

MYELODYSPLASTIC SYNDROMES (MDS)

DISEASE

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

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

MDS 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 at diagnosis (WHO 2016):

<input type="checkbox"/> MDS with single lineage dysplasia (MDS-SLD)
<input type="checkbox"/> MDS with ring sideroblasts (MDS-RS)
<input type="checkbox"/> MDS with isolated del(5q) chromosomal abnormality
<input type="checkbox"/> MDS with multilineage dysplasia (MDS-MLD)
<input type="checkbox"/> MDS-RS with single lineage dysplasia (MDS-RS-SLD)
<input type="checkbox"/> MDS-RS with multilineage dysplasia (MDS-RS-MLD)
<input type="checkbox"/> MDS with excess blasts (EB)-1
<input type="checkbox"/> MDS with excess blasts (EB)-2
<input type="checkbox"/> Refractory cytopenia of childhood
<input type="checkbox"/> MDS unclassifiable (MDS-U)

Therapy-related MDS:

(Secondary origin)

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

CHROMOSOME ANALYSIS

Chromosome analysis done before treatment (all methods including FISH):
 (Describe 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.

del(Y)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del(5q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(5q); specify _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
del(20q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del(7q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(7q); specify _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
inv(3)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
t(3q;3q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
del(3q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other abn(3q); specify _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	
del(11q)	<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 19	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
i(17q)	<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
RUNX1	<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
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
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
NRAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
JAK2	<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
CBL	<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
NPM1	<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
PTPN11	<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
DDX41	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
SRSF2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	