

APBMT Annual Report Fiscal 2017

Asia-Pacific Blood and Marrow Transplantation Group
SECRETARIAT OFFICE / DATA CENTER OF APBMT





**Asia-Pacific Blood and Marrow
Transplantation Group
(APBMT)
Annual Report
Fiscal 2017**

Secretariat Office / Data Center of APBMT

**E-mail: office@apbmt.org
Website: <http://www.apbmt.org>**

Preface

It has been almost eleven years since we published the first APBMT annual report. When I read the annual report of this year and look back the past issues, I strongly feel that APBMT are growing dramatically in terms of the number of hematopoietic stem cell transplantation (HSCT), and being recognized as one of the important core of global alliance of HSCT.

In this year, APBMT has been conducting several projects in order to overcome our challenges in Asia-Pacific region. APBMT has provided emerging countries with training opportunities in HSCT, and ensuring the quality of HSCT. APBMT will also start the project to improve the quality of transplant center using the materials and recommendations of international accreditations and harmonize our approaches with global standards. APBMT has continued to foster the activity of our transplant outcome registry in order to increase the opportunity of clinical studies among our regions. Our own journal “Blood Cell Therapy / the official journal of APBMT” has published the first issue (online) on August 28, 2018, and I would like to thank Dr. Akatsuka, the Editor in Chief of this journal, and the Editorial Board members for their dedicated efforts. The journal will provide you with the ideal forum of exchange your experience and new findings, and I encourage all members to submit clinical and research articles to our journal. It is still a long way to go until we achieve our goal, but I believe your passion for HSCT has undoubtedly accelerate the activity of our Society. Let’s continue to work together for the brilliant future of APBMT.

Finally, as the chairman of Executive Board of APBMT, I would like to express my sincere appreciation to all of you for your great contribution to APBMT, and I would also like to acknowledge Drs. Minako Iida and Yoshiko Atsuta, Ms. Yukari Nakao and Ms. Hiroe Namizaki for their excellent work in preparing this annual report.

Shinichiro Okamoto, MD, PhD
On behalf of the Executive Board, APBMT

Contents

Preface

Introduction

General overview for the last year	1
Bylaws	2
Organizational tree	9
Principal members	10
Annual Meetings	11
Number of attendees for each annual meeting	13

Activity Survey

Introduction of the Activity Survey	14
---	----

Outcome Registry

About the Outcome Registry	15
Protocol	16
Rules for Operation	21
Letter of Commitment	25
Registry Committee member list	26

Executive Board

Executive Board member list	27
History of International Scientific Symposia	28

Collaboration with Other International Registries

General Information	31
---------------------------	----

Blood Cell Therapy

Blood Cell Therapy -The Official Journal of APBMT-	32
Editorial Board list.....	33
Instructions to Authors	34
Editorial Policies	44
List of the accepted articles	50

Appendix

Sponsorship.....	52
------------------	----

Introduction

General overview of from January 2017 to August 2018

APBMT is comprised of 21 countries/regions as of August 2018:

Australia
Bangladesh
Cambodia
China
Hong Kong
India
Indonesia
Iran
Japan
Korea
Malaysia
Mongolia
Myanmar
New Zealand
Pakistan
Philippines
Singapore
Sri Lanka
Taiwan
Thailand
Vietnam



This Annual Report is the 10th edition. This edition includes, we include information from January 2017 to August 2018 in APBMT. It provides an update on the activities of APBMT including results of the 11th Activity Survey (transplantations performed in 2015).

APBMT has begun publishing our official journal, Blood Cell Therapy, for promoting clinical practice and research in HSCTs in the Asia-Pacific region as well as worldwide. The first issue was published in August 28, 2018 (the early edition in our website). The Editorial Office is pleased to invite you to submit your articles.

APBMT and ASBMT (American Society for Blood and Marrow Transplantation) is pushing forward our relations in various areas. First, APBMT launched the dual membership fee with ASBMT. When registered in this membership, members will enjoy many significant benefits from ASBMT. We hope to increase new members, not only for APBMT but also ASBMT who are keen to contribute and active in both registries.

Bylaws of The Asia Pacific Blood And Marrow Transplantation Group (APBMT)

ARTICLE 1

Name of the Group

The Asia Pacific Blood and Marrow Transplantation Group, hereafter referred to as APBMT was established in 1990 to allow doctors, other health professionals and scientists in the Asia Pacific region involved in clinical blood and marrow transplantation and therapies related to hematopoietic stem cell transplantation to collaborate and promote high quality blood and marrow transplantation in the region.

ARTICLE 2

Incorporation

APBMT is incorporated as Corporate Juridical Person for scientific and educational purposes under the laws of Japan.

ARTICLE 3

Purpose of APBMT

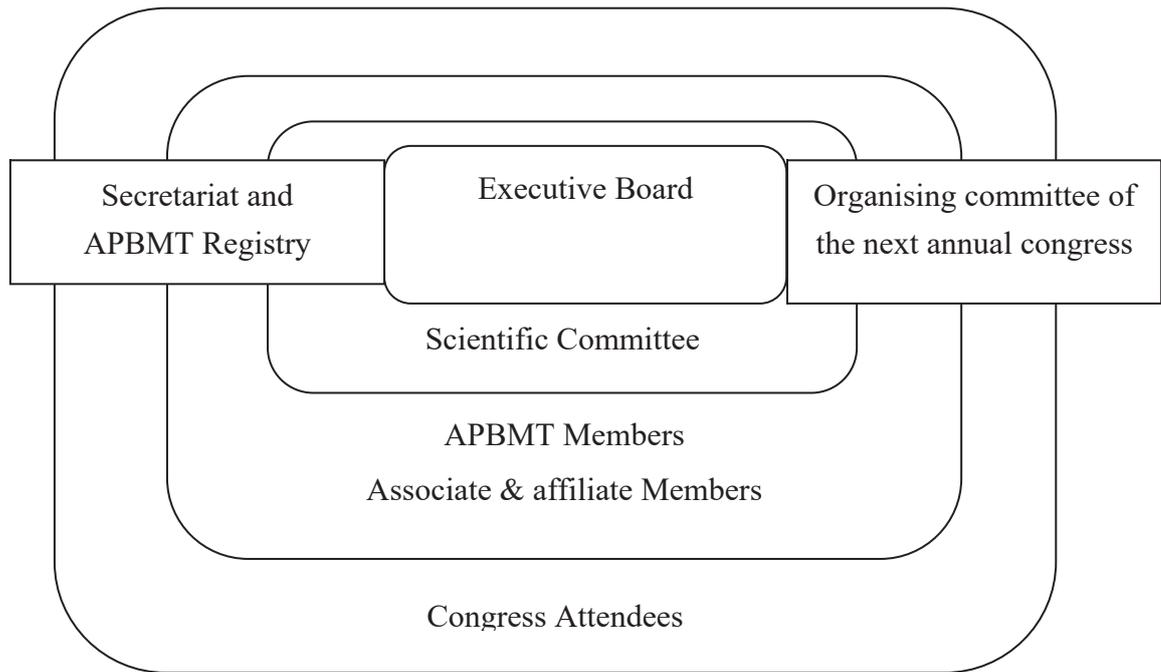
The group aims to promote all aspects associated with the hematopoietic stem cell transplantation (HSCT) and related therapies in the Asia Pacific region, which includes:

- To ascertain and provide the updated status of haematopoietic stem cell transplantation (HSCT) in the Asia Pacific region.
- To steer and regulate the HSCT Registry in the Asia Pacific region (Asia Pacific Blood and Marrow Transplantation Group Registry: APBMT Registry)
- To share current knowledge of all aspects of HSCT to promote and maintain the highest standards of care, and to work towards a set of standards and accreditation of transplant units.
- To provide training opportunities in HSCT in the Asia Pacific region.
- To promote collaborative research in the Asia Pacific region.
- To collaborate with other international organizations related with HSCT
- To work as a core voting member of WBMT

ARTICLE 4

Organization

The schema of the organization in APBMT indicates below.



Membership

Any persons involved in the treatment of recipients and donors (such as physicians, nurses, laboratory technicians, persons related to stem cell donor programs or pharmaceutical companies), who are involved in HSCT and agree with the purpose of the group can become a member (see above section). New members are admitted by submitting a membership application form to the Secretary Office. This application must include the signature of an APBMT member as a presenter. There are two different kinds of memberships; Scientific Members (physicians, nurses, laboratory technicians, persons related to stem cell donor programs) and Supportive Members (pharmaceutical companies). Previous Executive Board members who have contributed to the establishment and the development of ABPMT would become Emeritus Members (within APBMT) or Honorary Members (other registries etc.). Emeritus and Honorary Members can participate in the business meeting.

4.1 Regular Members

Regular members consist of members from medical fields (Scientific Regular Members) Scientific Regular Members can elect and can be elected Scientific Committee Members within each country. A proposed new member must provide a brief CV up to 2 pages that includes professional qualification, current employment and place of work. Regular members must agree to abide by the regulations of APBMT, to participate in scientific endeavors of the APBMT, to have no criminal record, good ethical and moral standards as expected by professional societies.

4.2 Associate & affiliate members

Representatives of commercial companies can become an Associate member. Associate Members can attend general assembly but not the Business meetings and do not have voting right. Applicants are required to submit a brief CV.

4.3 Emeritus members

These are members who served in previous Executive Board and accepted to be an Emeritus Members instead of Regular Member. They will serve as Advisory Board Members for a term of 2-3 years to provide advice to the new Executive Board and do not have a voting right.

Emeritus membership is also awarded to those who organized APBMT annual congress as a meeting president and in recognition of their outstanding contribution to the APBMT.

4.4 Scientific Committee

Scientific Committee is the supreme decision-making body in APBMT. Each country can elect and nominate 1 voting member as the country representative. The vote is casted by the country representative but this right may be transferred to a designated substitute. If there is more than one nominee from one country, the Scientific Committee can vote to select one candidate. The names of the current members of scientific committee are listed and updated annually. The Chairman of the Executive Board, who also serves as the Chairman of the Scientific Committee, has the deciding vote if the vote is otherwise tied.

New Scientific Committee members need to be recommended by the current members of Scientific Committee among the members of the Scientific Regular Members and to get approval in the business meeting. Decisions are taken by majority voting (One vote/one country). A proposed new member must provide a brief CV up to 3 pages. The criteria to be a Scientific Committee Member include proven medical and/or scientific experience in HSCT; willingness to committee and participate in scientific endeavors of the APBMT; no criminal record, good ethical and moral standards as expected by professional societies.

The Scientific Committee has the following rights and obligations: 1) To elect Executive Board members; 2) To decide on admission of new members; 3) To decide the annual fee for APBMT membership and 4) to make final decision on APBMT policies.

4.5 Executive Board

The Executive Board of APBMT steers the group for administration and all decisions that need to be taken for functioning of the organization in accordance with the constitution and bylaws of the organization. The Executive Board is responsible for all

running operations and decisions that are not due to be taken by the Scientific Committee at the annual meeting. The Executive Board, appointed by the Scientific Committee, will act on behalf of all members for regular decisions during the period between Scientific Committee meetings. During this period, the Scientific Committee need not be consulted unless a decision would affect the bylaws or contravene a decision previously made by the Scientific Committee. The Executive Board consisted of regular members (only one member permitted from one country) elected from the Scientific Committee. The maximum number of members of the Executive Board is nine. The Chairman of Executive Board represents the APBMT.

4.6 Officers of the Executive Board

1. Scientific Committee elects a) one Chairman of Executive Board, b) one Vice Chairman of Executive Board, c) several other Members of Executive Board including one Secretariat / Treasurer. The members of the Executive Board is elected by the business meeting, and serves for two years and may be re-elected for another term of two years.
2. The function of the Chairman of Executive Board is to promote and coordinate all activities of APBMT. These include fund raising, coordination of Working Group activities, giving suggestions to the organizers of the annual meeting, and negotiations with other organizations on behalf of APBMT.
3. The Vice Chairman supports the Chairman and will perform the duties of the Chairman in the absence.

