Nirav R. Shah, M.D., M.P.H. Commissioner Sue Kelly Executive Deputy Commissioner

Molecular and Cellular Tumor Marker Proficiency Test Event MCTM 10-2013 Summary of results¹

NEW YORK state department of HEALTH

December 17, 2013

Dear Laboratory Director,

Below is a summary and discussion of the New York State Molecular and Cellular Tumor Markers proficiency test event MCTM 10-2013 from October 22, 2013.

Samples: All laboratories received three (3) different specimens prepared by Wadsworth Center personnel.

Evaluation: Laboratories were asked to perform those molecular assays for which they hold or have applied for a NYS permit. A total of 37 laboratories participated, performing various numbers and combinations of tests. The attached tables summarize the results and methods that were used by participating laboratories. In Table 1, a consensus interpretation is shown of **R**: rearranged/clonal band detected; **G**: germline/no clonal band detected; **WT**: wild-type; **MUT**: mutated; **NEG**: negative or not detected; **POS**: positive or detected; **O**: oligoclonal; **N**: no clonal band or fusion product detected. For IGHV only: **H**: clonal band detected and hypermutated; **U**: clonal band detected, but not hypermutated; **I** (Indeterminate) is shown if no consensus was reached because less than three labs performed a test, or if the concordance between labs was less than 80%. Please note that in a change from previous summary tables, only the all method consensus is shown.

Each lab will receive a personalized result sheet by regular mail that shows your lab's results in comparison to the all lab consensus (if any) derived from all methods combined. Two scores were calculated, one for each assay (**assay score**) across all three samples, and one for each sample (**sample score**) across all assays performed by your lab for each sample. From the latter we also calculated an overall score. Your **assay** score is expressed as a fraction, whereby the denominator is the number of samples you analyzed with a given assay and that were evaluable, i.e. produced a consensus, and the numerator is the number of samples for which you agreed with the consensus. For example, 3/3 means you analyzed all 3 samples and agreed with the consensus for all 3 of them. 1/2 would mean you analyzed only two samples, but agreed with the consensus for only one of them. The assay score is indicated in the 'score' column to the right of each assay you performed. The **sample** score was calculated as the percentage of 'correct' answers per sample (i.e. that agree with the consensus), based on the number of assays performed per sample

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that were evaluable. Assays for which no clear consensus was obtained or for which you were unable to obtain a clear result, as indicated by "I", were not included in either the assay or sample score calculation. At the bottom of each sample column on your result sheet you will find the number of assays performed by your lab for the sample, the number of results that were evaluable and used to calculate the score, and the number of 'correct' answers. The actual sample score as % 'correct' answers was calculated by dividing the number of 'correct' answers by the number of evaluable answers x 100. Finally, we also calculated an overall sample score as the average of the three individual sample scores. At this time we did not assign a grade, but may do so in the future. If any of your results are different from the corresponding consensus we ask that you take a careful look at your analysis and investigate why you may have reported a discrepant result. While this may be because of your assay's design and/or sensitivity and thus does not represent an error *per se*, it could also be a true error, indicating suboptimal performance of your assay, or be due to a contamination in case of apparently false positives.

NYS#L/L 2013-04 (Table 1)

<u>B-cell tests:</u> All 27 laboratories that tested for IgH reported no rearrangement, as did the fifteen laboratories that also tested for IgK. Of the twelve laboratories that tested for IGH/BCL2 only one (8%) reported a translocation specifically with the Biomed-2 tube C primers that target the minor breakpoint. However, the four other labs that also targeted this region did not detect this fusion. No fusions between IGH and CCND1 were detected. For IGHV eleven out of twelve labs (92%) reported no clonal band, whereas one lab reported a clonal band that was not hypermutated. Thus, there was a consensus that this sample did not contain cell clones with immunoglobulin gene rearrangements or translocations involving the IGH locus.

<u>T-cell tests</u>: 22 out of 25 laboratories (88%) that tested for TRG found no rearrangement as did nine out of fourteen labs (64%) that tested for TRB; however, two labs reported a rearrangement for TRB and one lab for TRG and three and two labs, respectively, reported an indeterminate result for either TRB and/or TRG. These results suggest that this sample did not contain a major clone with T-cell receptor gene rearrangements, though a minor clone cannot be excluded.

<u>Other translocations</u>: Of all the translocations/fusions that laboratories tested for, only AML1/ETO was consistently detected by all eight labs testing for it, suggesting that this sample contains a clone with the t(8;21) translocation.

