



**U.S. Department of Health and Human Services
Health Resources and Services Administration**

REPORT TO CONGRESS

**Fiscal Year 2025 Annual Progress Report on the
C.W. Bill Young Cell Transplantation Program and
National Cord Blood Inventory Program**

I. Executive Summary

This is the fiscal year (FY) 2025 annual progress report to Congress that addresses the C.W. Bill Young Cell Transplantation Program (CWBYCTP), the National Cord Blood Inventory (NCBI), and the Advisory Council on Blood Stem Cell Transplantation and their activities from October 1, 2024, through September 30, 2025.

The report provides background information about each program, describes each structure and operation, and provides statistics on the number of bone marrow donor registrants, blood stem cell transplants (using bone marrow or cord blood), and collected umbilical cord blood units (CBU), along with other data. Unless otherwise noted, the information presented is from FY 2025. This is an update to the FY 2024 progress report, which included information through September 30, 2024.

The purpose of the CWBYCTP is to increase the number of bone marrow and cord blood transplants for recipients matched to biologically unrelated donors.¹ Every year, approximately 18,500 patients in the United States are diagnosed with life-threatening blood cancers or other diseases for which a blood stem cell transplant may be their best or only hope for a cure. Often, the ideal donor is a suitably matched family member, but only 25 percent of people have a fully matched relative.² The other 75 percent, or nearly 14,000 people, will often require a search for a matched unrelated adult donor or umbilical CBU through the CWBYCTP. The CWBYCTP supports the infrastructure for identifying, matching, and facilitating the distribution of bone marrow, peripheral blood stem cells, and cord blood from unrelated donors for individuals in need of blood stem cell transplants. Both the CWBYCTP and NCBI enabled thousands of transplant candidates who lacked suitably matched relatives to explore viable options and identify matched unrelated blood stem sources (e.g., bone marrow, peripheral blood stem cells, and cord blood).

The CWBYCTP aims to increase access to blood stem cell transplants for genetically varied populations by recruiting and increasing the number of donors from such populations to improve their probability of finding a suitable donor. One way the CWBYCTP accomplishes this is by directing contract resources toward patient advocacy, public and professional education, data collection, donor recruitment, and expansion of the size and diversity of the CWBYCTP donor registry. By the end of FY 2025, there were over 44 million volunteer adult bone marrow donor registrants accessible through the CWBYCTP, of which 9.4 million registrants reside within the United States. Of the United States registrants, 3.7 million (40 percent) self-identified as belonging to a genetically varied population. In FY 2025, 231,000 new volunteer adult donors were added to the registry with 34 percent self-identified from a genetically varied population.

¹ Blood stem cell transplants include transplants using bone marrow, cord blood, or peripheral blood stem cells.

² Besse, Kelsey; Maier, Martin; Confer, Dennis; Albrecht, Mark. (2016). On Modeling Human Leukocyte Antigen-Identical Sibling Match Probability for Allogeneic Hematopoietic Cell Transplantation: Estimating the Need for an Unrelated Donor Source. *Biol Blood Marrow Transplant*. doi: 10.1016/j.bbmt.2015.09.012.

The Health Resources and Services Administration, through its NCBI program, contracts with cord blood banks to purchase CBUs to help meet the goal of building a public inventory of at least 150,000 new, high-quality CBUs. NCBI funds support the collection of CBUs, which increases access to transplantation. NCBI continues to grow with nearly 130,000 NCBI CBUs made available on the donor registry through the CWBYCTP. More than 60 percent of the total NCBI CBUs are from genetically varied populations.

The CWBYCTP continued to serve a broad patient population, with volunteer adult donors and CBUs playing a vital role in expanding transplant access to all patients, including genetically varied populations. The CWBYCTP facilitated 8,449 transplants overall (domestic and international), with approximately 6,550 (or 77 percent) of those transplants facilitated for patients in the United States and 1,860 (or 22 percent) of the total facilitated for genetically varied populations.

Fiscal Year 2025 Annual Progress Report on the C.W. Bill Young Cell Transplantation Program and National Cord Blood Inventory Program

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V. Acronym List

ACBSCT	Advisory Council on Blood Stem Cell Transplantation
AI/AN	American Indian/Alaskan Native
CBB	Cord Blood Bank
CBU	Cord Blood Unit
CWBYCTP	C.W. Bill Young Cell Transplantation Program
FY	Fiscal Year
HCT	Hematopoietic Cell Transplantation
HLA	Human Leukocyte Antigen
HRSA	Health Resources and Services Administration
NCBI	National Cord Blood Inventory
NH/PI	Native Hawaiian or Other Pacific Islander
NMDP	National Marrow Donor Program d/b/a NMDP
OPA	Office of Patient Advocacy
P.L.	Public Law
SCD	sickle cell disease
SCTOD	Stem Cell Therapeutic Outcomes Database
Secretary	U.S. Department of Health and Human Services Secretary
SPA-CC	Single Point of Access - Coordinating Center
TRANSPLANT Act 2021	Timely Reauthorization of Necessary Stem-cell Programs Lends Access to Needed Therapies Act of 2021

I. Legislative Language

The Stem Cell Therapeutic and Research Act of 2005, Public Law (P.L.) 109-129, as amended, includes a requirement which states, in part:

“The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall submit to the Congress . . . an annual report on the activities carried out under this section.”

