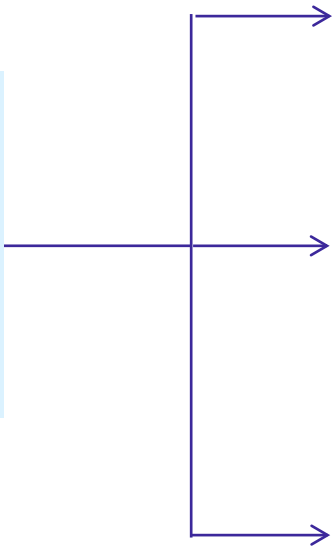
Personalized Medicine testing recommendations for:

# Follicular Lymphoma

## Newly Diagnosed and at Disease Progression (somatic)

**When and what should be tested?**

- Treatment eligible
- At time of initial diagnosis or upon disease progression
- Blood or LN sample
- Bone marrow biopsy



**FDA/NCCN approved**

- EZH2

**Emerging**

- NGS including STAT6 and TNFRSF14, CREBBP, MAP2K1

**Informational Considerations**

- Ki-67

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Personalized Medicine testing recommendations for:

# Mantle Cell Lymphoma

## Newly Diagnosed and at Disease Progression (somatic)

**When and what should be tested?**

- Treatment eligible
- At time of initial diagnosis or upon disease progression
- Blood or LN sample
- Bone marrow biopsy

### FDA/NCCN approved

- n/a

### Emerging

- BTK resistance mutation testing for patients on previous BTK inhibitors

### Informational Considerations

- TP53
- SOX 11
- Ki-67
- LEF1
- IGHV

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Personalized Medicine testing recommendations for:

# Chronic Lymphocytic Leukemia (CLL), Small Lymphocytic Lymphoma (SLL)

## During Treatment/Observation and Relapse (somatic)

**When and what should be tested?**

- Treatment eligible
- During treatment/observation (MRD) and upon relapse when treatment is indicated
- Peripheral blood sample
- Bone marrow or lymph node biopsy in select cases

**FDA/NCCN approved**

- Consider MRD
- IGHV mutation status
- Del (17p)
- TP53
- Trisomy 12
- del (11q)
- del (13q)
- CpG-stimulated karyotype
- BTK
- BCL2
- PLCG2

**Emerging**

- NGS panel
- CARD11

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Personalized Medicine testing recommendations for:

# Diffuse Large B-Cell Lymphoma (DLBCL)

## Relapsed Disease (somatic)

**When and what should be tested?**

- Treatment eligible
- Upon relapse when clinically appropriate
- Bone marrow, blood or lymph node biopsy

**FDA/NCCN approved**

- n/a

**Emerging**

- NGS

**Informational Considerations**

- CD30
- Cyclin D1
- Kappa/lambda
- CD138
- ALK
- HHV8
- SOX11
- EBER-ISH

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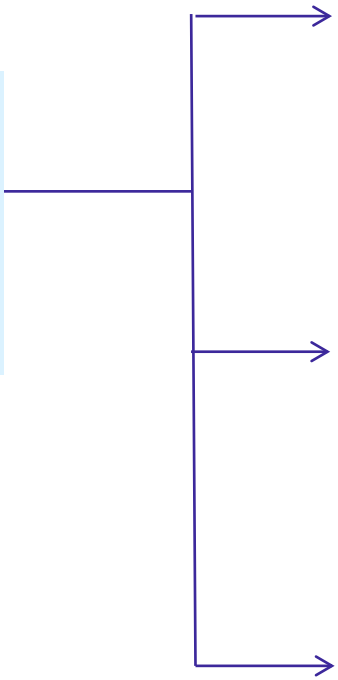
Personalized Medicine testing recommendations for:

# Lymphoplasmacytic Lymphoma (LPL), Marginal Zone Lymphoma, Hodgkin Lymphoma

## Disease Progression (somatic)

**When and what should be tested?**

- Treatment eligible
- Upon disease progression
- Blood sample, tissue, or bone marrow biopsy



