HistoCyte Laboratories

Quality in Control

Progesterone Receptor Control^{DR}

Product Introduction

Product Codes:

HCL032, HCL033 and HCL034

Issue 1. 180625

Contents

Product Name	Format	Code
Progesterone Receptor Analyte Control^{DR}	Slide (2)	HCL032
	Slide (5)	HCL033
	Block	HCL034

(For research use only)

Introduction to Progesterone Receptor

What is it?

Progesterone Receptor (PR) is a ligand activated transcription factor that is located in the nucleus. In healthy mammary tissue PR functions in tandem with ER and its ligand estrogen to promote the proliferation of mammary tissue through puberty, during phases of the menstrual cycle and through pregnancy. Whilst the cells expressing the receptors do not proliferate, they elicit proliferation in a paracrine manner. These receptors' ability to drive proliferation has resulted in them being heavily associated with breast cancer. Evidence suggests that the interaction of the PR isoform PR-B with ER and HER2 pathways aids the progression of a tumour and the development of resistance to targeted therapies.[1,2]

Utility

As of 2016 breast cancer is the second most common cause of cancer death in females in the UK and is the most common cancer amongst females globally. Tumours that test ER+PR- are associated with a poorer prognosis and it is believed to be a mechanism behind the development of resistance to endocrine directed treatments. Additionally, cases that are negative for both hormone receptors are associated with an even poorer prognosis. Whilst currently a pathologist's interest in PR is primarily to understand prognosis, there is potential that PR-directed treatment in early cancer would be beneficial if preclinical trial data is corroborated[2,3,4,5,6].

1. Daniel AR, Hagan CR, Lange CA. Progesterone receptor action: defining a role in breast cancer. *Expert review of endocrinology & metabolism*. 2011;6(3):359-369. doi:10.1586/eem.11.25.
2. Hilton HN, Clarke CL, Graham JD. Estrogen and progesterone signalling in the normal breast and its implications for cancer development. Molecular and Cellular Endocrinology. 2018;466:2-14.
3. Cancer Mortality for Common Cancers. Cancer Research UK. 2018 [cited 17/06/18]. Available from: http://www.cancerresearchuk.org/health-professional/cancer-statistics/mortality/common-cancers-compared#heading-Zero
4. Bae SY, Kim S, Lee JH, Lee H-c, Lee SK, Kil WH, Kim SW, Lee JE, Nam SJ. Poor prognosis of single hormone receptor- positive breast cancer: similar outcome as triple-negative breast cancer. BMC Cancer. 2015;15:138.
5. Lim E, Palmieri C, Tilley WD. Renewed interest in the progesterone receptor in breast cancer. British Journal Of Cancer. 2016;115:909.
6. Badwe R, Hawaldar R, Parmar V, Nadkarni M, Shet T, Desai S, Gupta S, Jalali R, Vanmali V, Dikshit R*, et al.* Single-Injection Depot Progesterone Before Surgery and Survival in Women With Operable Breast Cancer: A Randomized Controlled Trial. Journal of Clinical Oncology. 2011;29:2845-2851.

Progesterone Receptor immunohistochemistry

The tests

There are multiple clones available on the market. The principle of their use is to determine the expression of nuclear PR. The assays differ in the detection chemistry as well as species of the primary antibody. The most commonly used are:

- Agilent (Dako):
  - PgR 1294 mouse monoclonal[C]
  - PgR 636 mouse monoclonal[R]
- Cell Marque Inc (Merck KGaA)
  - Y85 rabbit monoclonal[C]
- Leica Biosystems (Novocastra):
  - Clone 16 mouse monoclonal[C/R]
- Roche (Ventana):
  - 1E2 rabbit monoclonal[R]

Scoring PR

There are a number of methods, primarily:

1. **Percentage**: essentially the percentage of the specimen that is positive: 0%: No cells stained to, 100%: All cells stained. Samples are considered PR positive if they demonstrate as little as 1% of cells staining.
2. **Allred Score** (named after the inventor of the method) also known as the Quick Score: is based on the intensity and the proportion of cells staining. The combined scores give an overall value from 0-8. The values for each are derived as follows:

[C] Available as a concentrate
[R] Available as in a ready to use format

The proportion of tumor nuclei showing positive staining is scored as follows:

0%	= 0
<1%	= 1
1–10%	= 2
11–33%	= 3
34–66%	= 4
67–100%	= 5

This is combined to a score for the overall intensity of the staining in the cells:

Negative (no staining of any nuclei at high magnification)	= 0
Weak (only visible at high magnification)	= 1
Moderate (readily visible at low magnification)	= 2
Strong (strikingly positive at low magnification)	= 3

H-Score

Or Histo score can be applied to any tumor sample. The result is determined by the percentage of cells staining at each intensity. Intensity range is based on 0 (none), 1+ (weak), 2+ (moderate), 3+ (strong). The H-scores are then determined by:

[1x(% cells 1+) + 2x(% cells 2+) + 3x(% cells 3+)]

Quality Control

One of the requirements of quality standardization is the appropriate use of controls. These need to be robust enough for IHC and in situ hybridization (ISH), be reproducible and cost-effective. Additionally, the control material should be consistent from batch to batch and throughout the block it is cut from.

