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.

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.
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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


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