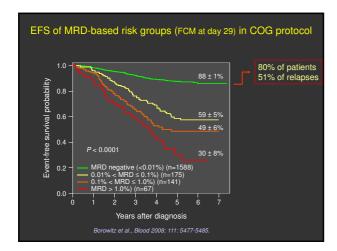
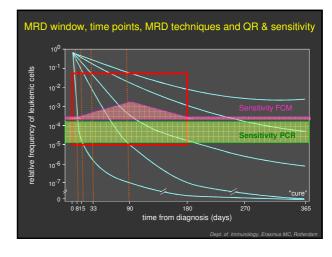
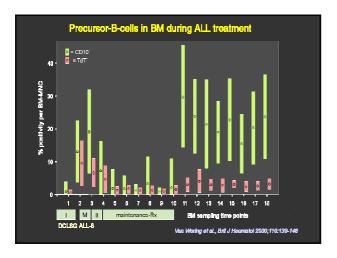
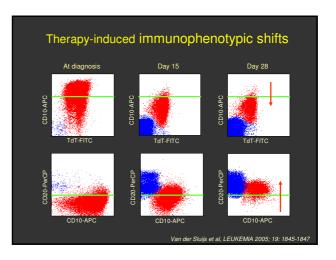


	Mala a desta de Assas	Flance de martin.
	Molecular techniques	Flow cytometry
Speed	2-3 days (up to weeks)	fast: 1-2 hours !!
Target	DNA or RNA	protein/cells
	(RNA is an instable target)	("end-product")
Applicability	depends on disease (chromosome aberrations)	broad
Multiplexing	technically demanding	relatively easy
	toominous domains	(even 25 to 100 tests per tube
Accuracy	semi-quantitative	quantitative
Focus	all cells in sample (or: prior purification)	any subpopulation
Facilities	special laboratories needed	only standard lab needed

