

Eosinophil malignancies

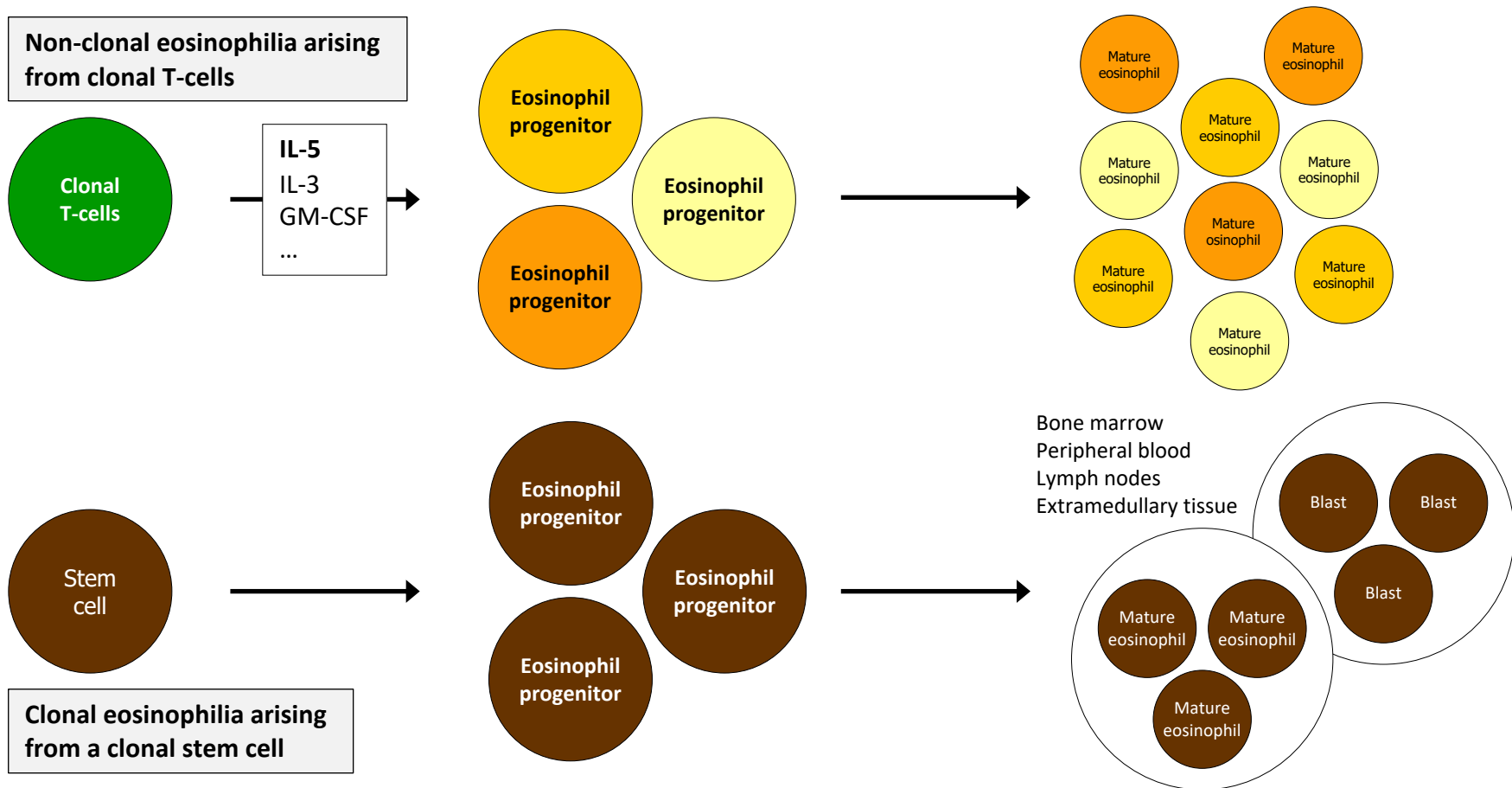
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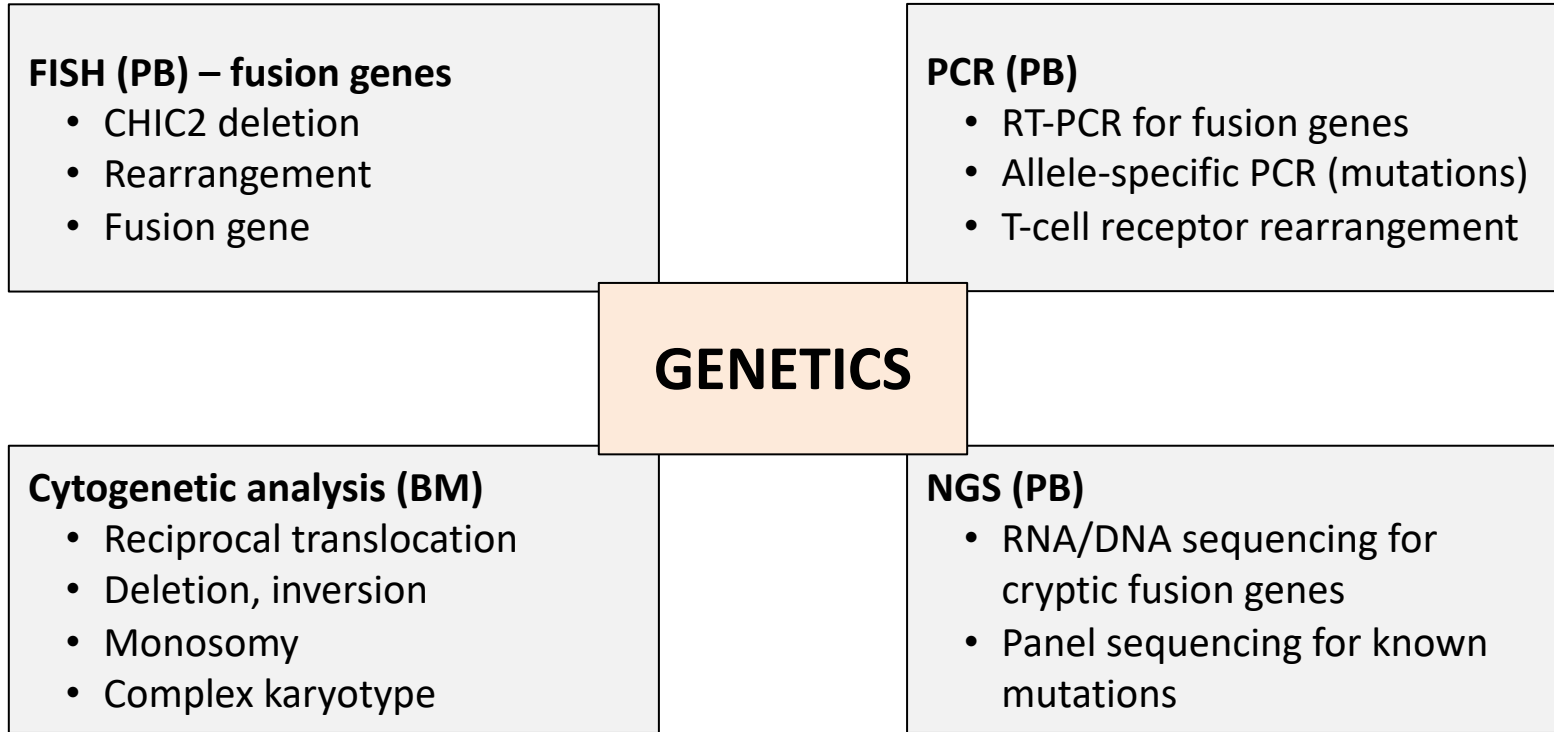
Disclosures

