



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)

## 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

### 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): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
Platelets (10 <sup>9</sup> /L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
White Blood Cells (10 <sup>9</sup> /L): _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
% monocytes: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown
% neutrophils: _____	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown

**Bone marrow**

% blasts: _____	<b>If the precise blast count is not available, please indicate whether it is:</b>	<input type="checkbox"/> Not evaluated
	<input type="checkbox"/> ≤ 5% <input type="checkbox"/> > 5%	<input type="checkbox"/> Unknown

**Constitutional symptoms:**

Constitutional symptoms	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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



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### 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.

<b>abn 1 type;</b> specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>abn 5 type;</b> specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>abn 7 type;</b> specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Trisomy 8</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>Trisomy 9</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>del(20q)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>del(13q)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
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.

<b>ASXL1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>BCR::ABL1; Molecular product of t(9;22)(q34;q11.2)</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>CALR</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
	<b>If present:</b> <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		
<b>CBL</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>cMPL</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>CSF3R</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>CUX1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>DDX41</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>ETV6</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>EZH2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>IDH1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>IDH2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>JAK2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>KRAS</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>NRAS</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>PTEN</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>PTPN-11</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>RUNX1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>SF3B1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>SRSF2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>TET2</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>TP53</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
	<b>TP53 mutation type:</b> <input type="checkbox"/> Single hit		
	<input type="checkbox"/> Multi hit		
	<input type="checkbox"/> Unknown		
<b>U2AF1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
<b>UBA1</b>	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Other; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	



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*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