

The bottom half of the cover features a blue background with a microscopic view of red blood cells. The cells are shown in various orientations, some as biconcave discs and others as elongated shapes, creating a sense of depth and movement. The text "Annual Report / 10" is overlaid on this background in white.

Annual Report / 10



Annual Report / **10**





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Introduction to the EBMT: **its mission and vision**

The European Group for Blood and Marrow Transplantation (EBMT) is a not-profit organisation that was established in 1974 in order to allow scientists and physicians involved in clinical bone marrow transplantation to share their experience and develop co-operative studies. The EBMT is devoted to the promotion of all aspects associated with the transplantation of haematopoietic stem cells from all donor sources and donor types including basic and clinical research, education, standardisation, quality control, and accreditation for transplant procedures.

The organisation is represented and led by the EBMT Board which consists of the following members: President, President-Elect, Secretary, Treasurer, Chairpersons of the Working Parties, the President of the EBMT Nurses Group and the President of the forthcoming annual EBMT meeting.



The EBMT has defined a clear **mission**:

“Foster excellence in science in order to further improve the outcomes of stem cell transplantation and inform all concerned parties including patients and their families, about the development in the field”.

The EBMT **vision** for the forthcoming year encompasses:

Increasing the level of science across the organisation with a view to advancing clinical practice;

Improving the governance structure for effective and accountable implementation of the Mission;

Maximising the resources to potentiate the activities of the Society.



President's foreword

Over the past 36 years, the European Group for Blood and Marrow Transplantation (EBMT) has developed into the leading scientific Society in Europe in the cutting edge field of stem cell transplantation (SCT) and cellular therapy (CT). The EBMT has now reached an important stage where fundamental changes are necessary in order to face present and future challenges.

Since 2010, significant steps forward have been made; the Society has been fully committed to the completion of ambitious, academically based, clinical trials. Within the context of new EU regulations, the Clinical Trials Office has been completely restructured with the appointment of a new Clinical Trials Committee and the recruitment of a new Clinical Trials Operations Manager, supported by the Data Managers and Study Coordinators.

Over the past year, education has been an important outreach activity within the EBMT and several educational events were offered to members. We are convinced that young investigators and clinicians will play an important role in advancing the field and promoting haematopoietic stem cell transplantation (HSCT) as a standard therapy for many congenital or acquired disorders of the haematopoietic system.

The EBMT has become a professional and scientifically orientated organisation that will be driven, in future, by a new 3-year strategic plan, which as a result of the active participation of all EBMT Members and of democratic discussions, has been developed for the period 2011-2013. This plan will guide the Society and define how it can best achieve its mission and vision for the future.

The Society will focus upon specific goals within the areas of science, clinical practice, governance and resources. We plan to implement the following ten strategies:

1. Increasing the level of science across the organisation and developing a strong presence in the cell therapy field;

2. Developing effective partnerships at national and international level to stimulate further innovative research;
3. Updating the Registry System with state-of-the-art software designed to meet future data collection and retrieval needs, together with partners such as the EU, pharmaceutical industries and biotech companies;
4. Devising a new Governance structure that represents the broad mission of the EBMT and empowering the different bodies to ensure effective decision-making and implementation;
5. Optimising study coordination and conduct;
6. Remaining committed to performing prospective clinical trials in SCT and cellular therapy;
7. Building a balanced, high quality educational programme through a comprehensive strategy focused on three key areas: scope, organisation and financing;
8. Developing and maximising the Annual Congress as an important scientific, educational and networking event;
9. Developing new fundraising strategies to diversify our funding base and increase income;
10. Improving the management of finances, communications, databases and study management.

It is a great honour for me to have this opportunity to lead the Society forward and to work alongside people whose aim is to improve the outcome of HSCT and the overall health of patients. In particular, I want to thank all our staff, the transplant centres and our faithful donors for their support. Together, we will embrace the future and improve the outcome of stem cell transplantation.

Alejandro Madrigal

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Letter from the Executive Director

This has been the first year that the EBMT and the new Executive Director position have existed together. It has also been my first complete year as Executive Director and in my opinion a year that has been an interesting journey of learning from where we are building the foundations for change that is already taking and place and yet to come.

As the Executive Director, what are values within the mission and vision that I would emphasise?

Firstly, EBMT is an international organisation. This is reflected in its four offices based in Paris, London, Leiden and Barcelona, in its 536 EBMT centres all over Europe, in the support of its 3.612 members and our corporate sponsors.

A second key value is the voluntary contribution of our investigators (doctors, scientists, nurses). It is essential for EBMT to move forward and make decisions regarding the studies we are going to investigate, analysing our academic criteria and prioritising the needs of the patients with whom these investigators coexist day to day.

Finally, our third value is the excellence of our science and education. In spite of the administrative barriers and the high economic costs we encounter we are still determined to make science that will reach our patients as soon as possible.

During 2010 we have focused our efforts on improving the vision, the organisation and our accountability.

With the arrival of our new President and its Executive Committee it became necessary to create a vision inspired by the EBMT mission. We asked ourselves where do we want to be in three years time and how would we get there? Today EBMT has its vision and its strategic plan in place, it hasn't been easy but now the really challenging part lies ahead where we now make the vision a reality.

The creation of the Executive Director position in the EBMT has symbolised an importance not only for the organisation but has also meant redefining management lines, responsibilities and tasks. Since taking on my responsibilities as Executive Director I have wanted to define the work objectives for each individual within the EBMT teams. I still have a lot of ground to cover and much left to learn but I would like to take this opportunity to thank everybody for their dedication and contribution to the EBMT.

So far we have restructured the Clinical Trials offices with the objective of improving the management of the prospective clinical trials, while in the Executive Office in Barcelona we have focused on improving communication, educational activities and fundraising. Today EBMT has a better organisational structure but still requires further improvements to be made.

Finally, we have dedicated many resources and time to improve the process of accountability in order to explain what we do more clearly. Today EBMT has its own annual plan and integrated systems of evaluation for basic processes so that tomorrow we will be able to explain the successes along with the difficulties of our strategic plan.

I would like to end by sharing with you the sad and painful news of the disappearance of Jian-Jian Luan, wherever you are we miss you.

There is still a long way to go, but the journey has already begun.

Andreu Gusi

EBMT in figures



43

publications in peer-review journals

101

retrospective analyses underway



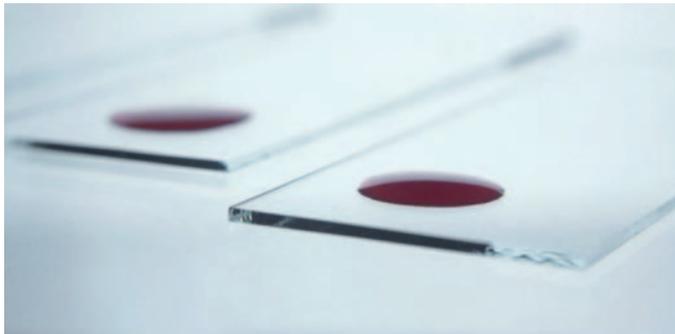
377.810

transplants in the EBMT Registry

7

Prospective Clinical Trials underway at the end of 2010, 2 trials were closed to accrual in 2010



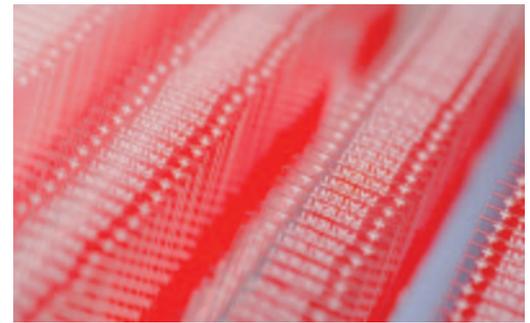


31.322

HSCTs submitted to the
Activity Survey

3.912

copies of the ESH-EBMT
handbook distributed



3.612

members based in **536** transplant
centres in **57** countries worldwide

3.824

participants representing **73**
countries attended EBMT 2010





Feature article: Trends in hematopoietic stem cell transplantation (HSCT): an overview from the EBMT Activity Survey

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Hematopoietic stem cell transplantation (HSCT) has become an accepted therapy for many congenital or acquired disorders of the hematopoietic system and has seen major changes in indications and use of transplant techniques over the years.

In 1990, the EBMT introduced an annual survey to prospectively collect numbers of patients treated with a haematopoietic stem cell transplant according to indication, donor type and stem cell source. Its importance was immediately realised and since then, the survey - known within the transplant community as the Activity Survey - has become a tool for assessing the real picture of HSCT in Europe, recognising trends, illustrating the current status and providing essential data for counselling and planning. Its structure, standardised over many years, and the excellent commitment by the participating teams open the possibility to observe changes over time and to evaluate factors associated with such changes. This Activity Survey is relevant to individual transplant teams, national organisations, health care agencies and the industry as well as patients.

