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issue of our client newsletter,
contact Shanna Veiga via phone
at **800.932.2943**, or by e-mail at
sveiga@mplnet.com.

Client Newsletter

First Quarter - 2011

MPLN Is Keeping Clients Better Connected

We know how important a fast, reliable and easy-to-use ordering and reporting system is for our clients. That's why MPLN is focused on developing innovative information technology to keep you better connected with important patient information. For the past several months, we have been working diligently to obtain client feedback and develop the next generation of our online ordering and report management system.

Clients will be updated on our progress as work continues on this advanced new application. It is an exciting new product that we know you will be pleased with, and we look forward to introducing it to you early this year. You will be hearing from our client service team regarding upgrades and training soon.

HER2 GA by IHC and FISH Now Available

HER2 is over expressed in approximately 24% of gastric and gastroesophageal junction cancer (GEJC) cases. 70-80% of patients have regional lymph node involvement, and 50% of patients at diagnosis have advanced disease with poor outcome.

The FDA recently approved trastuzumab (Herceptin®, Genentech, Inc.) for use in combination with cisplatin and capecitabine or 5-fluorouracil to treat patients with human epidermal growth factor receptor 2 (HER2)-over expressing (also called HER2-positive) metastatic gastric or GEJC who have not received prior treatment for metastatic disease.

The new indication was largely based on results of the "Trastuzumab for Gastric Cancer" or ToGA trial (Lancet. August 28, 2010). The trial revealed that patients on trastuzumab plus chemotherapy had a median overall survival of 13.8 months compared to 11.1 months with chemotherapy alone.

To identify these HER2-positive patients, we now offer HER2 by immunohistochemistry (IHC) and fluorescence *in situ* hybridization (FISH) for gastric cancer. An IHC score of 3+ or a positive FISH result (HER2/CEP17 ratio greater or equal to 2.0) provides eligibility for Herceptin. Patients with IHC scores of 0 or 1 should not be treated with Herceptin. IHC score of 2+ should be retested using FISH. Any equivocal cases should be retested by an alternate method.

HER2 for gastric cancer can be ordered using the test codes I HER2 GA and F HER2 GA. Please note that when I HER2 GA is ordered, it will automatically reflex to F HER2 GA if IHC score is 2+. For more information, please visit **www.MPLNET.com** or call one of our client service specialists at **800.932.2943**.

New FISH Profile Released for B-cell Lymphoma

To enable easier ordering of tests for Burkitt/B-cell Lymphoma, we released a new test profile. The Burkitt/B-cell Lymphoma Profile (F BURKITT) includes these FISH probes: BCL6 3q27, BCL2 t(14;18) and C-MYC 8q24.



New CPT Codes for 2011

Effective in 2011, there is a new CPT code to be used when retrieving an archived specimen for mutation analysis. This CPT code will not appear on reports since there is no technical component involved, but you should be aware that you can bill directly for it.

88363 - Examination and selection of retrieved archival (i.e. previously diagnosed) tissue(s) for molecular analysis (e.g., KRAS mutational analysis)

Note: This code is a professional component only code. There is no technical component.

There is also a new CPT code for UroVysion. The new code is 88121 x1. (Do not use 88368 x4.)

If you have any questions about these CPT codes, please contact the billing department at **800.600.1274**.

Requisitions Are Essential to Patient Care

If you use a paper requisition to order pathology/oncology tests from MPLN, be sure to use the most up-to-date version. We often update our requisitions to accommodate new tests, change test codes and test names, add reflex options, etc.

If the pathology/oncology requisition you have on hand indicates a revision date earlier than October 12, 2010, please discard those requisitions and contact a client service specialist at **800.932.2943** to obtain the latest requisition. The revision date can be found on the lower right-hand corner of the requisition.

View Interesting Case Studies Online



Dr. Guy Nichols, our Chief Medical Officer, often posts interesting case studies online at **www.MPLNET.com**. Be sure to visit the website often to read the

latest case study or view archived studies.

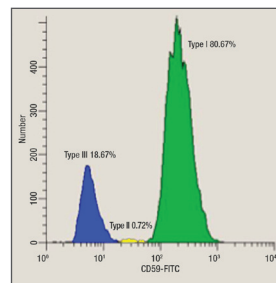
Dr. Nichols Among Faculty of Practical Reviews in Pathology

Dr. Guy Nichols is among the faculty of *Practical Reviews in Pathology*[™]. As a physician editor, Dr. Nichols and other faculty members evaluate dozens of publications to find the most relevant studies and summarize their clinical applications. *Practical Reviews in Pathology*, certified for AMA PRA Category 1 Credit(s)[™], can be accessed online at **www.practicalreviews.com** or mailed on an audio CD.

Protect Samples During Cold Temperatures

Extreme cold temperatures are a major factor in sample quality and the ability to obtain reliable results. Therefore, increased protection from temperatures is critical when packaging samples during winter months. Be sure all samples that require ambient shipment – especially blood, bone marrow and CellSearch samples – are packaged with a room temperature gel pack.

MPLN Launches High-Sensitivity Flow Cytometry Assay for PNH



MPLN recently launched a high-sensitivity flow cytometry test to replace current routine screening for paroxysmal nocturnal hemoglobinuria (PNH) and accommodate new guidelines by the International Clinical Cytometry Society (ICCS).

Prior to the new assay launch, our flow cytometry managers, James Hewitt and Elizabeth Stone, provided technical input during advisory board meetings to enhance PNH testing protocols.

PNH testing should be considered for patients with unexplained hemoglobinuria, Coombs-negative hemolytic anemia, thrombosis of unusual sites (including hepatic and cerebral vessels), synchronous thrombosis and cytopenias, myelodysplastic syndromes with unilineage dysplasia, and aplastic anemia.

MPLN's high-sensitivity flow cytometry assay accurately assesses smaller PNH clones and reduces false negatives by employing FLAER (fluorescent aerolysin reagent) in combination with lineage specific and GPI-anchor proteins, resulting in higher specificity than GPI-linked proteins CD55/59.

Early identification and diagnosis of symptomatic PNH is critical for effective patient management and assessment of patient response to immunosuppressive treatment. The high-sensitivity PNH test increases rare event detection of a clone to 0.01%. Reported results include quantification of granulocyte, monocyte and RBC clone size and classification of red blood cells into subtypes II and III. To order high-sensitivity PNH by flow cytometry, use the current test code FLOW PNH.

p16 by IHC Now Available

MPLN now offers p16 by immunohistochemistry [I P16] for risk stratification in head and neck cancers. For more information, contact a technical service specialist at **800.932.2943**.