APBMT
Asia-Pacific Blood and Marrow Transplantation Group

Monograph vol.5

# APBMT Annual Report

December 2011

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, 2011**

**Secretariat Office / Data Center of APBMT**

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# Contents

# About APBMT

## General overview for the last year (from September 2010 to August 2011)

The main activities of APBMT in 2010 were data collection by the Activity Survey and the Outcome Registry, website management, establishment of a collection system for the annual membership fees and the preparation of the Vietnam Workshop in Hanoi. The annual number of HSCT in this area has constantly exceeded more than 10,000 and by the end of October 2011, five countries / regions reported 5,561 outcome data. After the Vietnam Workshop, 3 new countries (Mongolia, Bangladesh and Myanmar) expressed an interest in participation in APBMT.

Figure1: Flags of the participating countries/regions

Figure2: Flags of the new participating countries/regions

This Annual Report is the fifth edition. It includes the basic information of APBMT, results of the 5th Transplant Activity Survey (Transplants performed in 2009), and other information concerning APBMT. In particular, the detailed information about the 1st International Workshop on Hematopoietic Stem Cell Transplantation in Emerging Countries in November 2011 is contained in this booklet.

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

## 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

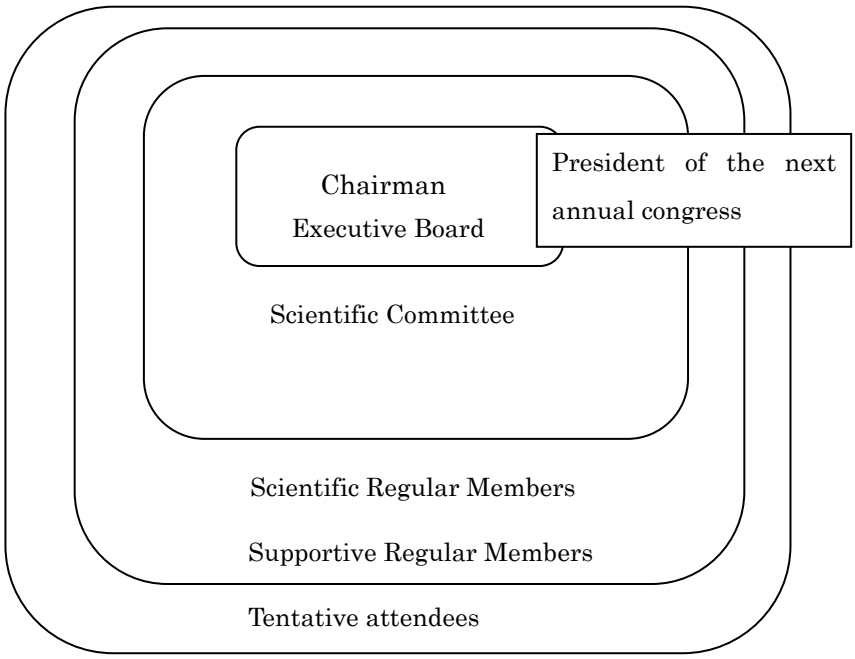
The group aims to promote all aspects associated with the hematopoietic stem cell transplantation (HSCT) in Asia, which includes:

- 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 s**upports 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 s**hall 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
1-1 Yazakokarimata, Nagakute, Aichi, 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. 2011)

***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)***

Baylon, Jane (Philippine)

Binh, Tran Van (Vietnam)

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)

Miyamura, Koichi (Japan)

Nguyen, Tan Binh (Vietnam)

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)

Taniguchi, Shuich (Japan)

Teh, Alan (Malaysia)

Teshima, Takanori (Japan)

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)

Asano, Shigetaka (Japan)

Cao, Lu Xian (China)

Masaoka, Tohru (Japan)

Tan, Patric (Singapore)

## 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:_____

**Please send the completed form to the following address;**

# 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 |
| 16th | 2011 | Sydney | Ma, David / Rowlings, Philip |

## 2) Congress of 2012

The 17th Congress of APBMT

October 26-28, 2012, Chennai, India

Congress President: Saikia, Tapan / Srivastava, Alok

The 18th Congress of APBMT will be held in Ho Chi Minh city, Vietnam and the 19th will be held in Hangzhou, China.

# APBMT Activity Survey

## About the APBMT Activity Survey

The APBMT Activity Survey has been performed annually from 2007 (HSCT which was performed in 2005). This survey is collection of the number of transplants sorted by the donor sources and diseases. We use the original sheets for this survey (please refer to page 18~20).

The following figure shows how the data is collected.

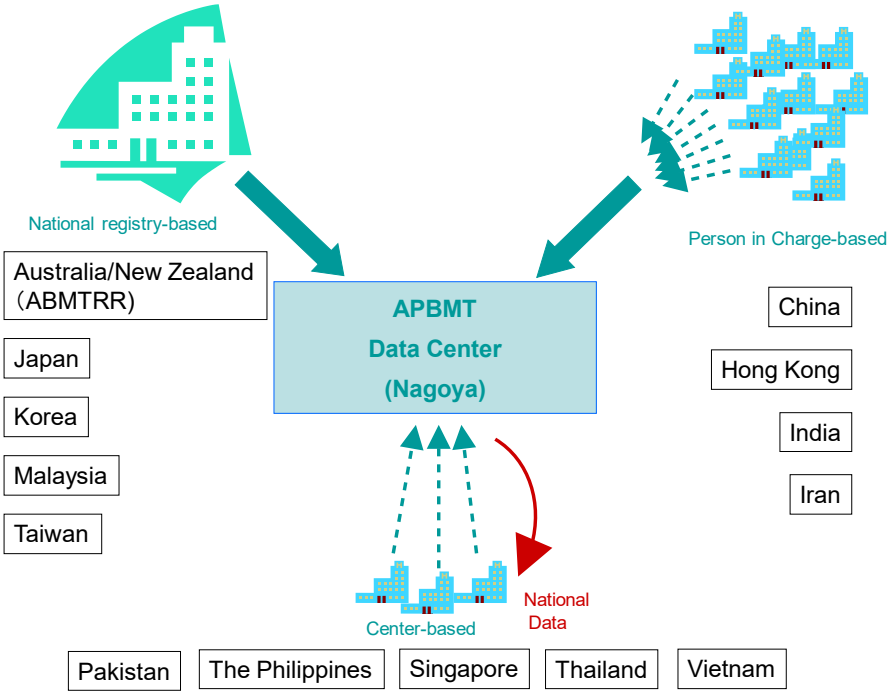



Figure: Data collection

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

As shown the Figure above, from Japan, Korea, Malaysia and Taiwan, the data was submitted through their national registry. The Australasian Bone Marrow Transplant Recipient Registry (ABMTRR) submitted the national data for Australia and New Zealand. In China, Hong Kong, India and Iran, data was collected by the particular contact persons and submitted to the APBMT data center. The APBMT data center had direct contacts with major transplant centers and received the data from Pakistan, the Philippines Singapore, Thailand and Vietnam. The data collected from these five countries will be sent back to each country as their national data.

# YEARLY TRANSPLANT ACTIVITY SURVEY OF 2009

APBMT
Asia Pacific Blood and Marrow Transplantation Group

**Country Name**

**The number of the Reduced Intensity Conditioning transplantation in 2009**

**Please fill the number of transplanted patients for each indication and type of transplant in 2009.**

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 mixtures** | BM | PB | CB | other mixtures*** | BM | PB | other mixtures** | BM | PB | CB | other mixtures** | BM | PB | other mixtures** | | | |
| 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 Tumor | 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 mixtures

| | Indication | allogeneic | | | | | | | | | | | | | | | | autologous | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | HLA - id sibling | | | | non - id* | | | | twin | | | | unrelated | | | | | | | |
| | | BM+PB | BM+CB | PB+CB | BM+PB+CB | BM+PB | BM+CB | PB+CB | BM+PB+CB | BM+PB | BM+CB | PB+CB | BM+PB+CB | BM+PB | BM+CB | PB+CB | BM+PB+CB | 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 Tumor | 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 | | | | | | | | | | | | | | | | | | | | |

## 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%)<br>: 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 syndrome |
| ** -other, Others | Describe actual disease name in free space. |

*****For combinations of stem cell products (other mixtures) :**
At first, fill up the total number of the mixed donors in the "other mixtures".
Please fill up the number of the detailed information about the "other mixtures" 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**

### *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 |

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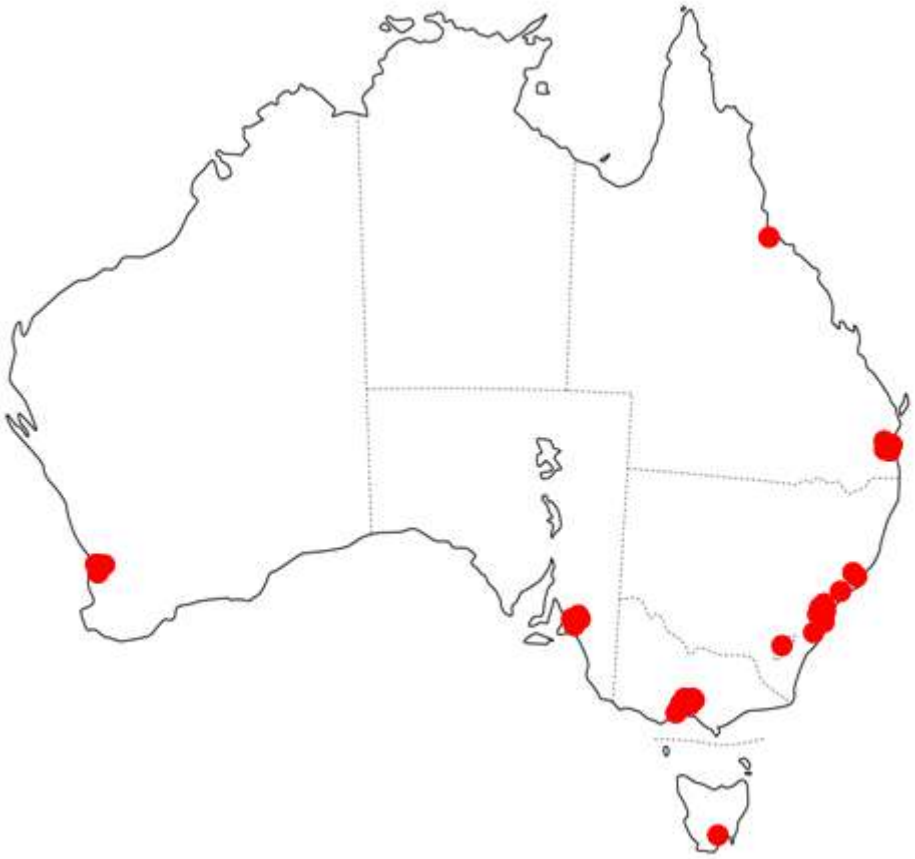
|---|---|
| St Vincent's Hospital | Department of Haematology and SCT |
| St Vincent's Hospital Melbourne | Department of Clinical Haematology |
| Sydney Children's Hospital | Department of Haematology |
| The Children's Hospital at Westmead | Oncology Unit |
| Townsville Hospital | Department of Haematology - 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 |

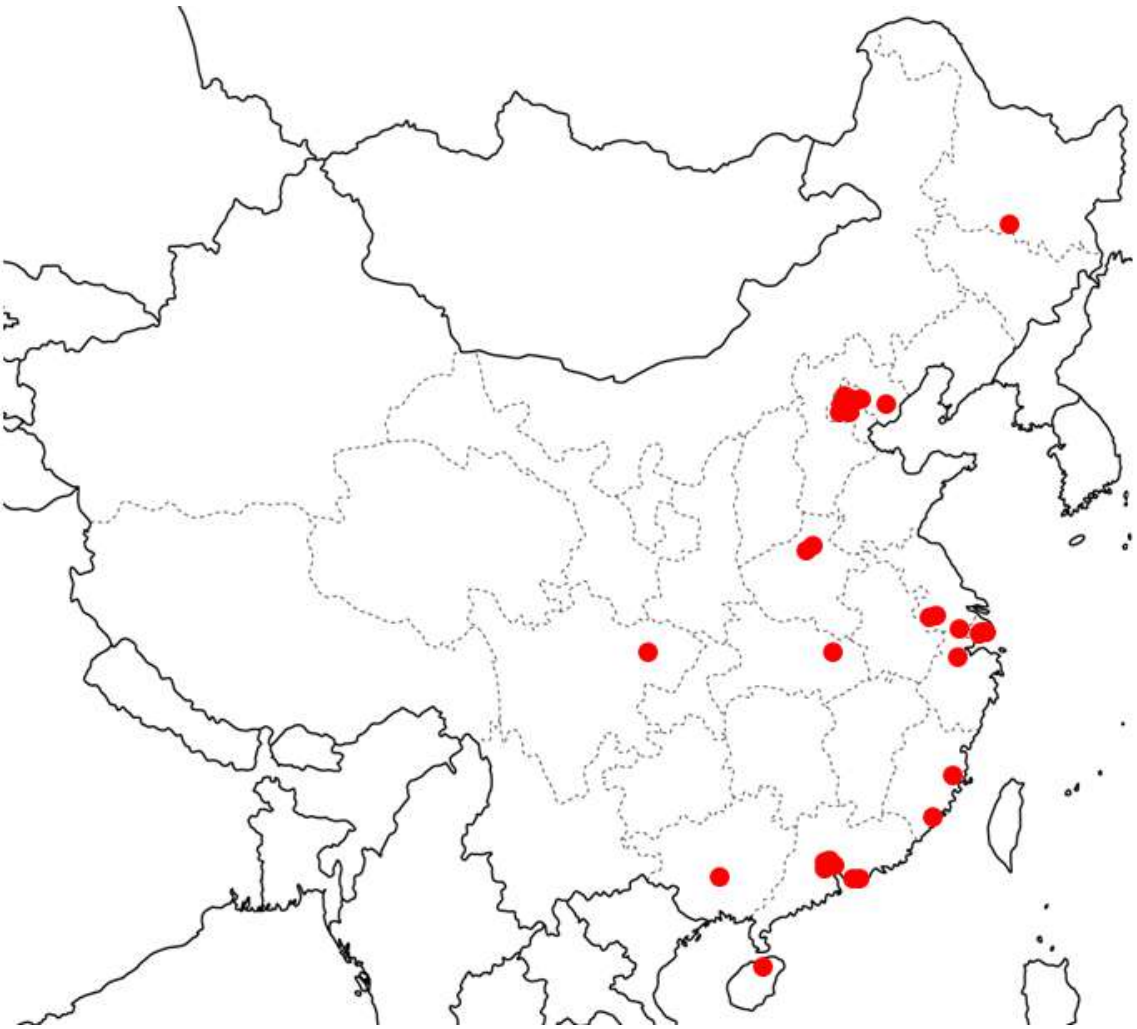
| |
|---|
| Wuhan Union Hospital of China |
| Xinqiao Hospital of the Third Military Medical University |
| Zhongshan Hospital Xiamen University |
| Zhujiang Hospital Southern Medical University |
| 309th Hospital of PLA |

