



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





**Asia-Pacific Blood and Marrow
Transplantation Group
(APBMT)
Annual Report
2015**

Secretariat Office / Data Center of APBMT

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Preface

The Asia-Pacific Blood and Marrow Transplantation Group (APBMT) is an international organization which is involved in hematopoietic stem cell transplantation (HSCT), sharing their information and cooperating with basic and clinical research in Asia-Pacific countries. It has been almost a quarter century since APBMT was founded in 1990. Currently, twenty-one countries/regions from Asia-pacific area are participating in the APBMT Group. APBMT has kept growing in terms of the numbers of participating countries, the level of science, and the strength of our collaboration. As opposed to the transplant societies in both America and Europe, our group consists of countries where the diseases for which transplantation are indicated, the infrastructure for supporting transplantation, financial background, and endemic infectious diseases vary significantly from country to country. However, great enthusiasm for HSCT and the passion of Asian peoples have undoubtedly contributed to the growth of APBMT.

During the 18th Annual Meeting of APBMT in Ho Chi Min City, Vietnam, the new leadership team was organized, and has been leading and promoting the activity of APBMT, as summarized in this annual report. The APBMT vision for the forthcoming years encompasses two important issues. One is to provide training opportunities in HSCT in emerging countries and ensure the quality of HSCT throughout the Asia-pacific area. Last year, the members of the leadership team actively participated in the meetings related to HSCT in emerging countries such as Vietnam, Indonesia, Myanmar and Mongolia. The team understood and reconfirmed the unmet needs in HSCT in those emerging countries. With this recognition, we also addressed this issue at the APBMT 2015 in Okinawa within the WBMT/APBMT session. The other important project is to steer the HSCT Registry in Asia (APBMT Transplant Outcome Registry). The establishment of a platform to design and promote clinical study and to collaborate with other international organizations related with HSCT is urgently required.

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

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

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Introduction

General overview of last year

APBMT is comprised of 21 countries/regions as of December 2015.

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 8th edition. It updates the activity of APBMT including results of the 9th Activity Survey (transplantations performed in 2013). In addition, information about WBMT (Worldwide network for Blood and Marrow Transplantation) is included in this booklet.

Data collection by the Activity Survey has been performed comprehensively since 2007. We contributed the results to the World Health Organization (WHO) through the WBMT Global Survey. As for the Outcome Registry, data continues to be gradually accumulated by virtue of the efforts from each country/region.

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

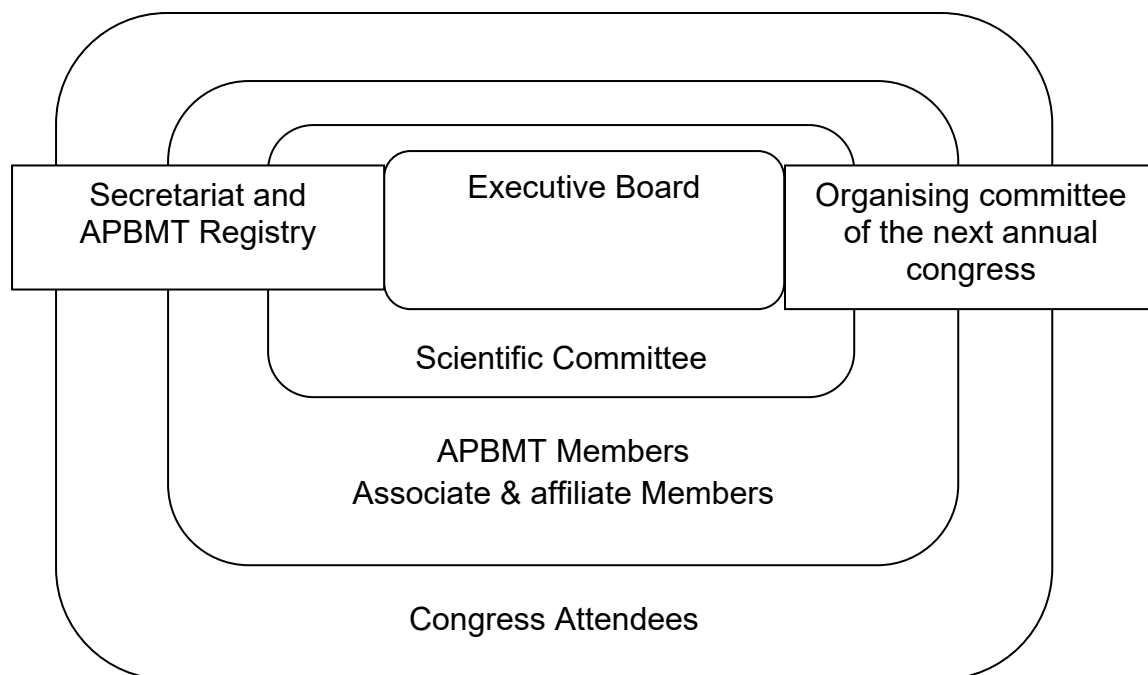
The group aims to promote all aspects associated with the hematopoietic stem cell transplantation (HSCT) and related therapies in the Asia Pacific region, which includes:

- 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.



