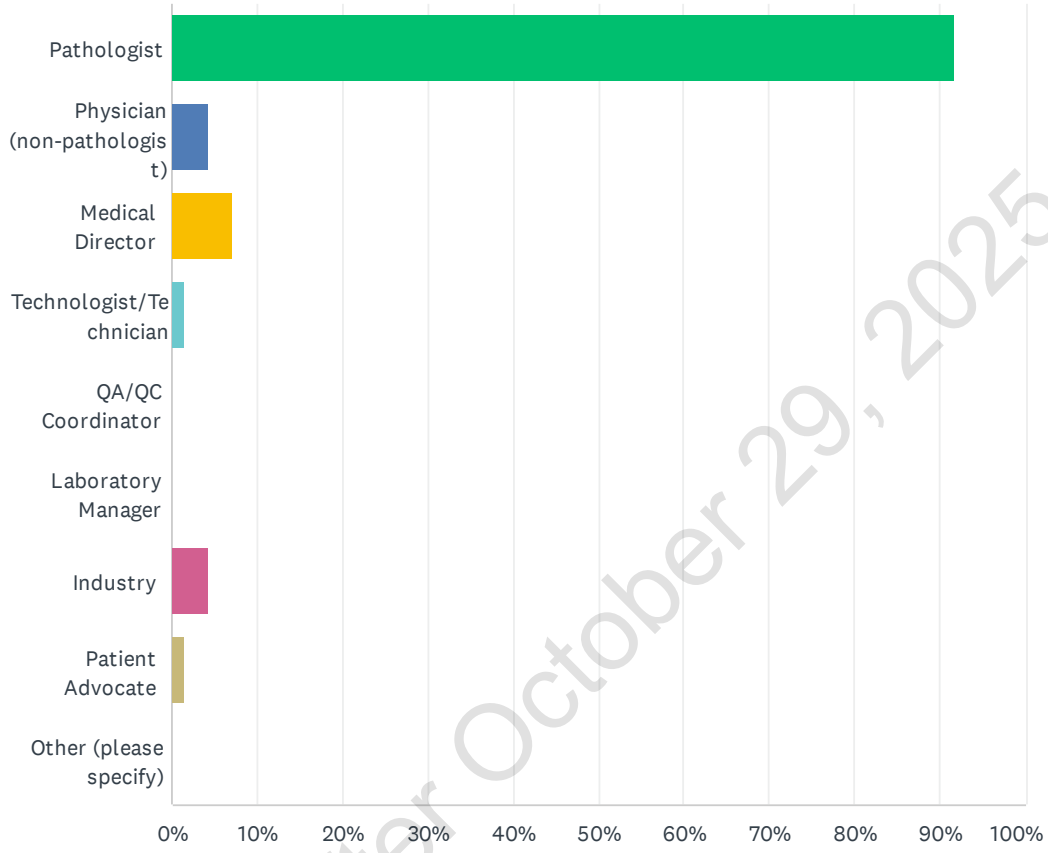
# Q1 What is your occupation/role? (select all that apply)

