**S(P)EAR review committee**: Bronwen Shaw - Chair (UK), Jeff Szer – vice-chair (Australia), Jeremy Chapman (Australia), Mirjam Fechter (Netherlands), William Hwang (Singapore), Matti Korhonen (Finland), Willis Navarro (USA), Lydia Foeken (NL- non-voting), Brian Lindberg (USA - non-voting)

In 2011, 203 S(P)EARs were reported, the majority of these were reported using paper forms.

Each SEAR and SPEAR was reviewed by the S(P)EAR committee and imputability was assigned, in some cases more information was first sought from the reporting registry. In some cases a final assignment could not be made.

It was recognised that there is added value to the membership through presenting the imputability assignments and we have presented the data in that manner. S(P)EAR highlighted in red show a difference in imputability assignment between the registry and the committee.

It should be remembered that for SPEAR the imputability relates to harm to the patient, not primarily to the quality or other aspects of the product (thus even if there is a definite quality issue with a product, the imputability may be ‘excluded’ if no harm came to the patient).

Not assessable is often assigned in SPEAR if engraftment data is unknown

In future years (since the move to an online reporting system), the timing (early or late) of the S(P)EAR will also be reported.

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|  | | | Imputability assignment | |
| **Year of donation** | **Stem cell source** | **SEAR** | **Registry** | **S(P)EAR committee** |
| 2001 | BM | Stomach cancer 8 years post donation | Excluded | Excluded |
| 2002 | BM | Pain at collection site 17 months post donation. MRI showed prolapsed disc which may have occurred shortly after donation | Possible | Possible |
| 2002 | BM | Haematoma at BM site required surgical removal | Definite | Definite |
| 2003 | BM | Wrist pain with probably tendon injury from canullation. Physiotherapy required, recovered | Probable | Definite |
| 2003 | BM | Breast cancer 2 years post donation | Definitely not | Excluded |
| 2003 | BM | Prolonged pain after marrow donation. MRI showed BM oedema (persistent on repeat MRI 3 months later - which also showed disc prolapse) | Definite (persistent pain) | Definite |
| 2003 | BM | Thrombosis r forearm due to IV access. 30 day recovery | Definite | Definite |
| 2004 | BM | Primary kidney adenocarcinoma 4 years after donation | Definitely not | Excluded |
| 2004 | BM | Osteomyelitis. 4 weeks of in hospital iv antibiotics required | Definite | Definite |
| 2010 | BM | Pain in the iliac crest for 3 months requiring physiotherapy. 1 extra day hospitalisation. | Definitely | Definite |
| 2010 | BM | Chronic pain syndrome with damage to the right radial nerve caused by extensive haematoma from venepuncture during marrow collection. Analgesia, steroids and physiotherapy required. | Definitely | Definite |
| 2010 | BM | Schwannoma 16 months post donation. | Unlikely | Excluded |
| 2011 | BM | Low oxygen levels and respiratory symptoms in recovery room. Donor on antibiotics prior to donations. Hospitalised for 1 day. | Possible | Probable |
| 2011 | BM | Donor collapsed 10 hours post BM harvest. Unresponsive and no pulse felt. CPR instituted and continued for 3 minutes. Cardiac output not lost. Hb 10.6 prior to harvest and 6 post - 2 unit allogeneic blood transfusion. 2 extra days in hospital. 30 days to full recovery. | Definite | Definite |
| 2011 | BM | Laryngospasm post extubation. Needed to be re-intubated. 2 day admission. Resolved completely. | Definitely | Definite |
| 2011 | BM | Dysphagia after extubation, uvula elongation. Treated with steroids. 7 day recovery. | Definite | Definite |
