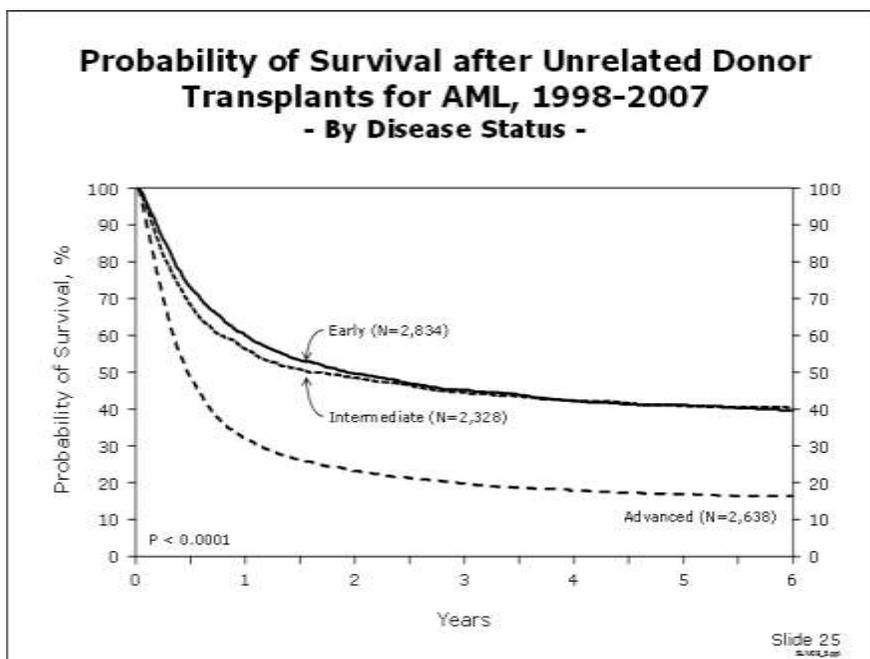
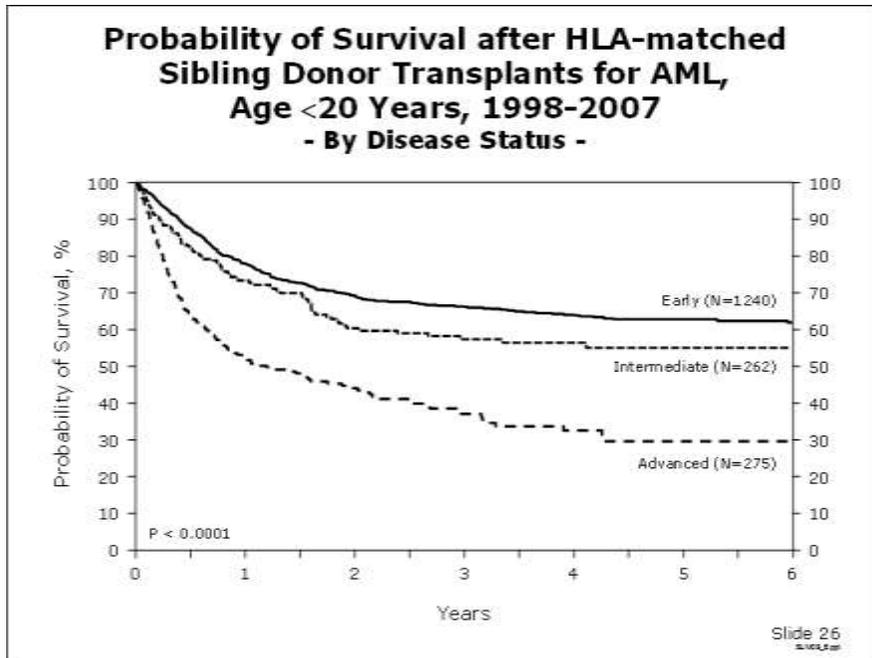


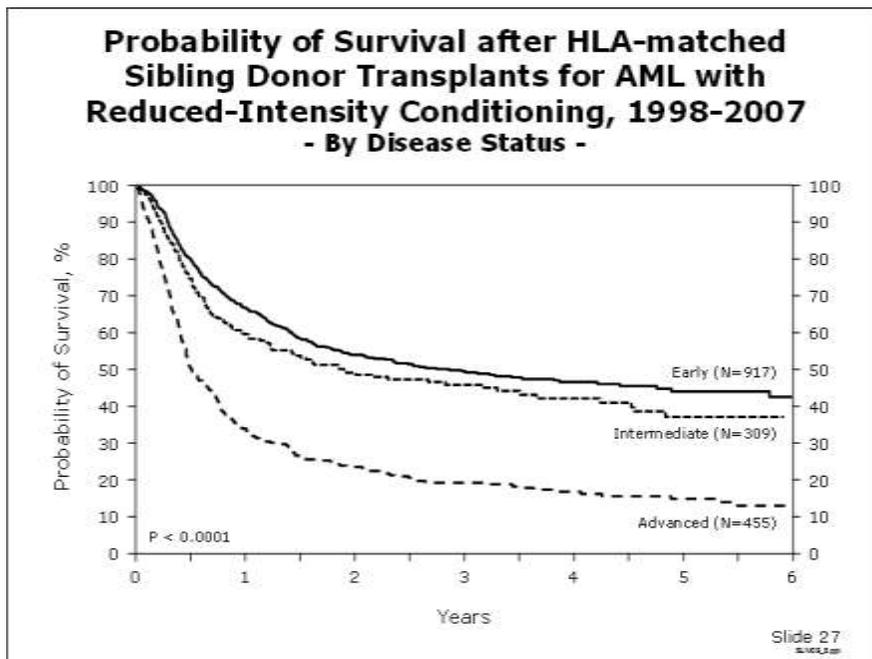
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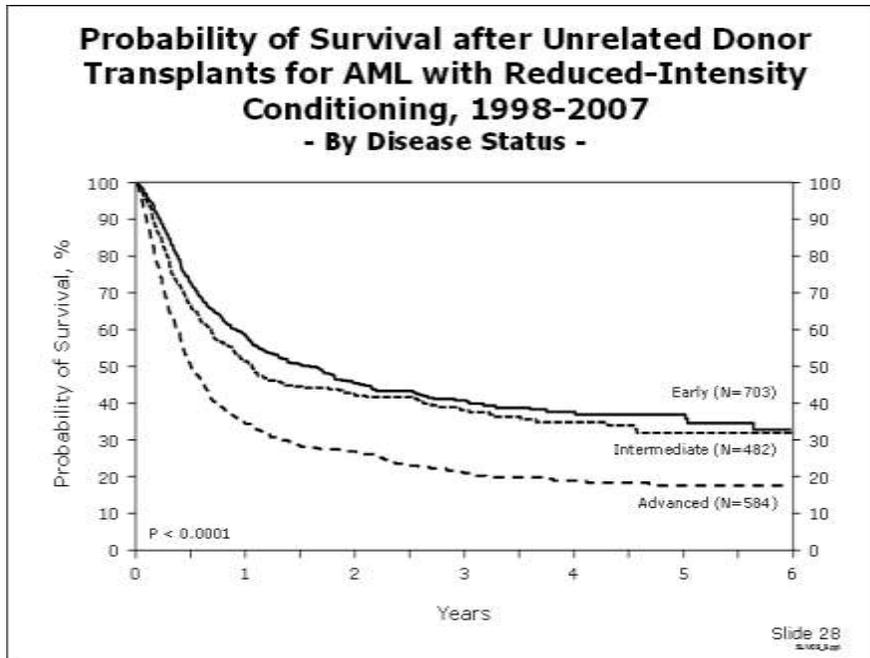
Slides 24 and 25: The CIBMTR has data for 17,991 patients receiving HLA-matched sibling (n=10,191) or unrelated donor (n=7,800) HCT for AML between 1998 and 2007. Disease status at the time of HCT and donor type are the major predictors of post-transplant survival. The 3-year probabilities of survival after HLA-matched sibling HCT in this cohort are 60% ± 1%, 50% ± 1%, and 25% ± 1% for patients with early, intermediate, and advanced disease, respectively. The probabilities of survival after unrelated donor HCT are 45% ± 1% for patients with early and intermediate disease and 20% ± 1% for patients with advanced disease.



