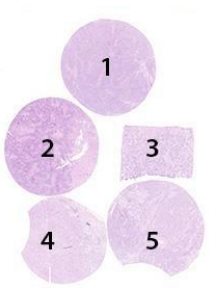
Assessment Run H15 2019

HER2 (BRISH or FISH)

Material

Table 1. **Content of the multi-block used for the NordiQC HER2 ISH assessment, run H15**

	HER2 IHC*	Dual - SISH**	FISH***	FISH***
	IHC score	**HER2/chr17 ratio¤**	**HER2/chr17 ratio¤**	**HER2 copies**
1. Breast carcinoma	0	0.8 – 1.0	0.6	<4
2. Breast carcinoma	3+	3.8 – 4.7	3.2	≥ 4 and < 6
3. Breast carcinoma	1+	1.3 – 1.4	1.3	<4
4. Breast carcinoma	2+	1.3 – 1.5	1.0	<4
5. Breast carcinoma	3+	14.6 – 16.8	9.9	>6



* PATHWAY® (Ventana/Roche), data from two reference labs.
** Inform HER2 Dual ISH kit (Ventana/Roche), range of data from one reference lab.
*** HER2 FISH (Zytovision), data from one reference lab.
¤HER2/chr17: HER2 gene/chromosome 17 ratio

All tissues were fixed for 24-48 hours in 10% neutral buffered formalin according to the ASCO/CAP 2013 guidelines for tissue preparation of breast tissue for HER2 ISH analysis.

HER2 BRISH, Technical assessment

The main criteria for assessing a BRISH HER2 analysis as technically **optimal** were the ability to interpret the signals and thus evaluate the HER2/chr17 ratios in all five tissues.

Staining was assessed as **good**, if the HER2/chr17 ratios could be evaluated in all five tissues, but the interpretation was slightly compromised e.g. due to excessive retrieval, weak or excessive counterstaining or focal negative areas.

Staining was assessed as **borderline** if one of the tissues could not be evaluated properly e.g. due to weak signals, large negative areas with no signals (> 25% of the core) or a low signal-to-noise ratio due to excessive background staining.

Staining was assessed as **poor** if two or more of the tissue cores could not be evaluated properly e.g. due to weak signals, large negative areas with no signals (> 25% of the core) or a low signal-to-noise ratio due to excessive background staining.

HER2 BRISH and FISH interpretation

For both BRISH and FISH, participating laboratories were asked to submit a scoring sheet with their interpretation of the HER2/chr17 ratio. Results were compared to NordiQC FISH data from reference laboratories to analyze scoring consensus.

Consensus scores from the NordiQC BRISH/FISH reference laboratories

- Breast ductal carcinoma, no. 1,3 and 4: non-amplified
- Breast ductal carcinoma, no. 2 and 5: amplified

The ASCO/CAP 2013 guidelines were applied for the interpretation of the HER2 status

Unamplified: HER2/chr17 ratio < 2.0 using a dual probe assay or an average < 4 HER2 gene copies per cell/nucleus (both dual and single probe assay)

Equivocal: HER2/chr17 ratio of < 2.0 using a dual probe assay with an average of ≥ 4 and < 6 HER2 gene copies per cell/nucleus (both dual and single probe assay)

Amplified: HER2/chr17 ratio ≥ 2.0 using a dual probe assay or an average ≥ 4 HER2 copies per cell/nucleus. Using a single probe assay an average of ≥ 6 HER2 copies per cell/nucleus.

Participation

Number of laboratories registered for HER2 BRISH	139
Number of laboratories returning slides	122 (88%)
Number of laboratories returning scoring sheet	110 (90%)
Number of laboratories registered for HER2 FISH	57
Number of laboratories returning scoring sheet	56 (98%)

Results BRISH, technical assessment

In total, 122 laboratories participated in this assessment. 88 laboratories (72%) achieved a sufficient mark (optimal or good). Results are summarized in Table 2.

Table 2**. HER2 BRISH systems and assessment marks for BRISH HER2 run H15.**

Two colour HER2 systems	n	Vendor	Optimal	Good	Borderline	Poor	Suff.[1]	Suff. OPS[2]
INFORM™ HER2 Dual ISH **800-4422/780-4422**	85	Ventana/Roche	39	21	15	10	71%	71%
INFORM™ HER2 Dual ISH + IHC **800-4422 + HER2 IHC**	21	Ventana/Roche	13	3	3	2	76%	87%
Zyto*Dot*® 2C **C-3022 / C-3032**	6	ZytoVision	3	1	1	1	67%	-
One colour HER2 systems								
INFORM™ HER2 SISH **780-4332**	6	Ventana/Roche	4	1	1	0	83%	-
Zyto*Dot*® **C-3003**	4	ZytoVision	2	1	1	0	75%	-
Total	122		61	27	21	13		-
Proportion			50%	22%	17%	11%	72%	

1) Proportion of sufficient stains.
2) Proportion of sufficient stains with optimal protocol settings only, see below.

