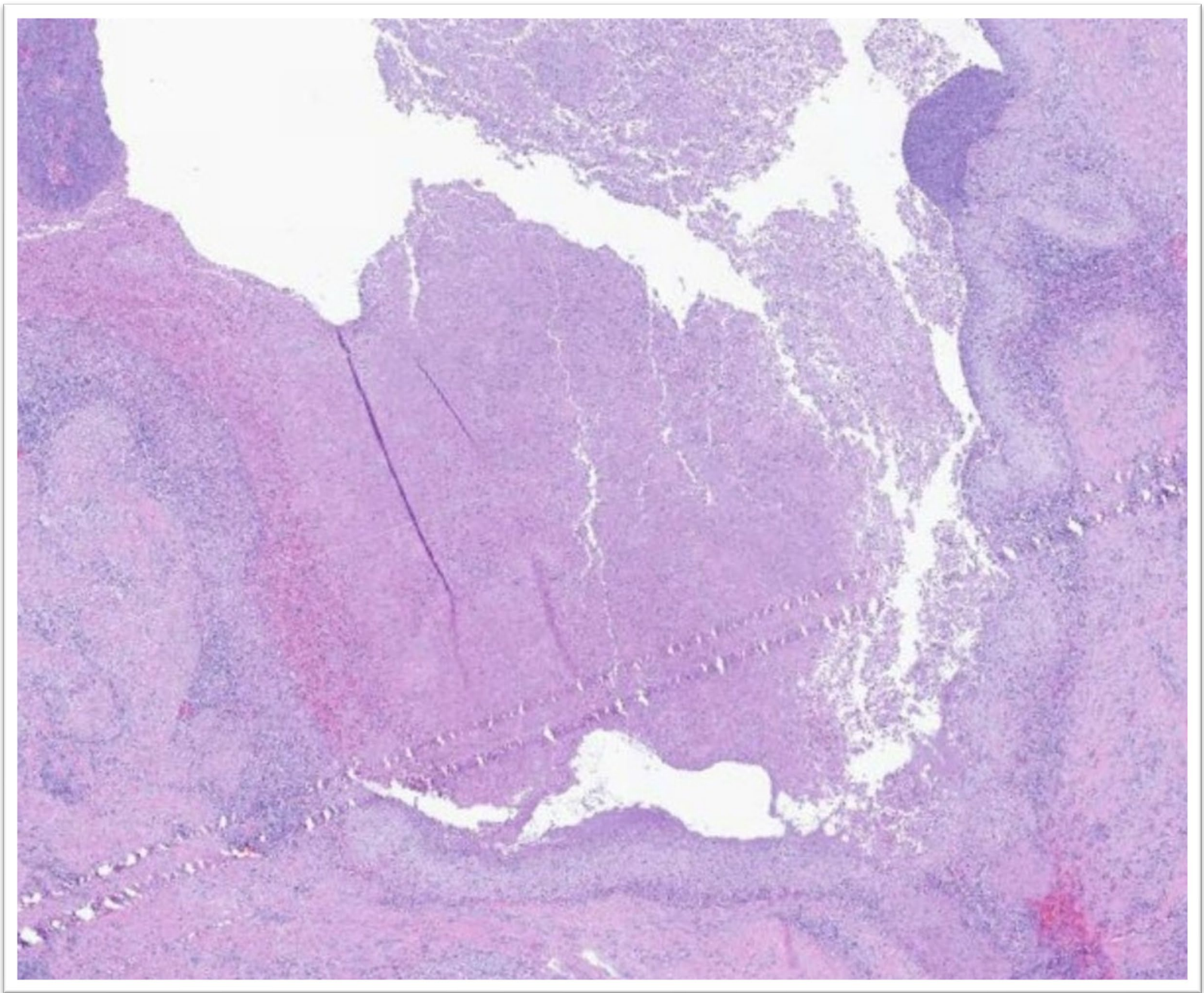
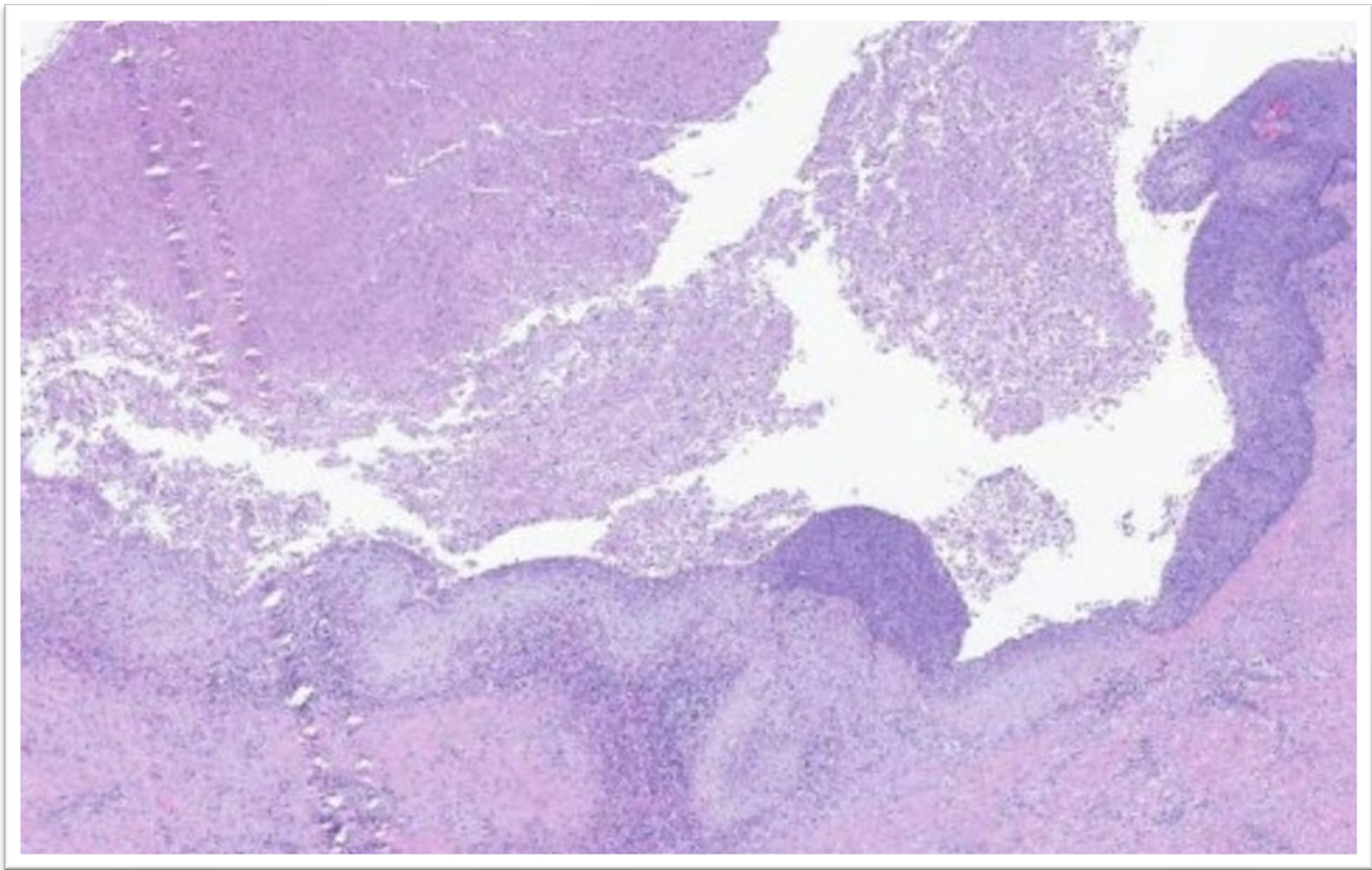
