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# Section in situ hybridization

Kirsi Sainio



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# Section / cellular ISH types

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- Radioactive ISH for cells and tissue sections – radiolabeling of probes and detection by autoradiography
- Non-radioactive ISH – probes labeled with haptens or fluorochromes – cellular, chromosomal or tissue section ISH



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# Sections

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- Paraffin/resin embedded sections
- Frozen sections
- Vibratome sections
- Electron microscopy samples



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# Optimizing ISH

- Optimized ISH for section (as well as whole mount) protocols share several common goals:
  - retention of tissue morphology
  - rendering tissue permeable to probe
  - retaining target mRNA within the tissue
  - effective penetration and binding of probes
  - reduction of nonspecific background



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# Optimizing ISH

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- The critical parameters that result in successful ISH are type of fixative and length of tissue fixation, method for embedding fixed tissue, agents used for sample permeabilization, choice of hybridization conditions, and post-hybridization treatment



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# Fixation

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- Perfusion is much better at preserving tissue quality and RNA integrity because of the rapid spread of fixative through the cells
- In addition, perfusion results in ISH data with low background due to clearance of blood cells from the tissue
- Fixation by immersion, on the other hand, should be used when perfusion is not possible - for example with clinical samples or embryonic tissues



# Fixatives

- Fixation should ideally prevent the loss of cellular RNAs during hybridization while preserving accessibility of the target RNA to the probe
- Precipitating fixatives (such as ethanol/acetic acid or Carnoy's Solution) function by precipitating proteins to trap the RNA inside cells



# Fixatives

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- They provide the best probe penetration
- Tissues fixed by precipitating fixatives are subject to loss of target mRNA and the cell's morphological structure (Lawrence and Singer, 1985), resulting in poor ISH data quality





# Fixatives

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- The primary fixative of choice of most investigators is 4% neutral buffered formalin or 4 % paraformaldehyde
- Aldehyde fixatives are not always the best alternative although it seems that they tend to be the ONLY alternative



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# Fixatives

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- Tissue fixation by formaldehyde works by crosslinking amino groups, thereby preventing loss of the mRNA target
- During hybridization, high temperature and formamide remove some of these crosslinks



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# Fixatives

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- This promotes penetration of the probe, but may also lead to unwanted loss of the target RNA
- Thus, the ratio between the temperature of hybridization and the strength of fixation is very important to obtain an optimal signal



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# Fixatives

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- When using RNA probes the hybridization temperature should be high enough to ensure specific binding of the probe
- Fixation of the tissue under alkaline pH sometimes dramatically improves the signal when using RNA probes



# Embedding

- Cryostat sections of frozen tissue and paraffin embedded tissue sections have both been effectively used for ISH
- In general, paraffin-embedded tissues show better morphology than frozen tissue
- Paraffin embedding requires more tissue processing and can result in RNA loss and low ISH signal (Pintar and Lugo, 1985)



# Embedding

- Paraffin sections should be used with caution for ISH experiments on mammalian tissues where sensitivity is critical
- paraffin sections still have particular value in preparation of clinic, pathological and research samples for long-term protection of tissue morphology



# Permeabilization

- The most critical step in successful ISH both in sections and in whole mounts
- Usually enzymatic (proteinase K) or chemical (HCl) permeabilization
- Different samples require different treatments!!
- For instance brain tissues fixed in 4% paraformaldehyde overnight: deproteination by PK is either unnecessary or detrimental to RNA retention

# Permeabilization

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- PK digestion of the cell may result in loss of mRNAs or a loss of morphology
- addition of HCl diluted in triethanolamine increases detection sensitivity in paraformaldehyde fixed samples, possibly due to its ability to denature ribosomes, thus exposing additional target mRNAs to probe



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# Specificity

- In sections background signal arises primarily from nonspecific retention of probe in tissue sections (due to electrostatic interactions between probe and tissue macromolecules)
- Several chemical functional groups in proteins (such as amine and carboxylate groups) are believed to induce this nonspecific binding



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# Specificity

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- Minimize this source of background by treating tissue slides with acetic anhydride and triethanolamine (Hayashi et al., 1978)
- Acetylation of amine groups by acetic anhydride, routinely used in ISH protocols, maybe important in reducing backgrounds (for probes larger than 2.0 kb) (Lawrence and Singer, 1985)



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# Specificity

- Another way to decrease nonspecific probe binding is to saturate the binding sites on proteins by incubating tissue with prehybridization solution
- ficoll, bovine serum albumin, polyvinyl pyrrolidone, and nucleic acids
- compete with the nonspecific binding of probes to tissue
- However, addition of the above reagents to the hybridization buffer does not completely prevent background signal



# Specificity

- Nuclease treatment after hybridization is still necessary for reducing this nonspecific signal (nuclease treatment degrades unhybridized, single stranded probe)
- Without RNase treatment, the background with [<sup>33</sup>P]-labeled RNA probes may be so high that specific hybridization signal is not discernable
- RNA probes tend to exhibit high levels of nonspecific binding, so RNase treatment could help if this is a problem



# Specificity

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- High stringency washing conditions after cRNA-mRNA ISH decrease the background
- Mostly washes away the unbound nucleotides and off-target hybrids
- May also affect somewhat the specific binding

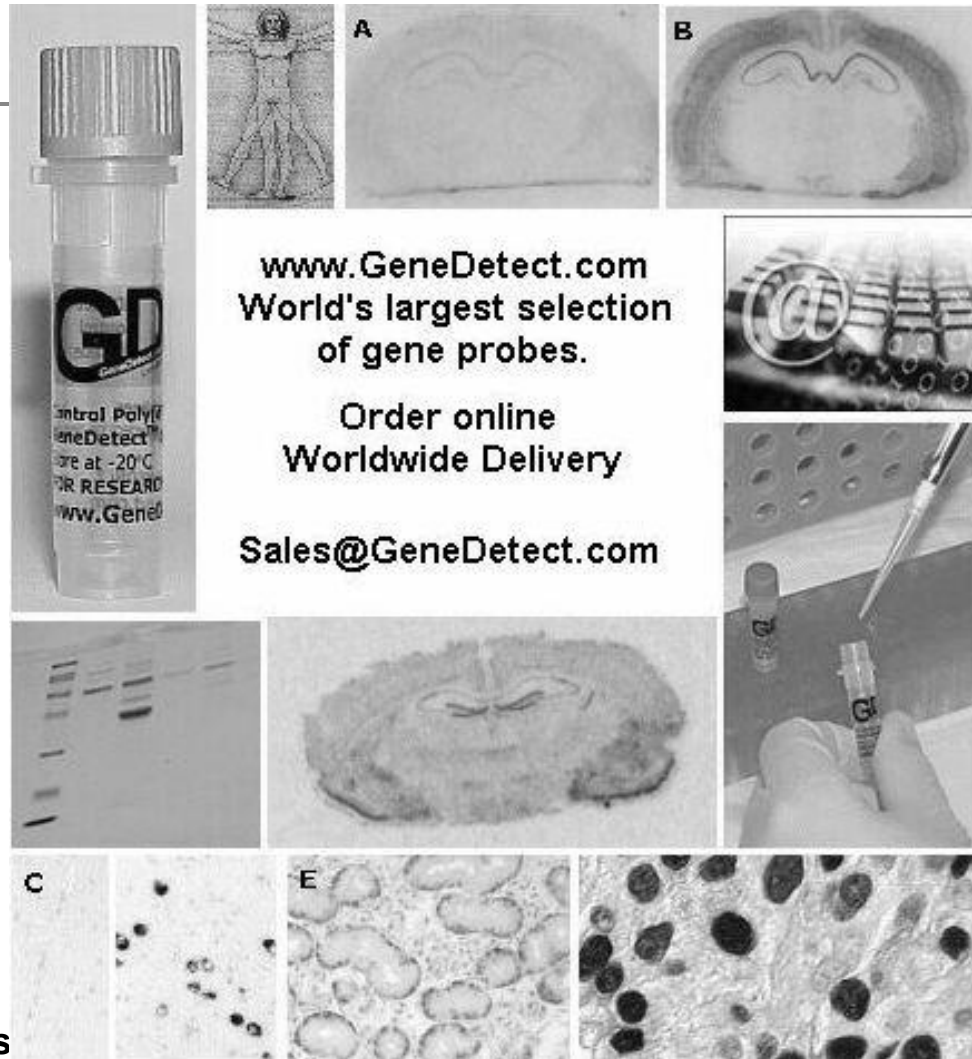


# Specificity

- While there are different recipes for making hybridization buffers, the inclusion of dextran sulphate in the hybridization solution increases probe binding to target mRNA
- including 10% dextran sulphate enhances ISH signal several fold
- too much dextran sulphate in the hybridization buffer will induce high background, which is difficult to remove in post hybridization washes



# Probes



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Control Poly  
GeneDetect  
Store at -20°C  
FOR RESEARCH  
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**C** **E**



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# Labels

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- Radioactive methods are sensitive, but require radionucleotides, are time-consuming and give poor detection in cellular level (autoradiography detection)
- Demanding method, but once set-up works fairly constantly and gives good results



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# Labels

- Non-radioactive methods are also sensitive in section level, give more possibilities in the choice of label, are quick, give good resolution in single cell level, give a possibility to double-labelling or even combination of ISH and immunohistochemistry
- Equally demanding method, sometimes difficult to detect small amount of target
- GIVES THE DETECTION IN SINGLE CELL LEVEL

# Labels

## ■ Radiolabels:

- For RNA ISH  $S^{35}$ -labeled UTP most often used, also  $P^{33}$  can be used
- $S^{35}$  labelled RNA probes usually give higher backgrounds
- dithiothreitol (DTT) should be added to all solutions used in prehybridization, hybridization, and posthybridization washes



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# Radioactive ISH

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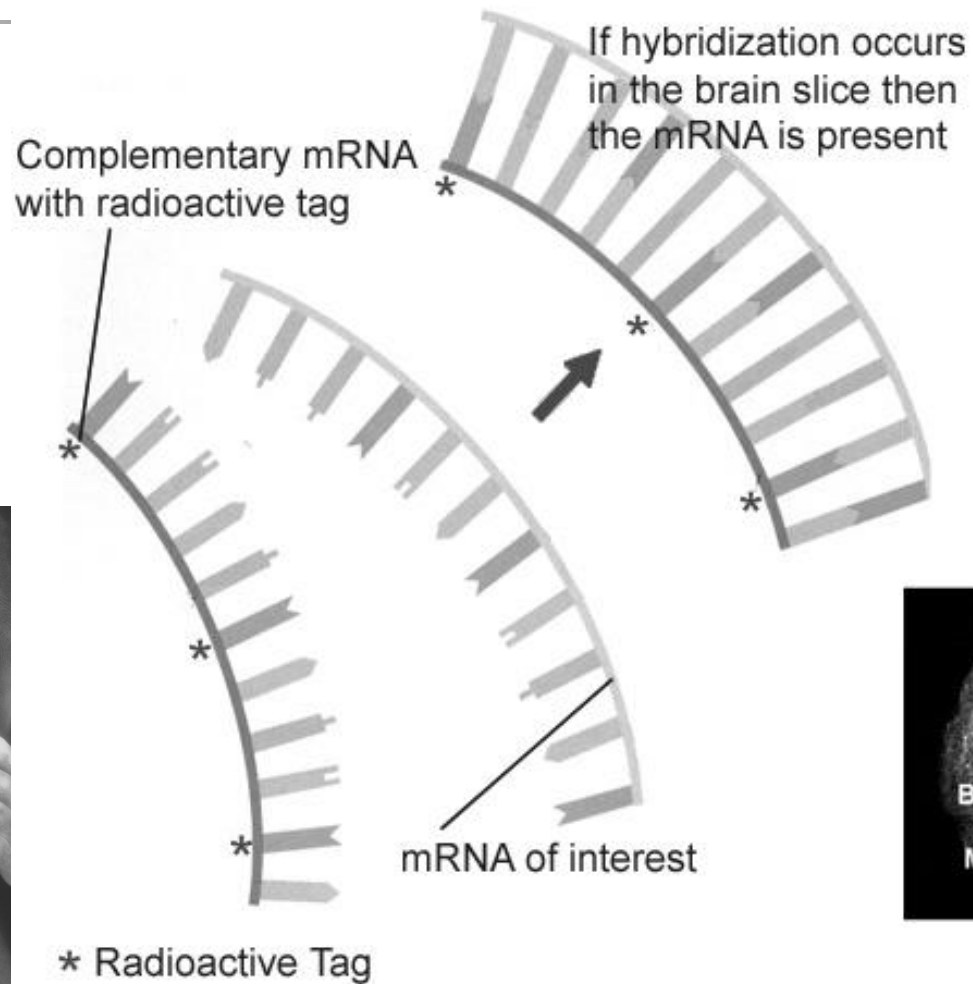
- Detection possible only by autoradiography
- If this is not done properly, it can spill the whole ISH!
- Based on "standard" photography emulsion/development process
- Takes several days/weeks