4.7 Secretariat/Treasurer

Secretariat / Treasurer shall oversee the maintenance of a permanent record of APBMT. The Secretariat / Treasurer shall have oversight of the budget of APBMT. The Secretariat / Treasurer Office works for the development and the maintenance of the group under the collaboration with the Chairman of Executive Board, the Chairman of the next annual congress, and the members of Executive Board and Scientific Committee.

ARTICLE 5

Committees and Working Groups

5.1 Committees

The APBMT will have the following Standing Committees to help with its work.

1. Membership Committee
2. Registry Committee
3. Program Committee

Each of these committees will have a specific term of reference.

5.2 Working Groups

The aim of Working Groups is to enhance research in focused areas. The Executive Board and Scientific Committee of APBMT determine the formation of Working Groups as required. The application of the new Working Group and its chair person is approved by the members of the Scientific Committee in the Business Meeting (see Annex). The chair person of each Working Group is elected for three years and may stand for reelection once. The substructure of the Working Group is defined by the chair person in consultation with the Executive Board. Regular Members are encouraged to participate in one or more Working Groups according to their particular interests. The Working Group chair person must submit annual activity reports to the Scientific Committee and the Executive Board. The chairperson should adhere to the Working Group responsibilities, which are specified separately from the bylaws.

ARTICLE 6

Meetings

6.1 Annual Congress

Any countries participating in APBMT can propose to be a host country of the Annual Congress. Host country of the future Annual Congresses will be decided by the Scientific Committee. The President of the next annual congress cooperates with the Executive Board for the year preceding the annual congress. The format of the meeting is to be standardized (see Annex section below).

6.2. Business Meeting

The Scientific Committee will open the Business Meeting at least once a year. One of them will be held during the annual meeting. It is co-chaired by the Chairman of the Executive Board and the President of the Annual Congress. The Board may establish subcommittee / working party as the need arises.

6.3 Board Meeting

The Executive Board of the APBMT shall meet in person at the annual meeting. It is presumed that all members will attend this meeting unless there are unavoidable personal circumstances. In addition, the board will meet via conference calls every 4-8 weeks, as needed. All members are expected to attend all scheduled board meetings.

ARTICLE 7

7.1 APBMT Registry

A major activity of the APBMT will be to guide the development of national registries in each country. This data will then be collected into the combined APBMT registry in

formats compatible with other international registries. Both activities and outcome data will be collected every year. The details of the registry are in Annexure 4.

7.2 Annual Report

The list of registrants and summary of analyses are published in the APBMT Annual Report of each year, which is distributed to the APBMT member and related persons / organizations. The results published in the APBMT Annual Report is confidential, however, it can be quoted after written approval from APBMT and accompanied by proper acknowledgement.

7.3 Rules on the use of the Registry data

Data are restricted to publication in a scientific article and / or presentation at academic meetings. APBMT contributions must be appropriately acknowledged in all presentations and publications prior to the release of the data and analyses. Written Applications for these purposes are limited to Scientific Committee Members, Working Groups and the Data Center of APBMT for the time being. Written requests from other academic organizations or commercial companies will be assessed and if approved a cost recovery will be charged depending on the amount of work. Confidentiality of source information will be protected in accordance with the laws of individual centres and countries. An application form is attached as a separate sheet. The Registry Committee will evaluate all applications and approval made after consultation with the Executive Board.

ARTICLE 8

Finance

8.1 Membership Fees:

All the Regular Members are required to pay annual membership fees on an individual basis (see Annex). The members who paid the membership fees can receive up-to-date information including the survey data from APBMT office and also may have the advantage of discount of the registration fees at annual congress.

8.2 Statement of accounts of annual APBMT congress

An audited statement of accounts must be prepared by the organizing committee for each annual APBMT meeting within one year of its completion and submitted to the APBMT Headquarters and presented at the annual business meeting.

ARTICLE 9

Amendments

9.1 These Bylaws may be amended at any annual business meeting of the Scientific Committee. Amendments to the Bylaws may be proposed in writing to the Executive Board and must be submitted at least ninety days prior to the annual meeting. In addition, the Executive Board may initiate proposed amendments to the Bylaws.

The proposed amendments, together with the Executive Board's recommendation, shall be distributed to members of the Scientific Committee at least thirty days before the annual meeting at which it is to be considered. To be adopted, an amendment must be approved by at least two thirds of voting at the annual meeting.

These bylaws started on October 1, 2009, second revision adopted on December 31, 2010, and revised in September 2015 and to be adopted by the Scientific Committee on October 31, 2015. On November 1, 2016, Annexure 6 was added after the Business Meeting in Singapore.

9.2 Annexures may be amended by the Executive Board, (with a minimum of two third majorities of the members of the Executive Board) and report to the Scientific Committee.

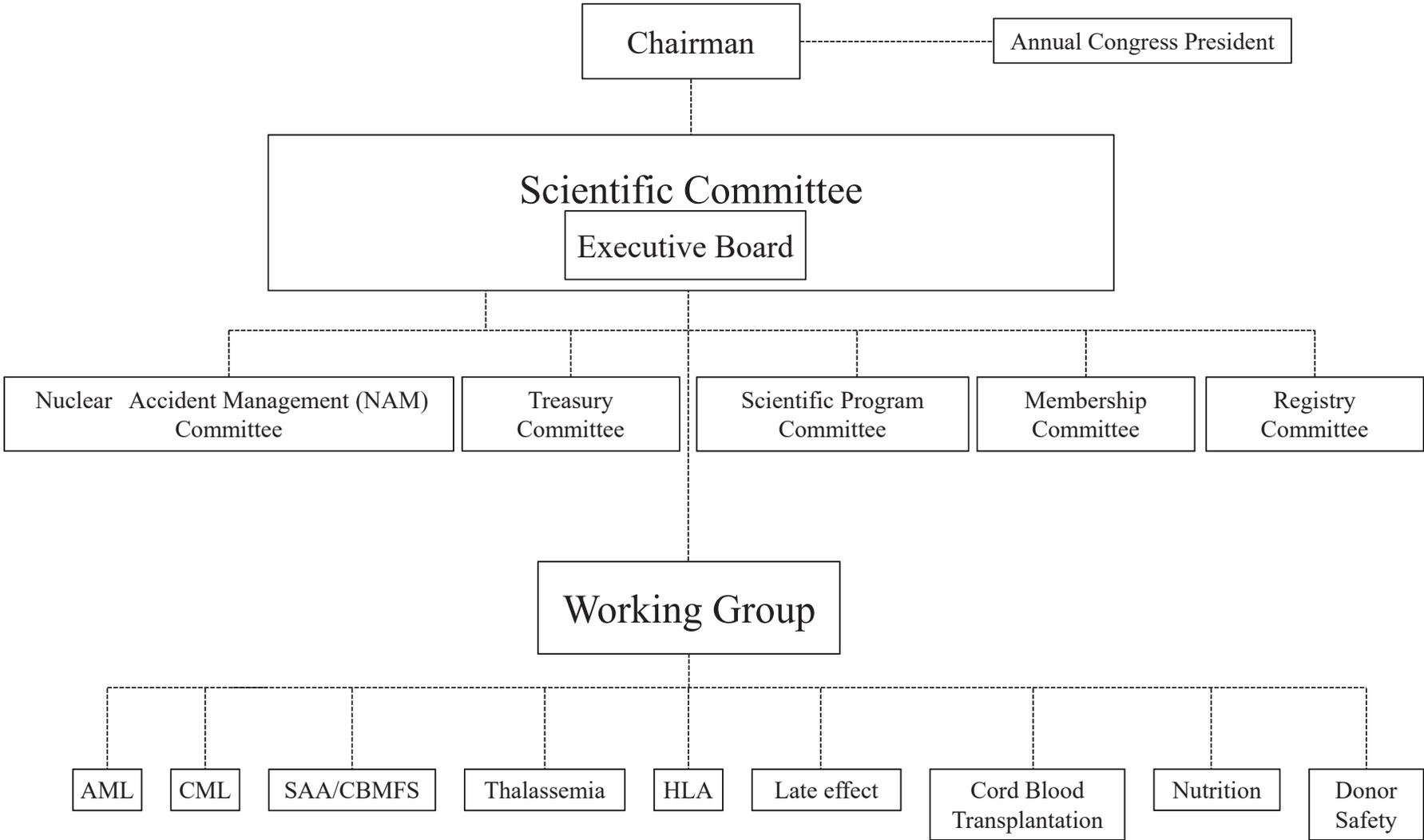
Annexures:

1. Committees - Terms of Reference to be determined.
2. Working Groups - Terms of Reference to be determined.
3. Annual Congress – Format of the meeting to be formulated
4. The APBMT Registry
5. Financial Issues:
6. The Scientific Committee members: In addition to the criteria to be a Scientific Committee Member described in APBMT Bylaw (4.4 Scientific Committee), the candidate must have served as a regular member for the past three years with the consecutive payment of annual membership fee.

No term limits are set for Scientific Committee Members. However, the members are required to participate in at least 2 out of 4 most recent APBMT Annual Congress, and consecutively pay annual membership fee in order to maintain their membership. In addition, their willingness of serving as Scientific Committee Members is to confirm every two years.

No limits are set for the maximum number of Scientific Committee members in each country/region participating APBMT.

Organizational tree of APBMT



Principal member list (Aug.2018)

Executive Board members

Okamoto, Shinichiro (Chairman, Japan) Srivastava, Alok (Vice-chair, India) Ma, David D. (Australia/New Zealand)
Huang, He(China) Hamidieh, Amir Ali. (Iran) Lee, Jong Wook (Korea)
Hwang, William YK (Singapore)

*Scientific Committee Members (* executive board member)*

Akatsuka, Yoshiki (Japan) Altangerel, Otgonbat (Mongolia) Apte, Shashikant (India)
Batsukh, Khishigjargal (Mongolia) Chen, Po-Min (Taiwan) Chiou, Tzeon-Jye (Taiwan)
Gooneratne, Lallindra (Sri Lanka) Gyi, Aye Aye (Myanmar) Hamidieh, Amir Ali (Iran) *
Huang, He (China) * Huang, Xiao-Jun (China) Hwang, Tai-ju (Korea)
Hwang, William YK (Singapore) * Kang, Hyoung Jin (Korea) Khan, Mohiuddin (Bangladesh)
Khattry, Navin (India) Koh, Mickey (Singapore) Kook, Hoon (Korea)
Lee, Jong Wook (Korea) * Lie, Albert (Hong Kong) Lin, Kai-Hsin (Taiwan)
Liu, Kai-yan (China) Ma, David D (Australia/New Zealand) * Ming, Yao (Taiwan)
Miyamura, Koichi (Japan) Okamoto, Shinichiro (Japan) * Ouyang, Jian (China)
Pheng Bora (Cambodia) Rowlings, Philip (Australia/New Zealand) Shamsi, Tahir Sultan (Pakistan)
Srivastava, Alok (India) * Tang, Jih-Luh (Taiwan) Taniguchi, Shuichi (Japan)
Teshima, Takanori (Japan) Ungkanont, Artit (Thailand) Viswabandya, Auro (India)
Wang, Jianmin (China) Wu, Tong (China) Zhang, Mei (China)

