. This hereditary syndrome results from germline mutations in DNA mismatch repair (MMR) genes (MLH1, MSH2, MSH6, and PMS2).

Microsatellite instability is an important information to consider when deciding whether to use adjuvant chemotherapy in patients with stage II cancer. Mutation in Mismatch repair (MMR) genes or modifications of these genes (e.g., methylation) can result in MMR protein deficiency which impairs the repairing of microsatellites and thus Microsatellite Instability.

MSI is detected as changes in the length of repetitive DNA elements in tumor tissue caused by insertion and deletion of repeated units.

Tumors showing the presence of MSI are classified as either MSI-H or MSI-Low (MSI-L), depending on the extent of instability in the markers tested, whereas tumors without this characteristic are classified as Microsatelite stable (MSS).

Patients determined to have defective MMR (dMMR) status are biologically the same population as those with MSI-H status. In patients with stage II cancer, a deficiency in MMR protein expression or MSI-H tumor status is a prognostic marker of a more favourable outcome.

(DR ATUL THATAI)
Director Molecular & Cytogenomics

(DR NITIN DAYAL)
Prin. Cons. and Head Hematopathology

(DR PRIYANKA AGARWAL)
Sr. Manager
Genomics & Molecular