

# Characteristics and outcomes associated with CD2 and CD25 expression on bone marrow mast cells in patients with systemic mastocytosis

## Authors

Julien Rossignol,<sup>1</sup> Sophie Georgin-Lavialle,<sup>2</sup> Danielle Canioni,<sup>3</sup> Omer Beganovic,<sup>4,5</sup> Chantal Brouzes,<sup>4,5</sup> Olivier Fain,<sup>6</sup> Maël Heiblig,<sup>7</sup> Clément Gourguechon,<sup>8</sup> Philippe Guilpain,<sup>9</sup> Cristina Bulai-Livideanu,<sup>10</sup> Stéphane Barete,<sup>11</sup> Julie Agopian,<sup>12</sup> Fabienne Brenet,<sup>12</sup> Patrice Dubreuil,<sup>12</sup> Richard Lemal,<sup>13</sup> Olivier Tournilhac,<sup>13</sup> Louis Terriou,<sup>14</sup> David Launay,<sup>14,15</sup> Laurence Bouillet,<sup>16</sup> Catharina Chatain,<sup>16</sup> Ghandi Damaj,<sup>17</sup> Thomas Ballul,<sup>1</sup> Celine Greco,<sup>18</sup> Laura Polivka,<sup>1,19</sup> Laurent Frenzel,<sup>1</sup> Cécile Meni,<sup>1</sup> Hassiba Boukhit,<sup>1</sup> Dina Benabou,<sup>1</sup> Clotilde Devin,<sup>1</sup> Caroline Gaudy-Marqueste,<sup>20</sup> Marie Gousseff,<sup>21</sup> Edwige Le Mouel,<sup>22</sup> Antoine Neel,<sup>23</sup> Dana Ranta,<sup>24</sup> Roland Jausaud,<sup>25</sup> Thierry Jo Molina,<sup>3</sup> Julie Bruneau,<sup>3</sup> Rose-Marie Javier,<sup>26</sup> Fabien Pelletier,<sup>27</sup> Florence Castelain,<sup>27</sup> Frederique Retornaz,<sup>28</sup> Quentin Cabrera,<sup>29</sup> Patricia Zunic,<sup>29</sup> Marie Pierre Gourin,<sup>30</sup> Ewa Wierzbicka-Hainaut,<sup>31</sup> Jean François Viillard,<sup>32</sup> Christian Lavigne,<sup>33</sup> Cyrille Hoarau,<sup>34</sup> Isabelle Durieu,<sup>35</sup> Sophie Dimicoli-Salazar,<sup>36</sup> Jose Miguel Torregrosa-Diaz,<sup>37</sup> Audrey Duval,<sup>38</sup> Nicolas Garcelon,<sup>38</sup> Jeremie Lespinasse,<sup>39</sup> Angèle Soria,<sup>40</sup> Yannick Chantran,<sup>41</sup> Michel Arock,<sup>42</sup> Christine Bodemer,<sup>1,19</sup> Olivier Lortholary,<sup>1</sup> Vahid Asnafi,<sup>4,5</sup> Olivier Hermine<sup>1</sup> and Ludovic Lhermitte<sup>4,5</sup>

<sup>1</sup>CEREMAST, Imagine Institute, INSERM U1163, AP-HP, Necker-Children's Hospital, Paris Centre University, Paris; <sup>2</sup>Department of Internal Medicine, Tenon Hospital, Assistance Publique-Hôpitaux de Paris (APHP), Sorbonne Université, Paris; <sup>3</sup>CEREMAST, Department of Pathology, Necker-Children's Hospital, AP-HP, Paris Centre University, Paris; <sup>4</sup>Université Paris Cité, INSERM UMR-S1151, CNRS UMR-S8253, Institut Necker Enfants Malades, F-75015 Paris; <sup>5</sup>Hôpital Necker Enfants-Malades, Laboratoire d'Onco-Hématologie, Assistance Publique-Hôpitaux de Paris (AP-HP), Paris; <sup>6</sup>Department of Internal Medicine, Sorbonne University, Saint-Antoine Hospital, AP-HP, Paris; <sup>7</sup>CEREMAST, Department of Hematology, Lyon-Sud Hospital, Hospices Civils de Lyon, Pierre-Bénite; <sup>8</sup>Department of Hematology, Amiens University Hospital, Amiens; <sup>9</sup>CEREMAST, Department of Internal Medicine-Multi-organ Diseases, Saint-Eloi University Hospital, Montpellier University, Montpellier; <sup>10</sup>CEREMAST, Department of Dermatology, Hôpital Larrey, CHU Toulouse, Toulouse; <sup>11</sup>CEREMAST, Dermatology Department, Pitié-Salpêtrière Hospital, AP-HP, Paris; <sup>12</sup>Centre de Recherche en Cancérologie de Marseille, INSERM U1068, Marseille; <sup>13</sup>CEREMAST, Adult Clinical Hematology, CHU Clermont-Ferrand, INSERM CIC501, EA 7453 - Clermont Auvergne University, Clermont-Ferrand; <sup>14</sup>CEREMAST, Department of Internal Medicine and Clinical Immunology, Claude Huriez, CHRU Lille, Lille; <sup>15</sup>Lille University, INSERM U995 LIRIC, CHU Lille, and Referral Center for Rare Systemic Autoimmune Diseases North and

