

CC-SIGN[®] Hematopathology Next-Generation Sequencing (NGS) Panels

Background

Recurrent somatic mutations and fusions are found in numerous hematologic neoplasms, including acute myeloid leukemia (AML), acute lymphoblastic leukemia (ALL), chronic myeloid neoplasms, myeloid and lymphoid neoplasms with eosinophilia and abnormalities of *PDGFRA*, *PDGFRB* or *FGFR1*, and selected lymphoproliferative disorders.

Identifying such mutations provides pathologists and clinicians with valuable data that may assist in the diagnosis, classification, prognostic evaluation, and therapeutic management of these malignancies.

Mutational data in these disorders has been incorporated into the current diagnostic criteria of the World Health Organization (WHO) Classification of Hematopoietic and Lymphoid Tissues and into practice guidelines from the National Comprehensive Cancer Network (NCCN).

CC-SIGN[®] NGS panels include:

- **Acute Leukemia**
Combined detection of DNA (single nucleotide variants, small insertions, and deletions) and RNA (gene fusions)
- **Chronic Myeloid Neoplasms**
DNA variants only
- **Hematologic Neoplasm Fusion**
RNA gene fusions only

In addition to the panels listed above, Cleveland Clinic also offers the following smaller subpanels for focused disease testing:

- **Myeloproliferative Neoplasms Panel**
Detects variants in the three (3) common genes associated with myeloproliferative neoplasms: *JAK2* V617F, *JAK2* exon 12, *MPL* exon 10, and *CALR* exon 9
- **Chronic Lymphoproliferative Disorders Panel**
A seven (7) gene panel that includes *BRAF*, *MYD88*, *NOTCH1*, *SF3B1*, *STAT3*, *STAT5B*, and *TP53*

(targeted regions outlined in **Tables 1 & 3**) intended for patients with known or suspected mature lymphoid leukemias, including chronic lymphocytic leukemia, lymphoplasmacytic leukemia, hairy cell leukemia, and large granular lymphocyte leukemias

Details of the regions covered in all panels are listed in the Test Directory on clevelandcliniclabs.com.

Whole genome copy number and loss of heterozygosity analysis may be obtained by ordering **Leukemic Blood Cancer Chromosome Microarray + SNP (BLLSNP)** or Bone Marrow Cancer Chromosome Microarray + SNP (BMHSNP).

Acute Leukemia Next-Generation Sequencing Panel

Overview

The Acute Leukemia Next-Generation Sequencing Panel analyzes the clinically relevant regions of 107 genes (RNA, gene fusions and structural variants) and 63 genes (DNA, single nucleotide variants, small insertions, and deletions) known to be mutated or rearranged in hematologic neoplasms. Performed on peripheral blood, bone marrow aspirates, FFPE tissues, and clot sections, this test identifies abnormalities in the targeted genes (refer to **Tables 1 & 2**).

For NGS testing on limited specimens from patients with known or suspected acute leukemia, a partial panel may be performed: please refer to either the **Chronic Myeloid Neoplasms Next-Generation Sequencing Panel** (for AMLs) or **Hematologic Neoplasm Fusion Next-Generation Sequencing Panel** (for ALLs).

Clinical Indications

This assay is intended for molecular evaluation of known or suspected acute leukemia (myeloid, lymphoblastic, ambiguous lineage) to aid in the diagnosis, classification, prognosis, and/or therapeutic options of these entities.

Interpretation

Variants are classified according to established guidelines and an interpretation is provided. Reported variants include those of strong or potential clinical significance and variants of unclear clinical significance. Common population variants are not included in the report.

Methodology & Limitations

Nucleic acid, both DNA and RNA, extracted from the specimen is subjected to anchored Multiplex PCR-based target enrichment and sequenced using Illumina (San Diego, CA) chemistry.

