

LCML - Chronic Myelogenous Leukemia

Subtype	Biology & Expression	Genomic Alterations	Clinical Features
Proliferative CMML (pCMML)	<ul style="list-style-type: none"> • High WBC count (>13,000/μL) • Proliferative myeloid/monocyte signatures • Increased MAPK signaling 	<ul style="list-style-type: none"> • RAS-pathway mutations (e.g., NRAS, KRAS, CBL, PTPN11) in ~50% of cases 	<ul style="list-style-type: none"> • Poorer prognosis • Higher risk of AML transformation • May respond to MEK inhibitors
Dysplastic CMML (dCMML)	<ul style="list-style-type: none"> • Cytopenic phenotype • Dysplasia-related genes expressed • Fewer inflammatory/proliferative signatures 	<ul style="list-style-type: none"> • TET2, SRSF2, ASXL1 mutations dominant • Lower frequency of RAS-pathway mutations 	<ul style="list-style-type: none"> • Better prognosis (than pCMML) • Lower blast % • Commonly indolent course
Epigenetically driven subtype	<ul style="list-style-type: none"> • DNA methylation alterations • Chromatin modifier gene expression patterns 	<ul style="list-style-type: none"> • Mutations in TET2, ASXL1, EZH2, DNMT3A, IDH1/2 	<ul style="list-style-type: none"> • Associated with CMML progression • Therapeutic vulnerability to hypomethylating agents
Spliceosome-mutant subtype	<ul style="list-style-type: none"> • Abnormal RNA splicing pathways 	<ul style="list-style-type: none"> • Mutations in SRSF2, SF3B1, U2AF1, often co-occurring with TET2 or ASXL1 	<ul style="list-style-type: none"> • Enriched in older adults • Variable prognosis; some overlap with dysplastic subtype