***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 |

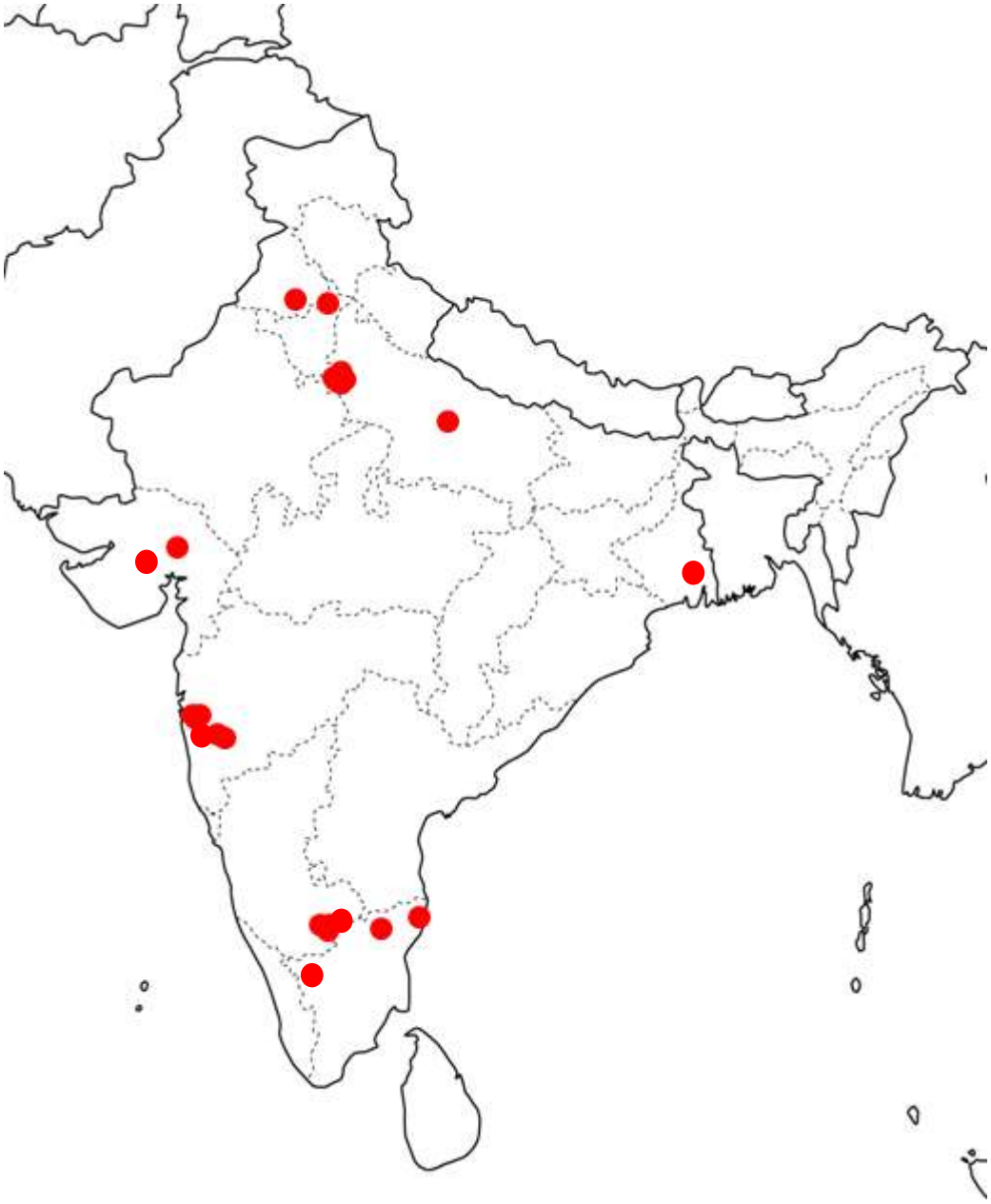
(Mainland China including Hong Kong)



***India (24 centers)***

Coordinator: Dr. Alok Srivastava

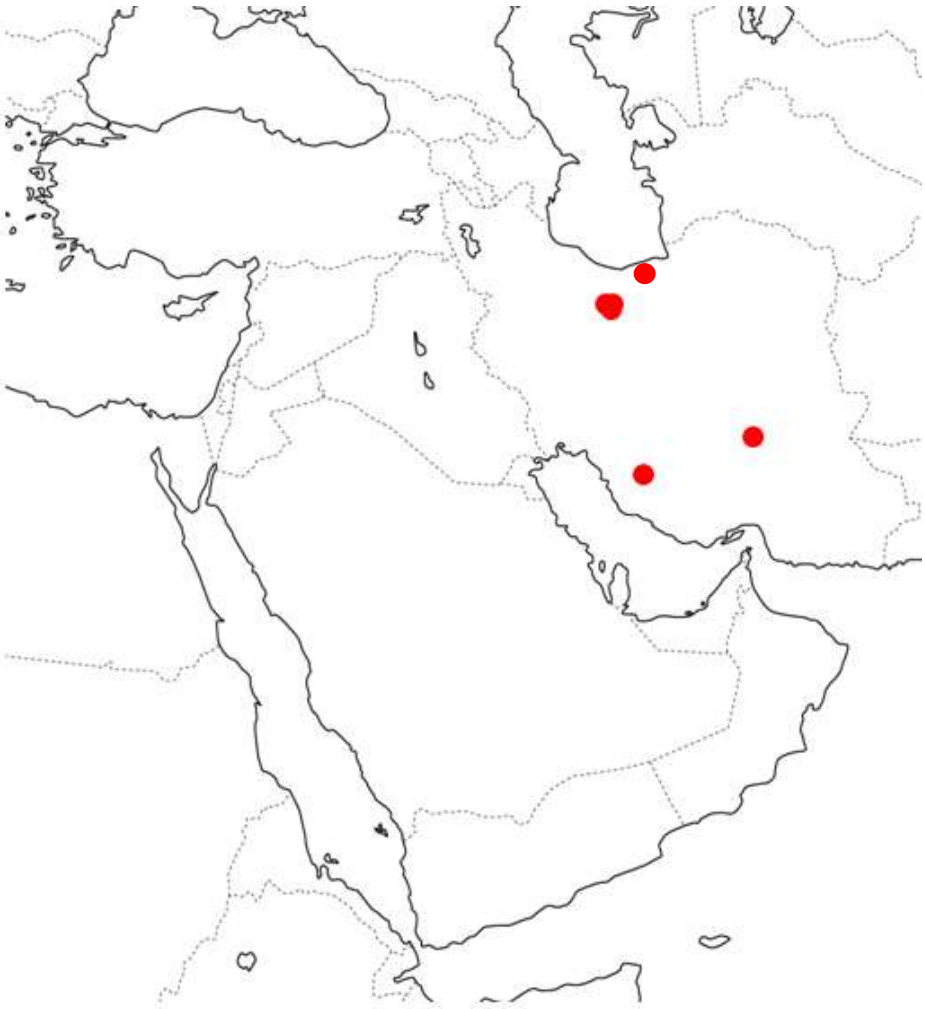
| | |
|---|---|
| CMC(Christian Medical College), Vellore | Dr. Mammen Chandy, Alok Srivastava, Dr. Vikram Mathews, Dr. Biju George, Dr. Auro Viswabandya |
| Apollo Cancer Hospital, Chennai | Dr. Jose M Easow, Dr. Revathi Raj |
| TMH(Tata Memorial Hospital), Mumbai | Dr. Navin Khattry |
| Sahyadri Speciality Hospital, Pune | Dr. Shashikant Apte, Dr. Kannan |
| Jaslok Hospital and Research Center, Mumbai | Dr. Reetu Jain |
| Gujarat Cancer & Research Institute, Ahmedabad | Dr. Sandip Shah |
| Research & Referral Army Hospital, New Delhi | Dr. Velu Nair, Dr. Col. Ajay Sharma; Sgt Cdr S. Dash; Col. S. Sharma |
| Ruby Hall Clinic, Pune | Dr. Vijay Ramanan |
| Rajiv Gandhi Cancer Center, New Delhi | Dr. Dinesh Bhurani |
| Narayana Hrudayala, Bangalore | Dr. Sharat Damodar |
| Manipal, Bangalore | Dr. Ashish Dixit, Dr. Amit Rauthan |
| PAKH(Prince Aly Khan Hospital), Mumbai | Dr. Tapan Saikia |
| PGIMER(Postgraduate Institute of Medical Education & Research), Chandigarh | Dr. Pankaj Malhotra |
| AIIMS(All India Institute of Medical science), New Delhi | Dr. Manoranjan Mahapatra, Dr. Tulika Seth, Dr. Pravas Mishra |
| CMC(Christian Medical College), Ludhiana | Dr. Joseph John |
| Deenanath Mangeshkar Hospital, Pune | Dr Sameer Melinkeri |
| G Kuppusamy Naidu Memorial Hospital, Coimbatore | Dr. Suthanthira Kannan |
| Netaji Subhaschandra Bose Cancer Research Institute, Kolkata | Dr. Ashish Mukhopadhyay |
| Sterling Hospitals, Bangalore | Dr. Uday R Deotare |
| Bhailal Amin General Hospital, Gujarat | Dr. Seema Bhatwadekar |
| B.L.Kapur Memorial Hospital, New Delhi | Dr. Dharma R Choudhary |
| St. John's Medical College Hospital, Bangalore | Dr. Cecil Ross |
| Institute Rotary Cancer Hospital, New Delhi | Dr. Lalit Kumar |
| SGPGIMS, Lucknow | Dr. Soniya Nityanand |



***Iran (6centers)***

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 |
| Babol University of Medical Sciences | Bone Marrow Transplantation Center | Babol |



## *Japan (National Registry) 381centers*

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 |
| Steel Memorial Muroran Hospital | Department of Hematology and Clinical Oncology |
| Hirosaki University Hospital | 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 Hospital | Department of Hematology and Rheumatology |
| 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 |

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|---|---|
| Osaki Citizen Hospital | Division of Hematology |
| 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 |

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|---|---|
| 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 Hematology |
| 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 |
| 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 | Hematopoietic cell therapy center |
| Keio University School of Medicine | Department of Pediatrics |

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|---|---|
| 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 |
| 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 Pediatric Oncology |
| 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 |

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| 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 |
| Yokohama City Minato Red Cross Hospital | Department of Hematology |
| Federation of National Public Service Personnel Mutual Aid Associations, Toranomon Hospital, Kajigaya | Department of Hematology |
| 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 | Division of Hematology/Oncology and Immunology |
| Nagano Red Cross Hospital | Department of Hematology |
| Gifu University School of Medicine | Department of Pediatrics |

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| Gifu University School of Medicine | First Department of Internal Medicine |
| Gifu Municipal Hospital | Department of Pediatrics |
| Gifu Municipal Hospital | Department of Hematology |
| Gifu Red Cross 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 First 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 |

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| 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 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 |
| Kyoto Second Red Cross 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 |

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|---|---|
| Osaka City University Graduate School of Medicine | Department of Pediatrics |
| Osaka City University Hospital | Hematology |
| Kansai Medical 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 | Division of Hematology |
| Osaka Medical College Hospital | Department of Hematology/Pediatrics |
| Fuchu Hospital | Division of Hematology |
| Kansai Medical University Hirakata Hospital | Department of Pediatrics |
| 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 |
| Yodogawa Christian Hospital | Department of Hematology |
| Federation of National Public Service Personal Mutual Aid Association Hirakata Kohsai Hospital | Division of Hematology |
| KKR Otemae Hospital | Department of internal medicine |
| 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 |

