FGFR3 (4p16.3) Orange FISH Probe

Control Number: 901-7277-012218



FI7277A
GFR3 (4p16.3) Orange FISH Probe
eady-to-use
00 µL

Intended Use:

For In Vitro Diagnostic Use.

FGFR3 (4p16.3) Orange FISH Probe is intended to hybridize to the 4p16.3 region on chromosome 4. The clinical interpretation of any positive or negative hybridization events should be complemented by the use of appropriate controls and other diagnostic tests where appropriate. Evaluation should be carried out within the context of the patient's clinical history by a qualified pathologist.

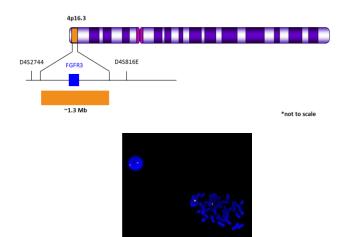
FOR DISTRIBUTION OUTSIDE THE UNITED STATES ONLY

Summary and Explanation:

FGFR follows a classic receptor tyrosine kinase signalling pathway and its deregulation at various points of its cascade could result in malignancy¹. Chromosomal translocations can lead to an expression of fusion proteins with potent oncogenic function as seen in many hematological malignancies. FGFR3 translocation brings it under the influence of a strong IGH enhancer region results in overexpression often seen in multiple myeloma and has been associated with poor prognosis². FGFR3 is reportedly one of the most commonly mutated genes in human urothelial cell carcinoma and has also been identified in a wide range of other cancers including cervical, prostate, lung and ovarian tumors^{3,4,5}.

Principle of Procedure:

The FGFR3 (4p16.3) Probe is approximately 1.3 Mb in size and is designed to provide coverage of the 4p16.3 region of chromosome 4.



 $\mathsf{FGFR3}$ (4p16.3) Orange FISH probe hybridized on normal blood sample. Interphase and metaphase cellular states are shown.

Species Reactivity: Human

Known Application:

Fluorescence In-Situ Hybridization (FISH) on hematological samples.

Supplied As: Probe in hybridization buffer.

Storage and Stability:

Store probe at -20°C and away from light. The product is stable to the expiration date printed on the label, when stored under these conditions. Do not use after expiration date.

Protocol Recommendations:

- 1. Apply 10 µl of probe mix to the selected target area of the slide.
- 2. Cover with an 18 mm x 18 mm cover glass and seal with rubber cement.
- Place sealed slide on thermal cycler designed to perform denaturation and hybridization steps in slide-based FISH procedures (please see manufacturer's operating instructions).
- 4. Denature probe at 72°C for 2 minutes and hybridize at 37°C between 12-18 hours.
- 5. Remove cover glass and wash slides using the following conditions:
 - 5.1. Wash 1: 0.4x SSC/0.3% Nonident-P40 at 72°C±1°C for 2 minutes
 - 5.2. Wash 2: 2x SSC/0.1% Nonident-P40 at room temperature for 2 minutes
- Apply 10 μl of a DAPI nuclear counterstain directly to the target area of the slide; cover area using a 24 mm x 50 mm cover glass.
- 7. Slides are ready for visualization using a fluorescent microscope.

Technical Note:

Biocare Medical FISH probes are optimized to provide the best signal performance using optical filters that can accommodate the excitation/emission wavelengths specified below. Using filters outside these spectral specifications may produce sub-optimal results.

Fluorophore	Excitation (nm)	Emission (nm)
AQUA	432	472
GREEN	498	521
ORANGE	546	575
RED	593	618

Limitations:

The optimum probe dilution and protocols for specific applications may vary. These include, but are not limited to; sample preparation, hybridization conditions and incubation times, post hybridization washes and microscope filter specifications and illumination conditions. The recommended hybridization times and wash conditions are for







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guidance only and it is the responsibility of the operator to determine optimal conditions. The clinical interpretation of any positive or negative hybridization events should be evaluated within the context of clinical presentation, morphological and/or cytogenetic criteria by a suitably qualified practitioner. These findings should be complemented by the use of appropriate controls and other diagnostic tests where appropriate.

Quality Control:

Fluorescence In-Situ Hybridization (FISH) Methods for Clinical Laboratories; Approved Guidelines – Second edition (MM07-A2). CLSI, Wayne, PA (www.clsi.org). 2013.

Precautions:

- This product contains formamide, which may be toxic. Formamide may cause serious eye damage or reproductive toxicity. It may also cause irritation by inhalation or skin contact. Avoid any direct contact exposure to reagent. Take appropriate protective measures (use disposable gloves, protective glasses, and lab garments).
- 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. Never pipette reagents by mouth and avoid contacting the skin and mucous membranes with reagents and specimens. If reagents or specimens come in contact with sensitive areas, wash with copious amounts of water⁶.
- 3. The SDS is available upon request and is located at http://biocare.net.

Troubleshooting:

Follow the FISH probe specific protocol recommendations according to data sheet provided. If atypical results occur, contact Biocare Medical's Technical Support at 1-800-542-2002.

References:

- Mechanisms of FGFR-mediated carcinogenesis. Imran Ahmada, Tomoko Iwata, Hing Y. Leung. Biochimica et Biophysica Acta (BBA) - Molecular Cell Research, Vol 1823, Issue 4, April 2012, Pages 850–860.
- Antibody-based targeting of FGFR3 in bladder carcinoma and t(4;14)-positive multiple myeloma in mice. J. Qing, X. Du, Y. Chen, P. Chan, H. Li, P. Wu, S. Marsters, S. Stawicki, J. Tien, K. Totpal, et al. J. Clin. Invest., 119 (2009), pp. 1216–1229
- 3. Frequent activating mutations of FGFR3 in human bladder and cervix carcinomas. D. Cappellen, C. De Oliveira, D. Ricol, S. de Medina, J. Bourdin, X. Sastre-Garau, D. Chopin, J.P. Thiery, F. Radvanyi. Nat. Genet., 23 (1999), pp. 18–20.
- Clinical and biological characteristics of cervical neoplasias with FGFR3 mutation. C. Rosty. Nat. Genet., 41 (2009), pp. 1247– 1252
- Constitutive activating mutation of the FGFR3b in oral squamous cell carcinomas. Y. Zhang, Y. Hiraishi, H. Wang, K.S. Sumi, Y. Hayashido, S. Toratani, M. Kan, J.D. Sato, T. Okamoto. Int. J. Cancer, 117 (2005), pp. 166–168

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