



Minutes of the LABMT Meeting in Foz do Iguaçu, Paraná, Brazil, on May 18, 2012 at 6PM in a meeting simultaneous to the Highlights of ASH.

Dr. Luis Bouzas welcomed all participants to this third meeting of the LABMT and presented the **agenda**:

1. Welcome, introduction and presentation of the logo for approval
2. Review and approval of minutes from the San Diego meeting
3. Identification of primary and alternate country representatives
4. Presentation of the WBMT questionnaire
5. Presentation of first draft of LABMT bylaws
6. Plan for the next meetings and teleconferences
7. Plan for corporate partners

An skype connection was established with Paula Watry and Marcelo Pasquini. Dr. Marcelo Pasquini also welcomed the participants and presented LABMT and the full support of the Worldwide Network of Blood and Marrow Transplantation (WBMT), which in cooperation with the World Health Organization (WHO) promotes excellence in stem cell transplantation around the world. Dr. Marcelo Pasquini also presented a proposal to have an **HSCT Meeting** organized in **Latin America** similar to the one organized by WBMT/CIBMTR in Vietnam in 2011, discussing the infrastructure to establish new SCT programs and the possible local difficulties and solutions. Dr. Dietger Niederwieser, President of WBMT, tried to participate too but it was very hard for everyone to listen to the participants who were speaking in Spanish and we finally decided to get disconnected. Dr. Willen Bujan (Costa Rica) has tried to get connected but it was not successful.

The name of Dr. Gustavo Kusminsky (Argentina) was included in the minutes. The minutes were otherwise approved and will be posted at the WBMT website.

The **participants** presented themselves: Carmen Rosales, Colombia; Clementina Landolfi, Venezuela; Gregorio Jaimovich, Argentina; Gustavo Kusminsky, Argentina; Juliana Martinez Rolon, Argentina; Karina Rojas, Peru; Luis Fernando Bouzas, Brasil; Milton Artur Ruiz, Brasil; Ricardo Pasquini, Brasil; Sergio Murillo, Peru; Vergilio Antonio Rensi Colturato, Brasil; Adriana Seber, Brasil

The Group established the official **language** for the Group to be **Spanish** for meetings and **English** for correspondence and bylaws. The official **name** will be **Latin American Blood and Marrow Transplantation Group (LABMT)**.

Using the WBMT Bylaws as a template to discuss and after some debate, the group agreed to have a **scope** both in **Hematopoietic Stem Cell Transplantation**, as well as **Cellular Therapies for non-Hematological diseases**. The detailed bylaws as discussed are attached to this file.

The **representatives and alternates** of each country still have to be appointed by the HSCT or Hematology Societies of each country. The Group has the opinion that representatives can be consecutively appointed to participate in LABMT. The interim executive committee appointed by WBMT and agreed upon in the former meeting is Luis Bouzas, Interim President of LABMT and Adriana Seber, Interim Secretary of LABMT. Dr. Bouzas also suggested Dr. Juliana Rolon from Argentina, Dr. Sergio Murillo and/or Dr. Antonio Carrasco from Peru, Dr. Juan Arguelles, De. David Gomez or Dr. Roberto Ovilla from Mexico, Dr. Amado Karduss and/or Virginia Abello from Colombia and the very active Dr. Willen Bujan, from Costa Rica.

It was decided to circulate by e-mail:

1. the corrected minutes of the San Diego Meeting (attachment 1)
2. the proposal for the LABMT Bylaws (attachment 2)



3. this minutes of the Foz do Iguaçu meeting
4. WBMT survey sheet (only one page per year per center 2010-2011) to know which diseases are we transplanting and which type of transplants we are performing and (attachment 3). They can be filled in and sent to LABMT at labmt@sbtmo.org.br. LABMT will forward the BMT Survey to WBMT and organize the data for publication

Shortly, it will also be sent a proposal for Latin American a regional meeting with WBMT and a proposal of partners for LABMT and possibilities of funding as private companies (e.g. Therakos, Biosafe, other Laboratories), governmental organizations and international organizations will also be sent to all participants. Dr. Bouzas will also send the infrastructure/activity questionnaire for HSCT centers and other cellular therapy programs to be filled in

The next executive committee will be elected among this Board of representatives and alternates indicated by each countries' BMT of Hematology Societies. The positions indicated in the Bylaws are President, Vice-president, Secretary, Treasurer, and the chair of each Standing Committees (and Special Committees, if any is needed). The **Interim Board** of LABMT should include, as suggested by Dr. Bouzas, Dr. Juliana Rolon from Argentina, Dr. Sergio Murillo and/or Dr. Antonio Carrasco from Peru, Dr. Juan Arguelles, De. David Gomez or Dr. Roberto Ovilla from Mexico, Dr. Amado Karduss and/or Virginia Abello from Colombia and the very active Dr. Willen Bujan, from Costa Rica. It would be important for all participants that are interested in participating in LABMT to ask their Hematology or BMT Society to be either the representative or alternate and send it officially to LABMT (labmt@sbtmo.org.br).

The next meeting of the LABMT will be in **Ribeirão Preto**, Brazil, August 2-5, 2012, to approve the bylaws and to appoint the first LABMT Executive Committee among the countries' representatives. The second meeting will be at the **ASH Annual meeting in Atlanta, December 8-11**, 2012. On the next year, we may meet at the time of the Highlights of ASH in Santiago, April 25-26. Although it cannot be taken as a promise, Dr. Bouzas will look for support for these meetings.

