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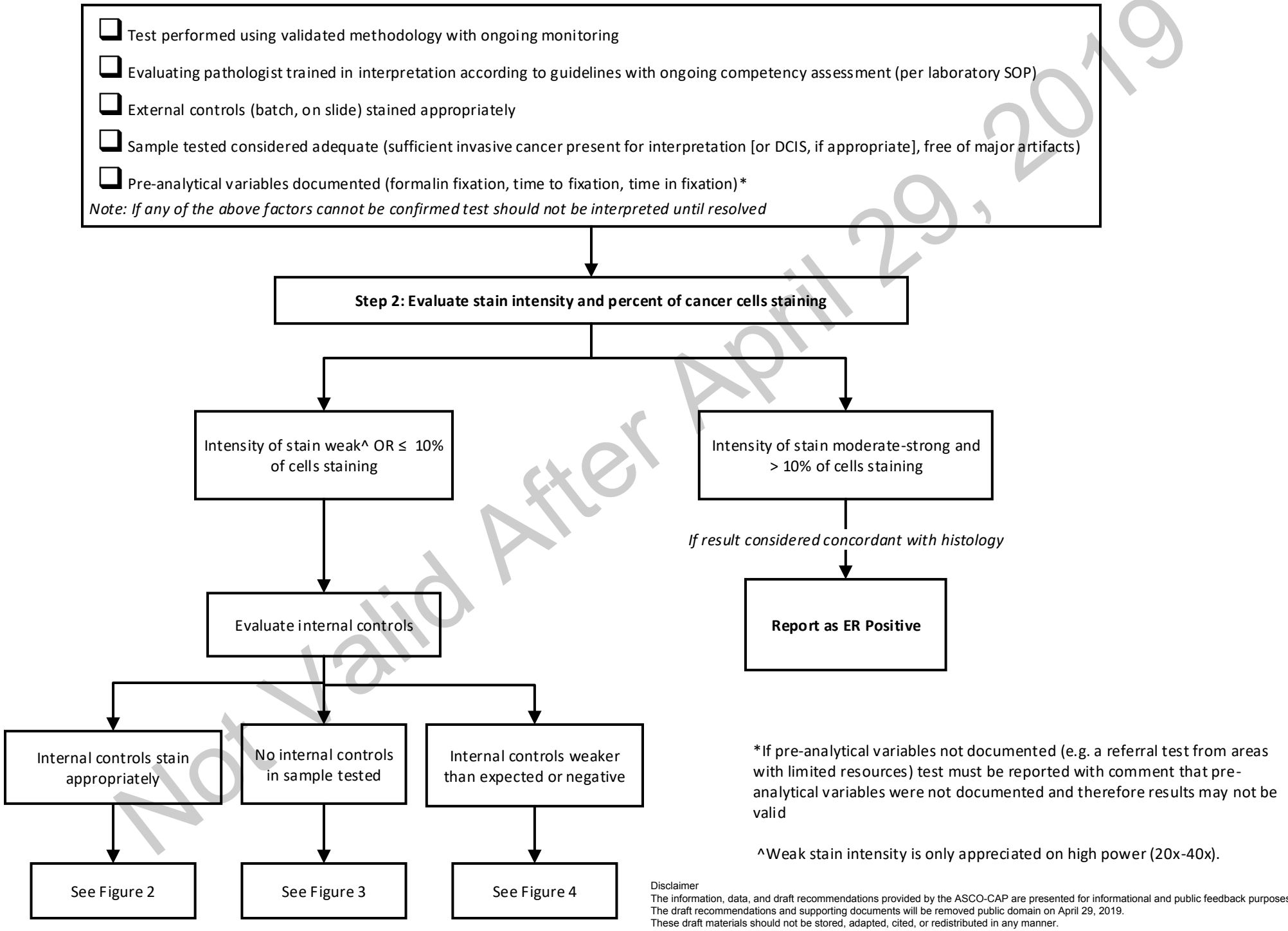
Estrogen and Progesterone Receptor Testing in Breast Cancer: ASCO/CAP Clinical Practice Guideline Update

Figure 1. IHC Test **Interpretation Recommendations** to Determine ER Status in Breast Cancers



*If pre-analytical variables not documented (e.g. a referral test from areas with limited resources) test must be reported with comment that pre-analytical variables were not documented and therefore results may not be valid

^Weak stain intensity is only appreciated on high power (20x-40x).

