

Next generation sequencing (NGS)



More information?

📍 Janssen Medical Information Center

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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

1

Diagnostic sample

- 0.5-1 ml EDTA bone marrow, with min. 5% PC and < 5 days old OR 1 µg of DNA
- Frozen BM cells (on dry ice) can also be sent
- More details on the request form

2

Follow-up sample

- 3-5 ml EDTA bone marrow sample, <5 days old. On Fridays not later than 14h. Transport on room temperature.
- OR 6 µg of DNA, can be sent at room temperature, no restriction for transfer time.
- more details on the request form

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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**

4

Arrival in UZ Brussel

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

5

Arrival of sample at lab

6

MRD testing

- NGS analysis is performed once a week

7

Sharing of MRD results

- 3 weeks after sample receipt (if the diagnostic sample was already processed, else the TAT will be 5 weeks)
- 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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MRD REQUEST FORM

UZ Brussel, Centraal Triercentrum, tav Labo Moleculaire Hematologie
Dr. Sc. Marleen Bakkus/ Apr. Klin. Biol. Eleni Linskens
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Multiple Myeloma NGS-MRD request form

Patient identification (fill in or paste a sticker):

Last name: _____ Social security name: _____
First name: _____ Social security number: _____
Gender: _____ INSZ/NISS number: _____
Date of birth: _____ Clinical Center: _____
Address: _____

Responsible clinician (fill in or put a stamp):

Name: _____
RIZIV number: _____
Signature: _____

Date of Diagnosis:

Samples: diagnostic bone marrow: 1 ml on EDTA, or follow-up bone marrow: 3-5 ml on EDTA, have to be sent at room temperature to the MRD Centre (can be stored at 4°C for not more than 5 days before sending) OR extracted DNA. A minimal amount of 1 µg DNA is needed for the diagnostic sample and at least 6 µg DNA for the follow-up sample. Frozen bone marrow cells can also be sent on dry ice.

!! Be aware that no RIZIV reimbursement from your insiitute for IG clonality is allowed for the follow-up samples.

Sample details

Sample type: Bone marrow (requested) DNA : conc _____, volume _____
Date sample taken: __ / __ / 20__ frozen cells : total number _____

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): _____