

# FISH *HER2*:

## Perquè em costa comptar senyals?

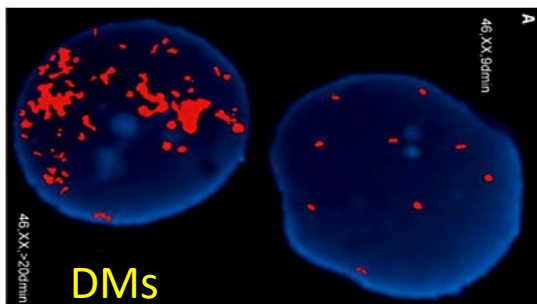
Ana M<sup>a</sup> Muñoz

Laboratori Patologia Molecular

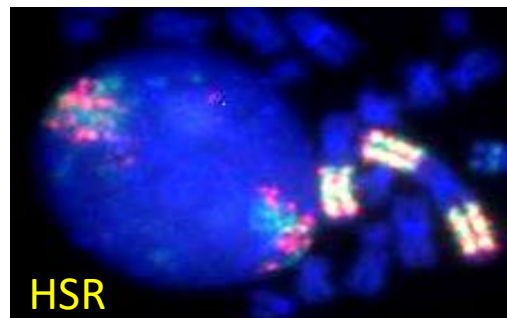
Servei d'Anatomia Patològica

# Amplificació: Increment en el nombre de còpies d'una **regió cromosòmica concreta**

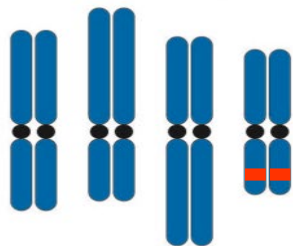
*Double minutes (DMs)*



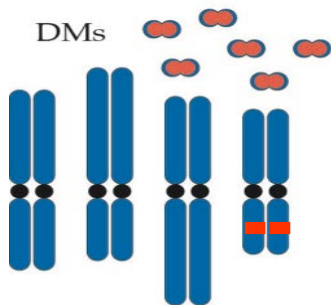
*Homogeneous staining region (HSR)*



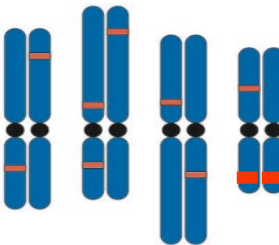
Normal diploid genome



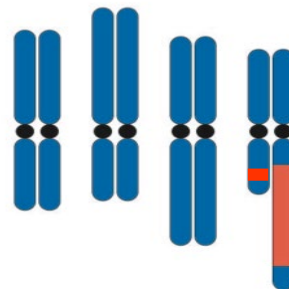
**EGFR**  
**MYC**  
**MDM2**



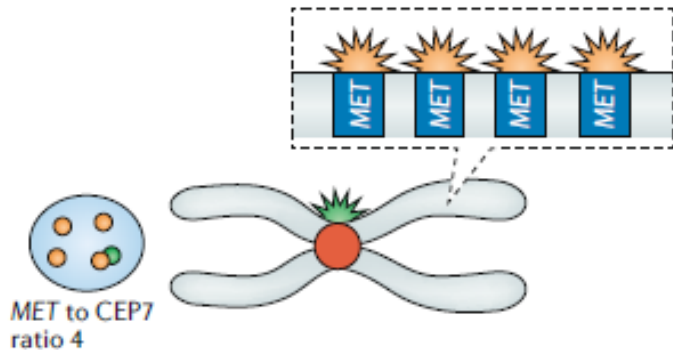
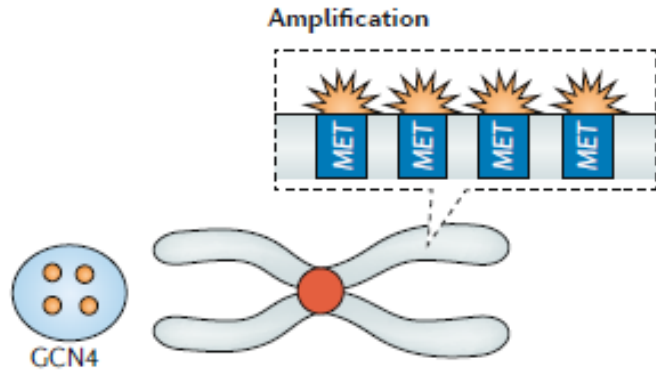
Scattered



HSR



**HER2**  
**NMYC**



**GCN:** nombre de còpies  
gen/cèl·lula

**Ratio:** n<sup>o</sup> còpies gen/cromosoma  
(centròmer)

# Criteria d'amplificació: **gen** específic i **tumor** específic

**TABLE 1.** *Criteria for HER2 positivity by immunohistochemistry and FISH in different tumor types*

	Breast (ASCO/CAP 2018) (29)	Gastric (ASCO/CAP 2016) (30)	Colorectal (HERACLES trial) (31)	Endometrial serous (Fader et al clinical trial) (24,25)
HER2 IHC 3+	> 10% circumferential, strong, complete	≥ 10%, strong complete, or basolateral/lateral	≥ 50% strong complete, or basolateral/ lateral	> 30% strong complete, or basolateral/ lateral
HER2 FISH amplification	HER2/CEP17 ratio ≥ 2.0 and HER2 signal ≥ 4.0/nucleus OR ratio < 2.0 and HER2 signal ≥ 6.0/nucleus (if IHC score 2+ or 3+)	HER2/CEP17 ratio ≥ 2.0 OR ratio < 2.0 and HER2 signal > 6.0 /nucleus	HER2/CEP17 ratio ≥ 2.0 in ≥ 50% of cells	HER2/CEP17 ratio ≥ 2.0

# Evolució de les guies d'interpretació en càncer de mama

Test platform		2007	2013	2018	FDA	
IHC	3 <sup>a</sup>	>30%	>10%	>10%	>10%	% pos. tumor cells
	2 <sup>b</sup>	circular	incomplete	circular	circular	Membrane staining
ISH (dual color)	positive	Ratio >2.2 or >6.0	Ratio ≥2.0 Ratio <2.0 & CN ≥6.0	ISH Group 1	Ratio ≥2.0	HER2-CN/CEP-17 HER2-CN
	borderline	Ratio 1.8-2.2 or CN 4-6	Ratio <2.0 and CN 4- <6	ISH Group 2-4*	n.d.	*further work-up consider IHC
	negative	Ratio <1.8 or CN <4.0	Ratio <2.0 and CN <4	ISH Group 5	Ratio <2.0	HER2-CN/CEP-17 HER2-CN
IHC-ISH-Histology	Discordancy	n.d.	consider histological tumor types		n.d.	

