BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

England & Wales · Charity number 1125795

Details

Other names	BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION
Status	Registered
Legal form	Charitable company
Company number	06462720
Registered	2008-09-09
Register	View on the Charity Commission register

Contact

Address	BSBMTCT Data Registry c/o Guy's Hospital Great Maze Pond London SE1 9RT
Phone	02071888413
Email	enquiries@bsbmt.org
Website	https://bsbmtct.org/

Activities

Objects: (A) TO ADVANCE HEALTH BY THE PROMOTION OF RESEARCH INTO AND THE ADVANCEMENT OF KNOWLEDGE OF THE USE OF ALLOGENEIC OR AUTOLOGOUS HAEMOPOIETIC STEM CELLS AND CELLULAR THERAPY IN THE TREATMENT OF LEUKAEMIA, LYMPHOMA, MYELOMA, AND OTHER MALIGNANT DISORDERS, NON-MALIGNANT HAEMATOLOGICAL DISORDERS INCLUDING APLASTIC ANAEMIA AND HAEMOGLOBINOPATHIES AND APPROPRIATE NON HAEMATOLOGICAL DISEASES;

Activities: To promote education and research in blood and marrow stem cell transplantation and cellular therapy in the UK and Republic of Ireland.

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Classification

- **How:** Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- **Area of benefit:** NATIONAL
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£540,723	£533,402	£452,813	0
2023-12-31	£393,699	£459,698	-	-
2022-12-31	£376,137	£425,366	-	-
2021-12-31	£341,732	£393,617	-	-
2020-12-31	£388,043	£335,364	-	-

Trustees

Name	Role	Appointed
Dr Deborah Susan Richardson		2019-01-01
Dr Fiona Dignan		2013-01-01
Dr Harpreet Kaur		2023-01-03
Dr Victoria Potter		2025-01-01
Prof Eduardo Olavarria		2021-07-22

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BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

England & Wales - Charity number 1125795

Accounts

REGISTERED COMPANY NUMBER: 06462720 (England and Wales)
REGISTERED CHARITY NUMBER: 1125795

REPORT OF THE TRUSTEES AND

UNAUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

FOR

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

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BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

REFERENCE AND ADMINISTRATIVE DETAILS FOR THE YEAR ENDED 31 DECEMBER 2024

TRUSTEES	Dr F Dignan Professor J A Snowden (resigned 31.12.24) Dr D S Richardson Professor E Olavarria Dr H Kaur Dr V T Potter (appointed 31.12.24)
REGISTERED OFFICE	BSBMTCT Data Registry C/O Guy's Hospital Great Maze Pond London SE1 9RT
REGISTERED COMPANY NUMBER	06462720 (England and Wales)
REGISTERED CHARITY NUMBER	1125795
INDEPENDENT EXAMINER	J W Hinks LLP Chartered Accountants 19 Highfield Road Edgbaston Birmingham West Midlands B15 3BH
SOLICITORS	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ
BANKERS	Barclays Bank Plc Leicester Leicestershire LE87 2BB

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2024

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 2024. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Achievement and performance

In establishing the objectives and priorities for the society's activities the trustees have given and continue to give careful consideration to the Charity Commission's general guidance on public benefit.

All of the society's activities are focused on the development, education and improvement in outcomes for patients undergoing blood and marrow stem cell transplants within the United Kingdom and the Republic of Ireland (ROI).

The activities of the British Society of Blood and Marrow Transplantation and Cellular Therapy (BSBMTCT) can be broadly divided into three main areas which include:

" Education of healthcare professionals, scientists, ancillary professionals and patients in all aspects of blood and marrow stem cell transplantation.

" Research into all aspects of blood and marrow stem cell transplantation including the direct sponsorship of research as well as supporting and facilitating collaborative research. This work includes comprehensive outcomes data collection on all stem cell transplant undertaken in the UK on an ongoing basis.

" Facilitating the ongoing development of stem cell transplant services within the UK.

Research

Research activity within the BSBMTCT falls into three main areas:

" Comprehensive outcome data analysis through the BSBMTCT transplant registry
" Retrospective and prospective studies and surveys run through the clinical trials sub committee
" Collaboration with partner organisations such as the EBMT, Anthony Nolan, NHSBT, and other specialties such as Obstetrics & Gynaecology and Cardiology.

Data Registry

The registry represents a unique and comprehensive database of all transplant activity undertaken in the UK and ROI. As activity continues to increase, the work of the data registry team has followed. In 2023 a total of 4722 transplants were undertaken across the UK and ROI transplant centres. The BSBMTCT registry now holds over 90,000 patient records with over 100,000 treatment records which includes transplant data, cellular therapy data, immunosuppressive therapies data and also now collecting gene therapy data.

The BSBMTCT registry team dedicate a significant amount of time entering data for centres, correcting missing and incorrect data entries, providing training to centres on the registry database, providing data management specific training days, and more recently creating an online induction module for new and existing staff to provide staff with a good foundation of this role within BMT. The registry also provides centres with practical advice and information. One of the major remits of the registry team is to ensure the quality and completeness of data within the registry. Data on every transplant is checked for internal consistency and errors. Queries are then followed up with individual transplant centres. There is time dedicated to running regular data quality reports to ensure the accuracy and completion of patient records within the database. These reports have been run quarterly since May 2018 to ensure that when the new BMT registry goes live the data migrated over will be of a good standard. In addition, requests for missing registrations and follow ups for the period of 2019 to 2023 inclusive have been made in November 2024 in preparation for the annual commissioners report due to be finished by the end of 2025.

In August 2023, the new single registry capturing both transplant and cellular therapy data was launched and went live for all users. This included a new set of data collection forms for users to familiarise themselves with. There have been some key issues with the new system and the registry staff have been key to supporting both the migration teams and the centre staff with troubleshooting and queries. The issues with the new registry system have had a significant impact in the usual running of the registry and its core functions and work. This has caused delays and extra work for the registry team as they have sought to find solutions while the issues are resolved.

There was a delay in the production of the 2024 commissioners report due to the issues with the new registry system and the lack of a usable reporting and exporting function. The registry team were able to deliver centre reports to centres before the end of the year which was a huge achievement given the challenges and complexities of the new EBMT registry.

The registry team have continued to deliver annual data manager (DM) training days dedicated to data management staff. These sessions give data management staff the skills and knowledge to carry out their roles as well as providing opportunities for networking and knowledge sharing. Each of these days has a theme and meetings have been well attended, received and valued. November 2024 marked the BSBMTCT registry's 7th successful DM training day, with 84 attendees and excellent feedback on the agenda and the speakers for the day. In 2025 we hope to plan our 8th DM training day, the theme has yet to be decided.

BSBMTCT has also developed an Induction Module accessible via a username and password through the website. There are currently 5 core modules on the platform which are:

Module 1 Introduction to the BSBMTCT
Module 2 General duties of Bone Marrow Transplant Data Management Staff
Module 3 Introduction to Haematopoietic Stem Cell Transplantation
Module 4 Allogeneic HSCT
Module 10 Retrospective studies and clinical trials.

There are also modules on the platform including Introduction to the BSBMTCT Induction Manual, Introduction to the Glossaries, Glossary 1: Acronyms and Abbreviations, Glossary 5: Donor Registries and ION codes, The Induction Manual Extra section, and BSBMTCT Abstracts, Posters and Presentations. We have also recently included a Recommended reading section.

There are currently over 50 registered users on the platform who have either completed all modules on the system or have completed parts of them.

Following the completion of each module, a certificate of completion is generated and awarded. Feedback is requested after each module to allow the registry to make improvements where appropriate. There will be more modules and material added to the website as they are created, and existing material will be updated to reflect current and developments in practice. The team has also begun talks with the Quality Management (QM) Teams to developing modules that are tailored and relevant to the QM Teams.

The registry produces 3 data management related newsletters a year to keep staff updated with all registry-based activities including updates from the EBMT. They are available on the website on the DM dedicated pages following distribution.

All DM related material can be found on the DM pages https://bsbmtct.org/data-managers/

The registry also manages the www.bsbmtct.org website. This website is dedicated to providing information on the BSBMTCT as well as providing information re BMT activity within the UK and ROI and BSBMTCT/Haematological meetings. It has dedicated areas for different professional roles within BMT and provides valuable guidelines and information for health professionals.

The team structure at present comprises:

Head of Registry (FT).
Statistician (0.8WTE)
3 x Senior data Managers, two which are 0.9WTE and one being 0.8WTE

Comprehensive outcome data

Since 2010 the society has been producing a comprehensive report on outcome of stem cell transplantation in the UK. This has been primarily for the benefit of Commissioners of healthcare services. The 15th annual report is delayed due to EBMT registry issues previously discussed but was on track to be delivered in January 2025. This focused on longer term outcomes for transplants performed between 2018 and 2022 and a detailed analysis of transplant activity by type, disease indication and region in 2022. The data preparation for the 16th report is underway and will be submitted by the end of December 2025. This report will include outcomes for transplants performed between 2019 and 2023 as well as a detailed analysis for transplant activity in 2023.

BSBMTCT Sub Committees

The BSBMTCT currently has 10 Sub Committees, each with a chair who is elected for a period of 3 years, and reports into the Executive Committee as a member of the Committee.

There are collaborations between sub committees where their aims and objectives overlap. Each subcommittee has agreed Terms of Reference which are published on the website.

Our subcommittees are as follows:

Clinical Trials Sub Committee (CTSC)

Chair: Dr Ram Malladi
Secretary: Dr Victoria Potter

The primary aim of the CTSC remains the timely completion and publication of well conducted studies and surveys, with clearly stated hypotheses, to inform and direct clinical BMT practice within the UK and the RoI.

The CTSC in the future will also be involved with prospective trials and Industry partnerships and contracts.

The BSBMTCT CTSC hold two meetings a year focused upon retrospective studies and surveys. At least one of these meetings will include an invitation to submit new study proposals.

During 2024, two meetings were held in May and November. Due to the challenges with the new EBMT registry and also due to resourcing issues, progress with studies has been slower than we would have hoped, and there has not been any invitation of new proposals during 2024. The priority of the CTSC during 2024 was to ensure that all current studies progressed to publication. The list of ongoing studies remains unchanged. We hope during 2025, in line with our Strategic Plan, to be able to progress these studies more quickly.

Ongoing studies are listed below:
(https://bsbmtct.org/ctc-clinical-trials-committee/)
1. Approved BSBMTCT Retrospective Studies (in progress)
a. CTCR-2102: Alemtuzumab based conditioning for unrelated and matched sibling donor transplants in SAA - Austin Kulasekararaj/Victoria Potter
b. CTCR-2104 UK experience of CMML - Pramila Krishnamurthy
c. Anthony Nolan Patient/Donor project (ongoing project)
2. Completed retrospective studies/surveys - manuscript/analysis stage
a. CTCR-2102: Outcomes of germ cell tumour patients treated with high dose chemotherapy/autologous stem cell transplants in the UK - Robin Young/John Snowden/Dan Stark
b. CTCR-2001 A study of the impact of cryopreservation of allogenic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson
c. CTCR-1801: Retrospective study of autologous HSCT in MS in the UK -John Snowden/Maj Kazmi/Basil Sharrack
d. CTCR-2101 Haematopoietic stem cell transplant for teenage and young adult patients with haematological malignancies in the UK: Trends in practice, and outcome comparison with adult patients -Graham McIlroy/Ben Carpenter/Anna Castleton/Ram Malladi
e. CTCR 1902 Case matched study evaluating the impact of prior PD1/PDL1 inhibition on transplant outcomes in patients with Hodgkin Lymphoma undergoing T-deplete alloTx -Karl Peggs
f. Survey for Clinicians re current pre-pregnancy and antenatal counselling and management for women who have previously had BMT/TBI - Kate Birchenall
g. Risk of preterm birth in women who conceive following bone marrow transplantation -Melanie Griffin/Victoria Grandage
3. Approve BSBMTCT retrospective studies (upcoming)
a. **CTCR-2301** Post-Transplant Cyclophosphamide Haploidentical versus Alemtuzumab Matched Unrelated Donor or Alemtuzumab Mismatched (9/10) unrelated Donor Reduced Intensity Transplantation in Acute Myeloid Leukaemia -**Alexandros Kanellopoulo**s

b. **CTCR-2302** Physical, psychological and social outcomes following Haemopoietic stem cell transplantation (HSCT) for children diagnosed with leukaemia, beta thalassaemia (?Thal) and Sickle Cell Disease (SCD) living in the North of England.- **Beki James/Richard Feltbower**

4. Studies in proposal stages (not yet approved)

a. **A study of the impact of treosulfan-based allogeneic stem cell transplantation (HSCT) for patients with myeloid disorders (Anjum Khan)**

Publications from CTSC and data registry (Since 2020)

All publications can be found on our website https://bsbmtct.org/publications/

a) Health professional attitudes and perceptions of prehabilitation and nutrition before haematopoietic cell transplantation. Miller LJ, Halliday V, Snowden JA, Aithal GP, Lee J, Greenfield DM.J Hum Nutr Diet. 2024 Aug;37(4):1007-1021. doi: 10.1111/jhn.13315. Epub 2024 May 2.

b) Benchmarking of survival outcomes following Haematopoietic Stem Cell Transplantation (HSCT): an update of the ongoing project of the European Society for Blood and Marrow Transplantation (EBMT) and Joint Accreditation Committee of ISCT and EBMT (JACIE). Saccardi R, Putter H, Eikema DJ, Busto MP, McGrath E, Middelkoop B, Adams G, Atlija M, Ayuk FA, Baldomero H, Beguin Y, de la Cámara R, Cedillo Á, Balari AMS, Chabannon C, Corbacioglu S, Dolstra H, Duarte RF, Dulery R, Greco R, Gusi A, Hamad N, Kenyon M, Kröger N, Labopin M, Lee J, Ljungman P, Manson L, Mensil F, Milpied N, Mohty M, Oldani E, Orchard K, Passweg J, Pearce R, de Latour RP, Poirel HA, Rintala T, Rizzo JD, Ruggeri A, Sanchez-Martinez C, Sanchez-Guijo F, Sánchez-Ortega I, Trnková M, Ferreiras DV, Wilcox L, de Wreede LC, Snowden JA.Bone Marrow Transplant. 2023 Jun;58(6):659-666. doi: 10.1038/s41409-023-01924-6. Epub 2023 Mar 9.PMID: 36894635

c) OBSERVATIONAL TRENDS IN GVHD DATA SUBMISSIONS; DO CENTRES HAVE A DATA COLLECTION PROCESS AND IS THIS RESPONSIBLE FOR SUBMISSION IMPROVEMENTS? Clementina Abamba, Julia Lee, Rachel M Pearce, Marie C Wilson, Ruth E Paul, John A Snowden. EBMT Congress March 2022, Poster Presentation

d) Impact of PET-CT status on progression-free survival for relapsed follicular lymphoma patients undergoing autologous stem cell transplant. Toby A Eyre, Sally F Barrington, Jessica Okosun, Clementina Abamba, Rachel M Pearce, Julia Lee, Ben Carpenter, Charles R Crawley, Adrian J C Bloor, Maria Gilleece, Emma Nicholson, Nimish Shah, Kim Orchard, Ram Malladi, William M Townsend. Haematologica 2022 May 19. doi: 10.3324/haematol.2021.280287.

e) Variations in provision of psychological care to hematopoietic cell transplant recipients: results of a national survey of UK Transplant Centers. Rosalina Naidoo, Joseph Low, Michael Rennoldson, Robert Danby, Hayley Leonard, Alejandro Madrigal, Julia Lee, and Chloe Anthias. Bone Marrow Transplantation, accepted 31/05/2022

f) The impact of COVID-19 on related-donor allogeneic stem cell harvest processes: A British Society of Blood and Marrow Transplantation and Cellular Therapy survey. Julia Wolf, Julia Lee, Rachel Pearce, Marie Wilson, John A. Snowden, Kim Orchard. British Journal of Haematology, published June 2022

g) DOES GRAFT CRYOPRESERVATION AFFECT THE OUTCOMES OF ALLOGENEIC HAEMATOPOIETIC CELL TRANSPLANTS? A UK MULTICENTRE CASE CONTROL STUDY DURING COVID19 PANDEMIC. R. Maniusyte, A. Pryce, R. Pearce, J.A. Snowden, R. Malladi, V. Potter, J. Lee, M. Wilson, R. Pawson, R. Danby. Oral abstract presentation, EBMT Congress 2022.

h) THE NICE COVID-19 RAPID GUIDELINE ON HAEMATOPOIETIC STEM CELL TRANSPLANTATION: DEVELOPMENT, IMPLEMENTATION AND IMPACT. Kim Orchard, Fiona L Dignan, Julia Lee, Rachel Pearce, Monica Desai, Emma McFarlane, Angela Parkin, Peter Shearn, John A Snowden. Br J Haematol. 2021 Jan 20. doi: 10.1111/bjh.17280.

i) SARS-COV-2 SCREENING FOR ASYMPTOMATIC HEALTH CARE WORKERS IN UK STEM CELL TRANSPLANT UNITS. Adrian J C Bloor, Fiona L Dignan, Julia Lee, Kim H Orchard. Br J Haematol . 2021 Jan;192(2):e37-e38.

j) SURVIVORSHIP CARE FOR ALLOGENEIC TRANSPLANT PATIENTS IN THE UK NHS: CHANGES CENTRE PRACTICE, IMPACT OF HEALTH SERVICE POLICY AND JACIE ACCREDITATION OVER 5 YEARS. Fiona Dignan, Angela Hamblin, Amelia Chong, Julia Lee, Michelle Kenyon, Paul Miller, Maria Gilleece, Hannah Hunter, and John Snowden. Paper #BMT-2020-721RR

k) SUBSTITUTING CARMUSTINE FOR LOMUSTINE IS SAFE AND EFFECTIVE IN THE TREATMENT OF RELAPSED OR REFRACTORY LYMPHOMA - A RETROSPECTIVE STUDY FROM THE BSBMT (BEAM VERSUS LEAM). Philippa Kelsey, Rachel Pearce, Julia Perry, Keiren Kirkland, Ruth Paul, Jonathan Lambert, Andrew Peniket, Ram Malladi, John Snowden, and Nick Morley. BMT-2020-226RR

l) Presence of donor-encoded centromeric KIR B content increases the risk of infectious mortality in recipients of myeloablative, T-cell deplete, HLA-matched HCT to treat AML. Will P. Bultitude, Jennifer Schellekens, Richard M. Szydlo, Chloe Anthias, Sarah A. Cooley, Jeffrey S. Miller, Daniel J. Weisdorf, Bronwen E. Shaw, Chrissy h. Roberts, Christian A. Garcia-Sepulveda, Julia Lee, Rachel M. Pearce, Marie C. Wilson, Michael N. Potter, Jenny L. Byrne, Nigel H. Russell, Stephen MacKinnon, Adrian J. Bloor, Amit Patel, I. Grant McQuaker, Ram Malladi, Eleni Tholouli, Kim Orchard, Victoria T. Potter, J. Alejandro Madrigal, Neema P. Mayor & Steven G. E. Marsh

m) Benchmarking of survival outcomes following Haematopoietic Stem Cell Transplantation (HSCT): an update of the ongoing project of the European Society for Blood and Marrow Transplantation (EBMT) and Joint Accreditation Committee of ISCT and EBMT (JACIE). Riccardo Saccardi, Hein Putter, Dirk-Jan Eikema, María Paula Busto, Eoin McGrath, Bas Middelkoop, Gillian Adams, Marina Atlija, Francis Ayuketang Ayuk, Helen Baldomero, Yves Beguin, Rafael de la Cámara, Ángel Cedillo, Anna María Sureda Balari, Christian Chabannon, Selim Corbacioglu, Harry Dolstra, Rafael F. Duarte, Rémy Dulery, Raffaella Greco, Andreu Gusi, Nada Hamad, Michelle Kenyon, Nicolaus Kröger, Myriam Labopin, Julia Lee, Per Ljungman, Lynn Manson, Florence Mensil, Noel Milpied, Mohamad Mohty, Elena Oldani, Kim Orchard, Jakob Passweg, Rachel Pearce, Régis Peffault de Latour, Hélène A. Poirel, Tuula Rintala, J. Douglas Rizzo, Annalisa Ruggeri, Carla Sanchez-Martinez, Fermin Sanchez-Guijo, Isabel Sánchez-Ortega, Marie Trnková, David Valcárcel Ferreiras, Leonie Wilcox, Liesbeth C. de Wreede & John A. Snowde**n**

n) ARE TRANSPLANTS TRULY AVAILABLE TO ALL, REGARDLESS OF GEOGRAPHY, SOCIOECONOMIC STATUS AND ETHNIC GROUP? A BSBMTCT REPORT. Rachel Pearce, Julia Lee, Ruth Paul, Marie Wilson, Clementina Abamba, Kim Orchard. Virtual EBMT 2020 29th August to 1st Sept 2020. Poster Presentation (B476) Data Management.

Scientific Sub Committee

Chair: Prof. Matthew Collin

The main objective of the Scientific Sub Committee is to construct the programme of the BSBMTCT Scientific Day each year, including organising the John Goldman Prize competition each year.

Guidelines Sub Committee

Chair: Dr Andrew Clark

Terms of Reference can be found on the website: https://bsbmtct.org/guidelines-sub-committee/

Latest Publications:

Management of patients with germline predisposition to haematological malignancies considered for allogeneic blood and marrow transplantation: Best practice consensus guidelines from the UK Clinical Genetics Group (UKCGG), CanGene-CanVar, NHS England Genomic Laboratory Hub (GLH) Haematological Malignancies Working Group and the British Society of Blood and Marrow Transplantation and cellular therapy (BSBMTCT). Andrew Clark, Sally Thomas, Angela Hamblin, Polly Talley, Austin Kulasekararaj, Jacob Grinfeld, Beverley Speight, Katie Snape, Terri P McVeigh, John A Snowden. Br J Haematol . 2023 Feb 14.

Indications Sub Committee

Chair: Dr Victoria Potter

Terms of Reference and the latest indications for both adult and paediatrics can be found on the website: https://bsbmtct.org/indications-sub-committee/

Workforce Sub Committee

Chair: Dr Eleni Tholouli

Terms of Reference can be found on the website: https://bsbmtct.org/bsbmtct-workforce-sub-committee/

Advanced Cellular Therapy Sub Committee

Chair: Dr Sara Ghorashian

Terms of Reference can be found on the website: https://bsbmtct.org/advanced-cellular-therapy-act-sub-committee/

Latest Publications:

Practice guideline: Preparation for CAR T-cell therapy in children and young adults with B-acute lymphoblastic leukaemia. Mishra AK, Burridge S, Espuelas MO, O'Reilly M, Cummins M, Nicholson E, Wheldon S, Bonney D, Shenton G, Marks DI, Amrolia PJ, Hough R, Ghorashian S.Br J Haematol. 2024 May;204(5):1687-1696. doi: 10.1111/bjh.19381. Epub 2024 Mar 15.

Vaccinations Sub Committee

Chair: Prof. Thushan de Silva

Terms of Reference and publication and guidelines can be found on the website: https://bsbmtct.org/vaccination-sub-committee/

JACIE Sub Committee

Chair: Dr Charles Crawley

Terms of Reference will soon be available on the website.

Complications Sub Committee

Chair: Dr Francesca Kinsella

Terms of Reference will soon be available on the website.

National Clinical Impact Awards Sub Committee

Chair: Prof. Gordon Cook

During November 2024, the Executive Committee decided to disband this subcommittee, due to changes within the National Clinical Impact Awards secretariat to no longer allow citations and additional support to applicants that are members of societies.

Information regarding the process remains still available on our website: https://bsbmtct.org/ncia/

Education

Education in all aspects of stem cell transplantation has been one of the major roles of the society since its formation. In the past, this has been focused on the education of clinicians, but more recently, there has been a move to broaden that remit to include other health care professionals. This also forms a major part of our new Strategic Plan. The registry holds a Data Management Day open to all Data Management and Quality Management staff on an annual basis. Our e-learning Induction Manual for DMs has since uploaded more modules and content on the website. This was launched in 2023. More information is found in the data registry section.

The Society's Meetings

The society now runs three main meetings each year, which include a scientific meeting during May, an educational meeting in October/November and a Scientific Showcase meeting showcasing the latest in the Advanced Cellular Therapy arena during June. In 2024, the scientific meeting in May included another successful abstract presentation session with prizes awarded for the best abstracts. The education meeting in November was also well attended. The scientific showcase also proved to be a major success.

Transplant accreditation

The society has always had a leading role in facilitating and developing the quality of stem cell transplant services within the UK. The majority of all allogeneic transplant centres and a large number of autologous centres are now JACIE accredited. The BSBMTCT has a JACIE Sub Committee.

The Society's Monthly Bulletins

The society continues to produce a monthly Bulletin providing updates for the membership on the work of the Society.

Website

The website has become a valued resource and is an important focus for general communication for the society. The Registry pages provide data on the role of the Registry along with links to the new registry system and the new data collection forms. The website also provides access to the indications for transplant table which was primarily a document for clinical guidance but has also been adopted as a basis for health care commissioning. The website also provides a portal for other documents of interest to transplant centres as well keeping people informed of the society's activities. It also provides data showing the increase in transplant activity per year. There are also now pages for each BSBMTCT Sub Committee on the website which includes each sub committees' Terms of Reference and relevant documents.

Development of and promotion of clinical guidelines.

The society has been involved in the development of specific transplant-related guidelines since 2012 working with the British Society for Haematology (BSH). The Guidelines Subcommittee is led by Dr Andrew Clark. More information regarding guidelines can be found via the website: https://bsbmtct.org/guidelines-sub-committee/

Reserves policy

The policy of the trustees is to maintain a level of reserves that is sufficient to continue the operation of the charity's activities for six months enabling the Trustees to meet all known financial commitments and achieve a well-managed closure in the event of unforeseen changes in funding circumstances.

Financial review

The statement of financial activities for the year ended 31st, December 2024 shows incoming resources of £540,723 (2023: £393,699) and resources expended of £533,402 (2023: £459,698), generating net incoming resources totalling £7,321, compared with a net outgoing resource position of £65,999 during 2023.

As a result, the net assets of the charity have increased from £445,492 at the close of 2023 to £452,813 at the close of 2024.

During 2024, grant income from NHS England remained static, but grant income from NHS Scotland increased to £21,078.50. Income from membership fees increased from £118,141 to £213,952 and sponsorship income increased from £41,000 to £57,000. The society also generated new income from a pharmaceutical company contract of £25,000.

