Not for publication or presentation

MINUTES AND OVERVIEW PLAN
CIBMTR WORKING COMMITTEE FOR CHRONIC LEUKEMIA
Houston, Tx
Saturday, February 23, 2019, 2:45 p.m. – 4:45 p.m.

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1. Introduction

The Chronic Leukemia Working Committee (CKWC) met on Wednesday, February 23, 2018 at 2:45 p.m. The chairs, scientific director and statisticians were all presented at the meeting. Attendees were asked to have their name badges scanned at the front gate for attendance purpose and to maintain the committee membership roster.

As one of the chairs of the CKWC, Dr. Uday Popat welcomed the attendees on behalf of the working committee leadership and gave the introduction presentation, introducing each member of the working committee leadership, how to gain and maintain membership, the goals, expectations and limitations of the working committee, the rules of authorship as well as the voting process. Dr. Wael Saber welcomed the incoming chair, Dr. Ryotaro Nakamura, from City of Hope, and thanked the departing chair, Dr. Uday Popat, for his leadership and guidance to the working committee in the past 3 years.

Dr. Popat emphasized that each proposal was given 5 minutes for presentation and 5 minutes for discussion, and the voting scores will be used as a critical recommendation to the leadership. Minutes from the 2018 Tandem meeting in Salt Lake City were approved by the attendees.

2. Accrual summary

The accrual summary was reference by Dr. Popat for review but not formally presented. The full accrual summary was available online as part of the attachments.

3. Presentations, Published or Submitted Papers

Dr. Popat mentioned the published or submitted papers in 2018, as well as abstracts that have been presented at various conferences, mentioning that it was a very productive year and emphasized the high metrics of the committee. Due to the full agenda, the papers were not presented. At the time, one study was published, two studies were submitted and four abstracts were presented or accepted for presentation. These include:

a. **CK15-02**. Chhabra S, Ahn KW, Hu Z-H, Jain S, Assal A, Cerny J, Copelan EA, Daly A, DeFilipp Z, Gadalla SM, Gale RP, Ganguly S, Hamilton BK, Hildebrandt GC, Hsu JW, Inamoto Y, Kanate AS, Khoury HJ, Lazarus HM, Litzow MR, Nathan S, Olsson RF, Pawarode A, Ringden O, Rowe JM, Saad A, Savani BN, Schouten HC, Seo S, Shah NN, Solh M, Stuart RK, Ustun C, Woolfrey AE, Yared JA, Alyea EP, Kalaycio ME, Popat U, Sobecks R, Saber W. Myeloablative vs reduced-intensity conditioning allogeneic hematopoietic cell transplantation for chronic myeloid leukemia. ***Blood Advances.*** **2018 Nov. In Press.**

b. **CK14-02** Kim HT, Ahn KW, Hu Z-H, Davids MS, Volpe VO, Antin JH, Sorror ML, Shadman M, Press O, Pidala J, Hogan W, Negrin R, Devine S, Uberti J, Agura E, Nash R, Mehta J, McGuirk J, Forman S, Langston A, Giralt SA, Perales M-A, Battiwalla M, Hale GA, Gale RP, Marks DI, Hamadani M, Ganguly S, Bacher U, Lazarus H, Reshef R, Hildebrandt GC, Inamoto Y, Cahn J-Y, Solh M, Kharfan-Dabaja MA, Ghosh N, Saad A, Aljurf M, Schouten HC, Hill BT, Pawarode A, Kindwall-Keller T, Saba N, Copelan EA, Nathan S, Beitinjaneh A, Savani BN, Cerny J, Grunwald MR, Yared J, Wirk BM, Nishihori T, Chhabra S, Olsson RF, Bashey A, Gergis U, Popat U, Sobecks R, Alyea E, Saber W, Brown JR. Prognostic score and cytogenetic risk classification for reduced intensity conditioning allogeneic HCT in CLL patients: a CIBMTR report. **Submitted.**