Name of Company	Research support (clinical trials)	Consultant/ Scientific Advisory Board	Honoraria	Travel reimbursement
Blueprint	X	X	X	X
Novartis	X	X	X	X
BMS	X	X	X	X
AOP	X	X	X	X
GSK	X	X	X	X
Abbvie	X	X	X	X
Incyte	X	X		
Cogent	X	X		
Astra Zeneca	X			

Non-clonal and clonal eosinophilia



Basic genetic techniques in the diagnostic work-up of eosinophilia



Myeloid/lymphoid neoplasms with eosinophilia and tyrosine kinase fusion genes (MLN-eo-TK)

Fusion	Partner genes	No. of patients n=135	Myeloid/lymphoid blast phase (BM or EMD) n=38 (28%)	Primary/ secondary blast phase (25/13)
<i>FIP1L1::PDGFRA</i>	1	78	17 (22%)	13 / 4
<i>PDGFRB</i>	11	26	5 (19%)	4 / 1
<i>FGFR1</i>	3	9	7 (78%)	6 / 1
<i>JAK2</i>	2	11	3 (27%)	0 / 3
<i>ETV6::ABL1</i>	1	11	6 (54%)	2 / 4

BM: bone marrow

EMD: extramedullary disease („lymphoma“; „myeloid sarcoma“)

German Registry for Disorders of Eosinophils and Mast Cells (GREM)

Metzgeroth et al., submitted

M/LN-eo with *PDGFRA*/*PDGFRB* fusions

PDGFRA/*PDGFRB* (n=104)

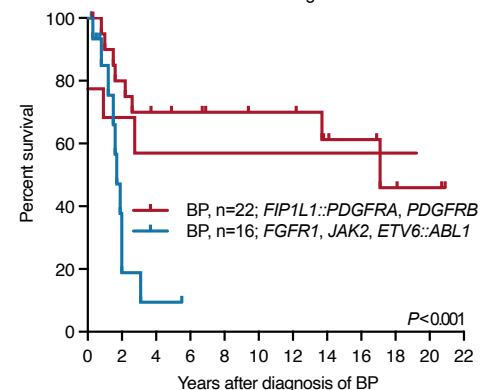
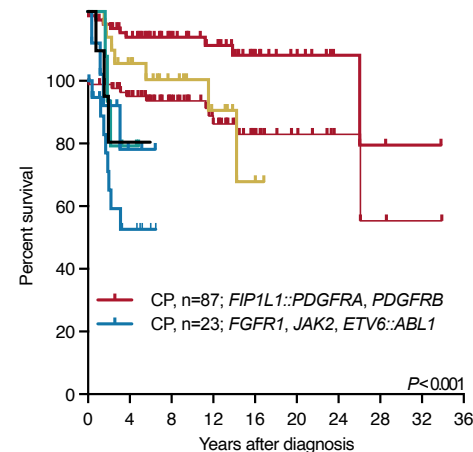
- *FIP1L1::PDGFRA* (n=78)
- *PDGFRB* (n=26; various fusion partners, n=11)

Chronic phase (n=87)