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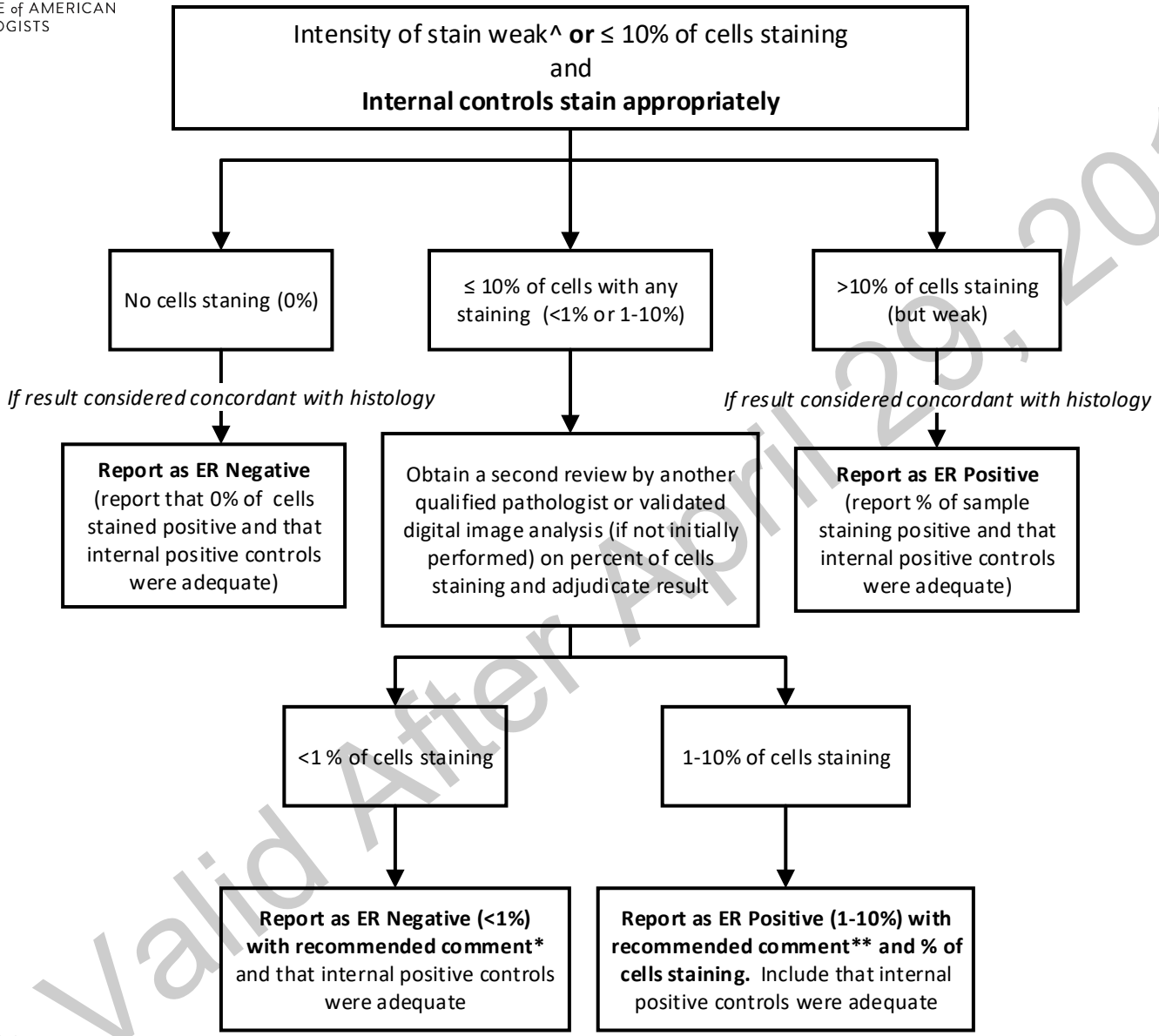
Figure 2.



^Weak stain intensity is only appreciated on high power (20x-40x)

Report comments:

*Although rare cancer cells stain with ER, they are <1% of the total in the sample reviewed, which is therefore considered ER-negative. Testing of future samples should be considered if there is concern that ER expression may be heterogenous.

**There are limited data on the overall benefit of hormonal therapies for patients with cancers with low level (1-10%) ER expression. In this setting, it is reasonable for clinicians to discuss the pros and cons of endocrine therapy with patients whose tumors contain low levels of ER by IHC and to make an informed decision based on the balance. There is data that suggests high grade cancers with this low level of ER expression typically have gene expression and genetic profiles similar to ER negative cancers.

