APBMT
Asia-Pacific Blood and Marrow Transplantation Group

Monograph vol.4

APBMT Annual Report

December 2010

Asia-Pacific Blood and Marrow Transplantation Group

Secretariat Office / Data Center of APBMT

Asia-Pacific Blood and Marrow Transplantation Group (APBMT)

Annual Report

December 31, 2010

Secretariat Office / Data Center of APBMT

Minako Iida
Yoshiko Atsuta
Rie Hyo
Ayami Yoshimi
Ritsuro Suzuki
Yoshihisa Kodera

E-mail: office@apbmt.org
Website: http://apbmt.org

Contents

Introduction of APBMT

About APBMT

The Asia Pacific Blood and Marrow Transplantation Group (APBMT) is an international organization which is involved in hematological stem cell transplantation, sharing their information and cooperating with basic and clinical research in Asia-Pacific countries. It was initiated by transplant physicians from China, Hong Kong, Iran, Japan, Malaysia and Vietnam in 1990. They held early APBMT meetings in China and Japan from 1990 to 1994. Since then, the plenary meetings have been held 15 times in the past 21 years and they have been held annually since 2004 (refer to the Annual Congresses in p.13). In 2000, APBMT planned to have transplantation-case registry system as a symbol of the unity of the group and initiated APBMT Registry (consisted of annual Activity Survey and annual Outcome Registration) in 2006. By this moment, the annual Activity Survey was performed four times and you can see their results through our website and annual reports. In 2006, APBMT established own structures to keep and expand its activity, which are consisted of the Executive Board, Scientific Committee, Regular Members, Supporting Members, Tentative Attendees and Secretarial Office/Data Center (located in Japan). In 2009, APBMT fixed the bylaws and also confirmed that APBMT was one of the founding members of Worldwide Network for Blood and Marrow Transplantation (WBMT). APBMT is now comprised of 16 countries/regions (Australia, China, Hong Kong, India, Indonesia, Iran, Japan, Korea, Malaysia, New Zealand, Pakistan, The Philippines, Singapore, Taiwan, Thailand and Vietnam) and is expanding its activities through the annual congresses, registration systems and working groups under the collaboration with the member societies of WBMT.

Figure: Flags of the participating countries/regions

This Annual Report is the fourth edition. It includes the basic information of APBMT, results of the 4th Transplant Activity Survey (Transplants performed by 2008), and other information concerning APBMT. In particular, the detailed information about the relationship between WBMT and APBMT is contained in this booklet.

BYLAWS OF THE ASIA PACIFIC BLOOD AND MARROW TRANSPLANTATION GROUP (APBMT)

Revised in Oct 2010

The revised positions are written in red.

ARTICLE 1

Name of the Group

Asia-Pacific Blood and Marrow Transplantation Group, hereafter referred to as APBMT was established in 1990 to allow physicians as well as co-medicals and scientists from related companies in Asian countries involved in clinical blood and marrow transplantation to share their experience and to develop co-operative studies.

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

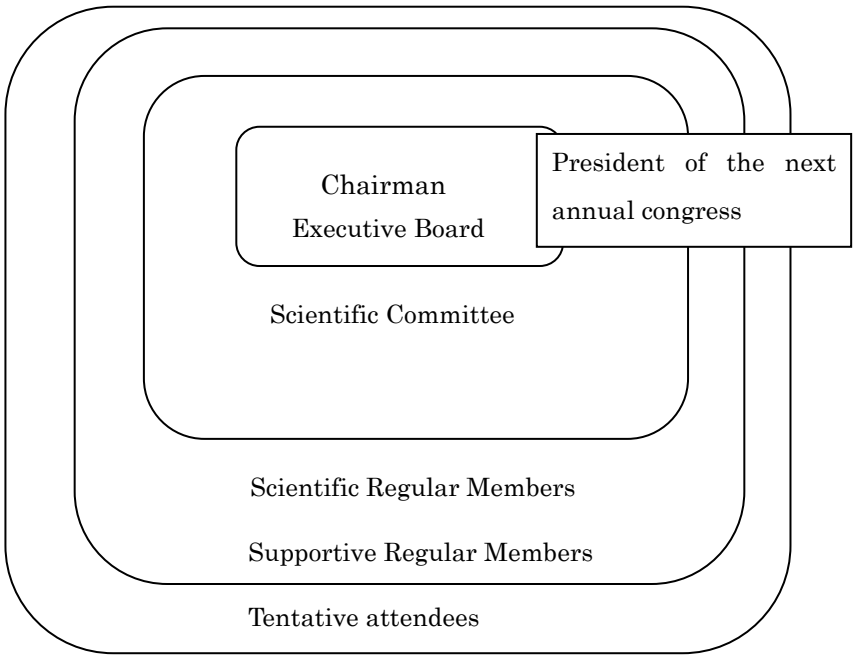
The group aims to promote all aspects associated with the hematopoietic stem cell transplantation (HSCT) in Asia, which includes:

- To know the updated status of haematopoietic stem cell transplantation (HSCT) in Asian countries
- To steer and regulate the HSCT Registry in Asia (Asia Pacific Blood and Marrow Transplantation Group Registry: APBMT Registry)
- To share the knowledge of HSCT
- To encourage the collaborative research in Asia Pacific Countries
- 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. 1 Executive Board

The Executive Board of APBMT steers the group for administration and minor decisions. The Executive Board is consisted of several (currently five) members (one member from one country) elected from The Scientific Committee. The Executive Board is a body to perform operations and the Chairman of Executive Board represents APBMT.

4.2 Scientific Committee

Scientific Committee is the supreme decision-making body in APBMT. Each country can elect 1 voting member as the country representative (The members of the Executive Board cannot have voting right). The names of the current members of scientific committee are listed elsewhere. 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). The Chairman of the Executive Board, who combines the chairman of the Executive Board with the chairman of the Scientific Committee, has the deciding vote if the vote is otherwise tied.

4.3 Regular Members

Regular Members are consisted of the members from medical fields (Scientific Regular Members) and from related companies (Supportive Regular Members). Scientific Regular Members can elect and can be elected Scientific Committee Members within each country.

4.3 Tentative attendees

Tentative attendees are the persons who attend the annual congress of APBMT. They

are requested to subscribe their own names at congress venue.

ARTICLE 5

Membership

5.1 Any persons involved in the treatment of recipients and donors. (ex. physicians, nurses, laboratory technicians, persons related to stem cell donor programs or pharmaceutical companies), who are interested in HSCT and agree with the purpose of the group can own the membership. 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). The members who experienced the President or contributed to the establishment and the development of ABPMT would become Emeritus Members (Inside of APBMT) or Honorable Members (Other registries etc.). Emeritus and Honorable Members can attend the business meeting and can give advices for APBMT.

5.2 Membership Fees: All the Regular Members are required to pay annual membership fees (current standard: thirty U.S. dollar per year) on an individual basis. The members who paid the membership fees can receive up-to-dated information including the survey data from APBMT office and also may have the advantage of discount of the registration fees at annual congress.

ARTICLE 6

Officers

6.1 Scientific Committee elects a) one Chairman of Executive Board, b) one Vice Chairman of Executive Board, c) several (currently five) Members of Executive Board and d) Secretariat /Treasurer.

6.2 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. The Chairman of Executive Board is elected by the business meeting, and serves for two years and may be re-elected.

6.3 The Vice Chairman supports the Chairman and will perform the duties of the Chairman in the absence.

6.4 The Executive Board Members will be appointed for a period of four years and may be re-elected.

6.5 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 of the group is currently set at the Department of HSCT Data Management, Nagoya University, School of Medicine, and the Department of Promotion for Blood and Marrow Transplantation, Aichi Medical University School of Medicine, Japan. 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 7

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.

ARTICLE 8

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 arise.

ARTICLE 9

Working Groups

APBMT can organize Working Groups if and when required. The application of the new Working Group and its chairperson is approved by the members of the Scientific Committee in the Business Meeting. The chairperson of each Working Group is elected for three years and may stand for re-election once. The substructure of the Working Group is defined by the chairperson. Regular Members are encouraged to participate in one or more Working Groups according to their particular interests. The Working Group chairperson must submit annual activity reports to the Scientific Committee. The chairperson should adhere to the Working Group responsibilities, which are specified separately from the bylaws.

ARTICLE 10

APBMT Registry

The registries of patients, donors, and HSCT activities are one of the major missions of APBMT. The regulatory rules for the Asian BMT Registry are as the followings;

10.1 The name of the registry is "Asia-Pacific Blood and Marrow Transplantation Group Registry (APBMT Registry)".

10.2 The purposes of the APBMT Registry are to provide current documentation on the status of hematopoietic stem cell transplantation in Asian countries, to clarify the unique problems of this scientific field in Asia, and to create original data from Asia.

10.3 APBMT Registry conducts the **"APBMT Activity Survey"** and the **"APBMT Outcome Registry"**.

10.4 "APBMT Registration Subcommittee" (to be organized), a subcommittee of the Scientific Committee steers the APBMT Registry. The members of the APBMT Registration Subcommittee are nominated and approved by the Scientific Committee of APBMT.

10.5 Operation of the APBMT Registry

10.5.1 Patient personal information

Patient names are not included among the survey items. However, to trace survival status and disease status, a unique patient number at each institute and a national registry number are included in the survey items.

10.5.2 Units of registration

The national level is the most preferable unit of registration. A national registry should be established in each country. "National" registry in this document does not mean "governmental" registry. It is a hematopoietic stem cell transplant (HSCT) outcome registry which collects HSCT data performed in the country. When it is impossible or difficult, registration from individual institutes is also possible. The APBMT Data Center gathers the registrant data by countries and returns nation-wide data to the responsible person delegated by each country.

10.5.3 Location of the data center

The data should be sent to the APBMT Data Center either by wire or by postal mail. Facsimile is not preferable because of difficulties in deciphering the data.

Nagakute Campus
Department of Promotion for Blood and Marrow Transplantation (DPBMT) Aichi Medical University, School of Medicine
21 Karimata, Yazako, Nagakute-cho, Aichi-gun, 480-1195, Japan
Tel: +81-561-62-3311 (Ext.2375)
Fax: +81-561-61-3180
E-mail: office@apbmt.org
Nagoya Campus
Department of HSCT Data Management
Nagoya University, School of Medicine
1-1-20 Daiko Minami, Higashi-ku,
Nagoya 461-0047, Japan
TEL: +81-52-719-1973
FAX: +81-52-719-1973
E-mail: office@apbmt.org

10.5.4 Subjects of registration

All types of hematopoietic stem cell transplantations, allogeneic, syngeneic or autologous transplantation, are subjects for the APBMT registry.

10.6 APBMT Activity Survey

The number of HSCT by indications, donor types, and stem cell sources will be collected annually by using "APBMT Activity Survey Sheets". APBMT Activity Sheets are sent to the APBMT Data Center for APBMT Activity Survey mainly via e-mail.

10.7 APBMT Outcome Registry

10.7.1 Survey items

APBMT Registration Subcommittee is responsible for deciding the survey items to collect. APBMT Outcome Registry collaborates with other international HSCT registries for the basic survey items.

10.7.2 Methods of registration

Data should be registered using one of the following methods.

10.7.2.1 Direct transfer of datasets

Microsoft Excel format (xls/xlsx file) output from each registry program in each country. The format for each Excel cell is decided by the APBMT Registration Subcommittee.

10.7.2.2 TRUMP Data

Use the APBMT version of Transplant Registry Unified Management Program

(TRUMP).* A transfer format file from TRUMP, which is anonymized and code encrypted, is sent to the APBMT Data Center for APBMT Outcome Registry either by wire or by postal mail.

*Atsuta Y et al. Unification of hematopoietic stem cell transplant registries in Japan and establishment of the TRUMP system. Int J Hematol. 2007; 86: 269-274.

10.7.2.3 Paper forms

APBMT Registry Day 100 report forms and disease classification form are to be mailed following day 100 post-transplantation. The follow-up form is also submitted annually for surviving patients.

Electronic registration data is transferred through the APBMT homepage (in cases of 10.7.2.1 and 10.7.2.2). If the file size is small enough, data can be sent by e-mail as an attached file, but this is not recommended due to security problems. Paper forms (10.7.2.3) are mailed to the APBMT Data Center for APBMT Outcome Registry.

10.7.3 Timing and units of registration

Registration can be received any time after the day 100 post-transplantation. Data can be transferred either on a per patient basis or as a series of patients on a registry basis.

10.8 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 can be quoted freely if accompanied by adequate referral.

10.9 Rules for investigational use

Data uses for investigation are restricted to publication in a scientific article and/or presentation at academic meetings. Applications for data usage are limited to Scientific Committee Members, Working Groups and the Data Center of APBMT for the time being. An application form is attached as a separate sheet. The Scientific Committee will evaluate all applications.

If the data usage is limited to data from each country, there are no restrictions.

ARTICLE 11

Amendments

11-1 These Bylaws may be amended at any annual business meeting. 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 amendmen

ts, together with the Executive Board's recommendation, shall be mailed to each member country 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 start on October 1, 2009.
These bylaws revised on December 31, 2010.

Organization of APBMT (Dec. 2010)

Executive Board Member

Kodera,Yoshihisa (Chairman, Japan) Lu, Dao-Pei (China) Ghavamzadeh, Ardeshir (Iran)

Issaragrisil, Surapol (Thailand) Kim, Dong Jip (Korea)

Scientific Committee Member (*executive board member)

Asano, Shigetaka (Japan)

Baylon, Jane (Philippine)

Binh, Tran Van (Vietnam)

Cao, Lu Xian (China)

Chan, Lee Lee (Malaysia)

Chandy, Mammen (India)

Chen, Po-Min (Taiwan)

Chen, Yao-Chang (Taiwan)

Chiou, Tzeon-Jye (Taiwan)

Ghavamzadeh, Ardeshir (Iran) *

Haipeng, Lin (Malaysia)

Harada, Mine (Japan)

Hariman, Herman (Indonesia)

Hiraoka, Akira (Japan)

Huang, He (China)

Hwang, Tai-ju (Korea)

Issaragrisil, Surapol (Thailand) *

Jootar, Saengsuree (Thailand)

Junling, Hong (China)

Kim, Chun Choo (Korea)

Kim, Dong Jip (Korea)*

Kim, Dong-Wook (Korea)

Kim, Hack-Ki (Korea)

Kodera, Yoshihisa (Japan)*

Koh, Mickey (Singapore)

Kojima, Seiji (Japan)

Lee, Jong Wook (Korea)

Liang, Raymond (Hong Kong)

Lie, Albert (Hong Kong)

Lin, Kai-Hsin (Taiwan)

Lu, Dao-Pei (China)*

Ma, David D (Australia/New Zealand)

Masaoka, Tohru (Japan)

Miyamura, Koichi (Japan)

Okamoto, Shinichiro (Japan)

Ouyang, Jian (China)

Rowlings, Philip (Australia/New Zealand)

Saikia, Tapan K (India)

Shamsi, Tahir Sultan (Pakistan)

Shin, Hee Young (Korea)

Srivastava, Alok (India)

Tang, Jin-Luh (Taiwan)

Tzeng, Cheng-Hwai (Taiwan)

Secretariats

Atsuta, Yoshiko (Japan), Hyo, Rie (Japan), Iida, Minako (Japan),

Suzuki, Ritsuro (Japan), Yoshimi, Ayami (Japan)

Honorable Members

Atkinson, Kerry (Australia)

Carter, John (New Zealand)

Confer, Dennis (NMDP)

Goldman, John (EBMT)

Gratwohl, Alois (EBMT)

Hill, Geoffrey (Australia)

Horowitz, Mary (CIBMTR)

Niederwieser, Dietger (EBMT)

Emeritus Members

Advani, Suresh H (India)

Tan, Patric (Singapore)

In memoriam

Ullah,Khalil (Pakistan)

APBMT Membership Application Form

PHOTOGRAPH

Please print clearly

Last name:	First name:
Qualifications: ☐MD ☐PhD ☐Nursing qualification ☐Other specify _____	
Department:	
Institution:	
Address:	
City:	Province / Prefecture:
Postal code:	Country:
Phone:	Fax:
e-mail:	

COMMITMENT: By signing below, I certify that I am actively involved in the scientific and clinical area of blood or marrow transplantation (or transplantation of other haematopoietic tissue).

Date:_____

Signature:_____

RECOMMENDATION: I recommend this person highly as a regular member of the APBMT.

Date:_____

Signature:_____

Annual Congresses of APBMT

1) Previous Congresses

No	Year	City	President
1st	1990	Beijing	Cao, Lu Xian
2nd	1991	Nagoya	Masaoka, Tohru
3rd	1992	Osaka	Masaoka, Tohru
4th	1994	Fukuoka	Masaoka, Tohru
5th	1996	Seoul	Kim, Dong Jip
6th	1998	Taipei	Chen, Yao-Chang
7th	2000	Bangkok	Issaragrisil, Surapol
8th	2002	Mumbai	Advani, Suresh
9th	2004	Tehran	Ghavamzadeh, Ardeshir
10th	2005	Hangzhou	Lu, Dao-Pei
11th	2006	Nagoya	Kodera, Yoshihisa
12th	2007	Beijing	Lu, Dao-Pei
13th	2008	Taipei	Chen, Po-Min
14th	2009	Seoul	Kim, Chun-Choo
15th	2010	Phuket	Jootar, Saengsuree

2) Congress of 2011

The 16th Congress of APBMT

October 30-31, 2011, Sydney, Australia

Congress President: Ma, David and Rowlings, Philip

The 17th Congress of APBMT will be held in India and the 18th in Vietnam.

APBMT Activity Survey

About the APBMT Activity Survey

The APBMT Activity Survey has been performed four times from 2007 to 2010. In 2010, the APBMT Data Center (established in 2006 at Nagoya University) arranged the disease indication items in the survey form to match the Worldwide Network for Blood and Marrow Transplantation (WBMT) Activity Survey. Besides, we started collecting detailed information of the numbers of “mixture transplants”, which have increased in number in recent years in APBMT countries/regions (refer to p.19-21, the revised items are written in red). We also started to collect the numbers of reduced intensity stem cell transplantation.

The following figure shows how the data was collected.

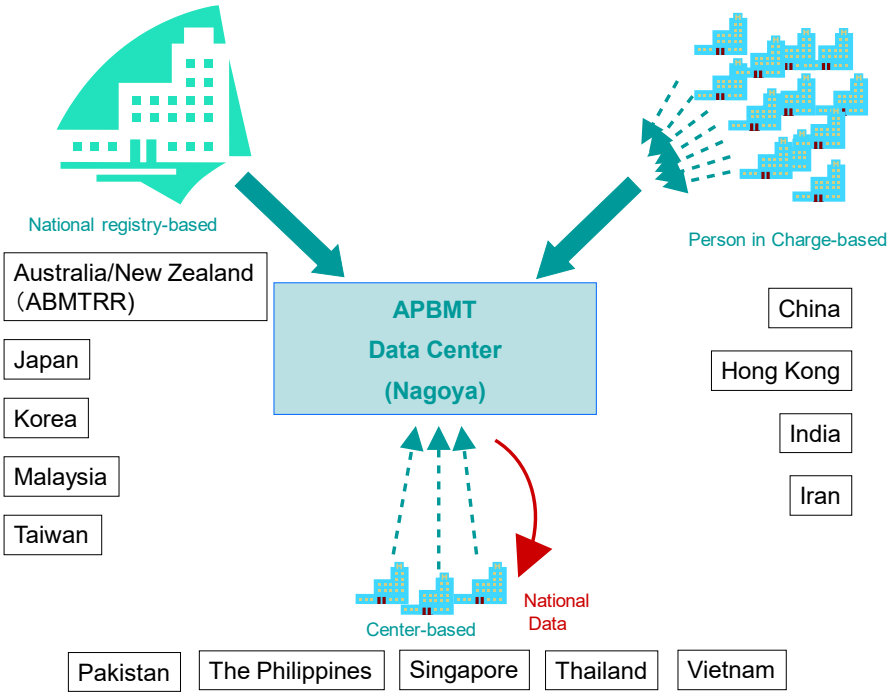


Figure: Data collection

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

From the countries/regions which have a national registry, data is submitted through the national registries. From the countries/regions which do not have a national registry, data is submitted through the regional person in charge who collects data from major transplant centers or through major transplant centers directly.

