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Letter from the President

It is with great pleasure and honor that I write this foreword to our annual report. Some 10 years after the creation of JACIE by a group of visionary people including Alois Gratwohl and Günnar Kvalheim, quality management has received wide acceptance as an essential component of our activities in hematopoietic stem cell transplantation and cell therapy. A very significant proportion of transplant teams in western Europe countries have accepted to undergo a regular evaluation by their peers, and have used these evaluations to improve their practice. Finally, preliminary evidence from an EBMT registry retrospective analysis suggests that implementing JACIE in a transplant program may contribute to improved patient outcome independent of other changes and characteristics associated with each program.

The question now is where do we go next? Highly specialized medical practices such as hematopoietic stem cell transplantation take place in a rapidly evolving scientific, medical, regulatory and financial environment. JACIE will have to adapt to these changes. Quality management must in no way hamper the implementation of biomedical innovations, and maintaining links with JACIE’s parent societies, EBMT and ISCT, and other bodies in our field will be of the utmost importance. Activity reports over the last ten years do not support the view that hematopoietic stem cell transplantation will soon disappear as targeted cell therapies become more available and this is unlikely to change in the immediate future. However the way that transplantation is delivered to patients may well change under increasing regulatory pressure; it is likely that Advanced Medicinal Therapy Products (ATMP) regulations, although not directly applicable to our current practices, will have a profound influence in the medium- and long-term. Change may speed up when more biotechnology or pharmaceutical companies bring out more innovative products and procedures. Finally, as countries struggle with the effects of the economic crisis, the delivery of medical care is increasingly subject to severe financial constraints; in this context the costs associated with implementing quality in transplant programmes will have to be justified.

Despite all these uncertainties, JACIE implementation once again testifies to the ability of our community to take the lead in the implementation of high-quality care and clinical research for patients who are affected with severe and very often life-threatening diseases. While adapting JACIE to evolving practices, it is also our duty to assist unaccredited centres to prepare themselves, for the benefit of their patients and personnel.

I would like to congratulate not only physicians but all healthcare professionals including nurses, laboratory technicians, biologists, scientists, pharmacists and administrative personnel who have made JACIE a success. I would also like to stress the commitment of the many inspectors who have devoted part of their time to training and inspections; of the Accreditation Committee members skilfully led by Christiane Vermyle; of our two past Presidents, Ineke Slaper-Cortenbach & Jane Apperley; of our medical director: Derwood Pamphilon; and of course of the staff – both experienced and new – in our central office. All of you have contributed to this collective success.

Christian Chabannon
President
Letter from the Executive Officer

JACIE continued to progress in terms of acceptance by transplant programmes reaching 225 first-time applications. This represents significant take-up among the European transplant community and further afield. More importantly, practically all centres that had achieved accreditation presented themselves for reaccreditation. This is testimony to the value of quality management and accreditation for these centres.

2010 also saw some personnel changes within JACIE. Eoin J. Mac Hale, Accreditations Coordinator, departed the JACIE Office in July and was replaced by Iris Bargalló. In October, Christian Chabannon became President of JACIE and Alessandro Rambaldi was appointed Vice-President.

Other significant developments included increasing the presence of JACIE at meetings beyond the EBMT annual congress and beginning the process to develop the 5th edition of the standards with the Foundation for the Accreditation of Cellular Therapy (FACT).

In financial terms, JACIE continued to be self-sufficient in spite of assuming an increased part of the office costs shared with the EBMT Executive Office and adding a new part-time staff member.

Looking forwards, and following the ISCT and EBMT’s examples, JACIE will work on developing a strategic plan over the course of 2011. The plan will guide JACIE’s development taking into account resources, trends in transplantation and take-up of accreditation.

Finally, I would like to highlight the important contribution of my colleagues in the JACIE Office who through their effort, initiative and enthusiasm play a critical role in JACIE’s continuing success.

Best wishes for 2011.

Eoin McGrath
Executive Officer
**Operations**

2010 saw a return to more normal levels of applications after the peak in 2009 but we still achieved our target of >35 requests for accreditation. This brought the total number of first-time applications to 225 applications since 2000.