4. 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 in December 31, 2010, and revised in September 2015 and to be adopted by the Scientific Committee on October 31, 2015

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:

Organizational tree of APBMT

Chairman

Annual Congress President

Scientific Committee
Executive Board

Nuclear Accident Management (NAM) Committee

Treasury Committee

Scientific Program Committee

Membership Committee

Registry Committee

Working Group

Aplastic anemia

AML

CML

Congenital marrow failure

Thalassemia

HLA

Late effect

Cord Blood Transplantation

Nutrition

Donor Safety

Principal member list (Dec.2015)

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) Nguyen, Tan Binh (Vietnam)

Scientific Committee Members (□ executive board member)

Alimoghaddam, Kamran (Iran) Altangerel, Otgonbat (Mongolia) Apte, Shashikant (India)
Batsukh, Khishigjargal (Mongolia) Baylon, Honorata G (Philippines) Binh, Tran Van (Vietnam)
Chan, Lee Lee (Malaysia) Chandy, Mammen (India) Chen, Po-Min (Taiwan)
Chen, Yao-Chang (Taiwan) Chiou, Tzeon-Jye (Taiwan) George, Biju (India)
Gyi, Aye Aye (Myanmar) Haipeng, Lin (Malaysia) Hamidieh, Amir Ali (Iran) □
Harada, Mine (Japan) Hariman, Herman (Indonesia) Hiraoka, Akira (Japan)
Dong Ying, Gao (China) Huang, He (China) □ Huang, Xiao-Jun (China)
Hwang, Tai-ju (Korea) Hwang, William YK (Singapore) □ Issaragrisil, Surapol (Thailand)
Jootar, Saengsuree (Thailand) Khan, Mohiuddin (Bangladesh) Khattry, Navin (India)
Kim, Chun Choo (Korea) Kim, Dong-Wook (Korea) Kim, Hack-Ki (Korea)
Koh, Mickey (Singapore) Kojima, Seiji (Japan) Koo, Hong Hoe (Korea)
Kook, Hoon (Korea) Lee, Jong Wook (Korea) □ Liang, Raymond (Hong Kong)
Lie, Albert (Hong Kong) Lin, Kai-Hsin (Taiwan) Liu, Kai-yan (China)
Lu, Dao-Pei (China) Ma, David D (Australia/New Zealand) □ Mathews, Vikram (India)
Miyamura, Koichi (Japan) Nguyen, Tan Binh (Vietnam) □ Okamoto, Shinichiro (Japan) □
Ostadali Dehaghi, Mohammadreza (Iran) Ouyang, Jian (China) Rowlings, Philip (Australia/New Zealand)
Srivastava, Alok (India) □ Shamsi, Tahir Sultan (Pakistan) Shin, Hee Young (Korea)
Teh, Alan (Malaysia) Tang, Jih-Luh (Taiwan) Taniguchi, Shuichi (Japan)
Ungkanont, Artit (Thailand) Teshima, Takanori (Japan) Tzeng, Cheng-Hwai (Taiwan)
Wu, Tong (China) Viswabandya, Auro (India) Wang, Jianmin (China)
Zhang, Mei (China)

Honorary Members

Atkinson, Kerry (Australia) Gratwohl, Alois (EBMT) Carter, John (New Zealand)
Hill, Geoffrey (Australia) Confer, Dennis (NMDP) Horowitz, Mary (CIBMTR)
Niederwieser, Dietger (EBMT) Goldman, John (EBMT)

Emeritus Members

Asano, Shigetaka (Japan) Advani, Suresh H (India) Tan, Patric (Singapore)
Cao, Lu Xian (China) Masaoka, Tohru (Japan) Ghavamzadeh, Ardeshir (Iran)
Kodera, Yoshihisa (Japan) Kim, Dong Jip (Korea) Lu, Dao-Pei (China)
Saikia, Tapan K (India)

Annual Congresses of APBMT

Previous Congresses

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

Future Congresses

- The 21st congress
October 28-30, 2016, Singapore, Singapore
President: Hwang, William YK / Joo, Chng Wee / Ho, Aloysius
- The 22nd congress
It will be held in Iran.
- The 23rd congress
It will be held in Taiwan.