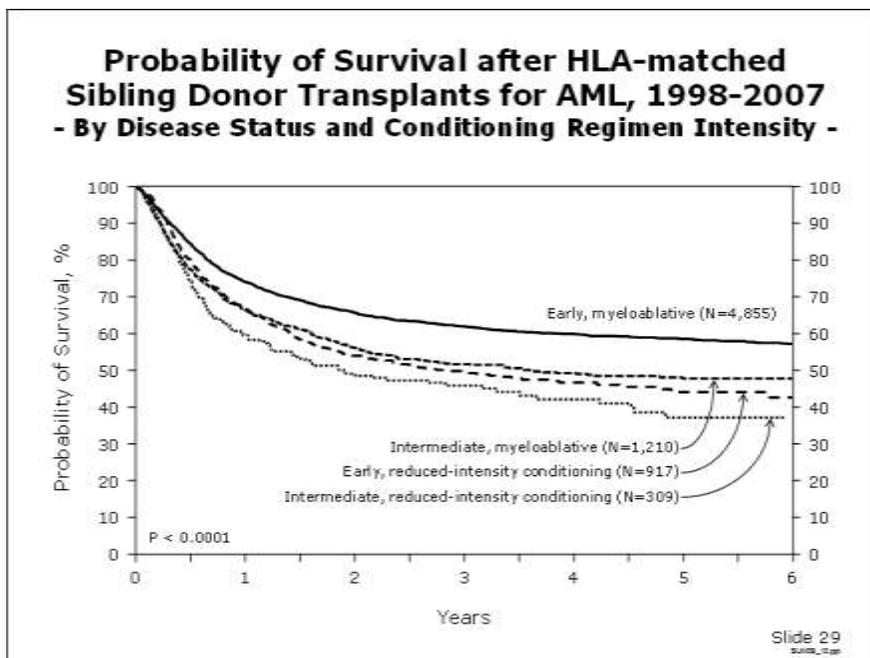
Slide 26: Among AML patients younger than 20 years, the 3-year probabilities of survival following HCT for patients with early, intermediate, and advanced disease are 66% ± 2%, 58% ± 4%, and 37% ± 3%, respectively.



Slide 27

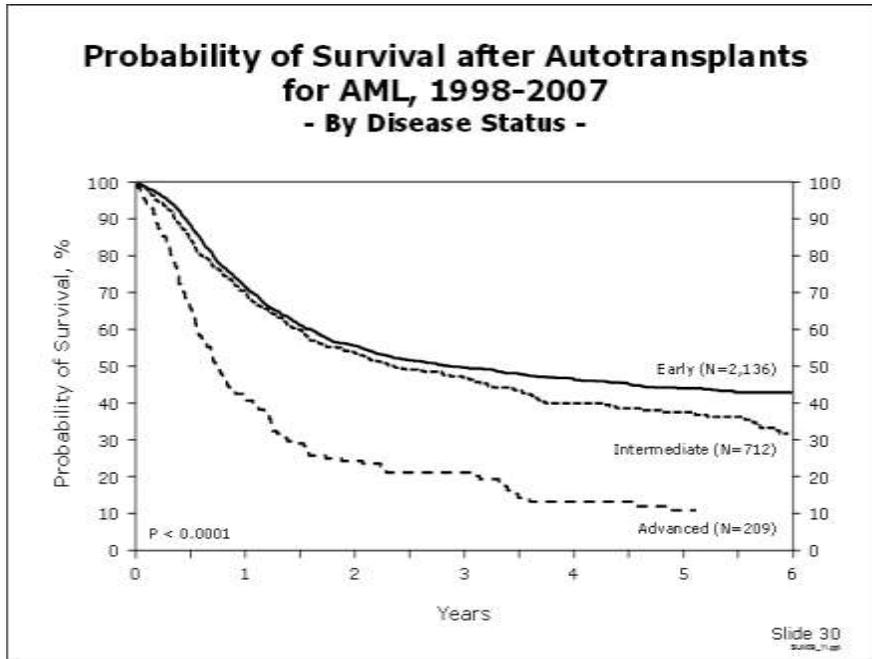


Slides 27 and 28: The 3-year probabilities of survival for the 1,681 patients with AML who received transplantation with reduced-intensity conditioning regimen from an HLA-matched sibling donor are $50\% \pm 2\%$, $46\% \pm 3\%$, and $19\% \pm 2\%$ for patients with early, intermediate, and advanced disease, respectively. The probabilities of survival for the 1,769 recipients of unrelated donor allogeneic transplants are $41\% \pm 2\%$, $38\% \pm 3\%$ and $21\% \pm 2\%$ for patients with early, intermediate and advanced disease.

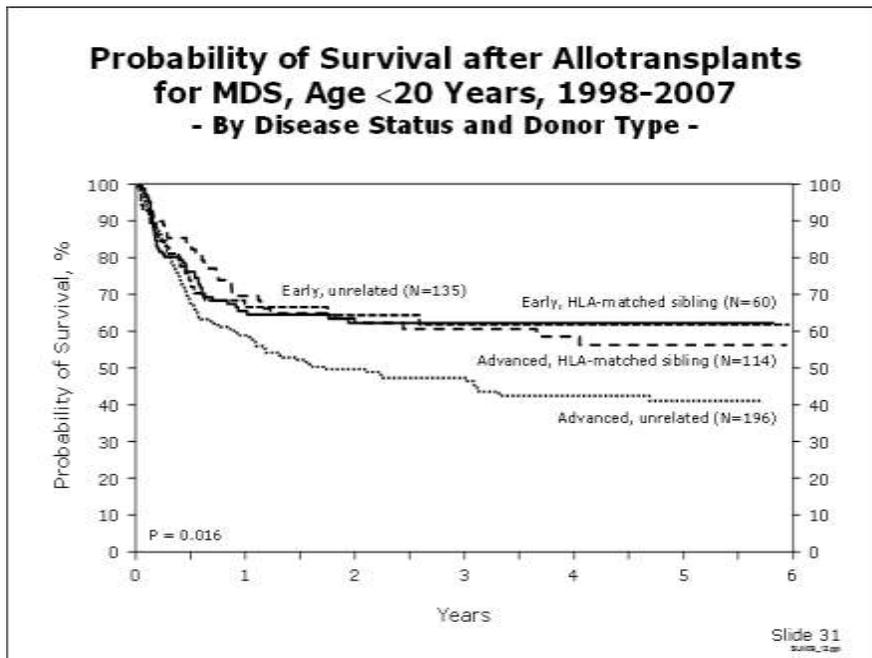


Slide 29: Reduced-intensity conditioning regimens are frequently used in patients older than 50 years of age or with comorbidities at time of transplant. Among AML patients who received an HLA-matched sibling HCT, the 3-year probabilities of survival for patients with early and intermediate disease who received a reduced-intensity conditioning regimen were $50\% \pm 2\%$ and $46\% \pm 3\%$, respectively. Among patients who received a myeloablative

