

## Next generation sequencing (NGS)



### More information?

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### Patient selection

- Hematologist, Clinical biologist
- After frontline or second line treatment
- Only for patients in CR (min. 3 months in CR recommended)
- No age restrictions
- Diagnostic sample needed
- Sustained MRD can be requested with a timing of min. 6 months after the initial follow-up sample
- Maximum 2 test per year per patient
- When the result is MRD+, more request can be done with a maximum of 4 tests per year per patient

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### Sample extraction

#### Diagnostic sample

- 500 nanogram DNA (including IG genescan profile) OR 1 microgram (without genescan profile)
- Conc.: >25 nanogram/microliter
- Or 0.5- 1mL bone marrow, with min. 5% PC and <72 hours (if only bone marrow sample and no DNA sample is available)
- Diagnostic DNA sample or frozen BM cells can be sent together with follow-up sample

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### Sample extraction

#### Follow-up sample

- 3 mL sample bone marrow to be sent **immediately**, needs to arrive within 24h after extraction, at 13h00 at the latest
- OR 4-6 microgram if first lymfoprep and DNA extraction took place: **no restriction for transfer**
- 200 nanogram/microliter concentration to be reached (sufficient sample)

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### Sample shipment

- Announce sample shipment via mail or **request form** to UZ Brussel (see next page)
- Include information on type of sample and patient information
- Regular transport or extra (IHcT or others) – **own resources**

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### Arrival in UZ Brussel

- Sample arrives in triage centre – distribution to the lab
- Information included on request form

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### Arrival of sample at lab

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### MRD testing

- NGS analysis is performed once a week

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### Sharing of MRD results

- 3 weeks after sample receipt
- Results are sent through digital fax or post, please indicate your preference to the lab
- Indicate in the request form **to whom** the results have to be send (only first time)

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**BHS**

Belgian Hematology Society



PHARMACEUTICAL COMPANIES  
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### MM NGS-MRD request form

Patient identification (fill in or paste a sticker):

Last name:

First name:

Gender:

Date of birth:

Address:

Social security name:

Social security number:

INSZ/NISS number:

Clinical Center:

Responsible clinician (fill in or put a stamp):

Name:

RIZIV number:

Signature:

Date of Diagnosis:

*Samples (bone marrow: 3 ml on EDTA) have to be immediately sent at room temperature to the MRD Centre (store at room temperature until sending). DNA, extracted from the mononuclear cell fraction is also possible, minimal amount needed: 10µg.*

#### Sample details

Sample type  Bone marrow (requested)  DNA : conc \_\_\_\_\_, volume \_\_\_\_\_

Date sample taken: \_\_ / \_\_ / 20\_\_ Time sample taken: \_\_\_\_\_

#### Sample time point

Diagnostic  Relapse - Percentage of plasma cells on smear \_\_\_\_\_%

1. Follow-up: - date of complete respons \_\_ / \_\_ / 20\_\_

Therapy: \_\_\_\_\_

**Important: for MRD analyses of the FU-samples the diagnostic/relapse/invaded sample with more than 5% plasma cells (cell pellets/DNA) has to be available in the lab**

2. Follow-up (minimal 6 month after Follow-up sample 1)

Therapy: \_\_\_\_\_

other: \_\_\_\_\_

Therapy: \_\_\_\_\_

Results of analysis to be send to (email): \_\_\_\_\_