II. Introduction

The Timely Reauthorization of Necessary Stem-cell Programs Lends Access to Needed Therapies Act of 2021 [TRANSPLANT Act of 2021] (P.L. 117-15) reauthorizes the C.W. Bill Young Cell Transplantation Program (CWBYCTP), the National Cord Blood Inventory (NCBI), and the Advisory Council on Blood Stem Cell Transplantation (ACBSCT). The Health Resources and Services Administration (HRSA), Health Systems Bureau, Division of Transplantation provides oversight of both the CWBYCTP and NCBI programs (see Figure 1).

The purpose of CWBYCTP is to increase the number of bone marrow and cord blood transplants for recipients matched to biologically unrelated donors. The program plays a vital role in improving health outcomes by expanding access to blood stem cell transplants to those from genetically varied populations. CWBYCTP collaborates with those in the blood stem cell transplantation field to address the needs of individuals in the United States who have life-threatening diseases such as leukemia, lymphoma, sickle cell anemia, or other metabolic or immune system disorders. For some of these individuals, a transplant using bone marrow or cord blood from unrelated donors may be their best opportunity to live longer, healthier lives.

CWBYCTP supports the infrastructure for identifying, matching, and facilitating the distribution of bone marrow and cord blood from unrelated donors for individuals in need of a blood stem cell transplant. CWBYCTP also offers patient and donor advocacy services, case management services, data collection on transplant outcomes, and educational activities.

The NCBI program contracts with cord blood banks (CBB) to meet the statutory goal of building a public inventory of at least 150,000 new, high-quality, and genetically varied cord blood units (CBU). These CBUs are available for transplantation through CWBYCTP.

The role of ACBSCT is to advise, assist, consult with, and make recommendations to the Secretary of the U.S. Department of Health and Human Services (Secretary), acting through the HRSA Administrator, on matters conducted by both the CWBYCTP and the NCBI program.

III. C.W. Bill Young Cell Transplantation Program Overview

CWBYCTP provides a structure to facilitate blood stem cell transplantation with blood stem cells from unrelated donors (marrow and cord blood) for individuals with leukemia and other life-threatening blood, metabolic, or immune system disorders. CWBYCTP has five functional areas of focus: bone marrow, cord blood, a single point of access to search for and facilitate access to bone marrow and cord blood, patient advocacy, and stem cell transplant outcomes data. Three separate contracts carry out the five functions: the Single Point of Access - Coordinating Center (SPA-CC), which encompasses three of the functional areas, the Office of Patient Advocacy (OPA), and the Stem Cell Therapeutic Outcomes Database (SCTOD). In Fiscal Year (FY) 2025, the Medical College of Wisconsin, the parent organization of the Center for International Blood and Marrow Transplant Research, was the contractor for the SCTOD contract, and National Marrow Donor Program d/b/a NMDP (NMDP) was the contractor for the OPA and SPA-CC contracts. Table 1 below shows the award amounts of appropriated funds under each contract from 2021 to 2025. The following is a description of the three current contracts:

- The SPA-CC contract is a combination of the Single Point of Access, Bone Marrow Coordinating Center, and Cord Blood Coordinating Center focal areas. SPA-CC coordinates a network of organizations to recruit potential donors with an emphasis on the recruitment of individuals from genetically varied populations to donate blood stem cells. This network collectively provides access to blood stem cell transplants, provides tissue typing to match patients and bone marrow and cord blood donors, and engages in public and professional educational activities related to blood stem cell donation and transplantation. SPA-CC also contains a network of CBBs that lists its CBUs and makes them available for transplantation. SPA-CC maintains a matching and facilitation system for health care professionals and physicians searching on behalf of patients for cells derived from adult bone marrow donors and CBUs through a single point of electronic access.
- The OPA contract supports patient advocacy and case management specific to blood stem cell transplantation, histocompatibility/search expertise, and guidance for patients and physicians. OPA provides public and professional education, information, resources, and support for blood stem cell transplant patients and families from diagnosis through survivorship.
- The SCTOD contract supports an electronic database of blood stem cell transplantation outcomes for use by researchers and health care professionals. The SCTOD contractor maintains a secure repository for storing donor and recipient samples for research and provides analysis of the clinical outcomes of transplant recipients.

Figure 1: C.W. Bill Young Cell Transplantation Program and National Cord Blood Inventory Program