Answered: 72 Skipped: 0



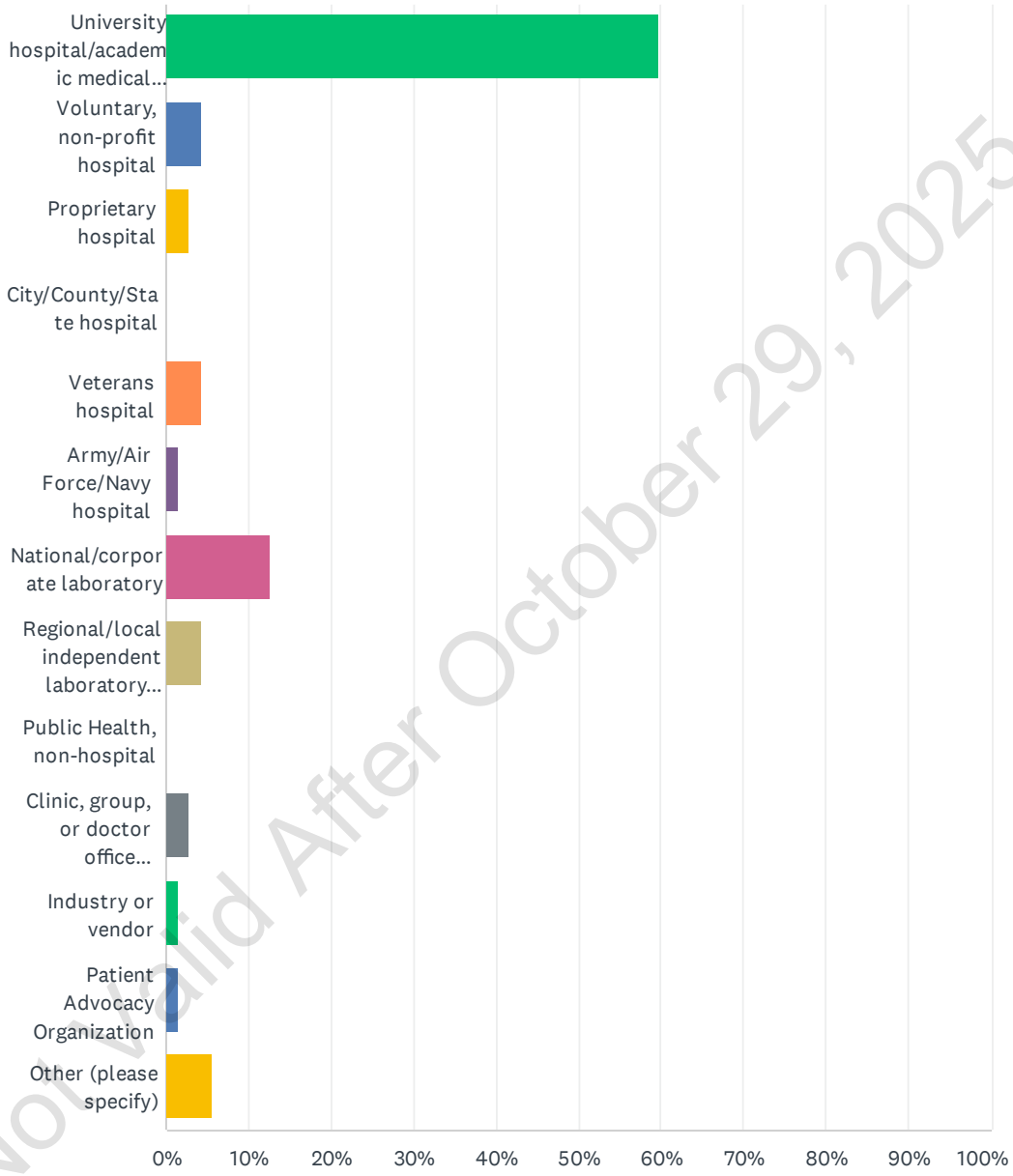



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Pathologist | 91.67% | 66 |
| Physician (non-pathologist) | 4.17% | 3 |
| Medical Director | 6.94% | 5 |
| Technologist/Technician | 1.39% | 1 |
| QA/QC Coordinator | 0.00% | 0 |
| Laboratory Manager | 0.00% | 0 |
| Industry | 4.17% | 3 |
| Patient Advocate | 1.39% | 1 |
| Other (please specify) | 0.00% | 0 |
| Total Respondents: 72 | | |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|---|---|
| | There are no responses. | |

# Q2 Which of the following best describes your practice setting? (select one)

Answered: 72 Skipped: 0

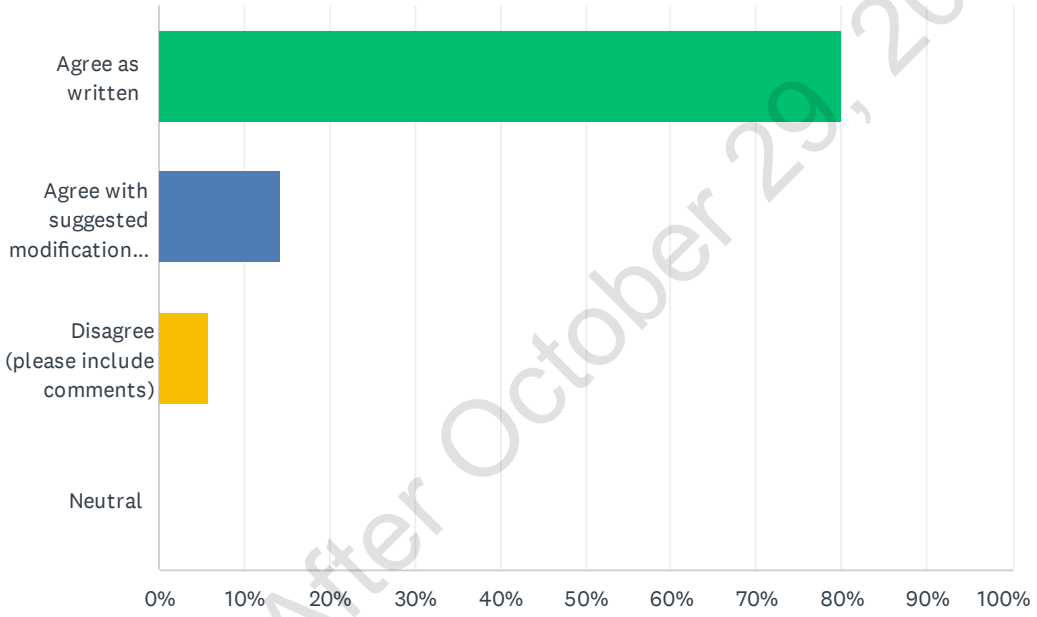


| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| University hospital/academic medical center | 59.72% | 43 |
| Voluntary, non-profit hospital | 4.17% | 3 |
| Proprietary hospital | 2.78% | 2 |
| City/County/State hospital | 0.00% | 0 |
| Veterans hospital | 4.17% | 3 |
| Army/Air Force/Navy hospital | 1.39% | 1 |
| National/corporate laboratory | 12.50% | 9 |
| Regional/local independent laboratory (except clinic or group practice and not owned by a national corporation(s)) | 4.17% | 3 |
| Public Health, non-hospital | 0.00% | 0 |
| Clinic, group, or doctor office laboratory | 2.78% | 2 |
| Industry or vendor | 1.39% | 1 |
| Patient Advocacy Organization | 1.39% | 1 |
| Other (please specify) | 5.56% | 4 |
| TOTAL | | 72 |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|---|---|
| 1 | Children's Research Hospital | 10/14/2025 6:09 PM |
| 2 | reference lab | 10/9/2025 7:55 AM |
| 3 | retired | 10/8/2025 3:59 PM |
| 4 | Retired | 10/8/2025 3:18 PM |

# Q3 Draft Statement 1 – For adult and pediatric patients with B-cell acute lymphoblastic leukemia (B-ALL) undergoing measurable residual disease (MRD) testing for the purpose of risk stratification, laboratories should use NGS or multiparametric flow cytometry (MFC). Although NGS provides a more sensitive assessment and may be preferred for this reason, a validated MFC protocol with a lower limit of detection (LLoD) of at least 10-4 may be used.(Strong Recommendation)

