

Guidelines for reporting data to the EBMT Activity Survey 2022

Table 1: Number of patients receiving their 1st allograft or their 1st autograft in your centre in 2022.

Report the first allogeneic transplant and/or first 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 2022. 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 'first 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 www.ebmt.org – transplant activity survey link.

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 HLA-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 31: Total number of patients receiving their FIRST allograft or FIRST autograft in 2022 (= total of rows 1-30).

Row 32: 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 2022.

Row 33: Total of all transplants performed in 2022 as reported in rows 1-30 + row 32.

Row 34: Number of pediatric patients (<18 at HSCT) receiving their 1st allograft or 1st autograft in 2022. Report twice: in rows 1-30 individually and as a total number in row 34.

Row 35: Number of allogeneic transplants with non myeloablative conditioning (including RIC) as reported in row 33.

Row 36: Number of patients receiving their 1st donor lymphocyte infusion (DLI) in 2022 in your centre (this may or may not be the site of production) or the number of patients receiving a new DLI infusion 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. Any manipulated T cell infusions with either positive or negative selection should be reported as a cell therapy in table 2 – see below.

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 32.
- 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 32.
- 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 38.
- 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 is 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 2022 after a previous autograft. Enter both the 1st allograft and 1st autograft (only if also performed in 2022) 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.

Table 2: Number of patients receiving Non-HSCT Cellular Therapies in your centre in 2022.

Report the number of patients receiving NON-HSCT cellular therapies in your centre in 2022 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.