Honorary Members

Carter, John (New Zealand) Confer, Dennis (NMDP) Gratwohl, Alois (EBMT)
Hill, Geoffrey (Australia) Horowitz, Mary (CIBMTR) Niederwieser, Dietger (EBMT)
Alimoghaddam, Kamran (Iran) Atkinson, Kerry (Australia) Baylon, Honorata G (Philippines)
Biju, George (India) Cao, Lu Xian (China) Chandy, Mammen (India)
Chen, Yao-Chang (Taiwan) Dong Ying, Gao (China) Haipeng, Lin (Malaysia)
Harada, Mine (Japan) Hariman, Herman (Indonesia) Hong, Jun Ling (China)
Kim, Dong-Wook (Korea) Kim, Hack-Ki (Korea) Kojima, Seiji (Japan)
Koo, Hong Hoe (Korea) Liang, Raymond (Hong Kong) Ostadali Dehaghi, Mohammadreza (Iran)
Shin, Hee Young (Korea) Teh, Alan (Malaysia) Tran, Van Binh (Vietnam)
Tzeng, Cheng-Hwai (Taiwan) Vikram, Mathews (India)

Emeritus Members

Advani, Suresh H (India) Asano, Shigetaka (Japan) Cao, Lu Xian (China)
Ghavamzadeh, Ardeshir (Iran) Issaragrisil, Surapol (Thailand) Jootar, Saengsuree (Thailand)
Kim, Chun Choo (Korea) Kim, Dong Jip (Korea) Kodera, Yoshihisa (Japan)
Lu, Dao-Pei (China) Masaoka, Tohru (Japan) Nguyen, Tan Binh (Vietnam)
Saikia, Tapan K (India) Tan, Patric (Singapore)

Annual Meetings of APBMT

Previous Meetings

No	Year	City	President
1 st	1990	Beijing	Cao, Lu Xian
2 nd	1991	Nagoya	Masaoka, Tohru
3 rd	1992	Osaka	Masaoka, Tohru
4 th	1994	Fukuoka	Masaoka, Tohru
5 th	1996	Seoul	Kim, Dong Jip
6 th	1998	Taipei	Chen, Yao-Chang
7 th	2000	Bangkok	Issaragrisil, Surapol
8 th	2002	Mumbai	Advani, Suresh
9 th	2004	Tehran	Ghavamzadeh, Ardeshir
10 th	2005	Hangzhou	Lu, Dao-Pei
11 th	2006	Nagoya	Kodera, Yoshihisa
12 th	2007	Beijing	Lu, Dao-Pei
13 th	2008	Taipei	Chen, Po-Min
14 th	2009	Seoul	Kim, Chun-Choo
15 th	2010	Phuket	Jootar, Saengsuree
16 th	2011	Sydney	Ma, David / Rowlings, Philip
17 th	2012	Hyderabad	Saikia, Tapan K / Srivastava, Alok
18 th	2013	Ho Chi Minh City	Nguyen, Tan Binh
19 th	2014	Hangzhou	Huang, He / Huang, Xiaojun
20 th	2015	Okinawa	Okamoto, Shinichiro
21 th	2016	Singapore	Hwang, William YK / Joo, Chng Wee / Ho, Aloysius
22 nd	2017	Tehran	Ghavamzadeh, Ardeshir

Future Meetings

- The 23rd meeting
November 2-4, 2018, Taipei, Taiwan
President: Ming, Yao / Tang, Jih-Luh

- The 24th meeting
August 30 – September 1, 2019, Busan, South Korea
President: Lee, Jong-Wook

The number of attendees for each annual meeting from 2006 to 2017

2006(JAPAN)		2007(CHINA)※		2008(TAIWAN)		2009(KOREA)		2010(THAILAND)		2011(AUSTRALIA/N EW ZEALAND) ※	
Japan	97	China	317	Taiwan	349	Korea	292	Thailand	280	Australia	637
Korea	30	Korea	47	Korea	46	China	65	China	100	China	178
China	30	Japan	36	Japan	24	Taiwan	34	Taiwan	63	New Zealand	84
Taiwan	20	Taiwan	25	Malaysia	6	Japan	33	Korea	52	Korea	57
Hong Kong	5	Thailand	17	Thailand	5	Thailand	19	Japan	25	Japan	38
USA	4	Singapore	15	Australia	5	Australia	7	Singapore	19	Taiwan	16
Iran	4	India	12	Pakistan	3	Viet Nam	5	Malaysia	17	Malaysia	14
Malaysia	3	Malaysia	12	Hong Kong	3	USA	4	Hong Kong	13	Singapore	14
Pakistan	3	Other Country	12	Singapore	3	Germany	3	Vietnam	13	Thailand	12
Thailand	2	USA	12	USA	2	Singapore	2	Australia	9	Vietnam	10
UK	2	Iran	6	Saudi Arabia	2	France	1	Iran	8	Philippines	9
Vietnam	2	Indonesia	5	Philippines	2	Hong Kong	1	Italy	6	India	6
India	2	Australia	4	India	1	Indonesia	1	Germany	4	Hong Kong	5
Australia	1	Germany	4	Vietnam	1	Iran	1	Indonesia	4	Myanmar	4
Germany	1	Pakistan	3	Romania	1	Malaysia	1	USA	4	Switzerland	4
Switzerland	1	Romania	3	France	1	Philippines	1	India	3	Bangladesh	3
Total	207	Canada	2	Total	454	Switzerland	1	Pakistan	3	Pakistan	3
%		Czech Republic	2	%		UK	1	France	2	Fiji	2
Domestic	47	Saudi Arabia	2	Domestic	77	Total	472	Myanmar	2	Samoa	2
Foreign	53	UK	2	Foreign	23	%		Canada	1	UAE	2
		Denmark	1			Domestic	62	Hungary	1	Brunei	1
		Myanmar	1			Foreign	38	Israel	1	Cook Islands	1
		Nigeria	1					Philippines	1	Indonesia	1
		Philippines	1					Sweden	1	Iran	1
		unknown	1					Turkey	1	Israel	1
		Total	543					Total	633	Kiribati	1
		%						%		Micronesia	1
		Domestic	58					Domestic	44	Papua New Guinea	1
		Foreign	42					Foreign	56	Slovak Republic	1
										Slovakia	1
										Solomon Islands	1
										Sri Lanka	1
										Turkey	1
										Tuvalu	1
										Vanuatu	1
										Total	1115
										%	
										Domestic	65
										Foreign	35

※APBMT 2007 with ISH-APD2007

※※APBMT 2011 with HAA-ISHAPD 2011 and ISCTA

2012(INDIA)		2013(VIETNAM)		2014(CHINA)		2015(JAPAN)		2016(SINGAPORE)		2017(IRAN)	
India	118	Vietnam	375	China	646	Japan	159	Singapore	234	Iran	565
China	66	China	82	Japan	31	China	186	China	116	China	32
Japan	19	Korea	41	Taiwan	24	Taiwan	51	Japan	62	USA	4
Korea	15	Japan	32	Korea	16	Korea	41	Korea	44	Germany	4
Vietnam	12	Taiwan	17	United States	11	Singapore	23	Taiwan	28	Japan	3
Australia	11	Thailand	13	India	9	Hong Kong	17	India	25	Thailand	3
Germany	8	Hong Kong	7	Singapore	9	Vietnam	16	USA	22	Qatar	3
Taiwan	7	Belgium	6	Australia	7	India	11	Thailand	21	France	2
Iran	6	Singapore	6	Mongolia	7	Thailand	11	Hong Kong	19	Italy	2
USA	6	France	5	UK	5	Indonesia	9	Malaysia	19	Belgium	1
Singapore	4	India	5	Hong Kong	4	USA	7	Bangladesh	15	India	1
Philippines	3	Australia	4	Philippines	4	Malaysia	6	Vietnam	15	Turkey	1
Bangladesh	2	Iran	4	Vietnam	4	Australia	5	Australia	13	UK	1
Belgium	2	United States	4	France	3	Philippines	5	Iran	11	Malaysia	1
France	2	Germany	3	Iran	3	UK	4	Philippines	10	Sri Lanka	1
Hong Kong	2	Mongolia	3	Thailand	3	Germany	2	Germany	9	Switzerland	1
Mongolia	2	Spain	3	Germany	2	Iran	2	Sri Lanka	6	Total	625
Canada	1	Malaysia	2	Myanmar	2	Sri Lanka	2	UK	6		%
Italy	1	Philippines	2	Pakistan	2	Bangladesh	1	France	4	Domestic	90
Myanmar	1	Indonesia	1	Bangladesh	1	Cambodia	1	Mongolia	4	Foreign	10
Nepal	1	Ireland	1	Indonesia	1	Canada	1	Indonesia	3		
Sweden	1	Myanmar	1	Lebanon	1	France	1	Ireland	3		
UK	1	Netherlands	1	Malaysia	1	Italy	1	Italy	3		
Missing	3	Sweden	1	South Africa	1	Mongolia	1	Cambodia	2		
Total	294	UK	1	Spain	1	Myanmar	1	Myanmar	2		
	%	Total	736	Sri Lanka	1	Pakistan	1	Qatar	2		
Domestic	40		%	Total	799	Switzerland	1	Belgium	1		
Foreign	60	Domestic	61		%	Missing	1	Canada	1		
		Foreign	40	Domestic	81	Total	567	Nepal	1		
				Foreign	19		%	New Zealand	1		
						Domestic	28	Spain	1		
						Foreign	72	Switzerland	1		
								Total	704		
									%		
								Domestic	33		
								Foreign	67		

Activity Survey

Introduction of the Activity Survey

The APBMT Activity Survey has been performed annually from 2007 (HSCT data from 2005). This survey is a collection of the number of transplantations sorted by the donors' sources and diseases.

The following figure shows how the data is collected.

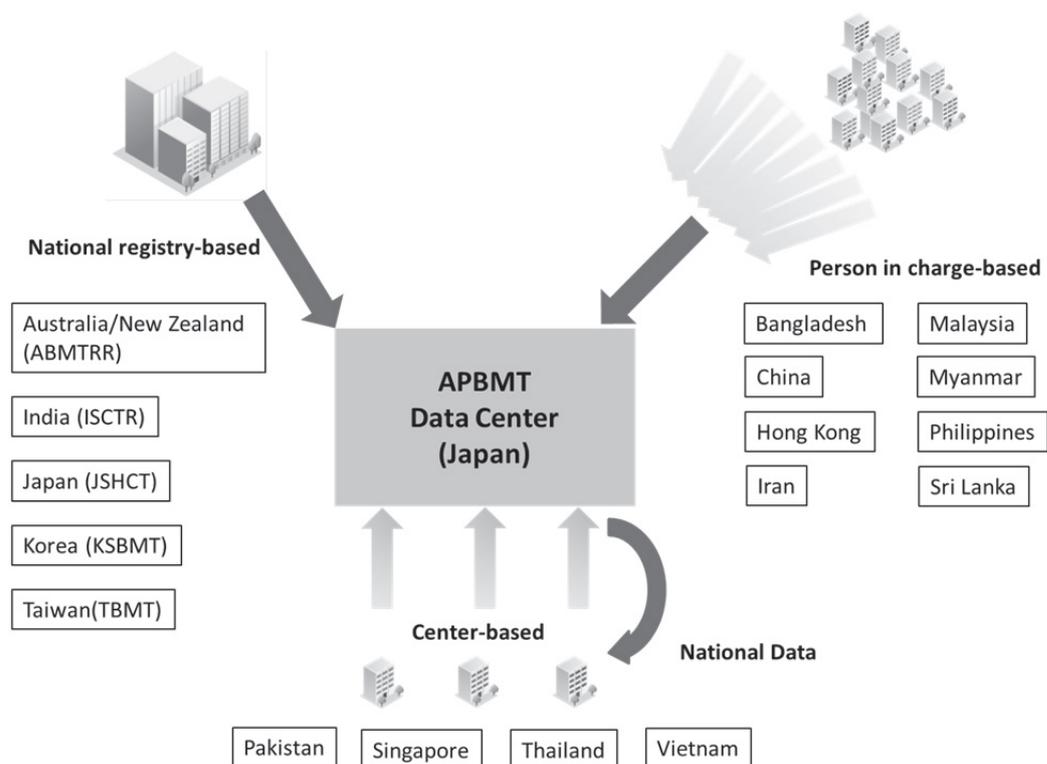


Figure: Data collection

The method of submission is different in each country/region.