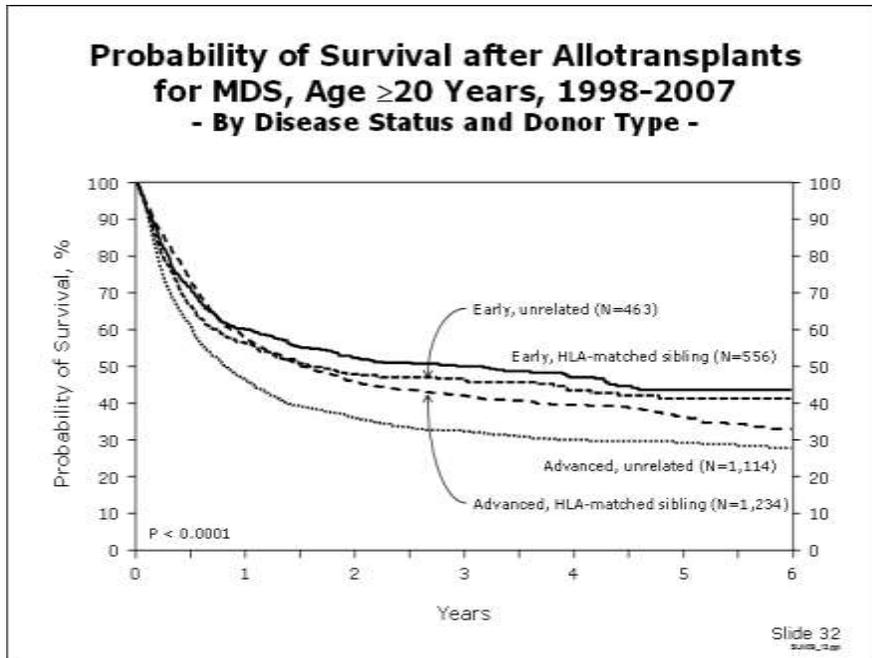
conditioning regimen, the probability of survival was $62\% \pm 1\%$ in patients transplanted in CR1 and $52\% \pm 2\%$ for those transplanted in subsequent remission. Differences in age and other comorbidities were not adjusted in the groups analyzed in this slide.



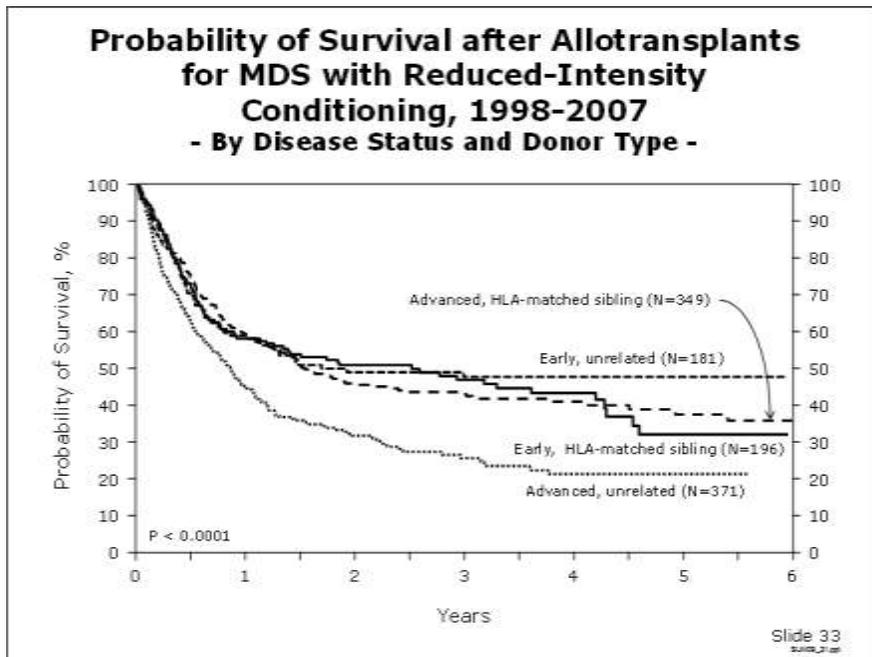
Slide 30: The CIBMTR has data for 3,057 autotransplants performed for AML between 1998 and 2007. The 3-year probabilities of survival for patients with early, intermediate and advanced AML were $50\% \pm 1\%$, $47\% \pm 2\%$ and $21\% \pm 3\%$, respectively.



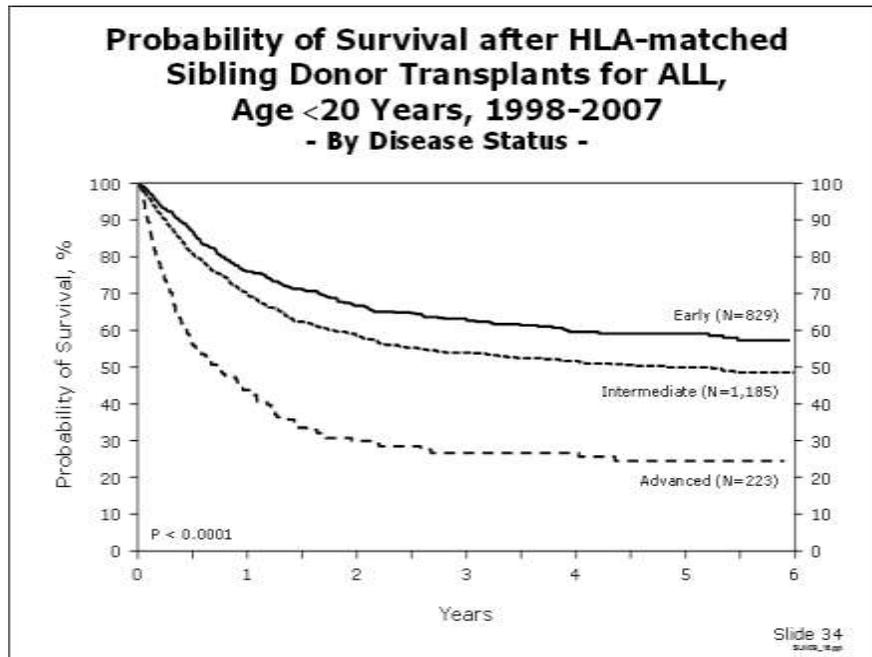
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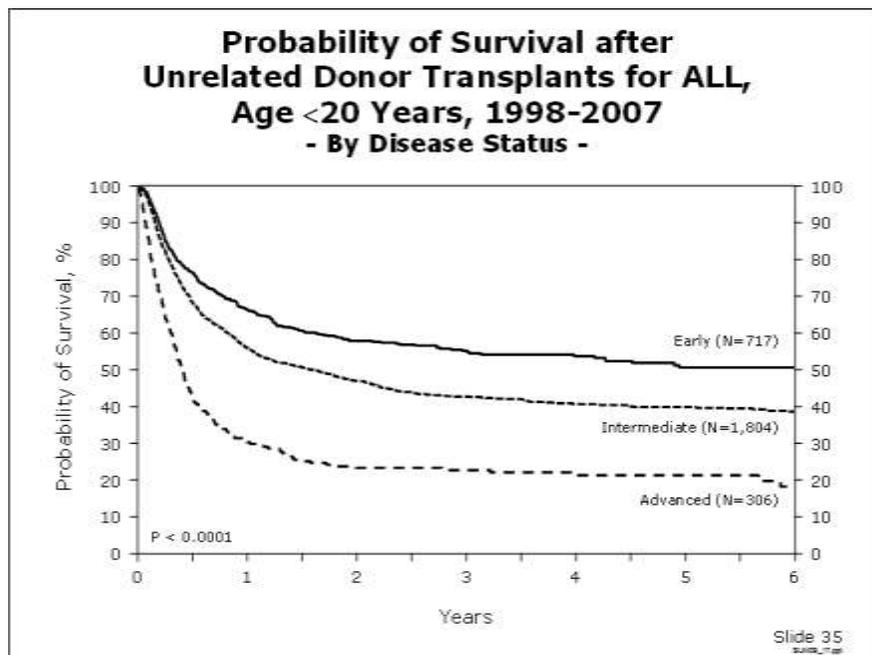
Slides 31 and 32: Allogeneic HCT is a potentially curative treatment for MDS. Outcomes differ according to the recipient's age, donor type, and disease status at transplant. Among 174 recipients of HLA-matched allogeneic HCT younger than 20 years of age, the 3-year probabilities of survival were $62\% \pm 6\%$ and $61\% \pm 5\%$ for patients with early and advanced disease, respectively. The corresponding probabilities of survival in the 331 recipients receiving an unrelated donor HCT were $62\% \pm 4\%$ and $47\% \pm 4\%$. Among the 1,790 patients ≥ 20 years receiving HLA-matched sibling HCT, the 3-year probabilities of survival were $50\% \pm 2\%$ and $42\% \pm 2\%$ for early and advanced MDS, respectively. The corresponding probabilities in the 1,577 older patients receiving unrelated donor HCT were $46\% \pm 3\%$ and $32\% \pm 2\%$.



