

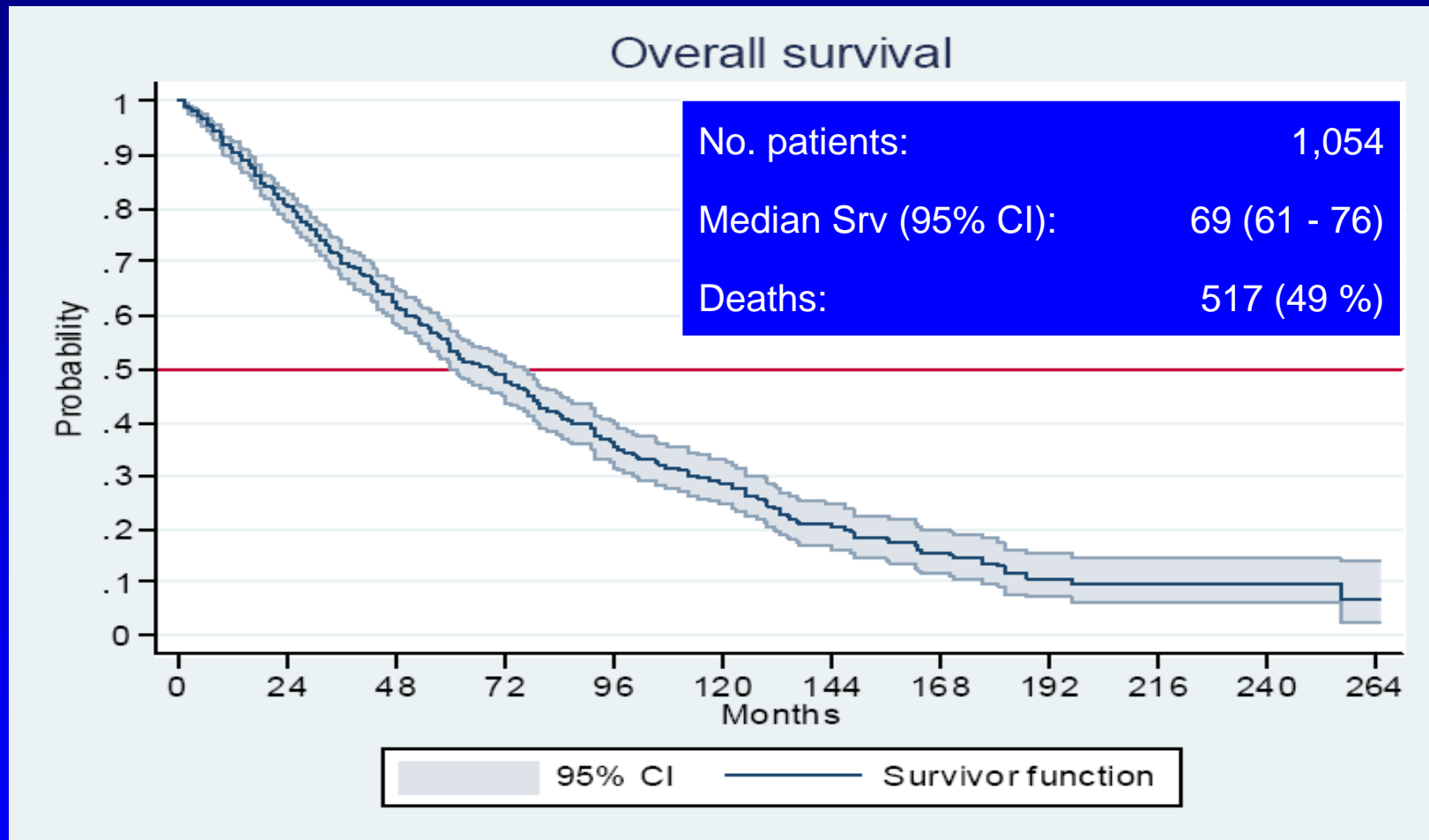
# **Current Prognostication in Primary Myelofibrosis**

**Francisco Cervantes**

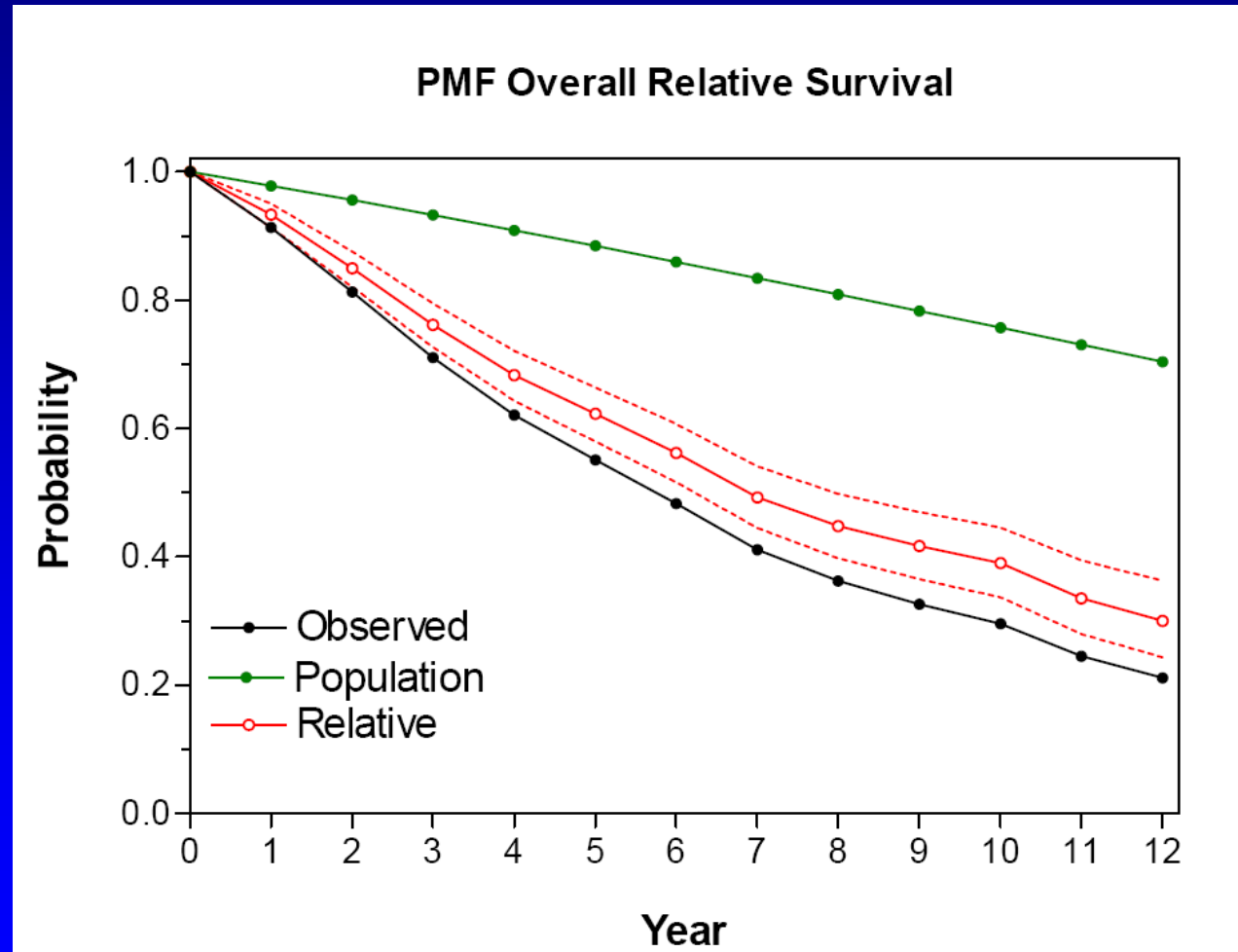
Hematology Department, Hospital Clínic, Barcelona, Spain

Florence, April 2011

# Survival in PMF



# Relative Survival in PMF



# Main Prognostic Factors in PMF

- Hb < 10 g/dL
  - Constitutional symptoms
  - Older age
  - Leukocyte counts
  - Blood blasts
  - Abnormal karyotype
-

