NordiQC data: Antibody selection, protocols and controls

The generel module

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Primary panel for the unknown primary tumour

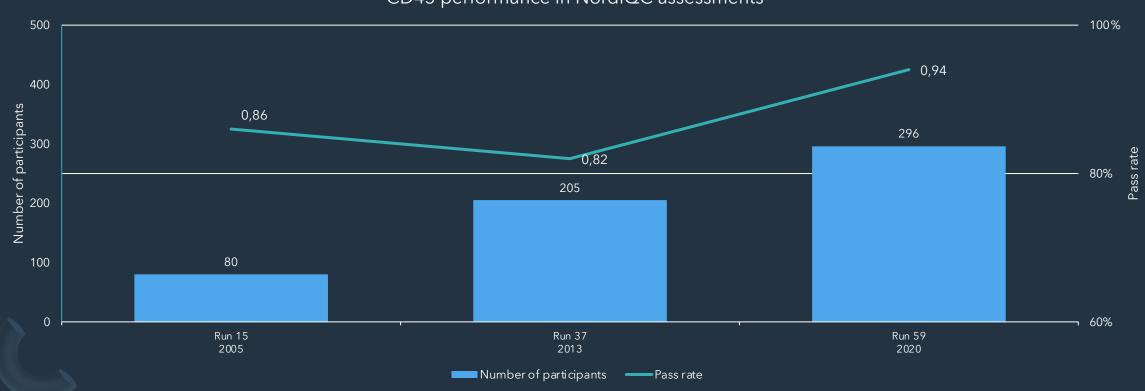


	CD45	Pan-CK	S100	Vimentin
Haematolymphoid neoplasms	+/(-)	-/(+)	-/(+)	+/(-)
Epithelial neoplasms	-	+/(-)	-/+	-/+
mesothelial neoplasms	+	+	-	+
mesenchymal and neuronal neoplasms	-	-/(+)	-/+	+
non-neuronal neuroephithelial neoplasms	-	-/(+)	+	+
Germ cell neoplasms	-	-/+	-/+	+



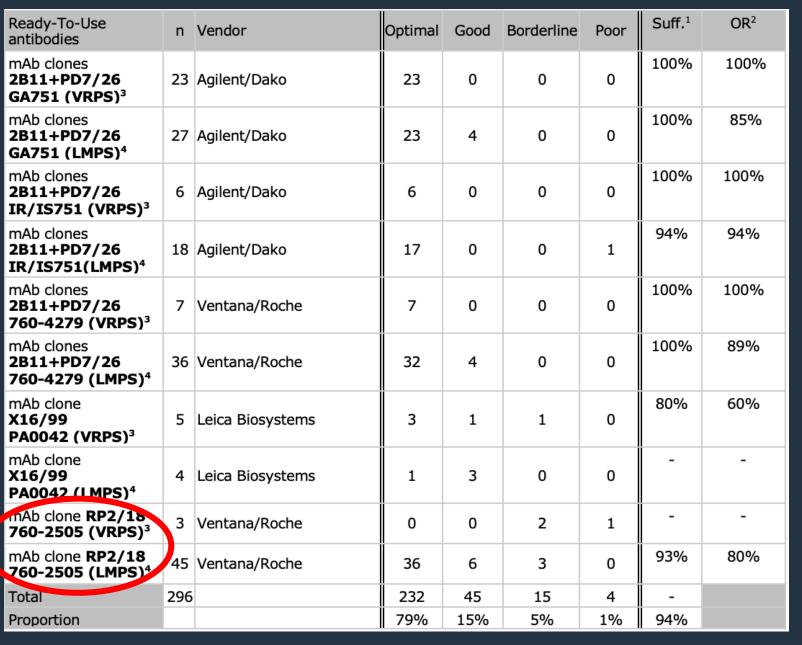
CD45





76% are using the mAb clone **2B11+PD7/26**

And it is a real Ready-touse!!





Only a cut out of table 1



Selected

None required

Table 1. Recommended Stainir	ng Protocols for CONFIRM a	anti-CD45, LCA (RP2/18)			
Procedure Type	Platform or Method				
	NexES IHC	BenchMark Series			

Off Line

4 minutes,

36°C

YOUR LANGUAGE J **LIKE GIBBERIS**

Table 3. Recommended staining protocol for CONFIRM anti-CD45, LCA (RP2/18) Primary Antibody with OptiView DAB IHC Detection Kit on BenchMark IHC/ISH instruments.

4 minutes,

37°C

Antibody (Primary)

Counterstain

Post Counterstain

Deparaffinization

None required Method Approximately 16 **Procedure Type** GX **ULTRA** or XT minutes, 37° C **ULTRA PLUS**a Optional Deparaffinization Selected Selected Selected Optional ULTRA CC1, **Cell Conditioning** CC1. CC1. 24 minutes. Hematoxylin II, 2 to 4 (Antigen Unmasking) 16 minutes 24 minutes 100°C minutes Pre-Primary Bluing, 2 to 4 minutes Selected Selected Selected Peroxidase Inhibitor

4 minutes,

37°C

Hematoxylin II, 4 minutes

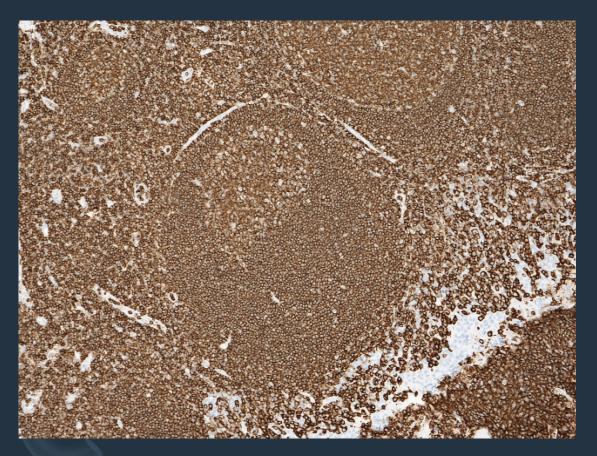
Bluing, 4 minutes

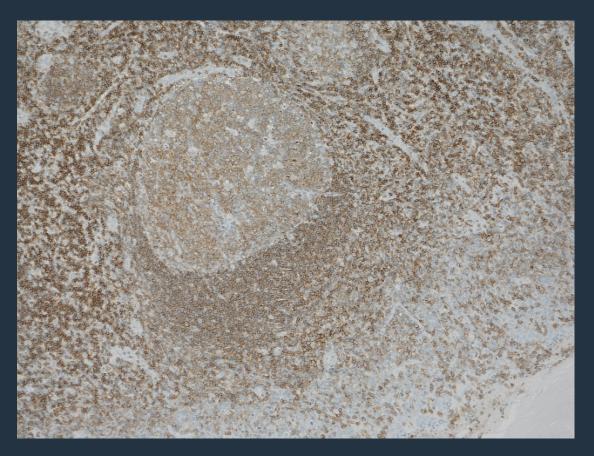
760-2505 (VRPS) ³	3	Ventana/Roc
mAb clone RP2/18 760-2505 (LMPS) ⁴	45	Ventana/Roc



Controls - Tonsil

RP2/18 Ventana RTU



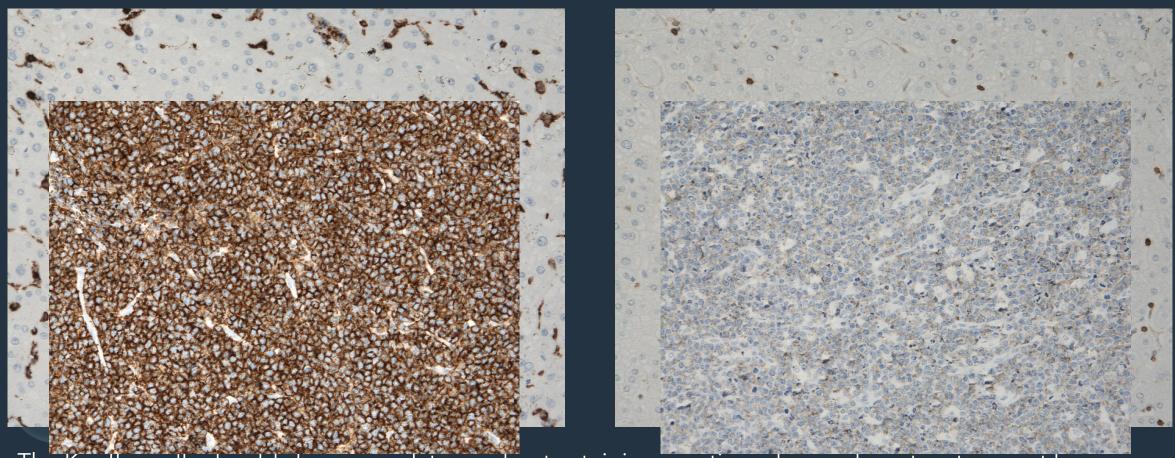


All lymphocytes (B- and T- cells) and histocytes must display a strong distinct membranous staining reaction. Squamous epithelial cells should be negative.



