PD-L1 IHC 22C3 pharmDx

SK006
50 tests for use with Autostainer Link 48

Intended Use
For in vitro diagnostic use.

PD-L1 IHC 22C3 pharmDx is a qualitative immunohistochemical assay using Monoclonal Mouse Anti-PD-L1, Clone 22C3 intended for use in the detection of PD-L1 protein in formalin-fixed, paraffin-embedded (FFPE) non-small cell lung cancer (NSCLC) tissue using EnVision FLEX visualization system on Autostainer Link 48. PD-L1 protein expression is determined by using Tumor Proportion Score (TPS), which is the percentage of viable tumor cells showing partial or complete membrane staining at any intensity. The specimen should be considered to have PD-L1 expression if TPS ≥1% and high PD-L1 expression if TPS ≥50%.

PD-L1 IHC 22C3 pharmDx is indicated as an aid in identifying NSCLC patients for treatment with KEYTRUDA® (pembrolizumab). See the KEYTRUDA® product label for expression cutoff values guiding therapy in specific clinical circumstances.

Summary and Explanation
Binding of the PD-1 ligands, PD-L1 and PD-L2, to the PD-1 receptor found on T-cells, inhibits T-cell proliferation and cytokine production. Up-regulation of PD-1 ligands occurs in some tumors and signaling through this pathway can contribute to inhibition of active T-cell immune surveillance of tumors. KEYTRUDA is a humanized monoclonal antibody that binds to the PD-1 receptor and blocks its interaction with PD-L1 and PD-L2, releasing PD-1 pathway-mediated inhibition of the immune response, including the anti-tumor immune response. In syngeneic mouse tumor models, blocking PD-1 activity resulted in decreased tumor growth (1).

Principle of Procedure
PD-L1 IHC 22C3 pharmDx contains the optimized reagents and protocol required to complete an IHC staining procedure of FFPE specimens using Autostainer Link 48. Following incubation with the primary monoclonal antibody to PD-L1 or the Negative Control Reagent (NCR), specimens are incubated with a Linker antibody specific to the host species of the primary antibody, and then are incubated with a ready-to-use visualization reagent consisting of secondary antibody molecules and horseradish peroxidase molecules coupled to a dextran polymer backbone. The enzymatic conversion of the subsequently added chromogen results in precipitation of a visible reaction product at the site of antigen. The color of the chromogenic reaction is modified by a chromogen enhancement reagent. The specimen may then be counterstained and coverslipped. Results are interpreted using a light microscope.

Materials Provided
Each kit includes 19.5 mL of PD-L1 primary antibody (approximately 3µg/mL protein concentration) and contains the reagents necessary to perform 50 tests in up to 15 individual runs. The materials listed below are sufficient for 50 tests (50 slides incubated with Primary Antibody to PD-L1 and 50 slides incubated with the corresponding Negative Control Reagent, 100 slides in total). The number of tests is based on the use of 2 x 150 µL per slide of each reagent except DAB+ and Target Retrieval Solution.

The kit provides materials sufficient for a maximum of 15 individual staining runs.

Quantity	*Description*
1 x 34.5 mL	**Peroxidase-Blocking Reagent** **PEROXIDASE-BLOCKING REAGENT** Buffered solution containing hydrogen peroxide, detergent and 0.015 mol/L sodium azide.
1 x 19.5 mL	**Primary Antibody: Monoclonal Mouse Anti-PD-L1, Clone 22C3** **MONOCLONAL MOUSE ANTI-PD-L1 CLONE 22C3** Monoclonal mouse (IgG_1) anti-PD-L1 in a buffered solution, containing stabilizing protein, and 0.015 mol/L sodium azide.
1 x 15 mL	**Negative Control Reagent** **NEGATIVE CONTROL REAGENT** Monoclonal mouse control IgG antibody in a buffered solution, containing stabilizing protein, and 0.015 mol/L sodium azide.
1 x 34.5 mL	**Mouse LINKER** **LINKER, ANTI-MOUSE** Rabbit secondary antibody against mouse immunoglobulins in a buffered solution containing stabilizing protein and 0.015 mol/L sodium azide.
1 x 34.5 mL	**Visualization Reagent-HRP** **VISUALIZATION REAGENT-HRP**

Dextran coupled with peroxidase molecules and goat secondary antibody molecules against rabbit and mouse immunoglobulins in a buffered solution containing stabilizing protein and an antimicrobial agent.

15 x 7.2 mL **DAB+ Substrate Buffer**

DAB+ SUBSTRATE BUFFER

Buffered solution, containing hydrogen peroxide and an antimicrobial agent.

1 x 5 mL **DAB+ Chromogen**

DAB+ CHROMOGEN

3,3'-diaminobenzidine tetrahydrochloride in organic solvent.

1 x 34.5 mL **DAB Enhancer**

DAB ENHANCER

Cupric sulfate in water.

6 x 30 mL **EnVision FLEX Target Retrieval Solution, Low pH (50x)**

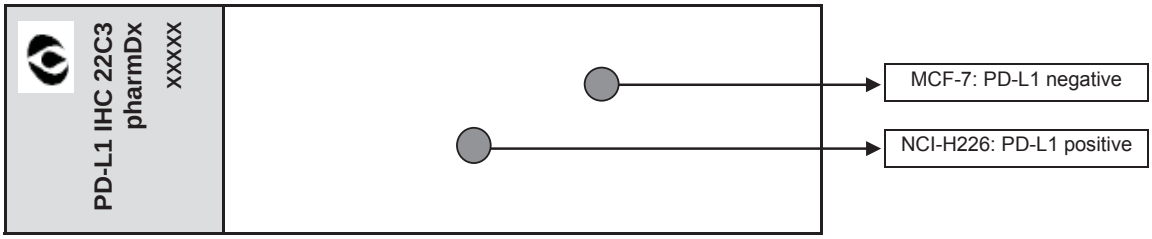
EnVision™ FLEX TARGET RETRIEVAL SOLUTION LOW pH (50X)

Buffered solution, pH 6.1, containing detergent and an antimicrobial agent.

15 slides **PD-L1 IHC 22C3 pharmDx Control Slides**

CONTROL SLIDES

Each slide contains sections of two pelleted, formalin-fixed paraffin-embedded cell lines: NCI-H226* with moderate PD-L1 protein expression and MCF-7 with negative PD-L1 protein expression.



*Dr. AF Gazdar and Dr. JD Minna at NIH are acknowledged for their contribution in developing NCI-H226 (ATCC Number: CRL-5826™) (2).

Note: All reagents included are formulated specifically for use with this kit. In order for the test to perform as specified, no substitutions, other than EnVision FLEX Target Retrieval Solution, Low pH (50x) (Code K8005) can be made. PD-L1IHC 22C3 pharmDx has been tailored for use with Autostainer Link 48. Please refer to the User Guides for your Autostainer Link 48 and PT Link for further information.

Materials Required, but Not Supplied

PT Link Pre-treatment Module (Code PT100/PT101)
Autostainer Link 48 (Code AS480)
EnVision FLEX Wash Buffer (20x) (Code K8007)
Hematoxylin (Code K8008)
Distilled or deionized water (reagent-quality water)
Timer
Positive and negative tissues to use as process controls (see Quality Control section)
Microscope slides: Dako FLEX IHC Microscope Slides (Code K8020) or Fisherbrand Superfrost Plus charged slides
Coverslips
Permanent mounting medium and ancillary reagents required for mounting coverslips
Light microscope (4x–40x objective magnification)

Precautions

1. For in vitro diagnostic use.
2. For professional users.
3. This product contains sodium azide (NaN_3), a chemical highly toxic in pure form. At product concentrations, though not classified as hazardous, NaN_3 may react with lead and copper plumbing to form highly explosive build-ups of metal azides. Upon disposal, flush with large volumes of water to prevent metal azide build-up in plumbing (3).
4. Primary Antibody, Negative Control Reagent, Linker, and Visualization Reagent contain material of animal origin.
5. Specimens, before and after fixation, and all materials exposed to them, should be handled as if capable of transmitting infection, and disposed of with proper precautions (4).
6. Incubation times, temperatures, or methods other than those specified may give erroneous results.
7. Reagents have been optimally diluted. Further dilution may result in loss of antigen staining.
8. The Visualization Reagent, Liquid DAB+ chromogen and prepared DAB+ Substrate-Chromogen solution may be affected adversely if exposed to excessive light levels. Do not store system components or perform staining in strong light, such as direct sunlight.
9. Paraffin residuals may lead to false negative results.
10. Use of reagent volumes other than recommended may result in loss of visible PD-L1 immunoreactivity.
11. Results from a small study, showed a similar dynamic range of PD-L1 expression in primary and metastatic NSCLC specimen pairs. It is possible there may be differences in PD-L1 expression in primary tumors versus metastatic sites in the same patient.

