

Migration issues

After the EBMT Registry go-live, users reported to the Helpdesk about inconsistencies found in data migration to the EBMT Registry. This document summarises the known issues per event, and steps taken or planned to resolve it.

In case when the automatic solution of the migration issue can interfere with the updates done by the users, data managers will be notified, marking in which patient profiles of their centre exactly what data fields (changed by a user post go live) were overwritten by re-migration. The Registry team will provide as much information as possible, so data managers can navigate and revert the action of migration, if needed.

More information about the migration fix cycle 19/08/2025 - 22/08/2025 can be found in Appendix 1.

Patient

- Missing patient - centre links: if a patient was linked to multiple centres, the links to other centres than the centre that registered the patient in ProMISe were missing.
 - **Resolved:** links have been migrated in August 2024.
- Missing consent date and UPNs: it was not migrated if this data was registered only in CASTOR, only corresponding variables from ProMISe were migrated to the EBMT Registry.
 - **Resolution:** The EBMT is investigating how to resolve this.
- Missing information about studies: due to the structure of questions “Participation in national/international study/trial (not EBMT Study)?” and “Study name” being a single text field, it was not possible to migrate multiple studies.
 - **Resolution:** the study section will be transformed into a repeatable group in upcoming versions of the EBMT Registry, subsequently the data will be migrated from ProMISe.
- Data from the field “Patient ID in conversion source” was not migrated.
 - **Resolution:** this data will be migrated as part of Core dataset migration v1 fix.

Anonymous events

- Due to late confirmation of patient consent, anonymous events were created for patients’ profiles migrated last-minute or in later cycles.
 - **Resolved:** such anonymous events were archived in February 2025.

Diagnosis

Acute leukaemia

- The WHO Classification for ALL & AML missing.
 - **Resolved:** the WHO classification was migrated in August 2024.

Autoimmune disorders

- Other previous therapies question and the text field “Other previous therapy: specify” was not a repeatable group, allowing only 1 “other” previous therapy to be entered.
 - **Resolved:** the field was updated, and the data was migrated in August 2024.

Bone marrow failures

- “Paroxysmal nocturnal haemoglobinuria (PNH)” had radio group answer options, while it should have been a checkbox.
 - **Resolved:** the field was updated, and information was migrated in August 2024.
- “Chromosome analysis complete karyotype” question missing, data in these fields was not migrated.
 - **Resolved:** field was added and data migrated in August 2024.

Chronic leukaemias

- Previous therapy start and end dates were in repeatable groups, while they should have been standalone questions.
 - **Resolved:** the field was updated, and information was migrated in August 2024.

MDS

- FAB classification at diagnosis was not migrated.
 - **Resolved:** the question was added as an inactive question and legacy data was migrated in August 2024

Lymphomas

- Previous Therapies Before HCT/CT/IST data that was not migrated before or had errors to be fixed or re-migrated.
- Parameters for international prognostic indices, > 1 extranodal site involved field data missed by migration.
- Chromosome Analysis, Molecular Marker Analysis, Immunophenotyping related dates. Also for the overarching main questions for Chromosome Analysis and Immunophenotyping.

Resolution: this data will be migrated as part of Core dataset migration v1 fix (August 2025).

Treatment

Status at HCT/CT/IST

- The comorbidity pulmonary: if in ProMISe the response to the question “Pulmonary comorbidity” (PULMONC) was “Present” without specification of severity (Mild, Moderate or Severe), this data was not migrated to the new questions in the EBMT Registry, since it cannot be used for calculation of the comorbidity score.
 - **Resolution:** if users were registering patient data without specifying the severity of the pulmonary comorbidity, please amend the corresponding forms in the EBMT Registry by answering the question “Pulmonary: severe” and “Pulmonary: moderate” in the section Comorbidity Index. If you need assistance identifying those patients, please reach out to the Helpdesk.
- There were identified mistakes in migration logic in some fields for treatments performed for Acute Leukaemia (Status, Number of induction courses, Bone marrow burden (% blasts)), for treatments performed for Lymphomas (Status), for treatments performed for Haemoglobinopathies (Endocrinopathies pre-existing to HCT (Thalassemia only)). This resulted in some data being missed or migrated with mistakes initially.
 - **Resolution:** EBMT will re-migrate this data using corrected logic as part of Core dataset migration v1 fix (August 2025).

Allogeneic HCT

- Donor blood group information was not migrated
 - **Resolution:** this data will be migrated as part of Core dataset migration v1 fix (August 2025).

Cellular therapy

- Cellular therapy data was migrated from ProMISe to Castor prior to the migration from Castor to the EBMT Registry. However, in cases where the cellular therapy was not a CAR-T (ex. TIL (tumor-infiltrating lymphocytes), MSC (mesenchymal stem cell) therapies), or the patient had HIDEREG (“Temporarily hide registration”) or EBMTREG (“Exclude from EBMT registry”) filled, the treatment was not migrated. This affects 390 cellular therapies.
 - **Resolution:** the EBMT is currently investigating what can be done to complete the cellular therapy information in the EBMT Registry.

