Not for publication or presentation

MINUTES AND OVERVIEW PLAN
CIBMTR WORKING COMMITTEE FOR MORBIDITY, RECOVERY, AND SURVIVORSHIP
Orlando, Florida
Thursday, February 16, 2023, 12:15 pm – 2:15 pm (EST)

Co-Chair:	**Hélène Schoemans, MD, PhD, EBMT, University Hospitals Leuven and KU Leuven; Leuven, Belgium; Phone: 321-634-6880; E-mail: helene.schoemans@uzleuven.be**
Co-Chair:	**David Buchbinder, MD, CHOC Children's Hospital, Orange, CA; Phone: 714-509-8744; E-mail: dbuchbinder@choc.org**
Co-Chair:	**Betty Hamilton, MD, Cleveland Clinic Foundation, Cleveland, OH; Telephone: 216-445-7580; E-mail: hamiltb2@ccf.org**
Co-Chair:	**Edward Stadtmauer, MD; University of Pennsylvania Medical Center Phone: 215-662-7910; Email: Edward.Stadtmauer@uphs.upenn.edu**
Co-Chair:	**Bipin Savani, MD; Vanderbilt University Medical Center Phone: 615-936-8422; Email: bipin.savani@vumc.org**
Co-Chair:	**Mohamed Sorror, MD, MSc; Fred Hutchinson Cancer Research Center Phone: 206-667-6298; Email: msorror@fredhutch.org**
Scientific Director:	**Rachel Phelan MD, MPH, CIBMTR Statistical Center, Milwaukee, WI; Telephone: 414-955-4153; E-mail: rphelan@mcw.edu**
Statistical Director:	**Ruta Brazauskas, PhD, CIBMTR Statistical Center, Milwaukee, WI; Telephone: 414-456-8687; E-mail: ruta@mcw.edu**
Statistical Director:	**Kwang Woo Ahn, PhD, CIBMTR Statistical Center, Milwaukee, WI; Telephone: 414-955-7387; Email: kwooahn@mcw.edu**
Statistician:	**Joelle Strom, MS, CIBMTR Statistical Center, Milwaukee, WI; Telephone: 414-805-0703; E-mail: jstrom@mcw.edu**

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1. Introduction

The CIBMTR Morbidity Recovery and Survivorship Working Committee (MRSWC) meeting was called to order at 12:15 EST on Thursday, February 16, 2023 by Dr. Rachel Phelan. She introduced the working committee chairs and other leadership and announced the end of Dr. David Buchbinder's and Dr. Edward Stadtmauer's terms. There will not be any incoming chairs this year. She also provided a reminder about the merging of the Late Effects & Quality of Life Working Committee (LEWC) and the Regimen-Related Toxicity Working Committee (RTWC) to form the Morbidity, Recovery, and Survivorship Working Committee (MRSWC). This merge was announced via email in the fall of 2022 and was done to better align the goals of both working committees in the study of both early and late complications of transplants. Proposals that were submitted to either LEWC or RTWC were considered for presentation at this session, the inaugural MRSWC Tandem session.

Dr. Betty Hamilton continued by reviewing the CIBMTR conflict of interest policy and displaying the conflict of interest declarations for MRSWC leadership. She then provided information about CIBMTR's publicly available data sets and encouraged investigators to use them for research studies. She explained

how to become a member of MRSWC and the goals of this committee.

Dr. Hélène Schoemans continued by explaining the scoring process for proposals and ensuring that attendees were able to access the online scoring sheet. She also reviewed authorship guidelines for publications of CIBMTR studies and provided an overview of different data types within CIBMTR, including the data sources most relevant to this committee's studies.