As shown in the Figure above, data from India, Japan, Korea and Taiwan was submitted through their national registry. The Australasian Bone Marrow Transplant Recipient Registry (ABMTRR) submitted the national data for Australia and New Zealand. In Bangladesh, China, Hong Kong, Iran, Malaysia, Myanmar, the Philippines, and Sri Lanka, data was collected by a particular contact person and submitted to the data center. The data center has direct contact with major transplantation centers and receives data from Pakistan, Singapore, Thailand and Vietnam. The data collected from these four countries is made available to each country/region for use as national data.

The aim of the 11th APBMT Activity Survey is to update the HSCT activity data for APBMT countries/regions — transplantations **performed by the end of 2015**. Data Center received data from eighteen out of twenty-one countries/regions participating in this survey by December 31, 2017.

Outcome Registry

About the Outcome Registry

APBMT Outcome Registry was launched in July 2010. The original APBMT Outcome Registry forms are identical to the EBMT MED-A or the CIBMTR TED, and the subjects for registration were the same as the subjects for the APBMT Activity Survey. However, the original forms were too burdensome for some countries/regions. To solve the problem, simplified report forms with fewer items were introduced by the APBMT Data Center: Least Minimum Dataset (LMD) forms.

The countries/regions started reporting HSCT data — transplantations performed in 2010 or 2011 — according to each country/region's situation. Limited data from 2009 is also available.

The APBMT Data Center may receive HSCT outcome data from CIBMTR through data transfer agreements, which were established between APBMT and CIBMTR and between APBMT and some centers that submitted Outcome Data to CIBMTR.

To promote and accelerate the data collection, APBMT decided to establish the Registry Committee in October 2014. The Committee officially started operations in October 2015, and since then, it has held web conferences bimonthly. The first accomplishment of this committee was formulating three documents regarding data collection and usage: The Mission Statement, the Letter of Commitment and the Protocol. The Protocol was approved by the Ethical Committee of Aichi Medical University on October 24th, 2016.

Registry Committee and Data Center is establishing the electronic data capture (EDC) system using the REDCap system in this fiscal year. APBMT has collected patients' outcome data through paper and Excel form and data transmission from CIBMTR, however data capture rate was not good. By using EDC system, we expect that data managers will free from their burden of data submission and data capture rate will improve.

Asia-Pacific Blood and Marrow Transplantation Group Registry

Version Number: 2.0

September 2017

1. Background
2. Purpose
3. Subjects
4. Method
5. Explanation, consent and anonymity
6. Data management
7. Ethical policy
8. Publication of results
9. Use of data and international cooperation
10. Research organization
11. Appendices
 - 1) APBMT Outcome Registry Committee Rules for Operation
 - 2) Letter of Commitment
 - 3) Survey forms: Activity Survey, Outcome Registry

Asia-Pacific Blood and Marrow Transplantation Data Center
Aichi Medical University School of Medicine
Department of Promotion for Blood and Marrow Transplantation
1-1, Yazakokarimata, Nagakute, Aichi, Japan 480-1195

1. Background

The survey and reporting on hematopoietic cell transplantation and related therapy is essential for the proper development of hematopoietic cell transplantation therapy in the Asia Pacific region. The purpose of the Activity Survey and Outcome Registry carried out by the Asia-Pacific Blood and Marrow Transplantation Group (APBMT) is to enable a full understanding of the number of transplants being carried out, as well as their outcomes, and to generate a variety of useful information for the analysis of individual factors, such as geographic distribution, transplant types, illnesses and pathology, etc. Information on the number of transplants conducted in the region, as well as a country by country count, is reported as reference information to the World Health Organization (WHO) via the Worldwide Network for Blood and Marrow Transplantation (WBMT). Information by transplantation type and information related to prognoses are used to understand the current situation in this very geographically and ethnically diverse region, and also forms part of the foundation information that will underpin future development. This survey will be able to provide information that is extremely useful to patients, physicians and other medical professionals. The Data Center is sited at Department of Promotion for Blood and Marrow Transplantation, Aichi Medical University School of Medicine in Japan. The survey was begun as the 1st Activity Survey conducted by APBMT in 2007, and has been conducted, and its report published, every year since then. Further, the Outcome Registry was started in 2010, compiling the transplantation information since 2009. With the formal launch of the APBMT Outcome Registry Committee in November, 2015, the rules regarding the collection and management of data have been strengthened, as well as the cooperation of different countries in this survey.

2. Purpose

- To collect baseline and outcome data relating to all bone marrow, peripheral blood, cord blood hematopoietic stem cell transplants and therapies related to hematopoietic stem cell transplantation performed throughout the Asia Pacific area.
- To provide data to clinicians and researchers for studies involving specific subsets of patients, or to determine the feasibility of such studies.
- To provide data to clinicians to inform patient care.
- To provide data to health administrators for resource planning and quality assurance purposes.
- To participate in international data collections by contributing summary and outcome data to enhance the global knowledge base for these types of transplants.

3. Subjects

The survey has as its target all medical institutions (hereafter, “transplantation facilities”) involved in hematopoietic cell transplantation and related therapy in Asia-Pacific region. The report subjects will be all kinds of hematopoietic stem cell transplantation, including autologous transplantation and allogeneic transplantation (transplantation between blood relations, transplantation between non-blood relations, and transplantation of umbilical cord blood) and the related therapies. The data to be surveyed are transplant related clinical data of the patients and donors, and data related to prognoses. There will be no collection of specimens.

4. Methods

1) The Activity Survey comprises survey items on the numbers of transplants conducted from two years previous, by donor and transplantation source. The Data Center sends the APBMT Activity Survey Form every year to the Scientific Committee members of each country and region, and they then notify the transplantation facilities in their country or region. The transplantation facility then enters one year’s actual performance data from the previous year into the form and submits the form to the data center within the prescribed time limit. Further, it is recommended that the data are submitted on a country basis by the Scientific Committee members.

2) In the Outcome Registry, the transplantation facilities register information about all transplants that they have conducted into the Least Minimum Dataset (LMD) survey item, as stipulated by APBMT. There are three types of questionnaire, i) day100_LMD sheet, ii) Disease_LMD sheet and iii) follow_LMD sheet. These forms can be downloaded from the APBMT website. Data to be collected are: demographic data such as gender, country, date of birth, disease information, transplant center; date and type of HSCT, HLA typing data of the donor and recipient; preparative regimen, GvHD prophylaxis; engraftment, acute and chronic GVHD, complication of transplant; disease status post transplantation; cause of death; patient survival status and last follow up date. For the first report, forms i) and ii) should be registered, then updated as form iii) every year subsequent to that. The Outcome Registry data are either mailed out, sent by email or entered in electronic data capture system depending on the situation of each country or region and transplantation facility. LMD survey items of the transplant cases from the previous year are submitted by transplant registries, transplant societies or representative institutions of each country or region. Individual center may submit their LMD data to the APBMT Data Center directly. If the center reports its data to other registries, APBMT and a registry could agree on the data transmission or data sharing .

5. Explanation, consent and anonymity

The survey is conducted in an anonymous format in which data can only be linked back to individual patient information within the facility itself. Each transplantation facility needs to make sure that the details of the project have been fully explained to the patient before registering. Information reported to the Data Center will not contain any information that could identify individual patients, such as patient names or medical chart numbers, etc. However, sex, dates of birth, dates of transplantation and transplantation facility numbers will be reported along with the clinical data. The additional data from recipients and donors may be collected when needed for a specific study. In this case, data should be collected from their medical records, not from direct contact with recipients or donors.

6. Data management

The APBMT Data Center manages all information, including anonymous patient clinical information (with personal information removed) and names and other personal information of contact physicians at cooperating facilities. The information is managed according to the APBMT Data Center's security policy.

7. Ethical policy

- 1) International participants in APBMT must follow their own national regulations and provide assurance to APBMT that national regulations are being followed.
- 2) The central ethical review of this protocol was approved by the Aichi Medical University ethics committee on October 24.
- 3) Where the use is intended for the purpose of evaluate, the decision will undergo an ethical review in the facility to which the researcher belongs after achievement of approval from the APBMT Outcome Registry Committee described in "9. Use of data and international cooperation".

8. Publication of results

The summary results will be described in outline on the APBMT website, and will be contained in the Annual Report.

9. Use of data and international cooperation

Use of data is judged by the APBMT Outcome Registry Committee, which exists within APBMT in order to manage data, and judges each data request based on its aims and scope of use. Information of the investigators of the approved studies will be posted on the APBMT web site. Statistical analysis of the approved studies will be performed

within the data center, and the results of the analysis will be provided to the investigators. Data regarding the number of operations performed are reported to WHO every year, via WBMT, in cooperation with the effort to compile transplantation number data on a worldwide basis.

10. Research organization

The APBMT Outcome Registry is overseen by the APBMT Outcome Registry Committee and Data Center.

Chair: Yoshiko Atsuta

Vice Chair: Anthony Dodds, Aloysius Ho

Data Center: Minako Iida, Yukari Nakao

APBMT Registry Committee

Detailed Rules for the Operation of the Committee

1. General Rules

1. The following rules shall apply to the collection, management and use of data related to hematopoietic stem cell transplantations conducted in the Asia Pacific region by the Registry Committee and Data Center established within the Asia-Pacific Blood and Marrow Transplantation Group (APBMT).
2. The kinds of data gathered by the Registry Committee and Data Center are as follows.
 - 1) Activity Survey
 - 2) Outcome Registry
3. The operation of the Registry Committee is stipulated in the APBMT regulations. Further, the rules that define the procedures relating to the management and use of Registry data, as decided by the Committee, are the “APBMT Registry Committee Detailed Rules for the Operation of the Committee”.
4. The composition of the Registry Committee is as follows.
 - 1) Committee members recommended by the Executive Board or Scientific Committee (one person for each member country)
 - 2) Effective data managers appointed by the committee members of 1), above, to compile the data of each country
 - 3) APBMT Data Center staff
5. The member of the Registry Committee serves for two years and may be re-elected for another term of two years. The Chairman of the Registry Committee is elected from Registry Committee members and serves for two years. The Chairman can be re-elected for another term of two years, however, a third term is prohibited.
6. The members of the Registry Committee have the obligation to report transplantation related data from their own countries.

2. Data Registration

7. The most important element of the APBMT Registry is the data registration. Members of the Registry Committee have a duty to promote the Activity Survey and

Outcome Registry registration.

8. Data registration is performed through the contact person for each country. The contact person is appointed by the committee members of the Registry Committee in accordance with the situation in each country. The designated contact person enters the data pertaining to hematopoietic cell transplantations and related therapy in their respective country into the Activity Survey and Outcome Registry in the prescribed format (paper, electric or data transmission) and sends it to the Data Center.

9. Activity Survey: A prescribed form is distributed from the Data Center. Annual data from two years prior is reported. The data contains the number of transplants, entered by transplantation type, donor source and disease.

10. Outcome Registry: The data for each patient are submitted by using three types of forms, describing the first 100 days after transplantation, information on the patient's disease, and follow-up information. There are three methods of registration as follows, depending on the situation of each country or institution.
 - 1) Paper: A paper form can be downloaded from the APBMT website and sent directly to the Data Center in PDF format or printed out and posted.
 - 2) Electirc: In accordance with the dictionary designated by the Data Center, transplantation information can be entered directly into Excel and emailed.
 - 3) Data transmission: An institution sending transplantation reports to CIBMTR signs a data transmission agreement, thereby allowing patient reports to be transmitted directly from CIBMTR to the Data Center.