For the next conference calls, WBMT has kindly offered infra-structure, or the Group may considered to use the "Illuminator System" – Webex of WHO that is run in computers. The contact to set it up would be Mahli from WHO in Washington.

The list of all participants/ interested physicians and respective addresses was sent on the 19th of May, 2012 and shall be part of the distribution list:

- Ada Carneiro - Sociedad de Hematologia de Uruguay adacarneiro@yahoo.com
secretariashu@personas.com.uy
- Adriana Seber, Brasil – São Paulo Sociedade Brasileira de Transplante de Medula Óssea (SBTMO), Sociedade Brasileira de Oncologia Pediátrica (SOBOPE), Adriana_seber@hotmail.com adrianaseber@gracc.org.br +55 11 5080-8487 +55 11 9614-3210
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- Luis Fernando Bouzas, Brasil – Rio de Janeiro luisbouzas@terra.com.br Sociedade Brasileira de Transplante de Medula Óssea (SBTMO) e LABMT labmt@sbtmo.org.br
- Marcelo Pasquini, Board of WBMT and CIBMTR, mpasquini@mcw.edu
- Mario Luis Tejerina Valle - Sociedad Boliviana de Hematología Hemato44@yahoo.com and andrestitoangelo@hotmail.com
- Mercedes Prieto - Sociedad Venezolana de Hematología (vice presidente) Prieto.mercedes@gmail.com
- Milton Artur Ruiz, Brasil – São José do Rio Preto milruiz@yahoo.com.br
- Paula Watry, Board of WBMR, pwatry@mcw.edu
- Ricardo Pasquini, Brasil – Curitiba pasquini@hc.ufpr.br
- Sergio Murillo, Peru smurillov@gmail.com Sociedad Peruana de Hematología +51 99350-3122
- Vergilio Antonio Rensi Colturato, Brasil – Jaú vcoulturato@uol.com.br
- Willen Bujan, Costa Rica, wbujan@racsa.co.cr
- Yadira Coll, yadiracoll@hotmail.com Medellín

PS- on the day following the LABMT meeting there was another meeting of the “Latin American Registries and few other physicians who were not at the LABMT meeting got very interested and asked please to be included in our mailing list: Dr. **Mercedes Prieto - Sociedad Venezolana de Hematología** (vice presidente) Prieto.mercedes@gmail.com; Dr. **Mario Luis Tejerina Valle - Sociedad Boliviana de Hematología** Hemato44@yahoo.com and andrestitoangelo@hotmail.com, Dr. **Ada Carneiro - Sociedad de Hematología de Uruguay** adacarneiro@yahoo.com secretariashu@personas.com.uy . On Mar 19, Dr. Gustavo Kusminsky had a meeting with Dr. **Yadira Coll**, yadiracoll@hotmail.com from **Medellín**, who works in a very active HSCT team and showed to be very interested in participating in LABMT.



Attachment 1: Corrected minutes of the San Diego Meeting

**MEETING OF THE LATIN AMERICAN BLOOD AND MARROW TRANSPLANTATION SOCIETY
AT THE TANDEM MEETINGS IN SAN DIEGO
Saturday February 4, 2012 Room Ford A
4:30-6:00 PM**

Dietger Niederwieser, president of the WBMT, welcomed all participants and explained the structure and scope of the WBMT as a federation of international societies working in cooperation with the World Health Organization (WHO) to promote excellence in stem cell transplantation, stem cell donation and cellular therapy. The WBMT has a board of 18 societies working in the field of stem cell transplantation and covering most of the WHO regions including Europe (European Group for Blood and Marrow Transplantation; EBMT), Eastern Mediterranean (Eastern Mediterranean Blood and Marrow Transplantation Group; EMBMT), Asia Pacific (Asia Pacific Blood and Marrow Transplantation Group; APBMT) and Northern America (CIBMTR) but also the World Marrow Donor Association WMDA and many other societies active in the stem cell transplantation field. Recent deliverables of the WBMT were mentioned like the annual global activity survey, the meeting in emerging countries (Hanoi Vietnam 2011) and the activities of the standing committees of the WBMT. The experience WBMT had in the local meeting organized in Hanoi was excellent. All slides are available at the WBMT website www.wbmt.org and the WBMT will prepare an algorithm for optimizing transplant activity and support within a country. The idea would be to have similar workshops in Latin America but it would be necessary first to have a local society to organize such a meeting.

He then went on to give some background information about the evolution of what has come to be called the LABMT. During the SBMTO meeting in Rio in August 2011, transplant center directors in Latin America discussed the creation of the LABMT agreeing it is necessary to build a "Latin American Blood and Marrow Transplant group". One important goal for this organization is to represent the region of Latin America within the Worldwide Network for Blood and Marrow Transplantation (WBMT) group, a non-profit scientific organization with the mission to promote excellence in stem cell transplantation, stem cell donation and cellular therapy (www.wbmt.org). The purpose of this cooperation would be to engage in scientific and educational activities and endeavours. The annual global survey is one of the activities of the WBMT.

Next there was a teleconference in January 2012 during which it was decided to organize a face to face meeting at these Tandem meetings in San Diego to move the organization of the LABMT forward. Minutes from the Rio meeting and the phone conference are available at www.WBMT.org. Dr. Niederwieser asked to approve the minutes of the last phone call. The document was approved after a few e-mail corrections.



The idea would be to have a LABMT Society with all Latin American BMT societies as affiliates. Since many Latin America countries have Hematology but do not have BMT Societies, these Hematology Societies (e.g. in Argentina, Paraguay, Uruguay) could also be part of LABMT. And then, this regional Society, the LABMT, would be part of WBMT. WBMT associates are societies and health care authorities, not individuals.

