Candidate Manifesto for the post of Chairperson, Paediatric Diseases Working Party

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It was a pleasure to chair the Paediatric Diseases Working Party for the last 3 years and I am pleased to submit my candidature for a second term. It was a unique experience to collaborate with so many European experts for HSCT in children and adolescents and to get involved into the big network of the EBMT board. I want to acknowledge all the active colleagues from the PD WP board, from the member centers and particularly our data manager, statisticians and secretary.

Our achievements over the last 3 years:

- Re-establishment of the PD WP board to cover all the responsibilities and duties for paediatric stem cell transplantation centers and to actively involve partners from important paediatric consortia outside of EBMT.
- Intensification of the cooperation with other EBMT groups, particularly with the nurses group, IE WP, AI WP, ID WP CB committee and others
- The number of working hours for the data manager and statistician were increased and we finished some important prospective and retrospective studies and published them in high ranked medical journals.
- We started the dialogue with European stakeholders to foster the development of paediatric medicines and to harmonize regulatory procedures ensuring that drugs used to treat children are properly tested and licensed.

However, there is still room for improvement and therefore I am ready to work on the achievement of following aims:

- To initiate prospective, collaborative, GCP-conforming studies for malignant and non malignant paediatric diseases. This has become a time- and cost intensive task since the new EU-regulations and funding remains a difficult and controversial but critical issue.
- To offer physicians and nursing staff from small or new centres practical training and fellowships in experienced transplantation units through a European Collaborative Paediatric HSCT network.
- To improve communication with our members and establish a stable quality of data reported to EBMT.

My activities within the EBMT have given me the opportunity to work with excellent colleagues in an open and friendly atmosphere. As thousands of children and adolescents undergo HSCT it is my fervent duty to offer them the best treatment which bestows the optimal chance of cure. I am deeply convinced that the platform of the EBMT PDWP is one of the most important vehicles to achieve these aims by task-oriented collaboration.

Christina Peters, MD, Prof. of Paediatrics