3. Use of Data

11. Applications for data request
 - 1) Applications to use registry data must come from APBMT members that fulfil the following conditions.
 - Belonging to an institution, country or region that has completed registry of the Activity Survey and Outcome Registry.
 - APBMT membership for the previous year paid.
 - Other than transplant physicians, has been an APBMT member for more than one year.
 - Data use application from WG also must fulfil the conditions described above.

 - 2) Persons wishing to use registry data must submit the Application Form for Using the Registry Data to the Data Center. The form must contain details of the person responsible for the data use, the purpose of the data use, the required data

- content, research details, information on conflicts of interest and ethical issues.
- 3) Applications for use of data will be examined upon receipt by the Registry Committee members. If the application is approved, the applicant will be asked to sign the Letter of Commitment relating to data use, and to observe its provisions fully.
 - 4) Applicants are required, in principle, to publish their results within three years of the approval of use of data. And the Registry Committee can rescind the permission granted to this application if the applicant makes neither presentation nor publication within three years.
 - 5) In the event that the leading applicant in an application to use data has made successive applications, in principle, no new application can be made until the research that was the purpose of a previously approved application is completed, or until a paper has been submitted.
12. As regards details that appear the Annual Report, these may be quoted freely, regardless of whether the person is a full member of APBMT or not. In such cases, the Annual Report must be acknowledged as the source of the quote.

4. Reporting of Results of Analysis

13. The progress of the research, regardless of whether there is to be any formal announcement of its results, is to be reported every year to the Registry Committee. Prior to submission of a paper or academic presentation, application for co-author selection shall be submitted to the Registry Committee.

5. Other

14. The data collected in the Activity Survey and Outcome Registry are anonymous, but they should be handled with sufficient care in order to prevent accidental leakage, etc.
15. When data provided by the APBMT Registry are to be used, data use application must be made not only from an academic standpoint, but also based on ethical and moral considerations. Also, sufficient care must be given to the handling of data from the perspective of compliance with regard to conflict of interest.
16. In the event that any new intellectual property rights, commercial rights, or copyrights are generated by research and results based on used data, the parties responsible shall negotiate with APBMT at that time as regards the scope of said

rights and the sharing of responsibility.

17. Any revision or abolition of this Rules for the Operation will require a decision by the Registry Committee.

Supplementary provision: This Rules for the Operation will come into effect from May 2, 2017.

The Letter of Commitment

To the Chairman of APBMT Registry Committee,

I promise to uphold the following commitments.

1. Registry data are not to be used for any purpose other than those approved by APBMT Registry Committee.
2. Data are not to be used for commercial purposes.
3. Data are to be managed under the responsibility of the applicant, and are not to be made available for viewing by, or transferred to, a third party. Viewing by co-researchers, co-authors and working group members is to be restricted to an absolute minimum, and such persons are to observe these provisions.
4. The content of data provided by the Data Center are not to be altered without permission.
5. The applicant is to report to the Data Center every year on the progress of the research.
6. Before publishing the results of any research, the title and abstracts must be submitted to the Data Center for review. As for co-author(s), the application for co-author selection shall be submitted to the Registry Committee prior to submission of a paper or academic presentation.
7. When publishing the results of the research, it is to be made clear that APBMT Registry data were used.
8. The applicant is to inform the Data Center without delay in the event of any of the following,
 - (1) discontinuation of use of the data,
 - (2) changes to the details given in the application to use data.
9. Those applying to use data shall make an effort to encourage data registration, at their own responsibility.
10. Any infringement of these provisions will result in the cancellation of the data use application approval. In that event, the applicant shall promptly return any data to the Data Center, and destroy all copied or processed data.

I certify that I have read this document and commit to fulfilling the responsibilities described herein.

Date

Institute

Name

Registry Committee member list

	Name	Country
Chairperson	Yoshiko Atsuta	Japan
Deputy Chairperson	Anthony Dodds	Australia/New Zealand
	Aloysius Ho	Singapore
Members*	Tang Yamin	China
	Alok Srivastava	India
	Amir Hamidieh	Iran
	Shinichiro Okamoto	Japan
	Tatsuo Ichinohe	Japan
	Hyoung Jin Kang	Korea
	Jih-Luh Tang	Taiwan
	Hui-Fen Chiang	Taiwan
	Po-Nan Wang	Taiwan
	Ming Yao	Taiwan
	Lallindra Gooneratne	Sri Lanka
	Chang Kian Meng	Malaysia
	Albert Lie	Hong Kong
	Mafruha Akter	Bangladesh
	Huynh Van Man	Vietnam
	Aye Aye Gyi	Myanmar
	Pheng Bora	Cambodia
	Tasneem Farzana	Pakistan
	Herman Hariman	Indonesia
	Artit Ungkanont	Thailand
Batsukh Khishigjargal	Mongolia	
Honorata Baylon	Philippines	
Data Center	Minako Iida	Japan
	Yachiyo Kuwatsuka	Japan
	Yukari Nakao	Japan

*random order

Executive Board

Executive Board member list

Name	Country
Shinichiro Okamoto (Chairman)	Japan
Alok Srivastava (Vice chairman)	India
Amir Hamidieh	Iran
David Ma	Australia
Jong-Wook Lee	Korea
William Hwang	Singapore
He Huang	China

*random order

EB members had 19 official web conferences (GoToMeeting®) from January 2017 to August 2018, and members also had many tentative web conferences if needed.

Key Activities of the EB were:

- Working together for preparation of each annual meeting with local organizing committee
- Launching the APBMT-E Journal in collaboration with the Editorial Board
- APBMT mentorship for emerging countries in AP countries/regions
- Establishment of the Center Standards in AP countries/regions
- Launching the ASBMT/APBMT dual membership

History of International Scientific Symposia

2018

April, WBMT/AfBMT (Morocco)

First Meeting of the African Blood and Marrow Transplantation Group: SCT in bone marrow failure

Co-Chairs: N. Novitzky, MD; N. Khoubila, MD

- Recent Progress in Diagnosis and Treatment of Inherited Bone Marrow Failure (S. Kojima)
- Acquired (S. Osman Ahmed)

2017

October, APBMT (Iran)

APBMT / WBMT Joint Session: Transplantation reports in the Asian pacific region & the progress of BMT in the world and Asian pacific region

Co-Chairs: A. Ghavamzadeh, MD; S. Okamoto, MD

- The progress of BMT in the Islamic Republic of Iran (A. Ghavamzadeh)
- The report of transplantation in all 15 BMT centers of Iran in the last five years (A. Hajifathali)
- The current status and future challenges of the Asia-Pacific Blood and Marrow Transplantation Group (APBMT) (S. Okamoto)
- The history, current status and future trends of WBMT (Y. Kodera)
- The report of transplantation in China five recent years (H. Huang)
- The advance of HSCT after the enforcement of “The Act for Appropriate Provision of Hematopoietic Stem Cells to be Used in Transplantations” in Japan (Y. Kodera)
- Outcome of autologous hematopoietic stem cell transplants for multiple myeloma in a single center in Sri Lanka (L. Gooneratne)
- The report of transplantation in Malaysia in five recent years (OT. Chuan)

2016

October, APBMT (Singapore)

WBMT Programme- ASBMT/EBMT/APBMT Joint Session

Co-Chairs: Y. Kodera, MD; J. Szer, MD

- Future of Hematopoietic Stem Cell Transplantation & Cellular Therapy Modern Conditioning Regimens Prior to allo – HSCT (M. Mohty)
- Hematopoietic Cell Transplant Activity in the United States (CN. Bredeson)
- Design the Future of Hematopoietic Stem Cell Transplantation: APBMT Perspectives (S. Okamoto)

- WBMT – Who Are We, What Have We Done and What Will We Do? (J. Szer)

February, BMT Tandem Meetings

Stem Cell Transplantation for Bone Marrow Failure

Co-Chairs: S. Kojima, MD; SA. Giralt, MD

- Hematopoietic Stem Cell Transplantation in Adult Patients with Acquired Aplastic Anemia: Asian Perspectives (JW. Lee)
- Bone Marrow Failure in Children (S. Kojima)
- Poor Graft Function Post-Transplant – Time to Take this Seriously (SA. Giralt)

2015

October, APBMT (Japan)

Global Trend of HSCT and the Future Role of APBMT (WBMT/APBMT Joint Session (I))

Co-Chairs: Y. Kodera, MD; S. Okamoto, MD

- Medical Products of Human Origin WHO Project: Regulatory Recommendations for MPH0-WBMT (JR. Nunez)
- Global Trends in Hematopoietic Stem Cell Transplantation (HSCT) (D. Niederwieser)
- Starting New HSCT Program in Emerging Countries in Asia-Pacific Area (D. Ma)

Working together with Emerging Countries in HSCT in Asia (WBMT/APBMT Joint Session (II))

Co-Chairs: TK. Saikia, MD; AA. Hamidieh, MD

- Report from Mongolia (B. Khishigjargal)
- Report from Sri Lanka (L. Gooneratne)
- Report from Myanmar (AA. Gyi)
- Report from Indonesia (H. Hariman)
- Report from Philippines (HG. Baylon)
- Report from Bangladesh (MA. Khan)
- Report from Cambodia (B. Pheng)

Future in Hematopoietic Stem Cell Transplantation (ASBMT/EBMT/APBMT Joint Session)

Co-Chairs: S. Okamoto, MD; W. Hwang, MD

- Hematopoietic Cell Transplantation in 2015: How the ASBMT is Facing the Challenges (C. Bredeson)
- Challenges in Hematopoietic Stem Cell Transplantation: The EBMT

Perspective (M. Mohty)

- Future of Hematopoietic Stem Cell Transplantation – Asia Pacific perspective (A. Srivastava)

Global Alliance for Nuclear Accident Management in the Field of Hematopoietic Stem Cell Transplantation

Co-Chairs: D. Ma, MD; Y. Kodera, MD

- The Current Status of the Asia-Pacific Blood and Marrow Transplantation Group (APBMT) in the Management of Nuclear Accident (D. Ma)
- The Contribution of EBMT to the Global Response of a Large Number of Radiation Victims (R. Pawles)
- Radiation Injury Treatment Network: Hematologists and Oncologists Preparing for a Radiological Disaster (C. Case)

March, EBMT

Innovations in Cancer: A Joint EBMT-EHA-APBMT Session

Co-Chairs: M. Mohty, MD; C. Chomienne, MD; AA. Hamidieh, MD

- New drugs in hematology (M. Mohty)
- Leukemic stem cell heterogeneity: how to monitor and eradicate (C. Chomienne)
- Pediatric HSCT: challenges in the Asia-pacific region (AA. Hamidieh)

Collaboration with Other International Registries

WBMT

ASBMT

EBMT

WBMT (Worldwide Network for Blood & Marrow Transplantation)

APBMT is one of the first founding societies of WBMT and has made great efforts to organize WBMT in collaboration with other member societies such as CIBMTR, EBMT and WMDA since 2007. In 2011, WBMT had the first Workshop and Scientific Symposium in Hanoi for the development of HSCT in Asia-Pacific countries/regions. After this Workshop, a lot of supports to establish and operate HSCT were provided from leading countries to advancing countries/regions in this area. WBMT will have the 5th Workshop and Scientific Symposium in Beijing on September 19 to 21, 2018. Since 2014, Dr. Yoshihisa Kodera (Japan) and Dr. Jeff Szer (Australia) served as WBMT president, and many members in APBMT have been playing important roles in the Standing Committees. In addition, APBMT Data Center submitted data of Activity Survey every year to contribute to the Global Survey.

