

# MDS: Classification and Risk Scores

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# World Health Organization (WHO) Classification

- Latest revision in 2016
- Based on morphology, blast percentage, and karyotype
- 6 different sub-types:
  - MDS with Ring Sideroblasts
  - MDS with Single Lineage Dysplasia
  - MDS with Multilineage Dysplasia
  - MDS with Isolated del(5q)
  - MDS with Excess Blasts
  - MDS Unclassifiable

# MDS with Ring Sideroblasts (MDS-RS)

- ≥15% ring sideroblasts
- Associated with SF3B1 mutation
- Sub-classified into:
  - MDS-RS with single lineage dysplasia (MDS-RS-SLD)
  - MDS-RS with multilineage dysplasia (MDS-RS-MLD)
- No increased myeloid blasts
- Generally has a better prognosis

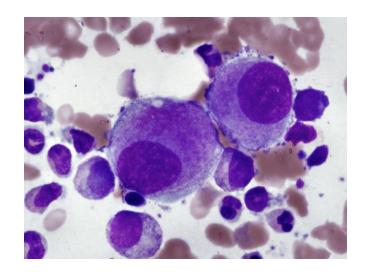
# MDS with single or multilineage dysplasia

Classification	Ring Sideroblasts	Myeloid Blasts	Dysplasia	Cytopenias
MDS with single lineage dysplasia (MDS-SLD)	Not	Not increased	1 cell line	1 or 2
MDS with multilineage dysplasia (MDS-MLD)	increased		2 or 3 cell lines	1-3

- Lower risk of disease progression
- MDS-SLD has a better prognosis than MDS-MLD

## MDS with isolated del(5q)

- Most common cytogenetic abnormality in MDS (~10-15%)
- Presentation
  - No increased myeloid blasts
  - Usually isolated anemia
  - Female predominance



- Lower risk of disease progression
- Often responds to lenalidomide

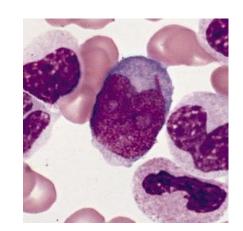
# MDS with Excess Blasts (MDS-EB)

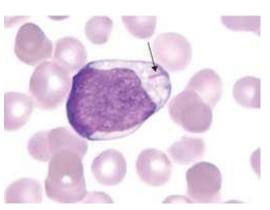
Increased bone marrow blasts

MDS-EB1: 5-9%

MDS-EB2: 10-19%

 Associated with higher risk of progression to AML, poorer prognosis



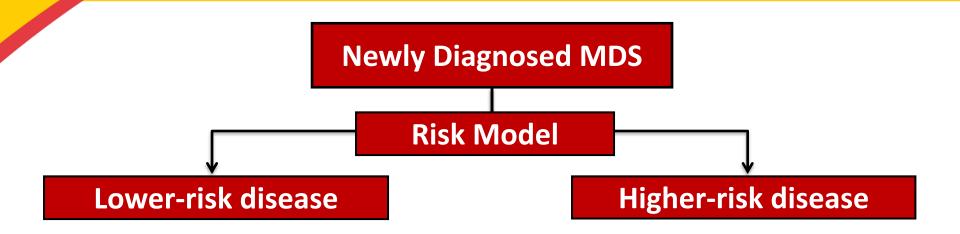


#### **MDS** Unclassifiable

- Includes MDS with a defining cytogenetic abnormality
  - Any cytopenia(s)
  - <5% bone marrow blasts</li>
  - No dysplasia
  - Any of the following cytogenetic abnormalities:

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-7 or del(7q) -5 or del(5q) i(17q) or t(17p) inv(3) del(11q) t(11;16) idic(X)(q13) del(12p) or t(12p) t(3;21) t(1;3) -13 or del(13q) t(6;9) del(9q) t(2;11)
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### **Risk Assessment**



- Decrease transfusion burden
- Decrease symptoms
- Improve quality of life

- Alter natural history of disease
- Prevent progression to acute myeloid leukemia
- Improve overall survival

### International Prognostic **Scoring System**

	0	0.5	1.0	1.5	2
BM blasts (%)	<5	5-10		11-20	21-30
Chromosomes*	Good	Intermediate	Poor		
Low blood counts	0/1	2/3			

\*Good: nl, -y, del(5q), del(20q)