Dr. Bipin Savani then provided some tips to investigators for writing a strong proposal. He announced the CIBMTR Early Clinical Investigator training program and encouraged applications to said program. He explained the process that CIBMTR studies follow.

a. **Minutes and Overview Plan from April 2022 meeting**
   - Late Effects and Supportive Care (Attachment 1a)
   - Regimen-Related Toxicity and Supportive Care (Attachment 1b)

2. Accrual Summary (Attachment 2) and PRO data accrual (Attachment 3)

3. Presentations, published or submitted papers

Dr. Bipin Savani gave an update on study presentations, and manuscripts that were published or submitted within the last year.

a. **R718-S1:** Broglie L, Friend BD, Chhabra S, Bupp C, Schiller GJ, Logan B, Pasquini MC, Savani B, Stadtmauer EA, Thakar MS, Sorror M. Differential use of the hematopoietic cell transplantation-comorbidity index among adult and pediatric transplant physicians. ***Leukemia & Lymphoma. 2022 Oct 1; 63(10):2507-2510. doi:10.1080/10428194.2022.2076848. Epub 2022 May 18.***
b. **RT18-02:** Abou-Ismail MY, Fraser R, Allbee-Johnson M, Metheny L 3rd, Ravi G, Ahn KW, Bhatt NS, Lazarus HM, de Lima M, El Jurdy N, Hematti P, Beitinjaneh AM, Nishihori T, Badawy SM, Sharma A, Pasquini MC, Savani BN, Sorror ML, Stadtmauer EA, Chhabra S. Does recipient body mass index inform donor selection for allogeneic haematopoietic cell transplantation? ***British Journal of Haematology. 2022 May 1; 197(3):326-338. doi:10.1111/bjh.18108. Epub 2022 Mar 14. PMC9675037.***
c. **RT18-03:** Patel SS, Ahn KW, Khanal M, Bupp C, Allbee-Johnson M, Majhail NS, Hamilton BK, Rotz SJ, Hashem H, Beitinjaneh A, Lazarus HM, Krem MM, Prestidge T, Bhatt NS, Sharma A, Gadalla SM, Murthy HS, Broglie L, Nishihori T, Freytes CO, Hildebrandt GC, Gergis U, Seo S, Wirk B, Pasquini MC, Savani BN, Sorror ML, Stadtmauer EA, Chhabra S. Noninfectious pulmonary toxicity after allogeneic hematopoietic cell transplantation. ***Transplantation and Cellular Therapy. 2022 Jun 1; 28(6):310-320. doi:10.1016/j.jtct.2022.03.015. Epub 2022 Mar 18. PMC9197865.***
d. **LE20-02:** Association between patient-reported social determinant of health outcomes and a social genomics profile in allogeneic hematopoietic cell transplantation: A Center for International Blood and Marrow Transplant Research (CIBMTR) Analysis. (M R. Taylor/J M. Knight/K. Scott Baker/S W. Cole) ***Oral presentation, ASH 2022. Poster presentation, Tandem 2023.***
e. **RT18-01a:** Expanded Definitions in the Hematopoietic Cell Transplantation Comorbidity Index (HCT-CI) Better Classifies Comorbidity in Children and Young Adults with Non-Malignant Diseases. (L Broglie/B Friend/G Schiller/M Thakar /M Sorror) ***Accepted.***
f. **RT18-01b:** Adapting the HCT-CI Applicability for Children, Adolescents, and Young Adults with Hematologic Malignancies Undergoing Allogeneic Stem Cell Transplantation. (B Friend/L Broglie/G Schiller/M Thakar/M Sorror) ***Accepted.***

4. Studies in progress (Attachment 3)

Dr. Ed Stadtmauer presented the studies in progress.

