CIBMTR®

A RESEARCH COLLABORATION BETWEEN THE MEDICAL COLLEGE OF WISCONSIN AND NMDP

25 COUNTRIES

2025 ANNUAL REPORT

2,000+ PUBLICATIONS

240,000+ SAMPLES

195+ CURRENT STUDIES

320+ CENTERS

750,000+ PATIENTS

LETTER FROM OUR CHIEF SCIENTIFIC DIRECTORS

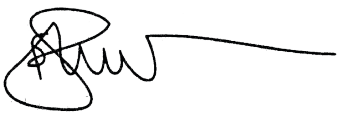
Dear CIBMTR Community:

We hope you enjoy reviewing our Annual Report, which highlights some of CIBMTR's new and impactful activities in 2025.

CIBMTR continues to add patients who received adoptive cell therapies (ACT) to its Outcomes Database, including patients receiving chimeric antigen receptor T (CAR-T) cells for solid tumors and those receiving gene therapies for non-malignant disorders (with separate tracking of these patients appearing in our graphs and summary slides for the first time in 2025).

We made significant strides in our prospective studies, most notably our Donor for All mismatched unrelated donor (MMUD) clinical trial platform. We published primary and secondary clinical endpoints for the ACCESS trial (NCT04904588) in the Journal of Clinical Oncology. We also presented and highlighted, at the 2025 American Society of Hematology Annual Meeting, comparable outcomes between the 7/8 human leukocyte antigen (HLA) and <7/8 HLA MMUD. Furthermore, we completed patient accrual for OPTIMIZE (NCT06001385), which aims to reduce infection burden using reduced-dose post-transplantation cyclophosphamide (PTCy).

We recognize that these achievements come with increased data-submission burden to the community and are working on several strategic initiatives to reduce this, including removing the need for duplicate data entry, collecting data through methods other than forms (such as PDFs), and undertaking an ambitious reboot of our data infrastructure. As always, we appreciate our important partnerships and your involvement. We could not do this important work without you.



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Chief Scientific Director,
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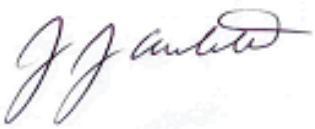

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LEADERSHIP

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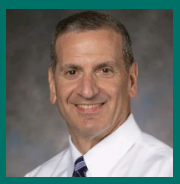

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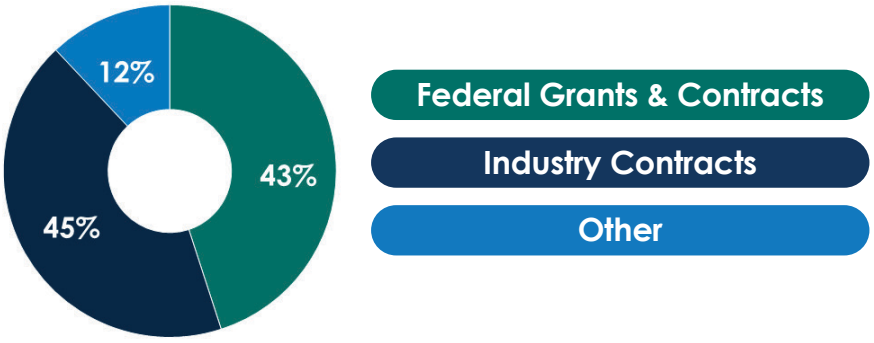
CIBMTR®
A RESEARCH COLLABORATION BETWEEN THE MEDICAL COLLEGE OF WISCONSIN AND NMDP

CIBMTR® (Center for International Blood and Marrow Transplant Research®) is a research collaboration between the Medical College of Wisconsin (MCW) and NMDP.

FUNDING

CIBMTR is funded through a variety of sources, including National Institutes of Health (NIH) awards, United States (US) Office of Naval Research grants, industry sponsors, NMDP, and MCW.

$67.3 MILLION ANNUAL FUNDING



MISSION

To lead transformative and collaborative research to improve outcomes in cellular therapy

VISION

To be the premier research organization for cellular therapy

VALUES

INTEGRITY CURIOSITY BOLDNESS ACCOUNTABILITY EQUITY CONNECTIVITY

STRATEGY

CIBMTR strategy is organized into **4 pillars:**

ACCELERATE PRACTICE-CHANGING RESEARCH

BUILD STRATEGIC PARTNERSHIPS

TRANSFORM DATA AND SYSTEMS

PROMOTE A HEALTHY CULTURE

2025 HIGHLIGHTS

ACCELERATE PRACTICE-CHANGING RESEARCH

Published clinically relevant research resulting from merging CIBMTR data with data from other registries,
including the United Network for Organ Sharing, California Cancer Registry, and EBMT

