

# Applications of Fluorescence in situ hybridization (FISH) in hematology

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# What is FISH ?

It is process of painting the **whole** chromosome or **only part** of the chromosomes (protein) with florescence molecule to identify chromosomal abnormality and presence of a region of DNA or RNA within the chromosome.

# History:

- In 1969, Gall and Pardue introduced *in situ* hybridization (ISH) to localize nucleic acids in individual cells.
- Pinkel (1986), described the Immunofluorescence technique .
- Afterwards, so many techniques derived from FISH have been developed.

## Other techniques:

- Q-FISH.
- Fiber FISH.
- Multi colour FISH(M-FISH or SKY).
- Flow-FISH.
- Comparative genomic hybridization(CGH).
- SNP(single nucleotide polymorphism array).

# Targets:

- Metaphase chromosomes.
- Interphase cells.
- Tissue sections---from tissue biopsy slides.
- Cells in culture.

# What does FISH need?

- Sample.
- Probe.
- Fluorescence microscope.

# Samples:

- Blood.
- Bone marrow(aspirate , biopsy).

# • Probe:

It is a specific DNA fragment, usually 1 to 100 kb length, complementary to the chromosome site that we are interested in e.g of probe:

- ❖ Single colour
- ❖ Dual colour \_ dual fusion
- ❖ Dual colour \_ single fusion

## Probe Labeling:

- **Direct labeling** : the probe directly labeled with fluorochromes such as Spectral Green and Spectral Orange(One-step hybridization).
- **Indirect labeling** : needs antibodies to complete FISH procedure( Haptens-Biotin-dUTP, digoxigenin-dUTP).



# Fluorescence microscope:

## Light source:

High-pressure mercury vapor lamps, tungsten-halogen lamps or xenon lamps.

## Filters:

1. Exciting filter: to let a certain wave length of light passes so that can excite the given fluorochrome carried on sample.
2. Barrier filter: to allow the visible light passes so that the fluorescence can be seen by eyes or the image can be captured.

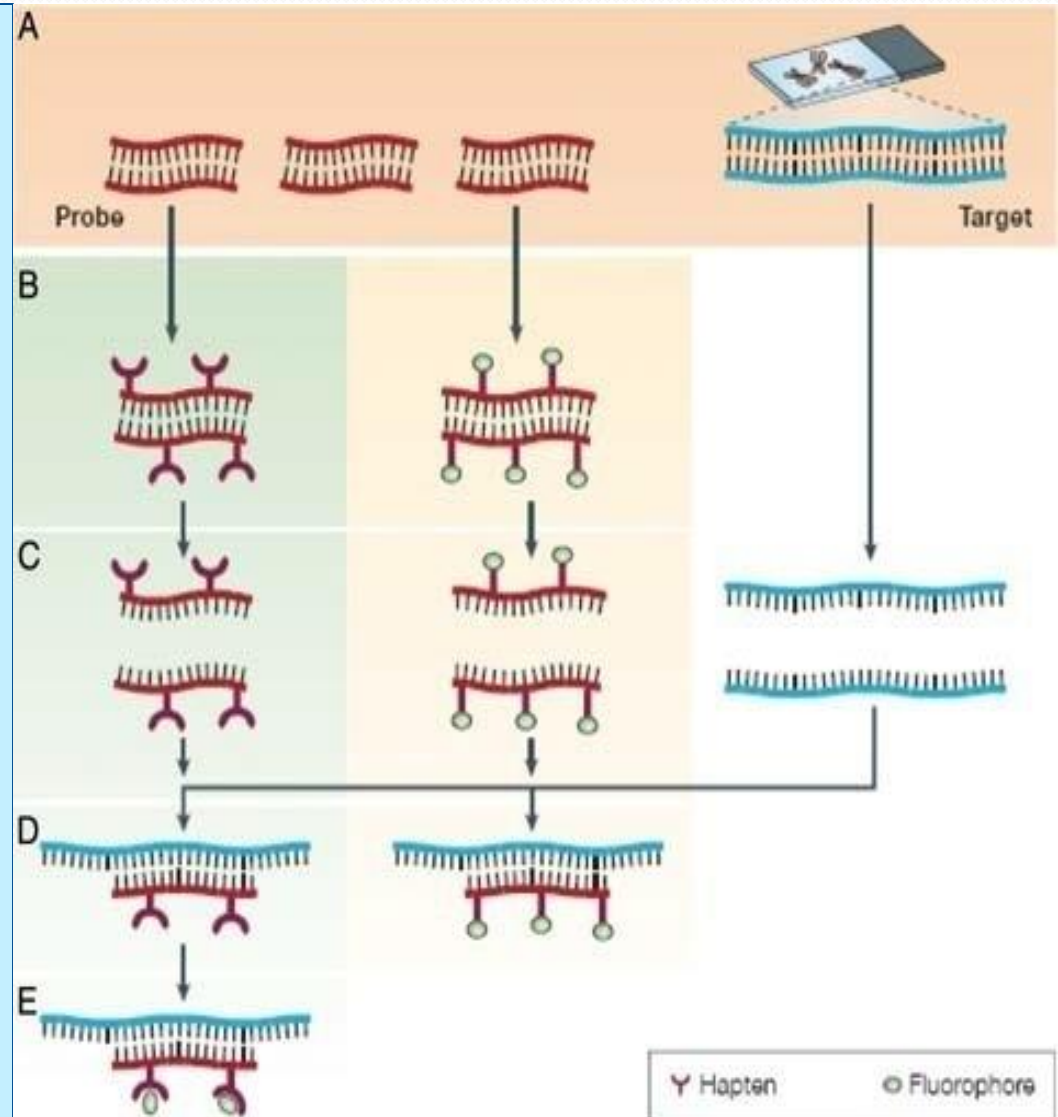
Note: there should be no auto-fluorescence in any part of light path except for samples