North-West of France, Lille; <sup>16</sup>CEREMAST, Clinical Immunology / Internal Medicine Department, National Reference Center for Angioedema, Grenoble University Hospital, Grenoble; <sup>17</sup>CEREMAST, Hematology Institute, Normandy University School of Medicine, Caen; <sup>18</sup>CEREMAST, Department of Pain and Palliative Care Unit, Necker-Children's Hospital, AP-HP, Paris Centre University, Paris; <sup>19</sup>Department of Dermatology, Reference Center for Genodermatoses (MAGEC), AP-HP, Necker-Children's Hospital, Paris Centre University, Paris; <sup>20</sup>CEREMAST, Department of Dermatology, Aix-Marseille University, CHU Timone, Marseille; <sup>21</sup>Department of Internal Medicine, Centre Hospitalier Bretagne Atlantique, Vannes; <sup>22</sup>CEREMAST, Department of Internal Medicine and Clinical Immunology, Rennes University Hospital, Rennes; <sup>23</sup>CEREMAST, Department of Internal Medicine, Hôtel-Dieu University Hospital, Nantes; <sup>24</sup>Department of Hematology, Nancy University Hospital, Nancy; <sup>25</sup>Department of Internal Medicine and Clinical Immunology, Vandoeuvre-lès-Nancy; <sup>26</sup>CEREMAST, Department of Rheumatology, Strasbourg University Hospital, Strasbourg; <sup>27</sup>CEREMAST, Department of Dermatology, Allergology Unit, University Hospital of Besançon, Besançon; <sup>28</sup>Unité de Soins et de Recherche en Médecine Interne et Maladies Infectieuses, European Hospital, Marseille; <sup>29</sup>Department of Hematology, Sud Reunion University Hospital, Saint Pierre, La Réunion; <sup>30</sup>CEREMAST, Department of Hematology, CHU Dupuytren, Limoges; <sup>31</sup>CEREMAST, Department of Dermatology, CHU de Poitiers, Poitiers; <sup>32</sup>Department of Internal Medicine and Infectious Diseases, Haut-Lévêque Hospital, CHRU Bordeaux, Bordeaux University, Bordeaux; <sup>33</sup>CEREMAST, Department of Internal Medicine and Clinical Immunology, University Hospital, Angers; <sup>34</sup>CEREMAST, Department of Clinical Immunology and Allergology, CHRU Tours, Tours; <sup>35</sup>CEREMAST, Department of Internal Medicine, Adult Cystic Fibrosis Care Center, Hospices Civils de Lyon, Lyon; <sup>36</sup>Department of Hematology, CHU Bordeaux, Bordeaux; <sup>37</sup>Department of Hematology, CHU Poitiers, Poitiers; <sup>38</sup>Paris Centre University, Imagine Institute, Data Science Platform, INSERM UMR 1163, F-75015, Paris; <sup>39</sup>eXYSTAT, Malakoff, Paris; <sup>40</sup>CEREMAST, Department of Dermatology and Allergy, Tenon Hospital, Sorbonne University, Paris; <sup>41</sup>CEREMAST, Department of Biological Immunology, Saint-Antoine Hospital, Sorbonne University, Paris and <sup>42</sup>CEREMAST, Laboratory of Hematology, Pitié-Salpêtrière Hospital, AP-HP, Paris Sorbonne University, Paris, France

Correspondence:

L. LHERMITTE - ludovic.lhermitte@aphp.fr

<https://doi.org/10.3324/haematol.2024.285740>

## Online supplementary

**Supplemental Table 1: demographic, clinical and laboratory characteristics of mastocytosis patients in the discovery cohort.**

|                                     | Total<br>N = 81 | Non-advanced <sup>1</sup><br>N = 54 | Advanced <sup>2</sup><br>N = 27 | p-value                      |
|-------------------------------------|-----------------|-------------------------------------|---------------------------------|------------------------------|
| Age (years); median [IQR]           | 51 [23]         | 47 [22]                             | 60 [26]                         | <b>0.003<sup>5</sup></b>     |
| Sex (male); n (%)                   | 39 (48%)        | 21 (39%)                            | 18 (67%)                        | <b>0.02<sup>6</sup></b>      |
| <b>WHO classification; n (%)</b>    |                 |                                     |                                 | -                            |
| ISM                                 | 54 (67%)        | 54 (100%)                           |                                 |                              |
| ASM                                 | 15 (18%)        |                                     | 15 (55%)                        |                              |
| SM-AHN <sup>3</sup>                 | 8 (11%)         |                                     | 8 (30%)                         |                              |
| MCL                                 | 2 (2%)          |                                     | 2 (7%)                          |                              |
| MCS                                 | 2 (2%)          |                                     | 2 (7%)                          |                              |
| <b>Phenotype<sup>4</sup>; n (%)</b> |                 |                                     |                                 | <b>0.003<sup>6</sup></b>     |
| <b>Detectable</b>                   | <b>73 (86%)</b> | <b>50 (86%)</b>                     | <b>23 (85%)</b>                 |                              |
| CD2+                                | 58/73 (79%)     | 45/50 (90%)                         | 13/23 (57%)                     |                              |
| CD2-                                | 15/73 (21%)     | 5/50 (10%)                          | 10/23 (43%)                     |                              |
| CD2+/CD25+                          | 58/73 (79%)     | 45/50 (90%)                         | 13/23 (57%)                     |                              |
| CD2+/CD25-                          | 0/73 (0%)       | 0/50 (0%)                           | 0/23 (0%)                       |                              |
| CD2-/CD25+                          | 10/73 (14%)     | 4/50 (8%)                           | 6/23 (26%)                      |                              |
| CD2-/CD25-                          | 5/73 (7%)       | 1/50 (2%)                           | 4/23 (17%)                      |                              |
| <b>Undetectable</b>                 | <b>12 (14%)</b> | <b>8 (14%)</b>                      | <b>4 (15%)</b>                  |                              |
| <b>KIT genotype; n (%)</b>          |                 |                                     |                                 | 0.13 <sup>6</sup>            |
| TKD-mutations                       | 66 (82%)        | 45 (83%)                            | 21 (77%)                        |                              |
| wild type                           | 13 (16%)        | 9 (17%)                             | 4 (15%)                         |                              |
| non-TKD mutations                   | 2 (2%)          | 0 (0%)                              | 2 (7%)                          |                              |
| <b>Death; n (%)</b>                 |                 |                                     |                                 | <b>&lt;0.001<sup>7</sup></b> |
| Yes                                 | 11 (14%)        | 1 (2%)                              | 10 (37%)                        |                              |
| No                                  | 70 (86%)        | 53 (98%)                            | 17 (63%)                        |                              |

**Supplemental table 1:** WHO: World Health Organization. SM: systemic mastocytosis. ISM: indolent systemic mastocytosis. ASM: aggressive systemic mastocytosis. SM-AHN: systemic mastocytosis with an associated hematological neoplasm. MCL: mast cell leukemia. MCS: mast cell sarcoma. <sup>1</sup>Non-advanced = ISM. <sup>2</sup>Advanced = ASM, MCL, MCS, SM-AHN. <sup>3</sup>The AHN diagnoses were chronic myelomonocytic leukemia (n=2), myelodysplasia (n=2), myeloproliferative neoplasia (n=1), acute myeloid leukemia (n=1), hairy cell leukemia (n=1), and lymphoplasmacytic lymphoma (n=1). <sup>4</sup>Including 4 patients with partial expression of CD2 and 2 patients with bimodal expression of CD2. <sup>5</sup>Wilcoxon's rank sum test. <sup>6</sup>Pearson's chi-

squared test <sup>7</sup>Fisher's exact test. Data were quoted as the median [interquartile range (IQR)] for continuous variables and the frequency (percentage) for categorical variables. Groups were compared in a non-parametric Wilcoxon test for continuous variables and in a Chi-squared or Fisher's exact test (as appropriate) for categorical variables. The threshold for statistical significance was set to  $p < 0.05$ . All *KIT* sequencing in the discovery cohort was performed by sequencing from RNA extraction as reported in Polivka et al., JACI 2024. Immunophenotyping was performed using anti-CD2 (clone L303.1) and anti-CD25 (clone 2A3) antibodies.