Same slide control versus batch controls

In laboratories with automated platforms these controls need to be on the same slide. Batch controls are typically not representative anymore of how slides have been treated as the instruments treat the slides completely independently.

External Quality Assurance

External quality assurance (EQA) schemes or proficiency testing (PT) have shown standardized assays typically perform better than laboratory developed tests (LDTs). In 2017 over 60% of UKNEQAS participants in RUN118/47 were using standardized ER vendor assays. Again in the NordiQC assessment B25 in 2018 >80% were using standardized ER assays.

Cell Lines as Controls

The issue with tissue

Laboratories often struggle for low and intermediate expressing material that is consistent, one example being HER2 2+ tissue. Not only is it hard to find tissue in sufficient amounts, but biomarker expression can also vary throughout tissue, often due to a number of factors including but not limited to:

- Fixation
- Processing artefact
- Heterogeneity of the protein, see Figure 1 (taken from Nitta H *et al*[1])

This means that tissue selected for use as control can vary to the point that it makes its use as a control redundant.

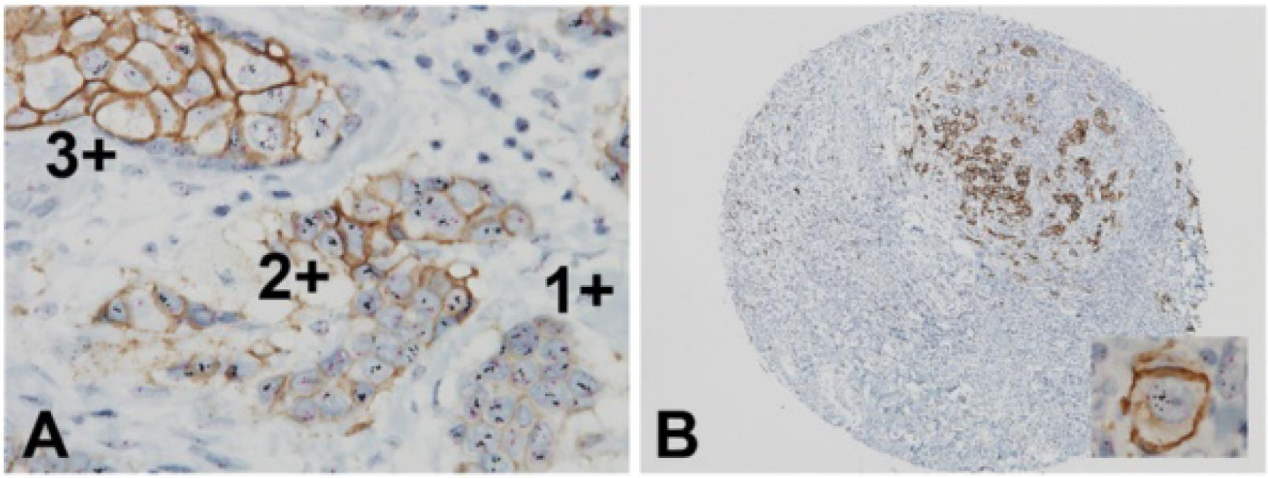


Figure 1. Results of HER2 gene-protein staining of FFPE breast cancer tissues exhibiting heterogeneity of HER2 positive tumor cell populations or isolated tumour cell populations. (A) The HER2 gene-protein assay demonstrated the heterogeneity of HER2 positive tumour cell populations in FFPE breast cancer tissues. In the sample shown, cell populations with HER2 IHC scores of 3+, 2+ and 1+ neighbor each other and all tumor populations present amplified *HER2* gene. However, the HER2 IHC 3+ tumor cell population contains dispersed *HER2* gene copies while the HER2 IHC 2+ and 1+ population contains clustered *HER2* gene copies [40x]. **(B)** The HER2 gene-protein assay clearly visualized small groups of HER2 3+IHC breast cancer cells [4x]. The insert shows an isolated individual HER2 IHC positive tumor cell with *HER2* gene amplification [100x].[6]

1. Nitta et al. Diagnostic Pathology 2012, 7:60

Cell lines

Cell lines are typically included in or with assays as pre-cut slides. These are not designed for use as same slide controls and pre-cut slides are not practical for day to day use in a high volume laboratory. They are used by EQA schemes as standardized materials for their assessments. So while adequately performing by IHC or FISH, the preparations are often sparse and the cellular integrity or morphology is generally poor. So while they can be reproducibly manufactured to provide standardized material there is room for improvement.

Our solution

HistoCyte Laboratories provide cell lines that are compact and typically "tissue-like". In particular the breast ductal carcinoma cells often create "pseudo-acini" producing a more tissue like appearance. The morphology of our cells means that they can tell you more about how they have been treated. It is quite obvious when the morphology is disrupted. The HistoCyte Laboratories cell lines are intended to be used for quality control only. They are standardized, developed and manufactured to provide consistent results throughout the block. This is what differentiates them from tissue controls.

Tissue is still important

It is important to remember that these are a quality control material designed only to demonstrate that the assay has worked consistently. They reduce the burden on a laboratory to identify and obtain suitable materials for use as a same slide control. This means tissue can be preserved for other uses such as trouble shooting and validations.

