Table 1: Number of patients receiving their 1st allograft or their 1st autograft in your centre in 2023.

Report the first allogeneic transplant and/or 1st autologous transplant per patient according to disease indication, donor type and stem cell source as outlined in Table 1. You may include the same patient twice as long as the first occurrence of each type of transplant took place in 2023. Patients without consent to share data should also be reported to the survey.

Note: The transplant procedure starts at conditioning. If a patient dies immediately after being given the cell infusion or during conditioning and before being given the cell infusion, the patient is still within the transplant procedure and must be reported.

The following EBMT/JACIE/FACT definitions for '1st transplants' apply:

- first transplant (new patient, never transplanted before)
- first allograft (after a previous autograft) or first autograft (after a previous allograft)
- first allograft or first autograft in your centre after a previous transplant in a different centre.

Disease classification: the classification of diseases for the survey follows the WHO classification of tumours of hematopoietic and lymphoid tissues and the EBMT disease classification dictionary, which can be found at https://www.ebmt.org/registry/ebmt-data-collection

The following definitions for donor type apply:

HLA-id sibling: HLA identical sibling.

Haplo (≥ 2 loci mismatch): any family member with 2 or more loci mismatch within the loci LA-A, -B, -C, -DRB1 and -DQB1 in GvH and/or HvG direction.

Other family member: any other family member who is not included in the definition above.

For combinations of stem cell products report as follows:

- bone marrow and peripheral blood = peripheral blood stem cell transplant - enter as PBSC
- bone marrow and cord blood = cord blood transplant - enter as Cord
- peripheral blood and cord blood = cord blood transplant - enter as Cord
- bone marrow and peripheral blood + cord blood = cord blood transplant - enter as Cord

Row 33: Total number of patients receiving their 1st allograft or autograft in 2023 (= total of rows 1-32).

Row 34: Total number of additional or retransplants (non 1st HSCT) due to graft failure, relapse, other events or those that are part of planned multiple transplant protocols. Report only those that were given in 2023.

Row 35: Total of all transplants performed in 2023 as reported in rows 1-32 + row 34.

Row 36: Number of paediatric patients (<18 at HSCT) receiving their 1st allograft or 1st autograft in 2023. Report twice: in rows 1-32 individually and as a total number in row 36.

Row 37: Number of allogeneic transplants with non myeloablative conditioning (including RIC) as reported in row 35.

Row 38: Number of patients receiving their 1st donor lymphocyte infusion (DLI) in 2023 in your centre (this may or may not be the site of production) or the number of patients receiving a new DLI episode. Report the main reason, if more than one exists, for giving the DLI at the time of infusion. The year the transplant was done does not affect the DLI reporting itself. If the breakdown of DLI is unknown, please check the box "The breakdown of DLI unknown" and give the total number of patients receiving DLI. Any manipulated T cell infusions with either positive or negative selection should be reported as a cell therapy in table 2 – see below.

Row 39: Number of patients receiving Immunosuppressive Treatments (IST) for Bone Marrow Failure Syndromes (acquired and congenital) in 2023 in your centre. Report the number of patients treated with IST for Aplastic Anemia (AA) and for other Bone Marrow Failure Syndromes separately.

Additional information

- Allogeneic cells given after a previous allogeneic HSCT for relapse or evidence of graft rejection or when there is conditioning (chemo and/or TBI), regardless of donor type or stem cell source, is considered to be a retransplant, report in row 34.
- Pre-planned double or triple allogeneic or autologous transplants, each preceded by its own conditioning regimen are considered to be additional transplants, report in row 34.
- Re-infusion of allogeneic peripheral blood progenitor cells from the same donor without conditioning, with no evidence of graft failure is considered to be an 'allo boost' and not a transplant, report under graft enhancement – other therapies in row 38.
- Re-infusion of autologous peripheral blood progenitor cells as a rescue for a failed graft is an auto 'boost' or 'top up' and is not considered to be a transplant, report under graft enhancement – other therapies in row 2 in table 2.
- Multiple infusions of the same product, e.g. double cord, multiple cord, multiple PBSC, given within one week are considered to be one transplant only.
- Autologous stem cells given together with an allogeneic transplant within 7 days are considered to be one allogeneic transplant.
- Syngeneic twin transplants, with either BM or PBSC can be reported together in one column.

No. allo after auto: refers to the number of patients who receive their 1st allograft in 2023 after a previous autograft (the year when the previous autologous HSCT was performed does not matter). Enter both the 1st allograft and 1st autograft (only if also performed in 2023) in Table 1 by indication and donor type and additionally as a total number in the column *'No. allo after auto*' on the right-hand side. If an allogeneic HCT for a different indication is given after an autologous HCT, it should not be counted as an 'allo after auto'.

Table 2: Number of patients receiving Non-HSCT Cellular Therapies using manipulated or selected cells (excluding DLI) in 2023:

Report the number of patients receiving NON-HSCT cellular therapies in your centre in 2023 by indication and cell type for which the therapy is given. Report both patients with or without transplants. Patients in clinical trials may also be reported.

Note: CD34+ selected transplants or for example CD3+ /CD19+ deleted cell infusions are to be reported as transplants in Table 1.

CAR T cells: T cells that are genetically modified by viral or non-viral vector to express chimeric antigen receptors or T cell receptors.
Selected/expanded T cells or Cytokine Induced Killer cells (CIK): non genetically modified T cells selected, expanded in vitro or cytokine activated. This includes all manipulated T cell infusions, with either positive or negative selection.
Regulatory T cells (TREGS): T cells that are processed after harvesting by selecting for the subset of regulatory T cells.
Other genetically modified T cells: other genetically modified T cells with suicide genes or other genes.
NK cells: cells that are processed after harvesting by selecting for NK cells with or without expansion or genetic modification.

Dendritic cells: antigen presenting cells that are used for tumour cell vaccination and other purposes.
MSC: mesenchymal stromal cells.
Expanded CD34+ cells: stem cell products that are expanded in vitro prior to infusion to the patient.
Genetically modified CD34+ cells: genetically modified stem cells, typically used for congenital diseases.
Other therapies: allogeneic or autologous boosts and any other cellular therapies not listed above.