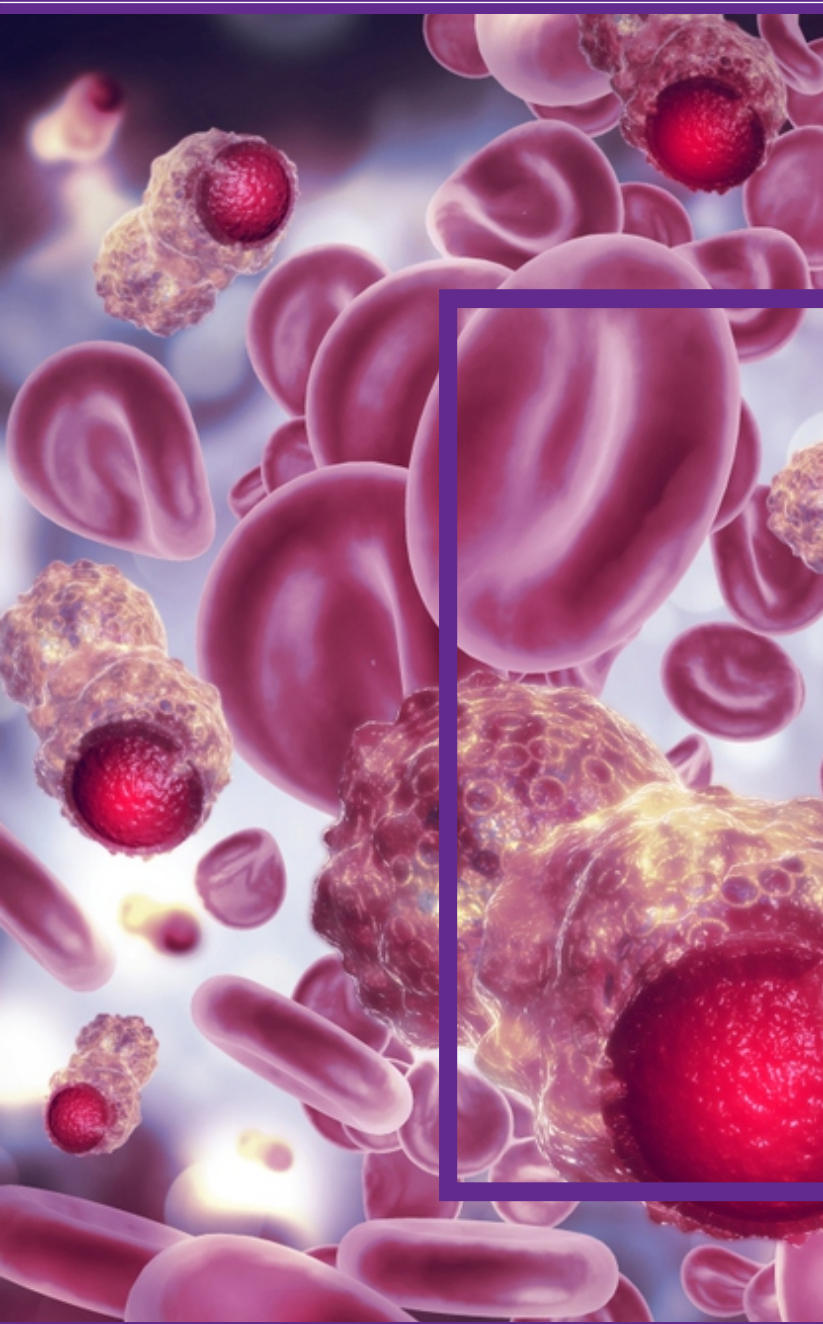




Neuberg
DIAGNOSTICS

CENTER FOR
GENOMIC
MEDICINE

OncoCEPT HAEM

OncoCEPT - HAEM

- Sample Type:- Blood or Bone Marrow
- Next Generation Sequencing
- TAT:-10 days*

Genes Covered

- 40 key DNA target genes
- 29 driver genes
- (a broad fusion panel)

Diseases Covered

Disorder wise:

- 1. Myeloproliferative Neoplasms**
 - a. Polycythaemia Vera (PV)
 - b. Primary Myelofibrosis (PMF)
 - c. Essential thrombocythaemia (ET)
 - d. Chronic myeloid leukemia, BCR-ABL1 positive
 - e. Chronic neutrophilic leukaemia
 - f. Chronic eosinophilic leukaemia, NOS
 - g. Myeloproliferative Neoplasm, unclassifiable
- 2. Mastocytosis**
- 3. Myeloid/lymphoid neoplasms with eosinophilia & gene rearrangement**
 - a. Myeloid/lymphoid neoplasms with PDGFRA rearrangement
 - b. Myeloid/lymphoid neoplasms with PDGFRB rearrangement
 - c. Myeloid/lymphoid neoplasms with FGFR1 rearrangement
 - d. Myeloid/lymphoid neoplasms with PCM1-JAK2

- 4. Myelodysplastic/myeloproliferative neoplasms**
 - a. Chronic myelomonocytic leukaemia (CMML)
 - b. Atypical chronic myeloid leukaemia, BCR-ABL1 negative (aCML)
 - c. Juvenile myelomonocytic leukaemia (JMML)
 - d. Myelodysplastic/myeloproliferative neoplasm with ring sideroblasts & thrombocytosis
 - e. Myelodysplastic/myeloproliferative neoplasm, unclassifiable (MDS/MPN-U)
- 5. Myelodysplastic syndromes(MDS)**
 - a. MDS with single lineage dysplasia
 - b. MDS with ring sideroblasts
 - c. MDS with multilineage dysplasia
 - d. MDS with excess blasts
 - e. MDS with isolated del(5q)
 - f. MDS, unclassifiable
 - g. Childhood myelodysplastic syndrome

