**Chronic Malignancies Working Party**

**CML & MDS & PH-neg MPN**

Activities of the working party and subcommittees
Chair: Ibrahim Yakoub-Agha
Secretary: Patrick Hayden
E-mail address: cmwpebmt@lumc.nl

**Subcommittee Chronic Myeloid Leukemia (CML)**

Chair: Yves Chalandon

Number of first allogeneic transplant for CML registered at EBMT per year

Fifty-four centers, comprising 641 patients, have participated in CML Data Quality Initiative. The data will be utilized for various studies in the future.

**Studies starting soon**

Impact of TKI discontinuation in CML patients who have previously restarted TKI following allogeneic HSCT
Hugues de Lavallade

Outcome Unrelated CB transplantation in patients with CML
Hugues de Lavallade

Prognostic value of additional cytogenetic abnormalities at transplantation in CML patients
Jo Caers

Post-Transplant Scoring System for CML Based on Retrospective Analysis of Patients Surviving more than 100 Days after Allo-HSCT
Maria Mappoura & Yves Chalandon

**Subcommittee Myelodysplastic Syndromes (MDS)**

Chair: Marie Robin, Vice-chair: Christof Scheid, CMLM: Francesco Onida

Number of first allogeneic transplant for MDS registered at EBMT per year

**Presentations at EBMT 2021**

Allogeneic Hematopoietic Cell Transplantation in Patients with Therapy-Related Myeloid Neoplasm after Breast Cancer
Mija Naberjog et al.

Therapy-related myeloid neoplasms (t-MNs) represent a clinical dilemma in the transplantation field. In this retrospective registry study, we try to add new insights in this field considering the relevance of t-MN, focusing on t-MN secondary to breast cancer treatment.

Retrospective Analysis evaluating the effect of age on outcomes after allogeneic hematopoietic cell transplantation in Chronic Myelomonocytic Leukemia: A study of the EBMT-CMWP
Alicia Rovo et al.

Despite there being no consensus on the optimal therapy for CMLL, it is generally recognized that allo-HCT is the only curative treatment modality. Nonetheless, CML patient survival outcomes after allo-HCT are weakened by high non-relapse mortality (NRM) and relapse rates. In this retrospective study we aimed to investigate factors associated with allo-HCT outcomes, primarily focusing on age.

**Activities of the working party and subcommittees**

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1. Scientific activity of the CMWP
   Ibrahim Yakoub-Agha

2. Who and when in the course of disease to transplant? – Myelodysplastic syndromes
   Ghulam Mufti

3. Who and when in the course of disease to transplant? – Myelofibrosis
   Donal McLornan

4. Is Chronic Myeloid Leukaemia still an indication for allo-HCT?
   Yves Chalandon

5. Is Chronic Lymphocytic Leukaemia still an indication for allo-HCT?
   Peter Dreger

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