

Guidelines for reporting data to the EBMT Activity Survey 2018.

Table 1: Number of patients receiving their 1st. allograft or their 1st autograft in your centre in 2018.

Report the first allogeneic transplant and/or first autologous transplant per patient according to disease indication, donor type and stem cell source as outlined in Table 1. You may include the same patient twice as long as the first occurrence of each type of transplant took place in 2018. Patients without consent to share data can also be reported to the survey.

Note: The transplant procedure starts at conditioning. If a patient dies immediately after being given the cells or immediately before being given the cells, the patient is still dying within the transplant procedure and must be reported.

The following EBMT/JACIE/FACT definitions for '**first transplants**' apply:

- first transplant (new patient, never transplanted before)
- first allograft (after a previous autograft) or first autograft (after a previous allograft)
- first allograft or first autograft in your centre after a previous transplant in a different centre.

Disease classification: the classification of diseases for the survey follows the WHO classification of tumors of hematopoietic and lymphoid tissues and the EBMT disease classification dictionary, which can be found at: www.ebmt.org – transplant activity survey link.

NEW: The following definitions for donor type apply:

HLA id sibling: HLA identical sibling.

Haplo (≥ 2 loci mismatch): any family member with 2 or more loci mismatch within the loci HLA-A,-B,-C,-DRB1 and -DQB1 in GvH and/or HvG direction.

Other family member: any other family member who is not included in the definition above.

For combinations of stem cell products report as follows:

- Bone marrow and peripheral blood = peripheral blood stem cell transplant - enter as PBSC
- Bone marrow and cord blood = cord blood transplant - enter as Cord
- Peripheral blood and cord blood = cord blood transplant - enter as Cord
- Bone marrow and peripheral blood + cord blood = cord blood transplant - enter as Cord

Row 29: Total number of patients receiving their 1st. allograft or 1st. autograft in 2018 (=row 1-28)

Row 30: Total number of additional transplants (non 1st HSCT) due to graft failure, relapse, other events or those that are part of planned multiple transplant protocols. Report only those that were given in 2018.

Row 31: Total of all transplants performed in 2018 reported in rows 1-28 + 30.

Row 32: Number of pediatric patients (<18 at HSCT) and receiving their 1st. allograft or 1st. autograft in 2018 as reported in rows 1-28.

Row 33: Number of patients receiving their 1st donor lymphocyte infusion (DLI) in 2018 in your centre (this may or may not be the site of production). Report the main reason, if more than one exists, for giving the DLI at the time of infusion. The year the transplant was done does not affect the DLI reporting itself.

Row 34: Number of allogeneic transplants with non myeloablative conditioning (including RIC) reported in row 31.

Additional information

- Allogeneic cells from a new donor or when there is conditioning (chemo and/or TBI), or evidence of graft rejection, is considered to be a retransplant, report in Row 30.
- Pre-planned double or triple allogeneic or autologous transplants, each preceded by its own conditioning regimen are considered to be retransplants, report in Row 30.
- Re-infusion of allogeneic peripheral blood progenitor cells from the same donor without conditioning, with no evidence of graft failure is considered to be an 'allo boost' and not a transplant, report in Row 36 – other CT.
- Re-infusion of autologous peripheral blood progenitor cells as a rescue for a failed graft is an auto 'boost' or 'top up' and is not a transplant, report in Row 36 – other CT.
- Multiple infusions of the same product, e.g. double cord, multiple cord, multiple PBSC, within one week are considered to be one transplant only.
- Autologous stem cells given together with an allogeneic transplant within 7 days is considered to be one allogeneic transplant.

No. allo after auto: refers to the number of patients who receive their 1st. allograft in 2018 after a previous autograft. Enter both the 1st. allograft and 1st. autograft (when applicable) in table 1 by indication and donor type. In addition, enter the total number of these allografts in the column 'total *allo after auto*' on the righthand side.

NEW Table 2: Number of patients receiving Non-HSCT Cellular Therapies in your centre in 2018.

Report the number of patients receiving NON-HSCT Cellular Therapies in your centre in 2018 by indication for which the therapy is given and cell type. Both patients with or without transplants can be reported in Table 2.

Patients taking part in clinical trials may also be reported in table 2.

Note: CD34⁺ selected transplants or for example CD3⁺/CD19⁺ deleted cell infusions are to be reported as transplants in Table 1.

CAR T cells: T cells that are genetically modified by viral or non-viral vector to express chimeric antigen receptors or T cell receptors.

Selected/expanded T cells or Cytokine Induced Killer cells (CIK): non genetically modified T cells selected, expanded in vitro or cytokine activated.

Regulatory T cells (TREGS): T cells that are processed after harvesting by selecting for the subset of regulatory T cells.

Other genetically modified T cells: other genetically modified T cells with suicide genes or other genes.

NK cells: cells that are processed after harvesting by selecting for NK cells with or without expansion or genetic modification.

Dendritic cells: antigen presenting cells that are used for tumor cell vaccination and other purposes.

MSC: mesenchymal stromal cells.

Expanded CD34⁺ cells: Stem cell products that are expanded in vitro prior to infusion to the patient.

Genetically modified CD34⁺ cells: Genetically modified stem cells, typically used for congenital diseases.

Other CT: allogeneic boosts and any other cellular therapy not listed above.