Sufficient and sustainable funding is a prerequisite for the society's survival and success. Static income limits the society's ability to pursue new opportunities and constrains its ability to expand and improve its current offer to meet members' needs. Whilst increases to membership subscription rates and corporate sponsorship fees during 2024 have gone some way towards stabilising the society's financial position, income overall has remained relatively flat, and our costs rise every year. To better fulfil our purpose and meet members' needs, investment is required to build capacity and capability. This means there is a pressing need to both diversify and grow the society's income.

BSBMTCT Strategic Plan

BSBMTCT conducted a detailed Strategic review during 2024 which led to the development and approval of our new Strategic Plan (2025 - 2030) at the close of 2024.

It is clear that our members and partners value the important role that the BSBMTCT plays in advancing the field of stem cell transplantation and cellular therapy. It is clear, too, that they want to see the BSBMTCT do and provide more. Areas where there are opportunities to build on the society's strengths, and to address some of its development needs, include:

<u>Education and training</u>

- Providing more L&D support to clinicians in the earlier stages of their career, particularly to develop research skills.

- Broadening the provision of education and training to Allied Health Professionals (AHPs), Data Managers and Quality Managers.

- Offering more in-depth and 'self-service' resources on specific clinical topics.

- Expanding the provision of education and training relating to novel cellular therapies.

Developing and promoting clinical guidance

- Expanding the development of guidance, protocols and pathways relating to novel cellular therapies.

- Developing and publishing guidance at a greater pace, to better reflect the dynamic operating environment and breadth of areas e.g. transplantation, vaccinations and cellular therapy.

Networking, collaboration and knowledge-exchange

- Providing more opportunities to clinicians and AHPs at earlier stages of their careers.

- Extending support to Data Managers and Quality Managers and supporting those who are new to the field.

- Engaging and collaborating more with those beyond the BSBMTCT community, including the international community.

Advocacy and influencing

- Reacting quickly to pre-empt and influence opportunities and risks.

- Developing enduring relationships with policymakers and ensuring a 'seat at the table' when policy is being formulated.

- Partnering with patient organisations to establish a more direct relationship with patients, which will bolster the credibility of BSBMTCT's efforts to advocate on their behalf.

Maintaining and developing the Registry

- Enhancing the capacity and capability of the Registry team, to provide more value-adding services and support to the community, e.g. bespoke reporting and statistical analysis and new databases.

- Exploring opportunities to improve the functionality of the Registry, including self-service and the integration of data sets.

- Having a greater presence 'on the ground' in transplant centres, supporting data managers to further improve data quality and completeness.

Facilitating research

- Streamlining and accelerating the processes and decision-making relating to appraising and selecting studies, and accessing data for retrospective studies.

- Enhancing the capacity and capability of the Registry team so it further improves its services as a value-adding partner to researchers.

- Increasing the number and type of studies the society facilitates, including more retrospective and prospective studies; playing a greater role in relation to clinical trials.

- Acting as a research 'hub' for the community by prioritising research hypotheses, facilitating research partnerships and supporting the translation of research into practice.

The insights that arose out of our strategic review process have been funnelled into our first Strategic Plan, with a restating of our Purpose, Vision, Mission and Values as follows.

Our Purpose

The BSBMTCT exists to improve patient outcomes - both survival and quality of life - by advancing the fields of blood and marrow transplantation and cellular therapy.

Our Vision

The BSBMTCT strives for a world where all transplant and cellular therapy patients receive the highest-quality and most effective treatments and care they need to live well.

Our Mission

To fulfil its purpose and in pursuit of its vision, the BSBMTCT:

" Serves as the representative voice and advocate for transplantation and cellular therapy professionals.
" Maintains a registry of all stem cell transplants and cellular therapies in the UK and Republic of Ireland, and provides data and insight to inform research, commissioning, policy and clinical practice.
" Undertakes, facilitates and contributes to pioneering research and clinical trials that improve the outcomes of treatment and care.
" Provides education and training to transplantation and cellular therapy professionals and promotes the sharing of knowledge and good practice across the clinical community.
" Develops guidelines, protocols and quality standards that safeguard and enhance the interests of transplantation and cellular therapy patients and professionals.
" Provides data and insight to patients and the public, to educate and empower them as they make decisions about their treatment and care.

Our Values

We are led by our values. We are:

- Patient-focussed and caring.
- Inclusive and collaborative.
- Quality-driven
- Innovative
- Committed to improving outcomes.

Our enablers of success

To better fulfil our purpose, to advance the society's journey towards the realisation of its vision, and to be able to do an d provide more to meet members' needs, we have identified three fundamental enablers. These are significant changes to the way the BSBMTCT works, reflecting the challenges we face and the opportunity to do more and better for our members, our community and ultimately for patients. These are a continuation of our work to modernise and professionalise the society, to grow and diversify our income, and to forge partnerships with like-minded organisations. These fundamental enablers are interdependent and mutually-reinforcing. For example, forging strategic partnerships will support the BSBMTCT to modernise, professionalise and to appraise a viable commercial offer.

Modernise and professionalise

In recent years, good progress has been made towards clarifying and strengthening the BSBMTCT's governance and ways-of-working, including the development of new Articles of Association, a Governance Handbook, clear and transparent processes for elections, the creation of role descriptions and Terms of Reference for committees and subcommittees, and the development and implementation of new policies and procedures. However, the society's governance, structures and ways-of working still do not fully reflect the complexity of our work, nor the scale of our ambition. This includes a voluntary leadership model that relies heavily on senior clinicians to strategically lead and operationally manage the society.

It is essential that the BSBMTCT has the leadership and operational capability, and capacity needed to fulfil our purpose and deliver our mission. It is also vital to have fit-for-purpose resources, robust structures and efficient processes that support the society to meet the needs of members and expectations of partners. To this end, the Trustees have appointed a half time Interim Chief Executive.

Grow and diversify income

Whilst the BSBMTCT's financial position is relatively sound and stable, limited financial resources hinder the society's ability to do more or to do things differently in line with members' needs and expectations. We are also heavily reliant on grants from government to deliver many of our core Registry activities, and there is uncertainty about the sustainability of this funding in the medium-to-longer term.

Our members have highlighted the need for increased investment in the functions and services that add most value to the community, and which contribute most explicitly to achieving the society's core purpose. In particular, investment in the BSBMTCT's research 'offer' would allow us to expand the number and type of studies the society facilitates, including more retrospective studies and playing a greater role in prospective studies and clinical trials.

Harnessing the commercial potential of the BSBMTCT Registry data and the society's clinical knowledge and expertise has been highlighted as an opportunity to grow and diversify income. Our Registry is a valuable asset, which could form the basis of products and services that are attractive to industry. Income generated from commercial activity would be reinvested into the BSBMTCT's functions and services, allowing expansion and improvement in line with stakeholders' needs and priorities.

Forge partnerships

The BSBMTCT's strengths and assets - particularly the registry and high-quality clinical expertise - position it as an attractive partner to many organisations in the transplant and cellular therapy ecosystem. Indeed, throughout our history, the society has successfully collaborated with many UK and international partners in pursuit of our shared goals.

Taking a more strategic and proactive approach to forging mutually beneficial alliances will further enhance our impact and the society's ability to fulfil its purpose into the future. Depending on the scope and nature of these partnerships, they could also allow the BSBMTCT to share 'back-office' functions such as finance and comms, as well as to secure support with secretariat, management, administrative functions, IT network and database hosting. They may also be a gateway to accessing the skills, capacity and investment required to appraise, develop and implement a portfolio of commercial products and services. It may also be possible to increase our statistical analysis and data analysis capacity and expertise through sharing the resources of other partner organisations.

Overall, forging strategic partnerships will help to ensure coherence and collective endeavour between all those who have a role to play in improving patient outcomes - with the BSBMTCT playing a leading role.

Our strategic aims

Our plans to modernise and professionalise; to grow and diversify the BSBMTCT's income, and to forge strategic partnerships are not ends in themselves. They are the **fundamental enablers** of an ambitious strategy to invest in, improve and expand the society's functions and services, propelling us to the realisation of our Vision and supporting us to fulfil our Purpose. We have heard loud and clear from our members, colleagues and partners that they want the BSBMTCT to do more, and they want us to do it better. They want us to harness the considerable opportunities arising from the dynamic operating environment in which we - and they - operate.

Our Strategic Aims set out our ambition to meet these needs and expectations. Achieving these depends on our success in making the strategic shifts set out above so that we have the resources, capacity and capabilities we need. For each Strategic Aim, we will create a detailed delivery plan setting out what we will do, invest and achieve over the lifetime of our strategy. The pace and sequencing of delivery will adapt according to the availability of required resources, capacity and capability.

Strategic Aim	Outcomes: what will be different and better by 2030?
1. Develop and enhance the BSBMTCT Registry so that it efficiently provides high-quality, timely data and insight that informs commissioning, policy, research and clinical practice.	▪ Registry established as an integral and value-adding component of an enhanced, accessible and sustainable model for transplant and cellular therapy data. ▪ Advanced Registry functionality accelerating the process of deriving actionable insight from data, including self-service and bespoke analysis. ▪ The development of 'in house' databases. ▪ More 'on the ground' support to data managers, driving improvements to data quality. ▪ A robust framework for novel cellular therapy data, providing high-quality insight for use in clinical trials, market authorisation, HTAs, pricing and reimbursement. ▪ Improved interoperability so that datasets can be integrated. ▪ Patients having access to data and insight to inform their choices.
2. Facilitate pioneering research and clinical trials that improve the outcomes of treatment and care.	▪ Streamlined processes and accelerated decision-making for approving studies and accessing Registry data. ▪ BSBMTCT contributing to and facilitating an expanded portfolio of retrospective and prospective studies, including novel cellular therapies. ▪ Increased capacity and capability in the Registry team to support research studies, including statistical analysis. ▪ Award of BSBMTCT research grants and Fellowships. ▪ Integration of Registry data with PROMs and PREMs data.
3. Serve as the representative voice and advocate for transplant and cellular therapy professionals, ensuring their interests – and the interests of patients – are protected and promoted.	▪ Patient and Public Involvement / Engagement (PPI/E) embedded in the society's work. ▪ A future-focussed influencing strategy that responds to risks and opportunities in the BSBMTCT's environment. ▪ Proactive publication of policy positions and recommendations, reflecting evidence and insight from the clinical and research front line. ▪ BSBMTCT representation and participation in sector alliances and networks. ▪ Strengthened relationships with commissioners, policymakers, Parliament and regulators.
4. Provides high-quality and impactful education & training to transplant and cellular therapy professionals, and facilitate the sharing of knowledge	▪ Expanded provision of Learning & Development to include paediatric-specific resources; support to clinicians in the earlier stages of their careers, and education opportunities for Allied Health Professionals, Data Managers and Quality Managers. ▪ Education to support clinicians and AHPs to develop clinical research skills, including clinical trials. ▪ A robust L&D offer specific to novel cellular therapies.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The British Society of Blood and Marrow Transplantation and Cellular Therapy (BSBMTCT) is a company limited by guarantee, incorporated on 3 January 2008 (registered number 06462720), and entered on the register of charities on 9 September 2008 (registered number 1125795).

The society is governed by a Memorandum and Articles of Association, was incorporated on 3 January 2008 and registered as a charity on 9 September 2008.

The society maintains a register of members. The directors of the company are also trustees of the charity and are drawn from member centres. The Board of Trustees is legally accountable for the work of the society.

In the event of the charitable company being wound up members are required to contribute an amount not exceeding £1.

Recruitment and appointment of new trustees

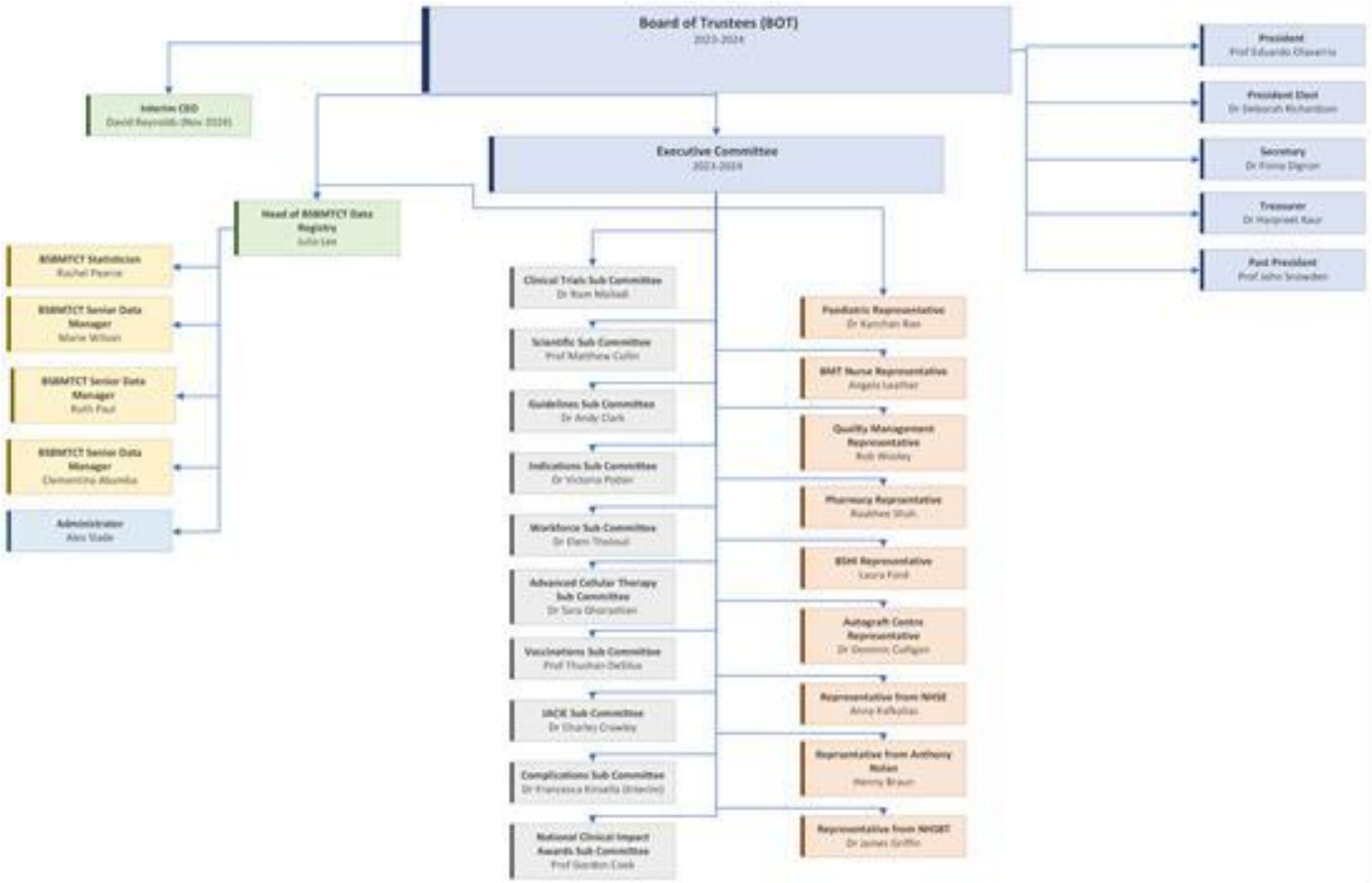
The Board of Trustees is made up of members of the Society who have been duly elected by the membership to become Trustees. The Memorandum and Articles of Association require that there are five Trustees on the Board. On the Board there is a President who acts as Chair, a President Elect, a Past President, a Secretary and the Treasurer. Post holders will serve terms of office as defined within the Articles of Association to a maximum Trustee tenure of twelve years to ensure that the Board is regularly refreshed.

The charity's trustees also serve as members of the charity's Executive Committee. Members of the Executive Committee are elected by the members by postal ballot for a period of three years from the 1st January following their election.

Organisational structure

The Board of Trustees of British Society of Blood and Marrow Transplantation and Cellular Therapy meets on a monthly basis and its Executive Committee meets at a minimum of twice a year.

During 2024, the structure of the charity remained largely unchanged. During November 2024, the Board of Trustees appointed a half time Interim Chief Executive Officer for a fixed period to the end of March 2026, to implement the society's new 5-year Strategic Plan (2025 to 2030). The organisational structure to the end of December 2024 was as follows:



Induction and training of new trustees

New trustees and directors receive an induction from the Interim Chief Executive and Head of Registry, along with a briefing from an existing member of the executive board or the outgoing officer as appropriate. New Trustees are also given a copy of the BSBMTCT Governance Handbook and a copy of Charity Commission guidance CC3 The Essential Trustee: What you need to know.

Trustees are encouraged to attend seminars and relevant training courses as appropriate, and information is also exchanged informally by peer-to-peer contact.

Risk management

The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to mitigate risk where possible. The Board of Trustees reviews the BSBMTCT Risk Register on a six-monthly basis considering Governance, External, Regulatory and Compliance, Financial and Operational Risks. The Board approves the Risk Register and agrees actions that endeavour to reduce risk scores to an identified target level.

Conflicts of Interest

The Trustees, and all committee and subcommittee members have a legal obligation to act in the best interests of the society and manage potential conflicts of Interest transparently and well.

The society maintains a Register of Interests, which is updated regularly. Trustees, committee and subcommittee members submit declarations of interest under the society's Conflict of Interest Policy. At the start of each meeting, attendees are asked to declare if they have any updated to the Register of Interests, and whether they have any conflicts of interest relating to each meeting agenda.

Report of the trustees, incorporating a strategic report, approved by order of the board of trustees, as the company directors, on 15th August 2025, and signed on the board's behalf by:



.....
Dr Harpreet Kaur - Treasurer

Independent examiner's report to the trustees of British Society of Blood and Marrow Transplantation and Cellular Therapy ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2024.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under Section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under Section 145(5) (b) of the 2011 Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by Section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of Section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



James Cruse FCA, FCCA, BSc (Econ) Hons

J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

Date: 15/08/2025

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2024

	Notes	**2024 Unrestricted fund £**	2023 Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities	4		
Grants receivable		**200,362**	192,200
Other trading activities	2	**340,229**	201,499
Investment income	3	**132**	-
Total		**540,723**	393,699
EXPENDITURE ON			
Charitable activities	5		
Direct costs		**442,949**	408,795
Support costs		**90,453**	50,903
Total		**533,402**	459,698
NET INCOME/(EXPENDITURE)		**7,321**	(65,999)
RECONCILIATION OF FUNDS			
Total funds brought forward		**445,492**	511,491
TOTAL FUNDS CARRIED FORWARD		**452,813**	445,492

The notes form part of these financial statements

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY (REGISTERED NUMBER: 06462720)

STATEMENT OF FINANCIAL POSITION
31 DECEMBER 2024

	Notes	2024 Unrestricted fund £	2023 Total funds £
FIXED ASSETS			
Tangible assets	10	**4,009**	1,018
CURRENT ASSETS			
Debtors	11	**99,982**	76,783
Cash at bank		**448,889**	648,701
		548,871	725,484
CREDITORS			
Amounts falling due within one year	12	**(100,067)**	(281,010)
NET CURRENT ASSETS		**448,804**	444,474
TOTAL ASSETS LESS CURRENT LIABILITIES		**452,813**	445,492
NET ASSETS		**452,813**	445,492
FUNDS	13		
Unrestricted funds		**452,813**	445,492
TOTAL FUNDS		**452,813**	445,492

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2024.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2024 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

(a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and

(b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

The notes form part of these financial statements

continued...

STATEMENT OF FINANCIAL POSITION - continued
31 DECEMBER 2024

The financial statements were approved by the Board of Trustees and authorised for issue on the 15th August 2025, and were signed on its behalf by:



.....
Dr Harpreet Kaur - Treasurer

The notes form part of these financial statements

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2024

	Notes	**2024** **£**	2023 £
Cash flows from operating activities			
Cash generated from operations	1	**(195,408)**	256,023
Net cash (used in)/provided by operating activities		**(195,408)**	256,023
Cash flows from investing activities			
Purchase of tangible fixed assets		**(4,536)**	(785)
Interest received		**132**	-
Net cash used in investing activities		**(4,404)**	(785)
Change in cash and cash equivalents in the reporting period		**(199,812)**	255,238
Cash and cash equivalents at the beginning of the reporting period		**648,701**	393,463
Cash and cash equivalents at the end of the reporting period		**448,889**	648,701

The notes form part of these financial statements

1. RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2024	2023
	£	£
Net income/(expenditure) for the reporting period (as per the Statement of Financial Activities)	**7,321**	(65,999)
Adjustments for:		
Depreciation charges	**1,545**	521
Interest received	**(132)**	-
(Increase)/decrease in debtors	**(23,199)**	242,535
(Decrease)/increase in creditors	**(180,943)**	78,966
Net cash (used in)/provided by operations	**(195,408)**	256,023

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1.1.24	Cash flow	**At 31.12.24**
	£	£	**£**
Net cash			
Cash at bank	**648,701**	**(199,812)**	**448,889**
	648,701	**(199,812)**	**448,889**
Total	**648,701**	**(199,812)**	**448,889**

The notes form part of these financial statements

1. ACCOUNTING POLICIES

BASIS OF PREPARING THE FINANCIAL STATEMENTS

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

INCOME

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably. Where income is received that relates to subsequent periods, such income is treated as deferred income.

EXPENDITURE

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

ALLOCATION AND APPORTIONMENT OF COSTS

All costs are allocated between the expenditure categories of the Statement of Financial Activities on the basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. floor areas, per capita or estimated usage.

TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office equipment - 25% on cost

TAXATION

The charity is exempt from corporation tax on its charitable activities.

FUND ACCOUNTING

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

continued...

1. ACCOUNTING POLICIES - continued

OPERATING LEASES

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the term of the lease.

COMPANY STATUS

The charity is a company limited by guarantee. The members of the company are the trustees named on the company information page. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member of the charity.

2. OTHER TRADING ACTIVITIES

	2024	2023
	£	£
Database management funding	**44,277**	42,158
Meeting income	**-**	200
Subscriptions and fees	**238,952**	118,141
Corporate subscriptions	**57,000**	41,000
	340,229	201,499

3. INVESTMENT INCOME

	2024	2023
	£	£
Deposit account interest	**132**	-

4. INCOME FROM CHARITABLE ACTIVITIES

	Activity	**2024**	2023
		£	£
Grants	Grants receivable	**200,362**	192,200

Grants received, included in the above, are as follows:

	2024	2023
	£	£
NHS England - General fund	**181,471**	179,860
NHS Scotland - General fund	**18,891**	12,340
	200,362	192,200

5. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 6)	Support costs (see note 7)	Totals
	£	£	£
Direct costs	**442,949**	**-**	**442,949**
Support costs	**-**	**90,453**	**90,453**
	442,949	**90,453**	**533,402**

6. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2024	2023
	£	£
Database management	**349,730**	343,564
Conference expenses	**71,362**	64,231
Prizes	**21,857**	1,000
	442,949	408,795

continued...

7. SUPPORT COSTS

	Management	Finance	Other	Governance costs	Totals
	£	£	£	£	£
Support costs	**24,037**	**102**	**8,695**	**57,619**	**90,453**

Support costs are those costs that have been incurred by the charity in order to further the continued development of the charity's charitable activities.

Support costs, included in the above, are as follows:

	2024 Support costs	2023 Total activities
	£	£
Management fee	**24,037**	**13,646**
Bank charges	**102**	**104**
Rent	**-**	**(11,062)**
Website costs	**6,608**	**4,430**
Sundries	**542**	**-**
Depreciation of tangible fixed assets	**1,545**	**521**
Consultancy fees	**54,475**	**40,084**
Accountancy and Independent Examiners Fees	**3,144**	**3,180**
	90,453	**50,903**

8. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2024	2023
	£	£
Depreciation - owned assets	**1,545**	521
Other operating leases	**-**	(11,062)

continued...

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2024 nor for the year ended 31 December 2023.

TRUSTEES' EXPENSES

Expense payments totalling £nil were made to trustees during the year ended 31 December 2024 (2023: £nil).

10. TANGIBLE FIXED ASSETS

	Office equipment £
COST	
At 1 January 2024	**10,320**
Additions	**4,536**
Disposals	**(8,676)**
At 31 December 2024	**6,180**
DEPRECIATION	
At 1 January 2024	**9,302**
Charge for year	**1,545**
Eliminated on disposal	**(8,676)**
At 31 December 2024	**2,171**
NET BOOK VALUE	
At 31 December 2024	**4,009**
At 31 December 2023	1,018

continued...

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Other debtors	**54,546**	31,618
Prepayments and accrued income	**45,436**	45,165
	99,982	76,783

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Trade creditors	**12,105**	10,870
Deferred income	**5,270**	3,085
Accrued expenses	**82,692**	267,055
	100,067	281,010

Deferred income
Deferred income relates to fees invoiced in advance from statutory and related funders.

13. MOVEMENT IN FUNDS

	At 1.1.24	Net movement in funds	At 31.12.24
	£	£	£
Unrestricted funds			
General fund	**445,492**	**7,321**	**452,813**
TOTAL FUNDS	**445,492**	**7,321**	**452,813**

Net movement in funds, included in the above are as follows:

	Incoming resources	Resources expended	Movement in funds
	£	£	£
Unrestricted funds			
General fund	**540,723**	**(533,402)**	**7,321**
TOTAL FUNDS	**540,723**	**(533,402)**	**7,321**

continued...

13. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.1.23 £	Net movement in funds £	At 31.12.23 £
Unrestricted funds			
General fund	511,491	(65,999)	445,492
TOTAL FUNDS	511,491	(65,999)	445,492

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	393,699	(459,698)	(65,999)
TOTAL FUNDS	393,699	(459,698)	(65,999)

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.1.23 £	Net movement in funds £	At 31.12.24 £
Unrestricted funds			
General fund	511,491	(58,678)	452,813
TOTAL FUNDS	511,491	(58,678)	452,813

continued...

13. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	934,422	(993,100)	(58,678)
TOTAL FUNDS	934,422	(993,100)	(58,678)

Purpose of unrestricted funds
General fund

This fund represents the free funds of the charity that are not designated for particular purposes.

14. RELATED PARTY DISCLOSURES

During the year ended 31 December 2024 the charity received income of £42,277 from another charity, Anthony Nolan, in which Dr V T Potter is also a trustee.

As Dr V T Potter has only been a trustee of British Society of Blood and Marrow Transplantation and Cellular Therapy on 31 December 2024, comparative transactions have not been recorded above.

As at 31 December 2024, £11,246 was due to the charity by Anthony Nolan.

15. ULTIMATE CONTROLLING PARTY

The charity is controlled by the trustees as listed in the Report of the Trustees.

