



Worldwide Network for Blood and Marrow Transplantation

Non-governmental organization in official relation with the
World Health Organization (WHO)

PROGRESS
REPORT | 2025



**Worldwide Network for Blood and Marrow Transplantation
(WBMT)
Progress Report
Calendar Year 2025
www.wbmt.org**

Headquarter: Waldeggstrasse 51, CH-3097 Liebfeld, Switzerland



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1.0 INTRODUCTION

The Worldwide Network for Blood and Marrow Transplantation (WBMT) was established in 2007 by leaders of major hematopoietic cell transplantation (HCT) societies and donor registries across the globe. In 2009, consensus on Bylaws and an organizational structure formally consolidated its foundation. With the strong support of the World Health Organization (WHO), WBMT was envisioned as a collaborative platform to advance global standardization in HCT, cellular therapy, and related fields, while expanding opportunities for international data sharing.

Initially formed as a “Federation of Societies” with 17 international organizations, WBMT has since grown to include 21 member societies (Appendix A). Incorporated in Switzerland as a non-profit organization, WBMT is dedicated to educational, scientific, and philanthropic purposes, with headquarters in Liebefeld/Switzerland. Funding has been sustained through industry partnerships and income generated from educational activities. The organization’s early development, structure, and milestones are documented in Progress Reports available on the WBMT website (wbmt.org).

Achievements in 2025

This report highlights WBMT’s accomplishments during the calendar year 2025. The organization’s notable achievements include the Ukrainian Nurses series of webinars, initiated the revival of the African Blood and Marrow Transplantation group (AfBMT), the 9th WBMT Workshop & Symposium, Ulaanbaatar, Mongolia in June 2025, and the WBMT Symposium on Cell Therapy, Bengaluru, India in November 2025.

Beyond these events, WBMT achieved high publication output, hosted globally attended webinars, and continued to expand its educational reach.

Looking Ahead to 2026

Preparations for the 10th WBMT Workshop & Symposium are already underway, alongside plans for additional workshops. New abstracts have been submitted to major conferences, and innovative initiatives are being developed to further WBMT’s mission. These goals are well within reach thanks to the continued support of WBMT’s member societies and partners.

1.1 Early Development

The four (4) founding Member Societies of the WBMT are the Asia-Pacific Blood and Marrow Transplantation Group (APBMT), Center for International Blood and Marrow Transplant Research (CIBMTR), European Society for Blood and Marrow Transplantation (EBMT), and World Marrow Donor Association (WMDA). Representatives organized themselves in 2007 to help identify goals and to communicate them to all other interested societies in HCT or related fields.

They recognized:

- Hematopoietic cell Transplantation (HCT) is a global endeavor.
- More could be accomplished if the different societies active in this field joint forces.
- An international organization could support and even influence thoughtful, local policy and legislation from a global perspective.
- WHO is essential in achieving support by local governments
- Substantial gaps are present in access to HCT worldwide
- Cellular therapies are increasingly important

It was concluded that the WBMT required a unique organizational structure to fulfill its goal of coordinating HCT, stem cell donor, and cellular therapy activities worldwide. It was also important not to duplicate decades of successful efforts by other established organizations in the field; the result was the current and continuing Federation of Societies structure.

1.2 Current Status with the WHO

The World Health Organization (WHO) played a critical role in the WBMT from its inception by providing substantial interest in and support for this new initiative. The collaborative relationship with the WHO led to the status as non-government organization (NGO) in official relations, approved in January 2013. The WHO Executive Board reviewed the report of the relations and collaboration at its 144th session in January 2019 and confirmed that WBMT will remain in official relations with the WHO. In January 2022 the WHO Executive Board at its 150th session decided to maintain WBMT in official relations with WHO based on our achievements during the last years and the working plan for the period of 2022 to 2025. The WHO strongly supported the WBMT's early collaborative and unifying efforts. WHO representatives continue to attend meetings as observers, assist in planning activities, and participate as forum presenters on a variety of relevant topics. Since acquiring *NGO in official relations* status, the WBMT provides a set of collaborative projects to the WHO in pursuit of its educational, scientific, and philanthropic mission (**Section 4**).

2.0 COMMITTEE STRUCTURE

2.1 Board

The WBMT Board leads decision-making for all WBMT activities. The Board includes elected Executive Committee officials (**Section 2.2** and **Appendix B**) as well as Co-Chairs of the Standing Committees (**Sections 2.3** and **3.0**). Each committee permits a single vote. The WBMT Board includes a primary and alternate representative from each Member Society. Each Member Society is permitted a single vote, by either the primary or the alternate representative. Find below an overview of the Member Society representatives.

Type of representation	Society	First Name	Surname	Renewal
Primary Representative	AABB	David	McKenna	July 1, 2025
Alternate Representative	AABB	Christina	Celuzzi	July 1, 2024
Primary Representative	AfBMT	Asmaa	Elquessar	October 1, 2025
Alternate Representative	AfBMT	Estelle	Verburgh	October 1, 2025
Primary Representative	ANZTCT	Nada	Hamad	July 1, 2024
Alternate Representative	ANZTCT	Duncan	Purtill	July 1, 2025
Primary Representative	APBMT	Alok	Srivastava	July 1, 2025
Alternate Representative	APBMT	Takanori	Teshima	July 1, 2025
Primary Representative	ASFA	Laura	Connelly-Smith	July 1, 2024
Alternate Representative	ASFA	Joseph (Yossi)	Schwartz	July 1, 2024
Primary Representative	ASHI	Medhat	Askar	July 1, 2024
Alternate Representative	ASHI	---	---	---
Primary Representative	ASTCT	Damiano	Rondelli	July 1, 2024
Alternate Representative	ASTCT	Corey	Cutler	July 1, 2025
Primary Representative	CIBMTR	Wael	Saber	July 1, 2024
Alternate Representative	CIBMTR	Marcelo	Pasquini	July 1, 2024
Primary Representative	EBMT	Anna	Sureda	July 1, 2024
Alternate Representative	EBMT	Raffaella	Grecco	July 1, 2025
Primary Representative	EFI	Esteban	Arrieta-Bolanos	October 1, 2024
Alternate Representative	EFI	Neema	Mayor	October 1, 2024
Primary Representative	ELN	Rüdiger	Hehlmann	July 1, 2025
Alternate Representative	ELN	Dietger	Niederwieser	July 1, 2025
Primary Representative	EMBMT	Amir Ali	Hamidieh	July 1, 2025
Alternate Representative	EMBMT	Riad	El Fakih	July 1, 2026
Primary Representative	ESH	Ghyslaine	le Bougault	July 1, 2024
Alternate Representative	ESH	Clotilde	Magistry	July 1, 2025
Primary Representative	Eurocord	Annalisa	Ruggeri	July 1, 2024
Alternate Representative	Eurocord	Vanderson	Rocha	July 1, 2025
Primary Representative	FACT	Paul	Eldridge	July 1, 2025
Alternate Representative	FACT	Phyllis	Warkentin	July 1, 2025



Primary Representative	ICCBBA	Eoin	McGrath	July 1, 2024
Alternate Representative	ICCBBA	Karen	Moniz	July 1, 2024
Primary Representative	ISBT	Mickey	Koh	July 1, 2025
Alternate Representative	ISBT	Peter	Horn	July 1, 2025
Primary Representative	ISCT	Fermin	Sanchez-Guijo	July 1, 2024
Alternate Representative	ISCT	Dominique	Farge	July 1, 2024
Primary Representative	JACIE	John	Snowden	July 1, 2025
Alternate Representative	JACIE	Nina	Worel	July 1, 2024
Primary Representative	LABMT	Gregorio	Jaimovich	July 1, 2025
Alternate Representative	LABMT	Adriana	Seber	July 1, 2024
Primary Representative	WMDA	Matthew	Seftel	July 1, 2025
Alternate Representative	WMDA	Lydia	Foeken	July 1, 2025

At the end of 2025, WBMT had 21 Member Societies. Each Member Society reviewed and confirmed the individuals serving as their representatives on the Board. The WBMT Board meets annually in person, alternating between the February Transplantation and Cellular Therapy Meetings (Tandem Meetings) in the US and the March - April European Society of Blood and Marrow Transplantation Meeting (EBMT) in Europe. The WBMT Board generally holds additional teleconferences, (**Appendix E**), to remain informed and to handle issues arising between the in-person sessions. Email communication is utilized as necessary between these meetings. Meeting minutes are posted on a password-protected section of the WBMT collaboration website and are available on request. In April 2025, the WBMT Board and several Standing Committees met in person in Florence, Italy in conjunction with the annual EBMT conference.

2.2 Executive Committee

The Executive Committee informs the WBMT Board while managing business matters between Board meetings. Membership includes the elected President, Vice President, Treasurer, Secretary, Past President and WBMT Representative to the WHO. The final role, WBMT Representative to the WHO, was added to the Executive Committee in 2016 and is filled by the Past President. As noted above, appointed Co-Chairs of the nine (9) Standing Committees (**Sections 2.3 and 3.0**) serve on the Executive Committee. The Executive Committee conducts monthly hour-long teleconferences, and minutes of these meetings are posted on a password-protected section of the WBMT collaboration website.

Following the established Nomination and Election House Rules—reviewed and revised between 2016 and 2024—and with input from Board members, an ad hoc Nominating Committee is convened as needed. This committee includes one representative from each WHO region. In the first quarter of 2026, the organization will elect and install a new set of Officers.



WBMT Elected Officers – Serve on Executive Committee and Board 2025				
President	Damiano	Rondelli	April 1, 2026	End of term
Past President	Mahmoud	Aljurf	April 1, 2026	End of term
Vice President	Mickey	Koh	April 1, 2026	End of second term
Secretary	Sebastian	Galeano	April 1, 2026	End of second term
Treasurer	Annalisa	Ruggeri	April 1, 2026	End of second term
WHO representative	Hildegard	Greinix	April 1, 2025	End of term

Appendix B displays photos and contact information for all current, elected officers of WBMT.

2.3 Standing Committees

Nine Standing Committees (**Section 3.0**) focus on areas of prime importance to the mission of the WBMT, as identified by the Executive Committee. Most of these committees were created in 2008, however, in 2022, the WBMT WHO Liaison Standing Committee was established followed by the approval of the establishment of the WBMT Nurses Standing Committee in 2023, focusing on educational programs for bone marrow transplantation nurses worldwide. Even though the WBMT Bylaws and House Rules remain to be updated, the mission and vision of this newest committee have already been added to this Progress Report. Committee leadership positions are reviewed annually at the beginning of the respective year. The majority of WBMT project work is accomplished by these Standing Committees:

- Accreditation [formerly AHCTA - the international Alliance for Harmonization of Cellular Therapy Accreditation] (**Section 3.1**)
- Donor Issues (**Section 3.2**)
- Education and Dissemination (**Section 3.3**)
- Graft Processing and Cellular Therapy (**Section 3.4**)
- Global Emergencies / Nuclear Accident Management (**Section 3.5**)
- Patient Advocacy / Advisory (**Section 3.6**)
- Transplant Center / Recipient Issues (**Section 3.7**)
- WHO Liaison (**Section 3.8**)
- Nurses Group (**Section 3.9**)



One, two or three Co-Chairs lead each committee. These Co-Chairs also participate in the ongoing work and decisions of the Executive Committee as noted above. Some of the terms of operational Co-Chairs are due to expire July 2026:

- Accreditation (AHCTA):
 - *Amal Alseraihy (end of First term)*
 - *Yoshiko Atsuta (end of First term)*
- Education & Dissemination Committee:
 - *Dietger Niederwieser (end of First term)*
- Global Emergencies / Nuclear Accident Management Committee:
 - *Nada Hamad (end of Second term)*
 - *Shahrukh Hashmi (end of Second term)*
- Nurses Group Committee:
 - *Reggie Belkhedim (end of First term; agreed to Second term)*
- Patient Advocacy / Advisory Committee:
 - *Cristóbal Frutos (end of Second term)*
- Transplant Centre / Recipient Committee:
 - *Yoshihisa Kadera (end of First term)*
- WHO Liaison Standing Committee:
 - *Daniel Weisdorf (end of First term)*

Consequently, approval was granted by the WBMT Board for the appointment of new Co-Chairs, whose names can be found on the table below.

In 2016, the WBMT Board revised the WBMT Bylaws related to the Standing Committee Co-Chairs. There is now greater emphasis on committee leader expectations and reporting committee activities. Any interested individual belonging to any (one or more) of the Member Societies is eligible to join these committees; membership is solicited and refreshed periodically.

Because all WBMT committees are project driven, they meet with varying frequency, usually by teleconference due to international participation. WBMT committees also take advantage of relevant, international HCT meetings for in-person dialogue as they are attended by many of their members; these international meetings are conducted in both the US (February) and the EU (March - April) annually.

Standing Committee Chairs – Serve on Executive Committee and Board

COMMITTEE NAME	CO-CHAIRPERSON NAME		DATE	TERM
Accreditation (AHCTA)	Amal	Alseraihy Alharbi	July 1, 2026	End of first term
Accreditation (AHCTA)	Yoshiko	Atsuta	July 1, 2026	End of first term
Donor Issues Committee	Thilo	Mengling	July 1, 2028	End of second term
Education and Dissemination Committee	Adriana	Seber	July 1, 2028	End of second term
Education and Dissemination Committee	Dietger	Niederwieser	July 1, 2026	End of first term
Education and Dissemination Committee	Mohamed	Kharfan- Dabaja	July 1, 2028	End of first term
Global Emergencies / Nuclear Accident Management Committee	Nelson	Chao	July 1, 2027	End of first term
Global Emergencies / Nuclear Accident Management Committee	Nada	Hamad	July 1, 2026	End of second term
Global Emergencies / Nuclear Accident Management Committee	Shahrukh	Hashmi	July 1, 2026	End of second term
Graft Processing and Cellular Therapy Committee	Christian	Chabannon	July 1, 2028	End of second term
Graft Processing and Cellular Therapy Committee	Nina	Worel	July 1, 2029	End of first term
Nurses Group Committee	Reguia	Belkhedim	July 1, 2026	End of first term
Nurses Group Committee	Carole	Charley	July 1, 2028	End of first term
Nurses Group Committee	Catherine	Gutierrez	July 1, 2028	End of first term
Patient Advocacy / Advisory Committee	Cristóbal	Frutos	July 1, 2026	End of second term
Patient Advocacy / Advisory Committee	Carmem	Bonfim	July 1, 2028	End of second term
Transplant Center / Recipient Issues Committee	Laurent	Garderet	July 1, 2028	End of second term
Transplant Center / Recipient Issues Committee	Yoshihisa	Kodera	July 1, 2026	End of first term
WHO Liaison Committee	Hildegard	Greinix	July 1, 2028	End of second term
WHO Liaison Committee	Daniel	Weisdorf	July 1, 2026	End of first term



3.0 STANDING COMMITTEE ANNUAL REPORTS AND ACCOMPLISHMENTS IN 2025

3.1 Accreditation Committee formerly known as AHCTA

Committee Mission

The mission of the Accreditation Committee is to recommend to the Executive Committee policies, programs, and actions pertaining to regulatory matters, practices, and codes with both national and international implications. This involves procedures related to all activities of the other Standing Committees. In its vigilance to avoid duplication of efforts, WBMT members agreed in 2009 that AHCTA would fulfil the role of the WBMT Accreditation Committee. In 2024, without formal agreement for the alliance, it was agreed by the WBMT members to terminate the designation of AHCTA and refer to it simply as the Accreditation Committee.

Leadership

The Co-Chairs of this committee are:

- Amal Alseraihy (Member Society, EMBMT)
- Yoshiko Atsuta (Member Society, APBMT)

Completed Projects

- **“WBMT Global Guidance on Minimum Quality Management Requirements for HCT Programs phase -1 “**

The WBMT Accreditation Committee convened a focused working meeting on 18 July 2025.

1. Background and Rationale

In response to increasing global demand for accessible quality frameworks in hematopoietic stem cell transplantation (HCT), the WBMT Accreditation Committee undertook a structured review of accreditation challenges faced by centers worldwide, particularly in low- and middle-income countries (LMICs). While FACT-JACIE accreditation remains the internationally recognized gold standard, it is acknowledged that full accreditation is not immediately achievable for a substantial proportion of HSCT programs due to limited resources, workforce, and system-level constraints. The absence of any formalized quality management framework poses a greater risk to patient safety and service

sustainability than phased engagement with clearly defined minimum quality requirements. This initiative was therefore developed to support early quality adoption while safeguarding progression toward full FACT-JACIE accreditation.

2. Governance Considerations

- The WBMT Executive Committee reviewed this initiative and emphasized key governance principles:
- WBMT shall not function as an accrediting body nor establish a parallel accreditation system.
- Any WBMT-led framework must complement and align with FACT-JACIE standards, without diluting or competing with full accreditation pathways.
- WBMT's primary role is coordination, harmonization, and consensus-building across regional societies and international partners, without replicating their work
- These principles guided the scope, terminology, and intended outputs of the project.

3. Review of Regional and International Experience

- The Accreditation Committee briefly reviewed established regional stepwise quality initiatives, including:
 - Latin American Group for Blood and Marrow Transplantation (LABMT), in collaboration with JACIE
 - Asia-Pacific Blood and Marrow Transplantation Group (APBMT) stepwise engagement with JACIE standards
 - African Society of Blood Transfusion (AfSBT) stepwise accreditation model
- These experiences consistently demonstrate that incremental quality frameworks can improve baseline safety and governance, provided that progression mechanisms, external oversight, and sustainability requirements are clearly defined. The primary long-term challenge identified was maintenance of quality systems, rather than initial certification.

4. Strategic Position of WBMT

- Based on committee deliberations, WBMT endorsed the development of a Global Guidance Document on Minimum Quality Management Requirements for HSCT Programs, explicitly aligned with FACT-JACIE principles. The guidance is intended to:



- Define foundational quality, safety, and governance requirements applicable to all HSCT programs
- Enable centers to build structured readiness toward full FACT-JACIE accreditation
- Remain applicable across public and private healthcare systems, ensuring equity and broad applicability
- This guidance is positioned as a quality-enabling framework, not an alternative accreditation pathway.

5. Initial Deliverables

- The following deliverables were proposed as primary outputs:
- *Mapping and Gap Analysis*: A structured comparison between existing Step-1–level accreditation requirements and the current operational capabilities of HSCT centers, supported by survey-based data collection.
- *Introduction of Regional Experience*: A consolidated WBMT publication summarizing lessons learned from APBMT and LABMT initiatives, outlining guiding principles for global quality implementation.

6. Stakeholder Engagement and Next Steps

Successful implementation requires early alignment with key stakeholders. WBMT will formally engage relevant organizations, including regional societies and FACT-JACIE leadership, through written invitations and defined terms of reference. This approach ensures transparency, shared ownership, and long-term sustainability.

7. Outcome Statement

This project establishes a WBMT-coordinated, FACT-JACIE–aligned quality guidance framework that strengthens global HSCT safety today, while preserving full accreditation as the ultimate benchmark.



Ongoing Projects

- Challenges for novel cellular immunotherapies in resource limited settings
- Educational needs
- Challenges in regulatory matters
- Revision of the WBMT Research Guidelines
- Addition of description for data collection and data usage regarding cellular therapy
- Other updates

Future Plans

- **WBMT Global Guidance on Minimum Quality Management Requirements for HSCT Programs phase 2**

In 2026, the Accreditation Committee will implement Sections 5 and 6 of the above-mentioned project, with the objective of identifying challenges and opportunities through structured input and contribution from WBMT experts.

Publications

None

3.2 Donor Issues Committee

Committee Mission

The mission of the Donor Issues Committee is to recommend to the Executive Committee policies, programs, and actions pertaining to the identification of stem cell donors (bone marrow, peripheral blood, and cord blood), harvesting procedures, product transportation, donor safety practices, and outcomes / long term follow-up within a member collection center; this includes the conduct of individuals and processes related to these procedures and practices.

Leadership

The Co-Chairs of this committee are:

- Thilo Mengling (Member Society, WMDA; since 2023)



Meetings / Teleconferences

The Donor Issues Committee met in person in 2023 at the EBMT annual meeting in Paris. There was no meeting in 2024. Videoconferences took place for this committee in preparation for webinars on HPC donor topics.

Completed Projects

- **WBMT Webinar “ABO mismatched Bone Marrow Transplantation”** organized by the WBMT Donor Issues Committee, Wednesday, June 18, 2025

Insights on ABO-Incompatible Bone Marrow Transplantation — an important topic in hematopoietic stem cell transplantation. For clinicians, nurses, or lab specialist, this session showed options in overcome problems of blood group mismatches in allogeneic BMT.

Speakers:

- Nina Worel, MD
Medical University of Vienna, Austria
- Georg Stüssi, MD
San Giovanni Hospital EO, Bellinzona, Switzerland
- Laura Infanti, MD
University Hospital Basel, Switzerland
- Host: Jörg Halter, MD
University Hospital Basel, Switzerland

Ongoing Projects

The committee continues to work on the following projects:

- Organizing webinars on topics related to HPC donors (approx. 2-3 per year)
- Continue to work on chapters for the WBMT Donor Book

A Webinar on Donor Topics will be provided in late Q1/ Q2 2026 (exact date to be determined), by WMDA:

- SPEAR / Adverse Events & Reactions
- Family Donors
- Donor Mental Health

Future Plans

The Donor Issues Committee identified the following projects for initiation:

Survey on mobilizing agents, including originator filgrastim, lenograstim, pegfilgrastim, biosimilar G-CSFs, plerixafor, and others. Key aspects to be addressed include:

- Availability and regulatory approval across countries
- Use in different donor populations (autologous, related allogeneic, unrelated allogeneic)
- Experience with alternative mobilization agents
- Potential for publication and development of recommendations

Publications

- **Similarities and Differences Between Allogeneic Hematopoietic Cell and Organ Transplantation and What We Can Learn from Each Other to Guide Global Health Strategy.** Greinix HT, Matas A, Koh MBC, Foeken L, Worel N, Vinson A, Ibrahim H, Sawinski D, Seber A, Valapour M, Atsuta Y, Mengling T, Lake J, Wekerle T, Weisdorf D. *Clin Transplant.* 2025 Oct;39(10):e70346. doi: 10.1111/ctr.70346

3.3 Education and Dissemination Committee

Committee Mission

The mission of the Education and Dissemination Committee is to recommend to the Executive Committee policies, programs, actions and materials pertaining to the development or design of resources prepared for the express purpose of educating the populace about HCT. This committee collaborates with all partners within the WBMT and assists in the preparation of opinion or advisory materials for the WBMT and/or WHO. It plays an important role in Workshop program design.

Leadership

The Co-Chairs of this committee are:

- Adriana Seber (Member Society, LABMT)
- Dietger Niederwieser (Member Society, ELN)
- Mohamed A. Kharfan-Dabaja



Meetings / Teleconferences

The Education and Dissemination Committee conducts monthly meetings of Co-Chairs, quarterly Committee meetings, and Dr. Niederwieser has conducted daily clinical meetings with one and weekly meetings with centers in Ukraine since the beginning of the war, and they are now monthly.