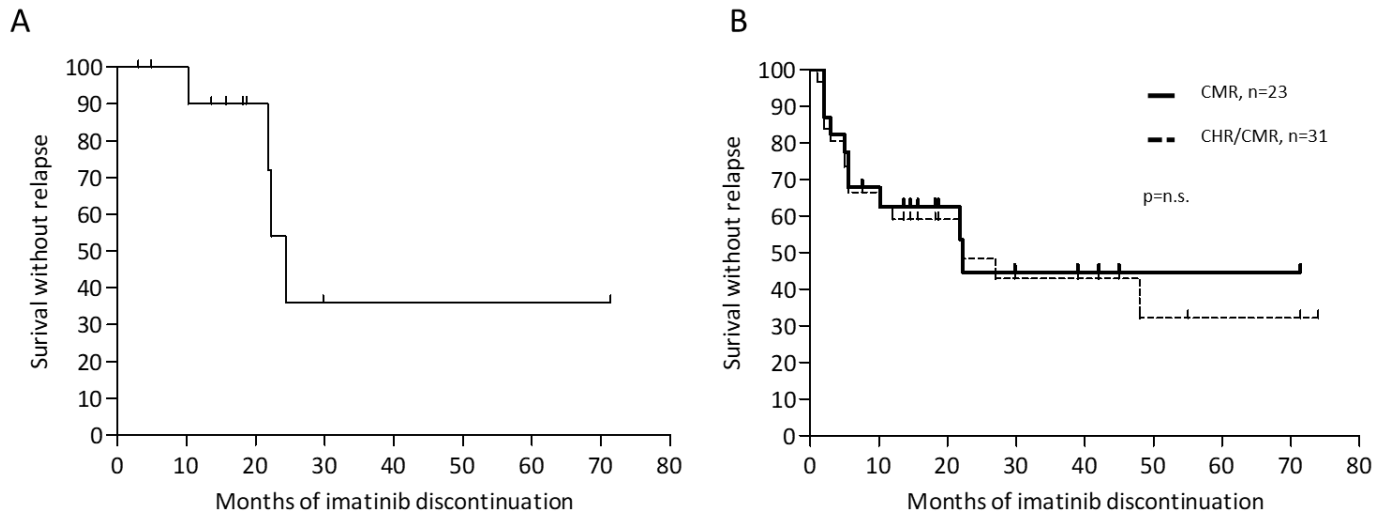
- Progression into secondary BP (n=5; *PDGFRA*, n=4, *PDGFRB*, n=1)
- Allogeneic SCT in CP (n=3)
- Causes of death (n=8)
 - Comorbidity (n=5)
 - **Resistance/progression (n=1)**
 - **Resistance/allogeneic SCT/GvHD (n=1)**
 - Cardiac involvement (n=1)

Blast phase (n=22)

- Primary (n=17), secondary (n=5)
- Allogeneic SCT (n=6)
- Causes of death (n=8; primary, n=6; secondary, n=2)
 - **Resistance/relapse (n=4)**
 - Comorbidity (n=3)
 - Intracerebral bleeding (n=1)

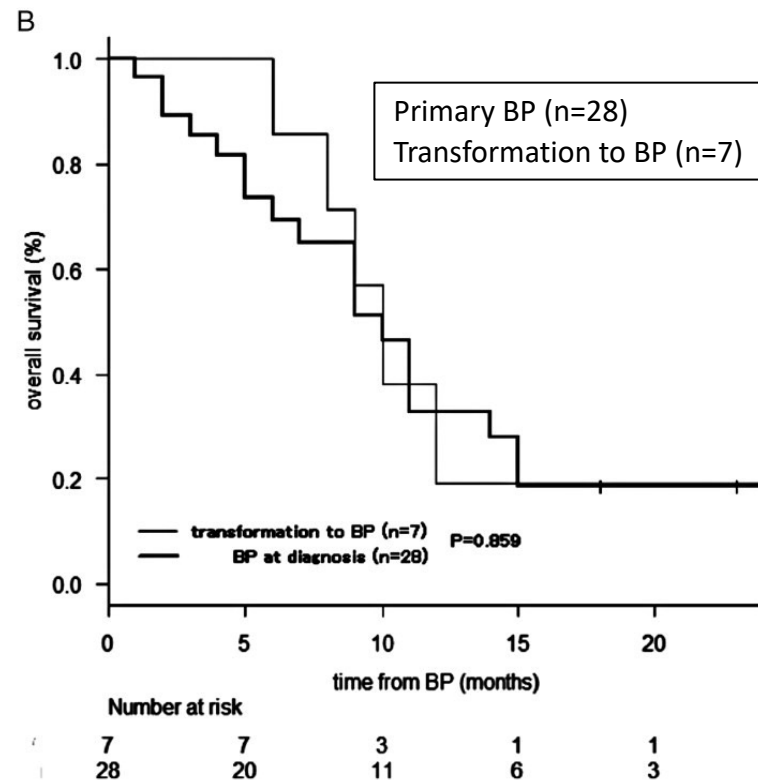
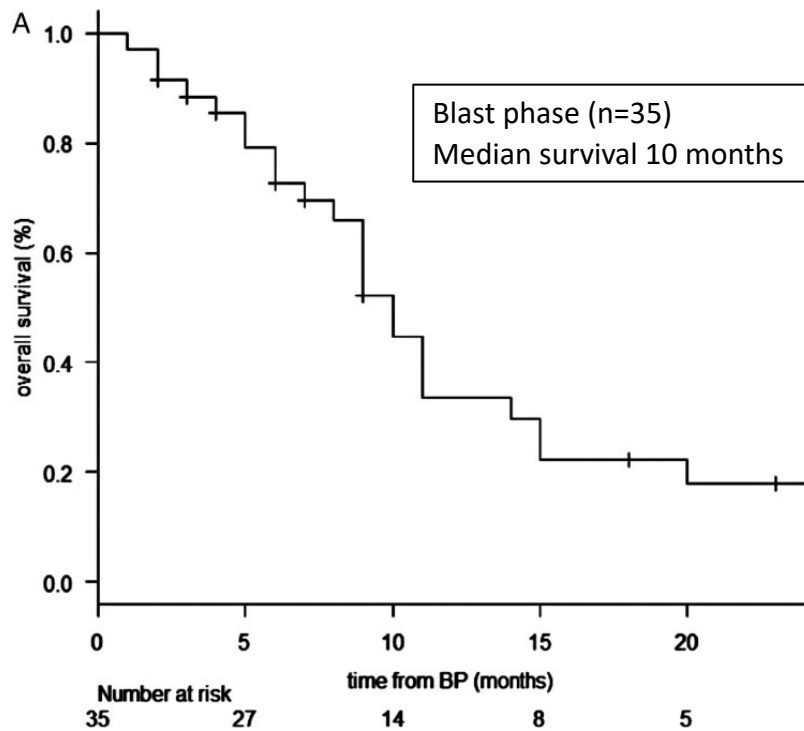


