

# The basic monitoring before we can talk about "cure"

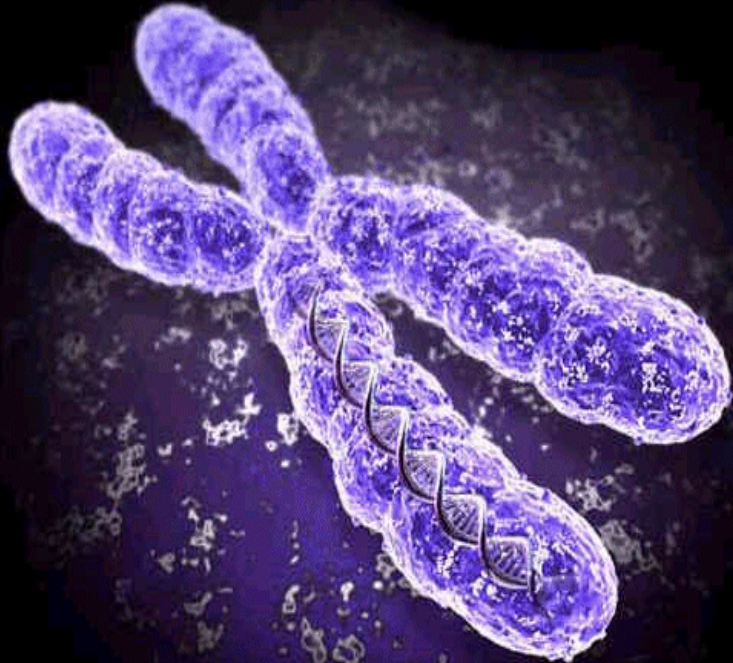
Katerina Machova Polakova

*Laboratory for molecular diagnostics and monitoring of CML and  
Ph+ leukemias*

*ELN reference laboratory for the Czech Republic  
EUTOS-CMR laboratory*

# Chromosome

# Cytogenetics



- studies of structure and function of the cell

Spectral karyogram of a human male

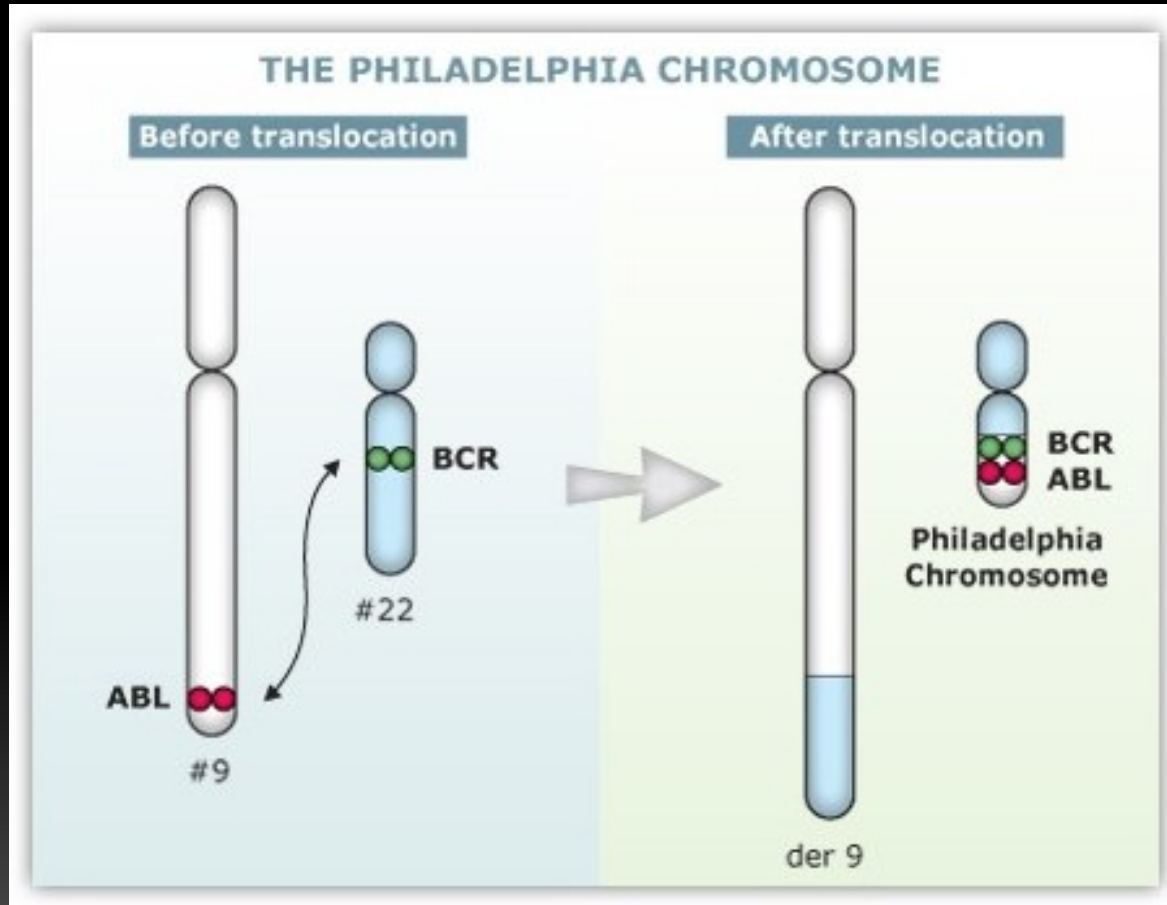


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## Chromosome

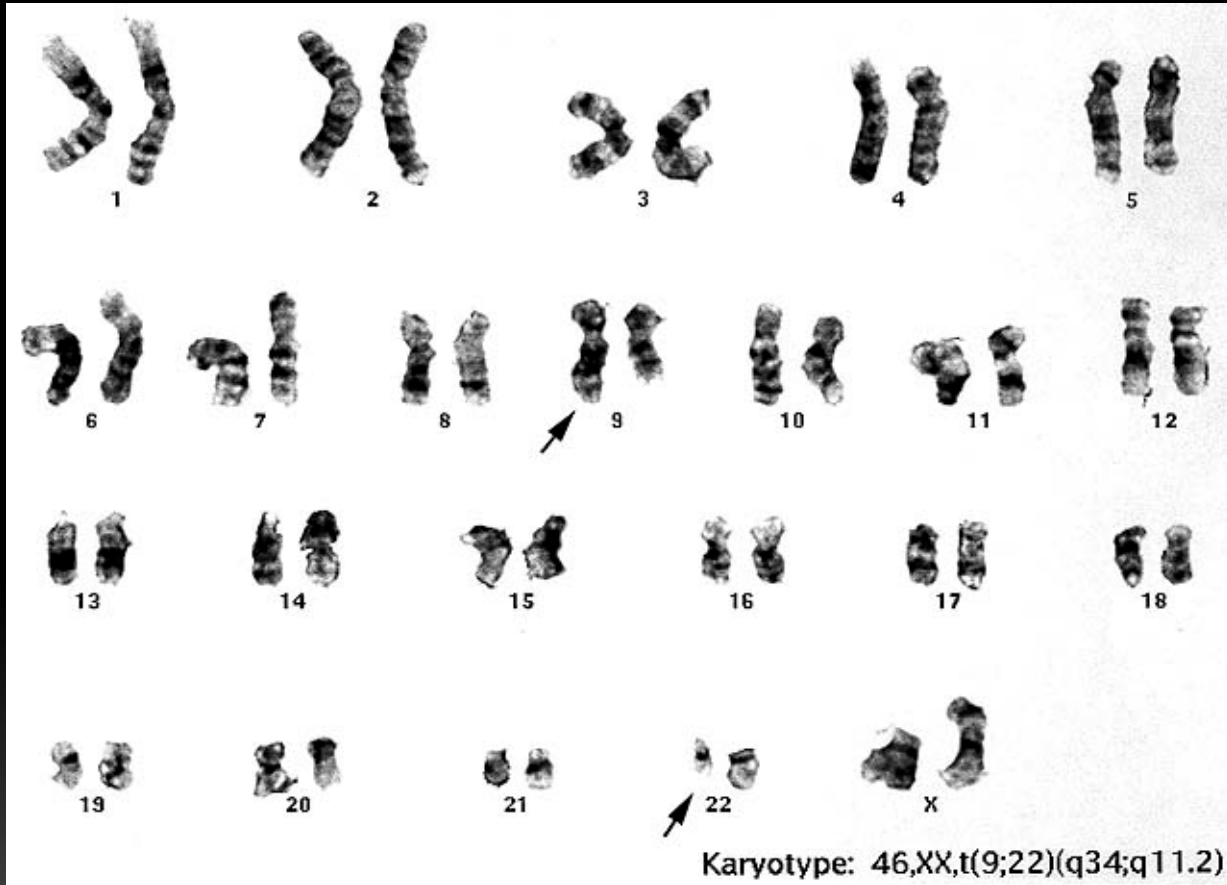
- an organized structure of DNA and proteins

# Chronic myeloid leukemia



# Chronic myeloid leukemia

## Cytogenetic analysis



# How do we monitor CML patients today?

## Cytogenetic analysis

- Cytogenetic analysis of minimal 22 metaphases from bone marrow

