Not for publication or presentation

MINUTES AND OVERVIEW PLAN
CIBMTR WORKING COMMITTEE FOR CHRONIC LEUKEMIA
San Antonio, TX
Thursday, February 22, 2024, 1:00 – 3:00 PM CT

Co-Chair:	**Ryotaro Nakamura, MD; City of Hope, Duarte, CA; Phone: 626-256-4673; E-mail: rnakamura@coh.org**
Co-Chair:	**Betul Oran, MD, MS; MD Anderson Cancer Center, Houston, TX; Phone: 713-145-3219; E-mail: boran@mdanderson.org**
Co-Chair:	**Mark Juckett, MD; University of Minnesota, Minneapolis, MN; E-mail: juck0001@umn.edu**
Scientific Director:	**Wael Saber, MD, MS; CIBMTR® (Center for International Blood and Marrow Transplant Research), Medical College of Wisconsin, Milwaukee, WI; Phone: 414-805-0677; Fax: 414-805-0714; E-mail: wsaber@mcw.edu**
Statistical Director:	**Soyoung Kim, Ph.D.; CIBMTR® (Center for International Blood and Marrow Transplant Research), Medical College of Wisconsin, Milwaukee, WI; Phone: 414-955-8271; Email: skim@mcw.edu**
Statistician:	**Charimar Santiago Parrilla, MPH; CIBMTR® (Center for International Blood and Marrow Transplant Research), Medical College of Wisconsin, Milwaukee, WI; E-mail: csantiago@mcw.edu**

---

1. Introduction

*The Chronic Leukemia Working Committee (CKWC) met on **Thursday, February 22, 2024, at 1:00 p.m.** The chairs, scientific director, and statisticians were all introduced at the meeting. As the outgoing chair of the CKWC, Dr. Ryo Nakamura welcomed the attendees on behalf of the working committee leadership. Dr. Wael Saber thanked Dr. Ryo Nakamura for his participation as a chair for the past years. Both welcomed the upcoming CKWC chair, Dr. Michael Grunwald, from Levine Cancer Institute. Dr. Ryo Nakamura shared the conflict-of-interest disclosure. Dr. Nakamura emphasized the availability of research datasets for secondary analysis and briefly explained the working committee membership process. Dr. Nakamura discussed the committee's goals, expectations, and limitations, pointing out the limitations of the statistical hours and available datasets. He explained the proposal scoring process and rules of authorship. Dr. Ryo Nakamura shared the information on the CIBMTR website and other resources with the audience.*

2. Accrual summary

Dr. Nakamura referenced the accrual summary, but it was not formally presented due to a full agenda. The full accrual summary was available online as part of the attachments.

3.

Presentations, Published or Submitted papers

The following publications or submitted papers from 2023 were referenced. Dr. Nakamura mentioned the CIBMTR data migration process that is currently in place and emphasized the committee's recent publications. The Study CK20-01 is the most recent publication. At the time, two studies were published in scientific journals. These include:

a. **CK17-01** Tamari R, McLornan DP, Ahn KW, Estrada-Merly N, Hernández-Boluda JC, Giralt S, Palmer J, Gale RP, DeFilipp Z, Marks DI, van der Poel M, Verdonck LF, Battiwalla M, Diaz MA, Gupta V, Ali H, Litzow MR, Lazarus HM, Gergis U, Bashey A, Liesveld J, Hashmi S, Pu JJ, Beitinjaneh A, Bredeson C, Rizzieri D, Savani BN, Abid MB, Ganguly S, Agrawal V, Ulrike Bacher V, Wirk B, Jain T, Cutler C, Aljurf M, Kindwall-Keller T, Kharfan-Dabaja MA, Hildebrandt GC, Pawarode A, Solh MM, Yared JA, Grunwald MR, Nathan S, Nishihori T, Seo S, Scott BL, Nakamura R, Oran B, Czerw T, Yakoub-Agha I, Saber W. A simple prognostic system in patients with myelofibrosis undergoing allogeneic stem cell transplantation: A CIBMTR/EBMT analysis**. Blood Advances. 2023 Aug 8; 7(15):3993-4002. doi:10.1182/bloodadvances.2023009886. Epub 2023 May 3. PMC10410129**.

