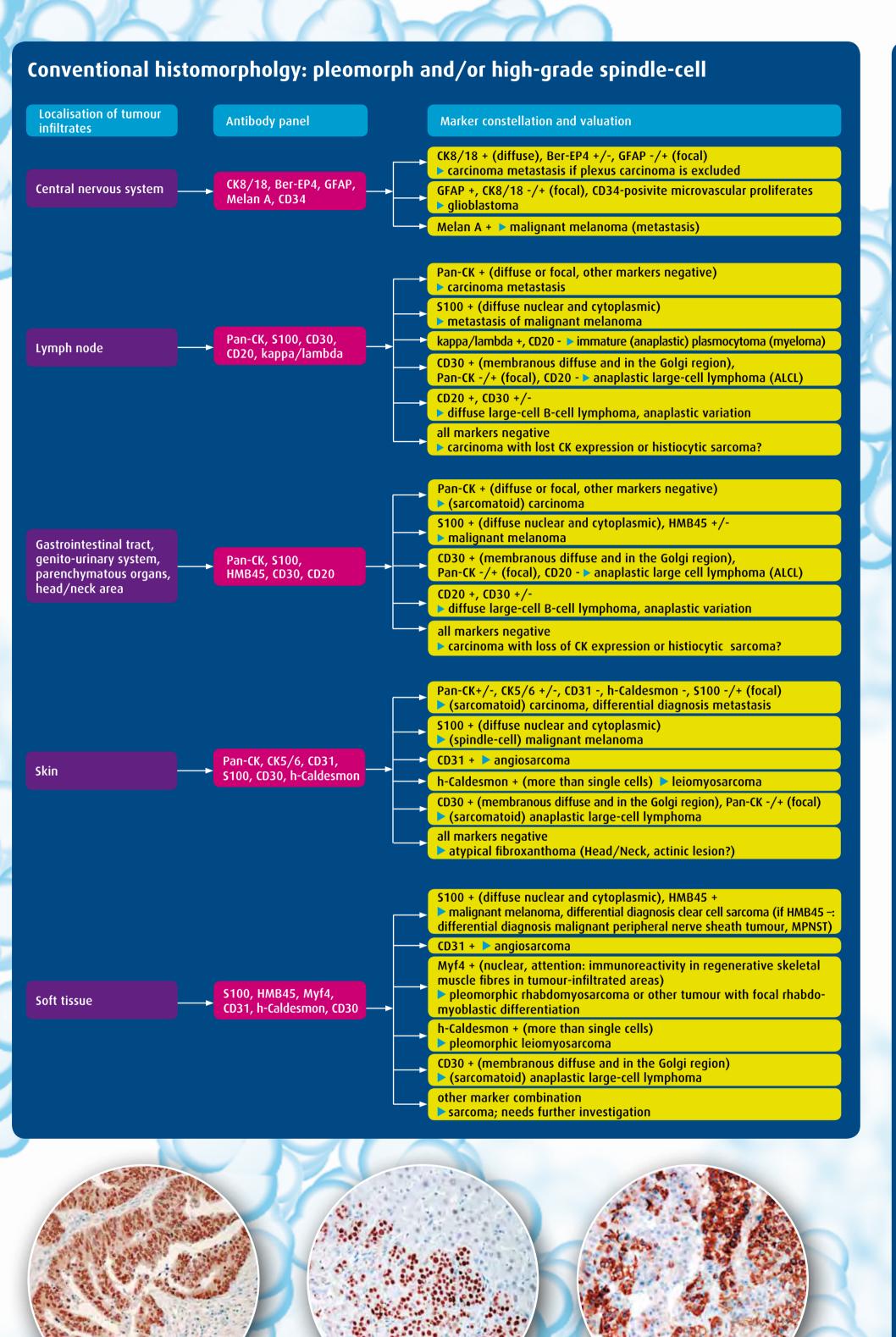
## Efficient immunohistochemical differential diagnosis of undifferentiated neoplasia