He also introduced Paula Watry (administrative support), as well as Helen Baldomero, responsible for data collection at the global level.

The agenda for today's conference, as presented by Dr. Dietger Niederwieser, was to continue discussions of the foundation of a Latin America BMT Society (LABMT), its executive committee and elections of a president, vice president, secretary and treasurer. Dr. Dietger Niederwieser previously sent out the bylaws of the WBMT to be used as a template.

Dr. Alejandro Madrigal, president of the EBMT, confirmed his strong support in developing the LABMT further.

Dr. Marcelo Pasquini, representing the CIBMTR within the WBMT, and closely connected to the LABMT activities, explained the need to form the LABMT and to represent this region in the WBMT. Stem cell transplantation has reached a global dimension and activities are still increasing from year to year. Collaboration of scientists, physicians, but also of national health authorities, donor registries and many other groups is urgently needed and centers need to connect nationally, internationally and globally. The final aim of WBMT is to have a network between communities, regions and societies to promote access to transplant and to optimize stem cell transplantation around the world. Dr. Pasquini continued saying that there are excellent BMT programs in Latin America and attempts have been made before to bring this community together. In Latin America with a population of more than 6 hundred million people, relatively few BMT centers are available and they are too loosely integrated. WBMT would like to facilitate the integration and to have representatives from the regions in its cooperation with the WHO.

Dr. Kodera, the vice president of the WBMT and president of APBMT, explained that he has been part of WBMT now for 5 years. He thinks that APBMT is a very good model for LABMT because there has been no competition between societies, CIBMTR and EBMT. APBMT was formed in 1990 and encourages the report of small experiences and exchange of information between the Asian Pacific countries. Every year the APBMT has an annual meeting and the first topics are always country reports: it shows that each country member is important, that the experiences are interesting and it gives them good information about the other countries. He encourages LABMT to do the same, to build a good communication and to perform an activity survey in the region. The captured data must be solid and informative for each country. Then, LABMT can move to outcomes registries but it has to be a step-by-step development.



Last year, the WHO proposed to the WBMT to start a promotion for stem cell transplantation in the Asia Pacific area for countries without a stem cell transplant program or with low activity according to the activity survey published in JAMA. The result was the Workshops organized by WBMT in Hanoi, Vietnam with the participation of politicians and physicians and was very successful in understanding the problems and need of the countries.

Dr. Luis Bouzas reinforced that the mission of WBMT is to promote excellence in stem cell transplantation and cellular therapies at a global level. He thinks that it would be very good for the Latin American region to have more contact within the continent, but also to represent the region. Africa and Latin America are the only continents without representation in the WBMT. His impression was that the persons representing the ten countries in Rio were excited about this idea and committed to work together. One of the goals of a new group might be the collection of stem cell transplantation activity data in Latin America in order to have a right reflection on the important contribution the Latin American programs are giving to the global activity, but also to support the needs of individual transplant programs. LABMT should promote relationships between the transplant centers to help to advance the scientific development in the region, to protect the patients and to create a regulatory environment in the region. Each society or group (nation) with special interest in BMT should have a representative. Dr. Luis Bouzas has talked previously to Gustavo Milone, both are interested in being part of the LABMT, although they are not at this meeting.

Dr. Niederwieser explained that a section was created in the WBMT webpage in order to temporarily allow LABMT to include minutes and documents of interest during developmental stages. Dr. Alejandro Madrigal and Dr. Niederwieser suggested to the group to identify the national BMT or Hematology Societies in Latin America, to aim for a model of primary/secondary representatives from each country in Latin America and to build an interim Board composed of members of national societies or individual in countries without national societies.

Next Dr. Niederwieser reviewed a list of countries, representative names, levels of activity, and presence of BMT or Hematology Societies. They are summarized as follows:

Argentina has a Hematology Society and a chapter of BMT within the society led by Dr. Juliana Martinez Rolon, present at the meeting together with Dr. Gregorio Jaimovich and Dr. Gustavo Kusminki - and invited to take part in LABMT. Argentina already has National Donor Registry that works with BMDW and WMDA.

Bolivia has no BMT activity yet.

Brazil has the Brazilian Bone marrow Transplantation Society (SBTMO) and a National Donor Registry – REDOME.



Chile has very active physicians, Dr. Julia Palma, Dr. Francisco Barriga, Dr. Claudio and Sandra Elgueta; they have a BMT group within the Hematology Society. More than 400 transplants are performed per year.

Colombia has a National Hematology Association and they are thinking of starting a transplantation chapter within it.

Costa Rica has Dr. Bujan and Dr. Oscar Porras, pediatrician. Dr. Bujan offered his help to organize this task and his experience from previous activities.

Ecuador has two groups performing BMT: Dr. Patricio and Dr. Bouzas has his e-mail.

Panama Dr. Ernesto says Dr. Fanilla is very active. He was already contacted previously and his response was positive.

Paraguay does not have a BMT program yet.

Peru has a Hematology Association (can not be called a Society due to local legal issues), one BMT unit and they are looking forward to establish two more.

Republica Dominicana has no BMT activity yet.

Mexico has a Hematology Society with 400 members; a group with special interest in BMT is being organized; Dr. David Gomez-Almaguer suggested contacting the president to indicate a representative.

Uruguay, Dr. Ricardo Pasquini reported considerable activities with more than 70 transplants per year. There is a Hematology Society and Dr. Milka Bengochea Sindome (from the Instituto Nacional de Donación y Trasplante de células, tejidos y órganos - INDT - Ministerio de Salud Pública – Uruguay) is in the addresse list of the LABMT; there is a national fund to finance all transplants, National Registries that work with BMDW and WMDA and they have all the data of what is performed in the country.

