

**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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**BRITISH SOCIETY OF BLOOD  
AND MARROW TRANSPLANTATION AND CELLULAR THERAPY**

**REFERENCE AND ADMINISTRATIVE DETAILS  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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

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

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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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).

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FOR THE YEAR ENDED 31 DECEMBER 2023**

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**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.

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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](http://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.

**REPORT OF THE TRUSTEES  
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**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 deliver 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. CTR-2102: Alemtuzumab based conditioning for unrelated and matched sibling donor transplants in SAA - Austin Kulasekararaj/Victoria Potter
    - b. CTR-2104 UK experience of CMML - Pramila Krishnamurthy
    - c. Anthony Nolan Patient/Donor project (ongoing project)
  2. Completed retrospective studies/surveys - manuscript/analysis stage
    - a. CTR-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. CTR-2001 A study of the impact of cryopreservation of allogeneic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson
    - c. CTR-1801: Retrospective study of autologous HSCT in MS in the UK -John Snowden/Maj Kazmi/Basil Sharrack
    - d. CTR-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. CTR 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
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- 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. CTR-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. CTR-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](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).



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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. Maniushyete<sup>1</sup>, A. Pryce<sup>1</sup>, R. Pearce<sup>2</sup>, J.A. Snowden<sup>3</sup>, R. Malladi<sup>4</sup>, V. Potter<sup>5</sup>, J. Lee<sup>2</sup>, M. Wilson<sup>6</sup>, R. Pawson<sup>7</sup>, R. Danby<sup>1</sup>  
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

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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 Poiré, 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, Evelynne 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.

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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

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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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

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.

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. do: 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 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.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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**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.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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**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.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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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.

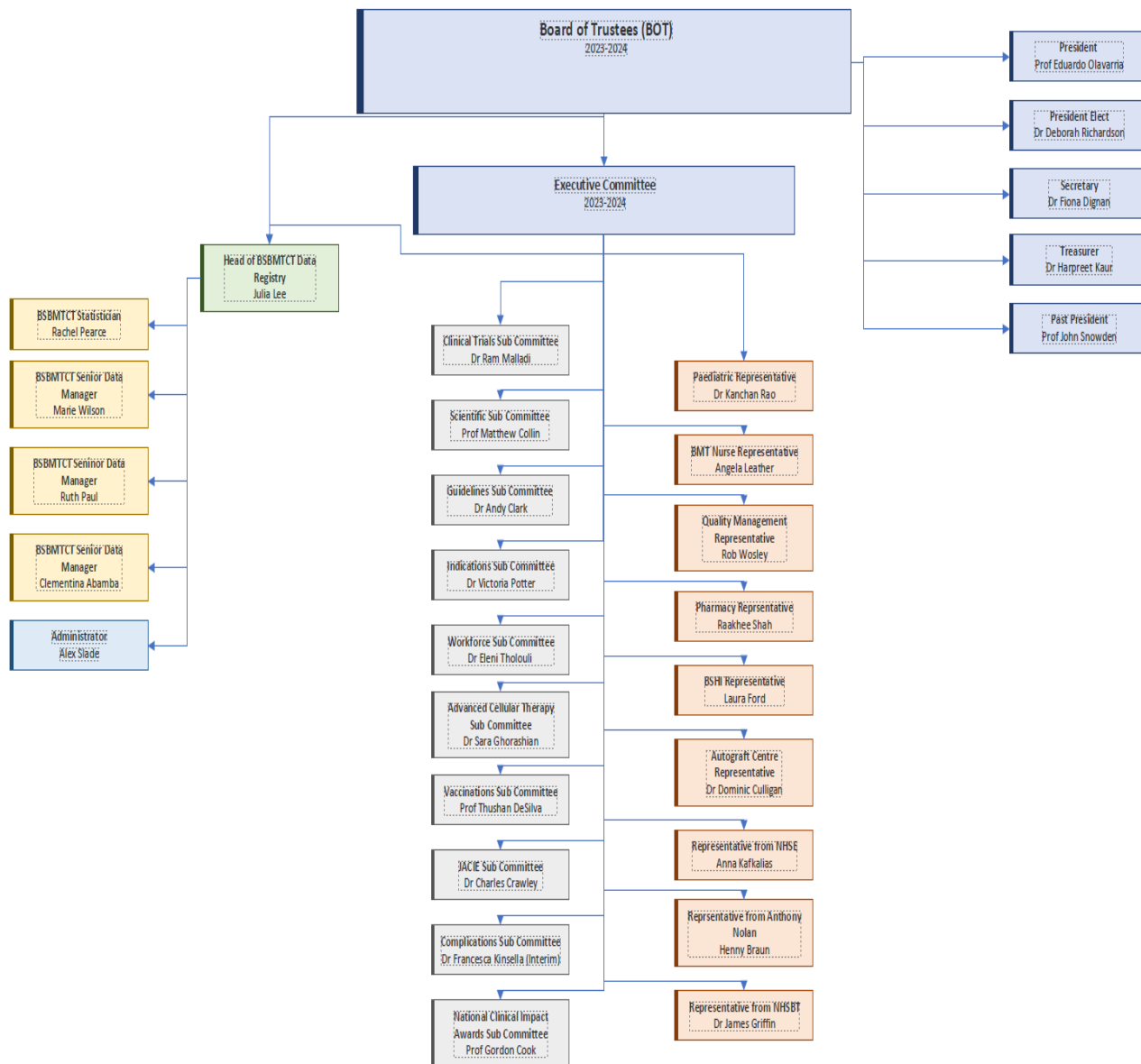
**Organisational structure**

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.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2023**



