MINUTES AND OVERVIEW PLAN
CIBMTR WORKING COMMITTEE FOR LYMPHOMA
Salt Lake City, UT
Saturday, April 23, 2022, 12:15-2:45 PM MDT

Co-Chair:	**Alex Herrera, MD, City of Hope National Medical Center, Telephone: 626-256-4673; E-mail: aherrera@coh.org**
Co-Chair:	**Mohamed Kharfan-Dabaja, MD, MBA, Mayo Clinic, Jacksonville, FL; Telephone: 904-953-2000; E-mail: kharfandabaja.mohamed@mayo.edu**
Co-Chair:	**Craig Sauter, MD, Memorial Sloan Kettering Cancer Center, New York, NY; Telephone: 212-639-3460; E-mail: sauterc@mskcc.org**
Scientific Director:	**Mehdi Hamadani, MD, CIBMTR Statistical Center, Milwaukee, WI; Telephone: 414-805-0700; E-mail: mhamadani@mcw.edu**
Statistical Director:	**Kwang Woo Ahn, PhD, CIBMTR Statistical Center, Milwaukee, WI; Telephone: 414-456-7387; E-mail: kwooahn@mcw.edu**
Statistician:	**Manmeet Kaur, MS, CIBMTR Statistical Center, Milwaukee, WI; Telephone: 414-736-3467; E-mail: mkaur@mcw.edu**

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1. **Introduction**

   The CIBMTR Hodgkin and Non-Hodgkin Lymphoma Working Committee was called to order at 12:15 pm on Saturday, April 23, 2022 by Dr. Mehdi Hamadani. Dr. Craig Sauter introduced the working committee leadership, and highlighted leadership's conflict of interest disclosures per CIBMTR policy. Dr. Sauter emphasized the process of becoming a Working Committee member. Then outlined the Working Committee goals, expectations, limitations, and the voting guidelines. The guidelines are based on a scale from 1 to 9; 1=high scientific impact, 9=low scientific impact. In addition, emphasized the rules of authorship: 1) substantial and timely contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; 3) final approval for the version to be published. Then encouraged junior faculty, fellows, and assistant professors to collaborate actively with the Lymphoma Writing Committee. Dr. Sauter also detailed the LYWC study life cycle. Then Dr. Hamadani provided an update on the Working Committee productivity including 11 publications, 2 recent submissions, 1 presentation at the 2021 American Society of Clinical Oncology meeting, and 3 presentations at the 2022 EBMT meetings. Dr. Hamadani went over the three studies in progress and detailed the goals for these studies. Then indicated the availability of publicly available dataset for secondary analyses and explained the difference between the TED and CRF data collection forms. Dr. Hamadani finished the introduction slides by inviting the members to attend the Collaborative Study Proposal Session.

2. **Accrual summary**

   Dr. Hamadani referenced the accrual tables with a slide, but it was not formally presented due to full agenda. The full accrual summary was available online as part of the LYWC materials.

3. Presentations, published or submitted papers

Dr. Mohamed Kharfan-Dabaja listed the presentations and publications during 2021, highlighting the great productivity of the LYWC, including the following studies published or presented:

a. **LY18-03:** Herrera AF, Ahn KW, Litovich C, Chen Y, Assal A, Bashir Q, Bayer R-L, Coleman M, DeFilipp Z, Farhadfar N, Greenwood M, Hahn T, Horwitz M, Jacobson C, Jaglowski S, Lachance S, Langston A, Mattar B, Maziarz RT, McGuirk J, Mian MAH, Nathan S, Phillips A, Rakszawski K, Sengeloev H, Shenoy S, Stuart R, Sauter CS, Kharfan-Dabaja MA, Hamadani M. Autologous and allogeneic hematopoietic cell transplantation for diffuse large B-cell lymphoma-type Richter syndrome. **Blood Advances. 2021 Sep 28; 5(18):3528-3539. doi:10.1182/bloodadvances.2021004865.** ***Epub 2021 Sep 8. PMC8945575.***