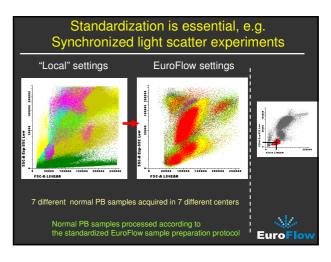


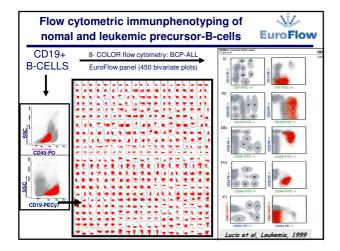


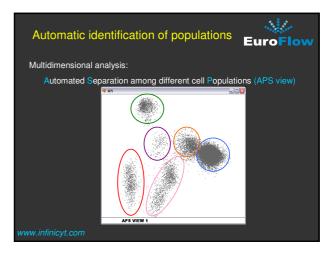


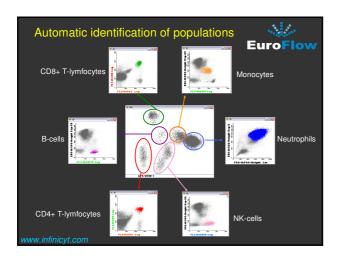


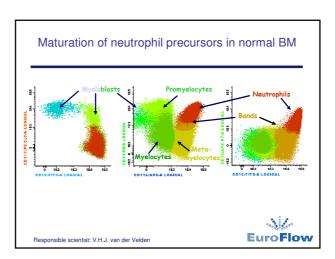


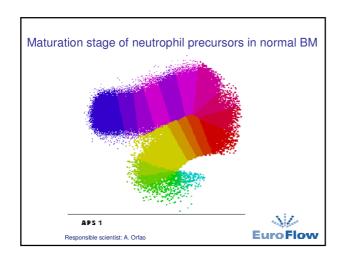


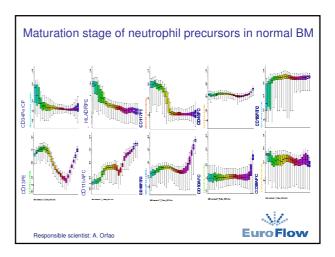


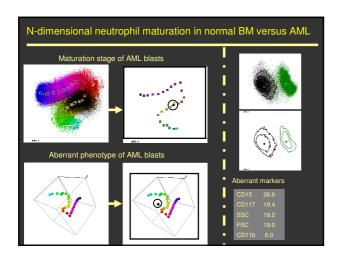


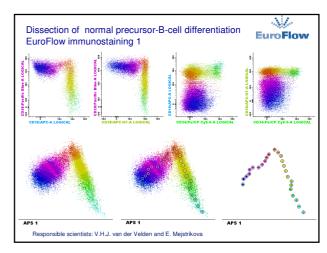


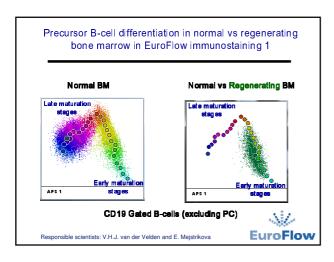


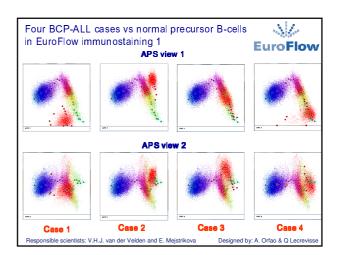


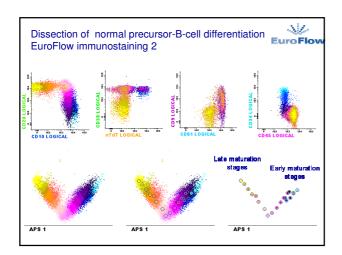


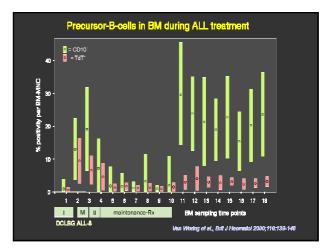


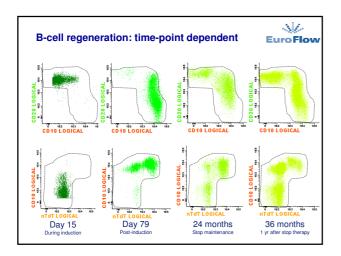


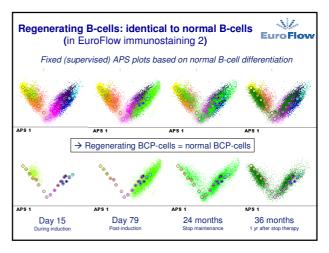


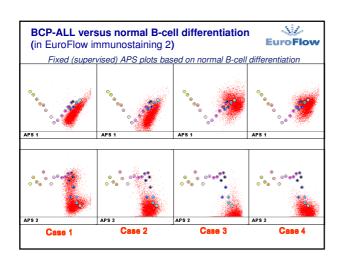


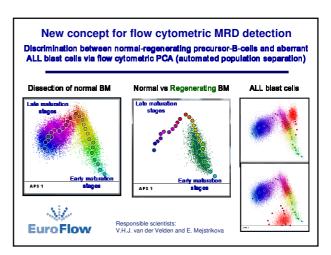












20th International Leukemia Workshop, Mannheim, DE, 1-3 July 2011

Conclusions

- PCR-based MRD diagnostics (IG/TCR genes or fusion genes) is currently the gold standard in most European ALL protocols
- Differences in MRD value between ALL protocols are mainly caused by application of different non-standardized MRD techniques, which also differ in sensitivity (e.g. current flow cytometry does not reach ≤ 10⁻³).
- Novel concepts in ≥8-color flow cytometry can potentially replace PCR-based MRD diagnostics, based on discrimination of normalregenerating precursor cells from aberrant blasts cells via PCA (see APS tool developments by EuroFlow)
- Full standardization, regular Quality Control, and guidelines for data interpretation and data reporting are essential for international comparability of MRD results (within and between treatment protocols).

Collaborative international networks are essential for innovation