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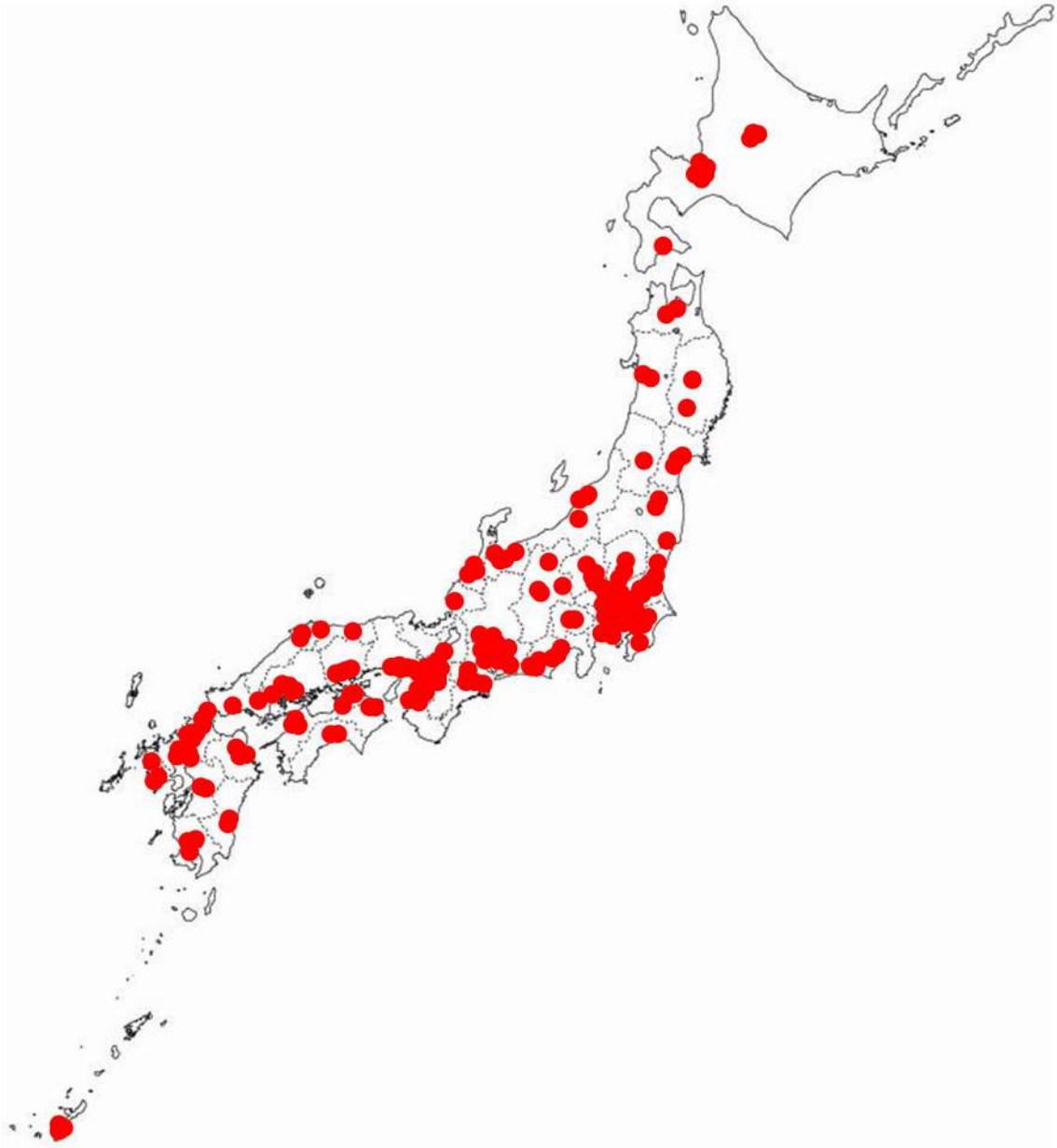
|---|---|
| Kobe University Graduate School of Medicine | Division of Hematology, Department of Medicine |
| Kobe University Hospital | Division of Oncology/Hematology, Department of Medicine |
| Akashi Municipal Hospital | Department of Internal Medicine |
| Kobe Central Hospital of Social Insurance | 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 of 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 | Stem Cell Transplantation Center |
| 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 Hematology |
| Hiroshima University Graduate School of Biomedical Science | Department of Pediatrics |
| Hiroshima University Hospital | 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 | Hematology Branch, 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 Medicine |
| Kochi Health Sciences Center | Department of Hematology and Transfusion |
| 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 | Depatment of Hematology |
| University of Occupational and Environmental Health, Japan | Department of Pediatrics |
| University of Occupational and Environmental Health, Japan | Cancer Chemotherapy Center and 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 |
| Nagasaki University Hospital | Department of Hematology, Atomic Bomb Disease and Hibakusha 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 Pediatrics |
| 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 Beppu Hospital | Division of Immunology, Hematology and Metabolic Disease |
| Miyazaki Prefectural Miyazaki Hospital | Department of Internal Medicine |
| 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 |
| Hospital　University of the Ryukyus | Second Department of Internal Medicine/Bone Marrow Transplantation 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 Hematology |



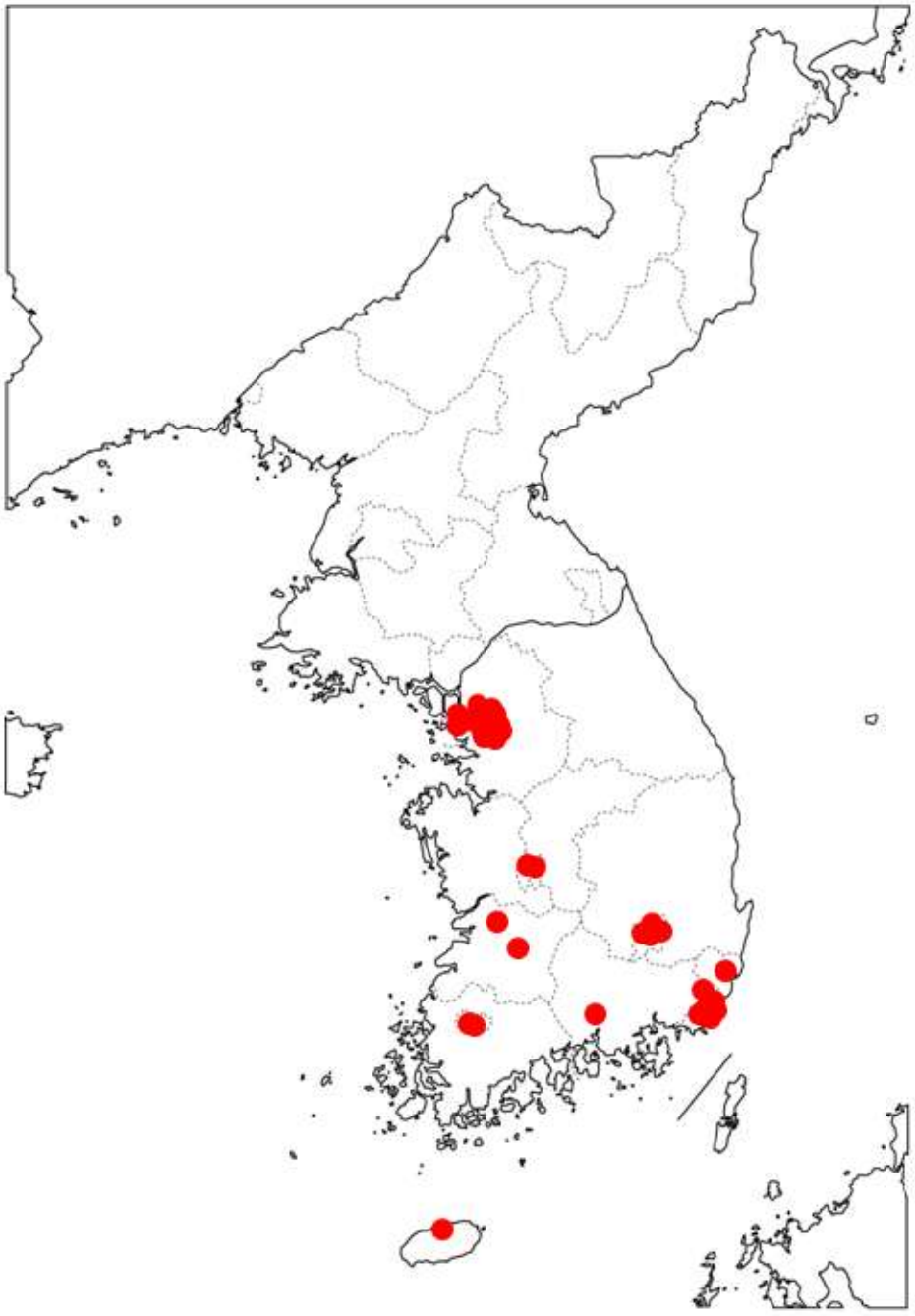
***Korea (43centers)***

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 |
| Keimyung University Dongsan 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<br>Dr. Tasneem Farzana |
| The Aga Khan University Hospital | Dr. Salman Naseem Adil<br>Dr. Natasha Ali |

### *Taiwan (National Registry) 16 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 |
| Chunghwa Christian Hospital |
| Chi-Mei General Hospital |
| Kaoshiung Veterans General Hospital |
| Kaoshiung Chung Gung Memorial Hospital |

***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 (4centers/5departments)***

| | | |
|---|---|---|
| National University Hospital | Department of Pediatrics<br>Department of Haematology | Dr. Poh-Lin Tan<br>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 Cancer Center, Singapore | Department of Medical Oncology | Dr. Miriam Tao |

（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<br>Department of Pediatrics |
| King Chulalongkorn Memorial Hospital | Medicine Department<br>Paediatrics Department |
| The Army Hospital | Department of Pediatrics<br>Department of Medicine |
| Songklanagarind Hospital<br>Faculty of Medicine, Prince of Songkla University | Department of Internal Medicine |
| Faculty of medicine Siriraj Hospital | Department of Medicine<br>Department of Pediatrics |

### *Vietnam (3 centers)*

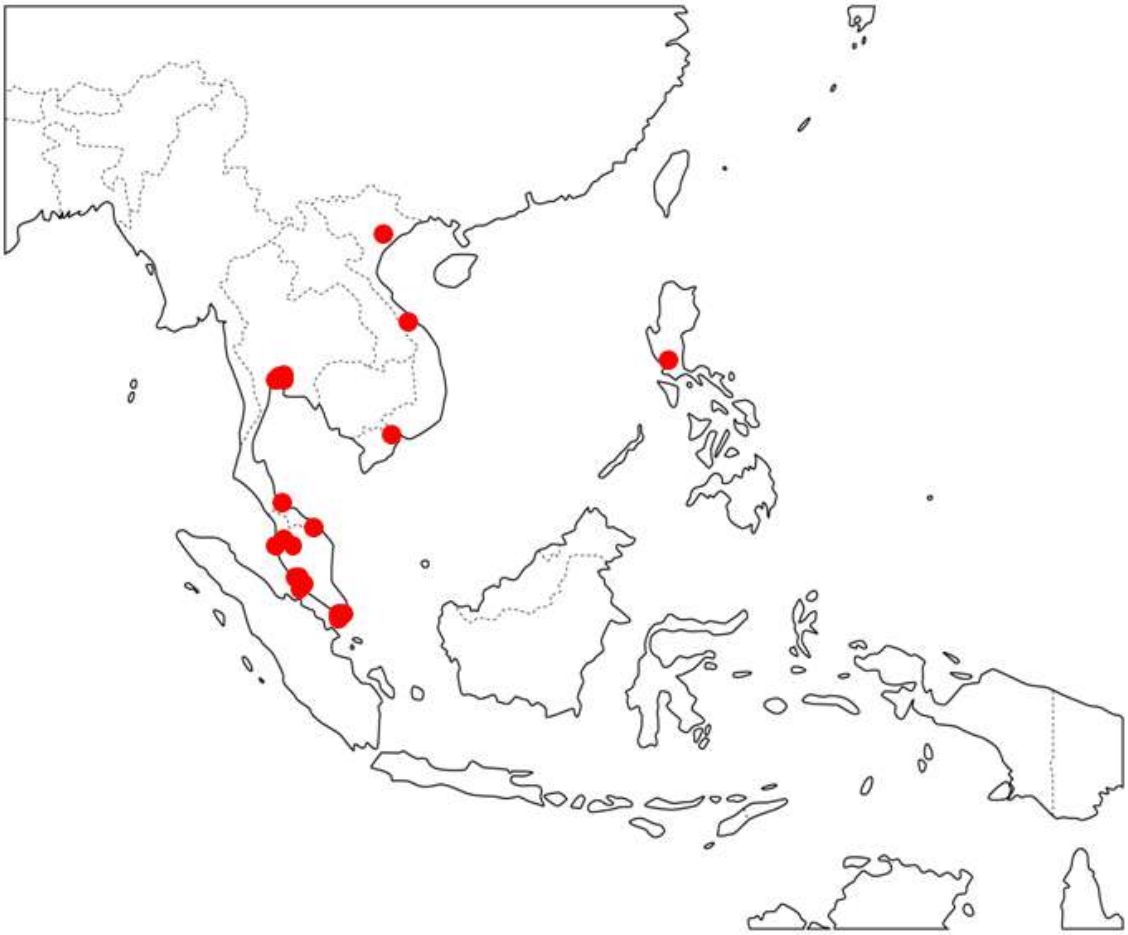
Coordiantor: Dr. Tran Van Binh

| | | |
|---|---|---|
| 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 EBMT or the TED of 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. To solve these problems, simplified report forms with fewer items were introduced by the APBMT Data Center.
The following were agreed upon by the Scientific Committee during the APBMT 2010 in Phuket.

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 APBMT, and APBMT and CIBMTR.

In 2011, **a total of 5,561 transplant cases from five countries / regions were reported to the APBMT data center.** The five countries are China, Japan, Pakistan, the Philippines, and Taiwan as described in the next page. LMD forms were used in the reports from China, Pakistan, the Philippines, and Taiwan. Data Transmission Agreement was signed between the National University Hospital in Singapore and APBMT to agree on data transferring from CIBMTR.

# Minutes of the APBMT Registry Subcommittee Meeting of APBMT2011

| | |
|---|---|
| Time: | Monday 31 October, 15:00-16:00 |
| Venue: | Bayside Gallery B |

Countries/regions attended: Australia, China, Hong Kong, India, Japan, Malaysia, New Zealand, Pakistan, Philippines, Singapore, Taiwan, Vietnam (alphabetical order)
Countries / regions not attended: Indonesia, Iran, Korea, Malaysia, Thailand

Chairpersons: Philip Rowlings / Ritsuro Suzuki

Attendee:
Australia/New Zealand: Ian Nivison-Smith, Leonie Wilcox, Philip Rowlings
China: Wu Tong, Yanli Zhao
Hong Kong: Albert Lie
India: Tapan Saikia, Alok Srivastava, Vikram Mathews
Japan: Yasuo Morishima, Shinichiro Okamoto, Mine Harada, Yoshihisa Kodera, Yoshiko Atsuta, Minako Iida, Ritsuro Suzuki
Pakistan: Tasneem Farzana
Philippines: Horonata Baylon
Singapore: Mickey Koh
Taiwan: Kai-Hsin Lin, Jih-Luh Tang, Bor-Sheng Ko

1. Introduction: Purpose and objectives (Chairperson)
The chairs welcomed everyone for joining the meeting and gave introduction to the attendees regarding the purpose and objectives for this meeting. This meeting was held to discuss in details about the current situation and difficulties or challenges, which the attending countries / regions face for submitting transplant outcome data to the APBMT Data Center.

2. APBMT Activity Survey: Progress report (Minako Iida)
Dr. Iida thanked all the members for cooperation in submitting data and presented the brief results of the 2009 APBMT Activity Survey. This was the 5$^{th}$ Activity Survey performed by the APBMT. The total number of participating centers and transplantations were 584 and 11,078, respectively. The number of transplantation has been increasing year by year in each country/region. Dr. Iida also mentioned that the trend in the number in the 5 consecutive activity surveys was presented during the meeting.