A recent survey from the Worldwide Network for Blood and Marrow Transplantation (WBMT) has shown that over 51.000 HSCT were performed in 72 countries by more than 1.400 teams in 2008 (Gratwohl A., Baldomero H. et al JAMA 2011).

The activity survey has been collecting restricted transplant data for 20 years and has seen a great expansion in numbers. The first survey in 1990 reported 4.234 HSCT in 143 teams from 20 countries. The most recent 2009 survey reports 31.332 HSCT in 624 teams from 46 countries. Transplant numbers continue to increase at about 1.000 per year. In 2009 there were 28.033 first transplants, 11.442 (41%) al-

logeneic and 16.591 (59%) autologous. Main indications were leukemias 8.752 (31%; 92% allogeneic); lymphomas 16.196 (58%; 12% allogeneic); solid tumors 1.454 (5%; 6% allogeneic); and non-malignant disorders 1.549 (6%; 88% allogeneic) (Baldomero H. et al BMT 2011, in press).

A recent trend is that more unrelated than HLA-identical sibling donors (51% versus 43%) are being used for allogeneic HSCT. A sign of the success of the almost 70 donor registries and 12 million typed volunteer donors worldwide that provide unrelated stem cell products for patients without family donors. The proportion of peripheral blood as stem cell source was 99% for autologous and 71% for allogeneic HSCT. Cord blood has also been accepted as an alternative stem cell source and was used for 7% of all transplants in 2009. Non myeloablative conditioning regimens, 39% of all allogeneic HSCT, have expanded the use of HSCT to older patients or to those with comorbidities.

Increased use of other cellular therapies including hematopoietic stem cells for non-hematopoietic use and mesenchymal stem cells have also been collected by the activity survey office in recent years. In 2009, 1.142 cellular therapies were reported to the survey. The main indications were cardiovascular (416, 64% autologous), tissue repair (192, 98% autologous), auto immune disease (103, 84% autologous), epithelial (90, 73% autologous), neurological (34, 50% autologous) and unspecified (307, 7% autologous) (submitted to Tissue Engineering, Part A, 2011).

Helen Baldomero

Jakob Passweg

EBMT Activity Survey Data Office, Basel, Switzerland

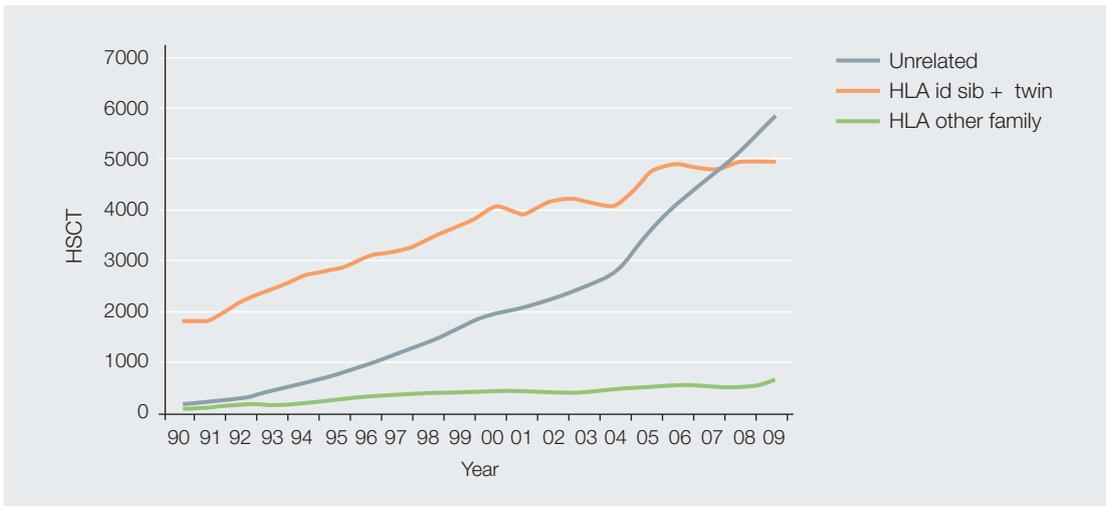


Figure 1: increase in the number of unrelated HSCT during the years 1990 and 2009

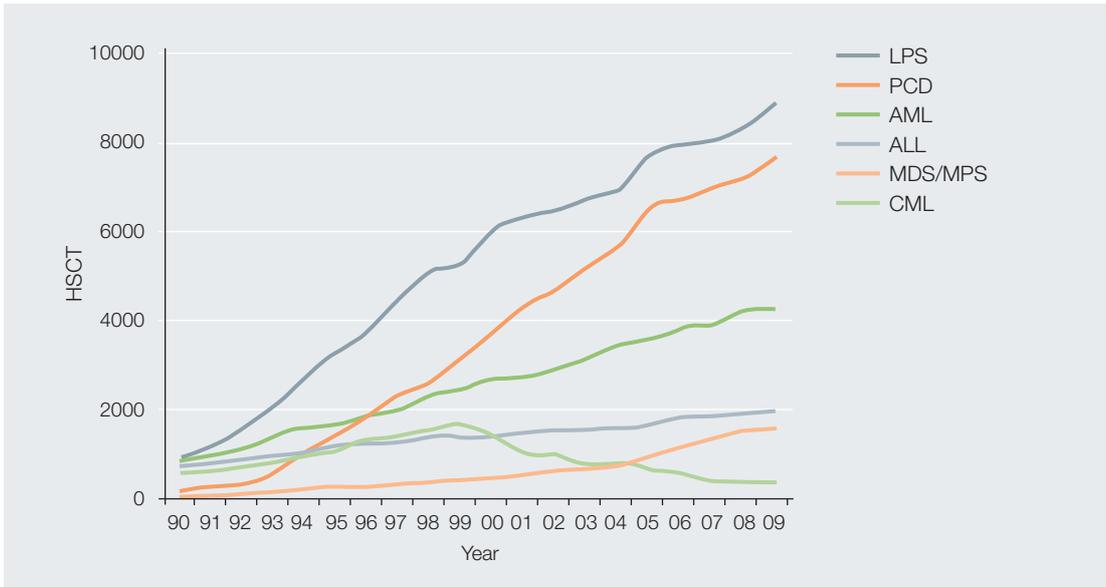


Figure 2: increase in the number of haematological malignancies, allogeneic plus autologous HSCT during the years 1990 and 2009



The EBMT Registry: an essential tool for the collection and analysis of patient transplant data in Europe

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The Registry, containing clinical information from patients who receive a hematopoietic stem cell transplantation, is one of the jewels in the crown of EBMT as a scientific society. This information is reported annually by centres who are full members of EBMT and represents the basis for the major part of the retrospective analyses being developed by the different Working Parties. The publication of these retrospective analyses signifies the largest part of the scientific output of EBMT.

The EBMT Registry holds data on 377.810 transplants; in 2010 alone, 26.394 new transplants were added to the database, the vast majority of which were entered by the centres themselves ($n = 19524$). In addition to stem cell transplants, one of the aims of the EBMT Registry has been to include patients who have been the subject of other forms of stem cell therapy, and this objective is today a reality.

The Society will dedicate significant effort in the near future to improving the method for collecting patient data and the way that this information can be given back to every EBMT centre. The recently conducted survey that gathered the opinions of EBMT centres about different aspects of 'EBMT life' made clear that centres agree with the way that data is reported to ProMise (Project Manager Internet Server). However, this satisfaction was not demonstrated in the evaluation of the way that data retrieval is done. In order to increase the satisfaction of the centres, it is very important to work on the bi-directional feedback between EBMT and the participating centre. EBMT is working on this issue with the mid-term objective being to have a more modern and user-friendly system that can satisfy both parts equally, making daily cooperation more fluid and profitable.

We hope that this new system will also enhance data sharing with partner institutions such as donor registries and national societies, increase the pace of the standardisation and completeness of data collection and, ultimately, lead to better and more rigorous research.

Anna Sureda
EBMT Secretary



The scientific activity reports

Severe Aplastic Anaemia Working Party (SAAWP) -

Chair: Judith Marsh

The SAAWP reports on Aplastic Anaemia (AA) and other rare acquired and inherited bone marrow failure disorders. The AA database is the only “disease specific” database within EBMT; data is collected not only on patients receiving transplants but also other forms of therapy, including immunosuppressive therapy.

Two clinical trials were completed or in progress during 2010. The prospective randomised study of anti-thymocyte globulin (ATG), ciclosporin with or without granulocyte colony stimulating factor (G-CSF) was published in *Blood*, January 2011; doi:10.1182/blood-2010-08-304071, and chosen for offering Continuing Medical Education (CME) credit in *Blood*.