**46,XY,t(9;22)(q34;q11) [3]**

**46,XY [19]**



**3/22=14% leukemic cells in BM**

**46,XX,t(9;22)(q34;q11) [15]**

**46,XX [7]**



**15/22= 68% leukemic cells in BM**

# How do we monitor CML patients today?

## Cytogenetic response evaluation

<input type="checkbox"/> None	>95% Ph+ metaphases
<input type="checkbox"/> Minimal	66-95% Ph+ metaphases
<input type="checkbox"/> Minor	36-65% Ph+ metaphases
<input type="checkbox"/> Partial	1-35% Ph+ metaphases
<input type="checkbox"/> Complete	no Ph+ metaphases

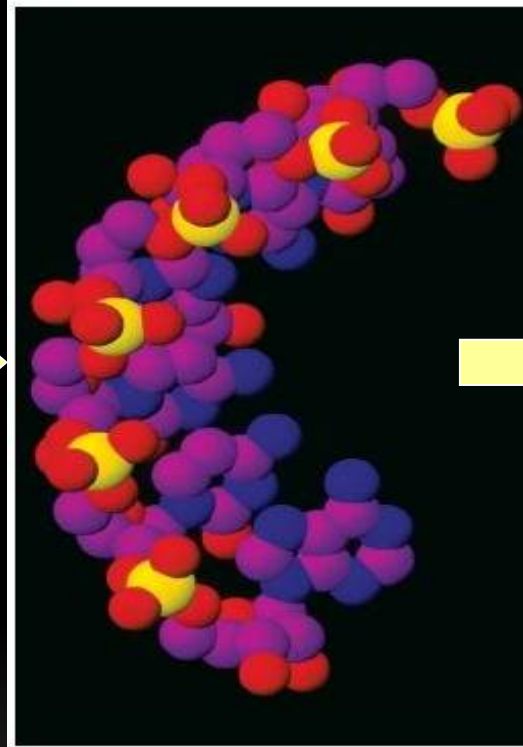
## Monitoring

- Monitoring after 3, 6 and 12 months of therapy
- After CCgR achievement only once per year