Venezuela the group knows a few names from prior meetings as Dr. Carmem Milanez, Dr. Francisco Ramirez, Dr. Socorro and Dr. Somoza.

In addition to the national activities, there is already an important support by the following health organizations, which were involved in previous meetings and were invited to the San Diego Meeting.

ONT: Eduardo Martín-Escobar; -Gregorio Garrido; -Mar Carmona; Mattesanz
WHO: Malhi Cho Calidad en la Atención y Seguridad del Paciente; Luc Noel; WHO; Geneva



An interim board for LABMT would involve representatives from each country with two persons (one leading representative and one alternate). These persons should organize a telephone conference in March and discuss about bylaws of the LABMT using those of the WBMT (see homepage) or the SBTMO bylaws as template. Ideally the representatives should have the mandate of the stem cell transplant society of their country, but this may not be feasible since many countries do not have such a society or not even a Hematology association. Therefore the idea was to establish an interim board of individuals of these 13 countries. This interim leadership should start the activities and thereafter the leadership should be elected. This interim committee should be defined today and should work until the next meeting.

Dr. Bouzas offered the infrastructure of the Brazilian Society (SBTMO) for LABMT to start its activities – the location, secretary, computer and internet access. LABMT should get organized to have bylaws and to rotate the leadership between the partner societies every couple of years. The group can also count on help from Paula Watry and Dr. Marcelo Pasquini.

A proposal was discussed to organize an annual scientific meeting (ideally together with other meetings in the region). It was suggested that LABMT should meet during the *Highlights of ASH* in Latin America next May 18-19 in Foz do Iguaçu, Brazil and continue the process of bylaws development and activity planning.

Dr. Kodera suggested to move forward step-by-step. If there are special topics to be discussed, a separate meeting can be arranged. One of the activities of WBMT is the creation of a global transplant center number. In order to proceed with this task, WBMT will need a list of transplant programs from each country and the information about reporting of the center. Each BMT Center will eventually receive a WBMT Global Center Number to avoid duplications.

He suggests that the initial LABMT members should be representatives of each country and must be active in BMT, not necessarily the most important names. In many countries hematopoietic stem cell transplantation groups belong to Hematology/Oncology Societies. LABMT should involve BMT physicians but must also involve nurses, and other professionals. This helps to bring the HSCT teams stronger and more active.

It was further suggested that each participant, if not already fully reporting to the CIBMTR, could download the brief activity report form from the WBMT webpage and try to collect information on their country. Ideally there should be only one page per year per country. The form is very easy to fill in, does not need a data manager because only totals are included. This report does not substitute reporting to the CIBMTR or EBMT. The WBMT reports can be sent to Dr. Bouzas and copied to Helen Baldomero so it will not be counted twice. A common email address will be designed by the SBMTO to which all reports can be sent for forwarding to Helen.



Dr. Marcelo Pasquini reported a survey conducted by the International Studies Working Committee of CIBMTR with 50 centers answering the questionnaire. But there may be much more data available. The global activity survey currently being evaluated by the WBMT is the 2009 – 2010 and information from LABMT is still needed. The survey has been obtained from the reports of the CIBMTR, the EBMT, the APBMT and the EMBMT. The SBTMO provided data from Brazil. Data from centers reporting to these societies have their activity included. The WBMT activity report is different from CIBMTR or EBMT reports because it involves only a single sheet (available at the WBMT website to download). The idea for the global survey is to present data by country and region – not by teams.

Helen Baldomero reviewed the activity survey process and showed that Latin America is under-represented. This should be one of the first tasks of the LABMT. It was explained that there are two levels of activity reports: first the simple one involving one single sheet/year, where every transplant program can report in a very easy way the number of transplants and indications for each team; second the CIBMTR TED or EBMT MED A form, where every patient is reported in detail including the 100 days outcome. For the global survey just the first report is needed for those teams not reporting yet. This is not time consuming and usually reported by the physician and not data managers. It was suggested that each participant not reporting already to one of the board member societies of the WBMT could consider completing these annual activity reports. These reports do not substitute reporting to the CIBMTR or EBMT.

Kodera suggests that the initial LABMT board should consist of representatives of each country and should be persons active in BMT, not necessarily the most important names. In many countries hematopoietic stem cell transplantation groups belong to Hematology/Oncology Societies. LABMT should involve BMT physicians but must also involve nurses, and other professionals. This helps to bring the HSCT teams stronger and more active.

An interim committee should be defined today and should work until the next meeting; SBMTO and WBMT infrastructures can be used, and the group can also count on help from Paula Watry and Dr. Marcelo Pasquini.

The representatives present at this meeting from Brazil (Luis Bouzas and Adriana Seber), Argentina (Juliana), Peru (Murillo and Antonio), Mexico (Guillermo, David or Ovilla), Colombia (Karduss, Alleio) and Costa Rica (Bujan) were indicated as interim board and should be in contact with other participants and sending a letter to other counties inviting their participation. This list is still incomplete, but represents a starting point for the teleconference in March. It was mentioned also that the LABMT should not be too restrictive. People motivated can join and are more than welcome to work on this idea. They may also want to participate on the standing committees of the WBMT.



For the virtual meeting in March, Cho Malhi, the WHO representative for Latin America, has offered their web service (<http://new.paho.org/> and the illuminate system www.paho.org/virtual/PatientSafety) free of charge. An e-mail list for LABMT will be created.

