APBMT
Asia-Pacific Blood and Marrow Transplantation Group

Monograph vol.6

APBMT Annual Report

December 2012

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, 2012

Secretariat Office / Data Center of APBMT

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

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

Contents

About APBMT

General overview for the last year (from September 2011 to August 2012)

APBMT admitted three new participants (Mongolia, Bangladesh and Myanmar) this year and the total participating countries/ regions became 19.

Figure1: Flags of the participating countries/regions

After the nuclear accident in March 2011 in Japan, APBMT prepared to establish the Nuclear Accident Committee (NAC) to cooperate with other societies' NAC in other regions. To strengthen the organization, APBMT also established other two committees (Program committee and Treasury committee).
Data collection by the Activity Survey was gone well continuously since 2007. As for the Outcome Registry, the first preliminary analysis was done by the APBMT Data Center.

This Annual Report is the sixth edition. It includes the basic information of APBMT, results of the 6th Transplant Activity Survey (Transplants performed in 2010) and other information concerning APBMT. Besides, the detailed information about WBMT (Worldwide network for Blood and Marrow Transplantation) 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

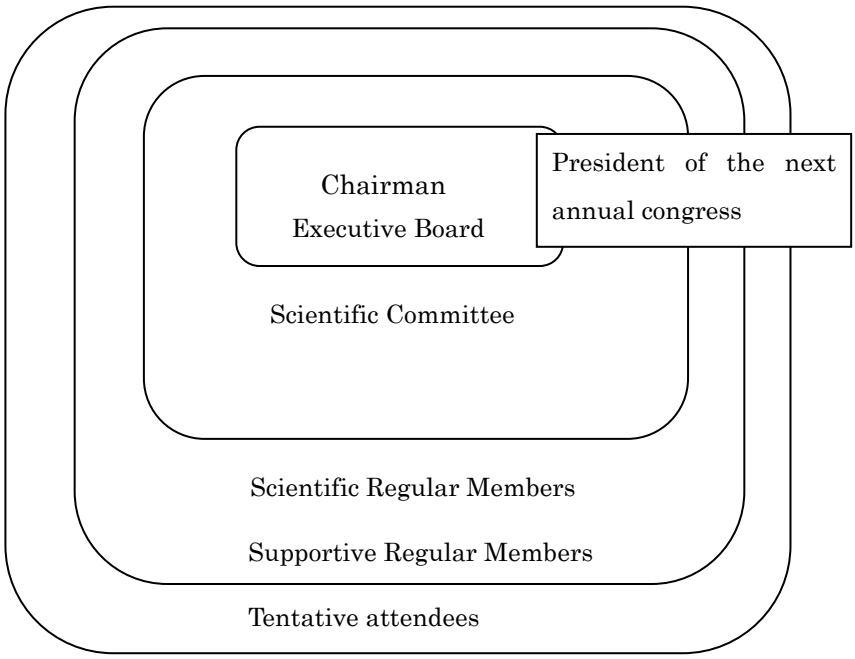
The group aims to promote all aspects associated with the hematopoietic stem cell transplantation (HSCT) in Asia, which includes:

- 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 supports the Chairman and will perform the duties of the Chairman in the absence.

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

6.5 Secretariat/Treasurer shall oversee the maintenance of a permanent record of APBMT. The Secretariat/Treasurer shall have oversight of the budget of APBMT. The Secretariat/Treasurer Office of the group is currently set at the Department of HSCT Data Management, Nagoya University, School of Medicine, and the Department of Promotion for Blood and Marrow Transplantation, Aichi Medical University School of Medicine, Japan. The Secretariat/Treasurer Office works for the development and the maintenance of the group under the collaboration with the Chairman of Executive Board, the Chairman of the next annual congress, and the members of Executive Board and Scientific Committee.

ARTICLE 7

Annual Congress

Any countries participating in APBMT can propose to be a host country of the Annual Congress. Host country of the future Annual Congresses will be decided by the Scientific Committee. The President of the next annual congress cooperates with the Executive Board for the year preceding the annual congress.

ARTICLE 8

Business Meeting

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

ARTICLE 9

Working Groups

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

ARTICLE 10

APBMT Registry

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

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

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

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

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

10.5 Operation of the APBMT Registry

10.5.1 Patient personal information

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

10.5.2 Units of registration

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

10.5.3 Location of the data center

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

Nagakute Campus
Department of Promotion for Blood and Marrow Transplantation (DPBMT) Aichi Medical University, School of Medicine
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 amendments, 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.2012)

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)

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

Secretarists

Atauta, Yoshiko (Japan), Hyo, Rie (Japan), Iida, Minako (Japan),
Suzuki, Ritsuro (Japan), Yoshimi, Ayami (Japan)

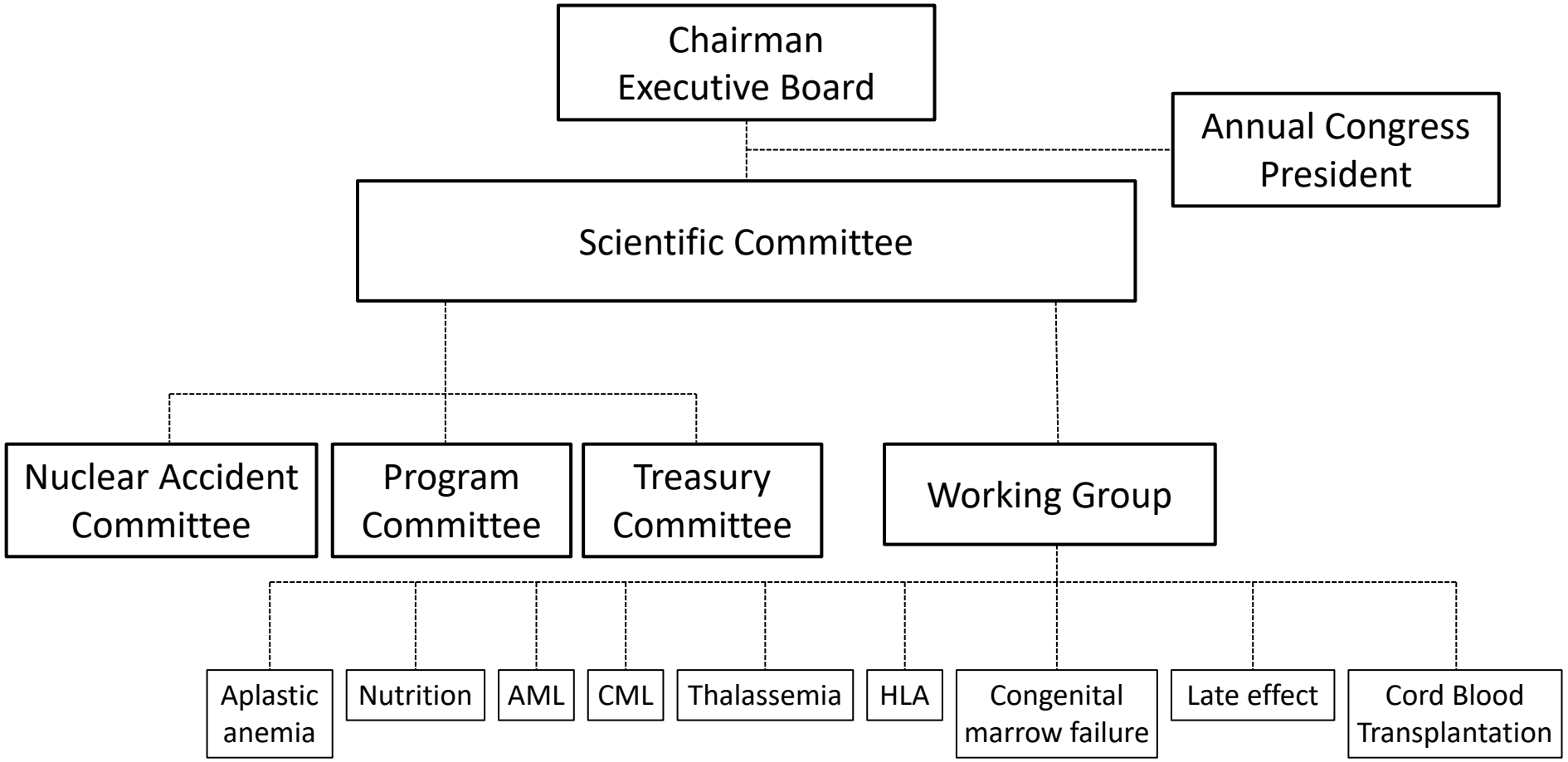
Honorable Members

Atkinson, Kerry (Australia)
Carter, John (NewZealand)
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, Pattric (Singapore)

Organization Chart of APBMT



The number of all members in APBMT up to December 2012

	Country	No of members
1	Australia /New Zealand	4
2	Bangladesh	1
3	China	11
4	Hong Kong	2
5	India	28
6	Indonesia	1
7	Iran	6
8	Japan	30
9	Korea	14
10	Malaysia	3
11	Mongolia	5
12	Myanmar	1
13	Pakistan	7
14	Philippines	1
15	Singapore	8
16	Taiwan	6
17	Thailand	7
18	Vietnam	2
	Total	137

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
17th	2012	Hyderabad	Saikia, Tapan K / Srivastava, Alok

Future Congresses

- The 18th Congress of APBMT

  November 01-03, 2013, Ho Chi Minh city, Vietnam

  Congress Presidents: Nguyen, Tan Binh / Binh, Tran Van
- The 19th Congress of APBMT

  October 17-19, 2014, Hangzhou, China

  Congress Presidents: Huang, He / Huang, Xiao-Jun
- The 20th will be held in Japan.

The number of attendees for each annual meeting from 2006 to 2012

2006(JAPAN)		2007(CHINA)✳		2008(TAIWAN)		2009(KOREA)		2010(THAILAND)		2011(AUSTRALIA/NEW ZEALAND)✳✳		2012(INDIA)	
Australia	1	Australia	4	Australia	5	Australia	7	Australia	9	Australia	637	Australia	11
China	30	Canada	2	France	1	China	65	Canada	1	Bangladesh	3	Bangladesh	2
Germany	1	China	317	Hong Kong	3	France	1	China	100	Brunei	1	Belgium	2
Hong Kong	5	Czech Republic	2	India	1	Germany	3	France	2	China	178	Canada	1
India	2	Denmark	1	Japan	24	Hong Kong	1	Germany	4	Cook Islands	1	China	66
Iran	4	Germany	4	Korea	46	Indonesia	1	Hong Kong	13	Fiji	2	France	2
Japan	97	India	12	Malaysia	6	Iran	1	Hungary	1	Hong Kong	5	Germany	8
Korea	30	Indonesia	5	Pakistan	3	Japan	33	India	3	India	6	Hong Kong	2
Malaysia	3	Iran	6	Philippines	2	Korea	292	Indonesia	4	Indonesia	1	India	118
Pakistan	3	Japan	36	Romania	1	Malaysia	1	Iran	8	Iran	1	Iran	6
Switzerland	1	Korea	46	Saudi Arabia	2	Philippines	1	Israel	1	Israel	1	Italy	1
Taiwan	20	Korea	1	Singapore	3	Singapore	2	Italy	6	Japan	38	Japan	19
Thailand	2	Malaysia	12	Taiwan	349	Switzerland	1	Japan	25	Kiribati	1	Korea	15
UK	2	Myanmar	1	Thailand	5	Taiwan	34	Korea	52	Malaysia	14	Mongolia	2
USA	4	Nigeria	1	USA	2	Thailand	19	Malaysia	17	Micronesia	1	Myanmar	1
Vietnam	2	Pakistan	3	Vietnam	1	UK	1	Myanmar	2	Myanmar	4	Nepal	1
Total	207	Philippines	1	Total	454	USA	4	Pakistan	3	New Zealand	84	Philippines	3
	%	Romania	3		%	Vietnam	5	Philippines	1	Pakistan	3	Singapore	4
Domestic	47	Saudi Arabia	2	Domestic	77	Total	472	Singapore	19	Papua New Guinea	1	Sweden	1
Foreign	53	Singapore	15	Foreign	23		%	Sweden	1	Philippines	9	Taiwan	7
		Taiwan	25			Domestic	62	Taiwan	63	Samoa	2	U K	1
		Thailand	17			Foreign	38	Thailand	280	Singapore	14	USA	6
		UK	2					Turkey	1	Slovak Republic	2	Vietnam	12
		USA	12					USA	4	Solomon Islands	1	Missing	3
		Missing	13					Vietnam	13	South Korea	57	Total	294
		Total	543					Total	633	Sri Lanka	1		%
			%						%	Switzerland	4	Domestic	40
		Domestic	58					Domestic	44	Taiwan	16	Foreign	60
		Foreign	42					Foreign	56	Thailand	12		
										Turkey	1		
										Tuvalu	1		
										UAE	2		
										Vanuatu	1		
										Vietnam	10		
										Total	1115		
											%		
										Domestic	65		
										Foreign	35		

✳APBMT 2007 with ISH-APD2007

✳✳APBMT 2011 with HAA-ISHAPD 2011 and ISCTA

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 a collection of the number of transplants sorted by the donor sources and diseases. We use original sheets for this survey (please refer to pages 22~24).
The following figure shows how the data is collected.

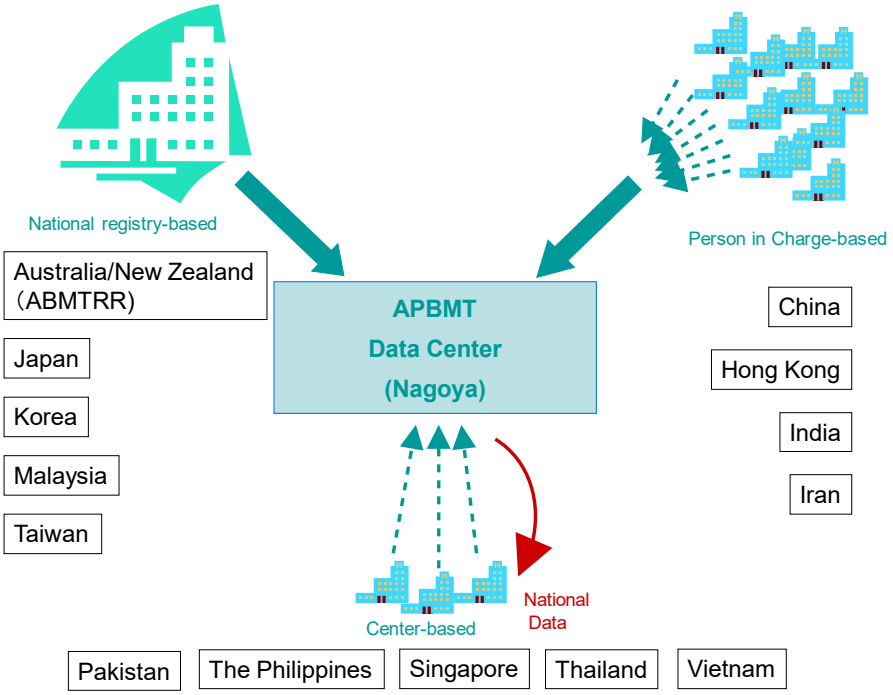
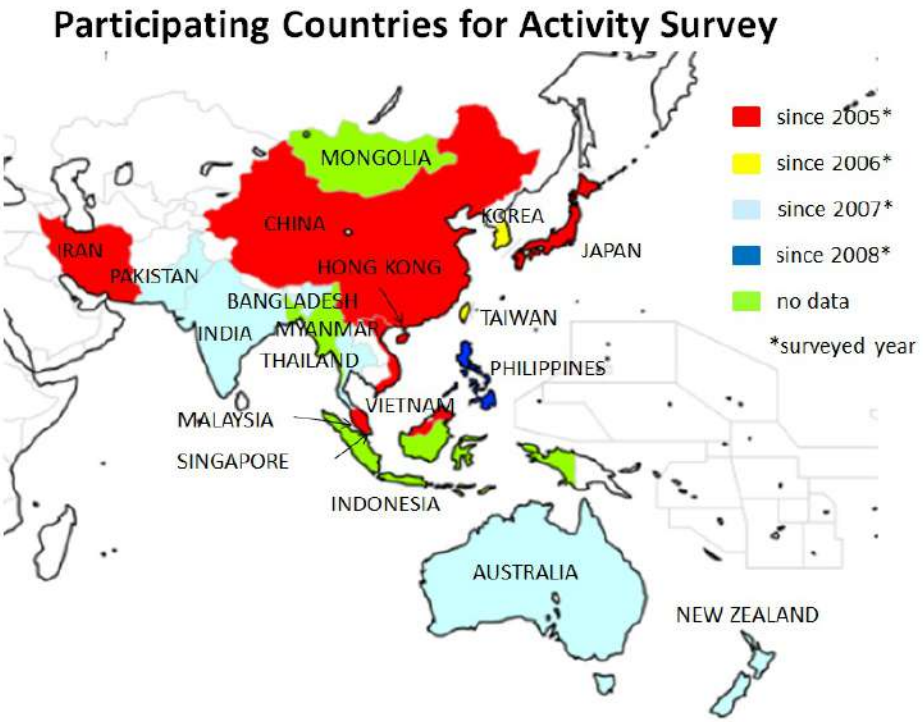


Figure: Data collection

The method of submission is different in each country/region.
As shown in the Figure above, 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.

