

MPL Exon 10 Mutation Detection, Reflex, Varies

## Overview

#### **Useful For**

Aiding in the distinction between a reactive cytosis and a chronic myeloproliferative disorder

Evaluates for mutations in *MPL* in an algorithmic process for the MPNR / Myeloproliferative Neoplasm, *JAK2* V617F with Reflex to *CALR* and *MPL*, Varies

#### **Method Name**

Only orderable as a reflex. For more information see MPNR / Myeloproliferative Neoplasm, *JAK2* V617F with Reflex to *CALR* and *MPL*, Varies.

Sanger Sequencing

## NY State Available

Yes

### Specimen

# Specimen Type

Varies

#### **Specimen Required**

Only orderable as a reflex. For more information see MPNR / Myeloproliferative Neoplasm (MPN), *JAK2* V617F with reflex to *CALR* and *MPL*.

#### **Reject Due To**

| Gross            | Reject |
|------------------|--------|
| hemolysis        |        |
| Paraffin         | Reject |
| embedded         |        |
| bone marrow      |        |
| aspirate clot or |        |
| biopsy blocks    |        |
| Slides           |        |
| Paraffin         |        |
| shavings         |        |
| Moderately to    |        |
| severely         |        |



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clotted

#### **Specimen Stability Information**

| Specimen Type | Temperature | Time   | Special Container |
|---------------|-------------|--------|-------------------|
| Varies        | Varies      | 7 days |                   |

#### **Clinical & Interpretive**

#### **Clinical Information**

The Janus kinase 2 gene (*JAK2*) codes for a tyrosine kinase (JAK2) that is associated with the cytoplasmic portion of a variety of transmembrane cytokine and growth factor receptors important for signal transduction in hematopoietic cells. Signaling via JAK2 activation causes phosphorylation of downstream signal transducers and activators of transcription (STAT) proteins (eg, STAT5) ultimately leading to cell growth and differentiation. *BCR::ABL1*-negative myeloproliferative neoplasms (MPN) frequently harbor an acquired single nucleotide mutation in *JAK2* characterized as c.G1849T; p. Val617Phe (V617F).

The *JAK2* V617F variant is present in 95% to 98% of patients with polycythemia vera, <u>50% to 60% of patients with</u> primary myelofibrosis (PMF), and 50% to 60% of patients with essential thrombocythemia (ET). It has also been described infrequently in other myeloid neoplasms, including chronic myelomonocytic leukemia and myelodysplastic syndrome. Detection of the *JAK2* V617F is useful to help establish the diagnosis of MPN. However, a negative *JAK2* V617F result does not indicate the absence of MPN. Other important molecular markers in *BCR::ABL1*-negative MPN include *CALR* exon 9 variant (20%-30% of PMF and ET) and MPL exon 10 variant (5%-10% of PMF and 3%-5% of ET). Variants in *JAK2*, *CALR*, and *MPL* are essentially mutually exclusive. A *CALR* variant is associated with decreased risk of thrombosis in both ET and PMF and confers a favorable clinical outcome in patients with PMF. A triple negative (*JAK2* V617F, *CALR*, and *MPL*-negative) genotype is considered a high-risk molecular signature in PMF.

#### **Reference Values**

Only orderable as a reflex. For more information see MPNR / Myeloproliferative Neoplasm, *JAK2* V617F with Reflex to *CALR* and *MPL*, Varies.

An interpretive report will be provided.

#### Interpretation

An interpretation will be provided under the MPNR / Myeloproliferative Neoplasm, JAK2 V617F with Reflex to CALR and MPL, Varies

#### Cautions

A positive result is not specific for a particular subtype of myeloproliferative neoplasm and clinicopathologic correlation is necessary in all cases.

A negative result does not exclude the presence of a myeloproliferative neoplasm or other neoplastic process.



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In rare cases, a variant other than the V617F may be present in an area that interferes with primer or probe binding and cause a false-negative result.

### Performance

#### **Method Description**

Genomic DNA is extracted from bone marrow, and *MPL* exon 10 amplified using standard polymerase chain reaction. The entire exon 10 sequence is obtained using Sanger sequencing (BigDye terminator V1.1 cycle sequencing kit from Applied Bioscience) with analysis on an automated genetic analyzer.(Unpublished Mayo method)

#### PDF Report

No

Day(s) Performed Monday through Friday

**Report Available** 7 to 10 days

#### Specimen Retention Time

Whole blood, bone marrow: 2 weeks; Extracted DNA: 3 months

#### Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

## Fees & Codes

#### Fees

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

#### **Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

#### **CPT Code Information**

81339-*MPL* (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence

#### LOINC<sup>®</sup> Information



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| Test ID   | Test Order Name                   | Order LOINC <sup>®</sup> Value  |
|-----------|-----------------------------------|---------------------------------|
| MPLR      | MPL Exon 10 Mutation Detection, R | 62948-5                         |
|           |                                   |                                 |
| Result ID | Test Result Name                  | Result LOINC <sup>®</sup> Value |
| 36672     | Final Diagnosis                   | 22637-3                         |