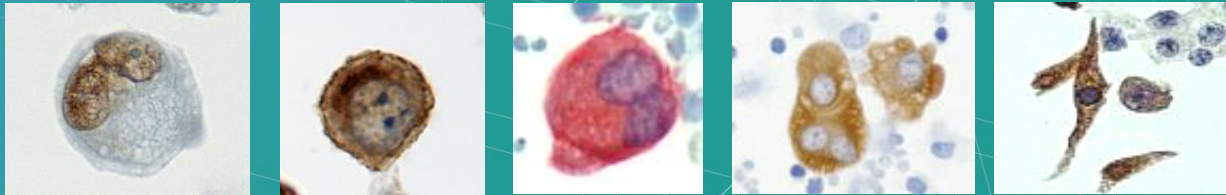


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# Immunocytochemistry – overview, considerations and applications

Irena Srebotnik Kirbis



**INSTITUTE OF PATHOLOGY**

UNIVERSITY OF LJUBLJANA ♦ FACULTY OF MEDICINE

# Slovenia



# Sources

## EFCS surveys

- **Immunocytochemistry**

- 245 participants; 94% from 26 European countries, 6% from 5 non-European countries
- Cancer Cytopathol. 2020;128(10):757-766. doi:10.1002/cncy.22311

- **Cell blocks**

- 402 participants; 97% from 27 European countries, 3% from 10 non-European countries

## UK NEQAS ICC results

## Our studies and experiences

- Preservation of biomarkers immunoreactivity on cytopins protected with polyethylene glycol. Cytopathology. 2021; 32: 84–91.
- Time-related changes in cell morphology and biomarker immunoreactivity for cells stored in a buffer-based cell medium. Cytopathology. 2021;32(4):513-518.
- Immunocytochemistry practices in European cytopathology laboratories - review of European Federation of Cytology Societies (EFCS) online survey results with best practice recommendations, Cancer cytopathology 128 (10): 757-766, 2020.
- Cell count-based triaging of cytology samples for cell block preparation, Cytopathology.2016; 28(3): 216-220.
- Optimization and validation of immunocytochemical detection of oestrogen receptors on cytopins prepared from fine needle aspiration (FNA) samples of breast cancer, Cytopathology. 2015;26(2): 88-98.
- External quality control for immunocytochemistry on cytology samples : a review of UK NEQAS ICC (cytology module) results, Cytopathology.2011; 22(4): 230-237.
- Haemorrhagic cytology samples: how to get the best diagnostic results, Cytopathology.2007; 18(3):175-179.
- MIB-1 immunostaining on cytological samples: a protocol without antigen retrieval, Cytopathology.2004; 15(3):154-159.

slido



**Join at [slido.com](https://slido.com)**  
**#2809425**

① Start presenting to display the joining instructions on this slide.

slido



**Are you working with cytology samples?**

① Start presenting to display the poll results on this slide.

# Immunocytochemistry (ICC) = IHC on cytology samples

## Cytology

- Minimally invasive diagnostic method
- First line, sometimes ONLY available
- US-FNA, EUS-FNA

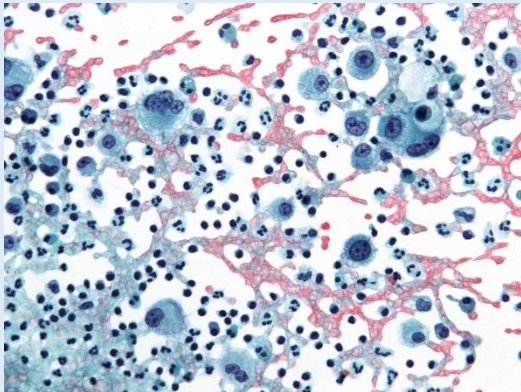
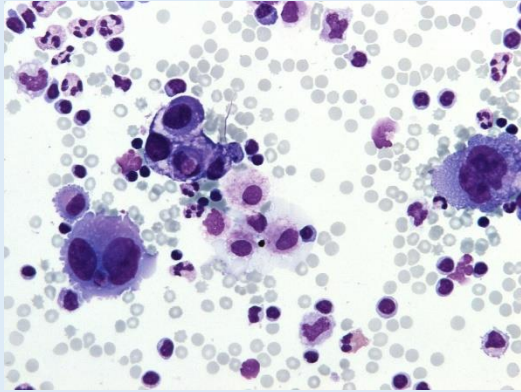
## ICC applications

- Tumor typization
- Metastasis origin
- Prognostic/predictive

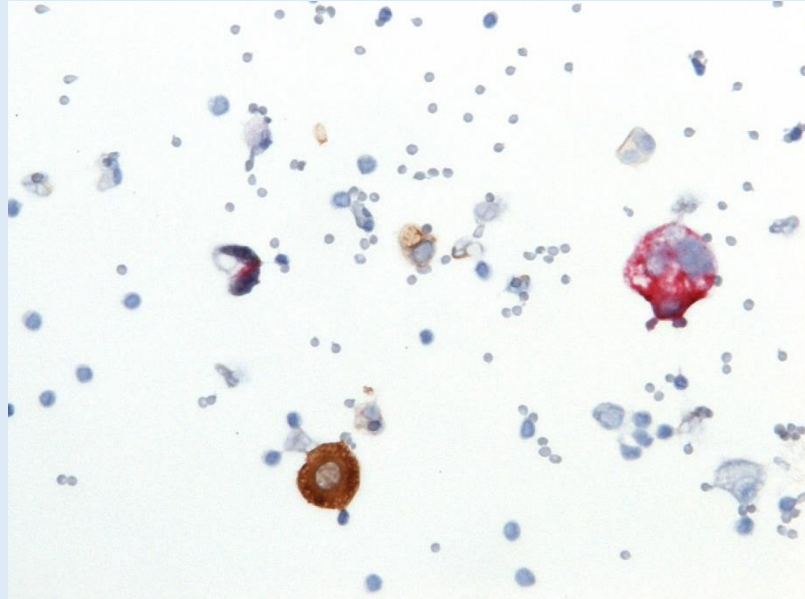


# Value of ICC in a modern cytopathology- effusions

Pleural effusion, M, 80 yrs, ca pancreas

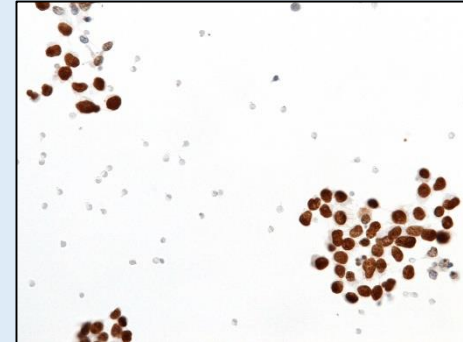
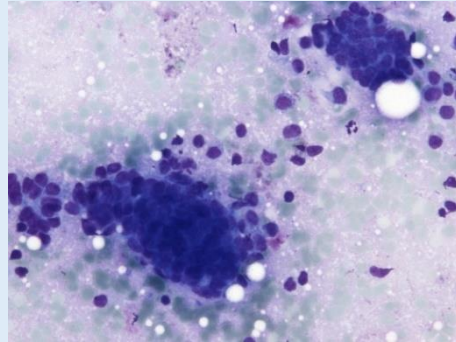
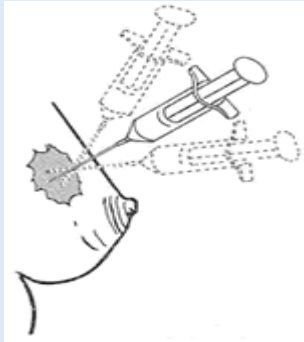


Double ICC – Calretinin/MOC31

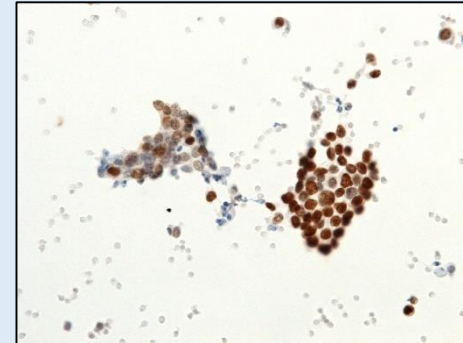
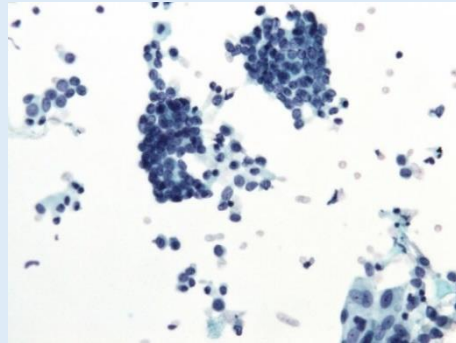
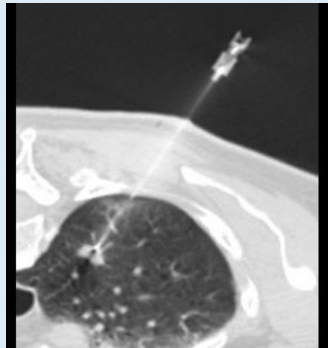


# Value of ICC in a modern cytopathology - breast cancer- hormone receptor status

F, 87 yrs, tumour in right breast 4 x 3,5 cm



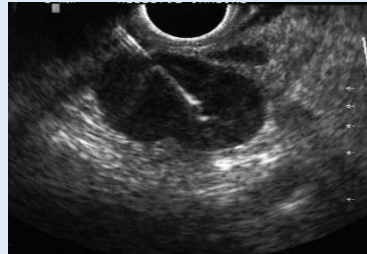
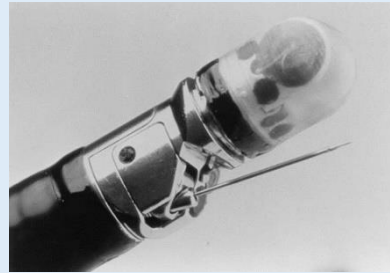
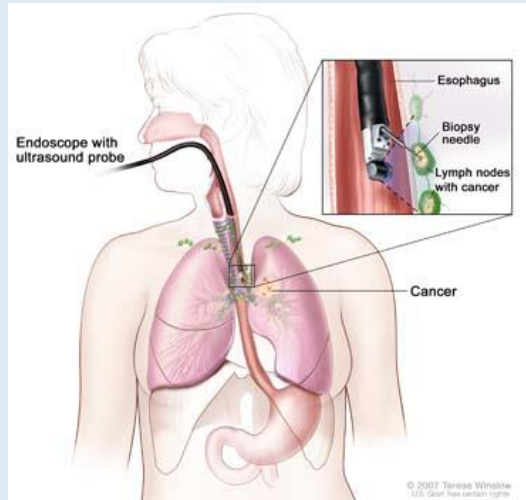
ER



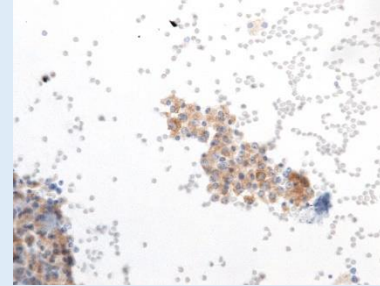
PR



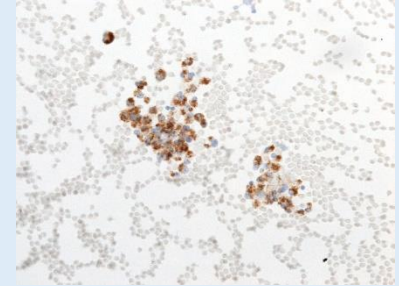
# Endoscopic ultrasound guided FNAs (EUS-FNAs)



SY- cytopsin



KROM- cytopsin



SY-CB



KROM-CB



Immunohistochemistry (IHC)

=

Immunocytochemistry (ICC)

- Principles
- Basic steps
- Antibodies
- Reagents
- Platforms
- QA/QC measures

Immunohistochemistry (IHC)

≠

Immunocytochemistry (ICC)

**Pre-analytical**

- Sample management and processing
- Fixation

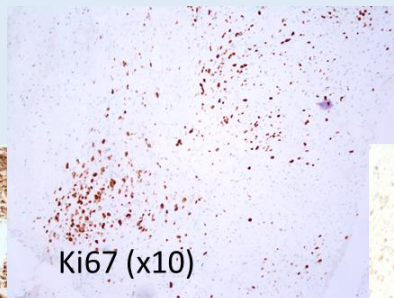
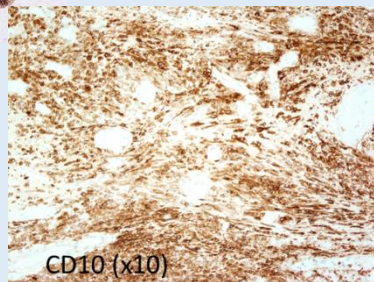
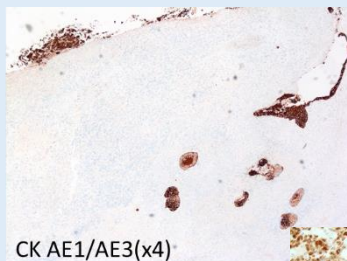
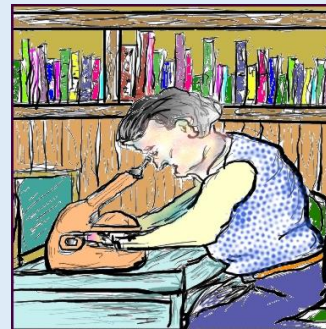
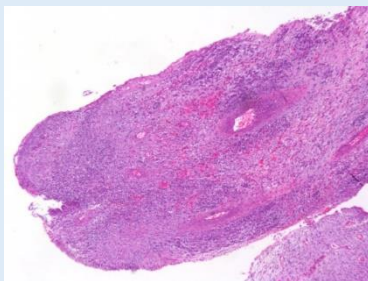
**Analytical**

- Pretreatment
- Dilutions
- Detection kits

**QA/QC**

- Control slides
- Optimization
- Validation

# Histology – IHC workflow



# Cytology –ICC workflow

## On site immediately

Diagnostic smears

Smear for **R**apid **O**n **S**ite **E**valuation (ROSE)  
sample adequacy ? ancillary test ?



