

Recognising Anaphylaxis in Indolent Systemic Mastocytosis (ISM)

Up to 61%

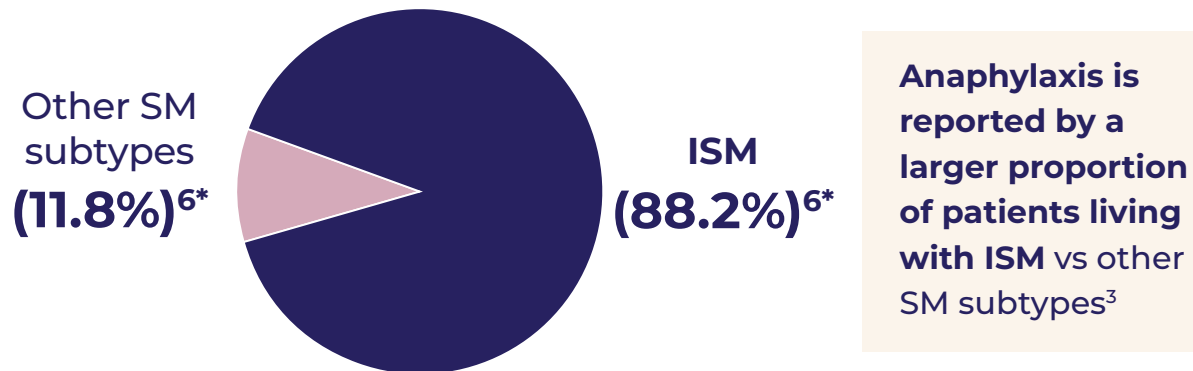
of patients with ISM experience
at least one anaphylactic reaction^{1*}



*46 out of 76 adult patients with ISM treated by the Polish Centre of Excellence of the European Competence Network on Mastocytosis between 2004 and 2011 presented with anaphylaxis¹

Unexplained anaphylaxis is one of the hallmark clinical features of systemic mastocytosis (SM)²

SM is a clonal mast cell disease with heterogeneous clinical presentation³⁻⁵



*Based on another 15-year retrospective study of a Swedish cohort of 195 adult SM patients diagnosed in 2006–2020. Other SM subtypes (11.8%) include ASM (4.1%) and SM-AHN (7.7%)⁶

Mast cell activation and excessive release of mediators is associated with anaphylaxis in SM^{7,8}



4% of patients with unexplained anaphylaxis carry a detectable *KIT* D816V mutation, which is the driver of **~95%** of SM cases²

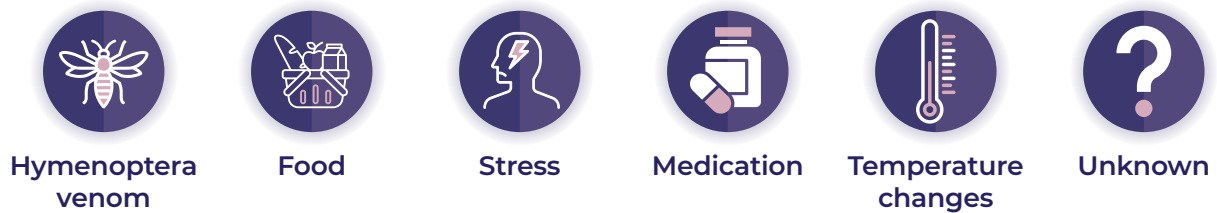


Anaphylaxis precedes ISM diagnosis in many cases; critical evaluation of SM signs may help to prevent potentially life-threatening anaphylaxis^{2,5}

Could your patients with unexplained anaphylaxis suffer from ISM?

Up to 43% of physicians identified anaphylaxis as having the greatest impact on quality of life in patients living with ISM⁷

Most common triggers of anaphylaxis in patients living with ISM:^{3,4,7*}



Accompanying signs that can raise suspicion of ISM:^{7†}



Patients live with the anxiety of unpredictable and potentially life-threatening anaphylaxis^{7,9}

15%
Reported at **at least one emergency department visit** for anaphylaxis⁵

Fear of triggers⁷

Poorly controlled symptoms⁷

Patients can become **isolated** and even **homebound**⁷

Guidelines for the management of ISM in adults recommend that patients with a history of anaphylactic shock must carry a self-injectable epinephrine pen¹⁰

ISM=indolent systemic mastocytosis

*Individual triggers vary by patient and may change over time⁷

†This is not an exhaustive list of all accompanying signs of ISM

Anaphylaxis, when seen in conjunction with other symptoms, may be an indicator of ISM⁷

If your patient presents with unexplained, recurring anaphylaxis, consider performing a serum tryptase test to help screen for ISM.¹¹

If baseline serum tryptase levels are elevated, consider a high-sensitivity *KIT* D816V mutation assay if available or refer to known centre of excellence for SM in your region.¹¹

ISM=indolent systemic mastocytosis; SM=systemic mastocytosis

References: 1. Górska A, et al. *Pol Arch Med Wewn.* 2015;125(1–2):46–53. 2. Hartmann K, et al. *J Allergy Clin Immunol.* 2026;157(2):409–418. 3. Triggiani M, et al. *Clin Exp Allergy.* 2025;55:784–794. 4. Sangalli A, et al. *Front Allergy.* 2025;6:1681051. 5. Zeiger RS, et al. *J Allergy Clin Immunol Pract.* 2025;13(1):202–212.e7. 6. Ungerstedt J, et al. *Cancers (Basel).* 2022;14(16):3942. 7. Kurtin S, et al. *J Adv Pract Oncol.* 2025;4:1–11. 8. Schneider MA, et al. *BMJ Case Rep.* 2026;19:e270996. 9. Jennings SV, et al. *Immunol Allergy Clin North Am.* 2018;38(3):505–525. 10. Livideanu B, et al. *Orphanet J Rare Dis.* 2025;20:499. 11. McMurray JC, et al. *Blood.* 2024;144(4):408–419.



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