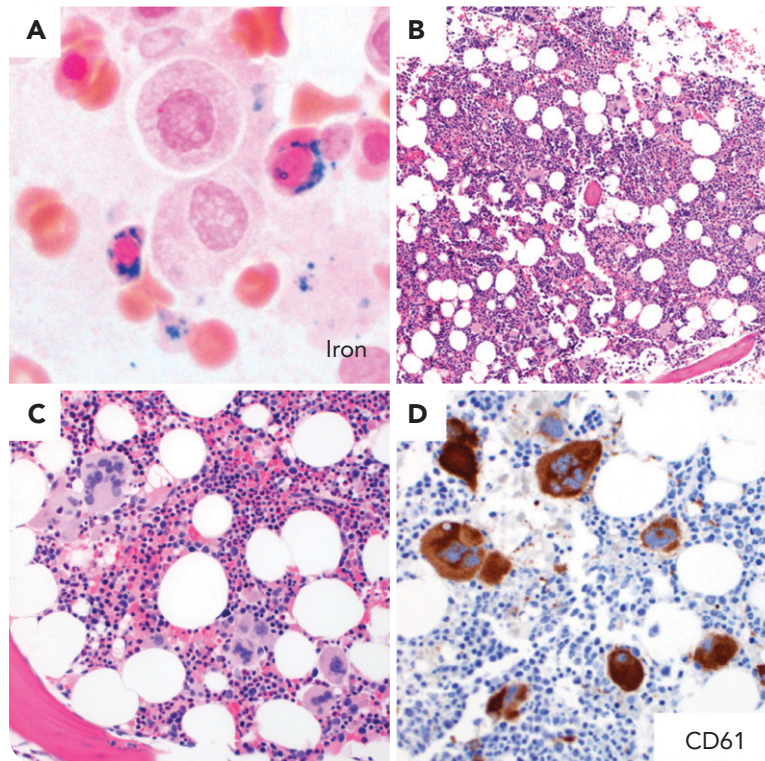


Myelodysplastic/myeloproliferative neoplasm with ring sideroblasts, thrombocytosis, and mutated *JAK2/SF3B1* without anemia

Neil Montgomery Neumann and Kwun Wah Wen, University of California, San Francisco



A 76-year-old woman with metastatic lung squamous cell carcinoma after chemoradiation presented for follow-up and was found to have leukocytosis, thrombocytosis, and normal hemoglobin with macrocytosis (white blood cell count, $21.2 \times 10^9/L$; platelets, $825 \times 10^9/L$; hemoglobin, 12.1 g/dL [normal reference, 11.7-15.5 g/dL]; mean corpuscular volume, 108 fL). Prior blood counts showed similar hemoglobin levels 14 months before (13.0 g/dL) and 2 months after marrow biopsy (12.6 g/dL). Bone marrow evaluation revealed 36% ring sideroblasts (prussian blue iron stain in panel A; 100 \times objective, original magnification $\times 1000$), hypercellular marrow for age (40% to 50%; hematoxylin and eosin stain in panel B; 4 \times objective, original magnification $\times 40$) with clustering of atypical, hyperlobated megakaryocytes (hematoxylin and eosin stain in panel C and CD61 immunohistochemical stain in panel D; 20 \times objective, original magnification $\times 200$), and $<2\%$ blasts. Cytogenetics showed 46,XX[20].

Next-generation sequencing revealed *SF3B1* K700E (21%) and *JAK2* V617F (14%) mutations.

This case is a rare example of myelodysplastic syndrome/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T) in which no anemia is observed. The 2016 World Health Organization defines the entity as anemia associated with erythroid or multilineage dysplasia, $\geq 15\%$ ring sideroblasts, $<5\%$ marrow blasts, persistent thrombocytosis ($\geq 450 \times 10^9/L$), *SF3B1* mutation, and exclusion of other MPN, MDS, or certain gene mutations/rearrangements. These patients may have additional alterations, including *JAK2* ($\leq 70\%$), *CALR*, *MPL*, *ASXL1*, *DNMT3A*, *SETBP1*, and *TET2*. The co-occurrence of mutations likely contributes to its complex presentation. The absence of anemia, in the presence of disease-specific mutations along with other major criteria, should not exclude the diagnosis of MDS/MPN-RS-T.