b. **LY19-02:** Scordo M, Wang TP, Ahn KW, Chen Y, Ahmed S, Awan FT, Beitinjaneh A, Chen A, Chow VA, Dholaria B, Epperla N, Farooq U, Ghosh N, Grover N, Hamad N, Hildebrandt GC, Holmberg L, Hong S, Inwards DJ, Jimenez-Jimenez A, Karmali R, Kenkre VP, Khimani F, Klyuchnikov E, Krem MM, Munshi PN, Nieto Y, Prestidge T, Ramakrishnan Geethakumari P, Rezvani AR, Riedell PA, Seo S, Shah NN, Solh M, Yared JA, Kharfan-Dabaja MA, Herrera A, Hamadani M, Sauter CS. Outcomes associated with thiotepa-based conditioning in patients with primary central nervous system lymphoma after autologous hematopoietic cell transplant. **JAMA Oncology. 2021 Jul 1; 7(7):993-1003. doi:10.1001/jamaoncol.2021.1074.** ***Epub 2021 May 6. PMC8283558***. ***Oral presentation, ASH 2020.***

c. **LY17-01b:** Shah NN, Ahn KW, Litovich C, Sureda A, Kharfan-Dabaja MA, Awan FT, Ganguly S, Gergis U, Inwards D, Karmali R, Lazaryan A, Lekakis L, Munshi P, Nathan S, Saad AA, Solh M, Steinberg A, Vij R, Wood WA, Fenske TS, Smith S, Hamadani M. Correction: Allogeneic transplantation in elderly patients ?65 years with non-Hodgkin lymphoma: A time-trend analysis. **Blood Cancer Journal. 2021 Apr 29; 11(4):82. doi:10.1038/s41408-021-00472-w.** ***Epub 2021 Apr 29. PMC8085088.***

d. **LY18-02a:** Riedell PA, Hamadani M, Ahn KW, Litovich C, Murthy GSG, Locke FL, Brunstein CG, Merryman RW, Stiff PJ, Pawarode A, Nishihori T, Kharfan-Dabaja MA, Herrera AF, Sauter CS, Smith SM. Outcomes and utilization trends of front-line autologous hematopoietic cell transplantation for mantle cell lymphoma. **Transplantation and Cellular Therapy. 2021 Nov 1; 27(11):911.e1-911.e7. doi:10.1016/j.jtct.2021.08.014.** ***Epub 2021 Aug 24. PMC8556305.***

e. **LY18-02b:** Riedell PA, Hamadani M, Ahn KW, Litovich C, Brunstein CG, Cashen AF, Cohen JB, Epperla N, Hill BT, Im A, Inwards DJ, Lister J, McCarty JM, Ravi Kiran Pingali S, Shadman M, Shaughnessy P, Solh M, Stiff PJ, Vose JM, Kharfan-Dabaja MA, Herrera AF, Sauter CS, Smith SM. Effect of time to relapse on overall survival in patients with mantle cell lymphoma following autologous haematopoietic cell transplantation. **British Journal of Haematology. 2021 Dec 1; 195(5):757-763. doi:10.1111/bjh.17865.** ***Epub 2021 Sep 28. PMC8627449.***

f. **LY20-01:** Shadman M, Pasquini M, Ahn KW, Chen Y, Turtle CJ, Hematti P, Cohen JB, Khimani F, Ganguly S, Merryman RW, Yared JA, Locke FL, Ahmed N, Munshi PN, Beitinjaneh A, Reagan P, Herrera AF, Sauter CS, Kharfan-Dabaja MA, Hamadani M. Autologous transplant vs chimeric antigen receptor T-cell therapy for relapsed DLBCL in partial remission. **Blood. 2022 Mar 3; 139(9):1330-1339. doi:10.1182/blood.2021013289.** ***Epub 2021 Sep 27. PMC8900276.***

g. **LY19-01a:** Hamadani M, Ngoya M, Sureda A, Bashir Q, Litovich CA, Finel H, Chen Y, Boumendil A, Zain J, Castagna L, Cashen AF, Blaise D, Shadman M, Pastano R, Khimani F, Arat M, Dietrich S, Schmitz N, Glass B, Kharfan-Dabaja MA, Corradini P, Sauter CS, Montoto S, Kwon M, Herrera AF, Dreger P. Outcome of allogeneic transplantation for mature T-cell lymphomas: impact of donor source and disease characteristics. **Blood Advances. 2022 Feb 8; 6(3):920-930. doi:10.1182/bloodadvances.2021005899.** ***Epub 2021 Dec 3. PMC8945300.***

h. **LY18-01d:** Mei M, Hamadani M, Ahn KW, Chen Y, Kharfan-Dabaja MA, Sauter C, Herrera AF. Autologous hematopoietic cell transplantation in diffuse large B-cell limphoma after 3 or more lines of prior therapy: evidence of durable benefit. **Haematologica. doi:10.3324/haematol.2021.279999.** ***Epub 2022 Feb 3.***

