INSERT V
Myelodysplasia/Myeloproliferative Disorders

TEAM ☐☐☐☐ IUBMID ☐☐☐☐☐☐

(Institutional Unique Blood or Marrow Transplant Identification Number)

FOR REGISTRY USE ONLY:

I.D. ☐ – ☐☐☐☐ – ☐☐☐☐☐☐

Date received:

Registry: IBMTR ABMTR (circle one)

Date of transplant for which this form is being completed: ☐☐ Month ☐☐ Day ☐☐ Year

Date of report: ☐☐ Month ☐☐ Day ☐☐ Year

Pretransplant Information

**** If this is a report of a second (or subsequent) transplant, check here ☐ and go to Q.67***

1. What was the date of first diagnosis of myelodysplastic/myeloproliferative disorder? ☐☐ Month ☐☐ Day ☐☐ Year

2. FAB type <u>at diagnosis</u> (this may differ from FAB type immediately prior to conditioning):

- 51 ☐ Refractory anemia
- 52 ☐ Refractory anemia with excess blasts (RAEB)
- 53 ☐ Refractory anemia with excess blasts in transformation (RAEB-T)
- 54 ☐ Chronic myelomonocytic leukemia (CMML)
- 55 ☐ Acquired idiopathic sideroblastic anemia (RARS)
- 56 ☐ Paroxysmal nocturnal hemoglobinuria (PNH)
- 57 ☐ Polycythemia vera
- 58 ☐ Essential thrombocythemia
- 59 ☐ Myelofibrosis with myeloid metaplasia (chronic myelofibrosis - *see data manual*)
- 60 ☐ Other myelofibrosis or myelosclerosis
- ☐ Other myelodysplasia or myeloproliferative disorder, specify: _____
- 88 ☐ Unknown

3. Classification of other myelofibrosis (*see data manual*):

- 1 ☐ Myelofibrosis in accelerated phase or with excess blasts
- 2 ☐ Myelofibrosis in blastic transformation
- 3 ☐ Acute myelofibrosis
- 4 ☐ Myelodysplasia with myelofibrosis
- 7 ☐ Other, specify: _____

4. Was this a secondary (therapy-linked) disorder?

- 1 ☐ Yes
- 0 ☐ No
- 8 ☐ Unknown

5. Cite prior disease (malignant or nonmalignant):

- 1 ☐ Hodgkin lymphoma
- 2 ☐ Non-Hodgkin lymphoma
- 3 ☐ Breast cancer
- 4 ☐ Aplastic anemia
- 7 ☐ Other, specify: _____
- 8 ☐ Unknown

6. What was the date of diagnosis of prior disease? ☐☐ Month ☐☐ Day ☐☐ Year

Treatment for prior disease included:

	Yes	No	Unknown	
7.	1 ☐	0 ☐	8 ☐	Radiation
8.	1 ☐	0 ☐	8 ☐	Chemotherapy
9.	1 ☐	0 ☐	8 ☐	Antithymocyte globulin
10.	1 ☐	0 ☐	8 ☐	Other, specify: _____

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11. Did patient have other predisposing conditions prior to diagnosis of myelodysplastic/myeloproliferative disorder?

1 ❑ Yes
0 ❑ No
8 ❑ Unknown

12. Specify:

1 ❑ Fanconi anemia
2 ❑ Bloom syndrome
3 ❑ Down syndrome
7 ❑ Other, specify: _____

Clinical features <u>at diagnosis</u> of myelodysplastic/myeloproliferative disorder

13. Did patient have systemic symptoms (fever, sweats, weight loss >10%) <u>at diagnosis</u>?

1 ❑ Yes
0 ❑ No
8 ❑ Unknown

14. Did patient have splenomegaly <u>at diagnosis</u>?

1 ❑ Yes — cm below left costal margin: ☐☐ -8 ❑ size unknown
0 ❑ No
8 ❑ Unknown

15. Did patient have hepatomegaly <u>at diagnosis</u>?

1 ❑ Yes — cm below left costal margin: ☐☐ -8 ❑ size unknown
0 ❑ No
8 ❑ Unknown

Hematologic findings <u>at diagnosis</u> of myelodysplastic/myeloproliferative disorder