In terms of inspections, a total of 30 inspections were completed reversing the downward trend of 2009. The main item of note is the continued increase in the proportion of reaccreditation applications among total applications received.

**Applications & Inspections**

Status of applications and inspections up to 31 December 2010

On average, it takes 8 months from submission of an application to the onsite inspection. This period includes the time necessary for the centre to collect and submit the pre-inspection documents; for the JACIE Office to find inspectors for the respective parts of the programme and scheduling of the inspection dates; and allowing sufficient time for the inspectors to prepare themselves using the submitted documents.

**% distribution of total initial applications by country**

Combined total from all years
Service Delivery

Service delivery is conceived as the overall support provided to centres and inspectors and is a key focus for the JACIE Office. One objective established for 2010 was to reduce the interval between the onsite inspection and receipt of the Summary Report by the applicant centre and our target for turnaround of the report is 60 days. In 2010, the average period was 69 days compared to 67 days in 2009. The performance of the JACIE Office in handling reports improved in comparison to 2009 falling from 36 to 32 days on average but a rise in the average time required for inspectors to submit the inspection report from 31 days in 2009 to 37 in 2010 increased the overall average. It should also be noted that 7 more inspections were performed in 2010 (30) compared to 2009 (23).

The appointment of two Inspection Report Assessors in July 2010 aimed at reducing the turn-around time for inspection reports and adding value to the report contents. The Assessors have had a period of learning their role and introducing changes in the process and their real impact should be seen in 2011. See page 12 for further details.

**JACIE web site – www.jacie.org**

Related to service delivery is the JACIE web site. The current web site was built in 2004 and had not been upgraded since then. Thanks to a generous unrestricted grant provided by Chugai Sanofi Aventis in 2009, Polymita, the company that built the original platform, was contracted to upgrade the application. Work proceeded over the course of 2009 and into 2010. In order to advance the project, the JACIE web site was included in the EBMT IT Strategy which is being supported by Birchman Consulting¹, an IT consultancy company. Birchman are facilitating the delivery of the project in conjunction with Polymita and completion is expected by May 2011.

**Support to Inspectors**

The provision of additional support to inspectors was also established as an objective. The Inspector Workshop was developed to reinforce skills and understanding of the inspection process and was held at the EBMT Congress in Vienna. However, more work in this area is required including identifying needs. A survey will be performed in early 2011.

