

## 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



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)

**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



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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: \_\_\_\_\_



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Treatment Type  HCT  CT  GT  IST  Other

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

**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.

<b>ASXL1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>CBL</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>DDX41</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>ETV6</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>EZH2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>IDH1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>IDH2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>JAK2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>KRAS</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>NPM1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>NRAS</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>PTEN</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>PTPN11</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>RUNX1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>SF3B1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>SRSF2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>TET2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>TP53</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present:	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>TP53 mutation type:</b> <input type="checkbox"/> Single hit <input type="checkbox"/> Multi hit <input type="checkbox"/> Unknown				
<b>UBA1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
<b>Other; specify _____</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	