a. **LE16-02b** Late effects after AlloHCT for pediatric patients with non-malignant diseases (J Kahn/ P Satwani) **Manuscript Preparation.**
b. **LE12-03** Solid organ transplant after hematopoietic cell transplantation (M Gupta/PL Abt/M Levine) **Manuscript Preparation.**
c. **LE17-01a** Late effects after hematopoietic stem cell transplantation for sickle cell disease. (E Stenger/R Phelan/S Shenoy/L Krishnamurti) **Manuscript Preparation.**
d. **LE17-01b** Comparison of survival between transplanted and non-transplanted SCD patients. (E Stenger/R Phelan/S Shenoy/L Krishnamurti) **Data File Preparation.**
e. **LE18-01** Trends in late mortality amongst two-year survivors of pediatric allogeneic hematopoietic cell transplantation for hematologic malignancies (L Broglie/P Satwani) **Manuscript Preparation.**
f. **LE18-03** Incorporating patient reported outcomes into individualized prognostication tools for survival and quality of life in transplant patients. (B Shaw) **Manuscript Preparation.**
g. **LE19-01** Long-term survival and late effects in critically ill pediatric hematopoietic cell transplant patients (M Zinter/C Dvorak/C Duncan) **Analysis.**
h. **LE19-02** Incidence and predictors of long-term toxicities and late side effects in elderly patients (≥60 years) receiving allogeneic hematopoietic cell transplantation for hematological malignancies. (M Veeraputhiran/S Pingali/A Mukherjee/L Muffly) **Analysis.**
i. **LE20-01** Cardiometabolic risk after total body irradiation during childhood. (D Novetsky Friedman/E Chow) **Protocol Development.**
j. **LE20-02** Association between PRO and the social transcriptome profile as a predictor of clinical outcomes following hematopoietic cell transplantation. (M R. Taylor/J M. Knight/K. Scott Baker/S W. Cole) **Manuscript Preparation.**
k. **LE21-01** Risk of subsequent neoplasms in patients with post-transplant cyclophosphamide use for graft-versus-host disease prophylaxis. (A Tomas/I Muhsen/L Yanez San Segundo/S K. Hashmi/ M- Angel Perales/A Kansagra) **Data File Preparation.**
l. **RT19-01** Analysis of comorbidity-associated toxicity at a regimen-based level (R Shouval/B Savani/A Nagler) **Data File Preparation.**
m. **RT19-02** Hemorrhagic cystitis as a complication of hematopoietic stem cell transplantation in the post-transplant cyclophosphamide graft-versus-host disease prophylaxis era compared to other allogeneic stem cell transplants (K Adekola/N Ali/O Frankfurt/L Metheny/J Moreira/M de Lima) **Protocol Development.**
n. **RT20-01** Toxicities of older adults receiving allogeneic hematopoietic cell transplant compared to younger patients (R Jayani/H Murff) **Data File Preparation.**
o. **MRS22-01** Racial/ethnic disparities and role of poverty in long-term health outcomes among survivors of allogeneic hematopoietic cell transplant performed in childhood (N Bhatt/A Sharma/C Duncan/L Jimenez-Kurlander) **Protocol Development.**
p. **MRS22-02** Post-transplant cyclophosphamide related cardiomyopathy; incidence, risk factors and outcome: A retrospective review from CIBMTR database (K Poonsombudlert/C Strouse) **Protocol Development.**

5. Future/Proposed Studies

a. **PROP 2210-30** Impact of melphalan dose reduction on regimen-related toxicity in multiple myeloma patients undergoing autologous transplant. (M Krem/C Wagner) (Attachment 5)

Dr. Ed Stadtmauer introduced Dr. Maxwell Krem. The aim of this proposal is to compare pre- and post-auto-HCT complication measures for multiple myeloma patients who received reduced melphalan dose MEL140 or standard melphalan dose MEL200. The CIBMTR identified n=981 adults with dose MEL140 and n=5562 adults with dose MEL200 undergoing

autologous transplant for multiple myeloma between 2012-2018.

Dr. Krem was asked why non-relapse mortality (NRM) was chosen as the primary endpoint for analysis in this proposal, rather than event-free survival (EFS). He answered that he considers both to be equally important endpoints to study, but NRM was ultimately chosen as the primary endpoint due to its association with frailty. EFS will be a secondary endpoint in analysis.

It was confirmed that pre-transplant disease response will be included as a potential predictor in multivariate analysis.

One attendee wished to know whether there is data available about why a given melphalan dose was selected (i.e. whether a reduced dose was selected due to patient frailty). This data is not collected within CIBMTR, but it may be possible to infer such reasoning from the co-morbidities collected as part of the HCT-CI index.

There was some question as to whether ISS should be used as a predictor in multivariate analysis. The reasoning for this variable is that it was the primary measure used during the time span that the study encompasses.

It was confirmed that tandem transplants were excluded from the prospective study population.