b. **CK20-01** Murthy GSG, Kim S, Estrada-Merly N, Abid MB, Aljurf M, Assal A, Badar T, Badawy SM, Ballen K, Beitinjaneh A, Cerny J, Chhabra S, DeFilipp Z, Dholaria B, Perez MAD, Farhan S, Freytes CO, Gale RP, Ganguly S, Gupta V, Grunwald MR, Hamad N, Hildebrandt GC, Inamoto Y, Jain T, Jamy O, Juckett M, Kalaycio M, Krem MM, Lazarus HM, Litzow M, Munker R, Murthy HS, Nathan S, Nishihori T, Ortí G, Patel SS, Van der Poel M, Rizzieri DA, Savani BN, Seo S, Solh M, Verdonck LF, Wirk B, Yared JA, Nakamura R, Oran B, Scott B, Saber W. Association between the choice of the conditioning regimen and outcomes of allogeneic hematopoietic cell transplantation for myelofibrosis. **Haematologica. 2023 Jul 1; 108(7):1900-1908. doi:10.3324/haematol.2022.281958. Epub 2023 Feb 14. PMC10316233.**

c. **CK21-01** Haploidentical Donor Transplantation versus Matched or Mismatched-unrelated Donor Allogeneic Blood or Bone Marrow Transplantation Outcomes in Patients with Myelofibrosis (T Jain/ Q Salas). **Submitted**.

4. Studies in progress

Due to the full agenda, studies in progress were referenced but not presented at the meeting. The summary of the progress of the ongoing studies was available online as part of the attachments. Dr. Nakamura explained the sources of CIBMTR data and the CIBMTR Patient-Reported Outcomes protocol. He also extended an invitation to attend the CIBMTR Collaborative Session on Saturday, February 24.

a. **CK16-01b** Identification of germline predisposition mutations in young MDS patients (L Godley/ Q Salas). **Analysis**.

b. **CK22-01** Impact of somatic mutations on outcomes after allogeneic hematopoietic cell transplantation in patients with myelodysplastic syndrome with ring sideroblasts (MDS-RS) and MDS/myeloproliferative neoplasm with RS and thrombocytosis (MDS/MPN-RS-T) (S Arslan/ R Nakamura). **Protocol development**.

c. **CK22-02** Toxicity and survival of AML/MDS patients receiving allogeneic stem cell transplantation using reduced-intensity conditioning: A propensity score analysis (P Kongtim/ A Portuguese/ S Ciurea/ B Scott). **Protocol development**.

d. **CK23-01** Identifying the Optimal Graft-versus-Host Disease Regimen in Allogeneic Transplantation for Myelofibrosis (S Patel/ D Courier). **Protocol development**.

e. **CK23-02** The mutational landscape in Myelodysplastic Syndrome arising from Aplastic Anemia and its impact on Allogeneic Stem Cell Transplantation Outcomes (B Ball/ R Nakamura). **Protocol development**.

f. **GS19-02** Graft failure in MDS and acute leukemia patients after allogeneic stem cell transplantation receiving post-transplant cyclophosphamide (C Lynn Hickey/ R Romee/ C Cutler/ N Majhail). **Manuscript preparation**.

