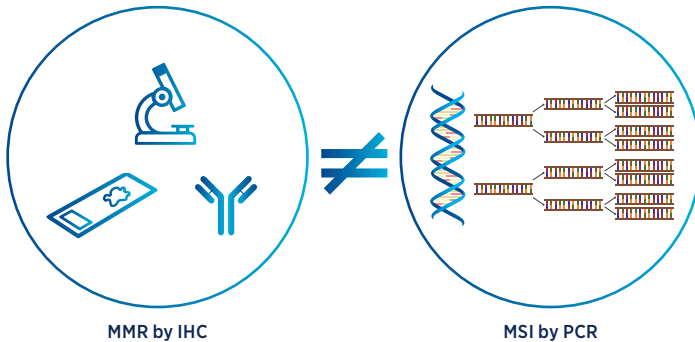


# MSI TESTING IHC STAINING VERSUS MOLECULAR PCR TESTING



THINK IDYLLA™  
BECAUSE TIME MATTERS

# IHC STAINING VERSUS MOLECULAR PCR TESTING



**MSI testing by PCR and MMR assessment by IHC provide fundamentally different insights into tumor samples.**

**Immunohistochemistry (IHC) evaluates the presence or absence of mismatch repair (MMR) protein expression;** however, detectable protein expression does not necessarily indicate intact MMR function. Approximately 5–10% of tumors with impaired MMR function retain MMR protein expression, potentially leading to false-negative dMMR results.

Microsatellite instability (MSI) testing by PCR detects DNA changes caused by defective mismatch repair. Unlike IHC, MSI provides a functional assessment of MMR activity, identifying deficiencies even when the proteins stain positive but are non-functional.<sup>1</sup>

# MSI TESTING IS RECOMMENDED FOR VARIOUS APPLICATIONS

## GUIDELINES ON MSI TESTING FOR LYNCH

In international guidelines **both MMR by IHC and/or MSI by PCR are recommended** methods for pre-screening.<sup>2</sup>

The **decision** about which screening method to be used depends primarily on the **availability of resources** and **expertise of the lab**.

## ESMO RECOMMENDATION FOR CO-TESTING IN METASTATIC COLORECTAL CANCER FOR IMMUNOTHERAPY INDICATION

**ESMO recommends combining both tests** to assess the eligibility to treatment with immune checkpoint inhibitors of mCRC and other cancers of the lynch syndrome spectrum.<sup>3,4</sup>

# IHC LACKS STANDARDIZATION WITH POTENTIAL IMPACT ON PERFORMANCE

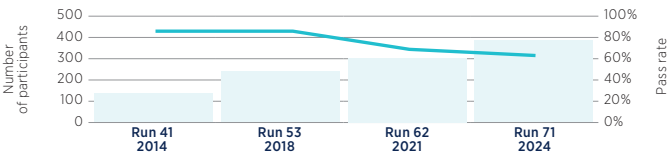
## IHC REPORTING CHALLENGES

- Subjective interpretation<sup>5,6</sup>
- Molecular confirmation needed for equivocal cases
- No consensus on staining cut-off<sup>7</sup> criteria
- MMR gene mutations may result in impaired functional activity without absence of MMR protein staining<sup>8</sup>

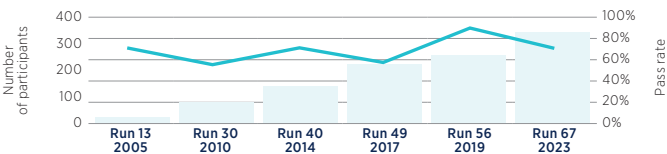
# IHC WORKFLOW CHALLENGES

- Wide variability of antibody performance<sup>9</sup>

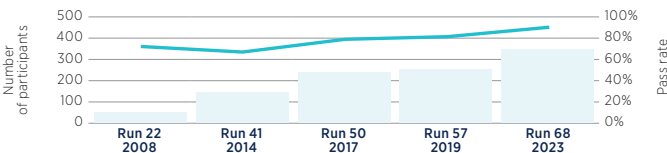
Proportion of sufficient results for PMS2 in the four NordiQC runs performed<sup>10</sup>



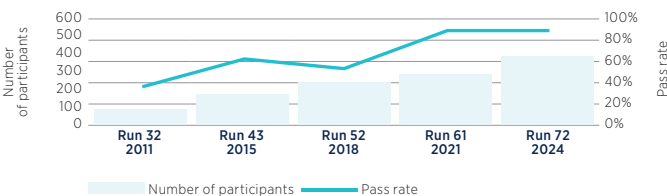
Proportion of sufficient results for MLH1 in the six NordiQC runs performed<sup>11</sup>



Proportion of sufficient results for MSH2 in the five NordiQC runs performed<sup>12</sup>



Proportion of sufficient results for MSH6 in the five NordiQC runs performed<sup>13</sup>



- The recommendation to use four MMR antibodies is not yet widely adopted
- Wide variation in protocol parameters (e.g., antibody dilution and incubation times)
- The use of less sensitive detection systems<sup>12</sup>

# IDYLLA™ MSI TEST ENSURES OPTIMAL DIAGNOSTIC RESULTS

Standardized, fully automated Idylla™ MSI testing overcomes the barriers of traditional PCR and IHC testing.

Features	IHC	Traditional PCR*	Idylla™ MSI
Identification of defective protein	✓	-	-
Detection of genomic instability	-	✓	✓
Results within 2.5 hours	✓	-	✓
Limited hands-on time	-	-	✓
No batching needed	✓	-	✓
MSI testing in any laboratory setting	✓	-	✓
Standardized	-	-	✓
IVD from tissue to result	-	-	✓
IVDR-compliant	✓	-	✓
Only 1 FFPE tissue section needed**	-	-	✓
No need for paired normal tissue sample	✓	-	✓
No need for external controls	-	-	✓
Fully automated sample-to-result	-	-	✓
Contamination control	-	-	✓
Objective result interpretation	-	-	✓

\*PCR-based fragment-sizing test

\*\*≥20% neoplastic cells and more than 25 mm² 10 µm tissue area

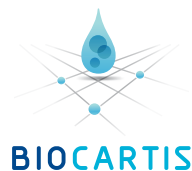


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