This proposal received a mean scientific impact score of 4.2 and a median score of 4 from n=77 participants. Ultimately, this proposal was not chosen to proceed as a CIBMTR study due to lower scientific impact.

b. **PROP 2210-63/2210-117/2210-219** Modifying the risk and mortality of veno-occlusive disease via development of a contemporary risk assessment model. *(M Schoettler/K Williams/W Stock/G Roloff/C Strouse*) (Attachment 6)
Dr. Hélène Schoemans introduced Dr. Gregory Roloff. The aim of this proposal is to identify patient-, disease-, and treatment-related variables associated with the incidence of veno-occlusive disease in adult and pediatric patients undergoing allogeneic transplant. This includes the investigation of defibrotide prophylaxis and inotuzumab ozogamycin or gemtuzumab ozogamycin therapy prior to transplant as potential risk factors. The CIBMTR identified n=22605 cases of allogeneic transplant for all ages and all diseases between 2013-2019.

There was a comment about the limitation of the proposed analysis method, propensity score matching, for this study. It was stated that a limitation of propensity score matching is that some of the variables needed for the matching often end up not existing within the data set. They also brought up a concern that this method biases the analysis toward patients who have all the available data for matching.

One attendee wished to know why autologous transplants were excluded from the prospective study population, as pediatric autologous transplants are also at risk of developing veno-occlusive disease. This was not a risk well known to the study team during proposal development, but could be taken into consideration if the study proceeds.

There was a question about the time span of the presented prospective study population, as it ends in 2019 but would benefit from the addition of more recent data. It was explained that population data was only available from CIBMTR through 2019 due to a database transition within the organization. If the study proceeds, more recent data will be added for analysis.

Related to the previous point, attendees asked about the frequency of inotuzumab ozogamycin

and gemtuzumab ozogamycin administration in the more recent years that were not included in the population description. Within the data available, frequency of these therapies are fairly low, and it would be helpful to have a clear idea of how many more cases with these therapies would be available in later years. This data is unfortunately not available at this time, but we can assume based on the fact that these therapies were approved in 2019 for clinical use that their frequency was increased in more recent years.

There was a question about whether dosing of induction therapies of this population were consistent throughout the years. This is not information that was available at the time of this session, but could potentially be explored if this study proceeds.

There was a question about whether the timing of inotuzumab ozogamycin and gemtuzumab ozogamycin administration. Are we able to look at the timing of these therapies compared to the timing of subsequent transplants and outcomes? We may able to analyze the timing of these therapies but we can also censor patients at subsequent transplants to reduce the confounding effects of the factors associated with transplants such as conditioning regimens and prophylactic treatment.

The final question concerned patients receiving post-transplant cyclophosphamide. A total of n=598 patients received PT-Cy within the population summary provided for this proposal, and more are expected to accrue in the later years that would be added to the study population. The presenter acknowledges that PT-Cy would be an interesting factor to study in the context of this proposal.

This proposal received a mean scientific impact score of 4.2 and a median score of 4 from n=78 participants. Ultimately, this proposal was not chosen to proceed as a CIBMTR study due to lower scientific impact.

c. **PROP 2210-91** Updated analysis of long-term survival and late deaths after allogeneic hematopoietic cell transplantation for hematologic malignancies and severe aplastic anemia. *(U Rao/M Battiwalla)* (Attachment 7)
Dr. Betty Hamilton introduced Dr. Uttam Rao. The aim of this proposal is to determine the probability of being alive at 10 years post-HCT, including an evaluation of risk factors for late mortality after transplant, an evaluation of any change in late mortality over time, a description of causes of late deaths, and a comparison of relative mortality after transplant with that of the general population. The CIBMTR identified n=28589 cases of first allogeneic transplant for hematological malignancies or severe aplastic anemia for adults between 2000-2015.

The proposal discussion began with a comment about the importance of this study. Survival estimates are used in policy decisions, patient consulting, and other settings. Therefore it is necessary to continue updating long-term survival estimates as practices change to ensure that decisions are being made with accurate information. Additionally, it was suggested that this study, if chosen, be merged with a study team that proposed a similar question a couple years ago.