Based on validation, the DNA testing delivered an average of >500X coverage, and >98% of targeted regions showed over 100X coverage. The test demonstrated 95.2% sensitivity and 99.9% specificity in identifying single nucleotide variants, small insertions, and deletions (indels) (less than 10bp) of >5% variant allele fraction (VAF). For the identification of large indels (greater than 10bp) >5% VAF, including *FLT3* ITD, the test demonstrated 87.5% sensitivity and 99.9% specificity. Confirmatory testing to assess for *FLT3* ITD mutations is performed in parallel using PCR and fragment length analysis. The limit of detection of this test is 1% for the *JAK2* V617F and *NPM1* W288Cfs*12 variants and 5% for all other variants. Although VAF is provided as a percentage for DNA variants, this is not a quantitative test.

Based on validation, the RNA fusion testing demonstrated 95.7% accuracy and 100% specificity in gene fusion identification. The lower limit of detection is approximately 10% fusion supporting reads present in the submitted specimen. Fusions resulting from complex rearrangements and structural variants that do not lead to a chimeric fusion transcript may not be detected.

Tumor heterogeneity, tumor burden, specimen degradation or other limitations of the technology may affect the sensitivity and limit of detection, either broadly across the regions of interest or for specific regions, and may lead to false negative results.

This test does not detect copy number changes and does not distinguish between variants that are inherited versus acquired.

Chronic Myeloid Neoplasms Next-Generation Sequencing Panel

Overview

The Chronic Myeloid Neoplasms Next-Generation Sequencing Panel analyzes the clinically relevant regions of 56 genes known to be mutated in myeloid neoplasms. Performed on peripheral blood, bone marrow aspirate, FFPE tissues, and clot sections, this test identifies single nucleotide variants and small insertions and deletions in the targeted genes (refer to **Table 3**).

Clinical Indications

This assay is intended for molecular evaluation of known or suspected chronic myeloid neoplasms, including but not limited to myeloproliferative neoplasms, myelodysplastic syndromes, and overlap myelodysplastic/myeloproliferative neoplasms, to aid in the diagnosis, classification, prognosis, and/or therapeutic options of these entities.

Interpretation

Variants are classified according to established guidelines, and an interpretation is provided. Reported variants include those of strong or potential clinical significance and variants of unclear clinical significance. Common population variants are not included in the report.

Methodology

Nucleic acid (DNA), extracted from the specimen is subjected to anchored Multiplex PCR-based target enrichment and sequenced using Illumina (San Diego, CA) chemistry.

Based on validation, this DNA testing delivered an average of >500X coverage and >98% of targeted regions showed over 100X coverage. The test demonstrated 95.2% sensitivity and 99.9% specificity in identifying single nucleotide variants,

small insertions and deletions (indels) (less than 10bp) of >5% variant allele fraction (VAF). For the identification of large indels (greater than 10bp) >5% VAF, including *FLT3* ITD, the test demonstrated 87.5% sensitivity and 99.9% specificity. Confirmatory testing to assess for *FLT3* ITD mutations is performed in parallel using PCR and fragment length analysis. The limit of detection of this test is 1% for the *JAK2* V617F and *NPM1* W288Cfs*12 variants, and 5% for all other variants. Although VAF is provided as a percentage, this is not a quantitative test.

Tumor heterogeneity, tumor burden, specimen degradation, or other limitations of the technology may affect the sensitivity and limit of detection, either broadly across the regions of interest or for specific regions, and may lead to false negative results.

This test does not detect structural variants or copy number changes, and does not distinguish between variants that are inherited versus acquired.

Hematologic Neoplasm Fusion Next-Generation Sequencing Panel

Overview

The Hematologic Neoplasm Fusion Next-Generation Sequencing Panel analyzes the clinically relevant regions of 107 genes for RNA gene fusions or rearrangements that are known to be involved in hematologic neoplasms. Performed on peripheral blood, bone marrow aspirates, FFPE tissue and clot sections, this test identifies fusions in the targeted genes. (refer to **Table 2**)

For combined detection of RNA gene fusions and DNA somatic mutations (single nucleotide variants, small insertions, and deletions), please refer to the **Acute Leukemia Next-Generation Sequencing Panel**.

Clinical Indications

This test is intended for follow-up testing of peripheral blood under selected circumstances.

