

2020 EBMT ACTIVITY SURVEY

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Activity Survey 2020

Patient and Transplant Numbers

Teams: 690		rticipating coun	tripe: 50
Teams. 090	Allogenei		
1 st allo / 1 st auto HCT	17 647	23 369	41 016
Re/Additional transplants	1 149	3 199	4 348
Total HCT	18 796	26 568	45 364
Myeloablative HCT	58%	20 300	-0.00-
	JU /0		
Main I	ndication 1 st	HCT	
Myeloid malignancies	10 217	224	10 441
Lymphoid malignancies	5 046	21 074	26 120
Solid tumours	36	1 686	1 722
Bone marrow failure	902	1	903
Other non-malignant disorders	1 311	318	1 629
Other	135	66	201
			201
Myelo	oid malignan	cies	
AML 1 st . CR	4 013	186	4 199
not 1 st . CR	1 828	31	1 859
tAML/sAML	1 016	5	1 021
CML 1 st . cP	163	0	163
not 1 st . cP	191	0	191
MDS or MDS/MPN, MPN	3 006	2	3 008
Lymph	oid maligna	ncies	
ALL 1 st . CR	1 849	51	1 900
not 1 st . CR	1 175	3	1 178
CLL	169	33	202
Plasma cell disorders	289	12 766	13 055
Hodgkin lymphoma	375	2 134	2 509
Non-Hodgkin lymphoma	1 189	6 087	7 276
S	olid tumours	I	
Neuroblastoma	28	505	533
Soft tissue sarcoma/Ewing	4	281	285
Germ cell tumour	0	456	456
Other solid tumour	4	444	448
Non ma	alignant diso	orders	
Bone marrow failure - SAA	676	1	677
Bone marrow failure - other	226	0	226
Thalassemia	275	6	281
Sickle cell disease	224	1	225
Primary immune deficiency	621	5	626
Inherited disorder of metabolism	173	8	181
Auto immune disease	18	298	316
Others	135	66	201
Pae	diatric patier	nts	
Family		Unrelated	Autologous
	er relative		
BMPBCBBMPBBM0.100.100.000.000.000.00		BM PB CB	BM PB CB
843 340 23 263 562 76	81 10	604 805 161	20 1 366 1

Observations in 2020: Impact of the SARS-CoV-2 Pandemic

Main trends seen in the numbers of HCT reported in 2020.

Number of HCT decreased for the first time in 30 years of the annual survey.

• Allogeneic HCT: -5.1%; autologous HCT: -7.5%: overall:-6.5%.

Decrease seen in the majority of indications for both allogeneic and autologous HCT.

Use of unrelated and sibling donors decreased while use of haploidentical donors increased.

Use of marrow as stem cell source decreased..

Myeloablative HCT decreased when compared to non-myeloablative HCT. Cord blood HCT increased by 11.7% for the first time since 2012.

Changes are most likely due to the SARS-CoV-2 pandemic, but also possibly due to the introduction of innovative therapies in hematology.