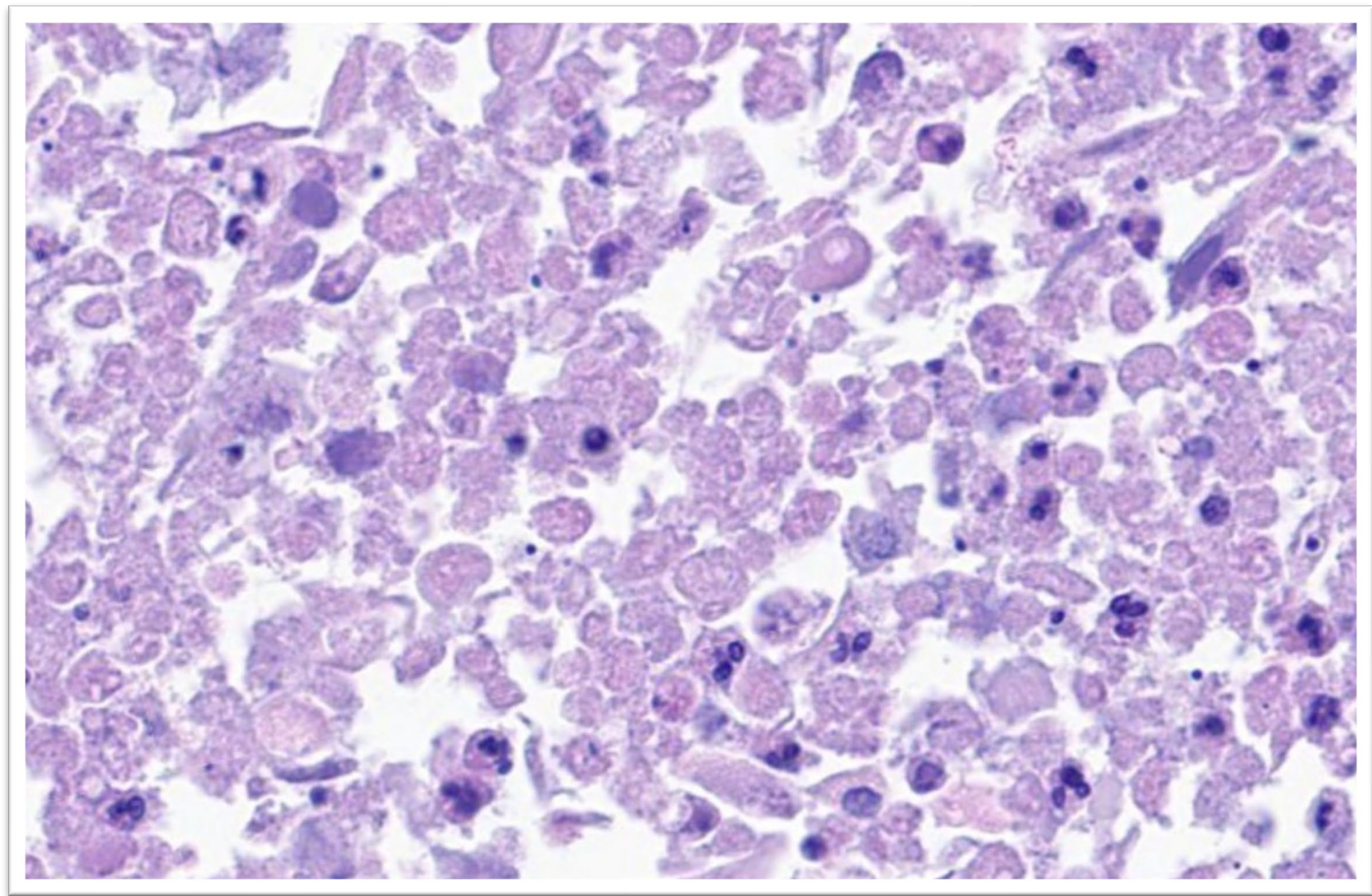