| 2011 | BM | Donor unwell and dropped their BP 16 hours post harvest in hospital. Needed fluid resuscitation and 1 unit of allogeneic blood (had also received 1 autologous unit) | Not assessable | Definite |
| 2011 | DLI | Anaphylactic response to apheresis set with bronchospasm and rhinitis. Collection successful. PBSC collection 5 months previously. | Definitely | Definite |
| 2000 | PBSC | Invasive ductal carcinoma of the breast 2002 | Probably not | Unlikely |
| 2000 | PBSC | Phaeochromacytoma 5 years post donation | Probably not | Unlikely |
| 2001 | PBSC | Oesophageal cancer 2007 | Probably not | Unlikely |
| 2001 | PBSC | Seminoma 3.5 years post donation | Probably not | Unlikely |
| 2002 | PBSC | T-ALL. Diagnosed in 2009. Donor has died. | Probably not | Unlikely |
| 2002 | PBSC | Hyperthyroid crisis with secondary cardiac failure at home 14 days post second apheresis. Autoimmune thyroiditis with polyneuropathy. No PMH. Second donation (first also PBSC 17 months prior) | Probably | Probable |
| 2002 | PBSC | Joint swelling and elevated LFT 12 months post donation. Donor B\*27 +. | Probably not | Unlikely |
| 2002 | PBSC | Donor had complete alopecia 18 months after 2nd donation. Had history of alopecia areata, but this was not known at medical | Possibly | Possibly |
| 2003 | PBSC | CML 8 years after donation (2 PBSC donations 4 months apart) | Probably not | Unlikely |
| 2003 | PBSC | Donor had a stroke 12 months after second donation. PMH of hypercholesterolaemia and smoking. | Definitely not | Unlikely |
| 2004 | PBSC | Malignant melanoma 4 years post donation | Not assigned | Unlikely |
| 2004 | PBSC | Colon carcinoma 7 months post DLI | Definitely not | Unlikely |
| 2004 | PBSC | Transverse myelitis 3 years post donation | Not assigned | Possible |
| 2005 | PBSC | Follicular thyroid cancer 2008 | Probably not | Unlikely |
| 2005 | PBSC | Donor was unable to proceed with donation due to severe breathlessness during GCSF. No medical intervention except stopping GCSF needed. Psychological factors thought to play a role. | Probably | Definite |
| 2005 | PBSC | Donor suffered from ITP 3 weeks after collection. Unknown what treatment given but now recovered. | Possible | Possible |
| 2005 | PBSC | Hypertonus 2 months after donation, 8 months later thrombosis left eye with retinal detachment | Probably not | Unlikely |
| 2005 | PBSC | Breast cancer 1 year post | Probably not | Unlikely |
| 2006 | PBSC | Breast cancer | Probably not | Unlikely |
| 2006 | PBSC | Hashimoto's disease (TSH 204) and vitiligo within 6 months of donation. History of latent hypothyroidism (TSH 6.36) | Possibly | Possible |
| 2006 | PBSC | Seminoma 1 year post donation | Probably not | Unlikely |
| 2006 | PBSC | Paroxysmal AF 13 days post collection, required cardioversion | Probably not | Unlikely |
| 2006 | PBSC | Donor diagnosed with hypothyroidism 5 years post donation. TC informed. Patient was diagnosed 1 year post transplant with hypothyroidism. Both patient and donor controlled on replacement therapy | Unlikely | Possible |
| 2006 | PBSC | Fatal PE 4 years post donation | Excluded | Excluded |
| 2007 | PBSC | Metastatic colon cancer 2009 | Probably not | Unlikely |
| 2007 | PBSC | Colorectal carcinoma 40/12 post donation | Probably not | Unlikely |
| 2007 | PBSC | ITP requiring steroids 3 years after donation | Probably not | Unlikely |
| 2007 | PBSC | MS 3 years post second PBSC collection | Probably not | Unlikely |
| 2007 | PBSC | AML diagnosed 2011 - death due to AML (3 days post diagnosis) | Probably not | Unlikely |
