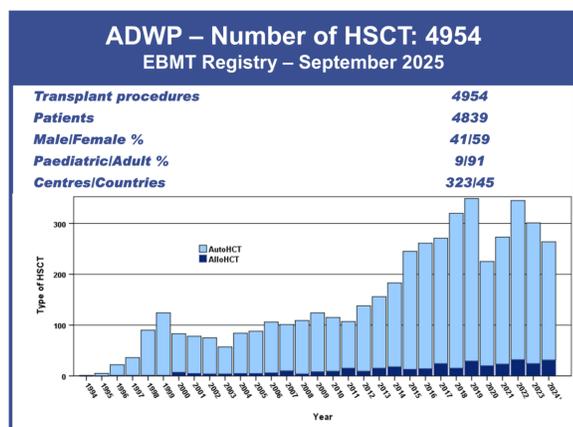


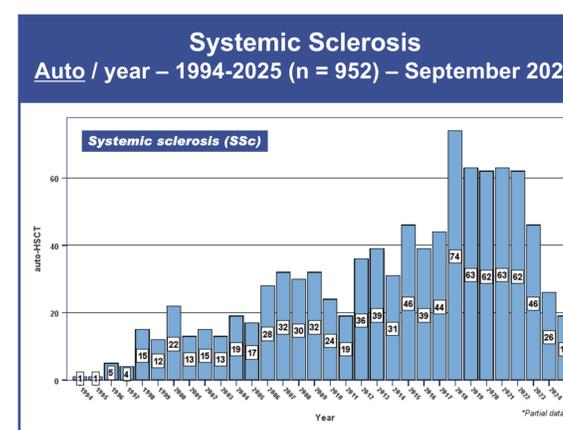
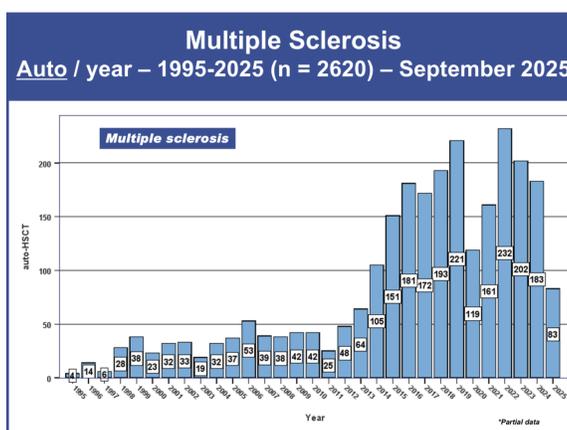
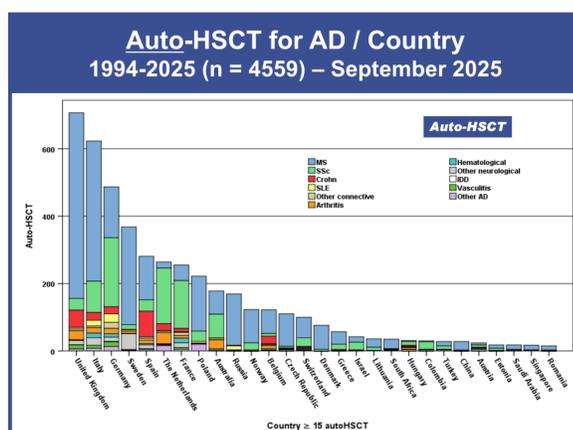
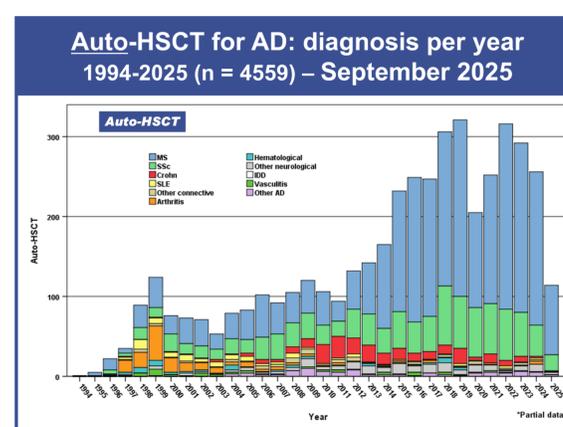
Tobias Alexander, ADWP Chair
 Elisa Roldan, ADWP Secretary
 Manuela Badoglio, ADWP Study Coordinator
 Claudia Boglione, Nurse representative

Number of HSCT for Autoimmune Diseases: 4954 EBMT Registry



ADWP – Number of HSCT: 4954
 EBMT Registry – September 2025

▶ MULTIPLE SCLEROSIS	2648	▶ HAEMATOLOGICAL	199
▶ CONNECTIVE TISSUE	1165	ITP	45
SSc	981	AIHA	38
SLE	111	Lymphoproliferative syndr. (primary)	30
IMM	19	Evans'	26
Sjogren	6	Other/unknown	60
Antiphosph. Syndrome	7	▶ VASCULITIS	72
Other/Unknown	40	Granulomatosis with Polyangiitis (GPA)	12
▶ ARTHRITIS	215	Behcet's	19
Rheumatoid arthritis	77	Eosinophilic GPA	2
Juvenile chronic arthritis:		Polyarteritis	4
*Systemic JIA	81	Takayasu	3
*Articular JIA	22	Other/unknown	32
*Other JIA	19	▶ OTHER NEUROLOGICAL	167
Psoriatic arthritis	5	NMO	32
Other/unknown	11	CIDP	73
▶ INFLAMMATORY BOWEL	304	Myasthenia gravis	14
Crohn's disease	252	Other/unknown	48
Coeliac disease	19	▶ INSULIN DEPENDENT DIABETES	20
Other/unknown	28	▶ OTHER	117



