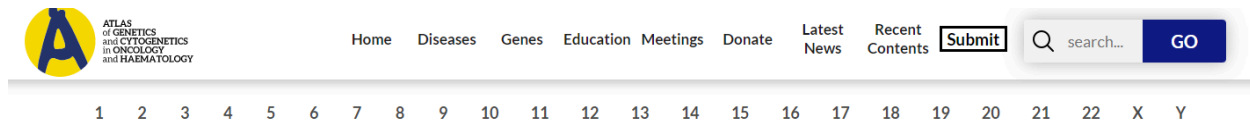
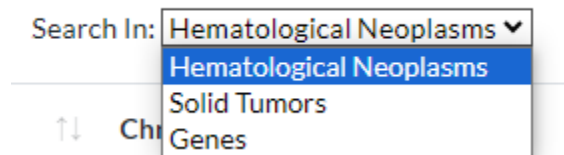
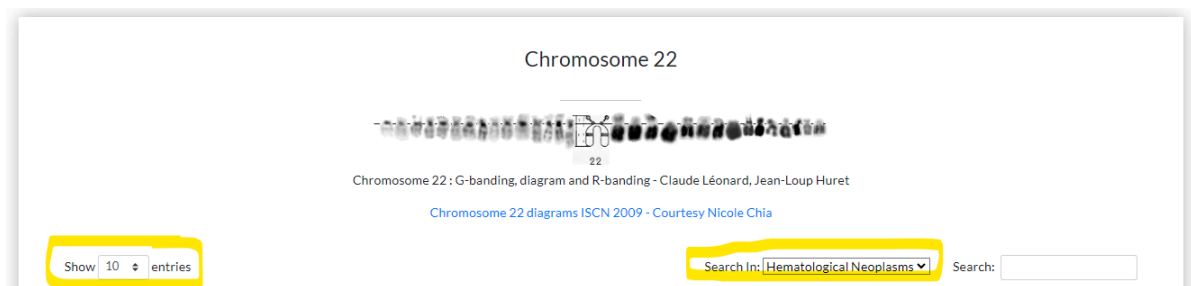


Common Cancer Cytogenetics Aberrations - [Atlas of Genetics and Cytogenetics in Oncology and Haematology](#)

1. On the homepage, select your chromosome of interest from the selection at the top.



2. On the specific chromosome page, change the # of entries shown to 100, and change the 'Search In' field to fit your query (Hematological Neoplasms, Solid Tumors, or Genes) as needed. In this tutorial I selected chromosome 22 aberrations in Hematological Neoplasms.



3. In the 'Search' field box, type in your aberration or use Ctrl+F to find your aberration. Start liberally, for example, I searched for t(9;22) without the translocation breakpoints. This provides a plethora of examples, not just the more common t(9;22).

Show 100 entries

Search In: Hematological Neoplasms

Search: t(9;22)

Alteration	Genes Involved	Chr/Band	Chr/Band	References
t(9;22)(p24;q11.2)	BCR::JAK2	9 p24	22 q11.2	Link to Pubmed
t(9;22)(q34;q11) BCR::ABL1 in CML	BCR::ABL1	9 q34	22 q11	Link to Pubmed
t(9;22)(q34;q11) BCR::ABL1 in AML	BCR::ABL1	9 q34	22 q11	Link to Pubmed
t(9;22)(q34;q11) BCR::ABL1 in ALL	BCR::ABL1	9 q34	22 q11	Link to Pubmed
t(9;22)(q34;q11) BCR::ABL1 in treatment related leukemia	BCR::ABL1	9 q34	22 q11	Link to Pubmed

4. Click on your selected aberration, this results in a webpage specific to the aberration with references, PubMed links, an overview of the disease pathology, possible variants, genes and proteins involved, treatments, and representative G-band of varying banding resolutions, and/or FISH images. There is a navigation guide on the left-hand side for navigating through the page as seen below.

ARTICLE CONTENTS

- [To the top](#)
- [Clinics and Pathology](#)
- [Cytogenetics](#)
- [Genes Involved and Proteins](#)
- [Result of the Chromosomal Anomaly](#)
- [Highly cited references](#)
- [Bibliography](#)
- [Summary](#)
- [Citation](#)
- [Historical Card](#)

t(9;22)(q34;q11) BCR/ABL1 in CML

2000-10-01 [Ali G Turhan](#) Affiliation

Clinics and Pathology

Disease

CML: all CML have a t(9;22), at least at the molecular level (seebelow); but not all t(9;22) are fc

Phenotype stem cell origin

Evidence exists for the involvement of the most primitive and quiescent hematopoietic ; involvement of the T-cell lineage is extremely rare

Epidemiology

annual incidence: 10/10⁶ (from 1/10⁶ in childhood to 30/10⁶after 60 yrs); median age: 30-60 y

Clinics

splenomegaly; chronic phase (lasts about 3 yrs) with maintained cells normal activities, follo more during chronic phase, with basophilia; a few blasts; thrombocytosis may be present; low

Cytology

hyperplastic bone marrow; granulocytes proliferation, with maturation; followed by typical AL

Author Information and Affiliations:

Joie Olayiwola, PhD, FACMG
 The Ohio State University Wexner Medical Center
 Cytogenetics Division, Pathology Department

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