A suggestion was made to start the time frame of the study at 2008 (rather than the proposed 2015) to allow for the use of HCT-CI data in analysis (this data was only collected beginning in 2008). This person also suggested that the study team report the overall survival estimates of all patients, not just 2-year survivors. They concluded with a comment about how the CIBMTR data set is in fact the best way to accomplish this study, an important factor in the decision process for selecting studies to proceed.

There was a suggestion to limit the study to the more common diseases, which would have a larger population for analysis. This would improve the precision of estimated survival rates.

Another attendee suggested comparing survival rates to other groups to provide context to the survival estimates. Some suggestions were to compare survival estimates to other patients with the same or similar diseases but different treatment, or to compare to the general population.

One commenter asked why the pediatric population was excluded. This decision was made because there is an ongoing study (LE18-01) which is investigating the same question within the pediatric population.

The final question was regarding the lack of race, ethnicity, and other socio-economic and demographic factors from the proposed analysis. The presenter clarified that these variables are planned for inclusion in analysis even though they were not summarized on the presented slides.

This proposal received a mean scientific impact score of 3.1 and a median score of 3 from n=78 participants. This proposal was chosen by working committee and CIBMTR leadership to proceed as a study. This decision was made by considering the anticipated considerable contribution this study will provide to the transplant community, the reception from session attendees, and the high feasibility of completing the study in a reasonable timeline.

d. **PROP 2210-141** Evaluation of total and fractionated total body irradiation doses on late effects and outcomes in pediatric patients with acute leukemia undergoing allogeneic hematopoietic cell transplantation. (*L Appell/A Sharma*) (Attachment 8)
Dr. Bipin Savani introduced Dr. Lauren Appell. The aim of this proposal is to determine outcomes (overall survival, disease-free survival, non-relapse mortality, toxicities, and late effects) for pediatric patients with acute leukemia who received lower fractionated doses and lower total doses of TBI compared to those who received higher fractionated doses and total doses of TBI. The CIBMTR identified n=4109 patients under 21 years of age undergoing first allogeneic transplant for acute lymphoblastic leukemia (ALL) between 2000-2019.

The first comment on this proposal asked about trends in TBI usage in pediatric populations, as it is becoming less popular as a treatment for adult ALL patients. The presenter clarified that TBI is still widely used among pediatric patients with ALL due to its efficacy.

One attendee recommended further stratifying the TBI doses to be analyzed. TBI doses were summarized into two categories in the table provided for this proposal, but the study would break down those categories into more granular data for analysis. They also recommended, based on their clinical experience and other data, to focus particularly on cranial radiation and its impact on late effects in pediatric patients.

Another concern was about the large amount of variation in the manner of TBI administration, and how this could confound analysis. They recommended recruiting a radiation oncologist to consult on the study when determining how to categorize different TBI intensities and administration types.

There was a question about whether CIBMTR collects information about details such as organ

shielding. After consulting the forms, Dr. Phelan added that CIBMTR collects a variety of information about the details of TBI administration. Although this is true, further investigation after the meeting revealed that this information was only collected beginning in 2017, outside the scope of the proposed study cohort.

There was a suggestion to include fertility outcomes in the list of late effects in this study.

One attendee recommended a couple of papers that are either published or will be published soon as resources to inform analysis set-up.

This proposal received a median scientific impact score of 3.6 and a median score of 4 from n=75 participants. Although there was strong support for this study given its focus on pediatric patients, it was ultimately not prioritized to proceed as a CIBMTR study. The main reasoning for this decision is that working committee leadership did not expect the results to be impactful; the analysis would be based on older data, including older TBI practices, which do not reflect more modern clinical practice.

e. **PROP 2210-199/2210-202** Prediction of non-relapse mortality by EASIX and HCT-CI scores in patients undergoing allogeneic stem cell transplant (*H Alkhateeb/A Baranwal*) (Attachment 9)
Dr. Mohammed Sorror introduced Dr. Anmol Brarnwal. The aim of this proposal is to determine if the Endothelial Activation and Stress Index (EASIX) score can predict non-relapse mortality in patients with acute myeloid leukemia (AML) and myelodysplastic syndrome (MDS) who undergo post-transplant cyclophosphamide treatment, or in patients with chronic myelomonocytic leukemia (CMML). The CIBMTR identified n=1141 adults with CMML and n=39438 adults with AML and other MDS undergoing first allogeneic transplant between 2011-2019.