Diseases Covered

Disorder wise:

- 6. Myeloid neoplasms with germline predisposition** (CEBPA, RUNX1, ETV6, GATA2)
- 7. Acute myeloid leukaemia(AML) & related precursor neoplasms**
 - a. AML with t(8;21)/RUNX1-RUNX1T1
 - b. AML with inv(16)/CBFB-MYH11
 - c. AML with PMLRARA/variant RARA
 - d. AML with t(9;11)/KMT2A-MLLT3 as well as other KMT2A rearrangements
 - e. AML with t(6;9)/DEK-NUP214
 - f. AML with t(1;22)/RBM15-MKL1
 - g. AML with t(9;22)/BCR-ABL1
 - h. AML with mutated NPM1
 - i. AML with biallelic mutation of CEBPA
 - j. AML with mutated RUNX1
 - k. AML with myelodysplasia related changes
 - l. Therapy related myeloid neoplasms
 - m. AML, not otherwise specified
 - n. Myeloid sarcoma
- 8. Acute leukaemias of ambiguous lineage**
 - a. Acute undifferentiated leukaemia
 - b. Mixed phenotype acute leukaemia with t(9;22)/BCR-ABL1
 - c. Mixed phenotype acute leukaemia with t(v;11q23.3)/KMT2A rearranged
 - d. Mixed phenotype acute leukaemia, B/myeloid
 - e. Mixed phenotype acute leukaemia, T/myeloid
- 9. Precursor lymphoid neoplasms : B-lymphoblastic leukaemia/lymphoma (B-ALL/LBL)**
 - a. B-ALL/LBL, not otherwise specified
 - b. B-ALL/LBL with t(9;22)/BCR-ABL1
 - c. B-ALL/LBL with t(v;11q23.3)/KMT2A rearranged
 - d. B-ALL/LBL with t (12;21) / ETV6-RUNX1
 - e. B-ALL/LBL with t(1;19)/TCF3-PBX1
 - f. B-ALL/LBL with ZNF384 related fusion
- 10. Mature B-neoplasms**
 - a. Chronic lymphocytic leukaemia (CLL)
 - b. Hairy cell leukaemia (HCL) (BM sample preferred)
 - c. Lymphoplasmacytic lymphoma/ Waldenstrom macroglobulinemia (LPL/WM) (BM sample preferred)

*TAT mentioned is for working days for >90% samples

CBC/BM findings under evaluation whenever a myeloid neoplasm is suspected(after ruling out other reactive/secondary causes):	
1. Polycythemia	6. Dyspoiesis(Dyserythropoiesis/ dysgranulopoiesis/dysmegakaryopoiesis)
2. Cytopenia(Anaemia, leucopenia, thrombocytopenia)	7. Ring sideroblasts
3. Leukocytosis(Neutrophilia/eosinophilia/ monocytosis/basophilia)	8. Myelofibrosis
4. Thrombocytosis	9. Atypical lymphoid cells with hairy cytoplasmic projections
5. Acute leukaemia(blasts/atypical cells)	10. Rouleaux formation with lymphoplasmacytic cells

🔥 List of Genes in Panel

DNA						
HOTSPOT GENES				FULL GENES		
ABL1	FLT3	KIT	SETBP1	ASXL1	IKZF1	SH2B3(LNK)
BRAF	GATA2	KRAS	SF3B1	BCOR	NF1	STAG2
CBL	HRAS	MPL	SRSF2	CALR	PHF6	TET2
CEBPA	IDH1	MYD88	U2AF1	ETV6	PRPF8	TP53
CSF3R	IDH2	NPM1	WT1	EZH2	RB1	ZRSR2
DNMT3A	JAK2	PTPN11			RUNX1	

RNA				
FUSION DRIVER GENES				
ABL1	EGFR	JAK2	MYBL1	RARA
ALK	ETV6 (TEL)	KMT2A(MLL)	MYH11	RBM15
BCL2	FGFR1	MECOM	NTRK3	RUNX1(AML1)
BRAF	FGFR2	MET	NUP214	TCF3(E2A)
CCND1	FUS	MLLT10	PDGFRA	TFE3
CREBBP	HMGA2	MLLT3	PDGFRB	

🔥 Mutations (DNA)