Completed Projects

The committee organized the workshop and the symposium in Ulaanbaatar, Mongolia, held successfully from June 26-28, 2025. A total of 540 physicians and nurses from more than 20 countries attended the hybrid meeting. The meeting was requested by the colleagues from Mongolia to establish allogeneic HCT. The meeting was held with the active participation of the WHO. Neighboring countries presented their activities in the field of HCT or problems in starting an allogeneic HCT. Especially interesting was the information of Vietnam regarding the activities in the field after our first workshop in Hanoi 2011. The activities increased from 6 to 600/year.

The committee organized a symposium in Bangalore, India from November 21-22, 2025. A total of 541 delegates from more than 20 countries attended the high-quality hybrid meeting on cellular therapy. The meeting was at the highest scientific level and addressed CAR-T therapy for malignancy, but also for autoimmune diseases. Point of care manufacturing was a key topic presented by the Hospital Clinic in Barcelona, CHOP from Philadelphia and by Bonamino from Rio/Brazil. The latest development in gene therapy was presented in inborn sickle cell anemia and Thalassemia, but also in other diseases.

The education committee supported the development of AfBMT. Election and seminars were arranged to organize the society and bylaws provided.

Future Plans

The committee started to work on the Workshop and symposium 2026 in Central America, the next region to develop. Together with our colleagues from the LABMT, Panama has been selected as the optimal location. The program is under development and save the date invitation June 25-27, 2026, spread to the member societies. The program is being developed according to the local needs with focus on Blood Bank issues and infections. The Nurses Workshop is planned for June 27, 2026.

Publications

- **Neglected tropical diseases (NTDs) and related infections in hematopoietic cellular therapy (HCT) in adults and children: a survey from the Infectious Diseases Working Party (IDWP) of the European Society of Blood and Marrow Transplantation (EBMT).**
 Snowden JA, Parkash V, Knelange N, Styczynski J, Tridello G, de Silva T, Niederwieser D, Aljurf M, Sureda A, Mikulska M, de la Camara R, Averbuch D. *Bone Marrow Transplant.* 2025 Nov 22. doi: 10.1038/s41409-025-02767-z . Online ahead of print.
 PMID: 41274998
- **A comparison of cryopreserved and noncryopreserved peripheral blood hematopoietic stem cells for autologous transplantation in multiple myeloma: a study from the chronic malignancies working party of the EBMT.**
 Bekadja MA, Gras L, Baaij L, Koster L, Hamad N, Carpenter B, Nicholson E, Potter V, Broers AEC, Blaise D, Byrne JL, Huynh A, Kinsella F, Reményi P, Collin MP Sr, Gribben JG, Bulley S, Tucci A, Heras NL, Drozd-Sokolowska J, Raj K, Beksac M, Schönland S, Hayden PJ, Snowden J, Aljurf MD, McLornan DP, Rondelli D, Sureda A, Garderet L, Niederwieser D. *Cytotherapy.* 2026 Jan;28(1):101906
- **Patterns of Graft-Versus-Host Disease (GvHD) Prevention Practices in the Eastern Mediterranean (EM) Region: A Worldwide Network for Blood & Marrow Transplantation (WBMT) Global Study.**
 Muhsen IN, Niederwieser D, Garderet L, Penack O, Greinix HT, El Fakih R, Abdeljelil NB, Abosoudah I, Alamoudi S, Albeihany A, Al Daama SA, Alshahrani MH, Alshemmari S, Al-Khabori M, Almasari A, Al Rawas A, Askar M, El-Cheikh J, Bekadja MA, Benakli M, Borhany M, El Kababri M, Halahleh K, Hamidieh AA, Hammad M, Ibrahim A, Kanfar S, Khalaf MH, Marei M, Mir MA, Monagel D, Quessar A, Rihani R, Shabbir-Moosajee M, Shaheen M, Sultan AM, Vaezi M, Rondelli D, Koh MBC, Peric Z, Atsuta Y, Chaudhri N, Aljurf M. *Hematol Oncol Stem Cell Ther.* 2025 Sep 12.
- **2025 European LeukemiaNet recommendations for the management of chronic myeloid leukemia.**
 Apperley JF, Milojkovic D, Cross NCP, Hjorth-Hansen H, Hochhaus A, Kantarjian H, Lipton JH, Malhotra H, Niederwieser D, Radich J, Rousselot P, Saussele S, Schiffer CA, Silver R, Soverini S, Stenke L, Turkina A, Casado LF, Castagnetti F, Cervantes F, Clark RE, Cortes J, Deininger M, Hughes TP, Janssen J, Jiang Q, Kim DW, Larson RA, Mahon FX, Mauro M, Mayer J, Nicolini FE, Pane F, Rea D, Richter J, Rosti G, Saglio G, Hehlmann R. *Leukemia.* 2025 Aug;39(8):1797-1813
- **Correction: Non-cryopreserved autologous peripheral blood stem cell transplantation for multiple myeloma and lymphoma in countries with limited resources: practice considerations from the Worldwide Network for Blood and Marrow Transplantation.**

Bekadja MA, Niederwieser D, Kharfan-Dabaja MA, El Fakih R, Garderet L, Yakoub-Agha I, Greinix H, Weisdorf DJ, Galeano S, Ahmed SO, Chabanon C, Hashmi SK, Ruggeri A, Gergis U, Bazarbachi A, Hamad N, Albeihany A, Pasquini M, Hanbali A, Szer J, Kodera Y, Kumar A, Elhassan T, McLornan D, Worel N, Greco R, Mohty M, Atsuta Y, Koh M, Sureda A, Rondelli D, Aljurf M, Rasheed W. *Bone Marrow Transplant. 2025 Sep;60(9):1299.*

- **Acute and chronic graft-versus-host disease treatment and management in the Eastern Mediterranean region: A Worldwide Network for Blood and Marrow Transplantation survey.**

Muhsen IN, Niederwieser D, Garderet L, Penack O, Greinix HT, El Fakih R, Abdeljelil NB, Abosoudah I, Alamoudi S, Albeihany A, Al Daama SA, Alshahrani MH, Alshemmari S, Al-Khabori M, Almasari A, Al Rawas A, Askar M, Bazarbachi A, Bekadja MA, Benakli M, Borhany M, Kababri ME, Halahleh K, Hamidieh AA, Hammad M, Ibrahim A, Kanfar S, Khalaf MH, Marei M, Mir MA, Monagel D, Quessar A, Rihani R, Shabbir-Moosajee M, Shaheen M, Sultan AM, Vaezi M, Rondelli D, Koh MBC, Peric Z, Atsuta Y, Chaudhri N, Aljurf M. *Hematol Oncol Stem Cell Ther. 2025 Apr-Jun 01;18(2):79-85.*

- **The impact of age on survival and excess mortality after autologous hematopoietic cell transplantation in newly diagnosed multiple myeloma patients.**

Mizuno S, Gras L, Baaij LGA, Koster L, D'Souza A, Hari PN, Estrada-Merly N, Saber W, Cowan AJ, Iida M, Okamoto S, Takamatsu H, Kawamura K, Kodera Y, Hamad N, Ko BS, Liam C, Ho KW, Goh AS, Keat TS, Elhaddad AM, Bazarbachi A, Chaudhry BQUN, Alfar R, Bekadja MA, Benakli M, Ortiz CAF, Riva E, Verburch E, Galeano S, Bass F, Mian H, McCurdy A, Wang FR, Neumann D, Koh MBC, Snowden JA, Schönland S, McLornan DP, Hayden PJ, Balari AMS, Greinix HT, Aljurf M, Atsuta Y, Rondelli D, Niederwieser DW, Garderet L. *Haematologica. 2026 Jan 1;111(1):286-299.*

3.4 Graft Processing and Cellular Therapy Committee

Committee Mission

The mission of the Graft Processing and Cellular Therapies Committee is to recommend policies, programs, and actions pertaining to the procurement and handling of a harvested product, including storage, preparation and manipulation, equipment, product transportation, and documentation within a cell processing center. This includes the conduct of individuals and processes related to these practices. The committee also focuses on cellular therapy, which is increasingly important in haemato-oncology, transplantation, and regenerative medicine, in relation to cellular product source, processing. Recently, point-of-care manufacturing of autologous advanced therapies has come under the spotlight as a potential way to facilitate access to medicinal products such as CAR-T Cells and decrease costs of manufacturing. This option is

explored not only in countries that cannot afford at all highly expensive industry manufactured cellular immunotherapies, but also in high-income countries where the cumulated financial burden of paying for these products increasingly questions the sustainability of current healthcare organizations.

Leadership

The Co-Chairs of this committee are:

- Christian Chabannon
- Nina Worel (Member Society, EBMT)

Meetings / Teleconferences

During 2025, the Graft Processing and Cellular Therapy Committee did not meet in person.

Ongoing Projects

This committee continues to explore determinants of access to hematopoietic cell transplantation, 60 years after HCT was introduced in clinical practice, as well as determinants of access to recently emerging advanced therapies with applications in the field of hematology and oncology. While underlying reasons are different in low-, middle- and high-income countries, inequalities in access affect all areas worldwide. High costs of acquisitions for therapeutic products are important contributors, especially when considering the most recently approved cellular immunotherapies (CAR-T Cells, TILs...) or gene therapies. Nevertheless, the debate on costs of goods, pricing and reimbursement must not obscure the debate on healthcare organizations, including installations of and access to critical infrastructures such as collection and processing facilities.

Depending on local contexts, these infrastructures may need to be set up and connected with clinical facilities, or, while in operation for many years, face the needs to expand their activities beyond the field of HCT for hematological malignancies and inherited disorders affecting the hematopoietic system, to other medical fields, with a growing number of processes, products and indications to be dealt with.

This is where the WBMT Graft Processing and Cellular Therapy Committee can contribute. It provides a forum to foster exchanges and sharing of know-how and knowledge on operational, regulatory and financial aspects of these activities. As an illustration, the evaluation of different approaches for point-of-care manufacturing of autologous advanced therapies as an alternative to approved, centrally manufactured and marketed medicinal products is currently debated; it



represents a potentially important, although not exclusive, way forward to improve access to these lifesaving therapies.

Future Plans

The Graft Processing and Cellular Therapy Committee identified the following projects for action in 2025:

- Create a list and map of cell processing laboratory facilities worldwide; a recent extension of this project is to identify academic facilities with the ability to manufacture CAR-T Cells without resorting to an industry-operated and centralized cell factory.
- Collaborate with the EBMT Cellular Therapies Working Party and other organizations on a parallel project of clinical outcome of non-cryopreserved autologous HCT transplants.
- Coordinate with FACT and the Joint Assurance Committee of ISCT and EBMT (JACIE) and AHCTA Committee to introduce stepwise accreditation for laboratories (and transplant programs) in emerging regions under a joint International Accreditation Program.

Publications

None

3.5 Global Emergencies / Nuclear Accident Management Committee

The creation of this committee was first suggested in 2014 under the name Nuclear Accident Management Committee. Initial meetings and sessions took place in 2015. In the fourth quarter of 2015, the committee leaders gave presentations during the WBMT session at the APBMT annual scientific meeting. Highlights of this session focused on the number and types of radiologic response exercises being conducted worldwide; all emphasized the need to engage and educate the HCT community of their potential involvement in a nuclear disaster and to continue these practice exercises. In 2020 the mission and name of the committee were reviewed and updated, resulting in the current name which has continued until now.

Committee Mission

The mission of the Global Emergencies / Nuclear Accident Management Committee is to promote worldwide awareness of public health emergencies, (including pandemics), radiation or other disasters that may impact global HCT practice or there could be a role of HCT and cell therapy in the management of these emergencies. Committee objectives include the following:



1. Increase preparedness in WBMT members, teams, organizations, and member countries to aid in the event of a massive radiation incident, pandemic, or a public health emergency.
2. Develop international consensus guidelines for triage and treatment of casualties that require hematopoietic support.
3. Establish coalitions within member countries to share information following radiation or other types of incidents or relevant global emergencies.

Leadership

The Co-Chairs of this committee are:

- Nelson Chao (Member Society, ASTCT)
- Shahrukh Hashmi (Member Society, ASTCT)
- Nada Hamad (Member Society, ANZTCT)

Future Plans

Planned conference call among the chairs to lay out the agenda for this year and the goals going forward.

Publications

None

3.6 Patient Advocacy / Advisory Committee

Committee Mission

The mission of the Patient Advocacy / Advisory Committee is to recommend to the Executive Committee policies, programs, and actions pertaining to the establishment and / or support of international patient advocacy groups and activities. This includes projects in collaboration with international disease or treatment specific organizations that are related to HCT (pre-and post-transplantation issues) particularly those with emphasis on patient, donor, family, and / or caregiver related topics. There will be mentorship and harmonization in the development and distribution of patient/public educational materials.



Leadership

The Co-Chairs of this committee are:

- Cristóbal Frutos (Member Society, LABMT)
- Carmem Bonfim (Member Society, LABMT)

Meetings / Teleconferences

Need to re-start quarterly teleconferences.

Ongoing Projects

C. Frutos to participate in the WBMT Workshop in Panama in 2026 and HCT Congress in Honduras.

Publication:

- **Global Oncology Approvals: Are We on the Right Track?**
Cristobal Frutos, Adriana Seber, *JCO Global Oncology 2025 :11.*

3.7 Transplant Center / Recipient Issues Committee

Committee Mission

The mission of the Transplant Center / Recipient Issues Committee is to recommend to the Executive Committee policies, programs, or actions pertaining to the performance of hematologic transplantation and other cellular therapies / procedures within a member transplant center; this includes recording recipient outcomes, maintenance of records, and the conduct of individuals and processes carrying out these procedures and practices. As of 2006, this committee also administers biennial activities related to the global transplant activity (GTA) reports and GTA data use proposal reviews / deliberations (Section 4.1).

Leadership

The Co-Chairs of this Standing Committee are:

- Laurent Garderet (Member Society, EBMT)
- Yoshihisa Kodaera (Member Society, APBMT)

Meetings / Teleconferences

During 2025, this Standing Committee maintained regular video conferences every 2 months, on the last Wednesday of the month.

Completed Projects

During 2025, this Standing Committee completed the following project:

- Optimize global transplant registry (GTR) and update activities up to 2024.
- Publication of the Waustim “ASCT across ages” (Haematologica)
- Publication of “cryo vs non cryo in myeloma” (Cytotherapy)

Ongoing Projects

This Standing Committee continues to work on the following project:

- Cellular therapy activities in the GTR
- Pediatric registry
- AML refractory/relapse registry and clinical trial (EU funded)

Waustim substudies

- Non cryo worldwide survey
- Maintenance post ASCT:
 - In 3 Asian countries (Japan, Taiwan, Malaysia)
 - In Latin America
- Early relapse post ASCT prognostic score in myeloma
- Economic study of the outcomes according to regions

Allo transplantation-relapse-cGVH disease and CAR T: a retrospective data collection

Future Plans

This Standing Committee has identified the following projects for the future:

- Analyze Single vs Tandem ASCT for high-risk myeloma
- Analyze HTLV1 allotransplantation
- Allotransplantation for hemoglobinopathies
- Neglected Tropical Disease and Allo transplantation (a sub study of the EBMT study)
- Two abstracts have been submitted to EBMT 26: myeloma early relapse score and maintenance post ASCT in 3 Asian countries
- Participate in the WBMT Panama meeting in 2026

Manuscript to finalize/submit

Submitted manuscripts

Manuscript in final stages

- Myeloma maintenance post ASCT (main paper on maintenance)
- Myeloma ASCT 70-75 y
- GVHD prevention and treatment in Latin America

Manuscript in preparation

- Myeloma Early relapse post ASCT score
- Pediatric LABMT activity

Publications

- **The impact of age on survival and excess mortality after autologous hematopoietic cell transplantation in newly diagnosed multiple myeloma patients.**
 Mizuno S, Gras L, Baaij LGA, Koster L, D'Souza A, Hari PN, Estrada-Merly N, Saber W, Cowan AJ, Iida M, Okamoto S, Takamatsu H, Kawamura K, Koderia Y, Hamad N, Ko BS, Liam C, Ho KW, Goh AS, Keat TS, Elhaddad AM, Bazarbachi A, Chaudhry BQUN, Alfar R, Bekadja MA, Benakli M, Ortiz CAF, Riva E, Verburch E, Galeano S, Bass F, Mian H, McCurdy A, Wang FR, Neumann D, Koh MBC, Snowden JA, Schönland S, McLornan DP, Hayden PJ, Balari AMS, Greinix HT, Aljurf M, Atsuta Y, Rondelli D, Niederwieser DW, Garderet L. *Haematologica*. 2025 Jul 31. doi: 10.3324/haematol.2025.288041. Online ahead of print. PMID: 40820767
- **A comparison of cryopreserved and noncryopreserved peripheral blood hematopoietic stem cells for autologous transplantation in multiple myeloma: a study from the chronic malignancies working party of the EBMT.**
 Bekadja MA, Gras L, Baaij L, Koster L, Hamad N, Carpenter B, Nicholson E, Potter V, Broers AEC, Blaise D, Byrne JL, Huynh A, Kinsella F, Reményi P, Collin MP Sr, Gribben JG, Bulley S, Tucci A, Heras NL, Drozd-Sokolowska J, Raj K, Beksac M, Schönland S, Hayden PJ, Snowden J, Aljurf MD, McLornan DP, Rondelli D, Sureda A, Garderet L, Niederwieser D. *Cytotherapy*. 2025 Mar 7:101906. doi: 10.1016/j.jcyt.2025.02.008. Online ahead of print. PMID: 41128705
- **Patterns of Graft-Versus-Host Disease (GvHD) Prevention Practices in the Eastern Mediterranean (EM) Region: A Worldwide Network for Blood & Marrow Transplantation (WBMT) Global Study.**
 Muhsen IN, Niederwieser D, Garderet L, Penack O, Greinix HT, El Fakih R, Abdeljelil NB, Abosoudah I, Alamoudi S, Albeihany A, Al Daama SA, Alshahrani MH, Alshemmari S, Al-

Khabori M, Almasari A, Al Rawas A, Askar M, El-Cheikh J, Bekadja MA, Benakli M, Borhany M, El Kababri M, Halahleh K, Hamidieh AA, Hammad M, Ibrahim A, Kanfar S, Khalaf MH, Marei M, Mir MA, Monagel D, Quessar A, Rihani R, Shabbir-Moosajee M, Shaheen M, Sultan AM, Vaezi M, Rondelli D, Koh MBC, Peric Z, Atsuta Y, Chaudhri N, Aljurf M. *Hematol Oncol Stem Cell Ther.* 2025 Sep 12. doi: 10.4103/hemoncstem.hemoncstem-D-25-00004. Online ahead of print. PMID: 40937504

- **Framework for Patient Advocacy in Hematopoietic Cell Transplantation (HCT): An Overview from the Worldwide Network for Blood and Marrow Transplantation.**

El Fakih R, Frutos C, Bonfim C, Weisdorf D, Koh M, Galeano S, Sadler K, Amro A, Rondelli D, Neiderwieser D, Aljurf M. *Hematol Oncol Stem Cell Ther.* 2025 Jan-Mar 01;18(1):1-4. doi: 10.4103/hemoncstem.HEMONCSTEM-D-24-00054. Epub 2025 Apr 23. PMID:40263896

- **Perspectives on the use and availability of chimeric antigen receptor T cells (CAR-T) and cell therapies: A worldwide cross-sectional survey by the worldwide network for blood and marrow transplantation (WBMT).**

Tan EH, Aljurf M, Hussain F, Chabannon C, Worel N, Weisdorf D, Yakoub-Agha I, Galeano S, Sanchez-Guijo F, Garderet L, Atsuta Y, Ruggeri A, Hamad N, Hashmi S, Frutos C, Kodera Y, Seber A, Bonfim C, Niederwieser D, Rondelli D, Greinix H, Koh MB. *Curr Res Transl Med.* 2025 Apr-Jun;73(2):103515. doi: 10.1016/j.retram.2025.103515. Epub 2025 Apr 15. PMID: 40253930

- **Results of the Latin American Bone Marrow Transplantation Society (LABMT) activity survey 2019-2022: the impact of the COVID-19 pandemic and the increase in related haploidentical donors.**

Galeano S, Bonfim C, Karduss A, Jaimovich G, Gómez-De León A, Bettarello G, Simione A, Correa C, Baldomero H, Neumann D, Basquiera AL, Berro M, Remaggi G, Amaru A, Barroso F, Seber A, Barriga F, Palma J, Puga B, Sánchez M, Herrera JM, Hernández C, Gómez-Almaguer D, Gaytán Morales F, Ruiz-Argüelles GJ, Mendoza N, Benítez ML, Wong A, Pagés C, Hernández M, Niederwieser D, Rondelli D, Frutos C. *Bone Marrow Transplant.* 2025 Jul;60(7):971-977. doi: 10.1038/s41409-025-02600-7. Epub 2025 Apr 18. PMID: 40251416

- **Non-cryopreserved autologous peripheral blood stem cell transplantation for multiple myeloma and lymphoma in countries with limited resources: practice considerations from the Worldwide Network for Blood and Marrow Transplantation.**

Bekadja MA, Niederwieser D, Kharfan-Dabaja MA, El Fakih R, Garderet L, Yakoub-Agha I, Greinix H, Weisdorf DJ, Galeano S, Ahmed SO, Chabanon C, Hashmi SK, Ruggeri A, Gergis U, Bazarbachi A, Hamad N, Albeihany A, Pasquini M, Hanbali A, Szer J, Kodera Y, Kumar A, Elhassan T, McLornan D, Worel N, Greco R, Mohty M, Atsuta Y, Koh M, Sureda A, Rondelli D, Aljurf M, Rasheed W. *Bone Marrow Transplant.* 2025 Jan;60(1):19-27. doi: 10.1038/s41409-024-02431-y. Epub 2024 Oct 7. PMID: 39375527



3.8 WHO Liaison Standing Committee

Committee Mission

The mission of the WHO Liaison Committee is to recommend to the Executive Committee policies, programs, and actions pertaining to the continuation of collaborative projects with the WHO in pursuit of WBMT's educational, scientific and philanthropic mission. This includes projects to promote global access to hematopoietic cell donation and transplantation as well as administration of other cellular therapies; technical and scientific input on safety and quality of HCT and cellular therapies; and consultation services with emphasis on HCT and cellular therapies.

Leadership

The Co-Chairs of this Standing Committee are:

- Hildegard Greinix (Past President and WHO representative WBMT)
- Daniel Weisdorf (Past President WBMT)

Meetings / Teleconferences

The group meets annually in person and/or via teleconference monthly. Additionally, the committee has regular scheduled telephone conferences with Mr. Efstratios Chatzixiros, Adviser on Transplantation of Human Organs, Tissues and Cells of the Blood and Other Products of Human Origin Team in the Health Product Policy and Standards Department of the WHO Headquarters in Geneva, Switzerland.

Completed Projects

- Publication of worldwide survey on current use of cell and gene therapies together with the WBMT Graft Processing and Cellular Therapy Committee.
- Publication of Similarities and Differences Between Allogeneic Hematopoietic Cell and Organ Transplantation.
- Organization of **9th Worldwide Network for Blood and Marrow Transplantation (WBMT) Workshop in Ulaanbaatar, Mongolia together with Education and Dissemination Committee and Nurses Committee of WBMT in collaboration with WHO.**
- Technical Annex document for support of WHO Global Strategy on Transplantation.

