

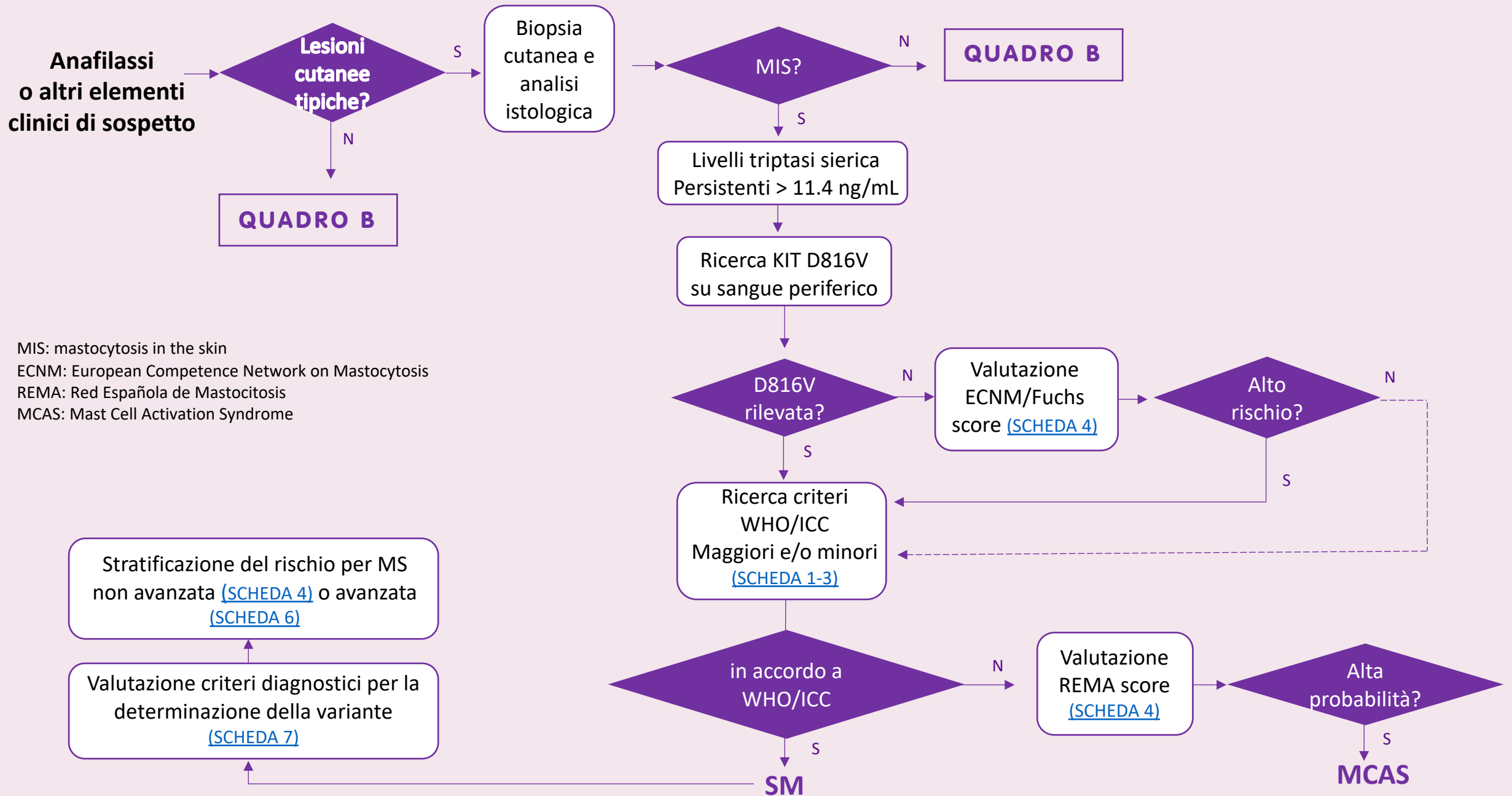
Mastocitosi Sistemica

DIAGNOSI E INQUADRAMENTO PROGNOSTICO

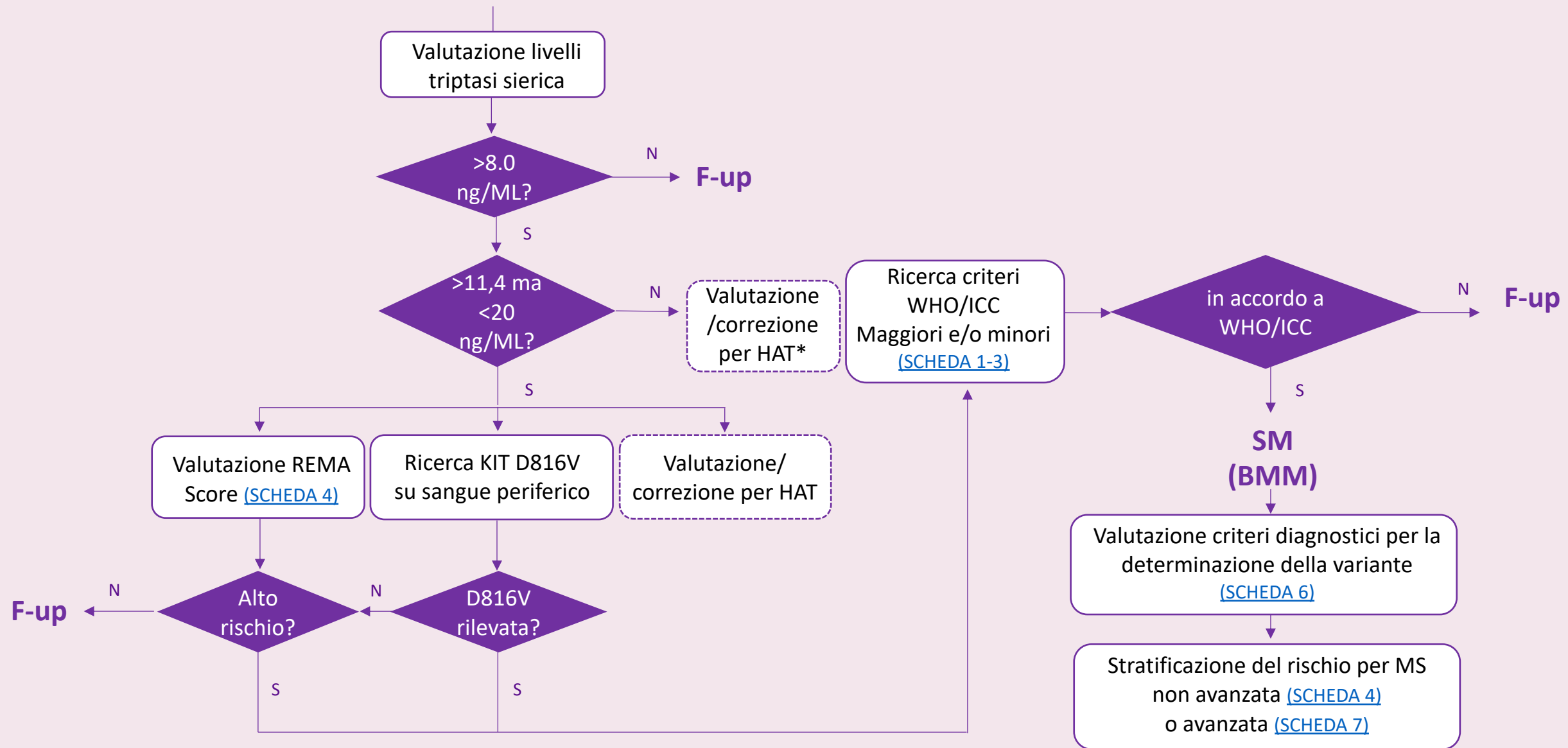
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Paola Guglielmelli, Massimiliano Bonifacio, Chiara Elena, Simona Soverini,
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Algoritmo diagnostico per pazienti con sospetta mastocitosi sistemica

QUADRO A



Anafilassi o altri elementi clinici di sospetto ma assenza di lesioni cutanee/MIS



*HAT: Hereditary Alpha Tryptasemia; solo se si ha accesso ad un laboratorio che offre il test che valuta l'amplificazione del gene per la triptasi



