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## **INDIVIDUAL LABORATORY REPORT (ILR) - Lab 1678**

## SCHEME:

HBOC (Panel Testing)

**SEASON: 2021** 

Case 1		
Assessment Category	Score <sup>1</sup>	Comments (& deductions <sup>2</sup> )
Genotyping	2.00	No deduction (0.00)
Interpretation	2.00	No deduction (0.00)
Patient Identifiers and Clerical Accuracy	2.00	No deduction (0.00)

Case 2		
Assessment Category	Score <sup>1</sup>	Comments (& deductions <sup>2</sup> )
Genotyping	2.00	No deduction (0.00)
Interpretation	2.00	No deduction (0.00)
Patient Identifiers and Clerical Accuracy	2.00	Incorrect or no pagination (eg X of Y) (0.00)

Case 3		
Assessment Category		Comments (& deductions <sup>2</sup> )
Genotyping	2.00	No deduction (0.00)
Interpretation	1.50	There is no conclusive evidence for RAD50 causing an increased risk of breast/ovarian cancer. See Hu et al. 2018, Dorling et al 2021, LaDuca et al. 2020 for the large studies (0.00)
		Comment with deduction (0.50) Given the controversial RAD50 variant it is imperative that you recommend your patient receive genetic counselling.
Patient Identifiers and Clerical Accuracy	2.00	Incorrect or no pagination (eg X of Y) (0.00)

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Page 1 of 2

<sup>&</sup>lt;sup>1</sup> Maximum score is 2.00

<sup>&</sup>lt;sup>2</sup> Deductions from the maximum score

<sup>&</sup>lt;sup>a</sup> Green >= Scheme mean, Orange < Scheme mean, Red Poor performance. NRS no results submitted. WDS withdrew from scheme

Appeal response			
Decision	Partially Upheld		
Comments	Appeals decision on Marking: Case 3, interpretation: Marks not returned: Feedback: We agree that you have stated that their is no evidence for the clinical relevance for RAD50, and the follow up recommendations are correct. However it is still included as pathogenic which is confusing. Appeals decision on Marking: Cases 1 and 2, interpretation: Marks returned: Feedback: 0.5 marks returned for Counselling and/or follow up is relevant but not mentioned in report. Acknowledge mention of surveillance however ideally genetic counseling should also be mentioned. Deduction was for lack of counseling. Strongly recommend for next year. We appreciate your comment on the Lynch panel as we are working towards ensuring all panels are marked equivalently.		

## SUMMARY OF YOUR PERFORMANCE IN THIS SCHEME

Assessment Category

Genotyping

Interpretation

Patient Identifiers and Clerical Accuracy

Scheme result (SATISFACTORY or POOR)



Report approved and authorised by Simon Patton (20 October 2021) on behalf of EMQN. Signed:



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Page 2 of 2

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