

## Overview

### Useful For

Prognostic indication for some patients with acute myeloid leukemia

This test **should not be used** to monitor residual disease following treatment.

### Testing Algorithm

For more information see:

- [Acute Leukemias of Ambiguous Lineage Testing Algorithm](#)
- [Acute Myeloid Leukemia: Testing Algorithm](#)
- [Acute Myeloid Leukemia: Relapsed with Previous Remission Testing Algorithm](#)

### Special Instructions

- [Hematopathology Patient Information](#)
- [Acute Leukemias of Ambiguous Lineage Testing Algorithm](#)
- [Acute Myeloid Leukemia: Testing Algorithm](#)
- [Acute Myeloid Leukemia: Relapsed with Previous Remission Algorithm](#)

### Method Name

Polymerase Chain Reaction (PCR)/Capillary Electrophoresis

### NY State Available

Yes

## Specimen

### Specimen Type

Varies

### Ordering Guidance

This test is intended to be used as a prognostic test at diagnosis and should not be used to monitor residual disease following treatment.

### Shipping Instructions

**Specimen must arrive within 7 days of collection.**

### Necessary Information

**The following information is required:**

1. Pertinent clinical history
2. Clinical or morphologic suspicion
3. Date and time of collection

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**4. Specimen source****Specimen Required**

Submit only 1 of the following specimens:

**Specimen Type:** Whole blood

**Container/Tube:** Lavender top (EDTA) or yellow top (ACD)

**Specimen Volume:** 3 mL

**Collections Instructions:**

1. Invert several times to mix blood.
2. Send specimen in original tube. **Do not aliquot.**
3. Label specimen as blood.

**Specimen Stability Information:** Ambient (preferred)/Refrigerate

**Specimen Type:** Bone marrow

**Container/Tube:** Lavender top (EDTA) or yellow top (ACD)

**Specimen Volume:** 2 mL

**Collections Instructions:**

1. Invert several times to mix bone marrow.
2. Send specimens in original tube. **Do not aliquot.**
3. Label specimen as bone marrow.

**Specimen Stability Information:** Ambient (preferred)/Refrigerate

**Specimen Type:** Extracted DNA from blood or bone marrow

**Container/Tube:** 1.5- to 2-mL tube

**Specimen Volume:** Entire specimen

**Collection Instructions:**

1. Label specimen as extracted DNA from blood or bone marrow
2. Indicate volume and concentration of DNA on the label.

**Specimen Stability Information:** Frozen (preferred)/Refrigerate/Ambient

**Forms**

1. [Hematopathology Patient Information](#) (T676)
2. If not ordering electronically, complete, print, and send a [Hematopathology/Cytogenetics Test Request](#) (T726) with the specimen.

**Specimen Minimum Volume**

Blood, Bone Marrow: 1 mL

Extracted DNA: 50 mcL at 20 ng/mcL concentration

**Reject Due To**

Gross hemolysis	Reject
Bone marrow biopsies,	Reject

slides, paraffin shavings Moderately to severely clotted	
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**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Varies	7 days	

**Clinical & Interpretive****Clinical Information**

The FMS-like tyrosine gene (*FLT3*) codes for a transmembrane receptor/signaling protein (FLT3) of the tyrosine kinase group. Binding of FLT3 ligand to the FLT3 receptor ultimately leads to production of proteins that cause cell growth and inhibit cell death through apoptosis. Recently, variants in *FLT3* have been found in some hematopoietic neoplasms and are particularly common in adult acute myeloid leukemia (AML) with an overall incidence of approximately 20% to 30%. The highest genetic variant rates are seen in adult patients with AML and normal- or intermediate-risk cytogenetics and in patients with acute promyelocytic leukemia.

The most common *FLT3* variant consists of internal tandem duplication (ITD) of DNA sequences found in exons 14 or 15. In some subgroups of adults with AML, the presence of an *FLT3* ITD variant has been found to be an adverse prognostic indicator. The second most common variant is a point alteration in the codon for an aspartate residue (D835) that resides in the activation loop of the FLT3 protein. D835 alterations have been identified in approximately 7% of AML cases but, at this time, it is not clear if the presence of this alteration has any prognostic significance. It is thought that both types of *FLT3* variants lead to constitutive (always present, independent of internal or external stimuli) *FLT3* activation.

Identification of an *FLT3* variant in AML is clinically useful, not only because of the prognostic information it provides, but also because *FLT3*-inhibitory drugs have shown promise as useful therapeutic agents.

**Reference Values**

An interpretive report will be provided.

**Interpretation**

An interpretive report will be issued indicating whether the *FLT3* internal tandem duplication (ITD), D835 alteration, or both were detected.

Variant status will be indicated as positive or negative. If ITD positive, an allelic ratio will be reported.

**Cautions**

This test is not designed for monitoring residual disease following treatment and the following should be noted: the sensitivity of the test is less than other methods designed for residual disease testing, and there have been several

reports of *FLT3* variants being lost or gained in neoplastic cells following treatment.

**Clinical Reference**

1. Levis M, Small D. *FLT3: ITDoes matter in leukemia*. Leukemia. 2003;17:1738-1752
2. Gilliland DG, Griffin JD. *The roles of *FLT3* in hematopoiesis and leukemia*. Blood. 2002;100(5):1532-1542
3. He R, Devine DJ, Tu ZJ, et al. *Hybridization capture-based next generation sequencing reliably detects *FLT3* mutations and classifies *FLT3*-internal tandem duplication allelic ratio in acute myeloid leukemia: a comparative study to standard fragment analysis*. Mod Pathol. 2019;33:334-34

**Performance****Method Description**

This polymerase chain reaction (PCR)-based assay is designed to detect the presence of 2 separate variants in *FLT3*: internal tandem duplication (ITD) of coding sequence for the intracellular juxtamembrane domain and point alterations in the codon for Asp835 (D835). Genomic DNA is extracted from nucleated cells in the sample. A multiplex PCR is then performed using 2 sets of primers. One primer in each set is labeled with a fluorescent dye to aid in PCR-fragment analysis. The PCR products are then analyzed using capillary electrophoresis.(Unpublished Mayo method)

**PDF Report**

No

**Day(s) Performed**

Monday through Saturday

**Report Available**

3 to 6 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 [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 account representative. 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

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requirements. It has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

81245-FLT3 (fms-related tyrosine kinase) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15)

81246-FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FLT	FLT3 Mutation Analysis, V	79210-1

Result ID	Test Result Name	Result LOINC® Value
MP009	Specimen Type	31208-2
19236	Final Diagnosis:	34574-4
41935	FLT3 Result	79210-1