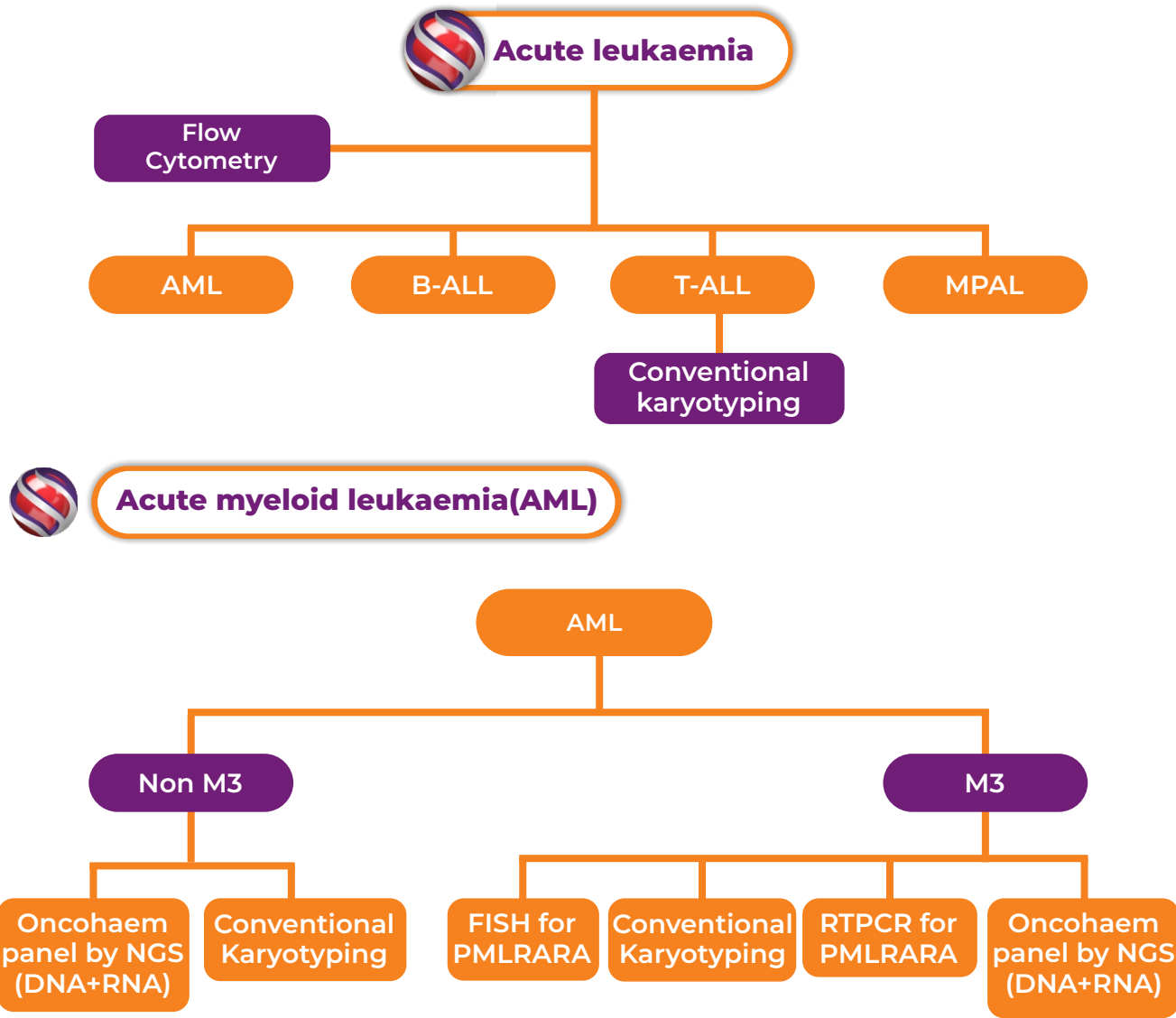
AML			MDS/MPN				PMF		CNL		
NPM1	FLT3-TKD	ASXL1	SF3B1	SRSF2	NRAS	ZRSR2	JAK2	IDH1	CSF3R		
CEBPA	TP53	DNMT3A	JAK2	DNMT3A	TP53	STAG2	MPL	IDH2	SETBP1		
RUNX1	WT1	IDH1	MPL	U2AF1	SETBP1	IDH1	CALR	SRSF2	ASXL1		
KIT	TET2	IDH2	CALR	TP53	Others	IDH2	ASXL1	SF3B1	JAK2		
FLT3-ITD			TET2	EZH2		BCOR	EZH2	TET2			
CMML		t-MNs		Mastocytosis		JMML					
ASXL1	NRAS	TP53	IDH2	KIT	CBL	PTPN11	CBL				
TET2	CBL	TET2	NRAS	TET2	RUNX1	KRAS	SETBP1				
SRSF2	SETBP1	PTPN11	FLT3	SRSF2	RAS family	NRAS	SH2B3				
RUNX1	NPM1	IDH1		ASXL1		NF1	ASXL1				
MNBP		CEL		TAM		PV	ET				
CEBPA	GATA2	TET2	EZH2	EZH2	SH2B3	JAK2V617F	JAK2				
RUNX1	Same as JMML	ASXL1	JAK2	JAK2	RAS pathway genes	JAK2 exon 12	CALR				
ETV6	CSF3R	DNMT3A	KIT	MPL		SH2B3/LNK	MPL				
MDS			BPDCN		• Acute myeloid leukaemia (AML) • Primary Myelofibrosis (PMF) • Therapy related myeloid neoplasms (t-MNs) • Myeloid proliferations ass. with Down's (TAM) • Chronic eosinophilic leukaemia (CEL) • Acute promyelocytic leukaemia (APL) • Chronic neutrophilic leukaemia (CNL) • Mastocytosis • Chronic myelomonocytic leukaemia (CMML) • Juvenile myelomonocytic leukaemia (JMML) • Myelodysplastic Syndrome / myeloproliferative neoplasms (MDS/MPN) • Myelodysplastic Syndrome(MDS) • Myeloid neoplasms with germline predisposition(MNBP) • Atypical chronic myeloid leukaemia (aCML) • Essential Thrombocythemia (ET) • Polycythemia (PV) • Blastic plasmacytoid dendritic cell neoplasm(BPDCN)						
SF3B1	RUNX1	STAG2	TET2	IDH2							
TET2	U2AF1	IDH1	NPM1	KIT							
ASXL1	TP53	IDH2	ASXL1	RB1							
SRSF2	EZH2	CBL	RAS family	BRAF							
DNMT3A	ZRSR2	NRAS	NRAS	TP53							
	Others	BCOR	KRAS								
aCML	APL										
SETBP1	FLT3-ITD										
CSF3R	FLT3-TKD										