<u>Various mutations (Table 7)</u>: Six out of eight (75%) labs detected a KIT mutation, c. 2466T>A; p. N822K in exon 17. The other two labs only test specifically for D816V and thus would not have detected the N822K mutation in this sample. Four out of five labs (81%) detected a TP53 mutation, c.743G>A; p.R248Q, whereas one lab reported an indeterminate mutation. Lastly, one out of seven labs (14%) detected a FLT3 TKD mutation. No other mutations were detected in any gene.

EBV: One out of five labs (20%) reported the presence of EBV sequences.

The results from all other tests performed were negative.

In aggregate, these results indicate that the sample contained an AML clone with a t(8;21) translocation, which is consistent with the results from Flow Cytometry, which indicated the presence of an immature myeloid progenitor cell that expressed surface CD4, CD13, CD15, CD33, CD34 and CD45.

NYS#L/L 2013-05 (Table 1)

<u>B-cell tests</u>: For IGH and IGK, there was unanimous agreement that these genes were rearranged. Rearrangements in IGH were detected with all primers irrespective of their provenance, except for Biomed-2 tube E that targets the DH7 region. Rearrangements in IGK too were detected with all primers (Table 3). No lab reported a fusion between IGH and BCL2 or CCND1, respectively. Twelve labs tested for IGHV hypermutation and all assigned it to the IGHV4-34 family; the mutation rate ranged from 1.9 to 2.6%, which resulted in ten hypermutation calls (83%), one unmutated and one indeterminate call. In conclusion, these results suggest that this sample contained a B-cell clone with IGH and IGK gene rearrangements and IGHV hypermutation.

<u>T-cell tests</u>: All laboratories that tested for TRB or TRG found no rearrangement except for one indeterminate result for TRG; these results suggest that this sample did not contain cell clones with TRB and/or TRG gene rearrangements.

Other translocations: No translocations/fusions were detected.

<u>Various mutations (Table 7)</u>: 5/5 labs detected the TP53 mutation, c.AT760-761GA; p.I254N, and 1/30 detected the JAK2 V617F mutation. No other mutations were detected in any gene.

EBV: One out of five labs (20%) reported the presence of EBV sequences.

The results from all other tests performed were negative.

In aggregate, these results indicate that the sample contained a B-cell clone with IGHV hypermutation and a TP53 mutation. The overall result is consistent with the results from Flow Cytometry, which indicated a mature B-cell phenotype (CD10, CD19, CD20^{dim}, CD45, and HLA-DR) with lambda clonality.

NYS#L/L 2013-06 (Table 1)

<u>B-cell tests:</u> 25 out of 27 laboratories (93%) that tested IGH reported no rearrangement, one lab reported a rearrangement in framework 2, and one reported an indeterminate result. In contrast, eleven out of fourteen laboratories (78%) that tested IGK reported a rearrangement with one lab reporting the result as oligoclonal. This result is just short of the 80% needed for a consensus. Further studies are needed to determine whether this sample indeed contained a true clonal population of cells with IGK rearrangement, especially since, with two exceptions, only the Biomed-2 tube B primers detected a rearrangement. No lab reported a translocation involving the IGH/BCL2 or IGH/CCND1 loci. Thus, there was a consensus that this sample did not contain cell clones with immunoglobulin gene rearrangements or translocations involving the IGH locus, whereas the presence of an IGK rearrangement needs further confirmation.

<u>T-cell tests</u>: All 25 laboratories that tested for TRG reported a rearrangement and twelve out of fourteen labs (86%) that tested for TRB found a rearrangement. Thus, there was general consensus that this sample exhibited TRG and TRB rearrangements.

Other translocations: No translocations/fusions were detected.

<u>Various mutations (Table 7):</u> Five labs reported two or three concurrent TP53 mutations, c.743G>A, p.R248Q; c.800G>T, p.R267L; c.818G>A, p.R273H; and a polymorphism, c.215C>G; p.P72R. Two labs also reported a MPL mutation, c.1489G>A; p.A497T, and three labs reported the PIK3CA, p.E545D mutation. One lab reported a BRAF mutation in codons 599-602 in exon 15 but did not indicate the exact sequence variation. No other mutations were detected.

The results from all other tests performed were negative.