Ongoing Projects

- Collaboration with other WBMT Standing Committees in organizing the next WBMT Workshop in Panama in collaboration with WHO.
- Collaboration with WHO on Global Strategy on Transplantation and Donation that will be developed as a high-quality document to be considered by the World Health Assembly in 2027. WHO's vision is that every country must meet the transplant needs of its patients either by developing transplant programs within the given country or by cooperation. The main objectives are to increase the availability and access to cell, tissue and organ transplantation, ensure safety and quality of all processes involving transplantation and donation, provide regulation, oversight and financing, requested infrastructure and professional capacity and establish international collaborations. WBMT provides experts on cell transplantation and donation to develop this WHO document. Once approved, these experts will also assist WHO in implementing cell transplant programs in different world regions.
- Development of a Checklist for setting up HCT and cell therapy programs (Toolkit) to support WHO in implementing the Global Transplant Strategy in different world regions once approved by the World Health Assembly. This will also include educational material for training nurses that will be developed together with the Nurses Standing Committee of WBMT.
- Joint publication with WHO on development of a checklist for setting up HCT and cell therapy programs.

Future Plans

- Develop safety standards, quality management systems and accreditation processes currently available for the development of gene and cell therapies together with the WBMT Accreditation Committee (AHCTA).
- Update the list of essential medications for HCT and provide a publication.
- Harmonize terms in cell and gene therapy together with Graft Processing and Cellular Therapy Committee.
- Provide list of worldwide stakeholders in the field of cell and gene therapies to WHO.

Publications

- **Non-cryopreserved autologous peripheral blood stem cell transplantation for multiple myeloma and lymphoma in countries with limited resources: practice considerations from the WBMT.**
Bekadja MA, Niederwieser D, et al. *Bone Marrow Transplant* 2025;60(1):19-27.

- **Perspectives on the use and availability of chimeric antigen receptor T cells (CAR-T) and cell therapies: A worldwide cross-sectional survey by the worldwide network for blood and marrow transplantation (WBMT).**

Tan EH, Aljurf M, Hussain F, Chabannon C, Worel N, Weisdorf D, Yakoub-Agha I, Galeano S, Sanchez-Guijo F, Garderet L, Atsuta Y, Ruggeri A, Hamad N, Hashmi S, Frutos C, Kodera Y, Seber A, Bonfim C, Niederwieser D, Rondelli D, Greinix H, Koh MB. *Curr Res Transl Med.* 2025 Apr-Jun;73(2):103515. doi: 10.1016/j.retram.2025.103515. Epub 2025 Apr 15
- **Similarities and Differences between Allogeneic Hematopoietic Cell and Organ Transplantation and What can We Learn from Each Other to Guide Global Health Strategy.**

Greinix HT, Matas A, Koh M, Foeken F, Worel N, Vinson A, Ibrahim H, Sawinski D, Seber A, Valapour M, Atsuta Y, Mengling T, Lake J, Wekerle T, Weisdorf D. *Clin Transplant.* 2025 Oct;39(10):e70346. doi: 10.1111/ctr.70346.
- **Setting up a Chimeric Antigen Receptor T Cell Therapy Program: A Framework for Delivery from the Worldwide Network for Blood & Marrow Transplantation.**

Ahmed SO, El Fakih R, Kharfan-Dabaja MA, Syed F, Mufti G, Chabannon C, Rondelli D, Mohty M, Al Ahmari AA, Gauthier J, Ruella M, Perales MA, Hashmi S, Alfraih F, Ghorashian S, Alzahrani M, Abba Z, Koh M, Pasquini M, Ruggeri A, Garderet L, Albabtain A, Weisdorf D, Greinix H, Samarkandi H, Hamad N, Atsuta Y, Hamadani M, Hari P, Majhail NS, Greco R, Alzahrani H, Sureda A, Yakoub-Agha I, Alahmari AD, Niederwieser D, Aljurf M. *Transplant Cell Ther.* 2025 Aug;31(8):533-543. doi: 10.1016/j.jtct.2025.05.012. Epub 2025 May 23. PMID: 40414351
- **Patterns of Graft-Versus-Host Disease (GvHD) Prevention Practices in the Eastern Mediterranean (EM) Region: A Worldwide Network for Blood & Marrow Transplantation (WBMT) Global Study.**

Muhsen IN, Niederwieser D, Garderet L, Penack O, Greinix HT, El Fakih R, Abdeljelil NB, Abosoudah I, Alamoudi S, Albeihany A, Al Daama SA, Alshahrani MH, Alshemmari S, Al-Khabori M, Almasari A, Al Rawas A, Askar M, El-Cheikh J, Bekadja MA, Benakli M, Borhany M, El Kababri M, Halahleh K, Hamidieh AA, Hammad M, Ibrahim A, Kanfar S, Khalaf MH, Marei M, Mir MA, Monagel D, Quessar A, Rihani R, Shabbir-Moosajee M, Shaheen M, Sultan AM, Vaezi M, Rondelli D, Koh MBC, Peric Z, Atsuta Y, Chaudhri N, Aljurf M. *Hematol Oncol Stem Cell Ther.* 2025 Sep 12. doi: 10.4103/hemoncstem.hemoncstem-D-25-00004. Online ahead of print.
- **The impact of age on survival and excess mortality after autologous hematopoietic cell transplantation in newly diagnosed multiple myeloma patients.**

Mizuno S, Gras L, Baaij LGA, Koster L, D'Souza A, Hari PN, Estrada-Merly N, Saber W, Cowan AJ, Iida M, Okamoto S, Takamatsu H, Kawamura K, Kodera Y, Hamad N, Ko BS, Liam C, Ho KW, Goh AS, Keat TS, Elhaddad AM, Bazarbachi A, Chaudhry BQUN, Alfar R,

Bekadja MA, Benakli M, Ortiz CAF, Riva E, Verburgh E, Galeano S, Bass F, Mian H, McCurdy A, Wang FR, Neumann D, Koh MBC, Snowden JA, Schönland S, McLornan DP, Hayden PJ, Balari AMS, Greinix HT, Aljurf M, Atsuta Y, Rondelli D, Niederwieser DW, Garderet L. *Haematologica*. 2026 Jan 1;111(1):286-299. doi: 10.3324/haematol.2025.288041. Epub 2025 Jul 31.

3.9 Nurses Group Standing Committee

Committee Mission

The WBMT Nurses Group main objective is to try and address/help nurses working within the field of HCT & CT across the world, especially in countries where there is no specific organized nursing group within this specialty which may mean nursing knowledge and patient care are hampered by lack of support, relevant training, and up-to-date information. The WBMT NG will provide leadership, education, and support to nursing professionals involved in HCT & CT worldwide, particularly nurses in emerging countries. The committee is responsible for addressing issues related to nursing practice, evidence-based nursing care and advocating for nursing excellence in HCT & CT through collaboration and consultation with existing international societies.

Leadership

The Co-Chairs of this Standing Committee are:

- Reggie Belkhedim (Member Society: WBMT/EMBMT) – Co-chair
- Carole Charley (Member Society: WBMT) – Co-chair
- Catherine Gutierrez (Member Society: LABMT) – Co-chair

Other positions:

- Paola Viveros (Member Society: LABMT) – Quality Management
- Eugenia Trigos (Member Society: EBMT) – Clinician Nurse-Adviser
- Nouf M Shwikan, (Member Society: EMBMT) – Clinician Nurse-Adviser

Meetings / Teleconferences held in 2025

- **Ukrainian nurses special training session, 22-26 September 2025**

The WBMT NG Committee conducted a special training session for the Ukrainian nurses on 22-26 September 2025 in collaboration with the Working Group “Global Oncology” at the University Hospital Bonn, Prof. Oliver Henke (Hematologist based in Tanzania) and Dr. Oleksandr Istomin from National Children's Hospital "Okhmatdyt", Ukraine. The training session was a sequel to the Ukraine series of webinar held on May 2025 and in view of the nurses' hands-on training in Germany on November-December 2025.

- **Participation of WBMT NG 9th HNHCP Educational Conference, 07-08 November 2025**

The WBMT NG committee members, upon the invitation of Erik Aerts, past President of EBMT NG and current President of the Hematology Nurses and Healthcare Professionals group (HNHCP), participated in the 9th HNHCP Educational Conference held on 07-08 November 2025.

Completed Projects/Achievements in 2025

- Increase in number of nurses membership. (Additional members from India, Mongolia, Mexico, Saudi Arabia, Lebanon, USA)
- Completion of compilation of Nurses' online presentations for the new website
- Ukraine Nurses series of Webinar (May 2025) and hands-on training in Germany
- Mongolia Nurses Workshop (28 June 2025) with Site Visit report
- Nurses Assessment Questionnaires (Long & Short versions)





Ongoing Projects

- Hematology-Oncology program – topics completed; speakers to be determined
- WBMT NG – AfBMT collaboration on nurses training
- Compilation and collection of IPPs / SOPs / Nursing guidelines

Future Plans

- Mongolian BMT nurses' training in Japan in 2026
- Nurses workshop for the 10th WBMT Workshop & Symposium 2026 in Panama
- Development of BMT / Hematology Educational materials and webinars for Low-Mid Income Countries (LMICs)
- Collaboration with AfBMT nurses
- BMT Nurses Training Program and Twinning with Other Institutions: Advancing BMT Education for Nurses in LMICs

Publication / Abstract

- **Global collaboration and AI-Enhanced Online Education for Ukrainian HCT Nurses in wartime**
Oleksandr Istomin, Oleksandr Lysytsia, Irina Korenkova, Dietger Niederwieser, Reggie Belkhedim, Carole Charley, Catherine Gutierrez, Eugenia Trigos, Nouf Shwikan, Paola Viveros
Abstract from Ukraine primarily authored by Oleksandr Istomin in partnership with the WBMT NG to be submitted and hopefully accepted at the Annual EBMT Congress 2026.



4.0 WBMT ACTIVITIES AND ACCOMPLISHMENTS IN 2025

The WBMT engages in a variety of activities including:

- An annual global survey of HCT activity (**Section 4.1**);
- Establishing an internet-based program for data collection on a global level (eGTR);
- Conducting scientific and educational conferences (**Section 4.2**);
- Developing consensus guidelines for optimum delivery of HCT services and accreditation of HCT facilities (**Section 4.3**);
- Collaborating and consulting with the WHO to promote excellence in HCT, stem cell donation, and cellular therapy (**Section 4.4**);
- Supporting other global HCT activities (**Section 4.5**);
- Maintaining a Website for broad communication (**Section 4.6**);
- Establishing research guidelines within this global HCT community, particularly as related to use of the Global transplant activity data (**Section 4.7**).

4.1 Annual Global Survey

WBMT leaders agreed in early formative years that the first initiative should be to conduct annual global surveys of HCT activity performed by transplant centers (**Appendices C1 and C2**); a minimal yet essential level of activity information is requested of participating centers. The annual survey displays volume of, and main indications for, allogeneic (related, unrelated, and graft source information) and autologous HCT activity. Disease indications for HCT include main- and sub-class categories.

The WBMT survey reporting sheet is available on the WBMT website; it is accompanied by the disease indications classification codes to assist in completing the survey. This will continue during the transition from the hard copy manual entry to the internet-based reporting system. In countries lacking internet connection, the data will still be reported by hard copy/fax to the regional office and entered there directly.

The WBMT continues to promote the annual survey by publishing findings biannually in scientific journals and presenting results at least once annually at international meetings (**Appendix F**). The WBMT encourages other, growing and developing groups (e.g., LABMT and AfBMT) to form their own registries to participate in the survey, and a WBMT representative presents at each Workshop and Symposium (**Section 4.2.2**), describing the activity data, including the collection process, and encouraging all teams to report their activity data.



Data for the Global Transplant Activity (GTA) survey is currently being collected from our member societies APBMT, EBMT and CIBMTR for their regions and, for all other regions of the world, from each center on hard copies. The activity of these centers is reported directly to the WBMT office and the information entered there by hand. Worldwide we have around 1700 transplant centers reporting now more than 100.000 HCT/year. Global activity data are then returned to the regional societies to allow analysis on developments of regional or national registries. This data does not represent an outcome registry, but the GTA survey is a mechanism by which each country's annual data can be registered with the WBMT and can also be used by the reporting organization. In addition, the GTA survey allows comparisons between countries and detects gaps between developed or raising countries. The procedure is time consuming, and the data are available with considerable time delays (data were published until 2018).

Furthermore, the EBMT, that reported the data for the whole of Europe using the Promise system, will stop using this program and has been working on alternatives. To maintain and improve reporting, WBMT decided to develop an internet-based reporting system using the actual sheet. This is not trivial considering the different levels of the GTA survey, security and the need for highest data quality and safety. Information can be entered at transplant center, country and region level (at the moment, a considerable proportion is entered at a global level) and should avoid duplicates, inappropriate use and is restricted to a limited number of people of each center (data manager and Head of Department). The connection with the server must be encrypted. Using these security tools, we are now online in 2025 with the GTR starting in Latin America. Every transplant center will enter its activities and have an overview of its own data only. Selected people have access to country level data and the central WBMT office to the regional data. All the calculations will be performed by the program including additions, percentages and correlations. This will allow us to have yearly real time data at the latest in March of the following year. A manual is in development to explain data entering. These activities' data can be used at the team level for those countries / societies that do not have an existing data collection system (e.g. LABMT, AfBMT). If a new regional or national registry were to be developed, it could potentially use GTA data to identify the activity in those countries that are outside other data collection systems, providing a mechanism for follow-up reporting.

In the near future, reports of second HCT and cellular therapy worldwide is planned. The GTA survey will be essential for obtaining actual data for the WHO, for publications and for understanding the development and trends in the field.

The WBMT has guidelines for research using these data, which have been renewed during 2021 (**Appendix D1**). Member Societies can request use of this data for research purposes with signed Data Transmission Agreements (**Appendix D2**). Proposals for the use of this data are reviewed and approved by the Transplant Center / Recipient Issues Committee (**Section 3.7**).



During a previous annual meeting of the American Society of Hematology Vanderson Rocha gave an exciting oral presentation on the topic of increasing access to allogeneic HCT on an international level. He showed data from WBMT’s global transplant survey focusing on donor sources, different world regions and main indications. He discussed factors associated with access to allogeneic HCT including donor type and stem cell source availability, patient demographics, economic and social issues, provider and health care system impact. Finally, V. Rocha discussed strategies for expanding allogeneic HCT activity in resource-constrained areas, such as use of telehealth systems, wearable devices, use of artificial intelligence, and collaboration among international organizations.

4.2 Scientific and Educational Conferences

4.2.1 Joint Scientific / International Symposia

Scientific conferences are an important activity of the WBMT for communicating with other clinicians and researchers. WBMT conducts an annual 90-minute Scientific / International Symposium at one or two major HCT conferences. The Symposium is most often presented during the US-based Transplantation and Cellular Therapy Meetings [sponsored by the CIBMTR and the American Society for Transplantation and Cellular Therapy (ASTCT)] each February. Additionally, the WBMT presents a similar or modified program at the annual EBMT meeting in March – April. The focus during the WBMT presentations is on topics of global interest. **Appendix F** lists annual Symposia programs since WBMT began coordinating them in 2009.

4.2.2 WBMT Workshops and Scientific Symposia

The WBMT sponsors Workshops and Scientific Symposia in various regions; often those with constrained resources to encourage expansion of existing transplant programs or establishing new programs. The WBMT leverages the skills and expertise of its Member Societies along with the Education and Dissemination Committee and all other Standing Committees in planning these programs. Since 2011, the WBMT conducted eight Workshops and Symposia: in Hanoi, Vietnam, in 2011 (**Section 4.2.2.1**); Salvador, Brazil, in 2013 (**Section 4.2.2.2**); Cape Town, South Africa, in 2014 (**Section 4.2.2.3**), Riyadh, Saudi Arabia, in 2017 (**Section 4.2.2.4**); Casablanca, Morocco, in 2018 (**Section 4.2.2.5**) Beijing, China, in 2018 (**Section 4.2.2.6**); Asuncion, Paraguay in 2019 (**Section 4.2.2.7**), Rawalpindi, Pakistan in 2022 (**Section 4.2.2.8**), Ulaanbaatar, Mongolia in 2025 (**Section 4.2.2.11**) and a Symposium in Bengaluru, India in 2025 (**Section 4.2.2.12**)



4.2.2.1 2011 Hanoi, Vietnam

In late 2011, the WBMT conducted its first two-day Workshop and associated one-day Scientific Symposium in Hanoi, Vietnam, in cooperation with the WHO and in partnership with the APBMT and a local Vietnamese Organizing Committee.

The Hanoi Workshop concluded that WBMT should conduct training programs for physicians who lead transplant programs abroad. Since then, several teaching fellowships materialized during 2013 and increased in number through 2015. Trainees included practitioners from Vietnam (Hanoi and Ho-Chi-Minh City), Mongolia, Qatar, the Philippines, and Cambodia cross-training in Japan, Korea, Belgium, and Germany. This Workshop also enhanced networking across the globe. For instance, representatives from Myanmar, Indonesia, and Bangladesh established an HCT program under the guidance of WBMT 2011 Workshop participants. HCT activities increased after the workshop from 6 HCT/year to currently 600/year.

4.2.2.2 2013 Salvador, Brazil

With a commitment by the WBMT Board to support the LABMT, a new WBMT Member Society in 2013, and strong interest from a local organizing committee, the WBMT hosted a two-day Workshop and one-day Scientific Symposium in late 2013 in Salvador da Bahia, Brazil. Participants indicated this was a successful and valuable collaborative venture, but the most visible measurement of success has been the high level of regional organization and productivity since the Workshop.

The LABMT now holds regular monthly and annual meetings and continues to actively develop standing committees modelled after WBMT committees. Within two years of the Workshop, LABMT investigators published in peer-reviewed journals and presented oral abstracts at the prestigious American Society of Hematology (ASH) meetings.

4.2.2.3 2014 Cape Town, South Africa

The WBMT held its 3rd Workshop and Scientific Symposium in November 2014, in Cape Town, South Africa, in collaboration with the WHO, the African Society of Blood Transfusion and a local, South African planning committee. With the largest audience yet, attendees represented 34 countries, 20 of which were African. More than 200 individuals registered for the Workshop, and providing primarily positive responses and sound suggestions for improvements to future Workshop programs.

The WBMT customized the scientific program to address blood transfusion safety, a special problem on the continent, and included more open dialog time than in previous Workshops.

As was true for both previous Workshops, a broad spectrum of expert planners and presenters were from Europe, the Far East, Mediterranean region, and the US, augmenting a cadre of regional speakers.

Similar to the LABMT and the Workshop in Salvador, Brazil, the WBMT encouraged and strongly supported a more formal structure and activity level of the AFBMT. The WBMT received and approved a formal application for status as a WBMT Member Society in February 2015, and the AFBMT hosted a business meeting with newly elected officers in Istanbul in March 2015.

4.2.2.4 2017 Riyadh, Saudi Arabia

The 4th Workshop and Symposium, this one co-organized with the EMBMT, took place in Riyadh, Saudi Arabia, in January 2017. WBMT Officers and Standing Committee Co-Chairs participated along with the Riyadh-based Planning Organization. An extended program included longer, open discussion periods, as suggested on prior program evaluation forms. More than 1,000 individuals from 34 countries participated in the Workshop. Representatives from 12 different countries provided regional presentations. A summary of the presentations was published (**Appendix G**).

4.2.2.5 2018 Casablanca, Morocco

In April 2018, the WBMT and AFBMT hosted a Workshop in Casablanca, Morocco, in association with the Moroccan Society of Hematology. The scientific program focused on setting up and enhancing HCT programs in Africa, including adapted conditioning regimens and focusing on diseases affecting regional populations. JACIE offered a workshop regarding establishing an accreditation program in low-middle income countries. A summary of this meeting was published.

4.2.2.6 2018 Beijing, China

The 5th Annual WBMT / WHO Workshop and Scientific Symposium in collaboration with the Chinese Hematopoietic Stem Cell Transplantation Committee and the Chinese Medical Association was held at Beijing Kuntai Hotel, Beijing, China from September 19-21, 2018, focusing on the development of a HCT global outcome registry and advanced



technology for HCT in emerging countries. The attendees were approximately 500 and most of the domestic attendees were relatively young physicians and other medical professionals. They concluded that it was a successful workshop and that they learned that different regions and differing times require different approaches to the challenges of HCT internationally. The scientific, social and organizational parts were outstanding. Following the pattern of the other meetings of the WBMT, we developed some new scientific aspects of importance.

Congratulations were offered for the extremely well-arranged 5th WBMT workshop. Most important was the very high-quality program and lectures and the large number of local and international speakers. This is in addition to the exceptional arrangements of logistics including venue, lecture room, audiovisuals, exhibition, registration and many others. It was encouraging to note that the Central Administrative Office, WBMT and the Local Administrative Office communicated well with each other. This was a model for the preparation of future workshop/scientific symposia sponsored with the WBMT.

4.2.2.7 2019 Asuncion, Paraguay

The 6th WBMT Workshop and Symposium was held September 2-4, 2019, in Asuncion, Paraguay.

With the participation of 13 countries from Latin America sharing the current situation of HCT from the key players to an audience of 20 different countries as well as the Paraguayan Minister of Health, representatives from PAHO and WHO. The debate and discussion were vigorous. Everyone wanted to share what they were doing, express their weaknesses, ask how other countries had gotten through common barriers including access to medication and funding for HCT.

With over 300 colleagues, a list of essential medication was brought forth by the WBMT, discussed by all those present, and a commitment was secured by WHO representatives to make every effort possible to ensure easy access to these drugs.

The first day of the Workshop closed on a high note with the official launch of the Paraguayan Donor Registry and the presence of the Orchestra Band of Cateura, a local band composed of children from Asuncion that make their instruments out of the salvaged garbage -- a true testament of their resilience.



Day 2 began with meet the experts' session followed by a Pediatrics HCT round table that finished with the commitment of all Heads of Services of Pediatric Centers to work together towards harmonizing treatments and sharing facilities. Common HCT debates included discussion of cryopreserved vs refrigerated grafts for autologous HCT; matched unrelated donor vs Haploidentical donor; and bone marrow vs cord blood with detailed presentations.

Patients emphasized the challenges of living after HCT. They formed a patient association and came to express their gratitude to the WBMT for their assistance in the development of the HCT Program in Paraguay.

During the Gala Dinner that was held the second day of the meeting the President of the National Social Security Insurance assured those present he would expedite processes to have a HCT Center built with international standards by seeking the help of the WBMT.

Parallel to these events, the first JACIE-FACT Workshop was held on the 1st of September. A Nurses Satellite meeting took place coordinated by the Nurses Group of the LABMT and EBMT and the LABMT held an assembly where officers were elected, charges were distributed, and work was outlined for the next two years.

Follow-up to the success of the workshop led to expressions of thanks to the WBMT. It was stated that the meeting "truly shattered all our expectations".