.... And Liver!

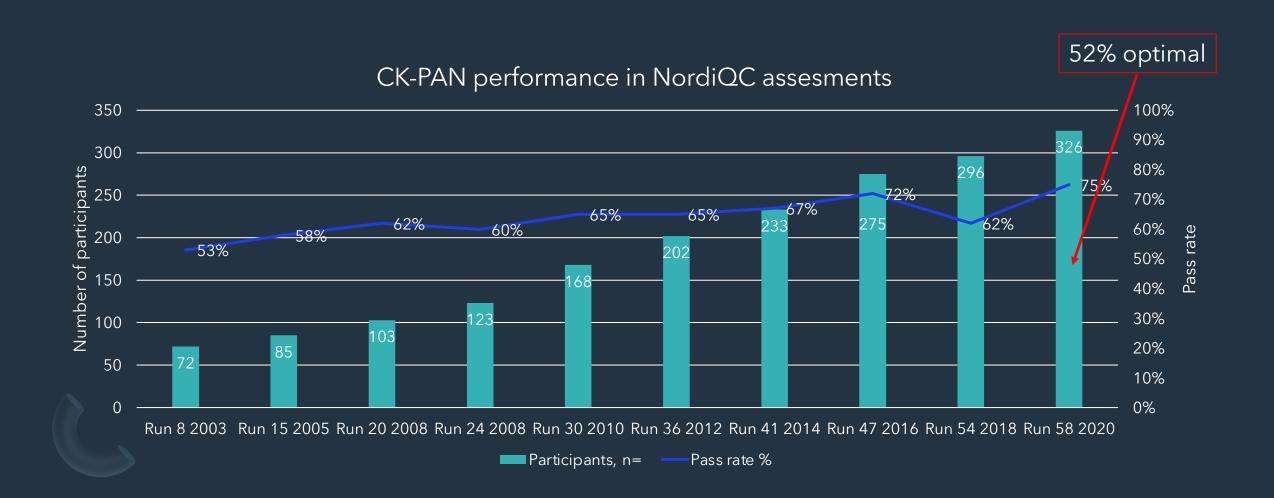
CD45, RP2/18 Ventana RTU



The Kupffer cells should show a weak to moderate staining reaction whereas hepatocytes must be negative.



CK-PAN





71%

87%

94%

44%

86%

90%

100%

76%

1

2

Ready-To-Use antibodies	n	Vendor	Optimal	Good	Borderline	Poor	Suff. ¹	OR. ²
mAb clone cocktail AE1/AE3 IR053 (VRPS) ³	13	Dako/Agilent	12	-	-	1	92%	92%
ma A balama analitail								

10

27

17

11

2

1

1

8

2

2

4

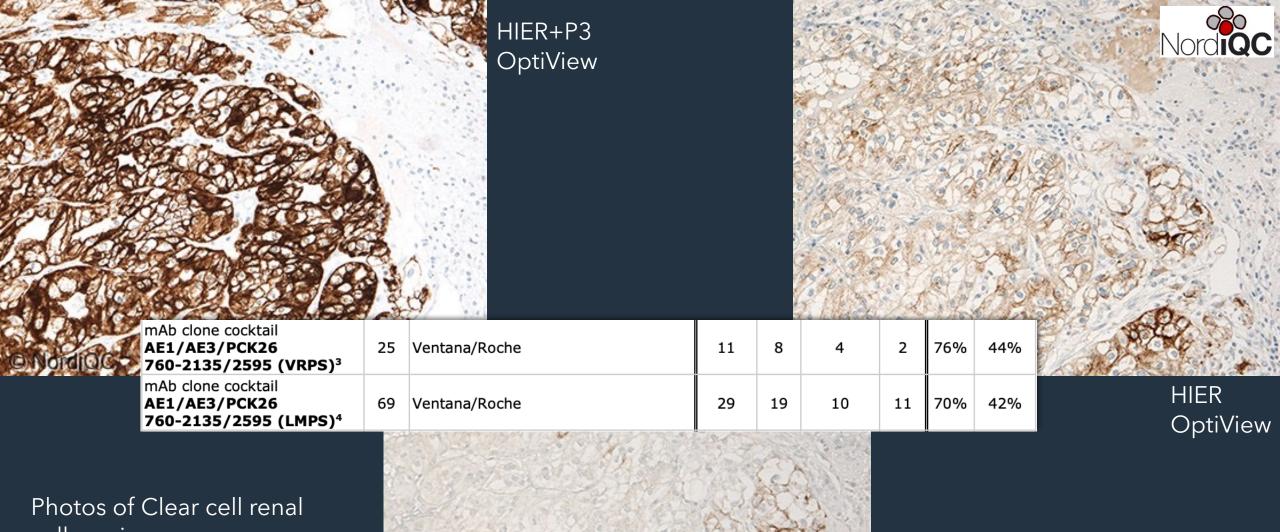
Table 2. Proportion of optimal results for CK-PAN using the mAb clone cocktail AE1/AE3 as concentrate on

the four main IHC systems* Ventana/Roche Dako/Agilent Dako/Agilent Leica Concentrated BenchMark XT / Autostainer Omnis Bond III / Max antibodies Ultra TRS pH CC2 pH BERS2 TRS pH TRS pH TRS pH CC1 pH BERS1 9.0 6.1 8.5 pH 9.0 9.0 6.1 6.0 pH 6.0 mAb clone 5/9** 6/6 36/62 0/12 0/3 AE1/AE3 (56%)100% (58%) (0%)mAb clone **BS5** 0/2 1/1 2/3 3/6 1/1

^{**} Number of optimal results/number of laboratories using this buffer.

s using this buffer.				19	10	11	70%	42%
760-2135/2595 (LMPS) ⁴		•						
mAb clone cocktail AE1/AE3 PA0909	2	Leica/Novocastra	-	1	1	-	-	-
mAb clone cocktail AE1/AE3 PA0094	5	Leica/Novocastra	1	3	1	-	80%	20%
mAb clone cocktail AE1/AE3 PA0012	3	Leica/Novocastra	-	3	-	-	-	-
Total	326		168	75	47	36	-	
Proportion			52%	23%	15%	11%	75%	

^{*} Antibody concentration applied as listed above, HIER buffers and detection kits used as provided by the vendors of the respective systems.



© NordiQC

cell carcinoma



mAb clone cocktail AE1/AE3/PCK26 760-2135/2595 (VRPS) ³	25	Ventana/Roche	11	8	4	2	76%	44%
mAb clone cocktail AE1/AE3/PCK26 760-2135/2595 (LMPS) ⁴	69	Ventana/Roche	29	19	10	11	70%	42%



Table 4. Pass rates for antibody cocktails combined with epitope retrieval methods in nine NordiQC runs

Pas	Pass rate for compiled data from run 15, 20, 24, 30, 36, 41, 47, 54 & 58											
	Total		HI	HIER Prot		olysis	HIER + p	roteolysis				
	Protocols	Sufficient	Protocols	Sufficient	Protocols	Sufficient	Protocols	Sufficient				
mAb AE1/AE3	1145	836 (73%)	1075	826 (77%)	49	6 (12%)	9	3 (33%)				
mAb AE1/AE3/5D3	48	42 (88%)	47	42 (89%)	1	0	0	0				
mAb AE1/AE3/PCK26	361	219 (61%)	48	22 (46%)	48	3 (6%)	258	192 (74%)				
mAb MNF116	111	31 (28%)	53	9 (17%)	48	22 (46%)	9	2 (22%)				



Table 2. Recommended staining protocol for Anti-Pan Keratin (AE1/AE3/PCK26) antibody with *ultra*View Universal DAB Detection Kit on BenchMark IHC/ISH instruments.