# Dupriez's Prognostic Score

## Adverse factors

- Hb < 10 g/dL
- WBC < 4 or > 30 x 10<sup>9</sup>/L

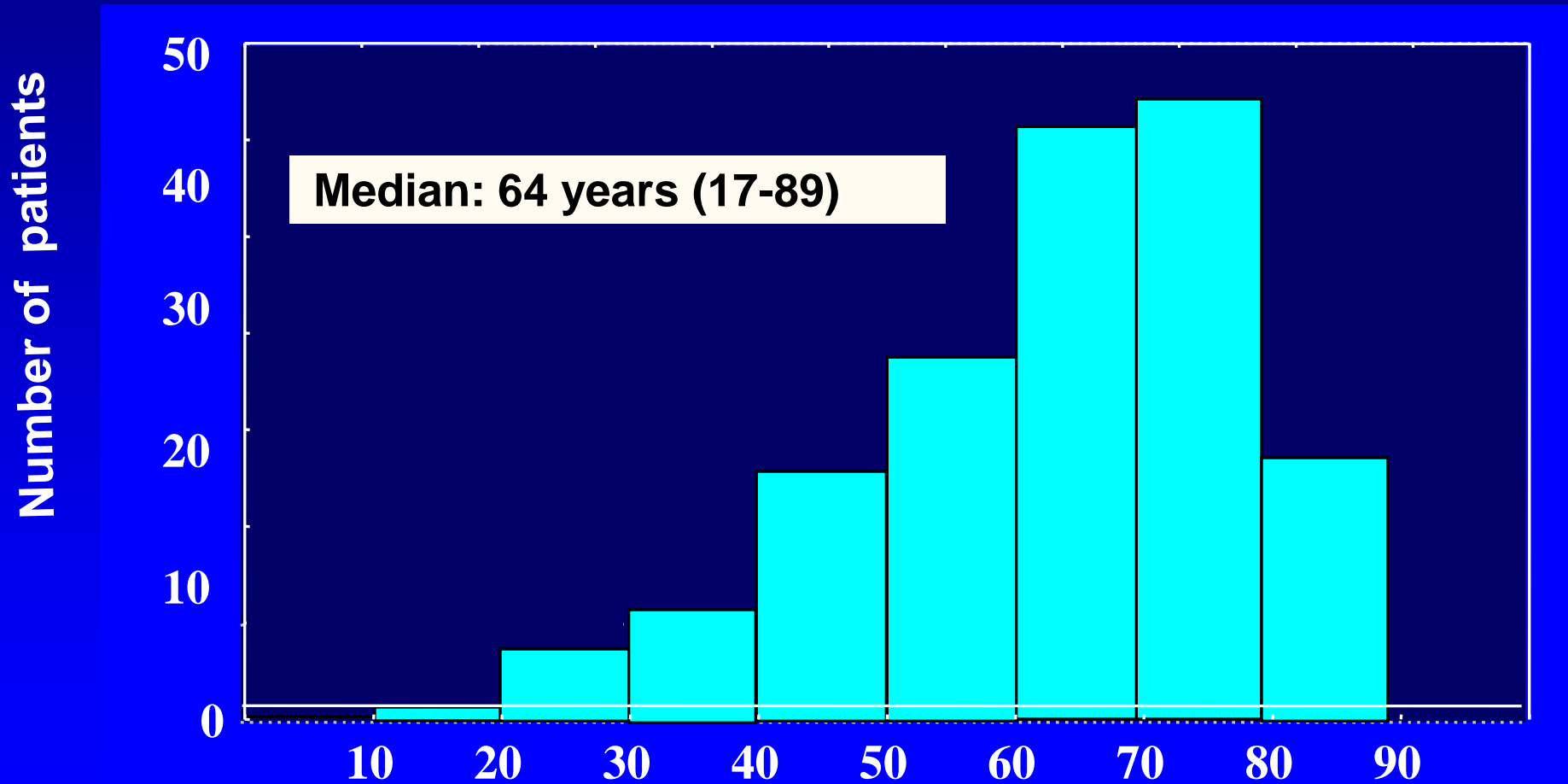
## Prognostic groups

- Low risk: 0 factors
- Intermediate risk: 1 factor
- High risk: 2 factors

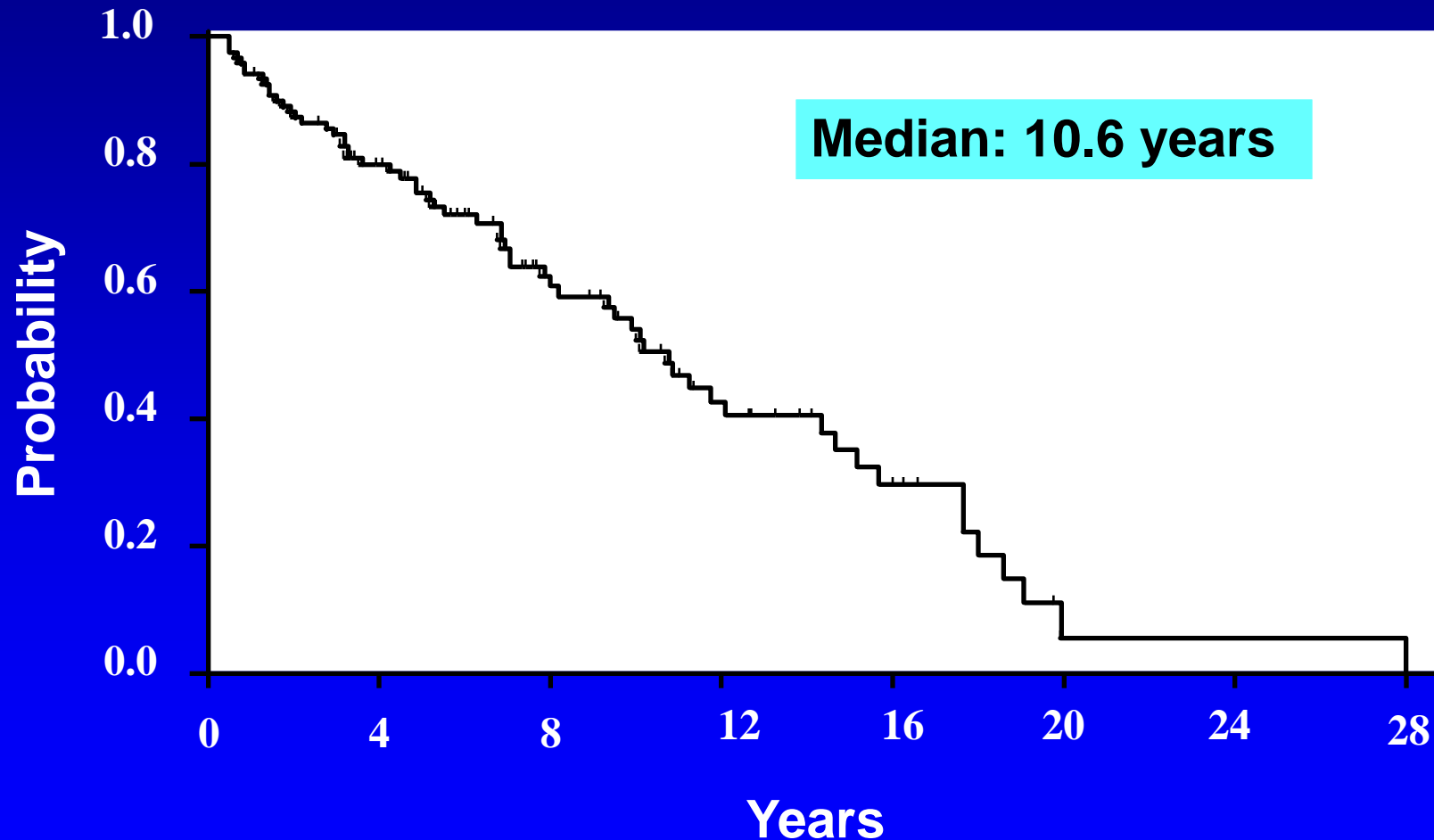
## Median survival

93 months  
26 months  
13 months

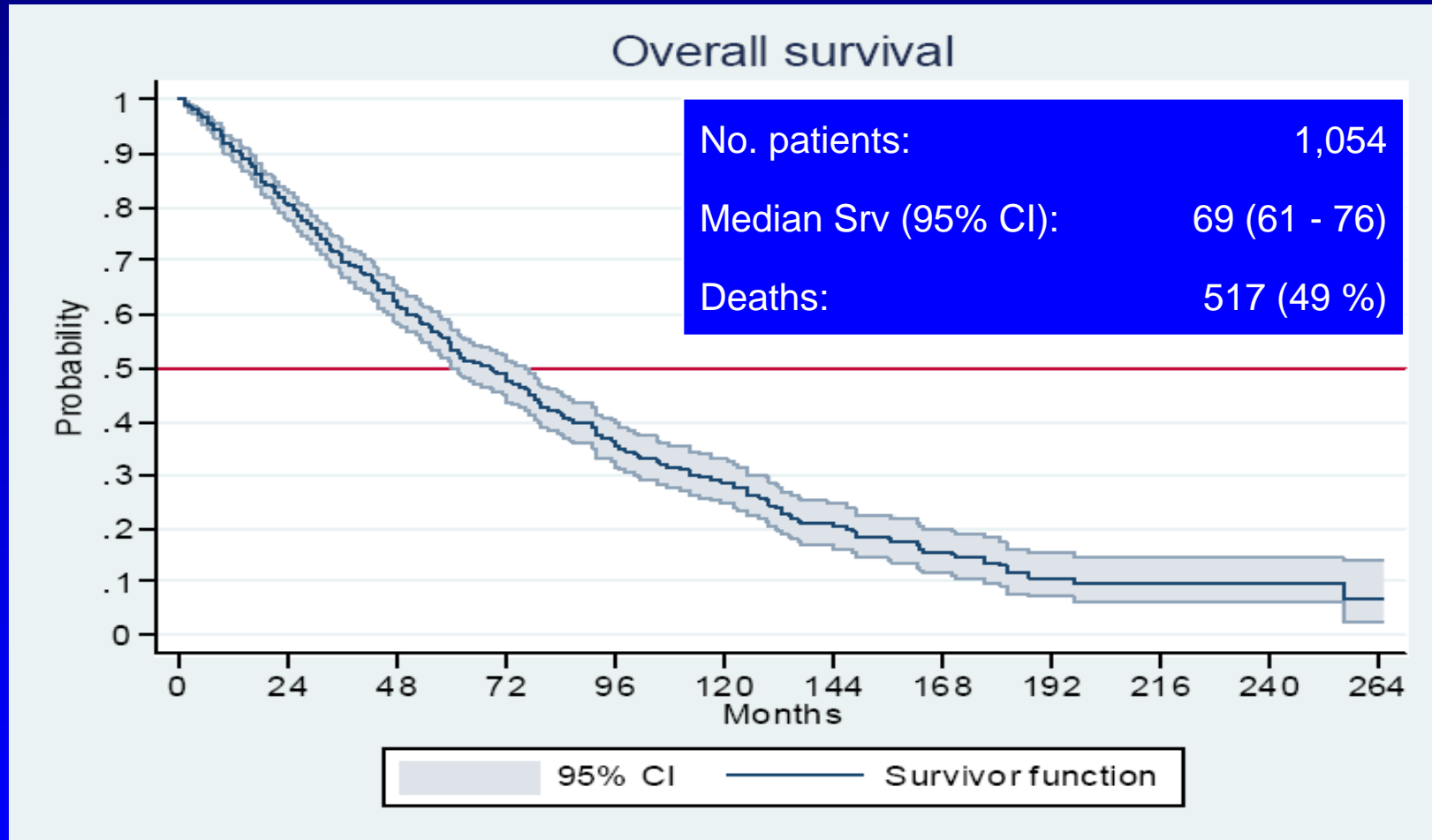