i. **LY19-01b:** Savani M, Ahn KW, Chen Y, Ahmed S, Cashen AF, Shadman M, Modi D, Khimani F, Cutler CS, Zain J, Brammer JE, Rezvani AR, Fenske TS, Sauter CS, Kharfan-Dabaja MA, Herrera AF, Hamadani M. Impact of conditioning regimen intensity on the outcomes of peripheral T-cell lymphoma, anaplastic large cell lymphoma and angioimmunoblastic T-cell lymphoma patients undergoing allogeneic transplant. **British Journal of Haematology. doi:10.1111/bjh.18052.** ***Epub 2022 Feb 2.***

j. **LY18-01e:** Outcomes of autologous hematopoietic cell transplantation in elderly patients with diffuse large b cell lymphoma. (Pashna N Munshi) ***Submitted.***

4. Studies in progress

Dr. Mehdi Hamadani presented the studies in progress and gave an overview of the current standing of each study.

a. **LY20-02:** Outcomes of Allogeneic HCT in patients with Hodgkin Lymphoma in the era of Checkpoint Inhibitors: A joint CIBMTR and EBMT analysis. (Miguel-Angel Perales/Ana Maria Sureda) ***Analysis.***

b. **LY19-01c:** Outcomes of Allogeneic Hematopoietic Cell Transplantation (allo-HCT) in Anaplastic Large Cell Lymphoma (ALCL). (Mehdi Hamadani) ***Manuscript preparation.***

5. Research Datasets Available for Secondary Analysis, Introduction to TED (Transplant Essential Data) vs CRF (Comprehensive Report Form)

6.

Dr. Mehdi Hamadani emphasized the availability of published datasets freely available to the public for secondary analysis. Also, explained the difference between the TED and CRF databases. It was emphasized that CRF is a subset of the TED database, and that the CRF forms collect all disease specific information such as lines of therapy, extranodal involvement, and prior radiation. If a study needs any of this information, CRF level data is needed on the study.

7. Future/proposed studies

Dr. Kharfan-Dabaja presented the first five proposed concepts. Dr. Herrera emphasized that first proposal is presenting its concept virtually and explained that Dr. Kharfan-Dabaja will be moderating the virtual component of the meeting. Finally encourage the virtual attendants to submit their questions on the chat.

a. **PROP 2109-07:** Outcomes with autologous hematopoietic stem cell transplant in peripheral T-cell lymphoma (Aasems Jacob; Chaitanya Iragavarapu) (Attachment 4)

Dr. Aasems Jacob presented the concept virtually. The proposed study wants to look the outcomes with autologous hematopoietic stem cell transplant in peripheral T-cell lymphoma in cases with autologous hematopoietic transplant (ASCT) in mature T-cell non-Hodgkin lymphoma between 2010-2021. It will determine the factors determining outcome like age, comorbidities, different induction regimens, first CR vs. second or subsequent CR, type of peripheral T-cell lymphoma. A total of 2461 cases met the selection criteria for this study.

The proposal was opened for questions from the audience. A question was raised on the purpose of analyzing patients with auto-HCT consolidation in CR1 and why not allo-HCT and auto-HCT in CR1. In the past, 2 studies looked on allo-HCT and auto-HCT in CR1 but found cohorts as heterogenous. Another member from the audience asked on availability of how many patients got novel agents to achieve the CR. Out of 3000, only 300 cases are on CRF track. Out of the 300 cases, we can know how many got BV and front line. A concern was raised as for those there is no comparison group for patients who got BV. Patients who got treated with BV-CHP and never got an auto-HCT is another limitation.

b. **PROP 2109-08:** Bendamustine, etoposide, cytarabine, melphalan (BeEAM) vs. carmustine, etoposide, cytarabine, melphalan (BEAM) in relapsed B-cell lymphoma (Matthew Mei; Alex Herrera) (Attachment 5)

Dr. Alex Herrera presented the proposal on behalf of the study group. The proposed study hypothesizes that patients with relapsed B-cell lymphoma who undergo autologous stem cell transplant (ASCT) with bendamustine, etoposide, cytarabine, and melphalan (BeEAM) conditioning have superior progression-free survival (PFS) compared to patients who undergo ASCT with carmustine, etoposide, cytarabine, and melphalan (BEAM).

