

QXDx™ BCR-ABL %IS Kit



Measuring Major and Deep Molecular Response Using Droplet Digital™ PCR (ddPCR™) Technology

The best way to assess complete molecular response (CMR) is with a highly sensitive molecular assay. The CE-IVD QXDx BCR-ABL %IS Kit elevates chronic myeloid leukemia (CML) monitoring to a new level of sensitivity (0.001%IS, MR 5.0 with four wells), precision, and reproducibility. Bio-Rad's BCR-ABL assay delivers a scalable, reliable, and robust workflow for monitoring leukemia patients.

The assay enables:

High precision and accuracy

 Increased sensitivity with 2- or 4-well test per patient sample

Absolute quantification

 Eliminates the need for the standard curves required with RT-PCR

Simplified and scalable workflow

- Flexibility to process 8 to 48 samples per run
- Flexible kit design to meet your laboratory's throughput and workflow needs

Standardized interpreted output

 Direct reporting on International Scale (%IS) and molecular response (MR) values



"Bio-Rad's Droplet Digital PCR System is a powerful platform for monitoring patients being treated for CML. The increased sensitivity and precision of multiplexed BCR-ABL1 measurements, as compared to qPCR, along with absolute quantification in target copies and no standard curves, lends to the rationale for ddPCR use in routine laboratory testing."

Neils Pallisgaard Department of Pathology Zealand University Hospital, Denmark

The Need

Reproducible Quantitative Results

Current practice guidelines from the European LeukemiaNet (ELN) and National Comprehensive Cancer Network (NCCN) for management of patients with CML call for the use of reverse transcription polymerase chain reaction assays during treatment and monitoring of patients for minimal residual disease and for identification of patients at risk of relapse (Baccarani et al. 2013, NCCN Guidelines for CML Leukemia, Version I, 2016). Globally, the clinical utility of monitoring BCR-ABL mRNA has become the standard of care for managing CML patients. It is essential to minimize or eliminate the variation between and within laboratories. Therefore, reproducible molecular testing is needed to quantify BCR-ABL.

Overcoming RT-PCR Limitations

Following current practice guidelines, patients are tested every three months and results are reported in International Scale (%IS) units, which standardizes reporting of the molecular response (Branford et al. 2006). However, RT-PCR has inherent limitations with regards to LOD and LOQ (Jennings et al. 2014).

Scalable Accuracy and Precision

The accuracy and precision of RT-PCR methods, especially at the lower limit of quantification (LOQ) and limit of detection (LOD), may also affect clinical decisions on how CML patients are monitored and therapeutically managed (Jennings et al. 2014). Effective monitoring and treatment require accurate detection at and below MR 4.7 (0.002%IS) precisely.

Bio-Rad's Solution

The QXDx BCR-ABL %IS Kit is a digital PCR test that provides unparalleled reproducibility even for deep molecular responses.

The digital PCR solution achieves this through absolute quantification of copies of target DNA/RNA. A PCR reaction is partitioned into 20,000 droplets. The droplets containing the target sequence are detected by fluorescence and scored as positive and those without are scored as negative. Poisson statistical analysis of positive and negative droplets yields absolute quantification of the target sequence. Unlike RT-PCR, which relies on a standard curve, sample input is the only thing contributing to minimal variability across dynamic range.

The results are reported on the International Scale (IS) by using an assay-specific conversion factor determined by comparing the assay to an IS reference assay. The results are also reported as molecular response (MR) values.

The QXDx BCR-ABL %IS Kit and ddPCR technology have some inherent advantages over conventional RT-PCR. This includes scalable sensitivity with an improved LOD (1 to 2 logs) and less sensitivity to/impact by amplification efficiency compared to RT-PCR.

Hence, independent labs have shown that ddPCR has obvious advantages over RT-PCR for monitoring disease burden (Jennings et al. 2014).

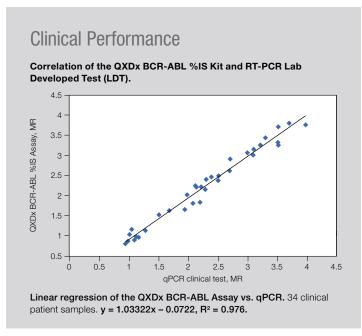
Digital PCR has been shown to be an accurate and highly precise method for detecting the BCR-ABL fusion gene (Cross et al. 2016). It is a lot more precise than traditional RT-PCR since it enables absolute quantification (Cross et al. 2016). The QXDx Droplet Digital PCR Systems are the premier clinical-ready platform enabling precise, sensitive, and scalable quantification of nucleic acids. The systems provide the flexibility to process 8 to 48 samples per run.