The first question was about the availability of data used to calculate EASIX scores. This data is only available at the CRF level. They were also curious as to why the proposed analysis was to look out to 3 years post-transplant; they believe looking out to 18 months would be sufficient. Reducing the amount of follow-up time needed would allow for a cohort taken from later years and would encompass more of the time period when PT-Cy was widely used.

Another attendee wanted to know when the EASIX score is captured. The lab values contributing to the score are taken within 4 weeks of conditioning, but are not all captured on one specific day. Following the last question, they wanted to know whether EASIX scores could be calculated after administration of PT-Cy. It was clarified that the hypothesis is that EASIX predicts different outcomes after PT-Cy use, not that PT-Cy causes low EASIX scores.

There was a concern about whether this study would add to the existing literature, as it has been well-documented now that EASIX scores can predict outcomes. This study aims to add to literature by including the analysis of EASIX in the context of PT-Cy use, as the previous studies had low numbers of patients receiving that treatment.

One attendee commented that it would be helpful to have EASIX scores for the patients before and after PT-Cy treatment. This information is not collected within CIBMTR.

There was a concern that patients with prior history of co-morbidities and solid tumors would bias the data. This is expected to be a small number of patients, and will be controlled for using the HCT-CI score. Another commenter added that in other studies there are standard categories for stratifying HCT-CI risk among patients. A commenter later replied to this topic with a suggestion to look at HCT-CI at a more granular level to better determine how co-

morbidities affect incidence of organ toxicities.

There was a clarifying question about how a "high" EASIX score cut-off would be determined. In previous studies from this team, they found a statistically significant cut-off among EASIX scores compared to differences in outcomes. This cut-off will be applied as an a priori categorization to this study.

There was a suggestion to compare outcomes between patients receiving PT-Cy and patients receiving CNI-based prophylaxis.

The final question was about the labs that contribute to EASIX scores and whether they are all conducted on the same day. This is not necessarily the case, but CIBMTR does collect dates of each lab so the study population could potentially include only patients with labs that were collected on consecutive days, if not all on the same day.

This proposal received a mean scientific impact score of 4.8 and a median score of 5 from n=75 participants. Ultimately, this proposal was not selected to proceed as a CIBMTR study due to lower scientific impact.

Future/proposed studies to be presented at the CIBMTR Collaborative Working Committee Study Proposals Session

f. **PROP 2204-02/2210-103/2210-173/2210-180/2210-227/2210-251/2210-269** Incidence, risk factors, and characteristics of secondary malignancies following CAR-T therapy and its impact on survival. *(V Irizarry-Gatell/M Shah/H Alkhateeb/R Faramand/D McQuinn/K Nadiminti/M Veeraputhiran/C Schinke/A Mirza/L Gowda/A Tun/P Johnston)*

This proposal was presented at the Collaborative Working Committee session. The discussion following the presentation of this study will therefore not be reflected in these minutes. However, this proposal was in consideration as MRSWC leadership determined their priorities for study acceptance. This study received a mean scientific impact score of 3.5 and a median score of 3 from n=90 participants. When considering the possibility of these results to impact CAR-T therapy practitioners and patients, as well as audience reception, this proposal was selected as one of this working committee's top priorities to proceed as a CIBMTR study. The main concern, which limits this proposal from being the top priority, is that the results will be limited by a lack of robust follow-up data as CAR-T therapy is still a newer practice. Due to this limitation, this study was ultimately not chosen to proceed as a CIBMTR study. It would, however, be a strong candidate for acceptance in a year or two.

