



3030 Venture Lane, Suite 108 • Melbourne, Florida 32934 • Phone 321-253-5197 • Fax 321-253-5199

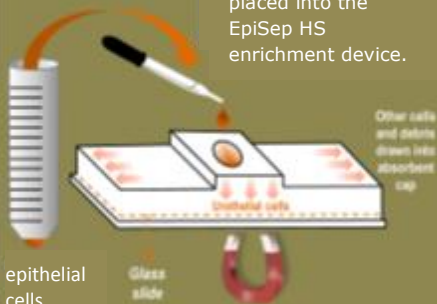
*For the Absolute
Highest Standard in
Uro-pathology*

**CELL ENRICHMENT IMPROVES THE QUALITY
OF FISH RESULTS BY PROVIDING MORE
EPITHELIAL CELLS TO ANALYZE.**

Paramagnetic antibodies are added to the urine sample and they attach to epithelial cells.



Epithelial cells are placed into the EpiSep HS enrichment device.



epithelial cells

The magnetic slide dock mounts the epithelial cells onto the slide. Other cells and debris are drawn into the absorbent caps leaving epithelial cells ready for FISH testing.



CELL ENRICHMENT TECHNOLOGY

Studies have reported up to 82% capture of prostatic cells in voided urine after digital rectal prostate massage. This allows for a non-invasive evaluation of patients with an increased PSA. may also prevent subsequent biopsy procedure, in those patients with previous malignant diagnosis that have not had radiation therapy.

Using EpiSep cell enrichment technology, SunCoast Pathology is able to isolate Prostatic Glandular Epithelial Cells from the specimen and concentrate them onto a slide for genomic Fluorescent in-situ Hybridization (FISH) testing. This is achieved by using a paramagnetic antibody to malignant prostate cells (EpCam 323/3a) which adheres to the malignant cells and allows them to be deposited on a slide using the EpiSep HS enrichment device. The untagged cells are then wicked away from the target area and the preparation is then ready for genomic FISH testing.

EpiSep is an FDA approved device for detecting, isolating, and helping characterize Circulating Tumor Cells.

References

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Clinical Validation for EpiSep® Hybridization Slide with +CD138 Plasma Cell Enrichment



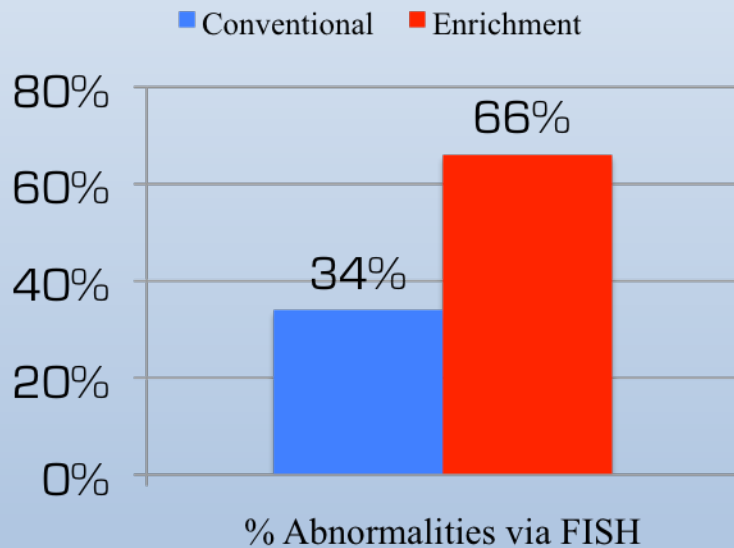
Ms. Stephanie Lashbrook
Senior Cytogenetic Technologist
HematoGenix
Tinley Park, IL.



15339 Barranca Parkway
Irvine, CA 92618
800.807.7760
www.wavesense.net

Multiple Myeloma FISH Panel Clinical Validation Study

- Overview
- 42 Patients in initial cohort
- 8 probe molecular panel to stratify patients into risk groups*
- 32 patients in final cohort



With sample enrichment:

- 66% of patients with new or additional abnormalities.
- 36% of patients would shift in prognosis from standard risk to high risk.
- 21% increase in patients with uncharacterized IGH rearrangement revealed.
- An average yield increase of 9.7 times more plasma cells (1.2x – 44x range).

*Due to sample and assay conditions, not all patients were screened for all 8 probes