



Patient Search

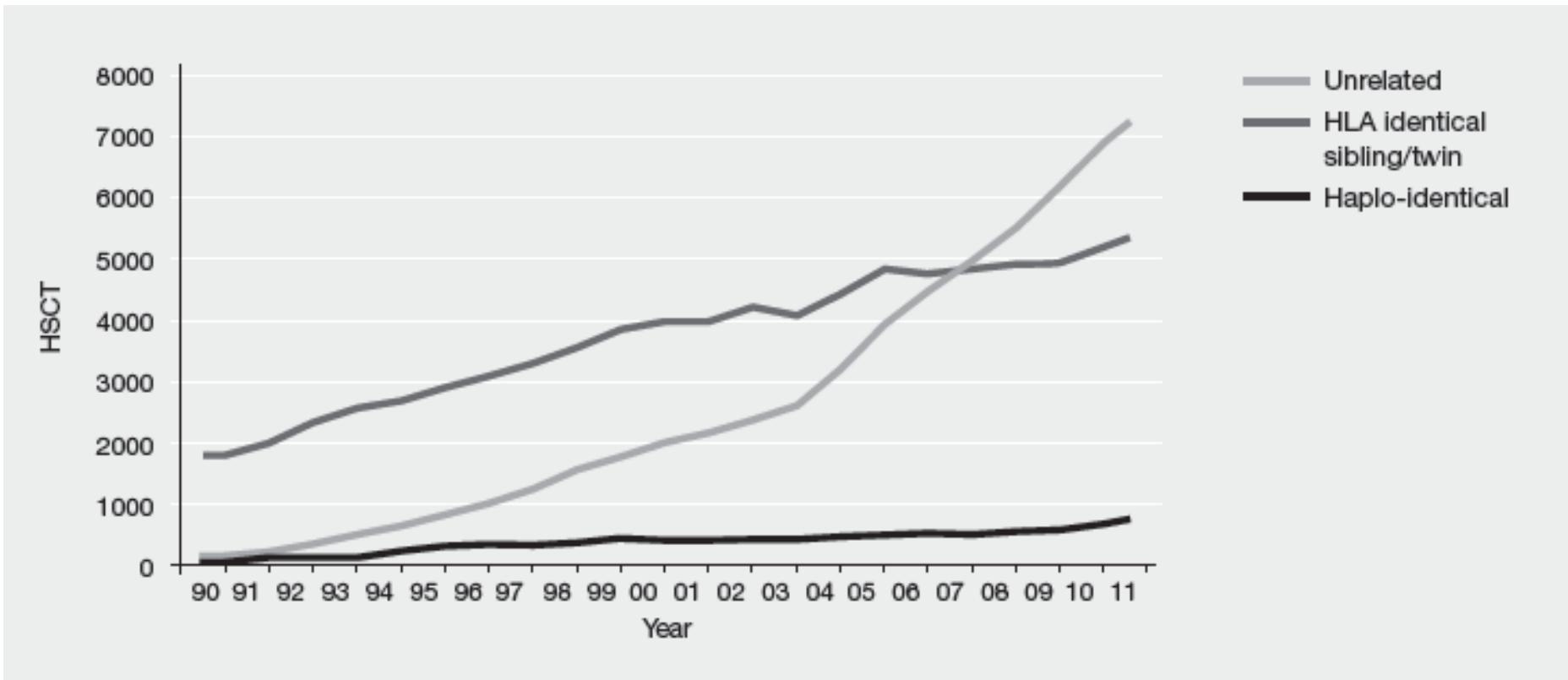
Prof. Dr. P. Zachée
Internist Nefroloog & Hematoloog

What shall we learn?

- Introduction**
- Related donor searches**
- Unrelated donor searches**
- The overlooked Donor**
- Patient eligibility**



Major changes in indications and use of transplant techniques over the years.



CASUS:

- AA, female, 28 years old
- 2011 AML, M2 or M5, Treated in Irak, after induction 10% blasts. After 4 cycles chemotherapy CR
- 12/11/2012: relapse. Cytogenetic: inv 16, reinduction with Dauno-AraC → CR
- On day 1 HLA A B DRB1 : PCR-SSO. Low resolution
- On Day 2 HLA A B C DRB1 DQB1. High resolution

Transplant comité



Transplant indications

SIBLING DONORS

<u>Disease</u>	<u>disease status</u>	<u>sibling donor</u>
----------------	-----------------------	--------------------------

Leukaemia

AML	CR1 (low risk)	CO
	CR1 (intermediate)	S
	CR (high risk)	S
	CR2	S
	CR3, incipient relapse	S
	M3 molecular persistence	S
	M3 molecular CR2	S
	Relapse or refractory	C0

Transplant indications

SIBLING DONORS

<u>Disease</u>	<u>disease status</u>	<u>sibling donor</u>
----------------	-----------------------	--------------------------

Leukaemia

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	CR3, incipient relapse	S
	M3 molecular persistence	S
	M3 molecular CR2	S
	Relapse or refractory	C0

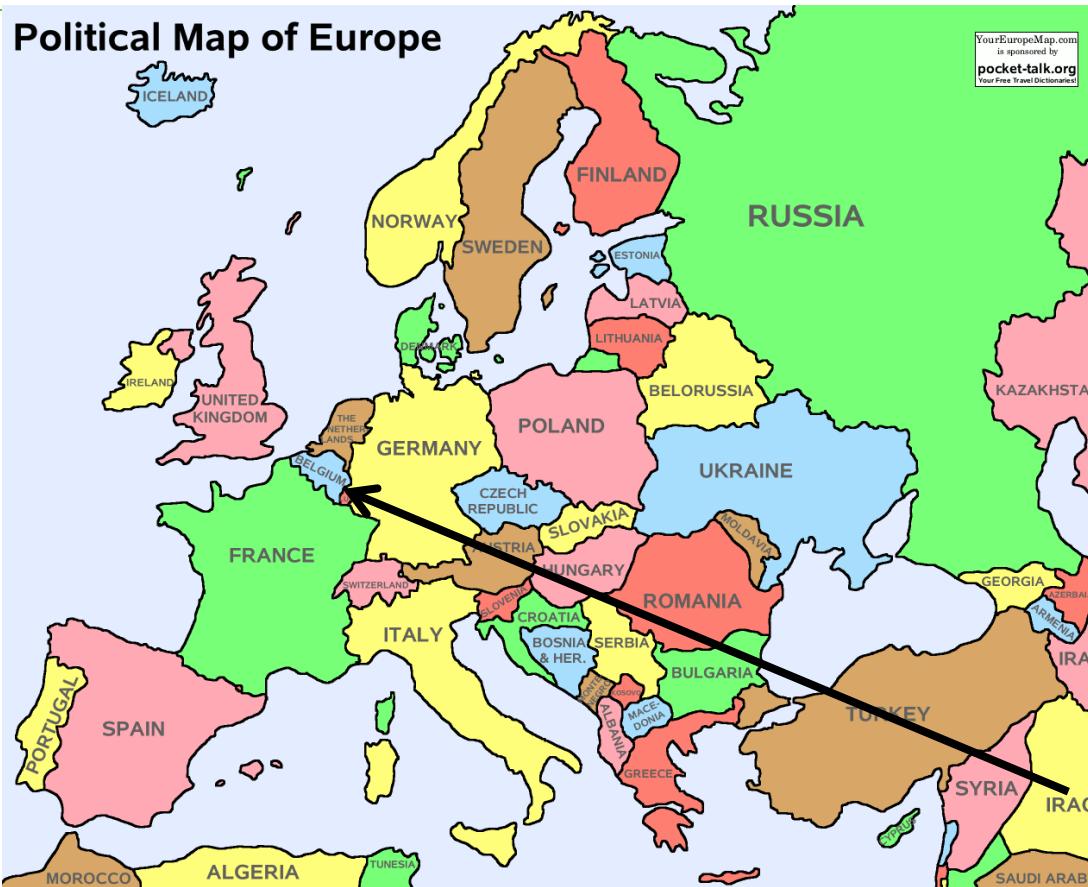
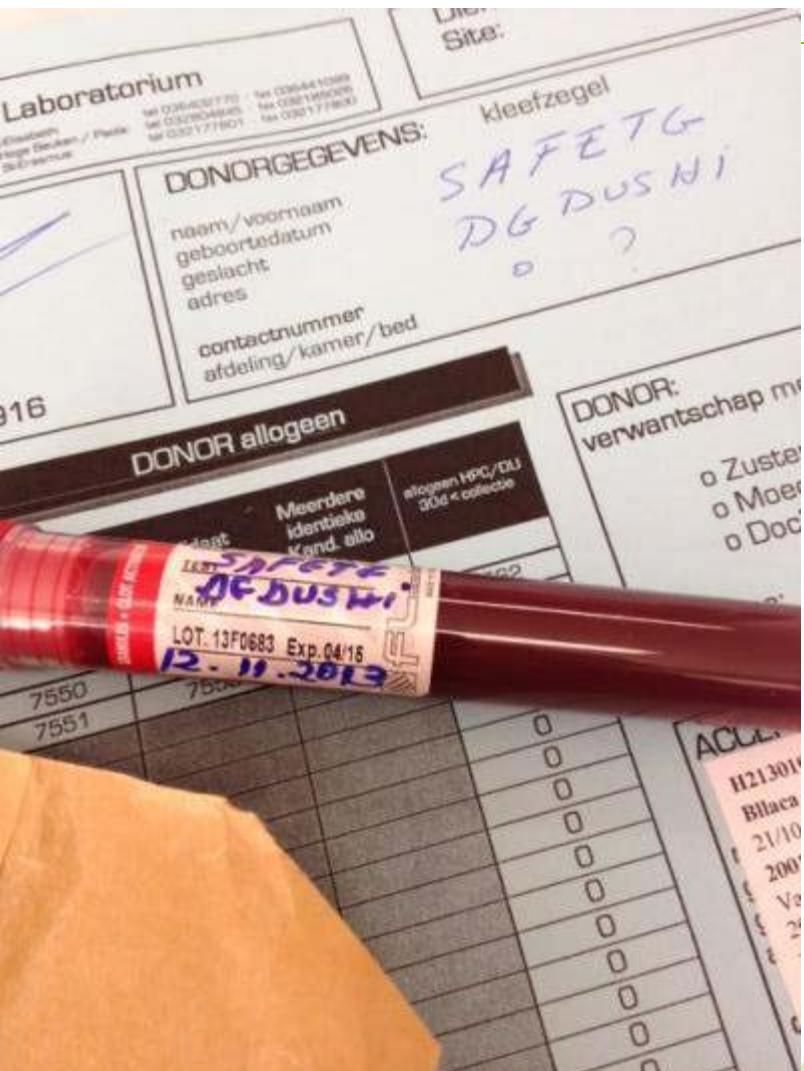
Minimal and ideal compatibility

DONOR TYPE	MATCH LEVEL		REMARK
	IDEAL	MINIMUM	
Identical twin	By definition genotypically identical		
Sibling or other family donor	6/6	5/6 IF one haplotype is genotypically identical. If not , see MUD	

