Myelodysplastic Syndrome (MDS) - Adult  
(Greater than or equal to 18 years old)

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

INITIAL EVALUATION

- Low Risk or Intermediate I
  - MDS treatment is usually based on the MDS risk\(^1\)

- High Risk or Intermediate II
  - Consider clinical trials
  - Hypomethylating agents
  - Intensive chemotherapy
  - Allogeneic Stem Cell Transplant

TREATMENT

- Consider clinical trials
- Iron Chelation
- Growth Factors
- Hypomethylating agents
- Lenalidomide (if 5q del)\(^2\)

SURVEILLANCE

- Surveillance as per protocol
- Clinical trials\(^2\)
- Allogeneic Stem Cell Transplant
- Clinical trials\(^2\)

Note: Consider clinical trials as treatment options for eligible patients.

Leukemia patients should be referred and treated at a Comprehensive Cancer Center

\(^1\)MDS risk is calculated utilizing the International Prognostic Scoring System (IPSS) score, which includes percent of blast, cytogenetics, and number of cytopenias.

SUGGESTED READINGS


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DEVELOPMENT CREDITS

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

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