

SH2017-0207

Progression of a *JAK2* V617F-Positive Essential  
Thrombocythemia (ET) to a *JAK2* V617F-Negative Post-  
ET Myelofibrosis in Accelerated Phase with Chronic  
Myelomonocytic Leukemia-like Monocytosis

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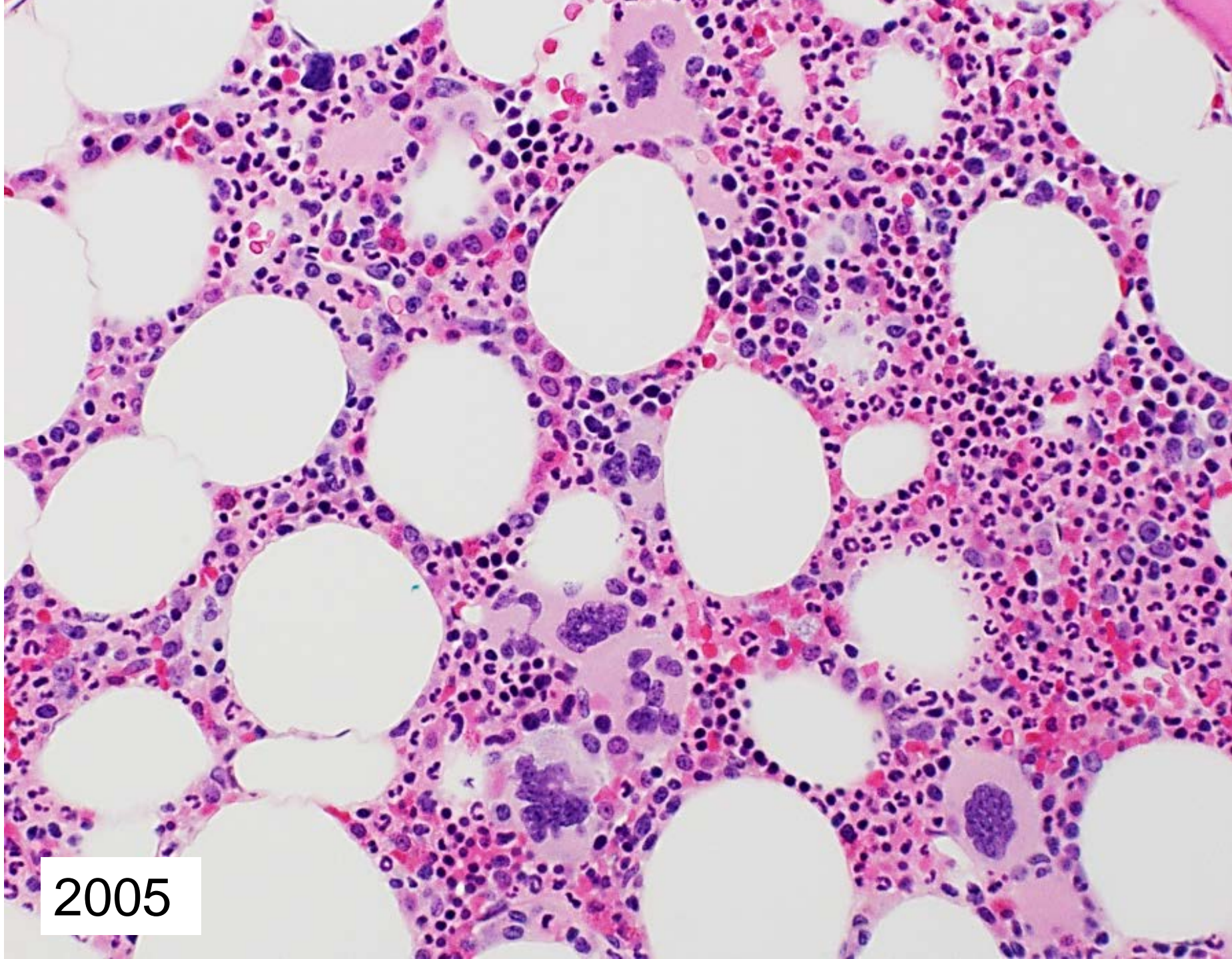
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Cornell Medicine, New York, NY.**

**Society of Hematopathology 2017 Workshop**

# Clinical History

- 69 year old man with a history of multiple sclerosis, tx interferon  $\beta$ 1a
- Found to have thrombocytosis in 2005
- CBC:

WBC	8.6K/uL	Neutrophils	67%
Hgb	15.3 g/dL	Lymphocytes	23%
Hct	44.5%	Monocytes	7%
MCV	89.5 fL	Eosinophils	2%
Platelets	903K/uL	Basophils	1%



2005

# Ancillary studies

- Karyotype 46,XY[20]
- NGS of myeloid panel of 2006 PB (retrospective):
  - *JAK2* V617F VAF 30%
  - *ASXL1* Q877\* VAF 18%

# Diagnosis

**Myeloproliferative neoplasm, most consistent with essential thrombocythemia**

# 2005-2014

- Managed with anagrelide
- Asymptomatic, no splenomegaly, normal LDH, no leukoerythroblastosis

