



XIX CONGRESSO NAZIONALE SIES 2026

IMPATTO PROGNOSTICO DELLE VARIANTI DI *SRSF2* P95 NELLE SINDROMI MIELODISPLASTICHE CON MUTAZIONE DI *ASXL1*

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Palazzo degli Affari



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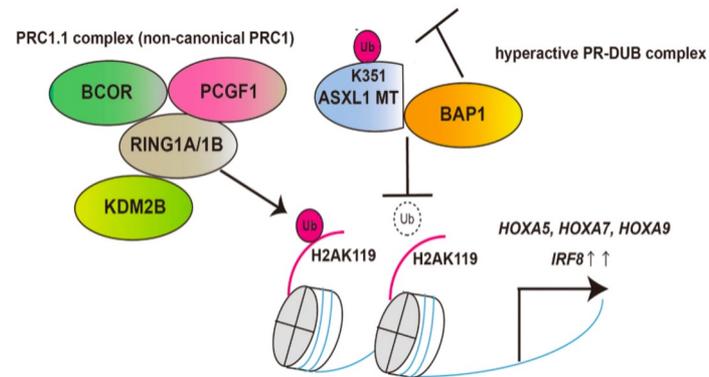
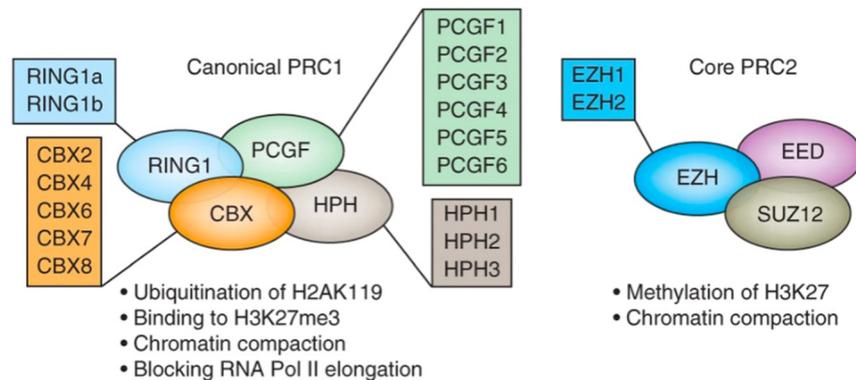
No disclosures

ASXL1: mutated in 20–30% of MDS cases

ASXL1mut

→ reduction in H3K27me3 levels

→ expression of genes normally silenced



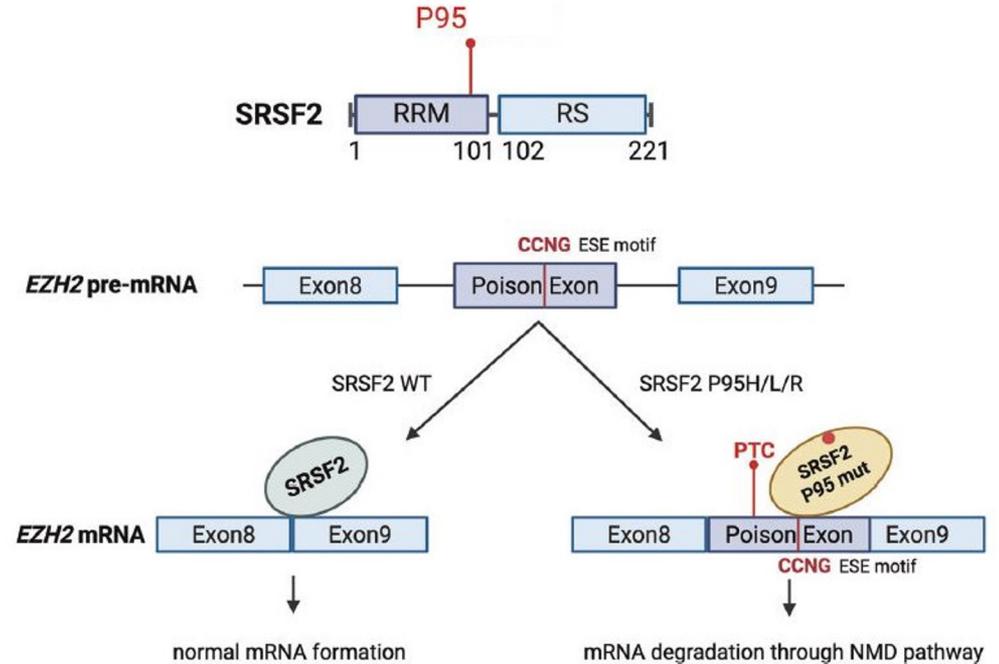
Di Croce, L., Helin, K., *Nat Struct Mol Biol* **20**, 1147–1155 (2013)