Comments

In this assessment, optimal demonstration and evaluation of the HER2 gene amplification status in all five cores of the multi-tissue block could be obtained by all the applied systems, both single colour and dual-colour systems as shown in Table 2. Minor focal staining artefacts were accepted if they did not compromise the overall interpretation in each of the five individual tissue cores. Artefacts as silver precipitates, excessive background staining or negative areas (see Figs. 5a-5b) were most likely caused by technical issues as slides drying out during the staining process or inadequate washing etc. In this run, and in concordance with the previous NordiQC runs, the ISH rejection criteria defined in the 2013 ASCO/CAP HER2 guidelines were applied. In brief, repeated test must be performed if more than 25% of the signals/cells cannot be interpreted due to the artefacts listed above. In these cases, the staining results were rated as insufficient (poor or borderline).

For the most commonly used HER2 BRISH assay, the INFORM™ HER2 Dual ISH (Ventana/Roche), a technical adequate result was provided in 71% of the submitted slides using appropriate and vendor recommended protocol settings identified as essential to produce a technical optimal staining result. These data, which have been observed consistently in the latest NordiQC HER2 BRISH assessments, clearly indicate a general challenge for the assay to provide a reproducible performance. As this test is used by 87% of all participating laboratories (and applied with appropriate protocol settings), this significantly affects the pass rate. At present, no recommendations on how to improve the end result have been identified.

Optimal protocol settings: Two-colour HER2 systems

For the **INFORM™ Dual ISH system 800-4422** (Ventana/Roche), optimal demonstration of HER2 BRISH was typically based on HIER in Cell Conditioning 2 (CC2) for 28-40 min. at 86-90°C and subsequent proteolysis in Protease 3 for 8-20 min. at 36-37°C. The HER2 and chr17 probe cocktail was typically applied for 6 hours at 44°C following denaturation at 80°C for 20 min.

Using these protocol settings, sufficient results (optimal or good) (see Figs. 1-2) were seen in 71% of the submitted protocols (51 of 72). 21 laboratories used a protocol with optimal settings but, for unexplained reasons, completely false negative staining or excessive background staining (e.g. due to silver precipitates) was seen in the entire slide or large areas comprising >25% of the neoplastic cells in one or more of the tissue cores (see Figs. 5a-5b). Cases of impaired morphology, resulting in a general weak staining reaction were also displayed. No reason for these insufficient results could be related to the

applied protocols, reagents, platforms (BenchMark XT, GX or Ultra) or any other protocol parameter. Identical observations have now been done in many runs and might indicate a less robust and reproducible performance of the protocols on the used instruments. The "negative spot artefact" (large negative areas comprising >25% of the neoplastic cells in one or more of the tissue cores) was seen in 43% (9 of 21) of the laboratories. The "silver precipitate artefact" (large areas with silver precipitates comprising >25% of the neoplastic cells in one or more of the tissue cores) was seen in 29% (6 of 21) of the laboratories. The rest of the insufficient staining results was either caused by a general weak staining reaction or impaired morphology making interpretation difficult.

21 laboratories used the **INFORM™ Dual ISH systems 800-4422** (Ventana/Roche) in combination with immunohistochemical demonstration for **HER2 PATHWAY®** (Ventana/Roche). Optimal demonstration of HER2 BRISH using this assay was typically based on HIER in CC2 or Cell Conditioning 1 (CC1) for 24-32 min. at 75-90°C and subsequent proteolysis in Protease 2 for 8-20 min. at 36-37°C. The HER2 and chr17 probe cocktail was typically applied for 6 hours at 44°C following a denaturation at 80°C for 4 min. HER2 PATHWAY® was typically performed with iVIEW or UltraView as detection system. Both BenchMark ULTRA and XT could be used as stainer platform. Using these protocol settings, sufficient results were seen in 87% of the submitted protocols (13 of 15) (see Figs. 3a-3b). The reason for insufficient staining results was in all cases (5 of 21) due to large negative areas comprising >25% of the neoplastic cells in one or more of the tissue cores ("negative spots").

In the current assessment and in concordance with previous assessments the pass rate of the combined **HER2 Dual ISH / HER2 IHC assay** (also known as HER2 gene protein assay / GPA) was slightly higher than the corresponding **HER2 Dual ISH assay** (see Table 2). Since the introduction of the combined **HER2 Dual ISH / HER2 IHC assay** in 2014, a total of 123 protocols have been submitted for assessment. 80% (98 of 123) have obtained sufficient staining results. In the same period, 895 protocols based on the **INFORM™ Dual ISH systems 800-4422** have been submitted and 66% (593 of 895) obtained sufficient staining results. Despite a recorded minor drop in pass rate in the current run, these data suggest that the combined **HER2 Dual ISH / HER2 IHC assay** is somewhat more robust compared to the "classic" **INFORM™ Dual ISH system 800-4422.** At present, the reason for this difference is unknown.

