Final Report for Clinical Observership funded by Lilic-Abinun Fund

Newcastle University, Newcastle Upon Tyne

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My name is Jelena Ljubičić, and I work as an Internal Medicine resident at the Clinic of Allergy and Immunology, University Clinical Centre of Serbia (UCCS); I am also a PhD candidate at the Faculty of Medicine, University of Belgrade.

I am pleased to submit the report of my clinical observership supported by Lilić-Abinun Foundation. The observership took place from 11 May to 5 June, 2026. at Royal Victoria Infirmary and Freeman Hospital, Newcastle upon Tyne, United Kingdom (UK). During this period, I had the privilege of being supervised by Dr Venetia Bigley and Prof. Matthew Collin.

The subject of my observership was **"Optimizing Pre-Transplant Selection and Preparation for Adults with Inborn Errors of Immunity: A Framework for Hematopoietic Stem Cell Transplantation in Serbia."**

Hematopoietic stem cell transplantation (HSCT) in Serbia is currently established as a curative treatment option for children with selected inborn errors of immunity (IEI), whereas this therapeutic approach is not yet routinely available for adult patients. This unmet clinical need motivated my colleague, Dr Andrej Pešić from the Department of Hematopoietic Stem Cell Transplantation at the Clinic of Hematology UCCS, and myself to develop a bridging project aimed at acquiring the knowledge and experience necessary to support the future implementation of an adult HSCT programme for patients with IEI in Serbia.

At Freeman Hospital, I attended the Bone Marrow Transplant (BMT) Clinic under the supervision of Prof. Matthew Collin and Dr Venetia Bigley. This provided valuable insight into the multidisciplinary evaluation of transplant candidates, pre-transplant assessment, and the long-term follow-up of patients after HSCT. In addition, I participated in daily inpatient ward rounds, where I observed the management of IEI patients undergoing transplantation as well as those experiencing post-transplant complications. This experience significantly enhanced my understanding of the complexity of transplant care and multidisciplinary decision-making.

Through the kindness of Prof. Steven Jolles and Dr Venetia Bigley, I was also given the unique opportunity to attend the joint Newcastle–Cardiff BMT Clinic, which is held only four times a year. This multidisciplinary meeting focused on patients with rare and complex forms of IEI and offered an exceptional opportunity to observe expert discussions regarding transplant indications, optimal timing of HSCT, and individualized risk–benefit assessment. Equally valuable was the opportunity to observe the transition of patients from paediatric to adult immunology services, an aspect of care that is stil undeveloped in Serbia.

At the Royal Victoria Infirmary, I attended the Specialist Immunology Clinic led by Dr Suzanne Elcombe, where I observed the management of both primary and secondary immunodeficiencies. I found it particularly valuable to learn about the NHS clinical criteria used for initiating immunoglobulin replacement therapy in patients with secondary immunodeficiency, the indications for antimicrobial prophylaxis, and the management of non-infectious complications associated with IEI.

I also had the privilege of attending Prof. Andrew Gennery's clinic, where I gained valuable insight into the implementation of the national newborn screening programme for IEI in the UK. As Serbia is currently working towards establishing a similar programme, this experience was particularly relevant to my future clinical practice. During his Clinic, I also observed the care of paediatric patients who were either being evaluated for HSCT or were already post-transplant. In addition, thanks to Prof. Andrew Gennery and Dr Bigley, I attended the Paediatric BMT Grand Round meetings, where new transplant candidates and hospitalized transplant recipients and their complications were discussed by the multidisciplinary team. During our stay, we also attended the histiocytosis Clinic led by Professor Matthew Collin, which significantly broadened our understanding of rare histiocytic disorders.

One of the most valuable aspects of my observership was attending the National BMT Meetings, where complex transplant cases from centres across the UK were presented and discussed by multidisciplinary teams comprising transplant physicians, clinical immunologists, and other specialists, including experts from Freeman Hospital and the Royal London Hospital. These meetings provided an excellent understanding of the decision-making process involved in selecting patients for HSCT, balancing transplant-related risks against disease severity, underlying genetic defects, associated comorbidities, and the anticipated long-term benefits of transplantation.

Overall, this observership significantly broadened my knowledge of the management of patients with IEI, particularly regarding patient selection for HSCT, pre-transplant preparation, long-term follow-up, and the recognition and management of infectious and non-infectious complications. This experience also highlighted the importance of close collaboration between immunologists, transplant physicians, infectious disease specialists, and other multidisciplinary team members in achieving optimal patient outcomes.

Finally, I would like to express my sincere gratitude to the Lilić-Abinun Foundation for providing me with this invaluable opportunity. Their generous support has enabled me to gain knowledge and experience that I am committed to transferring into clinical practice and future collaborative initiatives aimed at improving the care of patients with IEI in Serbia.

Sincerely,

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