c. **CK16-02a** DeFilipp Z, Ancheta R, Liu Y, Hu Z-H, Gale RP, Snyder D, Schouten HC, Kalaycio M, Hildebrandt GC, Ustun C, Daly A, Ganguly S, Inamoto Y, Litzow M, Szer J, Savoie ML, Hossain N, Kharfan-Dabaja MA, Hamadani M, Reshef R, Bajel A, Schultz KR, Gadalla S, Gerds A, Liesveld J, Juckett MB, Kamble R, Hashmi S, Abdel-Azim H, Solh M, Bacher U, Lazarus H, Olsson R, Cahn J-Y, Grunwald MR, Savani BN, Yared J, Rowe JM, Cerny J, Chaudhri NA, Aljurf M, Beitinjaneh A, Seo S, Nishihori T, Hsu JW, Ramanathan M, Alyea E, Popat U, Sobecks R, Saber W. Maintenance tyrosine kinase inhibitors following allo-HCT for chronic myeloid leukemia: a CIBMTR Study. **Submitted.**

d. **CK15-01** Gowin K, Bellen K, Ahn KW, Hu Z-H, Liu Y, Masarova L, Verstovsek S, Coakley M, Jain T, Kuykendall A, Komrokji R, Wadleigh M, Patches S, Arcasoy M, Green M, Kandarpa M, Talpaz M, Ali H, Gupta V, Devlin R, Michaelis L, Hobbs G, Stein B, Pariser A, Gerds A, Luber K, Rampal R, Alyea E, Popat U, Sobecks R, Scott B, Mesa R, Saber W. Survival advantage to allogeneic transplant in patients with myelofibrosis with intermediate-1 or higher DIPSS score. ***60th ASH annual meeting and Exposition.*** **Poster.**

e. **CK16-02b** Schmidt SA, Chakrabarty JH, Liu Y, Hu Z-H, Williams K, Alyea E, Popat U, Sobecks R, Scott B, Saber W. Tyrosine kinase inhibitors with or without donor lymphocyte infusion continue to provide long-term survival after relapse of chronic myeloid leukemia following hematopoietic cell transplantation. ***60th ASH annual meeting and Exposition***. **Oral**.

f. **CK15-03** Gupta V, Liu Y, Hu Z-H, Ahn KW, Alyea E, Popat U, Sobecks R, Scott B, Saber W. Comparison of outcomes of allogeneic hematopoietic cell transplantation in patients with acute myeloid leukemia (AML) with antecedent history of Philadelphia-negative myeloproliferative neoplasm with de novo AML and with AML arising from myelodysplastic syndrome: a study from the CIBMTR. ***2019 Transplantation and Cellular Therapy Meeting***. **Poster**.

g. **CK18-01** Nazha A, Hu Z-H, Tao W, Hamilton B, Majhail N, Lindsley C, Sobecks R, Popat U, Scott B, Saber W. A personalized prediction model for outcomes after allogeneic stem cell transplant in patients with myelodysplastic syndrome. ***60th ASH annual meeting and Exposition***. **Oral**.

4. Studies in Progress

Due to the full agenda, studies in progress were not presented at the meeting. Dr. Popat mentioned that the summary of the progress of the ongoing studies was available online as part of the attachments.

a. **CK12-01** Optimal timing of allogeneic stem cell transplantation for chronic myeloid leukemia patients in the tyrosine kinase inhibitor era. (B Hu/H Lee) **Manuscript Preparation**
b. **CK15-01** Comparison of transplant vs. non-transplant therapies for myelofibrosis. (K Ballen/RA Mesa/KL Gowin) **Manuscript Preparation**
c. **CK15-03** Outcome of allogeneic hematopoietic cell transplantation in patients with acute myeloid leukemia with antecedent history of Philadelphia-negative myeloproliferative neoplasm. (V Gupta) **Manuscript Preparation**
d. **CK16-02b** In the era of tyrosine kinase inhibitors (TKIs), TKIs are superior to donor lymphocyte infusion for relapse of chronic myeloid leukemia post hematopoietic cell transplantation. (S Schmidt) **Manuscript Preparation**
e. **CK18-01** A personalized prediction model for outcomes after allogeneic stem cell transplant in patients with myelodysplastic syndrome. (A Nazha) **Manuscript Preparation**
f. **CK16-01** Identification of germline predisposition mutations in young myelodysplastic syndrome patients. (L Godley) **Data File Preparation**
g. **CK17-01** Development of a prognostic scoring system predictive of outcomes in patients with myelofibrosis after allogeneic hematopoietic cell transplantation. (T Roni/SA Giralt/J Palmer) **Data File Preparation**
h. **CK17-02** Reduced-intensity conditioning transplantation in older MDS: the effect of specific conditioning regimens on transplant outcomes. (B Oran) **Data File Preparation**
i. **CK18-02** The impact of somatic mutations on allogeneic transplant in chronic myelomonocytic leukemia. (M Mei/ R Nakamura/ R Pillai) **Protocol Development**
j. **CK18-03** Impact of donor age on the outcomes of allogeneic hematopoietic stem cell transplantation for myelodysplastic syndrome (G Murthy) **Protocol Development**