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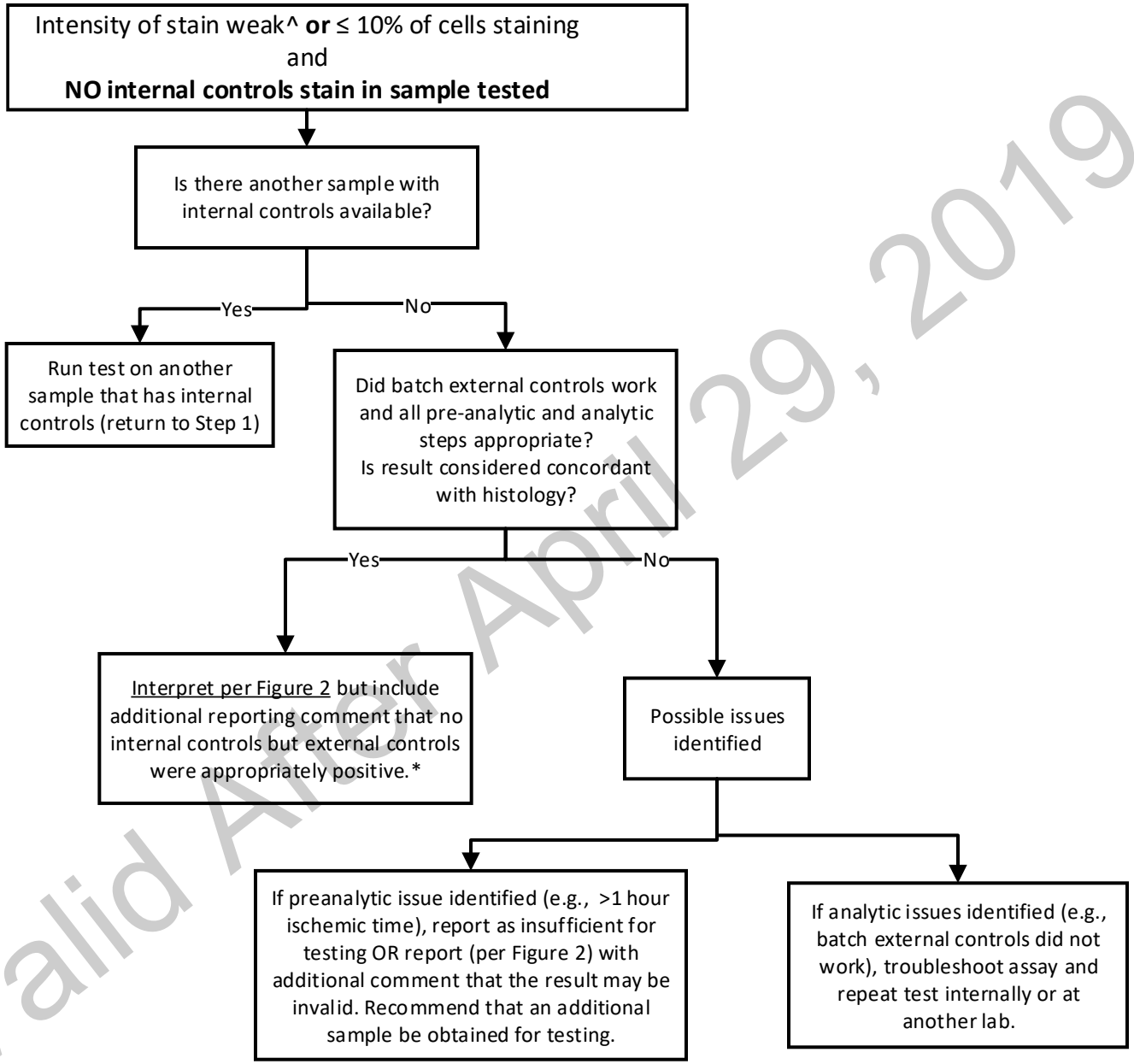
Figure 3.



^Weak stain intensity is only appreciated on high power (20x-40x).

* No internal controls were present in this sample, however, external controls were appropriately positive. The results are reported with this limitation noted. Additional testing for ER on future samples with internal controls may be warranted for confirmation of ER status.

Figure 4.