YEARLY TRANSPLANT ACTIVITY SURVEY OF 2008

APBMT
Asia Pacific Blood and Marrow Transplantation Group

Country Name

The number of the Reduced Intensity Conditioning transplantation in 2008

Please fill the number of transplanted patients for each indication and type of transplant in 2008. non-id*=any family member (matched or mismatched) other than HLA id sibling

		allogeneic															autologous			Total		
		family											unrelated									
		HLA - id sibling				non - id*				twin										Allo	Auto	Total
	Indication	BM	PB	CB	other mixture***	BM	PB	CB	other mixture***	BM	PB	other mixture**	BM	PB	CB	other mixture***	BM	PB	other mixture**			
Leukemias	AML																					
	ALL																					
	CML																					
	MDS																					
	CLL inclu.PLL																					
	ATL																					
	MPS/MPD																					
LPD	Lymphoblastic Lymphoma																					
	Mature T.B.NK Cell Lymphoma																					
	Hodgkin Lymphoma																					
	PCD-Myeloma																					
	PCD-other **																					
Solid Tumors	Solid tumors																					
Non-Malignant Hematological Disorders	BM aplasia-SAA																					
	BM aplasia-other **																					
	Aquired Pure red cell anemia																					
	PNH																					
	Congenital bone marrow failure																					
	Hemoglobinopathy-thalassemia																					
	Hemoglobinopathy-other **																					
	Other hematological disease **																					
Non-Hematological	EBV related disorders																					
	Hemophagocytic syndrome																					
	Langerhans cell histiocytosis																					
	Autoimmune disease																					
	Inherited metabolic disease																					
	Primary immune deficiencies																					
	Others **																					
	Total																					

** Free Comments for "other"

Appendix: ***other mixture

	Indication	allogeneic																autologous			
		HLA - id sibling				non - id*				twin				unrelated							
		BM+PB	BM+CB	PB+CB	BM+PB+C	BM+PB	BM+CB	PB+CB	BM+PB+C	BM+PB	BM+CB	PB+CB	BM+PB+C	BM+PB	BM+CB	PB+CB	BM+PB+C	BM+PB	BM+CB	PB+CB	BM+PB+CB
Leukemias	AML																				
	ALL																				
	CML																				
	MDS																				
	CLL inclu.PLL																				
	ATL																				
	MPS/MPD																				
LPD	Lymphoblastic Lymphoma																				
	Mature T.B.NK Cell Lymphoma																				
	Hodgkin Lymphoma																				
	PCD-Myeloma																				
	PCD-other **																				
Solid Tumors	Solid tumors																				
Non-Malignant Hematological Disorders	BM aplasia-SAA																				
	BM aplasia-other **																				
	Aquired Pure red cell anemia																				
	PNH																				
	Congenital bone marrow failure																				
	Hemoglobinopathy-thalassemia																				
	Hemoglobinopathy-other **																				
	Other hematological disease **																				
Non-Hematological Diseases	EBV related disorders																				
	Hemophagocytic syndrome																				
	Langerhans cell histiocytosis																				
	Autoimmune disease																				
	Inherited metabolic disease																				
	Primary immune deficiencies																				
	Others **																				
	Total																				

Memo

Classify the disease as followings:

AML Define by WHOclassification (BM blasts>20%), myeloid NK precursor acute leukemia

MDS Define by WHOclassification (BM blasts<20%)
eg. RA, RN, RT, RCMD, RARS, RAEB, MDS-U, Count MDS/MPD (eg.MDS/MPD unclassified, CMML, JMML) as MDS

MPS/MPD eg. Polycythemia vera, essential thrombocythemia, myelofibrosis

Congenital bone marrow failure eg. Fanconi anemia, Dyskeratosis Congenita, Diamond-Blackfan anemia, congenital dyserythropoetic anemia, severe congenital neutropenia, myelolathexis (WHIM syndrome), Shwachmann -Diamond Syndrome, congenital amegakaryocytic thrombocytopenia

Hemoglobinopathy-other eg. sickle cell disease

EBV related disorders eg. CAEBV, hypersensitivity to mosquito bites

Inherited metabolic disease eg. Mucopolysaccharidosis, Niemann-Pick dis., Gaucher dis., I-cell dis., Pompe dis., Krabbe dis., Metachromatic leukodystrophy, Adreno leukodystrophy, Osteopetrosis

Primary immune deficiencies eg. SCID, Wiskott-Aldrich Syndrome, X-linked hyper IgM syndrome, chronic granulomatosis, Chediak-Higashi syndr

** -other, Others Describe actual disease name in free space.

***For combinations of stem cell products (other mixture) :

At first, fill up the total number of the mixed donors in the "other mixture".

Please fill up the number of the detailed information about the "other mixture" in the appendix.

Autologous stem cells given together with an allogeneic transplant within 7 days = allogeneic transplant

Multiple infusions, e.g. double cord, multiple cord, multiple PBSC within one week are reported as **one transplant only.**

Don't change this form.

Please send it back to the secretary's office of APBMT by FAX or EMAIL: Fax +81-52-719-1973 or +81-561-61-3180 E-mail: office@apbmt.org

Application form for using the Activity Survey Data of APBMT

Please print clearly

Name of applicant:	
Qualifications: ☐MD ☐PhD ☐Nursing qualification ☐Other specify _____	
Department:	
Institution:	
Country/Region:	e-mail
Phone:	Fax:
Study title:	
Objective: Country: Transplant year; from _____to_____ Disease; Stem cell source; BM, PBS, CB Donor types; auto, allo (related, unrelated)	
Research presentation: Conference presentation; Writing paper;	
Does this research keep with the ethical guideline of your country? Yes No	
Does this research get the approval of your institute? Yes No	

Please send the completed form to the following address;

Secretary's Office of APBMT

Department of HSCT Data Management
Nagoya University, School of Medicine
1-1-20 Daiko Minami, Higashi-ku, Nagoya, 461-0047, Japan
TEL +81-52-719-1973 / FAX +81-52-719-1973

Department of Promotion for Blood and Marrow Transplantation (DPBMT)
Aichi Medical University, School of Medicine
21 Karimata, Yazako, Nagakute-cho, Aichi-gun, 480-1195, Japan
Tel: +81-561-62-3311 (Ext.2375)/Fax: +81-561-61-3180

E-mail: office@apbmt.org

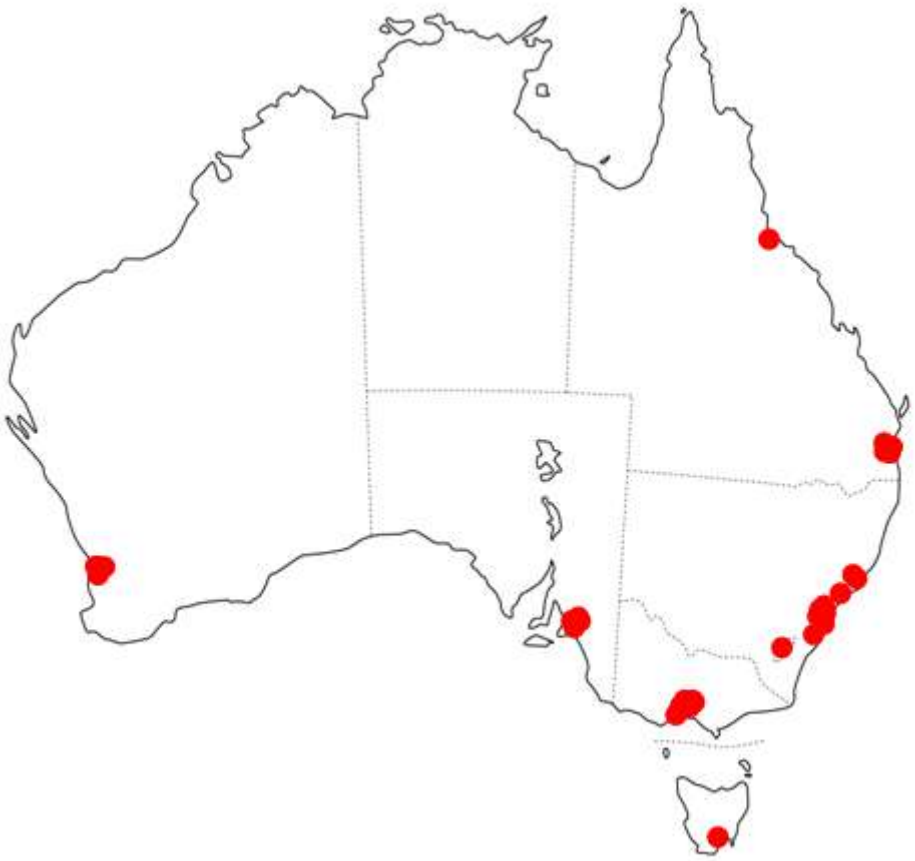
Australia (National Registry) 41 centers

Coordinator: Dr. Ian Nivison-Smith

Supported by Australasian Bone Marrow Transplant Recipient Registry (ABMTRR)

Alfred Hospital	Clinical Haematology & BMT Unit
Ashford Cancer Centre	Department of Haematology
Box Hill Hospital	Haematology Department
Brisbane Private Hospital	BMT Unit
Canberra Hospital	BMT / Apheresis Unit
Concord Hospital	Haematology Department
Fremantle Hospital	Haematology Department
Geelong Hospital	Andrew Love Cancer Centre
Gosford Hospital	Cancer Care Centre
Greenslopes Private Hospital	Cancer Centre
John Hunter Children's Hospital	Paediatric Oncology Unit
Liverpool Hospital	Department of Haematology
Mater Hospital Brisbane	Department of Haematology
Mater Private Hospital Brisbane	Haematology / Oncology
Nepean Hospital	Cancer Care Centre
Newcastle Mater Hospital	Department of Haematology
Peter MacCallum Cancer Centre	Haematology / Medical Oncology Department
Prince of Wales Hospital	BMT Laboratory
Princess Alexandra Hospital	Department of Haematology / Oncology
Princess Margaret Hospital for Children	Haematology Department
Queen Elizabeth Hospital	Department of Haematology
Royal Adelaide Hospital	Division of Haematology
Royal Brisbane Children's Hospital	Banksia Unit
Royal Brisbane Hospital	Division of Cancer Care Services
Royal Children's Hospital	Children's Cancer Centre
Royal Hobart Hospital	Department of Medical Oncology
Royal Melbourne Hospital	BMT Services
Royal North Shore Hospital	Department of Haematology
Royal Perth Hospital	Department of Haematology
Royal Prince Alfred Hospital	Department of Haematology
Sir Charles Gairdner Hospital	Department of Haematology
St George Hospital	Department of Haematology

St Vincent's Hospital	Department of Haematology and SCT
St Vincent's Hospital Melbourne	Department of Clinical Haematology
Sydney Children's Hospital	Department of Haematology
The Children's Hospital at Westmead	Oncology Unit
Townsville Hospital	Department of Haematology - Oncology
Wesley Clinic	Haematology / Oncology
Westmead Hospital	Department of Haematology
Wollongong Hospital	Haematology Department
Women & Children's Hospital	Clinical Haematology / Oncology Department



Mainland China (38 centers)

Coordinator: Dr. Wu Tong

Beijing Cancer Hospital
Beijing Chao-Yang Hospital
Beijing Dao-Pei Hospital
Beijing Friendship Hospital
Beijing Hospital
Beijing Tongren Hospital
Beijing Xuanwu Hospital
Chinese PLA General Hopital
Fujian Medical University Union Hospital
Hainan Provincial People's Hospital
Harbin Hematology and Cancer Institution
Nanfang Hospital Southern Medical University
Nanjing Drum Tower Hospital
Peking University First Hospital
Peking University People's Hospital
PLA Navy General Hospital
PLA. The Military General Hospital of Beijing
Shanghai Changzheng Hospital
Shanghai Children's Medical Center
Shanghai Dao-Pei Hospital
Shanghai Ruijin Hospital
Shanghai Xinhua Hospital
Tangshan Iron and Steel Company Hospital
The First Affiliated Hospital of Chinese PLA General Hospital
The First Affiliated Hospital of Guangxi Medical University
The First Affiliated Hospital of Nanjing University
The First Affiliated Hospital of Soochow University
The First Affiliated Hospital of Zhejiang University
The First Affiliated Hospital of Zhenzhou University
The Second Affiliated Hospital of Henan Medical University
The Third Affiliated Hospital of Sun Yat-sen University
Tongji Hospital of Huazhong University of Science & Technology
West China Hospital

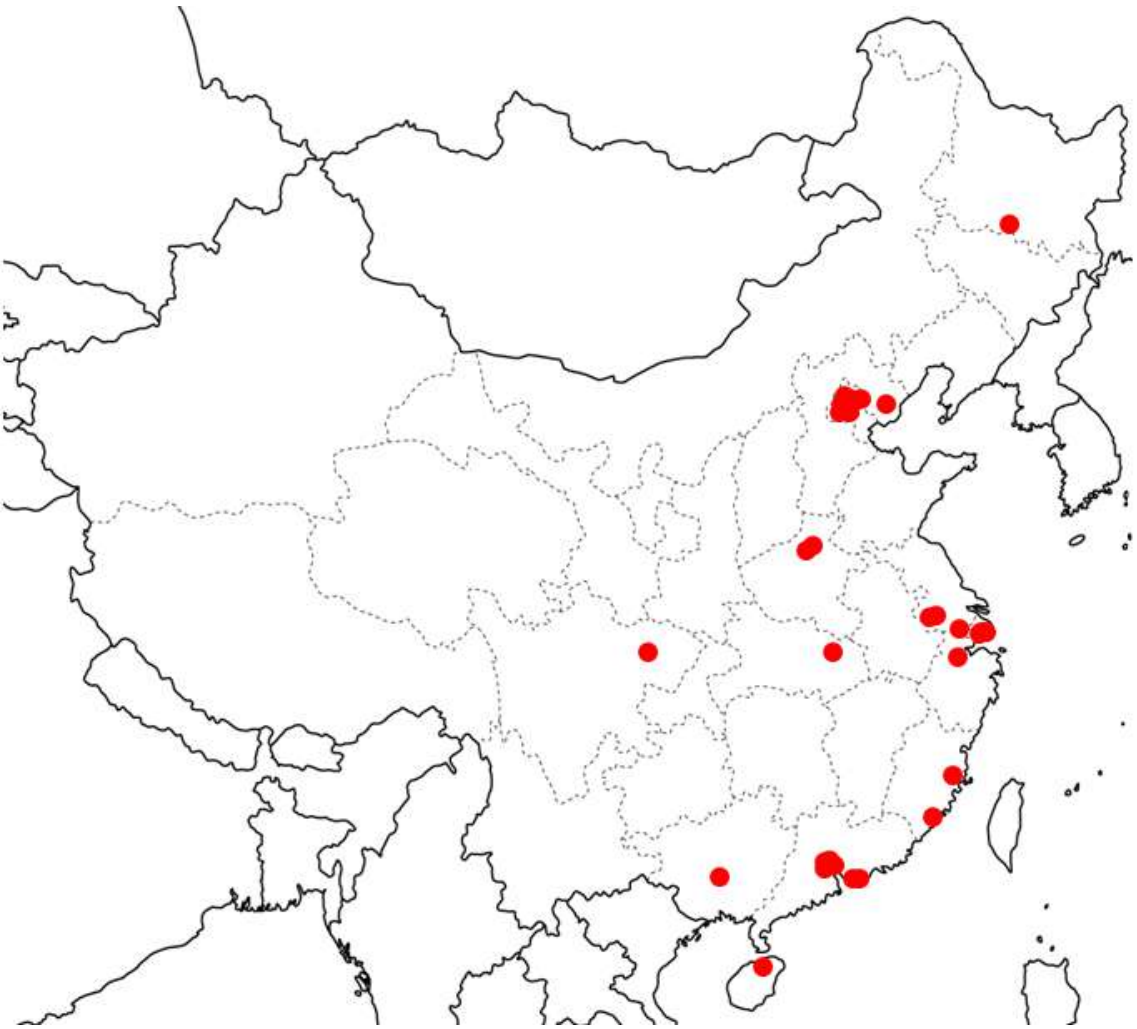
Wuhan Union Hospital of China
Xinqiao Hospital of the Third Military Medical University
Zhongshan Hospital Xiamen University
Zhujiang Hospital Southern Medical University
309th Hospital of PLA

Hong Kong (2 centers/ 3 departments)

Coordinator: Dr. Albert Lie

Queen Mary Hospital, The University of Hong Kong	Department of Medicine
	Department of Paediatrics & Adolescent Medicine
Prince of Wales Hospital, The Chinese University of Hong Kong	Department of Paediatrics

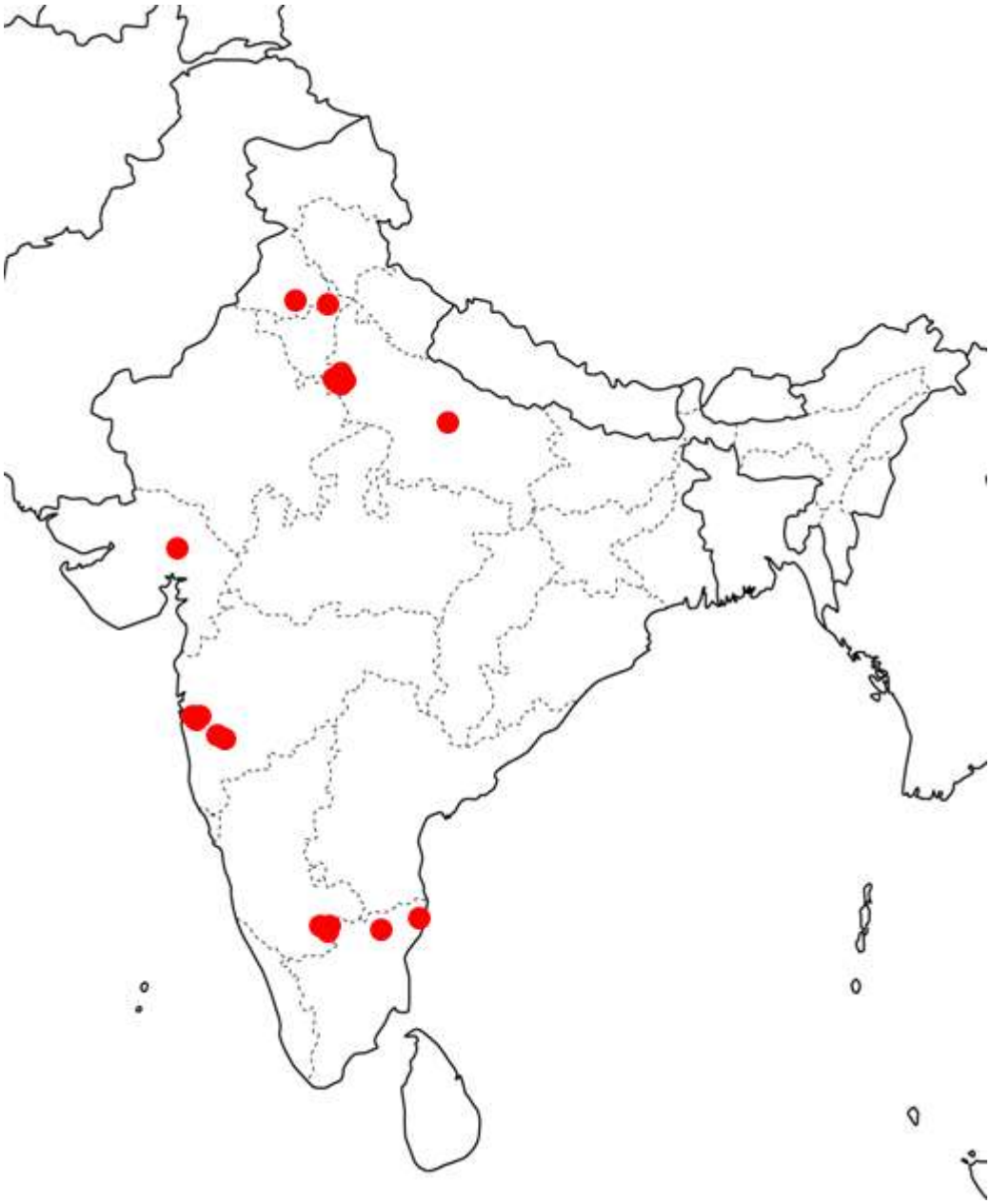
(Mainland China including Hong Kong)