| 2007 | PBSC | Neutropaenia 1 year post donation. No clinical effects. BM biopsy performed. | Possible | Possible |
| 2007 | PBSC | Rheumatoid arthritis several years post donation | Probably not | Unlikely |
| 2007 | PBSC | Lung carcinoma 07/2011 | Definitely not | Unlikely |
| 2007 | PBSC | Bilateral ovarian carcinoma 44 months post donation | Unlikely | Unlikely |
| 2008 | PBSC | Atypical athropathia psoriatica requiring methotrexate, but long history of psoriasis vulgaris (12 months post) | Probably not | Unlikely |
| 2008 | PBSC | MI (1 year post donation). Dilated cardiomyopathy | Probably not | Unlikely |
| 2008 | PBSC | Crohns disease 17 months post PBSC (had donated BM ~3 years prior) | Probably not | Unlikely |
| 2009 | PBSC | Hodgkin lymphoma | Probably not | Unlikely |
| 2009 | PBSC | Erythema of legs after 3rd GCSF injection. Inpatient treatment, topical steroids. Cells collected | Probable | Probable |
| 2009 | PBSC | Allergic urticaria and itching hives during GCSF injections. Continued for 6 months - requiring steroids post collection. History of allergic reaction to eye drops. | Definite | Probable |
| 2009 | PBSC | Cerebral infarction, basilar artery haemorrhage. 3 months post collection | Probably not | Unlikely |
| 2009 | PBSC | Crohn's disease 2 years post collection | Probably not | Unlikely |
| 2009 | PBSC | Acute sarcoidosis diagnosed 14 days post collection. Resolved after 3 months. | Possibly | Possible |
| 2009 | PBSC | Oesophageal cancer 2 years post donation | Probably not | Unlikely |
| 2009 | PBSC | Gastric malt lymphoma 11 months post PBSC (second donation - first PBSC 38 days prior). Required only helicobacter eradication | Probably not | Unlikely |
| 2009 | PBSC | Auto-immune hypothyroidism 2 months post donation | Possible | Possible |
| 2009 | PBSC | MGUS diagnosed 2011 (at request for DLI) | Probably not | Unlikely |
| 2009 | PBSC | Auto-immune inflammatory polyarthritis 1 year post donation | Unlikely | Unlikely |
| 2009 | PBSC | Thyroid cancer 2 years post donation | Unlikely | Unlikely |
| 2010 | PBSC | Elevated liver enzymes during GCSF. Normalised 30 days after donation. | Probable | Probable |
| 2010 | PBSC | Left sided palsy and convulsions 1 month post donation. Brain surgery - histopathology inconclusive, haemorrhage of unknown origin. | Possible | Possible |
| 2010 | PBSC | Severe headache requiring imigran and hospital admission at home (3 days after apheresis). CT head normal. Donation as planned. | Possible | Possible |
| 2010 | PBSC | Acute pyogenic necrotising and haemorrhagic enteritis requiring surgery. Occurred 3 days post apheresis. treating physician thought a link to filgastrim possible. | Possible | Possible |
| 2010 | PBSC | Ovarian cancer. Reported 7 months after donation | Definitely not | Unlikely |
| 2010 | PBSC | Pulpitis sicca (atopic dermatitis) both hands 20 days post collection - no previous history | Possibly | Possible |
| 2010 | PBSC | Ankylosing spondylitis diagnosed 10 months post donation. (B27 neg). Back pain and arthralgia prior to donation. | Probably not | Unlikely |
| 2010 | PBSC | Wegener’s granulomatous. 3 months post donation | Probably not | Possible |
| 2010 | PBSC | Multiple liver haemangiomas and elevated LFT 6 months post donation. At work up there were no liver abnormalities (normal ultrasound) | Probably not | Possible |
| 2010 | PBSC | De quervains thyroiditis 3 months post PBSC - having treatment | Probably not | Unlikely |
| 2010 | PBSC | Left retinal detachment 5 months post PBSC | Probably not | Unlikely |
| 2010 | PBSC | Ulcerative colitis 5 weeks after PBSC, acute gastroenteritis 1 week prior to donation on holiday. | Possibly | Possible |