Continued to improve patient outcomes after HLA-mismatched unrelated donor hematopoietic cell Transplantation (HCT)
Completed enrollment of all ACCESS trial strata and published first results, completed enrollment to OPTIMIZE trial, and launched enrollment on the ACCELERATE trial

Developed a number of important practice and research guidelines in collaboration with others
Guideline topics include artificial intelligence (AI) and machine learning, donor selection, thrombotic microangiopathy, immune monitoring, and quality of life

Developed and launched 4 new calculators to support clinical decision-making at centers
Calculators predict outcomes following CAR-T therapy for large B-cell lymphoma, 1-year non-relapse mortality among older recipients of allogeneic HCT, and probability of both acute and chronic graft-versus-host disease (GVHD)

Published 97 manuscripts and presented 108 abstracts

BUILD STRATEGIC PARTNERSHIPS

Invited ~200 centers to participate
in the Centers for Medicare and Medicaid Services' (CMS') Cell and Gene Therapy Access Model and developed CIBMTR's Outcomes Data Sharing Plan for the Access Model

Supported external investigators in achieving and delivering grants (3 awarded, 9 submitted, 8 ongoing, 3 completed)

Hosted the 2025 Tandem Meetings I Transplantation & Cellular Therapy Meetings of the American Society for Transplantation and Cellular Therapy (ASTCT) & CIBMTR
with 5,000+ attendees from 50+ countries

TRANSFORM DATA AND SYSTEMS

Expanded auto-population functionality in FormsNet to reduce centers' reporting burden

Expanded the HCT Essentials Extract by 6,400+ data elements;
The extract now includes 18,000+ collected and derived data variables to support analysis and research

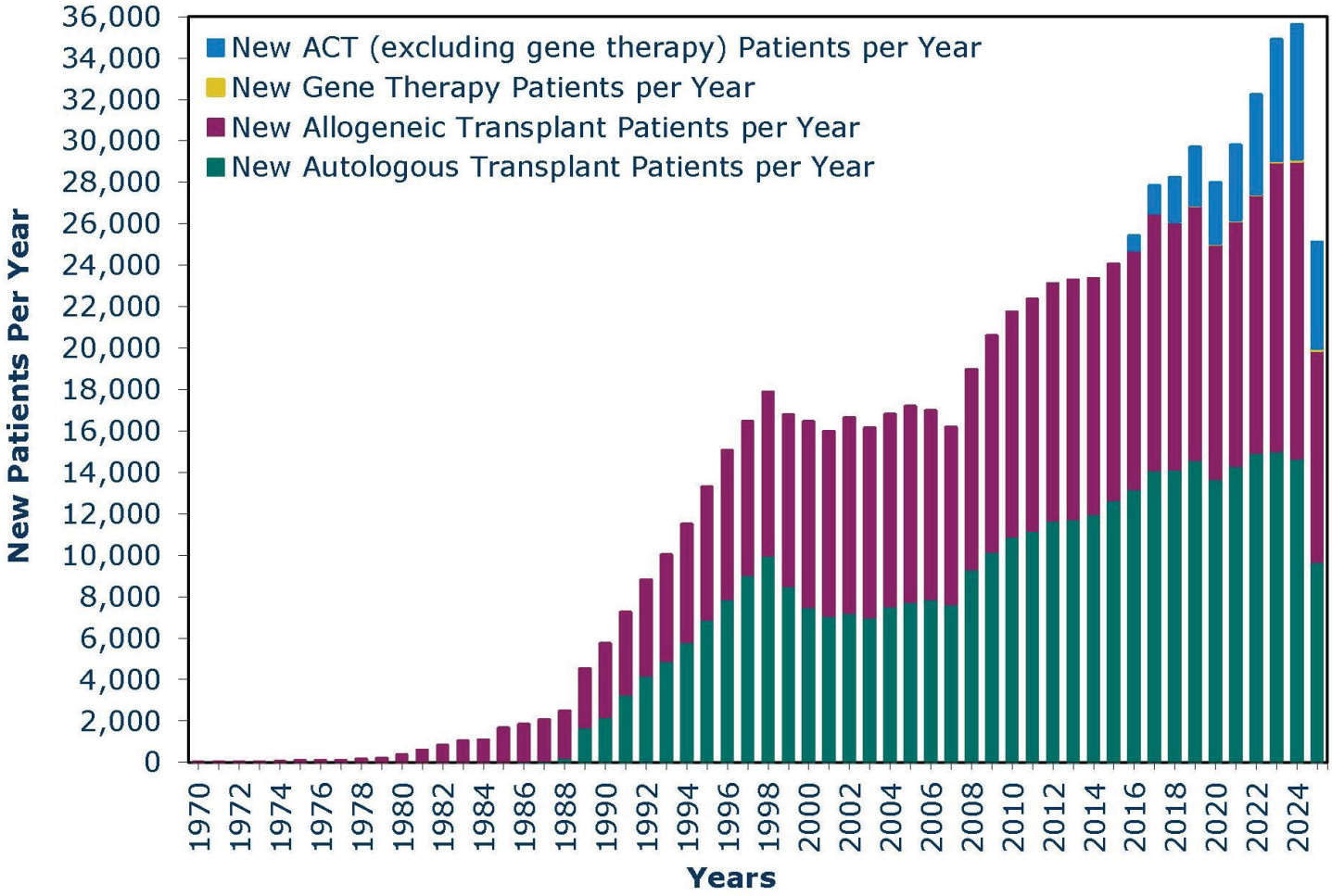
Extended the registry infrastructure of the Integrated Data Warehouse to map 3,000+ new variables for gene therapy