India (19 centers)

Coordinator: Dr. Alok Srivastava

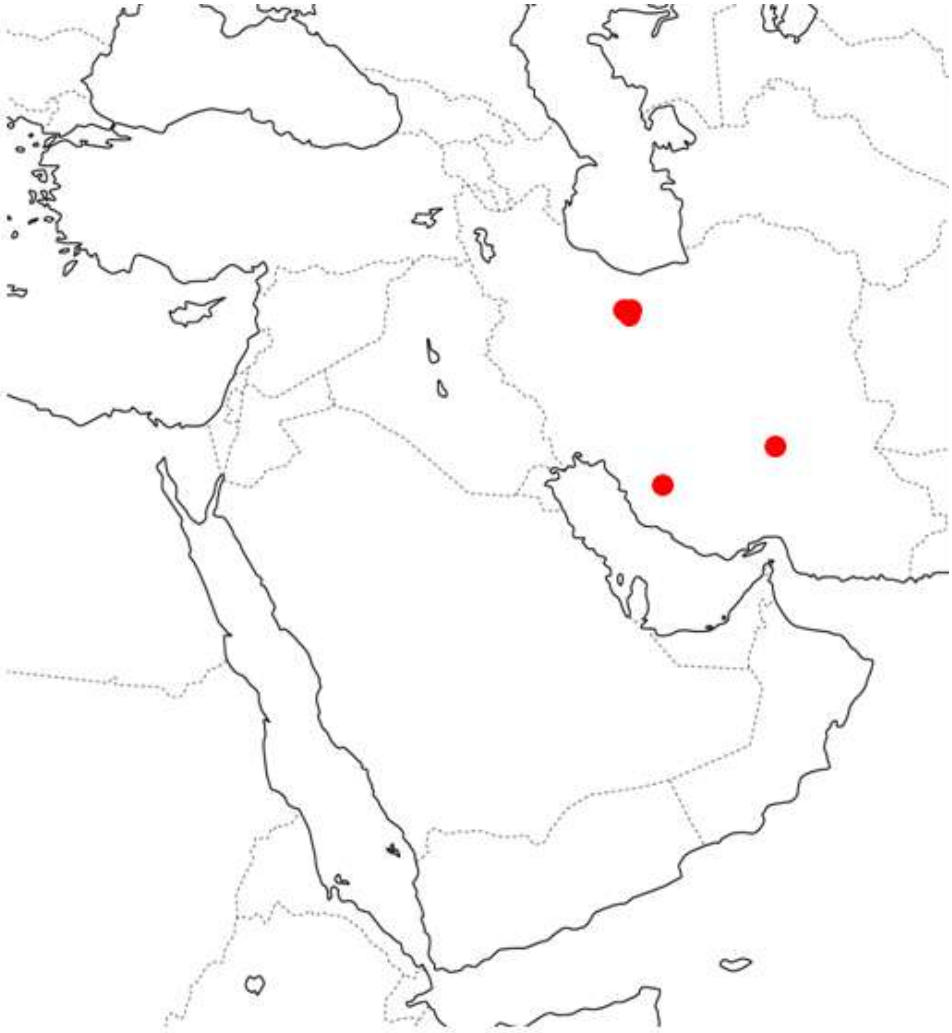
CMC(Christian Medical College), Vellore	Dr. Alok Srivastava, Dr. Vikram Mathews, Dr. Biju George, Dr. Auro Viswabandya
Tata Memorial Centre, Mumbai	Dr. Navin Khattry
Sahyadri Speciality Hospital, Pune	Dr. Shashikant Apte
Apollo Cancer Hospital, Chennai	Dr. Jose M Easow. Dr. Revathi Raj
Army Hospital, New Delhi	Dr. Velu Nair, Dr. Ajay Sharma
Jaslok Hospital and Research Center, Mumbai	Dr. Reetu Jain
Narayana Hrudayala, Bangalore	Dr. Sharat Damodar
Gujarat Cancer & Research Institute, Ahmedabad	Dr. Sandip A. Shah
All India Institute of Medical science, ND	Dr.Manoranjan Mahapatra, Dr.Tulika Seth, Dr. Pravas Mishra
Rajiv Gandhi Cancer Center, New Delhi	Dr. Dinesh Bhurani
Manipal Hospital, Bangalore	Dr. Ashish Dixit, Dr. Amit Rauthan
Postgraduate Institute of Medical Education & Research, Chandigarh	Dr. Pankaj Malhotra, Dr.Subhash Verma
Ruby Hall Clinic, Pune	Dr. Vijay Ramanan
Institute Rotary Cancer Hospital, New Delhi	Dr.Lalit Kumar, Dr. Atul Sharma
B.L.Kapur Memorial Hospital, New Delhi	Dr. Dharma R Choudhary
Prince Aly Khan Hospital, Mumbai	Dr. Tapan Saikia
Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	Dr. Gaurav Srivastava, Dr. Sonia Nityanand
Christian Medical College, Ludhiana	Dr. Joseph John
St. John's Medical College Hospital	Dr. Cecil Ross



Iran (5centers)

Coordinator: Dr. Farnaz Khatami

Tehran University of Medical Sciences	Hematology-Oncology and Stem Cell Transplantation Research Center	Tehran
Tehran University of Medical Sciences	Bone Marrow Transplantation Department in Imam Khomeini Hospital	Tehran
Shahid Behashti University of Medical Sciences	Bone Marrow Transplantation Department in Ayatollah Taleghani Hospital	Tehran
Shiraz University of Medical Sciences	Bone Marrow Transplantation Center	Shiraz
Kerman University of Medical Sciences	Bone Marrow Transplantation Center	Kermen



Japan (National Registry) 373 centers

Coordinators: Dr. Minako Iida, Dr. Yoshiko Atsuta, Dr. Ritsuro Suzuki, Dr. Yoshihisa Kodera

Supported by the Japan Society for Hematopoietic Cell Transplantation, the Japan Society of Pediatric Hematology, Japan Marrow Donor Program, Japan Cord Blood Bank Network

Hokkaido University Hospital	Department of Pediatrics
Hokkaido University Hospital	Stem Cell Transplantation Center
Sapporo Hokuyu Hospital	Department of Pediatrics
Sapporo Hokuyu Hospital	Department of Hematology
Sapporo Medical University Hospital	Department of Pediatrics
Sapporo Medical University Hospital	First Department of Internal medicine
Sapporo Medical University School of Medicine	Fourth Department of Internal Medicine
Asahikawa Medical University	Department of Pediatrics
Asahikawa Medical University	Division of Gastroenterology and Hematology/Oncology Department of Medicine
Asahikawa Red Cross Hospital	Department of Pediatrics
Asahikawa Red Cross Hospital	Department of Hematology and Oncology
Teine Keijinkai Hospital	Department of Hematology
Sapporo City General Hospital	Department of Hematology
National Hospital Organization Hokkaido Cancer Center	Department of Hematology
Hospital Hakodate Hokkaido	Department of Hematology
Asahikawa City Hospital	Department of Hematology
Higashi Sapporo　Hospital	Department of Hematology
Hokkaido Medical Center for Child Health and Rehabilitation	Department of Hematology and Oncology
Kin-ikyo Sapporo Hospital	Department of Internal Medicine
Asahikawa-Kosei general Hospital	Department of Hematology
Hirosaki University Graduate School of Medicine	Department of Pediatrics
Aomori Prefectural Central Hospital	Department of Hematology
Iwate Medical　University	Department of Pediatrics
Iwate Medical University	Division of Hematology and Oncology, Department of Internal Medicine
Tohoku University Graduate School of Medicine	Department of Pediatrics
Tohoku University Graduate School of Medicine	Department of Hematology
National Hospital Organization Sendai Medical Center	Department of Hematology
Miyagi Cancer Center	Division of Hematology, Department of Internal Medicine
Miyagi Children's Hospital	Department of Hematology and Oncology
Japanese Red Cross Ishinomaki Hospital	Department of Internal Medicine
Akita University Hospital	Department of Pediatrics

Akita University Hospital	Division of Hematology
Nakadori General Hospital	Department of Pediatrics
Yamagata University Hospital	Department of Pediatrics
Yamagata University School of Medicine	Department of Neurology, Hematology, Metabolism, Endocrinology and Diabetology
Yamagata Prefectural Central Hospital	Department of Medicine (Hematology)
Fukushima Medical University Hospital	Division of Pediatric Oncology
Fukushima Medical University Hospital	Department of Hematology
Iwaki Kyoritsu General Hospital	Department of Hematology
Ohta General Hospital Foundation	Hematological Disease Center
kita-Fukushima Medical Center	Division of Hematology
Tsukuba University Hospital	Clinical Group of Pediatrics and Pediatric surgery
Tsukuba University Hospital	Department of Hematology
Tsukuba University Hospital	Department of Urology
Ibaraki Children's Hospital	Division of Pediatric Hematology and Oncology
Tsukuba Memorial Hospital	Department of Hematology
Tsuchiura Kyodo General Hospital	Department of Hematology
Hitachi, Ltd. Hitachi General Hospital	Department of Internal Medicine
National Hospital Organization Mito Medical Center	Department of Hematology
KKR Suifu Hospital	Department of Hematology
Jichi Medical University School of Medicine	Department of Pediatrics
Jichi Medical University	Division of Cell Therapy
Dokkyo Medical University	Department of Pediatrics
Dokkyo Medical University School of Medicine	Department of Hematology and Oncology
Tochigi Cancer Center	Department of Hematology
Saiseikai Maebashi Hospital	Leukemia Research Center
Gunma University Hospital	Department of Pediatrics
Gunma University Hospital	Department of Hematology
Maebashi Red Cross Hospital	Department of Pediatrics
Gunma Children’s Medical Center	Division of Hematology/Oncology
National Hospital Organization Nishigunma National Hospital	Department of Hematology
Gunma Cancer Center	Division of Hematology and Oncology
Saitama Cancer Center	Department of Hematology
Fukaya Red Cross Hospital	Department of Internal Medicine
Saitama Medical University Hospital	Department of Pediatrics
Saitama Medical University International Medical Center	Department of Hemato-Oncology

National Defense Medical College	Department of Pediatrics
National Defense Medical College	Division of Hematology
Saitama Children's Medical Center	Department of Hematology and Oncology
Saitama Medical Center, Saitama Medical University	Department of Hematology
Saitama Medical Center Jichi Medical University	Division of Hematology
Comprehensive Cancer Center, International Medical Center, Saitama Medical University	Department of Pediatric Oncology/Hematology
Chiba University Hospital	Department of Pediatrics
Chiba University Hospital	Department of Hematology
Chiba Children's Hospital	Department of Hematology and Oncology
Matsudo City Hospital	Department of Pediatrics
Matsudo City Hospital	Department of Hematology
Kameda General Hospital	Division of Hematology/Oncology, Department of Medicine
Jikei University School of Medicine, Kashiwa Hospital	Division of Oncology and Hematology, Department of Internal Medicine
Chiba Aoba Municipal Hospital	Department of Internal Medicine
Japanese Red Cross Narita Hospital	Department of Pediatric Hematology/Oncology
Japanese Red Cross Society Narita Hospital	Division of Hematology-Oncology
National Cancer Center Hospital East	Department of Chemotherapy
Teikyo University Chiba Medical Center	Department of Hematology
National Cancer Center Hospital	Division of Hematopoietic Stem Cell Transplantation (Pediatrics)
National Cancer Center Hospital	Division of Hematopoietic Stem Cell Transplantation
Research Hospital, The Institute of Medical Science, The University of Tokyo	Department of Pediatric Hematology/Oncology
The Institute of Medical Science, The University of Tokyo	Division of Molecular Therapy, The Advanced Clinical Research Center
Tokyo Metropolitan Cancer and Infectious disease Center Komagome Hospital	Department of Pediatrics
Tokyo Metropolitan Cancer and Infectious disease Center Komagome Hospital	Department of Chemotherapy
Tokyo Metropolitan Cancer and Infectious diseases Center Komagome Hospital	Division of Hematology
Nihon University Itabashi Hospital	Department of Pediatrics and Child Health
Nihon University School of Medicine	Department of Hematology and Rheumatology
Jikei University School of Medicine	Department of Clinical Oncology and Hematology
Keio University School of Medicine	Department of Pediatrics
Keio University School of Medicine	Division of Hematology, Department of Medicine
Tokyo Medical University Hospital	Department of Pediatrics
Tokyo Medical University Hospital	First Department of Internal Medicine, Hematology/Oncology
Tokyo Women's Medical University	Department of Hematology
Showa University School of Medicine	Division of Hematology, Department of Medicine
Kyorin University Hospital	Second Department of Internal Medicine

NTT Kanto Medical Center	Division of Hematology
University of Tokyo Hospital	Department of Cell Therapy and Transplantation Medicine
University of Tokyo Hospital	Department of Cell Therapy and Transplantation Medicine
Juntendo University School of Medicine	Department of Pediatrics
Juntendo University School of Medicine	Department of Hematology
Nippon Medical School Hospital	Department of Pediatrics
Nippon Medical School Hospital	Department of Hematology
Teikyo University Hospital	Department of Pediatrics
Teikyo University school of Medicine	Department of Hematology/ Oncology
Tokyo Metropolitan Children's Medical Center	Division of Hematology and Oncology
Toho University Omori Medical Center	Department of Pediatrics
St. Luke's International Hospital	Department of Pediatrics
National Center for Child Health and Development	Division of Solid Tumor Oncology/Division of Leukemia and Lymphoma
Federation of National Public Service Personnel Mutual Aid Associations Toranomon Hospital	Department of Hematology
National Center for Global Health and Medicine	Division of Hematology, Internal Medicine
Tokyo Medical And Dental University Hospital Faculty of Medicine	Department of Pediatrics
Tokyo Medical and Dental University	Department of Hematology
National Hospital Organization Tokyo Medical Center	Department of Hematology
TOKYO METROPOLITAN TAMA MEDICAL CENTER	Department of Transfusion Medicine
Tokyo Metropolitan Bokuto Hospital	Department of Internal Medicine
Japanese Red Cross Medical Center	Department of Hematology
Saiseikai Central Hospital	Department of Hematology/Oncology /Infectious Disease
Tokyo Metropolitan Geriatric Hospital	Department of Hematology
Yokohama City University Hospital	Department of Pediatrics
Yokohama City University Hospital	Department of Rheumatology/Hematology/Infectious disease
Kanagawa　Cancer Center	Department of Oncology
Kanagawa Cancer Center	Department of Hematology
St. Marianna University School of Medicine	Department of Pediatrics
St. Marianna University School of Medicine	Department of Hematology/Oncology
Tokai University School of Medicine	Department of Cell Transplantation and Regenerative Medicine
Tokai University School of Medicine	Department of Hematology/Oncology
Kanagawa Children's Medical Center	Division of Hemato-oncology/Regeneration Medicine
Yokohama City University Medical Center	Department of Hematology
Showa University Fujigaoka Hospital	Division of Pediatrics
St. Marianna University School of Medicine, Yokohama City Seibu Hospital	Division of Hematology and Oncology, Department of Internal Medicine

Yokohama Municipal Citizen's Hospital	Department of Hematology
Japanese Red Cross Hadano Hospital	Department of Hematology
Yokohama City Minato Red Cross Hospital	Department of Internal Medicine
Niigata University Medical and Dental Hospital	Department of Pediatrics
Niigata University Medical and Dental Hospital	Division of Bone Marrow Transplantation
Niigata Cancer Center Hospital	Department of Pediatrics
Niigata Cancer Center Hospital	Department of Internal Medicine
Nagaoka Red Cross Hospital	Department of Hematology
Toyama Prefectural Central Hospital	Department of Internal Medicine
Kurobe City Hospital	Department of Internal Medicine
University of Toyama	Department of Pediatrics
Kouseiren Takaoka Hospital	Department of Internal medicine
Kanazawa University Hospital	Department of Pediatrics
Kanazawa University Hospital	Department of Hematology and Oncology
Kanazawa Medical University (Hospital)	Department of Hematology and Immunology
Ishikawa Prefectural Central Hospital	Department of Hematology
University of Fukui Hospital	Department of Pediatrics
University of Fukui Hospital	Division of Hematology and Oncology
University of Yamanashi, Faculty of Medicine	Department of Pediatrics
University of Yamanashi	Department of Hematology and Oncology
Yamanashi Prefectural Central Hospital	Department of Medical Oncology
Saku Central Hospital	Department of Internal Medicine
Shinshu University School of Medicine	Department of Pediatrics
Shinshu University School of Medicine	Division of Hematology, Second Department of Internal Medicine
Nagano Children`s Hospital	Department of General Medicine
Nagano Red Cross Hospital	Department of Hematology
Gifu University School of Medicine	Department of Pediatrics
Gifu University School of Medicine	First Department of Internal Medicine
Gifu Municipal Hospital	Department of Pediatrics
Gifu Municipal Hospital	Department of Hematology
Hamamatsu University School of Medicine	Department of Pediatrics
Hamamatsu University School of Medicine	Internal Medicine III
Hamamatsu Medical Center	Department of Pediatrics
Hamamatsu Medical Center	Department of Hematology
Shizuoka General Hospital	Department of Internal Medicine, Division of Hematology/Oncology

Seirei Hamamatsu General Hospital	Department of Pediatrics
Seirei Hamamatsu General Hospital	Department of Hematology
Shizuoka Children’ s Hospital	Division of Hematology and Oncology
JAPANESE RED CROSS SHIZUOKA HOSPITAL	Department of Hematology
Shizuoka Saiseikai General Hospital	Department of Hematology
Shizuoka Cancer Center	Division of Hematology and Stem Cell Transplantation
Juntendo　University, Shizuoka Hospital	Department of Hematology
Japanese Red Cross Nagoya Daiichi Hospital	Division of Hematology/Oncology, Children's Medical Center
Japanese Red Cross Nagoya Daiichi Hospital	Department of Hematology
Nagoya Daini Red Cross Hospital	Department of Pediatrics
Nagoya Daini Red Cross Hospital	Department of Hematology and Oncology
Meitetsu hospital	Department of Hematology
Nagoya University Graduate School of Medicine	Department of Pediatrics
Nagoya University Graduate School of Medicine	Department of Hematology and Oncology
Nagoya Ekisaikai Hospital	Department of Hematology
National Hospital Organization Nagoya Medical Center	Division of Cell Therapy
Nagoya City University Hospital	Department of Pediatrics
Nagoya City University Hospital	Division of Hematology/Oncology and Rheumatology
Anjo Kosei Hospital	Department of Pediatrics
Anjo Kosei Hospital	Department of Hematology and Oncology
Konan Kosei Hospital	Department of Hematology and Oncology
Fujita Health University, School of Medicine	Department of Hematology & Medical Oncology
Aichi Cancer Center Hospital and Research Institute	Department of Hematology/Cell Therapy
Toyohashi Municipal Hospital	Department of Pediatrics
Toyohashi Municipal Hospital	Division of Hematology and Oncology
Aichi Medical University Hospital	Department of Pediatrics
Aichi Medical University Hospital	Department of Internal　Medicine, Division of Hematology
Okazaki City Hospital	Department of Hematology
Komaki City Hospital	Department of Pediatrics
Komaki City Hospital	Department of Hematology
Social Insurance Chukyo Hospital	Department of Hematology
Nagoya Memorial Hospital	Department of Hematology/Chemotherapy
Toyota Memorial Hospital	Department of Hematology
Toyota Kosei Hospital	Department of Internal Medicine
Mie University Graduate School of Medicine	Department of Pediatrics and Cell Transplantation