Criteri diagnostici per la diagnosi di mastocitosi sistemica

Criteria Type	Major Criterion	Type of Sample
Histopathology	Multifocal, dense infiltrates of mast cells (≥ 15 mast cells in aggregates)	in sections of BM or extracutaneous organ biopsy

Criteria Type	Minor Criteria	Type of Sample
Morphology	>25% of mast cells in infiltrates are spindle-shaped or have atypical morphology, or	in sections of BM or extracutaneous organ biopsy
	>25% of mast cells are immature or atypical	BM aspirate smear
Molecular genetics	Detection of an activating point mutation at codon 816 of KIT	BM, blood, another extracutaneous organ
Phenotype	Mast cells express CD2 and/or CD25 in addition to normal mast cell markers	BM, blood or other extracutaneous organs
Blood chemistry	total tryptase persistently >20 ng/mL	Serum from blood

WHO 5 th Edition ⁽¹⁾	ICC ⁽²⁾
1 major + 1 minor criteria	Major criterion
or	or
≥ 3 minor criteria	≥ 3 minor criteria

1. Khoury JD, Solary E, Abla O, et al. The 5th edition of the World Health Organization classification of haematolymphoid tumours: Myeloid and histiocytic/dendritic neoplasms. *Leukemia* 2022;36:1703-1719.

2. Arber DA, Orazi A, Hasserjian RP, et al. International Consensus Classification of myeloid neoplasms and acute leukemias: Integrating morphologic, clinical, and genomic data. *Blood* 2022;140:1200-1228.



Su sangue periferico:

Esame morfologico dello striscio

Emocromo ed esami biochimici

Livelli di triptasi sierica basale

Valutazione del numero di copie TPSAB1 (HAT)¹

(Analisi molecolare per ricerca mutazione KIT D816V mediante ASO-qPCR o ddPCR)

(Analisi molecolare per ricerca riarrangiamento FIP1L1::PDGFRA se eosinofilia)

Su aspirato midollare:

Esame morfologico dello striscio

Analisi immunofenotipica²

Analisi molecolare per ricerca/conferma mutazione KIT D816V mediante ASO-qPCR o ddPCR

(Analisi molecolare per ricerca altre mutazioni attivanti di KIT se D816V non rilevata)³

Analisi citogenetica (se si sospetta AHN?)

Su biopsia midollare:

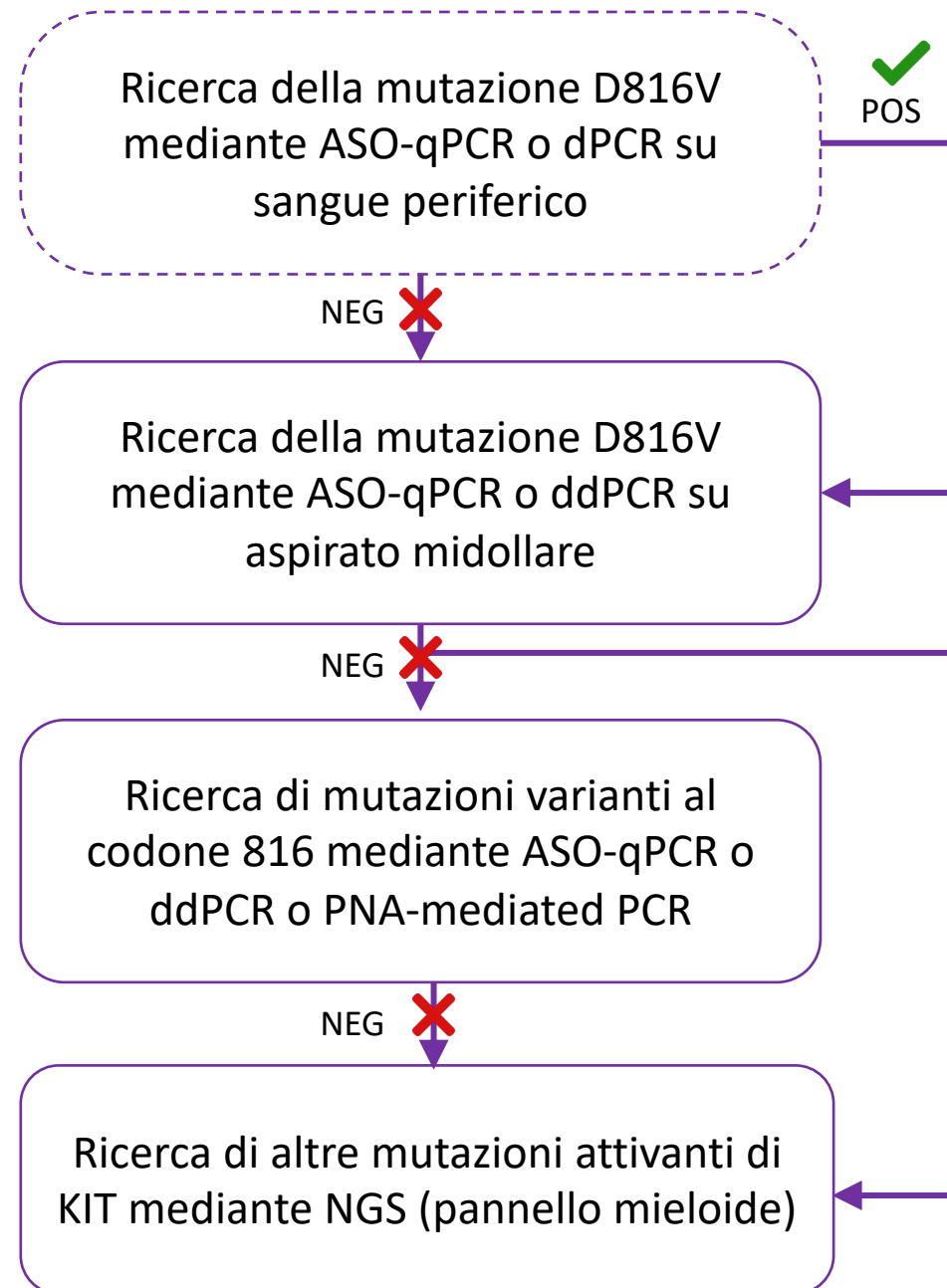
Analisi immunoistochimica⁴

¹ se il test è disponibile/accessibile; opportuno per correggere i livelli di triptasi basale in caso di amplificazione

² CD34, CD45, CD2, CD25, CD117, CD30

³ vedere tabella; per mutazioni non D816V è ammesso l'utilizzo di pannelli NGS

⁴ triptasi, chimasi, CD34, CD117, CD2, CD25, CD30



Varianti oncogeniche di KIT che si qualificano come criterio minore in assenza di D816V

Varianti oncogeniche di KIT	
Del417-419insF	V559I
Del417-419insI	Del559-560
Del417-419insNA	V560G
Del417-419insY	K642E
Del419	V654A
InsFF419	L799F
ITD501-502	D816A
501_502InsAF	D816F
ITD502-503	D816H
503_504insAY	D816I
ITD504	D816V
ITD505-508	D816Y
K509I	D816T
F522C	D820G
W557R	N822I
V559A	N822K

da Valent et al, Hemasphere. 2021 Nov; 5(11): e646



ECNM/Fuchs SCORE

Prognostic Variable	Points
Tryptase(ng/mL) level	<10 -1
	≥10<15 0
	≥15<20 1
	≥20 3
Bone symptoms or osteoporosis	+1
Constitutional or cardiovascular symptoms	+1

Risk Groups	Points
LOW	≤0
Medium/intermediate	1-2
HIGH	3-5

SCORE MODEL TO PREDICT CLONAL MAST CELL ACTIVATION DISORDERS (MCAD) – REMA SCORE

Prognostic Variable	Points
Gender	Male +1
	Female -1
Clinical Symptoms	Absence of hives, pruritus and angioedema +1
	Hives, pruritus and angioedema -2
	Presyncope and/or syncope +3
Baseline Serum Tryptase	<15ng/mL -1
	>25ng/mL +1