Added new patient-reported outcomes (PRO) charts and transplant essential data (TED)-level variables
to Data Back to Centers (DBtC) and other applications

RESOURCES

DATA

NUMBER OF PATIENTS REGISTERED, 1970-2025



(Data are incomplete for 2025)

~35,000
NEW PATIENTS ANNUALLY

Added in 2025:

10,211
New Autologous Transplant Patients*

9,706
New Allogeneic Transplant Patients*

100
New Gene Therapy Patients*

5,104
New ACT (exc. gene therapy) Patients**

**Data accurate from 1/1/2025-10/7/2025; **Data accurate from 1/1/2025-9/23/2025*

CUSTOM ANALYSES

189 REQUESTS FULFILLED

CIBMTR's Information Request Service provides timely access to cellular therapy data to patients, physicians, hospitals, pharmaceutical companies, insurance companies, and others involved in healthcare. Requests range from simple queries of patient, disease, and therapy frequencies to those with greater complexity. Coordinating Center staff members fulfill requests related to clinical decision-making within 3 days and most other requests within 5 days. In 2025, CIBMTR fulfilled **189** requests for information and data.

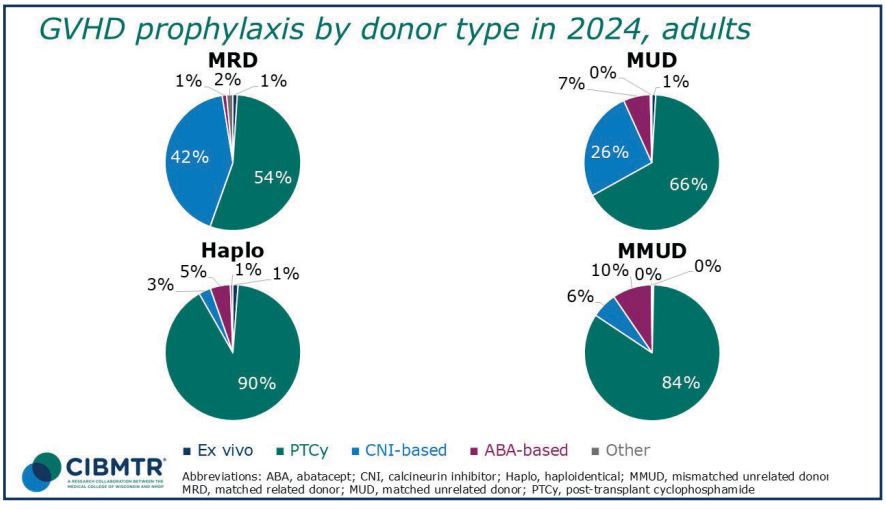
RESEARCH DATASETS

3,384 DATASETS DOWNLOADED

In accordance with the NIH Data Sharing Policy and National Cancer Institute Cancer Moonshot Public Access and Data Sharing Policy, CIBMTR posts the final datasets from published studies on the Publicly Available Datasets webpage within **7** weeks of publication. These datasets are freely available to the public for secondary analysis. Currently there are **148** final datasets from published studies available for download. In 2025, **5,070** users accessed the webpage **9,497** times and downloaded **3,384** datasets.

SUMMARY SLIDES

View charts and figures summarizing use and outcomes of HCT, CAR-T, and PRO. Data include frequency of transplants, overall survival outcomes, and PRO data. Variables include transplant and CAR-T infusion type, donor type, patient age, disease, disease status, graft source, GVHD prophylaxis, conditioning regimen, race, and ethnicity. For instance, this slide demonstrates that PTCy was the predominant GVHD prophylaxis in adults across all donor types in 2024.