Sample for ICC, special stain, flow  
cytometry, FISH, ISH, molecular test ?

## Cytology – **ICC workflow**

- Low and unknown sample volume/cellularity
- Sample adequacy
- Immediate decision for ancillary methods



# Cytology sample processing – **slide preparation** options

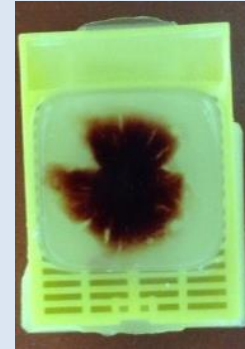
- Cell blocks
- Direct smears
- Cytospins
- Liquid based cytology – LBC

# Cell blocks

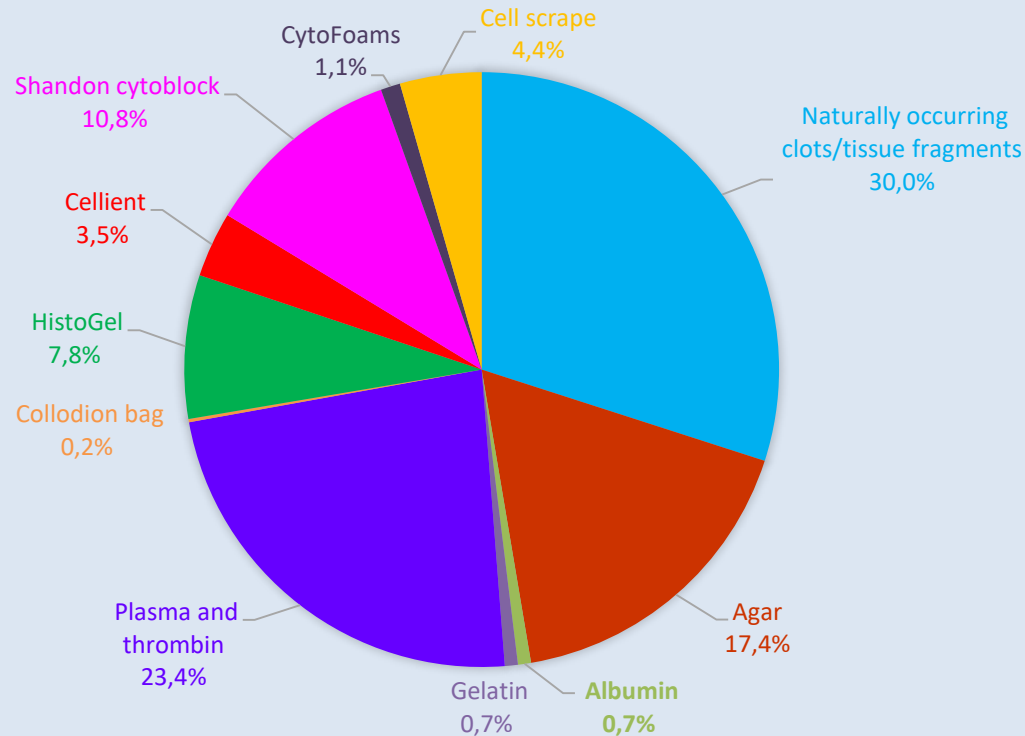
**FFPE cell blocks  $\approx$  FFPE tissue samples**

## Advantages

- easy storage
- multiple sections
- same protocols as for FFPE
- same QC/QA
- no additional validation studies



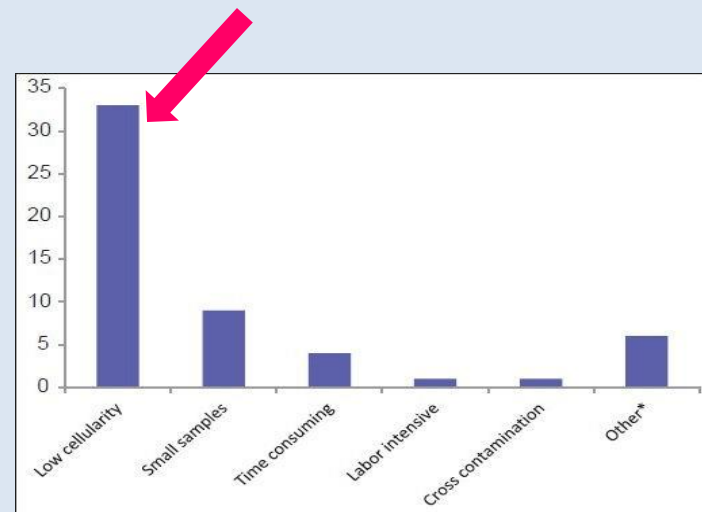
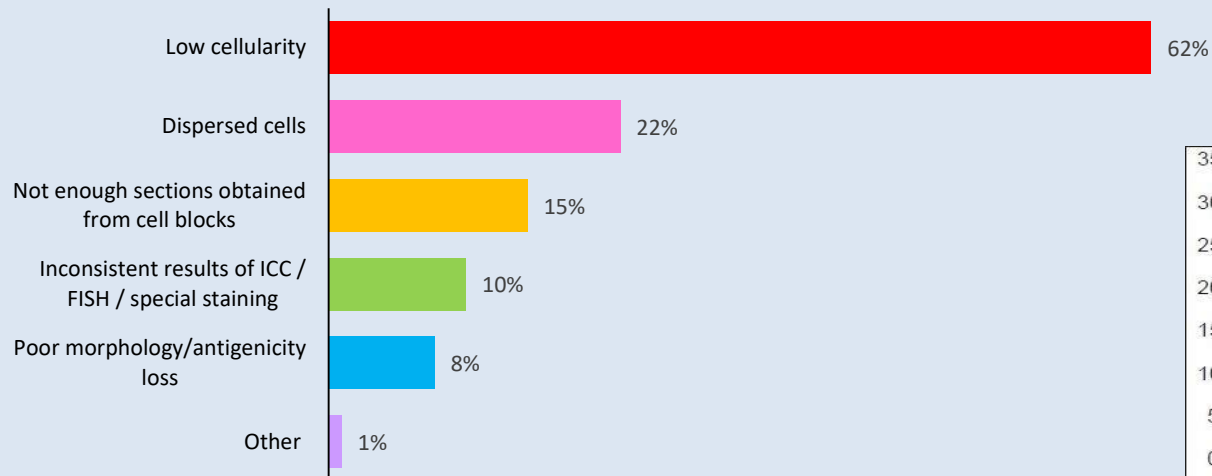
# Cell block preparation methods – EFCS survey



# Cell blocks - disadvantages

- no standardized protocol
  - medium for sample collection (fixative, PBS, commercial solutions, RPMI, other)
  - fixation (formalin and non- formalin based)
  - cell pellet preparation (agar, HistoGel, plasma thrombin, Cellient, ....)
- **not suitable for low cellular samples**
- time consuming (↑ TAT)
- ↑ price
- sample triaging

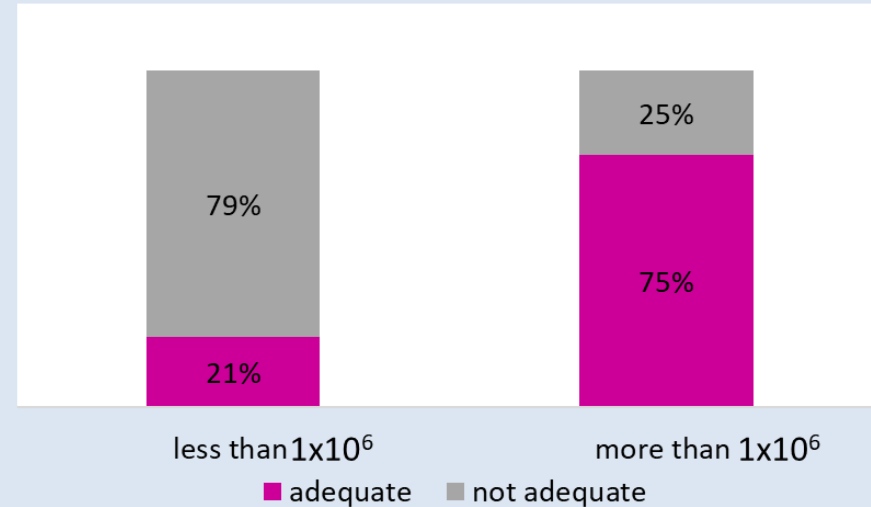
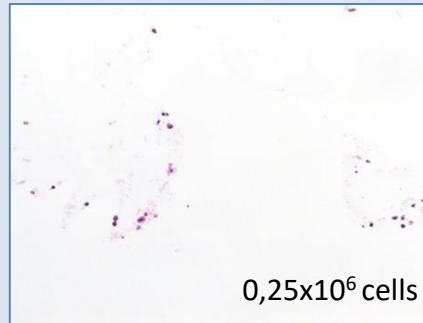
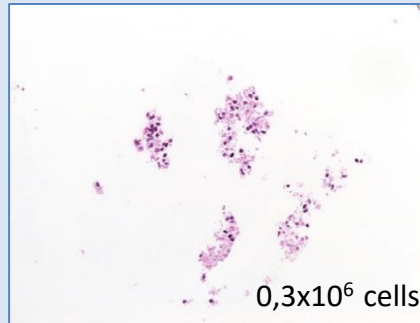
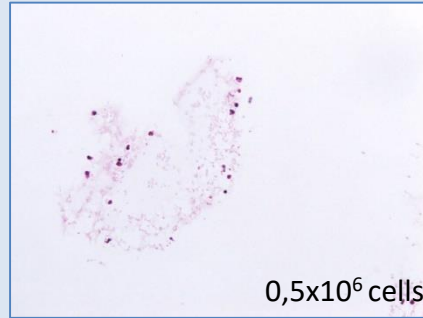
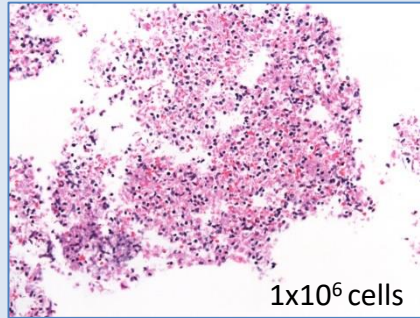
# Issues with CB



Crapanzano, J. P., Heymann, J. J., Monaco, S., Nassar, A., & Saqi, A. (2014). The state of cell block variation and satisfaction in the era of molecular diagnostics and personalized medicine. *CytoJournal*, 11, 7. <https://doi.org/10.4103/1742-6413.129187>

# CB cellularity – number of cells embedded

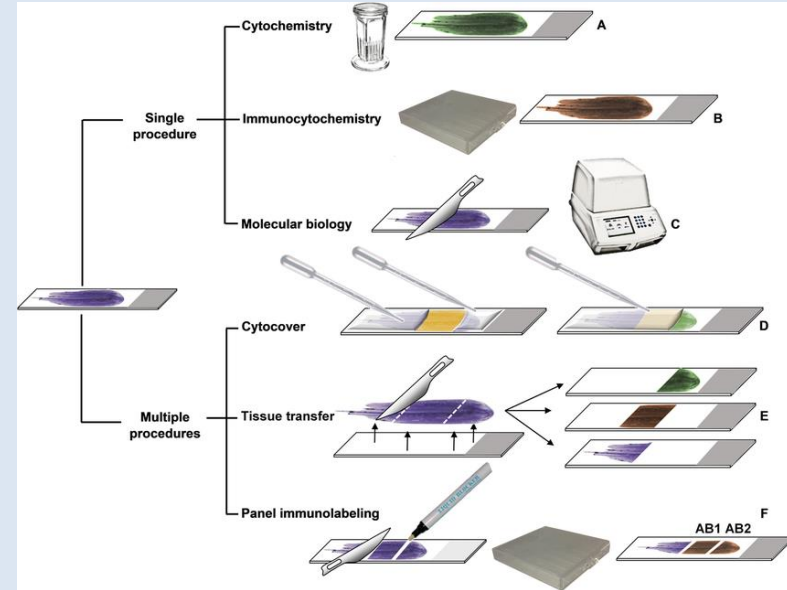
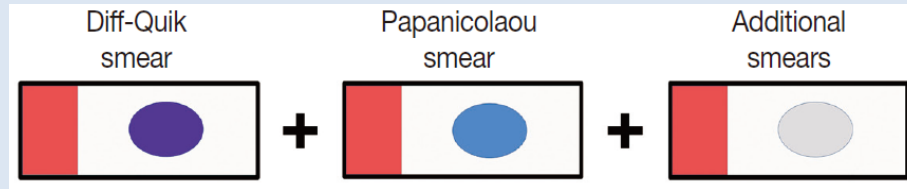
CB from aliquotes of the same sample with different cellularity





# Smears - advantages

- always available
- quick, simple, inexpensive
- morphological evaluation before ICC



# Alternatives to cell blocks

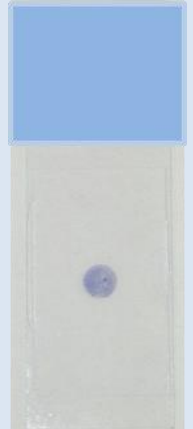
- Establishing a protocol for ICC staining and CISH of Giemsa and Diff-Quick **prestained cytological smears** (E. Beraki, TK Olsen, T Sauer, CytoJournal **2012**)
- The application of ICC to **direct smears** of metastatic Merkel cell carcinoma (SM Knoepp et al. Diagn Cytopathol **2013**)
- ER, PR, and Her2 immunocytochemistry on cell-transferred **cytologic smears** of primary and metastatic breast carcinomas: a comparison study with formalin-fixed cell blocks and surgical biopsies (Ferguson J et al. Diagn Cytopathol. **2013** Jul;41(7):575-81. doi: 10.1002/dc.22897. Epub 2012 Jul 16.