Two oral presentations were given at the annual 2010 American Society for Haematology (ASH) meeting: (a) Matched sibling transplants for AA: survival advantage for marrow versus peripheral blood transplants in all age groups; (b) Education programme oral presentation: AA: First-line treatment by immunosuppression and sibling marrow transplantation.

In 2010, the complete treatment algorithm for SAA was finalised and the document placed on the EBMT website. This algorithm takes into account different sub protocols for different patient populations, age categories and the availability of different types of donors to treat this disease. Centres are encouraged to register all new patients in this observational audit.

In 2011, two of our main objectives are to promote further international collaborations with, for example, the Centre for Blood and Marrow Transplantation Research (CIBMTR) and new clinical trials, and to organise a joint education meeting of the SAA, Late Effects and Autoimmune Diseases Working Parties for November 2011 in Barcelona, Spain.

Expenses: € 21.000

Sponsors: Genzyme Therapeutics

Number of education activities:

none for 2010

Number of publications and impact factor:

7 IF = 29.349

Number of studies: 10 retrospective studies in progress, and 2 clinical trials

Autoimmune Diseases Working Party (ADWP) - Chair: Dominique Farge Bancel

The ADWP has a strategic role of interaction with other Autoimmune Diseases (AD) specialists and their respective scientific societies, namely the European League against Rheumatism (EULAR) and its working groups on Scleroderma (EUSTAR) and Lupus (EuroLupus), the Crohn's and Colitis Organisation for inflammatory bowel diseases (ECCO), the Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS) and other international groups in the field of cellular therapies for AD.

Our major scientific successes include: over 1.200 HSCT in the largest worldwide database to date; two ongoing EBMT prospective trials: the ASTIS trial (www.astisrial.com) that, after 10 years, completed recruitment of 156 patients and is still on follow-up with results expected at the end of 2011; and the ASTIC trial (www.astictrial.com) with 36/48 patients included. Five retrospective studies were completed.

The most relevant activities in 2010 include: four publications, with one demonstrating that AD type is the most relevant determinant of TRM (Transplant Related Mortality) and outcome with improved results over time and transplant centres' experiences (*Haematologica*, 2010;95:284); and generating the guidelines for HSCT in AD updated by the ADWP members.

Nov 2010 FP7 Grant Application on New Therapies and Anti-inflammatory Diseases.

The most important objectives for 2011 are: the publication of ASTIS results and completion of ASTIC recruitment; new studies (three non-interventional: Scleroderma, Crohn and Multiple Sclerosis; one prospective ASTIL in Lupus); one EBMT - CIBMTR retrospective study in MS patients; two business meetings and one educational session.

Expenses: € 30.200
Sponsors: EBMT, APHP-DRCD
Number of education activities: 1 at EBMT 2010 meeting
Other relevant activities: 16 abstract presentations
Number of publications and impact factor: 4 in BMT, *Haematologica*, *Science*. IF = 12.6
Number of studies: 6 RS and 3 CT

The Acute Leukemia Working Party (ALWP) - Chair: Mohamad Mohty

Transplant activity for acute leukaemia continues to increase worldwide. In the ALWP registry, 6.222 transplant procedures for Acute myeloid leukaemia (AML) and Acute lymphoblastic leukaemia (ALL) (auto and allo-SCT) were reported in 2008.

The ALWP's objectives are: (a) to organise high-level accredited educational activities pertinent to acute leukaemia (latest symposiums: Nantes in 2008, Barcelona in 2009 and Milan in 2010); (b) to design and support prospective clinical trials in the field of acute leukaemia across member centres (the elderly AML randomised trial is currently recruiting patients: ClinicalTrials.gov, Identifier: NCT00766779); (c) to generate high-quality retrospective studies addressing different issues related to acute leukaemia management and therapy; (d) to increase the quality of data pertinent to Stem Cell Transplantation for acute leukaemia within the EBMT registry; and (e) to generate guidelines pertinent to the management of acute leukaemia.

Currently, the ALWP's activities are organised and structured within 6 subcommittees (SC) focused on specific fields of interest: Autologous SCT SC, Immunotherapy SC, Alternative donors SC, RIC SC, Molecular markers SC and the Developing centres SC.

Expenses: € 94.000
Sponsors: not applicable
Number of education activities: 1 in Milan and 7 educational lectures on behalf of the ALWP at different meetings.
Other relevant activities: 2 business meetings and 6 oral communications (EBMT and ASH).
Number of publications and impact factor: 6 in *Blood*, *Lancet Oncology and Leukaemia*. IP = 10.881
Number of studies: 6 studies completed in 2010 and 12 were ongoing (final stage)

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Chronic Leukemia Working Party (CLWP) - Chair: Theo de Witte

The CLWP is a very active group consisting of five sub-committees: chronic myeloid leukemia (CML), chronic lymphocytic leukemia (CLL), multiple myeloma (MM), myelodysplastic syndromes/myeloproliferative syndromes (MDS/MPD) and complications, each of them chaired by a subcommittee chairman. The CLWP has a close relationship with several Working Groups of the European LeukemiaNet (MDS, MPD, CML, CLL/ERIC, SCT Work Packages) and with the International Bone Marrow Transplant Registry (IBMTR).

In 2010, the final collection of follow-up and missing data for the NMAM2000 (auto-auto versus auto-allo in MM) trial was completed and a manuscript submitted to the *Journal of Clinical Oncology*. The MMVAR (N=269) trial (looking at the treatment of MM patients who relapsed after autoSCT) was closed to new inclusions and the manuscript is being prepared. The manuscript of the CLL auto trial (autoSCT versus observation for CLL patients responding to therapy) was published in *Blood* and the quality of life analysis of this study will be performed in 2011. The non-interventional prospective study (NIS) on DMSO (dimethylsulfoxide) toxicity was successfully completed, presented and analysed, and the manuscript is in its final stage. The T-cell Prolymphocytic Leukemia (T-PLL) NIS almost reached its goal, with data collection on 43 patients.

The Punctual Occlusion (N=8), the Prognostic Value of Marrow Histology in multiple myeloma prior to autologous SCT (N=17), the Del17p in CLL (N=5) and the Amyloidosis (N=6) non-interventional studies all started in 2010 and patient accrual is ongoing. The funded Iron Toxicity in MDS (N=67), the use of Tacrolimus ointment (N=6) and the Second Generation TKI (N=46) non-interventional studies were started in 2010 and patient accrual is ongoing. The first milestones of the contracts were reached during the year.

The new non-interventional prospective study on Plerixafor for mobilisation in MM and malignant lymphoma (CALM project with LW) has been finalised and will start in 2011.

Expenses: € 90.000

Sponsors: Johnson&Johnson, Pierre Fabre, BMS, Novartis, Astellas Poland, Genzyme

Number of education activities: 8 time points, multiple sessions (CLWP, EBMT, ESH, EHA)

Other relevant activities: 12 abstract presentations and 8 poster presentations (EBMT, ASH)

Number of publications and impact factor: 8 IF = 6.1

Number of Studies: 8 ongoing, 4 in preparation, 1 closed non-interventional study; 21 ongoing, 11 in preparation, 53 in manuscript phase retrospective studies; 7 ongoing, 3 in preparation, 6 closed clinical trials.

Immunobiology Working Party (IWP) - Chair: Andrea Velardi

During 2010, the IWP strengthened its key role in translating basic science into clinical applications by deepening understanding of the immunology of haematopoietic transplantation and integrating immune intervention to improve transplantation outcomes.

The year 2010 saw, for the first time in several years, the start of two major retrospective studies on: (a) the impact of mother/child immune interactions (NIMA vs IPA mismatching) on clinical outcomes of haploidentical transplantation; and (b) the identification of T cell-related and NK cell-related immunological biomarkers predictive of survival after haploidentical transplantation.

A very successful, well-attended two-day meeting featuring renowned European and American speakers was held in Perugia in September 2010. Another prestigious scientific activity performed by the IWP was the evaluation of papers that were eligible for the Jon van Rood Award for excellence in transplantation immunology/immunogenetics. A breakthrough *New England Journal of Medicine* paper won the award, which was presented during the IWP Session of the 2010 EBMT Annual Meeting in Vienna.

Our major objectives for 2011 are the continuation of the two ongoing studies and the commencement of the following:

1. Retrospective study on the synergism between minor (H-Y) and major (HLA-DP) histocompatibility antigens in unrelated donor transplantation.
2. Prospective non-interventional study to evaluate the role of NK cell alloreactivity in haploidentical transplantation for acute leukemia.
3. Prospective non-interventional study to validate the role of immunological biomarkers predictive of survival after haploidentical transplantation.