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¹ [www.thebirchmangroup.com](http://www.thebirchmangroup.com)
<table>
<thead>
<tr>
<th>No.</th>
<th>Institution</th>
<th>City</th>
<th>Country</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Institut Jules Bordet (IJB); Hôpital Universitaire des Enfants Reine Fabiola (HUDERF); Hospital Saint-Pierre</td>
<td>Brussels</td>
<td>Belgium</td>
<td>Initial</td>
</tr>
<tr>
<td>2.</td>
<td>CHU de Rennes &amp; Etablissement Français du Sang Bretagne</td>
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<td>France</td>
<td>Initial</td>
</tr>
<tr>
<td>3.</td>
<td>CHU Brest &amp; Etablissement Français du Sang</td>
<td>Brest</td>
<td>France</td>
<td>Initial</td>
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<tr>
<td>4.</td>
<td>CHU Grenoble &amp; EFS Rhône-Alpes</td>
<td>Grenoble</td>
<td>France</td>
<td>Initial</td>
</tr>
<tr>
<td>5.</td>
<td>Universitätsklinikum Essen</td>
<td>Essen</td>
<td>Germany</td>
<td>Initial</td>
</tr>
<tr>
<td>6.</td>
<td>Universitätsmedizin der Johannes Gutenberg Mainz</td>
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<td>Germany</td>
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<tr>
<td>7.</td>
<td>Servizio Immunotrasfusionale e di Genetica Umana, Ospedale San Bortolo</td>
<td>Vicenza</td>
<td>Italy</td>
<td>Initial</td>
</tr>
<tr>
<td>8.</td>
<td>Fondazione Istituto Nazionale Tumori</td>
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<td>Italy</td>
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<td>AO S.Camillo Forlanini</td>
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<td>Italy</td>
<td>Initial</td>
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<td>10.</td>
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<td>12.</td>
<td>AO S.Camillo Forlanini</td>
<td>Rome</td>
<td>Italy</td>
<td>Initial</td>
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<tr>
<td>13.</td>
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<td>Genoa</td>
<td>Italy</td>
<td>Initial</td>
</tr>
<tr>
<td>14.</td>
<td>St. Antonius Ziekenhuis &amp; Sanquin Division North-West</td>
<td>Nieuwegein</td>
<td>Netherlands</td>
<td>Initial</td>
</tr>
<tr>
<td>15.</td>
<td>Universitair Medisch Centrum Groningen (UMCG) &amp; Sanquin Bloodbank North East (SBNE)</td>
<td>Groningen</td>
<td>Netherlands</td>
<td>Initial</td>
</tr>
<tr>
<td>16.</td>
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<tr>
<td>17.</td>
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<td>Netherlands</td>
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<tr>
<td>18.</td>
<td>Sanquin Research, Sanquin Blood Supply Foundation</td>
<td>Amsterdam</td>
<td>Netherlands</td>
<td>Reaccreditation</td>
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<tr>
<td>19.</td>
<td>King Faisal Specialist Hospital &amp; Research Centre</td>
<td>Riyadh</td>
<td>Saudi Arabia</td>
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<td>20.</td>
<td>Hospital de Gran Canaria Dr. Negrín</td>
<td>Las Palmas de Gran Canaria</td>
<td>Spain</td>
<td>Initial</td>
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<tr>
<td>21.</td>
<td>Instituto Catalán de Oncologia (ICO)</td>
<td>L'Hospiotalet de Llobregat</td>
<td>Spain</td>
<td>Initial</td>
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<tr>
<td>22.</td>
<td>UniversitätsSpital Zürich &amp; Stadtspital Triemli</td>
<td>Zürich</td>
<td>Switzerland</td>
<td>Reaccreditation</td>
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<td>23.</td>
<td>Dudley Group of Hospitals NHS Trust</td>
<td>Dudley</td>
<td>United Kingdom</td>
<td>Initial</td>
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<tr>
<td>24.</td>
<td>UCLH NHS Foundation Trust</td>
<td>London</td>
<td>United Kingdom</td>
<td>Initial</td>
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<tr>
<td>25.</td>
<td>Western General Hospital &amp; Scottish National Blood Transfusion Service (SNBTS)</td>
<td>Edinburgh</td>
<td>United Kingdom</td>
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<tr>
<td>26.</td>
<td>Sheffield Children's NHS Foundation Trust</td>
<td>Sheffield</td>
<td>United Kingdom</td>
<td>Reaccreditation</td>
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Finances

<p>| | |</p>
<table>
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<tr>
<td>Income</td>
<td>€293,708.07</td>
</tr>
<tr>
<td>Expenses</td>
<td>€295,043.10</td>
</tr>
<tr>
<td><strong>Balance</strong></td>
<td><strong>- €1,335.03</strong></td>
</tr>
</tbody>
</table>

The balance excludes outstanding fee payments of €140,041.30 as at 31 December 2010 and the end-of-year cash-on-account of €127,119.44 as at 31 December 2009.

The cash-on-account as at 31 December 2010 was €125,784.41

Note: *Other* includes reimbursements of travel and meeting costs incurred by JACIE.
Income, Expenditure & End-of-Year Balance