SRSF2: mutated in 15-20% of MDS cases

SRSF2^{P95} : Induce inclusion of an aberrant exon in the EZH2 transcript



Reduced EZH2 levels.



Yu, H., Hong, J., Shin, DY. et al. *Leukemia* **39**, 2329–2339 (2025)



Aim of the study:

To analyze, in patients with MDS and ASXL1 mutation, the impact of SRSF2 mutation and of the individual P95 variants.

Methods

Study cohort: 853 patients

Inclusion criteria:

- MDS diagnose according to WHO 2016 criteria
- WBC $<13 \times 10^9/L$;
- Presence of at least one pathogenic *ASXL1* mutation

Patients with diagnose of CMML were excluded

Patients with co-mutation of *ASXL1* and *EZH2* were analyzed in a different study

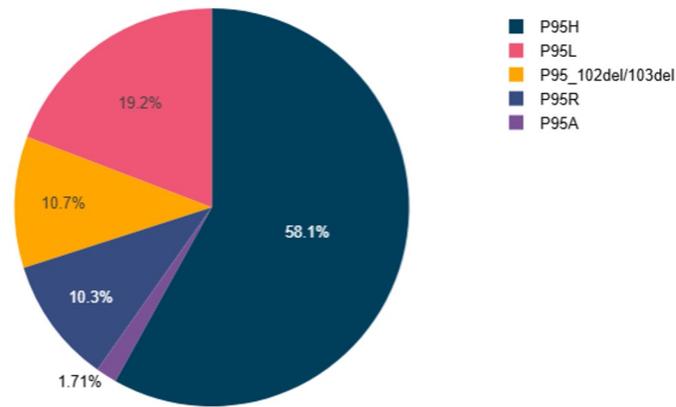
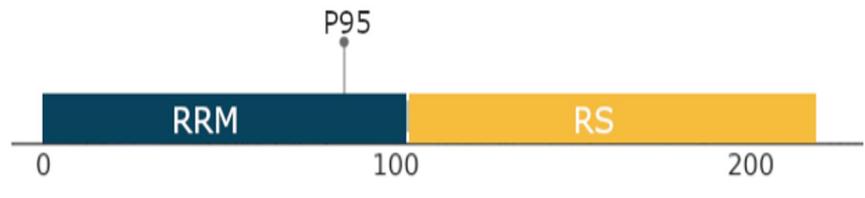
Database	Cases
MDS Unit Careggi	394 patients with MDS and CMML
IPSS-M	2957 patients with MDS and CMML
GenoMed4All	1592 patients with MDS
Cleveland Clinic	1286 patients with MDS, CMML, MDS/MPN

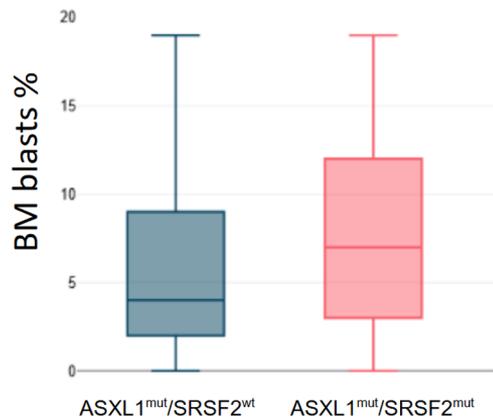
239 patients with co-mutation of **ASXL1** and **SRSF2**

SRSF2: 95% involved the P95 hotspot

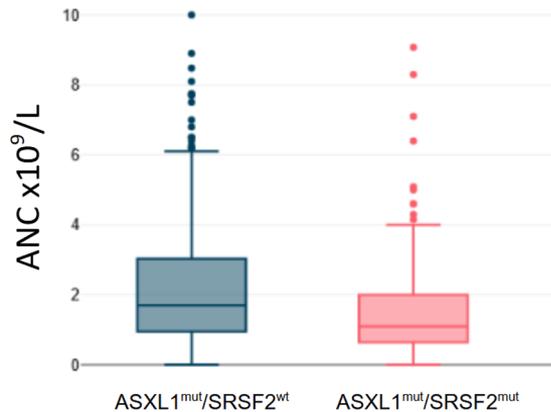
In 10.7% of cases, the mutation was an in-frame deletion between positions 95 and 102 or 95 and 103.