The EBMT-IWP will be collaborating with Eurocord-Netcord on a retrospective analysis of the role of non-HLA polymorphisms in Unrelated Cord Blood Transplantation outcomes. The IWP is partnering with Eurocord to organise and host the III World Cord Blood Congress in Rome from October 27-29, 2011.

Expenses: € 30.000

Sponsors: Abbott, Adienne, Amgen Dompé, Fresenius Biotech, Medac, Pierre Fabre

Number of education activities: 1

Number of publications and impact factor: Jon van Rood Award winning paper IF = 34.83

Number of studies: 6 - 2 ongoing RS and 1 RS due to start, 3 NIS

Infectious Diseases Working Party (IDWP) - Chair: Simone Cesaro

The IDWP aims to improve the management of infectious complications after stem cell transplantation within the EBMT.

In recent years, IDWP has made significant contributions to clinical research in the field of pre-emptive therapy for cytomegalovirus infection, i.e. comparison of ganciclovir versus foscarnet treatment, epidemiology of post-transplant pneumococcal infection, epidemiology of respiratory virus infection, pneumococcal vaccination, epidemiology and therapy of adenovirus, BK virus, and HHV-6 infections, prophylaxis and therapy of fungal infections, toxoplasmosis, and H1N1 pandemic. IDWP is also a partner of ECIL initiatives, contributing to the drawing up of European guidelines for the diagnosis, prophylaxis and treatment of infections in immunocompromised patients after hematopoietic stem cell transplantation and chemotherapy for leukemia.

In 2010, the IDWP two-day training course was held in Paris and the 14th IDWP training course will be held in Prague (Czech Republic). Another important appointment for 2011 is the ECIL 4 meeting that will be held in September at Juan-les-Pins (France) and will deal for the first time with some important topics such as bacteria drug resistance, paediatric fungal infections and respiratory virus infections, as well as updating previous topics.

Several publications are due for 2011 such as the long-term follow-up of HCV infection in transplanted patients, the virological response to cidofovir in patients with BK-virus associated haemorrhagic cystitis, the analysis of a prospective survey on neurological complications, and the results of a retrospective study on the use of rituximab for EBV-PTLD. Moreover, seven clinical studies, retrospective or prospective, are ongoing or due to be started in 2011.

Expenses: € 23.000
Sponsors: EBMT
Number of education activities: 12th Training Course of IDWP, ECIL 4 Conference
Other relevant activities: participation in international meetings (ASH, ESCMID)
Number of publications and impact factor: 3 IF = 12.992
Number of studies: 7

Inborn Errors Working Party (IEWP) - Chair: Bobby Gaspar

The IEWP is dedicated to improving the outcome of transplantation for inborn errors of metabolism including severe congenital immunodeficiencies and metabolic diseases. We aim to do this through the exchange of ideas and transplant data, international collaborative retrospective studies, the development of transplant guidelines and the education of transplant physicians worldwide.

Numerous IEWP publications over the last 20 years have been essential for defining the indication for transplant in inborn errors and shaping the way transplants for these conditions are undertaken. The activities and publications of the IEWP have become an essential source of information for transplant physicians dealing with these rare and difficult diseases.

Retrospective data on a number of conditions were published including outcome of X-linked thrombocytopenia (XLT), DiGeorge syndrome, Cartilage Hair Hypoplasia, X-linked lymphoproliferative disease (XLP) and severe combined immunodeficiency (SCID). The IEWP became a principal investigator on a major EU FP7 grant, 'CELL-PID', and will help promote the educational and training opportunities of the network.

We will aim to produce further high-impact retrospective studies. We will also produce updated guidelines for the transplant of inborn errors and increase collaborative working with other consortia dedicated to improving transplant outcome for inborn errors.

Expenses: € 21.000
Sponsors: Sigma-tau, Fresenius, Medacs, Pierre Fabre
Number of education activities: 1
Number of publications and impact factor: 5 IF = 50
Number of studies: 5 retrospective studies ongoing

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Lymphoma Working Party (LWP) -

Chair: Peter Dreger

The LWP takes care of scientific and educational activities related to transplantations for lymphoma, which represents the largest single entity in the EBMT with almost 100.000 registered transplantations to date. The LWP runs seven scientific subcommittees: Hodgkin's lymphoma (Chairperson M Trnecny), Indolent lymphoma (S Montoto), T cell lymphoma (N Schmitz), Aggressive B cell lymphoma (H Schouten), Mantle cell lymphoma (O Hermine), Outreach (I Aurer), and Education (A Sureda).

The most relevant activities of the LWP in 2010 were the carrying out, completion or preparation of 43 retrospective or prospective non-interventional studies (involving 32 principal investigators from 14 countries), the publication of five scientific papers with a cumulative Impact Factor of 79.468, and the 6th Annual LWP Educational Course in St. Petersburg, Russia.

2011 got off to a tragic start because the LWP's data manager Jian-Jian Luan, who was considered the "heart" of the LWP, was declared missing during an alpine hiking tour. This was not only the serious loss of a good friend, an extremely competent colleague and a very likeable human being, but also a major drawback for all LWP study activities. In his spirit, however, we hope that we can achieve most of the planned important objectives for 2011, that is to say: continue the numerous studies mentioned; attract and launch important new ones; publish most of the 12 scientific manuscripts planned for release in 2011; and organise the 7th LWP Educational Course (October 21-22, Bordeaux. Local Organiser: N Milpied) to be even more successful than previous editions.

Expenses: € 122.300

Sponsors: Genzyme

Number of education activities: 6th Annual LWP

Educational Course in St. Petersburg, Russia

Other relevant activities:

5 oral presentations at important meetings (EBMT, ASCO, ASH)

Number of publications and impact factor:

5 IF = 79.468

Number of studies: 43 (38 retrospective, 5 non-interventional prospective)

Paediatric Diseases Working Party (PDWP) -

Chair: Christina Peters

The PDWP had a productive year and a number of developments took place in 2010. The prospective randomised study on the prophylactic use of defibrotide for prevention of veno-occlusive disease on behalf of the PDWP was awarded the Van Bekkum Prize (Selim Corbacioglu et al). The collaboration with the European Medicines Evaluation Agency (EMA) continued and the PDWP chair coordinated the implementation of a network for paediatric research at EMA (EnprEMA).

The PDWP board intensified their liaison with other paediatric consortia by inviting representatives from these groups to become members: Eugenia Trigo for the paediatric nurses group, Vanderson Rocha for the CB committee and Marco Rabusin for the Autoimmune Diseases WP.

The 7th PDWP meeting and the 2nd PD nurses' group meeting was held in Helsinki from 2-4 June, 2010, and brought together many experts in the field of haematopoietic stem cell transplantation for children and adolescents. More than 200 people attended this meeting.

Three business meetings were held in 2010 to discuss projects, strategies and work plans for the next working period. The most important project developments were: prospective evaluation of side effects for paediatric sibling donors; update of the Haemoglobinopathy-Registry; analysis of paediatric patients who relapsed after allogeneic HSCT of acute leukaemia.

The main objectives for 2011 are: the PDWP Training Course for paediatricians and paediatric nurses in Genova (May 31 - June 3, 2011); a specific JACIE-training for paediatric centres; a workshop on red cell disorders; to start the new prospective ALL SCT PED study; and to become a recognised member of EnprEMA.

Expenses: € 43.000

Sponsors: SIRP, St. Anna Cancer Research Institute, Gilead, Amomed

Number of Education activities: 1

Other relevant activities: 3

Number of publications and impact factor:

7 in *Blood, Blood and Marrow Transplantation, Pediatric Stem Cell Transplantation, European Medical Oncology, Pediatric Clinics of North America, Journal of Oncology*. IF = 31

Number of ongoing studies: 6 and 12 planned studies

Solid Tumours Working Party (STWP) -

Chair: Marco Bregni

Transplants for solid tumours numbered 4.324 in the period 2005-2009 (4.135 autologous, 189 allogeneic). The most frequent indications for auto are: germ cell tumors (GCT), breast cancer, Ewing's family tumors (EFT) and ovarian cancer. The most frequent indications for allograft are: neuroblastoma, renal cell cancer, rhabdomyosarcoma, breast cancer, EFT and ovarian cancer.

In 2010, the STWP presented the results of two retrospective studies at the European Society of Medical Oncology (ESMO) meeting held in October, and two papers were published on allograft in ovarian cancer and in EFT, respectively. The meta-analyses on the effects of autologous transplant in adjuvant and metastatic breast cancer (in cooperation with the MD Anderson Cancer Center) have been submitted to a major oncology journal. Retrospective studies are continuing, and new proposals on allogeneic transplantation for metastatic renal cell cancer after tyrosine kinase inhibitor failure and on the outcome of female patients with GCT were discussed and approved at the October 2010 meeting.