	2-Well Test			
LOQ (%IS)	0.002%IS (MR 4.7)	0.001%IS (MR 5.0)		
LOD (%IS)		0.0017013 (IVIN 3.0)		

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QXDx BCR-ABL %IS Kit Workflow





Analytical Data Sensitivity and specificity of the QXDx BCR-ABL Assay. 2-Well Test 4-Well Test Limit of blank (LOB) 0 0 0.002%IS (MR 4.7) 0.001%IS (MR 5.0) Limit of quantitation (LOQ) Limit of detection (LOD) 0.002%IS (MR 4.7) 0.001%IS (MR 5.0) \mathbb{R}^2 2nd Order Transcript Samples Slope Value Fit Deviation e13a2 10 (MR 0.3 to MR 4.7) 1.03 0.996 ≤0.09 MR units e14a2 10 (MR 0.3 to MR 4.7) 1.04 0.996 ≤0.09 MR units

Precision — Minimal Variability across Dynamic Range of %IS and MR Value

QXDx BCR-ABL %IS Kit precision data — patient and control samples. Precision: n > 100 samples were verified as SD < 0.25.

	Target MR	n	Mean MR Level	MR Total Precision					% BCR-ABL Total Precision	
Sample ID				SD	%CV	Target % BCR-ABL	n	Mean %IS Level	SD	%CV
MR 1	1	108	1.37	0.035	2.533	10	108	4.28	0.29	6.98
MR 2	2	108	2.44	0.049	2.004	1	108	0.37	0.037	10.3
MR 2.5	2.5	108	2.77	0.05	1.804	0.32	108	0.17	0.019	11.1
MR 3	3	108	3.28	0.081	2.462	0.10	108	0.05	0.009	17.9
MR 3.5	3.5	108	3.60	0.103	2.861	0.03	108	0.026	0.0058	22.3
MR 4	4	108	4.10	0.166	4.044	0.01	108	0.0085	0.008	37.0
Cell line control 1	<1.0	108	0.70	0.007	1.063	>10	108	20.13	0.77	3.82
Cell line contol 2	4.7	108	4.63	0.250	5.420	0	108	0.0025	0.0017	70.7

SD, standard deviation.

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References

Baccarani M et al. (2013). European LeukemiaNet recommendations for the management of chronic myeloid leukemia: 2013. Blood 122, 872–884.

Branford S et al. (2006). Rationale for the recommendations for harmonizing current methodology for detecting BCR-ABL transcripts in patients with chronic myeloid leukaemia. Leukemia 20, 1,925–1,930.

Cross NC et al. (2016). Development and evaluation of a secondary reference panel for BCR-ABL1 quantification on the International Scale. Leukemia 30, 1,844–1,852.

Jennings LJ et al. (2014). Detection and quantification of BCR-ABL1 fusion transcripts by droplet digital PCR. J Mol Diagn 16, 174–179.

Ordering Information

Catalog # Description

12006134 QXDx BCR-ABL %IS Kit, CE-IVD*, 192 reactions (96 samples)

Materials needed but not provided

Reagents and Consumables

12001921 ddPCR Dx Consumable Pack*, 192 reactions 12001922 ddPCR™ Dx AutoDG™ Consumable Pack*, 480 reactions 12002526 ddPCR Dx Droplet Reader Oil Pack*, 784 reactions

Instruments

17002229 QX200™ AutoDG Droplet Digital PCR Dx System*

17000034 QX200 Droplet Digital PCR Dx System*

12001045 QX200 Droplet Reader, IVD*

12001630 QX200 Automated Droplet Generator, IVD*

12001049 QX200 Droplet Generator, IVD* 10026368 QuantaSoft™ Software* 1814000 PX1™ PCR Plate Sealer

Thermal cycler, with the following specifications:

Accuracy: ± 0.2°C

- Uniformity: ± 0.4°C well-to-well within 10 sec
- Adjustable ramp capability with required ramp rate: up to 2°C/sec
- Temperature range: 0-100°C

Note: Bio-Rad is in the process of updating IVD product names to include QXDx. Visit **bio-rad.com/web/QXDxNameUpdate** for more detailed information about product name updates. Current product is labeled as QX200.

Visit bio-rad.com/web/CEIVD/BCR-ABL for more information.

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^{*} These products are CE Marked IVD and have not been submitted to U.S. FDA and are not available in the U.S. market.