# Primary Myelofibrosis: Age Distribution (n= 173)



# Survival of PMF Patients $\leq 55$ years (n= 121)



# Survival in PMF





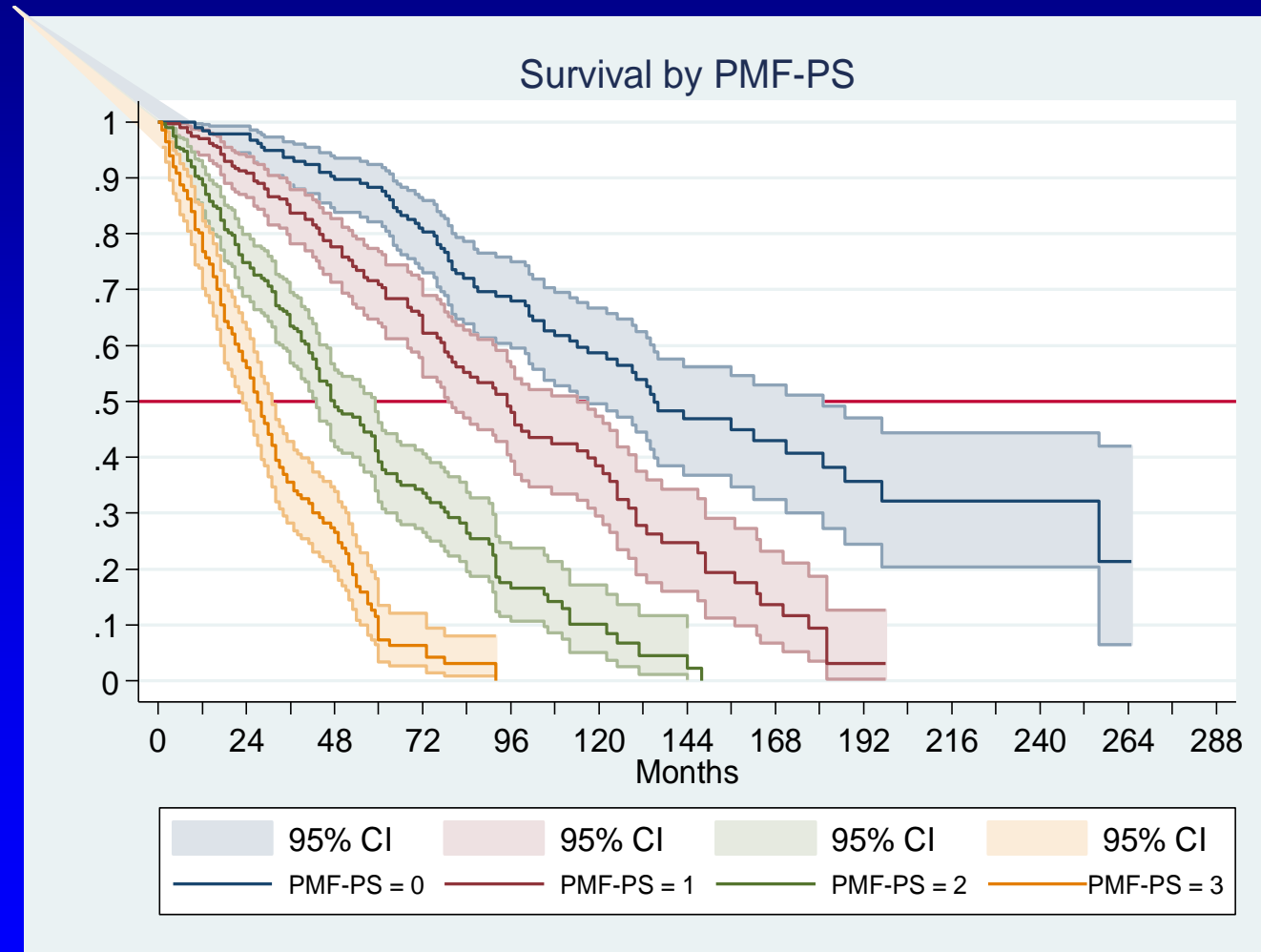
# IPSS: Risk classification of PMF at presentation

## Prognostic factors

- Age > 65 years
- Constitutional symptoms
- Hb < 10 g/dL
- Leukocytes > 25 x 10<sup>9</sup>/L
- Blood blasts ≥ 1%