Risk Groups	Points
LOW PROBABILITY	<2
HIGH PROBABILITY	≥2



VARIANTS OF SM	Diagnostic Criteria
Bone marrow mastocytosis	<ul style="list-style-type: none"> • As indolent systemic mastocytosis but with bone marrow involvement and no skin lesions
Indolent systemic mastocytosis	<ul style="list-style-type: none"> • Meets the general criteria for systemic mastocytosis • No C-findings • No evidence of an associated hematologic neoplasm • Low mast cell burden • Skin lesions are frequently present
Smoldering systemic mastocytosis	<ul style="list-style-type: none"> • Meets the general criteria for systemic mastocytosis • ≥ 2 B-findings; no C-findings • No evidence of an associated hematologic neoplasm • High mast cell burden • Does not meet the criteria for mast cell leukemia
Systemic mastocytosis with an associated hematologic neoplasm	<ul style="list-style-type: none"> • Meets the general criteria for systemic mastocytosis • Meets the criteria for an associated hematologic neoplasm (ie, a myelodysplastic syndrome, AML, myeloproliferative neoplasm, lymphoma, or another hematologic neoplasm classified as a distinct entity in the WHO classification)
Aggressive systemic mastocytosis	<ul style="list-style-type: none"> • Meets the general criteria for systemic mastocytosis • ≥ 1 C-findings • Does not meet the criteria for mast cell leukemia • Skin lesions are usually absent
Mast cell leukemia	<ul style="list-style-type: none"> • Bone marrow aspirate smears show $\geq 20\%$ mast cells • In classic cases, mast cells account for $\geq 10\%$ of the peripheral blood white blood cells, but the aleukemic variant (in which mast cells account for $< 10\%$) is more common • Mast cell variants include: Acute MCL [≥ 1 C-finding(s)] vs. chronic MCL (no C-findings) MCL with an AHN vs. MCL without an AHN Primary (de novo) vs. secondary MCL (arising from another SM variant) • Skin lesions are usually absent

1. Khoury JD, Solary E, Abla O, et al. The 5th edition of the World Health Organization classification of haematolymphoid tumours: Myeloid and histiocytic/dendritic neoplasms. *Leukemia* 2022;36:1703-1719.
 2. Arber DA, Orazi A, Hasserjian RP, et al. International Consensus Classification of myeloid neoplasms and acute leukemias: Integrating morphologic, clinical, and genomic data. *Blood* 2022;140:1200-1228.



Stratificazione del rischio per pazienti con forma non-avanzata di mastocitosi sistemica

MAYO ALLIANCE PROGNOSTIC SYSTEM (MAPS)

Prognostic Variable	Points
Age >60 years	1
Advanced SM vs. ISM/SSM	2
Platelets <150 x 10 ⁹ /L	1
Serum alkaline phosphatase (ALP) > normal range	1
Adverse mutation (ASXL1, RUNX1, and NRAS)	1

Risk Groups	Points
LOW	≤2
INTERMEDIATE-1	3
INTERMEDIATE-2	4
HIGH	≥5

INTERNATIONAL PROGNOSTIC SCORING SYSTEM FOR MASTOCYTOSIS (IPSM) SCORE

Prognostic Variable	Points
Age ≥60 years	1
Alkaline phosphatase ≥100 U/L	1

Risk Groups	Points
LOW	0
INTERMEDIATE-1	1
INTERMEDIATE-2	2



Stratificazione del rischio per pazienti con forma avanzata di mastocitosi sistemica

MAPS

MUTATION-ADJUSTED RISK SCORE (MARS) FOR ADVANCED SYSTEMIC MASTOCYTOSIS

Prognostic Variable	Points
Age >60 years	1
Hemoglobin <10 g/dL	1
Platelets <100 x 10 ⁹ /L	1
One S/A/R (SRSF2, ASXL1, or RUNX1) mutation	1
≥2 S/A/R mutation	2