**Supplemental Table 2:** Univariable and multivariable analyses of OS after midostaurin initiation, according to the WHO diagnostic classification, hemoglobin level, platelet count, CD2 expression, and number of *S/A/R* mutations.

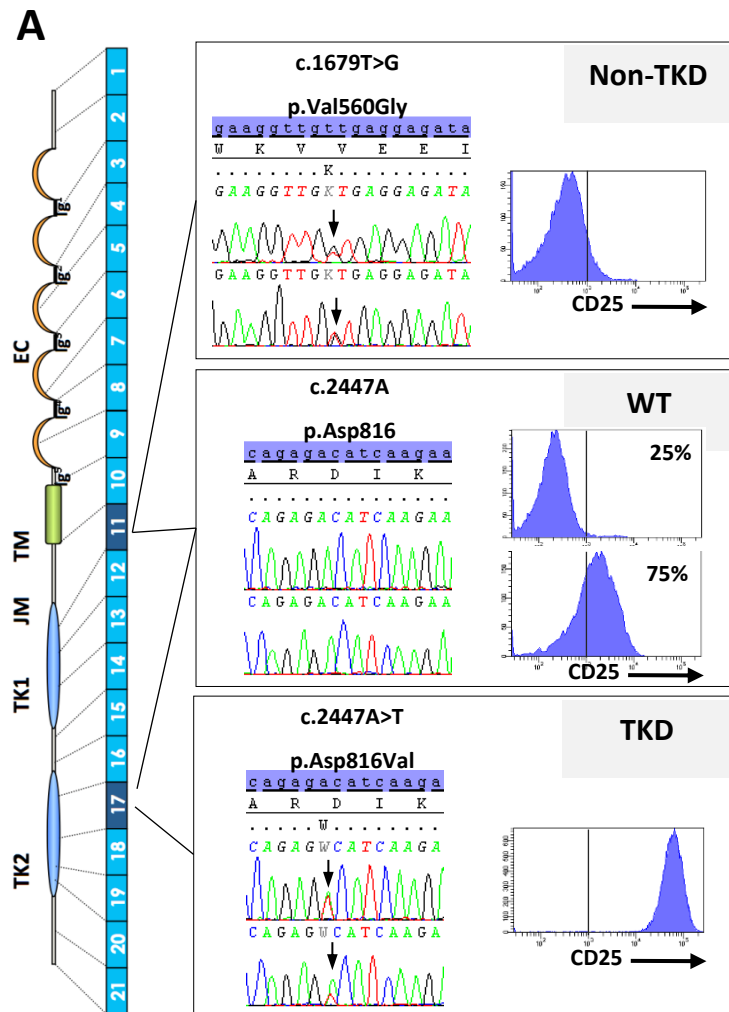
| Characteristic                             | Univariable analysis |                 |                    |                  | Multivariable analysis |    |                 |                    |              |
|--|----------------------|-----------------|--------------------|------------------|------------------------|----|-----------------|--------------------|--------------|
|  | N                    | HR <sup>1</sup> | 95%CI <sup>1</sup> | p-value          | q-value <sup>2</sup>   | N  | HR <sup>1</sup> | 95%CI <sup>1</sup> | p-value      |
| <b>WHO classification</b>                  |                      |                 |                    | <b>&lt;0.001</b> | <0.001                 |    |                 |                    | 0.11         |
| <i>ASM</i>                                 | 27                   | —               | —                  |                  |                        | 17 | —               | —                  |              |
| <i>MCL</i>                                 | 9                    | 8.77            | 2.96, 26.0         |                  |                        | 3  | 4.38            | 0.42, 45.2         |              |
| <i>SM-AHN</i>                              | 75                   | 3.43            | 1.61, 7.30         |                  |                        | 62 | 2.96            | 0.89, 9.87         |              |
| <b>Hemoglobin (g/dL)</b>                   | 110                  | 0.79            | 0.68, 0.90         | <b>&lt;0.001</b> | 0.003                  | 82 | 0.85            | 0.71, 1.02         | 0.069        |
| <b>Platelet count (x10<sup>9</sup>/L)</b>  | 111                  | 1.0             | 0.99, 1.00         | <b>&lt;0.001</b> | 0.002                  | 82 | 0.99            | 0.99, 1.00         | <b>0.005</b> |
| <b>CD2 expression</b>                      |                      |                 |                    | <b>0.010</b>     | 0.084                  |    |                 |                    | 0.9          |
| <i>No</i>                                  | 53                   | —               | —                  |                  |                        | 36 | —               | —                  |              |
| <i>Yes</i>                                 | 58                   | 0.51            | 0.30, 0.86         |                  |                        | 46 | 0.96            | 0.48, 1.92         |              |
| <b><i>SRSF2/ASXL1/RUNX1</i> mutations</b>  |                      |                 |                    | <b>0.032</b>     | 0.3                    |    |                 |                    | 0.068        |
| <i>S/A/R 0</i>                             | 42                   | —               | —                  |                  |                        | 42 | —               | —                  |              |
| <i>S/A/R 1</i>                             | 25                   | 2.59            | 1.29, 5.22         |                  |                        | 25 | 2.26            | 1.08, 4.75         |              |
| <i>S/A/R &gt;= 2</i>                       | 15                   | 1.60            | 0.65, 3.94         |                  |                        | 15 | 0.96            | 0.37, 2.46         |              |
| <b>Alkaline phosphatase &gt; ULN</b>       |                      |                 |                    | 0.4              | >0.9                   |    |                 |                    |              |
| <i>No</i>                                  | 24                   | —               | —                  |                  |                        |    |                 |                    |              |
| <i>Yes</i>                                 | 48                   | 1.32            | 0.70, 2.51         |                  |                        |    |                 |                    |              |
| <b>Tryptase ≥ 200 ng/mL</b>                |                      |                 |                    | 0.8              | >0.9                   |    |                 |                    |              |
| <i>No</i>                                  | 62                   | —               | —                  |                  |                        |    |                 |                    |              |
| <i>Yes</i>                                 | 47                   | 0.93            | 0.55, 1.57         |                  |                        |    |                 |                    |              |
| <b>Leukocyte count (x10<sup>9</sup>/L)</b> | 108                  | 1.01            | 0.98, 1.04         | 0.6              | >0.9                   |    |                 |                    |              |