Answered: 35 Skipped: 37





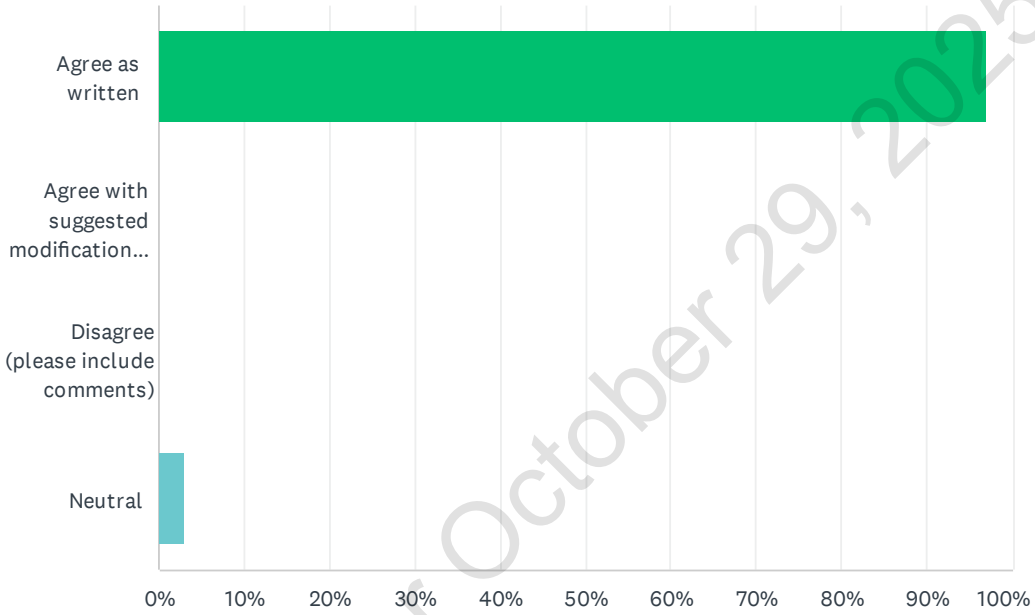

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Agree as written | 80.00% | 28 |
| Agree with suggested modifications (please include comments) | 14.29% | 5 |
| Disagree (please include comments) | 5.71% | 2 |
| Neutral | 0.00% | 0 |
| TOTAL | | 35 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | It is ideal to recommend that B-MRD MFC panel be validated till 0.001%. Also issue is that NGS target may not have been done at diagnosis and in era of targeted therapy MFC is a must at MRD time point to assess CD19, CD22 expression, CD123 expression and NGS assay may be additional | 10/15/2025 8:08 AM |
| 2 | The assumption that NGS provides a more sensitive assessment may not always be true since flow cytometry methods can achieve LLoD equivalent to or below that of less sensitive NGS assays. | 10/9/2025 2:17 PM |

| | | |
|---|---|---|
| 3 | Emphasis on “or”. The vast majority of oncologists, especially pediatric, order both; therefore, a stronger emphasis on either one may help avoid excessive use. | 10/8/2025 5:16 PM |
| 4 | I don't think that there is conclusive evidence that NGS is as specific as MRD detected by flow, but I have not followed this literature closely. I know that COG has had a trial studying this recently. | 10/8/2025 4:07 PM |
| 5 | I believe the most sensitive test is more useful particularly that the test seems more amenable to standardization and widespread use | 10/8/2025 3:38 PM |
| 6 | I would be a little more specific with the NGS technique and mention the need for sequencing at the time of diagnosis for subsequent NGS MRD detection (the original leukemic immunophenotype is preferred but not required for flow cytometry MRD detection). | 10/8/2025 3:13 PM |
| 7 | Please include necessary sensitivity for NGS | 10/8/2025 3:11 PM |

# Q4 Draft Statement 2 – For a comprehensive assessment of MRD in adults with Philadelphia positive (Ph+) B-ALL, laboratories should interpret real-time quantitative PCR (RT-qPCR) for BCR::ABL1 fusion transcripts in conjunction with additional data (eg, NGS, MFC).(Conditional Recommendation)

Answered: 34 Skipped: 38



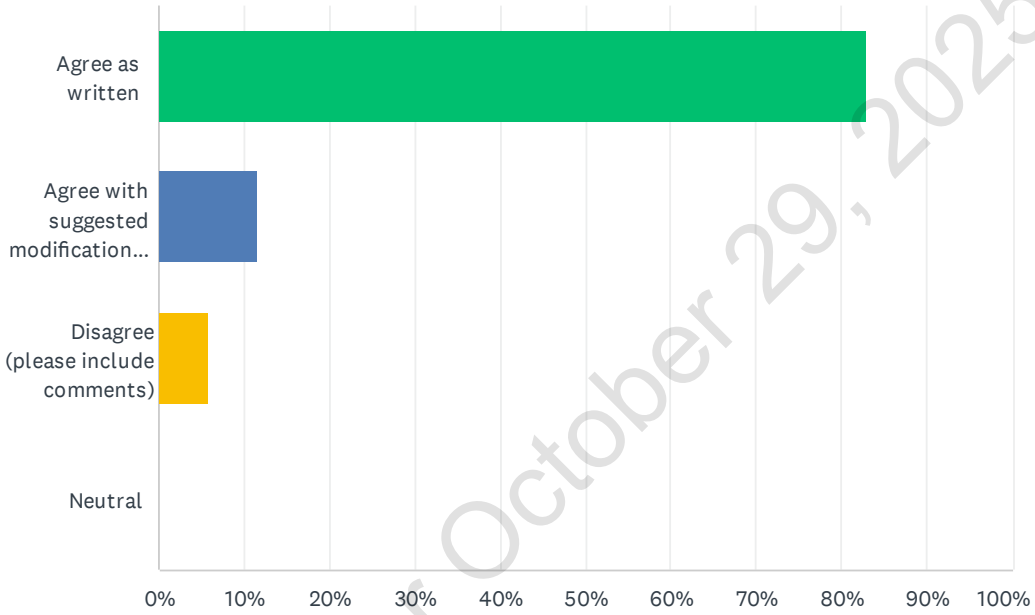



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Agree as written | 97.06% | 33 |
| Agree with suggested modifications (please include comments) | 0.00% | 0 |
| Disagree (please include comments) | 0.00% | 0 |
| Neutral | 2.94% | 1 |
| TOTAL | | 34 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | This statement is not clear. Does the statement mean we should always perform RT-qPCR and another study? | 10/9/2025 2:17 PM |
| 2 | relatively uncommon disease so generation of more data is highly desirable even though NGS based IGH/TCR may be more sensitive even in this disease subset | 10/8/2025 3:38 PM |

