

COULD THE SKIN LESION YOU'RE SEEING...

LOOK FOR SKIN LESIONS

BPDCN lesions can vary in size, shape, and color.^{1,2*}



ACTUALLY BE A DEADLY BLOOD CANCER?

HAVE YOU SEEN A CASE OF BPDCN?

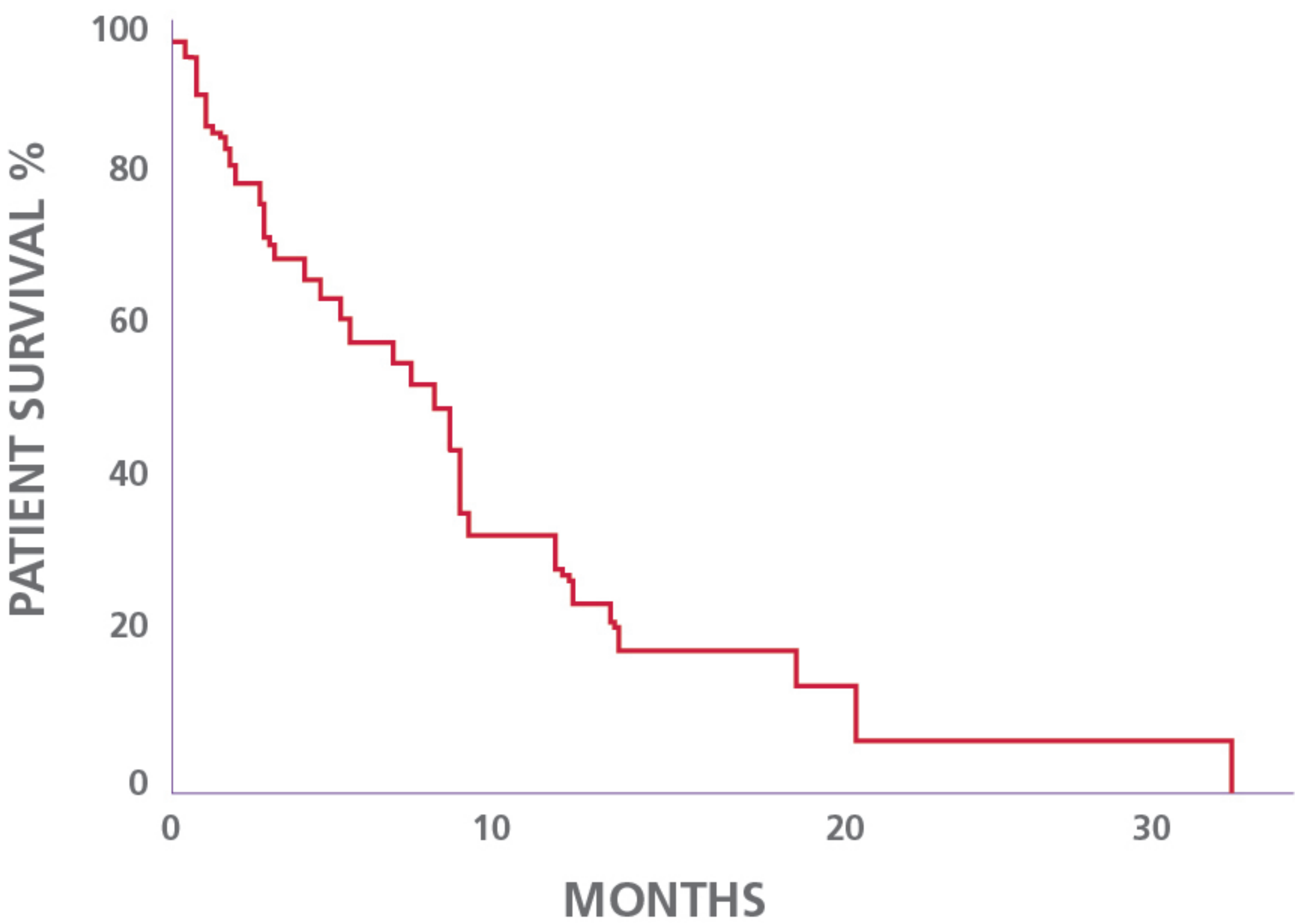
Blastic plasmacytoid dendritic cell neoplasm (BPDCN):

- Usually presents with skin lesions^{3,4}
- Is often mistaken for other skin disorders¹
- Progresses rapidly and carries a poor prognosis²

WHO ARE PATIENTS WITH BPDCN?