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

England & Wales - Charity number 1125795

Accounts

REGISTERED COMPANY NUMBER: 06462720 (England and Wales)
REGISTERED CHARITY NUMBER: 1125795

REPORT OF THE TRUSTEES AND

UNAUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2023

FOR

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

BRITISH SOCIETY OF BLOOD
AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

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FOR THE YEAR ENDED 31 DECEMBER 2023

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REFERENCE AND ADMINISTRATIVE DETAILS
FOR THE YEAR ENDED 31 DECEMBER 2023

TRUSTEES	Dr F Dignan Professor J A Snowden Dr D S Richardson Professor E Olavarria Dr H Kaur (appointed 3.1.23)
COMPANY SECRETARY	Dr F Dignan
REGISTERED OFFICE	5th Floor Tabard House Talbot Yard, Guy's Hospital Great Maze Pond London SE1 9RT
REGISTERED COMPANY NUMBER	06462720 (England and Wales)
REGISTERED CHARITY NUMBER	1125795
INDEPENDENT EXAMINER	J W Hinks LLP Chartered Accountants 19 Highfield Road Edgbaston Birmingham West Midlands B15 3BH
SOLICITORS	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ
BANKERS	Barclays Bank Plc Leicester Leicestershire LE87 2BB

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2023

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 2023. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

ACHIEVEMENT AND PERFORMANCE

Charitable activities

In establishing the objectives and priorities for the society's activities the trustees have given and continue to give careful consideration to the Charity Commission's general guidance on public benefit.

All of the society's activities are focused on the development, education and improvement in outcomes for patients undergoing blood and marrow stem cell transplants within the United Kingdom and the Republic of Ireland (ROI), and more recently cellular therapies in particularly CAR-T therapies.

The activities of the British Society of Blood and Bone Marrow Transplantation and Cellular Therapy can be broadly divided into three main areas which include:

o Education of healthcare professionals, scientists, ancillary professionals and patients in all aspects of blood and marrow stem cell transplantation and in the last couple of years advanced cellular therapies such as CAR-T

o Research into all aspects of blood and marrow stem cell transplantation including the direct sponsorship of research as well as supporting and facilitating collaborative research. This work includes comprehensive outcomes data collection on all stem cell transplant undertaken in the UK on an ongoing basis. There is also some initial work collecting initial CAR-T data in the UK.

o Facilitating the ongoing development of stem cell transplant services within the UK.

Research

Research activity within the BSBMTCT falls into three main areas:

o Comprehensive outcome data analysis through the BSBMTCT transplant registry
o Retrospective and prospective studies and surveys run through the clinical trials sub committee
o Collaboration with partner organisations such as the EBMT, Anthony Nolan, NHSBT, and other specialties such as Obstetrics & Gynaecology and Cardiology.

Registry

The registry represents a unique and comprehensive database of all transplant activity undertaken in the UK and ROI. As activity continues to increase, the work of the data registry team has followed. In 2022 a total of 4533 transplants were undertaken across the UK and ROI transplant centres. The BSBMTCT registry now holds over 90,000 registrations to date which includes transplant data and now also data on cellular therapies, i.e. CAR-T.

The BSBMTCT registry team dedicate a significant amount of time entering data for centres, correcting missing and incorrect data entries, providing training to centres on the registry database, providing data management specific training days, and more recently creating an online induction module for new and existing staff to provide staff with a good foundation of this role within BMT. The registry also provides centres with practical advice and information. One of the major remits of the registry team is to ensure the quality and completeness of data within the registry. Data on every transplant is checked for internal consistency and errors. Queries are then followed up with individual transplant centres. There is time dedicated to running regular data quality reports to ensure the accuracy and completion of patient records within the database. These reports have been run quarterly since May 2018 to ensure that when the new BMT registry goes live, the data migrated over will be of a good standard. In addition, requests for missing registrations and follow ups for the period of 2018 to 2022 inclusive have been made in November 2023 in preparation for the annual commissioners report due to be finished by the end of 2024.

In August 2023, the new single registry capturing both transplant and cellular therapy data was launched and went live for all users. This also came with a new set of data collection forms for users to familiarise themselves with. There have been some issues with the new system and the registry staff have been key to supporting both the migration teams and the centre staff with troubleshooting and queries. The issues with the new registry system have had a significant impact in the usual running of the registry and its core functions and work. This has caused delays and extra work for the registry team as they try and find a solution while the issues are resolved.

There is likely to be a delay in the production of the 2024 commissioners report due to the issues with the new registry system and the lack of a usable reporting and exporting function.

Since 2017 the registry team launched its annual data manager (DM) training days which is a day dedicated to data management staff. These sessions give data management staff the skills and knowledge to carry out their roles as well as giving them a platform for networking. Each one has been extremely successful and well attended, each with its own theme. November 2023 marked the BSBMTCT registry's 6th successful DM training day. The 7th is planned for November 2024 with a theme of "Quality of Life During and After Transplant".

The Induction Module which was mentioned in last years report has now been launched. It is contained within the website within the DM section and is only accessible via a username and password. There are currently 4 core modules on the platform which are Module 1 - Introduction to the BSBMTCT, Module 2 - General duties of Bone Marrow Transplant Data Management Staff, Module 3 - Introduction to Haematopoietic Stem Cell Transplantation and Module 10 - Retrospective studies and clinical trials. There are also modules on the platform including Introduction to the BSBMTCT Induction Manual, Introduction to the Glossaries, Glossary 1: Acronyms and Abbreviations, Glossary 5: Donor Registries and ION codes, The Induction Manual Extra section, and BSBMTCT Abstracts, Posters and Presentations. There are currently over 93 registered users on the platform who have either completed all module on the system or have completed parts of them. Following completion of each module, a certificate of completion is generated. Feedback is requested after each module to allow the registry to make improvements if necessary. There will be more modules and material added on the website as they are created, and existing material will be updated to reflect current and more recent practice.

The registry produces 3 data management related newsletters a year to keep staff updated with all registry-based activities including updates from the EBMT. They are kept on the website on the DM dedicated pages following distribution.

All DM related material can be found on the DM pages https://bsbmtct.org/data-managers/

The registry also manages the www.bsbmtct.org website and the Twitter feed. The website is dedicated to providing information on the BSBMTCT as well as providing information re BMT activity within the UK and ROI and BSBMTCT Haematological meetings. It has dedicated areas for different professional roles within BMT. More recently it holds valuable guidelines and information for health professionals and patients alike on COVID-19 including vaccination recommendations.

The team structure at present comprises a Head of Registry at Band 8c at full time. There is one statistician at Band 7 0.8WTE. There are three Band 6 Senior data managers two which are 0.9WTE and one on 0.8WTE. Anthony Nolan also provides funds into the registry to support their long-standing project known as the patient donor project.

Comprehensive outcome data

For the last fourteen years the society has been producing a comprehensive report on outcome of stem cell transplantation in the UK. This has been primarily for the benefit of Commissioners of healthcare services. The 14th annual report was published beginning of September 2023. This focused on longer term outcomes for transplants performed between 2017 and 2020 and a detailed analysis of transplant activity by type, disease indication and region in 2021. The data preparation for the 15th report is underway and will be submitted by the end of December 2024. This report will include outcomes for transplants performed between 2018 and 2022 as well as a detailed analysis for transplant activity in 2022. Since 2019 there has been some basic activity data regarding non-transplant therapies such as CAR-T, other Immune Effector Cells (IEC)s and Mesenchymal Stromal Cell (MSC)s. Over the past couple of years, we have included some outcomes data particularly for CAR-T therapies based on the diagnoses they are commissioned to treat. As these therapies evolve and expand to other diseases, we will be adding these to our reports for the BMT community.

BSBMTCT Clinical trials Sub Committee (CTSC)

The BSBMTCT CTSC since January 2019 is headed by Ram Malladi and Victoria Potter as secretary. The term of these office holders remains three years with the secretary acting as the chairman elect. The primary aim of the CTSC remains the timely completion and publication of well conducted studies and surveys, with clearly stated hypotheses, to inform and direct clinical BMT practice within the UK and part of the RoI.

The BSBMTCT CTSC works to delivers retrospective study work and surveys. Since 1st November 2017 the clinical trials and prospective studies are now delivered in partnership with IMPACT. IMPACT is the UK's first ever clinical trials partnership dedicated to improving the outcomes of stem cell transplant patients. The initiative's pilot phase concluded in December 2021, and plans have been agreed to ensure the completion of open IMPACT trials. The CTSC will still be involved in the future of prospective studies.

The BSBMTCT CTSC hold two meetings a year and the focus of these will be retrospective studies and surveys. At least one of these meetings will include an invitation to submit new study proposals. In 2023, the two meetings were held in February and November.

Ongoing studies are listed below:
(https://bsbmtct.org/ctc-clinical-trials-committee/)
1. Approved BSBMTCT Retrospective Studies (in progress)
a. CTCR-2102: Alemtuzumab based conditioning for unrelated and matched sibling donor transplants in SAA - Austin Kulasekararaj/Victoria Potter
b. CTCR-2104 UK experience of CMML - Pramila Krishnamurthy
c. Anthony Nolan Patient/Donor project (ongoing project)
2. Completed retrospective studies/surveys - manuscript/analysis stage
a. CTCR-2102: Outcomes of germ cell tumour patients treated with high dose chemotherapy/autologous stem call transplants in the UK - Robin Young/John Snowden/Dan Stark
b. CTCR-2001 A study of the impact of cryopreservation of allogenic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson
c. CTCR-1801: Retrospective study of autologous HSCT in MS in the UK -John Snowden/Maj Kazmi/Basil Sharrack
d. CTCR-2101 Haematopoietic stem cell transplant for teenage and young adult patients with haematological malignancies in the UK: Trends in practice, and outcome comparison with adult patients -Graham McIlroy/Ben Carpenter/Anna Castleton/Ram Malladi
e. CTCS-2201: UK Cardiovascular screening survey for HSCT - Muhammad Saif/David Gent
f. CTCR 1902 Case matched study evaluating the impact of prior PD1/PDL1 inhibition on transplant outcomes in patients with Hodgkin Lymphoma undergoing T-deplete alloTx-Karl Peggs
g. Survey for Clinicians re current pre-pregnancy and antenatal counselling and management for women who have previously had BMT/TBI - Kate Birchenall
h. Risk of preterm birth in women who conceive following bone marrow transplantation -Melanie Griffin/Victoria Grandage

i. CTCS-2001: UK Physicians Perspectives on Palliative Care -Chiara DeBiase
j. CTCS-2103: Screening and treatment for LTBI and subsequent TB infections in BMT units in UK: Survey - Rajesh Alajangi
k. CTCS-1901: A multicentre survey to look at current clinical practises in the pre-transplant identification of metabolic and nutritional risk factors for adult transplant patients. -Laura Miller
l. CTCS-2101: Survey of conditioning regimens for myelofibrosis - Emma Kempshall
m. CTCS-2102: Survey for feasibility of transplant for low-risk MDS study - Victoria Potter/Anjum Khan
3. Approve BSBMTCT retrospective studies (upcoming)
a. CTCR-2301 Post-Transplant Cyclophosphamide Haploidentical versus Alemtuzumab Matched Unrelated Donor or Alemtuzumab Mismatched (9/10) unrelated Donor Reduced Intensity Transplantation in Acute Myeloid Leukaemia -Alexandros Kanellopoulos
i. Study approved. Aiming to send out by end 2024.
b. CTCR-2302 Physical, psychological and social outcomes following Haemopoietic stem cell transplantation (HSCT) for children diagnosed with leukaemia, beta thalassaemia (?Thal) and Sickle Cell Disease (SCD) living in the North of England.- Beki James/Richard Feltbower

4. Studies in proposal stages (not yet approved)
a. A study of the impact of treosulfan-based allogeneic stem cell transplantation (HSCT) for patients with myeloid disorders (Anjum Khan)

Publications
All publications can be found on our website https://bsbmtct.org/publications/

MANAGEMENT OF PATIENTS WITH GERMLINE PREDISPOSITION TO HAEMATOLOGICAL MALIGNANCIES CONSIDERED FOR ALLOGENEIC BLOOD AND MARROW TRANSPLANTATION: BEST PRACTICE CONSENSUS GUIDELINES FROM THE UK CLINICAL GENETICS GROUP (UKCGG), CANGENE-CANVAR, NHS ENGLAND GENOMIC LABORATORY HUB (GLH) HAEMATOLOGICAL MALIGNANCIES WORKING GROUP AND THE BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY (BSBMTCT)
ANDREW CLARK, SALLY THOMAS, ANGELA HAMBLIN, POLLY TALLEY, AUSTIN KULASEKARARAJ, JACOB GRINFELD, BEVERLEY SPEIGHT, KATIE SNAPE, TERRI P MCVEIGH, JOHN A SNOWDEN
BR J HAEMATOL . 2023 FEB 14.

JOINT CONSENSUS STATEMENT ON THE VACCINATION OF ADULT AND PAEDIATRIC HAEMATOPOIETIC STEM CELL TRANSPLANT RECIPIENTS: PREPARED ON BEHALF OF THE BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY (BSBMTCT), THE CHILDREN'S CANCER AND LEUKAEMIA GROUP (CCLG), AND BRITISH INFECTION ASSOCIATION (BIA) PDE MILLER, S R PATEL, R SKINNER, F DIGNAN, A RICHTER, K JEFFERY, A KHAN, P T HEATH, A CLARK, K ORCHARD, J A SNOWDEN, T I DE SILVA. THE JOURNAL OF INFECTION 2023 JAN;86(1):1-8. HTTPS://WWW.JOURNALOFINFECTION.COM/ARTICLE/S0163-4453(22)00646-6/FULLTEXT

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT): AN UPDATE OF THE ONGOING PROJECT OF THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE).

SACCARDI R, PUTTER H, EIKEMA DJ, BUSTO MP, MCGRATH E, MIDDELKOOP B, ADAMS G, ATLIJA M, AYUK FA, BALDOMERO H, BEGUIN Y, DE LA CÁMARA R, CEDILLO Á, BALARI AMS, CHABANNON C, CORBACIOGLU S, DOLSTRA H, DUARTE RF, DULERY R, GRECO R, GUSI A, HAMAD N, KENYON M, KRÖGER N, LABOPIN M, LEE J, LJUNGMAN P, MANSON L, MENSIL F, MILPIED N, MOHTY M, OLDANI E, ORCHARD K, PASSWEG J, PEARCE R, DE LATOUR RP, POIREL HA, RINTALA T, RIZZO JD, RUGGERI A, SANCHEZ-MARTINEZ C, SANCHEZ-GUIJO F, SÁNCHEZ-ORTEGA I, TRNKOVÁ M, FERREIRAS DV, WILCOX L, DE WREEDE LC, SNOWDEN JA.BONE MARROW TRANSPLANT. 2023 JUN;58(6):659-666. DOI: 10.1038/S41409-023-01924-6. EPUB 2023 MAR 9.PMID: 36894635

OBSERVATIONAL TRENDS IN GVHD DATA SUBMISSIONS; DO CENTRES HAVE A DATA COLLECTION PROCESS AND IS THIS RESPONSIBLE FOR SUBMISSION IMPROVEMENTS?
Clementina Abamba, Julia Lee, Rachel M Pearce, Marie C Wilson, Ruth E Paul, John A Snowden
EBMT Congress March 2022, Poster Presentation

IMPACT OF PET-CT STATUS ON PROGRESSION-FREE SURVIVAL FOR RELAPSED FOLLICULAR LYMPHOMA PATIENTS UNDERGOING AUTOLOGOUS STEM CELL TRANSPLANT
Toby A Eyre 1, Sally F Barrington 2, Jessica Okosun 3, Clementina Abamba 4, Rachel M Pearce 4, Julia Lee 3, Ben Carpenter 5, Charles R Crawley 6, Adrian J C Bloor 7, Maria Gilleece 8, Emma Nicholson 9, Nimish Shah 10, Kim Orchard 11, Ram Malladi 6, William M Townsend 5
Haematologica 2022 May 19. doi: 10.3324/haematol.2021.280287.

VARIATIONS IN PROVISION OF PSYCHOLOGICAL CARE TO HEMATOPOIETIC CELL TRANSPLANT RECIPIENTS: RESULTS OF A NATIONAL SURVEY OF UK TRANSPLANT CENTERS
Rosalina Naidoo, Joseph Low, Michael Rennoldson, Robert Danby, Hayley Leonard, Alejandro Madrigal, Julia Lee, and Chloe Anthias
Bone Marrow Transplantation, accepted 31/05/2022

THE IMPACT OF COVID-19 ON RELATED-DONOR ALLOGENEIC STEM CELL HARVEST PROCESSES: A BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY SURVEY
Julia Wolf, Julia Lee, Rachel Pearce, Marie Wilson, John A. Snowden, Kim Orchard
British Journal of Haematology, published June 2022

DOES GRAFT CRYOPRESERVATION AFFECT THE OUTCOMES OF ALLOGENEIC HAEMATOPOIETIC CELL TRANSPLANTS? A UK MULTICENTRE CASE CONTROL STUDY DURING COVID19 PANDEMIC
R. Maniusyte1, A. Pryce1, R. Pearce2, J.A. Snowden3, R. Malladi4, V. Potter5, J. Lee2, M. Wilson6, R. Pawson7, R. Danby1
Oral abstract presentation, EBMT Congress 2022,

THE NICE COVID-19 RAPID GUIDELINE ON HAEMATOPOIETIC STEM CELL TRANSPLANTATION: DEVELOPMENT, IMPLEMENTATION AND IMPACT
Kim Orchard 1, Fiona L Dignan 2, Julia Lee 3, Rachel Pearce 3, Monica Desai 4, Emma McFarlane 4, Angela Parkin 4, Peter Shearn 4, John A Snowden 5 6
Br J Haematol . 2021 Jan 20. doi: 10.1111/bjh.17280.

SARS-COV-2 SCREENING FOR ASYMPTOMATIC HEALTH CARE WORKERS IN UK STEM CELL TRANSPLANT UNITS
Adrian J C Bloor 1, Fiona L Dignan 2, Julia Lee 3, Kim H Orchard 4
Br J Haematol . 2021 Jan;192(2):e37-e38.

SURVIVORSHIP CARE FOR ALLOGENEIC TRANSPLANT PATIENTS IN THE UK NHS: CHANGES CENTRE PRACTICE, IMPACT OF HEALTH SERVICE POLICY AND JACIE ACCREDITATION OVER 5 YEARS

Fiona Dignan, Angela Hamblin, Amelia Chong, Julia Lee, Michelle Kenyon, Paul Miller, Maria Gilleece, Hannah Hunter, and John Snowden
Paper #BMT-2020-721RR

SUBSTITUTING CARMUSTINE FOR LOMUSTINE IS SAFE AND EFFECTIVE IN THE TREATMENT OF RELAPSED OR REFRACTORY LYMPHOMA - A RETROSPECTIVE STUDY FROM THE BSBMT (BEAM VERSUS LEAM)
Philippa Kelsey, Rachel Pearce, Julia Perry, Keiren Kirkland, Ruth Paul, Jonathan Lambert, Andrew Peniket, Ram Malladi, John Snowden, and Nick Morley
#BMT-2020-226RR

PRESENCE OF DONOR-ENCODED CENTROMERIC KIR B CONTENT INCREASES THE RISK OF INFECTIOUS MORTALITY IN RECIPIENTS OF MYELOABLATIVE, T-CELL DEPLETE, HLA-MATCHED HCT TO TREAT AML
Steven Marsh, Will Bultitude, Jennifer Schellekens, Richard Szydlo, Chloe Anthias, Sarah Cooley, Jeffrey Miller, Daniel Weisdorf, Bronwen Shaw, Chrissy Roberts, Christian Garcia-Sepulveda, Julia Perry, Rachel Pearce, Marie Wilson, Mike Potter, Jenny Byrne, Nigel Russell, Stephen Mackinnon, Adrian Bloor, Amit Patel, Grant McQuaker, Ram Malladi, Eleni Tholouli, Kim Orchard, Victoria Potter, Alejandro Madrigal, and Neema Mayor
Bone Marrow Transplant. 2020 Mar 13.

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE)
John Snowden, Riccardo Saccardi, Kim Orchard, Per Ljungman, Rafael Duarte, Myriam Labopin, Eoin McGrath, Nigel Brook, Carmen Ruiz de Elvira, Debra Gordon, Hélène Poirel, Francis Ayuk, Yves Beguin, Francesca Bonifazi, Alois Gratwohl, Noël MILPIED, John Moore, J Passweg, J Douglas Rizzo, Stephen Spellman, Jorge Sierra, Carlos Solano, Fermin M Sanchez-Guijo, Nina Worel, Andreu Gusi, Gillian Adams, Theodor Balan, Helen Baldomero, Gilles Macq, Evelyne Marry, Florence Mesnil, Elena Oldani, Rachel Pearce, Julia Perry, Nicole Raus, Urs Schanz, Steven Tran, Leonie Wilcox, Grzegorz Basak, Christian CHABANNON, Selim Corbacioglu, Harry Dolstra, Jürgen Kuball, Mohamad Mohty, Arjan Lankester, Silvia Montoto, Arnon Nagler, Jan Styczynski, i agha, Nicolaus Kroger, Ronald Brand, Liesbeth de Wreede, Erik van Zwet, Hein Putter, and Regis Peffault de Latour
Bone Marrow Transplant. 2020 Apr;55(4):681-694.

ARE TRANSPLANTS TRULY AVAILABLE TO ALL, REGARDLESS OF GEOGRAPHY, SOCIOECONOMIC STATUS AND ETHNIC GROUP? A BSBMTCT REPORT.
Rachel Pearce, Julia Lee, Ruth Paul, Marie Wilson, Clementina Abamba, Kim Orchard
Virtual EBMT 2020 29th August to 1st Sept 2020. Poster Presentation (B476) Data Management.

THE IMPACT OF CYTOGENETICS ON DURATION OF RESPONSE AND OVERALL SURVIVAL IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA (LONG-TERM FOLLOW-UP RESULTS FROM BSBMT/UKMF MYELOMA X RELAPSE [INTENSIVE]): A RANDOMISED, OPEN-LABEL, PHASE 3 TRIAL.
Cook G, Royle KL, O'Connor S, Cairns DA, Ashcroft AJ, Williams CD, Hockaday A, Cavenagh JD, Snowden JA, Ademokun D, Tholouli E, Andrews VE, Jenner M, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Drayson MT, Brown JM, Morris TCM; National Cancer Research Institute Haemato-oncology Clinical Studies Group.
Br J Haematol. 2019 May;185(3):450-467. doi: 10.1111/bjh.15782. Epub 2019 Feb 6.

RECIPIENTS RECEIVING BETTER HLA-MATCHED HEMATOPOIETIC CELL TRANSPLANTATION GRAFTS, UNCOVERED BY A NOVEL HLA TYPING METHOD, HAVE SUPERIOR SURVIVAL: A RETROSPECTIVE STUDY.
Mayor NP, Hayhurst JD, Turner TR, Szydlo RM, Shaw BE, Bultitude WP, Sayno JR, Tavarozzi F, Latham K, Anthias C, Robinson J, Braund H, Danby R, Perry J, Wilson MC, Bloor AJ, McQuaker IG, MacKinnon S, Marks DI, Pagliuca A, Potter MN, Potter VT, Russell NH, Thomson KJ, Madrigal JA, Marsh SGE.
Biol Blood Marrow Transplant. 2019 Mar;25(3):443-450. doi: 10.1016/j.bbmt.2018.12.768.

OUTCOME OF ALLOGRAFTING FOR AML-CR2 IS EQUIVALENT ACROSS BSBMT AND EBMT AND IS ASSOCIATED WITH ENCOURAGING OS AND DFS ACROSS ALL AGE GROUPS.
Byrne J, Pearce R, Perry J, Crawley C, Jackson G.
Bone Marrow Transplant. 2019 Jul;54(7):1151-1154. doi: 10.1038/s41409-019-0439-y. Epub 2019 Jan 24.

CURRENT PRACTICE IN VITAMIN D ASSESSMENT AND MANAGEMENT ACROSS ADULT AND PAEDIATRIC ALLOGENEIC HAEMATOPOIETIC STEM CELL TRANSPLANT CENTRES: A SURVEY BY THE TRANSPLANT COMPLICATIONS WORKING PARTY OF THE EBMT.
J. Ros-Soto, J.A. Snowden, N. Salooja, M. Gilleece, A. Parker, DM. Greenfield, C. Anthias, A. Alfred, A. Harrington, C. Peczynski, K. Peggs, A. Madrigal, G.W. Basak, H. Schoemans
Oral Poster presentation A092 EBMT Frankfurt March 2019 (Ran through BSBMT CTC as Survey)

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE).
Snowden JA, Saccardi R, Orchard K, Ljungman P, Duarte RF, Labopin M, McGrath E, Brook N, de Elvira CR, Gordon D, Poirel HA, Ayuk F, Beguin Y, Bonifazi F, Gratwohl A, Milpied N, Moore J, Passweg J, Rizzo JD, Spellman SR, Sierra J, Solano C, Sanchez-Guijo F, Worel N, Gusi A, Adams G, Balan T, Baldomero H, Macq G, Marry E, Mesnil F, Oldani E, Pearce R, Perry J, Raus N, Schanz U, Tran S, Wilcox L, Basak G, Chabannon C, Corbacioglu S, Dolstra H, Kuball J, Mohty M, Lankester A, Montoto S, Nagler A, Styczinski J, Yakoub-Agha I, de la Tour RP, Kroeger N, Brand R, de Wreede LC, van Zwet E, Putter H.
Bone Marrow Transplant. 2019 Oct 21. doi: 10.1038/s41409-019-0718-7.

A smooth Transition to MACRO: A Training Plan by the British Society of Blood and Marrow Transplantation Data Registry (BSBMTDR) for Centre Data Managers (DMS) Wilson M, Paul R, Abamba C, Pearce R and Perry J. Oral Poster presentation A365 EBMT Frankfurt March 2019

Current practice in vitamin D assessment and management across adult and paediatric allogeneic haematopoietic stem cell transplant centres: a survey by the Transplant Complications Working Party of the EBMT. J. Ros-Soto, J.A. Snowden, N. Salooja, M. Gilleece, A. Parker, DM. Greenfield, C. Anthias, A. Alfred, A. Harrington, C. Peczynski, K. Peggs, A. Madrigal, G.W. Basak, H. Schoemans Oral Poster presentation A092 EBMT Frankfurt March 2019 (Ran through BSBMT CTC as Survey)

The impact of cytogenetics on duration of response and overall survival in patients with relapsed multiple myeloma (long-term follow-up results from BSBMT/UKMF Myeloma X Relapse [Intensive]): a randomised, open-label, phase 3 trial. Cook G, Royle KL, O'Connor S, Cairns DA, Ashcroft AJ, Williams CD, Hockaday A, Cavenagh JD, Snowden JA, Ademokun D, Tholouli E, Andrews VE, Jenner M, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Drayson MT, Brown JM, Morris TCM; National Cancer Research Institute Haemato-oncology Clinical Studies Group. Br J Haematol. 2019 Feb 6. doi: 10.1111/bjh.15782.