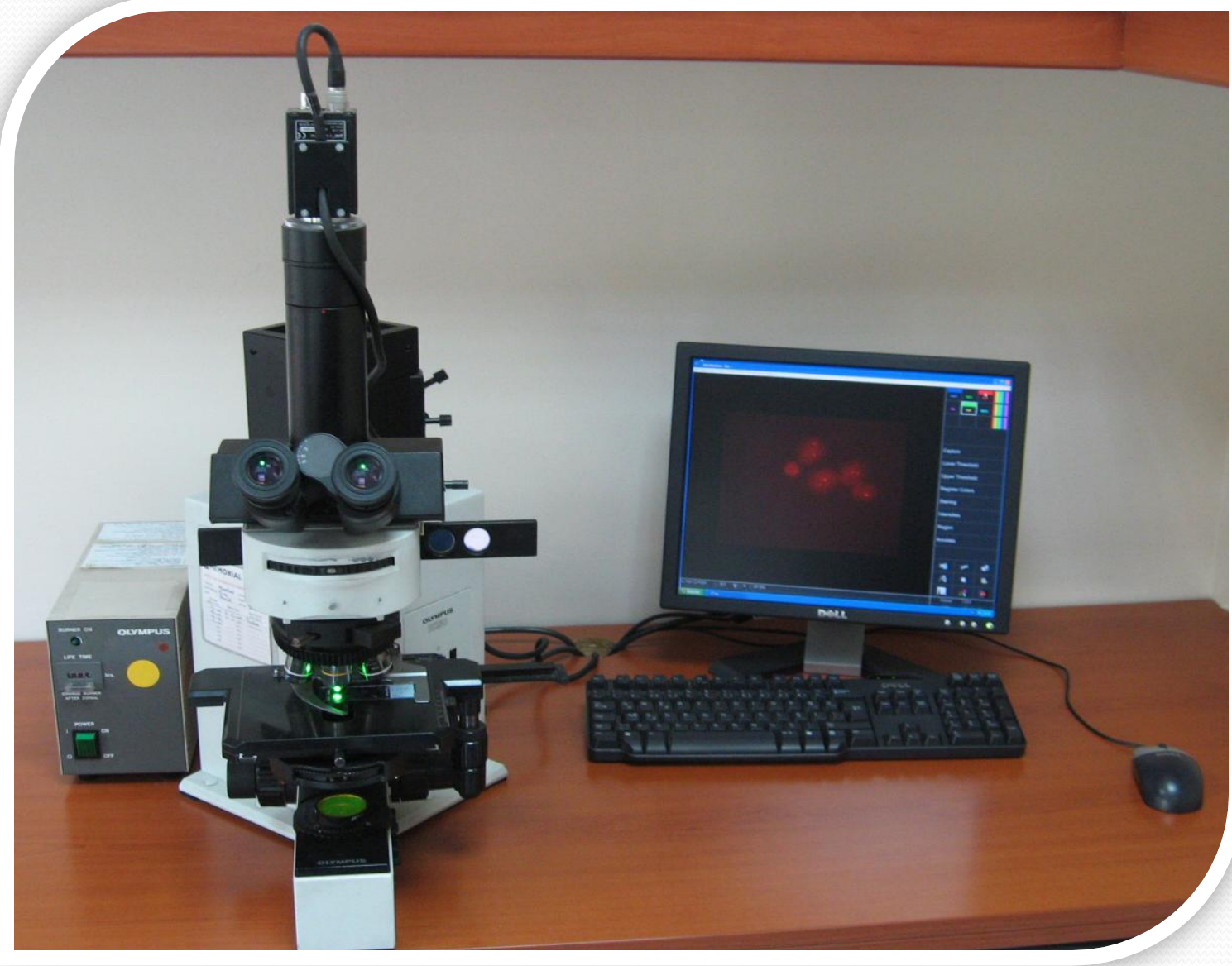
# Procedure:

- Denaturation of chromosome.
- Denaturation of probe.
- Hybridization: It is the formation of duplex between 2 complementary sequences.
- Florescence staining.
- Examination of the slide or store in dark.

## The principles of fluorescence in situ hybridization:

- (a) The basic elements are a DNA probe and a target sequence.
- (B) Before hybridization, the DNA probe is labelled indirectly with a hapten (left panel) or directly via the incorporation of a fluorophore (right panel).
- (C) The labelled probe and the target DNA are denatured to yield single-stranded DNA.
- (D) They are then combined, which allows the annealing of complementary DNA sequences.
- (E) If the probe has been labelled indirectly, an extra step is required for visualization of the non-fluorescent hapten that uses an enzymatic or immunological detection system. Finally, the signals are evaluated by fluorescence microscopy





## A good FISH method should have:

- An extremely high specificity (extremely low background).
- A good sensitivity (good hybridization efficiency).
- Unambiguous recognition of the hybridization signal.

# FISH limitation:

- Probe design requires knowledge of specific chromosomal abnormality to be studied.
- Cut off signals may be different among laboratory.
- Processing error, imperfect hybridization, non specific binding, photo bleaching, inter observer variability and false positive and negative.

# Advantages:

- It is useful in establishing the percentage of neoplastic cells at the time of diagnosis and after therapy.
- FISH studies are used to investigate the origin and progression of hematologic malignancies and to establish which hematopoietic compartments are involved in neoplastic processes.
- Quick and correct results save time and money by preventing unnecessary additional diagnostics and suboptimal treatment approaches.
- less labor-intensive method for confirming the presence of a DNA segment within an entire genome than other conventional methods