5. Future/Proposed Studies

Dr. Popat thanked the investigators whose proposals were submitted but not selected for presentation, emphasizing that the majority were dropped due to overlaps with current studies and data availability issue. Also emphasized the voting process based on the scientific impact of the proposal. Dr. Bart Scott then announced the presenters for the first 3 proposals.

a. **PROP 1810-12** Impact of conditioning regimen on outcomes for patients with previously treated CLL who underwent allogeneic hematopoietic transplantation. (H Kim)

   Dr. Ronald Sobecks presented the proposal on behalf of Dr. Kim. The goal of the proposal was to compare outcomes after MAC-TBI and MAC-Flu/Bu to NST-TBI/Flu, NST-Flu/Cy, RIC-Flu/Bu, and RIC-Flu/Mel in previously treated CLL patients who underwent allogeneic transplantation. The hypothesize that non-TBI based MAC has the advantage of TBI-based MAC (low relapse) while maintaining low NRM. There were 758 CLL patients between 2008-2014, of which 606 had RIC/NMA and 152 patients had received MAC.

   A question was raised on whether the researcher was going to compare MAC vs other conditioning regimens. Another question raised on how many patients took rituximab as part of the conditioning regimen and how many patients are going to have an allogeneic transplant in the future years. A comment was made on whether the proposal would be relevant given the decline in the use of allo-HCT for CLL. Lastly, an attendee suggested to look for center effect.

b. **PROP 1811-27** Graft failure, donor lymphocyte infusion, and second transplant after allogeneic hematopoietic cell transplant for myelofibrosis. (S Kunte/A Gerds)

Dr. Siddarth Kunte presented the combined proposal. The goals of the proposal were to describe the rate and risk factors of allo-HCT for patients with myelofibrosis (MF), and to describe outcomes of DLI and second transplant as salvage treatment. The hypothesis of this is that graft source, conditioning intensity, and degree of marrow fibrosis will be associated with graft failure. Also, they hypothesized that DLI and second transplant are feasible options for restoring hematopoiesis in patients who experience graft failure. Between 2000 and 2017, there were 1239 MF adult patients, of which 169 had a graft failure vs 1070 which didn't have a graft failure. Dr. Kunte emphasized that allo-HCT remains the only curative therapy for MF. He indicated, that there are few dedicated analyses for graft failure and none in the JAK-inhibitor era.

Comments on the availability of spleen size and splenectomy were received. Dr. Scott replied by saying that the CIBMTR have the data. Another comment made by the audience was on why use cord blood in this study, suggesting it should be eliminated have a homologous population. Another comment was made on the availability on stem cell and CD34+ data, Dr. Saber replied that the CIBMTR doesn't collect the stem cell boost data but does have CD34+ data.

c. **PROP 1811-47/PROP 1811-54/ PROP 1711-111** Evaluating the efficacy of allogeneic hematopoietic cell transplantation for T cell prolymphocytic leukemia (H Murthy/B Dholaria/M Kharfan), Outcomes of patients with T cell prolymphocytic leukemia undergoing allogeneic stem cell transplantation (S Bal/C Sauter), Allogeneic stem cell transplant for prolymphocytic leukemias (L Gowda/F Foss/M Kalaycio/H Alkhateeb)

Dr. Susan Bal presented the proposal. The goal of the proposal was to describe clinical outcomes following allo HCT in patients with T-cell prolymphocytic leukemia. The hypothesis of this study is that alloHCT is an effective therapy for T-cell PLL. There were 289 patients diagnosed with PLL, which only 55 were on the CRF track between 2000 and 2016. Dr. Bal emphasized that the CIBMTR would represent the largest observational study in PLL and due to the rarity of the disease this study could help clinical decision making for an allo-HCT.