The aim of the 6th APBMT Activity Survey is to update the HSCT Activity data for APBMT countries/regions **performed by the end of 2010**. Fourteen out of nineteen

countries/regions participating in APBMT submitted their transplant activity data by October 31, 2012.



YEARLY TRANSPLANT ACTIVITY SURVEY OF 2010

APBMT
Asia Pacific Blood and Marrow Transplantation Group

Country Name

The number of the Reduced Intensity Conditioning transplantation in 2010

Please fill the number of transplanted patients for each indication and type of transplant in 2010.

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%) : 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

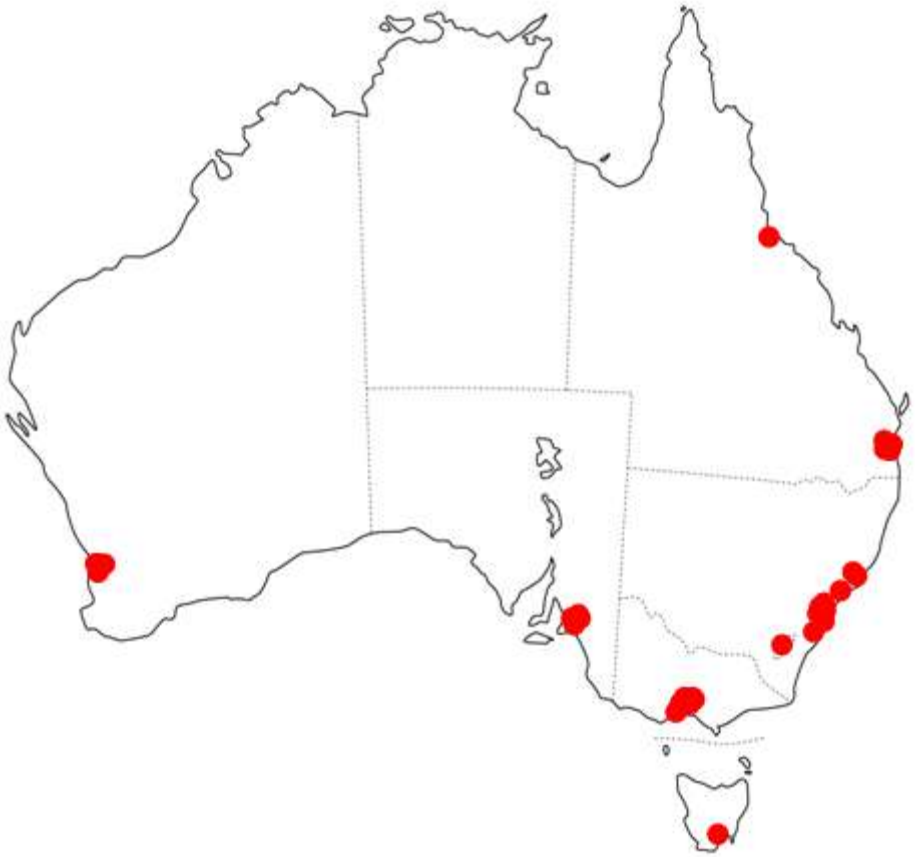
Australia(National Registry) 40centers

Coordinator: Dr. Ian Nivison-Smith

Supported byAustralasian Bone Marrow Transplant Recipient Registry (ABMTRR)

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

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



Mainland China (48 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
Cancer Institute & Hospital,Chinese Academy of Medical Sciences
Chinese PLA General Hopital
Fujian Medical University Union Hospital
GuangDong Province Hospital Of Traditional Chinese Medicine
Hainan Provincial People's Hospital
Harbin Hematology and Cancer Institution
Henan Institute of Hematology, Cancer Hospital of Henan
Hospital affiliated to General Hospital of the Chinese People's Liberation Army
Huashan Hospital
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

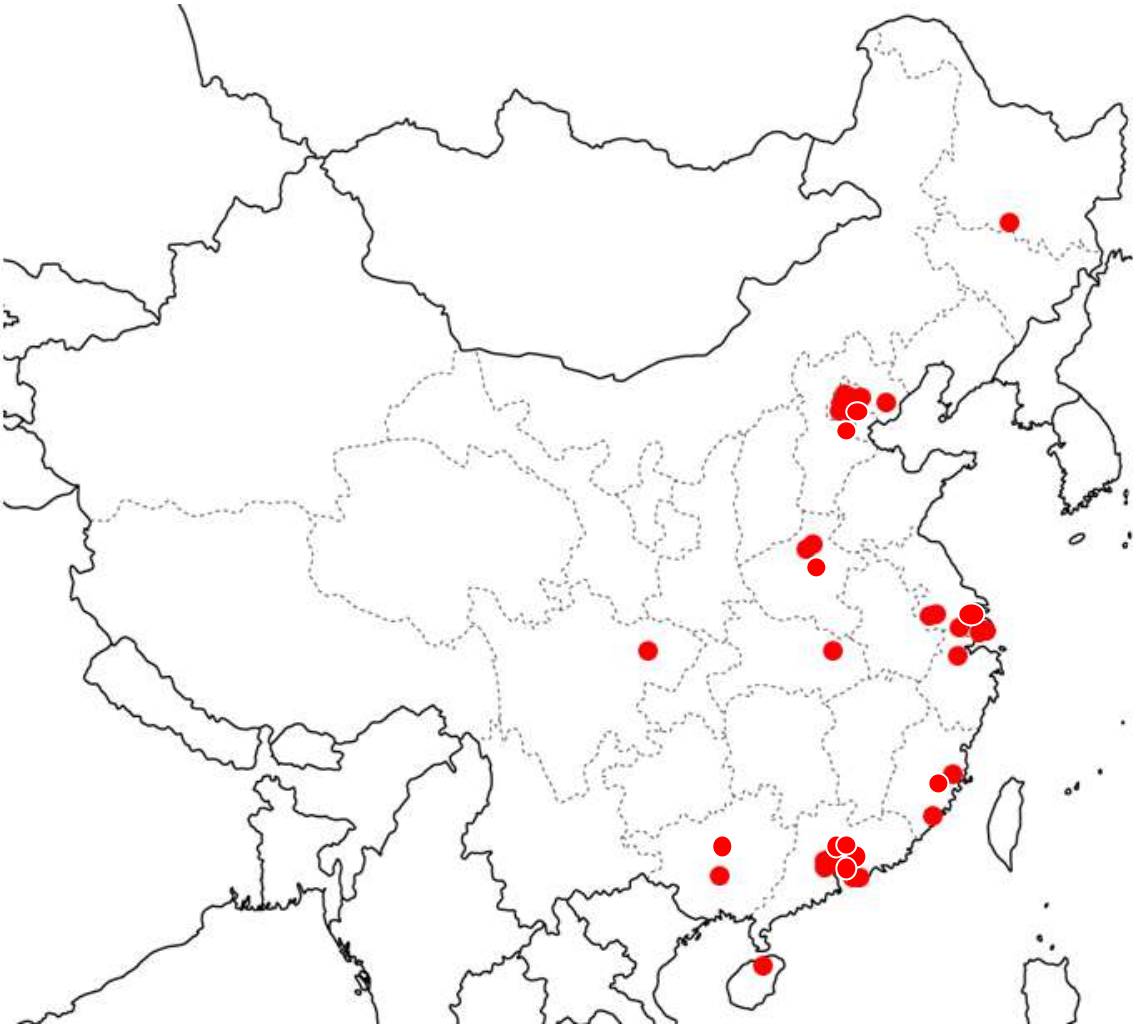
The First Affiliated Hospital of Zhenzhou University
The Second Affiliated Hospital of Henan Medical University
The Third Affiliated Hospital of Sun Yat-sen University
Tongji Hospital of Huazhong University of Science & Technology
Tongren Hospital
Union Hospital Fujian Medical University
West China Hospital
Wuhan Union Hospital of China
Xinhua Hospital Affiliated to Shanghai Jiaotong Universitu School of Medcine
Xinqiao Hospital of the Third Military Medical University
Xuanwu Hospital Capital Medical University
Youyi Hospital
Zhongshan Hospital Xiamen University
Zhujiang Hospital Southern Medical University
309th Hospital of PLA

Hong Kong (2 centers/ 3 departments)

Coordinator: Dr. Albert Lie

QueenMaryHospital, The University of Hong Kong	Department of Medicine
	Department of Paediatrics& Adolescent Medicine
Prince of Wales Hospital, The ChineseUniversity of Hong Kong	Department of Paediatrics

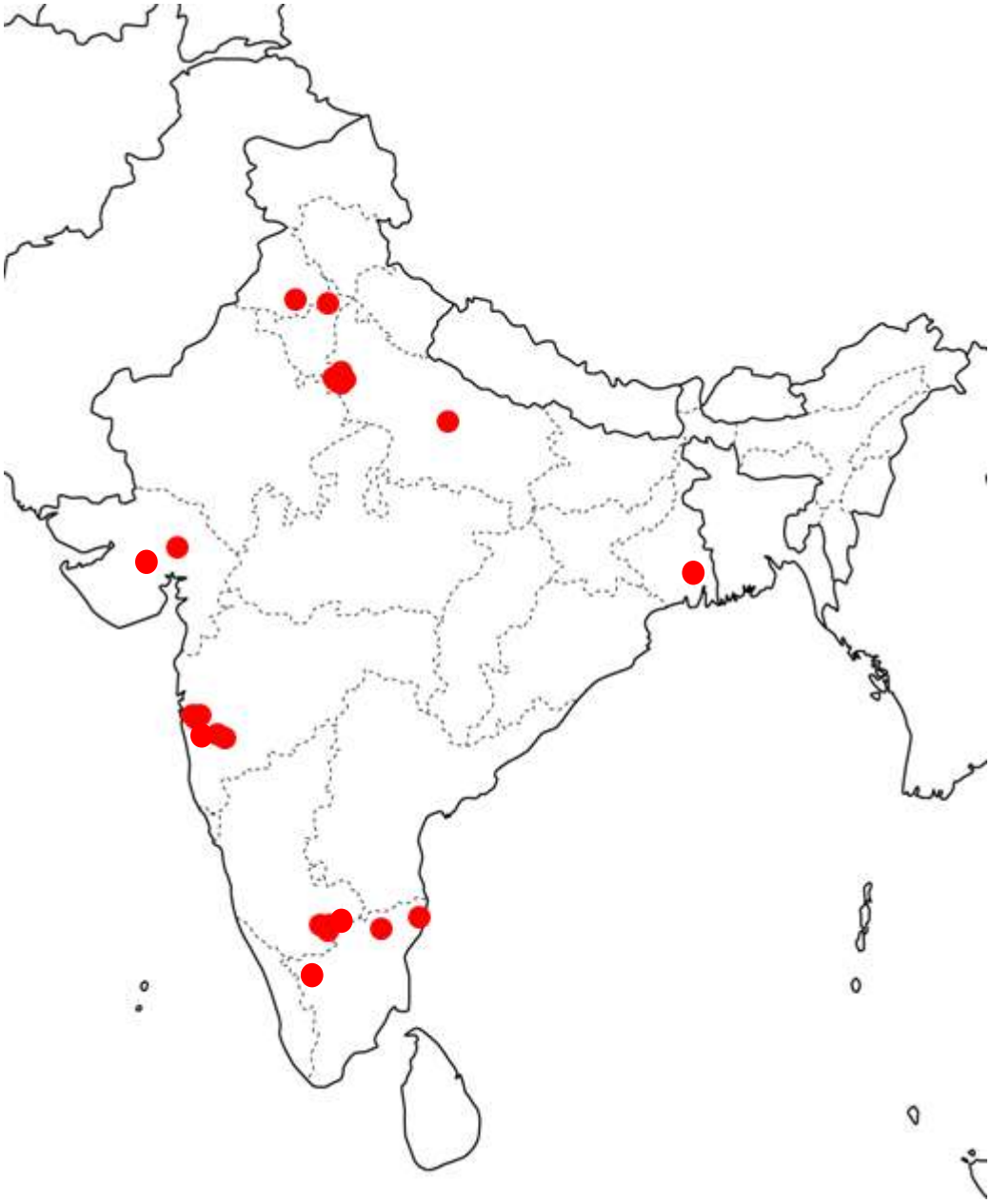
(Mainland China including Hong Kong)



India (24 centers)

Coordinator: Dr. Alok Srivastava

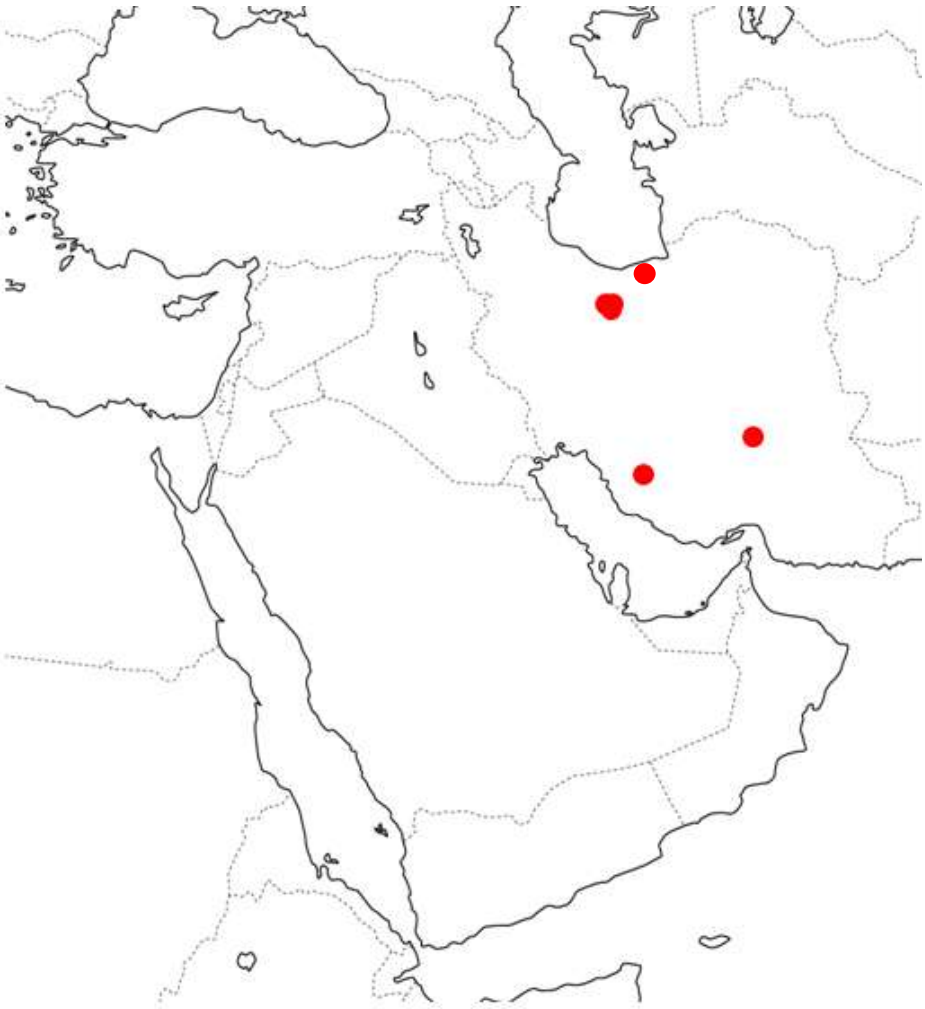
CMC(Christian Medical College), Vellore	Dr. Mammen Chandy, Alok Srivastava, Dr. Vikram Mathews, Dr. Biju George, Dr. Auro Viswabandya
Apollo Cancer Hospital, Chennai	Dr. Jose M Easow, Dr. Revathi Raj
TMH(Tata Memorial Hospital), Mumbai	Dr. Navin Khattry
Sahyadri Speciality Hospital, Pune	Dr. Shashikant 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) 366 centers