## Risk groups

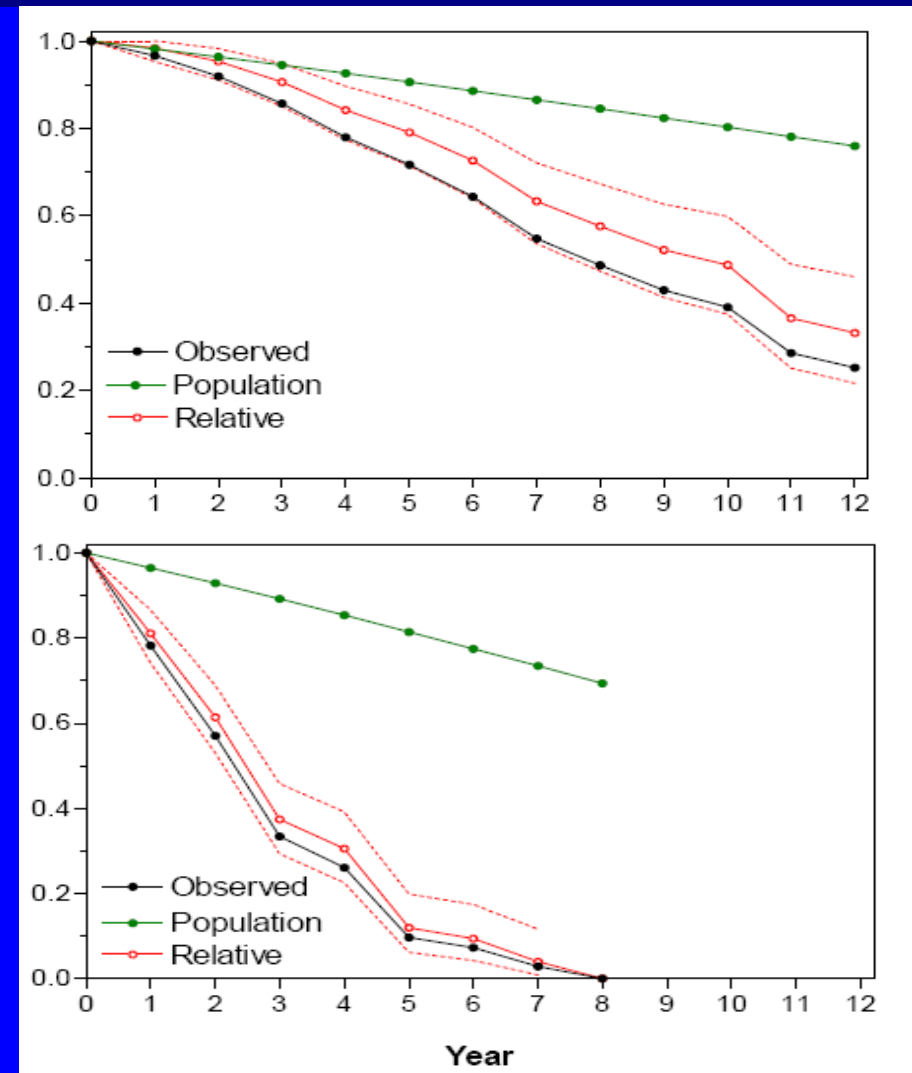
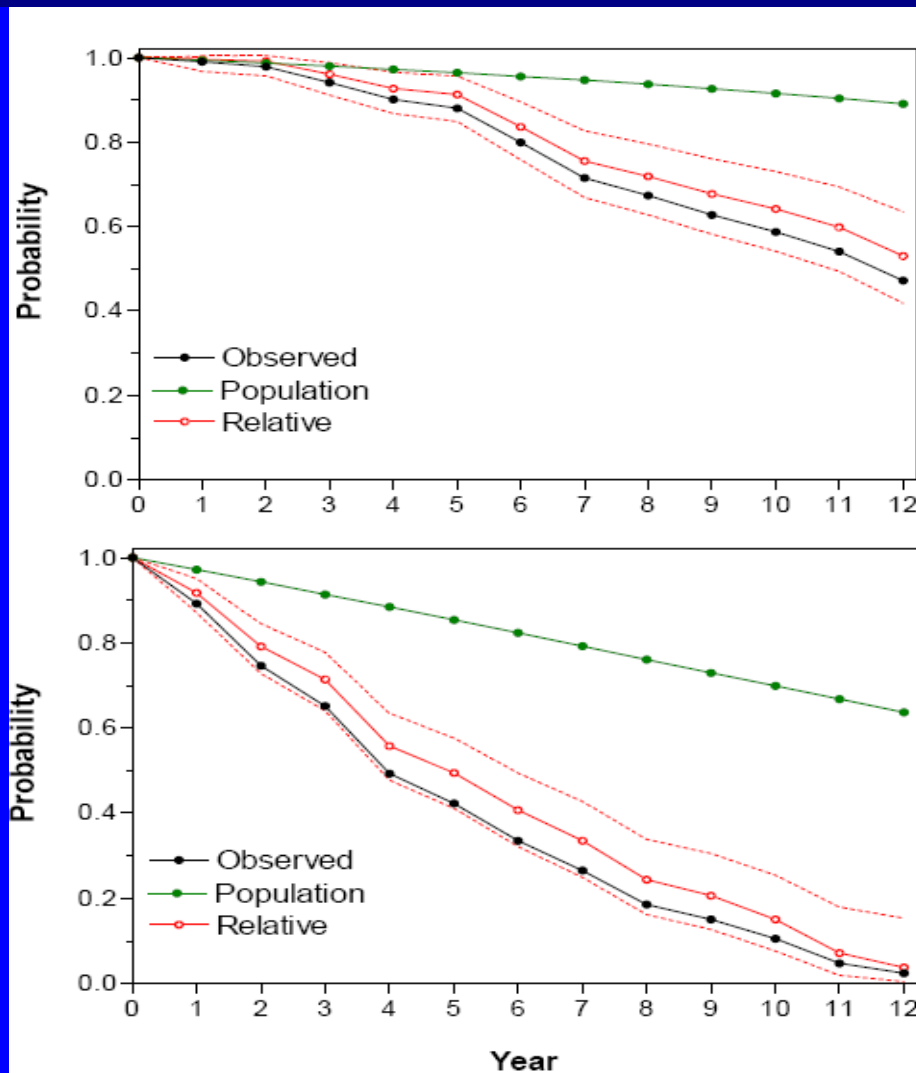
- |                  |     |
|------------------|-----|
| • Low            | 0   |
| • Intermediate-1 | 1   |
| • Intermediate-2 | 2   |
| • High           | ≥ 3 |



# PMF- Prognostic groups

<b>Risk Group</b>	<b>No. factors</b>	<b>No. cases (%)</b>	<b>Median Srv (95% CI)</b>	<b>No. deaths (%)</b>
Low	0	224 (22 %)	135 (117 - 181)	72 (32 %)
Interm. 1	1	229 (29 %)	95 (79 - 114)	114 (50 %)
Interm. 2	2	282 (28 %)	48 (43 - 59)	161 (71 %)
High	≥ 3	202 (21 %)	27 (23 - 31)	147 (73 %)

# PMF: Relative Survival by Risk Group



# Dynamic IPSS (DIPSS) in Overall PMF Patients: Weight of Variables and Risk Groups

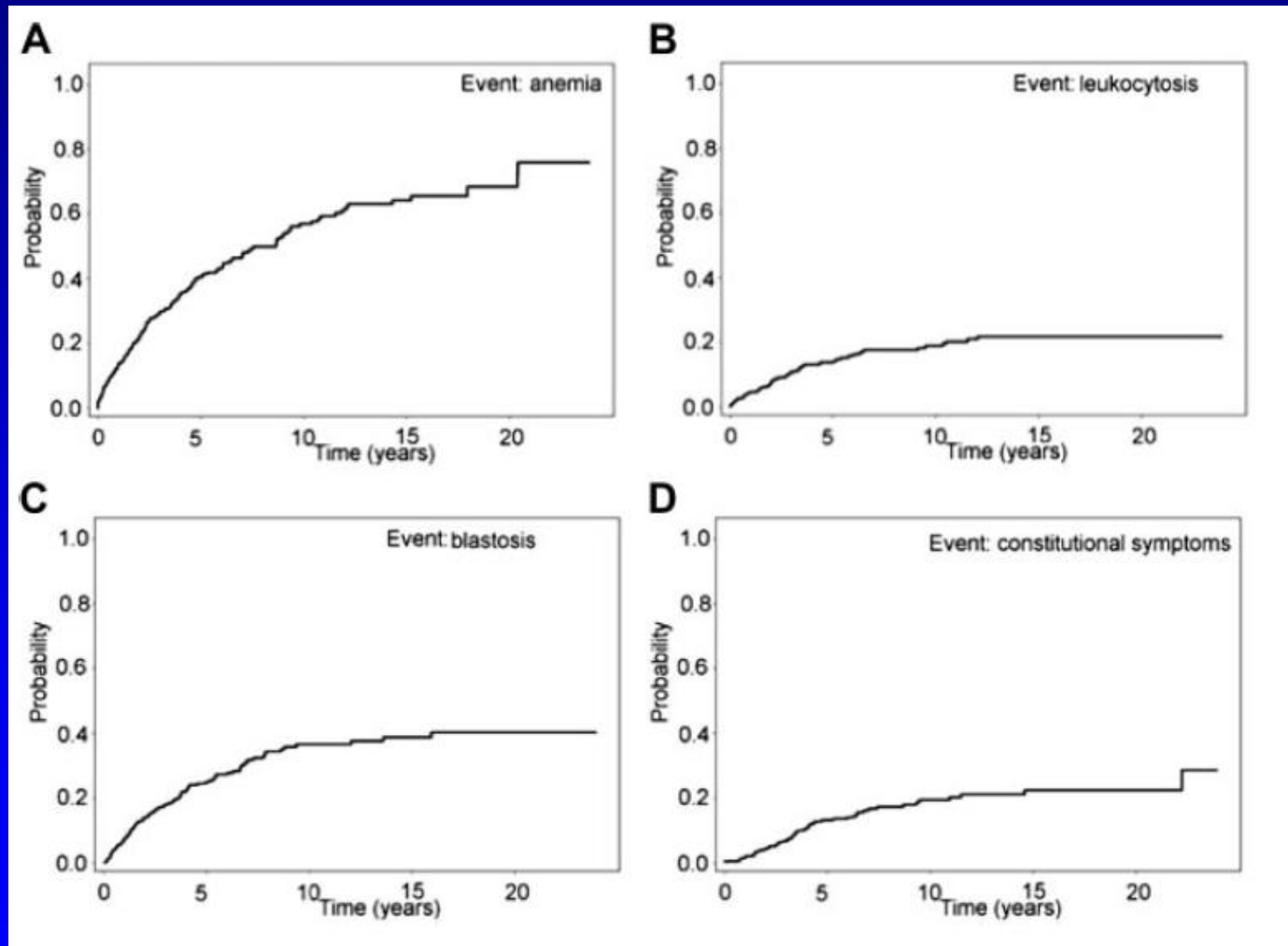
**Table 3. DIPSS for survival in primary myelofibrosis**

