Update on progress of WBMT
(Worldwide Network for Blood and Marrow Transplantation)

Dietger Niederwieser
University of Leipzig
Germany
Promote excellence in stem cell transplantation and cellular therapy including stem cell donation on a global scale
Society of Societies
<table>
<thead>
<tr>
<th>Meeting</th>
<th>Year</th>
<th>Month</th>
<th>Location</th>
<th>Other Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>2007</td>
<td>March</td>
<td>Lyon</td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>2007</td>
<td>October</td>
<td>Minneapolis</td>
<td></td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>2008</td>
<td>March</td>
<td>Firenze</td>
<td>Sep. - Geneva (WHO)</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2008</td>
<td>October</td>
<td>Minneapolis</td>
<td>Feb. - Tampa (Leaders’ Meeting)</td>
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<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2009</td>
<td>March</td>
<td>Goteborg</td>
<td></td>
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<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2009</td>
<td>April</td>
<td>Nagoya</td>
<td>Oct. - New York (UN)</td>
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<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2009</td>
<td>November</td>
<td>Minneapolis</td>
<td></td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2010</td>
<td>March</td>
<td>Vienna</td>
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The Worldwide Network for Blood and Marrow Transplantation
Bylaws 2009

ARTICLE I

The name of this network is:
Worldwide Network for Blood and Marrow Transplantation (WBMT)

ARTICLE II
Incorporation
The WBMT (herein referred to as the Network) is incorporated as a non-profit organization for educational, scientific and philanthropic purposes under the laws of Switzerland
WBMT Office
Laupenstrasse 37
Postfach 7951
3001 Bern
Switzerland
www.wbmt.org
WBMT Standing Committees

The focus of the Network is to collaboratively advance the field of stem cell transplantation and cellular therapy.

- Transplant Centre Issues
- Donor Issues
- Graft Processing Issues
- Accreditation - AHCTA
- Dissemination and Education
- .......
- .......

...
The World Health Organization (WHO) is the directing and coordinating authority on international health within the United Nations’ system. WHO experts produce health guidelines and standards, and help countries to address public health issues. WHO also supports and promotes health research. Through WHO, governments can jointly tackle global health problems and improve people’s well-being.

193 countries and two associate members are WHO’s membership. They meet every year at the World Health Assembly in Geneva to set policy for the Organization, approve the Organization’s budget, and every five years, to appoint the Director General. Their work is supported by the 34-member Executive Board, which is elected by the Health Assembly. Six regional committees focus on health matters of a regional nature.

WHO ARE OUR PARTNERS IN HEALTH?
WHO and its Member States work with many partners, including UN agencies, donors, nongovernmental organizations, WHO collaborating centres and the private sector. Only through new ways of working and innovative partnerships can we make a difference and achieve our goals.

More about WHO
www.who.int/about/en/
Cooperation

Last but not least, WHO is people. Over 8000 public health experts including doctors, epidemiologists, scientists, managers, administrators and other professionals from all over the world work for WHO in 147 country offices, six regional offices and at the headquarters in Geneva, Switzerland.

HEALTH ORGANIZATION?

WORKING FOR HEALTH: AN INTRODUCTION TO THE WORLD HEALTH ORGANIZATION
WHO: Collaboration Plan

# Nomenclature stem cell transplantation (SCT)

# SCT in constrained resource environment

# Ethical issues in donation and SCT

# Advice on Vigilance and Surveillance of AE and SAE at global level
WHO

Third Global Consultation on Regulatory Requirements for Human Cells and Tissues for Transplantation.

February 2010
<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>President</td>
<td>Niederwieser (EBMT)</td>
</tr>
<tr>
<td>Vice President</td>
<td>Kodera (APBMT)</td>
</tr>
<tr>
<td>Secretary/Treasurer</td>
<td>Confer (cIBMTR)</td>
</tr>
<tr>
<td>Placeholder/Past President</td>
<td>Greinix (WMDA)</td>
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</table>
Structure of WBMT

**Board**
- Includes 1 representative and 1 alternate from each member society (1 vote per society)
- Meets 2 or more times/year
- Officers (elected by Board) - President, Vice-President, President Elect or Past President, and Secretary/Treasurer
- Officers have conf call quarterly
- Ex-Officio (non-voting) board members are the four committee chairs.
- Board meetings are Open