4.2.2.8 2022 Rawalpindi, Pakistan

From September 22 to 24, 2022 the 8th WBMT Workshop, organized together with Armed Forces Bone Marrow Transplant Centre/National Institute of Blood and Marrow Transplant (AFBMTC/NIBMT) in collaboration with WHO, took place as a hybrid meeting in Rawalpindi, Pakistan. This workshop was attended by 2845 individuals from 52 countries including delegates from the Eastern Mediterranean region, North America, South America, Asia Pacific, Europe and Africa. The program consisted of sessions on minimum essential requirements for establishing or expanding a transplant program in emerging countries, transplant indications for starting programs, training and dissemination of knowledge, donor selection and donor safety, transfusion services for transplant centers, cell collection and processing, quality assurance in transplant centers, and patient/donor registration and outcome database. Short presentations were followed by moderated panel discussions with local and regional representatives discussing all important topics in detail.

In the inaugural session attended also by Lt. Gen. Nigar Johar, the Surgeon General/DGMS of the Pakistan Army and Minister of Health, Mr. Efstratios Chatzixiros presented the WHO global perspective of HCT followed by reports about regional transplant activities.

Dr. Qamar Un Nisa Chaudhry mentioned the fragmented and under-developed health care system, the under-developed diagnostic and transfusion services, the low number of transplant centers, the lack of trained human resource, the non-availability and costs of chemotherapeutic agents and monoclonal antibodies, the lack of national disease and transplant data and the lack of awareness and prevention programs for genetic diseases like beta thalassemia as challenges for HCT in Pakistan. In Pakistan, the first allogeneic HCT was performed by the Armed Forces Bone Marrow Transplant Centre on 19 July 2001. Meantime, the country has 12 transplant centers and a total number of 3,380 HCT including 2,704 allogeneic and 676 autologous HCT have been performed. The first cellular culture facility was established at the AFBMTC in 2015. This facility performed clinical trials on the use of mesenchymal stromal cells in spinal cord injuries, graft-versus-host disease, COVID-19 pneumonia and studies in autoimmune disorders and diabetic nephropathy are currently ongoing. The AFBMTC plans to establish an in-house CAR-T-cell program that has been approved. Currently, infrastructure including procurement of equipment and training of staff is ongoing. Plans include in-house production of cytotoxic T-cells and gene therapy. Additionally, reports on transplant activities in Saudi Arabia, Oman, Iran, Qatar, United Arab Emirates, Nepal and Bangladesh were presented. A parallel Nursing Session took place on 23 September 2022.

4.2.2.9 2023, Lagos, Nigeria

Our involvement with the Nigerian BMT Group coincided at the early stage of proposal to the Worldwide network for Blood and Marrow Transplantation (WBMT) Executive Committee on the formation of the Nurses group (NG) within the WBMT organization. Initially, the proposed workshop was intended for a small group of nurses in Lagos University Teaching Hospital (LUTH) and the Sickle Cell Foundation Nigeria (SCFN). The initiation of the proposed workshop started with a survey-questionnaire posed to the Nigerian group to determine the actual needs and concerns of the participating parties. A series of communications were done, followed by meetings and plannings on the topics. The 35 topics of the program were participated by 27 volunteer-lectures from 13 different countries ranging from North America, Latin America, Europe, Africa, Middle East, Central Asia and Asia-Pacific. As agreed, speakers were allotted 15 minutes



to discuss their lectures either by virtual presentation or on pre-recorded mode. A thorough coordination with the Nigerian IT support team from LUTH was established to ensure the seamless flow of the lectures. The Workshop took the interest of many nurses and health professionals from across the world. The registration portal has recorded at least 900+ registrants. Actual attendance was high at 433+ from 37 countries of 7 regions. It has certainly fulfilled one of the mission and visions of the WBMT NG Committee as it also manifested the real need to reach out to nurses in developing countries who are so motivated and eager to optimize their knowledge in the field of BMT.

4.2.2.10 2025, Kyiv, Ukraine

The Ukrainian Nurses Webinar program was initiated by the WBMT Nurses Group Committee in August 2024. Designed as a series of five sessions covering at least 24 topics, the program was translated and dubbed into Ukrainian language through the initiative of Dr. Oleksander Istomin from the National Specialized Children's Hospital Okhmatdyt.

The first session took place in April 2025, marking the first-ever on-site HCT-focused nursing workshop in Ukraine. This milestone event was organized in collaboration with the Ukrainian Professional Society of Pediatric Hematology and Oncology, the Ukrainian Association for Bone Marrow Transplantation, and Okhmatdyt Hospital. Despite the challenges of wartime conditions, the workshop successfully gathered over 40 nurses from nine transplant centers and hospitals across Kyiv, Dnipro, Lviv, Kharkiv, and Cherkasy.

The training provided hands-on, practical instruction in central venous line care, led by experienced anesthesiologists, hematologists, and nurses from Okhmatdyt. Special emphasis was placed on:

- Management and prevention of hypersensitivity reactions
- Skin and oral care following chemotherapy and radiotherapy
- Specific protocols for IVIG administration in transplant recipients

At the conclusion of the workshop, participants were invited to join the Ukrainian Bone Marrow Donor Registry - a meaningful step forward in strengthening the country's transplant infrastructure.

To further support online education, a special training program was held from 22 to 26 of September 2025 under the leadership of Dr. Oliver Henke, a German hematologist



based in Tanzania, in collaboration with the WBMT NG Committee. This intensive five-day course prepared selected Ukrainian nurses for upcoming hands-on training, scheduled in batches from November to December 2025 at three universities in Germany, supported by a financial grant.

Reflecting on these achievements, Dr. Istomin expressed deep gratitude to the WBMT organization and its Nurses Group Committee, stating: “It is our hope that in a few years, this initiative will grow into something greater—perhaps a recognized HCT nursing subspecialty or a formal role for transplant coordinator nurses. “

4.2.2.11 2025, Ulaanbaatar, Mongolia

The First Central Hospital of Mongolia (FCHM) in Ulaanbaatar, Mongolia hosted a landmark event in 26-28 June 2025, as the Worldwide Network for Blood and Marrow Transplantation (WBMT), in partnership with the World Health Organization (WHO), the First Central Hospital of Mongolia, and the Mongolia Ministry of Health, convened its 9th WBMT Workshop and Symposium. The 2-day Workshop was attended by 285 participants (In-Person: 102, Virtual: 183); Nurses Workshop had 153 participants (In-Person: 70, Virtual: 83); and the Symposium event was attended by 102 participants (In-Person: 50, Virtual 52). Overall attendance was 540 out of the 796 total registration.

Together, the Workshop and Symposium represented a historic milestone for Mongolia, marking its growing role in global transplantation. With the participation of leading authorities and regional experts, the events promise to advance knowledge, foster collaboration, and inspire new initiatives to expand access to life-saving therapies worldwide.

The dedicated 3rd Nurses Group Workshop took place on 28 June 2025 whereby the agenda featured 22 topics organized into four sessions, each complemented by a discussion segment. To address language barriers, all slide presentations were translated into Mongolian script, and a professional translator provided real-time support throughout the event.

A major highlight of the program was the site visit to the First Central Hospital of Mongolia (FCHM) on 25 June 2025, the day before the congress. This visit proved to be highly impactful, generating enthusiasm for the congress and directly supporting the hospital’s efforts to strengthen its BMT/HCT services. WBMT delegates inspected facilities and engages hospital leadership and staff, fostering valuable dialogue. A

comprehensive site visit report was subsequently submitted to FCHM, serving as a practical guide for optimizing capacity and advancing service development.

As a continuation of the workshop's theoretical foundations, it was recommended that specialized BMT/HCT nurses' training be pursued outside Mongolia. With the support of Yoshihisa Kodera, WBMT Past President, successful coordination was established with a transplant center in Japan. This initiative will enable Mongolian nurses to begin structured training in early 2026, marking a significant step toward enhancing clinical expertise and patient care.

4.2.2.12 2025 Bengaluru, India

WBMT, in collaboration with Ramaiah Medical College, hosted the WBMT Symposium on Cell Therapy in Bengaluru, India, on November 21–22, 2025. This landmark event brought together international experts, clinicians, scientists, and healthcare professionals to explore the rapidly evolving field of cellular therapy. The hybrid event was successfully attended by at least 541 participants composed of Delegates, Faculty and Industry Partners (In-Person: 360, Virtual: 181).

Over two days, the symposium featured a rich program of scientific sessions, country presentations, and roundtable discussions. Key highlights include Global perspectives on CAR-T Therapy, Establishing CAR-T Programs, Advances in Hematopoietic Cell Transplantation, Complications and management, Manufacturing and regulations and topics beyond CAR-T with sessions exploring gene therapy for hemoglobinopathies, CAR-T applications in autoimmune diseases, and novel indications such as neuroblastoma.

4.2.2.13 Future Workshops and Symposia

The 10th WBMT Workshop and Symposium is targeted to be held on 25-27 June 2026 in Panama City, Panama.

4.3 Consensus and Guideline Initiatives

The primary purpose of the WBMT is to serve as a collective venue and voice – at a global level – for HCT and related issues. With the support of its Board, the WBMT publishes its findings on critical matters or burning issues on its website and collaborates with other scientific organizations. Previously, WBMT positions were published on standardized product labelling,



and rejection of financial reimbursement for donation of cellular products in peer review journals as can be seen on the WBMT website.

More recently, current and previous Standing Committees authored substantial work, either independently or collaboratively, on standardization of practice topics (minimal requirements for a HCT program, training best practices and other topics) (**Section 3.0** and **Appendix G**). In 2017 and 2018 the Transplant Center / Recipient Committee created a table of minimal requirements for establishing a new HCT program. All elements were rated, then reviewed by committee volunteers and later published. This fundamental information was used, in part, by a WBMT group who visited Ethiopia in December 2015 to assess their existing situation and to document what might be required for their five-year HCT plan. A final report was provided in the second quarter of 2016. Unfortunately, there is current considerable political instability in Ethiopia which has meant that the current project has been put on hold as the local team and government are unable to focus on this project currently. We will pick this up when the political situation improves.

In 2021 a statement on changes in HCT practices in response to COVID-19 based on an international survey was published under the leadership of the WBMT Donor Issues Standing Committee.

4.4 Collaboration with the WHO

Of note, a WHO representative has been involved with WBMT activities since the establishment of the organization. The WBMT has had an active working relationship with the WHO for almost four years before being officially invited to apply for an NGO in official relations status with the WHO. The WHO approved the WBMT's initial application in January 2013 and approved this continued status in January 2019 and again in March 2025. This decision of the Executive Board of the WHO is based on the continuing dedication of WBMT to support the work of WHO. Mr. Efstratios Chatzixiros from the Health Product Policy and Standards Department continue to be the WHO Designated Technical Officer for WBMT's official relations.

This collaboration with WHO brings with it additional responsibilities, including participation in WHO initiatives like the Global Strategy on Transplantation along with mutual educational, scientific, and philanthropic missions. Because of the importance of this collaboration, the WBMT created in 2016 an Executive Committee position, generally the Past President, specifically designated to represent the WBMT within the WHO.

In 2022 the WBMT Board approved a new standing committee, the WHO Liaison Standing Committee, chaired by the Past President to acknowledge and lead the increasing activities important to fulfill the collaboration plan with WHO for the period of 2025 to 2028.

4.4.1 Platform for WBMT Collaborative Projects

The NGO status of the WBMT includes activities that form the foundation of WBMT's continued work consisting of:

- Technical input and relevant data that may inform WHO's work on raising awareness and addressing the burden of diseases/conditions that are amenable to HCT.
- Assess access to HCT over time on a global level (WBMT Global Activity Survey).
- Assess access to HCT over time in different regions of the world (WBMT Global Activity Survey).
- Organization and conduct the 9th WBMT workshop in Mongolia which outlined and articulated regional HCT activities, HCT infrastructure and teams as well as challenges for HCT access.
- WBMT member activities to support HCT programs in different regions of the world.
- Technical input to inform WHO's work towards developing guidance materials for establishing HCT programs for each country pursuing such development.
- Under WHO's guidance, support WHO's work towards the development of knowledge resources to build capacity in low and low-middle income countries identified by WHO and in agreement with national authorities for starting or strengthening HCT programs; all in concordance with WHO's guiding principles (WBMT/WHO Workshop in Mongolia).
- Technical input that may inform WHO in assessing access to cell and gene therapies worldwide in line with current WHO frameworks and guidelines.
- Technical input that may inform WHO's work in the development of resources and tools for strengthening the oversight capacity for HCT and cell therapy at global and national levels, in line with WHO's principles.
- Technical input that may inform WHO's work on development of quality and safety guidance for gene and cell therapies, in line with relevant and evolving WHO regulatory frameworks and guidelines.

4.4.2 WHO Global Strategy on Donation and Transplantation of Organs, Cells and Tissues

In monthly virtual meetings with Mr. Efstratios Chatzixiros, the WHO Liaison Committee members discuss all details of the WHO Global Strategy including its vision and objectives; the target audience including leaders, transplant experts, key opinion leaders in the health care system and the health community; strategic directions including organization of



national health care systems; establishment of donation programs for cells; implementing processing capacities for cells; developing cell transplantation programs; establishment of international cooperation; and investing in growth for scientific and clinical innovation. Furthermore, these collaborative discussions develop plans for implementation and monitoring of the Global Strategy (once approved) with defined roles and responsibilities. Finally, a background paper on technical aspects, additional information on donation and transplantation of cells, indications of hematopoietic cell transplantation in various world regions and number of transplants performed worldwide was submitted to Mr. Efstratios Chatzixiros to support the main strategy document. This background paper will be distributed along with the main document for consultation to all WHO Member States and other stakeholders.

WBMT professionals will continue to assist WHO with their expertise in finalizing the WHO Global Strategy to have it submitted for approval to the World Health Assembly in 2027.

For implementation of the WHO Global Strategy, a checklist (Toolkit) for setting up HCT and cell therapy programs in different world regions (once approved by the World Health Assembly) will be developed and disseminated. This will also include educational material for training nurses that will be developed together with the Nurses Standing Committee of WBMT. These novel educational and guidance elements will be described in joint publications with WHO to allow their widespread use and to inform key stakeholders in national health care systems.

4.4.3 Publications of important results from the WBMT Workshop in Mongolia

After the site visit to the First Central Hospital of Mongolia during our WBMT Workshop, a report was provided to the Mongolian Health Care Authorities and the WHO Western Pacific Office. This report includes a description of the healthcare facilities, the allogeneic transplant activity in the hospital and recommendations for staffing.

Furthermore, a brief report about the WBMT Workshop was published in *Transfusion Today* (October 2025).



4.5 Supporting Other HCT Global Activities

4.5.1 Ethiopia – A New HCT Center

WBMT assists in establishing new HCT programs of high quality. In November 2014 representatives from Ethiopia (a Minister of Health office representative, individuals representing blood banks, hematologists, and others) met with WBMT leaders and requested support and technical assistance in establishing an HCT program in their country. These preliminary discussions led the WBMT to create a task force of interested parties to assess and assist in this venture. As at that time Co-Chair of the WBMT Graft Processing and Cellular Therapies Committee, Mickey Koh, was identified as the WBMT Project Leader and he maintained frequent communication with the Ethiopian team throughout 2015. Planning became more focused in the second half of 2015, and a comprehensive onsite visit by four WBMT HCT clinicians (some with substantial blood transfusion expertise) followed in December 2015. In the first part of 2016, the team prepared a full report, which was approved by the WBMT Executive Committee and distributed to the Ethiopian clinician team as well as the Dean of the adjacent medical school and the Minister of Health. Throughout the year, WBMT conducted regular discussions via email with the Ethiopian team, and this project continued in 2018. Though challenges exist (recent political instability), the WBMT is impressed with the eagerness and engagement of local planners who are strongly supported by their current government.

Since then, WBMT has continued with regular teleconference calls to assess the progress of this initiative all through 2016 and 2017. There were encouraging signs of continuing governmental support and concrete plans were being drawn up for building works. There was also planning done for training of Ethiopian staff in HCT. Unfortunately, the domestic and political situation changed in Ethiopia about 2018 and there has been little progress since. The political situation has worsened with fighting in the country and Covid-19 has put further strain on the country and its resources.

In the second half of 2023, WBMT was contacted by the Ethiopian hematologist and blood bank specialist expressing an interest in restarting this project. It does have official endorsement at the Ethiopian government and WBMT has since been in contact with the Ministry of Health officials who have confirmed that starting a transplant program is a priority for the Ethiopian government. Since then, there have been regular online meetings set up again to discuss and to move ahead with this project. The timeline is for a transplant program to be established in the next 12-18 months.

4.5.2 Ukraine

In November 2021 the ELN and WBMT were asked to help to develop allogeneic stem cell transplantation (HCT) in Ukraine. While allogeneic HCT was performed in children, no activity was reported for a population of 44 million inhabitants in adults. Since WBMT has already a considerable experience in supervisory telemedicine in Paraguay and Lithuania, an inspection of two autologous programs on site took place in November 2021. With the beginning of the war in February 2022, HUP was founded by the WBMT and the European Leukemia Net (ELN) as a network of worldwide leading scientific non-profit societies for Ukrainian patients with hematological diseases. Members of this unique network are the American Society of Hematology (ASH), the American Society for Transplantation and Cellular Therapy (ASTCT), the European Society for Blood and Marrow Transplantation (EBMT), the German Society of Hematology and Oncology (DGHO), the Lymphoma Coalition, the European Cancer Coalition, the ELN and the WBMT, with its working relation with the World Health Organization (WHO). The HUP, in cooperation with the City of Leipzig, was extremely successful in delivering substantial amounts of drugs, diagnostic reagents and medical devices not available in the country. Intellectual support was provided by weekly (daily for the Kyiv BMT center) videoconferences and by establishing the first European Tumor Board for Ukrainian patients (EBMT). Recently, the most modern hematology diagnostics provided by the laboratory MLL in Munich, Germany, became available free of charge for all patients admitted to Ukrainian Hospitals. The care and outcome of patients with hematological diseases in the Ukraine are now comparable with many European countries representing an essential step forward in comparison to the pre-war situation, where patients were sent abroad (e.g. Turkey) at the expense of the Ukrainian government. In 2022, 223 Hematopoietic Stem Cell Transplantation (HCT) procedures, the only curative approach for many hematological and non-hematological diseases, were performed in the Ukraine (Table attached). Most importantly and for the first time, 45 allogeneic HCT from related and unrelated donors were performed in adult patients. The 2022 activities in HCT/population, although being lower than the median activity in other European countries, represent today a sustainable and important step forward in difficult periods and beyond for a European country like Ukraine. In 2023, more than 300 HCT were performed in the whole country showing a further increase (>35% of the previous year) of activities.

The majority of these autologous and allogeneic HSCT (n=58) and the specialized care of patients returning from the treatment abroad to Ukraine were performed at the Kyiv BMT Center. Using daily supervisory telemedicine, all modern types of HSCT including those from related identical, related non-identical and unrelated donors were performed in the center on a routine basis. This was possible only through the modern infrastructure of the center (lamina air flow rooms, laboratories, stem cell harvest facilities) and the experienced team

of physicians and nurses based on more than 1000 HCT from patient's own stem cells (autologous HSCT). More importantly, the Kyiv BMT center has excellent and expensive up-to-date sterile rooms with HEPA filtration, which are essential to decrease or avoid life threatening infections during the period of aplasia (no defense against infection). The infection rates of the patients transplanted in the center are like the one in the bigger European and non-European centers and the 100-days treatment related mortality is below 5% for autologous and below 10% for allogeneic HCT. It is not surprising that the head of the unit was honored 2 weeks ago for life achievement from the ASTCT, and the oral presentation in Orlando, USA, was scored best abstract. The HUP continues his work by videoconferencing every week (more than 43 meetings were held up to now) and is open to all interested people.

	2021								2022							
	adults				pediatric				adults				pediatric			
	Auto	MRD	M(M)UD	Haplo	Auto	MRD	M(M)UD	Haplo	Total	Auto	MRD	M(M)UD	Haplo	Total		
Kyiv BMT Center	80	2	0	0					82	41	6	6	5	58		
Blood pathology and transfusion Lviv	15	0	0	0					15	21	0	0	0	21		
National Cancer Institute	48	0	0	0					48	31	0	0	0	37		
Children Hospital "Ohmatdyt"	0	0	0	0	11	12	14	16	53	0	2	9	6	36		
Cherkasy regional Hospital	30	2	2	0					34	34	3	5	3	45		
Kyiv Regional Hospital	16	0	0	0					16	12	0	0	0	12		
Feofania Hospital										11	0	0	0	11		
Ukrainian Children's, Lviv										0				3		
Children's Hospital, Dnipro	0	0	0	0				0	0					0		
Total	189	4	2	0	11	12	14	16	248	150	11	20	14	223		
Total	189	6			11		42		248	150	45			223		

Table: Hematopoietic Stem Cell Transplantation in the Ukraine during 2021 and 2022

4.5.3 Regional HCT Societies

As previously mentioned, (**Section 4.2.2.2**) the WBMT has been instrumental in supporting the development of the now highly successful LABMT. The LABMT first met as an integrated group in 2013; now it has a Board and Bylaws, and it holds regular monthly and annual meetings. The WBMT continues to support this organization, and the LABMT continues to actively develop, including creating standing committees modelled after WBMT committees.

Similarly, the WBMT was very supportive of establishing the AfBMT (**Section 4.2.2.3**). A small, interim Executive Committee existed early in the building process; elected officers are now in place. The WBMT approved the AfBMT's formal application for Member Society status in February 2015 and continues to place high focus and expectations on this organization; it represents the single remaining continent that has not uniformly reported transplant activity or outcome data. In April 2018, the WBMT and AfBMT hosted a Workshop in Casablanca, Morocco, in association with the Moroccan Society of Hematology (**Section 4.2.2.5**). The AfBMT under the current leadership of Dr. Alaa Elhaddad has regular meetings discussing important topics of HCT and stem cell donation.



Both of these groups are encouraged to commit to participation in the WBMT annual global survey of HCT activity (**Section 4.1**). After the Workshop in Latin America, several new transplant centers started providing activity data for this survey. This is an important step forward in addressing the current gap in acquisition of data from these regions.

4.6 Website

The first WBMT website was launched in 2010. Identifying itself via the internet was an important first step in the evolution of WBMT branding.

In 2020 a new version of the website was launched: wbmt.org. Substantial effort is continually placed on posting current documents, information regarding Workshops and Symposia programs, Webinars, and important newsworthy items (e.g., joint statement on crisis in Ukraine, latest versions of the Bylaws and House Rules, etc.).

Due to the transfer of the website and email accounts to the Executive Officer in April 2024, some technical adjustments had to be made. The strategy was established to operate more independently from existing agencies. At the end of the year, it was agreed, together with YourStyle (host and website developer), that a new website would be set up in parallel at NetworkSolution (provider) by the EV. If this is completed in the second half of the year 2025, the URL will be redirected to the new website, and the old one will be deactivated.

4.7 Research Data Task Force

The WBMT Board mandated the development of a Task Force in 2013 for the purpose of developing guidelines for management and use of the WBMT GTA data as well as guidelines for how research should be managed with collaboration amongst WBMT Member Societies. These documents (**Appendices D1 and D2**) were approved in 2015, and all Member Societies signed data transmission agreements in early 2016. Since 2015, the Transplant Center / Recipient Issues Committee (**Section 3.7**) administers all activities related to the GTA survey, including providing reports and reviewing proposals for use of these data. During 2021, this Task Force completed the revision of the WBMT Research Guidelines, the guiding principles of collection, presentation, dissemination and sharing of the Global Activity Survey data.