CENTERS

320+ participating centers

- **214** centers share ACT data
- **170** centers share biospecimens
  - **153** transplant centers
  - **14** cord blood banks
  - **3** donor centers
- **52** centers share PRO data

PATIENTS

750,000+ HCT and ACT patients since inception

- **35,657** ACT (exc. gene therapy) patients
- **359** gene therapy patients
- **75,000+** patients participated in clinical trials and studies
- **1,975** patients shared PRO

BIOREPOSITORY

3,262,004 research sample aliquots from 17,846 cell lines

- **95,017** samples from unrelated donors and **16,770** from related donors
- **96,132** samples from unrelated recipients and **17,503** from related recipients
- **14,582** samples from unrelated cord blood units
- **20,686** samples distributed to research projects

STUDIES

195+ ongoing studies and clinical trials

- **120** Working Committee studies
- **37** Industry studies
- **25** CRO Services studies
- **7** BMT CTN clinical trials
- **6** Implementation Science studies
- **3** CMS CED studies

PUBLICATIONS

2,000+ publications since inception

96 publications in 2025

- **7** published in *Blood* and *Journal of Clinical Oncology*
- **12** published in journals with impact factor 10+

PRESENTATIONS

108 presentations at national and international conferences in 2025 (**45 oral**, **61 poster**, and **2 publication**)

- **32** abstracts (**9** oral and **23** poster) at the Tandem Meetings
- **30** abstracts (**16** oral, **13** poster, and **1** publication) at the American Society of Hematology Annual Meeting

ACCELERATE PRACTICE-CHANGING
RESEARCH

Expedite practice change through dissemination of high-impact research

OBSERVATIONAL RESEARCH

CIBMTR data play a central role in identifying shifts in clinical practice and emerging trends. In 2025, CIBMTR's annual summary slides showed a dramatic increase in PTCy use in allogeneic HCT across all patient and donor types (Spellman, *Transplant Cell Ther*, 2025, PMC12302970), demonstrating this is now the standard of care for GVHD prophylaxis in most settings. Several CIBMTR manuscripts published key research findings regarding PTCy this year:

- Patients with HLA-matched unrelated donors have better outcomes than those with haploidentical donors (Modi, *Blood Adv*, 2025, PMID: 41052403), and the impact of HLA-DPB1 mismatches differ in this setting (McCurdy, *Transplant Cell Ther*, 2025, PMID: 41043776).
- Younger donors are associated with better outcomes (Mehta, *Transplant Cell Ther*, 205, PMC12403200), and patients may have reduced relapse risk when using younger donors compared to an HLA-identical sibling donor (Nath, *Blood Adv*, 2025, PMC12274812).

Also in 2025, CIBMTR developed a novel comorbidity score that predicts survival in patients with lymphoma receiving CAR-T therapy (Greenbaum, *Blood Adv*, 2025, PMID: 40811818), and researchers published assessments of real-world outcomes of CAR-T therapy in various high-risk subgroups of lymphoma (Hossain, *Br J Haematol*, 2025, PMID: 40693472; Nadiminti, *Transplant Cell Ther*, 2025, PMID: 40754223; Thiruvengadam, *Am J Hematol*, 2025, PMC12582634; Gauthier, *Am J Hematol*, 2025, PMID: 40785644).

CIBMTR PAGE SCHOLARS

In 2023, CIBMTR launched a training and leadership program that engages early career investigators in its working committees. The first cohort of **8** participants completed the **2**-year program in June 2025 and had a significant impact on CIBMTR research. They led study protocol development, helped bring lagging papers to publication, and participated as junior faculty representatives on the Tandem Meetings Scientific Organizing Committee. One was selected as the new Scientific Director for a working committee.

CIBMTR launched a call for applications for the second class of Page Scholars in February 2025, and **59** early career investigators applied to participate. Page Scholar and CIBMTR Leadership selected **9** participants, who all share a high level of dedication, achievement, and enthusiasm for clinical research; they began the program in July 2025.

PATIENT-CENTERED OUTCOMES AND IMPLEMENTATION SCIENCE

PATIENT-CENTERED OUTCOMES

CIBMTR's PRO team expanded PRO data collection in 2025 by incorporating **5** new sites, opening enrollment to pediatric patients aged 12 and older, tailoring recruitment to patients with previously established low enrollment (Hispanic or Latino patients and patients without email addresses), and co-enrolling patients on BMT CTN trials. Team members also hosted a symposium at this year's International Society for Quality of Life Research Annual Conference, and they presented **4** oral abstracts and **1** poster at the conference.

CIBMTR investigators conducted a survey and follow-up qualitative interview to understand how patients, caregivers, and care team members understand graphic visualizations of PRO data and how they prefer to receive and see these data. Researchers also investigated the psychometric properties of the cognitive function measure used in CIBMTR PRO data collection to ensure its validity.

IMPLEMENTATION SCIENCE

CIBMTR implementation science systematically closes the gap between what we know and what we do by:

- **Disseminating Research.** Sharing research findings with specific audiences to improve awareness of the results.
- **Understanding Current Practice.** Conducting studies and analyses to understand the current state of evidence-based practices and potential barriers to adoption.
- **Supporting Implementation.** Designing and deploying implementation strategies to enhance the uptake of evidence-based practices.