Procedure Type		Method							
Procedure Type	GX	XT	ULTRA						
Deparaffinization	Selected	Selected							
Cell Conditioning (Antigen Unmasking)	CC1, Mild	CC1, Mild	CC1, Mild ULTRA						
Antibody (Primary)	4 minutes, 37°C	8 minutes, 37°C	8 minutes, 36°C						
*ultraBlock step using VENTANA Antibody Diluent with Casein		4 minutes							
Counterstain	Н	ematoxylin II, 4 minu	tes						
Post Counterstain		Bluing, 4 minutes							

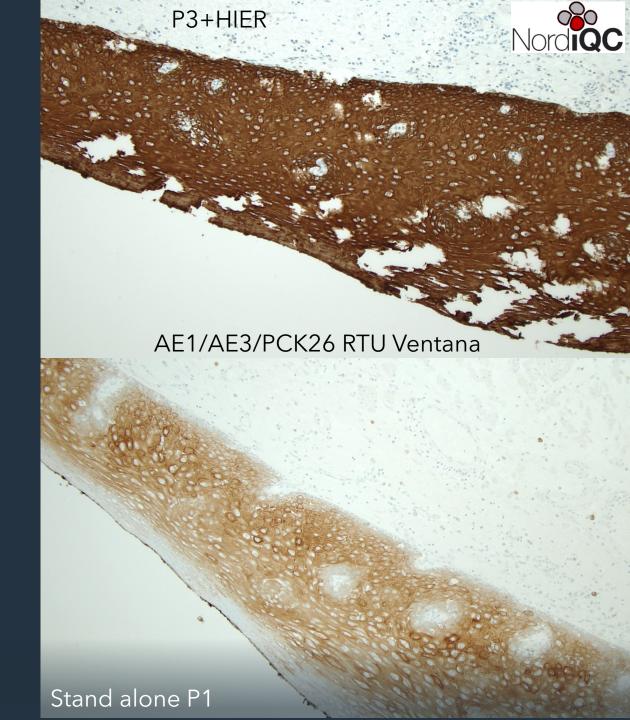
^{*}Use of VENTANA Antibody Diluent with Casein at the ultraBlock step is recommended to reduce staining on smooth muscle.

Table 2. Recommended staining protocol for Anti-Pan Keratin (AE1/AE3/PCAZO) antibody with *ultra*View Universal DAB Detection Kit on BenchMark IHC/ISH instruments.

		Method					
Procedure Type	GX	ХТ	ULTRA or ULTRA PLUS ^a				
Deparaffinization	Selected	Selected	Selected				
Cell Conditioning (Antigen Unmasking)	CC1, Mild	CC1, Mild	ULTRA CC1 36 minutes, 95°C				
Enzyme (Protease)		Protease 3, 4 minutes					
Antibody (Primary)	4 minutes, 37°C	8 minutes, 37°C	8 minutes, 36°C				
ultraBlock step using VENTANA Antibody Diluent with Casein ^b		ttes, 37°C 8 minutes, 37°C 8 minutes, 36°C 4 minutes					
Counterstain	Н	ematoxylin II, 4 minu	tes				
Post Counterstain		Bluing, 4 minutes					

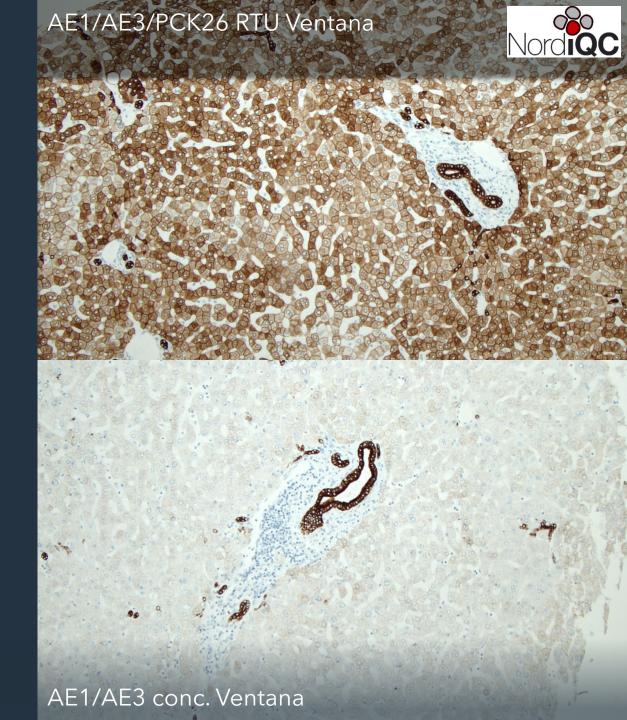
Control -Esophagus

All squarmous epithelial cells throughout all the cell layers must show a strong distinct cytoplasmic staining reaction due to expression of HMW-CK types 5 and 14. Smooth muscle cells in vessels and in muscularis mucosa in esophagus will typically show a weak to moderate patchy cytoplasmic staining.



And Liver

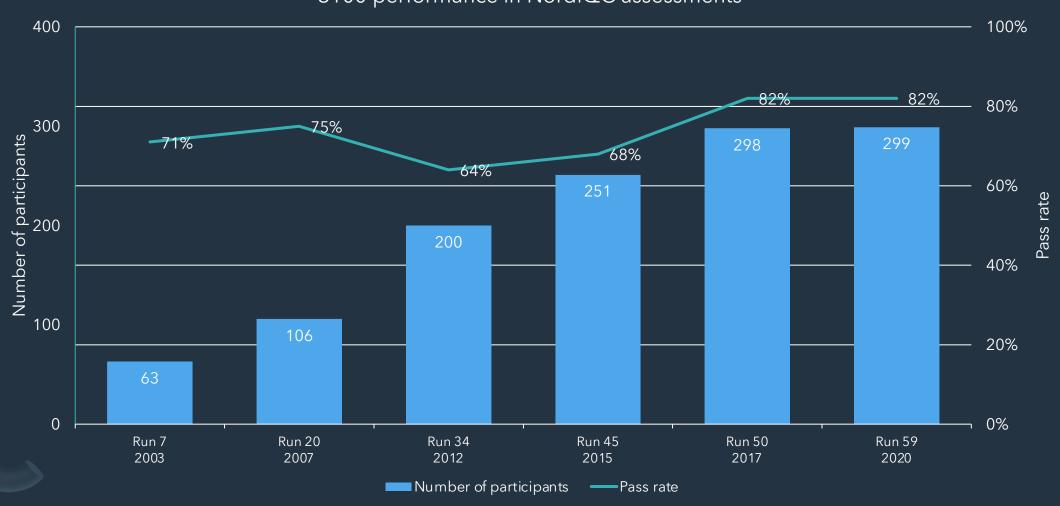
It is crucial that the vast majority of the hepatocytes (expression only a limited amount of the primary LMW CK types 8 and 18) show an at least moderate, distinct cytoplasmic and membranous staining reaction. No staining should be seen in stromal cells in the liver.





S100





Back in 2003 the main problem among the non-sufficient protocols was omission of HIER or use of proteolytic pretreatment, and guess what – it still is!!



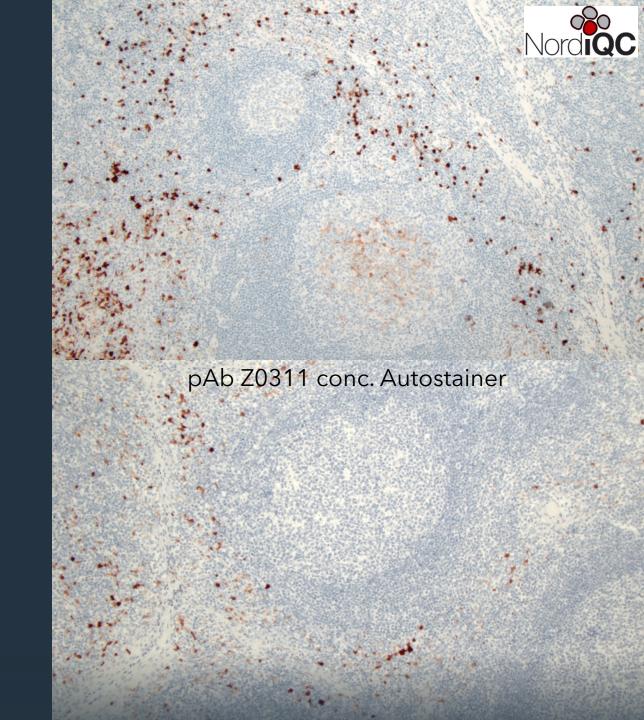
Table 5. Pass rates for S100 antibody combined with epitope retrieval methods in the last three NordiQC runs