4.8 Administrative support

As it became clearer that WBMT faces a growing volume of administrative work, in 2023, a Task Force committed to investigating a new way forward for WBMT’s administrative support. They concluded that, with the global presence and interaction with international sponsors, stakeholders and other organizations, WBMT needs an executive who could lead this work from a planning and financial perspective. With more administrative support, WBMT can achieve its goals better and reach sustainable financial streams. After WBMT Board approval was obtained for this initiative, a vacancy was published, and the Task Force sees to follow up with the aim of hiring an executive for nearly a full-time job. From April 2024 onwards, Dipl. Kffr. Vera Hekler as an Executive Officer and Romel Batallones as an Administrative Officer joined WBMT and took over the tasks to improve the structures of WBMT, like project management, coordination of meetings, accounting and bank transactions.

4.9 Updated Bylaws and House Rules

In 2024, the WBMT [Bylaws](#) (version 13) and [House Rules](#) (version 7) were updated. The most recent versions are available on the WBMT website (by clicking the links).

5.0 FUTURE AIMS

The WBMT continues to evolve and available resources and time from the Society leaders and committee members constrain the selection of projects for its portfolio. In addition to the plans identified by each Standing Committee, the Executive Committee regularly assesses priority activities.

They are to:

- Establish a more durable mechanism for soliciting and sustaining a high level of financial support. Over the past few years, WBMT member societies have been asked to contribute via a voluntary fee. In 2024, the mechanism of this process changed. In July, invoices for the years 2024 and 2025 were sent to all member societies including a letter of the president, who thanked them for their support, resulting in 16 invoices being paid. **(Appendix J)**.
- Expansion of cooperation with the member societies
- Continue the close collaboration with the WHO on global projects relevant to HCT and stem cell donation and fulfilling WBMT responsibilities as an NGO in official relations with the WHO **(Section 4)**. The WHO Liaison Standing Committee has been created **(Section 3.8)** to follow up on projects with the WHO.
- Continue to offer Workshops and Scientific Symposia in regions with constrained resources and willing to establish new or expand existing HCT programs.
- Integrate regional registries into the WBMT registry.
- Continue working on improvement of collection and analyses of global activity data by the new and user-friendly database and its publication.
- Integrate subcommittee functions with regional registries.
- Additional focus on advanced cell therapy and access to these advanced therapies by LMIC.

APPENDICES

APPENDIX A: MEMBER SOCIETIES

Member Society	Description
Association for the Advancement of Blood & Biotherapies (AABB) aabb.org	AABB (Association for the Advancement of Blood & Biotherapies) is an international, not-for-profit organization representing individuals and institutions involved in the fields of transfusion medicine and biotherapies. The Association works collaboratively to advance the field through the development and delivery of standards, accreditation and education programs. AABB is dedicated to its mission of improving lives by making transfusion medicine and biotherapies safe, available and effective worldwide.
African Blood and Marrow Transplantation Group (AfBMT) https://www.wbmt.org/member-societies-of-wbmt/AfBMT/	In order to encourage activity in the medical and scientific field of blood and marrow transplantation in Africa, AfBMT has been established with the support of the WBMT. The main objectives are to improve awareness among health workers, to improve the skills of healthcare teams through sharing experiences and adapt the knowledge and potential of HCT therapy to local resources and needs.
American Society for Apheresis (ASFA) apheresis.org	ASFA is the premier organization of physicians, scientists, and allied health professionals whose mission is to advance apheresis medicine for patients, donors, and practitioners through education, evidence-based practice, research, and advocacy. ASFA creates guidelines for the appropriate use of apheresis techniques, provides education for apheresis practitioners, and promotes research in apheresis medicine, as well as information for patients regarding apheresis procedures.
American Society of Transplantation and Cellular Therapy (ASTCT) https://www.astct.org/home	ASTCT is an international professional membership association of more than 2,200 physicians, investigators and other health care professionals from more than 45 countries. It is dedicated to improving the application and success of stem cell transplantation and related cellular therapies. It strives to be the leading organization promoting research, education and clinical practice in the field.

<p>American Society for Histocompatibility and Immunogenetics (ASHI) ashi-hla.org</p>	<p>ASHI is a not-for-profit association of clinical and research professionals including immunologists, geneticists, molecular biologists, transplant physicians and surgeons, pathologists and technologists. As a professional society involved in histocompatibility, immunogenetics and transplantation, ASHI is dedicated to advancing the science and application of histocompatibility and immunogenetics; providing a forum for the exchange of information; and advocating the highest standards of laboratory testing in the interest of optimal patient care.</p>
<p>Asia Pacific Blood and Marrow Transplantation (APBMT) apbmt.org</p>	<p>APBMT is an international organization which is involved in hematological stem cell transplantation, sharing their information and cooperating with basic and clinical research in Asia-Pacific countries. APBMT is comprised of 22 countries/regions (Australia, Bangladesh, Cambodia, China, Hong Kong, India, Indonesia, Iran, Japan, Korea, Malaysia, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand and Vietnam) and is expanding its activities through the annual congresses, registration systems and working groups under the collaboration with the member societies of WBMT.</p>
<p>Australia and New Zealand Transplant and Cellular Therapies Ltd (ANZTCT) anztct.org.au</p>	<p>The Australia and New Zealand Transplant and Cellular Therapies Ltd (ANZTCT) is a society consisting of medical graduates and scientists involved in the clinical or laboratory management of patients undergoing blood or marrow stem cell transplantation or with an interest in the field of blood or marrow stem cell transplantation research.</p>
<p>Center for International Blood and Marrow Transplant Research (CIBMTR) cibmtr.org</p>	<p>CIBMTR® is a research collaboration between the National Marrow Donor Program® (NMDP)/Be The Match® and the Medical College of Wisconsin (MCW). CIBMTR collaborates with the global scientific community to advance hematopoietic cell transplantation and cellular therapy worldwide to increase survival and enrich quality of life for patients. CIBMTR facilitates critical observational and interventional research through scientific and statistical expertise, a large network of transplant centers, and a unique and extensive clinical outcomes database.</p>

<p>Eastern Mediterranean Blood and Marrow Transplantation (EMBMT) embmt.org</p>	<p>EMBMT was established in 2008 as a cooperative platform for physicians, scientists and healthcare workers from institutions in the WHO designated Eastern Mediterranean area with the goal of sharing experience, initiating cooperative trials and establishing common strategies to achieve optimization in the field of HCT. The group's aim is to promote all aspects of patient care, academic and research activities associated with HCT in the region which includes knowledge of the trends, patterns and status of HCT in Eastern Mediterranean countries.</p>
<p>Eurocord eurocord.org</p>	<p>EUROCORD is a non-profit organization affiliated with the University Paris Diderot and to the Assistance Publique des Hopitaux de Paris (APHP). It has strong links with the University Institute of Hematology (IUH) at the Saint-Louis hospital, and the French Agence de la biomédecine. Located within the campus of Saint Louis hospital in Paris, EUROCORD is a clinical research group dedicated to studying cord blood transplantation and innovative therapy in both malignant and non-malignant diseases, and to develop new indications for stem cell therapy.</p>
<p>European Federation for Immunogenetics (EFI) efi-web.org</p>	<p>EFI is a European society of workers in the field of immunogenetics, histocompatibility testing and transplantation. EFI supports the development in Europe as a discipline in medicine and promotes research and training in this field.</p>
<p>European Society for Blood and Marrow Transplantation (EBMT) ebmt.org</p>	<p>EBMT is a collaborative peer network of professionals working in centers and as individuals in the field of clinical stem cell transplantation and cellular therapy. Members contribute to and benefit from the collective knowledge that the EBMT has accrued, with the ultimate goal of saving the lives of patients with blood cancers and other life-threatening diseases.</p>
<p>European Leukemia Network (ELN) www.leukemia-net.org</p>	<p>The objective of the ELN is to integrate the leading leukemia trial groups (CML, AML, ALL, CLL, MDS, CMPD), their interdisciplinary partners (diagnostics, treatment research, registry, guidelines), industry and SMEs across Europe to form a cooperative network for advancements in leukemia-related research and health care and cure.</p>

<p>European School of Hematology (ESH) esh.org</p>	<p>ESH is a non-profit institution for continuing education that promotes and facilitates access to research in hematology and related disciplines in Europe, North America, North Africa, and the Middle East. ESH also develops tools for continuing education produced in collaboration with international experts in the field.</p>
<p>Foundation for the Accreditation of Cellular Therapy (FACT) factwebsite.org</p>	<p>FACT is a non-profit organization that establishes standards for high-quality medical and laboratory practices in cellular therapies for the purposes of voluntary inspection.</p>
<p>International Council for Commonality in Blood Banking Automation (ICCBBA) iccbba.org</p>	<p>ICCBBA is a not-for-profit, tax exempt, NGO responsible for management of the ISBT 128 Information Standard for Blood and Transplantation, a global standard for the terminology, identification, labeling, and information transfer of human blood, cell, tissue, and organ products across international borders and disparate health care systems. It ensures the highest levels of accuracy, safety, and efficiency for the benefit of donors, patients, and ISBT 128 licensed facilities worldwide. The system features a unique, highly flexible, and comprehensive coding method for every collected product and provides international consistency to support the transfer, transfusion, or transplantation of blood, cells, tissues and organs.</p>
<p>International Society of Blood Transfusion (ISBT) isbtweb.org</p>	<p>ISBT is an international professional society that facilitates knowledge about transfusion and transplantation science and medicine.</p>
<p>International Society of Cellular Therapy (ISCT) isctglobal.org</p>	<p>ISCT is a global association that promotes cellular therapies research by fostering international translational research, driving commercialization strategies, and providing education.</p>
<p>Joint Accreditation Committee – ISCT (Europe) & EBMT (JACIE) jacie.org</p>	<p>JACIE is a non-profit organization that assesses and provides accreditation in the field of HCT. Its primary aim is to promote high-quality patient care and laboratory performance in hematopoietic stem cell collection, processing and transplantation through an internationally recognized system of accreditation. It partners with EBMT, ISCT, and FACT.</p>



<p>Latin American Bone Marrow Transplantation group (LABMT) https://www.wbmt.org/member-societies-of-wbmt/labmt/</p>	<p>The purpose of this group is to provide a mechanism through which Latin American Blood and Marrow Transplant and Hematology groups can collaborate and engage in scientific and educational activities and endeavors to promote excellence in stem cell transplantation, stem cell donation, cellular therapy and hematologic practices. Activities include data collection and sharing outcome information.</p>
<p>World Marrow Donor Association (WMDA) wmda.info</p>	<p>WMDA is a global association whose mission to work with its members to ensure reliable provision of life-saving cells while promoting care and safety for both patient and donor. WMDA now incorporates all functions previously undertaken by Bone Marrow Donors Worldwide and Netcord.</p>

APPENDIX B: EXECUTIVE COMMITTEE ELECTED OFFICERS

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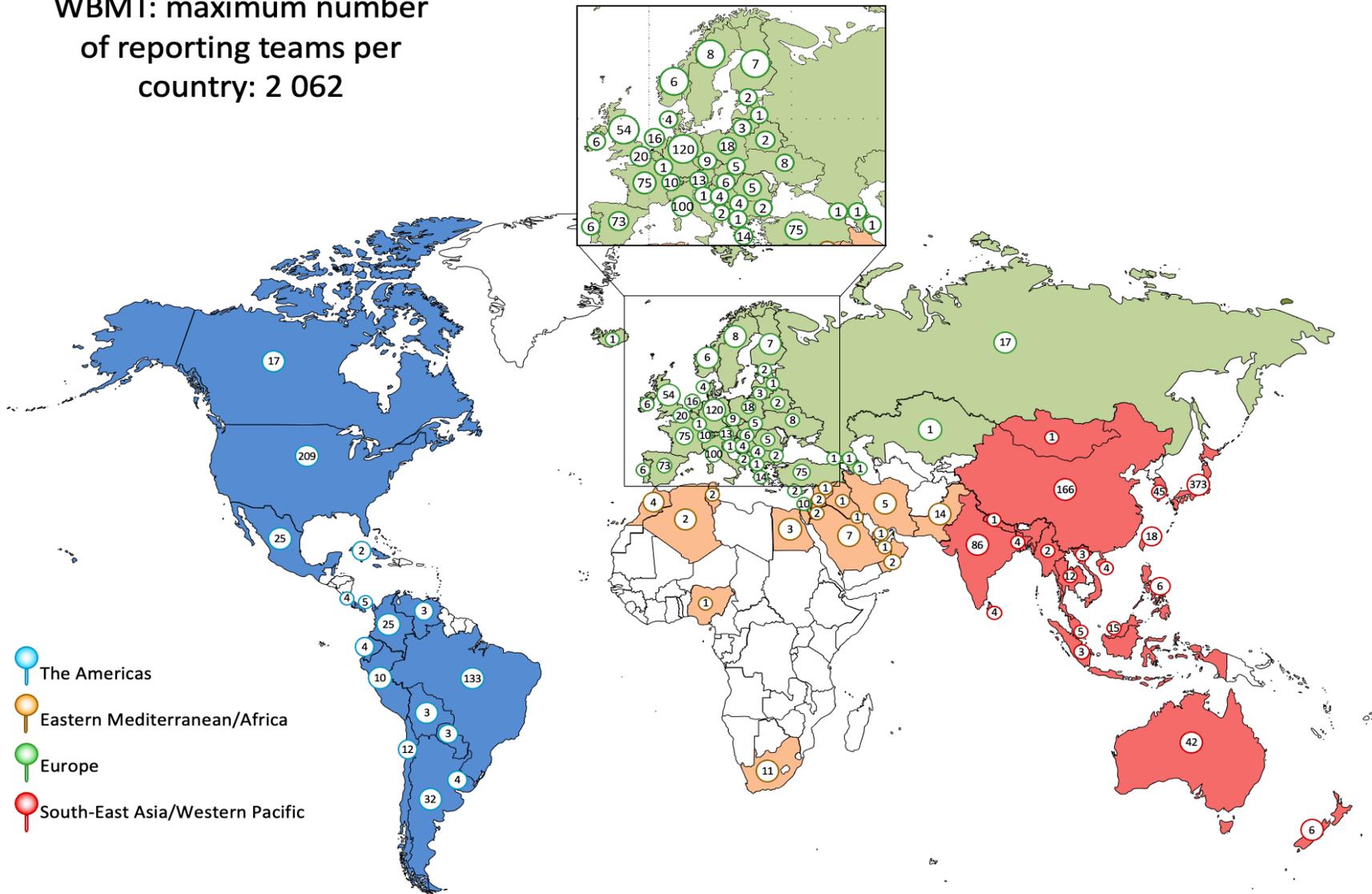


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APPENDIX C1: CENTER SITES THAT CONTRIBUTE DATA TO THE ACTIVITY SURVEY

WBMT: maximum number
of reporting teams per
country: 2 062



APPENDIX C2: COUNTRIES THAT HAVE CONTRIBUTED DATA

Region	WHO Region	Country	Max. N Teams in any survey year
3	EMR/AFR (AFBMT)	Algeria	2
1	AMR/PAH	Argentina	32
2	EUR	Armenia	1
4	SEAR/WPR	Australia	42
2	EUR	Austria	13
2	EUR	Azerbaijan	1
4	SEAR/WPR	Bangladesh	4
2	EUR	Belarus	2
2	EUR	Belgium	20
1	AMR/PAH	Bolivia	3
2	EUR	Bosnia and Herzegovina	2
1	AMR/PAH	Brazil	133
2	EUR	Bulgaria	2
1	AMR/PAH	Canada	17
1	AMR/PAH	Chile	12
4	SEAR/WPR	China	166
1	AMR/PAH	Colombia	25
1	AMR/PAH	Costa Rica	4
2	EUR	Croatia	4
1	AMR/PAH	Cuba	2
2	EUR	Cyprus	2
2	EUR	Czech Republic	9
2	EUR	Denmark	4
1	AMR/PAH	Ecuador	4
3	EMR/AFR (AFBMT)	Egypt	3
2	EUR	Estonia	2
2	EUR	Finland	7
2	EUR	France	75
2	EUR	Georgia	1
2	EUR	Germany	120
2	EUR	Greece	14
4	SEAR/WPR	Hong Kong	4
2	EUR	Hungary	6
2	EUR	Iceland	1
4	SEAR/WPR	India	86
4	SEAR/WPR	Indonesia	3
3	EMR/AFR (EMRO)	Iran	5
3	EMR/AFR (EMRO)	Iraq	1
2	EUR	Ireland	6

2	EUR	Israel	10
2	EUR	Italy	100
4	SEAR/WPR	Japan	373
3	EMR/AFR (EMRO)	Jordan	2
2	EUR	Kazakhstan	1
3	EMR/AFR (EMRO)	Kuwait	1
2	EUR	Latvia	1
3	EMR/AFR (EMRO)	Lebanon	2
2	EUR	Lithuania	3
2	EUR	Luxembourg	1
2	EUR	Macedonia, FYR	1
4	SEAR/WPR	Malaysia	15
1	AMR/PAH	Mexico	25
4	SEAR/WPR	Mongolia	1
3	EMR/AFR (AFBMT)	Morocco	4
4	SEAR/WPR	Myanmar	2
4	SEAR/WPR	Nepal	1
2	EUR	Netherlands	16
4	SEAR/WPR	New Zealand	6
3	EMR/AFR (AFBMT)	Nigeria	1
2	EUR	Norway	6
3	EMR/AFR (EMRO)	Oman	2
3	EMR/AFR (EMRO)	Pakistan	14
1	AMR/PAH	Panama	5
1	AMR/PAH	Paraguay	3
1	AMR/PAH	Peru	10
4	SEAR/WPR	Philippines	6
2	EUR	Poland	18
2	EUR	Portugal	6
3	EMR/AFR (EMRO)	Qatar	1
2	EUR	Romania	5
2	EUR	Russian Federation	17
3	EMR/AFR (EMRO)	Saudi Arabia	7
2	EUR	Serbia	4
4	SEAR/WPR	Singapore	5
2	EUR	Slovak Republic	5
2	EUR	Slovenia	1
3	EMR/AFR (AFBMT)	South Africa	11
4	SEAR/WPR	South Korea	45
2	EUR	Spain	73
4	SEAR/WPR	Sri Lanka	4
2	EUR	Sweden	8
2	EUR	Switzerland	10

3	EMR/AFR (EMRO)	Syria	1
4	SEAR/WPR	Taiwan	18
4	SEAR/WPR	Thailand	12
3	EMR/AFR (AFBMT)	Tunisia	2
2	EUR	Turkey	75
2	EUR	Ukraine	8
3	EMR/AFR (EMRO)	UAE	1
2	EUR	United Kingdom	54
1	AMR/PAH	USA	209
1	AMR/PAH	Uruguay	4
1	AMR/PAH	Venezuela	3
4	SEAR/WPR	Vietnam	3
		94	2.062



APPENDIX D1: WBMT RESEARCH GUIDELINES

WBMT RESEARCH GUIDELINES (Original proposal for submission to WBMT Board – November 2014) (Renewed version September 2021)

This document* is developed by the Worldwide Network for Blood and Marrow Transplantation (WBMT) and outlines the guiding principles of research performed directly by this entity through the global survey data or indirectly by fostering collaboration among member societies with the intent of dissemination of information for advancement of the hematopoietic cell transplantation field.

BACKGROUND:

The idea of creating guidelines for research endeavors generated by WBMT Member Societies laterally, or on behalf of the parent organization (WBMT), was first presented during the 2013 annual, in-person Board meeting in Salt Lake City, USA. The Board agreed that guiding principles for the conduct of research by or within the WBMT was an important topic to be explored and formed a Research Activity Task Force to 1) develop a guidelines document on developing, conducting and disseminating results of studies involving data and/or investigators from multiple Member Societies and, 2) to promote collaboration among the WBMT Member Societies/registries through the establishment of a framework for the conduct of research.

During the deliberations of the Research Activity Taskforce, it was decided to cover this topic of research on two different fronts, first to develop the guiding principles of collection, presentation, dissemination and sharing of the Global Activity Survey data, herein defined as Global Transplant Activity data. Second, the Research Activity Task force would develop guiding principles to provide general guidelines for the conduct of international collaborative research ([Appendix D](#)), with the intent to serve as reference for research procedures and for fostering collaboration among member societies.

OVERARCHING WBMT GUIDING PRINCIPLES OF RESEARCH

Overarching Guiding Principle #1

The Worldwide Network for Blood and Marrow Transplantation (WBMT) has the responsibility to collect, store, and disseminate information related to global hematopoietic cell transplantation activity. This is done through the annual global activity survey. WBMT will be responsible for safekeeping of this data and oversight of its utilization.



Overarching Guiding Principle #2

The WBMT shall not duplicate or compete with research actively conducted by its Member Societies and/or registries. Each WBMT Member Society conducts research in its unique manner, independent from the WBMT.

Overarching Guiding Principle #3

The WBMT will foster collaboration through its member societies for the development of collaborative research to address global questions in transplantation, encourage the analysis of regional differences and offer a global perspective on transplantation. Furthermore, this collaborative research shall fulfill the WBMT mission including increasing global awareness of the importance of transplantation, improving access to transplant, optimizing safety for patients and donors, and improving the quality of all activities associated with hematopoietic cell transplantation

GLOBAL TRANSPLANT ACTIVITY (GTA)

Global Transplant Activity Guiding Principle #1

The WBMT is required to survey transplant activity globally on an annual basis to maintain its Non-Government Organization (NGO) status with the World Health Organization (WHO).

Commentary on GTA Guiding Principle #1

Since January 2013 award of NGO status by the WHO, there are important and continuing obligations for the WBMT. One such criterion is referred to as “Global Database on Donation and Transplantation”. WHO, along with the Spanish National Transplant Organization established the Global Observatory on Donation and Transplantation and one of several goals is the development of a global database on donation and transplantation. WBMT has facilitated access to its global survey data for input into this Observatory database since 2006 and remains an ongoing project.

The current process for collecting these Global Activity data is performed by the WBMT Global Transplant Activity Survey Officer. All GTA-related communication (e.g., requests to centers and registries) is managed by this individual. The data is collected through a survey and represents the number of first transplants performed by a center during a calendar year. Data for a particular year’s activity is collected from November of the subsequent year through February. For example, submission related to the activity for 2013 will be due starting November 2014 through February 2015. This data will be compiled and released to the WHO and to the public by fall of 2015.



Any transplant center is eligible to provide data to the WBMT through its Member Society. The only requirement for participation is that each member society has a standing agreement with the WBMT to share transplant activity data. (Appendix A) WBMT will have the autonomy in using this data according to its mission and share with third parties for specific projects (Guiding Principles #2 and #3).

One important exception in the relationship between the WBMT and a member society involves transplant activity data from regions where the regional member society is still in development. In these instances, direct communication from a transplant center and the WBMT is allowed, conditions upon having a standing agreement in place. The transplant center is required to include in the survey whether it has an active affiliation (i.e. data reporting) with an outcome registry (APBMT, CIBMTR or EBMT) or not. Additionally, the regional member society in question needs to be aware of this direct relationship between its transplant center and the WBMT. In case of data being shared from a transplant center directly with the WBMT, the WBMT will share this activity information with the regional member society.