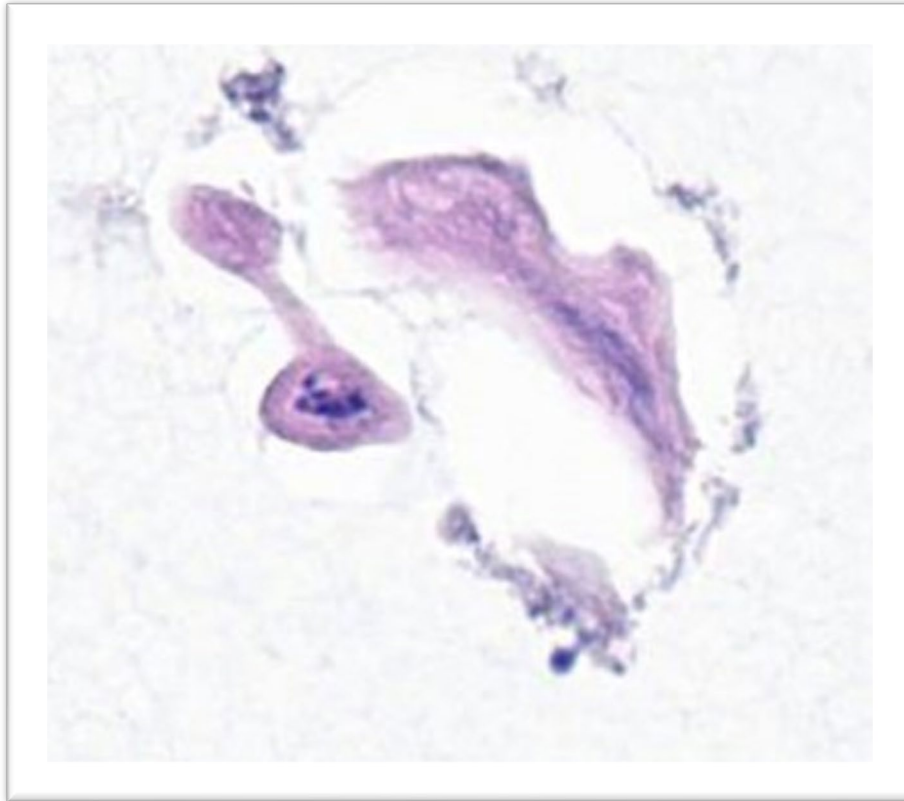
Questions for the pathologist:

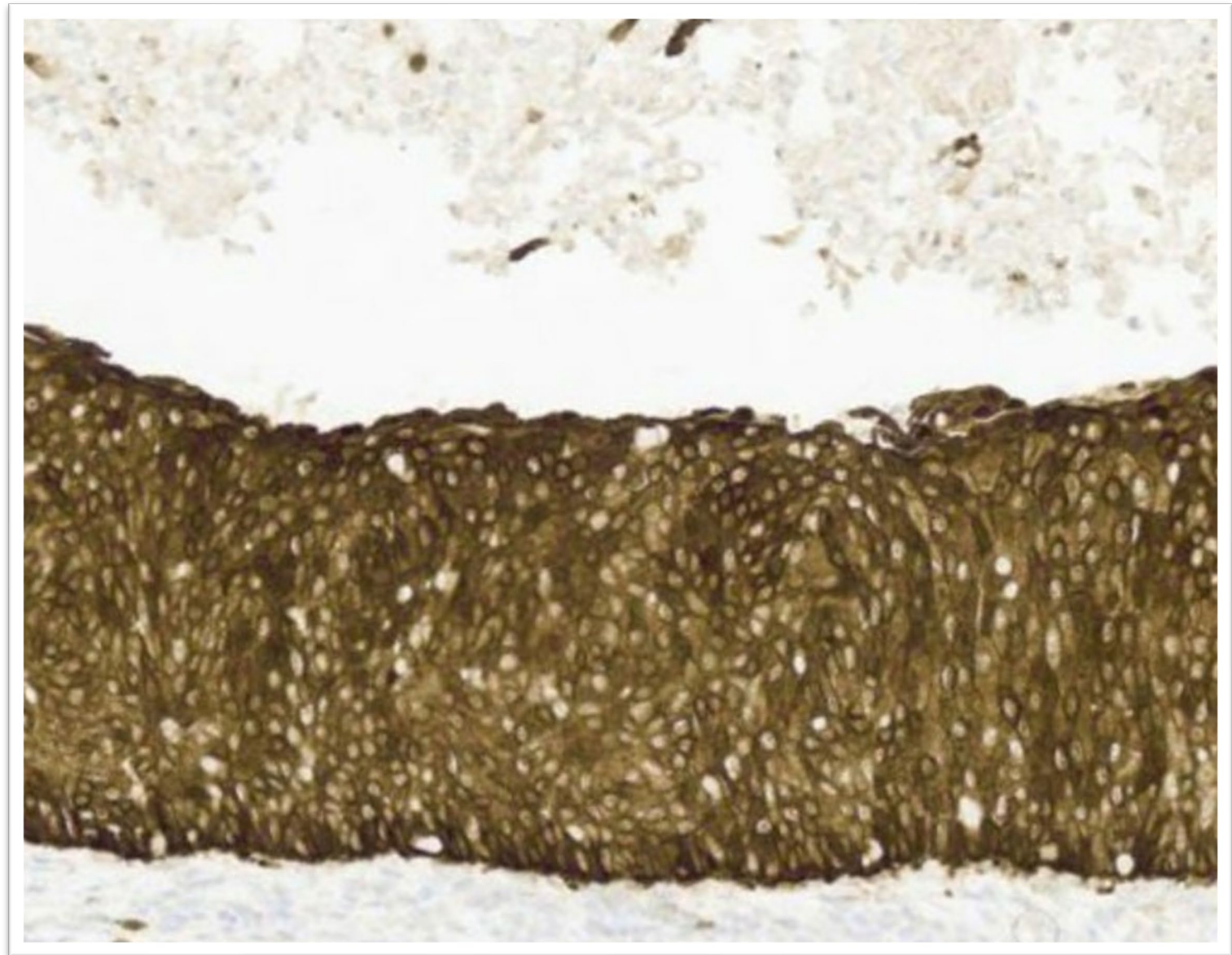
1. Why so much trouble making this diagnosis?
2. What is p16? Is it/how is it important?