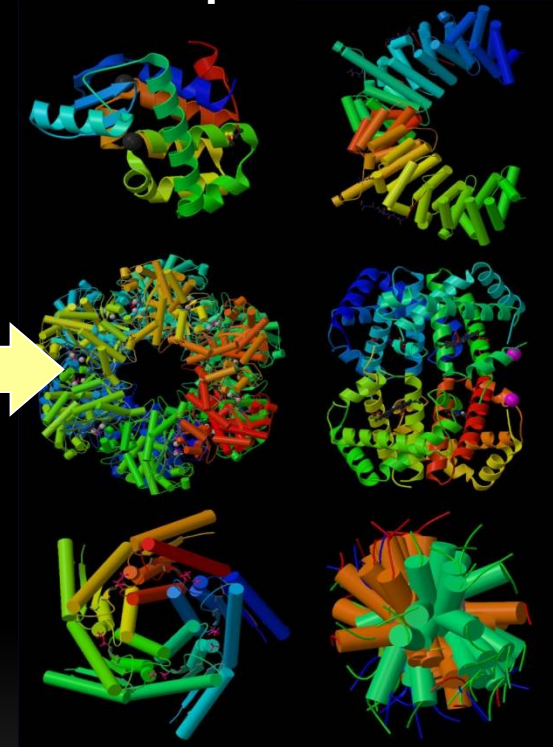
**DNA**



**mRNA**



**protein**



DeoxyriboNucleic Acid  
encodes genetic  
information

messenger RNA is the key  
intermediary in gene  
expression, translating the  
DNA's genetic code into the  
amino acids that make up  
proteins

Proteins are required  
for the structure,  
function, and regulation  
of the body's cells,  
tissues, and organs

# How do we monitor CML patients today?

Molecular biology

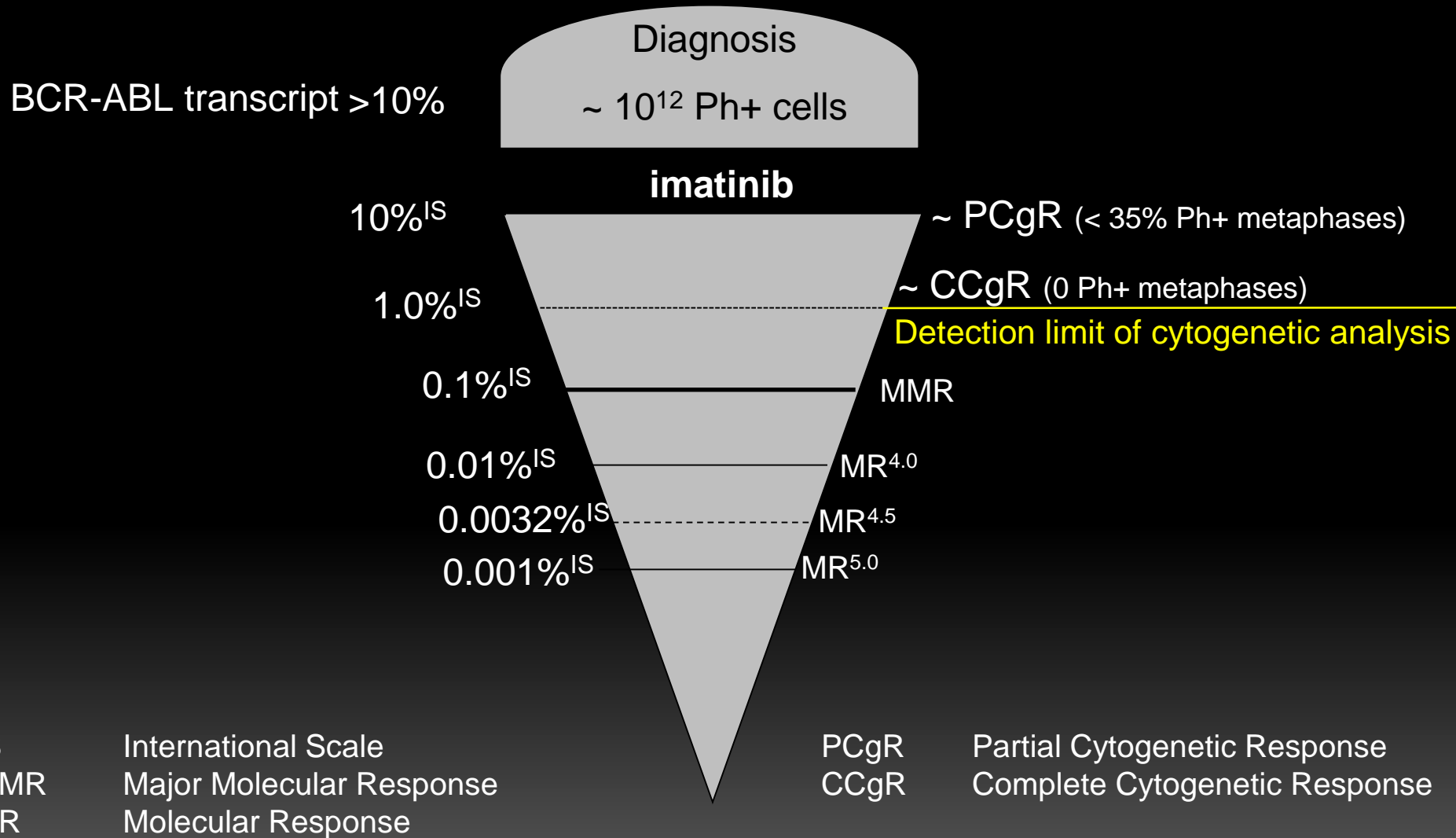
## **BCR-ABL detection from peripheral blood:**

- 1) CML confirmation and characterisation of BCR-ABL transcript at diagnosis
- 2) BCR-ABL transcript level monitoring during CML treatment
- 3) Mutation detection in BCR-ABL kinase domain