It is **NOT intended** for use in initial evaluation of known or suspected acute leukemias (*recommended test: Acute*

Leukemia NGS panel), chronic myeloid neoplasms (*recommended test: Chronic Myeloid NGS panel*), eosinophilia related neoplasms (*recommended test: FISH for Myeloproliferative Neoplasms Panel*) or chronic myeloid leukemia (*recommended test: BCR-ABL Qualitative Multiplex RT-PCR*).

This test may be useful in evaluation for these conditions as a follow-up when the initial recommended tests are inconclusive, clinically incongruent, or cannot be performed.

This test may also be performed by the laboratory for Acute Lymphoblastic Leukemias (ALLs) with insufficient specimen for combined DNA and RNA NGS testing.

Interpretation

Variants are classified according to established guidelines, and an interpretation is provided. Reported gene fusions or rearrangements include those of strong or potential clinical significance and variants of unclear clinical significance. Common population variants are not included in the report.

Methodology & Limitations

Nucleic acid (RNA), extracted from the specimen is subjected to anchored Multiplex PCR-based target enrichment and sequenced using Illumina (San Diego, CA) chemistry.

Based on validation, this test demonstrated 95.7% accuracy and 100% specificity in gene fusion identification. The lower limit of detection is approximately 10% fusion supporting reads present in the submitted specimen.

This test does not detect single nucleotide variants, small deletions, or copy number changes. Fusions resulting from complex rearrangements and structural variants that do not lead to a chimeric fusion transcript may not be detected. Tumor heterogeneity, tumor burden, specimen degradation or other limitations of the technology may affect the sensitivity and limit of detection, either broadly across the regions of interest or for specific regions, and may lead to false negative results.

Table 1: Acute Leukemia NGS Panel – DNA Targeted Gene Regions
DNA variants, 63 genes:

GENE	TRANSCRIPT	EXON(S) COVERED
<i>ABL1</i>	NM_005157.5	4–6
<i>ASXL1</i>	NM_15338.5	10–13
<i>BCOR</i>	NM_17745.5	2–15
<i>BCORL1</i>	NM_021946.4	1–12
<i>BRAF</i>	NM_004333.4	15
<i>CALR</i>	NM_004343.3	9
<i>CBL</i>	NM_005188.3	8–9
<i>CDKN2A</i>	NM_000077.4	1–2
<i>CDKN2A</i>	NM_058195.3	1
<i>CEBPA</i>	NM_004364.4	1
<i>CSF3R</i>	NM_000760.3	14–17
<i>CUX1</i>	NM_001202543.1	15–24
<i>CUX1</i>	NM_001913.4	1–23
<i>DDX41</i>	NM_016222.3	1–17
<i>DNMT3A</i>	NM_022552.4	2–23
<i>EED</i>	NM_003797.4	1–12
<i>ETNK1</i>	NM_018638.4	3
<i>ETV6</i>	NM_001987.4	1–8
<i>EZH2</i>	NM_004456.4	2–20
<i>FBXW7</i>	NM_018315.5	7–11
<i>FLT3</i>	NM_004119.2	14–17, 19–20
<i>GATA1</i>	NM_002049.3	2, 4
<i>GATA2</i>	NM_032638.4	2–6
<i>GNAS</i>	NM_000516.5	8–11
<i>IDH1</i>	NM_005896.3	4
<i>IDH2</i>	NM_002168.3	4
<i>IKZF1</i>	NM_006060.5	2–3, 5–7
<i>JAK2</i>	NM_004972.3	12–16
<i>JAK3</i>	NM_000215.3	11–18
<i>KDM6A</i>	NM_021140.3	1–29
<i>KIT</i>	NM_000222.2	2, 8–11, 13, 17
<i>KMT2A</i>	NM_005933.3	1–36
<i>KRAS</i>	NM_004985.4	2–4
<i>LUC7L2</i> (<i>C7orf55</i>)	NM_001244585.1	2–11

