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<b>Title</b>		MDS MPN
<b>Author</b>		Annelot van Amerongen
<b>Authorised By</b>		Annelot van Amerongen
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## 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): <b>CMML type:</b>	<input type="checkbox"/> Myelodysplastic <input type="checkbox"/> Myeloproliferative
<b>WHO subclassification (2016):</b>	<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

## 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.

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

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	