# How do we monitor CML patients today?

## BCR-ABL transcript level monitoring



# How do we monitor CML patients today?

BCR-ABL transcript  
level monitoring

## WHY?

- ❑ monitoring response to treatment and minimal residual disease (patients in complete molecular remission or after stem cell transplantation)

## WHAT MATERIAL?

- ❑ total leukocytes from peripheral blood

## WHEN?

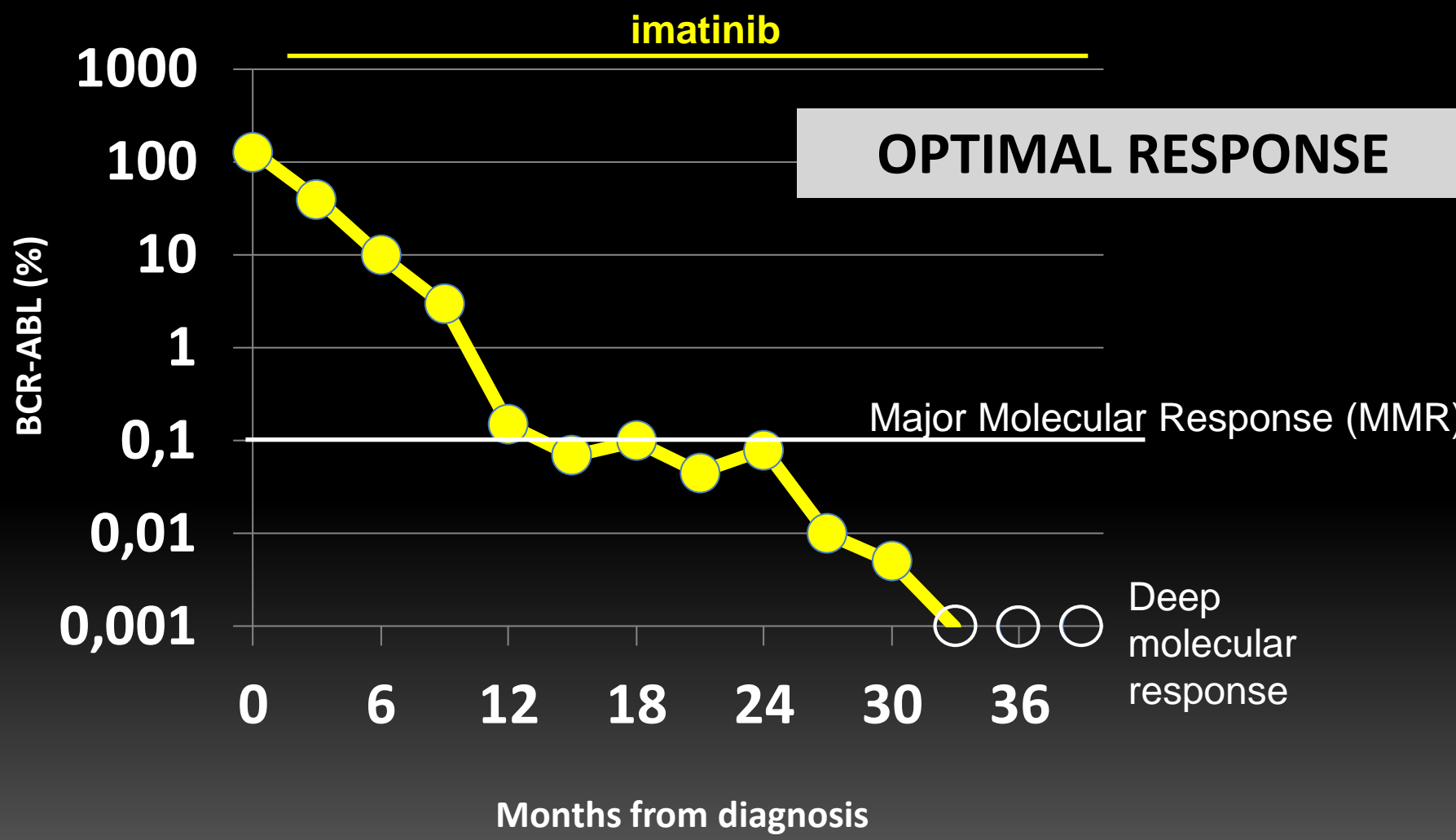
### Imatinib (nilotinib, dasatinib) treated patients

- ❑ regular every 3 months
- ❑ shorter intervals when indicated – e.g. marked rise of BCR-ABL