**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.



**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2023**

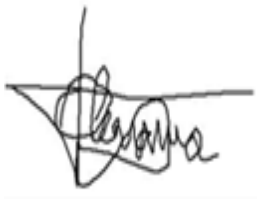
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**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**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:

A handwritten signature in black ink, appearing to read 'E Olavarria', is written over a horizontal line. The signature is stylized with loops and a long horizontal stroke extending to the left.

.....  
Professor E Olavarria - Trustee

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF  
BRITISH SOCIETY OF BLOOD  
AND MARROW TRANSPLANTATION AND CELLULAR  
THERAPY (REGISTERED NUMBER: 06462720)**

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**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**

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

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 2023**

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

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.

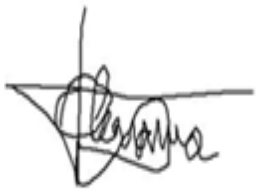
The notes form part of these financial statements

**BALANCE SHEET - continued  
31 DECEMBER 2023**

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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:

A handwritten signature in black ink, appearing to read 'E Olivarria', is written over a horizontal line. The signature is stylized with loops and a long vertical stroke on the left.

.....  
Professor E Olivarria - Trustee

The notes form part of these financial statements

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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**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.

**NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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**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**

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

**3. INVESTMENT INCOME**

	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Deposit account interest	<b><u>-</u></b>	<u>2</u>

**BRITISH SOCIETY OF BLOOD  
AND MARROW TRANSPLANTATION AND CELLULAR  
THERAPY**

**NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2023**

**4. INCOME FROM CHARITABLE ACTIVITIES**

		<b>2023</b>	2022
	Activity	£	£
Grants	Grants receivable	<b><u>192,200</u></b>	<u>188,207</u>

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

	<b>2023</b>	2022
	£	£
NHS England - General fund	<b>179,860</b>	175,867
NHS Scotland - General fund	<b><u>12,340</u></b>	<u>12,340</u>
	<b><u>192,200</u></b>	<u>188,207</u>

**5. CHARITABLE ACTIVITIES COSTS**

	Direct Costs (see note 6)	Support costs (see note 7)	Totals
	£	£	£
Direct costs	<b>408,795</b>	-	<b>408,795</b>
Support costs	<u>-</u>	<b><u>50,903</u></b>	<b><u>50,903</u></b>
	<b><u>408,795</u></b>	<b><u>50,903</u></b>	<b><u>459,698</u></b>

**6. DIRECT COSTS OF CHARITABLE ACTIVITIES**

	<b>2023</b>	2022
	£	£
Database management	<b>343,564</b>	313,659
Conference expenses	<b>64,231</b>	29,072
Prizes	<b><u>1,000</u></b>	<u>1,145</u>
	<b><u>408,795</u></b>	<u>343,876</u>



**BRITISH SOCIETY OF BLOOD  
AND MARROW TRANSPLANTATION AND CELLULAR  
THERAPY**

**NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2023**

**7. SUPPORT COSTS**

	Management £	Finance £	Other £	Governance costs £	Totals £
Support costs	<u><b>13,646</b></u>	<u><b>104</b></u>	<u><b>(6,111)</b></u>	<u><b>43,264</b></u>	<u><b>50,903</b></u>

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:

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

**8. NET INCOME/(EXPENDITURE)**

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

	<b>2023</b> £	2022 £
Depreciation - owned assets	<b>521</b>	<b>873</b>
Other operating leases	<u><b>(11,062)</b></u>	<u><b>13,265</b></u>

**NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2023**

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

**11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	<b>2023</b>	2022
	£	£
Other debtors	<b>31,618</b>	48,658
Prepayments and accrued income	<u><b>45,165</b></u>	<u>270,660</u>
	<u><u><b>76,783</b></u></u>	<u><u>319,318</u></u>

**NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2023**

**12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

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

**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:

	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Within one year	<b><u>-</u></b>	<b><u>6,610</u></b>

**14. MOVEMENT IN FUNDS**

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

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

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

NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2023

14. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.1.22 £	Net movement in funds £	At 31.12.22 £
<b>Unrestricted funds</b>			
General fund	560,720	(49,229)	511,491
	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS</b>	<u>560,720</u>	<u>(49,229)</u>	<u>511,491</u>

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

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
General fund	376,137	(425,366)	(49,229)
	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS</b>	<u>376,137</u>	<u>(425,366)</u>	<u>(49,229)</u>

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 £
<b>Unrestricted funds</b>			
General fund	560,720	(115,228)	445,492
	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS</b>	<u>560,720</u>	<u>(115,228)</u>	<u>445,492</u>

NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2023

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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 £
<b>Unrestricted funds</b>			
General fund	769,836	(885,064)	(115,228)
	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS</b>	<u>769,836</u>	<u>(885,064)</u>	<u>(115,228)</u>

**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.