	Pass rate for compiled data from run 45, 50 & 59												
	Total		HI	ER	Prote	oteolysis HIER +			No pretreatment				
							prote	olysis					
	Protocols	Sufficient	Protocols	Sufficient	Protocols	Sufficient	Protocols	Sufficient	Protocols	Sufficient			
mAb 4C4.9	137	80 (58%)	110	71 (65%)	4	0	2	1	21	8 (38%)			
pAb NCL-L- S100p	30	18 (60%)	21	14 (67%)	6	2 (33%)	0	0	3	2			
pAb Z0311	494	417 (84%)	444	386 (87%)	26	15 (58%)	3	2	21	14 (67%)			
pAb 760- 2523	97	68 (70%)	82	62 (76%)	2	1	0	0	13	5 (39%)			
Total	758	583 (77%)	657	533 (81%)	38	18 (47%)	5	3	58	29 (50%)			

Controls

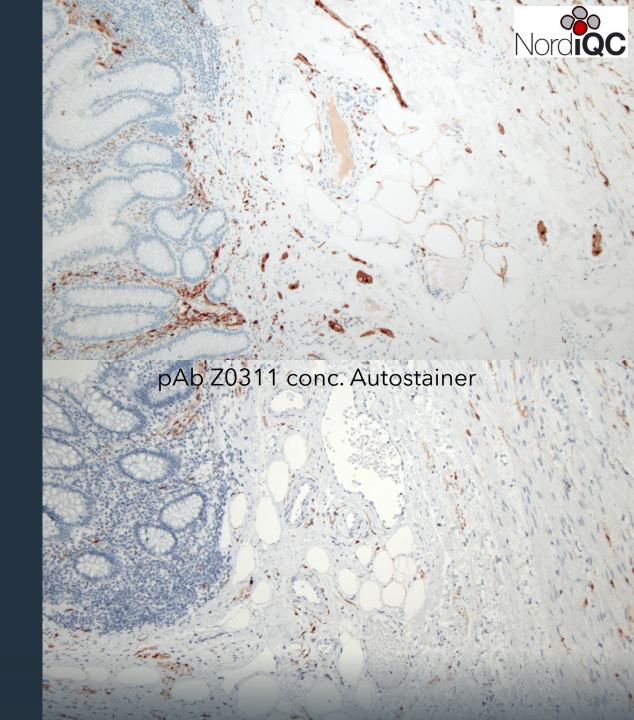
Only Z0311

In the tonsil, interfollicular dendritic cells and Langerhans cells of the squamous epithelium, must display a moderate to strong staining intensity whereas the follicular dendritic cell meshwork of the germinal centres should show an at least weak to moderate nuclear and cytoplasmic staining reaction.



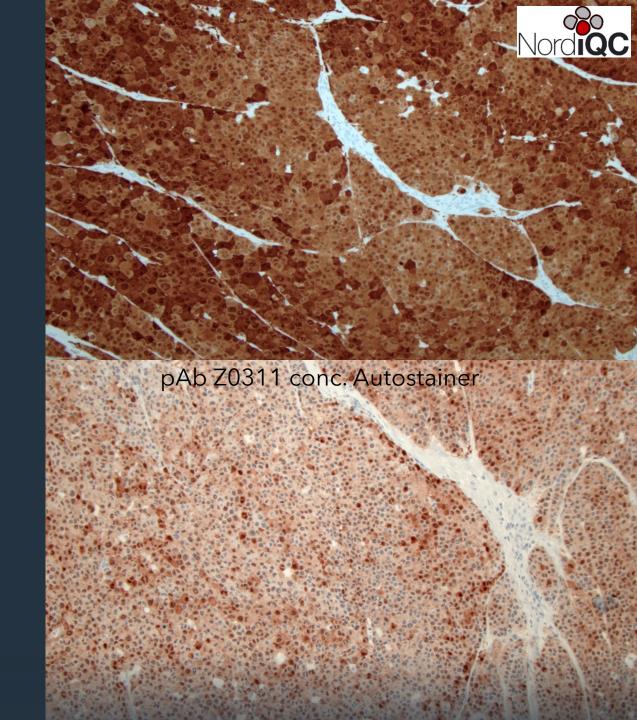
Appendix

Virtually all adipocytes and Schwann cells of peripheral nerves, must show an as strong as possible nuclear and cytoplasmic staining reaction without any staining reaction of the smooth muscle or epithelial cells.



In addition

All neoplastic cells should show a strong nuclear and cytoplasmic staining reaction in the malignant melanoma





The clone Z0311 which was used by 57% both as concentrate and RTU is now terminated from vendor as a concentrate.

Concentrated antibodies	n	Vendor	Optimal	Good	Borderline	Poor	Suff.1	OR ²
mAb clone 4C4.9	1 1 2 1 1 2 2	Thermoscientific Immunologic Cell Marque Diagnostic BioSystems DCS BioCare Medical Zytomed Systems Zeta Corporation	2	5	2	2	63%	18%
pAb Z0311 ⁵	100	Agilent/Dako	55	27	15	3	82%	55%
pAb NCL-L-S100p	8	Leica/Novocastra	1	4	2	1	62%	13%
Readv-To-Use antibodies							Suff.1	OR. ²
mAb clone 4C4.9 790-2914 (VRPS) ³	4	Roche/Ventana	-	4	-	-	-	-
mAb clone 4C4.9 790-2914 (LMPS) ⁴	33	Roche/Ventana	9	15	8	1	73%	27%
pAb 760-2523 (VRPS) ³	11	Roche/Ventana	3	7	1	- 1	91%	27%
pAb 760-2523 (LMPS) 4	32	Roche/Ventana	8	15	9	-	72%	25%
pAb IS/IR504 (VRPS) ³	6	Agilent/Dako	4	2	-	-	100%	67%
pAb IS/IR504 (LMPS)4	19	Agilent/Dako	14	4	1	-	95%	74%
pAb GA504 (VRPS) ³	29	Agilent/Dako	28	1	-	-	100%	97%
pAb GA504 (LMPS) ⁴	17	Agilent/Dako	13	3	1	-	94%	77%
pAb PA0900 (VRPS) ³	3	Leica/Novocastra	-	-	3	-	-	-
pAb PA0900 (LMPS) ⁴	10	Leica/Novocastra	1	6	3	-	70%	10%
Total	299		142	102	48	7	-	
Proportion			48%	34%	16%	2%	82%	

