

To: Basavatarakam Indoamerican Cancer Hospital
& Research Institute-Hyderabad

Road No.10,
Banjara Hills,
Hyderabad- 500034
Andhra Pradesh

Report Of: Ms. JOTHIMANI R [2313141]



Sample ID : 2300146515

Patient ID : 1002363997

Collected on : 30-07-2023

Received on : 03-08-2023 11:18:00

Reported on : 05-08-2023 20:46:17

Ref By : BIACH & RI

MOLECULAR CYTOGENETICS (FISH) REPORT

Patient Name	: Ms. JOTHIMANI R [2313141]	Age	: 47 Years
Physician Name	: DR. NIKHIL P	Gender	: Female
Provisional Diagnosis	: ? Follicular Lymphoma	Specimen Status	: Ok
Specimen Type	: Peripheral Blood (PB)	Disease Status	: At Diagnosis
Test Requested	: Follicular Lymphoma FISH		

Test	: Follicular Lymphoma FISH
Test panel	: t(14;18)(IGH/BCL2) Analysis.
Method	: Direct culture of peripheral blood followed by interphase cells preparation, Fluorescence in situ hybridization on interphase cells.
Probe panel	: Zyto Light SPEC IGH/BCL2 Dual Fusion probe.
	Limit of Detection: Dual Fusion Probe: ≤1%
No. of Cells Analysed	: 200

t(14;18)(IGH/BCL2) Analysis:

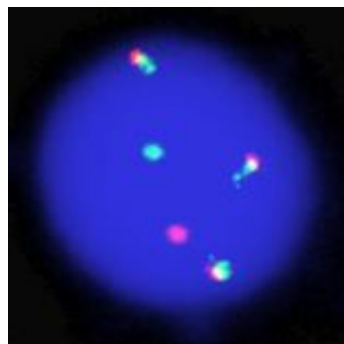
IGH/BCL2: t(14;18)	BCL2(Orange)	IGH(Green)	IGH/BCL2 (Orange/Green)	No Cells
Signal/s/Cell	1	1	3	176/200

Interpretation: Fluorescence in situ hybridization (FISH) showed evidence of *IGH/BCL2* co-localization: t(14;18)(q32;q21) (Freq. 88%).

Impression: Present case revealed *IGH/BCL2* co-localization: t(14;18)(q32;q21). It is recurrent in follicular lymphoma and large B-Cell non-Hodgkin lymphoma.

References:

1. Follicular lymphoma - Wikipedia <https://en.wikipedia.org/wiki>
2. 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.
3. Atlas of Genetics and cytogenetics in Oncology and Hematology. <http://AtlasgeneticsOncology.org/Anomalies>, accessed 28 January, 2014.
4. Sandrine Roulland, Rachel S. Kelly, Ester Morgado. t(14;18) Translocation: A Predictive Blood Biomarker for Follicular Lymphoma. *Journal of Clinical Oncology* 32, no. 13 1347-1355, 2014.
5. Itziar Salaverria, Reiner Siebert. Follicular lymphoma grade 3B. *Best Practice & Research Clinical Haematology* 24, 111-119, 2011. Hong-wei Zhan, Niu-liang Cheng, Zhen-wen Chen, Jin-fen Wang et al. Clinical Impact of t(14;18) in Diffuse Large B-cell Lymphoma. *Chin J Cancer Res* 23(2): 160-164, 2011.
6. Ilen Leich, Itziar Salaverria, Silvia Bea et al. Follicular lymphomas with and without translocation t(14;18) differ in gene expression profiles and genetic alterations. *Blood*. 114: 826-834, 2009.
7. Rabkin CS, Hirt C, Janz S, Dolken G. t(14;18) Translocations and risk of follicular lymphoma. *J Natl Cancer Inst Monogr*. (39):48-51, 2008. doi: 10.1093/jncimonographs/lgn002.



FISH on interphase cells showing *IGH/BCL2* co-localization: t(14;18)(q32;q21)

Ms. JOTHIMANI R [2313141]

Sample ID: 2300146515

Prepared By : **Shraddha Nikalje**

Verified By : **Pranita Pawar**



Dr. P. S. Kadam Amare
Oncogeneticist
Chief & Lab Director "Cancer &
Clinical Genetics"
Lilac Insights Pvt. Ltd.



Dr. Hrushikesh Lele
Sr. Scientific Officer
Oncocytogenetics Dept.
Lilac Insights Pvt. Ltd.

- End of Report -

Conditions of Reporting/Disclaimer:

- 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.
- Lilac Insights Pvt. Ltd. has policy to return the FFPE blocks within one month after final reporting with proper documentation of the dispatch of the block to customer from accession dept, Lilac. After dispatch, if there is no intimation from customer within two weeks, Lilac will not be responsible for the Dispatched FFPE block.
- Soft copies of oncocytogenetics reports are sent to customer by office mail ID. Also, Hardcopies are sent to customer only on the address provided by client.