Comments on the availability of minimal residual disease (MRD) and complete remission (CR) data were received. The committee replied that CIBMTR doesn't have the data on MRD but has CR/PR data available. Another question was raised asking on availability of therapy, Dr. Saber replied that CIBMTR has that information available.

Dr. Sobecks announced the presenters for the next 3 proposals.

d. **PROP 1811-51** Alternative donor vs HLA matched donor hematopoietic cell transplantation in patients with myelodysplastic syndrome (R Mehta)

Dr. Rohtesh Mehta presented the proposal. The goal of the proposal was to compare the outcomes of patients with MDS according to the type of donor type. The hypothesis of this study is that the survival of adult patients with de novo or secondary MDS who underwent haploidentical HCT with post-cy would be similar to patients with HLA-matched HCT and better than HLA- mismatched unrelated donor. Between 2000 and 2016, there were 1310 MSD patients, 8/8 URD patients, 131 haploidentical with post-Cy and 267 cord bloods. Dr. Mehta emphasized that there is a lack of studies evaluating haploidentical transplantation with post-Cy on MDS patients and other donor types.

Comments were made on limiting the study years from 2008 onwards where haploidentical cases with post-Cy became a practice, to make a better comparison. A question was raised asking what additional information this study could provide versus other BMT/CTN studies. Dr. Saber emphasized that the

CIBMTR has a very different population to those other studies. Lastly a question was raised on whether CIBMTR had information for Haploidentical donors; Dr. Saber replied that we have the data available.

e. **PROP 1811-72** Precision model to predict outcomes of myelofibrosis using artificial intelligence techniques. (S Hashmi/A Tefferi/N Gangat)

Dr. Sharukh Hashmi presented the proposal. The goal of the proposal was to develop a model for prediction of clinical outcomes post-allogeneic transplantation for primary myelofibrosis using machine learning algorithms. The hypothesis of this study is that machine learning algorithms can create a reliable prognostic model for predicting prognosis in myelofibrosis from complex data. There were 887 adult patients who underwent allo-HCT between 2000 and 2016 for primary MF, and that had survived 2 years post-HCT. Dr. Hashmi emphasized that there is a need of a new predictive model for MF that combines genomics and other modifiable factors such as smoking.

Comments on the study design and genomics data for this study were received. Dr. Saber replied that CIBMTR has JAK2 genomics information as YES/NO questions. Dr. Hashmi also replied that he would use Mayo Clinic and Cleveland Hospital data on genomics for the study. A question was made on what would be CIBMTR role on this study and how the datasets would be merged. Comments on why the investigator excluded the MDS patients in this proposal were received. Dr. Hashmi replied that the Mayo Clinic genomic database only contains patients with Primary Myelofibrosis (PMF). A question was raised on how CIBMTR collected therapy prior transplant and response was received. Another comment was made by the committee that there was a concern with the sample size needed to perform the machine learning technique. Audience also pointed out that extensive genomic data was only available on a minority of patients.

f. **PROP 1711-171** Outcomes of chronic neutrophilic leukemia patients who underwent allogeneic hematopoietic cell transplantation. (B Dholaria/B Savani/M Kharfan)

Dr. Bhagi Dholaria presented the proposal. The goal of the proposal was to evaluate outcomes of patients with CNL who underwent allo-HCT. There were 30 CNL patients between 2000 and 2017. Only 10 patients were from the CRF track, while 20 patients were TED track. Dr. Dholaria emphasized that there are not enough patients to conduct prospective studies and there aren't too many studies about this rare disease. He emphasized that even with this small number of patients this would be the largest cohort of CNL patients and results could eventually define the role of allo-HCT and management of the disease.