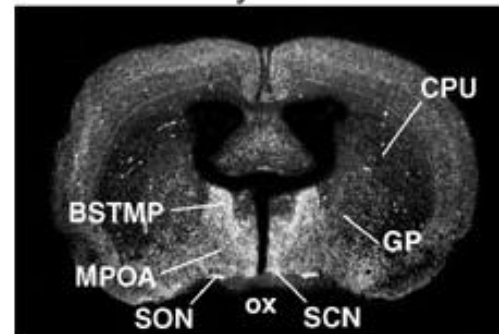
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# Radiolabeled probes

How *in situ* Hybridization works



Localization of the OFQ receptor in the hypothalamus using *in situ* hybridization



# Radioactive ISH

nature

Vol 437:8 September 2005 | doi:10.1038/nature03940

## LETTERS

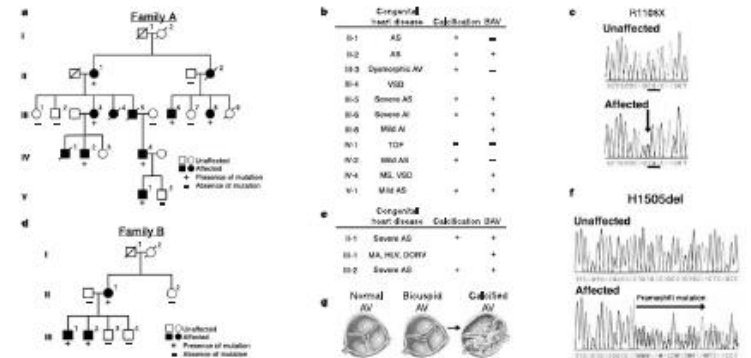
### Mutations in *NOTCH1* cause aortic valve disease

Vidu Garg<sup>1,5</sup>, Alecia N. Muth<sup>1†</sup>, Joshua F. Ransom<sup>1†</sup>, Marie K. Schluter<sup>1</sup>, Robert Barnes<sup>3,4</sup>, Isabelle N. King<sup>1,5†</sup>, Paul D. Grossfeld<sup>6</sup> & Deepak Srivastava<sup>1,2,4,5†</sup>

Calcification of the aortic valve is the third leading cause of heart disease in adults<sup>1</sup>. The incidence increases with age, and it is often associated with a bicuspid aortic valve present in 1–2% of the population<sup>2</sup>. Despite the frequency, neither the mechanisms of valve calcification nor the developmental origin of a two, rather than three, leaflet aortic valve is known. Here, we show that mutations in the signalling and transcriptional regulator *NOTCH1* cause a spectrum of developmental aortic valve anomalies and severe valve calcification in non-syndromic autosomal-dominant human pedigrees. Consistent with the valve calcification phenotype, *Notch1* transcripts were most abundant in the developing aortic valve of mice, and *Notch1* repressed the activity of *Runx2*, a central transcriptional regulator of osteoblast cell fate. The hairy-related family of transcriptional repressors (Hrt), which are activated by Notch1 signalling, physically

interacted with *Runx2* and repressed *Runx2* transcriptional activity independent of histone deacetylase activity. These results suggest that *NOTCH1* mutations cause an early developmental defect in the aortic valve and a later de-repression of calcium deposition that causes progressive aortic valve disease.

Abundant evidence suggests a major inherited component to the aetiology of aortic valve disease in children and adults<sup>3,4</sup>. The most severe type of aortic valve obstruction in children results in failure of the fetal left ventricle to grow, a condition known as hypoplastic left heart syndrome. About 10% of relatives of hypoplastic left heart syndrome patients have bicuspid aortic valve, often undiagnosed, suggesting a common genetic aetiology with phenotypic heterogeneity<sup>5</sup>. The valve calcification often observed in bicuspid aortic valve is a result of inappropriate activation of osteoblast-specific gene expression<sup>6</sup>, but the mechanism is unknown.



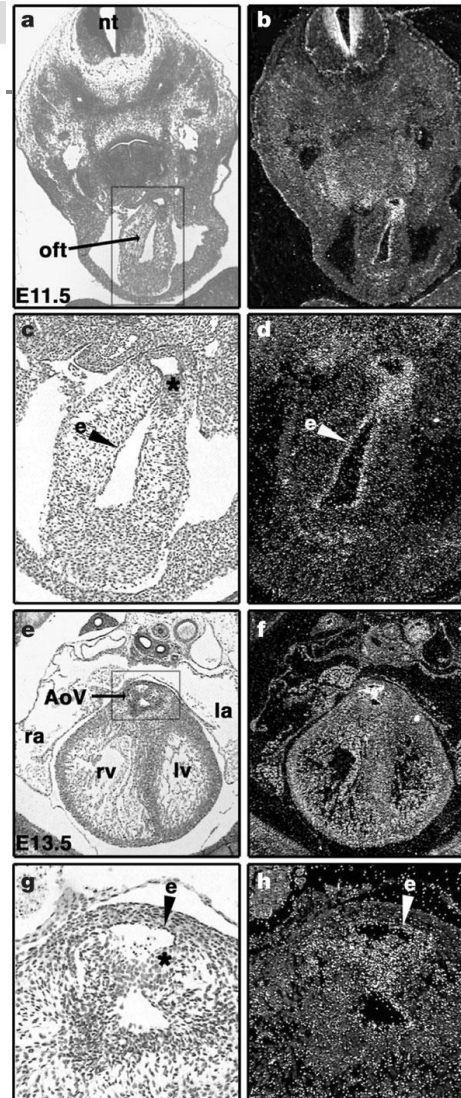
**Figure 1** | *NOTCH1* mutations segregate with familial aortic valve disease. **a**, Kindred with five generations (indicated with Roman numerals) affected by congenital heart disease and valve calcification. Participating members of each generation are indicated numerically. Deceased family members (shaded) were unavailable for mutation analysis. Squares, males; circles, females. **b**, Cardiac phenotype in affected family members. AI, aortic insufficiency; AS, aortic stenosis; AV, aortic valve; RAV, bicuspid aortic valve; TOE, tetralogy of Fallot; VSD, ventricular septal defect. **c**, Sequence chromatogram of affected family members. **d**, Kindred with three members affected by congenital heart disease. **e**, Cardiac phenotype of family B. DO, RV, double-outlet right ventricle; HL, hypoplastic left ventricle; MA, mitral atresia; MS, mitral stenosis. **f**, Sequence chromatogram of affected members in family B. **g**, Schematic of normal trileaflet aortic valve, bicuspid aortic valve and calcified aortic valve.

Departments of Pediatrics, <sup>1</sup>Molecular Biology and <sup>2</sup>Internal Medicine, and <sup>3</sup>The McGovern Center for Human Growth and Development, 6000 Harry Hines Boulevard, Room 1443 DA University of Texas Southwestern Medical Center, Dallas, Texas 75235-9188 USA. <sup>4</sup>Children's Medical Center, Dallas, Texas 75226 USA. <sup>5</sup>Department of Pediatrics, Division of Cardiology, University of California, San Diego 9203 USA. <sup>6</sup>Present address: Gladstone Institute of Cardiovascular Disease and Department of Pediatrics, University of California, San Francisco, 1050 Owens Street, San Francisco, California 94143 USA.

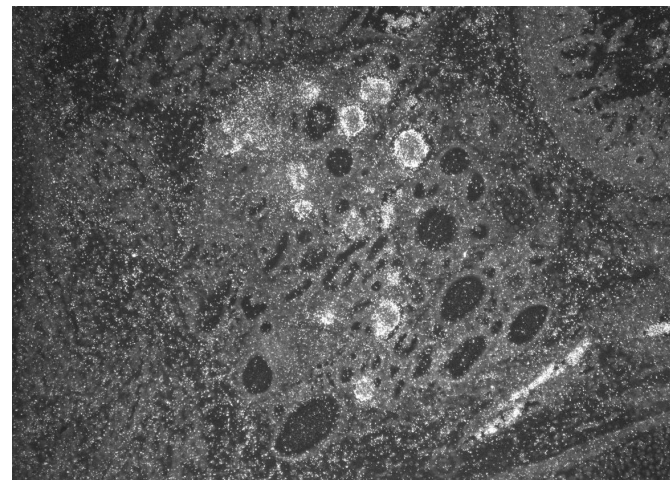
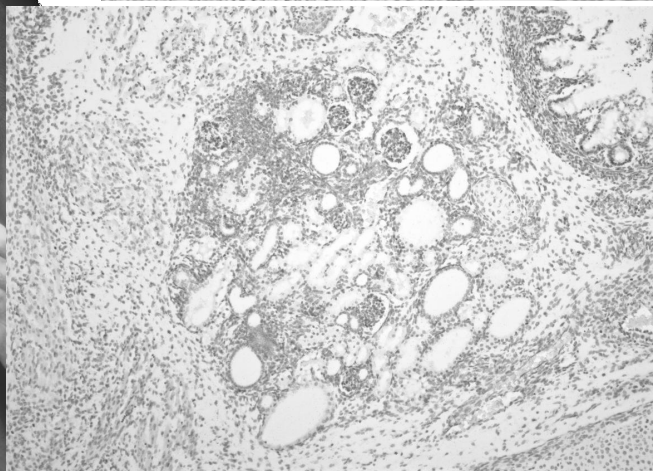
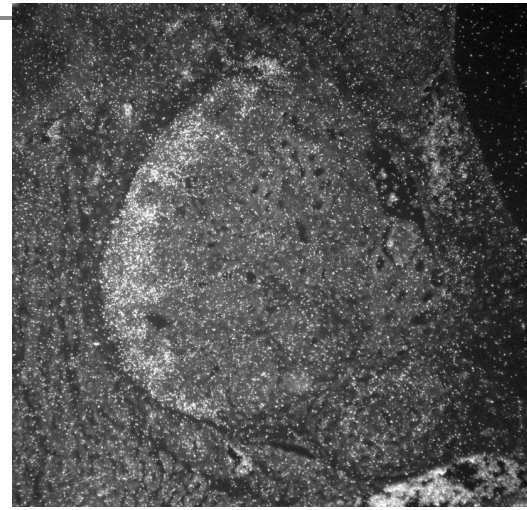
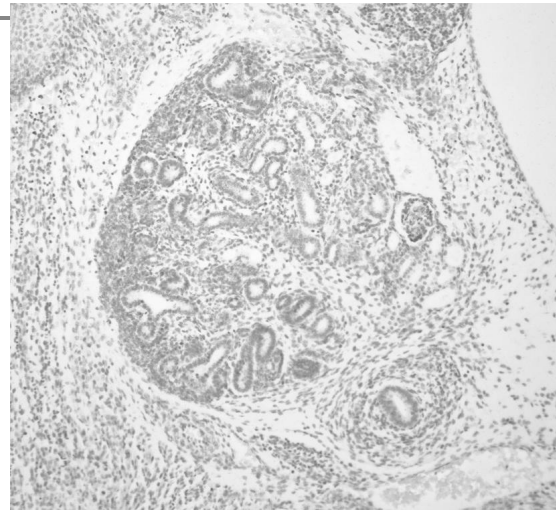
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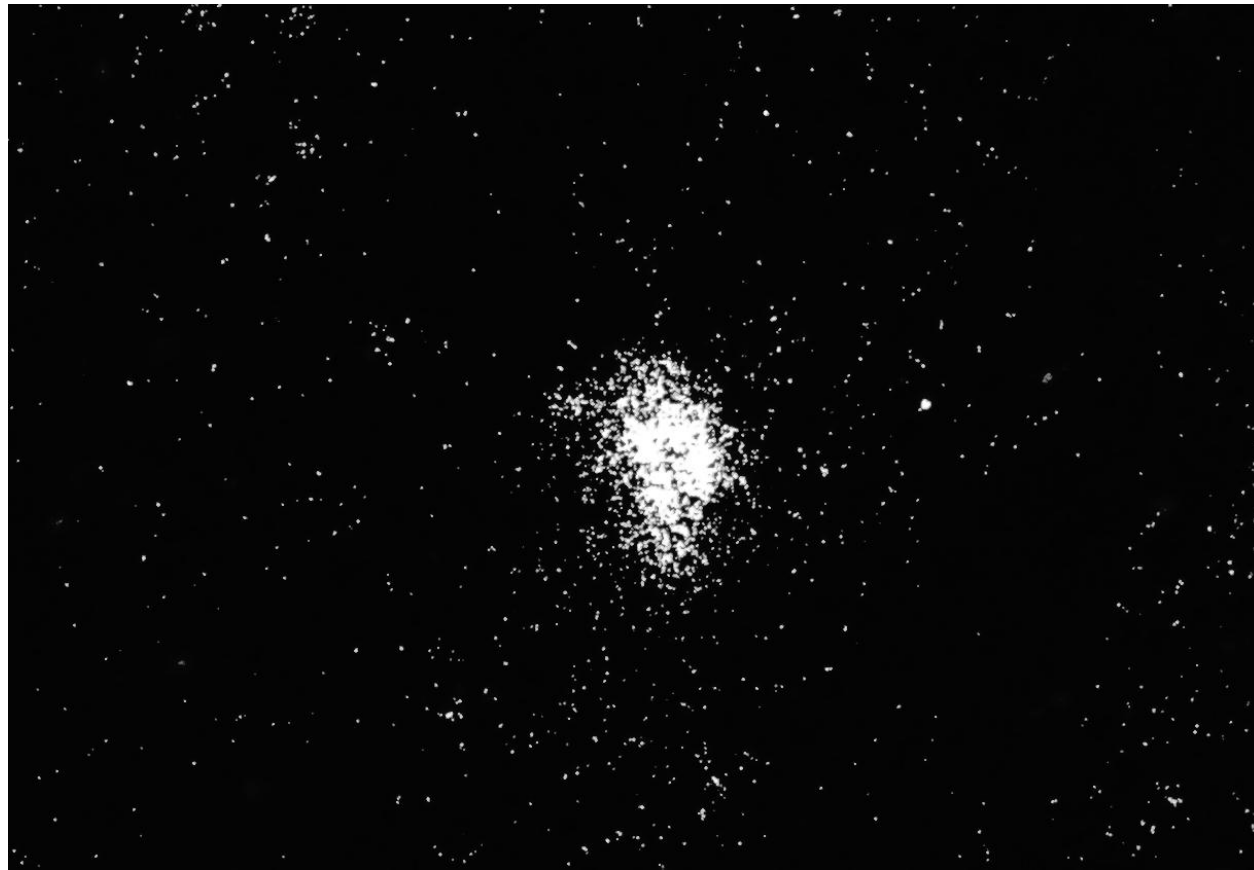
# Analysis of the results



