

Continuing Medical Education (CME) Questions

Clone metrics in clonal cytopenia

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 70% 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 Medscape.org. If you are not registered on 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/category/2922.html. The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA Category 1 CreditsTM. 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.

Gallì A, Todisco G, Catamo E, Sala C, Elena C, Pozzi S, Bono E, Ferretti VV, Rizzo E, Molteni E, Zibellini S, Sarchi M, Boveri E, Ferrari J, Fiorelli N, Camaschella C, Gasparini P, Toniolo D, Cazzola M, Malcovati L. Relationship between clone metrics and clinical outcome in clonal cytopenia. *Blood.* 2021;138(11):965-976.

0	rour patient is a 62-year-old man with idiopathic cytopenia of undetermined significance (ICUS). According to the prospective cohort study by Gallì and colleagues, which of the following statements about features of the mutant clone(s) associated with clinical phenotype and progression in patients with ICUS, in community-dwelling individuals, and in patients with an overt nyeloid neoplasm (MN) is correct?
	Ten percent of patients with ICUS carried a somatic genetic lesion indicating that the diagnosis had progressed to clonal cytopenia of undetermined significance (CCUS)
	Prevalence of clonal hematopoiesis (CH) did not differ significantly between nonanemic and anemic community-dwelling individuals
	At the time of progression to MN, 13 of 20 patients with CCUS had clonal expansion without acquisition of additional mutations (median variant allele frequency [VAF] increase = 0.1 [range, 0.03-0.39])
	In community-dwelling individuals, <i>DNMT3A</i> mutations independently predicted anemia
	According to the prospective cohort study by Gallì and colleagues, which of the following statements about the use of nolecular profiling and clone metrics in patients with CCUS is correct?
	Recurrent mutation patterns exhibited different VAF values associated with marrow dysplasia (0.17-0.48; $P < .001$), indicating variable clinical expressivity of mutant clones
	Unsupervised clustering analysis based on mutation profiles identified 3 major clusters that did not differ in overall survival
	In patients with CCUS, clusters based on mutation profiles did not differ significantly in their risk for progression to MN
	Clone metrics did not identify distinct subsets with different risks for progression to MN
i	According to the prospective cohort study by Gallì and colleagues, which of the following statements about clinical mplications of features of the mutant clone(s) associated with clinical phenotype and progression in patients with CCUS, community-dwelling individuals, and patients with MN is correct?
	The findings show marked consistency in the clinical expressivity of myeloid driver genes
	The findings support the use of morphologic dysplasia for clinical staging of mutant hematopoietic clones
	The findings rule out CCUS being a transition state between clonal hematopoiesis of indeterminate potential and MN
	Clone metrics enable estimation of disease progression risk and appear to be critical to inform clinical decision making in patients with clonal cytopenia