The study aims to estimate and compare the outcomes of patients with lymphoma who undergo ASCT with BeEAM vs. BEAM. For the purposes of the statistical analysis, the patients will be stratified by histology (Hodgkin lymphoma and non-Hodgkin lymphoma). A total of 3277 of adult patients who underwent ASCT for B cell lymphoma between 2017 – 2021 met the study selection criteria, only 69 cases received BeEAM compared to 3208 BEAM.

The proposal was opened for questions from the audience. A member of the audience asked about limitations on sample size. Another member from the audience commented that longer accrual time is needed to make fair comparison. A member asked the leadership about the possibility of combining this study with the EBMT data to overcome small samples size limitations. Lastly, a comment was raised on the available data on toxicities. Information is limited due to small number of CRF cases.

c. **PROP 2110-11:** Chimeric Antigen Receptor T-cell Therapy versus Autologous Hemopoietic Cell Transplantation for Relapsed Myc-Rearranged DLBCL in Partial or Complete Remission (Joanna Zurko; Mehdi Hamadani) (Attachment 6)

Dr. Joanna Zurko presented the concept to the audience. This study hypothesizes that in patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) with myc-rearrangement

or high grade b-cell lymphoma with myc and bcl2 and/or bcl6 rearrangements (double hit lymphoma [DHL]/triple hit lymphoma [THL]) who achieve a complete response (CR) or partial response (PR) with salvage therapy, anti-CD19 chimeric antigen receptor T-cell therapy may lead to equivalent or improved outcomes compared to autologous hematopoietic cell transplantation (auto-HCT). A total of 395 R/R DLBCL with myc rearrangement or high-grade b-cell lymphoma with myc and bcl2 and/or bcl6 rearrangements received auto-HCT (n=272) from 2015 to 2021 or CAR T-cell therapy (n=123) from 2017 to 2021 met the criteria for this study.
The floor was open for questions. A member of the audience had a question concerning a possible overlap with a study from Cellular immunotherapy committee looking at aggressive biology of double-hit and triple-hit lymphomas. Leadership clarified that it is not an overlap with the study mentioned as it will not be a comparison of CAR-T and auto-HCT. Another member commented on insurance approval on dependance of disease status, the numbers are reverse in 2 groups: We will need to stratify to address this. A possible fix for this could be excluding patients who got 1 line of therapy because these are probably double hits who got transplanted in CR1. A question was raised on possible overlap groups in CAR-T group are ones who has prior failed auto-HCT. There would be no overlapping as patients receiving prior auto or CAR-T will be excluded. Comments on disease status were and timing differences from HCT to CAR-T treatment were raised. An additional comment was made pointing out a possible bias stating that all partial remission (PRs) patients are not same because good PRs are treated with auto and bad PRs with CAR-T. Possible solution would be controlling this based on number of largest lymph nodes that is present at time of CAR-T or cell therapy administration but there is no good or bad (PR) patients.

d. **PROP 2110-131:** Autologous Hematopoietic Stem Cell Transplantation for Intravascular Large B-cell Lymphoma (IVLBCL): a CIBMTR registry analysis (Praveen Ramakrishnan Geethakumari; Farrukh T. Awan) (Attachment 7)

Dr. Praveen Geethakumari presented the proposal to the audience. This study hypothesizes that consolidative high dose chemotherapy and autologous stem cell transplantation (SCT) for patients with intravascular large B-cell lymphoma (IVLBCL) improves overall (OS) and progression-free (PFS) survival, compared to chemoimmunotherapy alone. A total of 38 of patients with intravascular large B-cell lymphoma received auto-HCT during 2000-2020, only 9 cases have CRF level data.

The proposal was open for questions from the audience. First question from the audience asked about availability of data regarding the number of lines of therapy, CR1 or subsequent responses. Data is available for CRF patients. A member commented on the importance of this proposal since this disease is usually under-reported or under-diagnosed and we need to learn more about it, but challenge will be number of cases. Lastly, a member suggested could be collaborative multi-center retrospective review to obtain more details about these cases.

e. **PROP 2110-190:** Impact of pre-leukapheresis bendamustine-containing therapies on outcomes of CD19 CAR T-cell therapy for large B-cell lymphoma (Jordan Gauthier) (Attachment 8)

Dr. Jordan Gauthier presented the concept virtually. This study hypothesizes that bendamustine-containing regimens administered prior to leukapheresis are associated with worse outcomes after CD19 CAR T-cell therapy for R/R LBCL compared to alternative regimens. The main objective of the study is to evaluate the complete response rate (at time of best response).