- **CBC 2014:**

<b>WBC</b>	<b>15.1K/uL</b>
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<b>Hgb</b>	<b>13.0 g/dL</b>
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<b>Hct</b>	<b>39.6%</b>
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<b>MCV</b>	<b>89.5 fL</b>
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<b>Platelets</b>	<b>366K/uL</b>
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<b>Neutrophils</b>	<b>53%</b>
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<b>Bands</b>	<b>4%</b>
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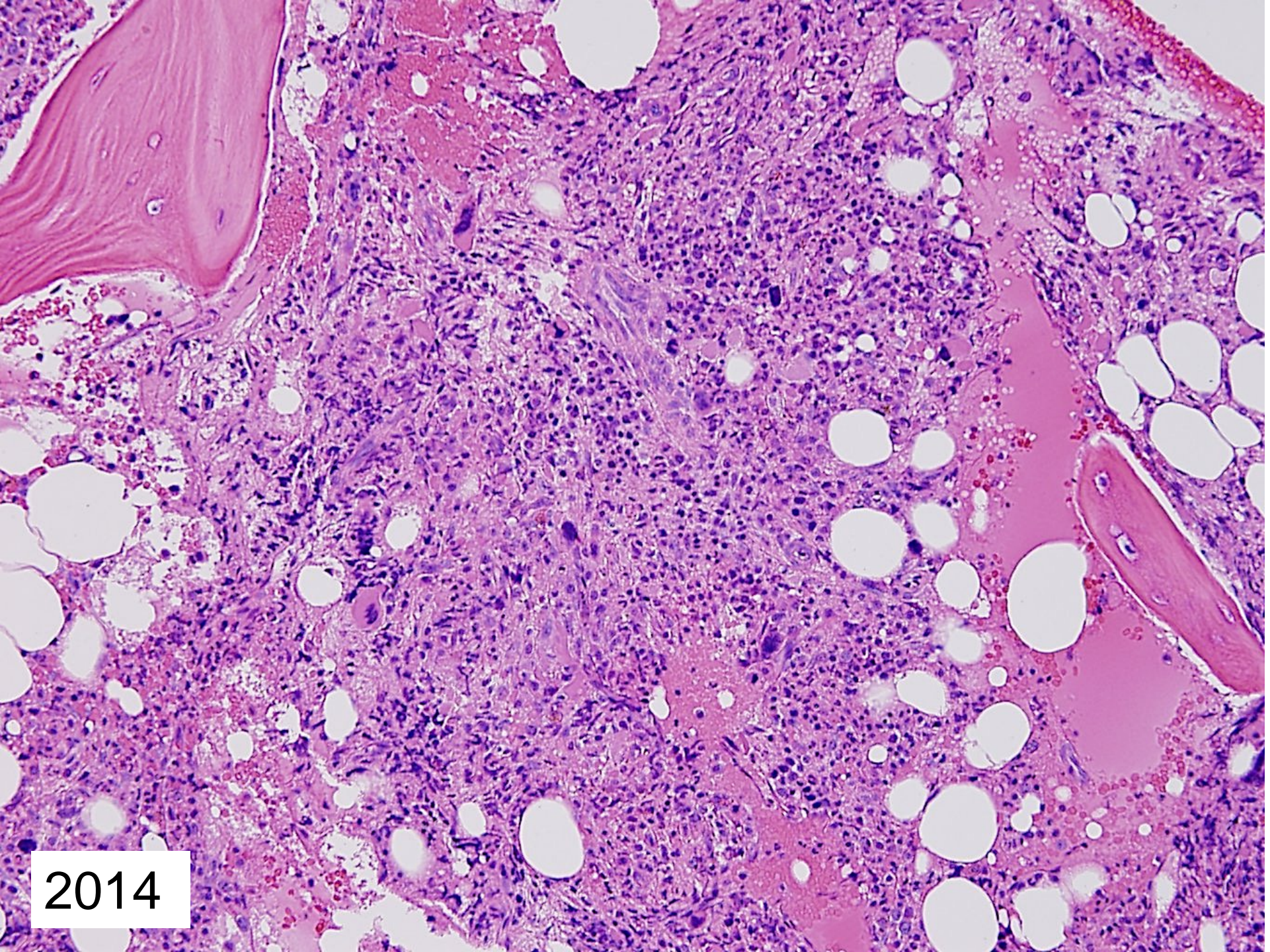
<b>Lymphocytes</b>	<b>23%</b>
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<b>Monocytes</b>	<b>11%</b>
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<b>Eosinophils</b>	<b>2%</b>
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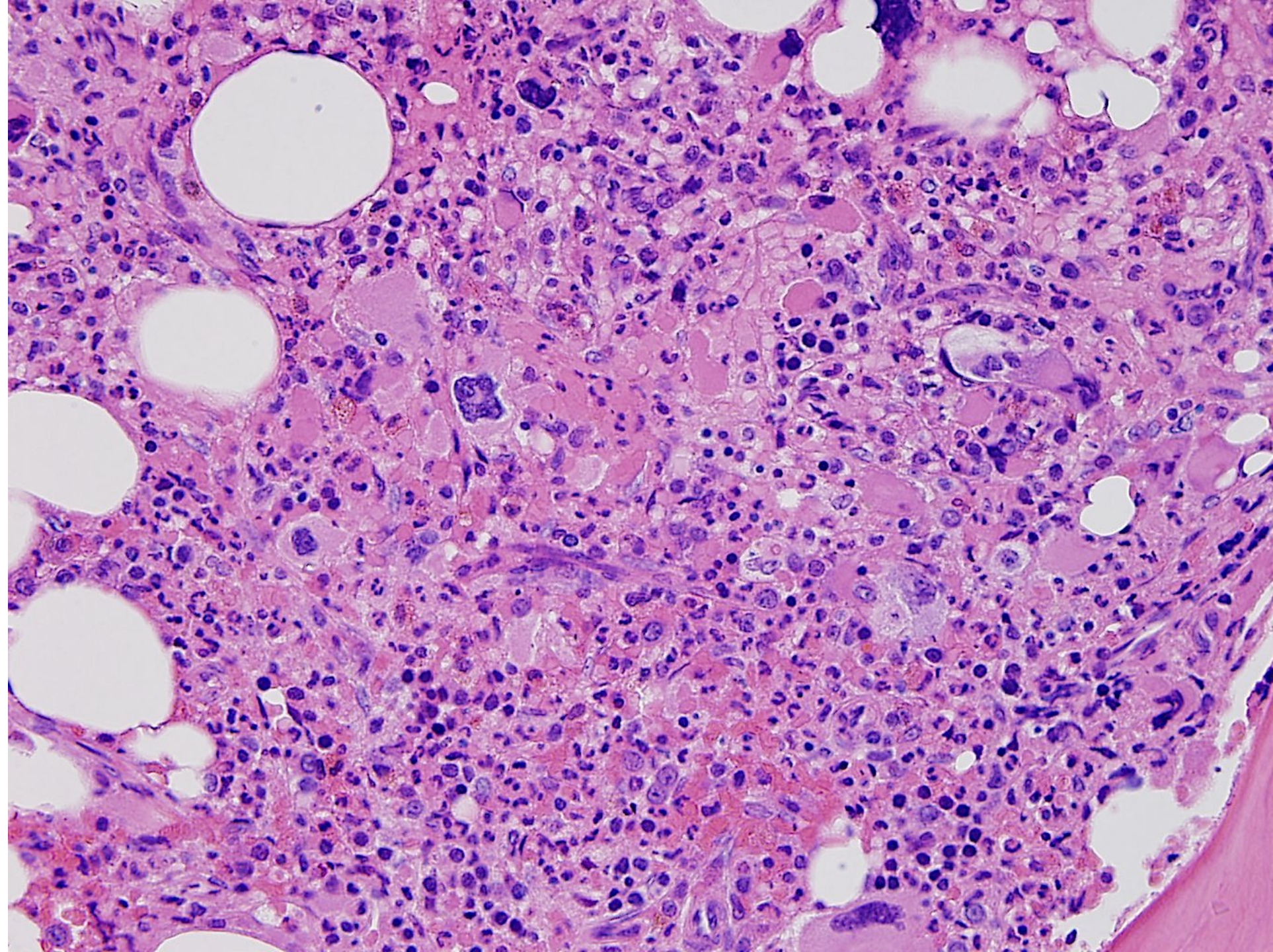
<b>Basophils</b>	<b>4%</b>
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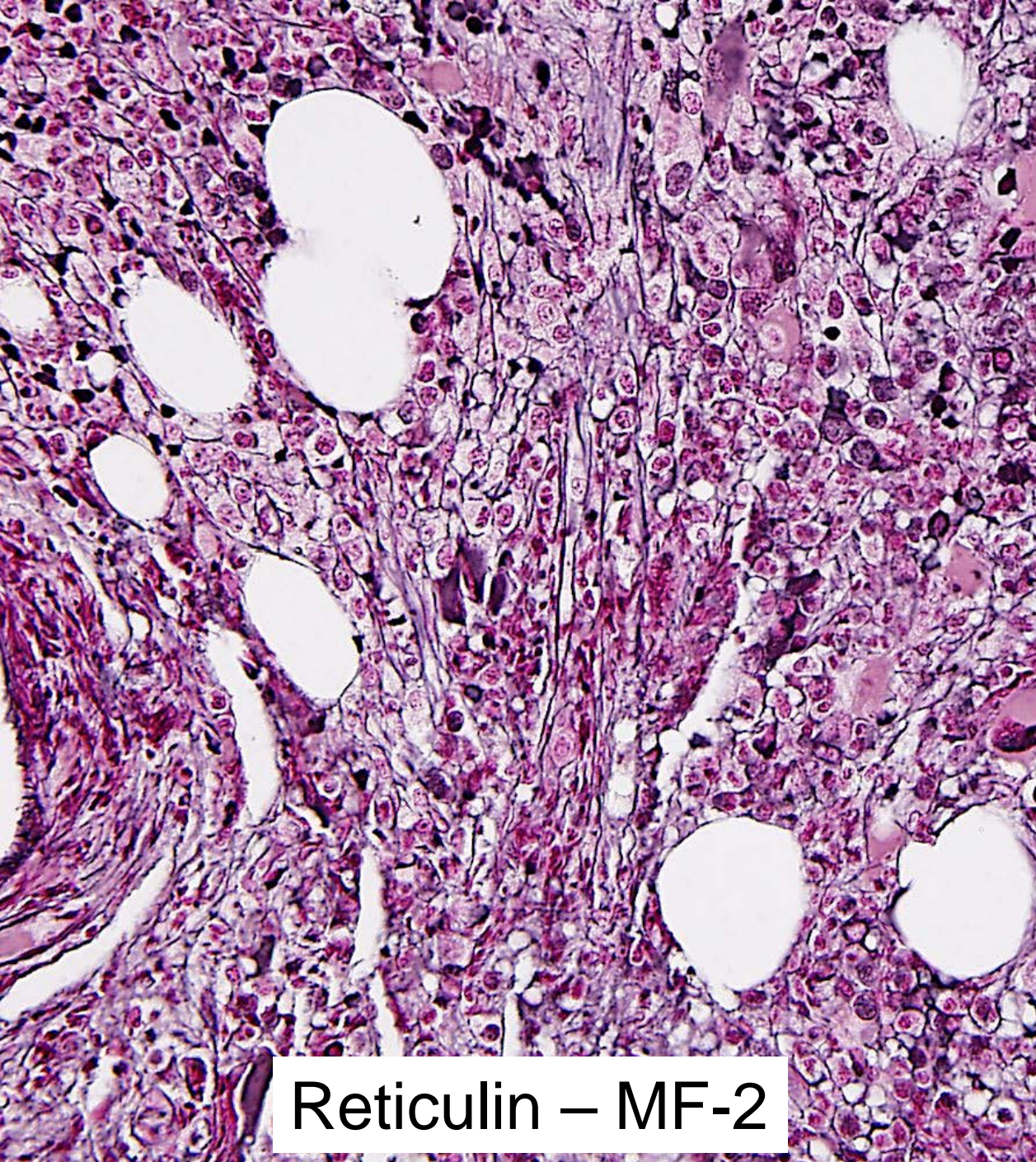