 Fusions (RNA)

Acute myeloid leukaemia(AML) and related precursor neoplasms	Acute promyelocytic leukaemia	Chronic eosinophilic leukaemia	Pediatric -AML
RUNX1-RUNX1T1 t(8;21) : CBFB-MYH11 inv(16)	RARA REARRANGEMENTS: 3 types bcr1,bcr2,bcr3	ETV6 REARRANGEMENTS	RBM15-MKL1 t(1;22)
PML-RARA t(15;17) DEK-NUP214 t(6;9)	IRF2BP2-RARA	FLT3	KAT6A-CREBBP
RBM15-MKL1 t(1;22) AML with BCR-ABL1	NABP1-RARA t(2;17)	NTRK	DEK-NUP214 t(6;9)
KMT2A REARRANGEMENTS	TBL1XR1-RARA t(4;17)	LYN	KMT2A Rearrangements
MLLT3 t(9;11) AFF1/AF4 MLLT1-ENL MLLT10/AF10 ELL PTD MLLT4/AF6 EPS15 MLLT11/AF1Q SEPT9 EPS15 SEPT6 MLLT6/AF17 AFF3/LAF4 ARHGEF12 GMPS	CASP8AP2 CBL CREBBP DCPIA DCPS FNBP1 GAS7 KIAI524 BTBD18 MYH11 NEBL NRIP3 PDS5A SEPT2 SMAP1 TOP3A	SYK ABL1	MLLT3 MLLT10 MLLT11
	NUMA1-RARA	ETV6-JAK2	Chronic myeloid leukaemia
	ZBTB16-RARA t (11;17)	BCR-JAK2	BCR-ABL1
	ADAMTS17-RARA		
	STAT5B-RARA		
	PRKARIA-RARA t(17;17)		
	BCOR-RARA t(X;17)		
	PML-RARA		
		B-lymphoblastic leukaemia/lymphoma	
		t(9;22)/BCR-ABL1	t(1;19)/TCF3-PBX1
		t(v;11q23.3)/KMT2A	ZNF384 related Fusions
		t(12;21) /ETV6-RUNX1	

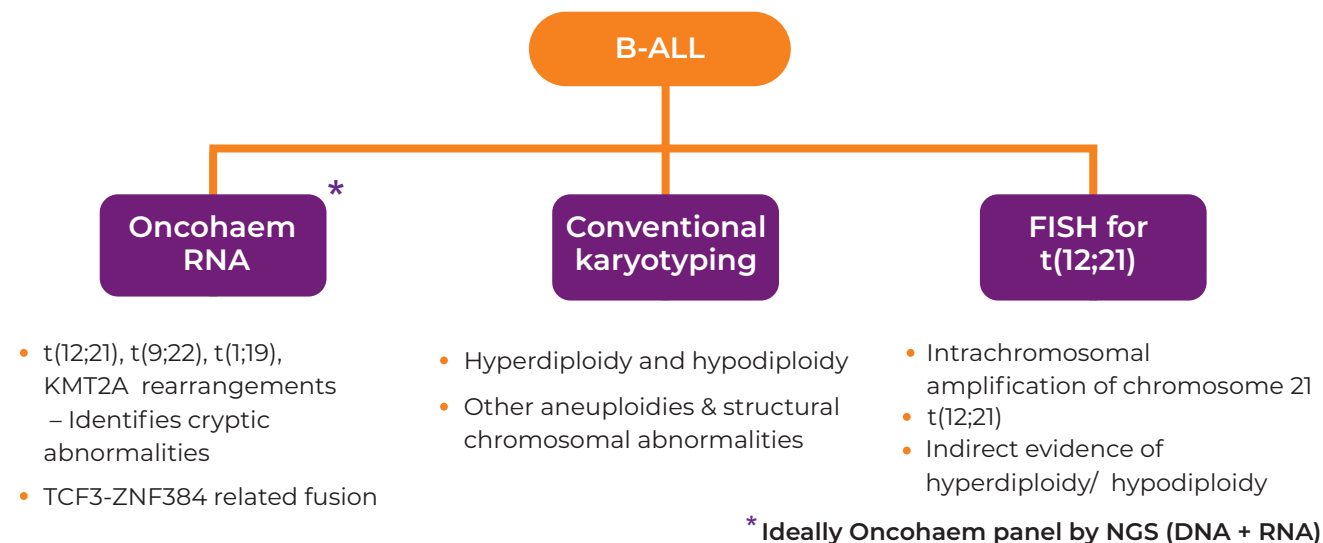
Myeloid/lymphoid neoplasms with eosinophilia & gene arrangement			
PDGFRB REARRANGEMENTS	FGFR1 REARRANGEMENTS	JAK2 REARRANGEMENTS	
CCDC6 SART3 GIT2 ERC1 BIN2 NIN CCDC88C TP53BP1 NDE1 RABEP1 SPECC1 ETV6 WDR48 CAPRIN1	GOLGA4 TNIP1 HIP1 KANK1 MYO18A COL1A1 DTD1 GOLGB1 CEP85L TRIP11 MPRIP CPSF6 TPM3 PDE4DIP PRKG2	ZMYM2 CNTRL FGFR1OP BCR MYO18A TRIM24 FGFR1OP2 TPR RANBP2 LRRFIP1 CUX1 CPSF6 SQSTM1	PCMI ETV6 BCR
			PDGFRA REARRANGEMENTS
			ETV6 FIP1L1 KIF5B CDK5RAP2 STRN FOXP1 TNKS2 BCR