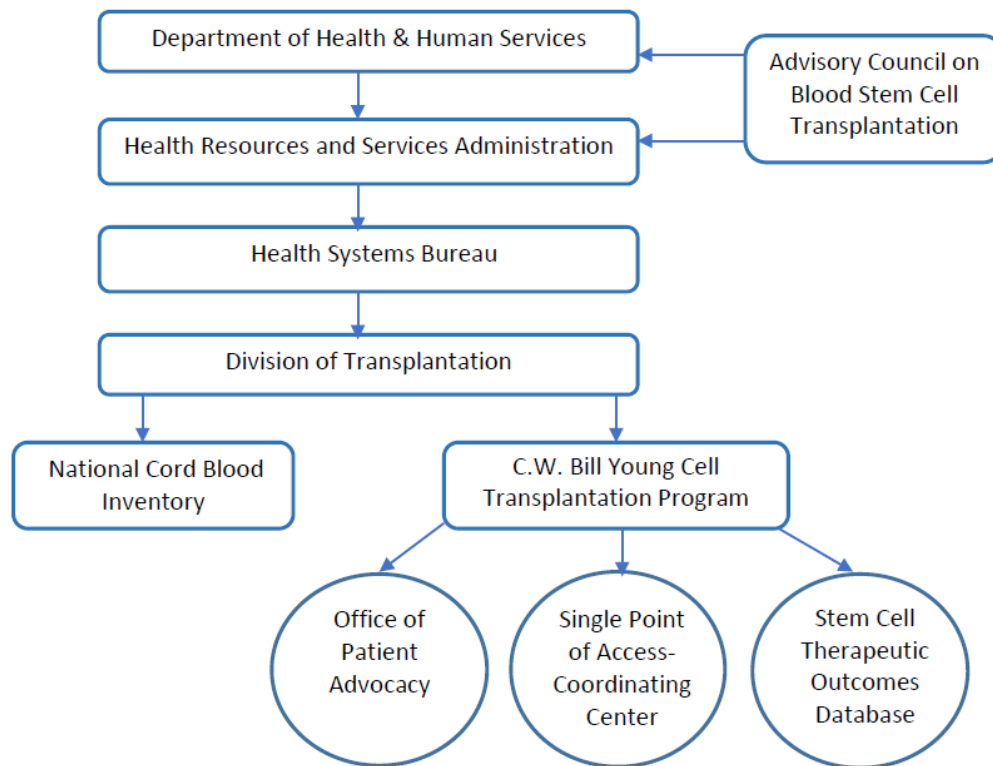


Table 1: Funding for the C.W. Bill Young Cell Transplantation Program Contracts for 2021 to 2025*

Fiscal Year	Appropriation ⁺	Single Point of Access -Coordinating Center	Office of Patient Advocacy	Stem Cell Therapeutic Outcomes Database	Total Program Contracts
2021**	\$31,009,000	\$29,888,122	\$903,612	\$4,730,240	\$35,521,974
2022	\$32,009,000	\$21,343,315	\$1,518,782	\$5,909,653	\$28,771,750
2023	\$33,009,000	\$23,364,246	\$1,564,345	\$5,727,767	\$30,656,358
2024	\$33,009,000	\$23,062,097	\$1,611,277	\$5,913,595	\$30,586,969
2025	\$33,009,000	\$22,105,505	\$1,659,615	\$6,041,662	\$29,806,782
Total	\$162,045,000	\$119,763,285	\$7,257,631	\$28,332,917	\$155,343,833

Notes:

*Data Source: HRSA accessed on December 15, 2025.

**FY 2021 Appropriations does not include a \$7 million reallocation from the NCBI program to CWBYCTP to support cord blood functions within the legislative authority of the TRANSPLANT Act of 2021.

+ Administrative costs account for differences between appropriations and total program contracts awarded.

IV. C.W. Bill Young Cell Transplantation Program Statistical Updates

Every year, approximately 18,500 patients in the U.S. are diagnosed with life-threatening blood cancers or other diseases for which a blood stem cell transplant may be their best or only hope for a cure. Often, the ideal donor is a suitably matched family member, but only 25 percent of people have a fully matched relative. The other 75 percent, or nearly 14,000 people, often search for a matched, unrelated adult donor or CBU. CWBYCTP serves individuals in need of unrelated blood stem cell transplantation and works to ensure that members of genetically varied populations have the same probability of finding a suitable unrelated donor as an individual who is not a member of a genetically varied population. The chance of finding a suitably matched unrelated donor through CWBYCTP varies by race and ethnicity. Recent advancements in transplantation procedures are expanding the definition of suitable donors to include both fully matched and partially mismatched donors. Overall, these advances have increased the likelihood of finding a suitably matched donor for all patients in need of a transplant. Due to the advances in transplantation that enable favorable outcomes using partially mismatched donors, the probability of Black or African Americans finding a suitable unrelated donor is now 84 percent, compared to 92 percent for Asian/Pacific Islanders, 90 percent for Hispanics/Latinos, 93 percent for American Indians/Alaska Natives (AI/AN), and 98 percent for White-non-Hispanic populations.³

As of this report, there are approximately 44 million volunteer adult bone marrow donor registrants accessible through CWBYCTP, of which 9.4 million registrants are within the United States. Of the United States registrants, 3.7 million (40 percent) self-identified as belonging to a genetically varied population. In FY 2025, CWBYCTP added more than 231,000 new registrants (Table 2), and 34 percent of those registrants self-identified as belonging to a genetically varied population. In FY 2025, the donor registry added nineteen percent fewer adult donors to the registry than the nearly 285,500 added in FY 2024 (Table 2). A key factor contributing to the decline in the number of adult donors added to the registry is the process change focused on improving donor availability rates implemented in December 2024. Now, before adding a new donor to the registry, the prospective donor must complete a secondary confirmation process that outlines the requirements and expectations for donation.

In FY 2025, the CWBYCTP facilitated 8,449 unrelated blood stem cell transplants (domestic and international), an increase of 899 transplants, or 12 percentage points, above the nearly 7,550 facilitated in FY 2024. In FY 2025, 6,650 (or 77 percent) of the transplants were for patients in the United States, a nearly three percentage increase, above the 6,457 facilitated in FY 2024. During the same FY 2025 period, CWBYCTP facilitated 14 percent more transplants across combined genetically varied categories, from 1,626 in FY 2024 to 1,860 in FY 2025. The number of transplants for each genetically varied group is shown in Table 3.