# 2018

		ISH			
		Ratio $\geq 2.0$		Ratio $< 2.0$	
		CN $\geq 4$		CN $< 4$	
		ISH Group 1		ISH Group 5	
IHC Score	0	POSITIVE			NEGATIVE
	1	POSITIVE			NEGATIVE
	2	POSITIVE			NEGATIVE
	3	POSITIVE			POSITIVE

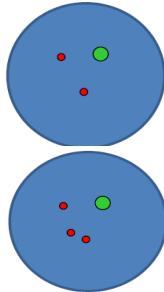
AMPLIFICAT

NO AMPLIFICAT

# 2018

		ISH			
		Ratio $\geq 2.0$		Ratio $< 2.0$	
		CN $\geq 4$	CN $< 4$	CN $< 4$	
		ISH Group 1	ISH Group 2	ISH Group 5	
IHC Score	0	POSITIVE	NEG + comment	NEGATIVE	
	1	POSITIVE	NEG + comment	NEGATIVE	
	2	POSITIVE	NEG + comment	NEGATIVE	
	3	POSITIVE	POSITIVE	POSITIVE	

AMPLIFICAT



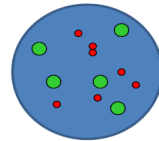
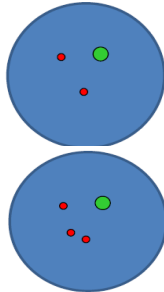
NO AMPLIFICAT

MONOSÒMIC

# 2018

		ISH				
		Ratio $\geq 2.0$		Ratio $< 2.0$		
		CN $\geq 4$	CN $< 4$	CN $\geq 6$	CN $< 4$	
		ISH Group 1	ISH Group 2	ISH Group 3	ISH Group 5	
IHC Score	0	POSITIVE	NEG + comment	NEG + comment	NEGATIVE	
	1	POSITIVE	NEG + comment	NEG + comment	NEGATIVE	
	2	POSITIVE	NEG + comment	POSITIVE	NEGATIVE	
	3	POSITIVE	POSITIVE	POSITIVE	POSITIVE	

AMPLIFICAT



NO AMPLIFICAT

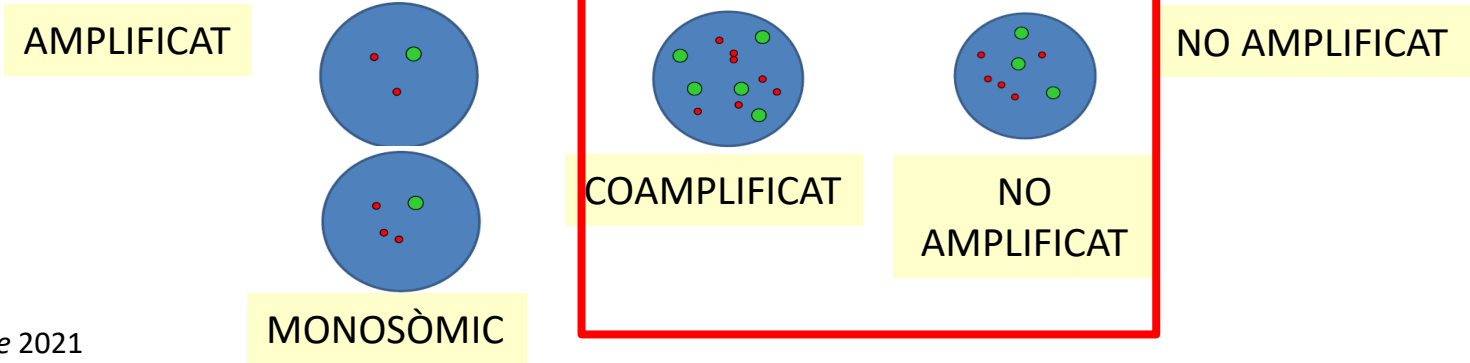
COAMPLIFICAT

MONOSÒMIC

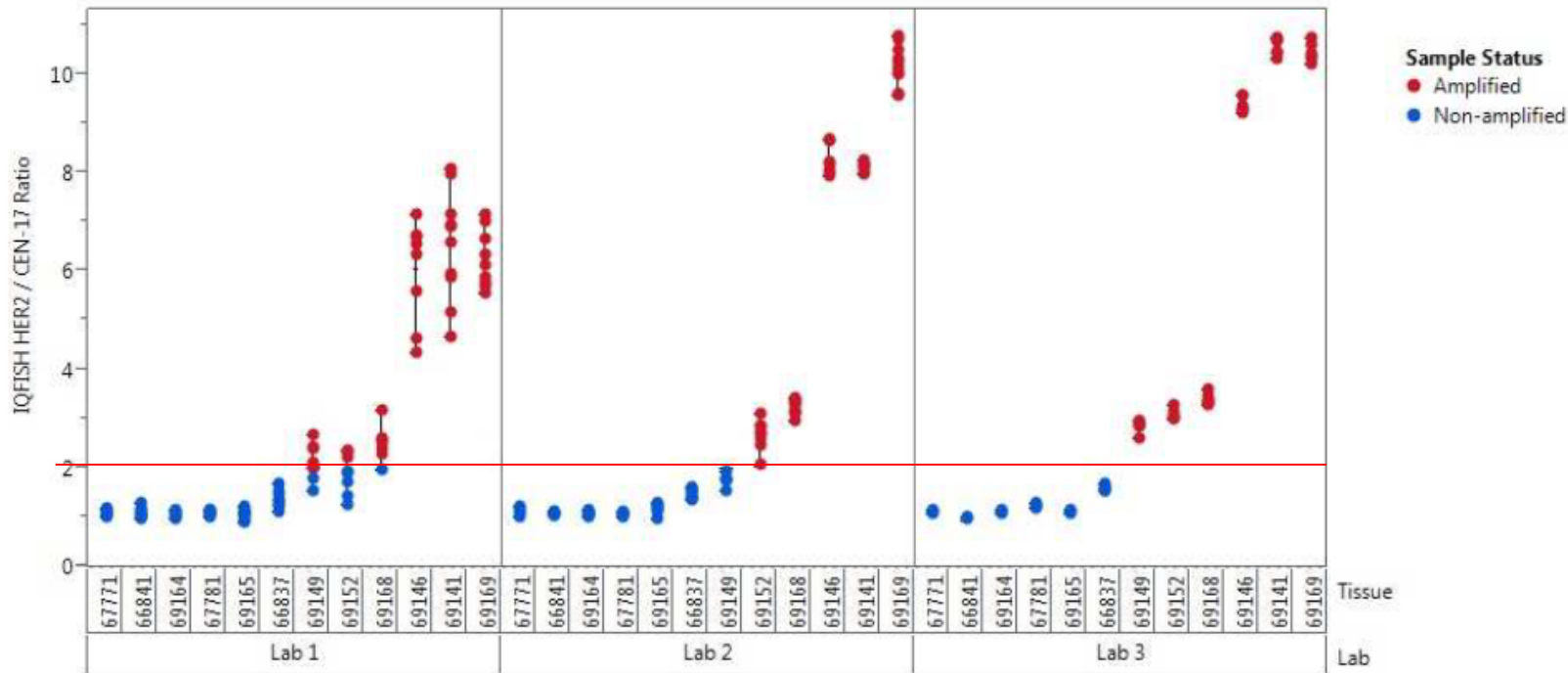


# 2018

		ISH				
		Ratio $\geq 2.0$		Ratio $< 2.0$		
		CN $\geq 4$	CN $< 4$	CN $\geq 6$	CN $\geq 4$ to $< 6$	CN $< 4$
		ISH Group 1	ISH Group 2	ISH Group 3	ISH Group 4	ISH Group 5
IHC Score	0	POSITIVE	NEG + comment	NEG + comment	NEGATIVE	NEGATIVE
	1	POSITIVE	NEG + comment	NEG + comment	NEG + comment	NEGATIVE
	2	POSITIVE	NEG + comment	POSITIVE	NEG + comment	NEGATIVE
	3	POSITIVE	POSITIVE	POSITIVE	POSITIVE	POSITIVE