3. APBMT Outcome Registry: Current status (Yoshiko Atsuta)

Dr. Atsuta explained the process and progress of the APBMT Outcome Registry. Based on the previous discussion, the APBMT data center introduced the "Least Minimum Dataset (LMD)". By the end of October 2011, a total of 5,561 transplant cases from five countries / regions were reported to the APBMT data center. The five countries / regions are China, Japan, Pakistan, the Philippines, and Taiwan. LMD forms were used in the reports from China, Pakistan, the Philippines, and Taiwan. Electric data submission by MS Excel sheet was selected in Taiwan and Japan, and in other countries, paper forms were selected. Dr. Atsuta also introduced that the Korean and Malaysian national registries are now making the registration system matched to the LMD survey items. APBMT made arrangements for the Dataset Transmission Agreement with CIBMTR to avoid duplicate data submission and some institutes in Singapore, India and Iran are considering using this system. Dr. Atsuta introduced the web program for the Outcome Registry and it will be presented in the near future.

4. Report of the current status from each country / region

The current statuses of the following countries / regions were reported.

- Australia / New Zealand (ABMTRR)

  Ms. Leonie Wilcox presented about the ABMTRR including its history. The number of survey items of the ABMTRR was smaller than the LMD survey items, and they are currently revising their forms to cover the APBMT LMD survey items. They are also working on ethical requirement from the centers to report to the APBMT.

- China

  Dr. Wu Tong reported that twenty-four centers in China contributed to outcome data registration, which resulted in registration of 991 transplant cases. All attendees congratulated on Dr. Wu and other colleagues in China's great contribution.

- Hong Kong

  Dr. Albert Lie presented the status in Hong Kong. In the previous year, they suffered from small number of medical staff to run transplant clinical service. Dr. Lie mentioned that they will make efforts for submitting data next year.

- India

  Dr. Alok Srivastava presented regarding the activity of Indian national registry. Some centers report directly to the CIBMTR, and they are considering making the Data Transmission Agreement with the APBMT.

- Indonesia

  No attendee

- Iran

  No attendee

- Japan

  There was no new report, but the Japan Society for Hematopoietic Cell Transplantation registered 4,438 transplant cases transplanted in 2009.

- Korea

  No attendee, but it was reported by Dr. Atsuta that Korean national registry is now making their web-based registration system which covers the LMD survey system.
- Malaysia

  No attendee, but it was reported by Dr. Atsuta that Malaysian national registry is now making their web-based registration system which covers the LMD survey system.
- Pakistan

  Dr. Tasneem Farzana presented that they reported 23 transplant cases with paper forms, and everyone congratulated for the effort.
- Philippines

  Dr. Horonata Baylon presented that they reported three transplant cases with paper forms, and everyone congratulated for the effort.
- Singapore

  Dr. Mickey Koh reported that Data Transmission Agreement was signed between the National University Hospital in Singapore and the APBMT to agree on data transferring from the CIBMTR. Dr. Mickey Koh also mentioned that other centers in Singapore also report to the CIBMTR, and Data Transmission Agreements may be signed in other centers as well.
- Taiwan

  Dr. Kai-Hsin Lin presented that they reported 106 transplant cases transplanted in National Taiwan University in 2009 electronically. The attendees congratulated them for their effort.
- Thailand

  No attendee
- Vietnam

  No attendee

5. Discussion: Challenges and future plans

Dr. Rowlings congratulated the APBMT members in countries / regions who contributed to this year's registration, and other members who are under process of preparation for registration. It was agreed that outcome data collection requires enormous amount of effort from the APBMT members. It was also agreed that, despite difficulties, the group has a lot of enthusiasm for future research activities.

In the next year, it will be another challenge, since we will first perform follow-up survey for patients who were registered this year.

Dr. Suzuki commented that accumulation of the data for several years is required to perform outcome analyses including survival analyses. In the next year, this subcommittee needs to make regulations for data usage. The baseline idea is, those who use the data for analyses should be those who submit the data.

# Numbers of data submission (update: 2011/12/31)

| Country | Institute | No. of cases | Transplant year |
|---|---|---|---|
| Australia | | 0 | |
| China | Nanjing Drum Tower Hospital | 10 | 2010 |
| | Beijing Daopei Hospital | 190 | 2010 |
| | The First Affiliated Hospital of Soochow University | 124 | 2010 |
| | Sichuan Xinqiao Hospital | 104 | 2010 |
| | The First Affiliated Hospital of College of Medicine, Zhejiang University | 73 | 2010 |
| | Shanghai Children's Medical Center | 49 | 2010 |
| | The First Affiliated Hospital of Chinese PLA General Hospital | 43 | 2010 |
| | Beijing Cancer Hospital | 32 | 2010 |
| | Jiangsu Province Hospital | 23 | 2010 |
| | Beijing Hospital | 5 | 2010 |
| | PLA Navy General Hospital | 1 | 2010 |
| | Nanfang Hospital of Pediatrics | 63 | 2010 |
| | Guangdong Provincial People's Hospital (Guangdong General Hospital) | 45 | 2010 |
| | Guiyang Medical College Hospital | 21 | 2010 |
| | First Affiliatted Hospital of Chinese PLA General Hospital | 16 | 2010 |
| | Beijing Friendship Hospital | 15 | 2010 |
| | Xuanwu Hospital, Capital Medical University | 13 | 2010 |
| | Huashan Hospital affiliated to Fudan University | 6 | 2010 |
| | Shanghai Daopei Hospital | 55 | 2010 |
| | Institute of Hematology & Blood Disease Hospital Chinese Academy of Medical Sciences & Peking Union Med | 49 | 2010 |
| | West China Hospital | 48 | 2010 |
| | Shanghai Changzheng Hospital | 6 | 2010 |
| Hong Kong | | 0 | |
| India | | 0 | |
| Iran | | 0 | |
| Japan | National data | 4,438 | 2009 |
| Korea | | 0 | |
| Malaysia | | 0 | |
| New Zealand | | 0 | |
| Pakistan | Aga Khan University Hospital | 23 | 2010 |
| Philippines | National data | 3 | 2010 |
| Singapore | | 0 | |
| Taiwan | National Taiwan University | 106 | 2009 |
| Thailand | | 0 | |
| Vietnam | | 0 | |
| Total | | 5,561 | |

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 Groups

## About the APBMT Working Groups

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.

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

Table: Working Groups in APBMT in December 2011 (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

# The Minutes of Nutrition Support Working Group in Sydney

| | |
|---|---|
| Time: | 1130-1230, Oct. 31, 2011 |
| Venue: | Bayside 202 (Sydney Convention & Exhibition Centre) |

**Participants (following the visitors' list)**

Dr. Ritsuro Suzuki (University of Nagoya, Japan)

Dr. Sung-Won Kim (National Cancer Center Hospital, Japan)

Dr. Shigeo Fuji (University of Wuerzburg, Germany)

Dr. Keisuke Watanabe (Anjo Kosei Hospital, Japan)

Dr. Shiro Koh (Osaka City University, Japan)

Dr. Kimikazu Yakushijin (Kobe University, Japan)

Dr. Young Rok Do (Dongsan Medical Center Keimyung University, Korea)

Dt. Yui Hung (University of Queenland, Australia)

Dt. Jessica Cheng (St Vincent's hospital, Australia)

Dt. Annabel Horne (St Vincent's hospital, Australia)

Dr. Takeshi Mori (Keio University hospital, Japan)

Dr. Sumiko Kohashi (Keio University hospital, Japan)

Chairman (Dr. Kim, Dr. Fuji)

**1. Introduction (Dr. Fuji, University Hospital of Wuerzburg, Germany)**

Dr. Fuji gave an opening address.

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

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 soon, and the other studies still need more time to enroll the patients. He introduced GFO and oligopeptide (Peptino). Dr. Mori asked how patients tolerated the supplemental foods, and he is interested in NST-02 and NST-04. Dr. Kim will send him the protocol and the relating documents.

**3. EN after allogeneic HSCT (Dt. Cheng, St Vincent's hospital)**

Dt. Cheng reviewed the previous literatures and reported her experiences. In Australia, the prospective study of EN is planned. Possibly, we as WG can take part in that study somehow.

**4. Proposal of clinical trial (Dr. Fuji, University Hospital of Wuerzburg)**

Dr. Fuji proposed the clinical trial assessing the prevalence of malnutrition and its impact on the clinical outcome after allogeneic hematopoietic stem cell transplantation. Dr. Fuji will send the draft by mailing list soon. After we receive the opinions from our colleagues and discuss about them, we will submit the protocol to the office of APBMT. After the approval by APBMT, we will submit the protocol to IRB in NCCH, Japan. I expect that it will take several months.

**5. Proposal of the 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. At first, we have to wait for the results of NST-01 and check whether the current protocol of glucose control used in NST-01 has any problems or not. After that, Dr. Fuji will send the draft by mailing list, and discuss about it.

**6. Closing remarks (Dr. Kim, National Cancer Center Hospital)**

# The Minutes of HLA-WG Meeting

Time: 12:30-13.25 Oct. 30th, 2011
Venue: Sydney Convention Centre, Bayside 202

**Attendance:** Tso-Fu Wang*, Tai-Gyu Kim*, Hee-Je Kim*, Yoshiko Atsuta*, Minako Iida**, Ritsuro Suzuki**, Yasuo Morishima*(Chairperson), Watanabe、Koh. * Member of HLA-WG **APBMT office

**1. Introduction of HLA-WG members and attendance**

**2. Purpose of HLA-WG**

Comparison of transplant-related clinical events between Asian ethnic groups based on HLA (genetic background).

**3. Project**

1) Comparison of acute GVHD and other clinical events in transplantation from HLA identical sibling with non-T cell depleted GVHD prophylaxis
2) Comparison of acute GVHD and other clinical events in transplantation from HLA* matched donor with non-T cell depleted GVHD prophylaxis (*need the survey of typing status of*HLA alleles.)
3) Survey of frequencies of HLA allele and HLA haplotype in each ethnic group

Tentative

1) Effect of KIR-ligand mismatch on acute GVHD in transplantation from HLA-C mismatched donor with non-T cell depleted GVHD prophylaxis (need to confirm HLA-C typed pair)
2) Call for other projects from HLA-WG members. (CBT? HLA haplotype mismatch R-HSCT?)

**4. How to collect data? Where do data exist?**

1) The status of data collection in Korea, Taiwan and Japan were reported.
2) Following principles of data collection were approved.
   # Data from Institution based and/or registry based. It depends on the situation of each country.
   # Retrospective data for these 5 years or 10 years from 2000 or 2005 to 2009. Prospective data from 2010 will be available from APBMT data center upon request after 3 years.
   # Approval of data submission of each institution or organization is required.
   # Collected data will be in part of data base of APBMT upon approval of data submitted institution or organization
3) Survey the status of HLA and clinical data of APBMT countries.
   # Survey form will be confirmed by members of HLA-WG, and send to all countries of APBMT.

**5. Analysis**

1) Principal investigator of each project will be discussed and designated according to the activity of registration and request.
2) Minimal cofounder for analysis will be determined according to minimal data sets of prospective survey of APBMT.
3) APBMT data center and office support the collection of data, management and the analysis.

**6. Others**

Next meeting will be held at next APBMT meeting Oct 26-29. In India
Recruitment of HLA-WG member and announcement of HLA-WG will be on APBMT homepage.

**Appendix:**

| HLA-WG member of APBMT (as of Oct. 10th, 2011) | | |
|---|---|---|
| Jun He | PR China | Chief Physician and Director of HLA typing laboratory of China Marrow Donor Program Jiangsu Institute of Hematology, First Affiliated Hospital of Soochow University |
| Janette Kwok | Hong Kong | Head of the HLA Laboratory of the Queen Mary Hospital |
| Tso-Fu Wang | Taiwan | Tzu-Chi General hospital and Marrow registry of Taiwan |
| Tai-Gyu Kim | Korea | Prof. Dept .of Microbiology, Director of Catholic Hemopoietic Stem Cell Bank, The Catholic University of Korea |
| Hee-Je Kim | Korea | Prof of Medicine, Division of Hematology, Catholic Blood and Marrow Transplantation Center The Catholic University of Korea |
| Yoshiko Atsuta | Japan | Department of HSCT Data Management / Biostatistics Nagoya University Graduate School of Medicine |
| Yasuo Morishima (Chairperson) | Japan | Chairperson of HLA committee of Japan Marrow Donor Program. Aichi Cancer Center Research Institute |

# Recruitment of HLA-WG member

Persons who can discuss for sharing retrospective HSCT data with HLA, HLA specialists and any doctors who interested in HLA and HSCT from each countries and/or organizations/hospitals are welcome.
Please contact to Yasuo Morishima MD ymorisim@aichi-cc.jp (Chairperson of HLA-WG) for application to HLA-WG members.

- Questions about the protocol
  - How long should you use CyA? : at least for 1 year. After 1 year, it is up to the local decision.
  - When should CyA be started?: Up to the local criteria. Day 1 means the day of Thymoglobuline starts, so CyA could start on Day -3, for example.
- CRFs
  - Follow-up time needs to be considered as some late responders have been seen with Thymoglobuline.
  - 1 year follow-up after 6 month.
  - For example,
    - ✧ If Pt died within 1 year, the date Pt died is the last follow up.
    - ✧ If Pt received SCT 5 month after TG administration, the 5 month is the last follow-up
- India (Dr. Sachdeva) and the Philippines (Dr Baylon) are interested in participating the trial as well.

**3. Guideline for treatment of aplastic anemia in Asian countries**

EBMT's guideline is well written, but some parts need to be modified to align with Asian countries. Thus, Dr. Kojima proposed to create APBMT version of the guideline and was agreed.

Dr. Kojima proposed that a chapter is assigned to each country and was agreed.

Approximately use 1 year for data collection.