<table>
<thead>
<tr>
<th>Year</th>
<th>Income</th>
<th>Expenditure</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>21,871,94 €</td>
<td>-70,000,00 €</td>
<td>-70,000,00 €</td>
</tr>
<tr>
<td>2007</td>
<td>126,444,64 €</td>
<td>0,00 €</td>
<td>126,444,64 €</td>
</tr>
<tr>
<td>2008</td>
<td>48,709,13 €</td>
<td>-59,602,89 €</td>
<td>-10,893,75 €</td>
</tr>
<tr>
<td>2009</td>
<td>-1,335,03 €</td>
<td>50,000,00 €</td>
<td>48,664,97 €</td>
</tr>
<tr>
<td>2010</td>
<td>0,00 €</td>
<td>100,000,00 €</td>
<td>-100,000,00 €</td>
</tr>
</tbody>
</table>

46 centres paid fees in 2010, including 12 centres that requested reaccreditation. Of these 46 centres:

- 5 were inspected in 2009
- 7 were inspected in 2010
- 10 are scheduled for inspection in 2011

The remaining paid centres are expected to be scheduled for inspection in 2011.

**Inspector expenses**

In 2010, the average reimbursement of direct costs to inspectors (travel, accommodation, subsistence) was €444.36, 17% less compared to 2009. 69 reimbursement payments were made of a total of €30,660.73.
The end-of-year accounts have been submitted to the EBMT Treasurer.

**Standards**

The FACT-JACIE International Standards for Cellular Therapy Product Collection, Processing, and Administration are designed to provide minimum guidelines for programs, facilities, and individuals performing cell transplantation and therapy or providing support services for such procedures. They are developed by transplant experts under a joint FACT and JACIE project. The first edition was published in 1998.

Preparation of the 5th edition of the Standards commenced in 2010 and a kick-off meeting in Barcelona was held on 14-15 June 2010 with equal participation by both FACT and JACIE. This meeting represented an important new development in the process and helped establish relationships between the respective co-chairs and draft a roadmap for the rest of the process. The sub-committees then worked via teleconference between July and December 2010. In spite of time-zone differences and English as a working language for the non-native speakers, the overall conclusion was that the process was effective and rewarding and special thanks go to all of the contributors to this phase of the review. A second face-to-face meeting was held in Hawaii at the Tandem Meeting in February 2011.

In 2010, in response to a request from FACT, JACIE agreed to contribute half of the development costs including the support from the FACT Office. The overall contribution is €26,364.66.

A public consultation on the draft text will commence in mid-April and will be open to all interested persons. Final release of the 5th edition is scheduled for November 2011.
Training & Events

Training

In 2010, 11 events were run on the initiative of national societies or individuals with JACIE support or directly by JACIE. A total of 73 participants received training either as inspectors, preparing their centre for accreditation or internal audits.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre Preparation Training Course</td>
<td>Athens, Greece 1-2 June</td>
</tr>
<tr>
<td>Internal Audit Training Course</td>
<td>Barcelona, Spain 22-23 February</td>
</tr>
<tr>
<td></td>
<td>Barcelona, Spain 18-19 November</td>
</tr>
<tr>
<td>Inspector Training Courses &amp; Workshops</td>
<td>Antalya, Turkey 4 March (course)</td>
</tr>
<tr>
<td></td>
<td>EBMT Annual Congress (workshop)</td>
</tr>
<tr>
<td></td>
<td>Athens, Greece 3-4 June (course)</td>
</tr>
<tr>
<td></td>
<td>ISCT Europe 2nd Regional meeting, Belgirate, Italy 10-11 September (course)</td>
</tr>
<tr>
<td>JACIE Days/ Presence at Meetings</td>
<td>GITMO, Bologna, Italy, 6-7 May</td>
</tr>
<tr>
<td></td>
<td>ISBT-DRST, Berlin, Germany 26 June</td>
</tr>
<tr>
<td></td>
<td>UK &amp; Ireland QM Forum, Dublin, Ireland, 9 July</td>
</tr>
<tr>
<td></td>
<td>Swiss JACIE Day, Bern, Switzerland 19 November</td>
</tr>
</tbody>
</table>

There was reasonable participation for the 2010 training courses and events; however the numbers for the Inspector training course in Greece was quite low. This could be due to the fact that 2 inspector training courses were advertised simultaneously with different fee structures – one where the participant paid a fee to attend (Greece) while the other was free (Italy). Both Audit courses had a positive number of participants and two audit courses will be run again in 2011.

