

# Acute Myeloid Leukemia Molecular Genetic Testing

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Acute myeloid leukemias (AMLs) are a heterogeneous group of disorders characterized by the clonal expansion of myeloid precursors in the peripheral blood, bone marrow, and/or other tissues, which results in impaired hematopoiesis and bone marrow failure.<sup>1,2,3,4</sup> AML is the most common acute leukemia in adults (~80% of leukemia cases) and accounts for the largest number of annual deaths from leukemia in the United States.<sup>2,4</sup> Gene alterations, along with translocations and inversions, carry prognostic importance in AML. In addition to large chromosomal rearrangements, molecular changes have also been implicated in the development of AML. A comprehensive evaluation of several molecular markers, including *FLT3*, *NPM1*, *IDH1*, and *IDH2*, is important for risk assessment and prognostication in certain patients with AML, and may guide treatment decisions.<sup>2</sup>

For more information on next generation sequencing testing for AML, refer to the [Acute Myeloid Leukemia Mutation Panel by Next Generation Sequencing Test Fact Sheet](#).

## Testing Strategy

At diagnosis, the minimum AML workup includes a bone marrow aspirate for morphology, flow cytometric immunophenotyping, cytogenetics (eg, karyotyping and fluorescence in situ hybridization [FISH]), and appropriate molecular genetic testing.<sup>1,2,3</sup>

## Disease Overview

### Incidence

>20,000 cases/year in the U.S.<sup>4</sup>

### Age of Onset

Median is 67 years<sup>2</sup>

### Symptoms

- Symptoms resulting from thrombocytopenia, neutropenia, and anemia due to the accumulation of blasts in the marrow<sup>2</sup>
- Morphologic hallmark: excessive accumulation of blasts (typically >20%) and other defined immature cells which affect one or more myeloid lineage<sup>2</sup>

## Test Interpretation

For more detailed information on the prognostic significance of molecular markers in AML, see the ARUP Consult [Acute Myeloid Leukemia](#) topic.

## Sensitivity/Specificity

Gene	Methodology	Analytical Sensitivity	Analytical Specificity (%)
<i>FLT3</i> ITD and TKD	PCR/CE	Signal ratio of 0.05 for ITD and 0.05 for TKD D835	100
<i>IDH1</i> and <i>IDH2</i>	PCR/sequencing	40% mutated cells	100
<i>NPM1</i>	Quantitative reverse transcription PCR	1:100,000	100
<i>CBFB-MYH11</i> <sup>a</sup>	Quantitative reverse transcription PCR	1:10,000	100

## Featured ARUP Testing

**Detect and quantitate gene alterations/translocations/inversions. Use for minimal residual disease (MRD) and relapse risk monitoring.**

[CBFB-MYH11 inv\(16\) Detection, Quantitative 2011114](#)

**Method:** Quantitative Reverse Transcription Polymerase Chain Reaction

[NPM1 Mutation Detection by RT-PCR, Quantitative 3000066](#)

**Method:** Quantitative Reverse Transcription Polymerase Chain Reaction

[PML-RARA Detection by RT-PCR, Quantitative \(Test on Referral as of 1/17/2023\) 2002871](#)

**Method:** Reverse Transcription Polymerase Chain Reaction

[RUNX1-RUNX1T1 \(AML1-ETO\) t\(8;21\) Detection, Quantitative 2010138](#)

**Method:** Reverse Transcription Polymerase Chain Reaction

**Use for diagnosis, prognosis, and management. Not intended for MRD monitoring.**

[FLT3 ITD and TKD Mutation Detection 3001161](#)

**Method:** Capillary Electrophoresis

[IDH1 and IDH2 Mutation Analysis, exon 4 2006444](#)

**Method:** Polymerase Chain Reaction/Sequencing

Gene	Methodology	Analytical Sensitivity	Analytical Specificity (%)
<i>PML-RARA</i> <sup>a</sup>	Quantitative reverse transcription PCR	1:10,000	85
<i>RUNX1-RUNX1T1</i> <sup>a</sup>	Quantitative reverse transcription PCR	1:100,000	100

<sup>a</sup>These fusions can initially be screened by FISH but are also useful in monitoring for MRD.

CE, capillary electrophoresis; PCR, polymerase chain reaction

## Limitations

- Variants outside the targeted regions or below the limit of detection will not be identified.
- Results must always be interpreted within the patient's clinical context and in conjunction with other relevant data and should not be used alone for a diagnosis of malignancy.

## References

1. Arber DA, Borowitz MJ, Cessna M, et al. [Initial diagnostic workup of acute leukemia: guideline from the College of American Pathologists and the American Society of Hematology](#). *Arch Pathol Lab Med*. 2017;141(10):1342-1393.
2. National Comprehensive Cancer Network. [NCCN Clinical Practice Guidelines in Oncology: Acute myeloid leukemia](#). Version 3.2020. [Last update: Dec 2019; Accessed: Sep 2020]
3. Weinberg OK, Sohani AR, Bhargava P, et al. [Diagnostic work-up of acute myeloid leukemia](#). *Am J Hematol*. 2017;92(3):317-321.
4. De Kouchkovsky I, Abdul-Hay M. [Acute myeloid leukemia: a comprehensive review and 2016 update](#). *Blood Cancer J*. 2016;6(7):e441.
5. Swerdlow S, Campo E, Jaffe E, et al. *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues*. 4th ed. International Agency for Research on Cancer; 2017.

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