



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)

## 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, 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            |

☐ MDS/MPN with SF3B1 mutation and thrombocytosis

☐ MDS/MPN with neutrophilia (Atypical CML BCR-ABL1-negative)

☐ MDS/MPN with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T)

☐ 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



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Extended dataset

Assessments at diagnosis

Haematological values:

Peripheral blood

Haemoglobin (g/dL):_____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Platelets (10 <sup>9</sup> /L):_____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
White Blood Cells (10 <sup>9</sup> /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"/> ≤ 5% <input type="checkbox"/> > 5%	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
Auer rods present	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown	

Bone marrow investigation:

Fibrosis	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
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## 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	<input type="checkbox"/> Unknown
<b>abn 7 type;</b> specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Trisomy 8</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>del(20q)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>del(13q)</b>	<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: \_\_\_\_\_



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## 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	<input type="checkbox"/> Unknown
BCOR	<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
DNMT3A	<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
ETNK1	<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
FLT3	<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
NF1	<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
PTPN-11	<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
SETBP1	<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
ZRSR2	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Other; specify _____				



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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