

Molecular in My Pocket...

Hematopathology

Prepared by the Association for
Molecular Pathology
Training and Education Committee

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Acute Myeloid Leukemia (AML)

Good Prognosis

- Core Binding Factor (CBF) AML
 - t(8;21)(q22;q22); *RUNX1::RUNX1T1*
 - Blasts with salmon/pink granules
 - Predominant in younger patients; rarely in elderly patients
 - >70% of patients show additional chromosome abnormalities including sex chr loss, del(9q)
 - inv(16)(p13.1;q22) or t(16;16)(p13.1;q22); *CBFB::MYH11*
 - Abnormal eosinophils
 - Worse prognosis in CBF AMLs when *KIT* is mutated
- Acute Promyelocytic Leukemia (APL) with t(15;17)(q22;q12); *PML::RARA*
 - Bilobed blasts with granules +/- Auer rods
 - Associated with disseminated intravascular coagulation
 - APL with *PML::RARA* is sensitive to ATRA/arsenic treatment
 - Some APL variants like *ZBTB16::RARA* and *STAT5B::RARA* fusions are resistant to ATRA
- NPM1* mutation without *FLT3*-ITD
- AML with in-frame bZIP and smbZIP mutated *CEBPA*
 - FLT3*-ITD mutations occur in 5-9% of cases (poorer prognosis, still better than *FLT3*-ITD without *CEBPA* mutations)

Intermediate Prognosis

- t(9;11)(p22;q23); *MLL3::KMT2A*
 - Blasts with monocytic differentiation and fine azurophilic granules
 - Associated with gingival myeloid sarcoma
 - More common in children (10% pediatric AML)
 - Common secondary cytogenetic abnormality, such as +8
- Normal Karyotype, mutation status unknown (or rarely negative)

Poor Prognosis

- t(6;9)(p23;q34); *DEK::NUP214*
 - With or without monocytic features, often associated with basophilia and multilineage dysplasia
 - Vast majority as sole chromosome abnormality
 - FLT3*-ITD common
- inv(3)(q21q26.2) or t(3;3)(q21;q26.2); *GATA2, MECOM*
 - Abnormal megakaryocytes
 - Multilineage dysplasia
 - Common secondary karyotypic abnormalities include -7 (50% cases), del(5q) and complex karyotypes
- t(1;22)(p13.3;q13.1) *RBM15::MRTF1*
- AML with myelodysplasia-related (AML-MR)
 - >20% blasts required by WHO; 10% blasts by ICC
 - De novo* or history of MDS or MDS/MPN
 - With MDS-associated cytogenetic abnormality (see MDS section)
 - With MDS associated mutations in 8 genes: *ASXL1, BCOR, EZH2, SF3B1, SRSF2, STAG2, U2AF1, or ZRSR2*
- 11q23 (non t(9;11), many partners, such as t(4;11) and t(11;19)
- t(9;22) (q34;q11.2); *BCR::ABL1* with P210 or P190, usually with -7, +8, complex karyotype
- NUP98* rearrangement: 2nd most common driver gene alteration in relapsed pediatric AML, >30 fusion partners
- FLT3*-ITD mutation
 - ~20% AML cases
- ASXL1, TP53, RUNX1* mutation

Myelodysplastic Syndromes (MDS)

Cytogenetics

Very Good Prognosis

- del(11q)* or -Y

Good Prognosis

- Normal
- del(5q)*, del(12p)*, del(20q), double including del(5q)
- Monosomy 13 or del(13q)*

Intermediate Prognosis

- del(7q)*
- Monosomy 5*
- Trisomy 8, trisomy 19
- del(17p) or i(17)(q10)*
- Any other single or double independent clones

Poor Prognosis

- Monosomy 7*
- inv(3), t(3;3), del(3q), double including -7/7q-, 3 abnormalities*

Very Poor Prognosis

- Complex (>3 abnormalities)*

*MDS defining abnormality in the setting of persistent cytopenia of undetermined origin

Mutations

Good Prognosis

- SF3B1* mutation (strongly correlated with ring sideroblasts)
 - With *SF3B1* mutation can diagnose MDS with ring sideroblasts (MDS-RS) with only ≥5% ring sideroblasts rather than ≥15% without the mutation

Poor Prognosis

- biTP53 (mutations and/or copy number loss, or cnLOH)

Other mutations may impart worse prognosis: *ASXL1, SRSF2, STAG2, EZH2, U2AF1, RUNX1, NRAS*

MDS-associated mutations may also occur in clonal hematopoiesis of indeterminate potential (CHIP) — particularly *DNMT3A, TET2, ASXL1, PPM1D* (VAF: ≥2%; ≥4% in X chromosome for male). Mutations alone are not diagnostic of MDS.