For the **Zyto*Dot*® 2C system C-3022 / C-3032** (ZytoVision), three protocols gave optimal results (see Fig. 4b). Protocols were based on HIER in EDTA pH 8 in a waterbath for 15 min. at 95-98°C, proteolysis in pepsin for 3-5 min. at 37°C, hybridization at 37°C for 18-20 hours following a denaturation at 75-79°C for 5 min. and visualization with the ZytoVision detection kit C-3022. Using these protocol settings, sufficient results were seen in 100% of the submitted protocols (4 of 4).

One-colour HER2 systems

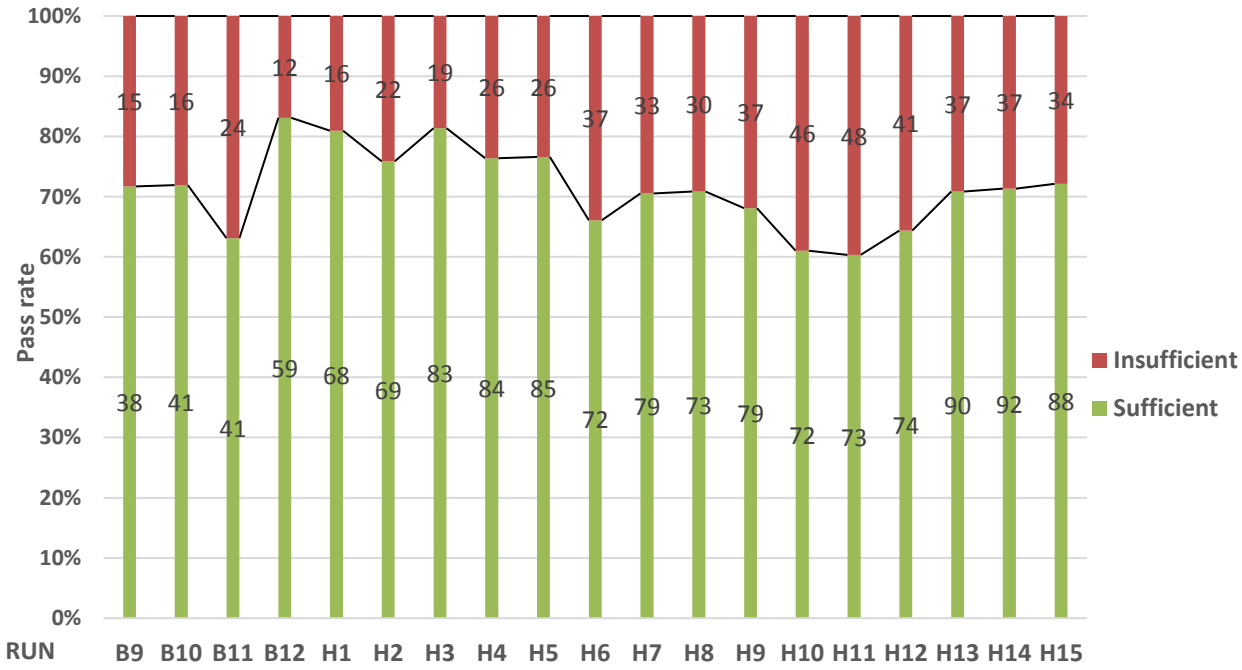
For the **INFORM™ SISH system 780-4332** (Ventana/Roche), four protocols gave optimal results. Protocols were typically based on HIER in CC2 for 28-40 min. at 85-95°C and subsequent proteolysis in Protease 3 for 4-12 min. at 36°C. The HER2 SISH probe was applied for 6 hours at 52°C following a denaturation at 93°C for 4-8 min. Using these protocol settings, sufficient results were seen in 100% of the submitted protocols (5 of 5).

For the **Zyto*Dot*® system C-3003** (ZytoVision), two protocols gave optimal results (see Fig. 4a). Protocols were based on HIER in EDTA pH 8 in a waterbath for 15 min. at 95-100°C, proteolysis in pepsin for 2-4 min. at 37°C, hybridization at 37°C for 12-20 hours following a denaturation at 95°C for 5 min. and visualization with the ZytoVision detection kit C-3022. Using these protocol settings, sufficient results were seen in 75% of the submitted protocols (3 of 4).

Performance history

This was the twenty-first assessment of HER2 BRISH in NordiQC and a consistent pass rate at a relatively low level has been observed in the latest runs. Data from the last eighteen runs is shown in Graph 1.

Graph 1. **Proportion of sufficient results for HER2 BRISH in the NordiQC assessment**



HER2 ISH interpretation and scoring consensus

Table 3. **NordiQC FISH amplification data***

	NordiQC FISH HER2/chr17 ratio	NordiQC FISH HER2 copies	NordiQC HER2 amplification status
1. Breast ductal carcinoma	0.6	<4	Non-amplified
2. Breast ductal carcinoma	3.2	≥ 4 and < 6	Amplified
3. Breast ductal carcinoma	1.3	<4	Non-amplified
4. Breast ductal carcinoma	1.0	<4	Non-amplified
5. Breast ductal carcinoma	9.9	>6	Amplified

* data from one NordiQC reference laboratory.