Outcome of allografting for AML-CR2 is equivalent across BSBMT and EBMT and is associated with encouraging OS and DFS across all age groups. Byrne J, Pearce R, Perry J, Crawley C, Jackson G. Bone Marrow Transplant. 2019 Jan 24. doi: 10.1038/s41409-019-0439-y.

Changing trends in haemopoietic stem cell transplantation in the UK: 40 years of data from the British Society for Blood and Marrow Transplantation (BSBMT) Jennifer Byrne, Julia Perry, Charles Crawley, Kim Orchard, Rachel Pearce. Oral Poster presentation P461 EBMT Lisbon March 2018

BEAM versus LEAM conditioning chemotherapy for autologous transplantation in lymphoma . A retrospective study from the BSBMT Nick Morley, John Snowden, Rachel Pearce, Julia Perry, Ruth Paul, Keiren Kirkland, Jonathan Lambert, Ram Malladi, Andy Peniket. Oral Poster Presentation P153 EBMT Lisbon March 2018

Outcome of Allografting for AML?CR2 is equivalent across the BSBMT and EBMT and is associated with encouraging OS and DFS across all age groups. Byrne, Jenny; Perry, Julia; Kirkland, Keiren; Pearce, Rachel; Jackson, Graham. Oral Poster presentation B224 EBMT Marseille March 2017

A Clinical Prognostic Index for Assessing Patients aged >60 Being Considered for High?Dose Therapy and Autologous Stem?Cell Transplant in Relapsed or refractory High?Grade Non?Hodgkin Lymphoma
Edwards, David; Kirkland, Keiren; Pearce, Rachel; Robinson, Stephen; Cook, Gordon. B290 EBMT Marseille March 2017

Recipient/donor HLA and CMV matching in recipients of T-cell-depleted unrelated donor haematopoietic cell transplants.
Shaw BE, Mayor NP, Szydlo RM, Bultitude WP, Anthias C, Kirkland K, Perry J, Clark A, Mackinnon S, Marks DI, Pagliuca A, Potter MN, Russell NH, Thomson K, Madrigal JA, Marsh SG.
Bone Marrow Transplant. 2017 Jan 16. doi: 10.1038/bmt.2016.352.

Variations in practice in UK transplant centers: results of a related donor care survey.
Anthias C, Peniket A, Kirkland K, Madrigal JA, Shaw BE.
Bone Marrow Transplant. 2016 Dec;51(12):1612-1614. doi: 10.1038/bmt.2016.220. Epub 2016 Sep 5.

The effect of salvage autologous stem-cell transplantation on overall survival in patients with relapsed multiple myeloma (final results from BSBMT/UKMF Myeloma X Relapse [Intensive]): a randomised, open-label, phase 3 trial.
Cook G, Ashcroft AJ, Cairns DA, Williams CD, Brown JM, Cavenagh JD, Snowden JA, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Chown S, Heartin E, O'Connor S, Drayson MT, Hockaday A, Morris TC; National Cancer Research Institute Haemato-oncology Clinical Studies Group..
Lancet Haematol. 2016 Jul;3(7):e340-51. doi: 10.1016/S2352-3026(16)30049-7.

BCSH/BSBMT/UK clinical virology network guideline: diagnosis and management of common respiratory viral infections in patients undergoing treatment for haematological malignancies or stem cell transplantation.
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Br J Haemal. 2016 May;173(3):380-93. do: 10.1111/bjh.14027. Epic 2016 Apr 7.

Polymorphism in TGFB1 is associated with worse non-relapse mortality and overall survival after stem cell transplantation with unrelated donors.
Arrieta-Bolaños E, Mayor NP, Marsh SG, Madrigal JA, Apperley JF, Kirkland K, Mackinnon S, Marks DI, McQuaker G, Perry J, Potter MN, Russell NH, Thomson K, Shaw BE.
Haematologica. 2016 Mar;101(3):382-90. doi: 10.3324/haematol.2015.134999. Epub 2015 Nov 26.

Education

Education in all aspects of stem cell transplantation has been one of the major roles of the Society since its formation. There has been a focus in the past on education of clinicians but more recently there has been a move to broaden that remit to include other health care professionals. The registry holds a Data Management Day open to all Data Management and Quality Management staff on an annual basis. It has since launched it's very first Induction Module specifically designed for data management staff in 2023.

The Society's Meetings
Since 2022, the Society now runs three main meetings each year, a scientific meeting in May and educational meeting in October/November and a new Scientific Showcase meeting showcasing the latest in the Advanced Cellular Therapy arena in June. In 2023, the scientific meeting in May included another successful abstract presentation session with prizes awarded for the best abstracts. The education meeting in November was also well attended. The scientific showcase also proved to be a success.

Transplant accreditation
The society has always had a leading role in facilitating and developing the quality of stem cell transplant services within the UK. The majority of all allogeneic transplant centres and a large number of autologous centres are now JACIE accredited and the role for the transplant accreditation committee is therefore limited. This now meets as a virtual body to continue to support the accreditation process within the UK.

The Society's Monthly Bulletins
Since January 2021, Professor John Snowden along with the other Trustees and Head of Registry produces a monthly Bulletin which is sent to all the membership which includes updates on the societies work. This has continued into 2023 with Professor Eduardo Olavarria taking over as the new BSBMTCT President in January 2022.

Website
The website has proved successful and is an important focus for general communication for the society. The Registry pages provide data on the role of the Registry along with links to the new registry system and the new data collection forms. The website also provides access to the indications for transplant table which was primarily a document for clinical guidance but has also been adopted as a basis for health care commissioning. The website also provides a portal for other documents of interest to transplant centres as well as keeping people informed of the society's activities. It also provides data showing the increase in transplant activity per year. The website has an area dedicated to COVID including guidelines and vaccination information. The website is slowly being modernised to include some of the changes within the society and registry. There are also now pages for each BSBMTCT Sub Committee on the website which includes each sub committee's terms of reference and relevant documents.

Twitter
The society has it's on twitter account @BSBMTCT where is shares vital information and meetings to the BMT community.

Development of and promotion of clinical guidelines.
The Society has been involved in the development of specific transplant-related guidelines since 2012. This has led to the publication in the British Journal of Haematology of the first guidelines for both acute and chronic graft-versus-host disease. These have been important in helping to unify the approaches to these complications and will be of value in the discussions regarding commissioning of treatments for these conditions. The guidelines group have also recently published guidelines on the management of cytomegalovirus infection and veto-occlusive disease and respiratory viral infections. The guidelines subcommittee from 2022 has been led by Dr Andrew Clark.

New Sub Committees formations
The society has created a number of new subcommittees which include the Workforce Sub Committee, the Advanced Cellular Therapy Subcommittee and the Indications Subcommittee. These are all vital workstreams which all feed into the BSBMTCT Executive Committee. The Sub Committees all now have Terms of Reference which are available to view on the website. In 2023 we also saw the creation of the JACIE Sub Committee which is chaired by Dr Charles Crawley.

FINANCIAL REVIEW

Reserves policy

The policy of the trustees is to maintain a level of reserve that is sufficient to continue the operation of the charity's activities. The goal of the society has been to achieve reserve sufficient to allow continued operations for one year in the event of a major change in funding activities. This has been extremely difficult to achieve in previous years, however, in the past four years significant progress has been made and our current reserves are satisfactory.

Financial review

The statement of financial activities for the year ended 31st December 2023 shows incoming resources of £393,699 (2022: £376,137) and resources expended of £459,698 (2022: £425,366), generating net expenditure totalling £65,999 (2022: net expenditure totalling £49,229).

As a result, the net assets of the charity have decreased from £511,491 as at 31 December 2022 to £445,492 as at 31 December 2023.

The two major sources of income for the charity remain funding from specialist commissioning service and individual transplant centre subscriptions and corporate sponsorship.

Corporate sponsorship has largely been maintained.

Individual transplant centre membership subscriptions are the other major source of income. We have progressively increased subscriptions over the last 5 years and this trend is likely to continue. As a consequence of pressure from commissioning bodies, there has been a general trend for transplant centres to amalgamate into larger centres. This is associated with a fall in the overall number of members but as yet has not been factored into the annual subscription fees.

Trustees are also mindful about the need to maintain tight control of expenditure. The joint symposia with the Anthony Nolan and NHSBT have proven a cost-effective way of delivering high-quality educational and scientific events and this is a model we will look to revisit.

Future directions

2023/4 will see new challenges for BSBMTCT. The society has since progressed further with its modernisation processes to align with modern charities. At the end of 2023 we saw the beginning of the workings of a strategic review process which will hopefully help to form our strategic plan for the future.

We continue to improve and evolve within the society by expanding our executive committee to include more sub committees and representation from experts and expert groups to enable the society to be at the forefront of research and development and improvements to our patient population.

The role of the registry and the CTSC remain a fundamental role of the society, and this will continue to develop with new novel therapies on the horizon.

The society will continue to work closely with NHS England, Scotland and Wales and support the work for improvements to patient care and treatments within the devolved nations.

The society is committed to maintain and strengthen close working relationships with existing partners but are also working to develop new partnerships with organisations with similar values and objectives. There have already been some discussions with regards to collaborating with our Canadian, Australian and New Zealand counterparts in relation to education, training and scientific studies.

There have been some new challenges with the introduction of a new registry system and with the expansion of more novel therapies such as CAR-T for other disease indications. These all ultimately lead to an increased workload and expertise required within our society.

We remain confident with the current level of expertise within our society and the progress we are making with our modernisation, that we can overcome these challenges and deliver to our membership. We are also confident that with each level of modernisation, our society can improve, expand and become more sustainable.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The British Society of Blood and Marrow Transplantation is a company limited by guarantee (registered number 06462720), which was incorporated on 3 January 2008 and achieved charitable status on 9 September 2008 (registered number 1125795). We changed our name in November 2019 to include Cellular Therapies and we are now called The British Society of Blood and Marrow Transplantation and Cellular Therapy (BSBMTCT).

The charitable company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the charitable company being wound up members are required to contribute an amount not exceeding £1.

Recruitment and appointment of new trustees

The charity's trustees also serve as directors and members of the charity's executive board.

In addition to the charity's trustees, the executive board also consists of named officers who may be recruited to serve as required and determined by the executive board.

Members of the executive board, including officers and trustees, are elected by the members by postal ballot.
Elected terms of office are for a duration of 2 years.

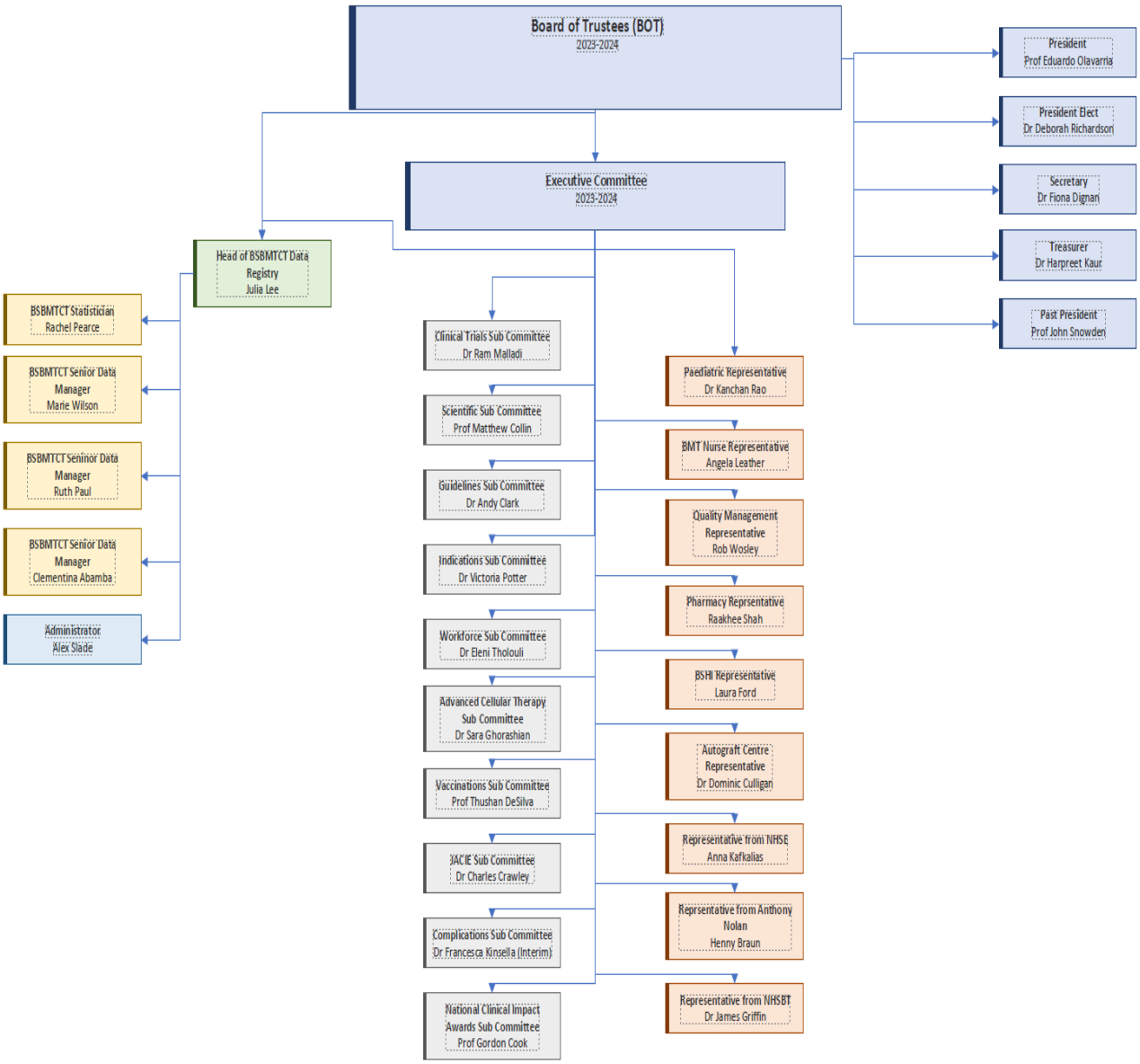
All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in the notes to the financial statements.

Organisational structure

The British Society of Blood and Marrow Transplantation and Cellular Therapy is organised so that its Board of Trustees (BOT) meets monthly to manage the charity's affairs and formulate policy.
The executive board meets twice a year as a minimum.

During the year ending 31 December 2023 the organisational structure of the charity can be illustrated as follows. The structure of the charity changed during the year with the invitation of two more representatives to join the executive board. This included a representative from the British Society for Histocompatibility and Immunogenetics (BHSI) and also a pharmacy representative.

The society is also supported by a charity consultant.



Induction and training of new trustees

New trustees and directors receive an informal induction and briefing from an existing member of the executive board or the outgoing officer as appropriate.

Training is also largely informal by peer exchange.

Attendance at relevant seminars or courses is arranged as appropriate.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Risk management

The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error. The Society's Risk Register is reviewed by trustees twice a year in an endeavour to identify new risks and manage them appropriately.

Approved by order of the board of trustees on 29 August 2024 and signed on its behalf by:



.....
Professor E Olavarria - Trustee

Independent examiner's report to the trustees of British Society of Blood and Marrow Transplantation and Cellular Therapy ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2023.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under Section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under Section 145(5) (b) of the 2011 Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by Section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of Section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



James Cruse ACA, FCCA, BSc (Econ) Hons

J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

Date: 29 August 2024

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2023

	Notes	**2023 Unrestricted fund £**	2022 Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities	4		
Grants receivable		**192,200**	188,207
Other trading activities	2	**201,499**	187,928
Investment income	3	**-**	2
Total		**393,699**	376,137
EXPENDITURE ON			
Charitable activities	5		
Direct costs		**408,795**	343,876
Support costs		**50,903**	81,490
Total		**459,698**	425,366
NET INCOME/(EXPENDITURE)		**(65,999)**	(49,229)
RECONCILIATION OF FUNDS			
Total funds brought forward		**511,491**	560,720
TOTAL FUNDS CARRIED FORWARD		**445,492**	511,491

The notes form part of these financial statements

BALANCE SHEET
31 DECEMBER 2023

	Notes	2023 Unrestricted fund £	2022 Total funds £
FIXED ASSETS			
Tangible assets	10	**1,018**	754
CURRENT ASSETS			
Debtors	11	**76,783**	319,318
Cash at bank		**648,701**	393,463
		725,484	712,781
CREDITORS			
Amounts falling due within one year	12	**(281,010)**	(202,044)
NET CURRENT ASSETS		**444,474**	510,737
TOTAL ASSETS LESS CURRENT LIABILITIES		**445,492**	511,491
NET ASSETS		**445,492**	511,491
FUNDS	14		
Unrestricted funds		**445,492**	511,491
TOTAL FUNDS		**445,492**	511,491

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2023.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2023 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

(a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and

(b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

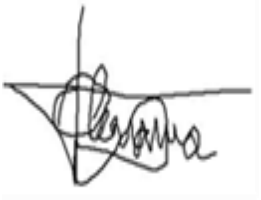
The notes form part of these financial statements

continued...

**BALANCE SHEET - continued
31 DECEMBER 2023**

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 29 August 2024. and were signed on its behalf by:



.....
Professor E Olivarria - Trustee

The notes form part of these financial statements

1. ACCOUNTING POLICIES

BASIS OF PREPARING THE FINANCIAL STATEMENTS

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

FINANCIAL REPORTING STANDARD 102 - REDUCED DISCLOSURE EXEMPTIONS

The charitable company has taken advantage of the following disclosure exemption in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

INCOME

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably. Where income is received that relates to subsequent periods, such income is treated as deferred income.

EXPENDITURE

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

ALLOCATION AND APPORTIONMENT OF COSTS

All costs are allocated between the expenditure categories of the Statement of Financial Activities on the basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. floor areas, per capita or estimated usage.

TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office equipment - 25% on cost

TAXATION

The charity is exempt from corporation tax on its charitable activities.

FUND ACCOUNTING

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

continued...

1. ACCOUNTING POLICIES - continued

FUND ACCOUNTING

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

OPERATING LEASES

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the term of the lease.

COMPANY STATUS

The charity is a company limited by guarantee. The members of the company are the trustees named on the company information page. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member of the charity.

2. OTHER TRADING ACTIVITIES

	2023	2022
	£	£
Database management funding	**42,158**	42,158
Meeting income	**200**	970
Subscriptions and fees	**118,141**	104,050
Corporate subscriptions	**41,000**	40,750
	201,499	187,928

3. INVESTMENT INCOME

	2023	2022
	£	£
Deposit account interest	**-**	2

4. INCOME FROM CHARITABLE ACTIVITIES

	Activity	**2023**	2022
		£	£
Grants	Grants receivable	**192,200**	188,207

Grants received, included in the above, are as follows:

	2023	2022
	£	£
NHS England - General fund	**179,860**	175,867
NHS Scotland - General fund	**12,340**	12,340
	192,200	188,207

5. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 6)	Support costs (see note 7)	Totals
	£	£	£
Direct costs	**408,795**	**-**	**408,795**
Support costs	**-**	**50,903**	**50,903**
	408,795	**50,903**	**459,698**

6. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2023	2022
	£	£
Database management	**343,564**	313,659
Conference expenses	**64,231**	29,072
Prizes	**1,000**	1,145
	408,795	343,876

continued...

7. SUPPORT COSTS

	Management	Finance	Other	Governance costs	Totals
	£	£	£	£	£
Support costs	**13,646**	**104**	**(6,111)**	**43,264**	**50,903**

Support costs are those costs that have been incurred by the charity in order to further the continued development of the charity's charitable activities.

Support costs, included in the above, are as follows:

	2023 Support costs	2022 Total activities
	£	£
Training	**-**	**1,377**
Postage and stationery	**-**	**7**
Management fee	**13,646**	**22,484**
Bank charges	**104**	**116**
Rent	**(11,062)**	**13,265**
Website costs	**4,430**	**5,014**
Travel and subsistence	**-**	**153**
Depreciation of tangible fixed assets	**521**	**873**
Consultancy fees	**40,084**	**34,925**
Accountancy and Independent Examiners Fees	**3,180**	**3,276**
	50,903	**81,490**

8. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2023	2022
	£	£
Depreciation - owned assets	**521**	873
Other operating leases	**(11,062)**	13,265

continued...

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2023 nor for the year ended 31 December 2022.

TRUSTEES' EXPENSES

Expense payments totalling £nil were made to trustees during the year ended 31 December 2023 (2022: £nil).

10. TANGIBLE FIXED ASSETS

	Office equipment £
COST	
At 1 January 2023	**9,535**
Additions	**785**
At 31 December 2023	**10,320**
DEPRECIATION	
At 1 January 2023	**8,781**
Charge for year	**521**
At 31 December 2023	**9,302**
NET BOOK VALUE	
At 31 December 2023	**1,018**
At 31 December 2022	754

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	2022
	£	£
Other debtors	**31,618**	48,658
Prepayments and accrued income	**45,165**	270,660
	76,783	319,318

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	2022
	£	£
Trade creditors	**10,870**	18,523
Deferred income	**3,085**	-
Accrued expenses	**267,055**	183,521
	281,010	202,044

Deferred income
Deferred income relates to fees invoiced in advance from statutory and related funders.

13. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2023	2022
	£	£
Within one year	**-**	6,610

14. MOVEMENT IN FUNDS

	At 1.1.23	Net movement in funds	At 31.12.23
	£	£	£
Unrestricted funds			
General fund	**511,491**	**(65,999)**	**445,492**
TOTAL FUNDS	**511,491**	**(65,999)**	**445,492**

Net movement in funds, included in the above are as follows:

	Incoming resources	Resources expended	Movement in funds
	£	£	£
Unrestricted funds			
General fund	**393,699**	**(459,698)**	**(65,999)**
TOTAL FUNDS	**393,699**	**(459,698)**	**(65,999)**

continued...

14. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.1.22 £	Net movement in funds £	At 31.12.22 £
Unrestricted funds			
General fund	560,720	(49,229)	511,491
TOTAL FUNDS	560,720	(49,229)	511,491

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	376,137	(425,366)	(49,229)
TOTAL FUNDS	376,137	(425,366)	(49,229)

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.1.22 £	Net movement in funds £	At 31.12.23 £
Unrestricted funds			
General fund	560,720	(115,228)	445,492
TOTAL FUNDS	560,720	(115,228)	445,492

continued...

14. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	769,836	(885,064)	(115,228)
TOTAL FUNDS	769,836	(885,064)	(115,228)

Purpose of unrestricted funds
General fund

This fund represents the free funds of the charity that are not designated for particular purposes.

15. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2023.

16. ULTIMATE CONTROLLING PARTY

The charity is controlled by the trustees as listed in the Report of the Trustees.

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

England & Wales - Charity number 1125795

Accounts

REGISTERED COMPANY NUMBER: 06462720 (England and Wales)
REGISTERED CHARITY NUMBER: 1125795

REPORT OF THE TRUSTEES AND

UNAUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2022

FOR

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

CONTENTS OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2022

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Report of the Trustees	2 to 14
Independent Examiner's Report	15
Statement of Financial Activities	16
Balance Sheet	17 to 18
Notes to the Financial Statements	19 to 26

TRUSTEES	Dr F Dignan Professor J A Snowden Dr K Orchard (resigned 31.12.22) Dr D S Richardson Professor E Olavarria Dr H Kaur (appointed 3.1.23)
COMPANY SECRETARY	Dr F Dignan
REGISTERED OFFICE	5th Floor Tabard House Talbot Yard, Guy's Hospital Great Maze Pond London SE1 9RT
REGISTERED COMPANY NUMBER	06462720 (England and Wales)
REGISTERED CHARITY NUMBER	1125795
INDEPENDENT EXAMINER	J W Hinks LLP Chartered Accountants 19 Highfield Road Edgbaston Birmingham West Midlands B15 3BH
SOLICITORS	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ
BANKERS	Barclays Bank Plc Leicester Leicestershire LE87 2BB

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2022

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 2022. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

ACHIEVEMENT AND PERFORMANCE

Charitable activities

In establishing the objectives and priorities for the society's activities the trustees have given and continue to give careful consideration to the Charity Commission's general guidance on public benefit.

All of the society's activities are focused on the development, education and improvement in outcomes for patients undergoing blood and marrow stem cell transplants within the United Kingdom and the Republic of Ireland (ROI).

The activities of the British Society of Blood and Bone Marrow Transplantation and Cellular Therapy can be broadly divided into three main areas which include:

- Education of healthcare professionals, scientists, ancillary professionals and patients in all aspects of blood and marrow stem cell transplantation.
- Research into all aspects of blood and marrow stem cell transplantation including the direct sponsorship of research as well as supporting and facilitating collaborative research. This work includes comprehensive outcomes data collection on all stem cell transplant undertaken in the UK on an ongoing basis.
- Facilitating the ongoing development of stem cell transplant services within the UK.

Research

Research activity within the BSBMTCT falls into three main areas:

- Comprehensive outcome data analysis through the BSBMTCT transplant registry
- Retrospective and prospective studies and surveys run through the clinical trials sub committee
- Collaboration with partner organisations such as the EBMT, Anthony Nolan, NHSBT, and other specialities such as Obstetrics & Gynaecology and Cardiology.

Registry

The registry represents a unique and comprehensive database of all transplant activity undertaken in the UK and ROI. As activity continues to increase, the work of the data registry team has followed. In 2021 a total of 4,279 transplants were undertaken across the UK and ROI transplant centres. The BSBMTCT registry now holds over 85,700 registrations to date which includes transplant data and more recently data on cellular therapies, i.e. CAR-T.

The BSBMTCT registry team dedicate a significant amount of time entering data for centres, correcting missing and incorrect data entries, providing training to centres on the registry database, providing data management specific training days, and more recently creating an online induction module for new and existing staff to provide staff with a good foundation of this role within BMT. The Induction Module will be launched in 2023, modules and new content will be added when they are ready to those that are subscribed. The registry also provides centres with practical advice and information.

One of the major remits of the registry team is to insure the quality and completeness of data within the registry. Data on every transplant is checked for internal consistency and errors. Queries are then followed up with individual transplant centres. There is time dedicated to running regular data quality reports to ensure the accuracy and completion of patient records within the database. These reports have been run quarterly since May 2018 to ensure that when the new BMT registry goes live the data migrated over will be of a good standard. In addition, requests for missing registrations and follow ups for the period of 2017 to 2021 inclusive have been made in November 2021 in preparation for the annual commissioners report due to be finished by early September 2023.

