Bone marrow morphology is a strong discriminator between chronic eosinophilic leukemia, not otherwise specified and reactive idiopathic hypereosinophilic syndrome

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 doi:10.3324/haematol.2017.165340

Received: January 25, 2017.

Accepted: May 4, 2017.

Pre-published: May 11, 2017.

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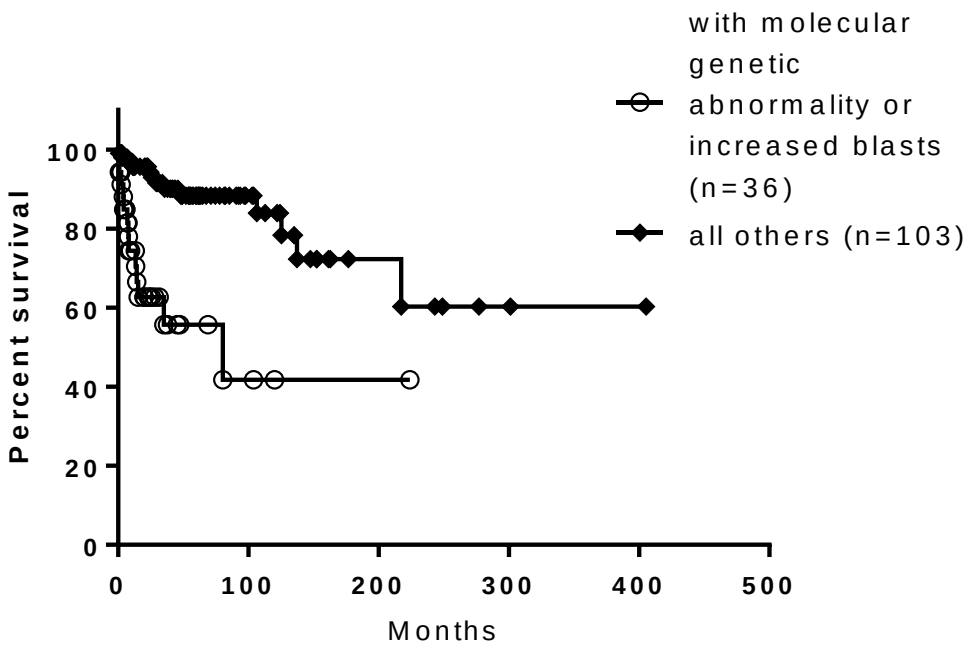
Supplementary Table 1: Detailed morphological features of bone marrow that were assessed to be abnormal (n=40)

25 cases with MDS-like, MPN-like or Mixed MDS and MPN-like megakaryocytes:
• 15/23 have abnormal eosinophils, • 3 with ≥5% blasts, • 6/24 MF2 or MF3 fibrosis, • 19/25 with a hypercellularity, • 6/24 with dysgranulopoiesis, • 8/24 dyserythropoiesis
3 cases with dysgranulopoiesis and 1 case with dyserythropoiesis
• 1 also abnormal eosinophils, • 2 with hypercellularity • 1 with MF2 fibrosis
11 cases showing at least two other abnormalities:
• 10 with hypercellularity; • 3 with MF3 fibrosis; 3 with MF2 fibrosis, • 4 with abnormal eosinophils: • 1 with a M:E ratio >10; • 2 with markedly decreased megakaryocytes, 1 with abnormal megakaryocytes (subset)



Suppl. Figure: Comparison of patients with an abnormal karyotype, and or positive mutations, or increased blasts (n=36) versus all other patients (n=103). Of note, in the latter group, mutations were only tested in 52 (52%) patients. The survival was 80.3 months vs not reached.