SECONDARY CRITERIA

AGE	Weight	Sex	Transfusion	CMV	ABO	KIR	Anti-HLA
Risk survival	Risk engraftment	Risk CGVHD	Risk VOD	Risk CMV AGVHD	Risk PRCA TRM	Risk relapse	Risk Engraftment
Best young	Best Don>rec	Best Male Don (Haplo mother)	Best No transfusion	Best Don = rec	Best ABO compt	Best KIR misM → GVH	Best No Aagainst Don
Avoid >75 Y	Avoid Don<<Rec	Avoid F->M	Avoid transfusion	Avoid CMV+/- CMV-/+	Avoid ABO misM	Avoid KIR M	Avoid Against Don

Familial screening



DHL & 3 months
RED CROSS

Familial screening

Abraheem Areg Oheya(1)

FAMILIALE ZOEKTOCHT

Naam & Voornaam Patient

Abraheem Areg Oheya

Geborendatum

2000-01-01

Aanvrager

Dr. Zachee

Versie

1

Datum

01/08/2013

Trigram

hhh

Moeder getypeerd	
A*	B
A* 03	A* 03
B* 35	B* 51
Cw [*]	Cw [*]
DRB1 [*] 11	DRB1 [*]
DQB1 [*]	DRB1 [*]

Vader getypeerd	
C	D
A*	A*
B*	B*
Cw [*]	Cw [*]
DRB1 [*]	DRB1 [*]
DQB1 [*]	DRB1 [*]

Ziekenhuis , Dienst en Adres

ZNA Sier Camp. Stuivenberg
Lange Beekdoklaanstr.267
2060 Antwerpen

HAPLOTYPES (afgelijnd)

A	C	D
A* 03	A* 24	A* 03
B* 35	B* 55	B* 55
Cw [*]	Cw [*]	Cw [*]
DRB1 [*] 11	DRB1 [*] 13	DRB1 [*] NT
DQB1 [*]	DQB1 [*]	DQB1 [*]

HAPLOTYPE (afgelijnd)

B
A* 03
B* 51
Cw [*]
DRB1 [*] NT
DQB1 [*]

Patient	Broer/Zus
A	C
A* 03	A* 24
B* 35	B* 55
Cw [*]	Cw [*]
DRB1 [*] 11	DRB1 [*] 13
DQB1 [*]	DRB1 [*]

Broer/Zus	Broer/Zus
D	B
A*	B*
B* 08	B* 51/52/78
Cw [*]	Cw [*]
DRB1 [*] NT	DRB1 [*] NT
DQB1 [*]	DRB1 [*]

Broer/Zus	Broer/Zus
D	B
A*	B*
B* 08	B* 51/78
Cw [*]	Cw [*]
DRB1 [*] NT	DRB1 [*] NT
DQB1 [*]	DRB1 [*]

Broer/Zus	Broer/Zus
B	C
A* 03	A* 24
B* 51	B* 55
Cw [*]	Cw [*]
DRB1 [*] NT	DRB1 [*] NT
DQB1 [*]	DRB1 [*]

Broer/Zus	Broer/Zus
D	B
A*	B*
B* 08	B* 51
Cw [*]	Cw [*]
DRB1 [*] NT	DRB1 [*] NT
DQB1 [*]	DRB1 [*]

Broer/Zus	Broer/Zus
D	B
A*	B*
B* 08	B* 51
Cw [*]	Cw [*]
DRB1 [*] NT	DRB1 [*] NT
DQB1 [*]	DRB1 [*]

KIND 1	KIND 2	KIND 3	KIND 4	moedergeno(e)/re	Tante	Nonkel
A*	A*	A*	A*	A*	X	X
B*	B*	B*	B*	B*	Y	B
Cw [*]						
DRB1 [*] 11	DRB1 [*] 11					
DQB1 [*]	DQB1 [*]					

KIND 1	KIND 2	KIND 3	KIND 4	moedergeno(e)/re	Tante	Nonkel
A*	A*	A*	A*	A*	X	X
B*	B*	B*	B*	B*	Y	B
Cw [*]						
DRB1 [*] 01	DRB1 [*] 02	DRB1 [*] 03	DRB1 [*] 03	DRB1 [*] 11	DRB1 [*] 11	DRB1 [*] 11
DQB1 [*]						

Bestuif: Deze patient is mogelijk haplo identiek met **[REDACTIE]** & haar moeder. Haar tante & nonkel zijn niet haplo identiek met patiente.

Betrouwbaar opmerking: Dit document is enkel een vervulding ter verduidelijking van de haplotypes en meestal gebaseerd op 1 typering van zowel donors als patient. Voor definitieve selectie van een donor (hetzij HLA identisch, hetzij Haplo-identisch) zijn 2 onafhankelijke typeringen en een bijkomende evaluatie van het dossier vereist. De volledige HLA typeringen zijn enkel beschikbaar via het standaard rapport zoals aangemaakt via het labo informatica systeem GLIMMS.

08/08/2013

CASUS:

- AA, female, 28 years old
- 2011 AML, M2 or M5, Treated in Irak, after induction 10% blasts. After 4 cycles chemotherapy CR
- 12/11/2012: relapse. Cytogenetic: inv 16, reinduction with Dauno-AraC → CR
- Indication for MUD?

TRANSPLANT INDICATION

ALLOGENEIC

Disease	disease status	Well_matched	unrelated
---------	----------------	--------------	-----------

Leukaemia

AML	CR1 (low risk)	D
	CR1 (intermediate)	C0
	CR (high risk)	S
	CR2	S
	CR3, incipient relapse	C0
	M3 molecular persistence	C0
	M3 molecular CR2	C0
	Relapse or refractory	D

TRANSPLANT INDICATION

ALLOGENEIC

Disease	disease status	Well_matched	unrelated
Leukaemia			

AML	CR1 (low risk)	D	
	CR1 (intermediate)	C0	
	CR (high risk)	S	
	CR2	S	
	CR3, incipient relapse	C0	
	M3 molecular persistence	C0	
	M3 molecular CR2	C0	
	Relapse or refractory	D	



Rode Kruis
Vlaanderen

HILA

Laboratorium voor histocompatibiliteit & immunogenetica
Zeutestraat 2B
B-2800 Mechelen
Tel.32 15 44 57 00 - Fax 32 15 27 56 04
hila.mechelen@rodekruis.be

Volledig

Mechelen, 07/08/2013

[REDACTED]

ME130118-015

Bloedgroep: B neg
Rhesus: C- E- c+ e+

dr. Janssens Ann

RBC antistoffen :

Pagina : 2 van 2

18/01/2013

Commentaar bij de bepalingen

De patiënt heeft het zeldzame A*24:02:01:02L dat laag tot expressie komt. A*24:02:01:02L komt voor in een haplotype met HLA-B55, HLA-Cw01. Ongeveer 20% van de donoren die het haplotype A24, B55, Cw1 heeft is A*24:02:01:02L.

Er zijn weinig gegevens over patiënten met laag expressie HLA varianten met betrekking tot een stamceltransplantatie met onverwachte donor. In afwezigheid van een 10/10 MUD zal gezocht worden naar een donor met HLA-A*24:02. Gezien de minder voorkomende HLA typering van deze patiënt zal het zowieso niet eenvoudig zijn een 10/10 MUD te vinden.

In geval van een mismatch MUD zal men rekening moeten houden met de aanwezige HLA antistoffen.

In geval van verwantheid:

College of directors of RIZIV/INNAMI

NIEUW FORMULIER

COLLEGE VAN GENEESHEREN-DIRECTEURS
R.I.Z.I.V.
Guffenslaan 33 tb 3500 Hasselt
Fax: 011/45 77 50

INSCHRIJVING VAN DE RECHTHEBBENDE ALS TRANSPLANTATIEKANDIDAAT BIJ HET COLLEGE VAN GENEESHEREN-DIRECTOREURS (art.14m), van de nomenclatuur van de geneeskundige verstrekkingen.

Vak voorbehouden voor de geneesheer die de transplantatie voorschrijft.

Naam en voornaam van de
rechthebbende (receptor)

als behandelingsindicatie vastgesteld
tijdens het verblijf van: tot
in de verpleeginrichting: A.Z. Stuivenberg
De voorschrijvende geneesheer: Prof. Dr. P. Zachée
Internist – Nefroloog – Hematoloog
Naam: Prof. Dr. P. Zachée
R.I.Z.I.V.-Identificatienummer: 1-13711-70-598

In geval van stamcellen-/beenmergtransplantatie verklaar ik dat het nationaal register van de kandidaten beenmergdonors het niet mogelijk heeft gemaakt een compatibele beenmergdonor te selecteren.

Datum:
Handtekening:

In te vullen door de coördinator van het transplantatiecentrum

Geboortedatum van de rechthebbende
Identificatienummer van het
Rijksregister:
Nationaliteit:
Verzekeringsinstelling:
Buitenlandse bevoegde instelling
(1) Datum van uitreiking van het formulier E111
of E112 (2):
Naam en adres van de gerechtigde:

Erkenningsnummer: 71000931221
Benaming: Stuivenberg EBMT Centr. 3391
Adres: Lange Beeldekensstraat 267, 2060 Antwerpen

- Naam en adres van de coördinator van het transplantatiecentrum: Prof. Dr. P. Zachée
Telefoon: 03/217 74 18

(1) IN TE VULLEN INGEVAL HET GAAT OM EEN BUITENLANDSE TRANSPLANTATIE
(2) DOORHALLEN WAT NIET PAST

Initial search

Prometheus - Stem Cell Donor Registry

Donor Patient Search EMDIS Service Help

Select New Reports Stack EMDIS Search results Active Analytic Tool Validate Records to be validated (HLA/DNA) Records to be validated (Other info) Patient Validation

Patient BE

Patient Record EMDIS messages [216] Attachments

Patient BEKULAA210785

Name [REDACTED]

Registry B TX center BETRAANS1

DOB 21.07.1985 WEIGHT 65

A*03:01 B*35:08 C*01:02 DRB1*1
24:02:01:02L 55:01 04:JKTU

Record changed on 31.07.2
Record inserted on 11.02.2
HLA/DNA validated on 29.03.2
Medical data validated on 29.03.2

Edit Patient ABRAHEEM AREG DHEYA / BEKULAA210785

HLA/DNA

A* 03:01 24:02:01:02L
B* 35:08 55:01
C* 01:02 04:JKTU
DRB1* 11:03 13:01
DRB3*
DRB4*
DRB5*
DQB1* 03:01 06:03 Date of typing 1 08.02.2013
DQA1*
DPB1* Date of typing 2
DPA1* Laboratory BELABHILAL1

OK Esc

HUB State Watch Search result Reason

ALL	Stopped	<input type="checkbox"/>	8/10/2013	UCT
BE	Stopped	<input type="checkbox"/>	23/04/2013	OTH
AT	Stopped	<input type="checkbox"/>	16/07/2013	OTH
AU	Stopped	<input type="checkbox"/>	24/04/2013	OTH
SE	Stopped	<input type="checkbox"/>	25/04/2013	OTH
CH	Stopped	<input type="checkbox"/>	2/06/2013	OTH
DE	Stopped	<input type="checkbox"/>	13/07/2013	OTH
ES	Stopped	<input type="checkbox"/>	4/09/2013	UCT
GB	Stopped	<input type="checkbox"/>	17/07/2013	OTH
IT	Stopped	<input type="checkbox"/>	5/08/2013	UCT
NL	Stopped	<input type="checkbox"/>	23/04/2013	OTH
NO	Stopped	<input type="checkbox"/>	23/04/2013	OTH
GL	Stopped	<input type="checkbox"/>	23/04/2013	OTH
WA	Stopped	<input type="checkbox"/>	8/04/2013	OTH
US	Stopped	<input type="checkbox"/>		

OK Cancel F1 Previous / next page Change status in selected HUBs

D: allow all DCs T: BETRAANS1 Group: CENTER

Start Inbox - Mic... Vodafone M... Presenties HAPLO Hapomeetin... MUD educat... Presentie... MetaFrame ... Prometheus... NL 21:08

Confirmation of MDP-B on donor search in Belgium



Marrow Donor Program Belgium - Registry

Motstraat 40

2800 Mechelen

Tel: (32) - 15 44 33 96

Fax: (32) - 15 44 36 56

NOTIFICATION OF UNRELATED DONOR (URD) SEARCH BY THE REGISTRY

Mechelen.,

Dear Prof. Zachée,

We confirm the receipt of your request to start an URD search in the Belgian Bone Marrow Donor Registry for your patient

D.O.B.