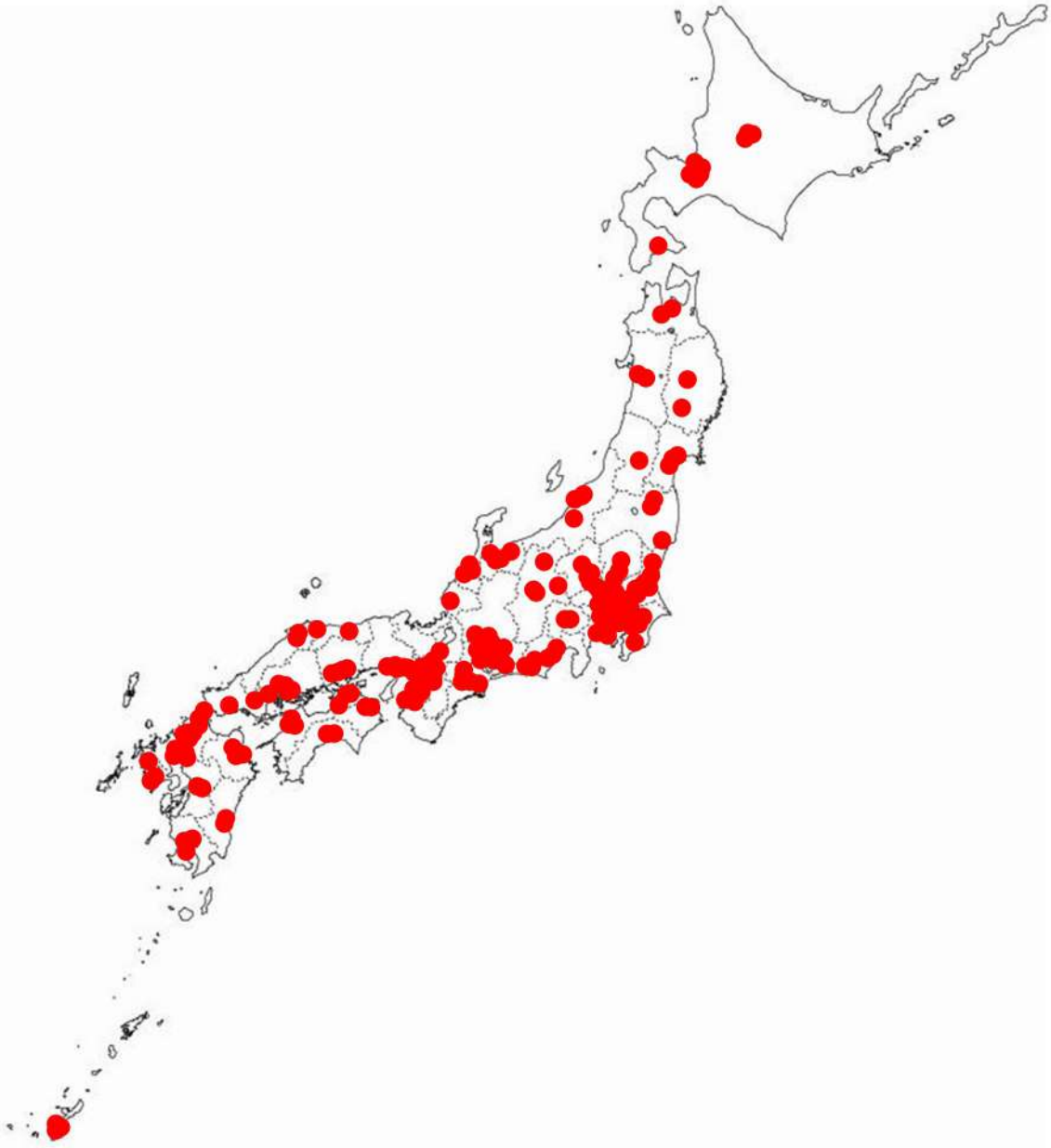
Mie University Hospital	Department of Hematology and Oncology
Mie Kouseiren Matsuzaka General Hospital	Department of Internal Medicine
Yamada Red Cross Hospital	Department of Internal medicine
Suzuka Kaisei Hospital	Department of Internal Medicine
Suzuka General Hospital	Division of Hematology/Oncology
Shiga University of Medical Science	Division of Hematology ,Department of Internal Medicine
Shiga Medical Center for Children	Department of Hematology/Rheumatology
Otsu Red Cross Hospital	Division of Hematology and Immunology
Ohmihachiman Community Medical Center	Division of Hematology, Department of Internal Medicine
Kyoto University Hospital	Department of Pediatrics
Kyoto University Hospital	Department of Hematology / Oncology
Japanese Red Cross Kyoto Daiichi Hospital	Department of Hematology
Kyoto Prefectural University of Medicine	Department of Pediatrics
Kyoto Prefectural University of Medicine	Division of Hematology and Oncology, Department of Medicine
Social Insurance Kyoto Hospital	Department of Hematology
Kyoto City Hospital	Division of Pediatrics
Kyoto City Hospital	Department of Hematology
Aiseikai Yamashina Hospital	Department of Hematology
Kyoto -Katsura Hospital	Department of Pediatrics
Kyoto -Katsura Hospital	Division of Hematology, Department of Internal Medicine
Japanese Red Cross Kyoto Daini Hospital	Department of Hematology
Osaka Medical Center for Cancer and Cardiovascular Diseases	Department of Hematology and Oncology
Kinki University Faculty of Medicine	Department of Pediatrics
Kinki University Faculty of Medicine	Division of Hematology, Department of Internal Medicine
Osaka University Hospital	Department of Pediatrics
Osaka University Hospital	Department of Hematology and Oncology
Osaka City University Graduate School of Medicine	Department of Pediatrics
Osaka City University Hospital	Hematology
Kansai Medical University Hirakata Hospital	Department of Pediatrics
Kansai Medeical University Takii Hospital	Department of Hematology and Respiratory
National Hospital Organization Osaka National Hospital	Department of Pediatrics
National Hospital Organization Osaka National Hospital	Department of Hematology
Osaka City General Hospital	Department of Pediatric Hematology/Oncology
Osaka City General Hospital	Department of Hematology
Osaka Red Cross Hospital	Department of Pediatrics

Osaka Red Cross Hospital	Department of Hematology
Osaka Medical Center and Research Institute for Maternal and Child Health	Department of Hematology/Oncology
Matsushita Memorial Hospital	Department of Pediatrics
Matsushita Memorial Hospital	Department of Hematology
Kishiwada City Hospital	Department of Hematology
Rinku General Medical Center, Izumisano Municipal Hospital	Division of Hematology
Osaka Medical College Hospital	Department of Hematology/Pediatrics
Fuchu Hospital	Division of Hematology
Kansai Medical University Hirakata Hospital	Department of Hematology and Oncology
Sakai Hospital Kinki University Faculty of Medicine	Department of Hematology
NTT West Osaka Hospital	Department of Hematology
Sumitomo Hospital	Department of Hematology
The Tazuke Kofukai Medical Research Institute, Kitano Hospital	Department of Hematology
Nisssay Hospital	Department of Hematology and Chemotherapy
Takatsuki Red Cross Hospital	Department of Hematology and Oncology
Hyogo College of Medicine	Department of Pediatrics
Hyogo College of Medicine	Division of Hematology, Department of Internal Medicine
Hyogo Prefectural Kobe Children's Hospital	Department of Hematology and Oncology
Hyogo Cancer Center	Department of Hematology
Kobe City Medical Center General Hospital	Department of Pediatrics
Institute of Biomedical Research and Innovation	Division of Stem Cell Transplantation
Kobe University Graduate School of Medicine	Department of Pediatrics
Kobe University Graduate School of Medicine	Division of Hematology, Department of Medicine
Kobe University Hospital	Division of Oncology/Hematology, Department of Medicine
Akashi Municipal Hospital	Department of Internal Medicine
Shakaihoken Kobe Central Hospital	Department of Medicine
Hyogo Prefectural Nishinomiya Hospital	Department of Hematology
Shinko Hospital	Department of Hematology
Nara Medical University Hospital	Department of Pediatrics
Nara Medical University Hospital	Department of Hematology and Respiratory
Tenri Hospital	Department of Pediatrics
Tenri Hospital	Department of Hematology
Takanohara Central Hospital	Department of Hematology
Nara Hospital Kinki University Faculty of Medicine	Department of Hematology
Wakayama Medical University	Department of Pediatrics

Wakayama Medical University	Department o Hematology/Oncology
Japanese Red Cross Society Wakayama Medical Center	Department of Pediatrics
Japanese Red Cross Society Wakayama Medical Center	Department of Hematology
Tottori Prefectural Central Hospital	Department of Pediatrics
Tottori Prefectural Central Hospital	Department of Internal Medicine (Hematology)
Tottori university Faculty of Medicine	Division of Pediatrics and Perinatology
Tottori University　Hospital	Department of Hematology and Oncology
National Hospital Organization, Yonago Medical Center	Department of Hematology and Oncology
Shimane Prefectural Central Hospital	Department of Hematology and Oncology
Shimane University Faculty of Medicine	Department of Pediatrics
Shimane University Faculty of Medicine	Department of Hematology
Matsue Red Cross Hospital	Division of Hematology
National Hospital Organization Okayama Medical Center	Department of Pediatrics
National Hospital Organization Okayama Medical Center	Department of Hematology
Kurashiki Central Hospital	Department of Pediatrics
Kurashiki Central Hospital	Department of Haematology/Oncology・Transfusion and Haemapheresis center
Okayama University Hospital	Department of Pediatrics
Okayama University Hospital	Division of Hematology /Oncology
Kawasaki Medical School Hospital	Department of Pediatrics
Kawasaki Medical School Hospital	Department of Hematology
Okayama Rosai Hospital	Department of Medicine
National Hospital Organization Minami-Okayama Medical Center	Division of Hematology
Hiroshima Red Cross Hospital & Atomic-bomb Survivors Hospital	Department of Pediatrics
Hiroshima Red Cross Hospital &　Atomic-bomb Survivors Hospital	Department of　Internal Medicine
Hiroshima University Graduate School of Biomedical Science	Department of Pediatrics
Research Institute for Radiation Biology and Medicine, Hiroshima University Research Center for Radiation Casualty Medicine	Department of Hematology and Oncology
National Hospital Organization Kure Medical Cancer Center and Chugoku Cancer Center	Department of Hematology/Oncology
Hiroshima-Nishi Medical Center	Department of Internal Medicine
Chugoku Central Hospital of the Mutual Aid Association of Public School Teachers	Department of Internal Medicine
Yamaguchi University School of Medicine	Department of Pediatrics
Yamaguchi University School of Medicine	Third Department of Internal of Medicine
Shimonoseki Kosei General Hospital	Division of Hematology, Department of Internal Medicine
Tokushima University Hospital	Department of Pediatrics
Tokushima University Hospital	Cell Therapy Center

Tokushima Red Cross Hospital	Division of Hematology, Department of Medicine
Faculty of Medicine, Kagawa University	Department of Pediatrics
Kagawa University Hospital	Division of Hematology, Department of Internal Medicine, Faculty of Medicine
National Hospital Organization Kagawa Children's Hospital	Division of Pediatric Hematology/Oncology
Takamatsu Red Cross Hospital	Department of Hematology
Kagawa Prefectural Central Hospital	Division of Hematology, Department of Internal Medicine
Ehime Prefectural Central Hospital	Department of Pediatrics
Ehime Prefectural Central Hospital	Division of Hematology, Cancer Center
Matsuyama Red Cross Hospital	Department of Internal Medicine
National Hospital Organization Shikoku Cancer Center	Department of Hematologic Oncology
Ehime University Graduate School of Medicine	Department of Pediatrics
Ehime University Graduate School of Medicine	Department of Bioregulatory Medicine
Uwajima City Hospital	Department of Hematology
Kochi Medical School	Department of Pediatrics
Kochi Medical School	Department of Hematology and Respiratory
Kyushu University Hospital	Department of Pediatrics
Kyushu University	Department of Medicine and Biosystemic Science Faculty of Medicine
Kyushu University.	Department of Medicine and Bioregulatory Science, Graduate School of Medical Sciences
Harasanshin Hospital	Department of Hematology
Hamanomachi Hospital	Department of Hematology
Our Lady of the Snow Social Medical Corporation St. Mary's Hospital	Division of Hematology
Kokura Memorial Hospital	Department of Hematology
Kurume University School of Medicine	Department of Pediatrics
Kurume University School of Medicine	Division of Hematology and Oncology, Department of Medicine
Fukuoka University, School of Medicine	Department of Pediatrics
Fukuoka University Hospital	Division of Medical Oncology, Hematology and Infectious Disease, Department of Medicine
National Kyushu Cancer Center	Department of Pediatrics
National Kyushu Cancer Center	Department of Hematology
University of Occupational and Environmental Health, Japan	Department of Pediatrics
University of Occupational and Environmental Health, Japan	Cancer Chemotherapy Center/Hematology
National Hospital Organization　Kyusyu Medical Center	Department of Hematology
Kitakyushu Municipal Medical Center	Department of　Internal Medicine
Kyushu Kosei-nenkin Hospital	Department of Internal Medicine
Iizuka Hospital	Department of Hematology
Saga Prefectural Hospital Koseikan	Department of Hematology

Faculty of Medicine, Saga University	Department of Pediatrics
Faculty of Medicine, Saga University	Division of Hematology, Respiratory Medicine and Oncology, Department of Internal Medicine
Nagasaki University Hospital	Department of Pediatrics
Atomic Bomb Disease Institute, Nagasaki University Graduate School of Biomedical Sciences	Department of Hematology and Molecular Medicine Unit
Japanese Red Cross Nagasaki Genbaku Hospital	Third Department of Internal Medicine
Sasebo City General Hospital	Department of Hematology
National Hospital Organization Nagasaki Medical Center	Department of Hematology
National Hospital Organization Kumamoto Medical Center	Division of Pediatrics
National Hospital Organization Kumamoto Medical Center	Department of Hematology
Kumamoto University School of Medicine	Department of Hematology and Infectious Diseases
Oita University Faculty of Medicine	Department of Pediatrics and Child Neurology
Oita University Hospital	Department of Hematology
Oita Prefectural Hospital	Department of Pediatrics
Oita Prefectural Hospital	Department of Hematology
Tsurumi Hospital	Department of Hematology
Kyushu University Hospital at Beppu	Division of Immunology, Hematology and Metabolic Disease
University of Miyazaki	Division of Pediatrics
University of Miyazaki Hospital	Second Department of Internal Medicine
Imamura Bun-in Hospital	Department of Hematology
Kagoshima University Medical and Dental Hospital	Department of Pediatrics
Kagoshima University Medical and Dental Hospital	Department of Hematology and Immunology
Kagoshima City Hospital	Department of Pediatrics
National Hospital Organization Kagoshima Medical Center	Department of Hematology
Faculty of Medicine, University of the Ryukyus	Division of Child Health and Welfare, department of Investigative Medicine
Ryukyu University Hospital	Second Department of Internal Medicine/Cancer Center
Okinawa Prefectural Nanbu Medical Center & Children Medical Center	Department of Pediatric Hematology/Oncology
Heart-Life Hospital	Department of Haematology
Okinawa Red Cross Hospital	Department of Internal Medicine



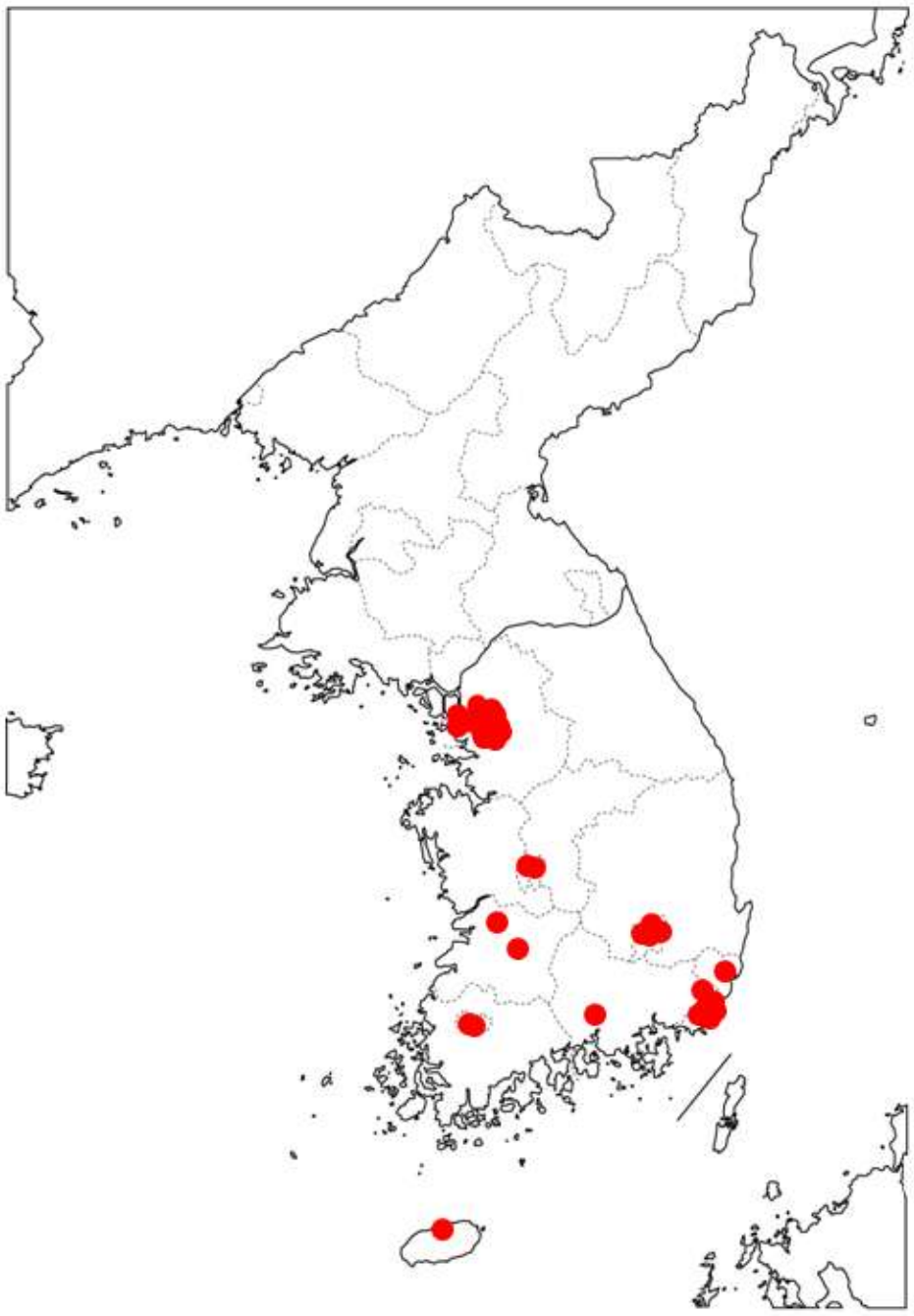
Korea (42centers)

Coordinator: Dr. Nack-Gyun Chung

Supported by Korea Marrow Donor Program, Catholic Hemopoietic Stem Cell Bank, Korea Stem Cell Transplantation Nurse Association

Ajou University Hospital
CHA Univesity Bundang CHA Hospital
Chonnam National University Hwasun Hospital
Chonbuk National University Hospital
Chosun University Hospital
Chung-Ang University Hospital
Chungnam National University Hospital
Daegu Catholic University Hospital
Daegu Fatima Hospital
Dong-A University Hospital
Ewha Womans Univesity Mokdong Hospital
Gachon University Gil Hospital
Gyeongsang National University Hospital
Hallym University Kangdong Sacred Heart Hospital
Hanyang University Hospital
Inha University Hospital
Inje University Pusan Paik Hospital
Inje University Haeundae Paik Hospital
Jeju Halla General Hospital
Konkuk University Medical Center
Korea Cancer Center Hospital
Korea University Anam Hospital
Korea University Guro Hospital
Kosin University Gospel Hospital
Kyung Hee University Hospital
Kyungpook National University Hospital
National Cancer Center
Pusan National University Hospital
Pusan National University Yangsan Hospital
Seoul National University Hospital
Soonchunhyang University Bucheon Hospital
Soonchunhyang University Seoul Hospital
Sungkyunkwan University Samsung Medical Center

The Catholic University Daejeon St. Mary's Hospital
The Catholic University Saint Vincent's Hospital
The Catholic University Seoul St. Mary's Hospital
Ulsan University Asan Medical Center
Ulsan University Hospital
Wonkwang University Hospital
Yeungnam University Hospital
Yonsei University Severance Hospital
Yonsei University Wonju Christian Hospital