Prognostic variable	Value		
	0	1	2
Age, y	≤ 65	> 65	
White blood cell count, ×10 <sup>9</sup> /L	≤ 25	> 25	
Hemoglobin, g/dL	≥ 10		< 10
Peripheral blood blast, %	< 1	≥ 1	
Constitutional symptoms, Y/N	N	Y	

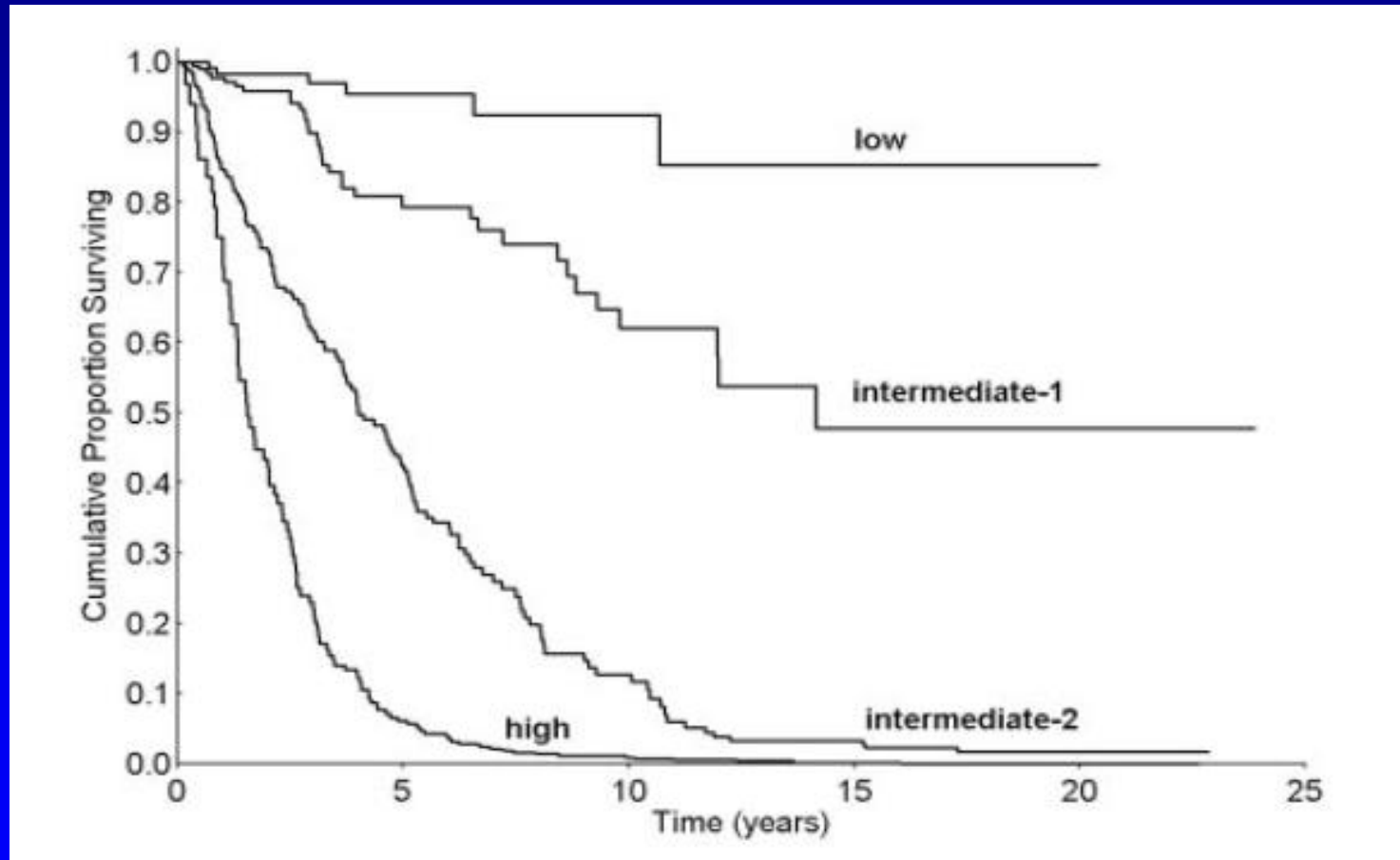
The risk category is obtained adding up the values of each prognostic variable. Risk categories are defined as low: 0; intermediate-1: 1 or 2; intermediate-2: 3 or 4; and high: 5 or 6.

DIPSS indicates Dynamic International Prognostic Scoring System.

# Dynamic International Prognostic Scoring System: Time of Appearance of the Risk Factors



# Dynamic International Prognostic Scoring System: Survival by risk group (overall series)



# DIPSS in PMF Patients < 65 years: Weight of Variables and Risk Groups

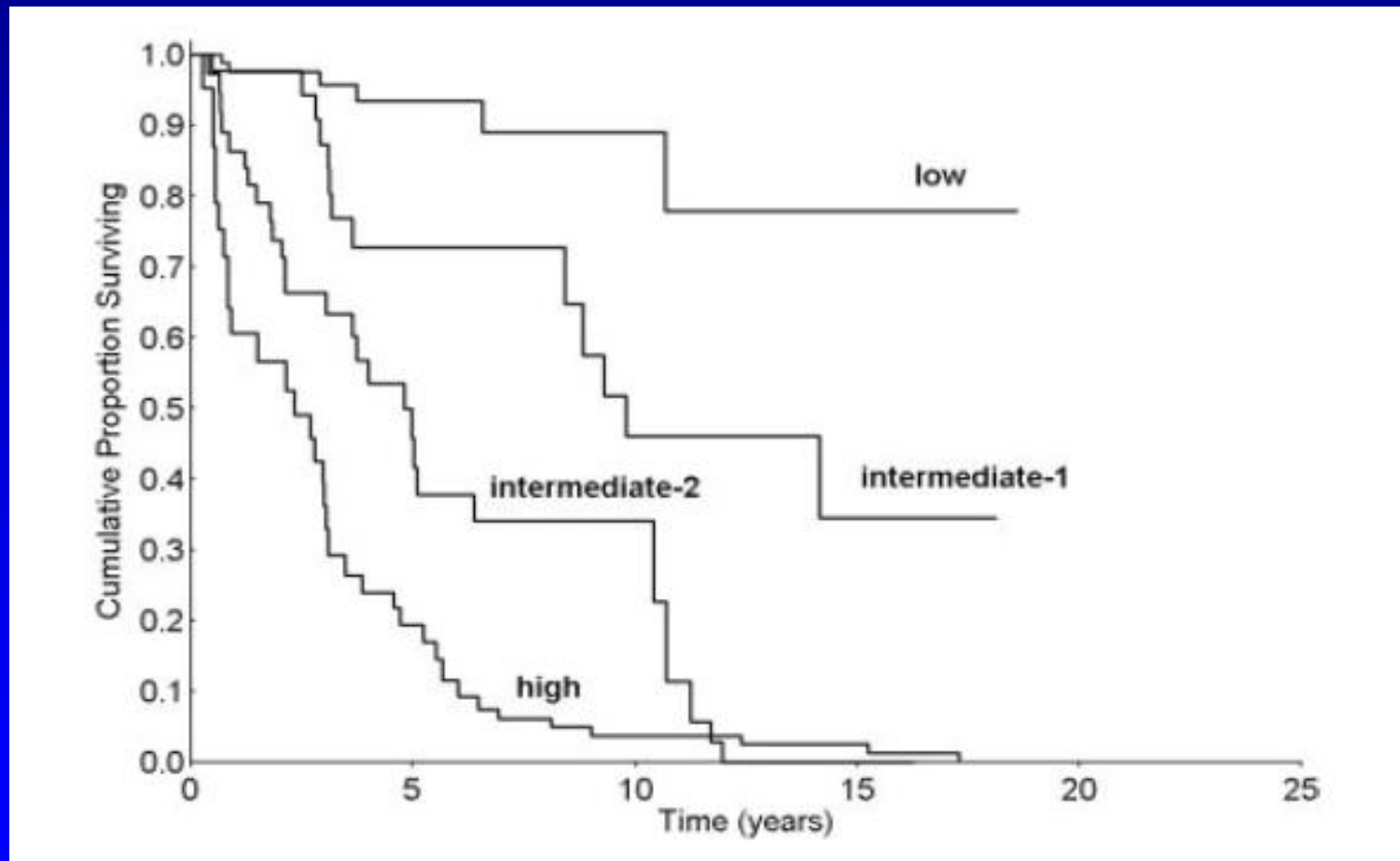
**Table 4. Age-adjusted DIPSS for survival in primary myelofibrosis**

Prognostic variable	Value		
	0	1	2
White blood cell count, $\times 10^9/L$	$\leq 25$	$> 25$	
Hemoglobin, g/dL	$\geq 10$		$< 10$
Peripheral blood blast, %	$< 1$		$\geq 1$
Constitutional symptoms, Y/N	N		Y

The risk category is obtained adding up the values of each prognostic variable. Risk categories are defined as low: 0; intermediate-1: 1 or 2; intermediate-2: 3 or 4; and high: more than 4.

