

COMBINED MYELOYDYSPLASTIC SYNDROMES/MYELOPROLIFERATIVE NEOPLASMS (MDS/MPN)

DISEASE

Note: complete this form only if this diagnosis was the indication for the HCT/CT or if it was specifically requested. Consult the manual for further information.

Date of diagnosis: ____/____/____ (YYYY/MM/DD)

MDS/MPN transformed into Acute Leukaemia and treatment was done for Acute Leukaemia?

- No (complete this form)
 Yes (complete Acute Leukaemia indication diagnosis form in addition to the current form)

Classification:

| | |
|---|---|
| <input type="checkbox"/> Chronic myelomonocytic leukaemia (CMML): CMML type: | <input type="checkbox"/> Myelodysplastic |
| | <input type="checkbox"/> Myeloproliferative |
| WHO subclassification (2016): | <input type="checkbox"/> CMML-0 |
| | <input type="checkbox"/> CMML-1 |
| | <input type="checkbox"/> CMML-2 |
| | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML) | |
| <input type="checkbox"/> Atypical CML (t(9;22) negative and BCR-ABL1 negative) | |
| <input type="checkbox"/> MDS/MPN with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T) | |
| <input type="checkbox"/> MDS/MPN unclassifiable | |

Therapy-related MDS/MPN:

(Secondary origin)

- No
 Yes, disease related to prior exposure to therapeutic drugs or radiation
 Unknown



EBMT Centre Identification Code (CIC): _____
 Hospital Unique Patient Number (UPN): _____
 Patient Number in EBMT database: _____

Treatment Type HCT CT IST Other
 Treatment Date ____/____/____ (YYYY/MM/DD)

CHROMOSOME ANALYSIS

Chromosome analysis done before treatment (all methods including FISH):
 (Describe the results of the most recent complete analysis)

- Not done or failed
- Yes, abnormal results: number of abnormalities present: _____
- Yes, normal results
- Unknown

Date of chromosome analysis (if tested): ____/____/____ (YYYY/MM/DD)

Indicate below whether the abnormalities were absent, present or not evaluated.

| | | | |
|------------------------------------|---------------------------------|----------------------------------|--|
| abn 1 type ; specify: _____ | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| abn 5 type ; specify: _____ | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| abn 7 type ; specify: _____ | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| Trisomy 8 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| Trisomy 9 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| del(20q) | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| del(13q) | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| Other; specify: _____ | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | |

OR

Transcribe the complete karyotype: _____

MOLECULAR MARKER ANALYSIS

Molecular markers analysis done before treatment:

- No
 Yes
 Unknown

Indicate below whether the markers were absent, present or not evaluated.

| | | | |
|----------------------|---------------------------------|----------------------------------|--|
| ASXL1 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| CBL | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| ETNK1 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| ETV6 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| EZH2 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| IDH1 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| IDH2 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| JAK2 mutation | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| KRAS | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| NPM1 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| NRAS | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| PTEN | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| PTPN-11 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| RUNX1 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| SETBP1 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| SF3B1 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| TET2 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| TP53 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| UBA1 | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| Other; specify _____ | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | |