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POSTER ABSTRACTS

634.MYELOPROLIFERATIVE SYNDROMES: CLINICAL AND EPIDEMIOLOGICAL

Molecular and Cytogenetic Evaluation in Systemic Mastocytosis

Marianna Criscuolo¹, Patrizia Chiusolo^{1,2}, Luana Fianchi, MDPHD³, Antonio Giordano, MD⁴, Matteo Bonanni, MD^{5,2}, Alessia Di Pilla, MD^{6,2}, Maria Colangelo, MD⁷, Monica Rossi, MD⁸, Gessica Minnella, MD¹, Tanja Malara, MD⁶, Luigi Maria Larocca, MD⁹, Andrea Bacigalupo, MD¹⁰, Livio Pagano, MD^{11,3}

¹Dipartimento di Diagnostica per Immagini, Radioterapia Oncologica ed Ematologia, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Roma, Italy

²Sezione di Ematologia, Dipartimento di Scienze Radiologiche ed Ematologiche, Università Cattolica del Sacro Cuore, Rome, Italy

³Dipartimento di Scienze Radiologiche Radioterapiche ed Ematologiche, Fondazione Policlinico Universitario A. Gemelli, IRCCS, Rome, Italy

⁴Dipartimento di Diagnostica per Immagini, Radioterapia Oncologica ed Ematologia, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, ROMA, ITA

⁵Dipartimento di Diagnostica per Immagini, Radioterapia Oncologica ed Ematologia, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, ITA

⁶Dipartimento di Diagnostica per Immagini, Radioterapia Oncologica ed Ematologia, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy

⁷UOC Genetica Medica, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy

⁸Dipartimento di Diagnostica per Immagini, Radioterapia Oncologica ed Ematologia, Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma, Italy

⁹Università Cattolica Del Sacro Cuore, Rome, ITA

¹⁰Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, ITA

¹¹Università Cattolica del Sacro Cuore, Roma, Italy

Systemic mastocytosis (SM) is a rare hematological neoplasm characterized by pleomorphic symptoms, related to mediators release from pathological mast cells. Tissue infiltration of liver, spleen, gastro-intestinal (GI) tract and osteolysis are present in aggressive disease. As KIT D816V mutation can be found in approximately 80% of patients, several additional somatic mutations of prognostic significance have been detected in a subset of patients.

We report on clinical, cytogenetic and molecular characteristic of 160 patients with SM diagnosed in the last 15 years at our center. Fourteen (8.9%) patients had cutaneous mastocytosis, 85 (53.5%) had indolent SM (ISM), 12 (7.5%) had smoldering SM (SSM), 27 (17%) had aggressive SM (ASM), 17 (10.5%) had SM with an associated hematological neoplasm (AHN-SM) and 1 (0.6%) had mast cell leukemia. Symptoms were mostly related to mediators release: itching and blistering (69, 43%), anaphylaxis (49, 30%), diarrhea/bloating (19, 12%), osteoporosis/bone fracture (10, 6%), constitutional symptoms (8, 5%), bone pain and myalgia (16, 10%), anaphylaxis from Hymenoptera venom (24, 15%). While SM patients were mostly treated with antihistamines and membrane stabilizers, 29 patients needed a disease modifying therapy. Four patients with ISM were treated with Interferon (IFN) for bone lytic alterations, while 1 patient with ISM started midostaurin for uncontrolled symptoms. Other 11 patients with ASM were treated with midostaurin: 4 responded, while 7 needed multiple lines of therapy including allogeneic transplant in 4 cases. Eleven patients with ASM were treated with tyrosin kinase inhibitors (TKI) before midostaurin became available, while 2 elderly patients were treated with low dose cytarabine and TKI for concomitant acute leukemia.

KIT D816V mutation was found in 111 of 131 (85%) evaluable patients with SM. Cytogenetics was normal in all but 2 patients with AHN-SM in which a chromosomal gain was reported. Among 6 patients with ISM, KIT mutation was found in only 2 cases. One patient had isolated KIT mutation and was treated with IFN for skin symptoms and bone fracture, and another patient had a DNMT3A associated mutation and was treated with imatinib. Moreover, 1 patient presented both DNMT3A and TET2 mutations and was treated with IFN for bone fracture. Among 12 ASM patients, 1 was negative for significant mutations: no disease control was achieved after target therapy, and bone marrow function slowly recovered after allogeneic transplant. The most frequently recorded mutations were SRSF2 and TET2: they were present in 4 patients each and recorded

together in 3 cases. Two patients with SRSF2 and TET2 mutations died after multiple lines of therapy: 1 patient for infection and graft versus host disease after allogeneic transplant and 1 for progressive disease. Moreover, the latter had additional RUNX1 mutation. Two patients with concomitant SRSF2 and IDH1 mutations and TET2 mutation respectively responded to midostaurin, while 1 with DNMT3A mutation received multiple lines of therapy and died for pneumonia. One patient with ASXL1 mutation responded to chemotherapy after 2 previous lines of treatment. Among 4 patients with isolated KIT mutation, 2 responded to midostaurin, 1 obtained a partial control of symptoms after 4 lines of treatment and 1 suddenly died after achieving stable disease after 2 lines of therapy. Among 3 patients with SM associated to myelodysplastic syndrome, 1 was negative for KIT but positive for TP53 mutations and died for natural event after symptoms directed therapy and continuing recombinant erythropoietin. The other 2 KIT positive patients presented multiple concomitant mutations. Additional TET2 and SRSF2 mutations were recorded in a patient who died few weeks after diagnosis, while additional TET2, SRSF2, RUNX1 and KRAS mutations were recorded in a patient treated with midostaurine and 2CDA before successful allogeneic transplant. Molecular characterization of SM has uncovered a complex landscape of somatic mutations other than KIT D816V. Although the prognostic significance of some recurrent mutations has been reported, prospective correlation with clinical response may highlighted their role in the pathogenesis of disease and possibly elucidate mechanism of resistance to treatment. On the other hand, cytogenetics might no be considered mandatory except for AHN-SM