In aggregate, these results indicate that the sample contained a T-cell clone with TRG and TRB rearrangements. Whether the sample contained a second, possibly minor clone with an IGK rearrangement or whether both rearrangements are present in the same cells cannot be determined without further investigation. Furthermore, it appears that this sample contained multiple, possibly oncogenic mutations. The overall interpretation of T-cell clonality is consistent with the results from Flow Cytometry, which indicated an immature CD3⁻ double-positive T cell (CD2, CD4, CD5, CD7, and CD8).

General comments

The attached tables show summaries of the results both overall (Table 1) as well as for each individual primer mix for the B- and T-cell tests (Tables 2-6). Furthermore, Table 7 shows a summary of the mutation results, and Tables 8 shows summaries of the methods and reagents used for most of the tests. Figure 1 shows the DNA and RNA yield distributions for the three samples. Again the differences in yield are large ranging from 670- to over 13750-fold, raising the question whether everybody reported their results the same way. Please make sure that you report the DNA and RNA yields in microgram (μ g) and based on the actual volume of the original blood sample from which you isolated the DNA and RNA. Do not report the volume as the volume in which you eluded the nucleic acid into. We realize that shipping the samples at room temperature is suboptimal for subsequent RNA analysis. However, because of the combined shipping with the malignant immunophenotyping samples we cannot change that.

Finally, we would like to add some general comments. You really need to follow our instructions for filling out the result form, or we cannot guarantee correct evaluation of your results. You **must select the overall result in the first column**, as it is this result that is used in the evaluation. Then fill in or select the part of the additional information as appropriate. Also please make sure that you choose the correct method where there is a choice. If your starting material is DNA you must choose PCR. If your starting material is RNA, you must choose RT-PCR. Please note: RT stands for <u>R</u>everse <u>T</u>ranscription, not real time, and thus should only be used for assays whose starting material is RNA. Furthermore, we ask that if you obtain your primers/kits from

InVivoScribe you correctly identify the source as IVS (not Biomed-2) (identified as <u>gene</u> <u>rearrangement</u> assays in their catalog) or IVS (Biomed-2) (identified as <u>gene clonality</u> assays in their catalog); for the purpose of this PT evaluation they are not considered lab developed even if you obtain the individual primer tubes separately as ASR reagents instead of as part of a RUO kit. This will make it easier to compare the performance of individual primer mixes. <u>Finally, we ask that you analyze the samples by all molecular tests performed in your lab for which you hold or have applied for a NYS permit.</u>

If you have any questions, comments or suggestions, you may contact me by phone or email at 518-474-2088 or <u>schneid@wadsworth.org</u>. For specific questions about your lab's report or the evaluation please contact Dr. Rong Yao at (518) 474-1744 or <u>yaor@wadsworth.org</u> or Ms. Susanne McHale at (518) 486-5775 or <u>smchale@wadsworth.org</u>.

Please note there was a change to two Molecular and Cellular Tumor Marker PT mail-outs in 2014, with the next one being:

Mail-out date March 18, 2014 October 28, 2014

Due Date April 16, 2014 November 26, 2014

Sincerely,

Pelmerdes

Erasmus Schneider, Ph.D. Director, Oncology Section Clinical Laboratory Evaluation Program Wadsworth Center, Room E604 Empire State Plaza Albany, NY 12201-0509

New York State Molecular and Cellular Tumor Marker Proficiency Test Event MCTM 10-2013
Table 1: Summary of results

