

# Guidelines for EuroMRD participantship (Ph<sup>+</sup>ALL section)

Gold standard treatment for Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph<sup>+</sup>ALL) is systemic chemotherapy combined with tyrosine kinase inhibitors followed by allogeneic stem cell transplantation. Several study groups offer multicenter trials. For a better comparability of results of the different study trials, EuroMRD implemented QA rounds for this fusion target. Therefore, Ph<sup>+</sup>ALL laboratories are participants of EuroMRD and follow the general participantship guidelines as detailed below.

EuroMRD has defined the following guidelines for participantship of the Ph<sup>+</sup>ALL section:

## A. Extensive knowledge on RQ-PCR for fusion transcripts

- Possibilities and limitations
- Samples handling
- Control samples
- Sensitivity testing
- Interpretation of RQ-PCR results (according to EuroMRD guidelines)

## B. Extensive experience in RQ-PCR for MRD detection

*Evidence of experience to provide reliable RQ-PCR-based MRD results.* At least 25 Ph<sup>+</sup>ALL patients completely analyzed, of which at least 5 in parallel with an EuroMRD laboratory, before participantship application.

## C. Size of MRD laboratory and minimum number of ALL patients per year

- 1. Statement by chairman of national treatment protocol concerning central MRD laboratory.
  - MRD diagnostics according to guidelines of EuroMRD
  - sufficient experience level of MRD laboratory (at least 25 patients completely analyzed, including 5 patients in full parallel to an EuroMRD laboratory)
- 2. An MRD laboratory should consist of at least one scientist and preferably at least two technicians in order to guarantee sufficient supervision, continuity, sample throughput, and quality control. One technician can handle 30-40 ALL or 60-80 NHL patients per year depending on the number of targets and follow-up samples investigated.
- 3. Preferably an MRD laboratory should cover a population of at least 10 to 12 x 10<sup>6</sup> inhabitants (or a country, in case of lower number of inhabitants).
- 4. Preferably at least 20 Ph<sup>+</sup>ALL should be evaluated for protocol-based MRD per year to maintain a sufficiently high experience level. For reasons of efficiency and costs, preferably more patients should be evaluated per laboratory.

## D. Continuation of EuroMRD participantship

 Continuous participation in EuroMRD meetings and QA rounds. Each EuroMRD laboratory is obliged to participate in the 6-monthly QA rounds and in the corresponding EuroMRD meetings. Failure to participate in two consecutive QA rounds/meetings will terminate the EuroMRD participantship. Only by exception and with explanation, the EuroMRD participantship can be continued.



- 2. *Size of MRD team*. Each EuroMRD laboratory should have sufficient supervision and continuity in order to guarantee sufficiently high quality and experience level.
- 3. Annual number of new patients. A minimum of 20 new patients should be evaluated each year to maintain a sufficiently high experience level, unless the EuroMRD Board decides otherwise for an individual case. Preferably more patients should be evaluated per laboratory.
- 4. *Two-year evaluation of EuroMRD participantship.* 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