5. Future/proposed studies

Dr. Nakamura reminded the audience of the voting process. Dr. Ryotaro Nakamura then announced the presenters for the first proposal.

a. **PROP 2310-19** Comparison of PTCY-Based Reduced Intensity Conditioning Regimens for Older Patients with AML and MDS (S Solomon/L Bachier)

Dr. Bachier presented the proposal on behalf of the team. The study hypothesizes in the context of PTCY-based RIC allogeneic transplant in older patients; there will be significant differences in regimen-related toxicity (RTT) between individual RIC regimens that will alter the balance between non-relapse mortality (NRM) and relapse incidence. The efficacy and tolerability of individual RIC regimens will differ when comparing PTCY-based allogeneic transplants to those historically reported in the context of conventional GVHD prophylaxis strategies. The study's primary aim is to identify preparative regimens with the best RFS in the context of PTCY-based allogeneic transplants for older patients with AML or MDS. The secondary aim of the study is to evaluate NRM, relapse/progression, OS, current RF, GFRS, acute GVHD, chronic GVHD, and engraftment.

A total of 1,348 AML/MDS patients with PTCy-based GVHD prophylaxis undergoing 1st allo-HCT between 2008 and 2022 were identified. Dr. Bachier addressed the comments and questions made by the attendees and clarified that the Flu/TBI combination, TBI will be limited to 200 to less than 800. The inclusion of Flu/Bu4 was discussed. Mainly, a concern was raised regarding including this group of patients since they are more fit to receive a Myeloablative regimen. It was recommended to include relapse-free survival instead of relapse. An attendee mentioned a current study looking at all conditioning regimens for older adults, and the proposed study could be potentially combined and perform a sub-analysis.

b. **PROP 2310-54; 2310-181; 2310-257** Outcomes of allogeneic hematopoietic stem cell transplantation in patients (E Wong/ L Fox/ R Stubbins/ L Gowda/ S Seropian)

Dr. Stubbins presented the proposal on behalf of the team. The study hypothesizes that patients with MDS/AML undergoing allogeneic HSCT who are DDX41-mutated (mt) will have higher rates of non-relapse mortality (NRM) as compared to DDX41-wild type (wt) MDS/AML patients. The study will primarily focus on Rate and predictors of NRM for MDS/AML patients undergoing allogeneic HSCT who are DDX41-mt versus DDX41-wt. The secondary aim of the study is to evaluate Cumulative incidence and predictors of severe acute or chronic GVHD for DDX41-mt versus DDX41-wt patients and Cumulative incidence and predictors of relapse for DDX41-mt versus DDX41-wt patients.

A total of 48,317 AML patients with a known pathogenic DDX41 mutation or DDX41-wt status undergoing 1st allo-HCT between 2008 and 2022 were identified. In addition, 17,745 MDS patients with a known pathogenic DDX41 mutation or DDX41-wt status undergoing 1st allo-HCT between 2008 and 2022 were identified. Stubbins addressed the comments and questions made by the attendees. One question was related to the period for the study. The attendees pointed out that some centers started testing DDX41 in recent years, and depending on the period included, the

control group might not be tested for the mutation. Dr. Stubbins replied that the first patient reported was in 2016, with the majority being from 2018 onwards, so the team likely must specify their inclusion to only include more recent years. Another question was posed about how the study would distinguish between germline and somatic mutation. Dr. Stubbins replied there's a limitation because they don't have the germline tissue testing for these patients. However, the presence of somatic-only DDX-41 mutations is quite rare; this is seen in under 5% of cases in general in the literature. Stubbins added that when there are DDX-41 mutations, there's at least one germline hit and a second somatic hit. A recommendation was given to compare the groups using a case-matched analysis based on disease, age, conditioning intensity, and GVHD prophylaxis. Dr. Stubbins added that if the study is chosen to move forward, the team is considering doing a propensity score or matched pair type of analysis. A final question regarding the level of confidence that the control cohort doesn't have DDX41, Dr. Stubbins replied to mitigate, they can adjust the inclusion criteria to include time criteria in terms of when patients were starting to be tested as well as potentially selecting patients from institutions that previously reported a DDX41 positive case.

c. **PROP 2310-62** Revision of a Disease Risk Index in Patients with Hematologic Malignancies Undergoing Allogeneic Hematopoietic Cell Transplantation (H Kim/V Ho)

Dr. Ho presented the proposal on behalf of the team. In the last decade, molecular genetics and measurable disease status have emerged as significant predictors of relapse and survival in most hematologic cancers. Dr. Ho discussed the need to incorporate these new parameters into the DRI. The study objective is to revise the current DRI to incorporate newly developed information in each disease for adult patients undergoing allogeneic hematopoietic cell transplantation (alloHCT) with hematologic malignancies. The study will primarily focus on Progression-free Survival and, as secondary endpoints, OS, relapse, and NRM.

