

INTRODUCTION

The EBMT Paediatric Diseases Working Party and the first ESH–EBMT training course on blood and marrow transplantation in children

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In 1995, during the annual meeting of The European Group for Blood & Marrow Transplantation (EBMT) held in Davos, Switzerland, the issues related to the differences underlying treatment approaches towards adult and paediatric patients were discussed in depth. An outcome of this exchange was the creation by some EBMT Members of the EBMT Paediatric Diseases Working Party (PDsWP), whose overriding mission was to design specific transplantation programmes for patients. The following year, 1996, the Working Party members met in Erice, Italy, for their first meeting.¹

During the last few years our Group has grown, and currently 19 European countries and at least three non-European countries participate in its activities. This international profile feeds the background against which most of the actual debate on stem cell transplantation in children takes place. For example, we are now tackling issues related to the current Joint Accreditation Committee-ISCT & EBMT (JACIE) standards for haematopoietic stem cell transplantation (HSCT) in patients under 18 years of age. The PDsWP firmly believes that children can only be treated by a specially trained and experienced paediatric HSCT team, and that, to ensure quality and effectiveness of delivered care, a centre must perform at least 10 allo-HSCT procedures per year. Possible exceptions could be reserved for areas or countries that lack dedicated HSCT Units, but that, nonetheless, have active government support for paediatric stem cell transplantation programmes. In addition, the PDsWP recently analysed the risk factors for transplant-related mortality observed in the more than 80 000 patients below 18 years of age given allo-HSCT over the past 30 years included in the EBMT Registry. The aim was to collect hard evidence and reliable data to bear out our claims. We came to the conclusion that children and adolescents have different demands before, during and after stem cell transplantation compared to adults, and that they require special care by experienced staff. Treatment at highly skilled paediatric centres that are actively involved in cooperative studies has been shown to improve survival, which is why authorities should carefully plan transplant

activities and concentrate resources on experienced institutions. Competent care for highly specialized procedures, such as HSCT in children, is cost effective only when enough procedures are performed at the same centre. The yearly minimum of 10 allogeneic transplants must be respected.²

Keeping in mind the main goals of our EBMT Paediatric Working Party, we decided to organize the first European School of Haematology (ESH)–EBMT Training Course on Blood and Marrow Transplantation in children to promote and facilitate access to cutting edge knowledge in blood and marrow transplantation at the European level. For this purpose, the leading European and international experts operating in the field of HSCT in children gathered in Genova at the Badia Benedettina complex, a magnificent training facility that comprises a former convent, the historic Villa Quartara and a large park sloping down towards the sea. The course explored the main issues impacting paediatric HSCT. For more than 3 days of intensive discussions, a broad range of issues concerning the field was covered. Keynote speeches on the changing role of HSCT in children, on the role of umbilical cord blood transplantation in children and on natural killer cell activity and HSCT were presented, respectively, by Franco Locatelli, Eliane Gluckman and Lorenzo Moretta. Ten plenary sessions with 24 upfront lectures focused on issues related to conditioning regimens, data registration, early and late complications, acute leukaemia, non-malignant diseases, solid tumours and infectious diseases. Furthermore, no fewer than 18 participants delivered brief presentations on interesting case reports pertinent to course topics. Finally, to enhance exchange between attendees and course faculty, nine 'Meet the Expert Breakfast Sessions' were held, and a 'Meet the Expert Dinner' closed the proceedings on the last evening of the course.

The faculty included 36 speakers: 23 from Italy, 12 from eight other European countries and one from a non-European country. One hundred and two young physicians joined us in Genova: 27 from Italy, 51 from 19 other European countries and 22 from 13 countries outside Europe (North America 4, South America 6, Africa 2, Australia 2, Asia 8). Finally, 49 grants for free registration and free accommodation were assigned on a competitive basis to young physicians, thanks to the generosity of several sponsors whom I wish once again to acknowledge with deep and sincere thanks.

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In this supplement, you will find the articles of invited speakers, as well as the abstracts of case presentations of attendees.

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Conflict of interest

The author declared no financial interest.

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