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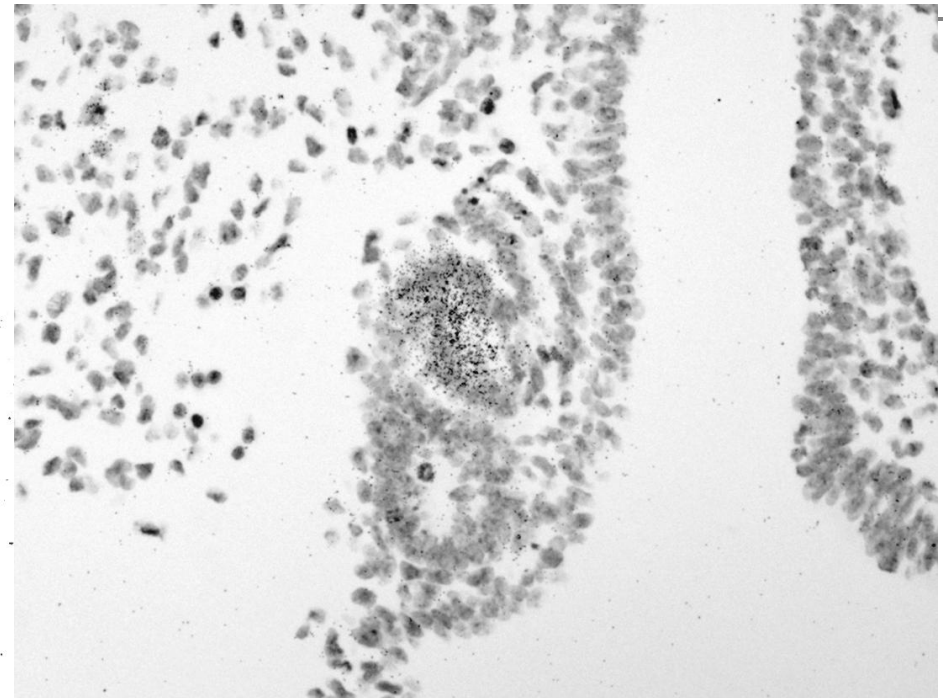
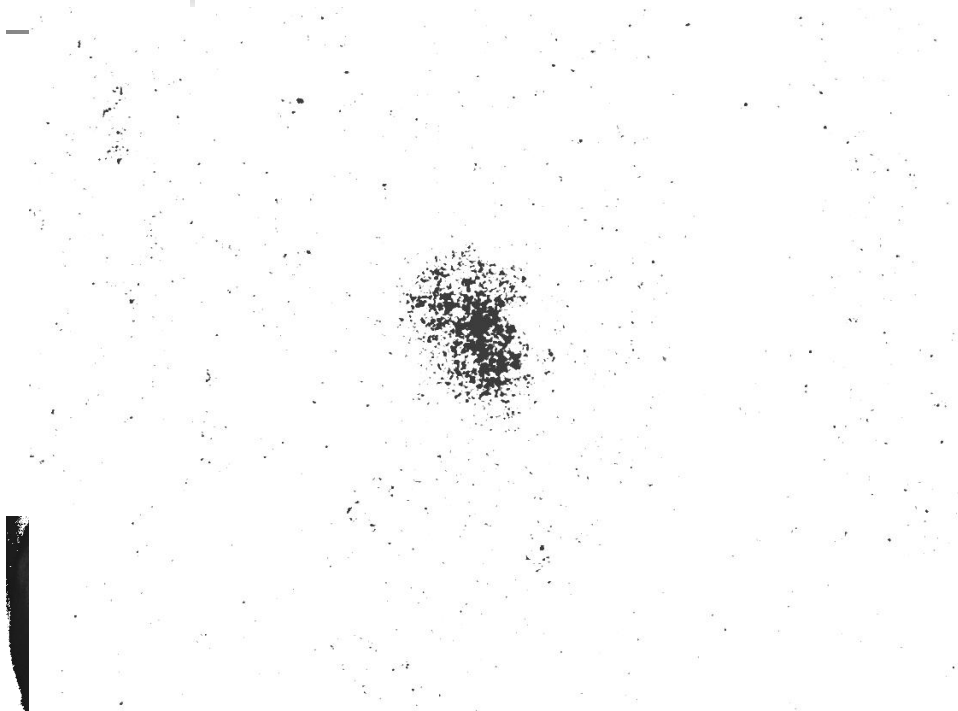


# How to visualize autoradiography ?



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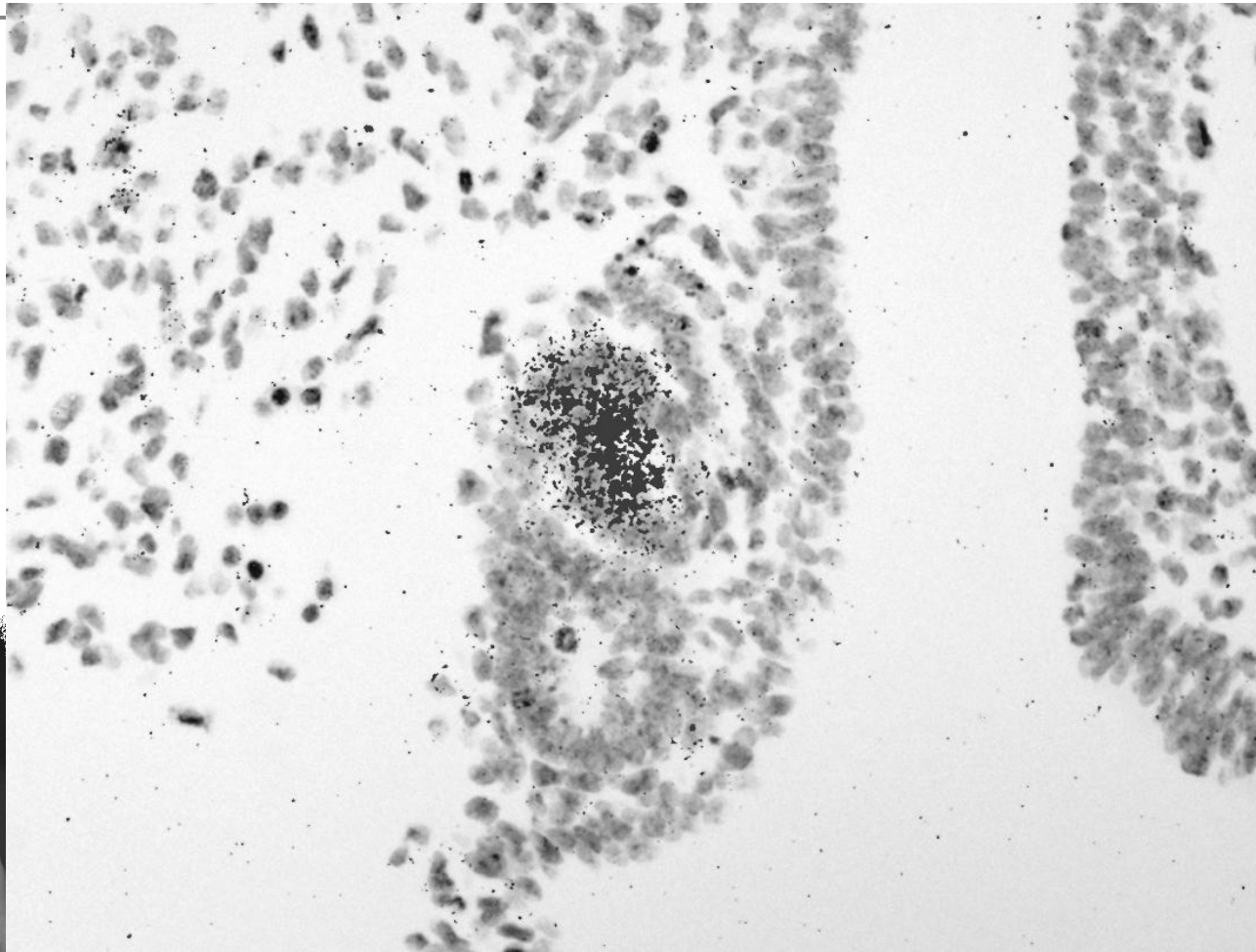
# Photoshop helps ...