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

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

Hokkaido University Hospital	Department of Pediatrics
Hokkaido University Hospital	Department of Hematology
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 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
Hokkaido Medical Center for Child Health and Rehabilitation	Department of Hematology and Oncology
Asahikawa-Kosei general Hospital	Department of Hematology
Steel Memorial Muroran Hospital	Department of Hematology and Clinical Oncology
Oji General Hospital	Department of Hematology and 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
Osaki Citizen Hospital	Division of Hematology

Akita University Hospital	Department of Pediatrics
Akita University Hospital	Division of Hematology, Nephrology and Rheumatology
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
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
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
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/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	Division of Hematology/Oncology
Teikyo University Chiba Medical Center	Department of Hematology
Juntendo University Urayasu Hospital	Division of Hematology Department of Internal Medicine
Nippon Medical School Chiba Hoksoh Hospital	Division of Hematology, Department of Internal Medicine
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
Keio University School of Medicine	Division of Hematology, Department of Medicine
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 Medical Center Tokyo	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	Division of Hematology, Department of Internal Medicine
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
St Luke's International Hospital	Division of Hematology and Oncology
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
Japanese Red Cross Medical Center	Department of Hematology
Saiseikai Central Hospital	Department of Hematology/Oncology /Infectious Disease
Tokyo Metropolitan Geriatric Hospital	Department of Hematology
Yokohama City University Hospital	Department of Pediatrics
Yokohama City University Hospital	Department of Rheumatology/Hematology/Infectious disease
Kanagawa Cancer Center	Department of Oncology
Kanagawa Cancer Center	Department of Hematology
St. Marianna University School of Medicine	Department of Pediatrics
St. Marianna University School of Medicine	Department of Hematology/Oncology
Tokai University School of Medicine	Department of Cell Transplantation and Regenerative Medicine
Tokai University School of Medicine	Department of Hematology/Oncology

Kanagawa Children's Medical Center	Division of Hemato-oncology/Regeneration Medicine
Yokohama City University Medical Center	Department of Hematology
Showa University Fujigaoka Hospital	Division of Pediatrics
St. Marianna University School of Medicine, Yokohama City Seibu Hospital	Division of Hematology and Oncology, Department of Internal Medicine
Yokohama Municipal Citizen's Hospital	Department of Hematology
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	Hematology
Toyama Prefectural Central Hospital	Department of Internal Medicine
Kurobe City Hospital	Department of Internal Medicine
Toyama University Hospital	Department of Pediatrics
Kouseiren Takaoka Hospital	Department of Internal medicine
Toyama Red Cross Hospital	Department of Hematology
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
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
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 First 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 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	Department of Hematology and Cell Therapy
Toyohashi Municipal Hospital	Department of Pediatrics
Toyohashi Municipal Hospital	Division of Hematology and Oncology
Aichi Medical University Hospital	Department of Pediatrics
Aichi Medical University Hospital	Department of Internal Medicine, Division of Hematology
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
Ise Red Cross Hospital	Department of Internal Medicine , Division of Hematology and Infectious Disease
SuzukaKaisei Hospital	Department of Internal Medicine
Suzuka General Hospital	Division of Hematology/Oncology
Shiga University of Medical Science	Division of Hematology ,Department of Internal Medicine
Shiga Medical Center for Children	Department of Hematology/Rheumatology
Otsu Red Cross Hospital	Division of Hematology and Immunology
Ohmihachiman Community Medical Center	Division of Hematology, Department of Internal Medicine
Kyoto University Hospital	Department of Pediatrics
Kyoto University Hospital	Department of Hematology/Oncology
Japanese Red Cross Kyoto Daiichi Hospital	Department of Hematology
Kyoto Prefectural University of Medicine	Department of Pediatrics
Kyoto Prefectural University of Medicine	Division of Hematology and Oncology, Department of Medicine
Social Insurance Kyoto Hospital	Department of Hematology
Kyoto City Hospital	Department 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 and Rheumatology, Department of Internal Medicine
Osaka University Hospital	Department of Pediatrics
Osaka University Hospital	Department of Hematology and Oncology
Osaka City University Graduate School of Medicine	Department of Pediatrics
Osaka City University Hospital	Hematology
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

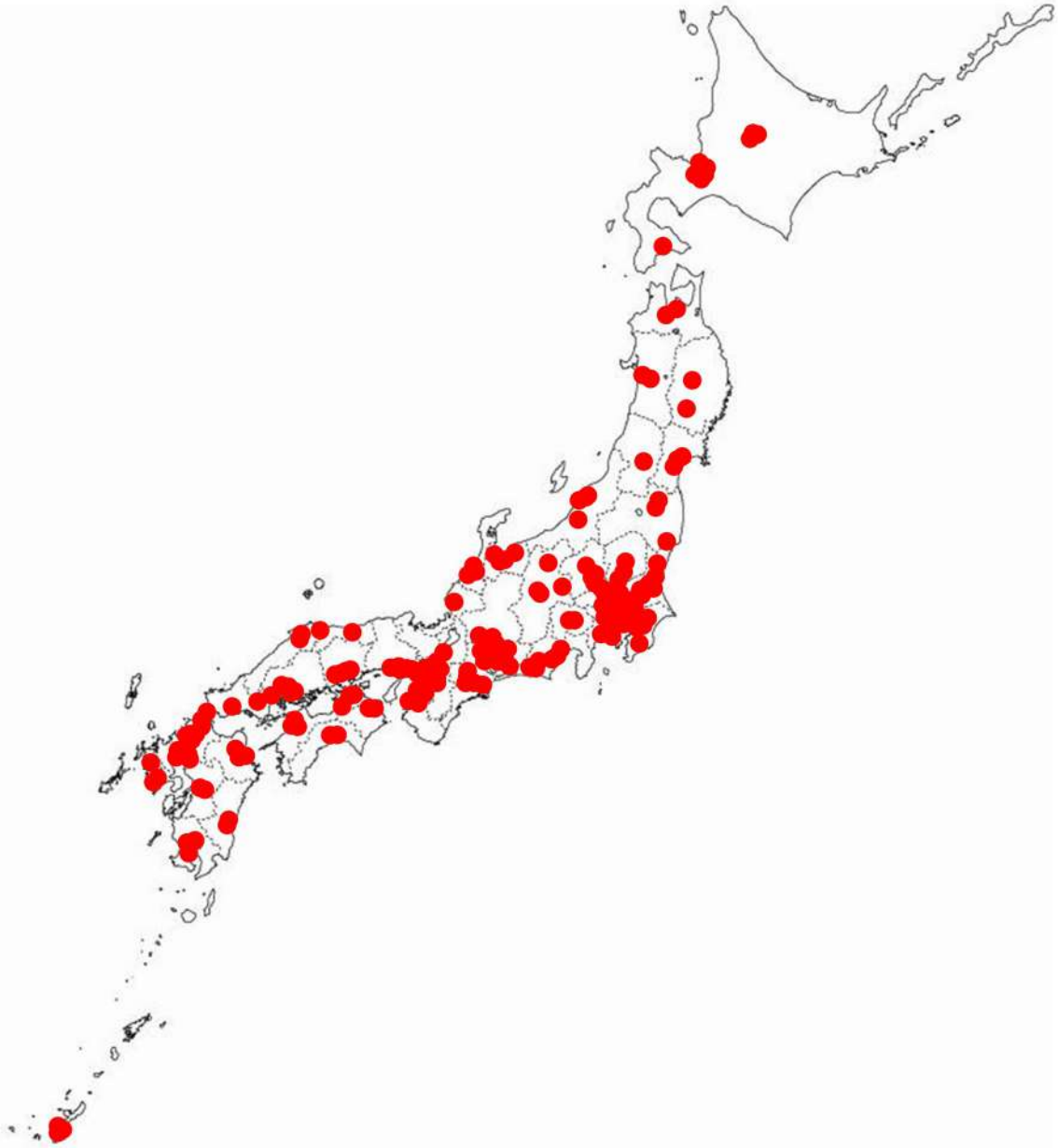
Osaka Red Cross Hospital	Department of Pediatrics
Osaka Red Cross Hospital	Department of Hematology
Osaka Medical Center and Research Institute for Maternal and Child Health	Department of Hematology/Oncology
Matsushita Memorial Hospital	Department of Pediatrics
Matsushita Memorial Hospital	Department 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
Sumitomo Hospital	Department of Hematology
The TazukeKofukai Medical Research Institute, Kitano Hospital	Department of Hematology
NissayHospita	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
Kobe General Hospital / Institute of Biomedical Research and Innovation	Department of Hematology /Division of Stem Cell Transplantation
Kobe University Graduate School of Medicine	Department of Pediatrics
Kobe University Graduate School of Medicine	Division of Hematology, Department of Medicine
Kobe University Hospital	Division of Oncology/Hematology, Department of Medicine
Ashiya Municipal Hospital	Department of Oncology
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 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
Japanese Red Cross Society Wakayama Medical Center	Department of Pediatrics
Japanese Red Cross Society Wakayama Medical Center	Department of Hematology
Insurance Social Kinan Hospital	Department of Hematology/Oncology
Tottori Prefectural Central Hospital	Department of Internal Medicine (Hematology)
Tottori university Faculty of Medicine	Division of Pediatrics and Perinatology
Tottori University Hospital	Department of Hematology and Oncology
National Hospital Organization, Yonago Medical Center	Department of Hematology and Oncology
Shimane Prefectural Central Hospital	Department of Hematology and Oncology
Shimane University Faculty of Medicine	Department of Pediatrics
Shimane University Hospital	Department of Oncology/Hematology
Matsue Red Cross Hospital	Division of Hematology
National Hospital Organization Okayama Medical Center	Department of Hematology
Kurashiki Central Hospital	Department of Haematology/Oncology and 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
Hiroshima-Nishi Medical Center	Department of Internal Medicine
Chugoku Central Hospital of the Mutual Aid Association of Public School Teachers	Department of Hematology

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 Pediatrics
Tokushima Red Cross Hospital	Division of Hematology, Department of Medicine
FACULTY OF MEDICINE, KAGAWA UNIVERSITY	Department of Pediatrics
Kagawa University Hospital	Division of Hematology, Department of Internal Medicine, Faculty of Medicine
National Hospital Organization Kagawa Children's Hospital	Division of Pediatric Hematology/Oncology
Takamatsu Red Cross Hospital	Department of Hematology
Kagawa Prefectural Central Hospital	Division of Hematology, Department of Internal Medicine
Ehime Prefectural Central Hospital	Department of Pediatrics
Ehime Prefectural Central Hospital	Division of Hematology, Cancer Center
Matsuyama Red Cross Hospital	Department of Internal Medicine
National Hospital Organization Shikoku Cancer Center	Department of Hematologic Oncology
Ehime University Graduate School of Medicine	Department of Pediatrics
Ehime University Graduate School of Medicine	Department of Bioregulatory Medicine
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 Hospital	Department of Hematology and Oncology
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	Division of Hematology and Oncology, Department of Medicine
Fukuoka University, School of Medicine	Department of Pediatrics
Fukuoka University Hospital	Division of Medical Oncology, Hematology and Infectious Disease, Department of Medicine
National Kyushu Cancer Center	Department of Pediatrics
National Kyushu Cancer Center	Department of Hematology

University of Occupational and Environmental Health,Japan	Department of Pediatrics
University of Occupational and Environmental Health,Japan	Cancer Chemotherapy Center 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	Internal Medicine II
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's Medical Center	Department of Pediatric Hematology/Oncology
Heart-Life Hospital	Department of Haematology
Okinawa Red Cross Hospital	Department of Hematology



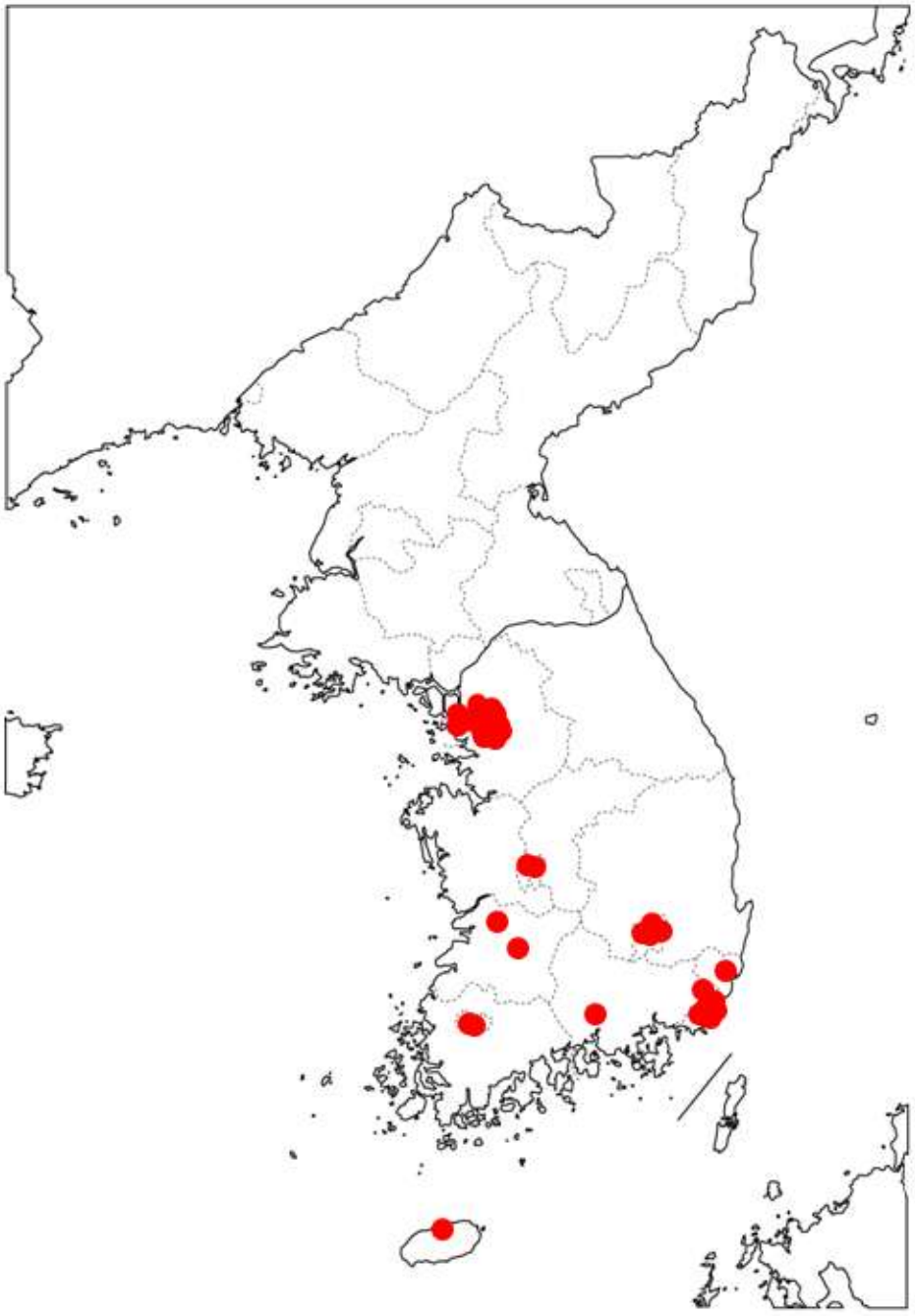
Korea (43centers)

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

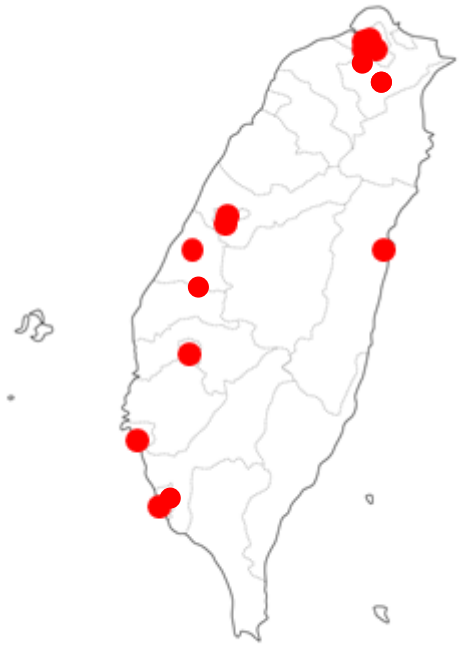
Pakistan (2centers)