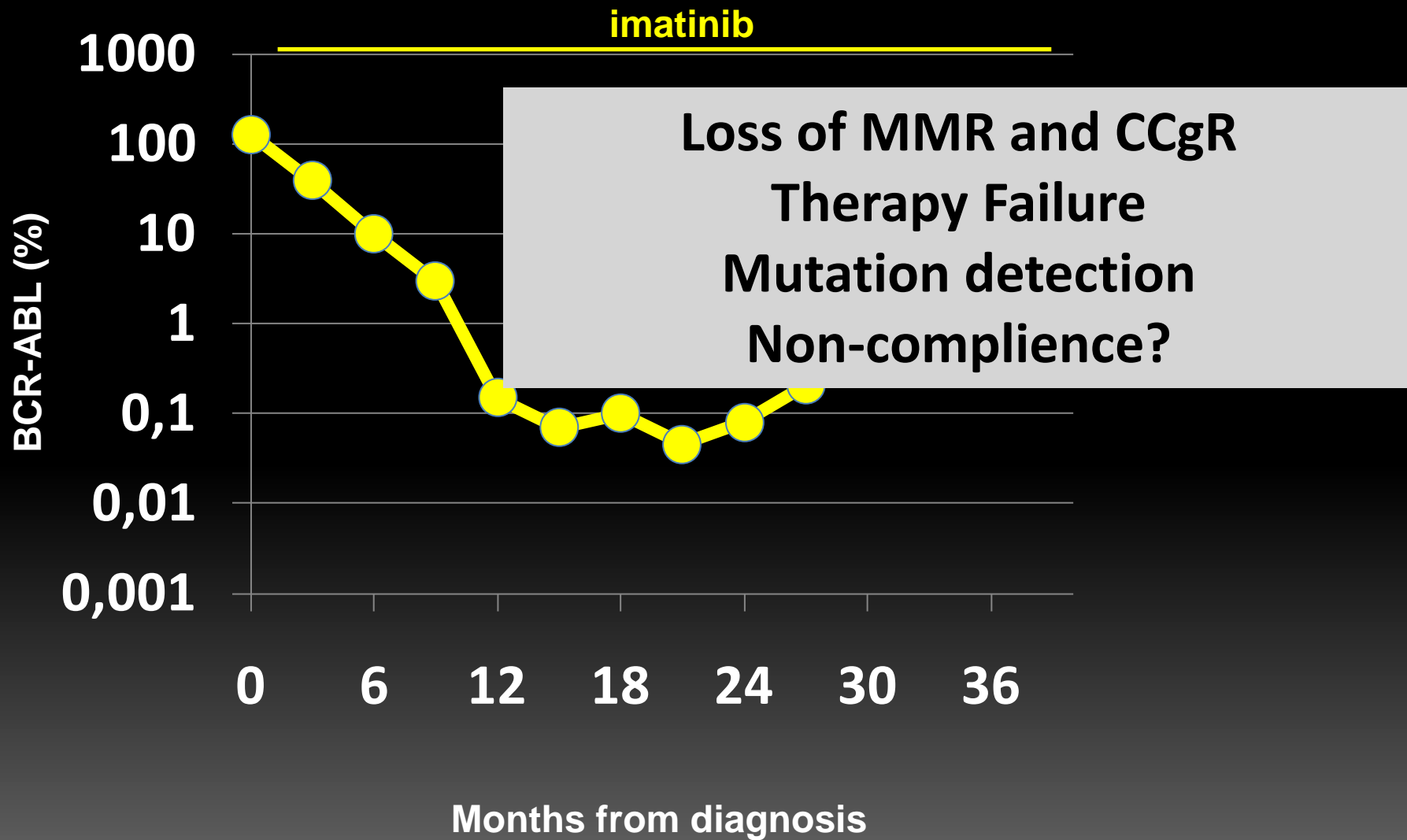
### After bone marrow transplantation

- ❑ monthly till complete molecular remission

# BCR-ABL transcript level monitoring

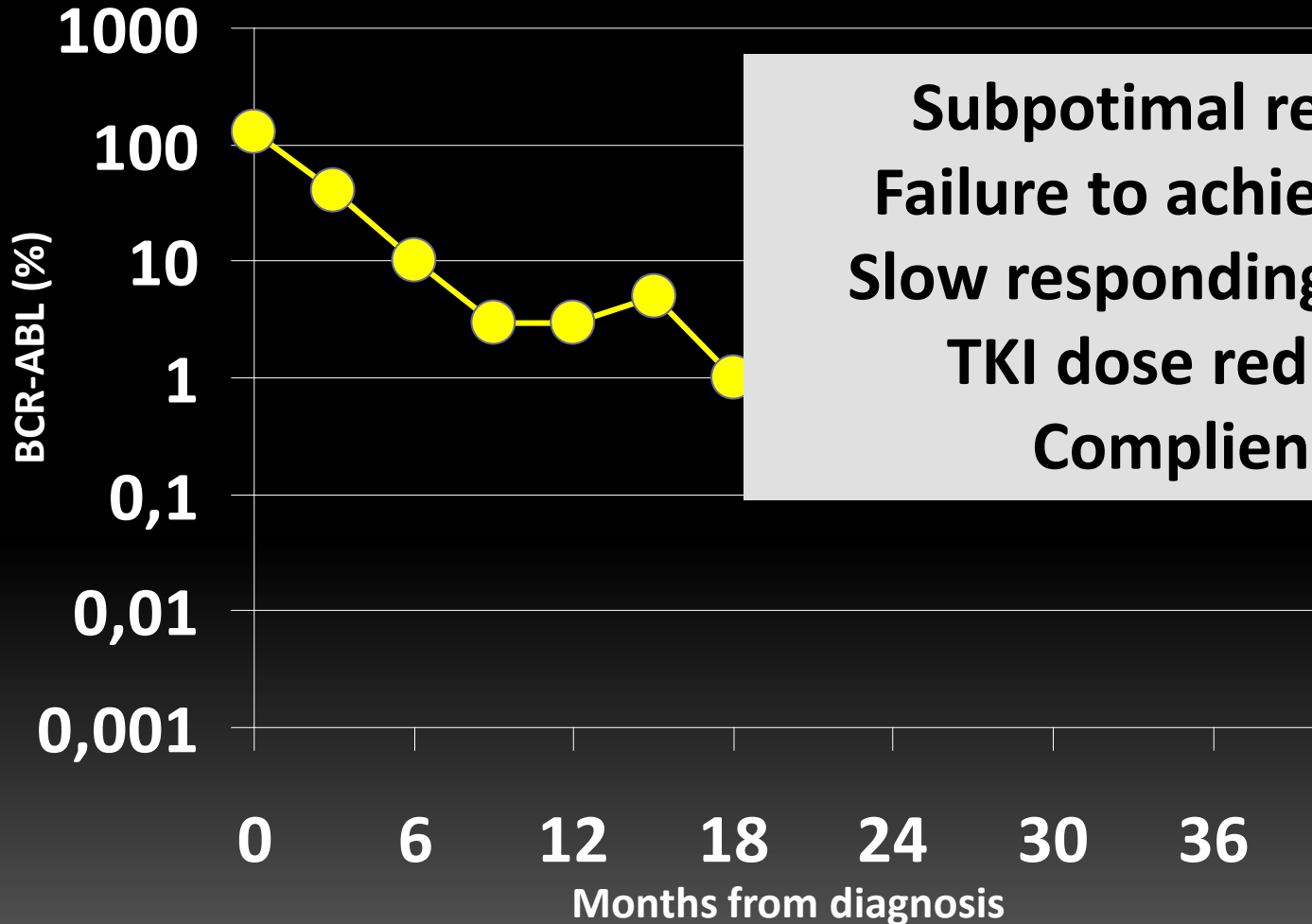


BCR-ABL transcript level monitoring



# BCR-ABL transcript level monitoring

imatinib



**Suboptimal response**  
**Failure to achieve MMR**  
**Slow responding patient?**  
**TKI dose reduction**  
**Compliance?**

# What are the differences between all available tests?

Pro's and con's

## Cytogenetic analysis

- ❑ Necessary for CML diagnosis
- ❑ Complete cytogenetic response achievement  
→ good prognostic factor
- ❑ Detects additional chromosomal abnormalities  
→ bad prognostic factor
- ❑ Specimen - bone marrow aspirates
- ❑ Not enough sensitive

## Molecular monitoring

- ❑ High sensitivity (1 CML cell in 1 million cells)
- ❑ Major molecular response achievement  
→ good prognostic factor
- ❑ Early detection of resistance development and disease progression  
→ early therapy management
- ❑ Specimen – peripheral blood