Progesterone Receptor Analyte Control^{DR}

The **Progesterone Receptor Analyte Control^{DR}** is sold in two formats: as pre-prepared slides (Figure 2) or as a cell microarray (CMA) paraffin wax block (Figure 3).

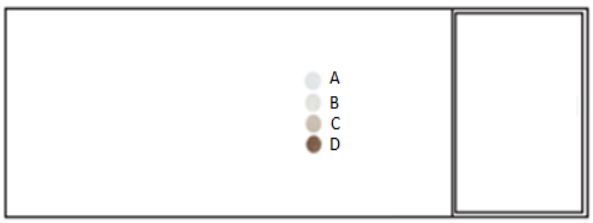


Figure 2: Cell Line Control Slide

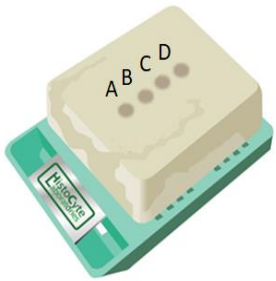


Figure 3: CMA block

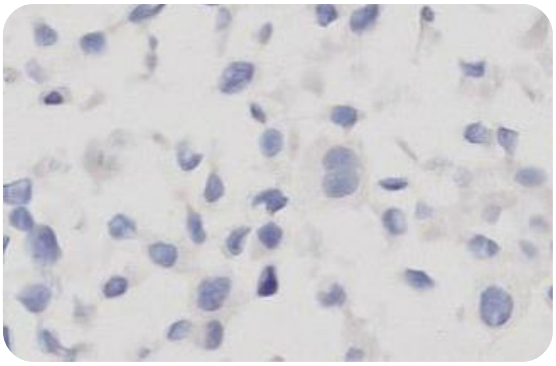
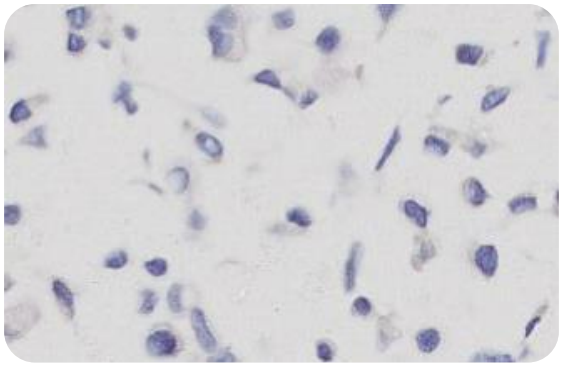
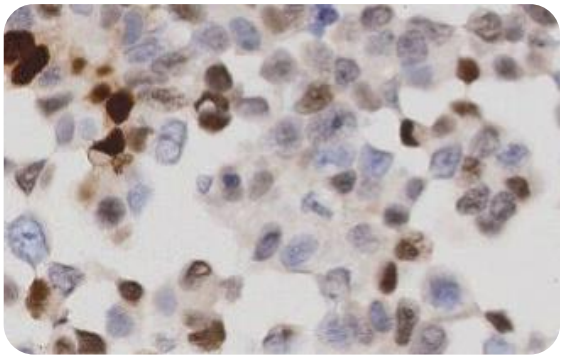
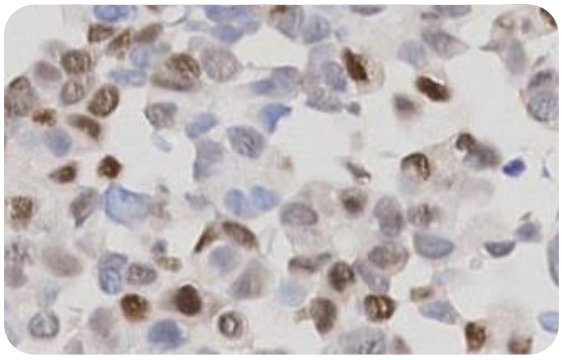
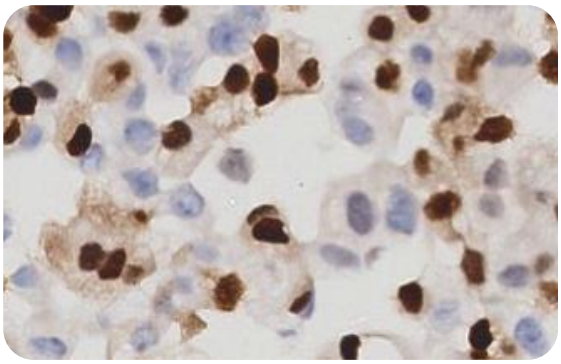
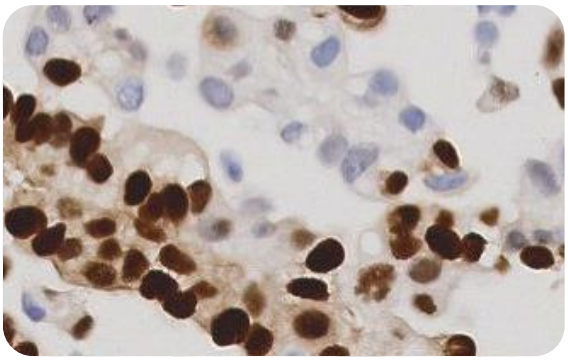
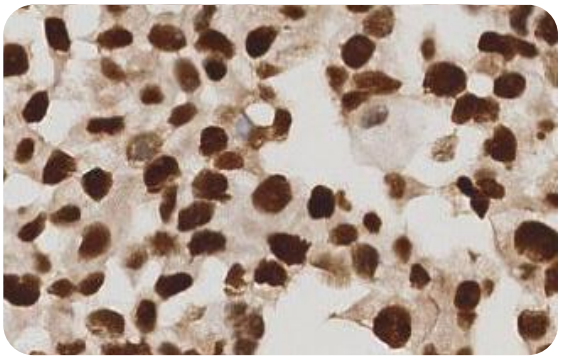
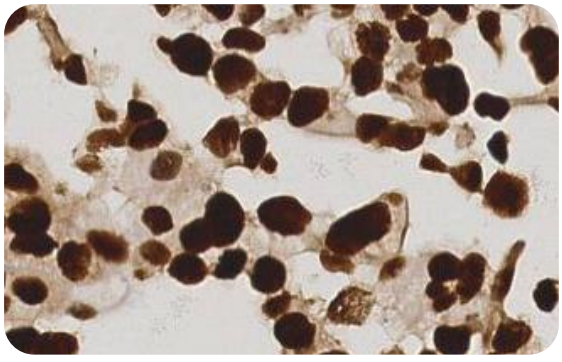
Our CMA block provides the most cost effective solution for clinical histology laboratories and other high volume centers. They have been purposely designed to fit seamlessly into the work flow of the laboratory.

