

Blastic

PE

Plasmacytoid

| Neoplasm

Knowing can be as simple as co123.

- ➤ Frequent reclassification and renaming has contributed to the underrecognition of BPDCN¹
- ➤ Sites of involvement include 1-3
 - Primary: bone marrow, peripheral blood, skin
 - Secondary: lymph nodes, viscera
- ➤ Early and accurate diagnosis is critical to proper management of patients with BPDCN¹
- ➤ BPDCN exhibits variable dermatologic and hematologic presentation³-7
 - 85% to 90% of patients with BPDCN present with skin lesions
 - -30% to 60% of patients present with leukemic disease

BPDCN MAY BE MISTAKEN FOR ^{1,2,5,8}					
AML		Leukem	ia cutis	Cutaneous lymphoma	
NHL		ALL	MDS		CMML

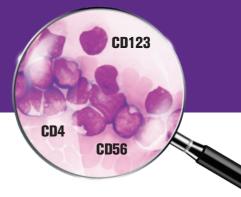
 $AML = acute \ myeloid \ leukemia; \ NHL = non-Hodgkin's \ lymphoma; \ ALL = acute \ lymphoblastic \ leukemia; \ MDS = myelodysplastic \ syndrome; \ CMML = chronic \ myelomonocytic \ leukemia.$

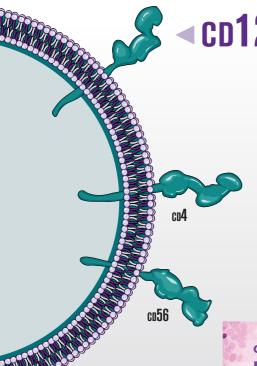
^{*}BPDCN diagnosis can include other markers, such as cD4, CD56, TCL1, and CD303 (BDCA2).1



YOUR AML PATIENT... MAY NOT HAVE AML.

The signature marker triad cp123, cp4, cp56 allows for proper diagnosis of BPDCN





is rapidly emerging as a therapeutic target in hematologic cancer.¹

Consider adding cp123 to initial hematologic panels^{1,2}

cd123, as part of the signature marker triad in combination with cd4 and cd56, is a key marker in identifying BPDCN—a particularly aggressive hematologic cancer that often presents with skin lesions.

Key features of cd123 expression^{5,9-11}

- Highly expressed on BPDCN cells (~95%) and negligibly expressed on healthy cells
- Can be identified through any biopsy of malignant cells
- ➤ Can be both a diagnostic marker and a therapeutic target in BPDCN

CD 123 SHOULD BE ADDED TO INITIAL HEMATOLOGIC DIAGNOSTIC PANELS.¹

Visit BPDCNinfo.com for more information.

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