The number of attendees for each annual meeting from 2006 to 2015

2006(JAPAN)		2007(CHINA)※		2008(TAIWAN)		2009(KOREA)		2010(THAILAND)		2011(AUSTRALIA/ NEW ZEALAND) ※※		2012(INDIA)		2013(VIETNAM)		2014(CHINA)		2015(JAPAN)	
Japan	97	China	317	Taiwan	349	Korea	292	Thailand	280	Australia	637	India	118	Vietnam	375	China	646	Japan	159
Korea	30	Korea	47	Korea	46	China	65	China	100	China	178	China	66	China	82	Japan	31	China	186
China	30	Japan	36	Japan	24	Taiwan	34	Taiwan	63	New Zealand	84	Japan	19	Korea	41	Taiwan	24	Taiwan	51
Taiwan	20	Taiwan	25	Malaysia	6	Japan	33	Korea	52	Korea	57	Korea	15	Japan	32	Korea	16	Korea	41
Hong Kong	5	Thailand	17	Thailand	5	Thailand	19	Japan	25	Japan	38	Vietnam	12	Taiwan	17	United States	11	Singapore	23
USA	4	Singapore	15	Australia	5	Australia	7	Singapore	19	Taiwan	16	Australia	11	Thailand	13	India	9	Hong Kong	17
Iran	4	India	12	Pakistan	3	Viet Nam	5	Malaysia	17	Malaysia	14	Germany	8	Hong Kong	7	Singapore	9	Vietnam	16
Malaysia	3	Malaysia	12	Hong Kong	3	USA	4	Hong Kong	13	Singapore	14	Taiwan	7	Belgium	6	Australia	7	India	11
Pakistan	3	Other Country	12	Singapore	3	Germany	3	Vietnam	13	Thailand	12	Iran	6	Singapore	6	Mongolia	7	Thailand	11
Thailand	2	USA	12	USA	2	Singapore	2	Australia	9	Vietnam	10	USA	6	France	5	UK	5	Indonesia	9
UK	2	Iran	6	Saudi Arabia	2	France	1	Iran	8	Philippines	9	Singapore	4	India	5	Hong Kong	4	USA	7
Vietnam	2	Indonesia	5	Philippines	2	Hong Kong	1	Italy	6	India	6	Philippines	3	Australia	4	Philippines	4	Malaysia	6
India	2	Australia	4	India	1	Indonesia	1	Germany	4	Hong Kong	5	Bangladesh	2	Iran	4	Vietnam	4	Australia	5
Australia	1	Germany	4	Vietnam	1	Iran	1	Indonesia	4	Myanmar	4	Belgium	2	United States	4	France	3	Philippines	5
Germany	1	Pakistan	3	Romania	1	Malaysia	1	USA	4	Switzerland	4	France	2	Germany	3	Iran	3	UK	4
Switzerland	1	Romania	3	France	1	Philippines	1	India	3	Bangladesh	3	Hong Kong	2	Mongolia	3	Thailand	3	Germany	2
Total	207	Canada	2	Total	454	Switzerland	1	Pakistan	3	Pakistan	3	Mongolia	2	Spain	3	Germany	2	Iran	2
%		Czech Republic	2	%		UK	1	France	2	Fiji	2	Canada	1	Malaysia	2	Myanmar	2	Sri Lanka	2
Domestic	47	Saudi Arabia	2	Domestic	77	Total	472	Myanmar	2	Samoa	2	Italy	1	Philippines	2	Pakistan	2	Bangladesh	1
Foreign	53	UK	2	Foreign	23	%		Canada	1	UAE	2	Myanmar	1	Indonesia	1	Bangladesh	1	Cambodia	1
		Denmark	1			Domestic	62	Hungary	1	Brunei	1	Nepal	1	Ireland	1	Indonesia	1	Canada	1
		Myanmar	1			Foreign	38	Israel	1	Cook Islands	1	Sweden	1	Myanmar	1	Lebanon	1	France	1
		Nigeria	1					Philippines	1	Indonesia	1	UK	1	Netherlands	1	Malaysia	1	Italy	1
		Philippines	1					Sweden	1	Iran	1	Missing	3	Sweden	1	South Africa	1	Mongolia	1
		unknown	1					Turkey	1	Israel	1	Total	294	UK	1	Spain	1	Myanmar	1
		Total	543					Total	633	Kiribati	1	%		Total	736	Sri Lanka	1	Pakistan	1
		%						%		Micronesia	1	Domestic	40	%		Total	799	Switzerland	1
		Domestic	58					Domestic	44	Papua New Guinea	1	Foreign	60	Domestic	61	%		Missing	1
		Foreign	42					Foreign	56	Slovak Republic	1			Foreign	40	Domestic	81	Total	567
										Slovakia	1					Foreign	19	%	
										Solomon Islands	1							Domestic	28
										Sri Lanka	1							Foreign	72
										Turkey	1								
										Tuvalu	1								
										Vanuatu	1								
										Total	1115								
										%									
										Domestic	65								
										Foreign	35								

※APBMT 2007 with ISH-APD2007

※※APBMT 2011 with HAA-ISHPD 2011 and ISCTA

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.

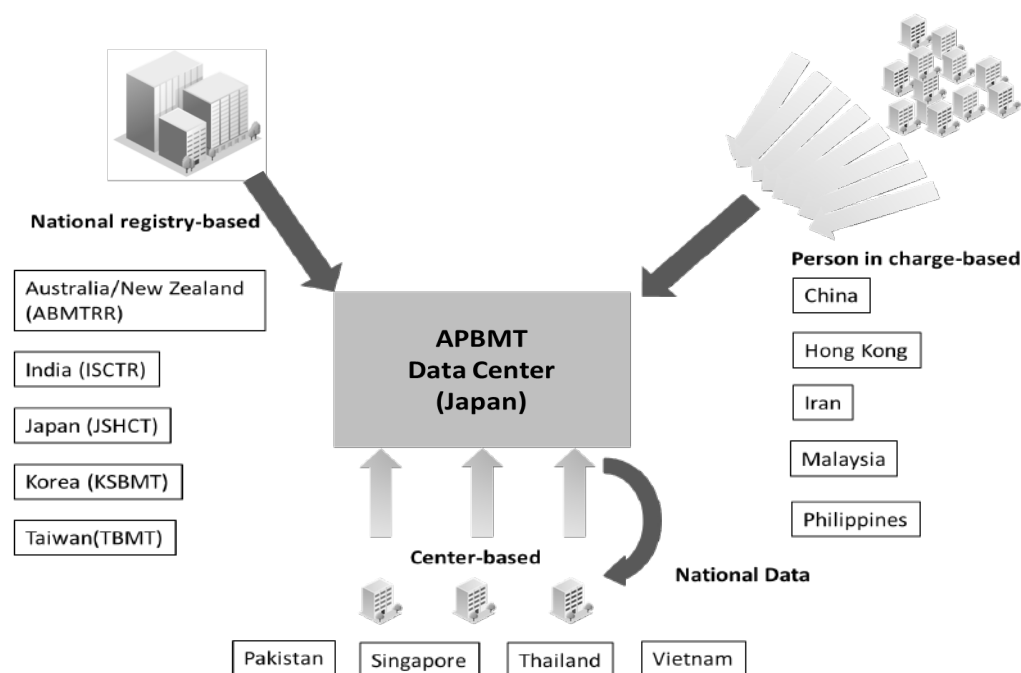


Figure: Data collection

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 China, Hong Kong, Iran, Malaysia and the Philippines, 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 9th APBMT Activity Survey is to update the HSCT activity data for APBMT countries/regions — transplantations **performed by the end of 2013**. Data Center received data from fourteen out of twenty-one countries/regions participating in this survey by December 31, 2015.

Outcome Registry

About the Outcome Registry

The 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 — transplantation 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 and held the first web meeting on October 5, 2015. It also held the first in-person meeting on October 30 during the Annual Congress at Okinawa, where it elected a chair and vice chairs. The Committee is currently formulating the drafts of the Mission Statement, the Letter of Commitment and the Protocol. It will invite members from all countries/regions in the future and take a collaborative approach to the outcome data collection.

About the Registry Committee

Consensus: Registry Committee was organized to:

- Lay down Rules and Protocol to use data of APBMT.
- Inquire into an agreement to cooperate with other international societies of HSCT.
- Seek way of managing to collect Outcome Registry data.