Major effort is being put into cooperation with the international cooperative group that is setting up a prospective randomised Phase III study on autograft vs conventional dose therapy for relapsed/resistant germ cell tumours as a second line treatment (TIGER study). This study will involve centres from the EU, US and Australia. In Italy, a fund request for the national part of the study is being pursued. The possible start of the study is the second quarter of 2011.

The important objectives for 2011 are: (a) to continue and increase the efforts on retrospective studies; (b) to complete and publish ongoing studies; (c) to focus on TIGER as a prospective clinical trial of the STWP; (d) to focus on cell therapy and immunotherapy of ST: allograft should be considered a platform for further cell manipulations, provided that a non-toxic and feasible conditioning can be used; autograft should concentrate on lymphoablative protocols (e.g. NCI programme in melanoma), and reinfusion of T cells as autologous adoptive immunotherapy.

Expenses: € 42.500

Sponsors: not applicable

Number of education activities: 1

Other relevant activities: 2 abstract presentations (ESMO)

Number of publications and impact factor: 2 IF=10; 3 in press

Number of ongoing studies: 8 retrospective studies, 1 clinical trial

Late Effects Working Party (LEWP) -

Chair: André Tichelli

The aim of the LEWP is to assess general health status, malignant and non-malignant late effects and quality of life in long-term survivors after HSCT, to provide guidelines for screening and prevention of late complications, and to coordinate education in the field of long-term survivorship.

In 2010, the results on late effects from a randomised study on patients transplanted with mobilised blood or bone marrow were published (Birte Friedrichs, *The Lancet Oncology*). The results on the incidence and risk factors of chronic GVHD after unrelated cord blood transplant in children and adults (Alessandro Crotta, Eurocord Office, Hôpital St. Louis, Paris, France, oral), and on sperm recovery in male survivors after allogeneic HSCT (Alicia Rovó, Hematology, University Hospitals, Basel, Switzerland, poster) were presented at the 2010 ASH meeting.

During the business meetings, new studies were designed: a study on late malignant diseases, an update of a patient cohort evaluated originally in *Annals of Internal Medicine*, a case control study on breast cancers after HSCT (joint study with Seattle), a study on secondary leukemia of donor type after HSCT, a study on sexuality after HSCT (joint study with the Nurse Group), and on metabolic syndrome after HSCT.

In 2011, together with the Aplastic Anemia and Auto-immune Diseases Working Parties, we have planned a joint educational meeting in Barcelona, Spain (3-7 November, 2011). Furthermore, the recommendations on screening and prevention of late effects after HSCT, which had been worked out together with the CIBMTR and the ASBMT and published in 2006 (Rizzo et al. *BMT*, 2006 and *BBMT* 2006), will be updated and finalised in 2011.

Expenses: € 17.800

Sponsors: not applicable

Number of education activities: Education session at the annual Meeting, 2 Working Party business meetings

Other relevant activities: 1 oral presentation and 1 poster (ASH)

Number of publications and impact factor: 1 in *Lancet Oncology*. IF = 14.470

Number of ongoing studies: 2 prospective non-interventional studies, 12 retrospective studies

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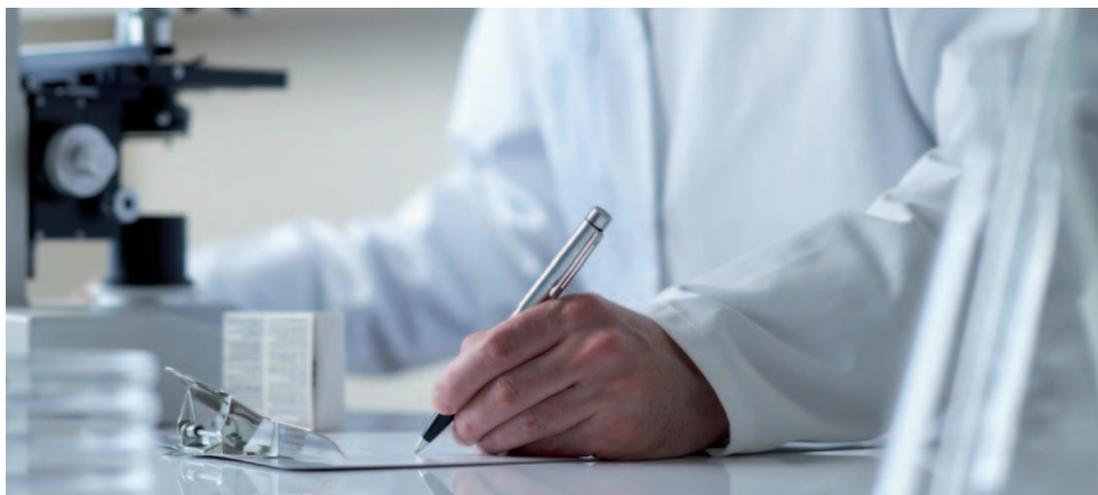
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Publications 2010 in peer-reviewed journals

2010 was a highly successful year in terms of publications in peer-review journals for the EBMT. The following publications were accepted by high-impact factor journals over the course of the year:

WP	Title	First Listed Author	Journal
SAAWP	Fludarabine, cyclophosphamide, antithymocyte globulin, with or without low dose total body irradiation, for alternative donor transplants, in acquired severe aplastic anemia: a retrospective study from the EBMT-SAA working party.	Bacigalupo A	<i>Haematologica</i>
SAAWP	Should irradiated blood products be given routinely to all patients with aplastic anaemia undergoing immunosuppressive therapy with antithymocyte globulin (ATG)? A survey from the EBMT Severe Aplastic Anaemia Working Party.	Marsh JCW	<i>Brit. J. Haematol. (Letter)</i>
SAAWP	Hepatitis Associated Aplastic Anaemia: Epidemiology and Treatment Results obtained in Europe. A Report of the EBMT Aplastic Anemia Working Party.	Locasciulli A	<i>Brit. J. Haematol.</i>
SAAWP	Retrospective Survey on the Prevalence and Outcome of Prior Autoimmune Diseases in Patients with Aplastic Anemia Reported to the Registry of the European Group for Blood and Marrow Transplantation.	Cesaro S	<i>Acta Haematol.</i>
SAAWP	Fertility recovery and pregnancy after allogeneic hematopoietic stem cell transplantation in Fanconi anemia patients.	Nabhan SK	<i>Haematologica</i>
SAAWP	Alemtuzumab is safe and effective as immunosuppressive treatment for aplastic anaemia.	Risitano AM	<i>Brit. J. Haematol.</i>
SAAWP	Survival of patients with documented autologous recovery after SCT for severe aplastic anemia.	Piccin A	<i>BMT</i>
ADWP	Hematopoietic stem cell transplantation for multiple sclerosis: collaboration of the CIBMTR and EBMT to facilitate international clinical studies.	Pasquini MC	<i>Biol Blood Marrow Transplant.</i>
ADWP	Autologous haematopoietic stem cell transplantation for secondary progressive multiple sclerosis: an exploratory cost-effectiveness analysis.	Tappenden P	<i>Bone Marrow Transplant.</i>

