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 the document on the Data Quality page of the EBMT website Migration fix cycle instructions on actions required .

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 is transformed into a repeatable group in the EBMT Registry, subsequently the data will be migrated from ProMISe.
- Data from the field “Patient ID in conversion source“ was not migrated.
    - **Resolved**: The EBMT provided BSBMTCT with the list to be entered manually
- Wrong UPNs assigned in cases when patient received multiple treatments from different centres. The migration logic assumed that the UPN variable from the patient table of the ProMISe contained the registration centre UPN, while the system stored the UPN of the centre where the last main treatment was performed.
    - **Resolved**: UPNs were corrected in January 2026.

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.
- All anonymous events were created in the registration centre where the patient without consent was originally registered. So if the consecutive treatments were given in different centres all anonymous events for each treatment were migrated to the registration centre and not to the centre where the treatment took place.
    - **Resolution**: The EBMT is investigating how to resolve this.

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.
    - **Resolved**: this data was migrated as part of Core dataset migration v1 fix (August 2025).
- Chromosome Analysis, Molecular Marker Analysis, Immunophenotyping for All B-cell lymphomas were triggering the pop-up due to incorrectly set visibility conditions. At the event opening the data was archived for these groups.
    - **Resolved**: in October 2025 all the data was restored.
- Previous Therapies Before HCT/CT/IST data for 502 patients was affected during the August 2025 migration fix cycle. Although the majority was migrated correctly, excess or unnecessary data was also included for these patients.
    - **Resolved:** In November 2025 all the excess data was successfully removed.

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.
    - **Resolved:** EBMT re-migrated this data using corrected logic as part of Core dataset migration v1 fix (August 2025).
- Disease status questions for Acute Leukaemia and Lymphoma at CT were archived during the migration fix cycle in August 2025 when the source of the data was CASTOR.
    - **Resolved**: EBMT re-uploaded the data.

Allogeneic HCT

- Donor blood group information was not migrated.
    - **Resolved**: this data was migrated as part of Core dataset migration v1 fix (August 2025).
- Donor blood group, the blood groups were mixed during the transformation and as a result incorrectly migrated: promise value B -> registry value AB, promise value AB -> registry value O, promise value O -> registry value A1, promise value A1 -> registry value B.
    - **Resolved**: unless the users fixed the issue themselves, EBMT updated all incorrectly migrated values in May 2026.

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.

- **Resolved**: Cell infusions that were not migrated correctly initially in the HCT FU forms were 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’.
  - **Resolved**: the EBMT corrected 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.
  - **Resolved:** the EBMT corrected this as part of Core dataset migration v1 fix (August 2025).
- DLI information and data about some additional treatments with drugs are missing.
  - **Resolved:** the EBMT corrected 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.
  - **Resolved:** EBMT in collaboration with the vendors restored the lost data in meaningful HCT follow-up events and archived empty ones or the ones which duplicate the CT follow-ups. The EBMT corrected 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.
  - **Resolved:** EBMT re-migrated this data using corrected logic as part of Core dataset migration v1 fix (August 2025).
- GvHD: some field responses were migrated with errors.

    - **Resolved**: with the corrected logic, it is set to update inaccurate field responses and also migrate missed responses for aGvHD and cGvHD. This data was re-migrated as part of Core dataset migration v1 fix (August 2025).
- Non-infectious complications were not migrated initially in some cases.
    - **Resolved**: this data (with the exception of Transplant-associated microangiopathy and Veno-occlusive disease which will have updated missed field responses) was migrated as part of Core dataset migration v1 fix (August 2025).
- Questions about disease detected: Date last assessed and Method; specify were triggering the pop-up due to incorrectly set visibility conditions when the disease was not detected. At the event opening the data was archived for these questions.
    - **Resolved**: in October 2025 all the data was restored.
- For the question Early graft loss/failure in HCT Day 100 the migration logic set the answer to this question as Yes if there was no ANC recovery without the check on the survival status. However, if the patient died shortly after the transplant the ANC recovery might not yet be expected. The expected time for ANC recovery is 25 days if the source of cells is peripheral blood or bone marrow and 42 days for cord blood.
    - **Resolved**: EBMT identified the patients where the mistake has occurred and archived the Yes responses to the question on “Early graft loss/failure”. Also, EBMT archived the responses in the linked question “Type of graft loss” field for these patients, where it was indicated Primary.

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.