12. Large tissue sections may require 3x150 µl of reagent.
13. As a general rule, persons under 18 years of age are not allowed to work with this product. Users must be carefully instructed in the proper work procedures, the dangerous properties of the product and the necessary safety instructions. Please refer to Safety Data Sheet (SDS) for additional information.
14. Wear appropriate Personal Protective Equipment to avoid contact with eyes and skin.
15. Unused solution should be disposed of according to local, State and Federal regulations.
16. Safety Data Sheet available for professional users on request.

Danger

DAB+ Chromogen: 1–5% biphenyl-3,3',4,4'-tetrayltetraammonium tetrachloride

H350	May cause cancer.
H341	Suspected of causing genetic defects.
P201	Obtain special instructions before use.
P202	Do not handle until all safety precautions have been read and understood.
P280	Wear protective gloves. Wear eye or face protection. Wear protective clothing.
P308 + P313	IF exposed or concerned: Get medical attention.
P405	Store locked up.
P501	Dispose of contents and container in accordance with all local, regional, national and international regulations.

Warning

EnVision FLEX Target Retrieval Solution, Low pH (50x): 1-5% Citric acid

H319	Causes serious eye irritation.
H411	Toxic to aquatic life with long lasting effects.
P280	Wear eye or face protection.
P273	Avoid release to the environment.
P264	Wash hands thoroughly after handling.
P305 + P351 + P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337 + P313	If eye irritation persists: Get medical attention.
P501	Dispose of contents and container in accordance with all local, regional, national and international regulations.

Storage

Store all components of PD-L1 IHC 22C3 pharmDx, including Control Slides, in the dark at 2-8 °C when not in use on Autostainer Link 48.

Do not use the kit after the expiration date printed on the outside of the kit box. If reagents are stored under any conditions other than those specified in this package insert, they must be validated by the user.

There are no obvious signs to indicate instability of this product, therefore, positive and negative controls should be run simultaneously with patient specimens.

Specimen Preparation

Specimens must be handled to preserve the tissue for IHC staining. Standard methods of tissue processing should be used for all specimens.

Paraffin-embedded sections

Formalin-fixed, paraffin-embedded tissues are suitable for use. Alternative fixatives have not been validated and may give erroneous results. Fixation time for 12-72 hours in 10% neutral buffered formalin (NBF) is recommended, however, a study with limited samples showed fixation times of 4-168 hours in 10% NBF did not systematically alter PD-L1 detection. Fixation times of ≤3 hours may result in variable PD-L1 detection. Specimens should be blocked into a thickness of 3 or 4 mm, fixed in formalin and dehydrated and cleared in a series of alcohols and xylene, followed by infiltration with melted paraffin. The paraffin temperature should not exceed 60 °C. FFPE tissue blocks which are 5 years or older may result in a loss of PD-L1 immunoreactivity.

Tissue specimens should be cut into sections of 4-5 µm. After sectioning, tissues should be mounted on Dako FLEX IHC microscope slides (Code K8020), or Fisherbrand Superfrost Plus slides and then placed in a 58 ± 2 °C oven for 1 hour. To preserve antigenicity, tissue sections, once mounted on slides, should be held in the dark at 2-8 °C (preferred), or at room temperature up to 25°C, and stained within 6 months of sectioning. Slide storage and handling conditions should not exceed 25°C at any point post-mounting to ensure tissue integrity and antigenicity.

The use of PD-L1 IHC 22C3 pharmDx on decalcified tissues has not been validated and is not recommended.

Reagent Preparation

The following reagents must be prepared prior to staining:

EnVision FLEX Target Retrieval Solution, Low pH (50x)

Prepare a sufficient quantity of 1x Target Retrieval Solution, Low pH by diluting Target Retrieval Solution, Low pH (50x) 1:50 using distilled or deionized water (reagent-quality water); the pH of 1x Target Retrieval Solution must be 6.1 ± 0.2. 1x Target Retrieval Solution pH below 5.9 may give erroneous results. One 30 mL bottle of Target Retrieval Solution, Low pH (50x) diluted 1:50 will provide 1.5 L of 1x reagent, sufficient to fill one PT Link tank which will treat up to 24 slides per use. Discard 1x Target Retrieval Solution after three uses and do not use after 5 days following dilution.

Additional EnVision FLEX Target Retrieval Solution, Low pH (50x) if required, is available as Code K8005.

EnVision FLEX Wash Buffer (20x)
Prepare a sufficient quantity of Wash Buffer by diluting Wash Buffer (20x) 1:20 using distilled or deionized water (reagent-quality water) for the wash steps. Store unused 1x solution at 2-8 ºC for no more than one month. Discard buffer if cloudy in appearance. Refer to the User Guide for your Autostainer Link 48 for further information.

EnVision FLEX Wash Buffer (20x) is available as Code K8007.

DAB+ Substrate-Chromogen Solution
This solution should be mixed thoroughly prior to use. Any precipitate developing in the solution does not affect staining quality.

To prepare DAB+ Substrate-Chromogen Solution, add 1 drop of Liquid DAB+ Chromogen per mL of DAB+ Substrate Buffer and mix. Prepared Substrate-Chromogen is stable for 5 days if stored in the dark at 2-8 °C.

Important Notes:
- **If using an entire bottle of DAB+ Substrate Buffer, add 9 drops of DAB+ chromogen**. Although the label states 7.2 mL, this is the useable volume and does not account for the "dead volume" in the bottle.
- The color of the Liquid DAB+ Chromogen in the bottle may vary from clear to lavender-brown. This will not affect the performance of this product. Dilute per the guidelines above. Addition of excess Liquid DAB+ Chromogen to the DAB+ Substrate Buffer will result in deterioration of the positive signal.

Staining Procedure on the Autostainer Link 48 Solution
Procedural Notes
The user should read these instructions carefully and become familiar with all components and instrumentation prior to use (see Precautions).

All reagents should be equilibrated to room temperature (20-25 °C) prior to immunostaining. Likewise, all incubations should be performed at room temperature.

Do not allow tissue sections to dry during the staining procedure. Dried tissue sections may display increased nonspecific staining.

All of the required steps and incubation times for staining are preprogrammed in the Dako Link software. Please refer to the User Guides for Autostainer Link 48 and PT Link for further information on programming protocols and loading slides and reagents.

Note: The reagents and instructions supplied in this system have been designed for optimal performance when used with the recommended reagents and materials. Further dilution of the reagents or alteration of incubation times or temperatures may give erroneous or discordant results.

Staining Protocol
Please select the PD-L1 IHC 22C3 pharmDx staining protocol from the options in the Dako Link drop down menu.

All of the required steps and incubation times for staining are preprogrammed in the Autostainer Link 48. If the appropriate PD-L1 IHC 22C3 pharmDx protocols are not on your server, please contact your local Technical Service Representative to obtain the protocols.

Step 1: Deparaffinization, Rehydration and Target Retrieval (3-in-1) Procedure
For details, please refer to the PT Link User Guide.
Set PT Link (Code PT100/PT101) Preheat and Cool to 65 °C. Set Heat to 97 °C for 20 minutes.

►Fill PT Link tanks with 1.5 L per tank of Target Retrieval Solution, Low pH, 1x working solution to cover the tissue sections.
►Preheat the Target Retrieval Solution to 65 °C.
►Immerse Autostainer racks containing mounted, FFPE tissue sections into the pre-heated Target Retrieval Solution, Low pH, (1x working solution) in PT Link tank. Incubate for 20 minutes at 97 °C.
►When target retrieval incubation has been completed and the temperature has cooled to 65 °C, remove each Autostainer slide rack with the slides from the PT Link tank and **immediately** place the Autostainer rack with slides into a tank (e.g., PT Link Rinse Station, Code PT109) containing diluted, room temperature Wash Buffer (Code K8007).
►Incubate slides in diluted, room temperature Wash Buffer for 5 minutes.

Step 2: Staining Procedure
After deparaffinization, rehydration and target retrieval (3-in-1) procedure, the Autostainer racks with slides are placed on Autostainer Link 48. The instrument will perform the staining process by applying the appropriate reagent, monitoring the incubation time and rinsing slides between reagents. The reagent times are preprogrammed in the Dako Link software.