³ Chowdhury, A.S., Maier, M., Spellman, S.R., Deshpande, T., Bolon Y.T., Devine, S.M. Existence of HLA-Mismatched Unrelated Donors Closes the Gap in Donor Availability Regardless of Recipient Ancestry. *Transplantation and Cellular Therapy*. 2024 Nov; 29(11): 686.e1-686.e8. doi: 10.1016/j.jtct.2024.08.014. Epub 2024 Aug 14. PMID: 37586457.

The SPA-CC contractor continued to focus on genetically varied communities, by working to increase both the number of genetically varied potential donors on the registry, as well as the number of transplants performed for genetically varied patients. The contractor optimized media and marketing activities to reach these communities more effectively, with enhanced educational efforts designed to build trust within these groups.

Table 2: Number of Registrants Added to the C.W. Bill Young Cell Transplantation Program by Race/Ethnicity*

Race/Ethnicity	FY 2024	Percentage of Total Number of Registrants Added[^]	FY 2025	Percentage of Total Number of Registrants Added[^]
AI/AN	527	<1%	220	<1%
Asian	28,552	10%	22,071	10%
Black or African American	20,253	7%	11,839	5%
Multi-racial	22,521	8%	18,989	8%
Native Hawaiian or Other Pacific Islander (NH/PI)	493	<1%	312	<1%
Unknown**	41,221	14%	50,070	22%
White-non-Hispanic	138,741	49%	102,355	44%
Hispanic or Latino ⁺	33,111	12%	25,623	11%
Total	285,419		231,479	

Notes:

* Data Source: NMDP data as of September 30, 2025.

** Unknown reflects people who did not provide race and ethnicity data.

[^] Data has been rounded and subject to change.

⁺ Hispanic or Latino represents a broad ethnicity, and donors may be of any race; a separate category is included to prevent individuals from being counted multiple times.

Table 3: Number of Transplants Facilitated by the C.W. Bill Young Cell Transplantation Program by Race/Ethnicity*

Race/Ethnicity	FY 2024	Percent of Total Number of Transplants Facilitated* *	FY 2025	Percent of Total Number of Transplants Facilitated**
American Indian or Alaska Native	37	<1%	36	<1%
Asian	300	4%	336	4%
Black or African American	424	6%	488	6%
Multi-racial	112	1%	141	2%
NH/PI	11	<1%	17	<1%
Unknown ⁺	648	9%	787	9%
White-non-Hispanic	5,276	70%	5,802	69%

Race/Ethnicity	FY 2024	Percent of Total Number of Transplants Facilitated*	FY 2025	Percent of Total Number of Transplants Facilitated**
Hispanic or Latino^	742	10%	842	10%
Total	7,550		8,449	

Notes:

*Data Source: NMDP data for domestic and international donors as of September 30, 2025. Data in this report may change due to delayed data responses and result in a varying number of transplants reported from prior-year reports.

** Data has been rounded and subject to change.

+ Unknown reflects people who did not provide race and ethnicity data. This is common when working with international registries where capturing data by race and ethnicity does not occur.

^ Hispanic or Latino represents a broad ethnicity, and donors may be of any race; a separate category is included to prevent individuals from being counted multiple times.

Transplant Survival Rates

CWBYCTP establishes goals for the number of transplants facilitated and for the outcomes of these transplants. To calculate survival rates along with the corresponding probability of survival rates, the CWBYCTP contractor uses analytics and reporting tools that provide center-specific survival performance outcome measures for each transplant center.⁴ For this FY 2025 report, transplant outcomes for FY 2023 were the latest full dataset available and are reported and compared to FY 2022 data in Table 4. Additionally, to report the probability of survival rate at 1-year following transplant, transplant centers must follow all transplant recipients for at least 1-year after the procedure to allow the centers the opportunity for adequate follow-up and reporting. HRSA will report on FY 2025 transplant outcomes data, including the probability of 1-year survival, in the FY 2026 annual report.

As Table 4 reflects, the program performance goal of 69 percent patient survival at 1-year post-transplant was surpassed in all tracked categories. Overall, survival rates remained relatively stable between FY 2022 and FY 2023 across the broad categories for stem cell transplant.

Table 4: 1-year Post-transplant Survival Rate (U.S. Transplant Centers) for 2022 and 2023*

Donor Type	FY 2022	FY 2023
Unrelated Transplants		
Adult Donor	75%	77%
Single Cord	82%	82%
Double Cord	77%	75%

⁴ Information about the Center-Specific Analysis is available at <https://bethematch.org/tcdirectory/search/>

Donor Type	FY 2022	FY 2023
Related Transplants		
Matched Related	83%	82%
Mismatched Related	74%	74%

Notes:

*Data Source: **Center** for International Blood and Marrow Transplant Research data as of November 1, 2025.

V. C.W. Bill Young Cell Transplantation Program Professional Education and Outreach Highlights

Throughout FY 2025, the OPA contractor provided educational opportunities to health care providers in hematology and blood stem cell transplantation. Advances in transplantation have contributed to increased donor options for patients; therefore, the contractor organized educational efforts to further encourage timely referrals in addition to providers' use of evidence-based guidelines when considering referral for a transplant consultation.

Health Professional Education Activities and Engagement

The OPA contractor educates those within the blood stem cell community on the latest research and clinical advances affecting outcomes and access to transplants, including the importance of timely transplant referral and early Human Leukocyte Antigen (HLA) typing for patients.

