

# Allogenic HSCT In High Risk Myeloproliferative Disorders

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# Higher-risk MF

Patients with higher-risk MF have a poor prognosis and are likely to have significant disease-associated symptoms.

- Management is guided by eligibility for allogeneic hematopoietic cell transplantation (HCT).
- Many institutions limit allogeneic HCT to patients ≤70 years without major medical comorbidities.

## ve NCCN Guidelines Version 1.2025 Myelofibrosis

RISK STRATIFICATION FOR PATIENTS WITH MYELOFIBROSIS

#### **PMF**

DIPSS (MF-A, 2 of 5)
DIPSS-PLUS (MF-A, 2 of 5)
MIPSS-70 (MF-A, 3 of 5)
MIPSS-70+ Version 2.0 (MF-A, 4 of 5)

POST-PV AND POST-ET MF MYSEC-PM (MF-A, 5 of 5)

# MIPSS70+v2.0-Mutation-enhanced International Prognostic Scoring System plus karyotype, version 2.0

### 1. Karyotype

- VHR karyotype (4 points)
- Unfavorable karyotype (3 points)
- Other karyotype (0 points)

### 2. HMR mutations

- ▶ ≥2 HMR mutations (3 points)
- ▶ 1 HMR mutation (2 points)
- ▶ No HMR mutations (0 points)

# 3. Absence of type 1/like CALR mutation

- ➤ Yes (2 points)
- No (0 points)

### Presence of constitutional symptoms

- ➤ Yes (2 points)
- ▶ No (0 points)

## 5. Anemia severity

- Severe anemia (2 points)
- Moderate anemia (1 point)
- Mild or no anemia (0 points)

### 6. >2% circulating blasts

- Yes (1 point)
- ▶ No (0 points)

## MIPSS70+v2.0

Risk group	10-year overall survival	Median overall survival (years)
Very low risk	86%	Not reached
Low risk	50%	10.3
Intermediate risk	30%	7
High risk	10%	3.5
Very high risk	<3%	1.8
	Very low risk Low risk Intermediate risk High risk	Very low risk 86%  Low risk 50%  Intermediate risk 30%  High risk 10%

## MIPSS70+v2.0: Note

## **Cytogenetics:**

- 1. Very high risk (VHR): Single/multiple abnormalities of -7, i(17q), inv(3)/3q21, 12p-/12p11.2, 11q-/11q23, or other autosomal trisomies not including+8/+9 (eg, +21, +19).
- 2. Favorable: Normal karyotype or sole abnormalities of 13q-, +9, 20q-, chromosome 1 translocation/duplication or sex chromosome abnormality including -Y.
- 3. Unfavorable: All other abnormalities.

High molecular risk (HMR) mutations: ASXL1, SRSF2, EZH2, IDH1, IDH2, U2AF1 Q157.

# **GIPSS:** Genetically Inspired Prognostic Scoring System

- Karyotype classification:
- Very high risk (VHR) (2 points)
- Unfavorable (1 point)
- Favorable (0 points)

- Driver mutations:
- Absence of type 1-like CALR (1 point)
- > High molecular risk (HMR) mutations:
- ASXL1 mutation (1 point)
- SRSF2 mutation (1 point)
- U2AF1 Q157 mutation (1 point)

GIPSS score (points)	Risk group	5-year overall survival	Median overall survival (years)
0	Low risk	94%	26.4
1	Intermediate risk - 1	73%	10.3
2	Intermediate risk - 2	40%	4.6
3 to 6	High risk	14%	2.6

▶ Use of other prognostic models, such as DIPSS (Dynamic International Prognostic Scoring System) or DIPSS-Plus, is acceptable where neither cytogenetics nor molecular analysis is available.

## DIPSS And DIPSS Plus For Primary Myelofibrosis

#### DIPSS score

#### The DIPSS score assigns points for the following five variables:

- Age >65 years: 1 point
- Leukocyte count >25,000/microL (>25 x 10 9/L): 1 point
- Hemoglobin <10 g/dL (<100 g/L): 2 points
- Circulating blast cells ≥1%: 1 point
- Constitutional symptoms\*: 1 point

#### The resulting score is interpreted as follows:

- 0 points â€" low risk
- 1 to 2 points â€" intermediate-1 risk
- 3 to 4 points â€" intermediate-2 risk
- 5 to 6 points â€" high risk

#### **DIPSS Plus score**

#### The DIPSS Plus score assigns points for the following variables

- DIPSS low risk: 0 points
- DIPSS intermediate-1 risk: 1 point
- DIPSS intermediate-2 risk: 2 points
- DIPSS high risk: 3 points
- Unfavorable karyotype A¶: 1 point
- Platelet count <100,000/microL (<100 x 10 <sup>9</sup>/L): 1 point
- Anemia requiring transfusion: 1 point

#### The resulting score is interpreted as follows:

- 0 points â€" low risk
- 1 point â€" intermediate-1 risk
- 2 to 3 points â€" intermediate-2 risk
- 4 to 6 points â€" high risk

# MYSEC Prognostic Model Risk Calculator (MYSEC-PM)

Age at diagnosis

Haemoglobin < 11 g/dL [+2 pt]

Platelets  $< 150 \times 10^{9}/L [+1 pt]$ 

Blast>3% [+2 pt]

CALR -unmutated genotype [+2 pt]

Constittional symptom[+1 pt]

# Prognostic Classification

## **Higher-risk PMF**:

- **▶** GIPSS
  - ► High risk
  - ▶ Intermediate (int)-2
- ► MIPSS70+ v2.0
  - ▶ Very high risk
  - ▶ High risk

