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Survey of Immunohistochemistry (IHC) Validation Practices and Procedures

The College of American Pathologists (CAP) Pathology Laboratory Quality Center: Cooperative Agreement with Centers for Disease Control and Prevention (CDC) Post Survey from CAP Proficiency Testing Mailing HER2B-2010 and "Principles of Analytic Validation of Immunohistochemical Assays" Evidence-Based Guideline 2014

Introduction

The CAP is collaborating with the CDC on a cooperative agreement, "Improving the Impact of Laboratory Practice Guidelines: A New Paradigm for Metrics." We invite your laboratory to assist our goal of examining the current state of IHC validation practices and procedures by completing this important follow-up survey to the original one sent in the 2010 HER2-B mailing. Your participation is completely voluntary and we appreciate your time which is estimated to take 20 minutes for completion. We recommend that you have your current laboratory procedures available. Your responses will remain anonymous. All information collected in this survey will be kept in a secure manner. No individual answers will be shared with the CDC. Your CAP number will connect your survey answers to demographic data on file and will ensure that only one response per laboratory is received. The CAP and the CDC will publish the post-survey overall results as part of the cooperative agreement. If you have any questions, please email center@cap.org.

Validation of nonwaived test systems is mandated by Clinical Laboratory Improvement Amendments of 1988 (CLIA 88). Since the introduction of immunohistochemistry, this test has been used as an adjunct to morphologic diagnosis and has not been subject to rigorous quality control and quality assurance measures.

Recently, with the introduction of prognostic and therapeutic Food and Drug Administration (FDA)-approved IHC tests (eg, HER2) and the 2013 publication, "Principles of Analytic Validation of IHC Assays,"¹ the field is being provided with more precise and consistent test procedures in validation.

Please note that this survey does not apply to HER2 or the ER and PgR assays as separate guidelines for those markers have already been established. A list of terms and definitions are included below:

TERM	DEFINITION
Analytic Validity	A test's ability to accurately measure the analyte of interest.
Clinical Validity	A test's ability to detect or predict a disorder, a prognostic risk, or likelihood of treatment response.
Predictive Marker	A stand-alone test that provides information on likely response to a given therapy and may directly determine therapy (eg, CD20, CD117).
Non-Predictive Marker	A test usually done as part of a panel and interpreted only in the context of other morphologic and clinical data.
Laboratory developed test (LDT)	A test developed within a clinical laboratory that is performed by the laboratory in which the test was developed and is neither FDA-cleared nor approved.
Laboratory modified test (LMT)	An FDA-cleared or approved test that is modified by a clinical laboratory. Modified means any change to the assay that could affect its performance specifications for sensitivity, specificity, accuracy, or precision, etc. Such modifications include but are not limited to: <ul style="list-style-type: none"> • Changes in specimen handling; • Changes in incubation times or temperatures; • Changes in specimen or reagent dilution; • Change in antibody; • Change or elimination of a procedural step; • Change in antigen detection system; • Change in scoring for semi-quantitative assays.
Validation	A defined process by which a laboratory confirms that a laboratory-developed or modified test performs as intended or claimed.
Verification	The process by which a laboratory determines that a FDA-cleared or approved assay performs according to the recommendations set forth by the manufacturer.

¹ Fitzgibbons PL, Bradley LA, Fatheree LA, et al. Principles of analytic validation of immunohistochemical assays: Guideline from the College of American Pathologists Pathology and Laboratory Quality Center. Arch Pathol Lab Med. 2014;138(11):1432-1443.





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Section I: IHC Validation Procedures

The following questions pertain to all IHC assays other than HER2, ER and PgR.

1. Does your laboratory perform IHC staining?
 129 Yes
 130 No, we only do interpretation (STOP HERE. Thank you for your response.)

