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## 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.

|                              |                                 |                                  |  |
|------------------------------|---------------------------------|----------------------------------|--|
| <b>del(Y)</b>                | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| <b>del(5q)</b>               | <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 |  |
| <b>del(20q)</b>              | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| <b>del(7q)</b>               | <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 |  |
| <b>inv(3)</b>                | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| <b>t(3q;3q)</b>              | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| <b>del(3q)</b>               | <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 |  |
| <b>del(11q)</b>              | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| <b>Trisomy 8</b>             | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| <b>Trisomy 19</b>            | <input type="checkbox"/> Absent | <input type="checkbox"/> Present | <input type="checkbox"/> Not evaluated |
| <b>i(17q)</b>                | <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

**Date of molecular marker analysis (if tested):** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

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 |  |