16. Hemoglobin (untransfused): ☐☐ g/dL -8 ❑ Unknown

17. Platelets (untransfused): ☐☐☐.☐ x 10^9/L (x 10^3/mm^3) -8 ❑ Unknown

18. WBC: ☐☐☐.☐ x 10^9/L (x 10^3/mm^3) -8 ❑ Unknown

19. Neutrophils: ☐☐ % -8 ❑ Unknown

20. Monocytes: ☐☐ % -8 ❑ Unknown

21. Blasts in blood: ☐☐ % -8 ❑ Unknown

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Bone marrow findings at diagnosis of myelodysplastic/myeloproliferative disorder

22. Was a bone marrow examination done at first diagnosis of myelodysplastic/myeloproliferative disorder?

1 ❑ Yes
0 ❑ No
8 ❑ Unknown

INCLUDE COPY OF BONE MARROW REPORT

23. Cellularity:
1 ❑ Decreased
2 ❑ Normal
3 ❑ Increased
8 ❑ Unknown

24. Fibrosis:
0 ❑ Absent
1 ❑ Mild
2 ❑ Moderate
3 ❑ Severe
8 ❑ Unknown

25. Blasts in marrow: ☐☐ %

26. Were cytogenetics tested at first diagnosis of myelodysplastic/myeloproliferative disorder?

1 ❑ Yes
2 ❑ Yes, but no evaluable metaphases
0 ❑ No
8 ❑ Unknown

INCLUDE COPY OF CYTOGENETICS REPORT

27. Number of metaphases: ☐☐☐

28. Was karyotype normal?
1 ❑ Yes
0 ❑ No

Specify abnormalities:

	Yes	No	Unknown	
29.	1 ❑	0 ❑	8 ❑	-5/5q-
30.	1 ❑	0 ❑	8 ❑	-7/7q-
31.	1 ❑	0 ❑	8 ❑	-20q-
32.	1 ❑	0 ❑	8 ❑	+8
33.	1 ❑	0 ❑	8 ❑	+21
34.	1 ❑	0 ❑	8 ❑	abnormal 3q
35.	1 ❑	0 ❑	8 ❑	abnormal 11q
36.	1 ❑	0 ❑	8 ❑	abnormal 16q
37.	1 ❑	0 ❑	8 ❑	t (1;7)
38.	1 ❑	0 ❑	8 ❑	t (5;7)
39.	1 ❑	0 ❑	8 ❑	t (6;9)
40.	1 ❑	0 ❑	8 ❑	t (8;16)
41.	1 ❑	0 ❑	8 ❑	t (8;21)
42.	1 ❑	0 ❑	8 ❑	t (9;22)
43.	1 ❑	0 ❑	8 ❑	t (15;17)
44.	1 ❑	0 ❑	8 ❑	Other, specify: _____

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Treatment prior to conditioning

45. Did patient receive treatment for myelodysplastic/myeloproliferative disorder prior to conditioning?

1 ❑ Yes
0 ❑ No
8 ❑ Unknown

	Date started (Month / Year)	Indication (see codes below)	Agents (see codes below)	Response (see codes below)
1st treatment	☐☐ / ☐☐	☐	48. ☐☐ 49. ☐☐	☐
2nd treatment	☐☐ / ☐☐	☐	53. ☐☐ 54. ☐☐	☐
3rd treatment	☐☐ / ☐☐	☐	58. ☐☐ 59. ☐☐	☐
4th treatment	☐☐ / ☐☐	☐	63. ☐☐ 64. ☐☐	☐

	Date started	Indication	Agents	Response
	46.	47.	48. 49.	50.
	51.	52.	53. 54.	55.
	56.	57.	58. 59.	60.
	61.	62.	63. 64.	65.

Indication codes:

- ***1*** *Bone marrow failure (anemia, thrombocytopenia, neutropenia)*
- ***2*** *Early evidence of progression to leukemia (increasing percentage of blasts or RAEB-T)*
- ***3*** *To induce complete remission (prior to bone marrow failure or evolution)*
- ***7*** *Other (specify in space below box)*

Agent codes:

- ***1*** *Androgens*
- ***2*** *Corticosteroids*
- ***3*** *Interferon*
- ***4*** *G-CSF*
- ***5*** *GM-CSF*
- ***6*** *IL3*
- ***7*** *Stem cell factor*
- ***8*** *Other cytokine (specify in space below box)*
- ***9*** *Splenic radiation*
- ***10*** *Splenectomy*
- ***11*** *Low-dose chemotherapy*
- ***12*** *Intensive chemotherapy*
- ***90*** *Other (specify in space below box)*

Response codes:

- ***1*** *Complete remission*
- ***2*** *Bone marrow function* improved*
- ***3*** *Improved bone marrow biopsy (specify in space below box)*
- ***4*** *No response to therapy*
- ***5*** *Bone marrow function* worse*
- ***7*** *Other (specify in space below box)*

** as assessed by transfusion requirements, number of infections, etc.*

66. ADDITIONAL TREATMENTS WERE GIVEN PRIOR TO TRANSPLANT 1 ❑ Yes 0 ❑ No

If more than 4 treatments were used prior to transplant, please copy the form for 1st – 4th treatments and complete as appropriate, indicating each sequential therapy.