WBMT Global Transplant Activity data reports (Appendix B) capture disease indications (malignant and non-malignant) for allogeneic (related and unrelated) and autologous stem cell transplantation, donor type and stem cell sources. They do not include outcome data. Data is provided to the WBMT by transplant program sites, national societies and/or outcome registries.

The data from a WBMT member society with registry (APBMT, CIBMTR, EBMT, EMBMT, ABMTRR, and in future, LABMT and AFBMT) that is shared with the WBMT can be utilized by the same member society for other uses without restrictions.

Collection forms are available on the www.wbmt.org website and may be submitted in paper format or electronic mail.

Global Transplant Activity Guiding Principle #2

The WBMT will be responsible for the dissemination of the Global Transplant Activity report.
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Commentary on GTA Guiding Principle #2

The responsibilities with the GTA include reporting annually to the WHO and sharing the activity with member societies. A summary slide set updated annually outlying annual and cumulative activity will be uploaded in the WBMT website for public use. Activity reports in form of manuscript for publication are included among the dissemination of global transplant activity and will be done in a minimum schedule of one every other year.



Global Transplant Activity Guiding Principle #3

The WBMT has ownership of the GTA data, and any use needs to be approved by the WBMT. This includes data requests and proposals for scientific studies that seek to utilize this data for analysis.

Commentary on GTA Guiding Principle #3

The GTA comprises of center level data on the number of transplant recipients including indications, donor and stem cell sources. This data, in aggregate, demonstrates important information of trends in activities and practices globally. Additional uses of this data are possible by any WBMT member societies. In addition to annual reports of global activities, any individual on behalf of the member societies can request specific information by contacting the WBMT Global Transplant Activity Survey Officer. If the use is for research purposes, the proponent is required to complete a proposal form ([Appendix C](#)) which needs to be approved by his or her Member Society Representative before it can be submitted to the WBMT. This proposal will then be reviewed by the Transplant Center and Recipient Standing Committee before it can be released. When a proposed study is approved, any Member Society that provided data to be used for that study will be notified by the approval committee. For data requests outside the member societies, GTA data can only be released with approval from the WBMT board or the Executive Committee according to the defined operation. In these situations, charges may apply if these are requests from for-profit entities, according to the WBMT corporate program guidelines.

The data from a member society that is shared with the WBMT can be utilized by the same member society (which also has ownership of its data) without restrictions.

Uses of GTA data to fulfill the non-governmental organization (NGO) with WHO will also be overseen by the Transplant Center and Recipient Issues Standing Committee. These analyses include periodic reports (annual or biennial) on practices and trends related to transplantation. The Transplant and Recipient Standing Committee will develop and maintain a tracking document with the status of all projects that utilized the GTA. This tracking document will be available to the Board and Executive Committee and the status of these studies or projects will be presented to these committees periodically.

Authorship of publication of studies using the GTA data will follow the authorship recommendations of the International Committee of Medical Journal Editors (ICMJE), which include the following criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND



- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Authorship is carefully decided considering contributions of the study as well as the collection and the analyses of the GTA data of the WBMT. Authors lists consist of primary investigators who proposed the study, representatives from the WBMT member societies with registry, which submit GTA data, and the members and co-chairs of the Transplant Center and Recipients Issues Standing Committee, the WBMT Global Transplant Activity Survey Officer as well as representatives of the Executive Committee of the WBMT. The number of authors from each member society with registry will be agreed in advance among the co-chairs of the Transplant Center and Recipient Standing Committee (see Appendix E). The member societies that submitted data are then requested to select authors. The final authors list is overseen by the Transplant Center and Recipient Issues Standing Committee.

The specific procedures of the use of GTA data for research purposes are defined in the [Appendix E](#) (the WBMT Operation Manual for Global Transplant Activity Data Use) along with the [Appendix F](#) (the Letter of Commitment).



Appendix B: Sample from the Transplant Activity Survey document (www.wbmt.org)

Country/Hospital:		WBMT SURVEY ON TRANSPLANT ACTIVITY 20.....																		
Contact E mail: No. Teams reporting: No. Teams known to transplant but do not report:		PLEASE REPORT THE NUMBER OF PATIENTS RECEIVING THEIR FIRST TRANSPLANT ONLY FOR THE YEAR 2009/2010/2011/2012 SEPARATELY ON EACH SURVEY SHEET																		
	NUMBER OF PATIENTS RECEIVING FIRST TRANSPLANTS ONLY																			
	Allogeneic												Autologous			Total				
	HLA - id sibling			Family non - id*			twin		Family total	Unrelated			Unrelated total				Allo	auto	Total	
Indication	BM	PBSC	Cord	BM	PBSC	Cord	BM	PBSC		BM	PBSC	Cord		BM	PBSC	Cord				
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																				
Total LPD																				
Total Plasma Cell Disorder																				
PCD - Myeloma																				
PCD - other																				
Total Lymphoma																				
HD																				
NHL																				
Other LPD																				
Total Solid tumors																				
Neuroblastoma																				
Germ cell tumor																				
Breast Cancer																				
Ewing																				
Other solid tumor																				
Total Non-malignant dis.																				
Total Bone Marrow Failure																				
BMF - SAA																				
BMF - other																				
Hemoglobinopathy																				
Primary Immune Deficiency																				
Inherited Dis of Metabolism																				
Auto Immune Disease																				
Other Non Malignant Disease																				
Other																				
TOTAL PATIENTS (1st. HSCT)																				
TOTAL NUMBER OF TRANSPLANTS PERFORMED THIS YEAR: includes 1st, 2nd, 3rd. etc.										ALLO:			AUTO:			TOTAL:				
EBMT CIC No. / CIBMTR Code / APBMT (if member):.....																				



Appendix C.

GTA Study Forms

Global Transplant Activity (GTA) Study Proposal Form

Prepare a brief description of the proposed study as you envision it. This should be no more than three pages, using standard 8½" X 11" paper with 1" margins. Use the outline below and send your description to (H. Baldomero or WBMT site)

I. Study Title

Include the name(s) and institution(s) and WBMT Member Society of the individual(s) proposing the study.

II. Specific Aims

State the primary purpose(s) of the study as concisely and clearly as possible. A reader should have a clear idea of the purpose for which the data will be analyzed.

III. Scientific Justification

Summarize the rationale of the study, citing relevant previous work. This should convey the importance of the intended study.

IV. Study Design (Scientific Plan)

Describe how the specific aims would be addressed using information from the WBMT. It should include the specific statistical methodology planned, with discussion of limitations, if relevant.



Appendix D. Collaborative International Research in Hematopoietic Cell Transplantation

WBMT Reference Document -

General Research Guiding Principle #1

Any collaborative research is required to follow all basic principles for ethical conduct of research in addition to being inclusive to all participating parties, being fair, minimizing bias, avoid conflicts of interest and strictly adheres to the WHO guiding principles on cell, tissue and organ transplantation.

Commentary on General Research Guiding Principle #1

International collaborative research is herein defined as biomedical research that includes sharing of data or biologic specimens (“biospecimens”) among different organizations or groups that are in separate countries.

The rules and guiding principles for collaborative research are no different from any biomedical research, as most of the biomedical research requires some level of collaboration. This guiding principle mostly applies to complex collaboration, involving different organizations situated in different countries that abide by similar but not equal rules and regulations towards the practice of research. This first guiding principle is broad and applies to biomedical research involving human subjects. The ethical principles of conduct of research are derived from the Belmont Report (<http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>) and include respect for persons, beneficence and justice. The inclusiveness of all participating parties is an essential component for the conduct of international collaborative research to acknowledge all who are involved. This statement would apply when the collaborative parties are large complex organizations or when the number of collaborative parties is large. Fairness applies to all levels of research, development, conduct, interpretation and dissemination. Additionally, this guiding principle refers to fairness among the collaborative parties. Bias is inherent in research and minimizing bias strengthens research. Finally, conflict of interest at any level, from commercial to self-promotion is deleterious for research as it clouds the conduct and manipulates the message or conclusion of a project.

International collaborative research in hematopoietic cell transplantation is the main responsible for the success of this field. The guiding principles are meant to be a general reference document for the conduct of research and assist investigators to promote the betterment of the practice of transplantation, advance the field by improving access and outcomes of patients and safeguard the health of volunteer donors.

General Research Guiding Principle #2

The process of international collaborative biomedical research requires several steps to ensure its efficiency and fairness at the same time safeguarding the patients' data.

Commentary on General Research Guiding Principle #2

Biomedical research process applied to specific collaborative projects can be stratified into several phases: concept development, project development, data sharing, analysis, results interpretation, dissemination and conclusion. In general, these phases can be distinct or combined depending on the project, however consideration of each of these steps are relevant to organizing the procedures and requirements.

This guiding principle proposes general procedure in each phase of a collaborative project that could be considered.

Concept Development

The inception of a project starts with the concept or idea. The concept often focuses on the hypotheses of interest to be tested in the project. This step can be part of the project development. However, often in collaborative international research, the concept or proposal is often a necessary step for recruiting collaborators, obtaining approval or to better describe a project that is intended. Understanding the availability of data already in existence or procurement of such data can also be considered in the step of the research process.

Project Development

The development of the project requires detailed information on the objectives, background, population and requirement of informed consent, data sources and analyses being done. This a priori exercise sediment the proposed activities and anticipates all potential pitfalls. The most common procedure in this phase is the development of a protocol that includes all the components of the project. The development of the protocol should be a collaborative effort that ensures that all participating parties are aware of the project details.

Additionally, this phase of the project development needs to address the safeguard of the data, the protection of human subjects, funding information, shared responsibilities plan and authorship guidelines, results review process and dissemination plan. Each of these components



might not apply to all projects, but if presented upfront might help avoid delays during the life cycle of the project.

The section below outlines each component with proposed format and content.

1. Protocol Document: Describes in detail all the proposed scientific activities to be done within the project. The protocol document should include the objectives of the project in a succinct and direct language; background that justifies the study and or hypotheses; description of the population of interest and the sources of data; description of the outcomes being tested; detailed of the proposed statistical analysis; relevant references and any additional information that is relevant for the understanding of the project (i.e. demographic table, surveys, etc.). If the study involves additional informed consent of recipients, this document would be to be referenced or added to the protocol document.
2. Safeguard of the data: This description could be incorporated in the protocol or in a separate document. However, a safeguard plan would require agreements between parties if data were being exchanged. The important components for the safeguard plan include description of the data needed in the study, the expected transferring plan, who will be the responsible parties to oversee this exchange or transfer and how the transferred data will be stored, including security details, for how long and the procedures that will take place once the project is completed. In the case of data, a description of whether personal health information (PHI, i.e. date of birth, gender, social security or other unique identification number among others) is required for the study and the type of PHI needs to be included. Also, if the project requires data from different databases to be merged, a description of this data merger should include the variables used for the merger, identification of an honest broker in case of datasets with PHI, storage or plans for data destruction once the project is completed.
3. Protection of Human Subjects: any biomedical research that utilizes data requires appropriate informed consent, which authorizes the utilization of data for a particular use or research in general. Ethical committee oversight is a vital component of biomedical research to ensure that human subjects are not being harmed. The rules of ethical committee engagement vary in different countries which makes the protection of human subjects document important in collaboration international research. The components of this document should include the type of data being utilized in the project, whether the patients or individuals who consented for the specific project in question. In the case of sharing datasets that include PHI, additional oversight might be required to overview that the process is appropriately set to avoid data breeches or losses. For studies that required additional informed consent, the document should include how the consent procedure will take place.



4. Funding Sources: studies that are done as part of funded projects may require a document that outlines any restriction that the funding agent might impose on the project. Additionally, the funding plan might require multiple sources which should be outlined accordingly.
5. Shared Responsibilities: It is important to develop a leadership plan that outlines the responsibility of each member of the project and that all members agree with this plan. This document should also include authorship guidelines for any publication that results from this project. The authorship guidelines might be a detailed list of each member of the project and their position in a manuscript or general rules that will be considered to choose authors and their respective position on any manuscript from this project.
6. Results review and Dissemination Plan: some of the components of this section can be included in the protocol document. A detailed plan for how the results will be reviewed and disseminated might be necessary in studies that involve different outcomes, databases, or research groups. This includes a timeline for completion of the analysis, presentation in conferences or meetings and other public dissemination.

Project Analysis

Once the project is developed with documentation and agreements approved, data can be transferred. If the project requires separate informed consent, enrollment of participants may be initiated.

Prior to analyses, verification of the data for errors, outliers and follow up is important to avoid misinterpretation of results. Analyses results when completed should follow the results review and dissemination plan outline above.

Completion of the Project

Once the study is completed, which in some instances might be upon the publication of results or otherwise determined procedures for returning, destroying shared data or leftover samples, or indefinite storage should take place. Additional studies that include any data used in the original project need to be discussed among the original owners of the data before proceeding. This will initiate another project cycle and some of the steps described above may apply.

*This document will be prominently posted at www.wbmt.org.



Appendix E. WBMT Operation Manual for Global Transplant Activity Data Use

This manual provides specific procedures for the use of Global Transplant Activity (GTA) data for research purposes. The GTA data is collected and managed in accordance with the WBMT Research Guidelines.

1. Research proposals

Activity reports in the form of manuscript for publication are included among the dissemination of global transplant activity and will be done in a minimum schedule of one every other year. These reports are planned under the responsibility of the co-Chairs of the Transplant Center / Recipient Issues Standing Committee.

Additional uses of this data are possible by any WBMT member societies. If the use is for research purposes, the proponent is required to complete a proposal form (Appendix C of the WBMT Research Guidelines) which needs to be approved by his or her Member Society Representative before it can be submitted to the Transplant Center / Recipient Issues Standing Committee of the WBMT.

2. Review and approval of research proposals

A new study proposal by using the proposal form will be reviewed by the Transplant Center / Recipient Issues (TCRI) Standing Committee during the committee meeting. The study proposal and its approval will be recorded in the minutes of the TCRI Standing Committee meeting. When a proposed study is approved, any Member Society that provided data to be used for that study will be notified by the approval committee.

3. Dataset provision

If the study proposal is approved, a study protocol will be created by the principal investigators (PI) of the proposal. After the study protocol has been approved by the TCRI Standing Committee, the dataset for conducting the study will be provided by the WBMT Global Transplant Activity Survey Officer. The PI must submit a Letter of Commitment ([Appendix F](#) of the WBMT Research Guidelines) to the co-Chairs of the TCRI Standing Committee. Whether or not it can be provided by the WBMT Global Transplant Activity Survey Officer will be determined by the TCRI Standing Committee co-chairs.



4. Responsibilities of Principal Investigators

The PI must:

- Properly carry out research based on the content certified in the Letter of Commitment
- Report on research progress at the TCRI Standing Committee web meeting
- When the analysis results are finalized, prepare a manuscript in a timely manner.
- Manuscripts must be confirmed by all co-authors prior to submission

5. Authorship

The final authors list is overseen by the co-Chairs of the TCRI Standing Committee. Generally, the authors may include the following individuals.

- PIs that proposed and carried out the study
- Representatives from the registries contributing activities. At least one author from the registries needs to be included. The number of subsequent authors from each registry is determined by the volume of data submission (one author every 5000 patients included in the manuscript). Member societies contributing are requested to select authors.
- WBMT Global Transplant Activity Survey Officer
- Members of the TCRI Standing Committee who participated in the discussion of the proposal, analyses, and interpretation of the results of the study
- Co-chairs of the TCRI Standing Committee
- WBMT officers

6. Publication

All publications or presentations of these data shall acknowledge the WBMT and the member societies that contributed data as the data source.

Publications that do not use GTA data are not included in the scope of this manual.



Appendix F.

The Letter of Commitment

To the Co-chairs of the Transplant Center and Recipient Issues Standing Committee of the WBMT

I promise to uphold the following commitments.

1. Global Transplant Activity data are not to be used for any purpose other than the study whose protocol approved by Transplant Center and Recipient Issues Standing Committee of the WBMT
2. Data are to be managed under the responsibility of the applicant and are not to be made available for viewing by, or transferred to, a third party. Viewing by co-researchers or co-authors is to be restricted to an absolute minimum, and such people are to observe these provisions.
3. The content of data provided by the WBMT Data Center is not to be altered without permission.
4. The final authors list is overseen by the Transplant Center and Recipient Issues Standing Committee. The Transplant Center and Recipient Issues Standing Committee notifies and invites member societies which submit data to the WBMT to recommend study participants, i.e. co-authors for the study.
5. When publishing the results of the research, it is to be made clear that WBMT GTA data were used.
6. The applicant is to inform the Transplant Center and Recipient Issues Standing Committee without delay in the event of any of the following,
 - a. discontinuation of use of the data,
 - b. changes to the details given in the application to use data.
7. Any infringement of these provisions will result in the cancellation of the data use application approval. In that event, the applicant shall promptly return any data to the WBMT Data Center and destroy all copied or processed data.

I certify that I have read this document and commit to fulfilling the responsibilities described herein.

Study Title

Date

Institute

Name



APPENDIX D2: WBMT MEMBER SOCIETY REGISTRY DATA

WBMT MEMBER SOCIETY REGISTRY DATA TRANSMISSION AGREEMENT

This Data Transmission Agreement (“**Agreement**”), effective[*Date*], is entered into by and between the Worldwide Blood and Marrow Transplant Network (“**WBMT**”), a non-government organization with the World Health Organization and _____ (“**WBMT Member Society**”), each a “**Party**” and collectively, the “**Parties**”.

The purpose of this Agreement is to set forth terms by which the WBMT will facilitate its member societies in data submission related to the Global Transplant Activity (“**GTA**”) for public dissemination and research purposes.

First and foremost, and following WBMT Guiding Principle #3, *“The WBMT has ownership of the GTA data, and any use needs to be approved by the WBMT. This includes data requests and proposal for scientific studies that seek to utilize these data for analysis”* and *“The data from a Member Society that is shared with the WBMT can be utilized by the same Member Society (which also has ownership of its own data) without restrictions.”*

Section 1. Data Collection and Records

- **Global Transplant Activity Data:** The WBMT member society shall submit information related to transplant activity from the transplant centers that are within the region of the member society or has an established relationship with the member society to provide this data. Transplant activity data collected in the Global Activity Survey Form (“**GAS**”) includes the volume of first transplants per patients performed at a transplant center in one year with accompanied information related to the indication, graftsource and donor type.
- **Data Collection.** The WBMT Member Society shall compile all annual transplant activity data from their participating transplant centers and provide WBMT with GAS compiled for the specific region as requested by the WBMT within the time frames and in the manner specified by the WBMT. The timeline for submission of the compiled regional GAS is from November to February in reference to the activity of the prior year. The GAS should be submitted directly to the WBMT offices during this specified period.

Section 2. Informed Consent

- The GAS does not include any patient specific identifiers. It represents the number of transplants performed at a given transplant center. The volume per center is not provided to the WBMT, the GAT includes the number of active centers in a particular region and the



number of transplants performed annually. Informed consent is not required for collection or submission to WBMT.

Section 3. Term

- This Agreement shall commence on its effective date referenced in the first paragraph above and shall continue in force until terminated by either Party at any time, with or without cause, upon thirty (30) days written notice to the other Party. During the thirty (30) day period after such notice is sent, the Parties shall continue to act toward each other in good faith.

Section 4. Miscellaneous

- Compliance with Laws and Regulations. The WBMT Member Society shall comply with all applicable statutes and regulations specific to that country, including, but not limited to, those regarding the safeguarding of donor and patient records, privacy regulations and human subjects' protection.
- Assignment and Subcontracting. The WBMT Member Society may not assign this Agreement or any of their respective rights and responsibilities under this Agreement, without the WBMT's prior written consent. No responsibilities under this Agreement may be subcontracted without the prior written approval of the Parties.
- Amendment. Except as otherwise provided for in this Agreement, this Agreement may not be amended except by written instrument duly signed and delivered by the WBMT and the WBMT Member Society.
- Non-Assumption of Liabilities. Neither the WBMT nor the WBMT Member Society shall be liable for any of the prior existing or future obligations, liabilities or debts of the other Party.
- Governing Law. This Agreement and all transactions contemplated by this Agreement shall be governed, construed and enforced in accordance with the laws of Switzerland.
- Independent Contractors. Nothing in this Agreement is intended to create an employment or agency relationship between the Parties. Neither Party shall be deemed or construed to be an employee or agent of the other.
- Notice. Any notice required to be given by this Agreement shall be in writing and sent by:
 - 1) mail, registered or certified, as evidenced by a delivery receipt
 - 2) with a private delivery service as evidenced by a shipping receipt; or
 - 3) by electronic mail return receipt requested
- Prior Agreement. This Agreement constitutes and contains the entire Agreement between the Parties with respect to the subject matter hereof, including but not limited to the terms and conditions relating to the maintenance and transmission of data, and supersedes any prior oral or written agreements.



- Force Majeure. Neither Party shall be considered to have failed in the performance of this Agreement if such failure arises out of causes beyond the control and without the fault or negligence of the Party failing to perform, except that the WBMT Member Society shall not be excused from strict compliance with this Agreement under this clause due to errors, omissions or failures by its independent contractors or lowertier subcontractors.
- Successors. This Agreement shall be binding on and will inure to the benefit of the Parties and their respective successors and assigns.

This Agreement is executed by individuals who are duly authorized to enter into the Agreement and legally binds their respective parties to be effective on the date stated in the first paragraph above. "Duly authorized" includes the WBMT President, a registry leadership representative or a center representative as is designated by that center.