# Smears - disadvantages

- sample triaging: which case/ how many smears
- uneven and uncontrolled distribution of the cells
- background ICC staining
- unstandardized:
  - unstained, Papanicolaou stained, MGG, Diff-Quick
  - fixation: drying before or after, acetone, ethanol based, formalin based, combination of fixatives, one step, multi steps
  - storage: freezer, refrigerator, RT, dried, in a fixative, PEG

# Cytospins

- slides prepared by cytocentrifuge from cell suspension
- Cell suspension:
  - PBS, RPMI, ...
  - methanol and ethanol based solutions
- Fixation:
  - before or after drying
  - methanol/ethanol/formalin based fixative
- Storage:
  - fixed or unfixed slides
  - freezer, refrigerator, RT



# Cytospin

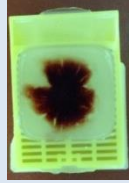
## **Advantages**

- multiple slides
- monolayer, controlled distribution of the cells
- short or long term storage of cell suspension/slides
- postponed decision for ancillary tests

## **Disadvantages**

- cytocentrifuge
- non standardized procedure
- knowledge, experience, cooperation

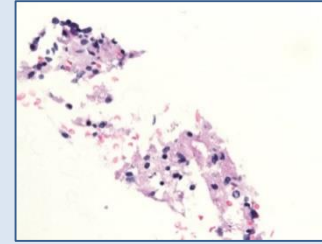
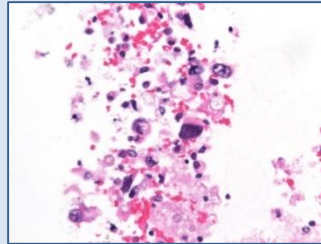
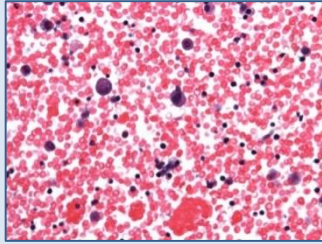
$20 \times 10^6$  cells



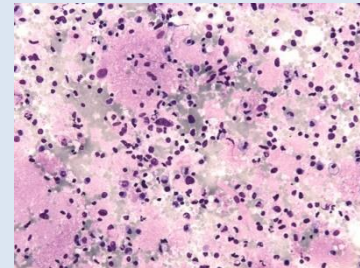
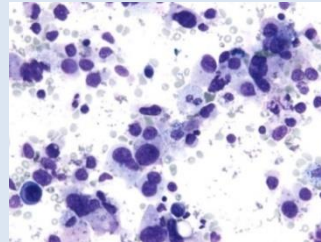
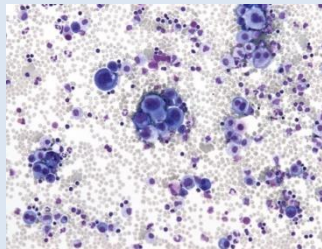
$1.2 \times 10^6$  cells



$0.1 \times 10^6$  cells

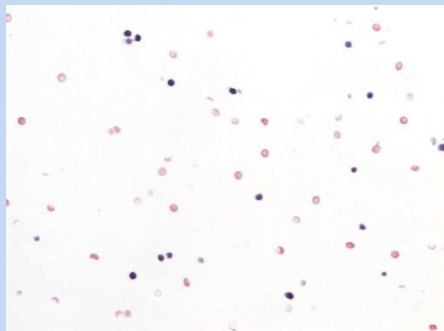


corresponding cytopspins

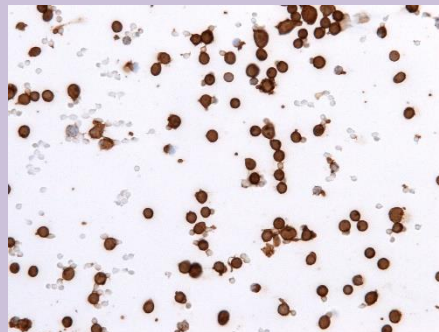
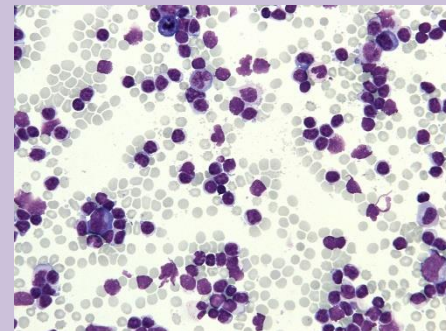
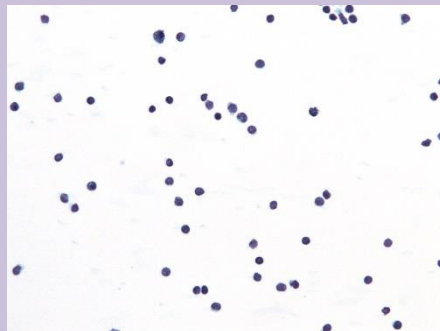




## Cell block



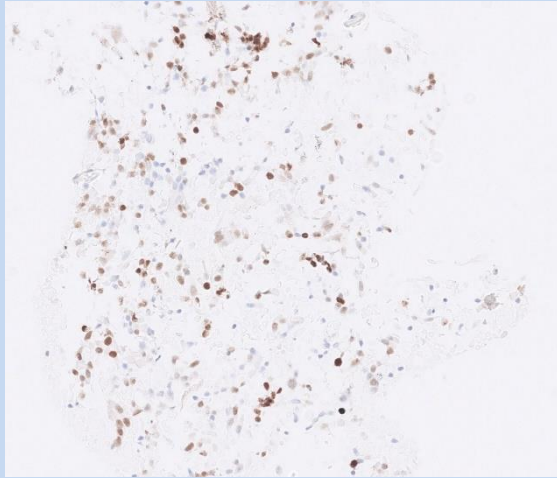
## Cytospins



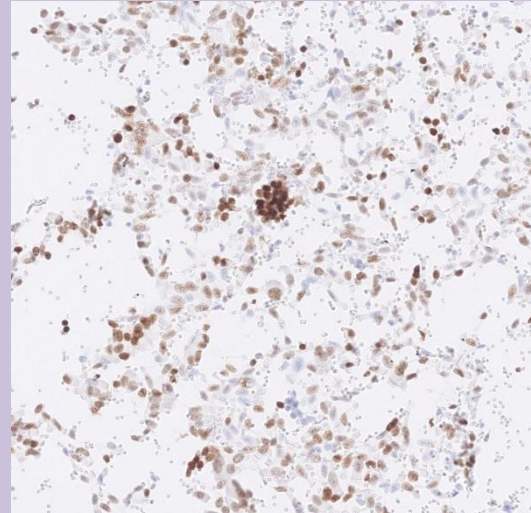
← CD45 →

TTF in low expressor cells -luminal epithelial cells of the terminal bronchioles, normal lung

Cell block



Cytospins



← TTF1 →

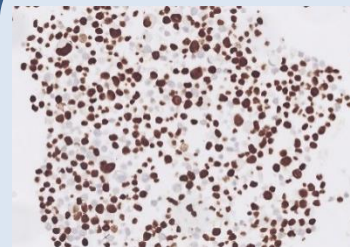
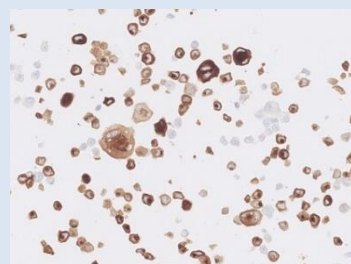
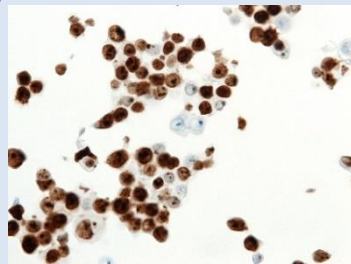
ER

Ki67

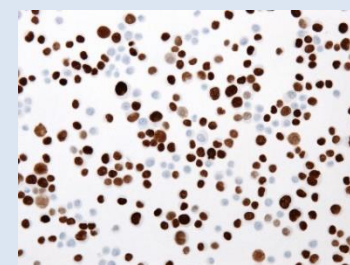
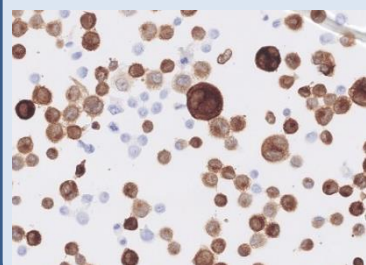
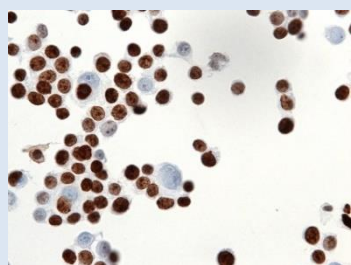
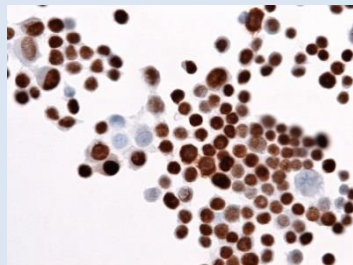
MelanA

p40

CB



Cytospin



# Liquid based cytology (LBC)

- sample suspended in commercial transport medium
- automated slide preparation (ThinPrep, SurePath, CellPrep....)
  - membrane filtration
  - gradient centrifugation



# LBC

## Advantages

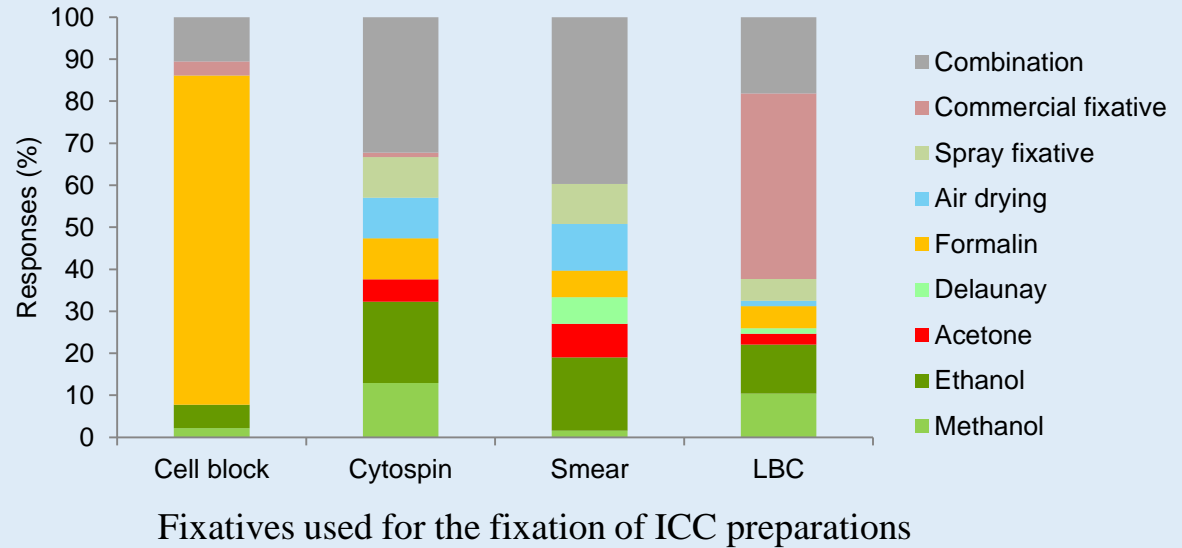
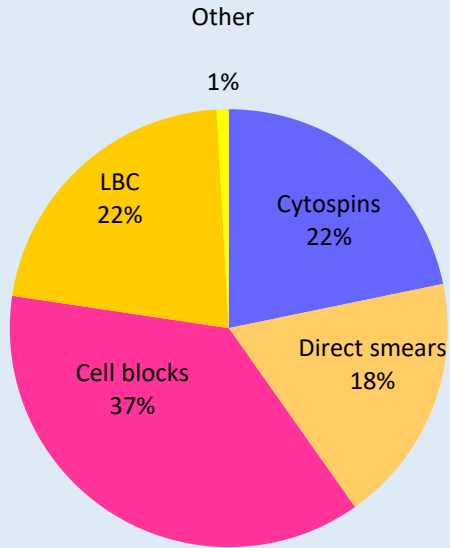
- easy storage of samples
- postpone decision
- monolayer distribution of cells
- multiple slides

## Disadvantages

- expensive equipment
- ↑ cost
- Prefixed cells - clumping



# Slides used for ICC – European survey



Srebotnik Kirbiš I, Rodrigues Roque R, Bongiovanni M, Strojan Fležar M, Cochand-Priollet B. Immunocytochemistry practices in European cytopathology laboratories-Review of European Federation of Cytology Societies (EFCS) online survey results with best practice recommendations. Cancer Cytopathol. 2020;128(10):757-766.



slido

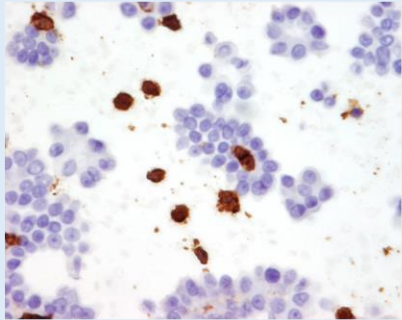


**Alcohol-based fixatives  
negatively impact the  
immunoreactivity of markers.**

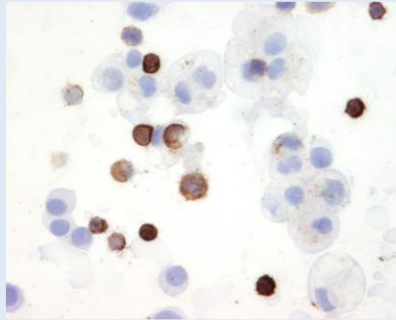
① Start presenting to display the poll results on this slide.