BONE MARROW EXAMINATION IS MUST FOR ALL SUSPECTED MYELOID NEOPLASMS (except under special circumstances)

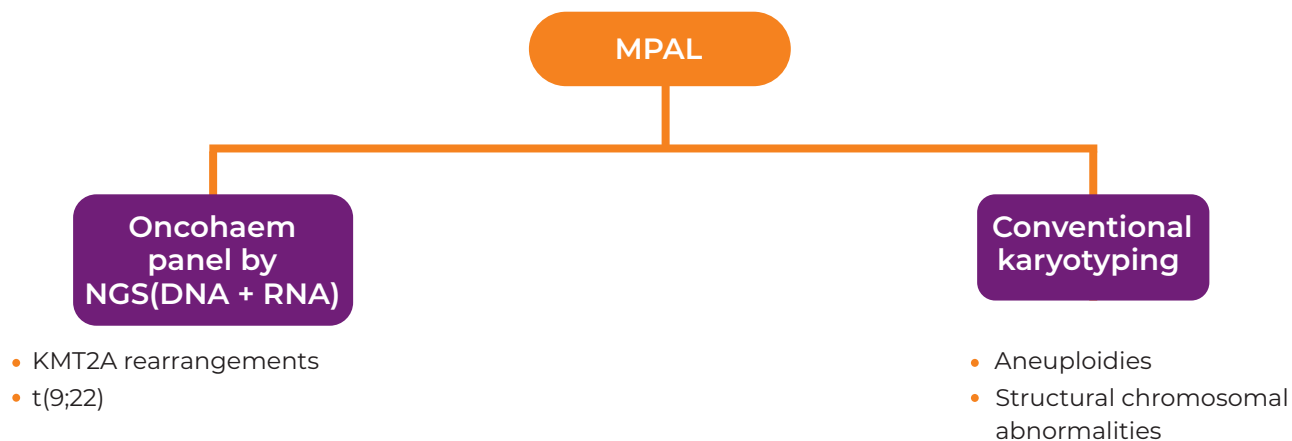




B-lymphoblastic leukaemia(B-ALL)



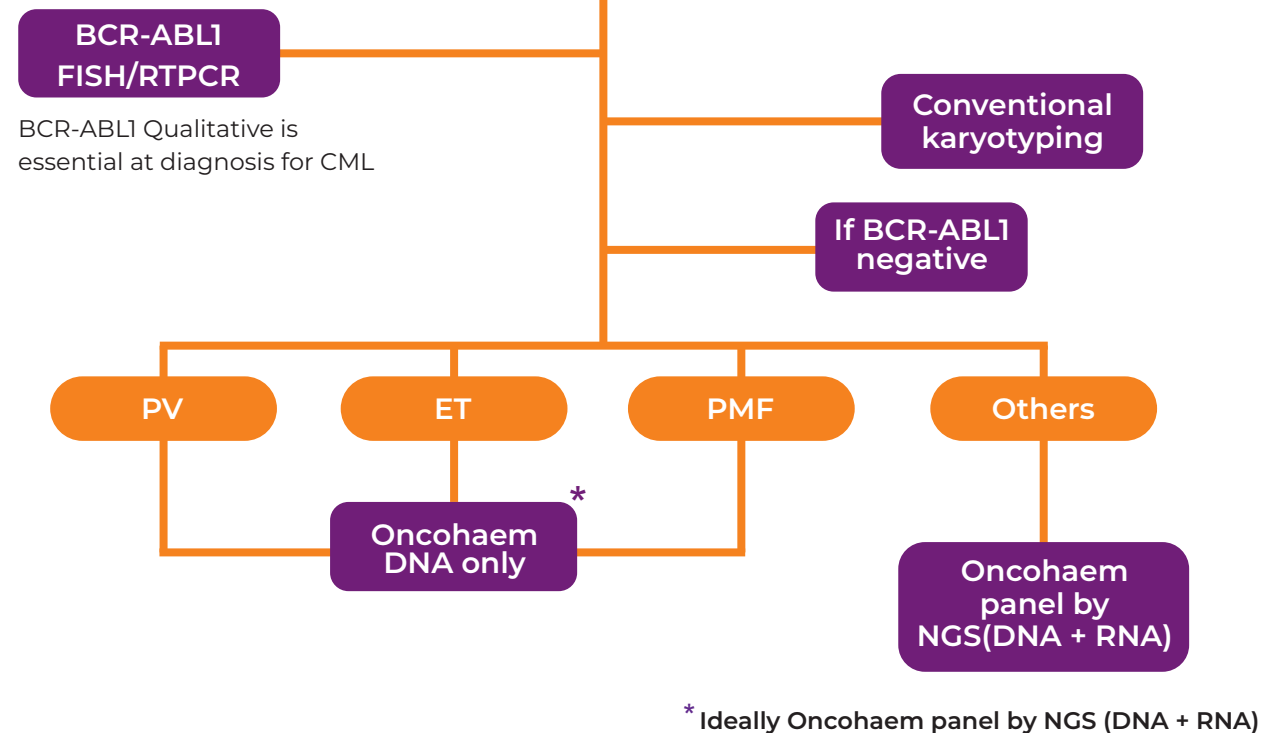
Mixed phenotype acute leukaemia (MPAL)