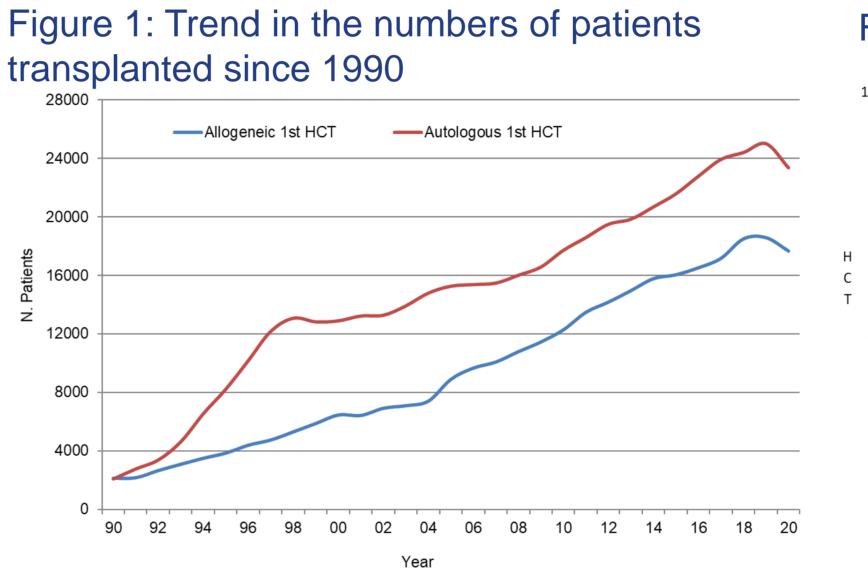


Figure 2: Change in donor choice since 1990

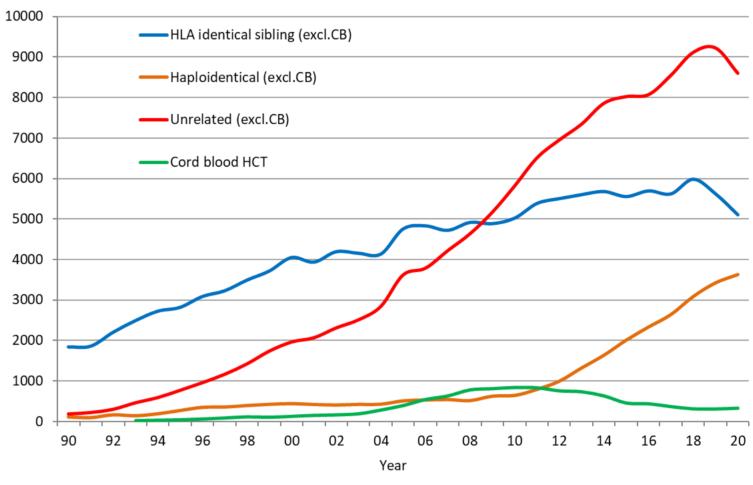


Figure 3: Change in the numbers of autologous HCT for lymphoproliferative disorders since 1990