**HER2 IQFISH pharmDx™**  
(Dako Omnis)

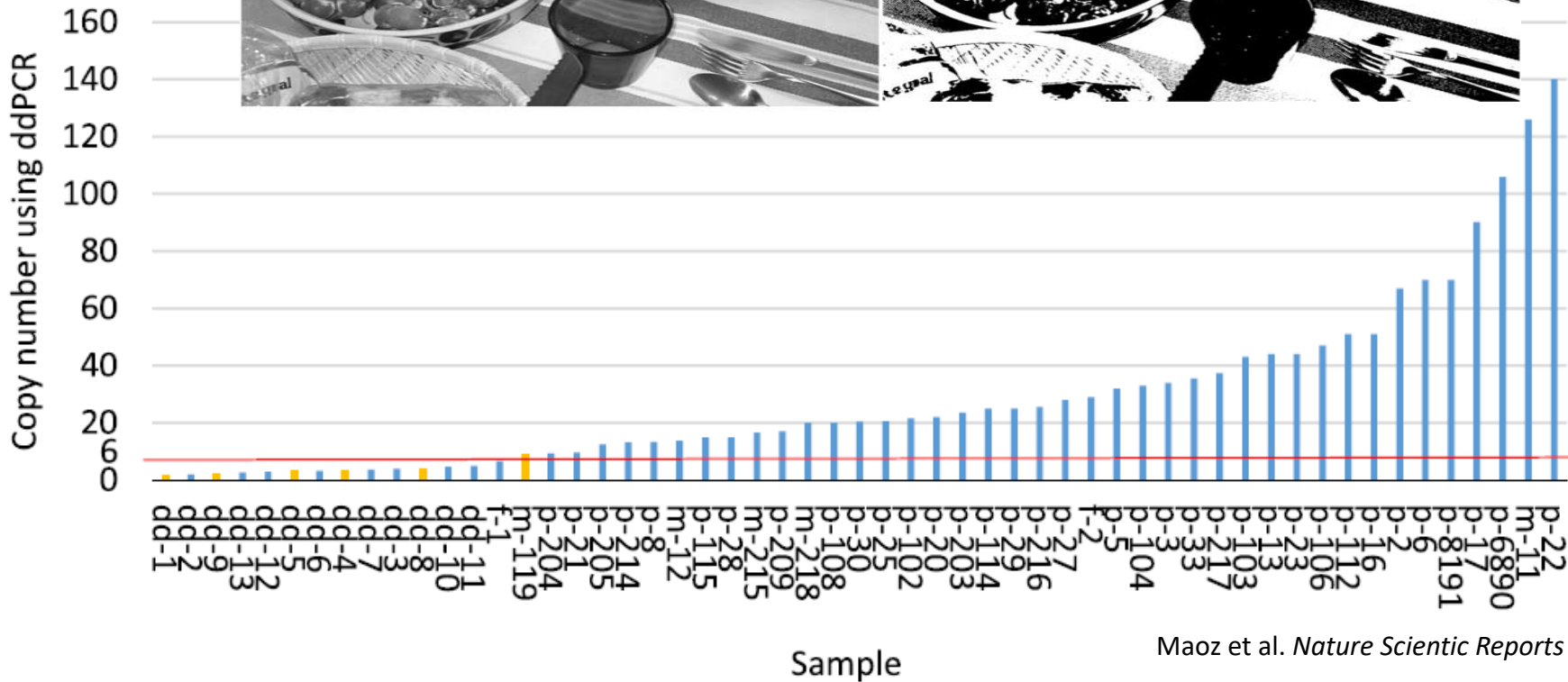


**Figura 9.** Gráfico en el que se representa la variabilidad de las proporciones *HER2/CEN-17* en unidades no transformadas obtenidas en el estudio de reproducibilidad día a día y centro a centro de *HER2 IQFISH pharmDx™* (Dako Omnis) en muestras tisulares de cáncer gástrico.

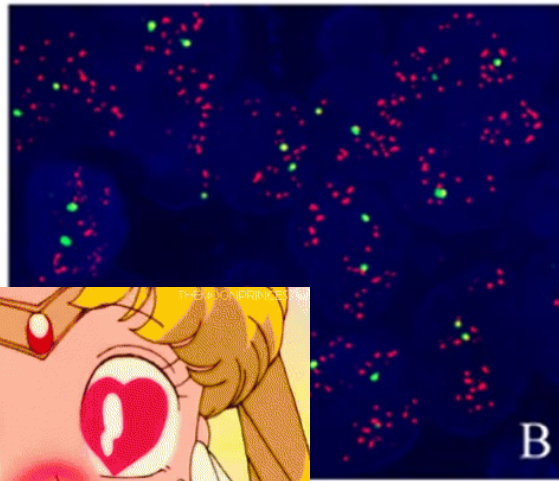
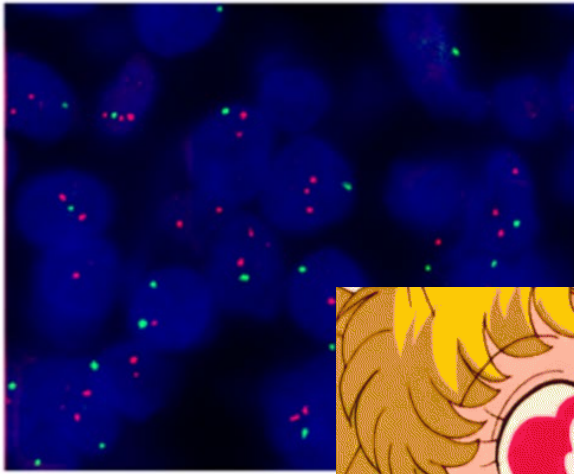
Gown AM.  
*Modern Pathol* 2008



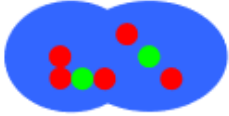
**B.**



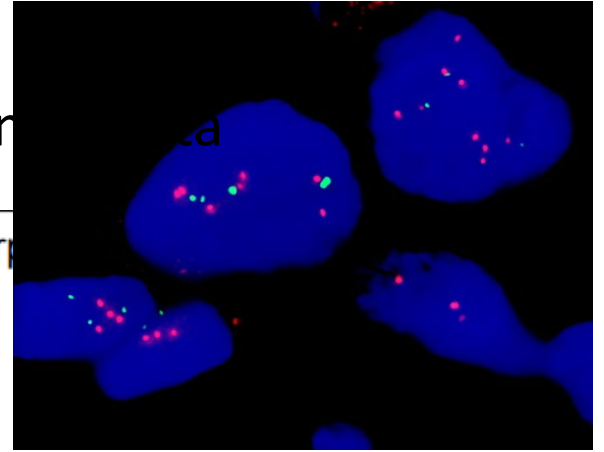
Maoz et al. *Nature Scientific Reports* 2019



- Tumors amb poc citoplasma i cel·lularitat neta



No contar. Los núcleos se superponen y de los núcleos son visibles.



- Tumors amb poc citoplasma i cel·lularitat molt alta
- Estroma abundant i fibrós, nuclis atrapats... (ex: lobelars)

•

•

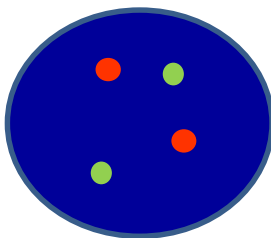
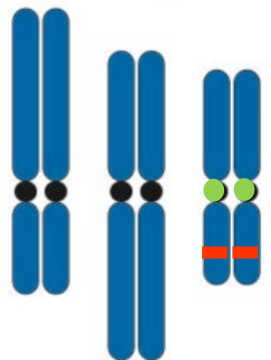
•

•

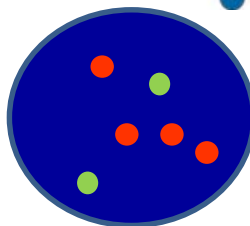
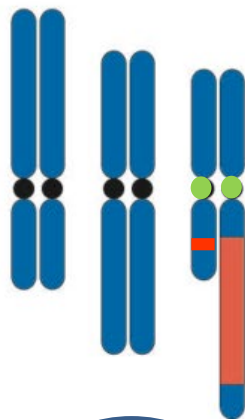


)

