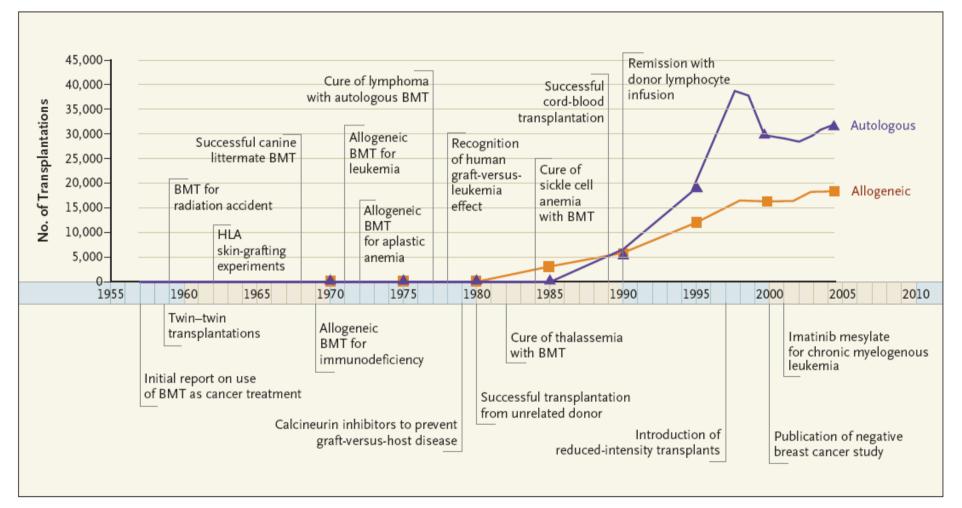


Global perspectives of HCT including networking and macroeconomics of HCT: Dietger Niederwieser



History of stem cell transplantation



Appelbaum et al. NEJM, 2007



The importance of Networking

Problems:	Complicated and Expensive Procedure Shortage of donors
Aim:	Safety Improve our skills and knowledge in stem cell transplantation
How:	Networking with other Centers Global unrelated donor registry Twinning Set up meaningful legislation Registering activities and performing studies Prospective studies Setting standards Organize nurses group Organize patient and family meetings



Networking – WBMT Federation





WBMT Meetings

1st: 2007, Mar Lyon 2nd: 2007, Oct Minneapolis 3rd: 2008, Mar Firenze Sep. - Geneva (WHO) 4th: 2008, Oct Minneapolis Feb. - Tampa (Leaders' Meeting) 5th: 2009, Mar Goteborg 6th: 2009, April Nagoya Oct. - New York (UN) 7th: 2009, Nov Minneapolis 8th: 2010, Mar Vienna **Nov.- Phuket APBMT** 9th: 2011, Feb Honolulu



APBMT - Asian Pacific CIBMTR – US/Nordamerica/ EBMT - European WMDA – World Marrow Donor EMBMT – East Mediterranean LABMT – Latin American (2011) Africa (2012)?



EBMT Society/Foundation

Established in 1974 and registered in Maastricht



European Group for Blood and Marrow Transplantation

Non-profit organisation that promotes excellence in hematopoietic cell transplantation including <u>basic and clinical research</u>, <u>education</u>, <u>standardisation</u>, <u>quality control</u> and <u>accreditation of transplant procedures</u>



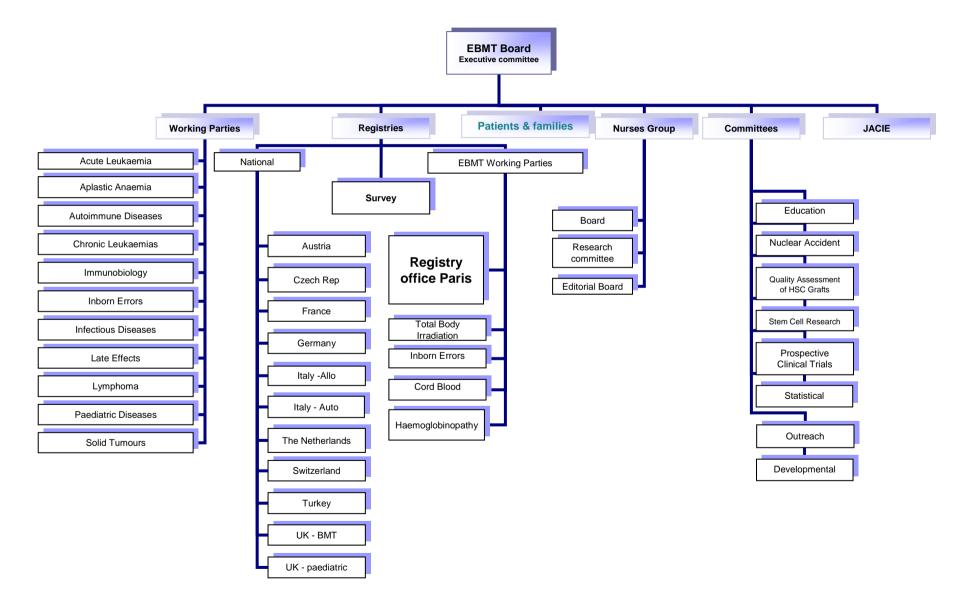
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502 member teams in 59 countries with >30 languages

3282 members

CHERRY STREET

EBMT Structure





Scientific contribution

- Publications: Over <u>650</u> peer-reviewed articles published
- Studies: Over 100 retrospective studies and >10 randomized prospective clinical trials are currently open.