Step 3: Counterstain
Slides should be counterstained for 5 minutes with Hematoxylin (Link) (Code K8008). The Hematoxylin incubation time is preprogrammed in the protocol.

Step 4: Mounting
Non-aqueous, permanent mounting media is required.

Note: Some fading of stained slides may occur, depending on several factors including, but not limited to, counterstaining, mounting materials and methods, and slide storage conditions. To minimize fading, store slides in the dark at room temperature (20-25 °C).

Quality Control
Reagents in PD-L1 IHC 22C3 pharmDx have been quality controlled by immunohistochemistry using the target retrieval and staining procedures outlined above. Deviations in the recommended procedures for tissue fixation, processing and embedding in the user's laboratory may produce significant variability in results. Quality controls should be included in each staining run. These quality controls are specified in Table 1 and include: an H&E stained patient tissue specimen; lab-supplied positive and negative control tissues; and a Dako-supplied Control Cell Line Slide (5). In the USA, consult the quality control guidelines of the College of American Pathologists

(CAP) Accreditation Program for Immunohistochemistry; see also CLSI Quality Assurance for Immunocytochemistry, Approved Guideline (5, 6, 7) for additional information.

Assay Verification
Prior to initial use of a staining system in a diagnostic procedure, the user should verify the assay's performance by testing it on a series of lab-supplied tissues with known IHC performance characteristics representing known positive and negative tissues. Refer to the quality control procedures outlined in the quality control section above. These quality control procedures should be repeated for each new antibody lot, or whenever there is a change in assay parameters. Troubleshooting options for potential problems, their causes and suggested corrective actions are outlined in Table 12.

Scoring Interpretation - NSCLC

All viable tumor cells on the entire slide must be evaluated and included in the PD-L1 scoring assessment. A minimum of 100 viable tumor cells must be present in the PD-L1 stained slide for the specimen to be considered adequate for PD-L1 evaluation.

To successfully score PD-L1 IHC 22C3 pharmDx stained specimens, it is critical that the appropriate cells are evaluated, that the proper cellular localization is identified and that the staining intensity is properly interpreted. Slide evaluation should be performed by a pathologist using a light microscope. For evaluation of the immunohistochemical staining and scoring, an objective of 10-40x magnification is appropriate. Any perceptible membrane staining of tumor cells should be included in the scoring.

Score partial or complete cell membrane staining (≥ 1+) that is perceived distinct from cytoplasmic staining. Cytoplasmic staining should be considered non-specific staining and is excluded in the assessment of staining intensity. Normal cells and tumor associated immune cells such as infiltrating lymphocytes or macrophages ***should not*** be included in the scoring for the determination of PD-L1 positivity. Tumor specimens stained with the NCR must have 0 specific staining and ≤1+ background staining.

Tumor Proportion Score (TPS) is the percentage of viable tumor cells showing partial or complete membrane staining (≥1+). The specimen should be considered to have PD-L1 expression if TPS ≥ 1% of the viable tumor cells exhibit membrane staining at any intensity. The specimen should be considered to have high PD-L1 expression if TPS ≥ 50% of the viable tumor cells exhibit membrane staining at any intensity.

For each staining run, slides should be examined in the order presented in Table 1 to determine the validity of the staining run and enable assessment of the staining of the sample tissue.

Refer to PD-L1 IHC 22C3 pharmDx Interpretation Manual for additional guidance.

Additional Recommendations for Interpretation of PD-L1 IHC 22C3 pharmDx Staining
1. To verify cell membrane staining, use 10–40x objective magnification.
2. Various non-target elements, such as tumor associated immune cells (e.g. macrophages) and stroma may also stain positive for PD-L1, however should not be included in the scoring.

Table 1. Recommended Order of Slide Evaluation

Specimens	Rationale	Requirements
1. H&E (Lab-supplied)	A hematoxylin and eosin (H&E) stain of the tissue specimen is evaluated first to assess tissue histology and preservation quality.	The PD-L1 IHC 22C3 pharmDx and H&E stain should be performed on serial sections from the same paraffin block of the specimen. Tissue specimens should be intact, well preserved, and should confirm tumor indication.
2. Control Cell Line Slide (Dako-supplied)	The Control Cell Line Slide stained with the PD-L1 primary antibody from PD-L1 IHC 22C3 pharmDx should be examined to ascertain that all reagents are functioning properly. The Control Cell Line Slide contains the PD-L1-positive cell line pellet and PD-L1-negative cell line pellet.	One Control Cell Line Slide should be stained with the Primary Antibody to PD-L1 in each staining run. *NCI-H226 (PD-L1-positive control cell line) acceptance criteria:* • Cell membrane staining of ≥ 70% of cells at ≥ 2+ average staining intensity. • Non-specific staining < 1+ intensity. *MCF-7 (PD-L1-negative control cell line) acceptance criteria:* • No specific staining. • Non-specific staining < 1+ intensity. Note that staining of a few cells in the MCF-7 cell pellet may occasionally be observed. The following acceptance criteria are applicable: the presence of ≤ 10 total cells with distinct plasma membrane staining, or cytoplasmic staining with ≥ 1+ intensity within the boundaries of the MCF-7 cell pellet are acceptable. If either of the Control Cell Lines does not meet these criteria, all results with the patient specimens should be considered invalid.
3. Positive Control Tissue Slides (Lab-supplied)	The Positive Control Tissue Slides stained with both PD-L1 primary antibody and Negative Control Reagent should be examined next. These slides verify that the fixation method and epitope retrieval process are effective. Known positive tissue controls should only be utilized for monitoring the correct performance of processed tissues and test reagents, NOT as	Controls should be biopsy/surgical specimens of the same tumor indication as the patient specimen, fixed, processed and embedded as soon as possible in the same manner as the patient sample(s). Use intact specimens for interpretation of staining results as necrotic or degenerated cells often stain non-specifically. The tissues selected for use as the positive tissue controls should give weak to moderate positive staining when stained with PD-L1 to aid in detection of subtle changes in assay sensitivity. Two positive tissue control slides should be included in each staining run.

	an aid in formulating a specific diagnosis of patient samples.	**Slide stained with PD-L1**: Presence of brown plasma membrane staining should be observed. Non-specific staining should be ≤1+. **Slide stained with Negative Control Reagent**: No membrane staining. Non-specific staining should be ≤ 1+. If the positive tissue controls fail to demonstrate appropriate positive staining, results with the test specimens should be considered invalid.
4. Negative Control Tissue Slides (Lab-supplied)	The Negative Control Tissue Slides (known to be PD-L1 negative) stained with both PD-L1 primary antibody and Negative Control Reagent should be examined next to verify the specificity of the labeling of the target antigen by the primary antibody. Alternatively, negative portions of the Positive Control Tissue may serve as the Negative Control Tissue, but this should be verified by the user.	Controls should be biopsy/surgical specimens of the same tumor indication as the patient specimen, fixed, processed and embedded as soon as possible in the same manner as the patient sample(s). Two negative tissue control slides should be included in each staining run. **Slide stained with PD-L1**: No membrane staining in tumor cells. Non-specific staining should be ≤ 1+. **Slide stained with Negative Control Reagent**: No membrane staining. Non-specific staining should be ≤ 1+. If specific cell membrane staining occurs in the Negative Control Tissue Slides, results with the patient specimen should be considered invalid.
5. Tonsil Control Tissue (optional) (Lab-supplied)	Use human tonsil tissue fixed, processed and embedded in a manner similar to the patient sample(s) as an additional control material to verify sensitivity, specificity and nonspecific background staining of the assay.	Strong positive staining should be detected in portions of the crypt epithelium and weak to moderate staining of the follicular macrophages in the germinal centers. Negative staining should be observed in endothelium, fibroblasts as well as surface epithelium.
6 Patient tissue slide stained using the Negative Control Reagent	Examine patient specimens stained with the Negative Control Reagent from PD-L1 IHC 22C3 pharmDx. Negative Control Reagent is used in place of the primary antibody and aids in interpretation of specific staining at the antigen site.	Absence of cell membrane staining verifies the specific labeling of the target antigen by the primary antibody. Non-specific staining should be ≤ 1+.
7 Patient tissue slide stained using the PD-L1 primary antibody	Examine the entire slide of the patient specimens stained with the PD-L1 primary antibody from PD-L1 IHC 22C3 pharmDx last. Refer to Summary and Explanation, Limitations, and Performance Characteristics for specific information regarding PD-L1 IHC 22C3 pharmDx immunoreactivity.	Positive staining intensity should be assessed within the context of any non-specific background staining observed on the patient's Negative Control Reagent slide in the same run. As with any immunohistochemical test, a negative result means that the antigen was not detected, not necessarily that the antigen was absent in the cells/tissue assayed. All viable tumor cells on the entire PD-L1 stained patient slide must be evaluated and included in the PD-L1 scoring assessment. A minimum of 100 viable tumor cells must be present for the specimen to be considered adequate for PD-L1 evaluation.