Myeloproliferative Neoplasms (MPN) and Mastocytosis

Chronic Myelogenous Leukemia (CML)

- t(9;22)(q34;q11.2); *BCR::ABL1*
 - Usually M-BCR (p210) breakpoint
 - Rarely m-BCR (p190) or μ-BCR (p230) breakpoints
 - ABL1* kinase mutations confer TKI resistance
 - Particularly T315I
 - Transformation to accelerated phase (AP) or blast phase (BP) often accompanied by extra Ph chromosome, i(17)(q10), and +8 or +19

Polycythemia Vera (PV)

- JAK2* V617F (~95% of cases)
- JAK2* exon 12 mutation (~5% of cases)

Essential Thrombocythemia (ET) and Primary Myelofibrosis (PMF)

- JAK2* V617F (~50% of cases)
- CALR* exon 9 out of frame indel mutations (~30% of cases)
- MPL* W515K/L, S505N/A (~8% of cases)
- Others with poor prognosis: *TET2, IDH1, IDH2, ASXL1, SRSF2, U2AF1*

Chronic Neutrophilic Leukemia (CNL)

- Activating membrane proximal mutations in *CSF3R* at exon 14, especially T618I and T615A; present in 50-80% of CNL

Mastocytosis

- KIT* D816V (~95% of cases)
- TET2* mutations in ~25% of mastocytosis – correlate with more aggressive behavior
- Additional mutations: *SRSF2* (30-40%), *ASXL1* (24%), *IDH2* (7%), *RUNX1*, and *JAK2*