After validation of the patient's registration, you will receive the Belgian search results through the search software application PROMETHEUS.

Kind regards,

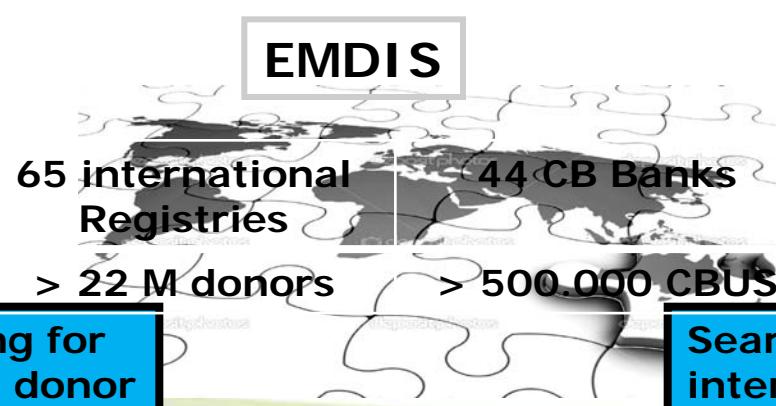
Dr Bob Moldenhauer
Medical director MDPB Registry

MDPB-REGISTRY

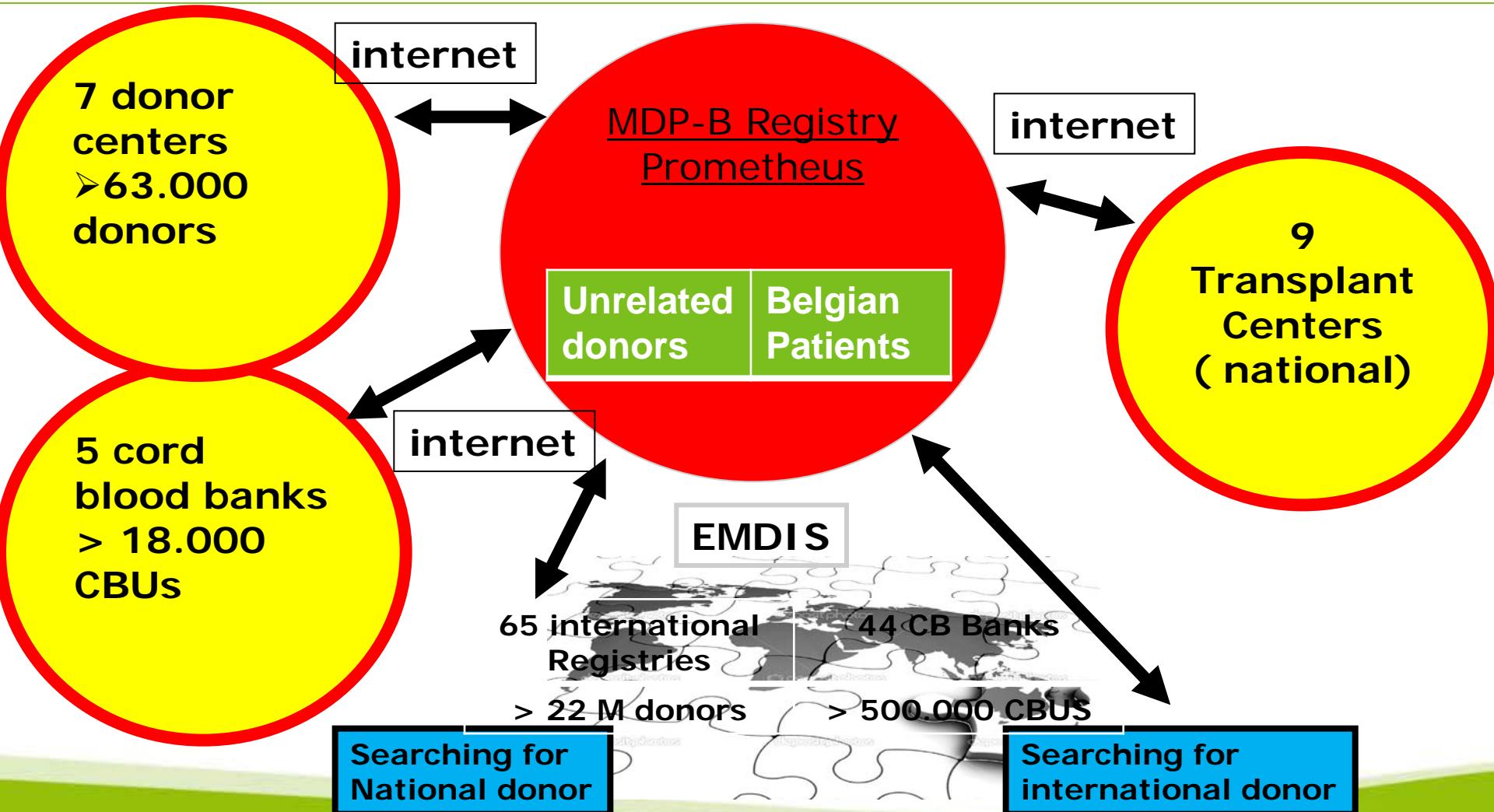
7 donor
centers
➤63.000
donors

5 cord
blood banks
➤ 18.000
CBUs

9
Transplant
Centers
(national)



MDPB-REGISTRY



Prometheus

PROMETHEUS

EVERY DAY THIS EAGLE
EATS MY LIVER...



...AND ALL BECAUSE
ZEUS IS ANGRY WITH ME
FOR GIVING FIRE
TO MANKIND.



OH, WELL, MY SUFFERING
IS WORTH IT—I'M SURE
MANKIND HAS MADE
GOOD USE OF MY GIFT!



MEANWHILE...



© 2007 Mark Weinstein

Minimal and ideal compatibility

DONOR TYPE	MATCH LEVEL		REMARK
	IDEAL	MINIMUM	
Identical twin	By definition genotypically identical		
Sibling or other family donor	6/6	5/6 IF one haplotype is genotypically identical. If not , see MUD	
Unrelated	10/10	8/10 allelic*	

(*) minimum 8/10 allelic:

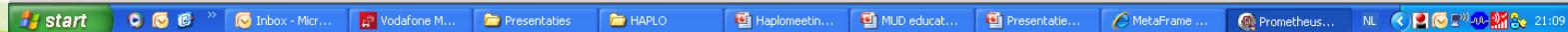
- | | |
|-------------------------|---|
| • 1 antigenic MM (9/10) | • 1 allelic + 1 Antigenic MM (8,5/10) |
| • 2 allelic MM (9/10) | • 1 antigenic + 1 antigenic DQB1 (8/10) |