Our pre-prepared slides offer a ready-to-go alternative that saves time in preparation. These are ideal for one-off assessments, research laboratories and preliminary product trials.

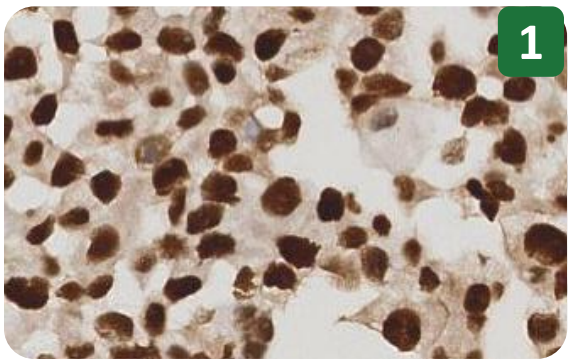
The expression patterns of the 4 cell lines for PR are shown below:

Cell Lines	IHC for Progesterone Receptor
A	Negative
B	Low/Intermediate
C	Intermediate/High
D	High

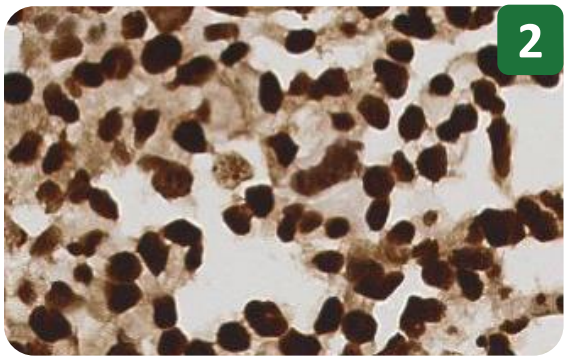
Progesterone Receptor Analyte Control^{DR} IHC

A Ductal carcinoma			**Negative**
B Breast Adenocarcinoma			**Low/Intermediate**
C Ductal Carcinoma			**Intermediate/High**
D Ductal Carcinoma			**High**
	Roche/Ventana	**Cell Marque**	
	CONFIRM anti-Progesterone Receptor (PR) (1E2) Rabbit Monoclonal Primary Antibody. Standard protocol (CC1 64mins, Primary incubation 16 mins) (Product Code: 790-2223)	**Anti-Progesterone Receptor (PR)** (Y85) Rabbit Monoclonal Primary Antibody. Working Dilution of 1/25 Standard protocol (CC1 64mins, Primary incubation 16 mins)	

High PR Cell Line Staining



Typical staining demonstrates >90% of the cells with strong nuclear staining. Standard protocol (primary Ab incubation 16mins) for 1E2 RTU on the Ventana/Roche.



If the ready to use antibody is left on longer than normal the staining is stronger though not to the extent that the assay would be considered to have failed. Image 2 shows 1E2 RTU after a 60 minute incubation.

The effects of insufficient incubation of an optimised antibody concentration can be as detrimental as running an over diluted antibody for the “right” incubation period.