In 2025, CIBMTR implementation science investigators led an engagement initiative funded by the Patient-Centered Outcomes Research Institute (PCORI) titled, "Reimagining Caregiving Together: Engagement to Address Caregiver Requirement Barriers." This initiative involved developing and convening a diverse coalition of transplant center and community clinicians, advocacy groups, caregivers, patients, payers, industry, researchers, and policy representatives to co-create a comparative-effectiveness research agenda focused on caregiver requirements in the context of allogeneic HCT.

PROSPECTIVE CLINICAL TRIALS

CIBMTR CRO Services provides cellular therapy researchers and organizational partners with infrastructure and expertise in clinical trial design, conduct, and analysis. In 2025, CIBMTR CRO Services continued to work on numerous projects, including the Donor for All initiative.

DONOR FOR ALL

CIBMTR is leading a comprehensive, prospective clinical trial strategy to expand access to all patients in need of a transplant through improving outcomes for patients who underwent transplant with a MMUD. Significant achievements in 2025 include:

- Presented and published clinical results from the full adult cohort of the ACCESS study, showing excellent outcomes in both the reduced-intensity and myeloablative conditioning adult patient cohorts when using MMUD and PTCy (Al Malki, *J Clin Oncol*, 2025, PMC12353616). This publication has an attention score of **135** (top **5%** of outputs), and it has been cited **8+** times and mentioned or read in **80+** forums. The study also found that:
  - Most patients had a genotype frequency that is rare (i.e., unlikely to find a matched donor in the registry).
  - One-year overall survival of myeloablative and reduced-intensity conditioning cohorts were **84%** and **79%**, respectively, indicating outcomes superior to historical transplants using MMUD.
- Completed enrollment of the primary cohorts of the OPTIMIZE study of reduced-dose PTCy to improve infection-free survival, enrolling **267** patients across **28** centers
- Launched US Food and Drug Administration-approved ACCELERATE platform; activated **8** initial centers, and accrued **10** patients in the safety lead-in phase.

BIOINFORMATICS

CIBMTR's bioinformatics research specializes in matching patients and cellular therapies, saving lives by researching what, where, and how to match patients and cellular therapies. Bioinformatics research moves in the direction of computational biomedicine, with activities in 4 main areas:

- Genomics / omics and high-throughput bioanalytics
- Machine learning and clinical predictions
- Cellular therapy matching
- Donor registry modeling

This year, bioinformatics researchers published **12** manuscripts, and they made progress on the development of donor selection algorithms, exploring tradeoffs on impacts to transplant outcome endpoints. Bioinformatics researchers also explored synthetic controls during this reporting period, and they utilized them in a sandbox environment to accelerate discovery of methods to increase the performance of these models.

IMMUNOBIOLOGY

CIBMTR maintains a Research Sample Repository of paired tissue samples from donors and recipients of first allogeneic related and unrelated grafts or cord blood. The Research Sample Repository inventory and CIBMTR's immunogenetic testing programs add critical HLA, killer cell immunoglobulin-like receptors (KIR), and other data for use in CIBMTR studies.

In 2025, investigators published **3** studies resulting from analysis of CIBMTR Research Repository samples and **3** other studies using CIBMTR sample-derived data. Researchers found:

- Long donor leukocyte telomeres raise risk of severe COVID-19 in recipients of allogeneic HCT (Mendez, *Frontiers Immunol*, 2025, PMC12069395).
- Selection of donors with longer telomeres for patients with leukemia and myelodysplastic syndrome could improve HCT outcomes, and telomere shortening in recipients post-HCT may guide relapse prediction (Gadalla, *EBioMedicine*, 2025, PMC11930427).
- Success of haploidentical transplantation may be defined by the cumulative effects of donor NKG2 receptor and patient HLA-E ligand polymorphisms (Petersdorf, *Transplant Cell Therapy*, 2025, PMC11875940).

STATISTICAL METHODOLOGY

Transplantation is a complex process with multiple competing risks and dramatic changes in the risks of specific events over time. CIBMTR biostatisticians develop and evaluate the statistical models used in cellular therapy research and help guide the research community in appropriate application and interpretation of these sophisticated models.

In 2025, biostatisticians published **5** manuscripts focused on:

- Machine learning (Juan, *Bioeng*, 2025, PMC11763284; Zhang, *Life*, 2025, PMC12194788)
- Clinical trials (Fang, *Stat Med*, 2025, PMID: 40817818)
- Case-cohort study design (Fang, *Stat Med*, 2025, PMID: 40662850)
- Missing data (Cho, Stat *Neerl*, 2025, PMC12490781)

CIBMTR biostatisticians continue to develop statistical methodology to:

- Define CAR-T outcomes
- Handle missing covariates for right-censored data
- Analyze restricted mean duration of response
- Develop machine learning and regression methods to predict composite outcomes

BUILD STRATEGIC

PARTNERSHIPS

Leverage our strengths to ensure sustainability of CIBMTR

STEM CELL THERAPEUTIC OUTCOMES DATABASE (SCTOD)

CIBMTR administers the SCTOD contract for the US Health Resources and Services Administration (HRSA)-sponsored C.W. Bill Young Cell Transplantation Program. For the SCTOD, CIBMTR tracks and analyzes data for all allogeneic transplants performed in the US and transplants performed globally with products from the US.

