

2557: Myelofibrosis Post-HCT Data

The Myelofibrosis Post-HCT Supplemental Data Form (Form 2557) must be completed when the primary diagnosis for HCT is Primary Myelofibrosis (PMF) as reported on the Pre-TED Disease Classification Form (Form 2402). This includes essential thrombocythemia (ET) that has transformed to myelofibrosis (MF) at time of HCT or Polycythemia vera (PV) that has transformed to myelofibrosis (MF) at time of HCT. This form captures disease assessments performed since date of last report.

Myeloproliferative neoplasms (MPN) is a category in the World Health Organization (WHO) classification of myeloid tumors. Subtypes include chronic eosinophilic leukemia, chronic neutrophilic leukemia, essential thrombocythemia (ET), mastocytosis, polycythemia vera (PV), primary myelofibrosis (PMF), etc.

Primary myelofibrosis (PMF) is characterized by a proliferation of predominantly megakaryocytes and granulocytes in the bone marrow (BM) that in fully developed disease is associated with reactive deposition of fibrous connective tissue and with extramedullary hematopoiesis. There is an evolution in the natural history of the disease from an initial prefibrotic phase characterized by a hypercellular BM with absent or minimal reticulin fibrosis to a fibrotic phase with marked reticulin or collagen fibrosis in the BM and often osteosclerosis. This fibrotic stage of PMF is characterized by a leukoerythroblastosis in the blood with teardrop-shaped red cells, hepatomegaly and splenomegaly.

Myelofibrosis can develop in patients with pre-existing ET or PV. The criteria for diagnosing post-ET MF or post-PV MF include a prior diagnosis of ET or PV and the subsequent development of two or more features including bone marrow fibrosis; leukoerythroblastosis; new anemia; splenomegaly; or constitutional symptoms (i.e., night sweats, fever, or inappropriate weight loss).

[Links to Sections of the Form:](#)

[Q1-25: Disease Assessment Since Date of Last Report](#)

+Manual Updates: +

Sections of the Forms Instruction Manual are frequently updated. The most recent updates to the manual can be found below. For additional information, select the manual section and review the updated text.

If you need to reference the historical Manual Change History for this form, please click [here](#) or reference the retired manual section on the [Retired Forms Manuals webpage](#).

Date	Manual	Add/	Description
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	Section	Remove/ Modify	
2/ 27/ 19	2557: Myelofibrosis Post-HCT Data	Remove	Removed text referencing the CMS study for Myelofibrosis. The 2556 and 2557 are required for all patients with Myelofibrosis, not just patients enrolled in the CMS study. The titles of the forms have already been changed to remove CMS study from the title.
1/ 31/ 17	2557: Myelofibrosis CMS Study Post-HCT Data	Add	Version 1 of the 2557: Myelofibrosis CMS Study Post-HCT Data section of the Forms Instructions Manual released. Version 1 corresponds to revision 1 of the Form 2557.

Last modified: 2019/02/27

Q1-25: Disease Assessment Since Date of Last Report

Question 1-2: Spleen size

If the spleen size is “known,” indicate the number of centimeters below the left lower costal margin in question 2. If the spleen size is “unknown” or “not applicable” (due to splenectomy), indicate the appropriate option and go to question 3.

Question 3-4: Was presence of somatic mutations tested?

Testing for somatic mutations may be performed by different methods including next generation sequencing, polymerase chain reaction, microarray, and fluorescence in situ hybridization. If testing was performed by any / all of these methods during the current reporting period, capture the most recent test(s) in questions 3-25.

Indicate “yes” if somatic mutations were tested for and specify the date the sample was collected in question 4. Indicate “no” if somatic mutations were not tested for or “unknown” and go to First Name.

For more information regarding reporting partial or unknown dates, see General Instructions, [General Guidelines for Completing Forms](#).

Question 5: Specify the sample source

Indicate if the sample was from “bone marrow” or from “peripheral blood”.

Question 6-23:

For each gene mutation listed, Indicate “positive”, “negative” or “not done”.

Question 24-25: Other gene mutation

Indicate “positive” or “negative” if another gene mutation was tested for that was not listed in questions 6-23, and specify in Q25. If another gene mutation was not tested for, indicate “not done” and go to question First Name.

Signature Lines:

The FormsNet3SM application will automatically populate the signature data fields, including name and

email address of person completing the form and date upon submission of the form.

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