WBMT can also be very helpful to the HSCT centers. For example, in Japan once faced the possible shortage of bone marrow collection kit from one company because of the discontinuation of supply of that company. The WBMT/APBMT office immediately had contacts with the members of WBMT/APBMT and they found another company which produced similar devices avoiding real shortage. WBMT helped also to contact BMT teams in Japan during the Fukushima accident because nobody knew if they were alive or dead. It would be interesting to understand the laws in each region.

Another resource available at the WBMT webpage is the presentations of the Hanoi meeting; they address important issues in setting up a BMT program and how to optimize a BMT program. Training of primary physicians was identified as the major issue for a successful program. WBMT will develop a program on this issue in the near future. Participants can use these presentations for their own presentations at home, for politicians, etc. and are invited to ask questions to the executive committee or board of the WBMT.

Dr. David Gomez–Almaguer offered a room at the World Congress of Hematology Meeting in Cancun, Mexico. He has led another LA group that has presented and published data but the group faced many problems and one of them was to depend on other meetings to get together. He reinforces that LABMT must have its own meetings and its own identity.

Dr. Niederwieser thanks everyone in attendance and is positive for the future of the LABMT.

Attendees:

All participants introduced themselves and signed in:

Dietger Niederwieser – president of the WBMT; Paula Watry – CIBMTR; Luis Fernando Bouzas – Brazil; Adriana Seber – Brazil; Yoshisha Kodera – chairman of the Asian Pacific BMT; vice-president of WBMT; Juliana Martinez Rolon – Argentina; Gregorio Jaimovich – Argentina; Helen Baldomero – Switzerland –data collection WBMT; Goumar – Canada e India – centers not reporting to CIBMTR and came to hear about the initiative; Ricardo Pasquini – Curitiba, Brazil; Maria Moreno – Lima, Peru; Alessandra – originally from Venezuela, works in the US with patient services at NMDP; Alejandro Madrigal – Mexican, president of EBMT; Roberto Ovilla – Mexico; David Gomez – Mexico; Juan Argueles – Mexico; X? - Monterey Mexico; Bitar – Israel; - Spanish group VMT; Cancelado – Colombia; Cardoso – Colombia; Carmem – Colombia; Amado Karduss – Colombia; Virginia Abello – Colombia; Claudia Souza – Colombia; Vaneuza Funke – Curitiba, Brazil; Marcelo Pasquini – CIBMTR; Lima – Peru – partial report; Antonio Carrasco – Peru; Sergio Murilo – Peru; - NCI; Nanci Difeferezo – NHLI – NIH; Carmem Bonfim – Curitiba, Brazil; Willen Bujan - Costa Rica

Attachment 2: Proposal for the LABMT Bylaws



Latin American Bone Marrow Transplantation Group (LABMT) Bylaws based on the Worldwide Network for Blood and Marrow Transplantation Bylaws (Version 3 – amended/ approved February 20, 2011)

ARTICLE I

The name of this group is: Latin American Bone Marrow Transplantation Group (LABMT)

ARTICLE II

Incorporation

The LABMT (herein referred to as the group) is a non-profit organization for educational, scientific and philanthropic purposes under Brazilian laws located at Rua Hadock Lobo, 72 room 407 – Estácio – Rio de Janeiro – RJ – Brasil, 22.260-132, Phone +5521 2273-8390, shared with the Brazilian Bone Marrow Transplant Society - Sociedade Brasileira de Transplante de Medula Óssea (SBTMO).

ARTICLE III

Mission

Promote excellence in hematopoietic stem cell transplantation (HSCT), stem cell donation, cellular therapy (CT) and accreditation in Latin America through collaboration of existing national and international societies using coordination, communication and advocacy. The purpose of this cooperation is to engage exclusively in charitable, scientific, and educational activities and endeavors including specifically, but not limited to, promoting and fostering, among the many scientific and clinical disciplines, the exchange and diffusion of information and ideas relating to SCT and CT and encouraging investigations on these matters. The focus of the Group is to collaboratively advance the field of HSCT and CT while not pre-empting the activities of its member societies.

ARTICLE IV

Membership

The members of the Group are:

- a) Voting Members: organizations involved in stem cell donation, HSCT and CT, which fit into one or more of the following categories:
 - Professional and scientific national societies;
 - Outcomes registries with national data collections;
 - Organizations with scope in the areas of accreditation, standard-setting, quality systems and regulatory compliance/harmonization;
 - Societies with an educational mission relevant to HSCT and CT.

- b) Non-voting Members: organizations or individuals involved in HSCT and CT that are not affiliated with a member organization and that do not meet requirements for voting membership, but are deemed to represent a relevant community. This should fit one or more of the following categories:
 - Regional or local Societies;
 - HSCT centers or physicians from countries without an organized HSCT or Hematology Society;



- Regulatory Agencies;
- Individuals with specific expertise, considered by the board as important to the group and to its mission;
- Private Companies with activities or products relevant to HSCT or Cellular Therapy.

There shall be one appointed individual and one alternate represent each organization. Each Latin-American country can have only one vote, that represent the simple majority of the votes of the voting members within that country.

Applications for membership are submitted in writing to the Board, which will vote on whether to award voting or non-voting member status to the applicant at the next scheduled Board meeting occurring less than four weeks after the application is received. A simple majority vote is required for awarding membership.

