

NCCN Guidelines® for Chronic Lymphocytic Leukemia (CLL) / Small Lymphocytic Lymphoma (SLL)¹

END OF TREATMENT

Assess MRD

Minimal residual disease (MRD) assessment:

- ASO-PCR and six-color flow cytometry (MRD flow) are the 2 validated methods used for the detection of MRD at the level of 10^{-4} to 10^{-5}
- Next-generation DNA sequencing (NGS)-based assays have been shown to be more sensitive, thus allowing for the detection of MRD at the level of 10^{-6}
- MRD evaluation should be performed using an assay with sensitivity of 10^{-4} according to the standardized ERIC method or standardized NGS method

Evidence from clinical trials suggests that undetectable MRD in the peripheral blood after the end of treatment is an important predictor of treatment efficacy.

ASO-PCR, allele-specific oligonucleotides polymerase chain reaction; ERIC, European Research Initiative in CLL; NGS, next-generation sequencing.

Reference:

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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). Additionally, clonoSEQ is available for use in other lymphoid cancers and specimen types as a CLIA validated laboratory developed test (LDT). IGHV mutation status is also available for CLL patients as an LDT. For important information about the FDA-cleared uses of clonoSEQ including test limitations, please visit clonoSEQ.com/technical-summary.