A suggestion made by an EBMT member was to merge their data base to CIBMTR. Another attendee suggested to include children in the study, since it is a rare disease. A question was raised asking if the CIBMTR had certainty about the diagnosis of CNL. Dr. Scott responded that it is acknowledged that there is misclassification error across centers. Dr. Saber added that CIBMTR has auditors to verify the diagnosis and classification reported by the centers. Another suggestion made by an attendee was to contact centers to get the mutation and other important information from these patients. Another attendee suggested to include atypical CML patients into this study.

<u>*Dr. Sobecks mentioned that the proposals below were submitted and dropped for the listed reason below:*</u>

a. **PROP 1802-01** The role of allogeneic stem cell transplantation for chronic lymphocyte leukemia in the era of novel agents. *Dropped due to lack of long-term follow-up and insufficient number of eligible cases*.
b. **PROP 1805-01** BMT CTN ancillary study proposal utilizing biospecimens. *Dropped due to overlapping with existing project.*

c. **PROP 1810-05** Clinical outcome after allogeneic hematopoietic cell transplantation in chronic lymphocytic leukemia patients previously treated with novel therapies. *Dropped due to lack of long-term follow-up and insufficient number of eligible cases*.
d. **PROP 1811-24** Outcomes of haploidentical transplant in patients with MDS/MPN over the age of 50. *Dropped due to insufficient number of eligible cases.*
e. **PROP 1811-26** Use of maintenance/consolidation therapy post SCT in AML/MDS/MPN and effect on outcome. *No data on maintenance/ consolidation therapy for MDS*
f. **PROP 1811-28** Outcomes of haploidentical transplantation for myelofibrosis. *Dropped due to insufficient number of eligible cases.*
g. **PROP 1811-33** Evaluation the role of pre-HCT JAK inhibition in post-transplant outcomes in myelofibrosis. *Dropped due to overlapping with CK17-01.*
h. **PROP 1811-36** Allogeneic stem cell transplantation for chronic lymphocytic leukemias in the era of novel agents. *Dropped due to lack of long-term follow-up and insufficient number of eligible cases*.
i. **PROP 1811-107** Impact of fludarabine and melphalan dose on transplant outcomes in patients with myelodysplastic syndrome or AML undergoing RIC alloHCT. *Dropped due to overlapping with CK17-02.*
j. **PROP 1811-123** Comparison of outcomes in myelofibrosis after alternative types of allogeneic hematopoietic stem cell transplant. *Dropped due to insufficient number of eligible cases.*
k. **PROP 1811-134** Comparing outcomes between post-ET and post-PV myelofibrosis and primary myelofibrosis after allogeneic stem cell transplantation. *Dropped due to overlapping with CK17-01.*
l. **PROP 1811-145** Upfront vs. pre-transplant cytoreductive therapy prior to hematopoietic cell transplantation in adult patients with myelodysplastic syndrome. *Dropped due to overlapping with BMT-CTN study/not feasible using HCT registry data.*
m. **PROP 1811-178** Mutational predictors of outcomes following allogeneic blood or marrow transplantation for myelofibrosis. *Dropped due to lack of data on mutational predictors.*
n. **PROP 1811-187** Impact of prior ruxolitinib on post-hematopoietic stem cell transplant outcomes in myelofibrosis with splenomegaly. *Dropped due to overlapping with CK17-01.*

6. Study Results Presentations

Dr. Saber presented the PI's of these 4 committee studies which accomplished an important landmark during the past year.

a. **CK15-01** Comparison of transplant vs. non-transplant therapies for myelofibrosis. (K Ballen/RA Mesa/KL Gowin)

Dr. Karen Ballen presented on behalf of Dr. Krisstina Gowin. Dr. Ballen pointed out the main objective of this study was to compare outcomes for patients with MF receiving HCT vs other non-transplant therapies. The main conclusion found in the study was that there was a survival advantage found in HCT patients with DIPPS scores: Int-1, Int-2 and high-risk disease. Another finding seen was that there was an upfront TRM and a survival advantage was only seen after 14 months. These results may be practice changing for patients with Int-1 disease.

