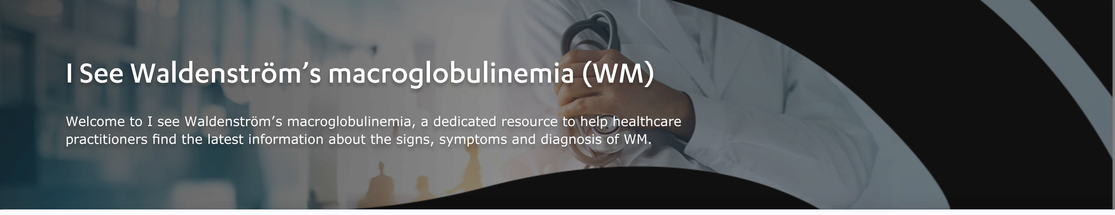

# I See Waldenström's macroglobulinemia (WM)

Welcome to I see Waldenström's macroglobulinemia, a dedicated resource to help healthcare practitioners find the latest information about the signs, symptoms and diagnosis of WM.

## What is Waldenström's macroglobulinemia (WM)?

Waldenström's macroglobulinemia (WM) is a chronic, indolent, B-cell disorder characterised by bone marrow infiltration with lymphoplasmacytic cells, along with IgM monoclonal gammopathy.[1,2]

## WM statistics

- 1–2% — of Non-Hodgkin lymphomas[3]
- 63–75 years — Median age of diagnosis[3]
- ~2x more common in men[3]
- 5–12 years — Median overall survival[4]

## WM incidence rates

In Europe, the WM incidence rate is 7.3 per million in men and 4.2 per million in women.[3]

A strong familial predisposition has been reported[3,5]; first-degree relatives of patients with WM have up to a 20-fold increased risk for developing WM (and also an increased risk, but at a lower level, for other B-cell disorders).[3]

In contrast to multiple myeloma, WM prevalence is higher among Caucasians than other races.[3,6]

## Risk factors

The main risk factor for WM is the presence of IgM-monoclonal gammopathy of uncertain significance (MGUS).[7,8] Whilst in most people, MGUS remains stable and doesn't cause problems or need treatment, there is a risk of MGUS developing into a cancer.[9] The presence of IgM-MGUS increases the risk of WM by 46 times vs. the general population.[10,11]

Other risk factors include:[10,11]:

- **Genetic predisposition**[3,7]
- **Presence of autoimmune disease**[7]
- **History of infections**[7]

## WM immunophenotype and genetic mutations

WM cells are characterised by very specific immunophenotypes[3,7]:

- **Positive for WM**: IgM, CD19, CD20, CD22, CD25, CD27, CD79a
- **Variable for WM**: CD5, CD10, CD23, CD138
- **Negative for WM**: CD103

These characteristic immunophenotypes differentiate WM from other Non-Hodgkin lymphomas and from multiple myeloma.[7]

- **del(6q)**
- **MYD88 L265P**

patients with WM present with different genetic variations, with the most common being del (6q) together with the somatic mutation in MYD88 *(L265P)*.[7] The latter has an important role in the growth and survival of WM cells.[1,7]

CD=cluster of differentiation; IgM=immunoglobulin M; MGUS=monoclonal gammopathy of uncertain significance; WM=Waldenström's macroglobulinemia.

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