- ~85% to 90% present with skin lesions^{1,3,5}
- ~75% are men⁶
- Typically **60 to 70** years of age, but all ages can be affected⁷

HISTORICAL OVERALL SURVIVAL⁶



- In a retrospective analysis, the mean time between the onset of lesions and the final diagnosis of BPDCN was 6.2 months¹
- Historically, median overall survival for BPDCN is approximately 8 to 14 months after diagnosis^{6,8}
- If untreated, BPDCN may rapidly progress to aggressive leukemic disease^{2,6}

YOU MAY BE THE FIRST LINE OF DEFENSE IN IDENTIFYING THIS DEADLY BLOOD CANCER

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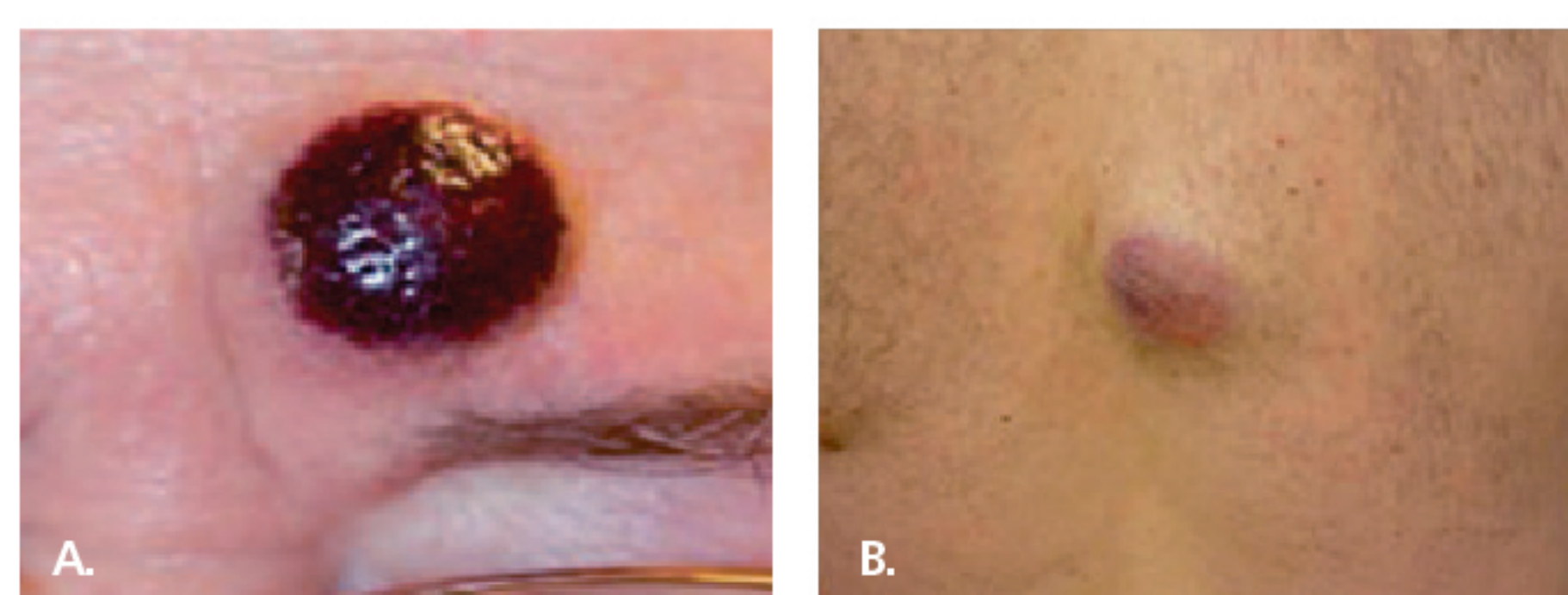
COULD THE SKIN LESION YOU'RE SEEING... ACTUALLY BE BPDCN?

