BC CANCER VANCOUVER
Provincial Health Services Authority

MEMORANDUM

Date: July 15th, 2026

To: Dr. Kevin Song (L/BMT of BC)
Dr. Sarah Alexander (BC Children's Hospital)
Dr. Nadia Medvedev and Lorraine Liu (Provincial Laboratory Medicine Services)

From: Dr. Stephen Yip, Medical Director - Cancer Genetics & Genomics Laboratory

RE: Test Update: Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia (Ph+ ALL)

Since the introduction of *BCR::ABL1* Minimal Residual Disease (MRD) testing in the Cancer Genetics and Genomics Laboratory (CGL), testing for patients with Ph+ ALL has mirrored that of Chronic Myeloid Leukemia (CML) patients. However, this paradigm is not in line with the current standard of care and pattern of practice. Until recently, testing of these patients was an unfunded activity.

To better align with the established standard of care and pattern of practice, and to transparently recover costs associated with testing, the Leukemia/Bone Marrow Transplant (L/BMT) Program of BC, in consultation with CGL, developed a funded algorithm that guides patient testing.

How has testing changed?

Test methodology remains unchanged.

Who qualifies for testing?

Pursuant to the algorithm developed by L/BMT and accepted by Life Support, BC Cancer, testing of patients with Ph+ ALL will be regularized. Funded MRD touchpoints are outlined on the CGL ALL (Ph positive) webpage.

It should be underlined that MRD assessments are most often performed on peripheral blood specimens, with bone marrow assessments limited to the following three timepoints: diagnostic marrow, post induction marrow, and post consolidation marrow.

How is the test ordered?

There is no change in how the test is ordered. Testing can be ordered using the CGL Lymphoid Requisition (link).

Cancer Genetics and Genomics Laboratory
BC Cancer - Vancouver
3307 – 600 West 10th Avenue, Vancouver BC, V5Z 4E6
Cancergeneticslab.bc.ca
http://www.bccancer.bc.ca/health-professionals/clinical-resources/laboratory-services/cancer-genetics

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What sample is required?

Bone marrow (RNA): 1 x 5ml in EDTA tube:

For all patients:	At Diagnosis, post induction, and post completion of all planned consolidation rounds
For transplanted patients:	Day +100

Peripheral blood (RNA): 4 x 6ml EDTA (20ml total):
All touch points (except Day +100 post-transplant)

Detailed sample collection requirements for each specific touchpoint are also outlined on the CGL ALL (Ph positive) webpage.

Where and how does the sample get sent?

Further information: https://cancergeneticslab.ca/guidelines/specimens/#Shipping

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Room #3307 – 600 West 10th Avenue
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Ship at room temperature – *do not freeze*.
Maximum transit time from collection: **48 hours**.

How will the test be reported?

There is no change to how results are interpreted.

What is the expected turnaround time (TAT) for results?

The anticipated TAT for *BCR::ABL1* MRD testing is ≤14 days from receipt of the sample in CGL.

How can I access the clinical report results for my patient?

The clinical report will be:

- Generated using the CGL SHIRE platform which is used for all CGL reporting
- Uploaded electronically to CAIS, CST Cerner and CareConnect
  - For CareConnect information on how to view the report or to request access, click here
- Mailed as a paper copy via Canada Post unless previously opted out
  - To discontinue receipt of the mailed paper copy, complete this form

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Questions

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