WP	Title	First Listed Author	Journal	
ADWP	Autologous hematopoietic stem cell transplantation for autoimmune diseases: an observational study on 12 years' experience from the European Group for Blood and Marrow Transplantation Working Party on Autoimmune Diseases.	Farge D	<i>Haematologica</i>	
ADWP	Proceeding of Florence International Meeting on HSCT for ADs.	R. Saccardi	<i>Bone Marrow Transpl, supplement 1 (Proceeding).</i>	
ALWP/PDWP	Results and factors influencing outcome after fully haploidentical hematopoietic stem cell transplantation in children with very high-risk acute lymphoblastic leukemia: impact of center size: an analysis on behalf of the Acute Leukemia and Pediatric Disease Working Parties of the European Blood and Marrow Transplant group.	Klingebl T	<i>Blood</i>	
ALWP/ CIBMTR/ Eurocord/ National Cord Blood Program of the New York Blood Center	Effect of graft source on unrelated donor haemopoietic stem-cell transplantation in adults with acute leukaemia: a retrospective analysis.	Eapen M	<i>Lancet Oncol.</i>	
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	ALWP	Higher incidence of relapse for acute myelocytic leukemia patients infused with higher doses of CD34+ cells from leukapheresis products autografted during the first remission.	Gorin NC	<i>Blood</i>
	ALWP	Reduced-intensity versus conventional myeloablative conditioning allogeneic stem cell transplantation for patients with acute lymphoblastic leukemia: a retrospective study from the European Group for Blood and Marrow Transplantation.	Mohty M	<i>Blood</i>
	ALWP	Competing Risks Regression for Stratified Data.	Zhou B	<i>Biometrics (review)</i>
	ALWP/ Eurocord	Alternative donors hematopoietic stem cells transplantation for adults with acute myeloid leukemia: Umbilical cord blood or haploidentical donors?	Ruggeri A	<i>Best Pract. Res. Clin. Haematol. (review)</i>
	ALWP	Transplant outcomes in acute leukemia. II.	Hough R	<i>Semin Hematol. (review)</i>
	ALWP	Advances in umbilical cord transplantation: the role of thymoglobulin/ATG in cord blood transplantation.	Mohty M	<i>Best Pract. Res. Clin. Haematol. (review)</i>
	CLWP	Solid organ transplantation after allogeneic hematopoietic stem cell transplantation; a retrospective, multicenter study of the Chronic Leukemia Working Party of the EBMT.	Koenecke C	<i>American Journal of Transplantation</i>
	CLWP	The impact of HLA matching on long-term transplant outcome after allogeneic hematopoietic stem cell transplantation for CLL: a retrospective study from the EBMT registry.	M. Michallet	<i>Leukemia</i>
	CLWP	Outcome of patients developing GVHD after DLI given to treat CML relapse: a study by the chronic leukemia working party of the EBMT.	Y. Chalandon	<i>BMT</i>
	CLWP	Efficacy and outcome of autologous transplantation in rare myelomas.	Morris C	<i>Hematologica</i>

WP	Title	First Listed Author	Journal
CLWP	Allogeneic Hematopoietic Stem Cell Transplantation for Patients 50 years or older with Myelodysplastic Syndromes or Secondary Acute Myeloid Leukemia.	Lim Z	<i>JCO</i>
CLWP	Unrelated stem cell transplantation after reduced intensity conditioning for patients with multiple myeloma relapsing after autologous transplantation.	Kröger N	<i>BJH</i>
CLWP	Value of allogeneic versus autologous stem cell transplantation and chemotherapy in patients with myelodysplastic syndromes and secondary acute myeloid leukemia. Final results of a prospective randomized European Intergroup Trial.	de Witte T	<i>Hematologica</i>
CLWP	Impact of genomic risk factors on outcome after hematopoietic stem cell transplantation for patients with chronic myeloid leukemia.	Dickinson AM	<i>Hematologica</i>
IDWP	Voriconazole for secondary prophylaxis of invasive fungal infection in allogeneic stem cell transplant recipients: Results of the VOSIFI Study.	Cordonnier et al.	<i>Haematologica</i>
IDWP	Immune response to the 23-valent polysaccharide pneumococcal vaccine after the 7-valent conjugate vaccine in allogeneic stem cell transplant recipients: results from the EBMT IDWPO1 trial.	Cordonnier et al.	<i>Vaccine</i>
IDWP	European guidelines for antifungal management in leukemia and hematopoietic stem cell transplant recipients: summary of the ECIL 3-2009 update.	Maertens et al.	<i>Bone Marrow Transplantation</i>
IEWP	Clinical and immunologic outcome of patients with cartilage hair hypoplasia after hematopoietic stem cell transplantation.	Bordon V	<i>Blood</i>
IEWP	Transplantation of hematopoietic stem cells and long-term survival for primary immunodeficiencies in Europe: entering a new century, do we do better?	Gennery AR	<i>J. Allergy Clin. Immunol.</i>
LWP	Allo-HSCT in WM.	Kyriakou C	<i>J. Clin. Oncol.</i>
LWP	Allo-HSCT in MF.	Duarte RF	<i>J. Clin. Oncol.</i>
LWP	Auto-HSCT in WM.	Kyriakou C	<i>J. Clin. Oncol.</i>
LWP	TCD in RIC for FL.	Delgado J	<i>Leukemia 2010 Dec. 24 (Letter)</i>
PDWP	Results and factors influencing outcome after haploidentical HSCT in children with very high risk ALLT.	Klingebliel	<i>Blood</i>
PDWP/ Eurocord	Long-term follow-up and factors influencing outcomes after related HLA -identical CB transplantation for patients with malignancies.	Andree-Laure Herr	<i>Blood</i>
PDWP	The EBMT Paediatric Diseases Working Party: Current Concepts and Future Aims.	C. Peters	<i>Magazine of European Medical Oncology, Vol, 2, Nr. 3 (review)</i>
STWP	Allogeneic hematopoietic stem cell transplantation in ovarian cancer-the EBMT experience.	JO Bay	<i>Int. J. Cancer</i>
LEWP	Long-term outcome and late effects in patient transplanted with mobilized blood or bone marrow: a randomized trial.	B. Friedrichs	<i>The Lancet Oncology</i>
EBMT	Allogeneic and autologous transplantation for haematological diseases, solid tumours and immune disorders: current practice in Europe 2009.	Ljungman P	<i>Bone Marrow Transplantation (General EBMT manuscript)</i>



Initiating pioneering prospective studies: a report from the Clinical Trials Office

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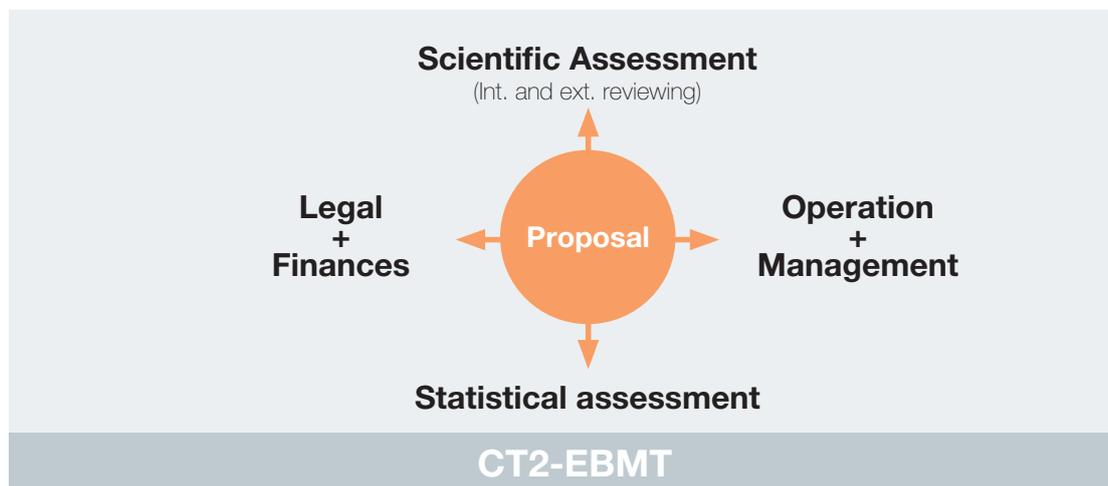
It is now largely well established that academic prospective clinical trials aimed at acquiring scientific knowledge, form a key part of patient-oriented clinical research, and create the basis for continuously improving patient care. This is particularly true in the field of stem cell transplantation (SCT), where studies deal with potential therapeutic innovations that do not necessarily attract the pharmaceutical industry. Moreover, as treatment outcomes for many hematological diseases have progressively improved during the last years, it has become necessary to conduct larger and larger trials to demonstrate meaningful improvements in the standard of care. With this background, the EBMT established a few years ago the Clinical Trials Office (CTO), with the aim to allow for a pan EBMT commitment to opening and running some large prospective clinical trials.

In the context of low resource settings, large prospective trials often face many logistical and organizational obstacles, and thus the practical difficulties in running

a trial to GCP standards should not be ignored. In addition, within EBMT country members, there is a lack of harmonisation of regulations for clinical trials. There is also a lack of a common definition for categories of clinical research, and national legislation on clinical research is often divergent, making it very difficult to conduct SCT studies at the multinational level. Furthermore, accrual challenges, bureaucratic inertia and regulatory approval from different entities, present a major barrier, posing time-consuming administrative work to assure a trial is completed according to compliance requirements.

Despite these hard challenges, and after a moratorium period, the CTO of EBMT has been completely restructured in 2010 with the appointment of a new clinical trials committee (CT2-EBMT) and the recruitment of a new CTO manager supported by the data managers and study coordinators. The restructuring of the CTO aims to ensure the principles of (a) Excellence, (b) Centers Commitment, (c) Efficiency in Management, and (d) Finance Sustainability.