By: WBMT

By: [Registry WBMT Member-Society}

By: _____

By: _____

Authorized Signature

(Type/Printed Name)

Title: Current WBMT President

Title: _____

Date: _____

Date: _____

APPENDIX E: HISTORY OF MAJOR MEETINGS AND INTERNATIONAL WORKSHOPS

WBMT Board Business Meetings	WBMT Participant Meetings
2025	
	WBMT Symposium on Cellular Therapy Bengaluru, India (November)
Video conference (October)	
	9 th WBMT Workshop & Symposium Ulaanbaatar, Mongolia (June)
Florence, Italy (April)	
2024	
Video conference (October)	
Glasgow, Scotland (April)	
2023	
	WBMT The Nigeria BMT Nurses' Online Workshop (November)
Video conference (September)	
Paris, France (March)	
2022	
Video conference (October)	
	8 th WBMT Workshop & Symposium Rawalpindi, Pakistan (September)
Video conference (March)	
2021	
Video conference (September)	
Video conference (April)	
2020	
Video conference (June)	
Video conference (March)	
2019	
Houston, US (February)	

	Asuncion, Paraguay (September)
	Busan, Korea (September)
2018	
Teleconference (December)	
Teleconference (July)	
	Casablanca, Morocco (April)
	Beijing, China (September)
Lisbon, France (March)	
	Taipei, Province of China (November)
2017	
Teleconference (December)	
Teleconference (July)	
	Regensburg, Germany – Sickle Cell Disease Cure and Prevention Consortium (June)
	Geneva, Switzerland – WHO (May)
Orlando, FL, US (February)	
2016	
Teleconference (December)	
Teleconference (July)	
	Geneva, Switzerland – WHO (May)
Valencia, Spain (April)	
2015	
Teleconference (December)	Addis Ababa, Ethiopia – On-site visit by select WBMT representatives (December)
	Okinawa, Japan – Nuclear Accident Management Committee (October)
Teleconference (July)	
	Regensburg, Germany – Sickle Cell Disease Cure and Prevention Consortium (June)
San Diego, CA, US (February)	

2014	
Teleconference (December)	
	Geneva, Switzerland – MPHO NGO meeting (September)
Teleconference (July)	
Milan, Italy (March)	
2013	
	Brasilia, Brazil – WBMT / NOFIT (December)
Teleconference (November)	
Teleconference (July)	
	Geneva, Switzerland – WHO (May)
	London, UK – Standing Committees (April)
Salt Lake City, UT, US (February)	
2012	
	Atlanta, GA, USA – WBMT / LABMT (December)
	Rome, Italy – WBMT / NOTIFY (November)
Teleconference (October)	Hyderabad, India – APBMT (October)
	St. Petersburg, Russia – WBMT / Russia (September)
	Lagos, Nigeria – WBMT / AFBMT (September)
	Manila, Philippines – WBMT / Philippine Society of Hematology (August)
Teleconference (June)	
Geneva, Switzerland (April)	
	San Diego, CA, US – WBMT / LABMT (February)



2011	
Teleconference (December)	
Teleconference (September)	
	Rio de Janeiro, Brazil – SBTMO / LABMT (August)
Teleconference (June)	
Teleconference (April)	
	Paris, France – Standing Committees (March)
Honolulu, HI, US* (February)	
2010	
	Phuket, Thailand – APBMT (November)
Vienna, Austria (March)	
	Brussels, Belgium – WHO (February)
2009	
Minneapolis, MN, US (November)	
	New York, NY, US – UN (October)
Nagoya, Japan (April)	
Goteborg, Sweden (March)	
2008	
Minneapolis, MN, US (October)	Geneva, Switzerland – WHO (October)
Firenze / Florence, Italy (March)	
	Tampa, FL (February)
2007	
Minneapolis, MN, US (October)	
Lyon, France (March)	

***1st elected Board meeting**

APPENDIX F: HISTORY OF INTERNATIONAL SCIENTIFIC SYMPOSIA

2025

November, **WBMT Symposium on Cellular Therapy** in Bengaluru, India

An international scientific convention of the Worldwide network for Blood and Marrow Transplantation in partnership with the Ramaiah Medical College of Bengaluru focused on advancing CAR-T and cellular therapies

June, **10th WBMT Workshop and Symposium** in Ulaanbaatar, Mongolia

An international scientific convention of the Worldwide network for Blood and Marrow Transplantation in partnership with the Ramaiah Medical College of Bengaluru focused on advancing CAR-T and cellular therapies

March, **51th Annual Meeting of the EBMT** in Florence, Italy

JS02 - Joint Session EBMT - WBMT | Global perspective, addressing transplantation in the context of haematological malignancies

Chairs: Damiano Rondelli (Chicago, United States of America)

Fabio Ciceri (Milano, Italy)

- JS02-1 AML
 - Dietger Niederwieser (Germany)
- JS02-2 Disparities treating acute lymphoblastic leukemia
 - Adriana Seber (Sao Paul, Brazil)
- JS02-3 Myeloma
 - Laurent Garderet (Paris, France)

2024

October, **8th International Symposium on CAR T Cells** (CAR T Day) in Lille, France

Session of the Worldwide network for Blood and Marrow Transplantation (WBMT)

- Chair(s): Christian Chabannon (Marseille, France) & Mahmoud Aljurf (Riyadh, Saudi Arabia)
- Speaker: Mickey Koh (London, UK)
CAR-T and Other Gene Therapies: Perspectives on Worldwide Access, Affordability and Clinical Indications
- Speaker: Syed Osman Ahmed (Riyadh, Saudi Arabia)
CAR T-cell and Advanced Cellular Therapies, Challenges and Opportunities in Emerging Economies
- Speaker: Dietger Niederwieser (Leipzig, Germany)
How can the WBMT help in establishing CAR-T cell therapy in developing countries

October, 29th Congress of APBMT in Singapore

PRESIDENTIAL SYMPOSIUM Recipient profile in HSCT -Changing patterns through the years

- Speaker: Alok Srivastava, India
APBMT Perspective
- Speaker: Anna Sureda, Spain
EBMT Perspective
- Speaker: Nina Worel, Austria
WBMT Perspective
- Speaker: Margaret MacMillan, United States
ASTCT Perspective

October, International Workshop on Stem Cell Transplantation in La Habana, Cuba

International Course on Complications of Stem Cell Transplantation

- Speakers: Damiano Rondelli, Chicago; Sebastián Galeano, Uruguay; Cristóbal Frutos, Paraguay

June, 14th International Donor Registry Conference & WMDA Meetings

May, 9th Kaunas / Lithuania International Hematology / Oncology Colloquium under the auspices of WBMT

April, 50th Annual Meeting of the EBMT, Glasgow, UK

Joint session EBMT-WBMT | Chimeric Antigen Receptor (CAR) T-cell and advanced cellular and gene therapies, minimizing disparities, regulatory issues and global collaboration to improve access

Chairs: Mahmoud Aljurf (Saudi Arabia) and Ibrahim Yakoub-Agha (France)

- JS02-1 CAR-T and other gene therapies: Perspectives on worldwide access, affordability and clinical indications
Speaker: Mickey Koh (United Kingdom)
- JS02-2 Chimeric Antigen Receptor (CAR) T-cell and advanced cellular therapies, challenges and opportunities in emerging economies
Speaker: Syed Osman Ahmed (Saudi Arabia)
- JS02-3 Procurement of the starting material for manufacturing of advanced therapies: a global challenge for hospitals and blood banks
Speaker: Christian Chabannon (France)



2023

October, APBMT

Protecting Donors (Focus on Donor Safety) Donor Issues WBMT Standing Committee

Speaker: Nina Worel

April, EBMT

Joint Session EBMT - WBMT | Update on The Global Data for Hematopoietic Stem Cell Transplantation

- JS06-2 Global Stem Cell Transplantation Activities Including Cellular Therapies
Speaker: Helen Baldomero (Switzerland)
- JS06-3 Global Data on HSCT for Multiple Myeloma
Speaker: Dietger Niederwieser (Germany)
- JS06-4 Global Data on HSCT for Acute Myeloid Leukemia
Speaker: Molly Tokaz (United States)

February, TCT

Update on The Global Data for Hematopoietic Stem Cell Transplantation

- Global Stem Cell Transplantation Activities Including Cellular Therapies
Speaker: Dietger Niederwieser
- Global Data on HSCT for Multiple Myeloma
Speaker: Laurent Garderet
- Global Data on HSCT for Acute Myeloid Leukemia
Speaker: Molly Tokaz

2022

December, ASH (poster)

- International Differences in Baseline Characteristics and Practice Patterns in Patients with Newly Diagnosed Multiple Myeloma Undergoing Upfront Autologous Stem Cell Transplantation
Laurent Garderet et al.
- Worldwide Network for Blood and Marrow Transplantation (WBMT) Global Study on Baseline Characteristics and Clinical Outcomes in NEWLY Diagnosed Multiple Myeloma Patients Undergoing Upfront Autologous STEM Cell Transplantation, a Study Off 61,725 Patients from 629 Centers
Laurent Garderet et al.



October, APBMT

- Global Trends in Cellular Therapy and its integration with HSCT- WBMT Perspective
Dietger Niederwieser et al.

April, TCT

Broad Access to HCT Worldwide: How has the WBMT Advanced Worldwide Equity in 15 years?

- Barriers to Reaching Equity in HCT and Cellular Therapy
Mickey Koh
- What Allows Us to Deliver Affordable and Available HCTs?
Cristóbal Frutos
- WBMT Achievements and Future Goals
Yoshiko Atsuta

March, EBMT, video conference

JS04 Joint session EBMT-WBMT: Maintaining safe access to stem cell transplantation during the pandemic

- JS04-01 Adapting inpatient and outpatient clinical care: comparing experiences from transplant centers worldwide
Adriana Seber (Brazil)
- JS04-02 Challenges in donor selection and stem cell collection
Nina Worel (Austria)
- JS04-03 Global perspective on achieving quality for cellular therapy
Yossi Schwartz (United States)

2021

October, APBMT, video conference

- *Design the future of HCT Societies, WBMT perspective*
Hildegard Greinix, President of WBMT, Medical University Graz, Austria

March, EBMT, video conference

JS05 Joint session WBMT: COVID-19 vaccination in HSCT

- JS5-1 Translating science into survival; mRNA vaccines for cancer and infectious disease
Christopher Huber (Germany)
- JS5-2 COVID-19 vaccination in HSCT
Per Ljungman (Sweden)
- JS5-3 Global access to COVID-19 vaccines
Susan Brown (United States)

February, TCT, video conference

S-C2 - WBMT Concurrent: Transplantation During a Worldwide Crisis: Lessons Learned Across the World

- The Latin American Bone Marrow Transplantation Group (LABMT) Experience
Adriana Seber, MD, Hospital Samaritano, Sao Paulo, Brazil
- HSCT Challenges and Solutions Under COVID-19: The Experience from China
Xiao-Jun Huang, MD, Institute of Hematology, Peking University People's Hospital, Beijing, China
- The Eastern Mediterranean Blood and Marrow Transplantation (EMBMT) Group Experience
Riad El Fakih, Oncology Center, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia

2020

August, EBMT, video conference

International access to HCT drugs: Impact on transplant practice and patients

- Chair: D Weisdorf (United States)
Causes of drug shortages
- Chair: G Stemer (Austria)
How can pharmacists help the HCT team with drug shortages and cost of medications
- Chair: H Greinix
Successful models of cooperation to offer essential drugs in the care of HCT patients: Role of WBMT

February, ASTCT, video conference

- Chair: Emily Thakur
Identifying the Root Causes of Drug Shortages and Finding Enduring Solutions
- Chair: Zahra Mahmoudjafari
Drug Shortages: The Role of the Pharmacist on the HCT Team
- Chair: H Greinix
Successful Models of Cooperation to Offer Essential Drugs for the Care of HCT Patients: WBMT

2019

March, EBMT Frankfurt

Efficiency and Effectiveness of New Models for Transplant Care Delivery

Chair: D Weisdorf (United States)

- Remote health development, consultation from a distance in Nepal (D. Rondelli, Nepal)
- Choosing wisely for hematopoietic cell transplantation (D Weisdorf, United States)



- Telemedicine for Remote Consultations (D Niederwieser, Germany)

February, BMT Tandem Meetings (Houston)

Efficiency and Effectiveness of New Models for Transplant Care Delivery

Chair: D Weisdorf (United States)

- Home Delivery Model of Video Conferencing with Patients (J Nelson, United States)
- Remote Health Strategies in Development of Global BMT (D. Rondelli, Nepal)
- The Cure2Children-Sankalp India Foundation Experience in Affordable Bone Marrow Transplantation for Children with Severe Thalassemia in India (L Faulkner, Italy)
- Telemedicine for Remote Consultations (D Niederwieser, Germany)

2018

February, BMT Tandem Meetings (Utah)

How can the best donor improve transplant outcomes?

Chair: D Weisdorf (United States)

- Introduction and recent trends (J Szer, Australia)
- Assessing donor suitability beyond HLA (H Yang, Australia)
- How regional haplotype frequencies influence the success of finding the best unrelated UCB or volunteer donors (L Bouzas, Brazil)
- Cost and morbidity consequences of different donor choices (M Pasquini, United States)

2017

February, BMT Tandem Meetings (Orlando)

Do stem cell transplants need to be so expensive? What is really necessary?

Co-Chairs: Y Kodera (Japan) and J Szer (Australia)

- WBMT introduction (J Szer, Australia)
- Introduction to the topic of cost (D Weisdorf, US)
- The Mexican experience (D Gomez-Almaguer, Mexico)
- The Indian experience (A Srivastava, India)

2016

April, EBMT Meeting (Valencia)

Global Challenges in Transplantation

Co-Chairs: Y Kodera (Japan) and J Kuball (Netherlands)

- Economic stresses in transplantation: How are these challenging existing and new programs? (D Weisdorf, US)
- Quality measures: How to incorporate quality into existing and new sites? (H Greinix, Austria)



- EBMT-JACIE accreditation: 10 years of success (J Snowden, United Kingdom) February, BMT Tandem Meetings (Honolulu)
Haploidentical HCT – A Global Overview: Comparing Asia, EU, and US
Co-Chairs: Y Koderer (Japan) and J Szer (Australia)
- Introduction
 - WBMT Global Activity Survey (D Niederwieser, Germany)
 - Trends in Haplo HCT (J Apperley, United Kingdom)
- The Asian Experience (X-J Huang, China)
- The EU Experience (A Nagler, Israel)
- The US Experience (E Fuchs, US)

2015

April, EBMT Meeting (Istanbul)*

*During these meetings, the WBMT participated in a plenary session in lieu of a traditional Joint Session.

PLENARY: Access to Stem Cell Transplantation in the 21st Century: An EBMT-WBMT Joint Session

Co-Chairs: Y Koderer (Japan) and T Damirer (Turkey)

- Lessons after one million transplants (A Gratwohl, Switzerland)
- Which AML patient should not be transplanted in 2015? (F Appelbaum, US)

February, BMT Tandem Meetings (San Diego)

Global Donor Selection Challenges: Clinical efficacy and cost performance

Co-Chairs: Y Koderer (Japan) and D Weisdorf (US)

- Introduction (Y Koderer, Japan, and D Weisdorf, US)
- Medical Products of Human Origin / World Health Organization (MPHO / WHO – WBMT / TTS / ISBT / ICCBBA) Project: Regulatory recommendations for MPHO (J Nunez, Switzerland)
- Haplo-HCT without T-cell depletion vs. unrelated vs. related (post-transplant cyclophosphamide) for developing countries (D Niederwieser, Germany)
- Regional cost differences of matched, haploidentical, and cord blood HCT (S Giebel, Poland)
- Report from regional group – LABMT (A Seber, Brazil)

2014

April, EBMT Meeting (Milan)

Hematopoietic Stem Cell Transplantation: Access and Affordability

Co-Chairs: D Niederwieser, Y Koderer, D Confer, D Weisdorf, H Greinix

- Non-Government Organization (NGO): Status significance and opportunities of an NGO (J Nunez)
- Cost of non-transplant therapy for hematologic malignancies (J Apperley)



- Alternative donor selection
 - Haploidentical donor (L Luznik)
 - Cord blood stem cell transplantation (M Eapen)

February, BMT Tandem Meetings (Dallas)

Hematopoietic Stem Cell Transplantation: Access and Affordability

Co-Chairs: D Niederwieser, Y Kodera, D Confer, D Weisdorf, H Greinix

- Non-Government Organization (NGO): Status significance and opportunities of NGO (J Nunez)
- Cost of non-transplant therapy for hematologic malignancies (J Apperley)
- Alternative donor selection
 - Haploidentical donor (X-J Huang)
 - Cord blood stem cell transplantation (D Weisdorf)

2013

April, EBMT Meeting

The Legacy of E. Donnall Thomas: One Million Hematopoietic Stem Cell Transplants

Co-Chairs: D Niederwieser, Y Kodera, D Confer, H Greinix

- E. Donnall Thomas: From Cooperstown to Global (R Storb)
- Challenges to Future Growth: The Transplant Center Perspective
 - Europe (M Mohty)
 - Eastern Mediterranean (M Aljurf)
 - Africa (N Novitzky)
- Challenges to Future Growth: The Donor Registry Perspective (D Confer)
- Challenges to Future Growth: The WHO Perspective (L Noël)
- Improving Research Collaborations to Move Forward (M Horowitz)

February, BMT Tandem Meetings

The Legacy of E. Donnall Thomas: One Million Hematopoietic Stem Cell Transplants

Co-Chairs: D Niederwieser, Y Kodera, D Confer, H Greinix

- E. Donnall Thomas: From Cooperstown to Global (F Appelbaum)
- Challenges to Future Growth: The Transplant Center Perspective
 - North America (R Champlin)
 - Central / South America (C Bonfim)
 - Asia-Pacific (A Srivastava)
- Challenges to Future Growth: The Donor Registry Perspective (D Confer)
- Challenges to Future Growth: The WHO Perspective (L Noël)
- Improving Research Collaborations to Move Forward (J Apperley)



2012

WBMT Scientific Session Chair: D Niederwieser

- WBMT Update (D Niederwieser)
- The Macroeconomics of Hematopoietic Stem Cell Transplantation (A Gratwohl)
- A Global View of Cord Blood Transplantation (V Rocha)
- The Fukushima Nuclear Accident – The Transplant Team Experience (S Taniguchi)

2011

WHO and WBMT: A Model for Optimal Collaboration Between Scientists and Health Institutions

Co-Chairs: D Confer, Y Kodera, D Niederwieser

- Update on WBMT Activity (D Niederwieser)
- Global HCT Activity Survey 2007-2008 (H Baldomero)
- Report from the APBMT Congress: HCT Activity and Plans for a Vietnam Meeting (Y Kodera)
- Harmonizing Standards in BMT – Improving Outcomes on a Global Scale (K Loper)
- WHO and WBMT a Model for Optimal Collaboration Between Scientists and Health Institutions (L Noël)

2010

Worldwide Network for Blood and Marrow Transplantation (WBMT) Session Co-Chairs:

D Niederwieser, M Horowitz

- Update on Progress of WBMT (D Niederwieser)
- Challenges in Establishing HCT Outcomes Registries in Developing Countries Asia- Pacific BMT Group (Y Atsuta)
- Eastern Mediterranean BMT Group (M Aljurf)
- Ethical Issues in Donation of Hematopoietic Stem Cells (A Capron)

2009

WBMT International Session (Supported by THERAKOS, Inc.) Co-Chairs:

D Niederwieser, S Davies, Y Kodera, M Oudshoorn

- Overview of Unrelated Adult and Cord Blood Donation: the WMDA Annual Survey (M Oudshoorn)
- Unrelated Donor Outcomes and Plans for Assessing Related Donor Outcomes: A Report from the NMDP / CIBMTR (D Confer)
- Related Donor Outcomes from the Japanese Registry: The Importance of Pre- registration (Y Kodera)
- Proposal for an EBMT Donor Outcome Registry (J Halter)

APPENDIX G: PUBLICATIONS LIST
WBMT Publications

No.	Citation	Credited to
Published in 2025		
80	Global Oncology Approvals: Are We on the Right Track? Cristobal Frutos, Adriana Seber, <i>JCO Global Oncology</i> 2025 :11.	PAAC/EDUC
79	The impact of age on survival and excess mortality after autologous hematopoietic cell transplantation in newly diagnosed multiple myeloma patients. Mizuno S, Gras L, Baaij LGA, Koster L, D'Souza A, Hari PN, Estrada-Merly N, Saber W, Cowan AJ, Iida M, Okamoto S, Takamatsu H, Kawamura K, Koderia Y, Hamad N, Ko BS, Liam C, Ho KW, Goh AS, Keat TS, Elhaddad AM, Bazarbachi A, Chaudhry BQUN, Alfar R, Bekadja MA, Benakli M, Ortiz CAF, Riva E, Verburgh E, Galeano S, Bass F, Mian H, McCurdy A, Wang FR, Neumann D, Koh MBC, Snowden JA, Schönland S, McLornan DP, Hayden PJ, Balari AMS, Greinix HT, Aljurf M, Atsuta Y, Rondelli D, Niederwieser DW, Garderet L. <i>Haematologica</i> . 2026 Jan 1;111(1):286-299.	
78	Acute and chronic graft-versus-host disease treatment and management in the Eastern Mediterranean region: A Worldwide Network for Blood and Marrow Transplantation survey. Muhsen IN, Niederwieser D, Garderet L, Penack O, Greinix HT, El Fakih R, Abdeljelil NB, Abosoudah I, Alamoudi S, Albeihany A, Al Daama SA, Alshahrani MH, Alshemmari S, Al-Khabori M, Almasari A, Al Rawas A, Askar M, Bazarbachi A, Bekadja MA, Benakli M, Borhany M, Kababri ME, Halahleh K, Hamidieh AA, Hammad M, Ibrahim A, Kanfar S, Khalaf MH, Marei M, Mir MA, Monagel D, Quessar A, Rihani R, Shabbir-Moosajee M, Shaheen M, Sultan AM, Vaezi M, Rondelli D, Koh MBC, Peric Z, Atsuta Y, Chaudhri N, Aljurf M. <i>Hematol Oncol Stem Cell Ther</i> . 2025 Apr-Jun 01;18(2):79-85.	EDUC
77	2025 European LeukemiaNet recommendations for the management of chronic myeloid leukemia. Apperley JF, Milojkovic D, Cross NCP, Hjorth-Hansen H, Hochhaus A, Kantarjian H, Lipton JH, Malhotra H, Niederwieser D, Radich J, Rousselot P, Saussele S, Schiffer CA, Silver R, Soverini S, Stenke L, Turkina A, Casado LF, Castagnetti F, Cervantes F, Clark RE, Cortes J, Deininger M, Hughes TP, Janssen J, Jiang Q, Kim DW, Larson RA,	EDUC

	Mahon FX, Mauro M, Mayer J, Nicolini FE, Pane F, Rea D, Richter J, Rosti G, Saglio G, Hehlmann R. <i>Leukemia</i> . 2025 Aug;39(8):1797-1813	
76	<p>Neglected tropical diseases (NTDs) and related infections in hematopoietic cellular therapy (HCT) in adults and children: a survey from the Infectious Diseases Working Party (IDWP) of the European Society of Blood and Marrow Transplantation (EBMT).</p> <p>Snowden JA, Parkash V, Knelange N, Styczynski J, Tridello G, de Silva T, Niederwieser D, Aljurf M, Sureda A, Mikulska M, de la Camara R, Averbuch D. <i>Bone Marrow Transplant</i>. 2025 Nov 22. doi: 10.1038/s41409-025-02767-z . Online ahead of print. PMID: 41274998</p>	EDUC
75	<p>Setting up a Chimeric Antigen Receptor T Cell Therapy Program: A Framework for Delivery from the Worldwide Network for Blood & Marrow Transplantation.</p> <p>Ahmed SO, El Fakih R, Kharfan-Dabaja MA, Syed F, Mufti G, Chabannon C, Rondelli D, Mohty M, Al Ahmari AA, Gauthier J, Ruella M, Perales MA, Hashmi S, Alfraih F, Ghorashian S, Alzahrani M, Abba Z, Koh M, Pasquini M, Ruggeri A, Garderet L, Albabtain A, Weisdorf D, Greinix H, Samarkandi H, Hamad N, Atsuta Y, Hamadani M, Hari P, Majhail NS, Greco R, Alzahrani H, Sureda A, Yakoub-Agha I, Alahmari AD, Niederwieser D, Aljurf M. <i>Transplant Cell Ther</i>. 2025 Aug;31(8):533-543. doi: 10.1016/j.jtct.2025.05.012. Epub 2025 May 23. PMID: 40414351</p>	WHO
74	<p>Similarities and Differences between Allogeneic Hematopoietic Cell and Organ Transplantation and What can We Learn from Each Other to Guide Global Health Strategy.</p> <p>Greinix HT, Matas A, Koh M, Foeken F, Worel N, Vinson A, Ibrahim H, Sawinski D, Seber A, Valapour M, Atsuta Y, Mengling T, Lake J, Wekerle T, Weisdorf D. <i>Clin Transplant</i>. 2025 Oct;39(10):e70346. doi:10.1111/ctr.70346.</p>	WHO/DONOR ISSUES
73	<p>The impact of age on survival and excess mortality after autologous hematopoietic cell transplantation in newly diagnosed multiple myeloma patients.</p> <p>Mizuno S, Gras L, Baaij LGA, Koster L, D'Souza A, Hari PN, Estrada-Merly N, Saber W, Cowan AJ, Iida M, Okamoto S, Takamatsu H, Kawamura K, Kodaera Y, Hamad N, Ko BS, Liam C, Ho KW, Goh AS, Keat TS, Elhaddad AM, Bazarbachi A, Chaudhry BQUN, Alfar R, Bekadja MA, Benakli M, Ortiz CAF, Riva E, Verburgh E, Galeano S,</p>	TCRI/WHO

