

To: Dr. Kshitij Joshi - Mumbai

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Mumbai- 400092

Maharashtra

Report Of: Mr. ASHOK RAJ BIRLA



Sample ID : 2300122083

Patient ID : 1002347133

Collected on : 23-06-2023

Received on : 24-06-2023 10:00:00

Reported on : 01-07-2023 19:38:37

Ref By : Dr. Kshitij Joshi - Mumbai

### MOLECULAR CYTOGENETICS (FISH) REPORT

<b>Patient Name</b>	: Mr. ASHOK RAJ BIRLA	<b>Age</b>	: 63 Years
<b>Physician Name</b>	: DR. KSHITIJ JOSHI	<b>Gender</b>	: Male
<b>Provisional Diagnosis</b>	: ?Plasma cell myeloma	<b>Specimen Status</b>	: Ok
<b>Specimen Type</b>	: Bone Marrow Aspirate (BMA)	<b>Disease Status</b>	: N.A
<b>Test Requested</b>	: Multiple Myeloma on purified plasma cells FISH, t(9;22) (BCR-ABL1) FISH		

<b>Test</b>	: Multiple Myeloma on purified plasma cells OncoInsights™ FISH panel
<b>Test panel</b>	: Monosomy13/del(13q), TP53 (17p) deletion, 1q amplification and 1p deletion, Trisomy 3, 7, 9 & 15, IGH (14q32) translocation Analysis.
<b>Method</b>	: Isolation and purification of CD138 sorted plasma cells from bone marrow mononuclear cells, followed by Fluorescence in situ hybridization and analysis on plasma cells.
<b>Probe panel</b>	: ZytoLight SPEC CKS1B/CDKN2C Dual Color, SPEC RB1/13q12 Dual Color Probe, SPEC TP53 (17p13) / CEN 17 dual color, CEN 3, CEN 7, SPEC IGH Break Apart, Metasystem XL 5p15 / 9q22 / 15q22 Hyperdiploidy probe.
	Limit of Detection: Dual fusion probe: ≤1% , Break apart probe: 5%, Centromeric probe: 2% (trisomy), 5% (monosomy), LSI deletion probe: 5%, LSI Amp (1q): 3-5%
<b>No. of Cells Analysed</b>	: 200

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**Result:**

**IGH (14q32) translocation Analysis:**

<b>IGH (14q32) Translocation</b>	<b>IGH (Orange/Green)</b>	<b>5` IGH (Green)</b>	<b>3` IGH (Orange)</b>	<b>No. Cells</b>
Signal/s/Cell	2	0	0	200

**Monosomy13/del(13q),TP53 (17p) deletion,1q amplification and 1p deletion Analysis:**

<b>-13/del(13q)</b>	<b>RB1 (13q14.2) (Orange)</b>	<b>13q12.11 (Green)</b>	<b>No. Cells</b>
Signal/s/Cell	2	2	200
<b>17p deletion</b>	<b>TP53 (Orange)</b>	<b>CEN 17(Green)</b>	<b>No. Cells</b>
Signal/s/Cell	2	2	200
<b>1q amp/1p del</b>	<b>CDKN2C(1p32.2) (Green)</b>	<b>CKS1B(1q21) (Orange)</b>	<b>No. Cells</b>
Signal/s/Cell	2	2	200

**Trisomy 3, 7, 9 & 15 Analysis:**

	<b>Signal/s/Cells</b>	<b>No. Cells</b>
<b>CEN 3 (Orange)</b>	2	200
<b>XL 5p15 (Green)</b>	2	200
<b>CEN 7(Orange)</b>	2	200
<b>XL 9q22 (Aqua)</b>	2	200
<b>XL 15q22.3 (Orange)</b>	2	200

**Interpretation:** Fluorescence in situ hybridization (FISH) showed no evidence of *IGH* translocation.

Signal pattern showed no evidence of monosomy 13/del(13q), 17p deletion, 1q gain/amplification and 1p deletion.

There was no evidence of hyperdiploidy.

**IMPRESSION:** Present case revealed no evidence of 13q deletion/monosomy 13, 17p deletion, 1q gain/amplification, 1p deletion, *IGH* translocations and hyperdiploidy.

**References:**

1. Fiona M. Ross, Herve Aveta A A Loiseau, Genevieve Ameye, Norma C. Gutierrez, et al. Report from the European myeloma network on interphase FISH in multiple myeloma and related disorders European Myeloma Network Report from the European myeloma network on interphase FISH in multiple myeloma and related disorders. *Haematologica*. 2012; 97:xxx doi:10.3324/haematol.2011.056176.
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5. Steven H. Swerdlow, Elias Campo, Stefano A. Pileri et al.The 2016 revision of the World Health Organization classification of lymphoid neoplasms. *Blood*. 127(20):2375-2390, 2016.
6. P. Amare (Kadam), Book Chapter "Cytogenetics and FISH: Clinico biologic implications in Multiple Myeloma. *Book Plasma cell Malignancies*. Eds Dr. MB Agarwal. Pp61-66, 2010, INDIA.
7. Pratibha Kadam Amare, Hemani Jain , Shraddha Nikhalje, ManjuSengar, Hari Menon , Nitin Inamdar , P. Subramaniam, Y. Badri, Reena Nair . Cytogenetic analysis helps identification of prognostic groups in multiple myeloma: the experience from India *J Mol DiagnosticAb # H59,, vol 14, No. 6 , PP667 , 2012.*
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Mr. ASHOK RAJ BIRLA

Sample ID: 2300122083



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- End of Report -

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- The report relates only to the specimen submitted to the lab which was verified and confirmed at the time of specimen collection. Also it is presumed that the specimen belongs to the patient named or identified, such verification being carried out at the point of generation of the said specimen.
- Although Conventional karyotyping is a gold standard method of cytogenetics which gives a global whole genomic view of multiple known, unknown chromosomal abnormalities, small cryptic, subtle aberrations below 7-8 Mb resolution can be missed.
- In spite of known sensitivity and efficiency of the genetic test, the test results have to be correlated with other clinical and pathological finding for conclusive diagnosis and disease management.
- A test request may be revised or generated by Lilac geneticist with an intimation to an Oncologist if: 1) Incomplete requisition 2) After haematopathology Update.
- In 1-2 % of APL cases, FISH may turn out to be negative due to PML/RARA probe design which unable to detect cryptic insertion of PML to RARA. In such rare cases, It is advisable to check PML-RARA by molecular methods.
- In case of Multiple Myeloma, flowcytometry report indicating abnormal plasma cell population is important for reference, as small abnormal clones may get deduced as per limit of detection policy in FISH analysis.
- In case of FFPE FISH, if H & E stained slides &/or histopathology report is not provided by customer , LILAC proceed with H & E staining followed by histopathology remarks along with marking of tumor area by our consultant pathologist.
- Assays are performed in accordance with standard procedure on receipt. The reported results are dependent on individual assay methods, equipment used, method specificity, sensitivity and quality of specimen(s) received.
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