Myeloproliferative Neoplasms (MPN)

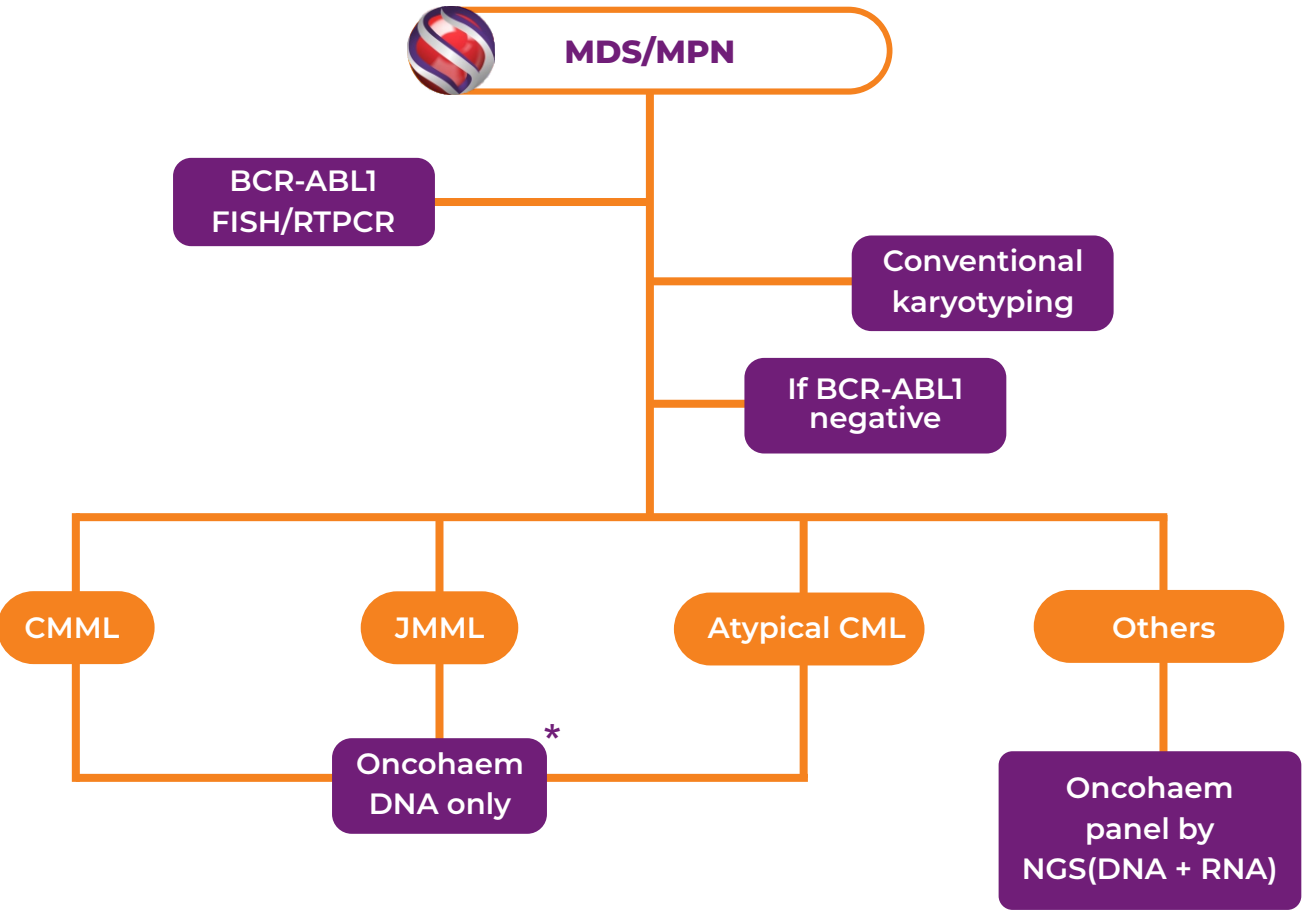


Myeloproliferative Neoplasms (MPN)