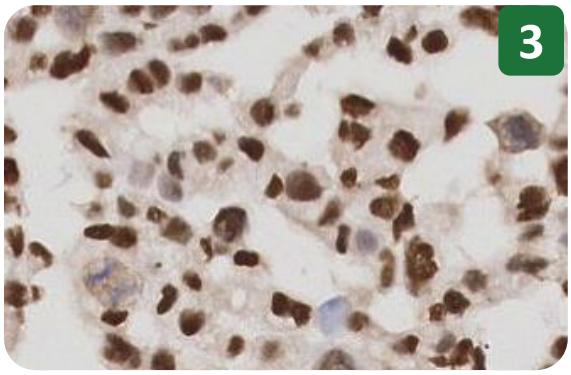
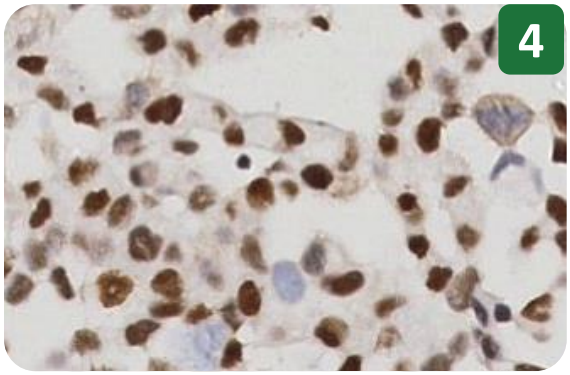
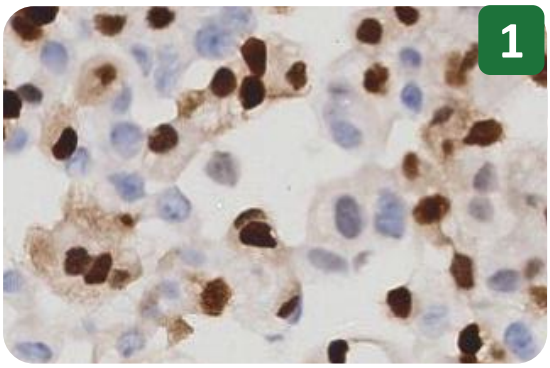


Image 3 shows 1E2 staining on the Ventana using the standard protocol but with a 4 minute primary incubation. The antibody binding kinetics are not rapid enough for this to be effective.

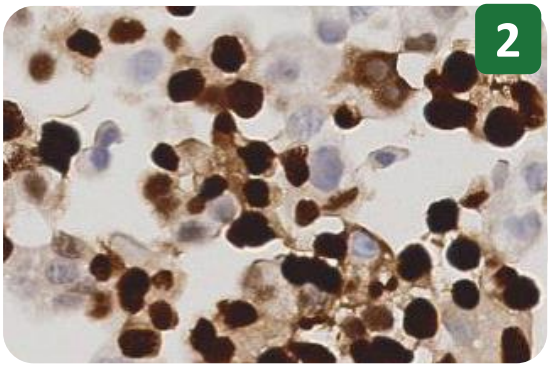


This result is similar for Y85 from Cell Marque if run at 1/400 dilution on the Ventana using the standard protocol. Here there is insufficient amount of antibody to saturate the antigen available.

Intermediate/High PR Cell Line Staining



Typical staining demonstrates >60% of the cells with weak to strong nuclear staining.



As seen with the high expressing cell line, excessive primary incubations with the RTU does increase the intensity of staining, in this case it does so significantly.

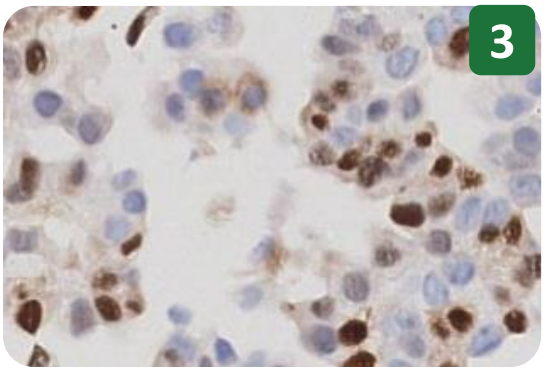
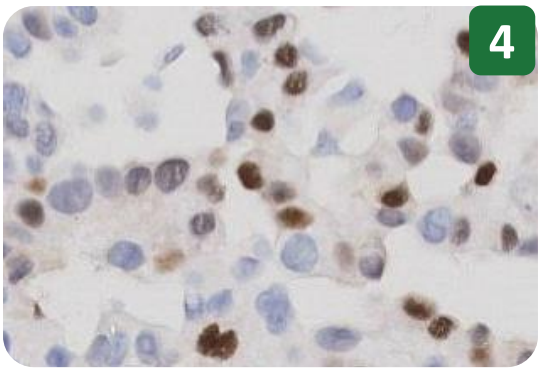
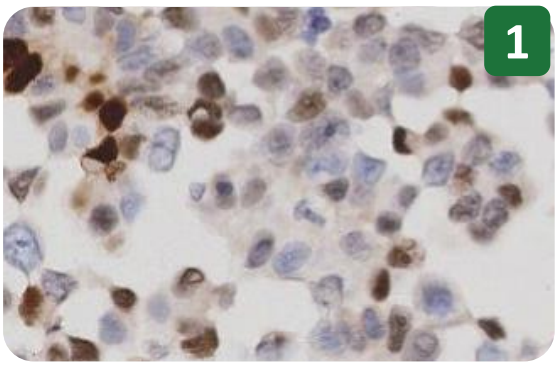


Image 3 shows 1E2 staining on the Ventana using the standard protocol but with a 4 minute primary incubation. This is considerably weaker than the standard 16 minutes.