Search results

EMDIS Search Results: ABRAHEEM, BEKULAA210785

Patient | Summary of Donors | List of Donors | Donor - Details |

	Sorting	Multiple Allele Codes	Report	Show/Hide Report Maker	Custom Report	Typing Request	Sample Request	CBU Report Request													
Drag a column header here to group by that column									<input checked="" type="checkbox"/> TC BETRAANSI	A 03:01	B 35:08	C 01:02	DRB1 11:03	DQB1 03:01							
										24:02:0	55:01	04:JKTL	13:01	06:03							
Msg	Donor Upd	Validity	Record Update	HUB	ID	State	Type	Sex	DOB	Match Grade	Matc h	A.1 [03:01]	A.2 [24:02]	B.1 [35:08]	B.2 [55:01]	C.1 [01:02]	C.2 [04:JKT]	DR.1 [11:03]	DR.2 [13:01]	DQ.1 [03:01]	DQ.2 [06:03]
► Old	New	Latest	3/04/2013	BE	BEANT0000137	AV	MD	M	1959	5/6 Antigen Match	9/10	3	9	35	44			11	6	3	1
Old	New	Latest	3/04/2013	BE	BEANT0000371	AV	MD	M	1959	5/6 Antigen Match	9/10	3	9	7	22			11	6	3	1
Old	Dupl	Latest	8/10/2013	BE	BEANT0004698	AV	MD	F	1955	6/6 Antig.Match - Allele MM	9/10	3	9	35	22			11:MS	13:XJ		
Old	New	Latest	3/04/2013	BE	BEANT0005132	AV	MD	F	1955	5/6 Antigen Match	9/10	3	24	35	22			11:GX	01:AD		
Old	New	Latest	3/04/2013	BE	BEANT0005618	AV	MD	M	1971	5/6 Antigen Match	9/10	3	24	35	7			11	13		
Old	New	Latest	3/04/2013	BE	BEANT0007108	AV	MD	M	1964	5/6 Antigen Match	9/10	3	24	35	22			01:AD	13:XJ		
Old	New	Latest	3/04/2013	BE	BEBT000069806	AV	MD	M	1971	5/6 Antigen Match	9/10	3	24	35	55			01:XX	13:XX		
Old	New	Latest	3/04/2013	BE	BEKUL11314	AV	MD	M	1970	5/6 Antigen Match	9/10	3	24	35	27	1	4	11	13	7	6
Old	New	Latest	3/04/2013	BE	BEKUL18228	AV	MD	M	1962	5/6 Antigen Match	9/10	3	24	35	51	1		11	13	7	6
Old	New	Latest	3/04/2013	BE	BEULCD0320636	AV	MD	M	1971	5/6 Antigen Match	9/10	3	24	35	62			11:03	13:01	7	1
Old	New	Latest	3/04/2013	BE	BEULBCM003762	AV	MD	F	1966	5/6 Antigen Match	9/10	11	24	35	55			11:XX	13:XX	7	6
Old	New	Latest	3/04/2013	BE	BEULBDV005492	AV	MD	F	1975	5/6 Antigen Match	9/10	3	24	35	49			11:XX	13:XX		
Old	New	Latest	3/04/2013	BE	BEULBV003872	AV	MD	F	1957	5/6 Antigen Match	9/10	3	24	35	7			11	6	7	1
Old	New	Latest	3/04/2013	BE	BEVUB00000692	AV	MD	M	1963	5/6 Antigen Match	9/10	3	24	35	4	1		11:XX	13:XX		
Old	New	Latest	3/04/2013	BE	BEBCB030008001882	AV	CB	F	2008	5/6 Antigen Match	9/10	03XXX	24XXX	35XXX	55XXX			16:XX	13:XX		
Old	New	Latest	3/04/2013	BE	BEBCB030009000954	AV	CB	F	2009	5/6 Antigen Match	9/10	03XXX	24XXX	35XXX	55XXX			11:XX	04:XX		
Old	New	Latest	3/04/2013	BE	BEBCB030010001768	AV	CB	F	2010	5/6 Antigen Match	9/10	03XXX	24XXX	35XXX	15:XX			11:XX	13:XX		
Old	New	Latest	3/04/2013	BE	BEBCBLV002095	AV	CB	F	2001	5/6 Antigen Match	9/10	03XXX	24XXX	35XXX	55XXX			01:MV	13:GVA		
Old	New	Latest	3/04/2013	BE	BEBCBLV002411	AV	CB	F	2001	5/6 Antigen Match	9/10	03XXX	24XXX	35XXX	55XXX			14:MX	13:GVA		
Old	New	Latest	3/04/2013	BE	BEBCBLV002158	AV	CB	F	2012	5/6 Antigen Match	9/10	03XXX	24XXX	35XXX	55XXX			15:AB	13:AB		
Old	Dupl	Latest	23/04/2013	GL	GL9005855	AV	MD	M	1959	3/4 AB Antigen Match	9/10	11	24	35	55						
Old	Dupl	Latest	24/04/2013	SE	SELU-5809	AV	MD	M	1955	3/4 AB Antigen Match	9/10	11	24	35	55						
Old	New	Latest	23/04/2013	CZ	CZ2215D	AV	MD	M	1964	3/4 AB Antigen Match	9/10	11	9	35	22	3	4				
Old	New	Latest	3/04/2013	DE	DEFFB.....11424	AV	MD	M	1967	6/6 Antig.Match - Allele MM	9/10	3	24	35	55	3	4	11:01	13:01		
Old	New	Latest	23/04/2013	CZ	CZ9152D	AV	MD	F	1959	3/4 AB Antigen Match	9/10	3	24	7	55	9	7				
⊕ Old	Upd	Latest	15/04/2013	DE	DEDKM.....901524	AV	MD	M	1967	6/6 Antig.Match - Allele MM	9/10	03XXX	24XXX	35XXX	55XXX			11:PAZ	13:XX		
⊕ Old	Upd	Latest	15/04/2013	DE	DEULM.....50424	AV	MD	F	1960	6/6 Antig.Match - Allele MM	9/10	03XXX	24XXX	35XXX	55XXX			11:XX	13:02		
Old	Dupl	Latest	24/04/2013	SE	SELU-5021	AV	MD	F	1973	3/4 AB Antigen Match	9/10	3	24	7	55						
Old	Dupl	Latest	24/04/2013	SE	SEHU-13110	AV	MD	M	1971	3/4 AB Antigen Match	9/10	3	24	7	55						
Old	Dupl	Latest	24/04/2013	SE	SESA-836	AV	MD	F	1967	3/4 AB Antigen Match	9/10	3	24	7	55						
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⊕ Old	Upd	Latest	10/05/2013	IT	ITBA01104900	AV	MD	M	1976	6/6 Antig.Match - Allele MM	9/10	3	24	35	55	3	4	11:04	13:01	7	6
<input checked="" type="checkbox"/> ((Match Grade = 9) or (Match Grade = 8) or (Match Grade = 7))												<input type="checkbox"/> Customize...									
<input type="checkbox"/> Filter																					
														Count: 763							



Search results

EMDIS Search Results: ABRAHEEM, BEKULAA210785

Patient | Summary of Donors | List of Donors | Donor - Details |

Sorting Multiple Allele Codes Report Show/Hide Report Maker Custom Report Typing Request Sample Request CBU Report Request

TC A 03:01 B 35:08 C 01:02 DRB1 11:03 DQB1 03:01
BETRAANS1 24:02:0' 55:01 04:JKTL 13:01 06:03

Drag a column header here to group by that column

Msg	Donor Upd	Validity	Record Update	HUB	ID	State	Type	Sex	DOB	Match Grade	Matc h	A.1 [03:01]	A.2 [24:02]	B.1 [35:08]	B.2 [55:01]	C.1 [01:02]	C.2 [04:JKT]	DR.1 [11:03]	DR.2 [13:01]	DQ.1 [03:01]	DQ.2 [06:03]				
►	Old	New	Latest	3/04/2013	BE	BEANT0000137	AV	MD	M	1959	5/6 Antigen Match	9/10	3	9	35	44			11	6	3	1			
	Old	New	Latest	3/04/2013	BE	BEANT0000371	AV	MD	M	1959	5/6 Antigen Match	9/10	3	9	7	22			11	6	3	1			
	Old	Dupl	Latest	8/10/2013	BE	BEANT0004698	AV	MD	F	1955	6/6 Antig.Match - Allele MM	9/10	3	9	35	22			11:MS	13:XJ					
	Old	New	Latest	3/04/2013	BE	BEANT0005132	AV	MD	F	1955	5/6 Antigen Match	9/10	3	24	35	22			11:GX	01:AD					
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	Old	New	Latest	3/04/2013	BE	BEKUL18228	AV	MD	M	1962	5/6 Antigen Match	9/10	3	24	35	51	1		11	13	7	6			
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<input type="button" value="Filter"/>													<input type="button" value="Count: 763"/>												

start >> Inbox - Micr... Vodafone M... Presentaties HALPO Haplomeetin... MUD educat... Presentatie... MetaFrame ... Prometheus... NL

Search results

EMDIS Search Results: ABRAHEEM, BEKULAA210785

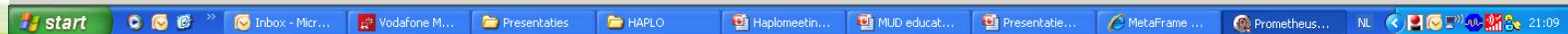
Patient | Summary of Donors | List of Donors | Donor - Details |

Sorting Multiple Allele Codes Report Show/Hide Report Maker Custom Report Typing Request Sample Request CBU Report Request

TC A 03:01 B 35:08 C 01:02 DRB1 11:03 DQB1 03:01
BETRAANS1 24:02:0' 55:01 04:JKTL 13:01 06:03

Drag a column header here to group by that column

Msg	Donor Upd	Validity	Record Update	HUB	ID	State	Type	Sex	DOB	Match Grade	Matc h	A.1 [03:01]	A.2 [24:02]	B.1 [35:08]	B.2 [55:01]	C.1 [01:02]	C.2 [04:JKT]	DR.1 [11:03]	DR.2 [13:01]	DQ.1 [03:01]	DQ.2 [06:03]		
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												NO donor											
<input checked="" type="checkbox"/> ((Match Grade = 9) or (Match Grade = 8) or (Match Grade = 7))												<input type="checkbox"/> Customize...											
<input type="button" value="Filter"/>												Count: 763											



TRANSPLANTATION INDICATION

ALLOGENEIC

<u>Disease</u>	<u>disease status</u>	<u>mm unrelated</u>	
			> 1Ag mm related

Leukaemia

AML	CR1 (low risk)	GNR
	CR1 (intermediate)	D
	CR (high risk)	C0
	CR2	C0
	CR3, incipient relapse	D
	M3 molecular persistence	GNR
	M3 molecular CR2	GNR
	Relapse or refractory	D

TRANSPLANTATION INDICATION

ALLOGENEIC

<u>Disease</u>	<u>disease status</u>	<u>mm unrelated</u>	<u>> 1Ag mm related</u>
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Leukaemia

AML	CR1 (low risk)	GNR	
	CR1 (intermediate)	D	
	CR (high risk)	C0	
	CR2	C0	
	CR3, incipient relapse	D	
	M3 molecular persistence	GNR	
	M3 molecular CR2	GNR	
	Relapse or refractory	D	

MAC TRANSPLANT INDICATIONS D or GNR



Marrow Donor Program Belgium - Registry
Motsstraat 40 2800 Mechelen
Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56
Email : MDPB-registry@rodekruis.be

REQUEST MEDICAL ADVISORY COMMITTEE

SECTION A: TO BE COMPLETED BY TRANSPLANT CENTER OR DONOR CENTER REQUESTING MAC APPROVAL
PLEASE EMAIL OR FAX TO THE REGISTRY 0032 15 44 36 56

Reply within 1 week

Urgent request (within 48 hours)
Please specify reason of urgency:

Patient ID:

DOB:

Donor code (if applicable):

- a. Patient's disease is not generally recommended - GNR.
Please submit the MAC request, incl. full description of the patient's disease history and reason for an URD transplant by completing section B "request for review" for review by the Medical Advisory Committee.
- b. Patient's disease belongs to category "developmental".
Please submit the MAC request, incl. full description of the patient's disease history and reason for an URD transplant by completing section B "request for review" for review by the Medical Advisory Committee.
- c. Indication for a second BM or PBSC donation (HPC.M or HPC.A) for the same recipient, same Belgian donor.
Please submit "MDPB03B second donation request v1 2010" for review by the Medical Advisory Committee.
- d. In case of a significant mismatch ($>8/10$), please submit the IRB approved Protocol for review by the Medical Advisory Committee.
- e. Results of the blood test doesn't comply to the blood donor requirements.
Please submit "MDPB016 donor clearance v1 2010" for review by the Medical Advisory Committee.
- f. In case of cryopreservation of cells of voluntary donor (HPC.M or HPC.A), please submit reason and clinical condition of patient and expected date of transplant.
- g. Other:

MOTIVATION:

Name of physician:
Signature:

STAMP:



Marrow Donor Program Belgium - Registry
Motsstraat 40 2800 Mechelen
Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56
Email : MDPB-registry@rodekruis.be

MAC APPROVAL

MEDICAL ADVISORY COMMITTEE (MAC)

For patients not fulfilling the eligibility criteria as described in the SOP as well as for any request not clearly covered by the SOPs, the Registry must contact all MAC members individually by email. The members of the MAC must reply within 1 week (48 hours if urgent). A minimum of 50% of the members has to approve the request prior to proceeding. A MAC member cannot vote on a request from his/her own center.
The decision will be considered final. In general, deviations from the SOPs will only be accepted in exceptional situations.

Your request was reviewed by the Medical Advisory Committee.

Patient ID:

DOB:

Donor code (if applicable):

(In attachment a copy of "MDPB03B mac request for review" signed by the MAC members).

- MAC approval: you may proceed with the request.
- NO MAC approval, you may not proceed with the request.