Since 2017 the registry team launched its annual data manager (DM) training days which is a day dedicated to data management staff. These sessions give data management staff the skills and knowledge to carry out their roles as well as giving them a platform for networking. The DM day that happened in September 2019 was a success. The registry held a very successful virtual meeting in September 2021 and November 2022 with high levels of attendees. There will be another virtual meeting in the Autumn of 2023.

The registry now produces three data management related newsletters a year to keep staff updated with all registry based activities including updates from the EBMT.

The registry also manages the www.bsbmtct.org website and the Twitter feed. This Web site is dedicated to providing information on the BSBMTCT as well as providing information re BMT activity within the UK and ROI and BSBMTCT/Haematological meetings. It has dedicated areas for different professional roles within BMT. More recently it holds valuable guidelines and information for health professionals and patients alike on COVID-19 including vaccination recommendations.

The team structure at present comprises a Head of Registry at Band 8c at full time. There is one statistician at Band 7 0.8WTE. There are three Band 6 Senior data managers two which are 0.9WTE and one on 0.8WTE. Anthony Nolan fund a Band 6 0.8WTE of which the funds are allocated to the data management team and not to an individual.

Comprehensive outcome data

For the last thirteen years the society has been producing a comprehensive report on outcome of stem cell transplantation in the UK. This has been primarily for the benefit of Commissioners of healthcare services. The 13th annual report was published beginning of September 2022. This focused on longer term outcomes for transplants performed between 2016 and 2019 and a detailed analysis of transplant activity by type, disease indication and region in 2020. The data preparation for the 14th report is underway and will be submitted in early September 2023. This report will include outcomes for transplants performed between 2017 and 2018 as well as a detailed analysis for transplant activity in 2021.

BSBMTCT Clinical trials Sub Committee (CTSC)

The BSBMTCT CTSC since January 2019 is headed by Ram Malladi and Victoria Potter as secretary. The term of these office holders remains three years with the secretary acting as the chairman elect. The primary aim of the CTC remains the timely completion and publication of well conducted studies and surveys, with clearly stated hypotheses, to inform and direct clinical BMT practice within the UK.

The BSBMTCT CTSC works to delivers retrospective study work and surveys. Since 1st November 2017 the clinical trials and prospective studies are now delivered in partnership with IMPACT. IMPACT is the UK's first ever clinical trials partnership dedicated to improving the outcomes of stem cell transplant patients. The initiative's pilot phase concluded in December 2021, and plans have been agreed to ensure the completion of open IMPACT trials. The CTSC will still be involved in the future of prospective studies.

The BSBMTCT CTSC will hold two meetings a year, the focus of these will be retrospective studies and surveys. The last meeting was held virtually on 16th May 2022. The focus of these will be retrospective studies and surveys. There was a meeting was held virtually on 16th May 2022 and also a joint meeting with IMPACT on the 20th October 2022. The next meetings will be in the Spring and Autumn of 2023.

Ongoing studies are listed below:
https://bsbmtct.org/ctc-clinical-trials-committee/

1. Approved BSBMT Retrospective Studies (in progress)

a. CTCR-2102: Outcomes of germ cell tumour patients treated with high dose chemotherapy/autologous stem call transplants in the UK - Robin Young/John Snowden/Dan Stark

b. CTCR-1801: Retrospective study of autologous HSCT in MS in the UK -John Snowden/Maj Kazmi/Basil Sharrack

c. CTCR-2001 A study of the impact of cryopreservation of allogenic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson

d. Anthony Nolan Patient/Donor project

2. Approved BSBMTCT Surveys (in progress)

a. CTCS-1901: A multicentre survey to look at current clinical practises in the pre-transplant identification of metabolic and nutritional risk factors for adult transplant patients. -Laura Miller

b. CTCS-2101: Survey of conditioning regimens for myelofibrosis - Emma Kempshall

c. CTCS-2102: Survey for feasibility of transplant for low-risk MDS study - Victoria Potter/Anjum Khan

3. Completed retrospective studies/surveys - manuscript/analysis stage

a. CTCR-2101 Haematopoietic stem cell transplant for teenage and young adult patients with haematological malignancies in the UK: Trends in practice, and outcome comparison with adult patients -Graham McIlroy/Ben Carpenter/Anna Castleton/Ram Malladi

b. CTCS-2201: UK Cardiovascular screening survey for HSCT - Muhammad Saif/David Gent

c. CTCR 1902 Case matched study evaluating the impact of prior PD1/PDL1 inhibition on transplant outcomes in patients with Hodgkin Lymphoma undergoing T-deplete alloTx -Karl Peggs

d. Survey for Clinicians re current pre-pregnancy and antenatal counselling and management for women who have previously had BMT/TBI - Kate Birchenall

e. Risk of preterm birth in women who conceive following bone marrow transplantation -Melanie Griffin/Victoria Grandage

f. CTCS-2001: UK Physicians Perspectives on Palliative Care -Chiara DeBiase

g. CTCS-2103: Screening and treatment for LTBI and subsequent TB infections in BMT units in UK: Survey - Rajesh Alajangi

4. Approve BSBMTCT retrospective studies (upcoming)

a. CTCR-2102: Alemtuzumab based conditioning for unrelated and matched sibling donor transplants in SAA - Austin Kulasekararaj/Victoria Potter

b. CTCR-2104 UK experience of CMML - Pramila Krishnamurth

5. Studies in proposal stages (not yet approved)

a. Classical HL undergoing ASCT with Brentuximab Vedotin - Nick Morley/Jack Goddard

b. A study of the impact of treosulfan-based allogeneic stem cell transplantation (HSCT) for patients with myeloid disorders (Anjum Khan)

c. Post-Transplant Cyclophosphamide Haploidentical versus Alemtuzumab Matched Unrelated Donor or Alemtuzumab Mismatched (9/10) unrelated Donor Reduced Intensity Transplantation in Acute Myeloid Leukaemia (Alexandros Kanellopoulos)

2. IMPACT Prospective Trials (https://www.impactpartnership.org.uk/the-trials/):

a) PRO-DLI: A Phase II Prospective Trial of Prophylactic Donor Lymphocyte Infusions for the Prevention of Relapse post HSCT in patients with High-Risk Myeloid Malignancy
Chief Investigator: Dr Victoria Potter

b) COSI: An International Randomised Clinical Trial of Therapeutic Interventions with the Potential to Improve Outcome in Adults with Acute Myeloid Leukaemia and High Risk Myeldysplasia Undergoing Allogeneic Stem Cell Transplantation
Chief Investigator: Professor Charles Craddock

c) ALL-RIC: A comparison of two low-intensity transplant regimens for the treatment of adults with acute lymphoblastic leukaemia (ALL)
Chief Investigator: Professor David Marks

d) AMADEUS: A Double-Blind, Phase III, Randomised Study to Compare the Efficacy and Safety of Oral Azacitidine (CC-486) Versus Placebo in Subjects with Acute Myeloid Leukaemia or Myelodysplastic Syndromes as Maintenance after Allogeneic Haematopoietic Stem Cell Transplantation
Chief Investigator: Professor Charles Craddock

e) MoTD: A multi-centre phase II trial of GVHD prophylaxis following unrelated donor stem cell transplantation comparing Thymoglobulin vs. Calcineurin inhibitor or Sirolimus-based post-transplant Cyclophosphamide
Chief Investigator: Professor Ronjon Chakraverty
f) COVID19_BMT: A prospective non interventional study to evaluate the role of immune and inflammatory response in recipients of allogeneic haematopoietic stem cell transplantation (SCT) affected by severe COVID19 infection
Chief Investigator: Dr Giovanna Lucchini

g) RATinG: Risk Adapted Therapy in Acute GvHD; Investigating the use of Lenzilumab for treating high-risk acute graft versus host disease following allogenic stem cell transplantation
Chief Investigator: Dr Adrian Bloor

Publications
All publications can be found on our website https://bsbmtct.org/publications/

OBSERVATIONAL TRENDS IN GVHD DATA SUBMISSIONS; DO CENTRES HAVE A DATA COLLECTION PROCESS AND IS THIS RESPONSIBLE FOR SUBMISSION IMPROVEMENTS?
Clementina Abamba, Julia Lee, Rachel M Pearce, Marie C Wilson, Ruth E Paul, John A Snowden
EBMT Congress March 2022, Poster Presentation.

IMPACT OF PET-CT STATUS ON PROGRESSION-FREE SURVIVAL FOR RELAPSED FOLLICULAR LYMPHOMA PATIENTS UNDERGOING AUTOLOGOUS STEM CELL TRANSPLANT

Toby A Eyre 1, Sally F Barrington 2, Jessica Okosun 3, Clementina Abamba 4, Rachel M Pearce 4, Julia Lee 3, Ben Carpenter 5, Charles R Crawley 6, Adrian J C Bloor 7, Maria Gilleece 8, Emma Nicholson 9, Nimish Shah 10, Kim Orchard 11, Ram Malladi 6, William M Townsend 5
Haematologica 2022 May 19. doi: 10.3324/haematol.2021.280287.

VARIATIONS IN PROVISION OF PSYCHOLOGICAL CARE TO HEMATOPOIETIC CELL TRANSPLANT RECIPIENTS: RESULTS OF A NATIONAL SURVEY OF UK TRANSPLANT CENTERS
Rosalina Naidoo, Joseph Low, Michael Rennoldson, Robert Danby, Hayley Leonard, Alejandro Madrigal, Julia Lee, and Chloe Anthias
Bone Marrow Transplantation, accepted 31/05/2022.

THE IMPACT OF COVID-19 ON RELATED-DONOR ALLOGENEIC STEM CELL HARVEST PROCESSES: A BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY SURVEY
Julia Wolf, Julia Lee, Rachel Pearce, Marie Wilson, John A. Snowden, Kim Orchard
British Journal of Haematology, published June 2022.

DOES GRAFT CRYOPRESERVATION AFFECT THE OUTCOMES OF ALLOGENEIC HAEMATOPOIETIC CELL TRANSPLANTS? A UK MULTICENTRE CASE CONTROL STUDY DURING COVID19 PANDEMIC
R. Maniusyte1, A. Pryce1, R. Pearce2, J.A. Snowden3, R. Malladi4, V. Potter5, J. Lee2, M. Wilson6, R. Pawson7, R. Danby1
Oral abstract presentation, EBMT Congress 2022.

THE NICE COVID-19 RAPID GUIDELINE ON HAEMATOPOIETIC STEM CELL TRANSPLANTATION: DEVELOPMENT, IMPLEMENTATION AND IMPACT
Kim Orchard 1, Fiona L Dignan 2, Julia Lee 3, Rachel Pearce 3, Monica Desai 4, Emma McFarlane 4, Angela Parkin 4, Peter Shearn 4, John A Snowden 5 6
Br J Haematol . 2021 Jan 20. doi: 10.1111/bjh.17280.

SARS-COV-2 SCREENING FOR ASYMPTOMATIC HEALTH CARE WORKERS IN UK STEM CELL TRANSPLANT UNITS
Adrian J C Bloor 1, Fiona L Dignan 2, Julia Lee 3, Kim H Orchard 4
Br J Haematol . 2021 Jan;192(2):e37-e38.

SURVIVORSHIP CARE FOR ALLOGENEIC TRANSPLANT PATIENTS IN THE UK NHS: CHANGES CENTRE PRACTICE, IMPACT OF HEALTH SERVICE POLICY AND JACIE ACCREDITATION OVER 5 YEARS
Fiona Dignan, Angela Hamblin, Amelia Chong, Julia Lee, Michelle Kenyon, Paul Miller, Maria Gilleece, Hannah Hunter, and John Snowden
Paper #BMT-2020-721RR.

SUBSTITUTING CARMUSTINE FOR LOMUSTINE IS SAFE AND EFFECTIVE IN THE TREATMENT OF RELAPSED OR REFRACTORY LYMPHOMA - A RETROSPECTIVE STUDY FROM THE BSBMT (BEAM VERSUS LEAM)
Philippa Kelsey, Rachel Pearce, Julia Perry, Keiren Kirkland, Ruth Paul, Jonathan Lambert, Andrew Peniket, Ram Malladi, John Snowden, and Nick Morley
#BMT-2020-226RR.

PRESENCE OF DONOR-ENCODED CENTROMERIC KIR B CONTENT INCREASES THE RISK OF INFECTIOUS MORTALITY IN RECIPIENTS OF MYELOABLATIVE, T-CELL DEPLETE, HLA-MATCHED HCT TO TREAT AML
Steven Marsh, Will Bultitude, Jennifer schellekens, Richard Szydlo, Chloe Anthias, Sarah Cooley, Jeffrey Miller, Daniel Weisdorf, Bronwen Shaw, Chrissy Roberts, Christian Garcia-Sepulveda, Julia Perry, Rachel Pearce, Marie Wilson, Mike Potter, Jenny Byrne, Nigel Russell, Stephen Mackinnon, Adrian Bloor, Amit Patel, Grant McQuaker, Ram Malladi, Eleni Tholouli, Kim Orchard, Victoria Potter, Alejandro Madrigal, and Neema Mayor
Bone Marrow Transplant. 2020 Mar 13.

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE)
John Snowden, Riccardo Saccardi, Kim Orchard, Per Ljungman, Rafael Duarte, Myriam Labopin, Eoin McGrath, Nigel Brook, Carmen Ruiz de Elvira, Debra Gordon, Hélène Poirel, Francis Ayuk, Yves Beguin, Francesca Bonifazi, Alois Gratwohl, Noël MILPIED, John Moore, J passweg, J Douglas Rizzo, Stephen Spellman, Jorge Sierra, Carlos Solano, Fermin M Sanchez-Guijo, Nina Worel, Andreu Gusi, Gillian Adams, Theodor Balan, Helen Baldomero, Gilles Macq, Evelyne Marry, Florence Mesnil, Elena Oldani, Rachel Pearce, Julia Perry, Nicole Raus, Urs Schanz, Steven Tran, Leonie Wilcox, Grzegorz Basak, Christian CHABANNON, Selim Corbacioglu, Harry Dolstra, Jürgen Kuball, Mohamad Mohty, Arjan Lankester, Silvia Montoto, Arnon Nagler, Jan Styczynski, i agha, Nicolaus Kroger, Ronald Brand, Liesbeth de Wreede, Erik van Zwet, Hein Putter, and Regis Peffault de Latour
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ARE TRANSPLANTS TRULY AVAILABLE TO ALL, REGARDLESS OF GEOGRAPHY, SOCIOECONOMIC STATUS AND ETHNIC GROUP? A BSBMTCT REPORT.
Rachel Pearce, Julia Lee, Ruth Paul, Marie Wilson, Clementina Abamba, Kim Orchard
Virtual EBMT 2020 29th August to 1st Sept 2020. Poster Presentation (B476) Data Management.

THE IMPACT OF CYTOGENETICS ON DURATION OF RESPONSE AND OVERALL SURVIVAL IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA (LONG-TERM FOLLOW-UP RESULTS FROM BSBMT/UKMF MYELOMA X RELAPSE [INTENSIVE]): A RANDOMISED, OPEN-LABEL, PHASE 3 TRIAL.
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Br J Haematol. 2019 May;185(3):450-467. doi: 10.1111/bjh.15782. Epub 2019 Feb 6.

RECIPIENTS RECEIVING BETTER HLA-MATCHED HEMATOPOIETIC CELL TRANSPLANTATION GRAFTS, UNCOVERED BY A NOVEL HLA TYPING METHOD, HAVE SUPERIOR SURVIVAL: A RETROSPECTIVE STUDY.
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J. Ros-Soto, J.A. Snowden, N. Salooja, M. Gilleece, A. Parker, DM. Greenfield, C. Anthias, A. Alfred, A. Harrington, C. Peczynski, K. Peggs, A. Madrigal, G.W. Basak, H. Schoemans
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BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE).

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Br J Haematol. 2016 May;173(3):380-93. doi: 10.1111/bjh.14027. Epub 2016 Apr 7.

Polymorphism in TGFB1 is associated with worse non-relapse mortality and overall survival after stem cell transplantation with unrelated donors.
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Haematologica. 2016 Mar;101(3):382-90. doi: 10.3324/haematol.2015.134999. Epub 2015 Nov 26.

Education

Education in all aspects of stem cell transplantation has been one of the major roles of the Society since its formation. There has been a focus in the past on education of clinicians but more recently there has been a move to broaden that remit to include other health care professionals. The registry holds a Data Management Day open to all Data Management and Quality Management staff on an annual basis. It will also be launching it's very first Induction Module specifically designed for data management staff in 2023.

The Society's Meetings

Since 2022, the Society now runs three main meetings each year, a scientific meeting in May and educational meeting in October/November and a new Scientific Showcase meeting showcasing the latest in the Advanced Cellular Therapy arena in June. In 2022, the scientific meeting in May included another successful abstract presentation session with prizes awarded for the best abstracts. The education meeting in October was also well attended.

Transplant accreditation

The society has always had a leading role in facilitating and developing the quality of stem cell transplant services within the UK. The majority of all allogeneic transplant centres and a large number of autologous centres are now JACIE accredited and the role for the transplant accreditation committee is therefore limited and this now meets as a virtual body to continue to support the accreditation process within the UK.

The Society's Monthly Bulletins

Since January 2021, Professor John Snowden along with the other Trustees and Head of Registry produces a monthly Bulletin which is sent to all the membership which includes updates on the societies work. This has continued into 2022 with Professor Eduardo Olavarria taking over as the new BSBMTCT President in January 2022.

Website
The website has proved successful and is an important focus for general communication for the society. The Registry pages provide data on the role of the Registry along with links to the MED A/B documents along with other information to facilitate completion of data submission. The website also provides access to the indications for transplant table which was primarily a document for clinical guidance but has also been adopted as a basis for health care commissioning. The website also provides a portal for other documents of interest to transplant centres as well keeping people informed of the society's activities. It also provides data showing the increase in transplant activity per year. The website has an area dedicated to COVID including guidelines and vaccination. The website is slowly being modernised to include some of the changes within the society and registry.

Twitter
The society has it's on twitter account @BSBMTCT where is shares vital information and meetings to the BMT community.

Development of and promotion of clinical guidelines
The Society has been involved in the development of specific transplant-related guidelines since 2012. This has led to the publication in the British Journal of Haematology of the first guidelines for both acute and chronic graft-versus-host disease. These have been important in helping to unify the approaches to these complications and will be of value in the discussions regarding commissioning of treatments for these conditions. The guidelines group have also recently published guidelines on the management of cytomegalovirus infection and veno-occlusive disease and respiratory viral infections. The guidelines Sub Committee from 2022 will be led by Dr Andrew Clark.

New Sub Committees formations
The society has created a number of new sub committees which include the Workforce Sub Committee, the Advanced Cellular Therapy Sub Committee and the Indications Sub Committee. These are all vital workstreams which all feed into the BSBMTCT Executive Committee. The Sub Committees all now have Terms of Reference which are available to view on the website.

FINANCIAL REVIEW

Reserves policy

The policy of the trustees is to maintain a level of reserve that is sufficient to continue the operation of the charity's activities. The goal of the society has been to achieve reserves sufficient to allow continued operations for one year in the event of a major change in funding activities. This has been extremely difficult to achieve in previous years, however, in the past four years significant progress has been made and our current reserves are satisfactory.

Financial review

The Statement of Financial Activities for the year ended 31 December 2022 shows incoming resources of £376,137 (2021: £341,732) and resources expended of £425,366 (2021: £393,617), generating net expenditure totalling £49,229 (2021: net expenditure totalling £51,885).

As a result, the net assets of the charity have decreased from £560,720 as at 31 December 2021 to £511,491 as at 31 December 2022.

The three major sources of income for the charity remain funding from specialist commissioning service, individual transplant centre subscriptions and corporate sponsorship. The Health and Social Care Act has resulted in some of the most major reforms to the NHS in its history. BMT commissioning has moved to national commissioning as of April 13. The decision regarding ongoing funding will, therefore fall to NHS England and although the value of the database was recognised in a recent review a final decision on ongoing funding has not yet been taken. This uncertainty remains a significant financial risk. The trustees will continue to work to establish a formal contract with NHS England to ensure the longer-term financial stability of the charity.

Corporate sponsorship has largely been maintained. Individual transplant centre membership subscriptions are the other major source of income. We have progressively increased subscriptions over the last five years and this trend is likely to continue. As a consequence of pressure from commissioning bodies, there has been a general trend for transplant centres to amalgamate into larger centres. This is associated with a fall in the overall number of members but as yet has not been factored into the annual subscription fees.

Trustees are also mindful about the need to maintain tight control of expenditure. The joint symposia with the Anthony Nolan and NHSBT have proven a cost-effective way of delivering high-quality educational and scientific events and this is a model we will look to revisit.

Future directions

2022/23 will see new challenges for BSBMTCT. With the new name change and the inclusion of Cellular Therapy, the society will play a key role in understanding the role these novel therapies play. The society has also begun it's modernisation processes to align with modern charities.

The role of the CTSC remains fundamental to the society and under the leadership of Ram Malladi and Victoria Potter this will continue to develop.

The reorganisation of commissioning arrangements in England and Wales will have significant implications for the provision of specialist services. In the short term we have negotiated a service level agreement with NHS England to ensure that we have a clear position on the requirements from commissioners and a secure funding stream in place.

The society will also work closely with the Clinical Review Groups and the Stem Cell Strategic oversight committee and other key stakeholders to develop and improve services and clinical outcomes.

We will also be working closely with our other partner organisations including the European Group for Blood and Marrow Transplantation, NHSBT, Anthony Nolan, NHSBT and other Donor Registries. Once the new EBMT registry systems goes live, it will present new challenges and opportunities for the society also.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The British Society of Blood and Marrow Transplantation and Cellular Therapy is a company limited by guarantee (registered number 06462720), which was incorporated on 3 January 2008 and achieved charitable status on 9 September 2008 (registered number 1125795). The charitable company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the charitable company being wound up members are required to contribute an amount not exceeding £1.

Recruitment and appointment of new trustees

The charity's trustees also serve as directors and members of the charity's executive board.

In addition to the charity's trustees, the executive board also consists of named officers who may be recruited to serve as a trustee as required and determined by the executive board.

Members of the executive board, including officers and trustees, are elected by the members by postal ballot.

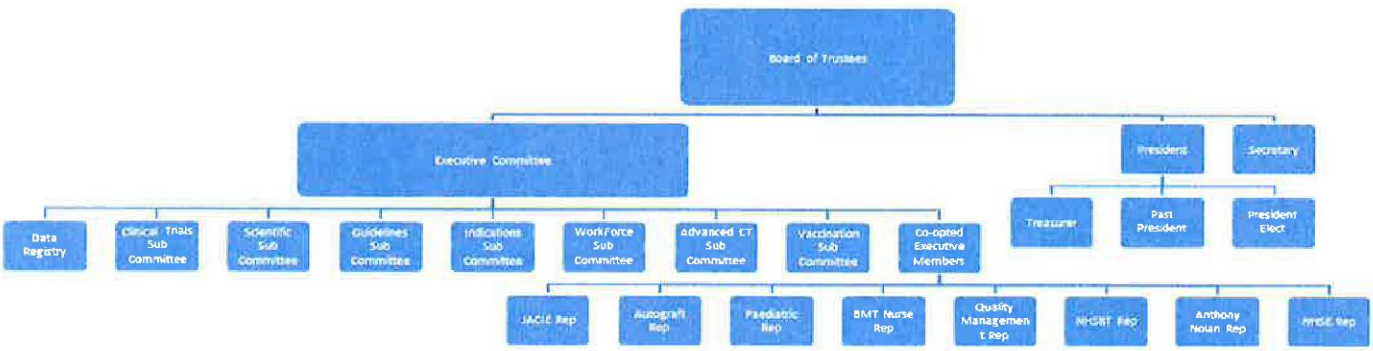
Elected terms of office are for a duration of two years.

All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in the notes to the financial statements.

Organisational structure

The British Society of Blood and Marrow Transplantation and Cellular Therapy is organised so that its Board of Trustees (BOT) meets monthly and it's executive board meets at a minimum of twice a year to manage the charity's affairs and formulate policy.

During the year ending 31 December 2022, the organisational structure of the charity can be illustrated as follows. There has been changes in the structure of the charity, with the additional of some new sub-committees as well as the addition of representatives from other organisations such as Anthony Nolan.



STRUCTURE, GOVERNANCE AND MANAGEMENT

Induction and training of new trustees
New trustees and directors receive an informal induction and briefing from an existing member of the executive board or the outgoing officer as appropriate.

Training is also largely informal by peer exchange.

Attendance at relevant seminars or courses is arranged as appropriate.

Risk management
The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

The executive board has a responsibility to ensure that a suitable system of controls and checks are in place to manage the risks facing the charity. These include controls to provide reasonable assurance against fraud and error.

The executive board regularly reviews the financial and operational risks facing the charity and endeavour to identify new risks as and when they arise and manage them appropriately.

Approved by order of the board of trustees on 15 September 2023 and signed on its behalf by:

Fiona Dignan

Dr F Dignan - Secretary

Independent examiner's report to the trustees of British Society of Blood and Marrow Transplantation and Cellular Therapy ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2022.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under Section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under Section 145(5) (b) of the 2011 Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by Section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of Section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

JE Cruse.

James Cruse ACA, FCCA, BSc (Econ) Hons

J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

15 September 2023

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2022

	Notes	2022 Unrestricted fund £	2021 Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities	4		
Grants receivable		**188,207**	183,416
Other trading activities	2	**187,928**	158,307
Investment income	3	**2**	9
Total		**376,137**	341,732
EXPENDITURE ON			
Charitable activities	5		
Direct costs		**343,876**	331,937
Support costs		**81,490**	61,680
Total		**425,366**	393,617
NET INCOME/(EXPENDITURE)		**(49,229)**	(51,885)
RECONCILIATION OF FUNDS			
Total funds brought forward		**560,720**	612,605
TOTAL FUNDS CARRIED FORWARD		**511,491**	560,720

The notes form part of these financial statements

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY (REGISTERED NUMBER: 06462720)

BALANCE SHEET
31 DECEMBER 2022

	Notes	2022 Unrestricted fund £	2021 Total funds £
FIXED ASSETS			
Tangible assets	10	**754**	768
CURRENT ASSETS			
Debtors	11	**319,318**	206,194
Cash at bank		**393,463**	487,251
		712,781	693,445
CREDITORS			
Amounts falling due within one year	12	**(202,044)**	(133,493)
NET CURRENT ASSETS		**510,737**	559,952
TOTAL ASSETS LESS CURRENT LIABILITIES		**511,491**	560,720
NET ASSETS		**511,491**	560,720
FUNDS	14		
Unrestricted funds		**511,491**	560,720
TOTAL FUNDS		**511,491**	560,720

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2022.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2022 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

(a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and

(b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

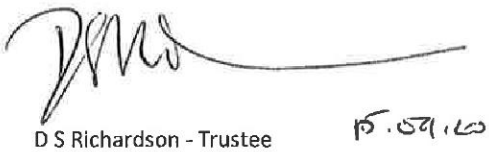
The notes form part of these financial statements

continued...

