**Minutes of Business Meeting in APBMT2013**

Time: 15：15 to 18：00, Friday, November 1, 2013

Venue: Sheraton Saigon Hotel and Towers, HALL NHA TRANG

Countries/regions

Attendees: Australia, China, Hong Kong, India, Iran, Japan, Korea, Malaysia, Mongolia, Myanmar, New Zealand, Philippines, Singapore, Taiwan, Thailand and Vietnam

Non attendees: Bangladesh, Indonesia and Pakistan,

Chairpersons: Nguyen Tan Binh and Yoshihisa Kodera

1. Report of the status of the 18th APBMT Congress

Dr. Nguyen made a welcome speech and introduced this congress. The total number of attendees were \*\*\*\*\*\* from \*\*\*\*countries/regions, and 142 abstracts were registered (88 oral presentations and 50 poster presentations). Dr. Nguyen pointed out two problems with the abstract submission period in his introduction: slow and overdue abstract submission. Finally he proposed the issues of APBMT journal and establishment of supporting volunteer registry for developing countries.

1. 2012 APBMT business report

Dr. Kodera explained the necessity of new Executive Board (EB) members for APBMT development and introduced 8 new members who were elected based on the EB House rules by the present EB members. They are Hamidieh, Amir Ali (Iran), Huang, He (China), Hwang, William YK (Singapore), Lee, Jong Wook (Korea), Ma, David (Australia), Nguyen, Tan Binh (Vietnam), Okamoto, Shinichiro (Japan) and Srivastava, Alok (India). Dr. Kodera proposed the new EB will consist of these 8 members plus 5 previous members (Ghavamzadeh, Ardeshir (Iran), Issaragrisil, Surapol (Thailand), Kim, Dong Jip (Korea), Kodera, Yoshihisa (Japan) and Lu, Dao-Pei (China) ) from 2013 to 2015 for the strengthening of APBMT and they were all approved. He announced the election of the new president and vice president to be held on Nov. 2. The candidates were from these 8 new members.

* In the EB meeting on Nov.2, Dr. Okamoto was elected the new APBMT president and Dr. Srivastava was elected as the new vice president.

1. The results of the 7th APBMT Activity Survey

Dr. Iida presented the number of HSCT performed in 2011. The total number of HSCT in 2011 was 12,685 (8,057 in allogeneic and 4,628 in autologous) from 14 countries/regions (up to Oct. 31, 2013). It is increasing year by year, as well as in each country/region. The main indications were AML (25%), lymphoid malignancies (20%), multiple myeloma (15%) and ALL (13%), and these results with more detailed analyses will be presented on the APBMT website and in the annual report soon.

1. The progress report of the APBMT Outcome Registry

Dr. Atsuta from the APBMT Data Center reported the updated status of the APBMT Outcome Registry. Regarding submission of registration data (Least Minimum Data), an e-mail with submission instructions was sent to the contact-persons of each country/region after June 2013 deadline for the Activity Survey Data Collection. E-mails were sent from either Dr. Iida or Dr. Atsuta. Three types of submission style were accepted: paper forms, excel forms, or by using Data Transmission Agreement among the center, CIBMTR, and the APBMT. This year, data was sent from China, Japan, Pakistan, Singapore, and Taiwan. Data from Pakistan and Singapore were sent from the CIBMTR based on the agreement for data transmission. From China, only one center, Nanjing Drum Tower Hospital, was able to send data this year; however, it was notified that other centers are currently working on the forms. The number of participating centers increased from one to twelve in Taiwan this year. Follow-up information of those submitted until last year was sent and completed from Japan and Taiwan. ABMTRR is working on ethical matters for sending data to the APBMT and will probably be able to send the data next year. Some centers in India are willing to send Data Transmission Agreement Forms. A program for reporting transplant outcomes is being built in Korea, and outcome data may be submitted soon.

1. Proposal for putting the presentation slides on the APBMT website

Dr. Suzuki proposed to put the annual meeting presentation slides on the APBMT website for educational purposes. He explained that as the power point slides will be changed into a Flash file, they can’t be downloaded. They can be accessed only by APBMT members who paid both annual membership fees and registration fees for the annual meeting. Before uploading slides, speakers should sign the “Permission of use” form and send it and their files to the APBMT secretariat. The APBMT secretariat would like to start this system from the next annual meeting in China (if possible from this meeting). All representatives approved this proposal.

1. Financial accounting

Dr. Iida explained the income and expenditure statements in 2013 and the fiscal budget for 2014. The main incomes in 2013 were membership fees (3,600 USD from 36 members out of 147 up to Oct. 31, 2013) and contributions (5,515 USD). As for the expenditures in 2013, because of the web program under development for the Outcome Registry (OR), some OR-related expenses (development fees for the web program, server management fees and personal expenses for the data manager) were very low. The fiscal budget for 2014 was planned based on this fiscal year. Among the contributions for 2014, 20,000 USD, which was donated on Oct. 29, 2013 from the 17th APBMT meeting in Hyderabad chaired by Dr. Srivastava and Dr. Saikia has already been listed. The budget for the development of OR-related expenses is the same as 2013. There were no objections and all financial issues were approved. Next, Dr. Iida proposed the APBMT sponsorship levels as the APBMT secretariat received some requests to provide the Activity Survey and Outcome Registry data from pharmaceutical companies and other organizations. The classification of each level depends on the annual corporate fees and the offered data are all analyzed by the Data Center (not “raw” data). There were some careful opinions regarding publications by the companies or the necessity of legally-valid forms for data submission. The concept of this proposal and classification into 4 levels were approved by the attendees. The detailed contents will be continuously discussed in the future.