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

Taiwan(National Registry) 17 Centers

Coordinator: Dr.Kai-Hsin Lin

BuddhistTzuChi GeneralHospital
Chiayi - Chang Gung Medical Foundation
Chia-YiChristianHospital
ChinaMedicalUniversityHospital
KaohsiungMedicalUniversityChung-HoMemorialHospital
KooFoundationSunYat-SenCancerCenter
Linkou - Chang Gung Medical Foundation
NationalChengKungUniversityHospital
NationalTaiwanUniversityHospital
TaichungVeteransGeneralHospital
TaipeiVeteransGeneralHospital
Tri-ServiceGeneralHospital and NationalDefenseMedicalCenter
ChunghwaChristianHospital
Chi-MeiGeneralHospital
KaoshiungVeteransGeneralHospital
KaoshiungChungGungMemorialHospital
Far Eastern MemorialHospital



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 WahEe Hospital	Oncology-Haematology Department
Sime Darby Medical Centre	Haematology Department
Sime Darby Medical Centre	Paediatrics BMT Unit
Hospital UniversitiKebangsaanMalaysia	Maybank BMT Centre
University Malaya Medical Centre	Division of Haematology, Department of Medicine
University Malaya Medical Centre	Paediatric BMT Unit, Department of Paediatrics
AmpangPuteri Specialist Hospital	Haematology Department
Hospital UniversitiSains Malaysia	Haematology Department
Hospital Pulau Pinang	Haematology Department

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

Singapore (4centers/5departments)

National University Hospital	Department of Pediatrics Department of Haematology	Dr. Poh-Lin Tan Dr Tan Lip Kun
Singapore General Hospital	Department of Haematology	Dr.William Hwang
KK Hospital Women's and Children's Hospital	Department of PaediatricHaematology and Oncology	Dr. Tan Ah Moy
National Cancer Center, Singapore	Department of Medical Oncology	Dr. Miriam Tao

（National Registry is under development.）

Thailand (6 centers/ 10 departments)

Coordinators: Dr. SaengsureeJootar, Dr. SurapolIssaragrisil

Faculty of Medicine Ramathibodi Hospital	Department of Medicine Department of Pediatrics
King Chulalongkorn Memorial Hospital	Medicine Department Paediatrics Department
The Army Hospital	Department of Pediatrics Department of Medicine
Songklanagarind Hospital Faculty of Medicine, Prince of Songkla University	Department of Internal Medicine
Faculty of medicine SiririajHospital Naresuan University	Department of Medicine Department of Pediatrics Department of Medicine

Vietnam (3 centers)

Coordiantor: Dr. Tran Van Binh

Blood Transfusionand 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 EBMT MED-A or the CIBMTR TED and the subjects for registration were the same as the subjects for the APBMT Activity Survey. However, the original forms were too large for some countries/regions. To solve the problem, simplified report forms with fewer items were introduced by the APBMT Data Center from the begining.
The following were agreed upon by the Scientific Committee during the 2010 APBMT 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 or 2011 according to their situation (2009 is available, as well).
3. The APBMT Data Center will prepare data transfer agreements between centers and APBMT, and APBMT and CIBMTR.

By the end of 2012, **10,689 transplant cases from five countries/regions were reported to the APBMT data center (4,544 in 2009, 5,983 in 2010 and 162 follow-up).** The five countries are China, Japan, Pakistan, the Philippines and Taiwan as described on 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, Queen Mary Hospital The University of Hong Kong, National Institute of Blood Disease & Bone Marrow Transplantation in Pakistan, Hematology-Oncology & Stem Cell Transplantation Research Center Shariati Hospital Tehran University of Medical Sciences in Iran and APBMT to agree on data transferring from CIBMTR.

The Number of data submission (update: 2012/12/31)

Country	Institute	Number of cases		
		2009	2010	2011
Australia		0		
China	Nanjing Drum Tower Hospital	0	10	10
	Beijing Daopei Hospital	0	190	
	The First Affiliated Hospital of Soochow University	0	124	
	Sichuan Xinqiao Hospital	0	104	
	The First Affiliated Hospital of College of Medicine, Zhejiang University	0	73	
	Shanghai Children's Medical Center	0	49	
	The First Affiliated Hospital of Chinese PLA General Hospital	0	43	
	Beijing Cancer Hospital	0	32	
	Jiangsu Province Hospital	0	23	
	Beijing Hospital	0	5	
	PLA Navy General Hospital	0	1	
	Nanfang Hospital of Pediatrics	0	63	
	Guangdong Provincial People's Hospital (Guangdong General Hospital)	0	45	
	Guiyang Medical College Hospital	0	21	
	First Affiliatted Hospital of Chinese PLA General Hospital	0	16	
	Beijing Friendship Hospital	0	15	
	Xuanwu Hospital, Capital Medical University	0	13	
	Huashan Hospital affiliated to Fudan University	0	6	
	Shanghai Daopei Hospital	0	55	
	Institute of Hematology & Blood Disease Hospital Chinese Academy of Medical Sciences & Peking Union Med	0	49	
	West China Hospital	0	48	
	Shanghai Changzheng Hospital	0	6	
Hong Kong		0		
India		0		
Iran		0		
Japan	National data	4,438	4813	
Korea		0		
Malaysia		0		
New Zealand		0		
Pakistan	Aga Khan University Hospital	0	23	
Philippines	National data	0	3	
Singapore		0		

Taiwan	National Taiwan University	106	153	152
Thailand		0		
Vietnam		0		
Total		4,544	5,983	162

*Philippines: three 2010 follow up sheets

Hematopoietic Stem Cell Transplantation in Asia 2009-2010: The First Analysis of the APBMT Outcome Registry

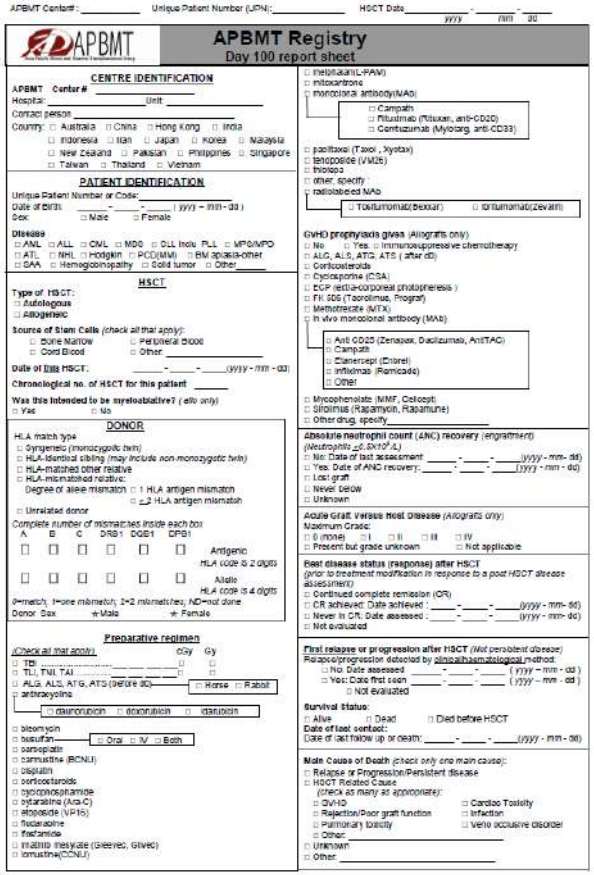
Minako Iida, Yoshiko Atsuta, Ritsuro Suzuki, Shinichiro Okamoto, Yanli Zhao, Tong Wu, Dao-Pei Lu, Jian Ouyang, Honorata G Baylon, Natasha Ali, Meng-Yao Lu, Jih-Luh Tang, Kai-Hsin Lin, Yoshihisa Kodera

APBMT Outcome Registry

APBMT has conducted the Activity Survey every year since 2007 to overview the HSCT in the Asian-Pacific region. As it only deals with the numbers of diseases and sources, the outcome and morbidity rates remained unclear.

To understand the current condition more accurately and to construct an HSCT database in this region, APBMT has collected individual patient data termed as the “ APBMT Outcome Registry” since 2011.

Data collection sheets



APBMT Registry
Day 100 report sheet

CENTRE IDENTIFICATION

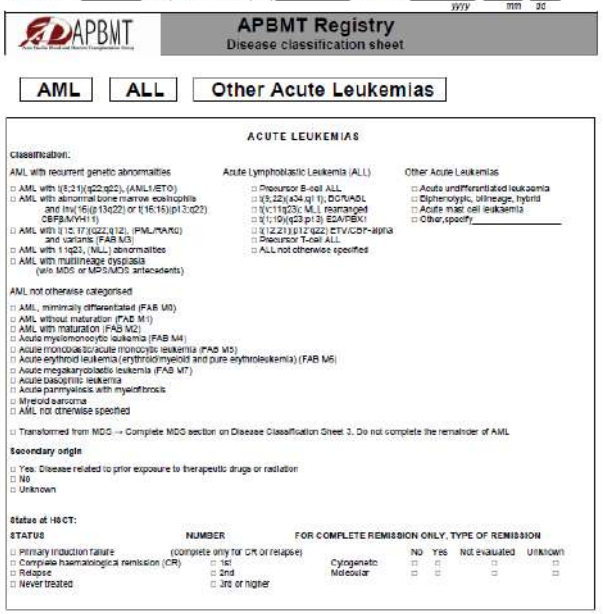
PATIENT IDENTIFICATION

HSCT

DONOR

Preparative regimen

One page for day 100 report

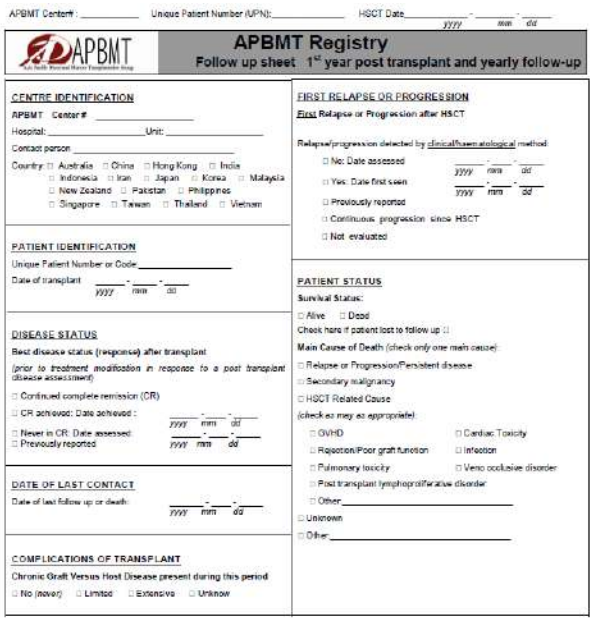


APBMT Registry
Disease classification sheet

AML | ALL | Other Acute Leukemias

ACUTE LEUKEMIAS

One page for disease items



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

CENTRE IDENTIFICATION

PATIENT IDENTIFICATION

DISEASE STATUS

DATE OF LAST CONTACT

COMPLICATIONS OF TRANSPLANT

FIRST RELAPSE OR PROGRESSION

PATIENT STATUS

One page for follow-up

Collection Items

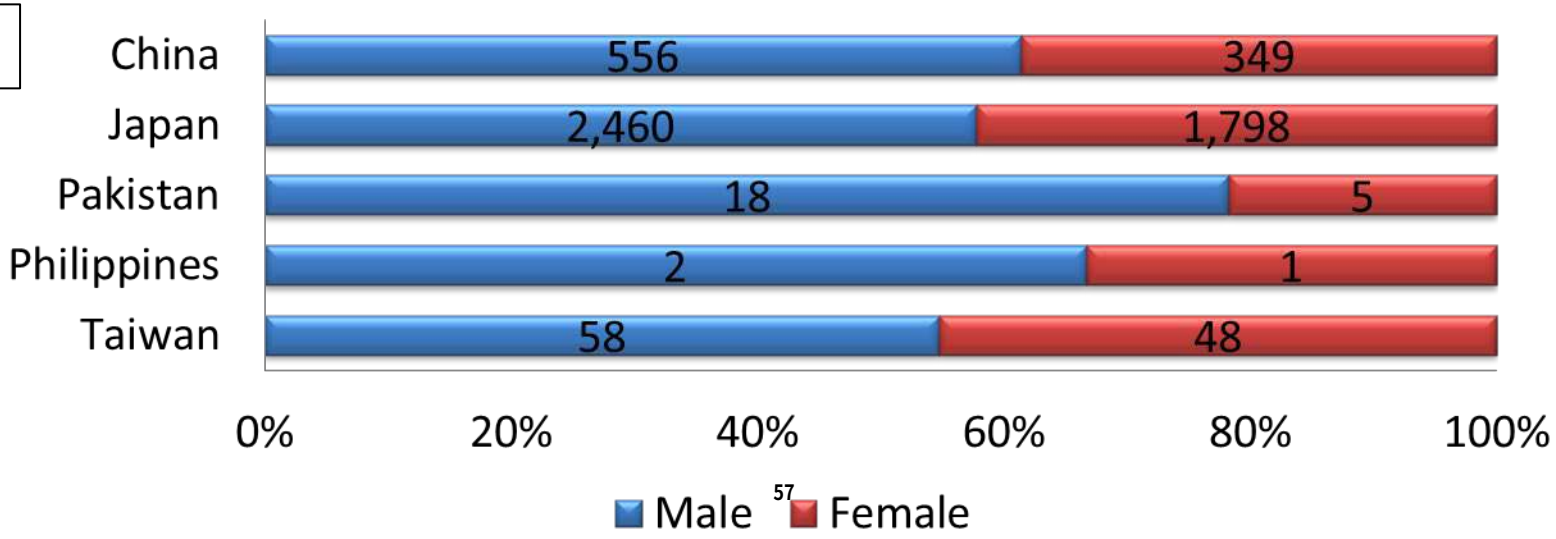
Characteristics	Fields
Basic Information	
Identification	Center and patient numbers
Patient	Age, sex
Disease	Disease status and subtype
Transplant	Date, graft type, conditioning regimen (intensity, agents, irradiation), GVHD prophylaxis
Donor type	Donor type, multiple donors, HLA matching, donor sex and relation
Outcome	
Engraftment	Date, graft failure
GVHD	Acute, date of maximum grade, date of chronic
Disease status post transplant	Response, relapse and date
Survival	Status at last follow up, cause of death
Follow up	
Data collection calendar	100 days[56], 1 year and yearly thereafter

Patients background

Total number and median age

Country (N=5,561)	Median age (45)
China (N=991)	27
Japan (N=4,438)	49
Pakistan (N=23)	21
Philippines (N=3)	22
Taiwan (N=106)	40