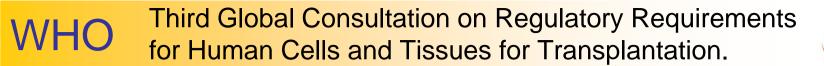
Mission of WBMT

Promote excellence in stem cell transplantation including cellular therapy



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









Standing Committees

AHCTA / Accreditation
Donor Issues
Transplant Center and Recipient Issues
Education and Dissemination
Graft Processing



Deliverables

 EM(E)A meeting Antwerpen (10/10) Interaction with Agency
Bologna meeting (2/11) Exploring Vigilance notification for organs, tissues and cells
Bruxelles meeting DG Sanco (2/11) Consultation on labeling
Vietnam meeting (11/11):

Encourage integration of HSCT within the Healthcare Policies of developing countries



Deliverables

Survey 2006



Hematopoietic Stem Cell Transplantation: A Global Perspective

Alois Gratwohl; Helen Baldomero; Mahmoud Aljurf; et al.

JAMA. 2010;303(16):1617-1624 (doi:10.1001/jama.2010.491)

Survey 2007 − 2008

Facilitate global studies

Platform for national authorities / regulators

Global Transplant Center Number (GTCN)



Global transplant centre number

GTCN XXXXX-XXXXX-XXXXXX

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.



How to implement WHO guiding principles in HSCT

Dietger Niederwieser On behalf of the WBMT activity survey office WBMT meeting, Vietnam



Goal of the Presentation

- WHO guiding principles on organ, cell and tissue transplantation
 - National regulation
 - Data collection and data analysis as integral part of therapy
 - Donor and patient safety
- Basis for decision making
 - Information on activity
 - Factors associated with use

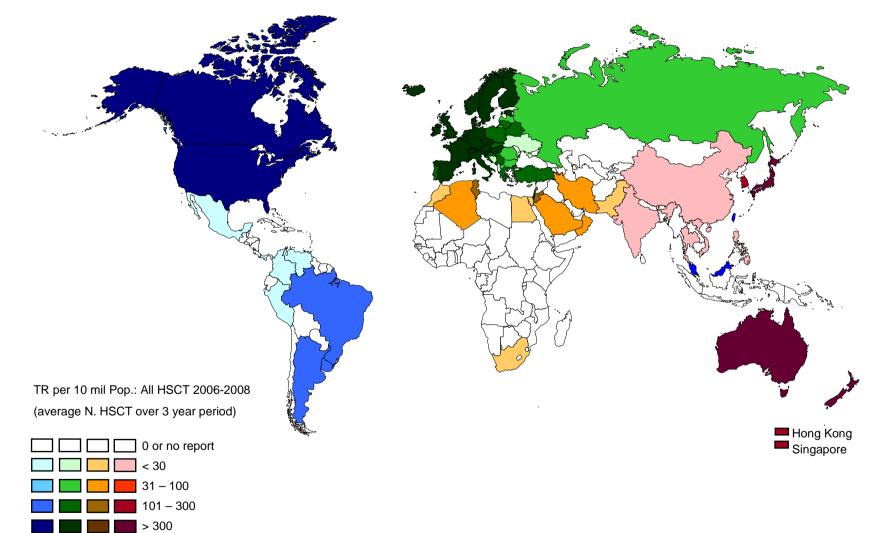


Patients and Methods

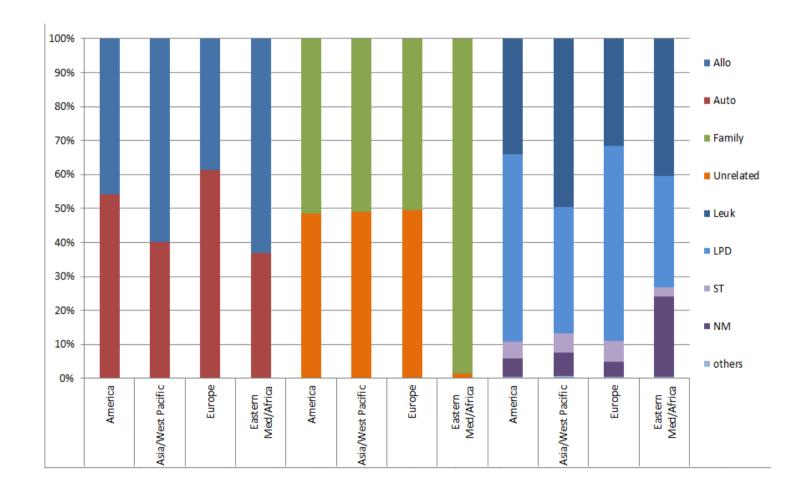
WHO Regions	4*	
Countries	72	
Teams	1411	
Patients	146 808 66 226 allogeneic 80 582 autologous	
Year of Transplant Trends	2006 - 2008	
Macroeconomic factors	GNI/cap WHO region Donor registry present Number of registered donors	
*America (North, Central and South America, Asia (South East Asia and Western Pacific) EMRO/Africa (Eastern Mediterranean and Africa) Europe		



150 000 HSCT's 2006 – 2008 Transplant rates total transplants



150 000 HSCT's 2006 – 2008 Distribution of donor type and main indication by WHO region





Conclusions

- Availability of resources (GNI/cap) impacts on
 - Quantitative use of HSCT (transplant rates)
 - Qualitative use of HSCT (selection of indications and donor type)
- Lower income countries select rather
 - HLA id sibling donors
 - Indications without need for intensive pretreatment (cost effectiveness)
- Unrelated donor transplant rates are associated
 - GNI/cap, presence and size of national registry
- Targeted (by nation) recommendations are justified