

Test Catalog

Diagnostic. Prognostic. Predictive. Predisposition.





RUNX1-RUNX1T1 (AML1-ETO) Translocation, t(8;21)

Alternative Name

RUNX1-RUNX1T1 Translocation, RUNX1-RUNX1T1 Fusion, AML1-ETO Translocation, AML1-ETO Fusion

Methodology

Molecular

Test Description

Real-time RT-PCR for quantitative detection of the t(8;21) RUNX1-RUNX1T1 fusion transcript (formerly called AML1-ETO). Analytical sensitivity is 1 tumor cell in 100,000 normal cells. Positive results are reported as a ratio between quantities of (8;21) transcript and a normal control gene.

Clinical Significance

The (8;21) translocation occurs in approximately 5% of AML. These cases are usually considered core-binding factor AML (CBF-AML). The translocation is usually associated with a high rate of complete remission and longer overall survival in AML subtype M2. This assay is recommended for diagnostic confirmation of and for monitoring minimal residual disease (MRD). c-KIT mutation testing may be considered for t(8;21)-positive AML patients as c-KIT mutations are considered an adverse risk factor in these patients.

Specimen Requirements

- Peripheral blood: 5 mL in EDTA tube.
- Bone marrow: 2 mL in EDTA tube.

Note: Test is RNA-based, NOT suitable for Freeze & Hold option.

Storage & Transportation

Use cold pack for transport, making sure cold pack is not in direct contact with specimen. Ship same day as drawn whenever possible; specimens <72 hours old preferred.

CPT Code(s)*

81401

New York Approved

No

Level of Service

Global

Turnaround Time

7 days

Please direct any questions regarding coding to the payor being billed.

^{*}The CPT codes provided with our test descriptions are based on AMA guidelines and are for informational purposes only. Correct CPT coding is the sole responsibility of the billing party.

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