Slide 33: The median age of patients with MDS at diagnosis is 70 years, limiting the use of myeloablative conditioning regimens for most patients with this disease. Reduced-intensity conditioning regimens are increasingly used for allogeneic transplantation in MDS. Among 1,097 patients who underwent reduced-intensity conditioning allogeneic transplantation for MDS from 1998 to 2007, the 3-year survival probabilities for recipients of HLA-matched donor grafts (N=455) were 47% ± 4% and 43% ± 3% HCT for early and advanced MDS, respectively. Corresponding probabilities for recipients of unrelated donor transplants (N=552) were 48% ± 4% and 26% ± 3%.

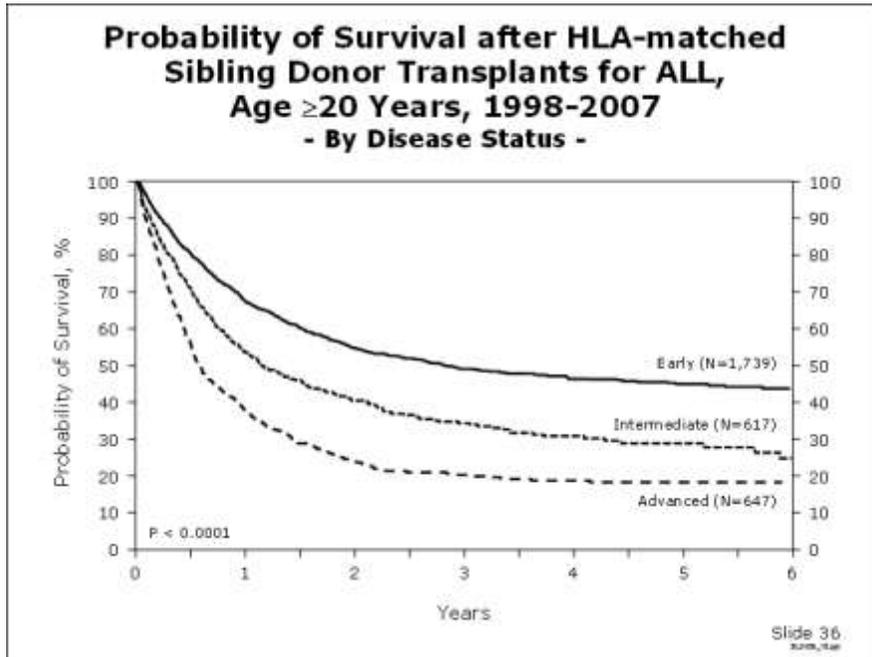


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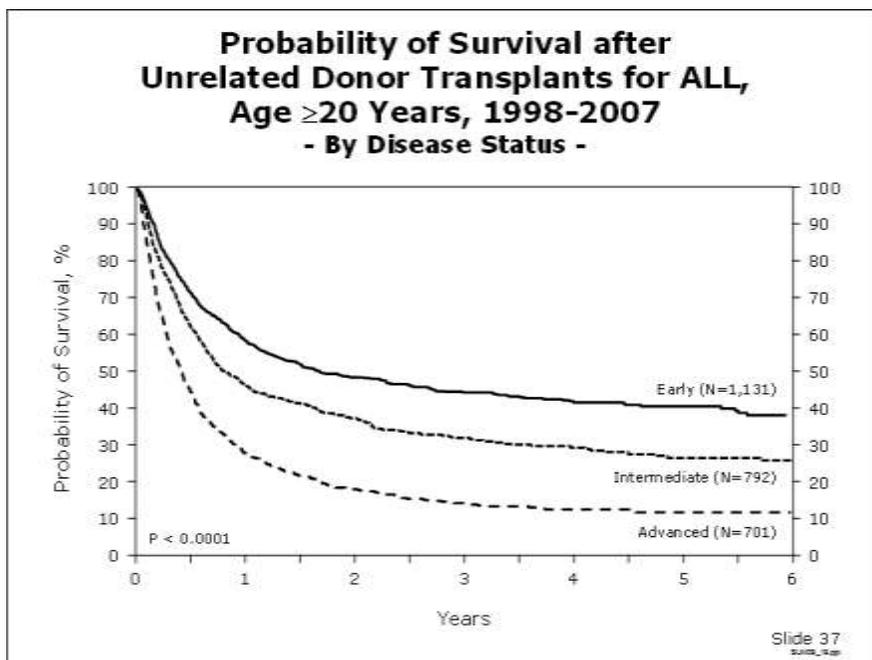


Slides 34 and 35: Among young patients with ALL, for whom chemotherapy has a high success rate, allogeneic transplantation is generally reserved for patients with high-risk disease (i.e. high leukocyte count at diagnosis and presence of poor-risk cytogenetic markers), who fail to achieve remission, or who relapse after chemotherapy.