New Zealand (National Registry) 6 centers

Coordinator: Dr. Ian Nivison-Smith

Supported by Australasian Bone Marrow Transplant Recipient Registry (ABMTRR)

Auckland Hospital	Haematology Department
Christchurch Hospital	Department of Haematology
Palmerston North Hospital	Department of Haematology
Starship Hospital	Department of Haematology / Oncology
Waikato Hospital	Department of Haematology
Wellington Hospital	Haematology Department

Pakistan (2centers)

National Institute of Blood Diseases and Blood and Marrow Transplantation	Dr. Tahir Shamsi Dr. Tasneem Farzana
The Aga Khan University Hospital	Dr. Salman Naseem Adil Dr. Natasha Ali

Taiwan (National Registry) 12 Centers

Coordinator: Dr. Tzeon-Jye Chiou

Buddhist Tzu Chi General Hospital
Chiayi - Chang Gung Medical Foundation
Chia-Yi Christian Hospital
China Medical University Hospital
Kaohsiung Medical University Chung-Ho Memorial Hospital
Koo Foundation Sun Yat-Sen Cancer Center
Linkou - Chang Gung Medical Foundation
National Cheng Kung University Hospital
National Taiwan University Hospital
Taichung Veterans General Hospital
Taipei Veterans General Hospital
Tri-Service General Hospital and National Defense Medical Center

Malaysia (National Registry) 10 Centers

Coordinator: Dr. Lee Lee Chan

Hospital Ampang, Kuala Lumpur	Haematology Department
Hospital Kuala Lumpur	Paediatrics BMT Unit, Institute Paediatrics
Gleneagles Medical Centre, Penang	Oncology-Haematology Department
Lam Wah Ee Hospital	Oncology-Haematology Department
Sime Darby Medical Centre	Haematology Department
Sime Darby Medical Centre	Paediatrics BMT Unit
Hospital Universiti Kebangsaan Malaysia	Maybank BMT Centre
University Malaya Medical Centre	Division of Haematology, Department of Medicine
University Malaya Medical Centre	Paediatric BMT Unit, Department of Paediatrics
Ampang Puteri Specialist Hospital	Haematology Department
Hospital Universiti Sains Malaysia	Haematology Department
Hospital Pulau Pinang	Haematology Department

(Pediatric 3 departments, Adults 9 departments, covering 100% of SCT in Malaysia)

Singapore (3centers/4departments)

National University Hospital	Department of Pediatrics Department of Haematology	Dr. Poh-Lin Tan Dr Tan Lip Kun
Singapore General Hospital	Department of Haematology	Dr.William Hwang
KK Hospital Women's and Children's Hospital	Department of Paediatric Haematology and Oncology	Dr. Tan Ah Moy

（National Registry is under development.）

Thailand (5 centers/9 departments)

Coordinators: Dr. Saengsuree Jootar, Dr. Surapol Issaragrisil

Faculty of Medicine Ramathibodi Hospital	Department of Medicine Department of Pediatrics
King Chulalongkorn Memorial Hospital	Medicine Department Paediatrics Department
The Army Hospital	Department of Pediatrics Department of Medicine
Prince of Songkla University Hospital	Department of Medicine
Faculty of medicine Siriraj Hospital	Department of Medicine Department of Pediatrics

Vietnam (3 centers)

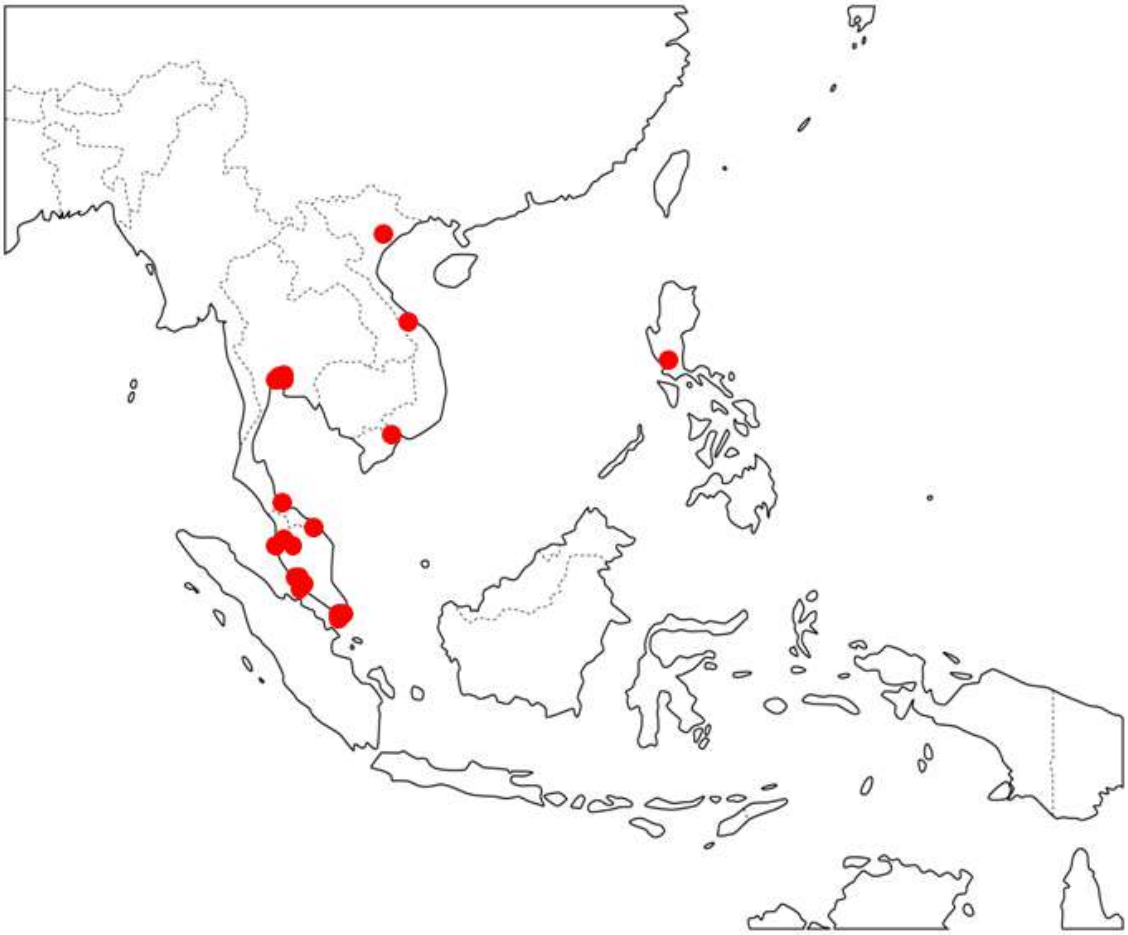
Coordiantor: Dr. Tran Van Binh

Blood Transfusion and Hematology Center (Ho Chi Minh city)	Department of Clinical Hematology	Dr. Tran Van Binh
Hue Regional Hematology & Blood Transfusion Center (Hue)		Dr. Nguyen Ngoc Minh
National Institute of Blood Transfusion and Hematology (Hanoi)		Dr Nguyen Anh Tri

The Philippines (1center)

St. Luke's Medical Center	Dr. Honorata G Baylon

(Malaysia, Singapore, Thailand, Vietnam and the Philippines)



APBMT Outcome Registry

About the APBMT Outcome Registry

The APBMT Outcome Registry was launched in July 2010. The original APBMT Outcome Registry Forms are identical to the forms of the MED-A of the EBMT or the TED of the CIBMTR and the subjects for registration were the same as the subjects for the APBMT Activity survey. However, the original forms were too large for some countries/regions and it was difficult to collect data for the reporting year 2008 because it is already two years ago. Then simplified report forms with fewer items were introduced by the APBMT Data Center.
The following were agreed upon by the Scientific Committee.

1. For countries/regions with difficulty reporting with the original APBMT Outcome Registry Report Forms, a simplified version of the report forms, "Least Minimum Dataset" forms, will be accepted as an alternative. All of the items in the "Least Minimum Dataset (LMD)" are in the original APBMT Outcome Registry Report Forms.
2. The countries/regions will start reporting from HSCT performed in 2010 (2011, according to their situation).
3. The APBMT Data Center will prepare data transfer agreements between centers and the APBMT, and the APBMT and the CIBMTR.

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

APBMT Registry "LMD"
Day 100 report sheet

CENTRE IDENTIFICATION

APBMT Center # _____

Hospital: _____Unit: _____

Contact person _____

Country: □ Australia □ China □ Hong Kong □ India
□ Indonesia □ Iran □ Japan □ Korea □ Malaysia
□ New Zealand □ Pakistan □ Philippines □ Singapore
□ Taiwan □ Thailand □ Vietnam

PATIENT IDENTIFICATION

Unique Patient Number or Code:_____

Date of Birth: _____ - _____ - _____ (*yyyy – mm* - dd)

Sex: □ Male □ Female

Disease

□ AML □ ALL □ CML □ MDS □ CLL inclu PLL □ MPS/MPD
□ ATL □ NHL □ Hodgkin □ PCD(MM) □ BM aplasia-other
□ SAA □ Hemoglobinopathy □ Solid tumor □ Other_____

HSCT

Type of HSCT:
□ **Autologous**
□ **Allogeneic**

Source of Stem Cells *(check all that apply)*:
□ Bone Marrow □ Peripheral Blood
□ Cord Blood □ Other: _____

Date of this HSCT: _____ - _____ - _____(*yyyy - mm* - dd)

Chronological no. of HSCT for this patient _____

Was this intended to be myeloablative? *(allo only)*
□ Yes □ No

DONOR

HLA match type
□ Syngeneic *(monozygotic twin)*
□ HLA-identical sibling *(may include non-monozygotic twin)*
□ HLA-matched other relative
□ HLA-mismatched relative:
Degree of allele mismatch □ 1 HLA antigen mismatch
□ ≥ 2 HLA antigen mismatch
□ Unrelated donor

Complete number of mismatches inside each box

A	B	C	DRB1	DQB1	DPB1	
□	□	□	□	□	□	Antigenic
						HLA code is 2 digits
□	□	□	□	□	□	Allelic
						HLA code is 4 digits

0=match; 1=one mismatch; 2=2 mismatches; ND=not done

Donor Sex ☆Male ☆ Female

Preparative regimen

(Check all that apply) cGy Gy

□ TBI .....___ ___ ___ ___□ □
□ TLI, TNI, TAI.....___ ___ ___ ___□ □
□ ALG, ALS, ATG, ATS (before d0) — □ Horse □ Rabbit
□ anthracycline
— □ daunorubicin □ doxorubicin □ idarubicin
□ bleomycin
□ busulfan — □ Oral □ IV □ Both
□ carboplatin
□ carmustine (BCNU)
□ cisplatin
□ corticosteroids
□ cyclophosphamide
□ cytarabine (Ara-C)
□ etoposide (VP16)
□ fludarabine
□ ifosfamide
□ imatinib mesylate (Gleevec, Glivec)
□ lomustine(CCNU)
□ melphalan(L-PAM)
□ mitoxantrone
□ monoclonal antibody(MAb)
— □ Campath
□ Rituximab (Rituxan, anti-CD20)
□ Gemtuzumab (Mylotarg, anti-CD33)
□ paclitaxel (Taxol , Xyotax)
□ tenoposide (VM26)
□ thiotepa
□ other, specify :
□ radiolabeled MAb
— □ Tositumomab(Bexxar) □ Ibritumomab(Zevalin)

GvHD prophylaxis given (Allografts only)
□ No □ Yes: □ Immunosuppressive chemotherapy
□ ALG, ALS, ATG, ATS (after d0)
□ Corticosteroids
□ Cyclosporine (CSA)
□ ECP (extra-corporeal photopheresis)
□ FK 506 (Tacrolimus, Prograf)
□ Methotrexate (MTX)
□ in vivo monoclonal antibody (MAb)
— □ Anti CD25 (Zenapax, Daclizumab, AntiTAC)
□ Campath
□ Etanercept (Enbrel)
□ Infliximab (Remicade)
□ Other
□ Mycophenolate (MMF, Cellcept)
□ Sirolimus (Rapamycin, Rapamune)
□ Other drug, specify_____

Absolute neutrophil count (ANC) recovery *(engraftment)*
(Neutrophils ≥0.5X10^9/L)
□ No: Date of last assessment: _____ - _____ - _____(*yyyy - mm*- dd)
□ Yes: Date of ANC recovery: _____ - _____ - _____(*yyyy - mm* - dd)
□ Lost graft
□ Never below
□ Unknown

Acute Graft Versus Host Disease *(Allografts only)*
Maximum Grade:
□ 0 (none) □ I □ II □ III □ IV
□ Present but grade unknown □ Not applicable

Best disease status (response) after HSCT
(prior to treatment modification in response to a post HSCT disease assessment)
□ Continued complete remission (CR)
□ CR achieved: Date achieved : _____ - _____ - _____(*yyyy - mm*- dd)
□ Never in CR: Date assessed : _____ - _____ - _____(*yyyy - mm*- dd)
□ Not evaluated

First relapse or progression after HSCT *(Not persistent disease)*
Relapse/progression detected by clinical/haematological method:
□ No: Date assessed _____ - _____ - _____ (*yyyy – mm* - dd)
□ Yes: Date first seen _____ - _____ - _____ (*yyyy – mm* - dd)
□ Not evaluated

Survival Status:
□ Alive □ Dead □ Died before HSCT
Date of last contact:
Date of last follow up or death: _____ - _____ - _____(*yyyy - mm* - dd)

Main Cause of Death *(check only one main cause)*:
□ Relapse or Progression/Persistent disease
□ HSCT Related Cause
(check as many as appropriate):
□ GVHD □ Cardiac Toxicity
□ Rejection/Poor graft function □ Infection
□ Pulmonary toxicity □ Veno occlusive disorder
□ Other: _____
□ Unknown
□ Other: _____

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

AML **ALL** **Other Acute Leukemias**

ACUTE LEUKEMIAS

Classification:

AML with recurrent genetic abnormalities

- ☐ AML with t(8;21)(q22;q22), (AML1/ETO)
- ☐ AML with abnormal bone marrow eosinophils and inv(16)(p13q22) or t(16;16)(p13;q22) CBFβ/MYH11)
- ☐ AML with t(15;17)(q22;q12), (PML/RARα) and variants (FAB M3)
- ☐ AML with 11q23, (MLL) abnormalities
- ☐ AML with multilineage dysplasia (w/o MDS or MPS/MDS antecedents)

Acute Lymphoblastic Leukemia (ALL)

- ☐ Precursor B-cell ALL
- ☐ t(9;22)(a34;q11); BCR/ABL
- ☐ t(v;11q23); MLL rearranged
- ☐ t(1;19)(q23;p13) E2A/PBX1
- ☐ t(12;21)(p12'q22) ETV/CBF-alpha
- ☐ Precursor T-cell ALL
- ☐ ALL not otherwise specified

Other Acute Leukemias

- ☐ Acute undifferentiated leukaemia
- ☐ Biphenotypic, bilineage, hybrid
- ☐ Acute mast cell leukaemia
- ☐ Other,specify_____

AML not otherwise categorised

- ☐ AML, mimimally differentiated (FAB M0)
- ☐ AML without maturation (FAB M1)
- ☐ AML with maturation (FAB M2)
- ☐ Acute myelomonocytic leukemia (FAB M4)
- ☐ Acute monoblastic/acute monocytic leukemia (FAB M5)
- ☐ Acute erythroid leukemia (erythroid/myeloid and pure erythroleukemia) (FAB M6)
- ☐ Acute megakaryoblastic leukemia (FAB M7)
- ☐ Acute basophilic leukemia
- ☐ Acute panmyelosis with myelofibrosis
- ☐ Myeloid sarcoma
- ☐ AML not otherwise specified

☐ Transformed from MDS → Complete MDS section on Disease Classification Sheet 3. Do not complete the remainder of AML

Secondary origin

- ☐ Yes: Disease related to prior exposure to therapeutic drugs or radiation
- ☐ No
- ☐ Unknown

Status at HSCT:

STATUS	**NUMBER**	**FOR COMPLETE REMISSION ONLY, TYPE OF REMISSION**				
	(complete only for CR or relapse)		No	Yes	Not evaluated	Unknown
☐ Primary induction failure						
☐ Complete haematological remission (CR)	☐ 1st	Cytogenetic	☐	☐	☐	☐
☐ Relapse	☐ 2nd	Molecular	☐	☐	☐	☐
☐ Never treated	☐ 3rd or higher					

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

CML

CHRONIC MYELOGENOUS LEUKEMIA (CML) Note: CMML is not a CML

Classification:

At least one investigation must be positive

Translocation (9;22)	□ Absent	□ Present	□ Not evaluated
bcr-abl	□ Absent	□ Present	□ Not evaluated

Status at HSCT:

PHASE	**NUMBER**	**FOR CHRONIC PHASE ONLY** Presence and type of CR (check all that apply)				
□ Chronic phase (CP)	□ 1st	Haematological	□ Yes	□ No	□ Not evaluated	□ Unknown
□ Accelerated phase	□ 2nd	Cytogenetic *(t[9;22))*	□ Yes	□ No	□ Not evaluated	□ Unknown
□ Blast crisis	□ 3rd or higher	Molecular *(bcr-abl)*	□ Yes	□ No	□ Not evaluated	□ Unknown

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

MDS

MYELODYSPLASTIC SYNDROME (MDS) combined MD/MPS is on MPS/MPD

Please fill in both the WHO and FAB classifications if possible

WHO Classification at HSCT :

- □ Refractory anaemia (RA)
- □ Refractory anaemia with ring sideroblasts (RARS)
- □ RA with excess of blasts-1 (RAEB-1)
- □ RA with excess of blasts-2 (RAEB-2)
- □ Refractory cytopenia with multilineage dysplasia (RCMD)
- □ RCMD-RS
- □ MDS associated with isolated del(5q)
- □ Transformed to AML: Date of transformation_____ - _____ - _____
  yyyy mm dd
- □ MDS Unclassifiable (MDS-U)

FAB Classification at HSCT :

- □ RA
- □ RARS
- □ RAEB
- □ RAEB in transformation (RAEB-t)
- □ Transformed to AML *(fill date in opposite column)*
- □ MDS Unclassifiable

Secondary origin:
(other than transformed to AML)

- □ Yes: Disease related to prior exposure to therapeutic drugs or radiation
- □ No
- □ Unknown

Status at HSCT :

Treated with chemotherapy:

- □ Primary refractory phase (no change)
- □ Complete remission (CR)
- □ Improvement but no CR
- □ Relapse (after CR)
- □ Progression/worse
- □ Untreated (Supportive care or treatment without chemotherapy)

NUMBER (complete for CR or relapse)

- □ 1st
- □ 2nd
- □ 3rd or higher

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

CLL inclu. PLL

OTHER LEUKEMIAS

Classification:

- ☐ Chronic lymphocytic leukemia (CLL)
- ☐ Prolymphocytic Leukemia
  - ☐ PLL, B-cell
  - ☐ PLL, T-cell
- ☐ Hairy Cell Leukemia
- ☐ Other leukemia, specify:_____

Status at HSCT

- ☐ Stable disease/No response
- ☐ Complete remission (CR)
- ☐ Partial remission (PR)
- ☐ nodular Partial remission (nPR)
- ☐ Relapse
- ☐ Progression
- ☐ Never treated

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

MPS / MPD

Combined Myelodysplastic/Myeloproliferative Syndrome (MD/MPS)

Classification at HSCT :

- ☐ Chronic myelomonocytic leukaemia (CMMoL, CMML)
- ☐ Juvenile myelomonocytic leukaemia (JCMMoL, JMML, JCML, JCMML)
- ☐ Atypical CML ((t(9;22) negative and bcr/abl negative)
- ☐ Transformed to AML: Date of transformation_____ - _____ - _____ (yyyy - mm - dd)

Secondary origin : (other than transformed to AML)
- ☐ Yes: Disease related to prior exposure to therapeutic drugs or radiation
- ☐ No
- ☐ Unknown

Status at HSCT :