# Q5 Draft Statement 3 – For patients with B-ALL undergoing assessment for MRD, laboratories should use bone marrow (BM) aspirates rather than peripheral blood specimens in most circumstances.Note: Peripheral blood may be an acceptable alternative when use of BM aspirate is not feasible. (Strong Recommendation)

Answered: 35 Skipped: 37





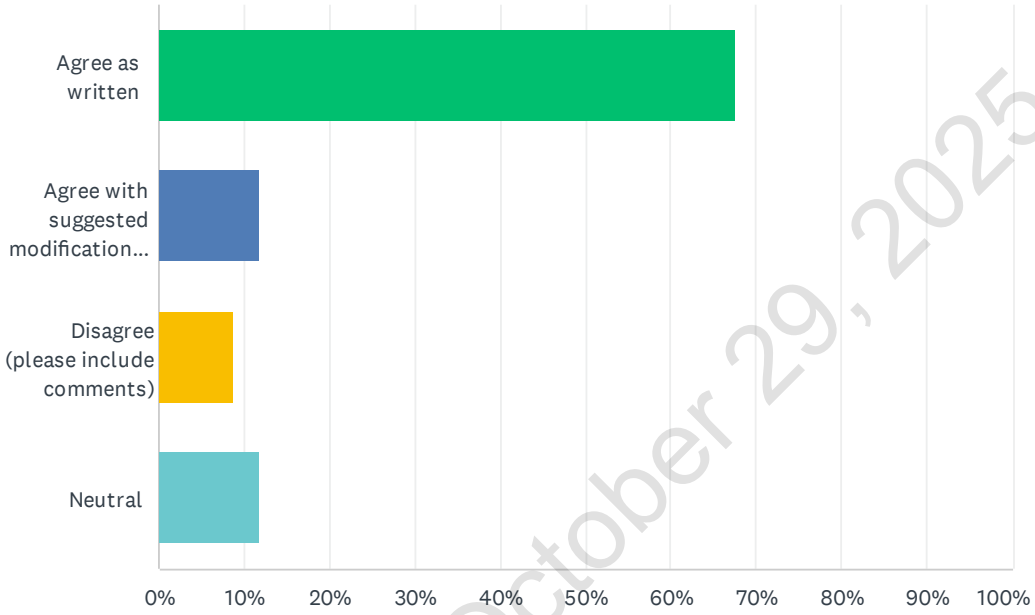

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Agree as written | 82.86% | 29 |
| Agree with suggested modifications (please include comments) | 11.43% | 4 |
| Disagree (please include comments) | 5.71% | 2 |
| Neutral | 0.00% | 0 |
| TOTAL | | 35 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | Bone marrow is preferred when available. However, if it is not readily available, it makes more sense to try peripheral blood first. | 10/9/2025 2:17 PM |
| 2 | Peripheral blood is not an acceptable alternative. It lacks sufficient sensitivity. I fear that using such a statement would give the hemeoncs carte blanche to skip bone marrows, particularly in peds. | 10/8/2025 4:07 PM |
| 3 | For NGS peripheral blood is an acceptable alternative. For flow cytometry bone marrow is preferable. | 10/8/2025 4:03 PM |
| 4 | This statement is a little bit vague - which circumstances are acceptable or not? Although this guideline is specifically for adults, many clinicians are aware that pediatric guidelines suggest | 10/8/2025 3:40 PM |

| | | |
|---|---|---|
| | peripheral blood MRD at day 7-8, and newer data are coming out to indicate sensitive testing on blood may yield similar information. | |
| 5 | In the initial stages of therapy including initial induction and consolidation and may be early in the course of maintenance, Bone marrow is preferable. for long-term follow up peripheral blood may be used | 10/8/2025 3:38 PM |
| 6 | clarify assessment for MRD vs. surveillance in patients with remission | 10/8/2025 3:13 PM |

# Q6 Draft Statement 4 – For patients with B-ALL in remission undergoing surveillance, laboratories may use peripheral blood samples.(Conditional Recommendation)

Answered: 34 Skipped: 38





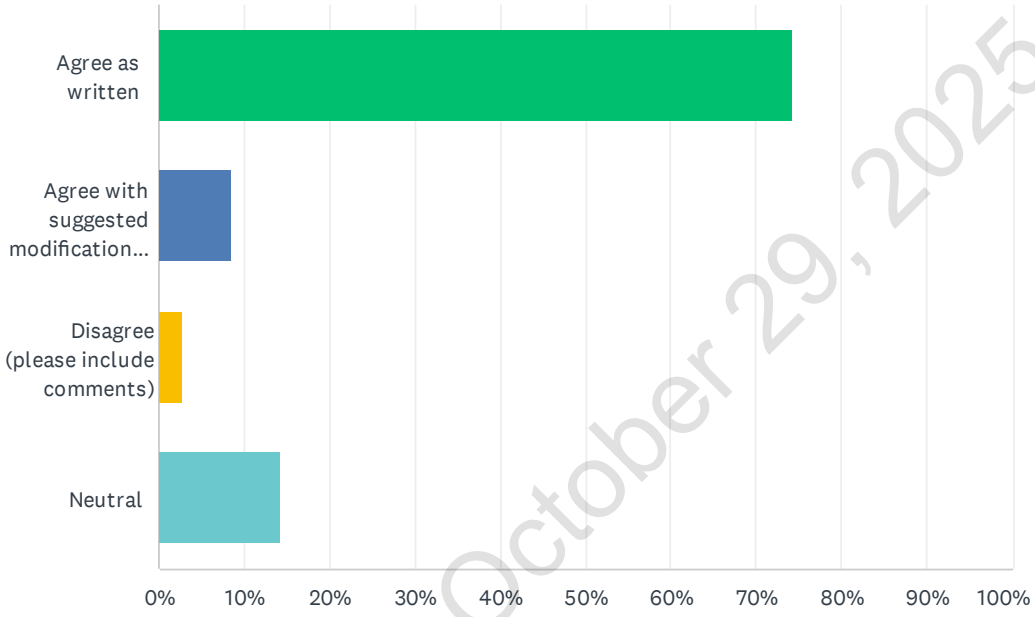

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Agree as written | 67.65% | 23 |
| Agree with suggested modifications (please include comments) | 11.76% | 4 |
| Disagree (please include comments) | 8.82% | 3 |
| Neutral | 11.76% | 4 |
| TOTAL | | 34 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | I am unsure - if peripheral blood is sensitive enough for evaluation during remission undergoing surveillance. At certain time points - BM should be a must but in between PB may be suggested | 10/15/2025 8:08 AM |
| 2 | For patients with B-ALL in remission undergoing MRD surveillance, laboratories should ideally use bone marrow samples; however, peripheral blood samples may be used if bone marrow sampling is not feasible | 10/10/2025 5:00 AM |
| 3 | Surveillance during remission? | 10/9/2025 2:17 PM |
| 4 | Only if a high sensitivity is used. | 10/8/2025 6:46 PM |
| 5 | Discrepancies between bone marrow and peripheral blood are common at diagnosis and during follow-up. The gold standard for assessing MRD, irrespective of technique or remission status should remain bone marrow aspirate testing. | 10/8/2025 5:16 PM |
| 6 | Not sure there is sufficient evidence to support this. | 10/8/2025 4:07 PM |

| | | |
|---|---|---|
| 7 | For what purposes? Is this for MRD or not? Flow or molecular or both? | 10/8/2025 3:40 PM |
| 8 | As for the above question, In the initial stages of therapy including initial induction and consolidation and may be early in the course of maintenance, Bone marrow is preferable. for long-term follow up peripheral blood may be used | 10/8/2025 3:38 PM |

# Q7 Draft Statement 5 – For patients with B-ALL undergoing MRD assessment from peripheral blood at end of induction or later, laboratories should use high-sensitivity methods (LLoD at least 10-5).(Strong Recommendation)

Answered: 35 Skipped: 37



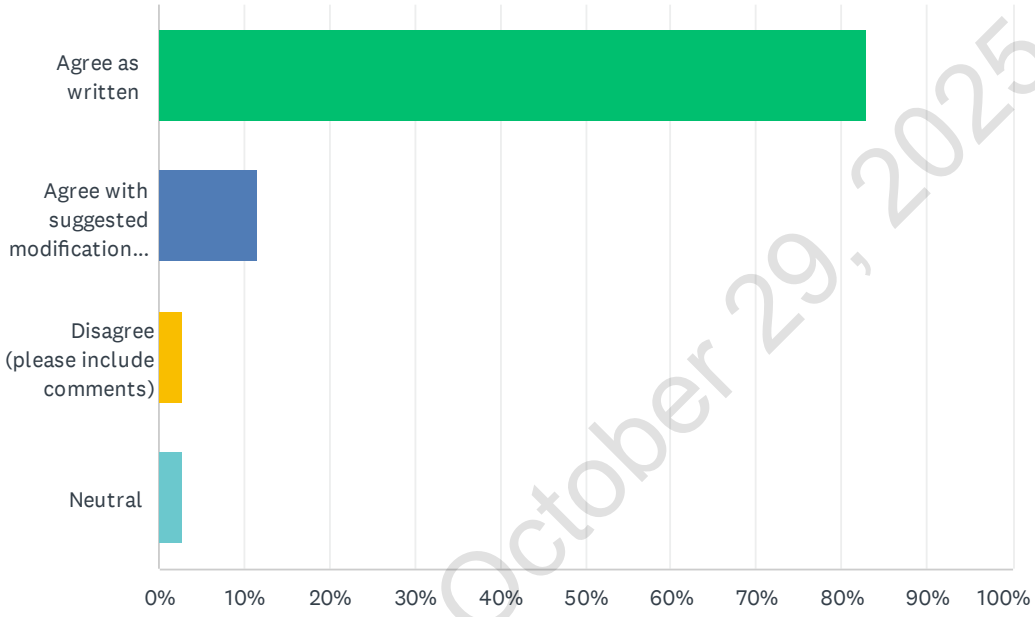



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Agree as written | 74.29% | 26 |
| Agree with suggested modifications (please include comments) | 8.57% | 3 |
| Disagree (please include comments) | 2.86% | 1 |
| Neutral | 14.29% | 5 |
| TOTAL | | 35 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | I would still feel that BM is better than blood. A better quality BM sample with less events is more sensitive than a PB sample where one aquires more events and shows higher sensitivity on paper | 10/15/2025 8:08 AM |
| 2 | Contradicts Statement 1 which requires 10^-4. | 10/9/2025 2:17 PM |
| 3 | Ideally, the MRD method chosen for peripheral blood testing will have been previously shown to detect the patient's tumor cells with high sensitivity. | 10/8/2025 5:30 PM |
| 4 | Same concerns as mentioned under statement 4 above. | 10/8/2025 5:16 PM |
| 5 | Disagree with the use of peripheral blood for MRD testing. Insufficient correlation with bone marrow aspirate. | 10/8/2025 4:07 PM |