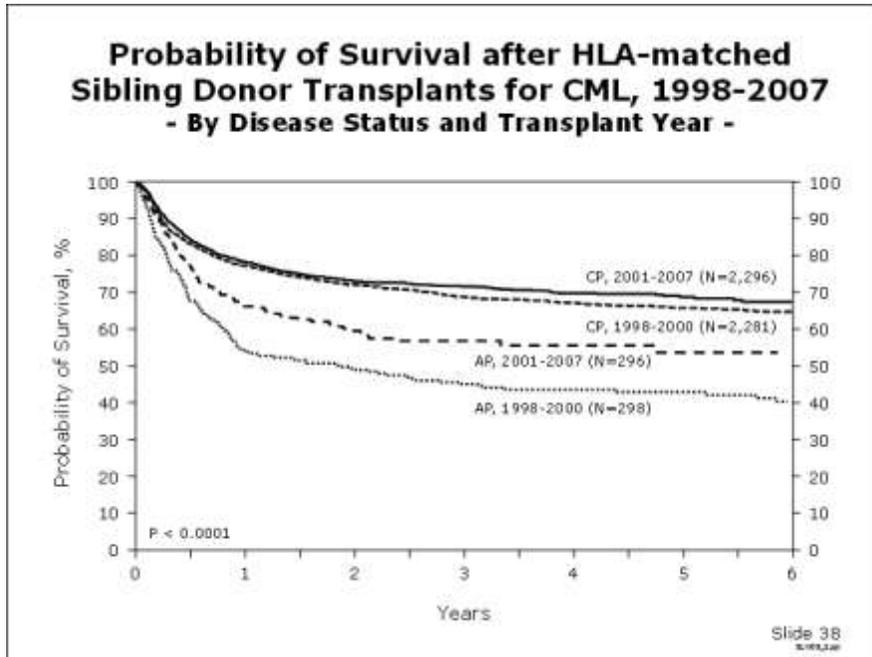
Among the 2,237 patients younger than 20 years of age receiving HLA-matched sibling HCT, the 3-year probabilities of survival were $63\% \pm 2\%$, $54\% \pm 2\%$, and $27\% \pm 4\%$ for patients with early, intermediate, and advanced disease, respectively. The corresponding probabilities of survival among the 2,827 recipients of unrelated donor HCT were $55\% \pm 2\%$, $43\% \pm 1\%$, and $23\% \pm 3\%$.



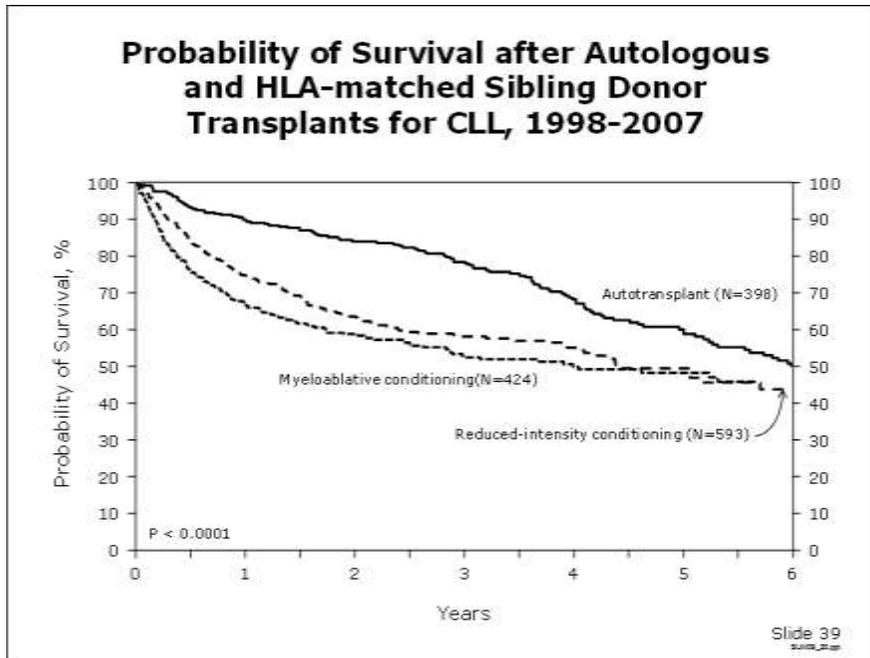
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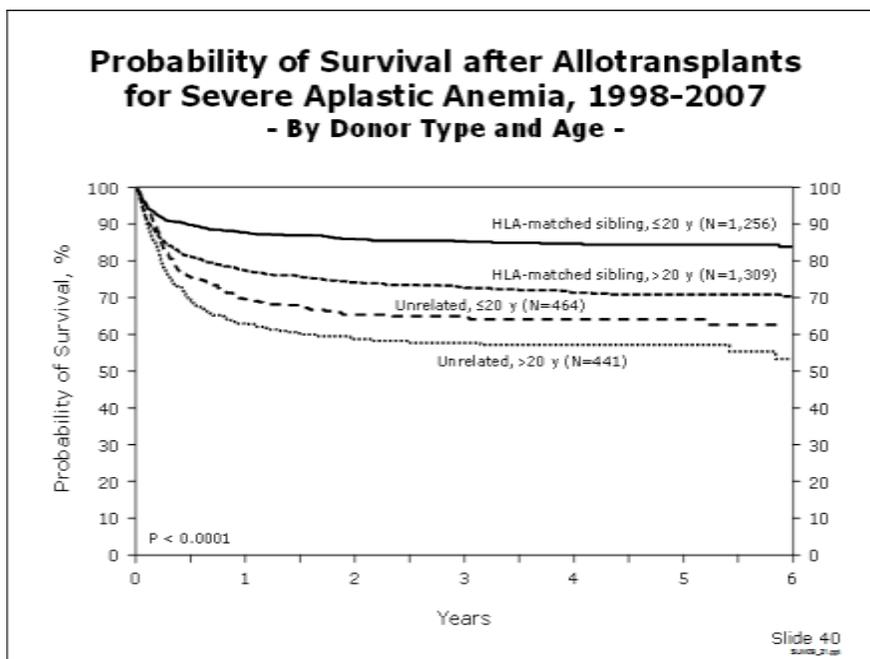
Slides 36 and 37: Older age at disease onset is a high-risk feature in ALL. Consequently, a larger proportion of ALL patients 20 years of age or older undergo allogeneic HCT for early disease. Among 3,003 patients ≥ 20 years of age receiving HLA-matched sibling HCT, the 3-year survival probabilities were $49\% \pm 1\%$, $34\% \pm 2\%$, and $20\% \pm 2\%$ for patients with early, intermediate, and advanced disease, respectively. Corresponding probabilities among the 2,624 recipients of unrelated donor HCT were $44\% \pm 2\%$, $32\% \pm 2\%$, and $14\% \pm 2\%$.



Slide 38: Annual numbers of patients undergoing allogeneic transplantation for the most common disease indications have changed over the past decade. While allogeneic transplantation for AML and ALL have steadily increased, allogeneic transplantation for CML has decreased. Tyrosine kinase inhibitors are currently the first treatment option for patients with newly-diagnosed CML and allogeneic transplantation is reserved for patients who fail such therapy. The CIBMTR has data for 5,171 HLA-matched sibling donor allogeneic transplants for CML patients in CP (n=2,440) and in AP (n=2,731) between 1998 and 2007. Among patients in CP, the 3-year probability of survival were $69\% \pm 1\%$ and $72\% \pm 1\%$ for transplants in performed in the periods 1998 to 2000 and 2001 to 2007, respectively. Corresponding 3-year survival probabilities for patients in AP were $45\% \pm 3\%$ and $57\% \pm 3\%$.