Conventional histomorpholgy: epitheliod, intermediate-cell to large-cell



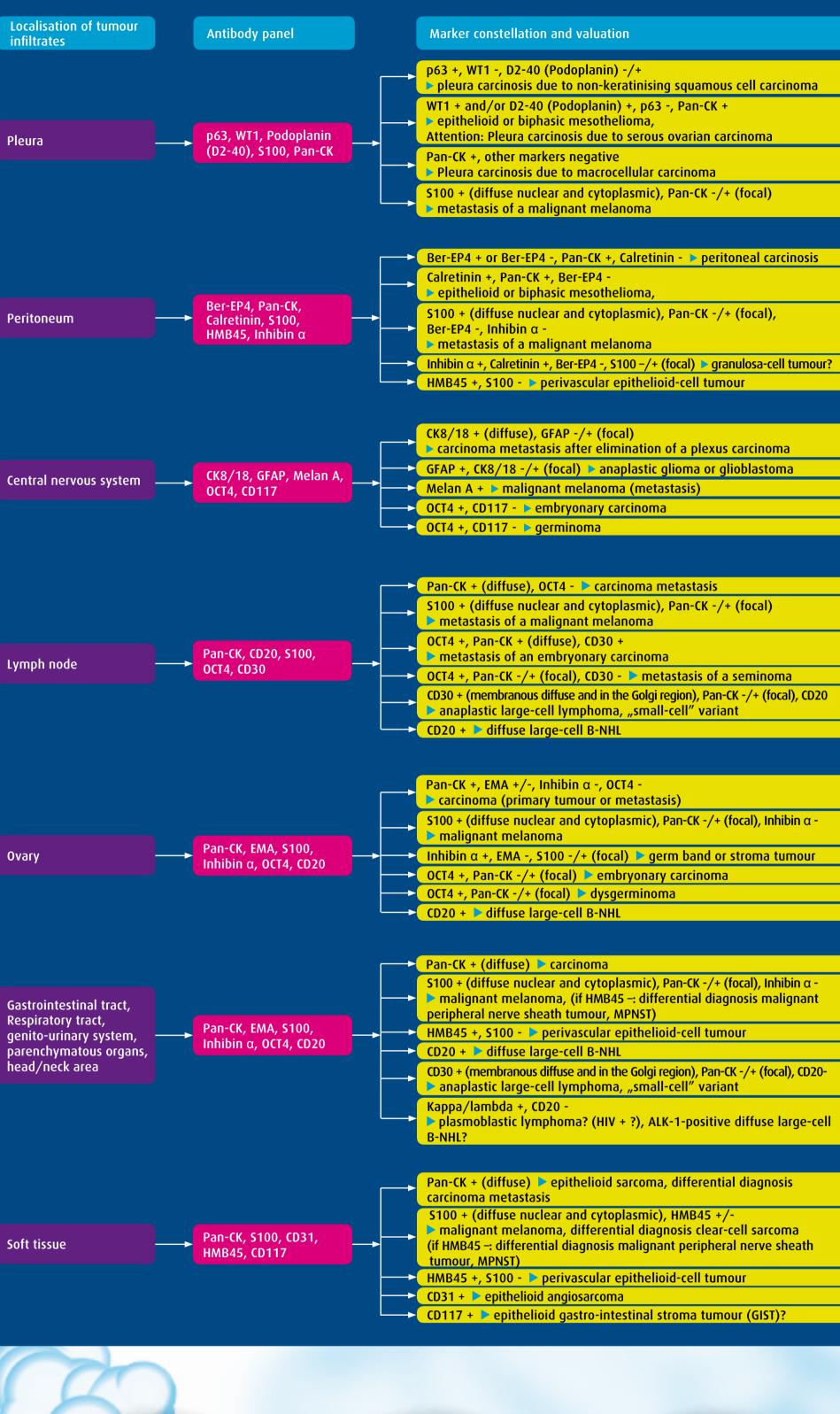
Estrogen Receptor, liver metastasis o

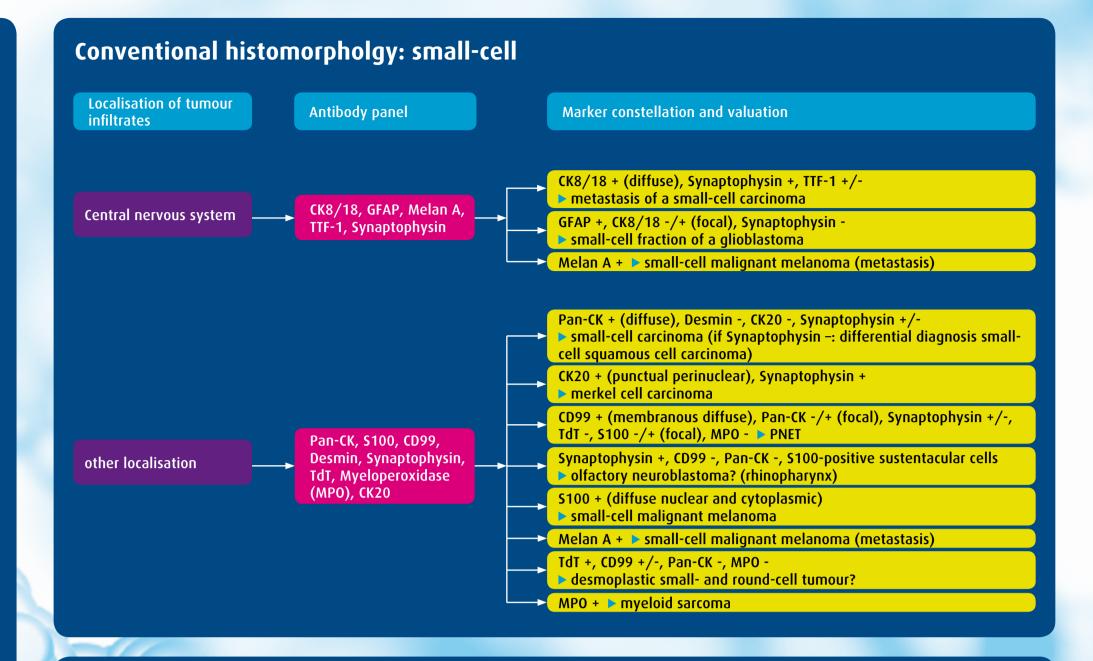
breast carcinoma

colon carcinoma

CDX-2, liver metastasis

of colon carcinoma





Marker for immunohistochemical diagnostics of CUP (Carcinoma of Unknown Primary)			
Marker	Predicted localisation of primary tumour	Type of carcinoma	Comments
AFP	liver	нсс	Positive in yolk sack tumours
CDX-2 (a)	colorectum, ovary, bladder (diffuse immunoreactivity)	adenocarcinomas (ovary only in case of gastrointestinal mucinous differentiation)	Adenocarcinomas of stomach, oesophagus, pancreas, and biliary ducts frequently show heterogeneous immunoreactivity. Adenocarcinomas of the lung are rarely positive.
CDX-2 (b)	middle intestine (appendix, ileum)	well-differentiated neuroendocrine tumours	
CK7/CK20	colorectum	adenocarcinomas (CK7-/CK20+)	
DPC4/SMAD4	pancreas, biliary ducts	adenocarcinomas	Only the loss of expression is relevant for diagnosis!
GCDFP-15	breast, skin adnex	adenocarcinomas	Rare immunoreactivity in adenocarcinomas of the lung.
Glypican-3	liver	HCC (Hepato Cellular Carcinoma)	Positive in malignant melanomas and in yolk sack tumours; otherwise more sensitive and specific than HepPar1 and TTF1 (cytoplasmic)
НерРаг1	liver	HCC (Hepato Cellular Carcinoma)	Positive in appr. 50% of all adenocarcinomas of stomach and to a lesser degree in other primary localisations (colon, lung, pancreas); therefore minor positive predictive value for differentiation from HCC and liver metastases.
Estrogen Receptor	Mamma, ovary, corpus uteri	adenocarcinomas	
Parathyroid hormone	parathyroid gland	adenomas and carcinomas	
PAX-2	kidney, ovary	clear-cell and papillary kidney-cell carcinoma, serous ovary carcinoma	Mesotheliomas and HCC negative
PSA	prostate	adenocarcinomas	
RCC	kidney	carcinomas	Immunoreactivity in appr. 10-30% of mesotheliomas, breast carcinomas, prostate carcinomas, ovary carcinomas, lung carcinomas, and adrenocortical neoplasias. Adenomas of the parathyroid gland are 100% positive; clear-cell tumours of the skin with varying histogenesis are negative.
Thyreoglobulin	thyroid gland	differentiated and insular thyroid gland carcinomas	
TTF1 (a) nuclear (only clone 8G7G3/1, other clones mostly less specific)	lung	adenocarcinomas, large-cell non- neuroendocrine carcinomas; not applicable for small-cell carcinomas (expression not localisation-specific) and squamous cell carcinomas (no expression)	With clone 8G7G3/1 also rare immunoreactivity in endometrial adenocarcinomas.
TTF1 (b) nuclear	lung	carcinoid	
TTF1 (c) nuclear	thyroid gland	differentiated and insular carcino- mas	
TTF1 cytoplasmic (only clone 8G7G3/1)	liver	HCC (Hepato Cellular Carcinoma)	Similar sensitivity but slightly more specific than HepPar1
Uroplakin III	urinary tract	urothelial carcinoma	Brenner tumours of the ovary are positive
WT1 (nuclear)	ovary	serous adenocarcinoma	Mesotheliomas are also positive

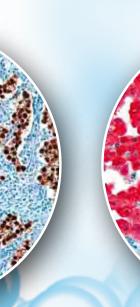
This IHC algorithm was prepared to the best of our knowledge. However, in special cases (for example childhood tumours) the information can be incomplete and the user has to be aware of this. The use of this diagram is solely the responsibility of the user.

Under no circumstances shall Zytomed System be liable for any damages arising out of the use of this table.

We kindly would like to thank Dr. med. habil. Olaf Kaufmann for his expert advice in the preparation of this diagram.

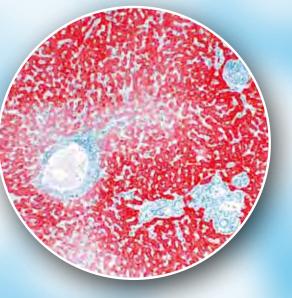


colon carcinoma





Calretinin, mesothelioma



TTF-1 (clone 8G7G3/1), normal liver tissue