166 of the 179 (93%) participating laboratories completed scoring sheets on the NordiQC homepage. These evaluations were compared to the HER2 ISH amplification status obtained by the NordiQC reference laboratories, summarized in Graph 2 and 3. For the laboratories performing FISH, the consensus rate was 88% (49 of 56) and 78% (86 of 110) for laboratories using BRISH. This was a small decrease for laboratories that used FISH compared to the last run where the consensus rate was 91%. Contrary, this was a significant increase for labs using BRISH as the consensus rate in run H14 was 64%.

In general, for both BRISH and FISH, high consensus rates were observed between participants and NordiQC regarding the HER2 amplification status in most cores. The most challenges in interpretation of HER2 amplification status were seen in tissue core no. 4, especially for laboratories performing BRISH.

For BRISH and FISH, disagreement of the interpretation of the HER2 amplification status between the participants and NordiQC data was related to "overrating" the HER2 status and thus an aberrant classification compared to the NordiQC reference data and the majority of other participants.

Tumour no. 4 was by the NordiQC reference laboratories characterized as non-amplified. The tumour showed HER2 ratio of 1.3-1.5 and < 4 HER2 gene copies were identified. This tumour was, by some

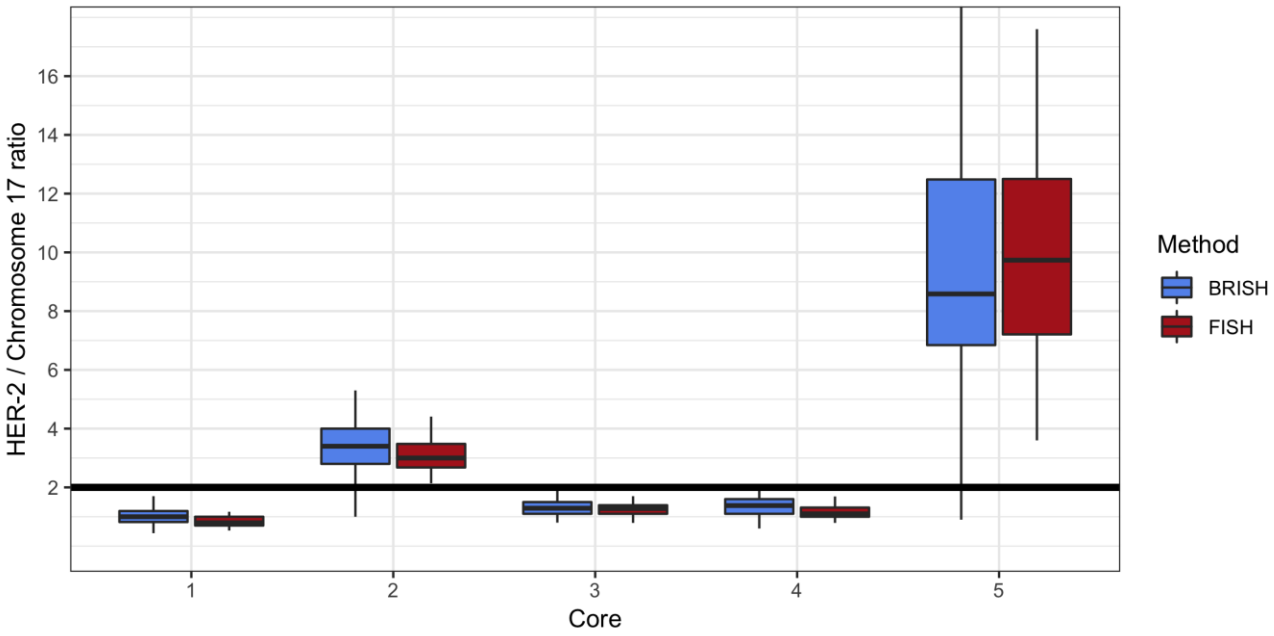
laboratories using either FISH (7 of 56) or BRISH (23 of 110) classified as amplified (n=2), equivocal (n=20) or indeterminable (n=8).

Similar to to last assessment, participants using FISH had in HER2 ISH run H15 a marginally higher level of consensus in the individual cores than participants using BRISH (except core 1).

It was observed that the consensus rates of the individual cores among laboratories that produced staining reaction assessed as technically sufficient (BRISH only) were marginally higher than laboratories with an insufficient mark (83% and 77%, respectively). Despite insufficient staining, laboratories were still able to correctly evaluate the slide. The ISH rejection criteria are applied in NordiQC assessments. The criteria (defined in the 2013 ASCO/CAP HER2 guidelines) require retest, if more than 25% of the signals/cells cannot be interpreted due to artefacts such as silver precipitate, excessive background or negative areas. The material in the assessment consisted of breast tumours with relatively homogenous HER2 expression, which permitted correct evaluation even in slides with large negative areas. This is not always the case in diagnostic settings with heterogeneous tumours or evaluation in specific "hot-spot areas" identified by HER2 IHC.