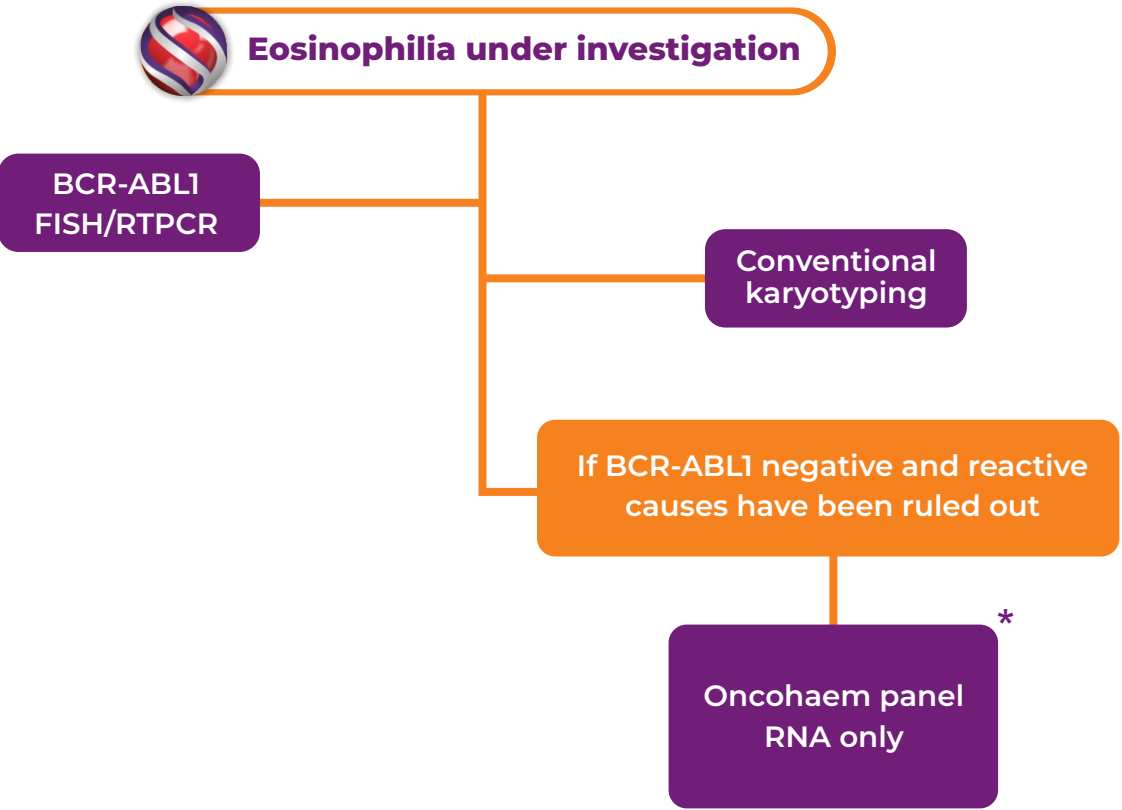
- Chronic myeloid leukaemia(CML)
- Polycythaemia Vera(PV)
- Primary Myelofibrosis(PMF)
- Essential Thrombocythaemia(ET)
- Chronic neutrophilic leukaemia(CNL)
- Chronic eosinophilic leukaemia(CEL)
- MPN-U

Myelodysplastic syndrome/ Myeloproliferative neoplasm (MDS/MPN)



- Chronic myelomonocyticleukaemia(CMML)
- Atypical CML(aCML)
- Juvenile myelomonocytic leukaemia(JMML)
- MDS/MPN-RS-T
- MDS/MPN-U

Eosinophilia under investigation

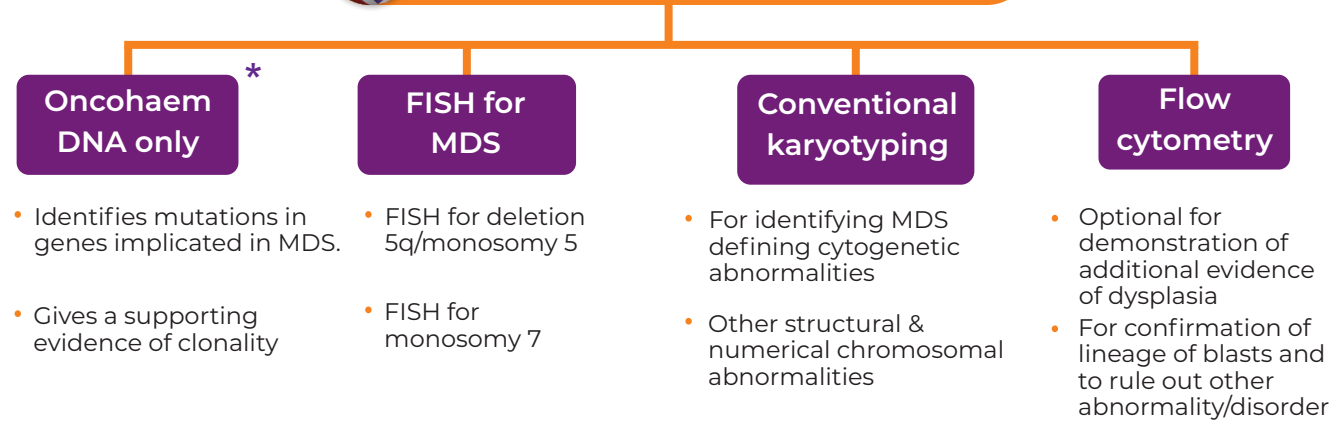


* Ideally Oncohaem panel by NGS (DNA + RNA)

Myelodysplastic Syndrome (MDS)



Myelodysplastic Syndrome (MDS)