General Limitations

1. Immunohistochemistry is a multi-step diagnostic process that requires specialized training in the selection of the appropriate reagents; tissue selection, fixation, and processing; preparation of the immunohistochemistry slide; and interpretation of the staining results.
2. Tissue staining is dependent on the handling and processing of the tissue prior to staining. Improper fixation, freezing, thawing, washing, drying, heating, sectioning, or contamination with other tissues or fluids may produce artifacts, antibody trapping, or false-negative results. Inconsistent results may be due to variations in fixation and embedding methods, or to inherent irregularities within the tissue.
3. Excessive or incomplete counterstaining may compromise proper interpretation of results.
4. The clinical interpretation of any positive staining or its absence must be evaluated within the context of clinical presentation, morphology and other histopathological criteria. The clinical interpretation of any staining, or its absence, must be complemented by morphological studies and proper controls as well as other diagnostic tests. It is the responsibility of a qualified pathologist, who is familiar with the antibodies, reagents and methods used, to interpret the stained preparation. Staining must be performed in a certified, licensed laboratory under the supervision of a pathologist who is responsible for reviewing the stained slides and assuring the adequacy of positive and negative controls.
5. Tissues from persons infected with hepatitis B virus and containing hepatitis B surface antigen (HBsAg) may exhibit non-specific staining with horseradish peroxidase (7).
6. Reagents may demonstrate unexpected reactions in previously untested tissue types. The possibility of unexpected reactions even in tested tissue types cannot be completely eliminated due to biological variability of antigen expression in neoplasms, or other pathological tissues. Contact Dako Technical Support with documented unexpected reactions.
7. False-positive results may be seen due to non-Immunological binding of proteins or substrate reaction products. They may also be caused by pseudoperoxidase activity (erythrocytes) and endogenous peroxidase activity (cytochrome C) (7).
8. The reagents and instructions supplied in this system have been designed for optimal performance. Further dilution of the reagents or alteration of incubation times or temperatures may give erroneous or discordant results.

Product-Specific Limitations

1. False-negative results could be caused by degradation of the antigen in the tissues over time. Specimens should be stained within six months of mounting of tissues on slides when stored in the dark at 2-8°C (preferred), or at room temperature up to 25°C.
2. For optimal and reproducible results, the PD-L1 protein requires target retrieval pre-treatment when tissues are routinely fixed (neutral buffered formalin) and paraffin embedded.
3. Do not substitute reagents from different lot numbers of this product, or from kits of other manufacturers. The only exception is the EnVision FLEX Target Retrieval Solution, Low pH (50x), which, if required, is available as Code K8005.
4. Stained control cell lines should be used only for validation of the staining run and should not be used to score the staining reaction in tissue sections.
5. Use of PD-L1 IHC 22C3 pharmDx on tissues with fixatives other than formalin has not been validated.
6. Use of PD-L1 IHC 22C3 pharmDx on fine needle aspirates has not been validated.

Clinical Performance Evaluation

Trial 24: Controlled trial of first-line treatment of patients with NSCLC

The efficacy of KEYTRUDA was investigated in Trial 24, a randomized (1:1), open-label, multicenter, controlled trial (9). Key eligibility criteria were metastatic NSCLC, PD-L1 expression tumor proportion score (TPS) of 50% or greater by an immunohistochemistry assay using PD-L1 IHC 22C3 pharmDx, and no prior systemic treatment for metastatic NSCLC. Patients with EGFR or ALK genomic tumor aberrations; autoimmune disease that required systemic therapy within 2 years of treatment; a medical condition that required immunosuppression; or who had received more than 30 Gy of thoracic radiation within the prior 26 weeks were ineligible. Patients were randomized to receive KEYTRUDA 200 mg every 3 weeks (n=154) or investigator's choice platinum-containing chemotherapy (n=151; including pemetrexed + carboplatin, pemetrexed + cisplatin, gemcitabine + cisplatin, gemcitabine + carboplatin, or paclitaxel + carboplatin. Non-squamous patients could receive pemetrexed maintenance). Patients were treated with KEYTRUDA until unacceptable toxicity or disease progression, or up to 35 administrations. Subsequent disease progression could be retreated for up to 1 additional year. Treatment could continue beyond disease progression if the patient was clinically stable and was considered to be deriving clinical benefit by the investigator. Assessment of tumor status was performed every 9 weeks. Patients on chemotherapy who experienced progression of disease were offered KEYTRUDA.

Among the 305 patients in Trial 24, baseline characteristics were: median age 65 years (54% age 65 or older); 61% male; 82% White and 15% Asian; and 35% and 65% with an ECOG performance status 0 and 1, respectively. Disease characteristics were squamous (18%) and non-squamous (82%); M1 (99%); and brain metastases (9%).

The major efficacy outcome measure was progression-free survival (PFS) as assessed by blinded independent central review (BICR) using Response Evaluation Criteria on Solid Tumors Version 1.1 (RECIST 1.1). Additional efficacy outcome measures were overall survival (OS) and objective response rate (ORR) as assessed by BICR using RECIST 1.1. Table 2 summarizes key efficacy measures for the entire intent to treat (ITT) population.

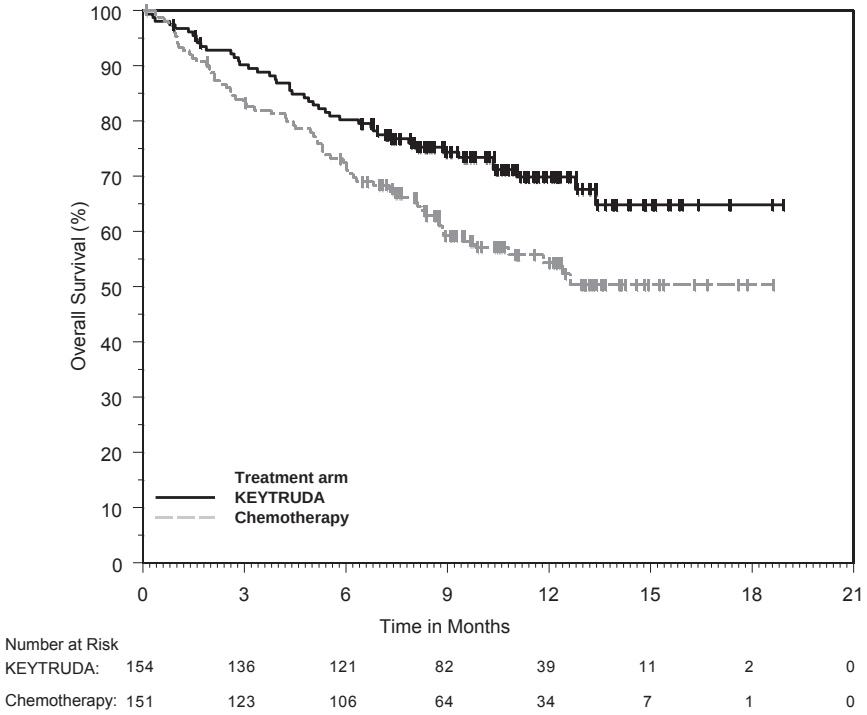
Table 2: Efficacy Results in Trial 24

Endpoint	KEYTRUDA 200 mg every 3 weeks n=154	Chemotherapy n=151
PFS*		
Number (%) of patients with event	73 (47%)	116 (77%)
Hazard ratio† (95% CI)	0.50 (0.37, 0.68)	---
p-Value‡	<0.001	---
Median in months (95% CI)	10.3 (6.7, NA)	6.0 (4.2, 6.2)
OS		
Number (%) of patients with event	44 (29%)	64 (42%)
Hazard ratio† (95% CI)	0.60 (0.41, 0.89)	---
p-Value‡	0.005	---
Median in months (95% CI)	Not reached (NA, NA)	Not reached (9.4, NA)
Objective Response Rate*		
ORR % (95% CI)	45% (37, 53)	28% (21, 36)
Complete response %	4%	1%
Partial response %	41%	27%

* Assessed by BICR using RECIST 1.1
† Hazard ratio (KEYTRUDA compared to chemotherapy) based on the stratified Cox proportional hazard model
‡ Based on stratified Log rank test
NA = not available

Among the 69 patients randomized to KEYTRUDA 200 mg with an objective response, response durations ranged from 1.9+ to 14.5+ months. Eighty-eight percent of these responders had a response duration of 6 months or longer (based on Kaplan-Meier estimation; Figure 1).

