

# Molecular in My Pocket...

## Hematopathology

Prepared by the Association for Molecular Pathology Training and Education Committee

For More Educational Resources:  
[www.amp.org/AMPEducation](http://www.amp.org/AMPEducation)



### 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) 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
    - APL variants like *ZBTB16::RARA* and *STAT5B::RARA* fusions are resistant to ATRA
- *NPM1* mutation without *FLT3*-ITD
- AML with in-frame bZIP mutated *CEBPA*
  - *FLT3*-ITD mutations occur in 22-33% of cases (unclear prognosis)

#### 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)
- 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)
  - mutations in *ASXL1, BCOR, EZH2, RUNX1, SF3B1, SRSF2, STAG2, U2AF1, or ZRSR2*
- 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 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%)

Other Entities		T-cell Neoplasms	
<p>Chronic Myelomonocytic Leukemia (CMML) (MDS/MPN "bridging" category)</p> <ul style="list-style-type: none"> <li>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)</li> </ul> <p>Atypical Chronic Myeloid Leukemia (aCML)</p> <ul style="list-style-type: none"> <li>Overlap MDS/MPN neoplasm</li> <li><i>BCR/ABL1</i> negative</li> <li>Cytogenetics: +8, i(17q), -7, del(7q), del(20q), +9, del(13q)</li> <li>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> (&lt;1%, T618I most common), <i>CALR</i> (rarely or never present)</li> </ul> <p>Juvenile Myelomonocytic Leukemia (JMML)</p> <ul style="list-style-type: none"> <li>Somatic <i>PTPN11</i> (20-30%), <i>KRAS</i> and <i>NRAS</i> (75-80%) mutations</li> <li>Clinical <i>NF1</i> disease or <i>NF1</i> mutation</li> <li>Germline <i>CBL</i> mutation (10-15%, Y371 common mutation hotspot)</li> </ul> <p>Myeloid/Lymphoid Neoplasms associated with Eosinophilia</p> <ul style="list-style-type: none"> <li><i>PDGFRA</i> rearrangement (often del(4)(q12q12); <i>FIP1L1::PDGFRA</i>)</li> <li><i>PDGFRB</i> rearrangement (often t(5;12)(q31~33;p12); <i>ETV6::PDGFRB</i>)</li> <li><i>FGFR1</i> rearrangement (various partners)</li> <li>t(8;9)(p22;p24.1); <i>PCM1::JAK2</i></li> <li><i>ETV6::FLT3</i> fusion</li> </ul>	<p>Myeloid Neoplasms with Germline Predisposition</p> <ul style="list-style-type: none"> <li>AML with germline <i>CEBPA</i> mutation</li> <li>Myeloid neoplasm with germline <i>DDX41</i> mutation</li> <li>Associated with platelet disorders <ul style="list-style-type: none"> <li><i>RUNX1</i>, <i>ANKRD26</i>, <i>ETV6</i> mutation</li> </ul> </li> <li>Associated with other organ dysfunction <ul style="list-style-type: none"> <li><i>GATA2</i> mutation</li> <li><i>JMML</i>-type mutations</li> </ul> </li> </ul> <p>Langerhans cell histiocytosis, histiocytic sarcoma, Erdheim-Chester disease</p> <ul style="list-style-type: none"> <li><i>BRAF</i> p.V600E mutation in a subset of cases</li> </ul>	<p>T Lymphoblastic Leukemia/Lymphoma (T-ALL)</p> <ul style="list-style-type: none"> <li>Translocations involving T-cell receptor (TCR); error during TCR gene rearrangements</li> <li><i>NUP214::ABL1</i> strictly associated with T-ALL &lt;6% cases</li> <li><i>MYC</i> rearrangements (~6% cases)</li> <li><i>NOTCH1</i> (70% cases), <i>CDKN2A/B</i> (cryptic deletions &gt;70% cases) mutations</li> </ul> <p>Early