ASBMT (American Society for Blood and Marrow Transplantation)

APBMT and ASBMT has long been discussed regarding collaboration between two societies. At the tandem meeting in Salt Lake City in February 2018, both leadership teams had a meeting and confirmed that we would maintain and promote collaboration in the future. In the first phase, both registries exchanged the memorandums of understanding for the dual membership on August 23, 2018. The APBMT members who apply this membership will be able to receive many benefits from ASBMT. APBMT and ASBMT will continue to proceed the second and third projects of collaboration.

EBMT (European Society for Blood and Marrow Transplantation)

With the cooperation of EBMT, APBMT could set up an original booth at the annual meeting for the past few years. We could present our activities and have contact with not only APBMT members but also non-members there. With regard to a project of establishment for the APBMT Center Standards, we could get informative advices from JACIE members.

Blood Cell Therapy

The official journal of APBMT



Blood Cell Therapy

The official journal of APBMT

Blood Cell Therapy is the official journal of Asia-Pacific Blood and Marrow Transplantation Group. We will publish it from October 2018 and issue quarterly.

ScholarOne Manuscripts™ Instructions & Forms Help

Blood Cell Therapy
The official journal of APBMT

Log In Reset Password Create An Account

NOTICE: Site configuration complete. Submissions will be deleted.

Log In

User ID

Password

[Reset Password](#)

[Create An Account](#)

Welcome to the submission site for
Blood Cell Therapy / The Official Journal of APBMT

- To Log In, enter your **User ID** and **Password**, then click **Log In**.
- If you are unsure about whether or not you have an account, or have forgotten your password, click **Reset Password** link.
You will be navigated to the other page. Enter your E-Mail address and click **Send Reset Link**, and you will receive an email.
Then, set your new password by following the instructions in the message.
- If you do not have an account, click on the **Create An Account** link.

Resources

- [User Tutorials](#)
- [Journal Home](#)
- [Help / Site Support](#)

BLOOD CELL THERAPY is an international journal publishing peer-reviewed original and review articles in the field of all aspects of hematopoietic cell transplantation. Not only clinical research but also basic research relevant to cell therapy are covered. The scope of our journal encompasses wide variety of clinical or basic topics including:

- Results of trials with new protocols
- Transplant-related complications
- Transplant outcome studies dealing with QOL, psychology, economy or regional characteristics
- Prognostic analysis based on biomarkers
- Translational research
- Transplantation immunology
- Cellular or gene therapy

Editorial Board member list

Name	Commission	Country
Yoshiki Akatsuka	Editor-in-chief	Japan
Shinichiro Okamoto	Chairman of APBMT	Japan
Jeffrey Szer	Associate Editor	Australia
Haowen Xiao	Associate Editor	China
Navin Khattry	Associate Editor	India
Ayami Yoshimi	Associate Editor	Germany /Japan
Satoshi Takahashi	Associate Editor	Japan
Seok-Goo Cho	Associate Editor	Korea
David Yeung		Australia
Philip Rowlings		Australia
Mei Zhang		China
Yuqian Sun		China
Alok Srivastava		India
Amir Hamidieh		Iran
Maryam Behfar		Iran
Akio Kohno		Japan
Mahmoud Aljurf		Saudi Arabia
Rupert Handgretinger		Germany
Daniel Weisdorf		USA
Minako Iida	Editorial Office	Japan
Yukari Nakao	Editorial Office	Japan

*random order

Instructions to Authors

INTRODUCTION

BLOOD CELL THERAPY is an international journal publishing peer-reviewed original and review articles in the field of all aspects of hematopoietic cell transplantation. (See [About BLOOD CELL THERAPY](#).) All manuscripts, except reviews, should include solely new data that have not been published elsewhere. Papers deemed to be outside the scope of *BLOOD CELL THERAPY* will be returned to the author without full peer review to avoid protracted review periods. In the case of rejection in which manuscripts are scrutinized by the Editor but not subjected to the review process because they are out of scope or do not meet our standard, the Editorial Board will always make a prompt decision within 20 days of submission.

We ONLY accept manuscripts via our online manuscript submission system. Before submitting a manuscript, authors should consult our [Editorial Policies](#).

The Editorial Board reserves the right to make any corrections to the text in terms of clarity, consistency, integrity, and readability.

HOW TO SUBMIT

All manuscripts should be submitted on the World Wide Web at <https://mc.manuscriptcentral.com/bct>. Full submission instructions are available at this site. First-time users must create an account. There are two Create Account links, found on the top of the page and just below the Log In box. If you forget your username or password, click the “Reset Password” link and enter your e-mail address. Once you have received an e-mail from the system, please follow the instructions to reset your password. After logging in, step-by-step instructions for submitting a manuscript are available through the submission screens. Manuscripts must be prepared in one of the following electronic formats: Microsoft Word, PowerPoint, or Excel. All files will be automatically converted to PDF format for compatibility irrespective of language. Files such as TIFF, GIF, and JPEG are acceptable formats for figures. For details, follow the step-by-step tutorial for each role by clicking [User Tutorials](#) in the Help box on the Home page after logging in.

TYPES OF ARTICLES

BLOOD CELL THERAPY accepts article types listed in the following table for review by the Editorial Board.

ARTICLE TYPE	TITLE	ABSTRACT	WORD LIMIT (EXCLUDING REFERENCES)	TABLES/ FIGURES	REFERENCES
Original Articles	150 characters	400 words	5000	Max of 8	Max of 60
Case Reports	150 characters	250 words	1000 words	Max of 2	Max of 10
Short Communications	150 characters	250 words	2000 words	Max of 2	Max of 8
Review Articles	150 characters	250 words	6000 words	Max of 8	Max of 100
Invited Review Articles	150 characters	250 words	6000 words	Max of 8	Max of 100
Letters to the Editor	150 characters	N/A	1000 words	Max of 2	Max of 10

Original Articles

Manuscripts containing original research in cell therapy with blood cells (See [About Blood Cell Therapy's AIMS AND SCOPE](#)) are considered for publication. Your original article should include the following sections: Abstract, Introduction, Materials and Methods, Results, Discussion, Acknowledgments, Authors' Contribution, Conflict of Interest Disclosure, References, and Figure Legends. For size limits of the manuscript, see the table above.

Case Reports

BLOOD CELL THERAPY can accept a limited number of case reports. It is critical that the reports provide new information having an important clinical impact on cell therapies. Simple descriptions of unusual or rare clinical cases without new findings will not be accepted for publication. Your case report should include the following sections: Abstract, Introduction, Case Presentation, Discussion, Acknowledgments, Authors' Contribution, Conflict of Interest Disclosure, References, and Figure Legends. For size limits of the manuscript, see the table above.

Short Communications

Short communications report new observations of sufficient significance. Sections required are the same with original articles, except that the Results and Discussion sections may be combined. For size limits of the manuscript, see the table above.

Review Articles / Invited Review Articles

Review articles on recent developments in cell therapies with blood cells may be submitted, but generally, the BLOOD CELL THERAPY Editorial Board will invite contributions from experts in our scope (See About [Blood Cell Therapy's AIMS AND SCOPE](#)). Review articles must cover the topic thoroughly and include appropriate references. Please note that review articles will be peer-reviewed before a final decision on publication is made. This article should include the following: Abstract, Acknowledgments, Authors' Contribution, Conflict of Interest Disclosure, References, and Figure Legends. For size limits of manuscripts, see table above.

Letters to the Editor

BLOOD CELL THERAPY welcomes comments on manuscripts published in the journal. These should be addressed to the Editor-in-Chief. The editor reserves the right to edit the letters for clarity and appropriateness. A title is required, but no abstract is necessary. For the limits of the manuscript, see the table above.

PREPARATION OF ARTICLES

Original articles must include the following sections. Each section should be separated by three lines. All sections of the manuscript must be double-spaced. Use of abbreviations should be limited for easier comprehension of the article by broader readers. All abbreviations not commonly used must be spelled out at the first appearance in both the abstract and the text.

- Cover letter
- Title page
- Abstract
- Introduction
- Materials and Methods (or Patients and Methods)
- Results
- Discussion
- Acknowledgements (optional)
- Author's Contribution
- Conflict of Interest
- References
- Figure Legends (if applicable)
- Tables (if applicable)
- Figures (if applicable)
- Supplementary information

Cover Letter

The cover letter must state that the manuscript is original and has not been previously published, nor has any substantial part of the manuscript been submitted or published elsewhere. It should also provide the editor with an introduction to the most important or interesting findings in your work.

Title page

The title page should contain (1) a brief and informative title of the paper (no more than 150 characters, including spaces). (2) The full names of all authors and their affiliations. The names and locations of institutions or companies, including departments or laboratories, should be given for all authors. If several institutions are listed on a manuscript, each author's affiliations should be specified with corresponding superscript numbers. (3) A brief running title of no more than 50 characters. Abbreviations can be used. (4) Three to five keywords that best describe your manuscript. (5) The corresponding author(s) name, full postal address, telephone and fax numbers, and e-mail address. (6) Financial support (if applicable). A disclosure of sources of any support for the author's research, received in the form of grants (specify their name and number), equipment, and/or drugs, for each author should be given here. (7) Conflicts of interest. (See our [Editorial Policies](#) for more details.) In addition, other information about the manuscript, including abstract word count, manuscript word count (excluding figure legends), number of references, and number of figures and tables, must be provided. Please be advised that manuscripts exceeding limits for word count or number of Tables/Figures (See table at the TYPES OF ARTICLES above) may be returned to the authors without peer review.

As *BLOOD CELL THERAPY* follows guidelines defined by the International Committee of Medical Journal Editors ([ICMJE, www.icmje.org](http://www.icmje.org)), please refer to the ICMJE authorship criteria for listing authors.

Abstract

The abstract must be concise and contain 400 words or less. It should accurately describe the outline of the manuscript, including the purpose of the study, basic methods and procedures, main findings, and conclusions. Abbreviations should be avoided, but if necessary, they must be explained at first appearance within the abstract.

Introduction

The introduction should provide only a brief historical background, assuming that the readers are largely familiar with the field. Describe the specific questions or problems that the authors want to address.

Materials and Methods (or Patients and Methods)

Explanation of the experimental methods (including the name and address of the manufacturers of the drugs and equipment) and related references should be sufficient to be reproduced by other researchers. If the Methods part has been published in detail elsewhere, just describe any modifications, along with the appropriate references. In case reports, do not describe any information that may result in the identification of the patient(s).

Authors must declare that procedures or protocols were approved by the Ethical Committee of Human Experimentation, and written informed consent is obtained from all subjects in accordance with the latest version of the Helsinki Declaration. Manuscripts describing animal studies should include a statement giving assurance that the institutional or equivalent committee approved the experiments and the animals received appropriate care from the viewpoint of animal welfare.

BLOOD CELL THERAPY will only consider publishing clinical trials that have been registered in the public trials registry. For more detail, see our [Editorial Policies](#).

Results

The Results section should BRIEFLY present a summary of data presented in figures and/or tables in logical sequence. Units of measured data should be expressed in accordance with SI Units.

Discussion

The data should be interpreted concisely, without repeating in detail data given in the Results section. Focus on new and significant findings of the study along with observations to other relevant studies. The final paragraph should emphasize the main conclusions, and may state any direction for future research.

Acknowledgements (optional)

The following should be briefly described: individuals who provided substantial contributions to the research but did not qualify as authors, all organizational support (e.g. grants, fellowships, chairs; see an example below), and sources of materials (e.g. drugs, reagents, equipment). Refer to the [ICMJE](#) authorship criteria for identifying individuals who should be acknowledged here.

Example: This work was supported by Grant-in-Aid for Scientific Research (grant number) from the Ministry of Education, Culture, Science, Sports, and Technology, Japan (initial of grant holder).

