



What Do Mutations Indicate About Disease Behavior in MPNs?

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Andrew Schorr:

Here's a question that will help our friends with ET. This is from Michelle. She says—well actually now she has post-ET myelofibrosis. She says she has ASXL1 and TP53 gene mutations. Does the mere existence of these predict aggression and poor outcome? That's what she worries about that those have been found.

Dr. Scandura:

Well, obviously every individual has their own history that they're developing and so exactly what this means for you, for an individual, is different than what it would mean for a population of people with similar mutations. That's really what we know in medicine. We look at people in a cross section and we say people who we can put into this bin tend to behave in that way, but within that bin, there are individuals who don't act that way, the way that the others do. So, I would in myelofibrosis, in MDS, in polycythemia vera, P53 mutations are an area of some concern, as is ASXL1 mutations are also an area of some concern.

In ET it's less well established and so I think because, if this was just ET and you had those mutations, I think many people, myself included, would say well, maybe we don't know perfectly, but it is an area of some concern. I'm gonna keep a closer eye on you. Now that it has already evolved into myelofibrosis, I would say this is probably more like myelofibrosis where we know that P53 mutations, TP53 mutations, and ASXL1 mutations, can sometimes be some of the harder ones for us to treat. It's something that, if an allogeneic transplant is something that is possible, should at least be considered and discussed.

It doesn't—speaking with a transplanter, getting typed doesn't mean you have to get a transplant, but it gives you information and so I think that that would be a reasonable thing to do. Again, the decision at the end, it may not be the right decision for you, but it is something that is information for you to use in making informed decisions.

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