The initial members:

	Name	Country
Chairperson	Yoshiko Atsuta	Japan
Vice-chairpersons	Anthony Dodds	Australia
	Aloysius Ho	Singapore
Members	He Huang	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
Data Center	Minako Iida	Japan
	Yukari Nakao	Japan

Minutes of the APBMT Registry Committee Meeting in Okinawa

Date: October 30, 2015 8:30-10:00 (JST)

Attendance: Shinichiro Okamoto, Alok Srivastava, Anthony Dodds, Hui-Jen Chiang, Jih-Luh Tang, Po-Nan Wang, William Hwang, Ritsuro Suzuki, Aloysius Ho (through web contact)

Staff: Yoshiko Atsuta (Data Center), Minako Iida (Data Center), Yukari Nakao (Data Center)

1. Welcome and confirmation of the aim for this committee (Okamoto)

Okamoto reconfirmed the aims and missions of this committee with the welcome speech.

- 1) Collection of the transplant outcome data
- 2) Promotion for the scientific research

2. Self-introduction (All)

Each participant gave a self-introduction.

3. Approval/amendment of agenda (All)

All approved the agenda.

4. Approval/amendment of the minutes from the Oct 5th web conference (All)

All approved.

5. Election of the chair of this committee (All)

Srivastava nominated Atsuta as chair and she accepted the nomination. All approved this selection.

6. Explanation of the current status of APBMT data collection (Iida)

Iida explained the current status of APBMT data collection and its problems. The data center has been collecting the Activity Survey data for 10 years and the capture rate is about 95%. However, the data center is struggling to collect the outcome data. 1) The number of countries that submitted data is small, 2) the number of follow-up data is small and 3) big differences exist between the data set structure of CIBMTR and APBMT making it difficult to translate and merge them. Srivastava proposed 1) data sharing with EBMT and 2) the possibility for making an even simpler and shorter questionnaire for APBMT data collection.

APBMT will have the business lunch with EBMT the next day and will propose the idea of data sharing to Dr. Mohty. Members should discuss if the items in the LMD are appropriate or if we should establish the simpler LMD.

7. Approval/amendment of the Protocol (Atsuta)

Ho commented regarding the 2nd and 3rd sentences in the 2. Purpose of the Protocol after the previous web conference: 1) We need to consider carefully and have a clear

policy on how this data is going to be released. Could we follow the CIBMTR/EBMT Policy? and 2) We should have a template consent form that centers can adapt to their own data protection requirements. All shared the consensus that for referring to the EBMT we need to establish the original template of the consent for data registration that each registry/society can adapt. Members should discuss this issue more for the next few months focusing on the data protection requirements and the consent for data registration.

8. Approval/amendment of the Rules for Operation (renamed from Mission Statements) and the Letter of Commitment (All)

Atsuta proposed two points for discussion: 1) How we could increase data collection for the Outcome Registry and 2) How we should organize our data utilization system for research. 1) Srivastava suggested that Working Groups should focus research on their particular disease/area and they should collect data in detail from selected centers. It does not matter if the data is separated from the Outcome Registry. Hwang emphasized the importance of making research proposals from WGs to increase the outcome data collection and Dodds suggested that it is important to check and control the registrations for data usage and research protocol. 2) Atsuta asked all about the comments that the Data Center should not give the “raw” data to the researchers. Hwang said that data should be analyzed by the Data Center and Dodds agreed.

9. Confirmation of action plans (Atsuta)

Atsuta summarized the action plans for this committee: 1) Will look up the Japanese restrictions including ethical guidelines regarding the draft protocol and detailed rules. 2) Will continue to discuss about the detailed rules and utilization of data. 3) Will have a discussion with EBMT on the next day to get information on data sharing, utilization and analyzation.

10. Preparation for the business meeting on Oct 31. (Atsuta)

Atsuta will make a brief report of this meeting at the business meeting.

Working Groups

Working Groups

APBMT started the Working Groups (WGs) in 2009. The main aim of the WG activity is to participate in research and analysis of all facets of HSCT which members are interested in. Listed below are the 10 WGs which have already been approved by the Scientific Committee as of December 2015.

Working Groups	Chairs
Severe Aplastic Anemia	Jong Wook Lee
AML	Vikram Mathews
CML	Dong-Wook Kim
Congenital Marrow Failure Syndrome	Biju George
Thalassemia	Suradej Hongeng
HLA	Yasuo Morishima
Late Effect	Shinichiro Okamoto
Cord Blood Transplantation	Satoshi Takahashi
Nutrition Support	Sung-Won Kim
Donor Safety	Yoshihisa Kodera

Table: Working Groups in APBMT as of December 2015

Working Group chairs and members' responsibilities

- Each WG should have at least one in-person meeting per year, including in-person meetings during the APBMT annual meeting
- All meeting minutes should be submitted to the APBMT secretariat within 2 months of the meeting
- All WG members should be a member of APBMT
- WG members shall contribute to outcome data registration within their countries/regions
- Currently, no financial supports are available for APBMT WG activities
- For more information, refer to our website

Working Group Accomplishments

2015

[Conference presentation]

Donor Follow-up System after Hematopoietic Stem Cell Harvest in APBMT
Countries/regions – The first APBMT Donor Safety Working Group Survey Report
M Iida, JW Lee, S Apte, AA Hamidieh, O Jian, HV Man, D Ma, H Hunag, T Shamsi, A
Lie, PM Chen, on behalf of the Donor Safety Working Group of the Asian Pacific Blood
Marrow Transplantation
The 20th Congress of the APBMT, 1 November 2015, Okinawa Japan

2014

[Publication]