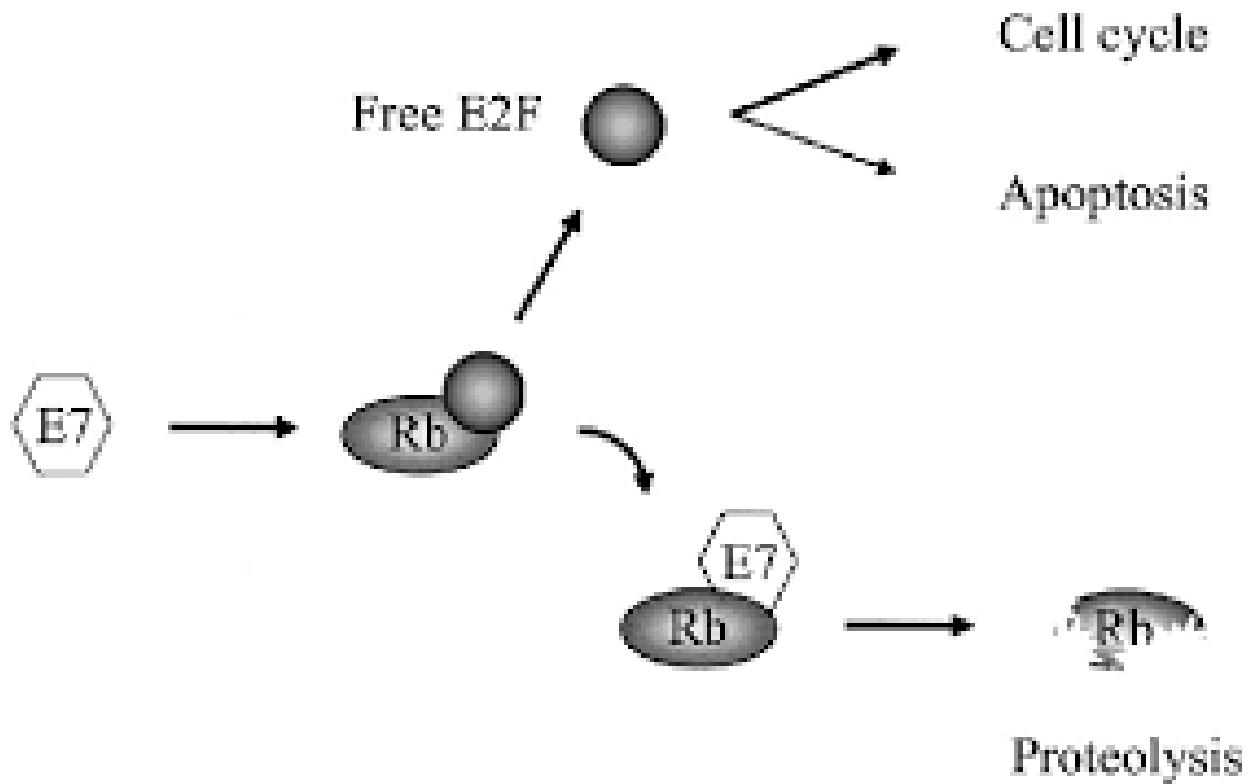


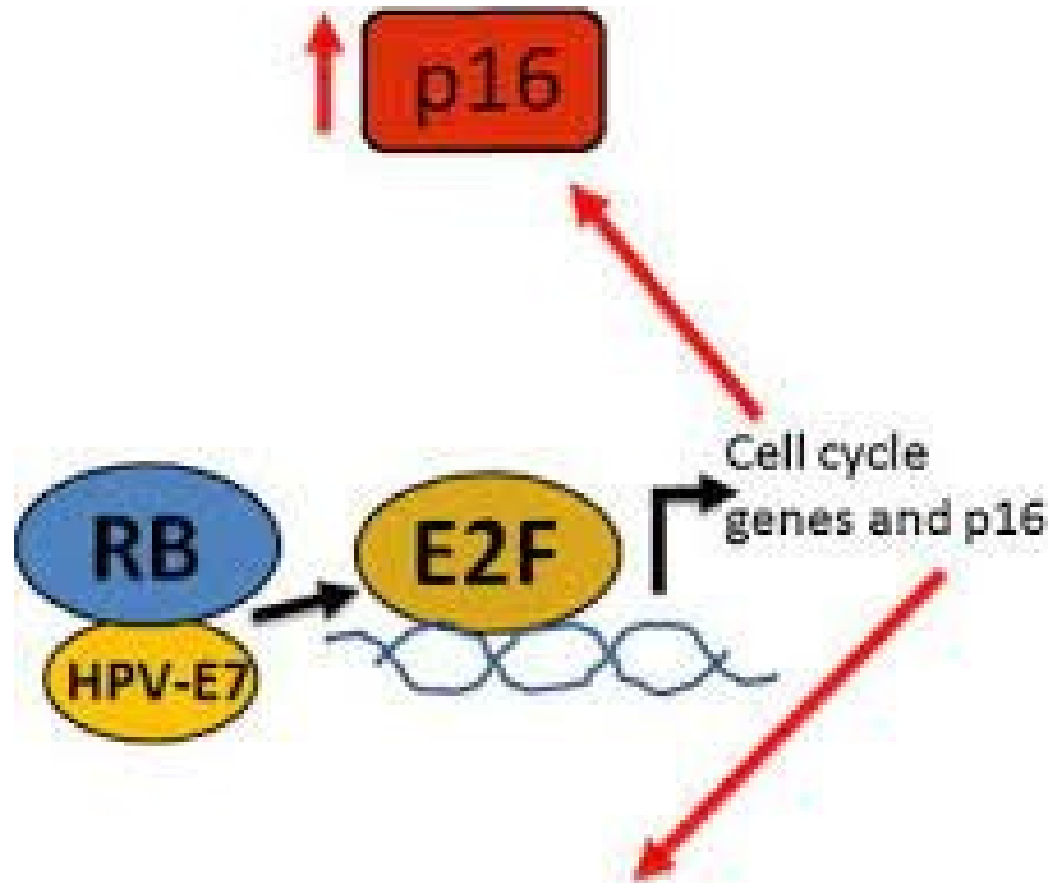




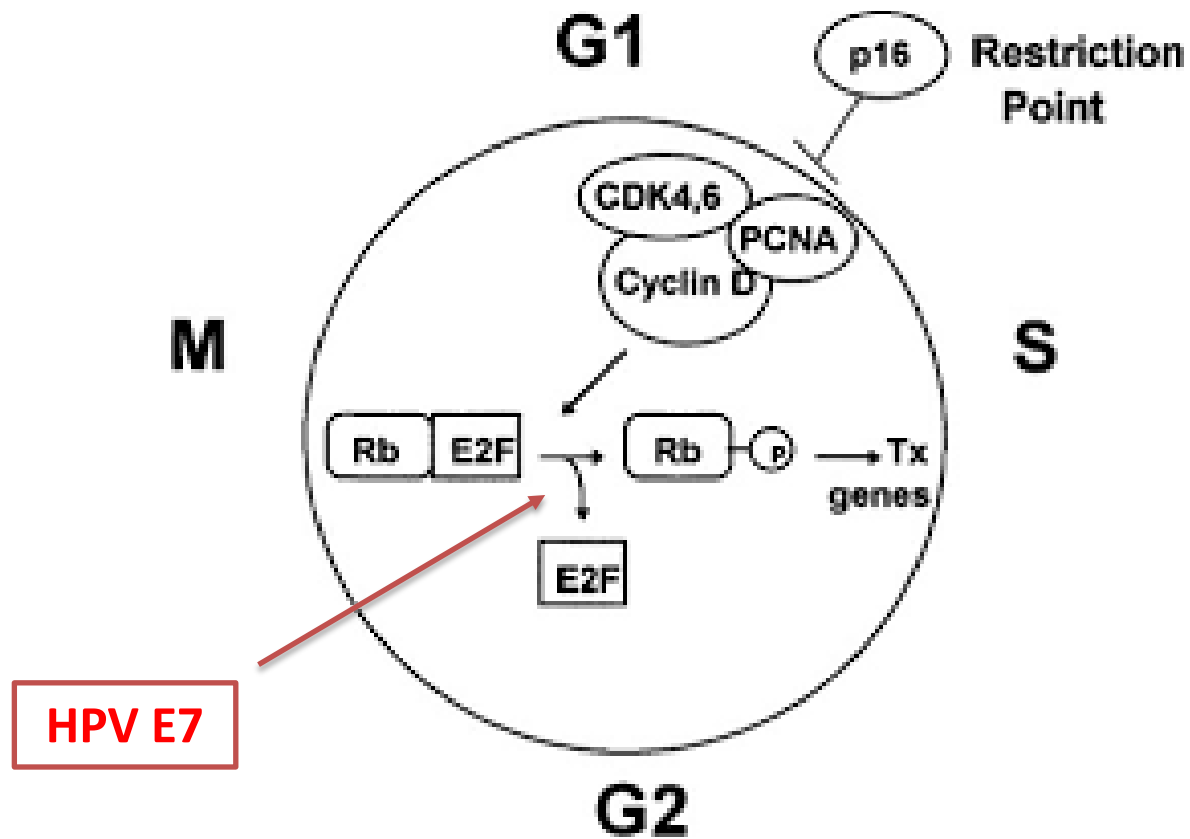