Dropped Proposed Studies

a. **PROP 2210-49** Allogeneic hematopoietic stem cell transplant outcomes for patients with varying degrees of pre-transplant dysfunction and/or cirrhosis. ***Dropped due to unavailability of data.***
b. **PROP 2210-157** Factors at the onset of cytokine release syndrome may predict the development of severe immune effector cell-associated neurotoxicity syndrome post-CAR-T cell therapy for relapsed/refractory lymphoma. ***Dropped for overlap with an existing study.***
c. **PROP 2210-165** Impact of obesity on post-transplant cyclophosphamide. ***Dropped due to low scientific impact.***
d. **PROP 2210-181** Investigation of augmented hematopoietic cell transplant co-morbidity index as a predictor of outcomes following first allogeneic transplant in children. ***Dropped due to low scientific impact.***
e. **PROP 2210-233** Toxicity and outcome differences by conditioning regimen received in severely obese allogeneic stem cell transplant recipients. *Dropped due to low scientific impact.*

f. ***PROP 2210-298*** Hemophagocytic lympho-histiocytosis in the context of cellular therapies. ***Dropped due to low sample size.***

6. Closing Remarks

Dr. Mohammed Sorror reminded the audience that there was a proposal from MRSWC chosen to be presented at the Collaborative Working Committee Session and encouraged attendees to attend that session as well on February 18, 2023.

Dr. Rachel Phelan provided an open invitation for collaborations between MRSWC and other data registries.

Dr. Phelan then provided an update on the initiative to update international recommendations for screening and preventative practices for long-term survivors of transplantation and cellular therapies. This effort includes representative from many organizations worldwide, including CIBMTR (specifically MRSWC). The objective of this project is to comprehensively update guidelines of screening for TCT survivors and to provide user-friendly summaries of the revised information. A manuscript for this project is currently being written with an anticipated submission in 2023. Major recommendations are planned for presentation at 2023 EBMT Annual Meeting and 2024 Tandem Meetings.

The session was concluded at 2:10pm EST by Dr. Rachel Phelan.

Working Committee Overview Plan for 2023-2024		
Study number and title	**Current status**	**Chairs priority**
LE12-03: Solid organ transplantation and hematopoietic cell transplantation	Manuscript preparation	1
LE16-02b: Late effects after AlloHCT for pediatric patients with non-malignant diseases	Manuscript preparation	3
LE17-01a: Late effects after hematopoietic stem cell transplantation for sickle cell disease	Manuscript preparation	3
LE17-01b: Comparison of survival between transplanted and non-transplanted SCD patients	Data file preparation	3
LE18-01: Survival trends in two-year survivors of alloHCT	Manuscript preparation	2
LE19-01: Long-Term Survival and Late Effects in Critically Ill Pediatric Hematopoietic Cell Transplant Patients	Manuscript preparation	1
LE19-02: Incidence and predictors of long term toxicities and late side effects in elderly patients (>=60 years) receiving allogeneic hematopoietic cell transplantation for hematological malignancies.	Analysis	1
RT19-01: Analysis of comorbidity-associated toxicity at a regimen-based level	Data file preparation	2
RT19-02: Hemorrhagic cystitis as a complication of hematopoietic stem cell transplantation in the post-transplant cyclophosphamide graft-versus-host disease prophylaxis era compared to other allogeneic stem cell transplants	Protocol development	2
LE20-01: Cardiometabolic Risk after Total Body Irradiation during Childhood	Protocol development	1
LE20-02: Association between patient-reported outcomes and the social transcriptome profile as a predictor of clinical outcomes following	Submitted	1

hematopoietic cell transplant		
RT20-01: Toxicities of older adults receiving allogeneic hematopoietic cell transplant compared to younger patients	Data file preparation	2
LE21-01: Risk of subsequent neoplasms (SN) after the use of post-transplant cyclophosphamide (PTCy) for Graft-versus-host disease (GvHD) prophylaxis	Data file preparation	3
MRS22-01: The role of racial/ethnic disparities and poverty in long-term outcomes among survivors of allogeneic hematopoietic stem cell transplants	Protocol development	3
MRS22-02: Incidence, risk factors and outcomes of acute cardiac complications after post-transplant cyclophosphamide based GVHD prophylaxis	Protocol development	3
MRS23-01: Updated analysis of long-term survival and late deaths after allogeneic hematopoietic cell transplantation for hematologic malignancies and severe aplastic anemia	Protocol pending	3