

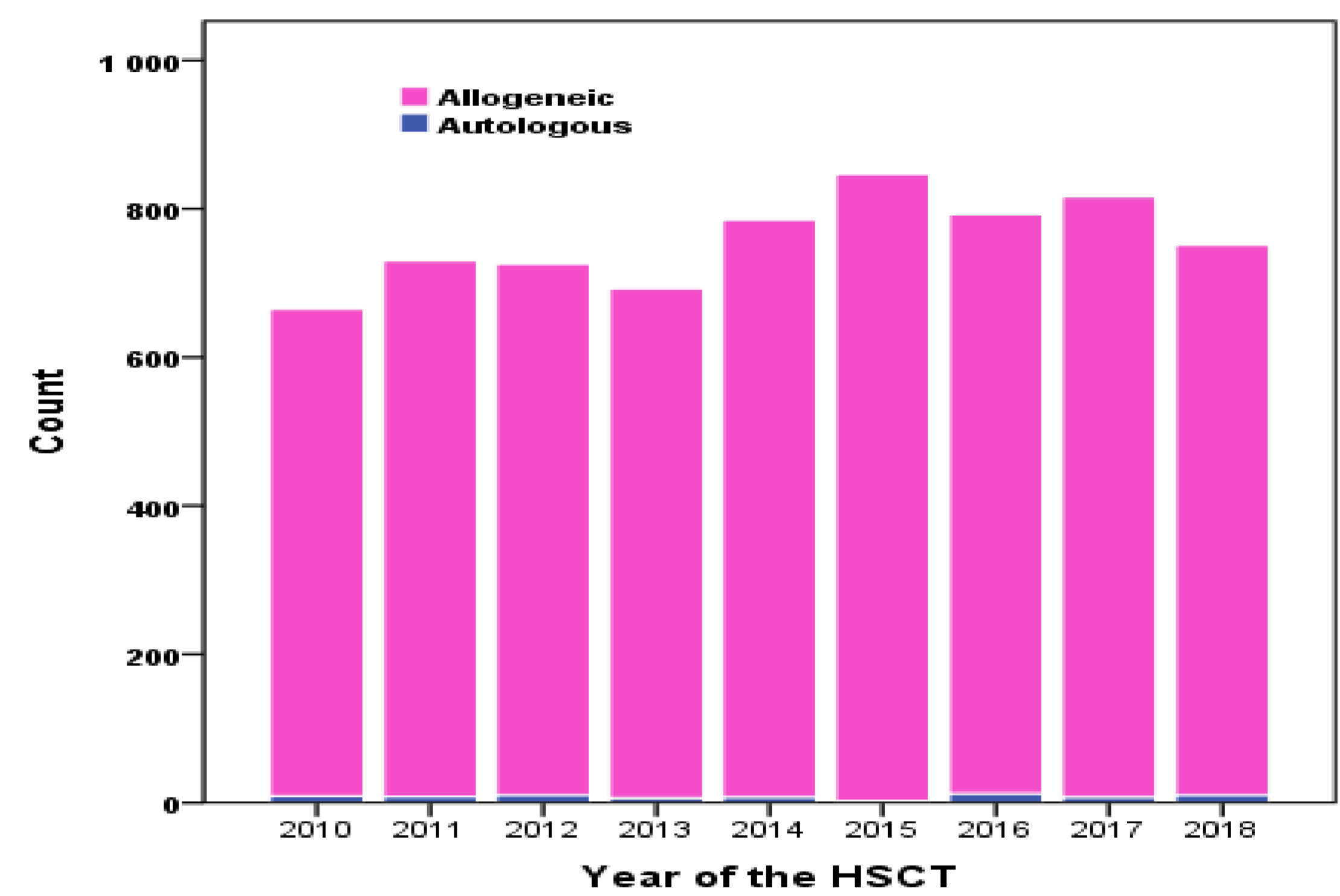
Paediatric patients transplanted between 2010 and 2018

Patient Characteristics		N	%
Total number of HSCT		31838	
Total number of patients		27445	
Ratio HSCT/Patients		1,16	
Median age in years at diagnosis (Min-Max)		5(0-17,99)	
Median age in years at HSCT (Min-Max)		8,06(0,4-17,99)	
Gender	Male	16132	
	Female	11173	
Diagnosis	Malignant diseases		
	Acute leukaemia	10646	
	Chronic leukaemia	251	
	Lymphoma	1741	
	Plasma cell disorders	13	
	Solid tumours	6884	
	Myelodysplastic/Myeloproliferative	1625	
	Non Malignant diseases		
	Bone marrow failure	3223	
	Auto-immune diseases	145	
Hemoglobinopathies	2916		