T-cell Neoplasms							
<p>T-Lymphoblastic Leukemia/Lymphoma (T-ALL/LBL)</p> <ul style="list-style-type: none">Clonal rearrangement of T-cell receptor (TR) genes (almost always), IGH gene rearrangement (~20%)Translocations involving T-cell receptor (TCR; alpha and delta TR at 14q11.2, beta TR at 7q34, and gamma TR at 7p14.1) with variety of partners, such as <i>TLX1</i>, <i>TLX3</i> (<i>TLX1</i> relatively favorable prognosis)<i>TAL1</i> translocation, such as <i>TAL1::STIL</i> (relatively favorable prognosis)t(10;11)(p12.3;q14.2) with <i>PICALM::MLLT3</i> fusion (NUP)<i>KMT2A</i> rearrangement (~8%)<i>NUP214::ABL1</i> (<6% cases)<i>MYC</i> rearrangements (~6% cases)<i>NOTCH1</i> (70% cases), <i>CDKN2A/B</i> (cryptic deletions >70% cases) mutations <p>Early T-precursor Lymphoblastic Leukemia/Lymphoma (ETP-ALL)</p> <ul style="list-style-type: none">Mutations in <i>FLT3</i>, <i>NRAS/KRAS</i>, <i>DNMT3A</i>, <i>IDH1/2</i>, <i>NOTCH1</i>, <i>CDKN1/1</i> <p>ALK-negative Anaplastic Large Cell Lymphoma (ALK–ALCL)</p> <ul style="list-style-type: none">Rearrangement at 6p25 (region with <i>DUSP22</i> and <i>IRF4</i>; ~30%) - good prognosis<i>TP63</i> rearrangement (~8%) - poor prognosis<i>JAK1</i> and/or <i>STAT3</i> mutationsCytogenetic changes: 1q+, 6p+,8q+, 12q+, 4q-, 6q21-13q-, 17p13.1- (TP53) <p>ALK-positive Anaplastic Large Cell Lymphoma (ALK+ ALCL, long-term overall survival better than ALK–ALCL)</p> <ul style="list-style-type: none">Clonal rearrangement of T-cell receptor (TR) genes (~90%)Variety translocations involving <i>ALK</i> gene at 2p23, such as t(2;5)(p23;q35); <i>NPM1::ALK</i>Secondary cytogenetic changes: -4, del(11q), del(13q), +7, 17p+, 17q+		<p>T-Large Granular Lymphocyte Leukemia (T-LGL)</p> <ul style="list-style-type: none">TRG rearrangement in all cases<i>STAT3</i> mutation<i>STAT5B</i> mutation <p>Peripheral T cell lymphoma, NOS (PTCL-NOS)</p> <ul style="list-style-type: none">Clonal rearrangement of T-cell receptor (TR) genes in most casesComplex karyotype<i>TET2</i>, <i>DNMT3A</i>, <i>VAV1</i><i>GATA3</i> vs <i>TBX21</i> profilesComplex cytogenetic abnormalities common; t(5;9)(q33;q32) <i>ITK::SYK</i> in follicular variantClonal rearrangements of TRB and TRG, IGH rearrangements in ~30% cases <p>Angioimmunoblastic T-cell lymphoma (AITL)</p> <ul style="list-style-type: none">Clonal rearrangement of T-cell receptor (TR) genes (~75-90%)Cytogenetic changes: +3, +5, +21, +X, del(6q), 22q+, +19, 11q13+<i>RHOA</i>, <i>TET2</i>, <i>DNMT3A</i>, <i>IDH2</i>, <i>CD28</i>, <i>PLCG1</i>, <i>FYN</i> <p>T-cell Prolymphocytic leukemia (T-PLL; aggressive); with inv(14) or t(X;14))<i>ATM</i>, <i>STAT5B</i>, <i>JAK1</i>, <i>JAK3</i></p> <ul style="list-style-type: none">Complex karyotypes, most common inv(14)(q11.2q32.1) (~80%), t(14;14)(q11;2;q32.1) (~10%), or t(X;14) with TRA involvement; other are chromosome 8 abnormalities (~70-80%) such as idic(8)(p11), t(8;8), and 8q+; less commonly -11, del(11q), -22, -13, del(TP53).<i>TCL1A</i> (TCL1) rearrangements at 14q32. Multiple submicroscopic abnormalities.					
B-cell Neoplasms							