Date:

Kind regards,

Dr Anne Vanhornebrouck,
Director
MDPB-Registry
Motsstraat 40
2800 MECHELEN

The Overlooked Donor

Haploidentical stem cell donor

Cord Blood

Third party transplantation (definition)

Co-infusion of cells from two different donors

cord blood + cord blood

MSC + cord blood

MSC + HLA (8/10 matched) stem cells

Haplo + cord

The goal is to enhance engraftment

Minimal and ideal compatibility

DONOR TYPE	MATCH LEVEL		REMARK
	IDEAL	MINIMUM	
Identical twin	By definition genotypically identical		
Sibling or other family donor	6/6	5/6 IF one haplotype is genotypically identical. If not , see MUD	
Unrelated	10/10	8/10 allelic*	
Cord Blood	6/6	4/6	Allelic MM DRB1?
Haploidentical	1 haplotype identical		

(*) minimum 8/10 allelic:

- | | |
|-------------------------|---|
| • 1 antigenic MM (9/10) | • 1 allelic + 1 Antigenic MM (8,5/10) |
| • 2 allelic MM (9/10) | • 1 antigenic + 1 antigenic DQB1 (8/10) |

Guidelines for CBU unit choice

Eurocord criteria for malignant disorders

- **UCB unit with 5/6 or 6/6 HLA match**

Collected TNC > $2.5 \times 10^7/\text{kg}$

Collected/infused CD34+ cells > $1.2 \times 10^5/\text{kg}$

- **UCB unit with 4/6 HLA match**

Collected TNC > $3.5 \times 10^7/\text{kg}$

Collected/infused CD34+ cells > $1.7 \times 10^5/\text{kg}$

Recommendation For selection of a single Cord for transplantation

- A 6/6 HLA matched (HLA-A, -B, -DR) cord blood unit should be selected as the donor source with TNC $>2.5 \times 10^7/\text{kg}$
- If there is no 6/6 HLA matched cord blood unit, select the largest unit (TNC $\geq 5.0 \times 10^7/\text{kg}$) with 1 (preferably) or 2 HLA Mismatches
- If there is no 5-6/6 HLA matched cord blood unit with TNC $\geq 5.0 \times 10^7/\text{kg}$, select the largest unit (TNC $\geq 2.5 \times 10^7/\text{kg}$) with 1 (preferably) or 2 HLA mismatches
- If possible, avoid units with TNC $\leq 2.5 \times 10^7/\text{kg}$ and or 3-4 HLA mismatches In this case double CBT should be considered
- Testing for HLA-DQ are recommended
- Avoid HLA mismatches at loci in which patients have preformed HLA antibodies

Double CBU transplantation

Primeur in ZNA-Stuivenbergziekenhuis: Leukemiepatiënt gered

ANTWERPEN — Réné Vranckaert (57) stond vorig jaar nog ten dode opgeschreven, maar dankzij een revolutionaire behandeling in het Antwerpse ZNA-Stuivenbergziekenhuis is zijn leukemie bijna volledig genezen. Op 6 januari onderging Réné met succes een transplantatie van bloedcellen afkomstig uit 2 navelstrengs. «Deze transplantatie in Antwerpen is de eerste succesvolle behandeling in Vlaanderen», vertelt arts Prof. Zachée.

«Bij Réné's laatste controle waren er geen leukemiecellen meer te vinden», zegt professor Zachée. «Het risico bij deze operatie was nochtans zeer groot: de patiënt kon de cellen afstoten en andersom. Réné had er meer dan een jaar chemotherapie opzitten. Toen duidelijk bleek dat de conventionele manier niet werkte, volgde een lange zoektocht naar geschikte bloeddonors. Zonder resultaat. Op het eerste zicht was dit het doodsverdriet voor Réné. Onze laatste hoop was de transplantatie van navelstrengbloed. Deze behandeling is courant bij



Professor Zachée kon leukemiepatiënt Réné Vranckaert (57) redden dankzij een unieke operatie in Vlaanderen. Foto Klaas De Scheirder

kinderen, maar voor een volwassene heb je onvoldoende stamcellen in één enkele navelsteng. Uiteindelijk vonden we twee geschikte navelstrengs, één in Gent en één in New York. Op 6 januari werden dan 1,8 miljard stamcellen uit de twee navelstrengs bij Réné ingeplant. Drie weken later bleek dat ingreep -

gelukt was.» Réné kan terug fietsen, zwemmen, wandelen. «Prof. Zachée heeft me geweldig goed geholpen. Mijn grootste droom is verre reizen te maken, maar dat valt nog eventjes af te wachten». «Het unieke is dat Réné nu met 2 verschillende DNA-profielen rondloopt, zonder dat die elkaar afstoten», licht Zachée toe. (AVT)

Comparison between CBU and other sources of stem cells

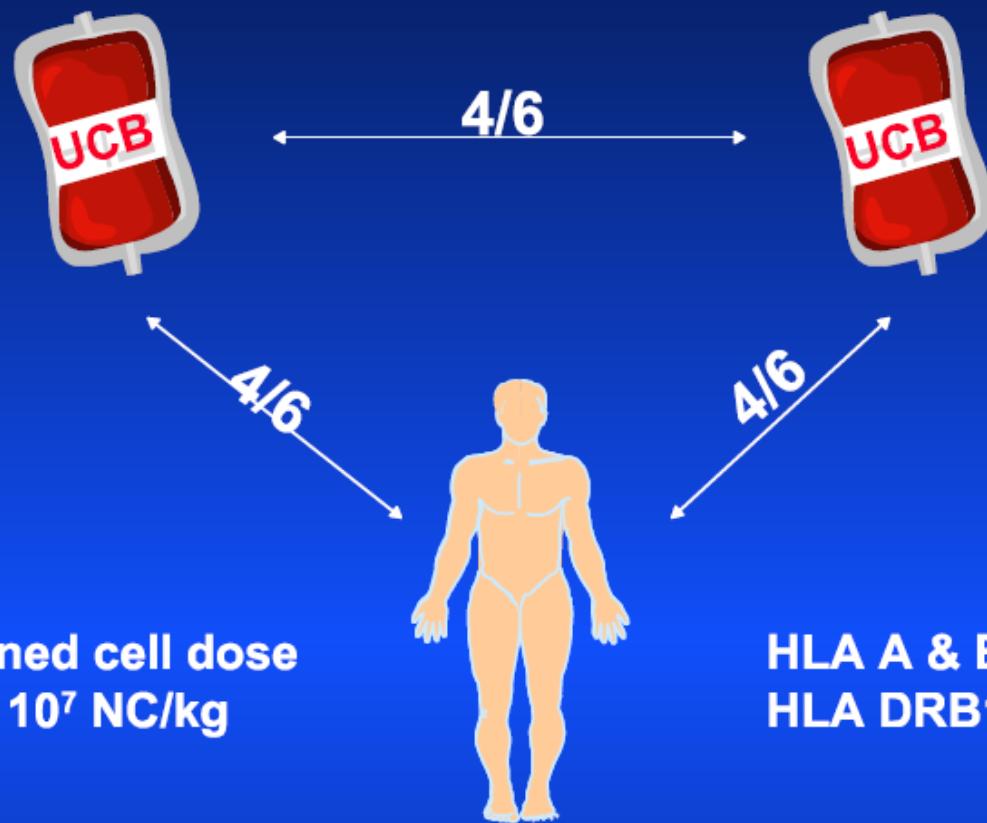
- Same survival and leukemia free survival
- Engraftment is delayed
- Higher incidence of infections and early TRM
- Less acute and chronic GVHD

Advantages and disadvantages of alternative donor HSCT

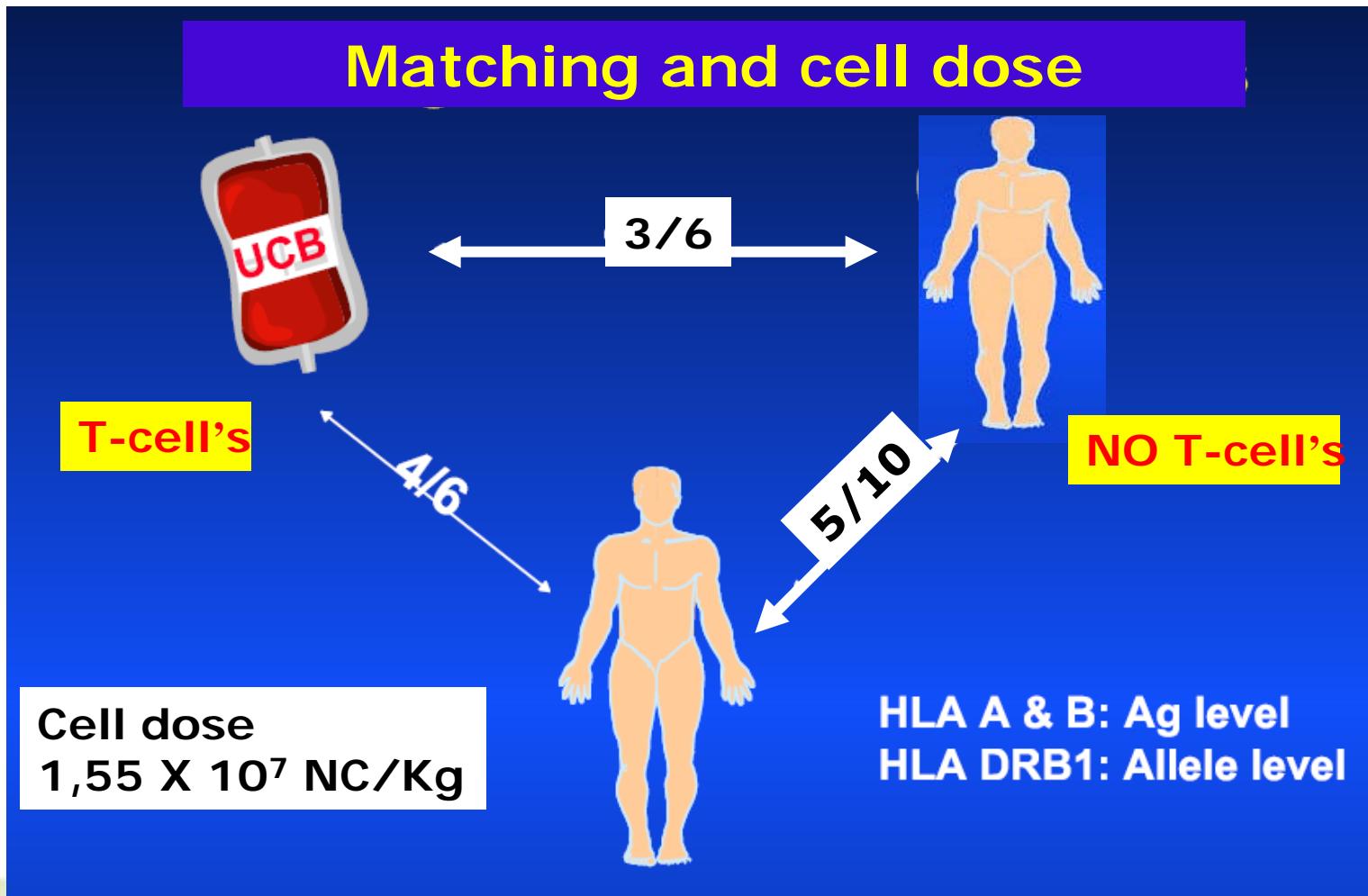
	Unrelated BMT	Unrelated UCB	CD34 selected related haplo-identical PBSC
Available pool	> 11 ME	>250 000	-
Likelihood of suitable donor	10/10=40% >9/10=70% Ethnic minority= 20%	>5/6=40% >4/6=70%	> 90%
Speed of access	3-4 months	2-3 weeks	Immediate
Cost of obtaining graft	High	High	Low
Risk to donor	low	None	Low
Ability to re-arrange infusion date	May be difficult	Easy	Easy
Re-access	Possible	No	Yes
Quality of product	Assured	Variable	Assured
Speed of engraftment	Moderate	Slow	Fast
Graft rejection	low	Moderate	Moderate
GVHD risk	High	Moderate	Low
Speed of immune reconstitution	Moderate	Moderate	Very slow
Speed to GVL effect	Moderate	Moderate	Very slow
Risk of viral transmission	Yes	No	Yes
Risk of transmission of congenital disease	No	Yes	No

