



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):

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

Therapy-related MPN:

(Secondary origin)

- No
- Yes, disease related to prior exposure to therapeutic drugs or radiation
- Unknown



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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



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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-	<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
Trisomy 9	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
1q gain (3 copies)	<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: _____

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	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
BCR::ABL1; Molecular product of t(9;22)(q34;q11.2)	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CALR	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
If present: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 1 like <input type="checkbox"/> Type 2 like <input type="checkbox"/> Unknown				
CBL	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
cMPL	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CSF3R	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
CUX1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
DDX41	<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
EZH2	<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
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
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				
U2AF1	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
UBA1	<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		