Figure 1: Kaplan-Meier Curve for Overall Survival in Trial 24



Trial 10: Controlled trial of NSCLC patients previously treated with chemotherapy
The efficacy of KEYTRUDA was investigated in Trial 10, a randomized (1:1), open-label, multicenter, controlled trial (10). Key eligibility criteria were advanced NSCLC that had progressed following platinum-containing chemotherapy, and if appropriate, targeted therapy for ALK or EGFR mutations, and PD-L1 expression tumor proportion score (TPS) of 1% or greater by a clinical trial assay (CTA) version of PD-L1 IHC 22C3 pharmDx. Forty-four and 56 percent of patients were enrolled based on testing of an archival tumor sample or a new tumor sample, respectively. Patients with autoimmune disease; a medical condition that required immunosuppression; or who had received more than 30 Gy of thoracic radiation within the prior 26 weeks were ineligible. Patients were randomized (1:1:1) to receive 2 mg/kg (n=344) or 10 mg/kg (n=346) of KEYTRUDA every 3 weeks or 75 mg/m^2 of docetaxel every 3 weeks (n=343). Patients were treated with KEYTRUDA until unacceptable toxicity or disease progression that was symptomatic, was rapidly progressive, required urgent intervention, occurred with a decline in performance status, or was confirmed at 4 to 6 weeks with repeat imaging. Patients without disease progression were treated for up to 24 months or 35 administrations, whichever was longer. Subsequent disease progression could be retreated for up to 1 additional year. Assessment of tumor status was performed every 9 weeks. The primary efficacy outcome measures were OS and PFS as assessed by BICR using RECIST 1.1.

Based on the CTA, a total of 1,033 NSCLC patients were randomized in the study. To evaluate the clinical utility of PD-L1 IHC 22C3 pharmDx, archived clinical study samples were retrospectively tested at a US based reference laboratory with PD-L1 IHC 22C3 pharmDx. Out of the 1,033 patients, tumor tissue from 529 patients was retrospectively tested with the PD-L1 IHC 22C3 pharmDx test. Specimens from 413 patients had PD-L1 expression (≥ 1% of viable tumor cells exhibiting membrane staining at any intensity) and samples from 94 patients did not have PD-L1 expression (< 1% of viable tumor cells exhibiting membrane staining at any intensity). Within these 413 patients with PD-L1 expression, specimens from 163 patients had high PD-L1 expression (≥ 50% of viable tumor cells exhibiting membrane staining at any intensity).

The level of agreement achieved between the CTA and PD-L1 IHC 22C3 pharmDx is shown in Table 3.

Table 3: CTA vs. PD-L1 IHC 22C3 pharmDx Agreement

Agreement Rates	PD-L1 Cut-off	Negative Percent Agreement (95% Confidence Interval (CI))	Positive Percent Agreement (95% Confidence Interval (CI))
CTA vs. PD-L1 IHC 22C3 pharmDx	TPS ≥ 1%	94.5% [91.4%-96.6%]	80.0% [76.9%-82.8%]
	TPS ≥ 50%	98.3% [97.1%-99.0%]	73.2% [67.9%-77.9%]

Among randomized patients having PD-L1 expression by PD-L1 IHC 22C3 pharmDx, the demographic and other baseline characteristics were well balanced between the treatment arms. The median age was 63 years (44% age 65 or older). The majority of patients were white (77%) and male (58%); baseline ECOG performance status was 0 (29%) or 1 (71%). Seventy-eight percent (78%) of patients were former/current smokers. Twenty-two percent (22%) of patients had squamous histology and 69% had non-squamous histology. The baseline and demographic characteristics were similarly well balanced across pembrolizumab and docetaxel arms in the overall clinical study.

Efficacy results are summarized in Tables 4 and 5. KEYTRUDA demonstrated durable clinical benefit in NSCLC patients with PD-L1 expression (TPS ≥ 1%), which was enhanced in patients with high PD-L1 expression (TPS ≥ 50%), as determined by PD-L1 IHC 22C3 pharmDx. The magnitude of benefit was comparable to that in the overall clinical trial. The tables below summarize key efficacy measures in the overall population with PD-L1 expression (TPS ≥ 1%) and in the high PD-L1 expression (TPS ≥ 50%) subset for the overall clinical study (TPS ≥ 1% by CTA) and in the population with PD-L1 expression by PD-L1 IHC 22C3 pharmDx. The Kaplan-Meier curve for OS (TPS ≥ 1%), as determined by PD-L1 IHC 22C3 pharmDx) is shown in Figure 2. Efficacy results were similar for the 2 mg/kg and 10 mg/kg KEYTRUDA arms.

Table 4: Response to KEYTRUDA in Previous*ly Treated NSCLC Patients*: Overall Clinical Study and PD-L1 IHC 22C3 pharmDx *Positive Patients:* PD-L1 TPS ≥ 1%

Endpoint	KEYTRUDA 2 mg/kg every 3 weeks		KEYTRUDA 10 mg/kg every 3 weeks		Docetaxel 75 mg/m^2 every 3 weeks	
	Clinical Trial	PD-L1 IHC 22C3 pharmDx	Clinical Trial	PD-L1 IHC 22C3 pharmDx	Clinical Trial	PD-L1 IHC 22C3 pharmDx
Number of patients	344	140	346	142	343	131
OS						
Deaths (%)	172 (50%)	59 (42%)	156 (45%)	59 (42%)	193 (56%)	67 (51%)
Hazard ratio* (95% CI)	0.71 (0.58, 0.88)	0.54 (0.37, 0.78)	0.61 (0.49, 0.75)	0.57 (0.39, 0.82)	---	---
p-Value†	<0.001	<0.001	<0.001	0.00115	---	---
Median in months (95% CI)	10.4 (9.4, 11.9)	11.8 (9.6, NA)	12.7 (10.0, 17.3)	12.0 (8.7, NA)	8.5 (7.5, 9.8)	7.5 (6.3, 9.9)
PFS‡						
Events (%)	266 (77%)	97 (63%)	255 (74%)	103 (73%)	257 (75%)	94 (72%)
Hazard ratio* (95% CI)	0.88 (0.73, 1.04)	0.68 (0.50, 0.92)	0.79 (0.66, 0.94)	0.79 (0.59, 1.06)	---	---
p-Value†	0.068	0.00578	0.005	0.05767	---	---
Median in months (95% CI)	3.9 (3.1, 4.1)	4.9 (4.1, 6.2)	4.0 (2.6, 4.3)	4.0 (2.2, 4.6)	4.0 (3.1, 4.2)	3.8 (2.2, 4.2)
Overall response rate‡						
ORR %§ (95% CI)	18% (14, 23)	24% (17, 32)	18% (15, 23)	20% (14, 28)	9% (7, 13)	5% (2, 11)

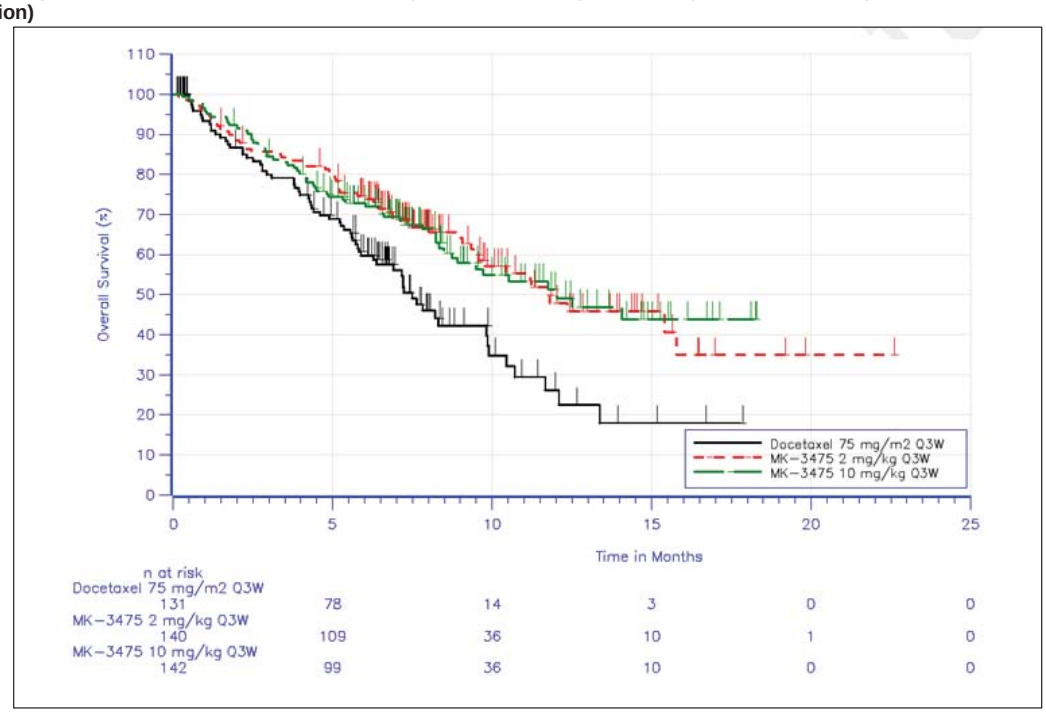
* Hazard ratio (KEYTRUDA compared to docetaxel) based on the stratified Cox proportional hazard model
† Based on stratified Log rank test
‡ Assessed by BICR using RECIST 1.1
§ All responses were partial responses