Author's contribution

Authors should carefully consider the list and order of authors before submission. The authorship contribution statement should contain a list of authors' initials and brief

explanations of contributions they made in the submitted work.

Example: J.D., and A.B.C. performed experiments; S.H. analyzed results and X.Y.Z. designed the research and wrote the manuscripts.

Conflict of Interest

As *BLOOD CELL THERAPY* adheres to the definition of Conflicts of Interest set up by ICMJE, the Editors ask all authors to submit a completed ICMJE Form for Disclosure of Potential Conflicts of Interest (available at: http://www.icmje.org/coi_disclosure.pdf) at the time of submission. Authors must also disclose any potential conflict of interest in relation to the work, including financial interest such as patent, stock, honorarium for consultation or speech) or free or discounted materials. For details, see our Editorial Policies. If there are no financial conflicts, add the following sentence here: “The authors declare no conflict of interest.”

References

References should be numbered consecutively in the order in which they first appear in the text. Only references essential to the article should be cited. Indicate references by number(s) in square brackets. All references cited must be listed at the end of the manuscript. Conference abstracts, unpublished results, and personal communications may be mentioned in the text, in parentheses, with comments such as “Unpublished results” or “Personal communication” with written permission from the source. *BLOOD CELL THERAPY* follows the reference style indicated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.

Examples:

Journal article with more than 6 authors, the names of the first 6 authors must be listed, followed by "et al.":

Okamoto S, Takahashi S, Wakui M, Ishida A, Tanosaki R, Ikeda Y, *et al.* Treatment of advanced myelodysplastic syndrome with a regimen including recombinant human granulocyte colony-stimulating factor preceding allogeneic bone marrow transplantation. *Br J Haematol.* 1999 Mar;104(3):569-73.

Journal article with 6 or fewer authors, all authors should be listed:

Mori T, Aisa Y, Kato J, Nakamura Y, Ikeda Y, Okamoto S. Drug interaction between voriconazole and calcineurin inhibitors in allogeneic hematopoietic stem cell transplant recipients. *Bone Marrow Transplant.* 2009 Sep;44(6):371-4.

* In case of Correspondence, add [letter] just after the title.

Article published electronically ahead of the print version:

Villalobos IB, Takahashi Y, Akatsuka Y, Muramatsu H, Nishio N, Hama A, et al. Relapse of leukemia with loss of mismatched HLA resulting from uniparental disomy after haploidentical hematopoietic stem cell transplantation. *Blood*. e-pub ahead of print 1, 2010; doi: 10.1182/blood-2009-11-254284.

Chapter in a book:

Buckner DC, Bensinger W. Preparative regimens. In: Thomas ED, Blume KG, Forman SJ, editors. *Hematopoietic Cell Transplantation*, 2nd ed. Malden, Blackwell Science, 1999, p. 123–134.

The style of in-text citation should be put superscript notation without parenthesis:

···becoming increasing common due to the use of alternative donor sources 20

···there have been several reports of experimental MMF use for HSCT 14 15

···by immunosuppressive agents such as cyclosporine, tacrolimus, steroids or other therapies 1-3

Journal abbreviations source

Journal names should be abbreviated according to Index Medicus journal abbreviations; <http://www2.bg.am.poznan.pl/czasopisma/medicus.php?lang=eng>

Figure legends (if applicable)

These should appear after the References section, and comprise a brief title (use **bold** letters) and a description of the figures. The description should be brief and avoid repetition of detailed descriptions presented in Materials and Methods, but must include the number of replicates performed for each experiment(s) shown, if applicable. The result of an appropriate statistical analysis of the data should be indicated with significance (e.g. *P* value) and error bars (e.g. standard deviation). All symbols and abbreviations used should be explained here. Use capital letters (e.g. A, B, C···) for listing in order. Figures must be cited and numbered as they appear in the text. Information about staining methods and original magnification should be given when displaying microphotographs.

Tables (if applicable)

Tables should be numbered consecutively with Arabic numerals. Each table must have a descriptive title on the top and enough information to explain it as a footnote. Type each table on a separate page, in an editable format (Word or Excel) but not in a non-editable image format. They must be cited and numbered as they appear in the text. The significance (e.g. *P* value) of the data should be indicated after the appropriate statistical analysis.

Figures (if applicable)

Figures and images should be numbered and cited as they appear in the text. Figures should not be embedded within the text, but rather uploaded as separate files. Regardless of which application was used to create any electronic artwork, please use “Save as” feature to convert images to one of the following formats: TIFF, JPEG, or EPS. Figures must be original and not have been previously published elsewhere. If authors preparing review articles need to use a previously published figure, the author must apply for written permission from the copyright holder and upload the proof of approval along with the manuscript upon submission.

Supplementary information

Additional information such as figures and tables, detailed Materials and Methods not being included in the main text, videos, or very large data sets, can be published along with the article. The article, however, must be complete, even without the supplementary information. Submitted supplementary files should be in their final version because they will appear exactly as they are submitted, without any editions by the Editorial Office. Be careful not to submit files containing “Track Changes” data added during revisions in Microsoft Office files, since these tracks will appear in the published version. Each supplementary item must be referred to at least once in the main text, just as Figures or Tables. They should be cited, for example: (Supplementary Fig. S1) or (Supplementary Table S1). Supplementary figure must include full legends and tables and should include appropriate captions.

Language Editing

Authors who are not native English speakers and who feel their manuscript should be corrected for possible grammatical or spelling errors or for better clarity may try the following step(s) before submission. The authors should have the manuscript reviewed by colleague(s) whose native language is English. They may contract a professional language editing service available in their country. The APBMT Editorial Office may introduce such services, but we will not endorse, nor have any direct involvement with these services, thus the service fee will be charged to the authors directly. Having such services performed does not guarantee acceptance of the manuscript for review or publication. Accepted manuscripts from non-English-speaking countries may be subjected to language editing by the professional service company approved by the APBMT office. The Editorial Board reserves the right to make any corrections to the text in terms of clarity, consistency, integrity, and readability.

Review Process

After submission via our ScholarOne online submission system, authors may monitor the

progress of their submission in the review process. Upon receipt, the Editorial Office will perform a technical check to make sure that the submission meets journal standards and includes all required information. If there are any problems, the Editorial Office will return manuscript to authors for corrections. If the manuscript meets the above standards, then the Editor-in-Chief assigns it to an Associate Editor. The Associate Editor invites two or three independent reviewers with expertise in the field to review the manuscript. The reviewers' reports are submitted through the system to the Associate Editor, who recommends a decision on the manuscript to the Editor-in-Chief. The Editor-in-Chief then changes or approves the editor draft decision letter, and sends the final decision to the corresponding author by e-mail. In case of major/minor revisions, the author can submit a revision by a predetermined deadline. Upon submission of the revised manuscript, the author should describe in detail his/her responses to each point one by one raised by the reviewers in the field of author's response. Besides, all changes should be highlighted in red (or underlined or color-marked) so that each reviewer can follow the changes. If the final decision is to reject the manuscript, the author cannot resubmit. If the final decision is to accept it for publication, the Editorial Office sends the accepted manuscript to the publisher for copyediting and typesetting.

Manuscript Production

After acceptance, *BLOOD CELL THERAPY* does not use the online system during the production stage. Page proofs will be sent via email to the corresponding author as an attached PDF file.

Proof corrections should be returned within 72 hours of receipt. Extensive alterations cannot be made at this stage. Each article will be assigned a DOI (Digital Object Identifier), so that it can be identified by this unique number thereafter. The final version of the proof is official and published online in advance of the scheduled online publication. If the authors plan to do a press release for the accepted paper, the embargo will be lifted at the time of advanced online publication.

Costs

Submission fee:

A submission fee of \$40 must be paid when submitting a manuscript.

The fee will be charged when the manuscript is subjected prior to peer review.

Publication fee:

If the manuscript is accepted, APBMT charges a publication fee for each manuscript of \$200.

Offprints:

BLOOD CELL THERAPY does not issue print journals. However, offprints produced from a PDF version of the article may be ordered by use of the Offprint ordering form

provided by the Editorial Office.

Author inquiries

For inquiries related to submission requirements, please contact our Editorial Office.

Minako Iida, Yukari Nakao (APBMT Secretariat office, Department of Promotion for Blood and Marrow Transplantation, Aichi Medical University, Nagakute, Aichi, Japan)

E-mail: bcteb@apbmt.org

TEL: +81-561-62-3311 (Ext. 12375)

FAX: +81-561-61-3180

© Copyright 2017 APBMT | <http://www.apbmt.org/>

Editorial Policies

Peer Review

Manuscripts sent out for peer review are evaluated by at least two or three independent reviewers with expertise in the field. Authors are allowed to suggest preferred reviewers to evaluate their manuscript, and also non-preferred reviewers to be excluded if a compelling reason is sufficiently provided. However, no guarantee is given that the editors will include or exclude those suggested individuals. A reviewer may decline the invitation, especially when a potential conflict of interest with the author(s) could be present. Note that only manuscripts that are likely to meet our scope are sent for review. The Editorial Office does not reveal reviewers' identities to authors to avoid any author's attempt to contact reviewers directly. Selected reviewers must keep the manuscript and adjacent materials confidential. If reviewers need help reviewing the manuscript from a colleague, confidentiality must be strictly secured. Reviewers are expected to respond promptly to requests to review, and to submit reviews within the time agreed. Reviewers' comments should be constructive, honest, and polite. The reviewers' reports (provide names if the review was assisted by colleagues) are submitted to the Associate Editor, who recommends a decision on the manuscript to the Editor-in-Chief. If inappropriate reviews are received, either the Associate Editor or Editor-in-Chief has the right to ignore and/or find a replacement for them. Authors are informed of the final decision by e-mail, with comments from reviewers and Editors. The types of decisions are as follows: Accept (may require editorial revisions), Minor Revision, Major Revision, and Reject. If the final decision is to reject, the author cannot resubmit. Throughout the process, any details about submitted manuscripts are kept confidential.

Clinical Trials

BLOOD CELL THERAPY will only consider publishing clinical trials that have been registered in a public trials registry at or before the time of the first patient's enrollment. As defined by the International Committee of Medical Journal Editors (ICMJE), a clinical trial is any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions are those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes. The ICMJE site also states that the purpose of clinical trial registration is to prevent selective publication and selective reporting of research outcomes, to prevent unnecessary duplication of research efforts, to help patients and the public know what trials are planned or ongoing into which they might want to enroll, and

to help give ethics review boards considering approval of new studies a view of similar work and data relevant to the research they are reviewing. In this regard, secondary data analyses of primary clinical trials should not be registered as separate clinical trials, but instead should reference the trial registration number of the primary trial. In addition, authors must declare that the procedures or protocols were approved by the Ethical Committee of Human Experimentation (provide the name of committee that reviewed the related research and approval number, if applicable), and written informed consent is obtained from all subjects in accordance with the latest version of the Helsinki Declaration.

BLOOD CELL THERAPY encourages authors to follow Randomized Controlled Trials by adhering to the CONSORT statement (<http://www.consort-statement.org>) for randomized trials, STROBE for observational studies (<http://strobe-statement.org>), and PRISMA for systematic reviews and meta-analyses (<http://prisma-statement.org>).

Human and Other Animal Experiments

Manuscripts describing animal studies should include a statement giving assurance that the institutional or equivalent committee approved the experiments, and the animals received appropriate care from the viewpoint of animal welfare. When using animal models, the precise genotype, strain, source, number of backcrosses, sex, and age of animals must be provided. Authors are encouraged to follow the Animal Research: Reporting of In Vivo Experiments (ARRIVE) guidelines (<https://www.nc3rs.org.uk/arrive-guidelines>).