- Some items that were completed in ProMISe or Castor are not migrated to the EBMT Registry. It concerns “Indication for planned cellular therapy”, “Will the planned cellular infusion product consist of more than one infusion unit?”, “Is the planned cell infusion product a commercial product?”
 - **Resolution:** the EBMT is investigating how to best resolve this.
- Cell Therapy vs Cell Infusion: While not captured as a specific field on the forms, this distinction was used during HCT Day 100 and HCT Annual Follow-Up to determine whether the event represents the next main treatment, and If a cell infusion should be migrated to an HCT follow-up form or remain part of the existing treatment course.
 - **Resolution:** Cell infusions that were not migrated correctly initially in the HCT FU forms will be corrected and re-migrated as part of Core dataset migration v1 fix (August 2025).

Follow-up

HCT Day 100 and annual

- Due to the changes in the DCF question about relapse and the way data was collected in ProMISe, relapse instances have been migrated as false positives if the answer to “Relapse or progression after transplant” was ‘Yes, before this date’.
 - **Resolution:** the EBMT will correct this as part of Core dataset migration v1 fix (August 2025).
- If the relapse information was entered on the transplant assessment instead of on a follow-up assessment, the relapse date was wrongly migrated.
 - **Resolution:** the EBMT will correct this as part of Core dataset migration v1 fix (August 2025).
- DLI information and data about some additional treatments with drugs are missing.
 - **Resolution:** the EBMT will correct this as part of Core dataset migration v1 fix (August 2025).
- Extra events were created which were not meant to be independent follow-ups, and HCT follow-ups appear after CTs or duplicating the existing CT follow-ups (HCT and CT follow-up events on the same date). Some of the data, which was reported in ProMISe assessments used to create such events, is missing in the EBMT Registry.
 - **Resolution:** EBMT in collaboration with the vendors will restore the lost data in meaningful events and will archive empty follow-up events or the ones which duplicate the CT follow-ups. The EBMT will correct this as part of Core dataset migration v1 fix (August 2025).

- There were identified mistakes in the initial migration logic for the following sections/fields: Survival status, First relapse, Infectious complications, Graft function, Additional disease treatment, Additional treatment incl. Cell Therapy 1-4, Cell infusion sheet. This resulted in some data being missed or migrated with errors at initial migration.
 - **Resolution:** EBMT will re-migrate this data using corrected logic as part of Core dataset migration v1 fix (August 2025).
- GvHD: some field responses were migrated with errors.
 - **Resolution:** with the corrected logic, it is set to update inaccurate field responses and also migrate missed responses for aGvHD and cGvHD. This data will be re-migrated as part of Core dataset migration v1 fix (August 2025).
- Non-infectious complications were not migrated initially in some cases.
 - **Resolution:** this data (with the exception of Transplant-associated microangiopathy and Veno-occlusive disease which will have updated missed field responses) will be migrated as part of Core dataset migration v1 fix (August 2025).

Cellular therapy follow up

- The follow-ups that were reported previously have been migrated as duplicate events on the patient timelines, if multiple cellular therapies were entered without a follow-up assessment in between. For example if a patient had a cellular therapy, and later a second one, and follow-up data was only added for the second one. Then this follow up would be duplicated.
 - **Resolution:** if the patient has duplicate CT follow-up events, we ask Data Managers to archive one of those and combine the information in a single Cellular Therapy follow-up.

Appendix 1

In the migration cycle scheduled on 19/08/2025 - 22/08/2025 we foresee the following potential data conflicts between migration and users' updates.

- The user updated the following sections or blocks, thus they appear different compared to the data reported in ProMISe. If this occurs in one of the centres' patient events - we will share the list of questions which were overwritten with the comparison of how the data was reported by the user and how migration updated the data.
 - Previous therapies before HCT/CT/IST blocks in Lymphoma form
 - Infectious complications blocks in HCT Day 100 or HCT Annual forms
 - Additional disease treatment blocks in HCT Day 100 or HCT Annual forms
 - Cell infusion sheet in HCT Day 100 or HCT Annual forms

- Graft function block in HCT Annual
- The cell therapy forms created at initial migration from actual cell infusions reported in ProMISe, and the corresponding Status at CT and Cell Therapy follow-ups will be archived. The information about the cell infusion is recovered instead in the HCT follow-ups. However, if the data managers have been working on the CT, Status at CT or CT follow-up forms we will notify them about the archival. For CT follow-ups we will also share the list of the updates by the user fields, so the data manager can restore the data in the HCT follow-up.
- Some of the HCT Day 100 and HCT Annual follow-ups were archived by the users, but the next migration cycle brings updates to some of the questions in these archived events. We believe that some of the archivals were due to forms being empty at the time of opening it by the user, so we will reinstate these events. The users will be notified about it, also with the list of questions which were updated by migration. This way if the data manager still wants to archive the event they can do so, or keep the updated follow-up.
- In some rare cases, we noticed that the data managers updated the main date of events which were migrated from ProMISe by more than 30 days. This action automatically excludes the patient from the migration fix cycle. In such cases, we plan to share the files with updates which would have been introduced. We will rely on data managers to enter this data if they think it is indeed relevant for the patient and fits the new order of events.

It is also planned to schedule Q&A sessions for the affected centres to help their Data managers to navigate the listings received from the Data Quality team. Since it is expected to occur in a limited number of patients, we don't expect high workload per centre. Nevertheless, since EBMT does not have access to patients' health records and source documentation, it is not possible to resolve the conflicts internally and we rely on centres' support.