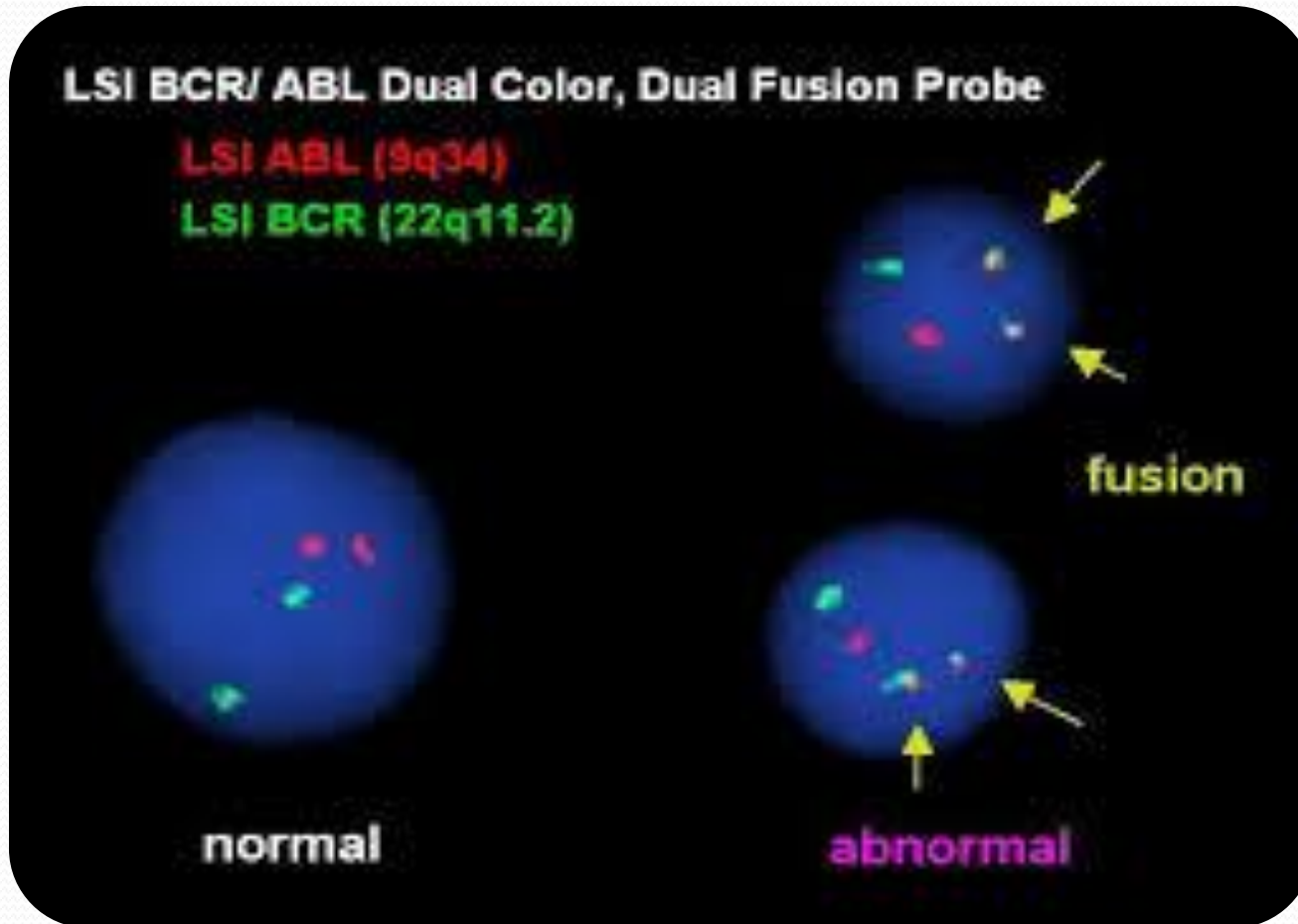
# Advantages:

- Fast 48-72 hr.
- Reliable and unbiased result.
- Architecture of specimen remain intact.
- Old specimen can be used up to (7 years).
- It can detect numerous abnormalities( gain, losses of whole chromosome or deletion/duplication) superior to PCR.
- Used in diagnostic evaluation specially like cryptic abnormality that not evident by conventional karryotyping.