Secondaries objectives: look to evaluate the overall response rate (at time of best response), duration of response after CD19 CAR T-cell therapy, - Progression-free and overall survival after CD19 CAR T-cell therapy and estimate the CRS incidence and ICANS incidence and their severity. A total of 2989 adult patients with large B-cell lymphoma received CD19 CAR T-cell therapy during 2017-2021. 766 patients received a bridging therapy before the infusion.

The floor was open for questions. A member of the audience asked if we could delineate if Bendamustine was given before or after apheresis during bridging. Leadership assured it is possible to determine. Another asked if could query sites to add pre-leukapheresis CBC, it was shown to be important in recent publications. A member suggested to adjust for Bendamustine, or any chemotherapy use that could be lymphodepleting. Data is limited for this purpose, but it was suggested by the committee leadership that this is a good study to collaborate with industry and collection of this manufacturing. Another member asked how many have both Bendamustine and Pola or Bendamustine alone? Leadership confirmed that this can be figured out from the forms. Lastly, a member suggested addition of other subtypes ie. Indolent, Mantle cell lymphoma. Concerns of introducing too many diseases, will need more variables to adjust.

Dr. Alex Herrera presented the last five concepts.

f. **PROP 2110-223:** Risk of therapy-related myeloid neoplasm (t-MN) following autologous hematopoietic cell transplantation (auto-HCT) for relapsed and refractory diffuse large B-cell lymphoma (DLBCL): A comparison of platinum-containing salvage regimens (Mariam Nawas; Michael Scordo) (Attachment 9)

Dr. Mariam Nawas presented the proposal on behalf of the study group. The study hypothesizes that t-MN rates after auto-HCT with BCNU, etoposide, Ara-C, and melphalan (BEAM) conditioning in patients with relapsed or refractory DLBCL are higher in patients who received ifosfamide/carboplatin/etoposide (ICE) salvage therapy compared to other platinum-containing salvage regimens. The study aims to compare the incidences of t-MN after auto-HCT with BEAM conditioning in patients receiving platinum-based salvage regimens for relapsed or refractory DLBCL. Also compare the differences in non-relapse mortality (NRM) and causes of death. A total of 1262 adult patients with R/R DLBCL received auto-HCT with CRF level information met the study criteria.

The proposal was open for questions from the audience. A member from the audience asked about on hypothesis on why a particular part in regimen would be more likely to cause myeloneoplasia. There is a dataset where they investigated solid tumors and different platinum-based chemotherapy and only carboplatin platinum-based therapy was associated with clonal hematopoiesis. Even more broadly in solid tumors, carbo platinum therapy is more closely associated with t-MN. A concern was raised on the data categorized as unknown for TED cases and suggested using CRF only cases. A member commented that some of regimens given for lymphoid malignancies can be associated with secondary malignancies especially lenalidomide and ask on how you will be looking onto those cases? It was suggested to look into cases with 2 lines of therapy and investigate patients. Another member presented a concern about the downside for removing patients having more lines of therapy and restricting to more homogenous population. Lastly, a question was raised on whether this study will exclude patients who transformed from a low grade. The study will be excluding these patients.

g. **PROP 2110-16/ 2110-83/2110-117/2110-57:** Impact of Prior Therapies on Outcomes in Relapsed/Refractory Mantle Cell Lymphoma Patients treated with Brexucabtagene autoleucel. (Mazyar Shadman; Mehdi Hamadani; Nausheen Ahmed; Swetha Kambhampati; Alex Herrera; Natalie Grover) (Attachment 10)

Dr. Mayzar Shadman presented the proposal to the audience. This study hypothesizes that CD-19 CAR-T efficacy is independent of the number and type of prior therapies, including BTK exposure. The study aims to compare outcomes (ORR, CR, OS, PFS, and relapse rate) in patients who received CAR-T therapy after prior BTK inhibitor vs. no prior. Also compare outcomes in patients who received CAR-T therapy after 1 vs.2 vs. 3-4 vs. >4 lines of prior therapy; a prior autologous stem cell transplant (ASCT) vs. no prior transplant. Lastly to compare outcomes of relapse within 24 months of finishing induction (POD24) treatment vs. others. A total of 260 patients met the criteria for the study.