<p>B Lymphoblastic Leukemia (B-ALL)</p> <p>Good prognosis</p> <ul style="list-style-type: none">High Hyperdiploid (usually 50- 66 chromosomes, common ones are +21, +X, +14, and +4 common) (~25% pediatric B-ALL)t(12;21)(p13;q22); <i>ETV6::RUNX1</i> (typically cryptic fusion) (~25% pediatric B-ALL)<i>ETV6::RUNX1</i> like B-All: <i>IGH-DUX4</i> or <i>ERG-DUX4</i> fusion, frequently with intragenic <i>ERG</i> deletion, some with <i>IKZF1</i> deletion <p>Intermediate prognosis</p> <ul style="list-style-type: none">t(5;14)(q31;q32); <i>IGH/IL3</i>, associated with eosinophiliat(1;19) with <i>TCF3::PBX1</i> <p>Poor prognosis</p> <ul style="list-style-type: none">t(9;22)(q34;q11.2); <i>BCR::ABL1</i>: Usually m-BCR (Most pediatric cases have p190; in adults, 50% is p190 and 50% is p210)t(v;11q23); <i>KMT2A</i>-rearranged<ul style="list-style-type: none">Most common leukemia in infants <1 year old; less common in older childhood, then increasingly common in adulthoodCommon translocation partners <i>AFF1</i> (4q21) and <i>MLLT1</i> (19p13)Hypodiploid<ul style="list-style-type: none">Most commonly lost chromosomes include 3, 4, 7, 9, 13, 17, and 20Worse prognosis in near haploid (25-29 chromosomes) and low hypodiploid (33-39 chromosomes) than high hypodiploid (40-43 chromosomes)Intrachromosomal amplification of chromosome 21 (iAMP21): multiple copies of <i>RUNX1</i> usually found by FISH, may be associated with +x, abnormal 7, del(<i>RB1</i>), del(<i>ETV6</i>), and/or <i>CRLF2</i> rearrangementt(17;19) with <i>TCF3::HLF</i><i>BCR::ABL1</i> like B-ALL (no <i>BCR::ABL1</i> translocation)<ul style="list-style-type: none">15-20% pediatric ALL<i>CRLF2</i>, <i>ABL1</i>, <i>ABL2</i>, <i>PDGFRB</i>, <i>JAK2</i>, or <i>EPOR</i> rearrangement<i>JAK</i> mutationsOther translocations involving tyrosine kinases		<p>Follicular Lymphoma (FL)</p> <ul style="list-style-type: none">t(14;18)(q32;q21) with <i>IGH::BCL2</i> fusion in 80-90% cases; t(14;18) negative cases may have BCL6 (3q27) rearrangementIG heavy and light chain gene rearranged, IGV extensive somatic hypermutationAdditional cytogenetic changes: 1p-, 6q-, 10q-, 17p-, +1, 6p+, +7, +8, 12q+, +X, and 18q+ (deletions of 17p and 6q, as well as worse prognosis)<i>BCL6</i> rearrangements more common in grade 3B tumors <p>Mantle Cell Lymphoma (MCL)</p> <ul style="list-style-type: none">t(11;14)(q13;q32) with <i>IGH::CCND1</i> fusion (>95%)Common secondary abnormalities: loss of 1p31p13 (~30-50%), 6q23q27 (<i>TNFAIP3</i>, ~25-40%), 9p21 (<i>CDKN2A</i>; ~20-30%), 11q22q23 (<i>ATM</i>; ~20-60%), 13q11q13 (~20-55%), 17p13.1 (<i>TP53</i>, ~20-45%); gains in 3q26 (~30-50%), 7p21 (~15-35%), 8q24.2 (<i>MYC</i>, 5-25%). Numerical abnormalities include +3, +12, -8, -9, -X, -YDeletion of <i>TP53</i> and/or <i>CDKN2A</i>, complex karyotype: adverse prognostic factorst(8;14)(q24;q32) occurs rarely and has aggressive clinical course; t(8;14) and <i>CCND1</i> rearrangement is called a "double hit" MCLMutations: <i>ATM</i>, <i>CCND1</i>, <i>KMT2A</i> <i>MLL</i>, <i>NOTCH1/2</i>, <i>TP53</i>, <i>CDKN2A</i>, <i>CDKN2C</i><i>CCND1</i>-negative MCL (IHC: absence of SOX11 staining): <i>CCND2</i> (~50%), <i>CCND3</i> translocation <p>Hairy Cell