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)*

MYELOPROLIFERATIVE NEOPLASMS (MPN)

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)*

Classification (WHO 2022):

☐ Primary myelofibrosis
☐ Polycythaemia vera (PV)
☐ Essential or primary thrombocythaemia (ET)
☐ Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML)
☐ Hyper eosinophilic syndrome (HES)
☐ Chronic eosinophilic leukaemia (CEL)
☐ Chronic neutrophilic leukaemia (CNL)
☐ Aggressive systemic mastocytosis
☐ Systemic mastocytosis with an associated haematologic neoplasm (SM-AHN)
☐ Mast cell leukaemia
☐ Mast cell sarcoma
☐ MLN-TK with FGFR1 rearrangement
☐ MLN-TK with PDGFRA rearrangement
☐ MLN-TK with PDGFRB rearrangement
☐ MLN-TK with JAK2 rearrangement
☐ MLN-TK with FLT3 rearrangement
☐ MLN-TK with ETV6::ABL1 fusion
☐ MPN not otherwise specified (NOS)
☐ Other; specify: _____

Therapy-related MPN:
(Secondary origin)

☐ No

☐ Yes, disease related to prior exposure to therapeutic drugs or radiation

☐ Unknown

MPN ASSESSMENTS

(Palpable) spleen size: _____ cm (below costal margin) ☐ Not evaluated ☐ Unknown

Spleen span on ultrasound or CT scan: _____ cm (maximum diameter) ☐ Not evaluated ☐ Unknown

Transfusion dependency:

- ☐ No
- ☐ Yes
- ☐ Unknown

Bone marrow fibrosis:

- ☐ Grade 0
- ☐ Grade 1
- ☐ Grade 2
- ☐ Grade 3
- ☐ Not evaluated
- ☐ Unknown

Blast count *(peripheral blood)*: _____ **%** ☐ Not evaluated ☐ Unknown

Extended dataset

Assessments at diagnosis

Haematological values*:*

Peripheral blood

Haemoglobin (g/dL):_____	☐ Not evaluated	☐ Unknown
Platelets (10^9/L):_____	☐ Not evaluated	☐ Unknown
White Blood Cells (10^9/L):_____	☐ Not evaluated	☐ Unknown
% monocytes:_____	☐ Not evaluated	☐ Unknown
% neutrophils:_____	☐ Not evaluated	☐ Unknown

Bone marrow

% blasts:_____	**If the precise blast count is not available, please indicate whether it is:** ☐ ≤ 5% ☐ > 5%	☐ Not evaluated ☐ Unknown

Constitutional symptoms:

Constitutional symptoms	☐ No	☐ Yes	☐ Unknown

MPN ASSESSMENTS

Myelofibrosis only:

IPSS:

- ☐ Low risk
- ☐ Intermediate-1
- ☐ Intermediate-2
- ☐ High risk
- ☐ Not evaluated
- ☐ Unknown

DIPSS:

- ☐ Low risk
- ☐ Intermediate-1
- ☐ Intermediate-2
- ☐ High risk
- ☐ Not evaluated
- ☐ Unknown

MIPSS70:

- ☐ Low risk
- ☐ Intermediate
- ☐ High risk
- ☐ Not evaluated
- ☐ Unknown

CHROMOSOME ANALYSIS

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
Trisomy 9	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
1q gain (3 copies)	☐ 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: ____

MOLECULAR MARKER ANALYSIS

Molecular marker 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	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
BCR::ABL1; *Molecular product of t(9;22)(q34;q11.2)*	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
CALR	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
	If present: ☐ Type 1 ☐ Type 2 ☐ Type 1 like ☐ Type 2 like ☐ Unknown			
CBL	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
cMPL	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
CSF3R	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
CUX1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
DDX41	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
ETV6	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
EZH2	☐ 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
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
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			
U2AF1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
UBA1	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown
Other; specify: _____	☐ Absent	☐ Present		

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