GENE	TRANSCRIPT	EXON(S) COVERED
<i>MPL</i>	NM_005373.2	10–11
<i>MYD88</i>	NM_002468.4	5
<i>NF1</i>	NM_000267.3	1–57
<i>NF1</i>	NM_001042492.2	31
<i>NOTCH1</i>	NM_17617.4	26, 27, 34
<i>NPM1</i>	NM_002520.6	8–11
<i>NRAS</i>	NM_002524.4	2–4
<i>PAX5</i>	NM_016734.2	1–10
<i>PHF6</i>	NM_001015877.1	2–10
<i>PIGA</i>	NM_002641.3	2–6
<i>PPM1D</i>	NM_003620.3	1–6
<i>PRPF8</i>	NM_006445.3	2–43
<i>PTEN</i>	NM_000314.6	1–9
<i>PTPN11</i>	NM_002834.3	3, 4, 12, 13
<i>RAD21</i>	NM_006265.2	2–14
<i>RIT1</i>	NM_006912.5	5
<i>RUNX1</i>	NM_001754.4	2–9
<i>RUNX1</i>	NM_001122607.1	5
<i>SETBP1</i>	NM_015559.2	4*
<i>SF3B1</i>	NM_012433.3	13–16
<i>SH2B3</i>	NM_005475.2	2
<i>SMC1A</i>	NM_006306.3	1–25
<i>SMC3</i>	NM_005445.3	1–29
<i>SRSF2</i>	NM_003016.4	1–2
<i>STAG2</i>	NM_00104279.2	3–35
<i>STAT3</i>	NM_003150.3	20–21
<i>STAT5B</i>	NM_012448.3	16–18
<i>SUZ12</i>	NM_015355.3	1–16
<i>TET2</i>	NM_001127208.2	3–11
<i>TP53</i>	NM_000546.5	2–11
<i>U2AF1</i>	NM_006758.2	2, 6, 7
<i>WT1</i>	NM_000378.4	1–9
<i>ZRSR2</i>	NM_005089.3	1–11

**SETBP1*: Exon is only partially analyzed from genomic coordinates chr18:42531679-42532175.

Table 2: Acute Leukemia and Hematologic Neoplasm Fusion NGS Panels – RNA Targeted Gene Regions
RNA fusion variants, 107 genes:

GENE	TRANSCRIPT	EXON(S) COVERED
<i>ABL1</i>	NM_005157.5	1–11
<i>ABL2</i>	NM_005158.4	2–8
<i>AFDN</i> (<i>MLLT4</i>)	NM_001040000.2	2
<i>ALK</i>	NM_004304.4	2, 4, 6, 10, 16–23, 25
<i>BCL11B</i>	NM_138576.2	2, 3, 4
<i>BCL2</i>	NM_000633.2	1, 2, 3
<i>BCL3</i>	NM_005178.4	2–6
<i>BCL6</i>	NM_001706.4	2–5, 8, 9
<i>BCR</i>	NM_004327.3	1–3, 8, 12–16
<i>BIRC3</i>	NM_001165.4	4, 6, 7, 9
<i>BLNK</i>	NM_013314.3	1, 3–7, 12, 16, 17
<i>CBFB</i>	NM_022845.2	4, 5
<i>CBL</i>	NM_005188.3	2, 8
<i>CCND1</i>	NM_053056.2	1–5
<i>CCND2</i>	NM_001759.3	1–5
<i>CCND3</i>	NM_001760.4	2–5
<i>CD274</i>	NM_014143.3	2–5, 7
<i>CD28</i>	NM_006139.3	4
<i>CDK6</i>	NM_001259.6	1–4
<i>CDKN2A</i>	NM_000077.4	1, 2, 3
<i>CEBPA</i>	NM_004364.4	1
<i>CEBPD</i>	NM_005195.3	1
<i>CEBPE</i>	NM_001805.3	1, 2
<i>CEBPG</i>	NM_001806.3	2
<i>CHD1</i>	NM_001270.2	1, 2
<i>CHIC2</i>	NM_012110.3	1, 2, 3
<i>CIITA</i>	NM_000246.3	1, 2
<i>CREBBP</i>	NM_004380.2	2–6, 16, 20, 26, 30
<i>CRLF2</i>	NM_022148.4	1–6
<i>CSF1R</i>	NM_005211.3	9–14
<i>CTLA4</i>	NM_005214.4	1–4
<i>DEK</i>	NM_003472.3	2, 3