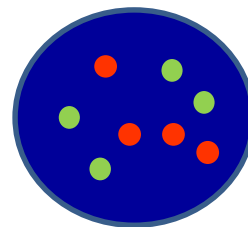
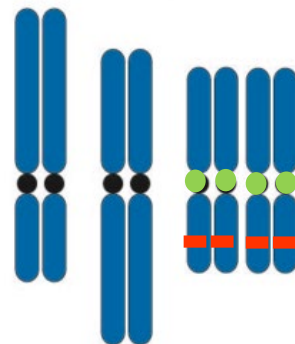
Disòmic  
No amplificat



Disòmic  
Amplificat



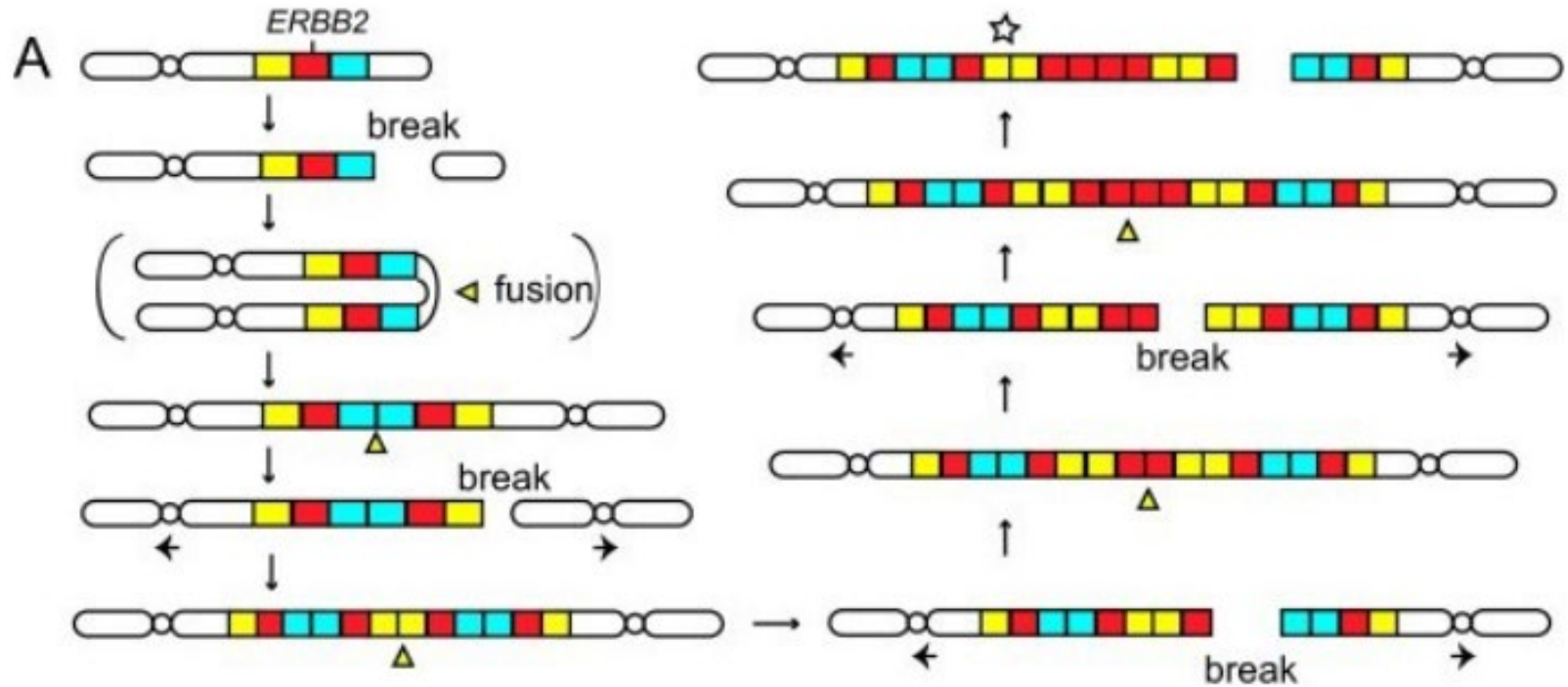
Polisòmic  
No amplificat

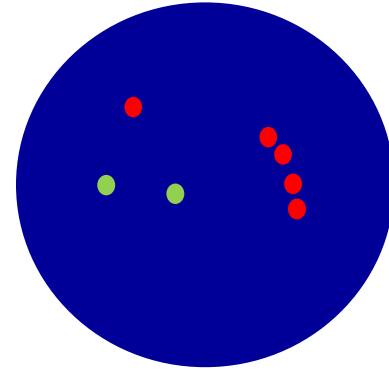
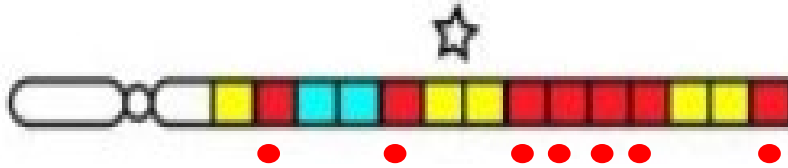


**GCN; ratio gen/cromosoma**



# Break-fusion-break (BFB) cycles





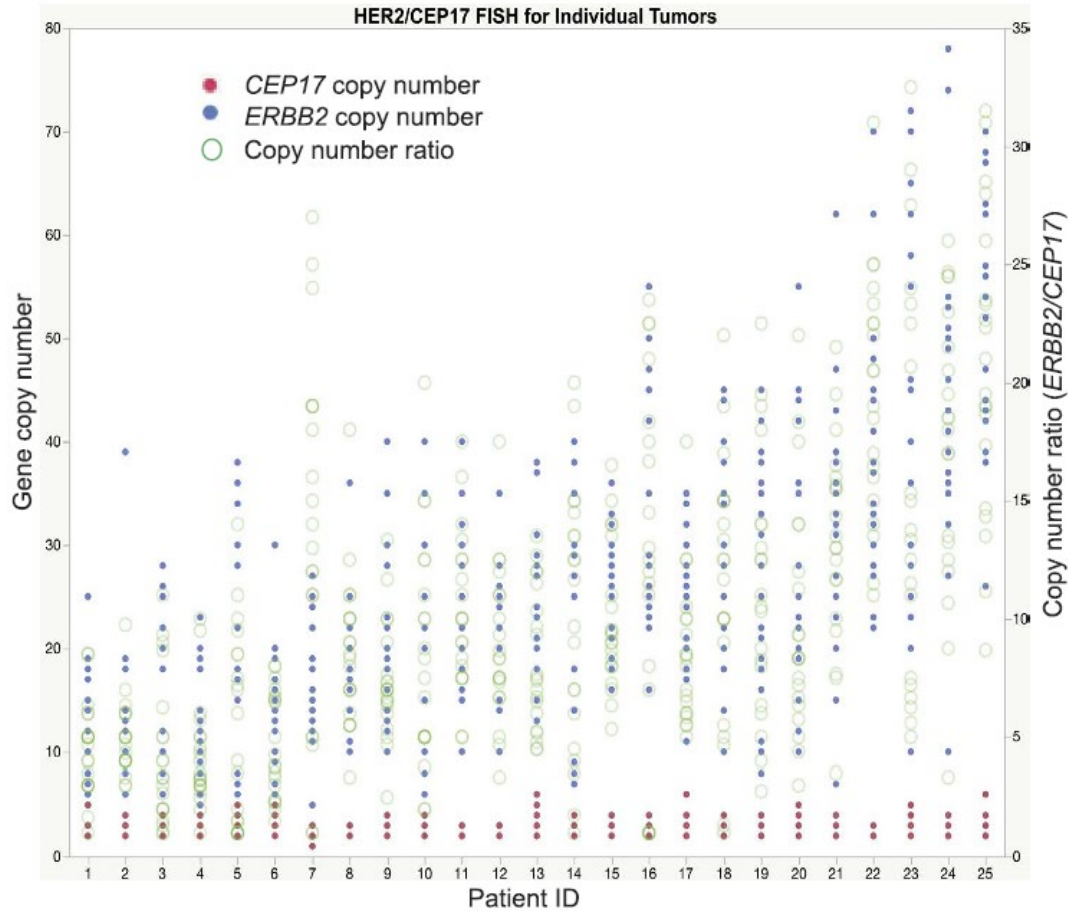
## **HER2 IQFISH pharmDx™**

(Dako Omnis)

