

Is detection of mutated MYD88 associated with progression of IGM MGUS?

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Waldenstrom's Macroglobulinemia (WM) may be preceded by a history of IgM monoclonal gammopathy of undetermined significance (IgM MGUS). In a recent study including 210 patients with IgM MGUS with a median follow-up of 29.3 years, Kyle et al. demonstrated that the risk of progression was 2% per year in the first 10 years and 1% per year thereafter. The initial concentration of the serum monoclonal protein and the serum free light-chain ratio were independent risk factors for progression in multivariate analysis. From a biological standpoint, transition from IgM MGUS to WM is probably a multi-step process, where multiple genetic hits are required for progression from a pre-benign condition to a neoplastic disease. The MYD88 (L265P) mutation, which is present in more than 90% of patients with WM, is detectable in about half the patients with IgM MGUS. In a retrospective study on 136 IgM MGUS patients studied with allele-specific polymerase chain reaction (AS-PCR), we demonstrated that the MYD88 (L265P) mutation was an independent risk factor for progression, irrespective of the concentration of the serum monoclonal protein.

We have now studied a larger series of patients with IgM MGUS or IgM-related disorders, diagnosed according to the criteria established during the second International Workshop on WM. The primary objective of this study was to assess whether the MYD88 mutation status and/or the MYD88 allelic burden was a risk factor for progression to WM or to other lymphoproliferative disorders. Patients for whom a bone marrow biopsy was not performed or was not evaluable were excluded from the analysis. The MYD88 mutation status was evaluated with allele specific real-time quantitative polymerase chain reaction (AS-qPCR) on bone marrow samples collected at diagnosis. Cell lines OCI-LY19 (MYD88 wt) and OCI-LY3 (MYD88 mutated, L265P) were used to construct two different standard curves by dilution series of 7 different concentrations ranging from 40 ng/μl to 0.08 ng/μl. Allele burden quantification was defined as the ratio MYD88 L265P mutant/MYD88 mutant and wild-type alleles. The results of this study will be presented during the meeting.