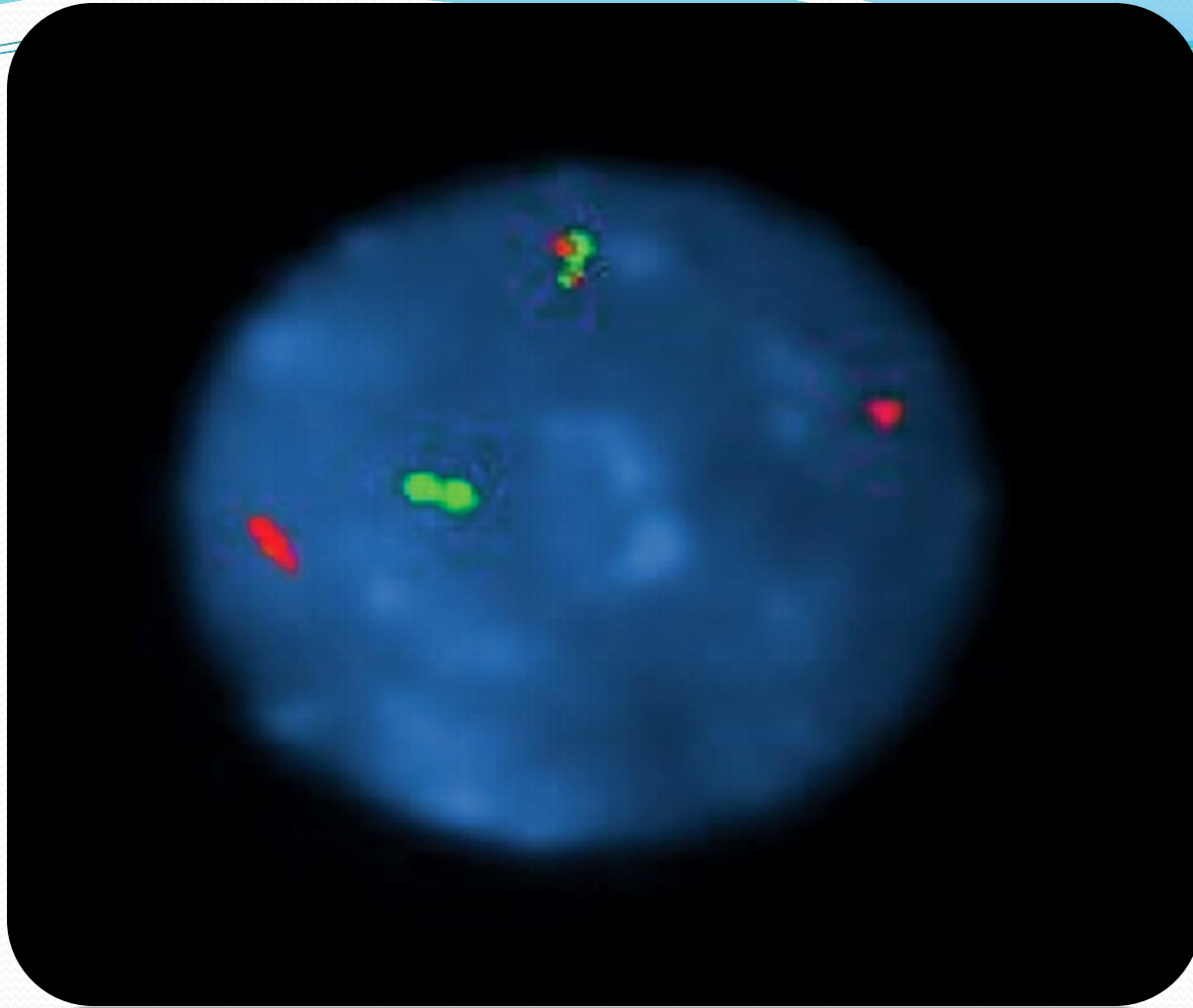


# Application of FISH in haematology:

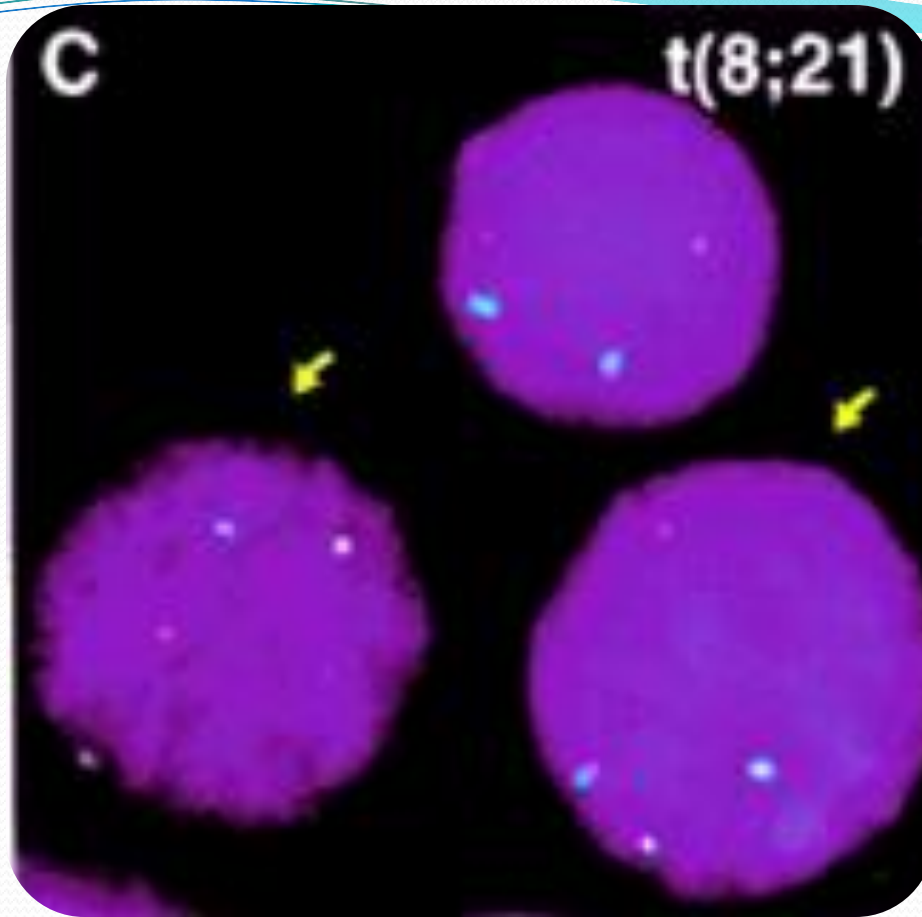
- Acute Lymphoblastic Leukemia t(4;11).
- Acute Myeloid Leukemia( PML/RARA t(15;17), AML/ETO t(8;21)
- Chronic Myeloid Leukemia( ABL/BCR t(9;22) .
- Chronic Lymphocytic Leukemia(del13q14).
- Myelodysplastic Syndromes.
- Plasma cell myeloma( deletion of 13q 14 or monosomy 13).
- Non Hodgkin Lymphoma(t(11;14) in mantle cell lymphoma).
- CLL/small lymphocytic lymphoma.
- Mismatched BM transplantation diseases relapse.