In FY 2025, OPA developed four episodes in the *Explore Cell Therapy Podcast* series. OPA designed this education series to deliver practice-changing hematopoietic stem cell transplantation (HCT) and other cellular therapy research focused on advancing knowledge on donor selection, transplant timing, and overcoming barriers. OPA engaged physicians, who specialize in HCT, and physicians at community hematology/oncology practices to deliver this series of podcasts:

- *Optimizing Donor Searches in HCT* (November 20, 2024; 197 downloads)
Part 1: *Strategies and Considerations*
Part 2: *Overcoming Barriers*
- *HCT Across Myelodysplastic Syndrome Genetic Subtypes* (January 14, 2025; 258 downloads)
Part 1: *Expanding Access to Older Patients*
Part 2: *The Role of Genetics and Early Consult*

In addition, the SPA-CC and OPA contractors offered a variety of programs to educate and engage health care professionals about the need for blood stem cell transplants and services offered through CWBYCTP. This included programs with continuing education credits for medical professionals; holding workshops for key stakeholders in the blood stem cell community

on transplant issues; disseminating findings from studies on the importance of early HLA typing and early referrals for optimal patient outcomes; and hosting webinars and virtual roundtables for transplant centers to learn about how physicians address challenging patient cases and share resources that support clinical decision-making.

This education focused on expanding access to transplants, optimizing donor selection, and improving outcomes. The OPA contractor, in partnership with the American Society for Transplantation and Cellular Therapy, refreshed and released a five-part online education program, “The Evolution of HCT Self-Paced Learning Course.”⁵ The series covered transplant basics and outcomes, patient eligibility for transplant, donor availability, addressing barriers, shared care practices, and preparing patients for successful HCT. The OPA contractor delivered educational content on these topics through online education modules, webinars, e-newsletters, podcasts, and published research summaries. The program had 880 page views and offered 4.25 continuing education credits to the 230 physicians and nurses who completed the program.

CWBYCTP continues to focus on professional education programs to highlight blood stem cell transplant as a curative option for many diseases, including Acute Myeloid Leukemia (AML), Acute Lymphoblastic Leukemia (ALL), and high-risk Myelodysplastic Syndrome (MDS). This focus includes emphasizing advances in precision medicine, diagnosis and treatment of AML and ALL along with early referral and consultation to expand access for AML, ALL, and MDS patients in need of transplant. Education programs included:

- Optimizing Early and Streamlined HCT and Cell Therapy Referrals: OPA hosted a webinar on early consultation for transplant, including best practices on streamlining referral processes to avoid care delays and facilitate optimal patient outcomes. (April 24, 2025; 292 participants registered for the on-demand recording and 124 attended live.)
- Treating Acute Leukemias: Blood Cancer United-NMDP Project ECHO (Extension for Community Health Care Outcomes) Series: In partnership with Blood Cancer United (formerly The Leukemia & Lymphoma Society) and the American Cancer Society, OPA co-hosted a Project ECHO educational webinar, the first in a series of live, interactive webinars for hematology/oncology professionals on rapid advances in the treatment of acute leukemias. The first session, “Rapid Diagnosis, Risk Stratification and Induction Therapies” created a peer-learning environment to discuss disease-specific features in acute leukemias, diagnostic testing, and induction approaches to prepare patients for transplant or cell therapy (September 17, 2025; 205 participants registered for the on-demand recording and 65 attended live, in addition to five expert panelists).
- Transplant Center Coordinator Training: The Transplant Center Coordinator Training Program equips coordinators with essential knowledge and skills for managing the transplant process, including the systems, services and programs, roles and operations and workup, transplant and post-transplant support. The training is held quarterly.
 - o December 2024: 47 coordinators
 - o February/March 2025: 21 coordinators
 - o May 2025: 17 coordinators

⁵ NMDP. The Evolution of HCT Self-Paced Learning Course. Available at <https://network.nmdp.org/training-education/catalog/the-evolution-of-hct-self-paced-learning-course>.

- o August 2025: 22 coordinators

C.W. Bill Young Cell Transplantation Program Patient Services and Public Educational Resources

Patient Navigation Services and Educational Resources

The SPA-CC and OPA contractors provide patient navigation services and develop resources to guide patients through all phases of transplantation. The SPA-CC and OPA contractors collaborate to supply transplant search data to providers and patients. The OPA contractor's outreach program works with patients to identify concerns and help remove barriers to transplant through referral to services offered by the OPA contractor, the SPA-CC contractor, and other organizations. In FY 2025, OPA's patient navigators made over 5,500 outbound calls to patients who have had a search of the donor registry performed on their behalf.

In FY 2025, the OPA contractor prioritized educating and guiding high-risk patients to improve their transplant access. Patients were evaluated and assigned a risk score; by assigning a risk score to all searching patients, the contractor is able to tailor interventions and focus outreach efforts according to estimated risks.

Post-transplant survival is a key driver of the priorities for patients and HRSA. The OPA contractor manages the program's website, which provides survival data in two formats: (1) transplant center-specific survival data through the transplant center directory online, and (2) disease-specific survival data through the survival data query tool on the program website.^{6,7} The survival data query tool on the program website was revised to provide easier access to the data, and the data were updated.