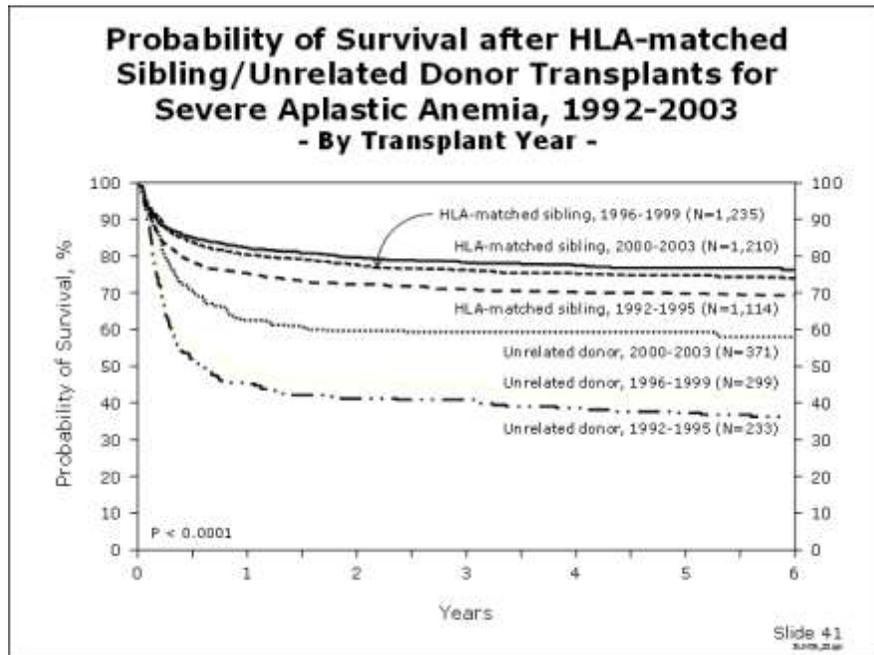


Slide 39: Both autologous and allogeneic HCT are treatment options for CLL patients who fail standard chemotherapy or have high-risk features (e.g. cytogenetic abnormalities). The use of reduced-intensity conditioning regimens for allogeneic HCT continues to increase in this population. Among the 1,415 patients who underwent HCT for CLL, the 3-year probabilities of survival were 78% ± 2% after autologous transplants, 53% ± 3% after HLA-matched sibling HCT with a myeloablative conditioning regimen, and 58% ± 3% after HLA-matched sibling HCT with a reduced-intensity conditioning regimen.

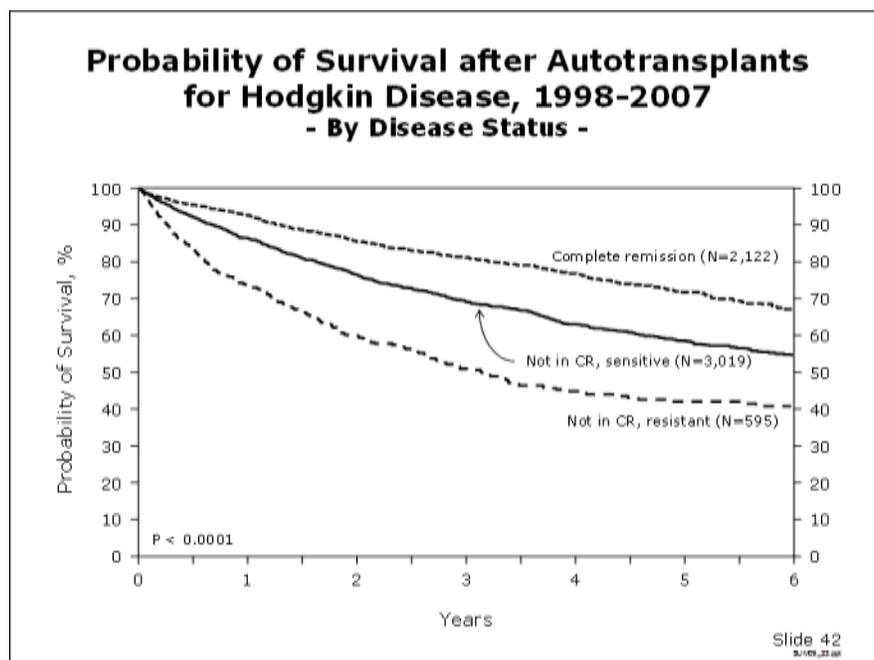


Slide 40: Allogeneic HCT is the treatment of choice for young patients with severe aplastic anemia and an HLA-matched sibling donor available. Among the 2,565 patients receiving HLA-matched HCT for severe aplastic anemia between 1998 and 2007, the 3-year probabilities of survival were 86% ± 1% for those younger than 20 years and

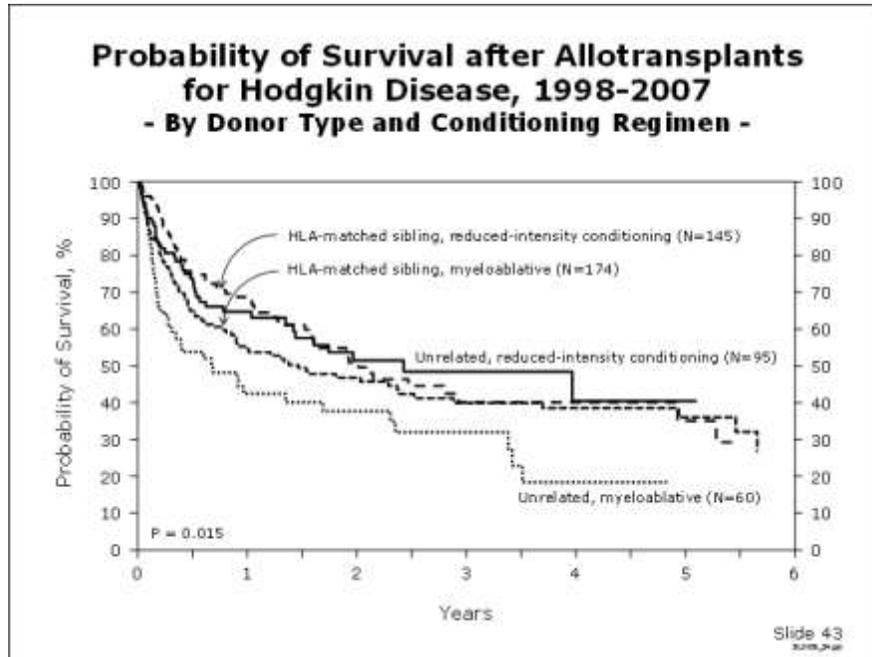
73% ± 1% for those 20 years of age or older. Among the 905 recipients of unrelated donor HCT, the corresponding probabilities of survival were 65% ± 2% and 58% ± 3%.



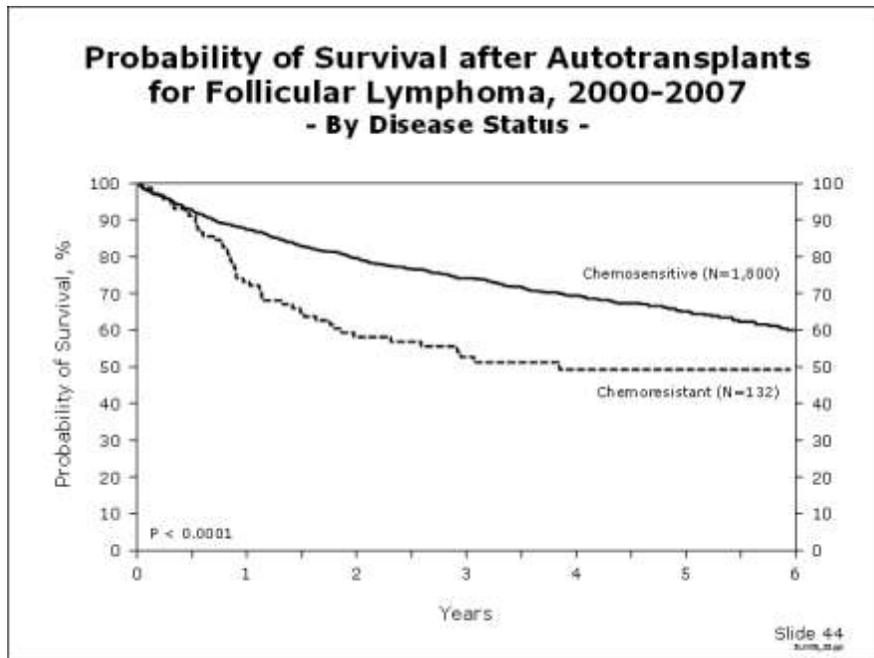
Slide 41: Survival probabilities for recipients of allogeneic HCT for SAA improved between 1992 and 2003. Among recipients of HLA-matched sibling donor grafts, the 3-year survival probabilities were 71% ± 1%, 76% ± 1%, and 79% ± 1% in transplants performed in the periods from 1992 to 1995, 1996 to 1999, and 2000 to 2003, respectively. Corresponding probabilities for recipients of unrelated donor transplants were 41% ± 3%, 45% ± 3%, and 60% ± 3%. Better patient and donor selections, and improvements in supportive care contributed to improvements in survival outcomes in this population.