Double cord

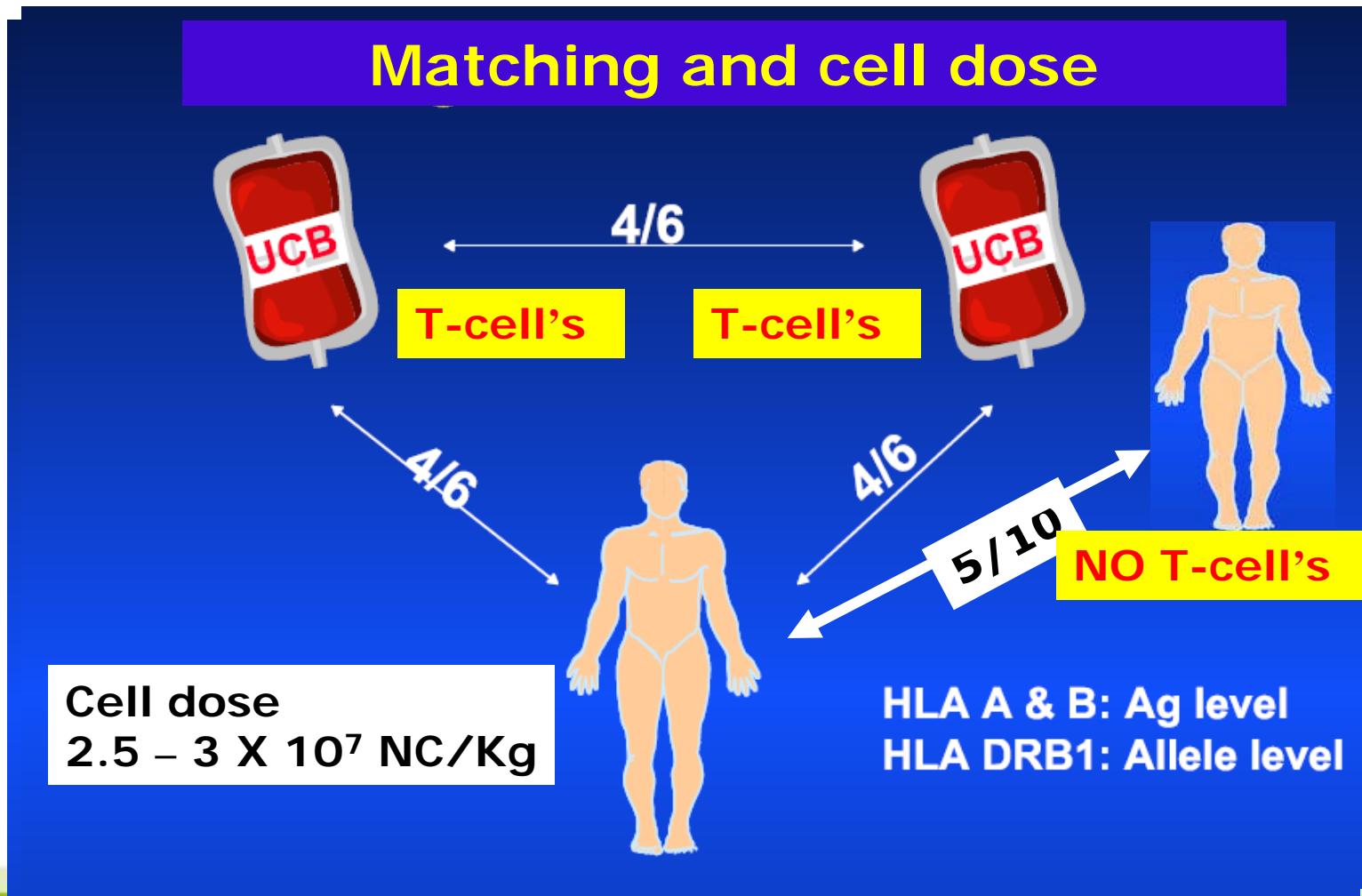
Matching of Double UCB Unit Grafts



Haplo & cord



Haplo & cord: Manhattan version



Conclusions

- 
- 
- GVHD is low
 - Neutrophil recovery is quick → less neutropenia –related infections, thus favoring engraftment
 - Low disease relapse
 - The strategy of co-infusion of haplo and CB make a rapidly available transplant possible as in the situation of graft failure.
 - The strategy of co-infusion of haplo and CB can contribute to making CB –transplant as first choice option for a large number of wide age range who lack a HLA compatible donor or when total cord blood cell dose of > 3 X 10⁷/Kg NC could not be reached.

 - T cell Immune reconstitution is slow
 - High cost

What shall we learn?

- Introduction**
- Related donor searches**
- Unrelated donor searches**
- The overlooked Donor**
- Patient eligibility**



CASUS:

- Patient eligibility?
 - Intake Consultation
 - Risks and benefits
 - Possible adverse events
 - LAB
 - ECG & Echo cardio & lung function & eye fundus & RX Thorax & sinuses

Eligibility of the Patient

- **Performance:** ECOG: WHO < 2. Karnofsky >75%.
- **Lung function:** VC, FEV1, DLCO all >50%.
- **Cardiac function:** ejection fraction > 45%.
- **Liver enzymes:** < 2.5 x upper limit of bilirubine and transaminases.
- **Renal function:** Creatinine clearance > 40 ml/min.
- **Do the SOROR score**
- **Do the EBMT score**

SOROR INDEX

Sorror index	NRM - 2jaar	OS -2jaar
0	14%	71%
1	21%	60%
2	21%	60%
3	41%	34%
4	41%	34%

Comorbiditeit	Definitie van comorbiteit	Score
Arythmie	Atriale fibrillatie of flutter, sick sinus syndroom en ventriculaire aritmie	1
Cardiaal	Coronaire arteriële ziekte, aangeboren hartfalen, myocard infarct of EF ~ 50%	1
Inflammatoire intestinale ziekten	Ziekte van Crohn of ulceratieve colitis	1
Diabetes	Behandeling met insuline vereist of orale medicatie, niet enkel dieet	1
Cerebrovasculaire ziekten	TIA of CVA	1
Psychiatrische stoornis	Depressie of angst episodes welke een psychiatrisch consult of behandeling vereisen	1
Lever, milt	Chronische hepatitis, bilirubine > NL tot 1.5 x NL, of AST/ALT > NL tot 2.5 x NL	1
Obesitas	Patiënten met een BMI > 35 kg/m ²	1
Infecties	Vereist een onafgebroken toediening van een antimicrobiële behandeling na dag 0	1
Reumatologie	SLE, RA, polymyositis, gemengde CTD of polymyalgia rheumatica	2
Peptisch ulcus	Behandeling vereist	2
Gematigde of ernstige renale aandoeningen	Serum creatinine >2 mg/dl, op dialyse of eerdere niertransplantatie	2
Gematigd longlijden	DLCO en/of FEV ₁ 66% - 80% of dyspnoe bij de minste inspanning of activiteit	2
Eerste solide tumor	Behandeld op gelijk tijdstip in de voorgeschiedenis van de patiënt, met uitsluiting van niet-melanoom huidtumor	3
Hartkleplijken	Met de uitzondering van een mitralisklep prolaps	3
Ernstig pulmonaal lijden	DLCO en/of FEV ₁ <65% of dyspnoe bij rust en zuurstof afhankelijk	3
Gematigd of ernstig leverlijden	Levercirrhose, bilirubine >1,5x ULN of AST/ALT > 2,5 x ULN	3

EBMT SCORE

		Score
Leeftijd van de patiënt	<20 jaar 20-40 jaar >40 jaar	0 1 2
Histocompaabiliteit	HLA identieke sib Andere	0 1
Donor geslacht combinatie	Andere Vrouwelijke donor voor mannelijke receptor	0 1
Ziekte stadium*	Vroeg Tussen Laat	0 1 2
Tijd vanaf de diagnose**	< 12 maand > 12 maand	0 1
		Totale score

*Ziekte stadium:

0= Acute leukemie 1^{ste} CR, MDS onbehandeld of 1 CR, CML 1^{ste} chronische fase, NHL en MM onbehandeld of 1^{ste} CR