# Good ICC quality can be achieved on a differently prepared slides

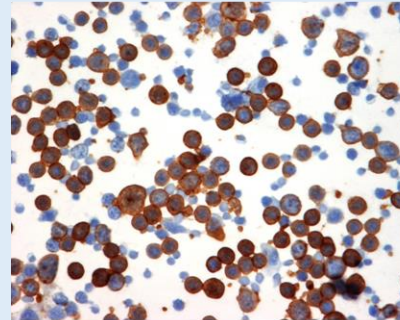
CD 45 (DAKO M701)



Cell block, FFPE



Smear, ethanol



Cytospin, methanol

Kirbis IS, Maxwell P, Flezar MS, Miller K and Ibrahim M. External quality control for immunocytochemistry on cytology samples: a review of UK NEQAS ICC (cytology module) results. Cytopathology 2011, 22, 230–237.

# ICC reality

- Processing of cytology samples for ICC is not standardized
- Great variability in all aspects of ICC on cytology samples
- Good ICC quality can be achieved on a differently prepared slides
- Reliability of ICC (correct, accurate, repeatable)?

# Quality assurance/quality control (QA/QC)

## Why?

- Reliable ICC results (correct, accurate, repeatable)
- Accreditation

## How?

- Control slides
- ICC optimization and validation
- External quality control (EQA)

- Institute CLS. Quality assurance for design control and implementation of immunohistochemistry assays: approved guideline, second edition. CLSI Document I/LA28-A2: Clinical and Laboratory Standards Institute; 2011.
- Hardy LB, Fitzgibbons PL, Goldsmith JD, Eisen RN, Beasley MB, Souers RJ, et al. Immunohistochemistry validation procedures and practices: a College of American Pathologists survey of 727 laboratories. Arch Pathol Lab Med. 2013;137(1):19-25.
- Torlakovic EE, Riddell R, Banerjee D, El-Zimaity H, Pilavdzic D, et al. Canadian Association of Pathologists-Association canadienne des pathologistes National Standards Committee/Immunohistochemistry: best practice recommendations for standardization of immunohistochemistry tests. Am J Clin Pathol. 2010;133(3):354-65.

# Control slides

## Positive control slides

- Sample with known expression of antigen
- Prepared as patients sample

Check:

- staining procedure
- antibody reactivity

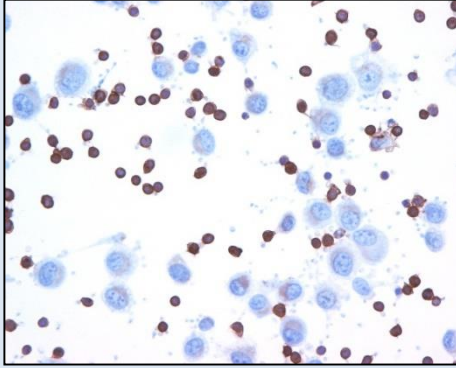
## Negative control slides

- Additional slide from diagnostic sample
- Replacing primary antibody with diluent buffer

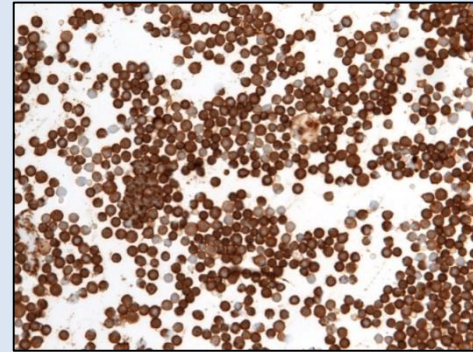
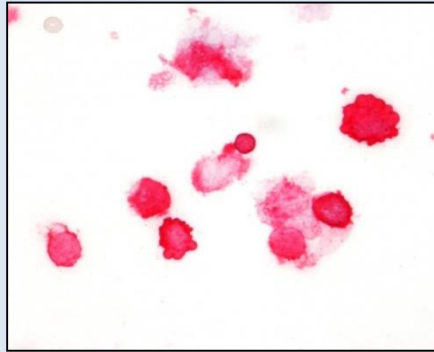
Check:

- non-specific staining

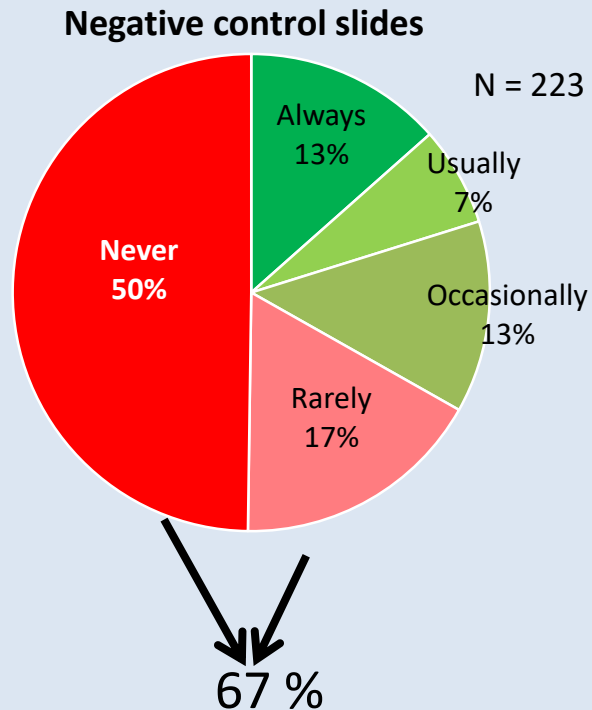
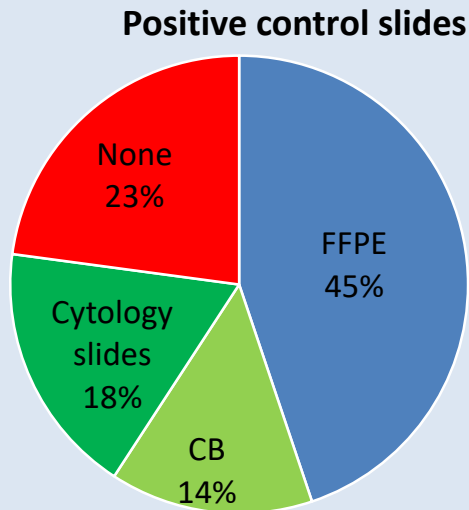
## Positive control slides



- enough well distributed cells in monolayer
- positive and negative cell population
- good cell morphology



## ICC Controls - European survey



Srebotnik Kirbiš I, Rodrigues Roque R, Bongiovanni M, Strojan Fležar M, Cochand-Priollet B. Immunocytochemistry practices in European cytopathology laboratories-Review of European Federation of Cytology Societies (EFCS) online survey results with best practice recommendations. Cancer Cytopathol. 2020;128(10):757-766.

How to prepare enough good control slides from  
cytology samples?



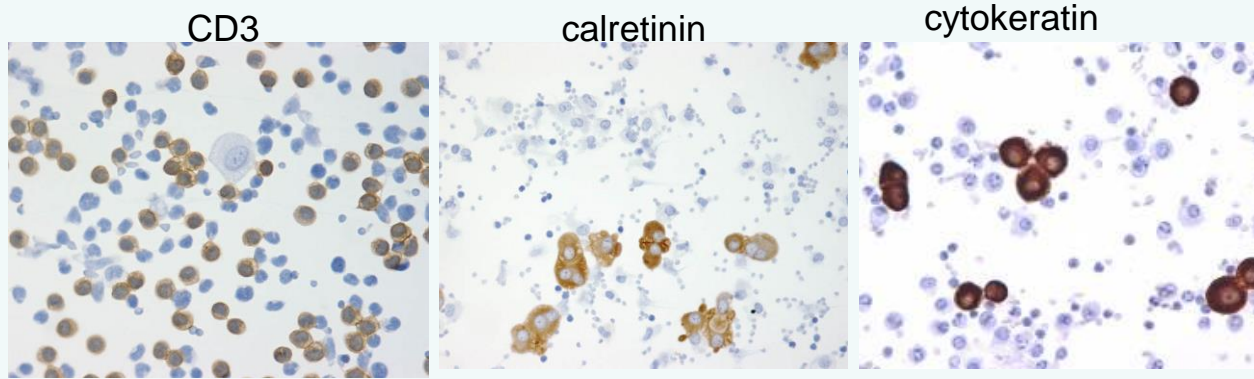
# Cytology samples for controls

- leftovers of diagnostic cytology samples
- effusions
- cytology samples (FNA's, brushings) of fresh resected tumours
- human cell lines

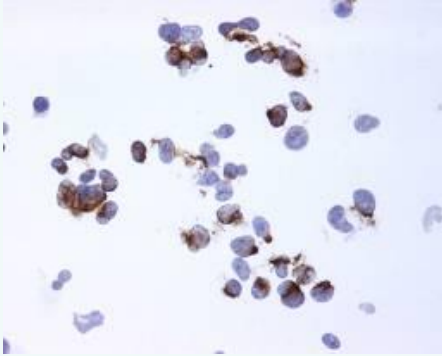


# Effusion for controls

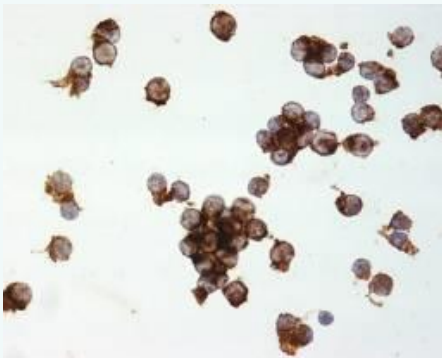
- lymphoid cells (CD3,CD20,CD45)
- mesothelial cells (calretinin, HBME, CK5/6)
- carcinoma cells (cytokeratins, MOC-31)



# FNA's of resected tumors

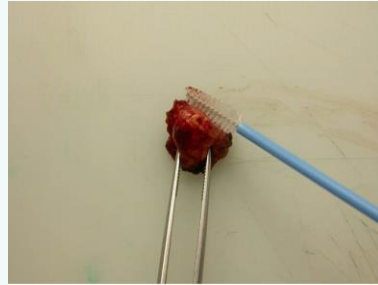


ex-vivo FNAB sample of intra-abdominal **desmoplastic small cell tumour**; **desmin** on Papanicolaou stained cytospin



ex-vivo FNAB sample of **thyroid carcinoma**; **thyroglobulin** on Papanicolaou stained cytospin

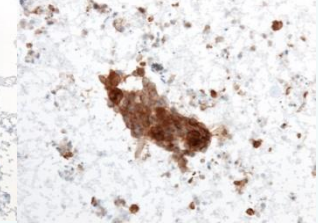
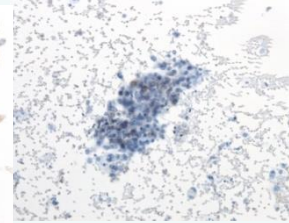
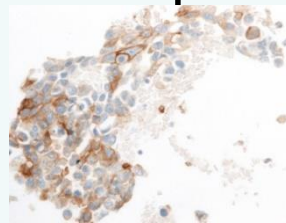
# Brushing of resected tumors- PDL1 study



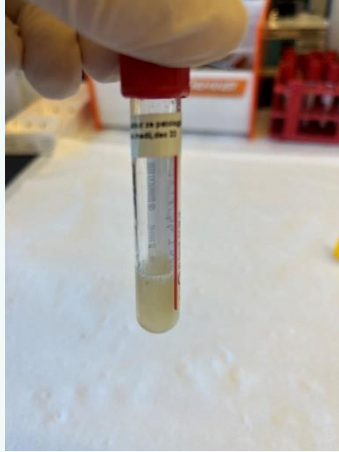
FFPE

cell block

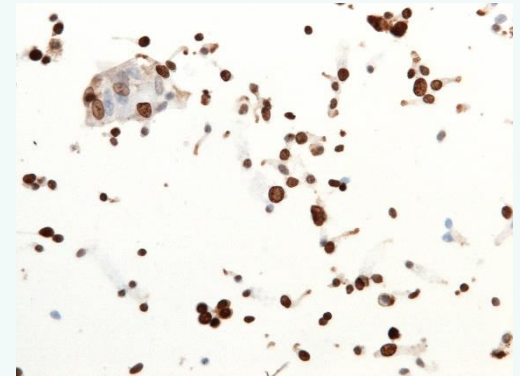
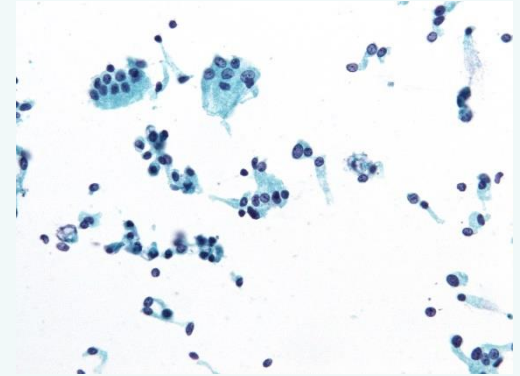
methanol fixed cytopins