Conflict of Interest

As *BLOOD CELL THERAPY* adheres to the definition of Conflicts of Interest set up by ICMJE, the Editors ask all authors to submit a completed ICMJE Form for Disclosure of Potential Conflicts of Interest (available at: http://www.icmje.org/coi_disclosure.pdf) at the time of submission. Do not submit the form to ICMJE. For Mac users, please make sure the form does not open with the Mac Preview application. If necessary, information on potential conflict(s) of interest may be disclosed to reviewers. Authors also must disclose any potential conflict of interest in relation to the work, including financial interests (such as patent, stock, or honorarium for consultation or speech) or free or discounted materials. Only the existence of COI does not necessarily preclude your submitted work from publication. Rather, disclosure of any potential COI is essential for transparency and to avoid any suspicion. If there are no financial conflicts, add the following sentence here: “The authors declare no conflict of interest.”

Editors (Editor-in-Chief and Associate Editors) are obliged to disclose and annually update any potential Conflict of Interest to *BLOOD CELL THERAPY* for keeping the high integrity and transparency of the review process of the journal. Reviewers should declare

their conflicts of interest and recuse themselves from the peer-review process if a conflict exists.

Authorship

As *BLOOD CELL THERAPY* follows the guideline defined by the International Committee of Medical Journal Editors (ICMJE, www.icmje.org), please refer to the ICMJE authorship criteria for listing authors. As stated on the ICMJE site, authorship not only confers credit and has important academic, social, and financial implications, but also implies responsibility and accountability for published work. This is why distinguishing authors from other contributors is critical. For this purpose, authors are encouraged to carefully read the criteria “Defining the Role of Authors and Contributors” (See the embedded link at <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>) and provide the following information in “Acknowledgement” and “Author’s contribution” after the main text of the manuscript.

Acknowledgement

The following should be briefly described: individuals who provided substantial contributions to the research but did not qualify as authors, all organizational support (e.g. grants, fellowships, chairs; see an example below), and sources of materials (e.g. drugs, reagents, equipment).

Example: This work was supported by Grant-in-Aid for Scientific Research (grant number) from the Ministry of Education, Culture, Science, Sports, and Technology, Japan (initial of grant holder).

Author’s contribution

Authors should carefully consider the list and order of authors before submission. The authorship contribution statement should contain a list of authors’ initials and brief explanations of contributions each made in the submitted work.

Example: J.D., and A.B.C. performed experiments; S.H. analyzed results and X.Y.Z. designed the research and wrote the manuscripts.

Duplicate Publication

Manuscripts (or its essential substance) must be original and has not been published other than as an abstract in any language or format and has not been submitted elsewhere for print or electronic publication consideration. This rule also applies to non-English language publications. Any manuscripts that might be regarded as duplicate publications of the same or very similar work must be avoided. Rather, any such work should be referred to and referenced in the current manuscript. To facilitate this understanding, copies of such work should be also uploaded on submission. This recommendation does

not prevent considering a complete report that follows publication of a preliminary report, such as a letter to the editor, an abstract, or a poster displayed at a scientific meeting. In addition, secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience. Conditions where secondary publication for various other reasons may also be justifiable are listed under “Acceptable Secondary Publication” at the [ICMJE website](http://www.icmje.org) (See embedded link at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html>).

Authors who attempt duplicate publication without such notification should expect prompt rejection of the submitted manuscript. If the editor was not aware of the violations and the article has already been published, then the article might warrant retraction with or without the author’s explanation or approval. *BLOOD CELL THERAPY* encourages authors to consult the [COPE flowcharts](http://publicationethics.org/resources/flowcharts)

(<http://publicationethics.org/resources/flowcharts>) for details.

Permissions

If a Figure or a Table has been published previously, acknowledge the original source and obtain written permission from the copyright holder to reproduce it. Permission is required irrespective of authorship or publisher, except for documents in the public domain. Note that these rules also apply to authors of (invited) review articles. Information from manuscripts submitted, but not accepted, should be cited in the text as “unpublished observations” with written permission from the source. For scientific articles, obtain written permission and confirmation of accuracy from the source for a personal communication.

Research Data Policy

Authors are encouraged to deposit their datasets (e.g. gene expression microarrays, SNP arrays, and high-throughput sequencing) into relevant public repositories or present all of them in the main manuscript or in the supplementary files, if possible. Authors should state information such as data set name and repository name in their manuscript. Alternatively, any datasets or other relevant information must be available upon request. It is always good practice for authors to keep the primary data and associated procedures used to conclude the reported research for at least 10 years.

In addition to obtained datasets, information about the methods or analytical design taken to obtain data is also fully described in the manuscript and maintained for transparency and reproducibility of the published results.

Plagiarism and Fabrication/Correction and Retraction

Plagiarism refers to the misconduct of passing off someone else's work as one's own original work without providing credit to the original source. Fabrication refers to the misconduct of falsifying data or manipulating images to deceive others. Reuse of a limited part of the introduction or methods from an earlier paper may be relatively acceptable. When scientific misconduct is alleged, or such concerns are raised in submitted manuscripts or published articles, the Editors will conduct an investigation by following the COPE guidelines (<https://publicationethics.org/resources/guidelines>). If plagiarism is proven during review, the manuscript will be promptly rejected. If plagiarism is proven after publication, the article may be formally retracted or subjected to correction or errata, depending upon the circumstances. In case of proven scientific fraud, the Editors will also contact the appropriate official(s) at the authors' institution(s) and/or funding agencies, if necessary..

Copyright Transfer Agreement (CTA)

This is a sample of the Copyright Transfer Agreement (CTA) that the corresponding author will be required to complete through online ScholarOne Manuscripts system if your paper is submitted for publication. An NIH or other U.S. federal employee needs to document his/her status and thus may be exempt from transferring copyright depending on the degree of his/her contribution. The printed copy of this page should be used as a formal CTA form.

.....

In order to proceed to the editing and publishing process and enable the Society to disseminate your manuscript, the corresponding author, on behalf of all authors, will be required to complete the electronic Copyright Transfer Agreement (CTA) and provide an electronic signature in the window. Manuscripts will not be prepublished or sent for production until the corresponding author provides an electronic signature.

1. I hereby transfer and assign all copyrights in and to the manuscript mentioned above (called the Contribution hereafter) in all forms, now or hereafter known, to the Asia-Pacific Blood and Marrow Transplantation Group (APBMT), effective when the Contribution is accepted for publication in Blood Cell Therapy, the official journal of Asia-Pacific Blood and Marrow Transplantation Group.

2. I understand that if and when the manuscript is accepted for publication in Blood Cell Therapy, it will be prepublished online as an Online First paper, unless otherwise specified. I acknowledge that the Online First papers undergo full peer review; however, prior to any editorial preparation, including copyediting, typesetting, and proofreading for a final print and online version, the corresponding author is responsible for its accuracy as an Online First paper.

3. I warrant that the manuscript is original and has not been published or submitted for publication simultaneously to more than one journal; and that I have acknowledged the original source and obtained written permission from the copyright holder to use any previously published textual materials, Figures, or Tables. I agree that it is my responsibility to pay any fees charged for permissions.

4. As an author, I retain the following nonexclusive copyrights, to be exercised only after the Contribution has been published in final format in the print version of Blood Cell Therapy.

- (1) Reprint the Contribution in my own writing in print.in print forms of my own writing.
- (2) Present the Contribution orally in academic meetings.
- (3) Use the Contribution for theses and/or dissertation purposes.
- (4) Reproduce the Contribution for educational purposes.
- (5) Reuse figures and tables in my future works for noncommercial purposes.
- (6) Present a copy of the Contribution on my personal and /or departmental websites if a hyperlink to the original site on APBMT web page is provided.
- (7) Whenever cited, I will give due credit to the original publication in Blood Cell Therapy

By clicking on the "I agree" button below, the author certifies compliance with the form.

I agree to the COPYRIGHT TRANSFER AGREEMENT as shown above and have obtained written permission from all other Contributors to execute this Agreement on their behalf.

----- or -----

I confirm US Federal Government Employment:

Date:

Contributor's signature (type name here):

List of the accepted articles (As of August 31, 2018)

Original Article

Monitoring of citrulline and diamine oxidase levels as biomarkers for intestinal mucositis during early-phase hematopoietic cell transplantation

Noriyasu Fukushima^{1,2,3}, Satoshi Tomiyasu², Yoshinori Uji², Masako Yokoo³, Takero Shindo³, Yasushi Kubota³, Toshihiko Ando³, Kensuke Kojima³, Eisaburo Sueoka⁴, Tatsuo Ichinohe¹, Shinya Kimura³

¹Department of Hematology and Oncology, Research Institute for Radiation Biology and Medicine, Hiroshima University, Hiroshima, Japan. ²Department of Medical Science Technology, School of Health Sciences at Fukuoka, International University of Health and Welfare, Okawa, Japan ³Division of Hematology, Respiratory Medicine and Oncology, Department of Internal Medicine, Faculty of Medicine, Saga University, Saga, Japan. ⁴Department of Laboratory Medicine, Faculty of Medicine, Saga University, Saga, Japan.

Blood Cell Therapy Vol.1 Issue.1 No.1

Review Article

Recent advances and current challenges in allogeneic stem cell transplantation in patients with acquired severe aplastic anemia

Sung-Eun Lee and Jong Wook Lee

Department of Hematology, Catholic Blood and Marrow Transplantation Center, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea

Blood Cell Therapy Vol.1 Issue.1 No.2

Review Article

Recent progress in improving the safety and efficacy of chimeric antigen receptor T cell therapy

Yingying Yang, Yongxian Hu, Jiasheng Wang, He Huang

Zhejiang University School of Medicine First Affiliated Hospital

Case Report

Primary CNS post-transplant lymphoproliferative disorder following haplo- identical HSCT using post-transplant high-dose cyclophosphamide

Masako Toyosaki¹, Makoto Onizuka¹, Jun Amaki¹, Sawako Shiraiwa¹, Yasuyuki Aoyama¹, Shinichiro Machida¹, Hidetsugu Kawai¹, Hiromichi Murayama¹, Daisuke Ogiya¹, Keiko Matsui¹, Shohei Kawakami¹, Kaito Harada¹, Yusuke Kondo², Kenichi Hirabayashi², Naoya Nakamura², Yoshiaki Ogawa¹, Hiroshi Kawada¹, Kiyoshi Ando¹

¹Division of Hematology and Oncology, Department of Medicine, Tokai University School of Medicine, Kanagawa, Japan, ² Department of Pathology, Tokai University School of Medicine, Kanagawa, Japan

Appendix

Associate members



Takeda Pharmaceutical Company Limited



JB 一般社団法人
日本血液製剤機構

Banner contributions



abbvie
アッヴィ



Bristol-Myers Squibb



大日本住友製薬

APBMT Annual Report Fiscal 2017

APBMT officers

President

Shinichio Okamoto
Department of Hematology
Keio University
35 Shinanomachi, Shinjuku, Tokyo, 160-8582, Japan
Tel: +81 3 3335 1221
okamoto.a7@keio.jp

Secretariat office

E-mail: office@apbmt.org

Website: <http://www.apbmt.org>

Department of Promotion for Blood and Marrow Transplantation
Aichi Medical University School of Medicine
1-1 Yazakokarimata, Nagakute, Aichi, 480-1195, Japan
Tel: +81 561 62 3311 (Ext. 12375) Fax: +81 561 61 3180

Minako Iida
miida@aichi-med-u.ac.jp

Yukari Nakao
yukari-nakao@aichi-med-u.ac.jp

Hiroe Namizaki
namizaki@aichi-med-u.ac.jp

Yoshihisa Koderia (Past-President)
ykoderia@river.ocn.ne.jp



The successive covers of APBMT Annual Report (2007-2016)

