

**Written Submission to the APPG on Ethnicity Transplantation and  
Transfusion Inquiry, September 2025**

**Submitted by Prof. Charles Craddock CBE, FRCP (UK), FRCPath, DPhil,  
FMedSci, Chair of the UK Stem Cell Strategic Forum**

**Introduction**

I welcome the opportunity to submit evidence to the APPG Ethnicity, Transplantation and Transfusion's Inquiry into UK Stem Cell Supply. I am submitting this response in my capacity as Chair of the UK Stem Cell Strategic Forum (UKSCF).

The UKSCF is a multi-disciplinary expert group formed in 2010 at the request of the UK Government Department of Health and Social Care with a remit to make recommendations on improving outcomes for stem cell transplant and, more recently, cell therapy recipients in the UK.

Its composition of expert clinicians, commissioners and representatives of DHSC, stem cell registries, charities and patient groups from England and the devolved nations has proved to be create a unique crucible for debate allowing it to serve as a highly effective policy vehicle. In 2024 the UKSCSF was specifically commended by Baroness Merron as a scalable model for policy formation in other complex clinical disciplines.

Since 2010, the UKSCF has championed advances such as the creation of the UK aligned registry, a high-quality donated cord blood bank, and the successful development of the IMPACT cell therapy clinical trials network.

The UKSCF's focus continues to be in delivering a sustainable, resilient and equitable system for stem cell transplant and cellular therapy. Members of the UKSCF are collaborating to deliver projects in line with its 10-year vision, including ambitious plans to improve the UK's research and clinical delivery capacity, to tackle inequity in patient experience and outcomes, and to adopt promising innovation to benefit patients and families as quickly as possible.

I am grateful for this opportunity to support the APPG's work and look forward to continuing to partner with the APPG on our joint ambition to improve UK resilience and access to treatment for all cell therapy patients.

### **The importance of UK resilience in stem cell supply:**

The APPG has identified the UK's resilience in stem cell supply as a key strategic priority. This aligns with the view of the UKSCSF which has consistently emphasised the importance of a resilient stem cell supply for the UK. Considerations of UK resilience were a key factor in the UKSCSF's recommendation, and the subsequent work of its members, to establish the UK's cord blood bank. Cord blood provides an important safeguard in the event of global disruption to the supply of stem cells for patients. Resilience is also the driver for the UKSCSF's recommendations for investment in the UK cell therapy workforce and the physical infrastructure for cell therapy including stem cell collection.

As the APPG has noted, in 2022 the UKSCF recommended the UK Aligned Registry (UKAR) members and their partners should aim to increase UK donor provision to 45% of cell supply to UK patients. Since then donor provision from the UK has fallen. Reversing this decline is a major priority for the UKSCF which has identified the decline to be consequent on a number of interlinked challenges, which UKAR members will explain in greater detail in their evidence to the APPG. The primary barriers to achieving the 45% target are the persistent limitation in UK apheresis capacity which has been impacting the ability of the UKAR to provide cells from UK donors to patients in the timeframe required, and challenges with the availability of UK donors which have exacerbated since the pandemic. The UKSCSF continues to engage actively with the UKAR whose members have long-standing, internationally respected expertise in the complex area of stem cell supply and donor recruitment.

I am aware of the work of both UKAR members and the Department of Health and Social Care which is aimed at addressing the challenges around apheresis capacity and donor availability which has long been flagged by the UKSCF as a priority. Of note Anthony Nolan recently invested substantial philanthropic funds into a new apheresis unit in Nottingham which can be expected to significantly improve cell collection capacity for stem cell transplant patients and support UK domestic supply.

### **The importance of investment into UK clinical trials capacity as a strategy to increase equity of access to stem cell transplantation and promote stem cell resilience**

The importance of increasing donor availability for all patients requiring a stem cell transplant, regardless of ethnicity, has been a priority for the UKSCF since its establishment. The UKSCF has consistently highlighted the importance of prospective clinical trials in evaluating new strategies with the potential to increase the supply of suitable stem cell donors. With this in mind, the UKSCF led the establishment in 2018 of IMPACT, the UK's first stem cell transplant trials network and one of only two in the

world. The importance of high quality prospective clinical trial data in addressing the current unacceptable inequity of donor access has been demonstrated by the ACCESS trial which was published in the Journal of Clinical Oncology by the US BMT Clinical Trials Network this summer. This pivotal trial demonstrated, for the first time, that the use of post-transplant cyclophosphamide (PT-Cy) as a strategy to reduce the risk of graft-versus-host disease (GVHD) -the major complication of stem cell transplantation- makes it possible to use mismatched unrelated donors with relative safety. Importantly data the ACCESS trial showed that the use of PT-Cy significantly increased donor availability for patients from ethnic minorities thereby improving donor options for patients currently unable to access a well matched unrelated donor. Given the major implications of these data for UK transplant practice and stem cell supply the UKSCF has convened a special meeting of the transplant community on October 2<sup>nd</sup> in order to ensure consistent implementation of these ground-breaking data. At the same time the IMPACT network is close to completing recruitment to a large prospective phase 3 trial, one of only two in the world, which is studying the efficacy and safety of PT-Cy for GvHD prevention in 10/10 and 9/10 unrelated donor transplants ([Methods of T cell Depletion \(MoTD\) trial](#)). The results of MoTD are anticipated in 2027 and will inform global stem cell transplant practice

Both the ACCESS trial and the UK trial, MoTD, emphasise the importance of high quality clinical trials in optimising donor supply. In this context it is important to note that the MoTD trial is the first GVHD prophylaxis trial ever to be delivered in the UK and has only been possible because of the transformative impact of the UK transplant trials network, IMPACT, which was funded by investment by NHSBT, Anthony Nolan, Cure Leukaemia and Leukaemia UK. Since its inception in 2018 the IMPACT network has randomised more than 1500 patients to prospective transplant trials (in the 5 years before IMPACT's launch only 7 patients had been randomised to transplant trials in the UK) and it is clear this national trials infrastructure will play an increasingly important role in improving both equity of access and transplant outcome.