

# Leukaemia Section

## Short Communication

## del (5q) solely in Myelodysplastic syndrome

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### Abstract

Review on Myelodysplastic syndrome with isolated deletion of 5q

#### Keywords

Myelodysplastic syndrome; chromosome 5; deletion 5q

### Identity

del (5q) solely in Myelodysplastic syndrome

#### Other names

Myelodysplastic syndrome with isolated deletion of 5q

### Clinics and pathology

#### Disease

Myelodysplastic syndrome (MDS) with isolated deletion of chromosome 5q is part of a group of clonal disorders in myeloid stem cells with ineffective hematopoiesis which is manifested by morphologic dysplasia in hematopoietic cells and single or bilineage cytopenia(s). It is the only MDS subtype defined cytogenetically in the World Health Organization classification system.

#### Phenotype/cell stem origin

Myeloid stem cell.

#### Epidemiology

MDS with isolated del(5q) is present in <5% of MDS cases (Mallo et al., 2011). It occurs more often in women than in men, male:female ratio 7:3,

with a median age of diagnosis at 65 to 70 years.

#### Clinics

Patients suffering from MDS with isolated del(5q) present with a macrocytic anemia, normal or increased platelet count and absence of significant neutropenia in their peripheral blood. The incidence of bleeding and infections is therefore low in these patients because of the absence of significant neutropenia and thrombocytopenia. Blood transfusion dependency is seen in patients with severe anemia at diagnosis but also can develop in other patients (Germing et al., 2012). According to the Revised International Prognostic Scoring System (IPSS-R), MDS with isolated del(5q) are defined as Low- or Intermediate -1- risk subtypes and usually have an indolent course.

#### Pathology

The bone marrow is characterized by an increase in the number of small megakaryocytes with monolobulated and bilobulated nuclei. There are less than 1% blasts in the peripheral blood and less than 5% blasts in the bone marrow and Auer Rods are absent (Arber et al., 2016).

#### Treatment

MDS patients with isolated del(5q) have a favorable prognosis and the majority of patients respond well to treatment with lenalidomide.

#### Prognosis

This subtype of MDS has a favorable prognosis. The exception is when this disease is associated with mutations in TP53.

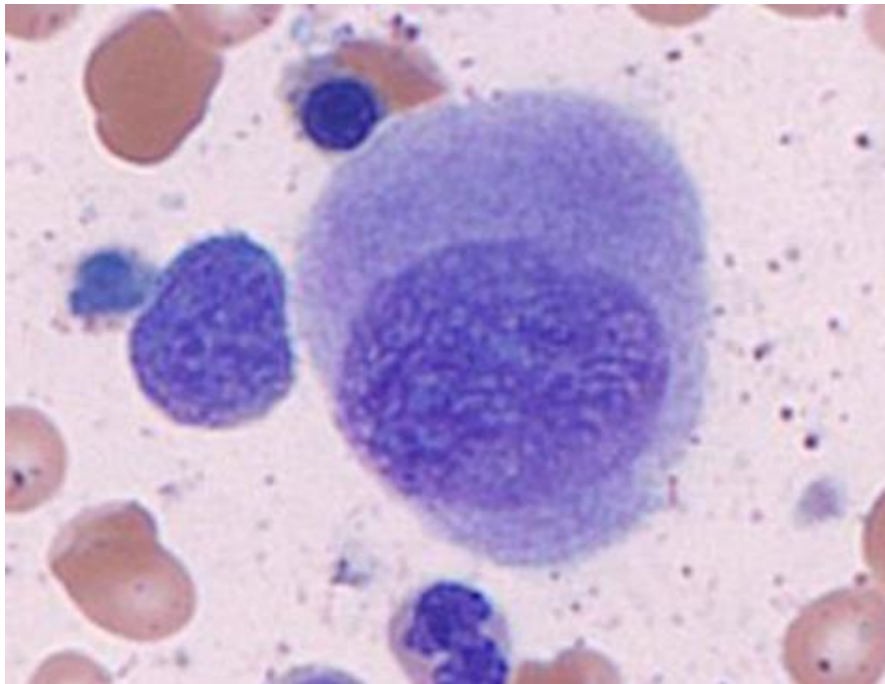


Figure 1: An example of a typical hypolobated micromegakaryocyte in a bone marrow aspirate smear. (Wright-Giemsa)

## Cytogenetics

### *Cytogenetics morphological*

As its name implies, in this entity there is interstitial deletion of part of the long arm of chromosome 5 involving 5q31-5q33. MDS with isolated del(5q) can still be diagnosed if there is 1 additional cytogenetic abnormality besides del(5q) if there is no adverse effect of that abnormality, as such, this excludes {CC: TXT:monosomy 7 or del 7(q) ID:} for instance (Arber et al., 2016).

### *Cytogenetics molecular*

The gene specific for the defect seen in MDS with isolated del(5q) has been identified by RNA interference screening to be RPS14 (Pellagatti et al., 2008).

In addition, while patients with MDS with isolated del(5q) classically have a favorable prognosis, the presence of a TP53 mutation is of particular importance, this mutation predicts for poorer prognosis and higher risk of transformation to AML (Mallo et al., 2013).