2. Does your laboratory have separate written procedures for validation of IHC predictive and non-predictive markers?
 129 Yes
 130 No
 503 Unsure

3. Does your laboratory have a written procedure that outlines the steps needed for analytic validation of new IHC assays?
 657 Yes, for predictive markers only (other than HER2, ER, and PgR)
 658 Yes, for non-predictive markers only
 659 Yes, for both predictive and non-predictive markers
 130 No (Skip to question 10.)
 503 Unsure (Skip to question 10.)

4. Does the written procedure include specification for verifying unmodified FDA-approved assays?
 129 Yes
 130 No
 259 Not applicable; we don't have FDA-approved or cleared IHC assays
 503 Unsure

5. Does the written procedure include specification for validation of LDT or LMT assays?
 660 Yes, for predictive LDTs or LMTs only (other than HER2, ER and PgR)
 661 Yes, for non-predictive LDTs or LMTs only
 662 Yes, for both predictive and non-predictive LDTs or LMTs
 130 No
 259 Not applicable; we do not create LDTs or LMTs
 503 Unsure

6. Does the written procedure include any specifications for validating IHC tests performed on cytologic specimens (eg, alcohol fixed cell blocks, smears, cytospins)?
 657 Yes, for predictive markers only
 658 Yes, for non-predictive markers only
 659 Yes, for both predictive and non-predictive markers
 130 No
 259 Not applicable; we do not perform IHC tests on cytology specimens
 503 Unsure





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Section I: IHC Validation Procedures, cont'd

7. Does the written procedure include any specifications for validating IHC tests performed on decalcified specimens?
- ⁰¹⁰ 657 Yes, for predictive markers only
 - 658 Yes, for non-predictive markers only
 - 659 Yes, for both predictive and non-predictive markers
 - 130 No
 - 259 Not applicable; we do not perform IHC tests on decalcified specimens
 - 503 Unsure

Section II: Documentation Procedures

8. Please answer the following in regards to validation of new IHC antibody assays in your laboratory. If your laboratory does not have separate procedures, please complete Table A only.

Table A

When validating a new non-FDA approved, <u>non-predictive</u> IHC assay (eg, cytokeratin, S100, CD45), does your laboratory... <u>OR</u> complete if there is only one procedure in your laboratory for both non-predictive and predictive IHC assays.			
	Yes	No	Unsure/Not applicable
Test a specified minimum number of cases?	⁰²⁰ <input type="radio"/> 129 ----- Total number: ⁰³⁰ <input type="text"/> <input type="text"/> .	<input type="radio"/> 130	<input type="radio"/> 663
Include specified numbers of positive and negative cases in the validation set?	⁰⁴⁰ <input type="radio"/> 129 ----- Positive number: ⁰⁵⁰ <input type="text"/> <input type="text"/> . Negative number: ⁰⁶⁰ <input type="text"/> <input type="text"/> .	<input type="radio"/> 130	<input type="radio"/> 663
Require minimum positive and negative concordance rates?	⁰⁷⁰ <input type="radio"/> 129 ----- Positive rate: ⁰⁸⁰ <input type="text"/> <input type="text"/> <input type="text"/> . % Negative rate: ⁰⁹⁰ <input type="text"/> <input type="text"/> <input type="text"/> . %	<input type="radio"/> 130	<input type="radio"/> 663
Require a minimum overall concordance rate?	¹⁰⁰ <input type="radio"/> 129 ----- Overall rate: ¹¹⁰ <input type="text"/> <input type="text"/> <input type="text"/> . %	<input type="radio"/> 130	<input type="radio"/> 663





Results must be received at the CAP no later than midnight, Central Time by the due date below:

Section II: Documentation Procedures, cont'd

8. Continued from previous page.

Table B

When validating a new non-FDA approved <u>predictive marker</u> IHC assay other than HER2, ER/PgR (eg, CD20), does your laboratory...			
	Yes	No	Unsure/Not applicable
Test a specified minimum number of cases?	⁰¹⁰ <input type="radio"/> 129 ----- Total number: ⁰²⁰ <input type="text"/> <input type="text"/> .	<input type="radio"/> 130	<input type="radio"/> 663
Include specified numbers of positive and negative cases in the validation set?	⁰³⁰ <input type="radio"/> 129 ----- Positive number: ⁰⁴⁰ <input type="text"/> <input type="text"/> . Negative number: ⁰⁵⁰ <input type="text"/> <input type="text"/> .	<input type="radio"/> 130	<input type="radio"/> 663
Require minimum positive and negative concordance rates?	⁰⁶⁰ <input type="radio"/> 129 ----- Positive rate: ⁰⁷⁰ <input type="text"/> <input type="text"/> <input type="text"/> . % Negative rate: ⁰⁸⁰ <input type="text"/> <input type="text"/> <input type="text"/> . %	<input type="radio"/> 130	<input type="radio"/> 663
Require a minimum overall concordance rate?	⁰⁹⁰ <input type="radio"/> 129 ----- Overall rate: ¹⁰⁰ <input type="text"/> <input type="text"/> <input type="text"/> . %	<input type="radio"/> 130	<input type="radio"/> 663

9. Does your laboratory document validations and verifications of IHC assays?

- ¹¹⁰ 664 Yes, always
- 665 Yes, sometimes
- 130 No
- 503 Unsure





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Section III: Re-Validation Procedures

10. For an existing validated IHC assay, does your laboratory have a written procedure that specifies when to reassess an assay when there are changes in the conditions of testing to ensure it performs as expected?
- 010 657 Yes, for predictive markers only (other than HER2, ER and PgR) 130 No (Skip to question 12.)
 658 Yes, for non-predictive markers only 503 Unsure (Skip to question 12.)
 659 Yes, for both predictive and non-predictive markers
11. Please answer the following in regards to re-validation of existing IHC antibody assays in your laboratory. If your laboratory does not have separate procedures, please complete Table A only.

Table A

Are the following changes explicitly specified when re-validating non-FDA approved, <u>non-predictive</u> IHC assays (eg, cytokeratin, S100, CD45)? <u>OR</u> complete if there is only one procedure in your laboratory for non-predictive and predictive assays.				<u>*If yes, please provide case information.</u>		
	Yes*	No	Unsure	No.** of cases specified	No.** of cases variable and set by Laboratory Director	No.** of cases not specified
Introduction of a new lot of antibody	020 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	030 <input type="text"/> <input type="text"/> .	040 <input type="radio"/> 666	<input type="radio"/> 667
Change in antibody dilution	050 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	060 <input type="text"/> <input type="text"/> .	070 <input type="radio"/> 666	<input type="radio"/> 667
Change in antibody vendor (same clone)	080 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	090 <input type="text"/> <input type="text"/> .	100 <input type="radio"/> 666	<input type="radio"/> 667
Change in antibody clone	110 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	120 <input type="text"/> <input type="text"/> .	130 <input type="radio"/> 666	<input type="radio"/> 667
Introduction or change in antigen retrieval method	140 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	150 <input type="text"/> <input type="text"/> .	160 <input type="radio"/> 666	<input type="radio"/> 667
Change in incubation or retrieval times (same method)	170 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	180 <input type="text"/> <input type="text"/> .	190 <input type="radio"/> 666	<input type="radio"/> 667
Change in antigen detection system	200 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	210 <input type="text"/> <input type="text"/> .	220 <input type="radio"/> 666	<input type="radio"/> 667
Change in fixative type	230 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	240 <input type="text"/> <input type="text"/> .	250 <input type="radio"/> 666	<input type="radio"/> 667
Change in tissue processing equipment	260 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	270 <input type="text"/> <input type="text"/> .	280 <input type="radio"/> 666	<input type="radio"/> 667
Change in testing equipment	290 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	300 <input type="text"/> <input type="text"/> .	310 <input type="radio"/> 666	<input type="radio"/> 667
Change in environmental conditions (eg, laboratory relocation)	320 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	330 <input type="text"/> <input type="text"/> .	340 <input type="radio"/> 666	<input type="radio"/> 667
Change in water supply	350 <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	360 <input type="text"/> <input type="text"/> .	370 <input type="radio"/> 666	<input type="radio"/> 667