Treatment-free remission in M/LN-eo with *FIP1L1::PDGFRA* fusion



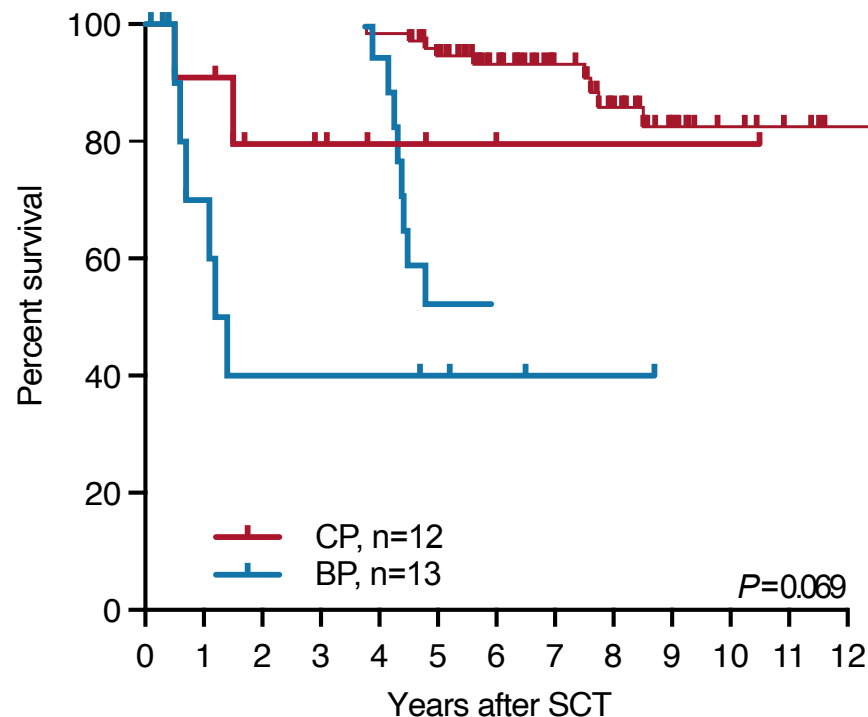
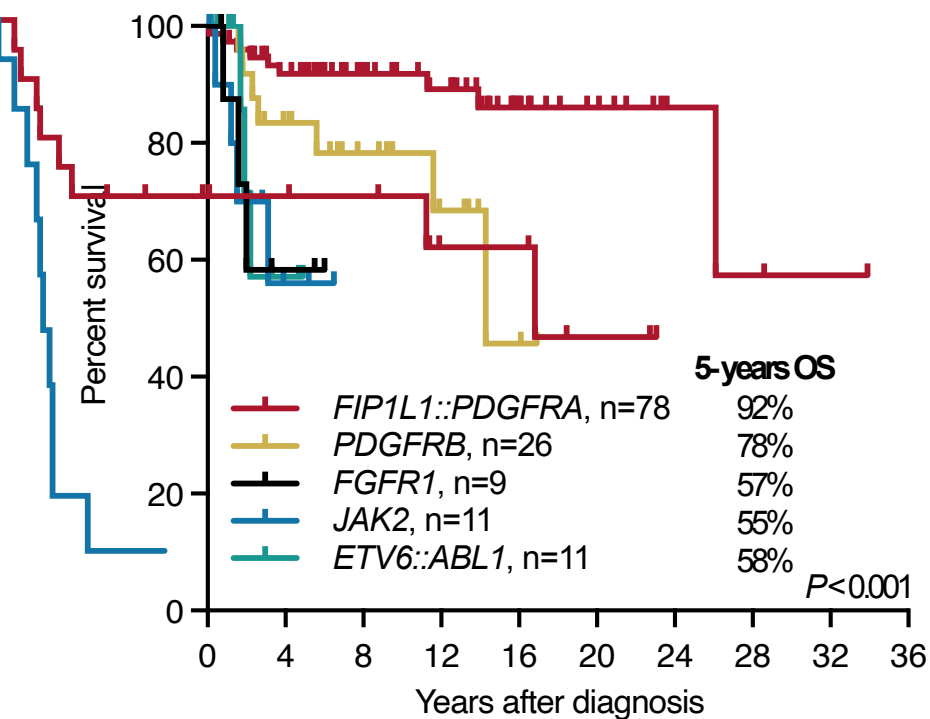
Treatment with imatinib: median 80 months (range, 43-175)
Time in CMR: median 66 months (range, 37-174)

M/LN-eo with *FGFR1* fusions: OS of patients in BP and according to primary or secondary BP

