

LEARN THE HALLMARKS AND UNCOVER KIT D816V THE CAUSE OF SYSTEMIC MASTOCYTOSIS¹⁻³



Information for
Allergist-Immunologists

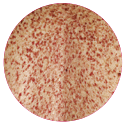
The KIT D816V mutation drives systemic mastocytosis in ~95% of patients^{1,3,4}

Systemic mastocytosis is a myeloproliferative neoplasm that unleashes uncontrolled mast cell proliferation and activation throughout the body.¹

Recognizing the hallmark symptoms is essential for early diagnosis

Patients with systemic mastocytosis can have severe and unpredictable symptoms that impact quality of life—potentially leading to organ damage and shortened overall survival.⁵⁻⁹

HALLMARK SYMPTOMS^{1,2,5,10,11}



MACULOPAPULAR LESIONS WITH DARIER'S SIGN

+/-



NAUSEA, VOMITING, AND/OR DIARRHEA

+/-



RECURRENT AND/OR UNEXPLAINED ANAPHYLAXIS

- Small monomorphic lesions often appear on the thighs or trunk of the body
- Wheal-and-flare reaction exhibited when lesion is stroked

- Symptoms can be unpredictable and severe

- Often coupled with hypotension and potentially fatal
- ~50% of adult patients experience anaphylaxis⁹
- Commonly triggered by hymenoptera stings (such as bees or wasps) or can be idiopathic

Patients can experience diagnostic delays of 7+ years.⁵ It can take years for patients to receive a diagnosis. With more than 20 potential symptoms, patients often visit multiple specialists before a diagnosis is made.^{5,12}



Perform a high-sensitivity assay, as KIT D816V may go undetected with low-sensitivity testing¹³

A simple evaluation of serum total tryptase (>11.5 ng/mL) can determine whether a high-sensitivity peripheral blood KIT D816V assay should be the next step. High-sensitivity peripheral blood KIT D816V testing may aid in identifying patients who should have a bone marrow investigation.¹⁴

No-charge* high-sensitivity KIT D816V testing for eligible patients is sponsored by Blueprint Medicines

[Access Blueprint's Biomarker Testing Program for Systemic Mastocytosis*](#) >

You can also learn about independent labs offering high-sensitivity (<1%) assays on peripheral blood.

[Learn More](#) >

*Terms and conditions apply. Testing performed by Labcorp. While Blueprint Medicines provides financial support, Blueprint Medicines assumes no liability and provides no warranties for the testing services provided by independent third parties. See website for full program details and program eligibility.

[LEARN MORE ABOUT DIAGNOSIS AT UNCOVERKIT.COM](#) >

^aAs described by an expert panel review of adult-onset mastocytosis (predominantly indolent population).

References: **1.** Gilreath JA, et al. *Clin Pharmacol.* 2019;11:77-92. **2.** Hartmann K, et al. *J Allergy Clin Immunol.* 2016;137(1):35-45. **3.** Garcia-Montero AC, et al. *Blood.* 2006;108(7):2366-2372. **4.** Verstovsek S. *Eur J Haematol.* 2013;90(2):89-98. **5.** Jennings SV, et al. *Immunol Allergy Clin North Am.* 2018;38(3):505-525. **6.** Lim KH, et al. *Blood.* 2009;113(23):5727-5736. **7.** Kibsgaard L, et al. *Int J Womens Dermatol.* 2020;6(4):294-300. **8.** Sperr WR, et al. *Lancet Haematol.* 2019;6(12):e638-e649. **9.** Trizuljak J, et al. *Allergy.* 2020;75(8):1927-1938. **10.** Vos B, et al. *J Allergy Clin Immunol Pract.* 2017;5(5):1264-1271. **11.** Gülen T, et al. *J Allergy Clin Immunol Pract.* 2017;5(5):1248-1255. **12.** van Anrooij B, et al. *Allergy.* 2016;71(11):1585-1593. **13.** Arock M, et al. *Leukemia.* 2015;29(6):1223-1232. **14.** Theoharides TC, et al. *N Engl J Med.* 2015;373(2):163-172.