**BALANCE SHEET - continued
31 DECEMBER 2022**

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 15 September 2023 and were signed on its behalf by:



D S Richardson - Trustee 15.09.2023

The notes form part of these financial statements

1. ACCOUNTING POLICIES

BASIS OF PREPARING THE FINANCIAL STATEMENTS

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

FINANCIAL REPORTING STANDARD 102 - REDUCED DISCLOSURE EXEMPTIONS

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

INCOME

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably. Where income is received that relates to subsequent periods, such income is treated as deferred income.

EXPENDITURE

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

ALLOCATION AND APPORTIONMENT OF COSTS

All costs are allocated between the expenditure categories of the Statement of Financial Activities on the basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. floor areas, per capita or estimated usage.

TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office equipment - 25% on cost

TAXATION

The charity is exempt from corporation tax on its charitable activities.

FUND ACCOUNTING

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

continued...

1. ACCOUNTING POLICIES - continued

FUND ACCOUNTING

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

OPERATING LEASES

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the term of the lease.

COMPANY STATUS

The charity is a company limited by guarantee. The members of the company are the trustees named on the company information page. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member of the charity.

2. OTHER TRADING ACTIVITIES

	2022	2021
	£	£
Database management funding	**42,158**	42,158
Meeting income	**970**	-
Subscriptions and fees	**104,050**	88,500
Corporate subscriptions	**40,750**	27,649
	187,928	158,307

3. INVESTMENT INCOME

	2022	2021
	£	£
Deposit account interest	**2**	9

continued...

4. INCOME FROM CHARITABLE ACTIVITIES

	Activity	2022	2021
		£	£
Grants	Grants receivable	**188,207**	183,416

Grants received, included in the above, are as follows:

	2022	2021
	£	£
NHS England - General fund	**175,867**	171,076
NHS Scotland - General fund	**12,340**	12,340
	188,207	183,416

5. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 6)	Support costs (see note 7)	Totals
	£	£	£
Direct costs	**343,876**	-	**343,876**
Support costs	-	**81,490**	**81,490**
	343,876	**81,490**	**425,366**

6. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2022	2021
	£	£
Database management	**313,659**	316,242
Conference expenses	**29,072**	14,695
Prizes	**1,145**	1,000
	343,876	331,937

continued...

7. SUPPORT COSTS

	Management	Finance	Other	Governance costs	Totals
	£	£	£	£	£
Support costs	**23,868**	**116**	**19,305**	**38,201**	**81,490**

Support costs are those costs that have been incurred by the charity in order to further the continued development of the charity's charitable activities.

Support costs, included in the above, are as follows:

	2022 Support costs	2021 Total activities
	£	£
Training	**1,377**	**230**
Postage and stationery	**7**	**24**
Subscriptions	**-**	**40**
Legal and professional fees	**-**	**4,480**
Management fee	**22,484**	**10,200**
Bank charges	**116**	**186**
Rent	**13,265**	**13,257**
Website costs	**5,014**	**8,912**
Travel and subsistence	**153**	**9**
Depreciation of tangible fixed assets	**873**	**659**
Consultancy fees	**34,925**	**20,347**
Sundries	**-**	**36**
Accountancy and Independent Examiners Fees	**3,276**	**3,300**
	81,490	**61,680**

8. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2022	2021
	£	£
Depreciation - owned assets	**873**	659
Other operating leases	**13,265**	13,257

continued...

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2022 nor for the year ended 31 December 2021.

TRUSTEES' EXPENSES

Expense payments totalling £nil were made to trustees during the year ended 31 December 2022 (2021: £nil).

10. TANGIBLE FIXED ASSETS

	Office equipment £
COST	
At 1 January 2022	**8,676**
Additions	**859**
At 31 December 2022	**9,535**
DEPRECIATION	
At 1 January 2022	**7,908**
Charge for year	**873**
At 31 December 2022	**8,781**
NET BOOK VALUE	
At 31 December 2022	**754**
At 31 December 2021	768

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022 £	2021 £
Other debtors	**48,658**	31,618
Prepayments and accrued income	**270,660**	174,576
	319,318	206,194

continued...

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2021
	£	£
Trade creditors	**18,523**	10,599
Deferred income	**-**	45,854
Accrued expenses	**183,521**	77,040
	202,044	133,493

Deferred income
Deferred income relates to fees invoiced in advance from statutory and related funders.

13. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2022	2021
	£	£
Within one year	**6,610**	13,220
Between one and five years	**-**	6,610
	6,610	19,830

14. MOVEMENT IN FUNDS

	At 1.1.22	Net movement in funds	At 31.12.22
	£	£	£
Unrestricted funds			
General fund	**560,720**	**(49,229)**	**511,491**
TOTAL FUNDS	**560,720**	**(49,229)**	**511,491**

Net movement in funds, included in the above are as follows:

	Incoming resources	Resources expended	Movement in funds
	£	£	£
Unrestricted funds			
General fund	**376,137**	**(425,366)**	**(49,229)**
TOTAL FUNDS	**376,137**	**(425,366)**	**(49,229)**

continued...

14. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.1.21 £	Net movement in funds £	At 31.12.21 £
Unrestricted funds			
General fund	612,605	(51,885)	560,720
TOTAL FUNDS	612,605	(51,885)	560,720

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	341,732	(393,617)	(51,885)
TOTAL FUNDS	341,732	(393,617)	(51,885)

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.1.21 £	Net movement in funds £	At 31.12.22 £
Unrestricted funds			
General fund	612,605	(101,114)	511,491
TOTAL FUNDS	612,605	(101,114)	511,491

continued...

14. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	717,869	(818,983)	(101,114)
TOTAL FUNDS	717,869	(818,983)	(101,114)

Purpose of unrestricted funds
General fund

This fund represents the free funds of the charity that are not designated for particular purposes.

15. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2022.

16. ULTIMATE CONTROLLING PARTY

The charity is controlled by the trustees as listed in the Report of the Trustees.

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

England & Wales - Charity number 1125795

Accounts

REGISTERED COMPANY NUMBER: 06462720 (England and Wales)
REGISTERED CHARITY NUMBER: 1125795

REPORT OF THE TRUSTEES AND

UNAUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021

FOR

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

CONTENTS OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

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BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

REFERENCE AND ADMINISTRATIVE DETAILS FOR THE YEAR ENDED 31 DECEMBER 2021

TRUSTEES	Dr J L Byrne (resigned 1.1.21) Dr F Dignan Professor J Snowden Dr K Orchard Dr D S Richardson Professor E Olavarria (appointed 22.7.21)
COMPANY SECRETARY	Dr F Dignan
REGISTERED OFFICE	5th Floor Tabard House Talbot Yard, Guy's Hospital Great Maze Pond London SE1 9RT
REGISTERED COMPANY NUMBER	06462720 (England and Wales)
REGISTERED CHARITY NUMBER	1125795
INDEPENDENT EXAMINER	J W Hinks LLP Chartered Accountants 19 Highfield Road Edgbaston Birmingham West Midlands B15 3BH
SOLICITORS	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ
BANKERS	Barclays Bank Plc Leicester Leicestershire LE87 2BB

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2021

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 2021. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

ACHIEVEMENT AND PERFORMANCE

Charitable activities

In establishing the objectives and priorities for the society's activities the trustees have given and continue to give careful consideration to the Charity Commission's general guidance on public benefit.

All of the society's activities are focused on the development, education and improvement in outcomes for patients undergoing blood and marrow stem cell transplants within the United Kingdom and the Republic of Ireland (ROI).

The activities of the British Society of Blood and Bone Marrow Transplantation and Cellular Therapy can be broadly divided into three main areas which include:

- Education of healthcare professionals, scientists, ancillary professionals and patients in all aspects of blood and marrow stem cell transplantation.

- Research into all aspects of blood and marrow stem cell transplantation including the direct sponsorship of research as well as supporting and facilitating collaborative research. This work includes comprehensive outcomes data collection on all stem cell transplant undertaken in the UK on an ongoing basis.

- Facilitating the ongoing development of stem cell transplant services within the UK.

Research

Research activity within the BSBMTCT falls into three main areas:

- Comprehensive outcome data analysis through the BSBMTCT transplant registry

- Retrospective and prospective studies and surveys run through the clinical trials sub committee

- Collaboration with partner organisations such as the EBMT, Anthony Nolan NHSBT and other specialties such as Obstetrics & Gynaecology and Cardiology

Registry

The registry represents a unique and comprehensive database of all transplant activity undertaken in the UK and ROI. As activity continues to increase, the work of the data registry team has followed. In 2020 a total of 3,566 transplants were undertaken across the UK and ROI transplant centres. The BSBMTCT registry now holds over 81,000 registrations to date which includes transplant data and more recently data on cellular therapies, i.e. CAR-T.

The BSBMTCT registry team at Guy's Hospital dedicate a significant amount of time entering data for centres, correcting missing and incorrect data entries, providing training to centres on the registry database, providing data management specific training days, and more recently creating an online induction module for new and existing staff to provide staff with a good foundation of this role within BMT. The registry also provides centres with practical advice and information.

One of the major remits of the Guy's team is to insure the quality and completeness of data within the registry. Data on every transplant is checked for internal consistency and errors. Queries are then followed up with individual transplant centres. There is time dedicated to running regular data quality reports to ensure the accuracy and completion of patient records within the database. These reports have been run quarterly since May 2018 to ensure that when the new BMT registry goes live the data migrated over will be of a good standard. In addition, requests for missing registrations and follow ups for the period of 2016 to 2020 inclusive have been made in November 2021 in preparation for the annual commissioners report due to be finished by early September 2022.

Since 2017 the registry team launched its annual data manager (DM) training days which is a day dedicated to data management staff. These sessions give data management staff the skills and knowledge to carry out their roles as well as giving them a platform for networking. The DM day that happened in September 2019 was again a success. The registry held a very successful virtual meeting in September 2021, with another one planned for September 2022.

The registry now produces three data management related newsletters a year to keep staff updated with all registry based activities including updates from the EBMT.

The registry also manages the www.bsbmtct.org website. This site is dedicated to providing information on the BSBMT as well as providing information re BMT activity within the UK and ROI and BSBMT/Haematological meetings. It has dedicated areas for different professional roles within BMT. More recently it holds valuable guidelines and information for health professionals and patients alike on COVID-19 including vaccination recommendations.

The team structure at present comprises a Head of Registry at Band 8c at full time. There is one statistician at Band 7 0.8WTE. There are three Band 6 Senior data managers two which are 0.9WTE and one on 0.8WTE. Anthony Nolan fund a Band 6 0.8WTE of which the funds are allocated to the data management team and not to an individual.

Comprehensive outcome data

For the last ten years the society has been producing a comprehensive report on outcome of stem cell transplantation in the UK. This has been primarily for the benefit of Commissioners of healthcare services. The 12th annual report was published beginning of September 2021. This focused on longer term outcomes for transplants performed between 2014 and 2018 and a detailed analysis of transplant activity by type, disease indication and region in 2019. The data preparation for the 13th report is underway and will be submitted in early September 2022. This report will include outcomes for transplants performed between 2016 and 2019 as well as a detailed analysis for transplant activity in 2020.

BSBMTCT Clinical trials Committee (CTC)

The BSBMTCT CTSC since January 2019 is headed by Ram Malladi and Victoria Potter as secretary. The term of these office holders remains three years with the secretary acting as the chairman elect. The primary aim of the CTC remains the timely completion and publication of well conducted studies and surveys, with clearly stated hypotheses, to inform and direct clinical BMT practice within the UK.

The BSBMTCT CTSC works to delivers retrospective study work and surveys. Since 1st November 2017 the clinical trials and prospective studies are now delivered in partnership with IMPACT. IMPACT is the UK's first ever clinical trials partnership dedicated to improving the outcomes of stem cell transplant patients. The initiative's pilot phase concluded in December 2021, and plans have been agreed to ensure the completion of open IMPACT trials. The CTSC will still be involved in the future of prospective studies.

The BSBMTCT CTSC will be holding two meetings a year, the focus of these will be retrospective studies and surveys. The last meeting was held virtually on 16th May 2022.

Ongoing studies are listed below:
https://bsbmtct.org/ctc-clinical-trials-committee/

1. Approved BSBMT Retrospective Studies (in progress)

a. Risk of preterm birth in women who conceive following bone marrow transplantation - Melanie Griffin/Victoria Grandage

b. CTCR-1801: Retrospective study of autologous HSCT in MS in the UK - John Snowden/Maj Kazmi/Basil Sharrack

c. CTCR 1902 Case matched study evaluating the impact of prior PD1/PDL1 inhibition on transplant outcomes in patients with Hodgkin Lymphoma undergoing T-deplete alloTx - Karl Peggs

d. CTCR-2001 A study of the impact of cryopreservation of allogenic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson

e. CTCR-2101 Haematopoietic stem cell transplant for teenage and young adult patients with haematological malignancies in the UK: Trends in practice, and outcome comparison with adult patients - Graham McIlroy/Ben Carpenter/Anna Castleton/Ram Malladi

2. Approved BSBMTCT Surveys (in progress)

a. Survey for Clinicians re current pre-pregnancy and antenatal counselling and management for women who have previously had BMT/TBI - Kate Birchenall

b. CTCS-1901: A multicentre survey to look at current clinical practises in the pre-transplant identification of metabolic and nutritional risk factors for adult transplant patients. - Laura Miller

c. CTCS-2001: UK Physicians Perspectives on Palliative Care - Chiara DeBiase

d. CTCS-2101: Survey of conditioning regimens for myelofibrosis - Emma Kempshall

e. CTCS-2102: Survey for feasibility of transplant for low-risk MDS study - Victoria Potter/Anjum Khan

f. CTCS-2103: Screening and treatment for LTBI and subsequent TB infections in BMT units in UK: Survey - Rajesh Alajangi

g. CTCS-2201: UK Cardiovascular screening survey for HSCT - Muhammad Saif/David Gent

3. Approve BSBMTCT retrospective studies (upcoming)

a. CTCR-2102: Outcomes of germ cell tumour patients treated with high dose chemotherapy/autologous stem cell transplants in the UK - Robin Young/John Snowden/Dan Stark

b. CTCR-2102: Alemtuzumab based conditioning for unrelated and matched sibling donor transplants in SAA - Austin Kulasekararaj/Victoria Potter

c. CTCR-2104 UK experience of CMML - Pramila Krishnamurthy

Publications

IMPACT OF PET-CT STATUS ON PROGRESSION-FREE SURVIVAL FOR RELAPSED FOLLICULAR LYMPHOMA PATIENTS UNDERGOING AUTOLOGOUS STEM CELL TRANSPLANT
Toby A Eyre 1, Sally F Barrington 2, Jessica Okosun 3, Clementina Abamba 4, Rachel M Pearce 4, Julia Lee 3, Ben Carpenter 5, Charles R Crawley 6, Adrian J C Bloor 7, Maria Gilleece 8, Emma Nicholson 9, Nimish Shah 10, Kim Orchard 11, Ram Malladi 6, William M Townsend 5
Haematologica 2022 May 19. doi: 10.3324/haematol.2021.280287.

VARIATIONS IN PROVISION OF PSYCHOLOGICAL CARE TO HEMATOPOIETIC CELL TRANSPLANT RECIPIENTS: RESULTS OF A NATIONAL SURVEY OF UK TRANSPLANT CENTERS
Rosalina Naidoo, Joseph Low, Michael Rennoldson, Robert Danby, Hayley Leonard, Alejandro Madrigal, Julia Lee, and Chloe Anthias
Bone Marrow Transplantation, accepted 31/05/2022

THE IMPACT OF COVID-19 ON RELATED-DONOR ALLOGENEIC STEM CELL HARVEST PROCESSES: A BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY SURVEY
Julia Wolf, Julia Lee, Rachel Pearce, Marie Wilson, John A. Snowden, Kim Orchard
British Journal of Haematology, published June 2022

DOES GRAFT CRYOPRESERVATION AFFECT THE OUTCOMES OF ALLOGENEIC HAEMATOPOIETIC CELL TRANSPLANTS? A UK MULTICENTRE CASE CONTROL STUDY DURING COVID19 PANDEMIC
R. Maniusyte1, A. Pryce1, R. Pearce2, J.A. Snowden3, R. Malladi4, V. Potter5, J. Lee2, M. Wilson6, R. Pawson7, R. Danby1
Oral abstract presentation, EBMT Congress 2022,

THE NICE COVID-19 RAPID GUIDELINE ON HAEMATOPOIETIC STEM CELL TRANSPLANTATION: DEVELOPMENT, IMPLEMENTATION AND IMPACT
Kim Orchard 1, Fiona L Dignan 2, Julia Lee 3, Rachel Pearce 3, Monica Desai 4, Emma McFarlane 4, Angela Parkin 4, Peter Shearn 4, John A Snowden 5 6
Br J Haematol . 2021 Jan 20. doi: 10.1111/bjh.17280.

SARS-COV-2 SCREENING FOR ASYMPTOMATIC HEALTH CARE WORKERS IN UK STEM CELL TRANSPLANT UNITS
Adrian J C Bloor 1, Fiona L Dignan 2, Julia Lee 3, Kim H Orchard 4
Br J Haematol . 2021 Jan;192(2):e37-e38.

SURVIVORSHIP CARE FOR ALLOGENEIC TRANSPLANT PATIENTS IN THE UK NHS: CHANGES CENTRE PRACTICE, IMPACT OF HEALTH SERVICE POLICY AND JACIE ACCREDITATION OVER 5 YEARS
Fiona Dignan, Angela Hamblin, Amelia Chong, Julia Lee, Michelle Kenyon, Paul Miller, Maria Gilleece, Hannah Hunter, and John Snowden
Paper #BMT-2020-721RR

SUBSTITUTING CARMUSTINE FOR LOMUSTINE IS SAFE AND EFFECTIVE IN THE TREATMENT OF RELAPSED OR REFRACTORY LYMPHOMA - A RETROSPECTIVE STUDY FROM THE BSBMT (BEAM VERSUS LEAM)
Philippa Kelsey, Rachel Pearce, Julia Perry, Keiren Kirkland, Ruth Paul, Jonathan Lambert, Andrew Peniket, Ram Malladi, John Snowden, and Nick Morley
#BMT-2020-226RR

PRESENCE OF DONOR-ENCODED CENTROMERIC KIR B CONTENT INCREASES THE RISK OF INFECTIOUS MORTALITY IN RECIPIENTS OF MYELOABLATIVE, T-CELL DEPLETE, HLA-MATCHED HCT TO TREAT AML
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Bone Marrow Transplant. 2020 Mar 13.

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE)
John Snowden, Riccardo Saccardi, Kim Orchard, Per Ljungman, Rafael Duarte, Myriam Labopin, Eoin McGrath, Nigel Brook, Carmen Ruiz de Elvira, Debra Gordon, Hélène Poirel, Francis Ayuk, Yves Beguin, Francesca Bonifazi, Alois Gratwohl, Noël MILPIED, John Moore, J passweg, J Douglas Rizzo, Stephen Spellman, Jorge Sierra, Carlos Solano, Fermin M Sanchez-Guijo, Nina Worel, Andreu Gusi, Gillian Adams, Theodor Balan, Helen Baldomero, Gilles Macq, Evelyne Marry, Florence Mesnil, Elena Oldani, Rachel Pearce, Julia Perry, Nicole Raus, Urs Schanz, Steven Tran, Leonie Wilcox, Grzegorz Basak, Christian CHABANNON, Selim Corbacioglu, Harry Dolstra, Jürgen Kuball, Mohamad Mohty, Arjan Lankester, Silvia Montoto, Arnon Nagler, Jan Styczynski, i agha, Nicolaus Kroger, Ronald Brand, Liesbeth de Wreede, Erik van Zwet, Hein Putter, and Regis Peffault de Latour
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THE IMPACT OF CYTOGENETICS ON DURATION OF RESPONSE AND OVERALL SURVIVAL IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA (LONG-TERM FOLLOW-UP RESULTS FROM BSBMT/UKMF MYELOMA X RELAPSE [INTENSIVE]): A RANDOMISED, OPEN-LABEL, PHASE 3 TRIAL.
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Oral Poster presentation A092 EBMT Frankfurt March 2019 (Ran through BSBMT CTC as Survey)

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE).
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BEAM versus LEAM conditioning chemotherapy for autologous transplantation in lymphoma. A retrospective study from the BSBMT Nick Morley, John Snowden, Rachel Pearce, Julia Perry, Ruth Paul, Keiren Kirkland, Jonathan Lambert, Ram Malladi, Andy Peniket. Oral Poster Presentation P153 EBMT Lisbon March 2018

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Haematologica. 2016 Mar;101(3):382-90. doi: 10.3324/haematol.2015.134999. Epub 2015 Nov 26.

IMPACT Prospective Trials
(https://www.impactpartnership.org.uk/the-trials/):

a) PRO-DLI: A Phase II Prospective Trial of Prophylactic Donor Lymphocyte Infusions for the Prevention of Relapse post HSCT in patients with High-Risk Myeloid Malignancy
Chief Investigator: Dr Victoria Potter

b) COSI: An International Randomised Clinical Trial of Therapeutic Interventions with the Potential to Improve Outcome in Adults with Acute Myeloid Leukaemia and High Risk Myeldysplasia Undergoing Allogeneic Stem Cell Transplantation
Chief Investigator: Professor Charles Craddock

c) ALL-RIC: A comparison of two low-intensity transplant regimens for the treatment of adults with acute lymphoblastic leukaemia (ALL)
Chief Investigator: Professor David Marks

d) AMADEUS: A Double-Blind, Phase III, Randomised Study to Compare the Efficacy and Safety of Oral Azacitidine (CC-486) Versus Placebo in Subjects with Acute Myeloid Leukaemia or Myelodysplastic Syndromes as Maintenance after Allogeneic Haematopoietic Stem Cell Transplantation
Chief Investigator: Professor Charles Craddock

e) MoTD: A multi-centre phase II trial of GVHD prophylaxis following unrelated donor stem cell transplantation comparing Thymoglobulin vs. Calcineurin inhibitor or Sirolimus-based post-transplant Cyclophosphamide
Chief Investigator: Professor Ronjon Chakraverty

f) COVID19_BMT: A prospective non interventional study to evaluate the role of immune and inflammatory response in recipients of allogeneic haematopoietic stem cell transplantation (SCT) affected by severe COVID19 infection
Chief Investigator: Dr Giovanna Lucchini

g) RATinG: Risk Adapted Therapy in Acute GvHD; Investigating the use of Lenzilumab for treating high-risk acute graft versus host disease following allogenic stem cell transplantation
Chief Investigator: Dr Adrian Bloor

Education

Education in all aspects of stem cell transplantation has been one of the major roles of the Society since its formation. There has been a focus in the past on education of clinicians but more recently there has been a move to broaden that remit to include other health care professionals. The registry holds a Data Management day open to all Data Management and Quality Management staff on an annual basis.

The Society's Meetings

The Society runs two main meetings each year, a scientific meeting in May and educational meeting in October/November. In 2020, the scientific meeting in May included another successful abstract presentation session with prizes awarded for the best abstracts. The education meeting in October was also well attended.

Transplant accreditation
The society has always had a leading role in facilitating and developing the quality of stem cell transplant services within the UK. The majority of all allogeneic transplant centres and a large number of autologous centres are now JACIE accredited and the role for the transplant accreditation committee is therefore limited and this now meets as a virtual body to continue to support the accreditation process within the UK.

The Society's Monthly Bulletins
Since January 2021, Professor John Snowden along with the other Trustees and Head of Registry produces a monthly Bulletin which is sent to all the membership which includes updates on the societies work.

Website

The website has proved successful and is an important focus for general communication for the society. The Registry pages provide data on the role of the Registry along with links to the MED A/B documents along with other information to facilitate completion of data submission. The website also provides access to the indications for transplant table which was primarily a document for clinical guidance but has also been adopted as a basis for health care commissioning. The website also provides a portal for other documents of interest to transplant centres as well keeping people informed of the society's activities. It also provides data showing the increase in transplant activity per year. The website has an area dedicated to COVID including guidelines and vaccination. The website is slowly being modernised to include some of the changes within the society and registry.

Development of and promotion of clinical guidelines.
The Society has been involved in the development of specific transplant-related guidelines since 2012. This has led to the publication in the British Journal of Haematology of the first guidelines for both acute and chronic graft-versus-host disease. These have been important in helping to unify the approaches to these complications and will be of value in the discussions regarding commissioning of treatments for these conditions. The guidelines group have also recently published guidelines on the management of cytomegalovirus infection and veno-occlusive disease and respiratory viral infections. The guidelines subcommittee from 2022 will be led by Dr Andrew Clark.

FINANCIAL REVIEW

Reserves policy

The policy of the trustees is to maintain a level of reserve that is sufficient to continue the operation of the charity's activities. The goal of the society has been to achieve reserve sufficient to allow continued operations for one year in the event of a major change in funding activities. This has been extremely difficult to achieve in previous years, however, in the past four years significant progress has been made and our current reserves are satisfactory.

Financial review

The statement of financial activities for the year ended 31st December 2021 shows incoming resources of £341,732 (2020 - £388,043) and resources expended of £393,617 (2020 - £335,364), generating net expenditure totalling £51,885 (2020 - net income totalling £52,679).

As a result, the net assets of the charity have decreased from £612,605 as at 31 December 2020 to £560,720 as at 31 December 2021.

The two major sources of income for the charity remain funding from specialist commissioning service and individual transplant centre subscriptions and corporate sponsorship. The Health and Social Care Act has resulted in some of the most major reforms to the NHS in its history. BMT commissioning has moved to national commissioning as of April 13. The decision regarding ongoing funding will, therefore fall to NHS England and although the value of the database was recognised in a recent review a final decision on ongoing funding has not yet been taken. This uncertainty remains a significant financial risk. The trustees will continue to work to establish a formal contract with NHS England to ensure the longer-term financial stability of the charity.

Corporate sponsorship has largely been maintained. Individual transplant centre membership subscriptions are the other major source of income. We have progressively increased subscriptions over the last five years and this trend is likely to continue. As a consequence of pressure from commissioning bodies, there has been a general trend for transplant centres to amalgamate into larger centres. This is associated with a fall in the overall number of members but as yet has not been factored into the annual subscription fees. Centre subscriptions remained unchanged in 2012 & 13 but the fee for allogeneic transplant centres increased to £2000 in 2014. It has not increased further since then.