2014

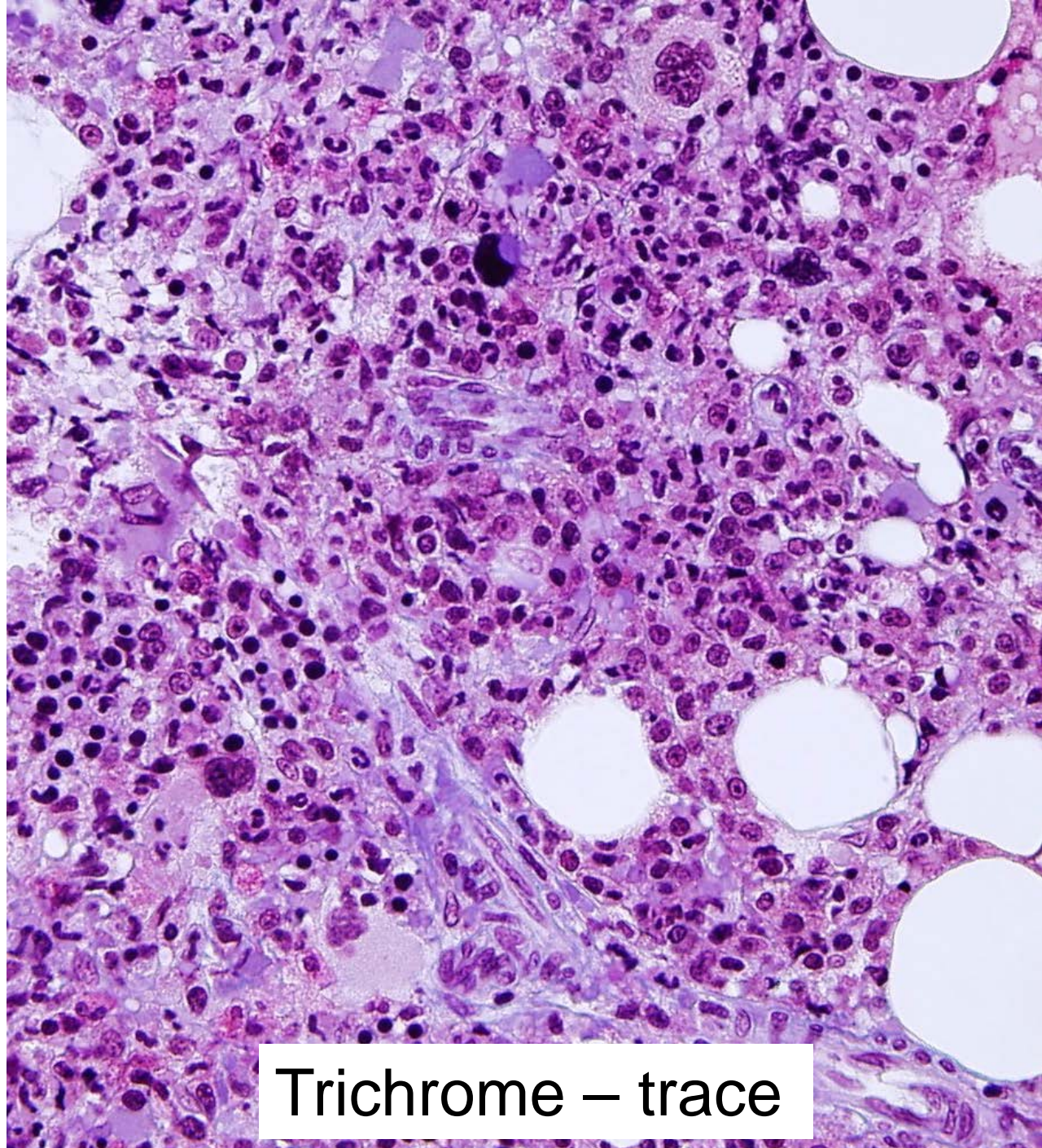








Reticulin – MF-2



Trichrome – trace



# Ancillary studies

- **NGS of myeloid panel (PB):**

- *JAK2* V617F      VAF 12%
- *ASXL1* Q877\*    VAF 12%
- *ASXL1* G646fs    VAF 21%
- *PHF6* G10fs      VAF 30%
- *TET2* V1999A     VAF 2%



# Diagnosis

**Essential thrombocythemia with increased fibrosis, in progression to post-ET myelofibrosis.**

# 2014-2017

- Managed with hydroxyurea
- Progressive leukocytosis
- Splenomegaly, elevated LDH, leukoerythroblastosis