GENE	TRANSCRIPT	EXON(S) COVERED
<i>DGKH</i>	NM_152910.5	2–10
<i>DUSP22</i>	NM_020185.4	1, 2
<i>EBF1</i>	NM_024007.4	10–15
<i>EIF4A1</i>	NM_001416.3	2, 3
<i>EPOR</i>	NM_000121.3	7, 8
<i>ERG</i>	NM_004449.4	7–11
<i>ETV6</i>	NM_001987.4	1–6
<i>FGFR1</i>	NM_023110.2	2–12, 17
<i>FLT3</i>	NM_004119.2	14–18
<i>FOXP1</i>	NM_032682.5	2, 3, 5, 6, 8, 12–15, 20, 21
<i>GLIS2</i>	NM_032575.2	2, 3
<i>HLF</i>	NM_002126.4	4
<i>ID4</i>	NM_001546.3	1, 2, 3
<i>IKZF1</i>	NM_006060.5	1, 2, 3, 7, 8
<i>IKZF2</i>	NM_016260.2	3, 4
<i>IKZF3</i>	NM_012481.4	2–7
<i>IL2RB</i>	NM_000878.4	2
<i>IRF4</i>	NM_002460.3	1, 3, 5, 7–9
<i>IRF8</i>	NM_002163.2	2, 3, 5, 7, 9
<i>ITK</i>	NM_005546.3	5–8
<i>JAK2</i>	NM_004972.3	6–22
<i>KAT6A</i>	NM_006766.4	13–17
<i>KLF2</i>	NM_016270.3	2, 3
<i>KMT2A</i>	NM_005933.3	2–35
<i>LMO1</i>	NM_002315.2	1–4
<i>LMO2</i>	NM_005574.3	3–6
<i>LYN</i>	NM_001111097.2	2–8
<i>MALT1</i>	NM_006785.3	9
<i>MECOM</i>	NM_004991.3	1–5, 8
<i>MEF2D</i>	NM_005920.3	3–7, 9
<i>MLF1</i>	NM_022443.4	2, 3, 4
<i>MLLT10</i>	NM_004641.3	2–18

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Table 2: Acute Leukemia and Hematologic Neoplasm Fusion NGS Panels – RNA Targeted Gene Regions
(continued)

GENE	TRANSCRIPT	EXON(S) COVERED
<i>MRTFA (MKL1)</i>	NM_020831.4	4, 5, 6
<i>MUC1</i>	NM_002456.5	2, 3, 5, 7
<i>MYC</i>	NM_002467.4	1, 2, 3
<i>MYH11</i>	NM_002474.2	5–11, 14–20
<i>NF1</i>	NM_000267.3	14, 36
<i>NFKB2</i>	NM_002502.5	14–21
<i>NOTCH1</i>	NM_017617.4	24 – 29, 34
<i>NTRK3</i>	NM_002530.3, NM_001007156.2	4, 7, 10, 13–16 15
<i>NUP214</i>	NM_005085.3	17, 18, 19
<i>NUP98</i>	NM_016320.4	8–17
<i>NUTM1</i>	NM_175741.2	2(UTR) – 6
<i>P2RY8</i>	NM_178129.4	1
<i>PAG1</i>	NM_018440.3	2
<i>PAX5</i>	NM_016734.2	1, 3–8
<i>PBX1</i>	NM_002585.3	1–9
<i>PDCD1</i>	NM_005018.2	1, 2, 3, 5
<i>PDCD1LG2</i>	NM_025239.3	1, 2, 3, 5, 6
<i>PDGFRA</i>	NM_006206.4	9–15, 18
<i>PDGFRB</i>	NM_002609.3	8–14
<i>PICALM</i>	NM_007166.3	15, 17, 18, 19
<i>PML</i>	NM_002675.3	2–7

