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# HELP US HELP YOU

## Manual requisition requirements

In order to comply with College of American Pathology (CAP) guidelines, effective March 2, 2020, Allina Health Laboratory will require that the date and time of specimen collection be included on all testing requisitions submitted to Allina Health Laboratory. The only exception to this requirement will be for the submission of IHC stains on a tissue block, as they are often historical in nature.

Best practice is that the date and time of specimen collection are included on both the requisition and on the specimen container, but minimally, this information must be included on the requisition. Testing of samples submitted without the date and time of collection may be delayed until the information can be obtained from the ordering site.

If you have questions about this requirement, contact your Allina Health Laboratory account representative.

## IMMUNOHISTOCHEMISTRY

### MYB by IHC now available

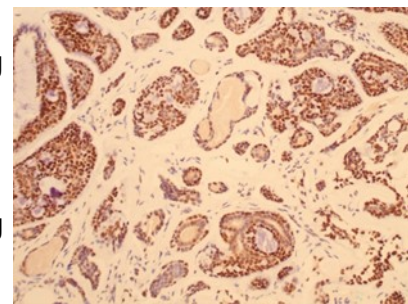
The Allina Health Immunohistochemistry (IHC) laboratory is pleased to share that the [MYB by IHC](#) is now being offered. Our IHC request form has been updated to include this new stain.

#### Specifications:

- A recurrent translocation is found in subset of adenoid cystic carcinomas (ACC), (t(6;9) (q22-23;p23-24)) resulting in the fusion of the oncogene MYB with the transcription factor NFIB
- The MYB-NFIB fusion gene results in increased MYB protein overexpression by ICH
- This antibody is useful in identifying adenoid cystic carcinoma arising in the breast

#### Staining pattern:

- Nuclear (diffuse, moderate to strong staining); this staining pattern can be confined to the myoepithelial cells
- In resection specimens, this antibody can demonstrate a peripheral staining pattern, presumably due to slower formal fixation and short half-life of the MYB protein
- Weak or focal staining can be seen in other entities arising from the breast (including collagenous sperulosis, basal-like triple negative cancers).



## Applications:

- Breast ACC: Diffuse, moderate to strong MYB IHC staining; sensitivity of 100%, specificity of 100%
  - ◊ Focal, weak MYB IHC staining has been described in triple negative breast carcinoma and collagenous sperulosis
  - ◊ The MYB IHC stain is more sensitive and specific than FISH testing in identifying ACC of the breast. MYB FISH is reported to be 96% sensitive and 89% specific, but 46% of MYB-NFIB negative ACC by FISH testing will stain for MYB IHC
- Salivary gland ACC: MYB IHC sensitivity of 82%, specificity of 86%
- Cutaneous ACC: Small case series suggests high sensitivity (8 of 9 cases positive)<sup>3</sup>
- MYB ICH positivity has been described in DCIS, non-adenoid cystic salivary gland neoplasms (acinic cell carcinoma, basal cell adenoma, basal cell adenocarcinoma, epithelial-myoeithelial carcinoma, monomorphic carcinoma, mucoepidermoid carcinoma, pleomorphic adenoma, polymorphous low-grade adenocarcinoma, salivary duct carcinoma, salivary adenoma NOS), squamous cell carcinoma, basaloid squamous cell carcinoma, lymphoma, thymoma, colonic adenocarcinoma, melanoma, skin adnexal tumors (dermal cylindromas and eccrine spiradenomas), sinonasal rhabdomyosarcoma, and nasopharyngeal carcinoma.

## References:

1. Xu B et al. Predictors of outcome in adenoid cystic carcinoma of salivary glands: a clinicopathologic study with correlation between MYB fusion and protein expression *Am J Surg Pathol* 2017;41(10):1422-1432.
2. Poling JS et al: MYB Labeling by Immunohistochemistry Is More Sensitive and Specific for Breast Adenoid Cystic Carcinoma than MYB Labeling by FISH, *Am J Surg Pathol* 2017;41:973–97.
3. North JP et al. Detection of MYB alterations and other immunohistochemical markers in primary cutaneous adenoid cystic carcinoma. *Am J Surg Pathol*. 2015;39: 1347–1356.
4. Brill LB 2nd, et al. Analysis of MYB expression and MYB-NFIB gene fusions in adenoid cystic carcinoma and other salivary neoplasms. *Mod Pathol*. 2011;24:1169–1176.

## Multiple IHC stains discontinued

Effective Monday, February 17, 2020, the Allina Health Immunohistochemistry (IHC) discontinued the performance of several stains.

- CK17
- DPC4
- Insulin
- Melanoma cocktail
- PAX2
- Somatostatin

The IHC request form has been updated to reflect this change in stain offerings.

# IMMUNOLOGY

## Infant RPR changes

Effective February 18, 2020, the Infant RPR assay was made available as an orderable test, and will no longer require the use of the Miscellaneous order code (991/LAB991).

The RPR is the appropriate first line test for newborns and infants less than 1 yr. of age who are born to mothers who have reactive non-treponemal and treponemal test results.

	Previous	New
<b>Test #</b>	991	14248
<b>Excellian order</b>	LAB994	LAB14248
<b>Abbreviation</b>	MISCELLANEOU	RPR

## REFERRAL TESTING

### Angiotensin converting enzyme (ACE), CSF reference range changes

LabCorp has announced a reference range change for the Angiotensin converting enzyme (ACE), CSF assay (13383/LAB13383) which will go into effect on March 30<sup>th</sup>, 2020.

Current	New
< 2.9 U/L	0 - 5 years: <i>Not established</i> 6 - 17 years: 0.0-2.1 U/L 18 - 50 years: 0.0 - 2.5 U/L > 50 years: 0.0 - 3.1 U/L

## Pancreatic elastase, fecal transport changes

LabCorp has announced a change to the specimen transport and stability for the Pancreatic elastase, fecal assay (13384/LAB13384) which will go into effect on February 24, 2020.

Current	New
Refrigerated (preferred) – 14 days Ambient – NO Frozen – NO	Frozen (preferred) – one year <i>Freeze/thaw cycles: stable x3</i> Refrigerated – 3 days Ambient – 3 days

**Thank you for choosing Allina Health Laboratory -  
we appreciate your business!**