**No. of cases refers to typical minimum number cases required to test in validation set.





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Section III: Re-Validation Procedures, cont'd

11. Continued from previous page.

Table B

Are the following changes explicitly specified when re-validating non-FDA approved <u>predictive marker</u> IHC assays other than HER2, ER/PgR (eg, CD20)?						
	Yes*	No	Unsure	<u>*If yes, please provide case information.</u>		
				No.** of cases specified	No.** of cases variable and set by Laboratory Director	No.** of cases not specified
Introduction of a new lot of antibody	⁰¹⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	⁰²⁰ <input type="text"/> <input type="text"/> .	⁰³⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in antibody dilution	⁰⁴⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	⁰⁵⁰ <input type="text"/> <input type="text"/> .	⁰⁶⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in antibody vendor (same clone)	⁰⁷⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	⁰⁸⁰ <input type="text"/> <input type="text"/> .	⁰⁹⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in antibody clone	¹⁰⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	¹¹⁰ <input type="text"/> <input type="text"/> .	¹²⁰ <input type="radio"/> 666	<input type="radio"/> 667
Introduction or change in antigen retrieval method	¹³⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	¹⁴⁰ <input type="text"/> <input type="text"/> .	¹⁵⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in incubation or retrieval times (same method)	¹⁶⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	¹⁷⁰ <input type="text"/> <input type="text"/> .	¹⁸⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in antigen detection system	¹⁹⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	²⁰⁰ <input type="text"/> <input type="text"/> .	²¹⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in fixative type	²²⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	²³⁰ <input type="text"/> <input type="text"/> .	²⁴⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in tissue processing equipment	²⁵⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	²⁶⁰ <input type="text"/> <input type="text"/> .	²⁷⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in testing equipment	²⁸⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	²⁹⁰ <input type="text"/> <input type="text"/> .	³⁰⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in environmental conditions (eg, laboratory relocation)	³¹⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	³²⁰ <input type="text"/> <input type="text"/> .	³³⁰ <input type="radio"/> 666	<input type="radio"/> 667
Change in water supply	³⁴⁰ <input type="radio"/> 129	<input type="radio"/> 130	<input type="radio"/> 503	³⁵⁰ <input type="text"/> <input type="text"/> .	³⁶⁰ <input type="radio"/> 666	<input type="radio"/> 667

**No. of cases refers to typical minimum number cases required to test in validation set.





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Section IV: General IHC Laboratory Data

Please answer the following questions with respect to ALL IHC assays currently in use.

12. What is the total number of antibodies in use in your IHC laboratory?

010 .

13. What was the total number of new antibodies introduced into your laboratory during 2014?

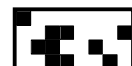
020 .

14. What was the total number of surgical pathology accessions in your laboratory during 2014?

030 .

15. Please provide the following information on the *most* recent IHC assay that your laboratory newly placed into clinical service.

Year introduced	040 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	050 <input type="radio"/> 503 Unsure
Name of antibody	060 _____	070 <input type="radio"/> 503 Unsure
Was a validation study performed for this antibody assay?	080 <input type="radio"/> 129 Yes <input type="radio"/> 130 No	<input type="radio"/> 503 Unsure
*If yes, please provide the following information.		
Total number of cases included in the validation set	090 <input type="text"/> <input type="text"/> .	100 <input type="radio"/> 503 Unsure
Number of known positives cases tested	110 <input type="text"/> <input type="text"/> .	120 <input type="radio"/> 503 Unsure
Positive concordance rate	130 <input type="text"/> <input type="text"/> <input type="text"/> .	140 <input type="radio"/> 503 Unsure
Number of known negative cases tested	150 <input type="text"/> <input type="text"/> .	160 <input type="radio"/> 503 Unsure
Negative concordance rate	170 <input type="text"/> <input type="text"/> <input type="text"/> .	180 <input type="radio"/> 503 Unsure
Overall concordance rate	190 <input type="text"/> <input type="text"/> <input type="text"/> .	200 <input type="radio"/> 503 Unsure