HL auto

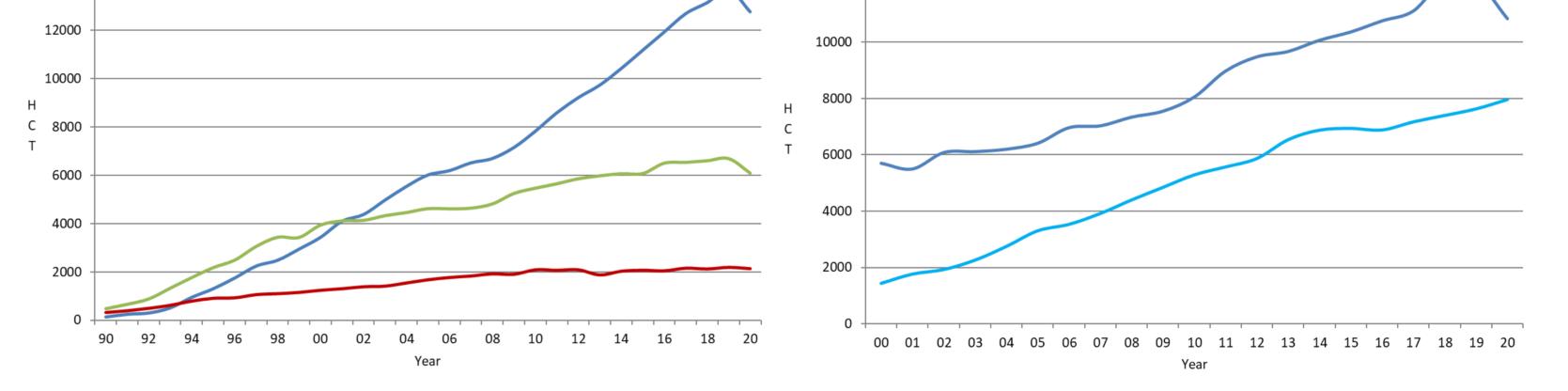
PCD auto

14000

— NHL auto

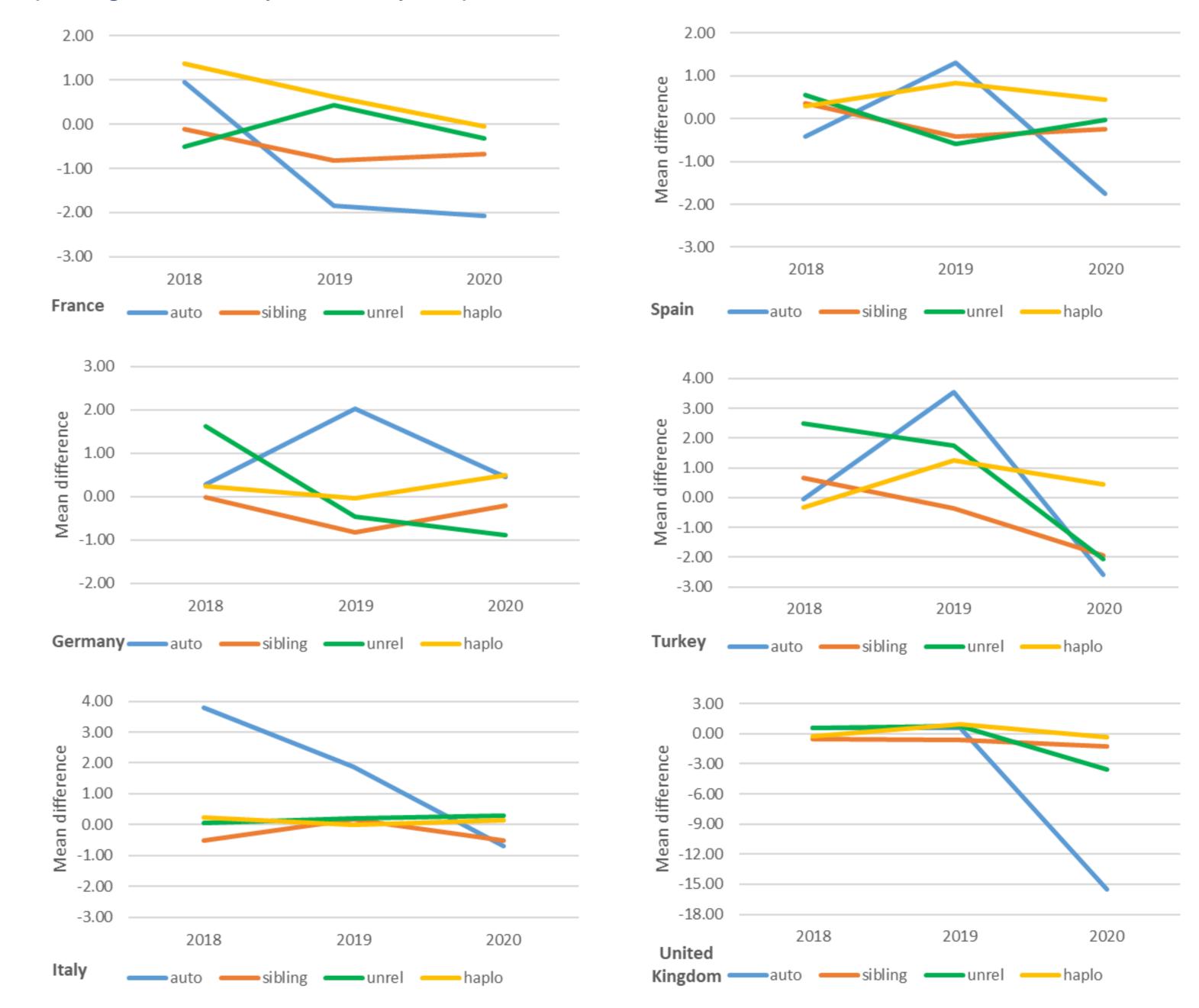
Figure 4: Change in the numbers of MAB versus NMA allogeneic HCT since 2020

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12000

Figure 5: Change in HCT activity: average change in the number of transplants in centres reporting consistently over a 4 year period 2017 -2020 in selected countries



Patients with un-manipulated DLI: N = 3055.

Graft enhancement/failure:728; residual disease:482; relapse:1 265; per protocol: 850.

Non HCT Cellular therapies using manipulated or selected cell in 2020: CAR-T therapies:

- Notable increase of 65% since 2019.
- Increase in ALL: 25%; in HL/NHL: 74%; in others: 118%
- Data reported from 154 centres in 22 countries.
- Other CT: MSC increased by 19%, selected T cells decreased by 8%
- No obvious effect caused by the SAR-CoV-2 pandemic.

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