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Clinical features just prior to conditioning

67. Were cytogenetics tested at any time after diagnosis?

- 1 ❑ Yes
- 2 ❑ Yes, but no evaluable metaphases
- 0 ❑ No
- 8 ❑ Unknown

INCLUDE COPY OF CYTOGENETICS REPORT

68. Date tested: [ ][ ] Month [ ][ ] Day [ ][ ] Year

69. Number of metaphases: [ ][ ][ ]

70. Was karyotype normal?

- 1 ❑ Yes
- 0 ❑ No

Specify abnormalities:

	Yes	No	
71.	1 ❑	0 ❑	-5/5q-
72.	1 ❑	0 ❑	-7/7q-
73.	1 ❑	0 ❑	-20q-
74.	1 ❑	0 ❑	+8
75.	1 ❑	0 ❑	+21
76.	1 ❑	0 ❑	abnormal 3q
77.	1 ❑	0 ❑	abnormal 11q
78.	1 ❑	0 ❑	abnormal 16q
79.	1 ❑	0 ❑	t (1;7)
80.	1 ❑	0 ❑	t (5;7)
81.	1 ❑	0 ❑	t (6;9)
82.	1 ❑	0 ❑	t (8;16)
83.	1 ❑	0 ❑	t (8;21)
84.	1 ❑	0 ❑	t (9;22)
85.	1 ❑	0 ❑	t (15;17)
86.	1 ❑	0 ❑	Other, specify: ____________

87. Did patient transform to a different FAB classification or stage after diagnosis and prior to conditioning?

- 1 ❑ Yes
- 2 ❑ Yes, with subsequent complete remission
- 0 ❑ No

88. Indicate FAB classification or stage at time of transplant or, if in complete remission, the most recent FAB stage:

- 51 ❑ Refractory anemia
- 52 ❑ Refractory anemia with excess blasts (RAEB)
- 53 ❑ Refractory anemia with excess blasts in transformation (RAEB-T)
- 54 ❑ Chronic myelomonocytic leukemia (CMML)
- 55 ❑ Acquired idiopathic sideroblastic anemia (RARS)
- 56 ❑ Paroxysmal nocturnal hemoglobinuria (PNH)
- 57 ❑ Polycythemia vera
- 58 ❑ Essential thrombocythemia
- 59 ❑ Myelofibrosis with myeloid metaplasia (chronic myelofibrosis - *see data manual*)
- 60 ❑ Other myelofibrosis or myelosclerosis
- 69 ❑ Other myelodysplasia or myeloproliferative disorder, specify: ____________
- 70 ❑ Acute leukemia (*Go to Q.111 and complete Insert I*)
- 88 ❑ Unknown

89. Classification of myelofibrosis:

- 1 ❑ Myelofibrosis in accelerated phase or with excess blasts
- 2 ❑ Myelofibrosis in blastic transformation
- 3 ❑ Acute myelofibrosis
- 4 ❑ Myelodysplasia with myelofibrosis
- 7 ❑ Other, specify: ____________

90. Date of most recent transformation: [ ][ ] Month [ ][ ] Day [ ][ ] Year

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91. Did patient have systemic symptoms (fever, sweats, weight loss >10%) just prior to conditioning?