**FDA/NCCN approved**

- n/a

**Emerging**

- Lymphoblastic Lymphoma
- Marginal Zone Lymphoma
  - BTK resistance mutation testing for patients on previous BTK inhibitors
- LPL
  - CXCR4

**Informational**

- *MYD88* mutation status

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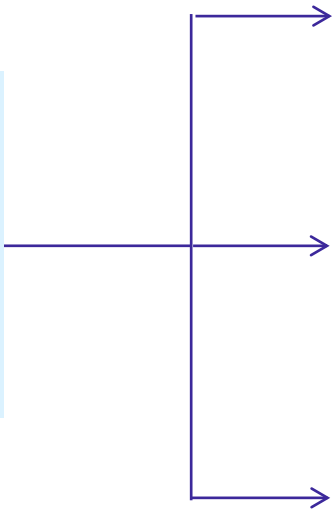
Personalized Medicine testing recommendations for:

# Multiple Myeloma

## During Treatment/Observation and Relapse (somatic)

**When and what should be tested?**

- Treatment eligible
- During treatment/observation (MRD)
- Upon relapse when clinically appropriate
- Peripheral blood sample
- Bone marrow biopsy



**FDA/NCCN approved**

- Consider flow cytometry-based MRD for treatment decisions

**Emerging**

- NGS

**Informational Considerations**

- Circulating plasma cells

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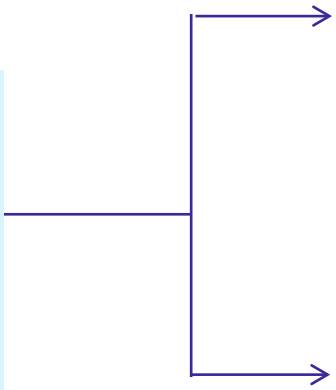
Personalized Medicine testing recommendations for:

# B-Cell Acute Lymphoblastic Leukemia (ALL) - Adult

## At Diagnosis and upon Relapse (somatic)

**When and what should be tested?**

- Treatment eligible
- During treatment/observation (MRD)
- At diagnosis, upon relapse
- Peripheral blood sample
- Bone marrow biopsy



**FDA/NCCN approved**

- BCR-ABL1
- MRD
- Comprehensive NGS
- Chromosomal microarray (CMA)/comparative genomic hybridization (cGH) in cases of aneuploidy or inadequate karyotype
- KMT2A

**Informatics**

- MLL

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Personalized Medicine testing recommendations for:

# Acute Myelogenous Leukemia (AML)

## At Diagnosis and upon Relapse (somatic)

**When and what should be tested?**

- Treatment eligible
- At time of initial diagnosis and upon relapse
- Peripheral blood sample
- Bone marrow biopsy

### FDA/NCCN approved

- AML
- IDH1
- IDH2
- FLT3
- RUNX1
- NPM1
- CEBPA (in-frame bZIP mutation)
- ASXL1
- C-KIT
- TP53
- MRD
- NGS
- MLL (HRX/ALL-1/KMT2A)
- BCOR
- EZH2
- SF3B1
- SRSF2
- STAG2
- U2AF1
- ZRSR2

### Emerging

- OSMR

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Personalized Medicine testing recommendations for:

# Myelodysplastic Syndrome (MDS)

## At Diagnosis and upon Relapse (somatic)

**When and what should be tested?**

- Treatment eligible
- At time of initial diagnosis and upon relapse
- Peripheral blood sample
- Bone marrow biopsy

**FDA/NCCN approved**

- n/a

**Emerging**

- NGS
- PDGFRβ
- FCM
- TCR
- STAT3

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Personalized Medicine testing recommendations for:

# Hairy Cell Leukemia

## At Diagnosis and upon Relapse (somatic)

**When and what should be tested?**

- Treatment eligible
- All patients in the diagnostic/work-up phase of leukemia classification
- During treatment/observation (MRD)
- At time of initial diagnosis or upon relapse
- Bone marrow biopsy
- Peripheral blood sample

**FDA/NCCN approved**

- BRAF V600E*
- MRD
- IGHV4-34 rearrangement

**Emerging**

*If testing for BRAF V600E is negative, NGS or comparable testing for other BRAF and MAP2K1 mutations can be considered

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