Sex

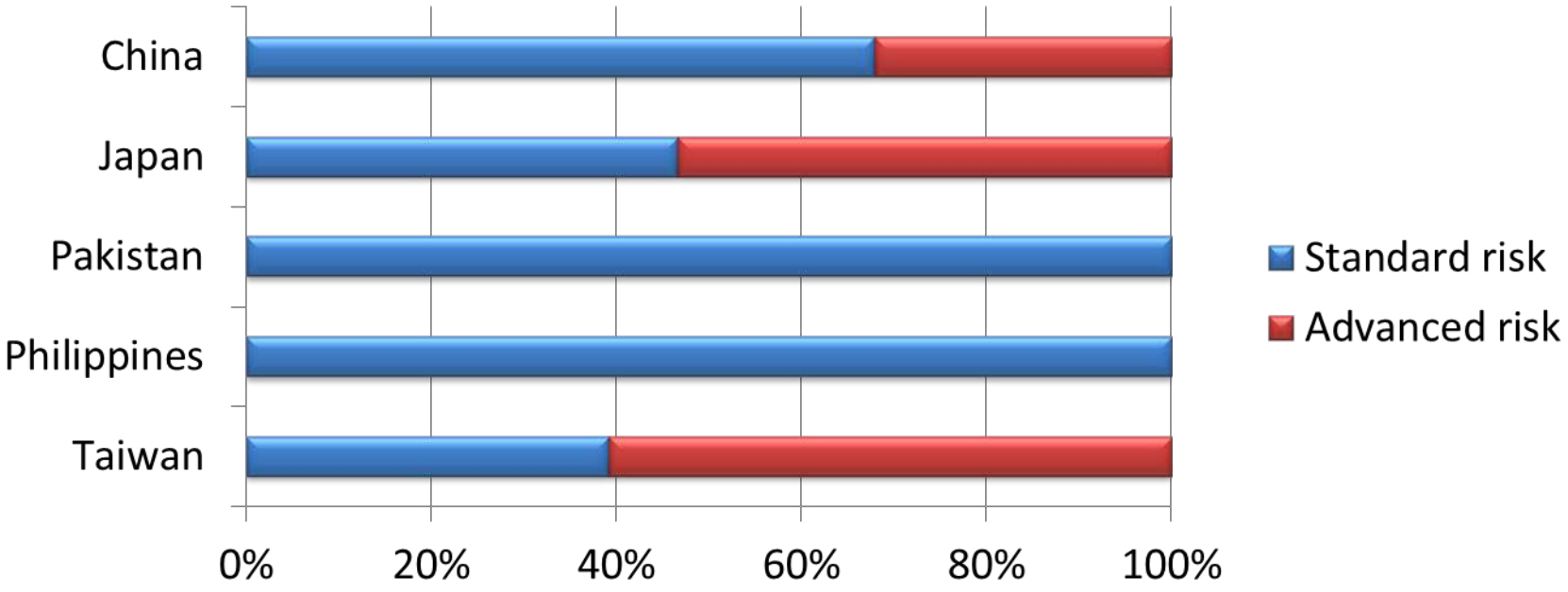


Diseases

Acute leukemia	2,318	Acute myelogenous leukemia	1,529
		Acute lymphoblastic leukemia	764
		Other Acute leukemias	25
CML	169		
Other leukemia (CLL/PLL/Other)	26		
MDS	337		
SAA (Acquired SAA)	198		198
MM and PCD	629	Multiple myeloma	560
		Plasma cell disorders other than MM	69
Lymphoid malignancy	1,355	Non-Hodgkins Lymphoma (NHL), B-cell neoplasms	1,072
		Non-Hodgkins Lymphoma (NHL), T-cell and NK-cell neoplasms	67
		Non-Hodgkins Lymphoma (NHL)	3
		Hodgkins Lymphoma	93
		Adult T-cell lymphoma/leukemia (HTLV1+)	120
Solid tumor	236		
Hemoglobinopathy	52		
Other diseases	237		

Disease Status (AML,ALL,CML,MDS)

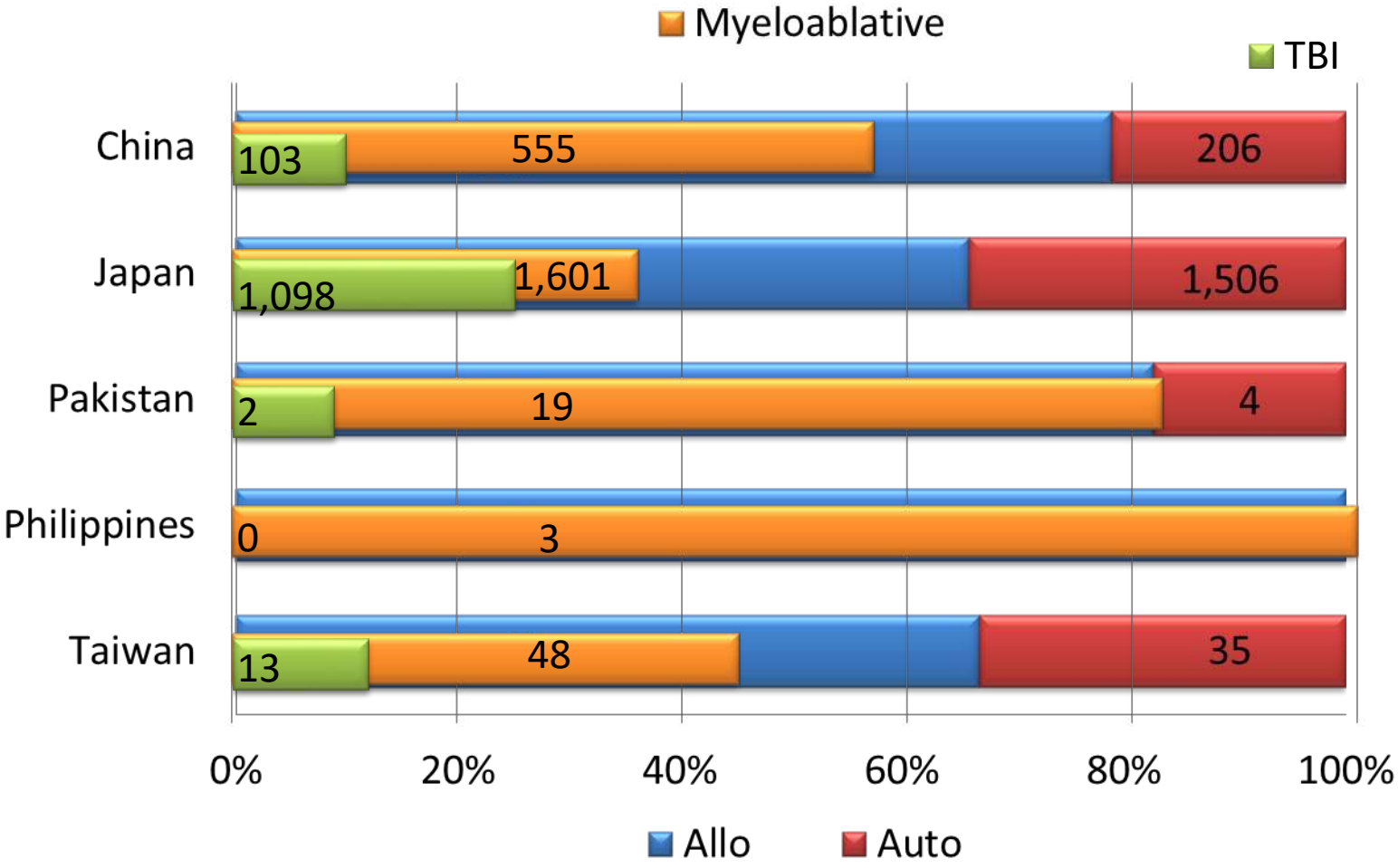
- Standard: AML 1CR/2CR, ALL 1CR, CML 1CP, MDS RA/RARS
- Advanced: all others



Transplants

Types

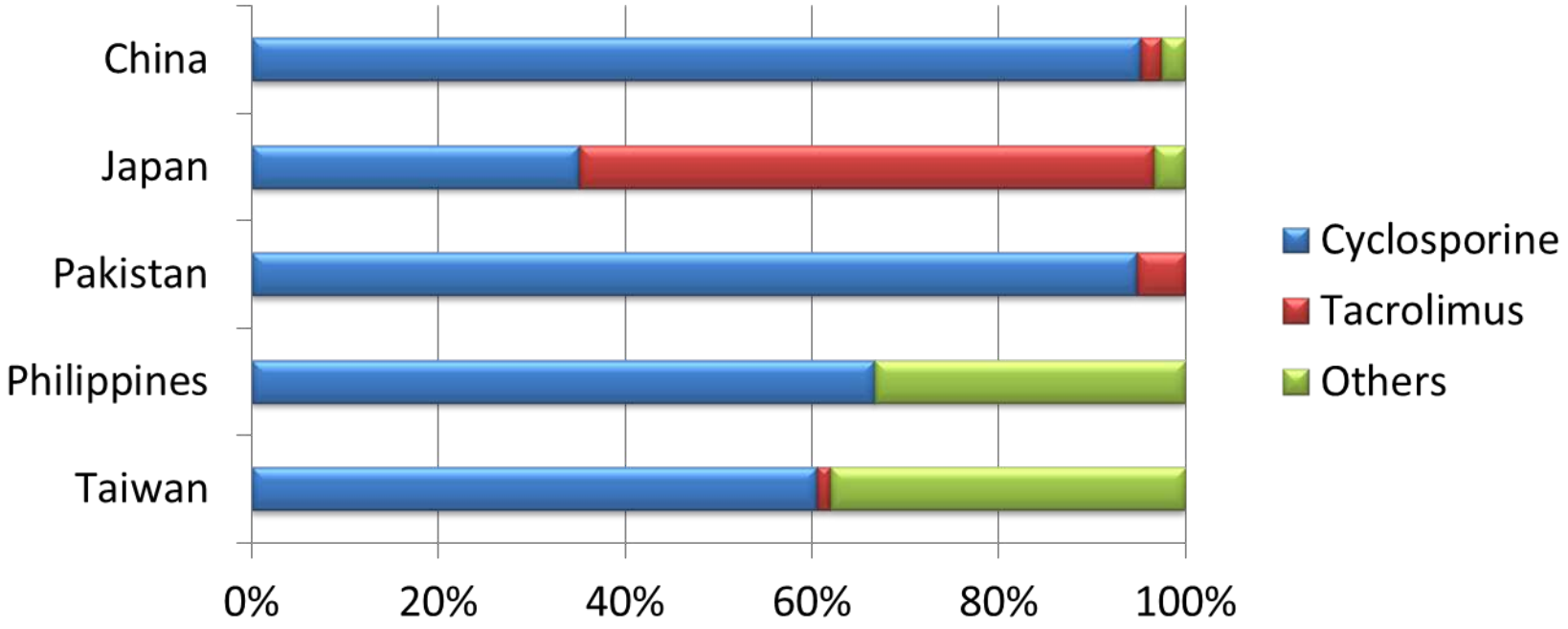
Allogeneic: 3,791 Autologous: 1,751



Transplants

GVHD prophylaxis (allo only ; N=3,791)

Cyclosporine based: 1,821
Tacrolimus based : 1,824
Others : 146

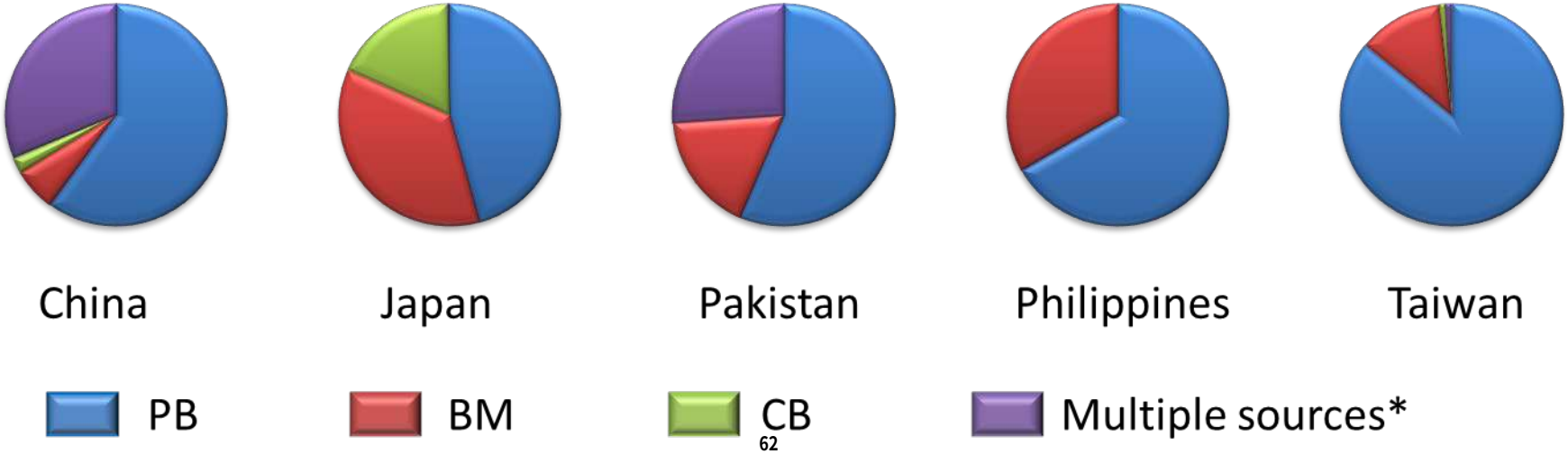


Stem Cell Sources

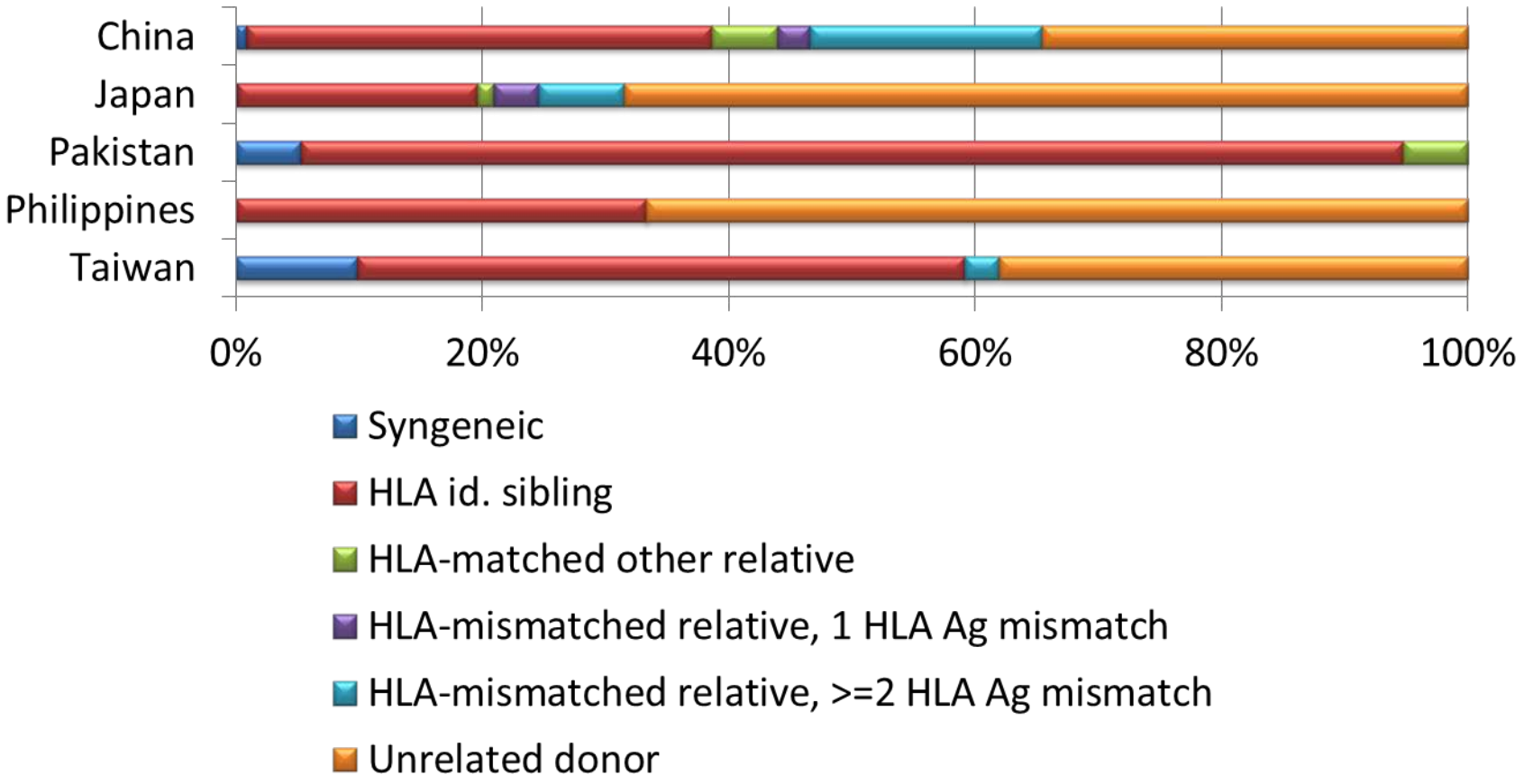
* Multiple sources: eg. PB+BM from one donor

** Multiple donors: eg. Double cord, Parents + UR cord

	Donor type (%)				Multiple donors * (N (%))
	PB	BM	CB	Multiple sources*	
China (N=991)	60.1	6.3	2.3	31.3	99 (15.3)
Japan (N=4,438)	45.7	36.0	18.0	0.3	12 (0.4)
Pakistan (N=23)	56.5	17.4	0	26.1	0
Philippines (N=3)	66.7	33.3	0	0	0
Taiwan (N=106)	85.6	12.3	0.9	0.9	0



HLA matching



Based on these data, we will be able to more detailed analyses such as the relation between HLA matching and the incidence of acute GVHD in the future.