- ❑ Measurement variability
- ❑ Necessity of interlaboratory standardization

# Do we still need cytogenetics?

It depends...

## Cytogenetic analysis after CCgR achievement

- ❑ In case of additional chromosomal abnormalities in Ph negative cells  
→ monitoring of changes
- ❑ When resistance development is suspected (significant molecular and hematological progression)

**BUT**

In case of stable molecular response and without presence of additional chromosomal abnormalities:

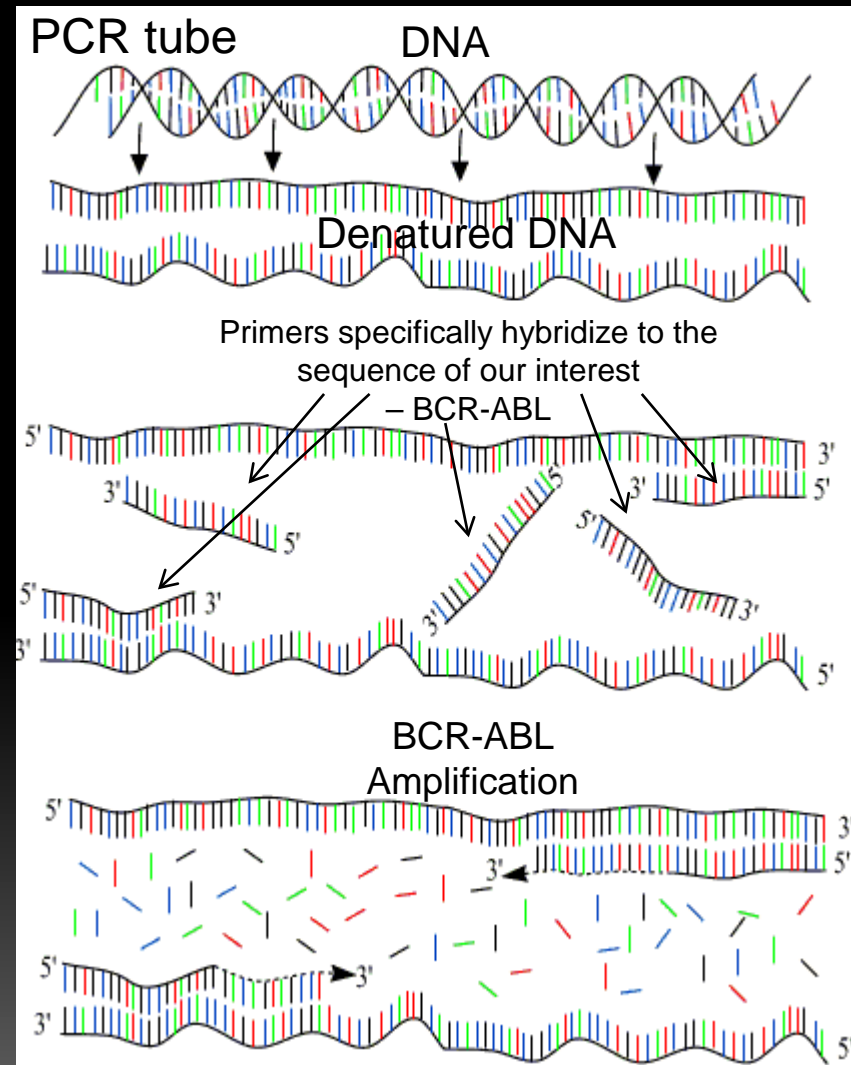
- ❑ Repeated cytogenetic analysis have quite low prognostic value
- ❑ It is recommended a regular molecular monitoring without cytogenetic analysis

# What are the different types of PCR tests available?

quantitative,  
qualitative, nested

Qualitative PCR says, if BCR-ABL gene is present in the sample:

- Regular PCR
  - 1 type of BCR-ABL sequence amplified
- Multiplex PCR
  - More than 1 type of BCR-ABL sequence amplified
- Nested PCR
  - After regular PCR, PCR product is the template for second PCR
  - The most sensitive technique



