



# Donor availability versus transplant reality: the true bottleneck in HSCT in Argentina

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## ABSTRACT

We analyzed 1880 donor requests in 2024; the main contributing registries were DE-DKMS, AR-INCUCAI, NMDP, REDOME, and CL-DKMS. A sub-cohort of 38 patients (Nov–Dec 2024) had a compatible donor identified. Only 50% proceeded to transplant, while the rest did not, mainly due to team indecision, relapse, or logistical delays.

## INTRODUCTION

- Hematopoietic stem cell transplantation (HSCT) is often limited not by donor availability but by delays in clinical decision-making.
- In Argentina, compatible donors can usually be identified through national and international registries.
- However, many patients fail to proceed to transplant despite donor availability.
- This study examines the gap between donor availability and actual transplantation.

## RESULTS

- **Cohort size:** 38 patients initiated formal donor searches.
- **Donor availability:** Compatible donor identified in 70% of cases.
- **Clinical outcome:**
  - Only 50% of patients with an available donor proceeded to transplant.
  - 50% did not proceed, mainly due to: Transplant team indecision.
  - Patient relapse or clinical deterioration during waiting period.
  - Logistical and administrative delays.
- **Key observation:**

The registry analysis (2024–2025) shows donor availability is not the limiting factor.

Delays in decision-making remain the critical bottleneck.

## DISCUSSION

This study highlights that, unlike in other regions where the limiting factor is donor availability, in Argentina compatible donors are often found. Yet, half of the patients with a matched donor did not proceed to transplant. The delays, mostly related to clinical indecision and administrative inefficiencies, led to disease progression or missed opportunities. These results stress the need for stronger coordination between transplant teams and registries, and for national guidelines that set clear timelines once a donor is identified.

*The true bottleneck is clinical decision-making, not donor availability.*

## METHODS AND MATERIALS

- **Design:** Retrospective analysis of patients listed for HSCT between Nov–Dec 2024.
- **Data sources:** National patient registry, HLA typing, donor search reports.
- **Variables analyzed:**
  - Donor availability (HLA match 10/12, 11/12, 12/12)
  - Time from donor identification to transplant team decision.
  - Final outcome: transplant performed vs. not performed.
- **Exclusion criteria:** Patients who did not initiate a registry donor search and proceeded directly with haploidentical or cord blood transplant.

Table 1. Donor availability by registry (n=1880 requests, 2024)

Registry	Total requests	Donor available	% Available
DE-DKMS (Germany)	271	161	59.4%
AR-INCUCAI (Argentina)	283	148	52.3%
CL-DKMS (Chile)	78	36	46.2%
NMDP (USA)	383	124	32.4%
REDOME (Brazil)	371	116	31.3%

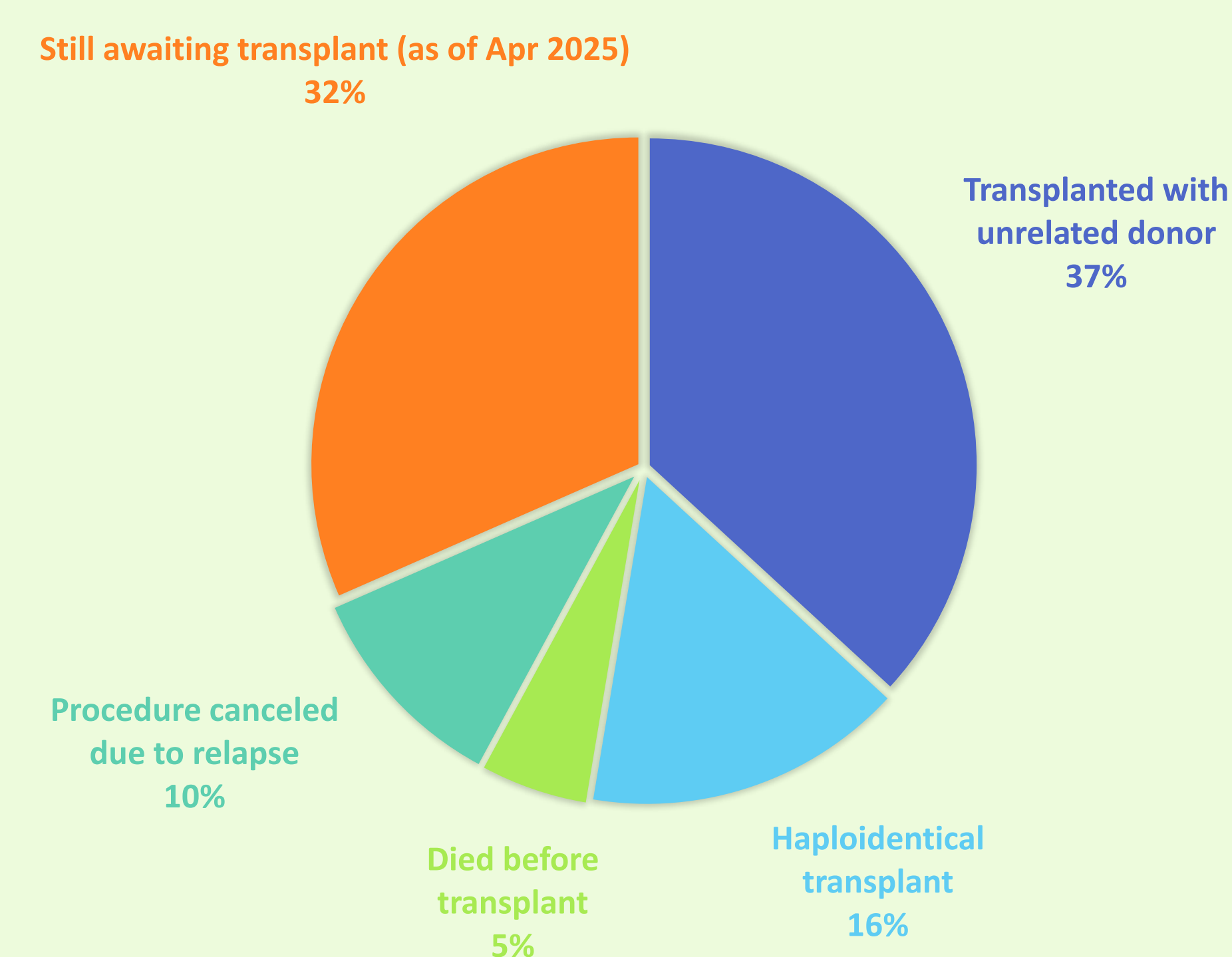


Figure 1. Outcomes of patients with a matched donor (n=38, Nov–Dec 2024)

*Donors are available, patients still wait*

## CONCLUSIONS

- The bottleneck in HSCT in Argentina is **decision-making delays**, not lack of donors.
- Faster coordination between registries and transplant teams is crucial.
- Defined timelines for decisions should be implemented once a donor is identified.
- Policy changes and awareness are needed to reduce preventable patient losses.

*Timely decisions save lives, delays cost them*

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