1 ❑ Yes
0 ❑ No
8 ❑ Unknown

92. Did patient have splenomegaly just prior to conditioning?

1 ❑ Yes — cm below left costal margin: ☐☐
0 ❑ No
7 ❑ Splenectomy
8 ❑ Unknown

93. Did patient have hepatomegaly just prior to conditioning?

1 ❑ Yes — cm below left costal margin: ☐☐
0 ❑ No
8 ❑ Unknown

Hematologic findings just prior to conditioning

94. Hemoglobin (untransfused): ☐☐ g/dL or ❑ Patient transfused

95. Platelets (untransfused): ☐☐☐☐.☐ x 10^9/L (x 10^3/mm^3) or ❑ Patient transfused

96. WBC: ☐☐☐☐.☐ x 10^9/L (x 10^3/mm^3)

97. Neutrophils: ☐☐ %

98. Monocytes: ☐☐ %

99. Blasts in blood: ☐☐ %

Bone marrow findings just prior to conditioning

100. Date of most recent bone marrow examination just prior to conditioning: ☐☐ Month ☐☐ Day ☐☐ Year

INCLUDE COPY OF BONE MARROW REPORT

101. Cellularity:
1 ❑ Decreased
2 ❑ Normal
3 ❑ Increased
8 ❑ Unknown

102. Fibrosis:
0 ❑ Absent
1 ❑ Mild
2 ❑ Moderate
3 ❑ Severe
8 ❑ Unknown

103. Blasts in marrow: ☐☐ %

104. Indication for bone marrow transplant:

1 ❑ Bone marrow failure (anemia, thrombocytopenia, neutropenia)
2 ❑ Early evidence of progression to leukemia (increasing percentage of blasts or RAEB-T)
3 ❑ To induce complete remission (prior to bone marrow failure or evolution)
7 ❑ Other, specify: _____

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Posttransplant Information

To be completed ≥ 100 days posttransplant or at time of death if death occurred less than 100 days posttransplant.

105. Best posttransplant response (indicate one only):

1 ❑ Complete remission
2 ❑ Persistent disease
7 ❑ Other, specify: _____

106. Most recent posttransplant disease status:

1 ❑ Continuous complete remission
2 ❑ Persistent disease
3 ❑ Relapse
4 ❑ Complete remission after posttransplant relapse

107. Date of relapse: ☐☐ Month ☐☐ Day ☐☐ Year

108. Date of relapse: ☐☐ Month ☐☐ Day ☐☐ Year

109. Treatment given: _____

110. Date of remission: ☐☐ Month ☐☐ Day ☐☐ Year

111. For patients with marrow fibrosis prior to conditioning, marrow fibrosis posttransplant:

1 ❑ Remained unchanged
2 ❑ Improved
3 ❑ Completely resolved

112. Most recent posttransplant bone marrow examination: ☐☐ Month ☐☐ Day ☐☐ Year

INCLUDE COPY OF BONE MARROW REPORT

113. Cellularity:
1 ❑ Decreased
❑ Normal
❑ Increased
8 ❑ Unknown

114. Fibrosis:
0 ❑ Absent
1 ❑ Mild
2 ❑ Moderate
3 ❑ Severe
8 ❑ Unknown

115. Blasts in marrow: ☐☐ %

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Appendix: Classification of Myelofibrosis

I. Chronic myelofibrosis (classical myeloid metaplasia with agnogenic metaplasia):

— Clinically:
- Splenomegaly

— Blood:
- Leukoerythroblastic picture
- <1% blasts

— Bone Marrow:
- Fibrosis
- Trilineage proliferation
- No foci of blasts on marrow biopsy or <5% blasts on touch preps

II. Myelofibrosis in "accelerated phase" or "with excess of blasts":

— Clinically:
- Splenomegaly

— Blood:
- Leukoerythroblastic picture
- ≤30% blasts

— Bone Marrow:
- Fibrosis
- Trilineage proliferation
- Presence of foci of blasts on marrow biopsy or ≤ 30 blasts on touch preps

III. Myelofibrosis in blastic transformation:

— Clinically:
- Splenomegaly
- History of "chronic phase"

— Blood:
- Leukoerythroblastic picture
- >30% blasts

— Bone Marrow:
- Fibrosis
- Diffuse blastic infiltration on marrow biposy or >30 blasts on touch preps

IV. Acute Myelofibrosis:

— Clinically:
- Splenomegaly, if present usually mild
- No history of "chronic phase"

— Blood:
- > 30% blasts (not necessarily megakaryoblasts)

— Bone Marrow:
- Fibrosis
- Blastic marrow (not necessarily megakaryoblasts), >30% blasts

V. MDS with myelofibrosis:

— Clinically:
- Absence of or barely palpable spleen

— Blood:
- Leukoerythroblastic picture
- <1% blasts

— Bone Marrow:
- Fibrosis
- Trilineage proliferation with marked dysplasia
- No foci of blasts or <5% blasts on touch preps