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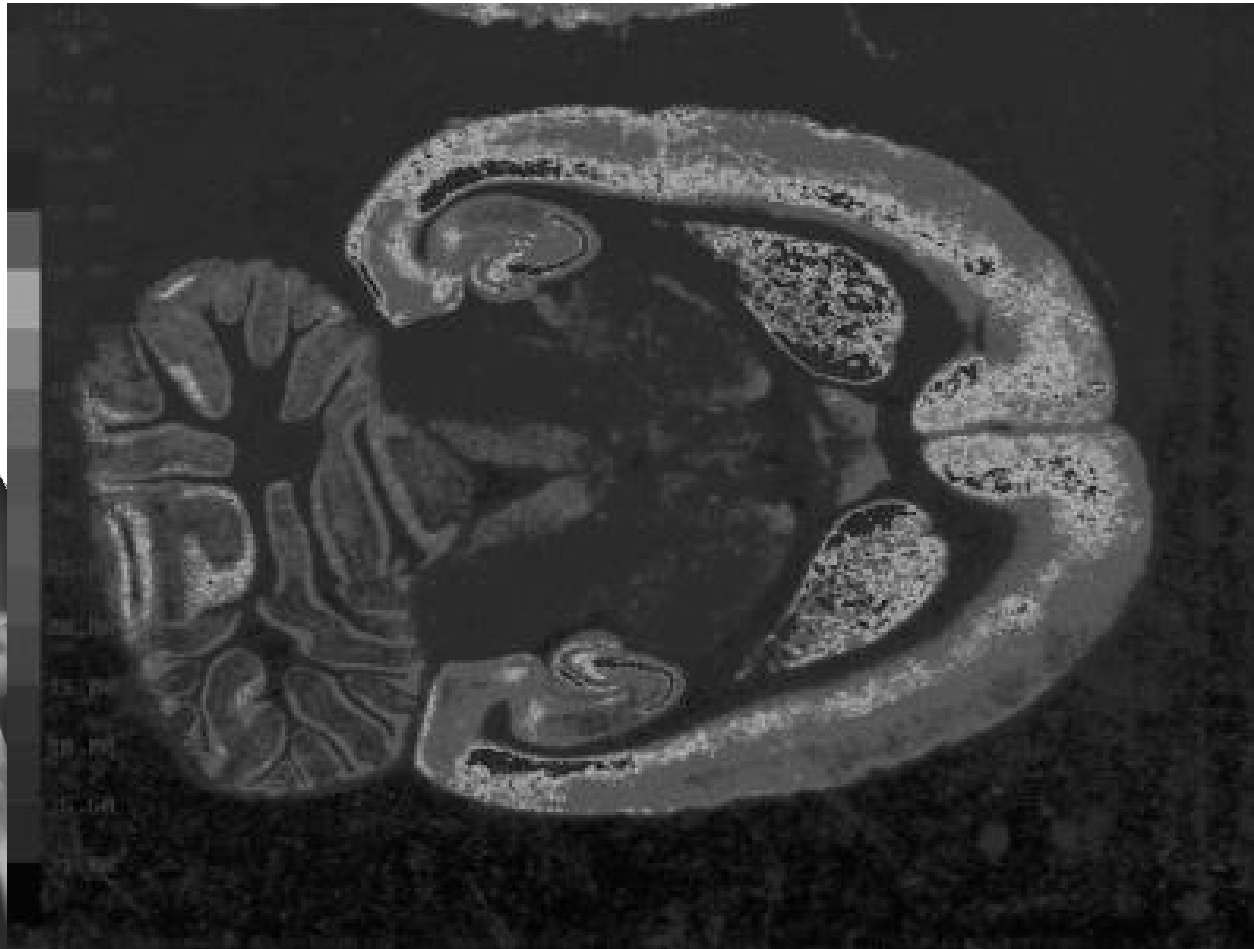


... to make it look like a real thing



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# Artificial colors to visualize autoradiography



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# Radioactive ISH

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- When sensitive method is needed
- Time is sometimes money!
- Not suitable for high-throughput studies
- More hazardous waste products
- Autoradiography is difficult and can spoil the whole thing...

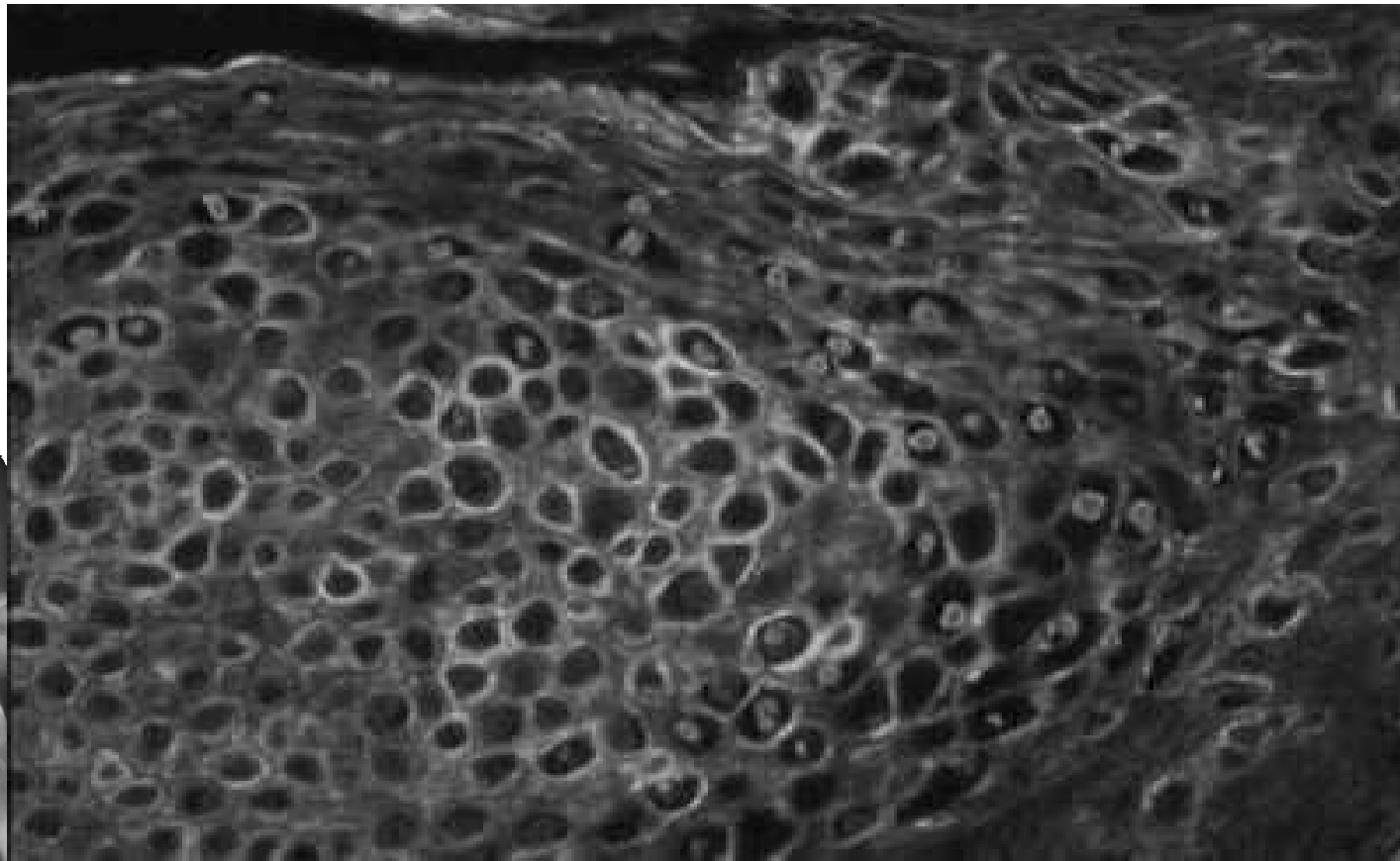


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# Non-radioactive ISH

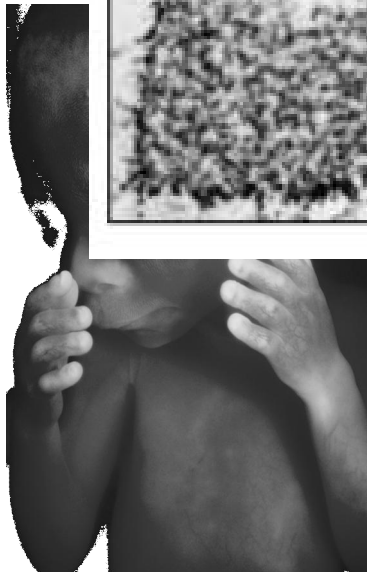
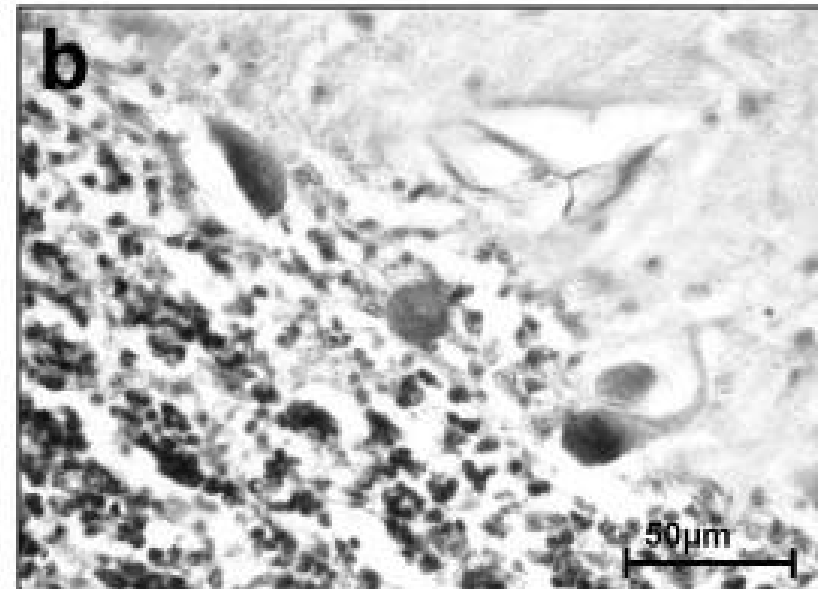
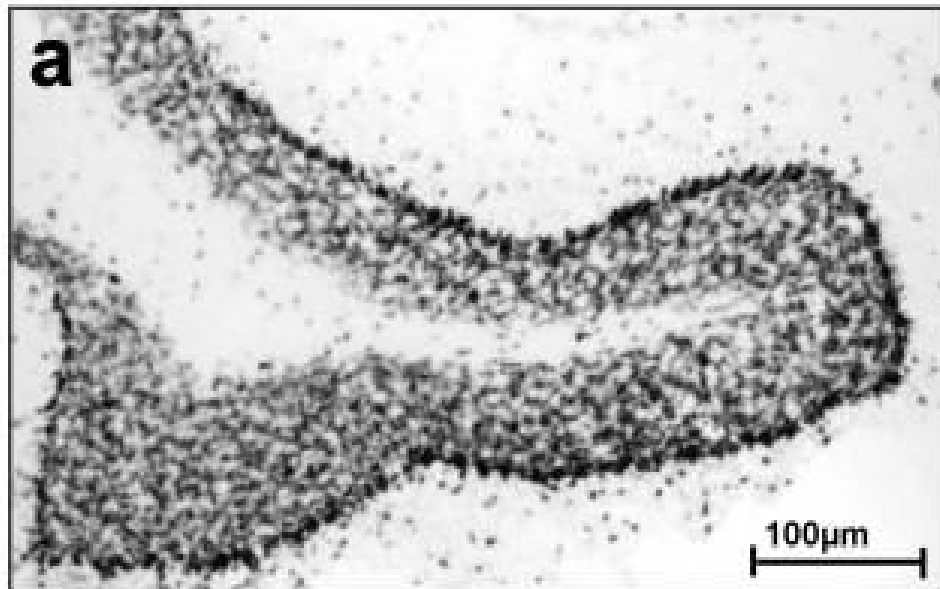
- Nonisotopic labeling systems (such as digoxigenin and biotin) are also frequently used for section ISH studies
- Same labels and detection methods than in whole mount ISH
- Possibility to multiple labelings and modifications
- Possibility to include protein immunohistochemistry
- Faster, high throughput studies are possible
- Automated systems possible

