



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 subtype:	<input type="checkbox"/> Myelodysplastic
	<input type="checkbox"/> Myeloproliferative
	CMML subgroup:
	<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



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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 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: _____	If the precise blast count is not available, please indicate whether it is: <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.

del(5q) / 5q-	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(7q) / 7q-	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(13q)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
del(17p) / 17p-	<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
Trisomy 8	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
-5 / monosomy 5	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
-7 / monosomy 7	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
-17 / monosomy 17	<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