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*****Example Report*****

Patient Age/Gender: Unknown Female
Printed: 14-Dec-18 11:55:11

Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/ Verified
MET FISH Result	Not Amplified f			18-347-900184	13-Dec-18 11:51:00	13-Dec-18 11:51:00	14-Dec-18 11:49:41
MET/CEP7 FISH Ratio	1.0			18-347-900184	13-Dec-18 11:51:00	13-Dec-18 11:51:00	14-Dec-18 11:49:41
Average MET Signal Number per Cell	2.0			18-347-900184	13-Dec-18 11:51:00	13-Dec-18 11:51:00	14-Dec-18 11:49:41
Average CEP7 Signal Number per Cell	2.0			18-347-900184	13-Dec-18 11:51:00	13-Dec-18 11:51:00	14-Dec-18 11:49:41
MET FISH Reference Number	S18-123			18-347-900184	13-Dec-18 11:51:00	13-Dec-18 11:51:00	14-Dec-18 11:49:41
MET FISH Source	Tissue			18-347-900184	13-Dec-18 11:51:00	13-Dec-18 11:51:00	14-Dec-18 11:49:41
Total Cell Count	50			18-347-900184	13-Dec-18 11:51:00	13-Dec-18 11:51:00	14-Dec-18 11:49:41
Scoring Method	Computer Assisted			18-347-900184	13-Dec-18 11:51:00	13-Dec-18 11:51:00	14-Dec-18 11:49:41

13-Dec-18 11:51:00 MET FISH Result:

This result has been reviewed and approved by Deepika Sirohi, M.D. Controls performed as expected.

13-Dec-18 11:51:00 MET FISH Result:
METHODOLOGY AND INTERPRETIVE DATA:

Fluorescence in situ hybridization (FISH) analysis for MET gene amplification was performed on a section from a paraffin-embedded tissue block using differentially labeled fluorescent probes targeting the MET gene and the chromosome 7 centromere (CEP 7) (Abbott Molecular). Cells were evaluated from regions of tumor identified on histopathologic review of a matching hematoxylin and eosin stained section. Controls performed appropriately.

Based on the preclinical validation of this assay, MET gene amplification is defined as either a MET/CEP7 ratio of 2.0 or greater or an average MET gene copy number per cell of 6.0 or greater. MET gene amplification is observed in a variety of tumor types, including non-small cell lung carcinoma. High-level MET amplification (MET/CEP7 ratio greater than 5. See Ou et al. 2011) is considered an emerging biomarker for therapy with crizotinib in non-small cell lung carcinoma by the National Comprehensive Cancer Network (see NCCN Clinical Practice Guidelines in Oncology for Non-Small Cell Lung Carcinoma).

MET amplification may also be acquired as a therapy resistance alteration, eg, following anti-EGFR tyrosine kinase inhibition.

Reference:

Ou SH, Kwak EL, Siwak-Tapp C, et al. Activity of crizotinib (PF02341066), a dual mesenchymal-epithelial transition (MET) and anaplastic lymphoma kinase (ALK) inhibitor, in a non-small cell lung cancer patient with de novo MET amplification. J Thorac Oncol. 2011;6:942-6.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement A: aruplab.com/CS.