

MPD-NET ACRONYMS

The following list will help you translate the MPD abbreviations. If you would like to see any other abbreviations included, please contact Joyce Niblack at JNiblack@aol.com

MPD-Myeloproliferative disorder

These are chronic hematologic malignancies in which the "mother" stem cell that is responsible for producing platelets, red cells and most white cells loses its ability to regulate cell production and overproduction of one or more cell lines results.

ET

Essential thrombocythemia-the MPD variant where platelet counts in excess of 400,000 are the predominant feature

PV

Polycythemia vera-the MPD variant characterized by increased hematocrit, hemoglobin and red cell counts which result in increased blood volume and viscosity. Other counts (platelets, white cell) may also be elevated.

AMM

Agnogenic myeloid metaplasia, also known as idiopathic or primary myelofibrosis. This disorder is characterized by the appearance of fibrosis in the marrow and often accompanied by reactivation of fetal hematopoietic sites which are normally dormant in adult life. AMM is the diagnosis when there is no prior history of ET, PV or CML

MF

Myelofibrosis. This is either used for primary or secondary myelofibrosis. Secondary myelofibrosis develops in small percentage of patients originally diagnosed with one of the other MPDs.

CML

Chronic myelogenous leukemia, also known as chronic myeloid leukemia. This is the only leukemia variant of the myeloproliferative disorders and is characterized by high white cell counts (100,000 to 300,000 prior to diagnosis have been reported by mpd-net members), the presence of the Philadelphia chromosome and the ABL/BRC breakpoint cluster. About 5-10% of CML patients, however, are Philadelphia chromosome negative. Since granulocytes are the type of white cells that are most involved in this condition, it is also referred to as CGL or chronic granulocytic leukemia.

MDS

Myelodysplastic syndrome (there are 4 types)

IFN

Interferon-one of the treatment options for the various myeloproliferative disorders. Interferons are naturally produced by the body. The alfa-interferons are most commonly used in our conditions. These are produced in quantity by recombinant DNA techniques. This is the only treatment option that can produce lasting remissions and allow patients treatment-free periods.

HU

Hydroxyurea is one of the chemotherapeutic agents used to treat elevated blood counts in our conditions. It seems to have the lowest reported incidence of causing secondary leukemias and cancers. (Compared to alkylating agents and radioactive phosphorus)

P32

Radioactive phosphorus-used primarily in elderly patients who cannot tolerate other treatment options and whose life expectancy is sufficiently short so that development of secondary cancer/leukemia at the 8-10 year level is not of concern.

BMB

Bone marrow biopsy. This is a technique where a sample of solid tissue and most of the time an aspirate of the marrow are removed and analyzed.

BMT

Bone marrow transplant. This is presently the only treatment option which has the potential to produce a "cure". It is expensive and risky and usually reserved for life-shortening conditions. There are various kinds of transplants:

- ABMT-autologous bone marrow transplant- your own marrow
- BMT- allogeneic bone marrow transplant- someone else's marrow
- MUD- bone marrow transplant-marrow from matched unrelated donor
- SBMT-syngeneic bone marrow transplant- identical twin's marrow
- PBPC-peripheral blood progenitor cell transplant
- PBSCT-peripheral blood stem cell transplant
- PBSCR-peripheral blood stem cell rescue
- PSCT or PSCR- same as above without the word "blood."

CBC

Complete Blood Count. This usually includes platelets, White Cells count, white cell differential, red cell count including red cell size and shape. "Normal" ranges may differ from lab to lab. The following ranges are taken from The Merck Manual

WBC

White blood cell count. Normal range between 4,300 to 10,800/per microliter (usually expressed on what we see as 4.3-10.8. For the differential, segmented neutrophils 34-75% band neutrophils 0 to 8%, lymphocytes 12-50%, monocytes 3 to 15%, eosinophils 0 to 5% and basophils 0 to 3%. (As an example of a difference in what various labs say is normal, Mayo Clinic Scottsdale WBC normal range is 3.4 to 10.6 $\times 10^9/L$).

RBC

Red blood cell count Normal range at sea level is 5.4 million/microliter (+ or - 0.8) for men and 4.8 million/microliter (+ or - 0.6 for women. (Mayo says 3.68-4.88 on my labs) The normal life span of a red blood cell is 120 days.

PT or PLT

Platelet count-Mayo (Scottsdale) considers 149,000 to 375,000 normal (expressed 149-375 x 10⁹/liter. Some labs list 350,000 as the upper range of normal.

Hct

Hematocrit is the volume of packed red blood cells. 47% plus or minus 5 is considered normal for me and 44 plus or minus 2 for women. (Again, these are ranges from the Merck Manual. On my lab reports, Mayo has a range presumably for women of 33.3-43.3%)

Hg

Hemoglobin is the iron-containing pigment of red blood cells which carries oxygen from the lungs to tissues. This amount averages from 12-16 gm/100 ml in adult women and 14-18 in adult men.

MCV

Mean corpuscular volume is the most important RBC index in differentiating types of anemias. Mayo considers 82.7 to 96.8 fL to be normal. The Merck Manual lists 86-98 as normal. Readings under 80 are considered microcytic and over 95 macrocytic.

MCH

Mean corpuscular hemoglobin. Mayo lists 28.1 to 33.7 pg as normal. The Merck Manual lists 27-32.

MCHC

Mean corpuscular hemoglobin concentration together with MCH tells our physicians about the volume and character of our hemoglobin counts. Mayo lists 33.1-35.6 g/dL as normal. The Merck Manual gives a range of 32-36.

RDW

The coefficient of the variation of red cell volume distribution. This is determined from a histogram obtained from automated-flow cytometry which shows variation in cell size. Mayo lists 10.9-13.7 as normal

Hutch

Also referred to as FHCRC -Fred Hutchinson Cancer Research Center in Seattle, Washington. The Hutch does something like 400+ BMT's a year including for CML and MF.

Other Frequently mentioned BMT Centers

ACRC	Arkansas Cancer Research Center
Brigham	Brigham and Women's, Boston, MA
DFCI	Dana Farber Cancer Institute, Boston, MA
JH	Johns Hopkins Medical Center, Baltimore, MD
MDACC	MD Anderson Cancer Center, Houston, TX
MSK or MSKCC	Memorial Sloan-Kettering Cancer Center, NYC, NY
Roswell	Roswell Park Cancer Center in Buffalo, NY
Strong	Strong Memorial Cancer Center at Univ. of Rochester, NY