The operational structure of the **CT2-EBMT** is summarized in the figure below:





The list of ongoing trials is shown below:

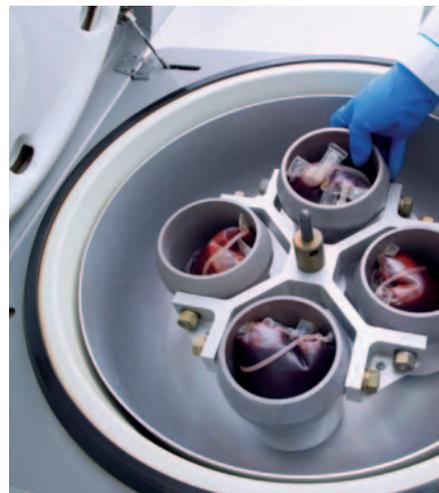
Trials under analysis

- **MMVAR** Randomized controlled study of Velcade (Bortezomib) plus Thalidomide plus Dexamethasone compared to Thalidomide plus Dexamethasone for the treatment of myeloma patients progressing or relapsing after autologous transplantation (MMVAR).
- **RATGAA07** Prospective Phase II study of Rabbit Antithymocyte globulin (ATG, Thymoglobuline®, Genzyme) with ciclosporin for patients with Acquired Aplastic Anaemia and comparison with matched historical patients treated with horse ATG and ciclosporin.
- **ASTIMS** High dose immunoablation and autologous haematopoietic stem cell transplantation versus mitoxantrone therapy in severe multiple sclerosis.
- **ASTIS** High dose immunoablation and autologous haematopoietic stem cell transplantation versus monthly intravenous pulse therapy cyclophosphamide for the treatment of patients with severe systemic sclerosis.

Trials open to recruitment

- **ASTIC** Autologous Stem Cell Transplantation for Crohn's Syndrome.
- **RICMAC** Dose-reduced Versus Standard Conditioning Followed by Allogeneic Stem Cell Transplantation in Patients with MDS (Myelodysplastic syndromes) or secondary AML.
- **MSCs** Therapy = Infusion of mesenchymal stem cells in patients with steroid resistant grade II to IV acute GvHD - A prospective double-blind randomized European multicentre study (MSC-T); Prophylaxis = Randomized double-blind study of mesenchymal stem cells (MSC) in patients undergoing matched unrelated allogeneic bone marrow or peripheral blood stem cell transplantation - A European multicentre study).
- **CML Dasatinib** Phase II efficacy and safety study of Dasatinib in patients with chronic and accelerated phase chronic myeloid leukemia relapsing after allogeneic blood or bone marrow transplantation.
- **HCT vs. CT elderly AML** A Randomized Phase III study comparing conventional chemotherapy to low dose total body irradiation-based conditioning and hematopoietic cell transplantation from related and unrelated donors as consolidation therapy for older Patients with AML in first Complete Remission.
- **Convince** Multicenter, randomized study comparing oral valganciclovir versus intravenous ganciclovir in patients following allogeneic stem cell transplantation.

Mohamad Mohty
Liz Clark
EBMT Clinical Trials Office



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EBMT-ED is the educational arm of the EBMT. In line with the mission of the organisation as a whole, it plays an important role in the fostering of excellence and informing on developments in the SCT field.

During 2010, a raft of educational events was offered to members in conjunction with partner organisations and the EBMT Working Parties and other groups and committees.

Over the second half of 2010, EBMT-ED has been working on consolidating the means to ensure continuing excellence in education through the drafting of a 3 year strategic plan for the period 2011-13. In general terms, the aim of the plan is to build a balanced, high quality educational programme covering

the needs of relevant audiences. The organisation will be based on a mixed model, building a strong and streamlined organigram which encourages local initiative within established parameters, supported by robust central co-ordination and overview. There will be a coordinated central approach to fundraising to maximise access to funding sources, a clear central overview of accounts and an equitable allocation of funds across the full programme.

Within this plan, EBMT-ED will continue to work with ESH in order to produce future editions of the acclaimed HSCT Handbook.

Tamàs Masszi
EBMT Education Committee Chair

Date	Event	Venue
19 Feb	1st Joint Lymphoma Working Party and Nurses Group Study Day	Barcelona, Spain
24-27 May	The 14th EBMT-ESH BMT Training Course	Targu-Mures, Romania
2-4 Jun	7th Meeting of the EBMT Paediatric Diseases Working Party	Helsinki, Finland
23-25 Sep	13th EBMT Infectious Diseases Working Party Training Course	Paris, France
25-26 Sep	EBMT Immunobiology Working Party Educational Course	Perugia, Italy
14-15 Oct	6th EBMT Lymphoma Working Party Educational Course	St Petersburg, Russia
12-13 Nov	Acute Leukaemia Working Party Symposium	Milan, Italy
24-26 Nov	EBMT Inborn Errors Working Party Educational Meeting	Venice, Italy



JACIE - helping improve quality and safety in cellular therapy through accreditation

The Joint Accreditation Committee-ISCT (Europe) & EBMT was established in 1998 with the primary aim of promoting high quality patient care and laboratory performance in the collection, processing and administration of cellular therapy through voluntary accreditation based on standards developed by professionals working in the field. Accreditation is awarded following successful completion of a rigorous process including on-site inspection. JACIE in collaboration with the US-based Foundation for the Accreditation of Cellular Therapy (FACT) develops standards for the provision of quality medical and laboratory practice in HSC transplantation. Accreditation in general is increasingly being used by regulators and other organisations as an independent, impartial, and transparent means of assessing the competence of healthcare providers and this also holds true for JACIE with regulators in a number of European countries including JACIE among the requirements for transplant programmes.

In 2010, JACIE celebrated the 10th anniversary of the first European inspection. Since that first onsite visit, JACIE has received over 220 applications from centres in Europe and beyond and over 200 inspections have been performed. This achievement is all the more remarkable for being based on a voluntary programme delivered in the context of diverse regulations, languages and resources. As a timely coincidence, data was presented in the 2010 EBMT annual meeting demonstrating a close relationship between quality management in transplant programmes and improved outcome for patients. The study by A. Gratwohl et al was based on an analysis of the EBMT transplant database and at the end of 2010 an article based on this study was accepted for publication in the Journal of Clinical Oncology.

Standards

Preparation of the 5th edition of the Standards commenced in Barcelona in June 2010 with participation by representatives of both FACT and JACIE. Work on the Standards continued during the second-half of 2010. A public consultation on the final draft will take place in mid-April 2011 with final release of the 5th edition scheduled for the end of 2011.

Operations

In 2010, 36 applications were received and 30 inspections were performed. 26 centres were awarded accreditation.

Events & Training

In 2010, 5 training courses for centres and inspectors were run on the initiative of national societies or individuals with JACIE support or directly by JACIE. 2 Internal Audit Training Courses were held in February and November 2010.

Eoin McGrath

JACIE Executive Officer



The EBMT Nurses Group for the excellence in patient care

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Today the EBMT Nurses Group (NG) is one of the leading groups in the field of haematology and HSCT nursing, representing nurses and allied health professionals from over 500 transplant centres from over 50 countries in and outside of Europe.

The group is dedicated to improving the care of patients receiving HSCT and works towards the following objectives to achieve this: promoting excellence in the provision of blood and marrow transplant and haematology care by supporting nurses and health care professionals in the provision of evidence based practice. By recognising and building upon good practice, the group provides information and forums to support and share knowledge in research, education and training and clinical practice.

The **26th Meeting of the Nurses Group** was held in Vienna, Austria, in March 2010. Nurses and other health care professional submitted 155 abstracts for the annual meeting. The EBMT-NG also participated in the 4th Patient and Family Day which was attended by 197 participants, of which were 58 nurses. The Nurses Group Board awarded its Distinguished Merit Award for the second time and this years recipient was Ton van Boxtel (Netherlands).

Each year, the **Scientific Committee** plans and coordinates the Nurses programme, including the 6th Pre-Meeting Study Day, one of the most important yearly returning educational initiatives.

The Research Committee co-ordinates and leads the development of a programme of research for nurses in HSCT, progressing evidence based practice and clinical knowledge as well as provides support to individuals involved in research. In 2010 the NG has

worked in collaboration with the Late Effects Working Party to develop and initiate a study on sexual functioning. The research committee performed a survey on patient information during the conference in Vienna. Results will be presented at the EBMT conference 2011 and a manuscript is almost ready for submission to a scientific journal; Health care professionals' perspective on patient information in stem cell transplantation: A study from the Nurses Group of the European Group for Blood and Marrow Transplantation.

The Communication and Networking Committee is responsible for producing the EBMT-NG Newsletter which is distributed 3 times a year and for producing the content of the website.

The **Paediatric Committee** has developed an active collaboration with the Paediatric Diseases Working Party (PDWP). The chair of the nurses committee is actively involved in the Scientific Committee of the PDWP. The second combined meeting with the PDWP, held in Helsinki from the 2nd to the 4th of April of 2010, is an example of the successful collaboration between nurses and physician which the nurses group encourage and aim to develop further.