GENE	TRANSCRIPT	EXON(S) COVERED
<i>PRDM16</i>	NM_022114.3	1–4
<i>PTK2B</i>	NM_173176.2	2–8
<i>RARA</i>	NM_000964.3	1–9
<i>RBM15</i>	NM_022768.4	1
<i>ROS1</i>	NM_002944.2	31–38
<i>RUNX1</i>	NM_001754.4	1–9
<i>RUNX1T1</i>	NM_001198679.1	1–9
<i>SEMA6A</i>	NM_020796.4	1, 2
<i>SETD2</i>	NM_014159.6	1, 3–12
<i>STIL</i>	NM_003035.2	1, 2
<i>SYK</i>	NM_003177.6	5–8
<i>TAL1</i>	NM_003189.5, NM_001290404.1	2–6 2
<i>TCF3</i>	NM_003200.3	11–18
<i>TFG</i>	NM_006070.5	2, 3, 4
<i>TLX1</i>	NM_005521.4	1, 2, 3
<i>TLX3</i>	NM_021025.3	1, 2, 3
<i>TP63</i>	NM_003722.4	3, 4, 5
<i>TSLP</i>	NM_033035.4	1–4
<i>TYK2</i>	NM_003331.4	7, 8, 16, 18
<i>VAV1</i>	NM_005428.3	25
<i>ZCCHC7</i>	NM_032226.2	1, 2, 4
<i>ZNF384</i>	NM_001135734.2	2–9

Table 3: Chronic Myeloid Neoplasms NGS Panel – DNA Targeted Gene Regions
DNA variants, 56 genes:

GENE	TRANSCRIPT	EXON(S) COVERED
<i>ABL1</i>	NM_005157.5	4–6
<i>ASXL1</i>	NM_15338.5	10–13
<i>BCOR</i>	NM_17745.5	2–15
<i>BCORL1</i>	NM_021946.4	1–12
<i>BRAF</i>	NM_004333.4	15
<i>CALR</i>	NM_004343.3	9
<i>CBL</i>	NM_005188.3	8–9
<i>CEBPA</i>	NM_004364.4	1
<i>CSF3R</i>	NM_000760.3	14–17
<i>CUX1</i>	NM_001202543.1 NM_001913.4	15–24 1–23
<i>DDX41</i>	NM_016222.3	1–17
<i>DNMT3A</i>	NM_022552.4	2–23
<i>EED</i>	NM_003797.4	1–12
<i>ETNK1</i>	NM_018638.4	3
<i>ETV6</i>	NM_001987.4	1–8
<i>EZH2</i>	NM_004456.4	2–20
<i>FLT3</i>	NM_004119.2	14–17, 19–20
<i>GATA1</i>	NM_002049.3	2, 4
<i>GATA2</i>	NM_032638.4	2–6
<i>IDH1</i>	NM_005896.3	4
<i>IDH2</i>	NM_002168.3	4
<i>JAK2</i>	NM_004972.3	12–16
<i>JAK3</i>	NM_000215.3	11–18
<i>KDM6A</i>	NM_021140.3	1–29
<i>KIT</i>	NM_000222.2	2, 8–11, 13, 17
<i>KMT2A</i>	NM_005933.3	1–36
<i>KRAS</i>	NM_004985.4	2–4
<i>LUC7L2</i> (<i>C7orf55</i>)	NM_001244585.1	2–11

