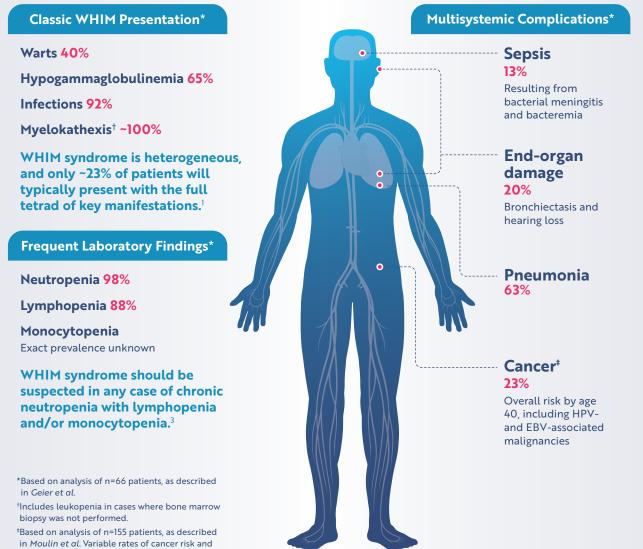
## The First Step to Diagnosing WHIM Syndrome Is Suspecting It

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

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>1</sup>

#### Prevalence of Manifestations, Laboratory Findings, and Associated Complications<sup>1-3</sup>



in Moulin et al. Variable rates of cancer risk and prevalence in patients with WHIM are reported in the literature.

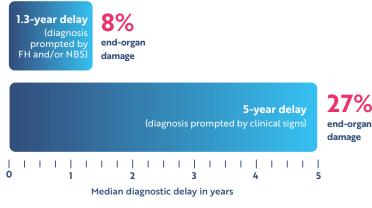


Suspect your patient might have WHIM? Connect with an X4 Rare Disease Specialist to learn more.



# **Early Diagnosis of WHIM Syndrome Is Critical**

#### Incidence of End-Organ Damage Based on Diagnostic Delay#,1



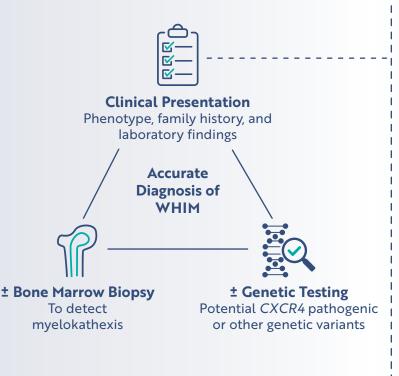
FH=family history. NBS=newborn screening.

\*Diagnostic delay defined as the time from first date of recorded neutropenia to final molecular diagnosis of WHIM syndrome.

- 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>1</sup>
- An early, definitive WHIM diagnosis may help inform and guide patient management, improve outcomes, and reduce the risk of potential long-term complications.<sup>1,4</sup>

### WHIM Syndrome 3-Point Diagnosis

Clinical evaluation, bone marrow biopsy and/or genetic testing can help inform a WHIM syndrome diagnosis<sup>1</sup>



#### Phenotype and Patient/Family History<sup>1,4,5</sup>

#### **Frequent Infections**

- Recurrent sinopulmonary and respiratory tract infections
- History of frequent childhood ear infections
- Frequent infections of the skin and underlying tissue

#### **Recalcitrant Warts**

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

#### Laboratory Findings<sup>1,3,6</sup>

#### Neutropenia

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

#### Lymphopenia

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

#### Monocytopenia

AMC <200 cells/µL (adults)</li>

#### Hypogammaglobulinemia

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

References: I. 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;42(8):1748-1765. doi:10.1007/s10875-022-01312-7 2. Moulin C, Beaupain B, Suarez F, et al. CXCR4 WHIM syndrome is a cancer predisposition condition for virus-induced malignancies. *Br J Haematol.* 2024;204(4):1383-1392. doi:10.1111/bjh.19373 3. Badolato R, Donadieu J; WHIM Research Group. How I treat warts, hypogammaglobulinemia, infections, and myelokathexis syndrome. *Blood.* 2017;130(23):2491-2498. doi:10.1182/blood-2017-02-708552 4. Kawai T, Malech HL. WHIM syndrome: congenital immune deficiency disease. *Curr Opin Hematol.* 2009;16(1):20-26. doi:10.1097/MOH.0b013e32831ac557 5. Heusinkveld LE, Majumdar S, Gao JL, McDermott DH, Murphy PM. WHIM syndrome: from pathogenesis towards personalized medicine and cure. *J Clin Immunol.* 2019;39(6):532-556. doi:10.1007/s10875-019-00665-w 6. Beaussant Cohen S, Fenneteau O, Plouvier E, et al. Description and outcome of a cohort of 8 patients with WHIM syndrome from the French Severe Chronic Neutropenia Registry. *Orphanet J Rare Dis.* 2012;7:71. doi:10.1186/1750-1172-7-11