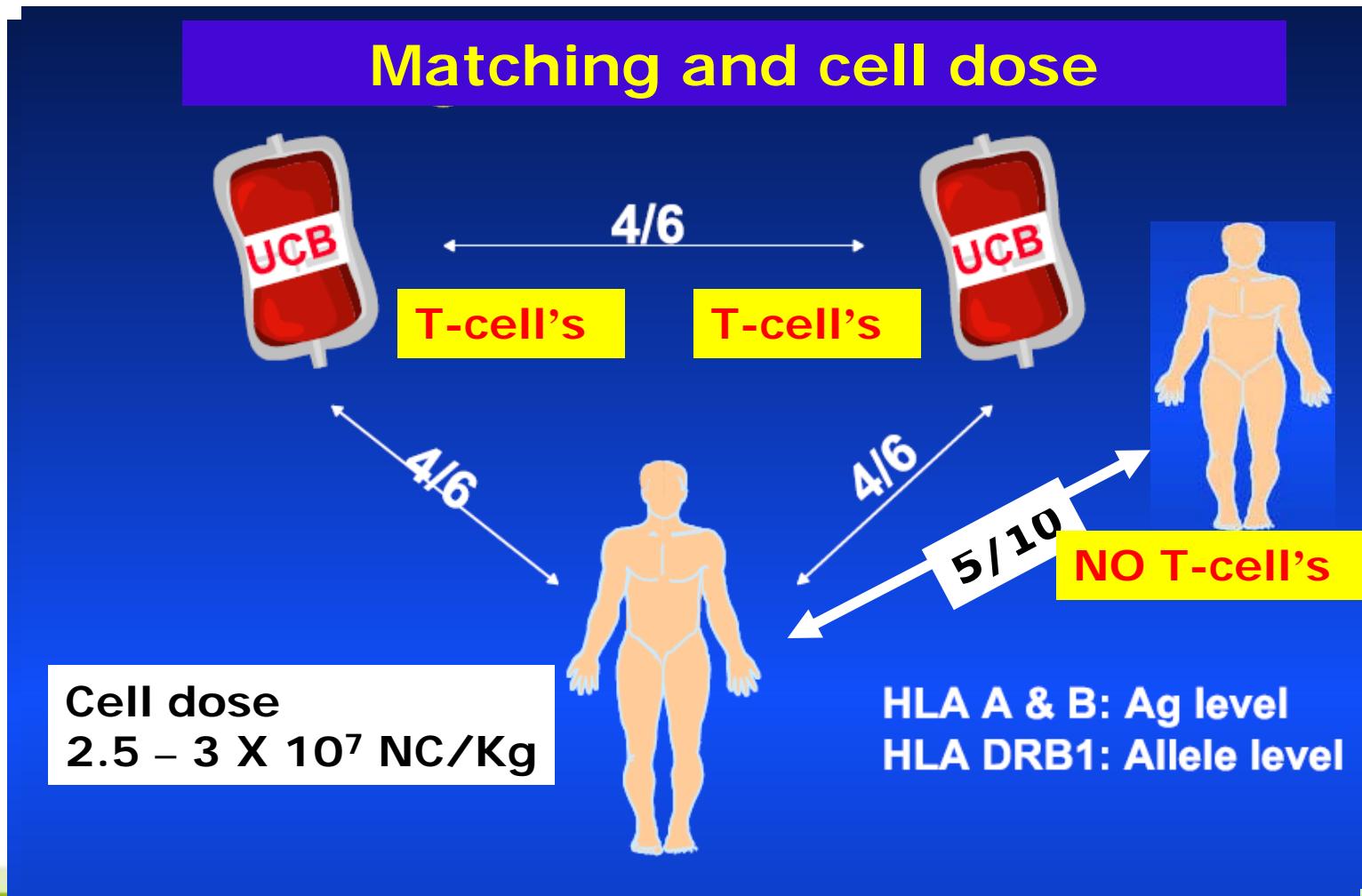
1= Acute leukemie 2^{de} CR, CML alle andere stadia dan chronische of blastencrisis, MDS 2^{de} CR of PR, NHL en MM 2^{de} CR & PR & stabiele ziekte

2= Acute Leukemie al andere stadia, CML blastencrisis, MDS in alle andere stadia, MM en NHL in alle andere ziekte stadia 0 en 1.

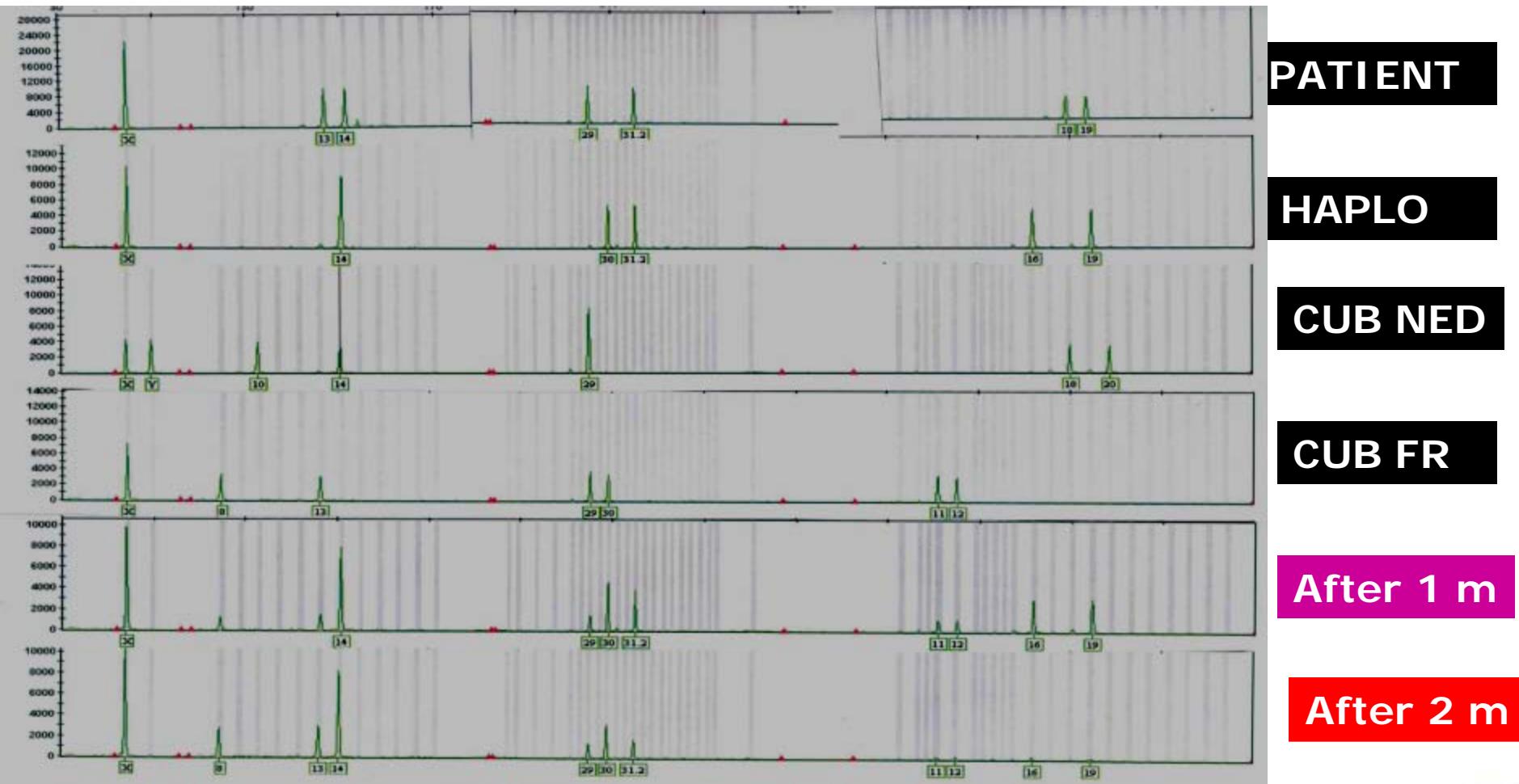
** niet van toepassing in CR1

Prognostische groep	EBMT-score
Goed (NRM: 10-15%)	0 punten
Intermediair (NRM: 15-25%)	1-2 punten
Slecht (NRM: 30-40%)	>2 punten