Severe weight loss in 3 months after allogeneic hematopoietic SCT was associated with
and increased risk of subsequent non-relapse mortality.
S Fuji, T Mori, N Khattry, J Cheng, YR Do, K Yakushijin, S Kohashi, T Fukuda, S-W
Kim on behalf of the Nutritional Support Working Group of the Asian Pacific Blood
Marrow Transplantation
Bone Marrow Transplantation
Advanced online publication 6 October 2014

[Conference presentation]

Implementation of international guideline for screening and preventive practice
guideline for long-term survivors after hematopoietic transplantation. APBMT Late
Effect Working Group survey report.
Y Atsuta, D Ma, S Jootar, OY Jian, A Lie, W Hwang, HV Man, S Taniguchi, A Butler, S
Takahashi, J Szer, S Okamoto, for the APBMT Late Effect Working Group
The 19th Congress of the APBMT, 17 October 2014, Hangzhou China

Severe weight loss in 3 months after allogeneic hematopoietic SCT was associated with
an increased risk of subsequent non-relapse mortality.
S Fuji, T Mori, N Khattry, T Fukuda, S Kobashi, S-W Kim
The 36th Annual Meeting of the Japan Society for Hematopoietic Cell transplantation
March, 2014, Kanazawa Japan

Nuclear Accident Management (NAM) Committee

Chairperson: Dr. David Ma (Australia)

Deputy Chairperson: Dr. Alok Srivastava (India)

Consensus: (1) It is valuable to have NAM committee within APBMT

(2) APBMT has a co-ordinating role in the region to:

- Facilitate co-operation within our region, with other societies in other regions such as EBMT and ASBMT, WBMT
- Establish an APBMT NA registry
- Establish a training programme
- SOPs for handling of NA in our region

Report of the APBMT NAM committee meeting 2015

This year's APBMT Nuclear Accident Management (NAM) committee meeting was held in Okinawa, Japan on October 31, 2015 during the Annual Scientific Congress of the APBMT. It was attended by 13 APBMT members representing 8 countries and was chaired by D Ma and A Srivastava. The key topic of discussion at this meeting was on developing the APBMT guidelines for triaging, assessing and managing haematological aspects of Mass Radiation Injuries. Lt Gen Dr V Nair of India and Dr H R Lee of Korea presented their views on this topic. This was followed by discussion among the attendees. It was emphasized that the document needs to take into account the regional specificities to provide guidance to the medical community as well as the Governments in the Asia Pacific region for the handling of such situations should they occur. All participants agreed that Lt Gen Dr V Nair and Dr H R Lee are the most appropriate and experienced members to prepare a draft document to be circulated for comment before the next NAM committee meeting in October 2016. The meeting concluded that the topics for the 2016 NAM committee meeting will be on the draft APBMT guidelines for NAM and the issues of training of members for NAM. (Written by David Ma)

**Worldwide Network for
Blood and Marrow
Transplantation
(WBMT)**



General Introduction

The Worldwide Network for Blood and Marrow Transplantation (WBMT) was formally created in 2009 after two years of discussions; there was consensus on Bylaws and an organizational structure with leaders from major hematopoietic stem cell transplantation (HSCT) and donor registries worldwide. With the interest and support of the World Health Organization (WHO), these leaders shared a mutual vision of combining efforts towards improving standardization in the global application of HSCT, cellular therapy and related fields as well as broadening the scope of data sharing. This “Federation of Societies” began with 17 international organizations now numbering 23, all with substantial interest in HSCT. The WBMT was incorporated as a non-profit organization for educational, scientific, and philanthropic purposes under the laws of Switzerland with headquarters in Bern. There is no fee for Member Societies, and its funding support is solicited from relevant industry. Description of the first seven years of efforts can be found in previous Progress Reports available at www.wbmt.org as they describe how those proactive clinicians and researchers shaped the WBMT into a recognizable organization, its structure and charter, its early achievements, and its future aims and goals. (From the 2014 WBMT Annual Report)

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 the Workshop, a lot of supports to establish and operate HSCT were provided from leading countries to advancing countries/regions in this area. Since 2014, the previous APBMT chairman, Dr. Yoshihisa Kodera has spent the last two years as a WBMT president, and APBMT has played a more important role in the development of WBMT, such as the WBMT survey and seven Standing Committees.

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**Worldwide Network for Blood and Marrow Transplantation
(WBMT)**

**In-person Meeting
San Diego, California
Manchester Grand Hyatt, Room Gaslamp B-D
February 13, 2015**

ELECTED OFFICERS		
Present	Position	Country
Dennis Confer	Treasurer	USA
Yoshihisa Kodera	President	Japan
Dietger Niederwieser	Immediate Past-President	Germany
Daniel Weisdorf	Vice-President	USA
Not Present	Position	Country
Hildegard Greinix	Secretary	Austria

BOARD MEMBER SOCIETY REPRESENTATIVES – February 2015			
MEMBER SOCIETY		POSITION	PRESENT
XXXXX = Member Society not represented			
AABB			
David	McKenna	Primary	David Stroncek/substitute
Douglas	Padley	Alternate	
ABMTRR			
Jeff	Szer	Primary	
Tony	Dodds	Alternate	
AFBMT (formally approved at February 2015 meeting; no representatives present)			
Nicolas	Novitzky	Primary	
Bazauye	Nosa	Alternate	
APBMT			
Shinichiro	Okamoto	Primary	Present
Alok	Srivastava	Alternate	
ASBMT			
A. John	Barrett	Primary	
Christopher	Bredeson	Alternate	Present
ASFA			
Joseph	Schwartz	Primary	
Nancy	Dunbar	Alternate	
ASHI			

MEMBER SOCIETY		POSITION	PRESENT
XXXXX = Member Society not represented			
Marcel	Fernandez-Vina	Primary	Present
E. Victoria	Turner	Alternate	
BMDW			
Machteld	Oudshoorn	Primary	
Carine	Mijnarends	Alternate	
CIBMTR			
Marcelo	Pasquini	Primary	Present
Mary	Horowitz	Alternate	Present