| 2010 | PBSC | Classical Hodgkin disease stage 1A 6 months post PBSC | Probably not | Unlikely |
| 2010 | PBSC | Fibromyalgia 6 months post donation | Probably not | Unlikely |
| 2010 | PBSC | Diffuse alopecia 2-3 months post donation | Possible | Possible |
| 2010 | PBSC | Ulcerative colitis 4 months post donation | Possible | Possible |
| 2010 | PBSC | Disabling hip pain | Possible | Possible |
| 2010 | PBSC | Balanced reciprocal translocation (discovered in patient post transplant). Increased miscarriage rate - donor needed genetic counselling | Definitely not | Unlikely |
| 2010 | PBSC | Breast cancer 11 months post donation | Unlikely | Unlikely |
| 2011 | PBSC | Hypertension and tiredness after donation (PMH hypertension) | Possible | Possible |
| 2011 | PBSC | After first dose of GCSF donor collapsed. Recovered without intervention. Mobilisation and harvest continued. | Probable | Probable |
| 2011 | PBSC | Otitis media, pneumonia and renal insufficiency 2 days after donation. 16 days inpatient. Not fully returned to work. | Possible | Possible |
| 2011 | PBSC | Macroscopic haematuria on the fourth day of mobilization. Donor had ultrasound and CT examination on the day of collection – 13 mm benign cyst found in cortical area of the kidney.  Donor was checked by nephrologist and urologist. Preliminary finding: aseptic cystitis. | Probably | Not assessable |
| 2011 | PBSC | Thrombophlebitis right forearm from peripheral line. Required short term heparin | Definitely | Definite |
| 2011 | PBSC | Herpes zoster diagnosed during second apheresis procedure. 14 days of aciclovir | Possibly | Possible |
| 2011 | PBSC | Trigeminal neuralgia 21 days post DLI (unstimulated) collection | Possibly | Unlikely |
| 2011 | PBSC | Unable to collect via peripheral veins. Unable to insert CVC in right Femoral vein. Femoral artery punctured - pain and ?aneurysm. Compression for 24 hours required. 2 days hospitalisation. Resolved. | Definitely | Definite |
| 2011 | PBSC | Acute gouty arthritis of left ankle on D3 of GCSF. Analgesia required resolved in 4 days. PMH hypertension and obesity (BMI 36) | Definitely | Probable |
| 2011 | PBSC | 3 hours after 2nd GCSF injection donor experienced mild dysphagia. Same dysphagia recurred 5 days after collection due to 'stress'. | Probably | Probable |
| 2011 | PBSC | Nerve damage from peripheral line with pain and paraesthesia back of the hand | Definitely | Definite |
| 2011 | PBSC | Admitted 48 hours after 2nd collection with fever, abdominal pain and distention, constipation, bone pain. Symptomatic treatment and 7 day inpatient admission. Fully resolved | Possible | Probable |
| 2011 | PBSC | Near syncope after discharge home. 1litre iv fluid given (at home) full recovery | Probable | Probable |
| 2011 | PBSC | 25cm haematoma on donor arm 5 days post apheresis. Painful but not swollen, resolved spontaneously after 1 week | Definite | Definite |
| 2011 | PBSC | Tachycardia during PBSC injections (160-180). Resolved with beta-blockers. History of palpitations | Probable | Probable |
| 2011 | PBSC | During a pause in the first apheresis the donor went to the toilet, collapsed and was noted to have 'spasms' ?vaso-vagal associated convulsion. Full recovery. | Definite | Definite |
| 2011 | PBSC | Incomplete lesion of radialis nerve from venepuncture. 200 days to recovery | Definite | Definite |
| 2011 | PBSC | Urticaria and allergic asthma 5 months post donation | Possible | Unlikely |
| 2011 | PBSC | Herpes zoster at home after apheresis completed. Iv aciclovir 6 days | Possible | Possible |
| 2011 | PBSC | Acute tonsillar bleeding day 2 of GCSF. No treatment. Recovered. Collection went ahead | Possible | Possible |