The objective for 2011 is to announce all of the courses for the year at once, rather than one at a time as in previous years.

EBMT Annual Meeting, Vienna, Austria 21-24 March 2010

At the 2010 EBMT Annual Meeting, the dedicated JACIE session filled the auditorium (capacity approx. 250). Prof. Christian Chabannon spoke on the topic “Using indicators to measure the quantitative and qualitative benefits of JACIE accreditation” provoking lively discussion. The JACIE session was also the scene of celebrations to mark the 10th anniversary of the first JACIE inspection in 2000 and champagne and cake were enjoyed by the audience.
The 2nd Quality Management Meeting also featured as part of the congress programme and quality managers and other professionals took part in a variety of both interactive and more traditional lecture-style sessions. Topics included the role of quality management within JACIE Standards; risk management; the applicant and the inspector’s experience of the quality management system; staff training and competencies; generating a quality management system; maintaining the quality management system; and patient participation.

Alois Gratwohl presented data from a study linking quality management implementation and improvements in patient outcome. See also p. 10.

Inspectors

There are still difficulties in finding sufficient available inspectors in some countries as demand for accreditation rises. JACIE have partly managed this by using inspectors from other countries and by trying to ensure that recently trained inspectors attend a real inspection as a trainee before undertaking a full inspection. However, new inspectors still need to be recruited to meet increasing demand for inspection and to cover natural wastage as current inspectors retire or step back from accreditation. At least two Inspector Training Courses are being planned for 2011 to partially meet these needs.

Three inspector training courses took place in 2010. The total number of inspectors now stands at over 200. The number per country is presented below.

<table>
<thead>
<tr>
<th>Country</th>
<th>Total inspectors</th>
<th>Country</th>
<th>Total inspectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>4</td>
<td>Italy</td>
<td>22</td>
</tr>
<tr>
<td>Belgium</td>
<td>12</td>
<td>Norway</td>
<td>2</td>
</tr>
<tr>
<td>Croatia</td>
<td>1</td>
<td>Poland</td>
<td>3</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>1</td>
<td>Spain</td>
<td>23</td>
</tr>
<tr>
<td>Denmark</td>
<td>3</td>
<td>Sweden</td>
<td>4</td>
</tr>
<tr>
<td>Finland</td>
<td>5</td>
<td>Switzerland</td>
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<tr>
<td>France</td>
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<td>The Netherlands</td>
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<td>Germany</td>
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<td>Turkey</td>
<td>11</td>
</tr>
<tr>
<td>Greece</td>
<td>6</td>
<td>United Kingdom</td>
<td>25</td>
</tr>
<tr>
<td>Ireland</td>
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</tr>
</tbody>
</table>

Projects

Study: Retrospective Study of Different Approaches to Inspection of Tissue Establishments and Associated Haemopoietic Progenitor Collection Facilities

In 2010, based on a JACIE initiative, discussions about comparing inspection results were held with representatives of the three national competent authorities: AGES PharmMed², Austria; CNT³, Italy and IGZ⁴, The Netherlands. A retrospective study commenced in 2010 and this compared the outcome of inspections of establishments visited by both JACIE and the competent authority.

One of the main issues to emerge was the need for classifying deficiencies in a standard way. The Eustite project (www.eustite.org) recommendations for reporting findings were used although more consideration is needed by JACIE before implementing such a classification scheme.

JACIE committed €5,000 to the project in 2010 to cover the costs of the statistician and administrative expenses.

Quality Management

Quality Management Meeting at EBMT Annual Congress

Due to the success of Quality Management Meetings, it has now become a mainstay of the congress. In 2010 there were high numbers of participations. The format consisted of a main lecture and then a

² Agentur für Gesundheit und Ernährungssicherheit
³ Centro Nazionale de Trapianti
⁴ Dutch Health Care Inspectorate
series of break-out groups with different topics in an informal setting. The group format gave the participants the opportunity to ask questions and get feedback while openly discussing issues or concerns and sharing experiences and ideas. All quality management sessions were held on the same day as well as the last day of the congress. In 2011 the sessions will be spread out throughout the congress to reach a wider audience. See also p.8.