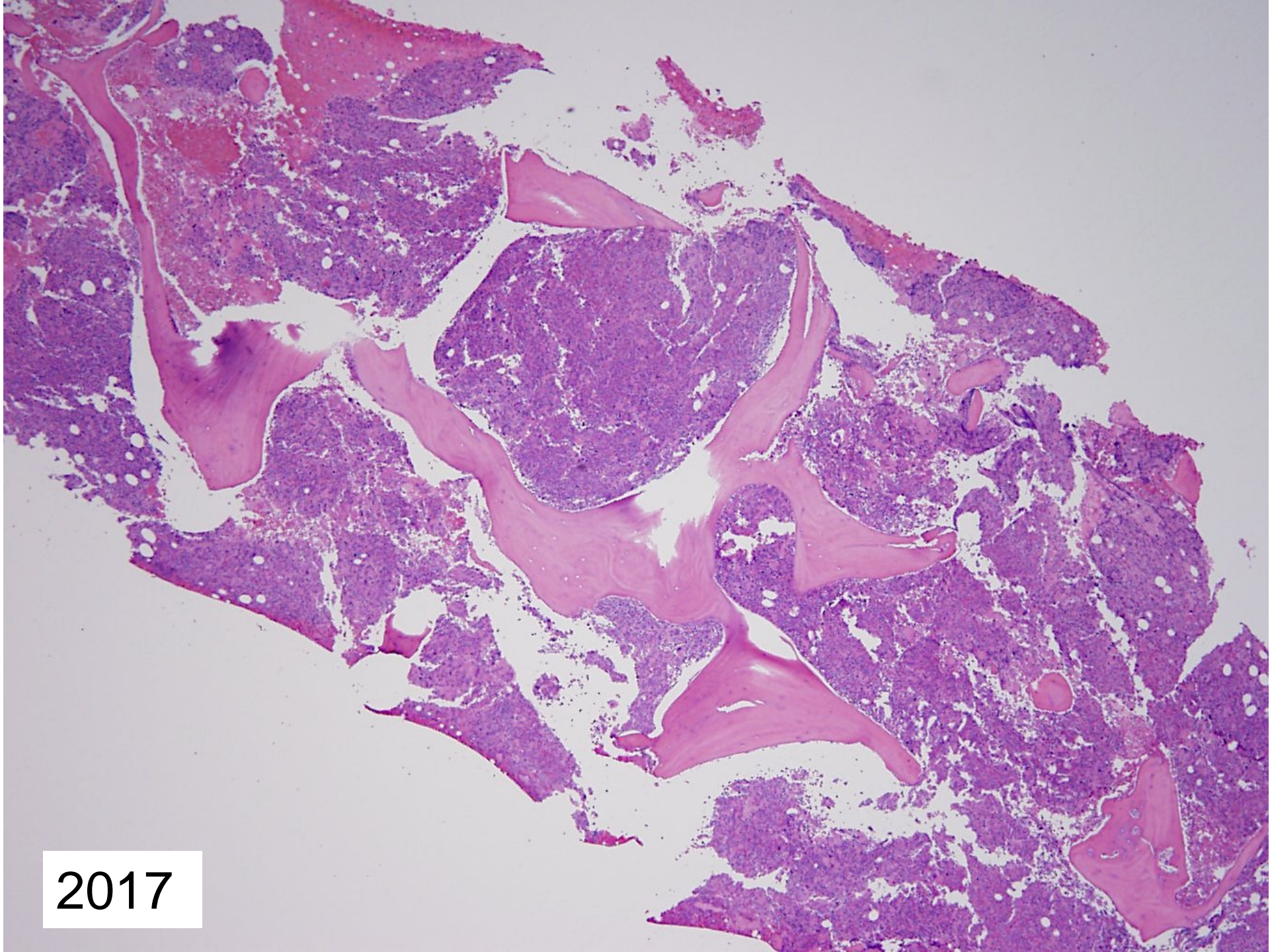
- **CBC 2017:**

WBC	79K/uL
Hgb	9.4 g/dL
Hct	29.8%
MCV	95.4 fL
Platelets	203K/uL

Neutrophils	14%
Bands	10%