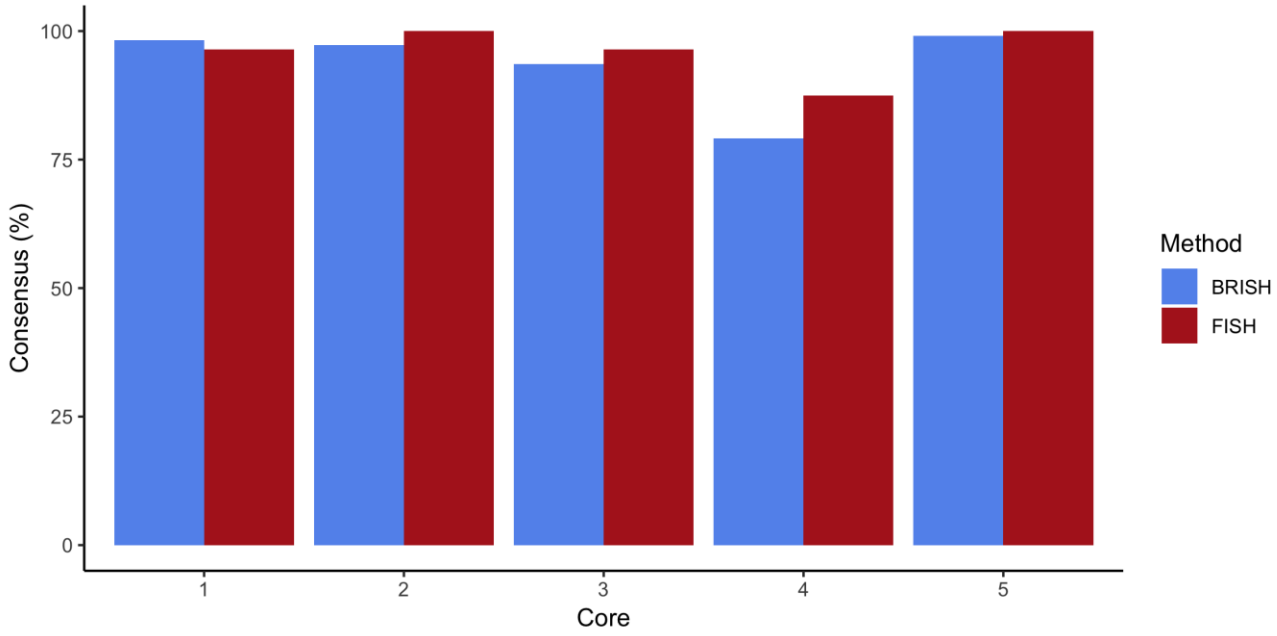
Participants overall interpretation of amplification ratios and consensus rates are shown in Graph 2 and 3.

Graph 2



NordiQC HER2 ISH run H15: Participant interpretation of amplification status

Graph 3



NordiQC HER2 ISH run H15: Consensus between participants and NordiQC

No technical evaluation of FISH protocols was performed. Table 4 shows the FISH assay used by the participants and concordance level to the NordiQC data observed. It has to be emphasized that it was not possible to identify the cause of an aberrant interpretation of the HER2 status whether this was related to the technical performance of the FISH assay or the interpretation by the observer(s).

Table 4. **FISH assays used and level of consensus HER2 status to NordiQC reference data, H15**

Assay	Number	Consensus rate
Pathvysion/Abbot, 6N4630 / 30-161060	10	90% (9/10)
ZytoVision, Z2015 / Z2020/ Z2077	14	79% (11/14)
Dako, K5731	10	80% (8/10)
Dako, GM333	6	83% (5/6)
Leica, TA9217	5	100% (5/5)
Rembrandt FISH, C801K.5206	2	100% (2/2)
ZytoVision FlexISH, Z-2166	2	100% (2/2)
Other	7	100% (7/7)

Conclusion

In this assessment and in concordance with previous NordiQC HER2 ISH runs, technical optimal demonstration of HER2 BRISH could be obtained by the commercially available two-colour HER2 systems **INFORM™ HER2 Dual ISH** (Ventana/Roche) and **ZytoDot® 2C** (ZytoVision).

The single-colour HER2 systems **INFORM™ SISH system** (Ventana/Roche) and **Zyto*Dot*®** (ZytoVision) could also be used to produce a technical optimal HER2 demonstration.

For all systems, retrieval settings – HIER and proteolysis - must be carefully balanced to provide sufficient demonstration of HER2 (and chr17 signals) and preserved morphology.

Despite optimal protocol settings being applied, a high proportion of technical insufficient results were seen, indicating that other issues are influencing the quality of the BRISH assays. Especially the capability of present instrumentation and associated HER2 ISH assays to provide reproducible performance of the protocols might be a central factor. It was observed that the most commonly used HER2 BRISH assay, INFORM™ HER2 Dual ISH (Ventana/Roche), only provided a pass rate of 71% despite using appropriate and well characterized protocol settings. The combined **HER2 Dual ISH / HER2 IHC assay** (Ventana/Roche) showed at 76% a minor improvement in pass rate compared to the "classic" INFORM™ HER2 Dual ISH (Ventana/Roche).

