2ND REGIONAL SYMPOSIUM ON MDS
CASE PRESENTATION

Dr. Galia Stemer
“Ha-EMEK” MC
March 2020
PATIENT A

• N. H. a 60 yo male, m+3
• Medical History:
  • HTN
  • Hypertriglyceridemia
  • Obesity – s/p gastric banding (2012) (lost 45kg)
  • Smoker
• Medications: folate 5mg

• Was referred to the clinic in 06/2018 d/t symptomatic anemia and leukopenia:
  • Wbc: 3730 Neut: 2160 Lym: 930 Hb: 8.8 MCV: 106.3 Plt:211000
  • Chemistry: no abnormalities
  • B12: 347 FA:10 TSH: 3.13 B1:43 B6:12
  • * findings were notable since 2016 with mild deterioration
PATIENT A – cont.

• PE: normal

• FU: was treated 3 mon with tables of TRICARDIA (a complex of B1+B6+B12) – no improvement in blood values

• DIAGNOSIS: MACROCYTIC ANEMIA

• Underwent BM examination on 19/12/2018:
  • Biopsy: BM cellularity 60%, preserved topography, megaloblastic anemia (maturation arrest), no signs of dysplasia, blasts<1%. **Megaloblastic dismaturation of erythroid lineage**
  • Aspiration: mildly dysplastic RBC’S, no blasts
  • Genetics: normal karyotype, no molecular changes
  • Flow cytometry: no abnormal antigens
PATIENT A – cont.

- **IPSS-R score:** LOW RISK (1.6)

- **06/2019:** Started PC*1 – every 2 weeks + SC EPO (binocrit 20000 units*1/week)

- **06-09/2019:** SC EPO – no improvement: PC*1/2 weeks

- **10/2019:** 54 genes – NGS: BCORL1 mutation (vus)
• **SUMMARY:**
  - 60yo male
  - Macrocytic/megaloblastic anemia
  - No improvement with medications (FA, VIT B1/6/12) or Epo tx
  - PC dependent
QUESTIONS:

- Does the patient have MDS?
- Hypomethylation tx?
- Lospatercept?
- Imetelstat?
- Other?
- Clinical research?