Using information from SCTOD, the OPA contractor annually prepares and distributes charts summarizing current uses and outcomes of cellular therapies, which encompasses blood stem cell transplantations, in a set of U.S. Summary Slides that describe information related to practices and general survival outcomes after cellular therapies.⁸

Summary of Published and Unpublished Studies for Stem Cell Therapeutic Outcomes Database

In FY 2025, the SCTOD contractor developed, conducted, and published research studies in the following areas:

- Evaluating the optimal selection, harvesting, and processing of an unrelated donor graft.
- Evaluating the optimal choice and handling of a CBU for transplantation.
- Comparing alternative donor and graft sources for patients without HLA identical sibling donor(s).

⁶ HRSA. Transplant Survival Rates Survival Data Query Tool. Available at <https://bloodstemcell.hrsa.gov/data/transplant-survival-report>.

⁷ NMPD. Transplant Center Search. Available at <https://www.nmdp.org/what-we-do/partnerships/global-transplant-network>.

⁸ CIBMTR. (n.d). Summary Slides and Reports. Available at: <https://cibmtr.org/CIBMTR/Resources/Summary-Slides-Reports>.

- Evaluating optimal patient selection and treatment strategies for unrelated donor blood stem cell transplants.
- Evaluating optimal patient selection and treatment strategies for cord blood stem cell transplant.
- Evaluating access to care; and
- Evaluating quality of life and late effects of allogeneic blood stem cell transplant.

The SCTOD contractor completed studies on blood stem cell transplantation, resulting in 30 peer-reviewed publications in FY 2025.⁹ In addition, there are approximately 120 studies in progress.¹⁰ A number of these studies are in plain language to make them reader-friendly for the public. During FY 2025, the SCTOD contractor also published 13 plain language or non-scientific summaries, surpassing the SCTOD contractor’s annual goal of eight summaries designed specifically for patient use.¹¹

Single Point of Access - Coordinating Center Support Demonstration Projects for FY 2025

The Stem Cell Therapeutic and Research Act of 2005, Public Law (P.L.) 109-129, and as amended, includes a requirement that states, in part:

“...support and expand new and existing studies and demonstration and outreach projects for the purpose of increasing cord blood unit donation and collection from a genetically diverse population and expanding the number of cord blood unit collection sites partnering with cord blood banks [sic] receiving a contract under the National Cord Blood Inventory program...”

FY 2025 Demonstration Project Summary (Cord Blood Immersion Program - Year 2)

In FY 2025, HRSA supported the second year of a Cord Blood Immersion Program, which facilitated junior clinicians gaining hands-on experience with expert mentors in cord blood transplantation. In year two, the Cord Blood Immersion Program paired four junior physicians interested in learning about cord blood transplantation with two expert physician mentors (one focused on pediatric transplant and one on transplanting adults) for an immersive two-week, in-person training, further supported by mentorship. The SPA-CC contractor, the Cord Blood Advisory Group, and the broader cord blood community conceptualized the Cord Blood Immersion Program through conversations to define high-impact priorities for the field. This program intends to help ensure access to cord blood transplant training for the next generation of transplant clinicians, improving the quality of practice and, ultimately, patient outcomes of cord blood transplantation.

The SPA-CC contractor also performed an evaluation on the impact of the first two years of the immersion program. Although transplant center utilization of cord blood had not changed at the

⁹ CIBMTR. Publications. Available at <https://cibmtr.org/CIBMTR/Resources/Publications>.

¹⁰ CIBMTR. All Studies. Available at <https://cibmtr.org/CIBMTR/Studies/All-Studies>.

¹¹ CIBMTR. Study Summaries. Available at <https://cibmtr.org/CIBMTR/Utility-Nav/Patients/Study-Summaries>.

time of this report, mentees reported experiencing cultural shifts regarding this graft source within their home institutions. Overall, across both years of the Cord Blood Immersion Program, all parties involved gave positive feedback during and after the training period. Participants spent time with expert mentors, on-site in CBBs, accessed education materials created by NMDP, shared their experiences with the Cord Blood Advisory Group, and each attended a conference to learn more about cord blood transplant. Mentees reported having received increased responsibilities and recognition as a result of their participation in the program with one participant's transplant center showing signs of increasing cord blood related search activities. The SPA-CC contractor will continue evaluating the program and its potential impacts on cord blood transplantation.

HRSA's Collaboration with Federal Partners on a State of the Science Review and Report

The TRANSPLANT Act of 2021 required a report regarding the appropriateness of adult stem cells and birthing tissues as new types of therapies that should be included in the CWBYCTP.¹² For the purposes of the report, adult stem cells and birthing tissues were defined as cells or tissues derived from blood, bone marrow, umbilical cord, placenta, adipose tissue or other adult tissues that are used for purposes other than for hematologic or immunologic reconstitution. HRSA worked in collaboration with the National Institutes of Health and the U.S. Food and Drug Administration to complete and submit the report to the Senate Committee on Health, Education, Labor, and Pensions and the House of Representatives Committee on Energy and Commerce in FY 2025. The report concluded that only one treatment therapy met the criteria for addition to the CWBYCTP; a modified umbilical cord blood product, omidubice[®]-only (Omisirge, Gamida Cell Ltd.), because it had been approved by the U.S. Food and Drug Administration, is indicated for treatment for serious or life-threatening conditions, and requires donor matching for an individual patient.

VI. National Cord Blood Inventory Program Overview

The NCBI program contracts with CBBs to meet the statutory goal of building a public inventory of at least 150,000 new, high-quality, genetically varied CBUs, available to individuals through the CWBYCTP donor registry. CBBs may also make donated CBUs available for research if they are not suitable for clinical transplantation. The costs to recruit, collect, test, cryopreserve, store, and make CBUs available for listing through CWBYCTP vary by CBB.

