



MDS Foundation

The Myelodysplastic Syndromes Foundation, Inc.

MDS 2023: ASH 2023 – Friday Satellite Symposium

Patient MS

An 86yr male with:

Lymphoma, HR-MDS, LR-MDS, and other labs

Patient MS (I)

- **PMH:** ASCVD, MI (PCI, stent), HT, DM, HL, nephrolithiasis
- **2009:** GI: gastritis; colonic polyp73yr, weakness
 - Workup: mild pancytopenia; iron deficiency (Gastritis; Colon polyp)
- **2010:** weakness; generalized LN; pancytopenia
 - **BM:** TL dysplasia, **15% blasts**, (t3;14, +6, -y)
 - **Cervical LN Bx:** Diffuse large B-cell lymphoma (**DLBCL**)
 - Generalized LN: mediastinum, retroperitoneum, pelvic
 - Treatment: **R-CHOP** (x6), achieving **CR** (but pancytopenia)
 - No anti-MDS treatment was given

Patient MS (II)

- **2012: lymphoma relapsed**
 - Treated with RICE + IT MTX – achieved CR
 - Mild asymptomatic pancytopenia (again)
- **2014:**
 - Hb drop; RBC Transfusion dependent; ESA failed (+ desferal)
- **TASMC (our center):**
 - Weakness, dysfunction, TD (1-2/wk!) - No lymphoma !
 - CBC: Hb 5.8, MCV 96, WBC 2.9, ANC 1.9, PLT 68
 - **BM:** Tri-linear dysplasia; 6% blasts; -Y; **Dg: HR-MDS**

Patient MS (III)

- **HR-MDS Treatment (2014):**
 - SUPPORT trial: **Azacitidine (Aza)** +/- eltrombopag (Elt)
 - Transient diarrhea; liver dysfunction; PLT rise (Elt arm ?)
 - **6 cycles:** CBC improved; Transfusion free
 - **12 cycles:** SUPPORT terminated, normal PLT, Elt D/C
 - Incomplete CR, good tolerance - Aza continued
 - **Aza cycle 15:** Normal CBC, BM CR
 - He continued Aza, reduced dose, large intervals
- **2016:** Traumatic right femur fracture – surgery- full recovery

Patient MS (IV)

- **2021:** ESR 105; CBC slightly declined
 - BM: TL dysplasia, 1% blasts, 46XY, no mutations - **LR-MDS**
 - Aza D/C (36 cycles)
 - 2022: BM similar
- **2023:**
 - Asymptomatic; PE unremarkable
 - ESR 125; Hb 11.0; ANC 2.7; PLT 93k
 - Chemistry normal; Fe 134, TIBC 156, ferritin 1847
 - **IgM** 832 (normal < 240), B2M 5402 (<2500), no monoclonal
 - **Imaging:** No LN, no lytic lesions, splenomegaly (15 cm)
 - **BM:** TL dysplasia, 1% blasts, 46XY, NGS – mut **DNMT3A**

Patient MS - Questions

- Co-occurrence of **lymphoma with MDS** ?
 - how common ? significance ?
- What do you think on so **many cycles of Aza** ?
 - Do we know when to stop ?
- How do you explain the **lab abnormalities** ?
 - ESR ? IgM ?
- What was the role of **eltrombopag** ?
- **What would you do now** ?
 - considering the **DNMT3A**, the abnormalities ?