Figure 2: The karyotype in a case of MDS with isolated del(5q) showing 46,XX,del(5)(q22q35). Image courtesy of Dana Bangs, CG(ASCP), Stanford University.

## Genes involved and proteins

### **RPS14 (ribosomal protein S14)**

#### **Location**

5q33.1

#### **Protein**

RPS14 is a ribosomal gene located in commonly deleted region (CDR) of 5q. It encodes for a protein required for maturation of 40S ribosomal subunits. Patients with MDS with del(5q) are haploinsufficient for RPS14 which leads to impairment of ribosome biogenesis and subsequent reduction of protein translation.

### **TP53 (Tumour protein p53 (Li-Fraumeni syndrome))**

#### **Location**

17p13.1

#### **Protein**

The TP53 gene encodes for the tumor suppressor protein p53. In the presence of DNA -damage p53 may be activated to fix the damage, or if the damage cannot be repaired p53 prevents the cell from dividing and signals the cell to undergo apoptosis.

## References

Arber DA, Hasserjian RP. Reclassifying myelodysplastic syndromes: what's where in the new WHO and why. *Hematology Am Soc Hematol Educ Program*. 2015;2015:294-8

Arber DA, Orazi A, Hasserjian R, Thiele J, Borowitz MJ, Le Beau MM, Bloomfield CD, Cazzola M, Vardiman JW. The 2016 revision to the World Health Organization classification of myeloid neoplasms and acute leukemia. *Blood*. 2016 May 19;127(20):2391-405

Bejar R. Clinical and genetic predictors of prognosis in myelodysplastic syndromes. *Haematologica*. 2014 Jun;99(6):956-64

Germing U, Lauseker M, Hildebrandt B, Symeonidis A, Cermak J, Fenaux P, Kelaidi C, Pfeilstöcker M, Nösslinger T, Sekeres M, Maciejewski J, Haase D, Schanz J, Seymour J, Kenealy M, Weide R, Lübbert M, Platzbecker U, Valent P, Götze K, Stauder R, Blum S, Kreuzer KA,

Schlenk R, Ganser A, Hofmann WK, Aul C, Krieger O, Kündgen A, Haas R, Hasford J, Giagounidis A. Survival, prognostic factors and rates of leukemic transformation in 381 untreated patients with MDS and del(5q): a multicenter study. *Leukemia*. 2012 Jun;26(6):1286-92

Jädersten M, Saft L, Smith A, Kulasekararaj A, Pomplun S, Göhring G, Hedlund A, Hast R, Schlegelberger B, Porwit A, Hellström-Lindberg E, Mufti GJ. TP53 mutations in low-risk myelodysplastic syndromes with del(5q) predict disease progression. *J Clin Oncol*. 2011 May 20;29(15):1971-9

Mallo M, Cervera J, Schanz J, Such E, García-Manero G, Luño E, Steidl C, Espinet B, Vallespí T, Germing U, Blum S, Ohyashiki K, Grau J, Pfeilstöcker M, Hernández JM, Noesslinger T, Giagounidis A, Aul C, Calasanz MJ, Martín ML, Valent P, Collado R, Haferlach C, Fonatsch C, Lübbert M, Stauder R, Hildebrandt B, Krieger O, Pedro C, Arenillas L, Sanz MÁ, Valencia A, Florensa L, Sanz GF, Haase D, Solé F. Impact of adjunct cytogenetic abnormalities for prognostic stratification in patients with myelodysplastic syndrome and deletion 5q. *Leukemia*. 2011 Jan;25(1):110-20

Mallo M, Del Rey M, Ibáñez M, Calasanz MJ, Arenillas L, Larráyoza MJ, Pedro C, Jerez A, Maciejewski J, Costa D, Nomdedeu M, Diez-Campelo M, Lumbreras E, González-Martínez T, Marugán I, Such E, Cervera J, Cigudosa JC, Alvarez S, Florensa L, Hernández JM, Solé F. Response to lenalidomide in myelodysplastic syndromes with del(5q): influence of cytogenetics and mutations. *Br J Haematol*. 2013 Jul;162(1):74-86

Patnaik MM, Lasho TL, Finke CM, Knudson RA, Ketterling RP, Chen D, Hoyer JD, Hanson CA, Tefferi A. Isolated del(5q) in myeloid malignancies: clinicopathologic and molecular features in 143 consecutive patients. *Am J Hematol*. 2011 May;86(5):393-8

Pellagatti A, Hellström-Lindberg E, Giagounidis A, Perry J, Malcovati L, Della Porta MG, Jädersten M, Killick S, Fidler C, Cazzola M, Wainscoat JS, Boulwood J. Haploinsufficiency of RPS14 in 5q- syndrome is associated with deregulation of ribosomal- and translation-related genes. *Br J Haematol*. 2008 Jul;142(1):57-64

Saft L, Karimi M, Ghaderi M, Matolcsy A, Mufti GJ, Kulasekararaj A, Göhring G, Giagounidis A, Selleslag D, Muus P, Sanz G, Mittelman M, Bowen D, Porwit A, Fu T, Backstrom J, Fenaux P, MacBeth KJ, Hellström-Lindberg E. p53 protein expression independently predicts outcome in patients with lower-risk myelodysplastic syndromes with del(5q). *Haematologica*. 2014 Jun;99(6):1041-9

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