DERMATOLOGISTS ARE ESSENTIAL TO BPDCN DIAGNOSIS

In patients with BPDCN, plasmacytoid dendritic cells invade the dermis, where they proliferate, resulting in skin lesions that vary in size, shape, and color¹⁻⁴:

Deep purple nodular lesions^{1,2,9}

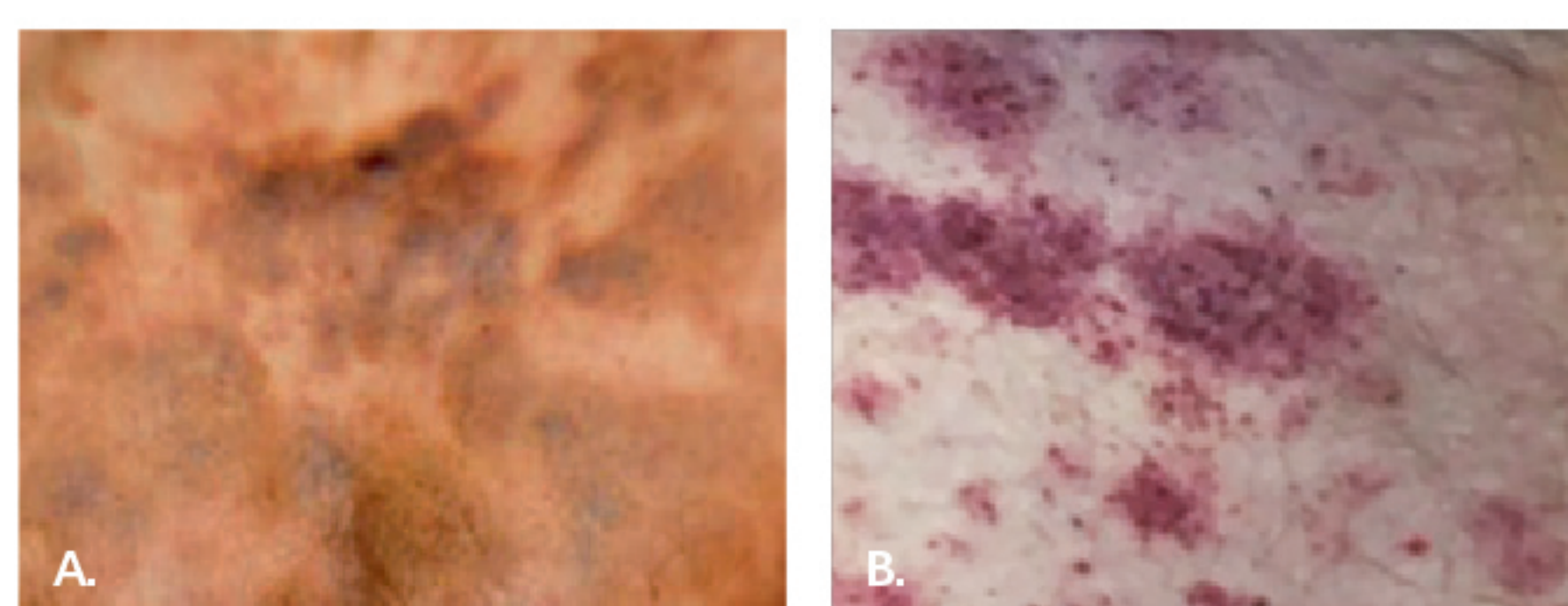
- Most common cutaneous manifestation in BPDCN patients
- Vary in appearance and distribution, localized to various body areas, particularly the trunk, limbs, and head



A. and B. This is an electronic version of figures published in *British Journal of Dermatology*, September 2013, published by Wiley.

Diffuse bruise-like or hyperpigmented red-brown macules^{1,2,10}

- May be small and/or diffuse, 1 or several patches confined to various body areas, often nonpruritic
- Some patients present with disseminated and mixed lesions



A. This is an electronic version of figures published in *British Journal of Dermatology*, September 2013, published by Wiley. **B.** Republished with permission from *American Society of Hematology*.

BIOPSIES ARE CRITICAL IN IDENTIFYING BPDCN

- BPDCN skin lesions may be mistaken for many benign types of lesions³
- The diagnosis of BPDCN may be based on the characteristic immunophenotype of malignant cells co-expressing CD123, CD4, and CD56^{7,11}
 - BPDCN can include other markers, such as TCL1, TCF4, and CD303 (BDCA2)^{7,12}
- Detailed clinical information on the requisition form sent with tissue sample may aid pathologist in accurate diagnosis¹³
 - Important clinical information may include patient history, such as prior malignancies or systemic disease, clinical evaluation with description of lesions (indicating number and duration), and other relevant information^{13,14}

SKIN BIOPSIES ARE KEY TO BPDCN DIAGNOSIS AND SHOULD INCLUDE DEEP DERMIS, AS BPDCN TYPICALLY SPARES THE EPIDERMIS

Visit BPDCNinfo.com for more information.

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