

IMMUNOHISTOCHEMISTRY, PROGESTERONE RECEPTOR (PR)

PROGESTERONE RECEPTOR (PR) (Immunohistochemistry)	RESULT	%	REFERENCE RANGE
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SLIDE NO :

SPECIMEN:

CLINICAL HISTORY :

GROSS:

IMPRESSION:

ADVISED:

INTERPRETATION

College of American Pathologists (CAP) guidelines for ER / PR scoring: *****

IMMUNOREACTIVE TUMOR CELLS	REMARKS
>=1%	Positive 75-85% of Invasive Breast Cancers are positive for ER / PR
<1%	Suggested to be considered negative for ER / PR, but not conclusively proven
Absent	Negative 15-25% of Invasive Breast Cancers are negative for ER / PR

Comments

The effect of hormones in target organs is mediated by intracellular, largely intranuclear peptides known as hormone receptors. The estrogen receptors generally show lower concentrations in tumors of premenopausal women than in post menopausal women. The presence of hormone receptors in tumors correlates with histologic grade. These receptors in tumor tissue correlate well with response to hormone therapy. Clone for PR is Mouse Monoclonal (PR88).

Response to Hormone Therapy

ER positive & PR positive tumors = 78%

ER positive & PR negative tumors = 34%

ER negative & PR positive tumors = 45%

ER negative & PR negative tumors = 10%

NOTE:

1. Detection system used is Polymer HRP
2. The impression is based on the material submitted and is not a complete surgical pathology report.
3. False negative IHC results due to inadequate fixation of the material sent for evaluation cannot be excluded.

FIXATION REQUIREMENTS

- A. The volume of formalin fixative should be at least 10 times the volume of the specimen.
- B. Decalcification solutions with strong acids should not be used.
- C. Specimens should be immersed in fixative within 1 hour of the biopsy /resection procedure (time of removal & time of immersion to be mentioned)
- D. In all resection (large) specimens, the tumour must be bisected prior to immersion in fixative.
- E. For PR by IHC, the specimen must be fixed in 10% Neutral buffered formalin for at least 6 hours and upto a maximum of 72 hours.