

CAP ID # 7186701

CLIA ID # 99D1030993

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SAMPLE REPORT

Clinical:

58 y.o. female with h/o ovarian cancer diagnosed in 04/30/02. S/p chemotherapy with taxotel, carboplatin, vincristine, cytoxan, topotecan. Last chemo on 06/14/2004.

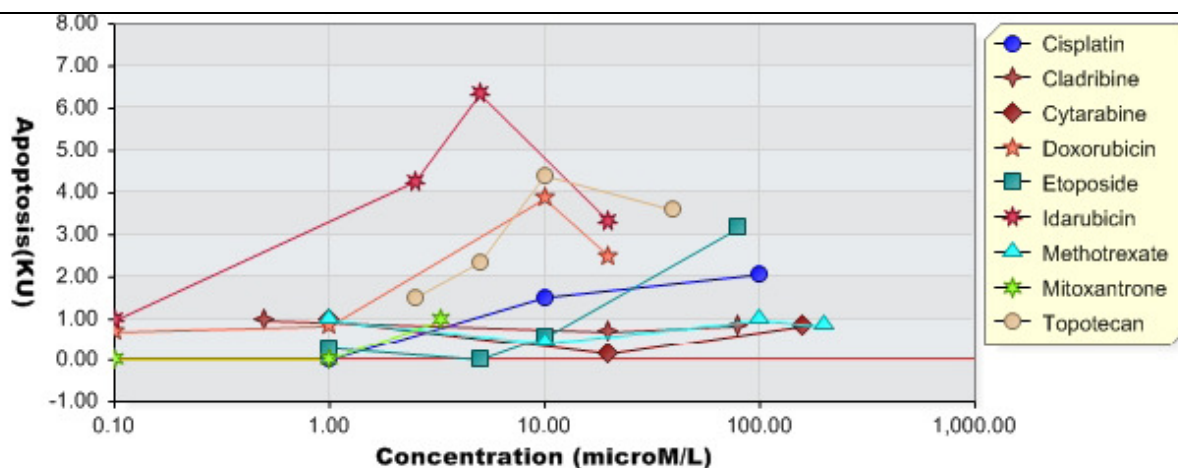
INTERPRETATION:

Peritoneal fluid:

1. A population of cells with morphologic and immunophenotypic features consistent with an epithelial neoplasm is identified (see comment).
2. In the MiCK assay, Idarubicin was the most effective and most potent agent in inducing apoptotic death in tested cells (see comment).
3. Responses to Doxorubicin, Cisplatin, and Etoposide were consistent with variable levels of sensitivity of the tested cells to these compounds (see comment).

Maximum Apoptotic Response (Kinetic Units):

Idarubicin	Topotecan	Doxorubicin	Etoposide	Cisplatin	Cladribine	Cytarabine	Methotrexate	Mitoxantrone
6.33	4.40	3.85	3.16	2.06	0.96	0.96	0.96	0.96



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COMMENT:

Approximately 800 mL peritoneal fluid specimen received in the lab. The specimen contained viable cells and tissue fragments and was sufficient for the study. Wright stained cytopsin preparations of the peritoneal fluid showed clusters of coherent, medium sized cells with nuclear molding intermixed with lymphocytes, macrophages, mesothelial cells and fibroblasts. Immunophenotyping by flow cytometry detected the presence of CD45-negative cells expressing EpCam. In appropriate clinical settings, these findings would be consistent with involvement by a neoplasm of epithelial origin.

Neoplastic cells in clusters were purified and tested for their sensitivity to multiple doses of Cisplatin, Doxorubicin, Mitoxantrone, Topotecan, Etoposide, Idarubicin, Methotrexate, Cytarabine, and Cladribine as single agents (see chart above).

In the MiCK assay, Idarubicin induced the highest extent of apoptosis in the tested cells. The pattern of the response to Idarubicin confirms this agent to be both most effective and most potent in killing the tested patient's cells via apoptosis. Maximum apoptosis was seen at 5 microM Idarubicin and declined at a higher dose. Responses to Topotecan, Doxorubicin, Cisplatin, and Etoposide, were consistent with variable levels of sensitivity of the tested cells to these agents. Cytarabine, Methotrexate, Mitoxantrone, and Cladribine did not induce significant apoptosis in the tested cells. A table in the "Interpretation" section shows maximal apoptotic responses achieved with each agent.

In conclusion, if single agent chemotherapy of this patient is clinically indicated, the results of this study would justify the use of Idarubicin as the most effective among tested drugs in killing the patient's neoplastic cells via apoptosis.

Doctor was contacted regarding the results of the study on 00/00/0000.

MICROSCOPIC/IMMUNOPHENOTYPIC STUDIES:

The report was faxed to Doctor on 00/00/0000.

Attending Pathologist
Phone: 123-456-7890

Electronically signed on 00/00/0000

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The pathologist's signature on this report indicates that the case was personally reviewed and the findings confirmed by the attending pathologist. This test was performed at DiaTech Clinical Pathology Laboratory. This laboratory is certified under CAP and CLIA-88 and is qualified to perform high complexity clinical testings. The MiCK assay measures drug induced apoptosis and its performance characteristics were determined at Vanderbilt University and at DiaTech Oncology. Clinical use of the MiCK assay is based on a statistically significant increase in CR rate and overall survival of AML patients whose treatment protocol included a drug to which the patient's tumor cells were sensitive in the assay. When used with solid tumors, the MiCK assay is expected to identify drugs most effective in killing patient's tumor cells by apoptosis. This test has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such approval was not required.