**Publications**

For 2010, we set ourselves the task of publishing two articles on JACIE in peer-reviewed journals. One article was published (Pamphilon, Apperley, Samson, Slaper-Cortenbach, & McGrath, 2010) in *Hematology/Oncology and Stem Cell Therapy*, a journal published in Saudi Arabia and with an extensive subscriber base outside of Europe and North America. Two papers marking the tenth anniversary of JACIE were accepted by *Cytotherapy* and *Bone Marrow Transplantation* and were published in February and March 2011 respectively. A further article was anticipated on the work performed by AHCTA (see p.11) on comparison of standards concerning haematopoietic cells (HPC) but this AHCTA project had not been completed at the close of 2010.

The Gratwohl *et al* study on the effects of implementing quality management in transplant programmes on patient outcome was accepted for publication in the *Journal of Clinical Oncology* and is expected in print in Spring 2011.

**JACIE & related articles**


**Relations with other organisations**

*Competent authorities*

The competent authorities are the agencies charged with implementing the terms of the European Union Tissue and Cell Directives.

In Italy, the Centro Nazionale de Trapianti (CNT) has coordinated inspections of Italian centres with JACIE through GITMO. Three JACIE inspections took place in 2010 accompanied by CNT officials in Ancona, Vicenza and Rome (Ospedale S. Camillo).
In The Netherlands, JACIE continues its collaboration with Coördinatie Commissie ter bevordering van de Kwaliteitsbeheersing van het Laboratoriumonderzoek (CCKL). In 2007, CCKL became part of the Raad voor Accreditatie/Dutch Accreditation Council (RvA) and continues to act as the ‘front-office’ for JACIE in Holland.

In Spain, JACIE collaborated with the National Transplant Organisation (ONT) and the Transfusion Accreditation Committee (CAT) under the name Comité Conjunto de Acreditación (CCA). Applications were made via the ONT office which coordinates the inspections. Four inspections were completed in 2010 under this collaborative project. JACIE concluded its participation in the CCA in December 2010.

See also details of the collaborative study on page 9.

**Alliance for the Harmonisation of Cellular Therapy Accreditation (AHCTA)**

Membership of AHCTA includes:

- American Association of Blood Banks (AABB)
- American Society for Blood & Marrow Transplantation (ASBMT)
- European Federation for Immunogenetics (EFI)
- European Group for Blood & Marrow Transplantation (EBMT)
- Foundation for the Accreditation of Cellular Therapy (FACT)
- Joint Accreditation Committee ISCT-EBMT (JACIE)
- International NETCORD Foundation
- International Society for Cellular Therapy (ISCT) (Europe)
- World Marrow Donor Association (WMDA)

An AHCTA meeting took place at the EBMT meeting in Vienna in March 2010. AHCTA was invited by WBMT to establish the WBMT Accreditation Committee and Kathy Loper was presented as the AHCTA candidate to chair that Committee. JACIE has contributed to the comparison of standards and the survey on training and competency measurement in apheresis units. The results of both projects will be available at www.ahcta.org in 2011.

**Worldwide Network for Blood & Marrow Transplantation (WBMT)**

JACIE is a voting society of the Worldwide Network for Blood & Marrow Transplantation (WBMT) and is represented by Jane Apperley and Christian Chabannon. The WBMT adopted AHCTA as its Accreditation Committee which is chaired by Kathy Loper, AABB.

**FACT**

*See Standards p. 7.*

**ISBT 128**

ISBT 128 is the global standard for the identification, labelling, and information processing of human blood, cell, tissue, and organ products across international borders and disparate health care systems. The standard has been designed and perfected over a period of almost two decades to ensure the highest levels of accuracy, safety, and efficiency for the benefit of donors, patients, and health care professionals around the world. Derwood Pamphilon and Ineke Slaper-Cortenbach continued in 2010 as members to the ISBT 128 International Cellular Therapy Coding and Labelling Advisory Group. Ineke Slaper-Cortenbach has been chair of this group since October 2008. Derwood Pamphilon stepped down as the EBMT representative in late 2010. Further information is available from [http://iccbba.org/subject-area/cellular-therapy](http://iccbba.org/subject-area/cellular-therapy).