# MULTI I SH/immunohistochemistry



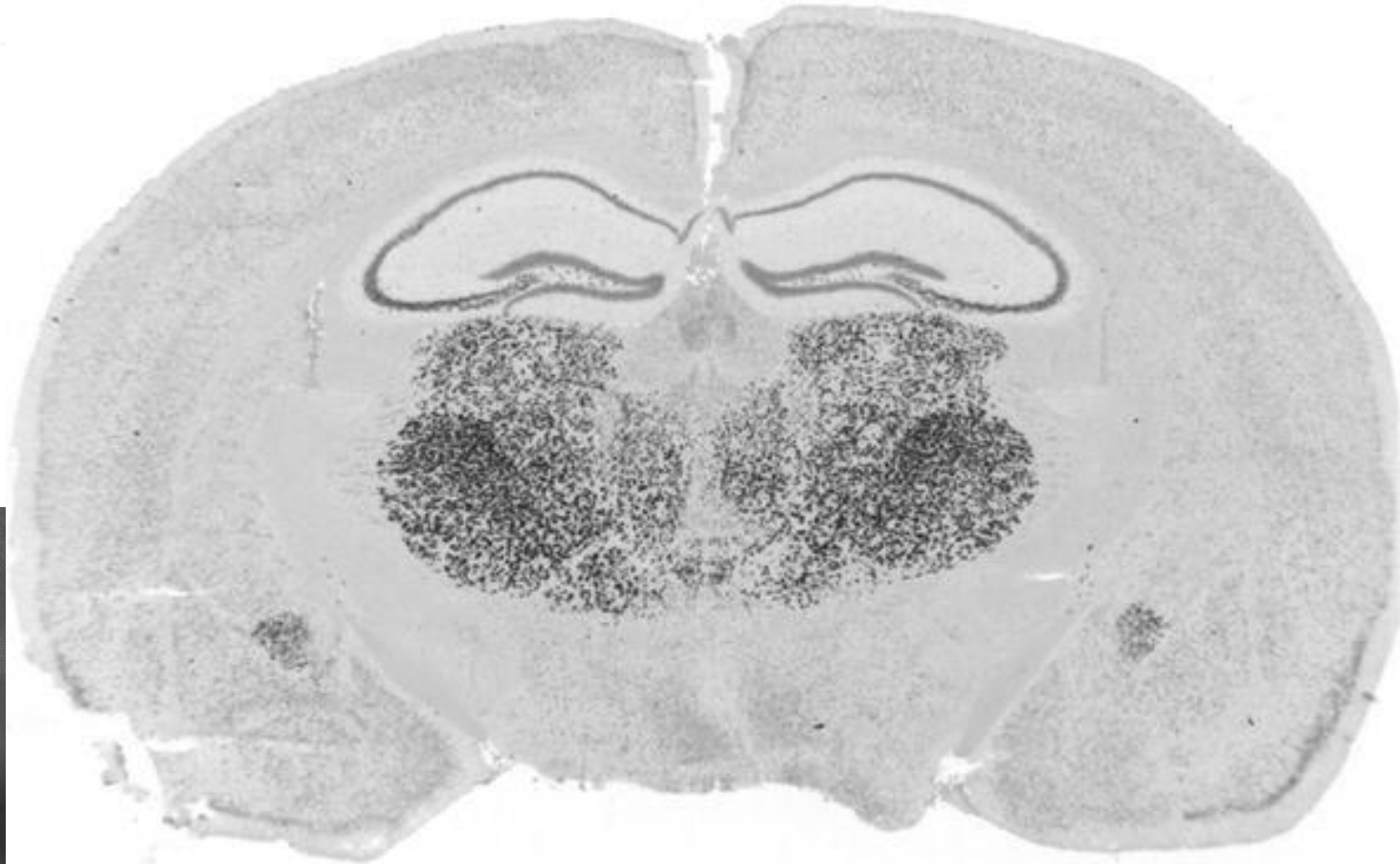
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# Non-radioactive section ISH

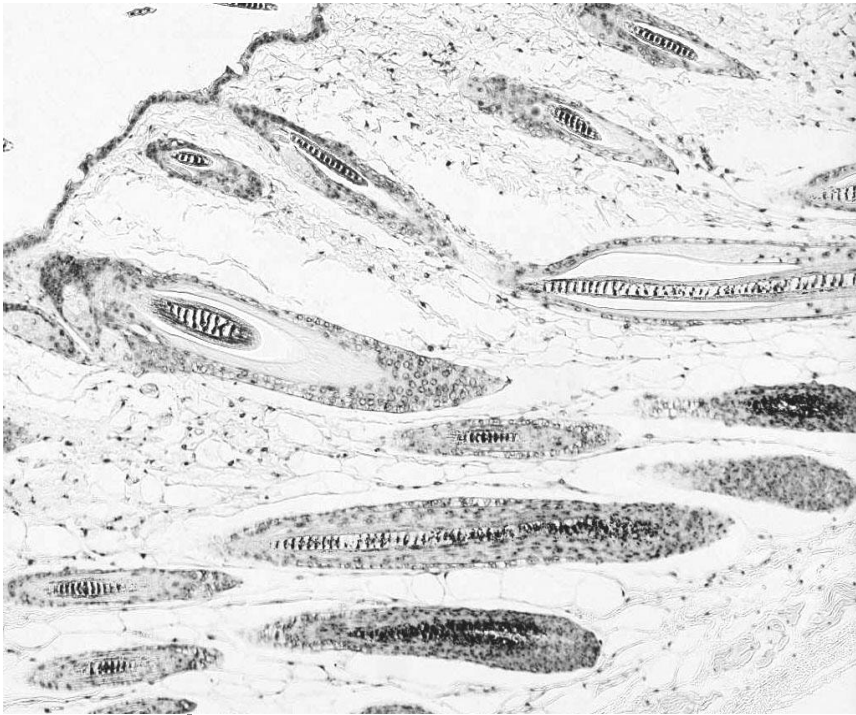


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When it is nice, it is nice...

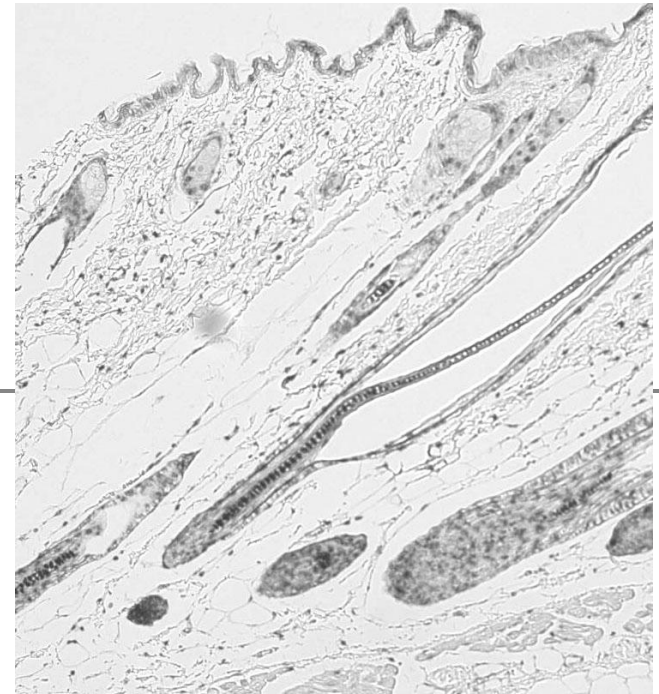


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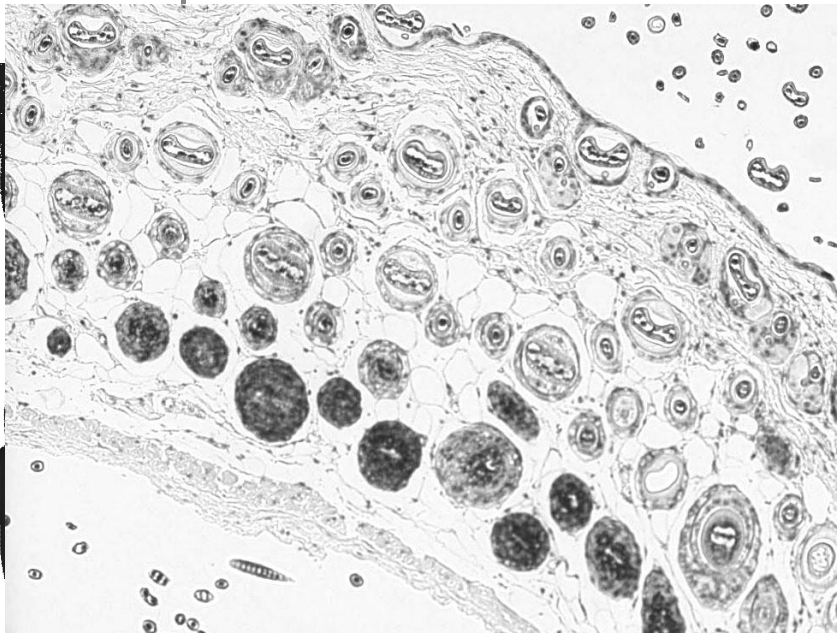


