



BE FISH+

Barrett's Esophagus Detection

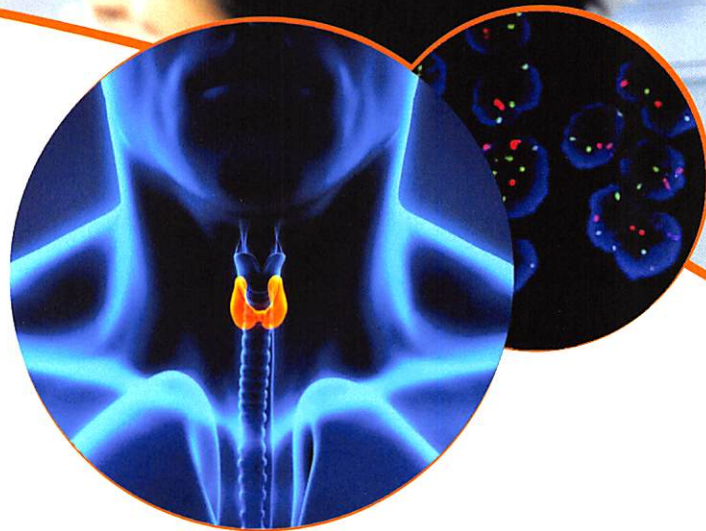
About BE FISH+

This test identifies patients with high risk Barrett's esophagus that have an increased probability of progression to esophageal cancer. The test employs cytology, immunohistochemistry (IHC), and fluorescence in situ hybridization (FISH) methodologies, in concert, to differentiate between patients that require aggressive intervention versus candidates for reduced surveillance. The test can be performed on both biopsies and brushings from patients with Barrett's esophagus. The biomarkers associated with BE FISH can be ordered as a panel (BE FISH+) or individually based on the needs of the ordering physician. The turnaround time for this test is 3-5 days. Services are available both globally and as technical only.

Target Probes and Biomarkers

Our panel has been carefully curated to address dysplastic changes in patients with Barrett's esophagus.

- **ABPH 2.5** – Stains the acidic mucin present in goblet cells.
- **AMACR (P504S)** – useful biomarker in detecting dysplasia in ulcerative colitis, Crohn's disease, and Barrett's esophagus.
- **Cytology** – Imparts a characteristic range of coloration to exfoliative cells, allowing critical examination of nuclei and cytoplasmic components.
- **Feulgen Stain** – Stain that is a specific and sensitive method for evaluating DNA damages including the detection of the gain/loss of a single large chromosome.
- **Ki-67** – Ki-67 is a proliferation marker that is often used to estimate the growth fraction of tumors.
- **p53** – The study of p53 expression by IHC is of interest in Barrett's esophagus patients with a diagnosis of indefinite for dysplasia or low-grade dysplasia.
- **FISH Probes:** MYC (8q24), p16 (CDKN2A at 9p21), HER2 (ERBB2 at 17q12), and ZNF217(20q13)



Clinical Applications

**Patients at-risk for
Esophageal Adenocarcinoma**
**Patients diagnosed with
Barrett's Esophagus**

For more information, please contact us at: cs@emeritusdx.com

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Together, We Save Lives

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