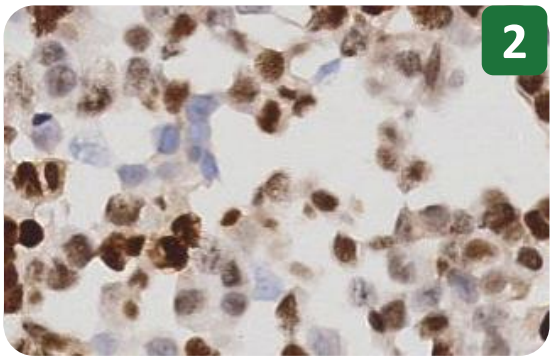


As with the high cell line the result is similar for Y85 from Cell Marque if run at 1/400 dilution on the Ventana using the standard protocol.

Low/Intermediate PR Cell Line Staining



Use of the standard protocol from Ventana/Roche (CC1 64 minutes, antibody incubation 16 minutes) typically demonstrates >60% of the cells with weak to moderate nuclear staining with the occasional strongly stained cell.



As seen with the other cell lines, excessive RTU primary antibody incubations do create over staining that is noticeable.

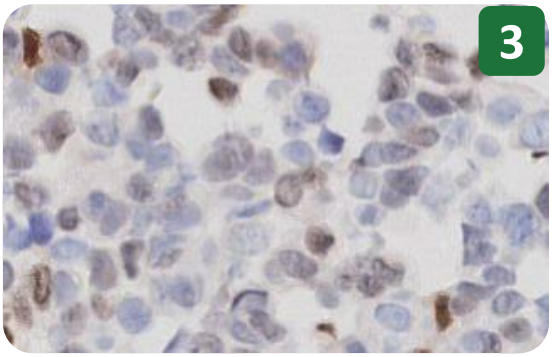
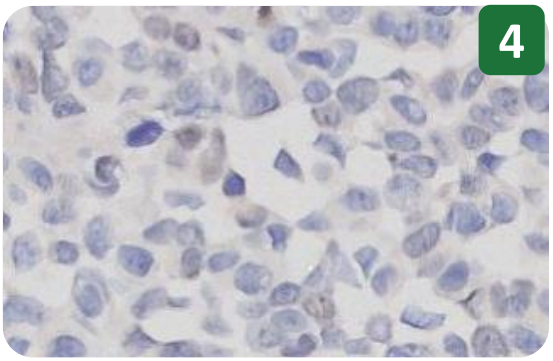
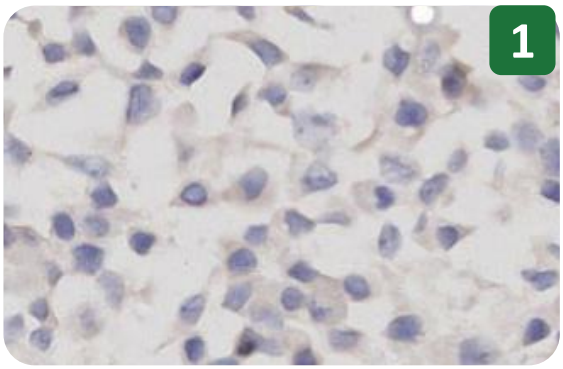


Image 3 shows 1E2 RTU staining on the Ventana using the standard protocol but with a 4 minute primary incubation. There is only minimal nuclear staining.

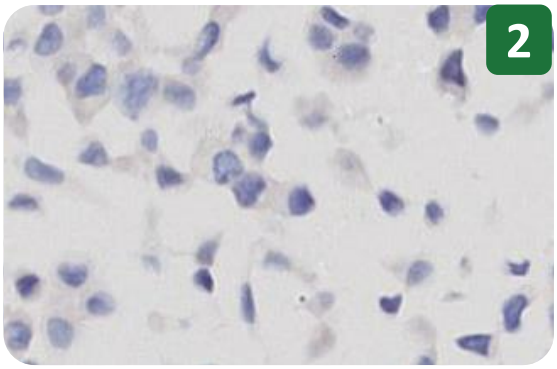


There is a negative result for Y85 from Cell Marque if run at 1/400 dilution on the Ventana using the standard protocol.

Negative PR Cell Line Staining



Typical staining pattern is absence of any nuclear staining.



Excessive incubations with the RTU primary antibody do not create over staining. The Ab is optimised to a concentration that doesn't create staining.

