

## Overview

### Useful For

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

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

### Method Name

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

Polymerase Chain Reaction (PCR) and Fragment Analysis

### 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*.

### Specimen Minimum Volume

Blood and Bone marrow: 0.05 mL

### Reject Due To

Gross hemolysis	Reject
Other	Paraffin embedded bone marrow aspirate clot or biopsy blocks, slides, paraffin shavings Moderately to severely clotted

## Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Varies	7 days	

## Clinical and 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 is present in 95% to 98% of polycythemia vera (PV), and 50% to 60% of primary myelofibrosis (PMF) and 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 mutation (20%-30% of PMF and ET) and *MPL* exon 10 mutation (5%-10% of PMF and 3%-5% of ET). Mutations in *JAK2*, *CALR*, and *MPL* are essentially mutually exclusive. A *CALR* mutation is associated with decreased risk of thrombosis in both ET and PMF, and confers a favorable clinical outcome in PMF patients. 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 (MPN), *JAK2* V617F with Reflex to *CALR* and *MPL*.

An interpretive report will be provided.

### Interpretation

An interpretation will be provided under the MPNR / Myeloproliferative Neoplasm (MPN), *JAK2* V617F with Reflex to *CALR* and *MPL*.

### 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.

In rare cases, a mutation 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

PCR amplification of *CALR* exon 9 is performed on DNA isolated from the patient sample. The PCR product is then run on an ABI Genetic Analyzer for fragment analysis to detect insertions and deletions. An unmutated *CALR* will show an amplicon at 266 bp, a mutated *CALR* with insertion will show an amplicon greater than 266 bp, and a mutated *CALR* with deletion will show an amplicon smaller than 266 bp. This assay has an analytical sensitivity of approximately 6% (ie, 6 mutation-containing cells in 100 total cells) in most mutation types, except for the rare type of 1-bp deletion, which has a sensitivity of approximately 20%. This is a laboratory developed test using analyte-specific (ASR) and research use only (RUO) reagents.(Unpublished Mayo method)

#### PDF Report

No

#### Day(s) Performed

Monday through Friday

#### Report Available

7 to 10 days

**Specimen Retention Time**

DNA 3 months

**Performing Laboratory Location**

Rochester

**Fees and Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

**Test Classification**

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

**CPT Code Information**

81219-CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
CALX	CALR, Gene Mutation, Exon 9, Reflex	77174-1

Result ID	Test Result Name	Result LOINC Value
36998	Final Diagnosis	22637-3