A total of 48,401 patients with a hematologic malignancy undergoing 1st allo-HCT between 2017 and 2022 were identified. Dr. Ho addressed the comments and questions made by the attendees. There was a discussion concerning the separation of the database for development and validation and the potential use of EBMT's data for external validation. It was discussed that the two focuses of the study are molecular mutations and MRD. Regarding molecular mutation testing, a question was made about limiting the study to patients who were tested on a comprehensive panel. Another concern was raised about the quality of MRD data and its usefulness. Dr. Ho agreed and commented that they are limiting the study to more recent years, hoping to find MRD data that will be more complete. Dr. Saber added that they can identify patients who were not tested.

d. **PROP 2310-66; 2310-150** Comparison of Reduced Intensity Conditioning Regimens for Haploidentical Donor Hematopoietic Cell Transplant with Post-Transplant Cyclophosphamide in patients with Acute Myeloid Leukemia or Myelodysplastic Syndromes (H Elmariah/ N Bejanyan/ S Arslan/ M Al Malki)

Dr. Elmariah presented the proposal on behalf of the team. The study hypothesizes that patients with AML or MDS who received haplo-HCT with post-transplant cyclophosphamide (PTCy): Reduced-intensity conditioning with Fludarabine/Melphalan/TBI will result in improved DFS compared to other frequently used reduced intensity conditioning regimens. The primary aim is to determine the optimal RIC regimen that yields the best DFS in patients with AML or MDS who received RIC haplo-HCT with PTCy. As a second aim, among patients with AML or MDS who received haplo-HCT with PTCy, compare OS, NRM, relapse rate, acute GVHD, and chronic GVHD.

A total of 3,320 patients undergoing 1st allo-HCT for AML or MDS with PTCy-based GVHD prophylaxis between 2014 and 2022 were identified. Dr. Elmariah addressed the comments and questions made by the attendees. A question regarding the rationale of including Flu/Mel with and without TBI as conditioning intensity groups. Dr. Elmariah explained that his institution published some data on patients who received Flu/Mel without TBI and received a haploidentical transplant with peripheral blood and had very high non-relapse mortality. In contrast, the patients who received TBI in a lower dose of Melphalan seemed to do much better overall survival. Therefore, separating these two regimens in the context of haploidentical transplants was essential.

e. **PROP 2310-67; 2310-221** Identifying the Optimal Stem Cell Dosing for Peripheral Blood Stem Cell Transplantation with Post-Transplant Cyclophosphamide (H Elmariah/ N Bejanyan/ A Gandhi/ R Maziarz)

1:56 pm -2:00 pm
Dr. Elmariah presented the proposal on behalf of the team. The study hypothesizes that a CD34+ cell dose of >5x10^6 cells/kg leads to improved OS in allogeneic PBSCT with PTCy. The study aims to determine the impact of infused CD34+ cell dose on OS following allogeneic PBSCT with PTCy. As secondary aims, determine the impact of infused CD34+ cell dose on OS following allogeneic PBSCT with PTCy and the impact of infused CD34+ cell dose on engraftment, GVHD, relapse, NRM, GRFS, and DFS following allogeneic PBSCT with PTCy and determine the impact of infused CD34+ cell dose on OS following mismatched (haploidentical related and <7/8 mismatched unrelated) donor PBSCT with PTCy.