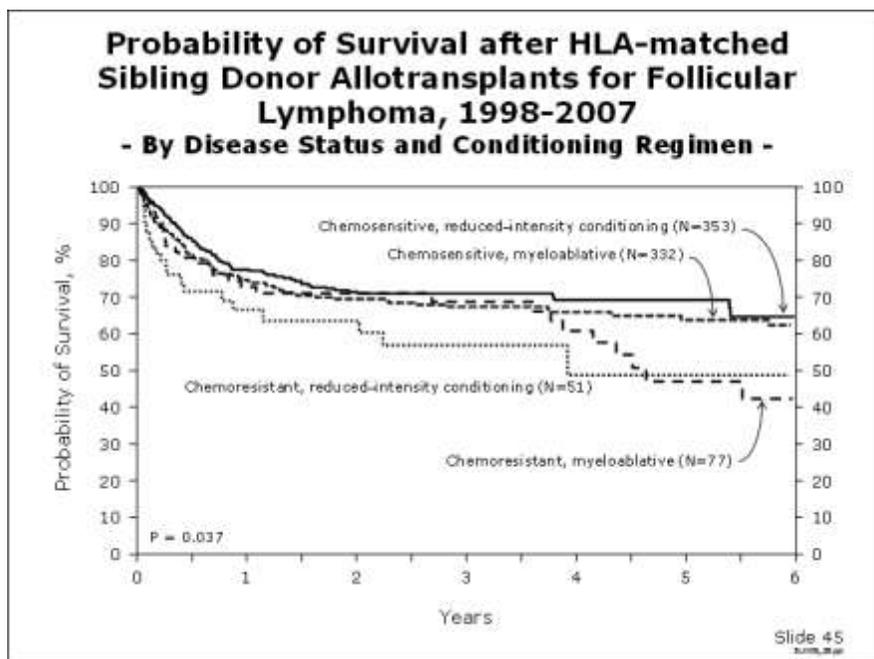
Slide 42: Transplantation for Hodgkin Disease (HD) is indicated in patients who have failed initial chemotherapy or radiation therapy. Survival after HCT for HD depends on disease response to previous salvage therapy. Among the 5,736 patients receiving autologous transplants for HD between 1998 and 2007, the 3-year probabilities of survival were $81\% \pm 1\%$, $69\% \pm 1\%$, and $51\% \pm 2\%$ for patients in complete remission, in partial remission, and with chemoresistant disease, respectively.



Slide 43: Allogeneic HCT for HD is generally performed in patients who experience disease relapse after receiving multiple lines of therapy or who have refractory disease and an available HLA-matched donor. The use of reduced-intensity conditioning regimens in these heavily pretreated patients allows for a graft-versus-lymphoma effect with less regimen-related toxicity. Among 297 patients receiving HLA-matched HCT for HD between 1998 and 2006, the 3-year probabilities of survival were $39\% \pm 5\%$ with myeloablative conditioning regimens and $38\% \pm 5\%$ with reduced-intensity conditioning regimens. The corresponding probabilities of survival in the 138 recipients of unrelated donor HCT were $35\% \pm 7\%$ and $46\% \pm 8\%$.

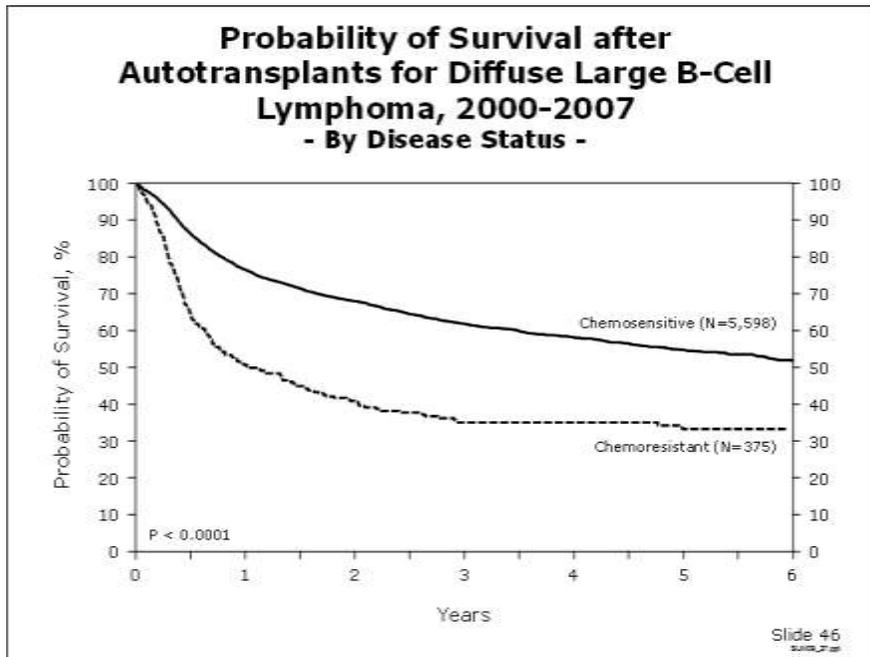


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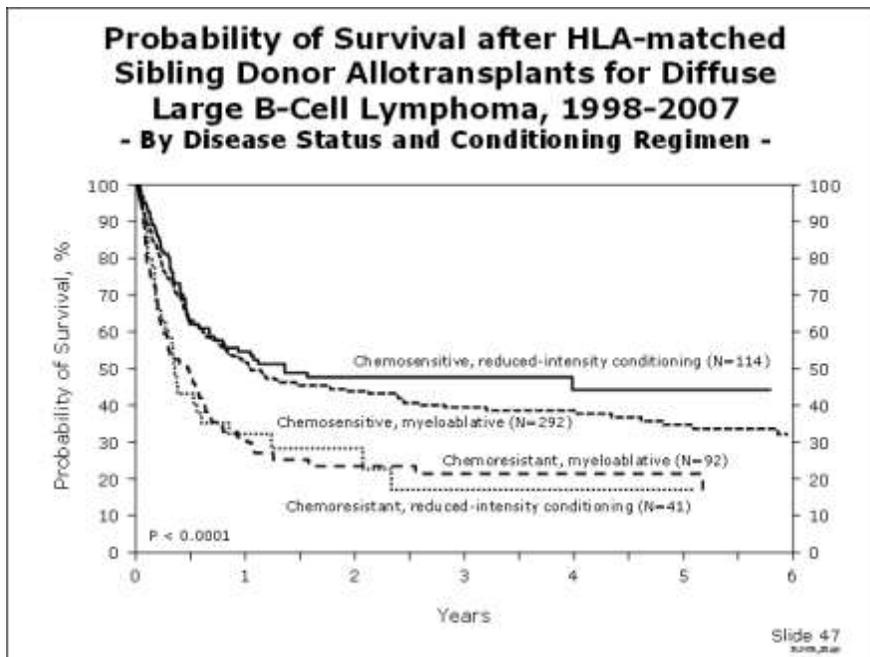