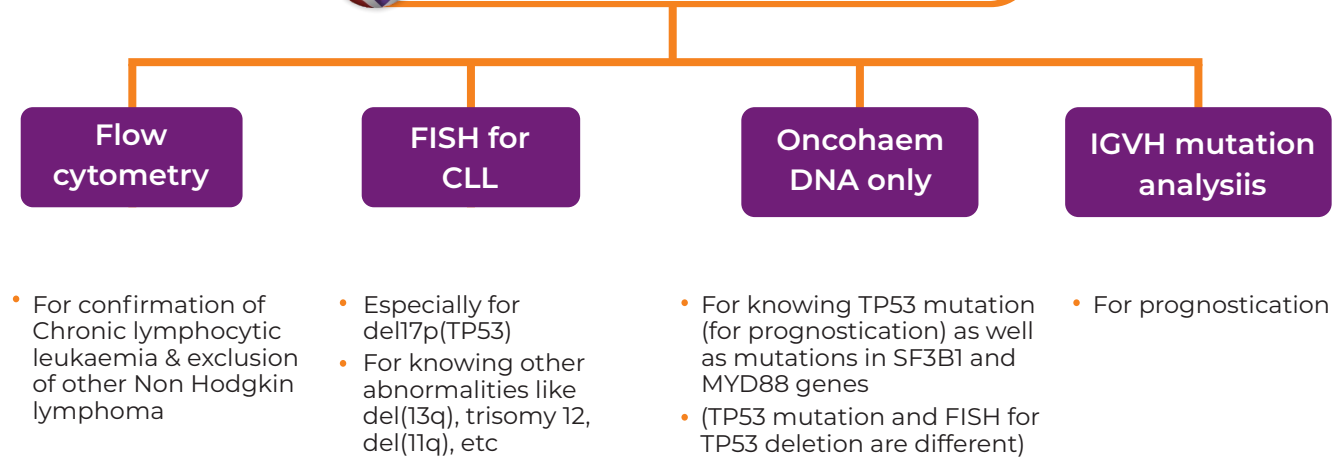


* Ideally Oncohaem panel by NGS (DNA + RNA)

Chronic lymphocytic Leukaemia (CLL)



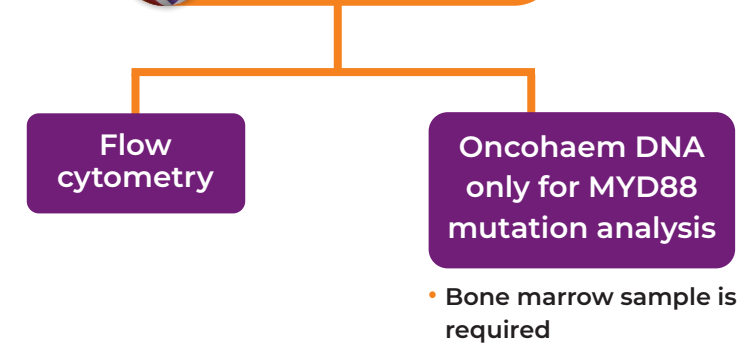
Chronic lymphocytic leukaemia



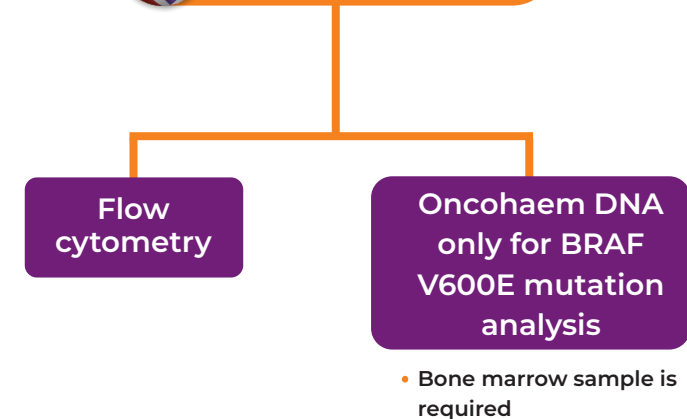
Other Disorders



WM/LPL



HCL



- Hairy cell leukaemia(HCL)
- Waldenstrom Macroglobulinemia/Lymphoplasmacytic lymphoma(WM/LPL)

Current analysis of hematological malignancies involves multiple sequential tests and laborious workflows. Adoption of next-generation sequencing (NGS) methods into clinical research laboratories has created an unprecedented opportunity to profile the multiple relevant driver genes in myeloid malignancies. Targeted NGS assay is designed to assist in the understanding of myeloid cancers. Specifically, it interrogates all relevant DNA mutations and fusion transcripts associated with myeloid disorders in a single NGS run.



Why OncoCEPT - HAEM?

- Targetable fusions/rearrangements like PDGFRA, PDGFRB, etc. can be checked
- Rare transcripts, which are not regularly checked or are usually missed, can also be detected. e.g. ETV6-JAK2 and ETV6-FLT3 can be found in CEL which can be detected by this technique.
- Transcripts that are cryptic can also be detected, which karyotyping may fail to identify.
- Fusions resulting from translocations can be confirmed. e.g. not all translocation characterized as t(5;12)(q31-33;p12) lead to ETV6-PDGFRB fusion.
- Fusions suspected but not found by karyotyping can be detected.
- Multiple fusions of a particular gene can be seen, whereas, FISH can only detect a particular translocation depending upon the probe used.
- Testing individually for each fusion by FISH is expensive, however, here, whole panel can be covered in a very reasonable rate.
- Mutations other than FLT3, JAK2, NPM1 & CEBPA are also covered like – IDH2, DNMT3A, etc.
- A suspected case can be confirmed if mutation can be found. e.g. a suspected case of JMML having a mutation KRAS can confirm the diagnosis.
- Drugs are now available that can be used to target the mutations. e.g. IDH1 inhibitor.
- Mutation can help in knowing the prognosis of the disease. e.g. TP53 mutation in AML carries adverse prognosis.

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