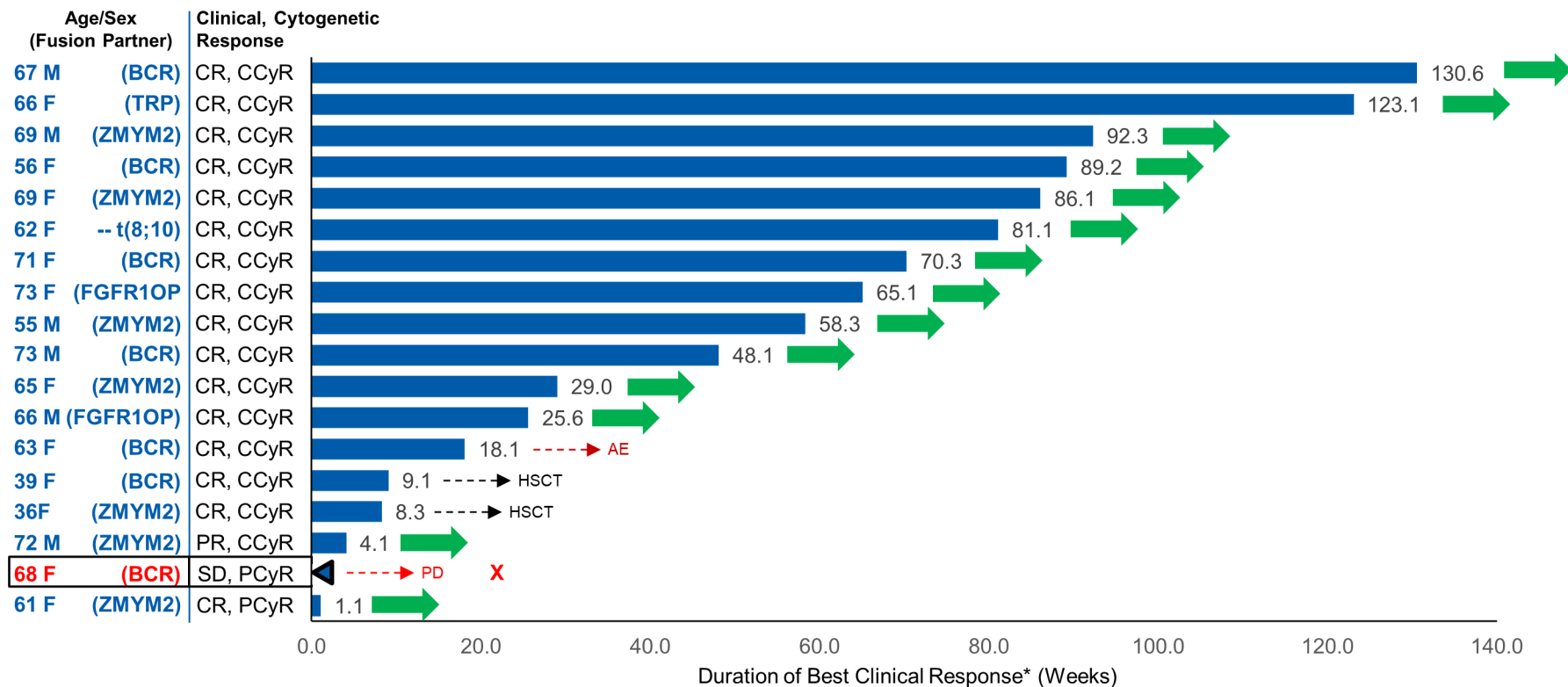


C

M/LN-eo-TK



Chronic Phase Disease Only (n=18): Best Clinical and Cytogenetic Responses per CRC

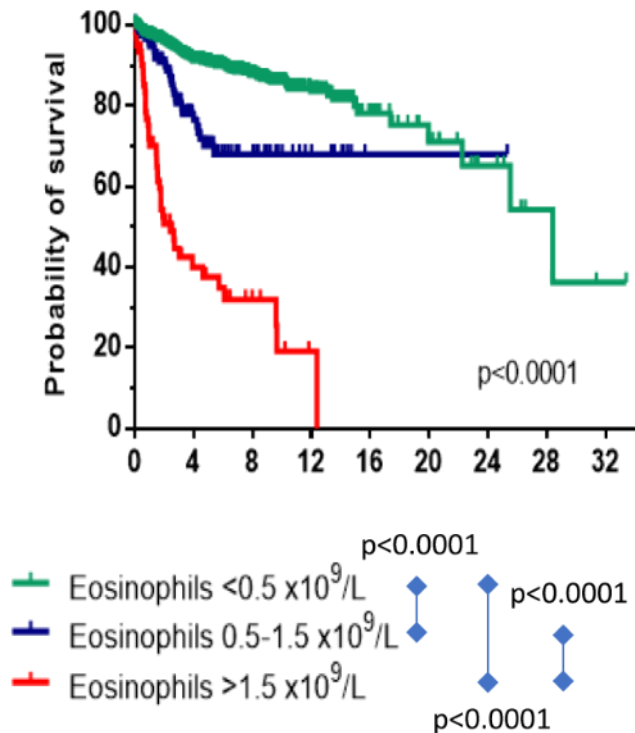


*Swimmer lane representative of duration of clinical response only.

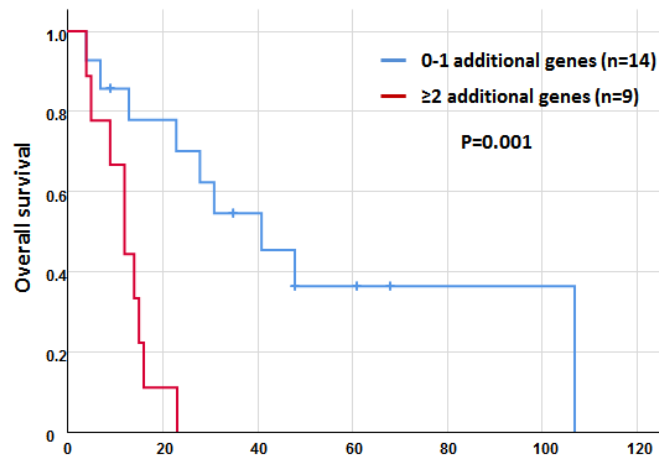
X denotes death; green arrow shows patients still receiving treatment at the time of data cut-off; Black-outlined triangle shows non-responder.

AE, adverse event; CCyR, complete cytogenetic response; CR, complete response; CRC, Central Review Committee; HSCT, hematopoietic stem cell transplant; NE, not evaluable; PR, partial response; SD, stable disease.