MDS or CMML (including Transformed to AML) / Atypical CML

Treated with chemotherapy:
- ☐ Primary refractory phase (no change)
- ☐ Complete remission (CR)
- ☐ Improvement but no CR
- ☐ Relapse (after CR)
- ☐ Progression/worse
- ☐ Untreated (Supportive care or treatment without chemotherapy)

NUMBER (complete for CR or relapse)
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher

JMML
- ☐ Stable disease (SD)
- ☐ Complete response (CR)
- ☐ Minimal response (MR)
- ☐ Partial response (PR)
- ☐ Progression (PD)

MYELOPROLIFERATIVE SYNDROMES

Classification at HSCT :
- ☐ Chronic idiopathic myelofibrosis (primary myelofibrosis, fibrosis with myeloid metaplasia)
- ☐ Polycythemia vera
- ☐ Essential or primary thrombocythemia
- ☐ Hyper eosinophilic syndrome (HES)
- ☐ Chronic eosinophilic leukaemia (CEL)
- ☐ Chronic neutrophilic leukaemia
- ☐ Stem cell leukemia-Lymphoma syndrome (8p11 syndrome)
- ☐ Secondary myelofibrosis:
- ☐ Transformed to AML: Date of transformation_____ - _____ - _____
  yyyy mm dd
- ☐ MPS not otherwise specified
- ☐ Other, specify: _____

Secondary origin: (other than transformed to AML)
- ☐ Yes: Disease related to prior exposure to therapeutic drugs or radiation
- ☐ No
- ☐ Unknown

Status at HSCT :

Treated with chemotherapy:
- ☐ Primary refractory phase (no change)
- ☐ Complete remission (CR)
- ☐ Improvement but no CR
- ☐ Relapse (after CR)
- ☐ Progression/worse
- ☐ Untreated (Supportive care or treatment without chemotherapy)

NUMBER (complete for CR or relapse)
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

NHL **Hodgkin** **ATL**

LYMPHOMAS

Classification:

☐ **Non-Hodgkin's lymphoma (NHL)**

B-cell Neoplasms

- ☐ Follicular lymphoma
  - ☐ Grade I ☐ Grade II ☐ Grade III ☐ Unknown
- ☐ Mantle cell lymphoma
- ☐ Extranodal marginal zone of MALT type
- ☐ Diffuse large B-cell lymphoma *(If known indicate subtype)*
  - ☐ Intravascular large cell lymphoma
  - ☐ Mediastinal large cell lymphoma
  - ☐ Primary effusion large cell lymphoma
- ☐ Burkitt's lymphoma/Burkitt cell leukemia (ALL L3)
  - ☐ High grade B-cell lymphoma, Burkitt-like (provisional entity)
- ☐ Lymphoplasmacytic lymphoma
- ☐ Waldenstrom macroglobulinaemia
- ☐ Splenic marginal zone B-cell lymphoma
- ☐ Nodal marginal zone B-cell lymphoma
- ☐ Primary CNS lymphoma
- ☐ Other B-cell, specify: _____

T-cell & NK-cell Neoplasms

- ☐ Angioimmunoblastic (AILD)
- ☐ Peripheral T-cell lymphoma (all variants)
- ☐ Anaplastic large-cell, T/null cell, primary cutaneous
- ☐ Anaplastic large-cell, T/null cell, primary systemic
- ☐ Extranodal NK/T-cell lymphoma, nasal type
- ☐ Enteropathy-type T-cell lymphoma
- ☐ Hepatosplenic gamma-delta T-cell lymphoma
- ☐ Subcutaneous panniculitis-like T-cell lymphoma
- ☐ Adult T-cell lymphoma/leukaemia (HTLV1+)
- ☐ Aggressive NK-cell leukaemia
- ☐ Large T-cell granular lymphocytic leukaemia
- ☐ Mycosis fungoides
- ☐ Sezary syndrome
- ☐ Other T/NK-cell, specify: _____

☐ **Hodgkin:**

☐Nodular lymphocyte predominant ☐Lymphocyte rich ☐Nodular sclerosis ☐Mixed cellularity
☐Lymphoma depleted ☐Other, specify:_____

Status at HSCT :

STATUS

- ☐ Never treated
- ☐ Primary refractory
- ☐ Complete remission (CR)
  - ☐ Confirmed ☐ Unconfirmed (CRU*)
- ☐ 1st Partial response (PR1)
- ☐ Partial response>1 *(never in CR)* (PR>1)
- ☐ Relapse
- ☐ Progression

NUMBER

(complete only for CR, PR>1 or relapse)

- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher

SENSITIVITY TO CHEMOTHERAPY VSENSIT

(complete only for relapse)

- ☐ Sensitive
- ☐ Resistant
- ☐ Untreated
- ☐ Unknown

*CRU – complete response with persistent scan abnormalities of unknown significance

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

APBMT Registry "LMD"

Disease classification sheet

P C D (MM)

PLASMA CELL DISORDERS including MULTIPLE MYELOMA

Classification

IG CHAIN TYPE

- ☐ Multiple myeloma IgG
- ☐ Multiple myeloma IgA
- ☐ Multiple myeloma IgD
- ☐ Multiple myeloma IgE
- ☐ Multiple myeloma IgM (not Waldenstrom)
- ☐ Multiple myeloma- light chain only
- ☐ Multiple myeloma-non-secretory

- ☐ Plasma cell leukemia
- ☐ Solitary plasmacytoma
- ☐ Primary amyloidosis
- ☐ Other, specify: _____

LIGHT CHAIN TYPE

- ☐ Kappa
- ☐ Lambda

Status at HSCT :

- ☐ Never treated
- ☐ Complete remission (CR)
- ☐ Partial remission (PR)
- ☐ Minimal response (MR)
- ☐ Relapse from CR (untreated)
- ☐ Progression
- ☐ No change / stable disease

NUMBER (complete for CR, PR or relapse)

- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

APBMT Registry "LMD"

Disease classification sheet

SAA **BM aplasia-other**

ANAEMIA

Classification :

- ☐ Acquired Severe Aplastic Anaemia (SAA), not otherwise specified
  - ☐ Acquired SAA, secondary to hepatitis
  - ☐ Acquired SAA, secondary to toxin/other drug
  - ☐ Amegakaryocytosis, acquired (not congenital)
  - ☐ Acquired Pure Red Cell Aplasia (PRCA) (not congenital)
  - ☐ Other acquired cytopenic syndrome, specify: _____
  - ☐ Paroxysmal nocturnal hemoglobinuria (PNH)

Congenital:

- ☐ Fanconi anaemia
- ☐ Diamond-Blackfan anaemia (congenital PRCA)
- ☐ Schwachman-Diamond
- ☐ Other congenital anaemia, specify: _____

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Disease classification sheet

Hemoglobinopathy

HAEMOGLOBINOPATHY

Classification :

- ☐ Thalassemia
- ☐ Sickle cell disease
- ☐ Other hemoglobinopathy, specify: _____

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy *mm* *dd*

APBMT Registry "LMD"

Disease classification sheet

Solid tumor

Solid Tumor

Classification:

- ☐ Bone sarcoma (excluding Ewing sarcoma/PNET)
- ☐ Central nervous system tumors (include CNS PNET)
- ☐ Colorectal
- ☐ Ewing sarcoma/PNET, extra-skeletal
- ☐ Ewing sarcoma/PNET, skeletal
- ☐ Germ cell tumour, extragonadal only
- ☐ Hepatobiliary
- ☐ Lung cancer, non-small cell
- ☐ Lung cancer, small cell
- ☐ Medulloblastoma
- ☐ Melanoma
- ☐ Breast
- ☐ Other, specify_____
- ☐ Neuroblastoma
- ☐ Ovarian
- ☐ Pancreas
- ☐ Prostate
- ☐ Renal cell
- ☐ Retinoblastoma
- ☐ Rhabdomyosarcoma
- ☐ Soft tissue sarcoma
- ☐ Testicular
- ☐ Thymoma
- ☐ Wilm tumour

Status at HSCT:

- ☐ Adjuvant
- ☐ Never treated (upfront)
- ☐ Stable disease/no response
- ☐ Complete remission (CR)
  - ☐ Confirmed ☐ Unconfirmed (CRU*)
- ☐ 1st Partial response (PR1)
- ☐ Relapse
- ☐ Progressive disease (PD)

NUMBER
(complete only for CR or relapse)
- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher

SENSITIVITY TO CHEMOTHERAPY
(complete only for relapse)
- ☐ Sensitive
- ☐ Resistant
- ☐ Untreated

*CRU – complete response with persistent scan abnormalities of unknown significance

APBMT Registry "LMD"

Disease classification sheet

Other

PRIMARY IMMUNE DEFICIENCIES

Classification:

- □ Absence of T and B cells SCID
- □ Absence of T, normal B cell SCID
- □ ADA deficiency severe combined immune deficiency (SCID)
- □ Ataxia telangiectasia
- □ Bare lymphocyte syndrome
- □ Cartilage hair hypoplasia
- □ CD 40 Ligand deficiency
- □ Chediak-Higashi syndrome
- □ Chronic granulomatous disease
- □ Common variable immunodeficiency
- □ DiGeorge anomaly
- □ Kostmann syndrome-congenital neutropenia
- □ Leukocyte adhesion deficiencies
- □ Neutrophil actin deficiency
- □ Omenn syndrome
- □ Reticular dysgenesis
- □ SCID other, specify: _____
- □ SCID, unspecified
- □ Wiskott Aldrich syndrome
- □ X-linked lymphoproliferative syndrome
- □ Other, specify: _____
- □ Immune deficiencies, not otherwise specified

INHERITED DISORDERS OF METABOLISM

Classification:

- □ Adrenoleukodystrophy
- □ Aspartyl glucosaminuria
- □ B-glucuronidase deficiency (VII)
- □ Fucosidosis
- □ Gaucher disease
- □ Glucose storage disease
- □ Hunter syndrome (II)
- □ Hurler syndrome (IH)
- □ I-cell disease
- □ Krabbe disease (globoid leukodystrophy)
- □ Lesch-Nyhan (HGPRT deficiency)
- □ Mannosidosis
- □ Maroteaux-Lamy (VI)
- □ Metachromatic leukodystrophy
- □ Morquio (IV)
- □ Mucolipidoses, unspecified
- □ Mucopolysaccharidosis (V)
- □ Mucopolysaccharidosis, unspecified
- □ Niemann-Pick disease
- □ Neuronal ceriod – lipofuscinosis (Batten disease)
- □ Polysaccharide hydrolase abnormalities, unspecified
- □ Sanfilippo (III)
- □ Scheie syndrome (IS)
- □ Wolman disease
- □ Other, specify:_____
- □ Inherited disorders of metabolism, not otherwise specified

PLATELET and OTHER INHERITED DISORDERS

Classification:

- □ Glanzmann thrombasthenia
- □ Congenital amegakaryocytosis / congenital thrombocytopenia
- □ Other inherited platelet abnormalities, specify: _____

- □ Osteopetrosis (malignant infantile osteopetrosis)
- □ Other osteoclast defects, specify: _____

HISTIOCYTIC DISORDERS

Classification:

- □ Histiocytic disorders, not otherwise specified
- □ Langerhans Cell Histiocytosis (Histiocytosis-X)
- □ Malignant histiocytosis
- □ Familial erythro/hemophagocytic lymphohistiocytosis (FELH)
- □ Hemophagocytosis (reactive or viral associated)
- □ Other, specify:_____

AUTOIMMUNE DISORDERS

Classification | Involved Organs/Clinical Problem at HSCT | Reason for HSCT

CONNECTIVE TISSUE DISEASE

☐ Systemic sclerosis (SS)

	Presence	Indication for HSCT
☐ diffuse cutaneous	☐ No ☐ Yes	☐ No ☐ Yes
☐ limited cutaneous	☐ No ☐ Yes	☐ No ☐ Yes
☐ lung parenchyma	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary hypertension	☐ No ☐ Yes	☐ No ☐ Yes
☐ systemic hypertension	☐ No ☐ Yes	☐ No ☐ Yes
☐ renal (biopsy type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ oesophagus	☐ No ☐ Yes	☐ No ☐ Yes
☐ other GI tract	☐ No ☐ Yes	☐ No ☐ Yes
☐ Raynaud	☐ No ☐ Yes	☐ No ☐ Yes
☐ CREST	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Antibodies studied ☐ No
☐ Yes: Scl 70 positive ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
ACA positive ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
☐ unknown

☐ Systemic lupus erythematosus (SLE)

	Presence	Indication for HSCT
☐ renal (biopsy type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ CNS (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ PNS (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ lung	☐ No ☐ Yes	☐ No ☐ Yes
☐ serositis	☐ No ☐ Yes	☐ No ☐ Yes
☐ arthritis	☐ No ☐ Yes	☐ No ☐ Yes
☐ skin (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ haematological (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ vasculitis (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Antibodies studied ☐ No
☐ Yes: ds DNA ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
Complement ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
Other, specify _____
☐ unknown

☐ Polymyositis- dermatomyositis

	Presence	Indication for HSCT
☐ proximal weakness	☐ No ☐ Yes	☐ No ☐ Yes
☐ generalized weakness (including bulbar)	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary fibrosis	☐ No ☐ Yes	☐ No ☐ Yes
☐ vasculitis (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Manifestation with: ☐ typical biopsy
☐ typical EMG
☐ typical rash (DM)
☐ CPK elevated
☐ malignancy (type:_____)

☐ Sjögren syndrome

	Presence	Indication for HSCT
☐ SICCA	☐ No ☐ Yes	☐ No ☐ Yes
☐ exocrine gland swelling	☐ No ☐ Yes	☐ No ☐ Yes
☐ other organ lymphocytic infiltration	☐ No ☐ Yes	☐ No ☐ Yes
☐ lymphoma, paraproteinemia	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Classification Involved Organs/Clinical Problem at HSCT Reason for HSCT

CONNECTIVE TISSUE DISEASE (CONT.)

☐ Antiphospholipid syndrome

	Presence	Indication for HSCT
☐ thrombosis (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ CNS (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ abortion	☐ No ☐ Yes	☐ No ☐ Yes
☐ skin (livido, vasculitis)	☐ No ☐ Yes	☐ No ☐ Yes
☐ hematological (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Antibodies studied ☐ No
☐ Yes: Anticardiolipin lgG ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
Anticardiolipin lgM ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
0ther, specify _____
☐ unknown

☐ Other type of connective tisue disease, specify:_____

VASCULITIS

☐ Wegener granulomatosis

	Presence	Indication for HSCT
☐ upper respiratory tract	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary	☐ No ☐ Yes	☐ No ☐ Yes
☐ renal (biopsy type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ skin	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Antibodies studied ☐ No
☐ Yes: c-ANCA ☐ Negative ☐ Positive ☐ Not evaluated
☐ unknown

☐ Classical polyarteritis nodosa
☐ Classical
☐ Microscopic

	Presence	Indication for HSCT
☐ renal (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ mononeuritis multiplex	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary haemorrhage	☐ No ☐ Yes	☐ No ☐ Yes
☐ skin	☐ No ☐ Yes	☐ No ☐ Yes
☐ GI tract	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

Antibodies studied ☐ No
☐ Yes: p-ANCA ☐ Negative ☐ Positive ☐ Not evaluated
c-ANCA ☐ Negative ☐ Positive ☐ Not evaluated
Hepatitis serology ☐ Negative ☐ Positive ☐ Not evaluated
☐ unknown

Other vasculitis: ☐ Churg-Strauss ☐ Giant cell arteritis ☐ Takayasu ☐ Behçet's syndrome
☐ Overlap necrotising arteritis ☐ Other, specify:_____

APBMT Center# : _____ Unique Patient Number (UPN):_____ HSCT Date_____ - _____ - _____
yyyy mm dd

APBMT Registry "LMD"

Follow up sheet 1st year post transplant and yearly follow-up

CENTRE IDENTIFICATION

APBMT Center # _____

Hospital: _____Unit: _____

Contact person _____

Country: ☐ Australia ☐ China ☐ Hong Kong ☐ India
☐ Indonesia ☐ Iran ☐ Japan ☐ Korea ☐ Malaysia
☐ New Zealand ☐ Pakistan ☐ Philippines
☐ Singapore ☐ Taiwan ☐ Thailand ☐ Vietnam

PATIENT IDENTIFICATION

Unique Patient Number or Code:_____

Date of transplant _____ - _____ - _____
yyyy mm dd

DISEASE STATUS

Best disease status (response) after transplant

(prior to treatment modification in response to a post transplant disease assessment)

☐ Continued complete remission (CR)

☐ CR achieved: Date achieved : _____ - ____ - _____
yyyy mm dd

☐ Never in CR: Date assessed: _____ - ____ - _____
☐ Previously reported yyyy mm dd

DATE OF LAST CONTACT

Date of last follow up or death: _____ - ____ - _____
yyyy mm dd

COMPLICATIONS OF TRANSPLANT

Chronic Graft Versus Host Disease present during this period

☐ No *(never)* ☐ Limited ☐ Extensive ☐ Unknown

Did a secondary malignancy, lymphoproliferative or myeloproliferative disorder occur?

☐ No ☐ Yes: Date of diagnosis: _____ - ____ - _____
yyyy mm dd
Diagnosis: _____

FIRST RELAPSE OR PROGRESSION

First Relapse or Progression after HSCT

Relapse/progression detected by clinical/haematological method:

☐ No: Date assessed _____ - ____ - _____
yyyy mm dd

☐ Yes: Date first seen _____ - ____ - _____
yyyy mm dd

☐ Previously reported

☐ Continuous progression since HSCT

☐ Not evaluated

PATIENT STATUS

Survival Status:

☐ Alive ☐ Dead

Check here if patient lost to follow up ☐

Main Cause of Death *(check only one main cause)*:

☐ Relapse or Progression/Persistent disease

☐ Secondary malignancy

☐ HSCT Related Cause

(check as may as appropriate):

☐ GVHD ☐ Cardiac Toxicity

☐ Rejection/Poor graft function ☐ Infection

☐ Pulmonary toxicity ☐ Veno occlusive disorder

☐ Post transplant lymphoproliferative disorder

☐ Other:_____

☐ Unknown

☐ Other:_____

APBMT Working Group

About the APBMT Working Group

APBMT started the activity of APBMT Working Group (WG) since 2009. The main aim of the WG activity is to research and analyze every filed of HSCT which members are interested in. Listed below are the 8 WGs which has already approved by the Scientific Committee by December 2010. The chairmen and members of each WG will work well together under the WG responsibilities.

Severe Aplastic Anemia (Dr. Seiji Kojima)
Thalassemia (Dr. Suradej Hongeng)
Nutrition Support (Dr. Sung-Won Kim)
AML (Dr. Vikram Mathews)
CML (Dr. Dong-Wook Kim)
Congenital Marrow Failure Syndrome (Dr. Biju George)
HLA (Dr. Yasuo Morishima)
Late Effect (Dr. Shinichiro Okamoto)

Table: Working Group in APBMT in December 2010 (Chairman)

Working Group chairs and members responsibilities

- All WG chairs should include minutes of their meetings in their annual activity reports
- 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
- No financial supports available for APBMT WG activities so far

Application form for Working Group Proposal

Please print clearly

Receipt date (Office Use Only) ____/____/____

Approval date (Office Use Only) ____/____/____

Serial Number (Office Use Only) _____

Name of applicant:	
Qualifications: ☐MD ☐PhD ☐Nursing qualification ☐Other specify _____	
Application date:	
Department:	
Institution:	
Country/Region:	e-mail
Phone:	Fax:
Study title:	
Background of the proposal:	

Organization:

Chairperson			
Central Office			
Data Center			
Members	Name	Country/Region	Institute

Objective:

Stem cell source; BM, PBS, CB

Disease;

Patient's age; from_____y.o. to _____y.o.