CENTER-SPECIFIC VOLUMES AND SURVIVAL ANALYSIS

CIBMTR provides HRSA with the annual volume of transplants performed at each US center, most recently for transplants in 2018-2023. CIBMTR also performs a center-specific survival analysis evaluating 1-year survival rates among US centers for transplants from related and unrelated donors, most recently for first allogeneic transplants in 2021-2023.

CMS CELL AND GENE THERAPY ACCESS MODEL

Funded by a supplement to CIBMTR's NIH U24 resource grant, CIBMTR collaborates with the Center for Medicare and Medicaid Innovation (CMMI) to share clinical and PRO outcomes data to support a CMS Cell and Gene Therapy Access Model for Medicaid-eligible patients who receive gene therapy for sickle cell disease. In 2025, CIBMTR developed the Access Model's CIBMTR Outcomes Data Sharing Plan. The team completed the external-facing study education materials, center invitation-to-participate packet, PRO data dictionary and system updates, clinical data dictionary, and planned data-flow diagram. The team also established the annual delivery schedule for **3** CIBMTR datasets. By the end of the year, CIBMTR contacted all **198** centers located in states participating in the Cell and Gene Therapy Access Model: **57** centers agreed to participate; to date, **20** patients consented to research database participation, and **6** patients enrolled into the Access Model PRO protocol.

BLOOD AND MARROW TRANSPLANT CLINICAL TRIALS NETWORK (BMT CTN)

The BMT CTN, sponsored by the National Heart, Lung, and Blood Institute and National Cancer Institute, is the US network charged with developing and conducting multicenter phase 2 and 3 clinical trials focused on cellular therapy. The BMT CTN Data and Coordinating Center is managed by 3 organizations: MCW, NMDP, and The Emmes Company, a contract research organization based in Rockville, MD. Together, MCW and NMDP operate CIBMTR, a rich data source for the BMT CTN.

In 2025, the BMT CTN:

- Enrolled patients to **7** open trials, and planned **7** new protocols in development
- Released **2** new trials to participating centers, bringing the total to **65** launched trials
- Approved **8** ancillary studies, bringing the total to **194** ancillary studies
- Accrued **70+** patients to trials, increasing the total to **17,250+** patients from **145+** centers since inception
- Received **882** new protocol-related biospecimen aliquots this year, bringing the total available biospecimens to **515,915**

65
clinical trials

17,250+
patients

515,915+
biospecimens

CMS COVERAGE WITH EVIDENCE DEVELOPMENT (CED) STUDIES

Many US patients with specific diseases and / or at certain ages are denied access to cellular therapy due to lack of insurance coverage by CMS. CMS CED studies allow CMS to provide coverage to patients enrolled in clinical studies that inform policy decisions. CIBMTR is currently engaged in **3** CMS CED studies, and **700+** patients received transplants with CMS reimbursement because of these studies.

ANNUAL TANDEM MEETINGS OF ASTCT AND CIBMTR

Held annually in February, the Tandem Meetings I Transplantation & Cellular Therapy Meetings of ASTCT and CIBMTR (Tandem Meetings) include 4 days of scientific sessions and other meetings.

2025 TANDEM MEETINGS

The 2025 Tandem Meetings, held at the Hawai'i Convention Center in Honolulu, HI, February 12-15, 2025, offered in-person and virtual programming. With **5,300+** attendees from **58** countries, the 2025 Tandem Meetings included **6** plenary, **9** concurrent, and **16** oral abstract sessions; **8** corporate-supported symposia, **12** Meet-the-Professor, **9** ASTCT Spotlight, and **11** CIBMTR Working Committee Sessions; and **11** product and innovation theaters.

TANDEM MEETINGS
Transplantation & Cellular Therapy Meetings
of ASTCT® and CIBMTR®

2026 TANDEM MEETINGS

The 2026 Tandem Meetings will be held at the Salt Palace Convention Center, in Salt Lake City, UT, February 4-7, 2026, and will offer both in-person programming and a digital access experience.

INTERNATIONAL INITIATIVES

CIBMTR is committed to not only including high-quality international data in its research studies but also to supporting centers and regions in their own data quality and regulatory initiatives.