## Brushing of fresh tissue – controls SATB2



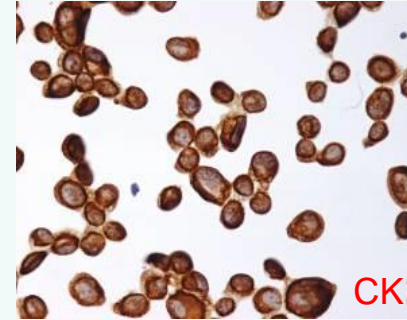
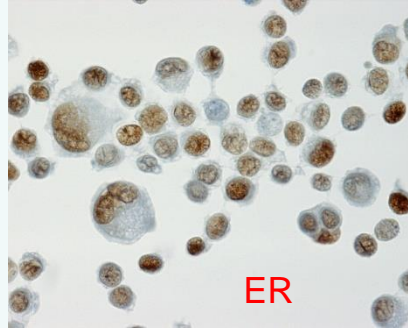
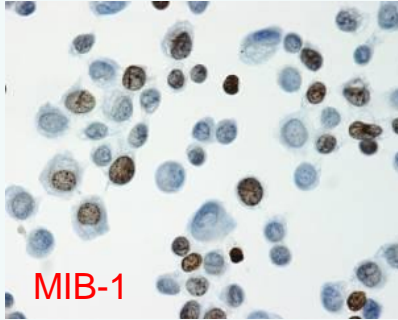
→ 30 cytopsins



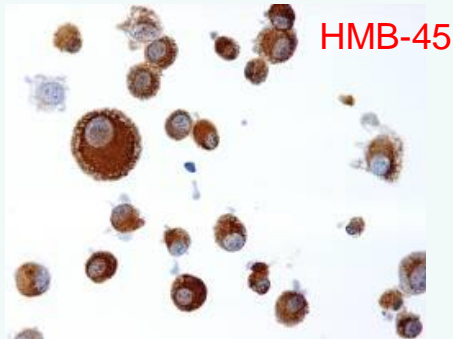
SATB2 on cytopsin

# Cell lines for controls

## Human breast cancer cell line MCF-7



## Human melanoma cell line SK-MEL 28



# Good control slides from cytology samples

## TEAM work:

- hunt suitable sample
- testing

## TIME:

- slide preparation
- analysis (evaluation, comparison)
- documentation

# Negative controls

## Negative control slides

- Additional slide from diagnostic sample
- Replacing primary antibody with diluent buffer

Check:

- non-specific staining

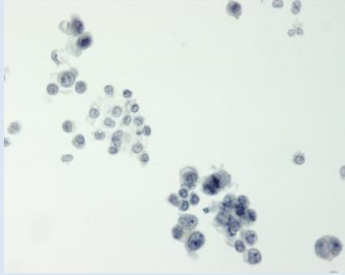
## Each sample?

- according to lab experiences
- any change in slide preparation technique
- any change in immunostaining protocol

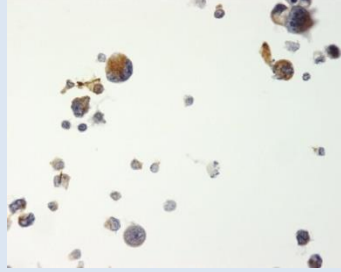


# Negative controls – new detection kit

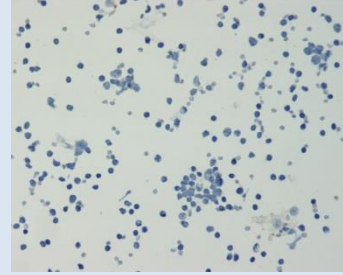
Detection kit 1



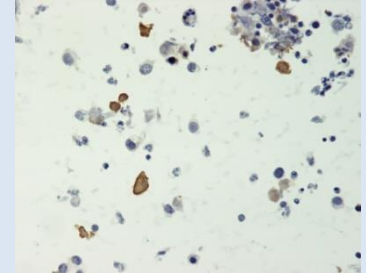
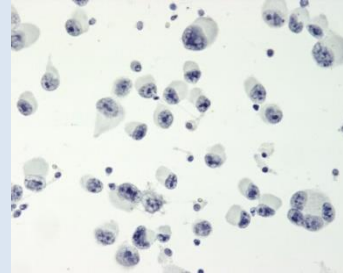
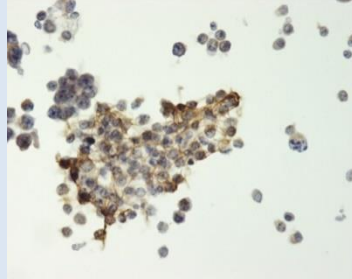
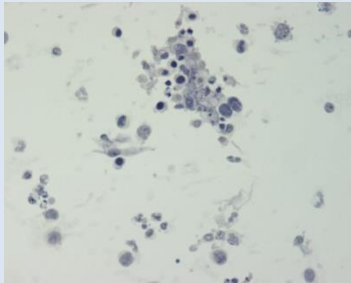
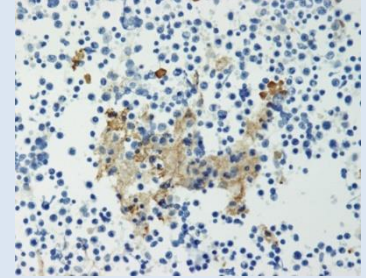
Detection kit 2



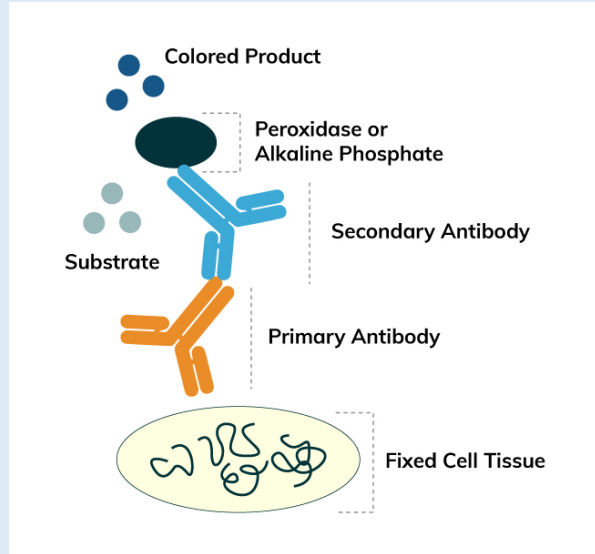
Detection kit 1



Detection kit 2



# Optimization and validation



Antibodies for IHC detect epitopes in FFPE!

Each modification/variation from standard FFPE should be validated

**Quality Assurance For Immunocytochemistry: Approved Guideline**, Clinical Laboratory Standards Institute (formerly NCCLS), Wayne PA, USA, publication MM4-A, Vol. 19, No. 26, 1999. [www.clsi.org](http://www.clsi.org)

# Optimization and validation

**Optimization** – adjustment of steps in ICC procedure

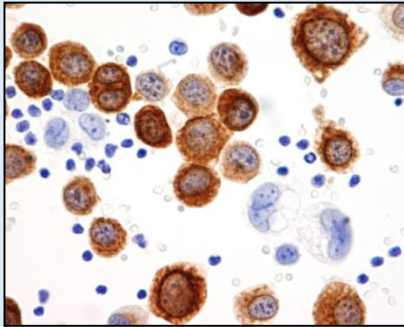
**Validation** – reliable, correct, results

Basic requirements

- Adequate positive controls
- **Assessment of ICC quality!**

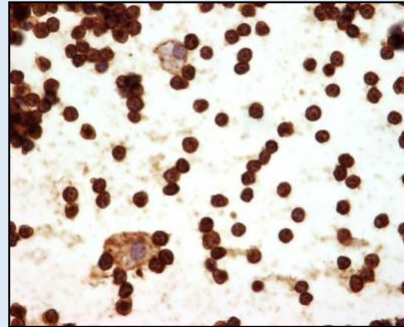
# Quality of ICC

Optimal quality ICC

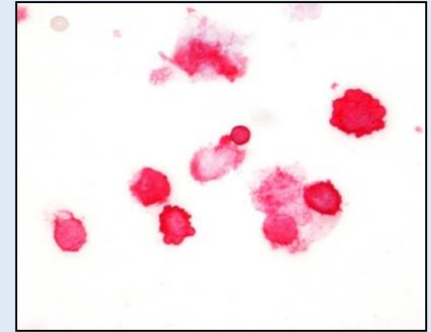


- properly localized
- clearly visible
- specific
- well preserved cell morphology
- no background

Poor quality ICC



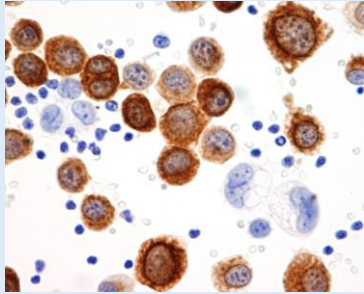
- poor cell morphology
- non specific staining
- background



# Discrepancy in perception of immunocytochemical staining quality

HMB-45 on identical UK NEQAS slides

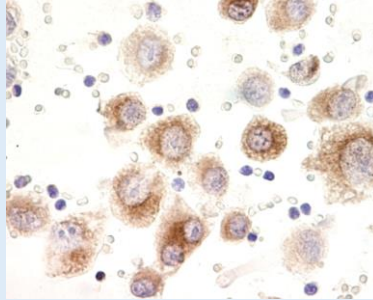
Lab 1



Very good

Very good

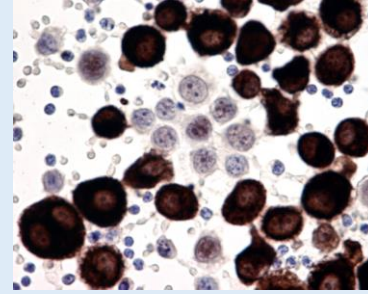
Lab 2



Very good

Borderline

Lab 3



Very good

Borderline

In house assessors

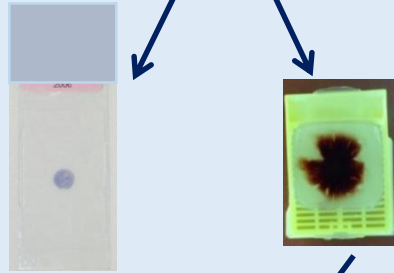
External assessors

# Basic assessment scores(1-5)

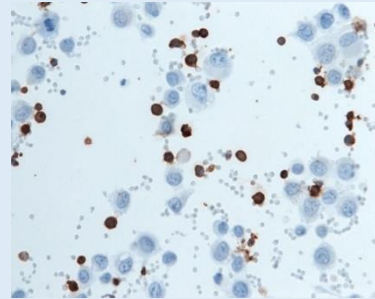
Score	Description	Interpretation
5	Excellent	<b>No improvements are required.</b>
4	Good	<b>Minor improvements are possible.</b>
3	Adequate/Sub-optimal- clinically safe	Weak demonstration of antigen, below the expected level. Non-specific and/or inappropriate staining is present but does not make the staining uninterpretable. Some morphological damage caused by excessive pretreatment. Poor tissue/section quality. Excessive or very weak haematoxylin counterstain.
2	Poor/Sub-optimal -clinically unsafe	Clinically uninterpretable. Staining has no utility. Improvement essential.
1	Inadequate	Clinically uninterpretable. Staining has no utility. Improvement essential. No significant demonstration of requested antigen.

# Run 108 – CD45, melanoma

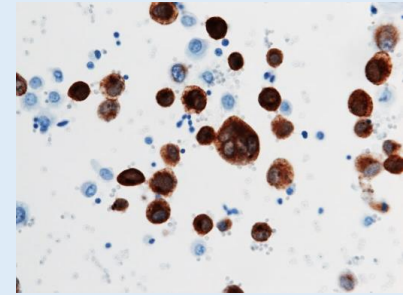
- Human melanoma cell line SK-MEL28
- Effusion with carcinoma cells, few mesothelial cells, Erci
- FNAB of lymph node