Trustees are also mindful about the need to maintain tight control of expenditure. The joint symposia with the Anthony Nolan and NHSBT have proven a cost-effective way of delivering high-quality educational and scientific events and this is a model we will look to revisit.

Future directions

2021/22 will see new challenges for BSBMTCT. With the new name change and the inclusion of Cellular Therapy, the society will play a key role in understanding the role these novel therapies play.The society has also begun it's modernisation processes to align with modern charities.

The role of the CTSC remains fundamental to the society and under the leadership of Ram Malladi and Victoria Potter this will continue to develop.

The reorganisation of commissioning arrangements in England and Wales will have significant implications for the provision of specialist services. In the short term we have negotiated a service level agreement with NHS England to ensure that we have a clear position on the requirements from commissioners and a secure funding stream in place.

The society will also work closely with the Clinical Review Groups and the Stem Cell Strategic oversight committee and other key stakeholders to develop and improve services and clinical outcomes.

We will also be working closely with our other partner organisations including the European Group for Blood and Marrow Transplantation, NHSBT, Anthony Nolan, NHSBT and other Donor Registries. Once the new EBMT registry systems goes live, it will present new challenges and opportunities for the society also.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The British Society of Blood and Marrow Transplantation and Cellular Therapy is a company limited by guarantee (registered number 06462720), which was incorporated on 3 January 2008 and achieved charitable status on 9 September 2008 (registered number 1125795The charitable company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the charitable company being wound up members are required to contribute an amount not exceeding £1.

Recruitment and appointment of new trustees

The charity's trustees also serve as directors and members of the charity's executive board.

In addition to the charity's trustees, the executive board also consists of named officers who may be recruited to serve as a trustee as required and determined by the executive board.

Members of the executive board, including officers and trustees, are elected by the members by postal ballot.

Elected terms of office are for a duration of two years.

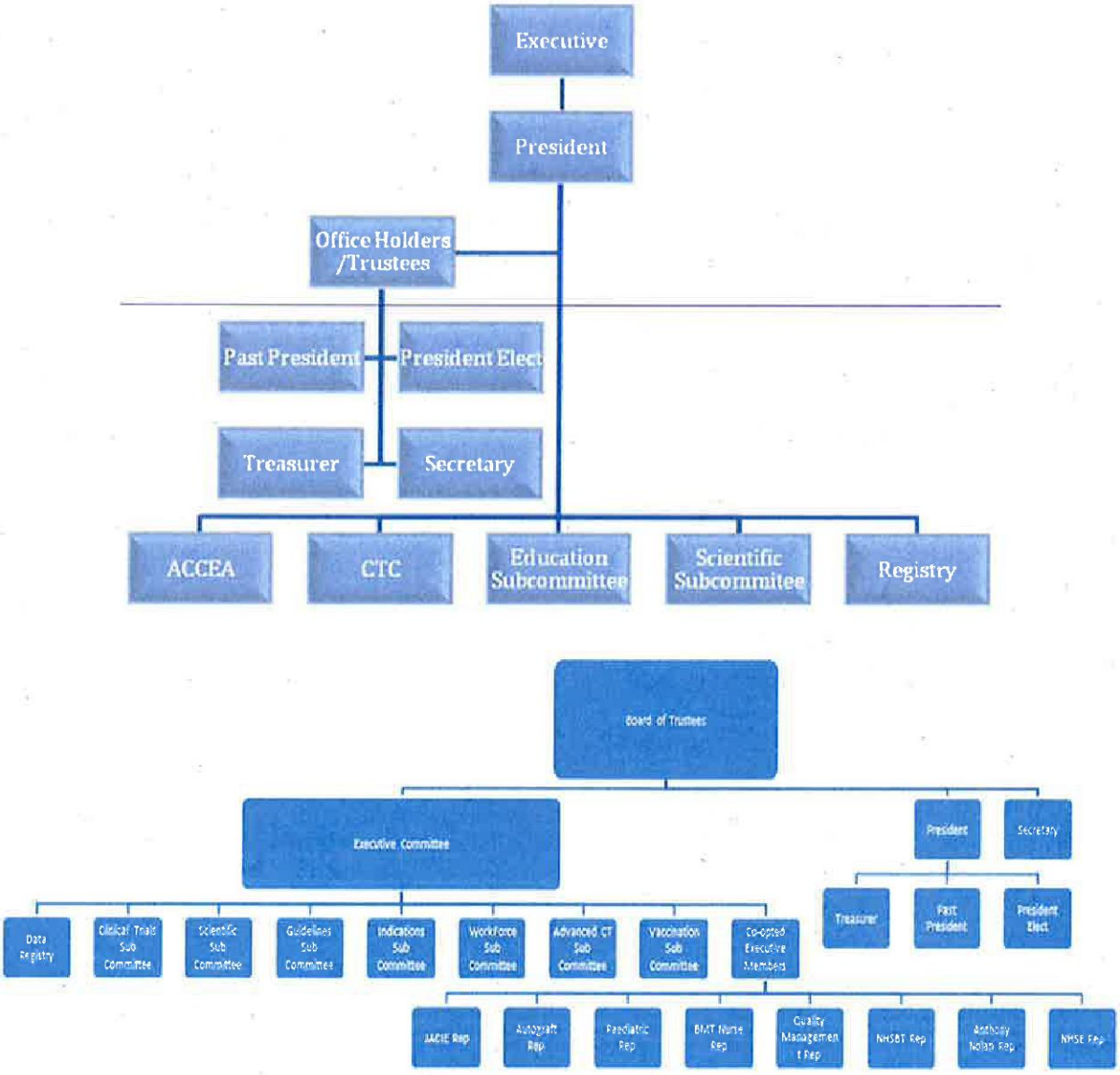
All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in the notes to the financial statements.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Organisational structure

The British Society of Blood and Marrow Transplantation and Cellular Therapy is organised so that its Board of Trustees (BOT) meets monthly and it's executive board meets at a minimum of twice a year to manage the charity's affairs and formulate policy. The Society also holds biannual open meetings

During the year ending 31 December 2021 the organisational structure of the charity can be illustrated as follows.



STRUCTURE, GOVERNANCE AND MANAGEMENT

Induction and training of new trustees

New trustees and directors receive an informal induction and briefing from an existing member of the executive board or the outgoing officer as appropriate.

Training is also largely informal by peer exchange.

Attendance at relevant seminars or courses is arranged as appropriate.

Risk management

The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

The executive board has a responsibility to ensure that a suitable system of controls and checks are in place to manage the risks facing the charity. These include controls to provide reasonable assurance against fraud and error.

The executive board regularly reviews the financial and operational risks facing the charity and endeavour to identify new risks as and when they arise and manage them appropriately.

CHANGE OF NAME

The charitable company passed a special resolution on 3 November 2021 changing its name from British Society of Blood Marrow Transplantation to British Society of Blood Marrow Transplantation and Cellular Therapy.

Approved by order of the board of trustees on 6/9/22 and signed on its behalf by:

Fiona Dignan

Dr F Dignan - Secretary

Independent examiner's report to the trustees of British Society of Blood and Marrow Transplantation and Cellular Therapy ('the Company')
I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2021.

Responsibilities and basis of report
As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

Independent examiner's statement
Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of ICAEW which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

J E Cruse

James Cruse ACA, FCCA, BSc (Econ) Hons
ICAEW
J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

Date: 06/09/2022

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2021

	Notes	2021 Unrestricted fund £	2020 Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities	4		
Grants receivable		**183,416**	180,331
Other trading activities	2	**158,307**	207,566
Investment income	3	**9**	146
Total		**341,732**	388,043
EXPENDITURE ON			
Charitable activities	5		
Direct costs		**331,937**	299,910
Support costs		**61,680**	35,454
Total		**393,617**	335,364
NET INCOME/(EXPENDITURE)		**(51,885)**	52,679
RECONCILIATION OF FUNDS			
Total funds brought forward		**612,605**	559,926
TOTAL FUNDS CARRIED FORWARD		**560,720**	612,605

The notes form part of these financial statements

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY (REGISTERED NUMBER: 06462720)

BALANCE SHEET
31 DECEMBER 2021

	Notes	2021 Unrestricted fund £	2020 Total funds £
FIXED ASSETS			
Tangible assets	10	**768**	1,427
CURRENT ASSETS			
Debtors	11	**206,194**	31,618
Cash at bank		**487,251**	689,809
		693,445	721,427
CREDITORS			
Amounts falling due within one year	12	**(133,493)**	(110,249)
NET CURRENT ASSETS		**559,952**	611,178
TOTAL ASSETS LESS CURRENT LIABILITIES		**560,720**	612,605
NET ASSETS		**560,720**	612,605
FUNDS	14		
Unrestricted funds		**560,720**	612,605
TOTAL FUNDS		**560,720**	612,605

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2021.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2021 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

(a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and

(b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

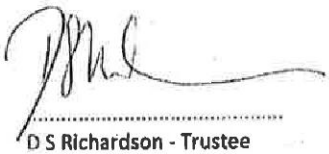
The notes form part of these financial statements

continued...

BALANCE SHEET - continued
31 DECEMBER 2021

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 06/09/2022 and were signed on its behalf by:



D S Richardson - Trustee

The notes form part of these financial statements

1. ACCOUNTING POLICIES

BASIS OF PREPARING THE FINANCIAL STATEMENTS

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

FINANCIAL REPORTING STANDARD 102 - REDUCED DISCLOSURE EXEMPTIONS

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

INCOME

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably. Where income is received that relates to subsequent periods, such income is treated as deferred income.

EXPENDITURE

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

ALLOCATION AND APPORTIONMENT OF COSTS

All costs are allocated between the expenditure categories of the Statement of Financial Activities on the basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. floor areas, per capita or estimated usage.

TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office equipment	-	25% on cost

TAXATION

The charity is exempt from corporation tax on its charitable activities.

FUND ACCOUNTING

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

continued...

1. ACCOUNTING POLICIES - continued

FUND ACCOUNTING

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

OPERATING LEASES

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the term of the lease.

COMPANY STATUS

The charity is a company limited by guarantee. The members of the company are the trustees named on the company information page. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member of the charity.

2. OTHER TRADING ACTIVITIES

	2021	2020
	£	£
Database management funding	**42,158**	85,815
Meeting income	-	250
Subscriptions and fees	**88,500**	87,000
Corporate subscriptions	**27,649**	34,501
	158,307	207,566

3. INVESTMENT INCOME

	2021	2020
	£	£
Deposit account interest	**9**	146

continued...

4. INCOME FROM CHARITABLE ACTIVITIES

	Activity	2021	2020
		£	£
Grants	Grants receivable	**183,416**	180,331

Grants received, included in the above, are as follows:

	2021	2020
	£	£
NHS England - General fund	**171,076**	171,076
Anthony Nolan - General fund	**12,340**	9,255
	183,416	180,331

5. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 6)	Support costs (see note 7)	Totals
	£	£	£
Direct costs	**331,937**	-	**331,937**
Support costs	-	**61,680**	**61,680**
	331,937	**61,680**	**393,617**

6. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2021	2020
	£	£
Database management	**316,242**	280,176
Conference expenses	**14,695**	19,734
Prizes	**1,000**	-
	331,937	299,910

continued...

7. SUPPORT COSTS

	Management	Finance	Other	Governance costs	Totals
	£	£	£	£	£
Support costs	**14,974**	**186**	**22,837**	**23,683**	**61,680**

Support costs are those costs that have been incurred by the charity in order to further the continued development of the charity's charitable activities.

Support costs, included in the above, are as follows:

	2021 Support costs	2020 Total activities
	£	£
Training	**230**	-
Postage and stationery	**24**	-
Subscriptions	**40**	-
Legal and professional fees	**4,480**	**3,360**
Management fee	**10,200**	**3,600**
Bank charges	**186**	**112**
Rent	**13,257**	**13,667**
Website costs	**8,912**	**4,200**
Travel and subsistence	**9**	**5,750**
Depreciation of tangible fixed assets	**659**	**1,645**
Consultancy fees	**20,347**	-
Sundries	**36**	-
Accountancy and Independent Examiners fees	**3,300**	**3,120**
	61,680	**35,454**

continued...

8. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2021	2020
	£	£
Depreciation - owned assets	659	1,645
Other operating leases	13,257	13,667

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2021 nor for the year ended 31 December 2020.

TRUSTEES' EXPENSES

Expense payments totalling £nil were made to trustees during the year ended 31 December 2021 (2020 - £190).

10. TANGIBLE FIXED ASSETS

	Office equipment
	£
COST	
At 1 January 2021 and 31 December 2021	8,676
DEPRECIATION	
At 1 January 2021	7,249
Charge for year	659
At 31 December 2021	7,908
NET BOOK VALUE	
At 31 December 2021	768
At 31 December 2020	1,427

continued...

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Other debtors	31,618	31,618
Prepayments and accrued income	174,576	-
	206,194	31,618

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Trade creditors	10,599	-
Deferred income	45,854	45,854
Accrued expenses	77,040	64,395
	133,493	110,249

Deferred income
Deferred income relates to fees invoiced in advance from statutory and related funders.

13. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2021	2020
	£	£
Within one year	13,220	13,220
Between one and five years	6,610	19,830
	19,830	33,050

continued...

14. MOVEMENT IN FUNDS

	At 1.1.21 £	Net movement in funds £	At 31.12.21 £
Unrestricted funds			
General fund	**612,605**	**(51,885)**	**560,720**
TOTAL FUNDS	**612,605**	**(51,885)**	**560,720**

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	**341,732**	**(393,617)**	**(51,885)**
TOTAL FUNDS	**341,732**	**(393,617)**	**(51,885)**

Comparatives for movement in funds

	At 1.1.20 £	Net movement in funds £	At 31.12.20 £
Unrestricted funds			
General fund	559,926	52,679	612,605
TOTAL FUNDS	559,926	52,679	612,605

continued...

14. MOVEMENT IN FUNDS - continued

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	388,043	(335,364)	52,679
TOTAL FUNDS	388,043	(335,364)	52,679

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.1.20 £	Net movement in funds £	At 31.12.21 £
Unrestricted funds			
General fund	559,926	794	560,720
TOTAL FUNDS	559,926	794	560,720

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	729,775	(728,981)	794
TOTAL FUNDS	729,775	(728,981)	794

Purpose of unrestricted funds
General fund

This fund represents the free funds of the charity that are not designated for particular purposes.

continued...

15. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2021.

16. ULTIMATE CONTROLLING PARTY

The charity is controlled by the trustees as listed in the Report of the Trustees.

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY

England & Wales - Charity number 1125795

Accounts

REGISTERED COMPANY NUMBER: 06462720 (England and Wales)
REGISTERED CHARITY NUMBER: 1125795

REPORT OF THE TRUSTEES AND

UNAUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2020

FOR

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

CONTENTS OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

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BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

REFERENCE AND ADMINISTRATIVE DETAILS FOR THE YEAR ENDED 31 DECEMBER 2020

TRUSTEES	Dr J L Byrne Dr F Dignan Professor J Snowden Dr K Orchard Dr D S Richardson
COMPANY SECRETARY	Dr F Dignan
REGISTERED OFFICE	Talbot House Great Maze Pond London SE1 9RT
REGISTERED COMPANY NUMBER	06462720 (England and Wales)
REGISTERED CHARITY NUMBER	1125795
INDEPENDENT EXAMINER	J W Hinks LLP Chartered Accountants 19 Highfield Road Edgbaston Birmingham West Midlands B15 3BH
SOLICITORS	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ
BANKERS	Barclays Bank Plc Leicester Leicestershire LE87 2BB

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 2020. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

ACHIEVEMENT AND PERFORMANCE

Charitable activities

In establishing the objectives and priorities for the society's activities the trustees have given and continue to give careful consideration to the Charity Commission's general guidance on public benefit.

All of the society's activities are focused on the development, education and improvement in outcomes for patients undergoing blood and marrow stem cell transplants within the United Kingdom and the Republic of Ireland (ROI).

The activities of the British Society of Blood and Bone Marrow Transplantation can be broadly divided into three main areas which include:

- Education of healthcare professionals, scientists, ancillary professionals and patients in all aspects of blood and marrow stem cell transplantation.
- Research into all aspects of blood and marrow stem cell transplantation including the direct sponsorship of research as well as supporting and facilitating collaborative research. This work includes comprehensive outcomes data collection on all stem cell transplant undertaken in the UK on an ongoing basis.
- Facilitating the ongoing development of stem cell transplant services within the UK.

Research

Research activity within the BSBMT falls into three main areas:

- Comprehensive outcome data analysis through the BSBMT transplant registry
- Retrospective and prospective studies and surveys run through the clinical trials committee
- Collaboration with partner organisations such as the EBMT, CIBMTR and Anthony Nolan and other donor registries

Registry

The registry represents a unique and comprehensive database of all transplant activity undertaken in the UK and ROI. As activity continues to increase the work of the team at Guys has followed. In 2019 a total of 4580 transplants were undertaken across the UK and ROI transplant centres. The BSBMT registry now holds over 76,000 registrations to date which includes transplant data and more recently data on cellular therapies, i.e. CAR-T.

The BSBMT registry team at Guy's Hospital dedicate a significant amount of time entering data for centres, correcting missing and incorrect data entries, and more recently providing training to individual centres. The registry also provides centres with practical advice and information. The BSBMT registry has now planned and successfully delivered MACRO (the new BMT registry system) training to over 90% of BSBMT member centres. The system has yet to "Go Live" but is expected sometime in the near future.

One of the major remits of the Guys team is to insure the quality and completeness of data within the registry. Data on every transplant is checked for internal consistency and errors. Queries are then followed up with individual transplant centres. There is time dedicated to running regular data quality reports to ensure the accuracy and completion of patient records within the database. These reports have been run quarterly since May 2018 to ensure that when the new BMT registry MACRO goes live the data migrated over will be of a good standard. In addition, requests for missing registrations and follow ups for the period of 2014 to 2019 inclusive have been made in November 2020 in preparation for the annual commissioners report due to be finished by end of August 2021.

Since 2012, an annual benchmarking exercise comparing UK and EU and International transplant outcomes are undertaken. The AML not in CR1 benchmarking exercise was accepted in the journal Bone Marrow Transplantation. The FL manuscript is being prepared and soon will be submitted. The next benchmarking exercise will focus on NHLs over 60 years.

Since 2017 the registry team launched its annual data manager (DM) training days which is a day dedicated to data management staff. These sessions give data management staff the skills and knowledge to carry out their roles as well as giving them a platform for networking. The DM day that happened in September 2019 was again a success, and the registry is hoping to hold a virtual DM Training day in September 2021. Due to the current pandemic the 2020 DM Training day was postponed.

The registry also manages the www.bsbmtct.org website. This site is dedicated to providing information on the BSBMT as well as providing information re BMT activity within the UK and ROI and BSBMT/Haematological meetings. It has dedicated areas for different professional roles within BMT. More recently it holds valuable guidelines and information for health professionals and patients alike on COVID-19.

The team structure at present comprises a Head of Registry at Band 8c at full time. There is one statistician at Band 7 0.8WTE. There are three Band 6 Senior data managers two which are 0.9WTE and one on 0.8WTE. Anthony Nolan fund a Band 6 0.8WTE of which the funds are allocated to the data management team and not to an individual.

Comprehensive outcome data

For the last ten years the society has been producing a comprehensive report on outcome of stem cell transplantation in the UK. This has been primarily for the benefit of Commissioners of healthcare services. The 11th annual report was published beginning of September 2020. This focused on longer term outcomes for transplants performed between 2012 and 2017 and a detailed analysis of transplant activity by type, disease indication and region in 2018. The data preparation for the 12th report is underway and will be submitted on 31/8/2021. This report will include outcomes for transplants performed between 2014 and 2018 as well as a detailed analysis for transplant activity in 2019.

BSBMTCT Clinical trials Committee (CTC)

The BSBMTCT CTC since January 2019 is headed by Ram Malladi and Victoria Potter as secretary. The term of these office holders remains three years with the secretary acting as the chairman elect. The primary aim of the CTC remains the timely completion and publication of well conducted studies, with clearly stated hypotheses, to inform and direct clinical BMT practice within the UK.

The BSBMTCT CTC works to delivers retrospective study work and surveys. Since 1st November 2017 the clinical trials and prospective studies are now delivered in partnership with IMPACT. IMPACT is the UK's first ever clinical trials partnership dedicated to improving the outcomes of stem cell transplant patients.

The BSBMTCT CTC will now be holding two meetings separate from the BSBMTCT CTC IMPACT meetings, the focus of these will be retrospective studies and surveys. The next BSBMTCT meeting will be held virtually on Tuesday 4th May 2021 to discuss new proposals and existing studies and surveys.
Ongoing studies are listed below:

1. Approved BSBMT Retrospective Studies and Surveys (https://bsbmtct.org/ctc-clinical-trials-committee/)
a) Risk of preterm birth in women who conceive following bone marrow transplantation -Melanie Griffin/Victoria Grandage
b) Survey for Clinicians re current pre-pregnancy and antenatal counselling and management for women who have previously had BMT/TBI - Kate Birchenall
c) CTCR-1502: Analysis of the genetic factors influencing outcome in unrelated donor haematopoietic stem cell transplants -Neema Mayor

d) CTCR-1801: Retrospective study of autologous HSCT in MS in the UK -John Snowden/Maj Kazmi/Basil Sharrack
e) CTCS-1901: A multicentre survey to look at current clinical practises in the pre-transplant identification of metabolic and nutritional risk factors for adult transplant patients. -Laura Miller
f) CTCR-1901: Analysis of outcomes and impact of PET status for patients undergoing ASCT for relapsed follicular lymphoma in the current era in the UK -Toby Eyre, Will Townsend
g) CTCS-1902: Psychological care of haematopoietic stem cell transplant recipients in the UK: models of care and caregiver perceptions- Rosa Naidoo
h) CTCR 1902 Case matched study evaluating the impact of prior PD1/PDL1 inhibition on transplant outcomes in patients with Hodgkin Lymphoma undergoing T-deplete alloTx -Karl Peggs
i) CTCR-1903: Outcomes of Second allografts for relapsed haematological malignancies in children and young people under 18y in the UK and Eire between 1996 and 2016 -Denise Bonney
j) CTCS-2001: UK Physicians Perspectives on Palliative Care -Chiara DeBiase
k) CTCR-2001 A study of the impact of cryopreservation of allogenic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson
l) CTCR-2101 Haematopoietic stem cell transplant for teenage and young adult patients with haematological malignancies in the UK: Trends in practice, and outcome comparison with adult patients -Graham McIlroy/Ben Carpenter/Anna Castleton/Ram Malladi

2. IMPACT/CTC Trials (https://www.impactpartnership.org.uk/the-trials/):
a) PRO-DLI: A Phase II Prospective Trial of Prophylactic Donor Lymphocyte Infusions for the Prevention of Relapse post HSCT in patients with High Risk Myeloid Malignancy
Chief Investigator: Dr Victoria Potter
b) COSI: An International Randomised Clinical Trial of Therapeutic Interventions with the Potential to Improve Outcome in Adults with Acute Myeloid Leukaemia and High Risk Myeldysplasia Undergoing Allogeneic Stem Cell Transplantation
Chief Investigator: Professor Charles Craddock
c) ALL-RIC: A comparison of two low-intensity transplant regimens for the treatment of adults with acute lymphoblastic leukaemia (ALL)
Chief Investigator: Professor David Marks
d) AMADEUS: A Double-Blind, Phase III, Randomised Study to Compare the Efficacy and Safety of Oral Azacitidine (CC-486) Versus Placebo in Subjects with Acute Myeloid Leukaemia or Myelodysplastic Syndromes as Maintenance after Allogeneic Haematopoietic Stem Cell Transplantation
Chief Investigator: Professor Charles Craddock
e) MoTD: A multi-centre phase II trial of GVHD prophylaxis following unrelated donor stem cell transplantation comparing Thymoglobulin vs. Calcineurin inhibitor or Sirolimus-based post-transplant Cyclophosphamide
Chief Investigator: Professor Ronjon Chakraverty
f) COVID19_BMT: A prospective non interventional study to evaluate the role of immune and inflammatory response in recipients of allogeneic haematopoietic stem cell transplantation (SCT) affected by severe COVID19 infection
Chief Investigator: Dr Giovanna Lucchini
g) RATinG: Risk Adapted Therapy in Acute GvHD; Investigating the use of Lenzilumab for treating high-risk acute graft versus host disease following allogenic stem cell transplantation
Chief Investigator: Dr Adrian Bloor

Publications

THE NICE COVID-19 RAPID GUIDELINE ON HAEMATOPOIETIC STEM CELL TRANSPLANTATION: DEVELOPMENT, IMPLEMENTATION AND IMPACT
Kim Orchard 1, Fiona L Dignan 2, Julia Lee 3, Rachel Pearce 3, Monica Desai 4, Emma McFarlane 4, Angela Parkin 4, Peter Shearn 4, John A Snowden 5 6
Br J Haematol . 2021 Jan 20. doi: 10.1111/bjh.17280.

SARS-COV-2 SCREENING FOR ASYMPTOMATIC HEALTH CARE WORKERS IN UK STEM CELL TRANSPLANT UNITS
Adrian J C Bloor 1, Fiona L Dignan 2, Julia Lee 3, Kim H Orchard 4
Br J Haematol . 2021 Jan;192(2):e37-e38.

SURVIVORSHIP CARE FOR ALLOGENEIC TRANSPLANT PATIENTS IN THE UK NHS: CHANGES CENTRE PRACTICE, IMPACT OF HEALTH SERVICE POLICY AND JACIE ACCREDITATION OVER 5 YEARS
Fiona Dignan, Angela Hamblin, Amelia Chong, Julia Lee, Michelle Kenyon, Paul Miller, Maria Gilleece, Hannah Hunter, and John Snowden
Paper #BMT-2020-721RR

SUBSTITUTING CARMUSTINE FOR LOMUSTINE IS SAFE AND EFFECTIVE IN THE TREATMENT OF RELAPSED OR REFRACTORY LYMPHOMA - A RETROSPECTIVE STUDY FROM THE BSBMT (BEAM VERSUS LEAM)
Philippa Kelsey, Rachel Pearce, Julia Perry, Keiren Kirkland, Ruth Paul, Jonathan Lambert, Andrew Peniket, Ram Malladi, John Snowden, and Nick Morley
#BMT-2020-226RR

PRESENCE OF DONOR-ENCODED CENTROMERIC KIR B CONTENT INCREASES THE RISK OF INFECTIOUS MORTALITY IN RECIPIENTS OF MYELOABLATIVE, T-CELL DEPLETE, HLA-MATCHED HCT TO TREAT AML
Steven Marsh, Will Bultitude, Jennifer schellekens, Richard Szydlo, Chloe Anthias, Sarah Cooley, Jeffrey Miller, Daniel Weisdorf, Bronwen Shaw, Chrissy Roberts, Christian Garcia-Sepulveda, Julia Perry, Rachel Pearce, Marie Wilson, Mike Potter, Jenny Byrne, Nigel Russell, Stephen Mackinnon, Adrian Bloor, Amit Patel, Grant McQuaker, Ram Malladi, Eleni Tholouli, Kim Orchard, Victoria Potter, Alejandro Madrigal, and Neema Mayor
Bone Marrow Transplant. 2020 Mar 13.