N.º de catálogo GM333

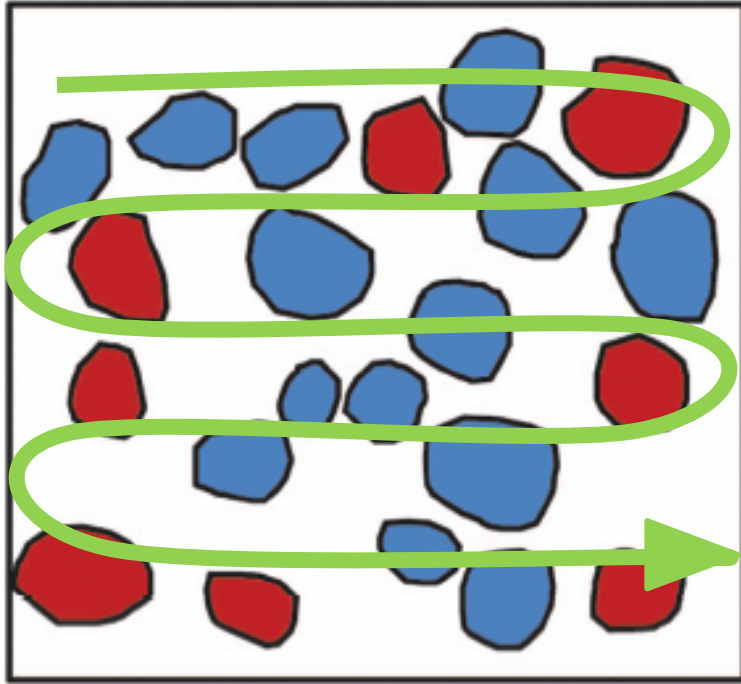


Contar como 2 señales verdes y 3 señales rojas. Dos señales que sean del mismo tamaño y estén separadas por una distancia igual o inferior al diámetro de una señal se cuentan como una sola señal.

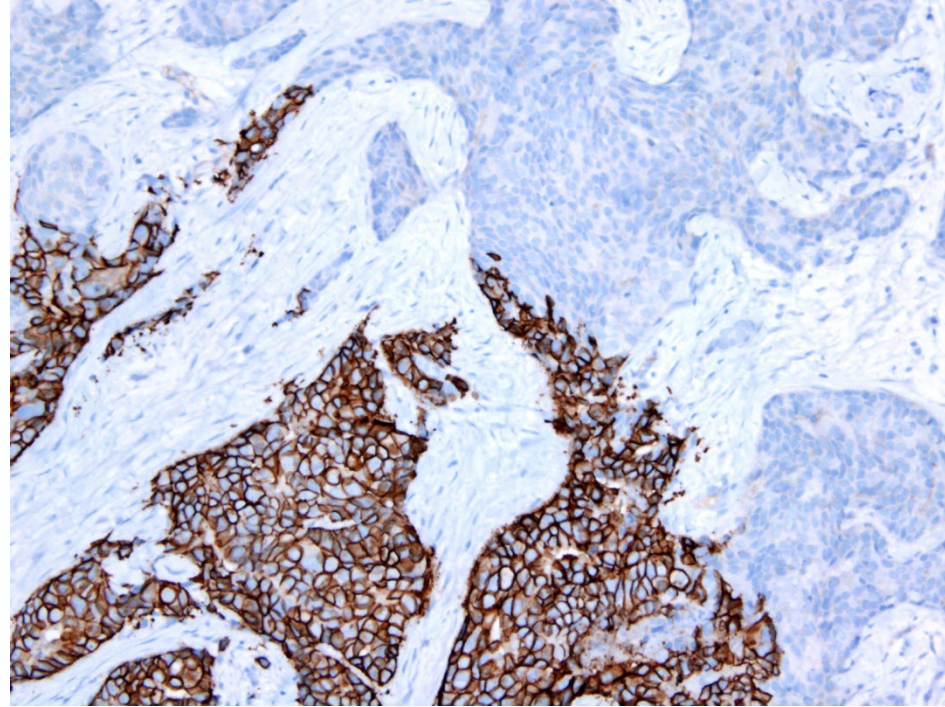


El propi mecanisme d'amplificació comporta heterogeneïtat

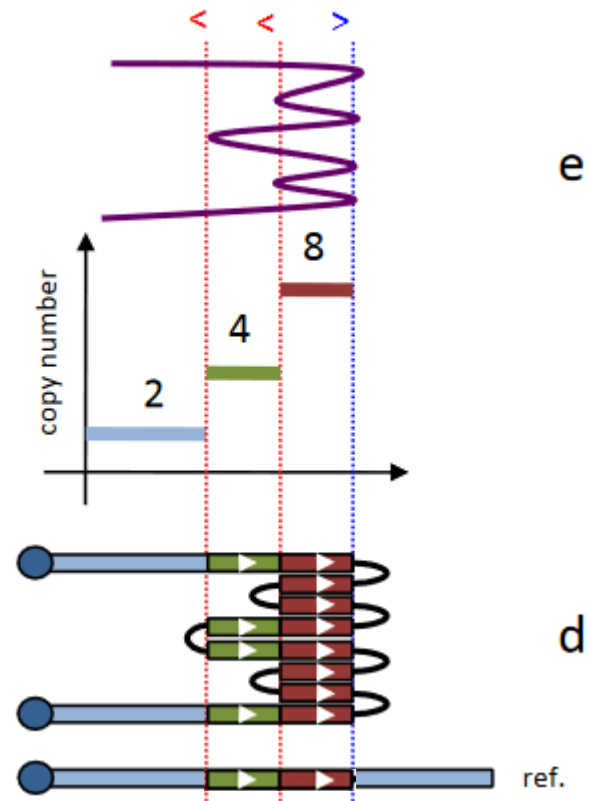
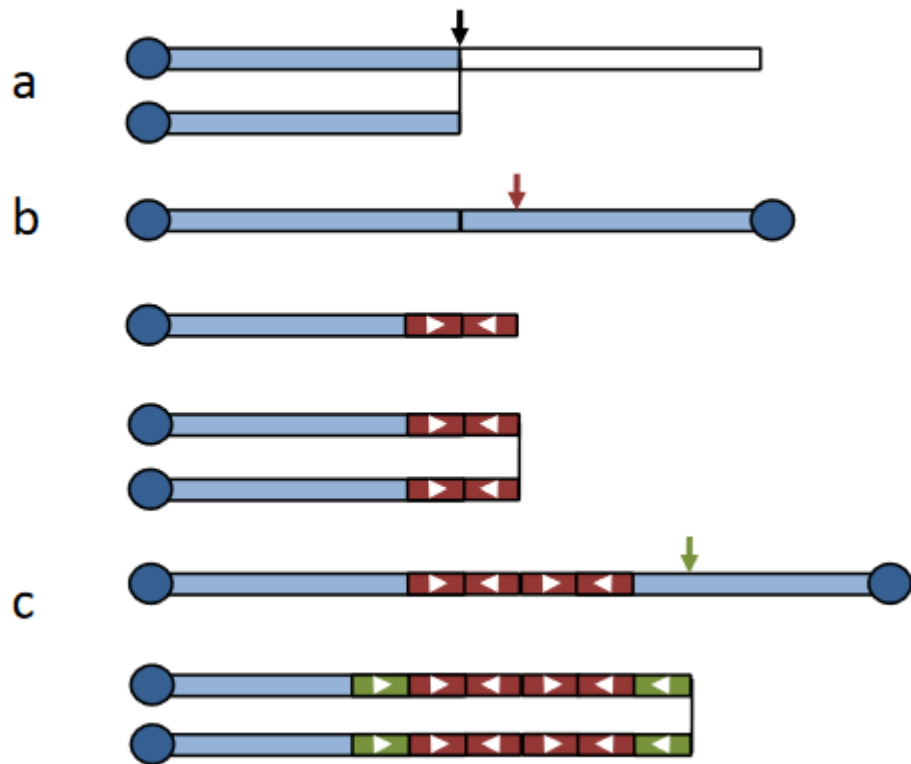
c