7. Reports and proposals were presented from three APBMT committees (Nuclear Accident Management, Program and Treasury).

* Dr. Ma reported the summary of the Nuclear Accident Management (NAM) meeting which was held on Nov 1, 2013. Seventeen participants representing 8 countries/regions attended the meeting and discussed three goals that should be achieved by this committee: 1.To facilitate cooperation within this region with other societies (WBMT and WHO). 2. To establish the APBMT NA registry. 3. To establish the training program protocol. Dr. Ma said that the attendees of the committee meeting agreed to focus our efforts to cooperate and harmonize in this region before cooperating with other societies. For this purpose, it was also agreed to collect the political rules and regulations regarding NAs from each country/region. Besides, to establish the APBMT NA registry, the committee proposed to collect the least minimum dataset (LMD) of HSCT for radiation injury patients from China (3), Japan (3) and India (2). In this meeting the APBMT Nuclear Accident protocol (framework/taskwork) which is suitable for this region was also discussed, and the draft will be presented in the next NAC meeting.
* Dr. Okamoto, represented by the program committee, made some proposals for the APBMT scientific program. The first one is to nominate one representative from each country/region for this committee and to elect the chair of this committee among them. The second is to fix the format of the annual meeting by creating some sessions in the scientific program such as the latest topics, working groups, nurses/other medical staff and education. The third is the clarification of the division of the roles for the meeting president, the program committee and the WG chairs for making the scientific program. Regarding other issues to be covered, Dr. Okamoto proposed they would like to be started step by step for the next two years and he is willing to receive other comments and opinions regarding these issues from all members.
* From the treasury committee, Dr. Kodera proposed to implement appropriate and flexible APBMT fiscal management continuously with members of the program committee and the secretariat.

8. Five Chairs from APBMT Working Groups reported their activity.

* Late Effect: Dr. Okamoto reported that the members of Late Effect WG have contributed in the revision project for screening and preventive practice guidelines for long-term survivors after HSCT in collaboration with ASBMT and EBMT. The guideline paper was published in several journals. Dr. Okamoto announced the plan for a survey of long term survivors after HSCT. The questionnaire will be sent from the APBMT office to the contact persons of each country/region soon.
* Aplastic Anemia: Dr. Kojima reported about the activity of Aplastic Anemia WG. 1. The joint meeting with the Congenital Marrow Failure Syndrome WG was held in Hyderabad and they summarized the congenital bone marrow failure syndromes in Asia and analyzed the mutations in Fanconi anemia patients. 2. The Thymoglobuline dose finding study (rabbit versus horse) is in progress by this WG and one result was accepted in *Hematologica* recently. 3. Treatment Guidelines for Severe Aplastic Anemia are being confirmed, however there are some issues to be determined regarding cord blood or haplo and they were discussed in APHCON meeting.
* Thalassemia: Dr. Hongeng reported that the Thalassemia studies were published independently from each country and they haven’t been gathered as a single region yet. Dr. Hongeng expressed his idea and proposed the plan to sum up the total results of HSCT for the Thalassemia patients in APBMT, which has already been submitted to the EBMT and CIBMTR.
* Cord blood transplantation: This WG had the first meeting on Nov 1, 2013 and confirmed its mission and vision of this WG. Dr. Okamoto reported that the current status of cord blood transplantation (CBT) and the future activities were discussed by 15 participants. This WG should cover not only CBT itself but also clinical studies, international cooperation, correction of gaps in opportunities for CBT, costs and CB bank system. Finally, Dr. Okamoto introduced Dr. Takahashi from Japan who was elected vice chair.
* Donor Safety: Dr. Kodera proposed the establishment of a new Donor Safety WG because donor safety has become more and more important, especially in this area. This proposal was accepted with no objections.

Dr. Gavamzadeh commented that all of the Working Group chairs should present their activities in the business meeting.

9. Future Annual Meetings

* Proposal of stipulations for APBMT annual meeting host country candidates: Dr. Suzuki proposed that APBMT should set essential requirements for the host country/region candidates and presented the draft of “Stipulations for APBMT annual meeting host country candidates”. In this draft, rules, which should be fulfilled such as data submission, deadlines to apply and duties after the meeting were determined. Dr. Suzuki also presented the draft of the application form for host country/region candidacy. These proposals were agreed on with no objection.
* Future meetings:
* Dr. Huang introduced Hangzhou, China as the host country for the 19th Annual Meeting of APBMT from Oct. 17 to 19, 2014.
* Dr. Okamoto introduced Okinawa, Japan, in which the 20th Annual Meeting of APBMT will be held for Oct. 31 to Nov. 2, 2015.
* Election of the host country for the 21st Annual Meeting in 2016 was done. After the introductions from each country by Dr. Hwang from Singapore, Dr. Shin from Korea and Dr. Hamidieh from Iran, a vote proceeded with the members of the Scientific Committee (One vote/one country as determined by APBMT bylaws). Singapore won the most votes in this election and all attendees agreed with this result.