Survival of eosinophilia in association with point mutations



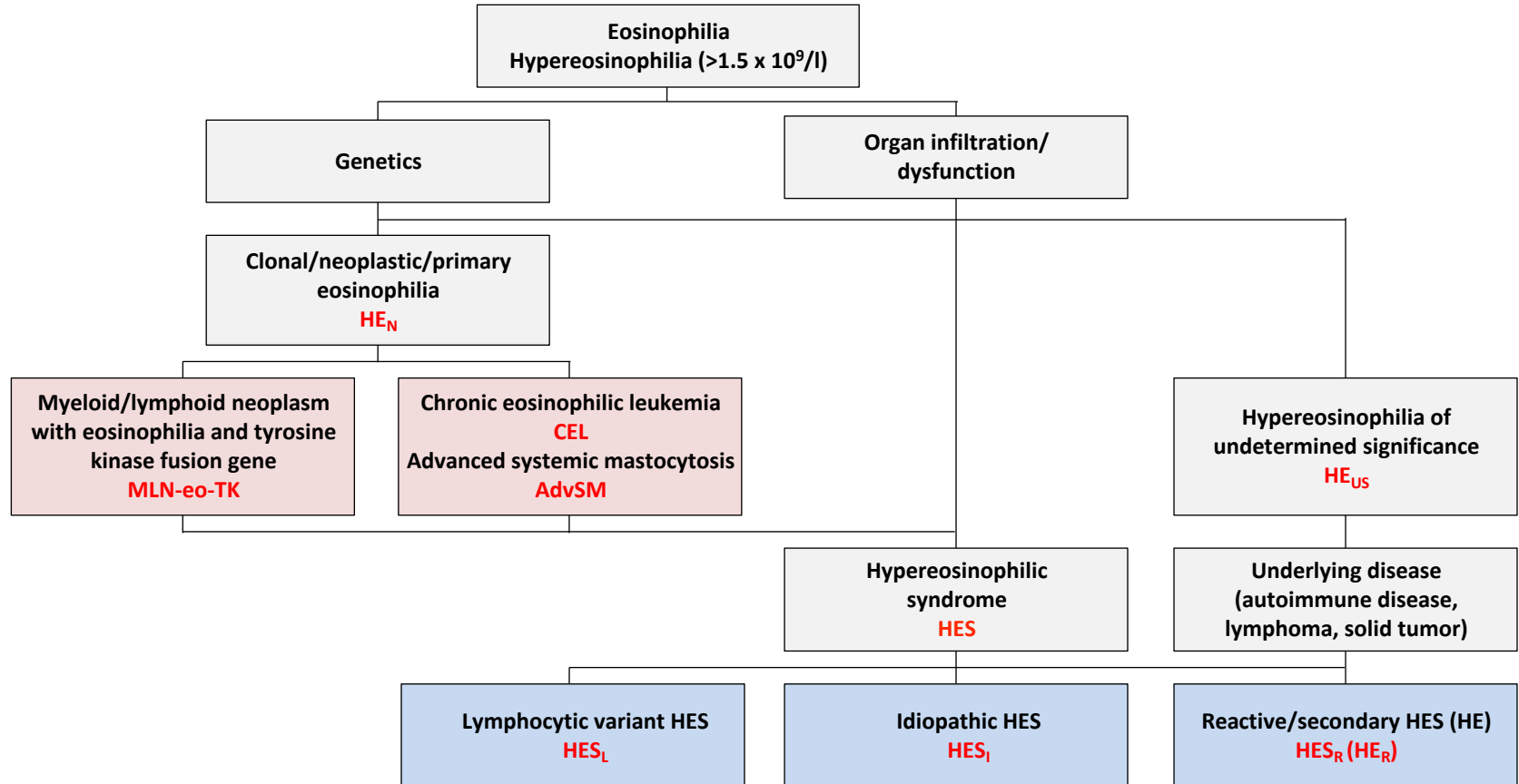
***KIT* D816V**



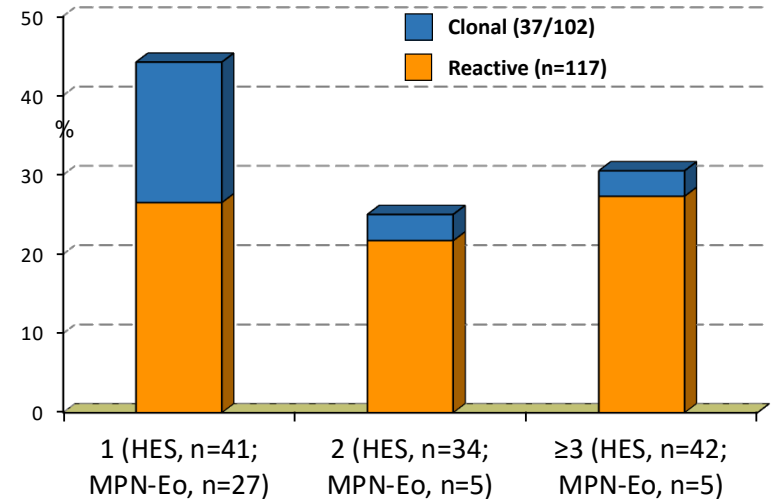
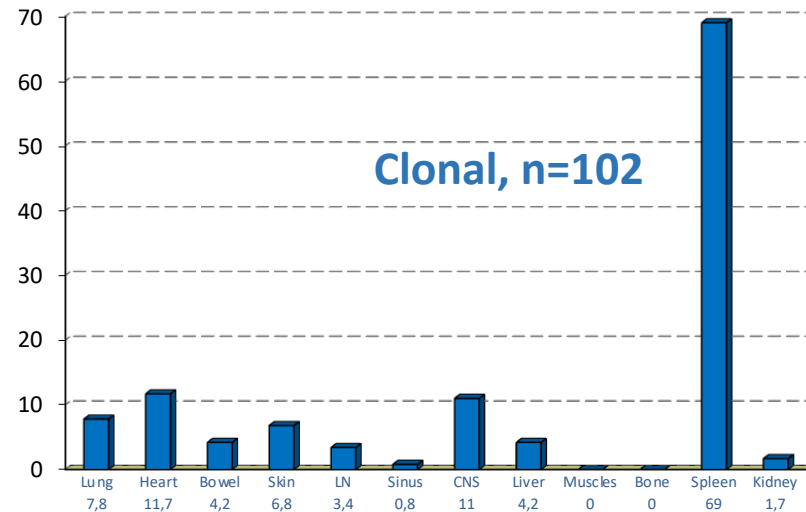
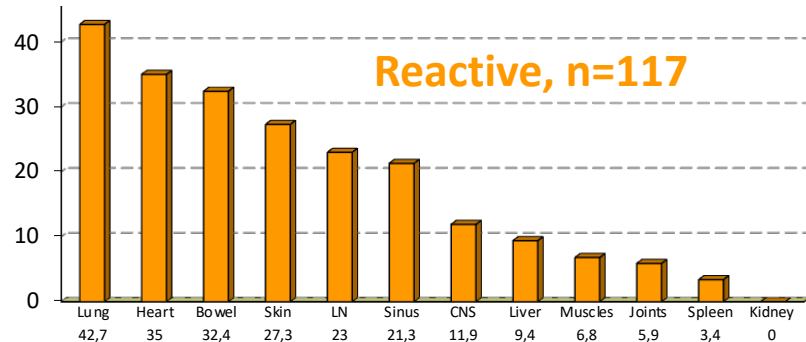
- Identified in 27/1715 (1.6%) patients with eosinophilia
- = CEL-NOS
- Median of 2 (range 0-4) additional myeloid mutations, e.g. *SF3B1*, *SRSF2*, *ASXL1*, *EZH2*, *RUNX1*
- Median overall survival 30 months

***STAT5B* N642H**

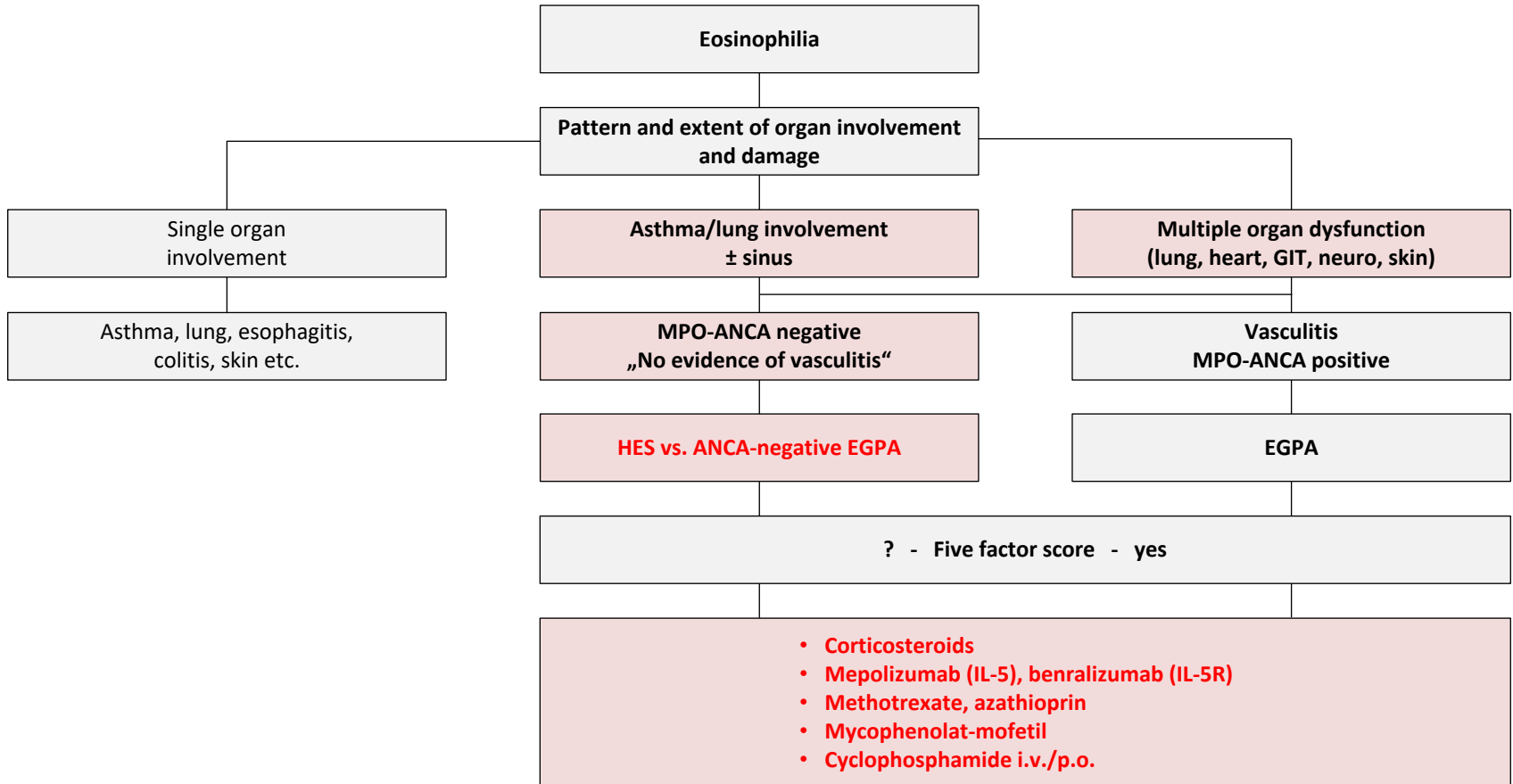
Terminology of eosinophilia-associated disorders