ARTICLE V

The Board

The Board shall consist of:

- a) One representative from each voting society and one alternate and shall consist of not less than six persons. The voting society will designate which representative is primary and which is the alternate. Board Members (representatives and alternates) are appointed by their parent society to a four-year term that may be renewed. The alternate representative shall only exercise the vote of the voting organization if the primary representative is absent. Each country has one vote, which shall be the majority of the votes within the country, even if it is represented by more than one voting organization.
- b) Committee chairs of the LABMT. Committee chairs are non-voting Board members.
- c) When a voting member is elected to the Executive Committee, another representative should be nominated to the Board by the Member Society within 4 weeks.

Board meetings are open to all individuals actively involved in the HSCT and CT field and held two or more times per year. Meetings may include executive sessions restricted to Board members when consideration of membership applications, removal of officers or other issues where it is deemed that confidentiality of individuals and/or organizations must be protected or as otherwise in the best interests of the organization as determined by majority vote.

ARTICLE VI

Officers

All officers must be representatives of voting members of the board. The organization shall indicate another representative and alternate. There shall be no more than two officers from the same Latin American country. All officers are voting members.

The Board elects the officers: a) President, b) Vice-President, and c) Secretary d) Treasurer, who, together with the President-elect and Past-President constitute the Executive Committee from among voting directors of the Board.

Duties of the officers: The duties of all officers and committees will be as specified in the house rules. The



Executive Committee meets at least quarterly.

President: The President shall preside at all meetings of the Network and shall serve as chair of the Executive Committee, be an ex officio, non-voting member of all committees, and perform all other duties required by customary usage. Unless otherwise provided in the Bylaws, the President, with the approval of the Executive Committee shall appoint an individual from a voting society to fill interim vacancies on any standing committee or special committee. The order of succession to the Presidency, in case of need, is President-Elect or Past-President, Vice President, Secretary/Treasurer.

President elect: The President-Elect is a member of the Executive Committee. The President-Elect initiates such preparatory measures as are implied by this office, and shall also perform such other duties as may be assigned from time to time by the Executive Committee or the President.

Vice-president: The Vice President will perform the duties of the President in the absence or incapacity of the President, will become President if the office of the President become vacant, and will perform such other duties as may be assigned to him/her by the Executive Committee or President. If a vacancy should occur in the office of Vice President, the group will elect a Vice President at the next meeting in addition to the other Officers.

Secretary: The Secretary shall oversee the maintenance of a permanent record of the meetings and the transactions of the Executive Committee and the Network including any reports that may be required under applicable federal, state, or local law. If the office of Secretary becomes vacant, the Executive Committee, upon the recommendation of the President, may appoint a member to fill the remainder of the unexpired term.

Treasurer: The Treasurer shall have oversight of the budget of the group, and under the direction of the Executive Committee, shall oversee the expenditures of the group. The Treasurer will make an annual report of the income and expenses and a detailed statement of the financial condition of the group. The Treasurer will oversee the development and presentation of the budgets of the group. The Treasurer shall also perform all other duties incident to the office of Treasurer.

Term of Office: The President serves a single two-year term as President. The President serves a one-year term as President-Elect before becoming President and a one-year term as Past-President upon completion of his/her term as President. Succession of the President-Elect to President shall be automatic. The Vice-President and Secretary/Treasurer may serve three consecutive terms of two years in each such office. All Officers are elected by the Board.

Nominations and Election: The Voting Societies will be asked to appoint suitable candidates for each vacant office and for Committee Chairs.

Ballots will be distributed to all Board Members and the Executive Committee by electronic mail. One person will be elected to each office by vote of a plurality of those voting. Election results will be ratified by the Board at the next annual business meeting and posted on the website.

Indemnification: The Network shall to the extent legally permissible indemnify each of its Officers and Board Directors against all costs, liabilities, and expenses (including counsel fees) reasonably incurred in connection



with the defence or disposition of any action, suit, or other proceeding, asserted or threatened while in office or thereafter, by reason of having been such a Officer with respect to any matters as to which he/she acted in good faith in the reasonable belief that the action was in the best interests of the Network. The right of indemnification hereby provided shall not be exclusive of or affect any other right to which any Officer may be entitled.

ARTICLE VII

Executive Committee

Membership: The Executive Committee shall consist of the President, who shall serve as chair, the Past-President, President-Elect, the Vice President, the Secretary, Treasurer and the standing Committee Chairs. Interim vacancies occurring on the Executive Committee shall be filled by individuals recommended by the President among the voting representatives and approved by the Executive Committee. The appointee shall serve until the next annual business meeting of the group. The president of an Executive Committee cannot serve simultaneously as a Board member.

Functions: The Executive Committee may act on behalf of the Board in between meetings of the Board and shall manage the affairs of the group and shall perform all such acts as are necessary to fulfill such functions or as are required or permitted by the Bylaws. The Executive Committee passes on questions of policy, receives reports of committees and approves or disapproves their recommendations, and provides advice and approval or disapproval to the President, Past-President/President-Elect in regard to committee and chair appointments. It is empowered to enter into contracts and authorize expenditures necessary for the group. The Committee may delegate its authority to enter into contracts and approve expenditures to the Officers or employees of the group subject to such guidelines as the Committee may adopt from time to time.

Meetings: The Executive Committee shall hold at least two regular meetings a year. The time and place for such meetings is to be determined by the President. Special meetings may be called at any time by the President or any two voting members of the Committee.

Written notice of any meeting of the Executive Committee shall be E-mailed to each member of the Committee at least five days before the meeting. Three voting members of the Committee present shall constitute a quorum for the transaction of business. The act of a majority of the voting members of the Committee present at a meeting at which there is a quorum shall be the act of the Committee.

