

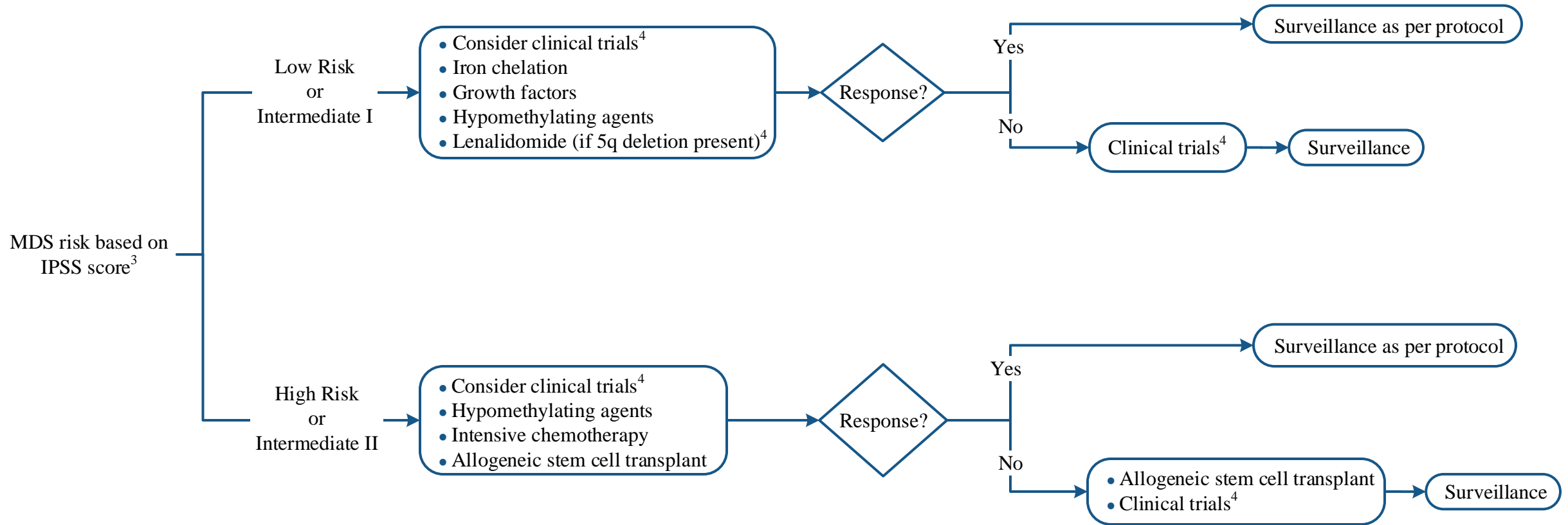
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

**Note:** Consider clinical trials as treatment options for eligible patients. Leukemia patients should be referred and treated at a comprehensive cancer center.

## PATIENT PRESENTATION<sup>2</sup>

## TREATMENT

## SURVEILLANCE



<sup>1</sup> Greater than or equal to 18 years old

<sup>2</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>3</sup> MDS risk is calculated utilizing the International Prognostic Scoring System (IPSS) score, which includes percent of blast, cytogenetics, and number of cytopenias

<sup>4</sup> MDS clinical trials: <http://www.mdanderson.org/education-and-research/departments-programs-and-labs/departments-and-divisions/leukemia/clinical-trials/>

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## DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Leukemia Center Faculty workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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