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INDIVIDUAL LABORATORY REPORT (ILR) - Lab 1274

SCHEME: LUNG CANCER (NSCLC) [Plasma] **SEASON:** 2023

Case 1		
Assessment Category	**Score[1]**	**Comments (& deductions[2])**
Genotyping	2.00	Correct result reported (0)
Interpretation	1.00	The report should recommend that a tissue biopsy or repeat sample should be sent for testing if possible (0.5) The report should state that it is possible that the levels of circulating tumour DNA in this sample may be too low to detect a potential variant (0.5) The lab proposes a new biopsy but not for retesting EGFR and KRAS.
Patient Identifiers & Clerical Accuracy	1.80	Other deduction (see comments) (0.2) Date of extraction incorrect (2022)

Case 2		
Assessment Category	**Score[1]**	**Comments (& deductions[2])**
Genotyping	2.00	Correct result reported (0)
Interpretation	2.00	All essential interpretative elements provided (0)
Patient Identifiers & Clerical Accuracy	1.80	Other deduction (see comments) (0.2) date of extraction incorrect

Case 3		
Assessment Category	**Score[1]**	**Comments (& deductions[2])**
Genotyping	2.00	Correct result within limitations of the test performed (i.e. assay used does not detect the variant present) (0) There is an EGFR c.2310_2311insGCT p.(Asp_Asn771insGly) variant at 4% VAF in this sample that has not been reported. Using Oncomine Pan-Cancer Cell-Free Assay (Thermo Fisher) Appeal comment: Appeal response: appeal upheld. We are happy that you have determined the root cause of the issue, as also confirmed to us by Thermo Fisher. As such, we have returned the 2 marks in the Genotyping category (it is surprising to us that this clinically actionable variant is not covered in the 'hotspot' file by the manufacturer). However, a 1-mark deduction has been applied in the Interpretation category as the test scope / test limitations provided did not make it clear that this variant could not be detected by the method used i.e. the report should be clearer about exactly what can and cannot be detected.
Interpretation	1.00	Other deduction (see comments) (1) Test scope provided did not make it clear that this variant could not be detected by the method used.
Patient Identifiers & Clerical Accuracy	2.00	All essential patient identifiers present and no significant clerical errors (0)

[1] Maximum score is 2.00
[2] Deductions from the maximum score
[3] Green >= Scheme mean, Orange < Scheme mean, Red Poor performance.
NRS no results submitted. WDS withdrew from scheme

Published: 06 June 2024

General Comments	Thank you for participating in the 2023 EQA scheme; we look forward to your participation in 2024.

Appeal response	
Decision	Upheld
Comments	Please refer to case 3 above. We note that an appeal was also submitted for the PIK3CA testing in breast cancer 2023 EQA scheme; we cannot accept that appeal now as the scheme closed on 8th January 2023. The appeals period for that scheme was 20th November 2023 to 8th December 2023.

SUMMARY OF YOUR PERFORMANCE IN THIS SCHEME

Assessment Category	Performance[3] (mean score)
Genotyping	2.00
Interpretation	1.33
Patient Identifiers & Clerical Accuracy	1.87
Scheme result (SATISFACTORY or POOR)	SATISFACTORY

Report approved and authorised by Simon Patton (06 June 2024) on behalf of EMQN.
Signed:

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