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Title of Presentation	Sex-related differences in clinical phenotype, mast-cell burden, and disease control in mastocytosis: Real-world data from the MASTHAVE® App
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Abstract of Presentation	Background: Mastocytosis is a heterogeneous disorder with variable clinical manifestations and outcomes. Male sex was associated with a higher risk of osteoporosis and a greater likelihood of an underlying clonal mast-cell disorder in anaphylaxis. However, real-world data on broader sex-related differences in mastocytosis remain limited. Methods: As of July 10th 2026 MASTHAVE® users with completed baseline data were analyzed including demographics, clinical and laboratory characteristics, and patient-reported outcomes. We compared clinical, laboratory, and patient-reported characteristics between men and women using real-world data from the MASTHAVE® app. Results: Among 869 users, 193 (22.2%) were men and 676 (77.8%) were women, mean age was comparable (50.7 vs 49.0 years). Overall men showed slightly higher median tryptase levels (22.5 vs. 17.0 ng/mL) and KIT D816V VAF (0.97% vs. 0.49%). Splenomegaly (20.0% vs. 8.7%) and osteoporosis (43.2% vs. 27.6%) were more frequently reported by men, with lower median T-scores (femur: -2.2 vs. -1.5; lumbar: -2.3 vs. -1.4). Women reported a broader symptom spectrum, most commonly fatigue

	(80.5%) and flushing (79.1%), whereas itch (72.2%) and skin lesions (69.1%) predominated in men. Women more often reported an anaphylactic reaction (52.5% vs 42.6%); however, severe reactions were more frequent in men (grade IV: 46.4% vs. 20.4%). Of note, women reported greater quality-of-life impairment (MC-QoL ≥52: 49.2% vs 28.3%) and poorer disease control (median MCT: 8 vs 11). Conclusion: These data suggest that mastocytosis does not affect men and women equally, indicating that gender represents a relevant factor that should be considered into treatment decision-making.