Laboratories performing FISH achieved a marginally higher consensus rate for the interpretation of HER2 amplification status compared to laboratories performing BRISH

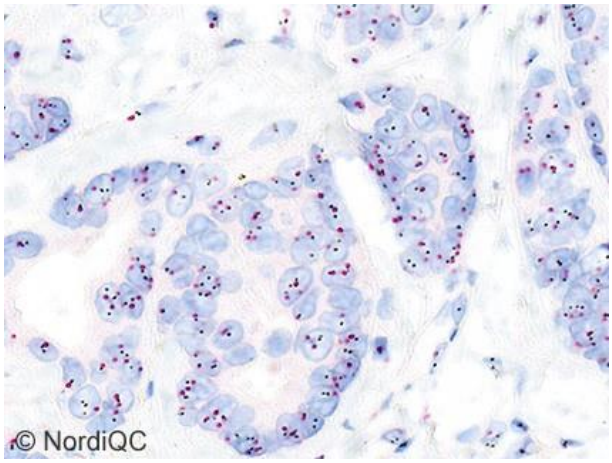


Fig. 1a
Optimal demonstration of the HER2 gene status using the INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche, of the breast carcinoma no. 3 without HER2 gene amplification: HER2/chr17 ratio 1.3-1.4*. The HER2 genes are stained black and chr17 red. The signals are distinctively demonstrated. NordiQC and the vast majority of participants interpreted this tumour as non-amplified.

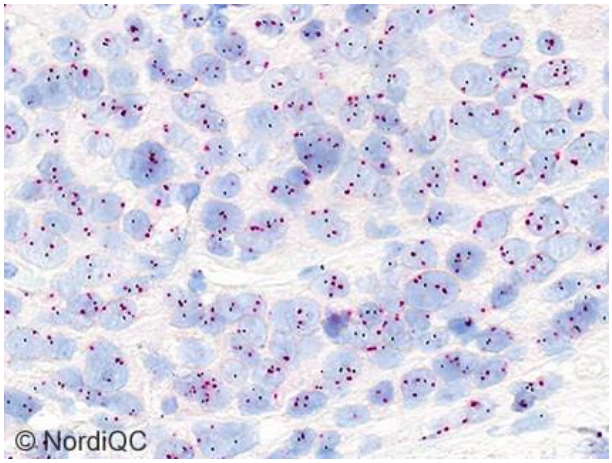


Fig. 1b
Optimal demonstration of the HER2 gene status using the INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche, of the breast carcinoma no. 1 without HER2 gene amplification: HER2/chr17 ratio > 0.8-1.0*. The HER2 genes are stained black and chr17 red. NordiQC and virtually all participants interpreted this tumour as non-amplified.

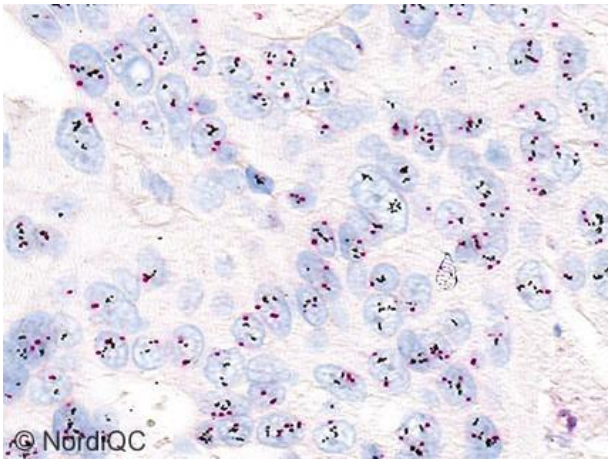


Fig. 2a
Optimal demonstration of the HER2 gene status using the INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche, of the breast carcinoma no. 2 with HER2 gene amplification: HER2/chr17 ratio 3.8-4.7*. The HER2 genes are stained black and chr17 red. The HER2 signals are distinctively demonstrated. NordiQC and virtually all participants interpreted this tumour as amplified. Compare with Fig. 3b, 4a and 4b – same tumour.