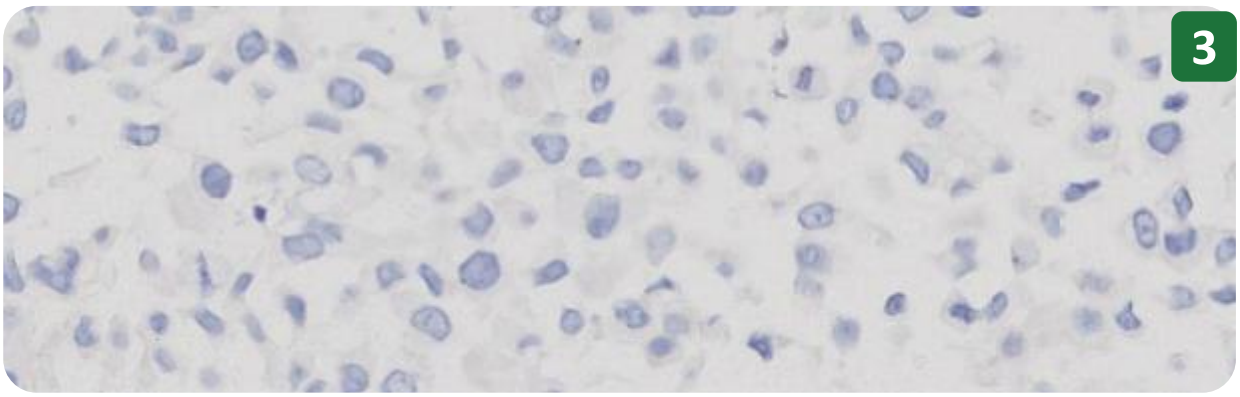
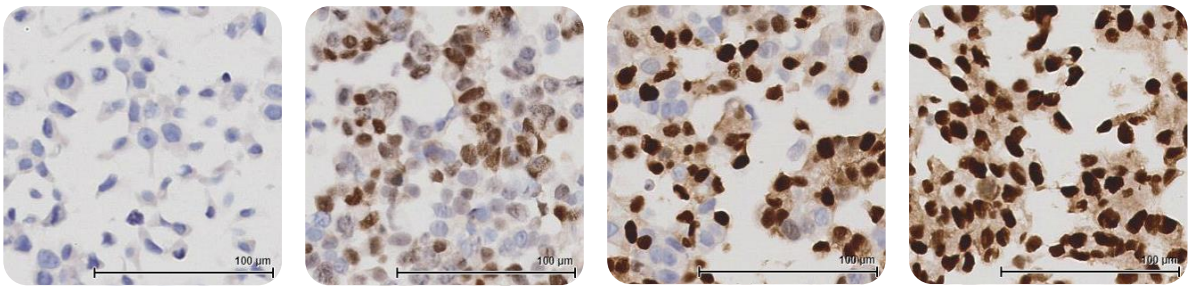


Image 3 shows staining using the Ventana platform and standard protocol with the Y85 clone from Cell Marque run at 1/12.5. Excess antibody incubated for 16 minutes (standard protocol time) did not force staining with this clone.

*Cell Marque Y85 dilutions described throughout are the final dilution on the slide. There is residual buffer on the slides with the Benchmark Ultra of ~280-300µl. Therefore adding 150µl to the slide results in a further 1/3 dilution of the aliquot. So for a 1/75 final dilution, an aliquot of 150µl at 1/25 is added to the slide.

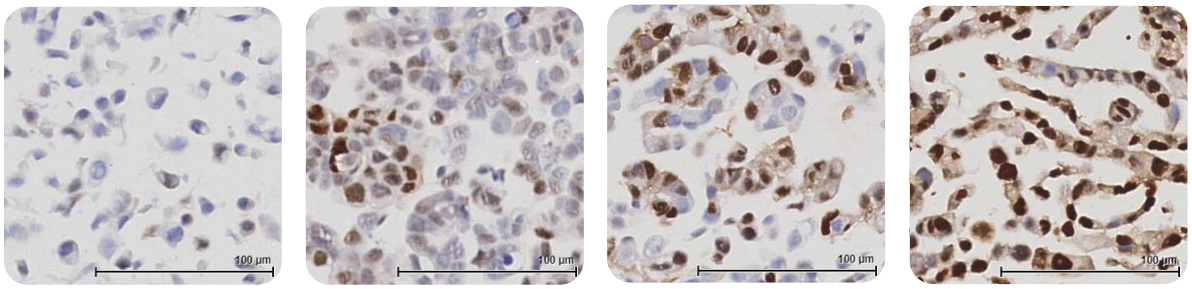
PR Analyte Control^{DR} Performance

CC1 retrieval for 92 minutes



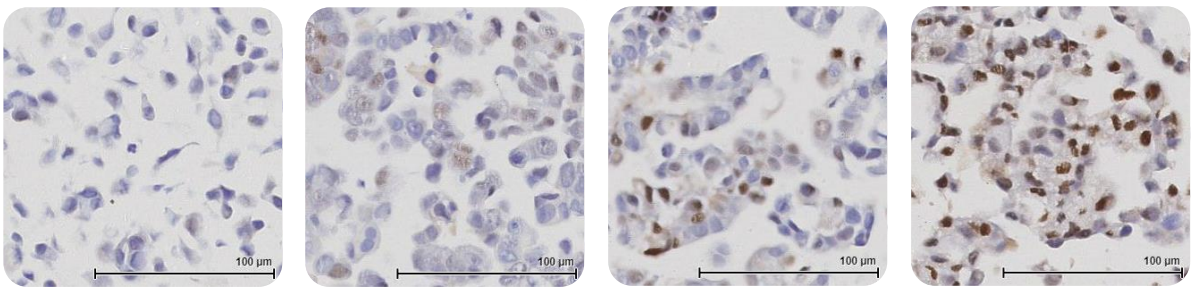
Over retrieval does not affect the overall performance of the IHC. Typically if the material is over retrieved the morphology is effected.

