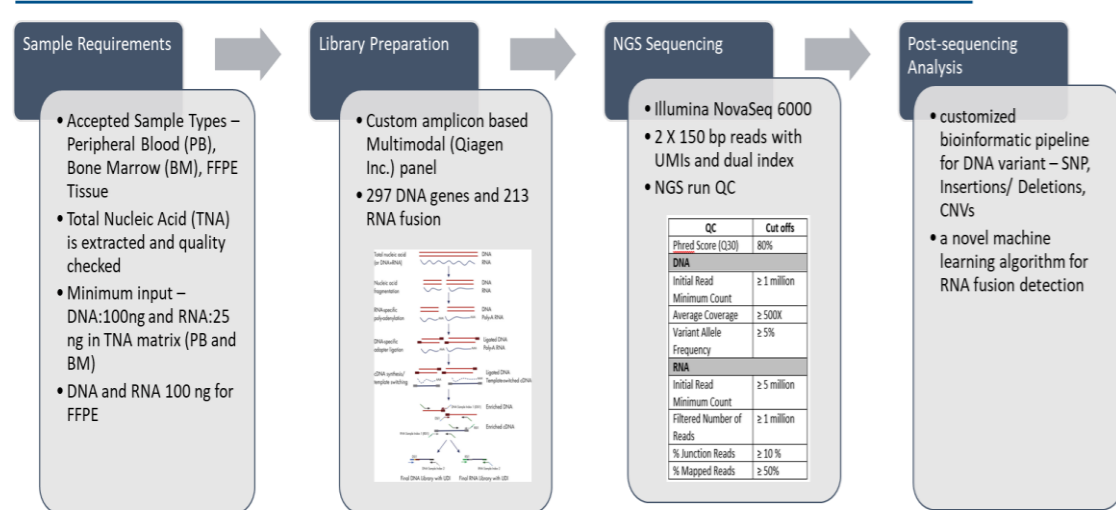


Background

Accurate molecular characterization of acute lymphoblastic leukemia (ALL) subtypes is crucial for clinical management and guiding therapeutic intervention. Over 20 B-ALL subtypes are defined by genetic variants and changes in gene expression. Upregulation of CRLF2 correlates with poor prognosis in 25-30% of Ph-like ALL. Upregulation of CRLF2 can be caused by gene fusion (e.g. IGH-CRLF2, P2RY8-CRLF2 or CSF2RA-CRLF2) or mutations in CRLF2, IKZF1. Most panel-based assays screen either DNA or RNA, requiring higher input material and multiple workflows leading to higher cost and processing time. We report a single tube NGS panel that uses total nucleic acid as input for simultaneous screening of DNA and RNA, providing a comprehensive genetic profile for diagnosis, and therapeutic guidance of Ph-like ALL patients.

Methods

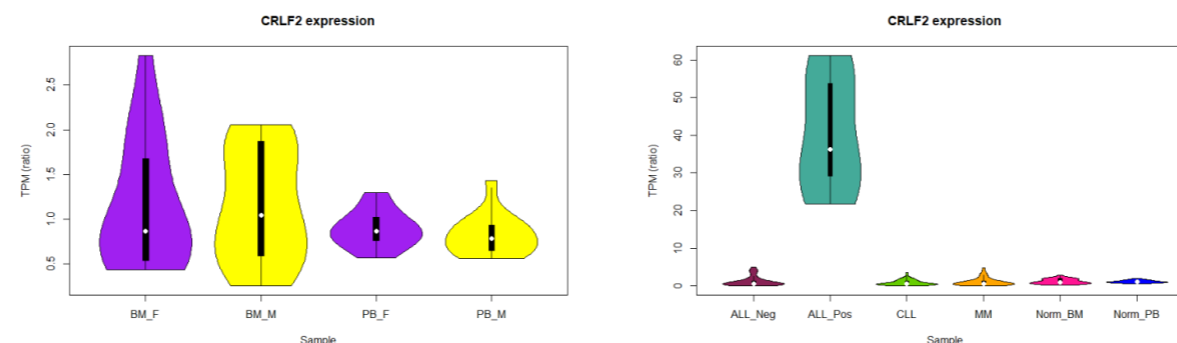


Conclusion

We demonstrate the use of a single tube multimodal NGS assay for comprehensive genomics profiling that simultaneously screens DNA and RNA for expression and variants. It is a powerful and cost-effective tool to help classify Ph-like B-ALL subgroup for clinical management and guiding therapeutic intervention.

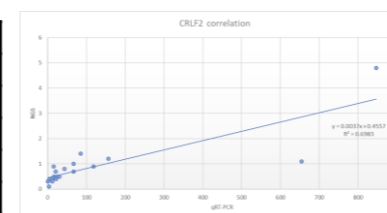
Results

CRLF2 expression was tested across sample type, gender and clinical diagnosis to assure uniformity of assay performance in a pilot cohort.

