

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
 - >70% of patients show additional chromosome abnormalities including sex chr loss, del(9q)
- inv(16)(p13.1q22) or t(16;16)(p13.1;q22); *CBFB-MYH11*
 - Abnormal eosinophils
- Worse prognosis in CBF AMLs when *KIT* is mutated
- Acute Promyelocytic Leukemia (APL)
 - t(15;17)(q22;q12); *PML-RARA*
 - Bilobed blasts with granules +/- Auer rods
 - Associated with disseminated intravascular coagulation
 - Sensitivity of APL cells to ATRA/arsenic treatment
 - APL variants like *ZBTB16-RARA* and *STAT5B-RARA* fusions are resistant to ATRA
- *NPM1* mutation without *FLT3-ITD*
- Biallelic mutations of *CEBPA*
 - *FLT3-ITD* mutations occur in 22-33% of cases (unclear prognosis)

Intermediate Prognosis

- t(9;11)(p22;q23); *MLLT3-KMT2A*
 - Blasts with monocytic differentiation and fine azurophilic granules
 - Associated with gingival myeloid sarcoma
 - More common in children (10% pediatric AML)
- 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
- 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
- AML with myelodysplasia related changes (AML-MRC)
 - ≥50% dysplasia in ≥2 lineages (if no *NPM1* mutation)
 - History of MDS
 - MDS-defining cytogenetic abnormality (see MDS section)
- 11q23 (non t(9;11), many partners)
- t(9;22)(q34;q11.2); *BCR-ABL1*
- *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 del(5q)

Intermediate Prognosis

- del(7q)
- Monosomy 5*
- Trisomy 8, trisomy 19
- i(17)(q10)*
- Monosomy 13* or del(13q)*
- 2+ independent clones
- Double any other abnormality

Poor Prognosis

- Monosomy 7*
- inv(3), t(3;3), del(3q), 3+ abnormalities

Very Poor Prognosis

- Complex (≥3 abnormalities)*

*MDS defining abnormality

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

- *TP53*

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—particularly *DNMT3A, TET2, ASXL1*. Mutational findings 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, +8, +19, or i(17)(q10)

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 indel mutations (~30% of cases)
- *MPL* W515K/L (~5% of cases)

Chronic Neutrophilic Leukemia (CNL)

- Activating membrane proximal mutations in *CSF3R* at exon 14, especially T618L 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%)