Donor types; auto, allo (related, unrelated)

Transplant year; from_____/_____(year/month) to _____/_____(year/month)

Variables and outcomes to be analysed:
Research presentation: Conference presentation; Writing paper;
Does this research keep with the ethical guideline of your country? Yes No
Does this research get the approval of your institute? Yes No
Other comments:(reference or supporting data, if possible)

The Minutes of Nutrition Support Working Group in Phuket

Time:	1200-1330, Oct. 29, 2010
Venue:	Hilton Phuket Arcadia Resort & Spa

Attendee:

Dr. Suzuki (University of Nagoya, Japan)

Dr. Kim (National Cancer Center Hospital, Japan)

Dr. Lee (Prince of Wales Hospital, Hong-Kong)

Dr. Fuji (University of Wuerzburg, Germany)

1. Introduction (Dr. Fuji, University of Wuerzburg)

Dr. Fuji introduced the previous reports relating nutritional support including those performed in National Cancer Center Hospital.

2. Results of questionnaire survey (Dr. Fuji, University of Wuerzburg)

Dr. Fuji reported the results of questionnaire survey. We discussed which bag was available in the hospital. Dr. Lee answered that he used 2-chamber bag for patients with CSP, and 3-chamber bag for the rest of patients. Dr. Fuji answered that he used 2-chamber bag mainly, and it was popular in Japan, and 3-chamber bag was not common in Japan. And, we also discussed about the lipid emulsion. In Hong-Kong, it is unacceptable not to use the lipid emulsion. And, Dr. Kim and Dr. Fuji told that it was still common in Japan not to use the lipid emulsion. That is why they have to conduct the study comparing non-lipid vs lipid in Japan.

3. Ongoing studies in Japan (Dr. Kim, National Cancer Center Hospital)

Dr. Kim reported the current status of ongoing studies relating nutritional support in HSCT in Japan. He told us that the first study (NST-01) will finish next year and the other studies still need more time to enroll the patients. He introduced GFO and oligopeptide (Peptino), and Dr. Fuji gave comments about these products. Dr. Lee asked about DAO activity, and Dr. Fuji answered. Dr. Fuji told that he measured DAO activity after HSCT, and found that DAO activity could be a surrogate maker of the intestinal damage.

4. Proposal of clinical trial (Dr. Kim, National Cancer Center Hospital)

Dr. Kim proposed the clinical trial assessing the effect of intensive glucose control (target 80-110 mg/dL) to the conventional glucose control (80-180 mg/dL) after allogeneic HSCT. He at first did not include the pediatric patients, but we discussed whether it was possible to enroll the pediatric patients and to perform the intensive glucose control as in adults. And, we decided to include the pediatric patients also. Dr. Fuji will start to write the draft of protocol. After he finishes some parts of the protocol, he will send it to the participants of the mailing list. The size of this study depends on the participants. So, after he writes the protocol, all of us introduce this trial to our colleagues in the hospital and the country. We promised that we would have a next WG meeting during the next APBMT meeting in Sydney.

The Minutes of SAA Working Party in Phuket

Time:	1200-1340, Oct. 30th, 2010
Venue:	Similan Room (Hilton Phuket Arcadia Resort & Spa)

Attendee:

Japan: Seiji Kojima, Shouichi Ohga, Shinichiro Okamoto, Yoshiko Atsuta, Minako Iida

Thailand: Surapol Issaragrisil

Pakistan: Tahir Sultan Shamsi

Singapore: Mickey Koh

1. Self-introduction

2. The progress report after the Seoul meeting

Summary in the Hamamatsu meeting

The results of the AA patients survey in Asian countries

3. The confirmation of the Regulation for SAA WG in APBMT

4. Thymoglobulin trial

Fixed the protocol version 101005

(Discussion 1) Financial support from Genzyme

(Discussion 2) Antiviral and antifungal prophylaxis

5. Data collection system

APBMT Outcome Registry has just started and there is no data now.

(Proposal 1) SAAWG conducts its own research on SAA transplantation from several leading hospitals in each country

(Proposal 2) Using data submitted to CIBMTR from participating institutes of SAAWG

Collecting items are based on the EBMT guideline and modified to Asian specifications

6. Future meeting

During ASH meeting

The Minutes of Late Effect Working Group Meeting in Phuket

Time: 1320-1410, Oct. 29th, 2010 Friday	
Venue:	Similan Room (Hilton Phuket Arcadia Resort & Spa) Phuket, Thailand

Attendee:

Shinichiro Okamoto (Japan), Yoshiko Atsuta (Japan), Minako Iida (Japan), Ritsuro Suzuki (Japan), Philip Rowling (Australia), David Ma (Australia), William YK Hwang (Singapore), Shigeo Fuji (Japan), Sung-Won Kim (Japan), Tahir Shamsi (Pakistan)

Absent: Jong Wook Lee (Korea), Navin Khattry (India)

Dr. Okamoto welcomed participants and briefly explained the background for setting this WG in APBMT. This was followed by self-introduction of the participants.

Dr. Okamoto was nominated the Chair of this WG, and was agreed by all the participants. Dr. Okamoto then nominated Dr. Atsuta as the Vice Chair.

Dr. Okamoto explained that the APBMT was invited by Professor Rizzo to join in the revision process of “The Joint Recommendations of the EBMT/CIBMTR/ASBMT on Recommended Screening and Preventive Practices for Long-term Survivors after Hematopoietic Cell Transplantation”, and the participants agreed to review the draft. Participation of pediatricians in this review process was also discussed, and it was confirmed that we have at least one pediatrician and one physician who is in charge of both adult and pediatric transplant recipients.

It was discussed how the WG should start our activity, and was proposed that the WG should start collecting basic data on long-term survivors and the follow-up clinical practice in each APBMT participating countries by sending questionnaire. The draft of questionnaire is to be prepared through the discussion among the members of WG. After finalizing the questionnaire, it will be sent to the representative of each country. The possibility to obtain the necessary data from CIBMTR or national registries was also discussed.

Then the subjects that will be focused by this WG were discussed by all. Dr. Okamoto proposed the vary late effects such as secondary malignancies and cardiovascular events as subjects, but some participants suggested that chronic GVHD should be included in our scope. So it was decided that the WG will deal with a wide range of late complications at the beginning and consider dividing the WG according to the subjects if necessary.

It was agreed to set up the mailing list for further communication and discussion on this WG

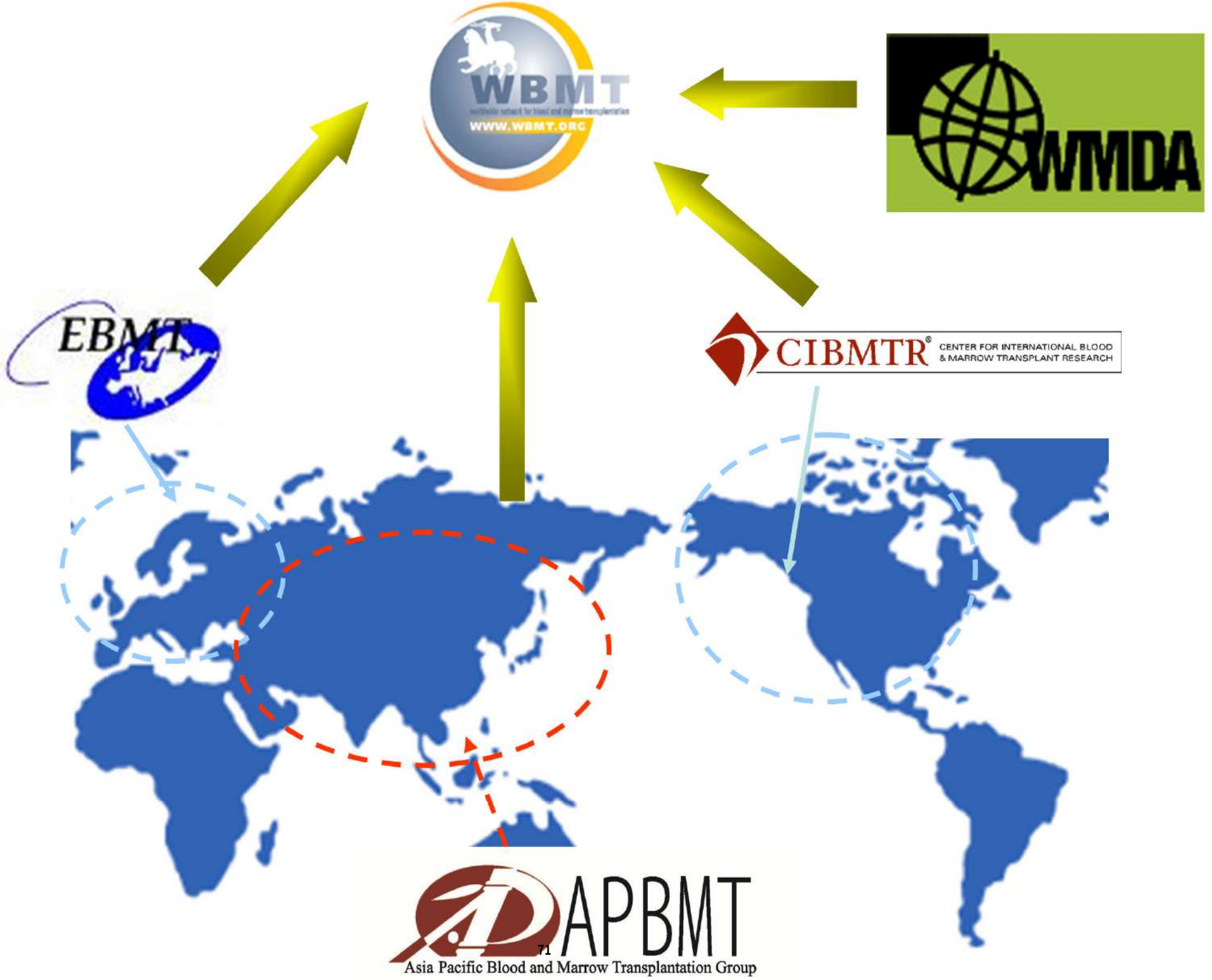
Finally, the meeting time and venue was discussed briefly, and the WG meeting will be held in conjunction with the ASBMT meeting in Hawaii has been proposed.

Action list

1. Discuss the items/issues to be included in the survey
2. Prepare the survey form
3. Set the goal/mission statement of this WG
4. Set the mailing list for further communication/discussion
5. After final remarks Dr. Okamoto thanked all the participants and closed the session.

Worldwide Network for Blood and Marrow Transplantation (WBMT)

What’s WBMT?


WBMT
WWW.WBMT.ORG
WMDA
EBMT
CIBMTR
CENTER FOR INTERNATIONAL BLOOD
& MARROW TRANSPLANT RESEARCH
APBMT
Asia Pacific Blood and Marrow Transplantation Group

Business Meeting for WBMT

1st Meeting	2007, 3 Lyon
2nd	2007,11 Minneapolis
3rd	2008, 3 Firenze
Conference with WHO	2008,10 Geneva
4th	2008,11 Minneapolis
Leaders' Meeting	2009, 2 Tampa
5th	2009, 3 Goteborg
6th	2009, 4 Nagoya
7th	2009,11 Minneapolis
Leaders' Meeting	2009,12 New Orleans
8th	2010, 3 Vienna
9th	2011, 2 Hawaii

Member Organization of WBMT(1)

- WMDA (World Marrow Donor Association)
- EBMT (European Blood and Marrow Transplantation Group)
- CIBMTR (Center for International Blood and Marrow Transplant Research)
- APBMT (Asia-Pacific Blood and Marrow Transplant Group)
- ABMTRR (Australasian Blood an Marrow Transplant Recipient Registry)
- EMBMTR (East Mediterranean Blood and Marrow Transplant Group)
- AABB (American Association of Blood Bank)
- ISCT (International Society for Cell Therapy)
- ASBMT (American Society for Blood and Marrow Transplantation)

Member Organization of WBMT(2)

- **FACT** (Foundation for the Accreditation of Cell Therapy)
- **JACIE** (Joint Accreditation Committee ISCT-EBMT)
- **NETCORD**
- **EUROCORD**
- **ASHI** (American Society for Histocompatibility and Immunogenetics)
- **EFI** (European Foundation for Immunogenetics)
- **BMDR** (Bone Marrow Donor Worldwide)
- **AHCTA** (Alliance for Harmonization of Cellular Therapy Accreditation: AABB, ASBMT, EBMT, FACT, International NETCORD Foundation, ISCT, JACIE, WMDA)

The Worldwide Network for Blood and Marrow Transplantation Bylaws 2009

ARTICLE III

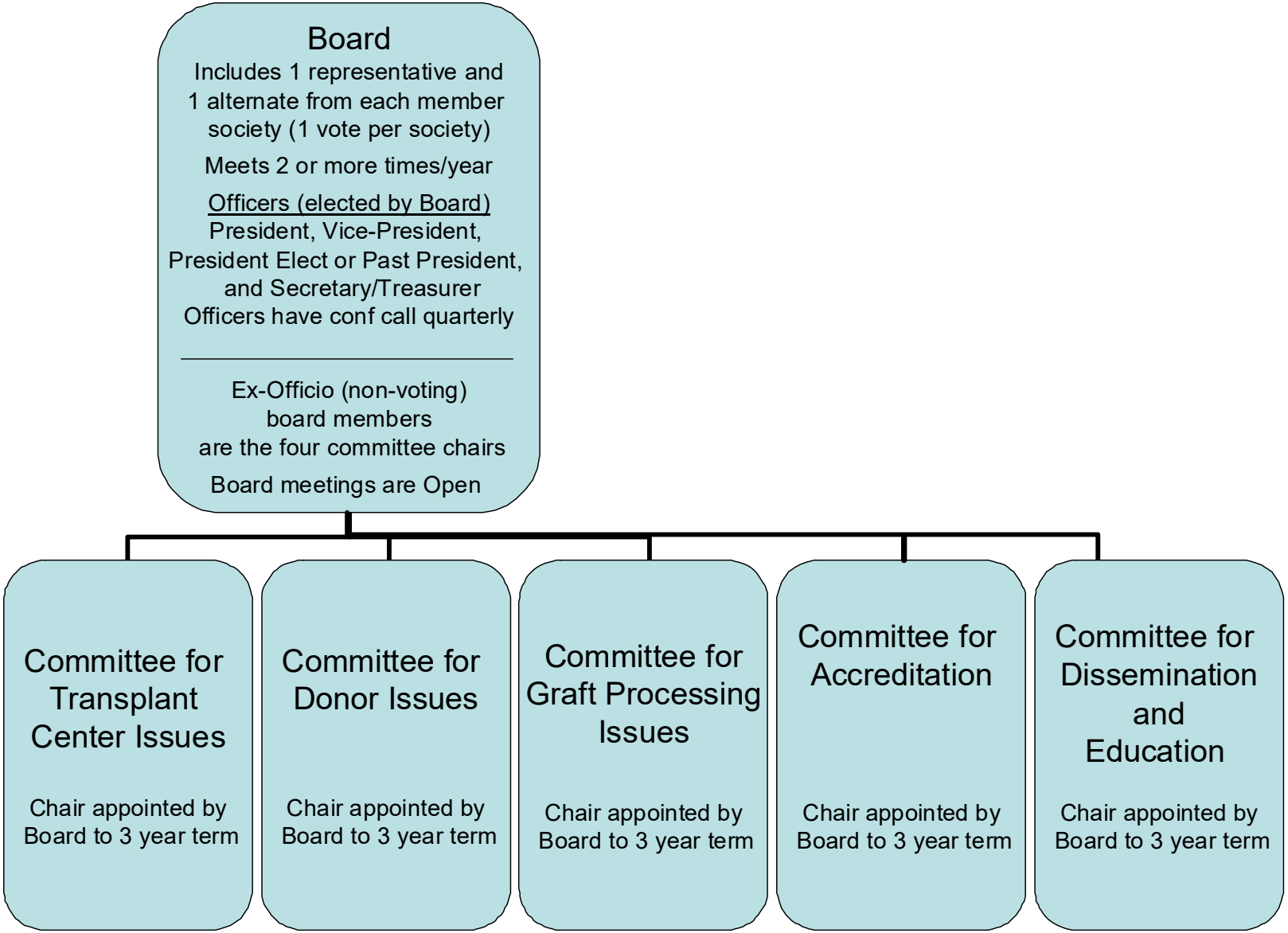
Mission

Promote excellence in stem cell transplantation (SCT), stem cell donation, cellular therapy (CT) and accreditation through collaboration of existing international societies using coordination, communication and advocacy. The purpose of this cooperation is to engage exclusively in charitable, scientific, and educational activities and endeavors including specifically, but not limited to, promoting and fostering, among the many scientific and clinical disciplines, the exchange and diffusion of information and ideas relating to SCT and CT and encouraging investigations on these matters. The focus of the Network is to collaboratively advance the field of SCT and CT while not pre-empting the activities of its member societies.

Current core members elected by voting of 17 international member societies

- **President: Dietger Niederwieser (EBMT)**
- **Vice president: Yoshihisa Kodera (APBMT)**
- **Secretary/Treasurer: Dennis Confer (CIBMTR)**
- **Past President Function: Hildegard Greinix(WMDA)**

Current Standing Committees



Standing Committee for Transplant Center Issues

- Function is to recommend to the Executive Committee policies, programs, or actions in the area of any/all recipient issues pertaining to the performance of hematologic transplantation (HCT) and other cellular therapies/procedures within a designated or member transplant center including recording recipient outcomes, maintenance of records and the conduct of individuals and processes carrying out these procedures and practices.

Standing Committee for Donor Issues

- Function is to recommend to the Executive Committee policies, programs, or actions in the area of any/all issues pertaining to the identification of donors, harvesting procedures, product transportation, donor safety practices and outcomes/long term follow-up within a designated or member collection center including the conduct of individuals and processes related to these procedures and practices.

Standing Committee for Graft Processing Issues

- Function is to recommend to the Executive Committee policies, programs, or actions in the area of any/all issues pertaining to the handling of a harvested product, storage, preparation and manipulation equipment, product transportation practices, documentation within a designated or member cell processing center including the conduct of individuals and processes related to these procedures and practices.

Standing Committee for Dissemination and Education

- Function is to recommend to the Executive Committee policies, programs, or actions in the area of any/all issues pertaining to data collection/sharing and the storage, publication and authorship issues and acquisition of collected data by any Society member including the conduct of Society individuals, security matters and processes related to these procedures and practices. This includes collaboration with all partners within the WBMT as well as “single voice” preparation of opinion or advisory materials for the World Health Organization.

Committee for Accreditation
(WBMT members agreed 2009-11-05 that AHCTA will fulfill the role of this Committee)

- Function is to recommend to the Executive Committee policies, programs, or actions in the area of any/all issues pertaining to regulatory matters, practices and codes with both inter- and intra-national implications. This involves all procedures related to Recipient, Donor, Graft Processing and Dissemination and Education Standing Committee activities.