EBMT			
Nicolas	Kroger	Primary	
Mohamed	Mohty	Alternate	Present
EFI			
Steve	Marsh	Primary	Present
Mats	Bengtsson	Alternate	
ELN			
Rüdiger	Hehlmann	Primary	
To Be Determined	To be Determined	Alternate	Dietger Niederwieser/substitute
EMBT			
Mahmoud	Aljurf	Primary	Present
Amirali	Hamidieh	Alternate	Present
EMDIS			
Carlheinz	Müller	Primary	Present
Evelyne	Marry	Alternate	
ESH			
Didi	Jasmin	Primary	
Eliane	Gluckman	Alternate	
Eurocord			
Eliane	Gluckman	Primary	
Vanderson	Rocha	Alternate	Present
FACT			
Carolyn	Keever-Taylor	Primary	Present
Phyllis	Warkentin	Alternate	Present
ICCBBA			
Paul	Ashford	Primary	
Pat	Distler	Alternate	Present
ISBT			
Mickey	Koh	Primary	Present
Peter	Horn	Alternate	

ISCT			
Mary	Laughlin	Primary	Present
Massimo	Dominici	Alternate	
JACIE			
Jane	Apperley	Primary	
John	Snowden	Alternate	
LABMT			
Adriana	Seber	Primary	Present
Gregorio	Jaimovich	Alternate	
Netcord			
Etienne	Baudoux	Primary	

MEMBER SOCIETY		POSITION	PRESENT
XXXXX = Member Society not represented			
Elizabeth	Shpall	Alternate	
WMDA			
Michael	Boo	Primary	Present
Enric	Carreras	Alternate	

STANDING COMMITTEE CHAIRS PRESENT (who are not Member Society Representatives)		
Cullen Case	Nuclear Accident Committee	RITN/NMDP
Kathy Loper	AHCTA	AABB
Joerg Halter	Donor Issues Standing Committee	EBMT

GUESTS		
Helen Baldomero	EBMT (Global Survey)	Switzerland
Yoshiko Atsuta	APBMT	Japan
Ritsuro Suzuki	APBMT	Japan
Yachiyo Kuwatsuka	APBMT	Japan
Minako Iida	APBMT	Japan

Agenda Item	Discussion	Consensus	Action Item
1) Welcome/Introduction; President's Annual Letter	<p>Yoshi welcomed those in attendance and each introduced themselves</p> <p>Yoshi read his prepared slides suggesting three issues he felt needed improvement in the future:</p> <ol style="list-style-type: none"> 1. Insufficient financial support and historically falling primarily to Dietger and himself; he proposed that all Member Societies share this responsibility and support this effort soliciting money for WBMT at every opportunity. 2. Need broader clerical and administrative support; he proposed the development of 4 "office branches" (from each of the 4 Founding Member core sites). There is no WBMT money for these posts so Founding Members would have to support these part-time positions. 3. WBMT wants the efforts of more individuals on its Standing Committees. 	<p>Attendees agreed structure is important but more importantly specific job lists and job descriptions for each administrative site are required.</p> <p>Though administrative time varies, potentially as much as a 1.5 full time equivalent ("FTE") may be required particularly when focused on Workshops or increased committee activities.</p> <p>WBMT should take more opportunities to invite broader membership.</p>	<ul style="list-style-type: none"> • Develop administrative job task lists and job descriptions for proposed new positions.
2) Minutes – December 1, 2014	Yoshi called for approval.	Approved as written.	<ul style="list-style-type: none"> • None

<p>3) Treasurer's Report</p>	<p>Dietger reviewed revenue, expenses and balances from 2012, 2013 and 2014 presented on a slide set (no attachment available).</p> <ul style="list-style-type: none"> o Balance as of 1/1/2012 = 42.135,39€ o Balance as of 1/1/2013 = 44.140,34 € o Balance of last available date July 2014 = 35.610,62 € <ul style="list-style-type: none"> • He reports "we are good for several months of expenses". 	<p>All in attendance agreed WBMT operates on the edge and requires a more reliable and consistent income stream.</p>	<ul style="list-style-type: none"> • As noted above, Yoshi encourages all involved to be more proactive in soliciting funds for WBMT.
<p>4) Applications for Member Society Status</p>	<ol style="list-style-type: none"> 1. The European Leukemia Network (ELN) requested such status as presented during the December 2014 Board teleconference. It was suggested we vote per electronic ballot per Member Society which followed. Paula reported that of 27 possible votes, 18 Member Societies and Elected Officers voted; Note: reported incorrectly at the meeting – there were really 17 votes for approval and 1 "not in favor". This still represented a simple majority (required per Bylaws). ELN has been notified and their logo is on our website. 2. Since the December meeting, The African group (AfSCT/AFBMT) also submitted an application for Member Society status (<i>Attachment B</i>). 	<ul style="list-style-type: none"> • All in favor, no objections. 	<ul style="list-style-type: none"> • None • Notify the AFBMT group of approval.
<p>5) Research Activity Task Force Report</p>	<ul style="list-style-type: none"> • See <i>Attachment C</i> (provided in advance). <i>Attachment C</i> included: <ul style="list-style-type: none"> o Three (3) revised "Overarching Guiding Principles" o the 3 revised Guiding Principles document of the <u>Global Activity Survey (GTA)</u> project, o a sample <u>data use agreement form</u>, o a sample of the <u>Transplant Activity Survey (TAS)</u> form o a <u>Global Transplant Activity Study Proposal Form</u>, and o a revised <u>reference document</u> for Collaborative International Research in Hematopoietic Cell Transplantation. • Co-Chairs Marcelo Pasquini and Yoshiko Atsuta addressed issues raised during the December 1, 2014 Board TC. • They reviewed the revised Overarching Principles as well as the now formal timeline for the Global Transplant Activity (GTA) survey. • Marcelo reported that most data are provided by Member Societies with some exceptions received from HCT centers. • Dissemination of certain data to WHO 	<ul style="list-style-type: none"> • It was moved and seconded to approve the revised Overarching Principles as well as the new GTA timeline • All agreed a proper data 	