Assav / Sample	L/L 2013-04					L/L 2013-05					L/L 2013-06				
• •	R/H	G/U	I	O/N	Cons [#]	R/H	G/U	I	O/N	Cons [#]	R/H	G/U	I	O/N	Cons [#]
IGH		26	1		G	27				R	1	25	1		G
IGK		15			G	15				R	10	4		1	I
TRB	2	9	3		G		14			G	12	2			R
TRG	1	22	2		G		24	1		G	25				R
IGHV		1		11	N	10	1	1		н		1		11	N
	POS	NEG	I			POS	NEG	I			POS	NEG	I		
IGH/BCL2	1	11			NEG		11	1		NEG		12			NEG
IGH/CCND1		7			NEG		7			NEG		7			NEG
IGH/MYC															
	MUT*	WT*	I			MUT*	WT*	I			MUT*	WT*	I		
JAK2 V617F		30			wт	1	29			WT		30			WT
JAK2 Exon 12		9			wт		9			WT		9			WT
MPL		11			WТ		11			WT	2	9			WT
FLT3 ITD		8			wт		8			WT		8			WT
FLT3 TKD	1	6			wт		7			WT		7			WT
NPM1		15			wт		15			WT		15			WT
СЕВРА		7			wт		7			WT		7			wт
IDH1		6			wт		6			WT		6			WT
IDH2		4			wт		4			WT		4			wт
кіт	6	2			1		7			WT		7			wт
	POS	NEG	1		-	POS	NEG	1			POS	NEG	1		
BCR/ABI 1 p210		28	•		NEG		28	-		NEG		28	•		NEG
BCR/ABL1 p190		26			NEG		26			NEG		26			NEG
BCR/ABL1 p210/p190		5			NEG		5			NEG		5			NEG
Bolia BET p210/p130	MUT*			N	NEO	MUT*	WT*		N	MEG	MUT*	WT*		N	NEO
ABL Kinasa damain	MOT	2	-	5		WICT	2	•	5	-	MOT	2		5	1
	POS	NEG		J	•	POS	NEG		J	•	POS	NEG		J	•
DMI /DADA Long	F03	NLG o	-		NEC	FUS	0	•		NEC	FUS	0			NEC
PML/RARA Long		0			NEG		•			NEG		•			NEG
PML/RARA Short		0			NEG		°			NEG		°			NEG
PML/RARA Variable		2			1		2			•		2			1
PML/RARA L/S/V	•				500		•			NEO		•			NEO
	0				P05		0			NEG		0			NEG
							•					•			
		3			NEG		3			NEG		3			NEG
		4			NEG		4			NEG		4			NEG
TCF3/PBX1		1					1					1			1
MLL/AF4		2			1		2			1		2			1
	MUT*	WT*				MUT	WT				MUT*	WT*	I		
TP53	4		1		MUT	5				MUT	5				MUT
KRAS		10			WT		10			WT		10			WT
NRAS		5			WT		5			WT		5			WT
HRAS		3			WT		3			WT		3			WT
BRAF		11			WT		11			WT	1	10			WT
	POS	NEG	I			POS	NEG	I			POS	NEG	I		
EBV	1	4			NEG	1	4			NEG		5			NEG
Interpretation:	Acute Myeloid Leukemia with t(8;21) translocations resulting in the AML1/ETO fusion gene, and KIT mutation						mphoproli -cell phen	ferative D otype	Disdorder v	vith	i'-lympho rearrangn IGK rearra multiple r multiple g	blastic leu nent; poss angement nulitple si jenes dete	ukemia wit sibility of a cannot be ngle nucle ected.	n cional T a minor cl e excluded eotid varia	CRG one with I; also nts in

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 R: rearranged/clonal band detected; G: germline/no clonal band detected; O: oligoclonal; For IGHV only: H: clonal band detected and hypermutated; U: clonal band detected, but not hypermutated; N: no clonal band detected.

 NUT: mutated; WT: wild-type; N: no fusion product detected; NEG: neagtive or not detected; POS: positive or detected; I: indeterminate, a clear interpretation is not possible.

 *Consensus based on ≥80% concordance; I if no consensus or <3 results</td>

 *For details of which exons/codons were analyzed see table 7.

Table 2. Summary for IGH primer mixes

	l	_/L 2013-04			L/L 2013-0	5		L/L 2013-06	5
	R	G	cons	R	G	cons	R	G	cons
LDT FR 1	0	2	I	2	0	I	0	2	I
LDT FR 2	0	8	G	8		R	0	8	G
LDT FR 3	0	9	G	9		R	0	9	G
Biomed-2 Tube A	0	11	G	11		R	0	11	G
Biomed-2 Tube B	0	12	G	12		R	1	11	G
Biomed-2 Tube C	0	11	G	11		R	0	11	G
Biomed-2 Tube D	0	3	G	2		1	0	3	G
Biomed-2 Tube E	0	4	G	0	3	G	0	4	G
IVS FR 1	0	6	G	6		R	0	6	G
IVS FR 2	0	8	G	8		R	0	8	G
IVS FR 3	0	9	G	9		R	0	9	G

Table 3. Summary for IGK primer mixes

	l	/L 2013-04			L/L 2013-05	5	L/L 2013-06			
	R	G	cons	R	G	cons	R	G	cons	
LDT Tube A	0	6	G	4	1	R	1	3	I	
LDT Tube B	0	6	G	4	1	R	0	4	G	
Biomed-2 Tube A	0	11	G	11	1	R	1	11	G	
Biomed-2 Tube B	0	11	G	12	0	R	11	2	R	