Individual Centers. In 2025, CIBMTR introduced a new "developing" center status, which international centers in the process of establishing their CIBMTR reporting program are most likely to use. Centers in this status are not required to meet continuous process improvement (CPI) metrics and are provided with additional educational support while they are training staff. Once a center shows they would be successful in meeting CPI metrics by providing evidence of high-quality, timely reporting, they will be moved to an "established" status.

National / Regional Support. CIBMTR and EBMT have a Data Sharing Agreement and Memorandum of Understanding in place that allow registry-to-registry sharing of European Union data, compliant with the guidelines of the General Data Protection Regulation (GDPR). CIBMTR also partners with national outcomes registries in Brazil, Canada, and Japan. The registries use CIBMTR's infrastructure to collect data from centers in their respective countries, and CIBMTR returns those data to the national registries. CIBMTR offers training and guidance regularly to data management staff in Canada, and, in 2025, CIBMTR staff and faculty provided data-reporting training to staff from transplant centers in Australia and New Zealand, as well.

In 2025, CIBMTR received data for **2,000+** international patients.

INDUSTRY COLLABORATION

CIBMTR offers critical resources and mutually beneficial collaborations to biopharmaceutical industry partners. CIBMTR's service portfolio includes:

REGISTRY DATA AND REAL-WORLD EVIDENCE

- Licensed patient-level, analysis-ready datasets
- Retrospective data reports
- Retrospective and prospective observational research
  - Control arms and contemporaneous control cohorts
  - Post-authorization safety and efficacy studies
  - Landmark analyses
  - Retrospective immunobiology research
- Patient-reported outcomes
- Population genetics and modeling

RESEARCH PLANNING AND SUPPORT

- Protocol development and review
- Statistical analysis plan design and review
- Clinical and regulatory consulting
- Bioinformatics and biostatistics consulting

CRO SERVICES

- Support of cell therapy clinical trial design and oversight

CORPORATE MEMBERSHIP PROGRAM

Corporate Members receive access to the most current and comprehensive data on blood and bone marrow transplantation and other cellular therapies as well as an opportunity to participate in CIBMTR's annual meetings. Choose membership benefits from the 5 support levels described at cibmtr.org/CorporateMembership.

CORPORATE ANNUAL MEETING SUPPORT

The Tandem Meetings | Transplantation & Cellular Therapy Meetings of ASTCT and CIBMTR include scientific plenary sessions, poster sessions, and comprehensive workshops. The meetings provide corporations with opportunities for exhibits, marketing, and corporate-supported satellite symposia.

TRANSFORM
DATA AND SYSTEMS

Make usable data available faster through innovation

One of the 4 pillars underpinning CIBMTR's strategy is data. The overall goal of this strategic pillar is to make enhancements over the entire data life cycle, from acquisition through data sharing, to increase the speed of data use, reduce burden at sites, and increase the value of CIBMTR as a resource to the community.

ACQUISITION STANDARDS AND MECHANISMS

CIBMTR is committed to optimizing the acquisition and utilization of high-quality data to accelerate research through expanding data collection using more automated methods, which eliminate manual data capture, and engaging more centers to partner with CIBMTR to implement these methods. By the end of 2025, **34** partner sites implemented technology introduced by CIBMTR. Important improvements this year include:

Data Collection using FormsNet

In 2025, CIBMTR revised the chimerism report to capture all results from a single sample into a single instance and created a new view for transplant centers to display when reconsent is required due to the patient reaching the age of majority. CIBMTR also expanded auto-population functionality to reduce centers' reporting burden.

Automated Data Exchange using Fast Healthcare Interoperability Resources (FHIR) Standards

This year, CIBMTR advanced its SMART on FHIR application to further strengthen interoperability, significantly streamlining workflows, reducing manual data entry, and minimizing opportunities for data entry errors.

Explored Use of AI in Data Acquisition

In 2025, CIBMTR evaluated the use of generative AI to abstract data from primary real-world data sources. Team members executed a proof-of-concept to determine whether generative AI could help extract HLA-typing results from real-world lab reports. CIBMTR also investigated **3** methods of automating collection of patient genomic data.

DATA INTEGRATION, STORAGE, AND MANAGEMENT

CIBMTR successfully and effectively centralized the majority of longitudinal transplant data into the Unified Domain Model of CIBMTR's Integrated Data Warehouse. This work included the expansion of the HCT Essentials Extract by **6,400+** data elements; that extract now includes **18,000+** collected and derived data variables to support analysis and research.

DATA ACCESS, EXTRACTION, AND SHARING

CIBMTR continues to enhance data accessibility in ways that support the core principles of simplicity and flexibility and that expand the footprint of availability and usefulness of the data.

DBtC and Other Applications

In 2025, CIBMTR enhanced the user experience by adding new PRO charts, new TED-level variables, and functionality to support a new consortium security model.

PartnerShare

This year, CIBMTR enhanced and diversified PartnerShare to include deidentified gene therapy data for commercial partners, and IT team members added new partners to the PartnerShare application for CAR-T products.

