UKALL14 | Trial Number: 14 | Patient Initials:

UKALL14 Cytogenetics report form

Cytogenetics, FISH & Molecular Genetics

This form should be completed for all patients at diagnosis, on receipt of the cytogenetics report from the local cytogenetics laboratory.

A copy of this form should also be completed for those patients at all subsequent relapses where a bone marrow sample is sent for cytogenetic analysis.

Please indicate the presence or absence of the following abnormalities according to local Cytogenetics, FISH and Molecular Genetic analysis on a pre-treatment bone marrow:

Date of cytogenetic analysis ☐☐☐☐☐☐☐☐

Date of FISH ☐☐☐☐☐☐☐☐

Date of Molecular Genetic testing ☐☐☐☐☐☐☐☐

Please indicate type of sample: 1= Diagnostic, 2=Relapse ☐

Date of Diagnosis or Relapse sample ☐☐☐☐☐☐☐☐

	Philadelphia positive t(9;22) (q34;q11), *BCR-ABL1* [a]	t(4;11) (q21;q23) [b]	Low hypodiploidy / Near-triploidy [c]	Complex karyo-type [d]
1 = Present 2 = Absent 3 = Unknown				

Notes on Genetic Abnormalities

a) These patients will require Imatinib alongside standard therapy. The phrase "Philadelphia chromosome" is frequently abbreviated to Ph, Ph1 or Ph'.

b) Many chromosomal translocations involve the MLL gene but ONLY the t(4;11)(q21;q23) / MLL-AF4 (AF4 is also known as AFF1 and MLLT2) is classified as high risk in this trial. Therefore, patients any of the following translocations involving MLL are NOT classified as high risk: t(11;19)(q23;p13)/MLL-MLLT1(ENL), t(9;11)(p22;q23)/MLL-MLLT3(AF9), t(6;11)(q27;q23)/MLL-MLLT4 (AF6), t(10;11)(p12;q23)/MLL-T10/(AF10), etc

c) This ploidy subgroup is defined according to the number of chromosomes – low hypodiploidy (30-39) and near-triploidy (60-78). Patients can present either with both or either of these subgroups. If flow cytometry is used to determine the number of chromosomes (DNA content) then a DNA index of 0.72-0.87 equates to low hypodiploidy and 1.43-1.89 to near-triploidy.

d) A complex karyotype is defined as 5 or more abnormalities but is **ONLY** considered if there is no coinciding established chromosomal translocation, abnormality or ploidy subgroup. Therefore, it is mutually exclusive of the other three high risk cytogenetic abnormalities and **all** other established cytogenetic subgroups including: high hyperdiploidy (51-65 chromosomes), t(1;19)(q23;p13)/TCF3-PBX1 (E2A-PBX1) and translocations involving the IGH@ locus or the MLL gene.

If you have any queries in completing this form please contact your regional cytogenetic laboratory; or Professor Anthony Moorman, Tel: 0191 282 1323, Email: anthony.moorman@ncl.ac.uk

Completed by:

Signature:

Date completed: D D M M Y Y Y Y

Office use only:
Date form received: _____ Date form entered: _____ Initials: _____