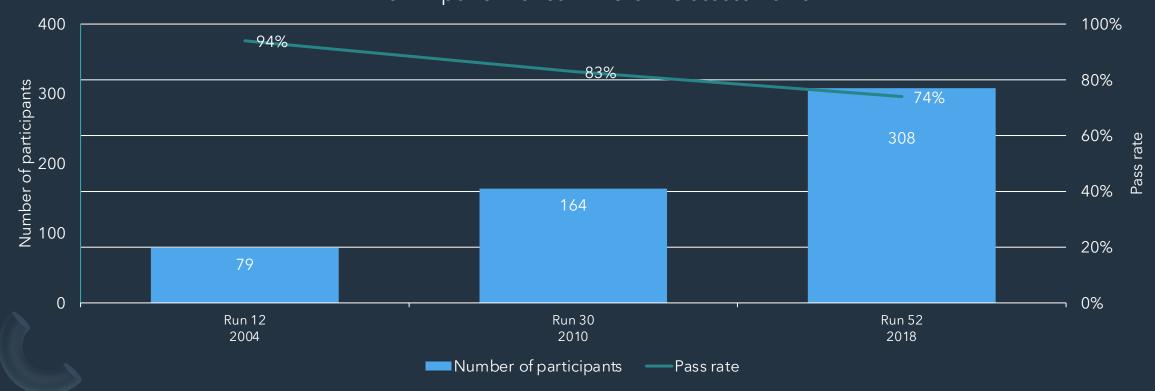
Total 250 167 16 92% 25% 6% Proportion

SOX10



Vimentin





Tonsil is out

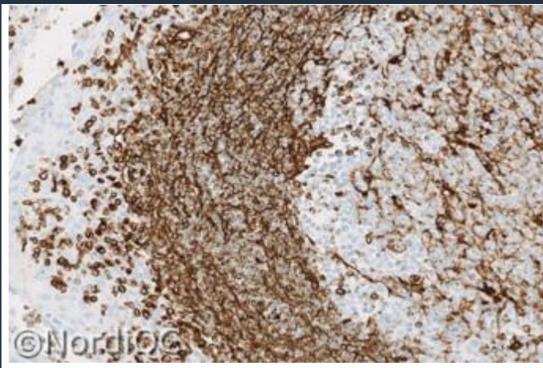
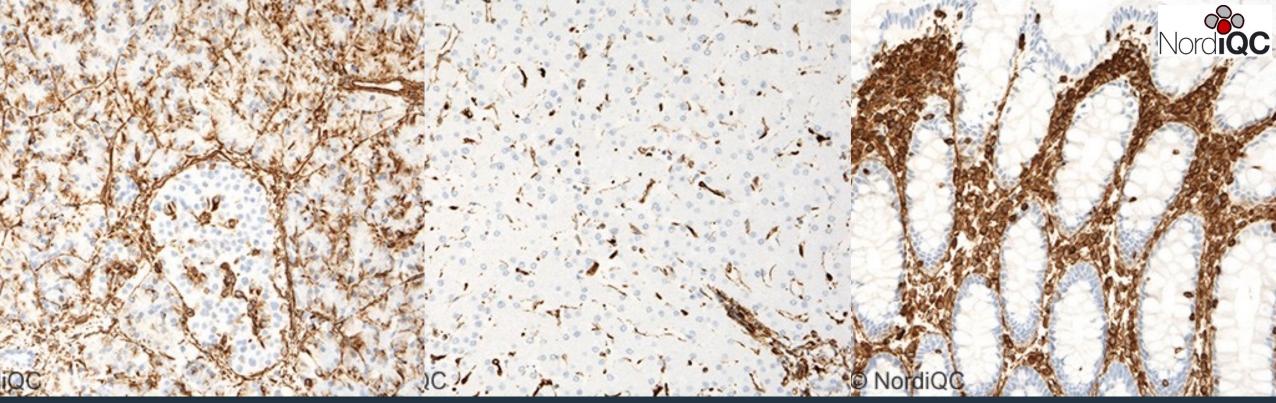


Fig. 1a
Optimal VIM staining of the tonsil using the mAb clone V9
carefully calibrated after HIER. The intraepithelial lymphocytes,
the mantle zone B-cells and the germinal centre macrophages
show a strong and distinct staining. No staining is is seen in the
squamous epithelial cells.



According to the new guidelines provided by the International Ad Hoc Expert Committee (Appl Immunohistochem Mol Morphol. 2015 Jan;23(1):1-18.)



Pancreas: Epithelial cells of exocrine acini must show a weak but distinct cytoplasmic staining reaction.

Liver: Virtually all Kupffer cells must show an at least moderate and distinct cytoplasmic staining reaction, while endothelial cells of the sinusoids must display an at least weak staining reaction

Colon: Endothelial cells of large vessels and stromal cells (e.g. fibroblasts and lymphocytes) must show a strong and distinct cytoplasmic staining reaction, while intraepithelial T-cells must at least display a moderate staining intensity.



Why go with V8 when you can try V9

Modified table 1

	Ready-To-Use antibodies	n	Vendor	Optimal	Good	Borderline	Poor	Suff. ¹	OR ²
	mAb clone V9 IR630	31	Agilent/Dako	27	1	3	0	90%	87%
	mAb clone V9 GA630	29	Agilent/Dako	23	2	4	0	86%	79%
a de la	mAb clone V9 790-2917	100	Roche/Ventana	21	51	19	9	72%	21%
	mAb clone V9 PA0640	7	Leica/Novocastra	5	2	0	0	100%	71%
	Total	308		133	96	49	30	-	
0	Proportion			43%	31%	16%	10%	74%	

Table 4. Proportion of sufficient and optimal results for VIM for the most commonly used RTU IHC systems
--

RTU systems	Reco	mmended	Laboratory modified			
	protoc	col settings*	protocol settings**			
	Sufficient	Optimal	Sufficient	Optimal		
Leica BOND MAX/III mAb V9 PA0640	3/3	2/3	4/4	3/4		
Dako AS mAb V9 IR630	92% (11/12)	92% (11/12)	88% (15/17)	82% (14/17)		
Dako Omnis mAb V9 GA630	100% (16/16)	100% (16/16)	64% (7/11)	45% (5/11)		
VMS Ultra/XT/GX mAb V9 790-2917	1/1	0/1	72% (71/99)	21% (21/99)		

^{*} Protocol settings recommended by vendor – Retrieval method and duration, Ab incubation times, detection kit, IHC stainer/equipment.

** Significant modifications: retrieval method, retrieval duration and Ab incubation time altered >25%, detection kit – only protocols

"Recommendations from the vendor during run 52 2018: HIER in CC1 for 64 min., 16 min. incubation time in primary Ab and used the biotin-based iView as the detection system (...)" The information provided in the spec sheet of the RTU product was outdated and needed to be revised.

100% of the insufficient staining result was a too weak or completely false negative staining reaction of cells and structures expected to be demonstrated. This pattern was observed in 79/79 of the insufficient results.



NQC: HIER CC1 32-64 min + AB 16-32 min = 78% pass-rate

Updated recommendations 2022

d staining protocol for CONFIRM anti-Vimentin (V9) antibody with tion Kit on BenchMark IHC/ISH instruments.

о, р. осоосо	Method							
Procedure Type	GX	хт	ULTRA or ULTRA PLUS ^a					
Deparaffinization	Selected	Selected	Selected					
Cell Conditioning (Antigen Unmasking)	CC1, 24 minutes	CC1, 24 minutes	ULTRA CC1 24 minutes, 100 °C					
Pre-Primary Peroxidase Inhibitor	Selected	Selected	Selected					
Antibody (Primary)	16 minutes, 37 °C	16 minutes, 37 °C	16 minutes, 36 °C					
OptiView HQ Linker		8 minutes (default)					
OptiView HRP Multimer	8 minutes (default)							
Counterstain	Hematoxylin II, 4 minutes							
Post Counterstain		Bluing, 4 minutes						

performed on the specified vendor IHC stainer were included.



Overview

Marker	Last run	Pass rate/optimal	No. of labs
CD45	Run 59 2020	<mark>94%</mark> /79%	296
PAN-CK	Run 58 2020	<mark>75%</mark> / 52%	326
S100	Run 59 2020	<mark>82%</mark> / 48%	299
Vimentin	Run 52 2018	<mark>74%</mark> / 43%	308

What else do you have?

Run 66-68



Markers	Control	Last run	Pass rate / Optimal	No. of labs
P53	Tonsil, appendix	67 2023	<mark>65</mark> % / <mark>29</mark> %	372
MLH1	tonsil	67 2023	<mark>71</mark> % / <mark>46</mark> % (90%/64%)	342
Prame	Testis, skin	68 2023	New comer 72% / 38%	<mark>222</mark>
Pax8	Fallopian tube, kidney, (tonsil)	68 2023	<mark>54</mark> % / <mark>32</mark> % (52%/27%)	368
Uroplakin II/III	Urethra, tonsil	68 2023	<mark>49</mark> % / <mark>29</mark> % (45%/21%)	106 (66)
MSH2	Tonsil	68 2023	<mark>91</mark> % / <mark>62</mark> % (81%/53%)	350



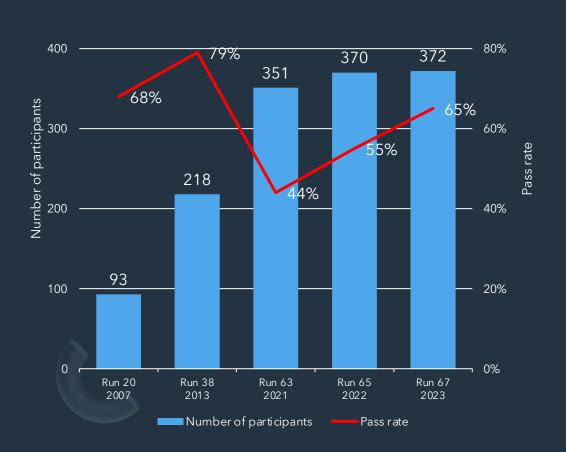
P53 – new purpose

International Journal of Gynecological Pathology
38:S123–S131, Lippincott Williams & Wilkins, Baltimore
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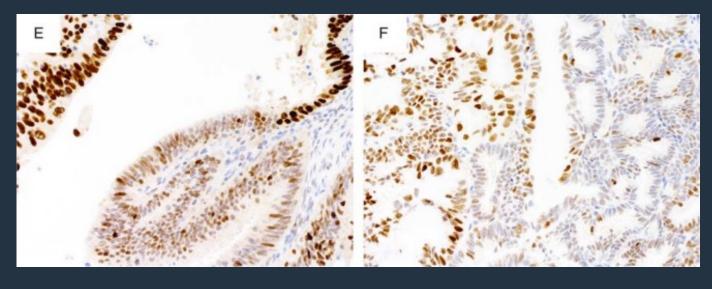






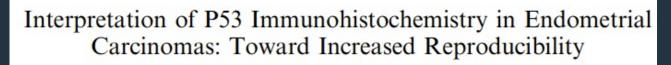
Interpretation of P53 Immunohistochemistry in Endometrial Carcinomas: Toward Increased Reproducibility

Martin Köbel, M.D., Brigitte M. Ronnett, M.D., Naveena Singh, M.D., Robert A. Soslow, M.D., C. Blake Gilks, M.D., and W. Glenn McCluggage, M.D.