A total of 15,739 patients undergoing 1st allo-HCT for any hematological malignancy with PTCy-based GVHD prophylaxis between 2014 and 2022 were identified. Dr. Elmariah addressed the comments and questions made by the attendees. A concern was raised about the dosage distribution in which most patients receive between 4-8 $x\ 10^6$/kg CD34 cell doses; higher or lower dosages are rare. Dr. Elmariah replied that the study would have enough patients to compare patients receiving higher vs. lower dosages. Another comment was made regarding current optimized trials sponsored by NMDP for mismatched recommends limiting stem cell doses to 5 $x\ 10^6$/kg and to avoid doses above 8 $x10^6$/kg. Another question was about how many myelofibrosis patients are included because these patients' results might be different since they experience poor engraftment and graft failure at a much higher rate. The possibility of excluding these patients was discussed, other commenters discouraged the idea because of the need for the data for these patients. And added that the team should aim to study 5 to 8 $x10^6$/kg doses. Another suggestion about separating the categories 4 to 8 and 6 to 8 $x\ 10^6$/kg was made. There was another recommendation to analyze different cut points to identify an optimal dose.

f. **PROP 2310-166** Predictive Factors and Outcomes of Patients who Experience Graft Failure After Allogeneic Stem Cell Transplant for Primary Myelofibrosis (A Law/T Alfaro Moya)

2:05 pm – 2:11 pm
Dr. Alfaro Moya presented the proposal on behalf of the team. Graph failure in Myelofibrosis patients is more common than in other conditions, and it can complicate up to 24% of the transplantations; the 5-year overall survival for these patients is around 14%. The primary endpoint is to identify prognostic factors and outcomes of patients who experience graft failure after an allogeneic stem cell transplant for primary myelofibrosis. The secondary endpoint will include assessing the overall survival rates and disease-free survival for patients who experience graph failure and investigating the incidence and severity of complications such as graph versus host

disease, infections, relapse, and subsequent graph failures for patients that receive the after 2nd alloHCT.

A total of 3,611 patients who experienced graft failure after undergoing 1st allo-HCT for primary myelofibrosis between 20008 and 2022 were identified. Dr. Alfaro Moya addressed the comments and questions made by the attendees. There were concerns regarding the low number of events and the methodology for identifying patients with graft failure in the database. A comment was made about how the study will define graft failure and differentiate it from poor graph function. Dr. Saber added that it is a limitation, and the study will use the standard definition on the forms. Still, supplementary analysis of chimerism data and other parameters might be needed.

g. **PROP 2310-183** Impact of Splenomegaly on Graft Failure in Chronic Leukemia Patients Using Post-Transplant Cyclophosphamide (K Minagawa/S Mineishi)

2:15pm - 2:19 pm
Dr. Minagawa presented the proposal on behalf of the team. The study hypothesizes that splenomegaly is a risk factor for graft failure in MPNs, CML, MDS, and CMML patients using PTCy for GVHD prophylaxis. The study proposed investigating the association between spleen size and primary graft failure in Chronic Leukemia patients. The primary endpoint is to determine the cumulative incidence of all GF (including both primary and secondary GF). Secondary endpoints will include the cumulative incidence of primary and secondary GF, non-relapse mortality and relapse, and overall survival. The team will evaluate the differences in these outcomes depending on the presence or absence of splenomegaly and spleen size before allo-HCT.

A total of 486 patients undergoing 1st allo-HCT for Myelofibrosis with PTCy-based GVHD prophylaxis between 20008 and 2022 were identified. Dr. Minagawa addressed the comments and questions made by the attendees. A comment was made regarding one retrospective European study that evaluated spleen size as a predictor of non-relapse mortality, and they used the cutoff of below 22 and above 22 and how it can affect the proposed cutoff of 20. Dr. Minagawa replied that they could evaluate the different sizes presented in the data. A comment was made about pre-transplant splenic radiation used as a mitigating factor, what kind of radiation, the timing and dose were given, and how it can potentially impact the study results. Dr. Minagawa agreed it was an important confounding factor that must be considered. Dr. Saber added that the forms captured pre-splenic radiation and explained that splenomegaly would not be well captured in other disease forms if the team proposed expanding the study to other indications. Another comment was made regarding patients who experience poor graft function with large spleen and the need for additional therapies. These patients engraft but don't have good counts.