The contents were decided and was assigned as the followings:

1 Introduction: ---------- Japan (Dr Kojima)
2 Patient Registration ---------- Japan (Dr Kojima)
3 Patient Consent form fro registration ---------- Japan (Dr Kojima)
4 Diagnosis and difference in Diagnosis ---------- Thailand (Dr. Surapol)
5 Supportive care
  1) Prophylaxis of Infection and management of infection
     ---------- Korea, Infection specialist
     (Dr Lee will ask & inform the name)
  2) Transfusion ---------- India, transfusion specialist
  3) Iron Chelation ---------- Korea (Dr. Lee)

6 Treatment
  1) Immunosuppression
     i) ATG + CyA ---------- Japan (Dr Kojima--pediatrics, Dr.Nakao --adults)
     ii) High dose cyclophosphamide + CyA --- China (Dr. Zhu)

  2) Stem Cell Transplantation
     i) Related /Unrelated-- pediatrics ----- China (Dr. Jing )
     ii) Related / Unrelated – adults ---------- Korea (Dr. Lee)
     iii) Alternative stem cell source
        Cord Blood & Haplo – pediatrics --- Japan (Dr. Yabe , Tokai Univ.)
        Cord Blood – adults ---------- China (To be assigned)
        Haplo – adults ---------- China (Tianjin)

  3) Androgens ---------- India and the Phillipines(Dr.Sachdeva/Dr Baylon)

**4. Proposal of projects**

Protocol for treatment of moderate AA

## The minutes of the SAA WP Meeting in Shanghai

| | |
|---|---|
| Time: | 7:00-900, Saturday, May21, 2011 |
| Venue: | Room Jasper, The Westin Bund Center, Shanghai |

Attendees:

| | |
|---|---|
| Dr. Jong Wook Lee | (Catholic Univ. of Korea, Korea) |
| Dr. Anupam Sachdeva | (Sir Ganga Ram Hospital, India) |
| Dr. Honorata Baylon | (Luke's Medical Center, the Philippines) |
| Dr. Xiaofan Zhu | (Chinese Academy of Medical Sciences, China) |
| Dr. Chen Jing | (Shanghai Children's Medical center, China) |
| Dr. Yoshiyuki Takahashi | (Nagoya University, Japan) |
| Dr. Seiji Kojima | (Nagoya University, Japan) |

Dr. Kojima reviewed the current situation and data for AA:

- NIH data from ASH2010
- EBMT data from EBMT AA working group 2011
- Spanish (Dr. Vallejo's) data
- Dr Maciejewski's data (Hematologica in press)

Regarding Thymoglobuline, some data show "inferiority compare to horse ATG" and some show "no difference." Thus, more data is needed.

Dr. Kojima reviewed the pediatric data from Japan.

- Response % of CR+PR at 3 month was 17% for rATG(=Thymoglobuline) and 46% for hATG(=Lymphoglobuline), and was 46% for rATG and 64% for hATG at 6 month.
- With Lymphoglobuline, most of patients responded within 6 months, and very few late responders were seen. However, there might be more late responders with Thymoglobuline, so evaluation timing might need to be re-considered.

Dr. Zhu reviewed her data of pediatric severe 80 cases.

- Response % at 6 months was: CR 48.7%, PR 30%, with the survival rate of 78.8%
- Questions:
  - What was the dose used? 60.8% was under 3.75mg/kg, and 34.5% was over 3.75mg. So it does not mean the more, the better. (not dose dependent). The similar data available from the Netherland.
  - What was the total dose used for over 3.75mg? 20mg/kg (4mg/kg/day x 5days)

Dr. Lee introduced his data of the retrospective analysis with Adults

- 55 patients (70% SAA/VSAA, 30% non-severe)
- Overall response rate was reviewed at 3month, 6, 12, and 18 month.
- Although the Overall response rate was 53% at 6month and 18month. Although the overall response rate remained the same, but the CR% increased with time (9% at 6month and 23% at later time), so

the distribution of the CR% and PR% changed.

- More late responders were seen with Thymoglobuline compare to Lymphoglobuline.

## 1 Retrospective Data analysis as the Working Group

- As APBMT AA working group has not analyzed and published data yet, Dr Kojima proposed to collaborate and conduct a matched pair analysis of rATG and hATG and all agreed.
- Dr Kojima for Japan, Dr. Lee from Korea, Dr. Zhu from China will give data, which will be about 200 cases in total.
- Dr. Lee will be in charge of this analysis.
- Dr. Kojima will send the data format to Dr. Zhu, and Dr. Zhu will submit the data in the same category to Dr. Lee.

## 2 Thymoglobulin trial

- Current status about this trial
  - Korea: ready to discuss in Korea
  - China: Dr. Zhu already has started the randomization of 2.5mg vs 3.5mg. 20 cases done.
  - Japan: both pediatrics and adults (about 50 hospitals) will participate.
- Expected case#: Considering the cases expected from each sites, 3 years to finish 320 case should be the appropriate length for this trial.
  - Japan: 30-40 cases/yr for pediatrics and 50-60 cases/yr for adults
  - Korea: 50 cases/yr for the total of pediatrics and adults
  - China: 30-40 cases/yr for pediatrics (Tianjin)
    Shanghai currently uses ATG-F. If the hospital approves the protocol, then they can and will switch to Thymoglobuline to participate the trial.
- Regional Center:
  - Role of regional centers is to answer questions from participating hospitals, and report to Nagoya Univ. if anything happens.
    - Japan: Nagoya University (Dr. Kojima's)
    - Korea: Catholic University (Dr. Lee's)
    - China: Tianjin (Dr. Zhu's)
- Randomization
  - Randomization will be taken place in each country's regional office, and report annually how many cases were enrolled at each country to Nagoya Univ.
- Interim Analysis:
  - Interim Analysis is planned annually.
  - Need to hold a meeting to discuss any issues/results once or twice a year
    - Would need to support from Genzyme on this.
- Each countries will go through the IRB process, and this protocol will be ready to start early Autumn (Aug. or Sep.).

- Natural history of non-severe AA (NSAA) is not good and most of the NSAA Pts become severe or transfusion dependent later. At that time, they don't respond to IST.
- Dr Zhu introduced the data of 620 pediatric cases with the treatment option of a)Chinese herb(16), b) Chinese herb + stanzolol(114), c) Chinese herb+stanzolol+CyA(490). Most Pts's outcome was stable with or without treatment.
- Most literature mentions "moderate AA", but what is the criteria for NSAA?
  - It either falls into the category of "Non severe / Severe / Very Severe" or "Severe / Moderate* / Mild." Thus, non-severe = moderate + mild

    *moderate (transfusion independent NSAA), moderate/severe (transfusion dependent)
- Dr. Kojima proposed to conduct a protocol for the treatment of moderate AA
  - Concerns:
    - NSAA Pts sees GP and does not come to Hematologist, and the majority of them have received inappropriate transfusion by the GP. (India)
    - For NSAA Pts, the conditions of each patients differs very much, thus strict requirement for enrollment is a mandatory. (Korea)

Dr. Kojima and Dr. Takahashi introduced Dr. Nakao's finding of "HLA haplotypes of 6p UPD(+).

- HLA-A0201, A0206, A3101, B4002 are high in AA
- If these HLA are prominent in Asian countries, then the high incidence of AA in Asia compared to EU and North America could be explained.
- Dr. Lee proposed to compare the HLA typing of AA with normal (=healthy) donor
- Dr. Kojima will contact Dr. Nakao and ask to send out questionnaires to members.

# The Minutes of SAA WG in APBMT2011 in Sydney

| | |
|---|---|
| Time: | 11:30 to12:30, Monday, October 31th, 2011 |
| Venue: | Bayside 108 (Sydney Convention & Exhibition Centre) |

**Attendees:**

Japan: Seiji Kojima, Masami Inoue, Osamu Kondo, Minako Iida

Korea: Jong Wook Lee

China: Jing Chen

Pakistan: Tasneem Farzana

Philippines: Honorata G Baylon

**1. Survey of AA patients who received rabbit ATG**

Dr. Kojima explained the recent reports about rabbit ATG, Thymogrobline and horse ATG for treatment of SAA in EBMT and Japan. Dr. Chen reviewed the data of 185 children who had Fresenius product administered in China. She said that the total response rate was 53% after 6 months to 1 year follow up. She also said that the number of Thymoglobuline experiences in China was very small. On the other hand, Dr. Kojima said that there was a very small number of Fresenius product experience in Japan. According to Dr. Baylon, horse ATG in the Philippines was from India and Dr. Tasneem said that ATG in Pakistan is also from India. She said that 1100 severe and very severe AA patients were treated by that product in Pakistan for 10 years and 30-35 cases in her institute were treated by Fresenius product. Though she reported that the total response rate was 15% after 3 to 4 months, the best timing to evaluate the response remained a matter of debate.

About the retrospective analysis of rabbit ATG, Dr. Jeong in Korea is now analyzing the 150 thymogglobline cases, which are from Japan (25 cases of 3.75mg), Korea (62 cases of 2.5mg) and China (about 80 cases of 2.0-4.0mg). As he also has data for 350 Lymphoglobline cases from Japan, he will be able to analyze not only the dose comparison analysis of rabbit ATG but also the matched pair analysis between rabbit ATG and Lymphoglobline. Dr. Kojima said that he expected Dr. Jeong to present some results in the near future. Besides, the WG agreed to a proposal that these analyses should be separated between pediatrics and adults. Dr. Kojima recommended Dr. Nakao in Japan to become in charge of the adult section.

**2. Prospective Thymoglobulin trial**

Dr. Kojima said that the adult part in Japan has just agreed to the prospective Thymoglobuline trial this October and about 50 institutes will participate in this protocol study. The children's part will start in the near future. He said the total number of registered participants about 180. Dr. Lee explained that about 20 institutes joined this protocol study and will start this November in Korea. Dr. Kojima explained that according to Dr. Zhu in China, they have already started this trial, and about 30 children's cases were registered.

Dr. Kojima introduced Dr. Nakao's proposal for PNH clone analysis and everyone agreed to add it in as an optional study.

### 3. Guidelines for treatment of aplastic anemia in Asian countries

Dr. Kojima confirmed the assignment of guidelines in Shanghai. The additional assignments which were decided in this meeting are below.

- ✓ 5-1) Prophylaxis of in infection and management of infection------Korea (Catholic Univ.)
- ✓ 5-2) Transfusion----------India (Sir Ganga Ram Hospital)
- ✓ 6-1)-iii)(new) CyA for moderate AA----------China (Tianjin, Chinese Academy of Medical )
- ✓ 6-2)-iii)(CB)----------Japan
- ✓ (Haplo-child /adult)----------China
- ✓ 6-3 Androgens----------Pakistan and Philippines (Dr. Tasneem/Dr. Baylon)

The deadline was decided as the next meeting (June or July on 2012).

### 4. Proposal of projects

Dr. Kojima proposed a new project of CyA administration for moderate AA patients and it was added to the treatment guideline 6-1) iii). Dr. Kojima also proposed the international phase III FK506 study for moderate AA cases. As for Dr. Nakao's study for HLA haplotypes, Dr. Lee and Dr. Chen commented that they have a fair amount of HLA allele information in Korea and China. Based on this approach, Dr. Kojima will confirm Dr. Nakao's idea.

# The minutes of SAA WP Meeting in Seoul, Korea, 2011

| | |
|---|---|
| Time: | 17:00-18:30, Saturday, December 3, 2011 |
| Venue: | The JW Marriot Hotel, Seoul, Korea |

**Attendees:**

| | |
|---|---|
| Dr. Jong Wook Lee | (Catholic Univ. of Korea, Korea) |
| Dr. Hoon Kook | (Chonnam National University, Korea) |
| Dr. Xiaofan Zhu | (Chinese Academy of Medical Sciences, Tianjin, China) |
| Dr. Feng-kui Zhang | Chinese Academy of Medical Sciences, Tianjin, China) |
| Dr. Shinji Nakao | (Kanazawa University, Japan) |
| Dr. Seiji Kojima | (Nagoya University, Japan) |

Dr. Kojima briefly reviewed the past activities of APBMT AA WG

- The 1st meeting in May 2011 in Shanghai
- The 2nd meeting in October 2011 in Sydney during APBMT
  - Confirmed on the planned activities of 1) dose finding study and 2) APBMT guideline.

**Thymoglobulin trial**

- The group shared the current status of this trial in each countries:
  - Korea: each hospital submitted the protocol to IRB. (20 hospitals will attend.)
  - China: Dr. Zhu already has started the randomization of 2.5mg vs 3.5mg.
  - Japan: will be ready to kick off the trial in early 2012.

  As some changes will be added to the protocol, each country/hospitals need to submit the revised protocol to the IRBs.
- Some changes were made on the protocol and updated protocol was shared and reviewed by Dr. Kojima.
- Changes made on the protocol:
  - The data from NIH was added in the background of the protocol (p8)
  - Explanation of “Labo examination” was added. The tests are optional, not mandatory.
    - Japan will conduct testing of 1)PNH (+/-) , 2)telomere length/Treg and 3)HLA-A antigen loss for every cases.
    - If China and Korea are also interested in performing the tests, Japan will share the protocol.
- Additional change proposals were brought up and approved by the group.

  Additional changes approved:
  - Secondary Endpoint
    - Due to the possible “late responders” with Thymoglobuline, evaluation on Day 270 and Day 360 follow-up was proposed and agreed. Thus, the secondary endpoints of this trial are 1) the frequency of EBV-reactivation/ EBV-LPD, and 2) evaluation on Day 270 and Day 360 for hematologic response.
  - Cyclosporine (CSA) tapering
    - The change of CSA tapering speed was proposed and agreed. It will change to:
      ⇒ In case of CR on day 180, CSA should be tapered slowly (10% per every 2 month) under regular monitoring of blood counts (every other week). In case of PR on day

180, CSA should be continued until the maximum response unless any adverse events related to CSA are experienced to allow further improvement of blood counts.

- Other CSA related confirmation on the protocol:
  - The brand of CSA is not restricted. Local brand is usable.
  - CSA starting date: Although the protocol mentions "CSA starts on the day -7 or day +1 of the ATG administration…", the starting day of CSA is NOT restricted.
- Data collection
  - The group decided to report the data to Dr. Kojima every 6 month to capture the total number of patients enrolled for the trial.
  - The group confirmed that in case of adverse events (AEs), the information of the AEs is shared between the 3 countries immediately.
  - The group confirmed that the interim analysis will be performed, but the frequency of the analysis should be less than 6month. The appropriate timing for interim analysis will be decided later.
- Criteria of CR (p14)
  - Discussed that the criteria of "Platelets ≧150x10^9/L," which is the same criteria as in the British guideline, is very hard, but will not make any changes on the protocol itself to align with the most standard criteria and that will be able to analyze PR and CR separately if needed later on.
- Randomization
  - Computer based randomization is important for stratification. Dr. Kojima will share his randomization-system-software with China for clearer stratification.

