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Abstract of Presentation	Geographic Variation in Clinical Phenotype and Management of Adult Mast Cell Disorders: An International Survey. Roizen Gigia, Orosco-Ttamina Luis, Valladares Ximena, Mendez Eleonora, Castells Mariana, Arana Yi Cecilia Background: Mast cell disorders differ in presentation and management. Geographic comparisons remain limited, particularly in Latin America. Methods: An international cross-sectional, patient -reported survey (May–June 2026) of adults self-reporting mast cell activation syndrome (MCAS), systemic mastocytosis, cutaneous mastocytosis, or hereditary alpha-tryptasemia. Respondents were grouped into Latin America (LA) or the Rest of the World (RoW: Europe, North America, Oceania). Symptom burden (19-item composite), quality of life (QoL), postural orthostatic tachycardia syndrome (POTS) and Ehlers-Danlos syndrome/hypermobility spectrum disorder (EDS/HSD), and treatments were compared. Analyses adjusted for age, sex, and diagnosis. Results: Of 145 respondents (64 LA, 81 RoW), 89% were female and the median age was 44 years. MCAS was more common in LA (59.4% vs. 39.5%; p=0.005). QoL was worse in LA (34.4% vs 9.9% Poor/Very poor; p=0.002), and this difference remained significant after multivariable adjustment. Median symptom burden was higher in LA (12 vs. 10; p=0.009), although this difference was no longer significant after

	adjustment for diagnosis. POTS (21.9% vs. 6.2%; p=0.005) and EDS/HSD (15.6% vs. 6.2%; p=0.06) were more frequently reported in LA, predominantly among MCAS respondents. Use of adjunctive therapies differed by region, with lower use of Cromolyn (17.2% vs. 49.4%; p<0.001), and montelukast (28.1% vs. 44.4%; p=0.04) in LA, whereas H1/H2 antihistamine use was similar. Conclusions: Higher symptom burden in LA reflected MCAS representation, whereas poorer QoL persisted after adjustment. Lower adjunctive therapy use and more frequent POTS suggest geographic differences in treatment access and clinical practice that warrant confirmation in larger multinational cohorts.