Worldwide Network for Blood and Marrow Transplantation (WBMT)

Austria Centre Vienna, Room J565 Green Level 01

March 22, 2010
16:00-1900 PM

Agenda

1. Approval of minutes from 6 November 2009 in Minneapolis (DN)
2. Report on meetings and WBMT activities (DN)
3. Elections (approval); future election process / committee (HG; DN)
4. Way forward for Standing Committees (MH)
5. Committee reports: -Standing Committee for Accreditation (AHCTA)
6. Cooperative agreement with the WHO (DN)
7. Minimal data set (MED/TED A): maintaining consensus (DR; MH)
8. WBMT Website (RS)
9. Schedule of WBMT Meetings (HG)
10. Funding and budget requirements (DN; DC; YK)
11. Global Centre Number (DN; JDR; ML)
12. Global Activity Survey (AG; HB)
13. Closure

PARTICIPANTS:

Present	Member Society	Country
Dietger Niederwieser	EBMT	Germany
Hildegard Greinix	WMDA	Austria
Yoshihisa Kodera	APBMT	Japan
Mary Horowitz	CIBMTR	USA
Lydia Foeken	WMDA	Netherlands
Fiona Mc Donald	EBMT	Spain
Carlheinz Müller	EMDIS	Germany
Steven Marsh	EFI	UK
Rudolf Schwabe	SBSC	Switzerland
Grazia Nicoloso	SBSC	Switzerland
Mahmoud Aljurf	EMBMT	Saudia Arabia

Alois Gratwohl	Activity Survey Office	Switzerland
Helen Baldomero	Activity Survey Office	Switzerland
Christian Chabannon	JACIE	France
Carolyn Taylor	FACT	USA
Donna Reagan	AABB	USA
Kathy Loper	AABB/AHCTA	USA
Minako Lida	APBMT	Japan
Yoshiko Atsuta	APBMT	Japan
Amir Ali Hamidieh	EMBMT	Iran
Joerg Halter	EBMT	Switzerland
Enric Carreras	EBMT/GETH	Spain
Eoin Mc Grath	JACIE	Spain
Derwood Pamphillon	JACIE	UK
Marcelo Pasquini	CIBMTR	USA
Alejandro Madrigal	EBMT	UK
Ayami Yoshimi	APBMT/EBMT	Japan
Eliane Gluckman	Eurocord/ESH	France
Jon van Rood	BMDW	Netherlands
Doug Rizzo	CIBMTR	USA
Shinichiro Okamoto	APBMT	Japan
Ritsuro Suzuki	APBMT	Japan
Rie Hyo	APBMT	Japan
Gösta Gahrton	EBMT	Sweden
Ardershir Ghavamzadeh	APBMT, EMBMT	Iran
Francesco Lanza	ISCT	Italy
Anita Waldmann	Myeloma Euronet	Germany
Cristina Navarette	AHCTA/ NETCORD	UK
Etienne Baudoux	NETCORD	Belgium
Michael Boo	NMDP	USA
Anne-Marie van Walraven	WMDA	Netherlands
Ronald Brand	EBMT	Netherlands
Robert Soiefer	ASBMT	USA
Marco van der Most	EBMT	USA
Dr Steagall	ABRALE	Brazil
He Haung	APBMT	China

WBMT MISSION
Promote excellence in stem cell transplantation (SCT), stem cell donation, cellular therapy (CT) and accreditation through collaboration of existing international societies using coordination, communication and advocacy. The purpose of this cooperation is to engage exclusively in charitable, scientific, and educational activities and endeavors including specifically, but not limited to, promoting and fostering, among the many scientific and clinical disciplines, the exchange and diffusion of information and ideas relating to SCT and CT and encouraging investigations on these matters. The focus of the Network is to collaboratively advance the field of SCT and CT while not pre-empting the activities of its member societies.

WELCOME & INTRODUCTIONS:
Dietger Niederwieser, Mary Horowitz, Yoshihisa Kodera and Hildegard Greinix opened this 8th meeting of the WBMT by welcoming all in attendance, who then introduced themselves. It was noted that this was the first meeting since the Executive Committee has been officially established.

I. MINUTES:
Minutes of the 7th meeting held in Minneapolis, MN, USA in November 2009 were available for review. The minutes were accepted and approved.

II. WBMT REPORT ON MEETINGS AND ACTIVITIES:

Tandem Meeting in Orlando
The WBMT Scientific Symposium took place at the CIBMTR Tandem Meeting on Friday February 26th. There were excellent presentations of the Eastern Mediterranean Blood and Marrow Transplantation (*EMBMT*) Group, the Asia Pacific Blood and Marrow Transplantation Group (APBMT). Prof. Alexander Capron, LLB, who is a globally-recognized expert in health policy and medical ethics, gave a presentation on whether or not donors should be paid for donation.

EBMT 2010 Meeting in Vienna
The WBMT Scientific Symposium will be repeated at the EBMT meeting on Wednesday, March 24th, 2010. Unfortunately, Professor Alexander Capron was not able to come to Vienna, but Christiane Druml, Chair of the Austrian Bioethics Commission and Managing Director of the Research Ethics Commission at the Medical University of Vienna has been invited to give a presentation about ethical aspects in transplantation.

WHO Meeting in Geneva
The WHO organized a Third Global Consultation on Regulatory Requirements for Human Cells and Tissues for Transplantation on February 10-12, 2010. WBMT was represented by Dietger Niederwieser, Alois Gratwohl, Machteld Oudshoorn and Ayami Yoshimi. Information will become available on:
http://www.who.int/transplantation/cell_tissue/en/

WHO aims to work on a system for Coding and Traceability for Cells, Tissues and Organs for Transplantation**,** with a view to having a global identity code and an idea of the number of products being transplanted in each country.

Executive Summary of that meeting:

- Modern transplantation of cells, tissues and organs has been practiced within the last century achieving both life saving and enhancing results
- Risks associated with transplantation have been recognized including infectious disease transmission, malignancy, immune mediated disease and graft failure
- Recognition of risks has resulted in establishment of government regulation, professional standard setting and establishment of vigilance and surveillance systems for early detection and prevention to improve patient safety
- Improved medical procedures have resulted in the increased use and therefore need for grafts and an imbalance between supply and demand
- The increased transportation of grafts across national boundaries has made traceability difficult and sometimes impossible
- Experience during the first Gulf War with miss-identification of blood units coming from multiple countries without standardized coding and labeling has led international organizations to develop standardized nomenclature and coding for blood
- Following this example, cell therapy and tissue transplant practitioners have also moved to standardization of coding systems. The organ transplant community has not made progress, however, discussions are underway
- Establishment of an international coding system has progressed rapidly and implementation for blood has demonstrated multiple advantages
- WHO has held two global consultations on human cells and tissues for transplantation which recognized the global circulation of cells and tissues and growing commercialization
- WHO Guiding Principle 10 states: “Internationally agreed means of coding to identify tissues and cells used in transplantation are essential for full traceability”
- There is currently a wide diversity in the identification and coding of tissue and cell products. For tissues, with a few exceptions, product terminology has not been standardized even at the national level. Progress has been made in blood and cell therapies with a slow and steady trend towards implementation of the international code ISBT 128. Across all fields, there are now 3700 licensed facilities in 66 countries
- It is recommended that:
    - Efforts be made to encourage the introduction of a standardized international coding system for donation identification numbers, such as ISBT 128, for **all** donated biologic products
    - Focus on global traceability for **all** donated human biologic products
    - Encouragement is given to communication between international stakeholders to develop consensus on common grounds
    - Promotion of suitable international forums be established to expand the international terminology for donated human biologic materials
    - Any move towards adopting globally unique identification should be compatible with a well established standard coding system so that the progression towards automated data capture and computerized records can be achieved.

WHO Meeting in Malaysia:
Yoshihisa Kodera attended a WHO Meeting in Malaysia, where he presented WBMT as a successful model of networking around the world.

Board members will be kept informed of upcoming meetings in which WBMT is invited to participate. Representative(s) will be sent as appropriate. The Executive Committee developed a set of slides to explain the mission and activities of the WBMT. These slides are available for all WMBT members.

The Executive Committee meets now monthly by teleconference, usually every first Friday of each month. The minutes of these teleconferences are sent out to the board.

WBMT Network
The WBMT has grown to a network of seventeen member societies throughout the world. The current society members and respective representatives of WBMT are:

Organisation	**First representative**	**Alternate**
EBMT	Dietger Niederwieser	Alejandro Madrigal
CIBMTR	Dennis Confer	Marcelo Pasquini
APBMT	Yoshihisa Kodera	Jong Wook Lee Shinichiro Okamoto
WMDA	Hildegard Greinix	Machteld Oudshoorn
EMBMT	Mahmoud Aljurf	Amirali Hamidieh
ABMTRR	Jeff Szer	Tony Dodds
AABB	Donna Regan	John McMannis
EFI	Steve Marsh	Mats Bengtsson
Eurocord	Eliane Gluckman	Vanderson Rocha
ESH	Didi Jasmin	Eliane Gluckman
ISCT	Mary Laughlin	Edwin Horwitz
Netcord	E. Baudoux	Elizabeth Shpall
JACIE	Jane Apperley	Christian Chabannon
BMDW	Jon J van Rood	Carine Mijnarends
FACT	Carolyn Taylor	Phyllis Warkentin
ASBMT	Daniel Weisdorf (2013)	Claudio Anasetti (2011)
EMDIS	Carlheinz Müller	Evelyne Marry

III ELECTIONS:

The WBMT Office sent election forms to each member society. The results of the Executive Committee elections were are follows:

- President: Dietger Niederwieser
- Vice President: Yoshihisa Kodera
- Secretary/treasurer: Dennis Confer
- Placeholder/past president: Hildegard Greinix

Dietger Niederwieser thanked member societies for voting and indicated his enthusiasm to serve the WBMT. Yoshihisa Kodera and Hildegard Greinix expressed that they were honored to be elected as Vice President and Placeholder respectively and look forward to working to make WBMT a success. Dennis Confer sent his apologies for not being present at the meeting. The elections were deemed approved.

It was noted that rules need to be made for the selection of future positions on the Executive Committee. The position of President-Elect will come up for elections in 2011. In 2012 elections will be held for the positions of Secretary/Treasurer and Vice President. Hildegard Greinix proposed two ways to approach the nominations:

1. To form a Nominating Committee consisting of four individuals, who screen the candidates based on CVs, regions. The Nominating Committee would be appointed by the Executive Committee.

2. The President nominates a member of the Executive Committee to screen the candidates based on CVs, regions. Candidates can be proposed by at least two WBMT Board Members.

It was noted that the community is small (only seventeen persons can be nominated for the positions) and it was suggested that it might be uncomfortable to have more than one candidate standing for a vacant position. Article 6.2h of the bylaws states that one or more candidates can run for each vacant position. Finally, it was decided that a Nominating Committee should be formed to identify potential candidates. Hildegard Greinix will develop a proposal of how such a Nominating Committee might function for discussion within the Executive Committee.

A discussion took place as to whether global societies like WMDA, BMDW and Netcord should have more votes than the regional societies. According to Swiss law, it is not permitted to have a differentiation in the votes of member societies. Each member is entitled to one vote and it is necessary to have a very good reason for this not to apply.

A question was raised if the bylaws describe criteria for being a WBMT member. The WBMT bylaws describe that voting societies are organizations involved in hematopoietic stem cell donation, SCT and CT, which fit into one or more of the following categories:

- Professional and scientific societies with international membership;
- Outcomes registries with international data collections;
- Organizations with international scope in the areas of accreditation, standard-setting, quality systems and regulatory compliance/harmonization;
- International societies with an educational mission relevant to SCT and CT.

DECISION POINTS:

The WBMT Board approved the establishment of a Nominating Committee. Hildegard Greinix will propose a process for appointing the Nomination Committee to the Executive Committee who will discuss the proposal and prepare a written recommendation to the membership for approval.

The WBMT Board approved the following timelines for the election process:

- Nominating Committee to provide the list of candidate to the Executive Committee at least 60 days prior to the annual business meeting

- List of candidates to be sent to the WBMT Board at least 30 days prior to the annual business meeting

IV. STANDING COMMITTEES:

The WBMT has foreseen five Standing Committees:

1. Transplant Center
2. Donors
3. Graft Processing
4. Accreditation
5. Education

The role of the Standing Committees is to develop topics in the area of stem cell transplantation deemed to be of importance by the Board. One committee has already started (AHCTA, see point 5 of the minutes). The other committees have not yet started.

A draft summary of the issues to be addressed by the various committees has been prepared and a survey has been sent out to member societies to ascertain who is interested in serving on the Standing Committees.

A discussion took place as to how these committees should be populated and how frequently they will meet. It was noted that WMDA have a good model for establishing committees and that WBMT can learn from this. It was noted that it is important not to duplicate the work done by member societies and that it would make sense to include representatives of member societies already working on the issues addressed by the Standing Committees. It was noted that AHCTA was a clear example of avoiding duplication where an existing network is already in place.

The chairs of the Standing Committee serve as ex-officio (non-voting) members of the Board. The Chairs are appointed for a three year term and can serve for one additional term.

It was noted that there is a contradiction in the WBMT bylaws:
Article 8.1 …..<u>The Chair is appointed by the board</u> to a 3 year term.

Article 8.2f … The Chairs of standing committees, unless otherwise specified herein or by the Board, <u>shall be appointed by the President-Elect</u> with the advice and approval of the Board to take office following the course of the annual meeting at which the President-Elect is installed as President.

This has to be specified in more detail. Other suggestions included:

- Advice from Mike Boo that the leadership is responsible for building a compatible team therefore the President should make a proposal to the Board

- A proposal from Francesco Lanza that each committee should propose 3 possible chairs and the President could select one of them based on the global strategy of the President

DECISION POINTS:

It has been decided to look at this issue in more detail. The Executive Committee will prepare a proposal on the process for appointing the chairs of the Standing Committee.

The chair of a Standing Committee can invite additional members who are not members of specific organizations to attend the meeting/discussions. The WBMT Board will identify, in close cooperation with the Standing Committees, issues and priorities the committees should work on.

V COMMITTEE REPORT FROM AHCTA

AHCTA (alliance for harmonization of cellular therapy accreditation) is formed by AABB, ASBMT, EFI, EBMT, FACT, ISCT, JACIE, Netcord and WMDA. The group has been working since 2006 on harmonization of respective standards. The original mission was to achieve a single set of quality, safety and professional requirements for cellular therapy including hematopoietic stem cell transplantation.

AHCTA is chaired by Kathy Loper (AABB), who reported about the AHCTA activities:

- Monthly teleconferences
- JACIE (Eoin McGrath) maintains the website
- Collection Centre Survey is posted and sent out
- Crosswalk is in the process of being updated and will be posted on the website
- Table of standard setting and accrediting organisations has been developed

A Collection Centre Survey has been developed to cover the EU regulation and to establish who is accredited by whom. If an European country imports products from third countries the transplant center has to demonstrate that the harvest center meets the EU Regulations. Therefore the collection centre survey has been sent out to collect minimum information about collection centres and cord blood banks worldwide. The information will become available on the website.

The WBMT Board discussed whether a country-specific minimum set of standards should be developed Substantial concern was expressed about introducing a two-tier system. Other ideas discussed involved the development of templates, of position papers with references, offer education programs and to share documentation to help countries to reach the set standard. AHCTA will discuss these proposals during their next Standing Committee meeting.

The WBMT Board exchanged thoughts what the actual costs for accreditation might be, but it was noted that this varies from country to country.

Kathy Loper thanked everyone for their interesting comments and invited them to send further thoughts and ideas to her via the AHCTA website or directly to her via email: kloper@aabb.org.

VI COOPERATIVE AGREEMENT WITH THE WHO

WBMT has built-up a good relationship with the WHO and Luc Noel is currently an observer in the WHO board. He attends also to the monthly teleconferences. Submission for a NGO relationship with the WHO has been prepared.

VII MINIMAL DATA SET

D. Rizzo proposed to establish an essential data committee working on the harmonization of the TED/MED-A forms and data elements. The focus should be on maintaining consistency between the outcome registries involved in WBMT and to work to broaden consensus. The suggestion was that the committee generates proposed changes by email and organizes conference calls and a face to face meeting at the November Council Meeting in Minneapolis in order to clarify, agree on wording, prioritize and to prepare recommendations to the WBMT Board for approval.

The proposal was accepted, but it was clarified that this should be a Working Group which falls within the Standing Committee for Recipient Issues. Doug Rizzo was asked to lead the Essential Data Working Group.

There was brief discussion of whether a more minimal data set should be developed for countries with lower resources. The aim would be to stimulate each country to set-up its own minimal data set. This is something which Marcello Pasquini has been considering within the CIBMTR International Studies Committee. It was agreed that this issue required further thought and should be discussed within the Essential Data Working Group.

VIII WBMT WEBSITE

The Swiss Blood Stem Cells (SBSC) offered some time ago to help with the hosting and development of the WBMT website. The project stopped, because it was unclear what the aims and goals of the WMBT website should be.

Rudolf Schwabe advised that the SBSC in Bern has a platform that WBMT can use to replace the current website, which is limited to a list of links.

The Board carried out a short brainstorm on the content/functionality the website should have:

- Mission of WBMT
- Executive Committee area
- Links to member societies
- Workchart of the committees
- Minutes

It was agreed that the Executive Committee will discuss the project with the colleagues in Bern and make a proposal to the Board.

IX SCHEDULE OF ANNUAL BUSINESS MEETINGS

The WBMT annual business meeting will take place in conjunction with other international scientific meetings. The WBMT Board decided to alternate between the CIBMTR meeting and the EBMT meeting due to the coinciding schedules during the first quarter of the year:

- 2011: WBMT meeting in conjunction with the CIBMTR meeting (February 17-21, 2011, Honolulu)
- 2012: WBMT meeting in conjunction with the EBMT 2012 (March, Geneva)

X FUNDING AND BUDGET REQUIREMENTS

Dietger Niederwieser advised that the question of what needs to be funded and who to approach for funding is under discussion within the Executive Committee.
The WHO will help the WBMT by providing a list of funding bodies that might be able to support the activities of the WBMT. The WHO is also willing collaborate with the WBMT on these applications, and one option would be to consider submitting applications through the WHO. Currently, the main costs are telephone bills, secretary and limited traveling costs.

XI GLOBAL CENTER NUMBER

The major issue is that transplant centers are registered in different ways with different organizations. The EBMT and CIBMTR have been working on a proposal to define a global transplant centre number, which has proved more complex than initially realized. The proposal has been sent to APBMT for matching and to verify there will be no duplications in the list, which is split up into:

- Exclusive EBMT members: GTCN 00383-00000-000000
- EBMT and CIBMTR members: GTCN 00292-00343-000000
- EBMT, CIBMTR and APBMT member: GTCN 00195-03456-000120
- For non-members: GTCN 99678-99678-999678

Introduction of a global centre number will facilitate the global activity survey for a large part of the world. It was recognized that not all centers will use a global centre number for registering patients, but where they do this will facilitate activities within WBMT.

The next steps involve reconciling mismatches and then to contact centers by phone to rationalize how they are listed. It was also proposed that Doug Rizzo contact Helen Baldomero with a view to including centers in Europe that don’t report to the EBMT.

XIII GLOBAL ACTIVITY SURVEY

Helen Baldomero presented information on the latest edition of the global activity survey, which is currently submitted for publication in the Journal of the American Medical Association. The next steps are to begin collecting the 2008 data. There was discussion over the frequency of data collection, whether to expand the data items and the need for clarification of how the data is collected. The following points were agreed:

- To collect the data every 2 years
- To expand the data elements (Helen Baldomero should send these to Marcelo Pasquini in order to see how the form needs to be adapted)
- APBMT to help India in establishing a process for collecting the data
- To fix the basis for data collection on first transplants (i.e. patients) rather than number of transplants
- To consider bringing together the European and US surveys on Cellular Therapy

Alois Gratwohl advised that he was retiring following the EBMT meeting and suggested entrusting the global activity survey to Helen Baldomero until his successor is in place in Basel. This was agreed by the Board.

XIV CLOSURE

All participants are thanked for participating.
The meeting was closed.

SUMMARY OF ACTION POINTS ARISING FROM THIS MEETING

- Executive Committee: propose process for establishing a Nominating Committee
- The Executive Committee: prepare a proposal on the process for appointing the chairs of the Standing Committee.
- Executive Committee: discuss the website development with the SBSC
- Executive Committee: consider funding needs and opportunities
- Executive Committee: announce next annual meeting: February 17-21, 2011 Honolulu
- AHCTA: brainstorm how emerging countries can comply to the accreditation standards
- Doug Rizzo: set-up an Essential Data Working Group within the Recipient Standing Committee
- Helen Baldomero and Marcelo Pasquini: liaise together over the data items to be collected in the Global Activity Survey

INFORMATION POINT

The WBMT office is housed in the Office of the Swiss Blood Stem Cells Registry. There is a PO Box and address. Laupenstrasse 37, Bern, PO BOX 7951.

APBMT Annual Report
Dec.2010

Minako Iida, Yoshiko Atsuta, Rie Hyo,
Ayami Yoshimi, Ritsuro Suzuki (APBMT secretariats)
Yoshihisa Kodera (Chairman, Executive Board)

APBMT Secretariat Office (Nagakute Campus)
Department of Promotion for Blood and Marrow Transplantation (DPBMT)
Aichi Medical University School of Medicine
21 Karimata, Yazako, Nagakute-cho, Aichi-gun, 480-1195, Japan
TEL: +81-561-62-3311 (Ext.2375)
FAX: +81-561-61-3180
APBMT Secretariat Office (Nagoya Campus)
Department of HSCT Data Management
Nagoya University School of Medicine
1-1-20 Daiko Minami, Higashi-ku, Nagoya 461-0047, Japan
TEL&FAX: +81-52-719-1973

E-mail: office@apbmt.org
Website: http://apbmt.org