Table 5: Response to KEYTRUDA in Previous*ly Treated NSCLC Patients*: Overall Clinical Study and PD-L1 IHC 22C3 pharmDx *Positive Patients:* PD-L1 TPS ≥ 50%

Endpoint	KEYTRUDA 2 mg/kg every 3 weeks		KEYTRUDA 10 mg/kg every 3 weeks		Docetaxel 75 mg/m^2 every 3 weeks	
	Clinical Trial	PD-L1 IHC 22C3 pharmDx	Clinical Trial	PD-L1 IHC 22C3 pharmDx	Clinical Trial	PD-L1 IHC 22C3 pharmDx
Number of patients	139	56	151	60	152	47
OS						
Deaths (%)	58 (42%)	18 (32%)	60 (40%)	19 (32%)	86 (57%)	25 (53%)
Hazard ratio* (95% CI)	0.54 (0.38, 0.77)	0.45 (0.24, 0.84)	0.50 (0.36, 0.70)	0.29 (0.15 0.56)	---	---
p-Value†	<0.001	0.00541	<0.001	<0.001	---	---
Median in months (95% CI)	14.9 (10.4, NA)	Not reached (9.3, NA)	17.3 (11.8, NA)	Not reached (8.3, NA)	8.2 (6.4, 10.7)	7.2 (4.4, 8.3)
PFS‡						
Events (%)	89 (64%)	33 (59%)	97 (64%)	34 (57%)	118 (78%)	33 (70%)
Hazard ratio* (95% CI)	0.58 (0.43, 0.77)	0.47 (0.28, 0.80)	0.59 (0.45, 0.78)	0.41 (0.24, 0.70)	---	---
p-Value†	<0.001	0.00221	<0.001	<0.001	---	---
Median in months (95% CI)	5.2 (4.0, 6.5)	5.9 (4.2, 9.0)	5.2 (4.1, 8.1)	4.8 (2.8, NA)	4.1 (3.6, 4.3)	3.9 (2.0, 4.3)
Overall response rate‡						
ORR %§ (95% CI)	30% (23, 39)	37% (25, 52)	29% (22, 37)	28% (18, 41)	8% (4, 13)	4% (1, 15)

* Hazard ratio (KEYTRUDA compared to docetaxel) based on the stratified Cox proportional hazard model
† Based on stratified Log rank test
‡ Assessed by BICR using RECIST 1.1
§ All responses were partial responses

Figure 2: Kaplan-Meier Curve for Overall Survival by Treatment Arm (TPS ≥ 1% by PD-L1 IHC 22C3 pharmDx, Intent to Treat Population)



Additional robustness analyses were conducted to consider the potential impact of missing data arising from patients with PD-L1 expression (TPS ≥ 1%) by PD-L1 IHC 22C3 pharmDx, but who may have had no PD-L1 expression (TPS <1%) by the CTA. Patients with such test results are part of the intended use/ intent to diagnose (ITD)/ population of PD-L1 IHC 22C3 pharmDx; however, they were excluded from the clinical trial due to no PD-L1 expression upon CTA screening. To account for these missing data, a sensitivity analysis was conducted to understand the plausible range for the hazard ratio (HR) estimated based on PD-L1 IHC 22C3 pharmDx in the TPS ≥ 1% and TPS ≥ 50% subpopulations under an ITD framework to verify the consistency with the observed HR based on enrolment with the CTA. The HR sensitivity analysis results showed that the HR estimates are robust to any assumed attenuation of the treatment effect under the ITD framework.

Non-Clinical Performance Evaluation

Analytical Sensitivity/Specificity
Analytical sensitivity of PD-L1 IHC 22C3 pharmDx was tested on 127 unique cases of non-small cell lung carcinoma (NSCLC) FFPE specimens staged I to IV using a manufactured production lot. Assessment of PD-L1 expression demonstrated staining across a range of 0-100% positive tumor cells and 0-3 staining intensity.

Normal tissues: Table 6 summarizes Monoclonal Mouse Anti-PD-L1, Clone 22C3 immunoreactivity on the recommended panel of normal tissues. Plasma membrane staining was observed on immune cells and cells of epithelial origin. Cytoplasmic staining was noted in some cell types but was not recorded as positive staining. All tissues were formalin-fixed and paraffin-embedded and stained with PD-L1 IHC 22C3 pharmDx according to the instructions in this package insert. There were no unexpected results observed in cell types or tissue types tested. The observed staining was consistent with the reported literature for PD-L1 IHC expression in normal tissues (11, 12).

Table 6: Summary of PD-L1 IHC 22C3 pharmDx Normal Tissue Reactivity

Tissue Type (# tested)	Positive Plasma Membrane Staining: Tissue Elements	Positive Cytoplasmic Staining: Tissue Elements	Non-specific Staining
Adrenal (3)	0/3	1/3 Medullary cells	0/3
Bone marrow (3)	3/3 Megakaryocytes	3/3 Megakaryocytes	0/3
Breast (3)	0/3	0/3	0/3
Cerebellum (3)	0/3	0/3	0/3
Cerebrum (3)	0/3	0/3	0/3
Cervix (3)	1/3 Epithelium	0/3	0/3
Colon (3)	2/3 Macrophages	0/3	0/3
Esophagus (3)	0/3	0/3	0/3
Kidney (3)	1/3 Tubular epithelium	0/3	0/3
Liver (3)	1/3 Macrophages 1/3 Heptatocytes	0/3	0/3
Lung (3)	3/3 Alveolar macrophages	0/3	0/3
Mesothelial cells (2)	0/2	0/2	0/2
Muscle, cardiac (3)	0/3	0/3	0/3
Muscle, skeletal (3)	0/2	0/2	0/2

Tissue Type (# tested)	Positive Plasma Membrane Staining: Tissue Elements	Positive Cytoplasmic Staining: Tissue Elements	Non-specific Staining
Nerve, peripheral (3)	0/3	1/3 Connective tissue/vessels	0/3
Ovary (3)	0/3	0/3	0/3
Pancreas (3)	0/3	0/3	0/3
Parathyroid (3)	1/3 Glandular epithelium	0/3	0/3
Pituitary (3)	1/3 Anterior hypophysis 1/3 Posterior hypophysis	1/3 Anterior hypophysis 1/3 Posterior hypophysis	0/3
Prostate (2)	2/2 Epithelium	0/2	0/2
Salivary gland (3)	0/3	0/3	0/3
Skin (3)	0/3	0/3	0/3
Small intestine (3)	0/3	0/3	0/3
Spleen (3)	2/3 Macrophages	0/3	0/3
Stomach (3)	2/3 Lymphocytes 1/3 Gastric glands	1/3 Gastric glands	0/3
Testis (3)	0/3	0/3	0/3
Thymus (3)	3/3 Medullary epithelium	0/3	0/3
Thyroid (3)	0/3	0/3	0/3
Tonsil (3)	3/3 Crypt epithelium 2/3 Germinal center (macrophages)	0/3	0/3
Uterus (3)	0/3	0/3	0/3

Neoplastic tissues: Table 7 summarizes Monoclonal Mouse Anti-PD-L1, Clone 22C3 immunoreactivity on a panel of neoplastic tissues. Plasma membrane staining was observed on immune cells and cells of epithelial origin. Cytoplasmic staining was noted in some cell types but was not recorded as positive staining. All tissues were formalin-fixed and paraffin-embedded and stained with PD-L1 IHC 22C3 pharmDx according to the instructions in this package insert. There were no unexpected results observed in the tumor specimens tested. The observed staining was consistent with the reported literature for PD-L1 IHC expression in neoplastic tissues (11-14).