Leukemia (HCL)</p> <ul style="list-style-type: none">Classical HCL (cHCL): <i>BRAF</i> p.V600E (~95% of cases)HCL variant (HCLv): IGHV4-34 rearrangement (~10-20%), <i>MAP2K1</i> mutations, poorer prognosis		<p>Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)</p> <ul style="list-style-type: none">Good Prognosis<ul style="list-style-type: none">del(13)(q14) as sole abnormalityMutated IGHV (≥2%)Intermediate Prognosis<ul style="list-style-type: none">Trisomy 12 (good to intermediate prognosis)Normal karyotype<i>NOTCH1</i> and/or <i>SF3B1</i> mutationPoor Prognosis<ul style="list-style-type: none">17p13 deletion (including <i>TP53</i>)del(11)(including <i>ATM</i>)<i>TP53</i> and/or <i>BIRC3</i> mutationMutations in <i>BIRC3</i>, <i>NOTCH1</i>, <i>SF3B1</i> more frequently at relapse (fludarabine-refractory CLL) <p>Extranodal Marginal Zone Lymphoma, MALT type: <i>MALT1</i> rearrangements</p> <ul style="list-style-type: none">t(11;18)(q21;q21)/<i>API2::MALT1</i> – pulmonary and gastric MALTt(14;18)(q32;q21)/<i>IGH::MALT1</i> – liver, skin, ocular adnexa, and salivary gland MALT (~15-20%)t(3;14)(p14.1;q32)/<i>IGH::FOXP1</i> - thyroid, ocular adnexa, skin MALTt(1;14)(p22;q32)/<i>IGH::BCL10</i> – stomach, lung, and skin MALT (~1-2%) <p>Lymphoplasmacytic Lymphoma (LPL) and IgM Monoclonal Gammopathy of Unknown Significance (MGUS)</p> <ul style="list-style-type: none"><i>MYD88</i> p.L265P (~90% of cases)<i>CXCR4</i> mutation (~30% of LPL, ~20% of IgM MGUS)<i>ARID1A</i> mutations (~17%)Other mutations: <i>TP53</i>, <i>CD79B</i>, <i>KMT2D</i>, <i>MYBBP1A</i>Cytogenetic abnormality: non-specific		<p>ALK-positive large B-cell lymphoma</p> <ul style="list-style-type: none">t(2;17)(p23;q23); <i>CLTC::ALK</i>: most commonother <i>ALK</i> rearrangements <p>Diffuse large B-cell lymphoma/High-grade B-cell lymphoma with <i>MYC</i> and <i>BCL2</i> rearrangements</p> <ul style="list-style-type: none"><i>MYC</i> rearrangement with <i>BCL2</i> and/or <i>BCL6</i> rearrangement (“double hit” or “triple hit” lymphoma) <p>Diffuse large B-cell lymphoma, NOS</p> <ul style="list-style-type: none">Activated B cell type (ABC)<ul style="list-style-type: none">Mutations: <i>CARD11</i>, <i>MYD88</i>, <i>CD79B</i>Cytogenetic changes: <i>BCL6</i> rearrangements, gains 3q27.3, 11q23q24, and 18q21.3; del(6q21), del(9p21)Germinal center type (GCB)<ul style="list-style-type: none">Mutations: <i>EZH2</i>, <i>GNA13</i>Cytogenetic changes: t(14;18)/<i>IGH::BCL2</i>, gains/ amp 2p16, 8q24; del(1p36), del(10q23) <p>High-B-cell grade lymphoma with 11q aberration:</p> <ul style="list-style-type: none">lack <i>MYC</i> rearrangementwith interstitial 11q gain and terminal 11q loss <p>Large B-cell lymphoma with <i>IRF4</i> rearrangement</p> <ul style="list-style-type: none">lack of <i>MYC</i> and <i>BCL2</i> rearrangement <p>Burkitt Lymphoma (BL)</p> <ul style="list-style-type: none">Classic BL with <i>MYC</i> rearrangements<ul style="list-style-type: none">t(8;14)(q24;q32); <i>IGH/MYC</i> ort(2;8)(p12;q24); <i>IGK/MYC</i> ort(8;22)(q24;q11); <i>IGL/MYC</i>additional cytogenetic abnormalities: gains of 1q, 7, 12; losses of 6q, 13q32q34, and 17p	