HRSA awards contracts to public CBBs through a competitive process and reimburses CBBs on a per-CBU basis for each unit that meets all the criteria specified in the contracts. The contracts specify the total number of CBUs HRSA will reimburse per year and the agreed-upon genetic variability of donors (Table 6). However, in FY 2025 HRSA allowed CBBs the flexibility to

¹² HHS. (n.d.). Report to Congress on the Appropriateness of the Inclusion of Adult Stem Cells and Birthing Tissues as New Types of Therapies in the C.W. Bill Young Cell Transplantation Program. Available at: https://www.govinfo.gov/content/pkg/CMR-HE20_3000-00197238/pdf/CMR-HE20_3000-00197238.pdf.

modify genetically varied targets, when a CBB faced a specified collection challenge. Setting genetic variability collection goals helps to ensure that collected CBUs emanate from genetically varied populations, which improves access and outcomes for patients in these groups.

Throughout a CBB’s annual period of performance, HRSA conducts reviews of each CBB’s progress, and the results provide the basis for future funding decisions. When funding is available, HRSA exercises contract options to support the banking of additional CBUs. Table 5 shows the previous 5 years of the NCBI program’s appropriations and funding history. In FY 2021, HRSA reprogrammed \$7 million in funding to the CWBYCTP to support the activities of the CBBs other than direct CBU purchases.

Table 5: Appropriations and Contract Funding History for the National Cord Blood Inventory Program for 2021 to 2025*

FY	Appropriation⁺	Total Contract Award
2021	\$18,266,000	\$8,518,294 [^]
2022	\$18,266,000	\$17,391,017
2023	\$19,266,000	\$18,391,615
2024	\$19,266,000	\$16,504,647 ^{**}
2025	\$19,266,000	\$15,840,039
Total	\$94,330,000	\$76,645,612

Notes:

*Data Source: HRSA information as of December 17, 2025.

⁺Administrative costs account for differences between appropriations and total contract awards.

[^]In 2021, HRSA reallocated \$7.0 million from the NCBI program to CWBYCTP to support cord blood functions through Demonstration Projects. The Demonstration Projects aimed to increase cord blood utilization and improve transplant outcomes.

^{**}\$2.0 million of the original contract award was used toward a separate contract to review and provide recommendations for enhancements to the NCBI program.

From the inception of the NCBI program in FY 2004 through FY 2025, HRSA awarded 28 NCBI program contracts to 13 different contractors. Figure 2 identifies organizations with contracts as of the end of FY 2025 and their geographic distribution. Geographic dispersion not only ensures the continued availability of CBUs should a disaster temporarily impact one region of the country but also helps to guarantee that genetically varied CBUs will be collected and available to help more individuals in need.

Figure 2: National Cord Blood Inventory Banks*



Notes:

*Data Source: Figure created by HRSA with publicly available information. As of the end of FY 2025, HRSA contracted with 10 CBBs for NCBI CBUs. Those contractors include five CBBs still operating active collections: Carolinas Cord Blood Bank at Duke University, Cleveland Cord Blood Center, LifeCord Cord Blood Bank at LifeSouth Community Blood Centers, Bloodworks, and the University of Texas MD Anderson Cancer Center; and five CBBs with maintenance contracts for units previously collected: JP McCarthy Cord Stem Cell Bank at Wayne State University, New Jersey Cord Blood Bank at Bergen Community Regional Blood Center, New York Blood Center, St. Louis Cord Blood Bank at SSM Cardinal Glennon Children's Medical Center, and South Texas Blood and Tissue Center (Gencure).

National Cord Blood Inventory Program Accomplishments and Statistical Highlights

CBBs collected and made available approximately 19,500 CBUs for patient searches from FY 2021 through FY 2025 (Table 7), and the CWBYCTP selected 58 percent of the CBUs released for transplantation from the NCBI (Table 8). CBU collection and banking remain key in serving a genetically varied population. As NCBI's inventory of CBUs grows and becomes more variable, it will continue to provide increased access to a wider group of patients. Table 6 provides a breakdown of CBUs contracted by the NCBI program by genetic variability over the past 5 years. To better align the contract structure for the NCBI with OMB guidelines, in 2019 the program started reporting on CBUs for Multi-race, AI/AN, and Native Hawaiian or Other Pacific Islander (NH/PI) (as denoted in Table 6). CBUs from genetically varied populations

(Black or African American, Hispanic or Latino, Multi-race, AI/AN, and NH/PI) account for over 60 percent of units collected through the program. Historically, adding CBUs from genetically varied populations help increase access to blood stem cell transplantation for those who lack a suitably matched adult donor.

As shown in Table 8, the number of total CBU shipments has vacillated since FY 2021 with an increase in FY 2025. This variability is primarily due to the increased use of alternative therapies, including haploidentical transplants, and an increase in mismatched unrelated donor transplants. The use of mismatched unrelated transplants (defined as less than an 8/8 tissue typing match) as a clinical advancement for recipients in the United States went from 1,391 in 2024 to 1,793 in FY 2025 (a 29 percent increase year over year). In addition, the use of mismatched unrelated donors made up 24 percent (or approximately 1,570) of all domestic transplants in 2025 (an increase from 21 percent utilization in 2024).