**Guideline**

- The contents of the guideline are already decided and were assigned.
- The deadline: June or July, 2012

**Proposed projects**

Analysis on the frequency of high risk HLA allele in AA

- Analyzing HLA allele in Asian countries was proposed by Dr. Nakao.
- To start off the analysis, Dr. Lee will send Korean general population's HLA typing information to Dr. Nakao by the end of December, 2011.

FK study for Non-severe AA

- Dr. Kojima proposed to conduct a trial for non-severe AA and the group agreed to seek the opportunity.
- Asteras showed some interests towards the trial, so Dr. Kojima (to Asteras Japan) and Dr. Lee (to Asteras Korea) will contact the company for further negotiation.
- Both Dr. Vallejo (Spain) and Dr. Tomonaga (Nagasaki, Japan)' s data of using FK for non-severe AA patients would be helpful in moving it forward.
- When creating the protocol to move this trial forward, Dr. Lee (Korea) will be in charge.

# Worldwide Network for Blood and Marrow Transplantation (WBMT)


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

**Hawaii Convention Center, Room 311**

**February 20, 2011**
**12:30-3:30 PM**

**PARTICIPANTS:**

| Present | Position | Member Society | Country |
|---|---|---|---|
| **Executive Officers** | | | |
| Dietger Niederwieser | President | | Germany |
| Yoshihisa Kodera | Vice President | | Japan |
| Dennis Confer | Sec'y/Treasurer | | USA |
| Hildegard Greinix | President-Elect/Placeholder | | Austria |
| Mahmoud Al-Jurf | Primary Board Member | EMBMTR | Saudi Arabia |
| Yoshiko Atsuta | Member | APBMT | Japan |
| Helen Baldomero | Member | Activity Survey Office | Switzerland |
| Ardershir Ghavamzadeh | Member | APBMT, EMBMTR | Iran |
| Eliane Gluckman | Primary Board Member | Eurocord/ESH | France |
| Jorg Halter | Member | EBMT | Switzerland |
| Amir Ali Hamidieh | Alternate Board Member | EMBMT | Iran |
| Mary Horowitz | Member | CIBMTR | USA |
| Minako Iida | Member | APBMT | Japan |
| Mary Laughlin | Primary Board Member | ISCT | USA |
| Kathy Loper | Member | AABB/AHCTA | USA |
| Dao-Pei Lu | Member | APBMT | China |
| Alejandro Madrigal | Alternate Board Member | EBMT | UK |
| Steve Marsh | Primary Board Member | EFI | UK |
| Koichi Miyamura | Member | APBMT | Japan |
| Yasuo Morisim | Member | APBMT | Japan |
| Carlheinz Müller | Primary Board Member | EMDIS | Germany |

| | | | |
|---|---|---|---|
| Shinichiro Okamoto | Alternate Board Member | APBMT | |
| Marcelo Pasquini | Alternate Board Member | CIBMTR | USA |
| Donna Regan | Primary Board Member | AABB | USA |
| Doug Rizzo | Member | CIBMTR | USA |
| Ritsuro Suzuki | Member | APBMT | Japan |
| Jeff Szer | Primary Board Member | ABMTRR | Australia |
| Carolyn Keever-Taylor | Primary Board Member | FACT | USA |
| Dan Weisdorf | Primary Board Member | ASBMT | USA |
| Tong Wu | Member | APBMT | China |
| Paula Watry | Staff | CIBMTR | USA |
| | | | |
| **Unable to Attend** | **Position** | **Member Society** | **Country** |
| Claudio Anasetti | Alternate Board Member | ASBMT | |
| Jane Apperley | Primary Board Member | JACIE | |
| Etienne Baudoux | Primary Board Member | Netcord | |
| Mats Bengtsson | Alternate Board Member | EFI | |
| Christian Chabannon | Alternate Board Member | JACIE | |
| Tony Dodds | Alternate Board Member | ABMTRR | |
| Edwin Horwitz | Alternate Board Member | ISCT | |
| Didi Jasmin | Primary Board Member | ESH | |
| Jong Wook Lee | Alternate Board Member | APBMT | |
| Evelyne Marry | Alternate Board Member | EMDIS | |
| John McMannis | Alternate Board Member | AABB | |
| Carine Mijnarends | Alternate Board Member | BMDW | |
| Machteld Oudshoorn | Alternate Board Member | WMDA | |
| Vanderson Rocha | Alternate Board Member | Eurocord | |
| Jon van Rood | Primary Board Member | BMDW | |
| Elizabeth Shpall | Alternate Board Member | Netcord | |
| Phyllis Warkentin | Alternate Board Member | FACT | |
| | | | |
| **Guests** | | | |
| Michael Collins | Guest | CIBMTR | USA |
| Ping Feng | Guest | CIBMTR | USA |
| Gösta Gahrton | Guest | EBMT | Sweden |
| Luc Noël | Guest | WHO | Switzerland |
| Kitty Marquardt | Guest | CIBMTR | USA |
| Racquel Schears | Guest | CIBMTR | USA |
| Kathleen Sobocinski | Guest | CIBMTR | USA |
| Roy Wu | Guest | NCI | USA |

**WELCOME & INTRODUCTIONS:**
Dietger Niederwieser opened this 9th meeting of the WBMT by welcoming all in attendance, who then introduced themselves.

**I. MINUTES:**
Minutes of the 8th meeting held in Vienna, Austria in March 2010 were available for review. The minutes, distributed in advance, were accepted as written and approved.

## II. PRESIDENT/VICE-PRESIDENT's REPORT:

A) Dietger gave brief history of previous WBMT meetings starting in 2007 in Lyon. He shared the mission statement and identified the five, current Standing Committees. Also:

- During this past year he has participated in (or will) four "deliverables" for the WBMT:
  - Interaction with agencies (Antwerpen/October 2010)
  - Exploring vigilance notification for organs, tissues and cells (Bologna/February 2011)
  - Consultation on labeling (Bruxelles/February 2011)
  - Encourage integration of HCT within the Healthcare Policies of developing countries (Vietnam/November 2011)
- Additionally, the WBMT is involved in the following:
  - Activity Survey of 2006 (published/JAMA)
  - Survey 2007-2008 (in progress)
  - Facilitation of global studies
  - Establishing platform for national authorities/regulators
  - Global Transplant Center Numbers

- There are monthly teleconferences of the Executive Committee.

B) Dr. Kodera reported on progress within the APBMT (16th Congress planned for late October 2011 in Australia). Also:

- A workshop is planned in Vietnam this November; the Planning Committee is actively involving the Standing Committees in Program preparation. Local Vietnamese individuals are also participating.
- ASHI (American Society of Histocompatibility and Immunogenetics) has made application as a Member Society of the WBMT. This organization meets all criteria of a Member Society despite the "American" in its title; it indeed is international in purpose and mission. Dr. Marsh indicated it is a "sister society of EFI" and largely focused on education worldwide but primarily in Latin America. There were no objections and ASHI was approved unanimously for WBMT membership.

## III SECRETARY/TREASURER's REPORT:

Dennis Confer reminded the group that there is now an address for a WBMT home office located at the Office of the Swiss Blood Stem Cells Registry.

Laupenstrasse 37, or PO BOX 7951
Bern, Switzerland

WBMT now has a means of maintaining a bank account. A mechanism for receiving funds is described in the Bylaws amendment requiring approval during this meeting.

Genzyme has contributed 10,000€. Gentium is firm about corporate membership but we have not as yet received their application, and a 3rd group has indicated interest. There's been a single expense as payout to cover travel expenses for our guest World Health Organization (WHO) speaker at these meetings.

If anyone knows of a corporation interested, direct them to Dennis or Dietger.

There was brief discussion about how to handle funds submitted by a “non-profit” source (e.g., philanthropic contact or research grant). A subgroup should be formed to investigate further and to focus on “proper handling”.

## IV. BYLAWS AMENDMENTS:

Hildegard reviewed the changes (distributed in advance) that the Executive Officers are recommending; this includes *House Rules* language as supplement to the actual Bylaws. In summary:

- Article IV, Section 4.5 addresses “corporate membership” (and “grades” of contribution); the first recommendation of the group was to change the phrase to “corporate sponsorship” as contributors do not become actual members of the organization and to specifically state contributions would in no way compromise Member Societies. But after further discussion there was consensus on deleting the new section completely as contribution categories are not necessary in a bylaws document.

  Another issue though is placement of corporate support on the Website; a subcommittee should be formed to assure this is handled attractively and appropriately.

- Article V , Section “c)” – the group agreed that once representatives from member societies become Executive Officers, new Primary Representatives should be identified by the parent Member Society to fill these “vacancies”. This should be done within 4 weeks. The Executive Officers now represent the more global WBMT.

  Article VI, Section 6.2h addresses Nominations and Elections: The Nominating Committee is defined as the President-elect and 4 Board members according to region. Tasks performed by this committee include:
  - Seek suitable candidates for vacant positions
  - Consider criteria for WBMT officers
  - Decide on validity of nominations
  - Review election results

  The timetable for nominations and elections for Executive Committee officers is:
  - **Nomination procedure**
    - Call for nominations on 1 September
    - Nomination deadline 15 October
    - Selection of 2 candidates
  - **Balloting**
    - Ballot distributed on 15 November
    - Return by 30 December

- **Election results**
  - Nominating Committee writes report to Executive Committee within 30 days
  - Election results ratified by WBMT Board
  - Terms of Officers will begin on 1 April

There was a request for further clarification about the role of the Nominating Committee in the process; it was clarified that this committee still deliberates on nominees and would not ignore someone nominated by more than one person. The committee must also consider the issue of maintaining geographic diversity to meet the goals of the WBMT. Ultimately the Nominating Committee ratifies a slate of candidates and will have to do so quickly to meet new election deadlines established in the House Rules.

- Article VIII, Section 8.2: The name of the Standing Committee for transplant issues is changed to Standing Committee for Transplant Center and Recipient Issues.

- Article IX, first full paragraph, indicates the Board meetings will be held "two or more times per year". There was some communication prior to this meeting that interactions with the Board were not occurring frequently enough. Dietger suggested we have to do a better job of "bridging" the Executive branch with the full Board. It was recommended – and approved – that the Board begin meeting by teleconference on a quarterly basis. The first of these sessions will occur in April 2011.

  As part of this discussion it was suggested - and agreed - that explicit and clear guidelines and expectations regarding Vietnam Workshop/Program planning be established for the Standing Committees; minimally Chairs should be presenting reports to the Board during these quarterly calls.

Lastly, Jeff Szer reported the availability of an electronic site that can handle secure, yet shared, documents. He suggested we consider such a platform for items such as unapproved minutes and other reports. Members can be notified by email that there is new information on the site and comments/changes to documents can be transmitted and handled more efficiently. We will follow-up on his suggestion.

**V. <u>WEBSITE UPDATE:</u>**

Dietger reported that the www.wbmt.org website was updated as recently as two days ago. There are 2 levels of security: the first, more public site, is for a range of documents such as minutes, etc. that we feel can be made accessible to the general public, a second level is for "members only" with access limited only to Executive Officers and members of Standing Committees. That username and password are as follows: "wbmt" and "Wbmt member" respectively. All are urged to begin accessing the site. When minutes are posted, a broadcast email should be distributed informing everyone.

One change required on the homepage, is the WHO logo. We currently are not permitted use of this particular logo and Dietger will handle the recommended

changes. Eventually there will be a public site location for HCT related educational materials, but for now this site will remain fairly "internal". Each Standing Committee will have both an "open" and a more secure site; one for more public and completed projects/documents, the latter for works in progress.

## VI. COOPERATIVE AGREEMENT WITH THE WORLD HEALTH ORGANIZATION (WHO):

Luc Noël explained that the WHO requires 3 years of working relationship with organizations before granting "official" inclusion on the WHO Executive Board. The original "three year plan" he discussed previously would have resulted in presentation and deliberation by the WHO Executive Board in January 2012. However, we are not sufficiently far along in the application process to be ready for the 2012 meeting and must plan for January 2013. He stated we are "lacking data gathering" in this process and must make this more concrete for January 2013.

We can acquire a link to the WHO website, however, while still considered within the "working relations" period.

The next steps are to:

- "provide data" (e.g., publish the activity survey data)
- complete a workshop as is planned for Vietnam

Some asked, "What else is expected"? Luc reported that we have to show evidence of "visible engagement" by end of 2011 in as many ways as possible giving the following examples:

- mature webpage showing capability of updates
- evidence of harmonization within the group
- guidance documents regarding cell procurement
- adverse event reporting mechanism using the website

All agreed this information must be shared with the leadership and membership of all Standing Committees.

There was a question about the advantage of Non-government Organization (NGO) status with the WHO. Luc identified the following:

- early notification of high level meetings
- recognition and respectability
- opportunities to deliver opinions and position statements
- can affect change in synergy with WHO (used solid organ transplant partnership since 2007 as an example)
- can participate in establishing "standard order" within the field of transplantation
    - requires both responsibility and respected quality
    - important if transplant community wants to establish "regulations"

Luc went on to say that as a partner in official relations, there is really no power as such, only by "power of progress"; WBMT is unique in that it is a mosaic of various components of the transplant community.

Lastly, the group agreed that it is important to the transplant field to have a unified voice globally; it is also important for us to know about formal WHO meetings and

if/when invited, we must establish a mechanism for informing our member societies in an open report to all and to stay in close communication with our WHO partners.

## VII. STANDING COMMITTEE REPORTS:

*i. Transplant Center and Recipient Issues Standing Committee (M. Pasquini)*
The proposal presented in Vienna called for design/implementation of a "limited minimal dataset" (something less than a TED/Med A). The APBMT moved forward with forms that may be used as a model. They recently launched their new forms and will evaluate once data are accumulated.

