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Laboratory Bulletin

DATE:	13 April 2026
TO:	Oncologists, Province Wide
FROM:	Edmonton Zone Immunohistochemistry Laboratory, Alberta Precision Laboratories (APL)
RE:	**28-8 PD-L1 IHC Discontinued and Replaced by 22C3**

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Key Message

- The companion diagnostic test PD-L1 28-8, due to its challenging maintenance resulting in excessive repeat tests and prolonged turnaround times, will no longer be utilized in clinical practice.
- Instead, the PD-L1 22C3 clone will be employed as the new standard for providing all required CPS thresholds (1, 5, and 10). The analytical results from both tests, 22C3 and 28-8, have been found to be highly concordant (Reference: PD-L1 expression in gastric cancer: interchangeability of 22C3 and 28-8 pharmDx assays for responses to immunotherapy. Modern Pathology. 2021;34(9):1719-1727.)

Background

- Nivolumab and Pembrolizumab may be considered as potential immunotherapies for treating upper gastrointestinal neoplasms. Clinical nuances and biological parameters, such as HER2 status, necessitate various CPS threshold assessments (1, 5, and 10) *currently* using both PD-L1 assays: 28-8 and 22C3.
- The IHC assay PD-L1 28-8, due to its challenging maintenance issues, will be discontinued and replaced by clone 22C3.

Action Required

- None: All requests for PD-L1 assessments in upper gastrointestinal neoplasms will generate a comprehensive report with the CPS threshold assessments (1, 5, and 10).

Effective **April 10,2026**

Questions/Concerns

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This bulletin has been reviewed and approved by

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