CD45

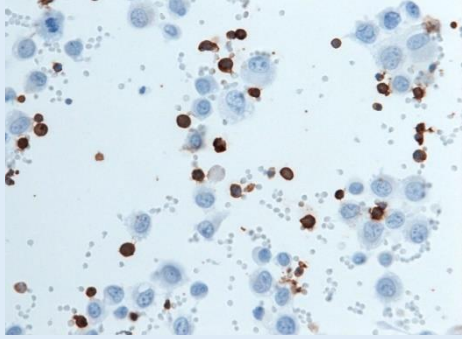


HMB-45

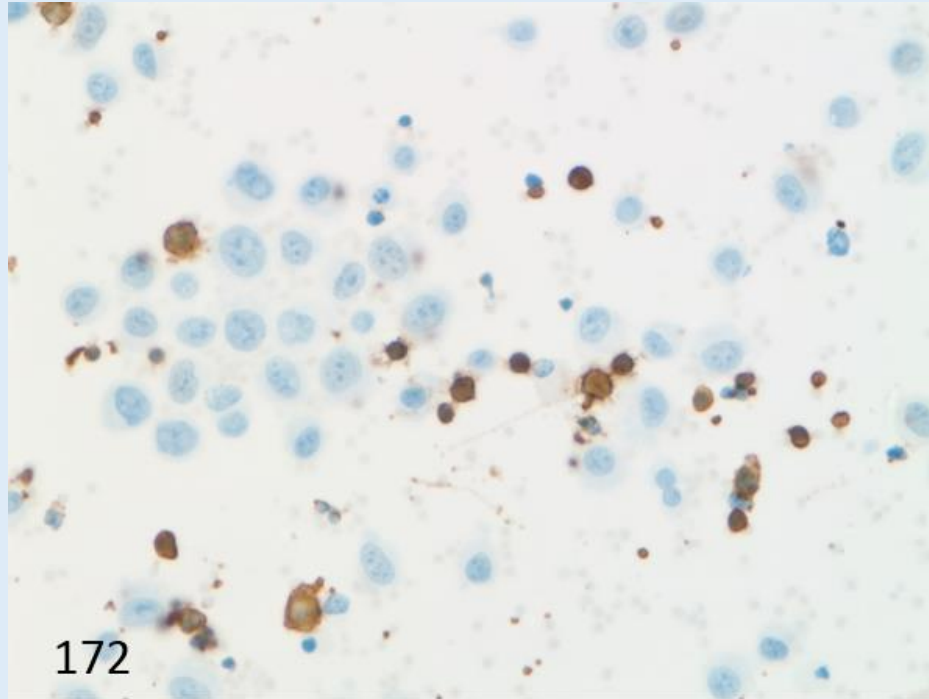


CD45, HMB-45, MelanA, S-100

## CD45/reference



## LAB 172 (CD45) - cytospin





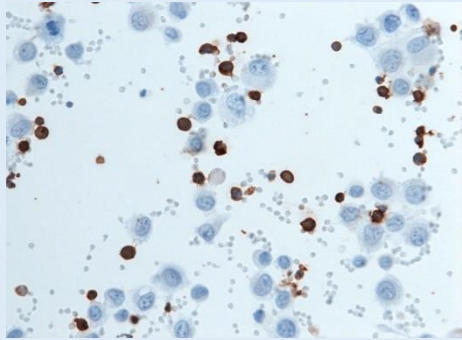
slido



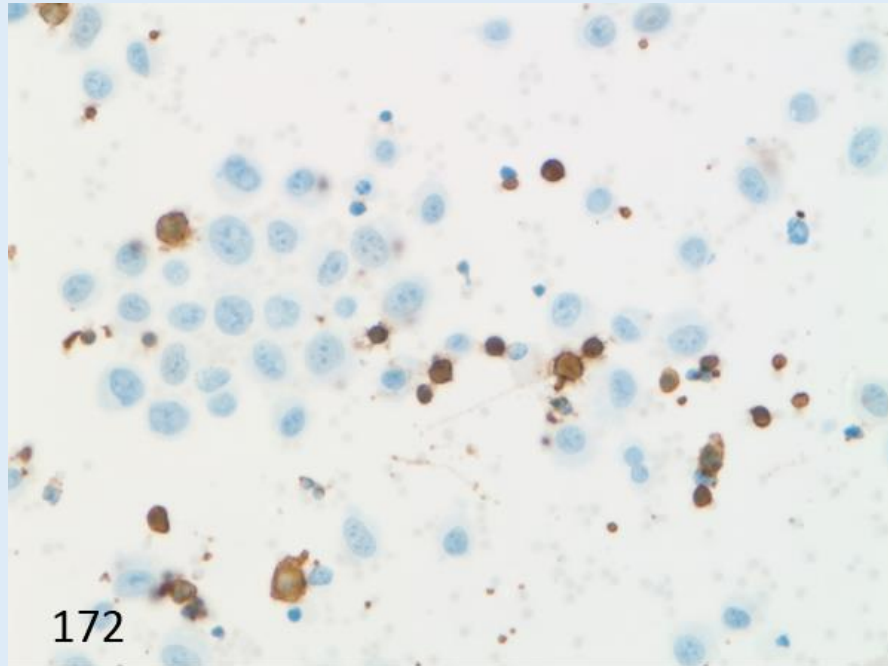
**How would you score this**

ⓘ Start presenting to display the poll results on this slide.

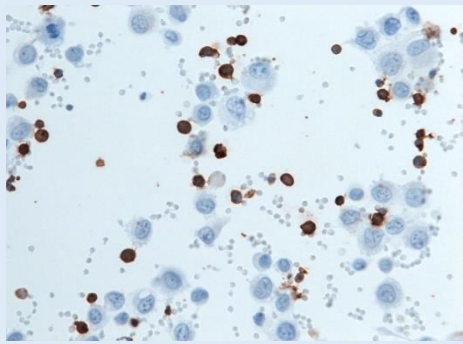
CD45



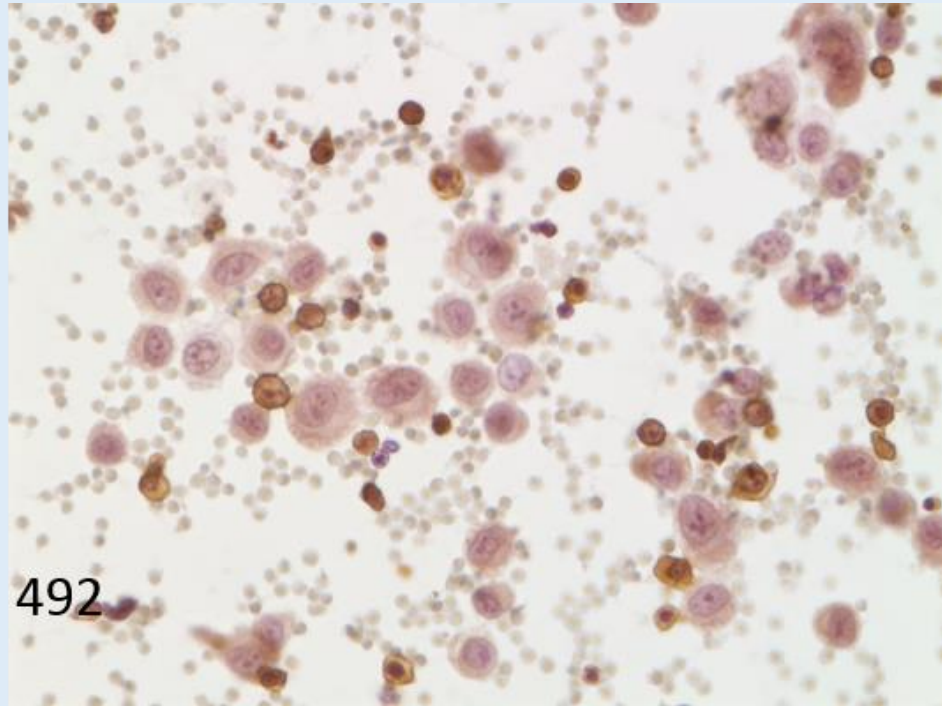
LAB 172 (CD45) - cytospin



5+5+5+5=20



LAB 492 (CD45) - cytospin

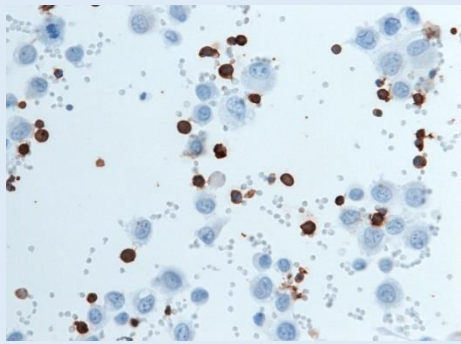


slido

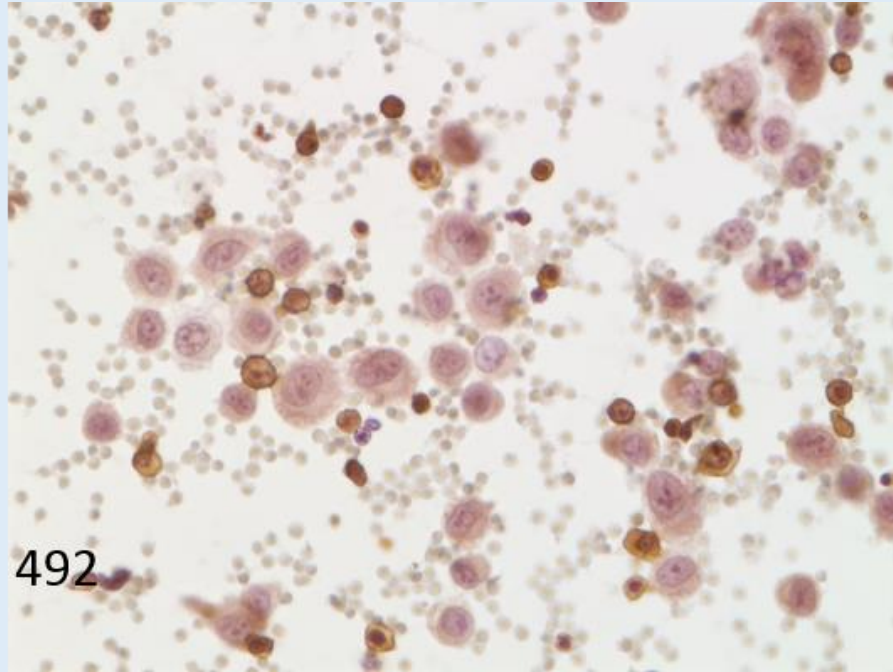


**How would you score this?**

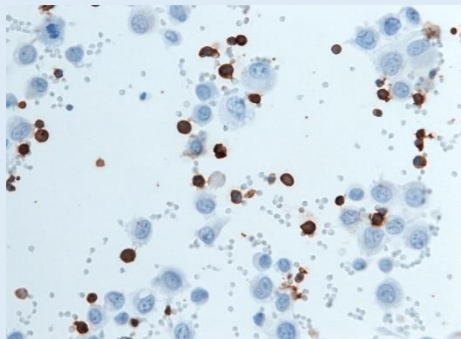
ⓘ Start presenting to display the poll results on this slide.



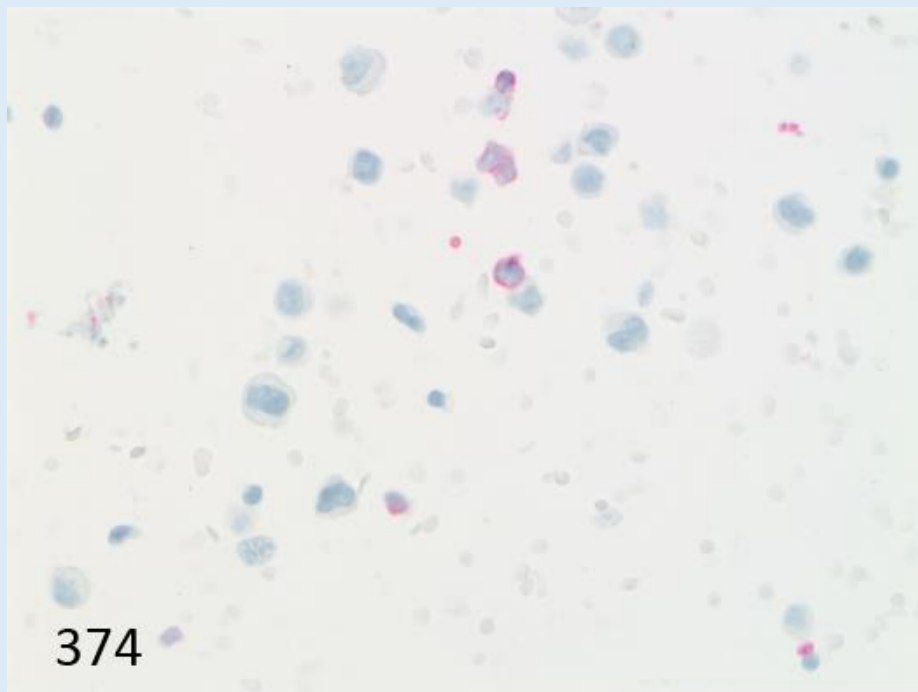
LAB 492 (CD45) - cytopsin



$$2+3+2+2= \mathbf{9}$$



LAB 374 (CD45) - cell block

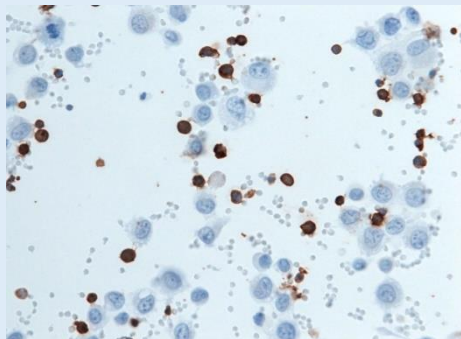


slido

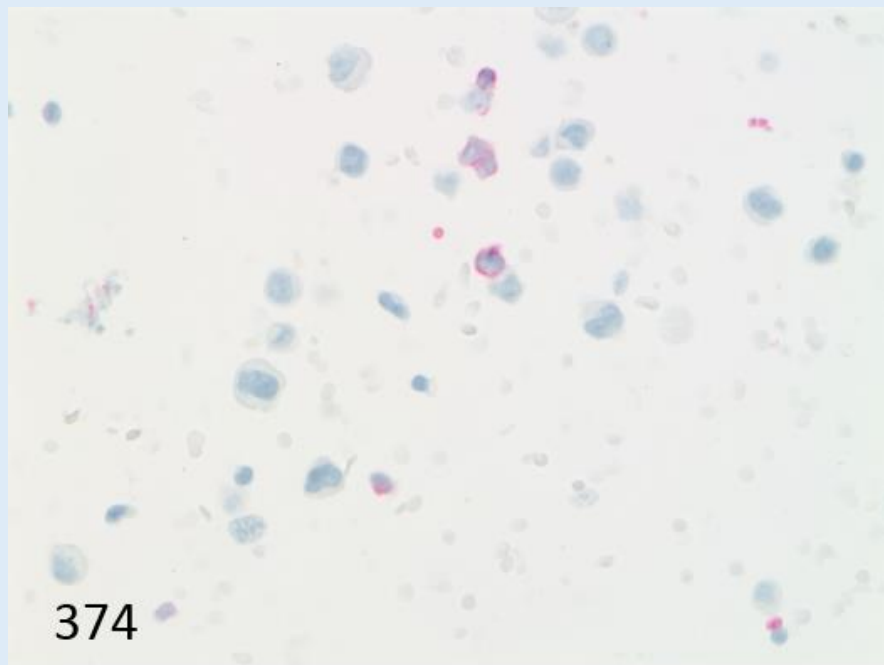


**Hoe would you score this?**

① Start presenting to display the poll results on this slide.



