

# MDS/MPN OVERLAP SYNDROMES

## 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 (WHO 2022):

<input type="checkbox"/> Chronic myelomonocytic leukaemia (CMML): <b>CMML subtype:</b>	<input type="checkbox"/> Myelodysplastic
	<input type="checkbox"/> Myeloproliferative
	<b>CMML subgroup:</b>
	<input type="checkbox"/> CMML-1
	<input type="checkbox"/> CMML-2
	<input type="checkbox"/> Unknown
<input type="checkbox"/> MDS/MPN with SF3B1 mutation and thrombocytosis	
<input type="checkbox"/> MDS/MPN with neutrophilia (Atypical CML BCR-ABL1-negative)	
<input type="checkbox"/> MDS/MPN with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T)	
<input type="checkbox"/> MDS/MPN not otherwise specified (NOS)	

### Therapy-related MDS/MPN:

(Secondary origin)

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

CPSS (for CMML only):  Low

- Intermediate-1  
 Intermediate-2  
 High  
 Unknown

CPSS-Mol (for CMML only):  Low

- Intermediate-1  
 Intermediate-2  
 High  
 Unknown



EBMT Centre Identification Code (CIC): \_\_\_\_\_  
 Hospital Unique Patient Number (UPN): \_\_\_\_\_  
 Patient Number in EBMT Registry: \_\_\_\_\_

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

### CHROMOSOME ANALYSIS

Copy and fill-in this section as often as necessary.

Describe results of all the analyses done before HCT/CT/IST treatment

**Chromosome analysis done before HCT/CT/IST treatment:**

- No  
 Yes: **Output of analysis:**  Separate abnormalities  Full karyotype  
 Unknown

Copy and fill-in this section as often as necessary.

If chromosome analysis was done:

**What were the results?**

- Normal  
 Abnormal: number of abnormalities present: \_\_\_\_\_  
 Failed

**Date of chromosome analysis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  Unknown

For abnormal results, indicate below whether the abnormalities were absent, present or 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>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
<b>Other;</b> specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated

OR

Transcribe the complete karyotype: \_\_\_\_\_

## MOLECULAR MARKER ANALYSIS

**Molecular markers analysis done before HCT/CT/IST:**

- No  
 Yes  
 Unknown

*Copy and fill-in this section as often as necessary.*

*If molecular marker analysis was done:*

**Date of molecular marker analysis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  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
BCOR	<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
DNMT3A	<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
ETNK1	<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
FLT3	<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	<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
NF1	<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
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
<b>TP53 mutation type:</b> <input type="checkbox"/> Single hit <input type="checkbox"/> Multi hit <input type="checkbox"/> Unknown			
UBA1			
ZRSR2			
Other; specify _____			