DIPSS indicates Dynamic International Prognostic Scoring System.

# Survival by DIPSS PMF risk group (patients < 65 years)





# Cytogenetic Abnormalities in PMF

- del 20q
- del 13q
- Trisomy 8
- Trisomy 1q
- Trisomy 9
- Monosomy 7
- t (1;7)
- del 12p
- t (1;6)

# IWG-MRT: PMF and Karyotype (n= 409)

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- Patients with abnormalities: 30%
  - Significant association with survival even after adjustment for prognostic score (p= 0.01)
  - The variable “abnormal karyotype” increased the discriminating power of the prognostic score, but only in the intermediate-risk groups.
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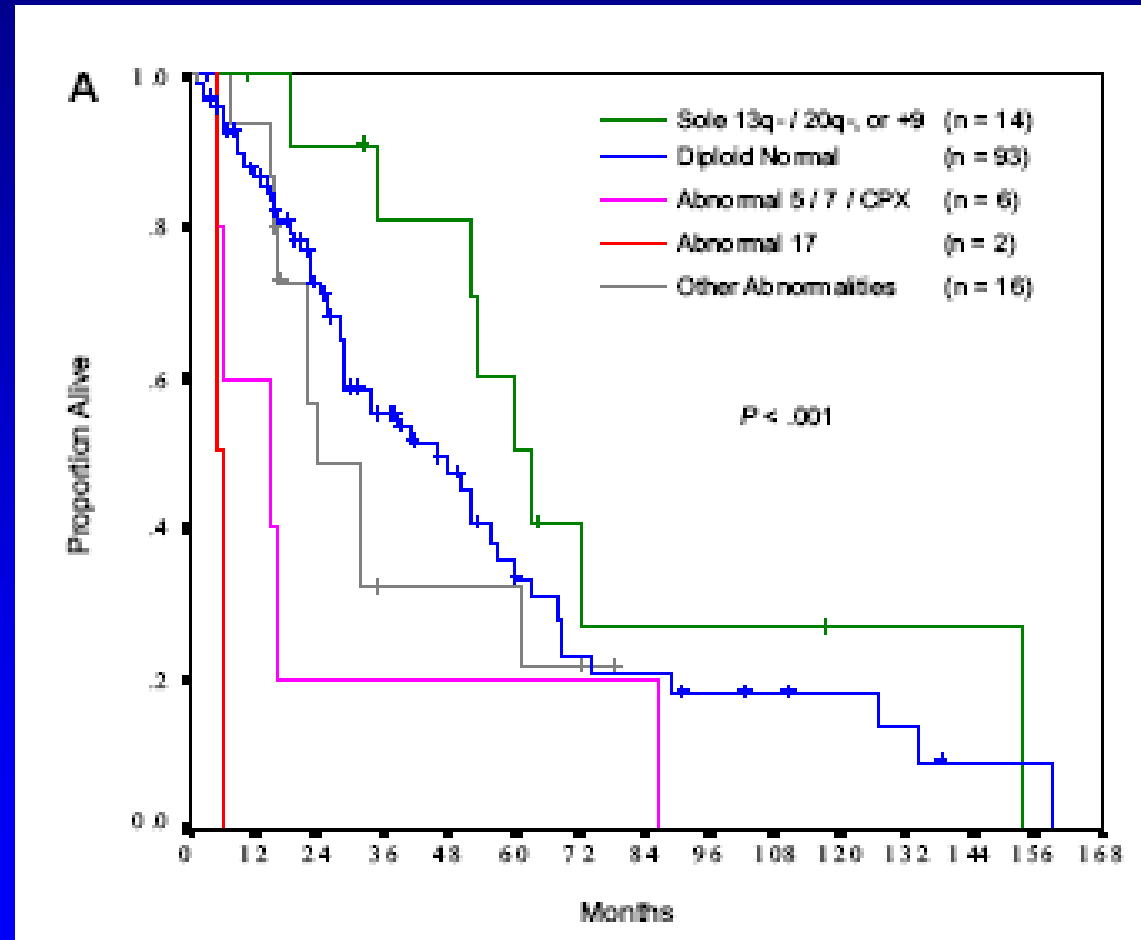
# Karyotype and Prognosis in PMF

## Favorable:

- 13q-, 20q-, +9
- Normal diploid

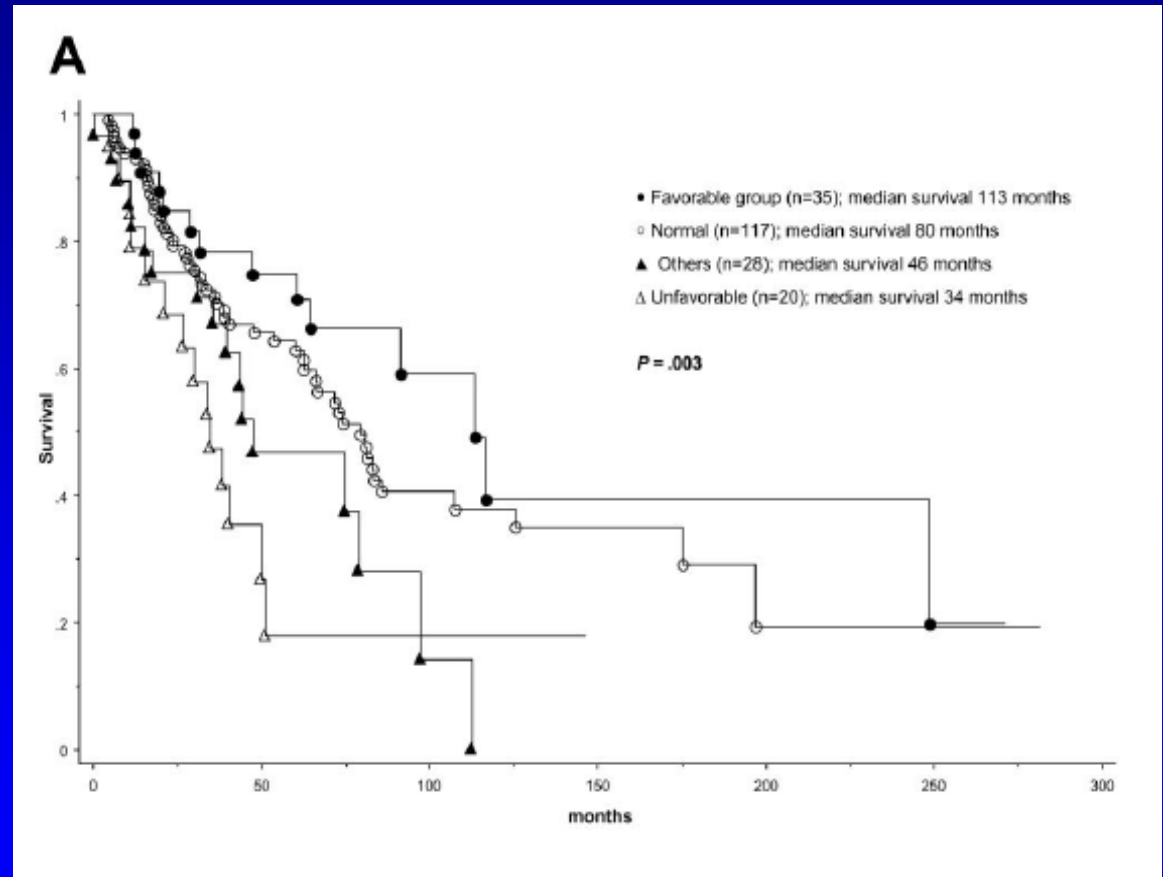
## Unfavorable:

- Abnormal 5, 7 or 17
- Complex



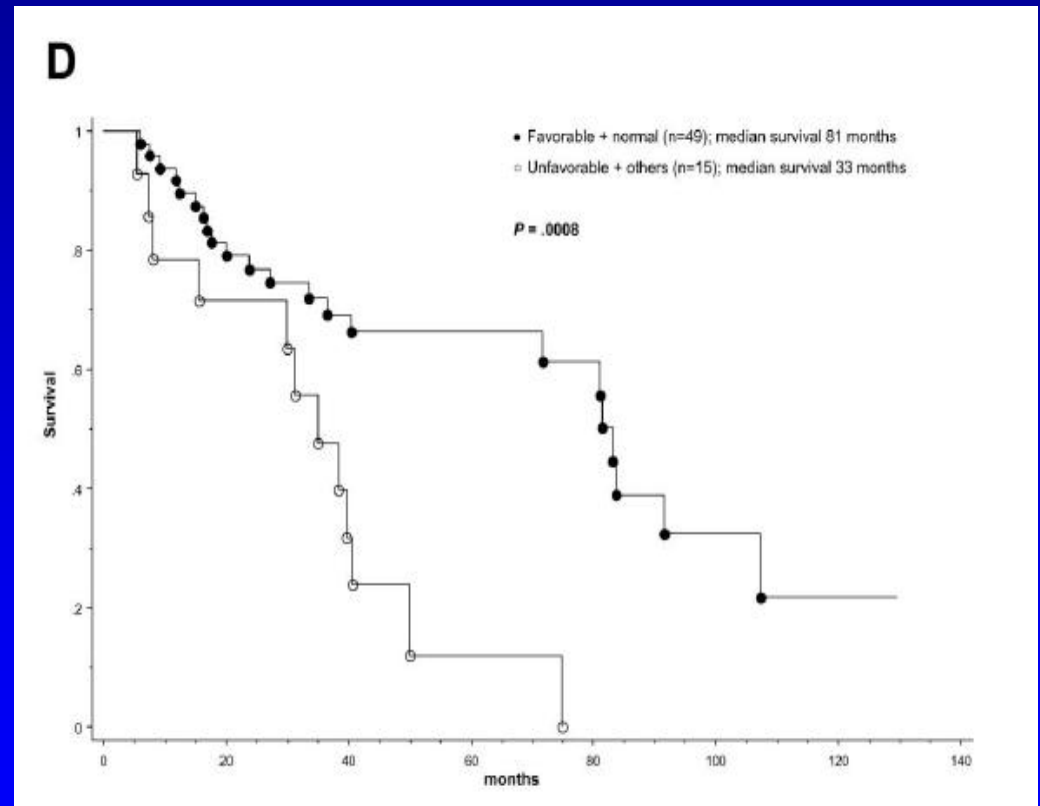
# Karyotype and Prognosis in PMF

- **Favorable:**  
13q-, 20q-, +9
- **Unfavorable:**  
Complex, +8
- **Normal diploid**
- **Others**

