Non interventional study: Prospective non-interventional observational study on the incidence, severity, management and outcome of sinusoidal obstruction syndrome/veno-occlusive disease of the liver in allogeneic haematopoietic stem cell transplantation in adult patients.

PI: Tapani Ruutu.
The landscape of sinusoidal obstruction syndrome/veno-occlusive disease of the liver (SOS/VOD) has changed considerably during the recent years. There have not been any satisfactory means to predict in an early phase which patients will develop severe SOS/VOD. Early prediction has become particularly important as effective treatment has become available, and early treatment has been shown to result in improved outcome.

Primary Objective: To determine the current incidence and outcome of SOS/VOD in allogeneic transplantation in adult patients. This study would serve as validation for the new EBMT criteria and severity grading.

Study population: Adult patients transplanted in 2018 who developed SOS/VOD.

Current Status: The first step of the study allow collect the occurrence of the SOS/VOD for 97 and to confirm the absence of SOS/VOD for 1853 patients

The second step, the data collection is ongoing, up to know, details information on the SOS/VOD has been collected for 67 patients

A cross-sectional study on the Sexual Function of Adult Survivors and their partners 3 and 15 years Post Allogeneic Stem Cell Transplantation.

PI: Corien Eeltink and Jacquie Stringer

Sexual dysfunction has increasingly been recognized as a complication of allogeneic stem cell transplantation with negative impact in their quality of life. The sexual partner might also contribute to sexual dysfunction or to sexual inactivity. Furthermore, patients and their partners have reported to be disappointed by the lack of information, support, and practical strategies provided by health professionals to assist them to cope with the sexual changes they experienced.

Primary objective: To explore patients’ and their partners’ opinions on their sexual functioning 2 till 4 or 14 till 16 years post Allogeneic HSCT To evaluate if discussion, adequate help or counseling with regard to sexual function between the health care provider and the survivor has taken place

Inclusion criteria:

Age ≥ 18 years

Time of follow up 2 - 4 or 14 - 16 years post HSCT Ability to read and write in English, French, German, Italian or Dutch

No cognitive impairment

Current status:

Seven sites are actively enrolling and another 3 sites are open but not yet enrolling patients and 3 are busy with the EC submissions. 125 patients have been enrolled, so far of the 311 are required.

*This study is still recruiting*

Non interventional study: EASIX to predict alloSCT outcome.

PI: Olaf Penack and Thomas Luft.

Primary objective: To estimate the prognostic ability of EASIX before conditioning (i.e. at the day of hospital admission for alloSCT), at day of transplantation, at day 14 and at day 28 or 1-year NRM.

Inclusion Criteria:

First alloSCT in children and adults with PBSCs (all donor types). Previous autoSCT is not an exclusion criterion.

Patients with acute leukemia, MDS, MPN or lymphoma (all disease stages). Myeloblastic and dose-reduced conditioning (all types of GVHD prophylaxis).

Expected study period: February 1st 2018. Recruitment was closed by May 31st 2020. Follow up will be till day +365 after alloSCT. 287 are registered, and one year follow-up is due


PI: Jaroslaw Bilinski.

Fecal Microbiota Transplant restores the physiological diversity of the gut flora rebuilding the so called “colonization resistance” to pathogenic microorganisms. It was found that FMT may decolonize the gastrointestinal tract from highly antibiotic-resistant bacteria. Manipulation of the intestinal microbiota by FMT may also influence the immune system and dampen immune-mediated reactions to target tissues such as gut, liver, and skin.

Primary Objective: To describe the clinical efficacy of FMT used for treatment of GVHD in a retrospective series of patients. Clinical efficacy is defined as clinical response (complete and partial response) at day 28 after start of FMT.

Study population: Adult patients after alloHCT who developed gastrointestinal graft-versus-host disease and were treated with FMT.

Current Status:

The 1st step center identifications: 450 centers in Europe, 444 centers are participating.

The 2nd step, the data collection started in May 2019. First step center identifications: 17 centers are participating, 6 centers are enrolled.

Ability to read and write in English, French, German, Italian or Dutch

No cognitive impairment

Inclusion criteria:

Age ≥ 18 years

Time of follow up 2 - 4 or 14 - 16 years post HSCT Ability to read and write in English, French, German, Italian or Dutch

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