Principal research studies

- Prospective non-interventional study in patients with multiple sclerosis (OMST)
- NISSC II: Post-AHSCT management and mechanistic immunological reconstitution for patients with systemic sclerosis
- Autoimmune and autoinflammatory complications after CAR-T cell therapy a joint study on behalf of the EBMT ADWP, CTIWP and TCWP
- CAR-T Cell Therapy in Autoimmune Diseases as Concomitant or Main Indication: a 2-step Joint Study on behalf of EBMT ADWP and CTIWP
- Incidence of CMV and EBV reactivations after autologous in autoimmune diseases
- Outcomes of HSCT for autoimmune cytopenias, a retrospective Study of the ADWP

Key publications

1. BEAM/ATG or cyclophosphamide/ATG as conditioning regimen in autologous haematopoietic stem cell transplantation for multiple sclerosis: a retrospective analysis of the EBMT autoimmune diseases working party. Greco R, Saccardi R et al., *Transplant.* 2025 Sep 29. doi: 10.1038/s41409-025-02715. PMID: 41023426 Bone Marrow
2. eSurvey Monitoring and management of CMV and EBV after autologous haematopoietic stem cell transplantation for autoimmune diseases: a survey of the EBMT Autoimmune Diseases Working party (ADWP). Alexander T et al., *Bone Marrow Transplant.* 2025 Jan;60(1):110-113. doi: 10.1038/s41409-024-02461-6. PMID: 39511387
3. Definition of relapse criteria in patients with rapidly progressive systemic sclerosis treated with autologous haematopoietic stem cell transplantation.. Del Papa N et al., *Bone Marrow Transplant.* 2025 Aug 27. doi: 10.1038/s41409-025-02684-1. PMID: 40866547
4. Autologous haematopoietic stem cell transplantation for treatment of multiple sclerosis and neuromyelitis optica spectrum disorder - recommendations from ECTRIMS and the EBMT. Muraro PA et al., *Nat Rev Neurol* 2025 Jan 15. doi: 10.1038/s41582-024-01050-x.
5. Aggressive MS and Autologous HSCT: A review on behalf of the Autoimmune Diseases Working Party of the European Society for Blood and Marrow Transplantation. G Boffa et al., *Mult Scler.* 2025 Jul 7:13524585251349129. doi: 10.1177/13524585251349129. MID: 40620225 Review.
6. Autologous haematopoietic stem cell transplantation for rheumatic diseases: best practice recommendations from the EBMT Practice Harmonization and Guidelines Committee. Alexander T et al., *Bone Marrow Transplant.* 2025 Nov;60(11):1451-1464. doi: 10.1038/s41409-025-02695-y. Epub 2025 Aug 20

Major achievements

Large randomized controlled trials have demonstrated the superiority of hematopoietic stem cell transplantation over standard-of-care therapies in systemic sclerosis and multiple sclerosis, which are now considered standard indications (Greco R et al., *BMT* 2025) and endorsed by their respective international societies (Del Galdo et al., *Ann Rheum Dis.* 2024) and ECTRIMS (Muraro et al., *Nat Rev Neurol.* 2025). The EBMT Autoimmune Diseases Working Party (ADWP) has been central to development of these approaches.

Meanwhile, CAR-T cell therapies are emerging as therapeutic alternatives with curative potential. In this context, the ADWP was central in developing expert-based position statement and clinical practice recommendations from the EBMT Practice Harmonisation and Guidelines Committee on innovative cellular therapies for ADs (Greco et al., *EClinicalMedicine.* 2024).

Recent achievements from our working party include a paper on best practice recommendations for HSCT in rheumatologic indications (Alexander T et al., *BMT* 2025). In addition, our WP was central in providing a position paper for the use of HSCT in multiple sclerosis (Muraro P et al., *Nat Rev Neurol* 2025) and we provided a review on HSCT in aggressive multiple sclerosis (Boffa G et al., *Mult Scler* 2025). Furthermore, a large retrospective analysis investigated the optimal conditioning regimen in MS (Greco R et al., *BMT* 2025), and we defined relapse criteria in patients with systemic sclerosis treated with HSCT (Del Papa N et al., *BMT* 2025).

The ADWP is dedicated to promoting clinical activities, teaching and translational research on HCT together with innovative cellular therapies as AD treatment. We continued to expand the evidence-base and support best-practice with studies and guidelines, including significant collaborative outputs with the EBMT Working Parties, JACIE, Trainee Committee, PAC and Nurses Group. Education is central in ADWP activities, including an educational meeting on "Advancements in cellular therapy for Autoimmune Diseases and Chronic Haematological Malignancies" held in Rome (Fig 2.), and a harmonisation workshop on recommendations for CAR-T in rheumatic diseases that took place in Paris 2025.