Table 7: Summary of PD-L1 IHC 22C3 pharmDx Neoplastic Tissue Reactivity

Tumor Type	Location	PD-L1 positive/total N=159
Adenocarcinoma	Appendix	0/1
	Breast, DCIS	0/2
	Breast, invasive ductal	0/7
	Breast, invasive ductal metastatic to lymph node	0/1
	Cervix, endocervical type	0/1
	Colon	0/5
	Colon, metastatic to liver	0/1
	Colon, mucinous	0/1
	Esophagus	0/1
	Gallbladder	1/5
	GI, metastatic to lung	0/1
	Head & neck, hard palate	0/1
	Lung	1/4
	Ovary	0/1
	Ovary, endometrioid	0/1
	Ovary, mucinous	0/1
	Ovary, serous	0/1
	Pancreas	0/2
	Pancreas, ductal	0/3
	Prostate	0/5
	Rectum	0/4
	Salivary/parotid gland	0/2
	Small intestine	0/2
	Stomach	0/6
	Stomach, mucinous	0/1
	Thyroid, follicular	0/1
	Thyroid, follicular-papillary	0/1
	Thyroid, papillary	0/3
	Uterus, clear cell	0/1
	Uterus, endometrium	0/3
Adrenocortical carcinoma	Adrenal	0/1
Astrocytoma	Cerebrum	0/3
Basal cell carcinoma	Skin	0/1
Carcinoma	Nasopharyngeal, NPC	0/1
Chondrosarcoma	Bone	0/1
Chordoma	Pelvic cavity	0/1
Embryonal carcinoma	Testis	0/1
Ependymoma	Brain	0/1
Glioblastoma	Brain	0/1
Hepatoblastoma	Liver	0/1
Hepatocellular carcinoma	Liver	0/5
Islet cell tumor	Pancreas	0/1

Tumor Type	Location	PD-L1 positive/total N=159
Interstitialoma	Colon	0/1
	Rectum	0/1
	Small intestine	0/1
Leiomyosarcoma	Soft tissue, chest wall	0/1
	Bladder	0/1
Lymphoma		
Anaplastic large cell	Lymph node	0/1
Diffuse B-cell	Lymph node	0/4
Hodgkin	Lymph node	2/2
Non-Hodgkin	Lymph node	1/1
Medulloblastoma	Brain	0/1
Medullary carcinoma	Thyroid	0/1
Melanoma	Rectum	0/1
	Nasal cavity	0/1
Meningioma	Brain	0/2
Mesothelioma	Peritoneum	0/1
Neuroblastoma	Retroperitoneum	0/1
Neurofibroma	Soft tissue, lower back	0/1
Osteosarcoma	Bone	0/2
Pheochromocytoma	Adrenal	0/1
Primitive neuroectodermal tumor (PNET)	Retroperitoneum	0/1
Renal cell carcinoma		
Papillary	Kidney	0/1
Clear cell	Kidney	0/6
Rhabdomyosarcoma	Soft tissue, embryonal	0/1
	Prostate	0/1
	Retroperitoneum	0/1
Seminoma	Testis	0/2
Signet ring cell carcinoma	Metastatic colon signet ring cell carcinoma to ovary	0/1
	Colon	0/1
Small cell carcinoma	Lung	0/1
Spermatocytoma	Testis	0/2
Squamous cell carcinoma	Metastatic esophageal squamous cell carcinoma to lymph node	0/1
	Cervix	2/5
	Esophagus	0/7
	Head & neck	0/2
	Lung	1/2
	Skin	0/2
	Uterus	0/1
Synovial sarcoma	Pelvic cavity	0/1
Thymoma	Mediastinum	1/1
Transitional cell carcinoma	Bladder	0/6
	Kidney	0/1

Repeatability/ External Reproducibility

The repeatability and reproducibility of PD-L1 IHC 22C3 pharmDx were evaluated at Dako and three external testing sites. The performance data are provided in Tables 8 - 11. For the repeatability studies performed at Dako, negative percent agreement (NPA) or average negative agreement (ANA), positive percent agreement (PPA) or average positive agreement (APA) and overall agreement (OA) were determined for the ≥ 1% cutoff and ≥ 50% cutoff as shown in Table 8 and Table 9. Repeatability studies were evaluated by using a percentile bootstrap method to calculate confidence intervals for the average agreements. For the studies which resulted in 100% agreement, confidence intervals were not calculated using the bootstrap method. Instead, The Wilson Score method was used based on the number of independent pair-wise comparisons (effective degrees of freedom).

For external reproducibility studies, the average negative percent agreement (ANA), average positive percent agreement (APA) and overall percent agreement (OA) were determined for the ≥ 1% cutoff and ≥ 50% cutoff as shown below in Table 10 and Table 11. Average agreements were calculated since no natural reference exists in reproducibility parameters such as site and observer. Confidence intervals for the average agreements were computed using a percentile bootstrap method. (Note that the repeatability studies were not analyzed using bootstrap confidence intervals, since the aforementioned cannot be computed on data with zero discordance.)

Table 8: Repeatability of PD-L1 IHC 22C3 pharmDx tested at one site (≥ 1%)

Repeatability Study	Diagnostic Cutoff	Study Design	% Agreement (95% CI)
Inter-instrument	≥ 1%	Each of 24 NSCLC specimens (12 PD-L1-negative and 12 PD-L1-positive) with a range of PD-L1 IHC expression was tested on each of six Autostainer Link 48 instruments.	NPA 100% (94.0-100%) PPA 100% (94.0-100%) OA 100% (96.9-100%)
Inter-operator	≥ 1%	Each of 24 NSCLC specimens (12 PD-L1-negative and 12 PD-L1-positive) with a range of PD-L1 IHC expression was tested using six analysts on one Autostainer Link 48 instrument.	NPA 100% (93.9-100%) PPA 100% (94.0-100%) OA 100% (96.9-100%)

Repeatability Study	Diagnostic Cutoff	Study Design	% Agreement (95% CI)
Inter-day	≥ 1%	Each of 24 NSCLC specimens (12 PD-L1-negative and 12 PD-L1-positive) with a range of PD-L1 IHC expression was tested on six non-consecutive days on the Autostainer Link 48 instrument.	NPA 100% (94.0-100%) PPA 100% (94.0-100%) OA 100% (96.9-100%)
Inter-lot	≥ 1%	Each of 24 NSCLC specimens (13 PD-L1-negative and 11 PD-L1-positive) with a range of PD-L1 IHC expression was tested with three replicates and each of three reagent lots on the Autostainer Link 48 instrument.	ANA 98.3% (95.9-100%) APA 97.9% (94.6-100%) OA 98.1% (95.3-100%)
Intra-run	≥ 1%	Each of 24 NSCLC specimens (12 PD-L1-negative and 12 PD-L1-positive) with a range of PD-L1 IHC expression was tested with six replicates within a run on the Autostainer Link 48 instrument.	NPA 100% (94.0-100%) PPA 100% (93.8-100%) OA 100% (96.8-100%)

NPA= Negative Percent Agreement; PPA= Positive Percent Agreement; OA=Overall Agreement
ANA=Average Negative Agreement; APA=Average Positive Agreement

Table 9: Repeatability of PD-L1 IHC 22C3 pharmDx tested at one site (≥ 50%)

Repeatability Study	Diagnostic Cutoff	Study Design	% Agreement (95% CI)
Inter-instrument	≥ 50%	Each of 16 NSCLC specimens (10 PD-L1-negative and 6 PD-L1-positive) with a range of PD-L1 IHC expression was tested on each of six Autostainer Link 48 instruments.	NPA 100% (92.9-100%) PPA 100% (88.6-100%) OA 100% (95.4-100%)
Inter-operator	≥ 50%	Each of 16 NSCLC specimens (10 PD-L1-negative and 6 PD-L1-positive) with a range of PD-L1 IHC expression was tested using six analysts on one Autostainer Link 48 instrument.	NPA 100% (92.7-100%) PPA 100% (88.6-100%) OA 100% (95.4-100%)
Inter-day	≥ 50%	Each of 16 NSCLC specimens (10 PD-L1-negative and 6 PD-L1-positive) with a range of PD-L1 IHC expression was tested on six non-consecutive days on the Autostainer Link 48 instrument.	NPA 100% (92.9-100%) PPA 100% (88.6-100%) OA 100% (95.4-100%)
Inter-lot	≥ 50%	Each of 16 NSCLC specimens (8 PD-L1-negative and 8 PD-L1-positive) with a range of PD-L1 IHC expression was tested with three replicates and each of three reagent lots on the Autostainer Link 48 instrument.	NPA 100% (92.6-100%) PPA 100% (92.6-100%) OA 100% (96.2-100%)
Intra-run	≥ 50%	Each of 16 NSCLC specimens (10 PD-L1-negative and 6 PD-L1-positive) with a range of PD-L1 IHC expression was tested with six replicates within a run on the Autostainer Link 48 instrument.	NPA 100% (92.9-100%) PPA 100% (88.6-100%) OA 100% (95.4-100%)
Intra-day	≥ 50%	Each of 16 NSCLC specimens (10 PD-L1-negative and 6 PD-L1-positive) with a range of PD-L1 IHC expression was tested on two runs within a day, repeated over three days, on the Autostainer Link 48 instrument.	NPA 100% (88.3-100%) PPA 100% (82.4-100%) OA 100% (92.4-100%)