A comment was made on the banana shape survival curves and the intersecting curves. Dr. Saber replied that the change in the slope is what matters. Another comment was made on time of diagnosis to transplant. Comment was made on patients that where on the non-transplant group and the comparability between the groups. A comment was made on the low use of Jakafi in the transplant arm, Dr. Ballen replied that this was due to the timing of the approval and use of Jakafi.

b. **CK15-03** Outcome of allogeneic hematopoietic cell transplantation in patients with acute myeloid leukemia with antecedent history of Philadelphia-negative myeloproliferative neoplasm. (V Gupta).

Dr. Saber presented on behalf of Dr. Viktas Gupta. The study compared patients with MPN-BP with de novo AML and post MDS-AML. The main finding was a very high relapse rate observed in the MPN-BP cohort, also the MPN-BP patients with blasts<5% had a higher relapse rate compared to de novo AML and post MDS AML with blasts <5%. The was no difference in relapse between cohorts with active leukemia. Also, no difference was found in NRM. The study also found that adverse cytogenetics is the only predictor for inferior survival and increased relapse in MPN-BP.

No comments were made by the audience.

c. **CK16-02b** In the era of tyrosine kinase inhibitors (TKIs), TKIs are superior to donor lymphocyte infusion for relapse of chronic myeloid leukemia post hematopoietic cell transplantation. (S Schmidt).

Dr. George Selby presented on behalf of Dr. Sarah Schmidt. The purpose of this study was to evaluate the impact of primary DLI (DLI without TKI), primary TKI (TKI without a DLI), and the impact of a combination therapy (DLI+TKI) on CML patients that relapsed post HCT. The main conclusions of this study were: that the use of TKI containing regimen afforded the best OS. In relapse patients the presence of maintenance therapy afforded the higher survival. The presence of GVHD prior relapse showed no impact on survival. TKI salvage therapy affords superior survival over cellular therapy.

No comments were made by the audience.

d. **CK18-01** A personalized prediction model for outcomes after allogeneic stem cell transplant in patients with myelodysplastic syndrome. (A Nazha).

Dr. Betty Hamilton presented on behalf of Dr. Aziz Nazha. The main purpose of this study was to build a model that incorporates clinical/ mutational data to predict outcomes after HCT in patients with MDS using machine learning. Conclusions from this study was that this personalized prediction model could predict outcomes post HCT and provides probability of survival and relapse at different time points.

Comments were made on the individualized prediction for patients with rare mutations, Dr. Hamilton acknowledges that she couldn't quantify based on the data and it is a limitation. Another comment made was that it seemed that machine learning technique doesn't add much in compared to other old models. A question was raised on whether this was an adaptative model, in which we could add more data and variables.

7. Other Business

The meeting was adjourned at 4:40 p.m.

The chairs of the working committee, scientific director and statisticians had a post-WC meeting afterwards. After the new proposals were presented, each attendee had the opportunity to vote the proposals using the provided voting sheets. Based on the voting results, 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:

a. **PROP 1811-47/1811-54/1711-111** Evaluating outcomes of Allogeneic hematopoietic cell transplantation in T-cell prolymphocytic leukemias (H Murthy/B Dholaria/M Kharfan/ S Bal/C Sauter/ L Gowda/F Foss/M Kalaycio/H Alkhateeb)

b. **PROP 1811-51** Alternative donor vs HLA matched donor hematopoietic cell transplantation in patients with myelodysplastic syndrome (R Mehta)
c. **PROP 1811-171** Outcomes of chronic neutrophilic leukemia patients who underwent allogeneic hematopoietic cell transplantation. (B Dholaria/B Savani/M Kharfan)

