

Continuing Medical Education (CME) Questions

GATA2-related MDS

To obtain credit, you should first read the journal article. After reading the article, you should be able to answer the following, related, multiple-choice questions. To complete the questions (with a minimum 75% passing score) and earn continuing medical education (CME) credit, please go to <http://www.medscape.org/journal/blood>. Credit cannot be obtained for tests completed on paper, although you may use the worksheet below to keep a record of your answers. You must be a registered user on <http://www.medscape.org>. If you are not registered on <http://www.medscape.org>, please click on the "Register" link on the right hand side of the website. Only one answer is correct for each question. Once you successfully answer all post-test questions you will be able to view and/or print your certificate. For questions regarding the content of this activity, contact the accredited provider, CME@medscape.net. For technical assistance, contact CME@webmd.net. American Medical Association's Physician's Recognition Award (AMA PRA) credits are accepted in the US as evidence of participation in CME activities. For further information on this award, please refer to <http://www.ama-assn.org/ama/pub/about-ama/awards/ama-physicians-recognition-award.page>. The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for *AMA PRA Category 1 Credits*[™]. Through agreements that the AMA has made with agencies in some countries, AMA PRA credit may be acceptable as evidence of participation in CME activities. If you are not licensed in the US, please complete the questions online, print the AMA PRA CME credit certificate, and present it to your national medical association for review.

Wlodarski MW, Hirabayashi S, Pastor V, Starý J, Hasle H, Masetti R, Dworzak M, Schmutz M, van den Heuvel-Eibrink M, Ussowicz M, De Moerloose B, Catala A, Smith OP, Sedlacek P, Lankester AC, Zecca M, Bordon V, Matthes-Martin S, Abrahamsson J, Kühl JS, Sykora K-W, Albert MH, Przychodzien B, Maciejewski JP, Schwarz S, Göhring G, Schlegelberger B, Cseh A, Noellke P, Yoshimi A, Locatelli F, Baumann I, Strahm B, Niemeyer CM for the EWOG-MDS. Prevalence, clinical characteristics, and prognosis of GATA2-related myelodysplastic syndromes in children and adolescents. *Blood*. 2016;127(11):1387-1397.

1. Your patient is a 12-year-old boy diagnosed with myelodysplastic syndrome (MDS). According to the genetic testing done on samples from 2 consecutive prospective studies on pediatric MDS by Wlodarski and colleagues, which of the following statements about the prevalence of germline GATA2 mutations among children and adolescents with MDS is correct?

- Germline GATA2 mutations account for 32% of advanced pediatric MDS
- Germline GATA2 mutations account for 15% of primary pediatric MDS
- Germline GATA2 mutations occur in 5% of children with MDS secondary to therapy or acquired aplastic anemia
- Germline GATA2 mutations occur in 37% of all pediatric patients with MDS and monosomy 7, and in 72% of adolescents with MDS and monosomy 7

2. On the basis of the samples from 2 consecutive prospective studies and stratified analysis according to karyotype by Wlodarski and colleagues, which of the following statements about other genetic features and clinical characteristics of germline GATA2 mutation carriers vs wild-type cases of MDS is correct?

- Monocytosis was more frequent in patients with GATA2 mutations, independent of monosomy 7
- Germline GATA2 mutations were associated with significantly worse overall survival than in wild-type MDS
- GATA2 mutation carriers with MDS were older at diagnosis and were more likely to present with advanced disease than patients with no GATA2 mutations
- Outcome of hematopoietic stem cell transplantation (HSCT) was worse in mutation carriers than in patients with wild-type MDS

3. On the basis of the studies and stratified analysis according to karyotype by Wlodarski and colleagues, which of the following statements about the clinical implications of the findings regarding pediatric MDS is correct?

- GATA2 analysis should be included in the workup of pediatric MDS only if family history is positive
- Early diagnosis of GATA2 deficiency can avoid unnecessary diagnostic procedures, enable tailored surveillance, and limit the use of noncurative therapies specifically avoiding treatment with immunosuppression
- HSCT should be delayed, given the low risk for progression to advanced disease
- Known risk factors do not affect decisions on timing and preparative regimen for HSCT in GATA2-related MDS

Activity Evaluation (where 1 is strongly disagree and 5 is strongly agree)

1. The activity supported the learning objectives.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
2. The material was organized clearly for learning to occur.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
3. The content learned from this activity will impact my practice.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
4. The activity was presented objectively and free of commercial bias.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|