Table 4. Summary for TRB primer mixes

	L	/L 2013-04			L/L 2013-05	5	L/L 2013-06			
	R	G	cons	R	G	cons	R	G	cons	
LDT Tube A	0	2		0	3	G	1	2	I	
LDT Tube B	1	1	I	0	3	G	3	0	R	
Biomed-2 Tube A	1	11	G	0	12	G	1	11	G	
Biomed-2 Tube B	1	9	G	0	12	G	9	3	I	
Biomed-2 Tube C	0	9	G	0	10	G	0	9	G	

Table 5. Summary for TRG primer mixes

		L/L 2013-04			L/L 2013-0	5	L/L 2013-06			
	R	G	cons	R	G	cons	R	G	cons	
LDT Vy1-8	0	7	G	0	7	G	7	0	R	
LDT Vy9	0	6	G	0	6	G	1	5	G	
LDT Vy10	0	4	G	0	4	G	1	3	I	
LDT Vy11	0	3	G	0	3	G	1	2	I	
Biomed-2 Tube A	0	9	G	0	10	G	11	0	R	
Biomed-2 Tube B	0	10	G	0	11	G	1	9	G	
IVS Mix 1	0	3	G	0	3	G	2	0	I	
IVS Mix 2	0	3	G	0	3	G	1	1	I	
IVS v2.0	0	3	G	0	3	G	3	0	R	

Table 6. Summary for BCL2 primer mixes

	L	/L 2013-04			L/L 2013-05	5	L/L 2013-06			
	POS	NEG	cons	POS	NEG	cons	POS	NED	cons	
LDT MBR	0	6	G	0	3	G	0	3	G	
LDT MBR3'	0			0			0			
LDT mcr	0	3	G	0	1	I	0	2	1	
Biomed-2 Tube A	0	4	G	0	3	G	0	3	G	
Biomed-2 Tube B	0	4	G	0	3	G	0	3	G	
Biomed-2 Tube C	1	3	1	0	3	G	0	3	G	
IVS Mix1b	0	1	1	0			0			
IVS Mix2b	0			0			0			

		L/L 2013-04		L/L 2013-05		L/L 2013-06	
Gene	exons/codons tested	Result (WT if not indicated)	# of variants detected	Result (WT if not indicated)	# of variants detected	Result (WT if not indicated)	# of variants detected
JAK2 Exon 12							
JAK2 Exon 13							
JAK2 exon 14	codon 617				1		
MPL	codon 515						
	codon 505/515						
	amino acid 490 to 520					c 14906>A (p A407T)	1
	W515L/K					C.1489G>A (p.A4971)	
	S505, W515						
	exon 10					c.1489G>A: p.A497T	1
FLT3 TKD	D835						
	Exon 20		1				
CEBPA	Entire coding region, 1		-				
	exon. exon 1						
	exon 1						
	all coding						
	chromosome 19, single exon		1		1		1
IDH1	exon						
IDH2							
кіт	exon 17	p. N822K (c. 2466T>A)	1				
	Exons 8, 9, 11, 13, 17	p. N822K (c. 2466T>A)	2				
	exon 8/17	p. N822K (c. 2466T>A)	2				
	D816: exons 8 & 17	p. N822K (c. 2466T>A)	1				
TP53	exon 5-9	p	1	g.18348_18349delinsGA	1	g. [18731G>T (;)	1
		g.18331G>A; p.R248Q	-	p.I254D I254D; 14087-14088	-	18749G>A] p.[R267L (;) c.743G>A (p. R248Q);	-
	Exons 4, 5, 6, 7, 8, 9	R248Q)	2	AT>GA (I254D); c. AT760- 761GA (p. I254N)	3	c.800G>T (p.R267L); c.818G>A (p.R273H) c.743G>A (p.R248Q);	2
	exon 2-11	c.743G>A; p.R248Q	1	c.760_761delinsGA; p.1254D	1	c.800G>T (p.R267L); c.818G>A (p.R273H); polymorphism: c.215C>G (p.P72R)	1
KRAS	codon 12/13/61						
	exon 1, 2						
	codon 12/13						
NRAS	codons 12/13/61						
	exon 1,2						
	exons 2-3						
HRAS	codons 12/13/61						
	exon 1,2		1		1		1
BRAF	codon 599-602, exon 15						1
	codon 600						
	exon 11, 12, 15						
	Exons 11,12,15, codon						
	V600E ONLY						
EGFR	exon 19/858						
	Exon 19 del	<u> </u>					
	L858						
PIK3CA	Exons 1,9,20					E545D	3
PDGFRA	Exons 12. 18						-
WT1	exons 7 & 9						
	exons 7 & 9						
MYD89	codon 265						
NOTCH	203						
NOICHI	exon 34						
NOTE	exon 1-8 For each gene the area as	nalvzed is listed with the nu	mber of la	bs reporting varients.			