The floor was opened for questions. A member on the audience asked why CD-19 CAR-T efficacy is independent of prior therapy? The presenter mentioned that to be dependent on prior therapy, we may be using data for current BTK-inhibitors and CAR-T, and inhibitors are given concurrently during treatment and even after CAR-T. A concern was raised with BTK-inhibitors data collected at CIBMTR. The concern is that data is not captured for all the new BTK-inhibitors and sometimes they are not captured in the data collection. Another concern raised was that there is only 350 cases in total for mantle cell-lymphoma and if restricted to BTK-inhibitors it will reduce to 20% of the cohort. A member commented that BTK-inhibitors are a broadly used term but there are only 3 that are approved currently, so there could be data which might be used as to study different impact of each. This was well received but data is available but very limited. Lastly a member asked if this study could look at the comparison of first-generation vs second-generation BTK-inhibitors. The leadership expressed that numbers would need to be assessed first.

h. **PROP 2110-98/ 2110-181/2110-22/2110-85/2110-116:** CART Outcomes in rare subtypes of aggressive B-cell lym (Priyanka Pophali; Shwetha Kambhampati; Joshua Fein; Narendranath Epperla; Mazyar Shadman; Jordan Gauthier; Kalyan Nadiminti; Roni Shouval; Mehdi Hamadani; Alex Herrera) (Attachment 11)

Dr. Priyanka Pophali presented the proposal on behalf of the groups. The study hypothesize that CART-related outcomes differ among the rare subtypes of aggressive B-cell lymphomas (THRLBCL, PMBCL, HGBCL, transformed iNHL, Richter transformation of CLL). The primary aim of the study is to compare overall survival of relapsed/refractory rare subtypes of aggressive B-cell lymphomas (THRLBCL, PMBCL, HGBCL, transformed iNHL, Richter transformation of CLL) treated with CAR. The secondary outcomes aim to compare NRM, PFS, relapse/progression, response rates, rates of CRS and ICAND, engraftment and cause of death. A total of 1242 patients who underwent CAT-T therapy for rare subtypes between 2017 – 2021, majority of patients being HGBCL.

The proposal was open for input. A member of the audience asked about a possible overlap with a previous study was performed 2 years back looking over some of the same diseases mentioned in the proposal. Leadership clarified that study referenced, is still ongoing. This study is different since it is looking over effective factors for duration of response and include some of the diseases from this proposal. There is some overlap in patients but the analysis among sub-groups is different in both studies.

i. **PROP 2109-26/2110-94/2110-275:** Impact of CD19 directed CAR T-cell therapy on outcomes for primary and secondary central nervous system B-cell lymphomas (Narendranath Epperla; Santiago Mercadal; Hamza Hashmi; Catherine Joy Lee; Mehdi Hamadani; Sairah Ahmed) (Attachment 12)

Dr. Ahmed Sairah presented the proposal on behalf of the group. The study hypothesizes that CAR-T cell therapy is safe and efficacious in patients with primary CNSL (PCNSL) and secondary CNSL (SCNSL). The primary aim of the study is to evaluate overall in patients with primary CNSL (PCNSL) and secondary CNSL (SCNSL). The secondary outcomes aim to compare NRM, PFS, relapse/progression, response rates, rates of CRS and ICANS, engraftment and cause of death. A total of 143 adult patients who underwent CAT-T therapy for SCNSL between 2017 – 2021 met the criteria of the study.

The proposal was opened for input from the audience. A member asked if due to low number of PCNSL patients and considering retrospective references, will there by consideration for submitting those cases? Question was well received, as it will give information about these cases. A member asked how many patients have prior-auto or allo as one of inclusion criteria? There are 96 cases with no prior HCT, 2 cases with prior allo-HCT, 41 cases with prior auto-HCT, and 4 with no reported data. Two-thirds of data have no prior HCT. A comment was made on the availability of Breyanzi treated cases. There is only 1 patient right now for Breyanzi but by the time of analysis, there could be more addition of cases for Breyanzi leading to increase in total population. Lastly a member asked which product for CAR-T is used most among these patients? Majority of these are Yescarta (56%).

j. **PROP 2110-82/2110-90:** Outcome of patients with large cell lymphoma receiving ASCT vs. CAR-T therapy while in complete remission. (Mehdi Hamadani; Mazyar Shadman; Antonio Jimenez; Trent Wang) (Attachment 13)

