Supplementary Figure 4 | a | (i) A sample of Barrett metaplasia from a patient who has undergone ablative therapy. The sample is stained for cytochrome c oxidase (CCO)/succinate dehydrogenase enzyme histochemistry. CCO-deficient cells are seen with the squamous epithelium as well as in the underlying glandular epithelium. (ii) After laser capture microdissection, cells from CCO-deficient areas as well as CCO normal glands and CCO normal epithelium are captured for analysis. (iii) Sequencing shows CCO normal cells from both glandular and normal squamous epithelium contain wildtype mitochondrial DNA (samples 1–4, 9, 11) whereas all CCO-deficient cells contain the same 6768G>A mutation within the CCOI gene (samples 5–8, 10, 12). Permission obtained from BMJ Publishing Group Ltd. © Nicholson, A. M. et al. Gut 61, 1380–1389 (2012). b | Oesophageal gland squamous ducts give rise to metaplastic columnar epithelium. (i) The hematoxylin and eosin slides show a metaplastic glandular crypt arising from (ii) a contiguous squamous duct with a clear transition from squamous to columnar epithelium (black arrow). (iii) The same CDKN2A mutation was found in both the squamous and columnar epithelial tissue, suggesting a clonal origin. Permission obtained from BMJ Publishing Group Ltd. © Leedham, S. J. et al. Gut 57, 1041–1048 (2008).