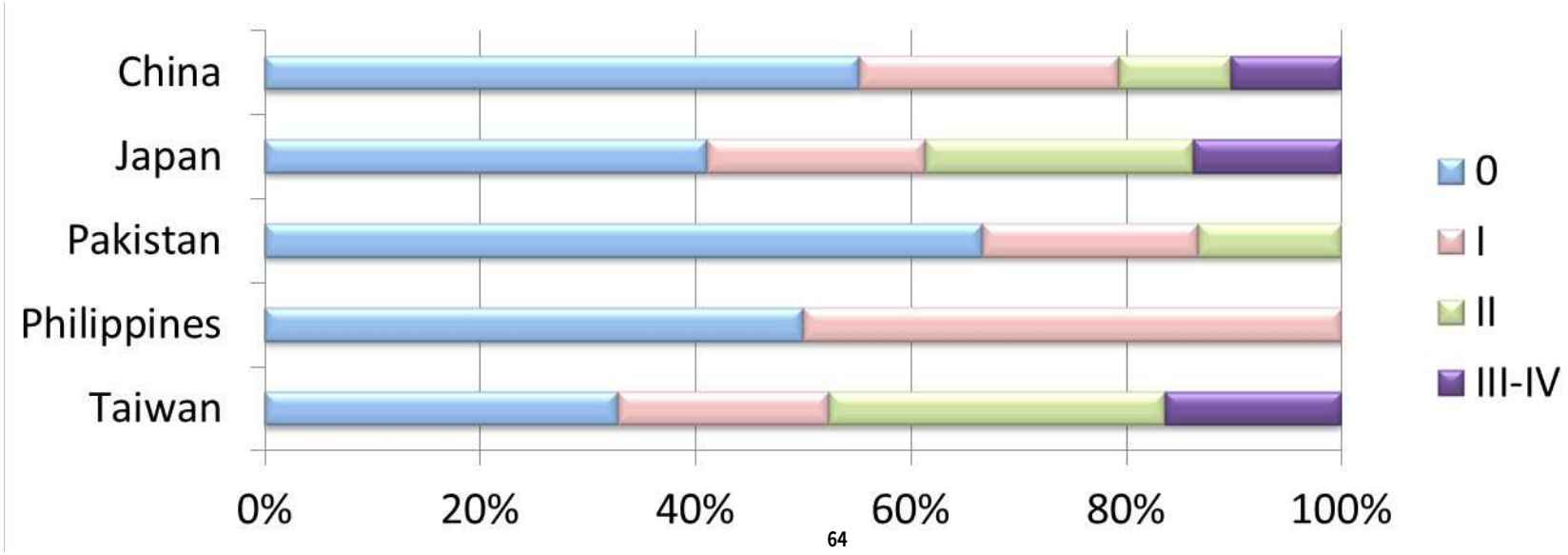
Acute GVHD

- For allogeneic transplants, the incidence of grade II-IV acute GVHD was 32.5%.

	Grade II-IV (%)	Grade III-IV (%)
China	20.6	10.2
Japan	38.6	13.7
Pakistan*	13.3	0
Philippines**	0	0
Taiwan	47.5	16.4

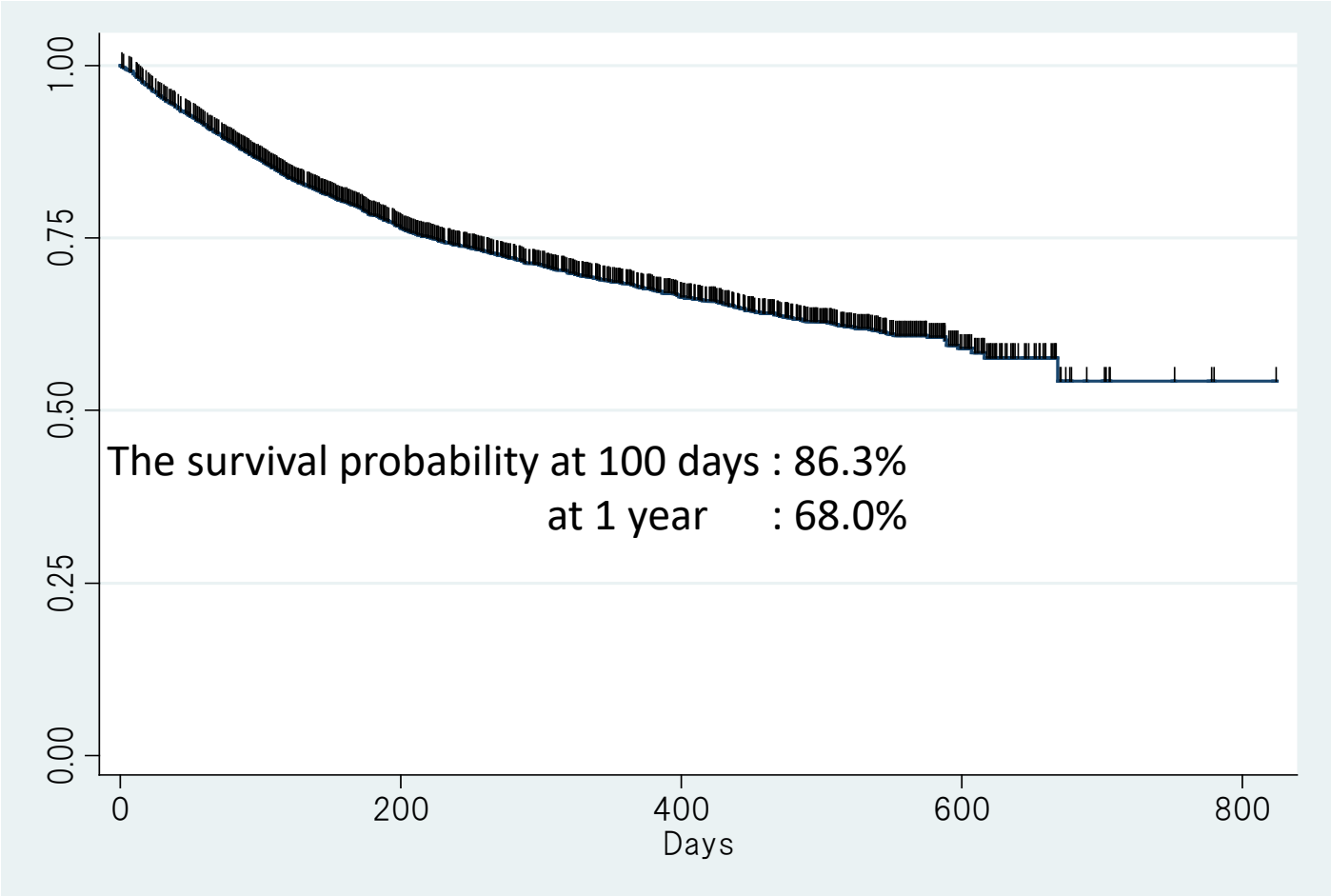
* Pakistan: no grade III and IV

** Philippines: no grade II, III and IV



Over all survival

5 countries



Main causes of death within 100 days

Relapse	185		
Transplant-related	487		
		Infections	257
		Pulmonary diseases	85
		GVHD	83
		Rejection	75
		VOD	47
		Bleeding	36
		Cardiac diseases	31
		TMA	27
		Other organ failures	25
		Liver failure (except VOD)	19
		CNS damage	11
		Other diseases	4
*Other	15		

*Others: Amyloidosis , TTP, Acute circulatory failure, HPS (2), LOC by unknown cause, Hyperammonemia, Diarrhea, Secondary malignancy

(some items overlapped in Transplant-related)

Names of institutes for data submission (update: 2012/07/05)

China		991
	Beijing Daopei Hospital	190
	The First Affiliated Hospital of Soochow University	124
	Sichuan Xinqiao Hospital	104
	The First Affiliated Hospital of College of Medicine, Zhejiang University	73
	Nanfang Hospital of Pediatrics	63
	Shanghai Daopei Hospital	55
	Shanghai Children's Medical Center	49
	Institute of Hematology & Blood Disease Hospital Chinese Academy of Medical Sciences & Peking Union Med	49
	West China Hospital	48
	Guangdong Provincial People's Hospital (Guangdong General Hospital)	45
	The First Affiliated Hospital of Chinese PLA General Hospital	43
	Beijing Cancer Hospital	32
	Jiangsu Province Hospital	23
	Guiyang Medical College Hospital	21
	First Affiliated Hospital of Chinese PLA General Hospital	16
	Beijing Friendship Hospital	15
	Xuanwu Hospital, Capital Medical University	13
	Nanjing Drum Tower Hospital	10
	Huashan Hospital affiliated to Fudan University	6
	Shanghai Changzheng Hospital	6
	Beijing Hospital	5
	PLA Navy General Hospital	1
Japan	National data	4,438
Pakistan	Aga Khan University Hospital	23
Philippines	National data	3
Taiwan	National Taiwan University	106

Couclusion

- This is the FIRST analysis of data from the APBMT Outcome Registry.
- From this analysis, we revealed the situations of HSCT such as age factor, conditioning regimen and GVHD prophylaxis are different among countries /regions, reflecting the general population and medical situations.
- Although the collected data size is still small and incomplete, and this analysis was preliminary, it suggested certain information. We believe it will reveal more about Asian-Pacific HSCT characteristics if we accumulate data from all participants and continue the APBMT Outcome Registry.
- And we will be able to use these data for analysis in each Working Group and for comparison between CIBMTR and EBMT.

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 ☐ Other( )

PATIENT IDENTIFICATION

Unique Patient Number or Code:_____
Date of Birth: _____ - _____ - _____ (*yyyy – mm* - dd)
Sex: ☐ Male ☐ Female

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

H S C T

Type:
☐ Autologous ☐ Allogeneic
Source of Stem Cells (Check all that apply):
☐ Bone Marrow ☐ Peripheral Blood
☐ Cord Blood ☐ Other: _____
Date: _____ - _____ - _____(yyyy - mm - dd)
Chronological number: _____ (ex. Write "1" if first transplant)
Was this intended to be **myeloablative**? **(Allo only):**
☐ Yes ☐ No ☐ O (other)
Multiple donors(including multiple CB units):
☐No ☐*Yes :Number_____
*If Multiple donor is "Yes", **copy and cut-paste** the **DONOR** box below as many times as necessary

DONOR(No.)

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

Write 0 or 1 or 2 or ND *(complete number of mismatches)* ***inside each box*** *(0=match; 1=one mismatch; 2=2 mismatches; ND=not done)*

A	B	C	DR	DQ	DP	Antigenic (2 digits)
☐	☐	☐	☐	☐	☐	

A	B	C	DRB1	DQB1	DPB1	Allelic (4 digits)
☐	☐	☐	☐	☐	☐	

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 (Check all that apply, Allografts only):
☐ No ☐ Yes
☐ 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:_____
Immunosuppressive chemotherapy : ☐ No ☐ Yes

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(Malignancy only):
(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(Malignancy only):
(Not persistent disease)
Relapse/progression detected by clinical/haematological method:
☐ Yes: Date first seen: _____ - _____ - _____ (*yyyy - mm* - dd)
☐ No: Date assessed: _____ - _____ - _____ (*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

Unique Patient Number or Code:_____

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

Classification (Check ONLY ONE):

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)(q34;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 MDS. 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

- ☐ Primary induction failure
- ☐ Complete haematological remission (CR)
- ☐ Relapse
- ☐ Never treated

NUMBER (Complete only for CR or relapse)

- ☐ 1st
- ☐ 2nd
- ☐ 3rd or higher

FOR COMPLETE REMISSION ONLY, TYPE OF REMISSION

	No	Yes	Not evaluated	Unknown
Cytogenetic	☐	☐	☐	☐
Molecular	☐	☐	☐	☐

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

Unique Patient Number or Code: _____

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

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

□ Chronic phase (CP)

□ Accelerated phase

□ Blast crisis

NUMBER (CP only)

□ 1st

□ 2nd

□ 3rd or higher

FOR CHRONIC PHASE ONLY Presence and type of CR (Check all that apply)

Haematological	□ Yes	□ No	□ Not evaluated	□ Unknown
Cytogenetic *(t(9;22))*	□ Yes	□ No	□ Not evaluated	□ Unknown
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

M D S

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

Unique Patient Number or Code: _____

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

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 /PLL / O t h e r

OTHER LEUKEMIAS

Unique Patient Number or Code: _____

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

Classification:

- ☐ Chronic lymphocytic leukemia (CLL)
- ☐ Prolymphocytic Leukemia (PLL)
  - ☐ 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

MD/MPS **MPS**

Unique Patient Number or Code:_____

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

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

NUMBER (Complete for CR or relapse)
- □ 1st
- □ 2nd
- □ 3rd or higher

- □ Untreated (Supportive care or treatment without chemotherapy)

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

MYELOPROLIFERATIVE SYNDROMES (MPS)

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

NUMBER (Complete for CR or relapse)
- □ 1st
- □ 2nd
- □ 3rd or higher

- □ Untreated (Supportive care or treatment without chemotherapy)

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

APBMT Registry "LMD"

Disease classification sheet

NHL **Hodgkin** **ATL**

LYMPHOMAS

Unique Patient Number or Code: _____

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

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	NUMBER	SENSITIVITY TO CHEMOTHERAPY VSENSIT
☐ Never treated	(Complete only for CR, PR>1 or relapse)	(Complete only for relapse)
☐ Primary refractory	☐ 1st	☐ Sensitive
☐ Complete remission (CR)	☐ 2nd	☐ Resistant
☐ Confirmed ☐ Unconfirmed (CRU*)	☐ 3rd or higher	☐ Untreated
☐ 1st Partial response (PR1)		☐ Unknown
☐ Partial response>1 *(never in CR)* (PR>1)		
☐ Relapse		
☐ Progression		

*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

Unique Patient Number or Code: _____

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

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

LIGHT CHAIN TYPE

- ☐ Kappa
- ☐ Lambda

OTHER

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

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

Unique Patient Number or Code: _____

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

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

Unique Patient Number or Code: _____

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

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

Unique Patient Number or Code: _____

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

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 tumor, extragonadal only
- □ Hepatobiliary
- □ Lung cancer, non-small cell
- □ Lung cancer, small cell
- □ Medulloblastoma
- □ Melanoma
- □ Breast
- □ Neuroblastoma
- □ Ovarian
- □ Pancreas
- □ Prostate
- □ Renal cell
- □ Retinoblastoma
- □ Rhabdomyosarcoma
- □ Soft tissue sarcoma
- □ Testicular
- □ Thymoma
- □ Wilms tumor
- □ Other, specify_____

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)

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

NUMBER *(complete only for CR or relapse)* **:**

- □ 1st
- □ 2nd
- □ 3rd or higher

SENSITIVITY TO CHEMOTHERAPY

- □ Sensitive
- □ Resistant
- □ Untreated

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

APBMT Registry "LMD"

Disease classification sheet

Other

Unique Patient Number or Code: _____

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

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 IgG ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
Anticardiolipin IgM ☐ Normal/Negative ☐ Elevated/Positive ☐ Not evaluated
0ther, specify _____
☐ unknown

☐ Other type of connective tissue 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:_____

ARTHRITIS

☐ Rheumatoid arthritis

	Presence	Indication for HSCT
☐ destructive arthritis	☐ No ☐ Yes	☐ No ☐ Yes
☐ necrotising vasculitis	☐ No ☐ Yes	☐ No ☐ Yes
☐ eye (type:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ pulmonary	☐ No ☐ Yes	☐ No ☐ Yes
☐ extra articular (specify:_____)	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

☐ Psoriatic arthritis/psoriasis

	Presence	Indication for HSCT
☐ destructive arthritis	☐ No ☐ Yes	☐ No ☐ Yes
☐ psoriasis	☐ No ☐ Yes	☐ No ☐ Yes
☐ other, specify:_____	☐ No ☐ Yes	☐ No ☐ Yes

