



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®
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What is MDS (myelodysplastic syndromes)?



MDS is a group of cancers that affect blood cells in the bloodstream and bone marrow. In MDS, the bone marrow isn't able to make enough normal, healthy blood cells that the body needs.	9
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Do I have MDS?

<ul style="list-style-type: none"> MDS often causes a low number of one or more types of blood cells. Another key feature is that the defective blood cells have an abnormal size, shape, or look. This is called dysplasia. 	12
<ul style="list-style-type: none"> Blood tests are done along with other initial tests to help diagnose MDS. 	16
<ul style="list-style-type: none"> Your bone marrow must be tested to confirm if you have MDS. 	18

How do doctors group MDS for treatment planning?

<ul style="list-style-type: none"> Prognostic scoring is how doctors rate the severity of MDS and assess outlook (prognosis). 	23
<ul style="list-style-type: none"> The risk score describes how slow or fast MDS may grow and progress to AML (acute myeloid leukemia) if not treated. The risk score is used to assign the risk group. 	
<ul style="list-style-type: none"> Doctors use the risk group to decide which treatment to use and when. 	
<ul style="list-style-type: none"> Supportive care is an important part of treatment for all patients with MDS. It may be the only treatment needed for lower-risk MDS. It is also given with other treatments for higher-risk MDS. 	28
<ul style="list-style-type: none"> Lower-risk MDS is more likely to grow slowly and may not progress to AML for a long time. 	41
<ul style="list-style-type: none"> Higher-risk MDS is more likely to grow faster and progress to AML in a shorter amount of time. 	

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



With anemia	<p>With del(5q) ± other chromosome changes:</p> <ul style="list-style-type: none"> Lenalidomide <p>No del(5q) ± other chromosome changes and serum EPO (erythropoietin) ≤500 mU/mL:</p> <ul style="list-style-type: none"> Epoetin alfa or darbepoetin alfa ± G-CSF (granulocyte colony-stimulating factor) 	<p>No del(5q) ± other chromosome changes and serum EPO >500 mU/mL:</p> <ul style="list-style-type: none"> ATG (antithymocyte globulin, equine) + cyclosporine Azacitidine or decitabine Consider lenalidomide Clinical trial 	42
Without anemia	<ul style="list-style-type: none"> Azacitidine or decitabine IST (immunosuppressive therapy) for certain patients Clinical trial 		45

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

With anemia	<p>Depending on prior treatment, options may include:</p> <ul style="list-style-type: none"> Lenalidomide + epoetin alfa ± G-CSF Lenalidomide + darbepoetin alfa ± G-CSF Azacitidine or decitabine Consider lenalidomide Clinical trial Consider allogeneic HCT (hematopoietic cell transplant) for certain patients 		44
Without anemia	<ul style="list-style-type: none"> Clinical trial Consider allogeneic HCT for certain patients 		45

What are the treatment options for higher-risk MDS?

Initial treatment	<p>If allogeneic HCT is a good option and a donor is available:</p> <ul style="list-style-type: none"> Allogeneic HCT Azacitidine or decitabine followed by allogeneic HCT High-intensity chemo followed by allogeneic HCT 	<p>If allogeneic HCT is a good option but a donor is not available:</p> <ul style="list-style-type: none"> Azacitidine (preferred) or decitabine Clinical trial <p>If allogeneic HCT is not a good option or a donor is not available:</p> <ul style="list-style-type: none"> Azacitidine (preferred) or decitabine Clinical trial 	46
Next options	<p>Depending on prior treatment, options may include:</p> <ul style="list-style-type: none"> Consider second HCT or DLI (donor lymphocyte infusion) Azacitidine or decitabine Clinical trial Supportive care only 		48

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