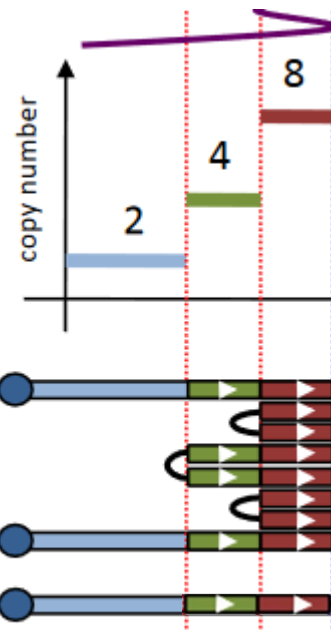
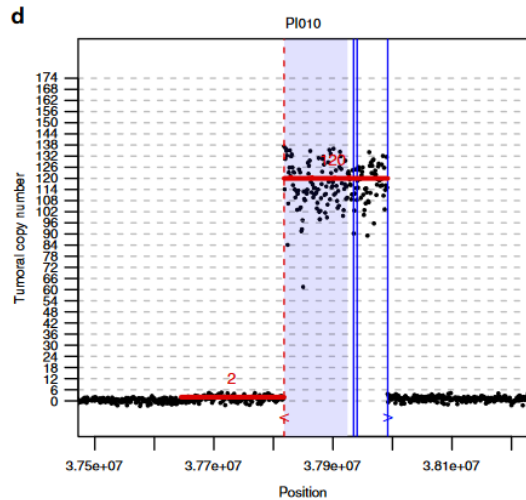
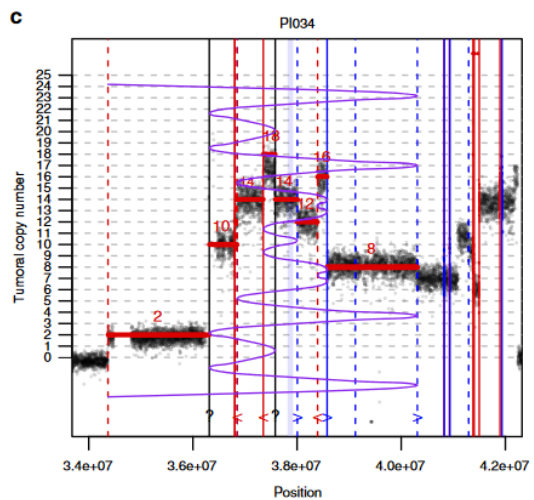
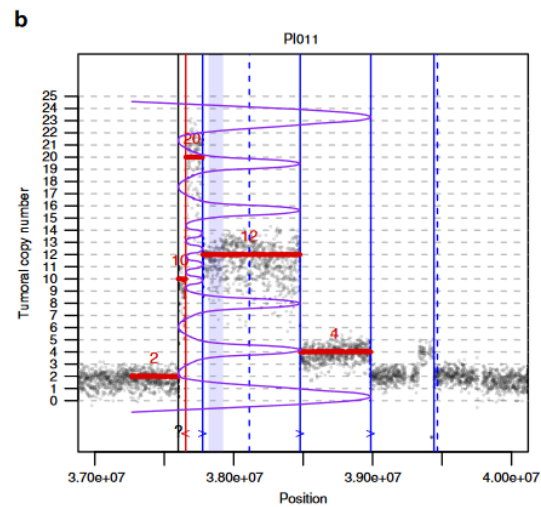
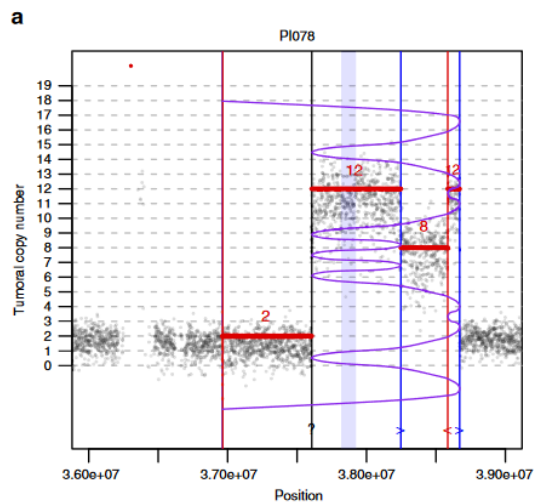


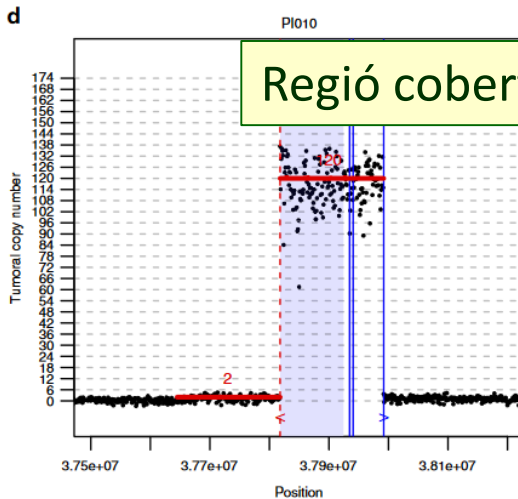
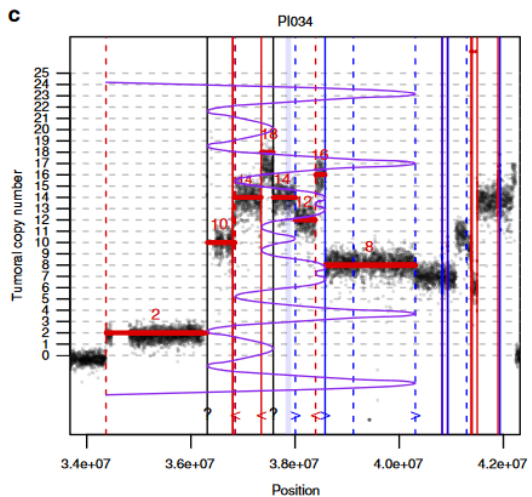
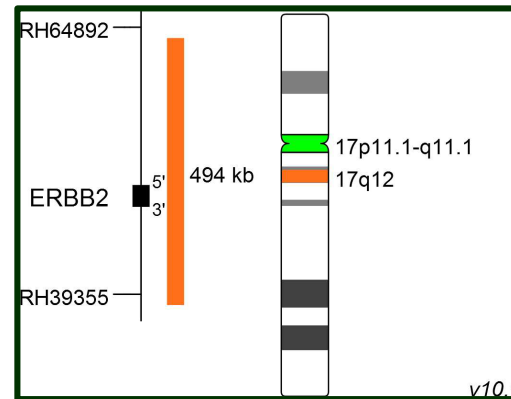
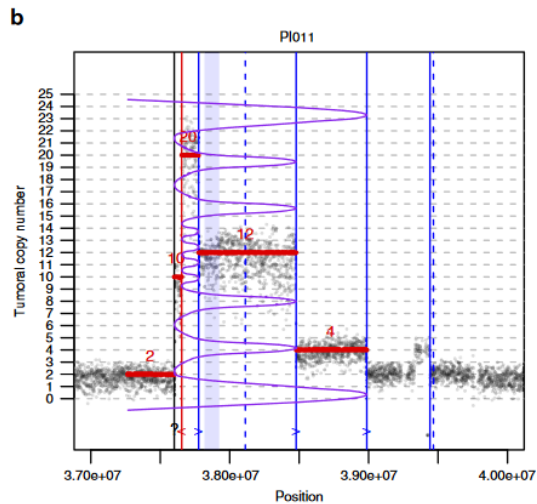
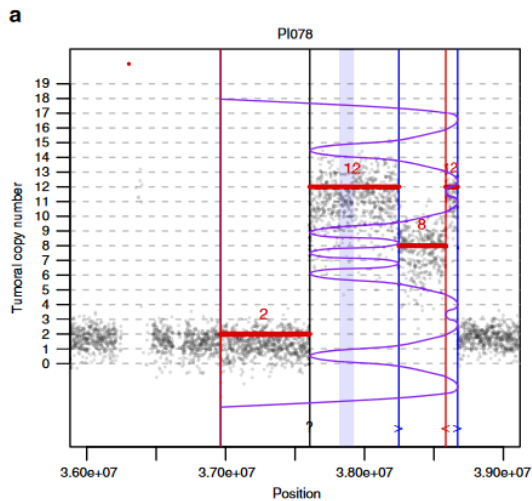
Genetically heterogeneous  
for *HER2* amplification  
(scattered amplified cells)