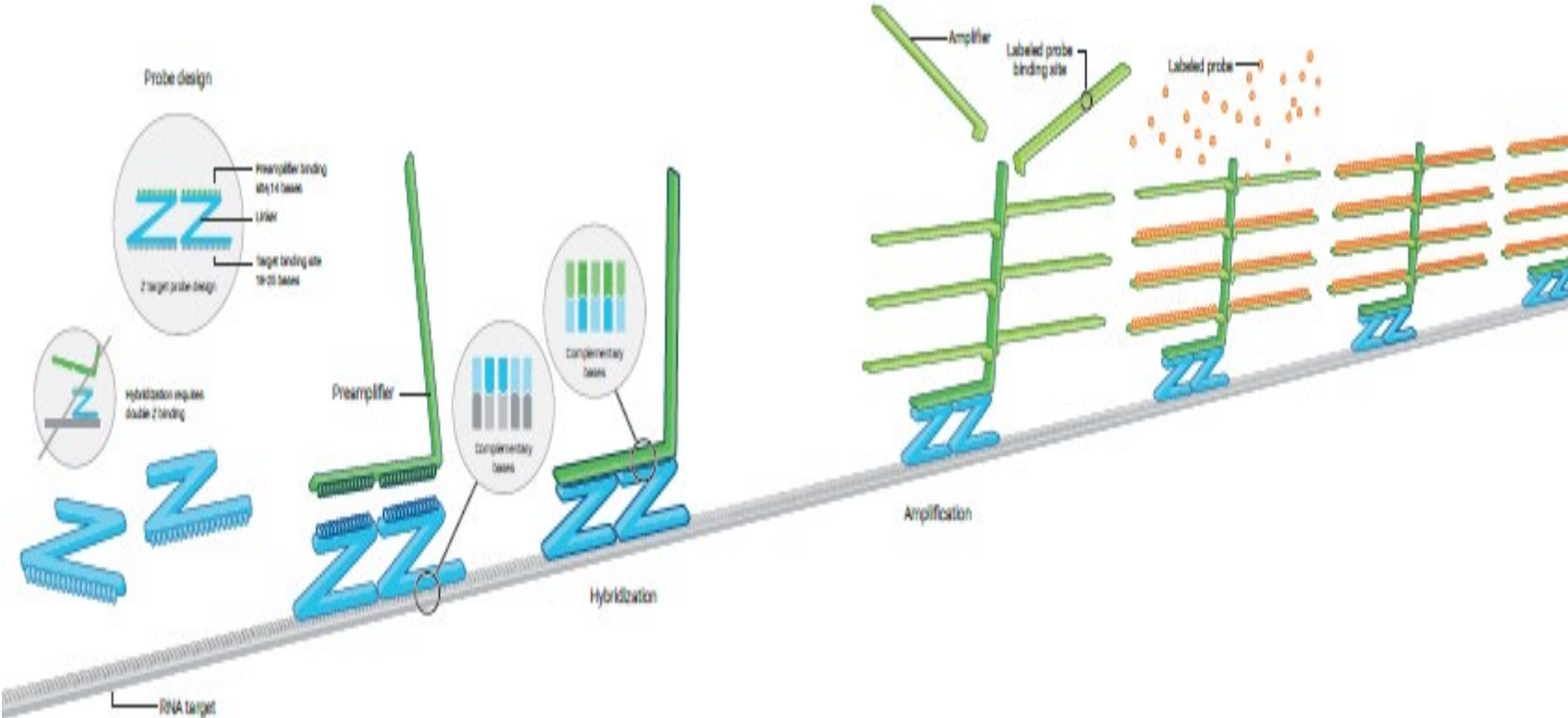




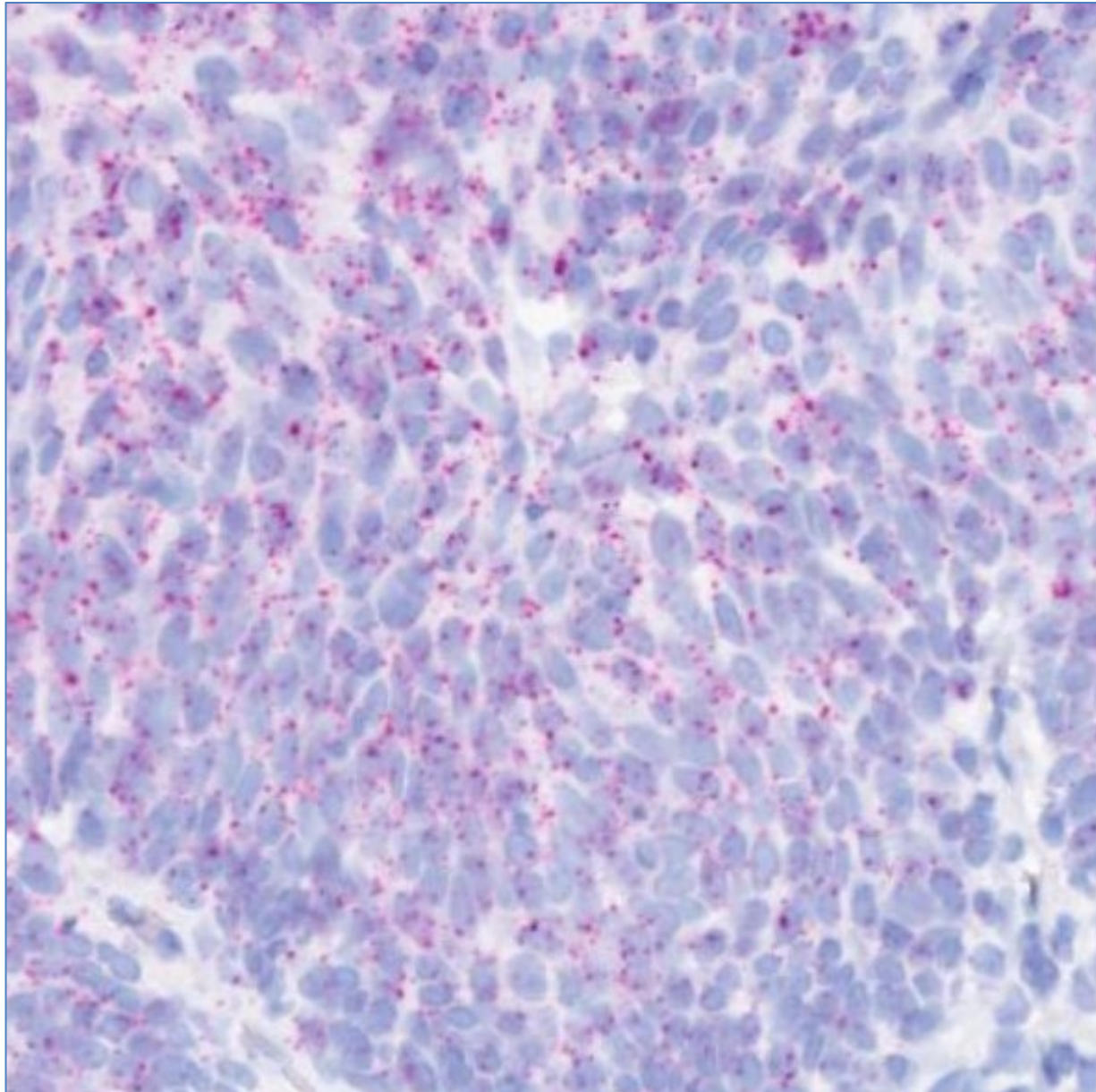
Continuous entry into the cell cycle
Tumor progression