Disclosures Pagano: AstraZeneca: Honoraria; Menarini: Honoraria; Gilead: Honoraria; Janseen: Honoraria; Moderna: Honoraria; Novartis: Honoraria; Pfizer: Honoraria; Jazz: Honoraria.

CASES	DIAGNOSIS	ASXL1	VAF TYPE	KIT	VAF TYPE	DNMT3A	VAF TYPE	IDH1	VAF TYPE	KRAS	VAF TYPE	RUNX1	VAF TYPE	SRSF2	VAF TYPE	TET2	VAF TYPE	TP53	VAF TYPE
#1	ASM	Gly641ValfsTer5	3% 2	Asp850Val	0.79% 1														
#2	ASM			Asp850Val	0.11% 1														
#3	ISM			Asp850Val	0.50% 1	Tyr703Cys	4% 2												
#4	AHN-SM			Asp850Val	41% 1									Arg94Gln	37% 3	His373ThrfsTer7	78% 2		
#5	ISM																		
#6	ISM			Asp850Val	19% 1														
#7	ASM			Asp850Val	40% 1									Pro950Asp	44% 1	Arg1402TrpfsTer18	44% 2		
#8	ASM			Asp850Val	3% 1														
#9	ASM			Asp850Val	3% 3														
#10	ISM			Asp850Val	15% 1	Arg82His	29% 1												
#11	ASM			Asp850Val	1.06% 1			Arg480Gln	49% 1					Pro950Leu	53% 2				
#12	AHN-SM			Asp850Val	0.50% 1					Lys50Glu	21% 1	Arg204Ter	44% 1	Pro950Arg	45% 1	Asp162ArgfsTer9	42% 2		
#13	ADM			Asp850Val	2% 1														
#14	ADM			Asp850Val	3% 1														
#15	ISM					Phe752del	4% 3												
#16	ADM			Asp850Val	20% 1														
#17	ASM			Asp850Val	2% 3														
#18	ASM			Asp850Val	3.70% 1									Ala332SerfsTer258	35% 2	Pro950Asp	45% 1	Asn1207AspfsTer13	42% 3
#19	ASM																		
#20	ASM			Asp850Val	16% 1														
#21	AHN-SM																		
#22	ISM																		

CASES	Age	Sex	Diagnosis	Symptoms	Serum triptase	Treatment	Response	Status	Cause of death
#1	62	F	ASM	Itching, blistering, urticaria, bone fracture, gastric involvement	35	IFN, TKI, 2CDA	Symptoms remission, reduction of bone involvement	Alive	
#2	65	F	ASM	Myalgia, blistering, bone fracture, malabsorption	49.4	2CDA, TKI	Stable disease	Death	Sudden death
#3	48	M	ISM	Itching, blistering, urticaria	15	TKI	Symptoms remission, reduction of bone involvement and skin lesion	Alive	
#4	80	M	AHN-SM	Constitutional symptoms, diarrhea, cytopenia	14	TKI	No response	Death	Progression disease
#5	62	M	ISM	Bone fracture	97	IFN	Stable disease	Alive	
#6	72	M	ISM	Itching, blistering, urticaria, bone fracture	105	IFN	Stable disease	Alive	
#7	75	F	ASM	Anaphylaxis, cytopenia, gastric involvement	146	2CDA, TKI	Symptoms remission, reduction of bone involvement	Alive	
#8	53	M	ASM	Itching, blistering, urticaria, intestinal involvement, weight loss	165	Midostaurine	Symptoms remission, reduction of bone involvement and skin lesion	Alive	
#9	58	M	ASM	Itching, blistering, urticaria, osteoporosis, intestinal involvement, weight loss, anaphylaxis	384	Midostaurine, 2CDA, avapritinib	Symptoms control, persistence of bone involvement	Death	Infection
#10	46	F	ISM	Recurrent anaphylaxis, bloating, anorexia, diarrhea, hypotension	24	Midostaurine	Improvement of symptoms	Alive	
#11	63	M	ASM	Liver and spleen enlargement, cytopenia	123	Midostaurine	Improvement of bone marrow function, normalization of liver and spleen	Alive	
#12	51	F	AHN-SM	Constitutional symptoms, cytopenia, osteolysis, gastric involvement	147	Midostaurine, 2CDA, allogeneic transplant	Symptoms control, normalization of bone marrow function	Alive	
#13	64	F	ASM	Itching, blistering, flushing, bone pain, osteoporosis, anorexia, gastric involvement	39	TKI, midostaurine, 2CDA, avapritinib	Improvement of symptoms	Alive	
#14	48	F	ASM	Itching, blistering, bone involvement	77	Midostaurine	Symptoms control	Alive	
#15	54	F	ISM	Bone fracture	36	IFN	Stable disease	Alive	
				Diarrhea, intestinal			Symptoms remission,		

Figure 1

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