NCCN GUIDELINES FOR PATIENTS®

2018

NCCN QUICK GUIDE™

Myelodysplastic Syndromes

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete NCCN Guidelines for Patients®: Myelodysplastic Syndromes. These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com

NCCN Guidelines for Patients® Page Number

What are the initial treatment options for lower-risk MDS?

With anemia	With del(5q) ± other chromosome changes: ■ Lenalidomide No del(5q) ± other chromosome changes and serum EPO (**e**rythro**po**ietin) ≤500 mU/mL: ■ Epoetin alfa or darbepoetin alfa ± G-CSF (**g**ranulocyte **c**olony-**s**timulating **f**actor)	No del(5q) ± other chromosome changes and serum EPO >500 mU/mL: ■ ATG (**a**nti**t**hymocyte **g**lobulin, equine) + cyclosporine ■ Azacitidine or decitabine ■ Consider lenalidomide ■ Clinical trial	42
Without anemia	■ Azacitidine or decitabine ■ IST (**i**mmuno**s**uppressive **t**herapy) for certain patients ■ Clinical trial		45

What are the next treatment options for lower-risk MDS?

With anemia	Depending on prior treatment, options may include: ■ Lenalidomide + epoetin alfa ± G-CSF ■ Lenalidomide + darbepoetin alfa ± G-CSF ■ Azacitidine or decitabine	■ Consider lenalidomide ■ Clinical trial ■ Consider allogeneic HCT (**h**ematopoietic **c**e**l**l **t**ransplant) for certain patients	44
Without anemia	■ Clinical trial ■ Consider allogeneic HCT for certain patients		45

What are the treatment options for higher-risk MDS?

Initial treatment	If allogeneic HCT is a good option and a donor is available: ■ Allogeneic HCT ■ Azacitidine or decitabine followed by allogeneic HCT ■ High-intensity chemo followed by allogeneic HCT	If allogeneic HCT is a good option but a donor is not available: ■ Azacitidine (preferred) or decitabine ■ Clinical trial If allogeneic HCT is not a good option or a donor is not available: ■ Azacitidine (preferred) or decitabine ■ Clinical trial	46
Next options	Depending on prior treatment, options may include: ■ Consider second HCT or DLI (**d**onor **l**ymphocyte **i**nfusion) ■ Azacitidine or decitabine	■ Clinical trial ■ Supportive care only	48