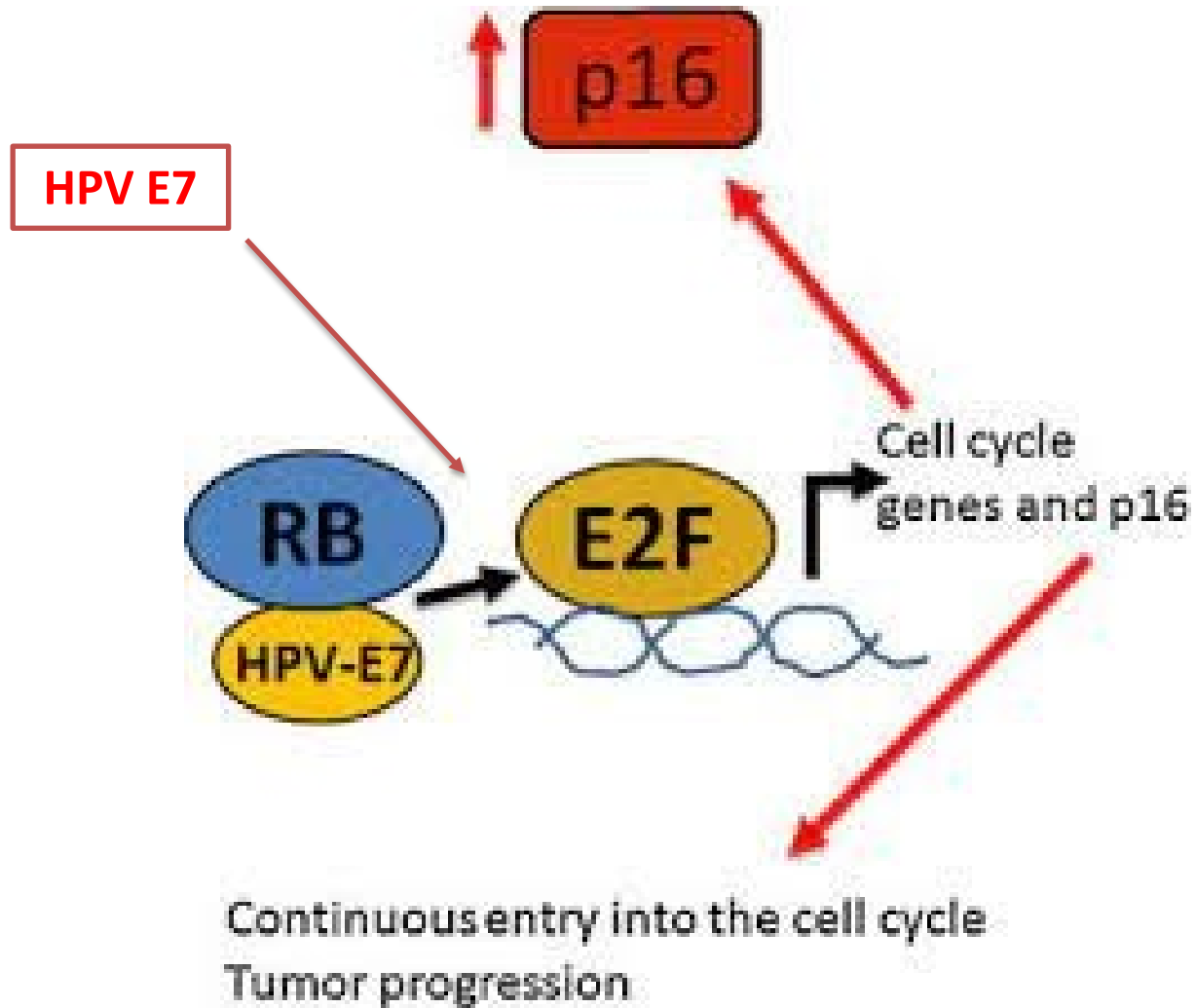


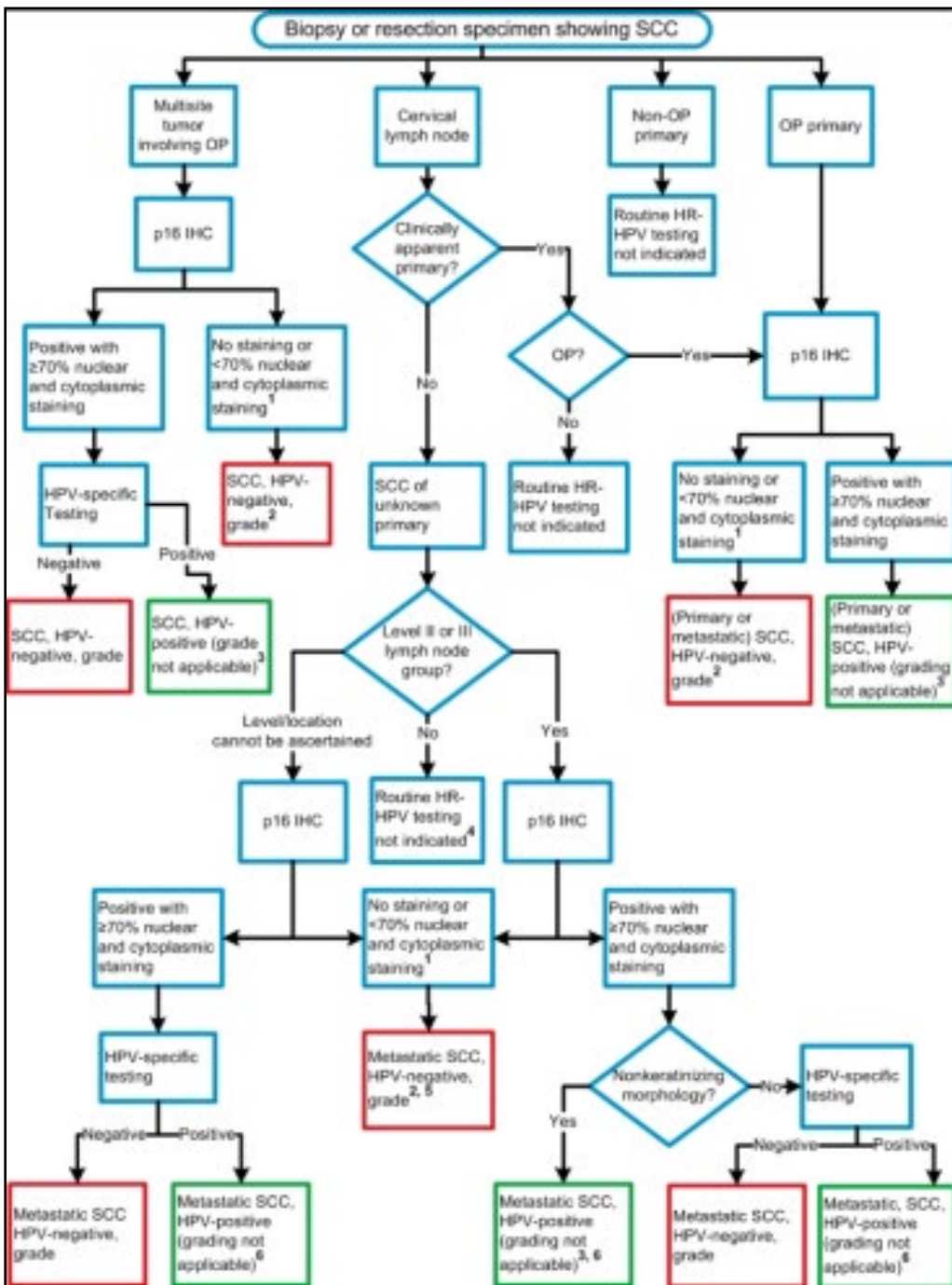
Principle and features of RNAscope® Technology



