

LEUKEMIA RUNX-IN BLOOD

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HEALTH CARE SYSTEM

FELLOW HEMATOLOGY-ONCOLOGY

History of Present Illness

71-year -old male with history of thrombocytopenia since 2008.

2008

2008

Evaluated by H/O at other institution and splenectomy performed 2008.

Started with petechiae, admitted with thrombocytopenia.

May 2022

Past Medical History

Thrombocytopenia since 2008

Splenectomy 2008

HTN

No Hx of STDs

No toxic Habits

Family history

Father died of
blood
disorder

2 Sisters with
diagnosis of
leukemia

2 Nieces with
leukemia

Physical Examination

- General

- Well nourished, Alert and Active
- No acute distress

- Neck

- Supple, No JVD, No goiter.
- No lymphadenopathy

- Lymph Nodes

- None palpable



- Abdomen

- Surgical Scar splenectomy
- No palpable masses

- Skin

- Petechias and bruises

- Neurologic

- No gross motor or sensory deficit.

Laboratory

◎ Complete blood count:

- **WBC: 75 $\times 10^{-3}/\text{mm}^3$**
- **25% Blasts**
- Hgb: 8.2g/dL
- **Plt: 48 $\times 10^{-3}/\text{mm}^3$**

PT, PTT, Fibrinogen: WNL

◎ Blood Chemistry:

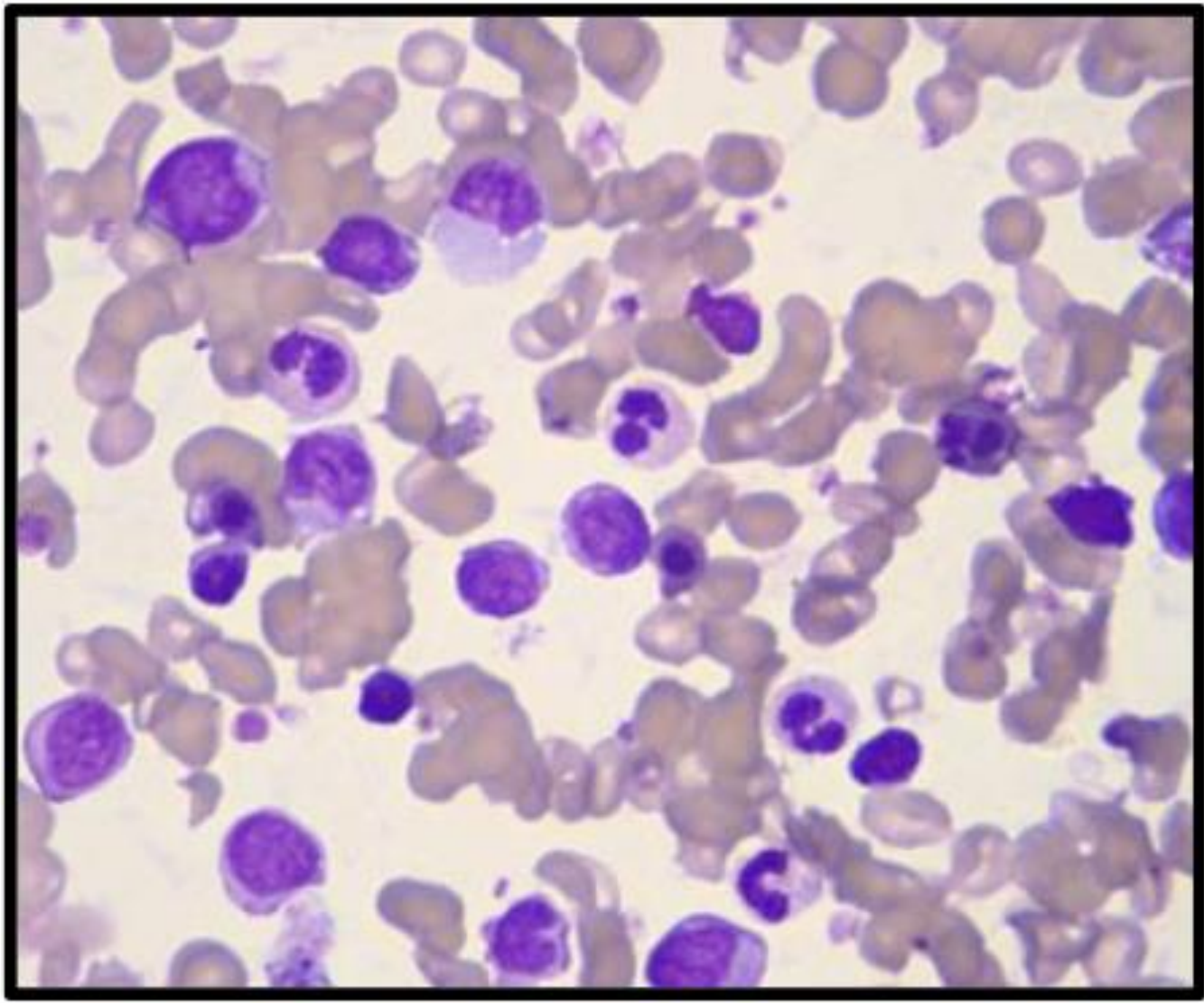
✓ **WNL**

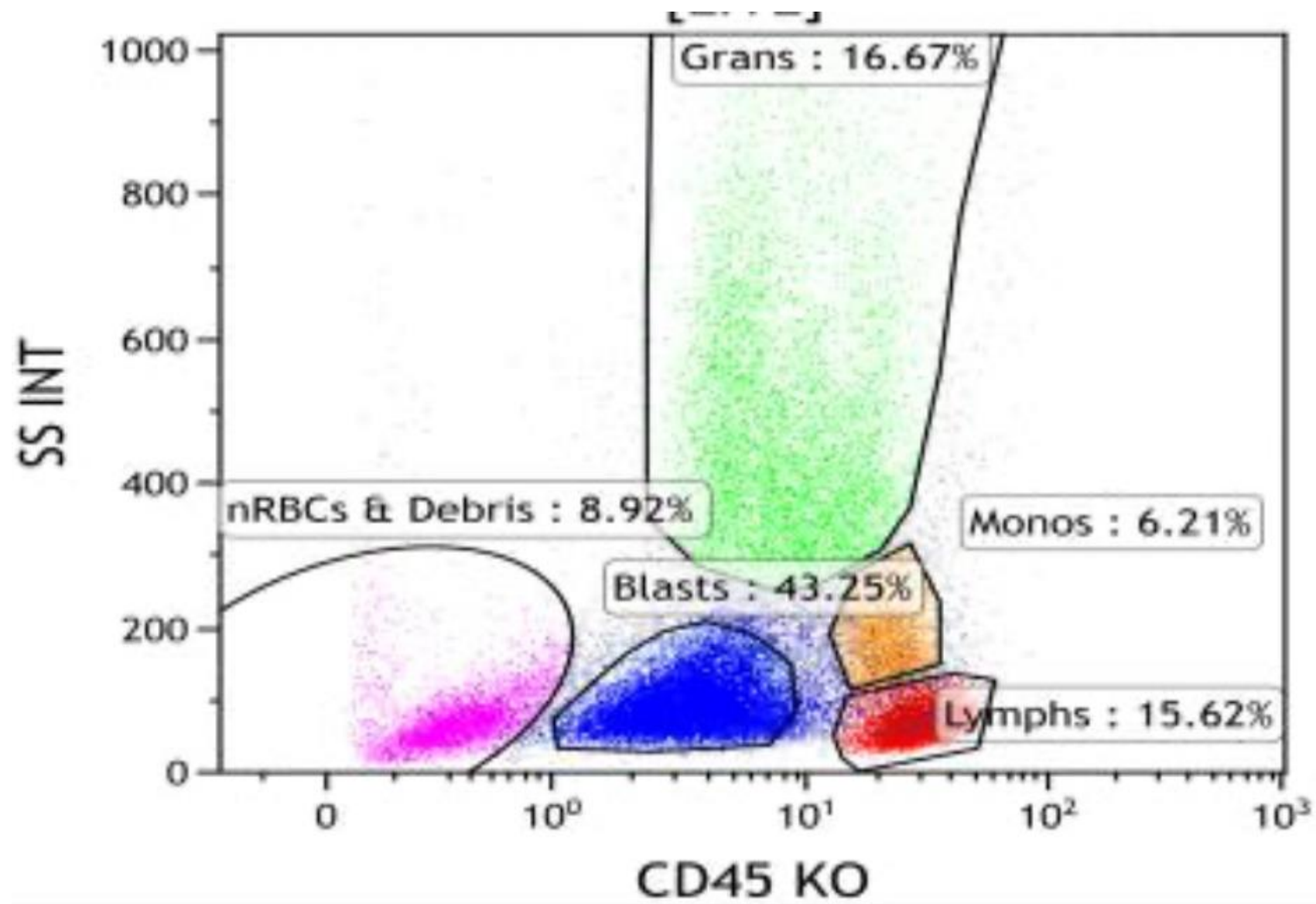
Other Labs:

HIV: non detected

**Hepatitis panel: non
detected**

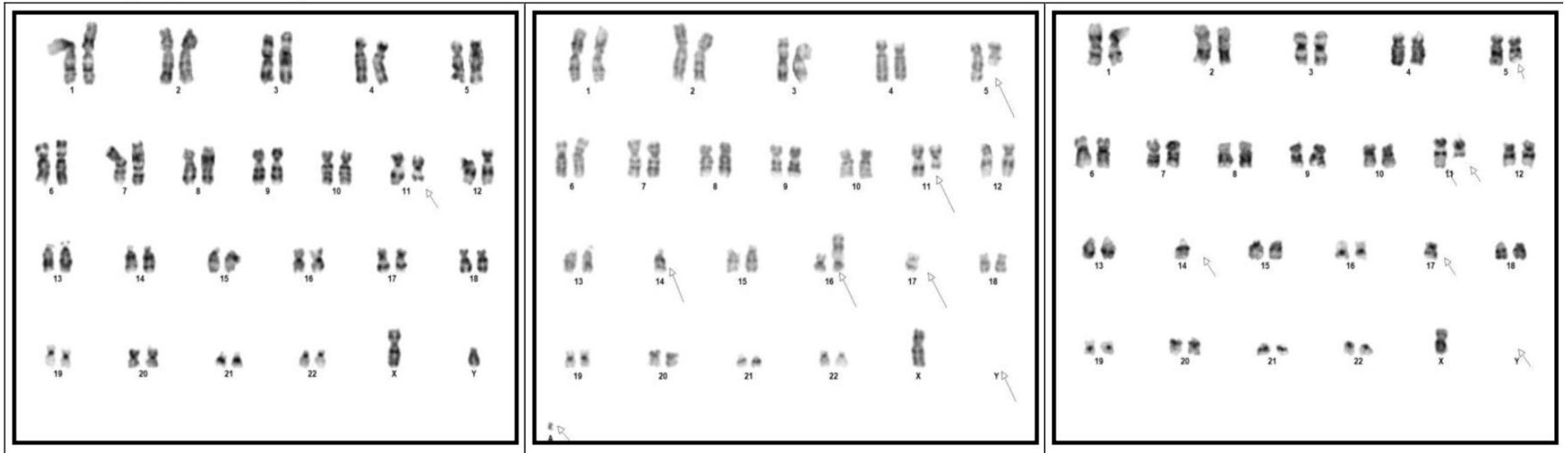






Cytogenetic Karyotype

phenotypic genetic changes.



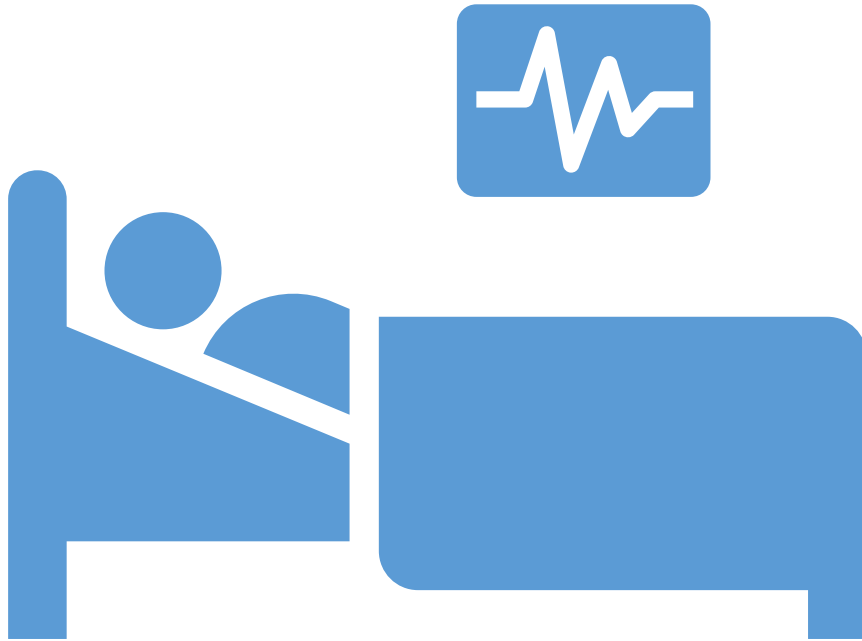
**46,XY,add(11)(q14)[7]/43-44,idem,-Y,add(5)(q11.2),der(5;14)(p10;q10),add(11)(q23),-14,der(16)t(14;16)(q11.2;p13.1),del(16)(p13.1),-17,+mar,inc[cp13];
Abnormal Male Karyotype**

Molecular Markers

RUNX-1: VAF 53%



Case Analysis



- Patient with AML; RUNX1 VAF > 50%
- Family history of leukemia
 - RUNX1; Germline predisposition?