| 2011 | PBSC | Painful calf spasm D3 of GCSF. Admitted and thrombosis excluded. Resolved with pain killers. | Definite | Probable |
| 2011 | PBSC | Acute heart insufficiency/ failure (ejection fraction 15 %) due to viral myocarditis, secondary to parvovirus B19 (positive in blood sample). 12 days post donation. | Possible | Unlikely |
| unknown | PBSC | Melanoma 5 months post | Probably not | Unlikely |
| 2011 | PBSC | Intracranial haematoma 10 days post apheresis | Possible | Possible |
| 2009 | PBSC | MS I year after donation | Probably not | Unlikely |
| 2010 | PBSC | Thrombophlebitis from both peripheral lines | Definitely | Definite |
| 2008 | PBSC | MS 11 months after donation | Probably not | Unlikely |
| 2011 | PBSC | Donor death from complications of CVC insertion |  | Definite |
| 1996 | BM | Ovarian carcinoma | Definitely not | Unlikely |
| 1997 | BM | CLL | Definitely not | Unlikely |
| 2006 | BM | Melanoma | Definitely not | Unlikely |
| 2010 | BM | Cardiac arrythmia 6 weeks post donation. Not present at pre-donation medical | Possibly | Unlikely  /possible |
| 2010 | BM | Osteomyelitis sacrum, still recovering (pain) | Definitely | Definite |
| 2010 | BM | Prolonged orthostatic dysregulation | Definitely | Possible |
| 2010 | BM | Thrombophlebitis from the peripheral venous line. Aggravated by subsequent GCSF mobilised pbscx2 within next 4 months | Definitely | Definite |
| 2010 | BM | Symptomatic anaemia following harvest requiring allogeneic blood | Definitely | Definite |
| 2006 | PBSC | Multiple sclerosis | Probably not | Unlikely |
| 2006 | PBSC | Renal cell carcinoma | Probably not | Unlikely |
| 2007 | PBSC | Rheumatoid arthritis | Probably not | Unlikely  /possible |
| 2008 | PBSC | Breast cancer | Probably not | Unlikely |
| 2009 | PBSC | Giant cell tumour left radius | Probably not | Unlikely |
| 2009 | PBSC | Breast cancer 2010 | Probably not | Unlikely |
| 2009 | PBSC | Testicular cancer 2010 | Probably not | Unlikely |
| 2009 | PBSC | ALL (father died from 'leukaemia’) | Probably not | Unlikely |
| 2009 | PBSC | Thrombophlebitis from the apheresis line. Antibiotics required. 50 day recovery | Definitely | Definite |
| 2009 | PBSC | Chronic keratitis > 6 months. Topical therapy | Probably not | Possible |
| 2009 | PBSC | Ulcerative colitis developed 2 months post donation | Possibly | Possible |
| 2009 | PBSC | Rheumatoid arthritis 6/12 post donation (positive family history) | Probably not | Possible |
| 2010 | PBSC | Abnormal liver function tests. Abdominal pain. No cause found. Ultrasound normal | Probably not | Possible |
| 2010 | PBSC | Chest tightness during collection. All tests normal. Completely resolved. Collection stopped early but requested cell number collected. | Probably | Probable |
| 2010 | PBSC | Hospital admission due to severe pre donation pain. Recovered in 2 days | Definitely | Definite |
| 2010 | PBSC | PBSC terminated after 3 attempts due to severe citrate toxicity/hypocalcaemia. Donor donated BM | Definitely | Definite |
| 2010 | PBSC | Tetany on machine. Resolved, collection complete | Definitely | Definite |
| 2010 | PBSC | Breast cancer | Probably not | Unlikely |
| 2010 | PBSC | Breast cancer | Probably not | Unlikely |
| 2010 | PBSC | Abdominal pain during 2nd apheresis - normal ultrasound. 5 hours later at home had more pain, admitted, probable cholecystitis. 3 day admission | Possibly | Possible |
| 2010 | PBSC | D2 of GCSF intractable vomiting. Hospitalised. Collection went ahead | Definitely | Definite |
| 2010 | PBSC | MI 4 weeks after donation (obese BMI30, high BP, smoker) | Probably not | Unlikely  /possible |