In the remaining cases: P95H (58.1%), P95L (19.2%), P95R (10.3%), P95A (1.7%).

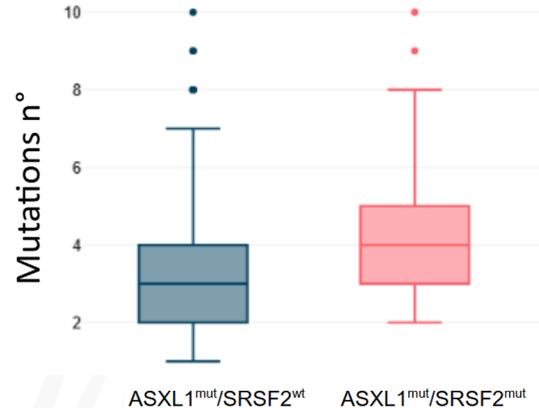




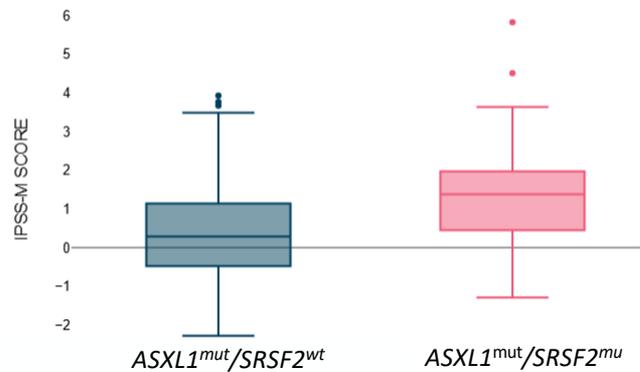
Groups	n	Median
ASXL1mut	505	4
ASXL1/SRSF2mut	239	7