**Supplemental table 2:** WHO: World Health Organization. *ASM*: aggressive systemic mastocytosis. *MCL*: Mast cells leukemia. *SM-AHN*: systemic mastocytosis with an associated hematological neoplasm. *S/A/R*: *SRSF2/ASXL1/RUNX1*. ULN: upper limit of normal. <sup>1</sup>HR: hazard ratio; CI: confidence interval. <sup>2</sup>Bonferroni correction for multiple testing. We used Cox proportional hazard models to investigate prognostic factors and the strength of associations with OS. We first selected explanatory variables with p<0.2 in a univariable analysis. Given

the risk of a type I error, we also reported the Bonferroni correction as a q-value. Next, we included the variables as prognostic factors in multivariable models. Both univariable and multivariable estimates of the hazard ratio (HR) [95%CI] were reported. The multivariable models' assumptions were checked by plotting the Schoenfeld residuals.

**Supplemental Figure 1: Correlation between CD25 expression and the mast cell genotype in patients with systemic mastocytosis.**

(A) Distribution of the CD25 expression pattern and immunogenetic *KIT* status in a series of 73 patients. (B) An illustrative case of MCL with a CD25<sup>-</sup> immunophenotype and a Dup 501-502 *KIT*-genotype at diagnosis. The disease showed a clonal evolution at relapse, with the emergence of a D816H mutation (in addition to the Dup 501-502 abnormality) associated with the start of partial CD25 expression (detected in both flow cytometry and immunochemistry experiments). The D816H *KIT* mutation segregated with the CD25<sup>+</sup> BMNC compartment after electronic sorting and was absent from the CD25<sup>-</sup> BMNC population.



| Antigen expression | TKD mutation  | Absence of TKD mutation |                |
|--------------------|---------------|-------------------------|----------------|
|                    | D816          | JM mutations            | WT             |
| CD25-              | -             | 2 / 2 (100%) **         | 3/12 (25%) *** |
| CD25+              | 58/58 (100%)* | -                       | 9/12 (75%)     |

\* 1 case harboring a D816H mutation

\*\* 1 MCL and 1 MCS

\*\*\* 1 ISM, 1 SM-AHN, 1 MCL