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Section IV: General IHC Laboratory Data, cont'd

16. For your *most* recent IHC antibody assay, what primary method of validation did your laboratory use?
- 668 Correlated the new test's results with the morphology and expected results
 - 669 Compared the new test's results with the results of prior testing of the same tissues with a validated assay in the same laboratory
 - 670 Compared the new test's results with the results of testing the same tissue validation set in another laboratory using a validated assay
 - 671 Compared the new test's results with previously validated non-immunohistochemical tests
 - 672 Tested previously graded tissue challenges from a formal proficiency testing program (if available) and compared the results with the graded responses
 - 010 Other, specify: _____⁰²⁰
 - 503 Unsure

Section V: Awareness and Adoption

17. Prior to this survey, were you aware and/or familiar with the CAP "Principles of Analytic Validation of IHC Assays"¹ guideline published in 2014?
- 129 Yes
 - 673 No, however plan to review the guideline within next 6 months (Skip to question 21.)
 - 674 No, and do not plan to review the guideline (Skip to question 21.)
18. What is your current status with adopting the CAP "Principles of Analytic Validation of IHC Assays"¹ guideline recommendations that apply to your laboratory practice?
- 675 Currently adopted all recommendations
 - 676 Adopted some, but not all, recommendations
 - 677 Plan to adopt all or some within the next 6 months
 - 678 Plan to adopt all or some within the next 7-12 months
 - 679 Do not plan to adopt unless they become requirement from accreditation agency
19. How do you currently use (or plan to use) the CAP "Principles of Analytic Validation of IHC Assays"¹ guideline recommendations? (Fill all that apply.)
- 680 Prospectively for newly acquired antibodies for predictive markers
 - 681 Prospectively for newly acquired antibodies for non-predictive markers
 - 682 Prospectively for revalidation situations
 - 683 Retrospectively to revalidate antibodies currently in use
 - 684 Do not plan to use

¹ Fitzgibbons PL, Bradley LA, Fatheree LA, et al. Principles of analytic validation of immunohistochemical assays: Guideline from the College of American Pathologists Pathology and Laboratory Quality Center. Arch Pathol Lab Med. 2014;138(11):1432-1443.





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Section V: Awareness and Adoption, cont'd

20. Please indicate the *most difficult* aspect(s) about adopting the guideline recommendations into your validation process. (Choose up to three responses.)

- 685 Number of cases recommended for predictive assays
- 686 Number of cases recommended for non-predictive assays
- 687 Number of cases available for routine antigens
- 688 Number of cases available for rare antigens
- 689 Achieving 90% concordance
- 690 Incorporating high-low expressors
- 691 Assessing cytology specimens
- 692 Assessing decalcified specimens 100
- 693 Changes in testing conditions (revalidation requirements); specify: _____
- 694 Documentation
- 695 Sufficient time/staff to run validations
- 696 Additional cost/expense 150
- 010 Other, specify: _____
- 650 Not applicable; do not plan to use

Section VI: Additional Information

21. What is your primary role/job title?

- 697 IHC Laboratory Director – MD/DO 170
- 698 IHC Laboratory Director – PhD 180
- 699 IHC Laboratory Director – Other medical credential(s), specify: _____
- 700 Department Chair/Laboratory Medical Director
- 701 Staff pathologist
- 702 IHC section/Histotechnology Supervisor/Manager
- 703 Quality Assurance Manager 190
- 704 Other role/title, specify: _____

22. Please provide any other additional information or comments on IHC validation practices in your laboratory.

200

Thank you for responding to this 2015 IHC Validation Practices and Procedures Survey. Your laboratory may be invited to participate in a focus group.

