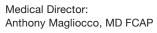
6555 Sanger Rd. Suite 232 Orlando, FL 32827

CLIA ID #: 10D2192649 | PA Lab ID#: 39259 CA State ID: CDS-90005103







Customer Support: 1 (754) 242-9682 support@proteanbiodx.com

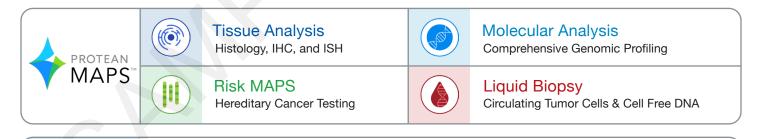
Patient Information	Name: Doe, Jane DOB: 00/00/0000 Protean ID #: P0-00001 Physician(s): First Last MD External ID#: 100000	Pathologist: First Last MD Date Collected: 00/00/0000 Date Received: 00/00/0000 Date Reported: 00/00/0000 Report Status: Completed	
Medical History	The patient is a male diagnosed with stage IIB (T2B, N0, M0) prostatic adenocarcinoma. The patient had an elevated PSA of 19.6 and was started on bicalutamide and had a radical prostatectomy in 2021. The prostate contained invasive Gleason grade 3+4 adenocarcinoma which involved the left posterior apex resection margin. Pelvic lymph nodes were free of malignancy.		

Recommendations

This tumor is expected to be responsive to adjuvant anti-androgen therapy for minimal residual disease.

Experimental treatments that target Hedgehog are currently emerging, and may also be considered.

Radiotherapy could also be a consideration for any residual disease in the pelvis. The presence of CTCs and cfDNA mutations in the blood could be used for serial monitoring of treatment response along with repeated PSA analysis. This analysis may be appropriate at 3-to-6-month intervals. Bone scans and blood tests for ALP can assist in the monitoring of bone health.



PDL1 SP142 – Negative; PDL1 SP263 – Low Positive P53 – Negative; Ki67 – Low (10% or less); ER – Positive in stroma

The pathology review confirmed the presence of invasive prostatic adenocarcinoma, Gleason Grade 3+4. The tumor involved resection margins, presenting some concern for residual disease at the surgical site. The pelvic lymph nodes were negative, making metastastic disease less likely. PDL1 SP263 was weakly positive. When high, this marker can identify tumors that may respond to immunotherapy. Ki67 was low, indicating that this tumor has a low growth rate. ER was positive in the stroma, which is a finding of uncertain significance.

Tissue

Analysis

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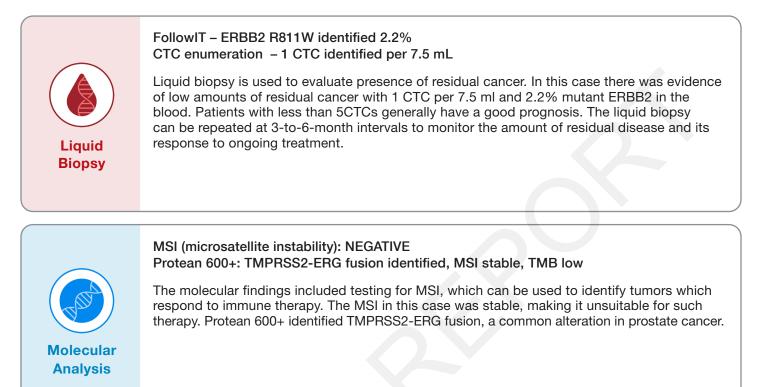
CLIA ID #: 10D2192649 | PA Lab ID#: 39259 CA State ID: CDS-90005103

Medical Director: Anthony Magliocco, MD FCAP





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Germline Testing: SERPIN1 germline mutation identified



The genetic analysis identified a SERPIN1 inherited mutation. Mutations in this gene can cause deficiency in the circulating (1)-Antitrypsin, which can contribute to emphysema and liver disease in certain patients. It is uncertain if SERPINA1 has any role in prostate or other cancers. A subset of prostate cancers are associated with inherited mutations in BRCA1, 2 and other members of homologous recombination pathway. The genetic analysis did not identify mutations in BRCA1, BRCA2, or other genes associated with HRD. Prostate cancers with HRD gene mutations may have response to PARP inhibitor therapy.

Additional Comments

This tumor is expected to be responsive to adjuvant anti-androgen therapy for minimal residual disease.

Experimental treatments that target Hedgehog are currently emerging, and may also be considered. Radiotherapy could also be a consideration for any residual disease in the pelvis. The presence of CTCs and cfDNA mutations in the blood could be used for serial monitoring of treatment response along with repeated PSA analysis. This analysis may be appropriate at 3-to-6-month intervals. Bone scans and blood tests for ALP can assist in the monitoring of bone health.

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Medical Director:

Materials

Case

Anthony Magliocco, MD FCAP



1. LYMPH NODES, RIGHT PELVIC: Received three H&Es

2. LYMPH NODES, LEFT PELVIC: Received four H&Es



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Received	 3. LEFT POSTERIOR LATERAL MARGIN: Received one H&E 4. POSTERIOR BLADDER NECK MARGIN: Received one H&E 5. PROSTATE, RADICAL RESECTION: Received one FFPE block 			
References				
N/A				
6				
Medical Director Signature	Signed by Anthony M. Magliocco, MD	Finalization Date		
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