

MYELOPROLIFERATIVE NEOPLASMS (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)

Classification (WHO 2016):

<input type="checkbox"/> Primary myelofibrosis
<input type="checkbox"/> Polycythaemia vera (PV)
<input type="checkbox"/> Essential or primary thrombocythaemia (ET)
<input type="checkbox"/> Hyper eosinophilic syndrome (HES)
<input type="checkbox"/> Chronic eosinophilic leukaemia (CEL)
<input type="checkbox"/> Chronic neutrophilic leukaemia (CNL)
<input type="checkbox"/> Systemic mastocytosis
<input type="checkbox"/> Mast cell leukaemia
<input type="checkbox"/> Mast cell sarcoma
<input type="checkbox"/> MPN not otherwise specified
<input type="checkbox"/> Myeloid and lymphoid neoplasms with FGFR1 abnormalities (Stem cell leukaemia-lymphoma syndrome, 8p11 syndrome)
<input type="checkbox"/> Myeloid and lymphoid neoplasms with PDGFRA rearrangement
<input type="checkbox"/> Myeloid and lymphoid neoplasms with PDGFRB rearrangement
<input type="checkbox"/> Myeloid and lymphoid neoplasms with PCM1-JAK2 rearrangement
<input type="checkbox"/> Other; specify: _____

Therapy-related MPN:

(Secondary origin)

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

MPN ASSESSMENTS

Spleen size: _____ cm (below costal margin) Not evaluated Unknown

Spleen span in ultrasound or CT scan: _____ cm (maximum diameter) Not evaluated Unknown

Transfusion dependency:

- No
- Yes
- Unknown

Bone marrow fibrosis:

- Grade 0
- Grade 1
- Grade 2
- Grade 3
- Not evaluated
- Unknown

Blast count (peripheral blood): _____ % Not evaluated Unknown

Myelofibrosis only:

IPSS risk score:

- Low risk
- Intermediate-1
- Intermediate-2
- High risk
- Not evaluated
- Unknown

DIPSS score:

- Low risk
- Intermediate-1
- Intermediate-2
- High risk
- Not evaluated
- Unknown

MIPSS70 score:

- Low risk
- Intermediate
- High risk
- Not evaluated
- 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 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 marker 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
BCR-ABL ; <i>Molecular product of t(9;22)(q34;q11.2)</i>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Calreticulin (CALR) mutation	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
	If present: <input type="checkbox"/> Type 1		
	<input type="checkbox"/> Type 2		
	<input type="checkbox"/> Type 1 like		
	<input type="checkbox"/> Type 2 like		
	<input type="checkbox"/> Present but type unknown		
CBL	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
cMPL mutation	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
CSF3R	<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
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
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
SF3B1	<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
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
U2AF1	<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	