# Q8 Draft Statement 6 – For flow cytometry-based MRD testing in patients with B-ALL, laboratories should collect sufficient numbers of intact cells after excluding debris to achieve reported sensitivity.(Good Practice Statement)

Answered: 35 Skipped: 37



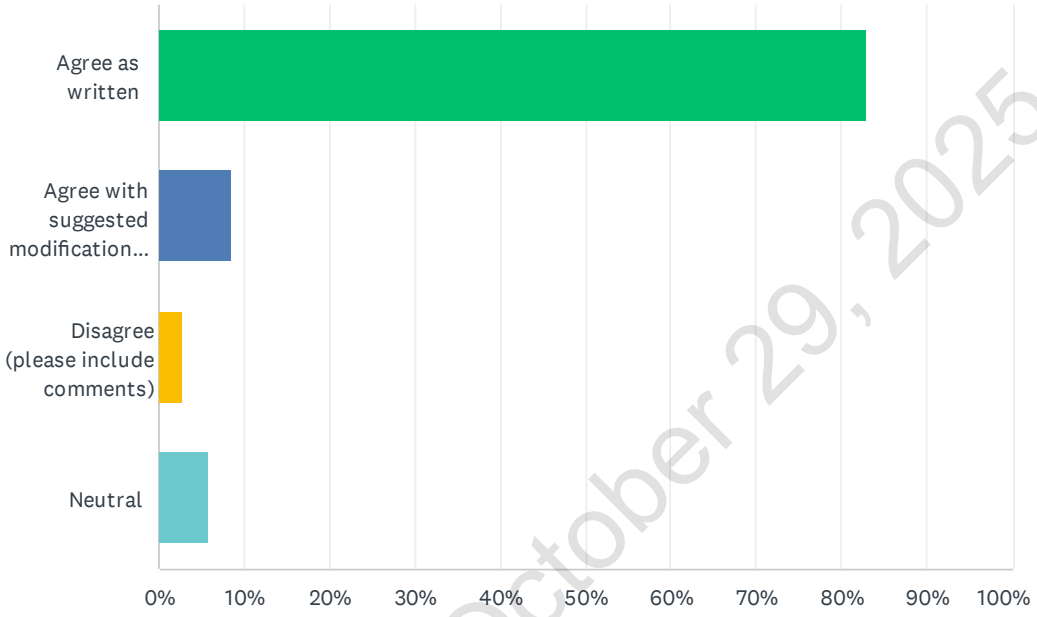



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Agree as written | 82.86% | 29 |
| Agree with suggested modifications (please include comments) | 11.43% | 4 |
| Disagree (please include comments) | 2.86% | 1 |
| Neutral | 2.86% | 1 |
| TOTAL | | 35 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | Use the first pull, and the specimen must be sent in a timely manner | 10/14/2025 1:48 PM |
| 2 | Exact number and percentage of total and abnormal events should be mentioned | 10/12/2025 12:52 AM |
| 3 | Would include a statement regarding the minimum number. COG requires 500,000. | 10/8/2025 4:07 PM |
| 4 | At least 1000000 cells/events | 10/8/2025 4:03 PM |
| 5 | This should go without saying - I would rather see this statement indicate that reporting should indicate the sensitivity that was achieved for the specific sample. | 10/8/2025 3:40 PM |

# Q9 Draft Statement 7 – For molecular-based MRD testing in patients with B-ALL, laboratories should analyze sufficient genomic equivalents of nucleic acid to achieve reported sensitivity.(Good Practice Statement)

Answered: 35 Skipped: 37



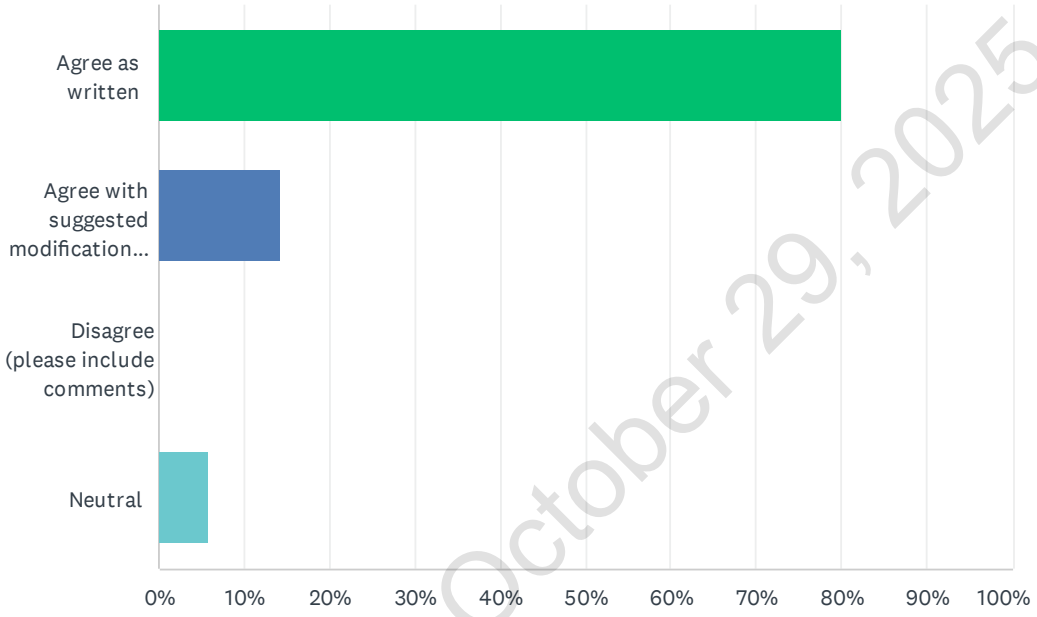



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Agree as written | 82.86% | 29 |
| Agree with suggested modifications (please include comments) | 8.57% | 3 |
| Disagree (please include comments) | 2.86% | 1 |
| Neutral | 5.71% | 2 |
| TOTAL | | 35 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | Number needed to be mentioned | 10/12/2025 12:52 AM |
| 2 | Suggest including a specific number. | 10/8/2025 4:07 PM |
| 3 | Similar to Draft Statement 6 - this is better indicated in the actual report. | 10/8/2025 3:40 PM |
| 4 | Give examples | 10/8/2025 2:15 PM |

