

HSCT activity in Mongolia

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•Country Name: Mongolia

•Is there a transplant team in your institution? Yes <u>No</u>

- •If yes, total number of transplants performed in your institution by 31.12. 2010
 - Related BM:
 - Unrelated BM:
 - Cord Blood:.....
 - Others:

- your institution by 31.12Related PB:Unrelated PB:Auto BM:Auto PB:
- •Are there any other HSC transplant institutions in your country? Yes

<u>No</u>

•If yes, how many institutions are there?:....

•How many transplants have been performed in your country by 31.12. 2010

- Related-BM:
- Unrelated BM:.....
- Cord:.....
- Others:....

Related PB:..... Unrelated PB:.... Auto BM.: Auto PB:...



•Is there a National Society for HSCT in your country? Yes <u>No</u>

•Are you a member of any of the following international societies?

CIBMTR		EBMT
APBMT	• • • • • • • • • • • • • • • • • • • •	EMBMTR
ABMTRR	• • • • • • • • • • •	RABMTR
WMDA	• • • • • • • • • • • •	Others

•Are there any systems for unrelated HSCT in your country?

- Cord blood bank: Yes <u>No</u>
- Donor registry (Blood and Marrow Bank): Yes <u>No</u>
- Is there a recipient registry system in your country? Yes \underline{No}
- Is there a donor outcome registry system? Yes \underline{No}



•Is there any national authority reporting requirement? <u>Yes</u> No

- •What are the major disease indications of HSCT?
 - Aplastic anemia
 - AML&AML
 - CML
 - Agressive lymphomas
- •How are these recipients supported?
 - Mostly covered by insurance
 - By private fund
 - Others
- •Do you know the outcome of the patients after HSCT in your institute or country (survival or mortality rate)? Yes <u>No</u>
- •If yes, what is the overall survival rate at 1 year(%)?

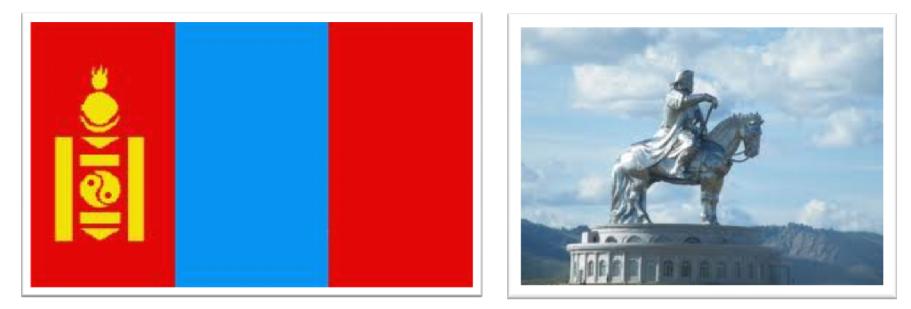
•What is the biggest barrier to initiate or expand transplantation in your institute and/or country?



The biggest barriers to initiate transplantation in my country are:

- Infamiliarity with the latest diagnostic methods, lack of highcapacity laboratory to conduct molecul-genetic analysis
- Lack of availability of cytostatics that has less complication /better tolerable/ highly effective and Molecule-targeted gene therapy. In addition low level of supportive care after intensive chemotherapy for patients with haematological malignancy.
- Lack of specialized practitioners, issue of their training.





Thank you for your attention!

Cảm ơn bạn