Extended Hereditary Cancer Test

Gene	Variant	Zygosity	Classification
RUNX1	c.611 G>A p.(R204Q)	Heterozygous	Pathogenic Variant

Table 3. Clinical features prompting consideration of clinical testing for a germline predisposition allele(s)

Clinical features
Personal history of ≥ 2 cancers, one of which is a hematopoietic malignancy (order does not matter)
Personal history of a hematopoietic malignancy plus: <ul style="list-style-type: none">• Another relative within two generations with another hematopoietic malignancy, or• Another relative within two generations with a solid tumor diagnosed at age 50 or younger, or• Another relative within two generations with other hematopoietic abnormalities

Germline Predisposition

SPECIAL REPORT | SEPTEMBER 22, 2022

Diagnosis and management of AML in adults: 2022 recommendations from an international expert panel on behalf of the ELN

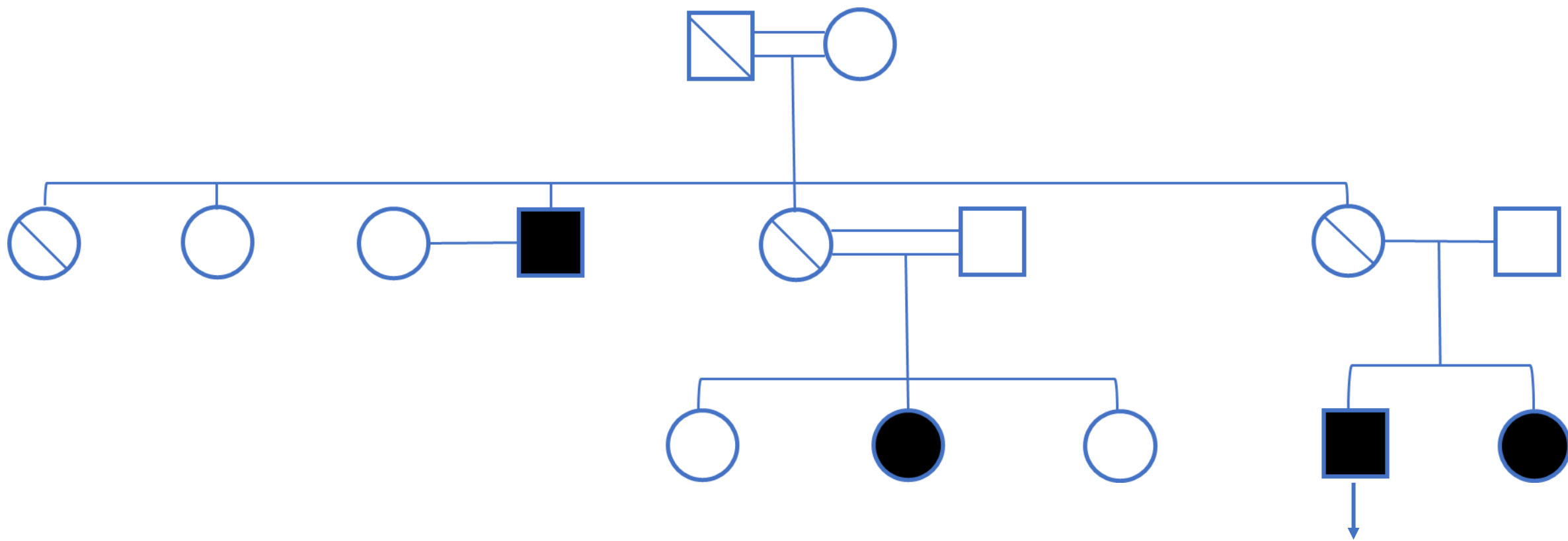
Hartmut Döhner, Andrew H. Wei, Frederick R. Appelbaum, Charles Craddock, Courtney D. DiNardo, Hervé Dombret, Benjamin L. Ebert, Pierre Fenaux, Lucy A. Godley, Robert P. Hasserjian, Richard A. Larson, Ross L. Levine, Yasushi Miyazaki, Dietger Niederwieser, Gert Ossenkoppele, Christoph Röllig, Jorge Sierra, Eytan M. Stein, Martin S. Tallman, Hwei-Fang Tien, Jianxiang Wang, Agnieszka Wierzbowska, Bob Löwenberg



Blood (2022) 140 (12): 1345–1377.