The study hypothesizes that patients with large cell lymphoma who are in complete remission (CR) after salvage therapy, ASCT provides superior clinical outcomes. *The primary aim of the study is to OS, PFS and relapse rate and NRM in patients who received ASCT vs. CAR-T therapy while in a CR. The secondary objective is to compare cause of death. A total of 218 patients with large cell lymphoma receiving ASCT vs. 111 CAR-T therapies while in complete remission met the criteria of this study.*

The proposal was opened for questions. First question asked if this proposal could be merged with previous proposal presented, which is looking at CR vs PR, auto vs CAR-T in MYC? The leadership considered that there is no major overlap as other proposal is focusing in MYC and this will be a different population. Another member asked, how do we account for patients in this analysis who were refractory to first line of therapy and come into CR after platinum-based second line of therapy as this CR would be different from true CR? Time from diagnosis to treatment could be used as a proxy in the analysis in combination with other variables as well. Another suggestion made was to look stable disease, progression, and R-CHOP regimens as done in Dr. Susan Ball's study.

Proposed studies; not accepted for consideration at this time

Dr. Hamadani thanked all the investigators who submitted their concepts but where not accepted from presentation.

a. **PROP 2109-10:** Characteristics and Outcomes of Adolescents and Young Adults with Relapsed/Refractory Non-Hodgkin Lymphoma Undergoing First Autologous Hematopoietic Stem Cell Transplant.

b. **PROP 2109-21:** Outcomes of Autologous vs Allogeneic Stem Transplant after first line or second line therapy for patients with Double Hit and Triple Hit DLBCL.

c. **PROP 2110-15:** Impact of early versus late relapse pre–Chimeric Antigen Receptor (CAR) T-Cell therapy on clinical outcomes of CAR-T cell therapy for Diffuse Large B-Cell Lymphoma (DLBCL).

d. **PROP 2110-17:** Effect of Time to Relapse on Overall Survival in Diffuse large B cell lymphoma (DLBCL) patients following CD19-Chimeric antigen receptor T cell (CART) therapy.

e. **PROP 2110-127:** Outcomes of Salvage Autologous Transplant in Double Hit DLBCL.

f. **PROP 2110-133:** Outcomes of relapsed/refractory post-transplant lymphoproliferative disorders- diffuse large B cell lymphoma (PTLD-DLBCL) treated with hematopoietic stem cell transplant (HSCT) or chimeric antigen T cell (CART) therapy.

g. **PROP 2110-134:** Search of optimal conditioning regimen for autologous stem cell transplant (ASCT) for treatment of relapsed and refractory lymphoma – A comparison of BEAM vs. BUCYVP16 using CIBMTR database.

h. **PROP 2110-136:** Outcomes of relapsed/refractory post-transplant lymphoproliferative disorders- diffuse large B cell lymphoma (PTLD-DLBCL) treated with hematopoietic stem cell transplant (HSCT) or chimeric antigen T cell (CART) therapy.

i. **PROP 2110-144:** Outcomes of Autologous Stem Cell Transplantation for Early Versus Late Relapsing Nodular Lymphocyte-Predominant Hodgkin Lymphoma.

j. **PROP 2110-152:** Outcomes of HIV+ Lymphoma treated with Chimeric Antigen Receptor T-Cell Therapy.

k. **PROP 2110-156:** Evaluating outcomes of Hematopoietic Cell Transplantation in Hepatosplenic T Cell Lymphoma.

l. **PROP 2110-159:** Trend in survival in Lymphoma (NHL/HL) Patients post-autologous SCT.

m. **PROP 2110-161:** Efficacy and Safety of CAR T-cells in patients with Relapsed/Refractory Post-Transplant Lymphoproliferative Disease.

n. **PROP 2110-166:** Outcome of allogeneic hematopoietic stem cell transplant for refractory cutaneous T-cell lymphoma.

o. **PROP 2110-171:** Outcomes of CAR T-cell therapy for Diffuse Large B cell Lymphoma patients with HIV or viral hepatitis.

p. **PROP 2110-172:** Hematopoietic Stem Cell Transplantation for Mature T- and NK-cell Malignancies in Children, Adolescents, and Young Adults.

q. **PROP 2110-187:** Autologous stem cell transplantation for diffuse large B cell lymphoma: impact of CD19 CAR T-cell therapy approvals on patient characteristics and outcomes.

r. **PROP 2110-197:** Real world practice pattern and clinical outcomes of subsequent therapy after CAR-T treatment in patients with lymphoma.