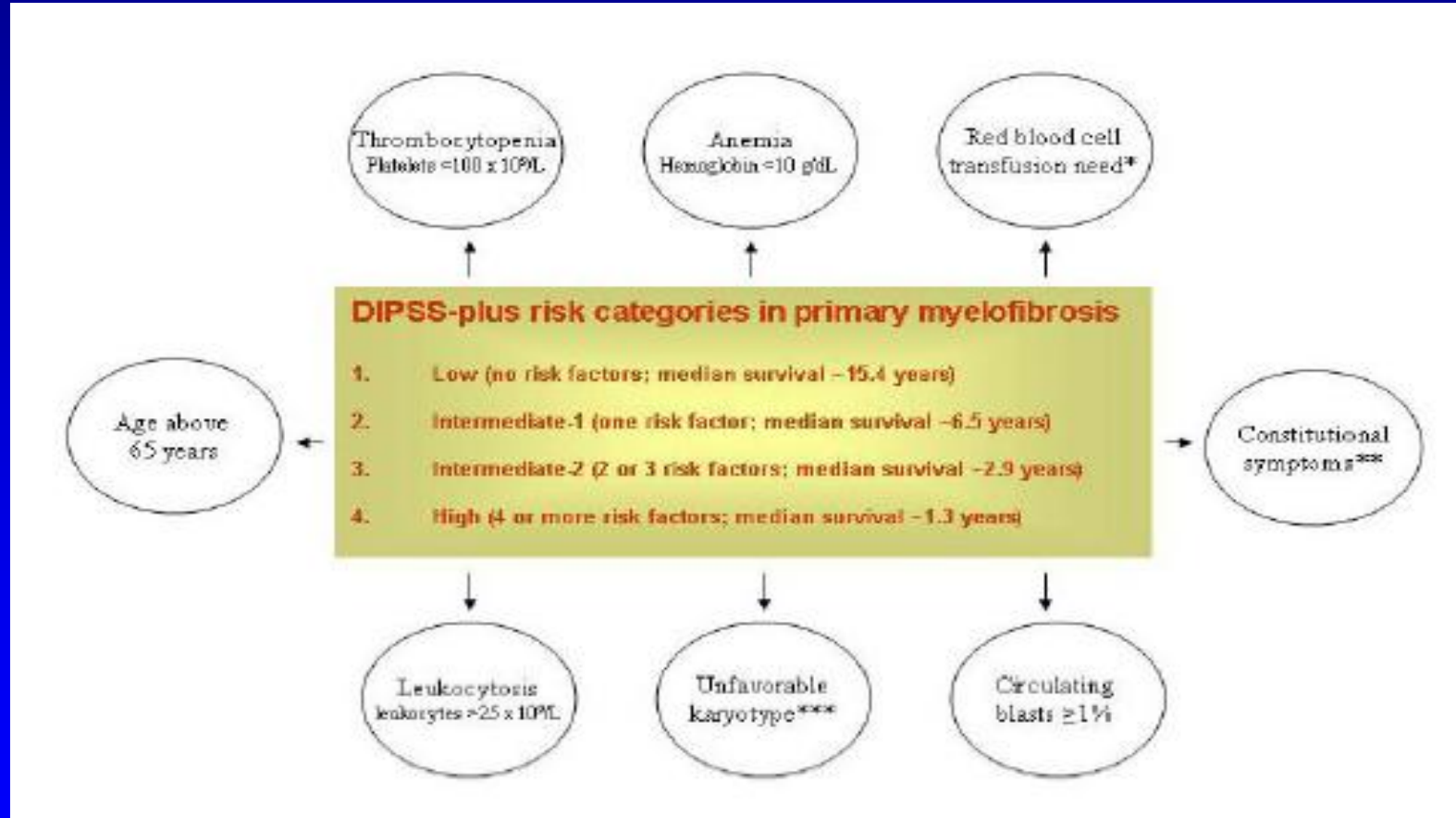


# Karyotype and Prognosis in Intermediate-1 Risk PMF patients

- Favorable + Normal
- Unfavorable + Others

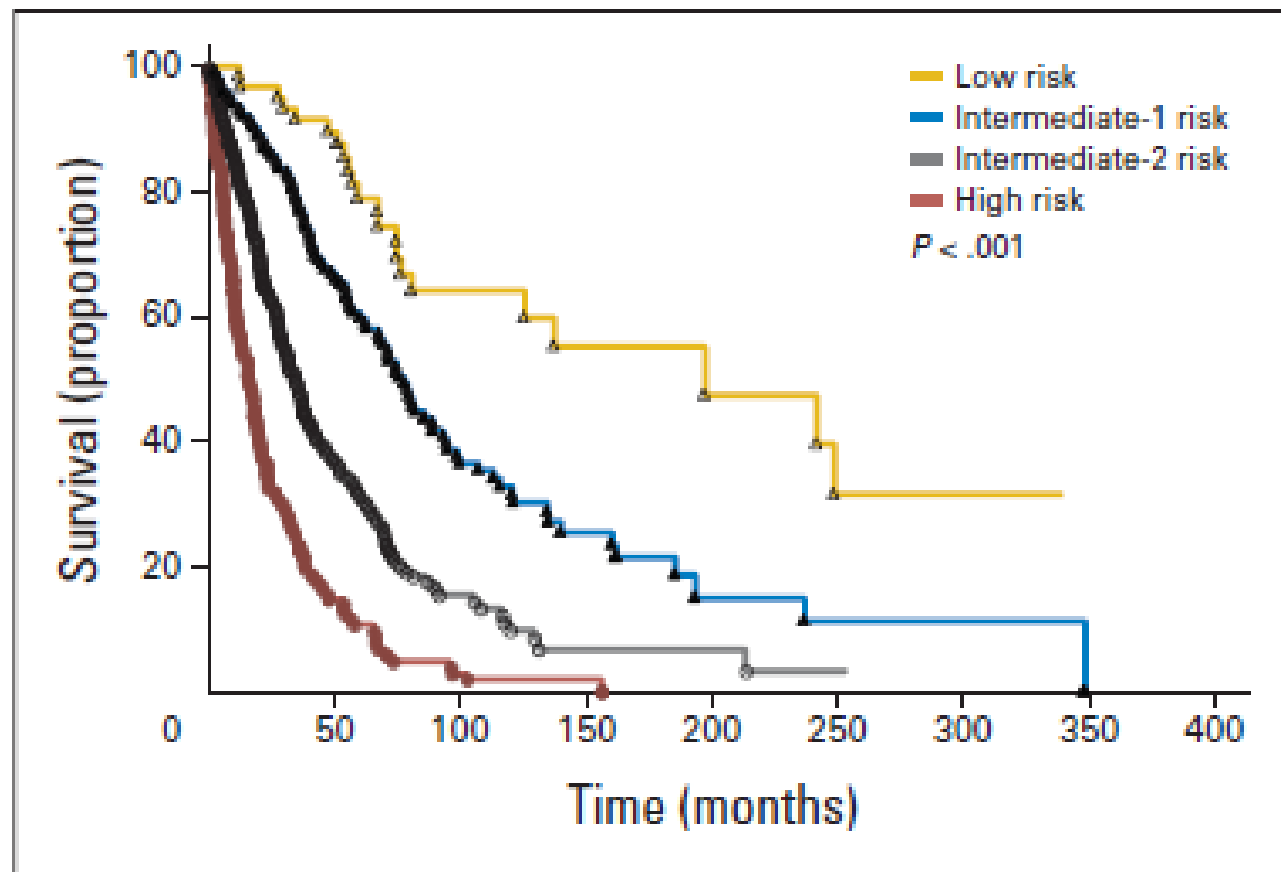


# Dynamic International Prognostic Scoring System (DIPSS)- Plus for Primary Myelofibrosis



\*\*\* Complex karyotype or +8, -5/-5q-, -7/-7q, i(17q), 12p-, inv(3), 11q23 rearr.

# DIPSS-Plus for Primary Myelofibrosis



# Summary of Current Prognostic Models for PMF

Variable	IPSS	DIPSS	DIPSS-plus
Age >65 y	√	√	√
Constitutional symptoms	√	√	√
Hemoglobin <10 g/dL	√	√	√
Leukocyte count >25x10 <sup>9</sup> /L	√	√	√
Circulating blasts ≥1%	√	√	√
Platelet count <100x10 <sup>9</sup> /L			√
RBC transfusion need			√
Unfavorable karyotype +8,-7/7q-,i(17q),inv(3), -5/5q-,12p-, 11q23 rearr.			√
	1 point each	1 point each but Hb=2	1 point each

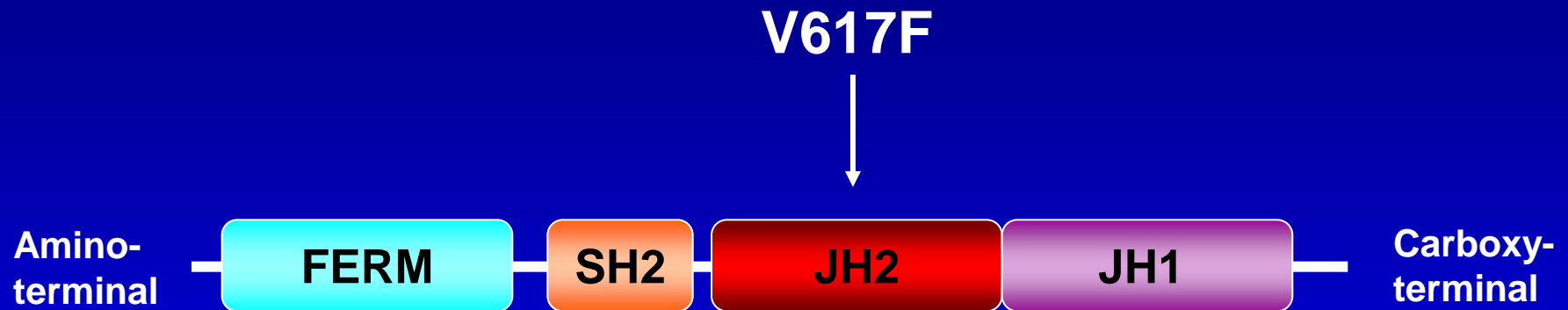
Cervantes et al. Blood. 2009;113:2895-901.

Passamonti et al. Blood. 2010; 115:1703-8.

Gangat et al. JCO. 2010; on line Dec 13.



# Mutation *JAK2* V617F in the MPNs



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## Frequency of the *JAK2* mutation

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PV	90-95%
ET	50-60%
PMF	50-60%

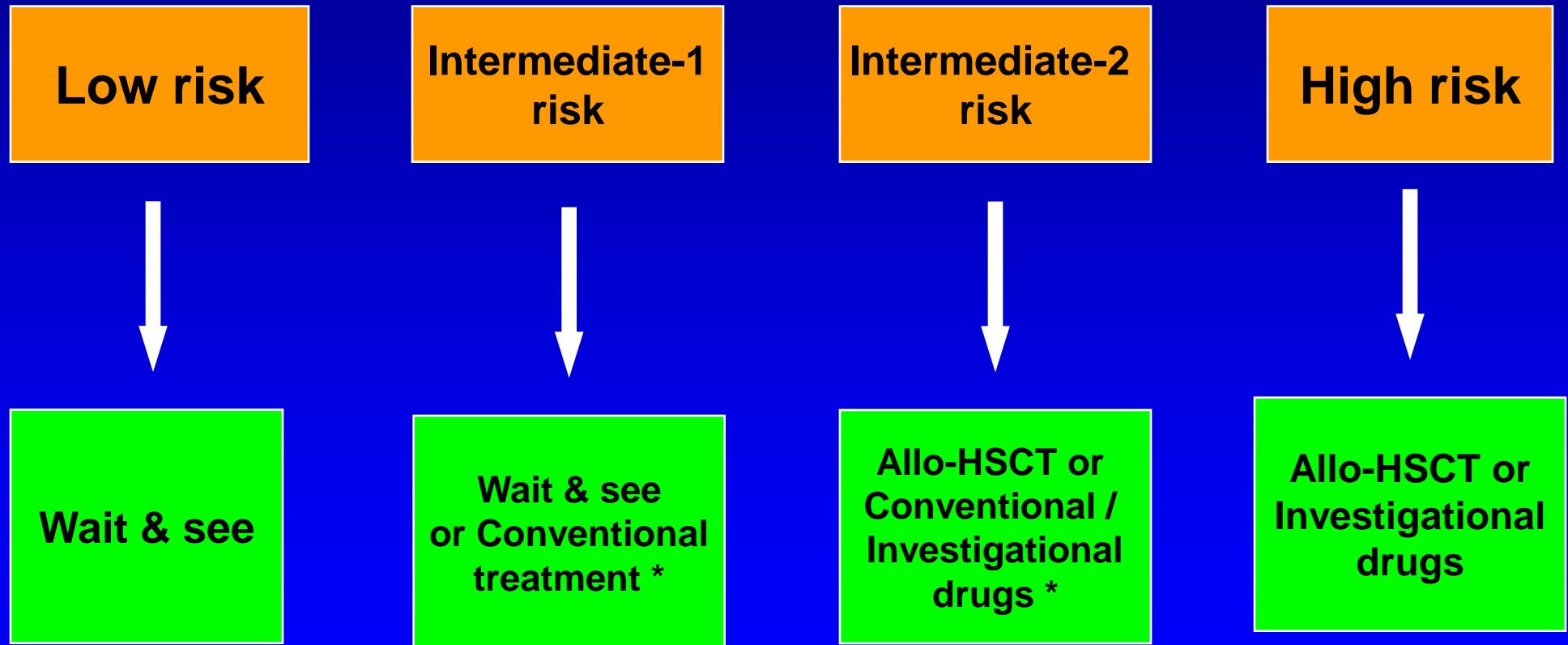
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# Prognostic Value of the *JAK2* Mutation in PMF

Author (year)	No. of patients	Prognostic influence
Tefferi (2005)	157	No
Campbell (2006)	152	Yes
Barosi (2007)	174	Yes *
Cervantes (2009)	345	No
Guglielmelli (2009)	186	Yes **

\* Higher leukemic transformation rate; \*\* shorter survival for lower burden

# Proposed Algorithm for PMF Treatment



\* Check cytogenetics and  
transfusion dependence

\* Depending on age

# Conclusions

- Median survival of PMF patients is higher than 5.5 years but there is a wide heterogeneity.
- Main prognostic factors are age > 65 years, constitutional symptoms, Hb < 10 g/dL, leukocytosis > 25 x10<sup>9</sup>/L, and blood blasts ≥ 1%; certain karyotypic abnormalities, transfusion need and thrombocytopenia also contribute to prognosis.
- Based on the above factors it is possible to identify four risk groups at diagnosis and during the disease evolution.
- These risk groups are of help in treatment-decision making.