A variant is deemed germline if:

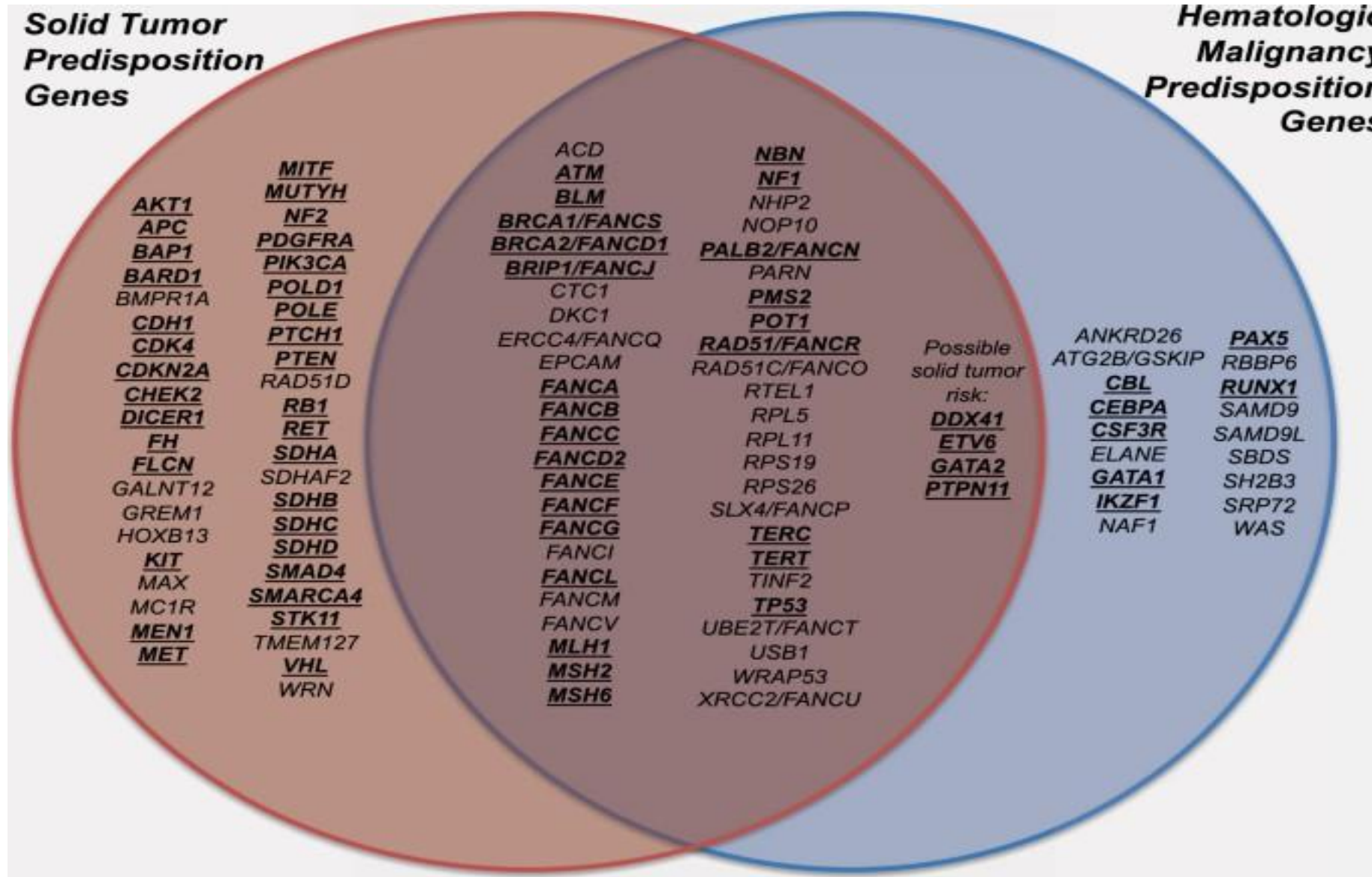
- it is detected in DNA derived from a tissue source not likely to undergo somatic mutation frequently and at a variant allele frequency consistent with the germline (generally 30–60%); or
- it is identified in ≥ 2 relatives at a variant allele frequency consistent with the germline.



exon 5 of the RUNX1 gene
Pathogenic Variant.

Solid Tumor Predisposition Genes

Hematologic Malignancy Predisposition Genes



Thank



You