FISH allows for custom examination of non-dividing CLL cells and does not require lengthy culture of dividing cells, thus delivering rapid results. FISH methodology detects 80% of chromosome abnormalities in CLL.

Results from this test may be used to dichotomize CLL patients into a poor or an intermediate/favorable prognosis category.

Patients with deletions in TP53 (17p13) and ATM (11q22) genes have more rapid disease progression and shorter treatment free interval than those with a sole deletion of the 13q region\(^2,3\).

Deletion of ATM gene (11q22) is more common in younger patients and associated with a more aggressive disease\(^1\).

Deletion in TP53 gene is associated with the poorest outcome in CLL, and provides therapeutic guidance for clinicians\(^3\).

The translocation t(11;14) (CCND1/IGH) is used to exclude Mantle Cell Lymphoma.

The CLL FISH Panel is not intended for therapy selection nor for monitoring of residual disease.

Probes used in the CLL Complete FISH panel are part of an FDA approved kit.

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1. Zent C, Kay N, Current Oncology Reports 2004, 6348-54