Genetically heterogeneous for  
*HER2* amplification  
(amplified cluster)

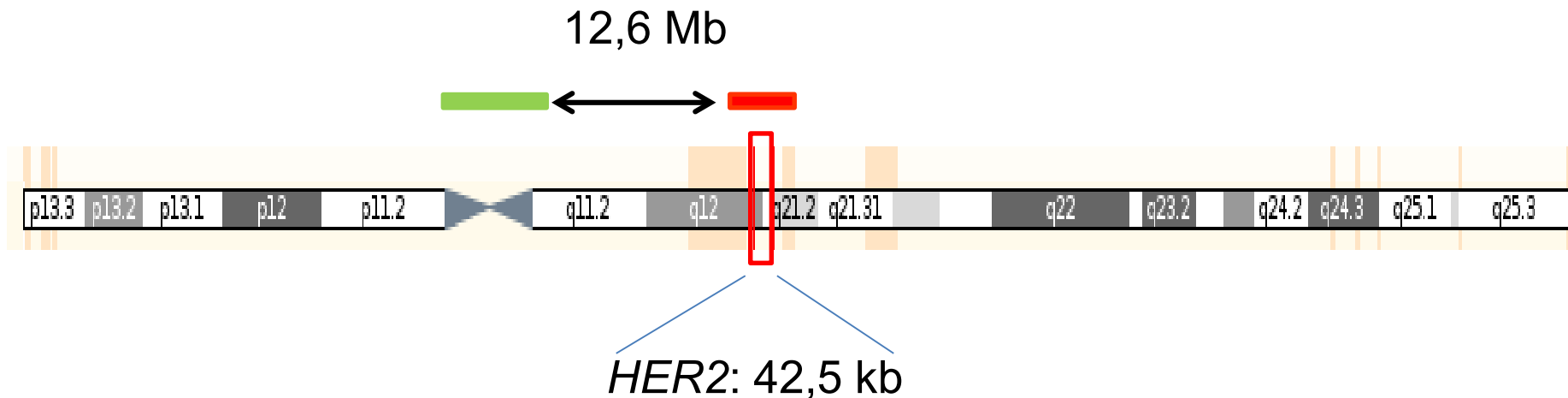






Regió coberta per sonda *HER2*: 226-740 kb

# Amplicó *HER2* : 0,1 Mb-14,1 Mb (promig 1,4 Mb)

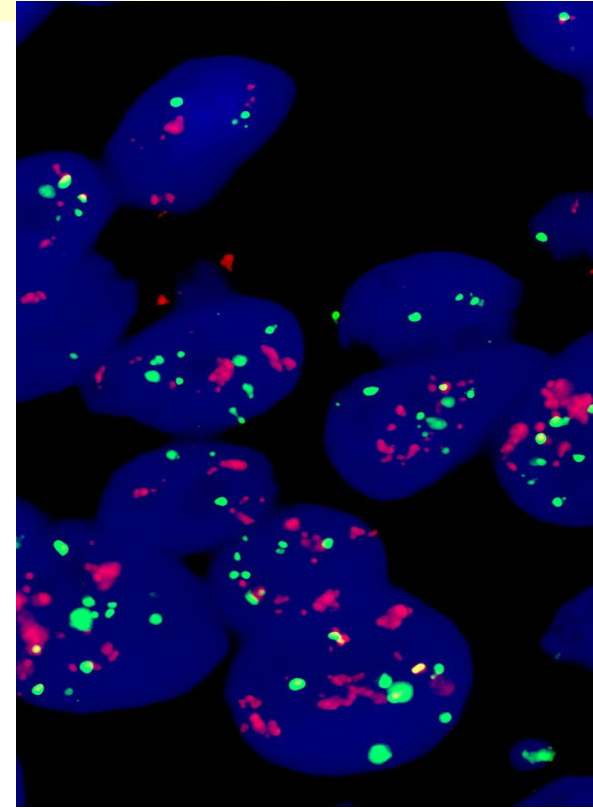
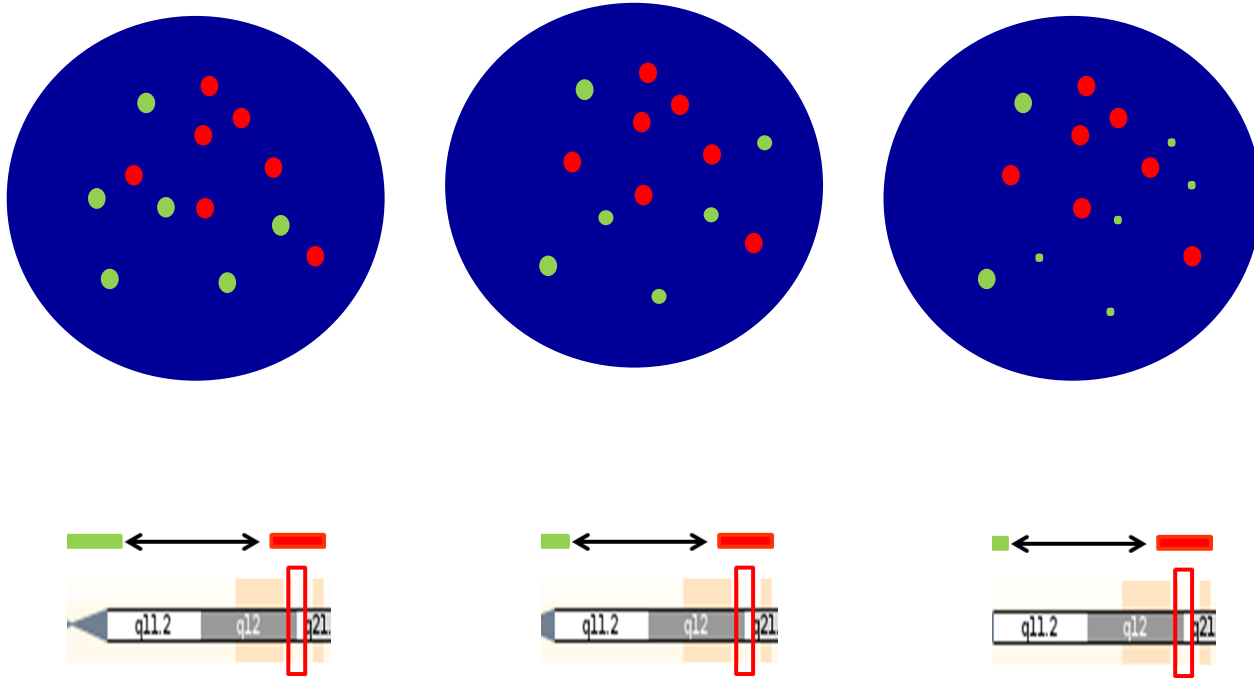


