

# Helpful Hints

## for performing the OralCDx® Brush Biopsy



OralCDx - A virtually non-invasive laboratory test used to rule out dysplasia and cancer in everyday oral spots or lesions

### 2 Key Aspects of the Brush Biopsy Procedure:

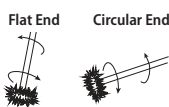
**Fixative/Air Drying:** We recommend pre-opening a fixative pack and propping it against the slide holder next to the slide before brushing so that it can be squeezed onto the slide immediately after transferring the specimen. Any delay may result in air drying, which compromises the quality of the specimen. Cellular material from the brush must be transferred immediately to the slide and the fixative must be applied within 5-10 seconds.

**Pinpoint Bleeding:** To help ensure that a full-thickness sample is obtained, rotate the brush clockwise a sufficient number of times and with sufficient pressure (indicated by slight bend in brush handle) so that pinpoint bleeding occurs.

**Heavy bacterial growth:** The area to be tested can also be wiped with gauze prior to taking the brush biopsy. Have the patient rinse with water prior to taking the brush biopsy.

**Anesthetic:** Although most cases do not require anesthetic, you may use topical (or local) anesthetic. Wipe off any remaining topical anesthetic prior to brushing or have the patient rinse with water.

**Brush:** All aspects of the brush have bristles. Pressure can generally be best obtained by using the flat end of the brush. However, either the flat or circular ends can be used.



**Bleeding:** If the brushing causes a lesion to bleed, stop and immediately transfer the specimen from the brush to the slide.

**Tissue:** DO NOT SUBMIT A SAMPLE OR FRAGMENT OF EXCISED TISSUE. The fixative enclosed is not appropriate for preserving tissue.

**Transferring cells onto slide:** When transferring material to the slide, brush gently – not with a heavy hand. This will transfer more cells from the brush to the slide. Once the sample has been placed on the slide, do not re-brush the lesion in an attempt to harvest more cells.

**Use of 2 brushes:** Both brushes supplied in the kit should be used to test the same lesion. The first brush is rotated against the lesion until pinpoint bleeding or pinkish red tissue is observed. Cells are then transferred to the slide and fixed. The brush is inserted into the vial, brush side down, so that it is submerged in the liquid. The second brush is introduced to the patient's mouth to obtain additional cells for the cell block. After brushing, place the second brush directly into the vial (without preparation of a slide) and seal the vial tightly.

### Photos & differential diagnosis:

Photographs of the lesions are welcome and encouraged. If you have a particular question about a differential diagnosis, please note it on the Test Requisition Form (TRF).

### IMPORTANT TO NOTE:

#### The Brush Biopsy is not recommended for:

- Melanocytic lesions (*pigmented brown*)
- Vermillion border of the lip (*dry surface*)
- Any location outside the oral cavity

**Follow-up testing required:** A lesion that changes or persists, even with negative results, requires further evaluation.

## Technique suggestions for specific lesion types:



### WHITE LESIONS

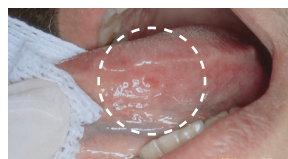
- Rotate the brush until pink tissue or pinpoint bleeding is observed
- For lesions larger than 10mm, also brush along the edge of the lesion



### THICKLY-KERATINIZED WHITE LESIONS

Including Chewing Tobacco Lesions

- Prior to brushing, scrape the top of the lesion with a blunt instrument (such as the edge of a metal spatula or plastic instrument) to remove dead superficial cells
- For lesions larger than 10mm, also brush along the edge of the lesion



### RED LESIONS

- Brush along the perimeter of the lesion to minimize bleeding
- Since red lesions are usually thin, applying excessive pressure will result in bleeding, which may obscure the specimen
- If excessive bleeding occurs, stop and immediately transfer the specimen from the brush to the slide



### ULCERATED LESIONS

- Brush along the perimeter of the lesion where it meets the healthy tissue
- Do NOT brush the center of the ulcer, since it does not have viable epithelium and excess blood may obscure the specimen
- If excessive bleeding occurs, stop and immediately transfer the specimen from the brush to the slide

Please contact our clinical support team at **877-71-BRUSH** (877-712-7874) for questions or support