h. **PROP 2310-180** Impact of Spleen Size Reduction Using JAK Inhibitors, Spleen Irradiation, or Splenectomy on Allogeneic Hematopoietic Cellular Transplantation Outcomes in Myelofibrosis (A Ali/A Renteria)

2:23 pm
Dr. Ali presented the proposal on behalf of the team. The study hypothesize that survival is better in MF when splenomegaly resolves prior to allo-HCT and some patients benefit from a spleen reducing intervention. Aims to compare patients with splenomegaly who respond to a spleen size reducing treatment vs patients who do not respond or do not receive such treatment:

A total of 486 patients undergoing 1st allo-HCT for Myelofibrosis with PTCy-based GVHD prophylaxis between 20008 and 2022 were identified. Dr. Minagawa addressed the comments and questions made by the attendees. A question was made regarding the binary definition of spleen response or resolution before transplant and what will be the cutoff for patients who presented some kind of shrinkage. A suggestion was made about accounting for some of the patients who received a pre-transplant radiation course right before the transplant admission, and the study will not have a way to measure the spleen response. A question was made about collecting portal vein thrombosis in the forms as a confounding factor that prevents spleen regression.

Dr. Saber added that the forms were recently reviewed, and questions regarding portal vein thrombosis and pulmonary hypertension were added. Another comment was added about splenic boost as part of the TBI protocol and how this will be accounted for. Feedback and questions from the audience addressed issues such as the need for more data on the effects of radiation, the feasibility of accounting for splenic boosts, and the inclusion of patients who have received other agents in addition to JAK inhibitors.

Proposed studies; not accepted for consideration at this time

i. **PROP 2309-20** Outcomes of Allogeneic Stem Cell Transplant for Secondary Myeloid Malignancies in Aplastic Anemia Patients (N Hossain). *Dropped due to small sample size.*
j. **PROP 2310-110** Impact of Somatic Mutations on Outcomes of Allogeneic Blood or Marrow Transplantation in Atypical CML, Chronic Neutrophilic Leukemia, and MDS/MPN not Otherwise Specified (T Jain/V Gupta). *Dropped due to small sample size.*
k. **PROP 2310-188** Outcomes of Haploidentical Allogeneic Hematopoietic Stem Cell Transplantation with Post-Transplant Cyclophosphamide for Myelofibrosis (X Bi/U Gergis). *Dropped due to overlap with a current study.*
l. **PROP 2310-201** Effect of Different Condition Regimens on Disease Recurrence Following Allogenic Bone Marrow Transplant on Patients with Myelodysplastic Syndrome Based on Their Molecular International Prognostic Scoring System (Y Alnimer/A Qasrawi) *Dropped due to supplemental/additional data needed.*
m. **PROP 2310-244** Post-Transplant Outcomes for Children, Adolescents and Young Adults with Advanced Phase Chronic Myeloid Leukemia (CML) (A Johnson/T Lund). *Dropped due to small sample size.*
n. **PROP 2310-261** Outcomes of Allogeneic Stem Cell Transplant for Patients with High-Risk CLL (S Mirza/T Nishihori). *Dropped due to small sample size.*

6. Other business

*The meeting was adjourned at **2:15 p.m**. The chairs of the working committee, the scientific director, and the statisticians had a post-WC meeting afterward. After the new proposals were presented, attendees had the opportunity to score the proposals using the Tandem app until March 3. Based on the scoring results, current scientific merit, and impact of the studies on the field, the following studies were decided to move forward as the committee's research portfolio for the upcoming year:*