☐ Juvenile idiopathic arthritis (JIA), systemic (Stills disease)

☐ Juvenile idiopathic arthritis (JIA), articular: Onset ☐ Oligoarticular ☐ Polyarticular

☐ Juvenile idiopathic arthritis: other, specify:_____

☐ Other arthritis:_____

MULTIPLE SCLEROSIS

☐ Multiple sclerosis

- ☐ primary progressive
- ☐ secondary progressive
- ☐ relapsing/remitting
- ☐ other:_____

OTHER NEUROLOGICAL AUTOIMMUNE DISEASE

☐ Myasthenia gravis

☐ Other autoimmune neurological disorder, specify:_____

HAEMATOLOGICAL AUTOIMMUNE DISEASES

☐ Idiopathic thrombocytopenic purpura (ITP)

☐ Hemolytic anemia

☐ Evan syndrome

☐ other autoimmune cytopenia, specify:_____

BOWEL DISEASE

☐ Crohn's disease

☐ Ulcerative colitis

☐ Other autoimmune bowel disease, specify:_____

OTHER NON-HAEMATOLOGICAL AUTOIMMUNE DISEASE

☐ Diabetes Meritus (type I)

☐ Other non-haematological autoimmune disorder, 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

(Malignancy only):

(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: _____ - ____ - _____
yyyy mm dd

☐ Previously reported

COMPLICATIONS OF TRANSPLANT

Late graft failure (Allo only) : ☐ No ☐ Yes

Chronic Graft Versus Host Disease present during this period (Allo only):

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

Date of diagnosis of cGvHD (Allo only): _____ - ____ - _____
yyyy mm dd

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 (Malignancy only):

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

DATE OF LAST CONTACT

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

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 many 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 9 WGs which has already approved by the Scientific Committee by December 2012. 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
Cord Blood Transplantation	(undecided)

Table: Working Groups in APBMT as of December 2012

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

Minutes of the in-person meeting of the Late Effect Working Group

Date and time: 1:20-2:20 PM, Oct. 27, 2012
Venue: Room MR2.5, Hyderabad International Exhibition Centre, Hyderabad, India

Attendees : Shinichiro Okamoto (chair, Japan), David Ma (Australia), Navneet Majhail (NMDP, USA), Naoko Kanemitsu (Japan), Yoshiko Atsuta (Japan)

Dr. Shinichiro Okamoto reported the activity of the Late Effect Working Group (LEWG) of the APBMT in the previous year. Two members of the LEWG have participated in the revision project of ASBMT/CIBMTR/EBMT/APBMT/EMBMT/BMTSANZ/SBTMO for screening and preventive practice guideline for long-term survivors after hematopoietic cell transplantation. The guideline paper was published in four journals including BBMT and BMT as follows;
Biol Blood Marrow Transplant. 2012;18:348-71.
Bone Marrow Transplant. 2012;47:337-41.
Hematol Oncol Stem Cell Ther. 2012;5:1-30.
Rev Bras Hematol Hemoter. 2012;34:109-33.
Majhail NS, Rizzo JD, Lee SJ, Aljurf M, Atsuta Y, Bonfim C, Burns LJ, Chaudhri N, Davies S, Okamoto S, Seber A, Socie G, Szer J, Van Lint MT, Wingard JR, Tichelli A; Center for International Blood and Marrow Transplant Research (CIBMTR); American Society for Blood and Marrow Transplantation (ASBMT); European Group for Blood and Marrow Transplantation (EBMT); Asia-Pacific Blood and Marrow Transplantation Group (APBMT); Bone Marrow Transplant Society of Australia and New Zealand (BMTSANZ); East Mediterranean Blood and Marrow Transplantation Group (EMBMT); Sociedade Brasileira de Transplante de Medula Ossea (SBTMO). Recommended screening and preventive practices for long-term survivors after hematopoietic cell transplantation.

It was confirmed that the APBMT Outcome data collection had just started, and we have only one to two years of follow-up. It was also confirmed that therefore, we will need several years before conducting a study on late effect issues with the APBMT Outcome Registry data.

Drs. Majhail, Okamoto, and Atsuta recalled that there was a discussion during the development process of the revised guideline above, regarding possible screening and

preventive practices may vary according to the resource circumstances. Dr. Ma proposed to make a very simple questionnaire to the members of the APBMT to ask about the current situation regarding follow up of long-term survivors after HSCT. The ideas for simple questions were as follows.

- Do you have a long-term follow up clinic at your center?
- What percentage of HSCT recipients are followed up'ed (at least once a year) at your center?
- Who follows post-transplant recipients at your center? (transplant physician, general medicine doctor, nurses, etc)
- What do you think about items listed in the guideline? (Too much, appropriate, too little)
- What tests listed in the guideline do you consider difficult to perform to all transplant recipients at one year post transplant?

Lastly, Dr. Okamoto, the chair of the LEWC concluded that he would make a draft questionnaire for e-mail discussion. The questionnaire will be distributed to the centers through the same route with data collection (i.e. through contact persons from each participating countries). The results of the survey will be presented during the next APBMT meeting in Vietnam.

The Minutes of Nutrition Support Working Group

Time:	1320-1420, Oct. 27, 2012
Venue:	Hyderabad International Exhibition Center, Hyderabad, India

1. Opening remarks (Dr. Fuji, National Cancer Center Hospital, Japan)
2. Questionnaire survey (Dr. Fuji, National Cancer Center Hospital, Japan)
Dr. Fuji reported that our paper has been published this year.
3. 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.
4. Proposal of clinical trial (Dr. Fuji, National Cancer Center Hospital)
We have discussed about the retrospective study assessing the impact of body weight change after HSCT on the clinical outcome. This protocol has been approved by IRB of National Cancer Center. Dr. Navin Khattry (Tata Memorial Hospital, India) will submit the protocol to IRB at his institute, and try to find someone in India who is interested in our study.
We tentatively determined the deadline of data collection at the end of March 2013, because Dr. Fuji plans to submit this study to the next APBMT meeting.
5. Closing remarks (Dr. Kim, National Cancer Center Hospital)

Asia Pacific Working Group - Acute Myeloid Leukemia

Minutes of the in-person meeting of Acute Myeloid Leukemia Working Group

Date and time: 1:20-2:20 PM, Oct. 27, 2012
Venue: Hyderabad International Exhibition Centre, Hyderabad, India

Meeting was attended by the following participants.

	Name	Country	Institute	Email
1	Satoshi Takahashi	Japan		raidus@ims.u-tokyo.ac.jp
2	Diahong Liu	China		daihongk1@yahoo.com.in
3	Koichi Miyamura	Japan		miyamu@najoya-1st.jnc.or.jp
4	William Hwang	Singapore		william.hwang.y.k@sgh.com.sg
5	Dinesh Bhurani	India	Rajiv Gandhi Cancer Insititute, New Delhi	bhurani@gmail.com
6	Auro Vishwabandhya	India	CMC Vellore	aurov@cmcvellore.ac.in
7	M Joseph John	India	CMC Ludhiana	mjosephjohn@gmail.com
8	Dharma Choudhary	India	BLKapoor Hospital, New Delhi	drdharma@hotmail.com
9	Bhausaheb Bagal	India	TMH, Mumbai, India	bagalbp@gmail.com
10	Ritsuro Suzuki	Japan		r-suzuki@med.nagoya-is.ac.jp
11	Vikram Mathews	India	CMC, Vellore, India	vikram@cmcvellore.ac.in

The meeting was attended by 10 participants from 4 different countries.

Dr Vikram Mathews invited the participants and mentioned that the group was formed 1 year ago and we need to have more active participation and invited for suggestions.

Dr Miyamura from Japan volunteered to contact the other transplant centers in Japan and also communicate with South Korea.

Dr Hwang from Singapore also agreed to expand this group and suggested that we must work towards doing multicentric study. However, this could be done at a later stage once the initial data is collected.

Dr Liu from China mentioned that there are 42 – 45 centers across China in the Chinese registry and they have an annual BMT meeting and that she would attempt to facilitate data collection in China for this group.

Dr Satoshi suggested that we should start with retrospective data and then proceed with prospective studies.

All the other members agreed upon the suggestions.

With working group modified and gave unanimous consensus on the vision & mission statement and the goals of Asia Pacific AML Working Group.

It was stressed that this group will function in a round table format with all participants having equal say in data handling, processing and as far as possible all decisions will be made based on consensus among all members

Immediate plans based on the meeting held on 27/10/12 at the APBMT meeting in Hyderabad.

a) To spread the message and invite more countries to participate in the working group who are doing transplants for AML.

b) To send out a 2 page data collection questionnaire to the participants by November 2012 and get a feed back and then finalize the format before starting data collection.

c) To collect the country specific demographic data from as many centers as possible of 2012 by January 2012 and then extend the same in collecting data for the years 2008, 2009, 2010 and 2011.

d) By January, the prospective data collection form need to be designed.

APBMT SAA WP Meeting in Hyderabad

Time:	13:20-14:20, Saturday, October , 27, 2012
Venue:	Hyderabad International Exhibition centre, Hyderabad, India

Attendees:

Dr. Seiji Kojima (Nagoya University, Japan)
Dr. Minako Iida (Aichi Medical University, Japan)
Dr Biju George (Christian Medical College, India)
Dr Dharma Choudhary (Dr.B L Kapur Memorial Hospital, India)
Dr Revath Raj (Apollo Speciality Hospital, India)
Dr. Shashicant Apte (Sahyadri Speciality Hospital, India)
Dr Aye Aye Gyi (North Okkalap General Hospital, Myanmar)

1) <u>Joint meeting with APBMT Congenital Bone Marrow Failure Syndrome WP</u>

Both chairperson of SAAWP (Dr. Seiji Kojima) and CBMFWP (Dr. Biju George) explained the background and activities of each WPs. Dr Kojima talked the current status of the prospective rabbit ATG study and guideline for treatment of aplastic anemia in Asian countries. In Japan, Thymoglobulin dose findingstudy has started and included 9 patients into the study. In Korea, KFDA approved the study and Korean SAA study group has started enrolling patients. Dr Kojima also explained the central diagnostic system and registry of CBMFsin Japan. Molecular studies are available for all kinds of CBMFs in Japan. Currently, the Japanese government supported study is ongoing to find new genes in several kinds of CBMFs by whole genome sequence.

Dr Bijyu George told of the epidemiology of bone marrow failure in India. The incidence of AA is 6000/year in India. Around 10% of patients suffered from CBMFs. Among them, Fanconi anemia is the most frequent disease. In his hospital (CMC, Vellore), more than 200 FA patients are followed. Chromosome fragility test is available but molecular gene analysis is not tested in India. They send blood samples to London for molecular study of Dyskeratosis congenita and to Toronto for molecular diagnosis of SBDS.

Both chairpersons agreed to collaborate each other and hold joint meeting.

APBMT HLA WG Meeting in Hyderabad

Time:	13:20-14:20, Saturday, October, 27, 2012
Venue:	Hyderabad International Exhibition centre, Hyderabad, India

Attendees:

Dr. Yoshihisa Kodera ykodera@river.ocn.nr.jp / Japan

Dr. Tatsuo Ichinohe nohe@cc.saga-u.ac.jp / Japan

Dr. Vimarsh Raina rainavimarsh@gmail.com / India

Dr. Amir Ali Hamidieh aahamidieh@sina.tumac.ir / Iran

We discussed the WG future direction based on the following agenda.

Agenda of HLA-WG Meeting in Hyderabad

The purpose of HLA-WG is the comparison of transplant-related clinical events between Asian ethnic groups based on HLA (genetic background). At the HLA-WG meeting in Sydney last year, 11 HLA-WG members from 4 countries got together and discussed about projects and HLA-WG data collection.

Tentative projects proposed were 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 unrelated donor with non-T cell depleted GVHD prophylaxis (*need the survey of typing status of *HLA alleles.) 3) The survey of frequencies of HLA allele and HLA haplotype in each ethnic group. The following principles of data collection were approved. 1) Data from Institution based and/or registry based. It depends on the situation of each country. 2) Retrospective data for these 5 years or 10 years. 3) A prospective data set from APBMT data center will be available in near future.

In the HLA-WG meeting in Hyderabad, the following items were presented and discussed. 1) Status and progress of data collection in each country, such as the approval of use of the data set of the Japan Society of Hematopoietic Cell Transplantation (TRUMP system) which includes more than 10,000 transplants compatible with the data collection criteria described above. 2) A minimal cofounder for analysis will be determined according to minimal data sets of the prospective APBMT survey. 3) Other projects: meta-analysis based on papers published in each country in either English or the native language.

Everyone interested in HLA and transplantation is very welcome to attend this meeting and to join us in the future.

October 2012

Yasuo Morishima, MD

Chairperson of HLA working group

Worldwide Network for Blood and Marrow Transplantation (WBMT)

General

The WBMT is a non profit scientific organization with the mission to promote excellence in stem cell transplantation, stem cell donation and cellular therapy. The purpose of this cooperation is to engage exclusively in scientific and educational activities and endeavors. The annual global survey is one of the activities of the WBMT (see publications).

The WBMT engages in a variety of activities to further its mission, including:

- An annual global survey of hematopoietic cell transplantation (HCT) activity
- Scientific and educational conferences
- Development of consensus guidelines for optimum delivery of HCT services and accreditation of HCT facilities

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
www.apbmt.org

World Marrow Donor Association
http://www.worldmarrow.org/

American Association of Blood Banks
www.aabb.org

The Eastern Mediterranean Blood and Marrow Transplantation Group
www.embmt.org

Netcord
www.netcord.org

Eurocord
www.eurocord.org

The Australasian Bone Marrow Transplant Recipient Registry
http://www.abmtrr.org

The European School for Haematology
www.esh.org

The European Federation for Immunogenetics
www.efiweb.eu

The International Society for Cellular Therapy
www.celltherapysociety.org

Joint Accreditation Committee-ISCT (Europe)
www.jacie.org

Bone Marrow Donors Worldwide
www.bmdw.org**http://www.bmdw.org/**

Foundation for the Accreditation of Cellular Therapy
www.factwebsite.org

American Society for Blood and Marrow Transplantation
www.asbmt.org

American Society for Histocompatibility and Immunogenetics
http://www.ashi-hla.org/

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

International Society of Blood Transfusion
http://www.isbtweb.org

Worldwide Network for Blood and Marrow Transplantation (WBMT)

Palexpo Convention Center, Room S

April 2, 2012
13:00-16:00 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
Jane Apperley	Primary Board Member	JACIE	UK
Yoshiko Atsuta	Member	APBMT	Japan
Helen Baldomero	Member	Activity Survey Office	Switzerland
Etienne Baudoux	Primary Board Member	Netcord	Belgium
Menachem Bitan	Member	EBMT	Israel
Selim Corbaciuglu	Member	EBMT	Germany
Jorg Halter	Standing Cmte Chair	EBMT	Switzerland
Mary Horowitz	Alternate Board Member	CIBMTR	USA
Fazal Hussain	Member	EMBMTR	Saudi Arabia
Carolyn Keever-Taylor	Primary Board Member	FACT	USA
Mickey Koh	Standing Cmte Chair	APBMT/ISBT	Singapore
Jong Wook Lee	Alternate Board Member	APBMT	Korea
Tom Leemhuis	Alternate Board Member	FACT	USA
Kathy Loper	Standing Cmte Chair	AABB/AHCTA	USA
Shinichiro Okamoto	Alternate Board Member	APBMT	Japan
Machteld Oudshoorn	Alternate Board Member	WMDA	Netherlands

Douglas Padley	Alternate Board Member	AHCTA	USA
Marcelo Pasquini	Alternate Board Member	CIBMTR	USA
Effie Pettersdorf	Primary Board Member	WMDA	USA
Doug Rizzo	Standing Cmte Chair	CIBMTR	USA
Vanderson Rocha	Alternate Board Member	Eurocord	UK
Dan Weisdorf	Primary Board Member	ASBMT	USA
Unable to Attend	**Position**	**Member Society**	**Country**
Claudio Anasetti	Alternate Board Member	ASBMT	USA
Mats Bengtsson	Alternate Board Member	EFI	
Christian Chabannon	Alternate Board Member	JACIE	
Tony Dodds	Alternate Board Member	ABMTRR	Australia
Marcel Fernandez-Vina	Primary Board Member	ASHI	USA
Eliane Gluckman	Primary Board Member	Eurocord/ESH	France
Amir Ali Hamidieh	Alternate Board Member	EMBMT	Iran
Edwin Horwitz	Alternate Board Member	ISCT	USA
Keiichi Isoyama	Standing Cmte Chair	APBMT	Japan
Didi Jasmin	Primary Board Member	ESH	France
Geoffrey Land	Alternate Board Member	ASHI	USA
Mary Laughlin	Primary Board Member	ISCT	USA
Alejandro Madrigal	Alternate Board Member	EBMT	UK
Evelyne Marry	Alternate Board Member	EMDIS	
Steve Marsh	Primary Board Member	EFI	UK
Carine Mijnarends	Alternate Board Member	BMDW	
Carlheinz Müller	Primary Board Member	EMDIS	Germany
Donna Regan	Primary Board Member	AABB	USA
Elizabeth Shpall	Alternate Board Member	Netcord	
Anna Sureda	Alternate Board Member	EBMT	Spain
Jeff Szer	Primary Board Member	ABMTRR	Australia
Jon van Rood	Primary Board Member	BMDW	Netherlands
Phyllis Warkentin	Alternate Board Member	FACT	
Guests/Staff			
Lydia Foeken	Staff	WMDA	Netherlands
Minako Iida	Member/staff	APBMT	Japan
Luc Noël	Guest	WHO	Switzerland
Paula Watry	Staff	CIBMTR	USA

WELCOME & INTRODUCTIONS:

Dietger Niederwieser opened this 10th meeting of the WBMT Board by welcoming all in attendance, who then introduced themselves.

