

NCCN Guidelines® for Acute Lymphoblastic Leukemia (ALL) in pediatric patients¹



Diagnostic workup

Baseline characterization of leukemic clone to facilitate subsequent MRD analysis

Minimal residual disease (MRD) assessment:

- MRD is an essential component of patient evaluation over the course of sequential therapy
- If validated MRD assessment technology with appropriate sensitivity is not available locally, commercial tests are available
- Studies in both children and adults with ALL have demonstrated a strong correlation between MRD and risk for relapse, as well as prognostic significance of MRD measurements during and after initial induction therapy
- Additional MRD assessment time points should be guided by the regimen used

Reference:

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Acute Lymphoblastic Leukemia V.3.2021. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed July 29, 2021. To view the most recent and complete version of the guideline, go to [NCCN.org](https://www.nccn.org). NCCN makes no warranties of any kind whatsoever regarding their content, use of application and disclaims any responsibility for their application or use in any way.

clonoSEQ® is available as an FDA-cleared *in vitro* diagnostic (IVD) test service provided by Adaptive Biotechnologies to detect minimal residual disease (MRD) in bone marrow from patients with multiple myeloma or B-cell acute lymphoblastic leukemia (B-ALL) and blood or bone marrow from patients with chronic lymphocytic leukemia (CLL). clonoSEQ is also available for use in other lymphoid cancers and specimen types as a CLIA-validated laboratory developed test (LDT). For important information about the FDA-cleared uses of clonoSEQ including test limitations, please visit clonoSEQ.com/technical-summary.