Guidelines for EuroMRD participantship (NHL section)

EuroMRD has defined the following guidelines for participantship of the NHL section:

A. Knowledge on structure and immunobiology of Immunoglobulin (Ig) gene rearrangements, BCL1/IGH and/or BCL2/IGH translocation processes

Participants must have an extensive background on the structure of each human Ig locus (*IGH and IGK)*, t(11;14) and t(14;18) translocations, stepwise rearrangement processes and gene segment usage, as well as on specific disease's biological characteristics, such as ongoing somatic hypermutations (SHM), oligoclonality, etc.

B. Experience in Ig gene sequence analysis and RQ-PCR for MRD detection

Participants must have an extensive knowledge on molecular methods for detection and identification of IgH gene rearrangements, *BCL1/IGH* and/or *BCL2/IGH* translocations. They must practice DNA sequencing and interpretation of sequences (including identification of junctional regions by IMGT), design of allele-specific primers and probes as well as extensive knowledge on PCR-based diagnostics. Moreover, they must have experience in RQ-PCR (experience with ddPCR is welcome but not mandatory) methods and analysis such as possibilities and limitations, sample handling, control samples, sensitivity testing and interpretation of results according to EuroMRD guidelines.

C. Evidence of experience to provide reliable RQ-PCR-based MRD results

Applicants for participantship must have experience in MRD diagnostics according to ESG criteria and must have performed a full parallel analysis to another experienced EuroMRD laboratory, in at least 10 patients. This can include 10 IG-targets or 5 IG-targets and 2-3 BCL2/IgH translocations and 2-3 BCL1/IgH translocations respectively demonstrating comparable results. Moreover, results must be shown from at least 25 NHL patients completely analyzed.

D. Size of MRD laboratory and minimum number of NHL patients per year

An MRD laboratory should consist of at least one scientist and preferably at least two technicians in order to guarantee sufficient continuity, sample throughput, high quality and experience level. Preferably an MRD laboratory should cover a population of at least 10 to 12 x 10^6 inhabitants (or a country, in case of lower number of inhabitants) and at least 30 NHL patients should be evaluated for protocol-based MRD per year to maintain an adequately high experience level. For reasons of efficiency and costs, preferably more patients should be evaluated per laboratory.

E. Continuation of EuroMRD participantship

Each EuroMRD participant is obliged to participate in the 6-monthly quality assessment (QA) rounds and to the related EuroMRD meetings. Failure to participate in two consecutive QA rounds/meetings will terminate the EuroMRD participantship. Only by exception and with formal explanation, the EuroMRD participantship can be continued after EuroMRD Board approval.
Every two years the status of the EuroMRD participantship will be evaluated for all participants via the form "*Continuation of EuroMRD Participantship*".

Questions about the EuroMRD Participantship can be sent to info@euromrd.org