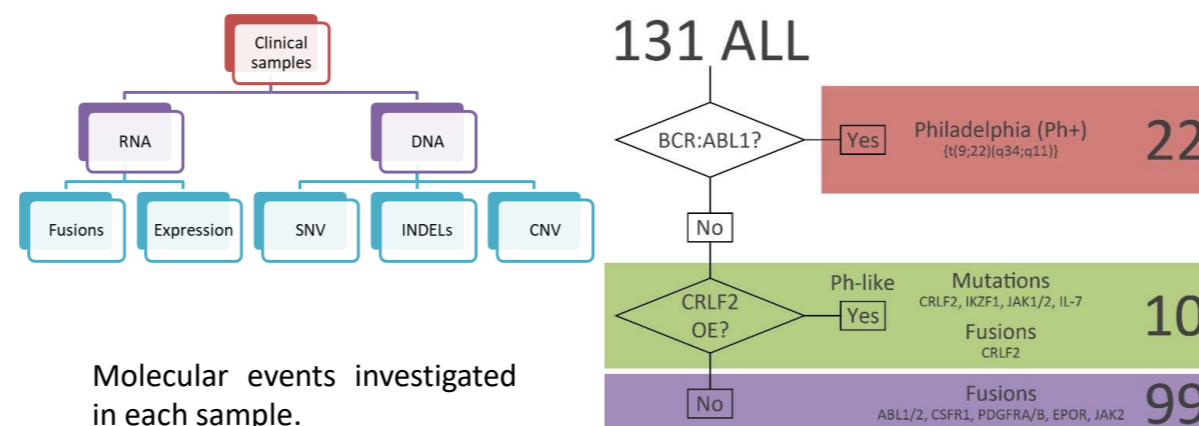


Next, we verified that % of lymphocyte has no impact on our ability to reliably determine expression levels of CRLF2, and a general correlation between our NGS data with established qRT-PCR assay (n=20).

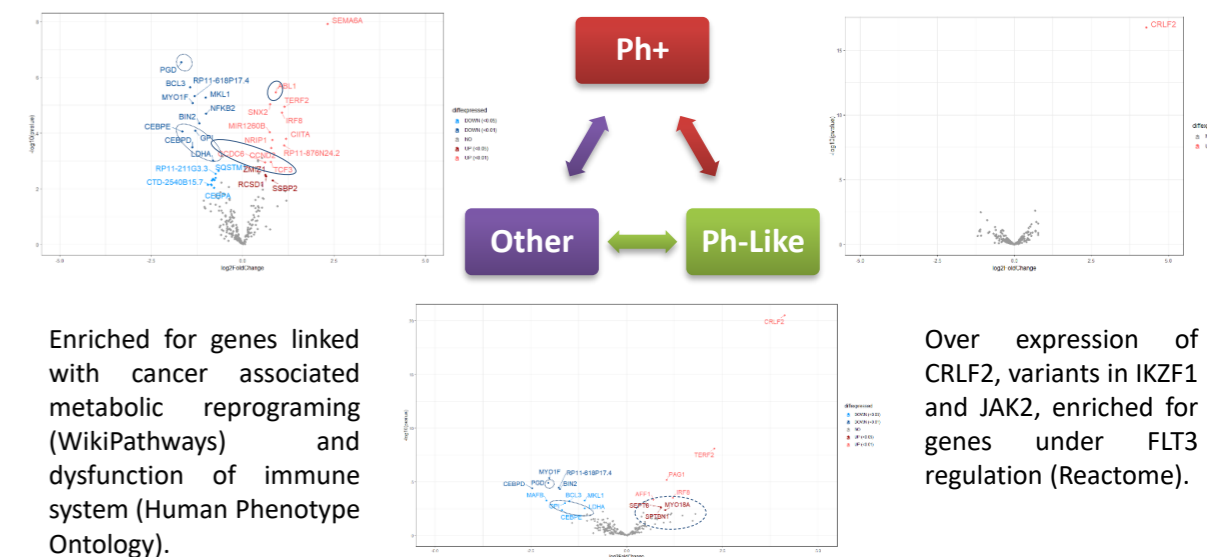
Sample	Type	Lymphocyte (%)	CRLF2 Exp NGS	Clinical Diagnosis
S01	BM	16.70%	NOE	Normal
S02	PB	3.80%	NOE	Normal
S03	BM	14.70%	NOE	Normal
S04	PB	32.3%	NOE	Normal
S05	BM	12.84%	OE	ALL



We then proceeded to investigate the robustness of our profiling assay with a clinical cohort.

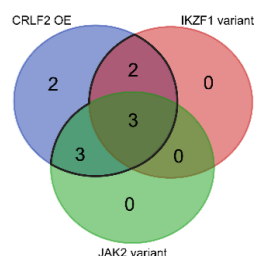


Positive for BCR-ABL1 fusion and show elevated expression of ABL1, and miR-342-3p regulation.



Next we explored the molecular profile of each group to assess if we can generate molecular signatures.

Within the 10 CRLF2 OE samples, 8 had variants in either IKZF1 or JAK2, one had a pathogenic variant in CRLF2 and one had no pathogenic variants reported.



Finally, a pathway enrichment analysis highlighted the molecular mechanisms that are affected in our cohort.



Additional data will allow refinement of this profile and can lead to better clinical management.