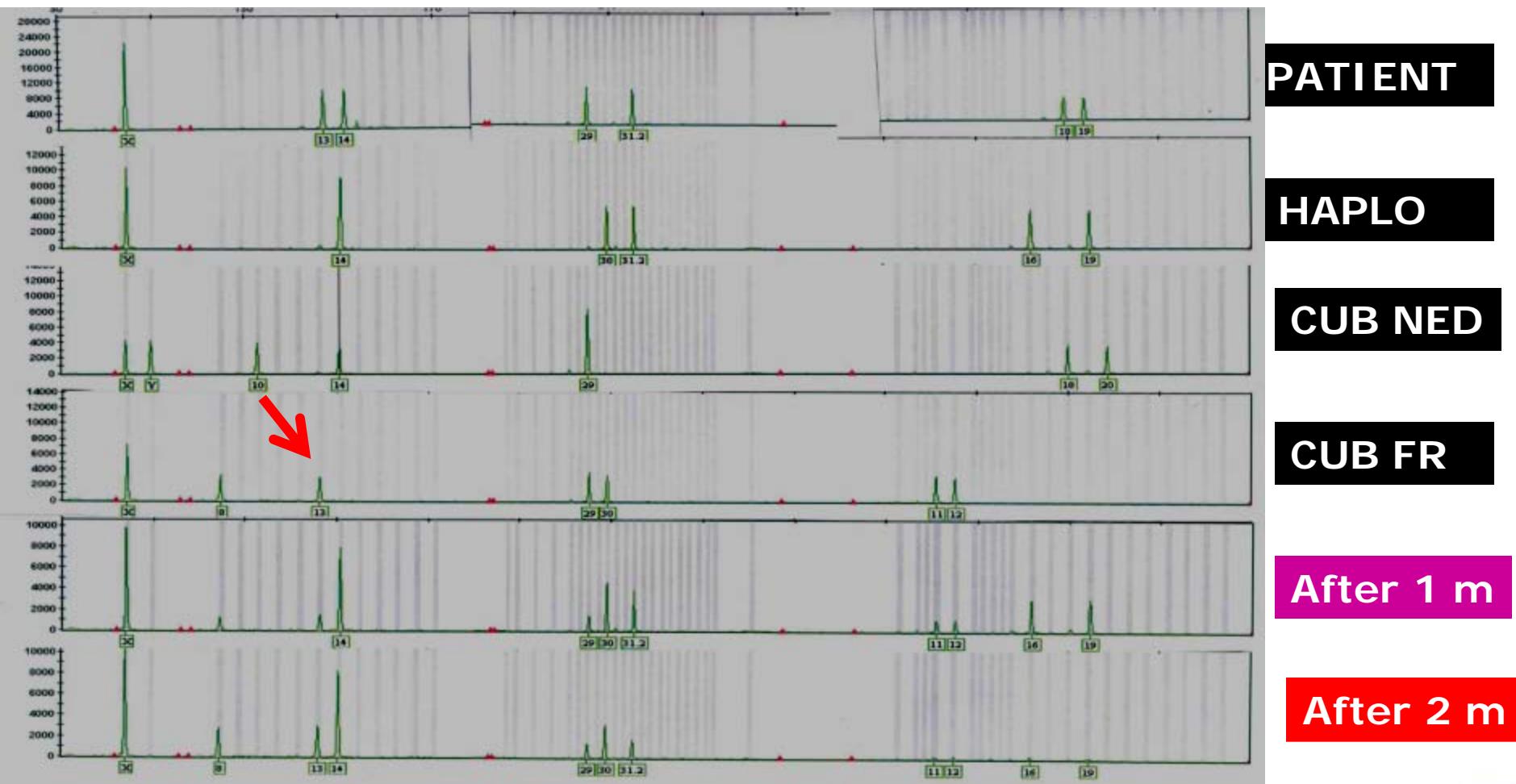
Haplo & cord: Manhattan version



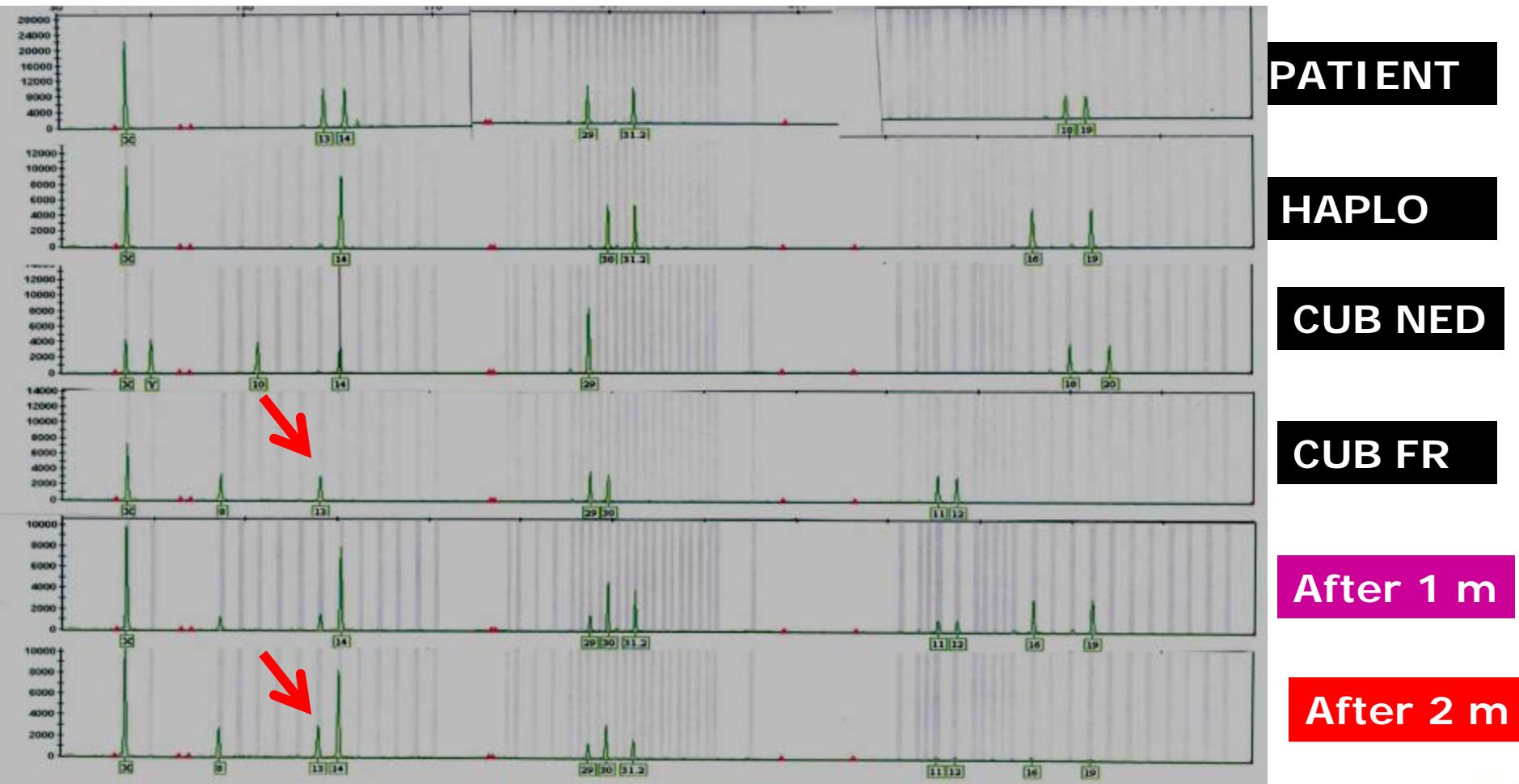
Chimerisme evolution



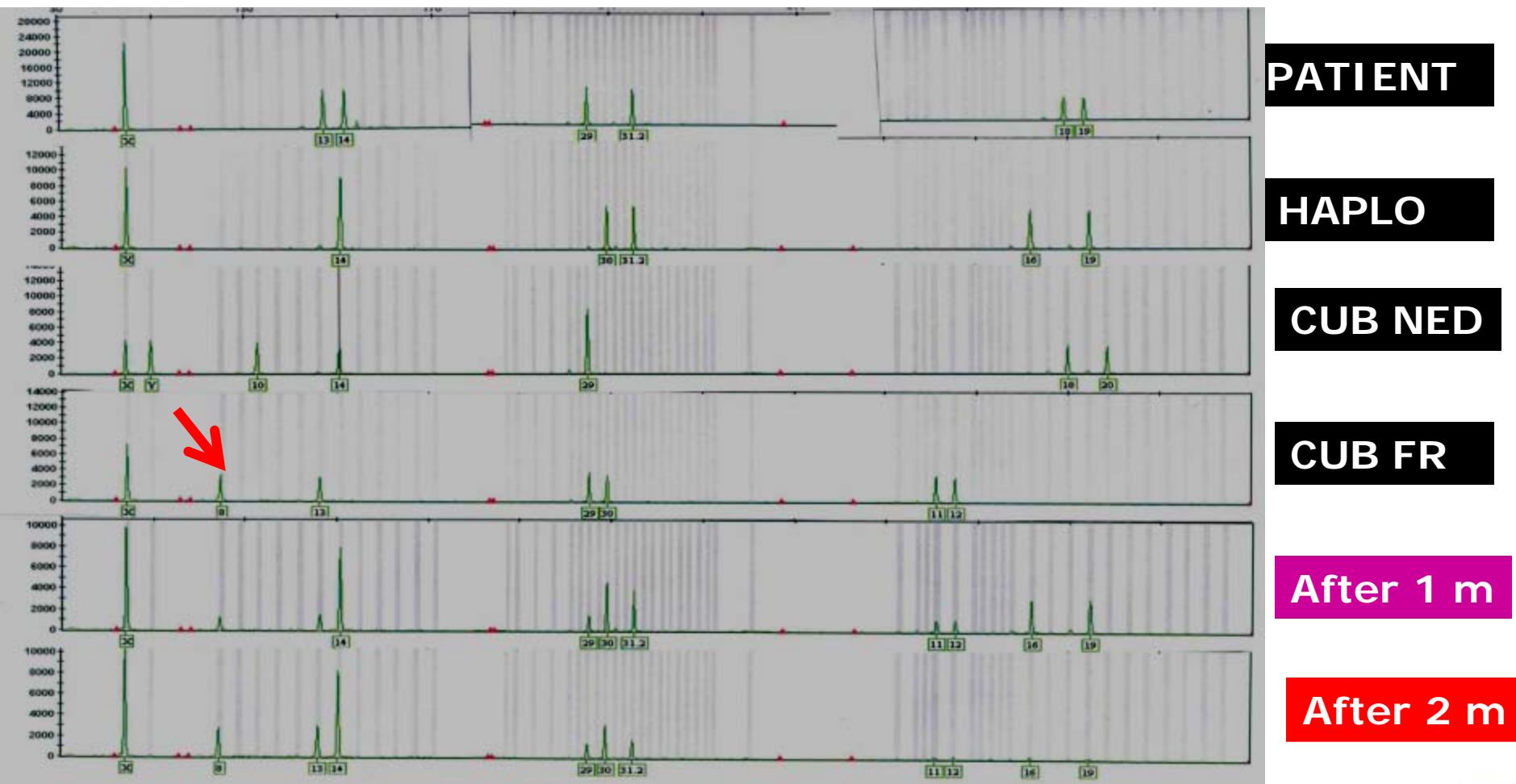
Chimerisme evolution



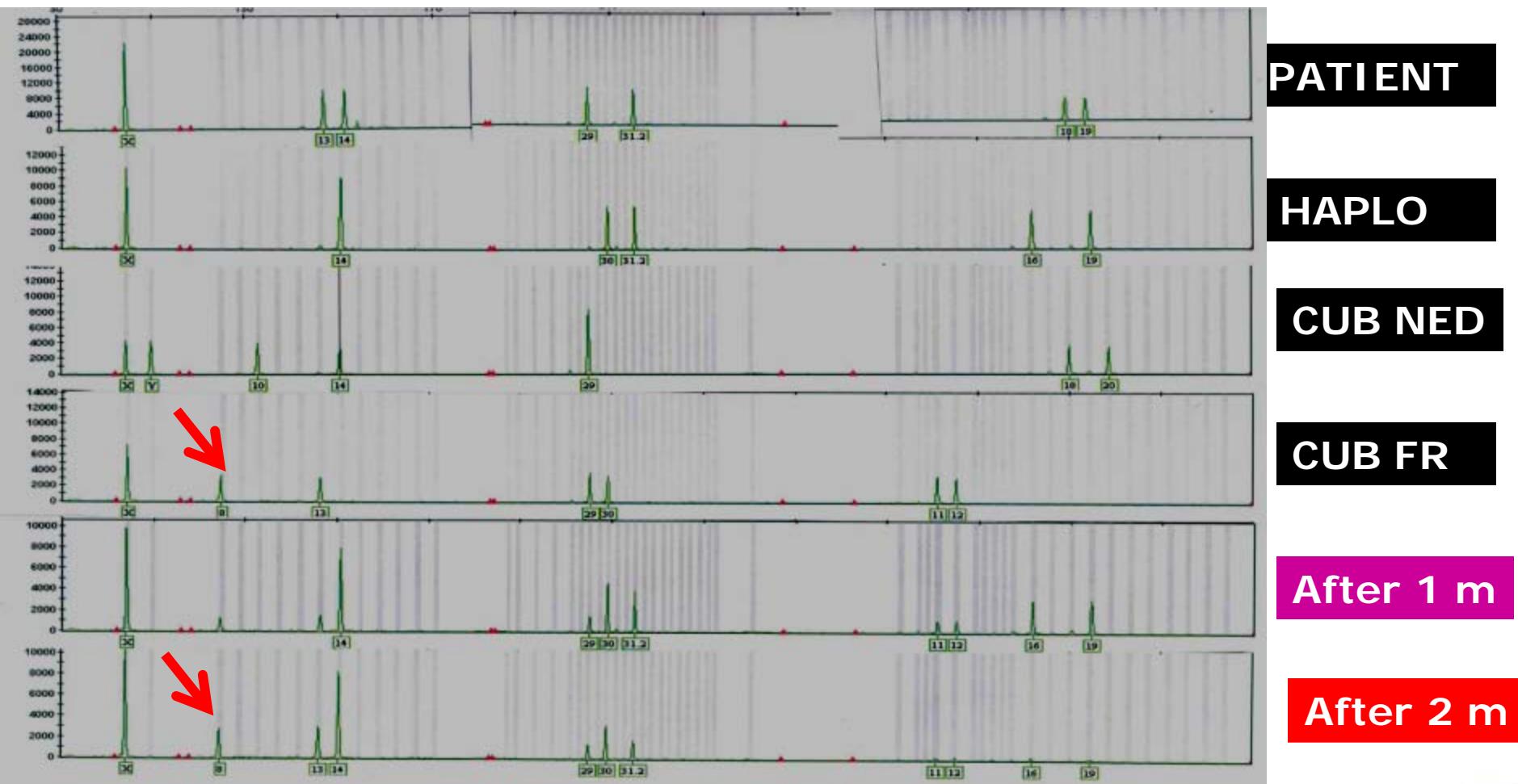
Chimerisme evolution



Chimerisme evolution



Chimerisme evolution



Role of the Transplant comité



INDICATIONS

disease

disease status

donor type

ELIGIBILITY

condition of the patient

disease status

donor compatibility