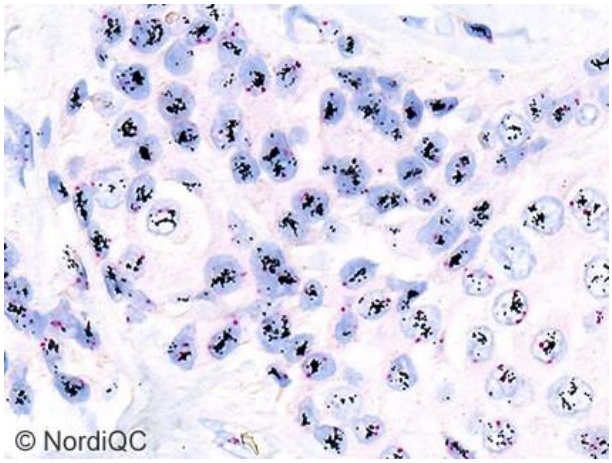


Fig. 2b
Optimal demonstration of the HER2 gene status using the INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche, of the breast carcinoma no. 5 with high level HER2 gene amplification: HER2/chr17 ratio > 14.6-16.8*. The HER2 genes are stained black and chr17 red. The signals are distinctively demonstrated, and the majority of HER2 signals are located in large clusters. NordiQC and all but one participant interpreted this tumour as positive, highly amplified.

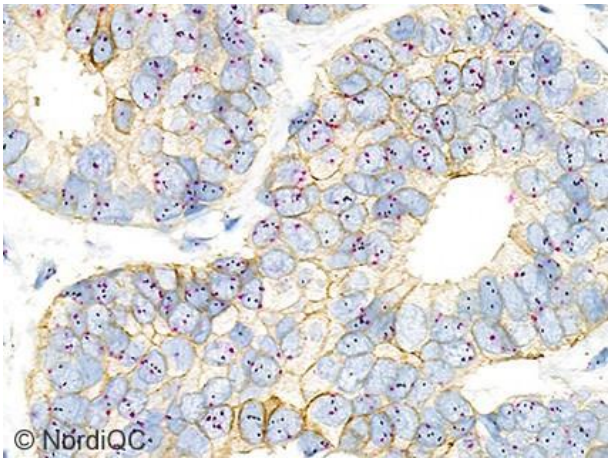


Fig. 3a
Optimal demonstration of the HER2 gene status using the INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche, in combination with HER2 IHC using PATHWAY, Ventana/Roche, of the breast carcinoma no. 3 without HER2 gene amplification: HER2/chr17 ratio 1.3-1.4*. The gene protein assay (GPA) labels the HER2 genes black, chr17 red and HER2 protein brown. The IHC level is interpreted as 1+ and the GPA assay visualizes IHC hot-spots to evaluate the HER2 gene status precisely. The participant interpreted this tumour as non-amplified. NordiQC and the vast majority of participants interpreted this tumour as non-amplified.

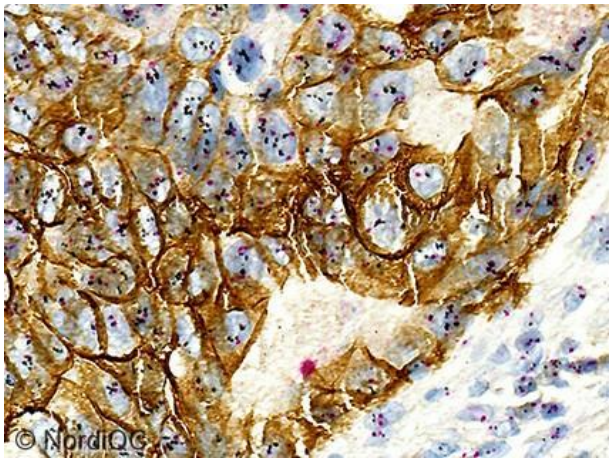


Fig. 3b
Optimal demonstration of the HER2 gene status using the INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche, in combination with HER2 IHC using PATHWAY, Ventana/Roche, of the breast carcinoma no. 2 with HER2 gene amplification: HER2/chr17 ratio 3.8 – 4.7 *. The gene protein assay (GPA) labels the HER2 genes black, chr17 red and HER2 protein brown. The IHC level is interpreted as 2+ and the GPA assay visualizes the HER2 IHC overexpression and the HER2 gene status simultaneously. The participant interpreted this tumour as positive, moderately amplified. NordiQC and virtually all participants interpreted this tumour as amplified. Compare with Fig. 2a, 4a and 4b – same tumour.

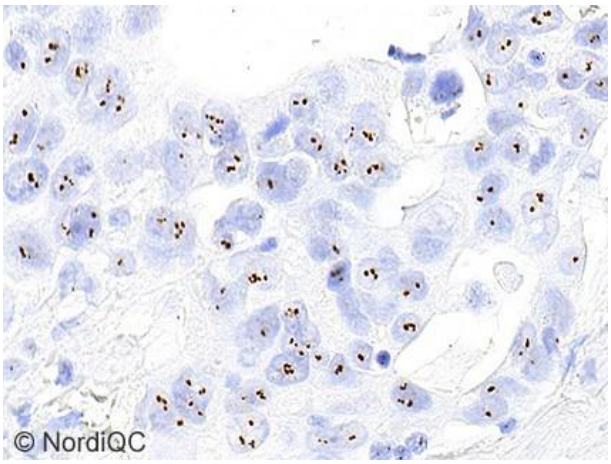


Fig. 4a
Optimal demonstration of the HER2 gene status using using the ZytoDot® C-3003, ZytoVision, of the breast carcinoma no. 2 with HER2 gene amplification: HER2/chr17 ratio 3.8-4.7*. The HER2 genes are stained brown and signals are distinctively demonstrated. The participant registered an average of more than 6 HER2 gene copies per cell/nucleus and interpreted this tumour as amplified. NordiQC and virtually all participants also interpreted this tumour as amplified. Compare with Fig. 2a, 3b and 4b – same tumour.