Metamyelo	5%
Myelocyte	6%
Promyelocyte	2%
Blasts	5%

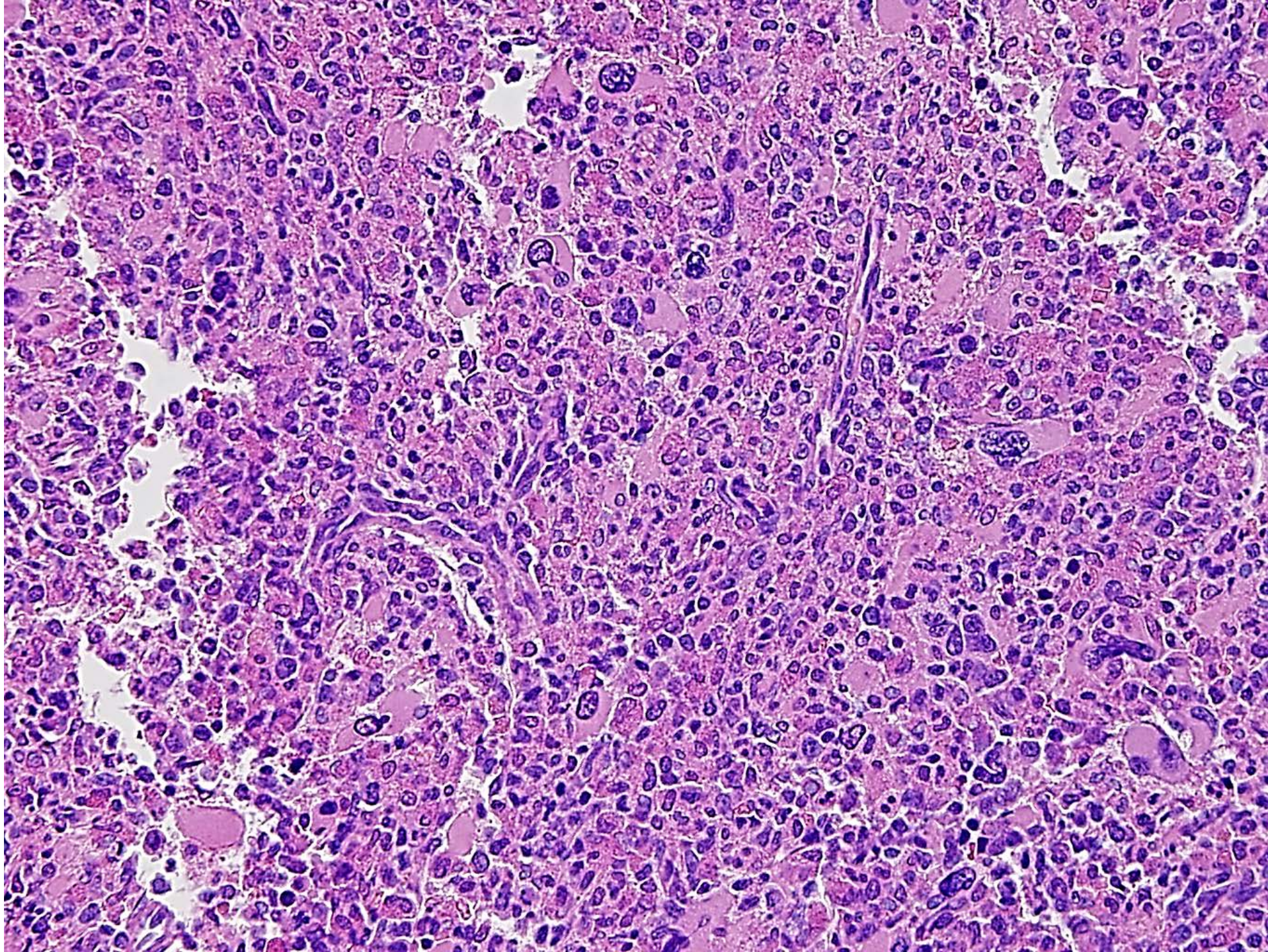
Lymphocytes	18%
Monocytes	24%
Eosinophils	5%
Basophils	11%