T-precursor Acute Lymphoblastic Leukemia (ETP ALL)</p> <ul style="list-style-type: none"> <li><i>FLT3</i>, <i>NRAS/KRAS</i>, <i>DNMT3A</i>, <i>IDH1/2</i></li> </ul> <p>Anaplastic Large Cell Lymphoma, ALK-negative (ALCL, ALK-)</p> <ul style="list-style-type: none"> <li>Subset have rearrangement at 6p25 (region with <i>DUSP22</i> and <i>IRF4</i>) - good prognosis</li> <li><i>TP63</i> rearrangement - poor prognosis</li> </ul> <p>Anaplastic Large Cell Lymphoma, ALK-positive (ALCL, ALK+)</p> <ul style="list-style-type: none"> <li>Chromosome translocations involving <i>ALK</i> gene at 2p23</li> <li>t(2;5)(p23;q35); <i>ALK::NPM1</i></li> <li>Other <i>ALK</i> rearrangements</li> </ul>	<p>T-cell Large Granular Lymphocyte Leukemia (T-LGL)</p> <ul style="list-style-type: none"> <li><i>STAT3</i> mutation</li> <li><i>STAT5B</i> mutation</li> </ul> <p>Peripheral T cell lymphoma, NOS (PTCL-NOS)</p> <ul style="list-style-type: none"> <li><i>TET2</i>, <i>DNMT3A</i>, <i>VAV1</i></li> <li><i>GATA3</i> vs <i>TBX21</i> profiles</li> <li>Complex cytogenetic abnormalities common; t(5;9)(q33;q32) <i>ITK::SYK</i> in follicular variant</li> <li>Clonal rearrangements of TRB and TRG, IGH rearrangements in ~30% cases</li> </ul> <p>Angioimmunoblastic T-cell lymphoma (AITL)</p> <ul style="list-style-type: none"> <li><i>RHOA</i>, <i>CD28</i>, <i>TET2</i>, <i>DNMT3A</i>, <i>IDH2</i></li> </ul> <p>T-cell Prolymphocytic leukemia (T-PLL; 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"> <li>Complex karyotypes common with numerical and structural abnormalities including inv(14), t(X;14), i(8)(q10), -11, del11q, -22, -13.</li> <li><i>TCL1A</i> (TCL1) rearrangements at 14q32. Multiple submicroscopic abnormalities.</li> </ul>
B-cell Neoplasms			
<p>B Lymphoblastic Leukemia (B-ALL)</p> <ul style="list-style-type: none"> <li>Good prognosis <ul style="list-style-type: none"> <li>Hyperdiploid (extra chromosome copies are not random: X, 4, 14, 21 most common)</li> <li>t(12;21)(p13;q22); <i>ETV6::RUNX1</i> (typically cryptic fusion)</li> <li>Common in children, ~25% of B-ALL</li> </ul> </li> <li>Intermediate prognosis- t(5;14)(q31;q32); <i>IGH/IL3</i>, associated with eosinophilia</li> <li>Poor Prognosis <ul style="list-style-type: none"> <li>t(9;22)(q34;q11.2); <i>BCR::ABL1</i></li> <li>Usually m-BCR (Most pediatric cases have p190; in adults, 50% is p190 and 50% is p210)</li> <li>t(v;11q23); <i>KMT2A</i> rearranged <ul style="list-style-type: none"> <li>Most common leukemia in infants &lt;1 year old; may occur in utero</li> <li>Common translocation partners <i>AFF1</i> (4q21) and <i>MLLT1</i> (19p13)</li> </ul> </li> <li>Hypodiploid <ul style="list-style-type: none"> <li>Most commonly lost chromosomes include 3, 4, 7, 9, 13, 17, and 20</li> <li>Worse prognosis: near haploid (25-29 chromosomes) and low hypodiploid (33-39 chromosomes)</li> </ul> </li> <li>Intrachromosomal amplification of chromosome 21 (iAMP21)</li> <li>Defined by multiple copies of <i>RUNX1</i>, not detectable by standard karyotyping</li> <li><i>BCR::ABL1</i> like B-ALL <ul style="list-style-type: none"> <li>Lacks <i>BCR::ABL1</i> translocation</li> <li>15-20% pediatric ALL</li> <li><i>CRLF2</i> or <i>EPOR</i> rearrangement</li> <li><i>JAK</i> mutations</li> <li><i>CDKN2A/B</i> or <i>IKZF1</i> deletion/mutation</li> <li>Other translocations involving tyrosine kinases</li> </ul> </li> </ul> </li> </ul>	<p>Follicular Lymphoma (FL)</p> <ul style="list-style-type: none"> <li>t(14;18)(q32;q21) (80-90% cases); <i>IGH/BCL2</i></li> <li>Cases without t(14;18) are usually <i>BCL2</i> negative with increased <i>CHECK1</i> expression</li> <li>FL cases have ~6 cytogenetic abnormalities (17p and 6q23 worse prognosis)</li> <li>Complex karyotype correlates with poorer prognosis</li> <li><i>BCL6</i> rearrangements more common in grade 3B tumors</li> </ul> <p>Mantle Cell Lymphoma (MCL)</p> <ul style="list-style-type: none"> <li>t(11;14)(q13;q32); <i>IGH/CCND1</i></li> <li>Common secondary abnormalities: loss of 1p, 13q, 17p, gains in 3q. Numerical abnormalities include +3, +12, -8, -9, -X, -Y</li> <li>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</li> </ul> <p>Burkitt Lymphoma (BL)</p> <ul style="list-style-type: none"> <li><i>MYC</i> rearrangements <ul style="list-style-type: none"> <li>t(8;14)(q24;q32); <i>IGH/MYC</i></li> <li>t(2;8)(p12;q24); <i>IGK/MYC</i></li> <li>t(8;22)(q24;q11); <i>IGL/MYC</i></li> </ul> </li> </ul> <p>Hairy Cell Leukemia (HCL)</p> <ul style="list-style-type: none"> <li><i>BRAF</i> p.V600E (~95% of cases)</li> <li>&gt;85% HCL cases demonstrate somatic hypermutation in VH genes</li> <li><i>MAP2K1</i> mutations = Hairy Cell Leukemia variant (HCL-v)</li> </ul>	<p>Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)</p> <ul style="list-style-type: none"> <li>Good Prognosis <ul style="list-style-type: none"> <li>del(13)(q14) most common cytogenetic abnormality</li> <li>Mutated <i>IGHV</i></li> </ul> </li> <li>Intermediate Prognosis <ul style="list-style-type: none"> <li>Trisomy 12 (a/w <i>NOTCH1</i>) (good to intermediate prognosis)</li> <li>del(6q)</li> </ul> </li> <li>Poor Prognosis <ul style="list-style-type: none"> <li>17p13 deletion</li> <li>del(11)(q22-23) (a/w <i>SF3B1</i>)</li> </ul> </li> </ul> <p>Extranodal Marginal Zone Lymphoma, MALT type</p> <ul style="list-style-type: none"> <li>t(11;18)(q21;q21) - pulmonary and gastric MALT</li> <li>t(14;18)(q32;q21) - orbital and salivary gland MALT</li> <li>t(3;14)(p14.1;q32) - thyroid, orbital, skin MALT</li> <li>t(1;14)(p22;q32)</li> </ul>	<p>Lymphoplasmacytic Lymphoma (LPL) and IgM Monoclonal Gammopathy of Unknown Significance (MGUS)</p> <ul style="list-style-type: none"> <li>6q23 deletion most common cytogenetic finding in LPL</li> <li><i>MYD88</i> p.L265P (~90% of cases)</li> <li><i>CXCR4</i> mutation (~30% of LPL, ~20% of IgM MGUS)</li> </ul> <p>ALK-positive large B-cell lymphoma</p> <ul style="list-style-type: none"> <li>t(2;17)(p23;q23); <i>CLTC::ALK</i></li> </ul> <p>High-grade B-cell lymphoma</p> <ul style="list-style-type: none"> <li><i>MYC</i> rearrangement with <i>BCL2</i> and/or <i>BCL6</i> rearrangement</li> </ul> <p>Diffuse large B-cell lymphoma, NOS</p> <ul style="list-style-type: none"> <li>Activated B cell type <ul style="list-style-type: none"> <li><i>BCL6</i> rearrangements/<i>NOTCH2</i> mutations</li> <li><i>MYD88</i> &amp; <i>CD79B</i> mutations</li> <li><i>NOTCH1</i> mutations</li> </ul> </li> <li>Germinal center B cell type <ul style="list-style-type: none"> <li><i>IGH::BCL2</i> &amp; <i>EZH2</i> mutations</li> </ul> </li> </ul>