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)

MYELODYSPLASTIC NEOPLASMS (MDS)

DISEASE

Note: complete this form only if this diagnosis was the indication for the the HCT/CT or if it was specifically requested. Consult the manual for further information.

Date of diagnosis: _ _ _ _ / _ _ / _ _ (YYYY/MM/DD)

MDS 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 at diagnosis (WHO 2022):

MDS with defining genetic abnormalities:

☐ MDS with low blasts and isolated 5 q deletion (MDS-5q)

☐ MDS with low blasts and SF3B1 mutation (MDS-SF3B1)

☐ MDS with biallelic TP53 inactivation (MDS-biTP53)

MDS, morphologically defined:

☐ MDS with low blasts (MDS-LB)

☐ MDS, hypoplastic (MDS-h)

☐ MDS with increased blasts (MDS-IB1)

☐ MDS with increased blasts (MDS-IB2)

☐ MDS with fibrosis (MDS-f)

Childhood myelodysplastic neoplasms (MDS):

☐ Childhood MDS with low blasts

☐ Childhood MDS with increased blasts

Therapy-related MDS:
(Secondary origin)
☐ No
☐ Yes, disease related to prior exposure to therapeutic drugs or radiation
☐ Unknown

IPSS-R:		**IPSS-M:**	
☐ Very Low (≤1.5)		☐ Very Low (≤-1.5)	
☐ Low (>1.5 to 3)		☐ Low (>-1.5 to -0.5)	
☐ Intermediate (>3 to 4.5)		☐ Moderate Low (>-0.5 to 0)	
☐ High (>4.5 to 6)		☐ Moderate High (>0 to 0.5)	
☐ Very High (>6)		☐ High (>0.5 to 1.5)	
☐ Unknown		☐ Very High (>1.5)	
		☐ Unknown	

EBMT Centre Identification Code (CIC): _ _ _ _
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Treatment Type   ☐ HCT ☐ CT   ☐ IST   ☐ Other

Treatment Date _ _ _ _/ _ _/ _ _ (YYYY/MM/DD)

CHROMOSOME ANALYSIS

Describe results of all the analysis 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(Y)	☐ Absent	☐ Present	☐ Not evaluated
del(5q)	☐ Absent	☐ Present	☐ Not evaluated
Other abn(5q); specify _____	☐ Absent	☐ Present	
del(20q)	☐ Absent	☐ Present	☐ Not evaluated
del(7q)	☐ Absent	☐ Present	☐ Not evaluated
Other abn(7q); specify _____	☐ Absent	☐ Present	
inv(3)	☐ Absent	☐ Present	☐ Not evaluated
t(3q;3q)	☐ Absent	☐ Present	☐ Not evaluated
del(3q)	☐ Absent	☐ Present	☐ Not evaluated
Other abn(3q); specify _____	☐ Absent	☐ Present	
del(11q)	☐ Absent	☐ Present	☐ Not evaluated
Trisomy 8	☐ Absent	☐ Present	☐ Not evaluated
Trisomy 19	☐ Absent	☐ Present	☐ Not evaluated
i(17q)	☐ Absent	☐ Present	☐ Not evaluated
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 ☐ IST ☐ Other

Treatment Date _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)*

MOLECULAR MARKER ANALYSIS

Molecular markers 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.

Marker			
ASXL1	☐ Absent	☐ Present	☐ Not evaluated
CBL	☐ Absent	☐ Present	☐ Not evaluated
DDX41	☐ Absent	☐ Present	☐ Not evaluated
ETV6	☐ Absent	☐ Present	☐ Not evaluated
EZH2	☐ Absent	☐ Present	☐ Not evaluated
IDH1	☐ Absent	☐ Present	☐ Not evaluated
IDH2	☐ Absent	☐ Present	☐ Not evaluated
JAK2	☐ Absent	☐ Present	☐ Not evaluated
KRAS	☐ Absent	☐ Present	☐ Not evaluated
NPM1	☐ Absent	☐ Present	☐ Not evaluated
NRAS	☐ Absent	☐ Present	☐ Not evaluated
PTEN	☐ Absent	☐ Present	☐ Not evaluated
PTPN11	☐ Absent	☐ Present	☐ Not evaluated
RUNX1	☐ 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	☐ Absent	☐ Present	☐ Not evaluated
Other; specify _____	☐ Absent	☐ Present	☐ Not evaluated