**MRA (minimal region of amplification): 105 kb**

Inclou altres gens (*TCAP*, *PMNT*, *PGAP3*, *ERBB2*, *MEN1*, *GRB7*)

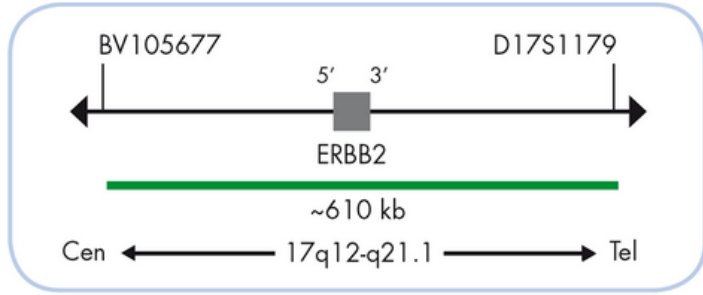


# Coamplificació



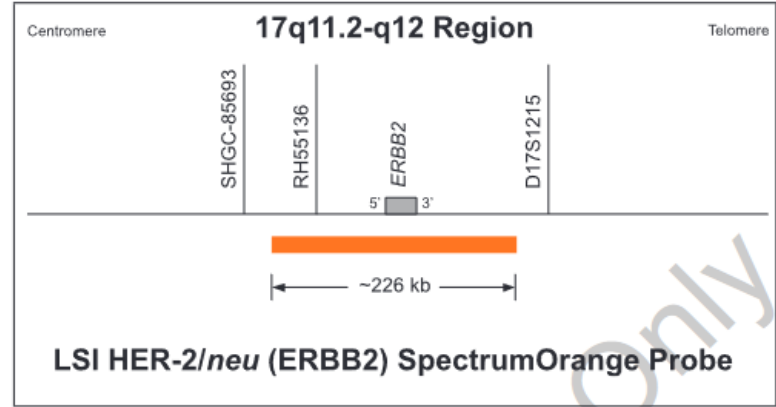
Fals negatiu si només considerem la ratio

# ZytoVision

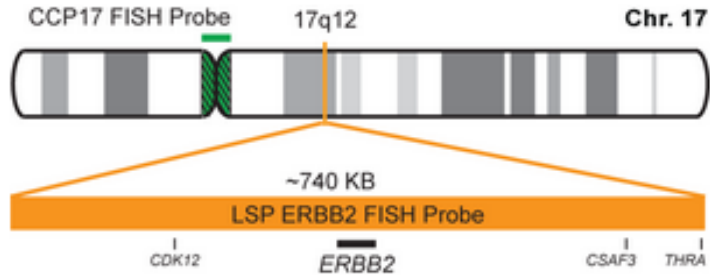


*SPEC ERBB2 Probe map (not to scale).*

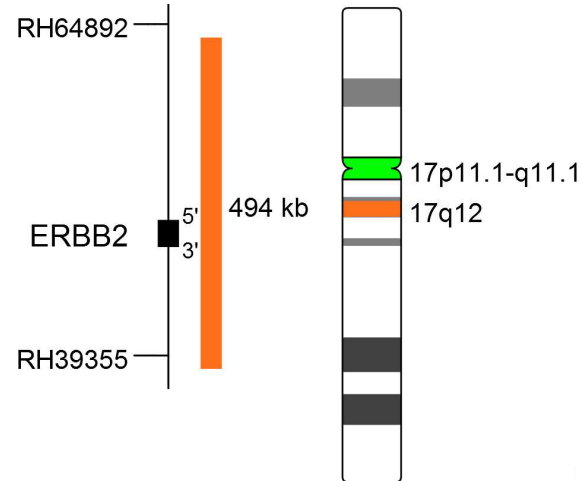
# Vysis



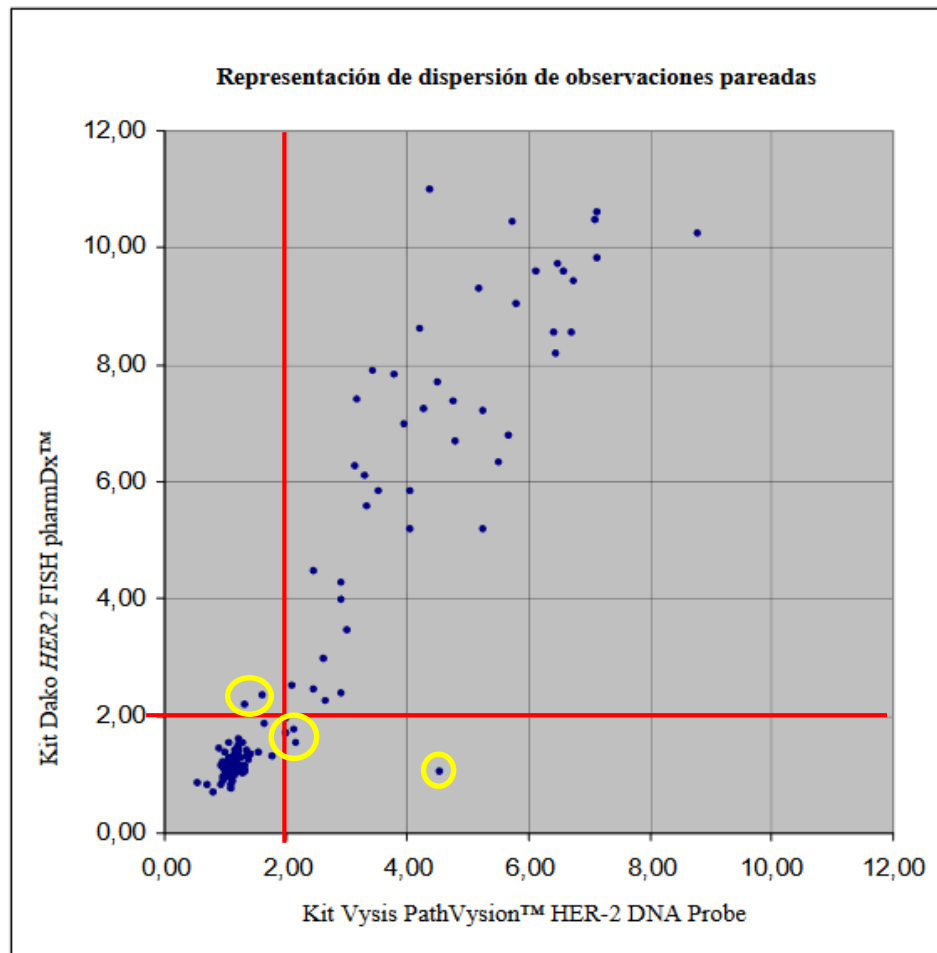
**LSI HER-2/neu (ERBB2) SpectrumOrange Probe**



# CytoTest



# MetaSystems



# How Do You Tell Whether a Breast Cancer is HER2 Positive? Ongoing Studies Keep Debate in High Gear

By Charlie Schmidt

“This is biology, not chemistry or physics, so there’s going to be some variation and cases where you’re on the **margins** with respect to making a decision. It’s up to clinicians and pathologists to interpret these cases as accurately as possible, but there will always be some judgement involved”

**MOLTES  
GRÀCIES PER  
LA VOSTRA  
ATENCIÓ!**