	<p>is an obligation (via the “Global Observatory”); this should be and is primary trend data only and on a very limited scale; no annual deadline is stated. Marcelo suggested development of a simple Summary Slide set (4-5 only) to meet this requirement.</p> <ul style="list-style-type: none"> • Another question was raised about how to handle data requests. An official proposal form was presented for use in an official process. This will be under the purview of the Transplant Center/Recipient Committee. • Uses by individuals outside Member Societies should be handled case-by-case by the Executive Committee and/or the Board. • Lastly, a document was addressed which outlines steps for conduct of collaborative international research. 	<p>sharing agreement between WBMT and each Member Society providing data is required and legal assistance is also needed.</p> <ul style="list-style-type: none"> • One question was if these data should be made available to the public or just Member Societies - most were not in favor of making data widely available to the public with the exception of the pharmaceutical corporate sponsors who pay for them. Most agreed it is easy to get companies to pay for data. • All agreed we need a process for accessing our data and this needs further discussion. There was word of caution about individuals requesting data then consolidating with data from other sources. It was also agreed that any center specific data presented at a WBMT Workshop should be deleted before posting on the website. • There was further discussion about the “open access” system and policies of Journals – these vary. But it was acknowledged that most Journals will do this without charging a fee. • All agreed with Task Force recommendation to keep the text broad and remove all mention of sharing biologic specimens. 	<ul style="list-style-type: none"> • Place all subsequent revisions (including the data agreement) and this topic of accessing data on next Board meeting agenda.
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<p>6) WHO Initiative Projects</p> <p>A) Medical Products of Human Origin (MPHO)</p> <p>B) Cellular Tourism</p>	<ul style="list-style-type: none"> • Mickey Koh updated the group on this project in which he, Dietger, Joerg Halter, Peter Horn and Lydia Foeken have participated. WBMT is one of 4 NGOs involved having met several times. To date there have been 4 versions of a paper of recommendations for unified guidelines for blood and tissue handling; a final version is expected soon and will be distributed internally for WBMT comment. • The recommendations include vigilance/surveillance language. • This project is more donor based (mostly volunteers) and includes all blood products. • Mickey also reminded the group that the more recipient based project is this recently renamed “Unproven Therapies” initiative. • WBMT has partnered with the ISCT and their President’s Task Force to prepare another set of recommendations. • ISCT is handling preparation of the latest document and WBMT should have that soon as well for internal distribution. • This will be further discussed during the summer, annual ISCT meeting. 	<ul style="list-style-type: none"> • All agreed both projects are complicated and must consider “right to try” concept as well as the rights (and importance of) patient advocacy groups. • WHO has certain powers for enforcement; most involved interest in promoting clinical trials and regulations after MPHO is approved. • There are some countries that have already activated certain regulatory principles. 	<ul style="list-style-type: none"> • Broad distribution once both sets of recommendations are provided to WBMT.
<p>7) Workshop</p>	<ul style="list-style-type: none"> • First, Dietger presented summary slides from the Cape Town Workshop. It was overall well received and successful. • Dr. Kodera then reviewed all 3 of the Workshops and concluded with his rationale and support for a 4th. To date, WHO has supported our site selections. Yoshi proposed that now that we’ve reached all continents, we should focus more on regional needs and choose venues to that end. • His discussion included review of all responses to a request for applications in 2010; this included the 3 we’ve already chosen as well as Riyadh/Saudi Arabia, Tehran/Iran, St. Petersburg/Russia and Karachi/Pakistan. • Yoshi introduced the December 2014 proposal by Mahmoud AlJurf to convene the next Workshop in Riyadh in either November 2015 or January 2016. • Mahmoud then addressed the group reminding that EMBMTR (with Saudi Arabia) reaches North Africa and the 	<ul style="list-style-type: none"> • There was early discussion including the following points: <ul style="list-style-type: none"> ◦ other meetings at that time in Riyadh; would we compete with these sessions? ◦ consider issue of attitudes towards women, ◦ EBMT “highlights” in Saudi Arabia previously experienced no problems. • This was followed by more spirited discussion about the workshop concept in general including the following points: <ul style="list-style-type: none"> ◦ Heavy workload for those involved, ◦ Board originally approved every 2 years and we’ve already broken that once in doing 2013 and 2014 – though a few in favor of 	

	<p>Near East including Iran and Pakistan – covering 3 of the 2010 applicants. He went on to describe the need for increased HCT activity quality in this region and:</p> <ul style="list-style-type: none"> ○ to maintain the same Program format, ○ countries would fund their own attendees, ○ November is best weather and, ○ due to the hospital setting venue, their events planners can support the major meeting planning workload. <ul style="list-style-type: none"> • The primary support EMBMTR needs from WBMT is assistance with the scientific Programme. 	<p>being flexible with this,</p> <ul style="list-style-type: none"> ○ These were meant to be an income source but to date we've had substantial trouble soliciting sufficient funding (though unlikely to be a problem in Saudi Arabia), ○ WBMT needs a process with predictability for planning purposes, ○ What does WBMT wish to accomplish? <ul style="list-style-type: none"> • This all led ultimately to discussion about MCI (meeting planners for past 2 Workshops) and our dissatisfaction with their performance. Dietger reported that we are on a tight timeline in considering cancelling our 5 year contract with them ("by course...persistent failure to perform"... or "by design"). The latter allows termination but fees are contingent on time since last Workshop and time forward to next planned Workshop. There would be a penalty involved if we do another Workshop in November 2015. • There was a proposal to find a "workaround" for this penalty (call it something else, independently arranged but "strongly supported" by WBMT) but the group disagreed with that approach. • Eventually there was a motion that we "hold the next Workshop in late 2016"; hand vote revealed 14 "yes" to late 2016 or later, 2 "no" and 2 abstained. • There was a suggestion to hold a small planning group meeting (at EMBMTR) in November 2015 for a possible 2016 Workshop; there was no vote/comment on this. • Finally there was a last motion made that the next Workshop definitely be held in Riyadh in November 2016 ("and no earlier"); hand vote revealed 15 "yes", 3 "no". 	<ul style="list-style-type: none"> • Executive Committee to compose termination letter to MCI today.
<p>8) Standing Committee reports</p>	<ul style="list-style-type: none"> • There were none due to insufficient time; all can read details in 2014 Progress Report (distributed at the 		<ul style="list-style-type: none"> • None

