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.

Note: Consider clinical trials as treatment options for eligible patients.
Leukemia patients should be referred and treated at a Comprehensive Cancer Center

INITIAL EVALUATION

Low Risk or Intermediate I

High Risk or Intermediate II

MDS treatment is usually based on the MDS risk

TREATMENT

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

Response?

Yes → Surveillance as per protocol

No → Clinical trials

TREATMENT

- Consider clinical trials
- Hypomethylating agents
- Intensive chemotherapy
- Allogeneic Stem Cell Transplant

Response?

Yes → Surveillance as per protocol

No → Allogeneic Stem Cell Transplant

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

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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.

- Michael Andreeff, MD
- Gautam Borbakhur, MD
- Jan Burger, MD
- Jorge Cortes, MD
- Zeev Estrov, MD
- Alessandra Ferrajoli, MD
- Yoliette Goodman, MBA
- Emil Freireich, MD
- Guillermo Garcia-Manero, MD
- Hagop M. Kantarjian, MD
- Tapan Kadia, MD
- Michael Keating, MD
- Marina Konopleva, MD
- Steven Kornblau, MD
- Firoze Jameel, OCN, RN
- Farhad Ravandi-Kashani, MD
- Mary Beth Rios, RN
- Michael Rytting, MD
- Srdan Verstovsek, MD
- William Wierda, MD

† Physician Leads
* Clinical Effectiveness Development Team