- **Committee for Transplant Center Issues**
  - Chair appointed by Board to 3 year term

- **Committee for Donor Issues**
  - Chair appointed by Board to 3 year term

- **Committee for Graft Processing Issues**
  - Chair appointed by Board to 3 year term

- **Committee for Accreditation**
  - Chair appointed by Board to 3 year term

- **Committee for Dissemination and Education**
  - Chair appointed by Board to 3 year term
Contribution to global access and standardization

- Global access to the donor database.
- Overview of transplant activity / year worldwide!
- Global Standard for Donation, Procurement, Testing, and Distribution of SCT
- Make SCT accessible to patients in need
- Standardization of definitions, SCT procedures and treatment of complications
  - Guidelines
- Support in getting know how
  - Global donor follow up
Origin of global data: Countries and participating institutions

- Australia, New Zealand: **ABMTRR**
- Japan, South Korea, Malaysia, Singapore, Thailand, Vietnam, China including Taiwan and Hong Kong SAR: **APBMT**
- Canada, Mexico, USA: **CIBMTR**
- Argentina, Columbia, Panama, Uruguay, Venezuela: **CIBMTR**
- India: **CIBMTR**
- All European countries: **EBMT**
- Saudi Arabia, Egypt, Jordan, Iran, Lebanon, Morocco, Oman, Pakistan, Tunisia: **EMBMT**
- South Africa, Algeria: **EBMT**
- Brazil: **SBMTO**
### Global Activity Survey 2006: final data

#### Main indications

<table>
<thead>
<tr>
<th>Indication</th>
<th>Allo</th>
<th>Auto</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>Leukemias</strong></td>
<td>15210 (89%)</td>
<td>1839</td>
<td>17049</td>
</tr>
<tr>
<td><strong>Lymphoproliferative disorders</strong></td>
<td>3502 (13%)</td>
<td>23990</td>
<td>27492</td>
</tr>
<tr>
<td><strong>Solid tumors</strong></td>
<td>153 (5%)</td>
<td>2772</td>
<td>2925</td>
</tr>
<tr>
<td><strong>Non Malignant disorders</strong></td>
<td>2396 (92%)</td>
<td>197</td>
<td>2593</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21516 (43%)</td>
<td>28901</td>
<td>50417</td>
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*Worldwide Network for Blood and Marrow Transplantation*
Conclusions of global perspective

- HSCT is a global undertaking
- Differences in use and needs
- Key macroeconomic factors
  - Resources (GNI/cap)
  - Support (Gov. HCE/cap)
  - Access to HSCT (Team density)
- No indications for “abuse”
- Basis for future studies
Transplant Rates in the 4 Continental regions: all HSCT

TR: Total (1st.) HSCT per 10 mil. Pop. in 2006

- 0 or no report
- < 50
- 50 - 300
- > 300

Worldwide Network for Blood and Marrow Transplantation
GTCN   XXXXX-XXXXX-XXXXXX

Unique global transplant center number

Examples:
Exclusive EBMT member GTCN 00383-00000-000000
EBMT and cIBMTR member GTCN 00292-00345-000000
EBMT, cIBMTR and APBMT member GTCN 00195-03456-000120

for non EBMT, cIBMTR and APBMT members and not willing to become a member
GTCN 99678-99678-999678.
Towards a World Wide Patient Identifier Infrastructure

• Imagine…..
  – A small USB device with fingerprint reader…..
  – … by which the human subject identifies him or herself, just liking stating name, date of birth etc…
  – … by placing one or more fingers on the device which then …
  – …generates a Personal Identifier for Clinical Studies (PICS) as a unique number…
  – … optionally printing the number as a barcode to avoid mistakes when storing the number in the study data base
What is gained?

An overview of transplant activity world wide!

Improvement in quality

Make SCT accessible to more patients

Complementary standards and guidelines

Increase survival
THANK YOU!
Thanks to all contributing teams

Worldwide Network for Blood and Marrow Transplantation
Thanks to

Paula Watry
Lydia Foeken
Fiona McDonald