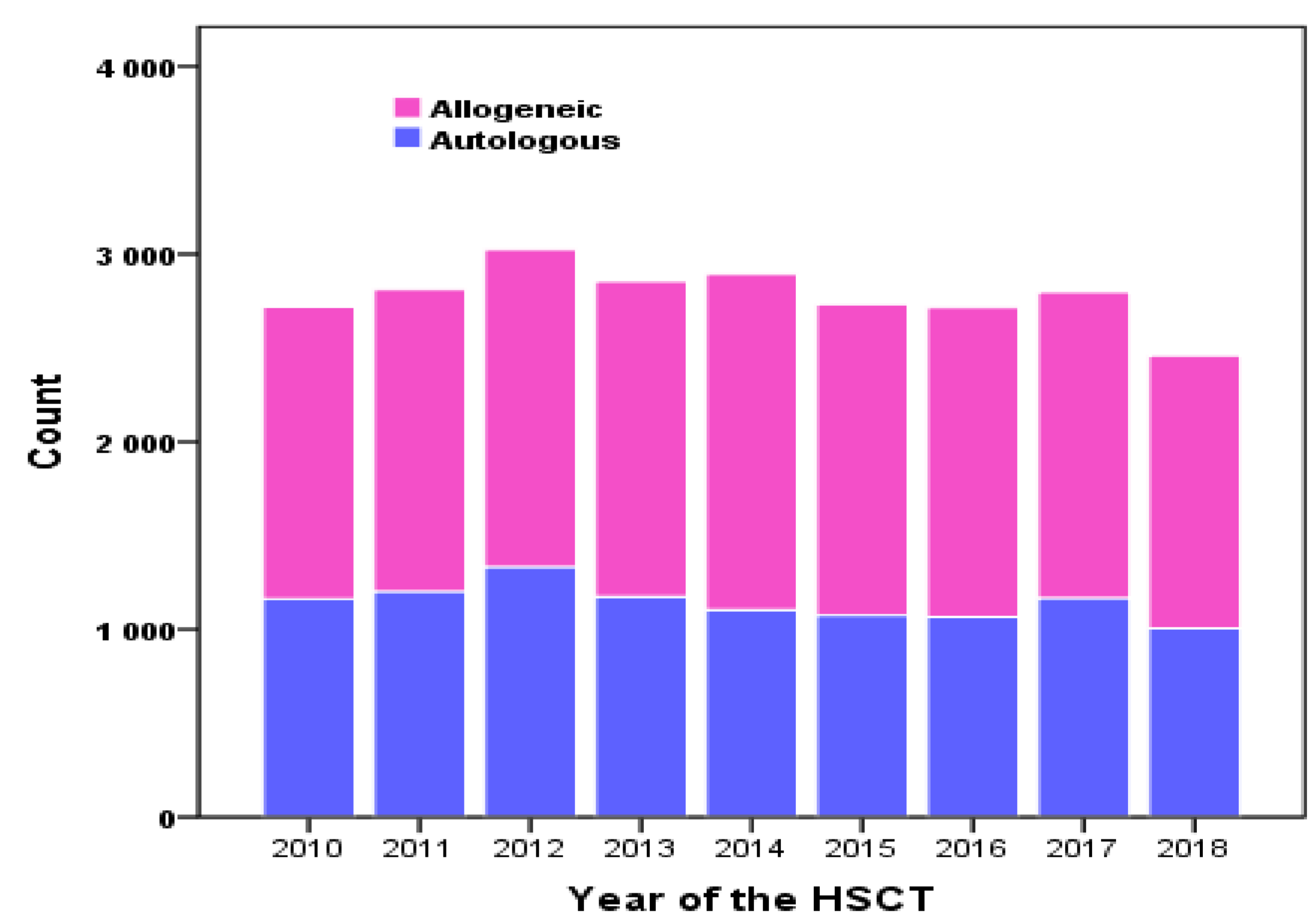
Transplant Characteristics		Malignant	%	Non-malignant disease	%
Conditioning regimen (excluding solid tumours)	MAC	10722	93,6	4513	78,3
	Non-myeloablative	735	6,4	1249	21,7
	Missing	2819		523	
Type of transplant	Allogeneic	14734	58,9	6733	98,9
	Autologous	10285	41,1	72	1,1
	Missing	10		3	
Type of cells	BM	7828	53,5	4694	70,4
	PB	5321	36,4	1651	24,8
	CB	1470	10,1	317	4,8
	Other			1	
	Missing	116		70	
Type of donors (alloHSCT)	Identical sibling	3961	28,1	3395	51,2
	Relative	2789	19,8	1170	17,6
	Unrelated	7315	52,1	2070	31,1
	Missing	670		99	
TBI (age above 2 years old)	No	16990	78,7	5716	92,6
	Yes	4603	21,3	459	7,4
	Missing	1109		247	