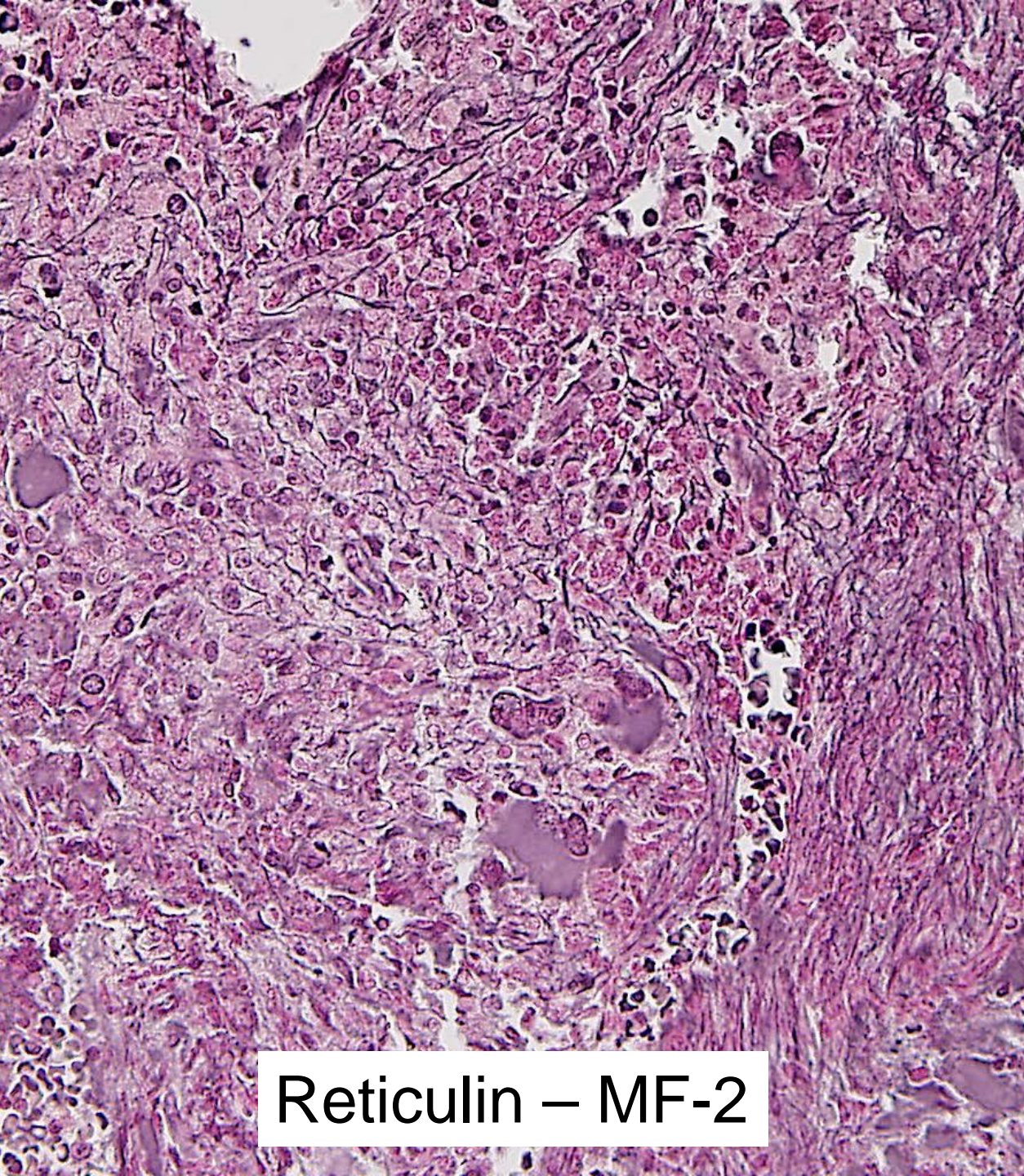


2017

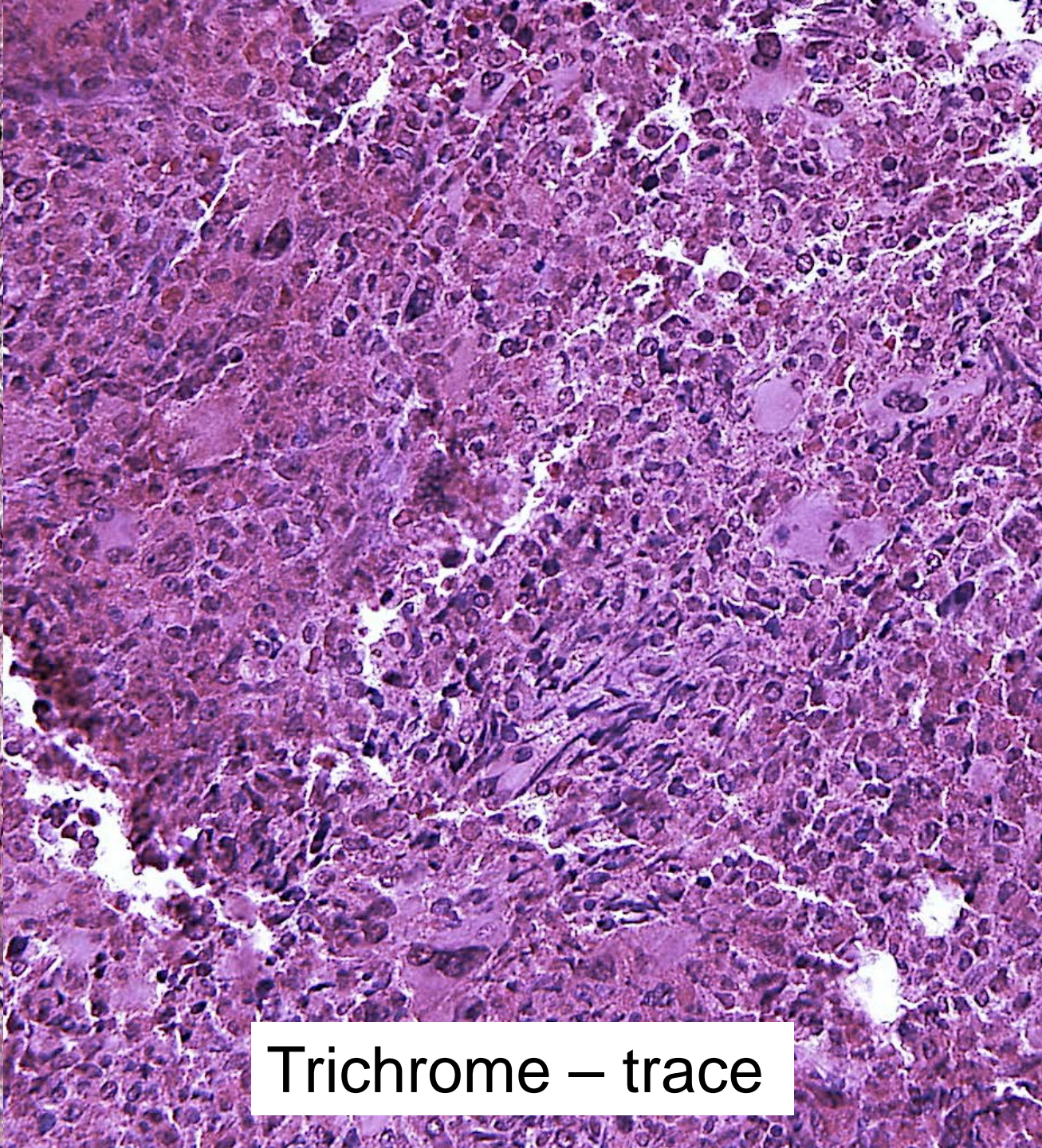








Reticulin – MF-2



Trichrome – trace



# Summary of Bone Marrow Findings

- Increased blasts (12%) and monocytes (16%) on aspicular bone marrow smear
- Increased M:E ratio (5.5)