CC1 retrieval for 8 minutes



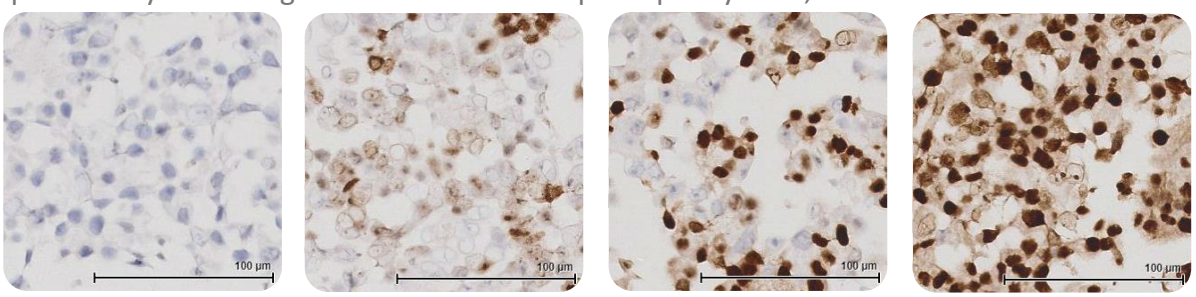
Under retrieved specimens are classically weaker but also the overall quality is affected. Additionally the negative cells acquire non-specific cytoplasmic staining.

No retrieval



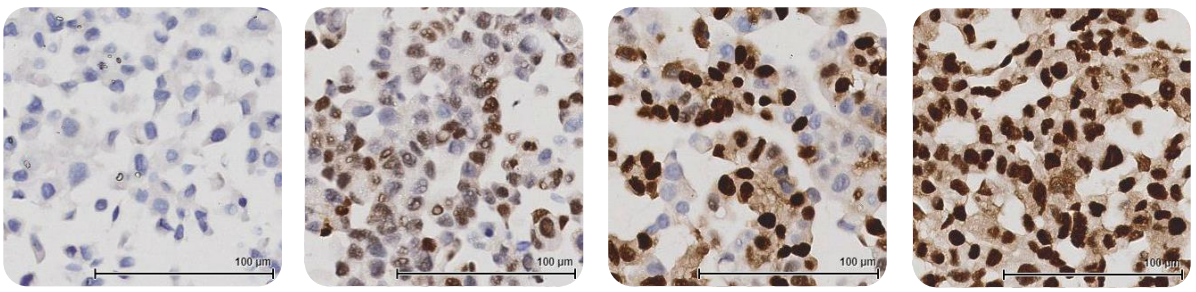
No retrieval causes non-specific staining similar to the under retrieved specimens, particularly in the negative cell line. Overall poor quality stain, the run has failed.

CC2 retrieval 64 minutes



CC2, pH6 distorts the morphology and fails to unmask the epitope satisfactorily.

No dewax



Despite no dewax the IHC has worked to some degree. This is because the slides are heated and repeatedly washed throughout the protocol on the Ventana, thereby removing the wax. However, it is not entirely effective leaving wax deposits affecting the result. This is clearly seen in the High expressing cell line.

Also Available From HistoCyte Laboratories Ltd

Product Name	Format	Code
HPV/p16 Analyte Control[DR] (Four cores with dynamic range of HPV gene copies)	Slide(2)	HCL001
	Slide(5)	HCL002
	Block	HCL003
HPV/p16 Analyte Control (Three core with standard range of HPV gene copies)	Slide(2)	HCL004
	Slide(5)	HCL005
	Block	HCL006
ALK-Lung Analyte Control (Two cores, positive and negative for the EML4-ALK translocation)	Slide(2)	HCL007
	Slide(5)	HCL008
	Block	HCL009
ALK-Lymphoma Analyte Control (Two cores, positive and negative for the NPM-ALK translocation)	Slide(2)	HCL010
	Slide(5)	HCL011
	Block	HCL012
Breast Analyte Control (Two cores, one positive for HER2, ER and PR. The other negative)	Slide(2)	HCL013
	Slide(5)	HCL014
	Block	HCL015
Breast Analyte Control[DR] (Five cores with a dynamic range of expression of HER2, ER and PR. Including negative control)	Slide(2)	HCL016
	Slide(5)	HCL017
	Block	HCL018
PD-L1 Analyte Control[DR] (4 cores with a dynamic range of expression of PD-L1)	Slide(2)	HCL019
	Slide(5)	HCL020
	Block	HCL021
ROS1 Analyte Control (Two cores, positive and negative for ROS1 translocation)	Slide(2)	HCL022
	Slide(5)	HCL023
	Block	HCL024
Sienna Cancer Diagnostics hTERT assay. 1ml of anti-hTERT mouse mAb.*	1ml	HCL025
HER2 Analyte Control[DR] (Four cores, 0, 1+ (both non-amplified), 2+ (equivocal) and 3+ (amplified))	Slide(2)	HCL026
	Slide(5)	HCL027
	Block	HCL028
Estrogen Receptor Analyte Control[DR] (Four cores: negative, low, intermediate and high)	Slide(2)	HCL029
	Slide(5)	HCL030
	Block	HCL031
Progesterone Receptor Analyte Control[DR] (Four cores: negative, low, intermediate and high)	Slide(2)	HCL032
	Slide(5)	HCL033
	Block	HCL034

HistoCyte Laboratories
Quality in Control

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