

## Continuing Medical Education (CME) Questions

## Detection and evolution of preleukemic clones

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 this activity, contact the accredited provider, CME@medscape.net. For technical assistance, contact CME@medscape.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 go to https://www.ama-assn.org. 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.

Berger G, Kroeze LI, Koorenhof-Scheele TN, de Graaf AO, Yoshida K, Ueno H, Shiraishi Y, Miyano S, van den Berg E, Schepers H, van der Reijden BA, Ogawa S, Vellenga E, Jansen JH. Early detection and evolution of preleukemic clones in therapy-related myeloid neoplasms following autologous SCT. *Blood*. 2018;131(16):1846-1857.

1.	Your patient is a 63-year-old man diagnosed with a therapy-related myeloid neoplasm (tMN) after autologous stem cell transplantation (ASCT) for multiple myeloma. According to the case series studied by Berger and colleagues using whole-exome sequencing (WES) and targeted deep sequencing (TDS) in sequential (pre-)tMN samples, which of the following statements about mutations in tMNs compared with those in de novo myelodysplastic syndrome (MDS) is correct?
	$\square$ WES showed a significantly higher number of mutations in de novo MDS than in tMNs
	$\hfill\square$ The most frequent cytogenetic abnormalities in tMNs were isolated abnormalities of chromosome 7
	$\square$ Mutations found in tMNs carried a clear aging-related signature similar to that in de novo MDS
	$\ \square$ Mutations in the tumor suppressor gene $TP53$ was the most frequently identified somatically acquired mutation in tMN cases
2.	According to the case series studied by Berger and colleagues using WES and TDS in sequential (pre-)tMN samples, which of the following statements about origination and development of tMNs after ASCT is correct?
	$\square$ tMNs after ASCT originate from hematopoietic stem cells bearing (pre-)tMN mutations that are present years before disease onset
	$\ \square$ Post-ASCT treatment does not affect selection and outgrowth of preleukemic clones
	$\square$ tMN mutations were identified only in myeloid cells
	☐ The mutational spectra of tMNs overlapped those of the preceding malignancies
3.	According to the case series studied by Berger and colleagues using WES and TDS in sequential (pre-)tMN samples, which of the following statements about the clinical implications of molecular findings in development of tMNs after ASCT is correct?
	$\ \square$ tMNs respond well to conventional chemotherapy and have a good prognosis
	$\square$ This study definitively identified mutations and clinical features predicting tMN development after ASCT
	☐ In the future, early detection of premalignant clones and monitoring of their evolutionary trajectory may help predict tMN development and guide early intervention
	$\square$ The study findings argue against the need for regular monitoring of peripheral blood counts after ASCT