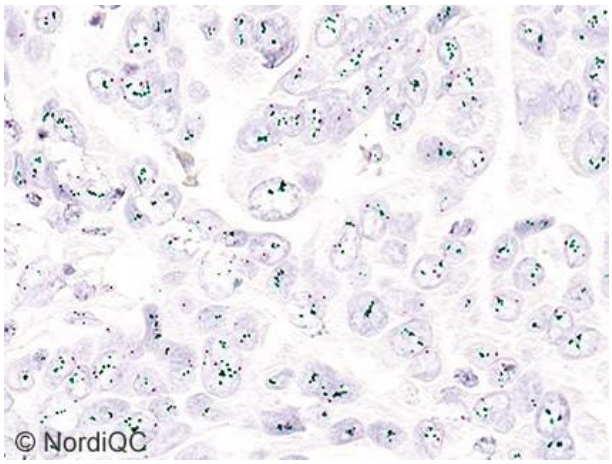


Fig. 4b
Optimal demonstration of the HER2 gene status using the ZytoDot® 2C C-3022/C-3032, ZytoVision, of the breast carcinoma no. 2 with HER2 gene amplification: HER2/chr17 ratio 3.8-4.7*. The HER2 genes are stained green and chr17 red. HER2 and chr17 signals are distinctively demonstrated. NordiQC and virtually all participants also interpreted this tumour as amplified. Compare with Fig. 2a, 3b and 4a – same tumour.

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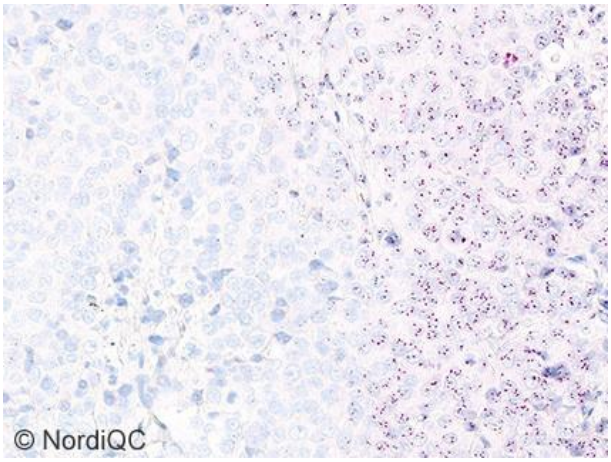

Fig. 5a
Insufficient staining for the HER2 gene using the INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche, of the breast carcinoma no. 1 without HER2 gene amplification: HER2/chr17 ratio > 0.8-1.0*. Large areas (> 25% of the neoplastic cells) of core no. 1 are totally negative. This aberrant staining reaction / "negative spot artefact" was most likely caused by a technical problem during the staining process in the BenchMark instrument. Similar protocol settings were applied as used in Fig. 1 and Fig. 2.

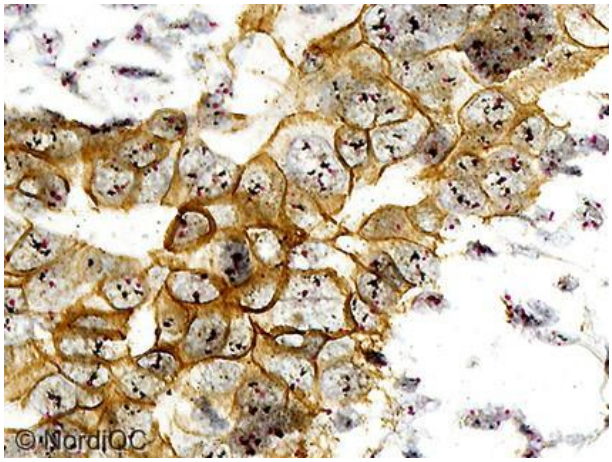

Fig. 5b
Insufficient staining of the HER2 gene using the INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche, in combination with HER2 IHC using PATHWAY, Ventana/Roche, of the breast carcinoma no. 2 with HER2 gene amplification: HER2/chr17 ratio 3.8 – 4.7*. The gene protein assay (GPA) labels the HER2 genes black, chr17 red and HER2 protein brown. Silver precipitates are seen in large areas (> 25% of the neoplastic cells) combined with impaired morphology. The silver precipitates were most likely caused by a technical problem during the staining process in the BenchMark instrument, whereas the impaired morphology was caused by excessive retrieval conditions. Compare with Fig. 3b. – same area.

* INFORM™ Dual ISH kit cat. no. 800-4422, Ventana/Roche (range of data from one reference lab.)

ON/LE/RR 16.04.19