# Q10 Draft Statement 8 – For flow cytometry-based MRD testing of bone marrow aspirate from patients with B-ALL, laboratories should assess hemodilution.Note: First pull is strongly preferred. (Good Practice Statement)

Answered: 35 Skipped: 37





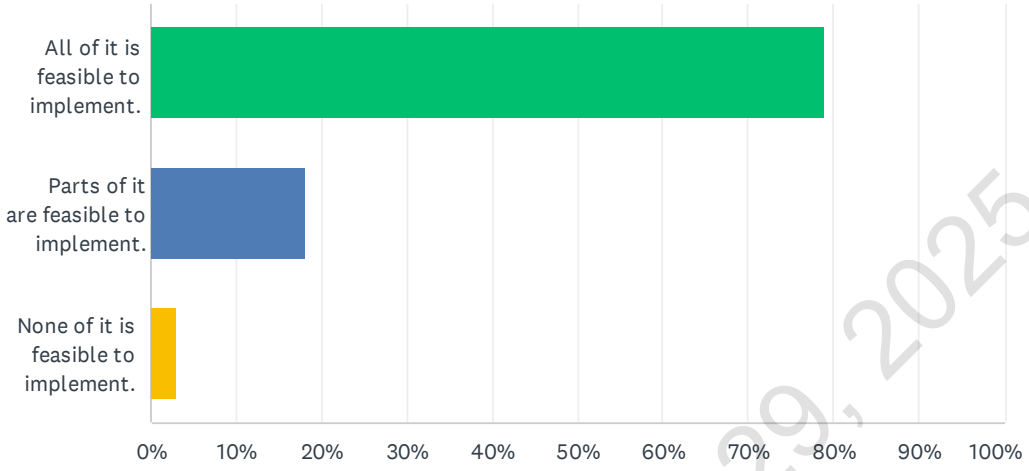

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Agree as written | 80.00% | 28 |
| Agree with suggested modifications (please include comments) | 14.29% | 5 |
| Disagree (please include comments) | 0.00% | 0 |
| Neutral | 5.71% | 2 |
| TOTAL | | 35 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | This is true also for molecular based MRD testing, first pull being strongly preferred. This should be stated. | 10/14/2025 1:20 PM |
| 2 | How exactly to assess hemodilution should be mentioned to make practice standardized | 10/12/2025 12:52 AM |
| 3 | Include a statement on preferred method, as there is no widely accepted method to my knowledge. Best way is to compare bone marrow aspirate smear with blood, in my opinion. | 10/8/2025 4:07 PM |
| 4 | "…should assess for and comment on hemodilution with limitations and need to correlate with other high-sensitivity methods." | 10/8/2025 3:44 PM |
| 5 | This can be extremely challenging depending on the panel chosen and the method preferred for assessment of hemodilution. May labs have adopted the COG protocol for B-ALL assessment, and I don't believe there is an easy way to assess hemodilution using that panel. The first pull being strongly preferred should definitely stay though. | 10/8/2025 3:40 PM |

| | | |
|---|---|---|
| 6 | Are there suggested method(s) for assessing hemodilution? | 10/8/2025 3:13 PM |