Not for publication or presentation

Working Committee Overview Plan 2024-2025		
Study Number and Title	**Current Status**	**Chairs Priority**
CK16-01B Identification of germline predisposition mutations in young MDS patients	Analysis	2
GS19-02 Graft failure in MDS and acute leukemia patients after allogeneic stem cell transplantation receiving post-transplant cyclophosphamide	Manuscript Preparation	3
CK21-01 Haploidentical Donor Transplantation versus Matched or Mismatched-unrelated Donor Allogeneic Blood or Bone Marrow Transplantation Outcomes in Patients with Myelofibrosis.	Submitted Manuscript	1
CK22-01 Impact of somatic mutations on outcomes after allogeneic hematopoietic cell transplantation in patients with myelodysplastic syndrome with ring sideroblasts (MDS-RS) and MDS/myeloproliferative neoplasm with RS and thrombocytosis (MDS/MPN-RS-T).	Protocol development	2
CK22-02 Toxicity and survival of AML/MDS patients receiving allogeneic stem cell transplantation using reduced-intensity conditioning: A propensity score analysis.	Data file preparation	2
CK23-01 Identifying the Optimal Graft-versus-Host Disease Regimen in Allogeneic Transplantation for Myelofibrosis.	Protocol development	3
CK23-02 The mutational landscape in Myelodysplastic Syndrome arising from Aplastic Anemia and its impact on Allogeneic Stem Cell Transplantation Outcomes.	Protocol development	3
CK24-01 Identifying the optimal stem cell dosing for peripheral blood stem cell transplantation with post-transplant cyclophosphamide (2310-67; 2310-221)	Protocol Pending	2
CK24-02 Outcomes of allogeneic hematopoietic stem cell transplantation in patients with DDX41-mutated myelodysplastic syndrome and acute myeloid leukemia (2310-54; 2310-181; 2310-257)	Protocol Pending	2
CK24-03 Comparison of reduced intensity conditioning regimens for haploidentical donor hematopoietic cell transplant with post-transplant cyclophosphamide in patients with acute myeloid leukemia or myelodysplastic syndromes (2310-66; 2310-150)	Protocol Pending	2
CK24-04 Comparison of PTCY-based reduced intensity conditioning regimens for older patients with AML and MDS (2310-19)	Protocol Pending	2

Not for publication or presentation

Working Assignments for Working Committee Leadership (March 2024)	
Betul Oran	**CK21-01** Haploidentical allogeneic stem cell transplantation in patients with myelofibrosis. **CK22-01** Impact of somatic mutations on outcomes after allogeneic hematopoietic cell transplantation in patients with myelodysplastic syndrome with ring sideroblasts (MDS-RS) and MDS/myeloproliferative neoplasm with RS and thrombocytosis (MDS/MPN-RS-T). **CK23-01** Identifying the Optimal Graft-versus-Host Disease Regimen in Allogeneic Transplantation for Myelofibrosis.
Mark Juckett	**CK22-02** Toxicity and survival of AML/MDS patients receiving allogeneic stem cell transplantation using reduced-intensity conditioning: A propensity score analysis. **CK24-03** Comparison of reduced intensity conditioning regimens for haploidentical donor hematopoietic cell transplant with post-transplant cyclophosphamide in patients with acute myeloid leukemia or myelodysplastic syndrome. **CK24-04** Comparison of PTCY-based reduced intensity conditioning regimens for older patients with AML and MDS
Michael Grunwald	**CK23-02** The mutational landscape in Myelodysplastic Syndrome arising from Aplastic Anemia and its impact on Allogeneic Stem Cell Transplantation Outcomes. **CK24-01** Identifying the optimal stem cell dosing for peripheral blood stem cell transplantation with post-transplant cyclophosphamide **CK24-02** Outcomes of allogeneic hematopoietic stem cell transplantation in patients with DDX41-mutated myelodysplastic syndrome and acute myeloid leukemia