Skin lesions. Anaphylaxis. Diarrhea.

LEARN THE HALLMARKS AND UNCOVER KIT D816V THE CAUSE OF SYSTEMIC MASTOCYTOSIS[1-3]

UNCOVERKIT

Information for Hematologist-Oncologists

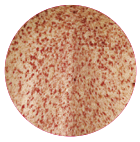
The KIT D816V mutation drives systemic mastocytosis in ~95% of patients[1,3,4]

Systemic mastocytosis is a myeloid 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]



MACULOPAPULAR LESIONS WITH DARIER'S SIGN

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

+/-

GASTROINTESTINAL ISSUES

- Patients report nausea, vomiting, and/or diarrhea
- Symptoms can be unpredictable and severe

+/-

RECURRENT AND/OR UNEXPLAINED ANAPHYLAXIS

- Often coupled with hypotension and potentially fatal

SYSTEMIC SYMPTOMS YOU MAY SEE IN CLINIC[2,11-14]

Systemic mastocytosis may present like hematologic malignancies, and can result in the following systemic symptoms:

- Liver dysfunction
- Ascites
- Pleural effusion
- Malabsorption with weight loss
- Splenomegaly

Systemic mastocytosis may be missed in patients with other myeloid neoplasms

~70% OF PATIENTS WITH ADVANCED SYSTEMIC MASTOCYTOSIS HAVE AN ASSOCIATED HEMATOLOGIC NEOPLASM[8]

CMML | MDS/MPN | CEL | MPN | MDS | AML

KIT MUTATION ON MYELOID NGS PANEL

INCIDENTAL KIT FINDING SHOULD TRIGGER A FULL DIAGNOSTIC WORKUP FOR SYSTEMIC MASTOCYTOSIS[15]

- Given the low sensitivity of NGS assays for the detection of KIT D816V, detection may be missed on myeloid panels[16]
- Continue to monitor for signs and symptoms of systemic mastocytosis and order mutational testing with a high-sensitivity KIT D816V assay if systemic mastocytosis is suspected[16]
- SM-AHN may be overlooked in patients diagnosed with myeloid neoplasms. One German registry found diagnosis of systemic mastocytosis was initially missed in 20% (28/140) of patients[17]

AML=acute myeloid leukemia; CEL=chronic eosinophilic leukemia; CMML=chronic myelomonocytic leukemia; MDS=myelodysplastic syndrome; MPN=myeloproliferative neoplasm; NGS=next generation sequencing; SM-AHN=systemic mastocytosis with associated hematologic neoplasm.

SEE BACK FOR MORE DETAILS ON DIAGNOSING SYSTEMIC MASTOCYTOSIS

SUSPECT SYSTEMIC MASTOCYTOSIS?
TEST FOR KIT D816V

UNCOVERKIT

Information for Hematologist-Oncologists

Early identification is key for patients with systemic mastocytosis[1,16,18,19]

SUSPECT	Mast cell mediator symptoms (ie, skin lesions and unexplained anaphylaxis) with or without signs of systemic organ damage
SCREEN	Perform high-sensitivity KIT D816V assay on peripheral blood or bone marrow
DIAGNOSE	Complete a full diagnostic workup, which can include: • Bone marrow biopsy (top markers: CD117 and CD25) • Serum tryptase test

If you suspect systemic mastocytosis, perform a high-sensitivity KIT D816V assay[16]

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.

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