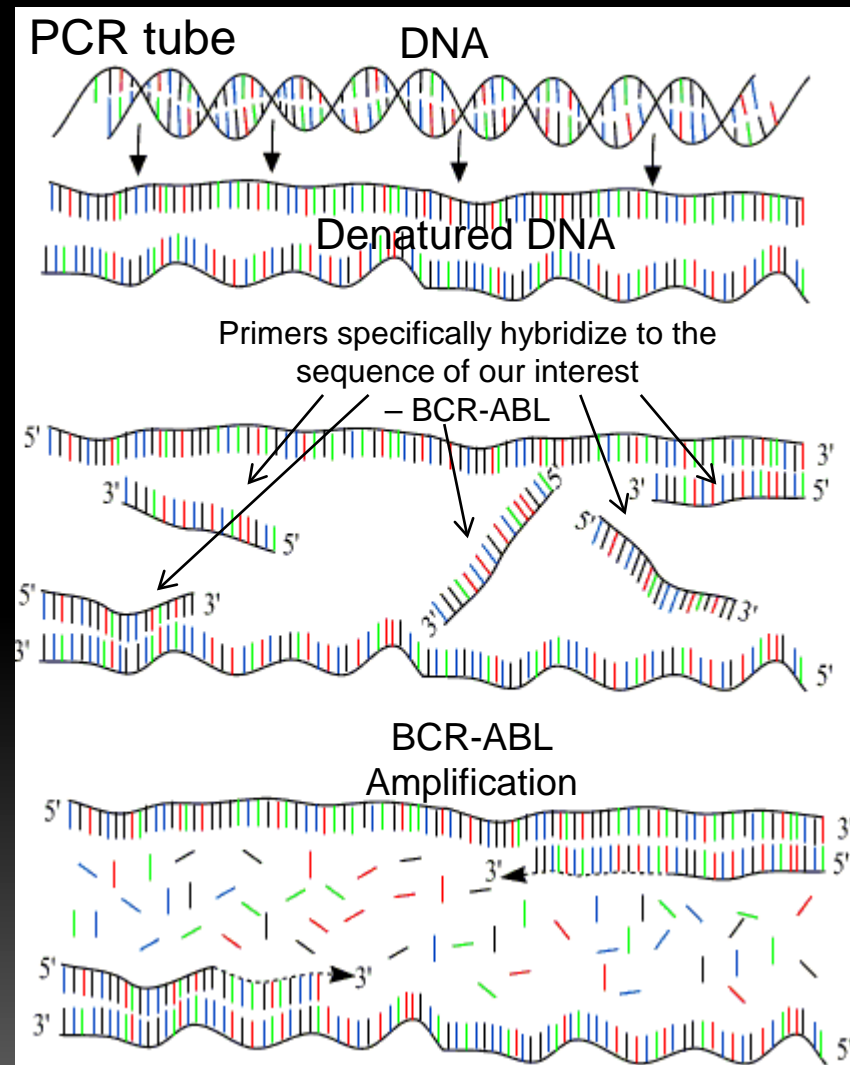
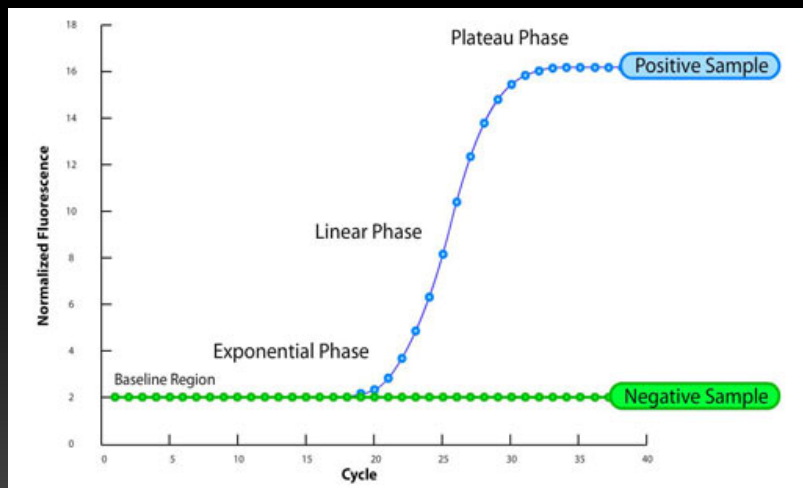


# What are the different types of PCR tests available?

quantitative,  
qualitative, nested

Quantitative PCR says, how much of BCR-ABL gene is present in the sample:

- ❑ Real-time PCR
  - Much more sensitive than regular PCR
  - Precise quantification of BCR-ABL copies
  - Nested real-time PCR