LAB 374 (CD45) - cell block



$$3 + 3 + 3 + 3 = 12$$



# Optimization of IHC/ICC protocols


**Optimization** – adjusting steps in IHC/ICC staining procedure yielding the best ratio between specific/nonspecific staining

**ICC protocols  $\neq$  IHC protocols**

# ICC protocols $\neq$ IHC protocols

## Our optimization

- Cytospins fixed in methanol
- 39 antibodies

Step	ICC	IHC
Deparaffination	no	yes
H2O2/methanol	yes	no
Antigen retrieval	1/39 (2 %)	38/39 (97 %)
iView	34/39 (87 %)	2/39 (5 %)
ultraView	4/39 (10 %)	32/39 (82 %)
optiView	0	4/39 (10 %)
Antibody dilutions ICC : IHC	 27/39 (69 %) = 12/39 (31 %)	

## ICC protocols ≠ IHC protocols

- Cellient cell blocks - adapted IHC protocol for 15/30 antibodies
  - LBC: FFPE from the same sample - 10 % Ab non reactive/inconsistent on LBC using IHC protocols
  - Thrombin CB : Cellient CB (70 samples)- Cellient CB - modified FFPE protocol (43 %)
- 
- Sauter et al. Validation and Optimization of Immunohistochemistry Protocols for Use on Cellient Cell Block Specimens. Cancer (Cancer Cytopathol) 2016;124:89-99.
  - Sauter JL, Ambaye AB, Mount SL. Increased utilization, verification, and clinical implications of immunocytochemistry: Experience in a northern New England hospital. Diagn Cytopathol 2015;43(9):688-95.
  - Sauter JL, Grogg KL, Vrana JA, Law ME, Halvorson JL, Henry MR. Young investigator challenge: Validation and optimization of immunohistochemistry protocols for use on cellient cell block specimens. Cancer Cytopathol. 2016;124(2):89-100.

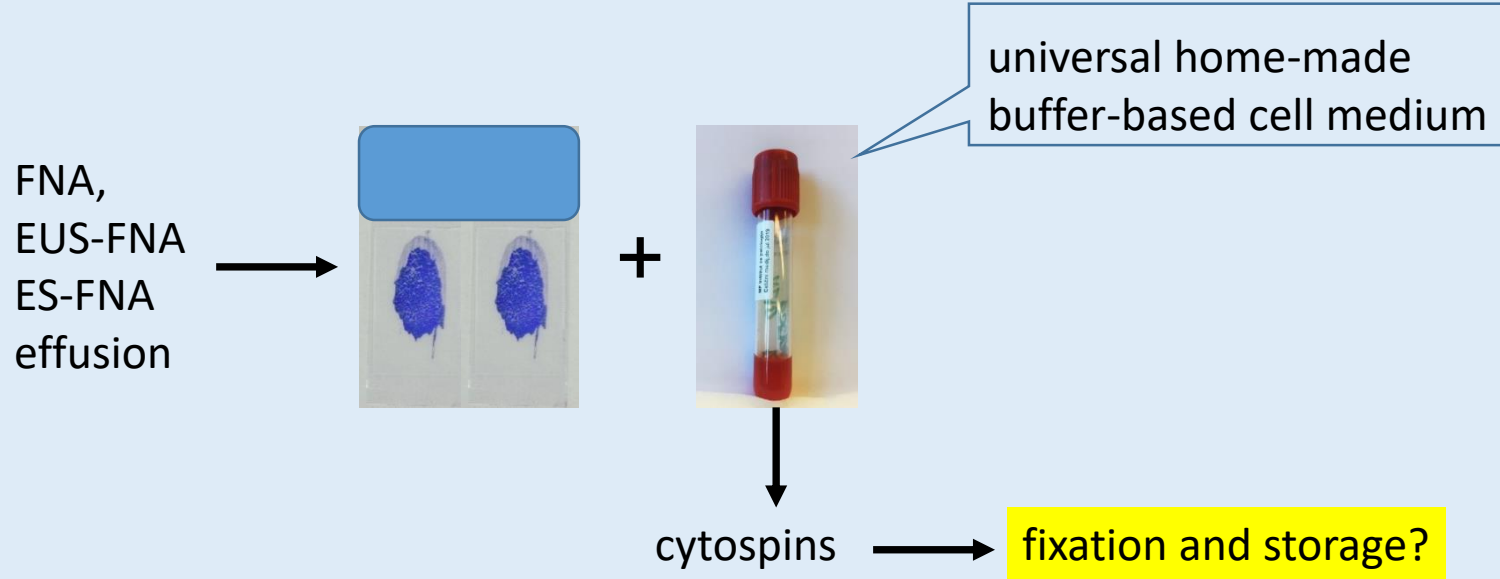
# Validation

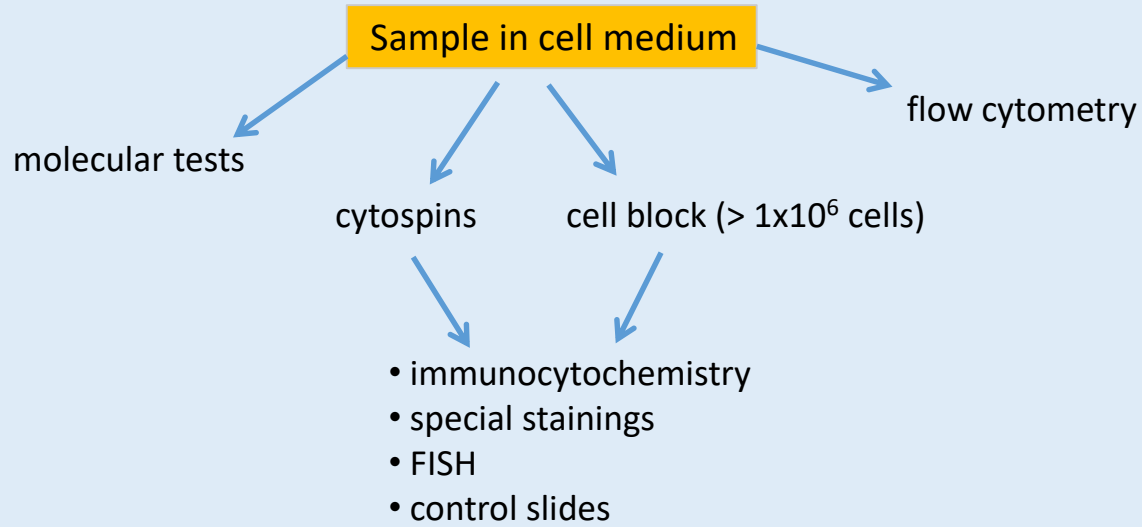
- Validation ensures a test works as intended. Any antibody assay (novel or replacement) must be validated before it is put into use as a diagnostic test.
- Objective evidence that test performs reliable and consistently - accurate, correct, reliable results

## ICC : IHC/flow cytometry immunophenotyping/....

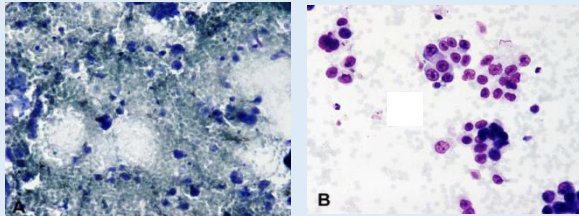
- **Quality Assurance For Immuncytochemistry: Approved Guideline**, Clinical Laboratory Standards Institute (formerly NCCLS), Wayne PA, USA, publication MM4-A, Vol. 19, No. 26, 1999. [www.clsi.org](http://www.clsi.org)
- College of American Pathologists

# Validation of ICC on cytopins – our approach

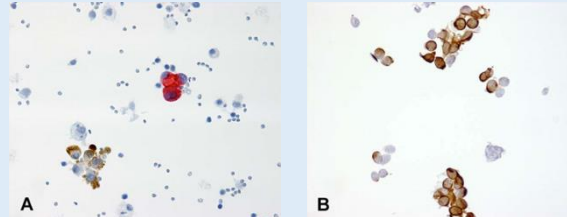




Hemorrhagic sample After filtration



ICC



# Validation of ICC

- Optimal fixation for **CD markers** (ICC : IHC: flow cytometry)
- Optimal fixation for **Ki67** (ICC: S-phase)
- Optimal fixation for **ER** (MCF-7 cell line, ICC:IHC)

# ER optimization and validation

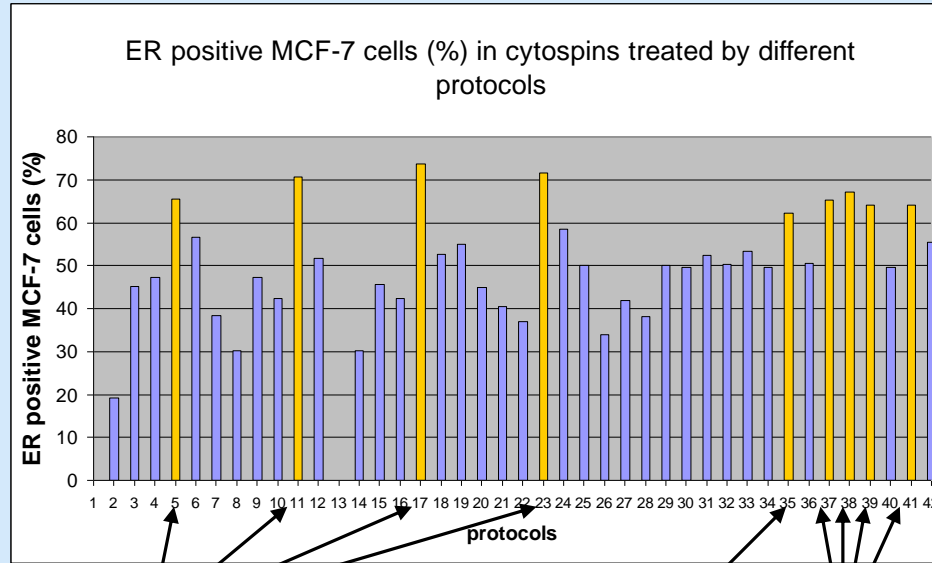
Optimal protocol set-up on MCF-7 cell line