Removal of Officers and Elected Committee Members: The Board may institute consideration of removal of officers or committee members. If, after investigation, the Board determines that removal is justified, the Officer shall be notified and given the opportunity to appeal the decision. A two-thirds vote of the Board is required to remove the Officer or Chairs of the standing committees. Officers may be removed for whatever reasons the Board deems appropriate, including, but not limited to, failure to attend meetings, failure to participate in the work of the Network, conduct that reflects poorly on the Network and/or failure to comply with the Network's conflict of interest policy.

Authority and Responsibility of the Officers: The Officers may act in place and stead of the Executive Committee between Executive Committee meetings on all matters. Actions of the Officers shall be reported



to the Executive Committee by mail, e-mail, or at the next Executive Committee meeting.

Quorum – Call of Meetings: A majority of the Officers shall constitute a quorum at any meeting of the Officers. The President shall call such meetings of the Officers as the business of the group may require.

ARTICLE VIII Committees

The group shall have standing committees and special committees as necessary. The majority of the members of a committee present shall constitute a quorum for conducting the business of the committee. The Chair is appointed by the board to a 3-year term among voting representatives.

Standing committees: Standing committees serve on a continuing basis from year to year. Committee functions shall be determined by the Executive Committee and shall be outlined in an Executive Committee document. Standing committees shall recommend to the Executive Committee policies, programs, or actions in the areas of the committee's responsibility and implement those policies, programs, and actions approved by the Executive Committee. They generally shall have the power to accomplish the functions specified by the Executive Committee.

There shall be at least five committees:

- a) Committee for Transplant Center/Recipient Issues – that will be responsible for annual transplant activity survey
- b) Committee for Donor Issues
- c) Committee for Graft Processing Issues
- d) Committee for Accreditation
- e) Committee for Dissemination and Education– that will be responsible for an annual meeting that should be simultaneous to other national HSCT meeting

The Board may establish such additional standing committees and committee functions as are deemed necessary for the advancement of the Network or the field of hematology and may also dissolve standing committees as it deems appropriate.

The members of the standing committees, unless otherwise specified herein or by the Board, shall be appointed by the Board. Committee memberships shall be for a three-year term (unless otherwise specified herein) and members are limited to serving two consecutive terms. The members of the standing committees, unless otherwise specified herein or by the Board, may be removed by the President with the approval of the Board at any time.

The President, Past-President, President-Elect, and Vice President are ex officio, members of all standing committees.

The Board shall determine the number of members for each standing committee and the terms of membership (including extension of appointment). Information on committee membership shall be contained in an Executive Committee document.

The Chairs of standing committees, unless otherwise specified herein or by the Board, shall be appointed by the President among the voting members with the advice and approval of the Board to take office following



the course of the annual meeting at which the President-Elect is installed as President. Chairs of the standing committees, unless otherwise specified herein or by the Board, may be removed by the President with the advice and approval of the Board under the same rules as removal of Officers.

Special Committees:

Special committees exist on a continuing or time limited basis as determined by the Board; in any event, membership on these committees is for a limited duration and the committees have a single, focused activity or set of activities. Special committees shall be established as necessary by the Board which shall outline their functions in an Executive Committee document. Special committees shall recommend actions in the areas of the committee's responsibilities. The Board may dissolve special committees as deemed appropriate.

The members and chairs of the special committees, unless otherwise specified herein or by the Board, shall be appointed by the Board to take office at a time designated by the Board. The number of members and the term of membership for each special committee shall be determined by the Board and such information shall be contained in a Board document.

Removal of Committee Chairs and Members: Members and chairs of committees may be removed by a two-thirds majority vote of the Board. Any member may ask the Board to consider removal of a committee chair or member and the Board may initiate removal itself. Committee chairs and members may be removed for whatever reasons the Board deems appropriate, including, but not limited to, failure to attend meetings, failure to participate in the work of the committee, conduct that reflects poorly on the network and failure to comply with the group's conflict of interest policy.

ARTICLE IX

Meetings

Annual Meeting: The group shall designate one of its business meetings each year as the annual, in person meeting. The meeting shall be held at times and places to be determined by the Executive Committee. The Board meets by teleconference on a quarterly basis.

Special Meetings: A special meeting of the Network may be held in any year on the call of the President at the request of the Board.

Notice: A written or printed notice of the business meetings shall be mailed to each member at least two months prior to such meetings. In the case of special meetings, at least thirty days notice of the meeting shall be mailed to every member, with an explanation of the purpose for which the meeting was called.

Procedure: The business meetings and other meetings of the Network shall be governed by customary parliamentary procedure and rules of order. Any member wishing to bring new or old business matters before the business meeting of the Network shall submit this business in writing to the Secretary/Treasurer at least two weeks prior to the meeting. Under usual circumstances, such business items will be reviewed by the Executive Committee or an appropriate committee before any action is taken by the Board at the business meeting. The Executive Committee shall have the final decision as to which items appear on the agenda. Any member wishing to bring new or old business before a business meeting of the Network that has not been placed on the agenda by the Executive Committee may do so under suspension of the rules. Rules of procedure may be suspended at any meeting by a vote of two-thirds of the voting members present. However, rules may not be suspended for consideration of new or old business unless the President is



notified 48-hours prior to the beginning of the meeting that such a request is to be made and the membership is notified early in the meeting of the nature of the new or old business to be discussed under suspension of the rules if voted.