## Ancillary studies

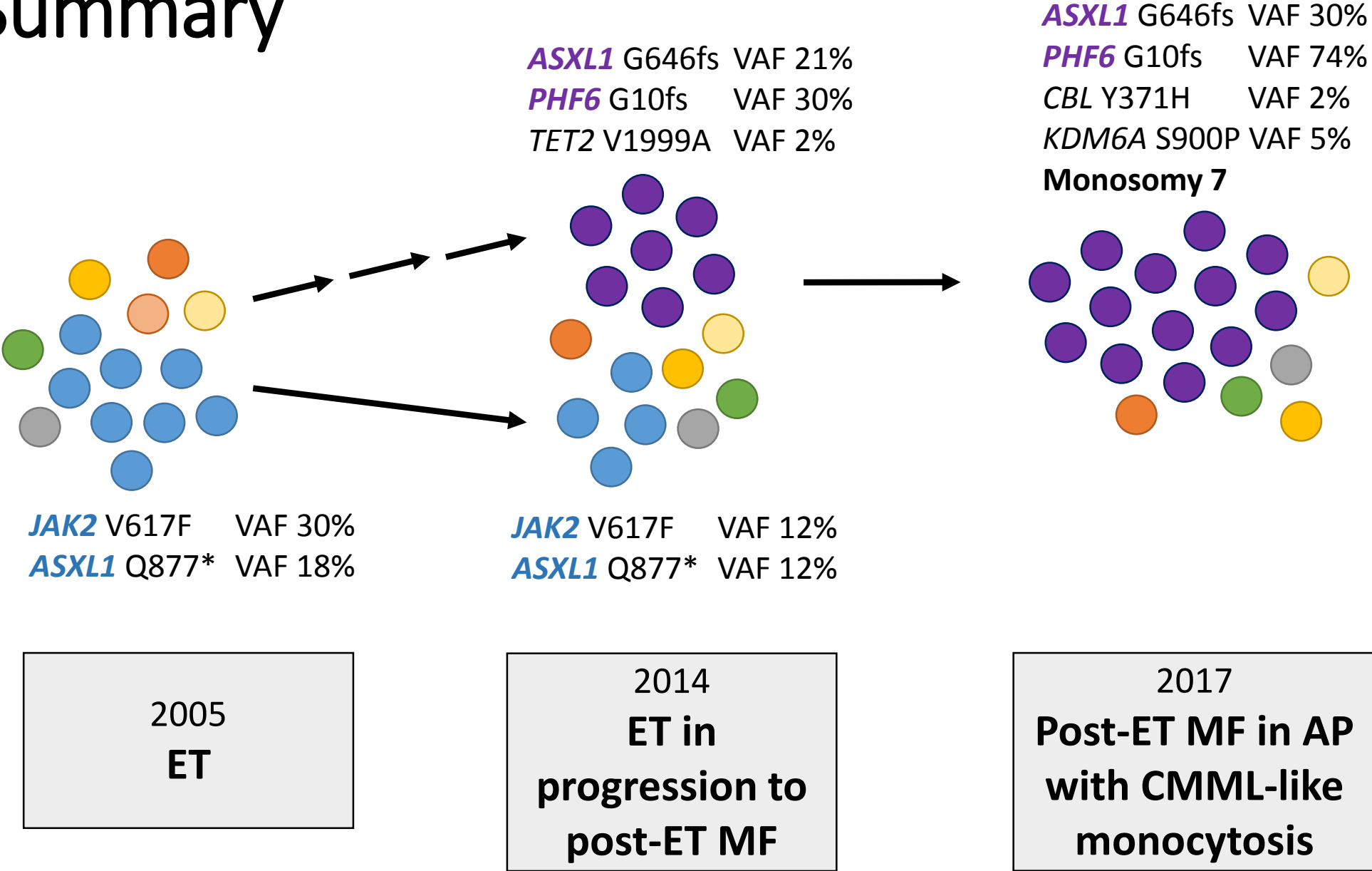
- Karyotype (PB): 45,XY,-7[14]
- NGS of myeloid panel (PB):
  - *ASXL1* G646fs VAF 30%
  - *PHF6* G10fs VAF 74%
  - *CBL* Y371H VAF 2%
  - *KDM6A* S900P VAF 5%



# Final Panel Diagnosis

**Post-essential thrombocythemia myelofibrosis in accelerated phase with chronic myelomonocytic leukemia-like monocytosis**

# Summary



# CMML-like progression of PMF indicates an accelerated phase of disease

- **After development of monocytosis, death in 5 of 10 patients and transfusion dependence in 2 of 10.**
- **Monocytosis associated with leukocytosis, anemia, decreased platelet count, circulating blasts**
- **No change in *JAK2* mutational status or cytogenetic evolution**



# Leukemic progression of MPNs frequently associated with loss of *JAK2* mutation

- In 12 of 21 patients with *JAK2* V617F+ MPN that progressed to blast phase, *JAK2* V617F was negative in the acute leukemia.

# Role of therapy on selecting divergent clone

- **Uncertain how hydroxyurea or anagrelide may have played a role in selecting clone**
- **Hydroxyurea has been shown to cause genomic instability**

# Conclusions

- **This case demonstrates the evolution of an MPN from ET (2005), to ET in progression to post-ET MF (2014), and finally to post-ET MF, in accelerated phase, with CMML-like features (2017).**
- **The molecular findings suggest that disease progression from ET to accelerated phase of post-ET MF in this case may have occurred via clonal selection and expansion of a divergent or separate clone rather than a simple direct evolution.**



Thank you!

# Final Panel Diagnosis

**Post-essential thrombocythemia myelofibrosis in accelerated phase with chronic myelomonocytic leukemia-like monocytosis**