5 days

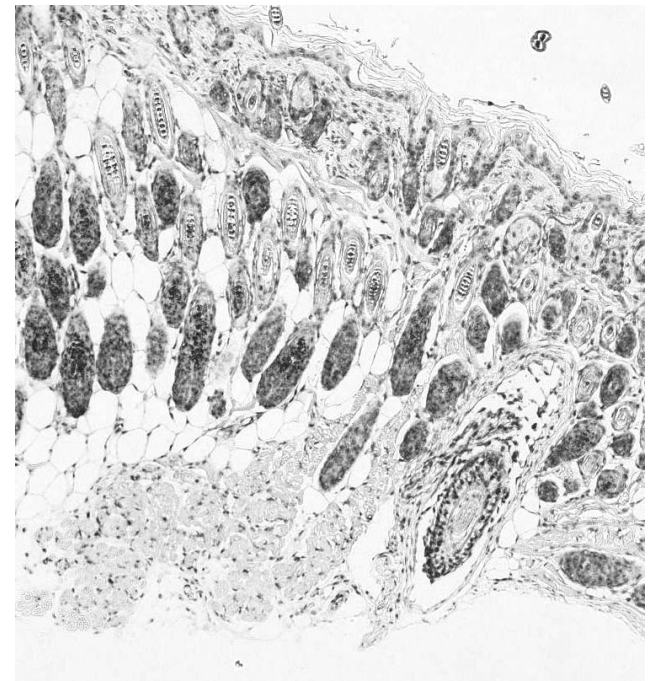
Rmpr



1 month

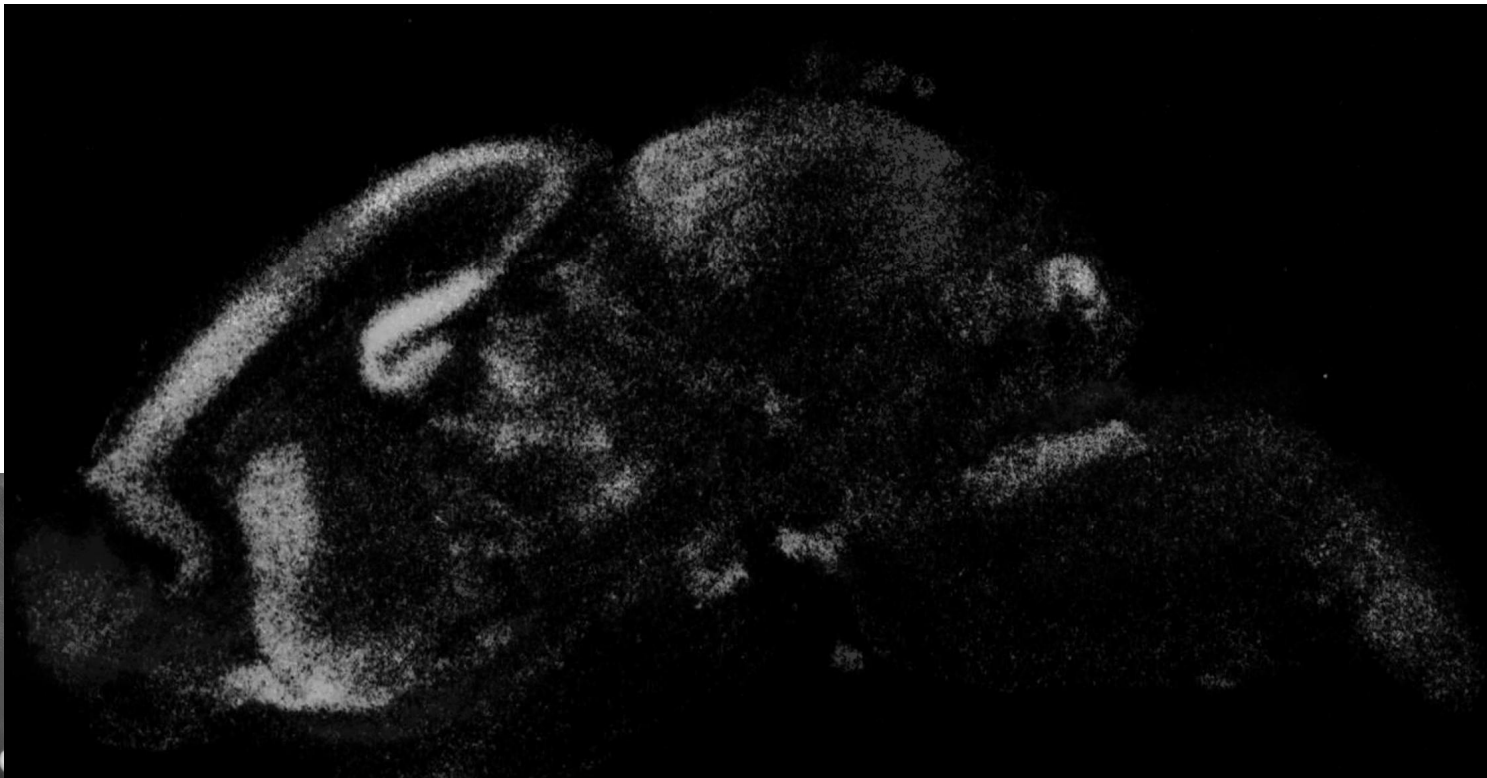


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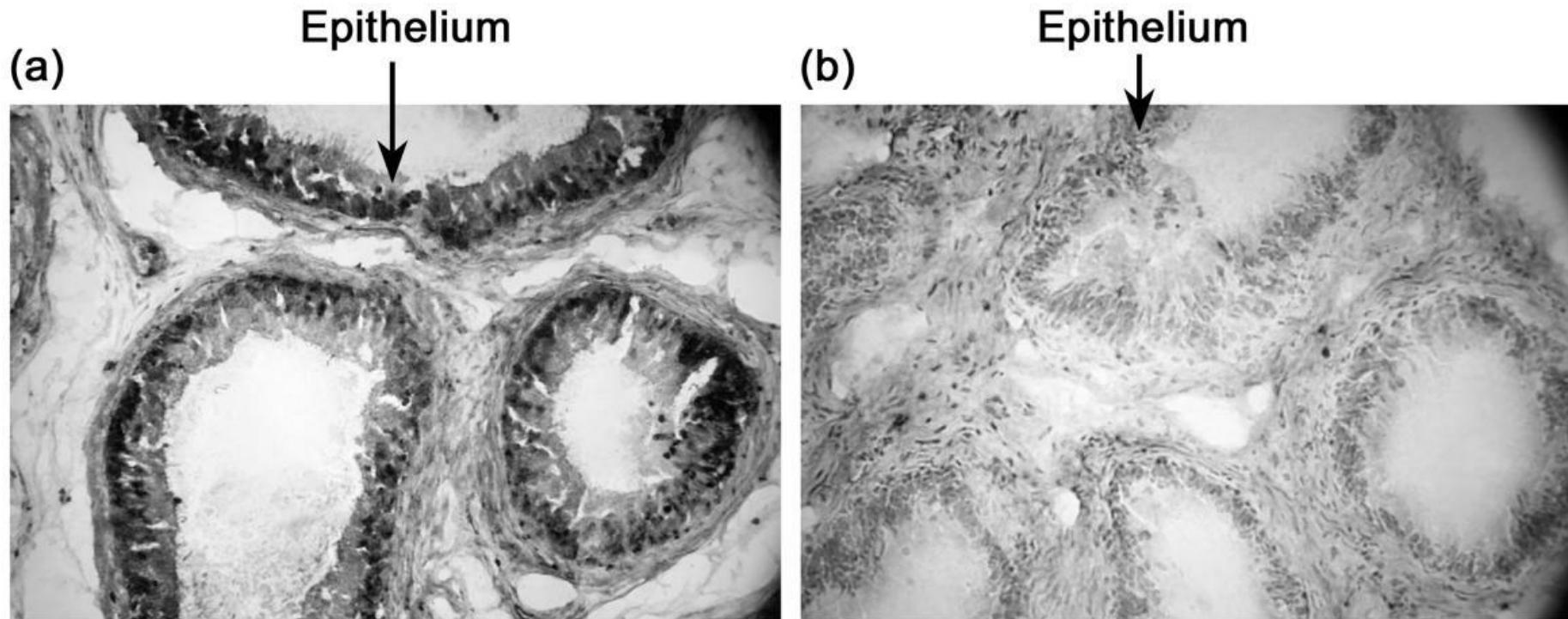


Artificial coloring can be applied also here



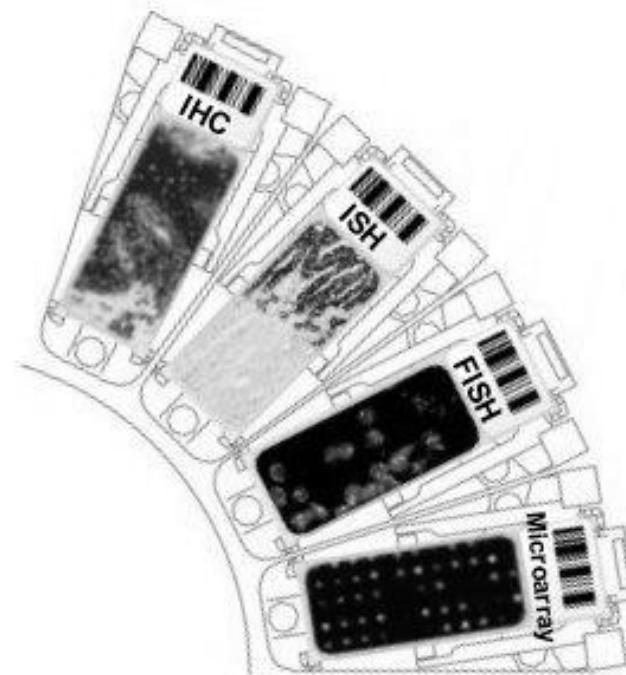
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# Different haptens and detection methods can be used



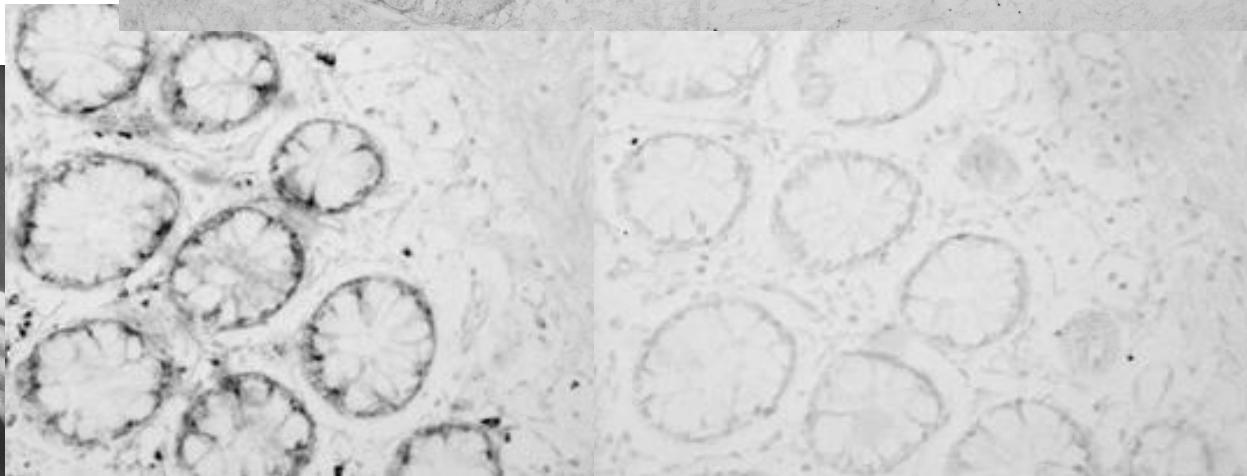
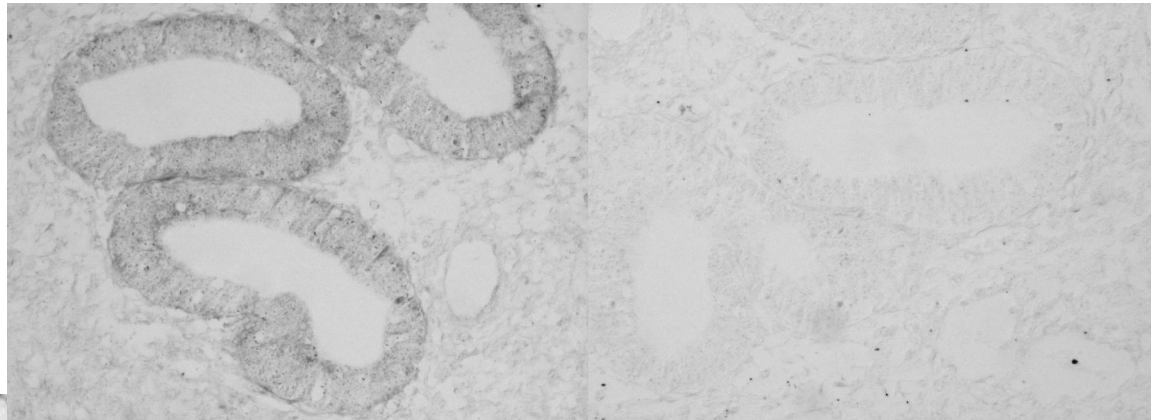
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# Automated section ISH



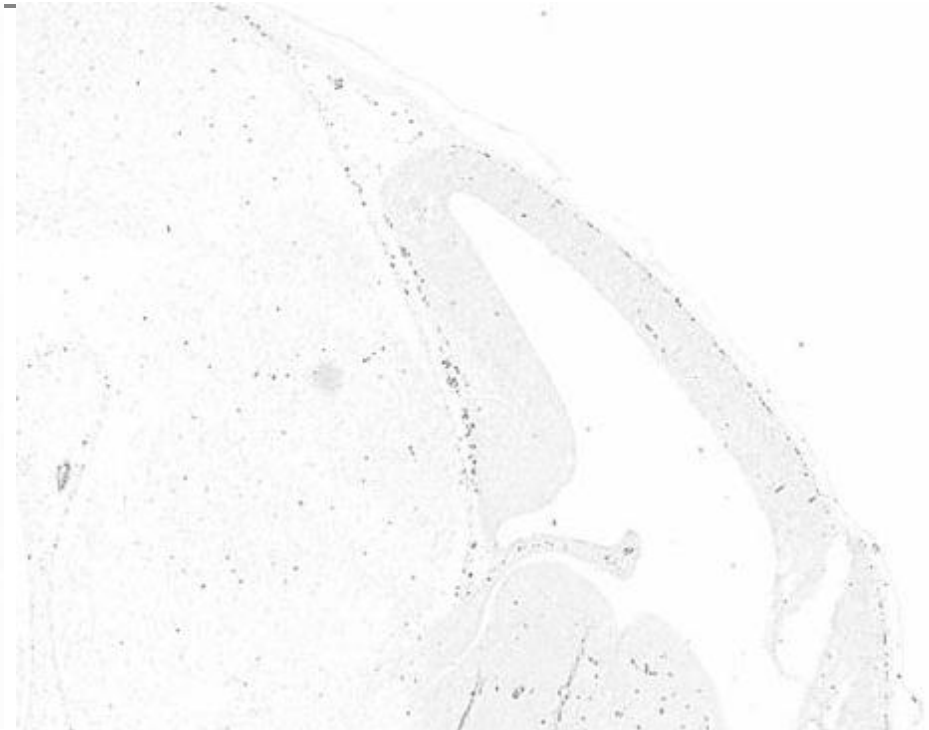
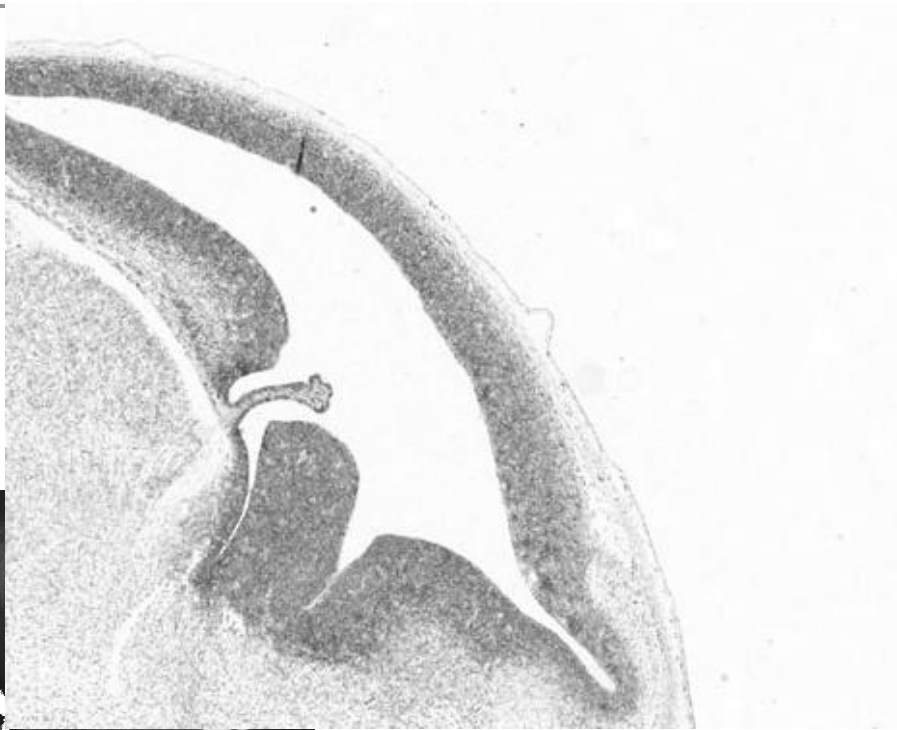
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# Automated section ISH