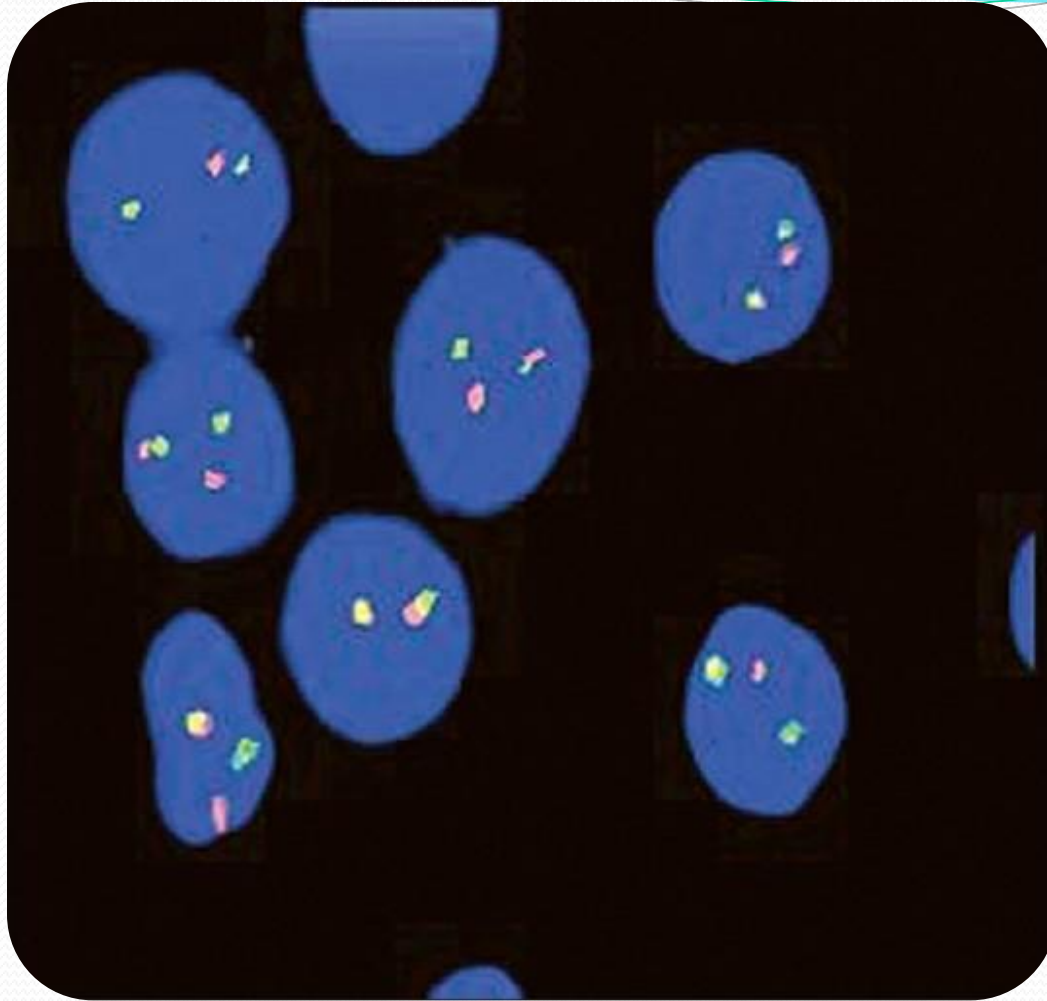
chronic myelogenous leukemia A *BCR-ABL1* amplification seen on interphase fluorescence in situ hybridization (FISH; dual-color, dual-fusion probes for *BCR*, green, and *ABL1*, red).



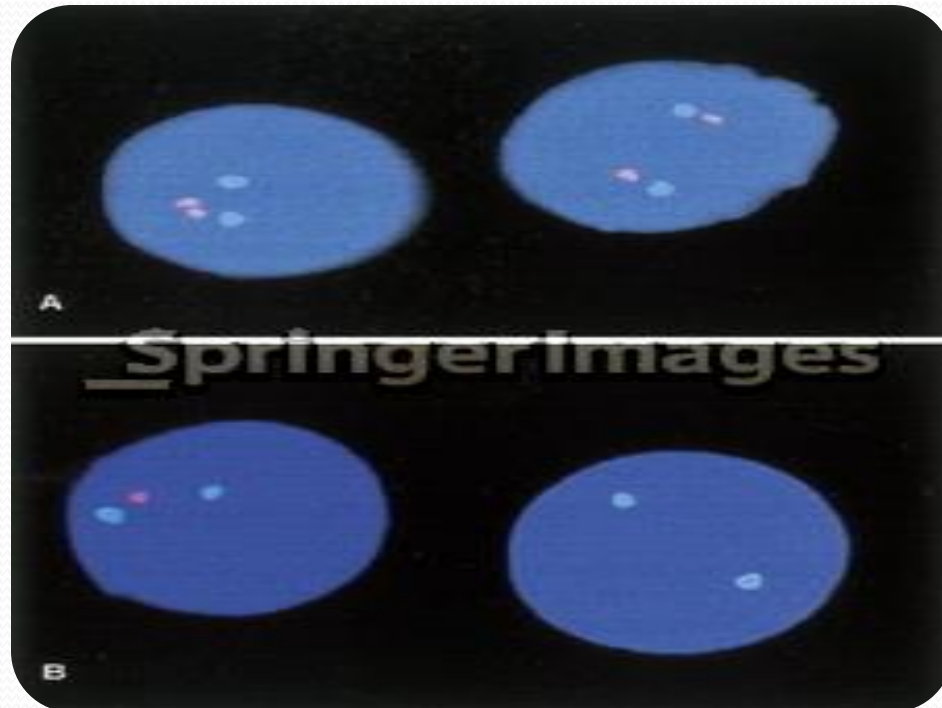
**Acute Promyelocytic Leukemia** FISH of an interphase nucleus with a *PML* probe (red fluorophore) chromosome 15 and an *RARα* probe (green fluorophore) chromosome 17 demonstrating normal-intensity green and red signals, a fusion signal, and a red signal of diminished intensity.



