### Could the hematologic cancer you just diagnosed...

#### Actually be BPDCN?

**What the cd123 diagnostic marker can tell you**

Frequent reclassification and renaming has contributed to the underrecognition of BPDCN

Sites of involvement include:

- Primary: bone marrow, peripheral blood, skin
- Secondary: lymph nodes, viscera

Early and accurate diagnosis is critical to proper management of patients with BPDCN

BPDCN exhibits variable dermatologic and hematologic presentation:

- 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

<table>
<thead>
<tr>
<th>AML</th>
<th>Leukemia cutis</th>
<th>Cutaneous lymphoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHL</td>
<td>ALL</td>
<td>MDS</td>
</tr>
<tr>
<td>CMML</td>
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</tbody>
</table>

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).*

Visit BPDCNinfo.com for more information.

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**CD4**  
**CD123**  
**CD56**

**S: 5.5”**  
**T: 6”**  
**B: 6.25”**  
**5.5” x 8.5”**  
**6” x 9”**  
**6.25” x 9.25”**

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**Images**

- Stemline_Man_HR.tif (CMYK; 1153 pp; 24%)
- 8744_CommonlyMiss-diagnosed_table_FC_v1.ai (99.89%)
- Magnifying_Lens_HR.tif (CMYK; 1138 pp; 13.5%)
- Stemline_Logo_4C.ai (11.44%)
- 8744_BPDCN_Acronym_AshPanels.ai (69.14%)

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**Colors**

- Cyan
- Magenta
- Yellow
- Black

**Fonts**

- Frutiger LT Std (75 Black, 55 Roman), ITC Zapf Dingbats Std (Medium), Akzidenz-Grotesk BQ (Bold Condensed, Extra Bold Condensed)
CD123 is rapidly emerging as a therapeutic target in hematologic cancer. Consider adding CD123 to initial hematologic panels. 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**

- 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

**References**


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