	<p>Bass F, Mian H, McCurdy A, Wang FR, Neumann D, Koh MBC, Snowden JA, Schönland S, McLornan DP, Hayden PJ, Balari AMS, Greinix HT, Aljurf M, Atsuta Y, Rondelli D, Niederwieser DW, Garderet L. <i>Haematologica</i>. 2025 Jul 31. doi: 10.3324/haematol.2025.288041. Online ahead of print.PMID: 40820767</p>	
72	<p>A comparison of cryopreserved and noncryopreserved peripheral blood hematopoietic stem cells for autologous transplantation in multiple myeloma: a study from the chronic malignancies working party of the EBMT.</p> <p>Bekadja MA, Gras L, Baaij L, Koster L, Hamad N, Carpenter B, Nicholson E, Potter V, Broers AEC, Blaise D, Byrne JL, Huynh A, Kinsella F, Reményi P, Collin MP Sr, Gribben JG, Bulley S, Tucci A, Heras NL, Drozd-Sokolowska J, Raj K, Beksac M, Schönland S, Hayden PJ, Snowden J, Aljurf MD, McLornan DP, Rondelli D, Sureda A, Garderet L, Niederwieser D. <i>Cytotherapy</i>. 2025 Mar 7:101906. doi: 10.1016/j.jcyt.2025.02.008. Online ahead of print.PMID: 41128705</p>	TCRI/EDUC
71	<p>Patterns of Graft-Versus-Host Disease (GvHD) Prevention Practices in the Eastern Mediterranean (EM) Region: A Worldwide Network for Blood & Marrow Transplantation (WBMT) Global Study.</p> <p>Muhsen IN, Niederwieser D, Garderet L, Penack O, Greinix HT, El Fakih R, Abdeljelil NB, Abosoudah I, Alamoudi S, Albeihany A, Al Daama SA, Alshahrani MH, Alshemmari S, Al-Khabori M, Almasari A, Al Rawas A, Askar M, El-Cheikh J, Bekadja MA, Benakli M, Borhany M, El Kababri M, Halahleh K, Hamidieh AA, Hammad M, Ibrahim A, Kanfar S, Khalaf MH, Marei M, Mir MA, Monagel D, Quessar A, Rihani R, Shabbir-Moosajee M, Shaheen M, Sultan AM, Vaezi M, Rondelli D, Koh MBC, Peric Z, Atsuta Y, Chaudhri N, Aljurf M. <i>Hematol Oncol Ste Cell Ther</i>. 2025 Sep 12. doi: 10.4103/hemoncstem.hemoncstem-D-25-00004. Online ahead of print.PMID: 40937504</p>	TCRI/WHO/EDUC

70	<p>Framework for Patient Advocacy in Hematopoietic Cell Transplantation (HCT): An Overview from the Worldwide Network for Blood and Marrow Transplantation.</p> <p>El Fakih R, Frutos C, Bonfim C, Weisdorf D, Koh M, Galeano S, Sadler K, Amro A, Rondelli D, Neiderwiser D, Aljurf M. <i>Hematol Oncol Stem Cell Ther.</i> 2025 Jan-Mar 01;18(1):1-4. doi: 10.4103/hemoncstem. HEMONCSTEM-D-24-00054. Epub 2025 Apr 23. PMID: 40263896</p>	TCRI
69	<p>Perspectives on the use and availability of chimeric antigen receptor T cells (CAR-T) and cell therapies: A worldwide cross-sectional survey by the worldwide network for blood and marrow transplantation (WBMT).</p> <p>Tan EH, Aljurf M, Hussain F, Chabannon C, Worel N, Weisdorf D, Yakoub-Agha I, Galeano S, Sanchez-Guijo F, Garderet L, Atsuta Y, Ruggeri A, Hamad N, Hashmi S, Frutos C, Koderi Y, Seber A, Bonfim C, Niederwieser D, Rondelli D, Greinix H, Koh MB. <i>Curr Res Transl Med.</i> 2025 Apr-Jun;73(2):103515. doi: 10.1016/j.retram.2025.103515. Epub 2025 Apr 15. PMID: 40253930</p>	TCRI/WHO
68	<p>Results of the Latin American Bone Marrow Transplantation Society (LABMT) activity survey 2019-2022: the impact of the COVID-19 pandemic and the increase in related haploidentical donors.</p> <p>Galeano S, Bonfim C, Karduss A, Jaimovich G, Gómez-De León A, Bettarello G, Simione A, Correa C, Baldomero H, Neumann D, Basquiera AL, Berro M, Remaggi G, Amaru A, Barroso F, Seber A, Barriga F, Palma J, Puga B, Sánchez M, Herrera JM, Hernández C, Gómez-Almaguer D, Gaytán Morales F, Ruiz-Argüelles GJ, Mendoza N, Benítez ML, Wong A, Pagés C, Hernández M, Niederwieser D, Rondelli D, Frutos C. <i>Bone Marrow Transplant.</i> 2025 Jul;60(7):971-977. doi: 10.1038/s41409-025-02600-7. Epub 2025 Apr 18. PMID: 40251416</p>	TCRI

67	<p>Correction: Non-cryopreserved autologous peripheral blood stem cell transplantation for multiple myeloma and lymphoma in countries with limited resources: practice considerations from the Worldwide Network for Blood and Marrow Transplantation.</p> <p>Bekadja MA, Niederwieser D, Kharfan-Dabaja MA, El Fakih R, Garderet L, Yakoub-Agha I, Greinix H, Weisdorf DJ, Galeano S, Ahmed SO, Chabanon C, Hashmi SK, Ruggeri A, Gergis U, Bazarbachi A, Hamad N, Albeihany A, Pasquini M, Hanbali A, Szer J, Koder Y, Kumar A, Elhassan T, McLornan D, Worel N, Greco R, Mohty M, Atsuta Y, Koh M, Sureda A, Rondelli D, Aljurf M, Rasheed W. <i>Bone Marrow Transplant.</i> 2025 Jan;60(1):19-27. doi: 10.1038/s41409-024-02431-y. Epub 2024 Oct 7. PMID: 39375527</p>	TCRI/WHO/ EDUC
Published in 2024		
66	<p>Special Report: Summary of the eighth workshop of the WBMT on the status and issues related to HCT in Near-East countries, held in Pakistan from September 22 to 23, 2022.</p> <p>Greinix HT, Iftikhar R, et al. <i>Hematol Oncol Stem Cell Ther</i> 2024;17(3):190-199.</p>	WHO
65	<p>The role of registries in hematological disorders. Worldwide Network of Blood and Marrow Transplantation.</p> <p>Baldomero H, Neumann D, Hamad N, Atsuta Y, Sureda A, Iida M, Karduss A, Elhaddad AM, Bazuaye NG, Bonfim C, Camara R, Chaudhri NA, Ciceri F, Correa C, Frutos C, Galeano S, Garderet L, Greco R, Jaimovich G, Koder Y, Koh MB, Liu K, Ljungman P, McLornan DP, Nair G, Okamoto S, Pasquini MC, Passweg J, Paulson K, Ruggeri A, Seber A, Snowden JA, Srivastava A, Worel N, Saber W, Rondelli D, Aljurf M, Niederwieser D; <i>Best Pract Res Clin Haematol.</i> 2024 Jun;37(2):101556</p>	TCRI
64	<p>The HCT Unit.</p> <p>Rasheed W, Niederwieser DW, Aljurf M. 2024 Apr 11. In: Sureda A, Corbacioglu S, Greco R, Kröger N, Carreras E, editors. <i>The EBMT Handbook: Hematopoietic Cell Transplantation and Cellular Therapies [Internet]. 8th edition. Cham (CH): Springer; 2024. Chapter 4. PMID: 39437062</i></p>	EDUC/TCRI
63	<p>Non-cryopreserved autologous peripheral blood stem cell transplantation for multiple myeloma and lymphoma in countries with limited resources: practice considerations from the Worldwide Network for Blood and Marrow Transplantation.</p> <p>Bekadja MA, Niederwieser D, Kharfan-Dabaja MA, El Fakih R,</p>	EDUC/TCRI/ WHO

	<p>Garderet L, Yakoub-Agha I, Greinix H, Weisdorf DJ, Galeano S, Ahmed SO, Chabanon C, Hashmi SK, Ruggeri A, Gergis U, Bazarbachi A, Hamad N, Albeihany A, Pasquini M, Hanbali A, Szer J, Kodera Y, Kumar A, Elhassan T, McLornan D, Worel N, Greco R, Mohty M, Atsuta Y, Koh M, Sureda A, Rondelli D, Aljurf M, Rasheed W. <i>Bone Marrow Transplant. Epub 2024 Oct 7. PMID: 39375527. 2025 Jan;60(1):19-27. doi: 10.1038/s41409-024-02431-y.</i></p>	
62	<p>Global characteristics and outcomes of autologous hematopoietic stem cell transplantation for newly diagnosed multiple myeloma: A study of the worldwide network for blood and marrow transplantation (WBMT).</p> <p>Garderet L, Gras L, Koster L, Baaij L, Hamad N, Dsouza A, Estrada-Merly N, Hari P, Saber W, Cowan AJ, Iida M, Okamoto S, Takamatsu H, Mizuno S, Kawamura K, Kodera Y, Ko BS, Liam C, Ho KW, Goh AS, Tan SK, Elhaddad AM, Bazarbachi A, Chaudhry QUN, Alfar R, Bekadja MA, Benakli M, Ortiz CAF, Riva E, Galeano S, Bass F, Mian HS, McCurdy A, Wang FR, Meng L, Neumann D, Koh M, Snowden JA, Schönland S, McLornan DP, Hayden PJ, Sureda A, Greinix HT, Aljurf M, Atsuta Y, Niederwieser D. <i>Am J Hematol. 2024 Nov;99(11):2084-2095. doi: 10.1002/ajh.27451. Epub 2024 Aug 19. PMID: 39158218; PMCID: PMC11758675.</i></p>	EDUC/WHO
61	<p>Continuous and differential improvement in worldwide access to hematopoietic cell transplantation: activity has doubled in a decade with a notable increase in unrelated and non-identical related donors.</p> <p>Atsuta Y, Baldomero H, Neumann D, Sureda A, DeVos JD, Iida M, Karduss A, Purtill D, Elhaddad AM, Bazuaye NG, Bonfim C, De la Camara R, Chaudhri NA, Ciceri F, Correa C, Frutos C, Galeano S, Garderet L, Gonzalez-Ramella O, Greco R, Hamad N, Hazenberg MD, Horowitz MM, Kalwak K, Ko BS, Kodera Y, Koh MB, Liu K, McLornan DP, Moon JH, Neven B, Okamoto S, Pasquini MC, Passweg JR, Paulson K, Rondelli D, Ruggeri A, Seber A, Snowden JA, Srivastava A, Szer J, Weisdorf D, Worel N, Greinix H, Saber W, Aljurf M, Niederwieser D. <i>Haematologica. 2024 Oct 1;109(10):3282-3294. doi: 10.3324/haematol.2024.285002. PMID: 38721749; PMCID: PMC11443380.</i></p>	EDUC/TCRI/ WHO
60	<p>Special Report: Summary of the eighth workshop of the worldwide network for blood and marrow transplantation on the status and issues related to hematopoietic stem cell</p>	EDUC/TCRI

	<p>transplantation in near-east countries, held in Pakistan from September 22 to 23, 2022.</p> <p>Greinix HT, Iftikhar R, Chaudhry QUN, Ahmed P, Al-Khabori M, Gaziev J, Hamidieh AA, Hashmi S, Khan M, Poudyal BS, Shaheen M, Rasheed W, Galeano S, Koderia Y, Niederwieser D, Ahmed SO, Atsuta Y, Baldomero H, Frutos C, Iida M, Okamoto S, Rondelli D, Schwartz J, Seber A, Weisdorf D, Worel N, Chatzixiros E, Koh MB, Aljurf M. <i>Hematol Oncol Stem Cell Ther.</i> 2024 Jul-Sep 01;17(3):190-199. doi: 10.4103/hemoncstem.HEMONCSTEM-D-24-00011. Epub 2024 Oct 4. PMID: 39412755.</p>	
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10	<p>. Suitability criteria for adult related donors: A consensus statement from the Worldwide Network for Blood and Marrow Transplantation Standing Committee on Donor Issues.</p> <p>Worel N, Buser A, Greinix HT, Hägglund H, Navarro W, Pulsipher MA, Nicoloso de Faveri G, Bengtsson M, Billen A, Espino G, Fechter M, Giudice V, Hölig K, Kanamori H, Kodera Y, Leitner G, Netelenbos T, Niederwieser D, van Walraven SM, Rocha V, Torosian T, Vergueiro C, Weisdorf D, Yabe H, Halter JP <i>Biology of Blood and Marrow Transplantation. 2015 Dec 1; 21(12):2052-2060. Epub 2015 Aug 10. dx.doi.org/10.1016/j.bbmt.2015.08.009</i></p>	WBMT Donor Issues Committee
9	<p>One million haematopoietic stem-cell transplants: A retrospective observational study.</p> <p>Gratwohl A, Pasquini MC, Aljurf M, Atsuta Y, Baldomero H, Foeken L, Gratwohl M, Bouzas LF, Confer D, Frauendorfer K, Gluckman E, Greinix H, Horowitz M, Iida M, Lipton J, Madrigal A, Mohty M, Noel L, Novitzky N, Nunez J, Oudshoorn M, Passweg J, van Rood J, Szer J, Blume K, Appelbaum F, Kodera Y, Niederwieser D, for the Worldwide Network of Blood and Marrow Transplantation (WBMT). <i>The Lancet Haematology. 2015 Mar 1; 2(3):e91–e100. Epub Feb 27. dx.doi.org/10.1016/S2352-3026(15)00028-9</i></p>	WBMT
Published in 2014		
8	<p>Training practices of hematopoietic progenitor cell-apheresis and cord blood collection staff: Analysis of a survey by the Alliance for Harmonisation of Cellular Therapy Accreditation.</p> <p>Celluzzi CM, Keever-Taylor C, Aljurf M, Koh MB, Rabe F, Rebullia P, Sacchi N, Sanders J, McGrath E, Loper K; Alliance for Harmonisation of Cellular Therapy Accreditation (AHCTA). <i>Transfusion. 2014 Dec 1; 54(12):3138-3144. Epub 2014 Jun 19. dx.doi.org/10.1111/trf.12753</i></p>	WBMT Accreditation Committee (AHCTA)
7	<p>Essential requirements for setting up a stem cell processing laboratory.</p> <p>Leemhuis T, Padley D, Keever-Taylor C, Niederwieser D, Teshima T, Lanza F, Chabannon C, Szabolcs P, Bazarbachi A, Koh, M, on behalf of the Graft Processing Subcommittee of the Worldwide Network for Blood and Marrow Transplantation (WBMT). <i>Bone Marrow Transplantation. 2014 Aug 1; 49(8):1098-1105. Epub 2014 Jun 16. dx.doi.org/10.1038/bmt.2014.104</i></p>	WBMT Graft Processing and Cellular Therapy Committee

6	<p>Challenges and opportunities for HCT outcome registries: Perspective from international HCT registries experts.</p> <p>Aljurf M, Rizzo J D, Mohty M, Hussain F, Madrigal A, Pasquini MC, Passweg J, Chaudhri N, Ghavamzadeh A, Solh HE, Atsuta Y, Szer J, Kodera Y, Niederwieser D, Gratwohl A, Horowitz MM. <i>Bone Marrow Transplantation</i>. 2014 Aug 1; 49(8):1016-1021. Epub 2014 Apr 28. dx.doi.org/10.1038/bmt.2014.78</p>	WBMT Transplant Center / Recipient Committee
Published in 2013		
5	<p>One millionth blood stem cell transplant marks a major medical milestone: International cooperation among physicians, scientists credited for landmark achievement.</p> <p>Niederwieser D for the Worldwide Network for Blood and Marrow Transplantation. <i>Revista de Hematologia Mex</i>. 2013; 14:84-85</p>	WBMT
4	<p>Quantitative and qualitative differences in use and trends of hematopoietic stem cell transplantation: A global observational study.</p> <p>Gratwohl A, Baldomero H, Gratwohl M, Aljurf M, Bouzas LF, Horowitz M, Kodera Y, Lipton J, Iida M, Pasquini MC, Passweg J, Szer J, Madrigal A, Frauendorfer K, Niederwieser D; Worldwide Network for Blood and Marrow Transplantation (WBMT). <i>Haematologica</i>. 2013 Aug 1; 98(8):1282-1290. Epub 2013 Mar 18. PMc3729910. dx.doi.org/10.3324/haematol.2012.076349</p>	WBMT
Published in 2012		
3	<p>Allogeneic hematopoietic stem cell donation – standardized assessment of donor outcome data: A consensus statement from the Worldwide Network for Blood and Marrow Transplantation (WBMT).</p> <p>Halter JP, van Walraven SM, Worel N, Bengtsson M, Hägglund H, Nicoloso de Faveri G, Shaw BE, Schmidt AH, Fechter M, Madrigal A, Szer J, Aljurf MD, Weisdorf D, Horowitz MM, Greinix H, Niederwieser D, Gratwohl A, Kodera Y, Confer D. <i>Bone Marrow Transplantation</i>. 2013 Feb 1; 48(2):220–225. Epub 2012 July 09. dx.doi.org/10.1038/bmt.2012.119</p>	WBMT Donor Issues Committee



Published in 2010		
2	<p>Hematopoietic stem cell transplantation: A global perspective. Gratwohl A, Baldomero H, Aljurf M, Pasquini MC, Bouzas LF, Yoshimi A, Szer J, Lipton L, Schwendener A, Gratwohl M, Frauendorfer K, Niederwieser D, Horowitz M, Kodera Y; Worldwide Network of Blood and Marrow Transplantation. <i>JAMA</i>. 2010 Apr 28; 303(16):1617-1624. PMC3219875. dx.doi.org/10.1001/jama.2010.491</p>	WBMT
Published in 2008		
1	<p>Severe events in donors after allogeneic hematopoietic stem cell donation. Halter J, Kodera Y, Urbano Ispizua A, Greinix HT, Schmitz N, Favre G, Baldomero H, Niederwieser D, Apperley JF, and Gratwohl A. <i>Haematologica</i> 2009 Jan 1; 94(1):94-101. Epub 2008 Dec 4. PMC2625420. dx.doi.org/10.3324/haematol.13668</p>	WBMT Donor Issues Committee

APPENDIX H: WBMT PRESIDENTS

2007-2009: Founder and chair of initial working party – Dietger Niederwieser

President	Year
Dietger Niederwieser	2010-2014
Yoshihisa Kodera	2014-2016
Jeff Szer	2016-2018
Daniel Weisdorf	2018-2020
Hildegard Greinix	2020-2022
Mahmoud Aljurf	2023-2024
Damiano Rondelli	2024-2026

APPENDIX I: TERMS AND ABBREVIATIONS

Term / Abbreviation	Definition
AABB	Association for the Advancement of Blood & Biotherapies
AFBMT	African Blood and Marrow Transplant Group
AHCTA	Alliance for the Harmonization of Cellular Therapy Accreditation
ANZTCT	Australia and New Zealand Transplant and Cellular Therapies Ltd
APBMT	Asia-Pacific Blood and Marrow Transplantation Group
ASTCT	American Society for Transplantation and Cellular Therapy
ASH	American Society of Hematology
BIG V&S SARE	Bologna Initiative for Global Vigilance and Surveillance of Adverse Reactions and Events
BMT	Blood and marrow transplantation
CIBMTR	Center for International Blood and Marrow Transplant Research
CME	Continuing medical education
EBMT	European Society for Blood and Marrow Transplantation
ECDC	European Centre for Disease Prevention and Control
ELN	European Leukemia Network
ESH	European School of Hematology
FACT	Foundation for Accreditation of Cellular Therapy
GTA	Global transplant activity
HCT	Hematopoietic stem cell transplantation
ICCBBA	International Council for Commonality in Blood Banking Automation
ISBT	International Society of Blood Transfusion
ISCT	International Society of Cellular Therapy
LABMT	Latin American Blood and Marrow Transplant Society
MPHO	Medical products of human origin
NGO	Non-government organization
NMDP	National Marrow Donor Program
RITN	Radiation Injury Treatment Network
SOHO V&S	Vigilance and Surveillance of Substances of Human Origin
TAS	Transplant Activity Survey
TTS	The Transplant Society
UK	United Kingdom
UN	United Nations
WBMT	Worldwide Network for Blood and Marrow Transplantation
WHO	World Health Organization
WMDA	World Marrow Donor Association



APPENDIX J: LETTER VOLUNTARY FEE WBMT MEMBER SOCIETIES



worldwide network
for blood and marrow transplantation

NGO in official relations with the World Health Organization (WHO)

WBMT, c/o Blutspende SRK Schweiz AG, Waldeggstrasse 51, CH-3097 Liebefeld, Switzerland

To
>member society<

Chicago, March, 2025

Dear WBMT member society,
Dear >name<,

I would like to express my sincere gratitude for your continued support of **Worldwide network for Blood and Marrow Transplantation (WBMT)**. Over the past year, we have strengthened our organization by enhancing our administrative structure and expanding our initiatives to advance BMT and Cellular Therapy globally.

Your membership contributions are vital in supporting our operations, research, and outreach efforts. Therefore, we kindly ask you to renew your **2025 membership with a fee of EUR 2,500.00**. The invoice is attached. If there are outstanding dues from 2024, we would greatly appreciate your support in settling them.

Our key focus remains the **Global Transplant Registry (GTR)**, which serves as a foundation for research and global data analysis. The World Health Organization (WHO) has once again decided to maintain its official relations with WBMT. In collaboration with WHO and APBMT as a member society, we are organizing the **9th WBMT Workshop and Nurses Training in Mongolia** this year, without any pharmaceutical contribution.

In addition, our committees continue to address critical gaps in transplantation, shaping education and policy through webinars and expert discussions. Recent topics have included BMT strategies for viral diseases and transplantation in resource-limited settings. We also invite you to explore our regularly updated website, where you can access past webinar recordings and upcoming events.

To further strengthen our collaboration, several members have already accepted the opportunity to schedule a meeting with me to exchange ideas and explore joint initiatives. Of course, this offer remains open to those who have not yet taken advantage of it. Our Executive Officer, Ms. Vera Hekler (vera.hekler@wbmt.org), will be happy to coordinate a suitable time.

Thank you for being an integral part of WBMT's mission. I look forward to our continued partnership.

Best regards,

Damiano Rondelli, MD
WBMT, President

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