Other Entities	
<p>Chronic Myelomonocytic Leukemia (CMML) (MDS/MPN “bridging” category)</p> <ul style="list-style-type: none"> Cytogenetics: +8, -7, -Y, <i>PDGFRB</i> re-arrangement, i(17q) Frequent mutations: <i>TET2</i> (~50%), <i>SRSF2</i> (~30-50%; poor prognosis), <i>ASXL1</i> (40-50%, poor prognosis if missense mutations are excluded), <i>EZH2</i> (poor prognosis), <i>RUNX1</i> (~15%), <i>KRAS</i> and <i>NRAS</i> (~15%; myeloproliferative phenotype; adverse outcome), <i>CBL1</i> (~10-20%), <i>NF1</i> (~5-10%), <i>SETBP1</i> (~5-10%; poor prognosis), <i>BCOR</i> (~5-10%; poor prognosis), <i>JAK2</i> (not specific) <p>Myelodysplastic/myeloproliferative neoplasm with neutrophilia (prior name: Atypical chronic myeloid leukemia; aCML)</p> <ul style="list-style-type: none"> negative for <i>BCR/ABL1</i>, <i>PDGFRA</i>, <i>PDGFRB</i>, <i>FGFR1</i>, <i>JAK2</i> rearrangement Cytogenetics: +8, del(20q), i(17q), abnormalities of chromosomes 13, 14, 17, 19 and 12 Molecular genetics: <i>SETBP1</i> mutation (~20-30%, exon 4 mutations with D868N most common, associated with -7 and i(17q)), <i>ASXL1</i> (65%), <i>SRSF2</i>, <i>TET2</i> (~40%), <i>KRAS</i>, <i>NRAS</i>, <i>EZH2</i>, <i>ETNK1</i>, <i>CBL</i>, <i>JAK2</i>, (~10-30%), <i>CSF3R</i> (<1%, T618I most common), <i>CALR</i> (rarely or never present) <p>Myelodysplastic/myeloproliferative neoplasm with <i>SF3B1</i> mutation and thrombocytosis (prior name: MDS/MPN with ring sideroblasts and thrombocytosis)</p> <ul style="list-style-type: none"> Molecular mutations: <i>SF3B1</i>, <i>JAK2</i> (~50%), <i>CALR</i> <p>Juvenile Myelomonocytic Leukemia (JMML)</p> <ul style="list-style-type: none"> Somatic <i>PTPN11</i> (35%; poor prognosis), <i>KRAS</i> and <i>NRAS</i> (~20-25%) mutations (poor prognosis) Germline (often) <i>NF1</i> (poor prognosis) or somatic <i>NF1</i> mutation Germline <i>CBL</i> mutation (10-15%, Y371 common mutation hotspot; favorable prognosis) Secondary mutations: <i>SETBP1</i>, <i>JAK3</i>, <i>SH2B3</i>, <i>ASXL1</i> <p>Myeloid/Lymphoid Neoplasms associated with Eosinophilia and tyrosine kinase gene fusion (MLN-TK)</p> <ul style="list-style-type: none"> <i>PDGFRA</i> rearrangement (often del(4)(q12q12); <i>FIP1L1::PDGFRA</i>) <i>PDGFRB</i> rearrangement (often t(5;12)(q31~33;p12) ;<i>ETV6::PDGFRB</i>) <i>FGFR1</i> rearrangement (various partners) <i>JAK2</i> rearrangement, t(8;9)(p22;p24.1);<i>PCM1::JAK2</i> <i>FLT3</i> rearrangement, such as <i>ETV6::FLT3</i> fusion <i>ABL1</i> rearrangement, such as <i>ETV6::ABL1</i> fusion 	<p>Myeloid Neoplasms with Germline Predisposition without a pre-existing platelet disorder or organ dysfunction</p> <ul style="list-style-type: none"> AML with germline <i>CEBPA</i> mutation Myeloid neoplasm with germline <i>DDX41</i> mutation Myeloid neoplasm with germline <i>TP53</i> mutation <p>Myeloid Neoplasms with Germline Predisposition and pre-existing platelet disorder</p> <ul style="list-style-type: none"> <i>RUNX1</i>, <i>ANKRD26</i>, <i>ETV6</i> mutation <p>Myeloid Neoplasms with Germline Predisposition and potential organ dysfunction</p> <ul style="list-style-type: none"> Germline <i>GATA2</i> mutation Bone marrow failure syndrome: Severe congenital neutropenia, Shwachman-Diamond syndrome, Fanconi anemia Telomere biology disorders RASopathies: Neurofibromatosis type 1, <i>CBL</i> syndrome, Noonan syndrome or Noonan syndrome-like disorders Down syndrome Germline <i>SAMD9</i> mutation: MIRAGE syndrome Germline <i>SAMD9L</i> mutation: <i>SAMD9L</i>-related ataxia pancytopenia syndrome Biallelic germline <i>BLM</i> mutation <p>Langerhans cell histiocytosis, histiocytic sarcoma, Erdheim-Chester disease</p> <ul style="list-style-type: none"> Clonal <i>IGH</i>, <i>IGHK</i>, or <i>TR</i> rearrangement <i>BRAF</i> p.V600E mutation (~25-50%) <i>MAP2K1</i> (~25%) and <i>ARAF</i> mutation