He presented slides that displayed our mission, previous meetings and most importantly deliverables during 2011 to present, including the Hanoi Workshop and manuscripts submitted by the Donor Issues Standing Committee. Critical future plans include persistent work with the World Health Organization (WHO) on the path to secure NGO status, continued work on the activity survey, coordination of a second Workshop in 2013 and completion of the Global Transplant Center Number (GTCN)

initiative. Increasing numbers of materials are available now on the WBMT website, (www.wbmt.org).

I. MINUTES:
Minutes of the WBMT Board teleconference held in December 2011 were available for review. The minutes, distributed in advance, were accepted as written and approved.

II. HANOI WORKSHOPS REPORT:
Dietger Niederwieser, Dr. Kodera and Chairs of each of the Standing Committees reported on the overall success and impressions of the Hanoi Workshops held in November 2011. An important outcome was identification of a general need for training for physicians in particular but also nurses and technicians in developing countries interested in starting or expanding transplant programs.

An important lesson learned was to focus more in future workshops on open discussion with emphasis on practical issues/solutions versus the lecture format used in Hanoi. We did try to encourage dialog, but should have devoted more program time to that approach.

- Donor Issues: Jorg Halter reviewed issues revealed in Hanoi; there is a unique situation there where the real problem is access to unrelated donors due to socioeconomic challenges and issues related to reduced donor eligibility due to endemic diseases.
- Graft Processing: Mickey Koh reported that this topic was the most technical and was of least priority until centers actually start a program. A major issue was the unresolved matter of whether centers should begin with autologous or allogeneic; each with pros and cons. One interesting approach was the use of fresh cells for autologous transplants in centers that cannot afford storage equipment.
- Transplant Center/Recipient: Doug Rizzo reported that the focus of this committee in Hanoi was on the auto vs allo dilemma, data collection and details of how to start a program. Importantly, this committee is finalizing a "least minimal data" collection recommendation for centers in countries with constrained resources (e.g., guiding principles, with emphasis on importance of data collection as a mechanism for quality assessment and practice improvement, etc.).
- AHCTA: Kathy Loper reported that the focus here was on standards for graft collection/processing practices; this group found there is variation in ideas of quality in centers facing challenges. There are 3 ongoing projects in this committee which were reviewed in Hanoi:
    - Guidelines for training technical staff
    - Survey of training approaches elsewhere
    - Preparation of "essential elements" (a minimum path to accreditation); these were shared with the Donor Issues committee and are currently under review.
- Education and Dissemination: Eliane Gluckman was unable to attend this meeting but Dietger reported that this committee is working towards providing details for the foundation of a training program that WBMT hopes to sponsor.

Luc Noël (WHO observer) first stated his congratulations and appreciation for the work of the WBMT and successful outcome from the Hanoi Workshops. This was a "great start" in our work together and just the beginning. Looking futuristically, we must think more globally with focus on ethical issues, product and procedural safety and tracking mechanisms. Further workshops must be repeated to validate findings in Hanoi.

Dietger reported that a manuscript, with contributions from all involved, is in progress with hopes of journal submission by summer 2012. This should include algorithms for developing countries and is a "major aim". BMT has indicated interest in the paper.

Some training is already in progress (a physician from Mongolia is currently in Korea and someone from the Phillippines is training in Japan). But this process needs more structure and the group was challenged to design a "process" document laying out specific requirements and guidelines for a more formal training program that would include a mechanism for WBMT to earn some income. As noted above, WBMT will turn to is Education and Dissemination Standing Committee for expertise.

As a result of the Hanoi Workshops, there have been new requests for WBMT to sponsor future workshops (previously the WMBT Executive Committee decided we could do these no more often than every 2 years) such as Mongolia, Saudi Arabia, Nigeria, and the LABMT. There was substantial discussion following regarding how to select sites for future workshops. Currently there is no formal process and it was suggested that WBMT:

- Establish pre-requisites that countries must meet for consideration; important reasons for the success of the Hanoi meetings were the facility infrastructure and commitment of the host country planning committee. It was suggested that we follow the format of the ESH programs and for sure must start planning much earlier next time.
    - Executive Committee, with input from the Education/Dissemination Committee, should prepare such a document by June 2012
    - Then solicit proposals form host country candidates
    - Decide no later than fall 2012
    - Those in attendance here should encourage others to write proposals

Vanderson Rocha suggested development of a "world map" of transplant centers perhaps with the help of the Transplant Center/Recipient Standing Committee and input from regional representatives in attendance today. Knowing the number of centers in any one region would help us identify the potential impact worthy of efforts of workshop sponsorship. All in attendance agreed this would help WBMT make sound selections in the future.

III <u>COALITION OPPOSED TO THE SELLING OF STEM CELLS:</u>

Dennis Confer explained the details of a US based ruling of the Ninth Circuit Court of Appeals in December 2011 that essentially legalized compensation for PBSC donations in the US (but upheld a ban - existing since a congressional act dating back to 1984 - on compensation for donation of marrow derived cells).

Since 1984 it has been illegal to pay donors for either solid organ donation or that of stem cells. A suit was brought forward last year challenging this as unconstitutional. In response to the suit, the Ninth Court of Appeals ruled as mentioned above.

In response to that court's December ruling, the US Department of Justice appealed this action and a coalition of 8 cell therapy organizations, led by NMDP, ASBMT and others, publicly stated their support of the Department of Justice position on this matter. The coalition has asked that the matter be taken to the US Supreme Court.

WBMT is invited to join this coalition which meets by teleconference. The group is opposed to the distinction of stem cell collection techniques feeling neither marrow derived cell or PBSC donation should be compensated, and is generally concerned about protection of both patients and donors for various reasons – as well as the implications this would have on cross border product exchange.

All present agreed the WBMT should be heard as a voice in this matter and that we should collaborate with this coalition group. Luc Noël strongly supports this action as well as this could have impact worldwide not to mention the principle of it. The guiding principles of the WHO clearly support voluntary donation and that there be no financial gain as a result.

Dennis will take this decision back to NMDP and assure WBMT is invited into the coalition and be noted as a member. He will distribute information to Dietger who will place the materials on our website.

IV. PRODUCT LABELING COMMISION/EU:

Dietger gave brief history of our interactions with the EU Labeling Commission; there was a teleconference with Dr. Vander Spiegel as well as email correspondence and letter documents. Following the phone discussion with the Executive Committee, WBMT wrote a letter to the Commission establishing our concerns about compatibility with the ISBT 128 labeling system already in place. Dr. Vander Spiegel responded that ICCBBA has been contracted to manage the EU system (and already manages the ISBT system) and that behind the scenes code matching is possible/"workable" which would resolve our concerns. Dietger reminded the group that it is important that WBMT have this level of impact on these relevant, global issues.

V. LATIN AMERICAN BLOOD AND MARROW TRANSPLANTATION (LABMT):

Dietger gave brief history of WBMT interactions with the group forming the LABMT. This first meeting was in Rio in August 2011 followed by a successful in-person discussion with representatives of ~15 regional representatives in San Diego. In general, representatives agreed a LABMT is doable and an interim Board was identified and charged with next steps: The current, key contact people are both Drs. Luis Bouzas and Adriana Seber with the thought that the Brazilian Society has an infrastructure in place that can support start-up activities. The group is planning another in-person meeting during ASH highlights in Foz do Iguaçú on May 18th. The goal is to draft bylaws (using WBMT documents as a model) and establish regular teleconferences/meetings of the full group. An identifying logo was designed, a common email account was established and Adriana will function as a "Secretariat". Development of hematology societies is important in countries where none exist. Society representation is important to the LABMT.

LABMT is charged with much of the work but WBMT will continue with philosophic and "basic support" at least in the short term; WHO supports this collaboration.

Dr. Bazuaye from Nigeria feels this is feasible in Africa as well and is committed to discussing at home after the meeting. There would be true global HCT representation with an African Society in place. There is an existing Hematology Society there and their annual meetings could serve as a platform. They would like to include the Congolese groups. Dietger will continue to work with the African contingency on this matter.

VI. STRATEGIC PLANNING:

Regarding the future, Dietger presented highest goals for the short term:

- Acquire NGO status with the WHO (expected consideration scheduled for January 2013)
- Continued collaboration with other groups.

He proposed as feasible deliverables:

- Biannual activity survey project
- Biannual workshops
- Development of the Global Transplant Center Numbering (GTCN) system

A proposal for a research study arrived from a group in Germany. Dietger opened discussion by asking how WBMT should proceed.

There was substantial discussion, but generally the group agreed that:

- This is an opportunity to "come together as a single voice" which is the core of our fundamental mission
  - This could include surveys, workshops
- We should use the "outcomes registries" already in place for collaboration to avoid creating a duplicative activity
- We should establishing priorities in deciding "what we can't do alone"
- The process must be fair and transparent
- Perhaps should be purview of Transplant Center/Recipient Committee?
  - A good platform for gathering data for certain questions.
- It's important for governments to hear/see results of cost/access study data (WBMT should help support getting the word to them)
- An important opportunity for us to encourage physicians in developing countries to establish nationally based donor/recipient registries
  - Developing countries should be encouraged to collect their own data, then to share in research studies
- Rather than setting up our own studies, WBMT should function as a resource
  - Can then help others do their own studies, not doing them for them
  - Can provide quick access to data

Vanderson Rocha suggested the notion of a "Research Committee" including representation from each of the outcomes registries for assessing proposal ideas. This group could meet on an ad hoc basis as ideas are submitted. The Executive Committee will take this under consideration.

Luc Noël supports the idea of WBMT being involved as a "resource" at three levels:

- Accountability to public
- Accountability to policy makers
- Accountability to scientific field

He took this moment to address our relationship with WHO and echoed Dietger's timeline for consideration of NGO status by WHO decision makers in January. He has already provided them a list of our achievements and a collaboration document was drafted for our consideration indicating future (2012-2014) commitments. The deadline will be July 31 for submission of WBMT application. WHO will be in contact with us in advance but he reported that WHO wants us to:

- Continue activity surveys
- Continue workshops
- Provide guidance (promote "global consistencies" (e.g. principles, standards, equity of access, consents, etc.)
- Continue participation on the "vigilance/surveillance project (e.g. Notify)
- Collaborate as necessary
- Provide expertise as needed
- Cooperate with WHO in consultation for specific responses (e.g. Global Summit targeted for 2013)

VII. ADMINISTRATIVE MATTERS:

1. The International Society of Blood Transfusion (ISBT) applied for Member Society status with the WBMT in the form of an official letter document. It was agreed this group meets the basic criteria of membership and all agreed to approve this request. All we need now is a logo for the website and the names and contact information for the primary representative and an alternate. Mickey Koh put his name forward as primary representative and he will take responsibility for identifying the rest for us.
2. Treasurer Report: Dietger and Dennis provided slides displaying details of the WBMT bank account. This is held in Bern by the Swiss Blood Stem Cells group. 2011 expenses (meeting costs in Paris, administrative support, select travel, etc.) and revenue (largely from Gentium and Celgene) were presented with a current balance of 56,700 CHF, however, not all reconciliation is complete yet as a result of the Hanoi meetings; most of the support for the workshops came from APBMT. Details are available to Board members from Dietger's office.

   Dietger went on to endorse the idea of a "WBMT Foundation" as a better mechanism for us to secure money from industry and pharmaceutical companies. In Europe there are legal advantages and tax benefits to this approach. He reiterated WBMT needs to raise money. In future meetings Dietger will clearly define the advantages and disadvantages so the Board can vote on his proposal.
3. There are two agenda items remaining but allotted time is completed and Paula will handle these via email or postpone until our next Board meeting. Neither are urgent:
   a. Bylaws review/minor revisions
   b. Frequency of Board teleconferences and potential use of Skype

With no other business the meeting was adjourned at 16:10.

SUMMARY OF ACTION POINTS ARISING FROM THIS MEETING

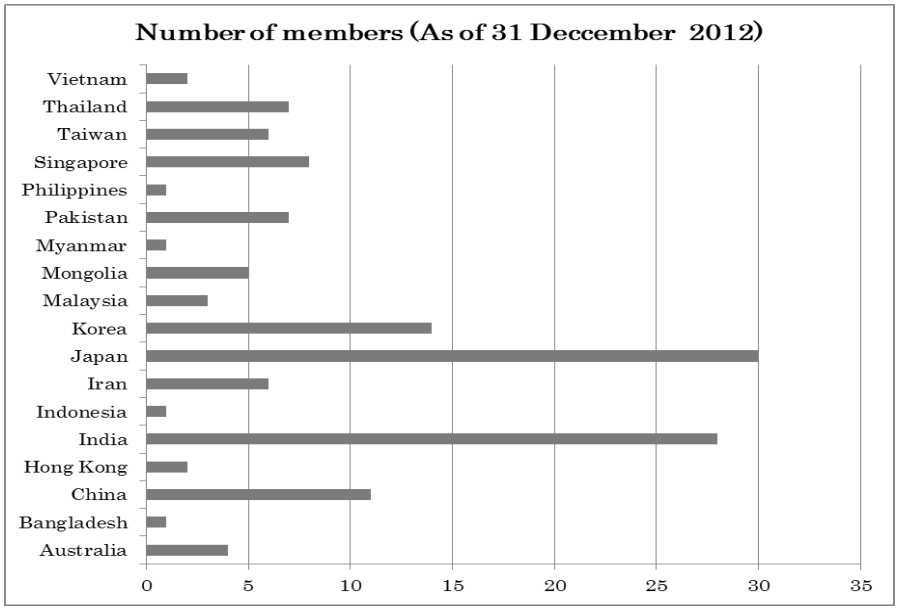
- Core group to complete and submit Hanoi Manuscript
- Education and Dissemination Standing Committee to draft a concrete plan as foundation for a WBMT training program (use ESH model)
- Post *Coalition Opposed to Compensation for Donation* information on website
- Solicit logo and representative names for ISBT
- Handle two remaining Board agenda items per email or next Board meeting
    - Bylaws review/revisions
    - Frequency of Board teleconferences/Skype issue
- Executive Committee to prepare a proposal for pre-requisites and process for soliciting applications for future workshops
    - Prepare by June 2012
        - distribute solicitation email with deadline;
        - decide by fall 2012
    - Include a World Map of Transplant Centers in proposal (Transplant Center/Recipient Committee to prepare)
    - Use ESH format
- Establish a mechanism for consideration of study proposals; consult with Transplant Center/Recipient Committee (not done)
    - Establish a “Research Standing Committee” and review process for this committee
    - Encourage collaboration and use of data from multiple registries

Respectfully submitted for Dennis Confer,
Paula Watry

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 17 times in the past 23 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 6 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 19 countries/regions (Australia, Bangladesh, China, Hong Kong, India, Indonesia, Iran, Japan, Korea, Malaysia, Mongolia, Myanmar, 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.



APBMT Annual Report
Dec.2012

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

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

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