Not for publication or presentation

Working Committee Overview Plan for 2019-2020

Study number and title	Current status	Goal with date	Total hours to complete	Total hours to goal	Hours allocated to 6/30/2019	Hours allocated 7/1/2019-6/30/2020	Total Hours allocated
CK12-01 Optimal timing of allogeneic stem cell transplantation for chronic myeloid leukemia patients in the tyrosine kinase inhibitor era	Manuscript Preparation	Submitted – July 2019	10	10	10	10	20
CK14-02 Prognostic score and cytogenetic risk classification for chronic lymphocytic leukemia patients who underwent reduced intensity conditioning allogeneic HCT: a CIBMTR report	Submitted	Published – July 2019	0	0	0	0	0
CK15-01 Comparison of transplant versus non-transplant therapies for myelofibrosis	Manuscript Preparation	Submitted – July 2019	50	50	50	10	60
CK15-02 Comparison of outcomes after myeloablative versus reduced intensity conditioning for allogeneic hematopoietic stem cell transplant for chronic myeloid leukemia	Published	Published – July 2019	0	0	0	0	0
CK15-03 Outcome of allogeneic hematopoietic cell transplantation in patients with acute myeloid leukemia with antecedent history of Philadelphia-negative myeloproliferative neoplasm	Manuscript Preparation	Submitted – July 2019	70	70	70	10	80
CK16-01 Identification of germline predisposition mutations in young myelodysplastic syndrome patients	Data File Preparation	Manuscript Preparation– July 2019	130	80	80	50	130
CK16-02a Contemporary role of maintenance tyrosine kinase inhibitors following allogeneic hematopoietic cell transplantation for chronic myeloid leukemia: a CIBMTR analysis	Submitted	Published – July 2019	0	10	0	10	10

CK16-02b The benefit of donor lymphocyte infusion in the tyrosine kinase inhibitors era in chronic myeloid leukemia post allogeneic hematopoietic cell transplantation	Manuscript Preparation	Submitted – July 2019	40	10	40	10	50
CK17-01 Development of a prognostic scoring system predictive of outcomes in patients with myelofibrosis after allogeneic hematopoietic cell transplantation	Data File Preparation	Analysis– July 2019	200	50	50	150	200
CK17-02 Reduced-intensity conditioning transplantation in older myelodysplastic syndrome: the effect of specific conditioning regimens on transplant outcomes	Data File Preparation	Manuscript Preparation– July 2019	160	90	90	70	160
CK18-01 A personalized prediction model for outcomes after allogeneic stem cell transplant in patients with myelodysplastic syndromes	Manuscript Preparation	Submitted – July 2019	70	70	70	10	80
CK18-02 The impact of somatic mutations on allogeneic transplant in chronic myelomonocytic leukemia	Data File Preparation	Data File Preparation- July 2019	260	10	10	180	190
CK19-01 Outcomes after HCT for rare chronic leukemias	Protocol Pending	Data File Preparation- July 2020	330	100	0	100	100
CK19-02 Alternative donor versus HLA-matched donor hematopoietic cell transplantation in patients with myelodysplastic syndrome	Protocol Pending	Data File Preparation- July 2020	330	100	0	100	100

Working Assignments for Working Committee Leadership (March 2019)

Ronald Sobecks	**CK14-02** Validation of DFCI prognostic score for previously treated chronic lymphocytic leukemia patients who underwent reduced intensity conditioning allogeneic HSCT.
	CK15-02 Comparison of outcomes after MA vs. RIC for allogeneic HCT for CML.
	CK16-01 Identification of germline predisposition mutations in young MDS patients.
	CK16-02a Contemporary role of tyrosine kinase inhibitors post allogeneic hematopoietic stem cell transplantation for advanced phase chronic myeloid leukemia.
	CK16-02b Donor lymphocyte infusion vs. tyrosine kinase inhibitors in chronic myeloid leukemia post allogeneic hematopoietic cell transplantation.
Bart Scott	**CK18-01** A personalized prediction model for outcomes after allogeneic stem cell transplant in patients with myelodysplastic syndromes.
	CK18-02 The impact of somatic mutations on allogeneic transplant in chronic myelomonocytic leukemia.
	CK17-01 Development of a prognostic scoring system predictive of outcomes in patients with myelofibrosis after allogeneic hematopoietic cell transplantation.
Ryotaro Nakamura	**PROP 1811-47/1811-54/1711-111/1811-171** Outcomes after HCT for rare chronic leukemias.
	PROP 1811-51 Alternative donor vs HLA matched donor hematopoietic cell transplantation in patients with myelodysplastic syndrome.
Wael Saber	**SC11-06** Assessment of allogeneic hematopoietic stem cell transplantation in Medicare beneficiaries with myelodysplastic syndrome and related disorders.