additional prognostic factor for clinical use was provided that was represented by the response to induction chemotherapy (CT) preceding salvage high dose CT (HDCT) courses, and prior taxane (TXL)-CT for advanced GCT, as this knowledge can inform trial design, stratification and eligibility criteria to HDCT.

While PD to induction CT was independently prognostic for PFS and OS, TXL containing salvage chemotherapy preceding HDCT. Moreover, while we have confirmed HDCT as a substantially effective strategy irrespective of the number of prior regimens, an additional prognostic factor for clinical use was provided that was represented by the response to induction chemotherapy administered as part of the transplantation strategy.

1- Hematopoietic stem cell collection and engraftment results in patients with germ cell tumors (GCT) who are candidates to myeloablative chemotherapy
2- Long-term results of salvage high-dose chemotherapy for a) pediatric/adolescent and b) female- germ cell tumor patients
3- Retrospective analysis of data on high-dose chemotherapy and autologous hematopoietic progenitor cell transplantation for Metastatic Breast Cancer: The number of Predictive factors of outcome: low-risk, intermediate-risk and high-risk disease stage, and there was agreement soon after the EMBT meeting to get a more comprehensive data set.
4- High-dose chemotherapy and autologous hematopoietic stem cell transplantation as adjuvant treatment in high-risk Breast Cancer
5- Incidence and prevalence of therapy-related Myeloid Neoplasms and myelodysplastic/myeloproliferative diseases (t-MN) in Breast Carcinoma (BC) patients as a consequence of exposure to alkylating agents, topoisomerase II inhibitors and/or ionizing radiations, including high-dose chemotherapy regimens followed by autologous stem-cell transplantation

Breast Cancer
In 2015, STWP conducted a retrospective study with the main goal to assess toxicity and efficacy of adjuvant high-dose chemotherapy (HDC) and autologous hematopoietic stem cell transplantation (AHCT) in 583 high-risk breast cancer (BC) patients (>3 positive nodes) who were transplanted between 1995 and 2005 in Europe.

Subgroup analysis demonstrated that OS was significantly better in patients with endocrine-responsive tumors, less than 10 positive lymph nodes and smaller tumour size. HER2 status did not affect survival probability. Adjuvant HDC with AHCT has a low mortality rate and provides impressive long-term survival rates in patients with high-risk BC. Our results suggest that this treatment modality should be considered in selected high-risk BC patients and further investigated in clinical trials. Along with some more recent phase III studies, retrospective analysis and, to some extent, the results from meta-analysis, our results suggest a potential role for HDCt and AHPTt in high-risk BC.

Germline Cell Tumor (GCT)
The main aims of STWP research activity in 2015 was to address the prognostic significance of response to induction chemotherapy (CT) preceding salvage high dose CT (HDCT) courses, and prior taxane (TXL)-CT for advanced GCT, as this knowledge can inform trial design, stratification and eligibility criteria to HDCT.

While PD to induction CT was independently prognostic for PFS and OS, TXL regimens before HDCT did not affect the outcome. Stratification of trials for the latter factor did not appear to be required when accounting for the other clinical predictors. We demonstrated that the majority of patients with PD to induction chemotherapy usually progress after HDCT. In conclusion, in this population-based analysis we observed that results of HDCT as salvage therapy administered in the last 10 years were not influenced by the increasing use of taxane-containing salvage chemotherapy preceding HDCT. Moreover, while we have confirmed HDCT as a substantially effective strategy irrespective of the number of prior regimens, an additional prognostic factor for clinical use was provided that was represented by the response to induction chemotherapy administered as part of the transplantation strategy.

Studies
1- Is Allogeneic Transplant for Solid Tumors still alive? Marco Bregnì, Manuela Badoglio, Paolo Pedrazzoli, Francesco Lanza,on behalf of the STWP of the EMBT. Bone Marrow Transplantation 2015, 2016 Jan 25.
3- Prognostic impact of progression in induction chemotherapy and prior paclitaxel therapy in patients with germ cell tumors receiving salvage high-dose chemotherapy in the last 10 years: a study of the EMBT. Andrea Necchi,1 Rosalba Miceli,1 Marco Bregnì,2 Lars Arne Berger,2 Karin Oechsle,3 Kathrin Schumacher,4 Edward Kanfer,4 Jean Henri Bourhis,5 Christophe Massard,5 Daniela Laszlo,5 Aude Flachon,6 Fikret Arpaci,6 Simona Secondino,6 Patrick Wucherer,6 Peter Deger,6 Martina Crynsandt,6 Nina Worel,6 William Kruger,6 Mark Ringhoffer,6 Ali Ural,6 Arnon Nagler,6 Antonio Campos,6 Andreas Wahlin,7 Managrazia Micheli,8 Giuliano Suca,9 Irene Donnini,9 Rik Schulte,9 Norbert Ibrah,8 Manuela Badoglio,7 Massimo Martino,7 Daniele Raggi,7 Patrizia Giannatempo,7 Giovanni Rosti,7 Paolo Pedrazzoli,9 Francesco Lanza,9 on behalf of the EMBT STWP. Bone Marrow Transplantation 2015, 2016 Jan 25.
7- HSCT in Europe 2013: recent trends in the use of alternative donors showing more haploidentical donors but fewer cord blood transplants. JR Passweg, et al. Bone Marrow Transplantation 2015, 02(010); 50(4).

Publications
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