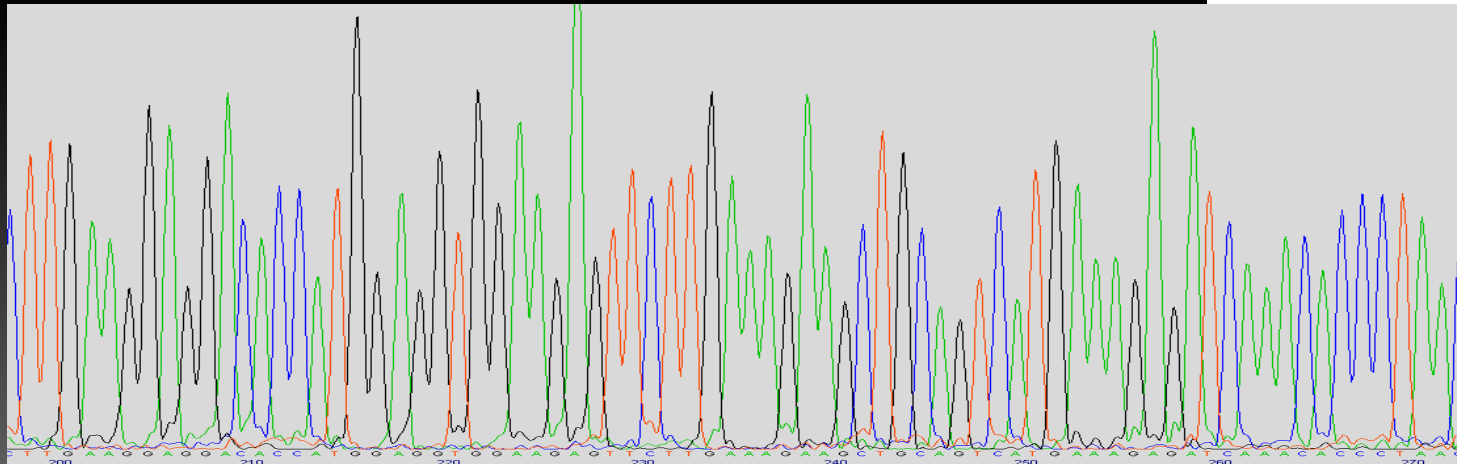
# The basics of mutations testing

## Sanger Sequencing

### Sequencing

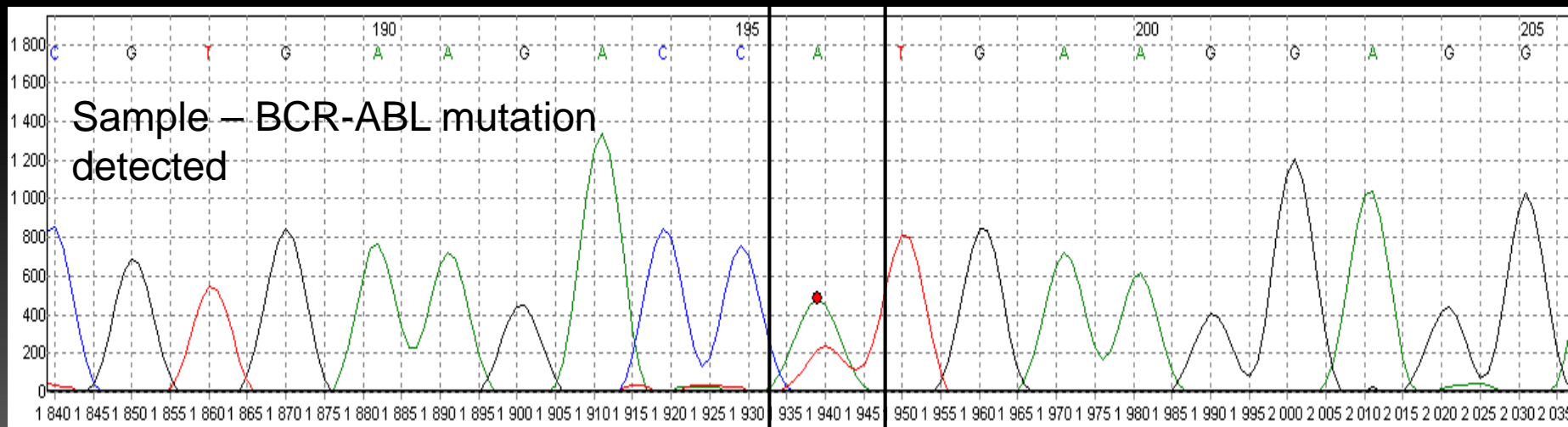
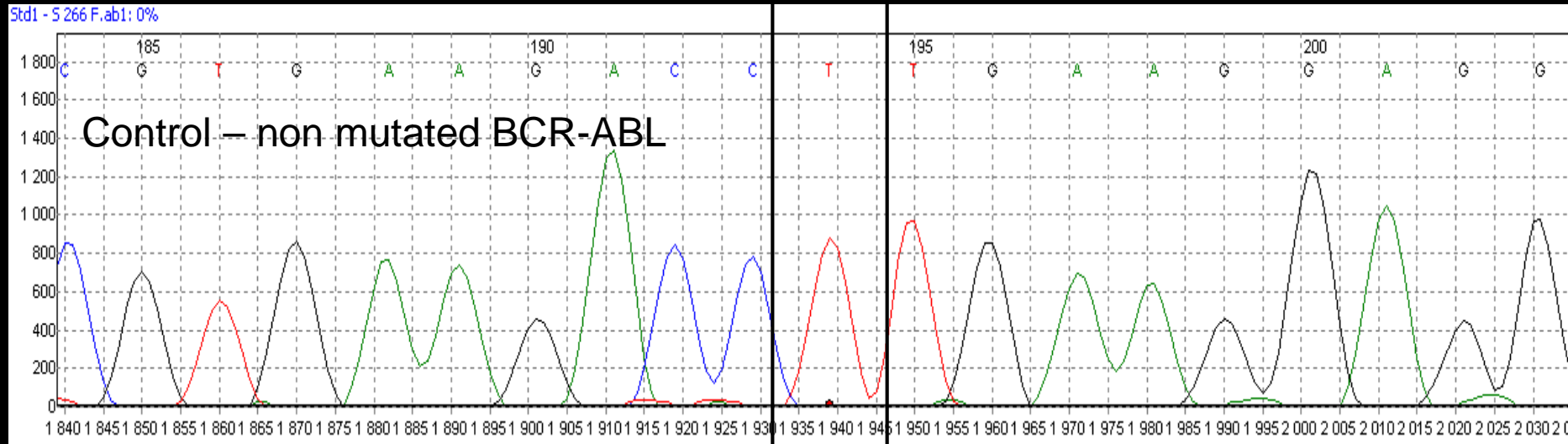
- “reading” of DNA
- nucleotides **C**, **G**, **A**, **T**
- building blocks of DNA

Genetic analyzer



# The basics of mutations testing

# Sanger Sequencing



# Mutations monitoring

Sanger Sequencing

