EBMT Centre Identification Code (CIC): _ _ _ _
Hospital Unique Patient Number (UPN): _ _ _ _ _ _ _ _ _ _ _ _ _
Patient Number in EBMT Registry: _ _ _ _ _ _ _ _ _

Treatment Type ☐ HCT ☐ CT ☐ 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):

☐ 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

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.

abn 5 type; specify: _______________	☐ Absent	☐ Present	☐ Not evaluated
abn 7 type; specify: _______________	☐ Absent	☐ Present	☐ Not evaluated
Trisomy 8	☐ Absent	☐ Present	☐ Not evaluated
del(20q)	☐ Absent	☐ Present	☐ Not evaluated
del(13q)	☐ Absent	☐ Present	☐ Not evaluated
Other; specify: _______________	☐ Absent	☐ Present	☐ Not evaluated

OR

Transcribe the complete karyotype: ____

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