	meeting).		
9) Administrative Matters	<ul style="list-style-type: none"> Paula reported there are bylaws issues regarding quorums for voting, meeting attendance requirements and what are general expectations of Member Societies. 		<ul style="list-style-type: none"> Due to insufficient time, all will be deferred to the summer teleconference agenda.
10) Other	None; the meeting adjourned at 14:15.		

Appendix

APBMT Sponsorship Level

Platinum Sponsor



Takeda Pharmaceutical Company Limited

Gold Sponsor

Silver Sponsor

Bronze Sponsor

JOINT SCIENTIFIC SYMPOSIA in 2015

October, APBMT

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 MPHO-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)

The Asia Pacific Colloquium on Haematology
Tandem Scientific Meeting of
The Indonesian Society of Haematology and Blood Transfusion (PHTDI) and
The Asia Pacific Blood and Marrow Transplantation Group (APBMT)

Motto:

DOING OUR PART TO SAVE HUMAN LIVES
4-6 September 2015 J.W Marriott Hotel, Medan, Indonesia

An Understanding Towards Better Improvement for the Future

Indonesia is a country in the Asia-Pacific region that can be regarded as far from advance in all progresses in the field of HSCT. This fact has challenged Prof. Herman Hariman, Ph.D from Indonesia to push this aspect forward at least to minimize the gap with other countries. It is therefore, upon returning from the APBMT meeting in Hangzhou on 2014, he directly contacted his national colleagues and proposed the idea of making a “Tandem Scientific Meeting of the PHTDI and APBMT” with the idea to absorb knowledge from other fast-moving countries into Indonesia. Letter of assistance-request was forwarded to Prof. Yoshihisa Koderu (President of the WBMT) and Prof. Shinichiro Okamoto (Chairman, Executive Board of APBMT) which resulted in very prompt “positive” response from both of the prominent persons. The meeting was designed with the name “The Asia-Pacific Colloquium on Haematology; Tandem Scientific Sessions of The Indonesian Society of Haematology and Blood Transfusion (PHTDI) and the Asia Pacific Blood and Marrow Transplantation Group (APBMT)” The motto was created as “Doing Our Part to Save Human Lives”.

Later, support from colleagues to come and to give talks as well as to participate in the meeting was encouraging. Speakers come from The United Kingdom; Prof. Peter John Grant, from Saudi Arabia; Dr. Syed Osman Ali Ahmed, from Iran; Prof. Amir Ali Hamidieh, from Japan; Prof. Yoshihisa Koderu, Prof. Shinichiro Okamoto, from Australia; Prof. David Ma, Prof. Philip Rowlings, from China; Prof. Huang He (he cancelled due to trauma/injury that happened a week before the meeting), from Singapore; Dr. Anslem Chi-Wai Lee, Dr. Lim Zi Yi, Dr Daniel Yeo Poh Suan, Dr. Stephen C. L. Koh, from Malaysia; Dr. Leong Kin Wah. Prof. William Hwang from Singapore (President of the APBMT 2016) sent his big apologies for not being able to come due to collision with his other appointment.

Moreover, the APBMT ex-officio members also came to attend who were Dr. Minako Iida and Dr. Yukari Nakao. Other APBMT members also joined from Cambodia Dr. Pheng Bora and from Myanmar Dr. Khin Thida Htut.

Other speakers and participants came from some places in Indonesia such as from Aceh, Padang, Jambi, Jakarta, Bandung, Semarang, Surabaya, Malang and of course from Medan. Total number is about 200 participants. From the Indonesian view point, it seems that it is still hard to attract doctors to come and enjoy the knowledge of the meeting. The enthusiasm of attendance to come to the meeting is low enthusiasm not like invitation to the meeting such as

meeting of the internal medicine, haematology, oncology, paediatrics etc. This difficulty was also found by the organizing committee to recruit sponsors or vendors to support this meeting and only a few vendors joined. It was found later that their reluctance is that they were not sure about the market size of their product in the field of HSCT.

Nonetheless, all the 200 participants once they took part in the meeting they enjoyed it so much and told the organizing committee that they learned and got new and first idea of the HSCT from the meeting. The first day which was 4th September was used for the workshop in HSCT and Haematology in general. The 2nd and 3rd day were for the Colloquium on Haematology. All participants gave their impression after the meeting was completed that they found the speakers were so helpful and very kind. It was such a meeting with so many foreign speakers which is impossible to make if not supported mostly by APBMT, even some speakers came by their own supports. The organizing committee and APBMT were so much indebted to the APBMT.

Since then, there were many mistakes found in doing the transplantation procedures in this country, this was due to the lack of experience and in addition, there were no national coordination which made many small centres either run by government or private-sector hospital did their own way of transplantation.

At the end, the meeting concluded that the APBMT may support in the context to share knowledge in this field although the Indonesian colleagues understood that for the APBMT itself was not easy to do that. This kind of offer was sincerely welcomed by all Indonesian colleagues although all colleagues have committed that from now on that with or without any external assistance the Indonesian HSCT must carry on and may not be halted like it was in the past. It was a very helpful meeting indeed for the Indonesian colleagues to open their orientation of the HSCT.

Greeting from
Indonesian haematologists
And see you in Singapore

APBMT Annual Report 2015

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