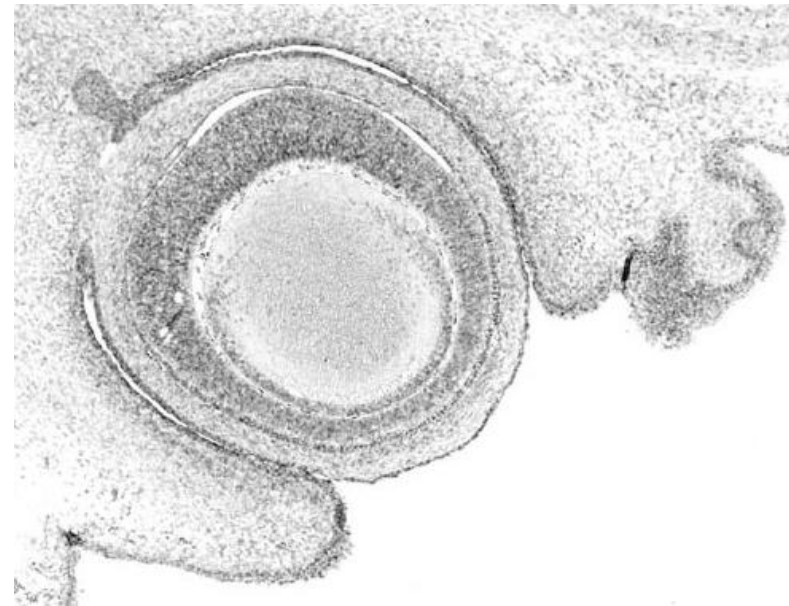
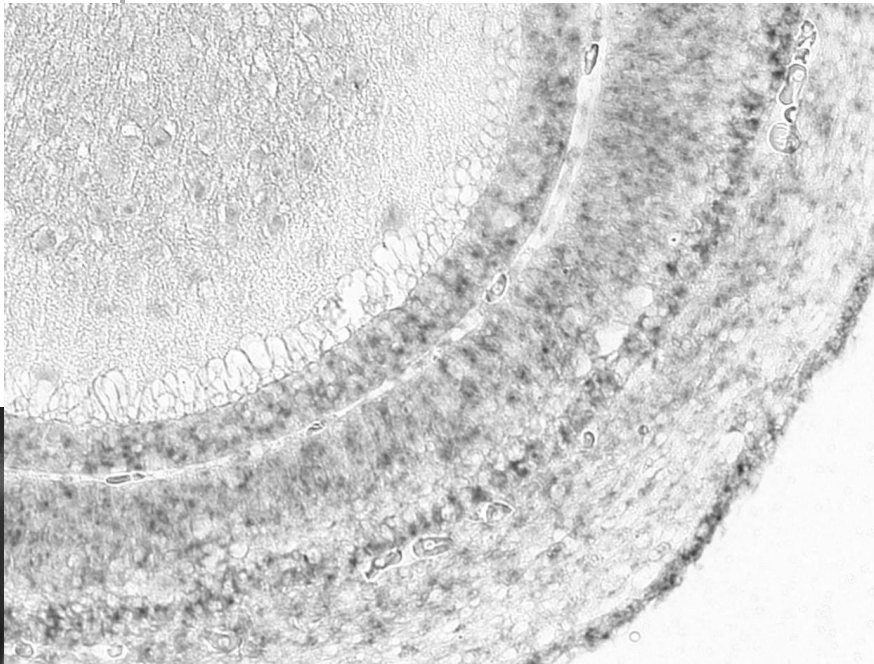
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# Reliable results



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# Cellular level detection



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# Power and pitfalls

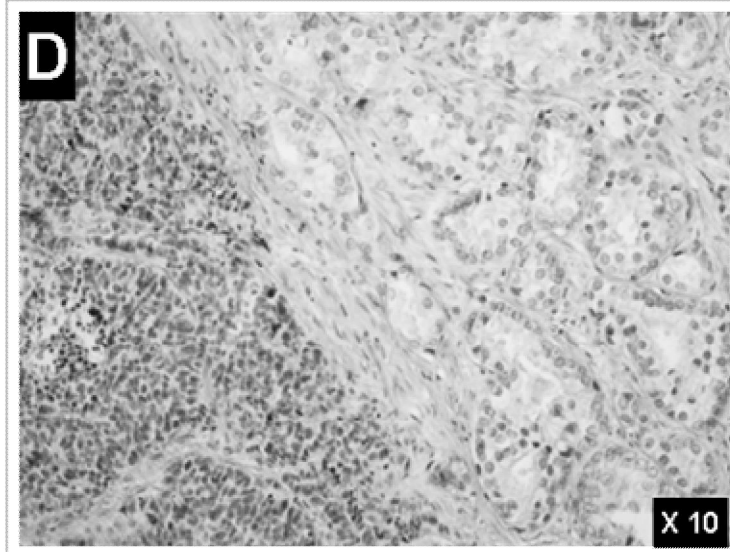
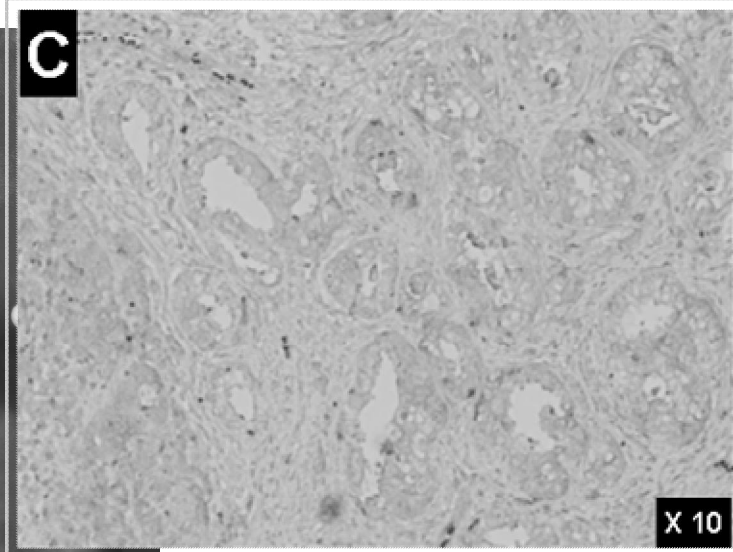
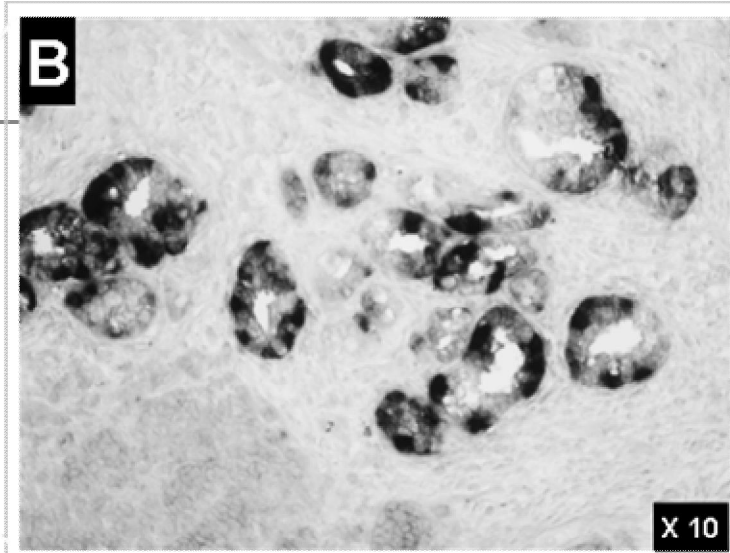
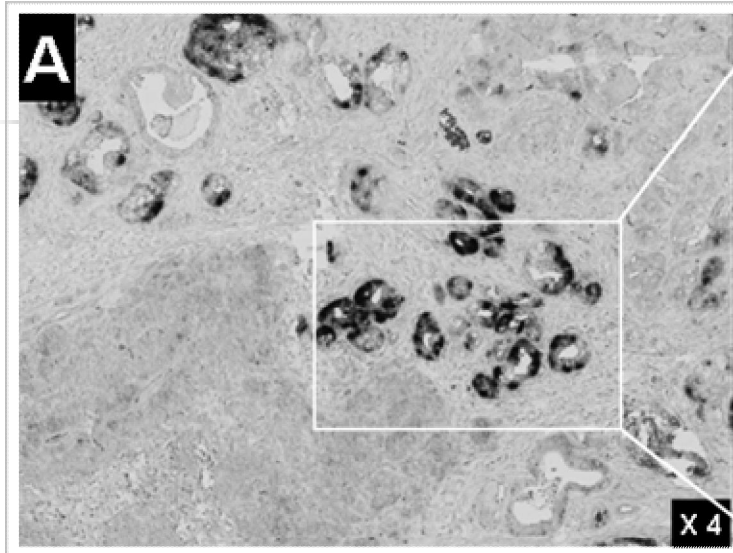
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- Reliable, fast, easy to use, gives good results
- Optimization possible and easy
- Relatively expensive, sometimes does not give any detection without any obvious reason
- Still worth trying!



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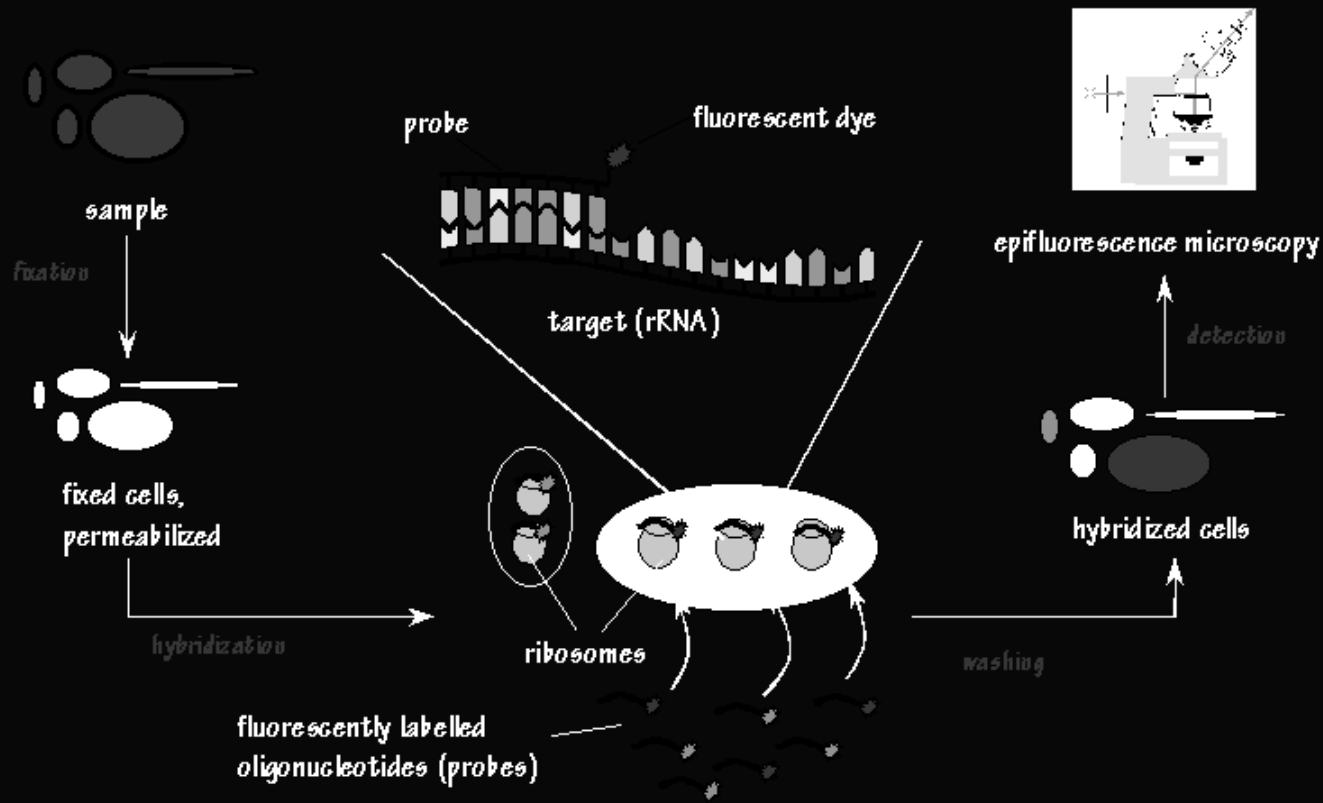
# Clinical applications