E. High wild-type

F. Low wild-type





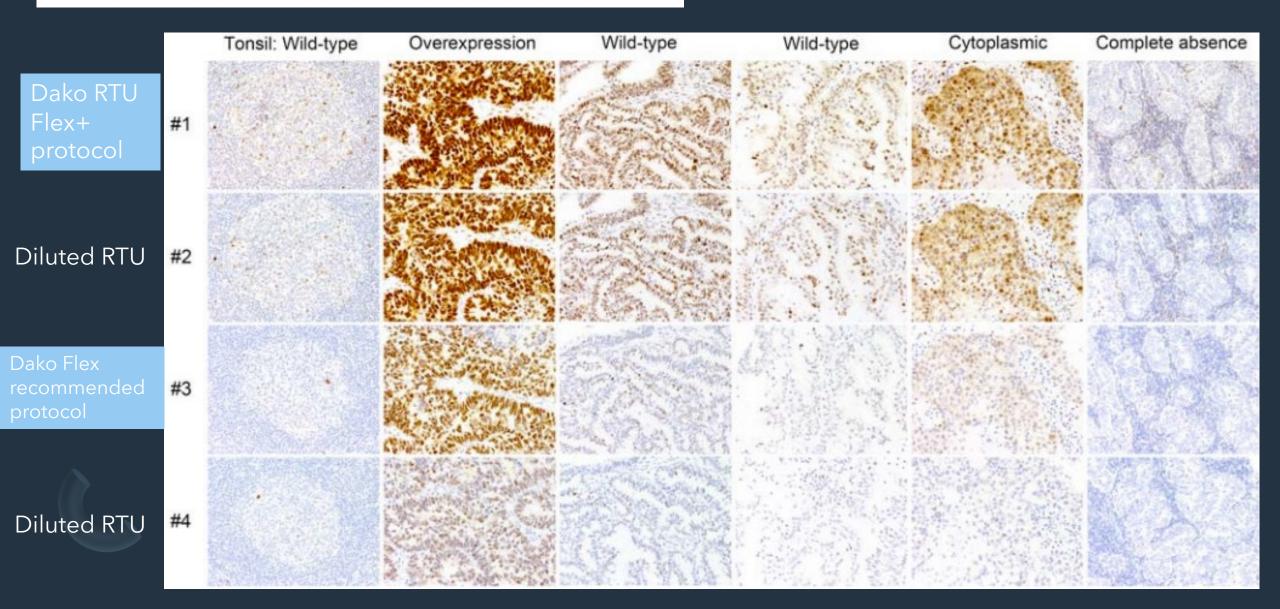


Table 4. Summarization of the proportion of sufficient and optimal marks using either 2- or 3-

layer detection s	system	ıs**.						
•			ection system	3-layer dete	ction system			
Antibodies	n	Sufficient	Optimal	Sufficient	Optimal			
mAb conc DO-7	90	25% (1/4)	0% (0/4)	74% (64/86)	41% (35/86)			
mAb RTU BP53-11 760-2542* Ventana/Roche	50	15% (2/13)	0% (0/13)	65% (24/37)	19% (7/37)			
mAb clone RTU DO-7 800-2912* Ventana/Roche	92	8% (1/12)	8% (1/12)	83% (66/80)	50% (40/80)			
mAb clone RTU DO-7 IS/IR616* Dako/Agilent	32	30% (3/10)	10% (1/10)	77% (17/22)	50% (11/22)			
mAb clone RTU DO-7 GA616* Dako/Agilent	72	16% (3/17)	0% (0/17)	84% (46/55)	16% (9/55)			



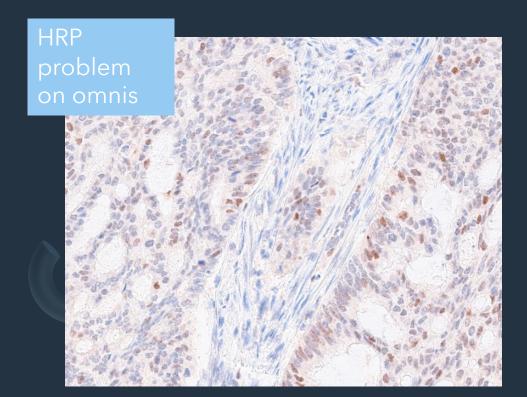


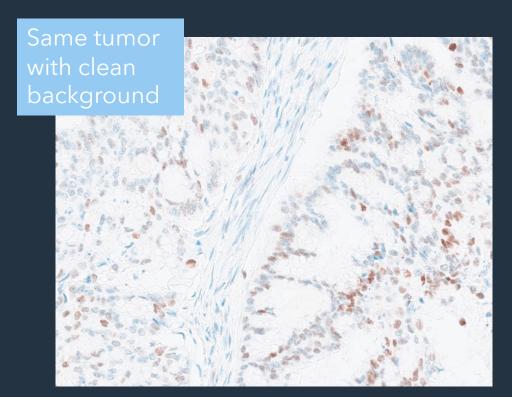
Concentrated antibodies	n	Vendor	Optimal	Good	Borderline	Poor	Suff.1	OR ²
mAb clone DO-7	53 19 7 1 1 1	Dako/Agilent Leica Biosystems Cell Marque Diagnostic Biosystems Immunologic Zeta Corporation Epredia	35	30	9	9	78%	42%
Conc total	90		35	33	12	10	76%	39%
Ready-To-Use antibodies							Suff.1	OR. ²
mAb clone BP53-11 760-2542 (VRPS) ³	5	Ventana/Roche	-	3	2	-	60%	-
mAb clone BP53-11 760-2542 (LMPS) ⁴	45	Ventana/Roche	7	16	16	6	51%	16%
mAb clone DO-7 800-2912 (VRPS) ³	7	Ventana/Roche	1	3	2	1	57%	14%
mAb clone DO-7 800-2912 (LMPS) ⁴	85	Ventana/Roche	40	23	16	6	74%	47%
mAb clone DO-7 IS/IR616 (VRPS) ³	4	Dako/Agilent	1	1	-	2	-	-
mAb clone DO-7 IS/IR616 (LMPS) ⁴	28	Dako/Agilent	11	7	4	6	64%	39%
mAb clone DO-7 GA616 (VRPS) ³	10	Dako/Agilent	-	1	-	9	10%	-
mAb clone DO-7 GA616 (LMPS) ⁴	62	Dako/Agilent	9	39	9	5	77%	15%
mAb clone DO-7 PA0057 (VRPS) ³	13	Leica Biosystems	1	5	6	1	46%	8%
mAb clone DO-7 PA0057 (LMPS) ⁴	12	Leica Biosystems	2	3	5	2	42%	17%
RTU total	282		73	101	66	42	62%	26%
Total	372		108	134	78	52		
Proportion			29%	36%	21%	14%	65%	



P53 - in general 2023 EnVision Flex problem

• For protocols performed on <u>Dako Omnis</u> a poor-signal-to-noise ratio or excessive background frequently was observed influencing the staining performance and in total 31 of the participants had issues where the extent and intensity of the background/cytoplasmic staining reaction impacted the interpretation of p53 status

