Bone Marrow Biopsy to Diagnosis

The role of the pathologist

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Bone Marrow Biopsy

- A bone marrow biopsy allows pathologists to evaluate the bone marrow and is required to diagnosis
- Bone marrow biopsies are performed on either the left or right the iliac crest (hip)
- The bone marrow biopsy consists of the two parts:
 - Aspirate (liquid)
 - Core (tissue)





Bone Marrow Aspirate



Bone Marrow Core

Bone Marrow Diagnostic Testing

- Multiple different tests are performed on the bone marrow biopsy material to make a diagnosis.
 - Core histology
 - Aspirate cytology
 - Flow cytometry
 - Cytogenetics
 - DNA mutation analysis

Aspirate



Paired-end next generation sequencing

DNA sequencing

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Cytogenetics



Core histology

Bone Marrow Aspirate Cytology

- Bone marrow aspirate is stained and evaluated by a pathologist under the microscope
- Typically 200-500 cells are counted to make a bone marrow differential
- Morphology of individual cells is evaluated



Myeloblast

Blood

Bone Marrow Histology

- Sections of the bone marrow core are made in the lab and then stained to visualize cells.
- The pathologist will evaluate the bone marrow core under the microscope to determine cellularity and composition
- Different stains can be used to evaluate specific cell populations



Flow Cytometry

- Flow cytometry measures antigen expression on individual cells.
- Flow can be used to quantitate specific populations (blasts, monocytes, B-cells, etc)
- Flow can be used to identify cells that have abnormal patterns of expression.



Analysis workstation

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Cytogenetics

- Cytogenetics identifies large changes in chromosomes
- Chromosomes (composed of DNA) are evaluated under the microscope to make a karyotype
- Can be used to identify MDS specific changes including del(5q) or -7.



Del(5q)

DNA Sequencing

- Identification of gene mutations can help diagnosis or risk stratify MDS
- Mutations can be inherited or more commonly acquired (somatic)
- Approximately 90% of MDS have an acquired gene mutation
- Sequencing can be targeted (a few genes) or the entire genome.



Illumina Sequencing Flow Cell



How is MDS Diagnosed?

- The diagnosis of MDS requires:
 - Unexplained cytopenia (low blood counts)
 - Dysplasia (cells look different)
 - ± Increased blasts (>5% of cells)
 - ± Cytogenetic findings (del(5q), -7, etc)
 - ± DNA mutations

Dysplasia can take many forms















MDS Classification

- MDS classification is designed to separate MDS sub-types based on risk
- High risk findings include increased blasts (>5%), TP53 gene mutations, or AML-like gene mutations
- Low risk findings include low blasts (<5%), del(5q), and SF3B1 gene mutations

2022 World Health Organization Classification of MDS

	Blasts	Cytogenetics	Mutations
MDS with defining genetic abnormalities			
MDS with low blasts and isolated 5q deletion (MDS-5q)	<5% BM and <2% PB	5q deletion alone, or with 1 other abnormality other than monosomy 7 or 7q deletion	
MDS with low blasts and <i>SF3B1</i> mutation ^a (MDS- <i>SF3B1</i>)		Absence of 5q deletion, monosomy 7, or complex karyotype	SF3B1
MDS with biallelic <i>TP53</i> inactivation (MDS-bi <i>TP53</i>)	<20% BM and PB	Usually complex	Two or more <i>TP53</i> mutations, or 1 mutation with evidence of <i>TP53</i> copy number loss or cnLOH
MDS, morphologically defined			
MDS with low blasts (MDS-LB)	<5% BM and <2% PB		
MDS, hypoplastic ^b (MDS-h)			
MDS with increased blasts (MDS-IB)			
MDS-IB1	5-9% BM or 2-4% PB		
MDS-IB2	10-19% BM or 5–19% PB or Auer rods		
MDS with fibrosis (MDS-f)	5–19% BM; 2–19% PB		

^aDetection of \geq 15% ring sideroblasts may substitute for *SF3B1* mutation. Acceptable related terminology: MDS with low blasts and ring sideroblasts. ^bBy definition, \leq 25% bone marrow cellularity, age adjusted.

BM bone marrow, PB peripheral blood, cnLOH copy neutral loss of heterozygosity.

Test Time



Dysplastic or Not?





Dysplastic or Not?





MDS Diagnosis

Bone Marrow Flow Cytometry



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MDS Diagnosis

Bone Marrow Cytogenetics



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Questions?