In FY 2023, HRSA initiated quarterly All-Banks meetings, which continued throughout FY 2025. These meetings were designed to allow the NCBI-contracted CBBs a forum to discuss common issues and concerns with HRSA. Over the years, issues such as supply chain challenges, impacts of the Centers for Disease Control and Prevention’s zika guidance on CBU collections, other general concerns, as well as cell therapy advances that benefit the cord blood community have been covered. In FY 2025, discussions included growing maintenance and long-term storage challenges. CBBs store CBUs in specially designed freezers but are beginning to encounter diminishing space in these freezers and view this issue as a growing concern on the horizon. The number of NCBI CBUs continues to increase and ensuring appropriate, safe, and nationally dispersed storage into the future is vital. HRSA will continue working with CBBs, community stakeholders, and federal partners to explore viable solutions.

Table 6: Contracted National Cord Blood Inventory Cord Blood Units by Race/Ethnicity for 2021 to 2025*

FY	Asian	Black or African American	Hispanic or Latino**	White	Multi-race, AI/AN & NH/PI	Totals
2021	185	482	1,072	1,621	757	4,117
2022	256	591	1,331	1,364	893	4,435
2023	420	347	1,217	1,366	825	4,175
2024	239	619	1,084	1,292	727	3,961
2025	221	389	1,312	1,264	783	3,969
Total	1,321	2,428	6,016	6,907	3,985	20,657
% of Total	6%	12%	29%	34%	19%	100%

Notes:

*Data Source: Internal HRSA information as of September 30, 2025.

**Hispanic or Latino represents a broad ethnicity, and donors may be of any race; a separate category is included to prevent individuals from being counted multiple times.

Table 7: NCBI Cord Blood Collections*

Fiscal Year	Number of Units Contracted for	Total CBU Collected and Made Available** for Patient Searches +	Cumulative CBU Made Available
2021	4,567	4,200	115,641
2022	4,117	4,300	118,793
2023	4,435	3,400	122,512
2024	4,175	3,700	125,873
2025	3,961	3,900	129,790

Notes:

*Data Source: NMDP data as of September 30, 2025.

**Due to the lag between when cord blood units are collected and when they have been fully tested and qualified for listing on the public registry, not all of the units collected with funds from a given fiscal year will be available on the registry during that same fiscal year; therefore, the information in this column has been rounded.

+ This data is subject to potential adjustments based on updates to Cord Blood Bank-driven CBU clinical records or NCBI removal and replacement activities. As such, the yearly collected volumes have been rounded.

Table 8: Cord Blood Units Released for Transplantation from 2021 to 2025*

FY	NCBI-funded CBU Shipments	Total CBU Shipments**
2021	313	589
2022	342	576
2023	281	506
2024	289	489
2025	326	493
Total	1,551	2,653

Notes:

*Data Source: NMDP data as of September 30, 2025.

**Includes both NCBI and non-NCBI CBUs.

NCBI Statutory and Programmatic Assessment Project

For FY 2025, HRSA awarded a \$2.0 million contract to the Federally Funded Development and Research Center MITRE for a Statutory and Programmatic Assessment of the National Cord Blood Inventory Program. The contract activities focused on providing HRSA with actionable, evidence-based recommendations to meet the NCBI program statutory requirements, improve program implementation, increase the supply of genetically varied cord blood units, and increase the number of cord blood transplants for recipients matched to biologically unrelated donors. This aligned with HRSA's strategic objective 2.1: *Improve the availability, affordability, and capacity of health care services, systems, and infrastructure*, and U.S. Department of Health and Human Services Strategic Plan Objective 1.3: *Expand equitable access to comprehensive,*

community-based, innovative, and culturally competent healthcare services while addressing social determinants of health.

In September 2025, HRSA received the final MITRE report, and the recommendations can help HRSA better align the NCBI program with clinical demand, innovation, and improving patient access to cord blood transplantation.

VII. Advisory Council on Blood Stem Cell Transplantation

Per the Stem Cell Therapeutic and Research Act of 2005 (P.L. 109-129), as amended, the Secretary established the ACBSCT to advise the Secretary and HRSA Administrator on matters related to the CWBYCTP and the NCBI program. Due to changes in the HHS administration and a lack of voting ACBSCT members, the ACBSCT did not meet nor make recommendations in FY 2025.

XI. Conclusion

The CWBYCTP and NCBI worked to expand access to blood stem cell transplants for all patients, including those from genetically varied populations, and carried out initiatives to promote fair access to health in its operations.

CWBYCTP added more than 231,000 adult donor registrants and facilitated nearly 900 more transplants than in FY 2024, with mismatched, unrelated transplants contributing to the increase. CWBYCTP facilitated almost 8,500 transplants overall, with 1,860 of those transplants (or 22 percent) performed on individuals from genetically varied populations. CWBYCTP released 490 CBUs for transplantation, with nearly 330 of those CBUs coming from the NCBI.

In addition, OPA, SCTOD, and SPA-CC contractors continued to work together to provide public and professional educational opportunities and engage with stakeholders in the blood stem cell community to advance research and improve transplant outcomes.

The NCBI program continued to play a vital role in providing transplant candidates with an additional blood stem cell source by adding more than 3,900 CBUs to its inventory in FY 2025.

The ACBSCT did not meet in FY 2025, but it is anticipated that this Council will provide future advice, guidance, and recommendations to the Secretary on matters regarding CWBYCTP and NCBI.

With the sustained support of Congress, these programs will continue to save and enhance the lives of thousands of adults and children who need a potentially life-saving blood stem cell transplant.