| 2010 | PBSC | Pilonidal sinus 6 weeks post donation. Surgery | Probably not | Unlikely |
| 2010 | PBSC | Uveitis anterior R eye (3 days after collection) | Possibly | Possible |
| 2010 | PBSC | Epididymitis L testis, urethritis. During GCSF injections. Antibiotics, resolved | Probably not | Unlikely |
| 2010 | PBSC | Testicular cancer | Definitely not | Unlikely |
| 2010 | PBSC | Breast cancer 8 months post | Probably not | Unlikely |
| 2011 | PBSC | Unable to obtain successful peripheral access for apheresis. Donor refused central access on day 2. No collection possible | Definitely | Definite |

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|  | | | **Imputability assignment** | | |
| **Year of donation** | **Stem cell source** | **SPEAR** | | **Registry** | **S(P)EAR committee** |
| 2011 | BM | Donor centre expressed reservations about clearing the donor due to recent medical problems (not fully investigated). They did however clear the donor, but then withdrew the donor a few days later after conditioning had already been started. There is no back up donor and a new search was underway. Transplant cancelled. | | Not assessable | Definite |
| 2003 | CBU | Cord arrived thawed. The cord appears to have been infused. Not yet know whether the patient engrafted | | Not assessable | Not assessable |
| 2011 | CBU | Dry shipped X-rayed at airport. Transplant delayed due to patient factors therefore product not used yet. | | Definitely not | Excluded |
| 2011 | CBU | Damage to the overbag, but internal bag undamaged and product uncompromised | | Definitely not | Excluded |
| 2011 | CBU | Leak between compartments. Used without problems | | Definitely not | Excluded |
| 2011 | CBU | Leak in the sealing line. No clinical impact | | Excluded | Excluded |
| 2011 | CBU | Poor viability on thawing. Used as part of a double cord procedure | | Unlikely | Unlikely |
| 2011 | CBU | Thawed unit on arrival - sent back to CBB. No other unit available and a donor search was reinitiated. The event was thought to be due to bad handling of the dry-shipper in transit. The dry shipper was in good condition | | Definite | Definite |
| unknown | CBU | Clogged and thick cord blood once thawed, new line required, time lost. Engraftment not yet known. | | Probably not | Not assessable |
| 2011 | DLI | Product X- rayed | | Excluded | Excluded |
| 2011 | PBSC | Fever following infusion. Bacillus isolated from patient. No pathogens isolated from product. Patient engrafted and well | | Not assigned | Unlikely |
| 2011 | PBSC | Possible TRALI. Full recovery in patient | | Possible | Possible |
| 2011 | PBSC | Acute respiratory failure 2 hours after infusion - ?TRALI. Patient death | | Not assessable | Possible |
| 2011 | PBSC | Xrayed product. Patient engrafted | | Unlikely | Excluded |
| 2011 | CBU | Fracture in cord blood bag. No product lost | | Definitely not | Excluded |
| 2010 | BM | Hepatitis B developing in the donor after donation (test negative prior). Patient also became positive for Hepatitis B | | Possible | Possible |
| 2011 | BM | Bacillus cereus isolated from product (patient became unwell, but bacillus not isolated) | | Possible | Possible |
| 2010 | PBSC | Delay in transfer of product due to weather conditions. Viability 37%. Patient did not engraft. | | Possible | Possible |
| 2010 | PBSC | ? TRALI | | Possible | Possible |
| 2005 | CBU | Donor derived myeloproliferative disorder 5 years post transplant (original transplant for AML) | | Probable | Probable |
| 2011 | CBU | Cord unit arrived thawed. Was not used | | Not given | Not assessable |