Groups	n	Median
ASXL1mut	325	1.7
ASXL1/SRSF2mut	142	1.09

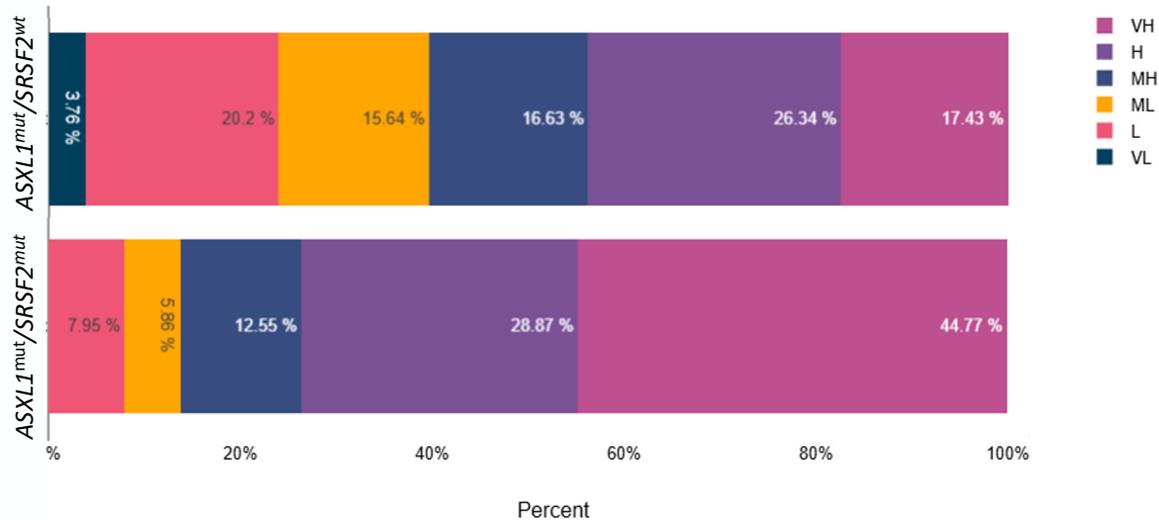


Groups	n	Median
ASXL1mut	503	3
ASXL1/SRSF2mut	237	4

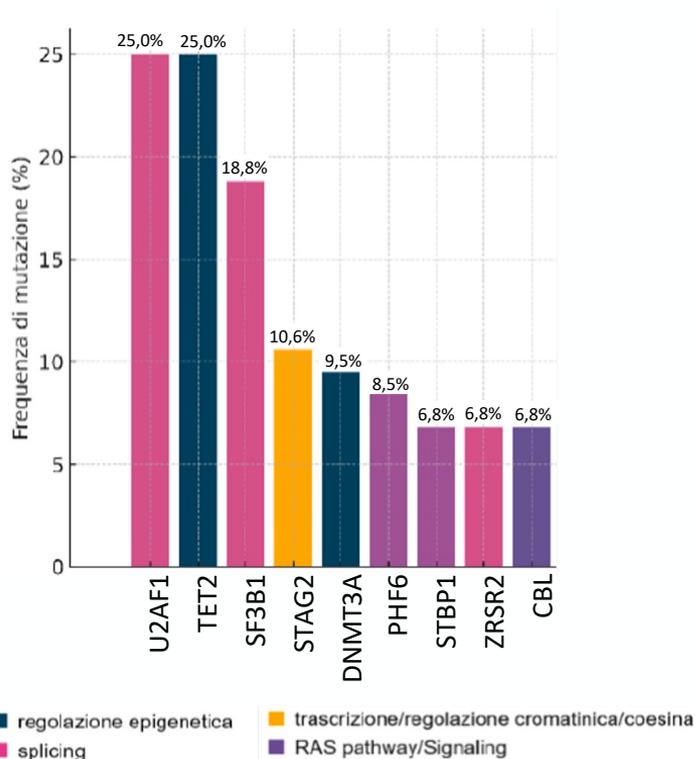


GROUP	Frequency	Median	Std. Deviation
ASXL1 ^{mut} /SRSF2 ^{wt}	505	0.29	1.17
ASXL1 ^{mut} /SRSF2 ^{mut}	239	1.38	1.11