Poor: complex or chromosome 7 abn

Int: all others

Low: 0 Intermediate-1: 0.5-1 Intermediate-2: 1.5-2 **High:** ≥ 2.5

**Lower Risk** 

**Higher Risk** 

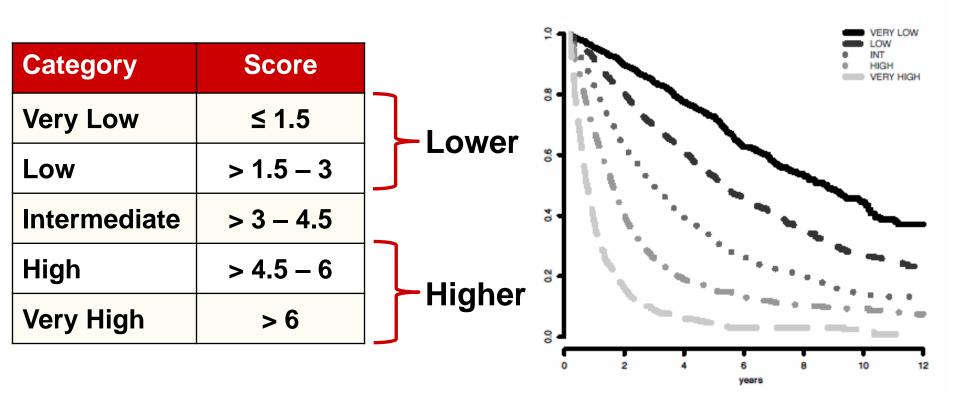
### **Revised IPSS**

Prognostic Subgroup	Cytogenetic Abnormality			
Very Good	-Y, del(11q)			
Good	Normal, del(5q), del(12p), del(20q), double including del(5q)			
Intermediate	del(7q), +8, +19, i(17q), any other single or double independent clones			
Poor	-7, inv(3)/t(3q)/del(3q), double including-7/ del(7q), complex: 3 abnormalities			
Very Poor	Complex: > 3 abnormalities			

Prognostic variable	0	0.5	1	1.5	2	3	4
Chromosomes	Very good		Good		Int	Poor	Very Poor
BM blast, %	≤ 2		>2 - <5		5 - 10	>10	
Hemoglobin, g/dL	≥ 10		8 - <10	< 8			
Platelets, Κ/μL	≥ 100	50 - <100	< 50				
ANC, K/μL	≥ 0.8	< 0.8					

Greenberg P. Blood 2012;120: 2454-2465

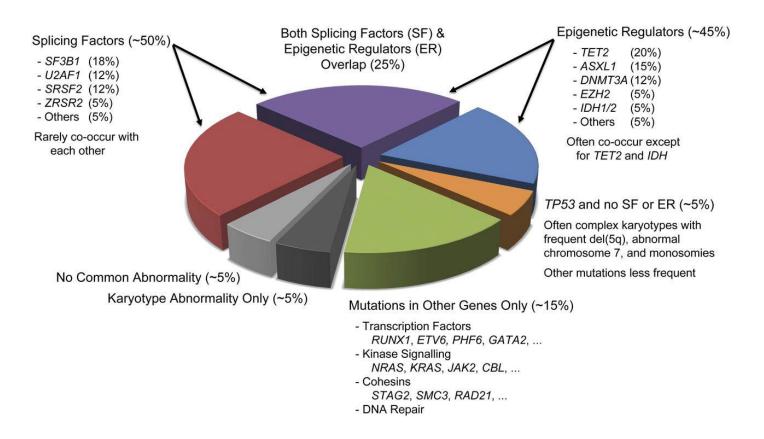
#### **Revised IPSS**



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#### **Molecular Mutations in MDS**

>90% of patients with MDS have at least 1 mutation



### **Molecular Mutations in MDS**

Mutated gene	Frequency (%)	Blasts <5%	Blasts 5%-30%
TET2	~20	Neutral	Neutral
SF3B1	~20	Favorable	Neutral
ASXL1	15-20	Adverse	Neutral
SRSF2	10-20	Adverse	Neutral
DNMT3A	10-15	Neutral	Neutral
RUNX1	~10	Adverse	Adverse
U2AF1	10-15	Adverse	Neutral
EZH2	~5	Adverse	Adverse
TP53	5-10	Adverse	Adverse
IDH1/IDH2	~5	Neutral	Neutral

### Other Prognostic Factors

- Therapy-related: prior chemotherapy or radiation therapy
- Albumin
- Ferritin (iron stores)
- Presence of peripheral blasts
- Age, general health, performance status
- Bone marrow fibrosis
- Many others





