

KMT2A MRD Assay

Defining Residual Disease to Inform Treatment Strategy

CAP/CLIA-Accredited

Clinical Information

KMT2A gene rearrangements (KMT2Ar) are known driver mutations in both Acute lymphoblastic leukemia (ALL) and Acute myeloid leukemia (AML), and are associated with chemotherapy resistance, high rates of relapse, and poor clinical outcomes.¹ KMT2Ar are present in over 80% of new ALL infant diagnoses and 15% of adult and up to 10% of AML cases. However, with advances in assessment technology, therapeutics, understanding of the disease biology, and development of risk stratification guidelines such as the NCCN Guidelines^{2,3} and ELN^{4,5} the paradigm has shifted for patients with ALL or AML.⁶⁻⁸

The KMT2A MRD Assay provides a standardized, highly sensitive solution for the detection and monitoring of clinically relevant KMT2A rearrangements*: *MLLT3* (AF9), *MLLT10* (AF10), *ELL*, and *MLLT4/AFDN* (AF6). Designed for both disease characterization and MRD testing, it delivers the sensitivity, reliability, and rapid turnaround laboratories need to support confident clinical decision-making, translational research and drug development.

MRD Insights for Pharma and Clinical Care

- » Highly sensitive dPCR detects low-level disease and enables early identification of relapse
- » Distinguishes true responders, improves patient stratification, and clinical trial efficacy assessment
- » Enables longitudinal monitoring to track depth and durability of response
- » Informs treatment escalation or transplant planning

References

1. Guarnera et al. 2024. *Int. J. Mol. Sci.* DOI: 10.3390/ijms25169023
2. NCCN Guidelines Version 1.2026 Pediatric Acute Lymphoblastic Leukemia.
3. NCCN Guidelines Version 1.2025 Acute Myeloid Leukemia.
4. Cloos et al. 2026. *Blood*. DOI: 10.1182/blood.2025031480
5. Gökbüget et al. 2024. *Blood*. DOI: 10.1182/blood.2023023568
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7. Sekeres et al. 2025. *Blood Advances*. DOI: 10.1182/bloodadvances.2025017934
8. Shimony et al. 2025. *Am J Hematol*. DOI: 10.1002/ajh.27625

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*Not all breakpoints are detected.



Indications for Testing

- » Disease characterization
- » Stratify risk for disease recurrence
- » Post-treatment monitoring
- » Inform continuation, escalation, and transplant decisions



Interpretation

- » If detected, the report provides the percent KMT2Ar / ABL1 for each rearrangement.



Turnaround Time

- » 7 to 10 business days



Specimen Requirements

- » 1-3 mL of peripheral blood in EDTA
- » 0.25-1 mL of bone marrow in EDTA
- » 7.5 µg of previously isolated RNA



Specimen Stability

- » 2-8 °C up to 3 days prior to testing



Shipping Conditions

- » Ambient or Cool; do not freeze (peripheral blood or bone marrow)
- » Frozen on dry ice (isolated RNA)

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