Outcome Data		Malignant diseases	%	Non malignant diseases	%
Status at last follow up. n	Dead	5320	26,1	645	10,5
	Alive	14701	72,1	5355	87,2
	Lost to follow up	348	1,7	142	2,3
	Missing	780		142	
Cause of death	Relapse or progression	3256	63,2	47	7,7
	Secondary malignancy	31	0,6	6	1,0
	HSCT related	1581	30,7	480	78,6
	Cell therapy(non HSCT)	1			
	Other	281	5,5	78	12,8
	Missing	170		34	

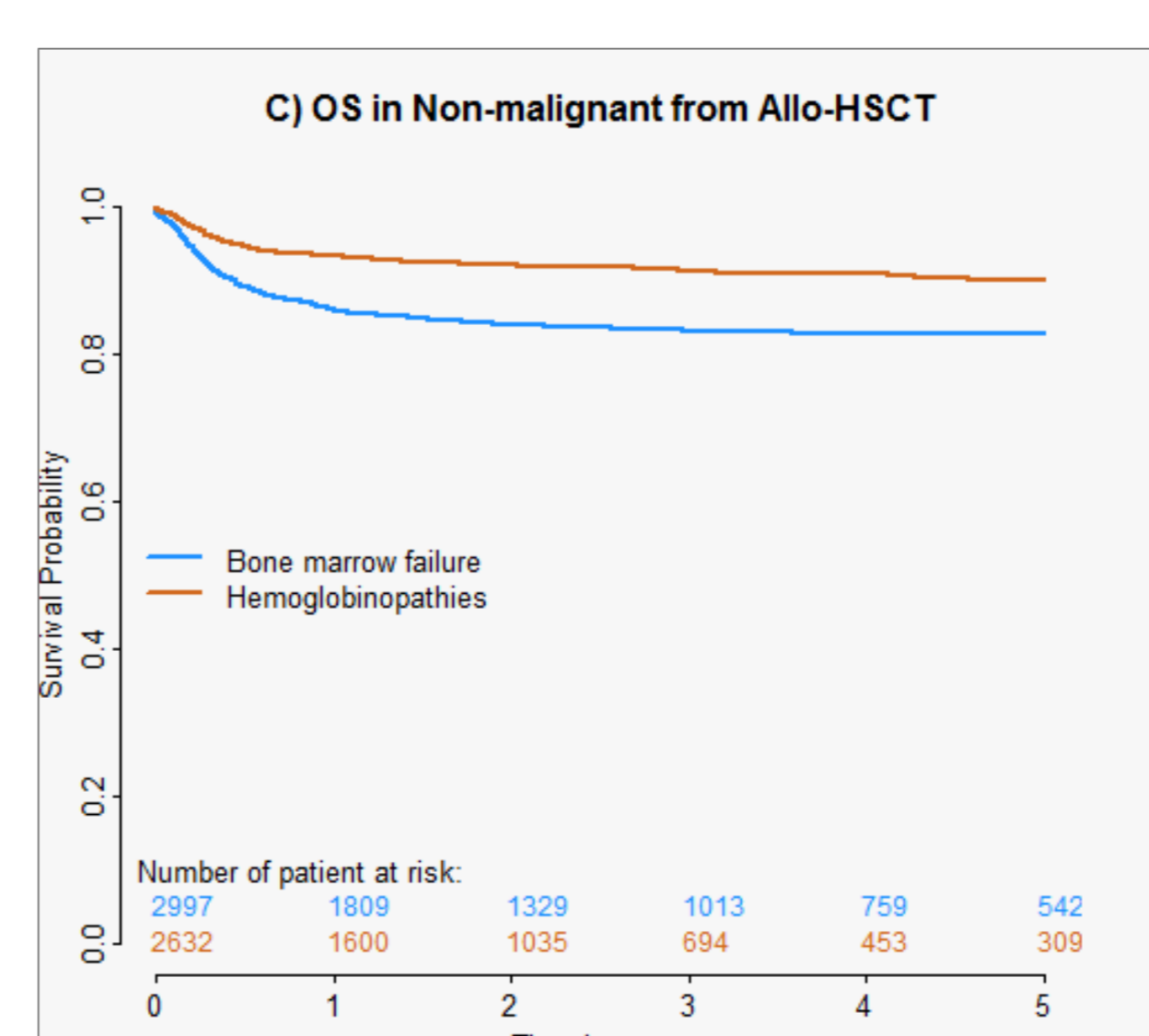
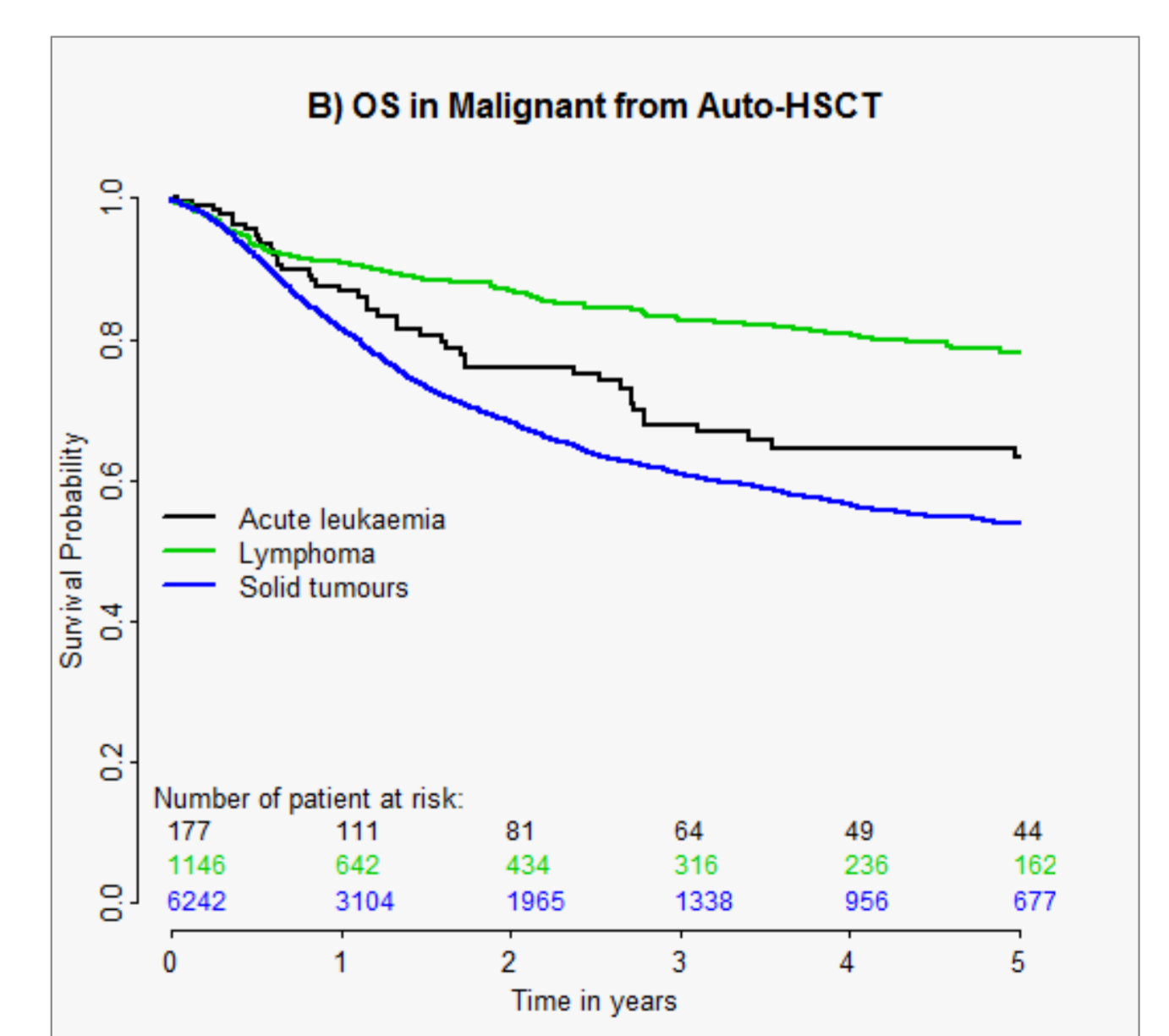
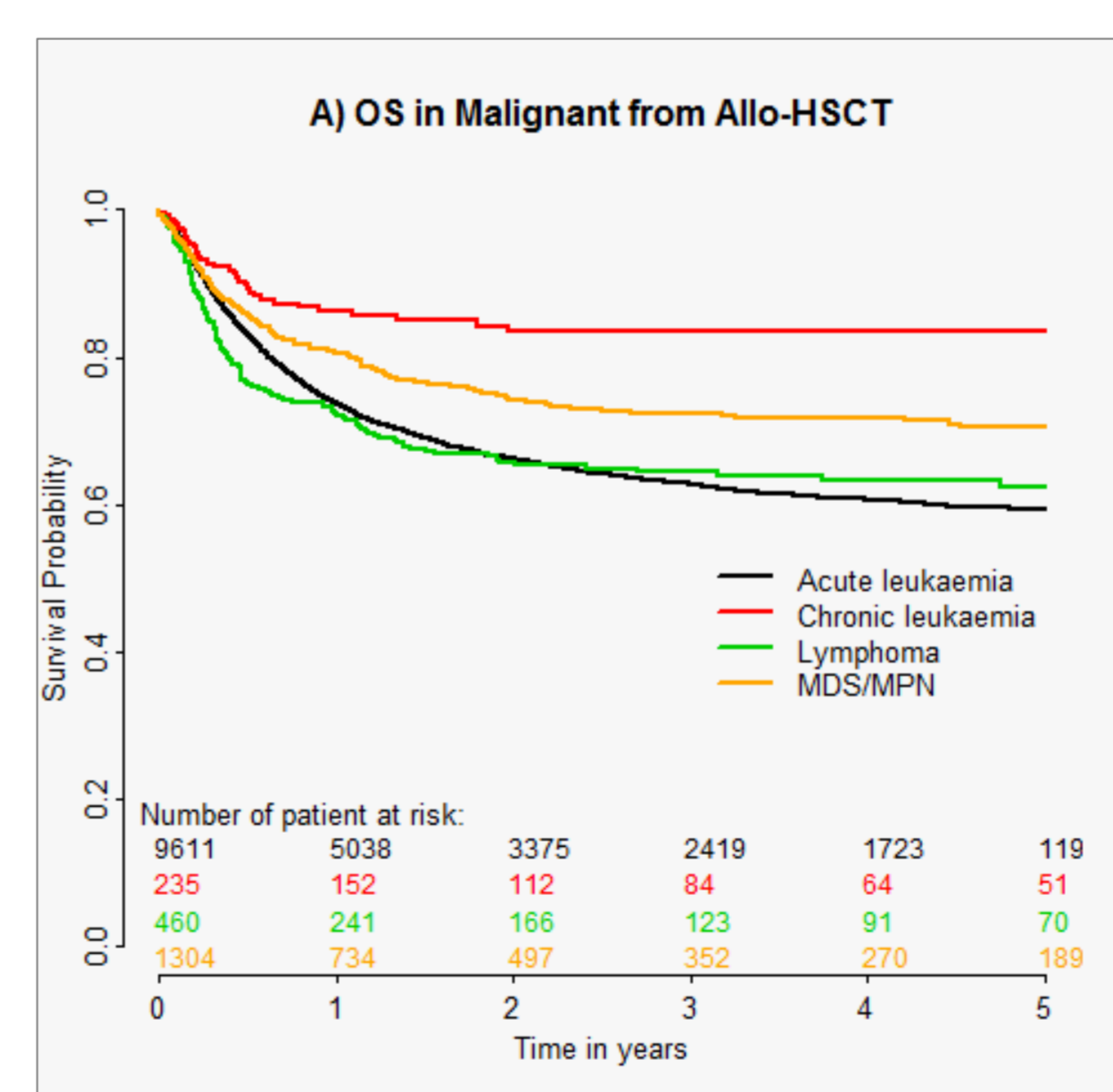
Number and type of HSCT for non-malignant diseases from 2010-2018



Number and type of HSCT for malignant diseases from 2010-2018



OS from first graft in malignant* and non-malignant diseases



Please send of your proposal of study to us!

1) The proposal form can be either requested from the WP secretary or can be retrieved from the EBMT website of the PDWP.
2) Completed proposal forms should then be emailed to the PDWP chair, vice-chair, the secretary, and the Clinical Trials Committee chair Marc Ansari (Marc.Ansari@hcuge.ch)