"Gain Expertise with A-HSCT, or begin doing Allo HSCT...?"



Julia Palma MD PINDA - Hospital Luis Calvo Mackenna





Ask yourself:

- Is my transplant center ready to do quality HSCT? All types?
- Do I have the appropriate infrastructure?



- Do We have the right staff?
- Can we meet the international regulatory agencies requirements?

Types of Transplants performed • Auto vs Allo

- Matched sibling donor vs alternative donors
- Myeloablative vs RIC
- BM vs. PBSC vs. Cord blood
- Low risk patients vs high risk patients
- Non-malignant vs malignant



How many Transplants should do a Center? NMDP and FACT: 10 allogeneic transplants per year EBMT:

- Total number of Allo performed: >200 Infrastructure
- Cost and cost coverage of HSCT
- **Type of HSCT**
- **Patients accepted for HSCT: low/high**
- Quality
- **Results (published)**

No Relapse Mortality Total Mortality and Causes of Death



Thomas Kingebiel, Jacqueine Cornieh, Myriam Labopin, Franco Locatelli, Philippe Darbyshin Ruport Handgreinger, Astrana Balduzzi, Joanna Ovoc-Lempacn, Franca Fagiol, Reuven Or, Christina Peters, Franco Avena, Emmanuelle Poloa, Gronia Dni and Vanderson Rosha



Leukemia-free survival

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PINDA – HLCM: HSCT Activity 1999-2012







