

DEPARTMENT OF MOLECULAR GENETICS

Patient Name	Mr. ZAKER	Visit ID	YOD648788	Barcode	10961497
Age / Gender	23/MALE	UHID	YOD.0000626001	Registration Date	06-03-2024 11:31 PM
Ref Doctor	SELF	Client Name	LAKSHANA MEDICAL DIAGNOSTICS	Collection Date	06-03-2024 05:30 PM
Hospital Name		Client Code	YOD-TS-0129	Received Date	06-03-2024 11:38 PM
Sample Type	EDTA PLASMA	Client Add	HYDERABAD	Reported Date	09-03-2024 07:12 PM

BCR-ABL QUANTITATIVE

SL NO	Transcripts	Result
1	BCR-ABL1 (IS-NCN)	43.7
2	BCR-ABL1 MAJOR -P210(b2a2, b3a2) transcript	20798
3	BCR-ABL1 MINOR-P190(e1a2) transcript	0.0
4	BCR-ABL1 MICRO-P230(e19a2) transcript	0.0
5	ABL1 transcript (CN)	33374
6	IS-Cal (CF)	0.703

Clinical Significance

The reciprocal translocation between BCR(Chr.22) and ABL1(Chr.9) genes creates a transcription ally active BCR-ABL1 fusion gene (Ph-chr), the hallmark of Chronic Myeloid Leukaemia (CML).

Majority CML patients (95-98%) have major-breakpoint(M-bcr) with e13a2(b2a2) or e14a2(b3a2)translocation encoding p210. Minor-breakpoint (m-bcr;e1a2,p190) is principally associated with Ph-positive ALL (5% of pediatric pre-B ALL and 25% of adult B-ALL patients).

CML with micro-breakpoint (u-bcr;e19a2, p230) presenting CNL variant and/or with marked thrombocytosis.

Test Attributes

This test interprets response /resistance to CML- first line therapy.

BCR-ABL1(M-bcr)-CN was normalized using ABL1 as reference gene. Test also used to interpret MRD in follow-up patients.

Test method: Real-time Quantitative PCR. LOD: Log-4 or greater reduction (ref: ABL1-CN).

Limitations

Different laboratory protocols, sample volume and pre-analytical errors may impact LOD. Variation of 0.5 log NCN value should not be considered as significant. Result may be interpreted based on different reference genes, hence evaluate MRD accordingly.

Kindly correlate clinically.

References

1. Letizia Foroni et al. British Journal of Haematology 2011, 153, 179–190.
2. NCP Cross et al. Leukemia 2015, 29, 999-1003.

Analyzed by



Approved by:



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End of Report

Suggested clinical correlation & follow up

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