Evaluation of protocols on ex-vivo FNAB samples

Introduction of automated immunostaining

Follow up - response to hormonal treatment





Papanicolaou stained, **Mw10, D100**

5: Delaunay 1hr

11: 96 % ethanol 1hr

17: Delaunay 12 hrs

23: 96 % ethanol 12 hrs

CellFix  
**Mw10, D100**

Methanol

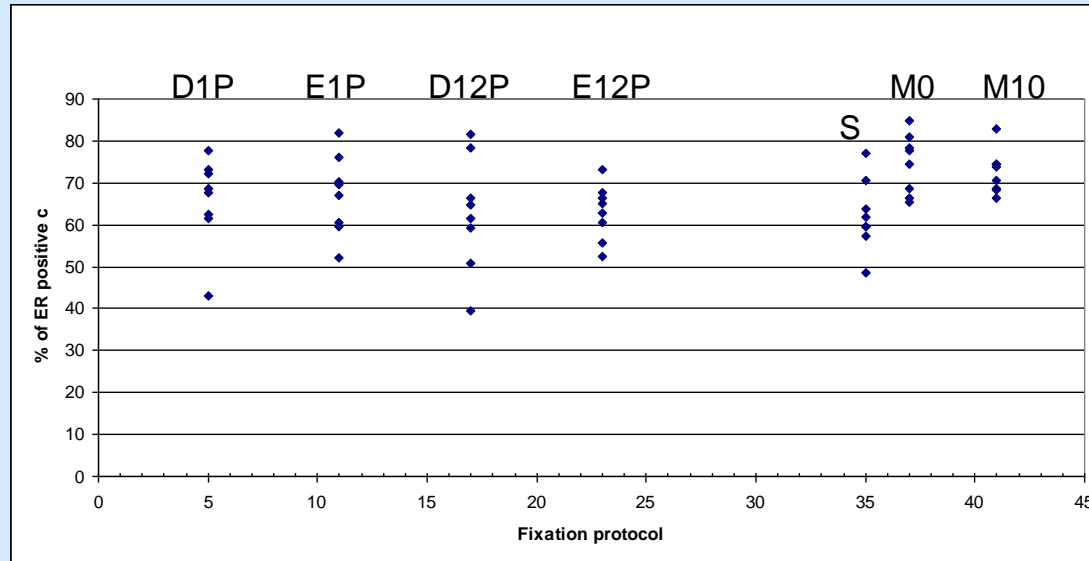
**37: Mw 0, D100**

38: Mw 0, D200

39: Mw 5, D100

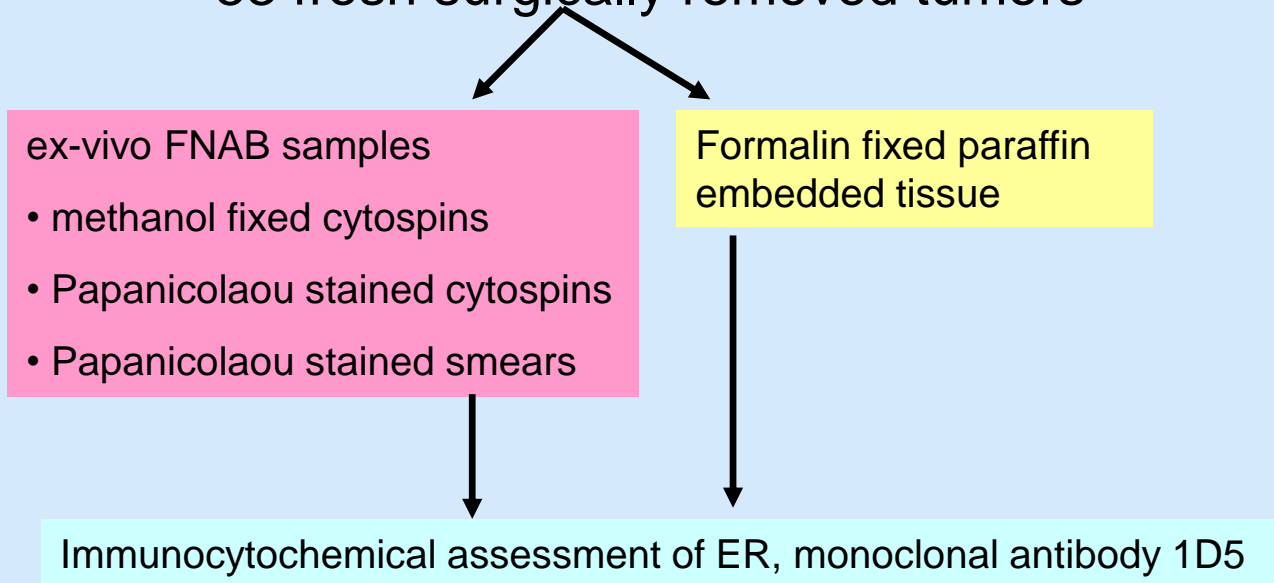
**41: Mw 10, D100**

# Variability in ICK detection of ER positive MCF-7 cells



# Protocol evaluation on ex-vivo FNAB samples

53 fresh surgically removed tumors

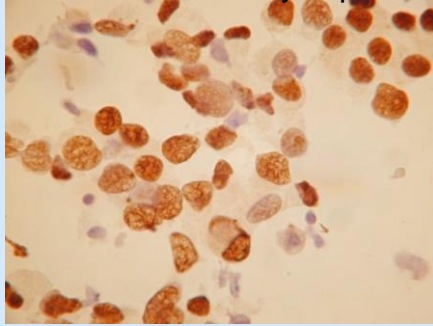


## ER on ex-vivo FNAB samples - concordance with corresponding tissue sections

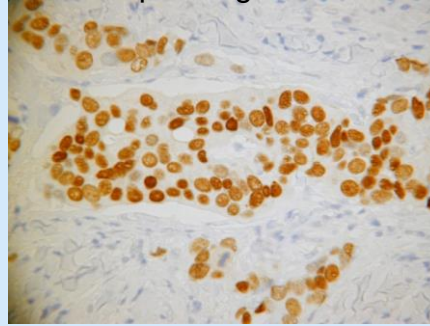
	concordance	kappa
Papanicoalou stained smears	92 %	0.75
Papanicoalou stained cytopspins	94 %	0.84
<b>methanol fixed cytopspins</b>	<b>100 %</b>	<b>1.00</b>

# ER assessment

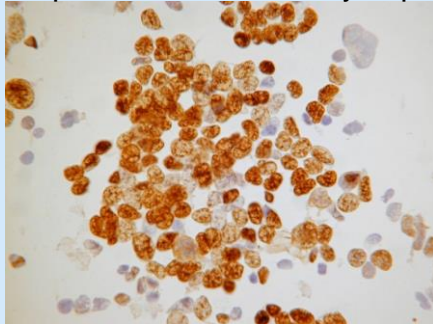
methanol-fixed cytopsin



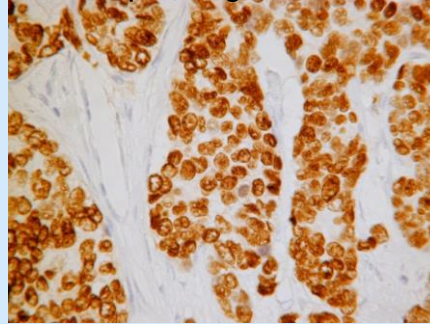
corresponding FFPE



Papanicolaou stained cytopsin



corresponding FFPE



# Validation of ICC on cytopins

- Optimal fixation for **CD markers** (ICC : IHC: flow cytometry)
- Optimal fixation for **Ki67** (ICC: S-phase)
- Optimal fixation for **ER** (MCF-7 cell line, ICC:IHC)

} Methanol

Kirbis IS, Flezar MS, Krasovec MU. MIB-1 immunostaining on cytological samples: a protocol without antigen retrieval. Cytopathology. 2004;15(3):154-159. doi:10.1111/j.1365-2303.2004.00146.x

Srebotnik Kirbiš I, Us Krašovec M, Pogačnik A, Strojan Fležar M. Optimization and validation of immunocytochemical detection of oestrogen receptors on cytopins prepared from fine needle aspiration (FNA) samples of breast cancer. Cytopathology. 2015;26(2):88-98. doi:10.1111/cyt.12143

Srebotnik Kirbis I, Prosen L, Strojan Flezar M. Time-related changes in cell morphology and biomarker immunoreactivity for cells stored in a buffer-based cell medium. Cytopathology. 2021;32(4):513-518. doi:10.1111/cyt.12980

# Validation of ICC

38 other markers:

- positive controls with known/expected expression
- methanol preserve all tested antigens

# Validation of ICC

50 diagnostic routine cytology samples

ICC on methanol fixed cytopins : IHC on concordant FFPE

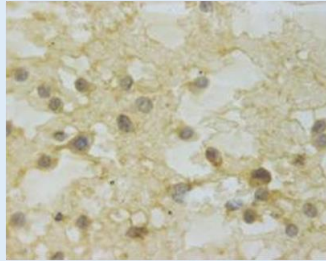
IHC	ICC		
	Neg	Poz	Together
Neg	67	0	67
Poz	5	74	79
Together	72	74	146
Concordance	141/146, 97 %, $\kappa = 0,93$		



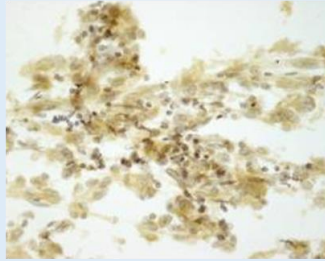
# Development of sample processing

1988  
Direct smears

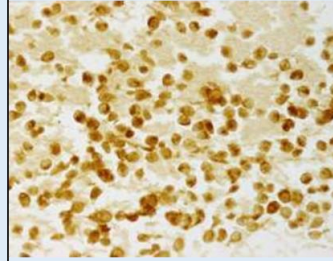
CK



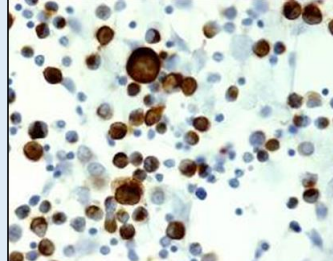
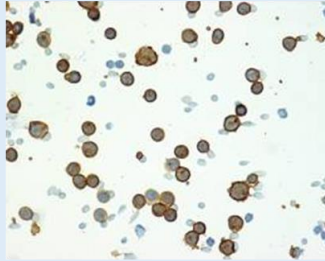
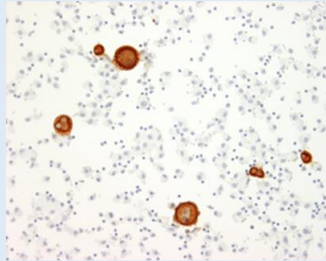
CD45



DES



2008  
Cytospins

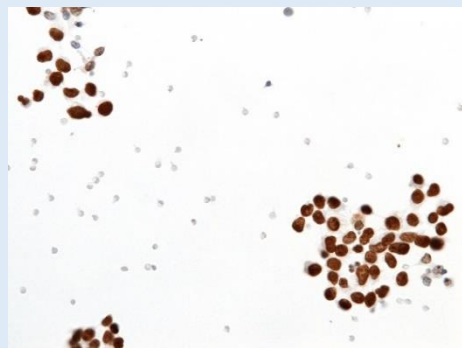


# ER

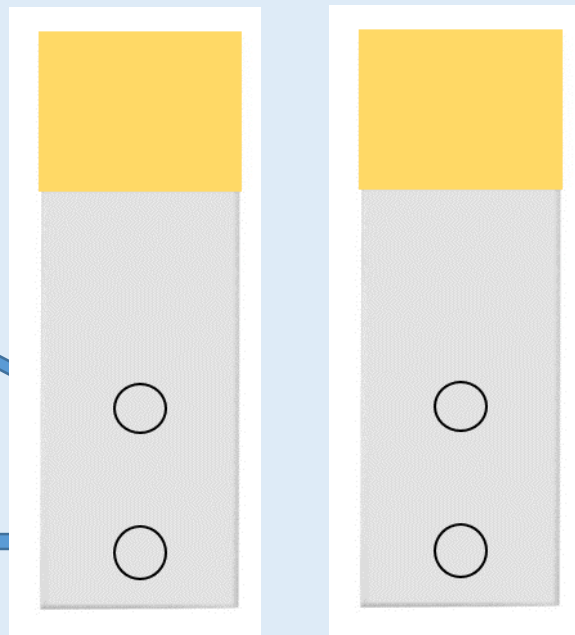
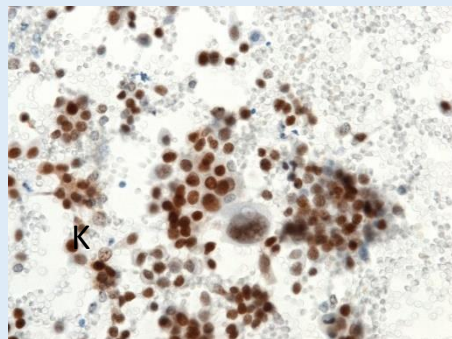
## Integrated On-Slide Positive Controls for Immunocytochemistry on Cytology Slides

Downloaded from

# PR

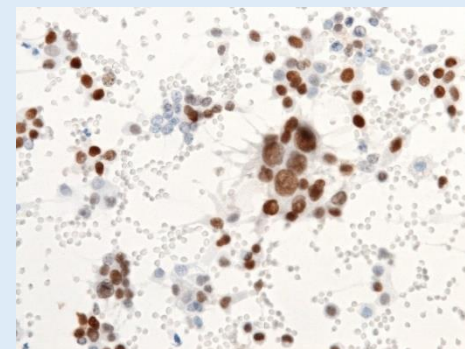
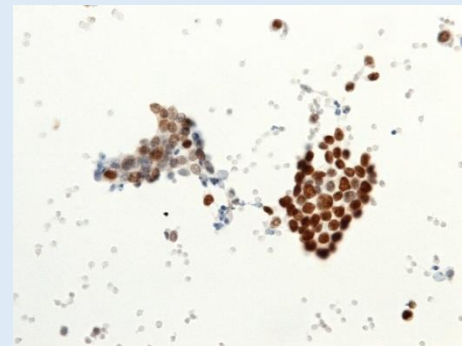


Patient sample



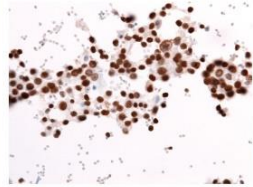
Integrated positive control

Patient sample

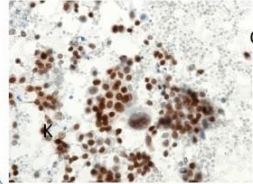


## Identical ICC reactions on slides with or without integrated positive controls – 11 samples

Slide with integrated positive control



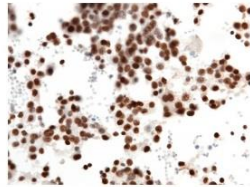
Patient



Control

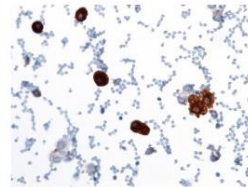
ER

Slide without integrated positive control

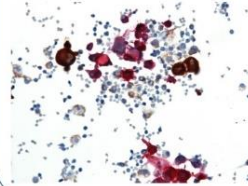


ER

Slide with integrated positive control



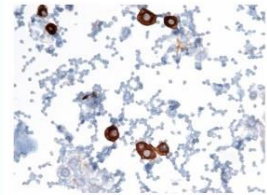
Patient



Control

Calretinin  
- MOC31

Slide without integrated positive control



Calretinin  
- MOC31

# Integrated on slide controls - validation

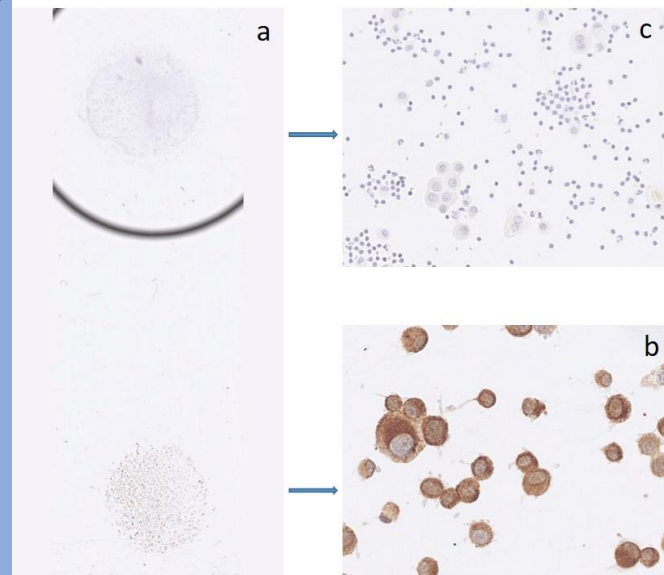
Oct 2021 – Dec 2023

- 368 ICC
- no cell loss
- no cells carryover
- no false positive

ICC Marker	N (%)
Calretinin/MOC31	191 (52%)
TTF-1	93 (25%)
ER, PR	84 (23%)

# Contamination or cells carryover?

ICC 2023	Control +	Patient sample	
		+	-
Calretinin/MOC31	53	20	33 (62%)
TTF1	38	19	19 (50%)
ER,PR	64	53	11 (17%)



HMB45 -  
Benign effusion

HMB45 +  
Melanoma cell line

# Conclusion

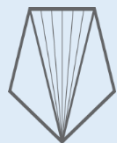
## Immunocytochemistry

- Essential in modern cytopathology
- Proper QA/QC mandatory for reliable, consistent, correct results
- Demanding but feasible



Thank you for your attention





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