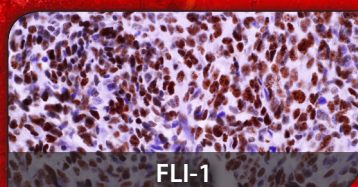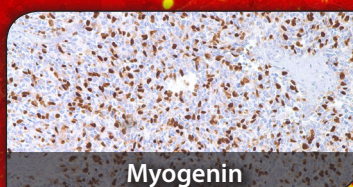# Diagnosing Sarcomas:
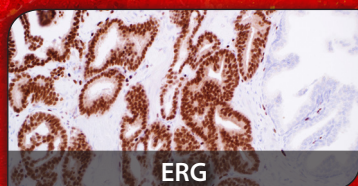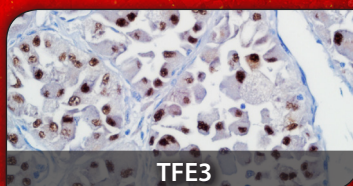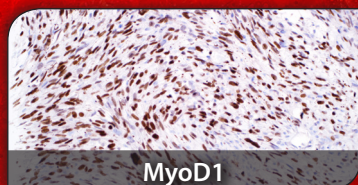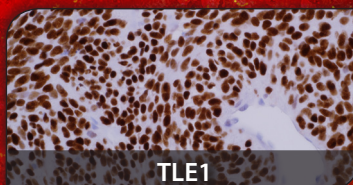## the nuclear option

FLI-1

Myogenin

ERG

TFE3

MyoD1

TLE1

rev. 0.2

Pictured above– left-top: primitive neuroectodermal tumor (PNET), left-center: prostatic acinar carcinoma, left-bottom: rhabdomyosarcoma, right-top: rhabdomyosarcoma, right-center: alveolar soft part sarcoma (ASPS), right-bottom: synovial sarcoma

Soft tissue tumors make up a complex category of neoplasms that include sarcomas and peripheral nerve-derived tumors. Sarcomas make up the largest range of subtypes of soft tissue neoplasms, and while they are more rare than other types of cancers, sarcomas tend to be quite aggressive in nature so they must be identified. Immunohistochemistry (IHC) plays a significant role in the diagnosis of sarcomas. The development of new antibodies, including ones that may reduce the dependence on expensive and time consuming molecular tests, has been a constant demand from soft tissue pathologists.

Immunohistochemistry involving transcription factors is a highly preferred method for differential diagnosis of sarcomas. This is due to, in part, the sensitivity, specificity, and clear nuclear visualization of immunohistochemical stains against these transcription factor proteins. Cell Marque's recent focus in soft tissue antibody development has been on producing new *in vitro* diagnostic tests (such as MyoD1, TFE3, and TLE1) targeting transcription factors to produce rich nuclear stains. Because of this focus in research and development, Cell Marque now offers the most extensive line of *in vitro* diagnostic soft tissue nuclear stains in the IHC industry. These markers are available in multiple sizes to fit your lab needs, and are compatible with multiple automated staining platforms.

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