The issue is definition of the scope of this committee's project and related recommendations, both of which were discussed in previous day's in-person meeting. In summary:

- No additional ("3rd") form but rather document the identifiers for centers/registries which WBMT feels are MOST important in data fields (Dr. Rizzo to assist with this) and definitely retain harmonization throughout. There will be tiers of importance (registration only, limited data collection, full Comprehensive Report Form level reporting); these will be geared towards center development as they move towards accreditation.
- Committee leadership will present a review/update in Paris.
- Next step is to publish recommendations in the form of a full report.
- APBMT will report their post-implementation findings. They identified for this standing committee that only ~55% of centers can complete the current TED form level data; total activity in Japan is ~10,000 HCTs per year and this is a substantial problem worldwide.

This committee is seeking additional representation.

*ii. Donor Issues Standing Committee (J. Halter)*
Dr. Halter reported that there are 3 primary issues:

- Ethical issues
- Donor outcomes collection
  - This committee will prepare an inventory of what is currently active worldwide and will review the results and recommendations of the 2009 Bern meeting at which a limited dataset for donors (that could support research) was discussed at length.
  - A second meeting is planned in the Netherlands where refinement of the more extensive dataset discussed previously is planned. This group will seek an invitation to this session.
- Pre-registration requirements

This group also intends to meet again in Paris.

Dietger explained that the charge of this Standing Committee includes both unrelated and related donor issues, including haplo donors and cord blood issues. To this end, it was decided that there will be three Chairs for this committee: One will always represent the WMDA due to their vast experience globally with unrelated donors; another will be from Asia due to high incidence of HCT using haplo donors; the third will be chosen based on geographic region and related donor expertise. The current Chairs are interim WMDA representatives, Effie Pettersdorf (outgoing President) and Eliane Gluckman (incoming President) as well as Keiichi Isoyama and Jörg Halter.

*iii. AHCTA (Accreditation Standing Committee) (K. Loper)*

Ms. Loper reported that their group discussed their current project which is to develop consensus/guidance on minimal qualifications for training of staff who collects stem cells and stem cell products. Focus is on the international audience and, in particular, developing countries especially those building new programs. A survey has been designed and distributed by AHCTA and its participating organizations; it closes on February 28th (400 responses to date) when results will be tabulated/analyzed.

A next project and steps will focus on design of a second ("lower") tier for developing countries/programs; emphasis will be placed on developing minimum essential components for developing programs. This would include an explanation of necessary elements ("in plain language") or principles and will be developed into a consensus document. In preparation this committee will first review the WHO "guiding principles" for background and clarity regarding core elements. Recommendations will be reported/discussed with full committee membership and another in-person meeting will be held in Paris.

One final suggestion from this committee is that the Chair of the Education and Dissemination Committee, once identified, participate in the monthly AHCTA calls due to the interface between the work of these two Standing Committees.

Kathy commented that during their smaller group session, a suggestion was made that the WBMT request the WHO to make a strong recommendation that "for purposes of understanding the harmonized requirements at a global level, WBMT directives and standards be translated into English". The Board agreed that there should be a "uniform language" and though Dr. Noël stated the WHO has 6 official languages, this group agreed that English is the most commonly used language in the transplant community. WBMT will institute this standard internally.

*iv. Education and Dissemination Standing Committee (C. Müller)*
This committee addressed the need for established leadership as a formal Chair was not identified during the Standing Committee meeting.

Areas of concentration were discussed and include:

- Listing educational resources already available (e.g., web based tools, webinars, informational meetings, etc.) This committee will take an inventory of such resources, place on website and distribute to Board members for distribution to their society membership.
- Assisting in the development of the Program for the Vietnam workshop.
    - To this end, a draft 3 day "Program roster" was presented which showed workshops addressing ~10 previously designated workshop topics. There was time in the early half of the first day of the Program for some introductory plenary sessions.
    - Here is where the discussion turned briefly to the basic format of the workshop and whether the Scientific Sessions should begin the 3 day Program or should be at the end. There was no decision here on this matter.
- Addressing issues having ethical implications.

Eliane Gluckman suggested that the ESH group has substantial expertise in preparing training and educational programs; it strongly supports the work of this committee and would want to be involved in especially the first two points above. She offered to accept the Chair position for this Standing Committee. EBMT can also play a key role as well as the APBMT.

Hildegard Greinix feels that the Board should request the input of the Standing Committees but that we also need local organizers in planning the Vietnam workshop Program.

*v. Graft Processing Standing Committee (D. Niederweiser)*
Dietger indicated that invitations will be sent to two individuals asking for their willingness to accept Chair responsibilities for this Standing Committee.

This group will also be involved in planning the Program for the Vietnam workshop and, again, is interested in assessing available resources at this time. All agreed that WBMT guidelines will have to address a licensure issue as regulation of cell processing labs is a certainty.

**VII. <u>Other Business:</u>**
During past weeks, an email was received by the CIBMTR regarding a plea for establishing an unrelated donor registry in India. It was agreed that such a registry already exists and additional competing groups should not be endorsed; the Executive Committee should pass the email on to Mammen Chandy for his input.

Dr. Hamidieh (Tehran) noted that data he submitted to BMDW last summer were still not online. Carlheinz has contacted Jack Bakker who explained the

difficulties to him and that problems should be resolved before the Paris meeting. Carlheinz will continue to monitor this situation.

## SUMMARY OF ACTION POINTS ARISING FROM THIS MEETING

- Contact an ASHI representative (Marcelo Fernández de Viña) to inform them their membership has been approved; now we need their logo for the website and names to serve as primary and alternate representatives.
- Establish a sub-group to investigate how best to handle research grant or philanthropic contributions and if depositing to the World Bank is an option for our global organization.
- Identify four, new Primary Board Representatives to fill the "vacancies" of the four, new Executive Officers as they no longer represent their parent Societies; this includes the 4 founding member Societies: EBMT, APBMT, CIBMTR and WMDA..
- Identify a sub-committee that can assess how best to represent/display corporate sponsors on the website.
- Establish a schedule of regular, quarterly teleconferences for Board membership; the first call should be planned for April 2011.
- Draft and distribute guidelines for Vietnam Program planning to Standing Committee membership.
- Follow-up on the Jeff Szer suggestion about an electronic platform for processing, maintaining and storing documents, both those in progress and those completed.
- Establish a mechanism whereby a broadcast email is distributed any time minutes (or other critical documents) are posted on the website.
- Distribute to Standing Committee leadership/membership the details of the criteria required to complete the NGO partnership application with the WHO as shared by Luc Noel during this meeting.
    - Excerpted text from above:

      *Luc Noël explained that the WHO requires 3 years of working relationship with organizations before granting "official" inclusion on the WHO Executive Board. Therefore the original "three year plan" he discussed previously would have resulted in presentation and deliberation by the WHO Executive Board in January 2012. However, we are not sufficiently far along in the application process to be ready for the 2012 meeting and must plan more for January 2013. He stated we are "lacking data gathering" in this process and must make this more concrete for January 2013.*

      *The next steps are to:*
        - *"provide data" (e.g., publish the activity survey data)*
        - *complete a workshop as is planned for Vietnam*

      *Some asked, "what else is expected"? Luc reported that we have to show evidence of "visible engagement" by end of 2011 in as many ways as possible giving the following examples:*
        - *mature webpage showing capability of updates*

- *evidence of harmonization within the group*
- *guidance documents regarding cell procurement*
- *adverse event reporting mechanism using the website*

*All agreed this information must be shared with the leadership and membership of all Standing Committees.*

*……..it is also important for us to know about formal WHO meetings and if/when invited, we must establish a mechanism for informing our member societies in an open report to all and to stay in close communication with our WHO partners.*

- Establish firm leadership for each of the five Standing Committees.
- Distribute invitation to all Board members for additional Society representation on all of the five Standing Committees; encourage young people to participate.
- Coordinate in-person meetings of all Standing Committees while in Paris.
- Send the “India donor registry” email to Mammen Chandy for his deliberation and handling. ‘

Respectfully submitted,
Paula Watry

# Workshop of the WBMT

in cooperation with the

## World Health Organization (WHO)

**Hanoi, Vietnam, November 10 – 11, 2011**

**www.wbmt.org**



FINAL PROGRAM

Dear Friends,

Haematopoietic stem cell transplantation has advanced to the level of being the only curative treatment for many haematological and non-haematological diseases. The frequency of stem cell transplantation varies considerably among the world regions and is dependent upon the national income and the resources devoted to health expenditures.

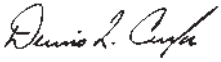
The primary mission of the Worldwide Network for Blood & Marrow Transplantation (WBMT, www.wbmt.org), a federation of eighteen (18) international societies involved in stem cell transplantation around the world, is to establish broad standards and assist countries with limited resources in development and performance of this curative treatment. To this end, WBMT, in association with the World Health Organization (WHO), is planning a meeting in Vietnam with the participation of health authorities from at least sixteen (16) countries with restricted resources and low transplant frequency (Gratwohl JAMA 2010). It is our goal not only to guide physicians to optimize their current stem cell transplantation activities but also to create awareness among policy makers about the value of stem cell transplantation so that these activities might be expanded. Representatives from established transplant centers in countries with limited resources will also participate, with the goal of optimizing their own programs and guiding countries without experience to establish effective and resource sparing programs.

We are looking forward to an interesting meeting and welcome you in Hanoi!

Sincerely

Dietger Niederwieser
President

Yoshihisa Kodera
Vice President



Dennis Confer
Secretary/Treasurer

Hildegard Greinix
for Past President position

Cover: Temple of Literature, Hanoi © Vietnam Sunrise Travel

**Overall Program Goals**

1. Create awareness among government policy-makers about the value of haematopoietic stem cell (HSC) transplantation in developing healthcare systems;
2. Encourage the integration of HSC transplantation within the Healthcare Policy of developing countries;
3. Establish the basic ethical, medical and infrastructure requirements for providing HSC transplantation within a developing healthcare system;
4. Create a model for achieving goals 1 – 3 that can be replicated throughout the WHO regions of the world;
5. Optimize existing transplant programs.

**Local Organizing Committee**

Binh Nguyen Tan, Binh Tran Van, Dung Truong Viet, Huong Tran Thi Giang, Khanh Bach Quoc, Sat Le Minh, Tien Nguyen Thi Kim, Tri Nguyen Anh, Tuong Tran Quy, Vinh Pham Quang

**International Organizing Committee**

Niederwieser Dietger, Kodera Yoshihisa, Confer Dennis, Greinix Hildegard, Horowitz Mary, Gluckman Eliane, Noël Luc, Pasquini Marcelo, Watry Paula (Secretary)

Committee for Transplant Center/Recipient Issues (Rizzo, J.D., Apperley, J.)
Committee for Education and Dissemination (Gluckman, E., Jasmin, D.)
Committee for Graft Processing Issues (Koh, M., Teshime, T.)
Committee for Donor Issues (Halter J., Rocha, V., Isoyama, K.)
AHCTA (Loper, K.)

# Thursday, November 10, 2011

08:30 – 11:30 **Plenary Session**

*Chairs: Dietger Niederwieser (Germany)*
*Nguyen Anh Tri (Vietnam)*
*Yoshihisa Kodera (Japan)*

**Inaugural program**
Nguyen Thi Kim Tien (Minister of Health, Vietnam)
Nguyen Anh Tri (Director NIHBT, Vietnam)

**World Health Organization (WHO) and Stem Cell Transplantation (HCT)**
Luc Noël (Switzerland)

**Global perspectives of HCT including networking and macroeconomics of HCT**
Dietger Niederwieser (Germany)

**Global overview of HCT**
Helen Baldomero (Switzerland)

**Regional transplantation activities**
Honorata G. Baylon (Philippines)
Otgonbat Altangerel (Mongolia)
Mohiuddin Ahmed Kahn (Bangladesh)
Herman Hariman (Indonesia)
Nosa Bazuaye (Nigeria)
Alain Mayindu Ngoma (Congo)

**Explanation of program agenda**
Dennis Confer (USA)
Marcelo Pasquini (USA)

11:30 – 12:30 Lunch

# Thursday, November 10, 2011

**12:30 – 15:30** **Establishing a Transplant Program**

*Chairs: J. Douglas Rizzo (USA)*
*Shinichiro Okamoto (Japan)*
*Nguyen Tan Binh (Vietnam)*

**Starting HCT program – a perspective from the front lines**

12:30 Alok Srivastava (India)
12:45 Adriana Seber (Brazil)

13:00 – 13:50 **Discussion: Minimum requirements of an effective HCT program**

Moderator: Daniel Weisdorf (USA)
Panelists: Alok Srivastava (India)
Adriana Seber (Brazil)
Herman Hariman (Indonesia)

13:50 – 14:00 **What do we need to get started?**

Hildegard Greinix (Austria)

14:00 – 15:10 **Discussion: Gain expertise with autologous HCT, or begin doing allogeneic HCT where the need may be greatest?**

Moderator: Ritsuro Suzuki (Japan)

**Pros and cons of the approaches**

Panelists: Dietger Niederwieser (Germany)
Nosa Bazuaye (Nigeria)
Alain Mayindu Ngoma (Congo)
Honorata G. Baylon (Philippines)
Carlheinz Mueller (Germany)

15:10 – 15:30 **Twinning and Training**

Ernst Holler (Germany)
Eliane Gluckman (France)

15:30 – 16:00 Break

# Thursday, November 10, 2011

**16:00 – 18:00** **Indication for Transplant and Patient Selection**

*Chairs: Marcelo Pasquini (US)*
*Jeff Szer (Australia)*

**Current indications for HCT**

16:00 J. Douglas Rizzo (USA)

**How do we handle triage for potential transplant recipients?**

16:10 Thomas Masszi (Hungary)

16:25 Tran van Binh (Vietnam)

16:40 **Discussion: Which patients can best be served by a program?**

How to develop and operationalize a framework for determining who to transplant and achieve equity.