| 2011 | CBU | Positive culture in CBU at TC but not at CBB. Patient well | | Possible | Excluded |
| 2004 | BM | Donor transmitted CLL. Patient developed CLL 4 years following transplant for ALL. CLL clone found in donor pre-donation sample | | Definite | Definite |
| 2011 | CBU | CBU infused with the washing solution. Renal failure developed, but improved | | Probable | Probable |
| 2011 | BM | Positive bacterial culture in the harvest. Patient died of multiorgan failure, but the same pathogen was not isolated | | Definitely not | Possible |
| 2011 | PBSC | Discrepancy in pre and post thaw viability. Patient engrafted | | Not given | Excluded |
| 2011 | CBU | Blood group incorrect. No clinical harm | | Not given | Excluded |
| 2011 | CBU | CBU bag breached. Product recovered and infused | | Definitely not | Excluded |
| 2011 | CBU | Poor yield at thaw. Patient engrafted. | | Definitely not | Excluded |
| 2011 | PBSC | Discrepancy in pre and post thaw viability. Patient engrafted | | Not given | Excluded |
| 2011 | BM | PRES diagnosed post infusion | | Probably not | Unlikely |
| 2011 | PBSC | Donor failed to mobilise. 0.73x106/kg infused. Patient engrafted. | | Not given | Excluded |
| unknown | CBU | CBU arrived thawed. Not infused, but a replacement unit sent the following day | | Not given | Excluded |
| 2011 | BM | Haemolysis of product which could not be used. Replacement CBU the following day. | | Possible | Possible |
| 2011 | DLI | Could not collect DLI so patient received a unit of whole blood | | Not given | Not assessable |
| 2011 | BM | Clots in the product. No harm to patient | | Not given | Excluded |
| 2011 | CBU | Both units arrived thawed | | Definitely not | Not assessable |
| 2008 | BM | Incorrect recipient name on product label, other identifiers correct. Cells used for correct patient. | | Definitely not | Excluded |
| 2010 | CBU | Alarm of data logger flashing when cord received | | Not stated | Excluded |
| 2010 | CBU | TC says that the aliquots were separate from the unit, CBB says they were attached. | | Not stated | Excluded |
| 2010 | CBU | Bag compromised on arrival - not used for transplant | | Not stated | Not assessable |
| 2010 | CBU | Unit was received thawed due to incorrect handling by courier - not used for transplant | | Not stated | Not assessable |
| 2011 | CBU | Double cord unit 'shocked heart' reaction | | Possibly | Possible |
| 2010 (date infusion) | CBU | CBU exploded in the water bath - unit completely lost. 2nd unit was transfused | | Definitely not | Not assessable |
| 2010? | CBU | Low viability and post-thaw TNC compared to reported. Non engraftment | | Probably | Probable |
| Unknown | CBU | Low viability and no CFU post transportation. Unit not used | | Probably related to transport | Not assessable |
| Unknown | CBU | Temperature problems during transportation - shipper most likely mishandled. Unit not used | | Probably related to transport | Not assessable |
| 2010 | PBSC | Donor chromosomal abnormality (XXY) noted on chimerism monitoring. | | Definite | Definite |
| 2010 | PBSC | Harvest centre performed only 1 day collection despite achieving only 1/4 of the requested cell dose. TC and hub not informed. Donor required a BM harvest later. Pro | | Probably | Probable |
| 2010 | PBSC | Harvest cryopreserved at harvesting centre. Clots in bag. Arrived with very low cell counts. Patient failed to engraft. Death occurred contributed to by graft failure | | Probably | Probable |
| 2010 | PBSC | Possible TRALI with ITU admission | | Possibly | Possible |
| 2011 | PBSC | Cell doses and collection volume differed between harvest centre and transplant centre | | Definitely not | Unlikely |