Greco, ADWP Chair

Implementation science remains central to delivery of HCT for AD within our health services. The future

Autoimmune

55, 283

of HSCT

stem cell transplant for acquired aplastic

J

Ongoing

Education continued to be central to global ADWP activities in 2019. In November, the ADWP educational

Incidence and outcome of CMV and EBV reactivations after

2020

Preparation

Autologous HSCT for progressive systemic sclerosis: a prospective non-interventional study across Europe (NISSC).

Preparation

Ongoing

Comparison of Cyclo+ATG vs. BEAM+ATG conditioning regimens

Autologous HSCT for ANCA mediated neurological diseases. [Pub].

Preparation

Ongoing

Autologous SCT for CIDP, SPS, NMO MG and other immune mediated neurological diseases. Preparation

12. Autologous SCT for polymyositis-dermatomyositis. Preparation

7. Autologous HSCT for Behcet disease. Ongoing


9. sHLH EBMT Survey. Closed

10. Outcomes of HSCT for autoimmune cytopenias. Preparation

11. Autologous SCT for GBD, SPS, NMO MG and other immune mediated neurological diseases. Preparation

12. Autologous SCT for myositis. Preparation

Key Publications

1. NISSC-2: Post AHSCT management and mechanistic immunological reconstitution for patients with systemic sclerosis. Ongoing

2. Comparison of Cyclo+ATG vs. BEAM+ATG conditioning regimens in autologous HSCT for multiple sclerosis. Data collection

3. Late complications after autologous HSCT for ADs. Ongoing

4. Incidence and outcome of CMV and EBV reactivations after autologous HSCT for autoimmune diseases. Preparation

5. Prospective non-interventional on patients with multiple sclerosis (OMST). On hold

6. Autologous SCT for polymyositis-dermatomyositis. Preparation

7. Autologous HSCT for Behcet disease. Ongoing


9. sHLH EBMT Survey. Closed

10. Outcomes of HSCT for autoimmune cytopenias. Preparation

11. Autologous SCT for GBD, SPS, NMO MG and other immune mediated neurological diseases. Preparation

12. Autologous SCT for myositis. Preparation

Major Achievements

• Autoimmune diseases (ADs) continue to be the fastest growing indication for autologous HSCT across EBMT, with the ADWP central to bringing together HCT and disease specialist communities. The Autoimmune Diseases section of the EBMT Registry is the largest database of its kind worldwide and this year exceeded the landmark of 3,000 transplants, with registered activity being the highest ever. In 2019, the ADWP continued to expand the evidence-base and support best practice with registry-based studies and guidelines, including significant collaborative outputs with other EBMT Working Parties, JACIE, the EBMT Nurses Group and Patient Advocacy Committee.

• Education continued to be central to global ADWP activities in 2019. In November, the ADWP educational meeting in Berlin attracted the greatest number of delegates ever for a single ADWP meeting, reflecting evolving interest in the field across all disciplines, with a repeat already planned for September 2020 in London. In addition, we continued to build closer links with partners outside EBMT, particularly in the Americas and Russia.

• Implementation science continues to central delivery of HCT for AD within our health services. The future depends on quality of outcomes and health economics versus non-transplant biological treatments, and ADWP activity has also focussed on these aspects. Updated EBMT recommendations for HSCT and cell therapy in neurological diseases provided a major impetus and resource for clinicians and health service providers. Strategic priorities for the ADWP include ongoing work with disease specialist societies (such as the European Academy of Neurology/ECTRIMS, EULAR and ECCO), whilst working closely with others within EBMT and JACIE to assure best practice, clinical quality and patient-centred care in HCT for ADs.