| Other Entities | | T-cell Neoplasms | |
|--|---|--|--|
| <p>Chronic Myelomonocytic Leukemia (CMML) (MDS/MPN "bridging" category)</p> <ul style="list-style-type: none"> Frequent mutations: <i>TET2</i> (~50%), <i>SRSF2</i> (~30-50%), <i>ASXL1</i> (40-50%, poor prognosis if missense mutations are excluded), <i>KRAS</i> and <i>NRAS</i> (myeloproliferative phenotype), <i>SETBP1</i> (poor prognosis), <i>JAK2</i> (not specific) <p>Atypical Chronic Myeloid Leukemia (aCML)</p> <ul style="list-style-type: none"> Overlap MDS/MPN neoplasm <i>BCR/ABL1</i> negative Cytogenetics: +8, i(17q), -7, del(7q), del(20q), +9, del(13q) 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>Juvenile Myelomonocytic Leukemia (JMML)</p> <ul style="list-style-type: none"> Somatic <i>PTPN11</i> (20-30%), <i>KRAS</i> and <i>NRAS</i> (75-80%) mutations Clinical <i>NF1</i> disease or <i>NF1</i> mutation Germline <i>CBL</i> mutation (10-15%, Y371 common mutation hotspot) <p>Myeloid/Lymphoid Neoplasms associated with Eosinophilia</p> <ul style="list-style-type: none"> <i>PDGFRA</i> rearrangement (often del(4)(q12q12); <i>FIP1L1-PDGFR</i>) <i>PDGFRB</i> rearrangement (often t(5;12)(q31~33;p12); <i>ETV6-PDGFRB</i>) <i>FGFR1</i> rearrangement (various partners) t(8;9)(p22;p24.1); <i>PCM1-JAK2</i> <i>ETV6-FLT3</i> fusion | <p>Myeloid Neoplasms with Germline Predisposition</p> <ul style="list-style-type: none"> AML with germline <i>CEBPA</i> mutation Myeloid neoplasm with germline <i>DDX41</i> mutation Associated with platelet disorders <ul style="list-style-type: none"> <i>RUNX1</i>, <i>ANKRD26</i>, <i>ETV6</i> mutation Associated with other organ dysfunction <ul style="list-style-type: none"> <i>GATA2</i> mutation <i>JMML</i>-type mutations <p>Langerhans cell histiocytosis, histiocytic sarcoma, Erdheim-Chester disease</p> <ul style="list-style-type: none"> <i>BRAF</i> p.V600E mutation in a subset of cases | <p>T Lymphoblastic Leukemia/Lymphoma (T-ALL)</p> <ul style="list-style-type: none"> Translocations involving T-cell receptor (TCR); error during TCR gene rearrangements <i>NUP214-ABL1</i> strictly associated with T-ALL <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 Acute Lymphoblastic Leukemia (ETP ALL)</p> <ul style="list-style-type: none"> <i>FLT3</i>, <i>NRAS/KRAS</i>, <i>DNMT3A</i>, <i>IDH1/2</i> <p>Anaplastic Large Cell Lymphoma, ALK-negative (ALCL, ALK-)</p> <ul style="list-style-type: none"> Subset have rearrangement at 6p25 (region with <i>DUSP22</i> and <i>IRF4</i>) - good prognosis <i>TP63</i> rearrangement - poor prognosis <p>Anaplastic Large Cell Lymphoma, ALK-positive (ALCL, ALK+)</p> <ul style="list-style-type: none"> Chromosome translocations involving <i>ALK</i> gene at 2p23 t(2;5)(p23;q35); <i>ALK-NPM1</i> Other <i>ALK</i> rearrangements | <p>T-cell Large Granular Lymphocyte Leukemia (T-LGL)</p> <ul style="list-style-type: none"> <i>STAT3</i> mutation <i>STAT5B</i> mutation <p>Peripheral T cell lymphoma, NOS (PTCL-NOS)</p> <ul style="list-style-type: none"> <i>TET2</i>, <i>DNMT3A</i>, <i>VAV1</i> <i>GATA3</i> vs <i>TBX21</i> profiles Complex cytogenetic abnormalities common; t(5;9)(q33;q32) <i>ITK-SYK</i> in follicular variant Clonal rearrangements of TRB and TRG, IGH rearrangements in ~30% cases <p>Angioimmunoblastic T-cell lymphoma (AITL)</p> <ul style="list-style-type: none"> <i>RHOA</i>, <i>CD28</i>, <i>TET2</i>, <i>DNMT3A</i>, <i>IDH2</i> <p>T-cell Prolymphocytic leukemia (T-PLL; with inv(14) or t(X;14))</p> <ul style="list-style-type: none"> <i>ATM</i>, <i>STAT5B</i>, <i>JAK1</i>, <i>JAK3</i> Complex karyotypes common with numerical and structural abnormalities including inv(14), t(X;14), i(8)(q10), -11, del 11q, -22, -13. <i>TCL1A</i> (TCL1) rearrangements at 14q32. Multiple submicroscopic abnormalities. |
