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):

☐ Chronic myelomonocytic leukaemia (CMMoL, CMML):	**CMML subtype:**	☐ Myelodysplastic ☐ Myeloproliferative
	CMML subgroup:	☐ CMML-1 ☐ CMML-2 ☐ 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

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
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-	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(7q) / 7q-	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(13q)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(17p) / 17p-	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
del(20q)	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Trisomy 8	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
-5 / monosomy 5	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
-7 / monosomy 7	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
-17 / monosomy 17	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other; specify: _____	☐ Absent	☐ Present		

OR

Transcribe the complete karyotype: _____

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)

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.

Marker				
ASXL1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
BCOR	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
CBL	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
DNMT3A	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ETV6	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ETNK1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
EZH2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
FLT3	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
IDH1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
IDH2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
JAK2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
KRAS	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
NF1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
NPM1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
NRAS	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
PTEN	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
PTPN-11	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
RUNX1	☐ Absent	☐ Present:	☐ Not evaluated	☐ Unknown
SETBP1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
SF3B1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
SRSF2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
TET2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
TP53	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
	TP53 mutation type: ☐ Single hit			
	☐ Multi hit			
	☐ Unknown			
UBA1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ZRSR2	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown

Other; specify_____