NPA= Negative Percent Agreement; PPA= Positive Percent Agreement; OA=Overall Agreement

Table 10: Reproducibility of the PD-L1 IHC 22C3 pharmDx tested at three external sites (≥ 1%)

Reproducibility Study	Diagnostic Cutoff	Study Design	% Agreement (95% CI)
Inter-site	≥ 1%	Each of 36 NSCLC specimens (16 PD-L1-negative and 20 PD-L1-positive) with a range of PD-L1 IHC expression was tested on five non-consecutive days. Inter-site analysis was performed between three sites on a total of 2700 pair-wise comparisons.	ANA 94.8% (90.3-98.4%) APA 95.5% (91.2-98.7%) OA 95.2% (90.8-98.6%)
Intra-site	≥ 1%	Each of 36 NSCLC specimens (16 PD-L1-negative and 20 PD-L1-positive) with a range of PD-L1 IHC expression was tested on five non-consecutive days at each of three study sites. Intra-site analysis was performed for three sites on a total of 1080 pair-wise comparisons.	ANA 96.2% (94.1-97.5%) APA 96.7% (95.0-97.9%) OA 96.5% (95.2-97.4%)
Inter-observer	≥ 1%	Scoring of 62 NSCLC specimens (28 PD-L1-negative and 34 PD-L1-positive) with a range of PD-L1 IHC expression, stained with PD-L1 IHC 22C3 pharmDx, was performed by three pathologists, one at each of three study sites, on three non-consecutive days. Inter-observer analysis was performed between three sites on a total of 1674 pair-wise comparisons.	ANA 85.8% (79.3-91.8%) APA 88.2% (82.2-93.3%) OA 87.1% (81.0-92.6%)
Intra-observer	≥ 1%	Scoring of 62 NSCLC specimens (28 PD-L1-negative and 34 PD-L1-positive) with a range of PD-L1 IHC expression, stained with PD-L1 IHC 22C3 pharmDx, was performed by three pathologists, one at each of three study sites, on three non-consecutive days. Intra-observer analysis was performed for three sites on a total of 558 pair-wise comparisons.	ANA 93.7% (90.0-96.1%) APA 94.8% (91.6-96.7%) OA 94.3% (92.0-95.9%)

ANA=Average Negative Agreement; APA=Average Positive Agreement; OA=Overall Agreement

Table 11: Reproducibility of the PD-L1 IHC 22C3 pharmDx tested at three external sites (≥ 50%)

Reproducibility Study	Diagnostic Cutoff	Study Design	% Agreement (95% CI)
Inter-site	≥ 50%	Each of 36 NSCLC specimens (21 PD-L1-negative and 15 PD-L1-positive) with a range of PD-L1 IHC expression was tested on five non-consecutive days. Inter-site analysis was performed between three sites on a total of 2700 pair-wise comparisons.	ANA 90.3% (84.4-95.2%) APA 85.2% (75.6-92.9%) OA 88.3% (81.4-94.3%)
Intra-site	≥ 50%	Each of 36 NSCLC specimens (21 PD-L1-negative and 15 PD-L1-positive) with a range of PD-L1 IHC expression was tested on five non-consecutive days at each of three study sites. Intra-site analysis was performed for three sites on a total of 1080 pair-wise comparisons.	ANA 91.9% (88.8-94.8%) APA 87.6% (82.5-92.2%) OA 90.2% (86.3-93.7%)
Inter-observer	≥ 50%	Scoring of 62 NSCLC specimens (30 PD-L1-negative and 32 PD-L1-positive) with a range of PD-L1 IHC expression, stained with PD-L1 IHC 22C3 pharmDx, was performed by three pathologists, one at each of three study sites, on three non-consecutive days. Inter-observer analysis was performed between three sites on a total of 1674 pair-wise comparisons.	ANA 92.6% (87.8-96.7%) APA 92.8% (88.1-96.8%) OA 92.7% (88.1-96.8%)
Intra-observer	≥ 50%	Scoring of 62 NSCLC specimens (30 PD-L1-negative and 32 PD-L1-positive) with a range of PD-L1 IHC expression, stained with PD-L1 IHC 22C3 pharmDx, was performed by three pathologists, one at each of three study sites, on three non-consecutive days. Intra-observer analysis was performed for three sites on a total of 558 pair-wise comparisons.	ANA 96.4% (94.0-98.5%) APA 96.5% (94.3-98.6%) OA 96.4% (94.3-98.6%)

ANA=Average Negative Agreement; APA=Average Positive Agreement; OA=Overall Agreement

Troubleshooting

Table 12: Troubleshooting

Problem	Probable Cause	Suggested Action
1. No staining of slides	1a. Programming error.	1a. Verify that the PD-L1 IHC 22C3 pharmDx program was selected for programming of slides.
	1b. Lack of reaction with DAB+ Substrate-Chromogen Solution (DAB)	1b. Verify that DAB+ Substrate-Chromogen Solution was prepared properly.
	1c. Sodium azide in wash buffer.	1c. Use only Dako Wash Buffer (Code K8007).
	1d. Degradation of Control Slide	1d. Check kit expiration date and kit storage conditions on outside of package.

2a. Weak staining of specimen slides.	2a. Inappropriate fixation method used.	2a. Ensure that only approved fixatives and fixation methods are used.
2b. Weak staining of specimen slides or of the positive cell line on the Dako-provided Control Slide.	2b. Inadequate target retrieval.	2b. Verify that the 3-in-1 pre-treatment procedure was correctly performed.
3. Excessive background staining of slides.	3a. Paraffin incompletely removed.	3a. Verify that the 3-in-1 pre-treatment procedure was correctly performed.
	3b. Slides dried while loading onto Autostainer Link 48.	3b. Ensure slides remain wet with buffer while loading and prior to initiating run.
	3c. Nonspecific binding of reagents to tissue section.	3c. Check for proper fixation of the specimen and/or the presence of necrosis.
4. Tissue detached from slides.	4a. Use of incorrect microscope slides.	4. Use Dako FLEX IHC Microscope Slides (Code K8020), or charged slides (such as Fisherbrand Superfrost Plus).
	4b. Inadequate preparation of specimens	4b. Cut sections should be placed in a 58 ± 2 ºC oven for 1 hour prior to staining.
5. Excessively strong specific staining.	5a. Inappropriate fixation method used.	5a. Ensure that only approved fixatives and fixation methods are used.
	5b. Inappropriate wash buffer used.	5b. Use only Dako Wash Buffer (Code K8007).
6. Target Retrieval Solution is cloudy in appearance when heated.	6. When heated the Target Retrieval Solution turns cloudy in appearance.	6. This is normal and does not influence staining.

NOTE: If the problem cannot be attributed to any of the above causes, or if the suggested corrective action fails to resolve the problem, please call Dako Technical Support for further assistance. Additional information on staining techniques and specimen preparation can be found in Dako Education Guide: Immunohistochemical Staining Methods (5) (available from Dako).

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REF Catalogue number	Temperature limitation	IVD In vitro diagnostic medical device
Manufacturer	LOT Batch code	Contains sufficient for <N> tests
Use by	Consult instructions for use	EC REP Authorized representative in the European Community

PT0020/ Rev C

Dako North America, Inc.
6392 Via Real
Carpinteria, California 93013 USA

Tel 805 566 6655
Fax 805 566 6688
Technical Support 800 424 0021
Customer Service 800 235 5763

EC REP
Dako Denmark A/S
Produktionsvej 42
DK-2600 Glostrup Denmark

Tel +45 4485 9500
Fax +45 4485 9595

www.dako.com

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