s. **PROP 2110-209:** Autologous Hematopoietic Stem Cell Transplantation for Intravascular Large B-Cell Lymphoma (IVLBCL): A CIBMTR Registry Analysis.

t. **PROP 2110-219:** Outcomes of Large B-cell lymphoma Progressing following CAR T-cell therapy.

u. **PROP 2110-225:** Clinical outcomes of chimeric antigen receptor T cell therapy after allogeneic stem cell transplant in patients with relapsed/refractory aggressive B-cell lymphoma.

v. **PROP 2110-232:** Clinical outcomes of allogeneic and autologous stem cell transplant after anti-CD19 chimeric antigen receptor T cell therapy in patients with relapsed/refractory aggressive B-cell lymphoma.

w. **PROP 2110-264:** Clinical Impact of first-line therapy after CAR T cell failure.

x. **PROP 2110-269:** Does access to CAR improves outcomes in DLBCL? The Phase 3 trial that will not be done.

y. **PROP 2110-270:** Impact of Tumor Biology on Outcomes in Chimeric Antigen Receptor T-cell Therapies and Autologous Stem Cell Transplant in Diffuse Large B-cell Lymphoma.

z. **PROP 2110-277:** Analysis of the outcomes of autologous stem cell transplant in peripheral T-cell lymphomas treated with brentuximab vedotin.

aa. **PROP 2110-286:** Pre CAR-T Splenic and Extra nodal Disease to predict Relapse pattern post-CAR-T Therapy for Relapsed/Refractory Lymphoma.

bb. **PROP 2110-290:** CAR-T versus allogeneic transplant in Mantle Cell Lymphoma: A Real world CIBMTR analysis.

cc. **PROP 2110-291:** Comparison between outcomes of CAR-T cell therapy versus allo-HCT in R/R Mantle cell lymphoma.

dd. **PROP 2110-296:** Efficacy and Safety of Allogeneic transplant after CAR T-cell therapy in patients with Relapsed/Refractory Diffuse Large B-cell Lymphoma.

ee. **PROP 2110-36:** Outcomes of autologous and allogeneic hematopoietic cell transplantation for secondary central nervous system lymphoma.

ff. PROP 2110-46: Outcomes of allo-HCT for patients with lymphoid B cell malignancies who received treatment with bispecific antibodies.

gg. PROP 2110-47: Autologous versus Allogeneic Stem Cell Transplantation for B cell lymphomas patients who failed anti-CD19 CART as first or second-line of therapy.

hh. PROP 2110-56: Impact of Bridging Therapy on Outcomes of Diffuse Large B-cell Lymphoma Patients Undergoing Chimeric Antigen Receptor T-cell Therapy.

ii. PROP 2110-73: Outcomes of Allogeneic Hematopoietic Stem Cell Transplantation in Relapsed/Refractory Aggressive B-Cell Lymphoma with Central Nervous System Involvement: a CIBMTR Analysis.

jj. PROP 2110-96: Effect of time to relapse on survival in classical Hodgkin lymphoma patients undergoing autologous hematopoietic cell transplantation.

kk. PROP 2110-302: Toxicities and outcomes after Chimeric Antigen Receptor (CAR) T-Cell therapy in Mantle cell Lymphoma (MCL).

ll. PROP 2110-316: Allo-HCT versus CAR T therapy in relapsed mantle cell lymphoma.

mm. PROP 2110-327 Outcomes of autologous HCT for diffuse large B-cell lymphoma by cell of origin and disease status.

7. Other Business

After the proposals were presented, the voting process was reiterated, and the working committee leadership invite the attendees to rate each new proposal using the Tandem App until May 2. Without additional comments, the meeting was adjourned at 2:05 pm.

Working Committee Overview Plan for 2022-2023		
Study Number and Title	**Current Status**	**Chairs Priority**
1. Outcomes of Allogeneic Hematopoietic Cell Transplantation in Anaplastic Large Cell Lymphoma	Manuscript submitted	1
2. Outcomes of allogeneic transplants in patients with hodgkin lymphoma in the era of checkpoint inhibitors: A joint CIBMTR and EBMT analysis.	Manuscript preparation	2
3. Outcomes of CD19 CAR-T in patients who achieve complete remission prior to lymphodepletion in patients with aggressive non-Hodgkins lymphoma.	Protocol development	1
4. Efficacy and safety of CD19 directed CAR T-cell therapy for non-Hodgkin B-cell lymphomas with primary and secondary central nervous system involvement.	Protocol development	2