HR-HPV in-situ hybridization



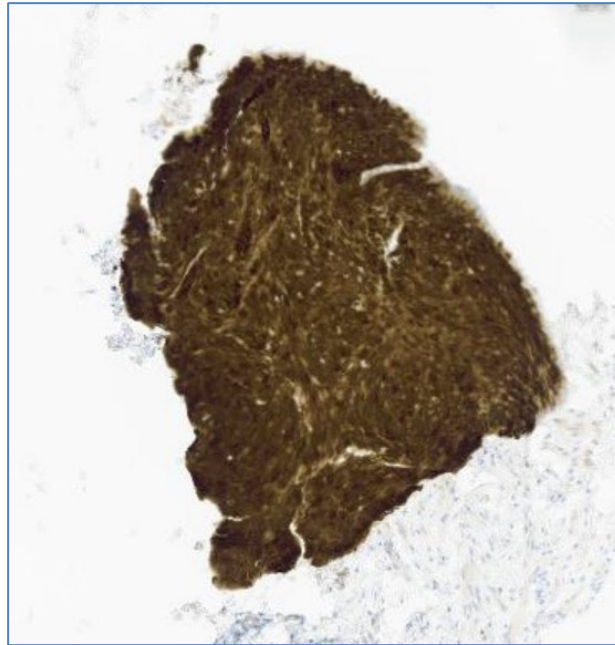
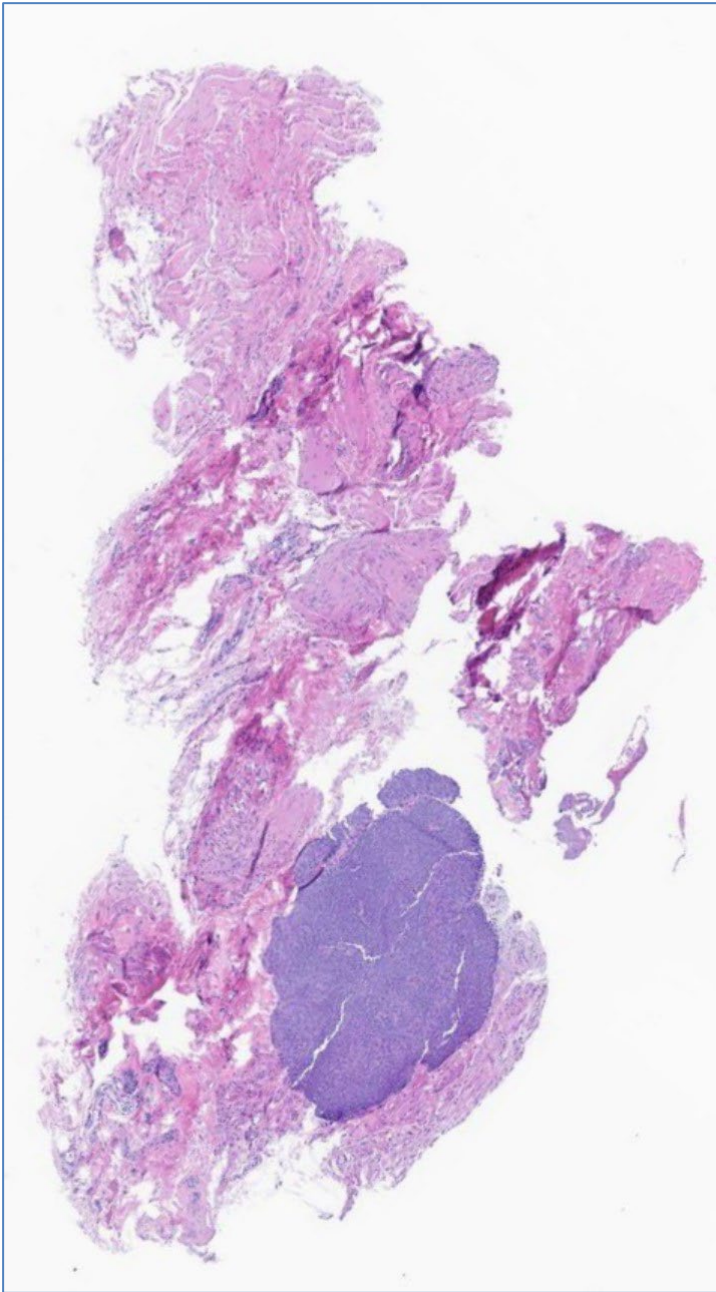




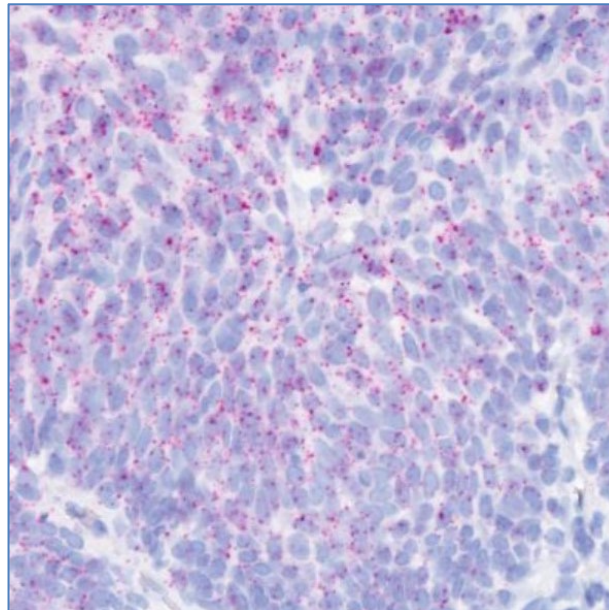
1. Non-oro-pharynx primary:
don't perform HPV testing

2. Oropharynx location, lymph node level II or III, morphology typical:
rely on p16 IHC for HPV classification

3. Clinical features atypical or unknown:
confirm positive p16 IHC with HPV-specific testing (eg. ISH)



p16 IHC



HR-HPV ISH