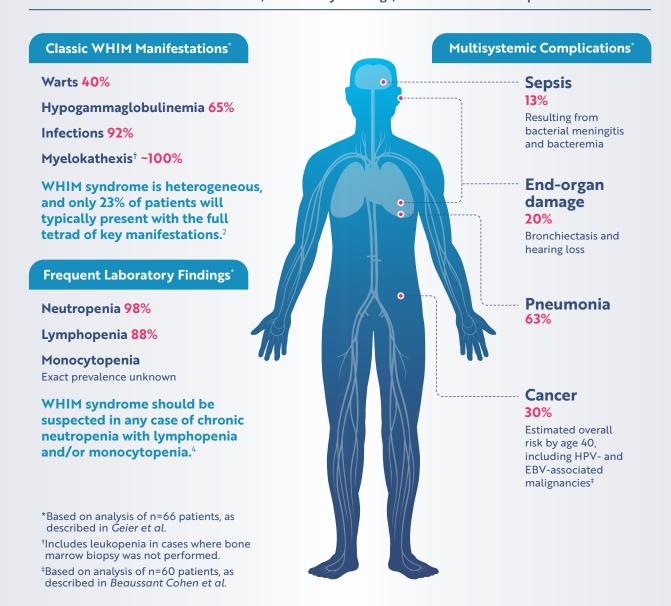
## The First Step to Diagnosing WHIM Syndrome Is Suspecting It

WHIM syndrome is a rare, combined primary immunodeficiency and a chronic neutropenic disorder, named for the manifestations of 1:

Warts | Hypogammaglobulinemia | Infections | Myelokathexis

**Less than 1 in 4 patients** with WHIM syndrome present with all 4 manifestations. The onset, severity, duration, and frequency of WHIM syndrome symptoms and potential resulting complications can be variable.<sup>2</sup>

Prevalence of Manifestations, Laboratory Findings, and Associated Complications<sup>2,3</sup>

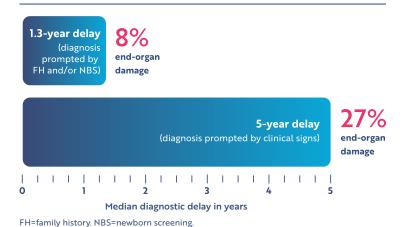






# **Early Diagnosis of WHIM Syndrome is Essential**

Incidence of End-Organ Damage Based on Diagnostic Delay<sup>2</sup>



- In a retrospective analysis, earlier diagnosis and treatment resulted in fewer hospitalizations and lower incidence of end-organ damage, including bronchiectasis and hearing loss.<sup>2</sup>
- An early, definitive WHIM diagnosis can help inform and guide patient management, improve outcomes, and may help reduce potential antibiotic resistance and long-term complications.<sup>2,5</sup>

### **WHIM Syndrome 3-Point Diagnosis**

Clinical evaluation, bone marrow biopsy and/or genetic testing can help inform a WHIM syndrome diagnosis²

Clinical Evaluation
Phenotype, family history, and laboratory findings

Accurate
Diagnosis of

**± Bone Marrow Biopsy**To detect
myelokathexis

**± Genetic Testing**Potential *CXCR4* pathogenic or other genetic variants

### Phenotype and Patient/Family History<sup>2,6</sup>

#### **Frequent Infections**

- Recurrent sinopulmonary and upper respiratory tract infections
- · History of frequent childhood ear infections
- Subcutaneous abscesses
- Absence of classic opportunistic infections

#### **Recalcitrant Warts**

- Consistent presence of HPV warts
- · Anogenital warts
- · Resistance to therapy

#### Laboratory Findings<sup>2,4</sup>

#### Neutropenia

 ANC ≤1000 cells/µL (elevated during infection but low with recovery)

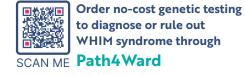
#### Lymphopenia

ALC <1500 cells/µL (age appropriate)</li>

#### Monocytopenia

#### Hypogammaglobulinemia

Low circulating levels of IgG, IgA, and/or IgM



References: 1. Dale DC, Firkin F, Bolyard AA, et al. Results of a phase 2 trial of an oral CXCR4 antagonist, mavorixafor, for treatment of WHIM syndrome. Blood. 2020;136(26):2994-3003. 2. Geier CB, Ellison M, Cruz R, et al. Disease progression of WHIM syndrome in an international cohort of 66 pediatric and adult patients. J Clin Immunol. 2022;24(8):1748-1765.

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