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE)
John Snowden, Riccardo Saccardi, Kim Orchard, Per Ljungman, Rafael Duarte, Myriam Labopin, Eoin McGrath, Nigel Brook, Carmen Ruiz de Elvira, Debra Gordon, Hélène Poirel, Francis Ayuk, Yves Beguin, Francesca Bonifazi, Alois Gratwohl, Noël MILPIED, John Moore, J passweg, J Douglas Rizzo, Stephen Spellman, Jorge Sierra, Carlos Solano, Fermin M Sanchez-Guijo, Nina Worel, Andreu Gusi, Gillian Adams, Theodor Balan, Helen Baldomero, Gilles Macq, Evelyne Marry, Florence Mesnil, Elena Oldani, Rachel Pearce, Julia Perry, Nicole Raus, Urs Schanz, Steven Tran, Leonie Wilcox, Grzegorz Basak, Christian CHABANNON, Selim Corbacioglu, Harry Dolstra, Jürgen Kuball, Mohamad Mohty, Arjan Lankester, Silvia Montoto, Arnon Nagler, Jan Styczynski, i agha, Nicolaus Kroger, Ronald Brand, Liesbeth de Wreede, Erik van Zwet, Hein Putter, and Regis Peffault de Latour
Bone Marrow Transplant. 2020 Apr;55(4):681-694.

ARE TRANSPLANTS TRULY AVAILABLE TO ALL, REGARDLESS OF GEOGRAPHY, SOCIOECONOMIC STATUS AND ETHNIC GROUP? A BSBMTCT REPORT
Rachel Pearce, Julia Lee, Ruth Paul, Marie Wilson, Clementina Abamba, Kim Orchard
Virtual EBMT 2020 29th August to 1st Sept 2020. Poster Presentation (B476) Data Management.

THE IMPACT OF CYTOGENETICS ON DURATION OF RESPONSE AND OVERALL SURVIVAL IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA (LONG-TERM FOLLOW-UP RESULTS FROM BSBMT/UKMF MYELOMA X RELAPSE [INTENSIVE]): A RANDOMISED, OPEN-LABEL, PHASE 3 TRIAL
Cook G, Royle KL, O'Connor S, Cairns DA, Ashcroft AJ, Williams CD, Hockaday A, Cavenagh JD, Snowden JA, Ademokun D, Tholouli E, Andrews VE, Jenner M, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Drayson MT, Brown JM, Morris TCM; National Cancer Research Institute Haemato-oncology Clinical Studies Group.
Br J Haematol. 2019 May;185(3):450-467. doi: 10.1111/bjh.15782. Epub 2019 Feb 6.

RECIPIENTS RECEIVING BETTER HLA-MATCHED HEMATOPOIETIC CELL TRANSPLANTATION GRAFTS, UNCOVERED BY A NOVEL HLA TYPING METHOD, HAVE SUPERIOR SURVIVAL: A RETROSPECTIVE STUDY
Mayor NP, Hayhurst JD, Turner TR, Szydlo RM, Shaw BE, Bultitude WP, Sayno JR, Tavarozzi F, Latham K, Anthias C, Robinson J, Braund H, Danby R, Perry J, Wilson MC, Bloor AJ, McQuaker IG, MacKinnon S, Marks DI, Pagliuca A, Potter MN, Potter VT, Russell NH, Thomson KJ, Madrigal JA, Marsh SGE.
Biol Blood Marrow Transplant. 2019 Mar;25(3):443-450. doi: 10.1016/j.bbmt.2018.12.768.

OUTCOME OF ALLOGRAFTING FOR AML-CR2 IS EQUIVALENT ACROSS BSBMT AND EBMT AND IS ASSOCIATED WITH ENCOURAGING OS AND DFS ACROSS ALL AGE GROUPS
Byrne J, Pearce R, Perry J, Crawley C, Jackson G.
Bone Marrow Transplant. 2019 Jul;54(7):1151-1154. doi: 10.1038/s41409-019-0439-y. Epub 2019 Jan 24.

CURRENT PRACTICE IN VITAMIN D ASSESSMENT AND MANAGEMENT ACROSS ADULT AND PAEDIATRIC ALLOGENEIC HAEMATOPOIETIC STEM CELL TRANSPLANT CENTRES: A SURVEY BY THE TRANSPLANT COMPLICATIONS WORKING PARTY OF THE EBMT
J. Ros-Soto, J.A. Snowden, N. Salooja, M. Gilleece, A. Parker, DM. Greenfield, C. Anthias, A. Alfred, A. Harrington, C. Peczynski, K. Peggs, A. Madrigal, G.W. Basak, H. Schoemans
Oral Poster presentation A092 EBMT Frankfurt March 2019 (Ran through BSBMT CTC as Survey)

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE)
Snowden JA, Saccardi R, Orchard K, Ljungman P, Duarte RF, Labopin M, McGrath E, Brook N, de Elvira CR, Gordon D, Poirel HA, Ayuk F, Beguin Y, Bonifazi F, Gratwohl A, Milpied N, Moore J, Passweg J, Rizzo JD, Spellman SR, Sierra J, Solano C, Sanchez-Guijo F, Worel N, Gusi A, Adams G, Balan T, Baldomero H, Macq G, Marry E, Mesnil F, Oldani E, Pearce R, Perry J, Raus N, Schanz U, Tran S, Wilcox L, Basak G, Chabannon C, Corbacioglu S, Dolstra H, Kuball J, Mohty M, Lankester A, Montoto S, Nagler A, Styczinski J, Yakoub-Agha I, de la Tour RP, Kroeger N, Brand R, de Wreede LC, van Zwet E, Putter H.
Bone Marrow Transplant. 2019 Oct 21. doi: 10.1038/s41409-019-0718-7.

A smooth Transition to MACRO: A Training Plan by the British Society of Blood and Marrow Transplantation Data Registry (BSBMTDR) for Centre Data Managers (DMS) Wilson M, Paul R, Abamba C, Pearce R and Perry J. Oral Poster presentation A365 EBMT Frankfurt March 2019

Current practice in vitamin D assessment and management across adult and paediatric allogeneic haematopoietic stem cell transplant centres: a survey by the Transplant Complications Working Party of the EBMT. J. Ros-Soto, J.A. Snowden, N. Salooja, M. Gilleece, A. Parker, DM. Greenfield, C. Anthias, A. Alfred, A. Harrington, C. Peczynski, K. Peggs, A. Madrigal, G.W. Basak, H. Schoemans Oral Poster presentation A092 EBMT Frankfurt March 2019 (Ran through BSBMT CTC as Survey).

The impact of cytogenetics on duration of response and overall survival in patients with relapsed multiple myeloma (long-term follow-up results from BSBMT/UKMF Myeloma X Relapse [Intensive]): a randomised, open-label, phase 3 trial. Cook G, Royle KL, O'Connor S, Cairns DA, Ashcroft AJ, Williams CD, Hockaday A, Cavenagh JD, Snowden JA, Ademokun D, Tholouli E, Andrews VE, Jenner M, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Drayson MT, Brown JM, Morris TCM; National Cancer Research Institute Haemato-oncology Clinical Studies Group. Br J Haematol. 2019 Feb 6. doi: 10.1111/bjh.15782.

Outcome of allografting for AML-CR2 is equivalent across BSBMT and EBMT and is associated with encouraging OS and DFS across all age groups. Byrne J, Pearce R, Perry J, Crawley C, Jackson G. Bone Marrow Transplant. 2019 Jan 24. doi: 10.1038/s41409-019-0439-y.

Changing trends in haemopoietic stem cell transplantation in the UK: 40 years of data from the British Society for Blood and Marrow Transplantation (BSBMT) Jennifer Byrne, Julia Perry, Charles Crawley, Kim Orchard, Rachel Pearce. Oral Poster presentation P461 EBMT Lisbon March 2018

BEAM versus LEAM conditioning chemotherapy for autologous transplantation in lymphoma. A retrospective study from the BSBMT Nick Morley, John Snowden, Rachel Pearce, Julia Perry, Ruth Paul, Keiren Kirkland, Jonathan Lambert, Ram Malladi, Andy Peniket. Oral Poster Presentation P153 EBMT Lisbon March 2018

Outcome of Allografting for AML?CR2 is equivalent across the BSBMT and EBMT and is associated with encouraging OS and DFS across all age groups. Byrne, Jenny; Perry, Julia; Kirkland, Keiren; Pearce, Rachel; Jackson, Graham. Oral Poster presentation B224 EBMT Marseille March 2017

A Clinical Prognostic Index for Assessing Patients aged >60 Being Considered for High?Dose Therapy and Autologous Stem?Cell Transplant in Relapsed or refractory High?Grade Non?Hodgkin Lymphoma
Edwards, David; Kirkland, Keiren; Pearce, Rachel; Robinson, Stephen; Cook, Gordon. B290 EBMT Marseille March 2017

Recipient/donor HLA and CMV matching in recipients of T-cell-depleted unrelated donor haematopoietic cell transplants.
Shaw BE, Mayor NP, Szydlo RM, Bultitude WP, Anthias C, Kirkland K, Perry J, Clark A, Mackinnon S, Marks DI, Pagliuca A, Potter MN, Russell NH, Thomson K, Madrigal JA, Marsh SG.
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Variations in practice in UK transplant centers: results of a related donor care survey.
Anthias C, Peniket A, Kirkland K, Madrigal JA, Shaw BE.
Bone Marrow Transplant. 2016 Dec;51(12):1612-1614. doi: 10.1038/bmt.2016.220. Epub 2016 Sep 5.

The effect of salvage autologous stem-cell transplantation on overall survival in patients with relapsed multiple myeloma (final results from BSBMT/UKMF Myeloma X Relapse [Intensive]): a randomised, open-label, phase 3 trial.
Cook G, Ashcroft AJ, Cairns DA, Williams CD, Brown JM, Cavenagh JD, Snowden JA, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Chown S, Heartin E, O'Connor S, Drayson MT, Hockaday A, Morris TC; National Cancer Research Institute Haemato-oncology Clinical Studies Group..
Lancet Haematol. 2016 Jul;3(7):e340-51. doi: 10.1016/S2352-3026(16)30049-7.

BCSH/BSBMT/UK clinical virology network guideline: diagnosis and management of common respiratory viral infections in patients undergoing treatment for haematological malignancies or stem cell transplantation.
Dignan FL, Clark A, Aitken C, Gilleece M, Jayakar V, Krishnamurthy P, Pagliuca A, Potter MN, Shaw B, Skinner R, Turner A, Wynn RF, Coyle P; Haemato-oncology Task Force of the British Committee for Standards in Haematology.; British Society for Blood and Marrow Transplantation and the UK Clinical Virology Network.
Br J Haematol. 2016 May;173(3):380-93. doi: 10.1111/bjh.14027. Epub 2016 Apr 7.

Polymorphism in TGFB1 is associated with worse non-relapse mortality and overall survival after stem cell transplantation with unrelated donors.
Arrieta-Bolaños E, Mayor NP, Marsh SG, Madrigal JA, Apperley JF, Kirkland K, Mackinnon S, Marks DI, McQuaker G, Perry J, Potter MN, Russell NH, Thomson K, Shaw BE.
Haematologica. 2016 Mar;101(3):382-90. doi: 10.3324/haematol.2015.134999. Epub 2015 Nov 26.

Education
Education in all aspects of stem cell transplantation has been one of the major roles of the Society since its formation. There has been a focus in the past on education of clinicians but more recently there has been a move to broaden that remit to include other health care professionals.

The Society's Meetings

The Society runs two main meetings each year, a scientific meeting in May and educational meeting in October/November. In 2020, the scientific meeting in May included another successful abstract presentation session with prizes awarded for the best abstracts. The education meeting in October was also well attended.

Transplant accreditation

The society has always had a leading role in facilitating and developing the quality of stem cell transplant services within the UK. The majority of all allogeneic transplant centres and a large number of autologous centres are now JACIE accredited and the role for the transplant accreditation committee is therefore limited and this now meets as a virtual body to continue to support the accreditation process within the UK.

The Society's newsletter

The newsletters continue to be an important means of communication with the wider transplant community. Patrick Medd has now taken over from Maria Gilleece as editor.

Website

The website has proved successful and is an important focus for general communication for the society. The Registry pages provide data on the role of the Registry along with links to the MED A/B documents along with other information to facilitate completion of data submission. The website also provides access to the indications for transplant table which was primarily a document for clinical guidance but has also been adopted as a basis for health care commissioning. The website also provides a portal for other documents of interest to transplant centres as well keeping people informed of the society's activities. It also provides data showing the increase in transplant activity per year.

Development of and promotion of clinical guidelines

The Society has been involved in the development of specific transplant-related guidelines since 2012 under the leadership of Dr Mike Potter. This has led to the publication in the British Journal of Haematology of the first guidelines for both acute and chronic graft-versus-host disease. These have been important in helping to unify the approaches to these complications and will be of value in the discussions regarding commissioning of treatments for these conditions. The guidelines group have also recently published guidelines on the management of cytomegalovirus infection and veno-occlusive disease and respiratory viral infections.

FINANCIAL REVIEW

Reserves policy

The policy of the trustees is to maintain a level of reserve that is sufficient to continue the operation of the charity's activities. The goal of the society has been to achieve reserve sufficient to allow continued operations for one year in the event of a major change in funding activities. This has been extremely difficult to achieve in previous years, however, in the past four years significant progress has been made and our current reserves are satisfactory.

Financial review

The statement of financial activities for the year ended 31st December 2020 shows incoming resources of £388,043 (2019: £350,288) and resources expended of £335,364 (2019: £372,213), generating net incoming resources totalling £52,679 (2019: net expenditure totalling £21,925).

As a result, the net assets of the charity had increased from £559,926 as at 31 December 2019 to £612,605 as at 31 December 2020.

The two major sources of income for the charity remain funding from specialist commissioning service and individual transplant centre subscriptions and corporate sponsorship. The Health and Social Care Act has resulted in some of the most major reforms to the NHS in its history. BMT commissioning has moved to national commissioning as of April 13. The decision regarding ongoing funding will, therefore fall to NHS England and although the value of the database was recognised in a recent review a final decision on ongoing funding has not yet been taken. This uncertainty remains a significant financial risk. The trustees will continue to work to establish a formal contract with NHS England to ensure the longer term financial stability of the charity.

Corporate sponsorship has largely been maintained. Individual transplant centre membership subscriptions are the other major source of income. We have progressively increased subscriptions over the last 5 years and this trend is likely to continue. As a consequence of pressure from commissioning bodies, there has been a general trend for transplant centres to amalgamate into larger centres. This is associated with a fall in the overall number of members but as yet has not been factored into the annual subscription fees. Centre subscriptions remained unchanged in 2012 & 13 but the fee for allogeneic transplant centres increased to £2000 in 2014. It has not increased further since then.

Trustees are also mindful about the need to maintain tight control of expenditure. The joint symposia with the Anthony Nolan and NHSBT have proven a cost-effective way of delivering high-quality educational and scientific events and this is a model we will look to revisit.

Future directions

2020/21 will see new challenges for BSBMT. A name change is planned to include Cellular Therapy, the society will play a key role in understanding the role these novel therapies play. With the name change we will be called The British Society of Blood and Marrow Transplantation and Cellular Therpay (BSBMTCT).

The role of the CTC remains fundamental to the society and under the leadership of Ram Malladi and Victoria Potter this will continue to develop.

The reorganisation of commissioning arrangements in England and Wales will have significant implications for the provision of specialist services. In the short term we have negotiated a service level agreement with NHS England to ensure that we have a clear position on the requirements from commissioners and a secure funding stream in place.

The society will also work closely with the Clinical Review Groups and the Stem Cell Strategic oversight committee and other key stakeholders to develop and improve services and clinical outcomes.

We will also be working closely with our other partner organisations including the European Group for Blood and Marrow Transplantation, NHSBT, Anthony Nolan, and other Donor Registries. Once the new MACRO system goes live, it will present new challenges and opportunities for the society.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The British Society of Blood and Marrow Transplantation is a company limited by guarantee (registered number 06462720), which was incorporated on 3 January 2008 and achieved charitable status on 9 September 2008 (registered number 1125795. The charitable company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the charitable company being wound up members are required to contribute an amount not exceeding £1.

Recruitment and appointment of new trustees

The charity's trustees also serve as directors and members of the charity's executive board.

In addition to the charity's trustees, the executive board also consists of named officers who may be recruited to serve as a trustee as required and determined by the executive board.

Members of the executive board, including officers and trustees, are elected by the members by postal ballot.

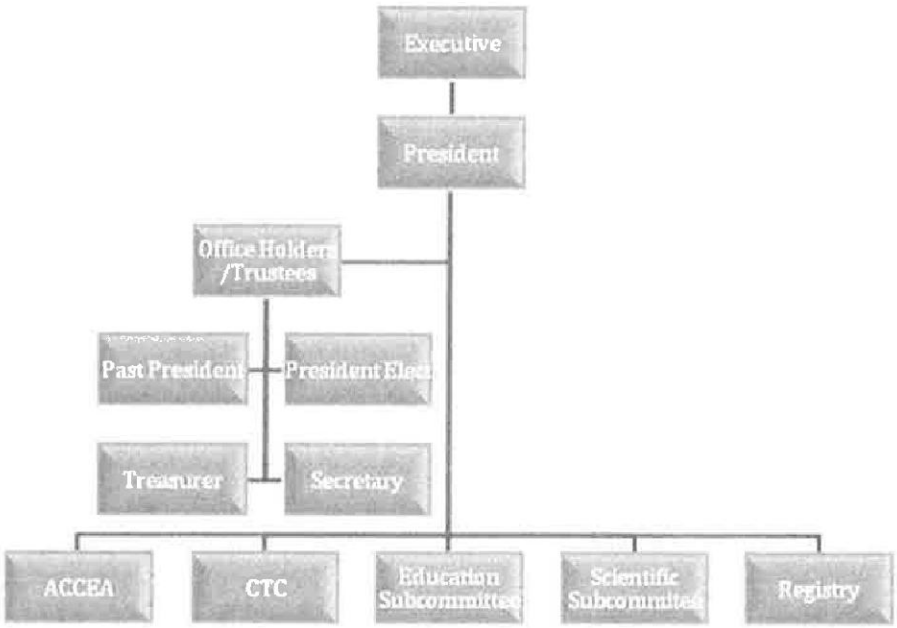
Elected terms of office are for a duration of 2 years.

All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in the notes to the financial statements.

Organisational structure

The British Society of Blood and Marrow Transplantation is organised so that its executive board meets at a minimum of twice a year to manage the charity's affairs and formulate policy. The Society also holds biannual open meetings.

During the year ending 31 December 2020 the organisational structure of the charity can be illustrated as follows.



Induction and training of new trustees
New trustees and directors receive an informal induction and briefing from an existing member of the executive board or the outgoing officer as appropriate.

Training is also largely informal by peer exchange.

Attendance at relevant seminars or courses is arranged as appropriate.

Risk management
The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

The executive board has a responsibility to ensure that a suitable system of controls and checks are in place to manage the risks facing the charity. These include controls to provide reasonable assurance against fraud and error.

The executive board regularly reviews the financial and operational risks facing the charity and endeavour to identify new risks as and when they arise and manage them appropriately.

Approved by order of the board of trustees on 14 July 2021 and signed on its behalf by:

Fiona Dignan
.....
Dr F Dignan - Secretary

Independent examiner's report to the trustees of British Society of Blood and Marrow Transplantation ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2020.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of ICAEW which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



James Cruse ACA, FCCA, BSc (Econ) Hons
J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

Date: 14 July 2021

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2020

	Notes	2020 Unrestricted fund £	2019 Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities	4		
Grants receivable		**180,331**	183,416
Other trading activities	2	**207,566**	166,018
Investment income	3	**146**	654
Other income		**-**	200
Total		**388,043**	350,288
EXPENDITURE ON			
Charitable activities	5		
Direct costs		**299,910**	333,280
Support costs		**35,454**	38,933
Total		**335,364**	372,213
NET INCOME/(EXPENDITURE)		**52,679**	(21,925)
RECONCILIATION OF FUNDS			
Total funds brought forward		**559,926**	581,851
TOTAL FUNDS CARRIED FORWARD		**612,605**	559,926

The notes form part of these financial statements

BALANCE SHEET
31 DECEMBER 2020

	Notes	2020 Unrestricted fund £	2019 Total funds £
FIXED ASSETS			
Tangible assets	10	**1,427**	3,072
CURRENT ASSETS			
Debtors	11	**31,618**	-
Cash at bank		**689,809**	626,496
		721,427	626,496
CREDITORS			
Amounts falling due within one year	12	**(110,249)**	(69,642)
NET CURRENT ASSETS		**611,178**	556,854
TOTAL ASSETS LESS CURRENT LIABILITIES		**612,605**	559,926
NET ASSETS		**612,605**	559,926
FUNDS	14		
Unrestricted funds		**612,605**	559,926
TOTAL FUNDS		**612,605**	559,926

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2020.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2020 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

(a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and

(b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

The notes form part of these financial statements

continued...

BALANCE SHEET - continued
31 DECEMBER 2020

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 14 July 2021 and were signed on its behalf by:

Dr D S Richardson - Trustee 14-7-2021

The notes form part of these financial statements

1. ACCOUNTING POLICIES

BASIS OF PREPARING THE FINANCIAL STATEMENTS

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

FINANCIAL REPORTING STANDARD 102 - REDUCED DISCLOSURE EXEMPTIONS

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

INCOME

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably. Where income is received that relates to subsequent periods, such income is treated as deferred income.

EXPENDITURE

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

ALLOCATION AND APPORTIONMENT OF COSTS

All costs are allocated between the expenditure categories of the Statement of Financial Activities on the basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. floor areas, per capita or estimated usage.

TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office equipment - 25% on cost

TAXATION

The charity is exempt from corporation tax on its charitable activities.

FUND ACCOUNTING

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

continued...

1. ACCOUNTING POLICIES - continued

OPERATING LEASES
Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the term of the lease.

COMPANY STATUS
The charity is a company limited by guarantee. The members of the company are the trustees named on the company information page. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member of the charity.

2. OTHER TRADING ACTIVITIES

	2020	2019
	£	£
Database management funding	**85,815**	45,437
Meeting income	**250**	2,088
Subscriptions and fees	**87,000**	82,502
Corporate subscriptions	**34,501**	35,991
	207,566	166,018

3. INVESTMENT INCOME

	2020	2019
	£	£
Deposit account interest	**146**	654

4. INCOME FROM CHARITABLE ACTIVITIES

	Activity	2020	2019
		£	£
Grants	Grants receivable	**180,331**	183,416

Grants received, included in the above, are as follows:

	2020	2019
	£	£
NHS England - General fund	**171,076**	171,076
NHS Scotland - General fund	**9,255**	12,340
	180,331	183,416

continued...

5. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 6)	Support costs (see note 7)	Totals
	£	£	£
Direct costs	**299,910**	-	**299,910**
Support costs	-	**35,454**	**35,454**
	299,910	**35,454**	**335,364**

6. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2020	2019
	£	£
Database management	**280,176**	272,696
Conference expenses	**19,734**	59,584
Prizes	-	1,000
	299,910	333,280

7. SUPPORT COSTS

	Management	Other	Governance costs	Totals
	£	£	£	£
Support costs	**6,960**	**25,374**	**3,120**	**35,454**

Support costs are those costs that have been incurred by the charity in order to further the continued development of the charity's charitable activities.

Support costs, included in the above, are as follows:

	2020 Support costs	2019 Total activities
	£	£
Management fee	**3,600**	**3,600**
Legal and professional fees	**3,360**	-
Rent	**13,667**	**14,001**
Office costs	**112**	**744**
Website and internet costs	**4,200**	**4,700**
Travel and subsistence	**5,750**	**11,113**
Depreciation of tangible fixed assets	**1,645**	**1,751**
Accountancy and Independent Examiners Fees	**3,120**	**3,024**
	35,454	**38,933**

continued...

8. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2020	2019
	£	£
Depreciation - owned assets	1,645	1,751
Other operating leases	13,667	14,001

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2020 nor for the year ended 31 December 2019.

TRUSTEES' EXPENSES

Expense payments totalling £190 were made to trustees during the year ended 31 December 2020 (2019: £1,911).

10. TANGIBLE FIXED ASSETS

	Office equipment
	£
COST	
At 1 January 2020 and 31 December 2020	8,676
DEPRECIATION	
At 1 January 2020	5,604
Charge for year	1,645
At 31 December 2020	7,249
NET BOOK VALUE	
At 31 December 2020	1,427
At 31 December 2019	3,072

continued...

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2020	2019
	£	£
Other debtors	31,618	-

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2020	2019
	£	£
Deferred income	45,854	42,769
Accrued expenses	64,395	26,873
	110,249	69,642

Deferred income
Deferred income relates to fees invoiced in advance from statutory and related funders.

13. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2020	2019
	£	£
Within one year	13,220	13,220
Between one and five years	19,830	33,050
	33,050	46,270

14. MOVEMENT IN FUNDS

	At 1.1.20	Net movement in funds	At 31.12.20
	£	£	£
Unrestricted funds			
General fund	559,926	52,679	612,605
TOTAL FUNDS	559,926	52,679	612,605

continued...

14. MOVEMENT IN FUNDS - continued

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	**388,043**	**(335,364)**	**52,679**
TOTAL FUNDS	**388,043**	**(335,364)**	**52,679**

Comparatives for movement in funds

	At 1.1.19 £	Net movement in funds £	At 31.12.19 £
Unrestricted funds			
General fund	581,851	(21,925)	559,926
TOTAL FUNDS	581,851	(21,925)	559,926

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	350,288	(372,213)	(21,925)
TOTAL FUNDS	350,288	(372,213)	(21,925)

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.1.19 £	Net movement in funds £	At 31.12.20 £
Unrestricted funds			
General fund	581,851	30,754	612,605
TOTAL FUNDS	581,851	30,754	612,605

continued...

14. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	738,331	(707,577)	30,754
TOTAL FUNDS	738,331	(707,577)	30,754

Purpose of unrestricted funds

General fund

This fund represents the free funds of the charity that are not designated for particular purposes.

15. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2020.

16. ULTIMATE CONTROLLING PARTY

The charity is controlled by the trustees as listed in the Report of the Trustees.