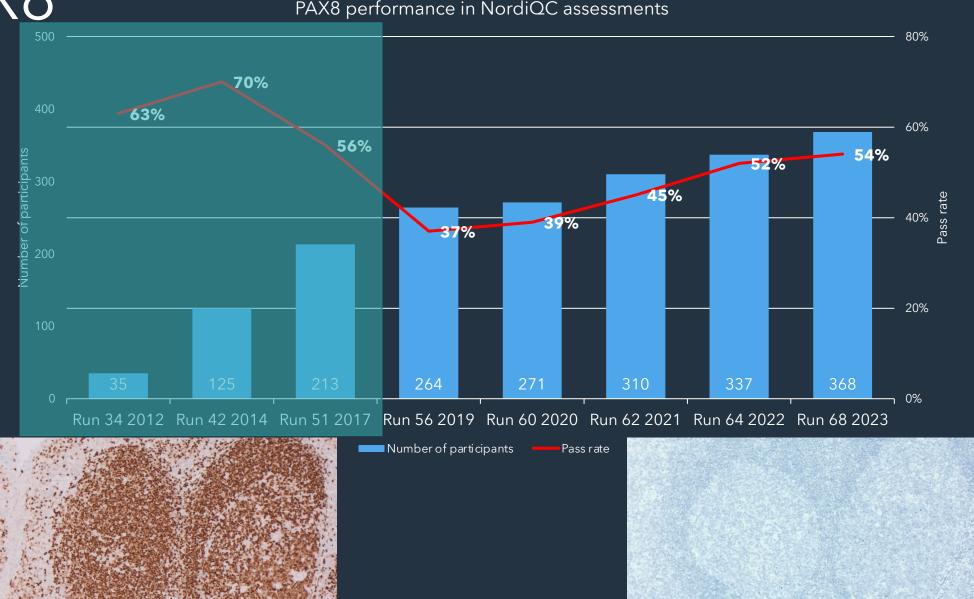




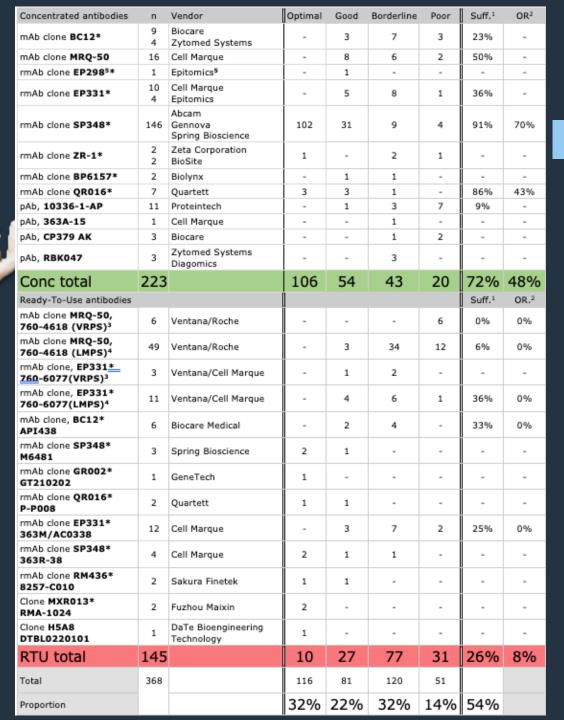


PAX8





Pushing in the right direction





Modified table 1



Not an easy antibody

Table 3. Proportion of optimal results for PAX8 for the most commonly used antibodies as concentrate on the four main IHC systems*

Concentrated antibodies		Agilent tainer		Agilent Inis		ntana/Roc BenchMark (/ XT / Ult	Leica Biosystems Bond III / Max		
	TRS pH 9.0	TRS pH 6.1	TRS pH 9.0	TRS pH 6.1	CC1 pH 8.5	CC1 pH 8.5 + P3			ER1 pH 6.0
rmAb SP348	3/7** (43%)	0/1	35/42 (83%)	2/2	60/81 (74%)	1/3	0/2	9.0 0/6	-
rmAb QR016	-	-	-	-	3/5 (60%)	-	-	0/2	-
Al- EDOO1									

IIIIAU
mAb B
mAb N
pAb 1

	QR016	•	-		-	-	3/5 (60%)	-		-	0	/2	-		
) [Ready-To-	Use antibo	odies		,						I			Suff	1	OR.2
В	mAb clone API438	, BC12*	6	В	Biocare	Medical			-	2	4		-	33%	ó	0%
_	rmAb clon M6481	e SP348 *	3	s	Spring	Bioscience	•		2	1	-		-	-		-
	rmAb clon		1	. 6	GeneTe	ech			1	-	-		-	-		-
	rmAb clon	e QR016 3	. 2		Quarte	tt			1	1	-		-	-		-
	rmAb clon 363R-38	e SP348*	. 4	C	Cell Ma	rque			2	1	1		-	-		-
	rmAb clon 8257-C01		* 2	s	Sakura	Finetek			1	1	-		-	-		-
	Clone MXI RMA-102		2	F	Fuzhou	Maixin			2	-	-		-	-		-
	Clone H54 DTBL022		1		DaTe B Fechno	lioenginee logy	ring		1	-	-			-		-
							-		rderli	ine			5			
								Po	or				-			

Total

Sufficient %

29

83%

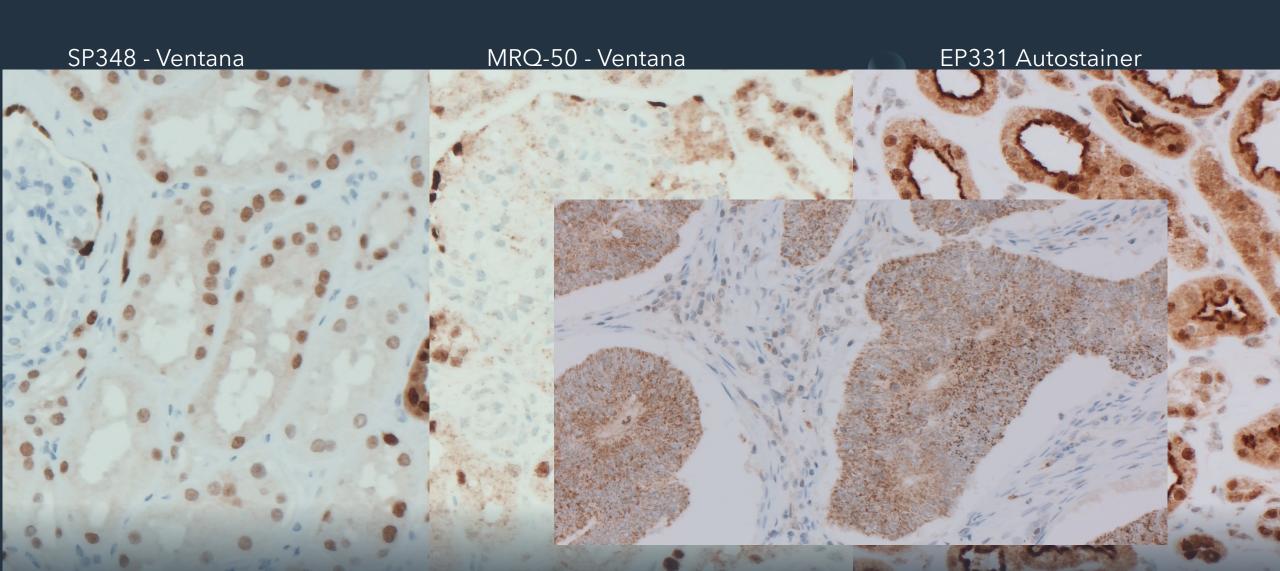


b clone MRQ-50 on the four main IHC instruments in nd concentrate).

o/Agilent Omnis	Ventana/Roche BenchMark GX / XT / Ultra	Leica Biosystems Bond III / Max				
-	-	-				
-	12	37				
13	111	5				
3	60	-				
16	183	40				
0%	7%	93%				