Data Standards

In 2025, CIBMTR developed and launched Terminology Services, which incorporates integrated infrastructure that enables data interoperability by providing a system of record for standardized terminologies and their relationships to CIBMTR metadata.

DATA SHARING TOOLS

Data Back to Centers
Visualize and download your center's CRF- and TED-level data, including thousands of variables.

Center Performance Analytics
Compare your center's data to aggregated national averages.

Data for Request for Information (Data for RFI)
Access, view, reconcile, and export your center's data in the ASTCT standard format.

DataOps Dashboard
Download audit, continuous process improvement, center-specific survival analysis, and other reports.

Cord Blood Report
Access monthly predefined reports of the quality and safety of distributed cord blood units.

PartnerShare
Visualize data in commercial partners' own data sets, and access research partners' deidentified data using clinical study-specific criteria.

NEW CALCULATORS IN 2025

Cellular Therapy Comorbidity Index (CT-CI) Calculator

Predict outcomes following CD19-directed CAR-T therapy for large B-cell lymphoma

Composite Health Risk Assessment Model (CHARM) Calculator

Predict 1-year non-relapse mortality among older recipients of allogeneic HCT

Acute GVHD Risk Index Calculator

Predict the probably of acute GVHD after allogeneic HCT

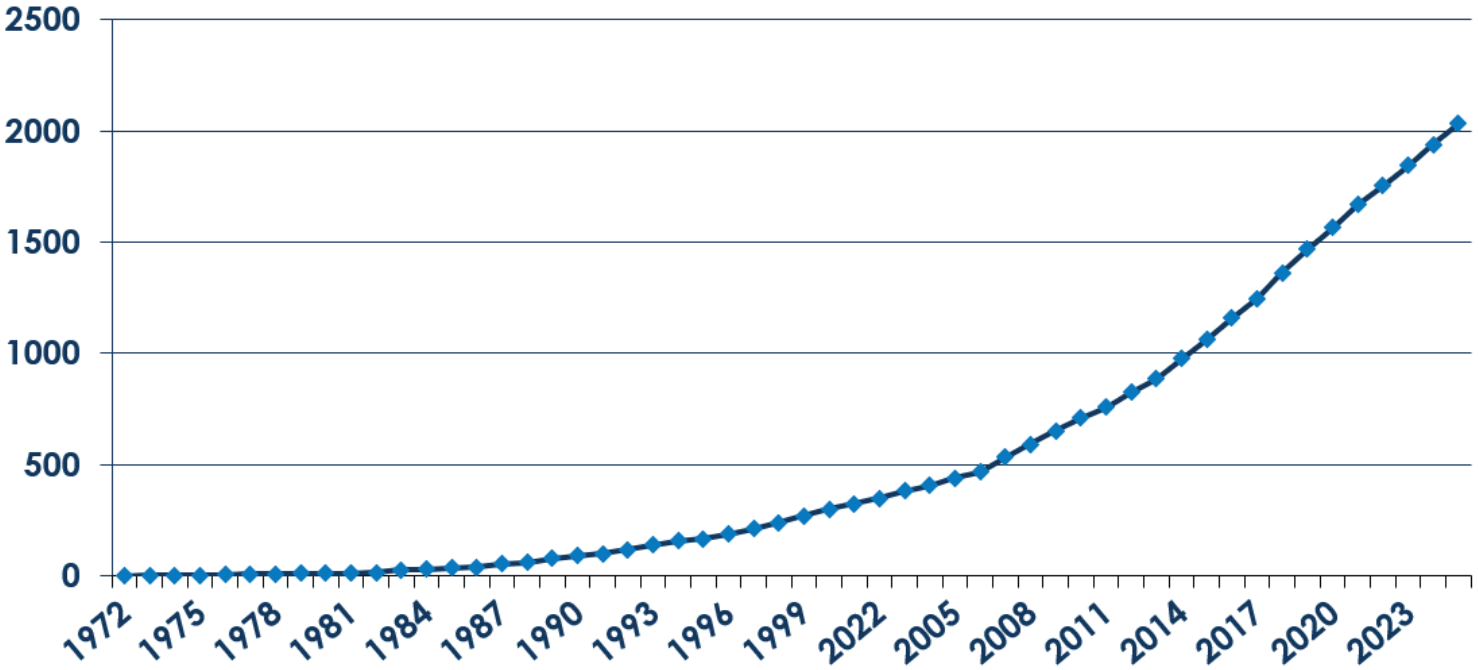
BIOPREVENT Chronic GVHD

Predict biomarker-based risk of chronic GVHD and non-relapse mortality

KEY PUBLICATIONS

2,000+

cumulative publications, 1972-2025



*CIBMTR published **96** manuscripts in scientific journals this year.*
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