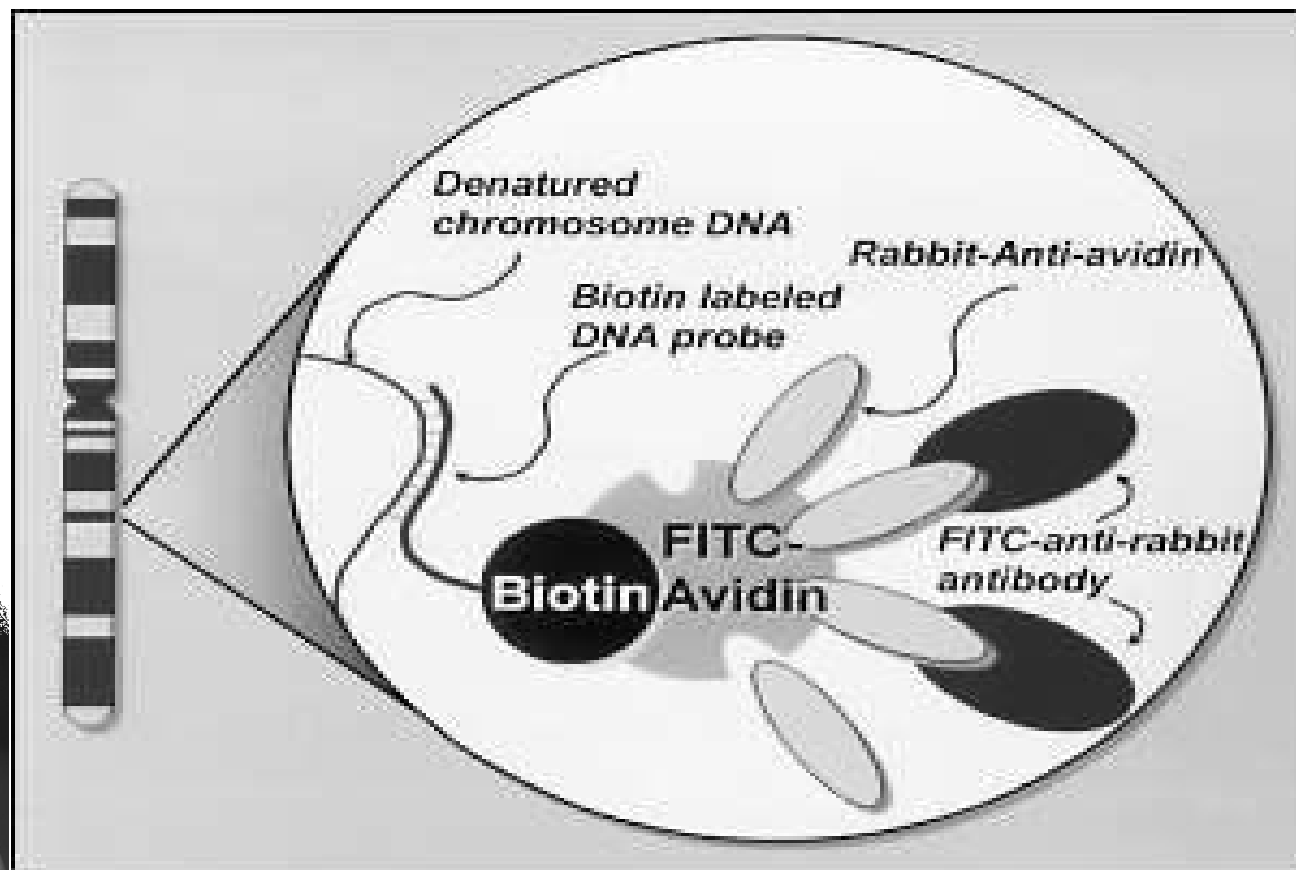


# FISHybridization

## Fluorescence *In Situ* Hybridization (FISH)

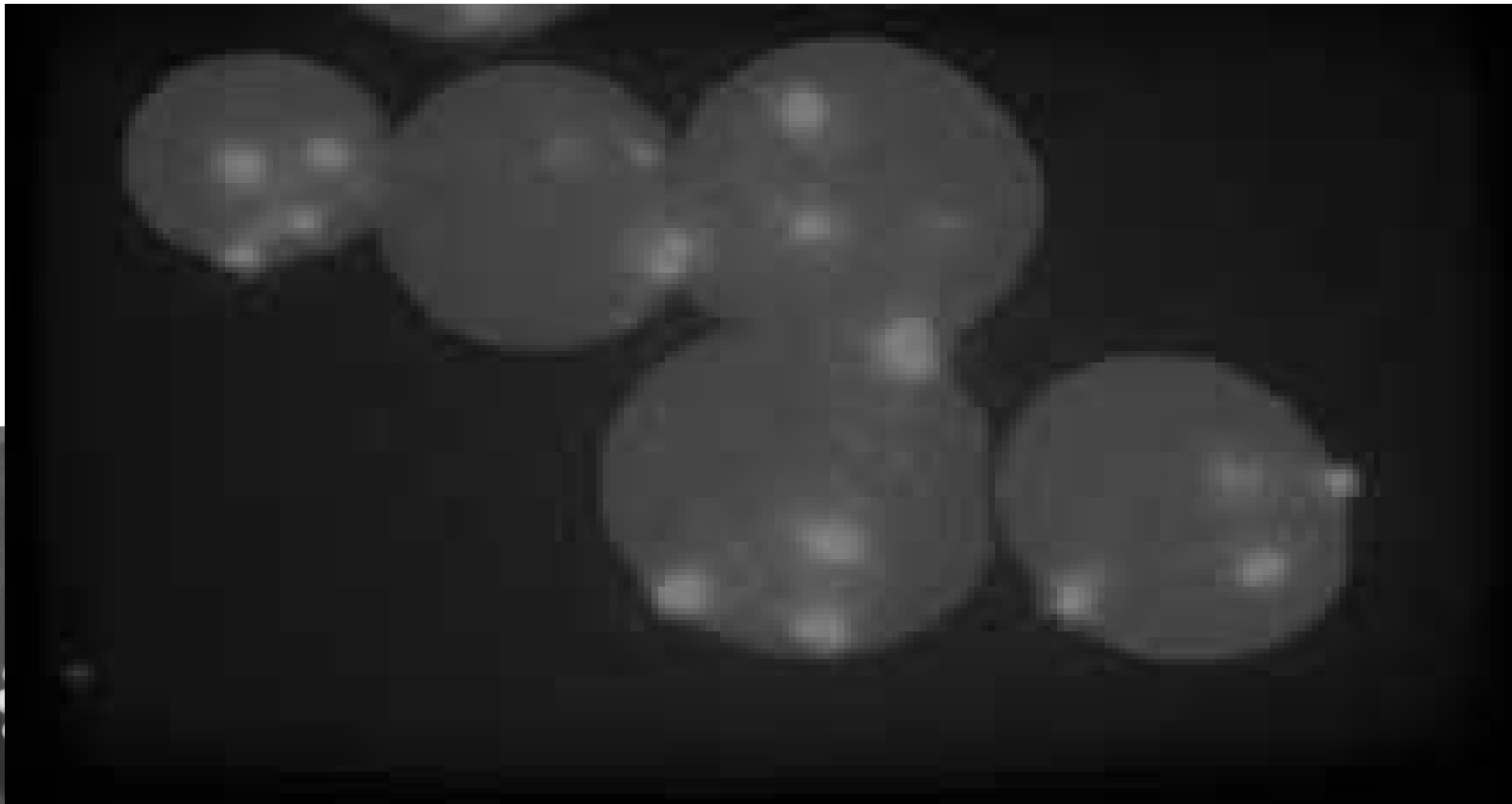


# FISH



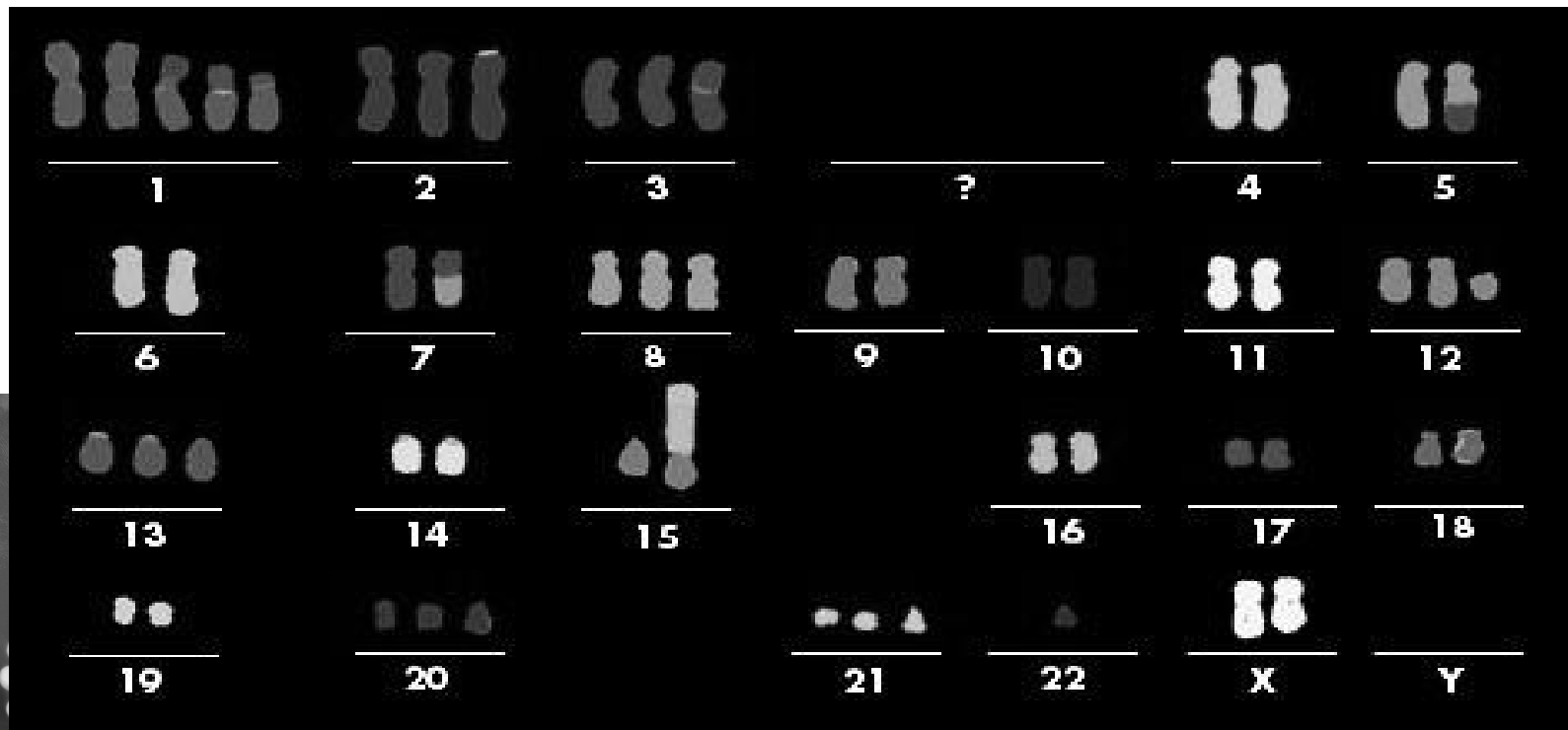
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# FISH in cells



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# FISH in isolated chromosomes



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