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5 www.cckl.nl
6 Agency of the Spanish Ministry of Health
7 A dependency of the Spanish Haematology Association (AEHH) and the Spanish Transfusion Society (SETS)
8 Joint Accreditation Committee
9 www.ahcta.org
Board, Committees and Staff

Board

Country representatives

- Austria: Susanne Matthes-Martin
- Belgium: Ivan Van Riet
- Czech Republic: Vladimir Koza
- Denmark: Vacant
- Estonia: Hele Everaus
- Finland: Tapani Ruutu
- France: Catherine Faucher
- Germany: Hellmut Ottinger
- Greece: Damianos Sotiropoulos
- Hungary: Marienn Reti
- Italy: Alessandro Rambaldi
- The Netherlands: Brigit Bar
- Norway: Gunnar Kvalheim
- Poland: Jerzy Holowiecki
- Slovakia: Mikulas Hrubisko
- Slovenia: Joze Pretner
- Spain: Christelle Ferra
- Sweden: Per Ljungman
- Switzerland: Jörg Halter
- Turkey: Osman Ilhan
- United Kingdom: Mark Lowdell

Sectoral Representatives

- NETCORD: Cristina Navarette
- Nursing: Mairead Ni Chonghaile
- Paediatric: Jacqueline Cornish

Full contact details are available at www.jacie.org.

Executive Committee

President: Christian Chabannon (ISCT)
Vice-President: Alessandro Rambaldi (EBMT)
Medical Director: Derwood Pamphilon
Accreditation Committee Chair: Christiane Vermyle
Past President: Jane Apperley, London (EBMT)

(From left to right): Derwood Pamphilon, Jane Apperley, Christiane Vermyle, Christian Chabannon
Executive Committee, EBMT Congress, Vienna, March 2010
Accreditation Committee

- Christiane Vermylen (Chair, Clinical paediatric), Brussels, Belgium
- Rafael Duarte, (Clinical), Barcelona, Spain
- Hellmut Ottinger, (Clinical), Essen, Germany
- Justyna Kanold, (Clinical paediatric), Clermont Ferrand, France
- Alessandro Rambaldi (Clinical), Bergamo, Italy
- John Snowden, (Clinical), Sheffield, UK
- Derwood Pamphilon (Medical Director, Collection), Bristol, UK
- Jörg Halter (Collection), Basel, Switzerland
- Cristina Tassi (Collection), Italy
- Eric Braakman (Processing), Rotterdam, The Netherlands
- Dominique Latinne (Processing), Brussels, Belgium
- Maria Vittoria Gazzola (Processing), Padua, Italy

(From left to right): Jörg Halter; Rafael Duarte; Eric Braakman (back); Derwood Pamphilon; Justyna Kanold (back); Christiane Vermylen; Dominic Latinne (back); Eoin McGrath
EBMT Congress, Vienna, March 2010

The committee meets monthly by teleconference to discuss inspection reports and issues requiring expert opinion and interpretation.

Inspection Report Assessors
Two Inspection Report Assessors were recruited on a consultant basis in 2010. Carole Charley and Ivana Ferraro bring their wide experience in transplantation and accreditation and are responsible for evaluating the inspection reports and presenting them to the Accreditation Committee.

Ivana Ferrero (Italy)  Carole Charley (UK)
Staff

Eoin James Mac Hale left JACIE at the end of July 2010 and was replaced by Iris Bargalló in October. Barbara Bellina joined as a part-time Administrative Assistant at the same time.

Eoin McGrath  Executive Officer
Catherine Foggo  Training, Events & Communications
Iris Bargalló  Accreditations Coordinator
Barbara Bellina  Administrative Assistant (part-time)
Contact

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