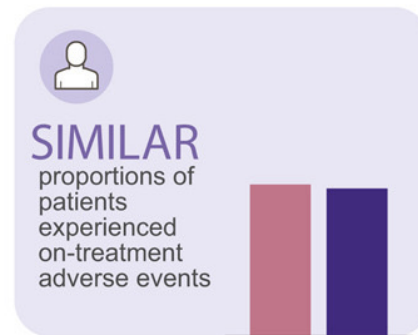
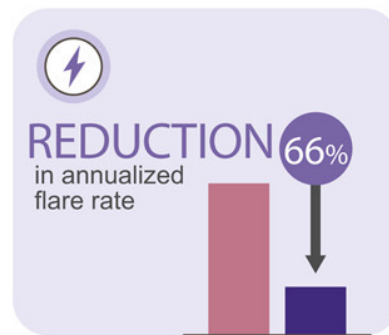
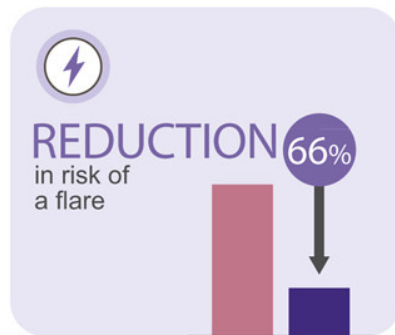
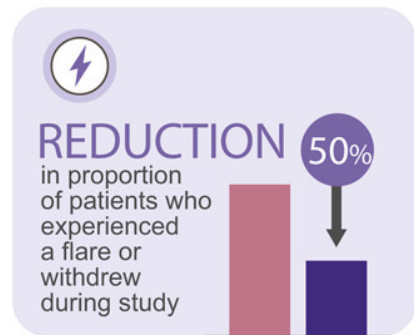
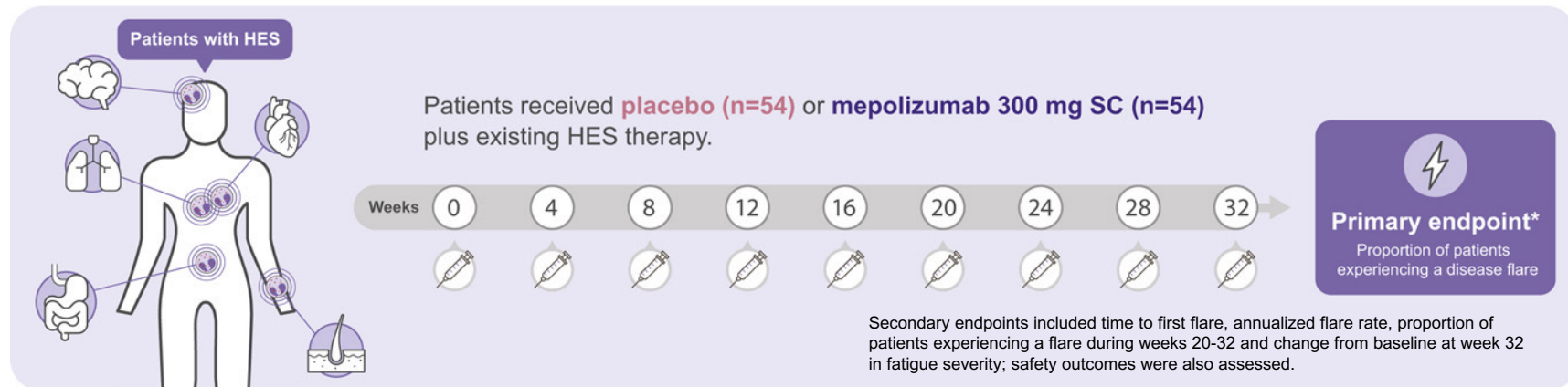
Organ involvement in reactive and clonal eosinophilia



Eosinophilia and organ damage



Mepolizumab in HES



*Secondary endpoints included time to first flare, annualized flare rate, proportion of patients experiencing a flare during Weeks 20-32 and change from baseline at Week 32 in fatigue severity; safety outcomes were also assessed. HES, hypereosinophilic syndrome; SC, subcutaneous.

■ Placebo ■ Mepolizumab

Eosinophilia: complex genetics and its consequences

