

IMMUNOHISTOCHEMISTRY, PROSTATE SPECIFIC ANTIGEN (PSA)

IHC MARKER	RESULT
PROSTATE SPECIFIC ANTIGEN (PSA)	

SLIDE NO :

SPECIMEN:

CLINICAL HISTORY :

GROSS:

IMPRESSION:

ADVISED:

INTERPRETATION

RESULT	SCORE
Non immunoreactive	0
Immunoreactive in 1-25% cells	1+
Immunoreactive in 26-50% cells	2+
Immunoreactive in 51-75% cells	3+
Immunoreactive in 76-100% cells	4+

COMMENTS

Prostate Specific Antigen (PSA) has been found to have a greater degree of specificity for normal, hyperplastic and neoplastic prostatic tissue as compared with Prostatic Acid Phosphatase. Immunohistochemical demonstration of PSA has become the method of choice for the identification of Prostatic adenocarcinoma. This test is highly useful in metastatic carcinomas to identify primary from the prostate in suspected cases. However PSA immunohistochemistry does not distinguish between benign and malignant processes, but helps in identifying prostatic origin of metastatic tumors except Undifferentiated carcinomas and occasional advanced cases following hormone therapy. This test is useful in the differential diagnosis between Poorly differentiated Prostatic tumors and Transitional tumors.

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.