ARTICLE X

Amendments

These Bylaws may be amended at any annual meeting of the members. Amendments to the Bylaws may be proposed in writing to the Executive Committee by four members, and must be submitted at least ninety days prior to the annual meeting. In addition, the Executive Committee may initiate proposed amendments to the Bylaws. The proposed amendments, together with the Executive Committee's recommendation, shall be mailed to each member of the Network at least thirty days before the annual meeting at which it is to be considered. To be adopted, an amendment must be approved by at least two thirds of the voting members present and voting at the annual meeting.

ARTICLE XI

Termination of LABMT

The corporation shall be without capital stock. No dividends shall be paid and no part of the income or net earnings of the corporation shall be distributed to or inure to the benefit of its members or Officers as such or any private individual. In the event of liquidation or dissolution of the corporation, no liquidating dividends or dividends in distribution of the property owned by the corporation shall be declared or paid to members or Officers of the corporation or any private individual, but, rather, such property shall be transferred to such charitable scientific or educational organizations, corporations or associations exempt of the Internal Revenue Code, as the members of the corporation shall determine or its legal administrators, after its dissolution, shall direct.

Summary

Board - 1 representative and 1 alternate from each member society (1 vote per country)

- Meets three or more times/year
- Officers (elected by Board) President Vice-President Secretary/Treasurer Officers have conference calls monthly
- Ex-Officio (non-voting) Board Members are the four committee chairs Board
- Meetings are Open

Officers - Elected by the Board to a 2-year term;

- President
- Vice-President
- Secretary
- Treasurer

Executive Committee –Meets at least twice a year

- Officers
- Past-President



- President-Elect
- Committee Chairs

Standing Committees - Chair appointed by the Board to a 3-year term

- Committee for Transplant Center/Recipient Issues - responsible for annual transplant activity survey
- Committee for Donor Issues
- Committee for Graft Processing Issues
- Committee for Accreditation
- Committee for Dissemination and Education - responsible for an annual meeting that should be simultaneous to other national HSCT meeting



Attachment 3: WBMT form shall be downloaded from <http://www.wbmt.org/en/wbmt-survey/> as a excel file

| Country/Hospital:..... | | WBMT SURVEY ON TRANSPLANT ACTIVITY 2010 | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|------|-----------|----|------|------|--------------|-----------|--|----|-----------------|------|--|-------|------|------|-------|--|--|--|
| National/Regional group:..... | | | | | | | | | | | | | | | | | | | | | |
| No. Teams reporting:..... | | | | | | | | | | | | | | | | | | | | | |
| No. Teams not reporting:..... (known to transplant but do not report) | | | | | | | | | | | | | | | | | | | | | |
| | | NUMBER OF PATIENTS RECEIVING FIRST TRANSPLANTS ONLY IN 2010 | | | | | | | | | | | | | | | | | | | |
| | | Allogeneic | | | | | | | | | | Autologous | | | Total | | | | | | |
| | | Family | | | | | | Family total | Unrelated | | | Unrelated total | | | | Allo | auto | Total | | | |
| Indication | | HLA - id sibling | | non - id* | | twin | | | | | | | | | | | | | | | |
| | | BM | PBSC | Cord | BM | PBSC | Cord | BM | PBSC | | BM | PBSC | Cord | | BM | PBSC | Cord | | | | |
| Leukemias | Total Leukemia | | | | | | | | | | | | | | | | | | | | |
| | Total AML | | | | | | | | | | | | | | | | | | | | |
| | AML 1st CR | | | | | | | | | | | | | | | | | | | | |
| | non 1st CR | | | | | | | | | | | | | | | | | | | | |
| | Total ALL | | | | | | | | | | | | | | | | | | | | |
| | ALL 1st CR | | | | | | | | | | | | | | | | | | | | |
| | non 1st CR | | | | | | | | | | | | | | | | | | | | |
| | Total CML | | | | | | | | | | | | | | | | | | | | |
| | CML 1st cP | | | | | | | | | | | | | | | | | | | | |
| | not 1st cP | | | | | | | | | | | | | | | | | | | | |
| | Other Leukemia | | | | | | | | | | | | | | | | | | | | |
| | Total MDS/MPS (incl. combined MDS/MPS) | | | | | | | | | | | | | | | | | | | | |
| MDS incl. Sec AL | | | | | | | | | | | | | | | | | | | | | |
| MPS | | | | | | | | | | | | | | | | | | | | | |
| CLL incl. PLL | | | | | | | | | | | | | | | | | | | | | |
| LPD | Total LPD | | | | | | | | | | | | | | | | | | | | |
| | Total Plasma Cell Disorder | | | | | | | | | | | | | | | | | | | | |
| | PCD - Myeloma | | | | | | | | | | | | | | | | | | | | |
| | PCD - other | | | | | | | | | | | | | | | | | | | | |
| | Total Lymphoma | | | | | | | | | | | | | | | | | | | | |
| HD | | | | | | | | | | | | | | | | | | | | | |
| NHL | | | | | | | | | | | | | | | | | | | | | |
| Other LPD | | | | | | | | | | | | | | | | | | | | | |
| Solid tumors | Total Solid tumors | | | | | | | | | | | | | | | | | | | | |
| | Neuroblastoma | | | | | | | | | | | | | | | | | | | | |
| | Germ cell tumor | | | | | | | | | | | | | | | | | | | | |
| | Breast Cancer | | | | | | | | | | | | | | | | | | | | |
| | Ewing | | | | | | | | | | | | | | | | | | | | |
| Other solid tumor | | | | | | | | | | | | | | | | | | | | | |
| Main organ | Total Non-malignant diseases. | | | | | | | | | | | | | | | | | | | | |
| | ... | | | | | | | | | | | | | | | | | | | | |
| | TOTAL (patients) | | | | | | | | | | | | | | | | | | | | |