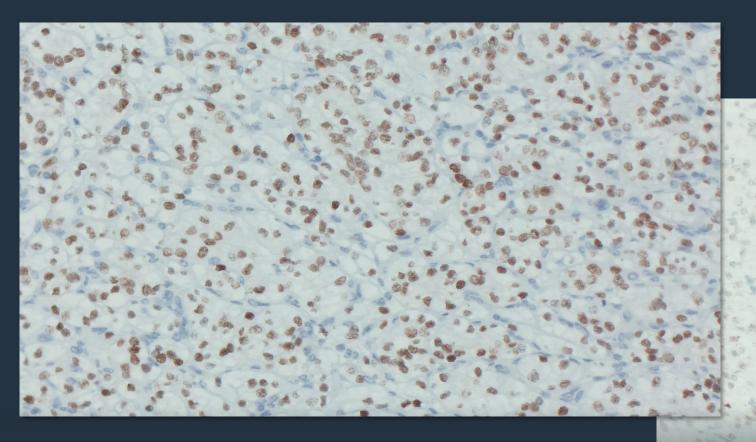
Kidney





Renal clear cell carcinoma

SP348 ventana

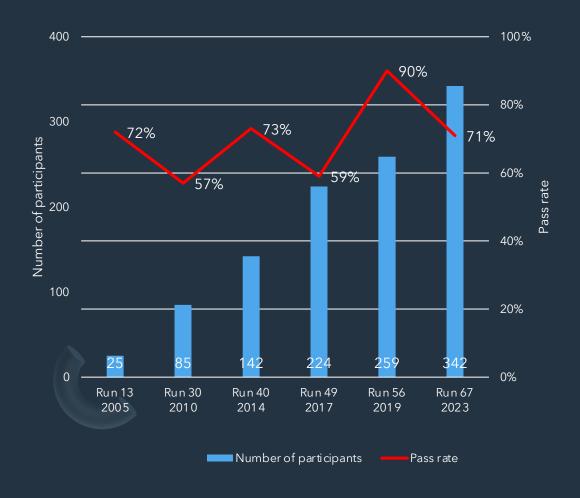


MRQ-50 ventana

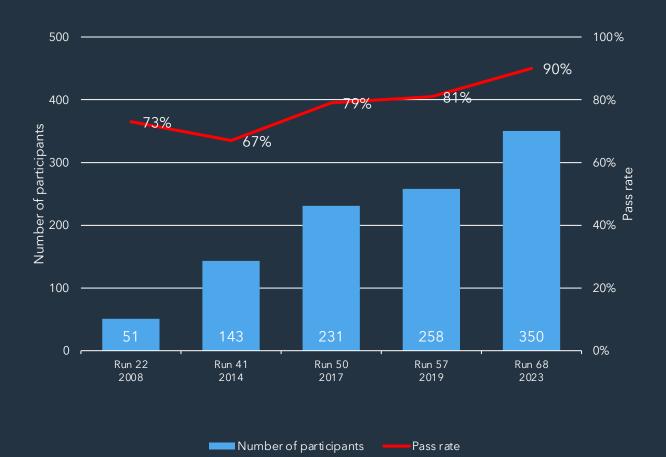


MLH1 and MSH2

MLH1 performance in NordiQC assessments



MSH2 performance in NordiQC assessments



MLH1

Concentrated antibodies	n	Vendor	Optimal	Good	Borderline	Poor	Suff.1	OR ²
mAb clone ES05	20 28	Dako/Agilent Leica/Novocastra	22	14	9	3	75%	46%
mAb clone G168-15	7 2 1	BD Pharmingen Biocare Medical Thermo Scientific/ Epredia	3	4	2	1	70%	30%
Conc total	64		28	19	11	6	73%	44%
Ready-To-Use antibodies							Suff.1	OR.2
mAb clone M1 760-5091/ 790-5091/780-7140 ³	30	Ventana/Roche	6	13	11	-	63%	20%
mAb clone M1 760-5091/ 790-5091/780-7140 ⁴	100	Ventana/Roche	41	29	29	1	70%	41%
mAb clone ES05 IR/IS0793	12	Dako/Agilent	8	-	3	1	67%	67%
mAb clone ES05 IR/IS0794	37	Dako/Agilent	15	4	13	5	51%	41%
mAb clone ES05 GA0793	41	Dako/Agilent	27	7	7	-	83%	66%
mAb clone ES05 GA0794	17	Dako/Agilent	8	7	1	1	88%	47%
mAb clone ES05 PA09883	4	Leica Biosystems	1	1	2	-	-	-
mAb clone ES05 PA09884	19	Leica Biosystems	15	1	3	-	84%	79%
mAb clone GM011 8324-C010 ³	2	Sakura Finetek	1	1	-	-	-	-
RTU total	278		130	65	73	10	70%	47%
Total	342		158	84	84	16		
Proportion			46%	25%	25%	5%	71%	

"Ventana RTU Optimal protocols could be obtained with OptiView+amplification"

MSH2

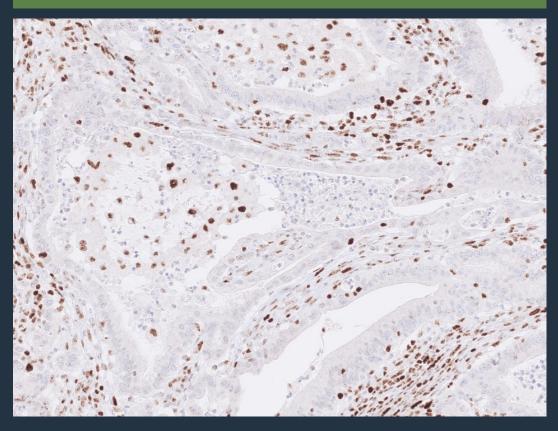
	\mathcal{Q}_{Δ}
N 10100	-00
II XICORCO	IUU
	-

Concentrated antibodies	n	Vendor	Optimal	Good	Borderline	Poor	Suff. ¹	OR ²
mAb clone FE11	4 2 2 1 1	Dako/Agilent BioCare Medical Calbiochem Biozol Zytomed Systems	4	3	3	0	70%	40%
mAb clone G219-1129	16 4 1 1	Cell Marque BD Biosciences Monosan Immunologic	8	6	7	1	64%	37%
mAb clone 79H11	3	Leica Biosystems	2	1	0	0	-	-
mAb clone BPM6143	2	Biolynx Technologies	1	1	0	0	-	-
rmAb clone RED2	1	Epitomics Bejing Zhongshang	2	0	0	0	-	-
rmAb clone QR010	1	Quartett	1	0	0	0	-	-
rmAb clone ZR260	1	Zeta Corporation	1	0	0	0	-	-
Conc total	41		19	11	10	1	73%	46%
Ready-To-Use antibodies		Yes to	VPR:	S				
mAb clone G219-1129 760-5093 ³	33	Ventana/Roche	26	7	0	0	100%	79%
mAb clone G219-1129 760-5093 ⁴	119	Ventana/Roche	84	27	8	0	93%	71%
mAb clone FE11 IR085 ³	16	Dako/Agilent	11	4	1	0	94%	69%
mAb clone FE11 IR085 ⁴	34	Dako/Agilent	20	9	4	1	85%	59%
mAb clone FE11 GA085 ³	35	Dako/Agilent	16	19	0	0	100%	46%
mAb clone FE11 GA085 ⁴	16	Dako/Agilent	8	8	0	0	100%	50%
mAb clone 25D12 PA0048 #	4	Leica Biosystems	3	0	0	1	-	-
mAb clone 79H11 PA0989 ³	13	Leica Biosystems	12	1	0	0	100%	92%
mAb clone 79H11 PA0989 ⁴	10	Leica Biosystems	6	3	1	0	90%	60%
rmAb clone RED2 8327-C010	1	Sakura Finetek	0	1	0	0	-	-
RTU total	309		197	89	19	4	93%	64%
Total	350		216	100	29	5	-	
Proportion			62%	29%	8%	1%	91%	

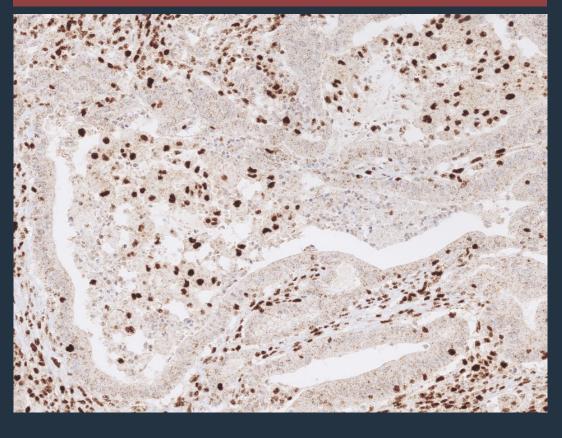


But don't overdo it

Colon adenocarcinoma with MLH1 loss Ventana RTU OptiView with amp 4+4 CC1 64 min, Ab 24 min



Colon adenocarcinoma with MLH1 loss Ventana RTU OptiView with amp 8+8 CC1 64 min, Ab 36 min







meme-arsenalru