For each gene the area analyzed is listed with the number of labs reporting varients. No entry in the result columns means no specific mutation data were reported.

Table 8: Summary of methods and reagents used

									Lab	Lab					
									developed	developed					
	Total	C D	DCD	6		Lab	IVS (Biomed-	IVS (not	and IVS	and IVS (not	Overlitestive	0			
ICH	10tai	38	29	Seq	PCK + Seq	aeveloped	2)	Biomed-2)	(Biomea-2)	Biomed-2)	Qualitative	Quantitative			
	20	0	20	0	0	0	10	•	1	0					
	10	0	10	0	0		12	0	0	0					
TRC	15	0	15	0	0	12	12	1	0	0					
	20	0	20	-	4	12	10	1	0	0					
	12	0	12	3	4	0 7	6	0	0	0					
	15	0	15	0	0	,	0	0	0						
	,	0	,	0	0	0	1	0	0						
IGH/IVITC	0	0	0	0	0	0	0	0	0						
							Lab	Incogen				Qual and			
	Total	PCP	RT-DCR	Sea	PCR + Son	RT-DCR Son	developed	(Qiagen)	Seegene	Qualitative	Quantitative	Quarant			
IAK2 V617E	30	22	1	2	TCR + Jeq	1	22	(Qiageii)	Jeegene	18	7	Guant			
IAK2 Evon 12	۵ ۵	25	0	5	0	0	9	0	0	10	,	5			
MDI	11	2	1	6	0	0	11	0	0						
	8	2	0	0	0	0	7	1	0						
	0 7	6	0	1	0	0	,	1	0						
NDM1	15	15	0	0	0	0	14	1	0						
CERDA	15	15	0	4	1	0	14	-	0						
	6	2	0	4	1	0	6	0	0						
	0	2	0	2	1	0	6	0	0						
	4	2	0	2	2	0	4	0	0						
KII	0	5	U	,	-	0	0	Ū	Ū						
							Lab	Insogen						Qual and	IS
	Total	PCR	RT-PCR	Sea	PCR + Sea	RT-PCR Sea	developed	(Oiagen)	Roche	Cepheid	Asuragen	Oualitative	Quantitative	Ouant	Normalized
BCR/ABL1 p210	28	0	28	0	0	0	18	5	0	2	1	1	23	4	17
BCR/ABL1 p190	26	0	26	0	0	0	18	4	0	0	1	5	17	4	0
BCR/ABL1 p210/p190	5	0	5	0	0	0	4	0	1	0	0	2	3	0	2
Abl Kinase domain	7	0	2	2	1	2	7	0	0	0	0				
PML/RARA	13	0	13	0	0	0	12	1	0	0	0	4	9	0	0
AML1/ETO	8	0	8	0	0	0	8	0	0	0	0	4	3	0	0
NPM1/ALK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ETV6/RUNX1	3	0	3	0	0	0	2	0	0	0	0	1	2	0	0
CBFB/MYH11	4	0	4	0	0	0	4	0	0	0	0	2	2	0	0
TCF3/PBX1	1	0	1	0	0	0	2	0	0	0	0	1	1	0	0
MLL/AF4	2	0	2	0	0	0	2	0	0	0	0	0	0	0	0
					Lab			Assuragen/	Sequenom/						
	Total	PCR	Seq	PCR + Seq	developed	Qiagen	Roche Cobas	Luminex	Massspec	Other					
TP53	5	0	4	1	5	0									
KRAS	10	3	3	4	6	0									
NRAS	5	0	3	2	4	0									
HRAS	3	0	1	2	3	0									
BRAF	11	6	2	3	7	0									
EBV	5	5	0	0	4	0				1					

NOTE: any discrepancies between the numbers in this table and the number of results in Table 1 are caused by incomplete and/or inconsistent data submission by some labs