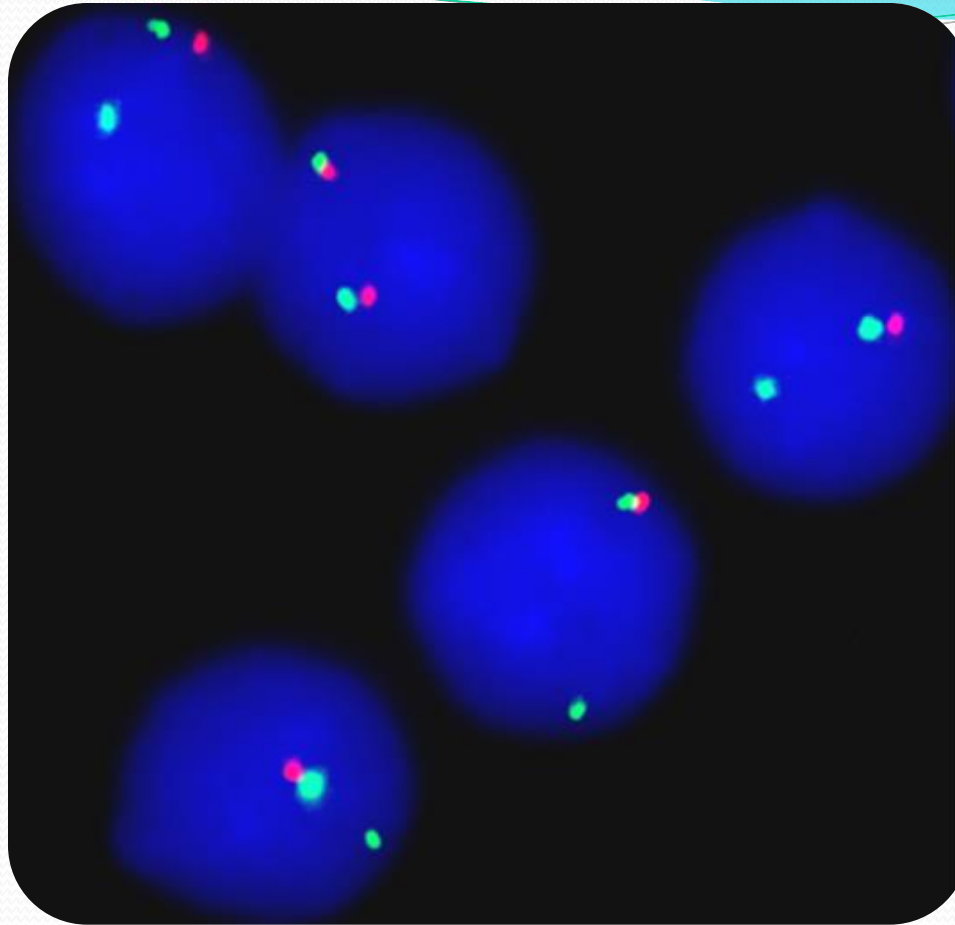
**c)** Dual-fused approach: AML1/ETO D-FISH probe (Oncor) labeled with Rhodamine green and Texas red for detection of t(8;21)(q22;q22).



Mantle cell lymphoma t(11;14) yellow fusion signal.



Interphase fluorescence in situ hybridization analysis in **MM** patients, using specific probes for chromosome **17** centromere (*green dots*) and **P53** locus (*orange dots*). **A** Two hybridization signals for each probe in normal interphase nuclei. **B** Abnormal nuclei exhibiting a monoallelic (*left*) and biallelic (*right*) deletions of **P53** locus



**Deletion of chromosome 13q14.2 occurs in multiple myeloma, non-Hodgkins lymphoma, chronic lymphocytic leukemia, myeloproliferative disorders, myelodysplastic syndrome, and acute nonlymphocytic leukemia.**



Thank  
You