The Nurses Group works intensively with **8 National Groups and 2 Regional Forums** on several projects on a regional, national and international scale. The expansion into different countries is one of the goals of the EBMT NG Board.

Educational Initiatives: An important goal identified by the EBMT-NG Board is to expand and optimise existing educational projects making them accessible to all haematology nurses across Europe. With this in mind the EBMT NG has worked on educational

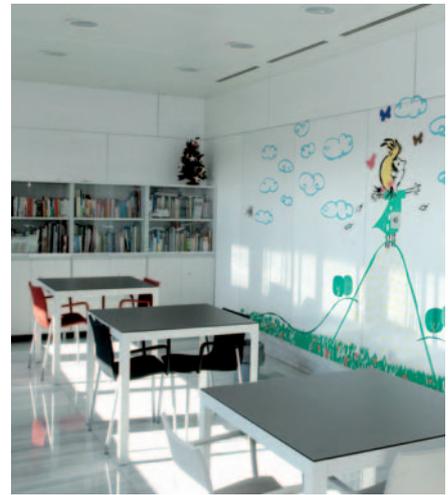


projects regarding ITP, CML, Adherence and Compliance in CLL and Bone Health in MM. In collaboration with the LWP there was a Study day within Barcelona. Furthermore the Board took the initiative to get more involved in the Educational Committee to work on combined education and also to give a contribution on the EBMT Handbook in 2011.

The EBMT Nurses Group firmly believes that by investing more in research and education together with other EBMT Working Parties and Committees, the care for the patients can be improved and this will form the basis of the group's primary objectives for 2011.

Arno Mank

EBMT Nurses Group President



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transplantation (HSCT): an overview
from the EBMT Activity Survey

The EBMT Registry: an essential
tool for the collection and analysis of
patient transplant data in Europe

The scientific activity reports

Publications 2010 in
peer-reviewed journals

Initiating pioneering prospective
studies: a report from the Clinical
Trials Office

EBMT-ED, the educational
branch of the EBMT

JACIE - helping improve quality
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The EBMT Nurses Group for the
excellence in patient care

The Corporate Patrons

The membership statistics

EBMT financial highlights

The Board and Committee
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19 Corporate Patrons supported the day-to-day work of the society in 2010.

With their generous support, EBMT Corporate Patrons join the mutual efforts of EBMT members to promote all aspects of blood and marrow transplantation. The EBMT aims for long-term relations with

its Corporate Patrons in order to ensure a safe development of its activities, thanks to their three-year commitment.

In 2010, two new Corporate Patrons joined the EBMT: Gentium as Silver Sponsor and Hospira as Bronze Sponsor and we are extremely grateful for their support.

Platinum - 100.000 €



Gold - 50.000 €



Silver - 20.000 €



Bronze - 10.000 €





The membership statistics

	FY2008		FY2009		FY2010	
	Number	Real income	Number	Real income	Number	Real income
Membership	527	469.048,00 €	536	443.890,00 €	537	478.152,00 €
Corporate members	20	789.859,00 €	19	489.448,00 €	19	626.779,00 €
Annual congress	1	1.059.151,00 €	1	859.252,00 €	1	743.581,00 €
Clinical trials	8	654.419,00 €	8	554.920,00 €	9	352.729,00 €
Other	-	46.765,00 €	-	31.322,00 €	-	145.000,00 €
Total income		3.019.242,00 €		2.378.832,00 €		2.346.241,00 €

EBMT financial highlights

The financial combined statements of the EBMT Society for the fiscal year of 2010 show a change of tendency compared to the last years, with a slight increase in the expenses (9%), which reached 2,52M€ and a slight decrease in income (-1%), which totalled 2,38M€. In spite of the financial crisis, we would like to thank our long-term Corporate Patrons for their ongoing, generous support. Timely payment of member fees is also very much appreciated by the Board.

Expenses

The total expenses have increased by 1% as compared to last year, as a consequence of the increase of scientific research activities (Clinical Trials and Committees) and a more dynamic association life (Board, Treasurer).

The scientific and educational mission related expenses represent 80% of the total expenses for EBMT (Clinical Trials, Registry and Working Parties and a part of Executive Office activities).

Income

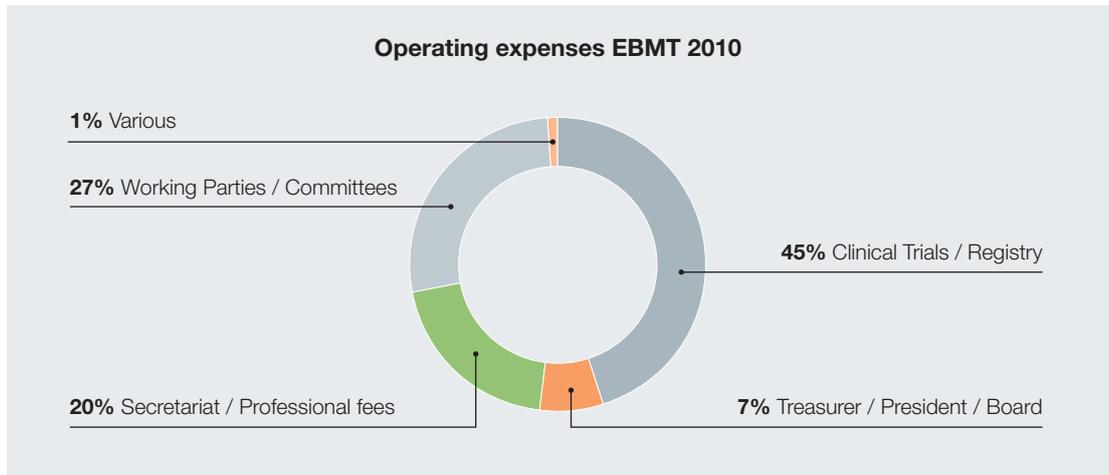
The income from corporate members has increased significantly, by 31%. The membership fees have increased by 7%. The income from Clinical Trials has diminished considerably. As well, the financial income (mainly interest generated) has increased substantially during 2010.

The success of the EBMT 2010 meeting in Vienna resulted in a good profit for the Association.

The main sources of income from EBMT are Corporate Patrons (27%), membership (21%), clinical trials (15%) and the annual meeting activities (32%).

Jan Cornelissen
EBMT Treasurer

- Introduction to the EBMT: its mission and vision
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- Letter from the Executive Director
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The Board and Committee Chairs in 2010

Executive Committee

President

Alejandro Madrigal
London, UK

Secretary

Anna Sureda
Barcelona, Spain

Treasurer

Jan Cornelissen
Rotterdam, The Netherlands

EBMT Working Parties Chairs, Nurses Group President and Congress President

Aplastic Anaemia

Judith Marsh
London, UK

Autoimmune Diseases

Dominique Farge Bancel
Paris, France

Immunobiology

Andrea Velardi
Perugia, Italy

Infectious Diseases

Simone Cesaro
Verona, Italy

Lymphoma

Peter Dreger
Heidelberg, Germany

Solid Tumours

Marco Bregni
Milan, Italy

Acute Leukaemia

Mohamad Mohty
Nantes, France

Chronic Leukaemias

Theo De Witte
Nijmegen, The Netherlands

Inborn Errors

Bobby Gaspar
London, UK

Late Effects

André Tichelli
Basel, Switzerland

Paediatric Diseases

Christina Peters
Vienna, Austria

Nurses Group President

Arno Mank
Amsterdam, The Netherlands

Congress President 2011

Norbert Claude Gorin
Paris, France

EBMT Committee Chairs

Cord Blood Committee

Eliane Gluckman; Vanderson Rocha
Paris, France

Developmental Committee

Katarina Le Blanc
Stockholm, Sweden;
Wim Fibbe
Leiden, The Netherlands

Education Committee

Tamás Masszi
Budapest, Hungary

Nuclear Accident Committee

Ray Powles
London, UK

Outreach Committee

Vladimir Koza
Pilsen, Czech Republic;
Eliane Gluckman
Paris, France

Prospective Clinical Trials Committee

Mohamad Mohty
Nantes, France

Quality Assessment of Autografts

Francesco Lanza
Cremona, Italy

Statistical Committee

Myriam Labopin
Paris, France

Board of Counsellors

John Goldman - London, UK
Andrea Bacigalupo - Genova, Italy
Gösta Gahrton - Stockholm, Sweden

Bob Löwenberg - Rotterdam, The Netherlands
Mary Horowitz - Wisconsin, USA

Thanks to Jordi Sierra and his team from the Haematology Department at the Sant Pau Hospital in Barcelona, Spain.

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