Moderator: Jeff Szer (Australia)

Panelists: Takanori Teshima (Japan)
Tamas Masszi (Hungary)
Tran van Binh (Vietnam)
Luis Bouzas (Brazil)
Shuichi Taniguchi (Japan)
Otgonbat Altangerel (Mongolia)
Mohiuddin Ahmed Khan (Bangladesh)

# Friday, November 11, 2011

**08:00 – 11:00** **Donor Selection**
*Chairs: Jörg Halter (Switzerland)*
*Hildegard Greinix (Austria)*

08:00 **Legislative frameworks and ethics of donation**
Luc Noël (Switzerland)
Jeff Szer (Australia)

08:15 **Relative availability of various stem cell sources in Asia**
Yasuo Morishima (Japan)

08:30 **Stem cell source (related/unrelated/cord blood/haploidentical)**
Dietger Niederwieser (Germany)
Shuichi Taniguchi (Japan)
Daihong Liu (China)

08:55 **Donor search and availability (related/unrelated)**
Dennis Confer (USA)

09:15 **Donor selection criteria**
Eliane Gluckman (France)

09:30 **Donor suitability and donation process**
Dietger Niederwieser (Germany)
Michael Pulsipher (USA)

09:50 **Donor outcomes**
Koichi Miyamura (Japan)
Jörg Halter (Switzerland)
Michael Pulsipher (USA)

10:20 **Panel discussion**
Moderator: Jörg Halter (Switzerland)
Panelist: Yoshihisa Kodera (Japan)

11:00 – 11:30 Break

# Friday, November 11, 2011

**11:30 – 13:30** **Graft Processing**
*Chairs: Mickey Koh (UK)*
*Takanori Teshima (Japan)*

11:30 **Introduction: Overview on considerations in setting up a graft processing laboratory**
Mickey Koh (UK); Takanori Teshima (Japan)

11:40 **Stem cell enumeration/product characteristic assays/QA**
Carolyn Keever-Taylor (USA)

11:55 **Storage/testing/traceability**
Douglas Padley (USA)

12:15 **Staff/equipment training**
Meng Kee Tan (Canada)

12:30 **Cord blood banking**
Alejandro Madrigal (UK)

12:45 **Advanced graft processing**
Dominic Wall (Australia)

12:55 **Regulatory frameworks**
Kellathur Srinavasan (Singapore)

13:15 **Overall discussion: including costs of laboratory operations**
Entire panel

13:30 – 14:30 Lunch

**14:30 – 15:30** **Developing an Outcomes Database**
*Chairs: Marcelo Pasquini (USA)*
*Philip Rowlings (Australia)*

14:30 **What is the minimum dataset suggested by APBMT for programs with limited resources?**
Yoshiko Atsuta (Japan)

14:45 **Discussion**
Moderator: Marcelo Pasquini (USA)
Panelists: J. Douglas Rizzo (USA)
Helen Baldomero (Switzerland)
Minako Iida (Japan)

# Friday, November 11, 2011

**15:30 – 16:30** **Dissemination of Information**
*Chairs: Eliane Gluckman (France)*
*William Hwang (Singapore)*

15:30 **Dissemination of information**
David Ma (Australia)

16:30 – 17:00 Break

**17:00 – 19:20** **AHCTA**
*Chairs: Dennis Confer (USA)*
*Seiji Kojima (Japan)*

17:00 **Overview of AHCTA**
Includes overview and presentation by
Dennis Confer (USA)

17:15 **WMDA standards and accreditation**
Dennis Confer (USA)

17:25 **AABB standards and accreditation**
Douglas Padley (USA)

17:40 **Netcord-FACT standards and accreditation**
Carolyn Keever-Taylor (USA)

18:05 **EFI/ASHI standards and accreditation**
Gottfried Fischer (Austria)

18:20 **Overview of aide-memoire: "Key elements"**
Meng Kee Tan (Canada)

19:05 **Discussion:**
**Competent authorities and their interface with the profession**
Moderator: Meng Kee Tan (Canada)
Panelists: Presenters and Bach Quoc Khanh (Vietnam)

**19:20 – 19:40** **Conclusions**
Dennis Confer (USA)

# General Information

### Date

November 10 and 11, 2011

### Venue

National Institute of Hematology and Blood Transfusion (NIHBT)
14 Tran Thai Ton, Yen Hoa, Cau Giay District
Hanoi, Vietnam

### Hotel

Meliá Hotel Downtown Hanoi
44B Ly Thuong Kiet
Hanoi, Vietnam

### Congress Language

English

### Exhibition

Equipment and publishers are displaying their products at the industrial exhibition which will form part of the congress.

### Registration and Hotel Accommodation

For registration and hotel accommodation see homepage: www.wbmt.org

**www.wbmt.org**

# Member Societies of WBMT

**European Group for Blood and Marrow Transplantation (EBMT)**
www.ebmt.org

**Center for International Blood and Marrow Transplant Research (CIBMTR)**
www.cibmtr.org

**Asia Pacific Blood and Marrow Transplantation Group (APBMT)**
www.apbmt.org

**World Marrow Donor Association (WMDA)**
www.worldmarrow.org

**American Association of Blood Banks (AABB)**
www.aabb.org

**The Eastern Mediterranean Blood and Marrow Transplantation Group (EMBMT)**
www.embmt.org

**Netcord**
www.netcord.org

**Eurocord**
www.eurocord.org

**The Australasian Bone Marrow Transplant Recipient Registry (ABTRR)**
http://www.abmtrr.org

**The European School for Haematology (ESH)**
www.esh.org

**The European Federation for Immunogenetics (EFI)**
www.efiweb.eu

**The International Society for Cellular Therapy (ISCT)**
www.celltherapysociety.org

**Joint Accreditation Committee-ISCT (JACIE)**
www.jacie.org

**Bone Marrow Donors Worldwide (BMDW)**
www.bmdw.orghttp://www.bmdw.org/

**Foundation for the Accreditation of Cellular Therapy (FACT)**
www.factwebsite.org

**American Society for Blood and Marrow Transplantation (ASBMT)**
www.asbmt.org

**American Society for Histocompatibility and Immunogenetics (ASHI)**
http://www.ashi-hla.org/

**European Marrow Donor Information System (EMBDIS)**
www.worldmarrow.org/index.php?id=286&type=1
www.emdis.net

# Scientific Symposium of the WBMT

**Hanoi, Vietnam, Saturday, November 12, 2011**

**www.wbmt.org**

100

**FINAL PROGRAM**

Dear friends,

Haematopoietic stem cell transplantation has advanced to the level of being the only curative treatment for many haematological and non-haematological diseases. The frequency of stem cell transplantation varies considerably among the world regions and is dependent upon the national income and the resources devoted to health expenditures.

The primary mission of the Worldwide Network for Blood & Marrow Transplantation (WBMT, www.wbmt.org), a federation of eighteen (18) international societies involved in stem cell transplantation around the world, is to establish broad standards and assist countries with limited resources in development and performance of this curative treatment.

To this end, WBMT, in association with the World Health Organization (WHO), has planned this meeting in Vietnam with the participation of health authorities from at least sixteen (16) countries with restricted resources and low transplant frequency (Gratwohl JAMA 2010). It is our goal not only to guide physicians to optimize their current stem cell transplantation activities but also to create awareness among policy makers about the value of stem cell transplantation so that these activities can be expanded.

Representatives from established transplant centers in countries with limited resources will also participate, with the goal of optimizing their own programs and guiding countries without experience to establish effective and resource sparing programs.

On the third of the three day Program, a more conventional, *Scientific Symposium* will be held that will focus on stem cell transplantation. This meeting presents a unique opportunity to educate potential new markets about the goods and services offered and we warmly invite you to participate.

We are looking forward to an interesting meeting and we appreciate your attendance.

Sincerely

Dietger Niederwieser
President

Yoshihisa Kodera
Vice President

Dennis Confer
Secretary/Treasurer

Hildegard Greinix
for Past President position

# PROGRAM OF THE WBMT SYMPOSIUM

**08:30 – 10:30** **Optimal Stem Cell Source in Allogeneic HCT**
*Chairs: Yoshihisa Kodera, Nagoya, Japan*
*Bach Quoc Khanh, Hanoi, Vietnam*

08:30 **Bone marrow vs. peripheral blood**
Daniel Weisdorf, Minneapolis, USA

09:00 **HCT with cord blood stem cells**
Eliane Gluckman, Paris, France

09:30 **Cord blood transplantation for adult patients**
Shuichi Taniguchi, Tokyo, Japan

10:00 **Haplo-identical HCT from family members**
Hiroyasu Ogawa, Osaka, Japan

10:30 – 11:00 Coffee/Tea Break

**11:00 – 12:30** **Complications of HCT**
*Chairs: Tran Van Binh, Ho Chi Minh City, Vietnam*
*Alejandro Madrigal, London, UK*

11:00 **Graft-versus-host disease**
Hildegard Greinix, Vienna, Austria

11:30 **Infectious complications after HCT**
Shinichiro Okamoto, Tokyo, Japan

12:00 **Impact of reduced-intensity conditioning on outcome of HCT**
Dietger Niederwieser, Leipzig, Germany

12:30 – 13:30 Lunch Break

**13:30 – 14:30** **HCT in Non-Malignant Disease**
*Chairs: Nguyen Anh Tri, Hanoi, Vietnam*
*Dennis Confer, Minneapolis, USA*

13:30 **HCT for bone marrow failures**
Joerg Halter, Basel, Switzerland

13:50 **HCT in hemoglobinopathies**
Alok Srivastava, Vellore, India

14:10 **HCT in severe aplastic anemia**
Seiji Kojima, Japan

14:30 – 15:00 Coffee/Tea Break

**15:00 – 17:00** **HCT in Malignant Disease**
*Chairs: Nguyen Tan Binh, Ho Chi Minh City, Vietnam*
*Carlheinz Mueller, Ulm, Germany*

15:00 **HCT in leukaemia**
Marcelo Pasquini, Milwaukee, USA

15:30 **HCT in lymphoma**
Jeffrey Szer, Parkville, Australia

16:00 **HCT in myeloma**
Dietger Niederwieser, Leipzig, Germany

# Sponsors

The organizers express their thanks and appreciation to all the companies who made the organization of the WBMT Symposium possible.

**Astra Zeneca Japan**

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**Novartis Japan**

**Pfizer Japan**

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**CSL Behring Japan**

# History 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, India, Indonesia, Japan, Korea, Malaysia, Taiwan, Thailand and Australia / New Zealand in 1990. They held early APBMT meetings in China and Japan from 1990 to 1994. Since then, the plenary meetings have been held 16 times in the past 22 years and they have been held annually since 2004 (refer to the Annual Congresses). 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 5 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.

# 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 |
| 10th | 2012, 4 Geneva |

# 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)
- EMDIS (European Marrow Donor Information System)
- ASHI (American Society for Histocompatibility and Immunogenetics)

# The Worldwide Network for Blood and Marrow Transplantation Bylaws 2009

## ARTICLE III

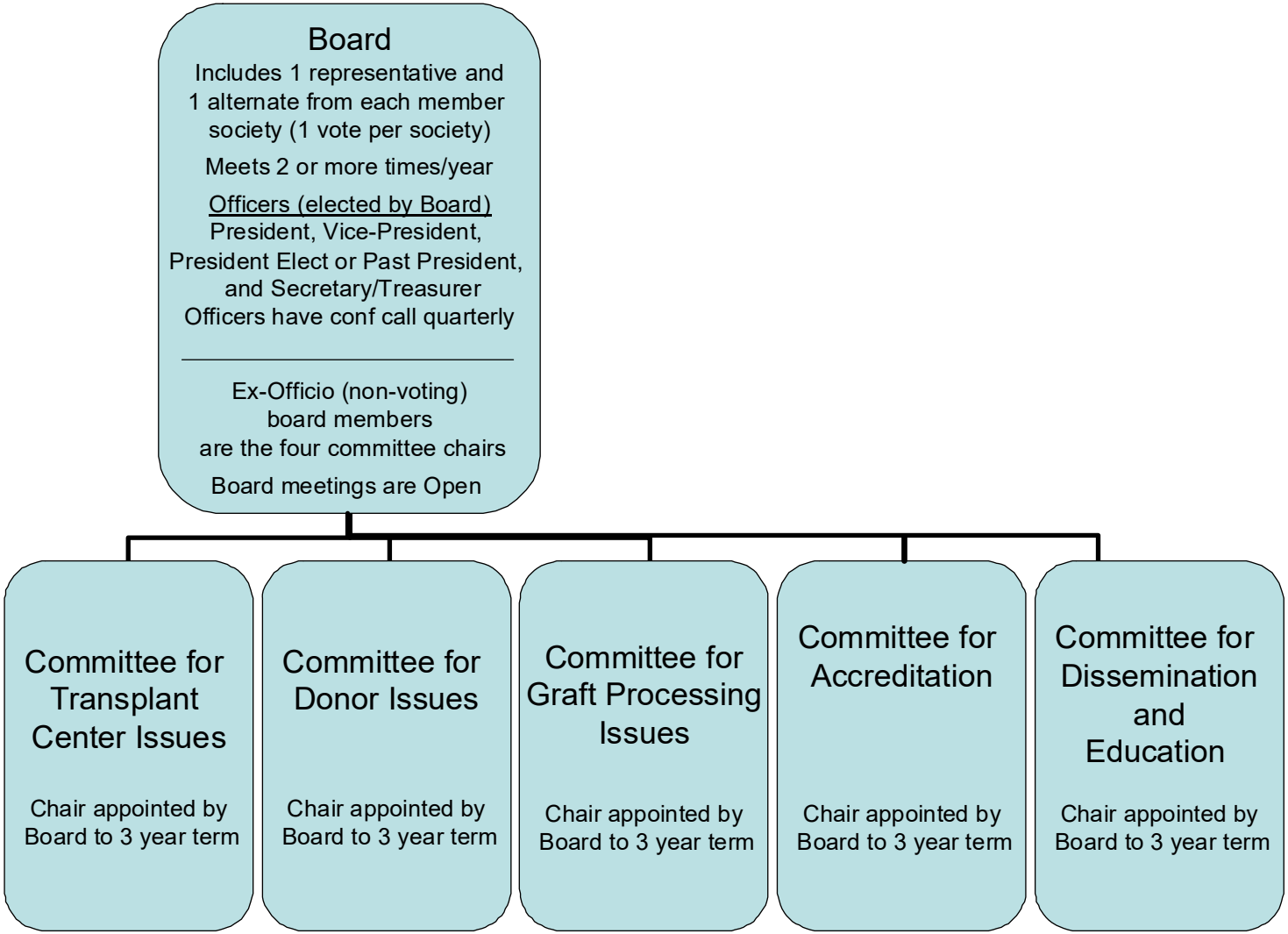
## Mission

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.

**APBMT Annual Report**
Dec.2011

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

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