



*Chromosome and genetic studies for *PML/RARA* should not be performed until the end of consolidation therapy as during initial consolidation therapy, positive results are expected and are of no or limited clinical value.

**Peripheral blood studies for residual disease in APL are not recommended; bone marrow studies have, on average, a 1.5 log increase in sensitivity as compared to peripheral blood.

***FISH studies have a lower sensitivity than PCR methods for residual disease detection and are not recommended for APLs that have a *PML/RARA* detectable by PCR.

***For APL patients with *RARA* translocations not fused with *PML*, for example t(11;17), PCR studies will not be successful. FISH studies should detect these uncommon translocations and is the preferred methodology for follow-up studies in those patients.

† If FISH is negative but there is still a very strong suspicion for APL, perform [PMLR / PML-RARA Quantitative, PCR](#)