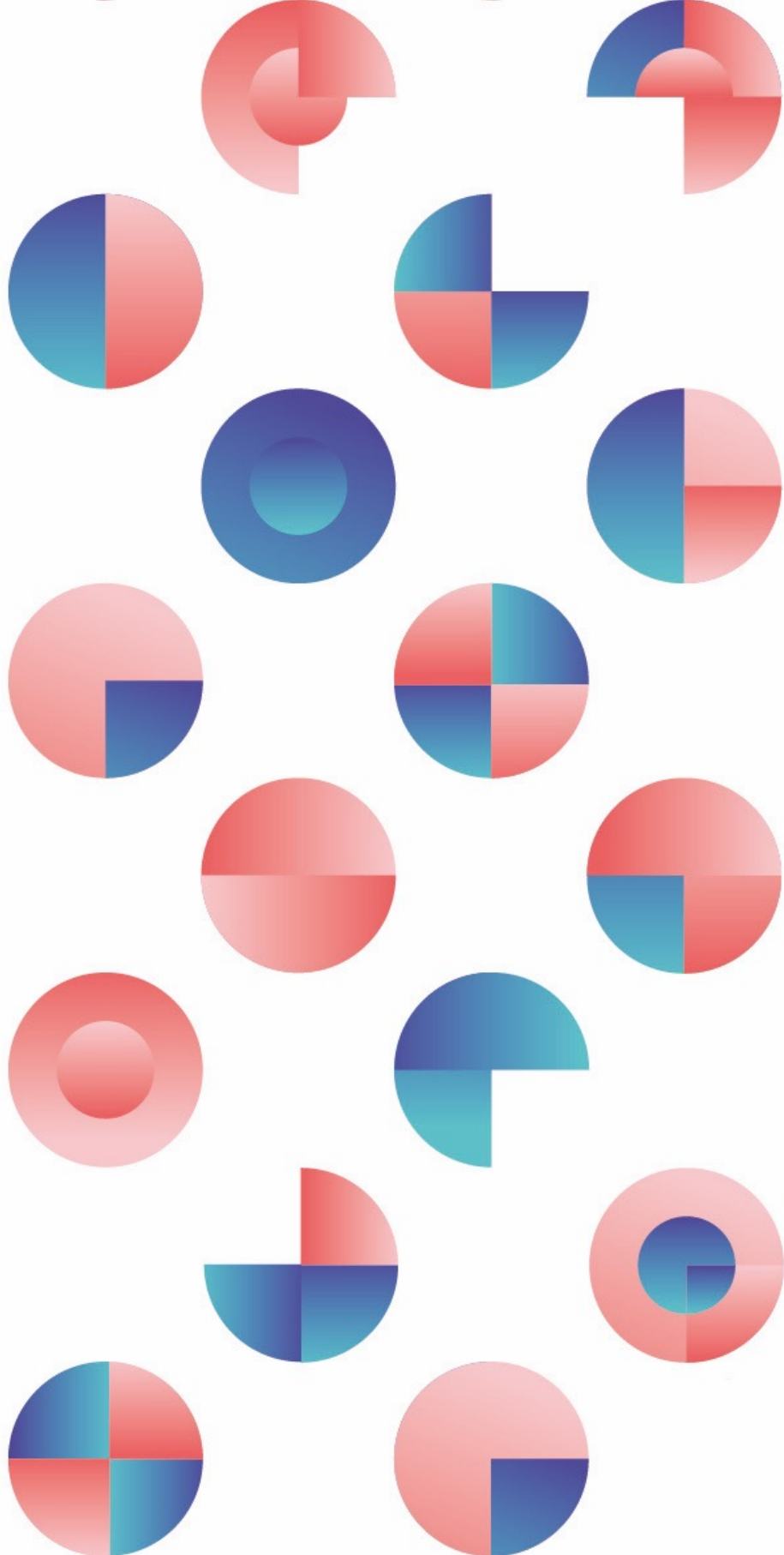
Risk Groups	Points
LOW	0-1
INTERMEDIATE	2
HIGH	3-5

IPSM SCORE FOR ADVANCED SYSTEMIC MASTOCYTOSIS

Prognostic Variable	Points
Age ≥60 years	1
Hemoglobin <11 g/dL	1
Platelets <100 x 10 ⁹ /L	1
Tryptase ≥125 ng/mL	1
Leukocytes ≥16 × 10 ⁹ /L	1
Skin involvement	-1

Risk Groups	Points
AdvSM-1	-1 - 0
AdvSM-2	1
AdvSM-3	2-3
AdvSM-4	≥4





Il presente documento è il prodotto finale del progetto *Real-case based diagnostic and management challenges for patients with Systemic Mastocytosis*, condotto nel corso del 2023 e 2024 dal Working Party GIMEMA sulle Neoplasie Mieloproliferative Croniche.

EXPERT PANEL

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