

Test Catalog

Diagnostic. Prognostic. Predictive. Predisposition.



High-Grade/Large B-Cell Lymphoma Panel (NY and non-NY)

Alternative Name

Large B-Cell Lymphoma

Methodology FISH

Test Description

Probes: BCL6 (3q27) | MYC (8q24) | BCL2 (18q21) | MYC/IgH/CEN8 t(8;14)

Optional Reflex: IGK/MYC t(2;8) | IGL/MYC t(8;22) | BCL6/MYC t(3;8), if MYC (8q24) is positive and MYC/IgH/CEN8 t(8;14) is negative

Disease(s): B-cell lymphoma, double-hit lymphoma, triple-hit lymphoma

Clinical Significance

This panel differentiates double-hit or triple-hit lymphomas (which have MYC rearrangements together with BCL2 and/or BCL6 rearrangements) from Burkitt lymphoma or diffuse large B-cell lymphoma. Double-hit and triple-hit lymphomas are difficult to classify morphologically without aid of cytogenetics/FISH or IHC, and are associated with an aggressive course. Testing is indicated when B-cell lymphoma patients experience transformation, relapse, or refractory disease. MYC rearranges with an immunoglobulin partner in approximately 60% of MYC-rearranged DLBCL/HGBCL of which 75% are MYC/IgH fusion. MYC/IgH/CEN8 will confirm heavy chain rearrangement when MYC is rearranged.

IGK/MYC t(2;8), IGL/MYC t(8;22) and BCL6/MYC t(3;8) studies are useful to further subclassify lymphomas that are positive for MYC gene rearrangements, but negative for the most common IGH/MYC translocation. In addition, when both MYC and BCL6 gene rearrangements are present, but no IGH/MYC translocation is identified, these studies may help to differentiate between the double-hit/triple-hit lymphomas (D/T-HL), which have a poor prognosis, and DLBCL with BCL6/IGH translocation, representing a subset of GC B-cell lymphomas distinct from conventional D/T-HL and with better prognosis (so-called "pseudo-double-hit lymphoma").

Clients may want to consider the High-Grade B-Cell Lymphoma Reflex FISH Panel as a cost-effective alternative.

Specimen Requirements

- Bone marrow aspirate: 1-2 mL sodium heparin tube. EDTA tube is acceptable.
- Peripheral blood: 2-5 mL sodium heparin tube. EDTA tube is acceptable.
- Fresh, unfixed tissue: Tissue in RPMI.
- Bone Marrow/ Peripheral Blood Smear or Fresh Tissue Touch Preparation Slides: minimum *3-5 slides* labeled with specimen type.
 - NOTE: 3 slides needed for base 3 probe panel, 1 slide needed if optional 14;18 added, 1 slide needed if optional 8;14 added
- Fluids: Equal parts RPMI to specimen volume
- Fixed Cell Suspension: A client fixed cell suspension may be submitted for testing as long as it is received in 3:1 Methanol:Glacial Acetic Acid.
- Paraffin block: H&E slide (required) plus paraffin block. Circle H&E for tech-only.
- Cut slides: H&E slide (required) plus 8 unstained slides cut at 4 microns. Circle H&E for tech-only.

• Note: Please exclude biopsy needles, blades, and other foreign objects from transport tubes. These can compromise specimen viability and yield, and create hazards for employees.

Storage & Transportation

Refrigerate fresh specimens. Do not freeze. Use cold pack for transport, making sure cold pack is not in direct contact with specimen. For fresh samples: ship same day as drawn whenever possible; specimens <72 hours old preferred.

CPT Code(s)*

88374x4 automated. If reflex is added, add 88374x3. Codes may differ if manual analysis is performed.

New York Approved

Yes

Level of Service

Technical, Global

Turnaround Time

3-5 days for both unfixed and FFPE specimens

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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