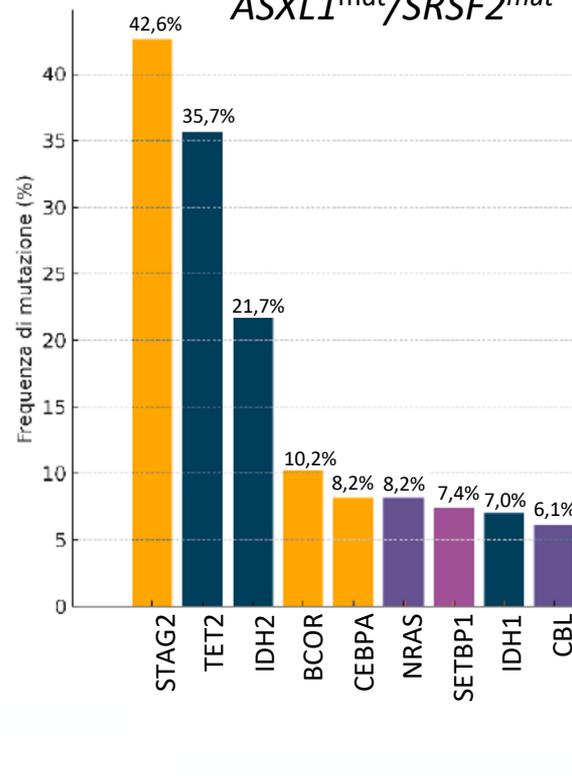
IPSS-M CATEGORY



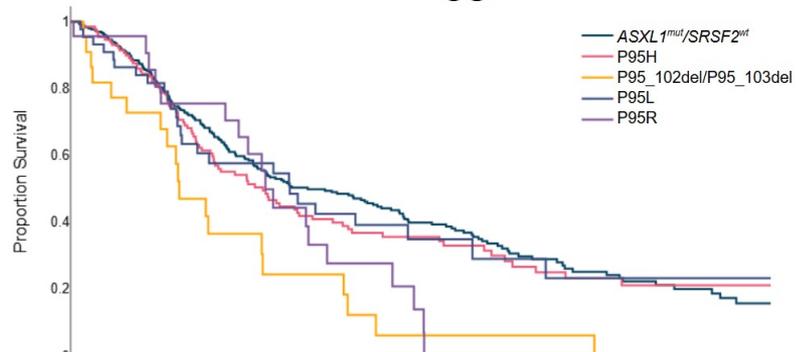
ASXL1^{mut}/SRSF2^{wt}



ASXL1^{mut}/SRSF2^{mut}

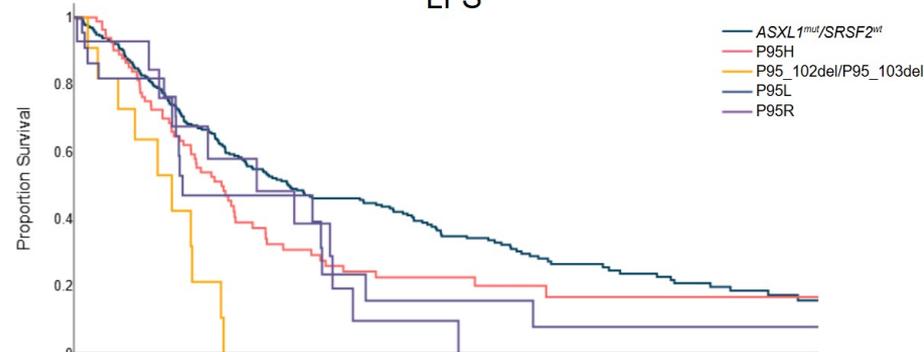


OS



	0	1	2	3	4	5	6	7
ASXL1 ^{mut} /SRSF2 ^{wt}	311	212	128	97	60	30	20	11
P95H	132	94	52	31	22	14	14	14
P95L	44	31	19	13	6	5	5	5
P95R	23	16	9	1	0	0	0	0
P95_102del/103del	22	12	5	2	2	1	0	0

LFS



	0	1	2	3	4	5	6	7
ASXL1 ^{mut} /SRSF2 ^{wt}	305	186	111	83	51	27	19	11
P95H	82	49	20	14	9	6	6	6
P95L	22	10	6	3	3	2	2	2
P95R	14	9	5	1	0	0	0	0
P95_102del/103del	11	4	0	0	0	0	0	0

P95_102del and P95_103del mutations are associated with a worse OS (HR = 2.30; IC 95% 1.44–3.68; $p < .001$) and LFS (HR= 2.42 IC 95% 1.26-4.64 $p=0.008$)

Independently of the IPSS-M score.

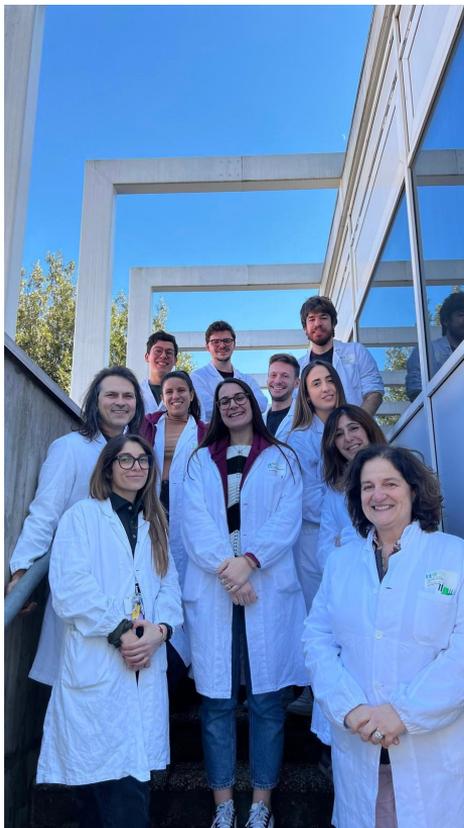
Conclusions

In *ASXL1*-mutated MDS, *SRSF2* co-mutation defines a distinct biological and clinical subset.

The prognostic impact of *SRSF2* is variant-specific:

- Deletion-type variants (p.P95_102del/p.P95_103del) identify patients with independently adverse outcomes

These findings highlight the need for variant-level annotation of *SRSF2* mutations in MDS patients



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