# Q11 How feasible is it to implement this guideline?

Answered: 33 Skipped: 39

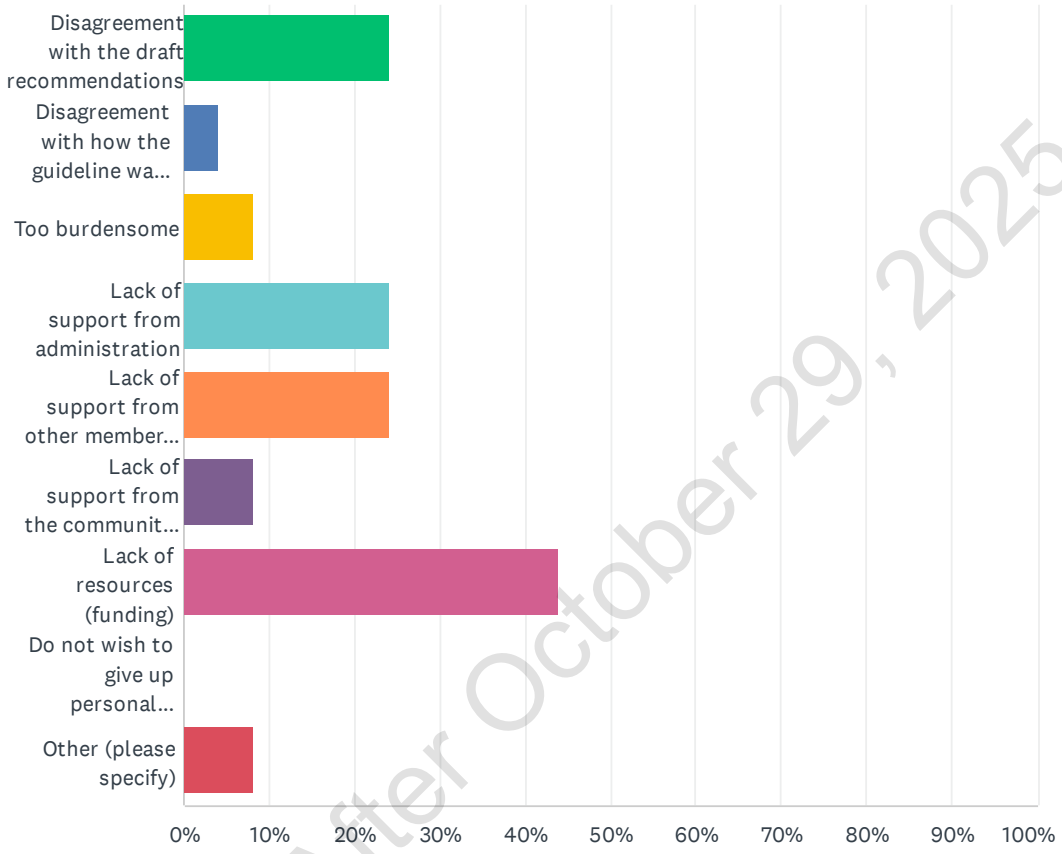



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| All of it is feasible to implement. | 78.79% | 26 |
| Parts of it are feasible to implement. | 18.18% | 6 |
| None of it is feasible to implement. | 3.03% | 1 |
| TOTAL | | 33 |

| # | COMMENTS ABOUT THE FEASIBILITY OF IMPLEMENTING THE GUIDELINE: | DATE |
|---|---|---|
| 1 | Some labs may only be soing flow cytometry and don't have NGD or PCR | 10/12/2025 12:53 AM |
| 2 | NGS-based testing will not be feasible in our laboratory, but the other types of proposed testing are feasible | 10/8/2025 5:45 PM |

# Q12 What barriers might impede adoption of the final guideline? (Choose all that apply.)

Answered: 25 Skipped: 47





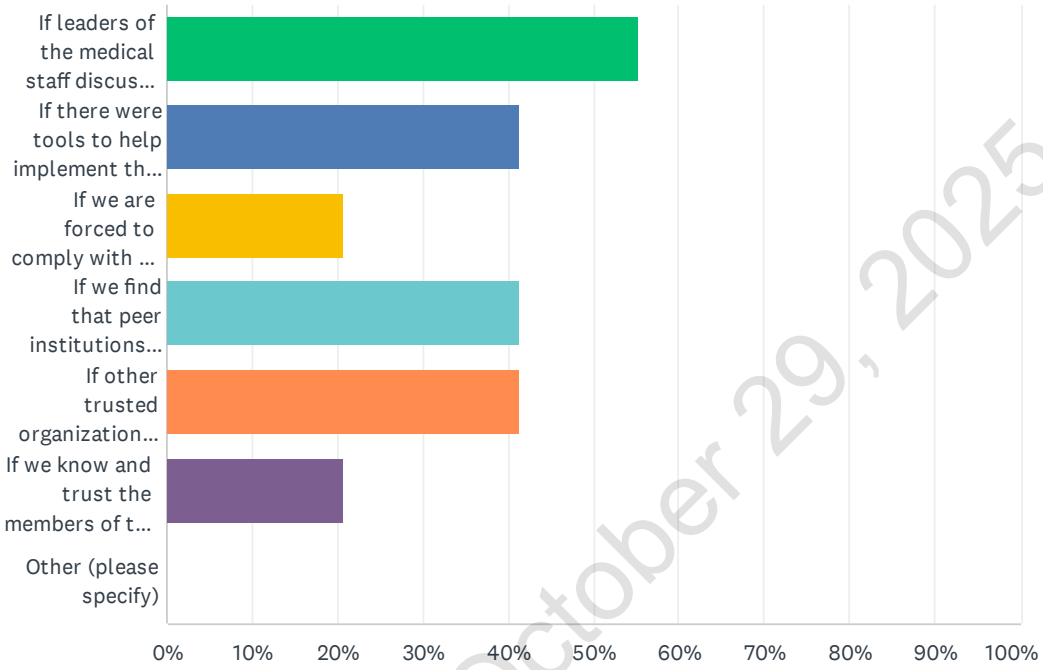

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Disagreement with the draft recommendations | 24.00% | 6 |
| Disagreement with how the guideline was developed | 4.00% | 1 |
| Too burdensome | 8.00% | 2 |
| Lack of support from administration | 24.00% | 6 |
| Lack of support from other members of the medical team | 24.00% | 6 |
| Lack of support from the community (others outside your institution e.g., patients, industry) | 8.00% | 2 |
| Lack of resources (funding) | 44.00% | 11 |
| Do not wish to give up personal autonomy to follow the guideline | 0.00% | 0 |
| Other (please specify) | 8.00% | 2 |
| Total Respondents: 25 | | |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|---|---|

| | | |
|---|---|---|
| 1 | None. | 10/9/2025 12:38 PM |
| 2 | None | 10/8/2025 2:11 PM |

# Q13 What facilitators might assist in your adoption of the final guideline? (Please select your top 3 facilitators.)

Answered: 29 Skipped: 43






| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| If leaders of the medical staff discussed adoption/adaption of the guideline for our practice setting | 55.17% | 16 |
| If there were tools to help implement the guideline | 41.38% | 12 |
| If we are forced to comply with the guideline by administration or an accreditation body | 20.69% | 6 |
| If we find that peer institutions/practices adopt the guideline | 41.38% | 12 |
| If other trusted organizations endorse the guideline | 41.38% | 12 |
| If we know and trust the members of the panel members and/or organizations who developed the guideline | 20.69% | 6 |
| Other (please specify) | 0.00% | 0 |
| Total Respondents: 29 | | |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|---|---|
| | There are no responses. | |

# Q14 Please provide any general comments or concerns:

Answered: 3 Skipped: 69

| # | RESPONSES | DATE |
|---|---|---|
| 1 | Good Initiative, In Low middle income countries, the availability of assay and costs decides the choice for clinician | 10/15/2025 8:10 AM |
| 2 | Bone marrow biopsy is painful and time consuming. While it is the best test to date, I hope we will have a better and validated way to access MRD in the future. | 10/14/2025 1:49 PM |
| 3 | Nice job | 10/8/2025 2:11 PM |