GENE	TRANSCRIPT	EXON(S) COVERED
<i>MPL</i>	NM_005373.2	10–11
<i>NF1</i>	NM_000267.3 NM_001042492.2	1–57 31
<i>NPM1</i>	NM_002520.6	8–11
<i>NRAS</i>	NM_002524.4	2–4
<i>PHF6</i>	NM_001015877.1	2–10
<i>PIGA</i>	NM_002641.3	2–6
<i>PPM1D</i>	NM_003620.3	1–6
<i>PRPF8</i>	NM_006445.3	2–43
<i>PTEN</i>	NM_000314.6	1–9
<i>PTPN11</i>	NM_002834.3	3, 4, 12, 13
<i>RAD21</i>	NM_006265.2	2–14
<i>RIT1</i>	NM_006912.5	5
<i>RUNX1</i>	NM_001754.4 NM_001122607.1	2–9 5
<i>SETBP1</i>	NM_015559.2	4*
<i>SF3B1</i>	NM_012433.3	13–16
<i>SH2B3</i>	NM_005475.2	2
<i>SMC1A</i>	NM_006306.3	1–25
<i>SMC3</i>	NM_005445.3	1–29
<i>SRSF2</i>	NM_003016.4	1–2
<i>STAG2</i>	NM_00104279.2	3–35
<i>STAT3</i>	NM_003150.3	20–21
<i>STAT5B</i>	NM_012448.3	16–18
<i>SUZ12</i>	NM_015355.3	1–16
<i>TET2</i>	NM_001127208.2	3–11
<i>TP53</i>	NM_000546.5	2–11
<i>U2AF1</i>	NM_006758.2	2, 6, 7
<i>WT1</i>	NM_000378.4	1–9
<i>ZRSR2</i>	NM_005089.3	1–11

**SETBP1*: Exon is only partially analyzed from genomic coordinates chr18:42531679-42532175.

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Test Overviews

Test Name	Acute Leukemia Next Generation Sequencing Panel	
Test Targets	DNA variants (63-gene) & RNA fusion variants (107-gene)	
Order Code(s)	HDMNGS (Bone Marrow) HDPNGS (Peripheral Blood) HDONGS (Other, FFPE, Clot sections)	
Methodology	Next-Generation Sequencing (NGS)	
Specimen Requirements	Bone Marrow Aspirate: 8 mL, EDTA (lavender) Peripheral Blood: 8 mL, EDTA (lavender) FFPE: 10 charged, unbaked, unstained FFPE slides; or, two (2) 10 x 7 micron FFPE curls (scrolls) plus 1 H&E slide with best tumor area circled containing at least 8% tumor	
Stability	Bone Marrow or Peripheral Blood Ambient: 48 hours Refrigerated: 3 days Frozen: Unacceptable	FFPE Ambient: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable
Days Performed	2–3 days per week	
Days Reported	10 calendar days	
CPT Code	81455	

Test Name	Chronic Myeloid Neoplasms Next Generation Sequencing Panel	
Test Targets	DNA variants (56-gene)	
Order Code(s)	MYNGSM (Bone marrow) MYNGSP (Peripheral blood) MYNGSO (Other, FFPE, Clot sections)	
Methodology	Next-Generation Sequencing (NGS)	
Specimen Requirements	Bone Marrow Aspirate: 4 mL, EDTA (lavender) Peripheral Blood: 4 mL, EDTA (lavender) FFPE: 10 charged, unbaked, unstained FFPE slides; or, 10 x 7 micron FFPE curls (scrolls) plus 1 H&E slide with best tumor area circled containing at least 8% tumor	
Stability	Bone Marrow or Peripheral Blood Ambient: 48 hours Refrigerated: 7 days Frozen: Unacceptable	FFPE Ambient: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable
Days Performed	2–3 days per week	
Days Reported	10 calendar days	
CPT Code	81455	

Test Overview

Test Name	Hematologic Neoplasm Fusion Next Generation Sequencing Panel	
Test Targets	RNA fusion variants (107-gene)	
Order Code(s)	HFMNGS (Bone Marrow) HFPNGS (Peripheral Blood) HFONGS (Other, FFPE, Clot sections)	
Methodology	Next-Generation Sequencing (NGS)	
Specimen Requirements	Bone Marrow Aspirate: 4 mL, EDTA (lavender) Peripheral Blood: 4 mL, EDTA (lavender) FFPE: 10 charged, unbaked, unstained FFPE slides; or, 10 x 7 micron FFPE curls (scrolls) plus 1 H&E slide with best tumor area circled containing at least 8% tumor	
Stability	Bone Marrow or Peripheral Blood Ambient: 48 hours Refrigerated: 3 days Frozen: Unacceptable	FFPE Ambient: Indefinitely Refrigerated: Indefinitely Frozen: Unacceptable
Days Performed	2–3 days per week	
Days Reported	10 calendar days	
CPT Code	81455	

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