

## MYELODYSPLASTIC NEOPLASMS (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 2022):**

MDS with defining genetic abnormalities:

- ☐ MDS with low blasts and isolated 5 q deletion (MDS-5q)  
☐ MDS with low blasts and SF3B1 mutation (MDS-SF3B1)  
☐ MDS with biallelic TP53 inactivation (MDS-biTP53)

MDS, morphologically defined:

- ☐ MDS with low blasts (MDS-LB)  
☐ MDS, hypoplastic (MDS-h)  
☐ MDS with increased blasts (MDS-IB1)  
☐ MDS with increased blasts (MDS-IB2)  
☐ MDS with fibrosis (MDS-f)

Childhood myelodysplastic neoplasms (MDS):

- ☐ Childhood MDS with low blasts  
☐ Childhood MDS with increased blasts

**Therapy-related MDS:**

(Secondary origin)

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

( If therapy-related MDS, is Yes)

**Is this a donor cell leukaemia?**

- ☐ No  
☐ Yes  
☐ Not applicable (no previous allo HCT)  
☐ Unknown

## DISEASE continued

### IPSS-R:

- ☐ Very Low ( $\leq 1.5$ )  
☐ Low ( $> 1.5$  to 3)  
☐ Intermediate ( $> 3$  to 4.5)  
☐ High ( $> 4.5$  to 6)  
☐ Very High ( $> 6$ )  
☐ Unknown

### IPSS-M:

- ☐ Very Low ( $\leq -1.5$ )  
☐ Low ( $> -1.5$  to  $-0.5$ )  
☐ Moderate Low ( $> -0.5$  to 0)  
☐ Moderate High ( $> 0$  to 0.5)  
☐ High ( $> 0.5$  to 1.5)  
☐ Very High ( $> 1.5$ )  
☐ Unknown

## Extended dataset

### Assessments at diagnosis

#### Haematological values:

##### Peripheral blood

Haemoglobin (g/dL): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Platelets ( $10^9/L$ ): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
White Blood Cells ( $10^9/L$ ): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
% blasts: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
% monocytes: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
% neutrophils: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

##### Bone marrow

% blasts: _____	<b>If the precise blast count is not available, please indicate whether it is:</b>	<input type="checkbox"/> Not evaluated
	<input type="checkbox"/> $\leq 5\%$ <input type="checkbox"/> $> 5\%$	<input type="checkbox"/> Unknown

#### Bone marrow investigation:

Hypocellularity	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Fibrosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown



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

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

## CHROMOSOME ANALYSIS

Describe results of all the analysis 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.

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

OR

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

## MOLECULAR MARKER ANALYSIS

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

- ☐ 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	<input type="checkbox"/> Unknown
CBL	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
DDX41	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
ETV6	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
EZH2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IDH1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
IDH2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
JAK2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
KRAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
NPM1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
NRAS	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PTEN	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
PTPN11	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
RUNX1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
SF3B1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
SRSF2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TET2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TP53	<input type="checkbox"/> Absent	<input type="checkbox"/> Present:	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
TP53 mutation type: <input type="checkbox"/> Single hit				
<input type="checkbox"/> Multi hit				
<input type="checkbox"/> Unknown				
UBA1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other; specify _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown



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Treatment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

*Extended dataset*

**PREVIOUS THERAPIES**  
**(between diagnosis and HCT/CT)**

**Previous therapy lines before the HCT/CT:**

☐ No

☐ Yes: **complete the "Treatment -- non-HCT/CT/GT/IST" form**

☐ Unknown