Slides 44 and 45: Transplantation for follicular lymphoma is generally reserved for patients with recurrent or aggressive disease. Autologous transplantation is the most common transplant approach in this disease. Among the 1,932 patients receiving an autologous transplant for follicular lymphoma between 2000 and 2007, most had chemosensitive disease. The 3-year probabilities of survival were $75\% \pm 1\%$ and $53\% \pm 5\%$ for patients with chemosensitive and chemoresistant disease, respectively. Similar to CLL and HD, the use of reduced-intensity conditioning regimens is increasing for patients with follicular lymphoma. Among 813 patients with follicular lymphoma undergoing HLA-matched sibling donor allogeneic HCT between 1998 and 2007, the 3-year probabilities of survival for patients with chemosensitive disease ($N=685$) were $68\% \pm 3\%$ and $71\% \pm 3\%$ for those receiving

myeloablative and reduced intensive conditioning regimens, respectively. Corresponding probabilities in the 128 patients with chemoresistant follicular lymphoma were $69\% \pm 6\%$ and $57\% \pm 8\%$.

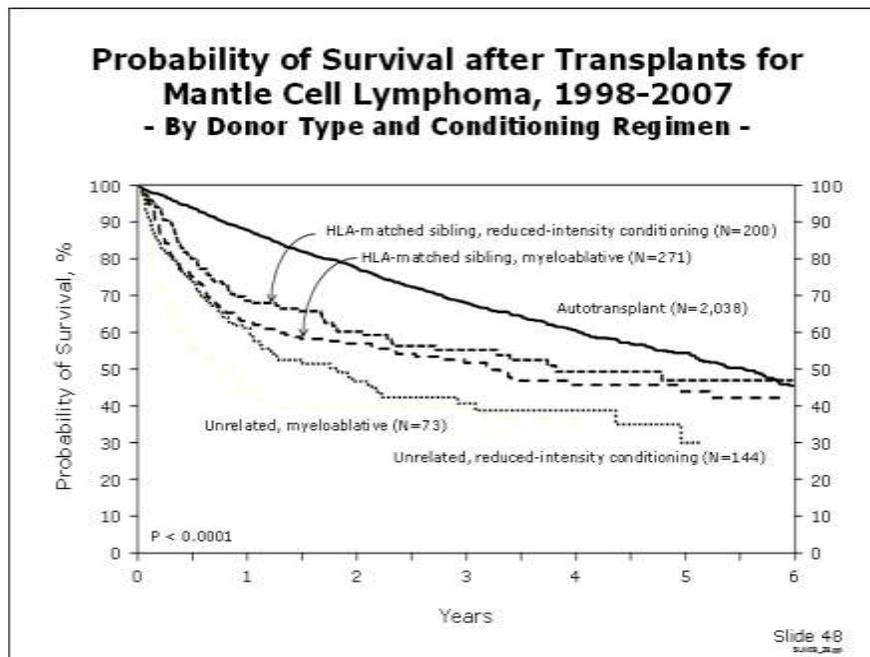


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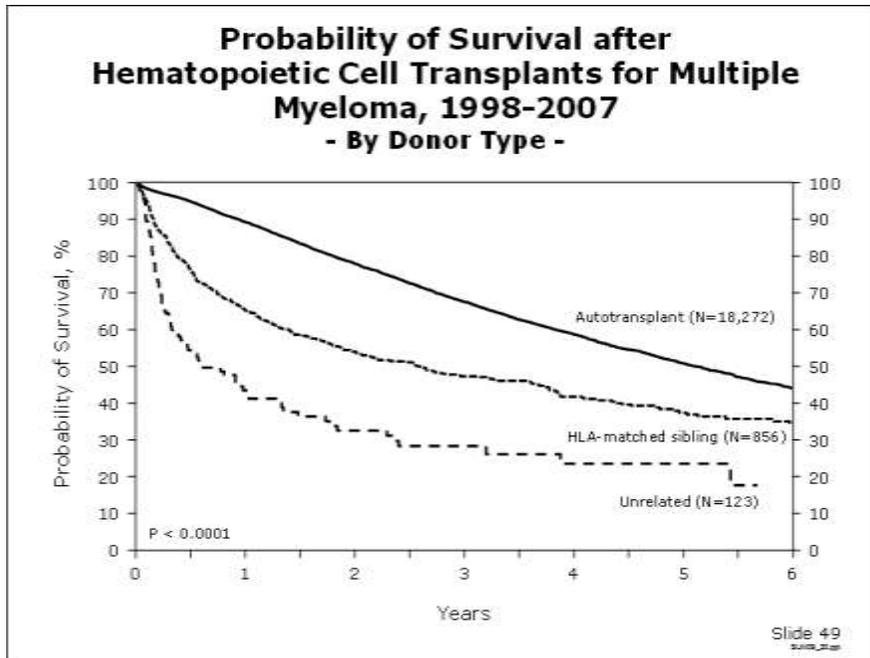


Slides 46 and 47: Autologous transplants are an accepted treatment indication for diffuse large B-cell lymphoma and, similar to follicular lymphoma, most autologous transplants are performed in patients with chemosensitive disease. Among the 5,973 patients who received an autologous transplant for diffuse large B-cell lymphoma between 2000 and 2007, the 3-year probabilities of survival were $62\% \pm 1\%$ and $35\% \pm 3\%$ for patients with chemosensitive and chemoresistant disease, respectively. Allogeneic HCT for treatment of diffuse large B-cell

lymphoma is performed less frequently than for follicular lymphoma and is generally used only in patients with aggressive disease that has been resistant to previous therapies, including autologous transplants. Among the 539 patients who underwent an HLA-matched sibling HCT for diffuse large B cell lymphoma from 1998 to 2007, the 3-year probabilities of survival for patients with chemosensitive disease (N=406) were 39% ± 3% and 48% ± 5% for patients receiving myeloablative and reduced-intensity conditioning regimens, respectively. The corresponding probabilities in the 133 patients with chemoresistant diffuse large B-cell lymphoma were 21% ± 5% and 17% ± 8%.



Slide 48: The optimal timing of HCT for mantle cell lymphoma is not yet well defined. As with other mature B cell lymphoproliferative disorders, autologous transplantation is the most common transplant approach. Among the 2,038 patients who received an autotransplant for mantle cell lymphoma between 1998 and 2007, the 3-year probability of survival was 68% ± 1%. Among 688 patients who underwent an allogeneic transplantation for mantle cell lymphoma during the same period, the 3-year probabilities of survival for HLA-matched sibling donor transplants (N=471) were 52% ± 4% and 55% ± 4% for patients receiving myeloablative and reduced-intensity conditioning regimens, respectively. Corresponding probabilities for unrelated donor transplantation (N=217) were 40% ± 6% and 41% ± 5%.



Slide 49: Multiple myeloma is the most common indication for autologous HCT. Among 18,161 patients who received a single autotransplant for multiple myeloma between 1998 and 2007, the 3-year probability of survival was $68\% \pm 1\%$. Allogeneic transplantation for multiple myeloma is reserved for patients with high risk disease, and the majority of them are performed after an autologous HCT with reduced-intensity or nonmyeloablative conditioning regimens. Among the 979 patients who received an allogeneic HCT from 1998 to 2007, the 3-year probabilities of survival was $47\% \pm 2\%$ for the 851 recipients of HLA-matched sibling donor grafts and $28\% \pm 5\%$ for the 120 recipients of unrelated donor grafts.