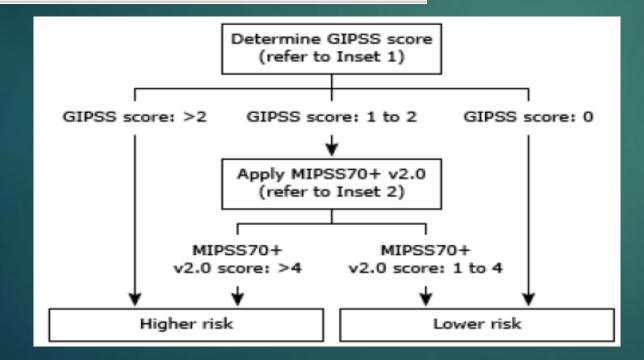
## Lower-risk PMF:

- **▶** GIPSS
  - ▶ Low risk
  - ▶ Int-1
- ► MIPSS70+ v2.0
  - ▶ Intermediate risk
  - ▶ Low risk
  - ▶ Very low risk

#### Inset 1

#### GIPSS score (sum of points below):

- Karyotype: \*
  - Very high risk (2 points)
  - Unfavorable (1 point)
- Driver mutations:
  - Absence of type 1-like CALR (1 point)
- HMR mutations:
  - ASXL mutation (1 point)
  - SRSF2 mutation (1 point)
  - U2AF1 Q157 mutation (1 point)

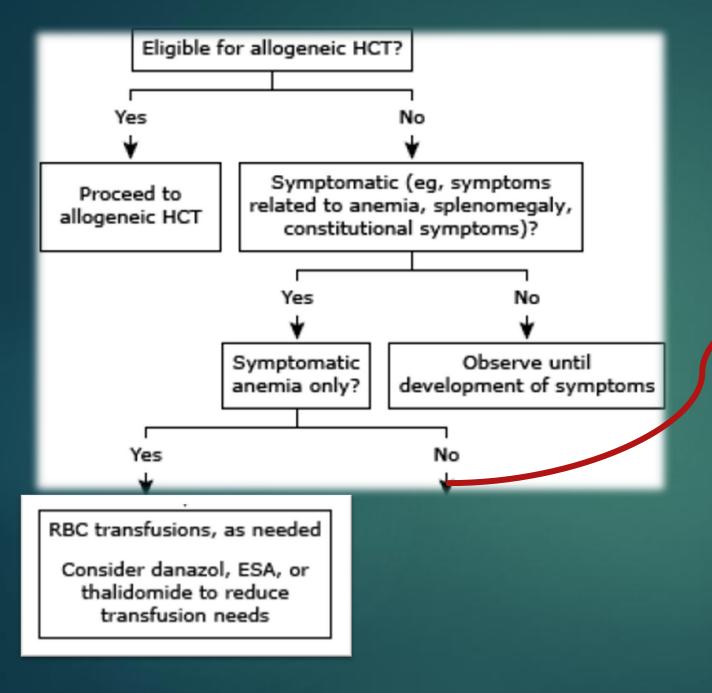


# Risk Stratification In Primary Myelofibrosis

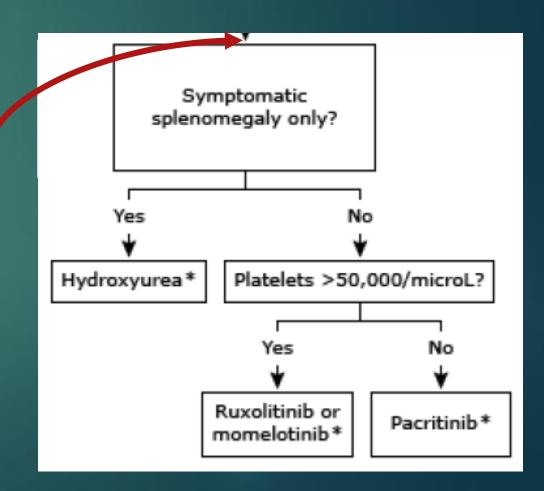
#### Inset 2

#### MIPSS70+ v2.0 score (sum of points below):

- Clinical:
  - Severe anemia: Men Hb <9 g/dL, women Hb <8 g/dL (2 points)</li>
  - Moderate anemia: Men Hb 9 to 10.9 g/dL, women Hb 8 to 9.9 g/dL (1 point)
  - Circulating blasts ≥2% (1 point)
  - Constitutional symptoms (2 points)
- Karyotype:
  - Very high risk (4 points)
  - Unfavorable (3 points)
- Mutations:
  - >1 HMR mutations (3 points)
  - 1 HMR mutation (2 point)
  - Absence of type 1-like CALR mutation (2 points)



# Primary and secondary myelofibrosis: Management of higher-risk disease

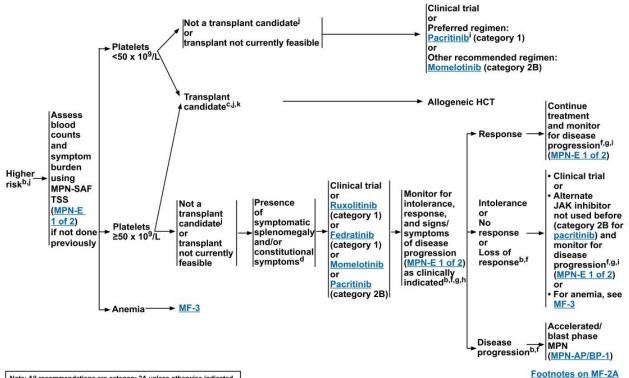




#### Comprehensive NCCN Guidelines Version 1.2025 Myelofibrosis

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#### TREATMENT FOR HIGHER-RISK MYELOFIBROSIS



Note: All recommendations are category 2A unless otherwise indicated.

## Thanks For Your Attention