| B-cell Neoplasms | | | |
| <p>B Lymphoblastic Leukemia (B-ALL)</p> <ul style="list-style-type: none"> Good prognosis <ul style="list-style-type: none"> Hyperdiploid (extra chromosome copies are not random: X, 4, 14, 21 most common) t(12;21)(p13;q22); <i>ETV6-RUNX1</i> (typically cryptic fusion) Common in children, ~25% of B-ALL Intermediate prognosis- t(5;14)(q31;q32); <i>IGH/IL3</i>, associated with eosinophilia Poor Prognosis <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; may occur in utero Common 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 20 Worse prognosis: near haploid (25-29 chromosomes) and low hypodiploid (33-39 chromosomes) Intrachromosomal amplification of chromosome 21 (iAMP21) Defined by multiple copies of <i>RUNX1</i>, not detectable by standard karyotyping <i>BCR-ABL1</i> like B-ALL <ul style="list-style-type: none"> Lacks <i>BCR-ABL1</i> translocation 15-20% pediatric ALL <i>CRLF2</i> or <i>EPOR</i> rearrangement <i>JAK</i> mutations <i>CDKN2A/B</i> or <i>IKZF1</i> deletion/mutation Other translocations involving tyrosine kinases | <p>Follicular Lymphoma (FL)</p> <ul style="list-style-type: none"> t(14;18)(q32;q21) (80-90% cases); <i>IGH/BCL2</i> Cases without t(14;18) are usually BCL2 negative with increased <i>CHECK1</i> expression FL cases have ~6 cytogenetic abnormalities (17p and 6q23 worse prognosis) Complex karyotype correlates with poorer 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); <i>IGH/CCND1</i> Common secondary abnormalities: loss of 1p, 13q, 17p, gains in 3q. Numerical abnormalities include +3, +12, -8, -9, -X, -Y t(8;14)(q24;q32) occurs rarely and has worse prognosis; t(8;14) and <i>CCND1</i> rearrangement is called a "double hit" MCL <p>Burkitt Lymphoma (BL)</p> <ul style="list-style-type: none"> <i>MYC</i> rearrangements <ul style="list-style-type: none"> t(8;14)(q24;q32); <i>IGH/MYC</i> t(2;8)(p12;q24); <i>IGK/MYC</i> t(8;22)(q24;q11); <i>IgL/MYC</i> <p>Hairy Cell Leukemia (HCL)</p> <ul style="list-style-type: none"> <i>BRAF</i> p.V600E (~95% of cases) >85% HCL cases demonstrate somatic hypermutation in VH genes <i>MAP2K1</i> mutations = Hairy Cell Leukemia variant (HCL-v) | <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) most common cytogenetic abnormality Mutated <i>IGHV</i> Intermediate Prognosis <ul style="list-style-type: none"> Trisomy 12 (a/w <i>NOTCH1</i>) (good to intermediate prognosis) del(6q) Poor Prognosis <ul style="list-style-type: none"> 17p13 deletion del(11)(q22-23) (a/w <i>SF3B1</i>) <p>Extranodal Marginal Zone Lymphoma, MALT type</p> <ul style="list-style-type: none"> t(11;18)(q21;q21) - pulmonary and gastric MALT t(14;18)(q32;q21) - orbital and salivary gland MALT t(3;14)(p14.1;q32) - thyroid, orbital, skin MALT t(1;14)(p22;q32) | <p>Lymphoplasmacytic Lymphoma (LPL) and IgM Monoclonal Gammopathy of Unknown Significance (MGUS)</p> <ul style="list-style-type: none"> 6q23 deletion most common cytogenetic finding in LPL <i>MYD88</i> p.L265P (~90% of cases) <i>CXCR4</i> mutation (~30% of LPL, ~20% of IgM MGUS) <p>ALK-positive large B-cell lymphoma</p> <ul style="list-style-type: none"> t(2;17)(p23;q23); <i>CLTC-ALK</i> <p>High-grade B-cell lymphoma</p> <ul style="list-style-type: none"> <i>MYC</i> rearrangement with <i>BCL2</i> and/or <i>BCL6</i> rearrangement <p>Diffuse large B-cell lymphoma, NOS</p> <ul style="list-style-type: none"> Activated B cell type <ul style="list-style-type: none"> <i>BCL6</i> rearrangements/<i>NOTCH2</i> mutations <i>MYD88</i> & <i>CD79B</i> mutations <i>NOTCH1</i> mutations Germinal center B cell type <ul style="list-style-type: none"> <i>IGH/BCL2</i> & <i>EZH2</i> mutations |